



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



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## New Hampshire School Immunization Requirements 2013/2014

- 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](http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html)
- Look at the Minimum Age and Interval Table on page 2 for recommended age and spacing information. All vaccine immunizations must meet minimum intervals and age requirements for that vaccine. A 4-day grace period is acceptable.
- Medical and religious exemption information is available at: <http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Varicella	K- 4 <sup>th</sup> 2 Doses <sup>1</sup>	5 <sup>th</sup> -10 <sup>th</sup> Grades 2 Doses <sup>2</sup>	11 <sup>th</sup> - 12 <sup>th</sup> Grade 1 Dose <sup>2</sup>
<b>DTaP DT/DTP Td/Tdap</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 or 4 doses, with the last dose given on or after the 4 <sup>th</sup> birthday. <b>11 years and older:</b> A one-time dose of <b>Tdap</b> when more than 5 years have passed since the last tetanus toxoid containing vaccine; <sup>3</sup> 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 <b>next</b> school year.		
<b>Polio</b>	<b>Grades K -1<sup>st</sup> Grade:</b> 3-4 doses with one dose on or after age four and the last two doses separated by 6 months. <b>Grades 2-12:</b> 3 doses, with the last dose given on or after the 4 <sup>th</sup> birthday. <sup>4</sup> Or 4 doses regardless of age at administration. <sup>4</sup>		
<b>MMR</b>	<b>Grades K-12:</b> 2 doses required, at least one on or after the first birthday		
<b>Hepatitis B</b>	<b>Grades K-12:</b> 3 doses at acceptable intervals		

<sup>1</sup> Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

<sup>2</sup> Varicella vaccination or history of chicken pox disease.

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

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

**New Hampshire School Immunization Requirements 2013/2014**

**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	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	Incoming Kindergartners and 1 <sup>st</sup> Graders- 3-4 doses, with one dose on or after age four years, and the last two doses separated by 6 months.  If Dose 3 is given $\geq$ 4 <sup>th</sup> 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	If MMR, VAR, and LAIV (live attenuated nasal influenza vaccine) are not given on the same day, they must be separated by at least 28 days.
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2	If MMR, VAR, and LAIV (live attenuated nasal influenza vaccine) are not given on the same day, they must be separated by at least 28 days. If Dose 2 was given $\geq$ 28 days after Dose 1, it is valid. If first dose administered $\geq$ age 13 years, two doses separated by a minimum interval of 4 weeks.
	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 <b>next</b> 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 Immunization Requirements School Year 2013/2014  
for acceptable intervals and age requirements

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

3-5 years	<ul style="list-style-type: none"> <li>☛ Four doses - the third and fourth dose should be separated by at least 6 months.</li> </ul>
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### POLIO

3-5 years	<ul style="list-style-type: none"> <li>☛ Three doses</li> </ul>
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### MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	<ul style="list-style-type: none"> <li>☛ One dose on or after age 12 months.</li> </ul>
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### HAEMOPHILUS INFLUENZAE TYPE B (HIB)

3-5 years	<ul style="list-style-type: none"> <li>☛ One dose on or after 15 months of age or</li> <li>☛ Four dose series with the last dose administered at <math>\geq 12</math> months of age.</li> <li>☛ If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age is acceptable.</li> <li>☛ HIB is <b>not</b> required for children <math>\geq 5</math> years of age.</li> </ul>
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### HEPATITIS B VACCINE

3-5 years	<ul style="list-style-type: none"> <li>☛ Three doses given at acceptable intervals.</li> </ul>
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### VARICELLA (CHICKEN POX) VACCINE

3-5 years	<ul style="list-style-type: none"> <li>☛ One dose administered on or after age 12 months.</li> <li>☛ Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students if child has not received varicella vaccine.</li> <li>☛ Report new suspected cases of varicella or any other reportable communicable disease to: DHHS, Communicable Disease Investigation and Surveillance @ 271-4496.</li> </ul>
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The 4-day grace period for minimum intervals and ages applies to the above requirements.

## Brand Names for Vaccines

School nurses to connect brand names to vaccine types may use the following list. The products that are crossed out are not provided through the New Hampshire Immunization Program. They are available in other states and countries.

**Diphtheria, Tetanus, acellular Pertussis (DTaP/ DT/DTP):**

Infanrix®, Pediarix®, DT, ~~Tetramune®~~, Daptacel®, Pentacel®

**Diphtheria, Tetanus, acellular Pertussis and Polio (DTaP-IPV):**

Kinrix®

**Tetanus diphtheria, acellular pertussis (Tdap):**

BOOSTRIX® or Adacel®

**Tetanus diphtheria (Td)**

Tenivac®

**Haemophilus Influenzae Type b (HIB):**

ActHIB®, PedvaxHIB®, ~~COMVAX®~~, Pentacel®, Hiberix®

**Hepatitis B (HepB):**

ENGERIX B®, Pediarix®, RECOMBIVAX®, ~~or COMVAX®~~

**Measles, Mumps, Rubella, (MMR):**

M-M-R® II

**Measles, Mumps, Rubella, and Varicella:**

ProQuad®

**Polio (IPV/OPV):**

IPOL®, Pediarix®, or Pentacel®

**Varicella (Chicken Pox, VAR):**

Varivax®