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Opinion Article

Vaccine and Dosage for *Haemophilus Influenza* Type B Virus

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DESCRIPTION

Haemophilus influenzae type B can cause a variety of infections. These infections are most common in children under the age of five, but they can also affect adults with certain medical conditions. Hib bacteria can cause mild illnesses, such as ear infections or bronchitis, or severe illnesses such as blood infections. Severe Hib infection, also known as "invasive Hib disease," necessitates hospitalisation and can sometimes result in death. Prior to the Hib vaccine, Hib disease was the leading cause of bacterial meningitis in children under the age of five. The vaccine protects against *Haemophilus influenzae* type B for a long time. The bacteria are typically spread in the same way that cold and flu viruses are: through infected droplets of fluid in coughs and sneezes. The bacteria can be spread by both healthy people who carry the bacteria and those who are sick with Hib. Inhaling infected droplets or transferring them from a contaminated surface into mouth can allow the bacteria to spread further into body resulting in one of the infections.

Hib infections of the blood, bones, and joints Hib can cause pneumonia, epiglottitis (a throat infection that can cause breathing difficulties), a blood infection, a bone infection, and a joint infection that can lead to arthritis. Hib disease was the leading cause of bacterial meningitis in children under the age of five prior to the development of the Hib vaccine.

Hib vaccine

Conjugate Hib vaccines are liquid or lyophilized preparations of Hib's purified polyribosylribitol phosphate (PRP) capsular polysaccharide that has been chemically linked to a carrier protein. The current Hib vaccines for infants are based on purified or synthetic PRP conjugated to the non-toxic mutant diphtheria toxin CRM 197, tetanus toxoid, or meningococcal outer membrane protein. The Hib vaccine is commercially available as a monovalent preparation as well as in combination vaccines containing DTP, sometimes in conjunction with hepatitis B and/or IPV. PRP antibody concentrations greater than 0.15 g/ml are considered a serological marker for short-term protection; concentrations greater than 1.0 g/ml 1 month after primary immunization are considered markers of long-term protective immunity against invasive Hib disease.

Dosage of the Hib vaccine in children and adults

Infants typically receive their first dose of the Hib vaccine at 2 months of age and finish the series between 12 and 15 months of age. Children aged 12 months to 5 years who have not previously been fully immunized against Hib may require one or more doses of the Hib vaccine. The Hib vaccine is usually not given to children over the age of five, but it may be given to older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen or after a bone marrow transplant. The HIV vaccine may also be recommended for HIV patients aged 5 to 18. The HIB vaccine can be administered alone or as part of a combination vaccine. The HIB vaccine can be administered alone or as part of a combination vaccine (a type of vaccine that combines more than one vaccine into one shot). The Hib vaccine can be given alongside other vaccines.

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