

<b>CLINICAL PRACTICE GUIDELINE NAME:</b>	<i>Recommended Adult Preventive Screening &amp; Immunization Guideline</i>
<b>ORIGINAL DATE APPROVED BY QMC:</b>	7/02 IHN; 11/05 SAHP; 5/06 SHPO
<b>DATES RE-REVIEWED BY QMC:</b>	7/04 IHN; 11/05 IHN; 5/06 Logo Change; 1/07 SHPO; 10/08 SHPO; 7/09 SHPO; 9/10 SHPO; 7/11 SHPO

**GUIDELINE DESCRIPTION:**

This guideline provides a concise listing of:

1. Various types of preventive screenings for adults including specific time frames for the screening
2. Various types of adult immunizations including specific time frames for the immunization

**REFERENCES:**

1. Guide to Clinical Preventive Services – US Preventive Services Task Force, 2010-2011  
<http://www.ahrq.gov/clinic/pocketgd.htm>
2. Medicare Benefit Policy Manual, Chapter 15, 2-15-11  
<http://www.cms.gov/manuals/downloads/bp102c15.pdf>
3. Quick Guide Medicare Preventive Services effective February-2011  
[http://www.cms.gov/MLNProducts/downloads/MPS\\_QuickReferenceChart\\_1.pdf](http://www.cms.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf)
4. Recommended Adult Immunization Schedule, 2-4-11  
<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/mmwr-adult-schedule.pdf>
5. American Cancer Society – Cancer Prevention and Early Detection 7-6-10  
<http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>
6. DMAP Prevention Tables – 4-1-11  
<http://www.oregon.gov/OHA/OHPPR/HSC/docs/L/Apr11List.pdf>
7. National Guideline Clearinghouse. American Optometric Association. Comprehensive adult eye and vision examination. 2005.  
<http://www.guideline.gov/content.aspx?id=8464&search=vision>

*These recommendations are designed to be guidelines but do not guarantee coverage by each plan. For coverage/benefit information please contact our customer care department.*

**RECOMMENDED ADULT PREVENTIVE SCREENINGS  
19 years and over**

TYPE OF SCREENING	AGE
Physical examinations (check-ups) with height & weight / Body Mass Index (BMI) calculation	<ul style="list-style-type: none"> <li>- 19-29 every 5 years</li> <li>- 30-49 every 2-3 years</li> <li>- 50 and over yearly</li> </ul>
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	<ul style="list-style-type: none"> <li>- Once per lifetime for men aged 65-75 years old who have ever smoked.</li> </ul>
Immunizations (shots)	<ul style="list-style-type: none"> <li>- See immunization table below</li> </ul>
Blood Pressure screening	<ul style="list-style-type: none"> <li>- Evaluation at each physical examination</li> </ul>
Diet and exercise	<ul style="list-style-type: none"> <li>- Evaluation at each physical examination</li> </ul>
Smoking, alcohol and drug use	<ul style="list-style-type: none"> <li>- Evaluation at each physical examination</li> </ul>
Education for sexually transmitted infections (STI's)	<ul style="list-style-type: none"> <li>- Evaluation at each physical examination for those at increased risk for STI's.</li> </ul>
Skin cancer screening	<ul style="list-style-type: none"> <li>- Evaluation at each physical examination</li> </ul>
Cholesterol screening	<ul style="list-style-type: none"> <li>- Men 35 and older every 5 years</li> <li>- Women 45 and older every 5 years</li> <li>- Men 20-35 and Women 20-45 if at increased risk for coronary heart disease</li> </ul>
Colon/rectal cancer screening (stool test for blood or colonoscopy or barium enema or flexible sigmoidoscopy)	<p>High Risk:</p> <ul style="list-style-type: none"> <li>- Familial polyposis or hereditary nonpolyposis colorectal cancer or personal history of ulcerative colitis</li> <li>- Screening colonoscopy every 24 months</li> </ul> <p>Not high risk:</p> <ul style="list-style-type: none"> <li>- 50-75 every year for stool test</li> <li>- 50-75 every 10 years for colonoscopy or every 4-5 years for barium enema or flexible sigmoidoscopy</li> <li>- After 75 recommend against screening</li> </ul>
Vision screening (eye exams)	<ul style="list-style-type: none"> <li>- Every 2 years or as directed by eye care physician</li> <li>- Yearly for diabetics</li> <li>- Glaucoma screening annually after age 60</li> </ul>
Dental check-ups (teeth check-ups)	<ul style="list-style-type: none"> <li>- Regular visits to dental care provider.</li> </ul>
Pelvic exams / pap smears [Women]	<ul style="list-style-type: none"> <li>- Yearly if high risk (are immunocompromised, are infected with HIV, exposed in utero to DES or were previously diagnosed with cervical cancer)</li> <li>- Every 1-3 years</li> <li>- After age 65 necessity determined by the provider and patient</li> </ul>
Chlamydial Infection screening [Women]	<ul style="list-style-type: none"> <li>- 24 years and younger if sexually active but not pregnant</li> <li>- Over 24 if not pregnant but are at increased risk</li> <li>- Pregnant women aged 24 and younger</li> <li>- Pregnant women over age 24 who are at increased risk</li> </ul>
Clinical breast exam by a healthcare provider [Women]	<ul style="list-style-type: none"> <li>- 19-39 every 1-3 years</li> <li>- 40 and over every 1-2 years</li> </ul>
Mammogram screening [Women]	<ul style="list-style-type: none"> <li>- 19-39 screening exam if high risk (family history of breast cancer in mother or sister; biopsy revealing atypical hyperplasia; first childbirth after 30)</li> <li>- Once between 35 and 40 for baseline</li> <li>- 40-74 every 1-2 years</li> <li>- Over 75 – as determined by the provider</li> </ul>
Bone Density Exam [Women]	<ul style="list-style-type: none"> <li>- 65 and older screening once every 2 years</li> <li>- 60 and older if at increased risk for osteoporotic fracture</li> <li>- At any age for a woman at high risk</li> <li>- Risk factors for osteoporosis - family history of osteoporosis, tobacco use, exceptionally thin or have a small body frame, early menopause, have an eating disorder, long term use of corticosteroid medications, thyroid replacement, SSRI use, history of breast cancer, sedentary lifestyle, excessive caffeinated soda consumption, chronic alcoholism, depression</li> </ul>
Bone Density Exam [Men]	<ul style="list-style-type: none"> <li>- Assessment and screening as determined by the provider</li> </ul>
Prostate-specific antigen (PSA) blood test for prostate screening with or without a Digital Rectal Exam (DRE) [Men]	<ul style="list-style-type: none"> <li>- Assessment and screening as determined by the provider.</li> </ul>

## RECOMMENDED ADULT IMMUNIZATION SCHEDULE

VACCINE	AGE
MMR (Measles, Mumps, Rubella)	Ages 19-49: 1-2 doses if no evidence of immunity. Contraindicated in pregnant women and adults with immuno-compromising conditions (excluding HIV)
Td or Tdap (Tetanus, diphtheria, pertussis)	Every 10 years
Seasonal Influenza Virus (Flu)	Annually
Pneumococcal (Pneumonia)	<p><u>At least one time for persons:</u></p> <ul style="list-style-type: none"> <li>▪ With serious chronic disease such as heart disease, lung disease (including Asthma), diabetes, liver disease (including cirrhosis), abnormal immune system (including chronic renal failure), or cochlear implants</li> <li>▪ Residents of nursing homes and other long-term care facilities</li> <li>▪ Persons who smoke cigarettes</li> <li>▪ Age 65 or older</li> </ul> <p><u>A one-time revaccination after 5 years for persons:</u></p> <ul style="list-style-type: none"> <li>▪ Age 19-64 with chronic renal failure or abnormal immune system</li> <li>▪ Age 65 or older and were vaccinated <math>\geq 5</math> years previously and were aged <math>&lt; 65</math> at the time of primary vaccination.</li> </ul>
HPV (Human papillomavirus)	Females age 19-26 if not previously received. 3 doses
Varicella (Chickenpox)	All adults without evidence of immunity should receive 2 doses. Contraindicated in pregnant women and adults with immuno-compromising conditions (excluding HIV).
Herpes Zoster	Single Dose for adults age $\geq 60$ . Contraindicated in pregnant women and adults with immuno-compromising conditions (excluding HIV).
Hepatitis A	Persons with chronic liver disease and/or who receive clotting factor concentrates. 2 doses
Hepatitis B	Persons with end-stage renal disease, HIV infection, patients receiving hemodialysis and those with chronic liver disease. 3 doses
Meningococcal	2 doses for adults with anatomic or functional asplenia or persistent complement component deficiencies.