Letter to childcare staff and parents regarding clearance antibiotics and vaccination

Dear Parents and Staff of [insert room identifier]

**RE: *Haemophilus influenza* b (Hib) disease**

A child attending [insert name of centre] has been diagnosed with *Haemophilus influenza* b (Hib) infection. Hib infection is caused by a bacterium that is carried, usually harmlessly, in the nose and throat by around 3% of people. Occasionally these carriers pass the bacterium on to others who have been in close contact with them and who have not been vaccinated. Only a very small number of people in contact with carriers develop Hib disease, which may present as meningitis (inflammation of the tissues covering the brain and spinal cord), epiglottitis (inflammation of a part of the lower throat), joint infections or pneumonia (lung infection). Once exposed to the bacterium it may take up to four days for those infected to show symptoms.

The bacteria are difficult to spread and are only passed from person to person by regular close, prolonged contact. It is very unlikely that another child attending the centre will develop Hib disease. However, children aged less than 7 months, and unvaccinated or incompletely vaccinated children aged 7 months to 2 years, who have been in close contact with the child who was diagnosed, are at an increased risk of developing Hib disease.

It is therefore recommended that children and staff in the [insert room identifier] room on [insert dates] take a short course of antibiotics to help prevent any further cases of the disease. Children attending the centre, but not in close contact with this child, (including those not in the [insert room identifier] room and those in the [insert room identifier] room but not attending on the above dates), are not at increased risk of developing Hib disease and will not need antibiotics.

The antibiotic, called rifampicin, acts to clear the Hib bacteria from the back of the throat of those who may be carrying it. The antibiotic does not always prevent disease in a person who is already developing the infection, so it is important to be alert for any of the following symptoms over the next week:

* Meningitis - Babies may be drowsy, refuse feeds, have a high fever, and bulging fontanelles (the soft spot on the top of a baby’s head). Older children typically have fever, neck stiffness and sensitivity to light.
* Epiglottitis - Children with epiglottitis may have breathing difficulties and be dribbling and anxious.

In the event these symptoms develop, seek medical attention immediately and notify your doctor of the contact with someone with Hib disease. Please take this letter with you to your doctor and ask them to contact the public health unit.

Whilst on the antibiotics, as long as they remain well, children and staff may attend the centre and it is not necessary for them to avoid contact with others.

[insert details of the arrangements made for the defined group of children and staff to access rifampicin]

It is also important to ensure all children are up to date with their vaccinations including Hib vaccination. Hib vaccine is included as part of the National Immunisation Program and provided free, including catch up vaccination, for all Australian children aged 5 years and under. (Your doctor may charge a consultation fee).

An information sheet on Hib disease is attached for your reference. Should you or your doctor have further questions, please ring the public health unit on ph. [insert phone number].

Yours sincerely,   
Director   
Public Health Unit