

Screening/assessment	How often?	Who?	Page*	Age (years)											
				10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	≥55	
Lifestyle															
Smoking															
Smoking status	Annually and opportunistically	People aged ≥10 years	10	Age-specific											
Assess willingness to quit and level of nicotine dependence to guide intervention choice	Opportunistically	People who currently smoke	10	Condition-specific											
Overweight and obesity															
Body mass index (BMI) using age-specific and sex-specific centile charts	Annually and opportunistically	People aged <18 years (refer to Chapter 3: Child health)	12	Age-specific											
BMI and waist circumference	Annually and opportunistically	People aged ≥18 years	12	Age-specific											
Physical activity															
Assess level of physical activity and sedentary behaviour as per Australian age-appropriate recommendations	Annually and opportunistically	All people	16	Age-specific											
Alcohol															
Quantity and frequency	Annually	People aged ≥15 years	20	Age-specific											
Comprehensive alcohol assessment	Opportunistically	High-risk groups (refer to Chapter 1: Lifestyle, 'Alcohol')	20	Condition-specific											
Gambling															
Screen by asking a single-item question	Annually and opportunistically	People aged ≥12 years (refer to Chapter 1: Lifestyle, 'Gambling')	23	Age-specific											
Antenatal care (For pregnant girls aged <15 years, follow recommendations for people aged ≥15 years)															
General antenatal care and screening															
Refer to Chapter 2: Antenatal care	Refer to Chapter 2: Antenatal care	Refer to Chapter 2: Antenatal care	30	Age-specific											
Ask about psychosocial factors and screen for depression and anxiety using a validated perinatal mental health assessment tool	Early in pregnancy and at subsequent visits	All pregnant women	32	Condition-specific											
Ask about exposure to family abuse and violence (FAV) and respond immediately if a woman discloses FAV	Early in pregnancy and at subsequent visits	All pregnant women	32	Condition-specific											
Smoking cessation															
Regularly assess smoking status and remind patients to limit/avoid exposure to cigarette smoke	First visit and subsequent antenatal visits	All pregnant women	25	Condition-specific											
Genitourinary and blood-borne virus (BBV) infections															
Offer either screening for Group B streptococcus (GBS) colonisation or an assessment of risk factors for GBS transmission during labour	At 35–37 weeks' gestation	All pregnant women	26	Condition-specific											
Chlamydia testing	First antenatal visit and consider screening later in pregnancy in areas of high prevalence	Pregnant women aged <25 years and all pregnant women from communities with high prevalence of sexually transmitted infections (STIs)	26	Condition-specific											
Gonorrhoea testing	First antenatal visit and consider repeat screening later in pregnancy in areas of high prevalence	Pregnant women who have known risk factors or who live in or come from communities with a high prevalence of gonorrhoea, including those in outer regional and remote areas	26	Condition-specific											
Offer syphilis, human immunodeficiency virus (HIV) and hepatitis B virus (HBV) testing	First antenatal visit	All pregnant women	27	Condition-specific											
Offer serological testing for hepatitis C virus (HCV) antibodies	First antenatal visit	Pregnant women with risk for HCV, including intravenous drug use, tattooing and body piercing, and incarceration	27	Condition-specific											
Asymptomatic bacteriuria test	First antenatal visit	All pregnant women	26	Condition-specific											
Bacterial vaginosis test	On presentation	Pregnant women with symptoms of bacterial vaginosis	26	Condition-specific											
Trichomoniasis test	On presentation	Pregnant women with symptoms of trichomoniasis	26	Condition-specific											
Nutrition and nutritional supplementation															
Measure height and weight and calculate BMI	At first visit; at subsequent visits only if clinically indicated	All pregnant women	28	Condition-specific											
Full blood examination to assess for anaemia	First antenatal visit and at 28 and 36 weeks	All pregnant women	28	Condition-specific											
Consider serology testing for vitamin D levels	First antenatal visit	Pregnant women with risk factors for vitamin D deficiency	28	Condition-specific											
Diabetes															
Fasting plasma glucose	First antenatal visit	Pregnant women who do not have diagnosed diabetes	29	Condition-specific											
75 g two-hour oral glucose tolerance test (OGTT)	Between 24 and 28 weeks	Pregnant women who do not have diagnosed diabetes	29	Condition-specific											
75 g fasting OGTT	At six weeks postpartum	Women diagnosed with gestational diabetes who are now postpartum	29	Condition-specific											
Health of older people															
Osteoporosis															
Assess risk factors for osteoporosis	Annually	All postmenopausal women and men aged >50 years	60	Age-specific											
Dual-energy X-ray absorptiometry on at least two skeletal sites to measure bone density	Baseline, then two-yearly if needed	People at moderate and high risk (refer to Chapter 5: The health of older people)	60	Condition-specific											
Falls															
Assess for risk factors for falls	Annually On admission, then six-monthly	People aged ≥50 years at all risk levels Aged care residents	63	Age-specific											
Detailed assessment including cardiac, neurological, medication, vision/gait/balance, home environment	Opportunistically	People with a history of falls or at high risk	63	Condition-specific											
Referral for pacemaker	As needed	Falls due to carotid sinus hypersensitivity	63	Condition-specific											
Referral for cataract surgery (first eye)	As needed	Vision-threatening cataract disease	63	Condition-specific											
Dementia															
Obtain history, perform comprehensive physical examination and consider cognitive screening test (refer to Chapter 5: The health of older people)	Opportunistically	People with: memory loss, behaviour change, concerned family, history of repeated head trauma, Down syndrome, elevated cardiovascular disease (CVD) risk, depression or history of depression	65	Condition-specific											
Eye health															
Visual acuity															
Ask about vision	Every 1–2 years	All age groups	66	Age-specific											
Near and far visual acuity assessment	Annually and opportunistically	People aged >40 years and people with poor vision	66	Condition-specific											
Referral to ophthalmologist	Opportunistically	Where problems identified	66	Condition-specific											
Visual acuity and retinal assessment	Annually	People with diabetes	66	Condition-specific											
Conduct eye examination by dilated fundus examination or retinal digital imaging and counsel clients about risk of diabetic retinopathy	First trimester (refer to Chapter 6: Eye health)	Pregnant women with pre-existing diabetes	66	Condition-specific											
Trachoma															
Community screening program	National guideline recommendations	People living where trachoma is endemic (refer to Chapter 6: Eye health)	67	Condition-specific											
Trichiasis															
Eye examination	Two-yearly (age 40–54 years); annually (age ≥55 years)	Adults aged >40 years raised in trachoma endemic area	67	Condition-specific											
Refer to ophthalmologist		People with trichiasis	67	Condition-specific											
Hearing loss															
Vaccination (rubella, measles, <i>Haemophilus influenzae</i> type b, meningococcus)	National Immunisation Program Schedule (NIPS) and state/territory schedules	Children aged <15 years	68	Age-specific											
Test for rubella immunity and syphilis serology and recommend enhanced hygiene practices for cytomegalovirus prevention	Refer to Chapter 2: Antenatal care	All pregnant women	68	Condition-specific											
Ear examination	Annually and opportunistically	Children aged <15 years	68	Age-specific											
Monitor for hearing loss and maintain high suspicion of hearing loss	Annually	Children aged <5 years and older children at high risk of hearing impairment; people aged ≥15 years	69	Condition-specific											
Monitor for hearing impairment, provide advice re free hearing assessment and refer where needed	Opportunistically	All people aged ≤50 years	69	Condition-specific											
Oral and dental health															
Oral health review, including assessment of teeth, gums and oral mucosa	Annually	People aged 6–18 years; adults with poor oral health and/or risk factors for dental disease (refer to Chapter 8: Oral and dental health)	74	Age-specific											
	First antenatal visit	All pregnant women		Condition-specific											
	Every two years	Adults with good oral health		Age-specific											
Oral health review and oral hygiene advice to minimise oral bacteria levels	Six-monthly	People with history of rheumatic heart disease and cardiovascular abnormalities	74	Condition-specific											
Respiratory health															
Pneumococcal disease															
Immunisation: refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'			76	Age-specific											
Influenza															
Influenza vaccine	Annually pre-influenza season	Children aged six months to five years; people aged ≥15 years; people aged >6 months with chronic illness; healthcare providers	79	Age-specific											
	Part of routine antenatal care (refer to Chapter 2: Antenatal care)	Women who are pregnant or planning a pregnancy		Condition-specific											
Asthma															
Consider early detection strategies		All people	81	Age-specific											
Chronic obstructive pulmonary disease															
Influenza vaccine	Annually pre-influenza season	People with an established diagnosis of COPD	83	Age-specific											
23-valent pneumococcal polysaccharide vaccine (23vPPV)	Refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'	People with an established diagnosis of COPD	83	Condition-specific											
Check for symptoms of chronic obstructive pulmonary disease (COPD) as part of targeted approach	Opportunistic	People aged >35 years who currently smoke or are ex-smokers	83	Condition-specific											
Spirometry to assess for presence of airflow obstruction	Opportunistic	All people presenting with symptoms, especially shortness of breath, chronic bronchitis and recurrent acute bronchitis	83	Condition-specific											
Bronchiectasis and chronic suppurative lung disease															
Ensure timely immunisation provided	NIPS and state/territory schedules	All children and adults, including pregnant women	84	Age-specific											
Review after acute respiratory infection (ARI) episode	3–4 weeks post-episode, then two-weekly until symptoms resolve or the patient is referred	People with pneumonia and lower ARIs (refer to Chapter 9: Respiratory health, 'Bronchiectasis and chronic suppurative lung disease')	84	Condition-specific											
Consider bronchiectasis diagnosis and repeat chest X-ray; specialist referral (refer to Chapter 9: Respiratory health)	Opportunistically	People with recurrent lower ARIs	84	Condition-specific											
Clinically assess for chronic lung disease symptoms and undertake spirometry	Opportunistically	People with history of tuberculosis	84	Condition-specific											
Undertake spirometry; assess for bronchiectasis and consider referral to specialist where needed (refer to Chapter 9: Respiratory health, 'Bronchiectasis and chronic suppurative lung disease')	Opportunistically	Adults with COPD	84	Condition-specific											
Acute rheumatic fever and rheumatic heart disease															
Vaccination (routine childhood and adult vaccinations, annual influenza as per NIPS, and provide pneumococcal vaccination)	As per national guidelines	People with a history of acute rheumatic fever (ARF) or known rheumatic heart disease (RHD)	87	Age-specific											
Take a comprehensive medical history and family history for CVD	Annually and opportunistically	Individuals coming from high-risk groups or living in high-risk settings for ARF/RHD; all pregnant women	87	Condition-specific											
Maintain a high index of clinical suspicion of streptococcal pharyngitis in people presenting with a sore throat	As presented	All people in high-risk communities where Group A streptococcus (GAS) infections are common and ARF is prevalent	87	Condition-specific											
Assess for overcrowding and refer to social support services for housing assistance if indicated	Opportunistically	People living in communities where GAS infections are common and ARF is prevalent	88	Condition-specific											
Refer for echocardiography and subsequent follow-up	As per management guidelines (refer to Chapter 10: Acute rheumatic fever and rheumatic heart disease)	People with past ARF or murmurs suggestive of valve disease	87	Condition-specific											

Screening/assessment	How often?	Who?	Page*	Age (years)											
				10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	≥55	
Cardiovascular disease															
Assess smoking status, physical activity, nutrition, BMI, waist circumference	Annually and opportunistically	People aged 12-17 years	89												
Assess smoking status, physical activity, nutrition, BMI, waist circumference, blood pressure (BP), family history of premature CVD, diabetes risk and psychosocial and socioeconomic risk factors	Annually and opportunistically	People aged 18-29 years without vascular risk factors	89												
Assess above and serum lipids and screen for chronic kidney disease (CKD)	Annually and opportunistically	People aged 18-29 years with either family history of premature CVD or CKD, overweight, smoking, diabetes, elevated BP	89												
Assess for Framingham and non-Framingham risk factors and clinically high-risk conditions (refer to Chapter 11: Cardiovascular disease prevention)	Annually	People aged 30-74 years	89												
When using the Framingham risk equation, consider adding 5% to the calculated five-year risk score; use clinical judgement (refer to Chapter 11: Cardiovascular disease prevention)	Annually	People aged 30-74 years in communities where local risk factor prevalence rates and CVD incidence rates are high (eg remote areas)	90												
Advise lifestyle risk reduction as needed	Review risk every two years	People with low absolute five-year CVD risk (<10%)	90												
Advise lifestyle risk reduction as needed with intensive intervention support (refer to Chapter 1: Lifestyle)	Review according to clinical context	People with moderate or high absolute five-year CVD risk (>10%)	90												
Review individual risk factor profile (in particular, sub-optimal BP and lipids levels) and recommend commencing BP-lowering treatment and/or lipid-lowering medication unless contraindicated (refer to Chapter 11: Cardiovascular disease prevention)	Review according to clinical context	People at moderate absolute CVD risk: 10-15% five-year CVD risk	91												
Recommend commencing both a BP-lowering medication and lipid-lowering medication regardless of risk factor levels unless contraindicated (refer to Chapter 11: Cardiovascular disease prevention)	Review according to clinical context	People at high absolute CVD risk: >15% five-year CVD risk or presence of any clinically high-risk conditions	91												
Type 2 diabetes															
Fasting plasma glucose or random venous blood glucose or glycosylated haemoglobin (HbA1c)	Annually	People aged ≥ 18 years and/or adults with any high-risk conditions	94												
Consider testing according to clinical context	Opportunistically	People aged <18 years with overweight/obesity	94												
Chronic kidney disease															
Screen for CKD risk factors (smoking, obesity, hypertension, diabetes, history of acute kidney injury, family history of kidney disease)	Annually	People aged 18-29 years without CKD risk factors	96												
Screen for CKD with estimated glomerular filtration rate (eGFR) and albumin-creatinine ratio (ACR)	Two-yearly (more frequently if CKD risk factor present)	People aged 18-29 years with risk factors (refer to Chapter 13: Chronic kidney disease prevention and management); all people aged ≥30 years	96												
Sexual health and blood-borne viruses															
General advice															
Screen for STIs and BBVs	Annually and re-screen three months after positive test	All people with risk factors for STI or BBV; all sexually active people aged ≤30 years	99												
Screen for other STIs	Upon diagnosis and re-screen in three months	People diagnosed with an STI	99												
Contact tracing	Every positive screen	Sexual partners of a person with an STI	99												
Sexually transmitted infections															
Chlamydia															
Recommend nucleic acid amplification test (NAAT) (refer to Chapter 14: Sexual health and blood-borne viruses)	Annually Annually First visit First visit and third trimester Opportunistic Annually or 3-6-monthly if high risk	People aged 15-30 years if sexually active People aged ≥30 years if sexually active and at high risk All pregnant women Pregnant women at high risk of STI Women who are having a termination of pregnancy Men who have sex with men	101												
Gonorrhoea															
Recommend gonorrhoea NAAT (refer to Chapter 14: Sexual health and blood-borne viruses)	Annually Annually Annually or 3-6-monthly if high risk Annually	Sexually active people aged 15-30 years Pregnant women who are at risk Men who have sex with men All people aged ≥30 years if sexually active and at high risk	101												
Trichomonas vaginalis															
Recommend NAAT (refer to Chapter 14: Sexual health and blood-borne viruses)	Opportunistically	Sexually active people aged ≤30 years where local prevalence rates are high or in regional/remote areas	101												
Syphilis															
Recommend syphilis serology	First antenatal visit and repeat at 28 weeks if positive, in a high prevalence area, or risk factors for STIs are present	All pregnant women	101												
Recommend syphilis serology	Annually or 3-6-monthly if high risk	Men who have sex with men; others at high risk of STI	101												
Blood-borne viruses															
HBV															
Hepatitis B vaccination (refer to Chapter 14: Sexual health and blood-borne viruses)			102												
HBV post-exposure prophylaxis	Within 72 hours (or 14 days for sexual contact)	Individual exposed to person who is HBsAg positive or who is at high risk and unable to be identified and tested rapidly	102												
Offer HBV screening, including hepatitis B virus surface antigen (HBsAg) and hepatitis B surface antibody (HBsAb)	Opportunistically	Non-vaccinated or unknown vaccine status; people at high risk for BBVs; healthcare workers	103												
Human papilloma virus (HPV)															
HPV vaccination (also refer to Chapter 15: Prevention and early detection of cancer, recommendations for cervical cancer)	As per <i>The Australian immunisation handbook</i>	Young people prior to first sexual activity; women who are sexually active; females who are sexually active and not yet vaccinated	103												
Hepatitis A virus															
Hepatitis A vaccination if non-immune	Two doses at zero and six months	Men who have sex with men; injecting drug users; people with chronic HBV and HCV infection	103												
HCV															
HCV serology testing	Annually and opportunistically	People at high risk of contracting HCV	103												
HIV															
HIV serology testing	First antenatal visit 3-6-monthly	All pregnant women Men who have sex with men; others at high risk of BBVs	103												
Cancer															
Cervical															
Promote HPV vaccination for prevention of cervical cancer	As per NIPS	All people aged 9-18 years, ideally age 11-13 years, prior to onset of sexual activity Women and men aged >19 years only if individual risk and benefit assessment indicates	105												
4-valent human papilloma virus (4vHPV) vaccine (not subsidised; refer to state/territory rules re catch-up program)	As per <i>The Australian immunisation handbook</i>	Men who have sex with men, but should take into account likelihood of past exposure to HPV and risk of future exposure	105												
Cervical screening test (HPV)	From age 25 years or two years after sexual activity, whichever is later, and regardless of HPV vaccine status	Asymptomatic women aged 25-69 years who have ever been sexually active	105												
Exit cervical screening test (HPV) for those who have been regularly screened	Exit test for age 70-74 years	Asymptomatic women aged 70-74 years who have ever been sexually active	105												
Refer to Chapter 15: Prevention and early detection of cancer, cancer for asymptomatic under-screened women and women with recent abnormal Pap smears			106												
Liver															
Recommend hepatitis B vaccine as per NIPS	At birth, and at two, four and six months	All people	107												
Screen for HBV and HCV if indicated	Refer to Chapter 14: Sexual health and blood-borne viruses, 'Recommendations'	All people	107												
Abdominal ultrasound, alpha-fetoprotein screening for hepatocellular carcinoma (HCC) as part of specialist management plan	Six-monthly	People with chronic hepatitis B who are: aged >50 years, or have cirrhosis, or have a family history of HCC	107												
Specialist review and consider ongoing screening for HCC with an abdominal ultrasound +/- alpha-fetoprotein	Protocols vary, refer to guidelines	People with advanced liver disease (cirrhosis) not due to chronic hepatitis B	107												
Breast															
Ask about family history of breast cancer to ascertain individual risk, and discuss 'breast awareness'	Annually	All women	109												
Recommend mammography screening and provide information to allow an informed decision based on individual risk and preferences	Two-yearly	Women aged 50-74 years at, or slightly above, average risk	109												
Advise referral to a family cancer clinic for risk assessment, possible genetic testing and development of a management plan	Annually	Women at potentially high risk	109												
Colorectal (bowel)															
Ask about family history of colorectal cancer in order to estimate the individual risk of developing colorectal cancer	Annually	All people	112												
Screen according to risk category (1, 2 or 3); refer to Chapter 15: Prevention and early detection of cancer, 'Recommendations: Prevention and early detection of colorectal (bowel) cancer'			112												
Provide lifestyle risk factor counselling on the benefits of regular physical activity, maintaining healthy weight, alcohol intake in the low-risk range, restricting energy intake and dietary fat (refer to Chapter 1: Lifestyle), including the consumption of vegetables and sources of dietary fibre	Annually	All people	113												
Prostate															
Recommend individualised discussion with patient based on assessment of risks and benefits	If requested	Asymptomatic men at average and potentially higher risk due to family history (refer to Chapter 15: Prevention and early detection of cancer)	116												
Lung															
Provide lifestyle risk factor counselling on the benefits of avoiding smoking and exposure to smoke	Annually and opportunistically	All people	117												
Family abuse and violence															
Establish a high level of awareness of the risks of FAV and actively case find by taking a social history and asking sensitively about the potential for FAV	Opportunistic and as part of an annual health assessment	All people	118												
Assess for risk of FAV as part of a comprehensive antenatal assessment	At least once in every pregnancy	Pregnant women	118												
Mental health															
Depression															
For those with a higher risk of depression, ask about symptoms of depression	As part of annual health assessment	People in whom depression risk is greater (refer to Chapter 17: Mental health, Box 1)	120												
Suicide prevention															
Consider asking about past and current suicidal ideation and intent as part of a comprehensive medical history	Opportunistically	People with history of self-harm, mood disorders, hazardous alcohol consumption or misuse of other drugs, or who are close to someone who has recently died by suicide	122												