

Well-Woman Care: Assessments & Recommendations

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Annual assessments provide an excellent opportunity to counsel patients about preventive care and to provide or refer for recommended services. These assessments should include screening, evaluation and counseling, and immunizations based on age and risk factors. The interval for individual services varies. The American College of Obstetricians and Gynecologists recommends that the **first visit to the obstetrician–gynecologist** for screening and the provision of preventive health care services and guidance take place between the ages of 13 and 15 years.

These recommendations, based on age and risk factors, serve as a framework for care which may be provided by a single physician or a team of health care professionals. The scope of services provided by obstetrician–gynecologists in the ambulatory setting will vary from practice to practice. The recommendations should serve as a guide for the obstetrician–gynecologist and others providing health care for women and should be adapted as necessary to meet patients' needs. **For example, the presence of certain risk factors may influence the need for additional assessments and interventions.** The policies and recommendations of College committees regarding specific aspects of the health care of women have been incorporated; they may differ from the recommendations of other groups.

Ages 13-18 Years: Screening

History

Reason for visit

Health status: medical/surgical, menstrual, reproductive health

Family medical history

Dietary/nutrition assessment

Physical activity

Use of medications, including complementary and alternative medicine

Tobacco, alcohol, other drug use

Emotional, physical, and sexual abuse

Sexual practices (including vaginal, anal, and oral sex; sexual orientation, number of partners; contraceptive use; exchange sex for drugs or money)

Physical Examination

Height

Weight

Body mass index (BMI)

Blood pressure

Secondary sexual characteristics (Tanner staging)

Pelvic examination (when indicated by the medical history)

Abdominal examination

Additional physical examinations as clinically appropriate

For more information, see [Guidelines for Adolescent Health Care](#).



Ages 13-18 Years: Laboratory and other Tests

Periodic

Chlamydia and gonorrhea testing (if sexually active)

(Urine-based sexually transmitted infection screening is an efficient method without a speculum examination.)

Human immunodeficiency virus (HIV) testing (if sexually active) *(Physicians should be aware of and follow their states' HIV screening requirements. [Visit the Centers for Disease Control and Prevention for more information.](#))*

High-Risk Groups (See **High-Risk Table** for more information.)

Colorectal cancer screening (**Only for those with a family history of familial adenomatous polyposis or 8 years after the start of pancolitis.**)

Diabetes testing

Genetic testing/counseling

Hemoglobin level assessment

Hepatitis B virus testing

Hepatitis C virus testing

Human immunodeficiency virus (HIV) testing (not sexually active)

Lipid profile assessment

Sexually transmitted infection testing

Tuberculosis skin testing



Ages 13-18 Years: Evaluation and Counseling

Sexuality

- Development
- High-risk sexual behaviors (number of partners, exchange sex for drugs or money)
- Preventing unwanted/unintended pregnancy
 - Postponing sexual involvement
 - Contraceptive options, including emergency contraception
- Sexually transmitted diseases**—barrier protection
- Internet/phone safety

Fitness and Nutrition

- Physical activity
- Dietary/nutrition (including eating disorders and obesity)
- Multivitamin with folic acid
- Calcium intake

Psychosocial Evaluation

- Suicide: depressive symptoms
- Interpersonal/family relationships
- Sexual orientation and **gender identity**
- Personal goal development
- Behavioral/learning disorders
- Emotional, physical, and **sexual abuse** by family or partner
- School experience
- Peer relationships
- Acquaintance rape prevention
- Bullying

Cardiovascular Risk Factors

- Family history
- Hypertension
- Dyslipidemia
- Obesity
- Diabetes mellitus
- Personal history of preeclampsia, gestational diabetes, or pregnancy-induced hypertension

Health/Risk Assessment

- Hygiene (including dental), fluoride supplementation
- Injury prevention
 - Exercise and sports safety
 - Weapons, including firearms
 - Hearing
 - Occupational hazards

Recreational hazards

Safe driving practices (seat belt use, no distracted driving or driving while under the influence of substances)

Helmet use

Skin exposure to ultraviolet rays

Tobacco, alcohol, other drug use

Piercing and tattooing



Ages 13-18 Years: Immunizations

Periodic

Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster

(Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids [Td] booster doses every 10 years thereafter. Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine. See the **Centers for Disease Control and Prevention** for more information.)

Hepatitis B vaccine (one series for those not previously immunized)

Human papillomavirus vaccine (one series for those not previously immunized, ages 9–26 years)

Influenza vaccine (annually)

Measles–mumps–rubella vaccine (for those not previously immunized)

Meningococcal conjugate vaccine (1 dose at age 13-18 years if not previously vaccinated. Persons who received their first dose at age 13-15 years should receive a booster dose at age 16-18 years)

Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups (See **High Risk Table** for more information)

Hepatitis A vaccine

Pneumococcal vaccine

For more information on immunizations, visit the **Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices** site and the College's immunization webpage, <http://www.immunizationforwomen.org>.



Ages 19-39 Years: Screening

History

Reason for visit

Health status: medical/surgical, menstrual, reproductive health

Family medical history

Dietary/nutrition assessment

Physical activity

Use of complementary and alternative medicine

Tobacco, alcohol, other drug use

Abuse/neglect

Sexual practices (including vaginal, **anal, and oral sex**; sexual orientation, number of partners; contraceptive use; exchange sex for drugs or money)

Urinary and fecal incontinence

Physical Examination

Height

Weight

Body mass index (BMI)

Blood pressure

Neck: adenopathy, thyroid

Breasts (clinical breast examination every 1-3 years beginning at age 20)

Abdomen

Pelvic examination: for ages 19–20 years when indicated by the medical history; age 21 or older, periodic pelvic examination

Additional physical examinations as clinically appropriate



Ages 19-39 Years: Laboratory and other Tests

Periodic

Cervical cytology:

Age 21-29 years:

Screen every 3 years with cytology alone

Age 30 years or older:

Preferred: Co-test with cytology and HPV testing every 5 years

Option: Screen with cytology alone every 3 years

Chlamydia and gonorrhea testing (if aged 25 years or younger and sexually active)

Human immunodeficiency virus (HIV) testing (*Physicians should be aware of and follow their states' HIV screening requirements. [Visit the Centers for Disease Control and Prevention for more information.](#)*)

High-Risk Groups (See [High-Risk Table](#) for more information.)

Bone mineral density screening

Colorectal cancer screening

Diabetes testing

Genetic testing/counseling

Hemoglobin level assessment

Hepatitis C virus testing

Lipid profile assessment

Mammography

Sexually transmitted infection testing

Thyroid-stimulating hormone testing

Tuberculosis skin testing



Ages 19-39 Years: Evaluation and Counseling

Sexuality and Reproductive Planning

Contraceptive options for prevention of unwanted pregnancy, including emergency contraception

Discussion of a reproductive health plan

High-risk behaviors

Preconception and **genetic counseling**

Sexual function

Sexually transmitted infections—barrier protection

Fitness and Nutrition

Physical activity

Dietary/nutrition assessment (including eating disorders and obesity)

Folic acid supplementation

Calcium intake

Psychosocial Evaluation

Interpersonal/family relationships

Intimate partner violence

Acquaintance rape prevention

Work satisfaction

Lifestyle/stress

Sleep disorders

Cardiovascular Risk Factors

Family history

Hypertension

Dyslipidemia

Obesity

Diabetes mellitus

Personal history of preeclampsia, gestational diabetes, or pregnancy-induced hypertension

Lifestyle

Health/Risk Assessment

Breast self-awareness (may include breast self-examination)

Chemoprophylaxis for breast cancer (for high-risk women aged 35 years or older)

Hygiene (including dental)

Injury prevention

Exercise and sports involvement

Firearms

Hearing

Occupational hazards

Recreational hazards



Safe driving practices (seat belt use, no distracted driving or driving while under the influence of substances)

Skin exposure to ultraviolet rays

Suicide: depressive symptoms

Tobacco, alcohol, other drug use



Ages 19-39 Years: Immunizations

Periodic

Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)

Human papillomavirus vaccine (one series for those aged 26 years or younger and not previously immunized)

Influenza vaccine (annually)

Measles–mumps–rubella vaccine (for those not previously immunized)

Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups (See **High-Risk Table** for more information.)

Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)

Meningococcal vaccine

Pneumococcal vaccine

For more information on immunizations, visit the **Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices** site and the College's immunization webpage, **<http://www.immunizationforwomen.org>**.

Ages 40-64 Years: Screening

History

Reason for visit

Health status: medical/surgical, menstrual, reproductive health

Family medical history

Dietary/nutrition assessment

Physical activity

Use of complementary and alternative medicine

Tobacco, alcohol, other drug use

Pelvic prolapse

Menopausal symptoms

Abuse/neglect

Sexual practices (including vaginal, anal, and oral sex; sexual orientation, number of partners; contraceptive use; exchange sex for drugs or money)

Urinary and fecal incontinence

Physical Examination

Height

Weight

Body mass index (BMI)

Blood pressure

Neck: adenopathy, thyroid

Breasts, axillae (yearly clinical breast examination)

Abdomen

Pelvic examination

Additional physical examinations as clinically appropriate

Ages 40-64 Years: Laboratory and other Tests

Periodic

Cervical cytology

Preferred: Co-test with cytology and HPV testing every 5 years

Option: Screen with cytology alone every 3 years

Colorectal cancer screening (beginning at age 50 years: colonoscopy every 10 years [preferred])

Other methods include:

- 1) Fecal occult blood testing or fecal immunochemical test, annual patient-collected (each method requires two or three samples of stool collected by the patient at home and returned for analysis. A single stool sample obtained by digital rectal examination is not adequate for the detection of colorectal cancer.)
- 2) Flexible sigmoidoscopy every 5 years
- 3) Double contrast barium enema every 5 years
- 4) Computed tomography colonography every 5 years
- 5) Stool DNA

The American College of Gastroenterology recommends that African Americans begin screening at age 45 years with colonoscopy because of increased incidence and earlier age of onset of colorectal cancer

Diabetes testing (every 3 years after age 45 years)

Hepatitis C virus testing (one-time testing for persons born from 1945 through 1965 and unaware of their infection status)

Human immunodeficiency virus (HIV) testing Physicians should be aware of and follow their states' HIV screening requirements. Visit the Centers for Disease Control and Prevention for more information.

Lipid profile assessment (every 5 years beginning at age 45 years)

Mammography (yearly)

Thyroid-stimulating hormone testing (every 5 years beginning at age 50 years)

High-Risk Groups (See High-Risk Table for more information.)

Bone mineral density screening

Colorectal cancer screening

Diabetes testing

Hemoglobin level assessment

Lipid profile assessment

Sexually transmitted disease testing

Thyroid-stimulating hormone testing

Tuberculosis skin testing

Ages 40-64 Years: Evaluation and Counseling

Sexuality (*Preconception* and *genetic counseling* is appropriate for certain women in this age group.)

High-risk behaviors

Contraceptive options for prevention of unwanted pregnancy, including emergency contraception

Sexual function

Sexually transmitted diseases—barrier protection

Fitness and Nutrition

Physical activity

Dietary/nutrition assessment (including eating disorders and obesity)

Folic acid supplementation

Calcium intake

Psychosocial Evaluation

Family relationships

Intimate partner violence

Work satisfaction

Lifestyle/stress

Sleep disorders

Advance directives

Cardiovascular Risk Factors

Family history

Hypertension

Dyslipidemia

Obesity

Diabetes mellitus

Personal history of preeclampsia, gestational diabetes, or pregnancy-induced hypertension

Lifestyle

Health/Risk Assessment

Aspirin prophylaxis to reduce the risk of stroke (ages 55–79 years) (*The recommendation for aspirin prophylaxis must weigh the benefits of stroke prevention against the harm of gastrointestinal bleeding. Visit the [U.S. Preventive Services Task Force](#) for more information.*)

Breast self-awareness (may include breast self-examination)

Chemoprophylaxis for breast cancer (for high-risk women)

Hormone therapy

Hygiene (including dental)

Injury prevention

Exercise and sports involvement



Firearms

Hearing

Occupational hazards

Recreational hazards

Safe driving practices (seat belt use, no distracted driving or driving while under the influence of substances)

Sun exposure

Suicide: depressive symptoms

Tobacco, alcohol, other drug use



Ages 40–64 Years: Immunizations

Periodic

- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)
- Herpes zoster (single dose in adults aged 60 years or older)
- Influenza vaccine (annually)
- Measles–mumps–rubella vaccine (for those born in 1957 or later not previously immunized)
- Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups (See [High-Risk Table](#) for more information)

- Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Measles–mumps–rubella vaccine (for those born before 1957)
- Meningococcal vaccine
- Pneumococcal vaccine

For more information on immunizations, visit the [Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices](#) site and the College's immunization webpage, <http://www.immunizationforwomen.org>.

Ages 65 Years and Older: Screening

History

Reason for visit

Health status: medical/surgical, menstrual, reproductive health

Family medical history

Dietary/nutrition assessment

Physical activity

Pelvic prolapse

Menopausal symptoms

Use of complementary and alternative medicine

Tobacco, alcohol, other drug use, and concurrent medication use

Abuse/neglect

Sexual practices (including vaginal, **anal, and oral sex**; sexual orientation, number of partners; contraceptive use; exchange sex for drugs or money)

Urinary and fecal incontinence

Physical Examination

Height

Weight

Body mass index (BMI)

Blood pressure

Neck: adenopathy, thyroid

Breasts, axillae (yearly clinical breast examination)

Abdomen

Pelvic examination (*When a woman's age or other health issues are such that she would not choose to intervene on conditions detected during the routine examination, it is reasonable to discontinue pelvic exams.*)

Additional physical examinations as clinically appropriate

Ages 65 Years and Older: Laboratory and other Tests

Periodic

Bone mineral density screening (*In the absence of new risk factors, screen no more frequently than every 2 years.*)

Cervical cytology:

Discontinue in women with evidence of adequate negative prior screening results (three consecutive negative cytology results or two consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years) and no history of CIN 2 or higher.

Colorectal cancer screening: colonoscopy every 10 years (preferred)

Other methods include:

- 1) Fecal occult blood testing or fecal immunochemical test, annual patient-collected (each method requires two or three samples of stool collected by the patient at home and returned for analysis. A single stool sample obtained by digital rectal examination is not adequate for the detection of colorectal cancer.);
- 2) Flexible sigmoidoscopy every 5 years;
- 3) Double contrast barium enema every 5 years;
- 4) Computed tomography colonography every 5 years; and
- 5) Stool DNA.

The American College of Gastroenterology recommends that African Americans begin screening at age 45 years with colonoscopy because of increased incidence and earlier age of onset of colorectal cancer.

Diabetes testing (every 3 years)

Hepatitis C virus testing (one-time testing for persons born from 1945 through 1965 and unaware of their infection status)

Lipid profile assessment (every 5 years)

Mammography (yearly)

Thyroid-stimulating hormone testing (every 5 years)

Urinalysis

High-Risk Groups (See **High-Risk Table** for more information.)

Hemoglobin level assessment

Human immunodeficiency virus (HIV) testing

Sexually transmitted infection testing

Thyroid-stimulating hormone testing

Tuberculosis skin testing

Ages 65 Years and Older: Evaluation and Counseling

Sexuality

Sexual function

Sexual behaviors

Sexually transmitted infections—barrier protection

Fitness and Nutrition

Physical activity

Dietary/nutrition assessment (including eating disorders and obesity)

Calcium intake

Psychosocial Evaluation

Neglect/abuse

Intimate partner violence

Lifestyle/stress

Depression/sleep disorders

Family relationships

Advance directives

Cardiovascular Risk Factors

Hypertension

Dyslipidemia

Obesity

Diabetes mellitus

Personal history of preeclampsia, gestational diabetes, or pregnancy-induced hypertension

Sedentary lifestyle

Health/Risk Assessment

Aspirin prophylaxis (for women aged 79 years or younger) (*The recommendation for aspirin prophylaxis must weigh the benefits of stroke prevention against the harm of gastrointestinal bleeding. Visit the [U.S. Preventive Services Task Force](#) for more information.*)

Breast self-awareness (may include breast self-examination)

Chemoprophylaxis for breast cancer (for high-risk women)

Hearing

Hormone therapy

Hygiene (including dental)

Injury prevention

Exercise and sports involvement

Firearms

Occupational hazards

Prevention of falls

Recreational hazards

Safe driving practices (seat belt use, no distracted driving or driving while under



the influence of substances)
Skin exposure to ultraviolet rays
Suicide: depressive symptoms
Tobacco, alcohol, other drug use
Visual acuity/glaucoma

Ages 65 Years and Older: Immunizations

Periodic

- Herpes zoster (single dose, if not previously immunized)
- Influenza vaccine (annually)
- Pneumococcal vaccine (once)
- Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine booster (substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years)
- Varicella vaccine (one series for those without evidence of immunity)

High-Risk Groups (See [High Risk Table](#) for more information)

- Hepatitis A vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Hepatitis B vaccine (consider combination vaccine for those at risk for hepatitis A and B)
- Meningococcal vaccine

For more information on immunizations, visit the [Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices](#) site and the College's immunization webpage, <http://www.immunizationforwomen.org>.

High-Risk Factors

Certain risk factors may influence the need for additional assessments and interventions. Physicians should be alert to high-risk factors (listed in the table below). During evaluation, the patient should be made aware of high-risk conditions that require targeted screening or treatment.

INTERVENTION	HIGH-RISK FACTORS	Resources
Bone mineral density screening	Bone density should be screened in postmenopausal women younger than 65 years if any of the following risk factors are noted: medical history of a fragility fracture; body weight less than 127 lb; medical causes of bone loss (medications or diseases); parental medical history of hip fracture; current smoker; alcoholism; or rheumatoid arthritis.	Practice Bulletin #129: Osteoporosis U.S. Preventive Services Task Force: Screening for Osteoporosis
Breast self-examination	<p>Women who are estimated to have a lifetime risk of breast cancer of 20% or greater, based on risk models that rely largely on family history, but who are either untested or test negative for BRCA gene mutations</p> <p>Women who test positive for BRCA1 or BRCA2 mutations. Women who have first-degree relatives with these mutations but who are untested are generally managed as if they carry these mutations until their BRCA status is known.</p> <p>Women with a personal history of high-risk breast biopsy results, including atypical hyperplasia and lobular carcinoma in situ</p>	Practice Bulletin #122: Breast Cancer Screening Practice Bulletin #103: Hereditary Breast and Ovarian Cancer Syndrome

<p>Colorectal Cancer Screening</p>	<p>Colorectal cancer or adenomatous polyps in first-degree relative younger than age 60 years or in two or more first-degree relatives of any ages; family history of familial adenomatous polyposis or hereditary nonpolyposis colon cancer; history of colorectal cancer, adenomatous polyps, inflammatory bowel disease, chronic ulcerative colitis, or Crohn disease</p>	<p><u>Committee Opinion #482: Colonoscopy and Colorectal Cancer Screening Strategies</u></p> <p><u>Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology</u></p>
<p>Diphtheria and reduced tetanus toxoids and acellular pertussis vaccine</p>	<p>Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap.</p>	<p>Centers for Disease Control and Prevention:</p> <p><u>Updated Tdap Vaccine Recommendations from the ACIP, 2010</u></p> <p><u>Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines</u></p> <p><u>Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines</u></p> <p><u>Updated Recommendations for Use of Tdap in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months -- ACIP, 2011</u></p> <p><u>Current CDC immunization schedules</u></p>



Diabetes testing	Overweight (body mass index greater than or equal to 25); first-degree relative with diabetes mellitus; habitual physical inactivity; high-risk race or ethnicity (eg, African American, Latina, Native American, Asian American, Pacific Islander); have given birth to a newborn weighing more than 9 lb or have a history of gestational diabetes mellitus; hypertension; high-density lipoprotein cholesterol level less than 35 mg/dL; triglyceride level greater than 250 mg/dL; history of impaired glucose tolerance or impaired fasting glucose; polycystic ovary syndrome; history of vascular disease; other clinical conditions associated with insulin resistance	<u>Committee Opinion #435: Postpartum Screening for Abnormal Glucose Tolerance in Women Who Had Gestational Diabetes</u>
Fluoride supplementation	Live in area with inadequate water fluoridation (less than 0.7 ppm)	
Genetic testing/counseling	Considering pregnancy and patient, partner, or family member with history of genetic disorder or birth defect; exposure to teratogens; or African, Cajun, Caucasian, European, Eastern European (Ashkenazi) Jewish, French Canadian, Mediterranean, or Southeast Asian ancestry	<u>Committee Opinion #486: Update on Carrier Screening for Cystic Fibrosis</u> <u>Committee Opinion #442: Preconception and Prenatal Carrier Screening for Genetic Diseases in Individuals of Eastern European Jewish Descent</u> <u>Committee Opinion #410: Ethical Issues in Genetic Testing</u>
Hemoglobin level assessment	Caribbean, Latin American, Asian, Mediterranean, or African ancestry; history of excessive menstrual flow	



<p>Hepatitis A vaccination</p>	<p>Persons who use injection or noninjection illicit drugs; persons working with HAV-infected primates or with HAV in a research laboratory setting; persons with chronic liver disease and persons who receive clotting factor concentrates; persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A; and unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity.</p>	<p><u>Current CDC immunization schedules</u></p>
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<p>Hepatitis B vaccination</p>	<p>Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; health-care personnel and public-safety workers who are potentially exposed to blood or other infectious body fluids; persons with diabetes younger than age 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older at the discretion of the treating clinician based on increased need for assisted blood glucose monitoring in long-term care facilities, likelihood of acquiring hepatitis B infection, its complications or chronic sequelae, and likelihood of immune response to vaccination; persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease; household contacts and sex partners of hepatitis B surface antigen-positive persons; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and all adults in the following</p>	<p>Centers for Disease Control and Prevention:</p> <p><u>Hepatitis B Vaccination of Infants, Children, and Adolescents (ACIP Recommendations)</u></p> <p><u>A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States, CDC, 2006</u></p> <p><u>Current CDC immunization schedules</u></p>
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	<p>settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; institutions and nonresidential daycare facilities for persons with developmental disabilities; and any person seeking protection from HBV infection.</p>	
<p>Hepatitis C testing</p>	<p>All persons with human immunodeficiency virus (HIV) infection, history of injecting illegal drugs, recipients of clotting factor concentrates before 1987, chronic (long-term) hemodialysis, persistently abnormal alanine aminotransferase levels, recipients of blood from donors who later tested positive for hepatitis C virus infection, recipients of blood or blood-component transfusion or organ transplant before July 1992, occupational percutaneous or mucosal exposure to hepatitis C virus-positive blood</p>	<p>Centers for Disease Control and Prevention:</p> <p><u>Sexually Transmitted Diseases Treatment Guidelines, 2010</u></p> <p><u>Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965</u></p>

<p>Human immunodeficiency virus (HIV) testing</p>	<p>More than one sexual partner since most recent HIV test or a sexual partner with more than one sexual partner since most recent HIV test, have received a diagnosis of another sexually transmitted infection in the past year, drug use by injection, history of prostitution, past or present sexual partner who is HIV positive or injects drugs, long-term residence or birth in an area with high prevalence of HIV infection, history of transfusion from 1978 to 1985, invasive cervical cancer, adolescent entering detention facilities. Recommend to women seeking preconception evaluation.</p>	<p>Committee Opinion #536: Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome and Women of Color</p> <p>Committee Opinion #411 Routine Human Immunodeficiency Virus Screening</p> <p>Committee Opinion #389 Human Immunodeficiency Virus</p>
<p>Lipid profile assessment</p>	<p>Family history suggestive of familial hyperlipidemia; family history of premature cardiovascular disease (age younger than 50 years for men, age younger than 60 years for women); previous personal history of coronary heart disease or noncoronary atherosclerosis (eg, abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis); obesity (body mass index greater than 30); personal and/or family history of peripheral vascular disease; diabetes mellitus; multiple coronary heart disease risk factors (eg, tobacco use, hypertension)</p>	

Mammography	Women who have had breast cancer or who have a first-degree relative or multiple other relatives who have a history of premenopausal breast or breast and ovarian cancers, women who test positive for BRCA1 or BRCA2 mutations, women who received thoracic irradiation (typically as a treatment for lymphoma) between the ages 10 years and 30 years, women with a personal history of high-risk breast biopsy results, including atypical hyperplasia and lobular carcinoma in situ	Practice Bulletin #122: Breast Cancer Screening
Meningococcal vaccination	Adults with anatomic or functional asplenia or terminal complement component deficiencies, first-year college students living in dormitories, microbiologists routinely exposed to <i>Neisseria meningitides</i> isolates, military recruits, travel to hyperendemic or epidemic areas	<p>Centers for Disease Control and Prevention:</p> <p>Prevention and Control of Meningococcal Disease</p> <p>Updated Recommendations for Use of Meningococcal Conjugate Vaccines -- ACIP, 2010</p> <p>Current CDC immunization schedules</p>
Measles–mumps–rubella (MMR) vaccination	Adults born in 1957 or later should be offered vaccination (one dose of MMR) if there is no proof of immunity or documentation of a dose given after first birthday; individuals vaccinated in 1963–1967 should be offered revaccination (two doses); health care workers, students entering college, international travelers, and rubella-negative postpartum patients should be offered a second dose.	<p>Centers for Disease Control and Prevention:</p> <p>MMR -- Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps</p> <p>Current CDC immunization schedules</p>

Pneumococcal vaccination	<p>Chronic illness, such as cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, Hodgkin disease, lymphoma, leukemia, kidney failure, multiple myeloma, nephrotic syndrome, functional asplenia (eg, sickle cell disease) or splenectomy; exposure to an environment where pneumococcal outbreaks have occurred; immunocompromised patients (eg, human immunodeficiency virus [HIV] infection, hematologic or solid malignancies, chemotherapy, steroid therapy); Alaskan Natives and certain Native American populations. Revaccination after 5 years may be appropriate for certain high-risk groups.</p>	<p>Centers for Disease Control and Prevention:</p> <p><u>Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23)</u></p> <p><u>Current CDC immunization schedules</u></p>
Rubella titer assessment	<p>Childbearing age and no evidence of immunity</p>	<p><u>Current CDC immunization schedules</u></p>

<p>Sexually transmitted infection (STI) testing</p>	<p>History of multiple sexual partners or a sexual partner with multiple contacts; sexual contact with individuals with culture-proven STI; history of repeated episodes of STIs; attendance at clinics for STIs; Chlamydia: Women older than age 25 years with risk factors (new sexual partner or multiple sexual partners); other asymptomatic women at high risk for infection; syphilis: Sexually active adolescents who exchange sex for drugs or money, use intravenous drugs, are entering a detention facility, or live in a high-prevalence area</p>	<p>Centers for Disease Control and Prevention:</p> <p><u>Sexually Transmitted Diseases Treatment Guidelines, 2010</u></p>
<p>Thyroid-stimulating hormone testing</p>	<p>Strong family history of thyroid disease; autoimmune disease (evidence of subclinical hypothyroidism may be related to unfavorable lipid profiles)</p>	

<p>Tuberculosis skin testing</p>	<p>Human immunodeficiency virus [HIV] infection; close contact with individuals known or suspected to have tuberculosis; medical risk factors known to increase risk of disease if infected; born in country with high tuberculosis prevalence; medically underserved; low income; alcoholism; intravenous drug use; resident of long-term care facility (eg, correctional institutions, mental institutions, nursing homes and facilities); health professional working in high-risk health care facilities; recent tuberculin skin test converter (individuals with baseline testing results who have an increase of 10 mm or more in the size of the tuberculin skin test reaction within a 2-year period); radiographic evidence of prior healed tuberculosis</p>	
<p>Varicella vaccination</p>	<p>Students in all grade levels, and persons attending college or other postsecondary educational institutions; susceptible persons who have close contact with persons at high risk for serious complications, including health care workers; household contacts of immunocompromised individuals; teachers; day care workers; residents and staff of institutional settings, colleges, prisons, or military installations; adolescents and adults living in households with children; international travelers</p>	<p>Centers for Disease Control and Prevention:</p> <p><i>Prevention of Varicella</i></p> <p>http://www.cdc.gov/vaccines/schedules/index.html</p>