

PEDIATRIC HEALTH AND WELLNESS

Wellness At Every Age



One of the benefits of well-child visits is the opportunity to talk about prevention. The American Academy of Pediatrics (AAP) recommends certain screenings and tests to be performed during those visits.¹ Labcorp offers a single-source solution that can help manage screening and prevention for your pediatric patients.

12 months to 4 years Newborn to 9 months Tests & risk assessment to be performed with appropriate action to follow, if positive Tests & risk assessment to be performed with Anemia test (12 months), risk assessment (15 months through 4 years)¹

- Lead risk assessments (12, 18, 24 months; 3 & 4 years)*
 - Tuberculosis risk assessment (12 months, 24 months, 3 & 4 years)1
 - Dyslipidemia risk assessment (24 months & 4 years)¹

Other assessments to be performed routinely, unless otherwise noted:

- Vision¹
- Hearing¹
- Development screening: (18, 30 months)¹
- Developmental surveillance (12, 15, 24 months)1
- Psychosocial/ behavioral assessment¹
- Autism spectrum disorder screening (18 & 24 months)1

*Perform risk assessments as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas. For more on childhood tests and risk assessments, visit AAP.org.

appropriate action to follow, if positive

- Anemia risk assessment (4 months)1
- Lead risk assessment (6 & 9 months)1
- Tuberculosis risk assessment (By 1 month & 6 months)¹

Other assessments to be performed routinely, unless otherwise noted:

- Vision¹
- Hearing¹
- Developmental screening (9 months)¹
- Developmental surveillance¹
- Psychosocial/ behavioral assessment¹

During the teenage years, well-child visits offer adolescents an opportunity to take steps toward independence and responsibility over their own health decisions.²



enters for Disease Control and Prevention (CDC) and the US Preventive Services Task Force (USPSTF) have established the importance of including preventive services in primary care.³⁴ Lead poisoning may lead to development delays and other issues.⁵ If lead testing non-compliance is an issue with patients, consider administering Labcorp's lead filter paper test in-office.

Lead Poisoning

The CDC estimates that 500,000 US children under the age of 5 suffer from levels of lead above the reference level at which public action is recommended.5 Lead poisoning may affect children of all socioeconomic levels and may occur without obvious symptoms.⁵ An in-office collection may help offices increase lead poisoning screening rates.



Convenient

- Screening may be performed with two drops of blood during a routine office visit
- May be less invasive and traumatic for a child than a venous collection
- No spinning, refrigeration, or phlebotomist required
- Reports are available via fax, secure website, or EMR

Cost-Effective

- Collection supplies and specimen shipment are included
- Labcorp files claims with Medicaid and most major insurance companies
- No equipment to purchase or maintain

Accurate

- State-of-the-art technology to deliver timely and accurate results
- Samples are stable for up to 6 months
- Labcorp meets state reporting requirements for lead screening results

Adolescents (older than 10) have some of the greatest numbers of tuberculosis cases.⁶

Tuberculosis (TB)

Individual risk factors impact how tuberculosis develops in different people. Those differing risk factors can cause

someone to become infected soon after being exposed, while others may not get sick for years. According to the CDC, children of all ages who may be exposed to adults with a high risk of latent TB infection or TB should be tested.⁷



QuantiFERON[®] — TB Gold Plus (QFT[®]-Plus) is the fourth generation in QuantiFERON-TB testing technology

This single blood specimen collection is recommended by the CDC for use in certain situations in which a tuberculin skin test (TST) is appropriate.⁷ Interferon Gamma Release Assays (IGRAs), such as QFT-Plus, are a modern alternative to the more than 100-year-old TST. QFT-Plus offers improved performance and is preferred in individuals who have received Bacille Calmette-Guérin (BCG) vaccination or who may not be in compliance for return visits to have a TST read.⁷

- QFT has been shown to be more accurate than the TST in identifying people who may have latent tuberculosis (TB) infection.⁸
- QFT has been shown to be more reliable than the TST in identifying those who may progress to active TB.⁹ QFT-Plus is >97% specific,¹⁰ nearly eliminating false-positive readings; and false positive rates for TST have been published as low as 3% in non-BCGvaccinated populations.¹¹
- QFT-Plus offers >94% sensitivity.¹⁰

TST Challenges	QFT Offers Improvements
Requires multiple office visits to inject and read the TST reaction ¹²	One office visit for single blood draw
Higher false-positive rate (than QFT-Plus)	>97% specific, nearly eliminating false positives ¹⁰
Higher false-negative rate (than QFT-Plus)	>94% sensitivity, decreasing false negatives ¹⁰
Subjective result	Produces an objective result
May be affected by previous BCG vaccinations	Unaffected by previous BCG vaccinations ¹³
May boost subsequent TST test results	Does not boost subsequent QFT-Plus test results and less affected by prior TST^{13}
TST approved for use to aid in the evaluation of TB	QFT-Plus is an approved alternative for use where TST is appropriate. 7
	QFT-Plus is also preferred in individuals who have received BCG vaccination or who may not be in compliance for return visits to have a TST read.

In the US, Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (Ng) are some of the most common and treatable sexually transmitted diseases.

Sexually Transmitted Diseases or Infections

CDC has reported an increase in chlamydia cases (4.7%) and gonorrhea cases (18.5%) since 2015, and any individual who has sex is at risk. Some groups are more affected, including young people aged 15-24.¹⁴

CDC and ACOG Testing Recommendations

The CDC and the American College of Obstetricians and Gynecologists (ACOG) recommend Ct and Ng testing for sexually active women each year until age 25.¹⁴⁻¹⁶

Failure to Diagnose and Treat Can Lead to Serious Complications Later in Life

- Untreated Ct infection increases risk for Pelvic Inflammatory Disease (PID), ectopic pregnancy, and infertility.¹⁶
- Untreated Ng infection increases risk for PID, infertility, ectopic pregnancy, epididymitis.¹⁷
- Infertility affects 20,000 women each year due to undiagnosed STDs.¹⁴

Convenient Test Options



Labcorp offers Ct and Ng test options from numerous collection devices, giving clinicians and patients convenient options:



Labcorp is easy to use:

- Labcorp participates in an extensive network of managed care plans.
- Patient service centers are available for pediatric specimen collection.
- Courier services are available for in-office specimen pickup.
- Specialty customer service representatives assist with test inquiries, add-on testing, and other account service needs.
- Pediatric-specific options with a focus on minimum samples, alternative samples, and age-specific reference ranges.



Be a Part of Labcorp's Partners in Pediatric Care Program

If you are interested in participating in this comprehensive program, go to **Labcorp.com/value-care-pediatrics** and complete the form.

PEDIATRIC HEALTH AND WELLNESS

Test Name	Test No.	
Lead		
Lead, Blood, Filter Paper	791280	
Lead and Protoporphyrin (ZPP), Whole Blood (Pediatric)	717035	
Lead, Blood (Pediatric), Venous	717009	
Lead, Blood (Pediatric), Capillary (Fingerstick)	717016	
Anemia		
Antiparietal Cell Antibody (APCA)	006486	
Aluminum, Serum, Plasma, or Whole Blood	071548	
Tuberculosis		
QuantiFERON®-TB Gold Plus	182879	
Dyslipidemia		
Lipid Profile, Fasting, Pediatric	373632	
Lipid Profile, Nonfasting, Pediatric	373634	
Apo E Genotyping: Cardiovascular Risk	503935	
Apolipoprotein Assessment	216010	
HIV		
Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antigen/Antibody (Fourth Generation) Preliminary Test With Cascade Reflex to Supplementary Testing	083935	

Test Name	Test No.	
Substance Abuse		
Substance Abuse Monitoring and Rehabilitation Profile, Urine (Screen With Confirmation)	739013	
Substance Abuse Monitoring and Rehabilitation Profile I, Oral Fluid (Screen and Confirmation) (Labcorp MedWatch®)	770005	
Substance Abuse Monitoring and Rehabilitation Profile II, Oral Fluid (Screen Only) (Labcorp MedWatch®)	770421	
GI Distress		
Gastrointestinal Profile, Stool, PCR	183480	
Stool Culture	008144	
Ova & Parasites Examination	008623	
Insect-Borne Diseases		
Lyme Disease Antibodies, Total and IgM	258004	
Zika Virus Comprehensive Profile, NAA, Serum and Urine	139600	
Sexually Transmitted Infections		
Chlamydia/Gonococcus, NAA	183194	
Chlamydia/Gonococcus/Genital Mycoplasma Profile, NAA, Urine	180051	
Vaginitis Plus (VG+), NuSwab®	180021	

References

- 1. American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. Updated February 2017.
- 2. Moreno MA. The Well-Child Visit. JAMA Pediatrics. Jan 2018:172 (1);104.
- 3. USPSTF A and B Recommendations. https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations. Accessed November 15, 2017.
- 4. CDC Preventive Care for Adults. https://www.cdc.gov/prevention/index.html. Accessed November 15, 2017.
- 5. Centers for Disease Control and Prevention Childhood Lead Poisoning Lead and Your Health http://ephtracking.cdc.gov/showCommunityDesignAddLinkChildhoodLeadPoisoning.action. Page created April 17, 2012. Accessed April 9, 2013.
- 6. Čenters for Disease Control and Prevention. Tuberculosis (TB). Centers for Disease Control and Prevention website. https://www.cdc.gov/tb/topic/populations/tbinchildren/default.htm. Accessed September 15, 2018.
- 7. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. MMWR. 2010;59(No.RR-5):2-3.

8. Diel R, Loddenkemper R, Niemann S, Meywald-Walter K, Nienhaus A. Predictive value of a whole blood IFN-assay for the development of active tuberculosis disease after recent infection with Mycobacterium tuberculosis. Am J Respir Crit Care Med. 2008;177:1164-1170.

9. Diel R, Loddenkemper R, Niemann S, Meywald-Walter K, Nienhaus A. A negative and positive predictive value of a whole-blood interferon-y-release assay for developing active tuberculosis. Am J Respir Crit Care Med. 2011;183:88-95.

10. QuantiFERON-TB Gold Plus (QFT-Plus) Package Insert. Germantown, MD: Qiagen; 2017.

11. Pai M, Zwerling A, Menzies D. Systematic review: T-cell-based assays for the diagnosis of latent tuberculosis infection: An update. Ann Intern Med. 2008; 149(3):177-184.

12. Andersen P, Munk ME, Pollock, JM Doherty, TM. Specific immune-based diagnosis of tuberculosis. *Lancet*. 2000;356:1099-1104.

13. National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. TB Elimination Interferon-Gamma Release Assays (IGRAs) – Blood Tests for TB Infection. – United States, CS22784C-G, Nov 2011;(1-3).

14. Centers for Disease Control and Prevention. CDC fact Sheet: Reported STDs in the United States, 2016. Available at: http://www.cdc.gov/std/stats16. Accessed December 4, 2017. 15. The American College of Obstetricians and Gynecologists. Primary and Preventive Care: Periodic Assessments. Committee Opinion No 483. Obstet Gynecol. 2011 Apr; 117(4):1008-1014.

16. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR. 2015 June 5;64(3):1-138.

17. Centers for Disease Control and Prevention. Gonorrhea Fact Sheet. Available at http://www.cdc.gov/std/gonorrhea/gonorrhea-fact-sheet.pdf. Accessed September 14, 2015.



For more information about Pediatric Health and Wellness and how it can benefit your patients, contact your Labcorp sales representative, or visit **Labcorp.com**