

Cervical Screening & HPV Primary Screening

Purpose

Increase the rates of cervical screening and HPV screening for eligible people with a cervix to eliminate cervical cancer in Aotearoa New Zealand.

Background

The World Health Organization (WHO) launched a global strategy to eliminate cervical cancer as a public health problem, by achieving an incidence rate of less than 4 in 100,000 women.

In September 2023, the National Cervical Screening Programme (NCSP) implemented HPV primary screening with the option of self-testing under clinical oversight. This new methodology shifts focus to HPV presence, replacing traditional liquid-based cytology (LBC) for individuals with no prior abnormalities. The aim is to improve screening accuracy and sensitivity, facilitating early detection and better health outcomes, ultimately preventing more cervical cancers.

The HPV test is a better first screening test than the previous cytology test as it is sensitive in detecting the virus that causes the cell changes. Cervical cancer often takes 10 or more years to develop.

If there is no evidence of HPV, the risk of developing cell changes that may cause cancer within 5 years is very low.

Options for Testing

For most people, self-testing will be an option, whereby a vaginal HPV swab can be taken by the participant in privacy at a health clinic. Self-testing will not however, be appropriate for everyone (for example, people who have symptoms or require a co-test for follow up after treatment).

In the NCSP, most people can choose how their test is done. The options are:

1. A self-test swab sample taken from the vagina (not the cervix) which is tested for HPV;
2. A clinician-taken vaginal swab sample which is tested for HPV, or
3. A clinician-taken cell sample from the cervix, previously referred to as a smear test, which is tested for HPV. This option also allows for a cytology test to be done if HPV is detected without needing to return for a further test, or where the person has a history of abnormalities or the person is symptomatic.

Testing & Time - frames

The 5-yearly HPV screening test replaces the 3-yearly cytology test, which looks for cell changes (previously known as a smear).

People who are immune deficient are at a higher risk of developing cervical cell changes so are recommended to have 3-yearly screening.

All co-test Test of Cure (TOC) requires a 'co-test' section on the e labs form and abnormal history indicated.

Equity Approach

Māori and Pacific people tend to experience higher rates of cervical cancer and therefore addressing inequities in screening is important.

85% of people who develop cervical cancer in Aotearoa New Zealand either have never been screened or have been screened infrequently.

European women are accessing cervical screening services at acceptable levels, and as a result have the lowest levels of cervical cancer and associated mortality.

Funding and resources are now targeted to people who are unscreened or under-screened, particularly Māori and Pacific people and those living in areas of high deprivation.

Although often referred to as “hard to reach”, it is more helpful to consider a broader range of reasons why people are not being screened. For example, those who do not have regular cervical screening, such as those who are

- Hard-to-find
- Unconvinced
- Uninformed
- Undecided

Consider – are these patients “hard to reach” or is your service “hard to use”?

Eligibility and Funding

Category	Population Description	Amount (ex. GST)
HPV Self-Test Priority Groups	People who are: • Aged between 25-69 years, and who are • Māori, Pacific or CSC holder, and • Due for screening	\$50
Unscreened & Under-screened HPV Self-Test	People who are: • Aged 30 years and over, and who are • Māori, Pacific	\$60
Unscreened & Under-screened HPV Self-Test	People who are: • Aged 30 years and over, and who are • non-Māori, non-Pacific	\$50
Follow-Up Cytology	Any enrolled patient meeting the following criteria: 1. Follow up after HPV Other 2. 1-year follow up after LG (or LSIL) cytology (Co-Test) 3. After an Invalid Test 4. Needs TOC (Test of Cure) (Co-Test) 5. On Annual Co-Test (Ann) (Co-Test) 6. Patient requested LBC after HP 16/18 result (includes copying colposcopy with the result)* *Only one HPV 16/18 claim will be accepted	\$72
HPV 16 & 18 Result (Referred to Colposcopy)	Any person with this result Auckland PHO funds a follow up consult for patients with an HPV result 16 & 18 for referral to colposcopy (as Te Whatu Ora does not fund this category) to discuss the result and answer the patient's questions.* *Only one HPV 16/18 claim will be accepted	\$50
Routine Screening	Routine screening for all other populations not mentioned above	Not funded

Funding & Claiming

Screening must be free to all eligible women (i.e. no copayment). Funding is irrespective of HPV self-test or cervical sample used and applies to all women and people with a cervix. From 1 October 2024, claims are via Mōhio Forms and NOT POAC.

Resources

Auckland PHO provides lavalavas for people to cover up when having a cervical screen. Orders can be placed by completing the [Auckland PHO Resource Order Form](#) or emailing info@aucklandpho.co.nz.

Links:

- [Te Whatu Ora HPV Primary Screening Funding Document](#)
- [Te Whatu ora HPV Primary Screening Eligibility Criteria](#)
- [Te Whatu Ora Clinical Practice Guidelines for Cervical Screening \(updated June 2023\)](#)
- [Te Whatu Ora – About HPV Screening](#)
- [Auckland Region Community HealthPathways – Cervical Screening](#)

Contact

For further information contact
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Mōhio Form

From 1 October 2024, claims are via the Best Care HPV Mōhio Forms ([see updated form information here](#))

Best Care HPV(3008)

Information and Eligibility

Main

Claims

Decision Support

Consultation Date

dd/mm/yyyy

[Consultation Date] is required

National Cervical Screening Programme: 0800 729 729

At present, there isn't a HPV recall in place on this form. Please ensure that a recall is set properly once the test result is received.

A Woman or person with a cervix (or has had a cervix)

☐

Consent to Procedure

☐

[Consent to Procedure] is required

Consent to Register

☐

Mohio HPV Request-to-withdraw-from-the-NCSP-form.pdf

Date of Last Smear

dd/mm/yyyy

If different from consultation date (PMS pre-population & writeback have not been implemented for this field yet)

Due for Cervical Smear

☐

Latest Test Result Date

02/09/2022

Latest Test Result

CYTO N

Next Event Due Date

02/10/2025

Next Expected Event

HPV Screening Test

Screening Status

NOT YET DUE FOR PRIMARY SCREEN

Symptomatic group only funded if Cx HPV within 6months of due date

HPV Claim Type

Reasons for Repeat Claims