

When it comes to your health, some things are beyond your control. But one thing you can control is whether or not to visit your doctor for routine immunizations and testing. These “preventive” visits are important because they promote early detection of illness or disease before it becomes serious. At ConnectiCare, we encourage you to review these guidelines closely and keep them handy—for years of good health.

## CHILDREN & TEENS Immunizations and Testing

**Routine Physical Exam:** ■ Under age 3 – Newborn; 3-5 days; 1 month; and at months 2, 4, 6, 9, 12, 15, 18, 24, 30  
■ 3-21 years: Annual

### RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 0–6 YEARS

VACCINE ▼	AGE ►	Birth	1 mo.	2 mo.	4 mo.	6 mo.	12 mo.	15 mo.	18 mo.	19-23 mo.	2-3 yr.	4-6 yr.
HEPATITIS B	HepB		HepB			HepB						
ROTAVIRUS				RV	RV	RV						
DIPHTHERIA, TETANUS, PERTUSSIS				Dtap	Dtap	Dtap		Dtap				Dtap
HAEMOPHILUS INFLUENZAE TYPE B				Hib	Hib	Hib	Hib					
PNEUMOCOCCAL				PCV	PCV	PCV	PCV				PPSV	
INACTIVATED POLIOVIRUS				IPV	IPV	IPV						IPV
INFLUENZA						Influenza (Yearly)						
MEASLES, MUMPS, RUBELLA							MMR					MMR
VARICELLA							Varicella					Varicella
HEPATITIS A							HepA (2 doses)					HepA Series
MENINGOCOCCAL												MCV

■ RANGE OF RECOMMENDED AGES ■ CERTAIN HIGH-RISK GROUPS

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2008, for children aged 0–6 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm). Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

#### Influenza immunization: (CDC)

- All children age 6 months through 18 years
- Children and teenagers (6 months – 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection

### Testing and Screening Guidelines

**Neonatal Hereditary/Metabolic Screening: (AAP)** Sickle cell, PKU, thyroid and other metabolic disease, and other tests, should be done at time of discharge and according to state law. Where mother’s HIV status is unknown, newborn should be tested for HIV. The tests should be administered as soon after birth as is medically appropriate.

**Testicular Cancer Screening: (ACS)** Beginning at puberty as part of a routine physical exam.

**Hematocrit and Hemoglobin: (AAP)** Once during infancy, if at risk and at age 12 months, and then 6 months later if at risk. For children at risk for anemia, screen sample once a year from ages 2-21 years.

**Urinalysis: (AAP)** Routine urinalysis at age 5. Dipstick leukocyte esterase testing to screen for sexually transmitted diseases should be performed once in adolescence, annually for sexually active male and female adolescents.

**Chlamydia & Gonorrhea Screening: (AAP)** Annual screening for chlamydia and gonorrhea infection in all sexually active adolescents.

**Sensory Screening-Vision: (AAP)** Initial subjective testing from newborn through 30 months; 7, 9, 11, 13, 14, 16, 17, 19, 20 and 21 yrs. Objective testing at ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 years.

**Sensory Screening: (AAP)** Hearing: Subjective testing–3 to 5 days, 1-36 months, ages 7, 9, 11-21 years. Objective testing at ages 4, 5, 6, 8, 10 and 18 years.

**Behavioral Health: (AAP, AMA, QIC, AACAP)** Pediatricians should ask questions about emotional and behavioral issues as well as depression in routine history-taking throughout adolescence. Screening should be done for any adolescent at risk owing to family problems, drug or alcohol use or other indications of stress. Pediatricians should observe for any areas of concern such as increased stress, anxiety, eating disorders, substance abuse, school problems, etc.

**Cholesterol Screening: (NHLBI)** Cholesterol screening of children and adolescents with a family history of high cholesterol or heart disease. Also, screening patients whose family history is unknown or those who have other factors for heart disease, including obesity, high blood pressure or diabetes. Screening should take place after age two, but no later than age 10.

# CHILDREN & TEENS Immunizations and Testing, continued

## RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 7-18 YEARS

VACCINE ▼	AGE ►	7-10 years	11-12 years	13-18 years
TETANUS, DIPHTHERIA, PERTUSSIS			Tdap	Tdap
HUMAN PAPILLOMAVIRUS			HPV (3 doses)	HPV Series
MENINGOCOCCAL		MCV	MCV	MCV
INFLUENZA		Influenza (Yearly)		
PNEUMOCOCCAL		PPSV		
HEPATITIS A		HepA Series		
HEPATITIS B		HepB Series		
INACTIVATED POLIOVIRUS		IPV Series		
MEASLES, MUMPS, RUBELLA		MMR Series		
VARICELLA		Varicella Series		

RANGE OF RECOMMENDED AGES
  CATCH-UP IMMUNIZATION
  CERTAIN HIGH-RISK GROUPS

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2008, for children aged 7–18 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm). Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.



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Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc.; Individual POS is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.