



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



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New Hampshire School Immunization Requirements 2015/2016

- 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
- All immunizations must meet minimum intervals and age 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>

DTaP DT/DTP Td/Tdap¹	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 or 4 doses, with the last dose given on or after the 4 th birthday. 11 years and older: 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 first day of the next school year. A dose of Tdap at age 10 is acceptable.
Polio	Grades K-3: 3-4 doses with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. Grades 4-12: 3 doses, with the last dose given on or after the 4 th birthday. ² Or 4 doses regardless of age at administration. ²
Hepatitis B	Grades K-12: 3 doses at acceptable intervals.
MMR	Grades K-12: 2 doses required; the first dose must be on or after the first birthday.
Varicella	Grades K-6: 2 doses ³ , Grades 7-12: 2 doses ⁴ ; the first dose must be on or after the first birthday.

¹ If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td/DT) vaccine.

² If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

³ Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

⁴ Varicella vaccination or history of chicken pox disease.

New Hampshire School Immunization Requirements 2015/2016

Minimum Age & Interval for Valid Vaccine Doses				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	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	
Diphtheria, Tetanus, and Pertussis DTaP/DT/Td	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	The fifth dose is not necessary if the fourth 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	-----	
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	Kindergarteners through 3 rd Grade: 3-4 doses, with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. If Dose 3 is given after the 4 th 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	-----	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day should be administered 28 days apart. .
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	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	-----	
Tetanus, Diphtheria, and Pertussis Tdap	Tdap – Dose 1	10 years	-----	If a child turns 11 on or after the first day of school, the one-time dose of Tdap is required prior to the first day of the next school year. If the child has a medical contraindication to pertussis vaccine, the child shall receive tetanus diphtheria toxoid (Td) vaccine. A dose of Tdap at age 7-10 is acceptable.

Immunization Requirements Preschool Students 3-5 Years Old

Please refer to the New Hampshire School Immunization Requirements 2015/2016
for acceptable intervals and age requirements

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

3-5 years	Four doses - the third and fourth 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	One dose administered on or after age 12 months.
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HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	<p>One dose on or after 15 months of age OR four doses with the last dose administered on or after 12 months of age.</p> <p>Hib is not required for children \geq 5 years of age.</p>
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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	One 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 vaccines brand names.

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

ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax®	Haemophilus influenzae type b (Hib) & Hepatitis B (Hep B)
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 (Hep B)
PedvaxHIB®*	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella (MMR) & Varicella (Var, Chicken Pox)
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.