

# N.H. Prevention Guidelines

Effective April 1, 2012–March 31, 2014



Developed by the major Health Plans of NH and the 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
AGES 3–21 YEARS	Annually
AGES 22–39 YEARS	Every 3- 5 years
AGES 40–49 YEARS	Every 2 years
AGES 50+ YEARS	Annually

\*Verify newborn has received all newborn metabolic screening required by state, especially if birth did not occur in hospital or in NH.

RECOMMENDED DIAGNOSTIC SCREENINGS	RECOMMENDED SCHEDULE
Oral Health/Dental	Beginning at age 6 mos., an oral risk assessment and prescribe oral fluoride supplementation at currently recommended doses after screening water source**; at age 1 year, referral to dentist <sup>2, 6</sup>
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 <sup>5</sup>
Autism	Screen at 18 and 24 months, and older at clinical discretion
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 <sup>1, 2</sup> Adults - Screening to include BMI and offer intensive counseling and behavioral interventions to promote weight loss and maintain a healthy weight
Vision	Screening at least once between ages 3 and 5 years, to detect amblyopia and strabismus, and defects in visual activity <sup>6</sup>
Alcohol, and Drug Screening and Counseling	Adolescents – Evaluate risk for alcohol and substance use, provide therapeutic intervention <sup>2</sup> Screen as part of all routine preventive care
Tobacco	Screen as part of all routine preventive care and provide tobacco cessation interventions to those who use tobacco
Domestic Violence and Injury Prevention Screening and Counseling	Part of all routine care <sup>6</sup> Elderly Falls - All adults 65 and older should be annually screened for falls <sup>8</sup> and counseling
Depression	Screening as part of preventive care for adolescents and adults <sup>6</sup>
Cholesterol (Lipids)	Routinely screen men aged 35 years and older and women aged 45 years and older.
Chlamydia	Annually for sexually active women aged 24 and under and for older women at increased risk <sup>6</sup>
Cervical Cancer	Initial pelvic exam and pap smear at age 21, or earlier, based on risk factors; ongoing every 3-5 years based on risk and clinician/patient discretion <sup>6</sup>
Breast Cancer	Beginning at age 40, screening mammography every 1–2 years; beginning at developmentally appropriate age, discuss the risks and benefits of clinical and self-breast exam and mammography <sup>3,6,7</sup>
Prostate Cancer	Beginning at age 50, discuss the risks and benefits of Digital Rectal Exam (DRE) and Prostate Specific Antigen (PSA) <sup>3</sup>
Colorectal Cancer	Beginning at age 50, screening options include one and/or a combination of the following: annual home fecal occult blood testing (FOBT), sigmoidoscopy every 5 years, double contrast barium enema every 5 years, colonoscopy every 10 years <sup>3, 6</sup>
Osteoporosis	Routine screening for women, beginning at age 65, and in younger women if at risk for osteoporotic fractures <sup>6</sup>

Screening frequency may vary with patient characteristics, such as family history and other risk factors.

\*New Hampshire Childhood Lead Poisoning Screening and Management Guidelines, December 2009 (Revised).  
\*\*MMWR 2001.

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. Center 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

## Recommended Immunization Schedule

VACCINE	AGE													
	Birth	1–2 mo.	2 mo.	4 mo.	6 mo.	6–18 mo.	12–15 mo.	15–18 mo.	4–6 yrs.	11–12 yrs.	19–49 yrs.	50+ yrs.	60+ yrs.	65+ yrs.
HEPATITIS B	✓	✓				✓								
ROTAVIRUS			✓	✓	✓									
DIPHTHERIA-TETANUS-PERTUSSIS (DTAP)			✓	✓	✓			✓	✓					
TETANUS-DIPHTHERIA-PERTUSSIS (Td/Tdap)										✓ Tdap	✓	Td booster every 10 years		
HAEMOPHILUS INFLUENZA TYPE B (Hib)			✓	✓	✓		✓							
PNEUMOCOCCAL (PCV)			✓	✓	✓		✓							
INACTIVATED POLIO VIRUS (IPV)			✓	✓		✓			✓					
INFLUENZA (FLU)						Recommended annually from 6 months to 18 years of age						✓	Annually	
MEASLES, MUMPS, RUBELLA (MMR)							✓		✓					
VARICELLA (CHICKEN POX)							✓		✓					
HEPATITIS A						✓ 2 dose series (12 mos. - 23 mos.)								
HUMAN PAPILLOMAVIRUS (HPV)										✓ 3 dose series				
MENINGOCOCCAL (MCV4)										✓				
PNEUMOCOCCAL (PPV)														✓ 1 lifetime dose
ZOSTER														✓ 1 lifetime dose

✓ Indicates when immunizations are recommended.

Rotavirus—If Rotarix is administered at ages 2 and 4 mos., a dose at 6 mos. is not indicated.

Meningococcal vaccine (MCV4) — If not previously vaccinated at 11–12 years of age, routine vaccination is recommended for ages 13–18 and college freshmen living in dormitories.

Tdap (adolescent) — If not previously vaccinated, those 13–18 years of age discuss catch-up vaccination with your doctor.

Td (adults) — If not previously vaccinated with Tdap, substitute one single dose of Tdap for Td.

HPV — If not previously vaccinated, those 13–26 years of age, discuss catch-up vaccination with your healthcare provider.

Measles, Mumps, Rubella (MMR) and Varicella — Those ages 19 and older who lack evidence of immunity (e.g., lack of documentation of vaccination or have no evidence of prior infection) should be vaccinated. Refer to www.cdc.gov for updated vaccine recommendations released after January 2012.

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