



NCSP During COVID-19: Primary Care Update, 24 April 2020

Key information in this communication

1. NCSP expectations for cervical screening and colposcopy at the different alert levels
2. A significant change to the follow-up of women after treatment for a high-grade squamous lesion.
3. Other relevant changes in the revised *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* due to be published.

1. The NCSP during the COVID-19 pandemic

In Government COVID-19 Alert Level 3 essential preventative health care continues, which includes cervical screening. The National Screening Unit is keen to re-establish cervical screening as soon as possible, and has provided the following guidelines for primary care:

NCSP during Alert Level 3	<p>Screening / assessment</p> <ul style="list-style-type: none">- Routine cervical screening will begin to resume for eligible women. For those who are 70 + or with existing medical conditions, the decision to screen will be made on a case-by-case basis- Providers are to continue to invite, see and follow-up all screening participants with previously identified cervical abnormalities on cytology or histology.- <u>In the first instance, priority should be given to annual surveillance rescreens, overdue screens, and priority populations</u>- Where capacity allows providers can invite new eligible women and those due for their 3 yearly repeat screening- Screening support services can assist with engaging priority populations- Continued triage/ assessment of patients with symptoms of abnormal bleeding <p>Key messages for women</p> <ul style="list-style-type: none">• Screening is an essential preventative service• Cervical screening is safe• The risk of transmission of COVID-19 is minimised during the appointment and procedure• Providing information on alternative screening options may support screening attendance• Information to support women returning to screening during alert level 3 is available on www.timetoscreen.nz <p>Infection control</p> <ul style="list-style-type: none">• Defer anyone over 70 years or with co-morbidities• <i>Prior to the appointment</i> contact the patient and ask the following questions:<ol style="list-style-type: none">a) Do you have symptoms of acute respiratory illness with at least one of the following: cough, sore throat, shortness of breath, coryza (runny nose) or temporary loss of smell, with or without fever. If yes, then this person may have COVID-19 and needs to be assessed.
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	<p>b) Have you been in contact with others in the last two weeks who have been unwell?</p> <p>c) Have you been in any contact with people who are unwell with respiratory symptoms/fever or who have undergone testing for COVID-19?</p> <ul style="list-style-type: none"> • Providers should follow their own protocols and other risk assessments for seeing patients who answer 'yes' to any of the above questions. <p>Refer to the following links on the Ministry of Health website:</p> <p>Poster – Principles of PPE use in health care settings. This link also includes a range of other resources.</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-advice-essential-workers-including-personal-protective-equipment/personal-protective-equipment-use-health-care</p> <p>COVID-19 – Primary care quick reference guide; COVID-19 questions and answers for primary health care workers</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-primary-care</p>
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To assist with your planning, Appendix 1 provides a summary table of expected activity in primary care and colposcopy depending on the various alert levels.

2. Significant change to the follow-up pathway after treatment at colposcopy

There is an important change in the new clinical guidelines (soon to be published) relating to the recommended follow-up pathway for treatment of high-grade squamous disease.

Currently women are seen at 6-months for a colposcopy and cytology test and have a 'test of cure' (cytology and HPV test) in primary care at 12 and 24 months post-treatment. From April 2020 the following changes are being made:

- Many patients treated for high-grade squamous disease will be able to be discharged to primary care for a 'test of cure' at 6 and 18 months after treatment (rather than at 12 and 24 months).
- Women can still be followed up at colposcopy post-treatment if there are any clinical concerns.

This change to the follow-up post treatment of high-grade lesions is effective immediately.

You will be advised by the colposcopy unit if this change affects any of your patients.

The change was planned to be introduced with HPV primary screening but has been fast-tracked due to the evolving COVID-19 situation. This will help limit non-essential attendance at clinical appointments. Other countries, including the UK and Ireland have introduced this change to their patient care pathway. It has been ratified by the Ministry of Health's National Cervical Screening Programme Advisory Group.

Most importantly, there is good evidence that compared to a colposcopy and cervical screening test at 6 months, cervical screening together with an HPV test is much better at identifying the effectiveness of treatment and avoids an unnecessary colposcopy.

The NCSP Register is fully informed of this change and will accept HPV testing carried out as part of a 'test of cure' from 6 months post-treatment.

3. Other important changes in the updated NCSP Guidelines

The Ministry of Health will shortly be publishing the updated *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. This includes:

- A change to the starting age for screening to 25 years.
- A new section on abnormal bleeding to assist medical practitioners in primary care with assessment, management and referral decisions.
- People aged 70 years and older who were unscreened or under-screened prior to age 70 will be required to have two consecutive normal cytology samples (taken 12 months apart) before ceasing cytology screening.

Thank you once again for your support to patients during this stressful period of disruption to usual work arrangements.

Kind regards

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Clinical Director, National Screening Unit

Appendix 1 – NCSP delivery in primary care and DHB colposcopy services according to alert levels

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 4 in the region	<p>GOVERNMENT ALERT LEVEL 4</p> <p>Primary care:</p> <ul style="list-style-type: none"> • Routine screening is paused. • Anyone who is due for more frequent surveillance screening or follow-up tests such as annual recalls, should continue to be invited, seen and referred as per the existing NCSP pathway. • Some providers or patients may not be able or comfortable undertaking cervical screening during this time and under these circumstances, a delay of up to three months is acceptable, with encouragement to attend once the three months has elapsed. • Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. 	<p>DHB ALERT LEVEL 4 RED</p> <p>DHB Colposcopy:</p> <ul style="list-style-type: none"> • See proven or suspicious cervical cancer cases only <p style="text-align: center;">OR</p> <p>DHB ALERT LEVEL 3 ORANGE</p> <p>DHB Colposcopy:</p> <ul style="list-style-type: none"> • Referrals with suspected or proven cancer should be seen urgently. • High-grade referrals should be triaged and seen as soon as capacity allows. • Other referrals are held.
Government Alert Level 3 in the region	<p>GOVERNMENT ALERT LEVEL 3</p> <p>Primary care:</p> <ul style="list-style-type: none"> • As soon as resources allow, routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. • In the first instance, invitations should prioritise those who are overdue for screening, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. • Engage screening support services in your district, if available, to assist with engaging priority group women who are hard to reach. • Referrals to colposcopy continue. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. • Regional variation may occur. For example, a region remaining at Level 4 will be unable to resume routine screening. • Women are advised that there could be some delays in being seen at colposcopy, particularly if referred with low-grade changes. 	<p style="text-align: center;">OR</p> <p>DHB ALERT LEVEL 2 YELLOW</p> <p>DHB Colposcopy:</p> <ul style="list-style-type: none"> • Invasive cancers, high-grade and low-grade referrals are seen, with prioritisation to manage capacity. • Some delay in seeing women with low-grade referrals may still occur (up to 12 months instead of the usual 6 months)

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 2	<p>GOVERNMENT ALERT LEVEL 2</p> <p>Primary care:</p> <ul style="list-style-type: none"> • Routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. • Invitations for screening should prioritise those who are overdue, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. • Referral to colposcopy continues as per NCSP protocols. 	<p style="text-align: center;">OR</p> <p>DHB ALERT LEVEL 1 GREEN DHB Colposcopy: Restore normal services as quickly as possible.</p>
Government Alert Level 1	<p>GOVERNMENT ALERT LEVEL 1</p> <p>Primary care:</p> <ul style="list-style-type: none"> • All usual cervical screening programme activities resume. 	