

PRACTICE GUIDELINES

GUIDELINE NOTES FOR DIAGNOSTIC SERVICES
NOT APPEARING ON THE JANUARY 1, 2012 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE JANUARY 1, 2012 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

Prevention Tables
Effective January 1, 2012

Birth to 10 Years

**Interventions Considered
and Recommended for the
Periodic Health Examination**

Leading Causes of Death
Conditions originating in perinatal period
Congenital anomalies
Sudden infant death syndrome (SIDS)
Unintentional injuries (non-motor vehicle)
Motor vehicle injuries

Interventions for the General Population

SCREENING

Height and weight
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)¹
Phenylalanine level (birth)²
T4 and/or TSH (birth)³
Effects of STDs
FAS, FAE, drug affected infants⁴
Hearing, developmental, behavioral and/or psychosocial screens⁵
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (age >2 yr)
Regular physical activity*

Substance User

Effects of passive smoking*
Anti-tobacco message*

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

COUNSELING

Injury Prevention

Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances, firearms and matches
Syrup of ipecac, poison control phone number
CPR training for parents/caretakers
Infant sleeping position

Mental Health/Chemical Dependency

Parent education regarding:

- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

Diet and Exercise

Breast-feeding, iron-enriched formula and foods (infants and toddlers)

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status, (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective January 1, 2012

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

<p>IMMUNIZATIONS Diphtheria-tetanus-acellular pertussis (DTaP) Inactivated poliovirus (OPV) Measles-mumps-rubella (MMR) H. influenzae type b (Hib) conjugate Hepatitis B Varicella Pneumococcal</p>	<p>Hepatitis A Influenza Rotavirus Human papillomavirus (HPV)¹</p> <p>CHEMOPROPHYLAXIS Ocular prophylaxis (birth)</p>
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¹HPV2 and HPV4 for women aged 9 to 18. Discussion with provider regarding HPV4 for males aged 9 through 18

Interventions for the High-Risk Population

<p>Hemoglobin/hematocrit (HR1) HIV testing (HR2) PPD (HR3) Hepatitis A vaccine (HR4)); Pneumococcal polysaccharide vaccine (HR5) Meningococcal vaccine (HR6) Blood lead level (HR7)</p>	<p>Daily fluoride supplement (HR8) Avoid excess/midday sun, use protective clothing* (HR9) Screen for child abuse, neurological, mental health conditions Increased well-child visits (HR10)</p>
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High-Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low-birthweight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

HR4 = Persons >2 yr living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities). Consider for institutionalized children aged >2 yr. Clinicians should also consider local epidemiology.

HR5 -- Children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

HR6 -- Children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.

Prevention Tables
Effective January 1, 2012

HR7 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead.

HR8 = Children living in areas with inadequate water fluoridation (<0.6 ppm).

HR9 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR10 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Prevention Tables
Effective January 1, 2012

Ages 11-24 Years

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death Motor vehicle/other unintentional injuries Homicide Suicide Malignant neoplasms Heart diseases
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Interventions for the General Population

SCREENING

Height and weight
 Blood pressure¹
 High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)²
 Papanicolaou (Pap) test³
 Chlamydia screen⁴ (females <25 yr)
 Rubella serology or vaccination hx⁵ (females >12 yr)
 Learning and attention disorders⁶
 Signs of child abuse, neglect, family violence
 Alcohol, inhalant, illicit drug use⁷
 Eating disorders⁸
 Anxiety and mood disorders⁹
 Suicide risk factors¹⁰

COUNSELING

Injury Prevention

Lap/shoulder belts
 Bicycle/motorcycle/ATV helmet*
 Smoke detector*
 Safe storage/removal of firearms*
 Smoking near bedding or upholstery

Substance Use

Avoid tobacco use
 Avoid underage drinking and illicit drug use*
 Avoid alcohol/drug use while driving, swimming, boating, etc.*

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
 Unintended pregnancy: contraception

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
 Adequate calcium intake (females)
 Regular physical activity*

Dental Health

Regular visits to dental care provider*
 Floss, brush with fluoride toothpaste daily*

Mental Health/Chemical Dependency

Parent education regarding:

- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as community violence or disaster, immigration, minority status, ..homelessness
- Referral for MHCD and other family support services as indicated

¹Periodic BP for persons aged ≥ 18 yr. ²High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ³Screening to start at age 21; screening should occur at least every 3 years. ⁴If sexually active. ⁵Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁷Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective January 1, 2012

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS

TDaP (11-16 yr)
 Hepatitis B¹
 MMR (11-12 yr)²
 Varicella (11-12 yr)³
 Rubella⁴ (females >12 yr)
 Influenza⁵

Polio⁶
 Human papillomavirus (HPV)⁷
 Meningococcal (11-12 yr)⁸

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/
 capable of pregnancy)

¹If not previously immunized: current visit, 1 and 6 mo later. ²If no previous second dose of MMR. ³If susceptible to chickenpox. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁵Yearly (6 mo through 18 yrs). ⁶If not previously immunized. ⁷HPV2 and HPV4 for women aged 9 to 18. Discussion with provider regarding HPV4 for males aged 9 through 18. ⁸Children 13 through 18 if not previously vaccinated.

Interventions for the High-Risk Population

Screen for

Syphilis RPR/VDRL (HR1);
 Gonorrhea (female) (HR2)
 HIV (HR3)
 Chlamydia (female) (HR4);
 Tuberculosis - PPD (HR3,5)

Advise to reduce infection risk (HR6) PPD (HR3,6)

Immunize with

Meningococcal vaccine (HR 7)
 Pneumococcal polysaccharide vaccine (HR8)
 Influenza vaccine (HR9)
 Varicella vaccine (HR10)

MMR (HR12)

Hepatitis A vaccine (HR7)

Avoid excess/midday sun, use protective
 clothing* (HR12)

Folic acid 4.0 mg (HR13)

Daily fluoride supplement (HR14)

Screen for child abuse, neurological, mental
 health conditions

Increased well-child/adolescent visits (HR15)

Refer for genetic counseling and evaluation for BRCA testing
 by appropriately trained health care provider (HR16).

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

Prevention Tables **Effective January 1, 2012**

HR6 = Persons who continue to inject drugs.

HR7 = Children aged 11 through 12 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.

HR8 = Immunocompetent persons with certain medical conditions, including chronic cardiopulmonary disorders, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments/social settings (e.g., certain Native American and Alaska Native populations).

HR9 = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

HR10 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

HR11 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

HR12 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR13 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

HR14 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

HR15 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

HR16 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Prevention Tables Effective January 1, 2012

Ages 25-64 Years

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death Malignant neoplasms Heart diseases Motor vehicle/other unintentional injuries Human immunodeficiency virus infection Suicide and homicide
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Interventions for the General Population

SCREENING

Blood pressure
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk¹)
Papanicolaou (Pap) test²
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)³
Mammogram⁵ (women 40-74 yrs)
Rubella serology or vaccination hx⁵ (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)⁶
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders⁷
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁸
Eating disorders⁹
Anxiety and mood disorders¹⁰
Suicide risk factors¹¹
Somatoform disorders¹²
Environmental stressors¹³

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

IMMUNIZATIONS

TDaP boosters¹⁴
Human papillomavirus (HPV)¹⁵
Rubella⁵ (women of childbearing age)
Zoster (60 or older)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ²Women who are or have been sexually active and who have a cervix: q < 3 yr. ³FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. ⁴The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, it should be done every 2 years. ⁵Between the ages of 50-74, screening mammography should be performed every 2 years. ⁶Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁷High-risk defined as weight <70kg, not on estrogen replacement. ⁸Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁹Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurred speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ¹⁰Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ¹¹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹²Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹³Multiple unexplained somatic complaints. ¹⁴Community violence or disaster, immigration, homelessness, family medical problems. ¹⁵One time TDaP dose to substitute for Td booster; then boost with Td every 10 years. ¹⁶HPV2 and HPV4 for women aged 19 through 26. Discussion with provider regarding HPV4 for males aged 19 through 26.

*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective January 1, 2012

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4);

PPD (HR7)

advice to reduce Infection risk (HR8)
Hepatitis B vaccine (HR5); Hepatitis A vaccine (HR6);
pneumococcal polysaccharide vaccine (HR9);

influenza vaccine (HR10); MMR (HR11); varicella vaccine (HR12); meningococcal vaccine (HR16)

Avoid excess/midday sun, use protective clothing* (HR13)

Folic acid 4.0 mg (HR14)

Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR15)

High Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

HR5 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

HR6 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized persons. Clinicians should also consider local epidemiology.

HR7 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR8 = Persons who continue to inject drugs.

HR9 = Immunocompetent institutionalized persons >50 yr and immunocompetent with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

Prevention Tables

Effective January 1, 2012

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction.

HR11 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

HR13 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

HR15 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

HR16 = Adults with anatomic or functional asplenia or persistent complement component deficiencies; first year college students living in dormitories, military recruits

Prevention Tables
Effective January 1, 2012

Age 65 and Older

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death Heart diseases Malignant neoplasms (lung, colorectal, breast) Cerebrovascular disease Chronic obstructive pulmonary disease Pneumonia and influenza
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Interventions for the General Population

SCREENING

Blood pressure
 Height and weight
 Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy or colonoscopy t.¹
 Mammogram (women ages 65-74)²
 Bone density measurement (women)
 Fasting plasma glucose for patients with hypertension or hyperlipidemia
 Vision screening
 Assess for hearing impairment
 Signs of elder abuse, neglect, family violence
 Alcohol, inhalant, illicit drug use³
 Anxiety and mood disorders⁴
 Somatoform disorders⁵
 Environmental stressors⁶
 Abdominal aortic aneurysm (AAA) (men aged 65 to 75 who have ever smoked)⁷

COUNSELING

Substance Use
 Tobacco cessation
 Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
 Adequate calcium intake (women)
 Regular physical activity*

Assess eating environment

Injury Prevention

Lap/shoulder belts
 Motorcycle and bicycle helmets*
 Fall prevention*
 Safe storage/removal of firearms*
 Smoke detector*
 Set hot water heater to <120-130°F
 CPR training for household members
 Smoking near bedding or upholstery

Dental Health

Regular visits to dental care provider*
 Floss, brush with fluoride toothpaste daily*
Sexual Behavior
 STD prevention: avoid high-risk sexual behavior*; use condoms

IMMUNIZATIONS

Pneumococcal vaccine
 Influenza⁸
 Tetanus-diphtheria (Td) boosters
 Zoster vaccine

CHEMOPROPHYLAXIS

Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years through age 75. ²Screening mammography should be performed every 2 years. ³Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁴In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ⁵Multiple unexplained somatic complaints. ⁶Community violence or disaster, immigration, homelessness, family medical problems. ⁷One-time ultrasound. ⁸Annually.

*The ability of clinical counseling to influence this behavior is unproven

Prevention Tables Effective January 1, 2012

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

PPD (HR1);
amantadine/rimantadine (HR4)

Fall prevention intervention (HR5)
Consider cholesterol screening (HR6)
Avoid excess/midday sun, use protective clothing* (HR7);
hepatitis A vaccine (HR2)

HIV screen (HR3); hepatitis B vaccine (HR8)
RPR/VDRL (HR9)
Advice to reduce Infection risk (HR10)
Varicella vaccine (HR11)
Refer to meal and social support resources
Refer for genetic counseling and evaluation for BRCA
testing by appropriately trained health care provider (HR12)

High Risk Groups

HR1 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR2 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized. Clinicians should also consider local epidemiology.

HR3 = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR5 = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

HR6 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV).

Prevention Tables
Effective January 1, 2012

HR9 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR10 = Persons who continue to inject drugs.

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

HR12 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second degree relatives on the same side of the family) with breast or ovarian cancer.

Prevention Tables
Effective January 1, 2012

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

First visit

Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D(Rh) typing, antibody screen
Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
HIV screening

Follow-up visits

Blood pressure
Urine culture (12-16 wk)

Screening for gestational diabetes²
Offer amniocentesis (15-18 wk)¹ (age>35 yr)
Offer multiple marker testing¹ (15-18 wk)
Offer serum α -fetoprotein¹ (16-18 wk)

COUNSELING

Tobacco cessation; effects of passive smoking
Alcohol/other drug use
Nutrition, including adequate calcium intake Encourage breastfeeding
Lap/shoulder belts
Infant safety car seats
STD prevention: avoid high-risk sexual behavior*; use condoms*

CHEMOPROPHYLAXIS

Multivitamin with folic acids³

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations (see Ch. 28). ³Beginning at least 1 mo before conception and continuing through the first trimester..

*The ability of clinical counseling to influence this behavior is unproven.

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Prevention Tables
Effective January 1, 2012

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR3); RPR/VDRL (3rd trimester) (HR4); advice to reduce infection risk (HR5)
Injection drug use	D(Rh) antibody testing (24-28 wk) (HR6)
Unsensitized D-negative women	Offer CVS: (1st trimester), amniocentesis: (15-18 wk) (HR7)
Risk factors for Down syndrome	Offer amniocentesis: (15-18 wk), folic acid 4.0 mg ₃ (HR8)
Previous pregnancy with neural tube defect	Targeted case management
High risk for child abuse	

High Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners

HR4 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology

HR5 = Women who continue to inject drugs

HR6 = Unsensitized D-negative women

HR7 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement

HR8 = Women with previous pregnancy affected by neural tube defect