



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

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**IMMUNIZATION REQUIREMENTS**  
**SCHOOL YEAR 2010/2011**

**DTP/DT/DTaP/Td/Tdap**

<b>&lt; 7 Years of Age</b>	<ul style="list-style-type: none"> <li>☀ 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 4<sup>th</sup> birthday. See acceptable intervals below.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>☀ Dose 1 shall have been administered at no less than 6 weeks of age.</li> <li>☀ Doses 2 and 3 shall be separated from the previous dose by a minimum of 4 weeks.</li> <li>☀ Dose 4 shall be separated by a minimum of 6 months from dose 3.</li> <li>☀ Dose 5 is recommended from 4 – 6 years of age and must be separated from dose 4 by 6 months.</li> </ul>
<b>≥ 7 Years of Age</b>	<ul style="list-style-type: none"> <li>☀ Five doses as described above or</li> <li>☀ Three or four doses with the last dose given on or after the 4<sup>th</sup> birthday.</li> </ul>
<b>Acceptable intervals</b>	<ul style="list-style-type: none"> <li>☀ 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 one of these doses).</li> </ul>
<b>11 years of age or older and 5 years since last tetanus-toxoid containing vaccine</b>	<ul style="list-style-type: none"> <li>☀ One-time dose of a Tetanus, diphtheria, acellular pertussis (Tdap) vaccine, except if the child has a medical contraindication to pertussis vaccine in which case the child shall receive Tetanus diphtheria toxoid (Td) vaccine. *</li> <li>☀ If a child turns 11 years of age on or after the first day of school, they are required to have Tdap vaccine prior to the first day of the <i>next</i> school year.</li> </ul>

\* There may be students with documentation of receipt of Tdap at age 10 years. This is acceptable.

**POLIO:**

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

**School Year 2010-2011**  
**MEASLES-MUMPS-RUBELLA:**

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

**HEPATITIS B VACCINE:**

<b>Born on or after 1/1/93</b>	<ul style="list-style-type: none"> <li>☀ Three doses given at acceptable intervals.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>☀ Doses 1 and 2 separated by at least 28 days.</li> <li>☀ 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.</li> </ul>

**VARICELLA (CHICKEN POX) VACCINE:**

<b>Kindergarten, 1<sup>st</sup> grade, 2<sup>nd</sup> grade AND 6<sup>th</sup> grade, 7<sup>th</sup> grade</b>	<ul style="list-style-type: none"> <li>☀ Two doses given at acceptable intervals.</li> <li>☀ Documentation of immunity by confirming laboratory test results is required for incoming Kindergarten and 1<sup>st</sup> grade students, if student has not received varicella vaccine.</li> <li>☀ History of disease as reported by parent or health care provider is acceptable for 2<sup>nd</sup> grade through 12<sup>th</sup> grade and should be documented in the student's record. *Report new suspected cases of varicella to: DHHS, Communicable Disease @ 271-4496.</li> </ul>
<b>3<sup>rd</sup> grade through 5<sup>th</sup> grade AND 8<sup>th</sup> grade through 12<sup>th</sup> grade</b>	<ul style="list-style-type: none"> <li>☀ One dose of varicella vaccine</li> <li>☀ Two doses, if first dose was administered &gt; 13 years of age.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>☀ Dose 1 administered on or after age 12 months.</li> <li>☀ For children aged &lt;13 years of age, the recommended minimum interval between the first and second dose is 3 months.</li> <li>☀ For children aged ≥13 years, the recommended minimum interval between the first and second dose is 4 weeks.</li> </ul>

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 2010" 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 2010-2011**  
for acceptable intervals and age requirements

**DTaP/DTP/DT**

<b>3-5 years</b>	<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**

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

<b>3-5 years</b>	<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)**

<b>3-5 years</b>	<ul style="list-style-type: none"> <li>☀ One dose after 15 months of age or</li> <li>☀ Four dose series with the last dose being 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**

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

<b>3-5 years</b>	<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. *Report new suspected cases of varicella to: DHHS, Communicable Disease @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:**

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

Infanrix<sup>®</sup>, Pediarix<sup>®</sup>, DT, Tetramune<sup>®</sup>, Daptacel<sup>®</sup>, Pentacel<sup>®</sup>

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

Kinrix

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

BOOSTRIX<sup>®</sup> (Manufacturer: GlaxoSmithKline. May 3, 2005: approved for persons 10 through 64 years of age)

ADACEL<sup>®</sup> (Manufacturer: Sanofi Pasteur. June 10, 2005: approved for persons 11 through 64 years of age)

**Haemophilus Influenzae Type B, (HIB):**

ActHIB<sup>®</sup>, PedvaxHIB<sup>®</sup>, COMVAX<sup>®</sup>, Pentacel<sup>®</sup>, Hiberix<sup>®</sup>

**Hepatitis B (HepB):**

ENGERIX B<sup>®</sup>, Pediarix<sup>®</sup>, RECOMBIVAX<sup>®</sup>, or COMVAX<sup>®</sup>

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

MMRII

**Measles, Mumps, Rubella and Varicella**

ProQuad<sup>®</sup>

**Polio, (IPV/OPV):**

IPOL or Pediarix<sup>®</sup>, Pentacel<sup>®</sup>

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

Varivax<sup>®</sup>