



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

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October 12, 2021

The Honorable Jess Edwards
33 Rattlesnake Hill Road
Auburn, NH 03032-3802

Dear Representative Edwards:

Please find below answers to your questions sent to DHHS on October 9, 2021.

1. Which written directives have DHHS issued that require all patients—both in-patient and out-patient—to be COVID tested and asked about their vaccination status?
 - NH DHHS has not issued any directives requiring all patients to be tested for COVID-19.
 - NH DHHS continues to recommend that anybody with symptoms of COVID-19 get tested for COVID-19 (regardless of vaccination status or prior infection) as one layer of prevention to protect people and prevent outbreaks. These recommendations have been incorporated into the [NH Universal Best Practices](#) and more recently into our [School and Childcare Toolkit](#).
 - NH DHHS also recommends that anybody who has close contact to another person diagnosed with COVID-19 be tested for COVID-19 about 5 days after their exposure. This testing is recommended for people who are asymptomatic (i.e., people without symptoms of COVID-19) in order to identify infection early and prevent spreading the virus to others. These recommendations can be found on our website [What To Do If You Were Exposed to COVID-19](#).
 - NH DHHS has not issued any directives requiring all patients to be asked about their vaccination status.
 - NH DHHS has also not issued any recommendations about asking patients about their vaccination status.
2. Which written directives have DHHS issued advising that vaccinated and unvaccinated members of the public be COVID tested in the same manner?
 - As noted in response to Question #1, NH DHHS has not issued any written directives but recommends that anybody with symptoms of COVID-19 and anybody with an identified exposure to COVID-19 get tested, regardless of a person's vaccination status. This is because immunity after vaccination is not 100% protective. NH DHHS recommendations are consistent with [CDC recommendations](#).
3. Which written directives have DHHS issued requiring hospitals to report the vaccination status and infection status of all patients?
 - NH DHHS has not issued any directives specifically requiring hospitals to report the vaccination or infection status of patients.

- All providers and laboratories that test for COVID-19 are required to report positive and negative test results under NH RSA 141-C, He-P 301 (See NH DHHS [test reporting guidance](#)).
 - NH DHHS has requested that NH hospitals report vaccination status of patients hospitalized with confirmed COVID-19.
 - Hospitals have been reporting a daily aggregate summary of the number of patients hospitalized with COVID-19 since March 2020.
 - Since January 2021, we have utilized reported hospital information to aggregate data as it relates to vaccination status of hospitalized patients.
 - Beginning 9/22/21 NH DHHS requested that hospitals include information on vaccination status for hospitalized patients diagnosed with COVID-19 – this includes patients hospitalized specifically because of COVID-19 and patients hospitalized for non-COVID-19 reasons in which infection was detected on routine hospital admission testing of asymptomatic patients.
4. Has DHHS mandated that all patients regardless of vaccination status be tested at the same cycle thresholds for COVID-19?
- NH DHHS has not issued any directives or mandates about cycle thresholds for COVID-19 polymerase chain reaction (PCR) testing. COVID-19 tests are authorized by the U.S. Food and Drug Administration (FDA), and cycle threshold (CT) cut-offs for determining a positive vs. negative test vary by test manufacturer. Additionally, most PCR-based tests currently available are “qualitative” tests where CT values are not reported and CT values are not intended to be used for determining a person’s viral load, how infectious a person may be, or when a person can stop isolating. See CDC’s FAQs about [Interpreting Results of Diagnostic Tests](#) and information from the Association of Public Health Laboratories (APHL) about [CT values: What They Are and How They Can be Used](#).
5. What guidance has DHHS issued to ensure that doctors and other healthcare workers can properly identify COVID-19 vaccine adverse reactions?
- Identifying and assessing potential vaccine adverse reactions is part of routine healthcare. To help facilitate local and national surveillance of possible COVID-19 vaccine adverse reactions there have been extensive efforts to inform and educate providers about the multiple COVID-19 vaccine safety and efficacy/effectiveness studies, the potential vaccine side effects and adverse reactions associated with vaccination, and to report any serious adverse reactions occurring after vaccination into the national Vaccine Adverse Event Reporting System (VAERS). Communications and guidance from NH DHHS to facilitate identification and reporting have included the following:
 - Almost 20 COVID-19 Health Alert Network (HAN) messages to providers since the beginning of December 2020 when COVID-19 vaccines first became available – many of these HAN communications have included information on vaccine safety with instructions for reporting adverse reactions (see [list of HANs released during the COVID-19 pandemic](#)).
 - Multiple healthcare provider-focused webinars updating providers on the latest vaccine science (see presentations at the bottom of the NH DHHS healthcare provider COVID-19 resource [website](#)).
 - We have also worked with other partners to disseminate vaccine-related information, including the NH Hospital Association and the NH Medical Society, who have also distributed multiple messages with reminders for VAERS reporting.

- NH DHHS has shared information and resources from the following sources:
 - Primary scientific literature about vaccine safety and effectiveness
 - Federal reviews of vaccine safety, such as the Advisory Committee on Immunization Practices (ACIP) meeting reviews
 - FDA Fact Sheets for Healthcare Providers for the [Pfizer-BioNTech](#), [Moderna](#), and [J&J Janssen](#) COVID-19 vaccines
 - CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) and [U.S. COVID-19 Vaccine Product Information](#).
6. What directives has DHHS issued requiring hospitals to report COVID-19 vaccine adverse reactions to the federal VAERS database?
- The [Vaccine Adverse Event Reporting System \(VAERS\)](#) is a national surveillance system for reporting of adverse events that occur after vaccination. This reporting system has been in existence and used before the COVID-19 pandemic.
 - All providers administering COVID-19 vaccines are required by the federal government, to report serious adverse reactions that occur after vaccination into VAERS and sign a [Provider Agreement Form](#) outlining these requirements. This includes reporting events that may NOT be directly related to vaccination – for example, if someone is naturally infected with the COVID-19 virus right before vaccination, gets vaccinated, and then dies as a result of their infection, because the death occurred after vaccination it is required to be reported into VAERS for further investigation.
 - State-managed COVID-19 vaccine clinics (e.g., through the National Guard and NH's Regional Public Health Networks) have required adverse event reporting built into the State vaccination protocol and standing orders
 - Other communications from NH DHHS to facilitate identification and reporting of adverse events are outlined in response to Question #5.
7. What guidance has the Department provided to the public about good health measures such as diet, exercise, and vitamin supplementation, to avoid serious complications from COVID-19?
- People with [certain medical conditions](#) are at higher risk for developing severe COVID-19. It is not possible at an individual level to predict who will/will not develop severe COVID-19, and even healthy persons without underlying chronic medical conditions can/do develop severe COVID-19. But maintaining a healthy lifestyle can help to minimize the risks, and NH DHHS continues to work with communities to improve and promote health in all aspects of life. The most effective way to prevent COVID-19 and prevent severe disease, however, is through COVID-19 vaccination.
8. What percentage of COVID-19 outreach spending does the Department use to inform citizens about the importance of proactive vitamin intake—Vitamins C and D in particular—and maintaining a healthy Body Mass Index (BMI)?
- There are no vitamin supplements that have been found to prevent COVID-19, and none currently recommended by the [National Institutes of Health](#) (NIH) or the [Infectious Disease Society of America](#) (IDSA).
 - It would take an extensive amount of time to detail all the work that NH DHHS conducts to promote health and we are unable to provide any exact % of time spent doing this work. The most effective way to prevent COVID-19 and prevent severe disease, however, is through COVID-19 vaccination.

9. Are recipients of the COVID-19 vaccine tracked by the N.H. Immunization Information System or can they opt-out as required by law?
 - Under the governor's state of emergency, reporting of all COVID-19 vaccine information was required under governor executive order. The State of Emergency ended June 11, 2021 and all rights to opt-out of the immunization information system (IIS) were reinstated at that time. The number of people receiving the COVID-19 vaccine is tracked by the NH IIS, but the vaccine recipients who opt-out from the IIS are not counted in NH's vaccine statistics.

10. What does opt-out mean to the Department? Does opt-out mean that an individual is truly removed from the database or does it mean the person's record is updated with an opt-out tag?
 - The rules around opting out vs withdrawing are explicitly stated in administrative rules ([He-P 307](#)). Opting out and withdrawing are two separate processes. This provides flexibility to the individual in terms of their wishes. The forms for making these requests are available [online](#).
 - If a person is not in the IIS, and they opt-out, their information will not be entered into the IIS. They will need to opt-out with every provider, every time they get a vaccine in order to prevent their information from being entered into the IIS. This is because there is no way to flag them in the system so provides know not to report their information.
 - If a person is already in the IIS, and they choose to opt-out of having future information sent to the IIS, their existing record can be flagged so that no future information is sent to the IIS.
 - If a person is already in the IIS, and they choose to completely withdraw all of their information from the system, their information will be permanently removed from the system. Because they do not exist in the system, going forward they will need to tell every healthcare provider that they do not want their vaccination information sent to IIS.

11. Which written directives have DHHS issued to ensure that all COVID-19 vaccine administrators are offering citizens of New Hampshire the opportunity to opt-out of the vaccine registry?
 - Participation in the IIS/vaccine registry is voluntary. As such, non-participating healthcare providers do not need to talk to their patients about the IIS. For any healthcare providers that choose to participate in the registry, they receive training that they must complete prior to being granted access to the system. Reminders regarding IIS participation rules (e.g. opt-out) are included in newsletters and during open "office hours" time as well.
 - Additionally, the Department sent a memo to all COVID-19 vaccine providers after the state of emergency expired letting them know that the opt-out provisions are reinstated and they must provide an opportunity for patients to opt-out prior to entering their information in the IIS.

12. Considering vaccinated individuals can still contract and spread COVID-19, why is the Department discriminating against unvaccinated individuals, even recommending their segregation?
 - NH DHHS is not recommending nor promoting any type of discrimination or segregation for any group of individuals.
 - Anybody who develops COVID-19 infection is required to isolate at home so that they are not out in public locations spreading infection; this is true regardless of a person's vaccination status.
 - Anybody who is exposed to another person with COVID-19, regardless of vaccination status, is recommended to take additional actions to identify early if they acquired infection and prevent spreading it to others (see NH DHHS current guidance about [What To Do If You Were Exposed to COVID-19](#)).

- The recommended steps after a person is exposed to COVID-19 are in proportion to an individual's risk, meaning that persons who are at highest risk for acquiring and spreading COVID-19 (i.e., unvaccinated close household contacts) should take the most steps to prevent spreading COVID-19, which includes staying at home and away from public places for 10 days after their last exposure to a person infectious with COVID-19.
 - NH DHHS recommendations are based on risk and consistent with applicable NH law to prevent and control communicable diseases (RSA 141-C).
13. Why is guidance from the Department to public schools recommending quarantine procedures only for the unvaccinated?
- NH DHHS does not recommend quarantine for vaccinated or unvaccinated persons who may have been in close contact with another person at school.

Sincerely,



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