



Frequently Asked Questions about

The Hib Vaccine

Haemophilus influenzae type b (Hib) Vaccine

If Hib disease has been nearly eliminated, does my child need the vaccine?

- Yes. Although serious (invasive) Hib-related diseases have been nearly eliminated in the U.S. in just over 10 years as a result of widespread use of the Hib vaccine, parents should continue to protect their infants and young children with the vaccine.
- Even though there are now only about 100 or so cases of invasive Hib-related disease per year in this country, the bacteria can live in the throats of healthy people. The potential for the bacteria to spread to unvaccinated children is always present.
- For example, in the winter of 1999-2000, an outbreak of invasive Hib disease occurred in Pennsylvania. Eight children developed the disease, including one eight month-old infant who died. Six of these children were from the same rural community where most children had not received the Hib vaccine. In the previous three years, Pennsylvania had averaged only one to three cases of Hib per year. Overall there was a 700% increase in Hib cases in that community from 1998 to 1999, and most, if not all, of the cases would have been prevented with immunization.¹

I have heard that Hib vaccine may cause diabetes. Is that true?

- No. One investigator has suggested that the increasing rates of diabetes among children in the United States and in many other industrialized countries might somehow be linked to whole cell pertussis vaccine, Haemophilus influenzae type b (Hib) vaccine, pneumococcal conjugate vaccine, or the timing of immunizations in general.² Scientific research studies and research reviews, however, have all concluded that vaccines do not cause diabetes.³⁻⁸ For example, in 2002, the Institute of Medicine (a prestigious medical research organization that provides objective, timely, and authoritative health information to the government and the public) reviewed all available information and determined the evidence shows that the Hib vaccine does not cause the development of type 1 diabetes.⁹

Sources:

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- 3 Karvonen M, Cepaitis Z, and Tuomilehto J. (1999). Association between type 1 diabetes and Haemophilus influenzae type b vaccination: Birth cohort study. *British Medical Journal*, 318(7192), 1169-1172.

Frequently Asked Questions about
The Hib Vaccine (continued)

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- 5 Institute for Vaccine Safety, Diabetes Workshop Panel. (1999). Childhood immunizations and type 1 diabetes: Summary of an Institute for Vaccine Safety workshop. *Pediatric Infectious Disease Journal*, 18(3), 217-222.
- 6 Blom L, Nystrom and Dahlquist G. (1991). The Swedish childhood diabetes study. Vaccinations and infections at risk determinants for diabetes in childhood. *Diabetologia*, 34(3), 176-181.
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- 8 Heijbel H, Chen RT, and Dahlquist G. (1997). Cumulative incidence of childhood-onset IDDM is unaffected by pertussis immunization. *Diabetes Care*, 20(2), 173-175.
- 9 Institute of Medicine. (2002). *Immunization safety review: Multiple immunizations and immune dysfunction*. Washington, DC: National Academy Press. Available online: www.iom.edu/IOM/IOMHome.nsf/Pages/multiple+immunizations+report