

Preventive Health Guidelines

Childhood and Adolescent Immunizations

- When children are immunized, they receive medicines called vaccines through a shot, given by a health care professional. The vaccines keep your child from getting serious childhood diseases. Some vaccines come in a series of shots.
- Children with a mild illness such as a runny nose or cold should still get immunizations on schedule. The immunizations will still be effective and will not make your child sicker.
- Keep your child's immunization record up-to-date. You can also help keep your physician's records up-to-date. Give your child's physician a copy of the immunization card if you change physicians or if you change physicians or if your child has received immunizations outside of the office.

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-14 yrs	15-18 yrs
Hepatitis B (Hep B)*	Hep B	Hep B		See Below Hep B	Hep B			Catch-up							
Rotavirus (Rota)*		Rota	Rota	Rota											
Diphtheria, Tetanus, Pertussis (DTaP & Tdap*)		DTaP	DTaP	DTaP	DTaP			DTaP	Catch-up	Tdap	Catch-up				
H influenzae Type B (Hib)		Hib	Hib	Hib	Hib		Catch-up (to 5 years)								
Polio (IPV)		IPV	IPV	IPV				IPV	Catch-up						
Pneumococcal (PCV)		PCV	PCV	PCV	PCV		High Risk Groups								
Measles, Mumps, Rubella (MMR)					MMR		Catch-up		MMR	Catch-up					
Varicella (VZV)					VZV		Catch-up		VZV	Catch-up					
Hepatitis A (Hep A)*					Hep A (2 doses)				Catch-up						
Influenza (Flu)*		Flu (Annually in late fall)													
Meningococcal (MCV4)*									High Risk Groups			MCV4		High Risk Groups	
Human Papillomavirus (HPV)* <i>females only</i>													HPV (3 doses)	Catch-up	

***Hep B:** The 2nd Shot is given at least 4 wks after the 1st shot. The 3rd shot is given at least 16 wks after the 1st shot, at least 8 wks after the 2nd shot, and not before 6 months of age. Infants who were given Hep B at birth may receive up to 4 Hep B shots when using combination vaccines.

***Rotavirus:** First Dose is given at age 6 – 12 weeks. Do not start the series later than age 12 weeks. Do not administer last dose after 32 weeks.

***Tdap:** A dose is given at age 11-12 for those who have completed the recommended childhood DTaP series and have not received a Td booster dose.

***Hep A:** There are 2 shots in the series. The 2nd shot should be given at least 6 months after the 1st shot.

***Influenza:** If the child is less than 9 years old, and it's the first vaccination, the child should be given 2 shots, 4 weeks apart, in the age appropriate amounts. Then, after the initial year, the child should be given 1 shot annual in the late fall.

***Meningococcal:** One shot is given at age 11-12 and to previously unvaccinated adolescents at high school entry.

***Human Papillomavirus:** The second shot is given 2 months after the 1st shot. The 3rd shot is given 6 months after the 1st shot.

~The Health Care Provider will determine if your child/adolescent is considered in a High Risk Group.

All vaccinations are subject to the manufacturer's recommendations. ~

Well-Child Visits

Routine visits are for children to see their physician and are designed to help your child be healthy and stay healthy.

Well-child visits are visits to the child's physician for:

- Physical examinations and/or immunizations
- Information on health/safety issues and illness
- Tracking of growth and development
- Information on how to manage emergencies

Some physicians recommend well-child visits at the following ages: **newborn, 2-4 weeks; 2, 4, 6, 9, 12, 15 and 18 months; annually ages 2-18 years.**

Blood Pressure Screening (*All Adults*)

Blood Pressure is measured as Systolic over Diastolic. The values listed below are indicative of the ranges for each category.
Normal: <120 over <80
Prehypertension: 120-139 over 80-89
Stage 1 Hypertension: 140-159 over 90-99
Stage 2 Hypertension: ≥160 over ≥100
Note: Your Health Care Provider will interpret your blood pressure readings and recommend how frequently it should be checked. Desired blood pressure readings may vary if you have risk factors such as obesity, inactivity, poor diet, smoking, diabetes, or a family history of heart disease. Check with your Health Care Provider if you have any questions.

Cholesterol Guidelines for Healthy Adults (*All Adults*)

<u>Total Cholesterol Level</u> <200 200-239 ≥240	Desirable Borderline high High
<u>LDL Cholesterol Level</u> <100 100-129 130-159 160-189 ≥190	Optimal Near optimal/above optimal Borderline high High Very High
<u>HDL Cholesterol Level</u> <40 ≥60	Low High
<u>Triglyceride Level</u> <150 150-199 200-499 ≥500	Normal Borderline high High Very High

Note: Your Health Care Provider will interpret your cholesterol levels and recommend how frequently your cholesterol should be checked based on your risk factors. Desired cholesterol levels may also vary if you have any risk factors such as: obesity, inactivity, high cholesterol diet, smoking, high blood pressure, diabetes, or a family history of heart disease. Check with your Health Care Provider if you have any questions.

Adult Immunization Schedule (*All Adults*)

Age ► Vaccine ▼	19-49 yrs	50-64 yrs	65+ yrs	Explanations
Tetanus Diphtheria (Td, Tdap)	1 dose Td booster every 10 years Consider substituting 1 dose of Tdap for Td			To ALL adults 19 years of age and older.
Human Papillomavirus* <i>Females only</i>	3 doses for females ≤ 26 years of age			Ideally, the vaccine series should be completed before beginning sexual activity; however, women who are sexually active should still be vaccinated.
Measles, Mumps, Rubella*	1 or 2 doses	High Risk Groups, 1 dose		Adults born before 1957 can be considered immune to measles. Other adults may need updating on this vaccine due to their childhood vaccination history being unreliable
Varicella	2 doses, 4-8 weeks apart	High Risk Groups, 2 doses, 4-8 weeks apart		To ALL adults who are susceptible to chicken pox.
Influenza	1 dose annually			To ALL adults.
Pneumococcal*	High Risk Groups, 1-2 doses		1 dose	To ALL adults 65 and older and for those 19-64 if some other risk factor is present. Your Health Care Provider will determine your risk factors.
Hepatitis A*	High Risk Groups, 2 doses			To ALL adults who wish to be vaccinated.
Hepatitis B*	High Risk Groups, 3 doses			To ALL adults who wish to be vaccinated.
Meningococcal*	High Risk Groups, 1 or more doses			To ALL adults with a risk factor present. Your Health Care Provider will determine your risk factors.

*Human Papillomavirus: The 2nd dose should be given 2 months after the 1st shot. The 3rd dose should be given 6 months after the 1st dose.

*Measles, Mumps, Rubella: 2nd dose may be needed for adults ages 19-49 with occupational or other indications.

*Hep A: the 2nd dose should be given 6-12 months after the 1st dose.

*Hep B: 2nd dose is given 1 month after the 1st dose. The 3rd dose is given 6 months after the 1st dose.

*Meningococcal: Revaccination after 5 years might be needed for those previously vaccinated who remain at risk for infection.

~The Health Care Provider will determine if you are considered in a High Risk Group.
All vaccinations are subject to the manufacturer's recommendations.~

Breast Cancer Screening (Women Only)

Screening Test	Age	Frequency
Self Breast Exam	≥ 20	The Members is to perform this monthly.
Clinical Breast Exam	20-39	The Health Care Provider is to perform this during a regular Well Woman Visit. Every 1-3 years.
	≥ 40	The Health Care Provider is to perform this exam annually during a Well Woman Visit.
Screening Mammogram	≥ 40	The test is to be completed annually for as long as the member is healthy.

Note: Women at increased risk (e.g. family history, genetic tendency, past breast cancer) should talk to their Health Care Provider about benefits and limitations of starting mammography screening earlier, having additionally tests (e.g. breast ultrasound or MRI), or having more frequent exams.

Cervical Cancer & Chlamydia Screening (Women Only)

Screening Test	Age	Frequency
Pelvic Exams	Approximately Age 18	If a female is sexually active, this should be completed annually during a regular Well Woman Visit.
Chlamydia Screening	≤ 25	If a female is sexually active, this should be completed annually during a regular Well Woman Visit.
Pap Test	21-30	Annual screening should begin within 3 years after first intercourse or by age 21, whichever comes first.
	≥ 30	There are 2 options for women in this age group. The Health Care Provider will determine the frequency of needed Pap Tests.

Note: If you have had a hysterectomy, your Health Care Provider will determine the need for continued Pap Tests. However, regular Pelvic Exams should continue. Sexual habits may influence the frequency and types of Exams and Tests.

Osteoporosis Screening (Women Only)

Screening Test	Age & Requirements	Frequency
The type of screen test used is to be determined by the Health Care Provider	50 to 64 years who are postmenopausal and have one or more risk factors	Every 2 years
	≥ 65 regardless of risk factors	Every 2 years

Note: Your Health Care Provider will determine the risk factors you may have.

Prostate Cancer Screening (Men Only)

Screening Test	Age & Requirements	Frequency
Rectal Exam and PSA Blood Test	≥ 45 years of age for African American Males or Males with a family history of prostate cancer	Annually
Rectal Exam and PSA Blood Test	≥ 50 years for all Males	Annually for those who have at least a 10 year life expectancy

Colorectal Cancer Screening (All Adults)

Screening includes both Men and Women beginning at age 50.
<p>A Rectal Exam is to be performed by the Health Care Provider along with a chosen test.</p> <ol style="list-style-type: none"> 1. A Fecal Occult Blood Test (FOBT)* or Fecal Immunochemical Test (FIT) every year, or 2. Flexible Sigmoidoscopy every 5 years, or 3. A FOBT or FIT every year plus a Flexible Sigmoidoscopy every 5 years**, or 4. Double Contrast Barium Enema every 5 years, or 5. Colonoscopy every 10 years. <p>*For FOBT, the take-home multiple sample should be used and returned to your Provider's office. **The combination of yearly FOBT or FIT plus Flexible Sigmoidoscopy every 5 years is preferred over either of these options alone.</p> <p>All positive tests should be followed up with Colonoscopy. You should begin colorectal cancer screening earlier and/or undergo screening more often if you have one of the following: strong family history of colon cancer polyps, family history of hereditary colorectal cancer syndromes, personal history of colorectal cancer, or personal history of chronic inflammation bowel disease.</p>