



2010 Adult Preventive Health Clinical Practice Guideline

Frequency of Physical Examination

A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age within the first 90 days of enrollment. Pregnant members should be seen within the first 14 days. The Cleveland Clinic's recommendations for periodic health exams visits for asymptomatic adults are:

- **Ages 19 to 39 years:** Exam frequency: every 1 to 3 years (annual Pap smears are indicated for females unless 3 consecutive normal smears, allowing pap smears every 3 years)
- **Ages 40 to 64 years:** Exam Frequency: every 1 to 2 years based on risk factors
- **Ages 65 and Over:** Exam frequency: every year

Age	Screening	Frequency
• 18 and older	Blood Pressure, Height, Body Mass Index (BMI), Alcohol Use	Annually, 18-21 years. After 21, every 1-2 years or per PCP recommendations
• Male 35 – 65 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• Female 45 - 65 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• High-risk males and females \geq 20 years	Cholesterol (non-fasting TC/HDL)	Every 5 years (More frequent if elevated)
• Female 18 years of age and older who are sexually active (consider at age 12 if sexually active)	Chlamydia	Yearly and at the PCP's recommendations
• Female 18-65 (or begin 3 years after onset of sexual activity whichever comes first)	Pap Smear	Every 1-3 years
• Female 40 years and older	Mammography	Every 1-2 years
• 50 years and older	Colorectal	Periodically depending upon test
• Female \geq 65 years old, or \geq 60 years at risk for fractures	Osteoporosis	Routinely
• 65 years and older	Vision, hearing	Periodically

Immunization (see attached schedule)

• Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	19 years and older, Tdap: Substitute 1-time dose of Tdap for Td then boost with Td every 10 years
• Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose, unless they have a medical contradiction.
• Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1-2 doses unless they have a medical contradiction.
• Pneumococcal polysaccharide (PPSV)	65 years of age and older – 1 dose
• Seasonal Influenza	Every year, 50 years of age and older
• Hepatitis A Vaccine (HepA)	All unvaccinated individual who anticipate close contact with an international adoptee or those with certain high-risk behaviors.
• Hepatitis B vaccine (HepB)	Adults at risk, 18 years of age and older – 3 doses
• Meningococcal conjugate vaccine (MCV)	College freshmen living in dormitories not previously vaccinated with MCV and others at risk, 18 years of age and older – 1 dose. Meningococcal polysaccharide vaccine) is preferred for adults aged ≥ 56 years.
• Human Papillomavirus (HPV)	* For eligible members through 26 years of age (three dose series)
• Zoster	Age 60 and older 1 dose, unless a member has a medical condition that constitutes a contraindication.
• Haemophilus Influenza type b (Hib)	For eligible members who are at high-risk and who have not previously received Hib vaccine (1 dose)

Prevention

- Discuss aspirin to prevent cardiovascular events
 - ❖ Men – 40 years and older periodically
 - ❖ Women – 50 years and older periodically
- Discuss the importance of preventive exams (Mammograms and Breast self examination for women at high risk and who have family history.)
- Discuss prostate-specific antigen (PSA) test and rectal exam for men after 40 years old per PCP discretion

Counseling

- Calcium intake: 1,000mg/day (women age 18-50 years old), 1200-1500 mg/day (women 50 years and older)
- Folic Acid: 0.4 mg/day (women of childbearing age) ; women who have had children with Neural Tube Defects (NTD) should take 4 mg/day.
- Breastfeeding: Women after childbirth
- Tobacco cessation, drug and alcohol use, STD's and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention and polypharmacy

* Subject to individual state coverage

References

Guide to Clinical Preventive Services, 2007: Recommendations of the U.S. Preventive Services Task Force, 2007.
 Press Release *CDC's Advisory Committee Recommends Human Papillomavirus Virus Vaccination* June 29, 2006
 Recommended Adult Immunization Schedule – United States, 2010
 Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) May 2001
 Bone Health and Osteoporosis: A Report of the Surgeon General (2004)
 Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening
 ACG Recommendations on Colorectal Cancer Screening for Average and Higher Risk Patients in Clinical Practice, April 2008.

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Recommended adult immunization schedule, by vaccine and age group - United States, 2010

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Human papillomavirus ^{2,*}		3 doses (females)				
Varicella ^{3,*}		2 doses				
Zoster ⁴					1 dose	
Measles, mumps, rubella ^{5,*}		1 or 2 doses		1 dose		
Influenza ^{6,*}		1 dose annually				
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Hepatitis A ^{9,*}		2 doses				
Hepatitis B ^{10,*}		3 doses				
Meningococcal ^{11,*}		1 or more doses				

* 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., based on medical, occupational, lifestyle, or other indications) No recommendation

Vaccines that might be indicated for adults, based on medical and other indications - United States, 2010

INDICATION ►		Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3–6,12}	HIV infection ^{3–5,12,13} CD4 ⁺ T lymphocyte count	Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹³ (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
VACCINE ▼	Pregnancy		<200 cells/ μ L	\geq 200 cells/ μ L					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}	Td	Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years							
Human papillomavirus ^{2,*}		3 doses for females through age 26 years							
Varicella ^{3,*}		Contraindicated		2 doses					
Zoster ⁴		Contraindicated		1 dose					
Measles, mumps, rubella ^{5,*}		Contraindicated		1 or 2 doses					
Influenza ^{6,*}		1 dose TIV annually							1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses							
Hepatitis A ^{9,*}		2 doses							
Hepatitis B ^{10,*}				3 doses					
Meningococcal ^{11,*}		1 or more doses							

* 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., based on medical, occupational, lifestyle, or other indications) No recommendation