



2011 Pediatric Preventive Health Care Guidelines

Birth to 30 months

Physical exam frequency – All newborns should be evaluated two to three days after discharge.

Well-child visits: 2, 4, 9, 12 and 15 months of age. 1 to 2 years: two visits at 18 and 24 months.

Clinical Screening ^{1,3}	
Physical assessment with height, weight	During physical exam.
Developmental screening	At ages 9,18 and 30 months.
Developmental surveillance	Newborn up to 6,12,15 and 24 months.
Psychosocial/behavioral assessment	Newborn up 19 years of age annual.
Autism screening	At 18 and 24 months.
Hemoglobin and Hematocrit	At ages 12 months.
*Sickle Cell Disease, Newborns ³	Recommends screening for sickle cell disease in all newborns.
*Thyroid Function abnormalities, Newborns ³	Recommends ordering screening test for thyroid function abnormalities in neonates. (1996)
Lead poisoning screening	Risk assessment for lead exposure between ages 6, 9, 12, 24 months and again at age 30 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.
*Dental Caries, Fluoride Supplementation ³	Recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply. (less than 0.6ppm). (2004)

*Immunizations ²	
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 vaccines should never be given less than one month apart. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
*Haemophilus influenza type b (Hib) conjugate vaccine	At ages 2,4 and 6 months and once between ages 12 to 15 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. Infants who did not receive a birth dose should receive 3 doses of Hep B on a schedule of 0,1,6 months)
*Varicella (Var)	One vaccination between 12 and 15 months. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
*Influenza H1N1 – Annually	For healthy children ages 6-59 months, two doses separated by four weeks if receiving for the first time. LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.

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*Pneumococcal	For all healthy children ages 15 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.

2 to 6 years

Physical exam frequency – Routine visit at 30 months. One visit every 12 months for ages 3 to 6

Clinical screenings ^{1,3}	
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.
Hemoglobin and Hematocrit	At 3 years up to age 19 annual only if at risk.
Developmental surveillance	At 3 years up to 19 years annual.
Psychosocial/behavioral assessment	Newborn up 19 years of age annual.
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)	Assessment at 2, 3, and 4 years and every year if at risk. (Routine lab testing not recommended, but may be done for children identified as high risk)
Dyslipidemia screening (risk assessment based on family history and physical exam)	Assessment at 2, 4, and 6, 8 10 years and 11-19 for children at high risk. (Routine lab testing not recommended, but may be done for children identified as high risk.)
*Dental Caries, Fluoride Supplementation ³	Recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply. (less than 0.6ppm). (2004)

Immunizations ²	
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. 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 4 to 6 years.
Influenza	Annually. Two doses separated by four weeks if receiving influenza for the first time.
*H1N1	Children aged 6 months through 8 years who received no doses of monovalent vaccine.
Pneumococcal	Ages 2 to 6: 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	Administer 2 doses of MCV4 at least 8 weeks apart for ages 2 to 10 if high risk.

7 to 12 years

- 1) 2008 American Academy of Pediatrics
- 2) 2011 Centers for Disease & Control Vaccines Immunization Schedules
- 3) 2011 American Academy of Family Physicians

Physical exam frequency – Ages 7 to 10: One visit 12-24 months. Ages 11 to 12: One visit annually.

Clinical screening ^{1,3}	
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
*Dental Caries, Fluoride Supplementation ³	Recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply. (less than 0.6ppm) (2004)
Psychosocial/behavioral assessment	Newborn up 19 years of age annual.
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)
*Cervical Dysplasia Screening	All adolescents girls should have a screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21. (whichever comes first)
*Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents	Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents.(2005)
*Neural tube defects, Prevention, Folic Acid Supplementation, Women ³	Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009)
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.
*Dental Caries, Fluoride Supplementation ³	Recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply. (less than 0.6ppm) (2004)
Tobacco use	All adolescents at risk age 11-19.
Depression screening	All adolescents at risk age 11-19.
Depression screening	During physical exam age 11-19.
Alcohol/drug misuse	All adolescents at risk age 11-19.
Immunizations ²	
Measles, mumps and rubella (MMR)	Two doses if not vaccinated previously or not 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)	For persons aged 7 through 12 years the recommended minimum interval between doses is 3 months. Two-dose series at least for 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). For healthy nonpregnant persons aged 7 through 12 years.
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 with a booster dose at age.
*Human Papillomavirus (HPV) Both females & males	HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts. Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose)

1) 2008 American Academy of Pediatrics
 2) 2011 Centers for Disease & Control Vaccines Immunization Schedules
 3) 2011 American Academy of Family Physicians

13 to 19 years

Physical exam frequency – Annually

Clinical screenings ^{1, 2,3}	
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 with Pap test 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)
*Cervical Dysplasia Screening	All adolescents girls should have a screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
*Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents	Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents.(2005)
*Neural tube defects, Prevention, Folic Acid Supplementation, Women ³	Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009)
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.
Psychosocial/behavioral assessment	Newborn up 19 years of age annual.
Depression screening	During physical exam.
Tobacco use	During each visit.
Alcohol/drug misuse	During each visit.
*Dental Caries, Fluoride Supplementation ³	Recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply. (less than 0.6ppm) (2004)
Safety, injury prevention, sexually transmitted infections	Anticipatory guidance of physician discretion.
Immunizations ²	
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. The minimum interval between the 2 doses of MMR is 4 weeks.
Hepatitis B (Hep B)	May begin three dose series if not previously vaccinated.
*Varicella (Var)	For persons aged 13 years and older, the recommended minimum interval between doses is 4 weeks. Two-dose series at least four weeks apart (if no history of varicella and no previous vaccination.
*Influenza	Annually. For children aged 13-19 years, give two doses if receiving influenza for the first time (four-week interval). For healthy non-pregnant persons aged 13 through 19 years.
*Human Papillomavirus (HPV) Both females & males	HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts. Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose. (at least 24 weeks after the first dose)
Pneumococcal	For high risk groups.
*Hepatitis A (HepA)	Two doses 6 months apart for all adolescents up to age 19.
*Meningococcal	Administer one dose at age 13 through 19 years if not vaccinated previously. Administer one dose to previously unvaccinated college freshman living in a dormitory. If received first dose

1) 2008 American Academy of Pediatrics

2) 2011 Centers for Disease & Control Vaccines Immunization Schedules

3) 2011 American Academy of Family Physicians

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	between ages 13-15 should receive a booster dose between age 16-18.
<p>Websites: American Academy of Pediatrics http://practice.aap.org/content.aspx?aid=1599 Immunization Schedules http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable American Academy of Family Physicians http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/February2011CP_S03142011.pdf</p>	
*Reflects changes from 2010 to 2011	

- 1) 2008 American Academy of Pediatrics
- 2) 2011 Centers for Disease & Control Vaccines Immunization Schedules
- 3) 2011 American Academy of Family Physicians