



2023 Adult Preventive Care Recommendations

Speak with your healthcare provider for appropriate schedules. All updates can be found visiting www.cdc.gov for vaccinations and www.uspreventiveservicestaskforce.org for preventive and wellness care guidelines.

	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
Health Maintenance Visit					
Including age-appropriate physical exam; preventive screenings & health counseling; assessment & appropriate immunizations.	Ages 19-21, health visits Annually Ages 22-29, health visits every 1 - 3 years, depending on risk factors.	Every 1 or 2 years, depending on risk factors.		Every 1 or 2 years, depending on risk factors.	
Cancer Screenings					
Breast Cancer Screening	All women should be familiar with how their breasts normally feel and report any changes to a health care provider right away.		Mammogram for women ages 40-49: Talk with your doctor about when to get started and how often.	Mammograms every 2 years for women 50 - 74 years of age based on patient's physician's recommendations.	
	*If needed more frequently, it is at the physician's discretion; High Risk patients should discuss the frequency with their physician.				
Cervical Cancer Screening	Women ages 21-29, pap test and pelvic exam every 3 years.	Women ages 30-65, pap test alone every 3 years , or HrHPV testing alone or with a pap test (co-testing) every 5 years.		For women ages 65+ if at high risk for cervical cancer.	
Colorectal Cancer	Not routine except for patients at high risk or positive family history.		Screenings start at age 45 - 75 years. Over age 75 is an individual decision based on overall health and prior history. Risks and benefits of different screening methods vary.		
	*Screen using either one of the following: Annually: FOBT (fecal occult blood test), or FIT (fecal immunochemical test) Every 3 years: stool FIT-DNA test (Cologuard) Every 5 years: flexible sigmoidoscopy, CT colonography Every 10 years: Colonoscopy Physician/patient discretion if screening is after age 75 years.				
Prostate & Testicular Cancer	Prostate screening is not routine. Clinical testicular exam and self-exam instruction every 1 – 3 years at physician's discretion.		Prostate-specific antigen (PSA) testing: For men aged 55-69 years, the decision to undergo periodic PSA based screening for prostate cancer should be an individual one. Discuss risks and benefits of PSA testing with your doctor. PSA-based screening is not recommended for ages 70 and older.		



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Cancer Screenings (cont.)					
Skin Cancer	Counseling for persons 24 years and younger with fair skin types to reduce their risk of skin cancer.	Skin self-examination in adults.			
Recommended Screenings					
Blood Pressure	At every doctor's visit. In patients 18 and older, with office blood pressure measurement (OPPM). The goal blood pressure level is <140/90 mmHg.				
Cholesterol (Total cholesterol, LDL, HDL, and triglyceride)	Initial screening if not previously tested. Every 5 years with fasting lipoprotein profile.	Every 1 to 2 years for men ages 45-65 and women 55 to 65 with fasting lipoprotein profile.		Every year for with fasting lipoprotein profile.	
	If at risk or screened to have high cholesterol & heart disease, counsel on lifestyle changes including diet, weight management & physical activity. Primary Care Physician (PCP) will evaluate treatment for cholesterol & cholesterol-lowering statin therapy for secondary prevention of atherosclerotic cardiovascular disease (ASCVD).				
Diabetes	Every 3 years beginning at age 35 . Patients who have risk factors such as: age, family history, high blood glucose, overweight etc. should screen more often and at a younger age . Physicians should evaluate blood glucose control and disease complications. Patients with diabetes (type 1 or 2) should have the following: <ul style="list-style-type: none"> • An annual retinal eye exam. • Hemoglobin A1C (HbA1c) test 2x a year if stable glycemic control (<7%); 4x a year in patients whose therapy has changed or who are not meeting glycemic goals. • Annual Kidney Health evaluation to test for the estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). • Annual LDL-C screening performed, with a goal of <100mg/dl. 				
Glaucoma	At least once between ages 20 – 29. Every 3 –5 years if at risk or of African descent.	At least twice between ages 30-39. Every 2-4 years if at risk or of African descent.	Every 2 – 4 years between ages 40-64.		Every 2 years for ages 65 and older.
	All screenings should be performed by an eye care professional (i.e., optometrist, ophthalmologist)				



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Osteoporosis	Not routine			Bone Mineral Density (BMD) testing in women ages 65 and older & postmenopausal women younger than 65 who are at increased risk.	
Other	All Tests once at baseline: Urinalysis, CBC (RBC, hemoglobin, hematocrit, WBC), rubella titer (females).				
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis)	<p><i>For Chlamydia and Gonorrhea:</i> Screen sexually active women 24 years or younger or women 25 year and over who are at increased risk (including pregnant women).</p> <p><i>For Syphilis:</i> Screen all at risk persons, and pregnant women. Advise about risk factors for STDs.</p>				
HIV	Screen adolescents and adults ages 15 to 65 years and persons at increased risk of infection. Screen all pregnant women.				
Hepatitis C (HCV)	Screen asymptomatic adults aged 18 to 79 years for hepatitis C virus (HCV) infections.				
Tuberculosis (PPD or Tine Test)	Screen asymptomatic adults ages 18 and older with either the tuberculin skin test or the interferon-gamma release assay (IGRA).				
General Counseling					
All patients should be periodically screened and counseled, as appropriate, regarding the following: alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, physical activity, depression/suicide, family violence/abuse, infectious disease/STD, motor vehicle injury prevention, violent behavior/firearms, pregnancy/prenatal care counseling, menopause management, osteoporosis.					
Immunizations					
COVID-19	2 or 3 dose primary series and booster				
Influenza (Seasonal)	1 dose annually				
Measles, Mumps & Rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later).				Not routine.
Pneumococcal (PCV15, PCV20, PPSV23)	If high risk and not previously immunized and younger than age 65. 1-dose PCV15 followed by PPSV23 or 1-dose PCV 20.				Recommended for ages 65 and older. 1-dose PCV15 followed by PPSV23 or 1-dose PCV 20.
Tetanus, Diphtheria, Pertussis (Tdap or Td)	Administer a one-time dose of Tdap to those who have not received a dose previously. Then boost with TD or Tdap every 10 years.				



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Immunizations (cont'd)					
Human Papillomavirus (HPV)	Recommended for all persons through age 26. 2-dose or 3-dose series depending on age at initial vaccine or condition.	Not routine.			
Hepatitis A	If high risk 2, 3, or 4 dose depending on vaccine.				
Hepatitis B	Recommended for ages 19 through 59. 2, 3, 4 doses depending on vaccine.			If high-risk, ages 60 years and older 2, 3, 4 doses depending on vaccine.	
Meningococcal (MenACWY)	If high risk 1 or 2 doses depending on indication. Revaccination interval is 5 years.				
Meningococcal B (MenB)	If high risk 2 or 3 doses depending on vaccine and indication.				
Haemophilus influenzae type b (Hib)	If high risk 1 or 3 doses depending on indication.				
Varicella (Chickenpox)	2 doses if born in 1980 or later.		If high risk, 2 doses.		
Herpes Zoster (Shingles)	2 doses for immunocompromising conditions			2 doses for adults 50 years of age and older.	
Respiratory Syncytial Virus (RSV) <i>New vaccine available in 2023</i>	Not routine.			1 dose for high risk adults 60 years of age and older.	

Sources:

www.healthcare.gov/preventive-care

www.uspreventiveservicestaskforce.org/a-and-b-recommendations

AvMed adopts evidence-based clinical practice guidelines to assist providers in screening, assessing and treating common disorders.