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

2018

Preventive COMMERCIAL Health Guidelines

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.

2018 Recommended Immunizations for Children from Birth Through 6 Years Old

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						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby and yourself 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 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.

§ 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

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

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			✔ (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		✔[2] (15–18 mos)											
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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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 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.

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!*

Getting 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

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 2015, the latest year for which incidence data are available, 140,788 new cases of Colon and Rectum cancer were reported, and 52,396 people died of Colon and Rectum cancer in the United States. For every 100,000 people, 38 new Colon and Rectum cancer cases were reported and 14 died of cancer.
- Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One of every four deaths in the United States is due to cancer.
- 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 2015, the latest year for which incidence data are available, 12,845 new cases of Cervical Cancer were reported, and 4,175 women died of Cervical Cancer in the United States. For every 100,000 women, 8 new Cervical Cancer cases were reported and 2 died of cancer
- The risk of dying from cervical cancer is significantly reduced if the disease is found in an early, non-advanced stage.
- Two screening tests can help prevent cervical cancer or find it early –
  - The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
  - The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.
- Starting at the age of 21, screening Pap smear should be repeated every 3 years. For women age 30-65 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 June 1, 2018)

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*	*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[4]	(B)														
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 screening[10]	(B) **if appropriate family history**														
Chlamydia and gonorrhea[11]	(B) if sexually active				(B) **if at increased risk**										
Intimate partner violence[12]	(B) childbearing-aged women														
Cervical cancer[13]		(A) Pap smear every 3 years, or every 5 years with human papillomavirus cotesting starting at age 30													
Abnormal glucose/diabetes[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-years and current or former smoker (quit in past 15 years)						
Osteoporosis[19]							(B) if ≥ 9.3% 10-year fracture risk				(B)				
Abdominal aortic aneurysm[20]											(B) if an "ever smoker"				
USPSTF preventive therapies recommendations															
Primary prevention of breast cancer[21]	(B) **if at increased risk** and only after shared decision making														
Folic acid supplementation[22]	(A) if capable of conceiving														
Statins for primary prevention of CVD[23]						(B) see criteria on p. 6									
Aspirin for primary prevention of CVD and colorectal cancer[24]								(B) if ≥ 10% 10-year CVD risk							
Fall prevention in community-dwelling older adults[25]											(B) exercise interventions if at increased fall risk				
USPSTF counseling recommendations															
Sexually transmitted infection prevention[26]	(B) **if at increased risk**														
Diet/activity for CVD prevention[27]	(B) if overweight or obese and with **additional CVD risk**														
Skin cancer prevention[28]	(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

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.