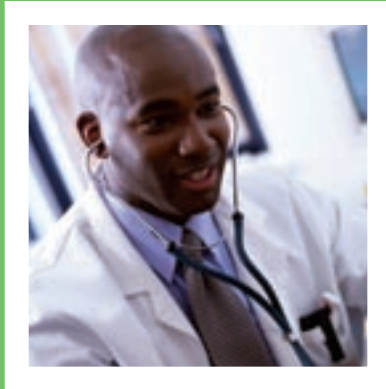




A guide to staying healthy

2009 Preventive Health
Care Guidelines



Preventive health care is an important part of staying healthy. That's why we recommend these guidelines for screenings, immunizations and physical examinations regardless of your health status.

These guidelines show the suggested services that your doctor may perform for various age groups during a routine physical exam. A preventive examination may include other services and screenings not included in these guidelines when your doctor finds them necessary.

These guidelines are not intended to provide member information on Priority Health benefits or coverage. Please refer to your coverage documents for benefits. We encourage you to review these guidelines and discuss any questions you may have with your doctor.

We also encourage you to adopt healthy behaviors, which can add years to your life and life to your years:

- Maintain a healthy weight
- Make healthy food choices, including fruits, vegetables and fiber
- Avoid too many fatty foods in your diet
- Eat at routine meal times
- Exercise at least 30 minutes a day
- Stop using tobacco products

Birth to 24 months*



Physical exam frequency:

All newborns should be evaluated two to three days after discharge.

Well-child visits: six visits at 2, 4, 6, 9, 12 and 15 months of age.

1 to 2 years: two visits at 18 and 24 months.

| Clinical screenings | |
|---|--|
| Physical assessment with height, weight | During physical exam |
| Developmental screening | At ages 9 and 18 months |
| Autism screening | At 18 months |
| Hemoglobin and hematocrit | Once during infancy |
| Lead poisoning screening | Risk assessment for lead exposure between ages 6 and 12 months and again at age 24 months. Blood test for those identified as high risk.* |
| Newborn hearing screening | Once at birth |
| Tuberculin skin test (PPD) | Recommended for those identified as high risk.* |
| Prevention of dental cavities | Prescribe oral fluoride supplementation to children older than age 6 months if primary water source is deficient. Dental referral to begin at age 12 months. |

| Immunizations | |
|--|---|
| Diphtheria and tetanus toxoids and acellular pertussis (DTaP) [DTaP is the preferred vaccine for all doses in the series.] | At ages 2, 4, 6 and 18 months. The fourth dose may be given as early as 12 months, if six months have elapsed since the third dose and the child is considered unlikely to return at age 15 to 18 months. |
| Inactivated poliovirus (IPV) | At ages 2, 4 and 6 to 18 months. |
| Measles, mumps and rubella (MMR) | Two vaccinations, the first at ages 12 to 15 months. MMR vaccinations should never be given less than one month apart. |
| Haemophilus influenzae type b (Hib) conjugate vaccine | At ages 2, 4 and 6 months and once between ages 12 and 18 months. Combination vaccine products may reduce the number of doses required. |
| Hepatitis B (HepB) | Three doses in the first 18 months. (First dose of Hep B to be administered to all newborns before leaving the hospital.) |
| Varicella (Var) | One vaccination between ages 12 and 18 months. Children between ages 19 months and 12 years can get one dose if they have no history of varicella. |
| Influenza | For healthy children ages 6-59 months, two doses separated by four weeks if receiving for the first time. |
| Pneumococcal | For all children ages 23 months and younger, four doses at 2, 4, 6 and 12 to 15 months. |
| Rotavirus (Rota) | At 2, 4 and 6 months |
| Hepatitis A (HepA) | Two doses at least six months apart at ages 12 to 23 months |

*For physician use only: Specific EPSDT requirements may vary from the guidelines. Please refer to the online Provider Manual to review the EPSDT periodicity chart for the mandated health screening program for Medicaid recipients younger than age 21.

2 to 6 years*

Physical exam frequency: Routine visit at 30 months.

One visit every 12 months for ages 3 to 6.



| Clinical screenings | |
|--|--|
| Blood pressure (beginning at age 3), height, weight and physical assessment | During physical exam |
| Developmental screening | At 30 months |
| Autism screening | At 24 months |
| BMI percentile | To begin at age 2. Include counseling for nutrition and physical activity. |
| Vision screening | Once between ages 2 and 4 |
| Hearing screening | Once between ages 2 and 6 |
| Lead poisoning screening | Risk assessment for lead exposure. Blood test for those identified as high risk.* |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Dyslipidemia screening (risk assessment based on family history and physical exam) | Assessment at 2, 4 and 6 years. (Routine lab testing not recommended, but may be done for children identified as high risk.) |
| Prevention of dental cavities | Prescribe oral fluoride supplementation if primary water source is deficient. Dental referral at ages 3 and 6 years. |

| Immunizations | |
|---|--|
| Diphtheria and tetanus toxoids and acellular pertussis (DTaP) | Once between ages 4 and 6 |
| Inactivated poliovirus (IPV) | Once between ages 4 and 6 |
| Measles, mumps and rubella (MMR) | Second vaccine given between ages 4 and 6. (See previous page for first vaccine.) MMR vaccines should never be given less than one month apart. |
| Hepatitis B (HepB) | May begin three-dose series if not vaccinated in infancy. |
| Varicella (Var) | Second dose at 4 to 6 years. |
| Influenza | Annually. Two doses separated by four weeks if receiving influenza for the first time. |
| Pneumococcal | Ages 2 to 6: a single dose, if not immunized previously for healthy children. One additional dose for children with underlying medical conditions who have already received three doses. |
| Hepatitis A (HepA) | At physician discretion: two doses at least 6 months apart if not vaccinated previously and at high risk. |
| Meningococcal | One dose for ages 2 to 10 if high risk |

7 to 12 years*

Physical exam frequency

Ages 7 to 10: one visit every 12-24 months

Ages 11 to 12: one visit

Health Guidance

One visit every 12 months for anticipatory guidance (development, healthy lifestyle choices, etc.) at the discretion of the physician.

| Clinical screenings | |
|--|---|
| Blood pressure, height and weight, physical assessment and BMI percentile | During physical exam. BMI percentile: Include counseling for nutrition and physical activity. |
| Hearing screening | Every two years |
| Dyslipidemia screening (risk assessment based on family history and physical exam) | Assessment at ages 8 and 10, then annually. (Routine lab testing not recommended. May be done for children at high risk.) |
| Urinalysis | Once between ages 11 and 21 |
| Vision screening | Once between ages 7 and 12 |
| Hemoglobin and hematocrit | Once between ages 11 and 21 |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Prevention of dental cavities | Prescribe oral fluoride supplementation if primary water source is deficient. |
| Tobacco use | All adolescents |
| Alcohol/drug misuse | All adolescents |

| Immunizations | |
|--|--|
| Measles, mumps and rubella (MMR) | Two doses if not vaccinated previously or no history of disease. |
| Hepatitis B (HepB) | May begin three-dose series if not vaccinated in infancy. |
| Tetanus, diphtheria and acellular pertussis (Tdap) | Ages 11-12: A single dose of Tdap instead of Td for booster immunization. (Subsequent Td every ten years) |
| Varicella (Var) | Two-dose series at least four weeks apart (if no history of varicella and no previous vaccination). |
| Influenza | Annually. For children aged < 9 years, give two doses if receiving influenza for the first time (four-week interval). |
| Pneumococcal | For high risk* groups |
| Hepatitis A (HepA) | At physician discretion: Two doses for all children and adolescents up to six months apart if not vaccinated previously and high risk. |
| Meningococcal | Between 11-12 years. |
| Human Papillomavirus (HPV) | Three-dose series at age 11-12 years on a zero, two and six-month schedule. Minimum spacing: Four weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3. |

13 to 18 years*

Physical exam frequency: Annually

Health Guidance

One visit yearly for anticipatory guidance (injury prevention, seat belt use, substance or tobacco use, STI/HIV, etc.) at the discretion of the physician.

| Clinical screenings | |
|--|--|
| Chlamydia and Gonorrhea screening (STIs) | All sexually active women to be screened for STIs |
| HIV screening | Annually for adolescents and adults at high risk* |
| Cervical cancer screening (females) | Start screening within three years of beginning sexual activity. |
| Hearing screening | Every three years |
| Height, weight, BMI percentile and blood pressure | During physical exam; nutrition and physical activity counseling for those identified as high risk* |
| Dyslipidemia screening (risk assessment based on family history and physical exam) | Assessment annually. (Routine lab testing not recommended. May be done for children at high risk.) |
| Urinalysis | Once between ages 11 and 21 |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Hemoglobin and hematocrit | Once between ages 11 and 21; annually for menstruating adolescents |
| Depression screening | During physical exam (18 and older) |
| Tobacco use | During each visit |
| Alcohol/drug misuse | During each visit |
| Prevention of dental cavities | Prescribe oral fluoride supplementation to children through age 16 if primary water source is deficient. |

| Immunizations | |
|---|---|
| Tetanus, diphtheria and acellular pertussis (Td/Tdap) | Every ten years. (One dose of Tdap if pertussis booster was not received previously.) |
| Measles, mumps and rubella (MMR) | Two doses if not vaccinated previously or no history of disease |
| Hepatitis B (HepB) | May begin three dose series if not previously vaccinated |
| Varicella (Var) | Two-dose series at least four weeks apart if no history of varicella and no previous vaccination |
| Influenza | Annually |
| Pneumococcal | For high risk* groups |
| Hepatitis A (HepA) | Two doses for all adolescents up to age 18. |
| Meningococcal | One dose if not vaccinated previously. |
| Human Papillomavirus (HPV) | Three-dose series for ages 13-18 on a zero, two and six-months schedule if no previous vaccination. Minimum spacing: 4 weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3. |

19 to 39 years*

Physical exam frequency

Ages 19 to 21: One visit every two to three years; annually if desired. Ages 22 to 39: One visit every 24 months; annually if desired.

Health Guidance

Ages 19 to 21: one visit annually for anticipatory guidance (tobacco use, alcohol misuse, diet, exercise, family and intimate partner violence, breast self exam, etc.) at the discretion of the physician.

| Clinical screenings | |
|--|--|
| Depression screening | During physical exam |
| Tobacco use | During each visit |
| Alcohol/drug misuse | During each visit |
| Chlamydia and Gonorrhea screening (STIs) | All sexually active women to be screened for STIs |
| HIV screening | Annually for adolescents and adults at high risk* |
| Cervical cancer screening (women) | Start screening within three years of beginning sexual activity or at age 21, whichever is first. Annual screening up to age 30. For ages 30 and older, screening every two to three years. |
| Height, weight, BMI and blood pressure | During physical exam; nutrition and physical activity counseling for those identified as high risk.* |
| Dyslipidemia screening (risk assessment based on family history and physical exam) | Assessment annually through age 21. For all adults ages 20 and older, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years. |
| Hemoglobin and hematocrit | Once every two years |
| Tuberculin skin test (PPD) | For those identified as high risk* |

| Immunizations | |
|---|---|
| Tetanus, diphtheria and pertussis (Td/Tdap) | Every ten years. (One dose of Tdap if pertussis booster was not received previously.) |
| Measles, mumps and rubella (MMR) | One to two doses if not vaccinated previously or no history of disease. |
| Hepatitis A (HepA) | For high risk* groups |
| Hepatitis B (HepB) | For high risk* groups |
| Varicella (Var) | Two dose series at least four weeks apart if no history of varicella and no previous vaccination. |
| Influenza | Annually |
| Pneumococcal | For high risk* groups |
| Meningococcal | Ages 19-24: One dose if not vaccinated previously. |
| Human Papillomavirus (HPV) | Three-dose series for ages 19-26 on a zero, two and six-months schedule if no previous vaccination. Minimum spacing: 4 weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3. |

40 to 64 years*



One annual visit for anticipatory guidance for menopause counseling, vision/glaucoma check, breast self exam, glucose checks and family and intimate partner violence.

Physical exam frequency

One visit every 24 months; annually if desired.

| Clinical screenings | |
|---|---|
| Depression screening | During physical exam |
| Tobacco use | During each visit |
| Alcohol misuse | During each visit |
| Height, weight, BMI and blood pressure | During physical exam; nutrition and physical activity counseling for those identified as high risk.* |
| Diabetes screening | Every three years in adults with hypertension or hyperlipidemia beginning at age 45. |
| Dyslipidemia screening | For all adults, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years. |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Hemoglobin and hematocrit | Once every two years |
| Mammogram (women) | Ages 40 to 49, every one to two years; ages 50 and older, annually |
| Cervical cancer screening (women) | Every two to three years |
| Chlamydia and Gonorrhea screening (STIs) | All sexually active women to be screened for STIs |
| HIV screening | Annually for adults at high risk* |
| Colorectal cancer screening | Beginning at age 50, one of the following screening options: <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Fecal occult blood testing annually and flexible sigmoidoscopy every five years • Double-contrast barium enema every five years • Colonoscopy every ten years <p><i>Those with a family history (first degree relative) of colorectal cancer, or adenomatous polyps; begin screening at age 40 or ten years before the youngest case in the immediate family. Colonoscopy every five years.</i></p> |
| Osteoporosis risk factor assessment (women) | Once every two years as part of the physical exam (does not include bone density test) |

| Immunizations | |
|---|---|
| Tetanus, diphtheria and pertussis (Td/Tdap) | Every ten years (Give one dose of Tdap if pertussis booster was not received previously.) |
| Hepatitis A (HepA) and Hepatitis B (HepB) | For high risk groups |
| Varicella (Var) | Two dose series at least four weeks apart if no history of varicella or previous vaccination. |
| Influenza | Annually |
| Pneumococcal | For high risk groups |
| Zoster (Shingles) | One dose at age 60 and older. |
| Meningococcal | For high risk groups |
| MMR | For high risk groups |

65 years and older*



One visit annually for vision/glaucoma check, STI/HIV counseling, screen for tobacco use, alcohol misuse and family and intimate partner violence.

Physical exam frequency:

One visit every 24 months; annually if desired.

| Clinical screenings | |
|---|--|
| Depression screening | During physical exam |
| Tobacco use | During each visit |
| Alcohol/drug misuse | During each visit |
| Height, weight, BMI and blood pressure | During physical exam; nutrition and physical activity counseling for those identified as high risk* |
| Lipoprotein screening | For all adults, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years. |
| Diabetes screening | Once every three years |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Hemoglobin and hematocrit | Once every two years |
| Mammogram (women) | Annually |
| Cervical cancer screening (women) | Every two to three years. Suggest stopping at age 70 if three or more normal Pap tests in a row, no abnormal Pap test in previous ten years and not at high risk.* |
| Chlamydia and Gonorrhea screening (STIs) | All sexually active women to be screened for STIs |
| HIV screening | Annually for adults at high risk* |
| Colorectal cancer screening | <p>One of the following screening options:</p> <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Fecal occult blood test annually and flexible sigmoidoscopy every five years • Double-contrast barium enema every five years • Colonoscopy every ten years <p><i>Those with a family history of colorectal cancer, or adenomatous polyps; colonoscopy every five years</i></p> |
| Osteoporosis risk factor assessment (women) | Routine beginning at age 65 (does not include bone density test) |
| Abdominal aortic aneurysm screening (men) | Between ages 65 and 75 who have ever smoked, a one-time screening for abdominal aortic aneurysm. |

continued >

| Clinical screenings | |
|---|--|
| Depression screening | During physical exam |
| Tobacco use | During each visit |
| Alcohol/drug misuse | During each visit |
| Height, weight, BMI and blood pressure | During physical exam; nutrition and physical activity counseling for those identified as high risk* |
| Lipoprotein screening | For all adults, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years. |
| Diabetes screening | Once every three years |
| Tuberculin skin test (PPD) | For those identified as high risk* |
| Hemoglobin and hematocrit | Once every two years |
| Mammogram (women) | Annually |
| Cervical cancer screening (women) | Every two to three years. Suggest stopping at age 70 if three or more normal Pap tests in a row, no abnormal Pap test in previous ten years and not at high risk.* |
| Chlamydia and Gonorrhea screening (STIs) | All sexually active women to be screened for STIs |
| HIV screening | Annually for adults at high risk* |
| Colorectal cancer screening | <p>One of the following screening options:</p> <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Fecal occult blood test annually and flexible sigmoidoscopy every five years • Double-contrast barium enema every five years • Colonoscopy every ten years <p><i>Those with a family history of colorectal cancer, or adenomatous polyps; colonoscopy every five years</i></p> |
| Osteoporosis risk factor assessment (women) | Routine beginning at age 65 (does not include bone density test) |
| Abdominal aortic aneurysm screening (men) | Between ages 65 and 75 who have ever smoked, a one-time screening for abdominal aortic aneurysm. |

| Immunizations | |
|---|---|
| Tetanus, diphtheria and pertussis (Td/Tdap) | Every ten years (Give one dose of Tdap if pertussis booster was not received previously.) |
| Hepatitis A (HepA) | For high risk* groups |
| Hepatitis B (HepB) | For high risk* groups |
| Varicella (Var) | Two dose series at least four weeks apart if no history of varicella or previous vaccination. |
| Influenza | Annually |
| Pneumococcal | Once after age 65 |
| Zoster (Shingles) | One dose at age 60 and older |
| Meningococcal | If high risk |
| MMR | If high risk |

**The Preventive Health Care Guidelines were developed and approved
by Priority Health network physicians.**

References:

American Academy of Family Physicians

American Academy of Pediatrics

American Cancer Society

American College of Obstetricians and Gynecologists

American College of Physicians

American Medical Association

National Cancer Institute

U.S. Preventive Services Task Force, U.S. Public Health Service

Go to www.ahrq.gov/clinic/prevenix.htm for a complete list of evidence-based preventive services and risk factors from USPSTF



Life just got a little easier.®