



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



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**IMMUNIZATION REQUIREMENTS
SCHOOL YEAR 2006/2007**

DTP/DT/DTaP/Td/Tdap

< 7 Years of Age	<ul style="list-style-type: none"> * Four doses, 4th dose on or after the 4th birthday or * Five doses regardless of age of administration as long as minimum intervals are met.
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	<ul style="list-style-type: none"> * Three or four doses, with last dose on or after the 4th birthday or * Five doses as above.
Acceptable intervals	<ul style="list-style-type: none"> * As above except if three doses (Td series) second and third dose must be separated by six months.
10 Years since last Tetanus containing vaccine	<ul style="list-style-type: none"> * One dose of a tetanus-toxoid containing vaccine. (Tdap is the preferred vaccine, but not required).

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. * Four doses of any combination of eIPV and/or OPV regardless of age at administration. * When a combination of polio vaccines have been administered, 4 doses are necessary 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 at no less than 6 weeks of age. * All subsequent doses shall be separated by a minimum of 4 weeks.

MEASLES:

K through 4th grade If K not provided, 1st through 5th grade.	<ul style="list-style-type: none"> ☛ Two doses of measles-containing vaccine.
7th – 12th grade	<ul style="list-style-type: none"> ☛ Two doses of measles-containing vaccine.
All grades not mentioned above.	<ul style="list-style-type: none"> ☛ One dose.
Acceptable intervals:	<ul style="list-style-type: none"> ☛ Dose 1 on or after 12 months. ☛ Dose 2, a minimum of 28 days from the 1st dose.

RUBELLA and MUMPS:

K – 12 grade	<ul style="list-style-type: none"> ☛ One dose of rubella and mumps-containing vaccine administered on or after age 12 months.
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HEPATITIS B VACCINE:

Born on or after 1/1/93	<ul style="list-style-type: none"> ☛ Three doses.
Acceptable intervals:	<ul style="list-style-type: none"> ☛ Doses 1 and 2 separated by at least 28 days. ☛ Dose 3 separated by a minimum of 4 months from dose 1, 2 months from dose 2, and administered on or after 24 weeks of age.

VARICELLA (CHICKEN POX) VACCINE:

K through 3rd grade If K not provided, 1st through 4th grade.	<ul style="list-style-type: none"> ☛ One dose or history of disease as reported by parent or health care provider.
6th through 9th grade	<ul style="list-style-type: none"> ☛ One dose, unless administered \geq 13 years of age then two doses. ☛ Or history of disease as reported by parent or health care provider.
Acceptable intervals:	<ul style="list-style-type: none"> ☛ Dose 1 administered on or after 12 months of age. ☛ Doses 1 and 2 separated by at least 28 days.

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. The "Recommended Childhood and Adolescent Immunization Schedule, United States 2006" should be followed for the doses necessary for good preventive health.

***Brand Names for Vaccines:**

Diphtheria, Tetanus, acellular Pertussis, (DTaP/ DT/DTP):
Infanrix, Pediarix, DT, Tetramune, Act-Hib

Tetanus diphtheria, acellular pertussis (Tdap)
Boostrix©, AdaceTM

Haemophilus Influenzae Type B, (HIB):
ActHIB, Pedvax HIB, Comvax, HibTITER.

Polio, (IPV/OPV):
IPOL or Pediarix

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)