

RSA 141-C:1

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*** STATUTES CURRENT THROUGH CHAPTER 392 OF THE 2008 SESSION ***

*** AND CHAPTER 1 OF THE 2008 SPECIAL SESSION ***

*** ANNOTATIONS CURRENT THROUGH CASES DECIDED SEPTEMBER 19, 2008 ***

TITLE X Public Health

CHAPTER 141-C Communicable Disease

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RSA 141-C:1 (2008)

141-C:1 Policy.

The outbreak and spread of communicable disease cause unnecessary risks to health and life, interfere with the orderly workings of business, industry, government, and the process of education, and disrupt the day-to-day affairs of communities and citizens. Because the control of communicable disease may be attained by personal actions, the timely intervention of medical practices, and cooperation among health care providers, federal, state, and municipal officials, and other groups and agencies, it is hereby declared to be the policy of this state that communicable diseases be prevented, and that such occurrences be identified, controlled, and, when possible, eradicated at the earliest possible time by application of appropriate public health measures and medical practices.

HISTORY: 1986, 198:21, eff. Aug. 2, 1986.

HIERARCHY NOTES:

Tit. X, Ch. 141-C Note

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RSA 141-C:2 (2008)

141-C:2 Definitions.

In this chapter:

I. "Agent" means any individual authorized by the commissioner to assist in carrying out the provisions of this chapter.

II. "Baggage" means the personal belongings of travelers. Such personal belongings need not be in the personal possession of the traveler.

III. "Care" means the furnishing of necessary services to a person infected with a communicable disease. The term includes provisions for shelter, food, and such other services that the person is unable to provide for himself due to his infection or its physical effects.

IV. "Cargo" means any animal or animal product, plant or plant product, or inanimate material which has been consigned for transport, which is being transported, or which is otherwise under the control of a business engaged in transport.

IV-a. "Child" means any person between birth and 18 years of age.

IV-b. "Child care agency" means "child day care agency" as defined in *RSA 170-E:2, IV* and "child care agency" as defined in *RSA 170-E:25, II*.

V. "Commodity" means any animal or animal product, plant or plant product, or inanimate material intended to be sold or distributed to the public.

VI. "Communicable disease" means illness due to a microorganism, virus, infectious substance, biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, which may be transmitted directly or indirectly to any person from an infected person, animal or arthropod (including insecta or arachnida) or through the vehicle of an intermediate host, vector, or inanimate environment.

VII. "Conveyance" means any vessel, aircraft, motor vehicle or other mode of transportation which is engaged in the transport of passengers, baggage, or cargo.

VIII. "Decontamination" means the act of rendering anything free from the causal agents of communicable disease.

IX. "Commissioner" means the commissioner of department of health and human services, or his designee.

X. "Department" means the department of health and human services.

RSA 141-C:2

X-a. "Health care provider" means any person who or entity which provides health care services including, but not limited to, hospitals, medical clinics and offices, clinical laboratories, physicians, naturopaths, chiropractors, pharmacists, dentists, registered and other nurses, and nurse practitioners, paramedics, and emergency medical technicians.

XI. "Health officer" means any individual appointed under *RSA 128:1* or employed under *RSA 47:12*.

XI-a. "Immunization" means inoculation with a specific antigen to promote antibody formation in the body.

XI-b. "Immunizing agent" means a vaccine, antitoxin, or other substance used to increase a person's immunity to a disease.

XII. "Isolation" means the separation, for the period of communicability, of infected persons from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.

XII-a. "Protected health information" means any information, whether in oral, written, electronic visual, or any other form, that relates to an individual's physical or mental health status, condition, treatment, service, products purchased, or provision of care, and that reveals the identity of the individual whose health care is the subject of the information, or where there is a reasonable basis to believe such information could be utilized (either alone or with other information that is, or should reasonably be known to be, available to predictable recipients of such information) to reveal the identity of that individual.

XIII. "Quarantine" means the restriction of activities of well persons who have been exposed to a case of communicable disease, during its period of communicability, to prevent disease transmission during the incubation period if infection should occur. It also means the detention of a conveyance, commodity, baggage, or cargo in a separate place for such time as may be necessary and during which decontamination may be carried out.

XIII-a. "School" means any facility which provides primary or secondary education.

XIV. "Treatment" means the provision of medical services to prevent, control, or eliminate the infection of a person by a communicable disease.

HISTORY: 1986, 198:21. 1987, 193:1-3. 1990, 257:1. 1994, 208:1, eff. Jan. 1, 1995. 1995, 310:93, 183, eff. Nov. 1, 1995. 2002, 258:6-8, eff. July 1, 2002.

NOTES:**Amendments****--2002.**

Paragraph VI: Rewritten to the extent that a detailed comparison would be impracticable.

Paragraphs X-a and XII-a: Added.

--1995.

Substituted "commissioner" for "director" following "authorized by the" in par. I and amended pars. IX and X generally.

--1994.

Paragraph IV-a: Substituted "birth" for "2 months" following "between".

--1990.

Paragraph IV-b: Rewritten to the extent that a detailed comparison would be impracticable.

--1987.

Added pars. IV-a, IV-b, XI-a, XI-b and XIII-a.

HIERARCHY NOTES:

Tit. X, Ch. 141-C Note

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RSA 141-C:3 (2008)

141-C:3 Duties of Department.

The department shall:

I. Identify, investigate, and test for communicable diseases posing a threat to the citizens of the state and its visitors.

II. Educate the general public, persons who provide health services to the public, and those persons responsible for the health and well-being of other persons relative to measures that will prevent the contraction of communicable disease, minimize its effects, and impede its spread.

III. Coordinate such medical, municipal, and other services as may be necessary to control, and, when possible, eradicate communicable diseases when they occur.

HISTORY: 1986, 198:21. 1995, 310:175, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "department" for "division" in the section catchline and in the introductory paragraph.

HIERARCHY NOTES:

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RSA 141-C:4 (2008)

141-C:4 Duties of Commissioner.

The commissioner shall:

- I.** Identify communicable diseases to be reported to the department under *RSA 141-C:8*.
- II.** Investigate outbreaks of communicable diseases under *RSA 141-C:9*.
- III.** Establish, maintain, and suspend isolation and quarantine to prevent the spread of communicable diseases under *RSA 141-C:11*.
- IV.** Order persons who pose a threat to the life and health of the public to receive such treatment and care as necessary to eliminate the threat under *RSA 141-C:15*.
- V.** Purchase and distribute such pharmaceutical agents as may be deemed necessary to prevent the acquisition and spread of communicable disease under *RSA 141-C:17*.
- VI.** Provide laboratory services to support the detection and control of communicable disease under *RSA 141-C:19*.
- VII.** Educate the public relative to the cause, prevention and treatment of communicable disease and relative to the provisions of this chapter and its rules regarding reporting, investigations, examinations, treatment and care.
- VIII.** Regulate, in public places, conveyances, and buildings, the use of a common drinking cup under *RSA 141-C:6*.
- IX.** Prohibit, in public places, conveyances, or buildings the use of a common towel.
- X.** Authorize treatment, under the orders of a licensed physician, as may be necessary to carry out the provisions of this chapter.

HISTORY: 1986, 198:21. 1990, 61:1. 1991, 3:1. 1995, 310:175, 183, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "commissioner" for "director" in the section catchline and introductory paragraph and "department" for "division" in par. I.

--1991.

Paragraph X: Added.

--1990.

Paragraph V: Substituted "pharmaceutical agents" for "biologicals" following "distribute such".

HIERARCHY NOTES:

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RSA 141-C:5 (2008)

141-C:5 Duties of Health Officers.

Health officers shall:

I. Assist the commissioner, when requested to do so, in the establishment and maintenance of isolation and quarantine in their respective cities and towns, and enforce all rules adopted by the commissioner relative to isolation and quarantine.

II. Attend meetings with the commissioner, when requested, for consultation on matters relating to public health, the restriction and prevention of communicable diseases, or the consideration of other important sanitary matters related to preventing or controlling the spread of communicable diseases.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "commissioner" for "director" wherever it appeared.

HIERARCHY NOTES:

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RSA 141-C:6 (2008)

141-C:6 Rulemaking.

The commissioner shall adopt rules, pursuant to *RSA 541-A*, relative to:

- I.** Identifying communicable diseases to be reported under *RSA 141-C:8*.
- II.** The design and content of all forms required under this chapter including forms for reporting communicable diseases under *RSA 141-C:8*.
- III.** Reporting required under *RSA 141-C:7*.
- IV.** The conduct of investigations carried out under *RSA 141-C:9, I*.
- V.** The procedure for disclosure of information under *RSA 141-C:10*.
- VI.** Establishing, maintaining, and lifting the isolation and quarantine of cases, carriers, or suspected cases or carriers of communicable diseases under *RSA 141-C:11*.
- VII.** Decontamination of commodities, conveyances, baggage, and cargo under *RSA 141-C:11, IV*.
- VIII.** Issuing and carrying out orders for the treatment and care and for the restriction and control of diseases under *RSA 141-C:15*.
- IX.** Distribution of pharmaceutical agents under *RSA 141-C:17*.
- X.** Laboratory testing, fee schedules, and the waiving of fees under *RSA 141-C:19*.
- XI.** Regulating use of the common cup under *RSA 141-C:4, VIII*.
- XII.** The procedure for written orders under *RSA 141-C:12*.
- XIII.** Other communicable diseases requiring immunization under *RSA 141-C:20-a, I*.
- XIV.** The child's age for administration of a vaccine for immunization.
- XV.** The number of doses necessary for each vaccine.
- XVI.** The acceptable level of immunization necessary for a child to be enrolled in a school or child care agency under *RSA 141-C:20-a, II(b)*.
- XVII.** Procedures for keeping immunization records under *RSA 141-C:20-b, II*.
- XVIII.** The immunization registry established under *RSA 141-C:20-f*.

XIX. Identifying microbial isolates of reportable diseases and patient specimens to be retained or forwarded to the public health laboratories.

XX. Establishing a registry of biological agents present in New Hampshire.

XXI. Procedures relating to information, specimens, and samples as required under *RSA 141-C:10*, IV.

XXII. Procedures for administration of and disbursement from the mosquito control fund, established in *RSA 141-C:25*.

HISTORY: 1986, 198:21. 1987, 193:4. 1990, 61:2:. 1995, 310:183, eff. Nov. 1, 1995. 1998, 183:2, eff. Aug. 14, 1998. 2002, 258:9, 10, eff. July 1, 2002. 2006, 284:2, eff. July 1, 2006.

NOTES:

Amendments

--2006.

Paragraph XXII: Added.

--2002.

Paragraph III: Substituted "required" for "communicable diseases".

Paragraphs XIX-XXI: Added.

--1998.

Paragraph XVIII: Added.

--1995.

Substituted "commissioner" for "director" in the introductory paragraph.

--1990.

Paragraph IX: Substituted "pharmaceutical agents" for "biologicals" preceding "under *RSA 141-C:17*".

--1987.

Added pars. XIII-XVII.

HIERARCHY NOTES:

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RSA 141-C:7 (2008)

141-C:7 Reporting of Communicable Disease.

I. Upon becoming aware of any communicable disease or communicable disease syndrome listed under *RSA 141-C:8*, any health care provider, clinical laboratory director, the superintendent or other person in charge of any hospital, or other health care facility, or any other person having under his or her care or observation a person afflicted with a communicable disease or communicable disease syndrome, or who has reason to believe that a person was or might have been afflicted with a communicable disease at the time of death, shall report to the commissioner the communicable disease or communicable disease syndrome and shall provide social security numbers, if persons were given the option at the original point of collection to provide social security numbers voluntarily, and such additional information and periodic reports as required under *RSA 141-C:9, I.*

II. Any veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person engaged in the care of animals shall report animals having or suspected of having any disease that may cause a communicable disease in humans.

III. Any clinical laboratory director shall forward to the department's public health laboratory isolates of reportable infectious microorganisms as specified by the commissioner. In addition, any clinical laboratory director performing any testing for reportable diseases shall retain the original patient specimens for 7 days after issuing a final test result for diseases specified by the commissioner and shall submit such specimens to the public health laboratories upon request.

IV. In addition to the foregoing requirements for health care providers, a pharmacist shall report, if required under rulemaking procedures by the commissioner, any unusual or increased types of prescriptions, or unusual trends in pharmacy visits that may be caused by a communicable disease. Prescription-related events that require a report may include, but are not limited to:

(a) An unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints.

(b) An unusual increase in the number of prescriptions for antibiotics.

(c) An unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:11, eff. July 1, 2002. 2003, 309:6, eff. Sept. 19, 2003.

NOTES:

Amendments

--2003.

Paragraph I: Inserted "social security numbers, if persons were given the option at the original point of collection to provide social security numbers voluntarily, and".

--2002.

Rewritten to the extent that a detailed comparison would be impracticable.

--1995.

Substituted "commissioner" for "director" following "immediately to the".

Cross References.

Disclosure of information contained in report, see *RSA 141-C:10*.

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RSA 141-C:8 (2008)

141-C:8 List of Diseases; Report Forms.

The commissioner shall compile a list of reportable communicable diseases necessary to protect the citizenry. The commissioner shall develop and provide a form for the reporting of communicable diseases under this section. The form shall include, at a minimum, the name, age, address, occupation, and place of occupation of the person. Reportable information shall not include psychiatric, psychological, or other mental health records or information.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:12, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Added the fourth sentence.

--1995.

Substituted "commissioner" for "director" in the first and second sentences.

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RSA 141-C:9 (2008)

141-C:9 Investigations; Examinations.

I. The commissioner or designee may investigate incidents of communicable diseases. Such investigations shall include, but not be limited to, requiring additional information and periodic reports from the reporting official, interviews with reporting officials, their patients, and other persons affected by or having information pertaining to the communicable disease, surveys of such individuals, inspections of buildings and conveyances and their contents, and laboratory analysis of samples collected during the course of such inspections. The commissioner shall adopt such rules as are necessary to carry out investigations with due regard for the rights of person and property. The commissioner may call upon health officers, as authorized by *RSA 141-C:5, I*, to assist in such investigations.

II. Any person having or suspected of having a communicable disease, any person who is a communicable disease carrier or contact or any person who is suspected of being a communicable disease carrier or contact shall, when requested by the commissioner or designee, submit to a physical examination for the purpose of determining the existence of a communicable disease. Such persons shall submit specimens of body secretions, excretions, body fluids, and discharges for laboratory examinations when so requested by the commissioner or designee.

HISTORY: 1986, 198:21. 1994, 208:2, eff. Jan. 1, 1995. 1995, 310:183, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "commissioner" for "director" throughout the section.

--1994.

Paragraph I: Rewrote the first sentence.

Paragraph II: Deleted "his" preceding "designee" in the first and second sentences.

Cross References.

Costs of examinations, see *RSA 141-C:15*.

School examinations of children for detection of tuberculosis, see *RSA 200:38*.

HIERARCHY NOTES:

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RSA 141-C:10 (2008)

141-C:10 Disclosure; Confidentiality.

I. Any protected health information provided to or acquired by the department under this chapter shall be released only with the informed, written consent of the individual or to those authorized persons having a legitimate need to acquire or use the information and then only so much of the information as is necessary for such persons to provide care and treatment to the individual who is the subject of the protected health information, investigate the causes of disease transmission in the particular case, or control the spread of the disease among the public. Any release of information under this section without the informed, written consent of the individual shall be conditioned upon the protected health information remaining confidential.

II. Analyses and compilations of data which do not disclose protected health information shall be available to the public under *RSA 91-A*.

III. The physician-patient privilege shall not apply to information required to be reported or provided to the commissioner under this chapter.

IV. The department shall acquire and retain only the minimum amount of information, specimens, and samples relating to individuals necessary to carry out its obligations under this chapter. The department shall adopt rules, pursuant to *RSA 541-A*, relative to the types of information, specimens, and samples to be acquired and the length of time such information, specimens, and samples shall be retained before being destroyed. Any genetic testing of specimens and samples shall be limited to the viruses, bacteria, fungi, or other micro-organisms therein.

HISTORY: 1986, 198:21. 1994, 208:3, eff. Jan. 1, 1995. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:13, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Rewritten to the extent that a detailed comparison would be impracticable.

--1995.

Substituted "commissioner" for "director" following "provided to the" in the first sentence of par. I and preceding "under RSA" in par. III.

--1994.

Paragraph I: Added "or to protecting the health of the public" following "research" in the first sentence.

OPINIONS OF THE ATTORNEY GENERAL

1. News media

Properly qualified members of the press, radio, television and other news media are considered to have a direct and tangible interest in vital statistic records when the information requested by them is of public nature. Op. Atty. Gen. 87-33.

2. AIDS cases

Information contained on death certificates and reported to the division of public health services about cases of Acquired Immune Deficiency Syndrome (AIDS) should not be made available for public inspection. Op. Atty. Gen. 87-33.

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RSA 141-C:11 (2008)

141-C:11 Isolation and Quarantine.

I. Whenever it is necessary to prevent the introduction or spread of communicable diseases within this state or from another state, or to restrict such diseases if introduced, and when such communicable diseases pose a substantial threat to the health and life of the citizenry, the commissioner shall establish isolation or quarantine for persons who are cases or carriers, or suspected cases or carriers of communicable diseases, and establish quarantine for commodities, conveyances, baggage and cargo that are carriers or suspected carriers of the communicable diseases by written order prepared in accordance with *RSA 141-C:12*. Such isolation or quarantine shall be by the least restrictive means necessary to protect the citizenry which, in the case of an individual, shall be at a place of his or her choosing unless the commissioner determines such place to be impractical or unlikely to adequately protect the public health. The commissioner shall adopt such rules regarding the establishment, maintenance and lifting of isolation and quarantine as the commissioner may deem best for protecting the health of the public.

II. When a conveyance, operator, crew, passenger, baggage, cargo or commodity is placed in isolation or quarantine, the owners, consignees, assignees and operators shall submit to such investigations as authorized by *RSA 141-C:9, I*, regarding any circumstance or event concerning the health of the operator, crew, passengers and the sanitary condition of the conveyance, baggage, cargo or commodity. The operator, crew and passengers shall submit to such examinations, as authorized by *RSA 141-C:9, II*, as the commissioner may determine appropriate.

III. The commissioner may, in ordering isolation or quarantine of persons, require that treatment be obtained in accordance with rules adopted under *RSA 141-C:15*.

IV. The order of quarantine for commodities, conveyances, baggage and cargo may require, as a condition for lifting the quarantine, that decontamination be performed. The commissioner shall adopt such rules pursuant to *RSA 541-A* as are necessary for the performance of decontamination.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:20, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Paragraph I: Inserted "which, in the case of an individual, shall be at a place of his or her choosing unless the commissioner determines such place to be impractical or unlikely to adequately protect the public health" following "citizenry" in the second sentence, and substituted "the commissioner" for "he" preceding "may deem" in the third sentence.

--1995.

Substituted "commissioner" for "director" wherever it appeared.

Cross References.

Evasion or breaking quarantine, see *RSA 141-C:13*.

Invading isolation or quarantine, see *RSA 141-C:14*.

HIERARCHY NOTES:

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RSA 141-C:12 (2008)

141-C:12 Orders.

I. The commissioner, in imposing isolation and quarantine under *RSA 141-C:11*, in requiring treatment under *RSA 141-C:15*, or in excluding children under *RSA 141-C:20-d*, shall do so by written order. The order shall include, as appropriate, the following information:

- (a) The cause of the quarantine or isolation.
- (b) The location of quarantine or isolation.
- (c) When appropriate, that decontamination be performed on commodities, conveyances, baggage and cargo.
- (d) When treatment is required as part of the order, where such treatment is available and, if applicable, what effect the receipt of treatment may have on the conditions of isolation and quarantine.
- (e) The period of duration of isolation or quarantine.
- (f) The commissioner's signature.
- (g) The reason and length of time for the exclusion of children from schools and child care facilities.

II. Orders issued under this section shall be complied with immediately.

III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

HISTORY: 1986, 198:21. 1987, 193:5, 6. 1995, 310:94, 183, eff. Nov. 1, 1995. 2002, 258:14, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Paragraph III: Rewritten to the extent that a detailed comparison would be impracticable.

--1995.

RSA 141-C:12

Paragraph I: Substituted "commissioner" for "director" preceding "in imposing" in the first sentence of the introductory paragraph and "commissioner's" for "director's" in subpar. (f).

--1987.

Paragraph I: Rewrote the introductory paragraph and added subpar. (g).

HIERARCHY NOTES:

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RSA 141-C:13 (2008)

141-C:13 Evading Quarantine; Breaking Quarantine.

I. If, after an order is issued under *RSA 141-C:12*, any commodity, conveyance, cargo or baggage is not removed to the place of quarantine or is not decontaminated or is brought near any dwelling house, facility, or housing providing services to people, or near any place of business or manufacture without the permission of the commissioner or his designee, the commissioner shall petition the superior court to review the order.

II. If any person ordered to undergo isolation or quarantine leaves such place of quarantine, a place designated by the commissioner for the decontamination of commodities, conveyances, baggage and cargo under quarantine, or a place of treatment and care of persons under isolation or quarantine without the permission of the commissioner or his designee, the commissioner shall petition the superior court for review of the order.

III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:15, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Paragraph III: Added.

--1995.

Substituted "commissioner" for "director" in two places in par. I and in three places in par. II.

HIERARCHY NOTES:

Tit. X, Ch. 141-C Note

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TITLE X Public Health
CHAPTER 141-C Communicable Disease

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RSA 141-C:14 (2008)

141-C:14 Invading Isolation; Quarantine.

If any person shall, without permission of the commissioner, his designee, or a health officer acting on the request of the commissioner, enter a place of isolation or quarantine, board a conveyance under quarantine, enter the limits of a place designated for the decontamination of cargo or baggage under quarantine, or enter a place designated for the treatment of persons placed under isolation or quarantine and such person is not an employee or agent of the facility providing such treatment, he shall be considered infected and ordered to undergo isolation or quarantine under *RSA 141-C:11*. He shall remain there at his own expense until the commissioner determines that there is no threat to the citizenry by virtue of the exposure to the cause of isolation or quarantine.

HISTORY: 1986, 195:21. 1995, 310:183, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "commissioner" for "director" throughout the section.

HIERARCHY NOTES:

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TITLE X Public Health
CHAPTER 141-C Communicable Disease

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RSA 141-C:14-a (2008)

141-C:14-a Due Process.

I. Any person subject to an order for submission of a specimen, or for examination, immunization, treatment, isolation, quarantine, provision of information, inspection of a building or conveyance, or any other order of the commissioner under this chapter or *RSA 21-P:53*, may request a hearing in the superior court to contest such order. The commissioner shall provide, or cause to be provided, to the person both oral and written notice of the right to contest the order and the form for making the request, which form shall require no more than the person's name, address, and signature and the time and date of the signature.

II. Submission of the completed form to the law enforcement officer or other individual serving the order shall be considered a filing with the superior court and such officer or other individual shall promptly deliver the form to the superior court.

III. The superior court shall schedule a hearing and render a decision upon the request within 48 hours of the time the request was made. If the court determines that exigencies related to protection of the health of the public preclude a hearing and decision within the 48-hour period, the hearing and decision may take place within a suitable time as determined by the court, but in no event later than 120 hours after the time the request was made.

IV. No examination, specimen, immunization, treatment, or other action shall be required against the will of a person who has filed a request for a hearing. A person may be held in isolation or quarantine pending the outcome of the court hearing, but may no longer be held if the court fails to render its decision within the time period required under paragraph III.

V. At the hearing the burden of proof shall be on the commissioner to prove by clear and convincing evidence that the person poses a threat to public health, or that the information to be produced or inspection of a building or conveyance is necessary to protect against a serious threat to the public health, and the order issued by the commissioner is thereby warranted to alleviate such threat.

VI. All orders issued under this chapter shall be in writing and a copy shall be provided to the person subject to the order at the time it is served. Every person who contests an order of the commissioner under this chapter shall be given a copy of the executed form contesting such order.

VII. Nothing in this chapter shall be construed to require the medical examination, medical treatment, or immunization of a person who objects, and no criminal penalties shall be imposed as a result. Notwithstanding this paragraph, such a person may be subject to isolation or quarantine for the minimum period necessary to protect the public health, as determined by the court in its decision following the hearing pursuant to this section.

HISTORY: 2002, 258:16, eff. July 1, 2002. 2008, 271:2, 3, eff. June 26, 2008.

NOTES:**Amendments****--2008.**

The 2008 amendment in I, in the first sentence, substituted "for submission of a specimen" for "to submit a specimen under *RSA 141-C*", added "provision of information, inspection of a building or conveyance" and "or *RSA 21-P:53*", and made a related change; and in V, added "or that the information to be produced or inspection of a building or conveyance is necessary to protect against a serious threat to the public health".

HIERARCHY NOTES:

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TITLE X Public Health
 CHAPTER 141-C Communicable Disease

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RSA 141-C:15 (2008)

141-C:15 Treatment, Care of Sick; Costs.

I. Any person infected with a communicable disease, or reasonably suspected of being infected with a communicable disease, and whose continued presence among the citizenry poses a significant threat to health and life, shall be ordered by the commissioner under *RSA 141-C:11*, to report to a health care provider or health care facility to undergo such treatment and care as the commissioner may deem necessary to eliminate the threat. The commissioner shall adopt rules, pursuant to *RSA 541-A*, necessary to issue and carry out such orders for treatment and to restrict and control communicable disease through treatment.

II. If the person subject to the order cannot be removed to a health care provider or to a health care facility for treatment without danger to his life or to the citizenry, the commissioner shall impose isolation or quarantine under *RSA 141-C:11* and shall arrange for treatment and care as necessary to mitigate the threat.

III. The commissioner shall assist indigent persons who are infected with tuberculosis and supply them with anti-tuberculosis drugs for treatment and preventative therapy, chest x-rays, and such physical examinations as necessary to monitor the course of treatment and therapy.

IV. The cost of treatment and care, except treatment provided under *RSA 141-C:15*, **III**, and physical examinations under *RSA 141-C:9* and *RSA 141-C:18*, shall be a cost to the person, or his parent or guardian, or, if such person is indigent, from such public funds available for such purposes. Costs of physical examinations and treatment and care provided to the operator, passengers and crew of conveyances who are, or might have been, infected by means of the conveyance, shall be a cost to the owner, consignee or assignee of the conveyance.

V. The cost for maintenance of quarantine for commodities, conveyances, cargo and baggage, and for the decontamination of commodities, conveyances, cargos and baggage, shall be a cost to the owner, consignee or assignee of the commodity or conveyance.

VI. When an individual subject to an order for treatment by the commissioner refuses to undergo such ordered treatment, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing treatment, the nature of the treatment to be provided, and the place or facility where the treatment shall be provided. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the treatment is to be provided.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995. 2002, 258:17, eff. July 1, 2002.

NOTES:

Amendments

--2002.

Paragraph VI: Added.

--1995.

Substituted "commissioner" for "director" in two places in the first sentence and preceding "shall adopt" in the second sentence of par. I, preceding "shall impose" in par. II and preceding "shall assist" in par. III.

HIERARCHY NOTES:

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TITLE X Public Health
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RSA 141-C:16 (2008)

141-C:16 Mode of Treatment and Care.

Nothing in this chapter shall be construed to authorize the commissioner to restrict in any manner a person's right to select the mode of treatment of his choice, or to refuse treatment, when treatment is ordered by the commissioner under *RSA 141-C:15*, I, or to request any physical examination or treatment of a person who in good faith relies upon spiritual means or prayer for healing. Such reliance or treatment or refusal of treatment shall not be considered a danger or menace to others under any provisions of this chapter; provided, however, that there is compliance with the sanitary, isolation and quarantine laws and rules adopted under this chapter. This section shall not be construed to prevent a parent or guardian from exercising his legal responsibilities.

HISTORY: 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

NOTES:

Amendments

--1995.

Substituted "commissioner" for "director" in two places in the first sentence.

HIERARCHY NOTES:

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RSA 141-C:28 (2008)

141-C:28 No Conflict With Emergency Management Powers.

Nothing in this chapter shall be construed to limit or restrict the exercise of the governor's emergency management powers under *RSA 4:45-RSA 4:47*.

HISTORY: 2008, 336:4, eff. July 7, 2008.

NOTES:

Contingent Renumbering.

2008, 336:6, eff. July 7, 2008, provided: "If HB 512-FN [sic, SB 512, ch. 271, which enacts 141-C:26] of the 2008 legislative session becomes law, *RSA 141-C:26* and *RSA 141-C:27* as inserted by section 4 of this act shall be renumbered as *RSA 141-C:27* and *RSA 141-C:28*, respectively." Pursuant to the terms of this provision, *RSA 141-C:27* as added by 2008, 336:4 was renumbered to *RSA 141-C:28*.

HIERARCHY NOTES:

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DEPARTMENT OF HEALTH AND HUMAN SERVICES; DIVISION OF PUBLIC HEALTH SERVICES
CHAPTER He-P 300. DISEASES
PART He-P 301 COMMUNICABLE DISEASES

N.H. Admin. Rules, He-P 301.01 (2008)

HE-P 301.01 DEFINITIONS.

(a) "Acceptable immunization" means the immunizations required in *RSA 141-C:20-a* and the doses and age requirements in He-P 301.14.

(b) "Admitting official" means the principal or his designated representative, headmaster or director of the public or non-public school, state agency or child care agency.

(c) "Applicant" means the person for whom application is made to either the AIDS drug assistance or the tuberculosis patient care financial assistance program, and who becomes a recipient if he or she is determined to be medically and financially eligible.

(d) "Carrier" means a person or animal that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

(e) "Case" means any person afflicted with a communicable disease as defined in 'Case Definitions for Infectious Conditions Under Public Health Surveillance' published by the Centers for Disease Prevention and Control. Volume 46, Number RR-10, May 2, 1997.

(f) "Chief complaint" means the patient's set of symptoms and illnesses when the patient first presents to the emergency department of a hospital.

(g) "Child care agency" means "child care agency" as defined in *RSA 141-C:2, IV-b*.

(h) "Commissioner" means "commissioner" as defined in *RSA 141-C:2, IX*.

(i) "Common cup" means an open drinking vessel shared by individuals in public places without disinfection between uses.

(j) "Conditional enrollment" means the temporary enrollment of a student who has documentation of at least one dose of each required vaccine and an appointment date(s) for the next scheduled dose(s).

(k) "Contact" means a person who has been in association with an infected person or animal or a contaminated environment in a manner that provides an opportunity to acquire the infective agent.

(l) "Date of application" means the date on which the program receives the signed application for AIDS drug assistance or for the tuberculosis patient care financial assistance.

(m) "Department" means "department" as defined in *RSA 141-C:2, X*.

(n) "Documentation" means written authenticated evidence of a laboratory test result or immunization.

(o) "Dose of vaccine" means the amount of vaccine appropriate to develop or confer immunity as specified in the manufacturer's documentation accompanying the vaccine, also known as the package insert.

(p) "Emergency department visit" means an encounter where a person is treated, evaluated or both, in the emergency department of a hospital.

(q) "Exclude" means to prevent an employee from reporting to work and from performing any job responsibilities within the employee's place of employment.

(r) "Health care facility" means facilities required to be licensed pursuant to *RSA 151:2, I* and those facilities exempt from licensing pursuant to *RSA 151:2, II*.

(s) "Health care provider" means any physician or other person self-employed or representing or employed by a governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, pharmacist, association or other entity who assesses or diagnoses the health status of any person or who treats any reportable disease or illness.

(t) "Health Level 7 (HL7)" means a health care information messaging and data exchange protocol developed by the Health Level 7 organization and approved by the American National Standards Institute (ANSI) standard for health-related information exchange.

(u) "Household" means one or more adults and/or children related by marriage or living together in the same residence.

(v) "Human Immunodeficiency Virus (HIV)" means "human immunodeficiency virus" as defined in *RSA 141-F:2, V*.

(w) "Institutional setting" means any group living situation such as in a nursing home, hospital, sheltered care facility, residential treatment and rehabilitation facility, halfway house, long term care facility, and/or any group care facility.

(x) "Isolation" means "isolation" as defined in *RSA 141-C:2, XII*.

(y) "Month" means 28 days, or 4 weeks.

(z) "Outbreak" means cases of illness or disease occurring in a community, region or specific population at a rate clearly in excess of what is normally expected.

(aa) "Quarantine" means "quarantine" as defined in *RSA 141-C:2, XIII*.

(ab) "Reportable disease" means a communicable disease, as defined in *RSA 141-C:2, VI*, required to be reported to the commissioner pursuant to *RSA 141-C:7* and He-P 301.02.

(ac) "Restrict" means to limit activities of an employee such that the employee is able to report to work and perform certain job duties as long as that activity poses no threat to the public's health.

(ad) "Suspect case" means any patient who a health care provider has reason to believe is or might be afflicted with a reportable disease such that diagnostic procedures, treatments, regimens, or preventive and/or control measures appropriate for the reportable disease are then instituted by the physician and/or the commissioner.

(ae) "Syndromic surveillance" means the ongoing and systematic collection, analysis and interpretation of signs and symptoms of illnesses through real time indicators that allows for monitoring patterns of potential reportable diseases or outbreaks and facilitates early detection and effective public health action.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #2017, eff 5-10-82; amd by #2339, eff 4-15-83; amd by #2430, eff 6-30-83; amd by 2545, eff 11-29-83; ss by #3172, eff 1-2-86; ss by #4230, eff 2-23-87; amd by #4425, eff 5-27-88; ss by #4946, eff 10-2-90; amd by #6053, eff 6-24-95; ss by #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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DEPARTMENT OF HEALTH AND HUMAN SERVICES; DIVISION OF PUBLIC HEALTH SERVICES
CHAPTER He-P 300. DISEASES
PART He-P 301 COMMUNICABLE DISEASES

N.H. Admin. Rules, He-P 301.02 (2008)

HE-P 301.02 REPORTABLE DISEASES.

(a) Health care providers shall report to the department the following diseases, including suspect cases, in accordance with He-P 301.03, in the following time frames:

(1) Within 24 hours following diagnosis or suspicion of diagnosis of:

- a. Anthrax;
- b. Arboviral infection; including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus and St. Louis Encephalitis;
- c. Botulism
- d. Brucellosis
- e. Cholera;
- f. Creutzfeld-Jacob disease
- g. Diphtheria;
- h. Haemophilus influenzae, invasive disease;
- i. Hantavirus Pulmonary Syndrome;
- j. Hepatitis, viral: A;
- k. Measles;
- l. Neisseria meningitidis, invasive disease;
- m. Mumps;
- n. Pertussis;
- o. Psittacosis;
- p. Plague;
- q. Poliomyelitis;
- r. Rabies in Humans or Animals;
- s. Rubella, including Congenital Rubella Syndrome;
- t. Tuberculosis Disease;
- u. Tularemia;

- v. Typhoid Fever,
- w. Typhus
- x. Varicella;
- y. Vibrio species including *V. cholerae*; and
- z. Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health.

(2) Within 72 hours following diagnosis or suspicion of diagnosis of:

- a. Acquired Immune Deficiency Syndrome (AIDS);
- b. Anaplasmosis
- c. Babesiosis
- d. Campylobacteriosis;
- e. Chlamydia;
- f. Coccidioidomycosis;
- g. Cyclospora infection;
- h. Cryptosporidiosis;
- i. Ehrlichiosis;
- j. *Escherichia coli* O157 infection and other shiga toxin producing *E. coli*;
- k. Giardiasis;
- l. Gonorrhea;
- m. Hemolytic Uremic Syndrome;
- n. Hepatitis, viral: B, E, G;
- o. Hepatitis, viral: positive B surface antigen in a pregnant woman;
- p. HIV, including HIV exposure in infants;
- q. Invasive Group A/B Streptococcus disease;
- r. Legionellosis;
- s. Leprosy, Hansen's Disease;
- t. Listeriosis;
- u. Lyme Disease;
- v. Malaria;
- w. Pneumococcal disease, invasive;
- x. Pneumocystis Pneumonia;
- y. Rocky Mountain Spotted Fever;
- z. Salmonellosis;
- aa. Shigellosis;
- ab. Syphilis, including Congenital Syphilis Syndrome;
- ac. Tetanus;
- ad. Toxic-Shock Syndrome (TSS), Streptococcal or Staphylococcal;

- ae. Trichinosis;
- af. Latent Tuberculosis infection; and
- ag. Yersiniosis.

(b) Laboratories shall report to the department any laboratory test indicative of or highly correlated with infection of the following microorganisms in accordance with He-P 301.03(h):

(1) Within 24 hours:

- a. Arboviral infection, including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus and St. Louis Encephalitis;
- b. Bacillus anthracis;
- c. Bordetella pertussis;
- d. Clostridium botulinum;
- e. Corynebacterium diphtheriae;
- f. Francisella tularensis
- g. Haemophilus influenzae, sterile site;
- h. Hantavirus;
- i. Hepatitis, viral: A;
- j. Mumps;
- k. Mycobacterium tuberculosis;
- l. Neisseria meningitidis, sterile site;
- m. Polio;
- n. Rabies;
- o. Rubella;
- p. Rubeola;
- q. Salmonella typhii;
- r. Vancomycin resistant Staphylococcus aureus (VRSA);
- s. Vibrio species including V. cholerae; and
- t. Yersinia pestis.

(2) Within 72 hours:

- a. Anaplasmosis phagocytophilum
- b. Babesia microti;
- c. Borrelia burgdorferi;
- d. Brucella abortus;
- e. Campylobacter species;
- f. Chlamidophila psittaci;
- g. Chlamydia trachomatis;
- h. Clostridium tetani;
- i. Coccidioides immitis;

- j. *Cryptosporidium parvum*;
- k. *Cyclospora cayetanensis*;
- l. *Ehrlichia* species;
- m. *Escherichia coli* O157 and other shiga toxin producing *E. coli*;
- n. *Giardia lamblia*;
- o. Hepatitis, viral: B, E, G;
- p. Hepatitis, viral: positive B surface antigen in a pregnant woman;
- q. HIV, including HIV exposure in infants;
- r. *Legionella pneumophila*;
- s. *Listeria monocytogenes*;
- t. *Mycobacterium leprae*;
- u. *Neisseria gonorrhoeae*;
- v. *Plasmodium* species;
- w. *Pneumocystis carinii*;
- x. *Rickettsia prowazekii*;
- y. *Rickettsia rickettsii*;
- z. *Salmonella* species other than *Salmonella typhi*;
- aa. *Shigella* species;
- ab. *Streptococcus* Group A/B (*Streptococcus pyogenes/agalactiae*), sterile site;
- ac. *Streptococcus pneumoniae*, sterile site;
- ad. *Treponema pallidum*;
- ae. *Trichinella spiralis*;
- af. Vancomycin Resistant Enterococci (VRE); and
- ag. *Yersinia enterocolitica*.

(c) Laboratories shall report to the department within 72 hours the results of all CD4+ lymphocyte laboratory tests.

(d) Laboratories shall report any tests indicative of HIV infection including antibody, antigen PCR based, and all viral load tests, including those with no virus detectable.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; amd by #6053, eff 6-24-95; ss by #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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DEPARTMENT OF HEALTH AND HUMAN SERVICES; DIVISION OF PUBLIC HEALTH SERVICES
CHAPTER He-P 300. DISEASES
PART He-P 301 COMMUNICABLE DISEASES

N.H. Admin. Rules, He-P 301.03 (2008)

HE-P 301.03 REPORTING OF COMMUNICABLE DISEASES.

(a) Any physician or other health care provider who assesses, diagnoses, or treats a person believed by him to be a case or suspect case of a reportable disease shall immediately report the same to the department by telephone, mail or electronic transmission on forms provided by the commissioner.

(b) Reports provided pursuant to (a) above shall include:

(1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;

(2) The name of the disease;

(3) The date of onset;

(4) Diagnostic test(s) performed, specimen type(s), date(s), and result(s);

(5) The name of the person reporting; and

(6) Treatment information including the name and amount of the medication prescribed.

(c) When no physician or other health care provider is in attendance, the person in charge of any institution, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace, hospital, dispensary, pharmacy, or charitable, penal, or other institution or place of detention in which there is a case or suspect case of a reportable disease, shall report the same immediately to the department.

(d) Reports provided pursuant to (c) above shall include:

(1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;

(2) The name of the disease;

(3) The date of onset; and

(4) The name of the person reporting.

(e) Local boards of health shall report immediately to the department those cases or suspect cases of reportable diseases of which they have knowledge.

(f) Reports required pursuant to (e) above shall include:

(1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;

(2) The name of the disease;

- (3) The date of onset;
- (4) The name of the original reporting source; and
- (5) The name of the person reporting.

(g) The person in charge of any diagnostic laboratory testing human or animal specimens shall report immediately to the department:

(1) The isolation or identification of causative agents, positive diagnostic acute immunological responses to causative agents, or any other positive diagnostic test results for any of the conditions listed in He-P 301.02(b);

(2) If the laboratory test was conducted on a human specimen:

- a. The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the person from whom the specimen was taken;
- b. The date the specimen was received;
- c. The name of the care provider; and
- d. The name of the person reporting; and

(3) If the laboratory test was conducted on an animal specimen:

- a. The full name, address and telephone number of the owner of the animal from whom the specimen was taken; and
- b. The species of animal from which the animal specimen originated;
- c. The date the specimen was received;
- d. The name of the veterinarian; and
- e. The name of the person reporting.

(h) Every physician or other health care provider, or the person in charge of any hospital, institution, dispensary, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace or charitable, penal, or other institution or place of detention who shall have knowledge of the occurrence of case(s) or suspect case(s) of illness within the workplace or institution believed to have been due to consumption of food or water shall report the same immediately to the department.

(i) Hospitals with emergency departments shall report all emergency department visits data to the department, for the purpose of early detection of reportable diseases or outbreaks using syndromic surveillance methods. Emergency department visits data shall be used for epidemiological investigation by the commissioner or the commissioner's designee.

(j) Investigations by the department shall include obtaining other clinical data necessary for case ascertainment including but not limited to the chief complaint. The findings of the investigation shall be used to identify communicable diseases and to institute control measures to reduce the risk of disease spread or to reduce exposures in a public health emergency.

(k) All emergency department visits data shall be reported as follows:

- (1) Through electronic transfer HL7 messaging as defined in He-P 301.01(t);
- (2) Immediately at the time of the visit but no later than 24 hours from the time of the visit.

(l) Hospitals unable to comply with the electronic transfer requirements of this section shall become compliant by January 1, 2010.

(m) Hospitals shall make use of fully automated systems that require no manual intervention to conduct electronic transfers where possible.

N.H. Admin. Rules, He-P 301.03

Source. #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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CHAPTER He-P 300. DISEASES
PART He-P 301 COMMUNICABLE DISEASES

N.H. Admin. Rules, He-P 301.04 (2008)

HE-P 301.04 METHODS OF ISOLATION.

Hospitals and other health care institutions shall institute appropriate precautions consistent with the Healthcare Infection Control Practices Advisory Committee 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007 and the Healthcare Infection Control Practices Advisory Committee, Management of Multi-drug Resistant Organisms in Healthcare Settings, HICPAC Advisory Committee. October 2006.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #2017, eff 5-10-82; amd by #2339, eff. 4-15-83; amd by § 2430 eff. 6-30-83; amd by #2545 eff. 11-29-83; ss by #3172, eff. 1-2-86; ss by #4230, eff. 2-23-87; ss by #4946, eff 10-2-90; EXPIRED 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.05 (2008)

HE-P 301.05 RESTRICTION AND CONTROL MEASURES FOR ISOLATION AND QUARANTINE FOR SPECIFIC DISEASES.

(a) For AIDS/HIV infection, and other specific infections that occur in AIDS/HIV infected patients, hospitals and other institutional settings shall observe precautions for patients as addressed in He-P 301.04.

(b) For cutaneous and inhalation anthrax, hospitals and other institutional settings shall institute standard precautions according to He-P 301.04 for the duration of the illness.

(c) For diphtheria, isolation precautions shall be instituted as follows:

(1) For a case, suspect case or carrier of pharyngeal or cutaneous diphtheria, hospitals and other institutional settings shall maintain appropriate isolation in accordance with He-P 301.04 until 2 cultures from both throat and nose or skin lesions in cutaneous diphtheria taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli;

(2) Where culture is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment; and

(3) For all close contacts of cases or suspect cases of pharyngeal or cutaneous diphtheria, employers shall exclude cases or suspect cases from the following job duties until cultures prove them not to be carriers:

- a. Job duties involving the handling of food;
- b. Child care job duties; and
- c. Direct care of hospitalized and institutionalized patients.

(d) For gonococcal ophthalmia neonatorum:

(1) Precautions shall be instituted in accordance with He-P 301.04; and

(2) The health care provider shall institute isolation of the individual for the first 24 hours after administration of effective therapy.

(e) For a case or suspect case of *Haemophilus influenzae* infection in a normally sterile site, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after the start of appropriate antibiotic therapy.

(f) For hepatitis, isolation precautions shall be as follows:

(1) For persons with hepatitis A:

a. Employers shall exclude cases or suspect cases from the following job duties until one week after onset of jaundice or until hepatitis A has been ruled out:

1. Job duties involving the handling of food;

2. Child care job duties; and
3. Direct care of hospitalized and institutionalized patients; and
 - b. Cases or suspect cases shall be excluded from attending child care agencies until one week after the onset of jaundice or until hepatitis A has been ruled out.
 - (2) For persons with hepatitis B or C, precautions shall be instituted in accordance with He-P 301.04.
 - (g) For methicillin resistant *Staphylococcus aureus*, isolation precautions for hospitalized patients shall be in accordance with He-P 301.04.
 - (h) For measles, rubeola, the following control measures shall be instituted:
 - (1) The admitting official shall exclude a case or suspect case from the grounds of public and non-public schools and child care agencies for at least 4 days after appearance of the rash;
 - (2) Hospitals and other institutional settings shall institute appropriate isolation in accordance with He-P 301.04 from recognition of clinical illness through the fourth day of rash; and
 - (3) If the case or suspect case occurs in a health care facility:
 - a. The facility shall ensure that the following susceptible personnel receive a dose of measles vaccine:
 1. All employees who were born after 1956, who cannot provide documentation of:
 - (i) Two doses of measles vaccine on or after their first birthday, the second dose a minimum of 30 days from the first; or
 - (ii) Serologic evidence of immunity to measles; and
 - b. The facility shall exclude susceptible personnel who have been exposed from direct patient contact from the 5th to the 21st day after exposure regardless of whether they received vaccine or immune globulin after the exposure.
 - (i) For a case or suspect case of meningococemia, or infection with *Neisseria meningitidis* in a normally sterile site, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after start of antibiotic therapy.
 - (j) For mumps, the following control methods shall be instituted:
 - (1) The admitting official shall exclude a case or suspect case from public and non-public schools or child care agencies for 9 days from onset of salivary gland swelling; and
 - (2) For a case or suspect case in hospitals or other institutional settings:
 - a. The health care provider shall institute appropriate isolation in accordance with He-P 301.04; and
 - b. The health care provider shall isolate the confirmed or suspect case in a private room for 9 days from onset of salivary gland swelling.
 - (k) For pertussis, the following control methods shall be instituted:
 - (1) Confirmed or suspect cases in hospitals or other institutional settings shall be placed in appropriate isolation in accordance with He-P 301.04 by the health care provider until they have received 5 days of antibiotics;
 - (2) Admitting officials and employers shall exclude confirmed or suspect cases and symptomatic household contacts from the following places until they have received at least 5 days of antibiotics:
 - a. Public and non-public schools;
 - b. Child care agencies; and
 - c. Work places; and
 - (3) Health facilities shall exclude health care workers and other adults with suspect or confirmed pertussis from patient/public contact until they have received 5 days of a course of antibiotics.

N.H. Admin. Rules, He-P 301.05

(l) For confirmed or suspect cases of poliomyelitis, hospitals shall institute isolation in accordance with He-P 301.04.

(m) For psittacosis, the hospital or health care provider shall institute precautions in accordance with He-P 301.04.

(n) For confirmed or suspect cases of rabies, hospitals shall institute appropriate isolation in accordance with He-P 301.04.

(o) For confirmed or suspect rubella, including congenital rubella syndrome, the following control methods shall be instituted:

(1) In hospitals and institutions, patients suspected of having rubella shall be managed under appropriate isolation in accordance with He-P 301.04 and placed in a private room for 7 days after the onset of rash;

(2) Admitting officials and employers shall exclude cases or suspect cases from public and non-public schools, child care agencies and work places for 7 days after onset of rash; and

(3) Hospitals and other health care facilities shall ensure that both male and female health care personnel who may be exposed to patients with rubella are immunized unless there is evidence of previous immunity.

(p) For shigellosis, E. coli 0157, and other shiga toxin producing E. coli:

(1) Precautions shall be instituted in accordance with He-P 301.04;

(2) Employers shall exclude cases or suspect cases from the following job duties until stool cultures are free of the microorganism on 2 consecutive specimens collected not less than 24 hours apart:

- a. Job duties involving the handling of food;
- b. Child care job duties; and
- c. Direct care of hospitalized and institutionalized patients;

(3) Children who are cases or suspect cases shall be excluded from attending child care while they are symptomatic; and

(4) If antibiotics have been given in cases described in (2) above, the initial culture shall be obtained at least 48 hours after the last dose.

(q) For tuberculosis (TB), the following control methods shall be instituted:

(1) Employers and admitting officials shall exclude confirmed or suspect cases of TB from the following places until TB has been ruled out or the confirmed or suspect case is deemed to be non-infectious by the department:

- a. Public and non-public schools;
- b. Child care agencies; and
- c. Work places.

(2) Jail and prison officials shall isolate confirmed or suspect cases of TB from other inmates and staff until tuberculosis has been ruled out or the confirmed or suspect case is no longer deemed to be infectious by the department;

(3) Employers in the following facilities shall exclude symptomatic employees who have had a positive tuberculin skin test within one year of a previously negative skin test, until declared non-infectious by a health care provider:

- a. Facilities licensed under *RSA 151*, *RSA 151-B*, *RSA 170-E*, and *RSA 328-B*;
- b. Schools;
- c. Correctional facilities; and
- d. Halfway houses; and

(4) Health care providers shall order a drug susceptibility test on all initial M. tuberculosis cultures performed on the initial isolate in order to assure proper prescription of treatment.

(r) For typhoid fever:

N.H. Admin. Rules, He-P 301.05

- (1) Precautions shall be instituted in accordance with He-P 301.04;
- (2) Employers and admitting officials shall exclude cases or suspect cases with the *Salmonella typhii* organism from the following job duties until released from supervision by the local health authority:
 - a. Job duties involving the handling of food;
 - b. Child care job duties; and
 - c. Direct care of hospitalized and institutionalized patients; and
- (3) The local health authority shall supervise confirmed or suspect cases until:
 - a. Not less than 3 consecutive cultures of feces, each taken at least 24 hours apart and at least 48 hours after last dose of any antibiotic and not earlier than one month after illness onset are negative; and
 - b. If any one of the cultures in a. above is positive, the culture series shall be repeated at intervals of one month during the 12-month period following illness onset until at least 3 consecutive negative cultures are obtained.
 - (s) For vancomycin resistant enterococci, isolation precautions shall be in accordance with He-P 301.04.
 - (t) For varicella disease:
 - (1) Admitting officials and employers shall exclude a case, suspect case, or an individual with vesicular eruption related to varicella vaccine, from the following places for 5 days after eruption first appears until vesicles become dry:
 - a. Public and non-public schools;
 - b. Child care agencies; and
 - c. Work places; and
 - (2) Hospitals shall maintain appropriate isolation in accordance with He-P 301.04 for 5 days after eruption first appears or until vesicles become dry.
 - (u) For any communicable disease that poses a threat to the public's health and not already described in He-P 301.05, individuals in sensitive occupations, such as healthcare, food service, and child care, may be excluded from work or restricted from certain job responsibilities until they are no longer infectious.
 - (v) Individuals described in (u) above with symptoms of acute gastrointestinal illness shall be restricted from duties involving direct patient care, childcare, or serving of food or the handling of clean dishware, utensils, or equipment until 48 hours after the resolution of symptoms or until such time the employee can provide certification from a physician that the illness is from a non-infectious cause.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #2017, eff 5-10-82; ss by #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.07 (2008)

HE-P 301.07 PROCEDURES FOR CONDUCT OF INVESTIGATION.

(a) In accordance with *RSA 141-C:3* the department shall investigate the incidence of communicable diseases posing a threat to the citizens of the state.

(b) Methods for conducting such investigations shall include the following:

- (1) Surveying pertinent populations, health care providers and others by use of questionnaires;
- (2) Telephone interviews with cases and suspect cases, contacts, health care providers, employees and employers of the suspect source of the disease;
- (3) Personal interviews with cases and suspect cases, contacts, health care providers, employees and employers of the suspect source of the disease;
- (4) Collection and analysis of samples of food, body fluids or other clinical specimens of cases, suspect cases and suspect sources or any other items/individuals suspected in a disease incident; and
- (5) Review of individual case medical records, business records, reports and x-rays of cases, suspect cases and contacts in a disease incident.

(c) All tests of biological specimens taken from New Hampshire residents for the diagnosis of reportable diseases shall be performed in a laboratory certified under 42 CFR 493. If more extensive laboratory tests will aid in better awareness of the disease causing agent, the commissioner shall order tests performed by the New Hampshire public health laboratories (PHL).

(d) Whenever a laboratory submits a specimen, portion of a specimen, or culture to the PHL for testing, laboratory reporting requirements shall be deemed to have been fulfilled, provided that the minimum information specified in *RSA 141-C:7* and He-P 301.03 accompanies the specimen or culture.

STATUTORY AUTHORITY: *RSA 141-C:6*, :24

Source. #4230, eff 2-23-87; ss by #4271, eff 6-25-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.08 (2008)

HE-P 301.08 PROCEDURES FOR DISCLOSURE OF INFORMATION.

(a) Requests for release of information under *RSA 141-C:10*, shall be made to the commissioner or his/her designee and shall describe the type, the purpose, and the ultimate disposition of the requested information.

(b) In the case where the department receives a report that a person, who works outside from his/her primary residence, or who provides child care in his/her primary residence, or who prepares food in his/her primary residence for sale to the public, is diagnosed with a reportable disease, or with a condition that can pose a threat to the public health, the following steps shall be taken:

(1) The department shall disclose to the manager of the place of employment:

- a. The name of the individual employee so diagnosed;
- b. The name of the reportable disease;
- c. The laboratory test results associated with the reportable disease; and
- d. What steps the manager shall take to assure protection of the health of the public from exposure to the risks associated with the reportable disease; and

(2) The personal identity of the employee shall be kept confidential by the manager to whom a disclosure is made as described in (1) above in accordance with *RSA 141-C:10, I*.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.09 (2008)

HE-P 301.09 PROCEDURES FOR DECONTAMINATION.

(a) The method of decontamination of a commodity, conveyance, baggage, or cargo shall include one or more of the following:

- (1) Washing and rinsing;
- (2) Application of pesticides and or disinfecting agents;
- (3) Incineration;
- (4) Chemical treatment; and
- (5) Other methods proposed by the decontaminator which the commissioner determines will achieve decontamination equivalent or superior to that achieved in (1) - (4) above.

(b) The owner or owners of such commodities, conveyance, baggage, or cargo shall ensure that decontamination is conducted according to the order of the commissioner. No commodity, conveyance, baggage, or cargo shall be removed until decontamination is completed and release has been ordered by the commissioner's designee.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.10 (2008)

HE-P 301.10 DISTRIBUTION OF PHARMACEUTICAL AGENTS.

(a) Health care providers requesting pharmaceutical agents from the department shall make such requests in writing on forms provided by the department at least 14 days prior to desired delivery date.

(b) Requestors pursuant to (a) above shall provide the following information on the request form:

- (1) The name of the physician or facility;
- (2) The provider's number from the department's immunization program;
- (3) The address of the provider;
- (4) The person responsible for ordering pharmaceutical agents;
- (5) The phone number of the person named in (4) above; and
- (6) The type and number of doses of pharmaceutical agents being ordered.

(c) Health care providers obtaining pharmaceutical agents from the department shall ensure proper storage and handling to prevent deterioration, in compliance with the requirements of *RSA 318*. All pharmaceutical agents shall be stored in accordance with the manufacturer's instructions that accompany each shipment of pharmaceutical agents. Providers shall be responsible for replacement cost of pharmaceutical agents if loss occurs due to the facility's negligent storage or handling procedures.

(d) Health care providers receiving vaccines from the department shall inform the recipients of such vaccines of their benefits and risks, in accordance with 42 CFR 110, vaccine information materials. Health care providers shall utilize the current vaccine information materials as provided by the department for every dose of state-supplied vaccine administered.

(e) Health care providers who wish to order state-supplied vaccines shall complete, on an annual basis, the vaccine provider's immunization certification form on which the provider certifies annually that he/she will comply with the following requirements:

- (1) To exercise individualized medical judgment in the administration of state-supplied vaccines;
- (2) To provide the recipient or parent/guardian of each recipient of such vaccine copies of the current vaccine information materials obtained from the department;
- (3) To retain a written immunization record of the vaccine administered for a period of 10 years following the end of the calendar year in which the immunization was given and, upon request, furnish copies of the record to the department or the federal Centers for Disease Control and Prevention;
- (4) To make no charge for vaccines provided by the department although usual or customary office or professional fees may be charged for their administration;

N.H. Admin. Rules, He-P 301.10

(5) Not to withhold state-supplied vaccine from an individual for inability to pay vaccine administration fees and prominently display a sign to this effect;

(6) To screen children for eligibility if mandated by state or federal vaccine programs; and

(7) To minimize vaccine wastage.

(f) Vaccine providers shall document the following minimum information on the vaccine recipient's medical record:

(1) Type of vaccine;

(2) Date of vaccine administration;

(3) Manufacturer of vaccine administered;

(4) Lot number of vaccine;

(5) Route and site of vaccine administration;

(6) Signature and title of the person administering the vaccine;

(7) Address where the vaccine was administered; and

(8) Results of eligibility screening of the child for federal vaccine assistance programs.

(g) When ordering vaccines, health care providers shall provide the following vaccine utilization information on a form provided by the department:

(1) Type, numerical sequence, and number of doses of vaccine administered for each specified age group;

(2) Current inventory with lot numbers;

(3) Expiration dates;

(4) Wastage in doses;

(5) Number of doses ordered;

(6) Physician or facility's vaccine provider number;

(7) Both mailing and street addresses;

(8) Name of provider or facility using vaccine;

(9) Person responsible for ordering vaccine; and

(10) Physician or facility's phone and fax numbers.

(h) In the case of an individual experiencing a vaccine-associated adverse medical event from a state-supplied vaccine, the health care provider shall immediately report to the department the following information:

(1) Patient's name, telephone number, address;

(2) Date of administration of vaccines;

(3) Types of vaccines administered, including manufacturer lot number, site of administration, and number of previous doses;

(4) Recipient's date of birth;

(5) Name, title, address, and telephone number of health care provider who administered vaccine;

(6) Name of health care provider who completed the form;

(7) Description of the suspected adverse medical event and patient's current status;

(8) Health care provider/facility visited for treatment of adverse medical event;

(9) Laboratory findings;

N.H. Admin. Rules, He-P 301.10

- (10) Patient's medical history as it relates to the vaccine-associated adverse medical event; and
- (11) Follow-up information on the patient's medical condition as requested by the department.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.12 (2008)

HE-P 301.12 PROCEDURES FOR WRITTEN ORDERS.

(a) All orders of isolation, quarantine or treatment shall be issued in accordance with *RSA 141-C:11* and 12.

(b) Action taken to enforce an order of isolation, quarantine or treatment shall be consistent with the provision of *RSA 141-C:13*, 14 and 15.

(c) All persons who are subject to orders of isolation, quarantine or treatment shall be entitled to the due process rights set for in *RSA 141-C:14-a*

STATUTORY AUTHORITY: *RSA 141-C:6*, :24

Source. #4425, eff 5-27-88; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.15 (2008)

HE-P 301.15 PROCEDURES FOR RECORD KEEPING.

(a) Every primary and secondary school and child care agency shall maintain an immunization record for children enrolled at their public or non-public school or child care agency. This record shall include the date of each immunization and shall be separated from the child's other medical records and educational records for the purpose of immunization record audit.

(b) The admitting officials or their designees of all primary and secondary schools and child care agencies shall review the immunization records of every newly admitted or enrolled child at their public or non-public school or child care agency.

(c) All record reviews shall determine into which one of the following categories to place each child:

(1) Children whose immunizations are documented and acceptable in accordance with He-P 301.13 and He-P 301.14;

(2) Children who are admitted or enrolled conditionally;

(3) Children who are exempt from immunization under *RSA 141-C:20-c*;

(4) Children whose immunizations are insufficiently documented or unacceptable in accordance with He-P 301.13 and He-P 301.14; and

(5) The total number of children admitted or enrolled in the school.

(d) Each admitting official or his/her designee shall report the results of this record review to the commissioner, in writing, by November 15 of each year.

(e) If the admitting official finds during the record review that the child's immunizations are insufficiently documented or unacceptable, he/she shall notify the child's parent or guardian by letter stating:

(1) That the child does not have documentary proof of acceptable immunization, and

(2) That the child shall not be lawfully admitted or enrolled at the public or non-public school or child care agency unless:

a. Documentary proof of acceptable immunization is provided to the admitting official;

b. The parent or guardian submits a certificate of medical or religious exemption, as provided under *RSA 141-C:20-c*, or

c. The child is admitted or enrolled conditionally if the child qualifies.

N.H. Admin. Rules, He-P 301.15

(f) During the conditional admittance or enrollment period, the admitting official or his/her designee shall monitor the records of any conditionally admitted or enrolled child to ensure that the conditionally admitted or enrolled child receives the vaccinations necessary in order to make the child acceptably immunized.

(g) The admitting official of a school or a child care agency shall, at the end of the conditional admittance or enrollment period, exclude from attendance any conditionally admitted or enrolled child who does not have documentary proof of acceptable immunization as required in these rules and who has not been exempted under *RSA 141-C:20-c*.

(h) The admitting official shall readmit or re-enroll the child exempted as described in (g) above only when the parent or guardian provides:

- (1) Documentary proof of acceptable immunization; or
- (2) A certificate of medical or religious exemption, as provided under *RSA 141-C:20-c*.

(i) When a transfer of immunization records is necessary, the admitting official of the child's previous school shall provide to the parent or guardian the child's immunization record or a copy thereof to present to the admitting official at the new school on arrival.

(j) Admitting officials or their designees shall furnish immunization records or copies thereof to each parent or guardian of a child upon his graduation or final attendance at a secondary school.

STATUTORY AUTHORITY: *RSA 141-C:6*, :24

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.16 (2008)

HE-P 301.16 THE USE OF THE COMMON CUP.

(a) A common cup used for the purpose of drinking shall not be utilized in public places.

(b) Paragraph (a) above shall not restrict the use of a common chalice or similar article during the performance of a religious ceremony.

STATUTORY AUTHORITY: *RSA 141-C:6, :24*

Source. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08

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N.H. Admin. Rules, He-P 301.17 (2008)

HE-P 301.17 TUBERCULOSIS PATIENT CARE FINANCIAL ASSISTANCE PROGRAM.

(a) Tuberculosis (TB) patient care financial assistance shall be provided for tuberculosis related treatment and services to applicants meeting the eligibility requirements set forth in this section.

(b) Qualified applicants shall be eligible to receive financial assistance for the following patient care:

(1) Medications approved by the Federal Food and Drug Administration for the treatment of tuberculosis, latent tuberculosis infection or any medical condition caused by tuberculosis or tuberculosis medications;

(2) Licensed healthcare provider visits for follow-up when indicated, as follows:

a. Be limited to 5 visits for patients on treatment for latent tuberculosis infection unless the commissioner authorizes additional visits; and

b. Be limited to 10 visits for patients on treatment therapy with no complications unless the commissioner authorizes additional visits.

(3) X-rays to diagnose or monitor the disease;

(4) Laboratory tests related to the diagnosis of tuberculosis or its treatment; and

(5) Home health agency visits to provide directly observed therapy.

(c) Financial assistance for approved TB patient care shall be provided for applicants who meet the following eligibility requirements:

(1) Applicants shall be residing in the state of New Hampshire;

(2) Applicants shall be those with tuberculosis or latent Tuberculosis Infection, or those undergoing diagnostic procedures because of suspected TB;

(3) Applicants shall be under a physician's care for TB, and have a physician's or designee's prescription for one or more of the drugs claimed under this program; and

(4) To be eligible, an applicant's annual gross household income shall not exceed 200% of the Federal poverty income guidelines, except if the applicant's annual gross income is greater than 200% of the allowed income in the Federal poverty income guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that shall be spent on medical care before the applicant is eligible.

(d) The department shall notify applicants in writing as to the amount of medical debt they shall accrue in order to be eligible for financial assistance under (4) above.

(e) As the payor of last resort, nothing contained in these rules shall authorize or require the program to provide payment for drugs, diagnostics or monitoring services which would otherwise be paid for by Medicaid, Medicare or any other medical insurance program or policy.

(f) Each recipient shall notify the program in writing within 30 days of any change in the recipient's medical insurance coverage which results in coverage for patient care costs which are being paid for by the program.

(g) Before the program provides financial assistance, each applicant shall provide to the program the following information in his/her application for financial assistance:

(1) The name and address of the applicant;

(2) A statement of financial resources signed by the applicant; and

(3) Financial resource documentation, to include:

a. The most recent income tax form of those persons whose income is considered in determining family income;

b. A recent pay stub for each individual in a. above; or a letter from the employer(s) of those individuals in a. above attesting to present wages; and

c. A signed authorization to collect medical data necessary to determine eligibility as described in He-P 301.17(c).

(h) The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (c) above.

(i) The commissioner shall authorize the commencement, duration, redetermination of eligibility and reapplication according to the following:

(1) When the commissioner determines that an applicant is eligible for financial assistance in accordance with He-P 301.17(c), the applicant shall remain eligible for 24 months commencing with the date of eligibility;

(2) The commissioner shall not reimburse the applicant or any other person for any payment that was made before the eligibility commencement;

(3) The commissioner shall evaluate eligibility for financial assistance prior to the expiration of the 24 month period described in (1) above; and

(4) A household or individual who has applied for financial assistance and has been determined to be ineligible can reapply when and if the financial or medical status changes.

(j) Notice of determination and notice of other action shall be as follows:

(1) The commissioner shall notify the applicant within 10 days from the date of receipt of application that the commissioner has determined that the applicant is eligible or ineligible for assistance; and

(2) The commissioner shall notify a recipient in writing at least 30 days in advance of any other action which the commissioner has decided to take which affects the recipient's eligibility including termination of eligibility.

(k) An applicant may appeal an adverse eligibility determination as follows:

(1) If an applicant is dissatisfied with any determination, the applicant may request, within 30 days of the date of the commissioner's notification letter, an informal case review conference;

(2) The commissioner shall notify the applicant in writing after the case review conference whether he/she concurs, modifies or revokes the determination; and

(3) If the applicant is dissatisfied with the result of the case review conference, he or she may request, within 30 days of notification of the results of the case review conference, an adjudicative proceeding held in accordance with *RSA 541-A*.

(l) Assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open-ended.

(m) Reimbursement to medical providers for these patient care services shall be at the New Hampshire Medicaid rates on the date of service.

(n) Reimbursement shall be made directly to the provider of the service or to the pharmacy and not directly to the applicant.

STATUTORY AUTHORITY: *RSA 141-C:6*, :24

Source. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08