



Clinical Guideline Adult Preventive (21 & Over)

	Clinical Indicator	Ages 21-39	Ages 40-49	Ages 50-64	Ages 65+
COUNSELING	Assessing tobacco use	Every visit	Every visit	Every visit	Every visit
	Advising smokers to quit	At least annually	At least annually	At least annually	At least annually
	Assess drug/alcohol use ¹	Annually	Annually	Annually	Annually
	Depression screening ²	Annually	Annually	Annually	Annually
	Assess STD risk	Annually	Annually	Annually	Annually
	Assessment of functional status	Annually	Annually	Annually	Annually
	Medication review	Annually	Annually	Annually	Annually
	Advance care planning	At least once	At least once	At least once	Annually
	Discussion of aspirin prophylaxis ³	High risk	If high risk: Men-annually Women-post menopausal	Annually if high risk	Annually if high risk
SCREENING	Screening history & exam	Every 2 years	Every 2 years	Annually	Annually
	Cervical cancer screening ⁴ (Pap)	At a minimum every three years, more frequently if in a high risk group	At a minimum every three years, more frequently if in a high risk group	At a minimum every three years, more frequently if in a high risk group	Women: high risk
	HPV ⁵	Women: ≥ 30 if indicated	Women: ≥ 30 if indicated	Women: ≥ 30 if indicated	Women high risk
	Mammogram ⁶		Women: every 2 years	Women: every 2 years	Women: every 2 years until the age of 74
	Chlamydia screening ⁷	Women: annually to age 25 & with Pregnancy	If high risk	If high risk	
	Discuss prostate cancer screening ⁸		Annually	Annually	Annually
	Colon cancer screening Fecal occult blood &/or			Annually	Annually
	Sigmoidoscopy or Colonoscopy			Every 5 years Every 10 years	Every 5 years Every 10 years
	Vision, Hearing				Every 5 years
	Lipid Profile ⁹	Men ≥ 21: every 5 years unless high risk	Men: every 5 years unless high risk Women ≥ 45: every 5 years unless high risk	Every 5 years unless high risk	If not checked previously
	Obesity screening (BMI) ¹⁰	Every visit	Every visit	Every visit	Every visit
	Domestic violence ¹¹	Annually	Annually	Annually	Annually
	Bone health ¹²			Women age 60 & older at risk	Women at risk

Gateway Health Plan® follows the Centers for Disease Control and Prevention, recommended Adult Immunization Schedule-United States, 2009.

Recommended Adult Immunization Schedule has been approved by ACIP, ACOG, ACP & AAFP.

Please see attachment.

Links: <http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/2010/adult-schedule-11x17.pdf>
www.cdc.gov/mmwr/ January 11, 2011

¹ Use CAGE screening. **C**: “Have you ever felt you ought to Cut down on drinking?” **A**: “Have people Annoyed you by criticizing your drinking?” **G**: “Have you ever felt bad or Guilty about your drinking?” **E**: “Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye opener)?”

² Screening questions are: “Over the past month have you felt down, depressed or hopeless” and “Over the past month have you felt little interest or pleasure in doing things.”

³ Aspirin prophylaxis high risk-diabetes, elevated cholesterol levels, low levels of HDL cholesterol, elevated blood pressure, family history and smoking.

⁴ Discontinuation of cervical cancer screening in older women is appropriate, provided women have had adequate recent screening with normal Pap results. Screening is recommended in older women who have not been previously screened, when information about previous screening is unavailable or when screening is unlikely to have been done in the past. Recommendations from various organizations differ in how often the Pap screen should be done. The general recommendation is to screen every 2-3 years after 3 years of being sexually active but not later than age 21.

⁵ Although the US preventive task force found insufficient evidence to recommend for or against screening, other organizations endorsed routine screening along with Paps for women age 30 and older.

⁶ There is controversy over how often and at what age the mammograms should be done. Recommendations from various agencies recommend starting at age 40, others age 50. Recommendations for frequency are every 1-2 years.

⁷ Chlamydia screening high risk – Prevalence is higher in the following populations: unmarried women, African –American race, prior history of STD, having new or multiple sex partners, having cervical ectopy using barrier contraceptives inconsistently, and partners having multiple partners who engage in high risk behavior.

⁸ US Preventive Task force recommends discussing the potential harms and benefits of PSA/DRE screening with patients younger than 75. National comprehensive Cancer Network recommends all men should be offered a baseline screen at age 40 and 45, and all men at age 50.

⁹ Lipid disorder high risk – diabetes, history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, history suggestive of familial hyperlipidemia, multiple coronary heart disease risk factors and people who have lipid levels close to those warranting treatment.

¹⁰ Assess BMI and waist circumference at every visit during which weight is measured. Use 5As: Ask if patient is ready to make a change. Advise in a clear, specific and tailored manner. Assess level of obesity and co morbidities. Assist by providing necessary tools and support. Arrange contact with other providers who can provide a team approach.

¹¹ At each visit ask: “Within the past year have you been hit, slapped, kicked or otherwise physically hurt by someone?” “Are you in a relationship with a person who physically hurts you?” “Has anyone forced you to have sexual activities that make you feel uncomfortable?”

¹² Osteoporosis – Routine screening begin at age 60 for women identified as high risk because of their weight or estrogen use. Routine screening women age 65 and older at increased risk for osteoporotic fractures, and spinal abnormalities.

Scientific Evidence Sources:

U.S. Preventive Services Task Force. Guide to Clinical Preventive Services. Washington, DC: Office of Disease Prevention and Health Promotion, U.S. Government Printing Office, 2009.

U.S. Preventive Services Task Force. Recommendations and Rationale: Screening for Depression (2002), Screening for Colorectal Cancer (2002), Screening for Breast Cancer (2009), Screening for Prostate Cancer, Behavioral Counseling in Primary Care to Promote Physical Activity, and Aspirin for the Primary Prevention of Cardiovascular Events. (2002), Screening for Cervical Cancer (2003), Screening for Obesity in Adults (2003), Osteoporosis Screening (2003) Screening for Family and Intimate Partner Violence (2004) Screening for Alcohol Misuse (April 2004)

American Cancer Society Guidelines for Breast Cancer Detection 2007

American Academy of Family Practice Physicians Panel on Obesity, October 7, 2005

American Academy of Family Physicians. Summary of Recommendations for Clinical Preventive Services, August 2007 Revision 6.4.

The Advisory Committee on Immunization Practices. Recommended Adult Immunization Schedule United States, 2009

National Osteoporosis Foundation :Clinician's Guide to Prevention and Treatment of Osteoporosis, 2008

American College of Obstetricians and Gynecologists: Cervical Cytology Screening, Clinical Bulletin No.109

Health Care Guideline: Preventive Services for Adults: Institute for Clinical Systems Improvement; October 2009

Summary of Recommendations for Adult Immunization (Age 19 years & older)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
<p>Seasonal Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i></p> <hr/> <p>Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i></p>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> Beginning with the 2010–11 influenza season, vaccination is recommended for all adults. (This includes healthy adults ages 19–49yrs without risk factors.) LAIV is only approved for healthy nonpregnant people age 2–49yrs. Adults ages 65yrs and older may be given standard-dose TIV or, alternatively, a high-dose TIV. <p>Note: LAIV may not be given to some adults; see contraindications and precautions listed in far right column.</p>	<ul style="list-style-type: none"> Give 1 dose every year in the fall or winter. Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. For LAIV only: pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV). <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. For LAIV only: close contact with an immunosuppressed person when the person requires protective isolation. For LAIV only: receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
<p>Pneumococcal polysaccharide (PPSV) <i>Give IM or SC</i></p>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> People age 65yrs and older. People younger than age 65yrs who have chronic illness or other risk factors, including chronic cardiac or pulmonary disease (including asthma), chronic liver disease, alcoholism, diabetes, CSF leaks, cigarette smoking, as well as candidates for or recipients of cochlear implants and people living in special environments or social settings (including American Indian/Alaska Natives age 50 through 64yrs if recommended by local public health authorities). Those at highest risk of fatal pneumococcal infection, including people who <ul style="list-style-type: none"> Have anatomic or functional asplenia, including sickle cell disease. Have an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome. Are receiving immunosuppressive chemotherapy (including corticosteroids). Have received an organ or bone marrow transplant. 	<ul style="list-style-type: none"> Give 1 dose if unvaccinated or if previous vaccination history is unknown. Give a 1-time revaccination to people <ul style="list-style-type: none"> Age 65yrs and older if 1st dose was given prior to age 65yrs and 5yrs have elapsed since dose #1. Age 19 through 64yrs who are at highest risk of fatal pneumococcal infection or rapid antibody loss (see the 3rd bullet in the box to left for listings of people at highest risk) and 5yrs have elapsed since dose #1. 	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution</p> <p>Moderate or severe acute illness.</p>

*This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC’s website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coal-

ition (IAC) website at www.immunize.org/acip. This table is revised periodically. Visit IAC’s website at www.immunize.org/adultrules to make sure you have the most current version.

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • People born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if there is no laboratory evidence of immunity or documentation of a dose given on or after the first birthday. • People in high-risk groups, such as healthcare personnel (paid, unpaid, or volunteer), students entering college and other post-high school educational institutions, and international travelers, should receive a total of 2 doses. • People born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel. • Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination. 	<ul style="list-style-type: none"> • Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left). • If dose #2 is recommended, give it no sooner than 4wks after dose #1. • If a pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • Within 72hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults. <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV). <p>Note: HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL).</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. <p>Note: If TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for 4–6wks after MMR.</p>
<p>Varicella (chickenpox) (Var) <i>Give SC</i></p>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All adults without evidence of immunity. <p>Note: Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-provider diagnosis; laboratory evidence of immunity; and/or birth in the U.S. before 1980, with the exceptions that follow.</p> <ul style="list-style-type: none"> - Healthcare personnel (HCP) born in the U.S. before 1980 who do not meet any of the criteria above should be tested or given the 2-dose vaccine series. If testing indicates they are not immune, give the 1st dose of varicella vaccine immediately. Give the 2nd dose 4–8 wks later. - Pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should either 1) be tested for susceptibility during pregnancy and if found susceptible, given the 1st dose of varicella vaccine postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose of varicella vaccine postpartum before hospital discharge. Give the 2nd dose 4–8wks later. 	<ul style="list-style-type: none"> • Give 2 doses. • Dose #2 is given 4–8wks after dose #1. • If dose #2 is delayed, do not repeat dose #1. Just give dose #2. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • May use as postexposure prophylaxis if given within 5d. <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Persons on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL. See <i>MMWR</i> 2007;56,RR-4). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
<p>Td, Tdap (Tetanus, diphtheria, pertussis) <i>Give IM</i></p> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin-top: 10px;"> <p><i>Using tetanus toxoid (TT) instead of Tdap or Td is not recommended.</i></p> </div>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.* In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period. <p>For Tdap only:</p> <ul style="list-style-type: none"> Adults younger than age 65yrs who have not already received Tdap. Adults of any age, including adults age 65yrs and older, in contact with infants younger than age 12m (e.g., parents, grandparents, childcare providers, health-care personnel) who have not received a dose of Tdap should be prioritized for vaccination. Healthcare personnel who work in hospitals or ambulatory care settings and have direct patient contact and who have not received Tdap. Adults age 65yrs and older without a risk indicator (e.g., not in contact with an infant) may also be vaccinated with Tdap. 	<ul style="list-style-type: none"> For people who are unvaccinated or behind, complete the primary Td series (spaced at 0, 1–2m, 6–12m intervals); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. Give Td booster every 10yrs after the primary series has been completed. Tdap can be given regardless of interval since previous Td. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. For Tdap only, history of encephalopathy within 7d following DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine. Unstable neurologic condition. History of Arthus reaction following a previous dose of tetanus- and/or diphtheria-toxoid-containing vaccine, including MCV4. <p>Note: Tdap may be given to pregnant women at the provider’s discretion.</p>
<p>Hepatitis A (HepA) <i>Give IM</i></p> <p>Brands may be used interchangeably.</p>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> All people who want to be protected from hepatitis A virus (HAV) infection. People who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan. People with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; people who work with HAV in experimental lab settings; food handlers when health authorities or private employers determine vaccination to be appropriate. People who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee’s arrival in the U.S. Adults age 40yrs or younger with recent (within 2 wks) exposure to HAV. For people older than age 40yrs with recent (within 2 wks) exposure to HAV, immune globulin is preferred over HepA vaccine. 	<ul style="list-style-type: none"> Give 2 doses. The minimum interval between doses #1 and #2 is 6m. If dose #2 is delayed, do not repeat dose #1. Just give dose #2. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For Twinrix (hepatitis A and B combination vaccine [GSK]) for patients age 18yrs and older only: give 3 doses on a 0, 1, 6m schedule. There must be at least 4wks between doses #1 and #2, and at least 5m between doses #2 and #3. An alternative schedule can also be used at 0, 7d, 21–30d, and a booster at 12m.</p> </div>	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Safety during pregnancy has not been determined, so benefits must be weighed against potential risk.
<p>Hepatitis B (HepB) <i>Give IM</i></p> <p>Brands may be used interchangeably.</p>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> All adults who want to be protected from hepatitis B virus infection. Household contacts and sex partners of HBsAg-positive people; injecting drug users; sexually active people not in a long-term, mutually monogamous relationship; men who have sex with men; people with HIV; persons seeking STD evaluation or treatment; hemodialysis patients and those with renal disease that may result in dialysis; healthcare personnel and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; certain international travelers; and people with chronic liver disease. <p>Note: Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. For sex partners and household contacts of HBsAg-positive people, provide serologic screening and administer initial dose of HepB vaccine at same visit.</p>	<p>Give 3 doses on a 0, 1, 6m schedule.</p> <ul style="list-style-type: none"> Alternative timing options for vaccination include 0, 2, 4m; 0, 1, 4m; and 0, 1, 2, 12m (Engerix brand only). There must be at least 4wks between doses #1 and #2, and at least 8wks between doses #2 and #3. Overall, there must be at least 16wks between doses #1 and #3. Schedule for those who have fallen behind: If the series is delayed between doses, DO NOT start the series over. Continue from where you left off. 	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution</p> <p>Moderate or severe acute illness.</p>

Summary of Recommendations for Adult Immunization (Age 19 years & older)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
<p>Human papillomavirus (HPV) (HPV2, Cervarix) (HPV4, Gardasil) <i>Give IM</i></p>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All previously unvaccinated women through age 26yrs. • Consider giving HPV4 to men through age 26yrs to reduce their likelihood of acquiring genital warts. 	<ul style="list-style-type: none"> • Give 3 doses on a 0, 2, 6m schedule. • There must be at least 4wks between doses #1 and #2 and at least 12wks between doses #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all three doses. 	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Data on vaccination in pregnancy are limited. Vaccination should be delayed until after completion of the pregnancy.
<p>Zoster (shingles) (Zos) <i>Give SC</i></p>	<ul style="list-style-type: none"> • People age 60yrs and older. 	<ul style="list-style-type: none"> • Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chickenpox. • If 2 or more of the following live virus vaccines are to be given—MMR, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to any component of zoster vaccine. • Primary cellular or acquired immunodeficiency. • Pregnancy. <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.
<p>Meningococcal conjugate vaccine, quadrivalent (MCV4) Menactra, Menveo <i>Give IM</i></p> <p>Meningococcal polysaccharide vaccine (MPSV4) <i>Give SC</i></p>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • People with anatomic or functional asplenia or persistent complement component deficiency. • People who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). • Microbiologists routinely exposed to isolates of <i>N. meningitidis</i>. • Unvaccinated college freshmen who live in dormitories. 	<ul style="list-style-type: none"> • Give 2 initial doses separated by 2m to adults with anatomic or functional asplenia, persistent complement component deficiencies, or HIV infection. • Give 1 initial dose to all other adults with risk factors (see 2nd–4th bullets in column to left). • Give booster doses every 5yrs to adults with continuing risk (see the 1st–3rd bullets in column to left for listings of people with possible continuing risk). • MCV4 is preferred over MPSV4 for people age 55yrs and younger; use MPSV4 ONLY if age 56yrs or older or if there is a permanent contraindication/precaution to MCV4. 	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components, including diphtheria toxoid (for MCV4).</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • In pregnancy, studies of vaccination with MPSV4 have not documented adverse effects so may use MPSV4, if indicated. No data are available on the safety of MCV4 during pregnancy.
<p>Polio (IPV) <i>Give IM or SC</i></p>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • Not routinely recommended for U.S. residents age 18yrs and older. <p>Note: Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults can receive 1 booster dose if traveling to polio endemic areas or to areas where the risk of exposure is high.</p>	<ul style="list-style-type: none"> • Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information. 	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Pregnancy.