

2007/8 Adult Preventive Care Recommendations

Health Maintenance Visit	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65 + Years
Includes initial/interval history, age-appropriate physical exam; preventive screenings and counseling; assessment and administration of needed immunizations.	Annually for ages 18-21. Every 1-3 years depending on risk factors.	Every 1-3 years depending on risk factors.	Every 1-3 years depending on risk factors.	Annually.	Annually.
Cancer Screening					
Breast Cancer	Starting at age 20, clinical breast exam and self-exam instruction. Mammography for patients at high risk.		Clinical breast exam and self-exam instruction. Annual mammography at discretion of clinician/patient.	Clinical breast exam and self-exam instruction. Annual mammography.	Clinical breast exam and self-exam instruction. Annual mammography through age 69; ≥ age 70 at clinician/patient discretion.
Cervical Cancer (Pap Test and Pelvic Exam)	Initiate Pap test and pelvic exam at 3 years after first sexual intercourse or by age 21. Every 1-3 years depending on risk factors.				Every 1-3 years at clinician discretion.
Colorectal Cancer	Not routine except for patients at high risk.			Colonoscopy at age 50 and then every 10 years, or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, or sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years or annual FOBT. Screening after age 80 at clinician/patient discretion.	
Testicular and Prostate Cancer	Clinical testicular exam and self-exam instruction. Prostate cancer screening not routine.		Digital Rectal Exam (DRE) for patients at high risk for prostate cancer. PSA screening in high-risk patients at clinician/ patient discretion.	Digital Rectal Exam (DRE). Offer PSA screening at clinician/patient discretion.	
Skin Cancer	Periodic total skin exams every 3 years between the ages of 20 and 39 and annually age 40 and older. Frequency at clinician discretion based on risk factors.				
Other Recommended Screening					
Body Mass Index (BMI)	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts (www.cdc.gov/nccdphp/dnpa/bmi/index.htm). Ask about body image and dieting patterns.				
Hypertension	At every acute/nonacute medical encounter and at least once every 2 years.				
Cholesterol	Screen if not previously tested. Screen every 5 years with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride).				
Diabetes (Type 2)	Screen every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if risk factors are present.				
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis & HPV)	For chlamydia and gonorrhea: Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk. For syphilis: Screen if at risk. For HPV: If age 26 and under and not previously vaccinated, counsel patients regarding the schedule for HPV vaccine.				
HIV	Routine/annual testing of all patients at increased risk. Starting at age 13, CDC recommends universal screening.				
Hepatitis C	Periodic testing of all patients at high risk.				
Tuberculosis (TB)	Tuberculin skin testing of all patients at high risk.				
Sensory Screening					
Eye Exam for Glaucoma	At least once for patients with no risk factors. Every 3-5 years in high-risk patients.		Every 2-4 years.	Every 2-4 years.	Every 1-2 years.
Hearing and Vision Assessment				Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.	
General Counseling					
All patients should be periodically screened and counseled as appropriate regarding: depression/suicide, alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, preconception counseling, physical activity, infectious diseases/STIs, safety/injury and violence prevention, family violence/abuse, skin cancer, menopause management, osteoporosis, and dementia/cognitive impairment.					

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2007 Immunization Schedule	18–29 Years	30–39 Years	40–49 Years	50–64 Years	65 + Years
Tetanus, Diphtheria, Pertussis (Td/Tdap)	For adults < 65 years of age not previously vaccinated with Td: 1 dose of Tdap, followed by 2 doses of Td. Td booster every 10 years. For adults < 65 years of age who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.				For adults ≥ 65 years of age: 3 doses of Td if not previously immunized. Td booster every 10 years
Human papillomavirus (HPV)	3 doses for unvaccinated female adults aged ≤ 26 years.				
Measles, Mumps, and Rubella (MMR)	≥ 1 dose if born ≥ 1957 and no documentation of vaccination and no laboratory evidence of immunity to measles, mumps and rubella; 2 doses, second dose ≥4 weeks after first dose, if 1) in a measles or mumps outbreak; 2) previously vaccinated with killed measles vaccine; 3) vaccinated with unknown type of vaccine 1963-1967; 4) student in post-secondary institutions; 5) worker in a health care setting; or 6) plan to travel internationally.			All health care workers born < 1957: 1 dose	
Varicella (Chicken Pox)	2 doses administered 4-8 weeks apart, if not previously immunized and no history of chicken pox or shingles, or if at high risk.				
Influenza	1 dose annually if at risk or if desired by patient.			1 dose annually for all adults aged ≥ 50 years.	
Pneumococcal (Polysaccharide)	1 dose if at risk and not previously immunized. Revaccinate once after 5 years for persons with chronic renal or nephrotic syndrome; asplenia; sickle cell disease; or immunosuppressive disorders.				1 dose after 65 years of age, even if vaccinated before 65 years of age.
Hepatitis B	3 doses if at risk and not previously immunized.				
Hepatitis A	2 doses if at risk and not previously immunized.				
Meningococcal Conjugate Vaccine (MCV4)	1 dose for: 1) college freshmen living in dormitories; 2) laboratory workers routinely exposed to Neisseria meningitidis; 3) adults with asplenia or terminal complement component deficiency; 4) military recruits; 5) travelers to sub-Saharan Africa (Dec –Jun), or to Mecca during annual Hajj. Consider for persons with HIV. Revaccination 3-5 years after first dose may be indicated for adults previously vaccinated with MPSV4 who remain at risk. Currently, only a single dose of MCV4 is recommended. The need for boosters after a dose of MCV4 has not been determined.				
Meningococcal Polysaccharide (MPSV4)	Adults ≤ 55 years of age: MCV4 preferred, MPSV4 acceptable.			Adults > 55 years of age: MPSV4 is the only licensed product for this age group.	
Zoster				1 dose for all adults aged ≥ 60 years, regardless of history of herpes zoster.	

Jan. 2008 *This summary represents a compilation of evidence-based recommendations from national agencies, reviewed by a collaborative working group of clinicians and endorsed by leading health care organizations in Massachusetts. These guidelines are intended as quality practice recommendations. They are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence. We acknowledge the efforts of the Publications Unit in the Office of MassHealth Operations for design and editorial assistance.*