

2007/8 Pediatric Preventive Care Recommendations

Health Maintenance Visit	0–1 (Infancy)	1–4 (Early Childhood)	5–10 (Middle Childhood)	11–17 (Adolescence)	18–21 (Young Adult)
Includes history and physical exam; developmental assessment and anticipatory guidance; behavioral health assessment; and immunizations.	Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months. Assess breastfeeding infants between 3-5 days of age.	Ages 15, 18, and 24 months, and 3 and 4 years.	Annually.	Annually.	Annually.
Routine Labs					
Anemia	Once between ages 9-12 months.	As needed at clinician discretion.		Annually at clinician discretion.	
Blood Pressure	Not routine.	At every routine visit > 3 years of age.			
Body Mass Index (BMI)	Assess growth parameters using height and weight, and head circumference.	Assess growth parameters using height and weight; include head circumference until 2 years of age. Screen annually for healthy weight. Consult the CDC's growth and BMI charts for ages 2-20 years (www.cdc.gov/growthcharts). Screen annually for eating disorders starting in middle childhood.			
Cholesterol	Not routine.	Screen children 2-17 years at least once if they have a family history of premature cardiovascular disease (CVD) or parent with known lipid disorder and/or a parent with BMI >85 percentile.			Screen once if not screened previously.
Lead	Initial screening between ages 9-12 months.	Annually at ages 2 and 3 years. Screen again at age 4 if child lives in a city/town at high risk for childhood lead poisoning.	If never screened, child must be screened at entry to kindergarten.	Not routine.	Not routine.
Urinalysis	Not routine.	Not routine.	Once at age 5 or at clinician discretion.	Not routine.	Not routine.
Sensory Screening					
Hearing	Assess newborn prior to discharge or by 1 month. Subjective assessment at all other routine checkups.	Conduct objective hearing screening at ages 4, 5, 6, 8, 10, 12, 15, and 17. Conduct audiologic monitoring every 6 months until age 3 years if there is a language delay or a risk of hearing loss. Subjective assessment at all other routine checkups.			Not routine.
Vision/Eye Care	Assess newborn prior to discharge. Evaluation by age 6 months.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 17. Screen for strabismus between ages 3 and 5 years. Child must be screened at entry to kindergarten if not screened during the prior year per MA Preschool Vision Screening Protocol.			Not routine.
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV, and Syphilis)	Not routine.	Not routine.	For HPV: counsel on schedule for HPV vaccine.	For chlamydia and gonorrhea: Screen all sexually active patients annually. For syphilis: Screen if at risk. For HPV: counsel on schedule for HPV vaccine.	
Hepatitis C	Not routine.	Test after age 12 months in children with Hepatitis C virus-infected mothers.	Not routine.	Periodic testing of all patients at high risk.	
HIV				Routine/annual testing for all patients at increased risk. Starting at age 13, CDC recommends universal screening.	
Tuberculosis (TB)	Tuberculin skin testing of all patients at high risk.				
Other Screening					
Pelvic Exam/Pap Test	Not routine.	Not routine.	Not routine.	Perform Pap test and pelvic exam at 3 years after first sexual intercourse or by age 21 and thereafter every 1-3 years based on risk factors, at clinician discretion.	
Testicular Exam	Not routine.	Not routine.	Not routine.	Clinical testicular exam and self-exam instruction annually beginning at age 15.	
Clinical Breast Exam	Not routine.	Not routine.	Not routine.	Not routine.	At age 20, perform clinical breast exam and provide self-exam instruction.
General Counseling					
Parents and patients should be periodically screened and counseled as appropriate regarding: infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, physical activity, weight management and eating disorders, safety/injury and violence prevention, motor vehicle injury prevention, family violence/abuse, media exposure, behavioral health, sleep habits, oral care (including dental visits starting no later than the third birthday, earlier for high risk), sun safety, and sexuality.					

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2007 Immunization Schedule	0–1 (Infancy)	1–4 (Early Childhood)	5–10 (Middle Childhood)	11–17 (Adolescence)	18–21 (Young Adult)
Immunizations (routine schedule only, refer to Massachusetts DPH for catchup immunization schedule.)					
Hepatitis B	3 doses routinely recommended at birth and ages 1-2 months and 6-18 months (the last dose in the infant series should not be given earlier the 24 weeks of age).				
Diphtheria, Tetanus, Acellular Pertussis (DTaP), Tetanus, Diphtheria, Acellular Pertussis (Tdap) and Tetanus, Diphtheria (Td)	5 doses of DTaP routinely recommended at ages 2, 4, and 6 months; 15-18 months; and 4-6 years.			A single dose of Tdap routinely recommended at age 11-12 years; a single dose for 13-18 year olds if not previously vaccinated with Tdap. For those who have never been vaccinated, one dose of Tdap and 2 doses of Td should be used to complete the primary series (if possible, the first dose should be Tdap, but any sequence is acceptable).	
Haemophilus Influenzae Type B (Hib)	4 doses routinely recommended at ages 2, 4, and 6 months and 12-15 months.		One dose for high-risk children ≥ 5 years of age.		
Inactivated Polio (IPV)	4 doses routinely recommended at ages 2 and 4 months; 6-18 months; and 4-6 years.				
Measles, Mumps, and Rubella (MMR)	2 doses routinely recommended at ages 12-15 months and 4-6 years. Second dose may be given earlier as long as it is at least 4 weeks after the first dose.				
Pneumococcal Conjugate (PCV)	4 doses routinely recommended at ages 2, 4, and 6 months and 12-15 months. For children aged 24-59 months, administer PCV for those incompletely vaccinated, particularly those at high risk.		Not routinely recommended for children aged ≥ 5 years. High-risk children should receive PPV according to guidelines.		
Pneumococcal Polysaccharide (PPV)	For high-risk children ≥ 2 years of age.				
Varicella (chickenpox)	2 doses routinely recommended at 12-15 months and 4-6 years. Second dose may be given earlier as long as it is at least 4 weeks after the first dose.				
Meningococcal Conjugate (MCV4) and Meningococcal Polysaccharide (MPSV4). MCV4 is preferred; MPSV4 is acceptable.	1 dose for children aged 2-10 years at elevated risk			1 dose routinely recommended at age 11-12 years; 1 dose for 13-18 year olds if not previously vaccinated; 1 dose for college freshmen living in dormitories; 1 dose for children at elevated risk; 1 dose, if needed, for other school/college entry requirements.	
HPV				3 doses routinely recommended for females at 11-12 years of age. Second dose 2 months after the first dose, third dose 6 months after the first dose.	
Hepatitis A	2 doses routinely recommended for all children 12-23 months of age. Second dose 6 months after the first.				
Influenza Trivalent inactivated influenza vaccine (TIV)-licensed for children aged ≥ 6 months; Live attenuated influenza vaccine (LAIV) –licensed for healthy individuals aged 2-49 years	Annually for healthy children ages 6-59 months and high-risk children ≥ 6 months; and can be considered for all healthy children ≥ 5 years of age to reduce their risk. Children < 9 years receiving influenza vaccine for the first time should receive 2 doses (separated by ≥ 4 weeks)				

Jan. 2008 *This summary represents a compilation of evidence-based recommendations from national agencies, reviewed by a collaborative working group of clinicians and endorsed by leading health care organizations in Massachusetts. These guidelines are intended as quality practice recommendations. They are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence. We acknowledge the efforts of the Publications Unit in the Office of MassHealth Operations for design and editorial assistance.*