

**STATE OF NEW HAMPSHIRE
TOOLKIT FOR SCHOOLS:
PREVENTION AND MANAGEMENT OF ACUTE VIRAL AND
BACTERIAL GASTROINTESTINAL ILLNESS**

July, 2019

*New Hampshire Department of Health and Human Services
Division of Public Health Services*

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Purpose

This document outlines the State of New Hampshire (NH) Department of Health and Human Services (DHHS), Bureau of Infectious Disease Control's (BIDC) guidance on preventing, controlling, and reporting outbreaks of gastrointestinal (GI) illness in school settings. The purpose of this toolkit is to provide resources for nurses, schools, and parents regarding the prevention of gastrointestinal illness.

Introduction

Gastrointestinal illness is common, particularly in schools where viruses and bacteria are easily spread. Fortunately, there are many simple interventions that can decrease the spread of these illnesses. Everyone in the school setting can contribute to preventing illness through actions such as **proper food preparation, cleaning, hand hygiene and reporting illness**. Parents and guardians can play a part by **keeping sick children home** so they can get well and not spread disease to others.

Case Definition

Gastrointestinal illness is defined as loose, watery stools occurring three or more times a day, with or without vomiting or fever.

Report Outbreaks

In New Hampshire, according to state law RSA 141-C, many communicable diseases must be reported to the state health department. This includes any suspect outbreak, cluster of illness, or unusual occurrence of communicable disease that may pose a threat to the public's health. For a full list of reportable infectious diseases, see the handouts section of this toolkit.

 - This symbol is used throughout as a handwashing reminder

General Gastrointestinal Illness and Norovirus Information

Gastrointestinal illness is caused by many different bacteria and viruses, and occurs most commonly between November and April. Norovirus is a very common cause of gastrointestinal illness.

What is norovirus?

Norovirus is a very contagious virus that causes acute vomiting and diarrhea. As few as 18 virus particles can cause an infection. Norovirus can survive for weeks on surfaces, such as desks, doorknobs, and toys, if not properly cleaned and disinfected. Norovirus can spread quickly from person to person in places such as schools and childcare centers. It is sometimes called the “stomach flu” but is not related to influenza (flu) viruses, which primarily causes respiratory infection.

How do gastrointestinal illnesses and norovirus spread?

- Touching contaminated surfaces or objects, and then touching one’s mouth before handwashing 🖐️
- Having direct or indirect contact with an infected person (touching surfaces with germs or other people’s unwashed hands, sharing foods or utensils with an infected person, or changing diapers of a sick child without washing your hands properly afterwards) 🖐️
- Eating food or drinking liquids contaminated with norovirus, such as food or surfaces touched by an ill person, or undercooked shellfish from contaminated waters
- Sharing toilet facilities with an ill person
- Cleaning up vomit or diarrhea from an infected person without proper protective equipment, such as gloves, masks, and covering for clothes

How can you prevent gastrointestinal illness and norovirus infection?

Things you can do to reduce the risk of getting or spreading norovirus infection include:

- Wash hands often using soap and water; hand-sanitizers are not as effective against norovirus 🖐️
- Use safe food-handling techniques (e.g., washing fruits and vegetables and cooking shellfish thoroughly)
- If you’re sick, STAY HOME! Isolate yourself and do not participate in group activities until after you are well (at least 48 hours after vomiting and diarrhea stop without using medications)
- Do NOT prepare food or care for others when you are sick with norovirus or any gastrointestinal illness
- Clean and disinfect contaminated surfaces or objects with bleach as soon as possible

☑ Checklist for Responding to a GI outbreak



- Recognize** that a cluster or outbreak may be occurring when you observe an increase in individuals ill, above what is normally expected. This may require a discussion with the school office staff.
- Report** the cluster or outbreak to the NH DHHS Bureau of Infectious Disease Control.

<u>Business hours</u> <ul style="list-style-type: none">• 8:00am – 4:30pm Monday - Friday <p style="text-align: center;">603-271-4496 Fax: 603-271-0545</p>	<u>After hours</u> <ul style="list-style-type: none">• Evening/nights (4:30pm – 8:00 am M-F)• Weekends and holidays <p style="text-align: center;">603-271-5300 Please ask for the public health professional on-call</p>
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- Collaborate** with the Public Health Professional. They will work with you to determine the attack rate for the cluster/outbreak and to implement control measures. You may be asked to provide:
 - Description of the illness
 - Overall census of your school
 - How many students and staff are affected, and whether food service worker or other family members are ill.
 - Any identifiable patterns (such as only certain classrooms affected, any class parties, etc.)
- Respond:** Implement recommendations under Prevention and Response section:
 - Identify new cases of illness
 - Exclude ill students and staff
 - Educate all students and staff (handwashing, sharing items, cleaning, exclusion) 🖐
 - Provide recommendations to Food service (page 7)
 - Provide recommendations for cleaning (page 9)
 - Communicate with staff and parents. NH DHHS strongly advises that schools discuss the cluster/outbreak and develop messaging with the Health Department before sending out notifications to staff and parents
 - Work with the Public Health Professionals at the Health Department to assess how the outbreak is evolving and determine when the outbreak is over

Prevention and Response:

Actions schools should take to prevent the spread of gastrointestinal illness:

Identify, Assess, and Exclude:

- Identify: Know the signs of gastrointestinal illnesses: **more than 3 episodes of loose stool a day, with or without vomiting, with or without fever of greater than 100.4 degrees, and stomach cramps.**
- Assess: When parents call their children out sick, ask about the illness to determine if there seems to be an outbreak of similar illnesses.
- Exclude: Keep sick children at home: Children should **stay home for at least 48 hours after vomiting and diarrhea have stopped - without use of medication.**

Education for all staff, faculty, students, parents, and volunteers:

- Strict and frequent handwashing for all students and staff. Advise hand washing after bathroom use, before handling food or drinks, and after contact with affected individuals. Review proper hand washing techniques. Hand washing with soap and water is better than alcohol based hand sanitizers to control norovirus 🧼
- Teach students not to share food or personal items such as water bottles
- Use tongs and other utensils for distributing snacks in classrooms and for student use during class parties
- Educate students and teachers on the signs, symptoms, and ways to prevent GI illness outbreak using posters provided at the end of this toolkit
- Encourage ill staff or students to seek medical attention for prolonged illness. Work with the Health Department to discuss laboratory testing. Analysis of stool samples can be used to identify the cause of an outbreak

Building-wide/administrative changes and policies:

- Advocate for touchless sinks, towel dispensers, etc. to reduce need to clean these high-touch areas
- Consider stopping all group activities in the school in consultation with the Health Department
- Notify visitors about hand washing. There are signs available at the end of this toolkit 🧼

Communications:

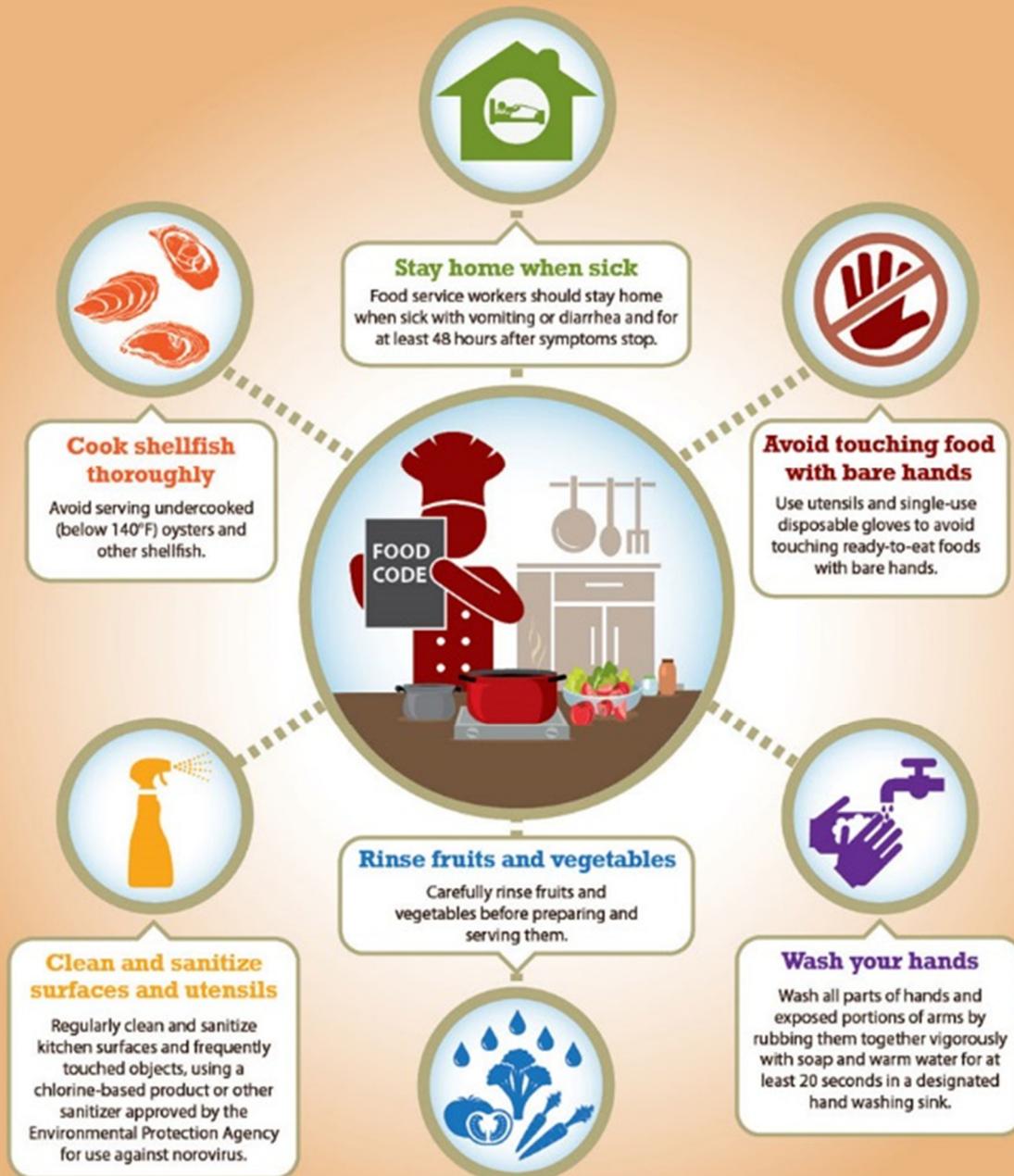
- School nurses are required (RSA 141-C) to report the cluster/outbreak to NH DHHS as soon as it is suspected. Report to NH DHHS before alerting other staff and parents.** A public health professional will work with you to determine what information specific to your setting should be disseminated. Pages 10 and 11 have sample letters to parents and staff.

Control Measures - Food Handling and Dining

- ❑ Ill food handlers must be sent home, and remain at home until **at least 48 hours after symptoms resolve**
- ❑ Require food service workers to follow food guidelines regarding proper cooking and holding temperatures, and refrigerating leftovers within 2 hours of cooking
- ❑ Throw away all potentially contaminated food
- ❑ Require food service workers to wear gloves when handling, serving, and preparing food
- ❑ Ensure clean water, soap, and paper towels are available in dining areas
- ❑ **Ensure all food service workers use strict handwashing and soap and water. Hand sanitizers are not an acceptable substitute because they are not as effective against norovirus** 🖐️
- ❑ Stop using self-service or communal food bars for school meals, including shared water pitchers, utensils, salt shakers, etc. Do not let children serve themselves as this might promote direct hand contact with shared foods
- ❑ Wash dishes, utensils, and cups using a dishwasher (with hot water and detergent), or a 3 bay sink, following proper ware washing procedures (wash, rinse and sanitize). Consider using single-use dining materials if reusable dining materials cannot be thoroughly cleaned

Ways to prevent norovirus outbreaks from food contamination

Kitchen managers should be trained and certified in food safety and ensure that **all food service workers follow food safety practices** outlined in the **FDA model Food Code** and **CDC guidelines**.



SOURCES: US Food and Drug Administration, Food code, 2013, <http://www.fda.gov/foodcode>, MMWR, March 4, 2011.

Control Measures – Cleaning and Disinfection

Bacteria and viruses in vomit and diarrhea settle on nearby surfaces. Cleaning removes visible vomit/feces, but disinfection is required to prevent spread of the illness.

Cleaning:

1. **Remove vomit or diarrhea right away.**
2. Soak up vomit and diarrhea using disposable absorbent materials (cloth, baking soda, paper towels, sawdust, kitty litter)
3. Do not vacuum vomit or diarrhea – this can spread germs in the air.
4. Using gloves, clean up vomit and diarrhea using paper towels.
5. Use soap and water to wash and rinse the area or object. Wipe dry with paper towels.
6. Dispose of all waste in a plastic trash bag or biohazard bag, immediately close, and dispose of the bag.

Disinfection: Bleach is the best chemical to kill gastrointestinal bacteria and viruses. If you do not use bleach, you should use a chemical that is registered with the Environmental Protection Agency as being effective against Norovirus and follow the manufacturers instructions: <https://www.epa.gov/pesticide-registration/list-g-epas-registered-antimicrobial-products-effective-against-norovirus>

- To prepare a bleach solution, use 3/4 cup concentrated bleach (or 1 cup of regular strength bleach) to one gallon of water.
- Prepare fresh bleach solutions daily. After preparation, the solution will lose its potency over time and not work as well. Make a new cleaning solution often, at least every 24 hours, and especially after cleaning up vomit/feces.
- Disinfect all surfaces within a 10-foot circle from area of vomiting or diarrhea
- Leave bleach on the surface for at least 5 minutes covering the entire surface and then rinse thoroughly with clean water
- Bleach should never be mixed with other cleaners/disinfectants as it can create poisonous gases**

General cleaning and disinfection recommendations:

- Advise custodial staff to use gloves, mask and cover their clothes whenever they have contact with an affected individual or contaminated environment
- Clean soiled carpets and soft furnishings with hot water and detergent or steam clean; avoid vacuum cleaning to prevent aerosolizing the virus or bacteria
- Discard items that are difficult to clean, like puzzle pieces, chalk, crayons, and clay
- Clean high-touch objects frequently (faucets, door handles, water fountains and toilet or bath rails)
- Prepare plan for meticulous final cleaning (sometimes called a “terminal” cleaning) 72 hours after resolution of the last individual ill

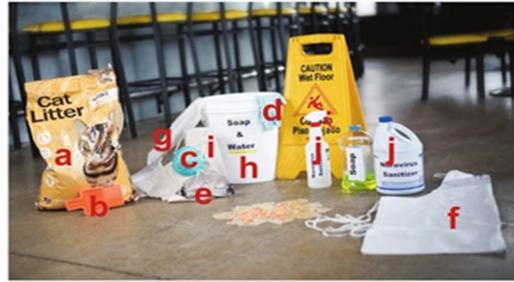
VOMIT

CLEAN UP



1

Put on your gear



Supplies needed:

- a) Cat litter
- b) Shovel & scraper
- c) Mask
- d) Gloves
- e) Goggles
- f) Disposable apron
- g) Garbage bags
- h) Soap & water
- i) Paper towels
- j) Norovirus sanitizer



2 Add cat litter...WAIT... Scrape & toss



3 Clean with soap & water



4 Spray with sanitizer...WAIT...
Wipe up, then get rid of garbage



For carpeting
DO NOT vacuum
Use a steam cleaner



5 Sanitize everything in a 10 foot circle

Follow these steps to take off your gear

1) Take off apron



2) Take off gloves



3) Wash hands



4) Take off goggles & mask



5) Wash hands again



6) Get rid of garbage



7) Wash hands again



Sample Letter for Parents

Dear Parents/Guardians:

This letter is to inform you of an increased number of students reporting gastrointestinal illness.

In an effort to stop the spread of illness, we are requesting that you:

- **Know the signs of gastrointestinal illness:** Look for any symptoms of diarrhea (3 or more loose stools a day), vomiting, fever (over 100.4° F) or stomach cramps.
- **Keep sick children at home:** Students should stay home for at least 48 hours after the last episode of vomiting or diarrhea without medications such as acetaminophen (Tylenol), ibuprofen (Advil), or Imodium. Consider seeking medical care if your child's illness is not improving on its own.
- **Cleaning:** Use bleach when cleaning. Consider cleaning high traffic areas such as counter tops, doorknobs and tables. Allow the bleach 4 minutes to dry and then the items will be considered disinfected. Bleach is the best chemical to kill these germs. Also, be sure to clean clothes soiled with vomit or diarrhea with bleach or color safe bleach. When mixing a bleach solution for cleaning it should be diluted, 1-part bleach to 10 parts water. This mixture should be changed every day if you are using this in a spray bottle.
- **Report your child's absence to the school:** When reporting the absence, be sure to advise what your child's symptoms are so the school can keep track of the types of illnesses that are occurring in the school.
- **Teach your child to wash their hands:** Hand washing with soap and water is the best way to clean hands. Encourage your child to wash their hands with soap and water for at least 20 seconds. (Tip: Sing the *Happy Birthday* song TWICE! 🙌)

Our school works closely with the New Hampshire Department of Health and Human Services, Bureau of Infectious Disease Control to monitor and stop outbreaks of illness. Contact the school nurse with any questions. We will notify you with any changes in our school's plan to prevent illnesses.

Sincerely,

[School administrator's name and signature]

Sample Letter for School Staff

Dear Staff,

This letter is to inform you of an increased number of gastrointestinal illnesses at our school. These illnesses may be viral or bacterial. Symptoms may include nausea, vomiting, diarrhea, or fever. Here are some ways to reduce the spread of germs in our school:

Staff	Intervention
All staff	<ul style="list-style-type: none"> • Stay home for at least 48 hours after your last episode of vomiting or diarrhea that is NOT being controlled by medication • Wash hands often, with warm water and soap for 15-20 seconds 
Food service staff	<ul style="list-style-type: none"> • Wash your hands with soap and warm water before touching or cooking food and after using the restroom  • Wear gloves when handling ready-to-eat foods and raw foods • Wash counter surfaces between food groups (meat, fish, veggies, etc.) • Use a separate cutting board for meat • Refrigerate leftovers within 2 hours of cooking • Cook food to the recommended temperature and reheat to at least 165 °F
Custodial staff	<ul style="list-style-type: none"> • Bleach is the best chemical to kill these germs. If possible, use bleach products and clean frequently touched areas often (water fountains, bathrooms, desks, tables, and door handles). If your school doesn't permit bleach make sure your product is effective against "caliciviruses" as indicated on the label • Change cleaning solutions (spray, mop water, etc.) often, especially after cleaning vomit or diarrhea • Clean lunch room tables with school approved cleaning solution between each lunch period • Consider giving teachers bleach wipes for classroom use
Teaching staff	<ul style="list-style-type: none"> • Send students to the nurse if they have vomited or report having an upset stomach • Have students wash their hands after using the bathroom, before and after eating, and anytime hands are visibly dirty  • Wipe down desks with school approved cleaning products between classes in accordance with school policy • Notify custodial staff if vomit or diarrhea is on any surface

 - Handwashing reminders

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 cayentanensis*]
 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 [*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]
 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)

Reporting requirements are in accordance with Administrative Rules He-P 301 adopted Fall 2016

www.dhhs.nh.gov/dphs/cdcs

Posters and Handouts

Note: A library of posters are available from the Centers for Disease Control (CDC). Several of these are included in this toolkit, but there are more available at this link:

<https://www.cdc.gov/handwashing/posters.html>



[Protect Yourself Link](#)



[Vomit Clean Up Link](#)



[Prevent Norovirus](#)



[Germ Buster Link](#)



[Protect from Noro Link](#)

References

- Bright, K. R., Boone, S. A., Gerba, C. P. (2010). Occurrence of bacteria and viruses on elementary classroom surfaces and the potential role of classroom hygiene in the spread of infectious diseases. *The Journal of School Nursing*, 26 (1), 33-14. doi: 10.1177/1059840509354383
- California Department of Public Health. (2019). Norovirus Toolkit for School and Childcare Center Outbreaks. Retrieved from: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus-School-Toolkit.pdf>
- Canadian Society of Intestinal Research. (2005, January). Bacteria and Foodborne Illness. Retrieved September 21, 2018, from <https://www.badgut.org/information-centre/a-z-digestive-topics/bacteria-and-foodborne-illness/>
- Center for Disease Control and Prevention. (2013, March 21). Press Release. Retrieved September 17, 2018, from https://www.cdc.gov/media/releases/2013/p0321_norovirus_children.html
- Center for Disease Control and Prevention. (2017). Definitions of Symptoms for Reportable Illnesses. <https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html>
- Churgay, C. A., & Aftab, Z. (2012). Gastroenteritis in Children: Part II. Prevention and Management. *American Family Physician*, 85 (11), 1066-1070. <https://www.aafp.org/afp/2012/0601/p1066.pdf>
- Duret, S., Pouillot, R., Fanaselle, W., Papafragkou, E., Liggans, G., Williams, L., Van Doren, J.M. (2017). Quantitative risk assessment of norovirus transmission in food establishments: evaluating the impact of intervention strategies and food employee behavior on the risk associated with norovirus in foods. *Risk Analysis*, 37, 2080-2106. doi: 10.1111/risa.12758
- Fairview Health Services. (n.d.). Patient Education: Bacterial Gastroenteritis. Retrieved September 21, 2018, from <https://www.fairview.org/patient-education/89211>
- Hall, A., Vinjé, J., Lopman, B., Park, G., Yen, C., Gregoricus, N., Parashar, U. (2011). Updated Norovirus Outbreak Management and Disease Prevention Guidelines. *Center of Disease Control and Prevention*, 60 (3), (1-15). <https://www.cdc.gov/mmwr/pdf/rr/rr6003.pdf>

- Leone, C. M., Tang, C., Sharp, J., Jiang, X., & Fraser, A. (2016). Presence of human noroviruses on bathroom surfaces: a review of the literature. *International Journal Of Environmental Health Research*, 26(4), 420-432. doi:10.1080/09603123.2015.1135312
- Matson, D. O. (2018). Acute viral gastroenteritis in children in resource-rich countries: Management and prevention. *UpToDate*, 1–17. Retrieved from https://www.uptodate-com.libproxy.unh.edu/contents/acute-viral-gastroenteritis-in-children-in-resource-rich-countries-management-and-prevention/print?search=preventionofviralgastrointestinalinfectionsinpediatrics&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2
- Sandora, T., Shih, M., & Goldmann, D. (2008). Reducing absenteeism from gastrointestinal and respiratory illness in elementary school students: A randomized, controlled trial of an infection-control intervention. *Child: Care, Health and Development*, 34(5), 699-699. doi:10.1111/j.1365-2214.2008.00879_6.x
- Stanford Children's Health - Lucile Packard Children's Hospital Stanford. (n.d.). Viruses, Bacteria, and Parasites in the Digestive Tract. Retrieved September 21, 2018, from <https://www.stanfordchildrens.org/en/topic/default?id=viruses-bacteria-and-parasites-in-the-digestive-tract-90-P02019>
- Willmott, M., Nicholson, A., Busse, H., Macarthur, G. J., Brookes, S., & Campbell, R. (2015). Effectiveness of hand hygiene interventions in reducing illness absence among children in educational settings: A systematic review and meta-analysis. *Archives of Disease in Childhood*, 101(1), 42-50. doi:10.1136/archdischild-2015-308875

Contact Information

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