26 cases of infection due to Sir Serotype e Meningitis Haemophilus influenzae /H17050 Clinical Infectious Diseases 2004; 38:1040–1 echea@ucsd.edu. Viral Research Center, University of California, San Diego, Reprints or correspondence: Dr. Miguel Goicoechea, Anti- 4. Perea S, Pennick GJ, Modak A, et al. Com- spread vaccination against in Spain after the introduction of wide- 5. Hulsedewe JW, Dermoumi H. Serum level de- termination of fluconazole by high-performance liquid chromatography and bas assay. Zentralbl Bakteriol 1996; 283:492–6. 6. Pfaffer MA, Deikema DJ, Messer SA, Hollis RJ, Jones RN. In vitro activities of caspofungin compared with those of fluconazole and itraconazole against 3959 clinical isolates of Candida spp., including 157 fluconazole-resistant isolates. Antimicrob Agents Chemother 2003; 47:1068–71. Reprints or correspondence: Dr. Marina C erqueti, Antiviral Research Center, University of California, San Diego, 150 W. Washington St., San Diego, CA 92103 (maricla echea@ucsd.edu). Clinical Infectious Diseases 2004; 38:1040–1 © 2004 by the Infectious Diseases Society of America. All rights reserved. 1058-4838/2004/3807-0023$15.00 Haemophilus influenzae Serotype e Meningitis in an Infant Str—We read with great interest the article by Campos et al. [1], which described 26 cases of infection due to Haemophilus influenzae serotype e (Hie) that occurred in Spain after the introduction of widespread vaccination against H. influenzae serotype b (Hib). The clinical presentations of these patients included cases of both invasive and noninvasive disease. The median age of the patients was 35.5 years, and approximately one-half of the patients had previous underlying conditions. Of the 26 cases of Hie infection, only 5 occurred in children aged ≤5 years, and, of these, only 1 occurred in an infant who actually had a case of invasive disease (meningitis). On the basis of their data, Campos et al. [1] state that the clinical presentation of Hie disease does not resemble that of Hib disease and that Hie is quite an opportunistic pathogen (one more able to cause infection in patients with serious underlying disease than in healthy individuals, although severe infection in healthy children may sporadically occur). In a previous study, we described the first reported cases of invasive Hie disease in Italy [2]. These cases were recently detected through the active surveillance of invasive H. influenzae disease [3]. All cases occurred in adults, the majority of whom (4 of 5 patients) presented with severe underlying conditions. Molecular analysis of the isolates obtained from these patients demonstrated that all of the isolates contained a single copy of the capsulation locus, suggesting that the isolates did not possess unusual virulent traits related to the capsule. However, we recently identified a case of meningitis due to Hie in a previously healthy 5-month-old female infant. In February 2003, the infant was hospitalized with fever and lethargy. Cultures of CSF and blood samples obtained from the infant grew mucoid colonies of H. influenzae. The infant had not previously received any dose of Hib-conjugate vaccine and had no obvious risk factors. No presence of underlying disorders was demonstrated. She was treated in the intensive care unit and received antimicrobial therapy with ceftriaxone and chloramphenicol for 8 days. An additional lumbar puncture was then performed, and culture of the CSF sample showed no growth. At the follow-up visit 3 months later, the child showed no neurological deficits. The H. influenzae isolate was sent to the national reference laboratory at the Istituto Superiore di Sanità (Rome), where serotyping by slide agglutination and capsular genotyping by PCR were performed [2]. The isolate was identified as Hie by both methods. Contrary to what Campos et al. [1] reported for the Spanish Hie isolates, no resistance to ampicillin, cefotaxime, ciprofloxacin, chloramphenicol, or azitromycin was detected. Like the previously identified Hie strains that were isolated from adults, this isolate contained a single copy of the cap e locus. In conclusion, we describe a patient with a case of Hie infection whose clinical and epidemiological features strikingly resemble those associated with invasive Hib disease. Of note, both cases of Hie meningitis (the case we observed and the case reported by Campos et al. [1]) occurred in infants in the first months of life, when children are more prone to invasive disease. Few such cases have so far been described [4, 5]. Although we agree with the statement by Campos et al. [1] that Hie may, in many respects, be regarded as an opportunistic pathogen, we would like to emphasize the importance of reporting primary invasive infection caused by non-Hib strains in children, especially in countries where Hib vaccine coverage has reached high levels. Marina Cerqueti,1 Marta Luisa Ciofi degli Atti,2 Rita Cardines,3 Maria Giufre, Amelia Romano,2 and Paolo Mastrantonio1 1Department of Infectious, Parasitic, and Immunomedi ated Diseases, and 2National Centre of Epidemiology Surveillance and Health Promotion, Istituto Superiore di Sanità, Rome, and 3Unità Operativa Clinizzata di Malattie Infettive Presidio Ospedaliero Giovanni Di Cristina, Palermo, Italy References 1. Campos J, Román F, Pérez-Vazquez M, et al. Infection due to Haemophilus influenzae sero- type e: microbiological, clinical, and epidemiologi cal features. Clin Infect Dis 2003; 37: 841–5. 2. Cerqueti M, Ciofi degli Atti ML, Cardines R, et al. Invasive type e Haemophilus influenzae disease in Italy. 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