

MARATHON COUNTY HEALTH DEPARTMENT

Family Immunization Appointment Clinics

January – December 2014



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:** www.co.marathon.wi.us/Departments/HealthDepartment.aspx

	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 10 th : 3:30 – 4:30 PM <u>Monday</u> , May 12 th : 3:30 – 4:30 PM <u>Monday</u> , August 11 th : 3:30 – 4:30 PM <u>Monday</u> , November 10 th : 3:30 – 4:30 PM	<u>Tuesday</u> , April 22 nd : 3:30 – 4:30 PM <u>Tuesday</u> , August 19 th : 3:30 – 4:30 PM

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 insurance with no vaccine coverage.
- Have MA/BadgerCare.
- 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 that is Receiving Vaccine
Appointments are required at ALL Clinics

FAMILY IMMUNIZATION CLINICS, JANUARY – DECEMBER 2014

MARATHON COUNTY HEALTH DEPARTMENT 1000 Lakeview Drive, Suite 100 715-261-1900

Clinics are routinely conducted at different sites throughout the County. See schedule on reverse side. Infants, children, and adolescents are eligible to receive any immunizations available at the Health Department. Td, Tdap & Hepatitis B are available for adults.

WISCONSIN STATE LAW (252.04) REQUIREMENTS FOR 2013-2014 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	

¹DTP/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).

²DTP/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).

³Tdap 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.

⁴Polio 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.)

⁵The 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.)

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

⁷If 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.

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

1. **Parent or legal guardian** must accompany minor child to the clinic to sign the immunization form before he/she can be immunized.
2. Bring child's past **immunization record**.
3. It is advised that persons who have received an immunization remain at the clinic site for 10 minutes in case of possible side effects.
4. It is recommended that after initial series a Td booster is given every 10 years.

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
		Rota	Rotavirus
		Tdap	Tetanus/Diphtheria/Acellular Pertussis
Schedule may vary. Your doctor or public health department will know the right time to immunize your child.		Td	Tetanus/Diphtheria
		Varicella	Chicken Pox