2026 Pediatric & Adolescence Preventive Care Recommendations

Disclaimer: These are recommendations only; please speak to your healthcare provider for appropriate schedules for your child. All updates can be found visiting www.cdc.gov for vaccinations and www.uspreventiveservicestaskforce.org or www.brightfutures.aap.org for preventive and wellness care guidelines.

	0-9 months (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Well Care Visit				
Includes each of the following: **Health & Developmental History (Physical & Mental);** **History**: Allergies, Injury/ illness; **Sensory Screen**: Vision, hearing, speech**;** **Screenings:** lead risk, tuberculosis assessment and administration of appropriate immunizations. **Physical Exam:** height, weight, body mass index percentile, head circumference, reflexes, blood pressure.	Newborn evaluation within 3 to 5 days of birth and within 48 to 72 hours of discharge. 1, 2, 4, 6, and 9 months. Breastfeeding infants should receive formal breastfeeding evaluation and instruction within 3-5 days of birth. Mothers should be encouraged and instructed, as recommended in "Policy Statement: Breastfeeding and the Use of Human Milk"	Ages 12, 15, 18, 24, & 30 months, and ages 3 & 4 years.	Annually for ages 5-18.	
Health Education/ Anticipatory Guidance: **Habits:** Car seat, sunscreen, oral health; **Family:** cuddling, playtime, independence; **Physical Activity:** counseling, play time, dance, and sports; **Social:** exploration, toilet training, success in school; **Nutrition:** counseling and good eating habits discussed.				
Recommended Screenings and Routine Labs				
Anemia: Hgb/Hct	Risk assessment at 4 months.	Screen at 1 year of age. Risk assessment at 15 and 30 months and from ages 3-18.		
Lead	Risk assessments at 6 & 9 months.	If at risk, screen at age 1 and age 2. Risk assessments at 18 months, 3 & 4, years of age.	Risk Assessment at 5 & 6 years of age.	Not Routine
Urinalysis	Not routine.		Once at age 5 years or physician's discretion.	Once between ages 11-18 and annually for those who are sexually active.

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Cholesterol	Not routine.		Screen once between ages 9 to 11 and ages 17 to 18.	
Blood Pressure	Risk assessment between 0 – 9 months.	Risk assessment at 12 – 30 months of age. Every routine visit starting at age 3.		
High Body Mass Index		Screen yearly between ages 24 months through 18 years of age.		
T4/TSH	Between 2 and 4 days of age.			
Sensory Screenings				
Hearing	Newborn prior to discharge or by age 2 months.	Hearing test at ages 4, 5, 6, 8, 10 years of age. If a test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Risk assessment at all other routine checkups.		
Vision/Eye Care	Risk assessment between 0 - 9 months.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, and 15. If a test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Risk assessments prior to age 3.		
Infectious Disease Screenings				
Hepatitis C	Not routine.			Periodic testing of all patients at high risk after age 18.
Tuberculosis (TB)	Screen patients with risk factors and all pregnant adolescents.			
HIV	Not routine.			Screen patients with risk factors and all pregnant adolescents.
Sexually Transmitted Infections (STIs)	Not routine.			***Chlamydia and gonorrhea****: Annually* screen all sexually active females and pregnant adolescents. ***Syphilis:*** Screen all sexually active persons and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.

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	0-9 months (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
General Counseling				
All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, obesity & eating disorders, physical activity, injury and violence prevention/safety, motor vehicle injury prevention, behavioral health, media exposure, sexual activity, violent behavior/firearms safety, anxiety, depression/suicide, family violence/abuse, and parenting.				
Skin Cancer Behavioral Counseling- counseling parents and patients about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.				
Immunizations: visit www.cdc.gov/vaccines/schedules for scheduling based on medical conditions.				
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	Administered after 6 months of age 2-or-3 dose primary series and booster. Vaccination based on individual-based decision-making.			
Influenza (IIV3, ccIIV3)	Annual vaccination starting at 6 months. 1 or 2 doses.			
Influenza (LAIV3)	Not routine.	Annual vaccination starting at 2 years and older. 1 or 2 doses.		
Hepatitis B (HepB)	1st dose at Birth, 2nd dose between 1-2 months and 3rd dose between 6-18 months.	3-dose series if not previously immunized or incomplete series.		
Rotavirus (RV)	2-dose series (RV1) at 2 & 4 months of age or 3-dose series (RV 5) at 2, 4, & 6 months of age.	Not routine.		
Diphtheria, Tetanus, & acellular Pertussis (DTaP: < 7yrs)	Administer the 1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months	4th dose between ages 15-18 months. 5th dose between the ages 4-6 years.		Not routine.
Haemophilus influenzae type b (Hib)	Administer the 1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months.	Booster dose may be administered at ages 12-15 months.	Not routine.	
Pneumococcal conjugate (PCV15, PCV20)	1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months.	4th dose between 12-15 months.	Not routine.	
Inactive Poliovirus (IPV: < 18yrs)	1st dose at 2 months, 2nd dose at 4 months, 3rd dose between 6-18 months.	Administer the 4th dose between the ages of 4 & 6 years.		For adolescents 18 years at increased risk, if not previously immunized or incomplete series.
Measles, Mumps, Rubella (MMR)	Ages 6-9 months recommended for high-risk groups.	Administer 1st dose between 12-15 months. Administer 2nd dose between the ages 4 and 6 years of age.		Not routine.
Varicella (VAR)		1st dose between 12 and 15 months. 2nd dose between the ages 4 and 6 years of age.		Not routine.

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Hepatitis A (HepA)	Not routine for children 1-4 months. Administer HepA to children aged 6-12 months with certain high-risk conditions.	2-dose series at age 12-23 months. If 1st dose at age 12 months or older, 2nd dose at least 6 months after 1st dose.	Not routine.	
Tetanus, diphtheria, & acellular Pertussis (Tdap: ≥ 7yrs)	Not routine.			Administer the 1st dose to children from 11-12 years. 13-18 years range of recommended ages for certain high-risk groups.
Human Papillomavirus (HPV)			Vaccine series may be started at age 9. Routine dosing intervals are recommended. Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months apart to all (male and female) adolescents aged 11 or 12 years. If 2nd dose given too close to 1st dose, a 3-dose series for females and males between ages 11 and 12 years of age may be recommended where the 3rd and 1st dose are at least 6 months apart. Speak with your healthcare practitioner for appropriate schedules.	
Meningococcal (Men ACW)	Recommended for children ages 2 months to 10 years of age with certain high-risk medical conditions.			1st dose at age 11 or 12 years, and 2nd dose at age 16.
Meningococcal (Men B)				Not routine. At age 16-18 based on shared clinical decision-making.
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status from Birth – 6 months			
Respiratory syncytial virus vaccine (RSV [Abrysvo])	Not routine.	Administer PPSV23 to children aged 2 years and older with certain high-risk conditions (at least 8 weeks after completing all recommended PCV doses.)		
Dengue (DEN4CYD)			Recommended for children ages 9-16 years in endemic areas **and** have laboratory confirmation of previous dengue infection.	
Mpox	Not recommended			2 doses recommended for high-risk groups.