



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

Jeffrey A. Meyers  
 Commissioner

Lisa M. Morris  
 Director

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**  
**School Immunization Requirements 2019-2020**

Refer to page 2 for minimum ages and intervals

<b>Diphtheria, Tetanus, and Pertussis DTaP DT/DTP Tdap/Td</b>	<b>6 years and under:</b> 4 or 5 doses with the last dose given on or after the 4 <sup>th</sup> birthday <b>7 years and older:</b> 3, 4, or 5 doses with the last dose given on or after the 4 <sup>th</sup> birthday <b>Grades 7-12:</b> 1 dose of Tdap is required for entry into 7 <sup>th</sup> grade
<b>Polio</b>	<b>Grades K-7:</b> 3 or 4 doses with the last dose given on or after the 4 <sup>th</sup> birthday and the last 2 doses separated by 6 months or more <b>Grades 8-12:</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
<b>Hepatitis B</b>	<b>Grades K-12:</b> 3 doses at acceptable intervals
<b>Measles, Mumps, and Rubella MMR</b>	<b>Grades K-12:</b> 2 doses; the first dose must be administered on or after the 1 <sup>st</sup> birthday
<b>Varicella (Chicken Pox)</b>	<b>Grades K-10:</b> 2 doses with the first dose administered on or after the 1 <sup>st</sup> birthday OR laboratory confirmation of immunity <b>Grades 11-12:</b> 2 doses with the first dose administered on or after the 1 <sup>st</sup> birthday OR laboratory confirmation of immunity OR history of chicken pox disease

- 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. Documentation of immunity by confirming laboratory test 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 (MMR, Varicella, or nasal influenza vaccine) that are not administered on the same day must be administered at least 28 days apart.
- 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 2019/2020**

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 and is at least 6 months after the previous dose.
	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	<i>Note: The 2019 ACIP immunization schedule states that children age 7-10 years who receive Tdap or DTaP inadvertently or as part of a catch-up series should receive the routine Tdap dose at 11–12 years.</i>	Students are required to have a dose of Tdap prior to 7 <sup>th</sup> grade.  Tdap given on or after the 7 <sup>th</sup> birthday meets this requirement per NH Administrative Rule He-P 301.14.
<b>Polio</b> <i>IPV</i>	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	*Kindergarten through 7 <sup>th</sup> Grade: 3 or 4 doses, with one dose on or after the 4 <sup>th</sup> birthday and at least 6 months after the previous dose.  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*	Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.  *If first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks.
	VAR – Dose 2	15 months	-----	

# Pre-school Students 3-5 Years Old

## New Hampshire Immunization Requirements 2018-2019

Refer to page 2 for minimum ages and intervals

### DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/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.
------------------	--

### 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.
------------------	--

### MEASLES, MUMPS, and RUBELLA (MMR)

<b>3-5 years</b>	One dose. This dose must be administered on or after age 12 months.
------------------	---

### 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 OR <b>see catch-up schedule below*</b> Hib is not required for children $\geq$ 5 years of age.
------------------	--

### HEPATITIS B

<b>3-5 years</b>	Three doses given at acceptable intervals. See attached schedule (page 2)
------------------	---

### 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.
------------------	--

\*Hib catch-up vaccination schedule:

- If unvaccinated at 15-59 months: 1 dose needed.
- If dose 1 given before 12 months and dose 2 before 15 months, 3<sup>rd</sup> and final doses must be 8 weeks after dose 2.
- If dose 1 given at 7-11 months, dose 2 must be at least 4 weeks later and 3<sup>rd</sup> and final dose given at 12-15 months or 8 weeks after dose 2 (whichever is later).
- If dose 1 given at 12-14 months, 2<sup>nd</sup> and final dose must be at least 8 weeks after dose 1.
- If **PedvaxHIB** brand used, call NHIP for recommended schedule and requirements for dosing.

# 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 <https://www.cdc.gov/vaccines/terms/usvaccines.html> for other vaccine brand names.