
Summary of Recommendations for Clinical Preventive Services

Revision 6.3, March 2007

These policy recommendations describe AAFP policy for a number of clinical preventive services for general and specific populations.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.

American Academy of Family Physicians
11400 Tomahawk Creek Parkway, Leawood KS 66211
913-906-6000 · <http://www.aafp.org>



Introduction to AAFP Summary of Recommendations For Clinical Preventive Services

The AAFP Summary of Recommendations for Clinical Preventive Services (RCPS), formerly Summary of Policy for Periodic Health Examinations (RPHE), originated in the Commission on Science (COS) and was approved by the Board of Directors in March 2007. The COS and the Board of Directors decided that “clinical preventive services” would be more reflective of the recommendations and their intent. Older revisions of the RPHE were approved by the Board in November 1996 (Rev. 1), July 1997 (Rev. 2), March 1999 (Rev. 3), July 2000 (Rev. 4), August 2001 (Rev. 5), July 2002 (Rev. 5.2), August 2002 (Rev. 5.3), August 2003 (Rev. 5.4), July 2004 (Rev. 5.5), August 2004 (Rev. 5.6), April 2005 (Rev. 5.7), August 2005, April 2006 (Rev. 6.1), and August 2006.

The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF) in their *Guide to Clinical Preventive Services, 2nd Edition* and ongoing releases of evidence reports and recommendations from the *3rd Edition*. The RCPS was developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated, however the Working Group on Clinical Preventive Services, the Commission on Science, and the AAFP Board of Directors served as surrogates.

The recommendations include:

SR Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

R Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only

fair. The intervention is perceived to be cost effective and acceptable to most patients.

NR No Recommendation Either For or Against: Either good or fair evidence exist of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

RA Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

I Insufficient Evidence to Recommend Either for or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

I-HB Healthy Behavior is identified as desirable but the effectiveness of physician’s advice and counseling is uncertain.

Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.



Where appropriate, specific website URL's are provided which link directly to the clinical consideration section of the U.S. Preventive Services Task Force. The clinical consideration section provides additional information needed to interpret and implement the recommendations.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

The RCPS is available through the AAFP Order Department by calling 800-944-0000; ask for item number 1968. The document is free. The RCPS is also available on the Web at <http://www.aafp.org/exam/>.



Abdominal Aortic Aneurysm	The AAFP <i>recommends</i> one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 years who have ever smoked. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</i>
Abdominal Aortic Aneurysm	The AAFP makes <i>no recommendation for or against</i> screening for abdominal aortic aneurysm (AAA) in men aged 65 to 75 years who have never smoked. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</i>
Abdominal Aortic Aneurysm	The AAFP <i>recommends against</i> routine screening for abdominal aortic aneurysm (AAA) in women. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</i>
Accidental injury	The AAFP <i>recommends</i> counseling all parents and patients more than 2 years old regarding accidental injury prevention including, as appropriate: child safety seats lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number, and driving while intoxicated.
Alcohol Misuse	The AAFP <i>recommends</i> screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdrin.htm)</i>
Alcohol Misuse	The AAFP recognizes avoidance of alcohol products by adolescents is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdrin.htm)</i>
Bacteriuria, Asymptomatic	The AAFP <i>strongly recommends</i> that all pregnant women be screened for asymptomatic bacteriuria using urine culture at 12-16 weeks' gestation or at first prenatal visit if after that time. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdbact.htm)</i>
Bacteriuria, Asymptomatic	The AAFP <i>recommends against</i> the routine screening of men and nonpregnant women for asymptomatic bacteriuria. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdbact.htm)</i>
Bacterial Vaginosis	The AAFP concludes that there is <i>insufficient evidence on which to make a recommendation for or against</i> routine screening for bacterial vaginosis in high-risk pregnant women. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2)</i>
Bacterial Vaginosis	The AAFP <i>recommends against</i> the use of routine screening for bacterial vaginosis in average-risk asymptomatic pregnant women. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/bvrr.htm#section2)</i>
Bladder Cancer	The AAFP <i>recommends against</i> routine screening for bladder cancer in adults. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspdbladd.htm)</i>
Breast Cancer	The AAFP <i>recommends</i> women age 40 years and older be screened for breast cancer with mammography every 1-2 years after counseling by their family physician regarding the potential risks and benefits of the procedure. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspdrbrca.htm)</i>
Breast Cancer	The AAFP concludes that <i>the evidence is insufficient to recommend for or against</i> teaching or performing routine breast self-examination (BSE). <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspdrbrca.htm)</i>



Breast Cancer/BRCA Mutation Testing	The AAFP <i>recommends</i> that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</i>
Breast Cancer/BRCA Mutation Testing	The AAFP <i>recommends against</i> routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</i>
Breastfeeding	The AAFP <i>recommends</i> structured breastfeeding education and behavioral counseling programs to promote breastfeeding. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspbrfd.htm)</i>
Breastfeeding	The AAFP <i>recognizes</i> breastfeeding is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspbrfd.htm)</i>
Cardiac Disease	The AAFP <i>recommends against</i> the use of routine ECG as part of a periodic health or pre-participation physical exam for cardiac disease in asymptomatic children and adults.
Cervical Cancer	The AAFP concludes that there is <i>insufficient evidence</i> to recommend for or against routine use of new technologies to screen for cervical cancer. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)</i>
Cervical Cancer	The AAFP concludes that there is <i>insufficient evidence to recommend for or against</i> routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)</i>
Cervical Cancer	The AAFP <i>strongly recommends</i> that a Pap smear be completed at least every 3 years to screen for cervical cancer for women who have ever had sex and have a cervix. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm#clinical)</i>
Chlamydia	The AAFP <i>strongly recommends</i> screening all sexually active females age 25 years or younger and other women at increased risk for chlamydia. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)</i>
Chlamydia	The AAFP makes <i>no recommendation either for or against</i> screening asymptomatic pregnant women age 26 years or older at low risk for chlamydia. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)</i>
Chlamydia	The AAFP concludes that there is <i>insufficient evidence to recommend for or against</i> routine screening of asymptomatic men for chlamydial infection. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)</i>
Chlamydia	The AAFP <i>recommends</i> screening all asymptomatic pregnant females age 25 years or younger and other women at increased risk for chlamydia infection. <i>(Clinical Considerations: www.ahrq.gov/clinic/ajpmsuppl/chlarr.htm#section2)</i>
Colorectal Cancer	The AAFP <i>strongly recommends</i> that clinicians screen men and women 50 years of age or older for colorectal cancer. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm#clinical)</i>



Congenital rubella syndrome	The AAFP <i>recommends</i> screening for congenital rubella syndrome by assuring rubella immunity by history, serology, or vaccination in women of childbearing potential.
Coronary Heart Disease	The AAFP <i>strongly recommends</i> counseling adults at increased risk for coronary heart disease regarding the benefits and risks of aspirin prophylaxis.
Coronary Heart Disease	The AAFP <i>recommends against</i> routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsacad.htm)</i>
Coronary Heart Disease	The AAFP <i>found insufficient evidence to recommend for or against</i> routine screening with electrocardiography (ECG), exercise treadmill test (ETT), electronbeam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the predication of coronary heart disease (CHD) events in adults at increased risk for CHD events. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsacad.htm)</i>
Dental Caries	The AAFP <i>strongly recommends</i> ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm).
Depression	The AAFP <i>recommends</i> screening adults for depression. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)</i>
Depression	The AAFP concludes that there is <i>insufficient evidence on which to make a recommendation for or against</i> routine screening of children or adolescents for depression. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/depression/depressrr.htm#clinical)</i>
Diabetes, Type 2	The AAFP <i>recommends</i> screening for type 2 diabetes in adults with hypertension and hyperlipidemia. There is insufficient evidence to recommend for or against screening adults who are at low risk for coronary vascular disease. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsdiab.htm)</i>
Diabetes, Type 2	The AAFP concludes that the <i>evidence is insufficient to recommend for or against</i> routine screening for gestational diabetes in asymptomatic pregnant women. <i>(Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/diabscr/diabetrr.htm#clinical)</i>
Diphtheria	The AAFP <i>strongly recommends</i> immunizing all children for diphtheria using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml</i>
Diphtheria	The AAFP <i>strongly recommends</i> immunizing adults for diphtheria by completing Td vaccine series if they haven't received primary series. Boosters every 10 years or at least at age 50. <i>Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml</i>
Dysplasia (Developmental) of the Hip in Infants	The AAFP concludes that the <i>evidence is insufficient to recommend</i> routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)</i>



<p>Family Violence and Intimate Partner Violence</p>	<p>The AAFP <i>recognizes</i> that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect. The AAFP concludes that the <i>evidence is insufficient to recommend for or against</i> screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstfamv.htm)</i></p>
<p>Genital Herpes Simplex Virus Infection</p>	<p>The AAFP <i>recommends against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)</i></p>
<p>Genital Herpes Simplex Virus Infection</p>	<p>The AAFP <i>recommends against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)</i></p>
<p>Glaucoma</p>	<p>The AAFP found <i>insufficient evidence to recommend for or against</i> screening adults for glaucoma. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf05/glaucoma/glaucrs.htm#clinical)</i></p>
<p>Gonococcal Infection in Neonates</p>	<p>The AAFP <i>strongly recommends</i> prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</i></p>
<p>Gonorrhea</p>	<p>The AAFP <i>recommends</i> that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see clinical consideration for further discussion of risk factors. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</i></p>
<p>Gonorrhea</p>	<p>The AAFP concludes there is <i>insufficient evidence to recommend for or against</i> routine screening for gonorrhea infection in men at increased risk for infection; see clinical consideration for further discussion of risk factors. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</i></p>
<p>Gonorrhea</p>	<p>The AAFP concludes there is <i>insufficient evidence to recommend for or against</i> screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</i></p>
<p>Gonorrhea</p>	<p>The AAFP <i>recommends against</i> routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</i></p>
<p>H. Influenza type b disease</p>	<p>The AAFP <i>strongly recommends</i> immunizing all children for H. Influenza type b disease using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml</p>
<p>Healthy Diet</p>	<p>The AAFP <i>recommends</i> intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. <i>(Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical)</i></p>



Hearing difficulties	The AAFP <i>recommends</i> screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshhear.htm)</i>
Hearing Loss Sensorineural (SNHL)	The AAFP concludes that there is <i>insufficient evidence</i> on which to make a <i>recommendation for or against</i> routine screening of newborns for hearing loss during the postpartum hospitalization period. <i>Clinical Consideration: www.ahrq.gov/clinic/3rduspstf/newbornscreen/newhearr.htm#section2</i>
Hemochromatosis	The AAFP <i>recommends against</i> routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. <i>(Clinical Considerations: www.ahrq.gov/uspstf06/hemochromatosis/hemochrs.htm#clinical)</i>
Hemoglobinopathies	The AAFP <i>strongly recommends</i> ordering screening tests for PKU, hemoglobinopathies, and thyroid function abnormalities in neonates.
Hepatitis A	The AAFP <i>recommends</i> immunizing adults for hepatitis A who live, work or travel in areas where Hepatitis A is endemic and periodic and periodic outbreaks occur, or users of injection or street drugs, military personnel, men who have sex with men, and institutionalized persons and those working in those institutions. <i>Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml</i>
Hepatitis A	The AAFP <i>strongly recommends</i> immunizing children for Hepatitis A who are more than 2 years of age and all adolescents who are living in, traveling to, or working in areas where hepatitis A is endemic and periodic outbreaks occur. Immunize using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml</i>
Hepatitis B	The AAFP <i>strongly recommends</i> immunizing infants and children who are unimmunized at age 11-12 for Hepatitis B using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml</i>
Hepatitis B	The AAFP <i>strongly recommends</i> immunizing persons for Hepatitis B who are injection drug users and their sexual partners, have a history of multiple sexual partners in a previous 6 months, have recently acquired a sexually transmitted disease, recipients of certain drug products, have a health related job with frequent exposure to blood or blood products, travelers to countries where HBV is of high or intermediate endemicity, or who are men who have sex with men. Complete primary series. <i>Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml</i>
Hepatitis B	The AAFP <i>recommends</i> immunizing for hepatitis B unimmunized person's age 12-24 years with no reliable history of hepatitis B infection or previous immunization. Discuss immunization using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml</i>
Hepatitis B Virus Infection	The AAFP <i>strongly recommends</i> screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshspb.htm)</i>
Hepatitis B Virus Infection	The AAFP <i>recommends against</i> routinely screening the general asymptomatic population for chronic hepatitis B virus infection. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshspb.htm)</i>

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Hepatitis C	The AAFP <i>recommends against</i> routine screening for hepatitis C virus (HCV) infection in asymptomatic adults who are not at increased risk (general population) for infection. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshhepc.htm)</i>
Hepatitis C Virus (HCV)	The AAFP found <i>insufficient evidence to recommend for or against</i> routine screening for hepatitis C virus (HCV) infection in adults at high risk for infection. <i>(Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspshhepc.htm)</i>
HIV Infection	The AAFP <i>strongly recommends</i> that physicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection. (go to Clinical Considerations for discussion of risk factors: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm Also See: HIV Policy Statement (August 2006)
HIV Infection	The AAFP <i>recommends</i> that clinicians screen all pregnant women for HIV. (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm) Also See: HIV Policy Statement (August 2006)
HIV Infection	The AAFP <i>makes no recommendation for or against</i> routinely screening for HIV in adolescents and adults who are not at increased risk for HIV infections. (go to Clinical Considerations for discussion of risk factors: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm) Also See: HIV Policy Statement (August 2006)
Hormone Replacement Therapy	The AAFP <i>recommends against</i> the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)</i>
Hormone Replacement Therapy	The AAFP <i>recommends against</i> the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. <i>(Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)</i>
Hypertension	The AAFP <i>strongly recommends</i> that family physicians screen adults aged 18 and older for high blood pressure. <i>Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshype.htm</i>
Hypertension	The AAFP concludes that the <i>evidence is insufficient to recommend for or against</i> routine screening for high blood pressure in children and adolescents to reduce the risk of cardiovascular disease. <i>Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspshype.htm</i>
Influenza	The AAFP <i>recommends</i> immunizing children and adolescents age 6 months or older for influenza who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic disease including diabetes mellitus, hemoglobinopathies, immunosuppression, or renal dysfunction for influenza. Discuss immunizing annually using AAFP recommendations. Recommended Childhood and Adolescent Immunization Schedule: www.aafp.org/x1563.xml
Influenza	The AAFP <i>recommends</i> immunizing adults for influenza who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic disease (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care providers for the above. Discuss immunization annually using AAFP recommendations. Recommended Adult Immunization Schedule: www.aafp.org/x14956.xml

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Influenza	The AAFP <i>recommends</i> immunizing all persons age 50 years and older for influenza. Discuss immunization annually using AAFP recommendations. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Insulin Dependent Diabetes Mellitus	The AAFP <i>recommends against</i> the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.
Iron deficiency Anemia	The AAFP <i>recommends</i> routine screening for iron deficiency anemia in asymptomatic pregnant women. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)
Iron deficiency Anemia	The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)
Lead poisoning	The AAFP <i>recommends</i> screening for lead poisoning in infants at 12 months of age who live in communities in which the prevalence of lead levels requiring intervention is high or undefined, or live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling, or have close contact with a person who has an elevated lead level, or live near lead industry or heavy traffic, or live with someone whose job or hobby involves lead exposure, or uses lead based pottery, takes traditional remedies that contain lead by determining lead levels.
Lipid Disorders	The AAFP <i>strongly recommends</i> screening for lipid disorders with either a fasting lipid profile or nonfasting total cholesterol and HDL cholesterol in males age 35 and older, and females age 45 and older. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/ajpmsuppl/lipidrr.htm#section2)
Lung Cancer	The AAFP <i>recommends against</i> the use of chest X-ray and/or sputum cytology in asymptomatic persons for lung cancer screening. (<i>Clinical Consideration:</i> www.ahrq.gov/clinic/uspstf/uspplung.htm)
Measles	The AAFP <i>strongly recommends</i> immunizing all children for measles using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Measles, Mumps, Rubella	The AAFP <i>strongly recommends</i> immunizing all persons born after 1956 who lack evidence of immunity to measles (receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles) with a single dose for measles, mumps, and rubella. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Measles, Mumps, Rubella	The AAFP <i>strongly recommends</i> immunizing adolescents and young adults in settings where such individuals congregate (e.g., high schools, technical schools, and colleges), if they have not previously received a second dose for measles, mumps, and rubella. Give second dose at least 1 month after first dose. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x1563.xml
Mumps	The AAFP <i>strongly recommends</i> immunizing all children for mumps using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Meningococcus, Conjugate Vaccine (Adolescents)	The AAFP <i>recommends</i> routine vaccination of adolescents: young adolescents at a pre-adolescent visit (11-12 years old); adolescents at high school entry (15 years old) for those who have not previously received MCV4; and other adolescents who wish to decrease their risk of meningococcal disease. <i>AAFP Clinical Recommendations for Immunizations:</i> www.aafp.org/x34406.xml
Meningococcus, Conjugate Vaccine	The AAFP <i>recommends</i> for routine vaccination of other populations at increased risk of meningococcal disease: college freshman living in dormitories; microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i> ; military recruits; persons who travel to or reside in countries in which <i>N. meningitidis</i> is hyperendemic or epidemic, particularly if contact with local population will be prolonged; persons who have terminal complement component deficiencies, and those who have anatomic or functional asplenia; and other adolescents, college students and HIV patients who wish to decrease their risk of meningococcal disease. <i>AAFP Clinical Recommendations for Immunizations:</i> www.aafp.org/x34406.xml
Neural tube defects	The AAFP <i>strongly recommends</i> prescribing 0.4-0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy to women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect.
Neural tube defects	The AAFP <i>recommends</i> prescribing 0.4 mg folate supplementation to women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect.
Neural tube defects	The AAFP <i>strongly recommends</i> prescribing 4 mg/day of folic acid supplementation from 1-3 months prior to conception through the first trimester of pregnancy to women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect.
Obesity	The AAFP <i>recommends</i> that family physicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months. <i>(Clinical Consideration:</i> www.ahrq.gov/clinic/uspstf/uspsobes.htm)
Obesity	Optimal weight management in children and adolescents is <i>desirable</i> . The effectiveness of screening and counseling for overweight is uncertain. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf05/choverrs.htm#clinical)
Oral Cancer	The AAFP concludes that the evidence is <i>insufficient to recommend for or against</i> routinely screening adults for oral cancer. <i>(Clinical Consideration:</i> www.ahrq.gov/clinic/uspstf/uspsooral.htm)
Osteoporosis	The AAFP <i>recommends</i> routinely screening women aged 65 and older for osteoporosis. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration)
Osteoporosis	The AAFP <i>recommends</i> routinely screening women aged 60 and older at increased risk for osteoporotic fractures. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/3rduspstf/osteoporosis/osteorr.htm#consideration)
Osteoporosis	The AAFP <i>recommends</i> counseling females age 11 and older to maintain adequate calcium intake prevent osteoporosis.
Ovarian Cancer	The AAFP <i>recommends against</i> routine screening for ovarian cancer. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspsovar.htm)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends</i> that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)
Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends against</i> routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)
Pancreatic Cancer	The AAFP <i>recommends against</i> routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspspanc.htm)
Peripheral Arterial Disease	The AAFP <i>recommends against</i> routine screening for peripheral arterial disease (PAD). (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/pad/padrs.htm#clinical)
Pertussis	The AAFP <i>strongly recommends</i> immunizing all children for pertussis using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Phenylketonuria	The AAFP <i>strongly recommends</i> ordering screening test for Phenylketonuria in neonates.
Physical Activity	The AAFP <i>recognizes</i> that regular physical activity is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspophys.htm)
Pneumococcal Disease	The AAFP <i>strongly recommends</i> immunizing all children less than 24 months for pneumococcal disease using pneumococcal conjugate vaccine. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Pneumococcal Disease	The AAFP <i>strongly recommends</i> immunizing healthy children living where pneumococcal disease is endemic using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Pneumococcal Disease	The AAFP <i>strongly recommends</i> immunizing children less than 60 months with sickle cell, HIV, functional or anatomic asplenia, immunocompromising conditions, and chronic illness, and children who are African Americans, Alaskan Natives and American Indians using pneumococcal conjugate vaccine. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Pneumococcal Disease	The AAFP <i>recommends</i> immunizing children and adolescents with chronic cardiac or pulmonary disease, diabetes mellitus, or anatomic asplenia or who live in special environments or social settings with an identified increased risk of pneumococcal disease. Discuss immunizing using AAFP recommendation. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Pneumococcal Disease	The AAFP <i>recommends</i> immunizing institutionalized adults (age 50 years or older) or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social settings with an increased risk of pneumococcal disease (e.g., certain Native American or Native Alaskan populations). Discuss immunization using AAFP recommendations. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Pneumococcal Disease	The AAFP <i>recommends</i> immunizing adults age 65 years or older for pneumococcal disease. Discuss immunization using AAFP recommendations. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Pneumococcal Disease	The AAFP makes <i>no recommendation either for or against</i> pneumococcal conjugate immunization in children aged 24-59 months including those children who attend childcare settings and children who had frequent or complicated acute otitis media in the previous year. As a practice option, discuss pneumococcal conjugate immunization. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Poliomyelitis	The AAFP <i>strongly recommends</i> immunizing all children for poliomyelitis using AAFP recommendations unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Prostate Cancer	The AAFP concludes that there is <i>insufficient evidence on which to make a recommendation for or against</i> routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE). <i>(Clinical Consideration:</i> www.ahrq.gov/clinic/3rduspstf/prostatescr/prostaterr.htm#clinical)
Rh (D) Incompatibility	The AAFP <i>strongly recommends</i> Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. <i>(Clinical Consideration:</i> www.ahrq.gov/clinic/uspstf/uspdrhi.htm)
Rh (D) Incompatibility	The AAFP <i>recommends</i> repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation. <i>(Clinical Consideration:</i> www.ahrq.gov/clinic/uspstf/uspdrhi.htm)
Rubella	The AAFP <i>strongly recommends</i> immunizing all children for rubella using AAFP recommendation unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Scoliosis, Idiopathic in Adolescents	The AAFP <i>recommends against</i> the routine screening of asymptomatic adolescents for idiopathic scoliosis. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspaisc.htm)
Second Hand Smoke	The AAFP <i>strongly recommends</i> to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.
Sexually transmitted diseases	The AAFP <i>recommends</i> counseling adolescents and adults regarding the risks for sexually transmitted diseases and how to prevent them.
Skin Cancer	The AAFP concludes there is <i>insufficient evidence</i> on which to make a recommendation for or against routine screening for skin cancer in asymptomatic persons. <i>(Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspsskca.htm)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Speech and Language Delay in Preschool Children	The AAFP concludes that <i>the evidence is insufficient to recommend for or against</i> routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age. (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/speech/speechrs.htm#clinical)
Syphilis	The AAFP <i>strongly recommends</i> that clinicians screen persons at increased risk for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssyph.htm)
Syphilis	The AAFP <i>strongly recommends</i> that clinicians screen all pregnant women for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssyph.htm)
Syphilis	The AAFP <i>recommends against</i> routine screening of asymptomatic persons who are not at increased risk for syphilis infection. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspssyph.htm)
Testicular Cancer	The AAFP recommends against routine screening for testicular cancer in asymptomatic adolescents and adult males. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspstest.htm)
Tetanus	The AAFP <i>strongly recommends</i> immunizing all children for tetanus using AAFP recommendation unless contraindicated. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Tetanus	The AAFP <i>strongly recommends</i> immunizing adults for tetanus by completing the Td vaccine series if primary series hasn't been received. Boosters should be given every 10 years or at least at age 50. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Thyroid Cancer	The AAFP <i>recommends against</i> the use of ultrasound screening for thyroid cancer in asymptomatic persons. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspsthca.htm)
Thyroid Disease	The AAFP concludes that the evidence is <i>insufficient to recommend for or against</i> routine screening for thyroid disease in adults. (Clinical Consideration: www.ahrq.gov/clinic/uspstf/uspsthyr.htm)
Thyroid Function abnormalities	The AAFP <i>strongly recommends</i> ordering screening test for thyroid function abnormalities in neonates.
Tobacco Use	The AAFP <i>strongly recommends</i> that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)
Tobacco Use	The AAFP <i>strongly recommends</i> that clinicians screen all pregnant women for tobacco use and provide 5-15 minutes of smoking cessation counseling using messages and self-help materials tailored for pregnant smokers. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)
Tobacco Use	The AAFP <i>recognizes</i> avoidance of tobacco products by children and adolescents is desirable. The effectiveness of physician advice and counseling in this area is uncertain. (Clinical Considerations: www.ahrq.gov/clinic/uspstf/uspstbac.htm)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services



Tuberculosis	The AAFP <i>strongly recommends</i> screening for tuberculosis by applying the mantoux test to patients at high risk for tuberculosis, including those with close contacts to person with known or suspected TB, health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people.
Vaginal Cancer	The AAFP <i>recommends against</i> screening for vaginal cancer with the use of pap smears in women who have had hysterectomies for reasons other than cancer.
Varicella	The AAFP <i>strongly recommends</i> immunizing healthy infants age 12-18 months for varicella using AAFP recommendation. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Varicella	The AAFP <i>strongly recommends</i> immunizing for varicella unimmunized children and adolescents with no reliable history of varicella infection or previous immunization and to; considers serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Varicella	The AAFP <i>strongly recommends</i> immunizing children and adolescents for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. <i>Recommended Childhood and Adolescent Immunization Schedule:</i> www.aafp.org/x1563.xml
Varicella	The AAFP <i>strongly recommends</i> immunizing adults for varicella who are unimmunized or have no history of prior infection and who have been exposed to varicella in the last 3 to 5 days. Immunize using AAFP recommendations. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Varicella	The AAFP <i>recommends</i> immunizing adults for varicella with no history of varicella or previous vaccination. Discuss immunization using AAFP recommendations. <i>Recommended Adult Immunization Schedule:</i> www.aafp.org/x14956.xml
Visual Impairment	The AAFP <i>recommends</i> screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspvsysch.htm)
Visual Difficulties	The AAFP <i>recommends</i> screening for visual difficulties in elderly adults by performing snellen acuity testing. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspsvisi.htm)
Vitamin Supplementation	The AAFP concludes that the <i>evidence is insufficient to recommend for or against</i> the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspsvita.htm)
Vitamin Supplementation	The AAFP <i>recommends against</i> the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or cardiovascular disease. (<i>Clinical Considerations:</i> www.ahrq.gov/clinic/uspstf/uspsvita.htm)