

Communicable Diseases Weekly Report

Week 29, 12 July to 18 July 2020

In summary, we report:

- [Haemophilus influenzae type b \(Hib\) disease](#)
- [Novel coronavirus 2019 \(COVID-19\)](#)

*Please note there is no table of NSW notifiable conditions data included in this week's report due to a current problem with notifiable disease data.

For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

Haemophilus influenzae type b (Hib) disease

Three cases of *Haemophilus influenzae* type b (Hib) disease were notified in this reporting week. Two cases occurred in adults over 55 years of age, and one case occurred in a primary school aged child. Both adults had pre-existing medical conditions which rendered them more susceptible to the infection. The child was fully vaccinated, and a vaccine failure form has been submitted to the Therapeutic Goods Administration (TGA).

Hib bacteria can live harmlessly in the throats of healthy people and can be unknowingly passed on to others. The bacteria are spread through contact with droplets from the nose or throat of someone carrying the bacterium, usually in household-like settings.

Hib infection causes a febrile illness with one or more of four clinical syndromes: meningitis, epiglottitis, pneumonia or osteomyelitis. If untreated, infections can be fatal or leave patients with long-term complications. See the [Hib factsheet](#) for more details.

Hib was the most common cause of bacterial meningitis in Australian children before the introduction of Hib vaccines to the immunisation schedule in 1993. Hib disease is now rare in NSW.

Vaccination against Hib is routinely provided to children on the National Immunisation Program (NIP) at 6 weeks, 4, 6, and 18 months of age.

Hib vaccine failure is rare. Several prospective randomised studies have reported a protective efficacy of over 94% for Hib conjugate vaccine following the primary vaccine schedule. In Australia, vaccine effectiveness was estimated to be between 83% and 90% when adjusted for under-reporting.

From 1 July 2020 the Hib vaccine is now also funded for people aged 5 years and over who have no spleen (asplenia) or where their spleen is not functioning normally (hyposplenia) and were not vaccinated or were incompletely vaccinated during childhood.

Asplenia and hyposplenia cause a specific type of immunodeficiency which increases the risk of sepsis (blood infection) from certain types of bacteria, including Hib bacteria.

Additional information regarding changes to the NIP schedule from 1 July 2020 is available from: <https://www.health.nsw.gov.au/immunisation/Pages/schedule-changes.aspx>.

More than 95 per cent of young children develop effective protection after receiving their full course of Hib vaccines. Although Hib vaccines are believed to provide long-lasting immunity, the exact duration of immunity is not known.

Further information

- NSW Health [Hib fact sheet](#)
- NSW Health [Hib notifications data](#).
- Australian Immunisation Handbook chapter on [Hib vaccination](#).

Novel coronavirus 2019 (COVID-19)

For up-to-date information regarding the COVID-19 outbreak and the NSW response, please visit the [NSW Health COVID-19 page](#).

Summary of notifiable conditions activity in NSW

Please note that there is no table of NSW notifiable conditions data included in this week's CDWR, due to the fact that we are currently experiencing a problem with notifiable disease data reporting which is affecting all diseases and all time periods.