

Health Maintenance Visit	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65 + Years
<b>Includes initial/interval history, age-appropriate physical exam; preventive screenings and counseling; assessment and administration of needed immunizations.</b>	Annually for ages 18-21.  Every 1-3 years depending on risk factors.	Every 1-3 years depending on risk factors.	Every 1-3 years depending on risk factors.	Annually.	Annually.
<b>Cancer Screening</b>					
<b>Breast Cancer</b>	Starting at age 20, clinical breast exam and counsel on benefits and limitations of self-exam instruction. Mammography for patients at high risk.		Clinical breast exam and counsel on benefits and limitations of self-exam instruction. Conduct mammography every two years at discretion of clinician/patient.	Clinical breast exam and counsel on benefits and limitations of self-exam instruction. Conduct mammography every two years.	Clinical breast exam and counsel on benefits and limitations of self-exam instruction. Conduct mammography every two years through age 74; $\geq$ 75 at clinician/patient discretion.
<b>Cervical Cancer (Pap Test and Pelvic Exam)</b>	Initiate Pap test and pelvic exam at age 21, or earlier at physician/patient discretion. Perform every two years through age 29.	Preform every 1-3 years at clinician discretion.			
<b>Colorectal Cancer</b>	Not routine except for patients at high risk.			Colonoscopy at age 50 and then every 10 years, <b>or</b> annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, <b>or</b> double-contrast barium enema every 5 years <b>or</b> annual FOBT. Screening after age 75 at clinician/patient discretion.	
<b>Testicular Cancer</b>	Clinical testicular exam and counsel on benefits and limitations of self-exam instruction.				
<b>Prostate Cancer</b>			Digital Rectal Exam (DRE) for patients at high risk for prostate cancer. Offer PSA screening at clinician/ patient discretion.		
<b>Skin Cancer</b>	Periodic total skin exams every 3 years between the ages of 20 and 39 and annually age 40 and older. Frequency at clinician discretion based on risk factors.				
<b>Other Recommended Screening</b>					
<b>Body Mass Index (BMI)</b>	Screen for obesity. Consult the CDC's growth and BMI charts ( <a href="http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm">www.cdc.gov/nccdphp/dnpa/bmi/index.htm</a> ). Ask about body image and dieting patterns.				
<b>Hypertension</b>	At every acute/nonacute medical encounter and at least once every 2 years.				
<b>Cholesterol</b>	Screen if not previously tested. Screen every 5 years with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride).				
<b>Diabetes (Type 2)</b>	Screen every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if risk factors are present.				
<b>Infectious Disease Screening</b>					
<b>Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV)</b>	For chlamydia and gonorrhea: Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk. For syphilis: Screen if at risk. For HPV: If age 26 and under and not previously vaccinated, counsel patients regarding the schedule for HPV vaccine.				
<b>HIV</b>	Routine/annual testing of all patients at increased risk. Starting at age 13, CDC recommends universal screening.				
<b>Hepatitis C</b>	Periodic testing of all patients at high risk.				
<b>Tuberculosis (TB)</b>	Tuberculin skin testing of all patients at high risk.				
<b>Sensory Screening</b>					
<b>Eye Exam for Glaucoma</b>	At least once for patients with no risk factors. Every 3-5 years in high-risk patients.		Every 2-4 years.	Every 2-4 years.	Every 1-2 years.
<b>Hearing and Vision Assessment</b>	Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.				

General Counseling					
All patients should be periodically screened and counseled as appropriate regarding: depression/suicide, alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, preconception counseling, physical activity, infectious diseases/STIs, safety/injury and violence prevention, family violence/abuse, skin cancer, menopause management, osteoporosis, and dementia/cognitive impairment.					
2010 Immunization Schedule	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65 + Years
<b>Tetanus, Diphtheria, Pertussis (Td/Tdap)</b>	For adults < 65 years of age not previously vaccinated with Td: 1 dose of Tdap, followed by 2 doses of Td. Td booster every 10 years. For adults < 65 years of age who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.			For adults ≥ 65 years of age: 3 doses of Td if not previously immunized. Td booster every 10 years	
<b>Human papillomavirus (HPV)</b>	3 doses for unvaccinated female adults aged ≤ 26 years.				
<b>Measles, Mumps, and Rubella (MMR)</b>	≥ 1 dose if born ≥ 1957 and no documentation of vaccination and no laboratory evidence of immunity to measles, mumps and rubella; 2 doses, second dose ≥ 4 weeks after first dose, if 1) in a measles or mumps outbreak; 2) previously vaccinated with killed measles vaccine; 3) vaccinated with unknown type of vaccine 1963-1967; 4) student in post-secondary institutions; 5) worker in a health care setting; or 6) plan to travel internationally.			All health care workers born < 1957: 1 dose	
<b>Varicella (Chicken Pox)</b>	2 doses administered 4-8 weeks apart, if not previously immunized and no history of chicken pox or shingles, or if at high risk.				
<b>Influenza</b>	1 dose annually for all adults.				
<b>Pneumococcal (Polysaccharide)</b>	1 dose if at risk and not previously immunized. Revaccinate once after 5 years for persons with chronic renal or nephrotic syndrome; asplenia; sickle cell disease; or immunosuppressive disorders.				1 dose after 65 years of age, even if vaccinated before 65 years of age.
<b>Hepatitis B</b>	3 doses if at risk and not previously immunized.				
<b>Hepatitis A</b>	2 doses if at risk and not previously immunized.				
<b>Meningococcal Conjugate Vaccine (MCV4)</b>	1 dose for: 1) college freshmen living in dormitories; 2) laboratory workers routinely exposed to <i>Neisseria meningitidis</i> ; 3) adults with asplenia or terminal complement component deficiency; 4) military recruits; 5) travelers to sub-Saharan Africa (Dec –Jun), or to Mecca during annual Hajj. Consider for persons with HIV.  Revaccination 3-5 years after first dose may be indicated for adults previously vaccinated with MPSV4 who remain at risk. Currently, only a single dose of MCV4 is recommended. The need for boosters after a dose of MCV4 has not been determined.				
<b>Meningococcal Polysaccharide (MPSV4)</b>	Adults ≤ 55 years of age: MCV4 preferred, MPSV4 acceptable.			Adults > 55 years of age: MPSV4 is the only licensed product for this age group.	
<b>Zoster</b>				1 dose for all adults aged ≥ 60 years, regardless of history of herpes zoster.	

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# 2010/11 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)
<b>Includes history and physical exam; developmental assessment and anticipatory guidance; behavioral health assessment; and immunizations.</b>	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.
<b>Routine Labs</b>					
<b>Anemia</b>	Once between ages 9-12 months.	As needed at clinician discretion.		Annually at clinician discretion.	
<b>Blood Pressure</b>	Not routine.	At every routine visit > 3 years of age.			
<b>Body Mass Index (BMI)</b>	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 ( <a href="http://www.cdc.gov/growthcharts">www.cdc.gov/growthcharts</a> ). Screen annually for eating disorders starting in middle childhood.			
<b>Cholesterol</b>	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.
<b>Lead</b>	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.
<b>Urinalysis</b>	Not routine.	Not routine.	Once at age 5 or at clinician discretion.	Not routine.	Not routine.
<b>Sensory Screening</b>					
<b>Hearing</b>	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, and 10. 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.			Conduct at clinician discretion.
<b>Vision/Eye Care</b>	Assess newborn prior to discharge. Evaluation by age 6 months.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, and 15. 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.			Visual acuity test at age 18
<b>Infectious Disease Screening</b>					
<b>Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV, and Syphilis)</b>	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.	
<b>Hepatitis C</b>	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.	
<b>HIV</b>				Routine/annual testing for all patients at increased risk. Starting at age 13, CDC recommends universal screening.	
<b>Tuberculosis (TB)</b>	Tuberculin skin testing of all patients at high risk.				
<b>Other Screening</b>					
<b>Pelvic Exam/Pap Test</b>	Not routine.	Not routine.	Not routine.	Not routine.	Initiate Pap test and pelvic exam at age 21, or earlier at physician/patient discretion.
<b>Testicular Exam</b>	Not routine.	Not routine.	Not routine.	Clinical testicular exam and counsel on benefits and limitations of self-exam instruction beginning at age 15.	
<b>Clinical Breast Exam</b>	Not routine.	Not routine.	Not routine.	Not routine.	At age 20, perform clinical breast exam and counsel on the benefits and limitations of breast self-exam.

General Counseling	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-17 (Adolescence)	18-21 (Young Adult)
Parents and patients should be periodically screened and counseled as appropriate regarding: newborn metabolic screening, 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.					
<b>2010 Immunization Schedule</b> <b>Immunizations (routine schedule only, refer to Massachusetts DPH for catchup immunization schedule.)</b>					
<b>Hepatitis B</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).				
<b>Diphtheria, Tetanus, Acellular Pertussis (DTaP), Tetanus, Diphtheria, Acellular Pertussis (Tdap) and Tetanus, Diphtheria (Td)</b>	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).	
<b>Haemophilus Influenzae Type B (Hib)</b>	4 doses routinely recommended at ages 2, 4, and 6 months and 12-15 months.		One dose for high-risk children $\geq$ 5 years of age.		
<b>Inactivated Polio (IPV)</b>	4 doses routinely recommended at ages 2 and 4 months; 6-18 months; and 4-6 years.				
<b>Measles, Mumps, and Rubella (MMR)</b>	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.				
<b>Pneumococcal Conjugate (PCV)</b>	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 $\geq$ 5 years. High-risk children should receive PPV according to guidelines.		
<b>Pneumococcal Polysaccharide (PPV)</b>	For high-risk children $\geq$ 2 years of age.				
<b>Varicella (chickenpox)</b>	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.				
<b>Meningococcal Conjugate (MCV4) and Meningococcal Polysaccharide (MPSV4).</b> 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.		
<b>HPV</b>				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.	
<b>Hepatitis A</b>	2 doses routinely recommended for all children 12-23 months of age. Second dose 6 months after the first.				
<b>Influenza</b> Trivalent inactivated influenza vaccine (TIV) licensed for children aged $\geq$ 6 months; live attenuated influenza vaccine (LAIV) licensed for healthy individuals aged 2-49 years	One dose annually for all children 6 months through 18 years old. Children $<$ 9 years receiving influenza vaccine for the first time should receive 2 doses (separated by $\geq$ 4 weeks)				

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