

Infectious Disease Surveillance Section Request for Data

Please send your completed application materials to the following address:

New Hampshire Department of Health and Human Services
Division of Public Health Services
Infectious Disease Surveillance Section
Attn: Beth Daly, Section Chief
29 Hazen Drive
Concord, NH 03301-6504

You may also fax the form to (603) 271-0545 or e-mail it as an attachment to erdaly@dhhs.state.nh.us

If you have any questions, please call (603) 271-4927 or at 1-800-852-3345 ext. 4927

Individual and Organization Requestor Information

1. Contact Person (person requesting data) Name and Title:
2. Organization/Office/Bureau:
3. Address:
4. Telephone Number:
5. Fax Number:
6. E-mail Address:
7. Overall Responsible Party's Name and Title (if applicable):
8. Overall Responsible Party's Telephone Number (if applicable):
9. Date Request Made:
10. Date Information Needed:

Most simple data requests are filled within two weeks, however, completion of the request will depend on the complexity of the data search and/or analysis process.

Description of Requested Data

Please complete the following; giving information that is as detailed as possible. The information you provide will serve as the criteria for the Infectious Disease Surveillance Section to respond to your data request. After receiving your request it will be reviewed for feasibility. You will be contacted if we have any questions or concerns.

A. Data Requested:

1. Please provide a title or brief description of the requested data (disease or conditions of interest).
2. **Years Requested:** For what year(s) are you requesting data or information?

Note: It is sometimes necessary to combine data from multiple years to produce reliable statistics that do not conflict with confidentiality considerations. This is likely to be necessary for events that occur infrequently. Would your request still be useful to you if data from multiple years were grouped together?

3. **Geographic Area Requested:** What geographic area(s) are you interested in (statewide, all counties, a specific county, health service areas, a specific city/town, etc.)? If you are interested in data at the city/town level, please note that it may not be possible for us to release data at the town level, depending on the data set, the size of the city/town, and whether or not it would be acceptable to have multiple years of data combined, because of the need to maintain confidentiality.
4. **Data Elements Requested:** Please describe as specifically as possible the information you would like to obtain from the data requested. Would you like the data broken down by any demographic variables (age, race, ethnicity, sex)? Would you like counts or rates (number of cases per 100,000 persons)?
5. Please provide any other details needed for us to complete your request.
6. Please describe the format in which you would like to receive the analysis results (report, electronic document, e-mail, etc.).
7. What are the overall aims of the study or project that this analysis is part of?

Summary Description of Requested Data

Instructions for using following checklists:

- Check (✓) data being requested.
- Specify year(s) of data requested based on years of data available. Please note that years of available data vary for datasets.

1. Please indicate the type and timeframe of data requested by checking box(es) below:

✓ <i>Data Available</i>	<i>Years Available</i>	<i>Years Requested</i>
<input type="checkbox"/> Communicable Diseases	1993-Present	
<input type="checkbox"/> Sexually transmitted diseases	1993-Present	
<input type="checkbox"/> Outbreak data or reports	Limited historical data. Complete data from 2006- Present	

2. Please indicate the specific diseases or conditions of interest and how you would like the data aggregated/stratified/broken down:

<i>Specific Diseases/Conditions (please list)</i>	✓ <i>Geographic Breakdown</i>	✓ <i>Demographic Breakdown</i>	✓ <i>Type of data</i>
	<input type="checkbox"/> Statewide <input type="checkbox"/> County <input type="checkbox"/> Public Health Region <input type="checkbox"/> City/town <input type="checkbox"/> Other:	<input type="checkbox"/> Age: <input type="checkbox"/> single year, <input type="checkbox"/> 5-year groups, <input type="checkbox"/> other: <input type="checkbox"/> Sex <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Other:	<input type="checkbox"/> Case count <input type="checkbox"/> Rate per 100,000 persons <input type="checkbox"/> Other:

3. Please indicate how you would like to receive the data:

✓ <i>Media Type</i>	✓ <i>File Format</i>
<input type="checkbox"/> CD-ROM	<input type="checkbox"/> MS Access (please specify if 97 version or older)
<input type="checkbox"/> E-mail	<input type="checkbox"/> MS Excel (please specify if 97 version or older)
<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Report (pdf file)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Confidential Data Requests*

**Please contact the Infectious Disease Surveillance Section for more specific or detailed data requests and to obtain specific forms and process information. Thank you*