



## 2024 Pediatric & Adolescence Preventive Care Recommendations

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	0-9 months (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
<b>Well Care Visit</b>				
<p>Includes each of the following: <b>Health &amp; Developmental History (Physical &amp; Mental)</b>;</p> <p><b>History:</b> Allergies, Injury/illness;</p> <p><b>Sensory Screen:</b> Vision, hearing, speech;</p> <p><b>Screenings:</b> lead risk, tuberculosis assessment and administration of appropriate immunizations.</p> <p><b>Physical Exam:</b> height, weight, body mass index percentile, head circumference, reflexes, blood pressure.</p>	<p>Newborn evaluation within 3 to 5 days of birth and within 48 to 72 hours of discharge.</p> <p>1, 2, 4, 6, and 9 months.</p> <p>Breastfeeding infants should receive formal breastfeeding evaluation and instruction within 3-5 days of birth.</p> <p>Mothers should be encouraged and instructed, as recommended in “Policy Statement: Breastfeeding and the Use of Human Milk”</p>	<p>Ages 12, 15, 18, 24, &amp; 30 months, and ages 3 &amp; 4 years.</p>	<p>Annually for ages 5-18.</p>	
<b>Health Education/ Anticipatory Guidance:</b>				
<p><b>Habits:</b> Car seat, sunscreen, oral health;</p> <p><b>Family:</b> cuddling, playtime, independence;</p> <p><b>Physical Activity:</b> counseling, play time, dance, and sports;</p> <p><b>Social:</b> exploration, toilet training, success in school;</p> <p><b>Nutrition:</b> counseling and good eating habits discussed.</p>				
<b>Recommended Screenings and Routine Labs</b>				
<b>Anemia: Hgb/Hct</b>	Risk assessment at 4 months.	Screen at 1 year of age. Risk assessment at 15 and 30 months and from ages 3-18.		
<b>Lead</b>	Risk assessments at 6 & 9 months.	<p>If at risk, screen at age 1 and age 2.</p> <p>Risk assessments at 18 months, 3 &amp; 4, years of age.</p>	Risk Assessment at 5 & 6 years of age.	Not Routine
<b>Urinalysis</b>	Not routine.		Once at age 5 years or physician’s discretion.	Once between ages 11-18 and annually for those who are sexually active.



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<b>Cholesterol</b>	Not routine.		Screen once between ages 9 to 11 and ages 17 to 18.	
<b>Blood Pressure</b>	Risk assessment between 0 – 9 months.	Risk assessment at 12 – 30 months of age. Every routine visit starting at age 3.		
<b>High Body Mass Index</b>			Refer children and adolescents 6 years and older with BMI of 95%tile or higher to comprehensive, intensive behavioral interventions.	
<b>T4/TSH</b>	Between 2 and 4 days of age.			
<b>Sensory Screenings</b>				
<b>Hearing</b>	Newborn prior to discharge or by age 2 months.	Hearing test at ages 4, 5, 6, 8, 10 years of age. If a test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child’s medical record.  Subjective assessment at all other routine checkups.		
<b>Vision/Eye Care</b>	Risk assessment between 0 - 9 months.	Visual acuity test at ages 3, 4, 5, 6, 8,10,12, and 15. If a test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child’s medical record.  Risk assessments prior to age 3.		
<b>Infectious Disease Screenings</b>				
<b>Hepatitis C</b>	Not routine.		Periodic testing of all patients at high risk after age 18.	
<b>Tuberculosis (TB)</b>	Screen patients with risk factors and all pregnant adolescents.			
<b>HIV</b>	Not routine.		Screen patients with risk factors and all pregnant adolescents.	
<b>Sexually Transmitted Infections (STIs)</b>	Not routine.		<p><b>Chlamydia and gonorrhea:</b> Annually screen all sexually active females and pregnant adolescents.</p> <p><b>Syphilis:</b> Screen all sexually active persons and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.</p>	



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<b>General Counseling</b>				
All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, obesity & eating disorders, physical activity, injury and violence prevention/safety, motor vehicle injury prevention, behavioral health, media exposure, sexual activity, violent behavior/firearms safety, anxiety, depression/suicide, family violence/abuse, and parenting.				
<b>Skin Cancer Behavioral Counseling-</b> counseling parents and patients 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>Immunizations: visit <a href="http://www.cdc.gov/vaccines/schedules">www.cdc.gov/vaccines/schedules</a> for scheduling based on medical conditions.</b>				
<b>COVID-19 (1vCOV-mRNA, 1vCOV-aPS)</b>	Administered after 6 months of age 2-or-3 dose primary series and booster.			
<b>Influenza (IIV4)</b>	Annual vaccination starting at 6 months. 1 or 2 doses.			
<b>Influenza (LAIV4)</b>	Not routine.	Annual vaccination starting at 2 years and older. 1 or 2 doses.		
<b>Hepatitis B (HepB)</b>	1st dose at Birth, 2nd dose between 1-2 months and 3rd dose between 6-18 months.	3-dose series to those that were not previously immunized or incomplete series.		
<b>Rotavirus (RV)</b>	2-dose series (RV1) at 2 & 4 months of age or 3-dose series (RV 5) at 2, 4, & 6 months of age.	Not routine.		
<b>Diphtheria, Tetanus, &amp; acellular Pertussis (DTaP: &lt; 7yrs)</b>	Administer the 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months	4 <sup>th</sup> dose between ages 15-18 months. 5 <sup>th</sup> dose between the ages 4-6 years.	Not routine.	
<b>Haemophilus influenzae type b (Hib)</b>	Administer the 1 <sup>st</sup> dose at 2 months, 2nd dose at 4 months, 3 <sup>rd</sup> dose at 6 months.	Booster dose may be administered at ages 12-15 months.	Not routine.	
<b>Pneumococcal conjugate (PCV15, PCV20)</b>	1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months.	4 <sup>th</sup> dose between 12-15 months.	Not routine.	
<b>Inactive Poliovirus (IPV: &lt; 18yrs)</b>	1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose between 6-18 months.	Administer the 4 <sup>th</sup> dose between the ages of 4 & 6 years.	For adolescents 18 years at increased risk, if not previously immunized or incomplete series.	
<b>Measles, Mumps, Rubella (MMR)</b>	Ages 6-9 months recommended for high-risk groups.	Administer 1st dose between 12-15 months. Administer 2 <sup>nd</sup> dose between the ages 4 and 6 years of age.	Not routine.	
<b>Varicella (VAR)</b>	1 <sup>st</sup> dose between 12 and 15 months.	Administer 2nd dose between the ages 4 and 6 years of age.	Not routine.	



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<b>Hepatitis A (HepA)</b>	Not routine for children 1-4 months.  Administer HepA to children aged 6-12 months with certain high-risk conditions.	2-dose series at age 12-23 months.  If 1 <sup>st</sup> dose at age 12 months or older, 2 <sup>nd</sup> dose at least 6 months after 1 <sup>st</sup> dose.	Not routine.	
<b>Tetanus, diphtheria, &amp; acellular Pertussis (Tdap: ≥ 7yrs)</b>	Not routine.			Administer the 1 <sup>st</sup> dose to children from 11-12 years.  13-18 years range of recommended ages for certain high-risk groups.
<b>Human Papillomavirus (HPV)</b>			Vaccine series may be started at age 9. Routine dosing intervals are recommended. Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months apart to all (male and female) adolescents aged 11 or 12 years.  If 2 <sup>nd</sup> dose given too close to 1 <sup>st</sup> dose, a 3-dose series for females and males between ages 11 and 12 years of age may be recommended where the 3 <sup>rd</sup> and 1 <sup>st</sup> dose are at least 6 months apart. Speak with your healthcare practitioner for appropriate schedules.	
<b>Meningococcal (Men ACW)</b>	Recommended for children ages 2 months to 10 years of age with certain high-risk medical conditions.			1 <sup>st</sup> dose at age 11 or 12 years, and 2 <sup>nd</sup> dose at age 16.
<b>Meningococcal (Men B)</b>				Not routine. At age 16-18 based on shared clinical decision-making.
<b>Respiratory syncytial virus (RSV-mAb [Nirsevimab])</b>	1 dose depending on maternal RSV vaccination status from Birth – 6 months			
<b>Respiratory syncytial virus vaccine (RSV [Abrysvo])</b>	Not routine.	Administer PPSV23 to children aged 2 years and older with certain high-risk conditions (at least 8 weeks after completing all recommended PCV doses.)		
<b>Dengue (DEN4CYD)</b>			Recommended for children ages 9-16 years in endemic areas <b>and</b> have laboratory confirmation of previous dengue infection.	
<b>Mpox</b>	Not recommended			2 doses recommended for high-risk groups.