



**2009-2010 VIRGINIA PREMIER HEALTH PLAN, INC.**  
**PREVENTIVE CARE GUIDELINES**

Based Primarily on the US Preventive Services Task Force: Guide to Clinical Preventive Services, 1996, 1997, 2005, 2009.

**Remember: All prevention activities must be individualized**

<b>Age</b>	<b>11-20</b>	<b>21-64</b>	<b>65 and Over</b>
<b>Frequency of Visits</b>	At clinical discretion 12,14, 16, 18, 20 yrs.	At clinical discretion 25,30,35,40,45,50,55,60	At clinical discretion 65 + annually
<b>Basic PE: Minimum Recommended Guidelines</b>	<ul style="list-style-type: none"> <li>Blood pressure every 2 years.</li> <li>Refer to age-related nomograms for interpretation*</li> <li>Monitor weight and height at least every visit (BMI)</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure BPs 120/80 (screening every 2 years) *per JNC VII guidelines</li> <li>Weight and height periodically (BMI)</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure every 2 yrs, BPs 140/85 every 1 yr, BP diast. 85-90</li> <li>Weight and height periodically (BMI)</li> <li>Vision screening by Snellen Chart</li> <li>Hearing, assess by history questioning</li> </ul>
<b>Basic History</b>	<ul style="list-style-type: none"> <li>Dietary Intake</li> <li>Physical Activity</li> <li>Tobacco/ETOH/Drug Use</li> <li>Sexual Practices</li> <li>Developmental Assessment</li> <li>Depression Screening (12-18)</li> </ul>	<ul style="list-style-type: none"> <li>Dietary Intake</li> <li>Physical Activity</li> <li>Tobacco/ETOH/Drug Use</li> <li>Sexual Practices</li> <li>Depression screen (a)</li> </ul>	<ul style="list-style-type: none"> <li>Dietary Intake</li> <li>Physical /ETOH/Drug Use</li> <li>Prior Symptoms TIA</li> <li>Functional Status at Home</li> <li>Hearing impairment assessment</li> <li>Depression screen (a)</li> </ul>
<b>Basic Counseling</b>	<ul style="list-style-type: none"> <li>Injury Prevention (1)</li> <li>Substance Use (2)</li> <li>Sexual Behavior (3)</li> <li>Diet and Exercise (4)</li> <li>Dental Health (5)</li> </ul>	<ul style="list-style-type: none"> <li>Injury Prevention (1)*</li> <li>Substance Use (2)</li> <li>Sexual Behavior (3)</li> <li>Diet and Exercise (4)</li> <li>Dental Health (5)</li> </ul>	<ul style="list-style-type: none"> <li>Injury Prevention (1)*</li> <li>Substance Use (2)</li> <li>Sexual Behavior (3)</li> <li>Diet and Exercise (4)</li> <li>Dental Health (5)</li> </ul>

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Age	11-20	21-64	65 and Over
<b>Basic Diagnostic Test</b>	<ul style="list-style-type: none"> <li>• Rubella screen – by serology or vaccination hx at first encounter</li> <li>• Pap smear 1-3 years, as clinically indicated.</li> <li>• Chlamydia screen – all sexually active females</li> <li>• STD screen</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia screen – all sexually active females</li> <li>• Lipid disorder screening (b)</li> <li>• Fasting lipid profile, or</li> <li>• Non-fasting total and HDL Cholesterol</li> </ul> <p style="margin-left: 20px;">Men 35-64 yrs, every 5 yrs Women 45-64 yrs, every 5 yrs. Men 25-34 + women 25-44 with other cardiovascular risk factors</p> <ul style="list-style-type: none"> <li>• Osteoporosis screening, women &gt; 60 at increased risk , including BW&lt;70kg (c)</li> <li>• Breast cancer screening</li> <li>• Mammogram + clinical breast exam yearly for women 40 years of age and older per the American Cancer Society Guidelines. (6)</li> <li>• Cervical cancer screening</li> <li>• Pap Smear –First one age 21 or 3 years after beginning sexual intercourse (past or present) and if cervix present.</li> <li>• Colorectal cancer screening, options: (d)</li> <li>• Fecal occult blood test, annually, &gt;50yrs (8)</li> <li>• Sigmoidoscopy, &gt;50yrs, every 5 yrs; with fecal blood testing annually (9)</li> <li>• Colonoscopy, &gt;50 every 10 yrs.</li> <li>• Prostate cancer screening (e)</li> <li>• All men &gt; 50 and younger men at high risk; discuss the potential benefits and possible harms of PSA screening., consider patient preferences, and individualize the decision to screen.</li> <li>• Screening tests for selected patients include:               <ul style="list-style-type: none"> <li>• Prostate Digital Rectal Exam (DRE) yearly</li> <li>• Prostate Specific Antigen (PSA) yearly (10)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lipid disorder screening (b)</li> <li>• Fasting lipid profile, or</li> <li>• Non-fasting total and HDL</li> <li>• Osteoporosis screening, women &gt; 64 (c)</li> <li>• Breast cancer screening</li> <li>• Mammogram + clinical breast exam yearly per the American Cancer Society Guidelines (6)</li> <li>• Cervical cancer screening</li> <li>• Pap Smear, decrease to every 3 years, if pap tests were consistently normal</li> <li>• Colorectal cancer screening, options: (d)</li> <li>• Fecal occult blood test, annually (8)</li> <li>• Sigmoidoscopy, every 5 years; with fecal blood testing annually, at clinical discretion (9)</li> <li>• Colonoscopy every 10 years as indicated</li> <li>• Prostate cancer screening (e)</li> <li>• All men - discuss with patients the potential benefits and possible harms of PSA screening., consider patient preferences, and individualize the decision to screen.</li> <li>• Screening tests for selected patients include:               <ul style="list-style-type: none"> <li>• Prostate Digital Rectal Exam (DRE) yearly</li> <li>• Prostate Specific Antigen (PSA) yearly(10)</li> </ul> </li> </ul>

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Age	11-20	21-64	65 and Over
<b>Basic Immunizations</b>	<ul style="list-style-type: none"> <li>• Rubella if no documented immunization</li> <li>• MMR if no documented immunization (11)</li> <li>• Hepatitis B, 11-12 yrs. (series of three) (12)</li> <li>• Tdap x 1, age 11-12, or 5 yr after Td or last DTaP</li> <li>• Meningococcal Vaccine-MCV4 (age 11-12 years) or prior to high school entry if not previously received</li> <li>• HPV series (0,2,6mo) if not previously vaccinated</li> <li>• Varicella, complete series of 2 doses if no previous documented disease or series not previously completed. If age 11-12 doses &gt; 3 mo apart, if age 13+, doses &gt; 1mo apart (16)</li> </ul>	<ul style="list-style-type: none"> <li>• Rubella screen, women of child bearing age – by serology or vaccination hx at first encounter</li> <li>• Rubella, women of childbearing age, if no documented immunization</li> <li>• HPV all women &lt; 27 who have not completed the vaccine series</li> <li>• Hepatitis B, (series of three) for high risk population (12)</li> <li>• Tetanus-diphtheria (Td) booster every 10 yrs.</li> <li>• Tdap should be substituted for 1 dose &lt; 64 (only Adacel is approved for adults)</li> <li>• MMR born after 1956, 1 dose if no documented immunization AND no contraindication, 2<sup>nd</sup> dose if special circumstances (11), (16)</li> <li>• Varicella, all adults without evidence of immunity, 2 doses of single antigen vaccine &gt; 4 wks apart. Evidence of immunity by a) documentation of 2 doses 4 wks apart, b) US born before 1980, c) documented diagnosis of episode of illness (including herpes zoster), d) lab evidence + titer (16)</li> <li>• Herpes zoster vaccine – a single dose for all 60+ whether or not they report an episode of herpes zoster, unless contraindicated (16)</li> </ul>	<ul style="list-style-type: none"> <li>• Influenza, every yr. (13)</li> <li>• Pneumococcal vaccine, once (14)</li> <li>• Tetanus-diphtheria (Td) booster every 10 yrs</li> <li>• Varicella, if not US born AND without evidence of immunity to include; a) documentation of 2 doses 4 wks apart b) documented diagnosis of episode of illness (including herpes zoster), c) lab evidence + titer</li> <li>• Herpes zoster vaccine, if not previously immunized, a single dose for all 60+ whether or not they report an episode of herpes zoster, unless contraindicated</li> </ul>
<b>Other Primary Preventive Measures</b>	<p>Multivitamin with folic acid (females planning/capable of pregnancy)</p> <ul style="list-style-type: none"> <li>• Skin Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Multivitamin w/folic acid (women planning/capable of pregnancy)</li> <li>• Discuss osteoporosis prophylaxis and HRT as needed. (15)</li> <li>• Fasting Lipid Profile as indicated</li> <li>• Skin Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Skin Protection</li> <li>• Osteoporosis screening for women <math>\geq</math> 65 (15)</li> </ul>

\*Rosner B. Prineas, R.J. Loggie JMH, et.al. Blood pressure nomograms for children and adolescents by height, sex, and age, in the United States. J. Pediatrics 1993:123:871

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<b>COUNSELING AND HIGH RISK GROUP REFERENCES FOR ADOLESCENT AND ADULT GUIDELINES</b>			
<b>COUNSELING</b>	<b>BASIC RE/EXAMS</b>	<b>IMMUNIZATIONS</b>	<b>OTHER MEASURES</b>
<p><b>(1) Injury Prevention:</b></p> <ul style="list-style-type: none"> <li>Lap/shoulder belts</li> <li>Bicycle/motorcycle/all terrain vehicle helmets</li> <li>Smoke detector</li> <li>Safe storage/removal of firearms</li> </ul> <p>*65 years and older include:</p> <ul style="list-style-type: none"> <li>Prevention of falls</li> <li>Set hot water heater to 120-130° F</li> <li>CPR training for household members</li> </ul> <p><b>(2) Substance Abuse:</b></p> <ul style="list-style-type: none"> <li>Avoid tobacco use</li> <li>Avoid excessive alcohol use</li> <li>Avoid underage drinking and illicit drug use</li> <li>Avoid alcohol/drug use while driving, swimming, boating, etc.</li> </ul> <p><b>(3) Sexual Behavior:</b></p> <ul style="list-style-type: none"> <li>STD prevention: abstinence, avoid high-risk behavior, condoms/female barrier with spermicide</li> <li>Unintended pregnancy: contraception</li> </ul> <p><b>(4) Diet &amp; Exercise:</b></p> <ul style="list-style-type: none"> <li>Limit fat &amp; cholesterol: maintain caloric balance; emphasize grains, fruits &amp; vegetables</li> <li>Adequate calcium intake (females)</li> <li>Regular physical activity</li> </ul> <p><b>(5) Dental Health:</b></p> <ul style="list-style-type: none"> <li>Regular visits to dental care provider</li> <li>Floss, brush with fluoride toothpaste daily</li> </ul>	<p><b>(6) Breast Exam, Mammogram:</b></p> <ul style="list-style-type: none"> <li><b>High Risk:</b> Females with family history of breast cancer in first-degree relative and/or personal history of breast cancer.</li> </ul> <p><b>(7) Cholesterol:</b></p> <ul style="list-style-type: none"> <li>Smoker, HBP, DM, and first degree relative with CD (men&lt;55, women&lt;60)</li> </ul> <p><b>(8) Fecal Occult Blood Test:</b>            Begin at earlier age if: a) first degree relative with colorectal cancer, b) family history of hereditary colon cancer risk syndromes, or c) personal history of ulcerative colitis, high-risk adenomatous polyps, or colon cancer.</p> <p><b>(9) Sigmoidoscopy:</b> Clinical Discretion – especially for High Risk groups noted in (8) above.</p> <p><b>(10) Counsel patient before screening</b></p> <p><b>(10) Prostate Digital Rectal Exam (DRE)</b> same as below</p> <p><b>Prostate Specific Antigen (PSA)</b> yearly for men 50+ and to younger men with high prostate cancer risk</p>	<p><b>(11) MMR Vaccine:</b>            Persons vaccinated with killed or unknown type vaccine (prior to 1967), recent exposure to any component, certain international travel plans, healthcare workers should receive a 2<sup>nd</sup> dose.</p> <p><b>(12) Hepatitis B (HBV):</b>            Unimmunized 11-12 year-olds and the following:            Homosexual active men, intravenous drug users, recipients of some blood products, persons with multiple sex partners or with STDs, travelers to countries with endemic Hep. B, or persons in health-related jobs with frequent exposure to blood or blood products (responsibility of employer)</p> <p><b>(13) Influenza Vaccine:</b>            Residents of chronic care facilities, patients with chronic cardiopulmonary diseases, DM, hemoglobinopathies, immunosuppression or renal dysfunction.</p> <p><b>(14) Pneumococcal Vaccine:</b>            Persons in (13) above plus, anatomic asplenia, Native American/Alaskan Indian, HIV, sickle disease, metastatic and hematologic cancer, and organ transplant, consider re-vaccination every 5 years for patients with severe chronic disease.</p>	<p><b>(15) Osteoporosis Screening.</b></p> <p><b>(16) Pregnancy, immune compromising conditions</b> are contraindications to: MMR, Varicella, Herpes zoster vaccines</p>



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References for edit 04/24/2008

- a) <http://www.ahrq.gov/clinic/3rduspstf/depression/depsum1.htm>, (in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up)
- b) <http://www.ahrq.gov/clinic/ajpmsuppl/pignone1.htm>
- c) <http://www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#4>
- d) <http://www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm>
- e) <http://www.ahrq.gov/clinic/3rduspstf/prostatescr/prostatesum.htm>
- f) American College of Obstetricians and Gynecologists. Committee Opinion No. 280. The role of the generalist obstetrician-gynecologist in the early detection of ovarian cancer. *Gynecol Oncol* 2002;87(3):237-9.

All immunizations edits are taken from the CDC, 2008 recommended schedules for adolescents and adults, found at:

[http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_7-18yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_7-18yrs_schedule_pr.pdf) - for adolescents

<http://www.cdc.gov/mmwr/pdf/wk/mm5641-Immunization.pdf> for adults