

Molina Healthcare of Texas
2008 PREVENTIVE HEALTH GUIDELINES:
Immunization and Screening Recommendations for
Healthy Children, Adults, Seniors and Pregnancy



****NOTE: For all numbered items below THSteps guidance should be followed for individuals aged Birth through 20 years of age.****

1. **Abdominal Aortic Aneurysm (AAA) Screening:** one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked lead to decreased AAA-specific mortality. AAFP and USPSTF make no recommendation for or against screening for AAA in men aged 65 to 75 years who have never smoked.
2. **Amniocentesis:** between 15 and 18 weeks of pregnancy for women ages 35 and older at risk for passing chromosomal disorders. A procedure in which a small amount of amniotic fluid and cells are withdrawn from the sac surrounding the fetus and tested.
3. **Anemia (iron deficiency anemia):** Iron deficiency anemia is defined as iron deficiency with a low hemoglobin or hematocrit value (abnormal values for serum ferritin, transferrin saturation, and free erythrocyte protoporphyrin) Pregnancy – routine screening is recommended in asymptomatic pregnant women during first prenatal visit for iron deficiency anemia.
4. **Asymptomatic Bacteriuria (Urine Test):** screening recommended to all pregnant women for asymptomatic bacteriuria using urine culture at 12-16 weeks of gestation. Asymptomatic bacteriuria with urine culture reduces symptomatic urinary tract infections, low birth weight, and preterm delivery.
5. **Breast Cancer Screening (mammography):** women age 40 years and older are recommended to be screened for breast cancer with mammography every 1-2 years after counseling by their family physician regarding the potential risks and benefits of the procedures
Breast Self-Examination (BSE): The AAFP concludes that the evidence is insufficient to recommend for or against teaching or performing routine BSE.
6. **Cervical Cancer Screening (Pap smears):** recommended to complete at least every 3 years to screen for cervical cancer for women who have ever had sex and have a cervix. The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer
7. **Chlamydia Screening:** recommended to all sexually active females age 25 years or younger and other asymptomatic females at increased risk for infection. Pregnancy – All pregnant women aged 25 years and younger and other at increased risk should be screened. Screening early in the pregnancy provides improved outcome, however, screening in the third trimester may be more effective at preventing transmission of chlamydia infection to the infant during birth.
8. **Chorionic Villus Sampling (CVS):** CVS before week 13 women ages 35 and older at risk for passing on certain chromosomal disorders, such as Down syndrome. A procedure in which a small sample of cells from the placenta is tested.
9. **Colorectal Cancer Screening:** recommended for men and women 50 years of age or older for colorectal cancer. Annual fecal occult blood testing (FOBT), 5-year internals for flexible sigmoidoscopy and double-contrast barium enema, and 10-year interval for colonoscopy are recommended.
10. **Dental caries:** primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months and through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm).
11. **Depression:** recommended in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up.
12. **Diabetes Screening (Adult Type 2):** recommended for type 2 diabetes in adults with hypertension or hyperlipidemia. Three tests are used to screen for diabetes: fasting plasma glucose (FPG); 2-hour post-load plasma glucose (2-hour PG), and hemoglobin A1C (HbA1c). Pregnancy – the level of sugar in your blood is measured to test for diabetes during 24 and 28 weeks of pregnancy.
13. **Diphtheria and Tetanus Toxoids and acellular Pertussis:**
Pediatric (DTaP) – at 2, 4, 6 months. Fourth dose of DTaP may be administered as early age 12 month, but at least 6 months after the third dose. Final dose at age 4-6 years. Administer Tdap at age 11-12 years for those who have completed the recommended childhood DTP/DTaP series and have not received a Td booster dose (BOOSTRIX for 10 years of age and ADACEL for 11 years of age). Adolescents 13-18 years of age who missed the 11-12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP series. Adults (Td/Tdap) – recommended completing Td vaccine series if they haven't received primary series. A primary series for adults is 3-doses. Administer the first 2 doses at least 4 weeks apart and third dose 6-12 months after the second. Administer booster dose to adults who have completed a primary series and if the last vaccination was received \geq 10 years previously. Tdap or tetanus and diphtheria (Td) vaccine may be used. Tdap should replace a single dose of Td for adults aged $<$ 65 years who have not previously received a dose of Tdap (either in primary series, as a booster, or for wound management). One-time administration of 1-dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for close contacts of infants aged $<$ 12 months and all health-care workers with direct patient contact.

For additional information about vaccines, vaccine supply and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline at 800 232-2522.

Guidelines are based on U.S. Preventive Services Task Force Recommendations (2006); American Academy of Pediatrics (2007); Recommended Immunization Schedule United States, 2007; American Academy of Pediatrics

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- Pregnancy* – if the person is pregnant and received the last Td vaccination \geq 10 years ago, administer Td during the second or third trimester; if the pregnant individual received the last Td vaccination $<$ 10 years, administer Tdap during the immediate postpartum period. One-time administration of 1-dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women.
14. **Gonorrhea Screening:** recommended to all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection. Women under the age of 25, including sexually active adolescents are at highest risk. *Pregnancy* – Screening is recommended at the first prenatal visit for pregnant women who are in high risk group for gonorrhea infection. For pregnant women who are at continued risk, and for those who acquire a new risk factor, a second screening should be conducted during the third trimester.
 15. **Group B streptococcus (GBS):** to prevent passing GBS to a baby during birth. Antibiotics can be during labor to help prevent the baby from being infected.
 16. **Hearing:** routine screening for newborns or as recommended by a practitioner; recommended screening for elderly adults and counsel regarding the availability of treatment when appropriate.
 17. **Height, weight, BMI (body mass index), head circumference:** periodic screening recommended to all children and adult patients; screen for obesity via body mass index (BMI) and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
 18. **Hemoglobinopathies, Phenylketonuria (PKU), Thyroid Function abnormalities:** recommended screening test in neonates.
 19. **Hepatitis A:** *Pediatric* – 2 doses for all children at 1 year of age (12-23 months); 2-doses in the series should be administered at least 6 months apart. Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits. *Adults* – Current vaccines should be administered in a 2-dose schedule at either 0 and 6-12 months, or 0 and 6-18months. If the combined hepatitis A and hepatitis B vaccine is used, administer 3 doses at 0, 1, and 6 months. Hepatitis A vaccine is recommended for adults with chronic liver disease and persons who receive clotting factor concentrates, men who have sex with men and persons who use illegal drugs, persons working with hepatitis A virus (HAV) – infected primates or with HAV in a research laboratory setting, persons working or traveling in areas where Hepatitis A is endemic and periodic outbreaks occur, and any person who would like to obtain immunity.
 20. **Hepatitis B:** *Pediatric* – HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. Administer monovalent HepB to all new born prior to hospital discharge. (If mother is HBsAg-positive: administer HepB and 0.5 mL of Hepatitis B immune globulin (HBIG) within 12 hours of birth; If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record; If mother's HBsAg status is unknown, administer HepB within 12 hours of birth and determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG no later than age 1 week). Second-dose should be administered at age 1-2 months. Final-dose administered at age \geq 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of 3 or more doses in a licensed HepB series, at age 9-18 months. Four-dose is permissible when combination vaccines are given after the birth dose; if monovalent HepB is given after the birth, a dose at 4 months is not needed. *Catch-ups* – administer the 3-dose series to those who were not previously vaccinated; a 2-dose series of Recombivax HB is licensed for 11-15 years old. *Adults* – **Hepatitis B** vaccine is recommended to persons: 1) with end-stage renal disease, HIV infection, chronic liver disease, clotting factor concentrates; 2) who are exposed to blood, current or recent drug users, men who have sex with men, clients and staff of institutions for developmental disabilities, clients of STD clinics, international traveler to countries with high or intermediate prevalence of chronic HBV infection; and adult seeking protection from HBV infection. *Pregnancy* – All pregnant women should be routinely tested for HBsAg during first trimester, even if they have been previously vaccinated or tested. Women who are HBsAg positive should be referred to an appropriate case-management program to ensure that their infants receive timely post exposure prophylaxis follow-up.
 21. **Hib (Haemophilus influenzae type b):** schedule includes 3 or 4 doses of Hib containing vaccine by age 2 years, depending on the specific vaccine. 4-dose schedule (at 2, 4, 6, and 12-15 months) should be used for the following vaccines: HibTiter®, ACTHib®, Tetramune®, or other Hib vaccines containing HbOC or PRP-T. 3-dose schedule (at 2, 4, and 12-15 months) should be used for following vaccines: PedvaxHib®, Comvax®, or other Hib vaccines containing PRP-OMP. TriHibit® (DTaP/Hib) combination products should not be used for primary immunization, but can be used as boosters following any Hib vaccine in \geq 12 months olds. Vaccine is not recommended for children aged \geq 5 years.
 22. **High Blood Pressure/Hypertension Screening:** recommended to adults aged 18 and older for high blood pressure every 2 years for person with SBP and DBP below 130 mmHg and 85 mmHg, respectively, and more frequent intervals for screening those with blood pressure at higher levels.
 23. **HIV Testing:** recommended to all adolescents, all pregnant women, and adults at risk for human immunodeficiency virus (HIV). *Pregnancy* – during first prenatal visit.

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24. **Human Papillomavirus (HPV) – (GARDASIL®):** administer to minimum age of 9 years; a complete series consists of 3 doses; first dose series to females at age 11-12 years; second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose. Administer the 3-dose HPV vaccine series to females at 13-18 years if not previously vaccinated. HPV vaccination is recommended for all women aged ≤ 26 years who have not completed the vaccine series. HPV vaccine should be administered before exposure to HPV through sexual activity. Sexually active women should be vaccinated. *Pregnancy* – HPV vaccination is not recommended during pregnancy. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose should be delayed until after completion of the pregnancy.
25. **Inactivated Poliovirus (IPV):** Four dose series given at 2, 4, 6-18, and 4-6 years. First dose may be given as early as 6 weeks of age. The fourth dose of IPV is not recommended if the third dose is administered on or after the fourth birthday. DTaP-HepB-IPV combination vaccine (PEDIARIX) can be used for the 1st, 2nd, and 3rd doses of IPV if other components of the combination are not contraindicated. For children who received an all-IPV (Inactivated Poliovirus Vaccine) or all-OPV (Oral Poliovirus) series, a fourth dose is not necessary if third dose was administered at age ≥ 4 years. If both OPV and IPV were administered as part of a series, a total of 4 doses should be given, regardless of the child's current age.
26. **Influenza: *Pediatric*** – minimum age of 6 months for trivalent inactivated influenza vaccine (TIV) and minimum of 5 years for live, attenuated influenza vaccine (LAIV). All children aged 6-59 months and close contacts of all children aged 0-59 months are recommended to receive influenza vaccine. Annually recommended for children aged ≥ 59 months with risk factors. Children receiving TIV should receive 0.25 mL if aged 6-35 months or 0.5 mL if aged ≥ 3 years. *Adults* – recommended to adult who are resident of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic disease (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care provider for the above. However, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia. Healthy, nonpregnant persons aged 5-49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered vaccine (FluMist®) or inactivated vaccines. *Pregnancy* – vaccination with inactivated influenza vaccine is recommended for all women who are pregnant in the second and third trimester during the flu season (October – March). Women at high risk for pulmonary complication regardless of trimester.
27. **Lead Screening:** Consistent with recommendations of the CDC, children with identified risk factors should be screened at age one and again at age two; Screen children for blood lead at 12 and 24 months of age.
28. **Lipid Disorder Screening (Cholesterol):** recommended to routinely screen men aged 35 years and older and women aged 45 years and older for lipid disorder and treat abnormal lipids in people are at increased risk of coronary heart disease. Younger adults, men aged 20 to 35 and women aged 20 to 45, are recommended if they have other risk factors for coronary heart disease. Screening is recommended every 5 years and shorter interval for people who have lipid levels close to those warranting therapy. Screening includes measurement of total cholesterol and high-density lipoprotein cholesterol.
29. **Maternal serum alpha-fetoprotein (MSAFP):** recommended for all pregnant women at 16-18 weeks of gestation during prenatal care. Women with elevated MSAFP levels should received second test before 18 week of gestation. High risk pregnant women should be referred to specialized centers for appropriate diagnostic evaluation, including high-resolution ultrasound and amniocentesis. Folic acid supplementation at a dose of 4 mg/day beginning 1-3 months prior to conception and continuing through the first trimester is recommended for women planning pregnancy and was previously affected by neural tube defect. All women planning pregnancy take a daily multivitamin or multivitamin-multimineral supplement containing folic acid at a dose of 0.4-0.8 mg/day, beginning at least 1 month prior to conception and continuing through the first trimester.
30. **Measles, Mumps, Rubella (MMR): *Pediatric*** – minimum age of 12 months, except may be as young as 6 months of age in an outbreak or prior to international travel; first dose between 12-15 months and second dose at age 4-6 years. May be administered prior to age 4-6 years, provided ≥ 4 weeks have elapsed since the first dose and both disease are administered at age ≥ 12 months. *Adult – Measles component:* adults born during or after 1957 should receive ≥ 1 dose of MMR, unless they have medical contraindication, documentation of ≥ 1 dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity. A second dose of MMR is recommended for adults who are at risk: have been recently exposed to measles; were previously vaccinated with killed measles vaccines; have been vaccinated with an unknown type during 1963-1967; students in postsecondary educational institutions; work in a health-care facility; travel internationally). *Mumps component:* adults born before 1957 are considered immune to mumps. Adults born during or after 1957 should receive 1-dose of MMR. A second dose of MMR is recommended for adults who are at risk. *Rubella component:* 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. *Pregnancy* – Do not vaccinate women who are pregnant or who might become pregnant within 4 weeks of receiving vaccine. Women who do not have

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evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge. Screening for rubella susceptibility by history of vaccination or by serology is recommended for all pregnant women during first trimester.

31. **Meningococcal: *Pediatric*** – one-dose of Meningococcal polysaccharide vaccine (MPSV4) is administered to children aged 2-10 years, and children with complement deficiencies or anatomic or functional asplenia and certain other high risk groups. MPSV4 is recommended for use in children aged 2-10 years and MCV4 is recommended for persons aged 11 years and older. ***Adults*** – recommended for populations at increased risk of meningococcal disease: college freshman living in dormitories; microbiologists who are routinely exposed; military recruits; persons who travel to or reside in hyperendemic or epidemic countries; person who have terminal complement component deficits and who have anatomic or functional asplenia; and others who wish to decrease their risk. MCV4 is recommended for people ≤ 55 years and MPSV4 for people ≥ 55 who are at risk. Revaccination may be given after 5 years to high risk adults who were previously vaccinated with MPSV4.
32. **Osteoporosis Screening:** routine screening recommended to women aged 65 and older for osteoporosis and begin at age 60 for women at increase risk.
33. **Pneumococcal: *Pediatric*** – Primary series at 2, 4, 6 months, and a booster between 12-15 months of age. Vaccination should not begin earlier than 6 week of age. 3 doses of primary series and a booster dose if vaccination initiated at ≤ 6 months of age; 2 dose primary series and a booster if vaccination initiated between 7 -11 months of age; 2 dose primary series only without a booster if vaccination initiated between 12-23 months of age. If vaccination initiated at > 23 months of age, single dose for healthy children and 2 doses for children with functional or anatomic asplenia, HIV infection or AIDS, chronic illness. ***Adults*** – pneumococcal polysaccharide vaccination (PPV) is recommended to institutionalized adults, age 50 years or older, or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social setting with an increased risk of pneumococcal disease (e.g., certain Native American or Native Alaskan populations). For persons aged ≥ 65 years, one-time revaccination if they were vaccinated ≥ 5 years ago and were aged < 65 years at the time of primary vaccination.
34. **Preeclampsia Screening (Blood Pressure):** recommended for all pregnant women at the first prenatal visit and periodically throughout the remainder of pregnancy.
35. **Rh (D) Incompatibility:** Rh (D) blood type and antibody testing are recommended for all pregnant women during their first visit for pregnancy-related care. All unsensitized Rh (D)-negative women at 24-28 weeks of gestation should be tested, unless the biological father is known to be Rh (D)-negative.
36. **Rotavirus:** administer the first dose between 6 and 12 weeks of age. The minimum age is 6 weeks and do not start the series later than age 12 weeks. Second dose at 4 months. The final dose by 32 weeks of age. Do not administer a dose later than age 32 weeks.
37. **Rubella Serology Screening:** screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter. Vaccines should not be administered to pregnant women. Susceptible pregnant women should be vaccinated in the immediate postpartum period.
38. **STD Screening:** recommended to both adolescents and adults; screen for sexually transmitted diseases and counsel on how to prevent them
39. **Syphilis Screening:** recommended to all pregnant women and persons at increased risk for syphilis infection. ***Pregnancy*** – All pregnant women should be tested at their first prenatal visit. For women in high-risk groups, repeat serologic testing may be necessary in the third trimester and at delivery.
40. **Tuberculosis (TB) Screening:** screening recommended to patients at high risk for TB, including those with close contacts to person with known or suspected TB, health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people.
41. **Ultrasound exam (nuchal translucency screening):** makes an image of your fetus from sound waves to find out the age of the fetus and to check how the baby is growing or to check what may be a problem.
42. **Varicella (chickenpox): *Pediatric*** – all children < 13 years of age should be administered routinely 2 doses of Varicella; first dose administered at 12-15 months of age and the second dose at 4-6 years of age. Second dose can be administered at an earlier age provided the interval between the first and second dose is at least 3 months. ***Adults*** – 2 doses are recommended to adults without evidence of immunity or have no history of prior infection. Second dose should be administered 4-8 weeks after first dose. ***Pregnancy*** – Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Women who do not have evidence of immunity should receive dose 1 of Varicella vaccine upon completion of termination of pregnancy and before discharge from the health-care facility. Dose 2 should be administered 4-8 weeks after dose 1.
43. **Vision:** screening for visual impairment in children younger than age 5 years is recommended to detect amblyopia, strabismus, and defects in visual acuity; screening recommended to elderly adults, 65 years or older, by using snellen acuity testing. Period eye exam recommended or as advised by a practitioner.
44. **Well-care visits:** Annual and periodic health assessment visits are recommended for children and adolescents for developmental/behavioral and oral health assessments.

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