

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

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.

Autism

- Assessment at 18 and 24 months by your child’s doctor.

Immunizations

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

Screenings/counseling/services

| | |
|-------------------------------|---|
| Blood tests | 24–48 hours after birth ¹ |
| Fluoride use | Discuss use or prescribe supplementation for 6 months and older ²⁵ |
| Gonococcal ophthalmia | Topical eye medication administered during initial newborn care |
| Hearing loss | One- or two-step screening process for newborns |
| Height and weight | Periodically |
| Iron deficiency anemia | Children 6–12 months at average or increased risk |
| Lead | Risk assessment and testing at 12 and 24 months if risk identified |
| Tuberculosis | 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 “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 3–10

Topics you may want to discuss with your doctor

Safety

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

Exercise

- Ages 0–5: 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.
- Age 6 and up: Regular physical activity 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: Talk to your dentist about dental sealants.

Other topics for discussion

- Well-child visits are a good time to talk to your doctor about any concerns you have with your child’s health, growth, or behavior.

Immunizations

| | |
|--|---|
| DTaP (diphtheria, tetanus, acellular pertussis) | Ages 4–6 years |
| Flu, annual | Recommended ^{2,18} |
| Hepatitis A | For children not previously vaccinated and risk factors are present |
| Hepatitis B | For children who did not complete the immunization series between 0–18 months |
| IPV (inactivated poliovirus vaccine) | Ages 4–6 years |
| MMR (measles, mumps, rubella) | Second dose at ages 4–6 years |
| Pneumococcal (pneumonia) | For children with risk factors ⁶ or an incomplete schedule (2–5 years) |
| Varicella (chickenpox) | Second dose at ages 4–6 |

Screenings/counseling/services

| | |
|---|--|
| Diabetes | Periodically if risk factors are present |
| Height, weight, BMI, and hearing | At well visit |
| Flouride use | Discuss use or prescribe supplementation for age 5 and younger ²⁵ |
| Lead | Risk assessment for age 6 and under |
| Obesity | Screening, counseling, and behavioral interventions for children age 6 and older |
| Tuberculosis | Risk assessment and testing if risk identified |

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

Injury prevention for:

Older children

- Children should use a booster seat in the car’s back seat until they are at least 8 years old or weigh at least 80 pounds.
- Older children should use car seat belts and sit in the back seat at all times.
- Make sure your child wears a helmet while rollerblading or riding a bicycle. Make sure your child uses protective equipment for rollerblading and skate-boarding (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 old 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 – (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 11–19

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:⁴ practice safe sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

Substance abuse

- Use of alcohol, tobacco (cigarettes or chewing), inhalants, and other drugs among adolescents is a major concern for parents. Let the doctor know if you have any concerns about your child.

Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

Other topics for discussion

- It is a good idea to let your teenager have private time with the doctor to ask any questions he or she may not feel comfortable asking you.

Immunizations

| | |
|--|--|
| Flu, annual | Recommended ² |
| Hepatitis A | For individuals not previously vaccinated and risk factors are present |
| Hepatitis B | For individuals not previously vaccinated |
| HPV (human papillomavirus) | A three-shot series at pre-adolescent visit (ages 11–12); may also be given to females ages 9–26 and males ages 9–18 |
| Meningococcal | At pre-adolescent visit (ages 11–12); administer to college-bound students living in a dorm if not previously immunized ⁸ |
| MMR (measles, mumps, rubella) | At pre-adolescent visit (ages 11–12) if missing second dose |
| Pneumococcal (pneumonia) | For children with risk factors ⁶ |
| Tdap booster (tetanus, diphtheria, pertussis) | For children ages 11–12 who have completed the recommended DTaP immunization series ¹⁷ |
| Varicella (chickenpox) | At pre-adolescent visit (ages 11–12) if missing second dose |

Screenings/counseling/services

| | |
|---|--|
| Alcohol misuse, blood pressure, height, weight, BMI, vision, and hearing | At well visit |
| Cervical cancer | Recommended for women who have been sexually active |
| Chlamydia | Recommended for all sexually active women under age 25 and for women at increased risk for infection ¹¹ |
| Contraception | FDA approved contraceptive methods for females, education and counseling |
| Depression | For all adolescents |
| Gonorrhea | Recommended for all sexually active women who are at increased risk for infection ¹¹ |
| Healthy diet | Behavioral counseling ²⁸ |
| HIV | For all adolescents at increased risk for HIV infection ²⁴ |
| HPV | Recommended for all sexually active women age 11 and older |
| Obesity | Screening, counseling, and behavioral interventions |
| Sexually transmitted infections | Behavioral counseling as needed ²⁷ |
| Syphilis | For individuals at increased risk for infection ¹² |
| Tuberculosis | Risk assessment and testing if risk identified |

“Promoting your pre-teen’s and adolescent’s social and emotional development”

Parents need to offer open, positive communication while providing clear and fair rules and consistent guidance. Let your child find his or her own path while staying within the boundaries you have set.

- Be a good role model for how to handle disagreements, such as by talking calmly.
- Praise him or her for successfully avoiding a confrontation, such as by saying, “I’m proud of you for staying calm.”
- Supervise the websites and computer games that your child uses.
- Set limits on use of computers, telephones, texting, and TV after a set evening hour to help your child get regular sleep.
- Talk to your child about healthy relationships. Dating abuse does occur among preteens and teens.
- Be a role model for healthy eating and regular physical exercise.

For women ages 20 – 49

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.
- Vitamin D is important for bone and muscle development, function and preservation.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention:⁶ 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 tooth-paste daily. Seek dental care regularly.

Immunizations

| | |
|---|---|
| Flu, annual | Recommended ² |
| Hepatitis A | For individuals with risk factors; for individuals seeking protection ³ |
| Hepatitis B | For individuals with risk factors; for individuals seeking protection ⁴ |
| HPV (human papillomavirus) | For all women 26 years and younger if not previously immunized |
| Meningococcal | College-bound students living in a dorm if not previously immunized ⁸ |
| MMR (measles, mumps, rubella) | Once, without proof of immunity or if no previous second dose ⁵ |
| Pneumococcal (pneumonia) | For individuals with risk factors ⁷ |
| Td booster (tetanus, diphtheria) | Recommended once every 10 years ¹⁵ |
| Varicella (chickenpox) | Recommended for adults without evidence of immunity; should receive 2 shots ¹⁰ |

Screenings/counseling/services

| | |
|--|---|
| Alcohol misuse | Behavioral counseling |
| Blood pressure, depression, height, weight, and BMI | At well visit, annually |
| Breast cancer | Recommend mammogram every 1–2 years beginning at age 40 ²¹ |
| Breast cancer chemoprevention | Recommended for women at high risk for breast cancer and low risk for adverse effects from chemoprevention |
| Cervical cancer | Recommend for women who have been sexually active and have a cervix |
| Chlamydia | Recommended for all sexually active women under age 25 and for women at increased risk for infection ¹¹ |
| Contraception | FDA approved contraceptive methods for females, education and counseling |
| Depression | For all adults |
| Diabetes | Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg ²³ |
| Domestic violence and abuse | Screening and counseling for interpersonal and domestic violence |
| Folic acid | Recommend for all women planning or capable of pregnancy |
| Gonorrhea | Recommend for all sexually active women who are at increased risk for infection ¹¹ |
| Healthy diet | Behavioral counseling ²⁸ |
| HIV | For all adults at increased risk ²⁴ |
| HPV | Recommended for all sexually active women |
| Lipid disorder | Recommended for individuals at increased risk ⁹ |
| Obesity | Screening, counseling, and behavioral interventions |
| Sexually transmitted infections | Behavioral counseling as needed ²⁷ |
| Syphilis | Routine screening for pregnant women and individuals at increased risk for infection ¹² |
| Tobacco use and cessation | Screening for tobacco use and cessation intervention |

If you are pregnant, please refer to the “For Pregnant Women” page for pregnancy-related recommendations.

For men ages 20 – 49

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.
- Vitamin D is important for bone and muscle development, function, and preservation.

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. Seek dental care regularly.

Immunizations

| | |
|---|---|
| Flu, annual | Recommended ² |
| Hepatitis A | For individuals with risk factors; for individuals seeking protection ³ |
| Hepatitis B | For individuals with risk factors; for individuals seeking protection ⁴ |
| Meningococcal | College-bound students living in a dorm if not previously immunized ⁸ |
| MMR (measles, mumps, rubella) | Once, without proof of immunity or if no previous second dose ⁵ |
| Pneumococcal (pneumonia) | For individuals with risk factors ⁷ |
| Td booster (tetanus, diphtheria) | Recommended once every 10 years ¹⁵ |
| Varicella (chickenpox) | Recommended for adults without evidence of immunity; should receive 2 shots ¹⁰ |

Screenings/counseling/services

| | |
|--|---|
| Alcohol misuse | Behavioral counseling |
| Aspirin | Visit to discuss potential benefit of use ¹⁹ |
| Blood pressure, depression, height, weight, and BMI | At well visit, annually |
| Depression | For all adults |
| Diabetes | Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg ²³ |
| Domestic violence and abuse | Screening and counseling for interpersonal and domestic violence |
| Healthy diet | Behavioral counseling ²⁸ |
| HIV | For all adults at increased risk ²⁴ |
| Lipid disorder | Screening periodically, starting at age 35; age 20 if at increased risk ⁹ |
| Obesity | Screening, counseling, and behavioral interventions |
| Prostate cancer | Beginning at age 40 if at increased risk ²⁶ |
| Sexually transmitted infections | Behavioral counseling as needed ²⁷ |
| Syphilis | Routine screening for individuals at increased risk for infection ¹² |
| Tobacco use and cessation | Screening for tobacco use and cessation intervention |

“Know your numbers.” We encourage you to learn your “numbers” at your doctor visit and work toward the optimal goals through exercise and healthy diet.

Heart health factors

- Total cholesterol
- LDL “bad” cholesterol
- HDL “good” cholesterol
- Triglycerides
- Blood pressure
- Fasting glucose
- Body mass index (BMI)
- Exercise

Optimal goals

- Less than 200 mg/dL
- Less than 100 mg/dL
- 50 mg/dL or higher
- Less than 150 mg/dL
- Less than 120/80 mmHg
- Less than 100 mg/dL
- Less than 25 kg/m²
- Minimum of 30 minutes most days of the week

For men and women ages 50 and older

Topics you may want to discuss with your doctor

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.
- Vitamin D is important for bone and muscle development, function, and preservation.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention:⁶ practice safer sex (use condoms) or abstinence.

Substance abuse

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

Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

Other topics for discussion

- Fall prevention.
- Possible risks and benefits of hormone replacement therapy (HRT) for post-menopausal women.
- Risks for and possible benefits of prostate cancer screening in men to determine what is best for you.
- The dangers of drug interactions.
- Physical activity.
- Glaucoma eye exam by an eye care professional (i.e., an ophthalmologist, optometrist) ages 65 and older.

Immunizations

| | |
|---|---|
| Flu, annual | Recommended ² |
| Hepatitis A | For individuals with risk factors; for individuals seeking protection ³ |
| Hepatitis B | For individuals with risk factors; for individuals seeking protection ⁴ |
| Pneumococcal (pneumonia) | Recommended for individuals 65 and older; and individuals under 65 with risk factors ⁷ |
| Td booster (tetanus, diphtheria) | Recommended once every 10 years ¹⁵ |
| Varicella (chickenpox) | Recommended for adults without evidence of immunity; should receive 2 shots ¹⁰ |
| Zoster (shingles) | Recommended for all adults 60 and older |

Screenings/counseling/services

| | |
|---|---|
| AAA (abdominal aortic aneurysm) | For men ages 65–75 who have ever smoked, one-time screening for AAA by ultrasonography |
| Alcohol misuse | Behavioral counseling |
| Aspirin | Visit to discuss potential benefit of use ^{19, 20} |
| Blood pressure, depression, height, weight, BMI, vision, and hearing | At well visit, annually |
| Breast cancer | Recommend mammogram every 1–2 years for women ages 50–74 ²¹ |
| Breast cancer chemoprevention | Covered for women at high risk for breast cancer and low risk for adverse effects from chemoprevention |
| Cervical cancer | At least every 3 years if cervix present; after age 65, Pap tests can be discontinued if previous tests have been normal |
| Colorectal cancer | Recommended for adults 50–75 ²² |
| Depression | For all adults |
| Diabetes | Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg ²³ |
| Domestic violence and abuse | Screening and counseling for interpersonal and domestic violence |
| Gonorrhea | Recommended for all sexually active women who are at increased risk for infection ¹¹ |
| HIV | For all adults at increased risk for HIV infection ²⁴ |
| HPV | Recommended for all sexually active women 65 and younger |
| Lipid disorder | Screening periodically |
| Obesity | Screening, counseling, and behavioral interventions |
| Osteoporosis | Recommend routine screening for women 65 and older; routine screening for women under age 64 if at increased risk ¹³ |
| Prostate cancer | Prostate-specific antigen (PSA) test and digital rectal exam |
| Sexually transmitted infections | Behavioral counseling as needed ²⁷ |
| Syphilis | Recommended for individuals at increased risk for infection ¹² |
| Tobacco use and cessation | Screening for tobacco use and cessation intervention |

For heart health, adults should exercise regularly (at least 30 minutes a day on most days), which can help reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes. Consult your physician before starting a new vigorous physical activity.

For pregnant women

| Screenings/counseling/services | |
|----------------------------------|--|
| Alcohol misuse | Behavioral counseling |
| Asymptomatic bacteriuria | 12–16 weeks gestation or first prenatal visit if after 16 weeks gestation |
| Breast feeding counseling | Promote breast feeding to pregnant or postpartum women. Comprehensive lactation support and breast feeding equipment. |
| Chlamydia | During first prenatal visit and second screening during the third trimester for those at increased risk ¹¹ |
| Depression | For all adults |
| Folic acid | Discuss use of 0.4 to 0.8 mg daily |
| Gestational Diabetes | Women between 24 and 28 weeks gestations and the first prenatal visit for pregnancy. Women identified to be at increased risk for diabetes. |
| Gonorrhea | First prenatal visit and second screening during the third trimester if at increased risk ¹¹ |
| Hepatitis B | First prenatal visit |
| HIV | First prenatal visit ²⁴ |
| Iron deficiency anemia | Once during each pregnancy |
| Rh (D) incompatibility | First prenatal visit and repeat testing at 24–28 weeks gestation unless the biological father is known to be Rh (D) negative for unsensitized Rh (D) negative pregnant women |
| Syphilis | First prenatal visit, second screening during the third trimester and at delivery for those at increased risk ¹² |
| Tobacco use and cessation | Screening for tobacco use and tobacco-cessation intervention |

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 website, blueshieldca.com, and search “postpartum depression” or see your healthcare provider.

Recommendations for a healthy pregnancy

Prenatal care

Begin within 14 days of confirming pregnancy.

Dietary supplements

Women of childbearing age should take 0.4 to 0.8 mg 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 3–7 weeks following delivery. Postpartum exam to include weight, blood pressure, breast and abdomen exam, or pelvic exam.

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 aged 6 months and older, including all adults. Healthy, nonpregnant adults aged less than 50 years 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 aged 65 years and older can receive the standard influenza vaccine or the high-dose influenza vaccine.
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. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 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 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. 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 \geq 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. 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 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 9 years of age getting flu vaccine for the first time – or who received flu vaccine – should get 2 doses, at least 4 weeks apart.
19. Potential benefit of aspirin use in men ages 45 to 79 due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
20. Potential benefit of aspirin use in women ages 55 to 79 due to a reduction in ischemic strokes outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
21. 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.
22. 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.
23. Diabetes screening should be performed for patients with blood pressure 135/80 or lower if knowledge of diabetes status would help inform decisions about coronary heart disease prevention strategies.
24. 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 injecting 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.
25. Fluoride oral supplementation should be discussed at preventive care visit if primary water source is deficient in fluoride.
26. Increased risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
27. 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.
28. Intensive behavioral counseling to promote healthy diet is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease.

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.