

MARATHON COUNTY HEALTH DEPARTMENT

Family Immunization Appointment Clinics

January – December 2016



Telephone: 715-261-1900 **Toll Free:** 1-800-236-0153 (ask for Health Department)
Hmoob: 715-261-1967 **T.D.D.:** 715-261-1900
Español: 715-261-1965 **Website:** MarathonCountyHealthDepartment.org

	Wausau	Mosinee*	Western Marathon County*
Address	Marathon County Health Dept. 1000 Lake View Drive, Suite 100 Wausau, WI 54403	St. John's Lutheran Church 901 11 th St Mosinee, WI 54455	Fire Station Meeting Room 208 Mueller St Athens, WI 54411
Dates & Times	1 st <u>Monday</u> of every month 4:00-6:00 PM 2 nd <u>Wednesday</u> of every month 2:00-4:00 PM 3 rd <u>Thursday</u> of every month 4:00-6:00 PM 4 th <u>Friday</u> of every month 9:00-11:00 AM	<u>Monday</u> , February 8 th 3:30 – 4:30 PM <u>Monday</u> , May 9 th 3:30 – 4:30 PM <u>Monday</u> , August 8 th 3:30 – 4:30 PM <u>Monday</u> , November 14 th 3:30 – 4:30 PM	<u>Tuesday</u> , April 19 st 3:30 – 4:30 PM <u>Tuesday</u> , August 16 th 3:30 – 4:30 PM

*Outlying clinics may be cancelled due to low participation or inclement weather. If schools in the area are closed/cancelled, clinics will be cancelled.

To schedule an appointment at any Marathon County
 Immunization Clinic please call:
715-261-1900
 or
Toll Free 1-800-236-0153
 (ask for Health Department)

The Marathon County Health Department is able to provide vaccinations to children 18 years and younger who:

- Are uninsured.
- Have MA/BadgerCare.
- Have insurance with no vaccine coverage.
- Are Alaskan native or American Indian.

Marathon County Health Department is able to provide select vaccines to uninsured adults or adults who have insurance with no vaccine coverage.

Please call the Marathon County Health Department to determine if you or your child is eligible to receive vaccines through our clinics.

Parent or Legal Guardian Must Accompany the Child who is Receiving Vaccine
Appointments are required at ALL Clinics

MARATHON COUNTY HEALTH DEPARTMENT

1000 Lakeview Drive, Suite 100

715-261-1900

WISCONSIN STATE LAW (252.04) REQUIREMENTS FOR 2015-16 SCHOOL ENTRANCE AND CHILDREN IN DAY CARE CENTERS

5 months through 15 months	2 DTP/DTaP/DT		2 Polio		2 Hep.B	2 Hib	2 PCV ⁸
16 months through 23 months	3 DPT/DTaP/DT		2 Polio	1 MMR ¹	2 Hep.B	3 Hib ⁷	3 PCV ⁸
2 years through 4 years	4 DPT/DTaP/DT ²	1 Var ⁶	3 Polio	1 MMR ¹	3 Hep.B	3 Hib ⁷	3 PCV ⁸
Kindergarten ² through grade 3	4 DPT/DTaP/DT/Td ¹	2 Var ⁶	4 Polio ⁴	2 MMR ⁵	3 Hep.B		
Grades 4 through 5	4 DPT/DTaP/DT/Td ²	2 Var ⁶	4 Polio ⁴	2 MMR ⁵	3 Hep.B		
Grades 6 through 9	4 DPT/DTaP/DT/Td ²	2 Var ⁶	4 Polio ⁴	2 MMR ⁵	3 Hep.B	1 Tdap ³	
Grade 10 through 11	4 DPT/DTaP/DT/Td ²	2 Var ⁶	4 Polio ⁴	2 MMR ⁵	3 Hep.B	1 Tdap ³	
Grade 12	4 DPT/DTaP/DT/Td ²	2 Var ⁶	4 Polio ⁴	2 MMR ⁵	3 Hep.B	1 Tdap ³	

¹ DTP/DTAP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).

² DTP/DTaP/DT/Td vaccine for children entering Pre K and grades 1-12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before 4th birthday is also acceptable).

³ Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.

⁴ Polio vaccine for students entering grades Kindergarten through 12: Four doses are required, however, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable.)

⁵ The first dose of MMR vaccine must have been received on or after the first birthday. (Note: a dose 4 days or less before the 1st birthday is also acceptable.)

⁶ Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

⁷ If your child began the Hib series at 12-14 months of age, only 2 doses are required. If your child received one dose of Hib at 15 months of age or later, no additional doses are required.

⁸ PCV: 2 doses of Pneumococcal Conjugate required for entrance to day care.

Recommended Immunization Schedule

Age	Vaccine
Birth	HBV
2 months	DTaP, Hib, IPV, HBV, PCV, Rota
4 months	DTaP, Hib, IPV, PCV, Rota
6 months	DTaP, Hib, IPV, HBV, PCV, Rota
12-15 months	Hib, PCV, HAV
12-18 months	DTaP, MMR, Varicella, HAV
School entry	DTaP, IPV, MMR, Varicella
11-18 years	Tdap/Td, MCV4, Varicella, HPV
Every 10 years	Td, Tdap
Schedule may vary. Your doctor or public health department will know the right time to immunize your child.	

Vaccines

Hib: Number of doses may vary depending on brand used	
DTaP	Diphtheria/Tetanus/Acellular Pertussis
HAV	Hepatitis A
Hib	Haemophilus b Conjugate vaccine
HBV	Hepatitis B
HPV	Human Papillomavirus
IPV	Inactivated Polio Vaccine
MCV4	Meningococcal
MMR	Measles/Mumps/Rubella
PCV	Pneumococcal Conjugate
Rota	Rotavirus
Tdap	Tetanus/Diphtheria/Acellular Pertussis
Td	Tetanus/Diphtheria
Varicella	Chicken Pox