

Adult Preventive Medicine



Cancer		Ages 18 – 35	Ages 40 – 49	Ages 50 -64	Ages 65+
Pelvic & Pap Test http://www.ahrq.gov/clinic/pocketgd.htm	Women	Begin within 3 years of onset of sexual activity or no later than age 21. Pap test yearly (or every 3 years after having three yearly normal Pap tests). Stops at age 65 unless high risk (previous positive Pap tests or previous cervical CA).			
Mammogram http://www.ahrq.gov/clinic/pocketgd.htm	Women		Every 1-2 years	Yearly	Yearly until age 70.
Colonoscopy http://www.ahrq.gov/clinic/pocketgd.htm	Women/Men			Fecal occult blood annually for age>50. Begin screening with sigmoidoscopy or colonoscopy at age 50 A series of 3 fecal occult blood tests required to meet HEDIS screening requirements	
Cardiovascular Disease					
High Blood Pressure http://www.ahrq.gov/clinic/pocketgd.htm	Women/Men	Note new high blood pressure values – Normal <120/80; pre-hypertension 120-139/80-89; hypertension > 140/90			
Lipids http://www.ahrq.gov/clinic/pocketgd.htm	Women/Men	Non-fasting total cholesterol and HDL-c beginning at age 35 for men and age 45 for women. Repeat every 5 years. Have a fasting lipid profile done if total cholesterol > 200 or if other risk factors			
Infectious Diseases					
Chlamydia Screening http://www.ahrq.gov/clinic/pocketgd.htm	Women	All sexually active females younger than 25 years of age and all pregnant females under 25 years of age			
Hepatitis B http://www.ahrq.gov/clinic/pocketgd.htm	Women (Pregnant)	All pregnant women at first prenatal visit.			
Routine Preventive Care					
Immunizations http://www.cdc.gov/nip/recs/adult-schedule.htm	Women/Men	Tetanus-Diphtheria (Td) – every 10 years Gardasil (HPV vaccine) –3 dose series for females age 9 - 26.	Tetanus-Diphtheria (Td) – every 10 years	Influenza yearly Zostavax (shingles) – one dose after turning age 60 Tetanus-Diphtheria (Td) – every 10 years	Pneumococcal – one dose routinely Tetanus-Diphtheria (Td) – every 10 years
Bone Mineral Content http://www.ahrq.gov/clinic/pocketgd.htm	Women			Screen all women > 65 years of age, at-risk women > 60 years of age. DXA of femoral neck is considered the best method	

In its efforts to improve member awareness of nationally established screening guidelines for common disease states, Vista Healthplan supports the preventive care screening guidelines for adults recommended by the United States Preventive Services Task Force (USPSTF). Members and providers may access the USPSTF periodicity screening in its entirety at: <http://www.ahrq.gov/clinic/pocketgd.htm> Members are encouraged to familiarize themselves with these guidelines and to discuss them with their providers. As with all guidelines, they are intended to assist in the prevention of disease and in the identification and treatment of asymptomatic patients with pre-clinical disease. This guideline is referenced with the understanding that a

physician's screening and treatment plan for any particular patient will be individualized. It is important to note that alternative screening guidelines exist, and physicians and members are encouraged to refer to other authoritative sources as their individual clinical situation may require. VISTA does not intend to exercise any control or direction over a treating provider's medical judgment or clinical decisions, or to interfere with the physician/patient relationship.

Recommended Adult Immunization Schedule

Note: These recommendations must be read with the footnotes that follow.

**Figure 1. Recommended adult immunization schedule, by vaccine and age group
United States, October 2007 – September 2008**

VACCINE ▼	AGE GROUP ►	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs		
		Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ^{2,*}		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)		
Influenza ^{5,*}		1 dose annually		
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ^{10,*}		1 or more doses		
Zoster ¹¹			1 dose	

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.


Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.


Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications United States, October 2007 – September 2008

INDICATION ▶ VACCINE ▼	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation ¹³	HIV infection ^{3,12,13}		Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
			CD4+ T lymphocyte count							
			<200 cells/ μ L	\geq 200 cells/ μ L						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}			1 dose Td booster every 10 yrs							
			Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV) ^{2,*}			3 doses for females through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR) ^{3,*}	Contraindicated		1 or 2 doses							
Varicella ^{4,*}	Contraindicated		2 doses (0, 4–8 wks)							
Influenza ^{5,*}			1 dose TIV annually							1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{6,7}			1–2 doses							
Hepatitis A ^{8,*}			2 doses (0, 6–12 mos, or 0, 6–18 mos)							
Hepatitis B ^{9,*}			3 doses (0, 1–2, 4–6 mos)							
Meningococcal ^{10,*}			1 or more doses							
Zoster ¹¹	Contraindicated		1 dose							

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 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

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These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of October 1, 2007. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

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The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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