



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

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**New Hampshire  
 School Immunization Requirements 2025-2026**

Refer to page 2 & 3 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-12:</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>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 chicken pox disease without lab confirmation of immunity is NOT acceptable.

- Children must have proof of all required immunizations, documentation of immunity, or valid exemptions, 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: [Immunization Exemptions for Children | New Hampshire Department of Health and Human Services](#)
- The current and complete ACIP Immunization Schedule can be found here: [Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC](#)

**Minimum Age & Interval Schedule for Valid Vaccine Doses: 2025/2026**

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
<b>Diphtheria, Tetanus, and Pertussis DTaP</b>	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 there is 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	N/A	
<b>Tetanus, Diphtheria, and Pertussis Tdap</b>	Tdap: Dose 1	7 years	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.*	<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 IPV</b>	IPV: Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>*The 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose is given 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	6 months between Dose 3 & 4*	
	IPV: Dose 4	4 years	N/A	
<b>Hepatitis B HepB</b>	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	

**Minimum Age & Interval Schedule for Valid Vaccine Doses: 2025/2026, Continued**

<b>Vaccine</b>	<b>Dose #</b>	<b>Minimum Age</b>	<b>Minimum Interval Between Doses</b>	<b>Notes</b>
<b>Measles, Mumps, and Rubella MMR</b>	MMR: Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.
	MMR: Dose 2	13 months	N/A	
<b>Varicella (chickenpox) VAR</b>	VAR: Dose 1	12 months	12 weeks between Dose 1 & 2*	Live attenuated vaccines not administered on the same day must be administered at least 28 days apart. *If first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks. *A special grace period of 2 months can be applied to the minimum interval of 3 months, when evaluating records retrospectively, which results in an acceptable minimum interval of 4 weeks. An additional 4 days should not be added on to this grace period.
	VAR: Dose 2	15 months	N/A	

## Pre-school Students 3-5 Years Old New Hampshire Immunization Requirements 2025-2026

Refer to page 2 & 3 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 do 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>	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 administered on or after age 12 months OR laboratory confirmation of immunity. History of chicken pox disease without lab confirmation of immunity is NOT acceptable.
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\*A child who starts the Hib series late may need fewer than 4 doses; the routine schedule for most brands of Hib vaccine is 4 doses with the last dose given after 12 months of age OR at least 1 dose given on or after 15 months of age. To determine the number of doses needed for Hib refer to the following resources:

[Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age](#)

[Catch-Up Guidance for Healthy Children 4 Months through 4 years of Age Who Received PedvaxHIB](#)

## Vaccine Brand Names

To use as a reference when reviewing immunization records; not all are required for school, pre-school, or childcare admittance.

<b>Brand Name</b>	<b>Vaccine(s)/Abbreviation</b>
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)
Priorix®	Measles, Mumps, Rubella
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 [U.S. Vaccine Names](#) for a complete list of vaccine brand names