

USPSTF Grade A and B Preventive Service Recommendations for healthy adults and children with normal risk

Guideline	Population	Recommendation	Grade	Released	Comments ¹
Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care	Adults aged 18 and older	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse	B	May 2013	
Bacteriuria in Adults: Screening	Pregnant Women at 12 to 16 Weeks' Gestation	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at their first prenatal visit, if later.	A	June 2014	
Breast Cancer: Screening	Women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B	January 2016	
Breastfeeding: Primary Care Interventions	Pregnant women, new mothers, and their children	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	B	October 2016	
Cervical Cancer: Screening	Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)	The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. See the Clinical Considerations for discussion of cytology method, HPV testing, and screening interval.	A	February 2012	Topic in process of being updated
Chlamydia and Gonorrhea: Screening	Sexually Active Women	The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	B	September 2014	
Colorectal Cancer: Screening	Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.	A	June 2016	

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Depression in Adults: Screening	Applies to 18 and over. General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	January 2016	
Depression in Children and Adolescents: Screening	Adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	February 2016	
Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication	Women who are planning or capable of pregnancy	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	January 2017	
Gestational Diabetes Mellitus, Screening	Asymptomatic Pregnant Women, After 24 Weeks of Gestation	The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation.	B	January 2014	
Hepatitis B in Pregnant Women: Screening	Pregnant Women	The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	A	June 2009	
Hepatitis C: Screening	Adults at High Risk	[The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection.] The USPSTF also recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965.	B	June 2013	
High Blood Pressure in Adults: Screening	Adults aged 18 years or older	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment (see the Clinical Considerations section).	A	October 2015	

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Human Immunodeficiency Virus (HIV) Infection: Screening	Adolescents and Adults 15-65 Years Old	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. [Younger adolescents and older adults who are at increased risk should also be screened.] Go to the Clinical Considerations for more information about screening intervals.	A	April 2013	
	Pregnant Women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	A	April 2013	
Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening	Women of Childbearing Age	The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. Go to Clinical Considerations or more information on effective interventions.	B	January 2013	
Obesity in Adults: Screening and Management	All Adults	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	B	June 2008	Topic in process of being updated
Obesity in Children and Adolescents: Screening	Children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B	June 2017	
Osteoporosis: Screening	Women, 65 and Older	The USPSTF recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white women who has no additional risk factors.	B	January 2011	Topic in process of being updated
Preeclampsia: Screening	Pregnant woman	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	B	April 2017	

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Syphilis Infection in Pregnancy: Screening	Pregnant Women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	A	May 2009	
Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions	Adults who are not pregnant	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	A	September 2015	
	Pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A	September 2015	
Tobacco Use in Children and Adolescents: Primary Care Interventions	School-Aged Children and Adolescents	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. See the Clinical Considerations for more information on effective interventions.	B	August 2013	
Vision in Children Ages 6 Months to 5 Years: Screening	Children aged 3 to 5 years	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	B	September 2017	

¹ Comments beginning in 2016

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Grade Definitions after July 2012

What the Grades Mean and Suggestions for Practice

The USPSTF updated its definition of and suggestions for practice for the grade C recommendation. This new definition applies to USPSTF recommendations voted on after July 2012. Describing the strength of a recommendation is an important part of communicating its importance to clinicians and other users. Although most of the grade definitions have evolved since the USPSTF first began, none has changed more noticeably than the definition of a C recommendation, which has undergone three major revisions since 1998. Despite these revisions, the essence of the C recommendation has remained consistent: at the population level, the balance of benefits and harms is very close, and the magnitude of net benefit is small. Given this small net benefit, the USPSTF has either not made a recommendation “for or against routinely” providing the service (1998), recommended “against routinely” providing the service (2007), or recommended “selectively” providing the service (2012). Grade C recommendations are particularly sensitive to patient values and circumstances. Determining whether or not the service should be offered or provided to an individual patient will typically require an informed conversation between the clinician and patient.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.

<https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>