

Screening/Vaccine	Who	Frequency
Abdominal aortic aneurysm	Men 65-75yo who have ever smoked	One time with ultrasound
Aspirin use for primary prevention of CVD and CRC	<p>Adults 50-59yo whose ASCVD 10yr risk is <math>\geq 10\%</math>, are not at increased risk of bleeding, life expectancy <math>\geq 10</math> yrs, willing to take ASA for <math>\geq 10</math> yrs **</p> <p>Adults <math>\geq 50</math> y-70yo with DM + 1 other ASCVD RF (FHx, HTN, HLD, Smoking, CKD) who are not at increased bleeding risk. ASVCD 10yr risk <math>\geq 10\%</math> -ADA</p> <p>Adults 40-70yo consider in select high ASCVD risk who are not at increased bleeding risk</p>	<p>-USPSFT<sup>1</sup></p> <p>-ADA<sup>7</sup></p> <p>-ACC/AHA<sup>6</sup></p>
BRCA-related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing	Assess women with a personal h/o or FHx of breast, ovarian, tubal, or peritoneal cancer or have a FHx of BRCA1/2 gene mutations with an appropriate brief risk assessment tool	Positive on risk assessment tool $\rightarrow$ genetic counseling with possible genetic testing
Breast cancer	<p>Women 50-74yo **</p> <p>Women 40yo-75yo</p>	<p>Every 2yrs with mammogram -USPSTF<sup>1</sup></p> <p>Every 1-2yrs with mammogram -ACOG<sup>8</sup></p>
Breast Cancer: Medication Use to Reduce Risk	Women $\geq 35$ yo at increased risk for breast cancer (risk assessment tool) and low risk for med side effects	Unclear. Offer to prescribe risk-reducing meds (ie, Tamoxifen, Raloxifene, Aromatase inhibitors)
Cervical Cancer	<p>Women 21-29yo</p> <p>Women 30-65yo</p>	<p>Every 3yrs with cervical cytology</p> <p>Every 5yrs with high risk HPV + cytology (co-testing)</p>
Chlamydia/Gonorrhea	Sexually active women $\leq 24$ yo or $\geq 24$ yo who are at increased risk	Screen pts whose sexual history reveals new or persistent RFs since last negative test
Colorectal cancer	Adults 45-75yo*	<p>High sensitivity gFOBT or FIT every 1yr</p> <p>sDNA-FIT every 1-3yrs</p> <p>CT colonography every 5yrs</p> <p>Flexible sigmoidoscopy every 5yrs</p> <p>Flexible sigmoidoscopy every 10yrs + FIT every 1yr</p> <p>Colonoscopy every 10yrs</p>
Depression	All Adults **	Frequency unclear. PHQ-2, PHQ-9
Falls Prevention in Community-Dwelling Older Adults	Adults $\geq 65$ yo exercise interventions to prevent falls in those who are at increased risk	Individual/group exercise, PT (gait/balance training, etc.)
Folic Acid for the Prevention of Neural Tube Defects	All women capable of pregnancy should take folic acid 0.4mg-0.8mg daily	Folic Acid for the Prevention of Neural Tube Defects
Haemophilus Influenzae Type B Vaccine (part of childhood immunizations)	<p>Adults at risk:</p> <p>Asplenia</p> <p>Hematopoietic stem cell transplant</p>	<p>1 dose if not vaccinated</p> <p>3-dose series (even if vaccinated)</p>
Healthy Diet and Physical Activity	Refer or offer adults with CVD RFs to behavior counseling interventions	
Hepatitis A Vaccine (part of childhood immunizations)	<p>Adults not at risk but want protection</p> <p>Adults at risk (chronic liver disease, HIV, MSM, IVDU, homeless, work-related, endemic travel, close-contact)</p>	<p>2-dose series HepA (Havrix or Vaqta) or 3-dose series HepA-HepB (Twinrix)</p> <p>2-dose series HepA or 3-dose series HepA-HepB</p>
Hepatitis B Vaccine (part of childhood immunizations)	<p>Adults not at risk but want protection</p> <p>Adults at risk (chronic liver disease, HIV, sexual exposure risk, IVDU, close-contacts, residents/staff for developmentally disabled persons, healthcare personnel, ESRD on HD, DM <math>&lt; 60</math>yo, incarcerated, endemic travel)</p>	<p>2-dose series (Heplisav-B) or 3-dose series (Engerix-B, Recombivax HB) or 3-dose series HepA-HepB (Twinrix)</p> <p>2-dose series (Heplisav-B) or 3-dose series (Engerix-B, Recombivax-HB) or 3-dose series HepA-HepB (Twinrix)</p>
Hepatitis B Virus	Adolescents and adults at increased risk (IVDU, MSM, HIV, household contacts + partners of HBV pts, developmentally disabled in long-term care facilities, occupational exposure, ESRD on	Unclear frequency. Clinical judgement based on RFs

	HD, HCV, chronic liver disease, DM, from or travel to endemic country)	
Hepatitis C Virus	Adults 18-79yo*	Once
HIV	Adults 15-65yo	At least once
HPV Vaccine	9-26yo women and men*  Some adults 27-45yo Immunocompromised (ie, HIV)	2- or 3-dose series depending on age at initial vaccination 9-14yo: 2-dose series ≥15yo: 3-dose series  Shared clinical decision-making 3-dose series
Hyperlipidemia	Adults 40-75yo  Men 20-45yo, Women 20-55yo Men 45-65yo, Women 55-65yo All adults >65yo Adults with DM Family History (ie, premature ASCVD)  Adults 20-39yo Adults 40-75yo	Every 5 yrs. -USPSTF <sup>1</sup>  Every 5yrs. Every 1-2yrs. Annual screen. -AACE/ACE <sup>4</sup> Annual screen. Unclear frequency.  Every 4-6yrs. Routinely assess ASCVD RFs. -ACC/AHA <sup>5</sup>
Hypertension	All Adults	Frequency varies based on age Every 1yr if ≥40yo or increased risk Every 3-5yrs if 18-39yo
Influenza Vaccine	All Adults	Annually
Intimate Partner Violence	All women of reproductive age	Unclear frequency. Positive screen → support services
Latent TB	Adults at increased risk**	Depends on RFs. TST or IGRA
Lung cancer	Adults 50-80yo + 20 pack yr smoker and currently smoke or have quit within past 15yrs*	Low-dose CT every yr
Meningococcal Vaccine (MenA,C,W,Y: part of childhood immunizations)  (MenB: not part of routine immunizations)	Adults at risk:  Asplenia, HIV, MSM, complement deficiency, complement inhibitor  Endemic travel or lab work exposure  College students who live in residential housing and military recruits  Shared clinical decision making: 16-23yo  Adults at risk (Asplenia, complement deficiency, complement inhibitor, lab work exposure)	Menactra, Menveo, or MenQuadfi (Booster doses who become or remain at increased risk). 2-dose series + revaccinate every 5 yrs if risk remains  1 dose + revaccinate every 5 yrs if risk remains  1 dose (if not previously vaccinated)  2-dose series  2-dose or 3-dose series + 1yr later 1 dose booster + revaccinate every 2-3yrs if risk remains
MMR Vaccine (part of childhood immunizations)	Adults with no evidence of immunity  If no evidence of immunity + student in school, international traveler, household/close contact of immunocompromised, healthcare personnel, HIV (CD4 count must be ≥200 for 6 months)	1 dose  2-dose series
Osteoporosis	Women ≥65yo + ≤65 with increased risk (formal clinical risk assessment tool)	Frequency unclear. Can base off baseline BMD. DEXA scan
Pneumococcal Vaccine	Adults ≥65yo*  Adults ≥65yo  Adults 19-64yo + chronic heart/lung/liver dz, DM, alcoholism, smoker  Adults ≥19yo + immunocompromised (see below)	1 dose PPSV23 (Pneumovax 23) -If previously given before 65yo, can give another dose at 65yo but needs to be at least 5yrs after previous dose  Shared clinical decision-making: 1 dose PCV13 (Prenar 13) Give PCV13 first if PCV13 + PPSV23 (1yr apart)  1 dose PPSV23  1 dose PCV13 + 8 weeks later 1 dose PPSV23 + 5yrs later 1 dose PPSV23. At ≥65yo 1 dose PPSV23 (5yrs after most recent dose)

	Adults $\geq 19$ yo + CSF leak or cochlear implant	1 dose PCV13 + 8 weeks later 1 dose PPSV23. At $\geq 65$ yo 1 dose PPSV23 (5yrs after most recent dose)
Prediabetes and Diabetes Mellitus Type 2	Adults 35-70yo who are overweight or obese*  Adults $\geq 45$ yo with or without RFs (CVD, FHx, sedentary, high risk ethnicity, HLD, metabolic syn, GDM, PCOS, NAFLD, HTN, anti-psych tx, chronic steroids, sleep disorders)	HgbA1c or fasting plasma glucose or GTT Annual for Pre-DM Every 3 yrs if neg -USPSTF <sup>1</sup>  Consider annual screening if $\geq 2$ RFs Every 3 yrs if neg -AACE <sup>3</sup>
Prevention of HIV: Preexposure Prophylaxis	Offer PrEP to adults at high risk (MSM with a serodiscordant sex partner, inconsistent condom use, or STI within past 6 months; heterosexually active women and men with a serodiscordant sex partner, inconsistent condom use, or an STI within past 6 months; and IVDU who shares needles or at risk of sexual acquisition of HIV)	
Sexually Transmitted Infection Prevention	All sexually active adolescents and adults at increased risk for STIs	Behavioral counseling (In-person, videos, websites, telephone support, etc.)
Skin Cancer Prevention	6mo-24yo with fair skin types	Unclear frequency. Behavioral counseling
Statin Use for Primary Prevention of CVD	Adults 40-75yo + 1 or more CVD RF (ie, HLD, HTN, smoking, DM) + 10yr ASCVD risk $\geq 10\%$ **  Adults 20-75yo + LDL $\geq 190$ Adults 40-75yo + LDL $\geq 70$ and $< 190$ Adults 40-75yo + DM  Adults $\geq 75$ yo	Low to moderate-intensity statin. -USPSTF <sup>1</sup>  High-intensity statin. 10yr ASCVD risk (moderate vs high-intensity statin). Moderate-intensity statin, assess RFs for high-intensity statin. Shared discussion. -ACC/AHA <sup>6</sup>
Syphilis	Adolescents and adults at increased risk	Depends on RFs
Tetanus Vaccine (part of childhood immunizations)	All Adults  Not vaccinated  Wound management	Every 10 years (Td or Tdap).  1 dose Tdap + 4 weeks later 1 dose Td or Tdap + 6-12mo later 1 dose Td or Tdap.  Clean/minor wounds: Td or Tdap if $> 10$ yrs since last dose. All other wounds: Td or Tdap if $> 5$ yrs since last dose.
Tobacco Smoking Cessation	All adults (Ask about tobacco use, advise them to stop, provide behavioral and/or approved pharmacotherapy)	Frequency unclear. The 5As: Ask, Advise, Assess, Assist, Arrange
Unhealthy Alcohol Use	All adults	Unclear frequency AUDIT-C or CAGE SBIRT (screen, brief intervention, referral to treatment)
Unhealthy Drug Use	All adults	Unclear frequency NIDA Drug Abuse Quick Screen
Varicella Vaccine (part of childhood immunizations)	Adults with no evidence of immunity (born after 1980 unless healthcare personnel, can consider in HIV but CD4 count must be $\geq 200$ )	2-dose series
Weight Loss to Prevent Obesity-Related Morbidity and Mortality	All Adults with BMI $\geq 30$ (intensive behavioral interventions)	
Zoster Vaccine	Adults $\geq 50$ yo	2-dose series (Shingrix), even if h/o Zostavax

\*New guideline, \*\*Update in progress, GTT- Glucose tolerance test

1. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>
2. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
3. <https://pro.aace.com/disease-state-resources/diabetes/depth-information/screening-and-monitoring-prediabetes>
4. [https://www.endocrinepractice.org/article/S1530-891X\(20\)42959-3/fulltext](https://www.endocrinepractice.org/article/S1530-891X(20)42959-3/fulltext)
5. <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000678>
6. <https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/03/07/16/00/2019-acc-aha-guideline-on-primary-prevention-gl-prevention>
7. [https://care.diabetesjournals.org/content/44/Supplement\\_1/S125](https://care.diabetesjournals.org/content/44/Supplement_1/S125)
8. <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women>