

Preventive Health Recommendations for 2008

DEVELOPED BASED ON SCIENTIFIC EVIDENCE
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Authorized By: Medical Management Guideline Committee

Approval Date: 02/11/99

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11/22/05; 2/22/06; 4/11/06; 8/22/06; 11/1/06; 2/20/07; 2/19/08

| | 0-10 years | 11-24 years | 25-64 years | 65+ years |
|--|------------|---|---|--|
| ASSESSMENT Abdominal Aortic Aneurysm ¹ USPSTF, 2/2005 | | | | <ul style="list-style-type: none"> One-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65-75 who have ever smoked |
| Breast Cancer Screening ^{2,3} USPSTF, 2/2002 (Screening) and 9/2005 (BRCA Testing) | | | <ul style="list-style-type: none"> Screening mammography, with or without clinical breast exam, every 1 to 2 years for women age 40 and older Inform of potential benefits, limitations, and possible harms of mammography in making decisions about when to begin screening Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. | <ul style="list-style-type: none"> Screening mammography, with or without clinical breast exam, every 1 to 2 years for women age 40 and older Inform of potential benefits, limitations, and possible harms of mammography in making decisions about when to begin screening |
| Cervical Cancer Screening ⁴ USPSTF, 1/2003 | | <ul style="list-style-type: none"> At least every 3 years beginning at age 21 or for women who are or have been sexually active, whichever comes first; interval as recommended by physician based on risk factors | <ul style="list-style-type: none"> At least every 3 years for women who have a cervix; interval as recommended by physician based on risk factors | <ul style="list-style-type: none"> May discontinue regular testing after age 65 in women who have had adequate recent screenings in which test results have been normal and who are otherwise not at risk |

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|---|--|---|---|---|
| Chlamydia Infection Screening ⁵ | | <ul style="list-style-type: none"> At least annually for sexually active females age 24 years and younger | <ul style="list-style-type: none"> At least annually for other asymptomatic females at increased risk for infection | <ul style="list-style-type: none"> At least annually for asymptomatic females at increased risk for infection |
| Colorectal Cancer Screening ⁶ | | | <ul style="list-style-type: none"> Routine screening beginning at age 50 for men and women at average risk with interval determined by method. Potential screening options include home Fecal Occult Blood Test (FOBT), flexible sigmoidoscopy, the combination of home FOBT and flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema | <ul style="list-style-type: none"> Routine screening with interval determined by method. Potential screening options include home Fecal Occult Blood Test (FOBT), flexible sigmoidoscopy, the combination of home FOBT and flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema |
| USPSTF, 6/2007 | | | | |
| Depression Screening ⁷ | <ul style="list-style-type: none"> Remain alert for possible signs and symptoms of depression | <ul style="list-style-type: none"> Routine screening for adults Remain alert for possible signs and symptoms of depression in younger patients | <ul style="list-style-type: none"> Routine screening for adults | <ul style="list-style-type: none"> Routine screening for adults |
| USPSTF, 7/2002 | | | | |
| Diabetes-Type 2 ⁸ | | | <ul style="list-style-type: none"> Screening of adults with hypertension or hyperlipidemia | <ul style="list-style-type: none"> Screening of adults with hypertension or hyperlipidemia |
| USPSTF, 2/2003 | | | | |
| Gonorrhea ⁹ | <ul style="list-style-type: none"> Prophylactic ocular topical medication for all newborns | <ul style="list-style-type: none"> Screening of all sexually active females, including those who are pregnant, if they are at increased risk for infection | <ul style="list-style-type: none"> Screening of all sexually active females, including those who are pregnant, if they are at increased risk for infection | <ul style="list-style-type: none"> Screening of all sexually active females if they are at increased risk for infection |
| USPSTF, 5/2005 | | | | |
| Hearing ¹⁰ | | | | <ul style="list-style-type: none"> At physician discretion |
| USPSTF, 1/1997 (adult) 10/2001 (newborn) | | | | |

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|--|--|--|--|--|
| Height and Weight ¹¹ USPSTF, 1/1997 AAP, 3/2000 | <ul style="list-style-type: none"> Growth chart plotted during office visit from birth on | <ul style="list-style-type: none"> Periodically | <ul style="list-style-type: none"> Periodically | <ul style="list-style-type: none"> Periodically |
| High Blood Pressure ¹² (Hypertension) USPSTF, 12/2007 | | <ul style="list-style-type: none"> Periodic screening beginning at age 18 years | <ul style="list-style-type: none"> Periodic screening | <ul style="list-style-type: none"> Periodic screening |
| Human Immunodeficiency virus (HIV) ¹³ USPSTF, 7/2005 | | <ul style="list-style-type: none"> Screen all adolescents and adults at increased risk for HIV infection | <ul style="list-style-type: none"> Screen all adolescents and adults at increased risk for HIV infection | <ul style="list-style-type: none"> Screen all adults at increased risk for HIV infection |
| Lipid Disorder Screening ¹⁴ USPSTF, 3/2001 | | <ul style="list-style-type: none"> Routine screening beginning at age 20 if other risk factors for coronary heart disease exist | <ul style="list-style-type: none"> Routine screening for males age 35 and older and females age 45 and older Routine screening for younger adults if other risk factors for coronary heart disease exist | <ul style="list-style-type: none"> Routine screening |
| Obesity ¹⁵ USPSTF, 12/2003 | | <ul style="list-style-type: none"> Routine screening for adults – offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults | <ul style="list-style-type: none"> Routine screening for adults – offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults | <ul style="list-style-type: none"> Routine screening for adults – offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults |
| Osteoporosis Screening ¹⁶ USPSTF, 9/2002 | | | <ul style="list-style-type: none"> Routine screening beginning at age 60 for women at increased risk of osteoporotic fracture | <ul style="list-style-type: none"> Routine screening for women |

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|---|---|---|---|---|
| | 0-10 years | 11-24 years | 25-64 years | 65+ years |
| Prostate Cancer Screening ¹⁷ | | | <ul style="list-style-type: none"> Discuss risks and benefits of screening with medical professional | <ul style="list-style-type: none"> Discuss risks and benefits of screening with medical professional |
| USPSTF, 12/2002 | | | | |
| Sickle Cell Anemia ¹⁸ | <ul style="list-style-type: none"> Screening for all newborns regardless of birth setting | | | |
| USPSTF, 9/2007 | | | | |
| Syphilis Screening ¹⁹ | | <ul style="list-style-type: none"> Screening for persons at increased risk for syphilis infection | <ul style="list-style-type: none"> Screening for persons at increased risk for syphilis infection | <ul style="list-style-type: none"> Screening for persons at increased risk for syphilis infection |
| USPSTF, 7/2004 | | | | |
| Tuberculosis Screening ²⁰ | <ul style="list-style-type: none"> Targeted testing of persons at high risk for recent latent tuberculosis infection | <ul style="list-style-type: none"> Targeted testing of persons at high risk for recent latent tuberculosis infection | <ul style="list-style-type: none"> Targeted testing of persons at high risk for recent latent tuberculosis infection | <ul style="list-style-type: none"> Targeted testing of persons at high risk for recent latent tuberculosis infection |
| CDC 2000, 2005 | | | | |
| Vision Screening ²¹ | <ul style="list-style-type: none"> Screening for amblyopia, strabismus and defects in visual acuity in children younger than age 5 years | <ul style="list-style-type: none"> Refer high risk individuals for evaluation by eye specialist; frequency at physician discretion | <ul style="list-style-type: none"> Refer high risk individuals for evaluation by eye specialist; frequency at physician discretion | <ul style="list-style-type: none"> Refer high risk individuals for evaluation by eye specialist; frequency at physician discretion |
| USPSTF, 5/2004 (Screening); 3/2005 (Glaucoma) | | | | |
| COUNSELLING | 0-10 years | | | |
| | Recommended Topic: | | | |
| Cardiovascular Disease Prevention ²² | 11-24 years | | | |
| | Recommended Topic: | | | |
| USPSTF, 1/2002 | 25-64 years | | | |
| | <ul style="list-style-type: none"> Discuss aspirin chemoprevention, including potential benefits and harms, with adults who are at increased risk for coronary heart disease | Recommended Topic: | | |
| | 65+ years | | | |
| | Recommended Topic: | | | |
| | <ul style="list-style-type: none"> Discuss aspirin chemoprevention, including potential benefits and harms, with adults who are at increased risk for coronary heart disease | Recommended Topic: | | |

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| COUNSELING | 0-10 years | 11-24 years | 25-64 years | 65+ years |
|--|--|--|---|---|
| | Recommended Topic: | Recommended Topic: | Recommended Topic: | Recommended Topic: |
| Dental Health ²³ | <ul style="list-style-type: none"> Regular dental care Floss, brush with fluoride toothpaste daily Prescribe oral fluoride supplementation for preschoolers with fluoride-deficient water supplies | <ul style="list-style-type: none"> Regular dental care Floss, brush with fluoride toothpaste daily | <ul style="list-style-type: none"> Regular dental care Floss, brush with fluoride toothpaste daily | <ul style="list-style-type: none"> Regular dental care Floss, brush with fluoride toothpaste daily |
| USPSTF, 1/1996 (dental care); 4/2004 (fluoride) | | | | |
| Diet and Exercise ²⁴ | <ul style="list-style-type: none"> Encourage breastfeeding of infants; diet of iron-enriched formula and foods Iron supplementation for asymptomatic children ages 6-12 months who are at increased risk for iron deficiency anemia Over age 2, limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber | <ul style="list-style-type: none"> Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber Adequate calcium intake (women) | <ul style="list-style-type: none"> Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease²⁵ Adequate calcium intake (women) | <ul style="list-style-type: none"> Limit fat and cholesterol, maintain caloric balance and emphasize fruits, vegetables, and grain products containing fiber Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease²⁵ Adequate calcium intake (women) |
| USPSTF, 1/1997, 1/2003 (dietary counseling); 7/2003 (breastfeeding); 5/2006 (iron supplementation) | | | | |
| Hormone Replacement Therapy ²⁶ | | | <ul style="list-style-type: none"> Counsel women approaching menopause regarding alternatives to prevent chronic disease | |
| USPSTF, 5/2005 | | | | |

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|---|--------------------|---|---|--|
| | Recommended Topic: | Recommended Topic: | Recommended Topic: | Recommended Topic: |
| Prenatal Care USPSTF, 1/1997 (Folic Acid) 11/2003 (tobacco use) 2/2004 (Hepatitis B) 4/2004 (drug use) 7/2004 (Syphilis testing) 2/2004 (Bacteriuria) 7/2005 (HIV testing) 5/2006 (Iron deficiency) 6/2007 (Chlamydial screening) | | <ul style="list-style-type: none"> To reduce the risk of neural tube defects in newborns, all women not planning but still capable of pregnancy should take a multivitamin containing 0.4mg of folic acid daily²⁷ Pregnant women should be advised to seek their first prenatal visit in the first trimester or as soon as pregnancy is known²⁸ During the first prenatal visit, perform Rh (D) blood typing and antibody testing²⁹ and screen for hepatitis B virus³⁰ and syphilis infection¹⁹; at 12-16 weeks' gestation, screen for asymptomatic bacteriuria³¹. During the first prenatal visit, screen all pregnant females age 24 and younger and all older pregnant females at increased risk for Chlamydial infection. For pregnant women who remain at increased risk and for those that acquire a new risk factor, also screen during the third trimester⁵. Screen all pregnant women for iron deficiency anemia³² Screen all pregnant women for HIV¹³. Screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke³³ Advise all pregnant women of the potential adverse effects of drug use on the development of the fetus³⁵ | | |
| Sexual Behavior ³⁴ USPSTF, 1/1997 | | <ul style="list-style-type: none"> Sexually Transmitted Disease: All adolescent and adults advised of risk factors and counseled about effective measures to prevent infection Unintended pregnancy: Contraception | <ul style="list-style-type: none"> Sexually Transmitted Disease: All adults advised of risk factors and counseled about effective measures to prevent infection Unintended pregnancy: Contraception | <ul style="list-style-type: none"> Sexually Transmitted Disease: All adults advised of risk factors and counseled about effective measures to prevent infection |

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|---|--|---|---|---|
| | Recommended Topic: | | | |
| Substance Use and Abuse ³⁵ USPSTF 11/2003 (Tobacco use) 4/2004 (Alcohol misuse) | <ul style="list-style-type: none"> • Effects of passive smoking • Anti-tobacco message | <ul style="list-style-type: none"> • Regular screening for tobacco-use status and provide tobacco cessation interventions for those who use tobacco products • Screening and behavioral counseling interventions to reduce alcohol misuse by adults | <ul style="list-style-type: none"> • Regular screening for tobacco-use status and provide tobacco cessation interventions for those who use tobacco products • Screening and behavioral counseling interventions to reduce alcohol misuse by adults | <ul style="list-style-type: none"> • Regular screening for tobacco-use status and provide tobacco cessation interventions for those who use tobacco products • Screening and behavioral counseling interventions to reduce alcohol misuse by adults |

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| IMMUNIZATIONS ³⁶ | 0-10 years | 11-24 years | 25-64 years | 65+ years |
|--|---|--|---|--|
| <p>Note: The ACIP recommendations include a catch-up schedule for children and adolescents who start late or who are > 1 month behind. Refer to www.cdc.gov/vaccines for additional information. The PacificCare/Secure Horizons member's Evidence of Coverage/Disclosure Form should be consulted for the specific coverage and limitations of benefits for vaccines recommended for travel and occupational risk.</p> <p>Sources unless otherwise noted (refer to current immunization schedules at www.cdc.gov/mmwr):</p> <ul style="list-style-type: none"> Recommended Adult Immunization Schedule – United States, October 2007-September 2008. MMWR, 10/19/2007. Recommended Immunization Schedule for Persons Aged 0-18 Years – United States, 2008. MMWR, 1/11/2008. | | | | |
| Diphtheria, Tetanus, acellular Pertussis ³⁷ | <ul style="list-style-type: none"> 2, 4, 6, 15-18 months and 4-6 years | | | |
| Tetanus Diphtheria ^{38**} | | <ul style="list-style-type: none"> Once at 11-12 years, if no Tetanus-Diphtheria booster has been given For adults that have completed the primary series and if the last vaccination was received ≥ 10 years, substitute for a single booster of Tetanus-Diphtheria | <ul style="list-style-type: none"> Booster every 10 years Substitute for a single booster of Tetanus-Diphtheria (Td) In situations when it is important to protect against Pertussis, intervals shorter than 10 years since the last Td may be used. A 2-year interval is suggested. Postpartum, after delivery and before hospital discharge, for women not previously immunized. A 2-year interval is suggested from previous Td. | <ul style="list-style-type: none"> Booster every 10 years |
| Tetanus, Diphtheria and acellular Pertussis ^{39**} | | | | |
| Haemophilus Influenza type B ⁴⁰ | <ul style="list-style-type: none"> 2, 4, 6 and 12-15 months | | | |

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| IMMUNIZATIONS ^{3,6} | 0-10 years | 11-24 years | 25-64 years | 65+ years |
|---|--|--|--|--|
| <p>Hepatitis A^{41 **}</p> | <ul style="list-style-type: none"> 1st dose between 1-2 yrs; 2nd dose 6-18 months after 1st dose - consult your physician. If not previously immunized, for children ≥ age 2 years living in areas with rates that are at least twice the national average, 2 doses: 2nd dose 6-18 months after 1st dose – consult your physician | <ul style="list-style-type: none"> If not previously immunized, all children and adolescents through age 18 living in areas with rates that are twice the national average, 2 doses: 2nd dose 6-18 months after 1st dose; adults at increased risk: 2 doses – consult your physician | <ul style="list-style-type: none"> All adults at increased risk, 2 doses: 2nd dose 6-18 months after 1st dose – consult your physician | <ul style="list-style-type: none"> All adults at increased risk, 2 doses: 2nd dose 6-18 months after 1st dose – consult your physician |
| <p>Hepatitis B</p> | <ul style="list-style-type: none"> 1st dose soon after birth and before discharge; 2nd dose 1 month after 1st dose; 3rd dose 4 months after 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age⁴² | <ul style="list-style-type: none"> 11-12 years if not previously immunized⁴³ All unvaccinated adults at risk for infection and all adults seeking protection⁴⁴ | <ul style="list-style-type: none"> All unvaccinated adults at risk for infection and all adults seeking protection⁴⁴ | <ul style="list-style-type: none"> All unvaccinated adults at risk for infection and all adults seeking protection⁴⁴ |
| <p>Human Papillomavirus⁴⁵</p> | <ul style="list-style-type: none"> For children ≥ 6 months with increased risk of complication or transmission to high risk persons, annually in fall or winter Healthy children 6-59 months | <ul style="list-style-type: none"> All females, 1st dose at 11-12 years; 2nd dose 2 months after the 1st dose; 3rd dose 6 months after the 1st dose. May also be administered to females as early as age 9, with physician discretion, and for females age 13-26. | <ul style="list-style-type: none"> All children and adults at increased risk for complications or transmission to high risk persons, annually in fall or winter | <ul style="list-style-type: none"> All adults beginning at age 50 and others at increased risk for complications or transmission to high risk persons, annually in fall or winter |
| <p>Influenza⁴⁶</p> | <ul style="list-style-type: none"> For children ≥ 6 months with increased risk of complication or transmission to high risk persons, annually in fall or winter Healthy children 6-59 months | <ul style="list-style-type: none"> All children and adults at increased risk for complications or transmission to high risk persons, annually in fall or winter | <ul style="list-style-type: none"> All adults beginning at age 50 and others at increased risk for complications or transmission to high risk persons, annually in fall or winter | <ul style="list-style-type: none"> Annually, in fall or winter |

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|---|--|---|---|---|
| Measles, Mumps, Rubella ** | <ul style="list-style-type: none"> 12-15 months and 4-6 years⁴⁷ | <ul style="list-style-type: none"> If second dose not completed: then 2nd dose at 11-12 years old⁴⁷ | <ul style="list-style-type: none"> Based on vaccine history⁴⁸ | |
| Meningococcal ⁴⁹ | <ul style="list-style-type: none"> For children age 2 to 10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (meningococcal conjugate vaccine) | <ul style="list-style-type: none"> 11-18 years old at the earliest opportunity (meningococcal conjugate vaccine) Previously unvaccinated college freshman | <ul style="list-style-type: none"> All adults \leq age 55 years at increased risk meningococcal infection | |
| Inactivated Polio Vaccine ⁵⁰ | <ul style="list-style-type: none"> 2, 4, 6-18 months and 4-6 years | | | |
| Pneumococcal ⁵¹ | <ul style="list-style-type: none"> All children \geq 2 years at increased risk for pneumococcal disease | <ul style="list-style-type: none"> All children and adults at increased risk for pneumococcal disease | <ul style="list-style-type: none"> All adults at increased risk for pneumococcal disease | <ul style="list-style-type: none"> All persons \geq 65 years; second dose if initial vaccination was \geq 5 years previously and $<$65 years |

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|---|---|--|--|-----------|
| Pneumococcal conjugate vaccine (PCV7) ⁵² | <ul style="list-style-type: none"> • <6 months – 3 doses, 2 months apart beginning at age 2 months; 1 dose at 12-15 months; For unvaccinated children: <ul style="list-style-type: none"> • 2-6 months – 3 doses, 2 months apart beginning at age 2 months and 1 dose at 12-15 months; • 7-11 months – 2 doses, 2 months apart; 1 dose at 12-15 months; • 12-23 months – 2 doses, 2 months apart; • 24-59 months with SCD, asplenia, HIV infection, chronic illness or immunocompromising condition – 2 doses, 2 months apart | | | |
| Rotavirus (RV) ⁵³ | <ul style="list-style-type: none"> • 2, 4 and 6 months. The 1st dose administered between 6-12 weeks of age. Subsequent doses administered at 4 to 10 week intervals. All doses administered by 32 weeks of age and should not be initiated for infants < 12 weeks. | | | |
| Rubella ⁵⁴ ** | | <ul style="list-style-type: none"> • All women of childbearing age should be screened for rubella susceptibility or, if nonpregnant, may be offered vaccination without screening | <ul style="list-style-type: none"> • All women of childbearing age should be screened for rubella susceptibility or, if nonpregnant, may be offered vaccination without screening | |

