

## Screening policy positions and practice in New Zealand

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- Venous Thromboembolism
- Vision

## Screening policy positions and practice in New Zealand

This Table summarises policy positions for screening in New Zealand.

'Policy' is defined as legislation, published statements, guidance on practice and procedure and/or criteria for funding. This Table is predominantly limited to policy developed and/or promulgated by the Ministry of Health. The implementation of policy relating to screening may be variable throughout New Zealand.

'Practice' may occur in accordance with policy, in contravention of policy, or in the absence of policy.

Condition	Current NZ policy (including funding and whether it is opportunistic or part of a national screening programme)	Current NZ practice	Current NSAC Work Status	Horizon Scanning
<b>ANTENATAL</b>				
Anaemia	All pregnant women should be tested for anaemia. ( <a href="#">MoH 2006a</a> )  Testing is publicly funded.	Routinely offer of full blood count to pregnant women.	N/A	Recommended blood test in the UK.
Anatomy Scanning	To assess fetal anatomy, firmly establish dates and placental position. Should ideally be performed at 18 – 20 weeks. Opportunistic screen partially funded. ( <a href="#">Payment mechanism under Section 88 Maternity Services Notice</a> )	Routinely offered to pregnant women early in the second trimester.	Antenatal screening is a major project for NSAC.	Part of the NHS Fetal Anomaly Screening Programme in the UK.
Aneuploidy	The National Screening Unit is formulating a programme for Down syndrome screening. The primary intention of a national screening programme would be to improve the quality and safety of screening practice. ( <a href="#">NSU 2007b</a> )  Nuchal Translucency ultrasound scanning is publicly funded and women make a co-payment.	The majority of New Zealand women are not being offered Down syndrome screening, but an increasing number of women are being offered amniocentesis based on maternal age alone, or are being referred for nuchal translucency (NT) screening by ultrasound.	International best practice supports an integrated screening pathway for Down syndrome which the Ministry of Health proposes to move to by 1 February 2010.  Testing will include Nuchal Translucency (NT) scan + first	UK NSC recently released Model of Best Practice for Screening for Down's Syndrome. Screening in UK and most of Europe, for Down syndrome is opportunistic and recommended to those considered at risk. Screening incorporates a range of testing including triple and quadruple serum

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			<p>trimester maternal serum screening + second trimester maternal serum screening.</p> <p>Interim quality improvement measures, including the funding of second trimester maternal serum screening, will be publicly funded by 1 August 2008.</p>	<p>testing, ultrasound and amniocentesis. Spina bifida is tested for at the same time.</p>
Blood Group and Red Cell Antibodies <sup>1</sup>	<p>Blood group and Red Cell Antibody testing in pregnancy is currently recommended for all women. <a href="#">(2006d)</a></p> <p>It is publicly funded.</p>	<p>This is offered as part of the first antenatal blood test.</p>	<p>N/A</p>	<p>Recommended blood test with follow up during early pregnancy in most countries.</p>
Chlamydia	<p>“Opportunistic testing” for hlamydia in pregnancy is currently recommended for women presenting for pregnancy testing, termination of pregnancy and attending antenatal clinics. <a href="#">(NSU 2006)</a></p>	<p>Less than 50 percent of women get screened in antenatal clinics according to recent research.</p>	<p>Part of the NSAC opportunistic workplan.</p>	<p>Australia is developing a targeted pilot screening programme. The UK supports a targeted opportunistic screening programme, but not in pregnancy women. Sweden has employed a national screening programme since 1988.</p>

<sup>1</sup> This is not a medical condition but part of the first antenatal blood test group.  
National Screening Advisory Committee, NZ screening policy positions table  
Last updated May 2009

Condition	Current NZ policy (including funding and whether it is opportunistic or part of a national screening programme)	Current NZ practice	Current NSAC Work Status	Horizon Scanning
Diabetes in Pregnancy <ul style="list-style-type: none"> <li>Type 2 diabetes</li> <li>Gestational Diabetes Mellitus (GDM)</li> </ul>	No policy.	Undiagnosed Type 2 diabetes can be detected by a glucose load test in the second trimester of pregnancy  GDM screening is opportunistically offered in NZ as part of antenatal screening between 24 – 28 weeks but the offer of the tests varies throughout the country. In some places there is a universal offer of the test, in other places it is selectively offered.	Gestational Diabetes is part of the opportunistic screening project for NSAC.	Australia has a recommended programme for opportunistic screening.  Under review in the UK. A recent Health Technology Assessment report supported pre-diabetes blood testing.  Gestational diabetes is linked to childhood obesity.  Recent research by Dr Janet Rowan suggests may be better way of testing
Diabetic Retinopathy: Retinal screening	Pregnant women with diabetes who do not have established retinopathy to be screened during the first and third trimesters opportunistically. <a href="#">(2006c)</a>	Unknown	N/A	
Family Violence	Screening for suspected signs and symptoms of abuse in high risk individuals is recommended <a href="#">(MOH 2002a)</a> This should also appear in the antenatal part above	A number of health professionals routinely ask about domestic violence and child safety as part of the maternity and Well Child programme or on attendance to emergency departments. However, the guidelines recommend that only high-risk individuals should be screened and recommends against routine screening	N/A	N/A
Hepatitis B	Screening for Hepatitis B in pregnancy is currently recommended opportunistically for all women. <a href="#">(MoH 2006b)</a>	This is offered as part of the first antenatal blood test.	N/A	Recommended blood test in number of countries.

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	It is publicly funded. <a href="#">(Payment mechanism under Section 88 Maternity Services Notice)</a>			
HIV	Antenatal HIV screening programme is being implemented. No longer based on “risk factors” or need for high risk women to be identified	Roll-out of HIV screening programme during pregnancy across NZ  Some concerns have been raised concerning informed consent.		Recommended routine blood test in the UK.
Hypertension	No policy	Blood pressure measurement is an integral part of evidence based screening for cardiovascular disease. This is part of the Guidelines for the Assessment and Management of Cardiovascular Risk, developed by the NZ Guidelines Group.	N/A	Recommended testing as indicator for pre-eclampsia in the UK.
Magnetic Resonance Imaging (MRI)	Opportunistic screening either publicly funded or partially funded.		Some inclusion in the antenatal NSAC workplan.	High anxiety and distress have been reported to be the result of undergoing antenatal MRI scans.
Mental health of mother	Recommended that should be routine part of antenatal care – as part of pregnant women’s first visit and 6-week postnatal check See also postnatal depression under adult	Currently opportunistic		May become a screening programme in New Zealand, but managed outside NSU – in Maternity area – see NZGG guidelines
Neural Tube Defects	Neural tube defects are screened for at 18-20 weeks gestation as part of the fetal abnormality scan. They may also be detected by ultrasound scans at earlier stages of pregnancy.	Most women are offered this scan but the uptake is patchy across DHB areas and ethnic backgrounds. The prevalence of NTD will be considerably reduced if Food Standards	Part of the NSAC antenatal workplan.	Screening for fetal anomalies other than Down syndrome may be considered during policy development process for Down syndrome screening.

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		Australia New Zealand requires flour to be fortified with folate by the end of 2006.		In the UK screening is part of the 18-20 week scan.
Preimplantation Genetic Diagnosis (PGD) is a procedure used in conjunction with in vitro fertilisation to test early human embryos for serious inherited genetic conditions and chromosomal abnormalities before they are transferred to a woman's uterus.	<p>Most types of PGD are included, by Order in Council, on the list of 'established procedures' under the Human Assisted Reproductive Technology Order 2005.</p> <p>Public funding is now available for up to two cycles of pre-implantation genetic diagnosis and in vitro fertilisation for couples that need pre-implantation genetic diagnosis to test for serious genetic disorders.</p>	This service is about to become available in New Zealand. The Bioethics Council has produced a decision-making aid. ( <a href="#">The Bioethics Council 2007</a> )	Work is ongoing.	UK NSC (March 2008) has decided that PGD does not fall within the scope of 'screening'
Rubella	<p>Screening for Rubella in pregnancy is currently recommended for all women. (<a href="#">MoH 2006b</a>)</p> <p>It is publicly funded. (<a href="#">Payment mechanism under Section 88 Maternity Services Notice</a>)</p>	This is offered as part of the first antenatal blood test	N/A	Recommended blood test with follow up during early pregnancy in the UK.
Sickle Cell and Thalassaemia	No policy	Not known	N/A	The UK National Screening Committee has approved a national programme to roll out sickle cell and thalassaemia screening for high risk patients only.
Syphilis	<p>Screening for Syphilis in pregnancy is currently recommended for all women. (<a href="#">MoH 2002b</a>)</p> <p>It is publicly funded. (<a href="#">Payment mechanism under Section 88 Maternity Services Notice</a>)</p>	This is offered as part of the first antenatal blood test.	N/A	Recommended blood test with follow up during early pregnancy in the UK.

Condition	Current NZ policy (including funding and whether it is opportunistic or part of a national screening programme)	Current NZ practice	Current NSAC Work Status	Horizon Scanning
Venous Thromboembolism (VTE)	Unknown.	Unknown.	N/A	Researchers in Australia are calling for screening in pregnant women.
<b>NEONATAL</b>				
<p>The Newborn Metabolic Screening Programme covers the following disorders:</p> <ul style="list-style-type: none"> <li>• Amino acid disorders</li> <li>• Fatty acid disorders</li> <li>• Other metabolic disorders</li> <li>• Cystic fibrosis</li> </ul>	<p>Screening for over 20 rare but life threatening metabolic disorders is recommended for all newborns. (<a href="#">MoH 2002b</a>).</p>	<p>This is strongly recommended for all newborns. Heel prick performed at 48 hours of age or as soon as possible thereafter</p>	<p>Retention and secondary use is currently being investigated.</p>	<p>Screening for Duchenne muscular dystrophy has been done in Wales since 1990 on an opt-in basis. Test uses same blood spot as the phenylketonuria sample.</p> <p>Recent report from President's Council on Bioethics (Dec 2008) queries moral focus of newborn screening. Most US states screen for a significant number of conditions: more than NZ</p> <p>Interest in this area, as new technology facilitates the detection of many newborn disorders.</p>

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<p>The standard newborn baby check screens for the following conditions:</p> <ul style="list-style-type: none"> <li>• congenital heart disease</li> <li>• congenital hip dislocation</li> <li>• other congenital malformations</li> <li>• delayed descent of the testicle(s)</li> </ul>	<p>Newborn baby check, preferably within 2 hours of birth and postnatally on day 5 (<a href="#">MoH 2002b</a>).</p> <p>Publicly funded. (<a href="#">Payment mechanism under Section 88 Maternity Services Notice</a>)</p>	<p>All newborn babies should be assessed. The WellChild Handbook details the assessment. The uptake and outcomes of these procedures are not known. These screens are repeated at six weeks and three months as part of the Well Child programme.</p>	<p>N/A</p>	
<p>Family Violence</p>	<p>Screening for suspected signs and symptoms of abuse in high risk individuals is recommended (<a href="#">MOH 2002a</a>)</p>	<p>A number of health professionals routinely ask about domestic violence and child safety as part of the maternity and Well Child programme or on attendance to emergency departments. However, the guidelines recommend that only high-risk individuals should be screened and recommends against routine screening</p>	<p>N/A</p>	<p>N/A</p>
<p>Hearing</p>	<p>The roll-out of the Universal Newborn Hearing Screening Programme (UNHSP) commenced in July 2007 with the DHBs working towards screening all newborns within their DHB over the next year.</p>	<p>Programmes aims to solve issue of inconsistent referral of high-risk children and different risk factors. Currently, average age of diagnosis of hearing loss is almost four years of age, well outside international standards for early identification.</p>		<p>The United Kingdom, many European nations, Australia and most US states have already established programmes.</p>
<p>Long QT Syndrome</p>	<p>Opportunistic screening.</p>	<p>ECG as first screen.</p>	<p>N/A</p>	<p>Unknown.</p>

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Vision (Congenital cataracts)	External examination and detection of "red reflex" preferably in first 7 days or at 6 weeks ( <a href="#">MoH 2002b</a> ) Part of the Well Child programme.	There is evidence from a New Zealand survey that this screening is ad-hoc and often not performed at all. It is not clear who is responsible for performing this screening test.	N/A	Unknown.
<b>CHILDHOOD</b>				
Asthma	No Policy.	Unknown.	N/A	Australia is developing a skin prick test which will identify allergies including susceptibility to asthma.  Trial underway for diagnostic testing through breath-testing.
Autism	Monitoring of developmental milestones through Well Child programme. Draft guidelines are currently under development. ( <a href="#">MoH 2006e</a> )	Routine monitoring.	N/A	Unknown.
B4 School Checks	Health screening programme targeted at children entering primary school.	Includes a general questionnaire, hearing and vision screening, height and weight measures, behavioural and developmental screening and an oral health assessment.	N/A	In implementation phase. Expected to be nationally implemented in August 2008
Behaviour difficulties	The Ministry of Health and Education are jointly developing the b4school check. One aspect of the check will be screening for behavioural problems	This is a new check.	N/A	Will be implemented by August 2008.
Dental Disease	Birth to 5 years during all well child contacts ( <a href="#">MoH 2002b</a> ).	Covered as part of Well Child check.	N/A	UK mandatory school dental screening.

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Diabetes	<p>More evidence is needed on the effectiveness of screening school-aged children. (1997a)</p> <p>All people (regardless of age) with a past history of impaired glucose tolerance or impaired fasting glucose (retest yearly following negative screening test) (<a href="#">MoH 2003a</a>)</p>	Trial underway for diagnosis through breath-testing.	N/A	Unknown.
Family Violence	Questioning about child abuse in all high-risk groups, and also children with suspected signs and symptoms of abuse is recommended ( <a href="#">MoH 2002a</a> ).	A number of health professionals routinely ask about domestic violence and child safety as part of the maternity and Well Child programme or on attendance to emergency departments. However, the guidelines recommend that only high-risk individuals should be screened and recommends against routine screening.	N/A	Unknown.
Long QT Syndrome	Opportunistic screening.	ECG as first screen.	N/A	Unknown.
Obesity	opportunistic?	unknown	N/A	Recent clinical review in BMJ. Notes that UK National Screening Committee's policy is that not enough evidence to screen children for obesity
Retinal Screening	<ul style="list-style-type: none"> <li>Type 2 diabetics to enter screening programme on diagnosis</li> <li>Type 1 diabetics aged over 10 years or diagnosed &gt;5 years ago to enter screening programme</li> <li>Re-screening at 2 years if no</li> </ul>	Range of local diabetic retinopathy screening systems but no national standards or independent monitoring and quality assurance. In 2001 an MoH working group developed a possible model for a national	N/A	Unknown.

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	<p>abnormality detected, more frequently if an abnormality</p> <ul style="list-style-type: none"> <li>Photographic method preferred over fundoscopy</li> </ul>	programme. MoH and The Save Sight Society further refined and advanced this plan in 2004		
Streptococcus Group B	Opportunistic screening funded through the DHBs.	Community health workers regularly visit schools swabbing children's throats and offering antibiotics.	N/A	Unknown.
Vision and Hearing	<p>3 years tympanometry screening 4 years distance visual acuity and penlight/cover test for squint 5 years audiometry, tympanometry screening, distance visual acuity, penlight/cover test for squint 11 years distance visual acuity, colour vision for boys (<a href="#">MoH 2002b</a>).</p> <p>Part of the B4 School Checks and Well Child programmes.</p>	<p>Level of coverage for hearing screening is generally high at five year old check, but varies by ethnicity and location Tympanometry screening at 3 years has wide variability.</p> <p>Vision screening is undertaken but data is not collected.</p> <p>Suggestion that B4 School checks are not picking up children with difficulties seeing things close to them</p>	N/A	<p>The collection of data needs improving and it is likely that universal tympanometry will not be continued. Evidence suggests that screening boys for colour vision will not be continued. Decision need to be made about new forms of vision and hearing screening. Screening for hearing loss in the UK for school aged children.</p> <p>UK HTA recently looked at amblyopia and strabismus in children aged 4-5 year. It concludes that further evidence is required, including analysis of social implications</p>
<b>ADOLESCENTS</b>				

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AIMHI: Healthy Community Schools	The Achievement in Multicultural High Schools (AIMHI) programme is currently being run in decile 1 schools. ( <a href="#">MoH 1996</a> )	Assessment of health and social needs of year nine students.	Part of the NSAC work plan.	Unknown.
Alcohol Problems	Run as part of the AIMHI programme. ( <a href="#">MoH 1996</a> )	There are youth specific screening tools available. Screening occurs on an ad-hoc basis and is usually reserved for youth 'at risk'	Part of the NSAC opportunistic screening workplan.	An ALAC commissioned alcohol and drug problem screening tool – SACS – has been recently developed and validated and will likely become recommended screening tool for youth.
Cervical Cancer	No screening for young people recommended.	No screening.	N/A	The HPV vaccine is about to be launched in NZ immunising young women against an STI linked to cervical cancer.  The vaccine is already available in Australia.
Chlamydia	Opportunistic testing is recommended for sexually active people under the age of 25 years. ( <a href="#">NSU 2006</a> )	Testing rates vary in different primary care settings and DHBs. National population surveillance data lacking but clinic data suggests inequality in screening rates.	Currently part of the NSAC workplan.	Australia is developing a targeted pilot screening programme, high levels of hlamydia have been reported in pregnant teenagers. The UK supports a targeted opportunistic screening programme. Uptake has been poor though. Sweden has employed a national screening programme since 1988.
Diabetes	More evidence is needed on the	It is understood that volumes for	N/A	Inquiry into Obesity and

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	<p>effectiveness of screening school-aged children. (1997a)</p> <p>All people (regardless of age) with a past history of impaired glucose tolerance or impaired fasting glucose (retest yearly following negative screening test) (<a href="#">MoH 2003a</a>)</p>	<p>opportunistic diabetes screening are the highest of any screening outside a centrally organised screening programme. A number of PHO's currently operate regionally organised screening programmes</p> <p>Community diabetes groups offer screening to populations in "awareness days"</p>		<p>Type Two Diabetes in New Zealand announced by Parliament's Health Committee in February 2006</p> <p>The UK National Screening Committee has concluded that screening certain subgroups of the population for Type 2 Diabetes is feasible but recommended that it should be part of a programme to detect and manage vascular risk factors for individuals. The aim would be to minimise the risk of an individuals developing cardiovascular disease.</p> <p>Trials are underway for diagnosis through breath-testing.</p>
Depression	<p><a href="#">The National Depression Initiative</a> (NDI) is a national project to raise awareness of depression, to aid early recognition, appropriate treatment, and recovery. <a href="#">'The Lowdown'</a> has been launched as a website helping young people with depression.</p>	<p>Opportunistic screening in primary care. Guidelines for treating and managing depression have been formulated. (<a href="#">NHC 1996</a>)</p>	N/A	<p>Various countries have programmes campaigning against depression: 'beyondblue' (Australia), 'Defeat Depression' and 'Changing Minds' (UK), 'Depression, Awareness, Recognition and Treatment (DART)' and 'National Depression Screening Day' (US), 'Nuremberg Alliance against Depression'</p>

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				(Germany).
Family Violence	In Primary Care Settings, routine screening about partner abuse is an essential component of clinical care for all females aged 16 years and over. In situations where there is an ongoing relationship between health care provider and patient, screening for partner abuse should be taken once annually, unless circumstances suggest more frequent questioning is warranted. At the first visit, female patients should be screened for any partner abuse, both physical or sexual, that occurred anytime in their lives. Annually, women should be screened for physical or sexual abuse over the past year. Male patients should be questioned about partner abuse when they present with signs or symptoms indicative of abuse ( <a href="#">MoH 2002a</a> ).	National training and technical support is available to DHBs, PHOs, midwives and Well Child providers.  Primary care, in particular Well Child and maternity care have a well-developed screening programme. Hospital based programmes have made strong progress, although there is still work to be done to meet the required Ministry of Health standard.  Regular audits are carried out on DHB implementation of the Family Violence Intervention Guidelines: Child and partner Abuse ( <a href="#">MoH 2002a</a> ).	N/A	Programme funding is time limited until June 2007. Other funding options are being explored.
Gonorrhoea	Opportunistic screening targeted at 16 – 25 year olds. ( <a href="#">MoH 2001b</a> )	Opportunistic screening.	N/A	Offered in conjunction when screening for Chlamydia.
Hearing and Vision	No Policy	There is no organised screening at this stage. There are a number of school based pilots such as the AIMHI pilot in low socio-economic school areas in Counties Manukau DHB and Auckland. ( <a href="#">MoH 1996</a> )	Part of the NSAC workplan.	Unknown.
Illicit Drug Screening	Screening as part of the AIMHI programme. ( <a href="#">MoH 1996</a> )	Drug tests have become increasingly wide-spread in schools as urine tests are more readily available.	Part of the NSAC workplan.	Unknown.

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		<p>Schools can either require students to produce a clear drug test before letting them back into school or reinstate them on the condition they have random tests.</p> <p>Auckland District Health Board's laboratory, LabPlus, does drug-testing for schools and says there is an increasing demand for its services.</p>		
Long QT Syndrome	Opportunistic screening.	ECG as first screen.	N/A	Unknown.
Mental Health	Routine use of screening tool is not recommended			
Psychosocial Risk	Screening as part of the AIMHI programme. ( <a href="#">MoH 1996</a> )	There are youth specific screening tools available e.g. HEADSS. Screening occurs on an ad-hoc basis and is usually reserved for youth 'at risk'. Used routinely in certain settings e.g. AIMHI schools, youth clinics.	Part of the NSAC workplan.	RACP is developing recommendations.
Suicide and Parasuicide	<p>Emergency Department Guidelines. Education and CYF Guidelines. The New Zealand Suicide Action Plan 2008 – 2012 has been launched. (<a href="#">MoH 2008</a>)</p> <p>Pilot schemes for assisting schools in supporting at-risk youth are under development in the Waikato region.</p>	There are screening tools available. Screening occurs on an ad-hoc basis and is usually reserved for youth 'at risk' e.g. CYF clients or those who have made an attempt and present at an Emergency Department.	N/A	Unknown.
<b>ADULT</b>				

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Abdominal Aortic Aneurysm	No Policy.	Not routinely undertaken but awareness of the research evidence for screening is high.	N/A	The UK National Screening Committee has advised that screening men aged 65 be offered an ultrasound screen. Screening is likely to be implemented in UK but unclear if as an organised programme
Alcohol and Drug Problems	<ul style="list-style-type: none"> <li>All those 14 years of age and over attending their GPs should be screened at least every 3 years.</li> <li>Health workers in primary health care and other community health settings should provide opportunistic screening to their populations at least every 3 years.</li> <li>Screening should be done using tools such as <ul style="list-style-type: none"> <li>Alcohol Use Disorders Identification Test (AUDIT)</li> <li>Severity of Dependence Scale (SDS)</li> <li>Drug Abuse Screening Test (DAST)</li> <li>Chemical Markers (<a href="#">MoH 2001</a>).</li> </ul> </li> </ul>	<p>Most screening for alcohol problems takes places in the primary care setting. RNZCGP has an alcohol workshop: screening, assessment and management in general practice.</p> <p>New Zealand-based research has established the sensitivity and specificity of screening questions in a primary care setting.</p> <p>Screening also available in prisons.</p>	Part of the NSAC opportunistic workplan.	Screening for alcohol problems not recommended in the UK.
Anxiety Disorders	The Ministry of Health recommends recognition and early intervention at a primary care level. Screening is opportunistic. ( <a href="#">MoH 1997c</a> )	Screening undertaken in primary care.	N/A	Unknown.
Bladder Cancer	No policy	Testing is very common in general practice and often part of a routine medical examination.	N/A	A United States study has demonstrated that urine tests that screen for early-

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				<p>stage bladder cancer can be effective.</p> <p>Dunedin biomedical company Pacific Edge Biotechnology is working to develop early diagnosis products for bladder cancer.</p> <p>Screening for bladder cancer is not recommended in the UK.</p>
Breast Cancer	All women aged 45-69 years should be offered 2 yearly mammograms ( <a href="#">NSU 2004</a> ).	<p>BreastScreen Aotearoa was established in 1998 with the aim of reducing the number of women who die from breast cancer, through early detection of curable cancers.</p> <p>To achieve this, the programme offers free screening mammograms to women aged 45-69 who have no symptoms of breast cancer (services were expanded on 1 July 2005 to include screening for women aged 45-49 years and 64-69 years).</p>	Ongoing monitoring, evaluation and programme development.	<p>Continuous monitoring of international developments and technological advances including:</p> <ul style="list-style-type: none"> <li>• 3D digital mammography</li> <li>• use of MRI.</li> <li>• Breath-testing</li> <li>• Hair diagnosis</li> </ul> <p>Most European countries offer national screening programmes for women ranging from 40 years (Slovakia) to 74 years (France/Sweden).</p> <p>The EU is developing genetic profiling to test for cancer. Bloodspot test underway in Sweden.</p> <p>The UK is working to</p>

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				extend population coverage.  Breast cancer is linked with ovarian cancer, and a potential link to prostate cancer has been identified.
Cardiovascular Disease (CVD) (coronary heart disease)	Risk assessment approach recommended for: <ul style="list-style-type: none"> <li>Most asymptomatic men from age 45 (or 35 if they have known risk factors or are at high risk of developing diabetes)</li> <li>Most asymptomatic women from age 55 (or 45 if they have known risk factors or are at high risk of developing diabetes)</li> </ul> Māori and Pacific peoples and people from the Indian subcontinent should be assessed 10 years earlier ( <a href="#">NZGG 2004b</a> ).	Increasingly undertaken in primary care, in both structured and unstructured programmes by PHOs. Can occur in conjunction with diabetes screening  Some assessments are offered as occupational assessments.	N/A	Universal risk assessment and management programme under development in UK.
Cervical Cancer	All women aged between 20-69 years should be offered 3-yearly cervical screening ( <a href="#">NSU 2000</a> ).  The HPV vaccine Gardasil is offered to young women aged under 18 years and is funded by the government.	National Cervical Screening Programme in place for all women aged between 20-69 years.	Ongoing monitoring, evaluation and programme development.	Most European countries offer national screening programmes for women between 20 years and 70 years.
Chlamydia	Opportunistic testing is recommended for sexually active people under the age of 25 years. ( <a href="#">NSU 2006</a> )	Testing rates vary in different primary care settings and DHBs. National population surveillance data lacking but clinic data suggests inequality in screening rates.	Part of the NSAC workplan.	Australia is developing a targeted pilot screening programme. The UK supports a targeted opportunistic screening programme. Uptake has been poor though. Sweden has employed a

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				national screening programme since 1988.
Colorectal Cancer (Bowel Cancer)	<p>In 1998 the National Health Committee reviewed the evidence around screening for colorectal cancer and advised against population-based screening, given the modest potential benefit, the considerable commitment of health sector resources and the small but real potential for harm (<a href="#">WPSCC 1998</a>).</p> <p>In March 2007, the Minister of Health agreed to “commit to colorectal cancer screening in the future, contingent on the success of a feasibility study, and supporting Cancer Control development work”.</p> <p>The Ministry of Health has commenced planning for implementation.</p>	<p>Unclear what screening occurs for both asymptomatic and high-risk individuals. Practitioners should be following Guidelines released in 2004, which recommend screening /surveillance for CRC in certain high-risk groups (NSGG 2004a).</p> <p>Awareness of research evidence for CRC screening is high.</p> <p>Some restrictions to screening due to demand (especially in Chch and Waikato), where a two-tier system is in place.</p> <p>The NSU is working with the Ministry of Health to launch a colorectal cancer feasibility study.</p> <p>NZ (particularly West Coast) has one of highest rates of bowel cancer in the world.</p>		<p>Two pilots are underway in Australia, partially funded by the government. Relative performance and acceptability under investigation.</p> <p>UK screening pilot underway in some parts, targeted at people 50-69 years, funded by the government. Research is also underway, targeting people aged from 45 years to 74 years and is both publicly and privately funded.</p> <p>Screening programme available to some people aged 55+ years in the United States. Publicly funded research and pilots are underway.</p> <p>Canada, Japan, Czech Republic, Israel, Italy and Poland are running screening programmes.</p> <p>Evidence of inequalities in who participates in bowel cancer screening, whether opportunistically or</p>

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				programmatic
Depression	<p>Post natal depression: screening recommended at well child core contacts at 6 weeks, 3 months and 5 months (<a href="#">MoH 2002d</a>)</p> <p><a href="#">The National Depression Initiative</a> (NDI) is a national project to raise awareness of depression, to aid early recognition, appropriate treatment, and recovery.</p>	<p>Opportunistic screening in primary health settings. Guidelines for treating and managing depression have been formulated. (<a href="#">NHC 1996</a>)</p>	N/A	<p>Various countries have programmes campaigning against depression: 'beyondblue' (Australia), 'Defeat Depression' and 'Changing Minds' (UK), 'Depression, Awareness, Recognition and Treatment (DART)' and 'National Depression Screening Day' (US), 'Nuremberg Alliance against Depression' (Germany).</p> <p>Most countries do not recommend screening for depression.</p>
Diabetes	<p>That pilots for health promotion and primary screening targeted at high risk groups be implemented (<a href="#">HFA 2000</a>)</p> <p>The following recommendations were based on a review of the evidence by the New Zealand Guidelines Group in 2003' 'That screening using fasting glucose and random glucose in the following groups:</p> <ul style="list-style-type: none"> <li>• non-Europeans &gt;30 years, and Europeans &gt;40 years if other risk factors present (retest three-yearly following negative screening test)</li> <li>• non-Europeans &gt;40 years, and Europeans &gt;50 years in the absence of other risk factors (retest</li> </ul>	<p>It is understood that volumes for opportunistic diabetes screening are the highest of any screening outside a centrally organised screening programme. A number of PHO's currently operate regionally organised screening programmes. Can be offered in conjunction with CVD screening.</p> <p>The Get Checked Programme offers free annual checks for complications for those diagnosed with diabetes.</p> <p>Community diabetes groups offer screening to populations in</p>	N/A	<p>Inquiry into Obesity and Type Two Diabetes in New Zealand announced by Parliament's Health Committee in February 2006.</p> <p>Blood testing for pre-diabetes is being considered by the UK. Targeted at at-risk population only.</p> <p>Trials are underway for diagnosis through breath-testing.</p> <p>International studies have</p>

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	three-yearly after negative screening test) ill people (regardless of age) with a past history of impaired glucose tolerance or impaired fasting glucose (retest yearly following negative screening test) ( <a href="#">MoH 2003a</a> )	“awareness days”.  Diabetes screening occurs as part of a comprehensive cardiovascular risk assessment.		located genes potentially linked to Type 2 Diabetes
Endometrial cancer	No Policy			Continuing research in area but as yet, no appropriate screening test has been identified
Family Violence	In Primary Care Settings, routine screening about partner abuse is an essential component of clinical care for all females aged 16 years and over. In situations where there is an ongoing relationship between health care provider and patient, screening for partner abuse should be taken once annually, unless circumstances suggest more frequent questioning is warranted. At the first visit, female patients should be screened for any partner abuse, both physical and sexual, that occurred anytime in their lives. Annually, women should be screened for physical or sexual abuse over the past year. Male patients should be questioned about partner abuse when they present with signs or symptoms indicative of abuse. ( <a href="#">MoH 2002a</a> )  Violence Intervention Programme has been set up at DHB level for all forms of family violence (incl elder abuse)	National training and technical support is available to DHBs, PHOs, midwives and Well Child providers.  Primary care, in particular Well Child and maternity care have a well developed screening programme. Hospital based programmes have made strong progress, although there is still work to be done to meet the required Ministry of health standard.  Regular audits are carried out on DHB implementation of the Family Violence Intervention Guidelines: Child and partner Abuse ( <a href="#">MoH 2002a</a> )	N/A	Programme funding is time limited until June 2007. Other funding options are being explored.  A recent HTA in UK found insufficient evidence to implant a FV screening programme generally or in specific clinical settings (March 2009)

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Haemochromatosis	Universal screening is not recommended.	Some screening of high-risk individuals.	N/A	UK does not recommend screening.
Hepatitis B	Screening of high-risk individuals and surveillance of known carriers recommended. Opportunistic antenatal screening recommended.	Limited surveillance of known carriers occurring only in the upper-North Island.	Work currently underway looking to link key areas of service.	In 2004, US Preventive Services Task Force recommends against routine screening general population for chronic hepatitis B carriers  Specific parts of Australia are to begin a screening programme later 2008.
HIV	Opportunistic screening for people at risk, including refugees.  Mothers offered testing as part of Antenatal screening	New high-speed screening test is increasing uptake.	N/A	UN believes AIDS incidence to be overestimated.
Long QT Syndrome	Opportunistic screening.	ECG as first screen.	N/A	Unknown.
Lung Cancer	Not recommended	Breath testing and lung CT scanning offered opportunistically.	N/A	Australia is monitoring the development of a breath test that has a high negative predictive value and can correctly rule out lung cancer in the majority of individuals who do not have the disease.  The UK does not recommend screening.  Japanese studies have indicated that CT scans are preferable to radiography for lung cancer screening. Earlier detection of lung

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				cancer does not appear to affect the mortality of lung cancer.
Mental Health	Targeted Screening of high risk patients is recommended. Proposal is that programmes, such as diabetes programme 'Get Checked' provide suitable opportunity for annual mental health assessment Suggests that older adults should be screened, particularly those in residential care or those who have suffered a recent significant loss. Routine psychosocial assessment should be conducted annually and include questions for depression, anxiety and substance abuse	Intersectoral initiatives that include screening for 'at risk groups': <ul style="list-style-type: none"> <li>• CYF screen 'at risk' youth using the CAGE and Kessler screening instruments</li> <li>• The Health and Education Assessments initiative: young people aged 10-17 who have offended and referred for a Family group Conference are given a health assessment using the "Home, Education, Activities, Drugs, Sexuality, Suicide and mood" screening tool.</li> </ul> Refugees to begin being screened for mental illnesses.	N/A	Unknown.
Oral Cancer	Not recommended	Unknown.	N/A	Recent studies suggest that opportunistic screening of high-risk people for oral cancer, particularly in general dental practice, may be cost-effective especially for those aged between 40 and 60 years.
Osteoporosis	Not recommended	Some opportunistic screening in primary care for bone mineral density. Increasing interest in NZ.	N/A	US Preventative Services Task Force has recommended that screening occurs from 60/65 depending on risk factors. UK National Screening Committee

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				position is that screening should not be offered although this will be reviewed during 2008/09
Ovarian Cancer	Not recommended.	Unknown.	N/A	RCT being conducted in UK (UK Collaborative Trial of Ovarian Cancer Screening) looking at effects of screening on mortality. Looking at two diff modes of screening v no screening. However, could be high false positive results, overdiagnosis and overtreatment
Ovarian Reserves	Not recommended.	Opportunistic screening.	N/A	Unknown.
Postnatal Depression	Recommended	Opportunistic screening. May become screening programme	N/A	Work underway in Maternity area of MOH to develop and implement screening programme. Recommended by NZGG guidelines on Depression and Mental Health
Problem Gambling	Ministry of Health funds 22 providers to provide screening (authenticated screening tool) for problem gambling. Recent publication sets out model that includes screening in primary care and social service settings	Settings for problem gambling screening include community settings, gambling services and general practice. Recent publication recommends opportunistic screening of gambler's family to help identify problem gamblers.	N/A	Unknown overseas.

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Prostate cancer	A prostate cancer screening programme is not recommended though opportunistic PSA screening is publicly funded through community laboratory contracts. ( <a href="#">NHC 2004</a> )	Extensive opportunistic screening occurs within primary care.	Part of the opportunistic screening workplan.	<p>10-year results from two international RCTs have been released.</p> <p>Information resources for consumers and practitioners currently being revised in NZ by the Cancer Control Working Group (Clinical Service Directorate)</p> <p>Australia has developed information cards to inform men about prostate cancer.</p> <p>Possible linkages between some genetic forms of breast cancer and prostate cancer. Suggests that there would be link between prostate and ovarian cancers</p>
Renal Disease	Opportunistic screening and self-testing using a urine dip-stick.	Commonly part of a routine medical examination, and especially during insurance medical check-ups.	N/A	Plans are underway to monitor for kidney disease in the UK.

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Retinal Screening for Diabetic Retinopathy	<ul style="list-style-type: none"> <li>Type 2 diabetics to enter screening programme on diagnosis</li> <li>Type 1 diabetics aged over 10 years or diagnosed &gt;5 years ago to enter screening programme</li> <li>Re-screening at 2 years if no abnormality detected, more frequently if an abnormality</li> <li>Photographic method preferred over fundoscopy</li> </ul> <a href="#">(2006c)</a>	Range of local diabetic retinopathy screening systems but no national standards or independent monitoring and quality assurance. In 2001 an MoH working group developed a possible model for a national programme. MoH and The Save Sight Society further refined and advanced this plan in 2004	N/A	Unknown.
Syphilis	Opportunistic screening reportedly increasing in New Zealand.	Screening of pregnant women.	N/A	Increasing international interest as incidence is increasing.
Skin Cancer	<p>Objective 4 of the NZ Cancer Control Strategy: "Reducing the number of people developing skin cancer due to UV radiation". <a href="#">(MoH 2003c)</a></p> <p>SunSmart Partnership between Cancer Society and Health Sponsorship Council.</p> <p>Australasian Skin Cancer Guidelines do not recommend population screening</p>	Some opportunistic screening largely driven by commercial interests impacting on dermatological and general practice areas. Evidence to support screening is lacking.	N/A	
Stomach Cancer	No policy	Unknown.	N/A	Not recommended in the UK.
Stroke	No policy	Unknown.	N/A	Monitoring to be offered in the UK.
Testicular Cancer	No policy	Unknown. Self examination is widely advocated.	N/A	Unknown.
Thyroid Disease	No policy	Unknown.	N/A	Unknown.

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Vision	No policy	Unknown	N?A	UK HTA looked at age-related macular degeneration, and concluded that annual screening has benefits but lack of knowledge means unable to justify implementation of screening programme.
Venous Thromboembolism (VTE)	Unknown.	Unknown.	N/A	Pilot of National Venous Screening Program in 2005 and 2006 in USA

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