



Adult Preventive Health Guidelines

Frequency of Physical Examination

A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age within the first 90 days of enrollment. Pregnant members should be seen within the first 30 days. The Cleveland Clinic's recommendations for periodic health exams visits for asymptomatic adults are:

- **Ages: 19 to 39 years:** Exam frequency: every 1 to 3 years (annual Pap smears are indicated for females unless 3 consecutive normal smears, allowing pap smears every 3 years)
- **Ages 40 to 64 years:** Exam Frequency: every 1 to 2 years based on risk factors
- **Ages 65 and Over:** Exam frequency: every year

Age:	Screening:	Frequency:
• 18 and older	Blood Pressure, Height, Body Mass Index (BMI), Alcohol Use	Annually, 18-21 years. After 21, every 1-2 years or per PCP recommendations
• Male 35 – 65 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• Female 45 - 65 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• High-risk males and females ≥ 20 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• Female 18-25 years who are sexually active (consider at age 12 if sexually active)	Chlamydia	Yearly and at the PCP's recommendations
• Female 18-65 (or begin 3 years after onset of sexual activity whichever comes first)	Pap Smear	Every 1-3 years
• Female 40 years and older	Mammography	Every 1-2 years
• 50 years and older	Colorectal	Periodically depending upon test
• Female ≥ 65 years old, or ≥ 60 years at risk for fractures	Osteoporosis	Routinely
• 65 years and older	Vision, hearing	Periodically

Immunization (see MMWR Adult Schedule attached)

• Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	Td - Every 10 years, 18 years and older/Tdap - Substitute 1 dose of Tdap for Td (one time administration)
• Varicella (VZV)	Susceptible adults only – 18 years and older – 2 doses
• Measles, Mumps, Rubella (MMR)	1-2 doses ages 19-49 years who lack evidence of immunity
• Pneumococcal	One dose 65 years and older
• Influenza	Yearly, 50 years and older
• Hepatitis B Vaccine	Adults at risk – 18 years and older – 3 doses
• Meningococcal Conjugate vaccine	College freshmen living in dormitories and other at risk, 18 years and older - 1 dose
• Human-papillomavirus (HPV)	All previously unvaccinated women through age 26 years – 3 doses

Prevention:

- Discuss aspirin to prevent cardiovascular events
 - ❖ Men – 40 years and older periodically
 - ❖ Women – 50 years and older periodically
- Discuss breast cancer with women at high risk
- Discuss prostate-specific antigen (PSA) test and rectal exam for men after 40 years old per PCP discretion

Counseling:

- Calcium intake: 1,000mg/day (women age 18-50 years old), 1200-1500 mg/day (women 50 years and older)
- Folic Acid: 0.4 mg/day (women of childbearing age) ; women who have had children with Neural Tube Defects (NTD) should take 4 mg/day.
- Breastfeeding: Women after childbirth

- Tobacco cessation, drug and alcohol use, STD's and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention and polypharmacy

References: *Guide to Clinical Preventive Services, 2007: Recommendations of the U.S. Preventive Services Task Force, 2007.*

Press Release *CDC's Advisory Committee Recommends Human Papillomavirus Virus Vaccination* June 29, 2006

Recommended Adult Immunization Schedule – United States, October 2007-September 2008. JAMA 12/5/07 298:21

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) May 2001

Bone Health and Osteoporosis: A Report of the Surgeon General (2004)

Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening

Legal Disclaimer: These clinical practice guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they identify and describe generally recommended courses of intervention, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider service provider treating the patient. Individual patients may require different treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from clinical practice guidelines may be justified by individual circumstances. Thus, these guidelines must be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.

Version 2/8/2008

Recommended Adult Immunization Schedule


UNITED STATES · OCTOBER 2007–SEPTEMBER 2008


Note: These recommendations must be read with the footnotes that follow.

Figure 1. Recommended schedule for adult immunization, by vaccine and age group

VACCINE ▼	AGE GROUP ▶	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs		
		Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ^{2,*}		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses		1 dose
Varicella ^{4,*}		2 doses (0, 4–8 wks)		
Influenza ^{5,*}			1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ^{10,*}		1 or more doses		
Zoster ¹¹				1 dose

*Covered by the Vaccine Injury Compensation Program.

 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.


Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.


Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Figure 2. Vaccines that may be indicated for adults based on medical and other conditions

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding HIV), medications, radiation ¹³	Human immunodeficiency virus (HIV) infection ^{3,12,13} CD4+ T lymphocyte count < 200 cells/uL ≥ 200 cells/uL	Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and terminal complement deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, recipients of hemodialysis	Healthcare personnel
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1 dose Td booster every 10 yrs							
		Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV) ^{2,*}		3 doses for females through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR) ^{3,*}		Contraindicated							1 or 2 doses
Varicella ^{4,*}		Contraindicated							2 doses (0, 4–8 wks)
Influenza ^{5,*}									1 dose TIV annually
Pneumococcal (polysaccharide) ^{6,7}									1 dose TIV or LAIV annually
									1–2 doses
Hepatitis A ^{8,*}									2 doses (0, 6–12 mos, or 0, 6–18 mos)
Hepatitis B ^{9,*}									3 doses (0, 1–2, 4–6 mos)
Meningococcal ^{10,*}									1 or more doses
Zoster ¹¹		Contraindicated							1 dose

*Covered by the Vaccine Injury Compensation Program.

 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines are commonly indicated for adults ages 19 years and older, as of October 1, 2007. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.html).



1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap (either in the primary series, as a booster, or for wound management). Only one of two Tdap products (Adacel[®] [sanofi pasteur]) is licensed for use in adults.

Adults with uncertain histories of a complete primary vaccination series with diphtheria and tetanus toxoid-containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. Administer a booster dose to adults who have completed a primary series and if the last vaccination was received ≥ 10 years previously. Tdap or Td vaccine may be used, as indicated.

If the person is pregnant and received the last Td vaccination ≥ 10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in <10 years, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged <12 months, and all healthcare workers with direct patient contact. In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be given instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management.

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for all women aged ≤ 26 years who have not completed the vaccine series. History of genital warts, abnormal Pap test, or positive HPV DNA test is not evidence of prior infection with all vaccine HPV types; HPV vaccination is still recommended for these women.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, women who are sexually active should still be vaccinated. Sexually active women who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for women who have already been infected with one or more of the four HPV vaccine types.

A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for females with the medical indications described in Figure 2 "Vaccines that may be indicated for adults based on medical and other indications," it can be administered because it is not a live-virus vaccine. However, immune response and vaccine efficacy might be less than in persons who do not have the medical indications described or who are immunocompetent.

3. Measles, mumps, rubella (MMR) vaccination

Measles component: adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥ 1 dose of MMR unless they have a medical contraindication, documentation of ≥ 1 dose, history of measles based on healthcare provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.

Mumps component: adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on healthcare provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. For unvaccinated healthcare workers born before 1957 who do not have other evidence of mumps immunity, consider giving 1 dose on a routine basis and strongly consider giving a second dose during an outbreak.

Rubella component: administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.

4. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single antigen varicella vaccine unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., healthcare personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for healthcare personnel, pregnant women, and birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a healthcare provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, healthcare providers should seek either an epidemiologic link with a typical varicella case or to a laboratory confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on healthcare provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive dose 1 of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.

5. Influenza vaccination

Medical indications: chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal dysfunction, hemoglobinopathies, or other immunosuppression (including immunosuppression caused by medications or HIV); any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, or seizure disorder or other neuromuscular disorder); and pregnancy during the influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

Occupational indications: healthcare personnel and employees of long-term-care and assisted living facilities.

Other indications: residents of nursing homes and other long-term-care and assisted living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions); and anyone who would like to be vaccinated. Healthy, nonpregnant adults aged ≤ 49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered influenza vaccine (FluMist[®]) or inactivated vaccine. Other persons should receive the inactivated vaccine.

6. Pneumococcal polysaccharide vaccination

Medical indications: chronic pulmonary disease (excluding asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic alcoholism, chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and CSF leaks. Vaccinate as close to HIV diagnosis as possible when CD4 cell counts are highest.

Other indications: Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term-care facilities.

7. Revaccination with pneumococcal polysaccharide vaccine

One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); immunosuppressive conditions. For persons aged ≥ 65 years, one-time revaccination if they were vaccinated ≥ 5 years previously and were aged <65 years at the time of primary vaccination.

8. Hepatitis A vaccination

Medical indications: persons with chronic liver disease and persons who receive clotting factor concentrates.

Behavioral indications: men who have sex with men and persons who use illegal drugs.

Occupational indications: persons working with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory setting.

Other indications: persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at www.cdc.gov/travel/diseases.htm) and any person who would like to obtain immunity.

Single antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix[®]), or 0 and 6–18 months (Vaqta[®]). If the combined hepatitis A and hepatitis B vaccine (Twinrix[®]) is used, administer 3 doses at 0, 1, and 6 months.

9. Hepatitis B vaccination

Medical indications: persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; and persons with chronic liver disease.

Occupational indications: healthcare personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Behavioral indications: sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with > 1 sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men.

Other indications: household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/diseases.htm); and any adult seeking protection from HBV infection.

Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; healthcare settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Special formulation indications: for adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 $\mu\text{g}/\text{mL}$ (Recombivax HB[®]) or 2 doses of 20 $\mu\text{g}/\text{mL}$ (Engerix-B[®]), administered simultaneously.

10. Meningococcal vaccination

Medical indications: adults with anatomic or functional asplenia, or terminal complement component deficiencies.

Other indications: first-year college students living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged ≤ 55 years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after 3–5 years might be indicated for adults previously vaccinated with MPSV4 who remain at increased risk for infection (e.g., persons residing in areas in which disease is epidemic).

11. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults 60 years of age and older whether or not they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines are generally acceptable (e.g., pneumococcal, meningococcal, influenza [TIV]) and live vaccines are generally avoided when there are immune deficiencies or immune suppressive conditions. For guidance related to specific conditions, refer to CDC: "General Recommendations on Immunization" at www.cdc.gov/vaccines/pubs/acip-list.htm.