National Guide lifecycle chart | Young people





Screening/assessment	How often?	Who?	Page*	10–14 1	5–17 18–19	9 20-
Lifestyle						
Smoking Smoking status	Annually and opportunistically	People aged ≥10 years	10			
Assess willingness to quit and level of nicotine dependence to guide	Opportunistically	People who currently smoke	10			
ntervention choice			10			
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			
BMI and waist circumference	Annually and opportunistically	People aged ≥18 years	12			
Physical activity						
Assess level of physical activity and sedentary behaviour as per Australian age-appropriate recommendations	Annually and opportunistically	All people	16			
Alcohol						
Quantity and frequency	Annually	People aged ≥15 years	20			
Comprehensive alcohol assessment	Opportunistically	High-risk groups (refer to Chapter 1: Lifestyle, 'Alcohol')	20			
Gambling						
Screen by asking a single-item question	Annually and opportunistically	People aged ≥12 years (refer to Chapter 1: Lifestyle, 'Gambling')	23			
Antenatal care (For pregnant girls aged <15 years, follow recommendations for people General antenatal care and screening	e aged ≥15 years) Refer to Chapter 2: Antenatal care	Refer to Chapter 2: Antenatal care	30			
ask about psychosocial factors and screen for depression and anxiety using a	Early in pregnancy and at subsequent visits	All pregnant women				
ralidated perinatal mental health assessment tool			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			
Smoking cessation						
Regularly assess smoking status and remind patients to limit/avoid exposure to	First visit and subsequent antenatal visits	All pregnant women	25			
igarette smoke Genitourinary and blood-borne virus (BBV) infections						
Offer either screening for Group B streptococcus (GBS) colonisation or an	At 35–37 weeks' gestation	All pregnant women	00			
ssessment of risk factors for GBS transmission during labour			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	Pregnant women who have known risk factors or who live in or come from				
	high prevalence	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	body piercing, and incarceration All pregnant women	26			
Pacterial vaginosis test	On presentation	Pregnant women with symptoms of bacterial vaginosis	26			
richomoniasis test	On presentation	Pregnant women with symptoms of trachomoniasis	26			
lutrition and nutritional supplementation						
Measure height and weight and calculate BMI	At first visit; at subsequent visits only if clinically indicated	All pregnant women	28			
ull 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 Diabetes	First antenatal visit	Pregnant women with risk factors for vitamin D deficiency	28			
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			
Health of young people						
Social emotional wellbeing	Appually and apparturiationly	All people aged 10, 24 years				
Social emotional wellbeing (SEW) assessment, using a strengths-based approach, o obtain a holistic assessment of health and determine risk factors affecting	Annually and opportunistically	All people aged 12–24 years	46			
vellbeing Unplanned pregnancy						_
Ask if sexually active, conduct SEW assessment and identify at-risk sexual	Annually and opportunistically	All people aged 12–24 years				
pehaviours			47			
Review hepatitis B immunisation and immune status and offer vaccination where	Australian standard vaccination schedule	All people aged 12–24 years	49			
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National Guide lifecycle chart | Young people





Screening/assessment	How often?	Who?	Page*	10–14	15–17	18–19	20-2
Bronchiectasis and chronic suppurative lung disease 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	People with pneumonia and lower ARIs (refer to Chapter 9: Respiratory health,	84				
	is referred	'Bronchiectasis and chronic suppurative lung disease')	04				
onsider bronchiectasis diagnosis and repeat chest X-ray; specialist referral efer to Chapter 9: Respiratory health)	Opportunistically	People with recurrent lower ARIs	84				
linically assess for chronic lung disease symptoms and undertake spirometry	Opportunistically	People with history of tuberculosis	84				
cute rheumatic fever and rheumatic heart disease							
accination (routine childhood and adult vaccinations, annual influenza vaccinations 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				
ake a comprehensive medical history and family history for cardiovascular	Annually and opportunistically	Individuals coming from high-risk groups or living in high-risk settings for ARF/	87				
isease (CVD) **Aaintain a high index of clinical suspicion of streptococcal pharyngitis in people	As presented	RHD; all pregnant women All people in high-risk communities where Group A streptococcus (GAS) infections					
resenting with a sore throat	As presented	are common and ARF is prevalent	87				
ssess for overcrowding and refer to social support services for housing ssistance if indicated	Opportunistically	People living in communities where GAS infections are common and ARF is prevalent	88				
lefer for echocardiography and subsequent follow-up	As per management guidelines (refer to Chapter 10: Acute rheumatic fever and	People with past ARF or murmurs suggestive of valve disease	87				
	rheumatic heart disease)		67				
ardiovascular disease ssess smoking status, physical activity, nutrition, BMI, waist circumference	Annually and opportunistically	People aged 12–17 years	89				
ssess smoking status, physical activity, nutrition, BMI, waist circumference,	Annually and opportunistically	People aged 18–29 years without vascular risk factors	09				
lood pressure (BP), family history of premature CVD, diabetes risk and sychosocial and socioeconomic risk factors			89				
ssess 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,	89				
		overweight, smoking, diabetes, elevated BP	89				
ype 2 diabetes	Approach	Deeple and >10 years and/or adults with any high view and iting					
asting plasma glucose or random venous blood glucose or glycosylated aemoglobin (HbA1c)	Annually	People aged ≥18 years and/or adults with any high-risk conditions	94				
onsider testing according to clinical context	Opportunistically	People aged <18 years with overweight/obesity	94				
hronic kidney disease							
creen for CKD risk factors (smoking, obesity, hypertension, diabetes, history of cute kidney injury, family history of kidney disease)	Annually	People aged 18–29 years without CKD risk factors	96				
creen for CKD with estimated glomerular filtration rate (eGFR) and	Two-yearly (more frequently if CKD risk factor present)	People aged 18–29 years with risk factors (refer to Chapter 13: Chronic kidney	96				
bumin-creatinine ratio (ACR) exual health and blood-borne viruses		disease prevention and management); all people aged ≥30 years					
exual nealth and blood-borne viruses seneral advice							
creen 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				
creen 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				
exually transmitted infections							
hlamydia ecommend nucleic acid amplification test (NAAT) (refer to Chapter 14: Sexual	Annually	People aged 15–30 years if sexually active					
ealth and blood-borne viruses)	Annually	People aged ≥30 years if sexually active and at high risk					
	First visit	All pregnant women	101				
	First visit and third trimester Opportunistic	Pregnant women at high risk of STI Women who are having a termination of pregnancy					
	Annually or 3–6-monthly if high risk	Men who have sex with men					
Sonorrhoea							
ecommend gonorrhoea NAAT (refer to Chapter 14: Sexual health and blood- orne viruses)	Annually	Sexually active people aged 15–30 years					
	Annually Annually or 3–6-monthly if high risk	Pregnant women who are at risk Men who have sex with men	101				
	Annually	All people aged ≥30 years if sexually active and at high risk					
richomonas 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,	All pregnant women	101				
	or risk factors for STIs are present	All pregnant women Men who have sex with men; others at high risk of STI	101				
decommend syphilis serology							
Recommend syphilis serology Blood-borne viruses HBV	or risk factors for STIs are present						
Recommend syphilis serology Blood-borne viruses HBV Hepatitis B vaccination (refer to Chapter 14: Sexual health and blood-borne	or risk factors for STIs are present						
Recommend syphilis serology Blood-borne viruses	or risk factors for STIs are present		101				
Recommend syphilis serology Blood-borne viruses HBV Repatitis B vaccination (refer to Chapter 14: Sexual health and blood-borne iruses) HBV post-exposure prophylaxis	or risk factors for STIs are present Annually or 3–6-monthly if high risk Within 72 hours (or 14 days for sexual contact)	Men who have sex with men; others at high risk of STI Individual exposed to person who is HBsAg, positive or who is at high risk and unable to be identified and tested rapidly					
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