



U.S. Preventive Services Task Force Recommends Vision Screening in Children Ages 3 to 5

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. – September 5, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on vision screening in children ages six months to five years old. Based on its review of the evidence, the Task Force recommends vision screening at least once in all children three to five years old to detect the presence of amblyopia or its risk factors. **This is a B recommendation.** The Task Force found that there is not enough evidence to determine if vision screening for children under three years old is beneficial. This is an **I statement (insufficient evidence)** and not a recommendation for or against screening.

Amblyopia, sometimes called “lazy eye,” is a condition where the vision in one eye is poor because the eye and the brain are not working well together, even though the eye appears to be working normally. It 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, such as crossed eyes and unequal focus between the eyes. If untreated during childhood, amblyopia can lead to permanent vision loss or impairment in the affected eye.

“Screening for vision problems in children three to five years old can catch issues early and allow for them to be corrected. Often this 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 vision problems, including amblyopia, crossed eyes, and refractive errors (eye shape abnormalities). Children who receive a positive result on a screening test should be referred for a full eye examination and treatment. Treatment becomes less effective as children grow older.

“Though screening early is important, we found that there is not enough evidence to determine if screening children younger than age three is beneficial,” says Task Force 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 recommendation has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation was available for public comment from February 28, 2017 to March 27, 2017.

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

Grades in this recommendation:

B: Recommended.

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

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recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Kemper is a board-certified pediatrician and Chief of the Division of Ambulatory Pediatrics at Nationwide Children's Hospital. He 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 senior investigator at the Kaiser Permanente Washington Health Research Institute, a pediatrician at Kaiser Permanente Washington, and a senior medical director for the Washington Permanente Medical Group. Dr. Grossman is also a professor of health services and adjunct professor of pediatrics at the University of Washington.

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