

## Summary of Clinical Preventive Services Guidelines for Young Adults Ages 18-25 (CPSG-YA Summary) UCSF Division of Adolescent and Young Adult Medicine

Updated September 28th, 2020

| II (√)       | At Risk (+) | Screening Test/Procedure and Other Notes   |
|--------------|-------------|--|
|              |             |  |
| √            |             | Screen every 3-5 years with BP < 130/85mm Hg w/ no other risks   |
|              |             | √ Bright Futures once between 18-21 y/o; USPSTF insufficient evidence  |
| √            |             | [Weight (lb.)/Height (in)] x 703   |
|              | +           | Intensive behavioral counseling  |
|              | •           | · ·  |
| √            |             | NIAA Screening; AUDIT; √ Bright Futures  |
| V            |             | 5-A Framework (Ask, Advise, Assess, Assist, Arrange); should undergo behavioral interventions                    |
| V            |             | 5-A Framework (Ask, Advise, Assess, Assist, Arrange); should undergo behavioral interventions                    |
|              |             | √ Bright Futures* and ACOG**, USPSTF insufficient evidence   |
| <u>v</u>     |             |  |
| √            | 1           | Screening instruments: PHQ, EPDS   |
| <br>√        |             | √ Bright Futures and ACOG, USPSTF insufficient evidence  |
| ν            |             | V bright l'utales and ACOO, 05/5/1/insumclent evidence   |
|              | 1           | HITS; OAS/OVAT; STaT; HARK; CTQ-SF; and WAST   |
| <u>√</u>     |             | √ Bright Futures and ACOG  |
| <u>√</u>     |             | √ Bright Futures and ACOG  |
| √<br>√       |             | √ Bright Futures and ACOG  |
|              | 1           | √ Bright Futures and ACOG  |
|              | 1           |  |
| ν            |             | Bright Futures only  |
| 1            | 1           | UN/ Care anima   |
| √            |             | HIV Screening  |
|              | + +         | High-Intensity Counseling Interventions RPR or VDRL followed by TPPA or FTA-ABS if first test result is positive |
|              | + +         | NAATs; test if $\leq 24$ and sexually active or if $\geq 25$ and at increased risk                               |
|              | + +         | NAATs; test if $\leq 24$ and sexually active of if $\geq 25$ and at increased risk                               |
|              | +           | Bright Futures, USPSTF insufficient evidence   |
|              | + +         | $\sqrt{ACOG}$ , + Bright Futures   |
| ٧            | + +         | + Bright Futures   |
|              | +           | Women planning/capable of pregnancy should take folic acid daily   |
|              | <u> </u>    | women planning/capable of pregnancy should take fond acid daily  |
|              |             | E-mailed and a 21. C table of from an end and a second and a   |
|              | +           | Females aged $\geq$ 21: Cytology (pap smear) every 3 years   |
|              | +           | Counsel those aged 10-24 years with fair skin on reducing UV exposure  |
| $\checkmark$ |             | √ Bright Futures for all males 18-21, USPSTF recommends against  |
| nendati      | +           | Family Hx of breast, ovarian, tubal, or peritoneal cancer  |
|              | lons        |  |
| √            |             | 1 dose Tdap, then Td booster every 10 years  |
| √            |             | HPV vaccine for male and females up to age 26; 2-3 lifetime doses  |
| √            |             | 2 lifetime doses at least 4 weeks apart ***See below   |
| <u>√</u>     |             | 1 or 2 lifetime doses at least 4 weeks apart   |
| √            | <br>  .     | 1 dose annually  |
|              | +           | PCV13: 1 lifetime dose; PPSV23: 1-2 lifetime doses   |
| √            | ļ           | Havrix or Vaqta: 2 doses; Twinrix (18+ y/o): 3-4 doses   |
| V            |             | Recombivax HB (11-15 y/o): 2 doses; Heplisav-B/Twinrix (18+ y/o): 2-3 lifetim<br>doses.                          |
| √            | ļ           | Anti-HCV antibody testing, polymerase chain reaction testing   |
| √            |             | 2 lifetime doses   |
|              | -           | √  |

## 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 adolescents + = Adolescents at risk. For more information, please view the <u>appendix</u>, and visit the <u>official website</u>.

\* Bright Futures: recommendations are for annual visits, up to age 21.

\*\* American Congress of Obstetricians and Gynecologists (ACOG)

recommendations, up to age 26.

\*\*\* The varicella vaccine should NOT be given to patients with these <u>contraindications</u>. **Cite as:** National Adolescent and Young Adult Health Information Center (2020). Summary of Clinical Preventive Services Guidelines for Adolescents up to Age 18. San Francisco, CA: National Adolescent and Young Adult Health Information Center, University of California, San Francisco. Retrieved from: <u>http://nahic.ucsf.edu/resource\_center/adolescent-guidelines/</u>.