

**SAGINAW COUNTY DEPARTMENT  
OF PUBLIC HEALTH**

**IMMUNIZATION FEE SCHEDULE  
EFFECTIVE 5/1/2010**

<b>VACCINE</b>	<b>FEE</b>
Hepatitis A - Adult	65.00
Hepatitis A - Adolescent	40.00
Hepatitis B - Adult	65.00
Hepatitis B - Adolescent	40.00
Hepatitis B & Hib - Comvax	50.00
DTaP	35.00
DTaP-IPV - Kinrix	55.00
DTaP-IPV-HIB - Pentacel	85.00
DTaP-Hep B-IPV - Pediarix	80.00
DT	30.00
Flu (6-35 months)	20.00
Flu (3 yrs. & over)	20.00
HPV	145.00
IPV	30.00
Meningitis	110.00
MMR	55.00
MMRV- ProQuad	130.00
Hib	30.00
Pneumonia	45.00
Prevnar	120.00
Rotavirus	80.00
TB Test*	15.00
TD	25.00
Tdap	40.00
Varicella	95.00
Zoster Vaccine-Zostavax	155.00
Immunoglobulin	15.00
Charge to Administer Vaccine	15.00 (PER INJECTION)

\* Administration Fee included