2026 Adult Preventive Care Recommendations

Speak with your healthcare provider for appropriate schedules. All updates can be found visiting www.cdc.gov for vaccinations and www.uspreventiveservicestaskforce.org for preventive and wellness care guidelines.

<table>
<tr><th></th><th>19-29 Years</th><th>30-39 Years</th><th>40-49 Years</th><th>50-64 Years</th><th>65+ Years</th></tr>
<tr><td colspan="6">Health Maintenance Visit</td></tr>
<tr><td>Including age-appropriate physical exam; preventive screenings & health counseling; assessment & appropriate immunizations.</td><td>Ages 19-21, health visits Annually
Ages 22-29, health visits every 1 - 3 years, depending on risk factors.</td><td colspan="2">Every 1 or 2 years, depending on risk factors.</td><td colspan="2">Every 1 or 2 years, depending on risk factors.</td></tr>
<tr><td colspan="6">Cancer Screenings</td></tr>
<tr><td rowspan="2">Breast Cancer Screening</td><td colspan="2">All women should be familiar with how their breasts normally feel and report any changes to a health care provider right away.</td><td colspan="3">Mammograms every 2 years for women 40 - 74 years of age.</td></tr>
<tr><td colspan="5">*If needed more frequently, it is at the physician's discretion; High Risk patients should discuss the frequency with their physician.</td></tr>
<tr><td>Cervical Cancer Screening</td><td>Women ages 21-29, pap test and pelvic exam every 3 years.</td><td colspan="3">Women ages 30-65, pap test alone every 3 years, or high-risk human papillomavirus (HrHPV) testing alone or with a pap test (co-testing) every 5 years.</td><td>For women ages 65+ if at high risk for cervical cancer.</td></tr>
<tr><td rowspan="2">Colorectal Cancer</td><td colspan="2">Not routine except for patients at high risk or positive family history.</td><td colspan="3">Screening starts at age 45 - 75 years.
Over age 75 is an individual decision based on overall health and prior history. Risks and benefits of different screening methods vary.</td></tr>
<tr><td colspan="5">*Screen using either one of the following:
Annually: FOBT (fecal occult blood test), or FIT (fecal immunochemical test)
Every 3 years: stool FIT-DNA test (Cologuard)
Every 5 years: flexible sigmoidoscopy, CT colonography
Every 10 years: Colonoscopy
Physician/patient discretion if screening is after age 75 years.</td></tr>
<tr><td>Prostate & Testicular Cancer</td><td colspan="3">Prostate screening is not routine. Clinical testicular exam and self-exam instruction every 1 – 3 years at physician’s discretion.</td><td colspan="2">Prostate-specific antigen (PSA) testing:
For men aged 55-69 years, the decision to undergo periodic PSA based screening for prostate cancer should be an individual one. Discuss risks and benefits of PSA testing with your doctor. PSA-based screening is not recommended for ages 70 and older.</td></tr>
<tr><td colspan="6">Recommended Screenings</td></tr>
</table>

AvMed adopts evidence-based clinical practice guidelines to assist providers in screening, assessing, and treating common disorders. Recommendations are intended to augment, not replace, sound judgment.

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Blood Pressure	At every doctor's visit. In patients 18 and older, with office blood pressure measurement (OPPM). The goal blood pressure level is less than 140/90 mmHg.				
Diabetes	Asymptomatic adults aged 35 – 70 years who are overweight or obese should be screened for prediabetes or type 2 diabetes. Prediabetic members should be referred to effective preventive interventions. Patients with diabetes (type 1 or 2) should have the following: • An annual retinal eye exam. • Maintain blood pressure level under 140/90. • Hemoglobin A1C (HbA1c) or Glucose Management Indicator 2x a year if stable glycemic control (<7%); 4x a year in patients whose therapy has changed ***or*** who are not meeting glycemic goals. • Annual Kidney Health evaluation to test for the estimated glomerular filtration rate (eGFR) ***and*** a urine albumin-creatinine ratio (uACR).				
Osteoporosis	Not routine			Bone Mineral Density (BMD) testing in women ages 65 and older & postmenopausal women younger than 65 who are at increased risk.	
Other	All Tests once at baseline: Urinalysis, CBC (RBC, hemoglobin, hematocrit, WBC), rubella titer (females).				
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis)	*For Chlamydia and Gonorrhea:* Screen sexually active women 24 years or younger or women 25 year and over who are at increased risk (including pregnant women). *For Syphilis:* Screen all at risk persons, and pregnant women. Advise about risk factors for STDs.				
HIV	Screen adolescents and adults ages 15 to 65 years and persons at increased risk of infection. Screen all pregnant women. Preexposure prophylaxis should be prescribed to persons at increased risk of acquiring HIV.				
Hepatitis B (HBV)	Screen adolescents and adults at increased risk for infection, and pregnant women at their first prenatal visit.				
Hepatitis C (HCV)	Screen asymptomatic adults aged 18 to 79 years for hepatitis C virus (HCV) infections.				
Tuberculosis (PPD or Tine Test)	Screen asymptomatic adults at increased risk of latent tuberculosis infection (LTBI) with either the tuberculin skin test or the interferon-gamma release assay (IGRA).				
General Counseling					
All patients should be periodically screened and counseled, as appropriate, regarding the following: alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, physical activity, anxiety, depression/suicide, family violence/abuse, infectious disease/STD, motor vehicle injury prevention, violent behavior/firearms, pregnancy/prenatal care counseling, menopause management, osteoporosis, skin cancer.					

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Immunizations					
COVID-19	1 or more doses of the current vaccine				2 or more doses
Influenza (IIV3, ccIIV3, RIV3, allV3, HD-IIV3, LAIV3)	1 dose annually				1 dose annually (HD-IIV3, RIV3, or allV3 preferred)
Respiratory Syncytial Virus (RSV)	1 dose if pregnant during RSV season			1 dose ages 75 and older, or for high-risk adults 50 – 74 years of age.	
Measles, Mumps & Rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later).				Not routine.
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)	If high risk and not previously immunized and younger than age 50. 1-dose PCV15 followed by PPSV23 **or** 1-dose PCV20 or PCV21.			Recommended for ages 50 and older. 1-dose PCV15 followed by PPSV23 **or** 1-dose PCV20 or 1-dose PCV21.	
Tetanus, Diphtheria, Pertussis (Tdap or Td)	Administer a one-time dose of Tdap to those who have not received a dose previously. Then boost with TD or Tdap every 10 years. 1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management.				
Human Papillomavirus (HPV)	Recommended for all persons through age 26. 2-dose or 3-dose series depending on age at initial vaccine or condition.	Recommended vaccination based on shared clinical decision-making for ages 27 through 45.	Not routine.		
Hepatitis A	If high risk 2, 3, or 4 dose depending on vaccine.				
Hepatitis B	2, 3, 4 doses depending on vaccine for ages 19 through 59.				If high-risk, ages 60 years and older 2, 3, 4 doses depending on vaccine.
Meningococcal (MenACWY)	If high risk 1 or 2 doses depending on indication, with booster every 5 years, if risk remains.				
Meningococcal B (MenB)	If high risk 2 or 3 doses depending on vaccine and indication, with booster every 2-3 years if risk remains. For young adults ages 16-23 years, 2-3 dose maybe be administered.				
Haemophilus influenzae type b (Hib)	If high risk 1 or 3 doses depending on indication.				

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Immunizations (cont'd)					
Varicella (Chickenpox)	2 doses if born in 1980 or later.			If high risk, 2 doses.	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions				2 doses for adults 50 years of age and older.
Mpox	2 dose series, 28 days apart for any person at risk of Mpox infection				
Inactivated poliovirus (IPV)	Complete 3-dose series if not vaccinated. Self-report of previous doses acceptable.				

Sources:
www.cdc.gov
www.healthcare.gov/coverage/preventive-care-benefits/
www.uspreventiveserivestastforce.org/a-and-b-recommendations
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