



## Periodicity Schedule: Procedures

The Periodicity Schedule is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The HealthCheck Program works to equip West Virginia's pediatric providers with the necessary tools and knowledge to carry out Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program services appropriate to the American Academy of Pediatrics' (AAP) standard for pediatric preventive health care, *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. HealthCheck stresses the importance of continuity of care in the medical home and the need to avoid fragmentation of care. This document focuses on the Procedures portion of the Periodicity Schedule.

### Newborn Metabolic Screen<sup>1</sup>

Screening ideally performed between 24 and 48 hours of age; if not, should be performed at three to five days through two months according to WV State Law. Confirm the initial screen was accomplished, verify results, and follow up as appropriate.

### Newborn Bilirubin Screen<sup>2</sup>

Once an infant is 24 to 36 hours post-delivery, a bilirubin screening is performed. Confirm the initial screen was completed, verify results, and follow up as appropriate.

### Critical Congenital Heart Defect Screen<sup>3</sup>

Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from hospital.

### Immunizations<sup>4</sup>

Continuous process (newborn through 20 years of age) as per the [CDC Childhood Immunization Schedule](#); every visit could be an opportunity to update and complete a child's immunization.

### Anemia Risk Assessment<sup>5</sup>

Risk assessment for anemia starts at four months focusing on feeding practices, especially for exclusively breastfed babies. Iron stores start depleting at birth, possibly requiring addition of iron fortified foods or iron supplements to the diet. Risk factors include low birthweight or preterm birth; non-iron-fortified formula; cow's milk before age 12 months; diet low in iron, inadequate nutrition; special health needs associated with iron deficiency; environmental factors (poverty, limited access to food); meal skipping, frequent dieting; heavy/lengthy menstrual periods or recent blood loss; intensive physical training or participation in endurance sports; and pregnancy or recent pregnancy.

### Hemoglobin or Hematocrit Screen

To be completed at 12 months of age.

### Lead Risk Assessment<sup>6</sup>

Risk assessments for sources of lead in the child's environment should be completed at well-child visits at six months, nine months, 15 months, 18 months, and 30 months through six years. Risk factors include living in or visiting a home or child care facility with an identified lead hazard; home built before 1960 that is in poor repair or has been recently renovated; living near a heavily traveled highway or battery recycling plant; living with an adult whose job or hobby involves exposure to lead; and having a sibling or playmate with a history of lead poisoning.

### Blood Lead Screen<sup>7</sup>

Test blood lead level in all children at 12 months and again at 24 months. Screen children three years through six years of age who have not been screened previously.

### Tuberculosis (TB) Risk Assessment<sup>8</sup>

Assessment begins by one month of age by focusing on exposure risks. Assess every six months during the first two years, then annually after age two with appropriate action to follow up if positive. Risk factors include radiographic findings suggesting TB; contact with persons with confirmed or suspected TB; immigration from high prevalence areas; travel to high prevalence areas; and human immunodeficiency virus (HIV) infection.

### Dyslipidemia Risk Assessment<sup>9</sup>

Required during well-child visits at 24 months, four years, six years and eight years through 20 years. Risk factors include positive family history, defined as a history of premature ( $\leq 55$  years of age in male or  $\leq 65$  years in female) cardiovascular disease in a parent, grandparent, aunt or uncle, or sibling; positive family history of elevated total blood cholesterol  $\geq 240$  mg/dl; unknown family history; adoption; cigarette smoking; elevated blood pressure; overweight (BMI 85th – 95th percentile) or obesity (BMI  $\geq 95$ th percentile); diabetes mellitus; physical inactivity; and poor dietary habits.

SCHEDULE OF WELL-CHILD VISITS

INFANCY	EARLY CHILDHOOD
Newborn	12 months
3-5 days	15 months
By one month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
MIDDLE CHILDHOOD	ADOLESCENCE
5 years	11 years
6 years	12 years
7 years	13 years
8 years	14 years
9 years	15 years
10 years	16 years
	17 years
	18 years
	19 years
	20 years

### **Fasting Lipoprotein Profile**

Universal cholesterol screening for all children once between the ages of nine to 11 years, and again between 17 to 20 years, based on guidelines of the National Heart, Lung, and Blood Institute.

### **Sexually Transmitted Infections (STI) Risk Assessment<sup>10</sup>**

Perform risk assessment for STIs at 11 years through 20 years with appropriate action to follow if positive. Risk factors include multiple or anonymous sex partners; sex in conjunction with illicit drug use; sex with partners who have sex with multiple or anonymous partners and/or use illicit drugs; and incarceration in adult correctional facilities.

### **HIV Risk Assessment**

Perform risk assessment at 11 years through 20 years with appropriate action to follow if positive. Risk factors include males who have sex with males; injection drug use; unprotected vaginal or anal sex; sexual partners who are HIV infected; exchange of sex for drugs or money; and acquired or tested for other STIs.

### **HIV Screen<sup>11</sup>**

Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent.

### **Hepatitis B Virus (HBV) Infection Risk Assessment<sup>12</sup>**

Perform a risk assessment for HBV as soon as three to five days and through 20 years with appropriate action to follow if positive. Higher risk patients include persons born in countries and regions with high prevalence of HBV infection; US born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection; persons who are HIV positive; persons who inject drugs either currently or previously; males who have sex with males; and persons with household contacts or sexual partners of persons with HBV infection.

### **Hepatitis C Virus (HCV) Infection Screen<sup>13</sup>**

All individuals should be screened for HCV infection at least once between the ages of 18 to 79. Those at increased risk of HCV infection, including people who inject drugs, either currently or previously, should be tested for HCV infection and reassessed annually.

### **Sudden Cardiac Arrest/Death Risk Assessment**

Starting at 11 years of age and through 20 years, all children should be evaluated for conditions predisposing them to sudden cardiac arrest (SCA) or sudden cardiac death (SCD) in the course of routine health care, particularly as they enter middle school or junior high. Assess using the four sudden cardiac risk assessment questions<sup>14</sup>. Positive response to any of the questions or an abnormal ECG should prompt further investigation that may include referral to a pediatric cardiologist.

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<sup>1</sup> Newborn metabolic screening should be completed according to WV State Law <https://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=51073&Format=PDF>. The Recommended Uniform Screening Panel <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html> as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations <https://www.babysfirsttest.org/newborn-screening/states> establish the criteria for and coverage of newborn screening procedures and programs.

<sup>2</sup> "Hyperbilirubinemia in Newborn Infant > 35 Weeks' Gestation: An Update with Clarifications" <http://pediatrics.aappublications.org/content/124/4/1193>.

<sup>3</sup> Refer to the Bureau for Public Health policy at [http://www.wvdhhr.org/nbms/ponta/CCHD\\_OPERATIONAL\\_POLICY\\_UPDATE\\_7162012.pdf](http://www.wvdhhr.org/nbms/ponta/CCHD_OPERATIONAL_POLICY_UPDATE_7162012.pdf).

<sup>4</sup> Immunization Schedules for Providers ([https://oepe.wv.gov/immunizations/Pages/provider\\_schedules.aspx](https://oepe.wv.gov/immunizations/Pages/provider_schedules.aspx)).

<sup>5</sup> Per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter) <https://doi.org/10.1542/9781610023610-19>.

<sup>6</sup> For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" <https://pediatrics.aappublications.org/content/138/1/e20161493> and "About Childhood Lead Poisoning Prevention" [https://www.cdc.gov/nceh/lead/docs/final\\_document\\_030712.pdf](https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf).

<sup>7</sup> <https://dhr.wv.gov/wvchildhoodleadpoisoning/regulations/Pages/default.aspx>.

<sup>8</sup> Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.

<sup>9</sup> "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" [https://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](https://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).

<sup>10</sup> Per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.

<sup>11</sup> Per "Human Immunodeficiency Virus (HIV Infection: Screening" <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>; after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per "Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis" <https://doi.org/10.1542/peds.2021-055207>.

<sup>12</sup> Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening> and in the 2021– 2024 edition of the AAP Red Book: Report of the Committee on Infectious Diseases, making every effort to preserve confidentiality of the patient.

<sup>13</sup> All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening> and Centers for Disease Control and Prevention (CDC) recommendations <https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>.

<sup>14</sup> Perform a risk assessment, as appropriate, per "Sudden Death in the Young: Information for the Primary Care Provider" (<https://doi.org/10.1542/peds.2021-052044>).

For the West Virginia EPSDT/HealthCheck Program Periodicity Schedule visit: <https://dhr.wv.gov/HealthCheck/ProviderInfo/PeriodicitySchedule2023>.

