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

<table>
<thead>
<tr>
<th>Population</th>
<th>Children ages 3 to 5 years</th>
<th>Children younger than 3 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Provide vision screening</td>
<td>No recommendation</td>
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<tr>
<td></td>
<td>Grade: B</td>
<td>Grade: I (Insufficient Evidence)</td>
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</tbody>
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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.