



Adult Preventive Health Care Guidelines

SCREENING				
	21-39 Years	40-49 Years	50-64 Years	65 + Years
Initial Health Assessment (IHA)	Complete within 120 days of enrollment in SFHP or documented as done within 12 months prior to enrollment. Must include "Staying Healthy" Assessment for Medi-Cal members			
"Staying Healthy" Assessment Guidelines per DHCS	Administer with IHA and repeat at least once every 3-5 years. Update when major lifestyle changes			
Height, Weight and Blood Pressure	Initially and thereafter as clinically indicated			
Vision, Hearing and Dental	Periodically with referral when indicated			
Cholesterol Screening	Total Cholesterol and HDL-C every 5 years for men 35 and older and women 45 and older. Begin screening at 20 if risk factors for CHD			
Colon Cancer Screening	None	None	For normal risk, start at age 50 and continue through age 80. Annual FOBT and one of the following: colonoscopy every 10 years, flexible sigmoidoscopy every 5 years, double contrast barium enema every 5 years. For high risk, screen at younger age.	
PSA / DRE Screening	Evidence of screening efficacy is inconclusive. Providers are encouraged to discuss test with individual patients			
TB Screening Guidelines per SFDPH	Annual risk assessment and symptom screen <ul style="list-style-type: none"> If any TB risk present: PPD or QuantiFERON TB test (QFT) If exposed: PPD or QFT immediately and repeated in 8- 10 weeks If +PPD or QFT or symptoms present (<i>cough >3 weeks or 2 other symptoms present, eg. weight loss, fever, or night sweats</i>): order CXR , evaluate for active TB or refer to the TB clinic For consultation call TB Control: (415) 206-8524 or visit: www.sfdph.org/dph/comupg/oservices/medSvs/TB/TBscreen.asp			
Mammography	For women 40 and over, mammogram every 1-2 years Discontinuation of mammograms between ages 69 and 74 is at health care provider's discretion			
Cervical Cancer Screening	Begin screening 3 years after onset of sexual activity or at age 21, whichever occurs first Continue screening every 1-3 years in women with a cervix until age 65 or as clinically appropriate		May discontinue if adequate recent screening with normal Pap smears and if not otherwise at high risk for cervical cancer	
Screening for Sexually Transmitted Infections	<ul style="list-style-type: none"> Sexually active females under 25: Screen for Chlamydia annually Men of any age who have sex with men: Screen for STI annually Heterosexual males: Conduct diagnostic testing if symptomatic or if partner is diagnosed with STI Men and women over 25: Diagnostic testing if symptomatic. For consultation call San Francisco City Clinic at: (415) 487-5500 or visit: www.dph.sf.ca.us/sfcityclinic/STDProtocol/STDProtocols2006.pdf			
Rubella Immunity Screening	Rubella serology followed by immediate vaccination for non-immune women of child bearing age. Vaccination following delivery for non-immune pregnant women		NA	
Osteoporosis Screening			Routinely screen women 65 and older	

Guidelines per recommendations of the U.S. Preventive Services Task Force unless specifically noted above.

RECOMMENDED COUNSELING		
Periodic counseling for all men and women:	Periodic counseling for women:	Periodic counseling for elderly men and women:
<ul style="list-style-type: none"> Tobacco cessation Drug and alcohol use Sexually transmitted diseases and HIV Family planning Domestic violence / Personal safety Seat belt / Helmet use Nutrition / Weight Dental care Physical activity / Exercise Mental health Smoke detectors Alternative therapies Advance Health Care Directive 	<ul style="list-style-type: none"> Calcium intake Folic acid during child bearing years Hormone replacement therapy Mammography Cervical cancer screening Bone density preservation/ screening 	<ul style="list-style-type: none"> Fall prevention Fluid intake Polypharmacy

Recommended Adult Immunization Schedule, per Centers for Disease Control

Vaccine	19-49	50-64	≥65
Tetanus, diphtheria, pertussis (Td/Tdap)*	1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV)*	3 doses (females) (0, 2, 6 mos)		
Measles, mumps, rubella (MMR)*	1 or 2 doses	1 dose	
Varicella*	2 doses (0, 4-8 wks)		
Influenza*	1 dose annually	1 dose annually	
Pneumococcal polysaccharide)	1-2 doses		1 dose
Hepatitis A*	2 doses (0, 6-12 mos, or 0, 6-18 mos)		
Hepatitis B*	3 doses (0, 1-2, 4-6 mos)		
Meningococcal*	1 or more doses		
Zoster			1 dose

Recommended Adult Immunization Schedule for Specific Population per Centers for Disease Control

Vaccine	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation	HIV infection		Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health care personnel
			CD4+ T lymphocyte count						
Tetanus, diphtheria, pertussis (Td/Tdap)*									
Human papillomavirus (HPV)*									
Measles, mumps, rubella (MMR)*									
Varicella*									
Influenza*									1 dose TIV or LAIV annually
Pneumococcal (polysaccharide)									
Hepatitis A*									
Hepatitis B*									
Meningococcal*									
Zoster									

* 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).

RECOMMENDED ADULT IMMUNIZATION SCHEDULE PER CENTERS FOR DISEASE CONTROL

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians. Complete statements from ACIP are available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years, 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 those issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>).

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 <http://www.vaers.hhs.gov> or by telephone, **(800) 822-7967**.

Information on how to file a Vaccine Injury Compensation Program claim is available at <http://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**.

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