

Summary of Recommended Guidelines for Clinical Preventive Services for Adolescents Up to Age 18: Risk Factors and Recommended Screening Tests

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Guidelines as of 04/2016, subject to change.

The United States Preventive Services Task Force (USPSTF) conducts scientific evidence reviews of a broad range of clinical preventive health care services and develops recommendations for primary care clinicians and health systems. These reviews are conducted periodically and published in the form of Recommendation Statements. This document serves as a broad overview of the relevant recommendations for adolescents up to age 18 and is not meant to be all encompassing. For information on screening, please visit the [USPSTF website](http://www.uspreventiveservicestaskforce.org). For information on immunizations, please visit the [CDC website](http://www.cdc.gov).

Area	Recommendation	Risk Factors (defined by USPSTF unless otherwise noted)	USPSTF Recommended Screening Tests
<p>Nutrition, Exercise, Obesity</p>	<p>Hypertension/ High Blood Pressure</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/blood-pressure-in-children-and-adolescents-hypertension-screening</p> <p>Updated 10/2013</p>		<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent cardiovascular disease in childhood or adulthood.</p>
<p>Nutrition, Exercise, Obesity</p>	<p>Obesity/BMI</p> <p>Website: http://www.uspre</p>		<p>The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.</p>

	ventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening Updated 01/2010		<p>This recommendation applies to children and adolescents aged 6 to 18 years. The USPSTF is using the following terms to define categories of increased BMI: overweight is defined as an age- and gender-specific BMI between the 85th and 95th percentiles, and obesity is defined as an age- and gender-specific BMI at ≥ 95th percentile. The USPSTF did not find sufficient evidence for screening children younger than 6 years.</p> <p>In 2005, the USPSTF found adequate evidence that BMI was an acceptable measure for identifying children and adolescents with excess weight. BMI is calculated from the measured weight and height of an individual.</p>
Area	Recommendation	Risk Factors	USPSTF Recommended Screening Tests
Nutrition, Exercise, Obesity	Cholesterol level Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lipid-disorders-in-children-screening Updated 07/2007		The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for lipid disorders in infants, children, adolescents, or young adults (up to age 20).
Substance Use	Alcohol Misuse: Screening and Counseling		The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce

	<p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care</p> <p>Updated 05/2013</p>		alcohol misuse in adolescents.
Area	Recommendation	Risk Factors	USPSTF Recommended Screening Tests
Substance Use	<p>Tobacco: Screening and Counseling for school-aged children and adolescents</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-children-and-adolescents-primary-care</p>	<ul style="list-style-type: none"> • Although younger children may be susceptible to smoking, research indicates that adolescents may be especially vulnerable to nicotine addiction. • Two of the strongest factors associated with smoking initiation in children and adolescents are parental smoking and parental nicotine dependence. • Other factors include low levels of parental monitoring, easy access to cigarettes, the perception that peers smoke, and exposure to tobacco promotions. 	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.

	interventions Updated 08/2013		
Mental Health	Depression Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1 Updated 02/2016	<ul style="list-style-type: none"> • The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. • Risk factors for MDD in children and adolescents include: <ul style="list-style-type: none"> ○ female sex; older age; family (especially maternal) history of depression; prior episode of depression; other mental health or behavioral problems; chronic medical illness; overweight and obesity; and, in some studies, Hispanic race/ethnicity. ○ Other psychosocial risk factors include childhood abuse or neglect, exposure to traumatic events (including natural disasters), loss of a loved one or romantic relationship, family conflict, uncertainty about sexual orientation, low socioeconomic status, and poor academic performance. 	Many MDD screening instruments have been developed for use in primary care and have been used in adolescents. Two that have been most often studied are the Patient Health Questionnaire for Adolescents (PHQ-A) and the primary care version of the Beck Depression Inventory (BDI).
Area	Recommendation	Risk Factors	USPSTF Recommended Screening Tests
Reproductive Health	HIV Website: http://www.uspreventiveservicestaskforce.org/uspstf1	<ul style="list-style-type: none"> • Men who have sex with men and active injection drug users are at high risk for new HIV infection. • Those who have acquired or request testing for other sexually transmitted infections. Behavioral risk factors for HIV infection include:	The standard test for diagnosing HIV infection is the repeatedly reactive enzyme immunoassay , followed by confirmatory western blot or immunofluorescent assay . Conventional HIV test results are available within 1 to 2 days from most commercial laboratories. Rapid HIV antibody testing is also highly accurate,

	<p>3/hiv/hivfinalrs.pdf</p> <p>Updated 04/2013</p>	<ul style="list-style-type: none"> • Having unprotected vaginal or anal intercourse • Having sexual partners who are HIV-infected, bisexual, or injection drug users • Exchanging sex for drugs or money <p>The USPSTF recognizes that the above categories are not mutually exclusive, the degree of sexual risk is on a continuum, and individuals may not be aware of their sexual partners' risk factors for HIV infection.</p>	<p>may use either blood or oral fluid specimens, and can be performed in 5 to 40 minutes, and when offered at the point of care, is useful for screening high-risk patients who do not receive regular medical care (e.g., those seen in emergency departments), as well as women with unknown HIV status who present in active labor. Initial positive results require confirmation with conventional methods.</p> <p>Other U.S. Food and Drug Administration–approved tests for detection and confirmation of HIV infection include combination tests (for p24 antigen and HIV antibodies) and qualitative HIV-1 RNA.</p>
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<p style="text-align: center;">Reproductive Health</p>	<p>STI: Behavioral Counseling</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/sexually-transmitted-infections-behavioral-counseling1</p> <p>Updated 09/2014</p>	<ul style="list-style-type: none"> • All sexually active adolescents are at increased risk for STIs and should be counseled. • Other risk groups that have been included in counseling studies include adults with current STIs or other infections within the past year, adults who have multiple sex partners, and adults who do not consistently use condoms. <p>Clinicians should be aware of populations with a particularly high prevalence of STIs such as:</p> <ul style="list-style-type: none"> • All African Americans have the highest STI prevalence of any racial/ethnic group, and STI prevalence is higher in American Indians, Alaska Natives, and Latinos than in white persons. <p>Increased STI prevalence rates are also found in:</p> <ul style="list-style-type: none"> • Men who have sex with men (MSM) • Persons with low incomes living in urban settings • Current or former inmates • Military recruits • Persons who exchange sex for money or drugs • Persons with mental illness or a disability • Current or former intravenous drug users • Persons with a history of sexual abuse • Patients at public STI clinics 	<p>Interventions ranging in intensity from 30 minutes to 2 or more hours of contact time are beneficial. Evidence of benefit increases with intervention intensity. High-intensity counseling interventions (defined in the review as contact time of ≥ 2 hours) were the most effective.</p> <p>Interventions can be delivered by primary care clinicians or through referral to trained behavioral counselors. Most successful approaches provided basic information about STIs and STI transmission; assessed the person's risk for transmission; and provided training in pertinent skills, such as condom use, communication about safe sex, problem solving, and goal setting. Many successful interventions used a targeted approach to the age, sex, and ethnicity of the participants and also aimed to increase motivation or commitment to safe sex practices. Intervention methods included face-to-face counseling, videos, written materials, and telephone support.</p>
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<p align="center">Reproductive Health</p>	<p>Syphilis</p> <p>Website: http://www.uspreventiveservicestaskforce.org/3rduspstf/syphilis/syphilr.pdf</p> <p>Updated 07/2004</p>	<ul style="list-style-type: none"> • Men who have sex with men • Sex work • Exchange of sex for drugs • People in adult correctional facilities 	<p>Screening for syphilis infection is a two-step process that involves an initial nontreponemal test (Venereal Disease Research Laboratory or Rapid Plasma Reagin), followed by a confirmatory treponemal test FTA-ABS (fluorescent treponemal antibody absorbed) or TP-PA (T. pallidum particle agglutination).</p>
<p align="center">Reproductive Health</p>	<p>Gonorrhea and Chlamydial Infection</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening</p> <p>Updated 09/2014</p>	<p>Those with the highest chlamydial and gonococcal infection rates occur in women aged 20 to 24 years, followed by females aged 15 to 19 years. Chlamydial infections are 10 times more prevalent than gonococcal infections in young adult women. Among men, infection rates are highest in those aged 20 to 24 years.</p> <p>Other risk factors for infection include having:</p> <ul style="list-style-type: none"> • a new sex partner • more than 1 sex intimate • a sex partner with concurrent partners • a sex partner who has an STI • inconsistent condom use among persons who are not in mutually monogamous relationships • previous or coexisting STI • exchanging sex for money or drugs 	<p><i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> infections should be diagnosed by using nucleic acid amplification tests (NAATs) because their sensitivity and specificity are high and they are approved by the U.S. Food and Drug Administration for use on urogenital sites, including male and female urine, as well as clinician-collected endocervical, vaginal, and male urethral specimens. Most NAATs that are approved for use on vaginal swabs are also approved for use on self-collected vaginal specimens in clinical settings. Rectal and pharyngeal swabs can be collected from persons who engage in receptive anal intercourse and oral sex, although these collection sites have not been approved by the U.S. Food and Drug Administration.</p>

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<p>Reproductive Health</p>	<p>Hepatitis C</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening</p> <p>Updated 06/2013</p>	<p>The most important risk factor for HCV infection is past or current injection drug use. Another established risk factor for HCV infection is receipt of a blood transfusion before 1992.</p> <p>Additional risk factors include:</p> <ul style="list-style-type: none"> • long-term hemodialysis • being born to an HCV-infected mother • incarceration • intranasal drug use • getting an unregulated tattoo • other percutaneous exposures (such as in health care workers or from having surgery before the implementation of universal precautions). 	<p>Anti-HCV antibody testing followed by polymerase chain reaction testing for viremia is accurate for identifying patients with chronic HCV infection.</p> <p>Various noninvasive tests with good diagnostic accuracy are possible alternatives to liver biopsy for diagnosing fibrosis or cirrhosis.</p>
<p>Cancer Screening</p>	<p>Cervical Cancer</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening</p> <p>Updated 03/2012</p>		<p>The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.</p>

<p style="text-align: center;">Cancer Screening</p>	<p>Testicular Cancer</p> <p>Website: http://www.uspreventiveservicestaskforce.org/uspstf10/testicular/testicular_uprs.pdf</p> <p>Updated 04/2011</p>		<p>The United States Preventive Services Task Force recommends against screening for testicular cancer in adult males.</p>
<p style="text-align: center;">Safety/Violence</p>	<p>Family/Partner Violence</p> <p>Website: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</p> <p>Updated 01/2013</p>	<p>Women of child-bearing age are most at risk, however all women are at potential risk for abuse</p> <p>Factors that elevate risk include:</p> <ul style="list-style-type: none"> • young age • substance abuse • marital difficulties • economic hardships 	<p>Several screening instruments can be used to screen women for IPV. Those with the highest levels of sensitivity and specificity for identifying IPV are Hurt, Insult, Threaten, Scream (HITS) (English and Spanish versions); Ongoing Abuse Screen/Ongoing Violence Assessment Tool (OAS/OVAT); Slapped, Threatened, and Throw (STaT); Humiliation, Afraid, Rape, Kick (HARK); Modified Childhood Trauma Questionnaire–Short Form (CTQ-SF); and Woman Abuse Screen Tool (WAST).</p> <p>The HITS instrument includes 4 questions, can be used in a primary care setting, and is available in both English and Spanish. It can be self- or clinician-administered. HARK is a self-administered 4-item instrument. STaT is a 3-item self-report instrument that was tested in an emergency department setting.</p>

Area		
Infectious Diseases, including CDC Recommended Immunizations	Below is a list of vaccinations relevant to the adolescent age group, which the CDC regularly updates. The most current CDC immunizations page can be viewed here.	
	Td/Tdap	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf
	Human Papillomavirus	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv-gardasil-9.pdf
	Varicella	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf
	Measles, mumps, rubella	MMR Website: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf
		MMRV Website: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf
	Influenza	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf
	Pneumococcal (polysaccharide)	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.pdf
	Hepatitis A	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.pdf
	Hepatitis B	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf
	Hepatitis C	http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening
	Serogroup B Meningococcal (MenB):	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf
Quadrivalent Meningococcal	http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf	

For more information on the methodology used to develop these documents, please see [Ozer et al 2012](#).

Ozer EM, Urquhart JT, Brindis CD, Park M, Irwin CE. Young Adult Preventive Health Care Guidelines: There but Can't Be Found. *Arch Pediatr Adolesc Med.* 2012;166(3):240-247. doi:10.1001/archpediatrics.2011.794.

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