

The following guideline recommends clinical preventive services for adults. The grade definitions used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

Grade	Grade Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Recommendation	
Health Assessment Screening, History & Counseling	One health maintenance exam (HME) every 1 - 5 years according to risk status, including: <ul style="list-style-type: none"> Height, weight and Body Mass Index (BMI) [B]; risk evaluation and counseling for obesity [B], tobacco use [A], and alcohol use [B]
Blood Pressure Screening	Screen for high blood pressure in adults 18 years and older [A]. Screen every two years if BP \leq 120/80 mm Hg. Annually if BP 120-139/80-89 mm Hg, and more frequently if warranted.
Aspirin Use	Recommend the use of ASA for men age 45 to 79 years when the potential benefit due to a reduction in MI outweighs the potential harm due to an increase in gastrointestinal hemorrhage [A].
Cholesterol and Lipid Screening	<ul style="list-style-type: none"> Measure a fasting lipoprotein profile (i.e. total cholesterol, LDL-C, HDL-C), in men aged 35 years and older [A]. Measure a fasting lipoprotein profile in women aged 45 years and older if they are at increased risk for CHD (i.e. diabetes, family history cardiovascular disease before age 50 in male relatives or age 60 in female relatives, tobacco use, hypertension, BMI \geq 30) [A]. Screen men aged 20-35 and women aged 20-45 if they are at increased risk for CHD [B]. Screen every five years for low risk adults if initial test normal; consider more frequent screening in individuals at increased risk.
Diabetes Mellitus Screening	<ul style="list-style-type: none"> Screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg [B]. Screen every three years. In persons with BP < 135/80 mm Hg, screen on an individual basis according to CHD risks and benefits.
Colorectal Cancer Screening	<ul style="list-style-type: none"> No requirement unless high risk (e.g. first degree relatives who have had colorectal adenomas or cancer; specific inherited syndromes, the Lynch syndrome, history of colorectal polyps; chronic inflammatory bowel disease [B]).
Cervical Cancer Screening Pap Smear	<ul style="list-style-type: none"> Screen for cervical cancer in women who have been sexually active and have a cervix [A]. Screen every three years. Routine pap smear screening not recommended in women who have had a total hysterectomy for benign disease [D].
Chlamydia Screening	<ul style="list-style-type: none"> Recommended for all sexually active non-pregnant women aged 24 and younger and for older non-pregnant women who are at increased risk (i.e. new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly) [A]. Screen at least annually if at increased risk. Recommend screening for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk [B]. Screen at first prenatal visit. If continued risk, screen again in third trimester. Routine screening not recommended for women aged 25 and older, whether or not pregnant, if they are not at increased risk [C].
Breast Cancer Screening	<ul style="list-style-type: none"> Biennial mammography screening before the age of 50 years should be an individual decision taking patient context into account [C]¹. The current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older [I].
HIV Screening	<ul style="list-style-type: none"> HIV screening for all high risk patients [A] annually. CDC recommends one-time testing for all patients 13 to 64 years of age.
Immunizations (Consult ACIP website, www.cdc.gov/vaccines/recs/acip/ for up-to-date recommendations and other vaccine indications based on medical and other indications):	
Tdap/Td	After primary series, Td every 10 years. Give Tdap once after age 12.
HPV	Females age \leq 26 years should receive three doses of any HPV. Males age \leq 26 years may receive HPV4.
MMR	One or two doses for persons who lack history of immunization or convincing history of infection.
Varicella	Two doses for persons who lack history of immunization or convincing history of infection.
Influenza	Annual vaccine.
HepA, HepB, Meningococcal,	If risk factors present.

¹The Affordable Care Act considers mammography at age 40 as an essential benefit.

This guideline lists core management steps. It is based on several sources, including: The Guide to Clinical Preventive Services 2010-2011, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the Advisory Committee on Immunization Practices (ACIP) 2011 Immunization Recommendations (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.