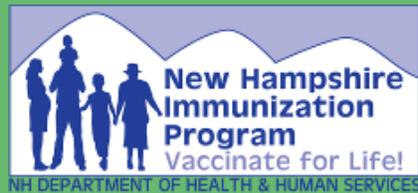


New Hampshire Childcare Provider's Guide to Immunizations 2019

Presented by



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



Table of Contents

Table of Contents	1
Cover Letter from Immunization Program.....	2
Requirements and Recommendations	3
Record Review: The Basic Procedures	5
Annual Child Care Immunization Report	8
Tips	9
 APPENDICES	
Appendix A: Immunization Tracking Tool	10
Appendix B: Brand Names for Vaccines	11
Appendix C: School and Child Care Resources	12
Appendix D: A Parent's Guide to Immunizations Required for Child Care	13
Appendix E: Parent Immunization Resources	15
Appendix F: Sample Letter to Parent of Child Who Needs Vaccines	17
Appendix G: NH Community Health Centers	18
Appendix H: Annual Immunization Report Sample with Directions	20
Appendix I: Certificate of Religious Exemption	22
Appendix J: NH Simplified Schedule	23
Appendix K: NH Reportable Diseases	24



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
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August 2019

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 childcare have certain immunizations to protect them and those around them from vaccine preventable diseases. In addition, schools and childcare providers must collect and review the immunization records of enrolled children and submit an annual immunization report to the DHHS. We hope 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 <https://www.dhhs.nh.gov/dphs/immunization/index.htm>
- Child Care Providers web page at <https://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

If you need Immunization staff assistance, or have any immunization questions, contact our program at 800-852-3345, x 4482 (in NH) or 603-271-4482.

Sincerely,

Immunization Program Staff

REQUIREMENTS AND RECOMMENDATIONS

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

- **DTaP** - Diphtheria, Tetanus & Pertussis vaccine
4 or more doses – given at age 2 months, 4 months, 6 months, 15-18 months
A booster dose, usually given at 4-6 years, is required for Kindergarten/1st Grade entry.
- **Hep B** - Hepatitis B vaccine
3 doses – given at birth, age 1-2 months, 6-18 months
- **IPV** - Polio
3 or more doses – given at age 2 months, 4 months, 6-18 months
A booster dose, usually given at 4-6 years, is required for Kindergarten/1st Grade entry.
- **Hib** - *Haemophilus influenzae type b* vaccine
4 doses – given at age 2 months, 4 months, 6 months, 12-15 months
Some children may need less than 4 doses depending on the when the series was started. 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
at least 1 dose – given at age 12-15 months
A second dose, usually given at 4-6 years is required for Kindergarten/1st Grade entry.
- **VAR** - Varicella or chickenpox vaccine
at least 1 dose – given at age 12-15 month
A second dose, usually given at 4-6 years, is required for Kindergarten/1st Grade entry.
A laboratory test to confirm immunity is acceptable.

For additional Immunization Resources for Child Care Providers:

<https://www.dhhs.nh.gov/dphs/immunization/index.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, for all persons age 6 months and older
(2 doses the first year the child receives influenza vaccine, if ages 6 months - 8 years)
- **Hepatitis A vaccine (Hep A)**
2 doses – given at age 12 months, with a booster at 18 months
- **Pneumococcal vaccine (PCV13)**
4 doses – given at age 2 months, 4 months, 6 months, 12-15 months
- **Rotavirus (RV)**
3 doses – given at age 2 months, 4 months, 6 months (Rotateq)
OR
2 doses – given at age 2 months, 4 months (Rotarix)

VACCINES THAT ARE RECOMMENDED FOR CHILD CARE WORKERS

Anyone who works with children, especially in childcare centers, is at high risk of coming into contact with a number of bacteria or viruses. Therefore, childcare 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).

Child Care 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 childcare 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 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 at least:
3-4 months	1 dose of DTaP, Polio, and Hib 2 doses of Hep B
5-6 months	2 doses of DTaP, Polio, Hib, and HepB
7-15 months	3 doses of DTaP and Hib 2 doses of Polio and Hep B
16-23 months	3 doses of DTaP, Polio, Hib, and Hep B 1 dose of Varicella and MMR
24 months - 1 st day of KG	4 doses of DTaP and Hib* 3 doses of Polio and HepB 1 dose of Varicella and MMR
Kindergarten	Hib: Not required for children age 5 and older* 4-5 doses of DTaP** 3-4 doses of Polio** 3 doses of HepB 2 doses of Varicella and MMR

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

** For Kindergarten: 4-5 doses of DTaP and 3- 4 doses of Polio with the last dose on or after the 4th birthday and at least 6 months after the previous dose.

Note: the chart above lists the minimum dose requirements for reporting, allowing for appointment scheduling, record review, and the range of ages assessed. However, the Advisory Committee on Immunization Practices (ACIP) has recommendations for the optimum age and spacing for all vaccines to provide the best protection for all children. For the current ACIP schedule for all childhood vaccines, see: <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

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 5-6 months old). Note: *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 a laboratory test to confirm 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 schedule, the child may be conditionally enrolled if they meet the definition (see # 4 below). If they have not had at least one of every vaccine required for their age group, they should not be attending childcare.

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, by providing the vaccine at no cost to participating NH health care providers. If a family does not have a health care provider and/or health insurance, they should be referred to the DHHS Medicaid Office (<https://www.dhhs.nh.gov/dfa/apply.htm> or call 800-852-3345, x 9700) or to a local community health center (Appendix G or go to: <https://bistatepca.org/About-Bi-State/health-care-resources>)

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

- there is documentation of at least one dose of each required vaccine (in a series); 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 (of a series) 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 childcare 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 K.

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 NH Child Care Licensing Bureau also references this law in their administrative rules. The report needs to be completed by November 15th of each year.

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

If you have not received a Child Care Immunization report by late October, contact the NHIP at 603-271-4482.

2. How do I complete the report?

- a. If you have internet access, you may 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 or download a report from our website.
- b. Each childcare 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.
- 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, but 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.
- f. Remember to count children, not doses on the report. You will need to count doses to determine if the child is up to date, BUT you will report numbers of children, not doses.

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

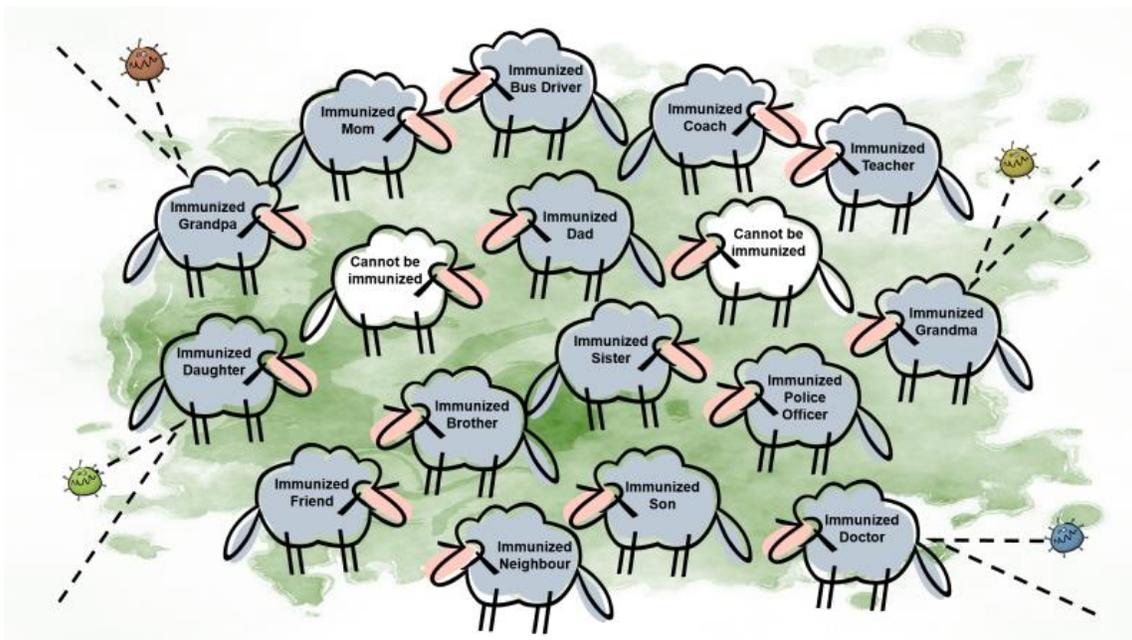
TIPS

- ☑ 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 childcare 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!

Community Immunity helps not only your students, but everyone!



APPENDIX A

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)
Quadracel®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <https://www.cdc.gov/vaccines/terms/usvaccines.html> for other vaccine brand names.

APPENDIX C

SCHOOL AND CHILD CARE IMMUNIZATION RESOURCES

[NH Child Care Providers Immunization Resource Page](#)

- Current Requirements and NH Child Care Provider Guide to Immunizations
- Annual Report Form & Tracking Tool
- Exemption Form
- Fun & Educational Activities, Posters



NH Administrative Rules/Laws

- Immunizations in School & Child Care - See section C-20 (a-e)
www.gencourt.state.nh.us/rsa/html/X/141-C/141-C-mrg.htm
- Immunization Requirements & Documentation – See section 301.13-301. 15
http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- Exemptions
www.gencourt.state.nh.us/rsa/html/X/141-C/141-C-20-c.htm
- Child Care Licensing Rules - see page 57: Child Health Requirements and Communicable Disease <https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf>

[NH Immunization Program Home Page](#)

[NH Immunization Program Parents Resources](#)

[NH Schools Immunization Resource Page](#)

[Finding Credible Vaccine Information on the Web](#)

[Seasonal Influenza](#)



APPENDIX D

INFO FOR PARENTS: 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/rsg/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 child care 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.

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 at least:
3-4 months	1 dose of DTaP, Polio, and Hib 2 doses of Hep B
5-6 months	2 doses of DTaP, Polio, Hib, and HepB
7-15 months	3 doses of DTaP and Hib 2 doses of Polio and Hep B
16-23 months	3 doses of DTaP, Polio, Hib, and Hep B 1 dose of Varicella and MMR
24 months - 1st day of KG	4 doses of DTaP and Hib* 3 doses of Polio and HepB 1 dose of Varicella and MMR
Kindergarten	Hib* (not required for children age 5 and older) 4-5 doses of DTaP** 3-4 doses of Polio** 3 doses of HepB 2 doses of Varicella and MMR

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

** For Kindergarten: 4-5 doses of DTaP and 3- 4 doses of Polio with the last dose on or after the 4th birthday nad at least 6 months after the previous dose.

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

IMMUNIZATION RESOURCES FOR PARENTS

For parents of young children:

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

<https://www.cdc.gov/vaccines/parents/tools/parents-guide/index.html>

How to Hold Your Child During Vaccinations

<https://www.cdc.gov/vaccines/parents/visit/holds-factsheet.pdf>

Tips For A Less Stressful Shot Visit

<https://www.cdc.gov/vaccines/parents/tools/tips-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

<https://www.cdc.gov/vaccines/parents/FAQs.html>

Understanding Thimerosal, Mercury and Vaccine Safety

<https://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?

<https://www.cdc.gov/vaccines/parents/downloads/PL-dis-preteens-parents.pdf>

Flu Vaccine for Preteens and Teens

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

HPV Vaccine for Preteens and Teens

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

Resources for all:

Immunization Schedules

<https://www.cdc.gov/vaccines/schedules/parents-adults/resources-parents.html>

Evaluating Information on the Web

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

Vaccine Preventable Disease Fact Sheets

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

Vaccine Information Statements (VIS): info on benefits and risks of each vaccine

<http://www.immunize.org/vis/>

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

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

https://www.cdc.gov/vaccinesafety/pdf/vaers_factsheet1.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>

What if you don't immunize your child?

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

APPENDIX F

SAMPLE LETTER TO PARENT OF CHILD WHO NEEDS VACCINES

Child's Name: _____ Date of Birth: _____

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

Child's current age	Child should have received at least:
3-4 months	1 dose of DTaP, Polio, and Hib 2 doses of Hep B
5-6 months	2 doses of DTaP, Polio, Hib, and HepB
7-15 months	3 doses of DTaP and Hib 2 doses of Polio and Hep B
16-23 months	3 doses of DTaP, Polio, Hib, and Hep B 1 dose of Varicella and MMR
24 months - 1 st day of KG	4 doses of DTaP and Hib* 3 doses of Polio and HepB 1 dose of Varicella and MMR
Kindergarten	4-5 doses of DTaP** 3-4 doses of Polio** 3 doses of HepB 2 doses of Varicella and MMR

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

** For KG/1st grade school entry: 4-5 doses of DTaP, 3-4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Check one of the boxes below and return to the childcare by _____ (date). Your child may be excluded from childcare if appropriate documentation is not received.

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 attached 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 the appropriate documentation to my child care provider.

Thank you for helping us to keep your children and the community free of vaccine-preventable diseases!

Sincerely,

[CHILD CARE PROVIDER NAME]

APPENDIX G

Community Health Centers in NH

Ammonoosuc Community Health Services, Inc.

Franconia, Littleton, Warren, Whitefield, Woodsville, (603) 444-2464, <https://ammonoosuc.org/>

Amoskeag Health (formerly Manchester Community Health Center)

Manchester, (603) 626-9500, <https://www.amoskeaghealth.org/>

Charlestown Health Center

Charlestown, 603-826-5711 <https://springfieldmed.org/charlestown-health-center/>

Coos County Family Health Services, Inc.

Berlin, Gorham, (603) 752-2040., <https://www.coosfamilyhealth.org/>

Greater Seacoast Community Health:

- **Families First Health and Support Center**, Portsmouth, (603) 422-8208, <https://www.familiesfirstseacoast.org/>
- **Goodwin Community Health**, Somersworth , (603) 749-2346 , <https://goodwinch.org/>

Harbor Care Health and Wellness Center, A Program of Harbor Homes (FQHC Homeless Program)

Nashua, (603) 821-2830, <http://harborhomes.org/harbor-care-health-and-wellness-center/>

Health Care for the Homeless Program (FQHC Homeless Program)

Manchester, (603) 663-8716, <https://www.catholicmedicalcenter.org/care-and-treatment/community-health-and-outreach/health-care-for-the-homeless>

HealthFirst Family Care Center

Franklin, Laconia, (603) 934-1464, <http://healthfirstfamily.org/>

Indian Stream Health Center

Colebrook, (603) 237-8336, <https://www.indianstream.org/>

Lamprey Health Care

Nashua, Newmarket, Raymond, (603) 659-3106, <https://www.lampreyhealth.org/>

Mid-State Health Center

Bristol, Plymouth, (603) 536-4000, <https://www.midstatehealth.org/>

North Country Health Consortium

Littleton, (603) 259-3700, <https://www.nchcnh.org/>

Planned Parenthood of Northern New England

Claremont, Derry, Exeter, Keene, Manchester, W. Lebanon, (800) 230-7256,
<https://www.plannedparenthood.org/health-center>

Weeks Medical Center

Groveton, Lancaster, N. Stratford, Whitefield, (603) 788-4911, <https://weeksmedical.org/>

White Mountain Community Health Center

Conway, (603) 447-8900, <https://www.whitemountainhealth.org/>

APPENDIX H

NH Department of Health & Human Services
Division of Public Health Services – NH Immunization Program
SAMPLE Annual Child Care Immunization Report



SECTION A ***PLEASE PRINT CLEARLY***

1. **Child Care Center Name:** _____
2. **LAST FOUR DIGITS of child care license:** _____
3. **If you received this report in error, please CHECK THE REASON(s) below, STOP HERE, and SUBMIT the REPORT.**
 - Site is closed.
 - All children at this site will be covered in the School Immunization Report.
 - Other. Please specify _____
4. **Director's Name:** _____
Director's Phone: _____
Director's Email: _____
5. **Name of Person Completing report:** _____
Phone: _____ Email: _____

6. **PHYSICAL Address:**
Street: _____
City/Town: _____
State: _____ Zip: _____ County: _____
7. **MAILING Address** (if different from physical address)
Mailing Address: _____
City/Town, State, Zip: _____
8. **Type of child care** (license type)
 - Family Preschool Day Care Nursery
 - Kindergarten Family Group After School Program
 - Head Start Group Home Group Child Day Care
 - Other. Please Specify _____
9. **TOTAL number of children:** _____ (DO NOT COUNT children who are also in school – they will be counted in the school immunization report)

COMPLETE SECTION B on page 2.

Remember:

- Count children (NOT doses).
- Complete all information and read the instructions.
- Do not submit the child's individual immunization record.
- If you receive a report for more than one location, do not combine numbers; complete a report for each site.
- If you need to make corrections, please contact the NH Immunization Program at 603-271-4482.
- For paper report, mail to NH IMMUNIZATION PROGRAM, 29 HAZEN DR., CONCORD, NH 03301 OR fax to (603) 271-3850
- 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.
- The total number of children not enrolled in school (Question 9) should be the same as the total of the children in each age group (the sum of the 1st column in the report table). Do not count children who attend school (they will be counted in the Annual NH School Immunization Report).
- Return reports by NOVEMBER 15, 2018.

NH Immunization Program (603) 271-4482 – <https://www.dhhs.nh.gov/dphs/immunization/index.htm>

Like us on Facebook! www.facebook.com/VaccinateNH

APPENDIX H

**NH Department of Health & Human Services
Division of Public Health Services – NH Immunization Program
SAMPLE Annual Child Care Immunization Report**



SECTION B

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

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 have an exemption OR be conditionally enrolled - see definitions below. **Use the table on page 3** to determine if a child has had all the required immunizations for his/her age.

If child is age:	TOTAL number of children in each age group	Number of CHILDREN up-to-date for: DTaP	Number of CHILDREN up-to-date for: Polio	Number of CHILDREN up-to-date for: HepB	Number of CHILDREN up-to-date for: Hib	Number of CHILDREN up-to-date for: MMR	Number of CHILDREN up-to-date for: Varicella	Number of CHILDREN Medical Exempt*	Number of CHILDREN Religious Exempt*	Number of CHILDREN Conditional Enrolled*
3-4 months										
5-6 months										
7-15 months										
16-23 months										
24 months - 1st day of KG										
Kindergarten (if you provide KG program)										

***Definitions: Conditional Enrollment - Child has had at least 1 of each required vaccine AND an appointment for the next dose of the series.**

- **Medical Exemption - Documentation from child’s doctor that the child is unable to receive a vaccine for medical reasons.**
- **Religious Exemption - Notarized form from parent stating their objection to vaccine(s) for religious reasons.**



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

APPENDIX I

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

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

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 _____

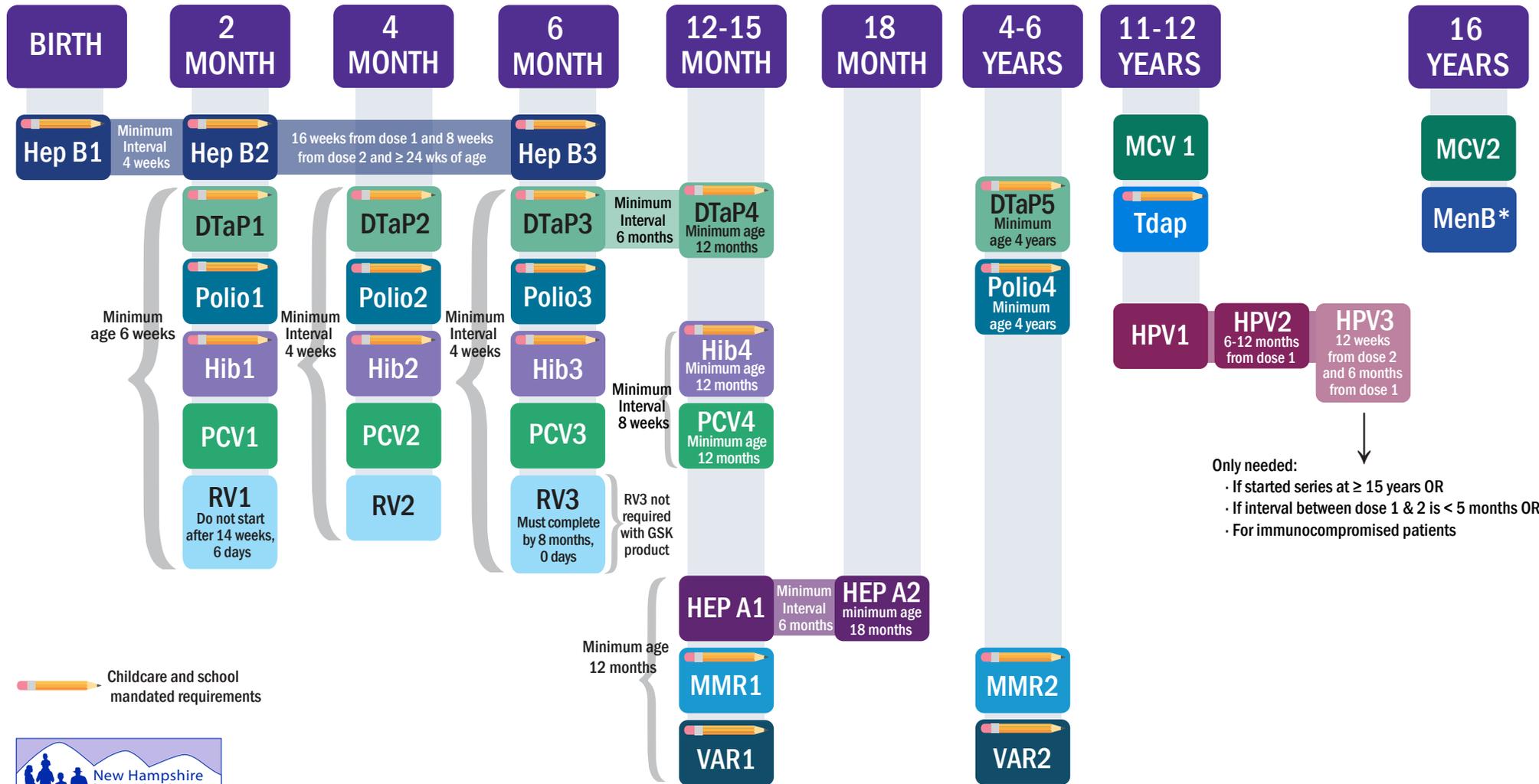
I hereby affirm that this affidavit was signed in my presence on this _____ day of _____.

Notary Public Seal

Notary Public/Justice of the Peace Signature

NH SIMPLIFIED IMMUNIZATION SCHEDULE (BIRTH - 18 YEARS)

ANNUAL FLU VACCINE FOR EVERYONE 6 MONTHS AND OLDER



Only needed:

- If started series at ≥ 15 years OR
- If interval between dose 1 & 2 is < 5 months OR
- For immunocompromised patients



NH DEPARTMENT OF HEALTH & HUMAN SERVICES
29 HAZEN DRIVE, CONCORD, NH 03301
PHONE (603) 271-4028 | FAX (603) 271-3850

See current CDC recommended schedule for children/adolescents for additional information.
Last Update 3/2017.

*The MenB vaccine series **may** be administered to adolescents and young adults aged 16-23 years (NHIP provides for 16-18 years).
(*Category B recommendations are made for individual clinical decision making.)

State of New Hampshire Reportable Infectious Diseases



Acute Flaccid Myelitis
 Acquired Immune Deficiency Syndrome (AIDS)
 Anaplasmosis [*Anaplasma Phagocytophilum*]
 Anthrax [*Bacillus anthracis*]*
 Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
 Babesiosis [*Babesia microti*]
 Botulism [*Clostridium botulinum*]*
 Brucellosis [*Brucella abortus*]*
 Campylobacteriosis [*Campylobacter* species]
 Carbapenem-resistant *enterobacteriaceae*
 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*, E,
 Hepatitis, viral: positive B surface antigen in a pregnant woman
 Hepatitis, viral: B, C (new diagnoses from providers only, no lab reporting)
 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*]
 Leptospirosis [*Leptospira* species]
 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 [*Chlamydochlophila 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]
 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 (lab reporting only, no provider reporting)
 Tularemia [*Francisella tularensis*]*
 Typhoid fever [*Salmonella Typhi*]*
 Typhus [*Rickettsia prowazekii*]*
 Varicella
 Vibriosis [any *Vibrio* species]*
 Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
 Yersiniosis [*Yersinia enterocolitica*]
 Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incident that may pose a threat to the public's health must be reported within 24 hours of recognition.*
 Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.*

Disease Reporting Guidelines

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

Disease Reports Must Include

1. Name of the disease
2. Name of the person reporting
3. Patient information: name, date of birth, age, sex, race, ethnicity, address, telephone number, occupation, place of employment, date of illness onset
4. Diagnostic test information: type of test performed, specimen type(s), date, results
5. Treatment: date, medication, dosage

How to Report a Disease

New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control

Business Hours: 603-271-4496

Toll Free (in NH only): 1-800-852-3345 x 4496

After Hours: 603-271-5300

Toll Free (in NH only): 1-800-852-3345 x 5300

Fax: 603-271-0545

****Do not fax HIV/AIDS Reports****

Electronically: Call during Business Hours to request an account in the NH Electronic Disease Surveillance System (NHEDSS)