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# Summary of Policy Recommendations for Periodic Health Examinations

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**November 1996,  
Revision 5.1, December 2001**

These policy recommendations describe AAFP policy for a number of periodic health interventions for the general and specific populations.

Strongly Recommend  
Recommend  
No Recommendation Either For or Against  
Recommend Against  
Insufficient Evidence to Recommend Either For or Against

These recommendations are provided only as an 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.

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# Introduction to AAFP Summary of Policy Recommendations for Periodic Health Examinations

**T**he AAFP Summary of Policy Recommendations for Periodic Health Examinations (RPHE) originated in the Commission on Clinical Policies and Research and was approved by the Board of Directors in August 1996. Further revision of the RPHE was approved by the Board in November 1996 (Revision 1), July 1997 (Revision 2), March 1999 (Revision 3), July 2000 (Revision 4) and August 2001 (Revision 5).

The starting point for the recommendations is the rigorous analysis of the 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 RPHE 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 Periodic Health Examinations, the Commission on Clinical Policies and Research, and the AAFP Board of Directors served as surrogates.

The recommendations include those that should be offered (Strongly Recommend and Recommend), those that should not be done (Recommend Against), those interventions considered an option (No Recommendation Either for or Against) and those with Insufficient Evidence to

Recommend Either For or Against.

**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 exists 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.

Recommendations are made for two different patient populations: the *General Population* and the *Specific Populations*. The General Population includes those persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population. For example, because of the high prevalence of tobacco use, the General Population charts contain recommendations on this health hazard even though not all



members of the general population smoke.

Recommendations for Specific Populations address the health concerns of persons based on their health behaviors, living environment, medical history, or other factors other than gender or age. For some practices, these specific populations may in fact represent major portions of the patients seen. For example, depending upon the fluoride content of a population's water supply, the recommendation regarding fluoride supplementation may apply to the vast majority of children in one practice and virtually none in a practice in another geographic location. 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 only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition. Finally, recommendations are not presented specifically relating to women who are pregnant. It is the intent of the commission to consider this at a later time.

These recommendations are provided only as an 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. The recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

*The Guide to Clinical Preventive Services* is available through the AAFP Order Department by calling 1-800-944-0000; ask for item number 1912. The member price is \$20. It is also available on the Internet at <http://158.72.20.10/pubs/guidecps/> or <http://odphp.osophs.dhhs.gov/pubs/guidecps/>.

The RPHE is available through the AAFP Order Department by calling 1-800-944-0000; ask for item number 962. The document is free. The RPHE is also available on the Web at <http://www.aafp.org/exam/>.

For more information about the RPHE and clinical policies, call the Scientific Activities Division of the AAFP at 1-800-274-2237, or e-mail Herbert F. Young, MD, MA, Scientific Activities Division Director, [hyoung@aafp.org](mailto:hyoung@aafp.org) or Bellinda Schoof, MHA, CPHQ, Scientific Affairs Manager, [bschoof@aafp.org](mailto:bschoof@aafp.org).

**American Academy of Family Physicians  
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**SR STRONGLY RECOMMEND  
GENERAL POPULATION**

| <b>PATIENT POPULATION</b>                            | <b>TARGET DISEASE</b>                                   | <b>SCREENINGS</b>  |
|--|---|--|
| Neonates   | PKU, Hemoglobinopathies, Thyroid function abnormalities | Order screening tests for these conditions   |
| Neonates   | Gonococcal or Chlamydial Ophthalmia Neonatorum          | Order ophthalmic antibiotic  |
| All patients more than 21 years of age               | Hypertension  | Measure blood pressure periodically  |
| Males age 35 and older, and females age 45 and older | Lipid Disorders   | Either a fasting lipid profile or a nonfasting total cholesterol and HDL cholesterol |
| Women who have ever had sex and have a cervix        | Cervical Cancer   | Complete a Pap smear at least every 3 years  |
| Women age 50-69                                      | Breast Cancer   | Order mammography and perform clinical breast exam every 1-2 years                   |
| Women age 25 years or younger and sexually active    | Chlamydia   | Screen for chlamydia   |

| <b>PATIENT POPULATION</b>                  | <b>TARGET DISEASE</b>  | <b>COUNSELING</b>   |
|--|--|---|
| Parents of infants                         | Otitis media, lower respiratory tract illness, meningitis, allergies, diarrhea, abnormal cognitive development | Counsel to promote breast feeding through at least 6 months of age                      |
| Smoking parents with children in the house | Otitis media, allergies, asthma, etc.  | Counsel regarding the harmful effects of smoking on children's health                   |
| All tobacco users                          | Complications of tobacco use   | Counsel to encourage tobacco cessation on a regular basis                               |
| Patients desiring to quit smoking          | Complications of tobacco use   | Counsel regarding the use of pharmacotherapy as an adjunct for smoking cessation        |
| All peri-menopausal women                  | Osteoporosis, circulatory disease, symptoms of menopause   | Counsel regarding the benefits and risks of post-menopausal hormone replacement therapy |

| <b>PATIENT POPULATION</b>           | <b>TARGET DISEASE</b> | <b>IMMUNIZATIONS</b>                |
|-------------------------------------|-----------------------|-------------------------------------|
| All children unless contraindicated | Diphtheria            | Immunize using AAFP recommendations |
| All children unless contraindicated | Pertussis             | Immunize using AAFP recommendations |

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**SR STRONGLY RECOMMEND  
GENERAL POPULATION**

| PATIENT POPULATION   | TARGET DISEASE              | IMMUNIZATIONS, continued  |
|--|-----------------------------|---|
| All children unless contraindicated  | Tetanus                     | Immunize using AAFP recommendations   |
| All children unless contraindicated  | Poliomyelitis               | Immunize using AAFP recommendations   |
| All children unless contraindicated  | Measles                     | Immunize using AAFP recommendations   |
| All children unless contraindicated  | Mumps                       | Immunize using AAFP recommendations   |
| All children unless contraindicated  | Rubella                     | Immunize using AAFP recommendations   |
| All children unless contraindicated  | H.influenzae type b disease | Immunize using AAFP recommendations   |
| All children less than 24 months   | Pneumococcal disease        | Immunize using pneumococcal conjugate vaccine   |
| Infants and children who are unimmunized at age 11-12  | Hepatitis B                 | Immunize using AAFP recommendations   |
| Adults   | Tetanus                     | Complete Td vaccine series if haven't received primary series. Boosters every 10 years or at least at age 50.                             |
| Adults   | Diphtheria                  | Complete Td vaccine series if haven't received primary series. Boosters every 10 years or at least at age 50.                             |
| PATIENT POPULATION   | TARGET DISEASE              | MISC.   |
| Women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect | Neural tube defects         | Prescribe 0.4-0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy |

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**Ⓡ RECOMMEND  
GENERAL POPULATION**

| <b>PATIENT POPULATION</b>       | <b>TARGET DISEASE</b>       | <b>SCREENINGS</b>  |
|---------------------------------|-----------------------------|--|
| All patients                    | Obesity                     | Measure height and weight periodically   |
| Children age 3-4 years          | Visual difficulties         | Screen for amblyopia and strabismus  |
| Women of childbearing potential | Congenital rubella syndrome | Assure rubella immunity by history, serology, or vaccination   |
| Women age 40-49                 | Breast cancer               | Counsel regarding potential risks and benefits of mammography  |
| Adults age 50 and older         | Colorectal cancer           | Screen for colorectal cancer with FOBT (annually), sigmoidoscopy, colonoscopy or barium enema          |
| Elderly adults                  | Visual difficulties         | Perform Snellen acuity testing   |
| Elderly adults                  | Hearing difficulties        | Question about hearing impairment and counsel regarding the availability of treatment when appropriate |

| <b>PATIENT POPULATION</b>                                     | <b>TARGET DISEASE</b>                                       | <b>COUNSELING</b>   |
|---|---|---|
| All patients more than 2 years old                            | Obesity   | Counsel to maintain caloric balance   |
| Females age 11 and older                                      | Osteoporosis  | Counsel to maintain adequate calcium intake   |
| All parents and patients more than 2 years old as appropriate | Accidental injury   | Counsel 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 numbers, and driving while intoxicated |
| Children, adolescents, and young adults                       | Complications of tobacco use                                | Counsel regarding the risks of tobacco use  |
| All children, adolescents and adults                          | Coronary artery disease, hypertension, obesity and diabetes | Counsel to engage in regular physical activity  |
| Adolescents and adults  | Sexually transmitted diseases                               | Counsel regarding the risks for sexually transmitted diseases and how to prevent them   |

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**® RECOMMEND  
GENERAL POPULATION**

| <b>PATIENT POPULATION</b>  | <b>TARGET DISEASE</b> | <b>COUNSELING, continued</b>  |
|--|-----------------------|---|
| Adults who are problem drinkers  | Automobile accidents  | Counsel regarding the dangers of driving while intoxicated                                |
| Men age 50-65  | Prostate cancer       | Counsel regarding the known risks and uncertain benefits of screening for prostate cancer |
| <b>PATIENT POPULATION</b>  | <b>TARGET DISEASE</b> | <b>IMMUNIZATIONS</b>  |
| Healthy infants age 12-18 months   | Varicella             | Discuss immunization using AAFP recommendations   |
| Unimmunized children and adolescents with no reliable history of varicella infection or previous immunization; Consider serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed | Varicella             | Discuss immunization using AAFP recommendations   |
| Unimmunized persons age 12-24 years with no reliable history of hepatitis B infection or previous immunization   | Hepatitis B           | Discuss immunization using AAFP recommendations   |
| All persons age 50 years and older   | Influenza             | Discuss immunization annually using AAFP recommendations                                  |
| All adults age 65 years and older  | Pneumococcal disease  | Discuss immunization using AAFP recommendations   |
| Adults with no history of varicella or previous vaccination  | Varicella             | Discuss immunization using AAFP recommendations   |
| <b>PATIENT POPULATION</b>  | <b>TARGET DISEASE</b> | <b>MISC.</b>  |
| Women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect  | Neural tube defects   | Prescribe 0.4mg folate supplementation  |

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**SR STRONGLY RECOMMEND  
SPECIFIC POPULATIONS**

| PATIENT POPULATION   | TARGET DISEASE              | SCREENINGS   |
|--|-----------------------------|--|
| Patients at a high risk for tuberculosis, including those with close contacts to persons 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 | Tuberculosis                | Apply Mantoux test   |
| Pregnant women, persons who exchange sex for money or drugs, persons with other STDs, sexual contacts of persons with syphilis   | Syphilis                    | Order VDRL or RPR (sexual contacts of persons with syphilis should be treated regardless of screening results) |
| Men who had sex with men after 1975, past or present injection drug users, persons who exchange sex for money or drugs and their sex partners, those with current or past sex partners who were injection drug users, bisexual or HIV positive, and persons seeking treatment for STDs   | HIV Infection               | Screen for HIV infection   |
| PATIENT POPULATION   | TARGET DISEASE              | IMMUNIZATIONS  |
| Healthy children living where pneumococcal disease is endemic  | Pneumococcal disease        | Immunize using AAFP recommendations  |
| 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  | Pneumococcal disease        | Immunize using pneumococcal conjugate vaccine  |
| 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)  | Measles<br>Mumps<br>Rubella | Give single dose   |
| 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   | Measles<br>Mumps<br>Rubella | Give second dose at least 1 month after first dose   |

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**SR STRONGLY RECOMMEND  
SPECIFIC POPULATIONS**

| PATIENT POPULATION   | TARGET DISEASE      | IMMUNIZATIONS, continued  |
|--|---------------------|---|
| Persons who are injection drug users and their sexual partners, have a history of multiple sexual partners in the 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 | Hepatitis B         | Complete primary series   |
| Children 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   | Hepatitis A         | Immunize using AAFP recommendations   |
| PATIENT POPULATION   | TARGET DISEASE      | MISC.   |
| Infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm)  | Dental Caries       | Order fluoride supplementation based on age and fluoride concentration of patient's water supply                              |
| Women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect   | Neural tube defects | Prescribe 4 mg/day of folic acid supplementation from 1-3 months prior to conception through the first trimester of pregnancy |

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**® RECOMMEND  
SPECIFIC POPULATIONS**

| PATIENT POPULATION   | TARGET DISEASE          | SCREENINGS  |
|--|-------------------------|---|
| Infants age 6-12 months who are living in poverty, black, Native American, or Alaska Native, immigrants from developing countries, preterm and low birthweight infants, and infants whose principal dietary intake is unfortified cow's milk   | Iron deficiency anemia  | Obtain hemoglobin and/or hematocrit levels  |
| 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 | Lead poisoning          | Determine lead levels   |
| Infants born to high risk mothers whose HIV status is unknown (high risk includes past or present injection drug use, exchange of sex for money or drugs, seeking treatment for STDs or whose sex partner is HIV positive, injection drug using, bisexual, or exchanged sex for money or drugs)  | HIV                     | Screen for HIV infection  |
| Women with new or multiple sexual partners in the past 12 months; persons with other STDs including HIV; sexual contacts of persons with gonorrhea and chlamydia   | Gonorrhea and chlamydia | Screen for gonorrhea and chlamydia (sexual contacts of persons with gonorrhea or chlamydia should be treated regardless of screening results) |
| Adults age 40 and older with a family history of early colorectal cancer   | Colorectal cancer       | Order FOBT (annually), sigmoidoscopy, barium enema or colonoscopy   |
| PATIENT POPULATION   | TARGET DISEASE          | COUNSELING  |
| Men age 40-84 with risk factors for coronary artery disease  | Coronary artery disease | Counsel regarding the risks and benefits of aspirin prophylaxis   |

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**American Academy of Family Physicians  
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**® RECOMMEND  
SPECIFIC POPULATIONS**

| PATIENT POPULATION   | TARGET DISEASE       | IMMUNIZATIONS  |
|--|----------------------|--|
| 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   | Pneumococcal disease | Discuss immunization using AAFP recommendations          |
| Children and adolescents age 6 months or older who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic diseases including diabetes mellitus, hemoglobinopathies, immunosuppression, or renal dysfunction  | Influenza            | Discuss immunization annually using AAFP recommendations |
| Adults who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care providers for the above  | Influenza            | Discuss immunization annually using AAFP recommendations |
| 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)   | Pneumococcal disease | Discuss immunization using AAFP recommendations          |
| Adults living, working or travelling in areas where Hepatitis A is endemic 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   | Hepatitis A          | Discuss immunization using AAFP recommendations          |
| Unimmunized persons who have been exposed to varicella in the last 3 to 5 days   | Varicella            | Discuss immunization using AAFP recommendations          |
| Persons at high risk for <i>B. burgdorferi</i> infection are those who (1) reside, work or recreate in areas of high or moderate risk during Lyme disease transmission season; <b>and</b> (2) engage in activities (e.g., recreational, property maintenance occupational, leisure) that result in frequent or prolonged exposure to tick infested habitat | Lyme disease         | Discuss immunization using AAFP recommendations          |

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** NO RECOMMENDATION EITHER FOR OR AGAINST**

| <b>PATIENT POPULATION</b>  | <b>TARGET DISEASE</b>           | <b>INTERVENTIONS</b>   |
|--|---------------------------------|--|
| 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 | Pneumococcal disease            | As a practice option, discuss pneumococcal conjugate immunization  |
| Young adults, college students   | Serotypes A and C meningococcus | Physicians need not initiate discussion of the meningococcal quadravalent polysaccharide vaccine as part of routine medical care, given the large number of issues that are of greater importance in the care of young adults. Colleges, through their student health service, may provide education on meningococcal infection and vaccination and offer it to those who are interested |

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**◆ INSUFFICIENT EVIDENCE TO RECOMMEND EITHER FOR OR AGAINST**

| <b>PATIENT POPULATION</b> | <b>TARGET DISEASE</b>             | <b>INTERVENTIONS</b>  |
|---------------------------|-----------------------------------|---|
| Asymptomatic persons      | Skin cancer                       | There is insufficient evidence on which to make a recommendation for or against routine screening for skin cancer   |
| Neonates                  | Sensorineural Hearing Loss (SNHL) | There is insufficient evidence on which to make a recommendation for or against routine screening of newborns for hearing loss during the postpartum hospitalization period |

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**RA RECOMMEND AGAINST  
(No Strength Implied)**

| <b>PATIENT POPULATION</b>   | <b>TARGET DISEASE</b>                  | <b>INTERVENTIONS NOT RECOMMENDED</b>  |
|---|--|---|
| Asymptomatic persons  | Pancreatic Cancer                      | Use of ultrasound and/or serological markers                                      |
| Asymptomatic persons  | Bladder Cancer                         | Use of urinalysis (microscopic or dipstick)                                       |
| Asymptomatic persons  | Peripheral Arterial Disease            | Use of Doppler or duplex ultrasound or other vascular laboratory tests            |
| Asymptomatic persons  | Lung Cancer                            | Use of chest X-ray and/or Sputum cytology   |
| Asymptomatic persons  | Thyroid Cancer                         | Use of ultrasound screening   |
| Asymptomatic persons  | Insulin Dependent Diabetes Mellitus    | Use of immune marker screening  |
| Asymptomatic persons  | Genital Herpes Simplex Virus Infection | Screening with culture, serology, or other tests                                  |
| Asymptomatic children and adults  | Cardiac Disease                        | Use of routine ECG as part of a periodic health or preparticipation physical exam |
| All children  | Poisoning                              | Use of Mr. Yuk stickers   |
| Patients less than 60 years old and not neonates  | Thyroid Disease                        | Use of thyroid function test  |
| Males   | Asymptomatic Bacteriuria               | Use of urinalysis (microscopic or dipstick)                                       |
| Females, except for two groups, those who are noninstitutionalized elderly and those who have diabetes, for whom there is insufficient evidence to recommend for or against routine screening | Asymptomatic Bacteriuria               | Use of urinalysis (microscopic or dipstick)                                       |
| Women who have had hysterectomies for reasons other than cancer   | Vaginal Cancer                         | Use of Pap smears   |
| Women without a family history of frequent ovarian cancer. For this latter group, there is insufficient evidence to recommend for or against routine screening                                | Ovarian Cancer                         | Use of ultrasound of the pelvis, and/or Serum tumor markers                       |

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**For more information about AAFP  
clinical policies, go to**

**<http://www.aafp.org/clinical>**

**And for updates to the Summary of  
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