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New Hampshire  
School Immunization Requirements 2017-2018

<p><b>DTaP DT/DTP Tdap/Td</b></p>	<p><b>6 years and under:</b> 4 or 5 doses of a DTaP 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 DTaP, Tdap or Td vaccine with the last dose given on or after the 4<sup>th</sup> birthday. <b>Grades 7-12:</b> 1 dose of Tdap is required for entry into 7<sup>th</sup> grade. A Tdap vaccine given on or after the 7<sup>th</sup> birthday meets the school requirement for Grade 7.</p>
<p><b>Polio</b></p>	<p><b>Grades K-5:</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 6-12:</b> 3 doses, with the last dose given on or after the 4<sup>th</sup> birthday or 4 doses regardless of age at administration.</p>
<p><b>Hepatitis B</b></p>	<p><b>Grades K-12:</b> 3 doses at acceptable intervals. See attached schedule.</p>
<p><b>MMR</b></p>	<p><b>Grades K-12:</b> 2 doses required; the first dose must be on or after the 1<sup>st</sup> birthday.</p>
<p><b>Varicella</b></p>	<p><b>Grades K-8:</b> 2 doses or laboratory confirmation of chicken pox disease. <b>Grades 9-12:</b> 2 doses, laboratory confirmation of chicken pox disease, or history of chicken pox disease. In all grades the first dose of varicella must be on or after the 1<sup>st</sup> birthday.</p>

- Children must have proof of all required immunizations, or valid exemptions, in order to be admitted or enrolled in any school. Documentation of immunity by confirming laboratory test results 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 not administered on the same day should be administered at least 28 days apart. Live attenuated vaccines are MMR, Varicella, and FluMist, (the intranasal flu vaccine).
- Medical and religious exemptions have specific requirements. 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 2017/2018				
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*	-----	Students entering 7 <sup>th</sup> grade are required to have a dose of Tdap. . *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	*Kindergarten through 5 <sup>h</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).  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.
	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. Live attenuated vaccines not administered on the same day should be administered 28 days apart.
	VAR – Dose 2	15 months	-----	

## Pre-school Students 3-5 Years Old

### New Hampshire Immunization Requirements 2017/2018

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

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

<b>3-5 years</b>	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

<b>3-5 years</b>	Three doses
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#### MEASLES, MUMPS, and RUBELLA (MMR)

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

<b>3-5 years</b>	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

<b>3-5 years</b>	Three doses given at acceptable intervals. See attached schedule.
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#### VARICELLA (CHICKEN POX) VACCINE

<b>3-5 years</b>	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.