



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

Lori A. Shibinette  
 Commissioner

Patricia M. Tilley  
 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](http://www.dhhs.nh.gov)

**New Hampshire**  
**School Immunization Requirements 2022-2023**

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-10:</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 11-12:</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-12:</b> 2 doses with the first dose administered on or after the 1 <sup>st</sup> birthday OR laboratory confirmation of immunity. History of natural immunity without lab confirmation of immunity is NOT acceptable.

- 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/programs-services/disease-prevention/immunizations/immunization-exemptions-children>
- The 2022 Immunization Schedule from the CDC’s Advisory Committee on Immunization Practices can be found here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

**Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2022/2023**

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	<p>All children must have a valid dose on or after the 4<sup>th</sup> birthday.</p> <p>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.</p> <p>* A 4<sup>th</sup> dose inadvertently administered as early as age 12 months may be counted if at least 4 months since dose 3.</p> <p>If dose 1 is given at age 7 or older, only 3 doses are needed (as long as 6 months between dose 2 and 3); can be Tdap or Td as long as one of the doses is Tdap.</p>
	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	7 years	<i>ACIP recommends that children age 7 through 9 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>	<p>Students are required to have a dose of Tdap prior to 7<sup>th</sup> grade.</p> <p>* Tdap given on or after the 7<sup>th</sup> birthday meets this requirement per NH Administrative Rule He-P 301.14.</p>
<b>Polio</b> <i>IPV</i>	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>*Kindergarten through 10<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.</p> <p>If a combined IPV/OPV polio schedule was used, the total number of doses needed is the same as an all IPV schedule.</p> <p>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.</p>
	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	<p>Minimum age for Dose 3 is at least 24 weeks of age.</p>
	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	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p>
	MMR – Dose 2	13 months	-----	
<b>Varicella (chickenpox)</b> <i>VAR</i>	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2*	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p> <p>*If first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks.</p>
	VAR – Dose 2	15 months	-----	

# Pre-school Students 3-5 Years Old

## New Hampshire Immunization Requirements 2022-2023

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

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

<b>3-5 years</b>	Three doses given at acceptable intervals. See attached schedule (page 2)
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### 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.
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\*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)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	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)
TDVAX™	Tetanus, Diphtheria (Td)
Tenivac®	Tetanus, Diphtheria (Td)
Varivax®	Varicella (Chicken Pox, VAR)
Vaxelis™	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), Haemophilus influenzae type b (Hib), & Hepatitis B (Hep B).

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