PREVENTIVE HEALTH CARE SCREENING

Federal Bureau of Prisons

Clinical Guidance

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WHAT'S NEW IN THIS DOCUMENT

This guidance is an update to the July 2022 version. The following major changes were made in this guidance:

- **ANAL CANCER SCREENING:** Updated recommendations referenced for *anal cancer screening* of HIV-positive patients with certain risk factors.
- **BREAST CANCER SCREENING:** Updated recommendations to include biannual screening for patients aged 40-74 at average risk, see *breast cancer screening*.
- **COGNITIVE IMPAIRMENT:** Removed section on cognitive impairment screening, due to current insufficient evidence assessing the benefits and harms of cognitive impairment screening in older adults.
- **COLORECTAL CANCER SCREENING:** Updated recommendations to include annual screening for patients aged 45-75 at average risk, see *colorectal cancer screening.*
- **CARDIOVASCULAR RISK:** Adjustments to recommendations for *aspirin for primary prevention*.
    - Aspirin treatment may be considered for the primary prevention of ASCVD for adults 40-59 years of age.
    - Aspirin treatment should not be administered for primary prevention of ASCVD among adults greater than 60 years of age.
- **LUNG CANCER SCREENING:** Added recommendations for *lung cancer screening*.

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1. PURPOSE

The FBOP Clinical Guidance for Preventive Health Care Screening outlines health maintenance recommendations for adults in custody (AIC).

- *This guidance does not cover diagnostic testing or medical treatments that might be indicated by a patient's signs and symptoms.*
- *This guidance does not preclude patient-specific screenings based on medical histories and evaluations and should not supplant clinical judgment or the needs of individual patients.*
- *Information on preventive dental care (to include oral cancer screenings) may be found in the FBOP Clinical Guidance on Preventive Dentistry: Oral Disease Risk Management Protocols.*

This newest FBOP guidance on Preventive Health Care Screening is based on the most current recommendations and guidelines available at the time of publication. Please check the resources, listed in Appendix 8, for any subsequent updates published by the USPSTF and other groups.

2. OVERVIEW

Based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), this FBOP Clinical Guidance defines a scope of preventive health care services for patients that incorporates targeted patient counseling and immunizations, as well as screening for infectious diseases, cancer, and chronic diseases. In certain cases, the FBOP preventive health care program deviates from USPSTF recommendations, e.g., when the risk characteristics of the patient suggest an alternative approach. Recommendations from other clinical authorities may differ from the USPSTF and may at times be appropriate to follow, especially if they are evidence-based.

The FBOP preventive health care program includes the following components:

- A health care delivery system that uses a multidisciplinary team approach, with specific duties assigned to each team member.
- An emphasis on the patient's responsibility for improving his or her own health status and seeking preventive services.
- Prioritization of patients who are at high risk for specific health problems.
- Recognition that routine physical examinations may not be a necessary component of a preventive health care screening evaluation.

3. TIMING AND SCOPE OF SERVICES

There is a lack of evidence to support any one strategy for accomplishing preventive health care interventions. FBOP policies establish requirements for intake screening and periodic screening for substance use disorders and certain contagious diseases. In addition, the FBOP recommends an initial preventive health visit plus periodic preventive health visits as a means of providing preventive health care services efficiently. Other means of providing preventive services may include incorporating the periodic preventive health visit into an annual chronic care visit or another time when a patient is already scheduled, e.g., during annual TB screening.

INTAKE

Newly incarcerated AICs are screened for conditions that warrant prompt intervention which may include contagious diseases, active substance misuse or withdrawal symptoms, chronic diseases and mental illness.

- *Intake screening prevention parameters are outlined in Appendix 1 and are governed by FBOP policies and program statements, including 6400.03 Dental Services, 6190.04 Infectious Disease Management, 6031.05 Patient Care, 6340.04 Psychiatric Services Program Statements and the FBOP Opioid Use Disorder Guidance.*
- *Screening recommendations may also be found in FBOP Clinical Guidance documents including; Withdrawal for Patients with Substance Use Disorders, Tuberculosis (TB), Human Immunodeficiency Virus (HIV) Management, Hepatitis C Virus (HCV) Infection and Immunization.*

INITIAL PREVENTIVE HEALTH VISIT

An initial preventive health visit is recommended for all sentenced individuals within six months of incarceration. At the discretion of the Clinical Director (CD) or Health Services Administrator (HSA), the initial preventive health visit may be accomplished during the intake physical examination or initial chronic care visit—or scheduled later as a separate preventive health visit.

- *All patients should be advised of the preventive health care measures that are provided by the FBOP, as well as their own responsibility for seeking these services. A plan should be developed with the patient to receive the recommended preventive health care services.*

The primary purpose of the initial preventive health visit is to assess risk factors and identify the need for and frequency of recommended preventive health care interventions summarized in the below appendices:

- *Appendix 2, Preventive Health Care Guidelines by Disease State*
- *Appendix 6 and Appendix 7 Preventive Health Summaries for Males and Females.*

The initial preventive health visit also includes:

- **SCREENING FOR IMMUNIZATIONS** based on the current *CDC Adult Combined Immunization Schedule* and necessary immunizations administered based on FBOP Immunization Protocols. Refer to *FBOP Clinical Guidance for Immunization* for additional information.
- **RISK ASSESSMENT** including completion of a preventive health visit, utilizing templates located within the FBOP Electronic Health Record (BEMR).
- **ESTABLISH FOLLOW-UP** for delivery of identified or additional preventive health care services.

PERIODIC PREVENTIVE HEALTH VISITS AND SCREENING INTERVALS

FREQUENCY

Periodic preventive health visits are an effective way to provide preventive health care services for all patients, but especially for those who are not seen routinely for other medical needs such as chronic care conditions. The frequency of periodic preventive health visits needs to be individualized —based on policy requirements, risk profiles, recommended screening intervals, and results of screening tests. Based in part on the screening intervals described below, the FBOP encourages preventive health visits every 3 to 5 years for average-risk patients and annually for patients 50 years and older.

Annual tuberculosis screening, influenza vaccinations, and audiograms for occupational risk are commonly provided through separate clinics.

Optimal screening intervals have not been established for many conditions, and published guidelines and recommendations may differ among professional organizations. However, the following screening intervals for average-risk patients are reasonable and generally consistent with those guidelines, as well as with FBOP policy for certain interventions. Shorter intervals between screenings may be appropriate for individuals at higher risk or based on results of screening test results.

- **ANNUALLY**
  - Screening for LTBI with annual TST (unless previously positive by TST or IGRA, or documented history of TB)
  - Influenza vaccinations for all patients
  - Audiograms for patients at occupational risk
  - Colorectal cancer screening for patients aged 45 through 75
  - Blood pressure screening for hypertension in at-risk populations (age ≥40, Black, overweight or obese)
  - Lung cancer screening for patients aged 50-80 with history of smoking (*see recommendation*)
- **EVERY 2 YEARS**
  - Breast cancer screening for average-risk female patients aged 40-74
- **EVERY 3 TO 5 YEARS**
  - Cardiovascular risk assessment using the *pooled cohort calculator* for patients aged 40–75
  - Blood pressure screening for hypertension for average or low-risk populations
  - Cholesterol levels for hyperlipidemia, as part of the cardiovascular risk assessment
  - Fasting glucose or glycosylated hemoglobin (A1C) for diabetes mellitus type 2 in overweight or obese patients aged 35–70, screening all patients > 70 years old regardless of risk factors
  - Measurement of weight, height, and BMI (schedule re-evaluation based on trend)
    - *If BMI is >30 kg/m^2, counsel about diet and exercise, and offer* intensive, multicomponent behavioral interventions.
  - Cervical cancer screening for female patients aged 21–65

OTHER SERVICES AND SCREENING PARAMETERS

The following services and screening parameters should be included in periodic preventive health care visits.

- *For more information, see Appendix 1 and Appendix 2,*

- Behavioral counseling for alcohol misuse.
- Unhealthy drug use screening
- Screening and effective treatment for Opioid Use Disorder, as clinically indicated.
- Although not specifically addressed by USPSTF, periodic counseling on substance misuse and related infectious disease transmission is appropriate for the incarcerated population.
- Screening for breast, cervical, anal and colon cancers per established parameters and clinical indications.
  - *If HIV+, see* "Pap Smears" in Section 3 of FBOP Clinical Guidance for HIV.

- Screening for osteoporosis in females 65 years of age and older, and in younger women whose fracture risk is greater than or equal to that of a 65-year-old white woman with no additional risk factors. Subsequent screening frequency is determined by results of the initial DEXA.
- One-time screening for abdominal aortic aneurysms in males aged 65-75 who have ever smoked.

Universal screening for certain diseases (e.g., glaucoma, cognitive decline or ovarian and prostate cancers) is not recommended, due to a lack of evidenced-based data. However, screening for certain diseases may be indicated for some patients, based on specific risk factors or clinical concerns. Decisions regarding screening for such conditions should be patient-specific.

4. TEAM RESPONSIBILITY

Consistent with the National Academy of Medicine's recommendations for improving the quality of health care and promoting health equity, the FBOP encourages the delivery of preventive health care services through patient-centered teams, with responsibility shared between the patient and the FBOP health care team.

- All members of the health care team should take part in preventive health care in some capacity, under the collaborative leadership of the HSA and the CD. Specific assignments are determined locally, based on staffing mix, employee skill sets, and logistical factors.
  - ➔ *Appendix 5 outlines how different categories of personnel can take part in implementing the preventive health program.*
- Provide patients with information on available preventive services and how to obtain these services.
  - ➔ *See the Patient Fact Sheets in Appendix 3 and Appendix 4.*
- Some education and preventive services can be delivered to patients via group counseling, educational DVDs, and health fairs conducted by volunteers and community organizations.

5. PROGRAM EVALUATION

At Medical Referral Centers (MRCs) the HSA, CD and the Director of Nursing may develop a process outlining the implementation of the local preventive health care program. At non-MRCs, the HSA and CD lead the program. Evaluation of institution preventive health care may be done through the local Quality Improvement (QI) program.

Applicable evaluation strategies include, but are not limited to:

- **ASSESSING PROCESS MEASURES** such as the proportion of patients who were eligible for a certain health screening who were screened, e.g., the proportion of eligible female patients screened for breast cancer within the recommended time frames.
- **ASSESSING OUTCOME MEASURES** such as the proportion of asymptomatic patients screened for a certain condition who were diagnosed with that condition, e.g., the proportion of those screened with a fasting blood glucose test who were diagnosed with diabetes.
- **CONDUCTING CASE STUDIES OF PATIENTS WHO WERE PRIORITY CANDIDATES FOR PREVENTIVE SERVICES** for a particular condition (i.e., patients at high risk for that condition) but were not evaluated for the condition.
- **CONDUCTING CASE STUDIES OF PATIENTS WHO WERE DIAGNOSED CLINICALLY** rather than by preventive screening, or who had a negative clinical outcome related to a preventive measure not being conducted. For example, a patient with hypertension may have suffered a myocardial infarction and, in the process, was diagnosed with diabetes—even though the individual was a candidate for an earlier diabetes screening and not screened.

APPENDIX 1. INTAKE PARAMETERS

➔ *This appendix covers recommended preventive health care actions performed during intake and initial History and Physical.*

ALL PATIENTS	
HIV	**Opt-out voluntary testing** is offered to all patients, regardless of sentencing status. **HIV testing for patients with HIV risk factors** is considered mandatory per FBOP Clinical Guidance for HIV Management (see *Appendix 2* for list of risk factors).
HCV	**Opt-out HCV testing is offered to all patients.** • Obtain anti-HCV. ➔ If anti-HCV is positive, order HCV RNA to confirm chronic HCV infection.
HBV	**Opt-out HBV testing is offered to all patients.** HBsAg, anti-HBs and HBcAb testing is recommended (known as the "triple panel test").
Substance Use History	Ask all patients about a history of misuse and last use of substances at intake. If a patient is experiencing withdrawal symptoms, refer to *FBOP clinical guidance for withdrawal for patients with substance use disorders*. If a patient arrives on an established medication for Opioid Use Disorder, that medication should be continued.
Tuberculosis (TB) Symptom Screen	**Ask about a history of TB and the presence of the following symptoms:** ☐ Blood-tinged sputum ☐ Night sweats ☐ Weight loss ☐ Fever ☐ Cough **Provide medical evaluation for patients who have symptoms suggestive of TB disease**, including a TST, a CXR, and, if indicated, a sputum examination. If TB is suspected, instruct the patient to immediately wear a surgical mask and placed in a low-traffic area until they can be isolated in an airborne infection isolation room (AIIR).
APPENDIX 1. PREVENTIVE HEALTH CARE—INTAKE PARAMETERS, Page 1 of 3	

ALL PATIENTS (CONTINUED)	
Tuberculin Skin Test (TST)	**A baseline TST will be obtained within two calendar days on all new intakes to the FBOP**, regardless of TST results from local jails or a patient's history of a prior positive TST, ***with the following exceptions***: ☐ The patient has documentation of a prior positive TST while incarcerated within FBOP. ☐ The patient has a history (either by self-report or clinically documented) of a severe reaction to a TST (e.g., a swollen, blistering, vesiculated reaction), which is considered a positive TST reaction. (this reaction should be documented on the allergy list as well as with the R7611 ICD-10 code: "Allergic Reaction to Tuberculin skin test"). ☐ The patient provides a credible history of treatment for LTBI with documentation ☐ If a patient is in holdover status with a short length of stay (2-3 days) anticipated and has documentation of a negative TST in the last year while incarcerated, then that TST is considered valid for screening purposes. ➔ *It is critically important that holdover patients receive a TB symptom screen at intake.* ☐ There is a unique reason not to repeat a TST (as approved by the Regional Medical Director) such as repeated admissions from local detention facilities over a short period. ☐ **Foreign-Born Patients:** Consider performing a two-step TST for foreign-born patients who have not been tested in the previous 12 months. A self-report of being tested within the last year is a sufficient reason not to perform a two-step test.
Chest Radiograph (CXR) – only in certain cases	**Perform a CXR★ For the following categories of patients:** ☐ Patients reporting TB symptoms (especially a cough for 2–3 weeks), *regardless of TST results.* ☐ TST-positive patients (within 14 days of identifying the positive TST). ☐ All HIV-infected patients. ★ *Patients with symptoms should have both a posterior-anterior (PA) and a lateral CXR. For asymptomatic patients, a PA view is sufficient.*
FEMALE PATIENTS	
Syphilis	**Screen all incarcerated females for syphilis.** ☐ Pregnant people require additional testing ➔ Test pregnant people at the first prenatal visit, at 28 weeks gestation, and at delivery *The FBOP currently uses a reverse testing algorithm through Quest.*

FEMALE PATIENTS (CONTINUED)	
Chlamydia/ Gonorrhea	**Nucleic acid amplification tests (NAAT) from urine or cervical swab for females who fall into *any* of the following categories:** ☐ Age 24 or under. ☐ Age 25 or older with risk factors listed below: • Have had more than one sex partner. • Have HIV infection. • Have a history of syphilis, gonorrhea, or chlamydia. • Have a sex partner who has other sex partners or a history of a sexually transmitted infection. • Pregnant patients retested during the 3rd trimester if age 24 or under, or at any age if any of the above risk factors are present. • 3 months following treatment in non-pregnant patients, test of cure. • For pregnant patients with chlamydia, test of cure performed 4 weeks post treatment and again 3 months post-treatment • For pregnant patients with gonorrhea, test of cure performed 3 months following treatment.
Trichomonas	☐ Consider screening for all female patients
Cervical Cancer	**Pap smear at intake physical.** ➔ *If HIV infected, see "PapTest" FBOP Clinical Guidance for HIV Management*
Anal Cancer	➔ If HIV infected, see *"Pap Test" FBOP Clinical Guidance for HIV Management*
MALE PATIENTS	
Syphilis	All male patients should be screened for syphilis. *The FBOP currently uses a reverse testing algorithm through Quest.*
Chlamydia/Gonorrhea	Men who have sex with men screened at least annually at sites of contact (pharynx, urethra, rectum), regardless of condom use.
APPENDIX 1. PREVENTIVE HEALTH CARE—INTAKE PARAMETERS, Page 3 of 3	

APPENDIX 2. PREVENTIVE HEALTH CARE GUIDELINES BY DISEASE STATE

- The ***first column*** indicates: the disease or condition and whether the recommendation applies to *ALL* patients or only those who are *SENTENCED* (unless modified in the middle column), and the source of the recommendation.
- The recommendations for screening are based on age, sex, and the clinical indications and risk factors listed in the ***middle column***.
- Throughout most of this chart, recommendations regarding health screenings are displayed in the ***third column***. This column also indicates when screening should take place, e.g., at intake, at baseline, annually, etc. *Baseline screening can be incorporated into the intake visit.*
- ***SOURCE ABBREVIATIONS:***

  ***ACS**=American Cancer Society, **ACIP**=Advisory Committee on Immunization Practices, **ADA**=American Diabetes Association, **AGA**=American Gastroenterological Association, **FBOP**=Federal Bureau of Prisons, **CDC**=Centers for Disease Control and Prevention, **CDC-DQ**=CDC Division of Global Migration and Quarantine, **USPSTF**=United States Preventive Services Task Force*

A. RECOMMENDATIONS FOR DISEASE SCREENING		
DISEASE	**CLINICAL INDICATIONS & RISK FACTORS**	**SCREENING TESTS & GUIDELINES**
Hepatitis B Viral Infection (HBV) ***ALL PATIENTS*** CDC	**ADDITIONAL CLINICAL INDICATIONS:** ☐ Pregnancy. ☐ Chronic hemodialysis and failed to develop antibodies after 2 series of vaccinations—**SCREEN MONTHLY**. ☐ Asymptomatic patients with elevated ALT of unknown etiology. ☐ Signs or symptoms of acute or chronic hepatitis. ☐ Planned immunosuppressant therapy, e.g., chemotherapy, anti-tumor necrosis factor alfa agents, or therapy for organ transplant recipients. ☐ History of percutaneous exposure to blood. **RISK FACTORS:** ☐ Ever injected illegal drugs and shared equipment. ☐ Tattoos or body piercings while in jail or prison. ☐ Males who have had sex with another man. ☐ History of chlamydia, gonorrhea, or syphilis. ☐ HIV-infected. ☐ HCV-infected. ☐ From high-risk country in Africa, Eastern Europe, Western Pacific, or Asia (except Japan).	**AT BASELINE VISIT:** ☐ HBsAg, anti-HBs, and HBcAb testing is recommended (known as the "triple panel test") ➔ *If patient is pregnant and has completed the "triple panel test" prior, test only for HbsAg during each pregnancy. Testing is recommended at first prenatal visit.*
APPENDIX 2. PREVENTIVE HEALTH CARE GUIDELINES BY DISEASE STATE, Page 1 of 9		

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE	**CLINICAL INDICATIONS & RISK FACTORS**	**SCREENING TESTS & GUIDELINES**
Hepatitis C Viral Infection (HCV) ***ALL PATIENTS*** FBOP, CDC	**ADDITIONAL CLINICAL INDICATIONS:** ☐ Reported history of HCV infection without prior medical records. ☐ Chronic hemodialysis. Obtain ALT monthly and anti-HCV semiannually. ☐ Elevated ALT levels of unknown etiology. ☐ Evidence of extrahepatic manifestations of HCV: mixed cryoglobulinemia, membranoproliferative glomerulonephritis, porphyria cutanea tarda, or vasculitis. **RISK FACTORS:** ☐ Ever injected illegal drugs and shared equipment. ☐ Tattoos or body piercings while in jail or prison. ☐ HIV-infected. ☐ HBV-infected (chronic). ☐ Received blood transfusion/organ transplant before 1992. ☐ Received clotting factor transfusion prior to 1987. ☐ Percutaneous exposure to blood (*ALL PATIENTS*). ☐ Born to a mother who had HCV infection at the time of delivery. ☐ Born between 1945 and 1965. ☐ Ever on hemodialysis. (If patient is currently on hemodialysis, screen for HCV semiannually.)	**AT BASELINE VISIT, OR AS INDICATED FOR ONGOING HIGH-RISK BEHAVIOR:** ☐ Opt-out HCV testing is offered to all patients. ☐ Obtain Anti-HCV ☐ → If positive obtain HCV RNA if ANTI-HCV

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE	**CLINICAL INDICATIONS & RISK FACTORS**	**SCREENING TESTS & GUIDELINES**
HIV ***ALL PATIENTS*** FBOP, Code of Federal Regulations	**CLINICAL INDICATIONS:** ☐ Unexplained signs and symptoms compatible with acute HIV infection. The most common symptoms of acute retroviral syndrome include fever, lymphadenopathy, sore throat, rash, myalgia/ arthralgia, diarrhea, weight loss, headache. Prolonged duration of symptoms and the presence of mucocutaneous ulcers are suggestive of the diagnosis. ☐ Signs and symptoms of HIV-related conditions. ☐ Pregnancy. ☐ Recent exposures to HIV. ☐ Active tuberculosis. **MANDATORY TESTING FOR THESE HIV RISK FACTORS:** ☐ Injected illegal drugs and shared equipment. ☐ (For males) Had sex with another man. ☐ Had unprotected intercourse with a person with a known or suspected HIV infection. ☐ History of gonorrhea or syphilis. ☐ Had unprotected intercourse with more than one sex partner. ☐ From a high-risk country (sub-Saharan Africa or West Africa). ☐ Received blood products between 1977 and May 1985. ☐ Hemophilia. ☐ Percutaneous exposure to blood. ☐ Positive tuberculin skin test.	**AT INTAKE/BASELINE VISITS:** ☐ Opt-out voluntary HIV testing is offered to all patients, regardless of sentencing status. ☐ HIV testing of patients with HIV risk factors is considered **MANDATORY** per FBOP policy. **CDC RECOMMENDATION:** ☐ The CDC recommends use of an HIV-1/2 antigen/ antibody combination immunoassay (fourth-generation) algorithm as the best method to accurately detect and diagnose an individual with early (< 6 months) or acute HIV infection. ☐ In the absence of fourth-generation assays, laboratories will utilize a sensitive IgM assay (third-generation) with Western Blot.
APPENDIX 2. PREVENTIVE HEALTH CARE GUIDELINES BY DISEASE STATE, Page 3 of 9		

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE	**CLINICAL INDICATIONS & RISK FACTORS**	**SCREENING TESTS & GUIDELINES**
Sexually Transmitted Infections (syphilis, chlamydia, gonorrhea, and trichomonas) ***ALL PATIENTS*** FBOP, CDC, USPSTF	☐ All females who: ▸ Are age 24 or under ***AND/OR*** ***(CHLAMYDIA/GONORRHEA TESTING ONLY)*** ▸ Have multiple sex partners ***AND/OR*** ▸ Have HIV infection ***AND/OR*** ▸ Engage in high-risk sexual behavior **See *Appendix 1* for recommendations for pregnant people**	**AT INTAKE VISIT:** ☐ **Syphilis screening (reverse testing algorithm)** ☐ **NAAT urine; urethra, vagina, or endocervical swab** for chlamydia/ gonorrhea ☐ **Consider trichomonas screening**
	☐ All males who: ▸ Have had sex with another man ***AND/OR*** ▸ Have HIV infection ***AND/OR*** ▸ Engage in high-risk sexual behavior	☐ **Syphilis screening (reverse testing algorithm)**
Tuberculosis ***ALL PATIENTS*** CDC, FBOP	➜ *See Appendix 1 for information on TB symptom screening and baseline TSTs.*	
	☐ All patients ***EXCEPT*** those with documentation of a prior positive TST ***OR*** history of active TB disease.	☐ **TST:** At intake, then annually
	☐ Patients with TST conversion.	☐ **CXR:** Within 14 days of identifying positive TST if asymptomatic. ☐ **If symptomatic for TB, institute respiratory precautions, obtain CXR and isolate promptly**
	☐ Patients with HIV infection ***AND*** TST > 5mm ***AND*** a CD4+ T cell count < 200 cells/mm^3 who refuse treatment for LTBI.	☐ **CXR:** Every 6 months indefinitely with clinical evaluation for signs & symptoms of TB
	☐ Documented HIV(-) TST convertor ***OR*** close contacts who refuse treatment for LTBI.	☐ **CXR:** Every 6 months for 2 years. After 2 years, CXR is repeated if clinical evaluation is positive for signs & symptoms of TB.

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE	**RISK FACTORS INDICATING NEED FOR SCREENING**	**SCREENING TESTS & GUIDELINES**
Breast Cancer ***SENTENCED PATIENTS*** FBOP, USPSTF	☐ Average-risk females, age 40–74. ☐ Females with a first-degree relative with a history of breast cancer may benefit from screening beginning prior to age 40.	☐ **Mammogram:** Every 2 years
Cervical Cancer ***SENTENCED PATIENTS*** FBOP, ACS, USPSTF	☐ Age 21–65	☐ **Pap smear:** At intake, then every 3 years
	☐ Age 30–65 (option for extended interval)	☐ **Pap smear & HPV test:** At intake, then every 5 years (as an alternative to pap smear every 3 years)
	☐ Any age if HIV positive	☐ **Pap smear:** At intake, then annually
Anal Cancer ***PATIENTS WITH HIV INFECTION*** NIH	Anal cancer screening is recommended for individuals who have certain risk factors. Refer to "Pap Test" in section 3 of the *FBOP Clinical Guidance for HIV Management*.	
Lung Cancer USPSTF	The USPSTF recommends annual lung cancer screening with low-dose computed tomography (LD-CT) in adults 50 to 80 years of age who have a 20 pack-year smoking history and currently smoke or have quit smoking 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.	
Prostate Cancer USPSTF	The USPSTF recommends selective PSA testing in average-risk men age 55 to 69, based on patient preferences, and informed by relevant clinical information and professional judgment. The frequency of screening is not clearly established. Testing frequencies suggested by professional organizations range from annual, to every two to four years, to variable depending on PSA levels.	
APPENDIX 2. PREVENTIVE HEALTH CARE GUIDELINES BY DISEASE STATE, PAGE 5 OF 9		

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE	**RISK FACTORS INDICATING NEED FOR SCREENING**	**SCREENING TESTS & GUIDELINES**
Colorectal Cancer ***SENTENCED PATIENTS*** USPSTF, ACS, AGA	☐ **Average risk**	☐ **Fecal occult blood test (FOBT) *or* Fecal Immunochemical Test (FIT):** ▸ Annually, beginning at age 45 through age 75 ▸ **Either of two self-collected stool-based options are recommended:** **(1)** Guaiac-based **FOBT** test cards to use for 3 consecutive stools. (Testing of 3 consecutive stools is necessary for adequate sensitivity.) Do not rehydrate specimen; dietary restrictions apply. **(2) FIT** (not FIT-DNA) for one sample collected annually. No dietary restrictions. Return specimen(s) to health services within 7 days of collection. ▸ If either is positive, do colonoscopy.
	☐ **If at increased risk, including any of the following:** ▸ History of polyps at prior colonoscopy ▸ History of colorectal cancer ▸ Family history ▸ Genetic predisposition ▸ Inflammatory bowel disease	☐ Follow the *American Cancer Society Recommendations for Colorectal Cancer Early Detection*

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
CONDITION/SOURCE	**RISK FACTORS INDICATING NEED FOR SCREENING**	**SCREENING TESTS & GUIDELINES**
Abdominal Aortic Aneurysm (AAA) ***Sentenced patients*** USPSTF	**At risk:** Men, age 65–75, with a history of smoking. ➔ *Screen for abdominal aortic aneurysm (AAA).*	☐ **Abdominal Ultrasonography:** Once ☐ **Periodic surveillance** is recommended for asymptomatic AAAs <5.5 cm diameter. ☐ In general, **referral** is recommended for symptomatic AAAs of any diameter or asymptomatic AAAs ≥ 5.5 cm.
Assess Need for Aspirin and/or Statin Therapy for CVD & Stroke Risk ***SENTENCED PATIENTS*** ACC/AHA, USPSTF	**Calculate 10-year CVD/stroke risk every 5 years, based on ACC/AHA pooled cohort risk calculator.** ***Aspirin Therapy*** • Low-dose aspirin (75-100 mg orally daily) might be considered for the primary prevention of ASCVD among select adults 40 to 59 years of age who are at higher risk ASCVD risk (a 10-year CVD risk of ≥10%) but not at increased bleeding risk. • Low-dose aspirin (75-100 mg orally daily) should not be administered on a routine basis for the primary prevention of ASCVD among adults >59 years of age. • Low-dose aspirin 75-100 mg orally daily) should not be administered for the primary prevention of ASCVD among adults of any age who are at increased risk of bleeding. • For adults aged 40 to 59 years: Estimate CVD risk using a CVD risk estimator. • In patients whose estimated CVD risk is 10% or greater, use shared decision-making, considering potential benefits and harms of aspirin use, as well as patients' values and preferences, to inform the decision about initiating aspirin. • For patients initiating aspirin use, it would be reasonable to use a dose of 81 mg/day. • For adults 60 years or older: Do not initiate aspirin for primary prevention of CVD. ***Statin Therapy*** • Patients 40 to 75 years with CVD risk factors should be considered for primary prevention statin therapy based on current evidence and when CVD/stroke risk is ≥7.5%.	

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE/SOURCE	**RISK FACTORS INDICATING SCREENING**	**SCREENING TESTS & GUIDELINES**
Diabetes Mellitus (Type 2) and Pre-Diabetes ***SENTENCED PATIENTS*** ADA, FBOP, USPSTF	☐ **Age 35 to 70 who have overweight or obesity:** ☐ **Consider screening at an earlier age if from population with high prevalence.** ★ ★ See discussion from *American Diabetes Association*	☐ **Fasting serum glucose or hemoglobin A1C**: ☐ At a minimum, screen every 3 years, with consideration for more frequently of high-risk factor or borderline previous test results
Folic Acid ***SENTENCED PATIENTS*** USPSTF	☐ **Women of childbearing age:** Supplements containing 400–800 μg of folic acid in the periconceptual period to reduce the risk for neural tube defects.	☐ **Counsel patient:** Recommend OTC purchase through commissary for non-pregnant patients of childbearing age.
Obesity ***SENTENCED PATIENTS*** USPSTF	☐ **All sentenced patients**	**Height/weight/BMI:** At baseline & each preventive health visit
Lipids ***SENTENCED PATIENTS*** USPSTF, *ACC/AHA*	☐ **If diabetes, CVD, or PVD, beginning at age 20**	**Fasting lipoprotein analysis:** ☐ Annually
	☐ **Average risk ages 21 to 39** Given the lack of data on the efficacy of screening for or treatment of dyslipidemia in adults aged 21–39 years, the USPSTF encourages clinicians to use their clinical judgment for patients in this age group.	**Total Cholesterol & HDL:**★ ☐ Clinician judgement (for assistance with evaluation, use the ASCVD calculator located at *ASCVD Risk Estimator (acc.org)*
	☐ **Men with average risk age ≥40 years**	
	☐ **Women with average risk age ≥50 years**	
	★*If lipid levels are close to warranting therapy, then shorten intervals between screenings. Lipid lowering therapy should be considered as outlined in an acceptable national guideline. ACC/AHA Task Force and USPSTF prevention guidelines are acceptable references.*	
Hypertension ***SENTENCED PATIENTS*** FBOP, USPSTF	**Blood pressure screening at baseline and:**	
	☐ **Ages 18 to 39**	☐ Every 3 to 5 years
	☐ **Age 40 and older, or any age with risk factors** (borderline blood pressure elevations, overweight or obese, or African-American)	☐ Consider annual screening

A. RECOMMENDATIONS FOR DISEASE SCREENING (CONTINUED)		
DISEASE/SOURCE	**RISK FACTORS INDICATING SCREENING**	**SCREENING TESTS & GUIDELINES**
Osteoporosis ***SENTENCED PATIENTS*** USPSTF, Surgeon General Report	☐ **Women age 65 and older** ☐ **Younger women** whose fracture risk is equal to or greater than that of a 65-year-old white woman with no additional risk factors ☐ **Risk-factor based:** Women age 60–64 with body weight less than 70 kilograms and no current use of estrogen	**Bone mineral density screening (BMD):** The most recommended test is dual x-ray absorptiometry (DXA) at intervals not more frequently than 2 years, unless a borderline result or change in risk factors occurs.
Substance Use Disorders ***ALL PATIENTS*** FBOP	Continue screening for OUD throughout incarceration, as clinically appropriate. Indications a patient may require assessment for OUD include the following: • Non-health services employee referral • Patient requests evaluation • Positive opioid urine drug screen • Observed signs of opioid withdrawal • Naloxone administration for opioid overdose reversal • Any opioid-related misconduct, to include protective custody for opioid debt • Pregnancy Patients with OUD and clinical indications for treatment are offered treatment regardless of release date, disciplinary status, placement in restrictive housing, or other coexisting mental or medical health conditions.	**At intake visit:** ☐ Assess for substance use disorder history and need for treatment and/or withdrawal management
Hearing ***SENTENCED PATIENTS*** **USPSTF, FBOP**	**Age 65 and older**	Ask about hearing annually
	Occupational risk (any age)	Audiogram at baseline and annually
Vision ***ALL PATIENTS*** **USPSTF**	**All patients** → USPSTF indicates that there is insufficient evidence for use of routine visual acuity testing for identifying common age-related pathologies.	**At intake physical:** Snellen acuity test

APPENDIX 3. PATIENT FACT SHEET—PREVENTIVE HEALTH FOR MEN

INITIAL PREVENTIVE HEALTH SCREENING	
You will receive the following preventive health screenings (tests), as clinically indicated, shortly after you enter federal prison:	
Tuberculosis (TB) Skin Test	To test for exposure to TB, unless your medical record shows a previous positive TB skin test.
Hepatitis B	Recommended for all patients.
Hepatitis C	Recommended for all patients.
HIV	Recommended for all patients; mandatory for patients with risk factors.
Chest X-Ray	If you have a positive TB skin test or TB symptoms or if you have HIV.
Syphilis Test	Recommended for all patients.
Immunizations	You will be screened to see if your vaccinations for preventable diseases, for which you are at risk, are up to date, and you will be offered any needed immunizations.
Note: *Your health care provider may recommend additional health screens based on your medical history and physical examination.*	
ROUTINE PREVENTIVE HEALTH SCREENING FOR SENTENCED PATIENTS	
The following preventive health tests are routinely provided for sentenced patients:	
TB Skin Test	Every year unless your record shows a positive test in the past.
Colon Cancer	Testing for blood in your stool every year, beginning at age 45; colonoscopy if you are at higher risk for colon cancer.
Anal Cancer	If you have HIV infection and have certain risk factors.
Lung Cancer	Screening with low-dose computed tomography (LD-CT) in adults aged 50-80 with a 20 pack-year history of smoking.
Diabetes	Beginning at age 35, then periodically depending on results; earlier if you have risk factors.
Cholesterol	Based on clinical risk factors.
In addition, vaccinations are provided as recommended by health authorities. Based on your age and specific needs, other preventive health services may be made available to you. ***You can also request a preventive health visit to review needed services:*** Frequency depends on age, medical condition, and risk factors.	
APPENDIX 3. PATIENT FACT SHEET – PREVENTIVE HEALTH FOR MEN, Page 1 of 2	

PATIENT FACT SHEET—PREVENTIVE HEALTH FOR MEN (CONTINUED)

TAKE CARE OF YOURSELF WHILE YOU ARE IN PRISON!

- ☐ **Wash your hands regularly.**
- ☐ **Exercise regularly.**
- ☐ **Eat a healthy diet (low fat, more fruits and vegetables).**
- ☐ **Take medications and supplements recommended by your doctor.**
- ☐ **Don't use tobacco or illegal drugs.**
- ☐ **Don't have sexual contact with others while in prison.**
- ☐ **Don't get a tattoo while in prison.**
- ☐ **Don't share personal items (razors, toothbrushes, towels).**

APPENDIX 3. PATIENT FACT SHEET – PREVENTIVE HEALTH FOR MEN, Page 2 of 2

APPENDIX 4. PATIENT FACT SHEET—PREVENTIVE HEALTH FOR WOMEN

INITIAL PREVENTIVE HEALTH SCREENING	
You will receive the following preventive health screenings (tests), as clinically indicated, shortly after you enter federal prison:	
Tuberculosis (TB) Skin Test	To test for exposure to TB, unless your medical record shows a previous positive TB skin test.
Hepatitis B	Recommended for all patients.
Hepatitis C	Recommended for all patients.
HIV	Recommended for all patients; mandatory for patients with risk factors.
Chest X-Ray	If you have a positive TB skin test or TB symptoms or if you have HIV.
Gonorrhea/ Chlamydia Test	If you are age 24 or younger, or any age with increased risk including HIV, multiple sex partners, or a history of sexually transmitted diseases such as syphilis, gonorrhea, or chlamydia.
Syphilis Test	Recommended for all patients.
Cervical Pap Smear	At your intake physical exam, to test for cervical cancer or other conditions.
Immunizations	You will be screened to see if your vaccinations for preventable diseases, for which you are at risk, are up to date, and you will be offered any needed immunizations.
Note: *Your health care provider may recommend additional health screens based on your medical history and physical examination.*	
ROUTINE PREVENTIVE HEALTH SCREENING FOR SENTENCED PATIENTS	
The following preventive health tests are routinely provided for sentenced patients:	
TB Skin Test	Every year, unless your record shows a positive test in the past.
Breast Cancer	Mammogram every 2 years, beginning at age 40 through age 74; may begin at an earlier age if there is a history of breast cancer in your family. Annual breast exam upon request.
Cervical Cancer	PAP smear every 3 years, if you are age 21–65. PAP smear every 3–5 years (with a test for human papillomavirus, or HPV), if you are age 30–65.
Colon Cancer	Testing for blood in your stool every year, beginning at age 45; colonoscopy if you are at higher risk for colon cancer.
Anal Cancer	If you have HIV infection and have certain risk factors.
Lung Cancer	Screening with low-dose computed tomography (LD-CT) in adults aged 50-80 with a 20 pack-year history of smoking.
Diabetes	Beginning at age 35, then periodically depending on results; earlier if you have risk factors.
Cholesterol	Based on clinical risk factors.
APPENDIX 4. PATIENT FACT SHEET – PREVENTIVE HEALTH FOR WOMEN, Page 1 of 2	

PATIENT FACT SHEET—PREVENTIVE HEALTH FOR WOMEN (CONTINUED)

In addition, vaccinations are provided as recommended by health authorities. Based on your age and specific needs, other preventive health services may be made available to you.

You can also request a preventive health visit to review needed services: Frequency depends on age, medical condition, and risk factors.

TAKE CARE OF YOURSELF WHILE YOU ARE IN PRISON!

- ☐ **Wash your hands regularly.**
- ☐ **Exercise regularly.**
- ☐ **Eat a healthy diet (low fat, more fruits and vegetables).**
- ☐ **Take medications and supplements recommended by your doctor.**
- ☐ **Don't use tobacco or illegal drugs.**
- ☐ **Don't have sexual contact with others while in prison.**
- ☐ **Don't get a tattoo while in prison.**
- ☐ **Don't share personal items (razors, toothbrushes, towels).**

APPENDIX 4. PATIENT FACT SHEET – PREVENTIVE HEALTH FOR WOMEN, Page 2 of 2

APPENDIX 5. EMPLOYEE ROLES FOR PREVENTIVE HEALTH CARE DELIVERY

The FBOP encourages delivery of preventive health care services through patient-centered teams, with responsibility shared between the patient and the health care team. Each health services unit is also encouraged to develop innovative ways of providing these services based on the unique characteristics of the facility, mission, staffing, etc. Roles and responsibilities for specific aspects of preventive health care vary, based on staffing in each facility and adaptations required to maintain clinic operations. The most efficient and cost-effective way to implement preventive health care is to assign appropriate responsibilities to each health care professional team member. Orient all team members to the guidance in this document.

CLERICAL EMPLOYEES

Possible tasks include pulling and filing medical records, scheduling appointments, preparing lab slips, and auditing records.

NURSING EMPLOYEES

Emphasis on preventive health care may involve an expanded role for nurses in each facility, depending on their availability.

Preparation for Preventive Health Visits: In advance of the visit, conduct a thorough chart review to determine what tests and evaluations are indicated by the patient's age, sex, and risk factors. Laboratory tests and evaluations can be ordered prior to the visit (utilizing standing orders) to maximize clinic efficiency.

Preventive Health Visits: Nursing functions can include interviewing patients, assessing risk factors, recommending, and ordering (with standing orders) specific health screens and interventions, instructing on health prevention measures, administering immunizations, and providing health education.

Preventive Health Follow-Up: Abnormal results will be reviewed and referred to the APP or physician for follow-up (see below).

PHARMACY EMPLOYEES

Most Pharmacy employees are certified to administer immunizations. Pharmacists with collaborative practice agreements ensure that the chronic care patients they follow have been offered preventative services, including appropriate laboratory testing and follow-up, patient education, and immunizations. Abnormal results outside the scope of the pharmacist's practice will be referred to a physician for follow-up.

ADVANCE PRACTICE PROVIDERS (APP)

APPs are responsible for ensuring that their patients have been offered preventive services, counseling patients on serious health conditions that require treatment, following up on abnormal results, and developing a treatment plan.

PHYSICIANS

Physicians are responsible for ensuring that their patients have been offered preventive services, counseling patients on serious health conditions that require treatment, following up on abnormal results, developing treatment plans (particularly for complicated patients), and mentoring and advising APPs, clinical pharmacists, and nurses on specific patients.

EMPLOYEE ROLES FOR PREVENTIVE HEALTH CARE DELIVERY (CONTINUED)
CLINICAL DIRECTOR
The Clinical Director is responsible for serving as a role model and leader in delivering preventive health services, providing standing orders for nurses, providing employee education, developing QI measures, and working with the HSA to ensure that adequate staffing, supplies, and materials are available for successful implementation of the program. When providing direct patient care, Clinical Directors are responsible for ensuring that their patients have been offered preventive services, counseling patients on serious health conditions that require treatment, following up on abnormal results, developing treatment plans (particularly for complicated patients), and mentoring and advising APPs, clinical pharmacists, and nurses on specific patients.
APPENDIX 5. EMPLOYEE ROLES FOR PREVENTIVE HEALTH CARE DELIVERY, PAGE 2 of 2

APPENDIX 6. PREVENTIVE HEALTH SUMMARY – MALES

➔ *This appendix organizes all recommendations for male AICs in a convenient table format.*

CATEGORY	CURRENT FBOP GUIDANCE
Preventive Health Visits	***Initial visit:*** At the intake physical examination, 14-day chronic care visit, or within 6 months of intake. ***Periodic visit:*** Individualized, based on policy requirements, risk profiles, and results of screening tests**.** ***If BMI >30 kg/m²*:** Counsel about diet and exercise.
Immunizations	***Screen for needed immunizations*** with the *FBOP Clinical Guidance for Immunization.*
Tuberculin Skin Test (TST)	***TST annually*** unless patient has documented prior TST (+/mm) or documented history of TB.
Chest X-Ray (CXR)	***Baseline CXR:*** Only if TST (+), TB symptoms, or HIV-infected. ***Semiannual CXR:*** Indefinitely if HIV (+) and CD4 <200. Obtain semiannually for 2 years if either a TST convertor or a close contact to an active TB case and refuses LTBI treatment.
Colon Cancer	***Average risk*:** Annually, for ages 45–75 years: FOBT x 3 or FIT x 1. ***High risk*:** Periodic colonoscopy; determination per risk factors.
Anal Cancer	For HIV positive patients with risk factors. Refer to "Pap Test" in section 3 of the *FBOP Clinical Guidance for HIV Management.*
Lung Cancer	*Low-dose Computed Tomography- Annually age 50-80 with 20 pack-year smoking history (see recommendation).*
Diabetes (A1C)	Beginning at age 35, then periodically depending on results; earlier if risk factors are present.
Hypertension	Screen at baseline and at least: • **Every 3 to 5 years: Ages 18 to 39** • **Annually: Age 40 and older, or any age with risk factors** (borderline blood pressure elevations, overweight or obese, or Black)
Cholesterol	Age range, test type, and test frequency are not clearly established for cholesterol screening. ***A reasonable strategy for average risk persons*** involves obtaining a fasting lipid profile every 3 to 5 years, starting at age 40, in conjunction with the cardiovascular risk assessment**.**
CVD Risk	***Calculate 10-year CVD/stroke risk every 5 years and consider aspirin/statin therapy.*** ***Aspirin and statin therapy*** generally considered for prevention of heart attack and stroke or for patients with evidence of cardiovascular disease. ➔ Recommending that a patient use aspirin for primary prevention of CVD/stroke be based on a clinical assessment that also considers the potential increase in major bleeding. ➔ Considered for statin therapy based on current evidence and the relative CVD/stroke risk. ACC/AHA and USPSTF prevention guidelines are acceptable references.

APPENDIX 6. PREVENTIVE HEALTH SUMMARY - MALES, PAGE 1 of 2

APPENDIX 6. PREVENTIVE HEALTH SUMMARY – MALES (CONTINUED)	
CATEGORY	**CURRENT FBOP GUIDANCE**
Abdominal Aortic Aneurysm (AAA)	***At risk*:** Ages 65–75, with a history of smoking. Perform abdominal ultrasonography once. Periodic surveillance for asymptomatic AAAs < 5.5 cm diameter. Referral for symptomatic AAAs of any diameter or asymptomatic AAAs ≥ 5.5 cm. Surgically repair large AAAs (5.5 cm or more).
Hearing Test	***Occupational risk*:** Annual audiogram.
Substance Abuse	***All patients:*** History of substance abuse at intake. Assess for detoxification; assess for need for referral for counseling. The USPSTF recommends screening by asking questions in all adults 18 years or older regardless of risk factors for unhealthy drug use. However, some factors are associated with a higher prevalence of unhealthy drug use. These include being aged 18 to 25 years; male sex; having a mental health condition, personality or mood disorder, or nicotine or alcohol dependence; a history of physical or sexual abuse, parental neglect, or other adversity in childhood; or drug or alcohol addiction in a first-degree relative.[1,9] Factors associated with misuse of prescription drugs include history of other drug use, mental illness, pain, and greater access to prescription drugs
Cognitive Screening	***Starting at age 50, or earlier based on risk factors.***
Syphilis	***Screen:*** Patients with risk factors.
HIV	***Opt-out voluntary testing*** for all patients. ***Mandatory testing*** for patients with risk factors.
HBV (HBsAg, anti-HBs, and anti-HBc)	***Opt-out voluntary testing*** for patients.
HCV (Anti-HCV)	***Opt-out voluntary testing*** for patients. Obtain HCV RNA if anti-HCV is positive.
APPENDIX 6. PREVENTIVE HEALTH SUMMARY - MALES, PAGE 2 of 2	

APPENDIX 7. PREVENTIVE HEALTH SUMMARY – FEMALES

➔ *This appendix organizes all recommendations for female AICs in a convenient table format.*

CATEGORY	CURRENT FBOP GUIDANCE
Preventive Health Visits	***Initial visit:*** At the intake physical examination, 14-day chronic care visit, or within 6 months of intake. ***Periodic visit:*** Individualized, based on policy requirements, risk profiles, and results of screening tests**.** ***If BMI >30 kg/m^2*****:** Counsel about diet and exercise.
Immunizations	Screen for needed immunizations using the F*BOP Clinical Guidance for Immunization*.
Tuberculin Skin Test (TST)	TST annually unless patient has documented prior TST (+/mm) or documented history of TB.
Chest X-Ray (CXR)	***Baseline CXR:*** Only if TST (+), TB symptoms, or HIV-infected. ***Semiannual CXR:*** Indefinitely if HIV+ and CD4 <200. Obtain semiannually for 2 years if either a TST convertor or a close contact to an active TB case and refuses LTBI treatment.
Mammogram	***Average Risk:*** Every 2 years, beginning at age 40 through age 74 ***High Risk:*** may begin at an earlier age for females with a first-degree relative with a history of breast cancer.
Cervical Pap Smear/HPV	***Pap smear*****:** Intake, then every 3 years for ages 21–65. If HIV+, see "Pap Smears" in Section 3 of BOP Clinical Guidance for HIV. ***OR*** ***Pap smear & HPV*****:** Intake, then every 5 years for ages 30–65.
Colon Cancer	***Average risk*****:** Annually, for ages 45–75 years: FOBT x 3 or FIT x 1. ***High risk*****:** Periodic colonoscopy; determination per risk factors.
Anal Cancer	Refer to "Pap Smears" in section 3 of the BOP Clinical Guidance for HIV Management.
Lung Cancer	***Low-dose Computed Tomography- Annually age 50-80 with 20 pack-year smoking history.***
Diabetes (A1C)	Beginning at age 35, then periodically depending on results; earlier if risk factors are present.
Hypertension	• **Ages 18 to 39** • **Age 40 and older, or with risk factors** (risk factors include borderline blood pressure elevations, overweight or obese, or African-American)
Cholesterol	Age range, test type, and test frequency are not clearly established for cholesterol screening. ***A reasonable strategy for average risk persons*** involves obtaining a fasting lipid profile every 3 to 5 years starting at age 40 in conjunction with the cardiovascular risk assessment.

APPENDIX 7. PREVENTIVE HEALTH SUMMARY – FEMALES (CONTINUED)	
CATEGORY	**CURRENT FBOP GUIDANCE**
CVD Risk	***Calculate 10-year CVD/stroke risk every 5 years and consider aspirin/statin therapy***. ***Aspirin and statin therapy*** generally considered for prevention of heart attack and stroke or for patients with evidence of cardiovascular disease. ➔ Recommending that a patient use aspirin for primary prevention of CVD/stroke be based on a clinical assessment that also considers the potential increase in major bleeding. ➔ Consider for statin therapy based on current evidence and the relative CVD/stroke risk. ACC/AHA and USPSTF prevention guidelines are acceptable references.
Osteoporosis	***Ages ≥65 & younger women age 60–64 & weight <70 kg:*** BMD screening via DXA. Normal T score ➔ every 15 years Moderate osteopenia ➔ every 5 years Advanced osteopenia ➔ every year
Hearing Test	***Occupational risk:*** Annual audiogram.
Substance Abuse	***All patients*:** History of substance abuse at intake. Assess for detoxification; assess for need for referral for counseling. The USPSTF recommends screening by asking questions in all adults 18 years or older regardless of risk factors for unhealthy drug use. However, some factors are associated with a higher prevalence of unhealthy drug use. These include being aged 18 to 25 years; male sex; having a mental health condition, personality or mood disorder, or nicotine or alcohol dependence; a history of physical or sexual abuse, parental neglect, or other adversity in childhood; or drug or alcohol addiction in a first-degree relative.[1,9] Factors associated with misuse of prescription drugs include history of other drug use, mental illness, pain, and greater access to prescription drugs The American College of Obstetricians and Gynecologists specifically advises screening women annually for nonmedical use of prescription drugs. It also recommends screening women aged 18 to 26 years for drug use as part of preventive care, universal screening of women before pregnancy and early in pregnancy, and screening postpartum women as indicated
Cognitive Screening	***Starting at age 50, or earlier based on risk factors.***
APPENDIX 7. PREVENTIVE HEALTH SUMMARY - FEMALES, PAGE 2 of 3	

APPENDIX 7. PREVENTIVE HEALTH SUMMARY – FEMALES (CONTINUED)	
CATEGORY	**CURRENT FBOP GUIDANCE**
Gonorrhea/Chlamydia (NAAT)	***Screen:*** If age 24 or younger; had multiple sex partners; is HIV+; or has a history of syphilis, gonorrhea, or chlamydia. See *Appendix 1* for pregnant people.
Syphilis	***Opt-out voluntary testing*** for all patients. Patients
HIV	***Opt-out voluntary testing*** for all patients. ***Mandatory testing*** for patients with risk factors.
HBV (HBsAg, Anti-HBs, and Anti-HBc)	***Opt-out voluntary testing*** for all patients. ***If patient is pregnant and has completed "triple panel test",*** test for HBsAg at first prenatal visit of each pregnancy.
HCV (Anti-HCV)	***Opt-out voluntary testing*** for all patients. Obtain HCV RNA if anti-HCV is positive.
APPENDIX 7. PREVENTIVE HEALTH SUMMARY - FEMALES, PAGE 3 of 3	

APPENDIX 8. SELECTED PREVENTIVE HEALTH CARE RESOURCES

Published Recommendations. U.S. Preventive Services Task Force (USPSTF) website: *https://www.uspreventiveservicestaskforce.org/BrowseRec/Index*.

Topics on the website are listed by date, with most recent publication at the top and can also be filtered by type (screening, counseling, preventive medication, etc.), age group, sex/pregnancy status or type of preventative services. Selected USPSTF publications are referenced below under the relevant topics but may have been updated since publication of this FBOP guidance. **Please check the USPSTF website for their most recent recommendations.**

A. PHYSICAL EXAMINATIONS – HISTORIC REFERENCE

American Medical Association. Medical evaluations of healthy persons. *JAMA*. 1983;249(12):1626–1633.

B. BEHAVIORAL COUNSELING

USPSTF. Healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: behavioral counseling. 2020.*

USPSTF. Healthful diet and physical activity for cardiovascular disease prevention in adults without known risk factors: behavioral counseling. 2022.*

USPSTF. Tobacco smoking cessation in adults, including pregnant women: behavioral and pharmacotherapy interventions. 2021.*

C. INFECTIOUS DISEASE SCREENING

HEPATITIS:

CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP) part II: immunization of adults. *MMWR. 2006;55(RR-16):1–25*.

CDC. Prevention and control of infections with hepatitis viruses in correctional settings. *MMWR. 2003;52(RR01):1–33*.

CDC. Screening and testing for hepatitis B virus infection: CDC recommendations--United States, 2023. Available at: *https://www.cdc.gov/hepatitis/hbv/HBV-RoutineTesting-Followup.htm*

Federal Bureau of Prisons. Clinical guidance for hepatitis C. 2021.**

USPSTF. Hepatitis B in Pregnant Women: screening. 2019.*

USPSTF. Hepatitis B virus infection: screening. 2020.*

USPSTF. Hepatitis C: screening. 2020.*

* *See USPSTF website at https://www.uspreventiveservicestaskforce.org/BrowseRec/Index*.

** *See FBOP website: http://www.bop.gov/resources/health_care_mngmt.jsp*

HIV:

CDC. HIV/AIDS. CDC website: *http://www.cdc.gov/hiv/*.

CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR*. 2006;55(RR14):1–17. Available at*:* *http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm*.

Federal Bureau of Prisons. Clinical guidance for HIV management. 2021.**

Federal Bureau of Prisons. Clinical guidance for medical management of exposures: HIV, HBC, HCV, human bites, and sexual assaults. 2017.**

NIH. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents: Available at: *https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf*

SEXUALLY TRANSMITTED INFECTIONS:

CDC. 2021 Sexually transmitted diseases treatment guidelines. CDC website: *STI Screening Recommendations (cdc.gov)*

USPSTF. Chlamydia and gonorrhea: screening. 2021.*

USPSTF. Syphilis infection in nonpregnant adults and adolescents: screening. 2022.*

USPSTF. Syphilis infection in pregnancy: screening. 2018.*

TUBERCULOSIS:

American Thoracic Society and CDC. Treatment of tuberculosis. MMWR. 2003;52(RR11):1–77. Available at: *http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5211a1.htm*.

CDC. Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC. *MMWR*. 2006;55(RR09):1–44. Available at: *http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm*.

Federal Bureau of Prisons. Clinical guidance for Tuberculosis. 2020.**

D. CANCER SCREENING

American Cancer Society. American Cancer Society guidelines for the early detection of cancer. American Cancer Society website: *https://www.cancer.org/cancer/screening.html*.

ANAL CANCER:

NIH. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2024. Available at: *https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf*

* *See USPSTF website at https://www.uspreventiveservicestaskforce.org/BrowseRec/Index*.

** *See FBOP website: http://www.bop.gov/resources/health_care_mngmt.jsp*

BREAST CANCER:

American Cancer Society. Can breast cancer be found early? American Cancer Society website: *https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html*

USPSTF. BRCA-related cancer: risk assessment, genetic counseling, and genetic testing. 2019.*

USPSTF. Breast cancer: screening. 2024.*

CERVICAL CANCER:

USPSTF. Cervical cancer: screening. 2018.*

COLORECTAL CANCER:

American Cancer Society. Can colorectal polyps and cancer be found early? American Cancer Society website: *https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging.html*

American Cancer Society. Guideline for colorectal screening. American Cancer Society website: *https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html*

National Comprehensive Cancer Network (NCCN): Colorectal Cancer Screening. Available at: *https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1429*

USPSTF. Colorectal cancer: screening. 2021.*

GENETIC/FAMILIAL HIGH RISK ASSESSMENT:

NCCN: Breast, Ovarian, Pancreatic. Available at: *https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1503*

NCCN: Colorectal. Available at: *https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1436*

LUNG CANCER:

NCCN: Lung Cancer Screening. Available at: *https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1441*

USPSTF: Lung cancer: screening. 2021.*

ORAL CANCER:

American Cancer Society. Oral cavity and oropharyngeal cancer. American Cancer Society website: *https://www.cancer.org/cancer/types/oral-cavity-and-oropharyngeal-cancer.html*.

Rethman MP, Carpenter W, Cohen EE, et al. Evidence-based clinical recommendations regarding screening for oral squamous cell carcinomas. ***J Am Dent Assoc***. 2010;141(5):509–520. Available at: *https://pubmed.ncbi.nlm.nih.gov/20436098/*

USPSTF. Oral cancer: screening. 2013.*

* *See USPSTF website at https://www.uspreventiveservicestaskforce.org/BrowseRec/Index.*

** *See FBOP website: http://www.bop.gov/resources/health_care_mngmt.jsp*

OVARIAN CANCER:

USPSTF. BRCA-related cancer: risk assessment, genetic counseling, and genetic testing. 2019.*

USPSTF. Ovarian cancer: screening. 2018.*

PROSTATE CANCER:

NCCN: Prostate Cancer Early Detection. Available at: *https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1460*

USPSTF. Prostate cancer: screening. 2018.*

E. CHRONIC DISEASE SCREENING AND PREVENTION

ABDOMINAL AORTIC ANEURYSM:

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