



Lori A. Shibinette  
Commissioner

Lisa M. Morris  
Director

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

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 Childcare Immunization Requirements  
YEAR 2020/2021**

The following immunizations are required for school, pre-school, and childcare enrollment.\* A child may be conditionally enrolled if s/he has had at least one dose of the series (based on recommended age) and an appointment for the next age appropriate dose. The immunization schedule referenced on page 2 includes the age and immunization dose recommendations of the Advisory Committee on Immunization Practices (ACIP).

- **DTaP** (Diphtheria, Tetanus & Pertussis vaccine) - **4 or more doses**  
Note: A booster dose, usually given at 4-6 years, is required for KG/1<sup>st</sup> grade school entry.
- **Hep B** (Hepatitis B vaccine) - **3 doses**
- **IPV** (Polio) - **3 or more doses**  
Note: A fourth dose, usually given at 4-6 years, is required for KG/1<sup>st</sup> grade school entry.
- **Hib** (*Haemophilus influenzae type b* vaccine) - **4 doses**  
Note: Hib is not required for children age 5 years and older.  
Some children who start the Hib vaccine series late may need fewer than 4 doses.
- **MMR** (Measles, Mumps, & Rubella vaccine) - **at least 1 dose**  
Note: A second dose, usually given at 4-6 years, is required for KG/1<sup>st</sup> grade school entry.
- **VAR** (Varicella or chickenpox vaccine) - **at least 1 dose**  
Note: A second dose, usually given at 4-6 years, is required for KG/1<sup>st</sup> grade school entry.  
A laboratory blood test to confirm immunity is acceptable.

For questions, contact the New Hampshire Immunization Program at 603-271-4482.

Immunization Resources for Child Care Providers: <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

\*New Hampshire RSA 141-C:20 <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-141-C.htm>

**Immunizations by Age Group (per ACIP recommendations)**

<b>Child's current age</b>	<b>Child should have received:</b>
2 - 3 months	1 dose of DTaP, Polio, Hib 2 doses of HepB
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, HepB 2-3 doses of Hib (depending on brand)
15 - 17 months	3-4 doses of DTaP 3 doses of Polio, HepB 3-4 doses of Hib* (depending on brand) 1 dose of Varicella and MMR
18 - 47 months	4 doses of DTaP 3 doses of Polio, HepB 3-4 doses Hib* (depending on brand) 1 dose of Varicella and MMR
4 - 6 years	4-5 doses of DTaP** 3-4 doses of Polio** 3 doses of HepB 3-4 of Hib*(depending on brand) 1 -2 doses of Varicella and MMR**

\* Some children who start the Hib vaccine series late may need fewer than recommended doses; Hib is not required for children age 5 and older (call NHIP if questions). Contact NHIP for specific questions.

\*\* For KG/1<sup>st</sup> grade school entry: 4-5 doses of DTaP and 3-4 doses of Polio with the last dose given on or after the 4<sup>th</sup> birthday (and at least 6 months after the previous dose); 2 doses each of Varicella and MMR (with the first dose given on or after 12 months of age).

By law, no child shall be enrolled in any child care agency, public or private, unless a child has the required immunizations or has a medical or religious exemption. However, a **child may be conditionally enrolled if:**

- there is documentation of at least one dose of each required vaccine, **and**
- there is an appointment for the next due dose(s).

**Medical Exemption** - Documentation from child's health care provider that s/he is unable to receive a vaccine for medical reasons.

**Religious Exemption** - Requires notarized form from parent stating their objection to vaccines for religious reasons.

**VACCINES THAT ARE RECOMMENDED FOR ALL CHILDREN BUT NOT REQUIRED FOR CHILD CARE/SCHOOL**

- *Influenza (flu vaccine)*  
1 dose every year – beginning at age 6 months and older  
(2 doses the first year the child receives influenza vaccine)
- *Hep A (Hepatitis A vaccine)*  
2 doses – at age 12 months, booster at 18 months
- *PCV 13 (pneumococcal vaccine)*  
4 doses – at age 2 months, 4 months, 6 months, 12-15 months
- *RV (Rotavirus)*  
3 doses, at age 2 months, 4 months, 6 months (Rotateq)  
OR  
2 doses, at age 2 months, 4 months (Rotarix)

## **Brand Names for Vaccines**

### Alphabetical List

For use as a reference when reviewing immunization records; 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)
Quadracel®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <https://www.cdc.gov/vaccines/terms/usvaccines.html> for a complete list of vaccine brand names