



**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 School Immunization Requirements 2018-2019

<b>DTaP DT/DTP Tdap/TD</b>	<p><b>6 years and under:</b> 4 or 5 doses of diphtheria, tetanus, and pertussis vaccine with the last dose given on or after the 4<sup>th</sup> birthday.</p> <p><b>7 years and older:</b> 3 or 4 doses of diphtheria, tetanus, and pertussis vaccine with the last dose given on or after the 4<sup>th</sup> birthday.</p> <p><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 Tdap requirement for Grade 7.</p>
<b>Polio</b>	<p><b>Grades K-6:</b> 3 or 4 doses with one dose on or after the 4<sup>th</sup> birthday and the last two doses separated by 6 months.</p> <p><b>Grades 7-12:</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>
<b>Hepatitis B</b>	<b>Grades K-12:</b> 3 doses at acceptable intervals. See attached schedule.
<b>MMR</b>	<b>Grades K-12:</b> 2 doses required; the first dose must be on or after the 1 <sup>st</sup> birthday.
<b>Varicella</b>	<p><b>Grades K-9:</b> 2 doses or laboratory confirmation of chicken pox disease.</p> <p><b>Grades 10-12:</b> 2 doses, or laboratory confirmation of chicken pox disease, or history of chicken pox disease.</p> <p>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, documentation of immunity, or valid exemptions, in order to be admitted or enrolled in any school in New Hampshire. These children are considered “up-to-date” with school vaccine requirements. 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 and Varicella.
- Medical and religious exemptions have specific requirements. Information is available at: <https://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2018/2019				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
<b>Diphtheria, Tetanus, and Pertussis</b> <i>DTaP</i>	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	All children must have a valid dose on or after the 4 <sup>th</sup> birthday.  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</b> <i>Tdap</i>	Tdap – Dose 1	10 years*	-----	Students entering 7 <sup>th</sup> are required to have a dose of Tdap. *Tdap given on or after the 7 <sup>th</sup> birthday meets this requirement.
<b>Polio</b> <i>IPV</i>	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	*Kindergarten through 6 <sup>th</sup> Grade: 3 or 4 doses, with one dose on or after the 4 <sup>th</sup> birthday and the last 2 doses separated by 6 months.  If a combined IPV/OPV polio schedule was used, the total number of doses needed is the same as an all IPV schedule. Any OPV dose(s) given on or after April 1, 2016 do not count towards the polio vaccine requirement and the series must be completed with IPV.
	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</b> <i>HepB</i>	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is at least 24 weeks of age.
	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</b> <i>MMR</i>	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.
	MMR – Dose 2	13 months	-----	
<b>Varicella (chickenpox)</b> <i>VAR</i>	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2	If first dose administered ≥ age 13 years, the minimum interval between Dose 1 and Dose 2 is 4 weeks. Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.
	VAR – Dose 2	15 months	-----	

# Pre-school Students 3-5 Years Old

## New Hampshire Immunization Requirements 2018-2019

**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 must be separated by at least 6 months.
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### POLIO

<b>3-5 years</b>	Three doses. Any OPV dose(s) given on or after April 1, 2016 does not count toward the polio vaccine requirement and the series must be completed with IPV.
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### MEASLES, MUMPS, and RUBELLA

<b>3-5 years</b>	One dose. This dose must be 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 not required for children $\geq$ 5 years of age.
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### HEPATITIS B

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

<b>3-5 years</b>	One dose. This dose must be administered on or after age 12 months. OR laboratory confirmation of chicken pox disease.
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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.

Brand Name	Vaccine(s)/Abbreviation
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 <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.