



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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IMMUNIZATION REQUIREMENTS
SCHOOL YEAR 2009/2010

DTP/DT/DTaP/Td/Tdap

Less than 7 Years of Age	<ul style="list-style-type: none"> ✿ Four or five doses given at acceptable intervals are required for school entry with the fourth or the fifth dose given on or after the 4th birthday. See acceptable intervals below.
Acceptable Intervals:	<ul style="list-style-type: none"> ✿ Dose 1 shall have been administered at no less than 6 weeks of age. ✿ Doses 2 and 3 shall be separated from the previous dose by a minimum of 4 weeks. ✿ Dose 4 shall be separated by a minimum of 6 months from dose 3. ✿ Dose 5 is recommended from 4 – 6 years of age and must be separated from dose 4 by 6 months.
7 Years of Age and older	<ul style="list-style-type: none"> ✿ Five doses as described above, or ✿ Three or four doses with the last dose given on or after the 4th birthday.
Acceptable Intervals:	<ul style="list-style-type: none"> ✿ As described above with the following exception: When giving the three-dose Td series, the second and third dose must be separated by six months. (Tdap is the preferred vaccine for the first dose of this 3 dose series.)
11 years of age or older, and 5 years since last tetanus-toxoid containing vaccine	<ul style="list-style-type: none"> ✿ One-time dose of a Tetanus, diptheria, acellular pertussis (Tdap) vaccine, except if the child has a medical contraindication to pertussis vaccine, in which case the child shall receive Tetanus, diptheria toxoid (Td) vaccine; then boost with Td every 10 years.

POLIO:

K - 12	<ul style="list-style-type: none"> ✿ Three doses of an all IPV or all OPV schedule. The last dose must have been administered after the 4th birthday, or four valid doses of any combination of eIPV and/or OPV regardless of age at administration. ✿ If a combined IPV/OPV schedule was used, 4 doses are always required to complete the primary series, even if the 3rd dose was administered after the 4th birthday.
Acceptable Intervals:	<ul style="list-style-type: none"> ✿ Dose 1 shall have been administered on or after age 6 weeks. ✿ All subsequent doses shall be separated by a minimum of 4 weeks.

MEASLES-MUMPS-RUBELLA

K through 12^h grade	<ul style="list-style-type: none"> ☀ Two doses of measles-mumps-rubella containing vaccine given at acceptable intervals.
Acceptable Intervals:	<ul style="list-style-type: none"> ☀ Dose 1 on or after 12 months. ☀ Dose 2, a minimum of 4 weeks after the first dose.

HEPATITIS B VACCINE:

Born on or after 1/1/93	<ul style="list-style-type: none"> ☀ Three doses given at acceptable intervals.
Acceptable Intervals:	<ul style="list-style-type: none"> ☀ Doses 1 and 2 separated by at least 28 days. ☀ Dose 3 shall be administered on or after age 24 weeks and be separated by a minimum of 16 weeks from the first dose and 8 weeks from the second dose.

VARICELLA (CHICKEN POX) VACCINE

Kindergarten, 1st grade, 6th grade	<ul style="list-style-type: none"> ☀ Two doses given at acceptable intervals. ☀ Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students (1st grade where kindergarten is not provided) if student has not received varicella vaccine. ☀ History of disease as reported by health care provider, or parent, is acceptable for 1st grade through 12th grade (or 2nd grade through 12th grade where kindergarten is not provided) and should be documented in the student's record. *Report new suspected cases of varicella to: DHHS, Communicable Disease @ 271-4496.
2nd grade through 5th grade AND 7th grade through 12th grade	<ul style="list-style-type: none"> ☀ One dose of varicella vaccine. ☀ Two doses, if first dose was administered > 13 years of age.
Acceptable Intervals:	<ul style="list-style-type: none"> ☀ Dose 1 administered on or after age 12 months. ☀ For children aged < 13 years, the recommended minimum interval between the first and second dose is 3 months. ☀ For children aged >13 years, the recommended minimum interval between the first and second dose is 4 weeks.

For all minimum intervals and age requirements, a 4-day grace period is acceptable. The vaccines and doses above are the minimum requirements for school attendance. Additional information can be found in the "Recommended Childhood and Adolescent Immunization Schedule, United States 2009" at the following website: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm> Questions should be directed to the New Hampshire Immunization Program at 1-800-852-3345 x4482 or 603-271-4482.

**Requirements for Children with Special Needs
Immunization Requirements
Preschool Students 3-5 Years Old**

Please refer to the Immunization Requirements School Year 2008/2009
for acceptable intervals and age requirements

DTaP/DTP/DT

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

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

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

3 to 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 \geq 12 months of age. ☀ If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age is acceptable. ☀ HIB is not required for children \geq 5 years of age.
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HEPATITIS B VACCINE

3-5 years	<ul style="list-style-type: none"> ☀ Three doses given at acceptable intervals.
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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 (1st grade where kindergarten is not provided) if child has not received varicella vaccine. *Report new suspected cases of varicella to: DHHS, Communicable Disease @ 271-4496.
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The 4-day grace period for minimum intervals and ages applies to the above requirements.

***Brand Names for Vaccines:**

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

Infanrix[®], Pediarix[®], DT, Tetramune[®], ActHIB[®], Daptacel[®], Pentacel[®]

Tetanus diphtheria, acellular pertussis (Tdap)

BOOSTRIX[®], ADACEL[®]

Haemophilus Influenzae Type B, (HIB):

ActHIB[®], PedvaxHIB[®], COMVAX[®], HibTITER[®], Pentacel[®].

Polio, (IPV/OPV):

IPOL, Pediarix[®], Pentacel[®]

Measles, Mumps, Rubella, (MMR):

MMRII

ProQuad[®] (combination MMR and Varivax)

Hepatitis B (HepB):

ENGERIX B[®], Pediarix[®], RECOMBIVAX[®], or COMVAX[®]

Varicella (Chicken Pox, VAR):

Varivax[®]

ProQuad[®] (combination of MMR and Varivax)

The list is provided for your convenience. The New Hampshire Immunization Program provides some, but not all, of the brand names/specific products, listed above.

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.