

MARATHON COUNTY HEALTH DEPARTMENT

Family Immunization Appointment Clinics

January – December 2020



Telephone: 715-261-1967

Toll Free: 1-800-236-0153 (Option #2)

Hmoob: 715-261-1966

T.D.D.: 715-261-1900

Español: 715-261-1965

Website: MarathonCountyHealthDepartment.org

Location:

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

Dates & Times:

1st Monday of every month
4:00pm—6:00pm

2nd Wednesday of every month
2:00pm—4:00pm

3rd Thursday of every month
4:00pm—6:00pm

4th 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:

715-261-1967

or

Toll Free 1-800-236-0153
(Option #2)

**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 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