



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

Lori A. Weaver
 Commissioner

Iain Watt
 Interim Director

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

New Hampshire
School Immunization Requirements 2024-2025

Refer to page 2 for minimum ages and intervals

Diphtheria, Tetanus, and Pertussis DTaP DT/DTP Tdap/Td	6 years and under: 4 or 5 doses with the last dose given on or after the 4 th birthday 7 years and older: 3, 4, or 5 doses with the last dose given on or after the 4 th birthday Grades 7-12: 1 dose of Tdap is required for entry into 7 th grade
Polio	Grades K-12: 3 or 4 doses with the last dose given on or after the 4 th birthday and the last 2 doses separated by 6 months or more
Hepatitis B	Grades K-12: 3 doses at acceptable intervals
Measles, Mumps, and Rubella MMR	Grades K-12: 2 doses; the first dose must be administered on or after the 1 st birthday
Varicella (Chicken Pox)	Grades K-12: 2 doses with the first dose administered on or after the 1 st birthday OR laboratory confirmation of immunity. History of natural immunity without lab confirmation of immunity is NOT acceptable.

- Children must have proof of all required immunizations, documentation of immunity, or valid exemptions, in order to be admitted or enrolled in any school in New Hampshire. Documentation of immunity by confirming laboratory test is acceptable for Measles, Mumps, Rubella, Varicella, and Hepatitis B.
- A child may be “conditionally” enrolled when the parent or guardian provides:
 - 1) Documentation of at least one dose for **each required vaccine**; AND
 - 2) The appointment date for the next dose of required vaccine.
- All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (MMR, Varicella, or nasal influenza vaccine) that are not administered on the same day must be administered at least 28 days apart.
- Medical and religious exemptions have specific requirements. Information is available at: [Immunization Exemptions for Children | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](http://www.dhhs.nh.gov/immunization-exemptions)
- The 2024 Immunization Schedule from the CDC’s Advisory Committee on Immunization Practices can be found here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2024/2025

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Diphtheria, Tetanus, and Pertussis DTaP	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>All children must have a valid dose on or after the 4th birthday.</p> <p>For children 6 years and under, the 5th dose is not necessary if the 4th dose was administered at age 4 years or older and is at least 6 months after the previous dose.</p> <p>* A 4th dose inadvertently administered as early as age 12 months may be counted if at least 4 months since dose 3.</p> <p>If dose 1 is given at age 7 or older, only 3 doses are needed (as long as there is 6 months between dose 2 and 3); can be Tdap or Td as long as one of the doses is Tdap.</p>
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4*	
	DTaP – Dose 4	12 months	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Tetanus, Diphtheria, and Pertussis Tdap	Tdap – Dose 1	7 years	<i>ACIP recommends that children age 7 through 9 years who receive Tdap or DTaP inadvertently or as part of a catch-up series should receive the routine Tdap dose at 11–12 years.*</i>	<p>Students are required to have a dose of Tdap prior to 7th grade.</p> <p>* Tdap given on or after the 7th birthday meets this requirement per NH Administrative Rule He-P 301.14.</p>
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>*All students are required to have 3 or 4 doses with one dose on or after the 4th birthday and at least 6 months after the previous dose.</p> <p>If a combined IPV/OPV polio schedule was used, the total number of doses needed is the same as an all IPV schedule.</p> <p>Any OPV dose(s) given on or after April 1, 2016 does not count towards the polio vaccine requirement and the series must be completed with IPV.</p>
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	6 months between Dose 3 & 4*	
	IPV – Dose 4	4 years	-----	
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	<p>Note: Minimum age for Dose 3 is at least 24 weeks of age.</p>
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p>
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2*	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p> <p>*If first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks.</p>
	VAR – Dose 2	15 months	-----	

Pre-school Students 3-5 Years Old

New Hampshire Immunization Requirements 2024-2025

Refer to page 2 for minimum ages and intervals

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/DT)

3-5 years	Four doses. The 3 rd and 4 th dose must be separated by at least 6 months.
------------------	--

POLIO

3-5 years	Three doses. Any OPV dose(s) given on or after April 1, 2016 do not count toward the polio vaccine requirement and the series must be completed with IPV.
------------------	--

MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	One dose. This dose must be administered on or after age 12 months.
------------------	---

HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	Four doses with the last dose administered on or after 12 months of age OR see catch-up schedule below* Hib is not required for children \geq 5 years of age.
------------------	---

HEPATITIS B

3-5 years	Three doses given at acceptable intervals. See attached schedule (page 2)
------------------	---

VARICELLA (CHICKEN POX)

3-5 years	One dose. This dose must be administered on or after age 12 months. OR laboratory confirmation of chicken pox disease. History of natural immunity without lab confirmation of immunity is NOT acceptable.
------------------	--

*A child who starts the Hib series late may need fewer than 4 doses; the routine schedule is 4 doses with the last dose given after 12 months of age OR at least 1 dose given on or after 15 months of age.

Supportive resource for catch up guidance for Hib:

[Catch-Up Guidance for Healthy1 Children 4 Months 4 years of age-Haemophilus influenzae type b Vaccines: ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown2- Revised December 2023 \(cdc.gov\)](#)

Supportive resource for catch-up guidance for students that have received PedvaxHIB:

[Catch-up Guidance for Children 4 months through 4 years of age-Haemophilus Influenzae type b-PedvaxHIB - December 2023 \(cdc.gov\)](#)

Brand Names for Vaccines

Alphabetical List

May be used as a reference when reviewing immunization records.
This is a list of many vaccine brand names.

Not all are required for school, pre-school, or childcare admittance.

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
Priorix®	Measles, Mumps, Rubella
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
Quadracel®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
RecombivaxHB®	Hepatitis B (HepB)
TDVAX™	Tetanus, Diphtheria (Td)
Tenivac®	Tetanus, Diphtheria (Td)
Varivax®	Varicella (Chicken Pox, VAR)
Vaxelis™	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), Haemophilus influenzae type b (Hib), & Hepatitis B (Hep B).

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