

GSHP 2000 PREVENTIVE MEDICINE GUIDELINES

TABLE 1. BIRTH TO 10 YEARS (Schedule: 2,4,6,15,18 months, 4-6 years) *

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Conditions originating in perinatal period
	Congenital anomalies
	Sudden infant death syndrome (SIDS)
	Unintentional injuries (non-motor vehicle)
	Motor vehicle injuries

INTERVENTIONS FOR THE GENERAL POPULATION

SCREENING

Height and weight
 Blood pressure
 Vision screen (age 3-4 yr.)
 Hemoglobinopathy screen (birth)¹
 Phenylalanine level (birth)²
 T₄ and/or TSH (birth)³
 Hemoglobin and hematocrit⁴
 Urinalysis for bacteriuria⁵

COUNSELING

Injury Prevention
 Child safety car seats (age <5 yr.)
 Lap-shoulder belts (age >5 yr.)
 Bicycle helmet; avoid bicycling near traffic
 CPR training for parents/caretakers
 Smoke detector, flame retardant sleepwear
 Hot water heater temperature <120-130 °F)
 Window/stair guards, pool fence
 Safe storage of drugs, toxic substances, firearms & matches
 Syrup of ipecac, poison control phone number
 CPR training for parents/caretakers

Diet and Exercise

Breast-feeding, iron-enriched formula and foods (infants & toddlers)
 Limit fat & cholesterol: maintain caloric balance; emphasize grains, fruits, vegetables (age ≥2yr)
 Regular physical activity

Substance Use

Effects of passive smoking
 Anti-tobacco message

Dental Health

Regular visits to dental care provider
 Floss, brush with fluoride toothpaste daily
 Advice about baby bottle tooth decay

IMMUNIZATIONS

Diphtheria-tetanus-acellular pertussis (DTaP)⁶
 Inactivated Poliovirus (IPV)⁷
 H.influenza type b (Hib) conjugate⁸
 Measles-mumps-rubella (MMR)⁹
 Hepatitis B¹⁰
 Varicella¹¹

CHEMOPROPHYLAXIS

Ocular prophylaxis (birth)

* Six visits are required for immunizations. Because of lack of data and differing patient risk profiles, the scheduling of additional visits and the frequency of the individual preventive services listed in this table are left to clinical discretion (except as indicated in the footnotes).

1	Whether screening should be universal or targeted to high-risk groups, will depend on the proportion of high-risk individuals in the screening area, and other considerations.
2	If done during the first 24-48 hours of life, repeat by age 2 weeks.
3	Optimally between day 2 and 6, but in all cases before newborn nursery discharge.
4	Once during infancy
5	Once between ages 4-6 yr
6	2,4,6 and 12-18 mos; 4 years of age or prior to school entry.
7	2, 4 and 6-18 mos; 4 years of age or prior to school entry.
8	2,4,6 and 12-15 mos.
9	12-15 mos;4 years of age or prior to school entry.
10	Birth - 2 mos of age; 1-4 mos of age (at least 1 month after the first dose); 6-18 mos of age.
11	12-15 months

INTERVENTIONS FOR HIGH-RISK POPULATIONS

POPULATION	POTENTIAL INTERVENTIONS
	(See detailed high-risk definitions)
Preterm or low birth weight	Hemoglobin/hematocrit (HR1)
Infants of mothers at risk for HIV	HIV testing (HR2)
Low income; immigrants	Hemoglobin/hematocrit (HR1); PPD (HR3)
TB contacts	PPD (HR3)
Native American/Alaska Native	Hemoglobin/hematocrit (HR1); PPD (HR3); hepatitis A vaccine (HR4); pneumococcal vaccine (HR5)
Travelers to developing countries	Hepatitis A vaccine (HR4)
Residents of long-term care facilities	PPD (HR3); hepatitis A vaccine (HR4); influenza vaccine (HR6)
Certain chronic medical conditions	PPD (HR3); pneumococcal vaccine (HR5); influenza vaccine (HR6)
Increased individual or community lead exposure	Blood lead level (HR7)
Inadequate water fluoridation	Daily fluoride supplement (HR8)
Family h/o skin cancer, nevi fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing (HR9)
Children at risk for hearing impairment	Hearing test (HR10)

OVERVIEW

HR 1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low birth weight infants, infants whose principal dietary intake is unfortified cow's milk .

HR 2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs' blood transfusion during 1978-1985.

HR 3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

HR 4 = Persons ≥ 2 yr. living in or traveling to areas where the disease is endemic and where periodic outbreaks occur (e.g., countries with high or intermediate endemicity; certain Alaska Native, Pacific Island, Native American, and religious communities). Consider for institutionalized children aged ≥ 2 yr. Clinicians should also consider local epidemiology.

HR 5 = Immunocompetent persons ≥ 2 yr with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons ≥ 2 yr living in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations) .

HR 6 = Annual vaccination of children ≥ 6 mo who are residents of chronic care facilities or who have chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

HR 7 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control of chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead .

HR 8 = Children living in areas with inadequate water fluoridation (<0.6 ppm) .

HR 9 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color .

HR 10= Children with a family history of childhood hearing impairment or a personal history of congenital perinatal infection with herpes, syphilis, rubella, cytomegalovirus, or toxoplasmosis; malformations involving the head or neck (e.g., dysmorphic and syndromal abnormalities, cleft palate, abnormal pinna): birthweight below 1500 g; bacterial meningitis; hyperbilirubinemia requiring exchange transfusion; or severe perinatal asphyxia (Apgar scores of 0-3, absence of spontaneous respirations for 10 minutes, or hypotonia at 2 hours of age).

Revised 3/13/00

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TABLE 2. AGES 11-24 YEARS (Schedule: 11-12 years old) *

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Motor vehicle/other unintentional injuries
	Homicide
	Suicide
	Malignant neoplasms
	Heart diseases

INTERVENTIONS FOR THE GENERAL POPULATION

SCREENING

Height & weight
Blood pressure¹

Papanicolaou (Pap) test (females)²
Chlamydia screen (females <20 yr.)³
Rubella serology or vaccination hx
(females > 12 yr.)
Assess for problem drinking
Clinical Breast Exam⁴

COUNSELING

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmets
Smoke detector
Safe storage/removal of firearms

Substance Use

Avoid tobacco use
Avoid underage drinking & illicit drug use
Avoid alcohol/drug use while driving, swimming,
boating, etc.

Sexual Behavior

STD prevention: abstinence; avoid high

risk behavior, condoms/female barrier with
spermicide
Unintended pregnancy; contraception

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance
balance; emphasize grains, fruits, vegetables
Adequate calcium intake (females)
Regular physical activity

Dental Health

Regular visits to dental care provider
Floss, brush with fluoride toothpaste daily

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters (11-12 yr.)
Hepatitis B (11-12 yr.)⁵
MMR (11-12 yr.)⁶
Rubella (females >12 yr.)⁷
Varicella (11-12 yr.)⁸

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/
capable of pregnancy)

* One visit is required for immunizations. Because of lack of data and differing patient risk profiles, the scheduling of additional visits and the frequency of the individual preventive services listed in this table are left to clinical discretion (except as indicated in other footnotes.)

¹ Periodic BP for persons ages 21.

² If sexually active at present or in the past, annually. If sexual history is unreliable, begin Pap tests at age 18 years.

³ If sexually active.

⁴ Every 3 years for women ages 20-24.

⁵ Children 11-12 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose.

⁶ Children 11-12 years of age not previously immunized with MMR should receive 2 doses. Individuals who had received 1 dose of MMR must receive an additional MMR vaccination.

⁷ Serologic testing, documented vaccination history, and routine vaccination against rubella (preferable with MMR) are equally acceptable alternatives.

⁸ Unvaccinated children who lack reliable history of chickenpox should be vaccinated at the 11-12 year old visit.

Revised 3/13/00

INTERVENTIONS FOR HIGH RISK POPULATIONS

POPULATION

High-risk sexual behavior

Injection or street drug use

TB contacts; immigrants' low income
Native American/Alaska Natives

Travelers to developing countries
Certain chronic medical conditions

Settings where adolescents and young adults congregate
Susceptible to varicella, measles, mumps
Blood transfusion between 1975-1985
Institutionalized persons, health care/lab workers

Family h/o skin cancers, nevi; fair skin, eyes, hair
Prior pregnancy with neural tube defect
Inadequate water fluoridation

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female)(HR4)hepatitis A vaccine (HR5)

RPR/VDRL (HR1); HIV screen (HR3); hepatitis A vaccine (HR5); PPD (HR6); advice to reduce infection risk (HR7)

PPD (HR6)
Hepatitis A vaccine (HR5); PPD (HR6) pneumococcal vaccine (HR8)

Hepatitis A vaccine (HR5)
PPD (HR6); pneumococcal vaccine (HR8); influenza vaccine (HR9)

Second MMR (HR10)
Varicella vaccine (HR11); MMR (HR12)

HIV screen (HR3)
Hepatitis A vaccine (HR5); PPD (HR6); influenza vaccine (HR9)

Avoid excess/midday sun, use protective clothing (HR13)
Folic acid 4.0 mg (HR14)

Daily fluoride supplement (HR15)

OVERVIEW

HR 1 = Persons who exchange sex for money or drugs, and their sex partners; persons with others STDS (including HIV): and sexual contact of persons with active syphilis. Clinicians should also consider local epidemiology .

HR 2 = Females who have: two or more sex partners in the last year: a sex partner with multiple sexual contacts: exchanged sex for money or drugs: or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR 3 = Males who had sex with males after 1975: past or present injection drug use: persons who exchange sex for money or drugs and their sex partners: injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985: persons seeking treatment for STDs. Clinicians should also consider local epidemiology .

HR 4 = Sexually active females with multiple risk factors including: history of prior STD: new or multiple sex partners: age under 25: non-use or inconsistent use of barrier contraceptives: cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups .

HR 5 = Persons living in, traveling to, or working in areas where the disease is endemic and where periodic outbreaks occur (e.g., countries with high or intermediate endemicity; certain Alaska Native, Pacific Island, Native American, and religious communities: men who have sex with men: injection or street drug users. Vaccine may be considered for institutionalized persons and workers in these institutions, military personnel, and day-care, hospital, and laboratory workers. Clinicians should also consider local epidemiology.

HR 6 = HIV positive, close contacts of persons with known or suspected TB, health care workers, persons with medical risk factors associated with TB,immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR 7 = Persons who continue to inject drugs .

HR 8 = Immunocompetent persons with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations).

HR 9 - Annual vaccination of: residents of chronic care facilities persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus),hemoglobinopathies, immunosuppression, or renal dysfunction; and health care providers for high-risk patients.

HR 10 = Adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges), if they have not previously received a second dose.

Revised 3/13/00

U.S. Preventive Services Task Force. Guide to clinical preventive services, 2nd ed. Baltimore: Williams & Wilkins, 1996.

HR 11= Healthy persons age ≥ 13 yr. without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged ≥ 13 yr.

HR 12 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps) .

HR 13 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR 14 = Women with prior pregnancy affected by neural tub defect who are planning pregnancy.

HR 15 = Persons age < 17 yr. living in areas with inadequate water fluoridation (< 0.6 ppm) .

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TABLE 3. AGES 25-64 YEARS (Schedule: every 1-3 years) *

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Malignant neoplasms
	Heart diseases
	Motor vehicle and other unintentional injuries
	Human immunodeficiency virus (HIV) infection
	Suicide and homicide

INTERVENTIONS FOR THE GENERAL POPULATION

SCREENING

Blood pressure
 Height and weight
 Total blood cholesterol (men age 35-64, women age 45-64)
 Papanicolaou (Pap) test (women) ¹
 Fecal occult blood test²
 Sigmoidoscopy (≥50 yr)³
 Mammogram⁴
 Clinical breast exam⁵

Assess for problem drinking
 Rubella serology or vaccination hx⁶ (women of childbearing age)
 Clinical testicular exam⁷
 Digital rectal exam ⁸

COUNSELING

Substance Use

Tobacco cessation
 Avoid alcohol/drug use while driving, swimming, boating, etc.

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables)
 Adequate calcium intake (women)

Regular physical activity

Injury Prevention

Lap/shoulder belts
 Motorcycle/bicycle/ATV helmets
 Smoke detector
 Safe storage/removal of firearms

Sexual Behavior

STD prevention: avoid high-risk behavior
 condoms/female barrier with spermicide
 Unintended pregnancy: contraception

Dental Health

Regular visits to dental care provider
 Floss, brush with fluoride toothpaste daily

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters
 Rubella (women of childbearing age)⁶

CHEMOPROPHYLAXIS

Multivitamin with folic acid (women planning or capable of pregnancy)
 Discuss hormone prophylaxis (peri- and post-menopausal women)

¹ Annually
² Annually from age 50.
³ Every 3-5 years.
⁴ Initial exam between 35-40, then annually (American Cancer Society's Guidelines for the Early Detection of Breast Cancer, 1998).
⁵ Every 3 years ages 25-39, then annually.
⁶ Serology testing documented, vaccination history, and routine vaccination (preferably with MMR) are equally acceptable.
⁷ Every 1-3 years under 40, then annually.
⁸ Annually from age 40.

* The recommended schedule applies only to the periodic visit itself. The frequency of the individual preventive services listed in this table is left to clinical discretion, except as indicated in other footnotes.

INTERVENTIONS FOR HIGH-RISK POPULATIONS

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1): screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7); advice to reduce infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Natives	PPD (HR7) Hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Travelers to developing countries	Hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to measles, mumps, or varicella Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Health care/lab workers	Hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7); influenza vaccine (HR10)
Family h/o skin cancer, fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing (HR13)
Previous pregnancy with neural tube defect	Folic acid 4.0 mg (HR14)

OVERVIEW

HR 1 = Persons who exchange sex for money or drugs, and their sex partners, persons with others STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR 2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR 3 = Men who had sex with men after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology .

HR 4 = Sexually active women with multiple risk factors including; history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should also consider local epidemiology .

HR 5 = Blood product recipients (including hemodialysis patients), persons with frequent occupational exposure to blood or blood products, men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV), travelers to countries with endemic hepatitis B.

HR 6 = Persons living in, traveling to, or working in areas where the disease is endemic and where periodic outbreaks occur (e.g., countries with high or intermediate endemicity; certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. consider for institutionalized persons and workers in these institutions, military personnel, and day-care, hospital, and laboratory workers. Clinicians should also consider local epidemiology.

HR 7 = HIV positive, close contacts of persons with known or suspected TB, health care workers, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term care facilities .

HR 8 = Persons who continue to inject drugs.

HR 9 = Immunocompetent institutionalized persons aged ≥ 50 yr and immunocompetent persons with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations) .

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction; and health care providers for high-risk patients.

HR11 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps) .

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

HR13 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy

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TABLE 4. AGES 65 and Older YEARS (Schedule: every year) *

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Heart diseases
	Malignant neoplasms (lung, colorectal, breast)
	Cerebrovascular disease
	Chronic obstructive pulmonary disease
	Pneumonia and influenza

INTERVENTIONS FOR THE GENERAL POPULATION

SCREENING

Blood Pressure
 Height and weight
 Fecal occult blood test¹
 Sigmoidoscopy²
 Mammogram (women)¹
 Clinical breast exam (women)¹
 Papanicolaou (Pap) test (women)³
 Digital Rectal Exam¹
 Clinical Testicular Exam (men)¹
 Vision screening
 Assess for hearing impairment
 Assess for problem drinking

COUNSELING

Substance Use

Tobacco cessation
 Avoid alcohol/drug use while driving, swimming, boating, etc.

Diet and Exercise

Limit fat & cholesterol; maintain, caloric balance; emphasize grains, fruits, vegetables
 Adequate calcium intake (women)
 Regular physical activity

Injury Prevention

Lap/shoulder belts
 Motorcycle and bicycle helmets
 Fall prevention
 Safe storage/removal of firearms
 Smoke detector
 Set hot water heater to <120-130°F
 CPR training for household members

Dental Health

Regular visits to dental care provider
 Floss, brush with fluoride toothpaste daily

Sexual Behavior

STD prevention; avoid high-risk sexual behavior; use condoms

IMMUNIZATIONS

Pneumococcal vaccine
 Influenza¹
 Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

Discuss hormone prophylaxis (peri- & postmenopausal women)

* The recommended schedule applies only to the periodic visit itself. The frequency of the individual preventive services listed in this table is left to clinical discretion, except as indicated in other footnotes.

¹ Annually
² Every 3-5 years
³ Annually for women with a cervix

INTERVENTIONS FOR HIGH-RISK POPULATIONS

POPULATION

POTENTIAL INTERVENTIONS

Institutionalized persons

(See detailed high-risk definitions)
PPD (HR1); hepatitis A vaccine (HR2);
amantadine/rimantadine (HR4)
PPD (HR1)

Chronic medical conditions; TB contacts; low income;
immigrants' alcoholics

Persons ≥ 75 yr. or ≥ 70 yr. with risk factors for falls

Fall prevention intervention (HR5)

Cardiovascular disease risk factors

Consider cholesterol screening (HR6)

Family h/o skin cancer, nevi; fair skin, eyes, hair

Avoid excess/midday sun, use protective clothing (HR7)

Native Americans/Alaska Natives

PPD (HR1); hepatitis A vaccine (HR2)

Travelers to developing countries

Hepatitis A vaccine (HR2); hepatitis B vaccine (HR8)

Blood product recipients

HIV screen (HR3); hepatitis B vaccine (HR8)

High-risk sexual behavior

Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis
B vaccine (HR8); RPR/VDRL (HR9)

Injection or street drug use

PPD (HR1); hepatitis A vaccine (HR2); HIV screen
(HR3); hepatitis B vaccine (HR8); RPR/VCRL (HR9);
advice to reduce infection risk (HR10)

Health care/lab workers

PPD (HR1); hepatitis A vaccine (HR2);
amantadine/rimantadine (HR4); hepatitis B vaccine
(HR8)

Persons susceptible to varicella

Varicella vaccine (HR11)

OVERVIEW

HR 1 - HIV positive, close contacts of persons with known or suspected TB, health care workers, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics injection drug users, and residents of long-term care facilities .

HR 2 = Persons living in, traveling to, or working in areas where the disease is endemic and where periodic outbreaks occur (e.g., countries with high or intermediate endemicity; certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. consider for institutionalized persons and workers in these institutions, and day-care, hospital, and laboratory workers. Clinicians should also consider local epidemiology .

HR 3 = Men who had sex with men after 1975, past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinician should also consider local epidemiology

HR 4 = consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; for unvaccinated persons who provide home care for high-risk persons; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR 5 = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including; use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of ≥ 4 prescription medications; impaired cognition; strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services .

HR 6 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking diabetes, or hypertension).

HR 7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color (see Ch. 12).

HR 8 = Blood product recipients (including hemodialysis patients), persons with frequent occupational exposure to blood or blood products, men who have sex with men, injection drug users, and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV), travelers to countries with endemic hepatitis B .

HR 9 = Persons who exchange sex for money or drugs and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology .

HR 10 = Persons who continue to inject drugs .

HR 11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

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TABLE 5. Pregnant Women **

Interventions Considered and Recommended for the Periodic Health Examination

INTERVENTIONS FOR THE GENERAL POPULATION

SCREENING

First Visit

Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D (Rh) typing, antibody screen
Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age \geq 35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
Offer HIV screening²
Cervical cytology

Follow-up Visits

Blood pressure
Urine culture
Offer amniocentesis (15-18 wk) ¹ (age \geq 35 yr)

Offer multiple marker testing¹ (15-18 wk)

Offer serum a-fetoprotein¹ (16-18 wk)

Glucose tolerance test or postprandial
blood sugar (24-28 weeks)

COUNSELING

Tobacco cessation; effect of passive smoking
Alcohol/other drug use
Nutrition, including adequate calcium intake
Encourage breastfeeding
Lap/shoulder belts
Infant safety car seats
STD prevention; avoid high-risk sexual behavior,
use of condoms

CHEMOPROPHYLAXIS

Multivitamin with folic acid³

¹ Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities.

² Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations .

³ Beginning at least 1 month before conception and continuing through the first trimester.

** See Tables 2 and 3 for other preventive services recommended for women of this age.

INTERVENTIONS FOR HIGH-RISK POPULATIONS

POPULATION

POTENTIAL INTERVENTIONS

(See detailed high-risk definitions)

High-risk sexual behavior

Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit), (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)

Blood transfusion 1978-1985
Injection drug use

HIV screen (1st visit) (HR3)
HIV screen (HR3); HBsAg (3rd trimester) (HR4); advice to reduce infection risk (HR6)

Unsensitized D-negative women
Risk factors for Down syndrome

D(Rh) antibody testing (24-28 wk) (HR7)
Offer CVS (1st trimester), amniocentesis (15-18 wk), (HR8)

Prior pregnancy with neural tube defect

Offer amniocentesis (15-18 wk), folic acid 4.0 mg (HR9)

Women with uncertain menstrual histories or risk factors for intrauterine growth retardation

Ultrasound exam (2nd trimester) (HR10)

OVERVIEW

HR 1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk .

HR 2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk .

HR 3 = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened; past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs .

HR 4 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners .

HR 5 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology .

HR 6 = Women who continue to inject drugs.

HR 7 = Unsensitized D-negative women.

HR 8 = Prior pregnancy affected by Down syndrome, advanced maternal age (≥ 35 yr), known carriage of chromosome rearrangements.

HR 9 = Women with previous pregnancy affected by neural tube defect .

HR 10 = Women with uncertain menstrual histories or risk factors for intrauterine growth retardation (e.g. hypertension, renal disease, short, maternal stature, low pregnancy weight, failure to gain weight during pregnancy, smoking, alcohol and other drug abuse, and history of a previous fetal death or growth-retarded baby).

GSHP 2000 PREVENTIVE MEDICINE GUIDELINES

TABLE 6 Conditions for Which Clinicians Should Remain Alert

CONDITION	POPULATION
Symptoms of peripheral arterial disease	Older persons, smokers, diabetic persons
Skin lesions with malignant features	General population, particularly those with established risk factors
Symptoms & signs of oral cancer and premalignancy	Persons who use tobacco, older persons who drink alcohol regularly
Subtle or nonspecific symptoms and signs of thyroid dysfunction	Older persons, postpartum women, persons with Down syndrome
Signs of ocular-misalignment	Infants and children
Symptoms and signs of hearing impairment	Infants and young children (<3 yr)
Large spinal curvatures	Adolescents
Changes in functional performance	Older persons
Depressive symptoms	Adolescents, young adults, persons at increased risk for depression
Evidence of suicidal ideation	Persons with established risk factors for suicide
Various presentations of family violence	General population
Symptoms and sign of drug abuse	General population
Obvious signs of untreated tooth decay or mottling, inflamed or cyanotic gingiva, loose teeth, and severe halitosis	General population
Evidence of early childhood caries, mismatching of upper and lower dental arches, dental crowding or malalignment, premature loss of primary posterior teeth (baby molars) and obvious mouth breathing.	Children