



**2011 Adult Preventive Health Care Guidelines**

**20 to 39 years**

*Physical exam frequency – Ages 19 to 21: One visit every two to three years; annually if desired. Ages 22 to 39: One visit every 24 months; annually if desired.*

| Clinical screenings  |   |
|--|---|
| Depression screening <sup>1</sup>  | During physical exam.   |
| Blood Pressure <sup>1</sup>  | Age 18 and older every visit.   |
| Cholesterol screening <sup>1</sup>   | Routinely screen men 35 years and older and women 45 and older for lipid disorders. If high risk men 20-35 years of age and women 20-45 years of age.   |
| *Tobacco use <sup>1</sup>  | Screen during each visit.<br>Strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children’s health.  |
| *Alcohol/drug misuse <sup>1</sup>  | Screen during each visit and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.  |
| *Iron deficiency Anemia, Pregnant Women <sup>1</sup><br><br>*Iron deficiency Anemia, Children <sup>1</sup> | Recommends routine screening for iron deficiency anemia in asymptomatic pregnant women. (2006)<br><br>Insufficient to <i>recommend for or against</i> routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (2006) |
| *Neural tube defects, Prevention, Folic Acid Supplementation, Women <sup>2</sup>                           | Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009)  |
| *Chlamydia, Syphilis and Gonorrhea screening (STIs) <sup>2</sup>   | All sexually active women to be screened for STIs and for men at physicians recommendation.   |
| *HIV screening <sup>2</sup>  | Annually for adolescents, adults at high risk and pregnant women.   |
| *Behavioral Counseling to Prevent Sexually Transmitted Infections <sup>1</sup>                             | Recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008)   |
| *Bladder Cancer, Adults <sup>2</sup>   | Recommends <i>against</i> routine screening for bladder cancer in adults. (2004)  |
| *Testicular Cancer <sup>2</sup>  | Recommends <i>against</i> routine screening for testicular cancer in asymptomatic adolescents and adult males. (2004)   |
| *Cervical cancer screening (women) <sup>1</sup>  | Start screening with pap test and clinical breast exam with in three years of beginning sexual activity, or at age 21, whichever is first.  |
| *Thyroid Cancer <sup>1</sup>   | Recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996)   |
| Height, weight, BMI and blood pressure <sup>1</sup>  | During physical exam; nutrition and physical activity counseling for those identified as high risk. (2010)  |

1). 2011 American Academy of Family Physicians

2). 2009 U.S. Preventative Task Force (USPSTF)

3). 2011 Immunization Schedule - Centers for Disease Control and Prevention

2011 Adult Preventive Health Guidelines continued

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| *Physical Activity, Counseling <sup>1</sup>                                  | Recognizes that regular physical activity is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (2002)   |
| *Diabetes, Gestational <sup>1</sup>  | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80mmHg or lower. (2008)   |
| *Diabetes, Type 2, Adults <sup>1</sup>                                       | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80mmHg or lower. (2008)   |
| *Dyslipidemia screening <sup>2</sup>   | Strongly recommends screening for men and women 20-35 older for lipid disorders if they are at increased risk for coronary heart disease.  |
| Family and intimate partner violence <sup>1</sup>                            | Anticipatory guidance at physician discretion.   |
| *Obesity screening <sup>1</sup>  | Routinely screen adults for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months. (2003)   |
| *Healthy Diet <sup>1</sup>   | Recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (1996)                          |
| *Coronary Heart Disease <sup>1</sup>   | Recommends against routine screening with electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (2004) |
| *Bacteriuria, Asymptomatic, Pregnant women <sup>1</sup>                      | Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008)   |
| *Bacteriuria, Asymptomatic, Men, Non-Pregnant <sup>1</sup>                   | Screening for asymptomatic bacteriuria in men and nonpregnant women. (2008)  |
| *Bacterial Vaginosis, Pregnant Women <sup>1</sup>                            | Screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008)  |
| *Breastfeeding, Structured Education and Counseling <sup>1</sup>             | Recommends interventions during pregnancy and after birth to promote and support breastfeeding. (2008)   |
| *Genital Herpes Simplex Virus Infection, Pregnant Women <sup>2</sup>         | Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (2005)   |
| *Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents and Adults | Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults.(2005)   |

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2). 2009 U.S. Preventative Task Force (USPSTF)

3). 2011 Immunization Schedule - Centers for Disease Control and Prevention

2011 Adult Preventive Health Guidelines continued

| Immunizations <sup>3</sup>                                |   |
|---|---|
| *Tetanus, diphtheria and pertussis (Td/Tdap) <sup>3</sup> | Every ten years. (One dose of Tdap if pertussis booster was not received previously) If pregnant women received the most recent Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period.   |
| *Measles, mumps and rubella (MMR) <sup>3</sup>            | <p>Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.</p> <p>Mumps component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g. persons who are working in a healthcare facility) should be revaccinated with 2 doses of MMR vaccine</p> <p>Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.</p> |
| Hepatitis A (HepA)  | For high risk groups.   |
| Hepatitis B (HepB)  | For high risk groups.   |
| *Hepatitis B Virus Infection Pregnant Women <sup>3</sup>  | Screening for pregnant women at their first prenatal visit. (2009)  |
| *Hepatitis C (HepC) <sup>1</sup>                          | For high risk groups  |
| *Varicella (Var) <sup>3</sup>                             | Two does series at least four weeks apart if no history of varicella and no previous vaccination. (Recommended if some other risk factor is present. (e.g., based on medical, occupational, lifestyle, or other indications)  |
| *Influenza <sup>3</sup>                                   | <p>HPV vaccination with either quadrivalent (HPV4) vaccine or bivalent vaccine (HPV2) is recommended for females at age 11 or 12 years and catch-up vaccination for females aged 13through 26 years. Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, and 18, all of which HPV4 prevents) or any of the two HPV vaccine types (types 16 and 18, both of which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, because these conditions are not evidence of previous infection with all vaccine HPV types. HPV4 may be administered to males aged 9 through 26 years to reduce their likelihood of genital warts. HPV4 would be most effective when administered before exposure to HPV through sexual contact. A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6months after the first dose. Although HPV vaccination is not specifically recommended for</p>          |

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3). 2011 Immunization Schedule - Centers for Disease Control and Prevention

2011 Adult Preventive Health Guidelines continued

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|                             | persons with the medical indications described in Figure 2, “Vaccines that might be indicated for adults based on medical and other indications,” it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent. |
| Pneumococcal <sup>3</sup>   | For high risk groups.   |
| *Meningococcal <sup>3</sup> | One dose or more for certain risk groups (Recommended if some other risk factor is present. (e.g., based on medical, occupational, lifestyle, or other indications)   |
| Human Papillomavirus (HPV)  | Three-dose series for ages 13-18 on a zero, two and six-months schedule if no previous vaccination. Minimum spacing: 4 weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3.   |

**40 to 64 Years**

*Physical exam frequency - One visit every 24 months; annually if desired*

| Clinical screenings  |  |
|--|--|
| Depression screenings <sup>1</sup>   | During physical exam.  |
| *Tobacco use <sup>1</sup>  | Screen during each visit.<br>Strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children’s health.                                     |
| *Alcohol misuse <sup>1</sup>   | Screen during each visit and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.   |
| Height, weight, BMI, and blood pressure <sup>1</sup>   | During physical exam; nutrition and physical activity counseling for those identified as high risk.  |
| *Physical Activity, Counseling <sup>1</sup>  | Recognizes that regular physical activity is desirable. The effectiveness of physician’s advice and counseling in this area is uncertain. (2002)   |
| *Hearing difficulties <sup>1</sup>   | Recommends screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate.                                 |
| *Diabetes, Gestational <sup>3</sup>  | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80mmHg or lower. (2008) |
| *Diabetes, Type 2 Adults <sup>1</sup>  | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80mmHg or lower. (2008) |
| *Neural tube defects, Prevention, Folic Acid Supplementation, Women <sup>2</sup>                     | Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009)   |
| *Dyslipidemia screening <sup>2</sup>   | Strongly recommends screening for men age 35 or older and for women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.  |
| *Mammogram (women) <sup>1</sup><br>Digital or MRI – high risk<br>BRCA genetic counseling – high risk | Ages 40 to 49, every one to two years; ages 50-74, annually.   |
| Clinical Breast Exam <sup>1</sup>  | Adults 40 years of age screen every one to two years<br>Adults 50+ annually.   |
| *Cervical cancer screening (women) <sup>1</sup>  | Start screening with pap test and clinical breast exam with in three   |

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|  | years of beginning sexual activity, or at age 21, whichever is first .  |
| *Chlamydia, Syphilis and Gonorrhea screening (STIs) <sup>2</sup>               | All sexually active women to be screened for STIs and for men at physicians recommendation.   |
| *HIV screening <sup>2</sup>  | Annually for adolescents, adults at high risk and pregnant women.   |
| *Behavioral Counseling to Prevent Sexually Transmitted Infections <sup>1</sup> | Recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008)   |
| *Thyroid Cancer <sup>1</sup>   | Recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996)   |
| *Bladder Cancer, Adults <sup>2</sup>   | Recommends <i>against</i> routine screening for bladder cancer in adults. (2004)  |
| *Testicular Cancer <sup>2</sup>  | Recommends <i>against</i> routine screening for testicular cancer in asymptomatic adolescents and adult males. (2004)   |
| *Prostate Cancer <sup>2</sup>  | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. (2008)   |
| *Colorectal cancer screening <sup>1</sup><br>DNA Testing – High Risk           | Beginning at age 50-75, one of the following screening options: <ul style="list-style-type: none"> <li>• Fecal occult blood test annually</li> <li>• Flexible sigmoidoscopy every five years</li> <li>• Flexible sigmoidoscopy every five years</li> <li>• Fecal occult blood testing annually and flexible</li> <li>• Colonoscopy every ten years</li> </ul> <i>Those with family history (first degree relative) of colorectal cancer, or adenomatous polyps: begin screening at age 40 per ten years before the youngest case in the immediate family. Colonoscopy every five years (2010)</i> |
| *Osteoporosis risk factors assessment (women) <sup>2</sup>                     | Use clinical judgment, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. (2011)  |
| *Family and intimate partner violence <sup>1</sup>                             | Anticipatory guidance at physician discretion.  |
| *Obesity screening <sup>1</sup>  | Routinely screen adults for obesity, and offer patients who are obese high-intensity counseling about diet, exercise, or both combined with behavioral interventions for at least one year.   |
| *Healthy Diet <sup>1</sup>   | Recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (1996)   |
| *Bacteriuria, Asymptomatic, Pregnant women <sup>1</sup>                        | Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008)  |
| *Bacteriuria, Asymptomatic, Men, Non-Pregnant <sup>1</sup>                     | Screening for asymptomatic bacteriuria in men and nonpregnant women. (2008)   |
| *Bacterial Vaginosis, Pregnant Women <sup>1</sup>                              | Screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008)   |
| *Breastfeeding, Structured Education and Counseling <sup>1</sup>               | Recommends interventions during pregnancy and after birth to promote and support breastfeeding. (2008)  |
| *Cardiovascular Disease - Aspirin Prevention (men) <sup>2</sup>                | The use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (2009)<br>Recommends against the use of aspirin in treatment of myocardial infarction in men younger than 45 years. (2009)  |
| *Coronary Heart Disease <sup>1</sup>   | Recommends against routine screening with electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (2004)  |

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| *Cardiovascular Disease - Aspirin Prevention (women) <sup>2</sup>            | <p>Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (2009)</p> <p>Recommends against the use of aspirin in treatment of stroke prevention in women younger than 55 years. (2009)</p> |
| *Carotid artery stenosis (CAS) <sup>2</sup>                                  | Recommends against screening for asymptomatic carotid artery stenosis (CAS) in the general adult population.   |
| *Chronic Obstructive Pulmonary Disease, Adults (COPD) <sup>1</sup>           | Recommends against screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008)   |
| *Genital Herpes Simplex Virus Infection, Pregnant Women <sup>2</sup>         | Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (2005)   |
| *Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents and Adults | Recommends <i>against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults.(2005)   |
| *Menopause counseling <sup>2</sup>   | Anticipatory guidance at physician discretion.   |
| *Hormone Replacement Therapy <sup>1</sup>                                    | <p>Recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2005)</p> <p>Recommends against the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.</p>                      |

| Immunizations <sup>3</sup>                                |  |
|---|--|
| *Tetanus, diphtheria and pertussis (Td/Tdap) <sup>3</sup> | Every ten years (give one dose of Tdap if pertussis booster was not received previously) If pregnant women received the most recent Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period.  |
| *Measles, mumps and rubella (MMR) <sup>3</sup>            | <p>Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.</p> <p>Mumps component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g. persons who are working in a healthcare facility) should be revaccinated with 2 doses of MMR vaccine.</p> <p>Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be</p> |

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|  | vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.                                  |
| Hepatitis A (Hep A) <sup>3</sup>   | For high risk groups.  |
| Hepatitis B (HepB)<br>*Hepatitis B Virus Infection Pregnant Women <sup>3</sup> | For high risk groups.<br>Screening for pregnant women at their first prenatal visit. (2009)  |
| *Hepatitis C (HepC) <sup>1</sup>   | For high risk groups.  |
| *Varicella (Var) <sup>3</sup>  | Two doses series at least four weeks apart if no history of varicella or previous vaccination. (Recommended if some other risk factor is present. (e.g., based on medical, occupational, lifestyle, or other indications)) |
| Influenza <sup>3</sup>   | Annually   |
| *Pneumococcal polysaccharide (PPSV) <sup>3</sup>                               | For high risk groups.<br>PPSV one time revaccination after 5 years for persons aged 19-65+ with chronic disease.   |
| Zoster (Shingles) <sup>3</sup>   | One dose at age 60 and older.  |
| *Meningococcal <sup>3</sup>  | One dose or more for certain risk groups (Recommended if some other risk factor is present. (e.g., based on medical, occupational, lifestyle, or other indications))   |

### 65 years and older

*Physical exam frequency- One visit every 24 months; annually if desired*

| Clinical screenings                                  |   |
|--|---|
| Depression screening <sup>1</sup>                    | During physical exam.   |
| *Tobacco use <sup>1</sup>                            | Screen during each visit.<br>Strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.                              |
| *Alcohol/drug misuse <sup>1</sup>                    | Screen during each visit and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.  |
| Height, weight, BMI, and blood pressure <sup>1</sup> | During physical exam; nutrition and physical activity counseling for those identified as high risk.   |
| *Physical Activity, Counseling <sup>1</sup>          | Recognizes that regular physical activity is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (2002)  |
| *Hearing difficulties <sup>1</sup>                   | The AAFP <i>recommends</i> screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate.          |
| *Hearing loss <sup>1</sup>                           | Annual screen 65 and older for hearing impairment, and make referrals to subspecialists.  |
| *Dyslipidemia screening <sup>2</sup>                 | Strongly recommends screening for men age 35 or older and for women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.                                 |
| Diabetes screening <sup>1</sup>                      | Screening once every three years. (e.g., fasting plasma glucose test)   |
| *Diabetes, Type 2 Adults <sup>1</sup>                | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80mmHg or lower. |

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|  | (2008)   |
| *Mammogram (women) <sup>1</sup><br>Digital or MRI – high risk<br>BRCA genetic counseling – high risk | Ages 40 to 49, every one to two years; ages 50-74, annually.   |
| *Clinical Breast Exam <sup>1</sup>   | Adults 40 years of age screen every one to two years.<br>Adults 50+ annually.  |
| *Cervical cancer screening (women) <sup>1</sup>  | Start screening with pap test and clinical breast exam with in three years of beginning sexual activity, or at age 21, whichever is first.   |
| *Chlamydia, Syphilis, Gonorrhea screening (STIs) <sup>2</sup>  | All sexually active women to be screened for STIs and for men at physicians recommendation.  |
| HIV screening <sup>2</sup>   | Annually for adults at high risk.  |
| *Behavioral Counseling to Prevent Sexually Transmitted Infections <sup>1</sup>                       | Recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008)  |
| *Thyroid Cancer <sup>1</sup>   | Recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996)  |
| *Bladder Cancer, Adults <sup>2</sup>   | Recommends <i>against</i> routine screening for bladder cancer in adults. (2004)   |
| *Testicular Cancer <sup>2</sup>  | Recommends <i>against</i> routine screening for testicular cancer in asymptomatic adolescents and adult males. (2004)  |
| *Colorectal cancer screening <sup>1</sup><br>DNA Testing – High Risk                                 | One of the following screening options: <ul style="list-style-type: none"> <li>• Fecal occult blood test annually</li> <li>• Flexible sigmoidoscopy every five years</li> <li>• Fecal occult blood testing annually and flexible sigmoidoscopy every five years</li> <li>• Colonoscopy every ten years</li> </ul> <p><i>Consider stopping screening at age 75. Use individual considerations between ages 75-85. Screening is not recommended for individuals older than 85.</i></p> |
| *Prostate Cancer <sup>2</sup>  | Concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. (2008)  |
| *Osteoporosis risk factors assessment (women) <sup>2</sup>   | Routine beginning at age 65, (does not include bone density test) and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. (2011)  |
| *Abdominal aortic aneurysm screening (men) <sup>2</sup>  | Between ages 65 and 75 who have ever smoked, a one time screening for abnormal aortic aneurysm. (2005)   |
| *Abdominal Aortic Aneurysm (women) <sup>2</sup>  | Routine screening for abdominal aortic aneurysm (AAA) in women. (2005)   |
| *Injury prevention in older adults <sup>2</sup>  | Annual screen 65 and older.  |
| *Obesity screening <sup>1</sup>  | Routinely screen adults for obesity, and offer patients who are obese high-intensity counseling about diet, exercise, or both combined with behavioral interventions for at least one year.  |
| *Healthy Diet <sup>1</sup>   | Recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (1996)  |
| *Bacteriuria, Asymptomatic, Men, Non-Pregnant <sup>1</sup>   | Screening for asymptomatic bacteriuria in men and non-pregnant women. (2008)   |
| *Cardiovascular Disease - Aspirin Prevention (men) <sup>2</sup>                                      | The use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.  |

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|  | (2009)<br>Recommends against the use of aspirin in treatment of myocardial infarction in men younger than 45 years. (2009)   |
| *Cardiovascular Disease - Aspirin Prevention (women) <sup>2</sup>  | Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (2009)<br><br>Recommends against the use of aspirin in treatment of stroke prevention in women younger than 55 years. (2009)                        |
| *Carotid artery stenosis (CAS) <sup>2</sup>                        | Recommends against screening for asymptomatic carotid artery stenosis (CAS) in the general adult population.   |
| *Chronic Obstructive Pulmonary Disease, Adults (COPD) <sup>1</sup> | Recommends against screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008)   |
| *Coronary Heart Disease <sup>1</sup>                               | Recommends against routine screening with electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (2004) |
| *Hormone Replacement Therapy <sup>1</sup>                          | Recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2005)<br>Recommends against the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.   |

**65 years and older, continued**

| Immunizations <sup>3</sup>                                |  |
|---|--|
| *Tetanus, diphtheria and pertussis (Td/Tdap) <sup>3</sup> | Every ten years (Give one dose of Tdap if pertussis booster was not received previously.) Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated.   |
| Hepatitis A (Hep A) <sup>3</sup>                          | For high risk groups.  |
| Hepatitis B (Hep B) <sup>3</sup>                          | For high risk groups.  |
| *Hepatitis C (HepC) <sup>1</sup>                          | For high risk groups.  |
| *Varicella (Var) <sup>3</sup>                             | Two dose series at least four weeks apart if no history of varicella or previous vaccination. (Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications))   |
| Influenza   | Annually   |
| *Pneumococcal polysaccharide (PPSV) <sup>3</sup>          | For high risk groups<br>PPSV one time revaccination after 5 years for persons aged 19-65+ with chronic disease   |
| Zoster (Shingles)   | One dose at age 60 and older   |
| *Meningococcal <sup>3</sup>                               | One dose or more for certain risk groups (Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications))  |
| *MMR <sup>3</sup>   | Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine |

1). 2011 American Academy of Family Physicians

2). 2009 U.S. Preventative Task Force (USPSTF)

3). 2011 Immunization Schedule - Centers for Disease Control and Prevention

2011 Adult Preventive Health Guidelines continued

|  |  |
|--|--|
|  | <p>Mumps component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g. persons who are working in a healthcare facility) should be revaccinated with 2 doses of MMR vaccine</p> <p>Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.</p> |
| <p>Websites:<br/>         American Academy of Family Physicians<br/> <a href="http://www.aafp.org/online/etc/medialib/aafp.org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/February2011CPS03142011.pdf">http://www.aafp.org/online/etc/medialib/aafp.org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/February2011CPS03142011.pdf</a><br/>         US Preventive Task Force (USPSTF)<br/> <a href="http://www.ahrq.gov/clinic/pocketgd09/pocketgd09.pdf">http://www.ahrq.gov/clinic/pocketgd09/pocketgd09.pdf</a><br/>         Immunization Schedule<br/> <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm">http://www.cdc.gov/vaccines/recs/schedules/default.htm</a></p> |  |
| <p><b>* Reflects changes for 2010-2011</b></p>   |  |

- 1). 2011 American Academy of Family Physicians
- 2). 2009 U.S. Preventative Task Force (USPSTF)
- 3). 2011 Immunization Schedule - Centers for Disease Control and Prevention