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**COVER NOTE**

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| From:            | Secretary-General of the European Commission, signed by Ms Martine DEPREZ, Director                                                 |
| date of receipt: | 28 September 2026                                                                                                                   |
| To:              | Ms Thérèse BLANCHET, Secretary-General of the Council of the European Union                                                         |
| No. Cion doc.:   | COM(2026) 481 annex                                                                                                                 |
| Subject:         | ANNEX to the Proposal for a COUNCIL RECOMMENDATION on cardiovascular health checks: an EU approach to early detection and screening |

Delegations will find attached document COM(2026) 481 annex.

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ANNEX

**ANNEX**  
**to the**  
**Proposal for a**  
**COUNCIL RECOMMENDATION**  
**on cardiovascular health checks: an EU approach to early detection and screening**

## **ANNEX**

### **Recommended components of cardiovascular health checks**

Member States are invited to design and implement cardiovascular health checks that include the systematic application of tests and assessments within a defined target population for the early detection of cardiovascular risk factors.

The WHO recommends, in its assessment of the available evidence<sup>1</sup>, targeting those individuals in primary care who may be at a higher risk for cardiovascular diseases, because of their age or the presence of a risk factor. The WHO HEARTS technical package<sup>2</sup> that includes risk prediction charts, takes a similar approach by using risk factors as entry points in primary health care settings for cardiovascular risk assessment.

The Joint Action JACARDI<sup>3</sup> provides practical recommendations for the design and implementation of a cardiovascular health check, including an overview of approaches to identify the target population to be invited for a health check, choice of cardiovascular risk assessment tool and frequency of follow-up of a health check<sup>4</sup>.

The definition of the target population to be invited for a cardiovascular health check, including the age group and risk profiles, should depend on the national or regional context, including cardiovascular disease epidemiology, health inequalities and gender differences.

Health data collected through existing data sources, such as the European Health Interview Survey (EHIS)<sup>5</sup>, health examination surveys and other relevant sources, can guide the selection of the target population in which a cardiovascular health check can provide a significant impact. Cardiovascular risk assessment tools, such as the WHO cardiovascular risk prediction charts<sup>6</sup>, SCORE2<sup>7</sup> and other nationally validated tools may be used during a cardiovascular health check, to estimate the probability of an individual suffering a cardiovascular event over a period of time. The choice of a cardiovascular risk assessment tool should be carefully considered based on the specificities of available tools and the country or region's characteristics. It should also depend on the target group identified.

The frequency of follow-up for a cardiovascular health check should be based on individual cardiovascular risk and should be decided based on the local and national context and follow

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<sup>1</sup> Jørgensen, T., Rotar, O., Juhl, C. B. and Linneberg, A., *What is the effectiveness of systematic population-level screening programmes for reducing the burden of cardiovascular diseases?* 2nd edition, WHO Health Evidence Network Synthesis Report No. 78, WHO Regional Office for Europe, Copenhagen, 2024, ISBN 978-92-890-6088-2, <https://www.who.int/europe/publications/i/item/978-92-890-6088-2>.

<sup>2</sup> World Health Organization, *HEARTS: technical package for cardiovascular disease management in primary health care – Risk based CVD management*, World Health Organization, Geneva, 2020, ISBN 978-92-4-000136-7, <https://www.who.int/publications/i/item/9789240001367>.

<sup>3</sup> Joint Action on Cardiovascular Diseases and Diabetes (JACARDI), EU4Health Joint Action (Grant Agreement No 101126953), 1 November 2023–31 October 2027, European Health and Digital Executive Agency (HaDEA), available at: <https://jacardi.eu/>.

<sup>4</sup> Leysen, W., Cardinale, A., Alexandra, C., Lampaert, A., Formenti, B., Armocida, B., et al., *Short Guide for Screening Individuals at Increased Risk of Developing Cardiovascular Diseases and Type 2 Diabetes*, Version 1.0.0, Zenodo, 2026, <https://doi.org/10.5281/zenodo.18415472>.

<sup>5</sup> Information on EHIS can be found in the dedicated section about health on Eurostat's website: [Overview - Health - Eurostat](#).

<sup>6</sup> World Health Organization, 'WHO updates Cardiovascular Risk Charts', WHO website, 2 September 2019, accessed 10 July 2026. <https://www.who.int/news/item/02-09-2019-who-updates-cardiovascular-risk-charts>.

<sup>7</sup> SCORE2 working group and ESC Cardiovascular risk collaboration, 'SCORE2 risk prediction algorithms: new models to estimate 10-year risk of cardiovascular disease in Europe', *European Heart Journal*, Vol. 42, Issue 25, 2021, pp. 2439–2454, <https://doi.org/10.1093/eurheartj/ehab309>.

national guidelines, as relevant. Opportunistic health checks should also be offered through broader campaigns (e.g. screening days), and when individuals come into contact with the healthcare system (e.g. primary care).

Member States are invited to consider the following cardiovascular health checks in order to achieve the objectives of this Council Recommendation.

### **Individuals under 35 years**

At least one cardiovascular health check, including assessment of health behaviours, measurement of biological risk factors (including blood pressure), glucose, kidney function tests, body mass index, respiratory function<sup>8</sup> in the case of shortness of breath, mental health status and reproductive history, if needed. In individuals with a family history of premature cardiovascular disease or sudden cardiac death, risk assessment and further evaluation should be individualised according to clinical context.

### **Individuals aged 35 to 64 years**

Systematic cardiovascular health checks are recommended for this age group, carried out at minimum every 5 years, adapting the frequency according to individual or local risk profiles based on family history and other risk factors.

The cardiovascular health check includes the following elements:

- Medical history, including family history of premature cardiovascular disease, reproductive health status and mental health, diet, physical activity, respiratory function, smoking, vaping and using smokeless nicotine products and consumption of alcohol;

- Measurement of cardiovascular risk factors, including blood pressure, lipid profile (total cholesterol, LDL, HDL, triglycerides), and lipoprotein(a) (one measurement in adulthood), fasting plasma glucose and glycated haemoglobin (HbA1c);

- Kidney health, including serum creatinine and albuminuria measurement;

- Electrocardiogram (ECG), as needed;

- Body mass index and waist circumference or waist-to-height ratio.

### **Individuals 65 and older**

A cardiovascular health check as outlined above should be performed every 3-5 years, including an ECG, natriuretic peptide tests (NT-proBNP), pulse assessment to detect or exclude atrial fibrillation (heart rate and rhythm), cardio-pulmonary auscultation and evaluation of peripheral artery disease, as needed.

### **Further considerations**

Member States may consider relevant inherited or genetically influenced cardiovascular risk factors and conditions, including elevated Lp(a), Familial Hypercholesterolaemia and type 1 diabetes, tailored to the national situation.

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<sup>8</sup> European Respiratory Society and European Lung Foundation, 'Safe hearts require safe lungs: ERS and ELF response to the European Commission's proposal for Council Recommendations on health checks for cardiovascular diseases', position paper submitted in response to the European Commission call for evidence, 2026. Available here: [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17812-Cardiovascular-diseases-health-checks/F33401934\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17812-Cardiovascular-diseases-health-checks/F33401934_en)