



Foundation for
Healthy Communities

N.H. Prevention Guidelines

Effective January 1, 2015 – December 31, 2016

Developed by the major health plans and the NH Department of Health and Human Services

ROUTINE PHYSICALS	RECOMMENDED SCHEDULE
AGES 0–30 MONTHS	Birth, 1–2 weeks, 1, 2, 4, 6, 9, 12, 15, 18, 24, 30 months Verify newborn has received all newborn metabolic screening required by state, especially if birth did not occur in hospital or in NH.
AGES 3–18 YEARS	Annually
AGES 19–39 YEARS	Every 5 years*
AGES 40–49 YEARS	Every 1–3 years*
AGES 50+ YEARS	Annually*

***The frequency of visits should be planned with your provider, with consideration of your current health status, risk factors, history and lifestyle choices.**

Routine Visits are recommended to:

- Address health and wellness issues
- Promote preventive screenings and counseling
- Update immunizations
- Enhance and maintain the relationship with your provider

Under the Affordable Care Act, you and your family may be eligible for some important health care services that help keep you well (known as “preventive services”). Preventive services help you avoid getting sick and may not cost any money with your insurance. Some of these no-cost health care services could include cancer screenings, testing, vaccinations, and other services that help to keep you healthy. To understand what preventive services your insurance pays for, contact them directly and request an “explanation or summary of your benefits”.

RECOMMENDED SCREENINGS	RECOMMENDED SCHEDULE
Oral Health / Dental	Apply fluoride varnish to primary teeth of all infants and children starting at age of primary tooth eruption. Beginning at age 6 months, an oral risk assessment and prescribe oral fluoride supplementation at currently recommended doses after screening water source; at age 1 year, referral to dental home. ^{2,6}
Lead	Blood test at 1 and 2 years of age or between the ages of 3 and 5 if not previously tested, based on community or individual risk. ^{5,9}
Autism	Screen for Autism Spectrum Disorder at 18 and 24 months, and at other times when there is parent or healthcare provider concern based on child behaviors or risk factors. Screening tool preferred for autism screening: https://brightfutures.aap.org/pdfs/Other%203/M-Chat%20Tool.pdf
Obesity	Pediatrics – Screen using BMI percentile-for-age for ages 2–20 years; counsel on benefits of physical activity and healthy diet to maintain desirable weight for height; ² screen children age 6 and older and offer comprehensive, behavioral interventions to promote improvement in weight status. ¹ Adults – Screening to include BMI and refer those with BMI 30 or > to intensive multicomponent behavioral interventions to promote weight loss and maintain a healthy weight. ⁶
Vision	Screening at least once between ages 3 and 5 years, to detect amblyopia and strabismus, and defects in visual activity. ⁶
Alcohol & Drug Screening and Counseling	Adolescents – Evaluate risk for alcohol and substance use; provide therapeutic intervention. ² Adults – Screen as part of all routine preventive care. Provide brief behavioral counseling intervention to reduce alcohol misuse, to those engaged in risky or hazardous drinking. ⁶
Tobacco	Pediatrics / Adolescents – Education and counseling to prevent initiation of tobacco use. Adults – Screen as part of all routine preventive care and provide tobacco cessation interventions to those who use tobacco products. ⁶
Domestic Violence and Injury Prevention Screening and Counseling	Part of all routine care. ⁶ Elderly Falls – All adults 65 and older should be annually screened for falls ⁸ and any who have had a fall in the past year should be evaluated and counseled.
Depression	Screening as part of preventive care for adolescents and adults. ⁶
Cholesterol Lipids	Routinely screen men aged 35 years and older and women aged 45 years and older. ⁶
Chlamydia	Screen for sexually active women aged 24 and under and for older women at increased risk. ⁶
HIV	Screen for HIV infection in all adolescents and adults age 15 to 65 years, and other ages that are at increased risk. ⁶
Sexually Transmitted Infections	Screen annually all sexually active adolescents and adults; test based on patient population and clinical setting; offer high intensity behavioral counseling to prevent STIs for those at increased risk. ⁶
Cervical Cancer / HPV	Initial pelvic exam and pap smear at age 21 to 65 years, or earlier, based on risk factors; ongoing every 3–5 years based on risk and clinician/patient discretion. For women 30–65 years who want to extend screening intervals, screen with pap smear and human papillomavirus testing every 5 years. ⁶
Hepatitis C Virus Infection Screening	One time screening for HCV Infection to adults born between 1945 and 1965, and for others at high risk for infection. ⁶
Breast Cancer	Beginning at age 40 (for those at average risk), screening mammography every 1–2 years; clinical breast exams about every three years for women in their 20’s and 30’s, and every year for women over 40; ³ educate women aged 20 and older on breast self-awareness. ⁷
Abdominal Aortic Aneurysm Screening	One time screening for AAA by ultrasonography in men ages 65–75 years who have ever smoked. ⁶
Lung Cancer	Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. ⁶
Colorectal Cancer	Beginning at age 50 and continuing until age 75 years (for those at average risk), screening options are: annual home fecal occult blood testing (FOBT), sigmoidoscopy every 5 years, double contrast barium enema every 5 years or colonoscopy every 10 years. ^{3,6}
Osteoporosis	Routine screening for women, beginning at age 65, and in younger women if at risk for osteoporotic fractures. ⁶

Screening frequency may vary with patient characteristics, such as family history, race, ethnicity, age and risk for medical conditions.

SOURCES:

1. American Academy of Family Physicians (AAFP)
2. American Academy of Pediatrics (AAP)
3. American Cancer Society (ACS)
4. Advisory Committee on Immunization Practices (ACIP)
5. Centers for Disease Control and Prevention (CDC)

6. United States Preventive Services Task Force (USPSTF)
7. American Congress of Obstetrics and Gynecology (ACOG)
8. American Geriatric Society Guidelines
9. New Hampshire Childhood Lead Poisoning Screening and Management Guidelines, 2014

Recommended Immunization Schedule for Adults and Children

We recognize the importance of immunizations in primary disease prevention. The Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) publishes recommendations on immunizations for children and adults. For the ACIP’s current recommendations on immunizations, please refer to the National Immunization Program Website at www.cdc.gov/vaccines/recs/schedules/default.htm.

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