

VISION SCREENING IN CHILDREN AGES 1 TO 5 YEARS: CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Children ages 3 to 5 years	Children younger than 3 years of age
Recommendation	Provide vision screening	No recommendation
	Grade: B	Grade: I (Insufficient Evidence)

Screening tests	Various screening tests are used in primary care to identify visual impairment in children, including: Visual acuity test Stereoacuity test Cover-uncover test Hirschberg light reflex test Autorefraction Photoscreening	
Timing of screening	No evidence was found regarding appropriate screening intervals.	
Interventions	Primary treatment for amblyopia includes the use of corrective lenses, patching, or atropine therapy of the non-affected eye. Treatment may also consist of a combination of interventions.	
Balance of harms and benefits	There is adequate evidence that early treatment of amblyopia in children ages 3 to 5 years leads to improved visual outcomes. There is limited evidence on harms of screening, including psychosocial effects, in children ages 3 years and older. There is inadequate evidence that early treatment of amblyopia in children younger than 3 years of age leads to improved visual outcomes.	
Suggestions for Practice Regarding the I Statement	In deciding whether to refer children younger than 3 years of age for screening, clinicians should consider: • Potential preventable burden: screening later in the preschool years seems to be as effective as screening earlier • Costs: initial high costs associated with autorefractors and photoscreeners • Current practice: typical vision screening includes assessment of visual acuity, strabismus, and stereoacuity; children with positive findings should be referred for a comprehensive ophthalmologist exam	

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents please go to www.uspreventiveservicestaskforce.org.