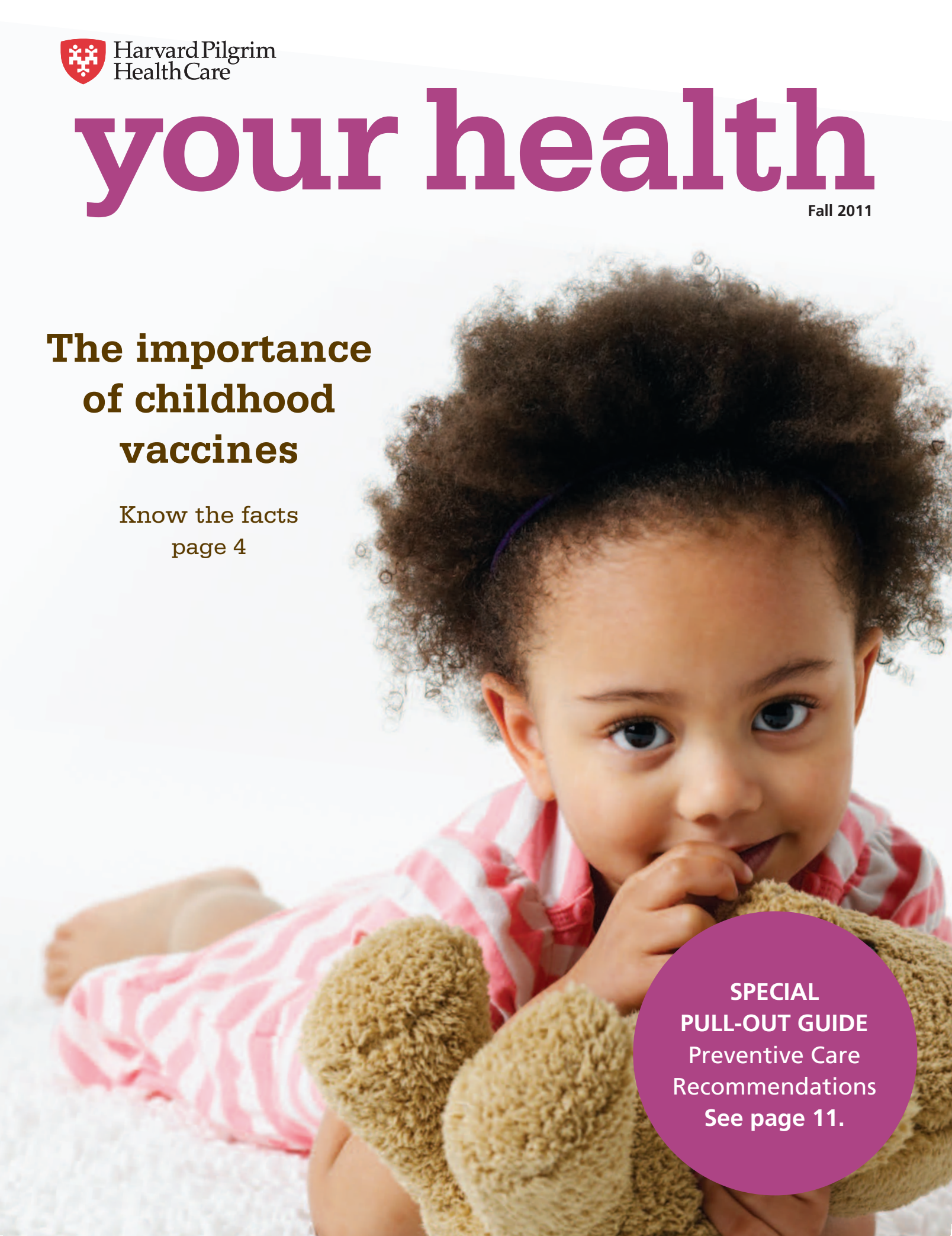


# your health

Fall 2011

## The importance of childhood vaccines

Know the facts  
page 4



**SPECIAL  
PULL-OUT GUIDE**  
Preventive Care  
Recommendations  
See page 11.

## your health

Fall 2011

### feature

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# Got a cold or flu? Antibiotics won't help

**A**ntibiotics are medicines that fight bacterial infections (such as strep throat or urinary tract infections). They are of no use against viral illnesses, like colds, flu or most kinds of acute bronchitis.

Why is this so important? Because using antibiotics when you don't need them can lead to antibiotic resistance. Antibiotics become less effective in fighting bacteria and may not work when you need them.

### What can I do to feel better if I have a cold, flu or acute bronchitis?

- **GET LOTS OF REST.**
- **DRINK PLENTY OF FLUIDS.**
- **RELIEVE YOUR SYMPTOMS.** Many over-the-counter medicines (ones that don't require a prescription) can help you feel better. Be sure to read the labels carefully and talk with your doctor or pharmacist about other medications you are taking. *(See symptom chart below.)*
- **USE A COOL-MIST HUMIDIFIER** or steam from a hot shower or bath.
- **IF YOU SMOKE, QUIT.** Free telephone counseling is available. Call 800-QUIT-NOW (800-784-8669) or visit [www.makesmokinghistory.org](http://www.makesmokinghistory.org).

If your symptoms do not improve or get worse, call your doctor.

### When antibiotics DO make sense:

Your doctor may prescribe antibiotics if:

- A bacterial infection, whooping cough or pneumonia is suspected
- You have other health problems, like COPD, asthma, cystic fibrosis, heart failure or a weak immune system

**ACUTE BRONCHITIS** comes on quickly — usually a few days after a cold or the flu. It makes the bronchi (large tubes that carry air into your lungs) sore and inflamed. The most common symptom is a persistent cough. Though uncomfortable, acute bronchitis usually clears up on its own in two to three weeks.

Acute bronchitis is almost always caused by a virus. So unless you have other health problems, an antibiotic isn't recommended.

### Have additional questions?

Read more about cold and flu season tips in our Health Library. Visit [www.harvardpilgrim.org/wellness](http://www.harvardpilgrim.org/wellness).

SYMPTOMS	HELPFUL INGREDIENTS OR REMEDY
Fever or body aches	Acetaminophen or ibuprofen
Stuffy nose	Nasal decongestant, like pseudoephedrine
Runny nose	Antihistamine, like fexofenadine
Sore throat	Gargle with warm salt water or use throat lozenges
Dry cough (no mucus)	Cough suppressant, like dextromethorphan
Productive cough (cough with mucus)	Cough expectorant, like guaifenesin



# Be in the present, mind the moment

**M**indfulness is the practice of being aware, attentive to what is going on in your mind and body and what is happening in the outside world as well. It's more and more common now that we know how much it can help the body cope with life's challenges, both mental and physical.

## Brain power

In fact, MRI images reveal that the cerebral cortex, the part of the brain so critical in decision making and memory, thickens as a result of regular meditation practice. Studies also suggest it may protect against age-related thinning of the cerebral cortex.

## Not just in the head

In addition to boosting brainpower, numerous research studies have documented significant physical benefits, including:

- Reduced blood pressure
- Lowered cholesterol levels
- Enhanced immune function
- Reduced headache, migraine and back pain
- Improved respiratory function

## SO WHAT ARE YOU WAITING FOR?

### Quick tips for practicing mindfulness

Use these tips to make living in the moment part of your routine:

- Be aware of your body as you wake up in the morning. Can you feel your heartbeat, breathing or points of contact between your body and the bed? Also notice your thoughts. Where is your mind upon waking up?
- Pay attention to all the senses involved in your morning activities, such as brushing your teeth, showering and eating breakfast.
- One or two days a week, try driving or walking to your destinations without listening to music or the radio.
- When waiting in line at the grocery store, pay attention to what it feels like to stand still, shift your weight and place items onto the checkout counter.



## Become more mindful at work today

To find out more about Mind the Moment for the workplace, please call 617-509-7497 or email [tara\\_healey@harvardpilgrim.org](mailto:tara_healey@harvardpilgrim.org).

- When walking outside, notice your body moving and what that feels like. Pay attention to the wind, air, rain, sounds, birdcalls, leaves and so on.
- Choose a couple of meals or snacks each week and be fully present. No talking, reading or television. Really notice the feel, taste and texture of the food you are eating.
- When walking to or from somewhere (such as a meeting, class or just going from one room to another at home), notice where the mind is and notice how the body feels as it moves.

Learn more and join our Facebook community at [www.facebook.com/mindthemoment](http://www.facebook.com/mindthemoment) to connect, pick up tips, share ideas and support one another.

## Bring mindfulness to work with you

Harvard Pilgrim's Mind the Moment program for the workplace is offered in a variety of formats, ranging from a one-hour introductory session to a seven-week course. Topics can include but are not limited to:

- Introduction to mindfulness
- Mindfulness and parenting
- Mindful communication
- Yin yoga



Like "Mind the Moment" on Facebook.



# The importance of childhood vaccines

And why they are  
safer than ever

“The vaccines we administer to children have saved lots of lives and have avoided a lot of suffering.”

*Ellen Clayton, MD  
Institute of Medicine*

Somehow, the revolutionary success of vaccines in preventing disease is quickly forgotten whenever a politician or celebrity makes a careless remark on the topic.

We have over 50 years of medical experience showing that vaccines are safe and effective with relatively few risks. But that's kind of boring and not much of a sound bite.

That's another reason why the misinformation in popular media has overwhelmed actual medical evidence. If you are concerned or confused about the safety of vaccines, it's important to know the facts.

### Misinformation, not science

"The amount of misinformation out there is pretty scary," says Peter Rappo, MD, a Brockton, Massachusetts, pediatrician with 34 years of experience. "It's frustrating when people come to see me with their minds already made up. People are deciding not to be vaccinated based on sensationalized Internet stories, not science."

Dr. Rappo, who also chairs Harvard Pilgrim's Pediatric Clinician Advisory Committee, notes, "I've done this long enough to see how far we've come. I remember the last polio outbreak. It's amazing that in a generation you can see a disease almost disappear — all because of vaccines."

The key word here is "almost." These diseases aren't gone. But too many of us have forgotten how serious they can be and how readily they can return if enough people don't vaccinate.

### Preventable diseases are coming back

In fact, diseases that can be prevented with vaccines are already making a comeback. More cases of measles, pertussis (whooping cough) and mumps are being

reported in the U.S. A May 2011 report by the Centers for Disease Control and Prevention (CDC) noted 118 cases of measles reported in the first 19 weeks of 2011. That number is more than double the number the CDC typically reports for an entire year. Seventeen of those early 2011 cases were from Massachusetts alone. In the four years before that, the state had no more than three cases in an entire year.

These snapshot statistics are confirming what public health experts already knew: as vaccinations decline, more people will get sick. It's happening, and at an alarming rate.

### Some have seen too much

At his Brockton pediatrics practice, Dr. Rappo cares for a large immigrant community. "Many of my patients come from places like Haiti or the Canary Islands, where vaccines aren't always readily available. They've seen firsthand what diseases like measles, diphtheria and whooping cough can do," says Dr. Rappo. "They've simply seen too much. So here in the U.S., they don't need to be convinced to get their vaccines."

### Safer than ever

Parents who worry about vaccines can feel better than ever about their safety and purity. Vaccines are tested and monitored continuously for safety. As with any medication or health intervention, of course, there are risks and side effects.

But problems are generally rare, as a recent Institute of Medicine (IOM) study concluded. Ellen Clayton, a pediatrician who chaired the independent panel summed it up this way, "It's really clear that the vaccines we administer to children have saved lots of lives and have avoided a lot of suffering." (Complete details on the IOM's latest findings can be found at [www.iom.edu/reports](http://www.iom.edu/reports).)

That there are risks is not in question. What concerns medical professionals is the tendency of popular media to seize upon the rare exception, rather than the general rule of so many lives saved.

Here are some common vaccine myths along with what scientific study has actually shown.

*Continued on next page*

### Did you know

Pertussis, or whooping cough, can be deadly for infants who get it. More babies are at risk now that their parents' immunity has worn off and more children are not vaccinated against it.

Continued from page 5

## MYTH #1

**Vaccines — or the preservatives used in them — can cause autism.**

**FACT:** Study after scientific study has found no connection. The one study that claimed a connection, however, seemed to get the most public attention. British doctor Andrew Wakefield claimed to have found links between vaccines and autism in his 1998 study. It was later found to be “an elaborate fraud,” according to the British medical journal *BMJ*. (Both the doctor and his study have been discredited completely.) But the damage it caused to public confidence in vaccines continues.

## MYTH #2

**Since so many people are vaccinated already, my child should be pretty safe.**

**FACT:** As more children are not vaccinated, more children are getting sick or even dying from diseases we can prevent. For example, cases of pertussis (also known as whooping cough), have risen sharply as vaccinations have declined. (The danger of death is especially high among infants who are not yet vaccinated.) Pertussis is again one of the leading causes of vaccine-preventable diseases worldwide. According to the CDC, 27,550 cases of pertussis were reported in 2010. Many more cases are believed to go unreported, since symptoms of pertussis at first appear to be like those of other respiratory illnesses.

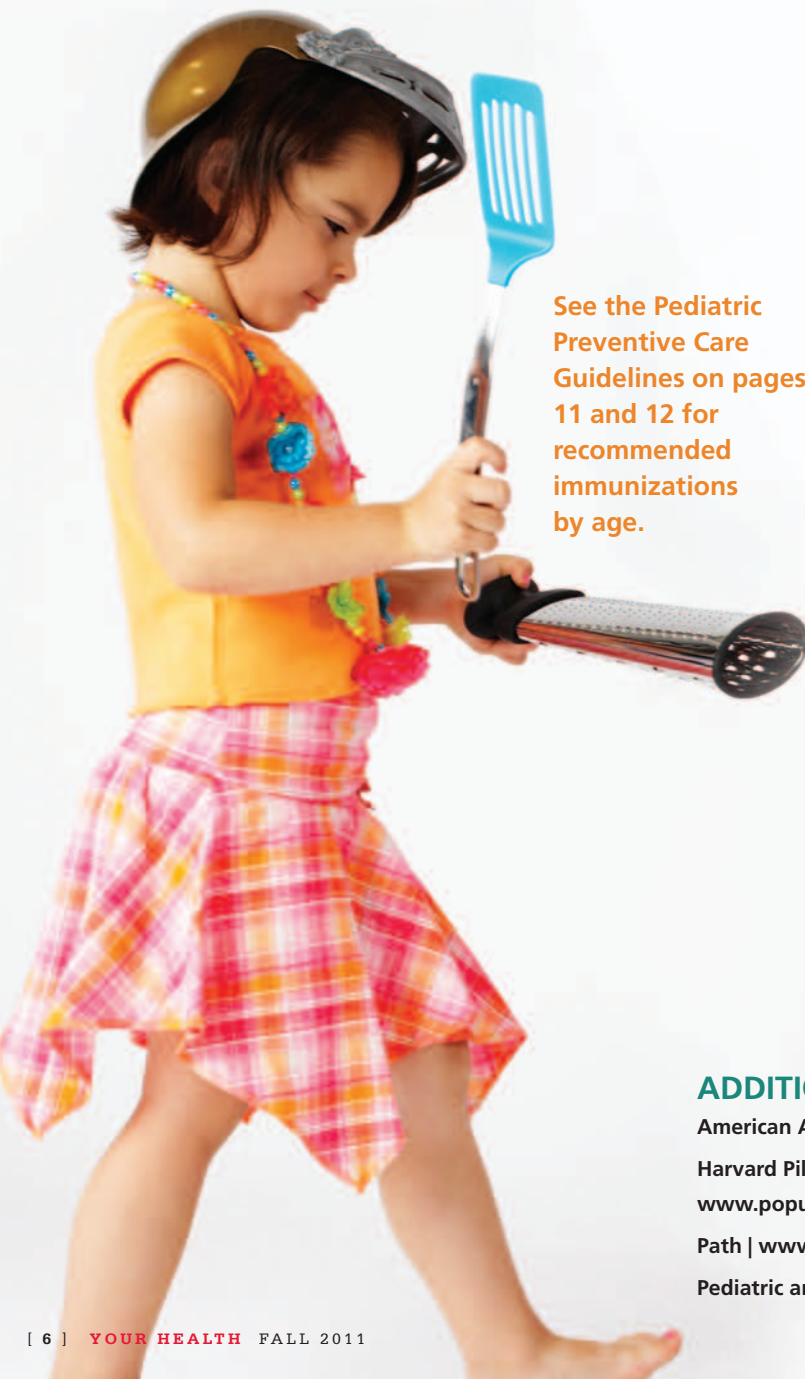
## MYTH #3

**So many vaccines given together when children are so young can overwhelm their immune systems.**

**FACT:** As Dr. Rappo likes to remind his patients, “There are significantly more antigens [substances that potentially may cause an immune reaction] on our dinner plates than in vaccines.”

Childhood vaccines are recommended at the growth stages when the body will be most receptive to the vaccine’s benefits. If vaccines are delayed, or spaced further apart, a child may be needlessly exposed to disease. Infants aren’t strong enough for many vaccines in their first year of life. (That’s why it’s so important that the rest of us are immunized. The “herd immunity” helps protect babies when they are too young for immunizations. See side bar for more about herd immunity.)

For parents who still wonder about the risks versus the benefits of vaccines, Dr. Rappo has still more advice, “They should sit down with their parents or their grandparents to learn how dreadful some of these diseases really were — and still can be. Kids were a lot sicker, and so many more died 50, 75 years ago. But I’m not sure our generation can appreciate how bad the ‘good old days really were.’”



See the **Pediatric Preventive Care Guidelines on pages 11 and 12 for recommended immunizations by age.**

## ADDITIONAL RESOURCES

American Academy of Pediatrics | [www.aap.org/healthtopics/immunizations.cfm](http://www.aap.org/healthtopics/immunizations.cfm)

Harvard Pilgrim Health Care Institute Department of Population Medicine | [www.populationmedicine.org](http://www.populationmedicine.org)

Path | [www.path.org](http://www.path.org)

Pediatric and Adolescent Immunizations | [www.harvardpilgrim.org/vaccinesafety](http://www.harvardpilgrim.org/vaccinesafety)

“Parents have a right to question the value of each new vaccine. Without such scrutiny, vaccines would not be as safe as they are today.”

*Tracy Lieu, MD, MPH*

### Herd of this?

“Herd immunity” is what we call the protection we have as a population when more than 80 percent are vaccinated. Herd immunity helps protect those — like infants — who are not yet fully vaccinated and those who can’t be, due to health reasons.



## Harvard Pilgrim Health Care Institute

### HELPING LEAD THE WAY IN VACCINE SAFETY

Tracy Lieu, MD, MPH, and her colleagues at the Harvard Pilgrim Health Care Institute, are at the forefront of ensuring vaccine safety. Dr. Lieu is Director of the Center for Child Health Care Studies, a research collaboration between Harvard Medical School and the Harvard Pilgrim Health Care Institute.

She and her associates are among the leaders of a national system — the largest effort of its kind — that actively monitors the safety of all new vaccines. Known as the Vaccine Safety Datalink (VSD) Project, it has been sponsored by the Centers for Disease Control and Prevention (CDC) since 1990. The Harvard Pilgrim Health Care Institute, in partnership with Harvard Vanguard Medical Associates, is one of ten health care systems across the country working closely with the CDC on this project.

Of course, vaccines must be rigorously tested before being approved and distributed. But for Dr. Lieu and other VSD researchers, that isn’t enough. Once a vaccine is on the market and in widespread use, the data shared among the partici-

pating health care organizations provides “unprecedented statistical power,” as Dr. Lieu calls it, to quickly identify rare conditions if they should occur (to ensure patient confidentiality, Personal Health Information is always removed from any data before it is made available for analysis).

Dr. Lieu adds, “The evidence is very reassuring. For example, extensive reviews of scientific evidence by the Institute of Medicine (IOM) have found no link between the measles-mumps-rubella vaccine and autism or Type 1 diabetes, or between thimerosal (a preservative previously used in U.S. vaccines) and autism. The IOM is regularly commissioned to conduct thorough, objective reviews of the evidence on specific questions about vaccine safety.” (Details of these reviews can be found at [www.nap.edu/openbook](http://www.nap.edu/openbook).)

Still, says Dr. Lieu, “Parents have a right to question the value of each new vaccine. Without such scrutiny, vaccines would not be as safe as they are today.” She adds, “It’s another reason why the U.S. has the most sophisticated system of monitoring vaccine safety in the world.”

# BACK TO NATURE

## GET YOUR KIDS BIKING, HIKING AND RUNNING

**M**other Nature would like to offer you a tip, one parent to another: Get the kids outdoors. A family trip to a park, forest or trail is a great way to get everyone moving and fully reap the benefits of outdoor physical activity. With many kids struggling to control their weight, fresh air pursuits offer what generations before ours enjoyed more readily: the natural rewards of outdoor recreation.

Pick pastimes that work for your kids' ages — and give teens some freedom to pick their own.

Here are some outdoor favorites with advice from the experts:

### Mountain biking

Make sure your children always bike with a helmet that fits properly and sits flat on the head. Gloves and knee guards offer added protection. The International Mountain Bicycling Association suggests kids shouldn't ride their own bikes until they're at least 7, but younger children can ride in trailers behind bikes.

Many parks designate trails for mountain biking. You can find one at [www.recreation.gov](http://www.recreation.gov) under the "Recreation Search" section.

### Hiking

To help avoid getting lost, plan a route and research the trail before you set out. The right footwear and enough water are vital. Boots should generally be a half size larger than other footwear to allow for two pairs of socks.

The American Hiking Society has a Trail Finder feature with information on more than 30,000 trails at [www.americanhiking.org](http://www.americanhiking.org).

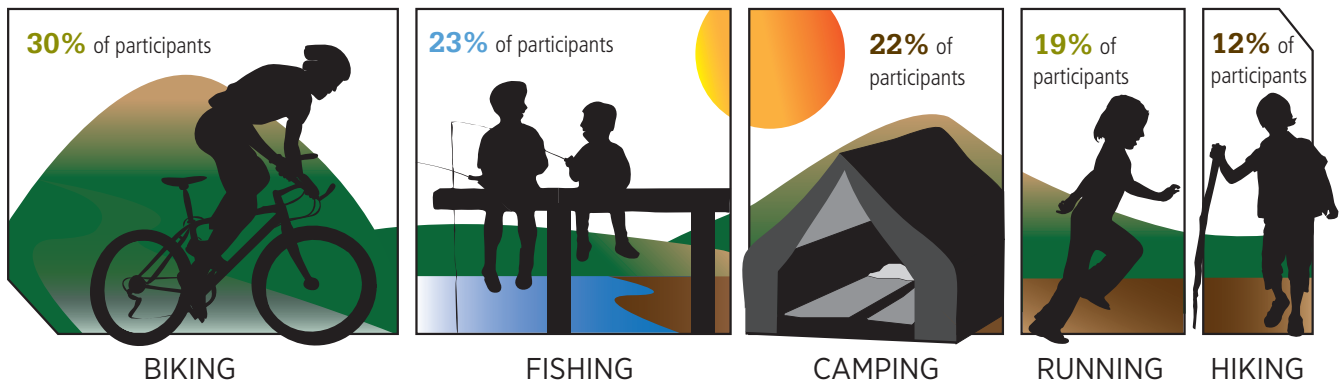
### Trail running

Trail running is physically demanding, so it may not be for beginners. As with hiking, research your route, wear proper shoes and bring enough water. Trail running shoes generally provide more stability and traction than shoes made for running on hard surfaces.

The American Trail Running Association has information on trails in all 50 states and in 18 countries at [www.trailrunner.com](http://www.trailrunner.com).

## KIDS' FAVORITE OUTDOOR ACTIVITIES

The top five outdoor activities for Americans ages 6 to 17



Source: *Outdoor Recreation Participation Report 2009, Outdoor Education*



## Harvard Pilgrim is the #1 private health plan in the country

**H**arvard Pilgrim has been named the number one private health plan\* in America for the eighth consecutive year\*\* according to an annual ranking of the nation's best health plans by the National Committee for Quality Assurance (NCQA).\*\*\* We are the only health plan in the nation to earn this distinction. Our persistent focus on innovation through partnership is at the core of who Harvard Pilgrim is, and has been for more than 40 years. We thank the employers, members, doctors, hospitals and other health care providers we work with each and every day to achieve this honor. We know there is no one-size-fits-all solution to the issues of cost and quality but the dedication and determination of our staff and partners is what makes health care work better.

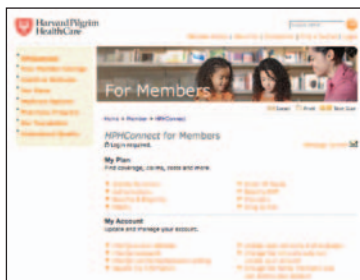
\* HMO/POS

\*\* *NCQA's Health Insurance Plan Rankings 2010-11 – Private.*

*U.S. News/NCQA America's Best Health Insurance Plans 2005-2009 (annual). America's Best Health Insurance Plans is a trademark of U.S. News & World Report. NCQA The State of Health Care Quality 2004.*

\*\*\* *NCQA's Private Health Insurance Plan Rankings, 2011-12*

### EASY ONLINE ACCESS TO YOUR UPDATED PLAN INFORMATION, ANYTIME



Your health care benefits and coverage information are all available on *HPHConnect*, our secure online tool for members. There you can review and print your Benefit Handbook and Schedule of Benefits at any time.

With *HPHConnect* you also can look up your health records, such as prescriptions or claims history, or prepare for an upcoming procedure.

Find the tools and resources you need to manage your personal health easily and conveniently. Get started now at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

Find the tools and resources you need to manage your personal health easily and conveniently. Get started now at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

### QUESTIONS?

Give us a call if you have any questions. You can also get a copy of your plan materials mailed to you at no cost. Just call us at 888-333-4742 (TTY service: 800-637-8257).

# How to be a healthy example for your kids (without hurting yourself)

Children are more likely to make healthy choices if they see you making healthy choices. But sometimes it's hard to be the example, right? Don't worry. Adopting good eating habits and getting more active doesn't have to be drastic or difficult. In fact, small changes that you make over time are the ones that tend to stick, and these will have a lasting effect on the whole family. Here are some ways you can help the kids you love learn healthy habits for life:

- **ALL IN THE FAMILY.** Cook together, shop together and eat together as a family. Being a part of it all makes kids more aware of the big picture and feel empowered to make healthier decisions.
- **BE PHYSICALLY ACTIVE WHENEVER POSSIBLE.** Kids should aim for at least 60 minutes of physical activity a day; adults should go for 30 to 60. Breaking it up into shorter periods makes it easier. Take the stairs or park farther away and you've already made progress.
- **OFFER CHOICES.** Offer carrots or celery as snacks, or water or milk as drinks. This lets kids feel like they make decisions but keeps you in control of options.
- **LIMIT SCREEN TIME.** Children should have less than two hours of computer or TV time each day. Giving them a timer can help them know just how much is too much. (Put down your smartphone when you do this.)
- **KEEP A LIST OF 'TOP 10 ALTERNATIVES.'** Help your kids remember all of the other activities they enjoy that don't involve TV or computers. Come up with this list together so that the ideas sound good to your kids, too.
- **RETHINK REWARDS.** Learn to celebrate milestones and special occasions with fun family activities and less focus on food. Take a bike ride or make a trip to the park or library.
- **REMEMBER THAT YOU'RE THE BOSS (FOR NOW).** When children are young, you can control what comes into the home, their bellies and minds. So take charge while you can.

## WANT TO LEARN MORE?

Get your free guide, *Balancing Act*, from the Harvard Pilgrim Health Care Foundation.

Download a copy now at [www.harvardpilgrim.org/foundation](http://www.harvardpilgrim.org/foundation) or call 617-509-7407 for a printed copy.

## ADDITIONAL RESOURCES

[www.letsmove.gov](http://www.letsmove.gov)

[www.actionforhealthykids.org](http://www.actionforhealthykids.org)

[www.mass.gov/massinmotion](http://www.mass.gov/massinmotion)

[www.healnh.org](http://www.healnh.org)

[www.letsgo.org](http://www.letsgo.org)



# Routine Preventive Care Recommendations\*

Use these recommendations as a guide in scheduling routine care appointments for your family. Your doctor can make more specific recommendations based on your own health risks, health status and lifestyle.

<b>Pediatric</b>	<b>0–1 Year (Infancy)</b>	<b>1–4 Years (Early Childhood)</b>	<b>5–10 Years (Middle Childhood)</b>	<b>11–17 Years (Adolescence)</b>
<b>HEALTH MAINTENANCE VISIT</b>				
Includes history and physical exam; age-appropriate developmental assessment and anticipatory guidance; behavioral health assessment; and immunizations	Ages 1 to 2 weeks and 1, 2, 4, 6, 9 and 12 months; assess breast-feeding babies between ages 3 and 5 days	Ages 15, 18 and 24 months and 3 and 4 years	Annually	
<b>ROUTINE LABS</b>				
<b>Anemia</b>	Once between ages 9 and 12 months	Conduct assessment including dietary iron sufficiency at clinician discretion		Annually at clinician discretion
<b>Blood Pressure</b>	Selective screening from 0 to 3 years. At every routine visit starting at 3 years			
<b>Cholesterol</b>	Not routine	Older than age 2 at least once with family history of premature cardiovascular disease or other known risk factors		
<b>Lead</b>	Initial screening between ages 9 and 12 months	Annually at ages 2 and 3 years. Again at age 4 years if at high risk.	At entry into kindergarten if never screened	Not routine
<b>Body Mass Index (BMI)</b>	Screen annually for healthy growth and weight; screen annually for eating disorders starting in middle childhood.			
<b>SENSORY SCREENING</b>				
<b>Hearing</b>	Assess newborn before discharge or by age 1 month. Subjective assessment at all other routine checkups.	Objective hearing screening at ages 4, 5, 6, 8 and 10 years. Conduct audiological monitoring every six months until age 3 if there is a language delay or hearing loss. Subjective assessment at all other routine checkups.		
<b>Vision/Eye Care</b>	Assess newborn before discharge. Evaluation by age 6 months.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15 and 17 years. Screen for strabismus between 3 and 5 years.		
<b>INFECTIOUS DISEASE SCREENING</b>				
<b>Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV and Syphilis)</b>	Not routine		Counsel regarding schedule of HPV vaccine	Chlamydia and gonorrhea: All sexually active patients annually. HPV: Counsel regarding schedule of HPV vaccine. Syphilis: If at risk.
<b>Hepatitis C</b>	Not routine	After age 12 months for those with hepatitis C-infected mothers	Not routine	Periodic for those at high risk
<b>Human Immunodeficiency Virus (HIV)</b>	Not routine			Patients with risk factors and those age 13 or older
<b>Tuberculosis (TB)</b>	Tuberculin skin testing of all patients at high risk			

\*Adapted from guidelines developed through Massachusetts Health Quality Partners, Inc. (MHQP). More information at [www.mhqp.org](http://www.mhqp.org).

\*\*Adapted from the U.S. Centers for Disease Control and Prevention 2011 Child and Adolescent Immunization Guidelines. More information at [www.cdc.gov](http://www.cdc.gov).

**Note:** Ask your clinician if your child is at high risk for any of the conditions mentioned in these guidelines. This chart lists only routinely recommended vaccines; talk with your clinician about your child's risk for other diseases.

# Pediatric

**0–1 Year**  
(Infancy)

**1–4 Years**  
(Early Childhood)

**5–10 Years**  
(Middle Childhood)

**11–17 Years**  
(Adolescence)

## CANCER SCREENING

<b>Pelvic Exam/Pap Test (Girls)</b>	Not routine	At 3 years after first sexual intercourse, or by age 21 years. Every one to three years thereafter based on risk factors.
<b>Testicular Exam (Boys)</b>	Not routine	Clinical testicular exam and self-exam counseling annually beginning at age 15
<b>Clinical Breast Exam (Girls)</b>	Not routine	

## GENERAL COUNSELING

All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, autism, bullying, tobacco, diet/nutrition, physical activity, weight management and eating disorders, safety/injury and violence prevention, motor vehicle injury prevention, family violence/abuse, media exposure, behavioral health, sleep habits, oral care, sun safety and sexual behavior.

# Pediatric

**0–1 Year**  
(Infancy)

**1–4 Years**  
(Early Childhood)

**5–10 Years**  
(Middle Childhood)

**11–17 Years**  
(Adolescence)

## IMMUNIZATIONS\*\*

<b>Hepatitis B</b>	Three doses at birth and at ages 1 to 2 months and 6 to 18 months	Not routine
<b>Diphtheria, Tetanus, Acellular Pertussis (DTaP and Tdap) and Tetanus, Diphtheria</b>	Five doses of DTaP at ages 2, 4 and 6 months, 15 to 18 months and 4 to 6 years	One dose of Tdap ages 11 to 12 years; one dose for ages 13 to 18 years if not previously vaccinated with Tdap
<i>Haemophilus Influenzae</i> Type B (Hib)	Four doses at ages 2, 4 and 6 months and 12 to 15 months	Not recommended for ages 5 years and older
<b>Inactivated Polio (IPV)</b>	Four doses at ages 2 and 4 months, 6 to 18 months and 4 to 6 years	Not routine
<b>Measles-Mumps-Rubella (MMR)</b>	Two doses at ages 12 to 15 months and 4 to 6 years	Not routine
<b>Pneumococcal Conjugate Vaccine (PCV)</b>	Four doses at ages 2, 4 and 6 months and 12 to 15 months. For ages 2 to 5 years, administer PCV to those incompletely vaccinated.	Not recommended. High-risk children should receive PCV according to guidelines.
<b>Pneumococcal Polysaccharide (PPV)</b>	Not routine	For high-risk children age 2 or older only
<b>Varicella (Chickenpox)</b>	Two doses at ages 12 to 15 months and 4 to 6 years.	Not routine
<b>Hepatitis A</b>	Not routine	Two doses at ages 12 to 23 months. Second dose six months after the first. At clinician discretion based on risk
<b>Influenza</b>	Annually for healthy children ages 6 months to 18 years.	
<b>HPV (Human Papillomavirus)</b>	Not routine	Three doses for ages 11 to 12 years. Second dose two months after the first dose, third dose six months after the first dose.
<b>Meningococcal Conjugate (MCV4) and Meningococcal Polysaccharide (MPSV4): MCV4 is preferred; MPSV4 is acceptable.</b>	Not routine	One dose for children ages 2 to 10 at elevated risk One dose at ages 11 to 12; one dose for between ages 13 to 18 if not previously vaccinated; one dose for those at elevated risk and as needed for school/college entry requirements

# Routine Preventive Care Recommendations\*

Use these recommendations as a guide in scheduling routine care appointments for your family. Your doctor can make more specific recommendations based on your own health risks, health status and lifestyle.

<b>Adult</b>	<b>18–29 Years</b>	<b>30–39 Years</b>	<b>40–49 Years</b>	<b>50–64 Years</b>	<b>65+ Years</b>
<b>HEALTH MAINTENANCE VISIT</b>					
Including history; physical exam; preventive screenings and counseling; and administration of appropriate immunizations	Annually for ages 18 to 21. Every one to three years depending on risk factors for ages 22 to 49.			Annually	
<b>CANCER SCREENING</b>					
<b>Breast Cancer</b>	Starting at age 20, clinical breast exam. Counseling on benefits and limitations of self-exam. Mammography or other imaging for patients at high risk.		Clinical breast exam and self-exam counseling. Mammography or other imaging at clinician/patient discretion.		Clinical breast exam and self-exam counseling. Discretionary imaging through age 74. 75+ based on health status.
<b>Cervical Cancer (Pap Test and Pelvic Exam)</b>	Pelvic exam and Pap test every one to three years depending on risk factors. Initiate Pap test and pelvic exam within three years after first sexual intercourse or by age 21.				Every one to three years at clinician discretion
<b>Colorectal Cancer</b>	Not routine except for patients at high risk			Colonoscopy at age 50 and then every 10 years, <i>OR</i> annual fecal occult blood test (FOBT) plus sigmoidoscopy every five years, <i>OR</i> double-contrast barium enema every five years, <i>OR</i> annual FOBT. Screening after age 75 at clinician/patient discretion.	
<b>Testicular and Prostate Cancer (Men)</b>	Clinical testicular exam and self-exam counseling. Prostate cancer screening not routine.			Digital rectal exam. Offer PSA screening at physician/patient discretion.	
<b>Skin Cancer</b>	Periodic total skin exams at clinician discretion based on risk factors.				
<b>OTHER RECOMMENDED SCREENINGS</b>					
<b>Hypertension</b>	At every acute/nonacute medical encounter and at least once every two years				
<b>Cholesterol</b>	Screen if not previously tested. Screen every five years with fasting lipoprotein profile (total, LDL and HDL cholesterol and triglycerides).				
<b>Diabetes (Type 2)</b>	Every three years beginning at age 45. More often and starting earlier for those with risk factors.				
<b>Body Mass Index (BMI)</b>	Screen for obesity, eating disorders, body image and dieting patterns.				
<b>INFECTIOUS DISEASE SCREENINGS</b>					
<b>Sexually Transmitted Diseases — Chlamydia, Gonorrhea, Syphilis and HPV</b>	Chlamydia and gonorrhea: Sexually active patients younger than age 25. Annually for patients ages 25 and older if at risk. Syphilis: Annually for patients at risk. HPV: For ages 26 and younger, if not previously vaccinated, counsel regarding HPV vaccine schedule.				
<b>Human Immunodeficiency Virus (HIV)</b>	Routine/annual testing of all patients at increased risk. Starting at age 13, CDC recommends universal screening.				
<b>Hepatitis C</b>	Periodic testing of all patients at high risk				
<b>Tuberculosis (TB)</b>	Tuberculin skin testing for all patients at high risk				

# Adult

18–29  
Years

30–39  
Years

40–49  
Years

50–64  
Years

65+  
Years

## SENSORY SCREENING

### Eye Exam for Glaucoma

At least once for patients with no risk factors.  
Every three to five years for patients at high risk.

Every two to four years

Every one to two years

## GENERAL COUNSELING

Periodic screening and counseling as appropriate regarding: depression/suicide, alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, preconception counseling, physical activity, infectious diseases/STIs, safety/injury and violence prevention, family violence/abuse, skin cancer, menopause, osteoporosis, hearing and vision assessment, counseling on use of aspirin for the prevention of cardiovascular disease and dementia/cognitive impairment.

# Adult

18–29  
Years

30–39  
Years

40–49  
Years

50–64  
Years

65+  
Years

## IMMUNIZATIONS\*\*

<b>Tetanus, Diphtheria, Pertussis (Td/Tdap)</b>	For adults not previously vaccinated with Td: one dose of Tdap, followed by two doses of Td. Td booster every 10 years. For adults who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.		Three doses of Td if not previously immunized. Td booster every 10 years.
<b>Measles-Mumps-Rubella (MMR)</b>	One or more doses if born after 1956 and no documentation of vaccination and no laboratory evidence of immunity to MMR		Additional doses based on risk factors and health history
<b>Varicella (Chickenpox)</b>	Two doses (four to eight weeks apart) if not previously immunized and no history of chickenpox or shingles, or if at high risk		
<b>Influenza</b>	Annually for all ages		
<b>Pneumococcal (Polysaccharide)</b>	One dose if at high risk and not previously immunized. Revaccinate once after five years for persons with chronic renal or nephrotic syndrome, asplenia, sickle cell disease or immunosuppressive disorders.		One dose after age 65, even if vaccinated before age 65
<b>Hepatitis B</b>	Three doses if at high risk and not previously immunized		
<b>Hepatitis A</b>	Two doses if at high risk and not previously immunized		
<b>Herpes zoster</b>	Not routine		Single dose for all adults ages 60 and older
<b>Human papillomavirus (HPV) (Women)</b>	Three doses for females ages 26 and younger	Not routine	
<b>Meningococcal (Polysaccharide) MPSV4</b>	Adults younger than age 56: MCV4 preferred, MPSV4 acceptable		Adults older than age 55: MPSV4 is the only licensed product for this age group.
<b>Meningococcal Conjugate MCV4</b>	One dose for adults at elevated risk due to school-based, working, medical or travel conditions		

\*Adapted from guidelines developed through Massachusetts Health Quality Partners, Inc. (MHQP). More information at [www.mhq.org](http://www.mhq.org).

\*\*Adapted from the U.S. Centers for Disease Control and Prevention 2011 Adult Immunization Guidelines. More information at [www.cdc.gov](http://www.cdc.gov).

**Note:** Ask your clinician if you are at high risk for any of the conditions mentioned in these guidelines. This chart lists only routinely recommended vaccines; talk with your clinician about your risk for other diseases.

# Thinking about retiring?

## Consider a Medicare Supplement Plan

**H**arvard Pilgrim offers a Medicare Supplement Plan designed for beneficiaries without access to retiree coverage through a former employer. A Medicare Supplement Plan helps fill in the gaps in coverage that exist with Original Medicare. We can also help you select a Medicare Part D Prescription Drug Plan that best meets your needs.

A Medicare Supplement Plan provides:

- Monthly enrollment — No need to wait for the Medicare Open Enrollment period to join
- Your choice of plan options
- The flexibility to go to any Medicare participating physician or hospital anywhere in the country
- No need for referrals
- Predictable out-of-pocket costs

To be eligible, you must be entitled to Medicare Part A, enrolled in Medicare Part B and continue to pay Part B premiums.

The best time to enroll is during your Medicare Supplement open enrollment period. You can save money on your premiums when you're initially eligible for Medicare. This period lasts for six months and begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B.

### MORE INFORMATION

To learn more and to find an informational meeting near you, call 877-645-5258 or visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org).



## Need postmastectomy services?

Here is what is covered. After a mastectomy is performed, additional medical and surgical procedures may be necessary. Harvard Pilgrim covers many postmastectomy services, including the following:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications following mastectomy, including lymphedema

These benefits may be subject to annual deductibles and coinsurance provisions, depending on your specific Harvard Pilgrim plan. If you have any questions about your coverage, please call Member Services at 888-333-4742 (TTY: 800-637-8257).

## YOUR RIGHTS AND RESPONSIBILITIES

Understanding your rights and responsibilities as a Harvard Pilgrim member helps ensure you get the best possible care when you need it.

### As a member of Harvard Pilgrim, it is your right to:

- Receive information about Harvard Pilgrim, its services, its practitioners and providers and your rights and responsibilities
- Be treated with respect in recognition of your values, dignity and right to privacy
- Participate with practitioners in decisions regarding your health care
- Engage in candid discussions of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Voice complaints or make appeals about Harvard Pilgrim or the care provided
- Make recommendations regarding these rights and responsibilities policies

### And it's your responsibility to:

- Provide, to the extent possible, information that Harvard Pilgrim and its practitioners and providers need in order to best care for you
- Follow the plans and instructions for care agreed upon with your practitioners
- Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree that you are able

■ For answers to frequently asked questions, please visit us at [www.harvardpilgrim.org/members](http://www.harvardpilgrim.org/members).

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# Flu vaccine

## RECOMMENDED FOR EVERYONE 6 MONTHS AND OLDER

**T**he Centers for Disease Control and Prevention (CDC) recommends that everyone ages 6 months and older be vaccinated against the flu every year. Even if you got the flu shot last year, it is important to be vaccinated this year to make sure that you are protected this season. Like last year, this year's vaccine will protect against both the seasonal and the H1N1 flu strains, so you only need to get one vaccine.

The flu is spread from person to person, usually through sneezing and coughing. Symptoms include fever, cough, body aches and fatigue. For some people, especially people with chronic health conditions, like diabetes or heart disease, the flu can be life-threatening.

The best way to protect you and your family against the flu is to get a flu vaccine. In addition to your doctor's office, you can get a flu vaccine in many convenient locations.

■ **To learn more about the risk of developing complications from the flu or to find a convenient place to get your vaccine, visit [www.harvardpilgrim.org/flu](http://www.harvardpilgrim.org/flu). For the most up-to-date flu information, call the CDC Hotline at 800-232-4636 (TTY: 888-232-6348).**

## Tools to help you get and stay healthy

Take advantage of the many interactive Web tools we offer at [www.harvardpilgrim.org/wellness](http://www.harvardpilgrim.org/wellness). Here you'll find plenty of support on how to:

- eat more healthfully
- quit smoking
- manage stress
- get enough physical activity
- achieve a healthy weight
- learn more about depression
- have a balanced and simpler approach to wellness!

### Don't have Internet access?

Just call us at 866-750-2068 to learn more or to request printed information.

Get started on your own way to better health.

## GOOD HABITS TO CONTROL THE SPREAD OF THE FLU

- Cough or sneeze into a tissue or into your elbow, not into your hands.
- Throw away used tissues.
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Alcohol-based hand cleansers are also effective.
- Avoid touching your eyes, nose and mouth.
- Try to avoid close contact with people who are sick.
- If you are sick with flu-like symptoms, stay home from work or school for at least 24 hours after your fever is gone.

