

# MARATHON COUNTY HEALTH DEPARTMENT

## Family Immunization Appointment Clinics

January – December 2019



**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](http://MarathonCountyHealthDepartment.org)

### Location:

**Marathon County Health Dept.**  
1000 Lake View Drive, Suite 100  
Wausau, WI 54403

### Dates & Times:

1<sup>st</sup> Monday of every month  
4:00pm—6:00pm

2<sup>nd</sup> Wednesday of every month  
2:00pm—4:00pm

3<sup>rd</sup> Thursday of every month  
4:00pm—6:00pm

4<sup>th</sup> Friday of every month  
9:00am—11:00am

*If schools in the area are closed,  
the clinic will be cancelled.*

### Scheduling:

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)

**Appointments are required  
for all clinics.**

### Vaccinations can be provided to:

#### Children

#### **18 years and younger who:**

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

#### Adults

#### **19 years and older who:**

- Are uninsured and meet vaccine specific criteria
- Have insurance with no vaccine coverage and meet vaccine specific criteria

*Parent or Legal Guardian Must Accompany  
the Child who is Receiving Vaccine*

# MARATHON COUNTY HEALTH DEPARTMENT

1000 Lakeview Drive, Suite 100

715-261-1900

## WISCONSIN STATE LAW (252.04) REQUIREMENTS FOR SCHOOL AND CHILDREN IN DAY CARE CENTERS

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

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

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

<sup>3</sup> 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.

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

<sup>5</sup> 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 1<sup>st</sup> birthday is also acceptable.)

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

<sup>7</sup> 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.

<sup>8</sup> PCV: 2 doses of Pneumococcal Conjugate required for entrance to day care.

### Recommended Immunization Schedule

### Vaccines

Age	Vaccine	Hib: Number of doses may vary depending on brand used	
Birth	HBV	DTaP	Diphtheria/Tetanus/Acellular Pertussis
2 months	DTaP, Hib, IPV, HBV, PCV, Rota	HAV	Hepatitis A
4 months	DTaP, Hib, IPV, PCV, Rota	Hib	Haemophilus b Conjugate vaccine
6 months	DTaP, Hib, IPV, HBV, PCV, Rota	HBV	Hepatitis B
12-15 months	Hib, PCV, HAV	HPV	Human Papillomavirus
12-18 months	DTaP, MMR, Varicella, HAV	IPV	Inactivated Polio Vaccine
School entry	DTaP, IPV, MMR, Varicella	MCV4	Meningococcal
11-18 years	Tdap/Td, MCV4, Varicella, HPV	MMR	Measles/Mumps/Rubella
Every 10 years	Td, Tdap	PCV	Pneumococcal Conjugate
Schedule may vary. Your doctor or public health department will know the right time to immunize your child.		Rota	Rotavirus
		Tdap	Tetanus/Diphtheria/Acellular Pertussis
		Td	Tetanus/Diphtheria
		Varicella	Chicken Pox