



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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December 31, 2025

Dear Laboratory Directors and Local Public Health Partners:

**Subject: Requesting provisional notification and submission of specimens for invasive *Haemophilus influenzae* disease in individuals  $\geq 5$  years of age**

**Summary:**

The Washington State Department of Health (DOH) is committed to preventing and controlling invasive *Haemophilus influenzae* disease, a serious disease of which one serotype is vaccine-preventable. [Washington Administrative Code \(WAC\) 246-101-015](#), *Request for additional information or provisional notification and submission of specimen*, allows the state health officer to request provisional reporting of conditions determined to be a public health concern.

Currently in Washington State, invasive *H. influenzae* disease is notifiable only for children under 5 years of age. Over the last 19 months, Public Health – Seattle & King County (PHSKC), a King County hospital, and DOH have identified invasive *H. influenzae* serotype b (Hib) disease, primarily among adults experiencing housing instability and/or with a substance use disorder, as a potential emerging health problem. Therefore, DOH requests that laboratories submit all *H. influenzae* isolates from normally sterile sites, regardless of patient age, to the Washington Public Health Laboratories (PHL) for serotyping and that local health jurisdictions submit investigation reports for any confirmed invasive Hib cases. Detailed reporting and submission requirements are outlined below.

**Background:**

*H. influenzae* invasive disease is caused by the bacterium *H. influenzae*, which is transmitted person-to-person through respiratory droplets, and can also be a non-pathogenic commensal bacterium. Invasive *H. influenzae* disease syndromes include meningitis, bacteremia, pneumonia, epiglottitis, soft tissue infections, and bone and joint infections. There are six antigenically distinct capsular types of *H. influenzae* (a–f) and nontypeable (unencapsulated) strains. Prior to the introduction of Hib conjugate vaccines in 1991, 95% of invasive disease was caused by serotype b. Invasive Hib disease is now rare, with incidence declining 99% since the pre-vaccine era.

In May 2024, PHSKC and a King County hospital notified DOH of an increase in the number of *H. influenzae*-positive blood cultures from adult patients (increase from mean 3 cases annually during 2016–2021 to mean 17 cases during 2024–2025). Thereafter, the hospital began submitting all invasive *H. influenzae* isolates to PHL for serotyping with subsequent submission

of serotype b isolates to CDC for sequencing. From May 2024 through December 2025, PHL received 27 *H. influenzae*-positive isolates from adult patients with invasive disease and 23 (85%) were determined to be Hib.

The first 19 isolates sequenced formed a novel and distinct phylogenetic cluster and were all identical or very closely related by whole genome sequencing. Median patient age was 56 years (range: 30–80). Preliminary epidemiologic investigation of the first 19 cases by PHSKC determined that most patients reported being unhoused (n=10) or unstably housed and/or had a history of homelessness (n=8) and had documentation of smoking (n=17, primarily tobacco, marijuana, fentanyl and methamphetamine). All 19 patients were hospitalized and had bacteremia and pneumonia and three patients died during their illness. Available isolates collected at the same hospital from 2016–2023 were also serotyped for comparison. From 2016–2023, there were 21 invasive *H. influenzae* cases, of which isolates from 7 were serotyped and none were Hib. During this same time period, no increase in invasive Hib disease in children <5 years of age in King County or across the state has been seen, indicating that the emerging adult cluster is distinct from pediatric disease trends.

Under WAC 246-101-015, the state health officer may request provisional reporting of a condition other than a notifiable condition if reporting is likely to contribute to understanding the condition, provide information necessary to prevent and control the condition, and improve public health. The state health officer may request submission of case reports, laboratory reports, investigation reports, outbreak reports, animal case reports, and submission of specimens for a period of 40 months. The observed increase in invasive Hib disease among adults meets these criteria.

### **Request:**

*This request is in addition to and does not change existing requirements for reporting and specimen submission for patients <5 years of age according to [WAC 246-101-201](#).*

**DOH requests laboratory-based reporting of all *H. influenzae*-positive isolates from normally sterile sites (i.e., blood, cerebrospinal fluid, joint or synovial fluid, pleural fluid, and pericardial fluid) from individuals ≥5 years of age collected on or after January 1, 2026 and that laboratories submit these isolates to PHL for serotyping.**

Receiving these data and isolates are needed to understand transmission dynamics and risk factors for invasive *H. influenzae* disease among Washington adults and assess the need for a public health response, including vaccine campaigns.

### **Reporting:**

DOH requests laboratories report invasive *H. influenzae*-positive isolates as follows:

#### **Laboratories**

1. Laboratory directors should submit individual laboratory reports to their local health jurisdiction for *H. influenzae*-positive isolates from normally sterile sites from all individuals, regardless of age. Laboratory results should be submitted immediately and

should include the information required for laboratory reports outlined in [WAC 246-101-225](#).

2. Laboratory directors should submit *H. influenzae*-positive isolates from normally sterile sites from all individuals, regardless of age, to the Washington State PHL within two business days. There is no need to report or submit *H. influenzae* isolates from non-sterile sites.
3. Laboratories with archived *H. influenzae*-positive isolates from normally sterile sites from individuals  $\geq 5$  years of age collected prior to January 1, 2026 are asked to contact the DOH Vaccine Preventable Disease Program at 206-418-5500 to discuss submission to PHL for serotyping.

The notifiable conditions rules, including this request, apply to all laboratories licensed as medical test sites in Washington State under chapter [70.42 RCW](#) and chapter [246-338 WAC](#), including clinical and reference laboratories and facilities conducting rapid screening or point of care tests.

For laboratories not currently utilizing Electronic Laboratory reporting (ELR), results must be reported to the appropriate local health jurisdiction via secure electronic data transmission as defined in [WAC 246-101-515](#). Laboratories already utilizing ELR should report all *H. influenzae*-positive isolates from normally sterile sites via ELR. To request detailed guidance on ELR or secure electronic transmission reporting, please contact [ELR@doh.wa.gov](mailto:ELR@doh.wa.gov).

### **Local health jurisdictions**

Local health jurisdictions should submit investigation reports for confirmed invasive *H. influenzae* cases determined to be caused by serotype b (Hib) among individuals  $\geq 5$  years of age to DOH as required under [WAC 246-101-505](#), [WAC 246-101-510](#), [WAC 246-101-513](#), and [WAC 246-101-515](#). Local health jurisdictions may wait for serotyping results before starting investigations for individuals  $\geq 5$  years of age. Investigations should begin within three days of receiving a result showing serotype b. Investigation is not needed for invasive *H. influenzae* cases caused by other, non-b, serotypes for individuals  $\geq 5$  years of age.

We highly value and are grateful for the contributions that laboratories and local public health partners are making to respond to this emerging public health threat in a vulnerable population. We appreciate your assistance in submitting these test results, specimens, and investigation reports. This letter will be in effect until May 1, 2029, unless rescinded at an earlier date by the state health officer.

Sincerely,



Tao Sheng Kwan-Gett, MD, MPH  
State Health Officer  
Washington State Department of Health