



SUMMARY

- Recommended exams or tests are for **screening purposes only**.
- The purpose of screening is to identify asymptomatic individuals who have diseases that can be treated early and thereby prevent transmission or deterioration in the individual's health.
- Preventive exams are available to inmates with adequate time in custody to arrange appropriate or necessary follow up.

ALERT

When screening tests indicate the presence of disease, additional diagnostic tests may be required following disease specific criteria.

PREVENTIVE EXAMS / TESTS

Test/Exam	Age of Inmate			
	AGE	19-29 years old	30-49 years old	50-64 year old
HEALTH SCREENING EXAMS	An initial health screen is performed by nursing on all inmates during intake. After intake, individualized preventive health screening is available to sentenced and un-sentenced inmates every 12 months upon request. Screening may include the following age-appropriate tests/exams.			
COGNITIVE IMPAIRMENT				Screening with MiniCog (http://mini-cog.com) is available to inmates beginning at age 50
BREAST CANCER SCREENING	Monthly Self-Breast Exam (SBE). SBE instruction and clinical exam along with well woman exam (i.e. Pap, pelvic, breast exam) every 3 years.	Monthly Self-Breast Exam. Baseline mammogram at age 40 for high-risk (parent, sibling, or child with breast cancer). Repeat every 2 years.	Annual clinical breast exam / monthly SBE. Mammogram every 2 years.	
CERVICAL CANCER SCREENING	Pap smear every 3 years beginning age 21; more frequently if clinically indicated (i.e. ASCUS, history of dysplasia, etc). HPV testing NOT recommended < than 30 years.	Pap smear every 3 years plus hrHPV-high risk human papillomavirus-testing screening every 5 years. No need to screen after hysterectomy if cervix removed and no history of gynecologic cancer.		Pap smear every 3 years (hrHPV testing every 5 yrs). No screening if: 1) No history of HPV or cervical cancer with normal pap smears 2) Greater than 20 years since treatment for cervical cancer 3) Hysterectomy with cervix removed and no history of gynecologic cancer
COLORECTAL CANCER SCREENING	Not routinely performed.	FOBT x 3 annually starting age 40 if (+) family history.	Annual fecal occult blood testing (FOBT) X 3 beginning age 45 . <i>Three FOBTs annually necessary to achieve adequate sensitivity for screening.</i> Colonoscopy for (+) FOBT or high-risk individuals (history of colorectal cancer or adenomatous polyps, fam Hx, etc.) at intervals recommended by the American Cancer Society.	
BLOOD PRESSURE / HYPERTENSION SCREENING	All inmates are screened on the booking health screen. Screen annually if BP = 120-129 / 80-89 or every two years if BP <120/80. Screen monthly and schedule HTN evaluation if BP > 140/90 (> 150/90 age ≥ 60 years).			



AGE	19-29 years old	30-49 years old	50-64 year old	>65 years old
TESTICULAR AND PROSTATE CANCER	No screening recommended.		PSA upon request beginning at age 55 after discussion of risks/benefits of screening if life expectancy > 10 years AND inmate anticipated to be in AKDOC custody > 12 months.	
SKIN CANCER	Insufficient evidence exists to support universal screening. Periodic whole body skin exams may be provided to individuals with risk factors (fair skin, history of blistering sun-burns, personal history of melanoma, squamous cell carcinoma, basal cell carcinoma, or family history of skin cancer).			
LUNG CANCER			Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screen for lung cancer with low-dose computed tomography (LDCT) every year. Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.	
DIABETES MELLITUS TYPE 2	Normal Risk	Screening with a fasting glucose and HA1c is available every 3 yrs beginning at age 35 for all asymptomatic adults.		
	Elevated Risk	Annual screening is available for adults with overweight/obesity (BMI ≥ 25 kg/m ² or ≥ 23 kg/m ² in Asian American individuals) who have one or more of the following risk factors: First-degree relative with diabetes; High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander); History of CVD; Hypertension (≥130/80 mmHg or on therapy for hypertension); HDL cholesterol level < 35 mg/dL or Triglycerides ≥ 250 mg/dL; Individuals with polycystic ovary syndrome; Physical inactivity; Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)		
CHOLESTEROL AND LIPID SCREENING	Lipid panel every 5 years if risk factors for cardiovascular disease: DM, BMI > 30, HTN, or family Hx of MI/stroke in a patient < age 50	Fasting lipid profile every 5 years if in AKDOC custody > 12 months starting at age 35 for men and age 45 for women. Annually if risk factors, diabetes, or coronary artery disease exists.	Fasting lipid profile every 5 years if in AKDOC custody > 12 months; annually if risk factors exist or if inmate is treated for diabetes mellitus, coronary artery disease, end-stage renal disease, or cerebral-vascular disease.	
INFECTIOUS DISEASE				
HEPATITIS A SCREENING	Routine screening not recommended. HAV antibody screen is included in the state hepatitis screen.			
HEPATITIS B SCREENING	Routine screening during pregnancy. One time screening for any inmate with history of IV drug use, elevated AST or ALT, HIV (+). One time screening for Alaska Native inmates with unknown HBV status. One time screening for inmates prescribed cytotoxic (chemotherapy) or immunosuppression (steroids or anti-rheumatoid) agents.			
HEPATITIS C SCREENING	Opt-out test offered at booking. Additional screening is available upon request if: history of IV drug use; tattoo or body piercing; elevated ALT; HIV (+); blood transfusion prior to 1992 (or clotting factor transfusion before 1987), born 1945-1965; or prior to starting Isoniazid treatment.			One time screening for any person born after 1945.
HIV SCREENING	Opt-out test offered at booking. Routine screening during pregnancy. When requested by inmate: one time screening in otherwise asymptomatic male and female inmates; repeat screening every 5 years; repeat screening after 6 months if risk factors exist (history of STD exposure or infection).			



AGE	19-29 years old	30-49 years old	50-64 year old	>65 years old
CHLAMYDIA / GONORRHEA SCREENING	Opt-out test offered at booking. Routine screening during pregnancy. Annual screening in otherwise asymptomatic sexually active male and female inmates with risk factors (history of STD exposure or infection).			
SYPHILIS SCREENING	Opt-out test offered at booking. Routine screening during pregnancy. Annual screening in otherwise asymptomatic male and female inmates with risk factors (history of STD exposure or infection).			
TUBERCULOSIS SCREENING	Tuberculin Skin Test (TST) should be placed within 24 hours of intake; then annually. Perform screening chest X-Ray for inmates with: <ul style="list-style-type: none"> <input type="checkbox"/> Newly positive TST <input type="checkbox"/> Positive TB symptom screen <input type="checkbox"/> Known positive TST without history of treatment <input type="checkbox"/> Known positive TST without baseline CXR <input type="checkbox"/> Patient with HIV and (+ or -) TB symptom screen 			

SERVICES

CLINICAL VISION EXAM / GLASSES	<p>Eye Health Exams Eye health examinations (to screen for reversible eye disease) may be repeated every 2 years. Eye health examinations may be ordered more frequently for specific eye-threatening diseases.</p> <p>Corrective Lenses A visual acuity screen to determine eligibility for corrective lenses may be performed every 2 years. Note: screen visual acuity WITH corrective lenses.</p> <ul style="list-style-type: none"> • Inmates with visual acuity worse than 20/100 using both eyes will be provided eyeglasses regardless of their legal status as long as the sentence duration is adequate to acquire the lenses. • Sentenced inmates with visual acuity worse than 20/40 in both eyes are allowed a clinical eye exam and glasses at DOC's expense every 2 years. • Un-sentenced inmates with visual acuity of 20/100 or better using both eyes will not be given eyeglasses by the DOC until they are sentenced. <p>Reading Glasses Reading glasses may be given to pretrial inmates in order to read legal paperwork. Reading glasses for sentenced inmates must be purchased through commissary.</p>	
DENTAL SCREENING	As resources allow, dental oral screening and examination are offered within 90 days of admission to a sentenced institution. Based on the examination, a treatment plan will be established by the dentist.	
HEARING SCREENING	Health care staff shall assess a prisoner's hearing ability during the prisoner's remand health screening and refer for an assessment by a health practitioner if deficits are noted.	
OBESITY SCREENING	All inmates will be offered a weight check annually. Inmates with a BMI > 25 (overweight) or BMI > 30 (Obese) will be counseled during sick call visits and provided with patient education materials regarding weight management.	
OSTEOPOROSIS SCREENING	No routine screening recommended	One time DEXA scan for women > 65 if remaining sentence > 12 months.

VACCINES

CDC Adult Immunization Schedule	All age-specific state-supplied vaccines are offered to inmates according to the current Adult Immunization Schedule available online at: Recommended Adult Immunization Schedule for ages 19 years or older (cdc.gov) https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
--	---

Sources:

1. Preventive Health Care. Federal Bureau of Prisons. Clinical Practice Guidelines. July 2022. [Preventive Health Care Screening \(bop.gov\)](https://www.bop.gov/preventive_health_care_screening)
2. Alaska Department of Corrections Policies and Procedures: <http://www.correct.state.ak.us/commissioner/policies-procedures>
3. U.S. Preventive Services Task Force. [Home page | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org/). Accessed 02/14/2024.
4. Standards of Care in Diabetes-2023 Abridged for Primary Care Providers. American Diabetes Association. Clin Diabetes 2023;41(1):4-31