

NZNO Women's Health College

NCSP HPV Update - 11 May 2024

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Why did we change to HPV primary screening?

HPV primary screening detects the Human Papillomavirus, which causes 99% of cervical cancers.

Cytology looks for cell changes. HPV causes those cell changes.

HPV primary screening determines if a cytology test or referral to Colposcopy is required.

NOTE

- HPV self-testing is not an automatic blanket test for everyone.
- Some will require cytology if under surveillance, needing a Test of Cure, or if clinically indicated

HPV primary screening

Human papillomavirus (HPV) is a **virus** that infects the skin and mucous membranes.

HPV is passed on by intimate skin-to-skin contact during sexual activity.

It's extremely common – **four out of five adults** will come into contact with HPV.

There are **many types** of HPV.

HPV primary screening tests for the 14 oncogenic types **which** cause cancer.

The most high-risk types of HPV are 16 and 18.

Persistent infection with oncogenic HPV is the **risk factor** for cancer.

Cervical Screens since the HPV launch

130,000 screens

80%

Were HPV Self-tests

20.2%

Were Unscreened /
Under screened
participants

2.1%

Results had
HPV 16/18

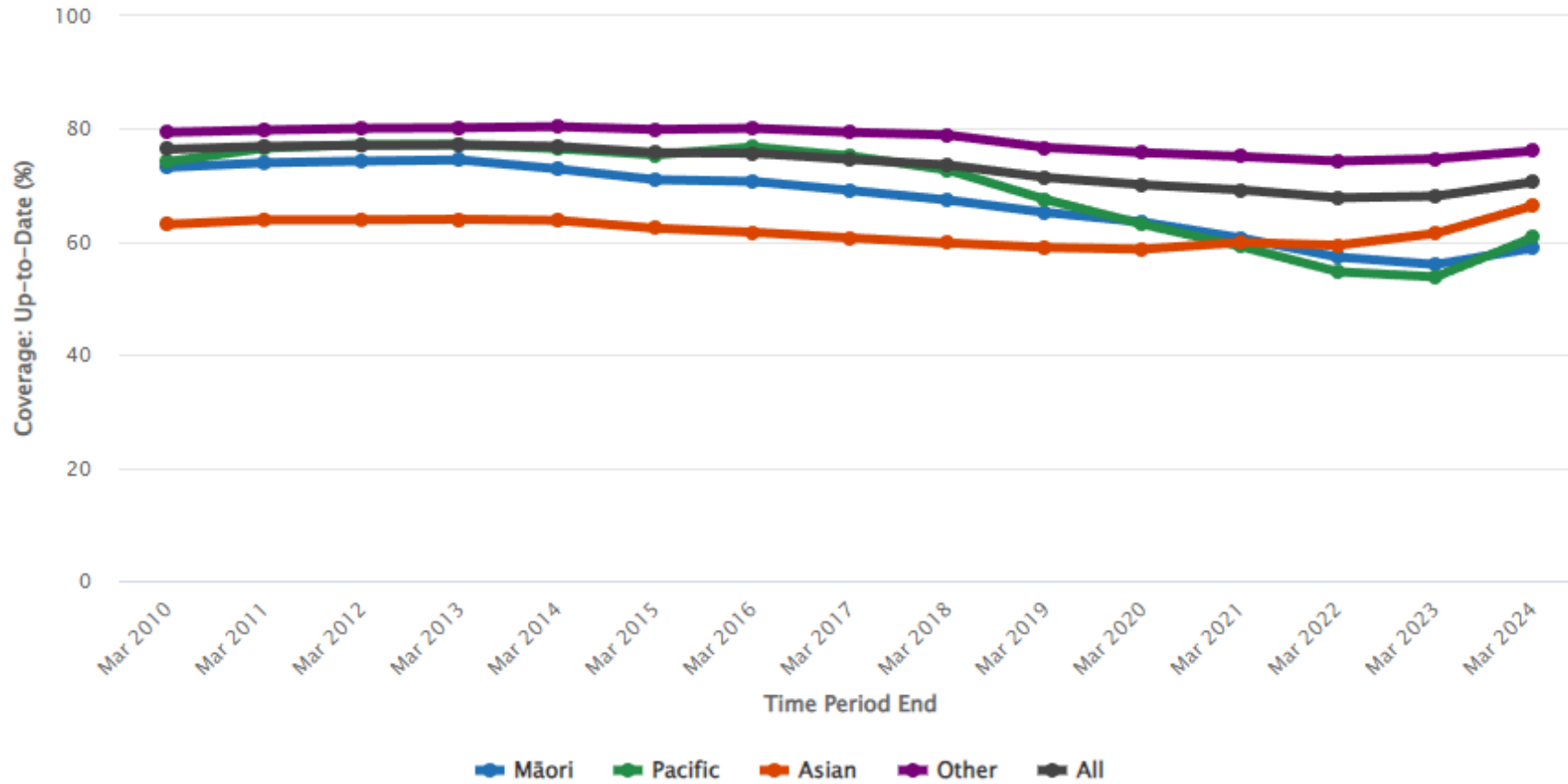
7.9%

Results had HPV
Other

Coverage

Coverage: Up-to-Date, by Ethnicity

New Zealand, Ages 25 to 69 years, 15 years to Mar 2024

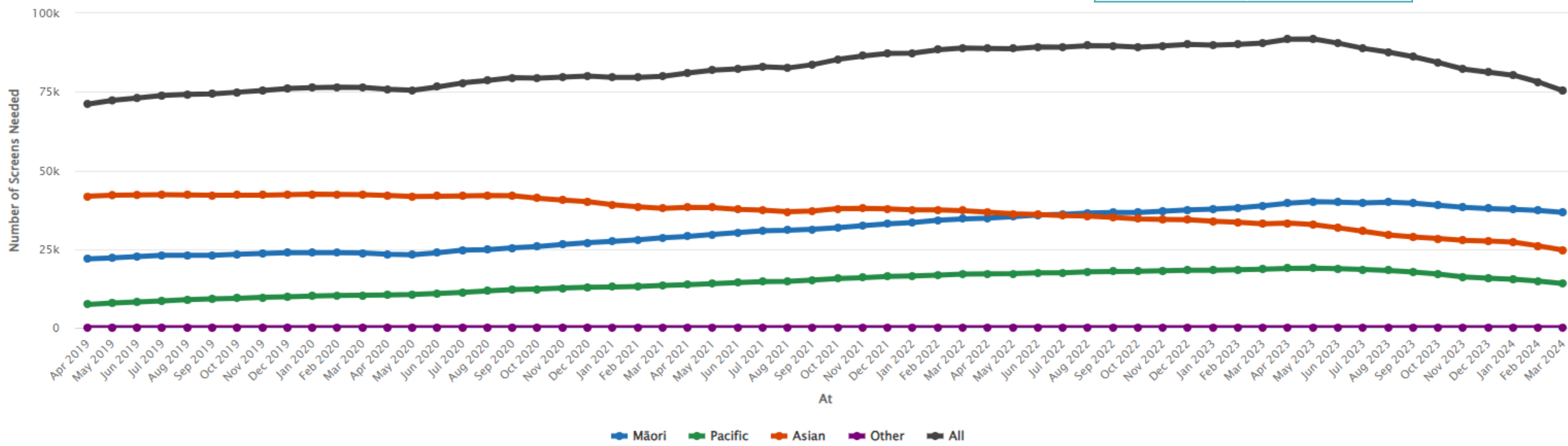


Ethnicity	Screens	%
Maori	124,788	58.9%
Pacific	55,590	60.8%
Asian	167,472	66.4%
Other	618,005	76.1%
All	965,855	70.6%

Screens to reach equity

Ethnicity	Screens
Maori	36,625
Pacific	14,009
Asian	24,666
Other	0
All	75,300

Screens to Reach Equity in Up-to-Date Coverage, by Ethnicity, New Zealand, Apr 2019 to Mar 2024



HPV Modules

[Course: Cervical Screening Using Human Papillomavirus \(HPV\) Testing Programme \(learnonline.health.nz\)](#)

Module 1 | Introduction to Cervical Screening Using Human Papillomavirus (HPV) Testing

Part 1 of the Cervical Screening learning programme.

This 60-minute module will provide you with an overview of cervical screening in Aotearoa New Zealand, introduce the new Clinical Practice Guidelines for cervical screening, and will help you understand HPV and its role in the development of cervical cancer, HPV vaccination, and HPV testing and pathways.

Module 2 | Navigating the Cervical Screening pathways – practising using the pathways with various cases

Part 2 of the Cervical Screening learning programme.

This 30-minute module presents a series of examples of how to interpret the cervical screening pathways in the Clinical Practice Guidelines for Cervical Screening in Aotearoa, New Zealand. It then presents a further 13 scenarios to give you a chance to check your understanding and apply the guidelines to each situation.

Module 3 | Cervical Screening in Aotearoa New Zealand – History and Context

Part 3 of the Cervical Screening learning programme.

This 30-minute module provides an overview of the National Cervical Screening Programme (NCSP Register and the history of the NCSP. It also covers the persisting inequities in cervical screening and how aligning with the new health reforms and reflecting on practice can improve health equity.

Module 4 | Talking about Cervical Screening and HPV

Part 4 of the Cervical Screening Learning programme.

This 60-minute module covers what you need to know to talk to your patients about HPV primary screening. It covers barriers to screening, how to have culturally-safe and effective conversations about cervical screening, and how to share test results with your patients.

Workforce expansion

Since November 2023, nurses who are not cervical screen takers can complete training and enter a professional partnership with a cervical screen taker to offer HPV screening.

Work is underway to expand the workforce further this year — initially to Kaimahi in Screening and Support services and NCSP Regional Coordination teams.

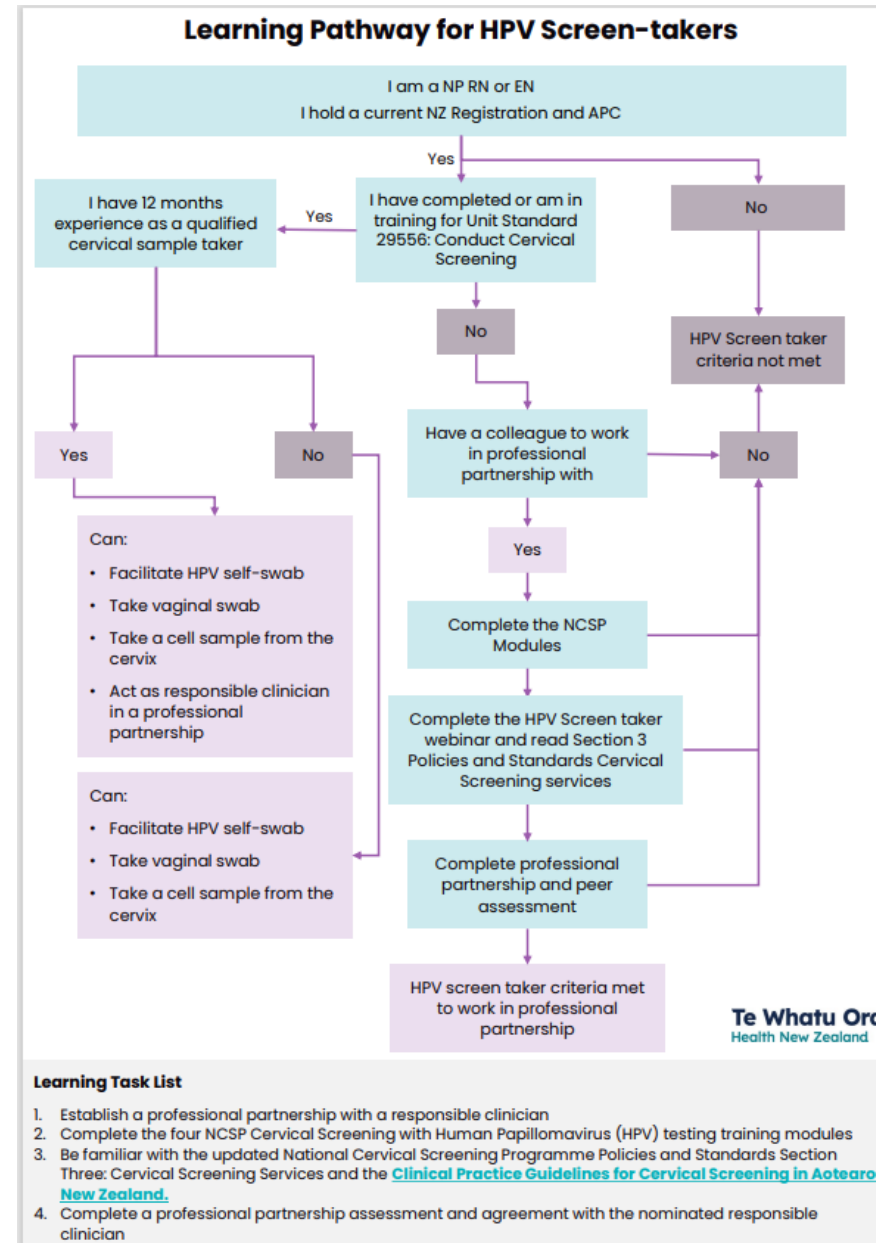
Workforce expansion

HPV Screen takers must complete the following learning pathway prior to facilitating HPV self-testing with participants.

1. Establish a professional partnership with a responsible clinician who will be available to provide clinical support, take responsibility for results requiring follow-up or referral, and undertake follow up liquid-based cytology (LBC) sample taking.
2. Complete the four NCSP Cervical Screening with Human Papillomavirus (HPV) testing training modules.
3. Be familiar with the updated [National Cervical Screening Programme Policies and Standards Section Three: Cervical Screening Services](#) and the [Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand](#).
4. Complete a professional partnership assessment and agreement with the nominated responsible clinician.

HPV screen-taker pathway

For Nurses who are not cervical screen-takers



Clinical Practice tips

Participant choice

Whether participants choose to self-test or opt for a cervical sample (smear) they must be offered the choice. All screening options must be provided as part of the informed consent process.

Let participants know to expect an enrolment letter.

Once a participant has had their first screen and has agreed to be enrolled in the NCSP, their test is sent to the Register, and an enrolment letter is sent. It is important to let participants know to expect an enrolment letter from the NCSP confirming their participation in the programme. This helps ensure they are aware of their involvement in the screening process and that their results are recorded on the NCSP Register.

Clinical Practice tips

Ovestin option before screening or colposcopy

Post-menopausal participants and participants with atrophy associated with progesterone contraception or testosterone therapy may benefit from Ovestin cream prior to screening or colposcopy. This is to improve the accuracy of cytology and colposcopy and make it more comfortable for the participant. Check your local health pathway for details.

Recalls and Reminders

It's important to continue to send recalls and reminders to your patients at a local level.

Clinical Practice tips

Finding under-screened and unscreened participants

Under-screened and unscreened patients make up 85% of cervical cancer cases. You can find a list of your under-screened and unscreened patients by using the PHO Cervical Screening Status Report, which is sent to PHOs monthly. This list can be filtered by due date and ethnicity, so that you can quickly find priority patients. We will have a guidance list out to all PHOs soon with more scenarios in how to best filter your report.

If you can't access this list, please contact your PHO or NCSP regional coordinator. You can contact your regional coordinator by calling 0800 729 729.

Module to support HPV korero with participants

Module 4 | Talking about Cervical Screening and HPV

Part 4 of the Cervical Screening Learning programme

This 60-minute module covers what you need to know to talk to your patients about HPV primary screening. It covers barriers to screening, how to have culturally safe and effective conversations about cervical screening, and how to share test results with your patients.

[Course: Cervical Screening Using Human Papillomavirus \(HPV\) Testing Programme \(learnonline.health.nz\)](#)

Korero with participants

What does HPV mean?

- Human papillomavirus is a virus that infects the skin and mucous membranes.
- HPV is passed on by intimate skin-to-skin contact during sexual activity

Why has the test changed?

- HPV primary screening tests detect the presence of the Human Papillomavirus, which causes 99% of cervical cancers.
- Cytology (aka smear test) looks for cell changes.
- HPV looks for the presence of the virus that causes those cell changes
- Determines if someone needs a cytology test or referral to Colposcopy

Korero with participants

Can I still have a smear?

- Yes, it is your choice what test you want to have.
- An HPV self-test, an HPV test taken by your Dr/Nurse, or a cytology (smear).

Why won't my smear be tested for cytology?

- HPV is tested first, and if it is detected, your smear sample will be retested for cytology.
- If HPV is not detected, there is no need to retest the smear sample.
- HPV is a more sensitive test; HPV is the main cause of cell changes that cytology tests for.

Korero with participants

I've had normal smears for years, and now I have HPV. What does that mean?

- Smears were never automatically tested for HPV before. We now know that HPV is the main cause of cervical cell changes. We test for HPV first as a sensitive prevention screening test.
- A person may have had HPV for many years but had never been tested for it until now.
- Cervical cancer often takes 10 or more years to develop. With regular screening, abnormal cells can be found and treated early before they become cancer.
- The HPV screening test can detect cell changes very early. Most people will only need to have an HPV screening test every five years.

There are many different types of HPV, and some are more likely than others to lead to cervical cancer.

The body is pretty good at clearing the virus itself, usually within 2 years, especially in people under 30. However, sometimes it can persist and may develop into cervical cancer over time. 95% of cervical cancers are caused by HPV.

People with HPV usually:

- Do not have symptoms
- Do not know they have it
- Have no problems or complications

Korero with participants

Google says HPV is an STI, has my partner cheated on me?

- No, even people who have not had sexual intimate contact for many years can test positive for HPV.
- HPV does not mean that a person or their partner is having relations outside their current relationship.

About 4 out of 5 adults will have HPV at some time in their lives. It is spread through intimate skin-to-skin contact and any sexual activity. While HPV often clears up by itself, it can stay dormant in your system and may not be detected until years after you came into contact with it. If found in a test, this may not be due to a new exposure with HPV. This is why regular, ongoing screening is still important even if you have been with the same partner, or not been sexually active for some time.

Korero with participants

Can I have the HPV vaccination?

- The HPV vaccine is free for anyone aged 9–26 years (even if you get the first dose the day before your 27th birthday).
- You can still get the HPV vaccination from age 27 to 45 at a cost of approximately \$600 for the three doses.

Gardasil-9 is the current vaccine, which includes


- 7 high-risk HPV types (16, 18, 31, 33, 45, 52, 58) and 2 HPV types against genital warts (6, 11).

However, there are 14 oncogenic types tested for in HPV screening.

This is why both vaccination and screening are needed.

Resources

CERVICAL SCREENING




What you need to know

Safe.
Accurate.
Self-test option.

Time to screen
National Cervical Screening Programme

COLPOSCOPY



What you need to know

Time to screen
National Cervical Screening Programme



Ask about the new cervical screening test

Safe.
Accurate.
Self-test option.

Find out more at
TimeToCervicalScreen.nz

Te Whatu Ora Health New Zealand
Te Aka Whai Ora Māori Health Authority

Time to screen
National Cervical Screening Programme

HE1933 December 2023 - RANBOW

Cervical screening – HealtHed

CERVICAL SCREENING

How to do the HPV self-test

TimeToCervicalScreen.nz

Safe.
Accurate.

Time to screen
National Cervical Screening Programme

This guide will help you collect your own vaginal/genital sample. If you are unsure about anything or have any difficulty with the test, ask your healthcare provider for help.

What if I make a mistake?
It is very easy to take your own sample and this is just as accurate as one taken by a healthcare provider. It's very unlikely you'll get anything wrong.

It's okay to continue with the test if you:

- have touched the swab tip with your fingers (though it is best to avoid this)
- have inserted the swab into your vagina/genitals but are unsure if you have inserted it far enough.

If you stop your swab, let your healthcare provider know and ask them for a replacement.

Step 1.
Wash your hands with soap and water and dry them thoroughly.

Step 2.
In a private space, find a comfortable position to take your sample. You may like to sit, stand, lie down or squat. If you cannot find a position that works for you, ask your healthcare provider for help.

Step 3.
Take the tube containing the swab out of the bag and remove the swab stick. You may need to hold and twist the cap to break the paper seal. Try not to touch the swab tip either with your fingers or against any surface.

Step 4.
Holding the swab stick halfway down, use your free hand to open your vagina/genitals and gently insert the tip of the swab about 4-5cm (about the length of your thumb).

Step 5.
Rotate the swab about 4 times (around 20 seconds), gently touching the sides of the vagina/genitals, then remove.

Step 6.
Once you have collected your sample, check the kit instructions for next steps on what to do with the swab. Make sure the cap on your sample is put on tightly, so it is well sealed.

Step 7.
Dispose of any leftover materials in the rubbish bin, then wash your hands with soap and water and dry them thoroughly.

Step 8.
Place the completed sample and form back into the bag, seal it and give it back to your healthcare provider.

There may be minor variations between the type of self-test swab shown in this guide with the swab used by your healthcare provider.

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Te Whatu Ora Health New Zealand
Te Aka Whai Ora Māori Health Authority

Time to screen
National Cervical Screening Programme

Resources

Māori

MATAWAI KŌPŪ

Ngā mea hei mōhio

TimeToCervicalScreen.nz




Māori

MATAWAI WAHA KŌPŪ

Tō Matawainga, Tō Whiringa!

TimeToCervicalScreen.nz



He Haumarū He Tika Māu anō Koe e Kuhu




Hei tuku pātai i te WHAKAMĀTAU MATAWAI TĀWAHA HOU

He Haumarū He Tika Māu anō Koe e Kuhu

Rapua ngā kōrero kē atu ki

TimeToCervicalScreen.nz



Te Whatu Ora Health New Zealand Te Aka Whai Ora Māori Health Authority



MATAWAI WAHA KŌPŪ

Te mahi i te whakamātau-whaiaro

TimeToCervicalScreen.nz

He Haumarū He Tika



Ka āwhina te aratohu nei i a koe kia tiki koe ake i te tipako tara, Mehemea he āwāngawāngā ōu i te whakamātau rānei, i te aha rā rānei, tērā, inoia atu te āwhina i ōu kaiwhakarato hauora.

Kei ahia ahia te whakamātau-whaiaro, ka hoatu te kete whakamātau ki a koe me ngā tohutohu tāpiripiri hei mahi atu. Mehemea he pātai rānei, he panga uaua rānei o te whakamātau, tērā, inoia atu te āwhina i ōu kaiwhakarato hauora. He whakarato rawa te tika o ōu ake tāpiripiri i te wāhoi me te puaka hauora, ā, me tāpiri ngā mea e hīpa ana. Hei pātai he mea anō hei whakaki atu, he pātai me te rā whakamātau.

Kei ahia ahia hē te mahi?

He ngāwari rawa te tiki atu i ōu ake tipako. Ka rite te tika o te tipako whaiaro ki tō te tipako o te kaiwhakarato hauora. He ahi rawa te tūponotanga e hē ai ōu mahi.

He pai noa te whai tonu i te whakamātau mehemea:

- Kua pā ngā matikara ki te pito ākahi o te tipari (pāheko he pai ake mehemea kōroa i pā atu)
- Kua uru te tipari ki roto i te tara, angari kōroa koe i te mōhio mehemea kua rahi te unanga ake.

He tika te pānanga, me whakamātau atu ki te kaiwhakarato hauora hei tonu i te kete whakamātau-whaiaro hou hei whakapānanga.

Mahi 1. Hōhia ngā ringa ki te hōpi me te wai, ka tauera ai kia maroke pū.

Mahi 2. Kei roto i te wāhi tūmatati, whirihi te taunga e pai ana hei tiki i te tipako. Hei pātai, he pātai ki ōu rānei, ka tākoto rānei, ka koromake rānei. Ki te kore koe e tangatanga i tōrangi, inoia atu te āwhina o ōu kaiwhakarato hauora.

Mahi 3. Uhuhi te ngongo mau tipari i te pāke. Kāwhiri ka unuhia te tipari i te ngongo. Tēhā pae me papuri te ngongo, ka whakawhāwhā ai i te kōpaki hei tūhā i te here pāke. Tērā, kia tāpato kei pā atu te pito o te tipari ki ngā matikara rānei, ki tōrangi aha rānei.

Mahi 4. Puritia te tipari ki wāngaru, ā, whakamātau te ringa e wānua ana hei whakarato i te tara, ka āta whakauru ai i te pāke o te tipari ki roto ki a 4-5 cm (he pāke me te roa o te kōmū, ānō me te whakauru i te puru tāwaka). Ki te munga o ngā tāngata, he mea ngāwari, he mea hānau. Ina marama, me āta unu rānei te tipari kia tangatanga ai, me ino rānei ki ōu kaiwhakarato hauora ki āwhina atu i a koe.

Mahi 5. Hauruhia te tipari kia 4 ngā wā (he 20 hākona pae te roa), me te āta hārau atu ki ngā taha o te tara, kāwhiri ka unuhia te tipari.

Mahi 6. Hei te tangatanga iho i te tipako, āta tōrangi ngā tohutohu o te kete hei whakamātau.

Mahi 7. Whakarāhia ngā kōanga ki te ipu pāke, ka hāro ai i ngā ringaringa ki te hōpi me te wai, kāwhiri ka tauera kia maroke pū ai.

Mahi 8. Purua te tipako me te puaka hauora ki roto i te pāke, ka hāro ai, kāwhiri ka whakawhāwhā ki ōu kaiwhakarato hauora.

Hei pātai he mea anō hei whakaki atu, he pātai me te rā whakamātau.

Te Whatu Ora Health New Zealand Te Aka Whai Ora Māori Health Authority



Resources

Cervical screening – HealtHed

Cervical Screening

A talanoa about your choices

Ask about the **new test options**

Te Kōwhiri o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

Time to screen
National Cervical Screening Programme

TimeToCervicalScreen.nz

English

Cervical Screening

A talanoa about your choices

TimeToCervicalScreen.nz

Time to screen
National Cervical Screening Programme

A call to our Pacific women

Turou, Cook Islands
Tulou, Fiji
Mautautanga, Kiribati
Tulou, Niue
Turo', Rotuma
Tulou, Samoa
Tulou, Tokelau
Tulou, Tuvalu
Tulou, Tonga

With deep respect
We clear the space
Honouring your
Mind
Body
Soul.

With our love
We acknowledge all
Pacific women of
Moana-mui-a-Kiwa.

With courage
We invite you to
Journey with us
Through this
Sacred talanoa.

HPV and cervical cancer

Almost all cervical cancer is caused by human papillomavirus (HPV). The virus is very common and is spread by intimate skin-to-skin contact or any sexual activity. Almost all adults will have HPV at some stage in their lives.

Most cases of HPV usually clear by themselves but some types of the virus can persist and go on to cause cell changes that may in time turn into cancer.

It usually takes 10 years or more for cervical cancer to develop. Regular screening can find people at increased risk of developing cell changes so that if changes happen, they can be treated, often before they become cancer.

There are many stages between HPV infection, cell changes and cancer. Having HPV does not mean you have cancer.

“Cervical cancer is one of the most preventable cancers.”

Around 90% of people screened will NOT have HPV found and can just continue to have regular screening. About 10% of people screened will have HPV and will need further checks.

Figure 1: Grades of cervical cell changes

NORMAL CELL	LOW GRADE CHANGES	HIGH GRADE CHANGES	CANCER
Minimal cell change with regular cell turnover	Disordered cell structure, but they are still regular	Disordered cell structure, but they are still regular	Disordered cell structure, but they are still regular

Staying up to date with the NCSP

- **NCSP Sector Update** – [sign up](#)
- **Time to Screen** – www.timetoscreen.nz/cervical-screening
- **Health NZ Te Whatu Ora** – [Understanding HPV Primary Screening – Health New Zealand | Te Whatu Ora](#)
- **NCSP Policies and Standards Section 3: [Cervical Screening Services](#)**

Nga mihi

Does anyone have any pātai / questions?

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