

New Hampshire Child Care Provider's Guide to Immunizations

August 2016

Presented by



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<http://www.dhhs.nh.gov/dphs/immunization/index.htm>





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August 2016

Dear NH Child Care Provider,

The New Hampshire Department of Health & Human Services (DHHS), Division of Public Health Services, Immunization Program (NHIP) is pleased to provide you with this New Hampshire Child Care Provider's Guide to Immunizations.

New Hampshire law requires that all children enrolled in any school, pre-school, or child care have certain immunizations to protect them and those around them from vaccine preventable diseases. In addition, schools and child care providers must collect and review the immunization records of enrolled children and submit an annual immunization report to the DHHS. This guide will assist you through the process of collecting and reporting immunization information.

The NHIP recognizes that children's immunization schedules are complicated and we thank you for helping to ensure that New Hampshire's children are adequately protected from potentially harmful infectious diseases.

Additional immunization resources can be found at:

NHIP's website at <http://www.dhhs.nh.gov/dphs/immunization/index.htm>

Child Care Providers web page <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

If you need Immunization staff assistance, please feel free to contact our program by calling 800-852-3345, x 4482 (in NH) or 603-271-4482.

Sincerely,

Immunization Program Staff

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REQUIREMENTS AND RECOMMENDATIONS

IMMUNIZATION MINIMUM DOSE REQUIREMENTS* FOR CHILD CARE (2 MONTHS TO SCHOOL ENTRY)

- **DTaP** - Diphtheria, Tetanus & Pertussis vaccine
4 or more doses – at age 2 months, 4 months, 6 months, 15-18 months
A booster dose is usually given at 4-6 years (required for Kindergarten). In rare cases, if a child is unable to receive DTaP because of a contraindication to pertussis vaccine, they would receive a vaccine called DT, which does not contain the pertussis antigen.
- **Hep B** - Hepatitis B vaccine
3 doses – at birth, age 1-2 months, 6-18 months
- **IPV** - Polio
3 or more doses – at age 2 months, 4 months, 6-18 months
A fourth dose is usually given at 4-6 years (required for Kindergarten).
- **Hib** - *Haemophilus influenzae type b* vaccine
4 doses – at age 2 months, 4 months, 6 months, 12-15 months
For unvaccinated children age 15 months and older, only 1 dose is required. For unvaccinated children over age 5, Hib is **not** required.
- **MMR** - Measles, Mumps, & Rubella vaccine
1 or 2 doses – first dose at age 12-15 months
A second dose is usually given at 4-6 years (required for Kindergarten).
- **VAR** - Varicella or chickenpox vaccine
1 or 2 doses – first dose at age 12-15 month
A second dose is usually given at 4-6 years (required for Kindergarten).
A laboratory test to confirm immunity is acceptable.

For additional Immunization Resources for Child Care Providers:
<http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

*New Hampshire RSA 141-C:20 <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-141-C.htm>

VACCINES THAT ARE RECOMMENDED, BUT NOT REQUIRED, FOR CHILD CARE

- **Influenza (flu vaccine)**
1 dose every year – beginning at age 6 months and older
(2 doses the first year the child receives influenza vaccine)
- **Hepatitis A vaccine (Hep A)**
2 doses – at age 12 months, booster at 18 months
- **Pneumococcal vaccine (PCV13)**
4 doses – at age 2 months, 4 months, 6 months, 12-15 months
- **Rotavirus (RV)**
3 doses, at age 2 months, 4 months, 6 months (Rotateq)
OR
2 doses, at age 2 months, 4 months (Rotarix)

VACCINES THAT ARE RECOMMENDED FOR CHILD CARE WORKERS

Anyone who works with children, especially in child care centers, is at high risk of coming into contact with a number of bacteria or viruses. Therefore, child care workers should be up to date on vaccines including measles-mumps-rubella (MMR), tetanus-diphtheria-pertussis (Tdap) or tetanus-diphtheria (Td), varicella (chicken pox), influenza (flu), and hepatitis B. A single dose of Tdap is especially important for anyone caring for young children. This will help protect infants and young children who are too young to be fully vaccinated and who are at increased risk of complications and death from pertussis infections (whooping cough).

Childcare workers who have not previously had the hepatitis A vaccine may be recommended to get the vaccine, or treatment, *if hepatitis A cases are diagnosed in their center*. Hepatitis A is an acute liver disease that results from infection with the Hepatitis A virus. Symptoms can be absent or mild (especially in young children) to more severe. Good personal hygiene and proper sanitation can help prevent the spread of hepatitis A.

RECORD REVIEW: THE BASIC PROCEDURES

1. Obtain the child’s personal immunization record.

New Hampshire law requires that parents provide their child’s immunization record to the child care or school. The immunization record is usually given to parents by a child’s health care provider and it must list the **name of the individual immunization** and the **complete date** (mm/dd/yyyy) that the immunization was administered.

2. Complete the New Hampshire Immunization Tracking Tool for each child (optional).

NHIP created this tool to help you keep track of immunizations for each child in your care (Appendix A). It is a simple checklist that may be helpful for completing the annual immunization report, but it is not required. Please *do not* send these or other individual child records to the NHIP.

3. Check to be sure that the child’s recorded immunizations match those listed on the schedule below.

The immunization requirements listed below can be used to check each child’s immunization record. All the children enrolled in your facility must be up-to-date with the required immunizations for their age. Parents should provide the child’s updated immunization record to you at least annually (more often if needed, especially for children under age 18 months).

Child’s current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib, Hep B
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 doses of DTaP, Polio, HepB 1 dose of Varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of Varicella and MMR**

* Some children who start the Hib vaccine series late may need fewer than 4 doses; for unvaccinated children over age 5, Hib is not required (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

How do I read the record?

- Determine the age of the child at the time of the record review, and then use the chart above to determine which age group the child is in.
- Review the “Immunizations required” list and you will see the number of doses and type of vaccines required for that age.
- Count the number of doses on the immunization record to make sure the child has the required number of doses of vaccines shown on the chart (e.g. 2 doses of DTaP, 2 doses of polio, 2 doses of Hib, and 2 doses of Hep B if the child is age 4 or 5 months).
 - ❖ *Haemophilus influenzae* type b (Hib) is a special case. If a child started late with this vaccine, s/he may need fewer doses. Call the NHIP if you have questions.
- If a child has been infected with varicella (chicken pox), then he/she does not need to be vaccinated. In these cases, there must be laboratory diagnosis of immunity to the disease.
- Because each vaccine can be in combination with others and because they may have different brand names, please refer to the brand name list (Appendix B) if you need help when reviewing an immunization record.

Special Circumstances

Some parents choose to follow a delayed or alternative schedule. This is not recommended because it puts children (and the people around them) at unnecessary risk for vaccine preventable diseases. One of the reasons parents choose an alternate schedule is the false belief that too many vaccines overwhelm the immune system and may lead to chronic health problems. If a parent chooses a delayed scheduled, the child may be conditionally enrolled if they meet the definition (see # 4 below).

4. Any children who are not fully immunized should see their health care provider. If they do not have a health care provider, refer them to a local community health center or public health department.

NHIP provides all recommended childhood vaccines at no cost to all NH children through the age of 18. If a family does not have a health care provider and/or health insurance, they should be referred to the DHHS Medicaid Office (800-852-3345, x 9700), or apply online at <http://www.dhhs.nh.gov/dfa/apply.htm>) or to a local community health center (Appendix G or go to: <http://www.bistatepca.org/find-a-health-center/nh>).

By law, children must be immunized before they can be enrolled in a NH school or licensed child care center. However, a child may be **conditionally enrolled** if:

- there is documentation of at least one dose of each required vaccine; and
- there is an appointment for the next due dose(s).

5. **Admit only those children who: (a) have met all the immunization requirements; or (b) have at least one of each required immunization AND an appointment for the next dose; or (c) have a medical or religious exemption on file.**

New Hampshire law allows for 2 types of exemptions:

- **Medical Exemption** - Documentation from child's doctor that s/he is unable to receive a vaccine for medical reasons.
- **Religious Exemption** - Requires a notarized form (Appendix I) from the parent stating their objection to vaccines for religious reasons.

In the event of a disease outbreak, any child who is not fully immunized may be excluded from child care if recommended by the NH Department of Health & Human Services (DHHS). For questions in the event of a disease outbreak, call the Bureau of Infectious Disease Control at 800-852-3345, x 4496 (in NH) or 603-271-4496.

Call the Bureau of Infectious Disease Control if you suspect any one of the reportable diseases listed in Appendix J.

ANNUAL CHILD CARE IMMUNIZATION REPORT

1. When do I need to complete the report?

NH state statute (RSA 141-C:20-e) states "Schools and child care agencies, whether public or private, shall make an annual report to the Commissioner relative to the status of immunization of all enrolled students."

The Annual Child Care Immunization Report is sent to all licensed child care agencies in October of each year. The annual report will be sent electronically if the NHIP has a valid email address for the child care. If not, a paper form will be mailed. Please notify the NHIP at any time if the child care center obtains a new email address.

2. What do I need to complete the report?

Refer to "The Basic Procedures" section for details. Consider using the Immunization Tracking Tool to determine each child's immunization status. This tool can be found in Appendix A or at <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

3. How do I complete the report?

- a. If you have internet access, please submit your report electronically. You will receive instructions in October of each year. You may also request a paper form by calling NHIP at 603-271-4482.
- b. Each child care agency with a license number must complete an annual report. If you have more than one license number, you must complete a separate report for each one.
- c. When completing the form, whether electronically or on paper, please be sure to:
 - complete all information and read the instructions for each question;
 - do not submit the child's individual immunization records;
 - if you receive a report for more than one location, do not combine numbers; complete an annual report for each licensed location;
 - submit only one report per license per year (additional vaccines will be reported the following year), and
 - return reports by **NOVEMBER 15th**.
- d. The annual report may be submitted electronically, by fax, or by mail. Electronic submission is preferred.
- e. Failure to submit the Annual Child Care Immunization Report per RSA 141-C:20-e will be reported to the Commissioner of the NH Department of Health and Human Services.

A sample of the Annual Child Care Immunization Report can be found in the appendix (Appendix H).

TIPS

- ☑ Develop a system to identify when children's vaccines are needed.
- ☑ Keep a quick reference guide handy, with the number of doses for each vaccine by age.
- ☑ Remind families when a child is due for vaccines. Use a simple template letter (see Appendix F) or email.
- ☑ Ask the parent/guardian for an updated immunization record during enrollment and at least annually (or any time their child receives a vaccine).
- ☑ Keep your records up to date! Review records quarterly, especially if you care for children under age 2.

As a child care provider, you play a key role in the growth, development, and well-being of children. You help protect children, their families, and the community from vaccine preventable diseases when you record, remind, and report.

Thank you for all you do!

APPENDIX A

IMMUNIZATION TRACKING TOOL

IMMUNIZATION TRACKING TOOL

USE THIS FORM TO KEEP TRACK OF A CHILD'S IMMUNIZATION DATES

Review records at enrollment and at least annually

CHILDS NAME: _____ DATE OF ENROLLMENT _____

BIRTH DATE	2 MONTH DATE	4 MONTH DATE	6 MONTH DATE	12-14 MO DATE	15-18 MO DATE	4-6 YR DATE

★ HepB 1 DATE	★ HepB 2 DATE	★ HepB 3 DATE				
★ DTaP 1 DATE		★ DTaP 2 DATE	★ DTaP 3 DATE	★ DTaP 4 DATE	★ DTaP 5 DATE	
★ Polio 1 DATE		★ Polio 2 DATE	★ Polio 3 DATE	★ Polio 4 DATE		
★ Hib 1 DATE	★ Hib 2 DATE	★ Hib 3 DATE	★ Hib 4* DATE			
PCV 1 DATE	PCV 2 DATE	PCV 3 DATE	PCV 4 DATE			
ROTA 1 DATE	ROTA 2 DATE	ROTA 3 DATE				

★ Required for enrollment in child care

☆ Recommended at age 4-6; required for school/kindergarten entry

*Sometimes only 3 doses of Hib are given, but the final or booster dose should be given at age 12 to 15 months.

**If a child has had Varicella (chicken pox), s/he will not need the vaccine, but the child's doctor must provide laboratory proof of immunity.

★ MMR 1 DATE	☆ MMR 2 DATE
-----------------	-----------------

★ VAR 1** DATE	☆ VAR 2** DATE
-------------------	-------------------

HepA 1 DATE	HepA 2 DATE
----------------	----------------

EVERY FALL: INFLUENZA VACCINE-6 MONTHS & OLDER					
DATE	DATE	DATE	DATE	DATE	DATE

APPENDIX B

BRAND NAMES FOR VACCINES

For use as a reference when reviewing immunization records

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax®	Haemophilus influenzae type b (Hib) & Hepatitis B (HepB)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
HibTITER®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®*	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.

APPENDIX C

SCHOOL AND CHILD CARE IMMUNIZATION RESOURCES

Administrative Rules/Laws

- www.gencourt.state.nh.us/rsa/html/X/141-C/141-C-mrg.htm
- http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- www.gencourt.state.nh.us/rsa/html/X/141-C/141-C-20-c.htm

Child Care Requirements and NH Child Care Immunization Guide

- <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

Evaluating Information on the Web

- <http://www.cdc.gov/vaccines/vac-gen/evalwebs.htm>

Exemption Form (Religious) & Types

- <http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Fun and Educational Activities

- <http://www.dhhs.nh.gov/dphs/immunization/schools.htm>

Immunization Home Page

- <http://www.dhhs.nh.gov/dphs/immunization/index.htm>

Parent Resources

- <http://www.dhhs.state.nh.us/dphs/immunization/parents.htm>

School Requirements

- <http://www.dhhs.nh.gov/dphs/immunization/schools.htm>

Seasonal Influenza

- <http://www.dhhs.nh.gov/dphs/cdcs/influenza/index.htm>



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APPENDIX D

A PARENT'S GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE

Protect your child's health ... and the health of your family and your community!

Infectious diseases like measles, pertussis (whooping cough) and mumps can spread quickly among babies and children who haven't had their shots. These diseases can also spread to your home and community. That's why it is so important to vaccinate all children according to the recommended schedule. New Hampshire law (RSA 141-C:20 <http://www.qencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-141-C.htm>) requires that all babies and children are vaccinated before entering a licensed or registered child care program.

Vaccines are safe and effective.

Children who are fully vaccinated by age 2 are protected against 14 preventable diseases. Vaccinated children, in turn, protect others around them. When too many people are not vaccinated, life-threatening diseases like whooping cough can spread throughout a community. Getting immunity from the vaccine is far safer than actually getting the disease. Young children are exposed to many more antigens (what creates an immune response) in 1 day than they are to all the vaccines given before school entry. Vaccines do not cause autism.

How do I get my child's vaccination record?

Your health care provider should have an up-to-date copy of your child's record. S/he may be able to fax or mail it directly to your child care provider. All of your child's vaccines should be recorded by your health care provider, but it is also helpful to keep a copy for your own records.

If you have some, but not all, of your child's vaccination record, your child may be enrolled in child care as long as there is a record of at least one dose of each required vaccine. However, you will need to get the remaining records or make an appointment with your doctor to complete your child's vaccinations.

When will I have to give records to my child care provider?

You will have to give immunization records before enrollment and whenever your child care provider requests it, at least annually. You should provide updated records to your childcare whenever your child receives additional vaccines.

What if my child cannot be vaccinated?

If your child cannot be vaccinated due to medical reasons, your child may be exempt from receiving that vaccine. To receive a medical exemption, you must get a signed note from your child's doctor that certifies that a particular immunization may be detrimental to your child's health.

A religious exemption can be granted if your religion prohibits immunizations. You will need to complete a notarized form (available at: <http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>) stating that your child has not been immunized because of religious beliefs. The form needs to be submitted to your child care provider.

APPENDIX D (Cont.)

Be aware that children with a medical or religious exemption may not be allowed to attend child care during a disease outbreak.

Is there a recommended schedule for children's vaccination?

Yes, the Centers for Disease Control and Prevention (CDC) develops a recommended vaccination schedule for children. Following this standard schedule gives your child the best protection at the most appropriate time. Delaying vaccines or following a different schedule is not safe because it puts your child and the people around him/her at unnecessary risk of disease. You can find the current schedule on the CDC website: <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Ask your doctor to help you keep track of your child's vaccinations.

Which immunizations are required for entry into child care?

Child's current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib, Hep B
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 doses of DTaP, Polio, HepB 1 dose of Varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of Varicella and MMR**

* Some children who start the Hib vaccine series late may need fewer than 4 doses; for unvaccinated children over age 5, Hib is not required (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Where can I get more information, forms, resources, and materials?

Go to the NH Immunization Program (NHIP) website:

<http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

You may also contact the NHIP at 800-852-3345, x 4482 (toll free in NH) or at 603-271-4482.

APPENDIX E

PARENT IMMUNIZATION RESOURCES

For parents of young children:

Parent's Guide to Childhood Immunizations: quick read on the childhood diseases and the vaccines that prevent them.

<http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>

How to Hold Your Child During Vaccinations

<http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.pdf>

After the Shots: What to do if your child has discomfort

<http://www.immunize.org/catg.d/p4014.pdf>

Common Questions Parents Ask About Infant Immunizations

<http://www.cdc.gov/vaccines/parents/parent-questions.html>

Understanding Thimerosal, Mercury and Vaccine Safety

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-thimerosal-color-office.pdf>

For parents of preteens and teens:

Which Vaccines Do Preteens and Teens Need and When?

<http://www.cdc.gov/vaccines/who/teens/for-parents.html>

Flu Vaccine for Preteens and Teens

<http://www.cdc.gov/vaccines/parents/diseases/teen/flu.html>

HPV Vaccine for Preteens and Teens

<http://www.cdc.gov/vaccines/parents/diseases/teen/hpv-basics-color.pdf>

For all:

Immunization Schedules, easy to read – easy to understand (Birth through 18 Years)

<http://www.cdc.gov/vaccines/schedules/>

APPENDIX E (cont.)

Evaluating Information on the Web

<http://www.cdc.gov/vaccines/vac-gen/evalwebs.htm>

Vaccine Preventable Disease Fact Sheets

<http://www.cdc.gov/vaccines/hcp/conversations/prevent-diseases/index.html>

Vaccine Information Statements (VIS), provides both the benefits and risks of a vaccine

<http://www.cdc.gov/vaccines/hcp/vis/index.html>

Vaccine Adverse Event Reporting System (VAERS), a National Program for monitoring vaccine safety

http://www.cdc.gov/vaccinesafety/pdf/vaers_factsheet1.pdf

What if you don't immunize your child?

<http://www.immunize.org/catg.d/p4017.pdf>

If you choose not to vaccinate your child, understand the risk and responsibilities

<https://www.cdc.gov/vaccines/hcp/conversations/downloads/not-vacc-risks-color-office.pdf>

APPENDIX F

[SAMPLE] LETTER TO PARENT OF CHILD WHO NEEDS VACCINES

Child's Name: _____ Date of Birth: _____

The immunization records we have show that your child may not be immunized as required by New Hampshire law. See the chart below for vaccines that are required for child care in New Hampshire. The dose(s) circled are the vaccines your child needs.

Child's current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib, Hep B
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 doses of DTaP, Polio, HepB 1 dose of Varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of Varicella and MMR**

* Some children who start the Hib vaccine series late may need fewer than 4 doses; for unvaccinated children over age 5, Hib is not required (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Check one of the boxes below and return to the child care by _____ (date).

- My child has an appointment on _____ (date) to receive the necessary vaccines and I will submit an updated immunization record to my child care provider.
- My child has already received the vaccine(s) indicated & I have provided/will provide the updated immunization record to my child care provider.
- My child has a medical or religious exemption to the vaccine(s) indicated and I have provided/will provide the appropriate documentation to my child care provider.

Note: Your child may be excluded from child care if appropriate and current documentation is not received.

Thank you for helping us to keep children, families, and communities free of vaccine-preventable diseases! If you have questions, please call us or the NH Immunization Program at 603-271-4482.

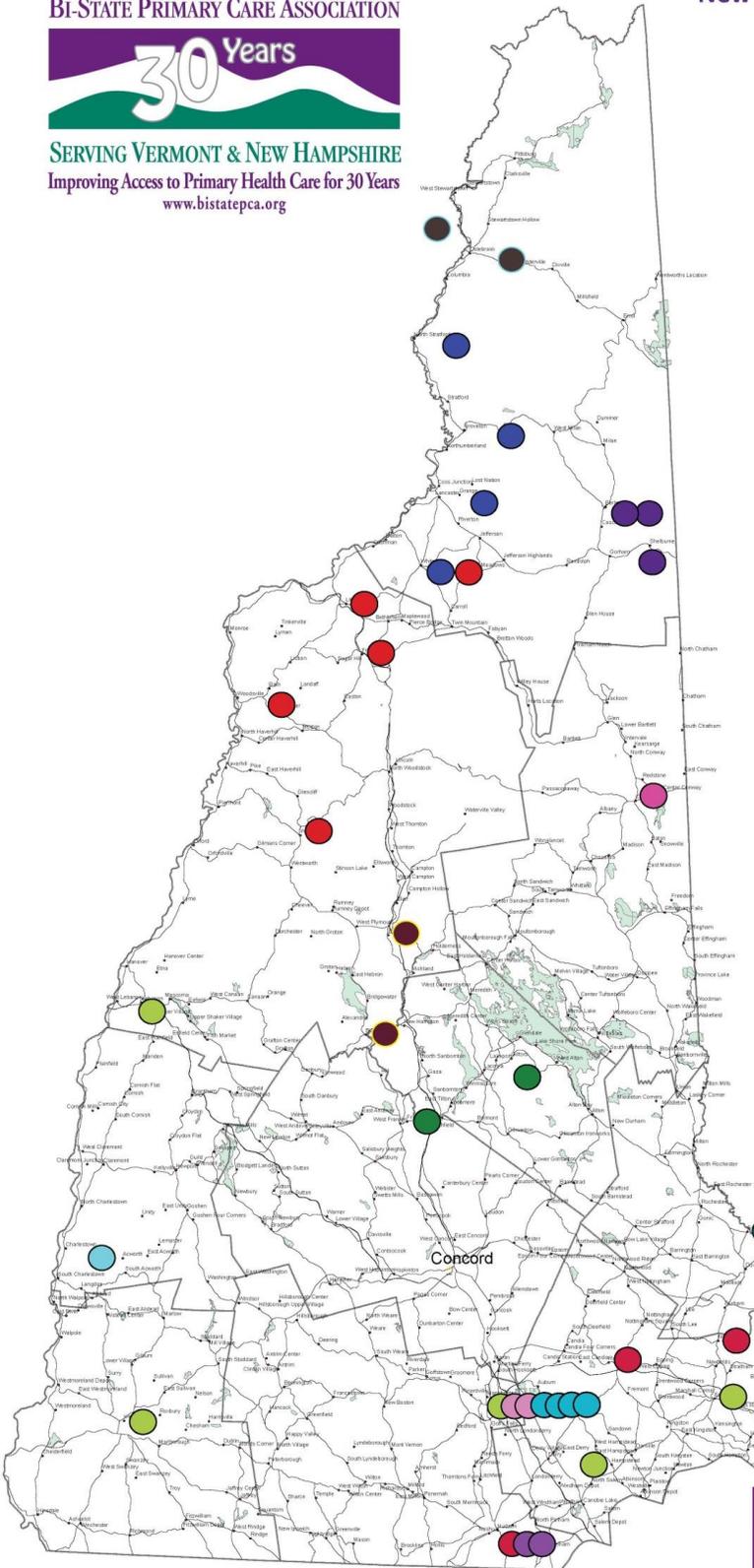
Sincerely,

[CHILD CARE PROVIDER NAME]

APPENDIX G



New Hampshire Community Health Centers



- **Ammonoosuc Community Health Services**
Franconia, Littleton, Warren, Whitefield, Woodsville
- **Charlestown Family Medicine** *Charlestown*
- **Coos County Family Health Services**
Berlin, Gorham
- **Families First Health and Support Center**
Portsmouth
- **Goodwin Community Health** *Somersworth*
- **Harbor Care Health and Wellness Center, A Program of Harbor Homes, Inc.** *Nashua*
- **Health Care for the Homeless Program**
Manchester
- **HealthFirst Family Care Center** *Franklin, Laconia*
- **Indian Stream Health Center** *Colebrook, NH and Canaan, VT*
- **Lamprey Health Care** *Nashua, Newmarket, Raymond*
- **Manchester Community Health Center and Child Health Services at MCHC** *Manchester*
- **Mid-State Health Center** *Bristol, Plymouth*
- **Planned Parenthood of Northern New England**
Claremont, Derry, Exeter, Keene, Manchester
- **Weeks Medical Center** *Groveton, Lancaster, North Stratford, Whitefield*
- **White Mountain Community Health Center**
Conway

Member Programs and Services

- Community Action Program/
Belknap-Merrimack Counties
- Community Health Access Network
- NH Area Health Education Center
- North Country Health Consortium

Find a Health Center in New Hampshire or Vermont
www.findahealthcenter.org

APPENDIX H

NH Department of Health and Human Services
 Division of Public Health Services – Immunization Section

NH Annual Child Care Immunization Report



NH DEPARTMENT OF HEALTH & HUMAN SERVICES

1. Person Completing Form:
 Email Address:
 2. Child Care Center Name:
 3. LAST FOUR DIGITS of child care license:

7. PHYSICAL Address:
 Physical Address Line 1:
 Physical Address Line 2:
 City/Town:
 State: Zip: County:

4. If you received this report in error, please check the reason(s) below, STOP HERE, and SUBMIT REPORT:
 Site is closed.
 All at this site are counted in the NH School Immunization Report.
 All children at this site are over 72 months of age.
 Other: Explain: _____

8. MAILING Address, if different from physical address:
 Mailing Address Line 1:
 Mailing Address Line 2:
 City/Town:
 State: Zip: County:

5. Type of child care (license type):
 Family Head Start Day Care Nursery
 Family Group Group Child Day Care After School Program
 Preschool Group Home Other: Please specify _____
 Kindergarten

9. Contact Information:
 Director's Name:
 Phone Number:

6. Total number of children enrolled: (subtract children who attend school – they will be counted in the school immunization report)
 This number must match the sum of TOTAL NUMBER OF CHILDREN in age group column in the table below. DO NOT COUNT school aged children who will be counted in the annual NH School Immunization Report. (e.g. if there are 25 children at your site and 3 are after-school only, the total number of children you are reporting is 22).

10. Record the NUMBER OF CHILDREN (**NOT the number of doses**) in each age group who are up-to-date for each vaccine listed.

	TOTAL Number in Each Age Group	DTaP	Polio	Hep B	HIB	MMR	Varicella	Medical Exempt	Religious Exempt	Conditionally Enrolled*
Children Age 2-3 months										
Children Age 4-5 months										
Children Age 6-14 months										
Children Age 15-17 months										
Children Age 18-47 months										
Children Age 48-72 months										

*Conditional Enrollment: Child has had a least 1 of each required vaccine AND an appointment for the next dose of the series.
 SEE COMPLETE INSTRUCTIONS ON PAGE 2.

APPENDIX H (cont.)

NH Department of Health and Human Services
Division of Public Health Services – Immunization Section

Instructions for the NH Annual Child Care Immunization Report

If you have internet access, you may submit your report electronically at: _____

Mail: NH IMMUNIZATION PROGRAM, 29 HAZEN DR., CONCORD, NH 03301 (Fax: 603-271-3850)

Please be sure to:

- complete all information and read the instructions for each question,
- do not submit the child's individual immunization records,
- if you receive a report for more than one location, do not combine numbers, but complete a report for each,
- submit only one report per license per year (additional vaccines will be reported the following year), and
- return reports by **NOVEMBER 15, 20__**.

Failure to submit an annual child care immunization report per RSA 141-C:20-e will be reported to the Commissioner of the Department of Health and Human Services.

Question 1 - Enter your name and your business email address.

Question 2 - Enter your child care name *as it appears* on your NH Child Care License.

Question 3 - Enter the LAST FOUR DIGITS of your NH State Child Care License.

Question 4 - If applicable, enter the reason(s) you did not complete the report. Stop here and submit your report.

Question 5 - Check each category of child care that you are licensed to operate.

Questions 6, 10 - The total number of children enrolled, up to age 72 months, should be the same as the total of the children in each age group (the sum of column 1 in the table). Do not count children who attend school (they will be counted in the annual school immunization report).

Questions 7, 8 - Enter both physical and mailing address, if different. Include zip code and county.

Question 9 - Enter director's name; the director should review the report. Enter complete business phone number.

Question 10 - Complete each box as labeled, with the number of CHILDREN in each age group who are up to date for each vaccine (not the number of vaccines). Children are required to be up to date or should have an exemption or are conditionally enrolled - see definitions below. The total in each row across should equal the total number of children in that age group. Use the table below to determine if a child has had all the required immunizations for his/her age.

Child's current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib, Hep B
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 or 4 doses of DTaP 3 doses of Polio, HepB 1 dose of Varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 or 2 doses of Varicella and MMR**

* Children who start the Hib vaccine series late may need fewer than 4 doses; for unvaccinated children over age 5, Hib is not required.

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of varicella and MMR are required.

Conditionally enrolled - child has documentation of at least one dose of each required vaccine and an appointment for the next due dose(s).

Medical Exemption - documentation from child's doctor that the child is unable to receive a vaccine for medical reasons.

Religious Exemption - requires notarized form from parent stating their objection to vaccine(s) for religious reasons.

If questions, contact the New Hampshire Immunization Program at 603-271-4482 or 1-800-852-3345.

Thank You!

Like us on Facebook!

www.facebook.com/VaccinateNH



APPENDIX I



Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964



CERTIFICATE OF RELIGIOUS EXEMPTION

STUDENT NAME _____

BIRTH DATE _____

ADDRESS _____

The administration of immunizing agents conflicts with the religious beliefs of the parent or legal guardian of the student listed above. I understand that in the event of an outbreak of vaccine-preventable disease in my child's school or childcare facility, the State Health Director may exclude my child from the school or childcare facility, for his own protection. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed.

Signature of parent or legal guardian

Date _____

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____.

Notary Public Seal

Notary Public/Justice of the Peace Signature

APPENDIX J



New Hampshire

Department of Health and Human Services



Reportable Diseases 2008

Acquired Immune Deficiency Syndrome (AIDS)
Anaplasmosis [*Anaplasma Phagocytophilum*]
Anthrax [*Bacillus anthracis*]*
Arboviral infection, including EEE & WNV*
Babesiosis [*Babesia microti*]
Botulism [*Clostridium botulinum*]*
Brucellosis [*Brucella abortus*]*
Campylobacteriosis [*Campylobacter* species]
Chlamydial infection [*Chlamydia trachomatis*]
Cholera [*Vibrio cholerae*]*
Coccidioidomycosis [*Coccidioides immitis*]
Creutzfeldt-Jakob Disease*
Cryptosporidiosis [*Cryptosporidium parvum*]
Cyclospora infection [*Cyclospora cayetanensis*]
Diphtheria [*Corynebacterium diphtheriae*]*
Ehrlichiosis [*Ehrlichia* species]
Escherichia coli O157 infection and other shiga toxin producing *E. coli*
Giardiasis [*Giardia lamblia*]
Gonorrhea [*Neisseria gonorrhoeae*]
Haemophilus influenzae, invasive disease, sterile site*
Hantavirus Pulmonary Syndrome [Hantavirus]*
Hemolytic Uremic Syndrome (HUS)
Hepatitis, viral: A*, B, E, G
Hepatitis, viral: positive B surface antigen in a pregnant woman
Human Immunodeficiency Virus (HIV), including perinatal exposure
Human Immunodeficiency Virus-related CD4+ counts and all viral loads
Legionellosis [*Legionella pneumophila*]
Leprosy, Hansen's disease [*Mycobacterium leprae*]
Listeriosis [*Listeria monocytogenes*]
Lyme disease [*Borrelia burgdorferi*]
Malaria [*Plasmodium* species]
Measles [Rubeola]*
Mumps*
Neisseria meningitidis, invasive disease, sterile site*
Pertussis [*Bordetella pertussis*]*
Plague [*Yersinia pestis*]*
Pneumococcal disease, invasive [*Streptococcus pneumoniae*]*
Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
Poliomyelitis [Polio]*
Psittacosis [*Chlamydia psittaci*]*
Rabies in humans or animals*
Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
Rubella, including Congenital Rubella Syndrome*
Salmonellosis [*Salmonella* species] (report *S. Typhi** within 24 hours)
Shigellosis [*Shigella* species]
Streptococcus Group A/B, invasive disease [*S. pyogenes/agalactiae*]
Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
Tetanus [*Clostridium tetani*]
Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
Trichinosis [*Trichinella spiralis*]
Tuberculosis disease [*Mycobacterium tuberculosis*]*
Tuberculosis infection, latent
Tularemia [*Francisella tularensis*]*
Typhoid fever [*Salmonella Typhi*]*
Typhus [*Rickettsia prowazekii*]*
Varicella*
Vibriosis [any *Vibrio* species]*
Vancomycin Resistant Enterococci (VRE)
Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
Yersiniosis [*Yersinia enterocolitica*]
Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health must be reported within 24 hours of recognition*

Disease Reporting Guidelines

- ✓ All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis
- ✓ Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis
- ✓ Reports are handled under strict confidentiality standards

Disease Reports Shall Include:

1. Name of the disease
2. Name of the person reporting
3. Physician name and phone number
4. Patient information
 - Name
 - Date of birth and age
 - Sex
 - Race
 - Ethnicity
 - Address
 - Telephone number
 - Occupation
 - Place of employment
 - Date of onset
5. Diagnostic test information
 - Type of test performed
 - Specimen type(s)
 - Date
 - Results
6. Treatment
 - Date
 - Drug
 - Dosage

How to Report a Disease:


PHONE
Office: 1-603-271-4496
Toll Free Office: 1-800-852-3345 ext. 4496
Hotline: 1-888-836-4971

After Hours Response: 1-603-271-5300
Toll Free After Hours: 1-800-852-3345 ext. 5300

FAX: 1-603-271-0545 Do Not FAX HIV/AIDS Reports


MAIL
NH Department of Health and Human Services
Division of Public Health Services
Communicable Disease Control and Surveillance
29 Hazen Drive, Concord, NH 03301-6504

www.dhhs.state.nh.us/DHHS/CDCS