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New Hampshire  
School Immunization Requirements 2016/2017

<b>DTaP DT/DTP Tdap</b>	<b>6 years and under:</b> 4 or 5 doses of a diphtheria, tetanus, and pertussis vaccine with the last dose given on or after the 4 <sup>th</sup> birthday. <b>7 years and older:</b> 3 or 4 doses of a diphtheria, tetanus and pertussis vaccine with the last dose given on or after the 4 <sup>th</sup> birthday. A dose of Tdap can be considered as one of the doses. <b>11 years and older:</b> A one-time dose of Tdap. If a child turns 11 on or after the first day of school, they are required to have Tdap prior to the first day of the next school year. A Tdap vaccine given on or after the 7 <sup>th</sup> birthday meets the school requirement.
<b>Polio</b>	<b>Grades K-4:</b> 3 or 4 doses with one dose on or after the 4 <sup>th</sup> birthday, with the last two doses separated by 6 months. <b>Grades 5-12:</b> 3 doses, with the last dose given on or after the 4 <sup>th</sup> birthday <sup>1</sup> Or 4 doses regardless of age at administration. <sup>1</sup>
<b>Hepatitis B</b>	<b>Grades K-12:</b> 3 doses at acceptable intervals.
<b>MMR</b>	<b>Grades K-12:</b> 2 doses required; the first dose must be on or after the 1 <sup>st</sup> birthday.
<b>Varicella</b>	<b>Grades K-7:</b> 2 doses. <sup>2</sup> <b>Grades 8-12:</b> 2 doses. <sup>3</sup> The 1 <sup>st</sup> dose must be on or after the 1 <sup>st</sup> birthday.
<p>1. If a combined IPV/OPV polio schedule was used, 4 doses are always required, even if the 3<sup>rd</sup> dose was after the 4<sup>th</sup> birthday. 2. Varicella vaccination or laboratory confirmation of chicken pox disease is required. 3. Varicella vaccination, history of chicken pox disease, or laboratory confirmation of chicken pox disease is required.</p>	

- Children must have proof of all required immunizations, or valid exemptions, in order to attend the first day of school. Documentation of immunity by confirming laboratory test results is acceptable.
- 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. (He-P 301.13)  
[http://www.gencourt.state.nh.us/rules/state\\_agencies/he-p300.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html)
- All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
- Medical and religious exemption information is available at:  
<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2016/2017				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
<b>Diphtheria, Tetanus, and Pertussis DTaP</b>	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	For children 6 years and under, the 5 <sup>th</sup> dose is not necessary if the 4 <sup>th</sup> dose was administered at age 4 years or older.
	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	-----	
<b>Tetanus, Diphtheria, and Pertussis Tdap</b>	Tdap – Dose 1	10 years*	-----	If a child turns 11 on or after the 1 <sup>st</sup> day of school a one-time dose of Tdap vaccine is required prior to the 1 <sup>st</sup> day of the next school year. *Tdap given on or after the 7 <sup>th</sup> birthday meets this requirement.
<b>Polio IPV</b>	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	*Kindergarteners through 4 <sup>th</sup> Grade: 3 or 4 doses, with one dose on or after the 4 <sup>th</sup> birthday, with the last two doses separated by 6 months.  If Dose 3 is given after the 4 <sup>th</sup> birthday, only 3 doses are required (if an all OPV or all IPV schedule).
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	*4 weeks to 6 months between Dose 3 & 4	
	IPV - Dose 4	4 years	-----	
<b>Hepatitis B HepB</b>	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is $\geq$ 24 weeks
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
<b>Measles, Mumps, and Rubella MMR</b>	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
	MMR – Dose 2	13 months	-----	
<b>Varicella (chickenpox) VAR</b>	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2	If first dose administered $\geq$ age 13 years - two doses separated by a minimum interval of 4 weeks.
	VAR – Dose 2	15 months	-----	Live attenuated vaccines not administered on the same day should be administered 28 days apart.

## Pre-school Students 3-5 Years Old

### New Hampshire Immunization Requirements 2016/2017

Please refer to the Minimum Age & Interval Schedule  
for acceptable intervals and age requirements

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

3-5 years	Four doses - the 3 <sup>rd</sup> and 4 <sup>th</sup> dose should be separated by at least 6 months.
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#### POLIO

3-5 years	Three doses
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#### MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	A dose administered on or after age 12 months.
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#### HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	One dose on or after 15 months of age OR four doses with the last dose administered on or after 12 months of age.  Hib is <b>not</b> required for children $\geq$ 5 years of age.
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#### HEPATITIS B VACCINE

3-5 years	Three doses given at acceptable intervals.
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#### VARICELLA (CHICKEN POX) VACCINE

3-5 years	A dose administered on or after age 12 months.
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# 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.

<b>Brand Name</b>	<b>Vaccine(s)/Abbreviation</b>
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax®	Haemophilus influenzae type b (Hib) & Hepatitis B (HepB)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
HibTITER®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®*	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.