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Preventive Health Guidelines | 2010

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. **Remember that your benefit plan may, or may not, cover all preventive services described in these guidelines. For more information on your benefit coverage, please refer to your benefit plan.**

CHILDREN & TEENS Immunizations and Testing

Routine Physical Exam:
- Newborn; 3-5 days; and months 1, 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	HepB	HepB	HepB			
ROTAVIRUS			RV	RV	RV						
DIPHTHERIA, TETANUS, PERTUSSIS			Dtap	Dtap	Dtap		Dtap	Dtap			Dtap
HAEMOPHILUS INFLUENZAE TYPE B			Hib	Hib	Hib	Hib	Hib				
PNEUMOCOCCAL			PCV	PCV	PCV	PCV	PCV			PPSV	PPSV
INACTIVATED POLIOVIRUS			IPV	IPV	IPV	IPV	IPV	IPV			IPV
INFLUENZA					Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)
MEASLES, MUMPS, RUBELLA						MMR	MMR				MMR
VARICELLA						Varicella	Varicella				Varicella
HEPATITIS A						HepA (2 doses)	HepA (2 doses)	HepA (2 doses)	HepA (2 doses)	HepA Series	HepA Series
MENINGOCOCCAL										MCV	MCV

RANGE OF RECOMMENDED AGES FOR ALL CHILDREN EXCEPT CERTAIN HIGH-RISK GROUPS RANGE OF RECOMMENDED AGES FOR CERTAIN HIGH-RISK GROUPS

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/recs**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **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: (AUAF) In older boys, a previous history of undescended testis is associated with a higher risk of developing testicular cancer.

Hematocrit or Hemoglobin: (AAP) During infancy (newborn – 2 months), at age 12 months and risk assessment with appropriate action at 4, 18, and 24 months and annually at 3-21 years. Once during adolescence; menstruating adolescents should be measured annually.

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

Sensory Screening – Vision: (AAP) Objective testing at 3, 4, 5, 6, 8, 10, 12, 15 and 18 yrs. Risk assessment to be performed with appropriate action to follow if positive.

Sensory Screening – Hearing: (AAP) Newborn, 4, 5 , 6, 8, 10 yrs. Risk assessment to be performed with appropriate action to follow if positive.

Behavioral Health: (AAP, QIC) 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 owning 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 Screeing: (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 FOR ALL CHILDREN EXEPT CERTAIN HIGH-RISK GROUPS

RANGE OF RECOMMENDED AGES FOR CATCH-UP IMMUNIZATION

RANGE OF RECOMMENDED AGES FOR CERTAIN HIGH-RISK GROUPS

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/recs**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967**.

ADULTS Immunizations and Testing

RECOMMENDED ADULT IMMUNIZATION SCHEDULE

VACCINE ▼ AGE GROUP (YRS) ▶	19-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
TETANUS, DIPHTHERIA, PERTUSSIS (TD/TDAP)*	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
HUMAN PAPILLOMAVIRUS (HPV)*	3 doses (females)				
VARICELLA*	2 doses				
ZOSTER				1 dose	
MEASLES, MUMPS, RUBELLA (MMR)*	1 or 2 doses		1 dose		
INFLUENZA*	1 dose		annually		
PNEUMOCOCCAL (polysaccharide)	1 or 2 doses				1 dose
HEPATITIS A*	2 doses				
HEPATITIS B*	3 doses				
MENINGOCOCCAL*	1 or more doses				

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

*Covered by the Vaccine Injury Compensation Program

This schedule indicates the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages ≥ 19 years, **as of January 1, 2010**. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (**www.cdc.gov/vaccines/recs**).

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at **www.vaers.hhs.gov** or by telephone, **800-822-7967**.

Information on how to file a Vaccine Injury Compensation Program claim is available at **www.hrsa.gov/vaccinecompensation** or by telephone, **800-338-2382**. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, **202-357-6400**.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at **800-CDC-INFO (800-232-4636)** in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

ADULTS Immunizations and Testing, continued

FASTING BLOOD SUGAR (ADA)
(Checks for diabetes)

- Begin at age 45; then every three years. If risk factors present, begin at an earlier age and/or more frequently.

CHOLESTEROL SCREENING (NHLBI)
(Early detection of heart disease)

- Adults age 20 or older should have a fasting total, LDL, and HDL cholesterol and triglycerides once every 5 years.

COLON CANCER SCREENING (ACS)
(Early detection of colon cancer)

Beginning at age 50 both men and women at average risk for developing colorectal cancer should follow one of the screening tests below. The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double contrast Barium Enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years* **(Requires prior authorization)**

Tests that mainly find cancer

- Fecal occult blood test (FOBT) every year* **
- Fecal immunochemical test (FIT) every year* **
- Stool DNA test (sDNA), interval uncertain* **(Requires prior authorization)**

*Colonoscopy should be done if test results are positive.

** For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

People should talk to their doctor about starting colorectal cancer screening earlier and/or being screened more often if they have any of the following colorectal cancer risk factors:

- A personal history of colorectal cancer or adenomatous polyps
- A personal history of chronic inflammatory bowel disease (Crohns disease or ulcerative colitis)
- A strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative younger than 60 or in two first-degree relatives of any age)
- A known family history of a hereditary colorectal cancer syndrome, such as familial adenomatous polyposis or hereditary non-polyposis colon cancer.

PREVENTION AND SCREENING FOR OSTEOPOROSIS BMD (NOF)

The Guideline for Bone Mineral Density Testing is suggested for the following:

- All women who are aged 65 and older regardless of risk factors
- A postmenopausal woman under age 65 with one or more risk factors for osteoporosis
- A woman going through menopause with certain risk factors
- A woman or man after age 50 who has a broken bone
- A man age 50-70 with one or more risk factors for osteoporosis
- A man age 70 or older, even without any risk factors
- A postmenopausal woman who has stopped taking estrogen therapy (ET) or hormone therapy (HT)

Risk Factors that Increase the Likelihood for Developing Osteoporosis and Fractures:

- Personal history of fracture after age 50
- Current low bone mass
- History of fracture in 1st degree relative
- Being female
- Being thin and having a small frame
- Advanced age
- A family history of osteoporosis or broken bones
- Estrogen deficiency as a result of menopause, especially early or surgically induced
- Abnormal absence of menstrual periods (amenorrhea)
- Low lifetime calcium intake
- Diet with excessive intake of protein, sodium, and caffeine.
- Vitamin D deficiency
- Use of certain medications, such as steroids, some anticonvulsants, and others
- Certain diseases and conditions, such as anorexia nervosa, rheumatoid arthritis, gastrointestinal diseases and others
- Low testosterone levels in men
- An inactive lifestyle
- Cigarette smoking
- Alcohol abuse
- Certain race/ethnicities such as Caucasian, Asian, or Hispanic/Latino although African Americans are also at risk

Frequency of Testing for Bone Density Testing:

Should be performed once every two to five years, depending on risk factors and results. However, for those on a treatment program, the recommendation would be every 2 years, using the same modality, as treatment decisions are often made on the basis of bone density changes. More frequent screening may also be recommended based on medical necessity but the physician must obtain prior authorization.

ROUTINE VISION SCREENING (AAO) (ACUITY TESTING)

Adults with no signs or risk factors for eye disease get a baseline eye disease screening at age 40. Based on the results of the initial screening, an ophthalmologist will prescribe the necessary intervals for follow-up exams.

It is recommended that individuals at any age with symptoms of, or who are at risk for, eye disease (family history, diabetes, hypertension, glaucoma, etc.), see an ophthalmologist to determine how frequently their eyes should be examined.

PNEUMOCOCCAL VACCINE (CDC)
(Prevents pneumonia)

Age 65: Vaccination for persons age 65 and older. A second dose is recommended for those people age 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.

Under 65: Vaccination and repeat booster 5 years after the first dose for persons who have:

- Chronic illness: cardiovascular disease, pulmonary disease, diabetes, alcoholism, cirrhosis or cerebrospinal fluid leaks, functional or anatomic asplenia (i.e. sickle cell disease or splenectomy).
- Immunocompromised individuals (i.e. cancer, lymphoma, leukemia, organ or bone marrow transplant, radiation.
- Persons with HIV infection or AIDS.
- Renal failure/nephrotic syndrome.
- Taking medications that lower immunity (i.e. chemotherapy or long-term systemic corticosteroids.)

INFLUENZA VACCINE (CDC)
(Prevents the flu)

- Household contacts and out-of-home caretakers of infants/children 0-59 months.
- All women who will be pregnant at any time during the influenza season should be vaccinated.
- Persons age 50 or older.
- Residents of long-term care facilities housing persons with chronic medical conditions.
- People with chronic disease (diabetes, heart/lung disease, asthma, renal dysfunction, immunosuppression).
- Health care workers and household members coming in close contact with people at risk.

TESTICULAR SCREENING (ACS)

- A testicular examination should be part of a routine cancer-related checkup.

PROSTATE SCREENING (ACS)

Available evidence does not support routine screening for all men. The ACS recommendation is that men should make informed decisions based on available information, discussion with their doctor, and their personal perspectives on the benefits and side effects of screening and treatment. Risk factors such as the man's age, health, family history, and ethnicity should be considered when making the decision to have the screening or not.

ADULTS Immunizations and Testing, continued

FOR WOMEN ONLY

BREAST EXAM BY PHYSICIAN (ACOG)
Early detection of breast cancer
- Clinical Breast Exam (CBE) is recommended for all women annually as part of the annual physical examination.

BREAST SELF-EXAM (ACOG)
Early detection of breast cancer
- Recommended monthly to begin at age 20 and over.

MAMMOGRAPHY* (ACOG)
Early detection of breast cancer
- 40-49: every one to two years
- 50 and older: annually

* CT and MA State Law: Age 35-39 Baseline
Age 40 and over annually

CHLAMYDIA & GONORRHEA SCREENING (ACOG)
Detection of sexually transmitted disease (STD)
- Annual screening for chlamydia and gonorrhea infection in all sexually active women age 25 and younger, as well as other asymptomatic women who are at high risk for infection.

CERVICAL CANCER SCREENING (PAP smear) (ACOG)
Cervical cancer screening should begin at age 21 years. Cervical cytology screening is recommended every 2 years for women between the ages of 21 years and 29 years. Women aged 30 years and older who have had three consecutive negative cervical cytology screening test results and who have no history of CIN 2 or CIN 3, are not HIV infected, are not immunocompromised, and were not exposed to diethylstilbestrol in utero, may extend the interval between cervical cytology examinations to every 3 years.

Before seeking care described in these guidelines, please verify coverage by referring to your Membership Agreement, Summary Plan Description or Benefit Summary. Please note: not all of the services outlined in this brochure are covered by your ConnectiCare plan.

The Preventive Health Guidelines were adopted from the following sources:

American Academy of Child & Adolescent Psychiatry (AACAP) www.aacap.org
American Academy of Pediatrics (AAP) www.aap.org
American Academy of Ophthalmology (AAO)www.aao.org
American Cancer Society (ACS) www.cancer.org
American College of Obstetricians & Gynecologists (ACOG) www.acog.org
American Diabetes Association (ADA) www.diabetes.org
American Heart Association (AHA) www.americanheart.org
American Urological Association Foundation/Urology Health (AUAF) www.urologyhealth.org/auafhome.asp
Centers for Disease Control (CDC) www.cdc.gov
National Heart, Lung, Blood Institute (NHLBI) www.nhlbi.nih.gov
National Osteoporosis Foundation (NOF) www.nof.org
Quality Improvement Committee (includes ConnectiCare participating physicians) QIC

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PHG March 2010