U.S. Preventive Services TASK FORCE

USPSTF Bulletin

An independent, volunteer panel of national experts in prevention and evidence-based medicine

U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Child Vision Screening

Task Force found that clinicians should conduct vision screening in children ages 3 to 5 years and found insufficient evidence to recommend for or against screening in younger children

WASHINGTON, D.C. – February 28, 2017 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review for public comment on vision screening in children ages 6 months to 5 years. Based on its review of the evidence, the Task Force recommends vision screening at least once in children ages 3 to 5 years to detect the presence of amblyopia or its risk factors. This is a **B recommendation**. The Task Force found that the current evidence is insufficient to assess the balance of benefits and harms of vision screening for children less than 3 years of age. This is an **I statement (insufficient evidence)** and not a recommendation for or against screening.

Amblyopia (or "lazy eye"), a condition where the vision in one eye is reduced because the eye and the brain are not working together properly, is one of the most common causes of visual impairment in children. One to six percent of preschool-aged children have amblyopia or its risk factors, including strabismus (crossed eyes) and anisometropia (unequal focus between the eyes). If untreated during childhood, amblyopia can lead to permanent vision loss or impairment in the affected eye.

Grades in this recommendation:

B: Recommended.

I: The balance of benefits and harms cannot be determined.

Learn more here

"Identification of vision abnormalities in preschool-aged children allows the abnormality to be corrected while the brain is still developing, which can prevent permanent vision loss," says Task Force member Alex R. Kemper, M.D., M.P.H., M.S.

Vision screening tools are accurate in detecting visual abnormalities, including amblyopia, strabismus, and refractive errors (eye shape abnormalities). Children who receive a positive result on a screening test should be referred for a full eye examination to confirm the presence of vision abnormalities and receive treatment. The effectiveness of treatment decreases as children grow older. Amblyopia typically becomes irreversible if the child is not treated by 6 to 10 years of age.

"For children less than 3 years of age, we found that there is not enough evidence to know whether or not to screen," says Task Force vice chair David C. Grossman, M.D., M.P.H. "The Task Force is calling for more research to better understand the balance of benefits and harms of screening in this age group."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 28 through March 27 at www.uspreventiveservicestaskforce.org/tfcomment.htm. A fact sheet that explains the recommendation statement in plain language is also available. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Kemper is a board-certified pediatrician and professor of pediatrics at Duke University Medical School. He serves as the associate division chief for research in the Division of Children's Primary Care at Duke University. Dr. Kemper is also the deputy editor of *Pediatrics*.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is a senior investigator at the Group Health Research Institute in Seattle, where he is also medical director for population health. He is also professor of health services and adjunct professor of pediatrics at the University of Washington.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572 -2044