



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



**2017**

# Preventive Health Guidelines

COMMERCIAL

## WELL CHILD VISITS

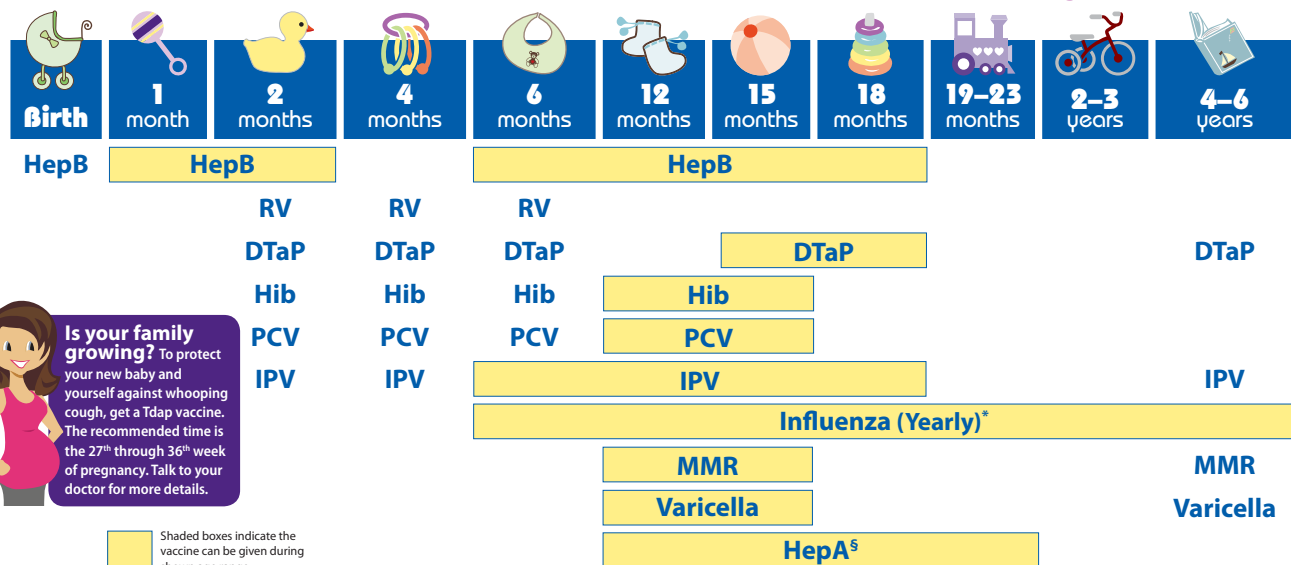
Childhood is a time of rapid growth and change and frequent well child visits are important to ensure proper growth and development and for preventive guidelines.

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.

### 2017 Recommended Immunizations for Children from Birth Through 6 Years Old



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

**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 aged 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.  
<sup>5</sup> 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 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.  
 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 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](http://www.cdc.gov/vaccines/parents)



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



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 influenzae 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	Meningococcal		MenB	Influenza Flu
at Birth (within 24 hours of birth)	✓													
2 months	✓	✓	✓	✓	✓	✓								
4 months	✓ <sup>1</sup>	✓	✓	✓	✓	✓								
6 months	✓ (6–18 mos)	✓	✓ <sup>1</sup>	✓ (6–18 mos)	✓	✓ <sup>1</sup>								✓ (6 mos and older)
12 months		✓ <sup>2</sup> (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)					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.
15 months														
18 months														
19–23 months														
4–6 years		✓		✓			✓	✓						Influenza vaccine is recom- mended every year for every- one age 6 months and older.
7–10 years														
11–12 years		✓ (Tdap)								✓✓ <sup>3</sup>	✓			
13–15 years														
16–18 years											✓	✓✓ <sup>4,5</sup>		



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[www.immunize.org/catg.d/p4050.pdf](http://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 THE 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.

AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE															
	Prenatal	Newborn <sup>2</sup>	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		
<b>HISTORY</b> Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>MEASUREMENTS</b>																																		
Length/Height & Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Body Mass Index													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure <sup>3</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>SENSORY SCREENING</b>																																		
Vision		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing		• <sup>4</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT</b>																																		
Developmental Screening								•			•	•																						
Autism Spectrum Disorder Screening											•	•																						
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco, Alcohol or Drug Use Assessment																						•	•	•	•	•	•	•	•	•	•	•	•	
Depression Screening																						•	•	•	•	•	•	•	•	•	•	•	•	
Maternal Depression Screening				•	•	•	•	•														•	•	•	•	•	•	•	•	•	•	•	•	
<b>PHYSICAL EXAMINATION</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PROCEDURES</b>																																		
Newborn Blood		•	•	→																														
Newborn Bilirubin		•																																
Critical Congenital Heart Defect		•																																
Immunization <sup>4</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anemia						•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Lead						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tuberculosis			•			•			•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Dyslipidemia											•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Sexually Transmitted Infections																						•	•	•	•	•	•	•	•	•	•	•	•	
HIV																						•	•	•	•	•	•	•	•	•	•	•	•	
Cervical Dysplasia																						•	•	•	•	•	•	•	•	•	•	•	•	
<b>ORAL HEALTH</b>																																		
Fluoride Varnish						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Supplementation						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>ANTICIPATORY GUIDANCE</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.  
 2. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).  
 3. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.  
 4. Every visit should be an opportunity to update and complete a child’s immunizations.

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 influenzae 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?
<b>Chickenpox</b> (varicella;Var)	<b>YES!</b> 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.
<b>Hepatitis A</b> (HebA)	<b>YES!</b> 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.
<b>Hepatitis B</b> (HepB)	<b>YES!</b> 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.
<b>Haemophilus influenzae type b</b> (Hib)	<b>Maybe.</b> If you haven't been vaccinated against Hib and have a high-risk condition (such as a nonfunctioning spleen), you need this vaccine.
<b>Human Papillomavirus</b> (HPV)	<b>YES!</b> 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.
<b>Influenza</b> (Flu)	<b>YES!</b> Everyone age 6 months and older needs annual influenza vaccination every fall or winter and for the rest of their lives.
<b>Measles, Mumps, Rubella</b> (MMR)	<b>YES!</b> You need 2 doses of MMR vaccine if you have not already received them. MMR vaccine is usually given in childhood.
<b>Meningococcal ACWY</b> (MenACWY, MCV4)	<b>YES!</b> 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.
<b>Meningococcal B</b> (MenB)	<b>YES!</b> 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.
<b>Pneumococcal</b> (Pneumovax PPSV; Prevnar, PCV)	<b>Maybe.</b> 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.
<b>Polio</b> (IPV)	<b>YES!</b> 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.
<b>Tetanus, diphtheria, &amp; whooping cough</b> (pertussis; Tdap)	<b>YES!</b> 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](http://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](http://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 immunized!**

*Getting immunized 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?
<b>Hepatitis A (HepA)</b>	<b>Maybe.</b> You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6–12 months apart.
<b>Hepatitis B (HepB)</b>	<b>Maybe.</b> You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or simply want to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.
<b>Hib (Haemophilus influenzae type b)</b>	<b>Maybe.</b> 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.
<b>Human Papillomavirus (HPV)</b>	<b>Maybe.</b> 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. Any man age 22 through 26 who wants to be protected from HPV may receive it, too. The vaccine is given in 3 doses over a 6-month period.
<b>Influenza (Flu)</b>	<b>Yes!</b> You need a dose every fall (or winter) for your protection and for the protection of others around you.
<b>Measles, Mumps, Rubella (MMR)</b>	<b>Maybe.</b> You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a 2nd dose.*
<b>Meningococcal ACWY (MenACWY, MCV4)</b>	<b>Maybe.</b> 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.
<b>Meningococcal B (MenB)</b>	<b>Maybe.</b> You should consider MenB vaccine if you are age 23 or younger (even if you don't have a high-risk medical condition). You may need MenB if you have one of several health conditions,* for example, if you do not have a functioning spleen.
<b>Pneumococcal (Pneumovax; Prevnar, PCV)</b>	<b>Maybe.</b> 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, immuno-suppression, or lack of a functioning spleen, or are a smoker),* you need 1 or both vaccines. Talk to your healthcare provider to find out when you need them.*
<b>Tetanus, Diphtheria, &amp; Whooping Cough (pertussis) (Tdap, Td)</b>	<b>Yes!</b> All adults who have not yet received a dose of Tdap, as an adolescent or adult, need to get Tdap vaccine (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.
<b>Varicella (Chickenpox)</b>	<b>Maybe.</b> If you've never had chickenpox or were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*
<b>Zoster (shingles)</b>	<b>Maybe.*</b> If you are age 60 years or older, you should get a 1-time dose of this vaccine now.

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

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## BREAST CANCER SCREENING

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. Except for skin cancer, breast cancer is the most common cancer in American women.

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.

Some things may increase your risk:

- Changes in breast cancer-related genes (BRCA1 or BRCA2).
- Having your first menstrual period before age 12.
- Never giving birth, or being older when your first child is born.
- Starting menopause



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

## COLORECTAL CANCER SCREENING

Consider the following information, recommendations and statistics:

- In 2014, 139,992 people in the United States were diagnosed with colorectal cancer, including 73,396 men and 66,596 women. In the same year, 51,651 people in the United States died from colorectal cancer, including 27,134 men and 24,517 women
- Of cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the United States.
- The risk increases with age. Colorectal cancer occurs most often in people aged 50 years or older.
- Regular screening for colorectal cancer is recommended for all adults aged 50 to 75. If you are between ages 76 to 85, ask your doctor if you should be screened.
- This disease is highly preventable, through screening. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening also finds colorectal cancer early, when treatment works best.
- Colorectal polyps and early stage cancers don't always cause symptoms, especially at first. That is why getting screened regularly for colorectal cancer is so important.
- Screening for colorectal cancer means looking for cancer or polyps when there are no symptoms. Finding colorectal cancer before symptoms develop greatly improves the chance of survival. Identifying and removing polyps before they become cancerous prevents the development of colorectal cancer.
- 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.

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

## CERVICAL CANCER SCREENING

Consider the following information, recommendations and statistics:

- In 2014, 12,578 women in the United States were diagnosed with cervical cancer. In the same year, 4,115 women in the United States died from cervical cancer
- The risk of dying from cervical cancer is significantly reduced if the disease is found in an early, non-advanced stage.
- Screening for cervical cancer is done by Papanicolaou (PAP) smear at the time of your routine well female exam.
- Starting at the age of 21, screening Pap smear should be repeated every 3 years. For women age 30 to 65 years who want to lengthen the time between screenings, a Pap smear with human papillomavirus testing every 5 years is acceptable.

VCHCP is aware that some women may need a pap smear more often than every two years or some women may not have a need for screening PAP smear. 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

# Adult Preventive Health Care Schedule

## Recommendations from the USPSTF (as of May 15, 2017)

To be used in conjunction with USPSTF recommendation statements for additional details (see accompanying tables and references)

Only grade A/B recommendations are shown

Age 18 20 21 24 25 35 40 45 50 55 59 65 70 74 75 80

### USPSTF screening recommendations

Alcohol misuse <sup>1</sup>	(B)															
Depression <sup>2</sup>	(B)															
Hypertension <sup>3</sup>	(A)															
Obesity <sup>4</sup>	(B)															
Tobacco use and cessation <sup>5</sup>	(A)															
HIV infection <sup>6</sup>	(A)														(A) if at increased risk	
Hepatitis B virus infection <sup>7</sup>	(B) if at increased risk															
Syphilis <sup>8</sup>	(A) if at increased risk															
Tuberculosis <sup>9</sup>	(B) if at increased risk															
BRCA gene screening <sup>10</sup>	(B) if appropriate family history															
Chlamydia and gonorrhea <sup>11</sup>	(B) if sexually active								(B) if at increased risk							
Intimate partner violence <sup>12</sup>	(B) childbearing-aged women															
Cervical cancer <sup>13</sup>	(A) Pap smear every 3 years, or every 5 years with human papillomavirus cotesting starting at age 30															
Lipid disorder <sup>14</sup>	(B) if increased CHD risk				(A)											
	(B) if increased CHD risk								(A) if increased CHD risk							
Abnormal glucose/diabetes <sup>15</sup>	(B) if overweight or obese															
Hepatitis C virus infection <sup>16</sup>	(B) if at high risk										(B) birth years 1945-1965				(B) if at high risk	
Colorectal cancer <sup>17</sup>	(A)															
Breast cancer <sup>18</sup>	(B) biennial screening															
Lung cancer <sup>19</sup>	(B) if 30 pack-years and current or former smoker (quit in past 15 years)															
Osteoporosis <sup>20</sup>	(B) if ≥ 9.3% 10-year fracture risk										(B)					
Abdominal aortic aneurysm <sup>21</sup>	(B) if an "ever smoker"															

### USPSTF preventive medications recommendations

Primary prevention breast cancer <sup>22</sup>	(B) if at increased risk and only after shared decision making															
Folic acid supplementation <sup>23</sup>	(A) if capable of conceiving															
Statins for primary prevention of CVD <sup>24</sup>	(B) see criteria on p. 6															
Aspirin for primary prevention of CVD and colorectal cancer <sup>25</sup>	(B) if ≥ 10% 10-year CVD risk															
Fall prevention (vitamin D) <sup>26</sup>	(B) if community dwelling and increased fall risk															

### USPSTF counseling recommendations

Sexually transmitted infection prevention <sup>27</sup>	(B) if at increased risk															
Diet/activity for CVD prevention <sup>28</sup>	(B) if overweight or obese and with additional CVD risk															
Skin cancer prevention <sup>29</sup>	(B) if fair skinned															

#### Legend

	Normal risk	With specific risk factor	Recommendation grades
Recommendation for men and women			A Recommended (likely significant benefit)
Recommendation for men only			B Recommended (likely moderate benefit)
Recommendation for women only			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

CHD = coronary heart disease; CVD = cardiovascular disease; HIV = human immunodeficiency virus; USPSTF = U.S. Preventive Services Task Force.

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