Prevention Guidelines For Adults
Contra Costa Health Plan and Contra Costa Regional Medical Center

This guideline targets asymptomatic adults seeking health care who would benefit from preventive services. This resource is intended to assist in the prioritization of screening maneuvers, tests and counseling opportunities. It is not intended to diagnose or treat any condition. Nothing in these guidelines is meant to preclude more extensive screening for people with higher than average risks. These guidelines are not a substitute for clinical judgment.

### ALL ADULTS

#### History & Physical

**All CCHP Members** need an Initial Health Assessment (IHA) within 120 days of enrollment, which includes 1) complete History and Physical, 2) preventive care, 3) education, 4) counseling, and 5) health risk assessment using the “Staying Healthy” Assessment tool, available in English, Spanish, Chinese, Hmong, Lao, Russian, and Vietnamese, at [http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx)

#### Height, Weight, BMI, and BP

**All Adults:** Height once, weight annually. Screen for obesity using BMI (Body Mass Index). USPSTF 2003 (B).

Screen blood pressure annually age 18 and older. USPSTF 2015 (A).

#### Alcohol Use

**All Adults:** Screen and offer brief behavioral counseling interventions to reduce alcohol misuse. USPSTF 2013 (B).

#### Aspirin

Initiate low dose aspirin for use of primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10 year cardiovascular risk, have a life expectancy of at least 10 years, and are willing to take low dose aspirin daily for at least 10 years. USPSTF 2016 (B).

#### Cholesterol

**Men: age ≥35:** Screen cholesterol. USPSTF 2008 (A).

**Men age 20-35** screen if increased risk for CHD. (B)

**Women aged ≥45 screen if increased risk (A)**

**Women aged 20-45 if increased risk (B)**

#### Colon Cancer

**All adults age 50-75:** recommend screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy ages 50-75 years.

The risks, benefits, and appropriate screening intervals of these methods vary. USPSTF 2016 (A)

**Adults age 76-85:** screening decision depends on life-expectancy and risk. USPSTF 2016 (C).

**Adults older than 85:** recommend against screening. USPSTF 2016 (D).

**High risk adults** first degree relative with colon cancer before age 60, or 2 first degree relatives with colon cancer at any age start screening earlier.

#### Depression

**All adults:** screening should be implemented with systems in place to assure accurate diagnosis, effective treatment, and follow-up. USPSTF 2009 (B)

#### Diabetes Screen

The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight (BMI>25) or obese (BMI> or =30). Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

USPSTF 2015 (B)

#### Falls

The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. USPSTF 2018 (B)

#### Healthy Diet

The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. USPSTF 2014 (B)

#### Hepatitis B

The USPSTF recommends screening nonpregnant adolescents and adults for hepatitis B virus infection if they are at high risk for infection. USPSTF 2014 (B)

**Pregnant women:** Screen at entry to prenatal care. USPSTF 2009 (A).

**Adults at High Risk for Chronic Hepatitis B: CDC (Expert Opinion):**

- persons born in geographic regions with HBsAg prevalence of ≥2% (Asia, Africa, Eastern Europe, the Middle East, and the Pacific Islands)
- US born persons not vaccinated as infants whose parents were born in geographic regions with HBsAg prevalence of ≥8%
- injection-drug users
- men who have sex with men
- hemodialysis patients
### Prevention Guidelines For Adults

**Contra Costa Health Plan and Contra Costa Regional Medical Center**

- persons with selected medical conditions who require immunosuppressive therapy
- household contacts and sex partners of HBV-infected persons
- health care workers at risk for occupational exposure to blood or blood or blood contaminated body fluids.
- persons infected with HIV

### Hepatitis C

Screen adults at high risk for infection and  
Offer one time screening to adults born between 1945 and 1965 (USPSTF 2013 Grade B)  
Risk factors  
- past or current injection drug use  
- blood transfusion before 1992  
- long term hemodialysis  
- born to HCV infected mother  
- incarceration  
- getting an unregulated tattoo  
- intranasal drug use

### HIV

Screen adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.  
**USPSTF July 2019 (A)**  
**Screen all pregnant women** including those who present in labor who are untested and whose HIV status is unknown. USPSTF 2019 (A).

### HIV Prophylaxis

Offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. USPSTF 2019 (A)

### Intimate partner violence

The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. USPSTF 2018 (B)

### Lung Cancer Screening

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. USPSTF 2013 (B)

### Obesity

The USPSTF recommends screening all adults for obesity. **USPSTF June 2012 (B)**  
Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.

### Skin Cancer

The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. USPSTF 2018 (B)

### Statins

The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years USPSTF 2016 (B)

### Syphilis Screening

The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.

### Tobacco Use

**All Adults:** The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)—approved pharmacotherapy for cessation to adults who use tobacco. USPSTF 2015 (A)  
**Pregnant women:**
## Prevention Guidelines For Adults

**Contra Costa Health Plan and Contra Costa Regional Medical Center**

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. 2015 (A)

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th>Adults at High Risk:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Risk of recent TB infection:</td>
</tr>
<tr>
<td></td>
<td>1. Contact to active infectious TB case (confirm with CC Public Health TB Control 925-313-6745)</td>
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<tr>
<td></td>
<td>2. Immigration from high incidence country within past 5 yrs (Africa, Asia, SE Asia, Pacific Islands, Eastern Europe, Central America, most of S. America)</td>
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<td>3. Travel to high incidence country for &gt; 1 month within past 5 years.</td>
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<td>4. Homeless within past year</td>
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<td></td>
<td>5. Incarceration in correctional facility with past year</td>
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<tr>
<td></td>
<td>6. Residence in congregate living facility including residential drug treatment program</td>
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<tr>
<td></td>
<td>7. Street drug use</td>
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<tr>
<td></td>
<td>8. Health care/correctional facility worker with patient contact</td>
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<tr>
<td></td>
<td>Risk of progression to active TB</td>
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<tr>
<td></td>
<td>1. HIV infection</td>
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<tr>
<td></td>
<td>2. Lymphoma, leukemia</td>
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<td></td>
<td>3. Renal insufficiency</td>
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<tr>
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<td>4. Immunosuppressive therapy</td>
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<td></td>
<td>5. Poorly controlled diabetes mellitus</td>
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<td></td>
<td>6. Rapid weight loss, gastric bypass surgery, malnutrition</td>
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<tr>
<td></td>
<td>Choice of test</td>
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<tr>
<td></td>
<td>A. Quantiferon (QFT) preferred:</td>
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<tr>
<td></td>
<td>1. History of BCG vaccination, birth in country in which BCG vaccination is routine (QFT preferred as initial test; if TST positive, order QFT as confirmatory test)</td>
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<td>2. Unable, inconvenient, unlikely or costly to return for TST reading</td>
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<td></td>
<td>3. Last prior TB test was a QFT</td>
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<tr>
<td></td>
<td>B. TST preferred:</td>
</tr>
<tr>
<td></td>
<td>1. Children &lt; 5 years age</td>
</tr>
</tbody>
</table>

### IMMUNIZATIONS

#### HPV

HPV2 (Cervarix) or HPV4 (Gardasil) for females and HPV4 for males.

For females 3 dose series at age 11-12 or catch up at age 13-26 if not previously vaccinated.

For males, 3 dose series at age 11-12 or catch up at age 13-21 if not previously vaccinated. Males aged 22 -26 may be vaccinated.

A complete series consists of 3 doses at 0,1-2 and 6 months.

#### Influenza

Annual vaccination against influenza is recommended for all persons aged 6 months or older.

Persons aged 6 months or older, including pregnant women and persons with hives-only allergy to eggs can receive the inactivated influenza vaccine (IIV).

An age-appropriate IIV formulation should be used.

Adults aged 18 years or older can receive the recombinant influenza vaccine (RIV) (FluBlok). RIV does not contain any egg protein and can be given to age appropriate persons with egg allergy of any severity.

Healthy, nonpregnant persons aged 2 to 49 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (FluMist) or IIV.

Health care personnel who care for severely immunocompromised persons who require care in a protected environment should receive IIV or RIV; health care personnel who receive LAIV should avoid providing care for severely immunosuppressed persons for 7 days after vaccination.

Adults aged 65 years or older can receive the standard-dose IIV or the highdose IIV (Fluzone High-Dose).

Immunocompromised persons should be given the IIV.
## Prevention Guidelines For Adults

### Contra Costa Health Plan and Contra Costa Regional Medical Center

For details see: [http://www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)

### Measles, Mumps, Rubella (MMR)

Adults born before 1957 are generally considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Health care personnel born before 1957: For unvaccinated health care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health care facility.

### Pneumonia (Pneumovax) PCV 13 and PPSV23

**General information:**
- When indicated, only a single dose of PCV13 is recommended for adults.
- No additional dose of PPSV23 is indicated for adults vaccinated with PPSV23 at or after age 65 years.

When both PCV13 and PPSV23 are indicated, PCV13 should be administered first; PCV13 and PPSV23 should not be administered during the same visit.

When indicated, PCV13 and PPSV23 should be administered to adults whose pneumococcal vaccination history is incomplete or unknown.

**Adults aged 65 years or older who:**
- Have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 in 6 to 12 months.
- Have not received PCV13 but have received a dose of PPSV23 at age 65 years or older: Administer PCV13 at least 1 year after the dose of PPSV23 received at age 65 years or older.

Have not received PCV13 but have received 1 or more doses of PPSV23 before age 65: Administer PCV13 at least 1 year after the most recent dose of PPSV23; administer a dose of PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.

Have received PCV13 but not PPSV23 before age 65 years: Administer PPSV23 6 to 12 months after PCV13 or as soon as possible if this time window has passed.

Have received PCV13 and 1 or more doses of PPSV23 before age 65 years: Administer PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.

**Adults aged 19 through 64 years with immunocompromising conditions or anatomical or functional asplenia:**
- Refer to footnotes in [http://www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)

### Tetanus–Diphtheria (Td) Td–acellular Pertussis (Tdap=Adacel/Boostrix)

Substitute one time dose of Tdap for TD booster; then boost with Td every 10 years.

Administer one dose Tdap to pregnant women during each pregnancy (preferred during 27-36 weeks gestation), regardless of number of years since prior Td or Tdap vaccination.

Administer 1 dose of Tdap to all adolescents aged 11 through 12 years.

Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine.

Pregnant adolescents — same as pregnant women.

### Varicella and Shingles (Varivax & Zostavax)

All adults without evidence of immunity to varicella should receive 2 doses of varicella vaccine or 2nd dose if they have received only 1 dose.

Evidence of immunity includes any of the following:
- Documentation of two doses of varicella vaccine at least 4 weeks apart
- Laboratory evidence of immunity or laboratory confirmation of disease.
- History of varicella or zoster based on diagnosis or verification of disease by a health care provider.
- Born in the United States before 1980 except health care personnel and pregnant women

- Pregnant women should be assessed for evidence of immunity. Women who do not have evidence of immunity should receive the 1st dose of varicella vaccine postpartum before hospital discharge. The 2nd dose should be given 4-8 wks after the first dose.

**Shingles vaccine for All adults 60 and over:** Offer single dose regardless of whether they report a prior episode of herpes zoster.
## Prevention Guidelines For Adults

**Contra Costa Health Plan and Contra Costa Regional Medical Center**

<table>
<thead>
<tr>
<th><strong>WOMEN</strong></th>
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</table>
| **Breast Cancer - Mammography** | **Women ages 50-74: Screening** mammography every 2 years. USPSTF 2009 (B)  
The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.(C)  
Current evidence is insufficient to assess the additional benefits and harms of screening in women ≥75.  
Current evidence is insufficient to assess additional benefits and harms of clinical breast exam age ≤40. |
| **BRCA Risk Assessment** | The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.  
USPSTF 2013 (B)  
The USPSTF recommends against routine genetic counseling or BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the *BRCA1* or *BRCA2* genes. USPSTF 2013 (D) |
| **Breast Cancer preventive medication** | The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. USPSTF 2013 (B) |
| **Cervical Cancer - Pap Smear** | **Women age 21-65:** screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). USPSTF August 2018 (A) |
| **Chlamydia/Gonorrhea** | The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection. USPSTF 2014 (B) |
| **Folic Acid Supplementation** | All women capable or planning of pregnancy should take a daily supplement containing 0.4 to 0.8 mg of folic acid. USPSTF 2017 (A). |
| **Intimate Partner Violence** | The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. USPSTF 2013 (B) |
| **Osteoporosis** | All women aged ≥65 and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors:  
- Determine risk using online FRAX calculator at [http://www.shef.ac.uk/FRAX/](http://www.shef.ac.uk/FRAX/)  
- FRAX risk for fracture in 65 year old woman with no other risk factors is 9.3%.  
Screen using DEXA or bone densitometry testing. USPSTF 2011 (B). |
| **Perinatal Depression** | Provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. USPSTF 2019 (B) |
| **MEN** |  |
| **Abdominal Aortic Aneurysm (AAA)** | **Men aged 65 to 75 who have ever smoked:** Screen once for Abdominal Aortic Aneurysm with ultrasonography. USPSTF 2019 (B).  
Risk factors: Age ≥65, male, h/o smoking at least 100 cigarettes in a lifetime, 1st degree FH of AAA requiring surgical repair. |
| **Prostate Cancer** | Recommends against PSA based screening for prostate cancer in men 70 and over. USPSTF 2018 (D).  
In men ages 55-69, screening should be an individual choice based on a discussion with his clinician of potential benefit and harms. USPSTF 2018 (C) |
Prevention Guidelines For Adults
Contra Costa Health Plan and Contra Costa Regional Medical Center

The U.S. Preventive Services Task Force Ratings (USPSTF)

The U.S. Preventive Services Task Force (USPSTF) has updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

What the Grades Mean and Suggestions for Practice

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestions for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>B</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>C</td>
<td>Note: The following statement is undergoing revision. Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.</td>
<td>Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.</td>
</tr>
<tr>
<td>D</td>
<td>The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.</td>
<td>Discourage the use of this service.</td>
</tr>
<tr>
<td>I</td>
<td>Statement</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.</td>
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</tbody>
</table>
Prevention Guidelines For Adults
Contra Costa Health Plan and Contra Costa Regional Medical Center

REFERENCE CITATIONS
U.S. preventive Services Task Force : www.uspreventiveservicestaskforce.org/uspstopics.htm
www.uspreventiveservicestaskforce.org/usps tf/gradepost.htm
http://www.cdc.gov/vaccines/schedules

ADULT PREVENTION GUIDELINES GROUP
The Prevention Guidelines for Adults Group consisted of CCRMC primary providers and CCHP medical consultants.

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