

# Cervical Cancer Screening Guidelines Across Canada

Environmental Scan

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER



March 2016

A magnifying glass with a silver handle and a circular lens is positioned over a green maple leaf. The lens shows a close-up of the leaf's veins and some small white spots. The background is white with a light blue dotted pattern.

# Background

The Canadian Partnership Against Cancer collects information annually from the provinces/territories and international organizations on the status of population-based cervical cancer screening programs and/or strategies.

This information compares current guidelines and evidence-based recommendations in order to identify leading practices.



# Presentation Outline

- ❑ Canadian Task Force on Preventive Health Care Guidelines
- ❑ Provincial and Territorial Guidelines
- ❑ Cervical Cancer Screening Programs in Canada
- ❑ Cervical Cancer Screening Practices
- ❑ Colposcopy Services or Standards Across Canada
- ❑ Information Technology Solutions
- ❑ HPV DNA Testing
- ❑ HPV Immunization



# Canadian Task Force on Preventive Health Care Guidelines

The Canadian Task Force on Preventive Health Care (2013) recommends the following for cervical cancer screening:

- **For women aged <20, routine screening not recommended** (*Strong recommendation, high quality evidence*)
- **For women aged 20 to 24, routine screening not recommended** (*Weak recommendation; moderate quality evidence*)
- **For women aged 25 to 29, routine screening is recommended every 3 years.** (*Weak recommendation; 444quality evidence*)
- **For women aged 30 to 69, routine screening is recommended every 3 years.** (*Strong recommendation; high quality evidence*)
- **For women aged  $\geq 70$  who have been adequately screened (i.e. 3 successive negative Pap tests in the last 10 years), routine screening may cease. For women aged 70+ who have not been adequately screened should continue screening until 3 negative test results have been obtained.** (*Weak recommendation; low quality evidence*)

For more information please visit: <http://canadiantaskforce.ca/>



# Cervical Cancer Screening Programs: Provincial and Territorial Guidelines

	Start Age for Asymptomatic Women at Average Risk	Interval	Stop Age for Asymptomatic Women at Average Risk
<b>Nunavut</b>	Age 21 for women who are or have been sexually active	Every 2 years after 3 consecutive annual negative tests	Age 70 with 3 or more negative tests in previous 10 years
<b>Northwest Territories</b>	Age 21 or 3 years post first sexual contact, whichever occurs first	Every 2 years after 3 consecutive annual negative tests	Age 69 with 3 negative tests in previous 10 years
<b>Yukon</b>	British Columbia Cancer Agency guidelines	British Columbia Cancer Agency guidelines	British Columbia Cancer Agency guidelines
<b>British Columbia</b>	Age 21 or 3 years post first sexual contact, whichever occurs first	Every 2 years after 3 consecutive annual negative tests	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women inadequately screened)
<b>Alberta</b>	Age 21 or 3 years post first sexual contact, whichever occurs later (under review)	Within 5 years, with 3 negative tests at least 12 months apart and then continue every 3 years (under review)	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)
<b>Saskatchewan</b>	Age 21 or 3 years post first sexual contact, whichever occurs later	Every 2 years until 3 consecutive negative tests then every 3 years	Age 69 with 3 negative tests in previous 10 years or 3 annual negative tests (for women with no screening history)
<b>Manitoba</b>	Age 21 for all women who have ever been sexually active	Every 3 years	Age 70 with 3 negative tests in previous 10 years



# Cervical Cancer Screening Programs: Provincial and Territorial Guidelines, cont'd

	Start Age for Asymptomatic Women at Average Risk	Interval	Stop Age for Asymptomatic Women at Average Risk
<b>Ontario</b>	21 years of age for women who are or have ever been sexually active.	Every 3 years	Age 70 with adequate negative screening history in previous 10 years (i.e. 3 or more negative tests)
<b>Quebec</b>	Age 21	Every 2-3 years	Age 65 with 2 negative tests in previous 10 years
<b>New Brunswick</b>	Age 21 or 3 years post first sexual contact, whichever occurs later	Every 2 -3 years after 3 consecutive annual negative tests	Age 69 with history of adequate negative tests in previous 10 years or 3 annual negative tests (for women with little/no screening history)
<b>Nova Scotia</b>	Age 21 or within 3 years of first vaginal sexual contact whichever comes last	Every 3 years	Age 70 with adequate negative screening history in the previous 10 years (i.e. 3 or more negative tests).
<b>Prince Edward Island</b>	Age 21 if sexually active	Every 2 years	65 with adequate normal Pap history in the previous 10 years
<b>Newfoundland &amp; Labrador</b>	Age 21	Every 3 years after 3 consecutive annual negative tests	Age 70 with 3 negative tests in previous 10 years or 3 consecutive negative tests (for women with no screening history)

# Cervical Cancer Screening Programs in Canada

	Program Start Date	Program Name	Agency Responsible for Program Administration
<b>Nunavut</b>	Screening guidelines and management of abnormal cytology results have been revised	Organized Screening Program not yet available	Government of Nunavut Department of Health
<b>Northwest Territories</b>	N/A	Program not available	Department of Health & Social Services
<b>Yukon</b>	N/A	Program not available	Government of Yukon
<b>British Columbia</b>	1960	Cervical Cancer Screening Program	BC Cancer Agency
<b>Alberta</b>	2003	Alberta Cervical Cancer Screening Program	Alberta Health Services
<b>Saskatchewan</b>	2003	Prevention Program for Cervical Cancer	Saskatchewan Cancer Agency
<b>Manitoba</b>	2000	CervixCheck	CancerCare Manitoba
<b>Ontario</b>	2000	Ontario Cervical Screening Program	Cancer Care Ontario
<b>Québec</b>	N/A	Program not available	Direction québécoise de cancérologie, Ministère de la santé et des services sociaux du Québec
<b>New Brunswick</b>	2014	New Brunswick Cervical Cancer Prevention and Screening Program	New Brunswick Cancer Network (NB Department of Health)
<b>Nova Scotia</b>	1991	Cervical Cancer Prevention Program	Cancer Care Nova Scotia
<b>Prince Edward Island</b>	2001	Cervical Cancer Screening Service	Health PEI
<b>Newfoundland and Labrador</b>	2003	Cervical Screening Initiatives Program	Cancer Care Program, Eastern Health



# Cervical Cancer Screening Practices

## □ Detection methods in routine use in cervical cancer screening programs

Nunavut	Northwest Territories	Yukon	British Columbia	Alberta
Liquid Based Cytology	Liquid Based Cytology		Conventional cytology	Liquid Based Cytology
Reflex HPV testing for ASCUS in women ages >30	HPV triage for certain Pap test abnormalities			HPV triage for certain Pap test abnormalities**
Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick
Conventional cytology	Liquid based cytology	Liquid Based Cytology	Conventional cytology Liquid Based Cytology	Liquid Based Cytology and conventional cytology
		HPV triage recommended for certain Pap test abnormalities* in women $\geq$ 30 (not an insured service)	HPV triage is already available in 2 dedicated laboratories and are available for all ASCUS related cases in the province	HPV triage for certain Pap test abnormalities**
Nova Scotia	Prince Edward Island	Newfoundland/Labrador	*triage in case of ASC-US only **triage in case of ASC-US or LSIL	
Conventional cytology and one district who is piloting Liquid Based Cytology testing	Conventional cytology  HPV triage for ASCUS in women $\geq$ 30 years old	Liquid Based Cytology  Reflex HPV testing for ASCUS in women >30 years old		





# Cervical Cancer Screening Practices

Does the screening program send reminders for follow up after abnormal Pap test results?

Nunavut	Northwest Territories	Yukon	British Columbia	Alberta
4. No	1. Yes to care providers only	Information currently not available	1. Yes to care providers only	1. Yes to care providers and/or women
	Not direct to patients. Cytology lab sends follow-up letters to clinicians for abnormal smears on which they have not received a follow-up smear within a specific time frame.			
Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick
1. Yes to care providers only	3. Yes, to women and care providers	2. Yes, to women only	4. No	4. No
	Letters sent to providers and women where recommended follow up has not been performed for low-grade results. Result letters are sent directly to women 4 weeks after high-grade results.			Abnormal Results correspondence to primary care providers and women planned to begin in Fall 2015
Nova Scotia	Prince Edward Island	Newfoundland/Labrador	Options 1. Yes, to care providers only 2. Yes, to women only 3. Yes, to women and care providers 4. No And further comments (if any)	
1. Yes, to care providers only	3. Yes, to women and care providers from lab services (not program)	3. Yes to health care providers, then women		
Reminder letters are sent to the health care provider who performed the pap test, when recommended follow up has not been performed.				



# Cervical Cancer Screening Practices

When is a woman sent for a referral to colposcopy in your cervical cancer screening program?

Result	NU	NT	YT	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
ASC-US (1 <sup>st</sup> result)													
LSIL (1 <sup>st</sup> result)		(LSIL Age >30)						✓*	✓				
ASC-US and HPV+ result	✓ (for women >= 30)	Age ≥30 & 2 <sup>nd</sup> result 21-30			✓ (for women >= 30 yrs)			✓	Age >30	✓		✓	✓
Repeated ASC-US/LSIL after previous ASC-US/LSIL	✓	In women ≥ 21 years of age			✓	✓	✓	✓	✓	✓	✓	✓	✓
AGC	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSIL+	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other:	Refer to Territorial Guidelines	Refer to Territorial Guideline		persistent ASC-US/LSIL for 2 years	women >=50 years - LSIL and HPV + result		Persistent Unsat results due to inflammation or obscuring blood	*Either colposcopy or repeat cytology after 6 months	Postcoital bleeding or cervicitis	women ≥50 years with LSIL and HPV + result			

# Standardized Reporting for Cervical Cytology



Province/ Territory	Current terminology in use for standardized cervical cytology reporting is based on which reporting system (e.g. 2014 Bethesda Cervical Cytology Atlas, 2001 Bethesda Cervical Cytology Atlas , etc.)
NT	
YK	
NU	
BC	
AB	
SK	
MB	
ON	
QC	
NB	
NS	
PEI	
NL	2014 Bethesda

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# Colposcopy Services or Standards Across Canada



Province/Territory	How are colposcopy services provided in your province/territory (e.g. Are there any formal programs, what facilities are delivering colposcopy services)?
NT	No formal program for colposcopy, but referral to Ob/Gyn. Only Ob/Gyns perform colposcopy for entire territory
YK	
NU	
BC	The Provincial Colposcopy Program consists of 24 hospital-based clinics located throughout BC. Colposcopists affiliated with the Provincial Colposcopy Program are certified and have agreed to use a uniform reporting system with standardized terminology.
AB	Sixty-two colposcopists work out of 32 colposcopy clinics / sites participating and submitting colposcopy report forms to the ACCSP
SK	Colposcopy services are provided by individual practitioners, which includes gynecologic oncologists as well as general gynaecologists.
MB	4 formal colposcopy clinics (2 rural, 2 in wpg) based out of hospitals, remaining colposcopy services are in private offices
ON	Colposcopy services are provided by individual practitioners including, but not limited to, gynecologists, and gynecologic oncologists.
QC	Colposcopy services are conducted in hospital settings. Referrals are done by the hospital and there are no formal programs.
NB	Colposcopies are provided by each of the 8 regional hospitals across NB. Colposcopies are operationalized by the Regional Health Authorities.
NS	Colposcopy is delivered in NS primarily in hospital based clinics. There are a few private office based clinics that provide initial assessment with treatment performed in a hospital setting.
PEI	Colposcopy services are provided by individual general gynecologists primarily in an office setting.
NL	Colposcopy services are provided in eleven sites within the four regional health authorities. There are also some colposcopy services available in private practice. A comprehensive review of colposcopy services is completed with a best practices guidelines developed with key indicators.

# Colposcopy Services or Standards Across Canada



Which colposcopy services/standards are offered in your province/territory

Province/Territory	Training Programs (please specify)	CME certification opportunities (please specify)	Collection of quality indicators related to colposcopy (please specify)	Other (please specify)
NT			Same indicators collected as Alberta but not recorded centrally	
NU				
YT				
BC	Certified through the Provincial Colposcopy Program	Annual Colposcopy Update – full day accredited CME even for colposcopists; attendance 2/3 years is required for maintenance of certification	Individual indicators fed back to colposcopists re: number of exams; percentage of exams with no impression; percentage of over and under called lesions, percentage of severe lesions missed, percentage of patients biopsied	Provincial and group indicators reported in addition to individual statistics
AB	All physicians doing colposcopy in Alberta meet College of Physicians and Surgeons of Alberta (CPSA) education standards	ACCSP sponsors Annual Colposcopy meeting accredited by the Royal College of Physicians and Surgeons of Canada	The ACCSP Colposcopy Quality Improvement Committee has identified three Colposcopy Quality Practices (CQP) and eight Colposcopy Quality Measures (CQM) as detailed in the Colposcopy Component – ACCSP Quality Management Program Documentation	Standards also supported by the Society of Obstetricians and Gynaecologists of Canada
SK	No formal training programs			

# Colposcopy Services or Standards Across Canada



Which colposcopy services/standards are offered in your province/territory (✓ check all those that apply), cont'd

Province/Territory	Training Programs (please specify)	CME certification opportunities (please specify)	Collection of quality indicators related to colposcopy (please specify)	Other (please specify)
MB	limited		CervixCheck collects and distributes colposcopy quality indicator reports to all MB colposcopists which include, a) time to colposcopy, and b) impression-histology correlation.	
ON			Data collection began April 2014 to support indicators	
QC	certain residency programs in gynecology are offered 3 months of training dedicated to colposcopy	certain professional associations offer such certifications (AOGQ, SPGQ, GOC, ASCCP)**		
NB	Responsibility of the Regional Health Authorities	Responsibility of the Regional Health Authorities	Varies per Regional Health Authority	Program is planning to collect basic data of Colposcopy service date by 2015.
NS		Colposcopist Working Day (CME credits)	Colposcopist performance reports. *For details see below	
PEI	N/A	N/A	N/A	N/A – completed through OB/Gyn offices
NL		Yes	3 performance indicators	Provincial Colposcopy Best Practice

\*Colposcopy Visual vs Histopathology First Visit and Zone seen = Yes - By Physician and Aggregate; Colposcopy Pre-Treatment Biopsy Result vs. Treatment Result – By Treatment - By Physician and Aggregate; Treatment Success By 12 Month Post Treatment Result – By Treatment - By Physician and Aggregate; % of ECC's Performed By Physician and Aggregate

\*\*Association des obstétriciens et gynécologues du Québec (AOGQ); Société des obstétriciens et gynécologues du Canada SPGQ, (SOGC); Society of Gynecologic Oncologists of Canada (GOC); American Society for Colposcopy and Cervical Pathology (ASCCP).



# Colposcopy Wait Time Management

Province/ Territory	Has your province/territory implemented or is it planning to implement initiatives to reduce wait times for follow-up colposcopy after a high-grade Pap test result (e.g. centralized triage, colposcopy quality enhancement, reducing colposcopy follow-up for lower-grade Pap test results)? Please describe.
NU	
YK	
NT	
BC	
AB	
SK	
MB	
ON	
QC	
NB	
NS	
PEI	
NL	New guidelines recommend timelines to colposcopy based on the cytology diagnosis, new colposcopy report card, more repeat pap's for ASCUS diagnosis <30 yrs of age, standard colpo referral form, and regional working groups to improve colpo services

# Information Technology Solutions Used in Cervical Cancer Screening Programs



□ Which IT system/solution do you currently use in your cervical cancer screening program?

Province/ Territory	Name of Information Technology System/Solution
NU	
YK	
NT	Manual (no system)
BC	IT system was developed in-house.
AB	Alberta Cervical Cancer Screening application and colposcopy databases contains all records of referral cytology
SK	Integrated Screening Information System or ISIS
MB	ISIS-CSP – Artificial Intelligence in Medicine
ON	Cytobase
QC	Cervical cancer screening is opportunistic and therefore, there is no cervical cancer screening program nor is there an information system. Since 2013, data on high-grade cervical lesions are collected through the Quebec cancer registry.
NB	Custom Designed Solutions– CCPSR (Cervical Cancer Prevention & Screening Repository) and CS-IIS (Cancer Screening – Integrated Information System)
NS	Casper (Oracle relational database)
PEI	Manual for provincial service – no IT system at this time
NL	ISIS



# Information Technology Solutions – Electronic Databases/Registries

Electronic registries and databases currently available in your province or territory  
(check all that apply):

Electronic Registry/ Database	NU	NT	YK	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Population													y
Cancer													y
Cervical Screening													y
Cervical Screening Follow up													y

# Information Technology Solutions – Database/Registry Linkage

Can the cervical cancer screening registry/database be linked to:

Registry/ Database	NU	NT	YK	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Population													n
Cancer													y
Cervical Screening Follow-up													y



# HPV DNA Testing

Is the use of HPV DNA testing a standard of practice in your province or territory? If yes, in what capacity is it being used (include as many as apply)?

Nunavut	Northwest Territories	Yukon	British Columbia	Alberta
2. Aids triage in women >30 with ASCUS on Pap	2. Triage in women $\geq 30$ with ASCUS or postmenopausal women with LSIL/ASC-US 3. Pilot trials/ Research 4. Follow up for treatment	Information currently not available	3. Pilot trials/Research (primary screening) 4. Follow up for treatment	2. Triage in women $\geq 30$ with ASCUS or women $\geq 50$ with LSIL. (HPV triage)
Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick
3. Pilot trials/Research (pilot for gynecologist to use only when requested not a pilot for primary screening) 5. Personal request (only)	3. Pilot trials/Research 4. Follow up for treatment (only performed in 2 formal colposcopy clinics)	6. HPV primary screening recommended but not funded as yet	2. Triage in women $\geq 30$ with ASCUS	2. Triage in women $\geq 30$ with ASCUS or women $\geq 50$ with LSIL (HPV Triage)
Nova Scotia	Prince Edward Island	Newfoundland/Labrador	Options 1. Routine primary screening 2. Triage in women (please specify when) 3. Pilot trials/Research (please specify focus: primary screening, triage, or follow-up for treatment) 4. Follow up for treatment 5. Personal request (only) 6. Other (specify)	
3. Pilot trials/Research	2. Triage in women $\geq 30$ with ASCUS	2. Triage of ASCUS in women over 30 yrs of age 3. Research		



# Status of Implementation of HPV DNA Testing for Primary Screening

Province/ Territory	What is the current status of implementation of HPV testing for primary screening of cervical cancer in your province/territory? Please describe.
NT	
YK	
NU	
BC	
AB	
SK	
MB	



# Status of Implementation of HPV DNA Testing for Primary Screening (cont'd)

Province/ Territory	What is the current status of implementation of HPV testing for primary screening of cervical cancer in your province/territory? Please describe.
ON	
QC	
NB	
NS	
PEI	
NL	Discussion Paper 2016 reviewing the program pathway and priorities

# HPV Immunization – Program Details

( ✓ Check all those that apply)

Province/ Territory	Are vaccines available outside the program?	Is there a school- based strategy for girls?	Is there a school- based strategy for boys?	Is there an immunization committee in place?
NU	✓	✓		✓
NT	✓	✓		✓ A general NWT Advisory Committee on Immunization
YT				
BC	✓	✓		✓
AB	✓	✓	✓ (as of fall 2014)	✓
SK	✓	✓		✓
MB	✓	✓		✓
ON	✓	✓		
QC	✓	✓		✓
NB	✓	✓		
NS	✓ (commercially available for purchase)	✓	✓ (as of fall 2015)	
PEI	✓	✓	✓	✓
NL	✓	✓	x	✓

# HPV Immunization – Reported Rates for School-based Programs

Please verify and update the HPV vaccination uptake information for girls for the **2014/15 school year or most recent year possible** in the table below. If vaccination rates are estimated, please indicate this in the table.

Routine Schedule (0, 2, 6 months)							
Province / Territory	Date of First Implementation	School Grade	School Year	Total Size of Eligible Cohort (girls only)	Immunization Uptake (girls only)		
					1st dose	2nd dose	3rd dose
British Columbia	September 2008	Grade 6	2013-2014	21073		65.8%	Two-dose schedule
Alberta	September 2008	Grade 5	2013-2014		74.2%		64.9%
Saskatchewan	September 2008	13 years of age (Grade 6)	2012-2013	6743	80.3%	78.4%	73.7%

BC: Two-dose vaccine schedule.

SK: HPV vaccination is offered in grade 6, however, immunization information is not recorded by grade. Vaccination coverage is therefore assessed at age 13.

Data Source: Cervical Cancer Screening Guidelines Across Canada: Environmental Scan, July 2015; Canadian Partnership Against Cancer HPV Immunization Survey, July 2015; BC Centre for Disease Control.

# HPV Immunization – Reported Rates for School-based Programs, cont'd

Please verify and update the HPV vaccination uptake information for girls for the **2014/15 school year or most recent year possible** in the table below. If vaccination rates are estimated, please indicate this in the table.

Routine Schedule (0, 2, 6 months)							
Province / Territory	Date of First Implementation	School Grade	School Year	Total Size of Eligible Cohort (girls only)	Immunization Uptake (girls only)		
					1st dose	2nd dose	3rd dose
Manitoba	September 2008	Grade 6	2014-2015		70.1%	65.8%	58.6%
Ontario	September 2007	Grade 8	2012-2013				80.2%
Quebec	September 2008	Grade 4 (Pr.3)	2014-2015		78.2%	74.4%	Two-dose schedule

Data Source: Cervical Cancer Screening Guidelines Across Canada: Environmental Scan, July 2015; Canadian Partnership Against Cancer HPV Immunization Survey, July 2015.



# HPV Immunization – Reported Rates for School-based Programs, cont'd

Please verify and update the HPV vaccination uptake information for girls for the **2014/15 school year or most recent year possible** in the table below. If vaccination rates are estimated, please indicate this in the table.

Routine Schedule (0, 2, 6 months)							
Province / Territory	Date of First Implementation	School Grade	School Year	Total Size of Eligible Cohort (girls only)	Immunization Uptake (girls only)		
					1st dose	2nd dose	3rd dose
New Brunswick	September 2008	Grade 7	2014-2015	3791	> 73% **	>73% **	73%
Nova Scotia	September 2007	Grade 7	2013-2014		88.8%	84.5%	75.0%
Prince Edward Island	September 2007	Grade 6	2013-2014	715	90.6%	88.7%	84.9%

NB: An additional 5.3% received at least one or two doses, however, the two cannot be differentiated.

Data Source: Cervical Cancer Screening Guidelines Across Canada: Environmental Scan, July 2015; Canadian Partnership Against Cancer HPV Immunization Survey, July 2015; PEI Chief Public Health Office..

# HPV Immunization – Reported Rates for School-based Programs, cont'd

Please verify and update the HPV vaccination uptake information for girls for the **2014/15 school year or most recent year possible** in the table below. If vaccination rates are estimated, please indicate this in the table.

Routine Schedule (0, 2, 6 months)							
Province / Territory	Date of First Implementation	School Grade	School Year	Total Size of Eligible Cohort (girls only)	Immunization Uptake (girls only)		
					1st dose	2nd dose	3rd dose
Newfoundland and Labrador	September 2007	Grade 6	2013- 2014		92.8%	93.7%	88.7%
Northwest Territories	September 2009	Grade 7	2013-2014		46.7%	44.2%	39.3%
Yukon	September 2009	Grade 6		Information not currently available			
Nunavut	March 2010	Grade 6 or ≥ 9 years old		Information not currently available			

NT: Vaccinates occurs in multiple grades (4-6). The vaccination rate listed is for Grade 7 girls.

Data Source: Cervical Cancer Screening Guidelines Across Canada: Environmental Scan, July 2015; Canadian Partnership Against Cancer HPV Immunization Survey, July 2015.

# Publicly-funded HPV Immunization Programs: Extended Eligibility Component (for females)



Extended eligibility allows for those who did not receive or did not complete the HPV vaccine series at the provincially-specified grade or age to receive the publicly-funded vaccine if meeting certain eligibility criteria.  
If applicable, please provide the following information on the extended eligibility component of the publicly funded HPV immunization program:

Province/ Territory	Is there an extended eligibility component (Y/N)?	Start Date	End Date (if applicable)	Target Population (age range/eligibility criteria)	Location (i.e. pharmacist, public health unit, etc.)
Nunavut					
Northwest Territories					
Yukon					
British Columbia					
Alberta					
Saskatchewan					
Manitoba					

# Publicly-funded HPV Immunization Programs: Extended Eligibility Component (for females), cont'd

Extended eligibility allows for those who did not receive or did not complete the HPV vaccine series at the provincially-specified grade or age to receive the publicly-funded vaccine if meeting certain eligibility criteria.

If applicable, please provide the following information on the extended eligibility component of the publicly funded HPV immunization program:

Province/ Territory	Is there an extended eligibility component (Y/N)?	Start Date	End Date (if applicable)	Target Population (age range/eligibility criteria)	Location (i.e. pharmacist, public health unit, etc.)
Ontario					
Quebec					
New Brunswick					
Nova Scotia					
Prince Edward Island					
Newfoundland & Labrador					

# HPV Immunization – Information Collection

□ Does your cervical cancer screening program collect information for the following:

Registry/ Database	NU ****	NT	YK	BC	AB	SK	MB	ON**	QC	NB	NS	PEI**	NL
HPV vaccination status		✓					✓			✓*	✓*		✓***
HPV vaccine type (quadrivalent/bivalent)		✓					✓				✓		✓
Number of doses		✓					✓				✓		✓
Age at vaccination		✓					✓				✓		✓
Age at each dose		✓					✓				✓		✓
Participation rates by HPV vaccination status (planning phase)		✓			✓ (Under evaluation)	✓ (will collect by 2016)	✓			✓ (Under evaluation)	✓ (will collect by 2015)		✓ (will collect by 2016)

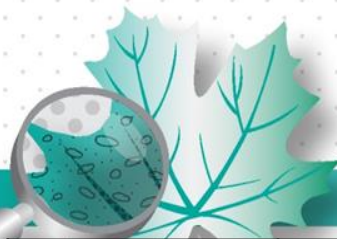
\* Through self-report data & school-based immunization program/ HPV School based registry (Public Health)

\*\* This information is not collected by the screening program but could be collected through Public Health Records

\*\*\*Through medical record data

\*\*\*\* Note: No response from Nunavut for the July 2015 scan.

# HPV Immunization – Information Systems



	Is there an electronic database or registry for HPV immunization (Y/N)	Name of Electronic Database or Registry for HPV immunization	Location (e.g. British Columbia Centre for Disease Control)	Linked to Electronic Cervical Cancer Screening Database or Registry (Y/N)
Nunavut (NU)				
Northwest Territories (NT)				
Yukon (YT)				
British Columbia (BC)				
Alberta (AB)				
Saskatchewan (SK)				
Manitoba (MB)				

# HPV Immunization – Information Systems, cont'd



	Is there an electronic database or registry for HPV immunization (Y/N)	Name of Electronic Database or Registry for HPV immunization	Location (e.g. British Columbia Centre for Disease Control)	Linked to Electronic Cervical Cancer Screening Database or Registry (Y/N)
Ontario (ON)				
Quebec (QC)				
New Brunswick (NB)				
Nova Scotia (NS)				
Prince Edward Island (PEI)				
Newfoundland & Labrador (NL)				



# Reference Slide

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