# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

The United States Preventive Services Task Force develops clinical preventive services recommendations for primary care clinicians, based on rigorous evidence reviews. This document provides a broad overview of key recommendations pertaining to young adults ages 18-25. For information on screening, please visit the USPSTF website. For information on vaccines, please visit the CDC website.

## Area: Nutrition, Exercise, Obesity

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Hypertension / High Blood Pressure**<br><br>Source:<br>(2021, April). *High Blood Pressure in Adults: Screening.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening | The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. | Screening<br>Office blood pressure measurement (OBPM) is most commonly performed using a manual or automated sphygmomanometer. Various OBPM protocols are available; however, in the studies reviewed by the USPSTF, OBPM was measured at the brachial artery (upper arm) with the patient most commonly in a seated position after 5 minutes of rest and medical personnel present during measurement. Ambulatory blood pressure monitoring (ABPM) and home blood pressure monitoring (HBPM) with validated and accurate devices should be used outside of a clinical setting to confirm a diagnosis of hypertension before starting treatment.<br><br>The benefits of treatment of hypertension in preventing important health outcomes such as stroke, heart failure, and coronary heart disease events are well documented.<br><br>Treatment can include lifestyle changes, pharmacotherapy, or both. Selection of treatment can vary depending on severity of blood pressure elevation, age, and other risk factors.<br><br>This recommendation provides additional tools and resources in the “Practice Considerations” section, including resources for health profressionals from the CDC. |

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UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Nutrition, Exercise, Obesity**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Weight Loss**<br>**Update in Progress**<br><br>Source:<br>(2018, September). *Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions | The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions. | The USPSTF recommends that clinicians offer or refer at-risk adults to intensive, multicomponent behavioral interventions.<br>Most effective interventions:<br>• last 1 to 2 years;<br>• encouraged self-monitoring of weight;<br>• provide tools to support weight loss or weight loss maintenance (e.g., pedometers, food scales, or exercise videos).<br><br>Interventions used various delivery methods (group, individual, mixed, and technology- or print-based).<br>• Most of the individual-based interventions provided individual counseling sessions.<br>• Among technology-based interventions, intervention components included:<br>  ○ computer- or web-based intervention modules;<br>  ○ web-based self-monitoring;<br>  ○ mobile phone–based text messages;<br>  ○ smartphone applications;<br>  ○ social networking platforms;<br>  ○ DVD learning.<br><br>Interventionists ranged considerably across studies, including varying degrees of involvement for the primary care clinician. Other included behavioral therapists, psychologists, registered dietitians, exercise physiologists, lifestyle coaches, and other staff. |

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UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

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|---|---|---|
| **Healthy Diet and Physical Activity**<br><br>Source:<br>(2020, November). *Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd | This recommendation applies to adults aged 18 years or older who are at increased risk of Cardiovascular Disease (CVD).<br><br>Persons at increased CVD risk have:<br>• known hypertension or elevated blood pressure, dyslipidemia;<br>• mixed or multiple risk factors such as metabolic syndrome or an estimated 10-year CVD risk of 7.5% or greater. | Behavioral counseling interventions usually:<br>• combine counseling on a healthy diet and physical activity and are usually intensive, with multiple contacts that include either individual or group counseling sessions over extended periods (a medical of 12 contacts, over 6 to 18 months);<br>• involve 1-on-1 time with an interventionist and include motivational interviewing and behavioral change techniques<br><br>Primary care clinicians as well as a wide range of specially trained professionals can deliver these interventions.<br>Common dietary counseling advice includes reductions in saturated fats, sodium, and sweets/sugars and increased consumption of fruits, vegetables, and whole grains. The Dietary Approaches to Stop Hypertension (DASH) diet, low-sodium diet, and the Mediterranean diet are commonly recommended diets.<br>Physical activity counseling focuses on patients achieving 90 to 180 minutes per week of moderate to vigorous activity |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Substance Use**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Alcohol: Screening and Counseling**<br><br>(2018, November). *Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions | The USPSTF recommends:<br>• screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and<br>• providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. | To determine the presence unhealthy alcohol use, USPSTF recommends an initial use of a 1- to 3-item screening instrument, including:<br>• the abbreviated Alcohol Use Disorders Identification Test–Consumption (AUDIT-C);<br>• the NIAAA-recommended Single Alcohol Screening Question (SASQ).<br><br>Positive screens should be followed by a longer instrument with greater specificity (e.g., AUDIT).<br><br>The USPSTF recommends brief behavioral counseling interventions for unhealthy alcohol use. Effective interventions were found to vary in features such as components and length. Highlights of effectives intervention include:<br>• Thirty percent were web-based.<br>• Nearly all consisted of 4 or fewer sessions and most had a total contact time of 2 hours or less.<br>• Primary care settings often used the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach.<br>• Most involved giving general feedback to participants (e.g., how their drinking fits with recommended limits, or how to reduce alcohol use).<br>• Most trials in young adults involved 1 or 2 in-person or web-based personalized normative feedback sessions in university settings.<br>• Interventions targeting adults other than college students were more likely to take place in primary care settings, have multiple sessions, and involve a primary care team<br>• Personalized normative feedback was often combined with motivational interviewing or more extensive cognitive behavioral counseling. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Substance Use**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Tobacco: Screening and Counseling for Adults, including Pregnant Adults**<br><br>Source:<br>(2021, January). *Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions | All adults, including pregnant persons. | Common approaches for clinicians to assess and intervene to address patients' tobacco use include the following:<br>• The 5 As: (1) Ask about tobacco use; (2) Advise to quit through clear, personalized messages; (3) Assess willingness to quit; (4) Assist in quitting; and (5) Arrange follow-up and support;<br>• "Ask, Advise, Refer," which encourages clinicians to ask patients about tobacco use, advise them to quit, and refer them to telephone quit lines, other evidence-based cessation interventions, or both;<br>• Vital Sign: Treating smoking status as a vital sign and recording smoking status at every health visit are also frequently used to assess smoking status.<br><br>Because many pregnant women who smoke do not report it, using multiple choice questions to assess smoking status in this group may improve disclosure.<br><br>Effective tobacco smoking cessation **interventions for nonpregnant adults** include behavioral counseling and pharmacotherapy, either individually or in combination.<br>• Combining behavioral and pharmacotherapy interventions has been shown to increase tobacco smoking cessation rates compared with either usual care/brief cessation interventions alone or pharmacotherapy alone. Most combination interventions include behavioral counseling involving several sessions (≥4), with planned total contact time usually ranging from 90 to 300 minutes.<br>• Many behavioral counseling interventions are available to increase tobacco smoking cessation in adults, including interventions delivered in the primary care setting or a community settings with feedback to the primary care clinician. The interventions studies by the USPSTF typically targeted individuals who were motivated to quit tobacco smoking. Effective interventions varied and included: physician advice; nurse advice; individual counseling with a cessation specialist; group behavioral interventions; telephone counseling; and mobile phone–based interventions.<br><br>The current pharmacotherapy interventions approved by the FDA for the treatment of tobacco smoking dependence in adults are: nicotine replacement therapy (NRT) (including nicotine transdermal patches, lozenges, gum, inhalers, or nasal spray), bupropion hydrochloride sustained-release and varenicline. Using a combination of NRT products (in particular, combining short-acting and plus long-acting forms of NRT) has been found to be more effective than using a single form of NRT. |

**Area: Substance Use**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| *(continued)*<br><br>**Tobacco:**<br>**Screening and Counseling for Adults, including Pregnant Adults**<br><br>Source:<br>(2021, January). *Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions | *(continued)*<br>All adults, including pregnant persons. | *(continued)*<br>Providing any **psychosocial intervention to pregnant persons** who smoke tobacco can increase smoking cessation. The intervention type most often studied in pregnant persons who smoke was counseling. Behavioral interventions were more effective when they:<br>• provided more intensive counseling;<br>• were augmented with messages and self-help materials tailored for pregnant persons;<br>• included messages about the effects of smoking on both maternal and fetal health and strong advice to quit as soon as possible.<br><br>Other interventions included: feedback, incentives, health education, and social support (provision of health education alone was not found to be effective).<br><br>Table 2 of this recommendation offers more information about behavioral counseling interventions for non-pregnant and pregnant adults. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Substance Use**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Unhealthy Drug Use**<br><br>Source:<br>(2020, June). *Unhealthy Drug Use: Screening.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening | The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older.<br>Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. | Primary care practices may consider several factors when selecting screening tools.<br>• Brief tools may be more feasible in busy primary care settings (e.g., NIDA [National Institute on Drug Abuse] Quick Screen, which asks 4 questions about use of alcohol, tobacco, nonmedical use of prescription drugs, and illegal drugs in the past year)<br>• Longer tools that assess risks associated with unhealthy drug use or comorbid conditions may reveal information signaling the need for prompt diagnostic assessment. (e.g., the 8-item ASSIST [Alcohol, Smoking and Substance Involvement Screening Test])<br>• Tools with questions about nonmedical use of prescription drugs may be useful when clinicians are concerned about prescription misuse. (e.g., TAPS [Tobacco, Alcohol, Prescription Medication, and Other Substance Use])<br>• One study reported that drug use questions in the PRO (Prenatal Risk Overview) risk assessment tool were reasonably accurate for identifying drug abuse or dependence in pregnant women.<br><br>Screening tools are not meant to diagnose drug dependence, abuse, addiction, or drug use disorders. Patients with positive screening results may need to be offered or referred for diagnostic assessment.<br><br>Treatment of drug use disorders is based on: the type of drug used; the severity of drug use; and the type of use disorder. Many drug use disorders are chronic, relapsing conditions, and many persons who start treatment do not complete treatment. Therefore, treatment must often be repeated to stabilize current drug use, reduce relapse, and achieve abstinence or other treatment goals.<br>• Pharmacotherapy, which is often provided with individual or group counseling, is the standard for treatment of opioid use disorders involving heroin or prescription opioid use in adults and pregnant and postpartum persons.<br>• Drug use disorders involving nonopioid drugs, (e.g., cannabis, stimulants, and some prescription drugs), are generally treated with various psychosocial interventions that usually involve multiple sessions of cognitive behavioral therapy, motivational interventions, contingency management, relapse prevention, community reinforcement, family behavioral therapy, 12-step facilitation therapy, or other behavioral approaches. Intensive interventions usually involve several in-person sessions over several weeks or months. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Mental Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Anxiety**<br><br>Source:<br>(2023, June). *Anxiety Disorders in Adults: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/anxiety-adults-screening | The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons. | Selected screening tools widely used in the US include<br>• versions of the Generalized Anxiety Disorder (GAD) scale,<br>• Edinburgh Postnatal Depression Scale (EPDS) anxiety subscale.<br><br>Anxiety screening tools alone are insufficient to diagnose anxiety disorders. If a screening test result is positive for an anxiety disorder, a confirmatory diagnostic assessment is needed.<br><br>Treatment for anxiety disorders in adults can include<br>• psychotherapy (e.g., cognitive behavioral, interpersonal, family, and acceptance and commitment therapy) and<br>• pharmacotherapy (e.g., antidepressants, antihistamines, β-blockers, anticonvulsant medications, and benzodiazepines).<br>• Anxiety treatment may also include relaxation and desensitization therapies.<br>• Transdiagnostic treatment approaches have also been developed for use with patients who have anxiety disorders, depression, or both conditions because of the overlap between depressive and anxiety disorders.<br><br>Clinicians are encouraged to consider the unique balance of benefits and harms in the perinatal period when deciding the best treatment for an anxiety disorder for a pregnant or breastfeeding person. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Mental Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
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| **Depression**<br><br>Source:<br>(2023, June). *Depression and Suicide risk in Adults: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening | 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. | Screening<br>Commonly used depression screening instruments include:<br>• the Patient Health Questionnaire (PHQ) in various forms in adults;<br>• the Center for Epidemiologic Studies Depression Scale (CES-D);<br>• the Geriatric Depression Scale (GDS) in older adults;<br>• the Edinburgh Postnatal Depression Scale (EPDS) in postpartum and pregnant persons.<br><br>All positive screening results should lead to additional assessments to confirm the diagnosis, determine symptom severity, and identify comorbid psychological problems.<br><br>Treatment<br>Effective treatment of depression in adults generally includes antidepressant medication or psychotherapy (e.g., cognitive behavioral therapy or brief psychosocial counseling), alone or in combination.<br>Clinicians are encouraged to consider the unique balance of benefits and harms in the perinatal period when deciding the best treatment for depression for a pregnant or breastfeeding person. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Safety / Violence**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Family / Partner Violence**<br>**Update in Progress**<br><br>Source:<br>(2018, October). *Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening | 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. | Screening Tests<br>The following instruments accurately detect IPV in the past year among adult women:<br>• Humiliation, Afraid, Rape, Kick (HARK; 4 questions that assess emotional and physical IPV in the past year);<br>• Hurt, Insult, Threaten, Scream (HITS; 4 items that assess the frequency of IPV);<br>• Extended–Hurt, Insult, Threaten, Scream (E-HITS; includes an additional question to assess the frequency of sexual violence);<br>• Partner Violence Screen (PVS; 3 items that assess physical abuse and safety);<br>• Woman Abuse Screening Tool (WAST; 8 items that assess physical and emotional IPV).<br><br>Most studies only included women who could be separated from their partners during screening, during the intervention, or both, so screening and the intervention could be delivered in private.<br><br>Clinicians should be aware of state and local reporting requirements, which vary considerably across jurisdiction. Some states require clinicians to report abuse to legal authorities, and most require reporting of injuries resulting from guns, knives, or other weapons.<br><br>Intervention<br>No studies definitively identified which intervention components resulted in positive outcomes. Based on the evidence from 3 studies, effective interventions generally:<br>• included ongoing support services that focused on counseling and home visits;<br>• addressed multiple risk factors (not just IPV);<br>• included parenting support for new mothers.<br>This recommendation includes a Box with more information about the components of effective ongoing support services. Studies that only included brief interventions and provided information about referral options were generally ineffective. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **HIV: Screening**<br><br>Source:<br>(2019, June). *Human Immunodeficiency Virus (HIV): Screening.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening | Screening is recommended for individuals 15-65 years old, including all pregnant women. | Current CDC guidelines recommend testing for HIV infection with an antigen/antibody immunoassay approved by the US Food and Drug Administration that detects HIV-1 and HIV-2 antibodies and the HIV-1 p24 antigen, with supplemental testing after a reactive assay to differentiate between HIV-1 and HIV-2 antibodies. If supplemental testing for HIV-1/HIV-2 antibodies is nonreactive or indeterminate (or if acute HIV infection or recent exposure is suspected or reported), an HIV-1 nucleic acid test is recommended to differentiate acute HIV-1 infection from a false-positive test result. CDC Guidelines are updated here.<br><br>When using a rapid HIV test for screening, positive results should be confirmed. Pregnant women presenting in labor with unknown HIV status should be screened with a rapid HIV test to get results as soon as possible.<br><br>Treatment<br>• No cure or vaccine for HIV infection currently exists.<br>• Early initiation of ART and other interventions effectively reduce the risk of clinical progression to AIDS, AIDS-defining clinical events, and mortality. Also, studies to date have shown that when ART leads to viral suppression, no cases of virologically linked HIV transmission have been observed.<br>• Interventions other than ART include prophylaxis for opportunistic infections when clinically indicated, immunizations, and cancer screening.<br>• ART treatment in pregnant women living with HIV and use of other precautions substantially decrease the risk of transmission to the fetus, newborn, or infant.<br>• The clinical treatment of HIV infection is a dynamic scientific field. The Panel on Antiretroviral Guidelines for Adults and Adolescents of the US Department of Health and Human Services regularly updates guidelines for HIV treatment regimens. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

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|---|---|---|
| **Preexposure Prophylaxis for HIV Infection (PrEP)**<br><br>Source:<br>(2019, June). *Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis | The USPSTF recommends that the following persons be considered for PrEP:<br>Men who have sex with men, are sexually active, and have 1 of the following characteristics:<br>• a serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV);<br>• inconsistent use of condoms during receptive or insertive anal sex;<br>• a sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia within the past 6 months.<br><br>Heterosexually active women and men who have 1 of the following characteristics:<br>• a serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV);<br>• inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or a man who has sex with men and women);<br>• an STI with syphilis or gonorrhea within the past 6 months.<br><br>Persons who inject drugs and have 1 of the following characteristics:<br>• shared use of drug injection equipment;<br>• risk of sexual acquisition of HIV (see above). | The CDC maintains an HIV prevention website, this includes:<br>• Guidelines for PrEP; as of August 2023, the most recent update is dated 2021. A new update is in progress.<br>• additional guidance and tools for clinicians.<br><br>More tools and information are available from this USPSTF recommendation, under “Practice Considerations.” |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Sexually Transmitted Infections (STIs): Behavioral Counseling**<br><br>Source:<br>(2020, August). *Sexually Transmitted Infections: Behavioral Counseling*.<br><br>Retrieved from https://uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling | This recommendation applies to all sexually active adolescents and to adults at increased risk for STIs.<br><br>Adults at increased risk for STIs include those who:<br>• currently have an STI or were diagnosed with one within the past year,<br>• do not consistently use condoms, have multiple sex partners, or<br>• have sex partners within populations with a high prevalence of STIs.<br>Populations with a high prevalence of STIs include:<br>o persons who seek STI testing or attend STI clinics;<br>o sexual and gender minorities;<br>o persons who are: living with HIV; inject drugs; have exchanged sex for money or drugs; or have entered correctional facilities;<br>o some racial/ethnic minority groups. | To determine which adults might engage in activities that may increase their risk for STIs, clinicians should routinely ask their patients for pertinent information about their sexual history.<br><br>Intervention approaches include in-person counseling, videos, websites, written materials, telephone support, and text messages. Most successful approaches:<br>• provide information on common STIs and STI transmission;<br>• assess the person's risk for acquiring STIs;<br>• aim to increase motivation or commitment to safer sex practices;<br>• provide training in condom use, communication about safer sex, problem solving, and other pertinent skills.<br><br>Interventions that include group counseling and involve high total contact times (defined in the evidence review as more than 120 minutes), often delivered over multiple sessions, are associated with larger STI prevention effects. However, some less intensive interventions have been shown to reduce STI acquisition, increase condom use, or decrease number of sex partners. Interventions shorter than 30 minutes tended to be delivered in a single session.<br><br>More tools and information are available from this USPSTF recommendation, under "Practice Considerations." |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Syphilis: Screening for Non-Pregnant Adults**<br><br>(2022, September). *Syphilis Infection in Nonpregnant Adults and Adolescents: Screening.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening | The USPSTF recommends screening for syphilis in persons who are at increased risk for infection.<br><br>To assess who is at increased risk, the USPFTF recommends considering<br>• the prevalence of infection in the communities they serve; and<br>• sociodemographic and behavioral factors that may be associated with increased risk of syphilis infection.<br><br>Individual factors associated with higher prevalence of syphilis include:<br>• men who have sex with men;<br>• persons with HIV infections, of history of incarceration, sex work or military services;<br>• among heterosexuals, use of illicit drugs, particularly methamphetine;<br>• diagnoses of another sexually transmitted infection, which may signal sex without a condom. | Current syphilis screening tests rely on detection of antibodies rather than direct detection of the organism that causes syphilis, *Treponema pallidum*.<br>• A *traditional screening algorithm* is a 2-step process involving an initial nontreponemal test (e.g., Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR] test) followed by a confirmatory treponemal antibody detection test (e.g., *T pallidum* particle agglutination [TP-PA] test).<br>• A more recently developed *reverse sequence algorithm* uses an automated treponemal test (e.g., enzyme-linked or chemiluminescence immunoassay) for the initial screening, followed by a nontreponemal test for reactive samples. Discordant results in the reverse sequence are resolved with a second confirmatory treponemal test, preferably testing for different antigens than the initial test.<br><br>The effectiveness of parenteral penicillin G for the treatment of primary, secondary, and latent syphilis is well established. Dosage and the length of treatment depend on the stage and symptoms of the infection. Clinicians are encouraged to refer to the CDC's STI Treatment Guidelines for the most up-to-date treatment guidance. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Syphilis:**<br>**Screening for Pregnant Women**<br>**Update in Progress**<br><br>Source: (2018, September). *Syphilis Infection in Pregnant Women: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening | The USPSTF recommends early screening for syphilis infection in all pregnant women. | This 2018 recommendation outlines two testing procedures:<br>• Traditionally, screening involved an initial "nontreponemal" antibody test (ie, Venereal Disease Research Laboratory test or rapid plasma reagin [RPR] test) to detect biomarkers released from damage caused by syphilis infection, followed by a confirmatory "treponemal" antibody detection test (i.e.,, fluorescent treponemal antibody absorption or *T pallidum* particle agglutination test).<br>• Because nontreponemal tests are complex, a reverse sequence screening algorithm has been developed in which an automated treponemal test (such as an enzyme-linked, chemiluminescence, or multiplex flow immunoassay) is performed first, followed by a nontreponemal test. If the test results of the reverse sequence algorithm are discordant, a second treponemal test (preferably using a different treponemal antibody) is performed.<br><br>Clinicians are encouraged to refer to the CDC's STD Treatment and Screening website for the most up-to-date information on screening. As of August 2023, the most recent STI Treatment Guidelines were published in 2021. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Sexual / Reproductive Health**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Gonorrhea and Chlamydial Infection**<br><br>Source:<br>(2021, September). *Chlamydia and Gonorrhea: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening | The USPSTF recommends screening for chlamydia and gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.<br><br>For women ages 25+, risk risk factors include:<br>• a new sex partner<br>• More than 1 sex partner<br>• a sex partner with concurrent partners<br>• a sex partner who has a sexually transmitted infection;<br>• inconsistent condom use among persons who are not in mutually monogamous relationships;<br>• previous or coexisting STI;<br>• exchanging sex for money or drugs;<br>• history of incarceration. | Nucleic acid amplification tests (NAATs) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections are usually used for screening because their sensitivity and specificity are high for detecting these infections. The FDA approves NAATs for use on urogenital and extragenital sites, including urine, endocervical, vaginal, male urethral, rectal, and pharyngeal specimens. Urine testing with NAATs is at least as sensitive as testing with endocervical specimens, clinician- or self-collected vaginal specimens, or urethral specimens in clinical settings. The same specimen can be used to test for chlamydia and gonorrhea.<br><br>Clinicians are encouraged to refer to the CDC's STD Treatment and Screening website for the most up-to-date information on screening. As of August 2023, the most recent STI Treatment Guidelines were published in 2021. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Cancer Screening**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Cervical Cancer:**<br>**Update In progress**<br><br>Source:<br>(2018, March). *Cervical Cancer Prevention: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening | The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. | Current evidence indicates that there are no clinically important differences between liquid-based cytology and conventional cytology. A variety of platforms are used to detect hrHPV; most use either signal or nucleic acid amplification methods.<br><br>Clinical trial evidence and modeling suggest that different triage protocols have generally similar detection rates for CIN 2 and CIN 3; however, proceeding directly to diagnostic colposcopy without additional triage leads to a much greater number of colposcopies compared with using other triage protocols.<br><br>Maintaining comparable benefits and harms of screening with cytology alone or hrHPV testing alone requires that patients, clinicians, and health care organizations adhere to currently recommended protocols for repeat testing, diagnostic colposcopy, and treatment |
| **Skin Cancer:**<br>**Behavioral Counseling**<br><br>Source:<br>(2018, March). *Skin Cancer Prevention: Behavioral Counseling*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling | 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.<br>The USPSTF defined fair skin type as follows:<br>• pale skin;<br>• light hair and eye color,<br>• freckles; or<br>• those who sunburn easily. | Behavioral Counseling Interventions<br>• All studies conducted in children and adolescents focused on sun protection behaviors.<br>• Most were directed at parents, and some provided child-specific materials or messages.<br>• Half of the interventions included face-to-face counseling, and all included print materials.<br>• Three studies provided the intervention in conjunction with well-child visits. |

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UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Cancer Screening**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **BRCA-related Cancer**<br><br>Source:<br>(2019, August). *BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing.*<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing | This recommendation applies to women who are asymptomatic for BRCA-related cancer and have unknown BRCA mutation status, *including* those have been previously diagnosed with BRCA-related cancer but have completed treatment and are considered cancer free.<br><br>Women who have the following risk factors should be screened:<br>• Personal or family history of breast, ovarian, tubal, or peritoneal cancer<br>• Ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations.<br>• A known potentially harmful mutation in the *BRCA1* or *BRCA2* genes | USPSTF has identified several brief risk assessment tools that are validated and accurate in assessing women's family history related to BRCA-related cancer:<br>• the Ontario Family History Assessment Tool (Table 1)<br>• Manchester Scoring System (Table 2)<br>• Referral Screening Tool (Table 3)<br>• Pedigree Assessment Tool (Table 4)<br>• 7-Question Family History Screening Tool (Table 5)<br>• International Breast Cancer Intervention Study instrument (Tyrer-Cuzick) (Table 6)<br>• brief versions of BRCAPRO<br><br>Women with a positive result on the risk assessment tool should receive genetic counseling by a trained health professional and, if indicated after counseling, genetic testing.<br><br>This recommendation's "Clinical Considerations" section provides addition guidance and resources related to genetic counseling and testing. |

# Clinical Preventive Services Guidelines for Young Adults Ages 18-25: Recommended Screening and Interventions

UCSF Division of Adolescent and Young Adult Medicine

Updated August 2023

**Area: Infectious Diseases**

| Topic | Recommended Population | Recommended Screening Test / Intervention |
|---|---|---|
| **Hepatitis B**<br><br>Source:<br>(2020, December). *Hepatitis B Virus Infections in Adolesents and Adults: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening | Important risk groups for HBV infection with a prevalence that should be screened include<br>• Persons born in countries and regions with a high prevalence of HBV infection (≥2%), such as Asia, Africa, the Pacific Islands, and parts of South America<br>• US-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (≥8%)<br>• HIV-positive persons<br>• Persons with injection drug use and needle sharing-contacts<br>• Men who have sex with men<br>• Household contacts or sexual partners of persons with HBV infection | Screening for those in risk groups<br>Screening for hepatitis B should be performed with HBsAg tests approved by the FDA, followed by a confirmatory test for initially reactive results.<br>A positive HBsAg result indicates chronic or acute infection. Serologic panels performed concurrently with or after HBsAg screening allow for diagnosis and to determine further management.<br><br>Interventions<br>Persons with testing results indicative of acute or chronic HBV infection generally receive education about reducing the risk of transmission to others (e.g., during childbirth or with sex and needle-sharing partners and household contacts).<br><br>Between 20% and 40% of patients with chronic HBV infection will require treatment.<br>Several antiviral medications are approved by the FDA for treatment of chronic HBV infection |
| **Hepatitis C Screening**<br><br>Source:<br>(2020, March). *Hepatitis C Virus Infection in Adolescents and Adults: Screening*.<br><br>Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening | Screening is recommended for all adults aged 18 to 79 years. Including pregnant adults, without known liver disease. | Screening with anti-HCV antibody testing followed by polymerase chain reaction testing for HCV RNA is accurate for identifying patients with chronic HCV infection.<br>Diagnostic evaluations are often performed with various noninvasive tests that have lower risk for harm than liver biopsy for diagnosing fibrosis stage or cirrhosis in persons who screen positive.<br><br>The purpose of antiviral treatment regimens for HCV infection is to prevent long-term health complications of chronic HCV infection (e.g., cirrhosis, liver failure, and hepatocellular carcinoma).<br><br>Currently, all oral direct-acting antiviral (DAA) regimens without interferon have been accepted as the standard treatment for chronic HCV infection. Antiviral therapy is not generally considered during pregnancy because of the lack of data on the safety of newer DAA regimens during pregnancy and breastfeeding. |

## Area: Infectious Diseases, including CDC Recommended Immunizations

Below is a list of infectious disease relevant to young adults for which there are vaccines and other preventive interventions. The CDC regularly updates its vaccine recommendations.

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| **Hepatitis A** | https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.pdf |
| **Hepatitis B** | https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf |
| **Hepatitis C** | https://www.cdc.gov/hepatitis/hcv/patienteduhcv.htm |
| **Influenza** | https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html<br>https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html |
| **Td/Tdap** | http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf |
| **COVID-19** | https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#not-immunocompromised |

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