VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

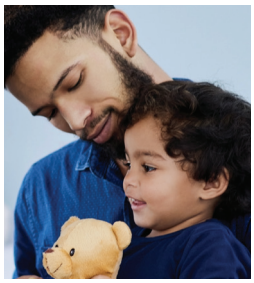
Preventive Health Guidelines

2019
COMMERCIAL

Well Child Visits

CHILDHOOD IS A TIME OF RAPID GROWTH AND CHANGE, FREQUENT well child visits are important to ensure proper growth and development and for preventive guidelines.

Special attention is paid to whether the child has met the normal developmental milestones. After the baby is born, the first visit should be within 2 weeks. Thereafter, visits should occur at the following points:



- **BY 2, 4, 6, 9 MONTHS**
- **1 YEAR**
- **15 MONTHS**
- **18 MONTHS**
- **2, 3, 4, 5, 6, 7, 8, 9, 10 YEARS**
- **EACH YEAR AFTER UNTIL AGE 21**

It is important that your child have at least six well child visits by 15 months old. Contact your primary care provider to discuss the care that is appropriate for you.

2019 Recommended Immunizations for Children From Birth Through 6 Years Old

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB	HepB			HepB						
RV			RV	RV	RV						
DTaP			DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV13			PCV13	PCV13	PCV13	PCV13					
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)*											
MMR											MMR
Varicella											Varicella
HepA§											

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Childhood Immunization

VACCINES PREVENT DISEASE IN PEOPLE WHO OBTAIN THEM and protect those who come into contact with unvaccinated individuals. Vaccines are responsible for the control of many communicable diseases that were once widespread in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenza type b (Hib). Before vaccines, many children died from diseases that vaccines now inhibit, such as whooping cough, measles, and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as frequently. Immunizing individual children also improves the wellbeing of our community, especially those people who are not immunized. People who are not immunized include those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons (example: children with leukemia), and those who cannot make a satisfactory response to vaccination.

Contact your VCHCP Primary Care Provider to discuss the vaccination that is appropriate for your child.

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib *Haemophilus influenzae* type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillomavirus	Men-ACWY Meningococcal	MenB Meningococcal	Influenza Flu
at Birth (within 24 hours of birth)	✔												
2 months	✔	✔	✔	✔	✔	✔							
4 months	✔[1]	✔	✔	✔	✔	✔							
6 months	✔ (6–18 mos)	✔	✔[1]	✔ (6–18 mos)	✔	✔[1]							✔ (6 mos and older)
12 months		✔[2] (15–18 mos)	✔ (12–15 mos)		✔ (12–15 mos)		✔ (12–15 mos)	✔ (12–15 mos)	✔✔ (2 doses given 6 mos apart at age 12–23 mos)				
15 months													
18 months													
19–23 months													
4–6 years		✔		✔			✔	✔					**Influenza vaccine is recommended every year for everyone age 6 months and older.**
7–10 years													
11–12 years		✔ (Tdap)								✔✔[3]	✔		
13–15 years													
16–18 years											✔	✔✔[4,5]	

One dose each fall or winter to all people ages 6 mos and older. Some children younger than age 9 years need 2 doses; ask your child's health-care provider if your child needs more than 1 dose.

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Technical content reviewed by the Centers for Disease Control and Prevention
Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4050.pdf • Item #P4050 (6/17)

FOOTNOTES

1 Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
2 This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
3 Children with certain medical conditions will need a third dose.
4 This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
5 Your teen may need an additional dose depending on your healthcare provider's recommendation.

Lead Screening

WE WOULD LIKE TO REMIND YOU OF THE IMPORTANCE OF HAVING your child screened for lead toxicity. Lead screening is recommended for children at 12 months and by age 24 months. All children under the age of 6 years old are at danger for lead poisoning because they are growing so quickly and because they have a tendency to put their hands or other objects, which may be tainted with lead dust, into their mouths. Lead exposure in young children is of particular concern because children absorb lead more easily than adults and children's developing nervous systems are mainly vulnerable to the undesirable effect of lead.

LEAD POISONING IS WHEN THERE IS TOO MUCH LEAD IN THE BODY. The body carries the lead in the blood to soft tissues and bones where it can be stored for many years. Lead harms several organs, including the nervous system and kidneys. Lead poisoning is fully preventable, and it is caused by exposure to lead that is either eaten or inhaled, in the form of dust. The key is stopping children from coming into contact with lead.

There are many ways parents can diminish a child's exposure to lead such as:

- **LEAD HAZARDS IN A CHILD'S ENVIRONMENT** must be recognized and controlled or removed safely. Lead–based paint and lead tainted dust are the main sources of exposures for lead in U.S. children. All houses built before 1978 are likely to contain some lead-based paint. The deterioration of this paint causes a problem. Make sure your child does not have contact to peeling paint or chewable surfaces painted with lead-based paint.
- **FREQUENTLY WASH CHILDREN'S HANDS AND TOYS.** Stay away from using containers or cookware that is not shown to be lead free.
- **REMOVE RECALLED TOYS AND JEWELRY** right away from children.

Contact your VCHCP Primary Care Provider to discuss lead screening for your child.

Well Child Visits for Adolescents

Although you/your child will be making less frequent visits to his/her primary care doctor now that your child is older, his/her growth and development will still need to be closely monitored. Check ups are generally done every year until age 21. Contact your primary care provider to discuss the care that is appropriate for you.

PEDIATRIC SCREENING AND PREVENTION GUIDELINES

This guideline is a distillation of recommendations from the medical literature, including: American Academy of Pediatrics (AAP). This U.S. Preventive Services Task Force; Institute for Clinical Systems Improvement (ICSI). These guidelines apply to those who do not have symptoms of disease or illness. Each child and family is unique; therefore, recommendations for preventive pediatric health care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may be necessary if circumstances suggest variations from normal.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE	Prenatal	Newborn	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																
Length/Height & Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	★	•	★	•	★	•	★	★	•	★	★	★	★	★	★
Hearing		•	•	→		★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	←		•	→	←	•	→	←		•	→
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT																																
Developmental Screening								•			•		•																			
Autism Spectrum Disorder Screening											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening																							•	•	•	•	•	•	•	•	•	•
Maternal Depression Screening				•	•	•	•																									
PHYSICAL EXAMINATION		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES																																
Newborn Blood		•	•	→																												
Newborn Bilirubin		•																														
Critical Congenital Heart Defect		•																														
Immunization		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia						★			•	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead							★	★	•or★		★	•or★		★	★	★	★															
Tuberculosis				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia												★			★		★		★	←	• →	★	★	★	★	★	←			•	
Sexually Transmitted Infections																						★	★	★	★	★	★	★	★	★	★	★
HIV																						★	★	★	★	←	• →		★	★	★	
Cervical Dysplasia																																•
ORAL HEALTH							•	•	★		★	★	★	★	★	★	★															
Fluoride Varnish							←				•					→																
Fluoride Supplementation							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY • = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←•→ = range during which a service may be provided

Immunization for Adolescents

VACCINES PREVENT DISEASE IN PEOPLE WHO obtain them and protect those who come into contact with unvaccinated individuals.

Vaccines suggested for adolescents are underused, leaving our nation's teens susceptible to serious morbidity, even death. Vaccines are responsible for the control of many communicable diseases that were once widespread in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, Haemophilus influenza type b (Hib), meningitis, influenza and Human Papilloma Virus (HPV). Please note that as of October 25, 2011, the Advisory Committee on Immunization Practices (ACIP) recommends that all 11-12 year-old males be vaccinated against HPV. Please consult your Primary Care Physician."

Contact your VCHCP Primary Care Provider to discuss the vaccination that is appropriate for your child.

Schools in California are now requiring that all adolescents in 7th to 12th grade receive the Tdap vaccine. Tdap vaccine is a covered benefit for the Plan and there is no co-payment required for this preventive service.

Vaccinations for Preteens and Teens

AGE 11-19 YEARS

Getting immunized is a lifelong, life-protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you've had all the vaccinations you need.

VACCINE	DO YOU NEED IT?
Chickenpox (varicella; Var)	**YES!** If you haven't been vaccinated and haven't had chickenpox, you need 2 doses of this vaccine. Anybody who was vaccinated with only 1 dose should get a second dose.
Hepatitis A (HebA)	**YES!** You need 2 doses of hepatitis A vaccine if you would like to be protected from this disease or if you have a risk factor (such as international travel) for hepatitis A. Check with your healthcare provider to find out if you have a risk factor for this vaccine.
Hepatitis B (HepB)	**YES!** This vaccine is recommended for all people age 0–18 years. You need a hepatitis B vaccine series if you have not already received it.
Haemophilus influenzae type b (Hib)	**Maybe.** If you haven't been vaccinated against Hib and have a high-risk condition (such as a nonfunctioning spleen), you need this vaccine.
Human Papillomavirus (HPV)	**YES!** All preteens and teens age 11 and older need a series of doses of HPV vaccine. The vaccine protects against HPV, the most common cause of cervical cancer. It also protects against some other types of cancers, such as cancer of the anus, penis, and throat. HPV vaccine also protects against genital warts.
Influenza (Flu)	**YES!** Everyone age 6 months and older needs annual influenza vaccination every fall or winter and for the rest of their lives.
Measles, Mumps, Rubella (MMR)	**YES!** You need 2 doses of MMR vaccine if you have not already received them. MMR vaccine is usually given in childhood.
Meningococcal ACWY (MenACWY, MCV4)	**YES!** All preteens and teens need 2 doses of MenACWY vaccine, the first at age 11–12 years and the second at age 16 years. If you are a first-year college student living in a residence hall, you need a dose of MenACWY if you never received it or received it when you were younger than 16. Check with your healthcare provider.
Meningococcal B (MenB)	**YES!** Teens who want to be protected from meningitis type B are recommended to receive 2 doses of MenB vaccine starting at age 16. Teens with certain risk conditions (such as a non-functioning spleen) should be vaccinated also. Ask your healthcare provider if you have a risk factor.
Pneumococcal (Pneumovax PPSV; Prevnar, PCV)	**Maybe.** Do you have an ongoing health condition? If so, check with your healthcare provider to find out if you need one or both of the pneumococcal vaccines.
Polio (IPV)	**YES!** You need a series of at least 3 doses of polio vaccine if you have not already received them. Polio vaccine is usually given in childhood.
Tetanus, diphtheria, & whooping cough (pertussis; Tdap)	**YES!** All preteens and teens (and adults!) need a dose of Tdap vaccine, a vaccine that protects you from tetanus, diphtheria, and whooping cough (pertussis). After getting a dose of Tdap, you will need a tetanus-diphtheria (Td) shot every ten years. If you become pregnant, however, you will need another dose of Tdap during the pregnancy, preferably during the third trimester.

Will you be traveling outside the United States? Visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.

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www.immunize.org/catg.d/p4020.pdf • Item #P4020 (6/17)

Adult Preventive Care

Contact your VCHCP Primary Care Provider to make an appointment for your preventive care visit and to discuss the preventive care services that are appropriate for you.

Vaccinations for Adults — *You're NEVER too old to get vaccinated!*

Gettiing vaccinated is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

VACCINE	DO YOU NEED IT?
Hepatitis A (HepA)	**Maybe.** You need this vaccine if you have a specific risk factor for hepatitis A* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6–12 months apart.
Hepatitis B (HepB)	**Maybe.** You need this vaccine if you have a specific risk factor for hepatitis B* or simply want to be protected from this disease. The vaccine is given in 2 or 3 doses, depending on the brand.
Hib (Haemophilus influenzae type b)	**Maybe.** Some adults with certain high-risk conditions, for example, lack of a functioning spleen, need vaccination with Hib. Talk to your healthcare provider to find out if you need this vaccine.
Human Papillomavirus (HPV)	**Yes!** You need this vaccine if you are a woman age 26 years or younger or a man age 21 years or younger. Men age 22 through 26 years with a risk condition* also need vaccination. All other men age 22 through 26 who want to be protected from HPV may receive it too. The vaccine is usually given in 3 doses over a 6-month period.
Influenza	**Yes!** You need a dose every fall (or winter) for your protection and for the protection of others around you.
Measles, Mumps, Rubella (MMR)	**Maybe.** You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a 2nd dose.*
Meningococcal ACWY (MenACWY)	**Maybe.** You may need MenACWY vaccine if you have one of several health conditions,* for example, if you don't have a functioning spleen. You need MenACWY if you are age 21 or younger and a first-year college student living in a residence hall and you either have never been vaccinated or were vaccinated before age 16.
Meningococcal B (MenB)	**Maybe.** You should consider MenB vaccine if you are age 23 or younger (even if you don't have a high-risk medical condition). You need MenB if you have one of several health conditions,* for example, if you do not have a functioning spleen.
Pneumococcal (Pneumovax 23, PPSV23; Prevnar 13, PCV13)	**Yes!** If you are age 65 (or older), you need both pneumococcal vaccines, Prevnar (if you haven't had it before) and Pneumovax. Get Prevnar first and then get Pneumovax 1 year later. If you are younger than age 65 and have a certain high-risk condition (for example, asthma, heart, lung, or kidney disease, immunosuppres-sion, or you lack a functioning spleen or are a smoker),* you need 1 or both vaccines. Talk to your health-care provider to find out when you need them.*
Tetanus, Diphtheria, & Whooping Cough (pertussis) (Tdap, Td)	**Yes!** If you have not not received a dose of Tdap during your lifetime, you need to get a Tdap shot now (the adult whooping cough vaccine). And all women need to get a dose during each pregnancy. After that, you need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus and diphtheria toxoid-containing shots sometime in your life or if you have a deep or dirty wound.
Varicella (Chickenpox)	**Maybe.** If you've never had chickenpox, never were vaccinated, or were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*
Zoster (shingles)	**Yes!** If you are age 50 or older, you should get the 2-dose series of the Shingrix brand of shingles vaccine, even if you already were vaccinated with Zostavax.

* Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Are you planning to travel outside the United States? *Visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.*

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Breast Cancer Screening

KEY FACTS:

- Mammograms can find breast cancer early, when it's easier to treat.
- Most breast lumps are not caused by cancer; many conditions can cause them.
- Breast cancer symptoms vary, and some women don't have symptoms.
- Men can get breast cancer, but it is not very common. For every 100 cases of breast cancer, less than 1 is in men.

Contact one of the following providers to discuss the care that is appropriate for you:

- Your VCHCP Primary Care Provider
- Your VCHCP OB/GYN Provider

PREVENTION TIPS:

- Keep a healthy weight and exercise regularly.
- Limit the amount of alcohol you drink.
- If you are taking hormone replacement therapy or birth control pills, ask your doctor about the risks and find out if it is right for you.

BREAST CANCER SCREENING PREVENTION TIPS *continued:*

- Know your family history of breast cancer. If you have a close relative with breast cancer, ask your doctor how you can manage your risk.
- A mammogram can't prevent breast cancer, but it can help find it early. Talk to your health care provider about whether screening is right for you.
  - Breast cancer screening means checking a woman's breasts for cancer before she has any symptoms. A mammogram is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.
  - Most women who are 50 to 74 years old should have a screening mammogram every two years. If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.

Colorectal Cancer Screening

Contact your VCHCP Primary Care Provider to discuss the care that is appropriate for you.

KEY FACTS:

- The best way to reduce your colorectal cancer risk is to get screened regularly beginning at age 50.
- About 1 in 3 adults (23 million) between 50 and 75 years old is not getting screened as recommended.
- Colorectal cancer affects men and women of all racial and ethnic groups.
- Colorectal polyps and colorectal cancer don't always cause symptoms, especially at first.

PREVENTION TIPS:

- If you're 50 years old or older, talk to your doctor about getting screened.
- If you're younger than 50 years old but may have a higher risk of colorectal cancer, ask your doctor if you should start screening before age 50.
- Learn your family history of cancer and tell your doctor if you think you may have a higher risk.

CONTENT SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

PREVENTION TIPS *continued:*

- Don't smoke.
- Get enough physical activity and limit your alcohol consumption.
- Talk to your doctor if you have blood in or on your stool (bowel movement); stomach pain, aches, or cramps that don't go away; or are losing weight and you don't know why.
- Presently, the recommendation for colorectal screening is to begin at age 50 or older, and sooner for those who are at high risk for developing colorectal cancer. Special screening programs are used for those with family history of colorectal cancer and for those who are at high risk. There are several acceptable methods for colorectal cancer screening which includes fecal occult blood testing annually, sigmoidoscopy every 5 years or colonoscopy every 10 years.

Cervical Cancer Screening

VCHCP is aware that some women may need PAP tests more often than every two years or some women may not have a need for screening PAP tests. Contact one of the following providers to discuss the care that is appropriate for you:

- Your VCHCP Primary Care Provider
- Your VCHCP OB/GYN Provider

KEY FACTS:

- If you're 30 years old or older, you have three options: you can get a Pap test only, an HPV test only, or both an HPV and a Pap test together. If your test results are normal, you can wait three years to be tested again if you had a Pap test only, or five years to be tested again if you had an HPV test only or both an HPV test and a Pap test together.
- If your test results are not normal, talk to your doctor. Cervical cancer is highly curable when found and treated early.
- HPV is the main cause of cervical cancer. Get kids vaccinated against HPV at age 11 to 12 to help prevent cervical and other kinds of
- Early cervical cancer may not cause symptoms. Advanced cervical cancer may cause abnormal vaginal bleeding or discharge.

PREVENTION TIPS:

- The most important thing you can do to help prevent cervical cancer is to get screened regularly.
- If you're 26 years old or younger, get the HPV vaccine.
- Use condoms during sex.
- Limit your number of sexual partners.
- Don't smoke.

Adult Preventive Health Care Schedule

Recommendations from the USPSTF (as of August 16, 2019)

To be used in conjunction with USPSTF recommendation statements for additional details (see tables and references at https://www.aafp.org/afp/PHCS)

Only grade A/B recommendations are shown

Age	*18*	*21*	*24*	*25*	*35*	*40*	*45*	*50*	*55*	*59*	*65*	*70*	*74*	*75*	*80*
USPSTF screening recommendations															
Alcohol misuse[1]	(B)														
Depression[2]	(B)														
Hypertension[3]	(A)														
Obesity/weight loss[4]	(B) if BMI 30 kg per m^2 or greater														
Tobacco use and cessation[5]	(A)														
HIV infection[6]	(A)											(A) **if at increased risk**			
Hepatitis B virus infection[7]	(B) **if at increased risk**														
Syphilis[8]	(A) **if at increased risk**														
Tuberculosis[9]	(B) **if at increased risk**														
BRCA gene risk assessment[10]	(B) **if appropriate personal or family history of *BRCA*-related cancer or ancestry**														
Chlamydia and gonorrhea[11]	(B) if sexually active	(B) **if at increased risk**													
Intimate partner violence[12]	(B) women of childbearing age														
Cervical cancer[13]		(A) See p. 3 for test options and screening intervals													
Abnormal glucose/type 2 diabetes mellitus[14]						(B) if overweight or obese									
Hepatitis C virus infection[15]	(B) **if at high risk**							(B) birth years 1945-1965					(B) **if at high risk**		
Colorectal cancer[16]								(A)							
Breast cancer[17]								(B) biennial screening							
Lung cancer[18]									(B) if 30-pack-year history and current or former smoker (quit in past 15 years)						
Osteoporosis[19]							(B) if postmenopausal and elevated risk				(B)				
Abdominal aortic aneurysm[20]											(B) if an "ever smoker"				
USPSTF preventive therapies recommendations															
HIV preexposure prophylaxis[21]	(A) **if at high risk of HIV infection**														
Primary prevention of breast cancer[22]	(B) **if at increased risk** and only after shared decision making														
Folic acid supplementation[23]	(A) if capable of conceiving														
Statins for primary prevention of CVD[24]						(B) see criteria on p. 4									
Aspirin for primary prevention of CVD and colorectal cancer[25]								(B) if ≥ 10% 10-year CVD risk							
Fall prevention in community-dwelling older adults[26]											(B) exercise interventions if at increased fall risk				
USPSTF counseling recommendations															
Sexually transmitted infection prevention[27]	(B) **if at increased risk**														
Diet/activity for CVD prevention[28]	(B) if overweight or obese and with **additional CVD risk**														
Skin cancer prevention[29]	(B) if fair skinned														

Legend	*Normal risk*	*With specific risk factor*
Recommendation for men and women		
Recommendation for men only		
Recommendation for women only		

Recommendation grades

A	Recommended (likely significant benefit)
B	Recommended (likely moderate benefit)
C	Do not use routinely (benefit is likely small)
D	Recommended against (likely harm or no benefit)
I	Insufficient evidence to recommend for or against

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.