Post Exposure Prophylaxis (PEP) for Invasive Haemophilus Influenzae Type b (Hib) Disease

Standing Order: All registered nurses and licensed practical nurses employed or contracted by [name of <u>local health department</u>] may administer post-exposure prophylaxis as outlined below to contacts of patients diagnosed with Invasive Haemophilus Influenzae Type b (Hib) disease.

Assessment:

1. Subjective Findings:

Suspected contact to diagnosed case of Hib disease presenting to health department requesting evaluation for PEP.

2. Objective Findings: Provide PEP to the following contacts of persons diagnosed with invasive Hib disease:

- All household contacts in households with at least one member younger than 4 years of age who is unimmunized or incompletely immunized
- All household contacts in households with a child younger than 12 months of age who has not received the primary series
- All household contacts in households with a member who is an immunocompromised child, regardless of that child's Hib immunization status

Plan of Care:

1. Implementation:

- o Administer Rifampin 20mg/kg orally once a day for 4 days (maximum dose, 600 mg).
- Contact [name of local health department] medical director regarding Rifampin dose for neonates under 1 month of age.

2. Nursing Action:

- PEP should be initiated as soon as possible. The benefit of prophylaxis is decreased if administered more than 14 days after exposure.
- Rifampin should not be used in pregnant women, as its effect on the fetus has not been established.
- For those unable to swallow capsules, rifampin may be mixed with several teaspoons of applesauce immediately before administration. Rifampin in a suspension form is also available.
- Inform contact that possible side effects of rifampin include nausea, vomiting, diarrhea, headache, or dizziness.
- Inform adult contacts that rifampin can cause orange discoloration of urine, discoloration of soft contact lenses, and decreased effectiveness of oral contraceptives
- When providing PEP in day-care centers, ensure that all classroom contacts receive rifampin during the same time period.
- o Unimmunized or partially immunized children should complete age specific immunizations.
- Notify the <u>[name of county health department]</u> Health Director and Public Information Officer (PIO) if a significant number of contacts are suspected.
- Document administration of PEP to identified contacts in the N.C. Electronic Disease Surveillance System (NC EDSS).

3. Criteria for Notifying Physician:

- Contact [name of local health department] medical director if there is any question about whether to carry out any treatment or other provision of the standing order.
- Contact [name of local health department] medical director to determine if PEP will be provided to all regulated nursery school and child care facility attendees and staff when 2 or more cases of Hib invasive disease have occurred within 60 days and unimmunized or incompletely immunized children attend the nursery school or child care facility.
- Consult an epidemiologist at the Communicable Disease Branch if there is a question regarding the prophylaxis of contacts when serotype is not yet known.

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4. Follow-up Requirements: None noted

Approved by:___

Date Signed ____ Local Health Department Medical Director

Effective Date: ____ Expiration Date: _____

Legal Authority: Nurse Practice Act, G.S. 90-171.20(7)(f)&(8)(c)

References:

APHA Control of Communicable Diseases Manual, 19th ed., pp 421 - 423.

Red Book, 2009 Report of the Committee on Infectious Diseases. 28th ed., pages 314 - 321.

NC Division of Public Health Communicable Disease Manual, http://www.epi.state.nc.us/epi/gcdc/manual/toc.html