

American Family Physician®

A peer reviewed journal of the American Academy of Family Physicians

AFP Clerkship Topic List

Introduction

The American Academy of Family Physicians and its premier clinical journal, *American Family Physician* (AFP), are pleased to offer you this clerkship resource to aid you in your clinical rotations and in preparation for your examinations. AFP has a long history of providing relevant, informative, and up to date evidence-based information for physicians, residents, and medical students. There are also a number of articles that help students learn about the scope of family medicine and about future practice opportunities.

We hope that the articles and resources in this tool will help you as you begin your career in medicine, and we hope that you continue to use *American Family Physician* for many years to come.

Clinical Modules

- [Anemia](#)
- [Asthma](#)
- [Coronary Artery Disease](#)
- [Depression & Bipolar](#)
- [Diabetes](#)
- [Dyspepsia](#)
- [Gastroenteritis](#)
- [Genetics](#)
- [Gout](#)
- [Headache](#)
- [Heart Failure](#)
- [HIV Infection](#)
- [Hyperlipidemia](#)
- [Hypertension](#)
- [Influenza](#)
- [Kidney disease](#)
- [Labor and delivery](#)
- [Musculoskeletal care](#)
- [Newborn Issues](#)
- [Obesity](#)
- [Osteoporosis](#)
- [Pneumonia](#)
- [Prenatal Care](#)
- [STDs other than HIV](#)
- [Stroke](#)
- [Upper Respiratory Tract Infections](#)
- [Urinary Tract Infections/Dysuria](#)

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ADDITIONAL CLINICAL RESOURCES

Immunization Schedules

- [2010 Childhood Immunization schedule](#)
- [2010 Adolescent Immunization schedule](#)
- [2010 Adult Immunization schedule](#)

Evidence Based Medicine (EBM) Articles:

- In [AFP](#), it's in the [EBM toolkit](#) (left navigation), and then "[Articles and resources](#)"

Additional Resources

- [USPSTF Recommendations](#)
- www.needymeds.org
- www.advocacyoncall.org

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AAFP RESOURCES

Student Membership:

AAFP Student members have access to cutting edge AAFP members-only clinical information and resources, such as exclusive online access to *American Family Physician* (recently voted the #2 clinical journal among primary care physicians), *AAFP News Now*, Family Medicine Board Review questions and answers, member discounts, mentoring programs, scholarships, and local chapter resources. Find out why more than 14,000 medical students are already AAFP members at www.aafp.org/join.

Virtual FMIG Website:

Virtual FMIG provides medical students with information that is relevant at each point in their medical education from admission to graduation. The mission of the AAFP's student Web site is to increase awareness of and advocate for the specialty of family medicine, while also serving as a credible resource for information relevant to students at each point in their medical education, from admission to graduation. <http://fmignet.aafp.org>

Videos:

Physician Profile Videos: <http://fmignet.aafp.org/online/fmig/index/resources/profiles.html>

Global Health Video: <http://fmignet.aafp.org/online/fmig/index/resources/fmigvideos/globalhealth.html>

Advocacy Videos: <http://fmignet.aafp.org/online/fmig/index/resources/fmigvideos.html>

Debt Management Resources:

FMIG Debt Management: <http://fmignet.aafp.org/online/fmig/index/medical-school/studentdebt.html>

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Anemia

(does not include sickle cell disease)

Overviews of specific causes

Vitamin B12 deficiency
3/1/2003

<http://www.aafp.org/afp/20030301/979.html>

Iron deficiency anemia
3/1/2007

<http://www.aafp.org/afp/20070301/671.html>

“Common” uncommon anemias (renal, thalassemia, myelodysplastic, chronic disease)
2/15/1999

<http://www.aafp.org/afp/990215ap/851.html>

Clinical presentations of parvovirus B19 infection
2/1/2007

<http://www.aafp.org/afp/20070201/373.html>

Overviews of specific populations

Anemia in the elderly
10/1/2000

<http://www.aafp.org/afp/20001001/1565.html>

Prevention of iron deficiency in infants and toddlers
10/1/2002

<http://www.aafp.org/afp/20021001/1217.html>

Diagnosis

Evaluation of macrocytosis
2/1/2009

<http://www.aafp.org/afp/20090201/203.html>

Normocytic anemia
11/15/2000

<http://www.aafp.org/afp/20001115/2255.html>

Hemolytic anemia
6/1/2004

<http://www.aafp.org/afp/20040601/2599.html>

Treatment (incl. STEPS)

Ambulatory management of common forms of anemia (iron, vitamin B12, folate deficiency)
3/15/1999

<http://www.aafp.org/afp/990315ap/1598.html>

Point-of-Care Guides

[No Resource Available]

Practice Guidelines

[No Resource Available]

Key Evidence

Screening for Iron Deficiency Anemia in Children and Adolescents
8/1/2000

<http://www.aafp.org/afp/20000801/putting.html>

USPSTF Reports

Screening for Iron Deficiency Anemia
8/1/2006

<http://www.aafp.org/afp/20060801/us.html>

Improving Practice

[No Resource Available]

Patient Education

www.familydoctor.org

Editorials

[No Resource Available]

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Asthma

Prevention

The Role of Allergens in Asthma

9/1/2007

<http://www.aafp.org/afp/20070901/675.html>

Diagnosis

The Diagnosis of Wheezing in Children

4/15/2008

<http://www.aafp.org/afp/20080415/1109.html>

Asthma Update: Part I. Diagnosis, Monitoring, and Prevention of Disease Progression

9/1/2004

<http://www.aafp.org/afp/20040901/893.html>

Evaluation of the Patient with Chronic Cough

5/1/2004

<http://www.aafp.org/afp/20040501/2159.html>

Treatment (incl. STEPS)

Levalbuterol (Xoponex) for the Treatment of Bronchospasm

1/15/2007

<http://www.aafp.org/afp/20070115/steps.html>

Leukotriene Inhibitors in the Treatment of Allergy and Asthma

1/1/2007

<http://www.aafp.org/afp/20070101/65.html>

Childhood Asthma: Treatment Update

5/15/2005

<http://www.aafp.org/afp/20050515/1959.html>

Omalizumab (Xolair) for Treatment of Asthma

1/15/2005

<http://www.aafp.org/afp/20050115/steps.html>

Asthma Update: Part II. Medical Management

9/15/2004

<http://www.aafp.org/afp/20040915/1061.html>

Developing and Communicating a Long-Term Treatment Plan for Asthma

4/15/2000

<http://www.aafp.org/afp/20000415/2419.html>

Complications / Special Situations

Does Asthma Adversely Affect Pregnancy Outcomes? (Tip)

4/15/2004

<http://www.aafp.org/afp/2004/0415/p2001.html>

The "Crashing Asthmatic"

3/1/2003

<http://www.aafp.org/afp/20030301/997.html>

Recognition and Management of Exercise-Induced Bronchospasm

2/15/2003

<http://www.aafp.org/afp/20030215/769.html>

Practice Guidelines

NAEPP updates guidelines for the diagnosis and management of asthma

7/1/2003

<http://www.aafp.org/afp/20030701/practice.html>

Key Evidence

BMJ Clinical Evidence

Asthma and other wheezing disorders in children

12/1/2006

<http://www.aafp.org/afp/20061201/bmj.html>

Asthma

7/1/2004

<http://www.aafp.org/afp/20040701/bmj.html>

Cochrane for Clinicians

Long-Acting Beta-2 Agonists as Steroid-Sparing Agents

7/1/2006

<http://www.aafp.org/afp/2006/0601/p1935.html>

Are Metered-Dose Inhalers with Holding Chambers Better Than Nebulizers for Treating Acute Asthma?

1/1/2003

<http://www.aafp.org/afp/20030101/cochrane.html>

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Asthma

Cochrane for Clinicians (cont.)

Do Children with Acute Asthma Benefit More from Anticholinergics and Beta₂ Agonists than from Beta₂ Agonists Alone?

8/1/2002

<http://www.aafp.org/afp/20020801/cochrane.html>

AFP Journal Club

Inhaled Steroid Use and Asthma Control in Patients with Mild Persistent Asthma

7/1/2008

<http://www.aafp.org/afp/20080701/journalclub.html>

Improving Practice

METRIC Module: Asthma

<http://www.aafp.org/online/en/home/cme/selfstudy/metric.html>

Asthma Days: An Approach to Planned Asthma Care (FPM)

10/2004

<http://www.aafp.org/fpm/20041000/43asth.html>

Improving Adherence to Asthma Therapy: What Physicians Can Do (AFP)

4/15/2000

<http://www.aafp.org/afp/20000415/editorials.html>

Patient Education

www.familydoctor.org

Editorials / Letters

Beta-2 Agonists in the Treatment of Asthma

7/15/2006

<http://www.aafp.org/afp/20060715/editorials.html>

Exercise-Induced Bronchospasm vs. Exercise-Induced Asthma

2/15/2004

<http://www.aafp.org/afp/20040215/letters.html>

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Coronary Artery Disease / Coronary Heart Disease

Prevention

Diets for cardiovascular disease prevention:
what is the evidence?

4/1/2009

<http://www.aafp.org/afp/20090401/571.html>

Preventing cardiovascular disease in women
10/15/2006

<http://www.aafp.org/afp/20061015/1331.html>

Secondary prevention of CHD in elderly
patients

6/15/2005

<http://www.aafp.org/afp/20050615/2289.html>

Diagnosis

Diagnosis of acute coronary syndrome

7/1/2005

<http://www.aafp.org/afp/20050701/119.html>

Angina, part I: risk assessment –
OUTDATED, NEW MS IN PRODUCTION
12/1999

<http://www.aafp.org/afp/991201ap/2543.html>

Radiologic evaluation of acute chest pain /
suspected MI

8/15/2007

<http://www.aafp.org/afp/20070815/533.html>

Noninvasive cardiac imaging

4/15/2007

<http://www.aafp.org/afp/20070415/1219.html>

Update on exercise stress testing

11/15/2006

<http://www.aafp.org/afp/20061115/1749.html>

Treatment - acute

Unstable angina I. Initial evaluation and
management

8/1/2004

<http://www.aafp.org/afp/20040801/525.html>

Unstable angina II. Coronary revascularization,
hospital discharge, and post-hospital care

8/1/2004

<http://www.aafp.org/afp/20040801/535.html>

Treatment – chronic (incl. STEPS)

Ranolazine (Ranexa) for chronic angina

2/15/2007

<http://www.aafp.org/afp/20070215/steps.html>

Medical management of chronic stable angina

1/1/2000

<http://www.aafp.org/afp/20000101/129.html>

Nutritional assessment and counseling for
prevention and treatment of CVD

1/15/2006

<http://www.aafp.org/afp/20060115/257.html>

Current status of cardiac rehabilitation

11/15/1998

<http://www.aafp.org/afp/981115ap/fletcher.html>

Complications / Special Situations

Preparation of the cardiac patient for
noncardiac surgery

3/1/2007

<http://www.aafp.org/afp/20070301/656.html>

Right ventricular infarction

10/15/1999

<http://www.aafp.org/afp/991015ap/1727.html>

Point-of-Care Guides

Prognosis for patients undergoing coronary
angioplasty

11/15/2004

<http://www.aafp.org/afp/20041115/poc.html>

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Coronary Artery Disease / Coronary Heart Disease

Practice Guidelines

AHA guidelines for hypertension management in adults with and at risk of CAD

7/15/2008

<http://www.aafp.org/afp/20080715/practice.html>

AHA guidelines on cardiac CT for assessing CAD

3/1/2008

<http://www.aafp.org/afp/2008/0301/p704.html>

AHA: cardiovascular risk reduction in children

6/15/2007

<http://www.aafp.org/afp/2006/0201/p542.html>

ACC/AHA revise guidelines for coronary bypass surgery

5/1/2000

<http://www.aafp.org/afp/20000501/practice.html>

Key Evidence

AFP Journal Club: is prasugrel more effective than clopidogrel in patients with ACS scheduled for PCI?

12/1/2008

<http://www.aafp.org/afp/20081201/journalclub.html>

Cochrane for Clinicians

Aspirin + clopidogrel decreases CV events in patients with acute coronary syndrome

12/1/2007

<http://content.onlinejacc.org/cgi/content/full/j.jacc.2007.10.001>

Early invasive therapy or conservative management for unstable angina or NSTEMI?

1/1/2007

<http://www.aafp.org/afp/2007/0101/p47.html>

Exercise-based rehabilitation for coronary heart disease

8/1/2004

<http://www.aafp.org/afp/20040801/cochrane.html>

Should we use multiple risk factor interventions for the primary prevention of CHD?

7/15/2002

<http://www.aafp.org/afp/20020715/cochrane.html>

Putting Prevention Into Practice

Hormone therapy for the prevention of chronic conditions in postmenopausal women

12/15/2005

<http://www.aafp.org/afp/20051215/putting.html>

USPSTF

Hormone therapy for the prevention of chronic conditions in postmenopausal women

7/15/2005

<http://www.aafp.org/afp/20050715/us.html>

Improving Practice

METRIC: Coronary artery disease – improving patient care

<http://www.aafp.org/online/en/home/cme/selfstudy/metric.html>

FPM – Estimating the risks of coronary angioplasty

11/2004

<http://www.aafp.org/fpm/20041100/71esti.html>

FPM – Weighing the risks and benefits of clinical interventions

1/2004

<http://www.aafp.org/fpm/20040100/53weig.html>

AFP - Overcoming challenges facing quality-improvement strategies for NSTEMI acute coronary syndromes

11/15/2004

<http://www.aafp.org/afp/2004/1115/p1868.html>

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Coronary Artery Disease / Coronary Heart Disease

Patient Education

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Editorials

Is there benefit to coronary calcium screening?

4/15/2007

<http://www.aafp.org/afp/2007/0415/p1155.html>

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Depression and Bipolar Disorder

Diagnosis

Effective Identification of Adults with Depression and Dementia

9/15/2004

<http://www.aafp.org/afp/20040915/1101.html>

Approach to the Suicidal Patient

11/1/2003

<http://www.aafp.org/afp/20031101/1814.html>

The Psychiatric Review of Symptoms

11/1/1998

<http://www.aafp.org/afp/981101ap/carlat.html>

Treatment (incl. STEPS)

Pharmacologic Management of Adult Depression

3/15/2008

<http://www.aafp.org/afp/20080315/785.html>

Selegiline Transdermal Patch (Emsam) for MDD

2/15/2008

<http://www.aafp.org/afp/20080215/steps.html>

Cognitive Therapy for Depression

1/1/2006

<http://www.aafp.org/afp/20060101/83.html>

Duloxetine (Cymbalta) for Treatment of MDD

9/15/2005

<http://www.aafp.org/afp/20050915/steps.html>

Escitalopram (Lexapro) for Depression

12/1/2003

<http://www.aafp.org/afp/20031201/steps.html>

Management of Bipolar Disorder

9/15/2000

<http://www.aafp.org/afp/20000915/1343.html>

Alternative Therapies: Depression, Diabetes, Obesity

9/1/2000

<http://www.aafp.org/afp/20000901/1051.html>

Management of Treatment-Resistant Depression

12/1998

<http://www.aafp.org/afp/981200ap/cadieux.html>

Complications / Special Situations

Childhood and Adolescent Depression

1/1/2007

<http://www.aafp.org/afp/20070101/73.html>

Seasonal Affective Disorder

11/1/2006

<http://www.aafp.org/afp/20061101/1521.html>

Depression in Later Life (Elderly)

5/15/2004

<http://www.aafp.org/afp/20040515/2375.html>

Depression at End of Life

3/1/2002

<http://www.aafp.org/afp/20020301/883.html>

Assessment/Treatment of Depression Following Myocardial Infarction

8/15/2001

<http://www.aafp.org/afp/20010815/641.html>

Depression in Children and Adolescents

11/15/2000

<http://www.aafp.org/afp/20001115/2297.html>

Depression and Sexual Desire

8/15/2000

<http://www.aafp.org/afp/20000815/782.html>

Alternative Presentations of Depression in Late Life

9/1/1999

<http://www.aafp.org/afp/990901ap/820.html>

Depression in Women: Diagnostic and Treatment Considerations

7/1999

<http://www.aafp.org/afp/990700ap/225.html>

Postpartum Major Depression

4/15/1999

<http://www.aafp.org/afp/990415ap/2247.html>

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Depression and Bipolar Disorder

Complications / Special Situations (cont.)

Seasonal Affective Disorders
3/15/1998
<http://www.aafp.org/afp/980315ap/saeed.html>

Practice Guidelines

ACOG: Psychiatric Medications During Pregnancy and Lactation
9/15/2008
<http://www.aafp.org/afp/20080915/practice.html>

GLAD-PC (AAP) Steering Group Guidelines on Adolescent Depression
9/1/2008
<http://www.aafp.org/afp/20080901/practice.html>

NIH Statement on Managing Depression in Cancer
1/15/2003
<http://www.aafp.org/afp/20030115/practice.html>

AMA: Diagnosis and Treatment of Depression
5/15/2000
<http://www.aafp.org/afp/20000515/practice.html>

Point-of-Care Guides

Screening instruments for depression
7/15/2008
<http://www.aafp.org/afp/20080715/poc.html>

Routine screening for depression, alcohol problems, and domestic violence
5/15/2004
<http://www.aafp.org/afp/20040515/poc.html>

Key Evidence

FPIN

Psychosocial Interventions for Depression
11/1/2006
<http://www.aafp.org/afp/20061101/fpin.html>

Counseling or Antidepressants for Treating Depression?
12/1/2005
<http://www.aafp.org/afp/20051201/fpin.html>

St. John's Wort for Depression
4/1/2005
<http://www.aafp.org/afp/20050401/fpin.html>

Antidepressant Medications in Pregnancy
12/1/2004
<http://www.aafp.org/afp/20041201/fpin.html>

BMJ Clinical Evidence

Depressive Disorders
6/1/2006
<http://www.aafp.org/afp/20060601/bmj.html>

Postnatal Depression
10/1/2005
<http://www.aafp.org/afp/20051001/bmj.html>

Bipolar Disorder
4/1/2004
<http://www.aafp.org/afp/20040401/bmj.html>
Depression in Children and Adolescents
2/1/2003
<http://www.aafp.org/afp/20030201/british.html>

Depressive Disorders
4/1/2002
<http://www.aafp.org/afp/20020401/british.html>

Cochrane for Clinicians

Screening for Depression
5/1/2006
<http://www.aafp.org/afp/2006/0501/p1550.html>

Drug Treatments for Patients with Dysthymia
10/1/2004
<http://www.aafp.org/afp/20041001/cochrane.html>

Screening for Depression
5/1/2006
<http://www.aafp.org/afp/20070801/editorials.html>

Drug Treatments for Patients with Dysthymia
10/1/2004
<http://www.aafp.org/afp/20041001/cochrane.html>

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Depression and Bipolar Disorder

Cochrane for Clinicians (cont.)

Putting Prevention Into Practice: Screening for Depression
4/1/2003
<http://www.aafp.org/afp/20030401/putting.html>

USPSTF: Screening for Depression
8/15/2002
<http://www.aafp.org/afp/20020815/us.html>

TIPs / POEMs / Journal Club

Aripiprazole as adjunctive therapy in patients with MDD
8/1/2008
<http://www.aafp.org/afp/20080801/journalclub.html>

Improving Practice

METRIC Module: Depression
<http://www.aafp.org/online/en/home/cme/selfstudy/metric.html>

FPM: Coding for Depression Without Getting Depressed
3/2004
<http://www.aafp.org/fpm/20040300/23codi.html>

Patient Education

Treating Depression: What You Should Know
3/15/2008
<http://www.aafp.org/afp/20080315/795ph.html>

Depression in Children and Teens
1/1/2007
<http://www.aafp.org/afp/20070101/83ph.html>

Depression: What You Should Know
10/15/2006
<http://www.aafp.org/afp/20061015/1395ph.html>

Cognitive Therapy for Depression
1/1/2006
<http://www.aafp.org/afp/20060101/90ph.html>

Depression
9/15/2002
<http://www.aafp.org/afp/20020915/1045ph.html>

Depression in Women
9/15/2002
<http://www.aafp.org/afp/20020915/1051ph.html>

Depression After Heart Attack
8/15/2001
<http://www.aafp.org/afp/20010815/651ph.html>

What To Do If You Think Your Child Is Depressed
11/15/2000
<http://www.aafp.org/afp/20001115/2311ph.html>

Bipolar Disorder
9/15/2000
<http://www.aafp.org/afp/20000915/1357ph.html>

Postpartum Depression and the "Baby Blues"
4/15/1999
<http://www.aafp.org/afp/990415ap/990415e.html>

Editorials/Letters

Is Genetic Testing for Cytochrome P450 Polymorphisms Ready for Implementation?
8/1/2007
<http://www.aafp.org/afp/2007/0801/p348.html>

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Type 2 Diabetes

Diagnosis

Diagnosis and Classification of Diabetes Mellitus: New Criteria
10/15/1998

<http://www.aafp.org/afp/981015ap/mayfield.html>

Treatment (incl. STEPS)

Management of Blood Glucose in Type 2 Diabetes Mellitus
1/1/2009

<http://www.aafp.org/afp/20090101/29.html>

Management of Hypertension in Patients with Diabetes
12/1/2008

<http://www.aafp.org/afp/20081201/1277.html>

Sitagliptin (Januvia) for the Treatment of Patients with Type 2 Diabetes
9/15/2007

<http://www.aafp.org/afp/20070915/steps.html>

Management of Type 2 Diabetes in Youth: an update
9/1/2007

<http://www.aafp.org/afp/20070901/658.html>

Home Monitoring of Glucose and Blood Pressure
7/15/2007

<http://www.aafp.org/afp/20070715/255.html>

Therapies for Diabetes: pramlintide and exenatide

6/15/2007

<http://www.aafp.org/afp/20070615/1831.html>

Insulin Inhalation Powder (Exubera) for Diabetes Mellitus

5/15/2007

<http://www.aafp.org/afp/20070515/steps.html>

Pregabalin (Lyrica) for Diabetic Neuropathy

12/15/2006

<http://www.aafp.org/afp/20061215/steps.html>

Insulin Detemir (Levemir) for Diabetes Mellitus

7/15/2006

<http://www.aafp.org/afp/20060715/steps.html>

Exenatide Injection (Byetta): Adjunctive Therapy for Glycemic Control

6/15/2006

<http://www.aafp.org/afp/20060615/steps.html>

Evaluation and Prevention of Diabetic Neuropathy

6/1/2005

<http://www.aafp.org/afp/20050601/2123.html>

Insulin Therapy for Type 2 Diabetes

8/1/2004

<http://www.aafp.org/afp/20040801/489.html>

Facilitating Treatment Adherence with Lifestyle Changes in Diabetes

1/15/2004

<http://www.aafp.org/afp/20040115/309.html>

Controlling Hypertension in Patients with Diabetes

10/1/2002

<http://www.aafp.org/afp/20021001/1209.html>

Oral agents in the management of type 2 diabetes

5/1/2001

<http://www.aafp.org/afp/20010501/1747.html>

Attenuating CV risk factors in patients with type 2 diabetes

12/15/2000

<http://www.aafp.org/afp/20001215/2633.html>

Alternative Therapies: Depression, Diabetes, Obesity

9/1/2000

<http://www.aafp.org/afp/20000901/1051.html>

Treatment of Type 2 Diabetes Mellitus

5/15/1999

<http://www.aafp.org/afp/990515ap/2835.html>

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Type 2 Diabetes

Complications / Special Situations

Diagnosis and management of gestational diabetes

1/2009

www.aafp.org/afp/2009/0701/p57.html

Diabetic Foot Infection

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Prevention and Screening

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7/15/2007

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7/15/2004

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How to recognize and treat acute HIV syndrome
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11/15/2006

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5/15/2002

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9/1/2005

<http://www.aafp.org/afp/2005/0901/p951.html>

Point-of-Care Guides

[No Resources Available]

Key Evidence

BMJ Clinical Evidence

HIV: mother-to-child transmission
3/1/2004

<http://www.aafp.org/afp/20040301/bmj.html>

Cochrane for Clinicians

Abstinence-plus programs for prevention of HIV
4/1/2008

<http://www.aafp.org/afp/20080401/cochrane.html#c2>

Effectiveness of condoms in reducing heterosexual transmission of HIV
10/1/2004

<http://www.aafp.org/afp/20041001/cochrane.html>

USPSTF

Screening for HIV
12/1/2005

<http://www.aafp.org/afp/20051201/us.html>

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HIV/AIDS

Improving Practice

[No Resources Available]

Patient Education

www.familydoctor.org

Editorials/Letters

The CDC and USPSTF recommendations for HIV testing
11/15/2007
<http://www.aafp.org/afp/20071115/editorials.html#e1>

It's time to normalize testing for HIV
11/15/2007
<http://www.aafp.org/afp/20071115/editorials.html#e2>

The changing role of family physicians in HIV care
11/15/2006
<http://www.aafp.org/afp/20061115/letters.html>

Who should care for patients with HIV/AIDS?
11/15/2006

<http://www.aafp.org/afp/20060115/editorials.html>

Curbside Consult: HIV testing on demand
5/1/2005

<http://www.aafp.org/afp/20050501/curbside.html>

Curbside Consult: An HIV-positive patient who avoids treatment

6/1999

<http://www.aafp.org/afp/990600ap/curbside.html>

The changing spectrum of HIV care
2/1/1999

<http://www.aafp.org/afp/990201ap/medicine.html>

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Hyperlipidemia

Prevention/Diagnosis

Which lipoprotein measurements are clinically useful? (FPIN)
2/1/2007
<http://www.aafp.org/afp/20070201/fpin.html>

Treatment

First-line therapies for lowering triglyceride levels (Letters)
2/15/2008
<http://www.aafp.org/afp/2008/0215/p416.html>

Best alternatives to statins for treating hyperlipidemia (FPIN)
10/1/2007
<http://www.aafp.org/afp/20071001/fpin.html>

Management of hypertriglyceridemia
5/1/2007
<http://www.aafp.org/afp/20070501/1365.html>

Amlodipine/atorvastatin (STEPS)
3/15/2006
<http://www.aafp.org/afp/20060315/steps.html>

Statins in primary prevention – uncertainty in women, elderly (Letters)
3/15/2006
<http://www.aafp.org/afp/20060315/letters.html>

Ezetimibe/simvastatin for hypercholesterolemia (STEPS)
11/15/2005
<http://www.aafp.org/afp/20051115/steps.html>

Colesevelam for reduction of LDL cholesterol (STEPS)
7/15/2005
<http://www.aafp.org/afp/20050715/steps.html>

Raising HDL cholesterol level slightly beneficial (POEM)
6/1/2005
<http://www.aafp.org/afp/2005/0601/p2180.html>

Treatment of cholesterol abnormalities
3/15/2005
<http://www.aafp.org/afp/20050315/1137.html>

Ezetimibe for hypercholesterolemia (STEPS)
10/15/2003
<http://www.aafp.org/afp/20031015/steps.html>

Dietary therapy for children with hypercholesterolemia
2/1/2000
<http://www.aafp.org/afp/20000201/675.html>

Point-of-Care Guides / Decision Tools

[No Resource Available]

Practice Guidelines

AAP clinical report on lipid screening in children
4/15/2009
<http://www.aafp.org/afp/20090415/practice.html>

AHA publishes statement on drug therapy for lipid abnormalities in children and adolescents
3/1/2008
<http://www.aafp.org/afp/2008/0301/p694.html>

AHA and NHLBI review diagnosis and management of the metabolic syndrome
9/15/2006
<http://www.aafp.org/afp/2006/0915/p1039.html>

NCEP issues interim guidelines on management of cholesterol
10/15/2004
<http://www.aafp.org/afp/20041015/practice.html>

AHA releases scientific statement on cardiovascular health in childhood
2/1/2003
<http://www.aafp.org/afp/20030201/practice.html>

Improving Practice

Free medical applications for your PDA
4/2005
<http://www.aafp.org/fpm/20050400/78free.html>

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Hypertension

(Note: does not include gestational hypertension/PIH)

Prevention/Diagnosis

Screening for high blood pressure (PPIP)
6/15/2009
<http://www.aafp.org/afp/2009/0615/p1093.html>

Screening for high blood pressure (USPSTF)
6/15/2009
<http://www.aafp.org/afp/2009/0615/p1087.html>

Blood pressure measurement in public places
(Editorial)
3/1/2005
<http://www.aafp.org/afp/20050301/editorials.html>

Diagnosing secondary hypertension
1/1/2003
<http://www.aafp.org/afp/20030101/67.html>

Treatment

Which diuretic should be used for the treatment
of hypertension? (Editorial)
8/15/2008
<http://www.aafp.org/afp/20080815/editorials.html>

Managing hypertension using combination therapy
5/1/2008
<http://www.aafp.org/afp/20080501/1279.html>

Pharmacologic management of hypertension
in patients with diabetes
12/1/2008
<http://www.aafp.org/afp/20081201/1277.html>

Are beta blockers effective first-line
treatments for hypertension? (Cochrane)
11/1/2007
<http://www.aafp.org/afp/2007/1101/p1306.html>

Aliskiren (Tekturna) for treatment of
hypertension (STEPS)
10/15/2007
<http://www.aafp.org/afp/20071015/steps.html>

Home monitoring of glucose and blood
pressure
7/15/2007
<http://www.aafp.org/afp/20070715/255.html>

Nonpharmacologic strategies for managing
hypertension
6/1/2006
<http://www.aafp.org/afp/20060601/1953.html>

Olmesartan (Benicar) for hypertension
(STEPS)
8/15/2005
<http://www.aafp.org/afp/20050815/steps.html>

Management of hypertension in older persons
2/1/2005
<http://www.aafp.org/afp/20050201/469.html>

Do ACE inhibitors decrease mortality in
patients with hypertension? (FPIN)
7/1/2004
<http://www.aafp.org/afp/20040701/fpin.html>

Eplerenone (Inspra) for hypertension
(STEPS)
2/15/2004
<http://www.aafp.org/afp/20040215/steps.html>

Does a low sodium diet reduce blood pressure?
(FPIN)
1/15/2004
<http://www.aafp.org/afp/20040115/fpin.html>

New developments in the management of
hypertension
9/1/2003
<http://www.aafp.org/afp/20030901/853.html>

Automated ambulatory blood pressure monitoring
6/1/2003
<http://www.aafp.org/afp/20030601/2343.html>

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Hypertension

(Note: does not include gestational hypertension/PIH)

Complications / Special Situations

Radiologic evaluation of suspected renovascular hypertension

8/1/2009

<http://www.aafp.org/afp/2009/0801/p273.html>

Evaluation and management of the patient with difficult-to-control or resistant hypertension

5/15/2009

<http://www.aafp.org/afp/2009/0515/p863.html>

Hypertension in children and adolescents

5/1/2006

<http://www.aafp.org/afp/20060501/1558.html>

Managing hypertension in athletes and physically active patients

8/1/2002

<http://www.aafp.org/afp/20020801/445.html>

Treating obstructive sleep apnea improves essential hypertension and quality of life

1/15/2002

<http://www.aafp.org/afp/20020115/229.html>

Point-of-Care Guides / Decision Tools

Initial evaluation of hypertension

3/15/2004

<http://www.aafp.org/afp/20040315/poc.html>

Practice Guidelines

AHA releases guidelines for hypertension management in adults with or at risk of CAD

7/15/2008

<http://www.aafp.org/afp/20080715/practice.html>

NHLBI releases new high blood pressure guidelines (JNC VII)

7/15/2003

<http://www.aafp.org/afp/20030715/practice.html>

Improving Practice

METRIC: Hypertension module

<http://www.aafp.org/online/en/home/cme/selfstudy/metric.html>

Patient Education

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Influenza

Prevention

Lowering the age for routine influenza vaccination to 50 years: AAFP leads the nation in influenza vaccine policy
11/1/1999

<http://www.aafp.org/afp/991101ap/2061.html>

Diagnosis

An office-based approach to clinical influenza: clinical diagnosis and laboratory testing
1/1/2003

<http://www.aafp.org/afp/20030101/111.html>

Treatment (incl. STEPS)

Antiviral drugs in the immunocompetent host: Part II. Treatment of influenza and RSV infections
2/15/2003

<http://www.aafp.org/afp/20030215/763.html>

Updated treatment for influenza A and B
12/1/2000

<http://www.aafp.org/afp/20001201/2467.html>

Complications / special situations

Avian influenza: preparing for a pandemic
9/1/2006

<http://www.aafp.org/afp/20060901/783.html>

Influenza in the nursing home
1/1/2002

<http://www.aafp.org/afp/2002/0101/p75.html>

Practice Guidelines

CDC updates guidelines on influenza immunization for 2008-09 season
10/15/2008

<http://www.aafp.org/afp/20081015/practice.html>

Recommendations released on influenza vaccination of health care professionals
8/15/2006

<http://www.aafp.org/afp/2006/0815/p665.html>

HHS releases pandemic influenza plan
12/1/2005

<http://www.aafp.org/afp/2005/1201/p2165.html>

ACIP releases guidelines for use of live, attenuated influenza vaccine
12/1/2003

<http://www.aafp.org/afp/2003/1201/p2275.html>

Key Evidence

BMJ Clinical Evidence: Influenza
12/1/2003

<http://www.aafp.org/afp/20031201/british.html>

Cochrane for Clinicians

Vaccines for preventing influenza in older patients
2/1/2007

<http://www.aafp.org/afp/2007/0201/p336.html>

Vaccines for preventing influenza in healthy children
10/1/2006

<http://www.aafp.org/afp/2006/1001/p1123.html>

Neuramidase inhibitors for treatment of influenza
6/15/2004

<http://www.aafp.org/afp/2004/0615/p2823.html>

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Influenza

Putting Prevention Into Practice

Influenza Vaccine
5/1/2000

<http://www.aafp.org/afp/20000501/putting.html>

FPIN: What is the best antiviral agent for
influenza infection?

10/1/2004

<http://www.aafp.org/afp/20041001/fpin.html>

Point-of-Care Guides

Diagnosing and treating patients with
suspected influenza

11/1/2005

<http://www.aafp.org/afp/20051101/poc.html>

Improving Practice

Coding flu shots: immunize against lost
revenue (FPM)

10/2007

<http://www.aafp.org/fpm/20071000/35codi.html>

Preparing for an influenza pandemic: vaccine
prioritization (FPM)

1/2006

<http://www.aafp.org/fpm/20060100/32prep.html>

Vaccination codes for Hib and influenza (FPM)
1/2006

<http://www.aafp.org/fpm/2006/0100/p24.html#fpm20060100p24-sa1>

Are your patients getting the preventive
services they need? (FPM)

1/1999

<http://www.aafp.org/fpm/990100fm/improving.html>

Patient Education

Flu vaccinations

10/1/2004

<http://www.aafp.org/afp/2004/1001/p1343.html>

Influenza vaccine

1/15/2004

<http://www.aafp.org/afp/20040115/379ph.html>

Flu and colds

1/15/2004

<http://www.aafp.org/afp/20040115/383ph.html>

Editorials/Letters

Influenza vaccine: Got it? Give it!

10/15/2008

<http://www.aafp.org/afp/20081015/editorials.html>

Importance of influenza vaccination for children

8/1/2007

<http://www.aafp.org/afp/20070801/letters.html>

Cochrane Coordinator questions evidence for
influenza vaccination (Newsletter)

12/1/2006

<http://www.aafp.org/afp/20061201/newsletter.html>

Keeping up to date on avian influenza

9/1/2006

<http://www.aafp.org/afp/20060901/editorials.html>

Influenza vaccine for adults 50 to 64 years of age

11/1/1999

<http://www.aafp.org/afp/991101ap/editorials.html>

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Kidney Disease

Overviews

Management of acute renal failure
11/1/2005

<http://www.aafp.org/afp/20051101/1739.html>

Chronic kidney disease: prevention and treatment of common complications
11/15/2004

<http://www.aafp.org/afp/20041115/1921.html>

Clinical practice guidelines for chronic kidney disease in adults: parts I and II
9/2004

<http://www.aafp.org/afp/20040901/869.html>

<http://www.aafp.org/afp/20040915/1091.html>

Diagnosis/Evaluation

Radiologic evaluation of hematuria: ACR guidelines
8/1/2008

<http://www.aafp.org/afp/20080801/347.html>

Assessment of microscopic hematuria in adults
5/15/2006

<http://www.aafp.org/afp/20060515/1748.html>

Detection and evaluation of chronic kidney disease
11/1/2005

<http://www.aafp.org/afp/20051101/1723.html>

Urinalysis: a comprehensive review
3/15/2005

<http://www.aafp.org/afp/20050315/1153.html>

Proteinuria in adults: a diagnostic approach
9/15/2000

<http://www.aafp.org/afp/20000915/1333.html>

Evaluating proteinuria in children
10/1/1998

<http://www.aafp.org/afp/981001ap/loghman.html>

Treatment (incl. STEPS)

Drug dosing adjustments in patients with chronic kidney disease
5/15/2007

<http://www.aafp.org/afp/20070515/1487.html>

Complications / special situations

Drug-induced nephrotoxicity
9/15/2008

<http://www.aafp.org/afp/20080915/743.html>

Diabetic nephropathy: common questions
7/1/2005

<http://www.aafp.org/afp/20050701/96.html>

Diagnosis and management of acute interstitial nephritis

6/15/2003

<http://www.aafp.org/afp/20030615/2527.html>

Preoperative care of patients with kidney disease

10/15/2002

<http://www.aafp.org/afp/20021015/1471.html>

Practice Guidelines

CKD screening recommended in patients with CVD

1/15/2007

<http://www.aafp.org/afp/2007/0115/p268.html>

Key Evidence

BMJ Clinical Evidence: acute renal failure
8/1/2007

<http://www.aafp.org/afp/20070801/bmj.html>

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Kidney Disease

Cochrane for Clinicians

ACE inhibitors vs. ARBs for patients with diabetic kidney disease

7/1/2007

<http://www.aafp.org/afp/2007/0701/p68.html>

Antihypertensive agents for prevention of diabetic nephropathy

7/1/2006

<http://www.aafp.org/afp/2006/0701/p77.html>

Improving Practice

[No Resources Available]

Tips/POEMS

Renal dysfunction markers and cardiovascular risk

5/1/2009

http://www.aafp.org/afp/2009/0501/p796.html?aaftplogin=8139587&aaftpvpw=&URL_success=http%3A%2F%2Fwww.aafp.org%2Fafp%2F2009%2F0501%2Fp796.html

Homocysteine lowering does not improve outcomes in ESRD

6/1/2008

<http://www.aafp.org/afp/20080601/tips/1.html>

Editorials/Letters

Drug dosing in older patients with CKD

12/15/2007

<http://www.aafp.org/afp/20071215/letters.html>

Identifying patients at risk of CKD

11/15/2007

<http://www.aafp.org/afp/20071115/letters.html>

Acetylcysteine to prevent contrast-induced nephropathy

12/1/2004

<http://www.aafp.org/afp/20041201/letters.html>

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Labor, Delivery, and Postpartum Issues

Normal Delivery

Spontaneous vaginal delivery
8/1/2008

<http://www.aafp.org/afp/20080801/336.html>

Examination of the placenta
3/1/1998

<http://www.aafp.org/afp/980301ap/yetter.html>

Abnormal Delivery

Vacuum-assisted vaginal delivery
8/15/2008

<http://www.aafp.org/afp/20081015/953.html>

Dystocia in nulliparous women
6/1/2007

<http://www.aafp.org/afp/20070601/1671.html>

PG: ACOG recommends that physicians
restrict episiotomy
12/1/2006

<http://www.aafp.org/afp/2006/1201/p1970.html>

Preterm Labor / PPROM

Preterm premature rupture of membranes:
diagnosis and management

2/15/2006

<http://www.aafp.org/afp/20060215/659.html>

Preterm labor

2/1/1999

<http://www.aafp.org/afp/990201ap/593.html>

Preterm labor: diagnosis and treatment

5/15/1998

<http://www.aafp.org/afp/980515ap/vonderp.html>

Procedures / Monitoring

Repair of obstetric perineal lacerations
10/15/2003

<http://www.aafp.org/afp/20031015/1585.html>

Methods for cervical ripening and induction of
labor

5/15/2003

<http://www.aafp.org/afp/20030515/2123.html>

Interpretation of the electronic fetal heart rate
during labor

5/1/1999

<http://www.aafp.org/afp/990501ap/2487.html>

Transcervical amnioinfusion

2/1/1998

<http://www.aafp.org/afp/980201ap/weismill.html>

Emergencies

Prevention and management of postpartum
hemorrhage

3/15/2007

<http://www.aafp.org/afp/20070315/875.html>

Preventing postpartum hemorrhage:
managing the 3rd stage of labor

3/15/2006

<http://www.aafp.org/afp/20060315/1025.html>

Shoulder dystocia

4/1/2004

<http://www.aafp.org/afp/20040401/1707.html>

Uterine rupture: what family physicians need
to know

9/1/2002

<http://www.aafp.org/afp/20020901/823.html>

Common peripartum emergencies
(nonreassuring FHR, hemorrhage, shoulder
dystocia)

11/1/1998

<http://www.aafp.org/afp/981101ap/morrison.html>

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Labor, Delivery, and Postpartum Issues

Management of Labor Pain

The nature and management of labor pain II:
pharmacologic relief

9/15/2003

<http://www.aafp.org/afp/20030915/1115.html>

The nature and management of labor pain I:
nonpharmacologic pain relief

9/15/2003

<http://www.aafp.org/afp/20030915/1109.html>

Epidural analgesia during labor

11/15/1998

<http://www.aafp.org/afp/981115ap/vincent.html>

Postpartum care and complications

Letter: postpartum appendicitis presenting as
RUQ pain

2/1/2008

<http://www.aafp.org/afp/20080201/letters.html>

An approach to the postpartum office visit

12/15/2005

<http://www.aafp.org/afp/20051215/2491.html>

Screening for depression across the lifespan:
a review of measures for use in primary care
settings

9/15/2002

<http://www.aafp.org/afp/20020915/1001.html>

Practice Guidelines

AAFP guidelines on trial of labor after
cesarean delivery

11/15/2005

<http://www.aafp.org/afp/2005/1115/p2126.html>

ACOG recommendations on shoulder dystocia

2/15/2003

<http://www.aafp.org/afp/20030215/clinical.html#6>

ACOG issues recommendations on assessment
of risk factors for preterm birth

2/1/2002

<http://www.aafp.org/afp/20020201/practice.html>

Point-of-Care Guides

Predicting the likelihood of successful vaginal
birth after cesarean delivery

10/15/2007

<http://www.aafp.org/afp/20071015/poc.html>

Key Evidence

Cochrane for Clinicians

Are oral betamimetics effective maintenance
therapies after threatened preterm labor?

3/1/2007

<http://www.aafp.org/afp/2007/0301/p648.html>

Should active management of the third stage
of labor be routine?

5/15/2003

<http://www.aafp.org/afp/20030515/cochrane.html>

Caregiver support for women during childbirth

10/1/2002

<http://www.aafp.org/afp/20021001/cochrane.html>

Improving Care

How to build more maternity care into your
practice (FPM)

4/2005

<http://www.aafp.org/fpm/2005/0400/p72.html#fpm20050400p72-sa3>

Sharing maternity care (FPM)

3/2003

<http://www.aafp.org/fpm/20030300/37shar.html>

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Musculoskeletal Care

Joint Injections / Aspiration

Musculoskeletal injections: a review of the evidence

10/15/2008

<http://www.aafp.org/afp/20081015/971.html>

Diagnostic and therapeutic injection of the ankle and foot

10/1/2003

<http://www.aafp.org/afp/20031001/1356.html>

Diagnostic and therapeutic injection of the hip and knee

5/15/2003

<http://www.aafp.org/afp/20030515/2147.html>

Diagnostic and therapeutic injection of the wrist and hand region

2/15/2003

<http://www.aafp.org/afp/20030215/745.html>

Diagnostic and therapeutic injection of the elbow region

12/1/2002

<http://www.aafp.org/afp/20021201/2097.html>

Knee joint aspiration and injection

10/15/2002

<http://www.aafp.org/afp/20021015/1497.html>

Joint and soft tissue injection

7/15/2002

<http://www.aafp.org/afp/20020715/283.html>

Fracture Management

Principles of casting and splinting

1/1/2009

<http://www.aafp.org/afp/20090101/16.html>

Clavicle fractures

1/1/2008

<http://www.aafp.org/afp/20080101/65.html>

Diagnosis and management of metatarsal fractures

9/15/2007

<http://www.aafp.org/afp/20070915/817.html>

Diagnosis and management of scaphoid fractures

9/1/2004

<http://www.aafp.org/afp/20040901/879.html>

Evaluation and management of toe fractures

12/15/2003

<http://www.aafp.org/afp/20031215/2413.html>

Common stress fractures

10/15/2003

<http://www.aafp.org/afp/20031015/1527.html>

Tarsal navicular stress fractures

1/1/2003

<http://www.aafp.org/afp/20030101/85.html>

Foot fractures frequently misdiagnosed as ankle sprains

9/1/2002

<http://www.aafp.org/afp/20020901/785.html>

Foot and ankle injuries

Radiologic evaluation of chronic foot pain

10/1/2007

<http://www.aafp.org/afp/20071001/975.html>

Acute ankle sprain: an update

11/15/2006

<http://www.aafp.org/afp/20061115/1714.html>

Plantar fasciitis: evidence-based review of diagnosis and therapy

12/1/2005

<http://www.aafp.org/afp/20051201/2237.html>

Diagnosing heel pain in adults

7/15/2004

<http://www.aafp.org/afp/20040715/332.html>

Treatment of plantar fasciitis

2/1/2001

<http://www.aafp.org/afp/20010201/467.html>

Management of ankle sprains

1/1/2001

<http://www.aafp.org/afp/20010101/93.html>

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Musculoskeletal Care

Foot and ankle injuries (cont.)

Plantar fasciitis and other causes of heel pain
4/15/1999
<http://www.aafp.org/afp/990415ap/2200.html>

The injured ankle
2/1/1998
<http://www.aafp.org/afp/980201ap/wexler.html>

Neck and back pain

[No Resources Available]

Chronic neck pain – solicited

Chronic low back pain: evaluation and management
6/15/2009
<http://www.aafp.org/afp/20090615/1067.html>

Acute lumbar disk pain: navigating evaluation and treatment choices
10/1/2008
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Fracture Prevention
5/15/2008

<http://www.aafp.org/afp/20080515/bmj.html>

FPIN

Raloxifene
7/1/2005

<http://www.aafp.org/afp/20050701/fpin.html>

Putting Prevention Into Practice

Screening for Osteoporosis

1/1/2004

<http://www.aafp.org/afp/20040101/putting.html>

USPSTF

HRT for Prevention of Chronic Conditions
1/15/2003

<http://www.aafp.org/afp/2003/0115/p358.html>

Screening for Osteoporosis
10/15/2002

<http://www.aafp.org/afp/20021015/us.html>

Recent Tips and POEMS

Pharmacologic treatment of osteopenia not usually indicated
9/1/2007

<http://www.aafp.org/afp/20070901/tips/4.html>

Improving Practice

New year, New Medicare Preventive Coverage
1/2009

<http://www.aafp.org/fpm/20090100/19newy.html>

Group visits for chronic illness care
1/2006

<http://www.aafp.org/fpm/20060100/37grou.html>

Patient Education

Osteoporosis
2/1/2009

<http://www.aafp.org/afp/20090201/201ph.html>

Editorials

Osteoporosis screening: mixed messages in primary care
2/1/2009

<http://www.aafp.org/afp/20090201/editorials.html>

Osteoporosis management: out of subspecialty practice and into primary care
10/1/2004

<http://www.aafp.org/afp/20041001/editorials.html>

Postmenopausal osteoporosis and estrogen
8/15/2003

<http://www.aafp.org/afp/20030815/editorials.html>

Is raloxifene the answer to the HRT story?
9/15/1999

<http://www.aafp.org/afp/990915ap/editorials.html>

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Pneumonia

Overviews/Diagnosis

Diagnosis and treatment of community-acquired pneumonia
2/1/2006

<http://www.aafp.org/afp/20060201/442.html>

Pneumonia in older residents of long-term care facilities
10/15/2004

<http://www.aafp.org/afp/20041015/1495.html>

Community-acquired pneumonia in infants and children
9/1/2004

<http://www.aafp.org/afp/20040901/899.html>

Atypical pathogens and challenges in community-acquired pneumonia
4/1/2004

<http://www.aafp.org/afp/20040401/1699.html>

Treatment

Treatment of nursing-home acquired pneumonia
6/1/2009

<http://www.aafp.org/afp/20090601/976.html>

Pneumococcal vaccination improves outcomes in CAP (Tip)
10/1/2008

<http://www.aafp.org/afp/20081001/tips/3.html>

Levofloxacin appears safe and effective for CAP in children (Tip)
3/15/2008

<http://www.aafp.org/afp/20080315/tips/2.html>

Telithromycin for treatment of community-acquired pneumonia
12/15/2007

<http://www.aafp.org/afp/20071215/steps.html>

Influenza vaccination improves survival of patients with CAP (Tip)
8/1/2007

<http://www.aafp.org/afp/2007/0801/p433.html>

Pneumonia: three days of treatment equal to eight days (Tip)
10/1/2006

<http://www.aafp.org/afp/2006/1001/p1198.html>

Outpatient treatment for low-risk pneumonia is safe (Tip)
11/1/2005

<http://www.aafp.org/afp/2005/1101/p1885.html>

Community-acquired pneumonia (BMJ Clinical Evidence)
7/1/2002

<http://www.aafp.org/afp/20020701/british.html>

Complications / Special Situations

Diagnostic approach to pleural effusions in adults
4/1/2006

<http://www.aafp.org/afp/20060401/1211.html>

Clostridium difficile-associated diarrhea
3/1/2005

<http://www.aafp.org/afp/20050301/921.html>

Pneumocystis carinii pneumonia: a clinical review
10/15/1999

<http://www.aafp.org/afp/991015ap/1699.html>

Point-of-Care Guides / Decision Tools

Procalcitonin-guided treatment of respiratory tract infections
9/15/2008

<http://www.aafp.org/afp/20080915/poc.html>

Predicting pneumonia in adults with respiratory illness
8/15/2007

<http://www.aafp.org/afp/20070815/poc.html>

Outpatient vs. inpatient treatment of community-acquired pneumonia
4/15/2006

<http://www.aafp.org/afp/20060415/poc.html>

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Pneumonia

Point of Care Guides/ Decision Tools (cont.)

Pneumonia calculator for PDAs (Clinical
Briefs - AHRQ)
4/1/2004

<http://www.aafp.org/afp/20040401/clinical.html>

Practice Guidelines

ACCP releases consensus statement on
outpatient treatment for CAP
10/15/2005

<http://www.aafp.org/afp/2005/1015/p1607.html>

CDC and HICPAC release updated guidelines on
the prevention of health care-associated
pneumonia
8/1/2004

<http://www.aafp.org/afp/20040801/practice.html>

Improving Practice

[No Resources Available]

Patient Handouts

www.familydoctor.org

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Prenatal Care

(excludes Labor and Delivery topics)

Overviews

Recommendations for preconception care
8/1/2007

<http://www.aafp.org/afp/20070801/397.html>

Evidence-based prenatal care II. Third-trimester care and prevention of infectious diseases

4/15/2005

<http://www.aafp.org/afp/20050415/1555.html>

Evidence-based prenatal care I. General prenatal care and counseling issues

4/1/2005

<http://www.aafp.org/afp/20050401/1307.html>

General prenatal issues

Oral health during pregnancy

4/15/2008

<http://www.aafp.org/afp/20080415/1139.html>

Common skin conditions during pregnancy
1/15/2007

<http://www.aafp.org/afp/20070115/211.html>

Vaccinations in pregnancy

7/15/2003

<http://www.aafp.org/afp/20030715/299.html>

Exercise during pregnancy

4/15/1998

<http://www.aafp.org/afp/980415ap/wang.html>

Safety of radiographic imaging during pregnancy

4/1/1999

<http://www.aafp.org/afp/990401ap/1813.html>

Medication safety

Over-the-counter medications in pregnancy

6/15/2003

<http://www.aafp.org/afp/20030615/2517.html>

Benefits and risk of psychiatric medications during pregnancy

8/15/2002

<http://www.aafp.org/afp/20020815/629.html>

Hyperemesis

Nausea and vomiting of pregnancy

7/1/2003

<http://www.aafp.org/afp/20030701/121.html>

Infections

Screening and treatment for STIs in pregnancy

7/15/2007

<http://www.aafp.org/afp/20070715/265.html>

Neonatal herpes simplex virus infections

3/15/2002

<http://www.aafp.org/afp/20020315/1138.html>

Obstetric care in patients with HIV disease

1/1/2001

<http://www.aafp.org/afp/20010101/107.html>

Urinary tract infections during pregnancy

2/1/2000

<http://www.aafp.org/afp/20000201/713.html>

Ectopic Pregnancy

Diagnosis and management of ectopic pregnancy

11/1/2005

<http://www.aafp.org/afp/20051101/1707.html>

Vaginal Bleeding

Late pregnancy bleeding

4/15/2007

<http://www.aafp.org/afp/20070415/1199.html>

Pregnancy Loss

Second trimester pregnancy loss

11/1/2007

<http://www.aafp.org/afp/20071101/1341.html>

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Pregnancy Loss (cont.)

Management of spontaneous abortion
10/1/2005

<http://www.aafp.org/afp/20051001/1243.html>

Hypertensive and Thrombotic Disorders

Hypertensive disorders of pregnancy
7/1/2008

<http://www.aafp.org/afp/20080701/93.html>

Venous thromboembolism during pregnancy
6/15/2008

<http://www.aafp.org/afp/20080615/1709.html>

Diagnosis and Management of Preeclampsia
12/15/2004

<http://www.aafp.org/afp/20041215/2317.html>

NHBPEP Report on high blood pressure in pregnancy: a summary for family physicians
7/15/2001

<http://www.aafp.org/afp/20010715/263.html>

HELLP syndrome: recognition and perinatal management
9/1/1999

<http://www.aafp.org/afp/990901ap/829.html>

Liver disease in pregnancy

2/15/1999

<http://www.aafp.org/afp/990215ap/829.html>

Prenatal screening

Fetal chromosomal abnormalities: antenatal screening and diagnosis
1/15/2009

<http://www.aafp.org/afp/20090115/117.html>

Trauma

Blunt trauma in pregnancy
10/1/2004

<http://www.aafp.org/afp/20041001/1303.html>

Post-term pregnancy

Management of pregnancy beyond 40 weeks' gestation
5/15/2005

<http://www.aafp.org/afp/20050515/1935.html>

Practice Guidelines

ACIP releases guideline on prevention of pertussis, tetanus, and diphtheria in pregnant women and newborns
3/15/2009

<http://www.aafp.org/afp/20090315/practice.html>

AHRQ reviews management of gestational diabetes
11/15/2008

<http://www.aafp.org/afp/20081115/practice.html>

ACOG guidelines on psychiatric medication use during pregnancy and lactation
9/15/2008

<http://www.aafp.org/afp/20080915/practice.html>

CDC releases guidelines on improving preconception health care
12/1/2006

<http://www.aafp.org/afp/2006/1201/p1967.html>

ACOG releases guidelines on management of post-term pregnancy
12/1/2004

<http://www.aafp.org/afp/20041201/practice.html>

ACOG release bulletin on managing cervical insufficiency
1/15/2004

<http://www.aafp.org/afp/2004/1201/p2221.html>

ACOG practice bulletin on thyroid disease in pregnancy
5/15/2002

<http://www.aafp.org/afp/20020515/practice.html>

ACOG issues guidelines on fetal macrosomia
7/1/2001

<http://www.aafp.org/afp/20010701/practice.html>

ACOG addresses psychosocial screening in pregnant women
12/15/2000

<http://www.aafp.org/afp/20001215/practice.html>

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Prenatal Care

(excludes Labor and Delivery topics)

Point-of-Care Guides

Predicting the likelihood of successful vaginal birth after cesarean delivery
10/15/2007
<http://www.aafp.org/afp/20071015/poc.html>

Key Evidence

FPIN

Antiviral agents for pregnant women with genital herpes
11/1/2005
<http://www.aafp.org/afp/20051101/fpin.html>

Antidepressant medications in pregnancy
12/1/2004
<http://www.aafp.org/afp/20041201/fpin.html>

BMJ Clinical Evidence

Recurrent miscarriage
10/15/2008
<http://www.aafp.org/afp/20081015/bmj.html>

Nausea and vomiting in early pregnancy
7/1/2003
<http://www.aafp.org/afp/20030701/british.html>

Cochrane for Clinicians

Caregiver Support for Women During Childbirth: Does the Presence of a Labor-Support Person Affect Maternal-Child Outcomes?
10/1/2002
<http://www.aafp.org/afp/2002/1001/p1205.html>

USPSTF

Screening for bacterial vaginosis in pregnancy to prevent preterm delivery
7/1/2008
<http://www.aafp.org/afp/20080701/us.html>

Put Prevention Into Practice

Screening for chlamydial infection
12/15/2008
<http://www.aafp.org/afp/20081215/putting.html>

Screening for elevated blood lead levels in children and pregnant women
11/15/2008
<http://www.aafp.org/afp/20081115/putting.html>

Improving Care

Group visits provide effective prenatal care (Tip)
4/15/2008
<http://www.aafp.org/afp/2008/0415/p1165.html>
How to build more maternity care into your practice (FPM)
4/2005
<http://www.aafp.org/fpm/2005/0400/p72.html#fpm20050400p72-sa3>

Sharing maternity care (FPM)
3/2003
<http://www.aafp.org/fpm/20030300/37shar.html>

Editorials/Letters

Pregnant physicians and infectious disease risk (Curbside)
1/1/2007
<http://www.aafp.org/afp/20070101/curbside.html>

Use of mifepristone for treatment of ectopic pregnancy
5/15/2006
<http://www.aafp.org/afp/20060515/letters.html>

Nonmedical ultrasonography during pregnancy (Curbside)
12/1/2005
<http://www.aafp.org/afp/20051201/curbside.html>

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Prenatal Care

(excludes Labor and Delivery topics)

Editorials/Letters (cont.)

Management of labor pain: promoting patient
choice

9/15/2003

<http://www.aafp.org/afp/20030915/editorials.html>

Information on medication use in pregnancy

6/15/2003

<http://www.aafp.org/afp/20030615/editorials.html>

Family physicians' declining contribution to
prenatal care in the United States (Graham

Center One-Pager)

12/15/2002

<http://www.aafp.org/afp/20021215/graham.html>

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Sexually Transmitted Diseases

Chlamydia – Gonorrhea – Herpes – HPV – Syphilis (not HIV, hepatitis)

Prevention and Screening

USPSTF recommendations for STI screening
3/15/2008

<http://www.aafp.org/afp/20080315/819.html>

Screening and treatment for STIs in pregnancy
7/15/2007

<http://www.aafp.org/afp/20070715/265.html>

Primary care for lesbians and bisexual women
7/15/2006

<http://www.aafp.org/afp/20060715/279.html>

Health screening for men who have sex with men
5/1/2004

<http://www.aafp.org/afp/20040501/2149.html>

The proactive sexual health history
11/1/2002

<http://www.aafp.org/afp/20021101/1705.html>

Overviews (specific infections)

Diagnosis and treatment of gonorrhea
5/15/2006

<http://www.aafp.org/afp/20060515/1779.html>

Diagnosis and treatment of chlamydia
4/15/2006

<http://www.aafp.org/afp/20060415/1411.html>

Genital herpes: a review
10/15/2005

<http://www.aafp.org/afp/20051015/1527.html>

Diagnosis and management of syphilis
7/15/2003

<http://www.aafp.org/afp/20030715/283.html>

Neonatal herpes simplex virus infections
3/15/2002

<http://www.aafp.org/afp/20020315/1138.html>

Resolving the common clinical dilemmas of syphilis
4/15/2009

<http://www.aafp.org/afp/990415ap/2233.html>

Treatment (incl. STEPS)

Prevention and treatment of STDs: an update
12/15/2007

<http://www.aafp.org/afp/20071215/1827.html>

Treatment of common cutaneous HSV infections
3/15/2000

<http://www.aafp.org/afp/20000315/1697.html>

Complications

The challenge of pelvic inflammatory disease
3/1/2006

<http://www.aafp.org/afp/20060301/859.html>

Practice Guidelines

ACOG releases guidelines on managing herpes during pregnancy
2/1/2008

<http://www.aafp.org/afp/2008/0201/p369.html>

CDC changes treatment guidelines for gonorrhea
6/1/2007

<http://www.aafp.org/afp/2007/0601/p1715.html>

Point-of-Care Guides

[No Resources Available]

Key Evidence

FPIN

Antiviral agents for pregnant women with genital herpes
11/1/2005

<http://www.aafp.org/afp/20051101/fpin.html>

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Sexually Transmitted Diseases

Chlamydia – Gonorrhea – Herpes – HPV – Syphilis (not HIV, hepatitis)

BMJ Clinical Evidence

Gonorrhea
7/1/2005

<http://www.aafp.org/afp/20050701/bmj.html>

Genital herpes
9/1/2004

<http://www.aafp.org/afp/20040901/bmj.html>

Cochrane for Clinicians

[No Resources Available]

Putting Prevention Into Practice

Screening for chlamydial infection
12/15/2008

<http://www.aafp.org/afp/20081215/putting.html>

Screening for gonorrhea
11/1/2005

<http://www.aafp.org/afp/20051101/putting.html>

Screening for genital herpes
7/1/2005

<http://www.aafp.org/afp/20050701/putting.html>

USPSTF

Screening for chlamydial infection
12/1/2007

<http://www.aafp.org/afp/20071201/us.html>

Screening for gonorrhea
11/1/2005

<http://www.aafp.org/afp/20051101/us.html>

Screening for genital herpes
10/15/2005

<http://www.aafp.org/afp/20051015/us.html>

Screening for syphilis infection
11/15/2004

<http://www.aafp.org/afp/20041115/us.html>

Improving Practice

[No Resources Available]

Patient Education

www.familydoctor.org

Editorials/Letters

HPV vaccine: a cornerstone of female health
1/1/2007

<http://www.aafp.org/afp/20070101/editorials.html>

Transmission of HSV via oral sex
4/1/2006

<http://www.aafp.org/afp/20060401/letters.html>

Curbside Consult: STDs: A Private Matter?
10/1/2002

<http://www.aafp.org/afp/20021001/curbside.html>

Thinking about STDs
10/1/1999

<http://www.aafp.org/afp/991001ap/editorials.html>

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Stroke

Prevention

Aspirin vs. warfarin for stroke prevention in older patients (Tip)
4/1/2008
<http://www.aafp.org/afp/20080401/tips/1.html>

Prevention of recurrent ischemic stroke
8/1/2007
<http://www.aafp.org/afp/20070801/382.html>

Warfarin for prevention of ischemic stroke recurrence? (FPIN)
6/1/2006
<http://www.aafp.org/afp/20060601/fpin.html>

Does lipid lowering decrease stroke risk? (POEM)
4/15/2005
<http://www.aafp.org/afp/2005/0415/p1595a.html>

Stroke: strategies for primary prevention
12/15/2003
<http://www.aafp.org/afp/20031215/2379.html>

Who benefits from surgery for carotid artery stenosis? (Tip)
6/1/2003
<http://www.aafp.org/afp/2003/0601/p2401a.html>

When to operate in carotid artery disease
1/15/2000
<http://www.aafp.org/afp/20000115/400.html>

Diagnosis

Acute stroke diagnosis
7/1/2009
<http://www.aafp.org/afp/20090701/33.html>

MRI is more appropriate for initial evaluation of stroke (Tip)
8/15/2007
<http://www.aafp.org/afp/2007/0815/p579.html>

Transient ischemic attacks: Part I. Diagnosis and evaluation
4/1/2004
<http://www.aafp.org/afp/20040401/1665.html>

Treatment - acute

Acute ischemic stroke management - solicited
How long after acute ischemic stroke is alteplase effective? (Tip)
9/1/2009
<http://www.aafp.org/afp/20090901/tips/3.html>

Aspirin in patients with acute ischemic stroke (FPIN)
2/1/2009
<http://www.aafp.org/afp/20090201/fpin.html>

Treatment of acute ischemic stroke with t-PA (AFP Journal Club)
4/1/2008
<http://www.aafp.org/afp/20080401/journalclub.html>

Transient ischemic attacks: Part II. Treatment
4/1/2004
<http://www.aafp.org/afp/20040401/1681.html>

Treatment – Chronic / Rehabilitation

Constraining healthy limb helps function after stroke (Tip)
4/1/2007
<http://www.aafp.org/afp/2007/0401/p1060.html>

PEG tubes worsen quality of life in patients who have had a stroke (POEM)
8/15/2005
<http://www.aafp.org/afp/2005/0815/p683a.html>

Early supported discharge effective for patients with stroke (Tip)
6/1/2005
<http://www.aafp.org/afp/2005/0601/p2173.html>

Home-based rehabilitation improves function after stroke (Tip)
9/15/2004
<http://www.aafp.org/afp/2004/0915/p1157.html>

Does long-term anticoagulation improve function after stroke? (Cochrane)
6/1/2003
<http://www.aafp.org/afp/20030601/cochrane.html>

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Stroke

Point-of-Care Guides / Decision Tools

Predicting prognoses in patients with acute stroke

6/15/2008

<http://www.aafp.org/afp/20080615/poc.html>

Predicting short-term risk of stroke after TIA

9/15/2006

<http://www.aafp.org/afp/20060915/poc.html>

Risk classification for stroke, death, and atrial fibrillation (Tip)

4/1/2004

<http://www.aafp.org/afp/2004/0401/p1753a.html>

Practice Guidelines

AHA - Statins after stroke and transient ischemic attack

6/1/2004

<http://www.aafp.org/afp/20040601/clinical.html>

AHA scientific statement on the primary prevention of ischemic stroke

8/1/2001

<http://www.aafp.org/afp/20010801/practice.html>

Putting Prevention Into Practice

Screening for carotid artery stenosis

1/15/2009

<http://www.aafp.org/afp/20090115/putting.html>

USPSTF

Screening for carotid artery stenosis

4/1/2008

<http://www.aafp.org/afp/20080401/us.html>

Improving Practice

[No Resources Available]

Patient Education

Symptoms and signs of stroke and TIA

7/1/2009

<http://www.aafp.org/afp/20090701/33-s1.html>

Preventing another stroke: what you should know

8/1/2007

<http://www.aafp.org/afp/20070801/389ph.html>

What is a stroke? What is a TIA?

4/1/2004

<http://www.aafp.org/afp/20040401/1679ph.html>

How to prevent a stroke

12/15/2003

<http://www.aafp.org/afp/20031215/2389ph.html>

Preventing stroke: some good advice

5/1/1999

<http://www.aafp.org/afp/990501ap/990501a.html>

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Prevention

Aspirin vs. warfarin for stroke prevention in older patients (Tip)
4/1/2008
<http://www.aafp.org/afp/20080401/tips/1.html>

Prevention of recurrent ischemic stroke
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Warfarin for prevention of ischemic stroke recurrence? (FPIN)
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<http://www.aafp.org/afp/20060601/fpin.html>

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<http://www.aafp.org/afp/2005/0415/p1595a.html>

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<http://www.aafp.org/afp/20031215/2379.html>

Who benefits from surgery for carotid artery stenosis? (Tip)
6/1/2003
<http://www.aafp.org/afp/2003/0601/p2401a.html>

When to operate in carotid artery disease
1/15/2000
<http://www.aafp.org/afp/20000115/400.html>

Diagnosis

Acute stroke diagnosis
7/1/2009
<http://www.aafp.org/afp/20090701/33.html>

MRI is more appropriate for initial evaluation of stroke (Tip)
8/15/2007
<http://www.aafp.org/afp/2007/0815/p579.html>

Transient ischemic attacks: Part I. Diagnosis and evaluation
4/1/2004
<http://www.aafp.org/afp/20040401/1665.html>

Treatment - acute

Acute ischemic stroke management - solicited
How long after acute ischemic stroke is alteplase effective? (Tip)
9/1/2009
<http://www.aafp.org/afp/20090901/tips/3.html>

Aspirin in patients with acute ischemic stroke (FPIN)
2/1/2009
<http://www.aafp.org/afp/20090201/fpin.html>

Treatment of acute ischemic stroke with t-PA (AFP Journal Club)
4/1/2008
<http://www.aafp.org/afp/20080401/journalclub.html>

Transient ischemic attacks: Part II. Treatment
4/1/2004
<http://www.aafp.org/afp/20040401/1681.html>

Treatment – Chronic / Rehabilitation

Constraining healthy limb helps function after stroke (Tip)
4/1/2007
<http://www.aafp.org/afp/2007/0401/p1060.html>

PEG tubes worsen quality of life in patients who have had a stroke (POEM)
8/15/2005
<http://www.aafp.org/afp/2005/0815/p683a.html>

Early supported discharge effective for patients with stroke (Tip)
6/1/2005
<http://www.aafp.org/afp/2005/0601/p2173.html>

Home-based rehabilitation improves function after stroke (Tip)
9/15/2004
<http://www.aafp.org/afp/2004/0915/p1157.html>

Does long-term anticoagulation improve function after stroke? (Cochrane)
6/1/2003
<http://www.aafp.org/afp/20030601/cochrane.html>

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Stroke

Point-of-Care Guides / Decision Tools

Predicting prognoses in patients with acute stroke

6/15/2008

<http://www.aafp.org/afp/20080615/poc.html>

Predicting short-term risk of stroke after TIA

9/15/2006

<http://www.aafp.org/afp/20060915/poc.html>

Risk classification for stroke, death, and atrial fibrillation (Tip)

4/1/2004

<http://www.aafp.org/afp/2004/0401/p1753a.html>

Practice Guidelines

AHA - Statins after stroke and transient ischemic attack

6/1/2004

<http://www.aafp.org/afp/20040601/clinical.html>

AHA scientific statement on the primary prevention of ischemic stroke

8/1/2001

<http://www.aafp.org/afp/20010801/practice.html>

Putting Prevention Into Practice

Screening for carotid artery stenosis

1/15/2009

<http://www.aafp.org/afp/20090115/putting.html>

USPSTF

Screening for carotid artery stenosis

4/1/2008

<http://www.aafp.org/afp/20080401/us.html>

Improving Practice

[No Resources Available]

Patient Education

Symptoms and signs of stroke and TIA

7/1/2009

<http://www.aafp.org/afp/20090701/33-s1.html>

Preventing another stroke: what you should know

8/1/2007

<http://www.aafp.org/afp/20070801/389ph.html>

What is a stroke? What is a TIA?

4/1/2004

<http://www.aafp.org/afp/20040401/1679ph.html>

How to prevent a stroke

12/15/2003

<http://www.aafp.org/afp/20031215/2389ph.html>

Preventing stroke: some good advice

5/1/1999

<http://www.aafp.org/afp/990501ap/990501a.html>

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Upper Respiratory Tract Infections

Overviews/Diagnosis

Diagnosis and treatment of streptococcal pharyngitis
3/1/2009

<http://www.aafp.org/afp/20090301/383.html>

Acute bacterial rhinosinusitis in adults: Part I. Evaluation
11/1/2004

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3/15/2004

<http://www.aafp.org/afp/20040315/1465.html>

Diagnosis and management of acute bronchitis
5/15/2002

<http://www.aafp.org/afp/20020515/2039.html>

Treatment

Saline nasal irrigation for upper respiratory conditions
11/15/2009

<http://www.aafp.org/afp/20091115/1117.html>

Antibiotics for acute maxillary sinusitis (Cochrane)

5/1/2009

<http://www.aafp.org/afp/20090501/cochrane.html>

Sinusitis – acute (BMJ Clinical Evidence)
2/15/2009

<http://www.aafp.org/afp/20090215/bmj.html>

Treatment of the common cold
2/15/2007

<http://www.aafp.org/afp/20070215/515.html>

Guidelines for the use of antibiotics in acute upper respiratory tract infections
9/15/2006

<http://www.aafp.org/afp/20060915/956.html>

Acute bacterial rhinosinusitis in adults: Part II. Treatment
11/1/2004

<http://www.aafp.org/afp/20041101/1697.html>

Acute bronchitis (BMJ Clinical Evidence)
8/1/2004

<http://www.aafp.org/afp/20040801/bmj.html>

Antihistamines for the common cold (Cochrane Briefs)

8/1/2004

<http://www.aafp.org/afp/20040801/cochrane.html>

Treating acute bronchiolitis associated with RSV

1/15/2004

<http://www.aafp.org/afp/20040115/325.html>

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<http://www.aafp.org/afp/20021201/british.html>

Radiologic imaging in the management of sinusitis
11/15/2002

<http://www.aafp.org/afp/20021115/1882.html>

Should we prescribe antibiotics for acute bronchitis? (Cochrane)
7/1/2001

<http://www.aafp.org/afp/20010701/cochrane.html>

Point-of-Care Guides / Decision Tools

Strep throat
9/1/2003

<http://www.aafp.org/afp/20030901/poc.html>

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Upper Respiratory Tract Infections

Practice Guidelines

Guidelines for the diagnosis and management of rhinosinusitis in adults
12/1/2007
<http://www.aafp.org/afp/2007/1201/p1718.html>

AAP publishes recommendations for the diagnosis and management of bronchiolitis
1/15/2007
<http://www.aafp.org/afp/20070115/practice.html>

Diagnosis and management of group A streptococcal pharyngitis (IDSA)
2/15/2003
<http://www.aafp.org/afp/20030215/practice.html>

AAP issues recommendations for the management of sinusitis in children
3/15/2002
<http://www.aafp.org/afp/20020315/practice.html>

Principles of appropriate antibiotic use: upper respiratory tract infections and rhinosinusitis (CDC)
7/15, 8/1, 8/15/2001
<http://www.aafp.org/afp/20010715/practice.html>
<http://www.aafp.org/afp/20010801/practice.html>
<http://www.aafp.org/afp/20010815/practice.html>

Improving Practice

A tool for evaluating patients with cold symptoms
10/2004
<http://www.aafp.org/fpm/20041000/53atoo.html>

Patient Handouts

www.familydoctor.org

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Urinary Tract Infections / Dysuria

Overviews/Diagnosis

Urine dipstick for diagnosing urinary tract infection (FPIN)

1/1/2006

<http://www.aafp.org/afp/20060101/fpin.html>

Sensitivity and specificity of urinary nitrite for UTIs (Letters)

12/1/2005

<http://www.aafp.org/afp/20051201/letters.html>

Diagnosis and management of uncomplicated urinary tract infections

8/1/2005

<http://www.aafp.org/afp/20050801/451.html>

Urinary tract infection in children

12/15/2005

<http://www.aafp.org/afp/20051215/2483.html>

Urinalysis: a comprehensive review

3/15/2005

<http://www.aafp.org/afp/20050315/1153.html>

Evaluation of dysuria in adults

4/15/2002

<http://www.aafp.org/afp/20020415/1589.html>

Urinary tract infections during pregnancy

2/1/2000

<http://www.aafp.org/afp/20000201/713.html>

Evaluation of dysuria in men

9/1/1999

<http://www.aafp.org/afp/990901ap/865.html>

Treatment

Recurrent cystitis in nonpregnant women (BMJ Clinical Evidence)

3/15/2009

<http://www.aafp.org/afp/20090315/bmj.html>

Shorter-course nitrofurantoin effective for acute uncomplicated cystitis (Tip)

11/15/2008

<http://www.aafp.org/afp/20081115/tips/3.html>

Cranberry products for treatment of urinary tract infection (Cochrane)

8/1/2008

<http://www.aafp.org/afp/2008/0801/p332.html>

Are oral antibiotics effective in children with pyelonephritis? (Tip)

7/1/2008

<http://www.aafp.org/afp/20080701/tips/3.html>

Urinary tract infection in children (BMJ Clinical Evidence)

9/1/2005

<http://www.aafp.org/afp/20050901/bmj.html>

Antibiotics for recurrent urinary tract infections (Cochrane)

4/1/2005

<http://www.aafp.org/afp/2005/0401/p1301.html>

Cranberry for prevention of urinary tract infections

12/1/2004

<http://www.aafp.org/afp/20041201/2175.html>

Complications / Special Situations

Asymptomatic bacteriuria in adults

9/15/2006

<http://www.aafp.org/afp/20060915/985.html>

Diagnosis and management of acute pyelonephritis in adults

3/1/2005

<http://www.aafp.org/afp/20050301/933.html>

Interstitial cystitis: urgency and frequency syndrome

10/1/2001

<http://www.aafp.org/afp/20011001/1199.html>

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Urinary Tract Infections / Dysuria

Point-of-Care Guides / Decision Tools

Treating adult women with suspected UTI

1/15/2006

<http://www.aafp.org/afp/20060115/poc.html>

Practice Guidelines

Screening for asymptomatic bacteriuria
(USPSTF)

4/15/2005

<http://www.aafp.org/afp/20050415/us.html>

Improving Practice

[No Resources Available]

Patient Handouts

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Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus ⁶			IPV	IPV		IPV						IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR			<i>see footnote⁸</i>		MMR
Varicella ⁹							Varicella			<i>see footnote⁹</i>		Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹												MCV

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years. See *MMWR* 1997;46(No. RR-8).

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children except certain high-risk groups
Human Papillomavirus ²	see footnote 2		HPV (3 doses)	HPV series	
Meningococcal ³		MCV	MCV	MCV	
Influenza ⁴			Influenza (Yearly)		Range of recommended ages for catch-up immunization
Pneumococcal ⁵			PPSV		
Hepatitis A ⁶			HepA Series		Range of recommended ages for certain high-risk groups
Hepatitis B ⁷			Hep B Series		
Inactivated Poliovirus ⁸			IPV Series		
Measles, Mumps, Rubella ⁹			MMR Series		
Varicella ¹⁰			Varicella Series		

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

(Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.

3. Meningococcal conjugate vaccine (MCV4).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.

4. Influenza vaccine (seasonal).

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).

5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children or who are at increased risk for infection or for whom immunity against hepatitis A is desired.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

Recommended Adult Immunization Schedule UNITED STATES - 2010

Note: These recommendations *must* be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE ▼	AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) ^{2,*}		3 doses (females)				
Varicella ^{3,*}		2 doses				
Zoster ⁴					1 dose	
Measles, mumps, rubella (MMR) ^{5,*}		1 or 2 doses		1 dose		
Influenza ^{6,*}		1 dose annually				
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Hepatitis A ^{9,*}		2 doses				
Hepatitis B ^{10,*}		3 doses				
Meningococcal ^{11,*}		1 or more doses				

*Covered by the Vaccine Injury Compensation Program.

Yellow box: For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)
Purple box: Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
White box: No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) ¹³	HIV infection ^{3,12,13} CD4+ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
				<200 cells/μL	≥200 cells/μL						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs								
Human papillomavirus (HPV) ^{2,*}		3 doses for females through age 26 yrs									
Varicella ^{3,*}		Contraindicated	2 doses								
Zoster ⁴		Contraindicated	1 dose								
Measles, mumps, rubella (MMR) ^{5,*}		Contraindicated	1 or 2 doses								
Influenza ^{6,*}		1 dose TIV annually									1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses									
Hepatitis A ^{9,*}		2 doses									
Hepatitis B ^{10,*}		3 doses									
Meningococcal ^{11,*}		1 or more doses									

*Covered by the Vaccine Injury Compensation Program.

Yellow box: For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)
Purple box: Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
White box: No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2009. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



Footnotes

Recommended Adult Immunization Schedule—UNITED STATES - 2010

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit www.cdc.gov/vaccines/pubs/ACIP-list.htm.

1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults ages 19 through 64 years who have not received a dose of Tdap previously.

Adults with uncertain or incomplete history of primary vaccination series with tetanus and diphtheria toxoid-containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid-containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second; Tdap can substitute for any one of the doses of Td in the 3-dose primary series. The booster dose of tetanus and diphtheria toxoid-containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received 10 or more years previously. Tdap or Td vaccine may be used, as indicated.

If a woman is pregnant and received the last Td vaccination 10 or more years previously, administer Td during the second or third trimester. If the woman received the last Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period. A dose of Tdap is recommended for postpartum women, close contacts of infants younger than age 12 months, and all healthcare personnel with direct patient contact if they have not previously received Tdap. An interval as short as 2 years from the last Td is suggested; shorter intervals can be used. Td may be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for giving Td as prophylaxis in wound management.

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended at age 11 or 12 years with catch up vaccination at ages 13 through 26 years.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations.

Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, 18 which HPV4 prevents) or any of the two HPV vaccine types (types 16, 18 which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be given to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, as these conditions are not evidence of prior infection with all vaccine HPV types.

HPV4 may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts. HPV4 would be most effective when given before exposure to HPV through sexual contact.

A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1 to 2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for persons with the medical indications described in Figure 2, “Vaccines that might be indicated for adults based on medical and other indications,” it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent. Healthcare personnel are not at increased risk because of occupational exposure, and should be vaccinated consistent with age-based recommendations.

3. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only one dose, unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., healthcare personnel and family contacts of persons with immunocompromising conditions) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for healthcare personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a healthcare provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, healthcare providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on diagnosis or verification of herpes zoster by a healthcare provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.

4. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults ages 60 years and older regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

5. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps.

Measles component: Adults born during or after 1957 should receive 1 or more doses of MMR unless they have a medical contraindication, or documentation of vaccination with 1 or more doses of MMR vaccine, or laboratory evidence of immunity, or documentation of physician-diagnosed measles.

A second dose of MMR, administered 4 weeks after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been vaccinated previously with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.

Mumps component: Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, or documentation of vaccination with 1 or more doses of MMR vaccine, or laboratory evidence of immunity, or documentation of physician-diagnosed mumps.

A second dose of MMR, administered 4 weeks after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally.

Rubella component: 1 dose of MMR vaccine is recommended for women who do not have documentation of rubella vaccination, or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, rubella immunity should be determined and women should be counseled regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.

Healthcare personnel born before 1957: For unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval (for measles and mumps) and one dose of MMR vaccine (for rubella), respectively.

During outbreaks, healthcare facilities should recommend that unvaccinated healthcare personnel born before 1957, who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, receive two doses of MMR vaccine during an outbreak of measles or mumps, and one dose during an outbreak of rubella.

Complete information about evidence of immunity can be found at www.cdc.gov/vaccines/recs/provisional/default.htm.

6. Seasonal Influenza vaccination

Vaccinate all persons age 50 years and older as well as any younger persons who would like to decrease their risk of getting influenza. Vaccinate persons ages 19 through 49 years with any of the following indications.

Medical: Chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus; renal or hepatic dysfunction, hemoglobinopathies, or immunocompromising conditions (including immunocompromising conditions caused by medications or human immunodeficiency virus [HIV]); cognitive, neurologic or neuromuscular disorders; and pregnancy

during the influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

Occupational: All healthcare personnel, including those employed by long-term care and assisted-living facilities, and caregivers of children younger than age 5 years.

Other: Residents of nursing homes and other long-term care and assisted-living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children younger than age 5 years, persons 50 years and older, and persons of all ages with high-risk condition[s]).

Healthy, nonpregnant adults younger than age 50 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered live, attenuated influenza vaccine (FluMist[®]) or inactivated vaccine. Other persons should receive the inactivated vaccine.

7. Pneumococcal polysaccharide (PPSV) vaccination

Vaccinate all persons with the following indications.

Medical: Chronic lung disease (including asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, cirrhosis; chronic alcoholism; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunocompromising conditions including chronic renal failure or nephrotic syndrome; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other: Residents of nursing homes or long-term care facilities and persons who smoke cigarettes. Routine use of PPSV is not recommended for Alaska Native or American Indian persons younger than age 65 years unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for Alaska Natives and American Indians ages 50 through 64 years who are living in areas in which the risk of invasive pneumococcal disease is increased.

8. Revaccination with PPSV

One-time revaccination after 5 years is recommended for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions. For persons age 65 years and older, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were younger than age 65 years at the time of primary vaccination.

9. Hepatitis A (HepA) vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis A virus (HAV) infection.

Behavioral: Men who have sex with men and persons who use illegal drugs.

Occupational: Persons working with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory setting.

Medical: Persons with chronic liver disease and persons who receive clotting factor concentrates.

Other: Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at wwwn.cdc.gov/travel/content/diseases.aspx).

Unvaccinated persons who anticipate close personal contact (e.g., household contact or regular babysitting) with an international adoptee from a country of high or intermediate endemicity during the first 60 days following arrival of the adoptee in the United States should consider vaccination. The first dose of the 2-dose HepA series should be administered as soon as adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix[®]), or 0 and 6–18 months (Vaqta[®]). If the combined hepatitis A and hepatitis B vaccine (Twinrix[®]) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.

10. Hepatitis B (HepB) vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection.

Behavioral: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; and men who have sex with men.

Occupational: Healthcare personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Medical: Persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease.

Other: Household contacts and sex partners of persons with chronic HBV infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at wwwn.cdc.gov/travel/content/diseases.aspx).

Hepatitis B vaccination is recommended for all adults in the following settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; healthcare settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Administer or complete a 3-dose series of HepB to those persons not previously vaccinated. The second dose should be administered one month after the first dose; the third dose should be administered at least two months after the second dose (and at least four months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix[®]) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.

Special formulation indications: Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (Recombivax HB[®]) administered on a 3-dose schedule or 2 doses of 20 µg/mL (Engerix-B[®]) administered simultaneously on a 4-dose schedule at 0, 1, 2 and 6 months.

11. Meningococcal vaccination

Meningococcal vaccine should be administered to persons with the following indications.

Medical: Adults with anatomic or functional asplenia, or persistent complement component deficiencies.

Other: First-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa during the dry season [December through June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine (MCV4) is preferred for adults with any of the preceding indications who are age 55 years or younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults age 56 years and older. Revaccination with MCV4 after 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib vaccine generally is not recommended for persons age 5 years and older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had a splenectomy. Administering one dose of Hib vaccine to these high-risk persons who have not previously received Hib vaccine is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ³		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs		Routine dosing intervals are recommended ¹¹		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV.

6. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.