

UVM ScholarWorks

Leading with Prevention: Screenings, Vaccines, and Safety

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| Authors | Puthumana, Rhea |
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MOUNTAIN COMMUNITY HEALTH ADULT PREVENTIVE CARE - MEN

| Vaccines | 19-26 | 27-39 | 40-49 | 50-64 | 65-74 | 75+ |
|---|---|-------------|-----------------|---------------|------------|-------------|
| Influenza (annual) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| COVID-19 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tdap/Td (q10 yrs) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HPV | ✓ (3 shots) | SDM (to 45) | | | | |
| Zoster (RZV) – Shingrix (series of 2) (Given at 0, 2-6 months) | | | | (At pharmacy) | ✓ | ✓ |
| Pneumococcal | Conditionally given based on risk factors | | | ✓ | ✓ | ✓ |
| RSV | | | | SDM | | ✓ |
| Hep A (once, series of 2) (Given at 0, 6 months) | Conditionally given for high-risk adults | | | | | |
| Hep B (once, series of 3) (Given at 0, 1, and 6 months) | Given if no evidence of immunity or high-risk | | | | | |
| MMR | Given once if no evidence of immunity | | | | | |
| Meningococcal | Given once if high-risk (asplenic, college freshman, etc.) | | | | | |
| Cancer Screenings | | | | | | |
| Prostate cancer (PSA < 2.5 ng/mL, q2 yrs, otherwise, annually) | | | SDM (high-risk) | SDM (55-69) | | |
| Colorectal cancer - Colonoscopy q10 yrs - FIT test annually - Cologuard q3 yrs | | | ✓ (≥45) | ✓ | ✓ | SDM (to 85) |
| Lung cancer (LDCT) (annually in patients with 20 pack yr and smoke or quit < 15 years) | | | | ✓ | ✓ | ✓ (to 80) |
| Cardiometabolic Screenings | | | | | | |
| Diabetes (q3 yrs if normal) | | SDM (35+) | ✓ | ✓ | ✓ (SDM≥70) | SDM |
| Lipid disorders (ages 20-39, q4-6 yrs) (ages 35+, check q5 yrs if normal or every 1-2 yrs if elevated/high-risk) | SDM | SDM | ✓ | ✓ | ✓ | ✓ |

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|---|--|-------|--|------------|--|-----------------|
| Statin therapy | | | Consider therapy if 1 or more CVD risks met (HTN, DM, HLD, smoking) and CVD risk of 7.5-10% and prescribe statin if CVD risk of 10%+ | | | SDM |
| Infectious Disease Screenings | | | | | | |
| HIV (≥1 lifetime per increased risk) | ✓ | ✓ | ✓ | ✓ | ✓ | SDM |
| Hepatitis C (once) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ (prior to 79) |
| Chlamydia / Gonorrhea | Consider test if increased risk of infection | | | | | |
| Hepatitis B (only for increased risk) | ✓ | ✓ | ✓ | ✓ (SDM≥60) | SDM | |
| Safety and Preventive Counseling | | | | | | |
| Fall risk assessment | | | | | ✓ | ✓ |
| Vision/hearing | | | | | Check if up to date and if significant changes noted | |
| Bone and Vascular Health | | | | | | |
| Abdominal Aortic Aneurysm (AAA) | | | | | ✓ (ever smoker/SDM) | |
| Form | | | | | | |
| Advanced Directives | Discuss and establish medical care goals at least once | | | | | |

Abbreviations: SDM - Shared decision making

**Months for Zoster/HepA/HepB indicate timing between doses*

Conditional Risk Factors:

HPV: for ages 27-45, consider if unvaccinated but less likely to be beneficial if already exposed to HPV

Pneumococcal: for ages 19-49, consider PCV20 if patient has COPD, DM, CHF, immunosuppressed, cirrhosis, renal failure, etc.

RSV: for ages 50-74, consider if patient has CVD, lung disease, end-stage renal disease, DM, immunocompromised, cirrhosis, neuromuscular disorders

Hep A/B vaccines: consider if history of HIV, chronic liver disease, IV substance use, sexual activity and practices, etc.

PSA: for ages 40-55, check PSA if African-American male or first-degree relative with prostate cancer diagnosis before age 65

Diabetes: for ages 35-40, check A1C if history of elevated BMI

Lipids: for ages 20-39, check lipid panel if family or personal history of heart disease, lipid disorders, etc.

Chlamydia/Gonorrhea: consider test if increased risk due to sexual activity and practices

AAA: for ages 65-75, minimally beneficial in testing men with no smoking history but primarily recommended in men who ever smoked