Summary of Clinical Preventive Services Guidelines for Young Adults Ages 18-25 (CPSG-YA Summary)

UCSF Division of Adolescent and Young Adult Medicine

NAHIC

Guidelines as of Apr. 7th, 2020, subject to change.

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Preventive Services	All $()$	At Risk (+)	Screening Test/Procedure and Other Notes
Nutrition/exercise/obesity			
Hypertension/Blood Pressure [†]	1		Screen every 3-5 years with BP < 130/85 mm Hg w/ no other risks
Dyslipidemia Screening	$\sqrt{}$		Bright Futures once between 18-21 y.o., USPSTF insufficient evidence
Obesity/BMI	1		[Weight (lb.)/Height (in)] x 703
Healthy diet and physical activity [†]		+	Intensive behavioral counseling
Substance Use			
Alcohol (screening and counseling)	1		NIAAA Screening, AUDIT, √ Bright Futures
Tobacco screening and counseling	$\sqrt{}$		5-A Framework (Ask, Advise, Assess, Assist, Arrange), combination
for non-pregnant adults†	-		pharmacotherapy and behavioral interventions
Tobacco screening and counseling	V		5-A Framework (Ask, Advise, Assess, Assist, Arrange), should undergo
for pregnant women [†]	.1		behavioral interventions
Illicit Drugs (screening and counseling)†	٧		√ Bright Futures* and ACOG**, USPSTF insufficient evidence
Mental Health/Depression	1		O
Depression (screening and treatment)	٧		Screening instruments: PHQ, EPDS
Suicide Screening	٧		√ Bright Futures and ACOG, USPSTF insufficient evidence
Safety/Violence			
Family/partner violence	1		HITS; OAS/OVAT; STaT; HARK; CTQ-SF; and WAST
Fighting	1		√ Bright Futures and ACOG
Helmets	1		√ Bright Futures and ACOG
Seat belts	V		√ Bright Futures and ACOG
Guns	V		√ Bright Futures and ACOG
Bullying	V		√ Bright Futures only
Reproductive Health			· · · · · · · · · · · · · · · · · · ·
HIV	1		HIV Screening
STI (screening and counseling) [†]		+	High-Intensity Counseling Interventions
Syphilis		+	RPR or VDRL followed by TPPA or FTA-ABS if first test result positive
Gonorrhea (females)†		+	NAATs; test if \leq 24 and sexually active or if \geq 25 and at increased risk
Chlamydia (females†)		+	NAATs; test if \leq 24 and sexually active or if \geq 25 and at increased risk
Chlamydia & Gonorrhea (male)†		+	+ Bright Futures, USPSTF insufficient evidence
Birth Control Methods	1	+	√ ACOG, + Bright Futures
Pregnancy		+	+ Bright Futures
Folic Acid		+	Women planning/capable of pregnancy should take folic acid daily
Cancer Screening			
Cervical Cancer		+	Females ages 21+: Cytology (pap smear) every 3 years
Skin Cancer		+	Counseling for individuals aged 6 months – 24 yrs with fair skin type
Testicular Cancer (self/clinician exam)	V		√ Bright Futures for all males 18-21, USPSTF recommends against
BRCA-Related Cancer		+	Family Hx of breast, ovarian, tubal, or peritoneal cancer
Infectious Diseases including CDC Immu	nization		
Td/Tdap	1		1 dose Tdap, then Td booster every 10 years
Human papillomavirus	1		HPV vaccine for males and females up to age 26; 2-3 lifetime doses
Varicella (LIVE VACCINE)	√***		2 lifetime doses at least 4 weeks apart ***See below
Measles, mumps, rubella	1		1 or 2 lifetime doses at least 4 weeks apart
Influenza	· \		1 dose annually
Pneumococcal	1	+	PCV13: 1 lifetime dose PPSV23: 1-2 lifetime doses
Hepatitis A	√	'	Havrix or Vaqta: 2 doses Twinrix for those not at higher risk: 3 doses
Hepatitis B	√		Heplisav-B: 2 doses Engerix-B, Recombivax HB, or Twinrix: 3 doses
Meningococcal Quadrivalent	√		1-2 doses depending on risk, then booster every 5 years if risk remains
Serogroup B Meningococcal	٧	+	Men B vaccine (2 or 3-dose series) to those 16-23 years old
Hepatitis C Screening	V	I ⁻	Anti–HCV antibody testing, polymerase chain reaction testing
repaires C bercening	1		min me, and body testing, polymerase chain reaction testing

Bold = US Preventive Services Task Force (USPSTF) A or B Recommendation or CDC recommendations for immunizations.

Current evidence is insufficient to assess the balance of benefits and harms of service. $\sqrt{\ }$ = All young adults += Young adults at risk For more info, please visit **USPSTF** website.

† USPSTF update in progress.

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^{*} Bright Futures: recommendations are for annual visits, up to age 21.

^{***}American Congress of Obstetricians and Gynecologists (ACOG) recommendations, uptoage 26.
***The varicella vaccine should NOT be given to patients with these contraindications.