

# For children ages 0 to 2

## Topics you may want to discuss with your doctor

### Safety

- Use a checklist to “babyproof” 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 about taking an oral fluoride supplement if water is deficient in fluoride.
- Age 2: Begin brushing child’s teeth with pea-size amount of fluoride toothpaste.

### Autism

- Assessment at 18 and 30 months by your child’s doctor.

## Immunizations

Shot number in a series	1	2	3	4
<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	2	4	6	15–18 months
<b>Flu, annual</b>	For children 6 months and older <sup>2,18</sup>			
<b>Hepatitis A</b>	12–23 months (second dose at least 6 months after first)			
<b>Hepatitis B</b>	0 (birth)	1–2	6–18 months	
<b>Hib</b> (Haemophilus influenzae type b)	2	4	6	12–15 months
<b>IPV</b> (inactivated poliovirus vaccine)	2	4	6–18 months	
<b>Meningococcal</b> Age 2 months–18 months	2	4	6	12 months
<b>MMR</b> (measles, mumps, rubella)	First dose at 12–15 months, second dose at ages 4–6			
<b>Pneumococcal</b> (pneumonia)	2	4	6	12–15 months
<b>RotaRix (rotavirus), or</b>	2	4 months		
<b>RotaTeq (rotavirus)</b>	2	4	6 months	
<b>Varicella</b> (chicken pox)	12–15 months, second dose at ages 4–6			

## Screenings/counseling/services

<b>Autism</b>	Children 18–30 months old
<b>Blood tests</b>	24–48 hours after birth <sup>1</sup>
<b>Fluoride use</b>	Discuss use or prescribe supplement for age 6 months and older <sup>24</sup>
<b>Gonococcal ophthalmia</b>	Topical eye medication administered during initial newborn care
<b>Hearing loss</b>	One- or two-step screening process for newborns
<b>Height and weight</b>	Periodically
<b>Iron deficiency anemia</b>	Children age 6–12 months at average or increased risk
<b>Lead</b>	Risk assessment for children up to age 18 identified as at risk for lead poisoning
<b>Sickle cell disease screening</b>	Risk assessment and testing if risk identified
<b>Tuberculosis</b>	Risk assessment and testing if risk identified

## 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 “babyproof” 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 candy.
- Use fences that go all the way around pools, and keep gates to pools locked.

## Endnotes

1. Blood test for newborns may include congenital hypothyroidism, phenylketonuria and sickle cell disease.
2. Annual vaccination against influenza is recommended for all persons age 6 months and older, including all adults. Healthy, nonpregnant adults under age 50 without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine, or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults age 65 and older can receive the standard influenza vaccine or the high-dose influenza vaccine.
3. Risk factors for hepatitis A should be discussed with your provider.
4. Risk factors for hepatitis B should be discussed with your provider.
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 on 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. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after five years to children with functional or anatomic asplenia or an immunocompromising condition.
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 Alaska Native or American Indian 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 five years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after five 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. Lipid disorders risk factors for men ages 20–35 or women age 20 and older include diabetes, previous personal history of congestive heart disease or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives and age 60 in female relatives, tobacco use, and obesity (BMI ≥ 30).
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; childcare 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 history of chlamydial or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, commercial sex work and drug use.
12. Risk factors for syphilis infection include all adolescents and adults who receive health care in a high-prevalence or high-risk clinical setting, men who have had sex with men, commercial sex workers, and those in adult correctional facilities. Individuals being treated for sexually transmitted diseases may be more likely than others to engage in high-risk behavior.
13. Increased risks for osteoporosis include women ages 60 to 64 with all of the following risks for osteoporotic fractures: lower body weight (weight < 70 kg) and no current use of estrogen therapy.
14. Pregnant women who are at high risk for preeclampsia use low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation.
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 under age 65 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 ages 11 to 12 who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.
18. Children through age 9 getting flu vaccine for the first time – or who received flu vaccine – should get two doses, at least four weeks apart.
19. Low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults ages 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
20. For breast cancer screening, BRCA mutation referral for genetic risk assessment and evaluation for breast and ovarian susceptibility is recommended for women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes. BRCA/BART testing, if medically necessary. Please see Blue Shield of California medical policy on Genetic Testing for Hereditary Breast and/or Ovarian Cancer.
21. Colorectal cancer screenings include fecal occult blood annually, sigmoidoscopy every five years, and colonoscopy every 10 years. Beginning age and screening interval can be reduced for patients at increased risk. Multi-targeted stool DNA testing every three years.
22. Diabetes screening should be performed for adults with blood pressure 135/80 or lower if knowledge of diabetes status would help inform decisions about coronary heart disease prevention strategies. Diabetes screening should be performed for adults ages 40 to 70 who are overweight and obese. Intensive behavioral counseling interventions to promote a healthful diet and physical activity for patients with abnormal blood glucose.
23. Individuals at risk for HIV infection include all adolescents and adults who receive health care in high-prevalence or high-risk clinical setting; men who have had sex with men after 1975; individuals having unprotected sex with multiple partners; past or present injection drug users; commercial sex workers; individuals whose past or present sex partners were HIV infected, bisexual, or injection drug users; individuals being treated for sexually transmitted diseases; individuals with a history of blood transfusion between 1978 and 1985; and individuals who requested an HIV test despite reporting no individual risk factors.
24. Fluoride oral supplement should be discussed at preventive care visit if primary water source is deficient in fluoride.
25. Increased risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
26. Behavioral counseling to prevent sexually transmitted infections is for sexually active adolescents and adults who meet the following criteria: current sexually transmitted infections, sexually transmitted infections within the past year, multiple current sexual partners, and in non-monogamous relationships if they reside in a community with a high rate of sexually transmitted infections.
27. Intensive behavioral counseling to promote healthy diet and physical activity is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease. Diabetes Prevention Program – Blue Shield's lifestyle medicine program focused on diabetes prevention.
28. Falls prevention counseling for older adults to exercise or physical therapy to prevent falls in community-dwelling adults age 65 and older who are at increased risk for falls. Vitamin D supplementation to prevent falls.
29. Hepatitis B screening for non-pregnant adolescents and adults for hepatitis B virus infection at high risk for infection; pregnant women at their first prenatal visit.
30. Hepatitis C screening for adults for hepatitis C virus infection at high risk for infection.
31. Lung cancer screening for adults ages 55 to 80 who have a smoking history.
32. For self-administered hormonal contraceptives, you may receive up to a 12-month supply.
33. Tuberculosis and latent tuberculosis infection (LTBI) for asymptomatic adults at increased risk for infection.
34. Screening and counseling for interpersonal and domestic violence is a covered service for adolescents, women, and women of childbearing age at least annually, and, when needed, those who screen positive are provided or referred to initial intervention services. Mental health is an initial intervention service after screening for interpersonal and domestic violence.
35. Statin use for the primary prevention of cardiovascular disease in adults – The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low-to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75; 2) they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75. Statin medications are a pharmacy benefit.

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