



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

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964 www.dhhs.nh.gov



Nicholas A. Toumpas
Commissioner

Jose' Thier Montero
Director

New Hampshire School Immunization Requirements 2012-2013

- 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
- Look at the Minimum Age and Interval Table on page 2 for recommended minimum 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:
<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Varicella	K-3 rd Grade 2 Doses ¹	4 th Grade 2 Doses ²	5 th Grade 1 Dose ²	6 th -9 th Grade 2 Doses ²	10 th - 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 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 the first day of the next school year.				
Polio	Kindergarteners: 3- 4 doses with one dose after age four and the last two doses separated by 6 months. Grades 1-12: 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, with dose one on, or after 12 months of age.				
Hepatitis B	Grades K-12: 3 doses at acceptable intervals.				

¹ Varicella vaccination or laboratory diagnosis of chicken pox disease 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) 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 2012/2013

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	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	1 year	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	If Dose 3 is given $\geq 4^{\text{th}}$ birthday, only 3 doses are required (if an all OPV or all IPV schedule) Incoming Kindergarteners: 3 - 4 doses, with one dose after age four years, and the last two doses separated by 6 months.
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks to 6 months between last 2 doses	
	-----	-----	-----	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	If MMR, VAR, and 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	3 months between Dose 1 & 2	If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days. If Dose 2 was given ≥ 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 – A one time dose	10 years	Tdap is a one-time dose only	If a child turns 11 on or after the first day of school, they are required to have a one-time dose of Tdap vaccine 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.

Immunization Requirements for Pre-school Students 3-5 Years Old

**Please refer to the Immunization Requirements School Year 2012/2013
for acceptable intervals and age requirements**

DTaP (Diphtheria, Tetanus & Pertussis Vaccine)

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

POLIO

3-5 years	<ul style="list-style-type: none"> ☀ Three – four doses at acceptable intervals.
------------------	---

MMR (Measles, Mumps & Rubella)

3-5 years	<ul style="list-style-type: none"> ☀ 1 or 2 doses- first dose recommended at 12-15 months. A second dose is usually administered at 4-6 years.
------------------	---

HIB (Haemophilus Influenza type b)

3-5 years	<ul style="list-style-type: none"> ☀ One dose after 15 months of age or ☀ Four dose series with the last dose being administered at ≥ 12 months of age. ☀ HIB is not required for children ≥ 5 years of age.
------------------	--

HEPATITIS B VACCINE

3-5 years	<ul style="list-style-type: none"> ☀ Three doses given at acceptable intervals.
------------------	--

VARICELLA (CHICKEN POX) VACCINE

3-5 years	<ul style="list-style-type: none"> ☀ One dose administered on or after age 12 months. ☀ Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students if child has not received varicella vaccine.
------------------	---

The 4-day grace period for minimum intervals and ages applies to the above requirements.

Brand Names for Vaccines

School nurses wanting 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® (Manufacturer: GlaxoSmithKline. May 3, 2005: approved for persons 10 through 64 years of age)

Adacel® (Manufacturer: Sanofi Pasteur. June 10, 2005: approved for persons 11 through 64 years of age)

Haemophilus Influenzae Type B, (HIB):

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

Hepatitis B (HepB):

Engerix®, Pediarix®, Recombivax®, ~~or COMVAX®~~

Measles, Mumps, Rubella, (MMR):

MMRII

Measles, Mumps, Rubella and Varicella

ProQuad®

Polio, (IPV/OPV):

IPOL or Pediarix®, Pentacel®

Varicella (Chicken Pox, VAR):

Varivax®