

**Health Plan Select  
Preventive Health Guidelines**

<b>SCREENING</b>	<b>Age in Years</b>				
	<b>0 to 10</b>	<b>11 to 18</b>	<b>19 to 49</b>	<b>50 to 64</b>	<b>65 and up</b>
<b>Height and Weight</b>	X	X	X	X	X
<b>Blood Pressure (Begin at age 3 years)</b>	X	X	X	X	X
<b>Vision Screening (Use E-test for ages 3 to 4)</b>	X				X
<b>Infant Metabolic Screening (Verify completion)</b>	X				
<b>Papanicolaou (Pap) test for females every 1 – 3 years (Begin at age of onset of sexual activity)</b>		X	X	X	
<b>Rubella serology or vaccination history (Females &gt; 12 years old)</b>		X	X		
<b>Assess for problem drinking</b>		X	X	X	X
<b>Total blood cholesterol (Men age 35 – 64 / Women age 45 – 64)</b>			X	X	
<b>Beginning at age 50, both men and women at <i>average risk</i> for developing colorectal cancer should use one of the screening tests below. <b>*(Routine screening for colorectal cancer in adults age 76 to 85 years is not recommended. Screening for colorectal cancer in adults older than 85 years is not recommended.)</b></b>				X	X*
<b>Tests that find polyps and cancer</b> <ul style="list-style-type: none"> <li>▪ Flexible sigmoidoscopy every 5 years*</li> <li>▪ Colonoscopy every 10 years</li> <li>▪ Double contrast barium enema every 5 years*</li> </ul> <b>Tests that mainly find cancer</b> <ul style="list-style-type: none"> <li>▪ Fecal occult blood test (FOBT) every year*,**</li> <li>▪ Fecal immunochemical test (FIT) every year*,**</li> </ul> <p><small>* 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.</small></p>					
<b>Mammogram plus clinical breast exam ( Women age 40 and older)</b>			X	X	X
<b>Annual PSA (Men age 50 and older) *</b>				X	X
<b>TSH (Women)</b>					X
<b>Depression Screening</b>					X
<b>Elder Abuse</b>					X
<p>Note: All screenings are performed annually unless stated otherwise.</p> <p>*Men at high risk, including men of sub-Saharan African descent and men with a first-degree relative diagnosed at a younger age (i.e., &lt; 65 years), should begin testing at age 45 years. Men at even higher risk of prostate cancer due to more than one first-degree relative diagnosed with prostate cancer before age 65 years could begin testing at age 40 years, although if PSA is less than 1.0 ng/mL, no additional testing is needed until age 45 years.</p>					

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<b>COUNSELING</b>	<b>Age in Years</b>				
	<b>0 to 10</b>	<b>11 to 18</b>	<b>19 to 49</b>	<b>50 to 64</b>	<b>65 and up</b>
<b>Dental Health</b>					
Advice about baby bottle tooth decay	X				
Regular visits to dental care provider	X	X	X	X	X
Floss, brush with fluoride toothpaste daily	X	X	X	X	X
<b>Diet and Exercise</b>					
Breast feeding, iron-enriched formula/foods (infants & toddlers)	X				
Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, and vegetables (age > 2 years)	X	X	X	X	X
Regular physical activity	X	X	X	X	X
Adequate calcium intake		X	X	X	X
<b>Injury Prevention</b>					
Child safety car seats (age < 5 years)	X				
Flame retardant sleepwear	X				
Poison control phone number	X				
Window/stair guards, pool fence	X				
Safe storage of toxic substances & matches	X				
Avoid bicycling near traffic	X	X			
Bicycle/motorcycle/ATV helmets	X	X	X	X	X
Lap-shoulder belts (age > 5 years)	X	X	X	X	X
Smoke Detector	X	X	X	X	X
Safe storage of drugs & firearms	X	X	X	X	X
CPR training for parents/caretakers/household members	X				X
Hot water temperature < 120° - 130° F	X				X
Fall Prevention					X
<b>Substance Abuse</b>					
Effects of passive smoking	X	X	X	X	X
Anti-tobacco message	X	X	X	X	X
Avoid tobacco use		X	X	X	X
Avoid underage drinking & illicit drug use		X	X		
Avoid alcohol/drug use while driving, swimming, boating, etc.		X	X	X	X
Tobacco cessation		X	X	X	X

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Sexual Behavior					
STD prevention; abstinence			X		
STD prevention; avoid high risk behavior, condoms/female barrier with spermicide			X	X	X
Unintended pregnancy; contraception			X	X	X
Other					
Discuss hormone prophylaxis (peri- and post-menopausal women)				X	X

IMMUNIZATIONS (ADULT)					
<p>Recommended adult immunization schedule by vaccine and age group --- United States, 2010</p> <p>NOTE: These recommendations must be read along with the footnotes</p> <p>Review footnotes at <a href="http://www.cdc.gov/vaccines/recs/schedules">www.cdc.gov/vaccines/recs/schedules</a></p> <p>Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations.</p> <p><a href="http://www.cdc.gov/vaccines/pubs/ACIP-list.htm">http://www.cdc.gov/vaccines/pubs/ACIP-list.htm</a></p> <p>These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2009. 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 (<a href="http://www.cdc.gov/vaccines/pubs/acip-list.htm">http://www.cdc.gov/vaccines/pubs/acip-list.htm</a>).</p>					
Vaccine ↓ Age ⇒	19-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Tetanus, diphtheria, pertussis (td/Tdap) <sup>1</sup>	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yr				Td booster every 10 yrs
Human papillomavirus (HPV) <sup>2</sup>	3 doses (females)				
Varicella <sup>3</sup>	2 doses				
Zoster <sup>4</sup>				1 dose	
Measles, mumps, rubella (MMR) <sup>5</sup>	1 or 2 doses		1 dose		
Influenza <sup>6</sup>	1 dose annually				
Pneumococcal (polysaccharide) <sup>7,8</sup>	1 or 2 doses			1 dose	
Hepatitis A <sup>9</sup>	2 doses				
Hepatitis B <sup>10</sup>	3 doses				
Meningococcal <sup>11</sup>	1 or more doses				
For all persons in this category who the age requirements and who lack evidence of immunity (e.g., lack of documentation of vaccination or who have no evidence of prior infection.)	Recommend if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)				

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<b>IMMUNIZATIONS (AGES 7 – 18 YRS)</b>				
<p>Recommended immunization schedule, for persons aged 7-18 years –2010            Review footnotes and additional information at <a href="http://www.cdc.gov/vaccines/recs/schedules">www.cdc.gov/vaccines/recs/schedules</a>            Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations.  <a href="http://www.cdc.gov/vaccines/pubs/ACIP-list.htm">http://www.cdc.gov/vaccines/pubs/ACIP-list.htm</a></p>				
↕ Vaccine	Age ⇨	Age Group (Years)		
		7 – 10 years	11 – 12 years	13 –18 years
Diphtheria, Tetanus, Pertussis <sup>1</sup>		See footnote 1	Tdap	Tdap
Human Papillomavirus <sup>2</sup>		See footnote 2	HPV (3 doses)	HPV Series
Meningococcal <sup>3</sup>		MCV 4	MCV 4	MCV 4
Influenza <sup>4</sup>		Influenza (Yearly)		
Pneumococcal <sup>5</sup>		PPSV		
Hepatitis A <sup>6</sup>		HepA Series		
Hepatitis B <sup>7</sup>		HepB Series		
Inactivated Polio Virus <sup>8</sup>		IPV Series		
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		
		Range of recommended ages	Catch-up immunization	Certain high-risk groups

<b>IMMUNIZATIONS (AGES 0 – 6 YRS)</b>												
<p>Recommended immunization schedule, for persons aged 7-18 years –2010            Review footnotes and additional information at <a href="http://www.cdc.gov/vaccines/recs/schedules">www.cdc.gov/vaccines/recs/schedules</a>            Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations.  <a href="http://www.cdc.gov/vaccines/pubs/ACIP-list.htm">http://www.cdc.gov/vaccines/pubs/ACIP-list.htm</a></p>												
↕ Vaccine	Age ⇨	Birth	1 MOS	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	19-23 MOS	2-3 YRS	4-6 YRS
Hepatitis B <sup>1</sup>		HepB	HepB			HepB						
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>						
Diphtheria, Tetanus, Pertussis <sup>3</sup>				DtaP	DtaP	DtaP	See footnote <sup>3</sup>	DtaP				DtaP
Haemophilus influenza type b <sup>4</sup>				Hib	Hib	Hib <sup>4</sup>	Hib					
Pneumococcal <sup>5</sup>				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>				IPV	IPV	IPV						IPV

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Influenza <sup>7</sup>					Influenza (Yearly)			
Measles, Mumps, Rubella <sup>8</sup>					MMR	See footnote 8		MMR
Varicella <sup>9</sup>					Varicella	See footnote 9		Varicella
Hepatitis A <sup>10</sup>					HepA (2 doses)			HepA Series
Meningococcal <sup>11</sup>								MCV
<b>Range of Recommended Ages</b>		<b>Certain High-Risk Groups</b>						

**Zostavax is covered.**

**ACIP has issued a permissive recommendation for use of HPV4 in males.**

\*Exceptions made on an individual basis in order to allow compliance with ACIP guidelines.

\*\*HPS follows CDC recommended guidelines for immunizations. See [www.cdc.gov/nip](http://www.cdc.gov/nip).

**Infant Metabolic Screen**

<b>Analyte</b>
Galactose (GALT/Gal-I-P)
Blotinldase
Congenital Hypothyroidism (T4)
Congenital Hypothyroidism (TSH)
CAH (17 Hydroxy Progesterone)
Hemoglobin
Cystic Fibrosis (IRT)
Acylcarnitine Profile
Amino Acid Profile

The purpose of the Georgia Newborn Screening program is to identify infants at risk for a panel of disorders. This is a screening test and the results can be affected by several factors. These results are only to help detect a targeted disorder and are not intended to be diagnostic. Likewise, a normal newborn screen does not necessarily rule out a clinical condition in an infant that may exhibit clinical symptoms suggestive of a metabolic disorder and must be evaluated further. For additional newborn screening information go to <http://acmg.net/resources/policies/ACT/condition-analyte-links.htm>.

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**These guidelines have been reviewed by the Quality Improvement Committee and approved for distribution.**