

# Life Course Chart: Children & Adolescents

AGE	At Birth	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	4-6 Years	11-12 Years	13-15 Years	16-18 Years	
<b>Alcohol Misuse</b>																Screen as medically indicated	
<b>Cervical Cancer</b>	All adolescents within 3 years of the onset of sexual activity: screen at least once every three years, no more than once per calendar year.																
<b>Childhood Development</b>						Screen			Screen		Screen						
<b>Contraceptive Use</b>																Counsel as medically indicated	
																Prescribe as medically indicated	
<b>Dental Caries Prevention</b>	At-risk: oral fluoride supplementation as prescribed by a clinician																
<b>Depression</b>																Screen as medically indicated	
<b>Elevated Blood Lead Levels<sup>1</sup></b>							At-risk: Screen			At-risk: Screen		At-risk: Screen					
<b>Immunization<sup>2</sup></b>																	
• <b>Diphtheria, Tetanus, Pertussis</b>			DTaP	DTaP	DTaP		DTaP (between 12-18 months, provided 6 months have elapsed since 3rd dose)					DTaP	Tdap <sup>3</sup>	Tdap (catch-up)			
• <b>Haemophilus influenzae type b</b>			Hib	Hib	Hib		Hib										
• <b>Hepatitis A</b>							HepA Series										
• <b>Hepatitis B</b>	HepB <sup>4</sup>	HepB					HepB					HepB Series (catch-up)					
	Exposed infants: HBIG prophylaxis <sup>5</sup>																
• <b>Human papillomavirus</b>														HPV Series	HPV Series (catch-up)		
• <b>Inactivated Poliovirus</b>			IPV	IPV			IPV						IPV				
• <b>Influenza</b>							Influenza (annually)										
• <b>Measles, Mumps, Rubella</b>							MMR						MMR	MMR (catch-up)			
• <b>Meningococcal</b>														MCV4	MCV4 (catch-up)		
• <b>Pneumococcal</b>			PCV	PCV	PCV		PCV										
• <b>Rotavirus</b>			Rota	Rota	Rota												
• <b>Varicella (Chicken Pox)</b>							Varicella						Varicella	Varicella (catch-up)			
<b>Motor Vehicle-Related Injury Prevention</b>																Counsel as medically indicated, reinforce prevention messages annually	
<b>Newborn Hearing</b>	Screen	At-risk: re-screen as medically indicated															
<b>Newborn Screening for Genetic and Endocrine Disorders</b>	Screen	At-risk: re-screen as medically indicated															
	All children and adolescents with genetic or endocrine disorders: medications and medical foods, as medically indicated																
<b>Obesity</b>																Screen as medically indicated	
<b>Sexually Transmitted Infections (STIs)</b>																	
• <b>Counseling to prevent STIs</b>							Educate on the risk factors for HIV and other STIs & counsel on effective measure to reduce risk of infection										
• <b>Chlamydia</b>							All female adolescents from onset of sexually activity through age 25: screen annually										
• <b>Gonorrhea</b>							All female adolescents from onset of sexually activity through age 25: screen annually										
• <b>Human Immunodeficiency Virus (HIV)</b>																Screen as medically indicated	
							All adolescents undergoing screening: pre- and post-test counseling, maximum of 3 sessions per test cycle										
• <b>Syphilis</b>																High-risk adolescents: screen as medically indicated	
<b>Tobacco Use</b>																Screen at every medical encounter	
																Counsel as medically indicated	
							Provide nicotine replacement products/medications and/or tobacco cessation medication, as medically indicated										
<b>Vision</b>	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 for routine vaccination in force at the time the chart was made. Visit the ACIP website ([www.cdc.gov/nip/acip/](http://www.cdc.gov/nip/acip/)) 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.