

Changing the Way We Work

March 7, 2025: Infectious Disease & HPV Cervical Screening Implementation

Panelists: Dr. Daniel Warshafsky, Dr. Jonathan Isenberg, Dr. Rachel Kupets

Moderator: Dr. Eleanor Colledge

Curated answers from CoP guests, panelists and co-hosts to the top five in-session questions posed by participants, based on current guidance and information available at the time.

The measles booster is given at age 4-6. Is there evidence that waiting to 6 is better for long-term immunity? Is there risk of doing that, especially if you are traveling before age 6?

There is very good evidence that receiving the booster at 4-6 is better than receiving it at 18 months (when we previously used to give it). Within the 4-6 range, we don't see a significant difference. The age range is more based on entry into school, as we want children protected by that time.

How should the HPV sample be stored if it cannot be submitted to the lab immediately?

After a sample is collected, it can be kept at room temperature or in the fridge.

- Samples should be sent to the lab as soon as possible after collection, but it is acceptable for samples to sit for a few days (e.g., samples collected on Friday can sit over the weekend and be returned to the lab on Monday).
- If you have additional questions about specimen processing and transport, please reach out to your lab for more information.

Dynacare previously had the option to order Chlamydia, gonorrhea, and Trich NAAT from the same ThinPrep sample when we did paps previously. This option isn't on the new requisition. Do you know if we can still do this?

Cervical screening specimens cannot be used for STI testing anymore.

To request STI testing (i.e., Chlamydia, gonorrhea, or Trichomonas) during a cervical screening visit, ordering healthcare providers must complete and submit a separate requisition and specimen (e.g., urine or swab) to their laboratory service provider. For more detailed information on the appropriate requisition and specimen, please contact your laboratory service provider.

Is the HPV vaccine covered by OHIP?

Currently, the HPV vaccine is not publicly funded in Ontario for anyone over the age of 26. It is publicly funded for students up to grade 12 and for high-risk populations (men who have sex with men) up to age 26.

Can we test males for HPV? How is it done?

Currently, there are no studies to show that HPV testing is effective for screening for head and neck cancer and no approved HPV test for HPV testing in cis-men.

These additional questions and comments were answered live during the session. To view responses, please refer to the session recording.

- What is the status of the avian flu? We have had a recent surge of Influenza A; do we know the subtypes are not avian flu?
- In how many years do you anticipate we will have a program like FIT testing where we mail a self-swab? It would increase screening rates for those without a doctor and decrease the burden on family doctors.
- How much less accurate is a self-swab for HPV testing?
- Where can the public get rapid antigen tests now? Do they still need a positive RAT to be able to get Paxlovid?
- Do you think measles outbreaks are at a point where anyone who has an infant under one should get an MMR vaccine if the family is travelling?
- What are the current recommendations for measles vaccines for adults? For travel?
- Is the RSV vaccination program ending for pregnant people and infants now that we are in March?
- If a patient has abnormal vaginal bleeding and is not due for cervical screening, is there any role for cytology to assist in triage for a gynecology referral? If so, how do we do this now? Are community labs going to accept cytology samples?
- Will RSV vaccine coverage by the MOH be expanded for next fall?
- When should we stop offering RSV vaccine to older adults, and Beyfortus to infants? Are we close to the end of RSV season?

- Should we be concerned that avian flu will impact the production of egg-based vaccines, like MMR, influenza, rabies and yellow fever vaccines?
- What do you do for an older patient in their 70's who has not been vaccinated for measles and has no childhood history? Should they get two MMR vaccines? Is there any risk due to their age?
- My patient received both Prevnar 13 and Pneumovax 23. Do they still qualify for the publicly funded Prevnar 20?
- Is there any possibility that the province would fund the HPV vaccine for women 20+? the current out-of-pocket cost is a huge barrier.
- Why stop testing for HPV at age 70, if they have new partners? What if they live to 90 or 100? Are they not at risk?
- We previously didn't do HPV-DNA testing for patients under 30. Why is it ok now at 25?
- Why is self-screening for HPV not supported? It's available through LifeLabs, and publicly funded in BC. As a male physician, I have many female patients who are not comfortable seeing me for a speculum exam and are NOT getting screened. Self-screening would be a very important way to get the most high-risk women screened.
- If a woman has been discharged from colposcopy and has been told to follow up with annual paps, does she require a follow-up test in two or five years?
- Will the report state the guidance like what's happening now with paps?
- Every five years is long interval. What happens if a patient is exposed to high grade HPV with a new partner soon after testing? And what about those under 25 years who are exposed to high grade HPV?
- The CBC reported that in BC, the higher number of results with HPV positive tests, has flooded the need for colposcopy and there is a huge backlog for colposcopy. In Niagara, it is already impossible to get patients in to see a gynecologist. How is this going to be managed?
- Some patients request an annual pap and are willing to pay for it. How should we approach this request?
- How close to the 5 years can you do the repeat test?
- If a patient presents for a periodic health exam a month earlier than HPV testing would be due, can we do it early? is there some wiggle room with the screening intervals?