



2024-2025

Preventive Health Guidelines



VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

Well Child Visits

Contact your primary care provider to discuss the care that is appropriate for you.

CHILDHOOD IS A TIME OF RAPID GROWTH and change, frequent well child visits are important to ensure proper growth and development and for preventive guidelines.

Special attention is paid to whether the child has met the normal developmental milestones. After the baby is born, the first visit should be within 2 weeks. There-after, visits should occur at the following points:

- By 2, 4, 6, 9 months
- 1 year
- 15 months
- 18 months
- 2, 3, 4, 5, 6, 7, 8, 9, 10 years
- Each year after until age 21



It is important that your child have at least six well child visits by 15 months old.

Recommended Immunizations for Children from Birth through 6 Years Old

2025

VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS		
RSV antibody	Depends on mother's RSV vaccine status							Depends on child's health status								
Hepatitis B	Dose 1	Dose 2		Dose 3												
Rotavirus		Dose 1	Dose 2	Dose 3												
DTaP		Dose 1	Dose 2	Dose 3						Dose 4	Dose 5					
Hib		Dose 1	Dose 2	Dose 3						Dose 4						
Pneumococcal		Dose 1	Dose 2	Dose 3						Dose 4						
Polio		Dose 1	Dose 2	Dose 3							Dose 4					
COVID-19	At least 1 dose of the current COVID-19 vaccine															
Influenza/Flu	Every year. Two doses for some children															
MMR									Dose 1							Dose 2
Chickenpox									Dose 1							Dose 2
Hepatitis A									2 doses separated by 6 months							

- KEY**
- ALL children should be immunized at this age
 - SOME children should get this dose of vaccine or preventive antibody at this age

- Talk to your child's health care provider for more guidance if:**
1. Your child has any medical condition that puts them at higher risk for infection.
 2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
 3. Your child misses a vaccine recommended for their age.



FOR MORE INFORMATION
 Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
 Or visit: www2.cdc.gov/vaccines/childquiz/



American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN™

Childhood Immunization

VACCINES PREVENT DISEASE IN PEOPLE WHO OBTAIN THEM and protect those who come into contact with unvaccinated individuals. Vaccines are responsible for the control of many communicable diseases that were once widespread in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib). Before vaccines, many children died from diseases that vaccines now inhibit, such as whooping cough, measles, and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as frequently. Immunizing individual children also improves the wellbeing of our community, especially those people who are not immunized. People who are not immunized include those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons (example: children with leukemia), and those who cannot make a satisfactory response to vaccination.

Contact your VCHCP Primary Care Provider to discuss the vaccination that is appropriate for your child.

When Do Children and Teens Need Vaccinations?

RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
HPV			ALL children in age group can get the vaccine		ALL children in age group should get the vaccine							
Tdap					ALL children in age group should get the vaccine							
Meningococcal ACWY					ALL children in age group should get the vaccine					ALL children in age group should get the vaccine		
Meningococcal B										PARENTS/CAREGIVERS SHOULD TALK TO THEIR HEALTH CARE PROVIDER TO DECIDE IF THIS VACCINE IS RIGHT FOR THEIR CHILD		
Influenza/Flu	Every year. Two doses for some children		Every year									
COVID-19	At least 1 dose of the current COVID-19 vaccine											
Mpox												ALL children in age group should get the vaccine
Dengue			ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection									

- KEY**
- ALL children in age group should get the vaccine
 - ALL children in age group can get the vaccine
 - SOME children in age group should get the vaccine
 - PARENTS/CAREGIVERS SHOULD TALK TO THEIR HEALTH CARE PROVIDER TO DECIDE IF THIS VACCINE IS RIGHT FOR THEIR CHILD

- Talk to your child's health care provider for more guidance if:**
- Your child has any medical condition that puts them at higher risk for infection or is pregnant.
 - Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
 - Your child misses any vaccine recommended for their age or for babies and young children.



FOR MORE INFORMATION
 Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
 Or visit: www2.cdc.gov/vaccines/childquiz/



Lead Screening

WE WOULD LIKE TO REMIND YOU OF THE IMPORTANCE OF HAVING your child screened for lead toxicity. Lead screening is recommended for children at 12 months and by age 24 months. All children under the age of 6 years old are at danger for lead poisoning because they are growing so quickly and because they have a tendency to put their hands or other objects, which may be tainted with lead dust, into their mouths. Lead exposure in young children is of particular concern because children absorb lead more easily than adults and children's developing nervous systems are mainly vulnerable to the undesirable effect of lead.

LEAD POISONING IS WHEN THERE IS TOO MUCH LEAD IN THE BODY. The body carries the lead in the blood to soft tissues and bones where it can be stored for many years. Lead harms several organs, including the nervous system and kidneys. Lead poisoning is fully preventable, and it is caused by exposure to lead that is either eaten or inhaled, in the form of dust. The key is stopping children from coming into contact with lead.

There are many ways parents can diminish a child’s exposure to lead such as:

- **Lead hazards in a child’s environment** must be recognized and controlled or removed safely. Lead-based paint and lead tainted dust are the main sources of exposures for lead in U.S. children. All houses built before 1978 are likely to contain some lead-based paint. The deterioration of this paint causes a problem. Make sure your child does not have contact to peeling paint or chewable surfaces painted with lead-based paint.
- **Frequently wash children’s hands and toys.** Stay away from using containers or cookware that is not shown to be lead free.
- **Remove recalled toys and jewelry** right away from children.

Contact your VCHCP Primary Care Provider to discuss lead screening for your child.

Well Child Visits for Adolescents

Although you/your child will be making less frequent visits to his/her primary care doctor now that your child is older, his/her growth and development will still need to be closely monitored. Check ups are generally done every year until age 21. Contact your primary care provider to discuss the care that is appropriate for you.

PEDIATRIC SCREENING AND PREVENTION GUIDELINES

This guideline is a distillation of recommendations from the medical literature, including: American Academy of Pediatrics (AAP). This U.S. Preventive Services Task Force; Institute for Clinical Systems Improvement (ICSI). These guidelines apply to those who do not have symptoms of disease or illness. Each child and family is unique; therefore, recommendations for preventive pediatric health care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may be necessary if circumstances suggest variations from normal.

AGE	INFANCY								EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE														
	Prenatal	Newborn	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																	
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index																•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																	
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																	
Maternal Depression Screening				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Autism Spectrum Disorder Screening													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment																							★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening																							•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES																																	
Newborn Blood		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Bilirubin		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Critical Congenital Heart Defect		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia						★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead						★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculosis				★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dyslipidemia												★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sexually Transmitted Infections																							★	★	★	★	★	★	★	★	★	★	★
HIV																							★	★	★	★	★	★	★	★	★	★	★
Hepatitis B Virus Infection		★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hepatitis C Virus Infection																																	
Sudden Cardiac Arrest/Death																							★	•	•	•	•	•	•	•	•	•	•
Cervical Dysplasia																																	
ORAL HEALTH																																	
Fluoride Varnish																																	
Fluoride Supplementation																																	
ANTICIPATORY GUIDANCE		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Immunization for Adolescents

VACCINES PREVENT DISEASE IN PEOPLE who obtain them and protect those who come into contact with unvaccinated individuals.

Vaccines suggested for adolescents are underused, leaving our nation’s teens susceptible to serious morbidity, even death. Vaccines are responsible for the control of many communicable diseases that were once widespread in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, Haemophilus influenzae type b (Hib), meningitis, influenza and Human Papilloma Virus (HPV). Please note that as of October 25, 2011, the Advisory Committee on Immunization Practices (ACIP) recommends that all 11-12 year-old males be vaccinated against HPV. Please consult your Primary Care Physician.”

Contact your VCHCP Primary Care Provider to discuss the vaccination that is appropriate for your child.

Schools in California are now requiring that all adolescents in 7th to 12th grade receive the Tdap vaccine. Tdap vaccine is a covered benefit for the Plan and there is no co-payment required for this preventive service.

Vaccinations for Preteens and Teens

Age 11-19 Years

Getting immunized is a lifelong, life-protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you’ve had all the vaccinations you need.

VACCINE	DO YOU NEED IT?
Chickenpox (varicella; Var)	YES! Chickenpox vaccine is usually given in early childhood. If you haven’t been vaccinated and haven’t had chickenpox, you need 2 doses of this vaccine.
COVID-19	YES! You need to be vaccinated, even if you have had COVID-19 in the past. Which vaccine you need now depends on current CDC recommendations.
Hepatitis A (HepA)	YES! HepA is recommended for all people age 1–18 years. The HepA series is usually given in early childhood. If you started a series, but didn’t complete it, you can finish from where you left off.
Hepatitis B (HepB)	YES! HepB is recommended for all people age 0–18 years. The HepB series is usually given in infancy. If you started a series, but didn’t complete it, you can finish from where you left off.
Haemophilus influenzae type b (Hib)	YES! If you haven’t been vaccinated against Hib and have a high-risk condition (such as a non-functioning spleen), you need this vaccine.
Human Papillomavirus (HPV)	YES! HPV vaccine is routinely given to preteens at age 11 or 12 but may be started at age 9. Older teens who haven’t been vaccinated will need 2 or 3 doses. This vaccine protects against HPV, a common cause of several types of cancer.
Influenza (Flu)	YES! To stay healthy and active, you need an annual influenza vaccination every fall or winter for the rest of your life.
Measles, Mumps, Rubella (MMR)	YES! MMR vaccine is usually given in early childhood. You need 2 doses of MMR vaccine if you have not already received them.
Meningococcal ACWY (MenACWY, MCV4)	YES! All preteens and teens need 2 doses of MenACWY vaccine, the first at age 11–12 years and the second at age 16 years. If you are a first-year college student living in a residence hall, you need a dose of MenACWY if you never received it or received it when you were younger than 16. If you have an ongoing high-risk health condition, you will also need boosters. Ask your healthcare provider if you have a risk factor. A combination MenABCWY is an option when both MenACWY and MenB vaccines are needed.
Meningococcal B (MenB)	YES! Teens who want to be protected from meningitis type B should receive 2 doses of MenB vaccine starting at age 16. Preteens and teens with certain risk conditions should be vaccinated also, and receive boosters if their risk is ongoing. Ask your healthcare provider if you have a risk factor. A combination MenABCWY is an option when both MenACWY and MenB vaccines are needed.
Pneumococcal	Maybe. Do you have an ongoing health condition? If so, check with your healthcare provider to find out if you need one or two types of pneumococcal vaccines.
Polio (IPV)	Maybe. Polio vaccine is usually given in early childhood. You need a series of at least 3 doses of polio vaccine if you have not already received them.
Respiratory Syncytial Virus (RSV)	Maybe. If you become pregnant, to protect your infant from RSV, either you should be vaccinated with Abrysvo (Pfizer) vaccine, or the infant should be given RSV preventive antibody (Beyfortus by Sanofi).
Tetanus, diphtheria, & whooping cough (pertussis; Tdap)	YES! All preteens and teens need a dose of Tdap vaccine, a vaccine that protects you from tetanus, diphtheria, and whooping cough (pertussis). After getting a dose of Tdap, you will need a Tdap or tetanus-diphtheria (Td) shot every ten years. If you become pregnant, you will need another dose of Tdap during every pregnancy, preferably during the third trimester.



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

Will you be traveling outside the United States? Visit the Centers for Disease Control and Prevention’s (CDC) website at www.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.

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Adult Preventive Care

Contact your VCHCP Primary Care Provider to make an appointment for your preventive care visit and to discuss the preventive care services that are appropriate for you.

Vaccinations for Adults - You're never too old to get vaccinated!

Getting vaccinated is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

VACCINE	DO YOU NEED IT?
COVID-19	YES! All adults need to be up to date on COVID-19 vaccination. Talk to your healthcare provider.
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6–18 months apart.
Hepatitis B (HepB)	YES! All unvaccinated adults younger than 60 are recommended to complete a 2- or 3-dose series of hepatitis B vaccine, depending on the brand. You also need this vaccine if you are 60 or older and have a specific risk factor,* or you simply want to be protected from infection. All adults should be screened for hepatitis B infection with a blood test at least one time; talk with your healthcare provider.
Hib (Haemophilus influenzae type b)	Maybe. Some adults with certain high-risk conditions need vaccination with Hib. Talk to your healthcare provider to find out if you need this vaccine.
Human Papillomavirus (HPV)	YES! You should get this vaccine if you are 26 years or younger. Adults age 27 through 45 may also choose to be vaccinated after a discussion with their healthcare provider.* The vaccine is usually given in 2 or 3 doses, depending on the age at which the first dose was given.
Influenza (Flu)	YES! You need to be vaccinated against influenza every fall or winter.
Measles, Mumps, Rubella (MMR)	Maybe. You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose.* Pregnant people and people with a severely weakened immune system should not get MMR.*
Meningococcal ACWY (MenACWY, MenABCWY)	Maybe. You may need MenACWY vaccine if you have one of several health conditions* and also if your risk is ongoing. You also will need this vaccine if you are a first-year college student living in a residence hall and (1) you have not had a dose since turning 16, or (2) it has been more than 5 years since your last dose. Anyone age 19 through 21 can have a catch-up dose if they have not had one since turning 16. A combination MenABCWY is an option when both MenB and MenACWY vaccines are needed.
Meningococcal B (MenB, MenABCWY)	Maybe. You may need MenB if you have one of several health conditions* and boosters if your risk is ongoing. If you are age 16 through 23, you can discuss getting MenB vaccine with your healthcare provider, even if you don't have a high-risk condition. A combination MenABCWY is an option when both MenACWY and MenB vaccines are needed.
Mpox	Maybe. You need the 2-dose series of mpox vaccine (Jynneos) if you are at risk due to known or suspected exposure to someone with mpox or if you have certain sexual practices that increase your risk of exposure to mpox.* Talk with your healthcare provider.
Pneumococcal (PCV, PPSV2)	YES! All adults age 50 and older need pneumococcal vaccination. Adults younger than 50 with certain underlying health conditions or other risk factors* also need pneumococcal vaccination. Newer vaccines may be recommended now for people vaccinated in the past. Your healthcare provider can determine what vaccine, if any, you need.
Respiratory Syncytial Virus (RSV)	YES! You should get this one-time vaccine if you are 75 years or older, or if you are between the ages of 60 and 74 and are at increased risk of severe RSV. To protect infants from RSV, either the pregnant person should be vaccinated with Abrysvo (Pfizer) RSV vaccine, or the infant should be given RSV preventive antibody (nirsevimab).
Tetanus, diphtheria, pertussis (Tdap, Td)	YES! If you have never received a dose of Tdap, you need to get a Tdap shot now. After that, you need a Tdap or Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-toxoid containing shots in your life or if you have a deep or dirty wound.
Varicella (Chickenpox)	Maybe. If you have never had chickenpox, never were vaccinated, or were vaccinated but only received 1 dose, talk to your healthcare provider to find out if you need this vaccine. Pregnant people and people with a severely weakened immune system should not get varicella vaccine.
Zoster (Shingles)	YES! If you are 19 or older and have a weakened immune system or are 50 or older, you should get a 2-dose series of the Shingrix brand of shingles vaccine.



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Are you planning to travel outside the United States? Visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.

10/2024

Breast Cancer Screening

Contact one of the following providers to discuss the care that is appropriate for you:

- Your VCHCP Primary Care Provider
- Your VCHCP OB/GYN Provider

KEY FACTS:

- Mammograms can find breast cancer early, when it's easier to treat.
- Most breast lumps are not caused by cancer; many conditions can cause them.
- Breast cancer symptoms vary, and some women don't have symptoms.
- Men can get breast cancer, but it is not very common. For every 100 cases of breast cancer, less than 1 is in men.

PREVENTION TIPS:

- Keep a healthy weight and exercise regularly.
- Limit the amount of alcohol you drink.
- If you are taking hormone replacement therapy or birth control pills, ask your doctor about the risks and find out if it is right for you.
- Know your family history of breast cancer. If you have a close relative with breast cancer, ask your doctor how you can manage your risk.
- A mammogram can't prevent breast cancer, but it can help find it early. Talk to your health care provider about whether screening is right for you.

- Breast cancer screening means checking a woman's breasts for cancer before she has any symptoms. A mammogram is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.
- Most women who are 40 to 74 years old should have a screening mammogram every two years. If you think that you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.

Colorectal Cancer Screening

Contact your VCHCP Primary Care Provider to discuss the care that is appropriate for you.

KEY FACTS:

- The best way to reduce your colorectal cancer risk is to get screened regularly beginning at age 45.
- Colorectal cancer affects men and women of all racial and ethnic groups.
- Colorectal polyps and colorectal cancer don't always cause symptoms, especially at first.

PREVENTION TIPS:

- If you're 45 years old or older, talk to your doctor about getting screened.
- If you're younger than 45 years old but may have a higher risk of colorectal cancer, ask your doctor if you should start screening before age 45.
- Learn your family history of cancer and tell your doctor if you think you may have a higher risk.
- Don't smoke.

- Get enough physical activity and limit your alcohol consumption.
- Talk to your doctor if you have blood in or on your stool (bowel movement); stomach pain, aches, or cramps that don't go away; or are losing weight and you don't know why.
- Presently, the recommendation for colorectal screening is to begin at age 45 or older, and sooner for those who are at high risk for developing colorectal cancer. Special screening programs are used for those with family history of colorectal cancer and for those who are at high risk. There are several acceptable methods for colorectal cancer screening which includes fecal occult blood testing annually, sigmoidoscopy every 5 years or colonoscopy every 10 years.

Content source: Centers for Disease Control and Prevention

Cervical Cancer Screening

KEY FACTS:

- If you're 30 years old or older, you have three options: you can get a Pap test only, an HPV test only, or both an HPV and a Pap test together. If your test results are normal, you can wait three years to be tested again if you had a Pap test only, or five years to be tested again if you had an HPV test only or both an HPV test and a Pap test together.
- If your test results are not normal, talk to your doctor. Cervical cancer is highly curable when found and treated early.
- HPV is the main cause of cervical cancer. Get kids vaccinated against HPV at age 11 to 12 to help prevent cervical and other kinds of cancer.
- Early cervical cancer may not cause symptoms. Advanced cervical cancer may cause abnormal vaginal bleeding or discharge.

VCHCP is aware that some women may need PAP tests more often than every two years or some women may not have a need for screening PAP tests. Contact one of the following providers to discuss the care that is appropriate for you:

- **Your VCHCP Primary Care Provider**
- **Your VCHCP OB/GYN Provider**

PREVENTION TIPS:

- The most important thing you can do to help prevent cervical cancer is to get screened regularly.
- If you're 26 years old or younger, get the HPV vaccine.
- Use condoms during sex.
- Limit your number of sexual partners.
- Don't smoke.

Adult Preventive Health Care Schedule

Recommendations from the USPSTF (as of May 9, 2023)

To be used in conjunction with USPSTF recommendation statements (for additional details see tables and references at <https://www.aafp.org/afp/PHCS>)
Only grade A/B recommendations are shown

Age	18	21	24	25	35	40	45	50	55	59	65	70	74	75	80
USPSTF screening recommendations															
Alcohol misuse ¹	(B)														
Unhealthy drug use ²	(B)														
Depression ³	(B)														
Hypertension ⁴	(A)														
Obesity/weight loss ⁵	(B) if BMI 30 kg per m ² or greater														
Tobacco use and cessation ⁶	(A)														
Hepatitis C virus infection ⁷	(B)														
HIV infection ⁸	(A)											(A) if at increased risk			
Hepatitis B virus infection ⁹	(B) if at increased risk														
Syphilis ¹⁰	(A) if at increased risk														
Latent tuberculosis infection ¹¹	(B) if at increased risk														
BRCA gene risk assessment ¹²	(B) if appropriate personal or family history of BRCA-related cancer or ancestry														
Chlamydia and gonorrhea ¹³	(B) if sexually active (B) if at increased risk														
Intimate partner violence ¹⁴	(B) women of childbearing age														
Cervical cancer ¹⁵	(A) See p. 3 for test options and screening intervals														
Prediabetes and type 2 diabetes ¹⁶	(B) if overweight or obese														
Colorectal cancer ¹⁷	(B) (A)														
Breast cancer ¹⁸	(B) biennial screening														
Lung cancer ¹⁹	(B) if 20-pack-year history and current or former smoker (quit in past 15 years)														
Osteoporosis ²⁰	(B) if postmenopausal and elevated risk (B)														
Abdominal aortic aneurysm ²¹	(B) if an "ever smoker"														
USPSTF preventive therapies recommendations															
HIV preexposure prophylaxis ²²	(A) if at high risk of HIV infection														
Primary prevention of breast cancer ²³	(B) offer if at increased risk for breast cancer and low risk for side effects														
Folic acid supplementation ²⁴	(A) if capable of conceiving														
Statins for primary prevention of CVD ²⁵	(B) see criteria on p. 4														
Fall prevention in community-dwelling older adults ²⁶	(B) exercise interventions if at increased fall risk														
USPSTF counseling recommendations															
Sexually transmitted infection prevention ²⁷	(B) if at increased risk														
Diet/activity for CVD prevention ²⁸	(B) adults with CVD risk factors														
Skin cancer prevention ²⁹	(B) if fair skinned														
Healthy weight gain in pregnancy ³⁰	(B) all pregnant women														

Legend	Normal risk	With specific risk factor	Recommendation grades
Recommendation for men and women			A Recommended (likely significant benefit)
Recommendation for men only			B Recommended (likely moderate benefit)
Recommendation for women only			C Do not use routinely (benefit is likely small)
			D Recommended against (likely harm or no benefit)
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BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.
 Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.