

Life Course Chart: Children & Adolescents

AGE	At Birth	1 Month	2 Month	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	19-23 Months	24 Months	30 Months	36-47 Months	4-6 Years	7-10 Years	11-12 Years	13-15 Years	16-18 Years	
Alcohol Misuse																		Children under age 18: screen pending risk and need.	
Cervical Cancer																		All females within 3 years of the onset of sexual activity: screen at least once every three years, no more than once per calendar year.	
Childhood Development							Screen		Screen			Screen							
Contraceptive Use																		Counsel as medically indicated Prescribe as medically indicated	
Dental Caries Prevention																		At-risk: oral fluoride supplementation as prescribed by a clinician	
Depression																		Screen beginning age 12	
Elevated Blood Lead Levels¹										At-risk: Screen		At-risk: Screen		At-risk: Screen					
Immunization²																			
• Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP										DTaP		Tdap ³	Tdap (catch-up)	
• Haemophilus influenzae type b			Hib	Hib	Hib														
• Hepatitis A																		HepA Series	
• Hepatitis B	HepB ⁴	HepB							HepB									HepB Series (catch-up)	
			Exposed infants: HBIG prophylaxis ⁵																
• Human papillomavirus																		HPV Series HPV Series (catch-up)	
• Inactivated Poliovirus			IPV	IPV											IPV			IPV Series (catch-up)	
• Influenza																		Influenza (annually)	
• Measles, Mumps, Rubella																		MMR MMR Series (catch-up)	
• Meningococcal																		MCV MCV (catch-up)	
• Pneumococcal			PCV	PCV	PCV													PCV	
• Rotavirus			Rota	Rota	Rota														
• Varicella (Chicken Pox)																		Varicella Varicella Series (catch-up)	
Iron Deficiency Anemia																		Recommendation forthcoming.	
Motor Vehicle-Related Injury Prevention																		Counsel as medically indicated, reinforce prevention messages annually	
Newborn Hearing	Screen	At-risk: re-screen as medically indicated																	
Newborn Screening for Genetic and Endocrine Disorders	Screen	Re-screen, as medically indicated																	
		All children and adolescents with genetic or endocrine disorders: medications and medical foods, as medically indicated																	
Obesity																		Screen as medically indicated	
Sexually Transmitted Infections (STIs)																			
• Counseling to prevent STIs																		Educate on the risk factors for HIV and other STIs & counsel on effective measure to reduce risk of infection	
• Chlamydia																		All female adolescents from onset of sexually activity through age 25: screen annually	
• Gonorrhea																		All female adolescents from onset of sexually activity through age 25: screen annually	
• Human Immunodeficiency Virus (HIV)																		Screen as medically indicate. at least once per lifetime. Adolescents at high risk should be screened at least annually.	
• Syphilis																		High-risk adolescents: screen as medically indicated	
Tobacco Use																		Children under age 18: screen pending risk and need.	
																		Counsel as medically indicated	
																		Provide nicotine replacement products/medications and/or tobacco cessation medication, as medically indicated	
Vision																		Screen at all well-child visits	

Screening: 
Testing: 
Counseling: 
Immunization: 
Preventive Treatment: 
Preventive Medication/Intervention: 

Notes: 1. Screen at any age when deemed medically necessary by a risk assessment, clinical signs or symptoms consistent with elevated BLL, or when other evidence indicates possible lead exposure.
 2. The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACIP website (<http://www.cdc.gov/vaccines/recs/acip/default.htm>) for up-to-date recommendations.
 3. For those children who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose.
 4. All newborns should receive the hepatitis B vaccine soon after birth and before hospital discharge.
 5. Infants born to mothers who are HBsAg-positive should receive the hepatitis B vaccine with HBIG within 12 hours of birth. Infants born to mothers whose HBsAg status is unknown should receive the hepatitis B vaccine within 12 hours of birth.