

Results

Among the 220 clinical samples only 29 (13.2%) isolates gave presumptive detection of *H. influenzae* and out of these 29 isolates only 10 were positive by using X (haemin) and V (NAD) tests that are required for growth of *H. influenzae* and these isolates were distributed and isolated from different clinical samples

mainly throat, ear, eye, sputum, CSF. The 10 isolates then subjected to further molecular detection method using *P6* as a genetic marker for confirmed isolation of *H. influenzae* by PCR as shown in figure 1 and the results revealed that only 6 isolates out of 10 were positive as shown in table 3.

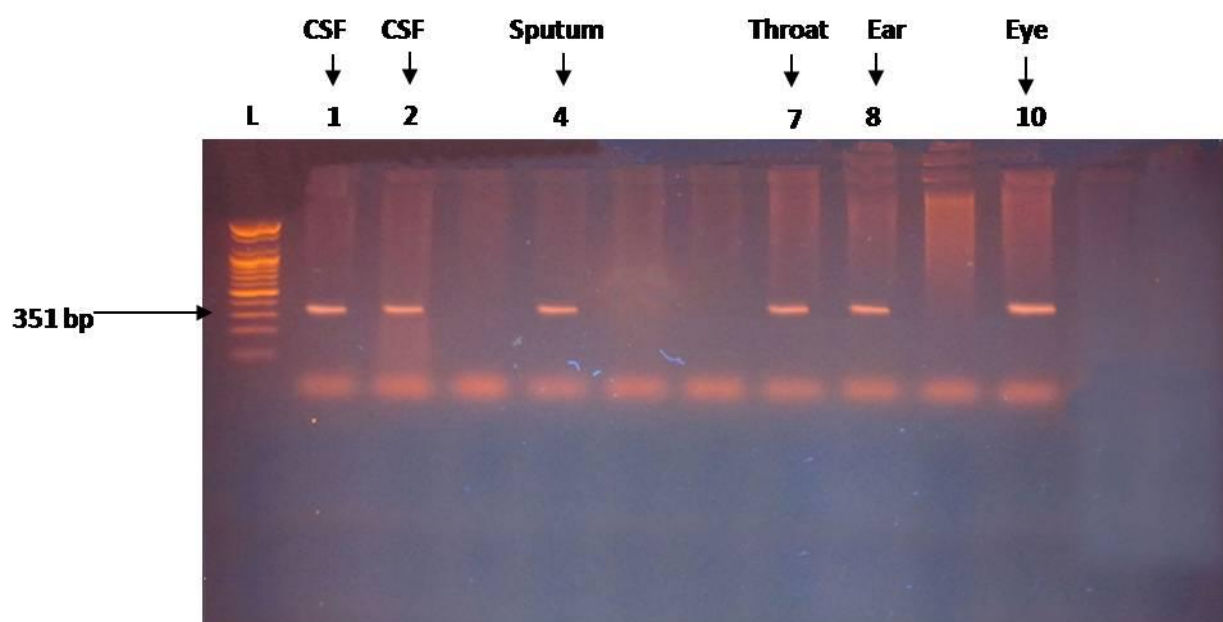


Fig. 1. Gel electrophoresis of PCR product of *P6* gene. Lane of isolates numbered (1,2,4,7,8,10) were positive, where as isolates (3,5,6,9) were negative.

Table 3. Number of isolated *H. influenzae*.

Source of isolates	No. of samples	No. of <i>H. influenzae</i> by standard bacteriological method	Using X+V to detect <i>H. influenzae</i>	Using PCR by <i>P6</i> gene
Throat	45	6 (13.3%)	2 (33.3%)	1 (50%)
Ear	50	8 (16%)	1 (12.5%)	1 (100%)
Eye	45	5 (11.1%)	2 (40%)	1 (50%)
Sputum	40	4 (10%)	2 (50%)	1 (50%)
CSF	40	6 (15%)	3 (50%)	2 (66.6%)
Total	220	29 (13.2%)	10 (34.5%)	6 (60%)

All the 6 confirmed isolates of *H. influenzae* underwent testing to separate and differentiate into capsulated (type-able) and non capsulated (non-type-able) depending on the presence or

absence of capsule by using specific primers to detect capsule locus of *H. influenzae* namely *bexA* and *bexB*. The results revealed that 2 isolates out of 6 (33.3%) were type-able (i.e.,