CHILD & ADOLESCENT PREVENTIVE CARE GUIDELINES

2013-2014

For Members

These guidelines were developed to help you determine which preventive care services are recommended for you and your family. Your coverage for these services depends on your plan design. Please call Gundersen Health Plan Customer Service at (800) 897-1923 if you have coverage-related questions.

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GUNDERSEN HEALTH PLAN

Gundersen Health Plan is your partner for better health. It is better to prevent an illness in your child than to treat it later. When we prevent illness, we can:

- Limit needless pain and stress.
- Reduce time away from school or work.

Preventing illness lowers your healthcare costs and spares you some sleepless nights with a sick child. There are many ways to avoid getting sick:

- Eat well.
- Get plenty of rest and exercise.
- Do not smoke, especially around your child.
- Wash your hands and your children's hands.

There are a number of ways that healthcare providers can help your child stay healthy. They can make sure that your child gets vaccines at the right time. They can order the right tests to make sure that he or she stays healthy.

Gundersen providers follow these guidelines to protect your child from diseases of many kinds. If you have questions about whether these guidelines are right for your child, talk to your health care provider.

Coverage limits are not defined in these guidelines. Benefits will depend upon your plan design. If you have questions about coverage, please contact Gundersen Health Plan's customer service department at (800) 897-1923.

Screening Guidelines

Well Child Visits

All children should have a well child exam at:

- 2 to 7 days and 14 days after birth
- 2, 4, 6, 9, 12, 15, 18, and 24 months of age
- 3, 4, and 5 years, and every 1-2 years after that

This well child exam schedule supports the tests and vaccines your child will need to stay healthy.

During well-child visits, we will:

- Perform an exam to make sure your child is healthy.
- Measure your child's height and weight.
- Measure the size of your child's head until 24 months of age.
- Check your child's blood pressure starting at 3 years of age.
- Ask about your child's diet, development and safety concerns.
- Help you stay current on your child's vaccines.
- Answer questions about your child's health.
- Recommend more well-child visits if your child has health concerns.

Lead and Anemia Screening

All children should be assessed for risk of lead exposure at least once between 6 and 24 months of age. Children who are at increased risk should be offered blood lead testing at age 12 and 24 months. All children should be assessed for anemia between 6 and 12 months of age. If at risk, the child will be screened with a blood test.

Lead is a poison. To check your child's level of risk for being exposed to lead, your provider will ask about your home, day care and other places your child often goes. If your provider thinks your child may have been exposed to lead, he or she will order a blood test. It is very important to find out early whether your child has been exposed to lead.

Iron deficiency anemia can cause problems with growth, muscles or poor progress in school. Your provider will ask about your child's diet. He or she will check your child's growth to see if screening for anemia is needed.

Cholesterol Screening

Research has shown that heart disease starts in childhood. The sooner a child's risk can be determined, the better the chances of preventing heart disease from ever developing. All children should have their cholesterol levels checked starting between ages 9 and 11 years. Depending on your child's family history, your provider may want to check your child's cholesterol as early as age 2.

Prevention includes reducing risks of obesity by recommending healthy nutrition and increased physical activity and avoidance of tobacco use. Your child's provider may prescribe certain medication depending on the level of risk your child may have.

Vision Screening

Your child's eyes should be tested at ages 3, 4, and 5 years and every 2 years after that through adolescence.

The sooner we can find and treat vision problems, the better the chances of success in school, sports and other activities.

Hearing Screening

Your child's hearing should be tested at birth and age 4 and 5 years.

Your child's hearing is important. Your child may have some hearing loss if he or she:

- Has chronic ear infections.
- Was born prematurely.
- Has speech delays.

Having your child's hearing tested can minimize hearing loss.

Chlamydia Screening

Sexually active females age 11-17 years of age should have a chlamydia screening test every year.

Chlamydia is the most common sexually transmitted bacterial infection. Symptoms are usually mild or absent, but if left untreated can lead to serious complications. New or multiple sexual partners, a prior sexually transmitted disease, and inconsistent use of barrier method contraceptives all increase a female's risk of contracting a chlamydia infection.

Immunization Guidelines

There are two important reasons to make sure your child is up to date on all vaccinations.

- Immunizations protect your child against serious illnesses for which vaccines exist.
- If children are immunized, their family members and the community are less likely to develop these illnesses.

Vaccinations for measles, mumps, diphtheria, tetanus, pertussis, German measles, chickenpox, and polio are required to enter school or childcare. Requirements may vary from state to state. Timelines may change for when vaccines should be given. Your child's health care provider will talk with you at each visit about which immunizations are needed.

The current immunization timeline for your child is in the chart below. At times, vaccines are in short supply throughout the country. If this happens, immunizations may be given later than the timeline suggests. Many immunizations are combined and given in the same shot to reduce the number of "pokes" your child will receive.

Hepatitis B (HepB)

Hepatitis B is a serious liver disease. This vaccine is given before your baby is discharged from the hospital. It is given again with other vaccines when your child is 2, and 6 months old.

Rotavirus (RV)

Rotavirus is the most common cause of gastroenteritis (inflammation of the stomach and intestines) in infants and young children. It causes watery diarrhea and vomiting. Before this vaccine, nearly every child in the United States was infected by the age of 5. This infection required many visits to the doctor or emergency room. Rotavirus vaccine is given when your child is 2, 4, and 6 months old.

Diphtheria, Tetanus, Pertussis (DTaP or Tdap)

Diphtheria was a major cause of childhood illness and death in the early 1900's. Tetanus (lockjaw) is not contagious, but the bacteria that cause it are common in our environment. Pertussis (whooping cough) has made a comeback in the last few years. Your child will receive a vaccine for all three diseases at age 2, 4, 6, and 15 to 18 months. DTaP is given again between 4 and 6 years of age.

Tetanus, Diptheria, Pertusis (Tdap) is the first vaccine for adolescents that protects against all three diseases. A dose of Tdap vaccine is given to adolescents who got DTaP as children. Tdap is a booster for pertussis. It is given around age 11 or 12 years.

Haemophilus influenzae type b (Hib)

Haemophilus influenzae type b (Hib) once caused meningitis in one out of every 200 young children. It spreads through the air by coughing and sneezing. This vaccine has greatly reduced the number of Hib cases. Your child will receive this vaccine at age 2, 4, and 6 months. The last dose is given between 15 and 18 months.

Pneumococcal Conjugate Vaccine (PCV)

Before this vaccine, pneumococcal disease was the most common cause of meningitis, pneumonia, and blood infections in children. It is spread through the air by coughing and sneezing. Children younger than 2 years are at highest risk. The vaccine is given

at age 2, 4, and 6 months. A fourth dose is given between 12 and 15 months. A booster dose is now given between 14 months and 5 years if they have not received the currently approved vaccine for children.

Inactivated Poliovirus (IPV)

Polio was a common and severe illness in the early to mid 1900's. It causes paralysis and death. We give children this vaccine because polio cases still occur even though they are rare. The virus in the vaccine has been killed (inactivated). It has fewer side effects than the vaccine most adults were given as children. This vaccine is given to your child at age 2, 4, and 6 months. A booster is given between 4 and 6 years of age.

Influenza

Influenza (flu) is a seasonal illness that occurs mainly in the winter months. Flu is spread from person to person by sneezing, coughing or breathing. Severe cases can lead to hospitalization and death especially in children. The flu virus changes from year to year. This is why the vaccine should be given every year.

Children 6 months and older are encouraged to receive a flu vaccine. Children less than 2 years receive a "trivalent inactivated (killed) vaccine" (TIV). Children age 2 and older may receive the live, attenuated (weakened) influenza vaccine (LAIV). Two doses should be given to children less than 9 years who are receiving the vaccine for the first time.

Measles, Mumps, Rubella (MMR)

MMR combines vaccines for measles, mumps, and rubella into one shot. The vaccine has been around since 1971. It is very effective at producing life-long immunity to these diseases. MMR is given at 12 months. A booster is given between 4 and 6 years of age. MMR may be combined with varicella (chickenpox) vaccine.

Varicella (VAR)

Until recently, varicella (chickenpox) was one of the most common childhood diseases. While usually mild, severe cases can lead to hospitalization and even death. Children should be vaccinated at 12 months of age. A second dose is recommended between 4 and 6 years.

Hepatitis A Virus (HepA)

Hepatitis A (HepA) is a liver disease. It is spread through personal contact or by eating contaminated food. It does not cause long-term illness or liver disease. In severe cases, people can die. HepA is given to children at age 12 and 18 months.

Meningococcal Conjugate Vaccine (MCV)

Meningococcus causes severe blood infections. It can also cause meningitis (swelling of the brain and spinal cord). Symptoms may include high fever, headache, stiff neck, nausea and vomiting. Meningococcus can be a very serious illness. It can progress very quickly. Symptoms are often mistaken for other less serious illnesses. Teenagers and college students are at higher risk for this infection. The vaccine is given between the ages of 11 and 12 years or before the first year of high school or college. A booster dose is given 5 years later, and may also be given five years after the first booster.

Human Papilloma Virus (HPV)

Human papilloma virus (HPV) is recommended for young males and females. In both males and females, it lowers the risk of genital warts, and in females, it lowers the risk of cervical cancer caused by HPV. HPV vaccine is given in a series of 3 doses starting at age 11-12 years. A second vaccine is given 2 months after the first dose. The third vaccine is given 6 months after the first dose.

Child and Adolescent Preventive Care Timeline

Age	Birth	2 months	4 months	6 months	9 months	12 months	15 months	18 months	2-3 years	4-6 years	7-10 years	11-17 years
Screening Tests												
Well child visit	2-7 days & 14 days	Once	Once	Once	Once	Once	Once	Once	At 2 and 3 years	At 4 and 5 years	Every 1-2 years	Every 1-2 years
Lead screening				Risk of exposure assessed, blood lead if at risk		Risk of exposure assessed, blood lead if at risk			Risk of exposure assessed, blood lead if at risk			
Iron deficiency anemia				Blood test if at risk								
Cholesterol Screening									Risk assessed, screened if at risk		One time between ages 9-11 and 17-21	
Vision									At 3 years	At 4 and 5 years	Every 2 years	Every 2 years
Hearing	Before hospital discharge									At 4 and 5 years		
Developmental screening					Once			Once	At 2 years			
Chlamydia												Yearly if sexually active
Immunizations												
Hepatitis B (HepB)	HepB	HepB		HepB								
Rotavirus (RV)		RV	RV	RV								
Diphtheria, Tetanus, Pertussis (DTaP or Tdap)		DTaP	DTaP	DTaP			DTaP			DTaP		Tdap
Haemophilus influenzae type b (Hib)		Hib	Hib	Hib			Hib					
Pneumococcal (PCV)		PCV	PCV	PCV		PCV						
Inactivated Poliovirus (IPV)		IPV	IPV	IPV						IPV		
Influenza				Yearly								
Measles, Mumps, Rubella (MMR)						MMR				MMR		
Varicella (VAR)						VAR				VAR		
Hepatitis A (HepA)						HepA		HepA				
Meningococcal (MCV)												MCV x2 (Age 11-12) Booster (Age 16-17)
Human Papilloma Virus (HPV)												HPVx3

For specific age recommendations see indivudal vaccine descriptions. Preventive Care Guidelines are designed to serve as a guide. You and your health care provider should work together to determine what care is best for you and your overall health. For more information about the Gundersen Health Plan Preventive Care Guidelines, call the Health Plan Quality Management Department at (608) 775-8022.