

2006 *Preventive Health* Guidelines

as of January 2006



CIGNA HealthCare

A Business of Caring.

Pediatric & Adult



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Are you doing all you can to help yourself stay healthy?

We encourage you to contact your doctor to take advantage of the preventive care services that are offered through your health care plan. You may find these guidelines to be a good reference for you and your family. For more information, go to www.cigna.com, or call Member Services at the toll-free number on your CIGNA HealthCare ID card. If you are due for a visit, call your doctor for an appointment and to discuss and obtain care services that are appropriate for you.

**For details on additional indications for immunizations for children/adolescents in high risk groups, as well as the catch-up schedule, please visit the web site for the Centers for Disease Control (CDC), www.cdc.gov. For immunization charts in English and Spanish, please log on to the CDC's National Immunization Program: www.cdc.gov/nip.*

BIRTH TO 2 YEARS

Well-baby exam: at birth, 1, 2, 4, 6, 9, 12, 15, 18 and 24 months. An additional visit at 2-4 days for infants discharged less than 48 hours after delivery. In addition, a prenatal pediatrician visit is recommended for parents at high risk, for first time parents or those who request a conference (this visit to include anticipatory guidance, medical history and discussion of benefits of breastfeeding. (AAP). In addition to general advice on your baby's health and development, your baby should have an exam and may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Diphtheria, tetanus and acellular pertussis (DTaP):** at 2, 4 and 6 months and between 15 and 18 months
- **Haemophilus influenzae b (Hib):** at 2, 4 and 6 months and between 12 and 15 months
- **Hepatitis A*:** all children should receive hepatitis A vaccine at 1 year of age (i.e., 12-23 months). Vaccination should be completed according to the licensed schedules and integrated into the routine childhood and adolescent vaccination schedule.

The 2 doses in the series should be administered at least 6 months apart. Children who are not vaccinated by 2 years of age can be vaccinated at subsequent visits.

- **Hepatitis B virus (HBV):** at birth, 1 to 4 months and 6 to 18 months
- **Measles-mumps-rubella (MMR):** between 12 and 15 months
- **Pneumococcal conjugate (PCV)*:** at 2, 4 and 6 months and between 12 and 15 months
- **Poliovirus (IPV):** at 2 and 4 months and between 6 and 18 months
- **Varicella (chickenpox):** between 12 and 18 months
- **Influenza vaccine*:** annually between 6 and 23 months

Screenings

- **Hearing:** as a newborn and as child's doctor advises
- **Hemoglobin or hematocrit (Hgb/Hct):** once between 9 and 12 months
- **Weight, length and head circumference:** at each visit
- **Evaluate for deficient fluoride in drinking water [and prescribe fluoride]**

AGES 3 TO 10

Well-child exam: once a year for children ages 3 to 5 and every 2 years for children ages 6 to 10. You should receive advice about your child's safety, health and development. In addition, during this exam your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Diphtheria, tetanus and acellular pertussis (DTaP):** between ages 4 and 6
- **Hepatitis B virus (HBV):** between ages 3 and 10 if not previously immunized
- **Measles-mumps-rubella (MMR):** between ages 4 and 6 or 11 and 12, if not given earlier
- **Poliovirus (IPV):** between ages 4 and 6
- **Varicella (chickenpox):** if no evidence of prior immunization or chickenpox
- **A second dose of varicella** may be given to persons in outbreak situations

Screenings

- **Blood pressure:** at each visit
- **Eye exam:** at ages 3, 4, 5, 6, 8 and 10 or as child's doctor advises

- **Hearing:** at ages 4, 5, 6, 8 and 10 or as child's doctor advises
- **Height and weight:** at each visit
- **Selective cholesterol screening** of children and adolescents at risk (due to family history)

AGES 11 TO 18

Well-person exam: once a year during this age range. During this exam your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Hepatitis B virus (HBV):** between ages 11 and 18 if not previously immunized
- **Measles-mumps-rubella (MMR):** if not already immune
- **Substitute Tdap** (new vaccine 2005) for Td at the 11-12 year adolescent visit, OR for 13-18 age group who missed the 11-12 adolescent dose
- **Varicella (chickenpox):** if no evidence of previous immunization or chickenpox
- A second dose of **Varicella** may be given to persons in outbreak situations
- **Meningococcal*:** new conjugate meningococcal vaccine (MCV4) for: young adolescents at the pre-adolescent visit (11–12 years old). For those who have not previously received MCV4, vaccinate before high school entry (~15 years old), college

freshmen living in dormitories; and individuals with increased risk of meningococcal disease

Screenings

- **Blood pressure:** annually
- **Eye exam and hearing:** at ages 12, 15 and 18 or as child's doctor advises
- **Height and weight:** annually

AGES 19 AND OLDER

Well-person exam: as often as your doctor advises. At this exam you may receive the following immunizations and screenings, depending on clinical presentation and physician assessment:

Immunizations

- **Influenza (flu):** ages 19 to 49, as your doctor advises; ages 50 and older, annually
- **Pneumonia vaccine:** ages 65 and older, once (or younger than 65 for those with risk factors: Revaccination after 5 years for those at high risk; For persons over 65, a one time revaccination if they were vaccinated >5 years previously and were aged < 65 at the time of primary vaccination)
- **Rubella (German measles):** women of childbearing age if not immune
- **Tetanus-diphtheria (Td):** every 10 years
- **Varicella (chickenpox):** if no evidence of previous immunization or chickenpox

- A second dose of **Varicella** may be given to persons in outbreak situations
- **Additional immunizations** (Hepatitis A, B) may be required for persons at risk.

Screenings

- **Blood pressure:** every 2 years as your doctor advises
- **Chlamydia:** sexually active females under age 25; Gonorrhea and syphilis in sexually active females if at risk for infection
- **Cholesterol (complete lipoprotein profile, fasting or nonfasting):** ages 20 and older, every 5 years
- **Clinical breast exam:** women ages 20 to 39, every 3 years; ages 40 and older, annually
- **Colon cancer:** ages 50 and older, one of the following:
 - hidden blood in stool test, annually
 - flexible sigmoidoscopy, every 5 years
 - hidden blood in stool test plus flexible sigmoidoscopy, every 5 years
 - double-contrast barium enema, every 5 years
 - colonoscopy, every 10 years
- **Diabetes:** ages 45 and older, or if history of gestational diabetes, every three years; adults with high blood pressure or hyperlipidemia (high cholesterol)
- **Hearing:** ages 65 and older, as your doctor advises
- **Height and weight:** periodically; include BMI calculation to screen for obesity and promote sustained weight loss for obesity through intensive counseling and behavioral interventions
- **Mammogram:** women ages 40 and older, annually
- Genetic risk assessment and BRCA testing for breast and ovarian cancer for women whose family history is associated with increased risk for BRCA1 or BRCA2 alterations.
- **Osteoporosis screening** (Bone Density testing): aged 65 or older or at 60 for women at high risk.
- The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
- **Pap test:** women ages 19 to 64, at least every 3 years if sexually active and cervix present; women ages 65 and older, may discontinue if prior Pap tests were consistently normal
- **Vision (by Snellen chart):** ages 65 and older, as often as your doctor advises
- **Ultrasound screening for Abdominal Aortic Aneurysm (AAA)** (once/lifetime) for men 65-75 who have ever smoked

WOMEN: DURING PREGNANCY

Pregnant women should visit their doctor or OB/GYN in their first trimester of pregnancy for an initial evaluation and to establish a prenatal care schedule. During this visit your doctor will check your health and the health of your baby.

Based on your individual medical history, your doctor may recommend additional tests and care, which may include the following depending on clinical presentation and physician assessment:

■ **Vitamins and supplements:**

Talk with your doctor about taking a prenatal multivitamin with folic acid. Taking 0.4 mg of folic acid a day can help reduce the risk for neural tube defects.

- ### ■ **Blood tests:** during first prenatal care visit to detect anemia, hepatitis B, rubella and sexually transmitted diseases, such as syphilis and HIV. They are also used to determine the mother's blood type (compatibility).

- **Chlamydia culture:** during first prenatal care visit
- **Urine tests:** as recommended by your doctor
- **Diabetes screening:** between weeks 24 and 28
- **Culture for Group B strep:** between weeks 35 and 37 to check for Group B streptococcal infection

Additional tests that may be ordered based on individual health factors:

■ **CVS (chorionic villus**

sampling): before week 13, or amniocentesis between weeks 15 and 18; women ages 35 and older and women at risk for passing on certain chromosomal disorders. These tests screen for certain genetic disorders.

■ **Multiple marker screening:**

First Trimester Screen (NT, PAPP-A and free b-HCG): Second Trimester triple or quadruple screen (AFP, uE3, free b-HCG or total HCG and inhibin-A). Screens for Down syndrome as well as other chromosomal abnormalities.

- **Hemoglobinopathy screening:** if at risk for passing on certain blood disorders, such as sickle cell disease

These preventive health guidelines are based on recommendations from the Advisory Committee on Immunization Practices, U.S. Preventive Services Task Force, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and other nationally recognized authorities. These preventive health guidelines are only a general guide intended to be used for educational purposes only. Always discuss your particular preventive care needs with your doctor.

Services and supplies described in these guidelines may not be covered benefits under your health benefit plan. Please refer to your summary plan description or other coverage documents to determine if services and supplies are covered benefits.

FOR ADULTS: Physical exams are an important part of preventive care. Be sure to schedule regular exams with your doctor and consult with him or her about additional screenings, examinations and immunizations that may be appropriate.

FOR CHILDREN: Your children will likely need additional preventive care services, such as laboratory screenings or additional immunizations. Consult with your child's doctor about specific recommendations for your child. Please refer to your benefits materials for specific coverage information.

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