

**Adult Preventive Services (Ages 18-49)**

The following guideline recommends clinical preventive services for adults. The [grade definitions](#) used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

Screening	Recommendation
Personalized recommendations:	To offer any patient, for age, gender and risk factor-based recommendations, see Electronic Preventive Services Selector .
Health Assessment, History & Counseling	Recommend a periodic health visit according to risk status every 1-5 years to perform: Height, weight and Body Mass Index (BMI) [B] ; risk evaluation and counseling for obesity (BMI \geq 30) [B] , tobacco use [A] , and opioid and alcohol misuse. [B] Provide behavioral interventions for tobacco users [A] and those demonstrating risky alcohol use [B] or risky sexual behaviors. [B] All adults benefit from optimized diet and physical activity [C] . See <i>individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult</i> .
Blood Pressure	Screen for high blood pressure in adults 18 years and older. [A] See <i>individual MQIC guideline on hypertension</i> .
Lipids	Fasting lipid panel for individuals \geq 20 years with risk factors, males \geq 35 years, females \geq 45 years, repeat screening every 4-6 years. See <i>individual MQIC guideline on lipids</i> .
Depression	Screen adults for depression using a validated screening tool ¹ with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up [B] . Particular attention is called to pregnant and post-partum women. [B] See <i>individual MQIC guideline on depression</i>
Diabetes and Prediabetes	Screen fasting blood glucose or hemoglobin A1c in adults \geq 35 with BMI \geq 25. [B] See <i>individual MQIC guideline on diabetes</i>
Intimate Partner Violence	Screen women for intimate partner violence, such as domestic violence, and provide or refer for intervention services. [B]
Cervical Cancer/Pap Smear	Screen women age 21 to 65 years with cytology every 3 years, or, for women age 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus testing every 5 years. [A] Pap smear screening for benign disease not recommended in women with surgical absence of cervix, or age less than 21. [D]
Colorectal Cancer	Screen for colorectal cancer starting at age 45 [B] and continuing from age 50 to age 75 years. ² [A]
Sexually Transmitted Infections	Screen for chlamydia and gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. [B] Screen all populations at increased risk for syphilis [A] , Hepatitis B. [B] Screen all populations for Hepatitis C. [B]
HIV	Screen all patients 15 to 65 years of age. [A] Screen all increased risk patients (no age limit) [A] annually, more frequently per risk factors and local prevalence; or if requested.
Breast Cancer	Mammography screening before the age of 50 years should be an individual decision taking patient context into account, including patient's values regarding specific benefits and harms. [C] ³ Consider BRCA risk assessment ⁴ for family history of breast or related gynecological cancer. Provide genetic counseling, including risk-reducing medications if indicated. [B] Recommend against <i>teaching</i> breast self-examination. [D] The current evidence is insufficient to assess the additional benefits and harms of digital tomosynthesis, or other adjunctive screening in women with dense breasts and negative screening mammogram. [I]
Skin Cancer	Fair-skinned people ages 10-24 should be counseled to minimize their exposure to UV radiation to reduce risk for skin cancer. [B]
Osteoporosis	Screen women with risk equal to a 65 year-old (9.3% in 10 years by US Fracture Risk Assessment tool [FRAX]). [B] See <i>individual MQIC guideline on osteoporosis</i>
Tuberculosis	Screen populations at increased risk for latent TB. [B]

Preventive Therapies:

Breast Cancer For women at increased risk, use shared decision making to consider primary prevention for therapies like tamoxifen and raloxifene. **[B]** No routine use without increased risk. **[D]**

Folic Acid Supplementation All women capable of pregnancy should take 0.4 to 0.8 mg folic acid daily. **[A]**

Immunizations (Consult [ACIP website](#) for up-to-date recommendations and vaccine indications. Consult prior immunization record.

Tdap/Td After primary series, Td booster every 10 years. Give Tdap at least once after age 12.

HPV series Males and females up to age 45 should receive one complete HPV series. (Males HPV4 or HPV9; Females HPV2, HPV4, or HPV9.)

MMR One or two doses for persons who lack history of immunization or convincing history of infection.

Varicella Two doses for persons who lack history of immunization or convincing history of infection.

Influenza Annual vaccine.

Pneumococcal, Hep A, Hep B, Meningococcal, Hib If risk factors present. Consult [ACIP website](#).

COVID-19 Per CDC recommendations.

¹PHQ-2, PHQ-9

²The US Preventive Services Task Force [A and B recommendations](#)

³The Affordable Care Act considers mammography at age \geq 40 as an "essential benefit".

⁴[B-RST™](#) (Breast Cancer Genetics Referral Screening Tool, Emory University)

This guideline lists core management steps. It is based on Recommendations of the U.S. Preventive Services Task Force (uspreventiveservicestaskforce.org) and the Advisory Committee on Immunization Practices (ACIP) 2021 Immunization Recommendations (cdc.gov/vaccines/schedules/hcp/adult.html). Individual patient considerations and advances in medical science may supersede or modify these recommendations.