

**ANNUAL GYN EXAMINATION / WELL-WOMAN EXAMINATION**

Well-woman examination involves screening studies and discussion of healthy life-styles.

Desert Women's Care and normative bodies making general screening recommendations for the population. ThinPrep cervical cytology is recommended as follows:

Under 21	avoid screening
21 – 29	every two years
30 -65	may screen every three years
65 – 70	may discontinue screening.

This is based on the most recent recommendations of the American College of Obstetricians & Gynecologists (ACOG Practice Bulletin 109, 2009). STD screening may still be done on an annual basis or by patient request. This testing will often include Gonorrhea, Chlamydia, HIV, Hepatitis B, and Syphilis.

Smoking cessation is always recommended. Specific recommendations, referral to special counseling services and prescription drug therapy are all available at Desert Women's Care.

General laboratory screening is recommended. These general tests include CBC, urinalysis, lipid panel, and TSH. Evaluation of these test results will allow patients to better assess their general health status, adequacy of their diet and assist in determining whether consultation with other health professionals is warranted.

Diagnostic and screening Mammography are different. Diagnostic studies are done at any age secondary to suspicion of a mass on examination. Patients with suspicion of a breast mass are referred for mammography, breast ultrasound and a consultation with a breast surgeon to determine appropriate follow-up. Screening Mammography applies to women without specific lesion or complaint referable to the breast. Most authorities believe in commencing routine, annual screening at age 40.

Immunization against HPV is encouraged—Gardasil from Merck is a Quadravalent vaccine for HPV subtypes 6, 11, 16 and 18. Types 16 and 18 together are responsible for 70% of invasive cases of cervical cancer. Types 6 and 11 account for 90% of cases of genital warts. Gardasil is indicated for women from 9 – 26 years of age. Total of three doses are required: initial, two months after first dose and six months after first dose. Even if a woman has tested positive for HPV does not disqualify her from Gardasil candidacy. Multi-center, multi-national studies including Future I and Future II published in NEJM in 2007 confirmed the efficacy of vaccine in preventing high grade SIL associated with viral subtypes targeted by Gardasil with 98 to 100% prevented.

As a provider of health care for women, DWC recommends patients be up to date with all general vaccinations in addition to Gardasil series. Patient's should assure they have had all immunizations in childhood and, if not, catch up. The following chart summarizes current recommendations:

**Recommended adult immunization schedule, by vaccine and age group - United States, 2011**

Vaccine	Age group (years)				
	19-26	27-49	50-59	60-64	≥65
Influenza*,*	1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap)*,Δ	Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Varicella*,◇	2 doses				
Human papillomavirus (HPV)*,§	3 doses (females)				
Zoster‡				1 dose	
Measles, mumps, rubella (MMR)*,‡	1 or 2 doses		1 dose		
Pneumococcal (polysaccharide)†,**,	1 or 2 doses				1 dose
Meningococcal†,**,	1 or more doses				
Hepatitis A*,ΔΔ	2 doses				
Hepatitis B*,◇◇	3 doses				

- For all persons in this category who meet the age requirements and who lack evidence of immunity (eg, lack documentation of vaccination or have no evidence of previous infection)
- Recommended if some other risk factor is present (eg, based on medical, occupational, lifestyle, or other indications)
- No recommendation

**Influenza:** recommended for all adults on an annual basis before “flu” season.

**TDaP / TD:** should be given in childhood. If not immunized TDP should be given immediately (unless pregnant). TD Booster (tetanus and diphtheria) should be given every ten years. Pregnant women receiving TD booster more than ten years prior, TD booster should be given in second or third trimester. If pregnant patients receiving TD within ten year window, TDAP should be given postpartum.

**Varicella:** should be given in childhood. If not given immunity is inferred from: 1.) prior varicella or zoster infection documented by physician, 2.) laboratory evidence of immunity, or, 3.) U.S. born before 1980. Pregnant women without evidence of immunity should get first dose of varicella at completion of pregnancy and the second dose 4 – 8 weeks later.

**Zoster:** single dose should be given to adults age sixty or older.

**MMR:** should be given in childhood. If not given two doses are warranted, the second 28 days after the first. For measles, two doses of MMR are administered 28 days apart if: 1.) recent exposure to measles, 2.) student in postsecondary educational institutions, 3.) work in health-care facility, or, 4.) plan to travel internationally. For mumps, two doses of MMR are administered 28 days apart if: 1.) recent exposure to measles, 2.) student in postsecondary educational institutions, 3.) work in health-care facility, or, 4.) plan to travel internationally. For rubella, women of childbearing age should have immunity established by laboratory testing. If not pregnant these women should be immunized and avoid conception for twenty eight days. If pregnant these

women must be immunized at completion of the pregnancy. A single dose of MMR should be administered at or after 50 years of age.

**Pneumococcal Vaccine (PPSV):** Usually only children with functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak are given pneumococcal vaccine. In this age range ppsv should be given to individuals with: 1.) chronic lung disease, 2.) chronic cardiovascular disease, 3.) diabetes mellitus, 4.) chronic liver disease, 5.) cirrhosis, 6.) alcoholism, 7.) new HIV diagnosis, 8.) functional or anatomic asplenia, 9.) cochlear implant, 10.) CSF leak, or, 11.) individuals aged 50 – 64 living in areas where the risk of invasive pneumococcal disease is increased. A single dose of ppsv should be administered at or after 65 years of age.

**Meningococcal Vaccine (MC4):** should be completed by 18 years of age. Unvaccinated adults with anatomic or functional asplenia or persistent complement deficiencies should receive a two-dose series. Vaccinated adults with new diagnosis of HIV should receive two doses of mc4 at 0 and 2 months.

**Hepatitis A (HAV):** is given to children who live in areas where vaccination programs target or children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired. Adults desiring immunity or individuals in the following categories should be immunized: 1.) IV drug users, 2.) chronic hepatic disease, or, 3.) receiving concentrated clotting factor transfusions.

**Hepatitis B (HBV):** should be given in childhood. HBV should be given to adults desiring immunity and individuals in the following categories: *Behavioral:* 1.) Sexually active persons with more than one sex partner during the previous 6 months), 2.) persons seeking evaluation or treatment for a sexually transmitted disease (STD), 3.) current or recent injection-drug users, and, 4.) men who have sex with men. *Occupational:* 1.) Health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids. 2.) workers in STD treatment facilities, 3.) workers in HIV testing and treatment facilities, 4.) workers in facilities providing drug-abuse treatment and prevention services, 5.) workers in health-care settings targeting services to injection-drug users or men who have sex with men, 6.) workers in correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and, 7.) workers in institutions and nonresidential day-care facilities for persons with developmental disabilities. *Medical:* 1.) Persons with end-stage renal disease or on hemodialysis, 2.) persons with HIV infection, and, 3.) persons with chronic liver disease. *Other:* 1.) Household contacts and sex partners of persons with chronic HBV infection, 2.) clients and staff members of institutions for persons with developmental disabilities, and, 3.) international travelers to countries with high or intermediate prevalence of chronic HBV infection,

## Notification

Women having screening tests at DWC will be notified of significant Abnormal Results. Current US Privacy Laws prohibit us from leaving messages on answering devices or mailing post cards. Our ability to accomplish this relates to the accuracy of the information provided when you register at DWC. DWC does not contact you with normal results. Should you wish to know results, normal or not, contact DWC at least two weeks after your study is performed.