Health Maintenance at a Glance

Average-risk adults

Screening

Screen	Ages	How often
Colon	**45–75**	Colonoscopy q10y · FIT q1y · Cologuard q3y
Mammogram	**40–74** (women)	q2y
Cervical	**21–29** Pap · **30–65** HPV	Pap q3y · HPV q5y
Lung LDCT	**50–80**, ≥20 pack-yr, quit ≤15 y	q1y
AAA ultrasound	**Men 65–75** who ever smoked	Once
DXA	**Women ≥65** (younger if high risk)	—
PSA	**Men 55–69**	Discuss
Diabetes	**35–70** with BMI ≥25	q3y
Statin risk	**40–75**	Calculate 10-y risk
HCV / HIV / HBV	HCV 18–79 · HIV 15–65 · HBV all adults	Once

Vaccines

Vaccine	Who	Doses
Pneumococcal	**≥50** (19–49 if high risk)	PCV20 or PCV21 ×1
Shingrix	**≥50** (≥19 if immunocompromised)	2 doses, 2–6 mo apart
RSV	**≥75** · 60–74 if high risk	1 dose, lifetime
Flu	Everyone	Yearly (≥65: high-dose)
Tdap / Td	Everyone	q10y · each pregnancy
Hepatitis B	**19–59**	2- or 3-dose series
HPV	**≤26** (27–45 discuss)	2–3 doses
COVID-19	Per current CDC guidance	Yearly formula

Adult Health Maintenance — Clinic Quick Reference

USPSTF + CDC/ACIP, average-risk adults · compiled Nov 2026

Cancer screening

Screen	Who / ages	Test & interval	Stop / special cases
Colorectal	**45–75** avg risk (A 50–75, B 45–49). 76–85: individualize (prior screening, health).	Colonoscopy q10y · FIT q1y · FIT-DNA (Cologuard) q1–3y (label q3y) · CT colonography q5y · flex sig q5y, or q10y + FIT q1y. Any + stool test → colonoscopy.	Stop >85. **FDR with CRC/adv adenoma <60, or ≥2 FDRs:** colonoscopy at 40 or 10 y before youngest dx, q5y. Blood test (Shield): not USPSTF-endorsed; second-line.
Breast	**Women 40–74** (B, 2024)	Mammogram **q2y**	≥75: insufficient evidence. Dense breasts: supplemental US/MRI insufficient evidence. **High risk** (BRCA, >20% lifetime, chest RT age 10–30): annual MRI + mammo from 25–30.
Cervical	**21–65** with cervix	21–29: cytology q3y. 30–65: **primary hrHPV q5y (preferred)**, cotest q5y, or cytology q3y. Self-collected HPV OK 30–65 (2024 draft; HRSA coverage 2026).	Stop >65 if adequate neg hx (3 neg cytology or 2 neg HPV/cotests in 10 y, last within 5 y) and no CIN2+ in 25 y. No screening after hysterectomy w/ cervix removed for benign reason. HIV/immunosuppressed: separate schedule.
Lung (LDCT)	**50–80**, **≥20 pack-yr**, current smoker or quit **≤15 y** (B)	Low-dose CT **q1y** + shared decision visit + cessation counseling	Stop when quit >15 y (USPSTF), or limited life expectancy / not a surgical candidate. ACS 2023 drops the 15-y rule.
Prostate	**Men 55–69** (C)	PSA: shared decision making	≥70: don't screen (D). Black men / FHx: discuss earlier (~40–45).

Special screens

Screen	Who / ages	Test & interval	Notes
AAA	**Men 65–75 who ever smoked** (≥100 cigs) (B)	**One-time** abdominal US	Men never smoked: selective (C). Women ever smoked: insufficient. Women never smoked: don't (D).
Osteoporosis	**Women ≥65**; postmenopausal **<65 at ↑ risk** by risk tool (FRAX etc.) (B, 2025)	DXA (hip/spine)	Men: insufficient evidence (many treat ≥70 or with risk factors per Endocrine/BHOF). Repeat interval not defined; ~2 y if osteopenic.
Diabetes / prediabetes	**35–70 with overweight/obesity** (B). ADA: all ≥35, any age w/ risk factors.	A1c, FPG, or OGTT **q3y**	Earlier for FHx, high-risk ethnicity, GDM hx, PCOS.
Statin / lipids	**40–75** with ≥1 CVD risk factor & 10-y risk **≥10%** (B); 7.5–<10% (C)	Lipid panel; PCE or PREVENT calculator	LDL ≥190 → statin regardless.
Hepatitis C	**18–79**, once (B)	HCV Ab → reflex RNA	Repeat if ongoing risk (IVDU); each pregnancy (CDC).
Hepatitis B	CDC: **all adults ≥18 once** (triple panel). USPSTF: at ↑ risk.	HBsAg, anti-HBs, total anti-HBc	Use result to guide vaccination.
HIV	**15–65** once (A); older if at risk	Ag/Ab 4th gen	Annual if ongoing risk. Offer **PrEP** if at risk.
STI	Women ≤24 sexually active, or older at risk	Chlamydia/gonorrhea NAAT q1y	Syphilis if at risk. MSM: q3–12 mo.
BP	All ≥18	≥40 or risk: q1y; 18–39 low risk: q3–5y	Confirm outside clinic (HBPM/ABPM).
Behavioral	All adults	Depression (PHQ-2/9); anxiety <65 (GAD-7); alcohol (AUDIT-C); tobacco; drug use	IPV: women of reproductive age. Falls ≥65: exercise. Obesity BMI ≥30 → refer.

Immunizations (adults)

Vaccine	Who	Schedule	Notes
Pneumococcal	**All ≥50**; 19–49 w/ risk (CKD, DM, chronic heart/lung/liver, smoking, EtOH, asplenia, immunocomp., CSF leak, CI)	**PCV20 or PCV21** ×1 — done. Or PCV15 → PPSV23 ≥1 y later (≥8 wk if immunocomp.)	**PPSV23 (Pneumovax) alone no longer recommended.** Prior PPSV23 only → PCV20/21 ≥1 y later. Prior PCV13 only → PCV20/21 ≥1 y. PCV13 + PPSV23 (≥65) → SCDM PCV20/21 ≥5 y after last.
Zoster (Shingrix, RZV)	**All ≥50**; **≥19 immunocompromised**	**2 doses, 2–6 mo apart** (immunocomp.: 1–2 mo)	Give regardless of prior shingles, Zostavax, or varicella hx. No need to check titers. Defer during acute episode.
RSV	**All ≥75**; **60–74 at ↑ risk**; 50–59 at ↑ risk (2025 expansion — check status)	**Single lifetime dose**	Best late summer/early fall. Risk = chronic heart/lung/kidney, DM w/ complications, immunocomp., obesity BMI ≥40, nursing home.
Influenza	All ≥6 mo	Yearly	**≥65: high-dose, adjuvanted, or recombinant** preferred.
Tdap / Td	All adults	Tdap ×1, then Td or Tdap **q10y**	Each pregnancy at 27–36 wk. Wound: booster if >5 y (dirty) / >10 y (clean).
COVID-19	Per current CDC/specialty society guidance	2025–26 formula	Recs changed 2025 (shared decision); some changes under court stay (Mar 2026). Many follow ACP/AAFP schedules.
Hepatitis B	**19–59 all**; ≥60 w/ risk or on request	Heplisav-B 2 doses (0, 1 mo) or 3-dose series	Check triple panel first if feasible; don't delay vaccine for it.
HPV	**≤26** catch-up; **27–45 SCDM**	2 or 3 doses (3 if started ≥15 or immunocomp.)	—
MMR	Born ≥1957 w/o evidence of immunity	1 dose (2 for HCW, students, travelers)	Live — avoid in pregnancy/immunocomp.
Varicella	No evidence of immunity (born ≥1980)	2 doses, 4–8 wk apart	Live.
Hep A, MenACWY, MenB	Risk-based (travel, liver dz, MSM, asplenia, complement def., HIV, lab workers)	Per indication	Check CDC adult schedule notes.

Quick age checklist — **18+**: BP, depression/anxiety, alcohol/tobacco, HIV (15–65), HCV (18–79), HBV once, flu, Tdap q10y, HPV ≤26, Hep B ≤59 · **21**: Pap · **30**: HPV q5y · **35**: DM screen if overweight · **40**: mammo q2y, statin risk calc · **45**: CRC · **50**: LDCT if ≥20 pk-yr, **Shingrix, PCV20/21**, (RSV if ↑ risk) · **55**: PSA discussion · **65**: DXA (women), AAA US (men who smoked), high-dose flu, stop Pap if adequate · **70**: stop PSA · **75**: RSV for all, stop mammo/CRC routine.

Grades: A/B = recommend; C = selective/individual; D = recommend against. SCDM = shared clinical decision-making. ACIP recommendations were revised several times in 2025–26 and some changes are under a federal court stay; confirm vaccine recs at cdc.gov/vaccines or ACP/AAFP schedules.