



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

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New Hampshire Childcare Immunization Requirements
2024-2025

The following immunizations are required for school, pre-school, and childcare enrollment. A child may be conditionally enrolled if they have had at least one dose of each of the required vaccines (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/1st 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/1st grade school entry.
- **Hib** (*Haemophilus influenzae type b* vaccine) - **4 doses**
Note: Hib is not required for children age 5 years of age 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/1st 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/1st grade school entry.
A laboratory blood test to confirm immunity is acceptable. History of natural immunity without lab confirmation of immunity is NOT acceptable.

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

The current ACIP Immunization Schedule can be found here:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Immunization Resources for Child Care Providers: [Immunization Guidance for Child Care Providers | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](#)

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

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

Immunizations by Age Group (per CDC Recommended Child and Adolescent Immunization Schedule:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>)

| Child's current age | Child should have received: |
|---------------------|--|
| 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 (**Questions, call NH Immunization Program at (603) 271-4482**).

** For KG/1st grade school entry: 4-5 doses of DTaP and 3-4 doses of Polio with the last dose given on or after the 4th 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, 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 and religious exemptions have specific requirements. Information is available at:

[Immunization Exemptions for Children | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](https://www.dhhs.nh.gov/immunization-exemptions-for-children)

Minimum Dose Requirements for the Annual Child Care Immunization Report

Note: These are minimum dose requirements for reporting annual immunization coverage rates as required by RSA 141-C-20-e (<http://www.gencourt.state.nh.us/rsa/html/X/141-C/141-C-20-e.htm>), allowing for appointment scheduling and the range of ages assessed. However, the Advisory Committee on Immunization Practices (ACIP) has recommendations for the optimum age and spacing for all vaccines to provide the best protection for all children. The Current ACIP Immunization Schedule can be found here:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

| Age If child is: | DTaP Up-to-date if <i>at least</i> : | Polio Up-to-date if <i>at least</i> : | HepB Up-to-date if <i>at least</i> : | Hib Up-to-date if <i>at least</i> : | MMR Up-to-date if <i>at least</i> : | Varicella Up-to-date if <i>at least</i> : |
|---------------------|--|---|--|---|---|---|
| 19-59 months | 4 doses | 3 doses | 3 doses | 4 doses* | 1 dose | 1 dose |

*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 \(cdc.gov\)](#)

Contact the New Hampshire Immunization Program with any questions about vaccines or annual report, at 603-271-4482.

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.

| 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 a complete list of vaccine brand names