PREVENTIVE CARE GUIDELINES

Age	11-20	21-64	65 and Over
Frequency of Visits	At clinical discretion 12,14, 16, 18, 20 years	At clinical discretion	At clinical discretion, 65 + annually
Basic PE: Minimum Recommended Guidelines	**Hypertension screening** ● Blood pressure every 2 years, using age-based BP percentile reference charts **Obesity screening [B]** ● Monitor height, weight and BMI at every visit ● If obesity refer to comprehensive, intensive behavioral interventions to promote improvements in weight status	**Hypertension screening** ● Blood pressure screening, annually for age 40 +, and 18-39 w 1 or more of: a. obesity, b. African American, c. prior BP > 130/85 **[A, 2015]** ● Blood pressure screening every 3-5 yr if age 18-39 and not high risk as defined above **[A, 2015]** ● USPSTF rec. BP measurements outside office setting for diagnostic confirmation before treatment [A, 2021] ● JNC-8 defines hypertension as BP > 140/90 for adults 18-59 and all ages if DM or CKD, and BP > 150/90 for adults >= 60 ● *see attachment for ACC/AHA 2017 definitions of categories of BP in adults using office and ambulatory or home BP readings **Obesity screening [B]** ● Weight, height and BMI at every visit	**Hypertension screening [A]** ● Blood pressure screening annually **[A]** ● USPSTF rec. BP measurements outside office setting for diagnostic confirmation before treatment [A, 2021] ● JNC-8 defines hypertension as BP > 140/90 for adults 18-59 and all ages if DM or CKD, and BP > 150/90 for adults >= 60 ● *see attachment for ACC/AHA 2017 definitions of categories of BP in adults using office and ambulatory or home BP readings **Obesity screening [B]** ● Weight and height periodically Vision screening by Snellen Chart **[I]** Hearing, assess by history questioning **[I]**
Basic History	● Dietary Intake ● Physical Activity ● Tobacco/ETOH/Drug Use ● Sexual Practices ● Developmental Assessment ● Depression screening (> 12), when staff assited supports in place **[B]**	● **Depression screen**, when staff-assisted care supports in place **[B]** ● Dietary Intake ● Intimate Partner Violence screening for all women childbearing age **[B]** ● Physical Activity ● Tobacco/ETOH/Drug Use ● Sexual Practices	● **Depression screen**, when staff-assisted care supports in place **[B]** ● Dietary Intake ● Functional Status at Home ● Hearing impairment assessment ● Tobacco /ETOH/Drug Use ● Prior Symptoms TIA

Age	11-20	21-64	65 and Over

Basic Counseling	**Alcohol and Substance Use**
	● Avoid underage drinking and illicit drug use and initiation of tobacco use among school-aged children and adolescents
	● Avoid alcohol/drug use while driving, swimming, boating, etc.
	● Avoid tobacco use
	● Ask questions about unhealthy drug use in adults ≥18, when services can be offered or referred.
	Diet and exercise
	● Adequate calcium intake (females)
	● Overweight and Obesity counseling
	● Limit total calories, simple carbohydrates, fat & cholesterol
	● Emphasize whole grains, fruits & vegetables
	● 150 minutes / week of moderate intensity exercise
		Alcohol misuse, screening and behavioral counseling [B]
		● Avoid excessive alcohol use
		● Use screening tool such as AUDIT or CAGE
		● Counseling by 5As framework [Assess, Advise, Agree to goals, Assist, Arrange support + follow up]
		Unhealthy Drug Use
		● __Ask questions about unhealthy drug use in adults ≥18, when services can be offered or referred.
		Dental Health
		● Regular visits to dental care provider
		● Floss, brush with fluoride toothpaste daily
		Healthy diet and Physical Activity Counseling [B]
		● Offer or refer for:
		● Behavioral counseling interventions to promote a healthy diet and physical activity
		● now recommended for adults > 18 w/
		  ● hypertension, elevated blood pressure,
		  ● dyslipidemia, metabolic syndrome,
		  ● 10 yr risk > 7.5%,
		  ● as well as obesity.
		  ● Similar recommendation for prediabetes and diabetes are espoused by the American Diabetic Association.
		● Includes multiple contacts over extended period, on average twelve 30 minute sessions over 1-2 years
		● Sessions include 1:1 with interventionalist using motivational interviewing, behavior change techniques, addressing barriers, goal settng; and
		● may also include group visits, recorded training modules and media-based interventions and apps
		● may involve physician and others including nurses, dieticians, nutritionalists, exercise specialists, physical therapists, behavioral counselors, lifestyle coaches
		● Healthy diet counseling includes limiting saturated fats, sugars, and sodium while increasing fruits, vegetables, whole grains
		● Physical activity counseling focuses on achieving 90-180 minutes /week of moderate to vigorous activity
			Alcohol misuse, screening and behavioral counseling [B]
			● Avoid excessive alcohol use
			● Use screening tool such as AUDIT or CAGE
			● Counseling by 5As framework [Assess, Advise, Agree to goals, Assist, Arrange support + follow up]
			Unhealthy Drug Use
			● __Ask questions about unhealthy drug use in adults ≥18, when services can be offered or referred.
			
			Dental Health
			● Regular visits to dental care provider
			● Floss, brush with fluoride toothpaste daily
			Fall Prevention
			● Exercise or physical therapy for all at increased fall risk, including hx fall, mobility problems, poor performance on Get-Up-and-Go test), **[B], (USPSTF 2018)**
			Healthy diet [B] and exercise counseling [I]
			● Adults w/ hyperlipidemia, other CVD RF's ; including [Smoker, HBP, DM, and first degree relative with CD (men<55, women<60)

Age	11-20	21-64	65 and Over
	Dental Health ● Regular visits to dental care provider ● Floss, brush with fluoride toothpaste daily **Injury Prevention** ● Age appropriate ● Bicycle/motorcycle/all terrain vehicle helmets ● Firearms - safe storage ● Lap/shoulder belts ● Smoke detector **Sexual Behavior and STD risk [B]** ● STD prevention: abstinence, avoid high-risk behavior, condoms/female barrier with spermicide ● Unintended pregnancy: contraception	**Injury Prevention** ● Avoid alcohol / drug use while driving, boating, swimming ● Firearms – safe storage ● Lap/shoulder belts ● Smoke detector **Sexual Behavior and STD counseling** if at increased risk **[B]** ● STD prevention: avoid high-risk behavior, condoms/female barrier with spermicide ● Unintended pregnancy: contraception Substance Use **Tobacco smoking cessation** [A] ● Ask all patients about tobacco use ● Advise all users to stop, and provide behavioral interventions, e.g. [relevence, risks, rewards, roadblocks, repetition]	● Behavioral Counseling including readiness to change, social support and community resources, **[C],** (USPSTF 6/12) **Overweight and Obesity counseling [B]** ● Limit total calories, simple carbohydrates, fat & cholesterol ● Emphasize whole grains, fruits & vegetables ● Adequate calcium intake (females) ● 150 minutes / week of moderate intensity exercise **Injury Prevention** ● Avoid alcohol / drug use while driving, boating, swimming ● Firearms – safe storage ● Lap/shoulder belts ● Prevention of falls ● Set hot water heater to 120-130 F ● CPR training for household members ● Smoke detector **Sexual Behavior and STD counseling** if at increased risk **[B]** ● STD prevention: avoid high-risk behavior Substance Use **Tobacco smoking counseling [A]** ● Ask all patients about tobacco use • Advise all users to stop, and provide behavioral interventions, e.g. [relevence, risks, rewards, roadblocks, repetition]

Age	11-20	21-64	65 and Over
Basic Diagnostic Test	**Chlamydia screen [A]** ● all sexually active females, 16-25, ≤24 (B) ● Screening for chlamydia and gonorrhea ● Screening for syphilis in nnonpregnant and pregnant persons **Hepatitis B screen adolescents if at high risk [B]** ● persons born in HR regions, e.g. sub-Saharan Africa, central and southeast Asia; 2) US born, unvaccinated whose parents were born in HR regions; 3) HIV+; 4) IVDU; 5) household or sexual contacts HBV; 6) men who have sex w/ men ***HIV screening [A]** ● all adolescents and adults age 15-65 **Rubella screen** ● by serology or vaccination hx at first encounter **Hepatitis C screening [B]** • Screen in adults aged 18-79 years	**Breast cancer screening [B]** ● Mammogram q 2 yr, age 50-74 (USPSTF 2016) **[B]** ● Mammogram q 2 yr, age 40-49 (USPSTF 2016) **[C]** ● [Dept HHS, in Affordable Care Act, uses 2002 recommendation], mammogram q 1-2 yr age 40 and older **Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer in Women [B]** ● screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with a screening tools designed to identify a family history that may be associated with mutations in breast cancer susceptibility genes (***BRCA1*** or ***BRCA2***) ● Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing ● Screening tools can be accessed at: ● http://www.uspreventiveservicestaskforce.org/uspstf12/brcatest/brcatestfinalrstab.htm **Cervical cancer screening [A] [ACOG Practice Bulletin 109]** ● Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years ● Pap smear not indicated if prior total hysterectomy for benign disease **Chlamydia screen [A]** ● All sexually active females ≤ 24, women ≥25 at high risk	**Abdominal Aortic Aneurysm screening [B]** ● one time abdominal ultrasound for men 65-75 yr who ever smoked **Breast cancer screening [B]** ● Mammogram q 2 yr, 50-74 [USPSTF 2009] ● [Dept HHS, in Affordable Care Act, uses 2002 recommendation], mammogram q 1-2 yr age 40 and older **Cervical cancer screening [D]** ● Discontinue screening age 65-70 IF 3 consecutive normal within 10 years **[D]** **Colorectal cancer screening, [A] options:** ● Fecal high sensitivity guaic [HSgFOBT] or immunochemical [FIT] q 1 yr, age 45-75 ● Stool DNA-FIT q 1-3 yr, age 45-75 ● Sigmoidoscopy, 45-75 yrs, q 5 yr, or q 10 yr plus annual FIT ● Colonoscopy, age 45-75 yrs, every 10 yrs ● Individual consideration age 76-85 yr

Age	11-20	21-64	65 and Over
Basic Diagnostic Test		**<u>Colorectal cancer screening</u>, [A+B, 2021] options:** ● Fecal high sensitivity guaic [HSgFOBT] or immunochemical [FIT] q 1 yr, age 45-75 ● Stool DNA-FIT q 1-3 yr, age 45-75 ● Sigmoidoscopy, 45-75 yrs, q 5 yr, or q 10 yr plus annual FIT ● Colonoscopy, age 45-75 yrs, every 10 yrs **<u>Diabetes screening [B]</u>** ● Screen adults 35-70 y.o. for prediabetes and diabetes if obese [BMI >= 30], or overweight [BMI >= 25] ● options include Hgb A1c, FBG, 2 hr post-prandial BG and frequency suggested q 3 yr ● **if found to have prediabetes, offer or refer for intensive behavioral counseling for healthy diet and physical activity** **<u>Hepatitis B screen adolescents if at high risk [B]</u>** ● 1) persons born in HR regions, e.g. sub-Saharan Africa, central and southeast Asia; 2) US born, unvaccinated whose parents were born in HR regions; 3) HIV+; 4) IVDU; 5) household or sexual contacts HBV; 6) men who have sex w/ men **<u>Hepatitis C screening [B]</u>** • one time screening for adults born 1945-1965 • all patients at high risk • Screen in adults aged 18-79 years ***<u>HIV screening [A]</u>** - all adolescents and adults age 15-65 **<u>Lipid disorder screening [A, B]</u>** ● Fasting lipid profile, or non-fasting TC + HDL ● Men ≥ 35 and women ≥ 45 every 5 yrs, shorter intervals if prior levels close to warranting therapy **[A]** ● Men 20-34 and women 20-44 with other cardiovascular risk factors **[B]** **<u>Lung Cancer Screening</u>** • Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery **[B]**	**<u>Diabetes screening [B]</u>** ● if sustained BP > 135/80+ ● options, Hgb A1c, FBG, 2 hr post-prandial BG **<u>Hepatitis C screening [B]</u>** • one time screening for adults born 1945-1965 • Screen in adults aged 18-79 years ***<u>HIV screening [A]</u>** - all adults at increased risk **<u>Lipid disorder screening [A]</u>** ● Fasting lipid profile, or non-fasting TC + HDL **<u>Lung Cancer Screening [B 2021]</u>** • Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 - 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery **[B]** **<u>Osteoporosis screening</u>** ● Women 65 and older, and in women <65 who are at increased risk, as determined by a formal risk assessment tool, such as FRAX **[B, 2018]** ● Men , The average risk for an 80 yo man equals that of a 65 yo woman, current evidence is insufficient to assess the balance of benefits and harms of screening **[I, 2018]** **<u>Prostate cancer screening [I, D]</u>** ● All men < 70, discuss with patients the potential benefits and possible harms of PSA screening, consider patient preferences, and individualize the decision to screen. ● Not recommended for men > 70 **[D]**

Age	11-20	21-64	65 and Over
Basic Diagnostic Test		**Osteoporosis screening [B]** ● Women <65 whose fracture risk >= average 65 y.o. Caucasian woman **Prostate cancer screening [C, 2018]** ● All men 55-69 discuss potential benefits and possible harms of PSA screening, consider patient preferences, and individualize the decision to screen **Rubella screen** - all women of childbearing age **Syphilis screening [A]** - All adults at increased risk	
Basic Immunization	**Catch up** ● Hepatitis B series, if not previously immunized ● IPV series, if not previously immunized	**Catch up** ● **4vHPV, or 9vHPV** all men and women < 27 who have not completed the vaccine series ● **Td x 3 dose series** if not previously completed	**Recommended Immunization Schedule** ● **Influenza**, every yr. ● **Pneumococcal – 1 dose PCV15 followed in 1 year by 1 dose PPSV23, or 1 dose PCV20** ● **TDaP** every 10yrs, substitute Tdap x 1 for all > 65 (MMWR 02/12)

Age	11-20	21-64	65 and Over

Basic Immunization	• **MMR**, if not previously immunized
	• **Varicella** series, if not previously immunized
	Recommended Immunization Schedule
	• Tdap x 1, age 11-12, or 5 yr after Td or last DTaP
	• Meningococcal Vaccine-MCV4, age 11-12 years, with booster at age 16
	• HPV2 or HVP4 series for all girls and HPV4 for all boys (0,2,6mo)
	• HPV9 (Gardasil 9)for males and females, 2 dose schedule <15, 3 dose schedule >15
	• Influenza vaccine annually
	High Risk Groups
	• **Hepatitis A**
	• **Age ≥ 12,** travel related risk, chronic liver disease, clotting factor disease, homosexual males, drug abuse, close contact with adoptee from high risk area
	• **Pneumococcal**
	• **Age 12 – 18**, with functional anatomic asplenia, sickle cell, HIV +, CSF leak, immunocompromised, cochlear implant
	• **Age 19-64**, above plus diabetes, chronic cardiac, pulmonary, renal or liver disease, alcoholism, cigarette smokers
	• **Pregnancy, immune compromising conditions** are ***contraindications*** to:
	  • MMR
	  • Varicella
		Recommended Immunization Schedule
		• **Influenza Vaccine** – one dose annually
		• **TDaP** booster every 10 yrs.
		• **Varicella series**, if lack documentation of vaccination or have no evidence of previous infection)
		• **MMR series**, age 19-49 and lack evidence of immunity, (e.g., lack documentation of vaccination or have no evidence of previous infection)
		• **Herpes zoster vaccine,** 2 doses of recombinant zoster vaccine (RZV) 2-6 months apart to adults >= 50 yo regardless of past episode of herpes zoster or receipt of zoster live vaccine (ZLV)
		• **HPV vaccine recommended thru age 26 for everyone, 27-45 w/ shared decision making**
		• **SARS-CoV-2 vaccine series 2021. Later doses TBD**
		• ***Contrindication to Varicella, MMR and Zoster = pregnancy, immunocompromising condition***
		High Risk Groups
		• **Hepatitis A**
		• **T**ravel related risk, chronic liver disease, clotting factor disease, homosexual males, drug abuse, close contact with adoptee from high risk area
		• **Hepatitis B**
		• **If** not previously immunized **AND** one or more of [Diabetes (MMWR 12/11), multiple sexual partners in 6 months, + STD, HIV+, homosexual active men, intravenous drug users, ESRD, chronic liver disease, travelers to countries with endemic Hepatitis B, workers in healthcare and public safety with frequent exposure to blood or body fluids]
		• **Meningococcal**
		• 2 dose series for adults ≥ 19 yr if not previously vaccinated AND one or more of [asplenia, complement deficiency, HIV +]
		• 1 dose for adults ≥ 19 yr if not previously vaccinated AND one or more of [1st yr college dormitory resident, military recruit, travel to high risk area, work related exposure to organism]
		• **MMR series, age 50** +
		  • All adults born after 1956 should have
		  • documentation of ≥ 1 dose OR lab evidence immunity to all 3
			• **Varicella**, if NOT U.S. born AND without evidence of immunity to include; a) documentation of 2 doses 4 wks apart b) documented diagnosis of episode of illness (including herpes zoster), c) lab evidence + titer
			• **Herpes zoster vaccine**, if not previously immunized 2 doses of recombinant zoster vaccine (RZV) 2-6 months apart is preferred, 1 dose ZVL is an option
			• **SARS-CoV-2 vaccine series in 2021 [subsequent doses TBD]**
			High Risk Groups
			• **Hepatitis A**
			• **T**ravel related risk, chronic liver disease, clotting factor disease, homosexual males, drug abuse, close contact with adoptee from high risk area
			• **Hepatitis B**
			• **If** not previously immunized **AND** one or more of [Diabetes (MMWR 12/11), multiple sexual partners in 6 months, + STD, HIV+, homosexual active men, intravenous drug users, ESRD, chronic liver disease, travelers to countries with endemic Hepatitis B, workers in healthcare and public safety with frequent exposure to blood or body fluids]
			• **Meningococcal**
			• 2 dose series for adults ≥ 19 yr if not previously vaccinated AND one or more of [asplenia, complement deficiency, HIV +]
			• 1 dose for adults ≥ 19 yr if not previously vaccinated AND one or more of [1st yr college dormitory resident, military recruit, travel to high risk area, work related exposure to organism]
			Immune compromising conditions are ***contraindications*** to:
			• MMR
			• Varicella
			• Herpes zoster vaccines

Age	11-20	21-64	65 and Over
Basic Immunization		• **Measles**, 2nd dose MMR if one or more of [student in postsecondary institution, health-care worker, travel related exposure, persons vaccinated with killed or unknown type vaccine (prior to 1967), recent exposure to any component] • **Mumps**, 2nd dose MMR if one or more of [student in postsecondary institution, health-care worker, travel related exposure, persons vaccinated with killed or unknown type vaccine (prior to 1979)] • ***Contraindication to MMR*** **= pregnancy, immune compromising conditions** • **Pneumococcal conjugate (PCV13)** – Age 19-64, CSF leaks, cochlear implants, asplenia, immunocompromised, followed at least 8 wks later by PPSV23 • **Pneumococcal polysaccharide (PPSV23)** • **Age 19-64**, single dose if high risk (asplenia, immunocompromised, diabetes, chronic cardiac, asthma, COPD, other chronic pulmonary, renal or liver disease, alcoholism, cigarette smokers) • **Revaccination,** x 1 in five yr after 1st dose for asplenia and immunocompromised	

Age	11-20	21-64	65 and Over
Other Primary Preventive Measures	• **Multivitamin with folic acid** 400-800 mcg (women planning /capable of pregnancy) **[A]** • **Skin Protection** • **The following should be added for in the MIDDLE column (I couldn't get it to fit)** **Pre-exposure prophylaxis for HIV [A]** Men who have sex with men, and have 1 of the following characteristics: • A serodiscordant sex partner [HIV+] • Inconsistent use of condoms during receptive or insertive anal sex • A sexually transmitted infection (STI) within the past 6 months Heterosexually active women and men who have 1 of the following: • A serodiscordant sex partner [HIV+] • Inconsistent use of condoms during sex with a high risk partner • An STI with syphilis or gonorrhea within the past 6 months Persons who inject drugs and have 1 of the following characteristics: • Shared use of drug injection equipment • Risk of sexual acquisition of HIV • Persons who engage in transactional sex, such as sex for money, drugs, or housing, including commercial sex workers or persons trafficked for sex work Men who have sex with men and women are at risk of HIV acquisition and should be evaluated for PrEP as above • Once-daily oral treatment with combined tenofovir disoproxil fumarate and emtricitabine is the only formulation of PrEP approved by the US Food and Drug Administration (FDA) for use in the United States in persons at risk of sexual acquisition of HIV infection.	**Guideline on the Primary Prevention of Cardiovascular Disease [USPSTF 2022]** • Aspirin is well established for secondary prevention of ASCVD and is widely recommended for this indication, but recent studies have shown that in the modern era, aspirin should not be used in the routine primary prevention of ASCVD due to lack of net benefit. Most important is to avoid aspirin in persons with increased risk of bleeding including a history of GI bleeding or peptic ulcer disease, bleeding from other sites, **age >60** years, thrombocytopenia, coagulopathy, chronic kidney disease, and concurrent use of nonsteroidal anti-inflammatory drugs, steroids, and anticoagulants. The following are recommendations based on meta-analysis and three recent trials: • Low-dose aspirin might be considered for primary prevention of ASCVD in select higher ASCVD adults aged 40-59 yr, who are not at increased bleeding risk, and have > 10% 10-yr CVD risk. • Low-dose aspirin should not be administered on a routine basis for primary prevention of ASCVD among adults > 60 yr. • Low-dose aspirin should NOT be administered for primary prevention among adults at any age who are at increased bleeding risk. **Medications for Risk Reduction of Primary Breast Cancer in High Risk Women [B]** • Asymptomatic women ≥35 years without a prior diagnosis of breast cancer who are at high risk • Engage in shared, informed decision making and offer to prescribe risk-reducing medications, if appropriate. • selective estrogen receptor modulators tamoxifen [FDA age > 35] and raloxifene [FDA post-menopausal] **Multivitamin w/folic acid** 400-800 mcg (women planning/capable of pregnancy) **[A]** **Skin Protection**	**2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease [USPSTF 2022]** • Low-dose aspirin should not be administered on a routine basis for primary prevention of ASCVD among adults **>60 years.** • Low-dose aspirin should NOT be administered for primary prevention among adults at any age who are at increased bleeding risk. **Skin Protection**

*Virginia State Law Governing HIV Testing:

§ 32.1-37.2. Consent for testing for human immunodeficiency virus; condition on disclosure of test results; counseling required; exceptions.

- Prior to performing any test to determine infection with human immunodeficiency virus, a medical care provider shall inform the patient that the test is planned, provide information about the test, and advise the patient that he has the right to decline the test. If a patient declines the test, the medical care provider shall note that fact in the patient's medical file.
- Every person who has a confirmed positive test result for human immunodeficiency virus shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling shall include, but not be limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of acquired immunodeficiency syndrome, the availability of appropriate health care, mental health care and social services, the need to notify any person who may have been exposed to the virus and the availability of assistance through the Department of Health in notifying such individuals.
- C. Opportunity for face-to-face disclosure of the test results and appropriate counseling shall not be required when the tests are conducted by blood collection agencies. However, all blood collection agencies shall notify the Board of Health of any positive tests.
- D. In the case of a person applying for accident and sickness or life insurance who is the subject of a test to determine infection for human immunodeficiency virus, insurers' practices including an explanation of the meaning of the test, the manner of obtaining consent, the method of disclosure of the test results and any counseling requirements shall be as set forth in the regulations of the State Corporation Commission.

§ 54.1-2403.01. Routine component of prenatal care.

- As a routine component of prenatal care, every practitioner licensed pursuant to this subtitle who renders prenatal care, including any holder of a multistate licensure privilege to practice nursing, regardless of the site of such practice, shall inform every pregnant woman who is his patient that human immunodeficiency virus (HIV) screening is recommended for all pregnant patients and that she will receive an HIV test as part of the routine panel of prenatal tests unless she declines (opt-out screening). The practitioner shall offer the pregnant woman oral or written information that includes an explanation of HIV infection, a description of interventions that can reduce HIV transmission from mother to infant, and the meaning of positive and negative test results. The confidentiality provisions of § 32.1-36.1, test result disclosure conditions, and appropriate counseling requirements of § 32.1-37.2 shall apply to any HIV testing conducted pursuant to this section. Practitioners shall counsel all pregnant women with HIV-positive test results about the dangers to the fetus and the advisability of receiving treatment in accordance with the then current Centers for Disease Control and Prevention recommendations for HIV-positive pregnant women. Any pregnant woman shall have the right to refuse testing for HIV infection and any recommended treatment. Documentation of such refusal shall be maintained in the patient's medical record.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Preventive Services and Counseling
http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations

All immunizations edits are taken from the ACIP and CDC, 2019 recommended schedules for adolescents and adults, found at:

http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html - for child and adolescent
http://www.cdc.gov/vaccines/schedules/hcp/adult.html - for adults > 19
http://www.cdc.gov/vaccines/pubs/ACIP-list.htm - ACIP recommendations for all ages

Attachment A: ACC/AHA 2017 Guidelines

Categories of BP in Adults*

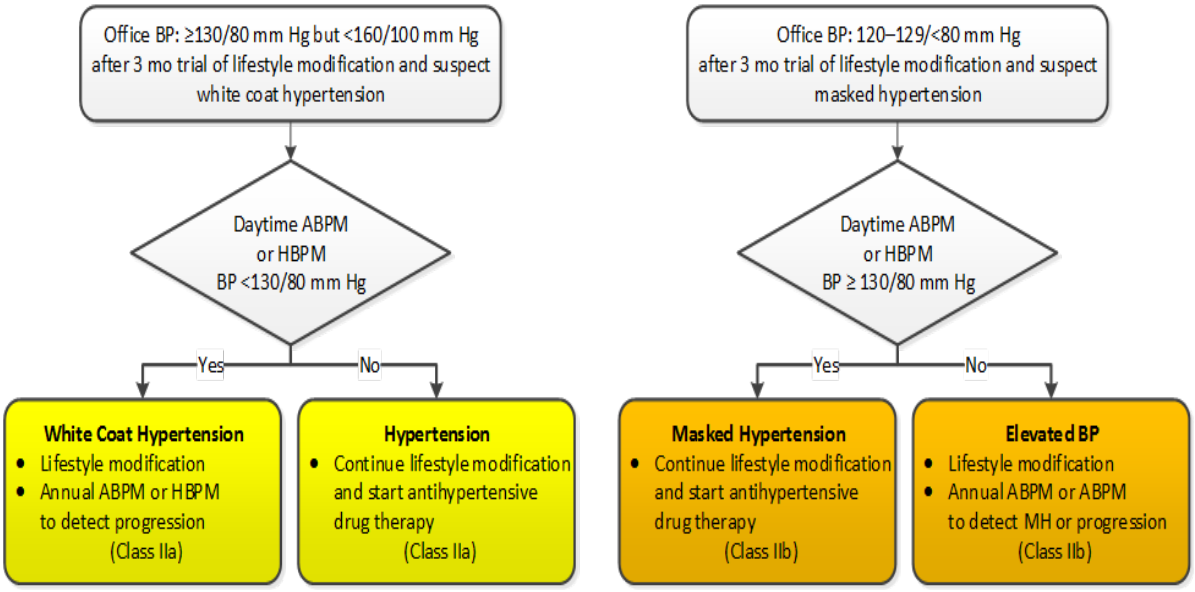
BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120–129 mm Hg	and	<80 mm Hg
Hypertension			
Stage 1	130–139 mm Hg	or	80–89 mm Hg
Stage 2	≥140 mm Hg	or	≥90 mm Hg

*Individuals with SBP and DBP in 2 categories should be designated to the higher BP category.
BP indicates blood pressure (based on an average of ≥2 careful readings obtained on ≥2 occasions, as detailed in DBP, diastolic blood pressure; and SBP systolic blood pressure.

AMERICAN COLLEGE of CARDIOLOGY

American Heart Association. life is why™

Detection of White Coat Hypertension or Masked Hypertension in Patients Not on Drug Therapy



Colors correspond to Class of Recommendation in Table 1.
ABPM indicates ambulatory blood pressure monitoring; BP, blood pressure; and HBPM, home blood pressure monitoring.

AMERICAN COLLEGE of CARDIOLOGY

American Heart Association. life is why™