



Reporting Criteria of Invasive *Haemophilus influenzae* Infection/Disease

(1) Definition

Cases of invasive infections of *Haemophilus influenzae*, from whose cerebrospinal fluid or blood *H. influenzae* was detected.

(2) Clinical signs and symptoms:

Incubation period is unknown. Generally the clinical onset is sudden, and may be associated with upper respiratory tract inflammation or otitis media. In meningitis cases, headache, fever, meningeal irritation, convulsion and disturbance of consciousness may occur. Infantile meningitis cases may be accompanied with swelling of the anterior fontanel. In sepsis cases, fever, shivering, lethargy and rash may be observed. Very often clinical symptoms are not specific and may rapidly become severe, with pneumonia, epiglottitis, or shock.

(3) Reporting criteria

a) "Patients (confirmed cases)"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician examines a patient with clinical characteristics as described in (2), suspects invasive *H. influenzae* infection from clinical findings, and makes a diagnosis of invasive *H. influenzae* infection based on the laboratory methods and specimen as described below, the physician must notify the case within 7 days.

b) "Deceased"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician suspects invasive *H. influenzae* infection in a deceased patient with clinical characteristics as described in (2), and diagnoses that the death was due to invasive *H. influenzae* infection based on the laboratory methods and specimen as described below, the physician must notify the case within 7 days.

Laboratory method	Specimen
Detection of pathogens by isolation and identification	Cerebrospinal fluid, blood
Detection of bacterial DNA by PCR	Cerebrospinal fluid, blood
Detection of bacterial antigen by the latex method	Cerebrospinal fluid