Part I: Adults at Average Risk

1. **History and Physical Examination** (Reference: 28 - ACS)
   a) Height and Weight Measurement: Get baseline height at initial visit and weight at every visit (References: 29 – AHA; 30 - USPSTF)
   b) Calculation of Body Mass Index: At every visit (References: 30 – USPSTF; 29 - AHA)
   c) Blood Pressure Measurement: At every visit (References: 31 - USPSTF)

2. **Counseling**
   Provide health counseling regarding the following topics: (Reference: 18, 30, 34, 35, 37, 62 – USPSTF, 38 - ACS)
   a) Avoidance of tobacco and/or tobacco cessation
   b) Weight loss for obese adults
   c) Promotion of healthy diet
   d) Benefits of physical activity
   e) Alcohol use
   f) Sexually transmitted infection prevention
   g) Risks and symptoms of endometrial cancer to women of average risk at the time of menopause. Strongly encourage women to report and unexpected bleeding or spotting to their physicians.
   h) Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer

3. **Screening Tests**
   a) **Cholesterol**
      Note: Recommendations from different national entities vary. We encourage review of the detailed and nuanced language in the following references:
      (References: 39 – USPSTF; 40 - ADA; 70 - AHA).
      o Screen men age 35 and older for lipid disorders.
      o Screen women age 45 and older for lipid disorders if they are at increased risk for coronary heart disease.
      o Men age 20 to 35 and women age 20 to 45 that are at increased risk for coronary heart disease should be screened for lipid disorder.
      o Reasonable options for screening interval include: every 5 years; screening at <5 year intervals for people who have lipid levels close to those warranting therapy; and screening at intervals >5 years for low-risk people who have had low or repeatedly normal lipid levels.
      o For adult diabetics, perform a lipid profile at least annually. If lipid values are low-risk, the lipid profile may be performed every two years.

   b) **Breast cancer screening (female only)**
      Note: Recommendations from different national entities vary. We encourage review of the detailed and nuanced language in the following references:
      (References: 33, 41 – USPSTF; 32 – ACS)
      o Screen women aged 50 to 74 years for breast cancer with biennial mammography. Some entities recommend annual mammography in this age group.
      o The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient’s values regarding specific benefit and harm. Some entities recommend annual mammography in the 40 to 49 age group.
      o Primary care providers should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially...
harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

c) **Cervical Cancer Screening (Pap) (female only)** (References: 25 – USPSTF; 26 – ACS; also see Reference 27 – ACOG)

- Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years.
- Younger women younger than 21 should not be screened, with the exception of women who are infected with HIV. More frequent screening is appropriate for certain women, including those infected with HIV.
- Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women aged 30 to 65 years; cytology alone every three years is acceptable.
- Women younger than 30 years should not undergo co-testing.
- Screening should be discontinued after age 65 years in women with adequate negative prior screening test results.
- Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher.
- Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.

d) **Prostate Cancer Screening (male only)** (Reference: 42 – ACS; also see references 43 – USPSTF and 44 – AUA)

- Prostate cancer screening recommendations vary, and review of the detailed language in the references is recommended. While the USPSTF recommends against PSA-based screening for prostate cancer, the American Cancer Society (ACS) and the American Urological Association (AUA) recommend an informed decision-making process for men age 50 and older (ACS) or men age 55-69 (AUA) who have at least a ten-year life expectancy. Among the potential considerations for informed decision making are the risks, benefits and uncertainties of screening, as well as individual values and preferences. ACS states that prostate cancer screening should not occur without an informed decision-making process.

e) **Colorectal Cancer Screening** (Reference: 46 – USPSTF; also see References 45 – ACS and 47 - ACOG)

Screen men and women age 50-75 for colorectal cancer using:
- Guaiac Fecal Occult Blood Test (gFOBT) annually or;
- Fecal Immunochemical Testing (FIT) annually or;
- Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or;
- Flexible sigmoidoscopy every 5 years or;
- Flexible sigmoidoscopy every 10 years with FIT annually or;
- Colonoscopy every 10 years or;
- CT Colonography every 5 years

Note: Single–panel gFOBT performed in the medical office using a stool sample collected during a digital rectal examination is not a recommended option for CRC screening due to its very low sensitivity for advanced adenomas and cancer.

- Some entities recommend annual colorectal cancer screening in the 45 to 49 age group. The decision to start colorectal cancer screening before the age of 50 years should be an individual one and take into account patient context, disease risk, and include the patient’s preferences and values regarding specific benefit and harm.

f) **Screening for Alcohol Misuse** (Reference: 35– USPSTF)

- Screen adults 18 and over for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief counseling interventions to reduce alcohol misuse.

g) **Screening for Depression** (Reference: 48 – USPSTF)

- Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
h) **Screening for Tobacco Use** (Reference: 34 - USPSTF)
   - Ask all adults, including pregnant women, about tobacco use.

i) **Screening for Obesity** (Reference: 30 - USPSTF)
   - Screen all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.

k) **HIV Serology** (Reference: 56 – USPSTF)
   - Screen for HIV infection in adults age 18 to 65 years. Older adults who are at increased risk should also be screened. Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. The evidence is insufficient to determine optimum time intervals for HIV screening.

l) **Screening for Intimate Partner Violence** (Reference: 59 – USPSTF)
   - Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.

m) **Screening for Hepatitis C** (Reference: 64 – USPSTF)
   - Screen for Hepatitis C (HCV) infection in persons at high risk for infection and offer one-time screening for HCV infection to adults born between 1945 and 1965.

n) **Screening for Lung Cancer** (Reference: 69 - USPSTF)
   - Screen annually for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

4. **Immunizations** (References: 49, 50, 19 – ACIP)
   a. Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule or in accordance with state law or regulations. See the ACIP Recommended Adult Immunization Schedule at the end of this document.

5. **Preventive Treatment**
   a) **Aspirin** (Reference: 51 – USPSTF)
      - Adults aged 50 to 59 years with a ≥10% 10-year CVD risk: The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

   b) **Folic acid** (Reference: 52 – USPSTF)
      - All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 μg) of folic acid.

   c) **Chemoprevention of breast cancer** (Reference: 53 – USPSTF)
      - Engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications.

   d) **Statins for Cardiovascular Disease Prevention** (Reference 73- USPSTF)
      - The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:
         - they are aged 40 to 75 years;
         - they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking);
         - they have a calculated 10-year risk of a cardiovascular event of 10% or
2018 Preventive Health Guidelines for Adults 18 years and Older

greater.
  o Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.

Part II: Recommendations for Select Adult Populations at Increased Risk

1. Screening for Diabetes (References: 54 – USPSTF; 55 – ADA)
   Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
   a) Prevention or Delay of Type 2 Diabetes
      • Test all adults, beginning at age 45, regardless of weight.
      • Test asymptomatic adults of any age who are overweight, are obese, or have one or more additional risk factors for diabetes.
      • Consider metformin therapy to prevent type 2 diabetes for:
        o Prediabetes;
        o BMI > 35 kg/m²
        o Age < 60 years
        o Women who have had gestational diabetes
      • Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:
        o Target 7% body weight loss
        o Encourage at least 150 minutes/week of moderate-intensity physical activity.
        o Offer follow-up, including counseling, diabetes self-management education, and ongoing support.

2. Tuberculosis Testing: Test person at increased risk for TB, (References: 23, 24 – CDC)
   • Persons with increased risk for developing TB include the following:
     o Persons who may have recent infection, including: close contacts of persons with infectious pulmonary TB; persons who have recently immigrated from areas of the world with high rates of TB; or groups of people with high rates of TB transmission (homeless persons, those with HIV infections, injection drug use, persons who reside or work in institutional settings).
     o Persons with clinical conditions that are associated with progression to active TB, including: HIV infection, injections drug use, pulmonary fibrotic lesions on CXR, underweight, silicosis, chronic renal failure on hemodialysis, diabetes, gastrectomy, jejunouleal bypass, renal and cardiac transplantation, head and neck cancer, other neoplasms, prolonged corticosteroid or immunosuppressive therapy.

3. Syphilis Serology (References: 57, 58 – USPSTF)
   • The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection
   • Perform for all pregnant women.

4. Gonorrhea Screening (References: 17 – USPSTF)
   • Screen for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

5. Chlamydia Screening (References: 16 – USPSTF)
   • Screen for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

6. Counseling and Interventions to Address Tobacco Use (Reference: 34 – USPSTF).
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- Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco.

7. Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling (Reference: 37 - USPSTF)
- Offer or refer adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

8. Screening for Hepatitis B Virus Infection (Reference: 68 - USPSTF)
- Screen for Hepatitis B in adults at high risk for infection.
- Risk factors include country of origin, HIV positive persons, Injection drug users, household contacts or sexual partners with HBV infection, and men who have sex with men.
- Screening is also recommended for persons receiving hemodialysis or cytotoxic or immunosuppressive therapy.

9. Sexually Transmitted Infections: Behavioral Counseling (Reference: 18- USPSTF)
- Intensive behavioral counseling for adults who are at increased risk for sexually transmitted infections (STIs).

Part III: Additional Recommendations for Adults Age 65 and Older

In addition to the services recommended in the guidelines for adults age 19 and older, the following services are recommended for individuals age 65 and older:

1. Immunizations (Reference: 49 – ACIP)
   - Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule. A copy is attached.

2. Osteoporosis Screening (Reference: 60,74 – USPSTF)
   - Screen for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.
   - Screen for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.

3. Screening for Abdominal Aortic Aneurysm (Reference: 61 - USPSTF)
   - Men ages 65 to 75 who have ever smoked should be screened one time for abdominal aortic aneurysm, using ultrasonography.

4. Prevention of Falls In Community Dwelling Older Adults (Reference: 63 - USPSTF)
   - Exercise or physical therapy and vitamin D Supplementation to prevent falls is recommended for community-dwelling adults aged 65 years or older who are at increased risk for falls.
## 2018 Preventive Health Guidelines for Adults 18 years and Older

### Adult: Over 18 Years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>865 years</th>
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<tbody>
<tr>
<td>Influenza&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tdap&lt;sup&gt;2&lt;/sup&gt; or Td&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
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<tr>
<td>MMR&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
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<td></td>
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<tr>
<td>VAR&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>RZV&lt;sup&gt;5&lt;/sup&gt; (preferred) or ZVL</td>
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<td></td>
<td>2 doses RZV (preferred)</td>
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<td></td>
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<td>PCV13&lt;sup&gt;7&lt;/sup&gt;</td>
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</tbody>
</table>

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**Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection**

**Recommended for adults with other indications**

**No recommendation**

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1. Influenza: Annual influenza vaccination is recommended for adults aged 65 years and older. Those aged 18-64 years with chronic conditions or at increased risk of complications from influenza infection should also be vaccinated. Those aged 18-64 years who are otherwise healthy may consider vaccination, especially if they plan to travel internationally or are in close contact with high-risk individuals.

2. Tdap/Td: Tetanus-diphtheria-acellular pertussis vaccine (Tdap) is recommended for adults aged 18-64 years to prevent pertussis. Tetanus-diphtheria (Td) vaccine is recommended every 10 years.

3. MMR: Measles, mumps, and rubella (MMR) vaccine is recommended for adults aged 18-64 years who were not vaccinated in childhood or for whom documentation of vaccination is lacking. A single dose is sufficient for most adults, but those born after 1957 should receive a second dose.

4. VAR: Varicella vaccine is recommended for adults aged 18-26 years who were not vaccinated in childhood or for whom documentation of vaccination is lacking. Two doses are recommended for those born before 1995.

5. RZV/ZVL: Zoster vaccine is recommended for adults aged 65 years and older. Two doses are recommended for those aged 70 years and older.

6. HPV: Human papillomavirus (HPV) vaccine is recommended for adults aged 18-26 years who have not completed the vaccination series. Two doses are recommended for those aged 18-26 years who initiated the series at age 15-26 years.

7. PCV13/PPSV23: Pneumococcal conjugate vaccine (PCV13) is recommended for adults aged 18-64 years who have not previously received the vaccine. Pneumococcal polysaccharide vaccine (PPSV23) is recommended for adults aged 65 years and older or for those with certain high-risk conditions.

8. HepA: Hepatitis A vaccine is recommended for adults aged 18-64 years who have not previously received the vaccine.

9. HepB: Hepatitis B vaccine is recommended for adults aged 18-64 years who have not previously received the vaccine.

10. MenACWY: Menetetetraçol conjugate meningococcal vaccine (MenACWY) is recommended for adults aged 18-64 years who have not previously received the vaccine.

11. MenB: Meningococcal conjugate vaccine (MenB) is recommended for adults aged 18-64 years who have not previously received the vaccine.

12. Hib: Haemophilus influenzae type b (Hib) vaccine is recommended for adults aged 18-64 years who have not previously received the vaccine.
### Recommended Immunization Schedule for Adults Aged 19 Years or Older by Medical Conditions and Other Indications, United States, 2018

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immune-compromised (including HIV infection)</th>
<th>HIV infection CD4+ count (cells/µL)</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease on hemodialysis</th>
<th>Heart or lung disease, alcoholism</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel</th>
<th>Men who have sex with men</th>
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<td>1 dose +1 dose</td>
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<tr>
<td>MMR*</td>
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<tr>
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<tr>
<td>Meningococcal (A,C,Y,W135)</td>
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<tr>
<td>Meningococcal (B)</td>
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<tr>
<td>Hepatitis C</td>
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</table>

*Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended for adults with other indications. Contraindicated. No recommendation.
Footnotes. Recommended Immunization schedule for adults aged 19 years or older, United States, 2018

1. Influenza vaccination
   • Administer 1 dose to adults aged 65 years and older, all adults aged 65 years and older, and adults 18-64 years of age who have chronic medical conditions or other factors that increase the risk of serious influenza complications.
   • Influenza vaccine is recommended for all persons aged 6 months and older each year.
   • If the patient has received influenza vaccine within the last 12 months, no additional vaccination is needed.

2. Tetanus, diphtheria, and pertussis vaccination
   • Administer 7-11 doses before the age of 11 years.
   • U.S. Preventive Services Task Force (USPSTF) recommendation: Get Tdap vaccine at 11-12 years of age, and an additional dose at age 18-19 years if it has not been administered previously.
   • Adults aged 18-64 years who have not received Tdap within the last 10 years should receive Tdap at the next recommended visit.

3. Measles, mumps, and rubella vaccination
   • Administer 2 doses of measles, mumps, and rubella vaccine (MMR) to adults with no history of immunity to measles, mumps, or rubella.
   • If the patient has received 1 dose of MMR within the last 10 years, no additional dose is needed.

4. Varicella vaccination
   • Administer 2 doses of varicella vaccine to adults without a history of varicella or who have not received 1 dose of varicella vaccine within the last 10 years.

5. Human papillomavirus (HPV) vaccination
   • Administer 3 doses to females aged 20-26 years and males aged 18-26 years.
   • Administer 2 doses to females aged 13-18 years.

6. Hepatitis B vaccination
   • Administer 2 doses of hepatitis B vaccine to adults who have not previously received the vaccine.

7. Hepatitis C vaccination
   • Administer 2 doses of hepatitis C vaccine to adults who have not previously received the vaccine.

8. Human immunodeficiency virus (HIV) vaccination
   • Administer 1 dose of HIV vaccine to adults who have not previously received the vaccine.

9. Hepatitis A vaccination
   • Administer 2 doses of hepatitis A vaccine to adults who have not previously received the vaccine.

10. Meningococcal vaccination
    • Administer 2 doses of meningococcal vaccine to adults who have not previously received the vaccine.

Special populations
• At-risk adults (e.g., adults with chronic medical conditions, adults who are immunocompromised, adults with underlying medical conditions, or adults who have received immunosuppressive therapy).
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Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older

<table>
<thead>
<tr>
<th>Vaccine(s)</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All vaccines</td>
<td>Severe reaction, e.g., anaphylaxis, after a previous dose or to a vaccine component</td>
<td>Moderate or severe acute illness with or without fever</td>
</tr>
</tbody>
</table>

Additional contraindications and precautions for vaccines routinely recommended for adults

<table>
<thead>
<tr>
<th>Vaccine(s)</th>
<th>Additional Contraindications</th>
<th>Additional Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV</td>
<td>- History of Guillain-Barre syndrome within 6 weeks after previous influenza vaccination</td>
<td>- Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, or recurrent sneezing or required intramuscular or another emergency medical intervention (IV may be administered)</td>
</tr>
<tr>
<td>IPV</td>
<td>- History of Guillain-Barre syndrome within 6 weeks after previous influenza vaccination</td>
<td>- Guillain-Barre syndrome within 6 weeks after previous dose of tetanus toxoid or acellular pertussis</td>
</tr>
<tr>
<td>Tdap, Td</td>
<td>- For pertussis-containing vaccines: encephalopathy, e.g., coma, decreased level of consciousness, or prolonged seizures, not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxoid or acellular pertussis</td>
<td>- History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Deferral vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine.</td>
</tr>
<tr>
<td>MMR</td>
<td>- Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy, human immunodeficiency virus (HIV) infection with severe immunosuppression</td>
<td>- Recent (within 1 month) receipt of antibody-containing blood product (specific interval depends on product)</td>
</tr>
<tr>
<td>Var varicella</td>
<td>- Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy, HIV infection with severe immunosuppression</td>
<td>- Need for tuberculin skin testing</td>
</tr>
<tr>
<td>ZVL</td>
<td>- Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy, HIV infection with severe immunosuppression</td>
<td>- Receipt of specific antiviral drugs (acyclovir, famcyclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)</td>
</tr>
<tr>
<td>HPV vaccine</td>
<td>- Pregnancy</td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td>- Severe allergic reaction to any vaccine containing diphtheria toxoid</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations of vaccines

- IPV: inactivated influenza vaccine
- IPV: recombinant influenza vaccine
- Tdap: tetanus, diphtheria, and pertussis toxoid vaccine
- MMR: measles, mumps, and rubella vaccine
- Var: varicella zoster vaccine
- ZVL: zoster live vaccine
- HPV: human papillomavirus vaccine
- PCV13: 13-valent pneumococcal conjugate vaccine
- PPSV23: 23-valent pneumococcal polysaccharide vaccine
- HepA: hepatitis A vaccine
- HepB: hepatitis B vaccine
- HepA and HepB: hepatitis A and B vaccines
- MenA: meningococcal A vaccine
- MenC: meningococcal C vaccine
- MenB: meningococcal B vaccine
- HSV: herpes simplex virus vaccine

References


Targeted tuberculin testing programs should be conducted only among groups at high risk and discouraged in those at low risk.


The optimal approach is to perform tuberculin skin testing only on those children with specific risk factors for tuberculosis.


The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus (HPV) testing every 5 years. The USPSTF recommends against screening for cervical cancer in women younger than age 21 years. The USPSTF recommends against routinely screening women older than 65 for cervical cancer and recommends against routine Pap smear screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer. The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.


ACS and its partners recommend no screening for cervical cancer before 21 years of age. For women aged 21-29 years, cervical cytology alone is recommended every 3 years with HPV testing not recommended for screening in this age group. For women age 30-65 years, options include HPV and cytology “cotesting” every 5 years (preferred) or cytology alone every 3 years (acceptable). Screening by HPV testing alone is not recommended for most clinical settings. For women age >65 years, no screening is recommended following adequate negative prior screening and are not otherwise at high risk for cervical cancer. Women who have received HPV vaccine should be screened in the same manner as women who have not been vaccinated.


- Younger women should not be screened, with the exception of women who are infected with HIV. More frequent screening is appropriate for certain women, including those infected with HIV.
- Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years.
- Women younger than 30 years should not undergo co-testing.
- Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women aged 30 to 65 years; cytology alone every three years is acceptable.
- Screening should be discontinued after age 65 years in women with adequate negative prior screening test results.
- Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher.
- Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.

recommendations stress that the occasion of a general periodic health examination provides a good opportunity to address examinations and counseling that could lead to the prevention and early detection of cancer. The cancer–related check-up should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral region and skin as well as health counseling about smoking cessation, diet and physical activity. Self-examination techniques and signs and symptoms of cancer can be discussed, along with shared decision-making about cancer screening. No periodicity is recommended.


30. U.S. Preventive Services Task Force. Screening for and management of obesity of adults, June 2012. Available at: http://www.uspreventiveservicestaskforce.org/uspsf/uspsobes.htm. Accessed March 28, 2018. The USPSTF recommends screening all adults for obesity. Body mass index is calculated from the measured weight and height of an individual. No evidence was found about appropriate intervals for screening. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.


32. Smith, R. A., Andrews, K. S., Brooks, D., Fedewa, S. A., Manassaram-Baptiste, D., Saslow, D., Brawley, O. W. and Wender, R. C. (2017), Cancer screening in the United States, 2017: A review of current American Cancer Society guidelines and current issues in cancer screening. CA: A Cancer Journal for Clinicians, 67: 100-121. doi:10.3322/caac.21392. Accessed April 23, 2018. Women should undergo regular screening mammography starting at age 45 y; women ages 45 to 54 y should be screened annually; women should have the opportunity to begin annual screening between ages 40 and 44 y. Women aged ≥55 y should transition to biennial screening or have the opportunity to continue screening annually; women should continue screening mammography as long as their overall health is good and they have a life expectancy of ≥10 y.

33. U. S. Preventive Services Task force. Breast Cancer: Screening. January 2016. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening?ds=1&s=breast cancer. Accessed March 29, 2018. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient’s values regarding specific benefits and harms. The USPSTF concluded that, the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older. The USPSTF recommends against teaching breast self-examination (BSE) and concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.

about tobacco use, and augmented pregnancy-tailored counseling should be provided for those who smoke.


39. U.S. Preventive Service Task Force. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication. Accessed April 23, 2018. U.S. Preventive Services Task Force. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/statin-use-in-adults-preventive-medication1. The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the “Clinical Considerations” section for more information on lipids screening and the assessment of cardiovascular risk.


41. U.S. Preventive Services Task Force. Risk assessment, genetic counseling, and genetic testing for BRCA-related cancer in women December 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspsft/uspsbrgen.htm. Accessed April 23, 2018. The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

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44. American Urological Association. Early detection of prostate cancer. Available at: http://www.auanet.org/guidelines/early-detection-of-prostate-cancer-(2013-reviewed-and-validity-confirmed-2015). Accessed April 23, 2018. The AUA recommends against screening for prostate cancer in men under age 40 years, does not recommend routine screening in men age 40-54 years at average risk, and recommends shared decision making for men age 55-69 years that are considering PSA screening, and proceeding based on a man’s values and preferences. A routine screening interval of two years or more may be preferred over annual screening in those who have decided on screening. Routine PSA screening is not recommended in men over 70 years of age or in any man with less than a 10-15-year life expectancy.


46. U.S. Preventive Services Task Force. Screening for colorectal cancer October 2008. Available at: http://www.uspreventiveservicestaskforce.org/uspsf/uspscolo.htm. Accessed March 30, 2018. The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. This is an update of the 2008 USPSTF recommendation. In 2008, the USPSTF recommended screening with colonoscopy every 10 years, annual FIT, annual high-sensitivity FOBT, or flexible sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years. In the current recommendation, instead of emphasizing specific screening approaches, the USPSTF has instead chosen to highlight that there is convincing evidence that colorectal cancer screening substantially reduces deaths from the disease among adults aged 50 to 75 years and that not enough adults in the United States are using this effective preventive intervention. The reasons for this gap between evidence and practice are multifaceted and will require sustained effort among clinicians, policy makers, advocates, and patients to overcome.

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50. Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices—United States, 2017-18 Influenza Season. Available at: https://www.cdc.gov/flu/professionals/acip/index.htm. Accessed April 23, 2018. Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is available.

51. U. S. Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication April 2016. Accessed March 30, 2018 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer. Adults aged 50 to 59 years with a ≥10% 10-year CVD risk: The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.


53. U.S. Preventive Services Task Force. Medications for risk reduction of primary breast cancer in women, September 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspsf/uspsbrpv.htm. Accessed March 30, 2018. The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications.

54. U.S. Preventive Services Task Force: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. Adults aged 40 to 70 years who are overweight or obese: http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes. Accessed March 30, 2018. The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
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Testing should be considered in all adults who are overweight (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) and who have one or more additional risk factors:

**Prevention or Delay of Type 2 Diabetes**

- Test all adults, beginning at age 45, regardless of weight.
- Test asymptomatic adults of any age who are overweight, are obese, or have one or more additional risk factors for diabetes.
- Consider metformin therapy to prevent type 2 diabetes for:
  - Prediabetes;
  - BMI > 35 kg/m²;
  - Age < 60 years;
  - Women who have had gestational diabetes.
- Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:
  - Target 7% body weight loss;
  - Encourage at least 150 minutes/week of moderate-intensity physical activity;
  - Offer follow-up, including counseling, diabetes self-management education, and ongoing support.


The USPSTF recommends that clinicians screen for HIV infections in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV. The evidence is insufficient to determine optimum time intervals for HIV screening.


59. U.S. Preventive Services Task Force. Screening for intimate partner violence and abuse of elderly and vulnerable adults. January 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm. Accessed March 30, 2018. The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect.

60. U.S. Preventive Services Task Force. Osteoporosis screening: postmenopausal women younger than 65 years at increased risk of osteoporosis. Available at: https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/. Accessed June 28, 2018. The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.


69. U.S. Preventive Services Task Force. Screening for Lung Cancer December 2013. Available at http://www.uspreventiveservicestaskforce.org/uspslung.htm. Accessed April 10, 2018. The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

70. American Heart Association. American College of Cardiology/American Heart Association Task Force on Practice 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A report of The American College of Cardiology/American Heart Association task force on practice guidelines. Available at: http://content.onlinejacc.org/article.aspx?articleid=1879711. Accessed April 23, 2018 The AHA recommends it is reasonable to assess traditional ASCVD risk factors every 4 to 6 years in adults 20 to 79 year of age who are free from ASCVD and estimate 10-year ASCVD risk every 4 to 6 years in adults 40 to 79 years of age who are free from ASCVD. The race- and sex-specific Pooled Cohort Equations to predict 10-year risk for a first hard ASCVD* event should be used in non-Hispanic African Americans and non-Hispanic Whites, 40 to 79 years of age.