



Ministry of Health



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Ministry of Health Cervical Cancer Screening Guidelines

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Screening programs continue to have a vital role, allowing for early detection and treatment in order to achieve a maximal impact on cervical cancer prevention.

The natural history of cervical cancer is many years to decades, with a long precancerous, preclinical phase, allowing for testing (screening) for precancerous lesions and cancer.

When screening detects precancerous lesions, these can easily be treated and cancer avoided. Screening can also detect cancer at an early stage, enabling women to receive treatment when it is highly effective.

The success of a screening program in reaching its aims is dependent on achieving adequate coverage.

While the screening program will be introduced incrementally depending on health service capacity, the ultimate goal is to screen at least 70% of women, nationally, within the target age group within 10 years of initiating the program.

Risk Factors

- Early initiation of sexual intercourse
- Having multiple sexual partners
- Having a sexual partner with multiple sexual partners
- Co-infection with other sexually transmitted infections (such as Chlamydia trachomatis and herpes simplex virus type 2)
- Multiparity
- Immunosuppression due to HIV/AIDS infection
- Tobacco use

Who/When to Screen

- Any woman who has ever had sexual intercourse is eligible for cervical cancer screening
- The target population for screening is women aged 25-49 years
- Women aged 50-65 are still at risk for cervical cancer and can therefore receive screening every 5 years on individual resources
- Screening interval is 5 years among women who test negative for HIV

How to Screen

- HPV sample collection can be done by the client (self-collected) or by a health provider according to the manufactures' instructions.
- A healthcare provider can collect a sample of cells with or without a speculum, by inserting the provided swab or other appropriate device deep into the vagina, and then placing it in a container with a preservative solution.
- For self-collected samples, the woman can be given the sample-collection kit with instructions for use. The strategy offers greater convenience to women and can be implemented at substantially lower cost to the healthcare system.

Screening Methods

- HPV testing is recommended as the primary screening method for women above 30 years of age
- Where HPV testing is not yet available, or loss-to-follow-up is a risk, then Visual Inspection with Acetic Acid (VIA) or Visual Inspection with Acetic Acid and Visual Inspection with Lugol's Iodine (VIA/VILI) is recommended as the primary screening method.
- Pap smear is recommended as a primary screening method in the following situations:
 - For women not eligible for VIA or VIA/VILI because their squamo-columnar-junction (SCJ) is not visible, and HPV screening not accessible
 - As a primary test in women under 30 years of age
 - As a co-test with HPV in HIV positive women where the resources are available

Special Populations

Women who are HIV positive or immunosuppressed for any other reasons:

- Begin cervical cancer screening at the point of diagnosis or at 25 years, whichever comes first
- Screening should continue throughout their lifetime
- Screening frequency should be yearly if using VIA or VIA/VILI, every 2 years if using HPV testing and yearly if using cytology

Women who are pregnant:

- Screening can be done during the first trimester
- Treatment for precancerous lesions should NOT be performed during pregnancy
- For suspicious lesions in pregnancy, a biopsy can be done at any trimester by an obstetrician/gynecologist

Post-partum women:

- Cervical cancer screening can commence 6 weeks after delivery

Special Populations

Women who have had total abdominal hysterectomies (with no history of CIN2/3):

- Screening should be discontinued in women who have received a total hysterectomy for benign causes with no history of gynecological malignancy
- Women who have received a subtotal hysterectomy (with an intact cervix) should continue to receive routine screening

Women who have received HPV vaccination:

- Women who have been vaccinated should receive routine screening as per the national guidelines

Women 50-64 years:

- Screening should be done at 5-year intervals on an individualized basis using HPV and cytology methods

Women 65 years and above:

- Screening is not recommended

Key Points

- Screening all women in the target age group, followed by treatment of detected precancerous lesions can prevent the majority of cervical cancers
- Decisions on which screening and treatment approach to use in a particular county or healthcare facility are based on various factors, including, potential for loss to follow-up, cost, and availability of the necessary equipment and human resources
- Every woman in the target age group (25-49 years) should have a cervical cancer screening test performed at least once when most benefit can be achieved

Key Points

- HPV testing is recommended as the primary screening method
- Where HPV testing is not yet available, or loss-to-follow-up is a risk, then VIA or VIA/VILI is recommended as the primary screening method
- A “screen-and-treat” approach is recommended
- Any suspected cancer case after screening should immediately be referred for diagnosis and treatment of cancer