

the power of prevention

Put our preventive health guidelines into practice. Your family's health could depend on it.

You've heard the old saying about an ounce of prevention. Your doctors know that preventive screenings and tests often are the best first steps in preventing illness. They also allow for rapid response at early onset of health problems, when treatments can be most effective.

To take advantage of the power of prevention, you and your entire family need to stay current with the recommended screenings and tests appropriate to your age, gender, medical history, current health and family history.

We have compiled the following guidelines to help you keep track of what's needed and when. It's just one more way we're working to make your health easier to maintain.

For children ages 0–2 years

Topics you may want to discuss with your doctor

Safety

- Use a checklist to “baby-proof” your home.
- Check your home for the presence of lead paint.

Nutrition

- Breast-feeding and iron-enriched formula and food for infants.

Dental health

- Do not put your baby or toddler to bed with a bottle containing juice, milk or other sugary liquid. Do not prop a bottle in a baby’s or toddler’s mouth. Clean your baby’s gums and teeth daily.
- Use a clean, moist washcloth to wipe gums. Use a soft toothbrush with water only, beginning with eruption of first tooth.
- Age 6 months to preschool: Discuss with your dentist taking oral fluoride supplement, if water is deficient in fluoride.
- Age 2 years: Begin brushing child’s teeth with pea-size amount of fluoride toothpaste.

Immunizations

Shot number	1	2	3	4
DTaP (diphtheria, tetanus, acellular pertussis)	2	4	6	15–18 months
Flu	Annually, for children 6 months to 18 years			
Hepatitis A	12–23 months (second dose at least 6 months after first)			
Shot number	1	2	3	
Hepatitis B	0 (birth)	1–2	6–18 months	
Shot number	1	2	3	4
Hib (Haemophilus influenzae type b)	2	4	6	12–15 months
Shot number	1	2	3	
IPV (inactivated poliovirus vaccine)	2	4	6–18 months	
MMR (measles, mumps, rubella)	First dose at 12–15 months, second dose at 4–6 years			
Shot number	1	2	3	4
Pneumococcal	2	4	6	12–15 months
Rotavirus RV1, or	2	4 months		
Rotavirus RV5	2	4	6 months	
Varicella (chickenpox)	First dose at 12–15 months, second dose at 4–6 years			

Screenings

Length, weight, blood tests and antibiotic eye drops	In first week of life
Height and weight checks, vision and hearing tests	Periodically
Eye/retinal exam	For newborns with risk factors; talk to your doctor about timing of exam ¹

Lead poisoning is a serious problem for children. It can harm the brain and other parts of the body, as well as impair learning. Discuss having your child tested for lead with your doctor.

Injury prevention for:

Infants and young children

A Special Message About SIDS.

Sudden infant death syndrome (SIDS) is the leading cause of death for infants. Put infants to sleep on their backs to decrease the risk of SIDS.

Take these steps to “baby proof” your home and give your child a safe environment:

- Use the right car seat for your vehicle and for your child’s weight. Read the car seat and vehicle manufacturer’s instructions about installation and use.
- Use a rear-facing car seat until your child is at least 1 year old and weighs at least 20 pounds.
- Keep medicines, cleaning solutions, and other dangerous substances in childproof containers, locked up and out of reach of children.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Keep hot water heater temperatures below 120 F.
- Keep unused electrical outlets covered with plastic guards.
- Provide constant supervision for babies using a baby walker. Block the access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves or electric heaters).
- Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (unmashed), peanuts, and hard candies.
- Use fences that go all the way around pools, and keep gates to pools locked.

For children ages 3–11 years

Topics you may want to discuss with your doctor

Safety

- Use a checklist to “child-proof” your home.

Exercise

- Age 0–5 years: Participate in physical activity as a family, such as taking walks or playing at the playground. Limit television to less than two hours a day.
- Ages 6 years and up: Regular physical activity (at least 30 minutes per day starting at age 11) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.

Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.

Dental health

- Ask your dentist when and how to floss child’s teeth.
- Age 5 years: Talk to your dentist about dental sealants.

Other topics for discussion

- Individual risks and screening for diabetes starting at age 10, especially if overweight.
- Issues related to obesity.
- Mental and emotional health – for example, depression and anxiety.

Immunizations

DTaP (diphtheria, tetanus, acellular pertussis)	4–6 years (fifth in a series of 5)
Flu	Annually, for children 6 months to 18 years
Hepatitis B	For children who did not complete the immunization series between 0–18 months
IPV (inactivated poliovirus vaccine)	4–6 years (fourth in a series of 4)
MMR (measles, mumps, rubella)	Second dose at 4–6 years (second in a series of 2)
Pneumococcal	For children with risk factors ⁴ or an incomplete schedule (at 24–59 months)
Tdap booster (tetanus, diphtheria, pertussis)	At pre-adolescent visit (11–12 years)
Meningococcal	At pre-adolescent visit (11–12 years)
Varicella (chickenpox)	Second dose at 4–6 years (second in a series of 2)
HPV (human papillomavirus)	A three-shot series at pre-adolescent visit for females ages 11–12 years. May also be given to females ages 9–26

Screenings

Diabetes	Ages 10–45, screen every 2 years if overweight
Height and weight checks, vision and hearing tests	Periodically

Be aware of your child’s recommended weight: Use our on-line tools to calculate your child’s body mass index (BMI) by logging onto blueshieldca.com and searching for BMI.

Injury prevention for:

Older children

- Older children should use car seat belts and sit in the back seat at all times.
- Children should use a booster seat in the car’s back seat starting when they are 4 years old or weigh at least 40 pounds until they are 8 years old or at least 4 feet 9 inches tall.
- Make sure your child wears a helmet while rollerblading or riding a bicycle. Make sure your child uses protective equipment for rollerblading and skateboarding (helmet, wrist and knee pads).

- Warn your child of the dangers of using alcohol and drugs. Many driving and sports-related injuries are caused by the use of alcohol and drugs.

For all ages

- Use smoke detectors in your home. Change the batteries every year and check once a month to see that they work.
- If you have a gun in your home, make sure that the gun and ammunition are locked up separately and kept out of children’s reach.
- Never drive after drinking alcohol.

- Use car seat belts at all times.
- Teach your child traffic safety. Children under 9 years of age need supervision when crossing streets.
- Teach your children how and when to call 911.
- Learn basic life-saving skills (CPR).
- Post the number for the Poison Control Center (1-800-222-1222) near your phone. Also, write it in the space on your home “Important Information” list. The number is the same in every U. S. location. Do not try to treat poisoning until you have called the Poison Control Center.

For children ages 12–19 years

Topics you may want to discuss with your doctor

Exercise

- Regular physical activity (at least 30 minutes per day starting at age 11) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.

Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake for adolescents and young adults is estimated to be 1,200–1,500 mg/day.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention,¹⁴ practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

Substance abuse

- Avoid any tobacco use. Avoid alcohol and drug use.

Dental health

- Floss and brush with fluoride toothpaste daily. Regular dental care.

Other topics for discussion

- Issues related to obesity.
- Mental and emotional health – for example, depression and anxiety.
- Domestic violence and abuse.

Immunizations

Flu	Annually, for children 6 months to 18 years
Hepatitis B	For individuals with risk factors (at current visit, then at 1 and 6 months)
Meningococcal	At pre-adolescent visit (11–12 years). If no prior shot, a dose at high school entry or for college-bound students is recommended ⁸
MMR (measles, mumps, rubella)	At pre-adolescent visit (11–12 years) if missing second dose
Pneumococcal	For children with risk factors ⁶
Rubella (German measles)	Recommended for all women of childbearing age, if susceptible
Tdap booster (tetanus, diphtheria, pertussis)	For children 11–12 years who have completed the recommended DTaP immunization series ¹⁷
Varicella (chickenpox)	At pre-adolescent visit (11–12 years) if missing second dose
HPV (human papillomavirus)	A three-shot series at pre-adolescent visit for females ages 11–12 years. May also be given to females ages 9–26

Screenings

Blood pressure	At least every 2 years, beginning at age 18
Depression	For all adolescents
Cervical cancer	Pap test and HPV test: at least every 3 years beginning at age 21 or within 3 years of onset of sexual activity
Chlamydia	Recommended for all sexually active women under age 25 and for women at high risk for infection ¹¹
Gonorrhea	Recommended for all sexually active women under age 25 and for women at high risk for infection ¹¹
Syphilis	Routine screening for pregnant women and individuals at high risk for infection ¹²
Rubella susceptibility	Recommended for all women of childbearing age
Height and weight checks, vision and hearing tests	Periodically
HIV screening	For all adolescents at risk for HIV infection ¹²

Recommendations for a healthy pregnancy

Prenatal care

Begin within 14 days of confirming pregnancy.

Dietary supplements

Women of childbearing age should take 400 micrograms of folic acid daily to decrease the risk of fetal birth defects of the brain or spine; recommended calcium intake for pregnant or nursing women: 1,000 milligrams daily.

Screenings and diagnostics

Blood pressure and weight check at all visits; urine test, obstetrical

history and physical, screenings for asymptomatic bacteriuria, chlamydia, gestational diabetes, Group B streptococcal bacteria, Hepatitis B, syphilis, gonorrhea, hematocrit, rubella, varicella, Rh (D) incompatibility; HIV counseling and screening, ultrasonography, screening for alpha fetoprotein, chorionic villus screening (CVS) or amniocentesis (for women 35 and older), blood test for certain birth defects, prior vaccinations (including flu shots), fundal height, fetal heart tones, discuss preterm labor risk, history

of genital herpes, nutrition, smoking cessation, domestic abuse, and other medication and drug use.

Discussion topics at prenatal care visits

Prior vaccinations (including flu shots), history of genital herpes, nutrition, smoking cessation, other medication and drug use.

Postpartum care

To be performed within 4–6 weeks following delivery.

For women ages 20 – 49 years

Topics you may want to discuss with your doctor

Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.
- Over 40: Consult physician before starting new vigorous physical activity.

Nutrition

- Know your body mass index (BMI), blood pressure and cholesterol level. Modify your diet accordingly.
- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake for women between ages 25 and 50 is estimated to be 1,000 mg/day.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention,¹⁶ practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

Substance abuse

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

Dental health

- Floss and brush with fluoride toothpaste daily. Regular dental care.

Other topics for discussion

- Risks for coronary heart disease¹⁴ and use of aspirin to prevent heart disease.
- Risks and screening for diabetes.
- Issues related to obesity.
- Mammography screening.
- Mental and emotional health – for example, depression and anxiety.
- Domestic violence and abuse.
- Folic acid for pregnancy.
- Lipid-lowering drugs.

Immunizations

Flu	Annually, for individuals with risk factors ²
Hepatitis A	For individuals with risk factors ³
Hepatitis B	For individuals with risk factors ⁴
HPV (human papillomavirus)	For all women 26 years and younger
Meningococcal	College-bound students or persons at risk ⁸ should discuss the benefits of vaccination with their doctor
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose ⁵
Pneumococcal	For individuals with risk factors ⁷
Rubella (German measles)	Recommended for all women of childbearing age, if susceptible
Td booster (tetanus, diphtheria)	Once every 10 years or sooner if risk factors are present ¹⁵
Varicella (chickenpox)	Adults under age 60 without evidence of immunity ¹⁰

Screenings

Blood pressure	At least every 2 years
Cholesterol	Periodically, starting at age 35 (age 20 if risk factors are present) ⁹
Diabetes	To age 45, every 2 years if overweight; over age 45, every 3 years and more often if overweight; for all adults with high blood pressure or cholesterol
Breast cancer	Beginning at age 40, mammogram every 1–2 years with an annual clinical breast exam
Cervical cancer	Pap test and HPV test: At least every 3 years beginning at age 21 or within 3 years of onset of sexual activity
Chlamydia	Recommended for all sexually active women under age 25 and for women at high risk for infection ¹¹
Gonorrhea	Recommended for all sexually active women under age 25 and for women at high risk for infection ¹¹
Syphilis	Routine screening for pregnant women and individuals at high risk ¹² for infection
Rubella susceptibility	Recommended for all women of childbearing age
Osteoporosis	Evaluation of risk factors ¹³ for women (especially post-menopausal); women at high risk may need a screening test
Height and weight checks, vision and hearing tests	Periodically
HIV screening	For all adults at risk for HIV infection ¹²

Having a baby? Be aware that while almost all women get the “baby blues” after childbirth, as many as 10% will get postpartum depression. For more information visit our Web site, blueshieldca.com and search “postpartum depression” or see your healthcare provider.

For men ages 20 – 49 years

Topics you may want to discuss with your doctor

Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.
- Men over 40: Consult physician before starting new vigorous physical activity.

Nutrition

- Know your body mass index (BMI), blood pressure and cholesterol level. Modify your diet accordingly.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention,¹⁴ practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

Substance abuse

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

Dental health

- Floss and brush with fluoride toothpaste daily. Regular dental care.

Other topics for discussion

- Risks for coronary heart disease¹⁴ and use of aspirin to prevent heart disease.
- Risks and screening for diabetes.
- Mental and emotional health – for example, depression and anxiety.
- Risks for and avoidance of prostate cancer.

Immunizations

Flu	Annually, for all adults with risk factors ²
Hepatitis A	For individuals with risk factors ³
Hepatitis B	For individuals with risk factors ⁴ (at current visit, then at 1 and 6 months)
Meningococcal	College-bound students or persons at risk ⁸ should discuss the benefits of vaccination with their doctor
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose ⁵
Pneumococcal	For individuals with risk factors ⁷
Td booster (tetanus, diphtheria)	Once every 10 years or sooner if risk factors are present ¹⁵
Varicella (chickenpox)	Adults under age 60 without evidence of immunity ¹⁰

Screenings

Blood pressure	At least every 2 years
Cholesterol	Periodically, starting at age 35 (age 20 if risk factors are present) ⁹
Diabetes	To age 45, every 2 years if overweight; over age 45, every 3 years and more often if overweight; for all adults with high blood pressure or cholesterol
Syphilis	Routine screening for individuals at high risk ¹² for infection
Height and weight checks, vision and hearing tests	Periodically
HIV screening	For all adults at risk for HIV infection ¹²

“Know your numbers.” Everyone needs to know their blood pressure, as there are often no signs or symptoms of high blood pressure – often called the silent killer. Discuss with your healthcare provider simple and effective ways to prevent and control high blood pressure or go online to blueshieldca.com and search “high blood pressure.”

For men and women ages 50 and older

Topics you may want to discuss with your doctor

Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes.
- Men over 40 and women over 50: Consult your physician before starting new vigorous physical activity.

Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake is estimated to be 1,500 mg/day for postmenopausal women not on estrogen therapy.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention,¹⁶ practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

Substance abuse

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

Dental health

- Floss and brush with fluoride toothpaste daily. Regular dental care.

Other topics for discussion

- Individual risks for coronary heart disease¹⁴ and use of aspirin to prevent heart disease.
- Fall prevention.
- Hormone replacement therapy (HRT) for post-menopausal women.
- Mammography screening.
- Possible benefits of mammography for women age 70 and older.
- Mental and emotional health – for example, depression and anxiety.
- Prostate cancer screening for men ages 50–70, if at average risk.
- Domestic violence and abuse.
- The dangers of drug interactions.

Immunizations

Flu	Annually, for ages 50 and older ²
Hepatitis A	For individuals with risk factors ³
Hepatitis B	For individuals with risk factors ⁴
Meningococcal	Individuals with risk factors ⁸ should discuss vaccination with their doctor
Pneumococcal vaccine	For individuals with risk factors. ⁷ At 65 and older: once
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose ⁵
Td booster (tetanus, diphtheria)	Once every 10 years or sooner if risk factors are present ¹⁵
Varicella (chickenpox)	Adults under age 60 without evidence of immunity ¹⁰
Zoster (shingles)	All adults 60 and older

Screenings

Blood pressure	At least every 2 years
Cholesterol	Periodically
Colorectal cancer	For adults under age 75, fecal occult blood test annually and flexible sigmoidoscopy every 5 years, or colonoscopy every 10 years
Diabetes	Every 3 years and more often if overweight, high blood pressure or cholesterol
Breast cancer	For women ages 40–69, mammogram every 1–2 years with an annual clinical breast exam
Cervical cancer	At least every 3 years. After age 65, Pap tests can be discontinued if previous tests have been normal
Chlamydia	Periodically for women at high risk for infection ¹¹
Gonorrhea	Periodically for women at high risk for infection ¹¹
Syphilis	Routine screening for pregnant women and individuals at high risk ¹² for infection
Height and weight checks, vision and hearing tests	Periodically
Osteoporosis	Evaluation of risk factors ¹³ for women (especially postmenopausal); women at high risk may need a screening test; 65 and older: routine screening
AAA (abdominal aortic aneurysm)	For men ages 65–75 who have ever smoked, one-time screening for AAA by ultrasonography.
HIV screening	For all adults at risk for HIV infection ¹²

For heart health, women who need to lose or sustain weight loss are recommended to have a minimum of 60-90 minutes of moderate intensity (e.g. brisk walking) on most or all days of the week (American Heart Association 2007). Please check with your doctor before starting a new program.

Notes

1. Infants at risk for retinopathy of prematurity include those with a birth weight of less than 1500 g or gestational age of 32 weeks and select infants with a birth weight between 1500 and 2000 g or gestational age of more than 32 weeks with an unstable clinical course. Talk to your doctor about the timing of a retinal exam.
2. Individuals at risk for flu infection include people with chronic illnesses, immunocompromised individuals and healthy women who will be pregnant during the influenza season. Healthcare workers and people who live with or care for people at high risk for influenza should also get a flu shot. Children or adolescents (ages 6 months to 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye's syndrome after influenza illness should get a flu shot. Household contacts of all children 0 to 59 months of age and out-of-home caregivers should get a flu shot.
3. Risk factors for hepatitis A include: persons with clotting factor disorders or chronic liver disease; men who have sex with men or users of illegal drugs; persons working with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory setting, and persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A.
4. Risk factors for hepatitis B infection include injection drug users; people who have multiple sexual partners or sexual contact with people with HBV infection; men who have sex with men; hemodialysis patients, staff and residents in institutions for the developmentally disabled; inmates of long-term correctional facilities; and certain international travelers.
5. Measles component: Adults born before 1957 can be considered immune to measles. Adults born on or after 1957 should receive one or more doses of MMR, depending upon their immune status. Also, a second dose of MMR may be necessary if exposed, traveling internationally, and other factors. Rubella component: Women with unreliable vaccination history should check with their provider. Check with your doctor for details regarding pregnancy.
6. Children at risk for pneumococcal disease include those with sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia or splenic dysfunction, HIV infection, immunocompromised conditions or certain chronic illnesses.
7. One dose for adults at risk, including those with chronic lung diseases (including asthma and COPD); cardiovascular diseases, diabetes mellitus, chronic liver disease, chronic renal failure, sickle cell disease, and immunocompromising conditions. Vaccination is also recommended in adults who smoke cigarettes and residents of nursing homes and long term care facilities. Vaccination is not recommended in Alaskan Native or Native American persons unless they have another risk factor present. A second Pneumococcal dose may be necessary for people age 65 and older who received the vaccine more than 5 years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after 5 years for people with certain medical conditions, including immunosuppressive conditions and people who have undergone chemotherapy.
8. Individuals at risk for meningococcal disease include international travelers, college-bound students, or anyone with a damaged or removed spleen or with terminal complement component deficiency. These individuals should discuss the risks and benefits of vaccination with their doctor.
9. Those at risk for coronary heart disease should start their screenings at age 20.
10. Individuals at risk for varicella infection include those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons) or are at high risk for exposure or transmission (e.g., teachers of young children; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
11. Risk factors for Chlamydia and Gonorrhea infection include having multiple sexual partners, a history of prior sexually transmitted infections inconsistent condom use, sex work and drug use.
12. Individuals at risk for syphilis and human immunodeficiency virus (HIV) infection includes men who have sex with men and engage in high-risk sexual behavior; commercial sex workers; persons who exchange sex for drugs; and people in adult correctional facilities.
13. Risk for osteoporosis and fracture increases with age and other factors like having a personal or family history of fracture, smoking cigarettes, low body weight and low body mass index (BMI).
14. People with increased risk for coronary heart disease who may benefit from aspirin therapy are men over age 40, postmenopausal women, and younger people with hypertension, diabetes or who smoke.
15. People in contact with infants under 12 months of age and healthcare personnel can be given the Td vaccine as soon as feasible. It is recommended that Tdap should replace a single dose of Td for adults aged < 65 years if they have not previously received a dose of Tdap.
16. Sexually transmitted infections, also known as sexually transmitted diseases, include chlamydia, gonorrhea, herpes, HIV, HPV, syphilis and others. See infection-specific notes for information on risk factors for sexually transmitted infections.
17. The Tdap (tetanus, diphtheria, acellular pertussis) booster is recommended in children 11 – 12 years who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.

These are Blue Shield of California's Preventive Health Guidelines which are based on nationally recognized guidelines. Members must refer to their *Evidence of Coverage* or *Certificate of Insurance* or *Policy* for plan/policy coverage of Preventive Health Benefits.