

## Childhood Preventive Care

MVP Health Care®, as part of its continuing Quality Improvement Program, adopted the American Academy of Pediatrics' (AAP) and Bright Futures Recommendations for Preventive Pediatric Health Care as MVP's preventive care guideline for children. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The primary goal of Bright Futures development is to support primary care practices in providing well-child and adolescent care according to Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. For childhood immunizations, MVP endorses the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), The American Academy of Pediatrics, Bright Futures and the American Academy of Family Practice Physicians' recommendations.

### Key Guideline Messages

- The recommended preventive care visit frequency is shown according to age group at the AAP link below.
- In addition to the physical exam, all preventive care visits should include a thorough history, measurements (e.g., weight, height, BMI) and age-appropriate vision / hearing screening, developmental / behavioral assessments, and anticipatory guidance.
- Additional procedures such as newborn screening for metabolic/genetic diseases and HIV, immunizations, blood testing and sexually transmitted infection testing that vary according to age are outlined in the periodicity schedule.
- The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and endorses the "Medical Home" model of pediatric primary care and recommends the need to avoid fragmentation of care.

### Lead Prevention and Control

- The key to preventing lead toxicity in children is identification and elimination of the major sources of lead exposure. Primary prevention of lead exposure is now widely recognized as the optimal strategy because of the irreversible effects of low-level lead toxicity.
- There are many possible sources of lead exposure to consider in children:
  - A large number of housing units in the United States contain lead-based paint. Age of the housing is a major determinant of lead paint hazards. For housing built from 1978 to 1998, 2.7% contained one or more lead paint hazards, whereas the prevalence of residential hazards increased to 11.4% of housing built from 1960 to 1977, 39% of housing built from 1940 to 1959, and 67% of housing units built before 1940.

- Lead-based paint is the major source of lead, but ingestions of lead-contaminated house dust and residential soil are the major pathways for exposure.
  - Lead-contaminated soil is an important source of lead intake for children. Lead-contaminated soil can directly contribute to children's blood lead concentrations via soil ingestion and indirectly from soil tracked indoors on shoes, which then contaminates house dust (Remove all shoes in the home to limit exposure).
  - Water is an important but often overlooked source of exposure for children, especially for infants who are formula fed.<sup>5,46,47</sup> Water typically contributes to approximately 20% of a child's blood lead concentrations if the water lead concentration exceeds 5 ppb.
  - Other sources of lead intake for children have been identified, such as nutritional supplements and folk medicines, ceramic dishware, and cosmetics.
  - Consumer products such as children's toys, lunch boxes, crayons, and lipstick that are contaminated with lead have received a great deal of attention. These products constitute a small source of lead intake for most children, but they can be the major source for an individual child.
- Children between six months of age and six years should be assessed for high dose lead exposure during their preventive care visit using a risk assessment tool based on currently accepted public health guidelines.
  - Blood lead testing is indicated for those found to be at-risk for high dose lead exposure.
  - Blood lead testing is also required by the NYSDOH (Public Health Law) and Vermont Law 18 V.S.A 1755 for identified at risk children, as well as for all children at or around age one and again around two years of age (i.e. two screening tests by the age of two).
  - All children enrolled in Medicaid should be screened with a blood lead test at ages 12 and 24 months or at ages 36--72 months if they have not previously been screened.
  - Follow-up care is to be provided as indicated by test results per the state guidelines. Anticipatory guidance on lead poisoning prevention is recommended as a part of routine care.

### Accessing the Recommendations

#### Preventive Visits:

- The guideline, AAP Periodicity Schedule, is available by visiting the American Academy of Pediatrics website ([Preventive Care/Periodicity Schedule \(aap.org\)](https://www.aap.org/preventive-care/periodicity-schedule)).
- The Recommended Immunization Schedule for Persons Age 0 through 18 Years is available through the Vaccines and Immunizations pages of the CDC website

(<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>). Information on the changes in the schedule since the last revision can be found in the [MMWR publication](#) on the CDC website.

- The AAP policy statement on The Medical Home: <https://pediatrics.aappublications.org/content/110/1/184.full?sid=ce095d4a-d820-4578-9876-2944573d306e>
- For more information and to review the related *Bright Futures Guidelines*, 4th Edition **Evidence and Rationale** chapter is available by using the following link: [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_Evidence\\_Rationale.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf)

### **Lead Prevention and Control:**

- For children at risk of lead exposure, see “Prevention of Childhood Lead Toxicity” (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).
- The full New York State Department of Health Regulations for Lead Poisoning Prevention and Control (including lead screening and follow-up) is available by using the following link: [https://www.health.ny.gov/regulations/nycrr/title\\_10/part\\_67/](https://www.health.ny.gov/regulations/nycrr/title_10/part_67/) . Guidelines for health care providers for the prevention, identification, and management of lead exposure in children can be found by using the following link: <https://www.health.ny.gov/environmental/lead/>
- The Vermont Statutes Online, Chapter 038: Lead Poisoning Prevention is available using the following link: <https://legislature.vermont.gov/statutes/section/18/038/01755>

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site, and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800)777-4793 extension 1-2247**.