# **Staying Healthy: Recommendations for MEN**



The Veterans Health Administration (VHA) aims to help you stay healthy. The table below lists the preventive health services (screening tests, medications, health counseling, and vaccines) that VHA recommends. Screening tests are used to look for health conditions before there are symptoms. These recommendations apply only to adult men of average risk. You are a man of average risk if you have no personal or family history or symptoms of the conditions listed below. If you are having symptoms of a condition, please talk with your provider.

Which preventive health services are recommended for average risk men in my age group?

Green: Recommended Yellow: Recommended for some men – talk with your provider Red: Not recommended (NR)

## **SCREENING TESTS FOR AVERAGE RISK VETERANS**

| HEALTH CONDITIONS               | 18–29 years   | 30–39 years              | 40–49 years     | 50–59 years  | 60-69            | years      | 70-79                      | –79 years and old                     |                          | and older |
|---------------------------------|---|--------------------------|-----------------|--|------------------|------------|----------------------------|---------------------------------------|--------------------------|-----------|
| Abdominal Aortic Aneurysm (AAA) | Not recommended (age 18–64)  Talk with your provider (age 65–75)  Not recommended (age 76 and                   |                          |                 |  |                  |            |                            |                                       |                          |           |
| Colon Cancer                    | Not reco  |                          |                 |  |                  |            | Talk with your<br>(age 76– | •                                     | NR (age 86<br>and older) |           |
| Depression                      | Recommended every year  |                          |                 |  |                  |            |                            |                                       |                          |           |
| Hepatitis B Infection           | Recommended for some men — talk with your provider (age 18 and older)   |                          |                 |  |                  |            |                            |                                       |                          |           |
| Hepatitis C Infection           | Recommended in adults aged 18-79 years  |                          |                 |  |                  |            |                            |                                       |                          |           |
| High Blood Pressure             | Recommended every year (age 18 and older)   |                          |                 |  |                  |            |                            |                                       |                          |           |
| HIV Infection                   | Recommended once (age 18 and older); annually in Veterans with ongoing risk factors                             |                          |                 |  |                  |            |                            |                                       |                          |           |
| Lung Cancer                     | N   | ot recommended (age 18–4 | <del>1</del> 9) | Recommended for some men — talk with your provider (age 50—80) |                  |            |                            | Not recommended<br>(age 81 and older) |                          |           |
| Prostate Cancer                 |   | Not recommended (ag      | ie 18–54)       | Talk with  | your provider (a | age 55-69) | Not                        | recommended (a                        | age 70 and               | older)    |
| Sexually Transmitted Infections | Talk with your provider about testing for syphilis and other sexually transmitted infections (age 18 and older) |                          |                 |  |                  |            |                            |                                       |                          |           |

#### **MEDICATIONS**

| HEALTH CONDITIONS                         | 18–29 years                                | 30–39 years  | 40–49 years        | 50–59 years       | 60–69 years                        | 70–79 years | 80 years and older |  |
|---|--|--|--------------------|-------------------|------------------------------------|-------------|--------------------|--|
| Aspirin to Prevent Cardiovascular Disease | Not recommend                              | led (age 18–39)  | Talk with your pro | vider (age 40–59) | Not recommended (age 60 and older) |             |                    |  |
| PrEP to Prevent HIV Infection             | Talk with your provider (age 19 and older) |  |                    |                   |                                    |             |                    |  |
| Statin to Prevent Cardiovascular Disease  | Not recommend                              | Not recommended (age 19–40)  Recommended for some men – talk with your provider (age 40 and older) |                    |                   |                                    |             |                    |  |

### **HEALTH COUNSELING**

| HEALTH CONDITIONS                  | 18–29 years   | 30–39 years   | 40–49 years | 50–59 years | 60–69 years | 70–79 years | 80 years and older |  |  |  |
|------------------------------------|---|---|-------------|-------------|-------------|-------------|--------------------|--|--|--|
| Tobacco Use                        |   | Recommended every visit (if using tobacco) (age 18 and older) |             |             |             |             |                    |  |  |  |
| Alcohol Use                        | Talk with your provider about healthy alcohol use (age 18 and older)                  |   |             |             |             |             |                    |  |  |  |
| Healthy Diet and Physical Activity | Talk with your provider about a healthy diet and physical activity (age 18 and older) |   |             |             |             |             |                    |  |  |  |
| Overweight & Obesity               | Recommended every year (age 18 and older)   |   |             |             |             |             |                    |  |  |  |

| VACCINES   |  |   |                                |                                    |  |                         |   |  |  |  |  |
|--|--|---|--------------------------------|------------------------------------|--|-------------------------|---|--|--|--|--|
| HEALTH CONDITIONS  | 19–29 years  | 30–39 years   | 40–49 years                    | 50–59 years                        | 60–69 years  | 70–79 years             | 80 years and older  |  |  |  |  |
| COVID-19   |  | Recommended for all me  | n – talk with your provider to | make sure you stay up-to-          | date ( <u>https://www.va.gov/</u> ł  | nealth-care/covid-19-va | ccine/)   |  |  |  |  |
| Hepatitis A  | Recommended for some men — talk with your provider (age 19 and older)  |   |                                |                                    |  |                         |   |  |  |  |  |
| Hepatitis B  | Recommended for all men who have not already had Hepatitis B vaccine (age 19-59)  Recommended for some men - talk with your provider (age 60 and older)  |   |                                |                                    |  |                         |   |  |  |  |  |
| <b>Herpes Zoster (Shingles)</b> RZV vaccine                                      | Recommended for  | Recommended for some men — talk with your provider (age 19 and older)  Recommended 2 doses (age 50 and older), with second dose 2—6 months after first dose |                                |                                    |  |                         |   |  |  |  |  |
| <b>Human Papilloma Virus (HPV)</b> HPV9 vaccine                                  | 2–3 doses (age<br>19–26) if series not<br>completed  | Talk with your provider (a  | ge 27–45)                      | Not recommended (age 46 and older) |  |                         |   |  |  |  |  |
| Influenza (Flu) Injectable, Inhaled  | Recommended every year (age 19 and older)  |   |                                |                                    |  |                         |   |  |  |  |  |
| Measles, Mumps, and<br>Rubella (MMR)   | Recommended for some men — talk with your provider (age 19 and older)  |   |                                |                                    |  |                         |   |  |  |  |  |
| Meningococcal Disease  | Recommended for some men — talk with your provider (age 19 and older)  |   |                                |                                    |  |                         |   |  |  |  |  |
| Pneumococcal Disease PCV21 vaccine, PCV20 vaccine, PCV15 vaccine, PPSV23 vaccine | Recommended for some men — talk with your provider (age 19–49)  Recommended — talk with your provider to make sure you are up-to-date (50 and older)   |   |                                |                                    |  |                         |   |  |  |  |  |
| Respiratory Syncytial Virus (RSV) RSV vaccine                                    | Not recommended (age 18–59)  |   |                                |                                    | "One time" (single lifet<br>recommended for some<br>with your provider (ag | men – talk              | ne time" (single lifetime) dose<br>nended for men age 75 and olde |  |  |  |  |
| Tdap (Tetanus, Diphtheria<br>& Pertussis)  | Recommend at least 1 dose (age 19 and older) Booster every 10 years (age 19 and older)(Either Tdap or Td may be used) (Or for wound management if > 5 years have passed since last tetanus toxoid-containing booster vaccine). |   |                                |                                    |  |                         |   |  |  |  |  |
| Td (Tetanus and diphtheria)  | Recommended. Booster every 10 years (age 19 and older) (Either Tdap or Td may be used) (Or for wound management if $>$ 5 years have passed since last tetanus toxoid-containing booster vaccine).                              |   |                                |                                    |  |                         |   |  |  |  |  |
| Varicella (Chickenpox)   |  | ded for some men - talk with y<br>(2 doses if born 1980 or later)   |                                |                                    |  |                         |   |  |  |  |  |

To view a copy on your mobile device, scan the QR code or visit:

https://www.prevention.va.gov/Healthy\_Living/Get\_Recommended\_Screening\_Tests\_and\_Immunizations\_for\_Men.asp

provider (2 doses if born 1980 or later)



