

Screening/assessment	How often?	Who?	Page*	Age (years)			
				10-14	15-17	18-19	20-24
<b>Lifestyle</b>							
<b>Smoking</b>							
Smoking status	Annually and opportunistically	People aged ≥10 years	10				
Assess willingness to quit and level of nicotine dependence to guide intervention choice	Opportunistically	People who currently smoke	10				
<b>Overweight and obesity</b>							
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				
BMI and waist circumference	Annually and opportunistically	People aged ≥18 years	12				
<b>Physical activity</b>							
Assess level of physical activity and sedentary behaviour as per Australian age-appropriate recommendations	Annually and opportunistically	All people	16				
<b>Alcohol</b>							
Quantity and frequency	Annually	People aged ≥15 years	20				
Comprehensive alcohol assessment	Opportunistically	High-risk groups (refer to Chapter 1: Lifestyle, 'Alcohol')	20				
<b>Gambling</b>							
Screen by asking a single-item question	Annually and opportunistically	People aged ≥12 years (refer to Chapter 1: Lifestyle, 'Gambling')	23				
<b>Antenatal care</b> (For pregnant girls aged <15 years, follow recommendations for people aged ≥15 years)							
<b>General antenatal care and screening</b>							
	<b>Refer to Chapter 2: Antenatal care</b>	<b>Refer to Chapter 2: Antenatal care</b>	<b>30</b>				
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				
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				
<b>Smoking cessation</b>							
Regularly assess smoking status and remind patients to limit/avoid exposure to cigarette smoke	First visit and subsequent antenatal visits	All pregnant women	25				
<b>Genitourinary and blood-borne virus (BBV) infections</b>							
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				
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				
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				
Offer syphilis, human immunodeficiency virus (HIV) and hepatitis B testing	First antenatal visit	All pregnant women	27				
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				
Asymptomatic bacteriuria test	First antenatal visit	All pregnant women	26				
Bacterial vaginosis test	On presentation	Pregnant women with symptoms of bacterial vaginosis	26				
Trichomoniasis test	On presentation	Pregnant women with symptoms of trichomoniasis	26				
<b>Nutrition and nutritional supplementation</b>							
Measure height and weight and calculate BMI	At first visit; at subsequent visits only if clinically indicated	All pregnant women	28				
Full blood examination to assess for anaemia	First antenatal visit and at 28 and 36 weeks	All pregnant women	28				
Consider serology testing for vitamin D levels	First antenatal visit	Pregnant women with risk factors for vitamin D deficiency	28				
<b>Diabetes</b>							
Fasting plasma glucose	First antenatal visit	Pregnant women who do not have diagnosed diabetes	29				
75 g two-hour oral glucose tolerance test (OGTT)	Between 24 and 28 weeks	Pregnant women who do not have diagnosed diabetes	29				
75 g fasting OGTT	At six weeks postpartum	Women diagnosed with gestational diabetes who are now postpartum	29				
<b>Health of young people</b>							
<b>Social emotional wellbeing</b>							
Social emotional wellbeing (SEW) assessment, using a strengths-based approach, to obtain a holistic assessment of health and determine risk factors affecting wellbeing	Annually and opportunistically	All people aged 12–24 years	46				
<b>Unplanned pregnancy</b>							
Ask if sexually active, conduct SEW assessment and identify at-risk sexual behaviours	Annually and opportunistically	All people aged 12–24 years	47				
<b>Illicit drug use</b>							
Review hepatitis B immunisation and immune status and offer vaccination where indicated	Australian standard vaccination schedule	All people aged 12–24 years	49				
Assess risk factors for illicit drug use (using Box 2, Chapter 4: The health of young people, 'Illicit drug use')	Annually	All people aged 12–24 years	50				
Administer questionnaire (eg CRAFFT screening tool, Indigenous Risk Impact Screen [IRIS] tool or Substances and Choices Scale) to ascertain drug use	Opportunistically	Young people with risk factors for drug use	49				
Test for BBVs and STIs	Opportunistically	Young people with risk factors for drug use (refer to Chapter 14: Sexual health and blood-borne viruses)	49				
<b>Eye health</b>							
<b>Visual acuity</b>							
Ask about vision	Every 1–2 years	All age groups	66				
Near and far visual acuity assessment	Annually and opportunistically	People aged >40 years and people with poor vision	66				
Referral to ophthalmologist	Opportunistically	Where problems identified	66				
Visual acuity and retinal assessment	Annually	People with diabetes	66				
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				
<b>Trachoma</b>							
Community screening program	National guideline recommendations	People living where trachoma is endemic (refer to Chapter 6: Eye health)	67				
<b>Hearing loss</b>							
Vaccination (rubella, measles, <i>Haemophilus influenzae</i> type b, meningococcus)	National Immunisation Program Schedule (NIPS) and state/territory schedules	Children aged <15 years	68				
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				
Ear examination	Annually and opportunistically	Children aged <15 years	68				
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				
Monitor for hearing impairment, provide advice re free hearing assessment and refer where needed	Opportunistically	All people aged ≤50 years	69				
<b>Oral and dental health</b>							
Oral health review, including assessment of teeth, gums and oral mucosa	Annually First antenatal visit Every two years	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) All pregnant women Adults with good oral health	74				
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				
<b>Respiratory health</b>							
<b>Pneumococcal disease</b>							
Immunisation: refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'			76				
<b>Influenza</b>							
Influenza vaccine	Annually pre-influenza season Part of routine antenatal care (refer to Chapter 2: Antenatal care)	Children aged six months to five years; people aged ≥15 years; people aged >6 months with chronic illness; healthcare providers Women who are pregnant or planning a pregnancy	79				
<b>Asthma</b>							
Consider early detection strategies		All people	81				
<b>Chronic obstructive pulmonary disease</b>							
Influenza vaccine	Annually pre-influenza season	People with an established diagnosis of chronic obstructive pulmonary disease (COPD)	83				
23-valent pneumococcal polysaccharide vaccine (23vPPV)	Refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'	People with an established diagnosis of COPD	83				
Spirometry to assess for presence of airflow obstruction	Opportunistically	All people presenting with symptoms, especially shortness of breath, chronic bronchitis and recurrent acute bronchitis	83				

Age-specific Condition-specific

\*Page number refers to print version of *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*

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				10–14	15–17	18–19	20–24
<b>Bronchiectasis and chronic suppurative lung disease</b>							
Ensure timely immunisation provided	NIPS and state/territory schedules	All children and adults, including pregnant women	84				
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				
Consider bronchiectasis diagnosis and repeat chest X-ray; specialist referral (refer to Chapter 9: Respiratory health)	Opportunistically	People with recurrent lower ARIs	84				
Clinically assess for chronic lung disease symptoms and undertake spirometry	Opportunistically	People with history of tuberculosis	84				
<b>Acute rheumatic fever and rheumatic heart disease</b>							
Vaccination (routine childhood and adult vaccinations, annual influenza vaccination as per NIPS, and pneumococcal vaccination)	As per national guidelines	People with a history of acute rheumatic fever (ARF) or known rheumatic heart disease (RHD)	87				
Take a comprehensive medical history and family history for cardiovascular disease (CVD)	Annually and opportunistically	Individuals coming from high-risk groups or living in high-risk settings for ARF/RHD; all pregnant women	87				
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				
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				
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				
<b>Cardiovascular disease</b>							
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				
<b>Type 2 diabetes</b>							
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				
<b>Chronic kidney disease</b>							
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				
<b>Sexual health and blood-borne viruses</b>							
<b>General advice</b>							
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				
<b>Sexually transmitted infections</b>							
<b>Chlamydia</b>							
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				
<b>Gonorrhoea</b>							
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				
<b>Trichomonas vaginalis</b>							
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				
<b>Syphilis</b>							
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				
<b>Blood-borne viruses</b>							
<b>HBV</b>							
Hepatitis B vaccination (refer to Chapter 14: Sexual health and blood-borne viruses)							
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	102				
<b>Human papilloma virus (HPV)</b>							
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				
<b>Hepatitis A virus</b>							
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				
<b>HCV</b>							
HCV serology testing	Annually and opportunistically	People at high risk of contracting HCV	103				
<b>HIV</b>							
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				
<b>Cancer</b>							
<b>Cervical</b>							
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				
Refer to Chapter 15: Prevention and early detection of cancer, cancer for asymptomatic under-screened women and women with recent abnormal Pap smears			105				
<b>Liver</b>							
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				
<b>Colorectal (bowel)</b>							
Ask about family history of colorectal cancer in order to estimate the individual risk of developing colorectal cancer	Annually	All people	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	112				
<b>Lung</b>							
Provide lifestyle risk factor counselling on the benefits of avoiding smoking and exposure to smoke	Annually and opportunistically	All people	117				
<b>Family abuse and violence</b>							
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	Opportunistically and as part of an annual health assessment	Victims of FAV, perpetrators of FAV	118				
Assess for risk of FAV as part of a comprehensive antenatal assessment	At least once in every pregnancy	Pregnant women	118				