Guidance for managing National Cervical Screening Program (NCSP) participants during the COVID-19 Pandemic

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The Department of Health is closely monitoring the impact of the COVID-19 pandemic on health services.

For nearly 30 years, the National Cervical Screening Program (the Program) has significantly reduced the impact of cervical cancer in Australia through an organised approach to early detection of pre-cancerous changes.

At this time, it is important to continue to offer and encourage routine screening and follow up. We recognise that patients may be feeling uncomfortable or worried about attending for screening and we are receiving a number of enquiries from healthcare providers about how best to support their patients during this time. In addition, we recognise that under the current circumstances healthcare providers/clinics have different capacities and arrangements for managing their patients.

In the event that it is not possible to offer usual healthcare for cervical screening, this overarching guidance has been developed to assist clinician decision-making on screening appointments including deferral and rescheduling, depending on individual patient circumstances.

Symptoms of Cervical Cancer

Any individuals who are experiencing symptoms of cervical cancer (such as unexplained abnormal vaginal bleeding - after sex, between periods, or after menopause; unexplained persistent unusual vaginal discharge; or deep pain during sex) should be clinically assessed and investigated according to the Clinical Management Guidelines.

New Screener – recently turned 25

Individuals turning 25 years of age will be sent a letter inviting them to start cervical screening. These individuals were offered HPV vaccination at school, so have substantial protection either through direct HPV vaccination or through herd immunity. If necessary, rescheduling screening appointments in this group in 3-6 months' time is considered to be low risk.

Routine Screeners

We are more than two years into the renewed NCSP, which saw a shift from a 2-yearly screening interval to a 5-yearly screening interval. Anyone who has screened since 1 December 2017 will either not be due again until at least 2022; or is in one of the below follow-up categories.

Anyone who has not had a Cervical Screening Test since their last Pap test is now overdue.

Overdue or Never-screened

If a patient requests a Cervical Screening Test and it has been more than two years since their last Pap test, they are now overdue for screening. It is recommended to screen these patients as they present.

Patients 30 years of age or over who have never participated in cervical screening should be offered a Cervical Screening Test without delay. These patients may be offered self-collection; see below for more information.

Follow-up Testing and Investigation

1. Management of intermediate risk – 12 month follow-up of HPV non 16/18 positive (with negative or low grade cytology)

It is preferable these patients be retested at the recommended time wherever possible. Whilst a delay of 3 to 6 months may be acceptable, delays for longer than 6 months are discouraged.

2. Management of higher risk results (HPV 16/18 positive, or non 16/18 positive with possible high grade cytology or worse)[1])

Patients with higher risk results should be referred to a specialist for further investigation without delay. Some colposcopy clinics are currently experiencing high demand and long waiting lists - if you are concerned about your patient experiencing a delay as a result of this please contact the specialist or clinic your patient has been referred to.

The Program has developed guidance for the management of patients requiring further investigation and treatment during the COVID-19 pandemic due to the cancellation of elective surgeries. This guidance is supported by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian Society for Colposcopy and Cervical Pathology.

3. Test of Cure after treatment for HSIL (CIN2/3)

A woman who has been treated for HSIL (CIN2/3) should have a co-test performed at 12 months after treatment, and annually thereafter, until she receives a negative co-test on two consecutive occasions, when she can return to routine 5 yearly screening.

Patients who are on the Test of Cure pathway should continue with that testing, and be seen on time wherever possible.

Self-collection

Self-collection of a vaginal sample using a swab is currently available to people eligible to participate in cervical screening who are 30 years and over, and either have never screened or are two or more years overdue for screening (i.e. 4 years since last screen).

Due to the high volume of COVID-19 testing occurring across the country, and supply chain pressures, there is currently a shortage of the swabs that can be used for both COVID-19 and self-collection. At this time, discretion in the use of swabs is encouraged and healthcare providers should contact their pathology laboratory to discuss any issues with swab supply.

Correspondence and the National Cancer Screening Register (NCSR)

The National Cancer Screening Register (NCSR) continues to support the NCSP by sending reminder letters and following-up patients who are overdue for the recommended further investigation.

If you decide to defer your patient's Cervical Screening Test or follow-up, notify the NCSR of your decision to reschedule and for how long, to ensure the NCSR sends subsequent reminders at the correct time. Your practice staff can do this by calling the NCSR contact centre on 1800 627 701 or completing a form online.

Advice provided through the NCSP website also recommends patients call their healthcare provider if they have an appointment for a Cervical Screening Test and have COVID-19 symptoms or are required to self-isolate or quarantine.

Additional Information

This is a dynamic situation and it is possible changes to existing arrangements under the Program may need to be varied in response to the pandemic.

The NCSP will continue to monitor COVID-19 impacts on the Program, and continue to provide updates on any new developments on the NCSP website.

More information on COVID-19 is available through the Department of Health website or through the COVID-19 hotline on 1800 020 080.

[1] includes HSIL, Cancer or glandular abnormality