



Highmark Blue Shield of Northeastern New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

2022 Pediatric and Adolescent Preventive Health Guidelines: Ages 7 through 18 Years

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of Bright Futures Children and Adolescent Recommendations and all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at https://www.aap.org/en-us/documents/periodicity_schedule.pdf and <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

History and Physical Exam	Description	References
<p>Well Child Exam:</p> <p>- Weight</p> <p>- Height</p> <p>- BMI percentile</p>	<p>7 to 18 years annually These guidelines apply to healthy children. Children with medical conditions may require additional follow-up.</p> <p>All well child visits</p> <p>All well child visits</p> <p>All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children and adolescents. Children with a BMI at or above the 95th percentile (obese or hypoventilation syndrome) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year;</p>	<p>1. AAP (2000) 2. Bright Futures (2008)</p> <p>1. AAP (2000) Updated 2007 2. AAFP (2002) Updated 2005 3. USPSTF (1996) Updated 2004, 2010 4. CDC (2004) 5. Expert consensus opinion of the 2008 Preventive Health QI Committee 6. Alliance for a Healthier Generation (2011)</p>

History and Physical Exam	Description	References
<p>- Blood Pressure</p> <p>Vision Screening Assessment:</p>	<p>and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT, and fasting glucose).</p> <p>Children with a BMI at or above the 85th percentile (through the 94th percentile (overweight) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year; and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT, and fasting glucose)</p> <p>In addition, the USPSTF recommends that children aged 6 years and older should be screened for obesity (age and gender-specific BMI at $\geq 95^{\text{th}}$ percentile) and offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status. USPSTF – B Recommendation</p> <p>All well child visits. The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting treatment. A Recommendation</p> <p>8-year, 10-year, 12-year, 15-year, and when indicated.</p>	<p>1. AAP (2000) Updated 2005, 2. USPSTF, 2007, 2015</p> <p>1. AAP (2000) Updated 2005 2. USPSTF (1996) Updated</p>

History and Physical Exam	Description	References
	(This list is not all-inclusive).	
Illicit Drug Use	The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. B Recommendation	4. USPSTF 2020

History and Physical Exam	Description	References
<p>Anticipatory Guidance/ Psychosocial Screening/Sexual History & Reproductive Guidance</p>	<p>At office visits</p> <p><u>Anticipatory Guidance/Psychosocial Screening:</u> Age-appropriate discussions include but not limited to substance abuse, drinking and driving/riding with someone who is under the influence of alcohol and or other abusive substances.</p> <p>The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. B Recommendation</p> <p>Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation</p> <p>Pregnant women: The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. A Recommendation</p> <p>The USPSTF recommends that primary care clinicians provide interventions, including</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2009 2. AAFP (2001) Updated 2005 3. USPSTF (1996) 2008, 2012, 2013,2014, 2017, 2020 4. AAPD (2003) 5. ACOG (2006)

History and Physical Exam	Description	References
	<p>education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. B Recommendation. April 2020</p> <p>Promote smoke-free household nutrition/exercise, annual dental exam, child abuse / domestic violence and maintain adequate calcium intake to prevent osteoporosis.</p> <p>To prevent rickets and vitamin D deficiency in healthy children and adolescents, a vitamin D intake of at least 400 IU/day is recommended.</p> <p>Routine Iron Supplementation for children who are at increased risk for iron deficiency anemia.</p> <p><u>Anticipatory Guidance Sexual History & Reproductive Guidance:</u> Age-appropriate discussions to include but not limited to normal growth, development and maturation, the benefits of healthy lifestyle behaviors and choices, health education related to sexual choices including abstinence/birth control/safe sex</p> <p>The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. A Recommendation</p>	

History and Physical Exam	Description	References
Safety Issues	<p>At office visits</p> <ul style="list-style-type: none"> • Safety Issues – age-appropriate discussions include: • Traffic Safety: bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs, teenage driving, pickup truck bed riding, skateboards, scooters, in-line skating. • Burn Prevention: hot water temperature, smoke detectors, electrical outlets, grills, irons, ovens, fires • Choking Prevention: choking/suffocation, • Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving, and pool safety. • Firearm Safety: in home firearms, storage • Sports Safety: protective equipment, conditioning, appropriate and thorough sports H&P if indicated, AAP Pre Participation Physical Evaluation form, counseling against inappropriate nutrient supplements. • Heat Stress in Exercising. • Poison Prevention; phone number for poison control center. • Instructions on how to call for help local emergency services, CPR • Domestic Violence: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women 	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2008 2. AAFP (1996) Updated 2005 3. USPSTF (1996) Updated 2004, 2012, 2018 4. Pediatrics (2007) 5. AAP (2009)

History and Physical Exam	Description	References
	<p>who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. USPSTF B Recommendation</p> <p>Examples of IPV Screening Tools (not a comprehensive list)</p> <ul style="list-style-type: none"> - Woman Abuse Screening Tool (WAST) - HITS - Humiliation, Afraid, Rape, Kick (HARK) from: BMC Fam Pract. 2007; 8: 49 – Permission required - RADAR - Personalized Safety Plan <ul style="list-style-type: none"> • The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation. • Sun exposure (tanning beds) • Depression/suicide • Bug safety • Occupational hazards • School hazards and recreational hazards such as on playgrounds and back yards • Body piercing, tattoos, and other high-risk behaviors such as cutting behavior, and the choking game. 	

History and Physical Exam	Description	References
	<ul style="list-style-type: none"><li data-bbox="892 321 1444 386">• Syrup of ipecac is no longer to be used as a home treatment strategy.	

Laboratory Screening	Description	References
Tuberculosis	<ul style="list-style-type: none"> • 12 months to 18 years when indicated. A Mantoux should be done upon recognition of high-risk factors. Community and personal risk factors should determine frequency. Tine test use is discouraged. 	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004 3. Bright Futures
Latent TB Screening	<ul style="list-style-type: none"> • The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations that are at increased risk. 	<ol style="list-style-type: none"> 1. USPSTF 2016
Cholesterol Screening	<ul style="list-style-type: none"> • 24 months to 18 years when indicated • Screen for dyslipidemia in patients once between 9 and 11 years old (Bright Futures) <p>If family history cannot be obtained and other high-risk factors are present, screening should be done at the discretion of the physician.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. Bright Futures (2014)2018
Chlamydia/ Gonorrhea and other STD Screening	<p><u>STI Screening</u> HIV screening for teens once between the ages of 15 and 18 years, risk assessments for STIs should continue at each visit between ages 11 and 21 (Bright Futures)</p> <p><u>Chlamydia:</u> The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. B Recommendation</p> <p><u>Gonorrhea:</u> The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. B Recommendation</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996) 2007, 2012, 2014, 2016, 2019, 2020 3. AAFP (1996) Updated 2005 4. CDC (2006) 5. Bright Futures (2014) 2018 6. NYS Public Health Law, Article 27-F (2010)

Laboratory Screening	Description	References
	<p><u>NYS: Human immunodeficiency virus (HIV)</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019.</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. A recommendation updated June 2019.</p> <p>NY Public Health Law, Article 27-F, section 2781-A requires that every individual age 13 and older be offered an HIV test at least once as part of routine health care. All pregnant women in NYS must be offered HIV testing as a clinical recommendation as early as possible during pregnancy. Third trimester testing is recommended for all pregnant women in NYS who tested negative for HIV earlier in their pregnancy.</p> <p><u>Syphilis</u> Screen all patients at increased risk for syphilis USPSTF A Recommendation</p> <p><u>Hepatitis C:</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020</p> <p><u>Hepatitis B:</u> The USPSTF recommends screening for hepatitis B virus</p>	

Laboratory Screening	Description	References
	(HBV) infection in persons at high risk for infection. B recommendation for non-pregnant adolescents and adults	
STI Counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	1. USPSTF (2014), 2020
Papanicolaou Test (Pap Smear)	<p>The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.</p> <p>The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.</p> <p>ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004,2011, 2012 3. ACOG (2000) Updated 2010,2011 4. AAFP (2005) 5. ACS -- American Cancer Society (2012) 6. ASCCP -- American Society for Colposcopy (2012) 7. ASCPS -- American Society for Clinical Pathology (2012)
Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian cancer Susceptibility	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (<i>BRCA1/2</i>) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B Recommendation	<ol style="list-style-type: none"> 1. USPSTF (2005) (2013) 2. AMA (2006) 3. USPSTF (2014) 2019

Laboratory Screening	Description	References
	<p>Different tests can be used for screenings (This list is not all-inclusive).</p> <ul style="list-style-type: none"> • B-REST • FHS-7 <p>Any one of the following indicates a risk of having a BRCA mutation:</p> <ul style="list-style-type: none"> • Personal and/or family history of breast cancer diagnosed under the age of 50. • Personal and/or family history of ovarian cancer at any age. • Women of Ashkenazi Jewish ancestry diagnosed with breast cancer or ovarian cancer at any age, regardless of family history. • Personal and/or family history of male breast cancer. • Affected relatives with a known BRCA1 or BRCA2 mutation. • Bilateral breast cancer, especially if diagnosed at an early age. • Breast cancer and ovarian cancer in the same person. 	
<p>Behavioral Counseling for Prevention of CVD</p>	<p>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation</p> <p>The USPSTF recommends offering or referring adults</p>	<p>1. USPSTF (2014), 2020</p>

Laboratory Screening	Description	References
	with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. B Recommendation	

References

1. www.aafp.org/exam.xml AAFP (2005)
2. www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html DNA Test for Chlamydia, January 28, 1995.
3. *Tuberculosis Screening Fact Sheet*, Minnesota Department of Health, March 2002
4. American Academy of Pediatrics. *Don't Treat Swallowed Poison With Syrup of Ipecac Says AAP*. November 3, 2003.
5. www.cdc.gov/nccdphp/dnpa/bmi/ BMI: Body Mass Index. April 17, 2003.
6. www.aap.org/family/parents/immunize.htm AAP (2001)
7. US Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2nd ed. Washington, DC: US Department of Health and Human Services; 1996.
8. <http://www.ahrq.gov/clinic/uspstfix.htm>. US Preventive Services Task Force. Washington, DC: US Department of Health and Human Services; 2005.
9. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for pediatric preventive health care. www.aap.org . 2008.
10. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004.
11. American College of Obstetricians and Gynecologists. *Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations*. July 31, 2003.
12. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments*. Washington, DC: 2000.
13. American College of Obstetricians and Gynecologists. *ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents*. September 30, 2004.
14. <http://www.portal.state.pa.us/portal/server.pt> In the "Search PA" box type "lead_elimination_plan_for_2010.pdf" PA Dept of Health Lead Elimination Plan
15. Pediatrics 2007 Jan;119 (1):202-6

16. U.S. Preventive Services Task Force. *Screening and Treatment for Major Depressive Disorder in Children and Adolescents: Recommendation Statement*. AHRQ Publication No. 09-05130-EF-2, March 2009. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf09/depression/chdeprss.htm>
17. Wagner, CL, Greer FR, American Academy of Pediatrics Section on Breastfeeding, American Academy of Pediatrics Committee on Nutrition. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. *Pediatrics* 2008 Nov; 122(5): 1142-52, National Guideline Clearinghouse Summary updated on June 8, 2009.
18. American Academy of Pediatrics, Summer Safety Tips – Part 1, 2009
19. U.S. Preventive Services Task Force. Screening for obesity in children and adolescents: U. S. Preventive Services Task Force Recommendation Statement.
20. *Pediatrics* 2010; 125: (2):265–272, 361-367. Klein JD, Sesselberg TS, Johnson MS, et al. Adoption of Body Mass Index Guidelines for Screening and Counseling in Pediatric Practice.
22. American College of Obstetricians and Gynecologists. *First Cervical Cancer Screening Delayed Until Age 21 Less Frequent Pap Tests Recommended*. November 20, 2009
23. *Pediatrics* 2007; 120; S164-S192; "Expert Committee recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" by Sarah E. Barlow and the Expert Committee.
24. <http://www.cancer.org/Cancer/news/new-screening-guidelines-for-cervical-cancer>