



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



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New Hampshire School Immunization Requirements 2014/2015

- 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 enrolled under conditional enrollment 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 due dose of required vaccine. (He-P 300.13)
http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- All vaccine 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 28 days apart.
- Medical and religious exemption information is available at:
<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Varicella	K– 5 th 2 Doses ¹	6 th –11 th Grades 2 Doses ²	12 th Grade 1 Dose ²
DTaP DT/DTP Td/Tdap	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 when more than 5 years have passed since the last tetanus toxoid containing vaccine; ³ then boost with Td every 10 years. 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.		
Polio	Grades K –2 nd : 3-4 doses with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. Grades 3-12: 3 doses, with the last dose given on or after the 4 th birthday. ⁴ Or 4 doses regardless of age at administration. ⁴		
MMR	Grades K-12: 2 doses required, at least one on or after the first birthday		
Hepatitis B	Grades K-12: 3 doses at acceptable intervals		

¹ Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

² Varicella vaccination or history of chicken pox disease.

³ If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td/DT) vaccine.

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

New Hampshire School Immunization Requirements 2014/2015

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 – 2 nd 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	
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, they are required to have a one-time dose of Tdap prior to the first day of the next school year except if the child has a medical contraindication to pertussis vaccine, in which case the child shall receive tetanus diphtheria toxoid (Td) vaccine. There may be a child who received Tdap at age 7-10. This is acceptable.

Immunization Requirements Preschool Students 3-5 Years Old

Please refer to the New Hampshire School Immunization Requirements 2014/2015
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	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 not required for children ≥ 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	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)
Triphedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

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