

**Clinical Summary: Vision Screening in Children Aged 6 Months to 5 Years**

<b>Population</b>	<b>Children aged 3 to 5 y</b>	<b>Children younger than 3 y</b>
<b>Recommendation</b>	<b>Screen at least once to detect amblyopia or its risk factors. Grade: B</b>	<b>No recommendation. Grade: I (insufficient evidence)</b>

<b>Risk Assessment</b>	All children aged 3 to 5 years are at risk of vision abnormalities and should be screened; specific risk factors include strabismus, refractive errors, and media opacity. Additional risk factors associated with amblyopia, strabismus, or refractive errors include family history in a first-degree relative, prematurity, low birth weight, maternal substance abuse, maternal smoking during pregnancy, and low levels of parental education.	
<b>Screening Tests</b>	Various screening tests are used in primary care to identify vision abnormalities in children, including: the red reflex test, the cover-uncover test, the corneal light reflex test, visual acuity tests (such as Snellen, Lea Symbols, and HOTV charts), autorefractors and photoscreeners, and stereoacuity tests.	
<b>Treatments</b>	Primary treatment includes correction of any underlying refractive error with the use of corrective lenses, occlusion therapy for amblyopia (eye patching, atropine eye drops, or Bangert occlusion foils), or a combination of treatments.	
<b>Balance of Benefits and Harms</b>	The USPSTF concludes with moderate certainty that vision screening to detect amblyopia or its risk factors in children aged 3 to 5 y has a moderate net benefit.	The USPSTF concludes that the benefits of vision screening to detect amblyopia or its risk factors in children younger than 3 y are uncertain, and that the balance of benefits and harms cannot be determined.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.