



**Good health is a gift anyone would wish for a child, but it doesn't happen without your help.**

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccines

Blue Cross and Blue Shield of Texas wants your child to be well.

## Children's Wellness Guidelines

### Laying the Groundwork for a Healthy Tomorrow

#### Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider\* and follow immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

- Check your child's Body Mass Index percentile regularly beginning at age 2
- Check blood pressure yearly, beginning at age 3
- Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10
- Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more from your child's doctor or at [healthychildren.org](https://www.healthychildren.org).

Please note: These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

\*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

# Be sure your child is up-to-date on immunizations and health screenings.

## Routine Children's Immunization Schedule<sup>1</sup>

| Vaccine                                                        | Birth | 1 month  | 2 months | 4 months | 6 months | 12 months                                                                            | 15 months                     | 18 months | 11/2 - 3 years | 4 - 6 years |
|----------------------------------------------------------------|-------|----------|----------|----------|----------|--------------------------------------------------------------------------------------|-------------------------------|-----------|----------------|-------------|
| Hepatitis B (HepB)                                             | ●     | ●        |          |          |          | ●                                                                                    |                               |           |                |             |
| Rotavirus (RV)<br>RV1 (2 Dose Series);<br>RV 5 (3 Dose Series) |       |          | ●        | ●        | ●        |                                                                                      |                               |           |                |             |
| Diphtheria Tetanus<br>and Pertussis (DTaP)                     |       |          | ●        | ●        | ●        |                                                                                      | ●                             |           |                | ●           |
| Haemophilus<br>Influenzae Type B (Hib)                         |       |          | ●        | ●        | ●        | ●                                                                                    |                               |           |                |             |
| PedvaxHIB                                                      |       |          | ●        | ●        |          | ●                                                                                    |                               |           |                |             |
| Pneumococcal<br>Conjugate (PCV)                                |       |          | ●        | ●        | ●        | ●                                                                                    |                               |           |                |             |
| Inactivated Polio<br>Vaccine (IPV)                             |       |          | ●        | ●        |          | ●                                                                                    |                               |           |                | ●           |
| Influenza (Flu)                                                |       |          |          |          | ●        | Recommended <b>yearly</b> starting at age 6 months with 2 doses given the first year |                               |           |                |             |
| COVID-19 (Coronavirus<br>disease 2019)                         |       |          |          |          | ●        | Recommended <b>yearly</b> starting at age six months*                                |                               |           |                |             |
| Measles, Mumps<br>and Rubella (MMR)                            |       |          |          |          |          | ●                                                                                    |                               |           |                | ●           |
| Varicella (Chicken pox)                                        |       |          |          |          |          | ●                                                                                    |                               |           |                | ●           |
| Hepatitis A (HepA)                                             |       |          |          |          |          | ●                                                                                    | 2 doses separated by 6 months |           | ●              |             |
| Respiratory syncytial<br>virus (RSV-mAb<br>[Nirsevimab])       |       | 1 dose** |          |          |          |                                                                                      |                               |           |                |             |

● One dose    Shaded areas indicate the vaccine can be given during shown age range.

\*Number of doses recommended depends on your child's age and type of Covid-19 vaccine used. \*\*Depending on maternal RSV vaccination status.

## Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.

## Recommended Immunizations for ages 7 to 18<sup>1</sup>

| Vaccine                                     | 7 - 10 years | 11 - 12 years | 13 - 15 years | 16 years | 17 - 18 years |
|---------------------------------------------|--------------|---------------|---------------|----------|---------------|
| Tetanus Diphtheria Pertussis (Tdap)         |              | ●             |               |          |               |
| Human Papillomavirus (HPV) – boys and girls |              | ●<br>2 doses  |               |          |               |
| Meningococcal (MenACWY)                     |              | ●             |               | ●        |               |
| Influenza (Flu)                             |              |               | Yearly        |          |               |
| COVID-19 (Coronavirus disease 2019)         |              |               | Yearly        |          |               |

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics ([cdc.gov/vaccines/hcp/acip-recs/index.html](https://cdc.gov/vaccines/hcp/acip-recs/index.html)). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on your Member ID card.