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# STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

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### New Hampshire School Immunization Requirements 2015/2016

- 1. 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.
- 2. 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 300.13)

  http://www.gencourt.state.nh.us/rules/state\_agencies/he-p300.html
- 3. 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.
- 4. Medical and religious exemption information is available at: http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm

DTaP DT/DTP Td/Tdap <sup>1</sup>	6 years and under: 4 or 5 doses, with the last dose given on or after the 4 <sup>th</sup> birthday. 7 years and older: 3 or 4 doses, with the last dose given on or after the 4 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> birthday. <sup>2</sup> Or 4 doses regardless of age at administration. <sup>2</sup>		
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 <sup>3</sup> , Grades 7-12: 2 doses <sup>4</sup> ; the first dose must be on or after the first birthday.		

<sup>&</sup>lt;sup>1</sup> If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td/DT) vaccine.

<sup>&</sup>lt;sup>2</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.

<sup>&</sup>lt;sup>3</sup> Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

<sup>&</sup>lt;sup>4</sup> 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 ≥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				
	DTaP - Dose 2	10 weeks	4 weeks between Dose 2 & 3				
	DTaP - Dose 3	14 weeks	6 months between Dose 3 & 4	The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.			
	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 <sup>rd</sup> Grade: 3-4 doses, with one dose on or after the 4 <sup>th</sup> birthday, with the last two doses separated by 6 months.  If Dose 3 is given after the 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				
	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 ≥ age 13 years - two doses (separated by a minimum interval of 4 weeks).			
	VAR – Dose 2	15 months		Live attenuated vaccines not administered on the same day should be administered 28 days apart.			
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 <b>next</b> 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

DIPHTHER	DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/DT)					
3-5 years	Four doses - the third and fourth dose should be separated by at least 6 months.					
	POLIO					
3-5 years	3-5 years Three doses					
ME	ASLES, MUMPS, and RUBELLA (MMR)					
3-5 years	One dose administered on or after age 12 months.					
HAE	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 <b>not</b> required for children ≥ 5 years of age.					
HEPATITIS B VACCINE						
3-5 years	Three doses given at acceptable intervals.					
VARICELLA (CHICKEN POX) VACCINE						
3-5 years	3-5 years One dose administered on or after age 12 months.					

### **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.