

Table I. Birth to 10 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	
<p>SCREENING Height and weight [Ch 21] Blood Pressure [Ch 3] Vision screen (age 3-4 yr) [Ch 33] Hemoglobinopathy screen (birth)¹ [Ch 43] Phenylalanine level (birth)² [Ch 44] T₄ and/or TSH (birth)³ [Ch 45]</p> <p>COUNSELING Injury Prevention [Ch 57,58] Child safety car seats (age <5 yr) Lap-shoulder belts (age ≥5 yr) Bicycle helmet, avoid bicycling near traffic 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</p> <p>Diet and Exercise Breast-feeding, iron-enriched formula and foods (infants & toddlers) [Ch 22, 56]</p>	<p>Limit fat & cholesterol, maintain caloric balance, emphasize grains, fruits, vegetables (age ≥2 yr) [Ch 56] Regular physical activity* [Ch 55]</p> <p>Substance Use [Ch 54] Effects of passive smoking* Anti-tobacco message*</p> <p>Dental Health [Ch 61] Regular visits to dental care provider* Floss, brush with fluoride toothpaste daily* Advice about baby bottle tooth decay*</p> <p>IMMUNIZATIONS [Ch 65] Diphtheria-tetanus-pertussis (DTP)⁴ Oral poliovirus (OPV)⁵ Measles-mumps-rubella (MMR)⁶ <i>H. influenzae</i> type b (Hib) conjugate⁷ Hepatitis B⁸ Varicella⁹</p> <p>CHEMOPROPHYLAXIS Ocular prophylaxis (birth) [Ch 27]</p>
Interventions for High-Risk Populations	
<p>POPULATION</p> <p>Preterm or low birth weight Infants of mothers at risk for HIV Low income; immigrants TB contacts Native American/Alaska Native</p> <p>Travelers to developing countries Residents of long-term care facilities Certain chronic medical conditions</p> <p>Increased individual or community lead exposure Inadequate water fluoridation Family h/o skin cancer; nevi; fair skin, eyes, hair</p>	<p>POTENTIAL INTERVENTIONS (See detailed high-risk definitions) Hemoglobin/hematocrit (HR1) HIV testing (HR2) Hemoglobin/hematocrit (HR1); PPD (HR3) PPD (HR3) Hemoglobin/hematocrit (HR1); PPD (HR3); hepatitis A vaccine (HR4); pneumococcal vaccine (HR5) Hepatitis A vaccine (HR4) PPD (HR3); hepatitis A vaccine (HR4); influenza vaccine (HR6) PPD (HR3); pneumococcal vaccine (HR5); influenza vaccine (HR6) Blood lead level (HR7) Daily fluoride supplement (HR8) Avoid excess/midday sun, use protective clothing * (HR9)</p>

¹Whether 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 (see Ch. 43). ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴2,4,6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ⁵2,4, 6-18 mo; once between ages 4-6 yr. ⁶12-15 mo and 4-6 yr. ⁷2,4,6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁸Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later. ⁹12-18 mo; or older child without hx of chickenpox or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses.

*The ability of clinician counseling to influence this behavior is unproven.

HR1=Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm or low birth weight infants, or infants whose principal dietary intake is unfortified cow's milk (see Ch. 22).

HR2=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 (see Ch. 28).

HR3=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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR4=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 (see Ch. 65-67).

HR5=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) (see Ch. 66).

HR6=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 (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR7=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 or 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 (see Ch. 23).

HR8=Children living in areas with inadequate water fluoridation (<0.6 ppm) (See Ch 61).

HR9=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(see Ch. 12).

Table 2. Ages 11-24 Years

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	
<p>SCREENING</p> <p>Height & weight (Ch 21) Blood pressure¹ (Ch 3) Pelvic exam (women) annually >18 yr or when sexually active Papanicolaou (Pap) test² >18 yr or when sexually active, yearly until 3 consecutive normal tests, then less frequently at physicians discretion Clinical Breast exam (women) every 3 years >20 yr Chlamydia screen³ (females <20 yr) (Ch 29) Rubella serology or vaccination hx⁴ (females >12 yr) (Ch 32) Assess for problem drinking (Ch 52)</p> <p>COUNSELING</p> <p>Injury Prevention (Ch 57, 58) Lap/shoulder belts Bicycle/motorcycle/ATV helmets* Smoke Detector* Safe storage/removal of firearms* (Ch 50, 59)</p> <p>Substance Use Avoid tobacco use (Ch 54) Avoid underage drinking & illicit drug use* (Ch 52, 53) Avoid alcohol/drug use while driving, swimming, boating, etc.* (Ch 57, 58)</p>	<p>Sexual Behavior (Ch 62, 63) STD prevention: abstinence;* avoid high-risk behavior, * condoms/female barrier with spermicide* Unintended pregnancy: contraception</p> <p>Diet and Exercise Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (Ch 56) Adequate calcium intake (females) (Ch 56) Regular physical activity* (Ch 55)</p> <p>Dental Health (Ch 61) Regular visits to dental care provider* Floss, brush with fluoride toothpaste daily*</p> <p>IMMUNIZATIONS (Ch 65, 66) Tetanus-diphtheria (Td) boosters (11-16 yr) Hepatitis B⁵ MMR (11-12 yr)⁶ Varicella (11-12 yr)⁷ Rubella⁴ (females >12 yr) (Ch 32)</p> <p>CHEMOPROPHYLAXIS Multivitamin with folic acid (females planning/capable of pregnancy) (Ch 42)</p>
Interventions for High-Risk Populations	
<p>POPULATION</p> <p>High-risk sexual behavior Injection or street drug use TB contacts; immigrants; low income Native Americans/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 1978-1985 Institutionalized persons; health care/lab workers Family h/o skin cancer; nevi; fair skin, eyes hair Prior pregnancy with neural tube defect Inadequate water fluoridation</p>	<p>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)</p>

¹Periodic BP for persons aged ≥18 yr. ²If sexually active at present or in the past: q≤3 yr. If sexual history is unreliable, begin Pap tests at age 18 yr. ³If sexually active.⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁵If not previously immunized: current visit, 1 and 6 mo. later. ⁶If no previous second dose of MMR. ⁷If susceptible to chickenpox.

*The ability of clinician counseling to influence this behavior is unproven.

HR1—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 (see Ch. 26).

HR2—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 (see Ch. 27).

HR3—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 1978-1895; persons seeking treatment for STDs. Clinicians should also consider local epidemiology (see Ch. 28).

HR4—Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age under 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups (see Ch. 29).

HR5—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 (see Ch. 66, 67).

HR6—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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR7—Persons who continue to inject drugs. (See Ch. 53).

HR8—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) (see Ch. 66).

HR9—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 (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR10—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 (see Ch. 65, 66).

HR11—Healthy persons aged ≥ 13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged ≥ 13 yr (see Ch. 65, 66).

HR12—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). (see Ch. 65, 66).

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 (See Ch. 12).

HR14—Women with prior pregnancy affected by neural tube defect who are planning pregnancy. (see Ch. 42).

HR15—Persons aged < 17 yr living in areas with inadequate water fluoridation (< 0.6 ppm) (see Ch. 61).

Table 3. Ages 25-64 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 (Ch 3)
Height and weight (Ch. 21)
Total blood cholesterol (men ages 35-65,
women ages 45-65) (Ch 2)
Pelvic exam (women) annually
Papanicolaou (Pap) test yearly until 3 consecutive normal tests then
at physician discretion
Fecal occult blood test² and/or
sigmoidoscopy (every 5 years) ≥50yr)
Mammogram ± clinical breast exam³
- Women 20-30 yr every 3 years by health care professional
- Women >40 yr yearly mammogram and clinical breast
exam
Prostate exam (men) >50 yr consider PSA and digital rectal exam
Skin screening/exam every 3 years > 20 yrs; yearly >40 yr
Assess for problem drinking (Ch 52)
Rubella serology or vaccination hx⁴ (women
of childbearing age) (Ch 32)

COUNSELING

Substance use

Tobacco cessation (Ch 54)
Avoid alcohol/drug use while driving,
swimming, boating, etc.* (Ch 57, 58)

Diet and Exercise

Limit fat & cholesterol; maintain caloric
balance; emphasize grains, fruits,

vegetables (Ch 56)
Adequate calcium intake (women) (Ch 56)
Regular physical activity* (Ch 55)

INJURY PREVENTION (Ch 57, 58)

Lap/shoulder belts
Motorcycle/bicycle/ATV helmets*
Smoke detector*
Safe storage/removal of firearms* (Ch 50, 59)

Sexual Behavior (Ch. 62, 63)

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

Dental Health (Ch 61)

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

IMMUNIZATIONS (Ch 32, 66)

Tetanus-diphtheria (Td) boosters
Rubella⁴ (women of childbearing age)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (women planning
or capable of pregnancy) (Ch 42)
Discuss hormone prophylaxis (peri- and
postmenopausal women) (Ch 68)
Family h/o skin cancer; fair skin, eyes, hair
Previous pregnancy with neural tube defect

Interventions for High-Risk Populations

POPULATION

High-risk sexual behavior

Injection or street drug use

Low income; TB contacts; immigrants; alcoholics
Native Americans/Alaska Natives

Travelers to developing countries
Certain chronic medical conditions

Blood product recipients
Susceptible to measles, mumps or varicella
Institutionalized persons

Health care/lab workers

POTENTIAL INTERVENTIONS

(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)
RPR/VDRL (HR1), HIV screen (HR3); hepatitis B vaccine (HR5),
hepatitis A vaccine (HR6); PPD (HR7); advice to reduce infec-
tion risk (HR8)

PPD (HR7)
Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine
(HR9)

Hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine
(HR10)

HIV screen (HR3); hepatitis B vaccine (HR5)
MMR (HR11); varicella vaccine (HR12)

Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine
(HR9); influenza vaccine (HR10)

Hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7); Influenza
vaccine (HR10)

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

¹Women who are or have been sexually active and who have a cervix: q≤ 3 yr. ²Annually. ³Mammogram q1-2 yr, or mammogram q1-2 yr with annual clinical breast
examination. ⁴Serologic testing, documented vaccination history, and routine vaccination (preferable with MMR) are equally acceptable alternatives.

*The ability of clinician counseling to influence this behavior is unproven.

HR1 = 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 (see Ch. 26).

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology (see Ch 27).

HR3 = 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 (see Ch. 28).

HR4 = 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 (See Ch. 29).

HR5 = 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 (see Ch. 66).

HR6 = 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 (see Ch. 66, 67).

HR7 = 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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR8 = Persons who continue to inject drugs (see Ch 53).

HR9 = 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) (see Ch. 66).

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 (Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

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) (See Ch. 66).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).

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 (see Ch. 12).

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy (se Ch. 42).

Table 4. Age 65 and Older

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 (Ch 3)
Height and weight (Ch 21)
Pelvic exam (women) annually
Papanicolaou (Pap) test (women)³ yearly until 3 consecutive normal tests then at physician discretion
Fecal occult blood test¹ and/or sigmoidoscopy (every 5 years)^{≥50 yr}
Mammogram ± clinical breast exam²
- women 20-39 yr every 3 years by health care professional
- women >40yr yearly mammogram and clinical breast exam
Prostate exam (men)->50 yr consider PSA and digital rectal exam
Skin screening/exam every 3 years >20 yr; yearly >40 yr
Vision screening (Ch 33)
Assess for hearing impairment (Ch 35)
Assess for problem drinking (Ch 52)

COUNSELING

Substance Use

Tobacco cessation (Ch 54)
Avoid alcohol/drug use while driving, swimming, boating, etc.* (Ch 57, 58)

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (Ch 56)

Adequate calcium intake (women) (Ch 56)
Regular physical activity* (Ch 55, 58)

Injury Prevention (Ch 57, 58)

Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms* (Ch 50, 59)
Smoke detector*
Set hot water heater to <120-130°F*
CPR training for household members

Dental Health (Ch 61)

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

Sexual Behavior

STD prevention: avoid high-risk sexual behavior;* use condoms* (Ch 62)

IMMUNIZATIONS (Ch 66)

Pneumococcal vaccine
Influenza¹
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

Discuss hormone prophylaxis (women) (Ch 68)

Interventions for High-Risk Populations

POPULATION

Institutionalized persons

Chronic medical conditions; TB contacts;
low income; immigrants; alcoholics
Persons ≥75 yr; or ≥70 yr with risk factors for falls
Cardiovascular disease risk factors
Family h/o skin cancer; nevi; fair skin, eyes, hair
Native Americans/Alaska Natives
Travelers to developing countries
Blood product recipients
High-risk sexual behavior

Injection or street drug use

Health care/lab workers

Persons susceptible to varicella

Males (age 65 to 75) who are or have been smokers

POTENTIAL INTERVENTIONS

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

Fall prevention intervention (HR5)
Consider cholesterol screening (HR6)
Avoid excess/midday sun, use protective clothing* (HR7)
PPD (HR1); hepatitis A vaccine (HR2)
Hepatitis A vaccine (HR2); hepatitis B vaccine (HR8)
HIV screen (HR3); hepatitis B vaccine (HR 8)
Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9)
PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce infection risk (HR10)
PPD (HR1); hepatitis A vaccine (HR2); amantadine/rimantadine (HR4); hepatitis B vaccine (HR8)
Varicella vaccine (HR1)

One-time abdominal ultrasound to screen for aortic aneurysm

¹Annually. ²Mammogram q1-2 yr, or mammogram q1-2 yr with annual clinical breast exam. ³All women who are or have been sexually active and who have a cervix: q≤3 yr. Consider discontinuation of testing after age 65 if previous screening with consistently normal results.

*The ability of clinician to influence this behavior is unproven.

HR1 = 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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR2 = 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 (see Ch. 66, 67).

HR3 = 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 (see Ch. 28).

HR4 = 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 (see Ch. 66).

HR5 = 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 (see Ch. 58).

HR6 = 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) (see Ch. 2).

HR7 = 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).

HR8 = 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 (see Ch. 66).

HR9 = 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 (see Ch. 26).

HR10 = Persons who continue to inject drugs (see Ch. 53).

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).