

# Changing the Way We Work Community of Practice for Ontario Family Physicians

**March 7, 2025**

**Dr. Daniel Warshafsky  
Dr. Jonathan Isenberg  
Dr. Rachel Kupets**



## ***Infectious Disease & HPV Cervical Screening Implementation***



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# Infectious Disease & HPV Cervical Screening Implementation

## Moderator:

- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

## Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Jonathan Isenberg, Toronto, ON
- Dr. Rachel Kupets, Toronto, ON

## Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Please note that due to changes to the Cert+ platform, there will be delays in credits being applied to your account.

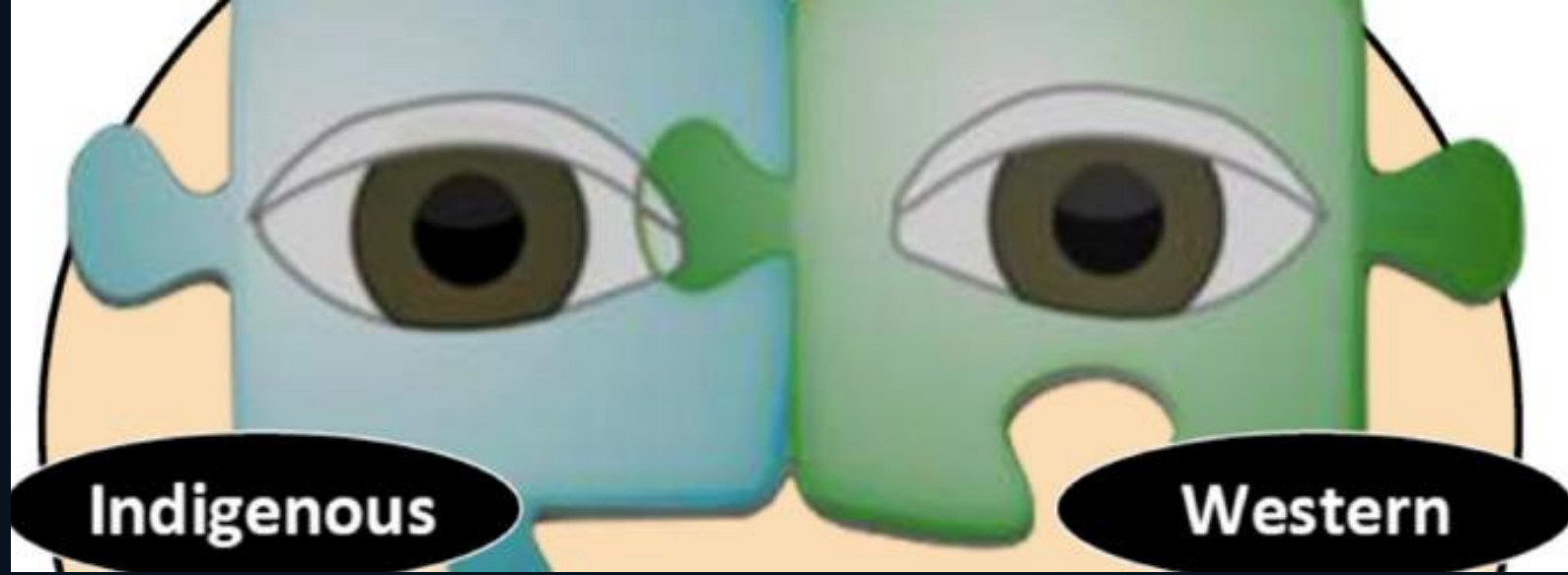
# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

*Etuaptmumk*  
“Two-Eyed Seeing”  
Mi’kmaw Elder Albert  
Marshall



“Go into the forest, you see the birch, maple, pine. Look underground and all those trees are holding hands. We as people have to do the same.”

- Mi’kmaw Spiritual Leader, Healer, and Chief Charles Labrador of Acadia First Nation, Nova Scotia.

# Changing the way we work

## *A community of practice for family physicians*

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

## **Disclosure of Financial Support**

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

## **Potential for conflict(s) of interest:**

N/A

## **Mitigating Potential Bias**

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

*Planning Committee:* Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

<https://www.dfc.utoronto.ca/covid-19-community-practice/past-sessions>



## **Dr. Daniel Warshafsky – Panelist**

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



## **Dr. Jonathan Isenberg – Panelist**

Provincial Primary Care Lead, Cancer Screening, Ontario Health



## **Dr. Rachel Kupets – Panelist**

Gynecologic Oncologist, Sunnybrook Health Sciences Centre

# Speaker Disclosure

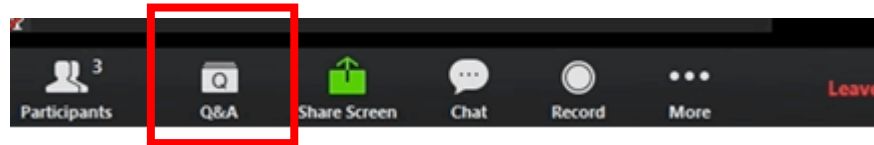
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A
  
- Faculty Name: **Dr. Jonathan Isenberg**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A
  
- Faculty Name: **Dr. Rachel Kupets**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

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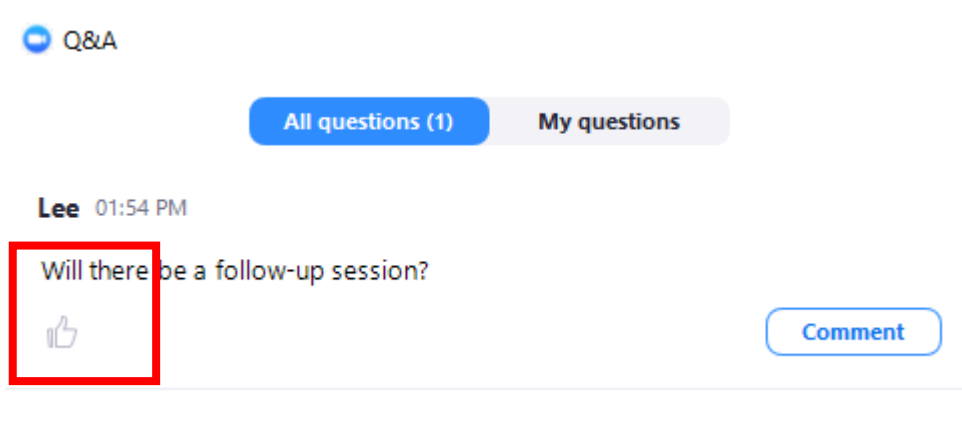
- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)
  
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: The Foundation for Medical Practice Education (McMaster University)

# How to Participate

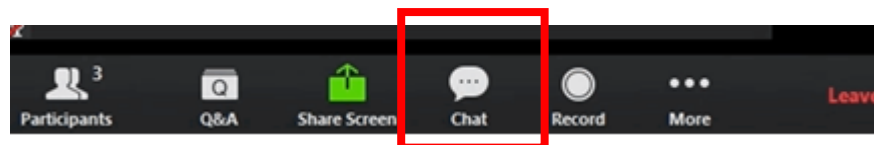
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





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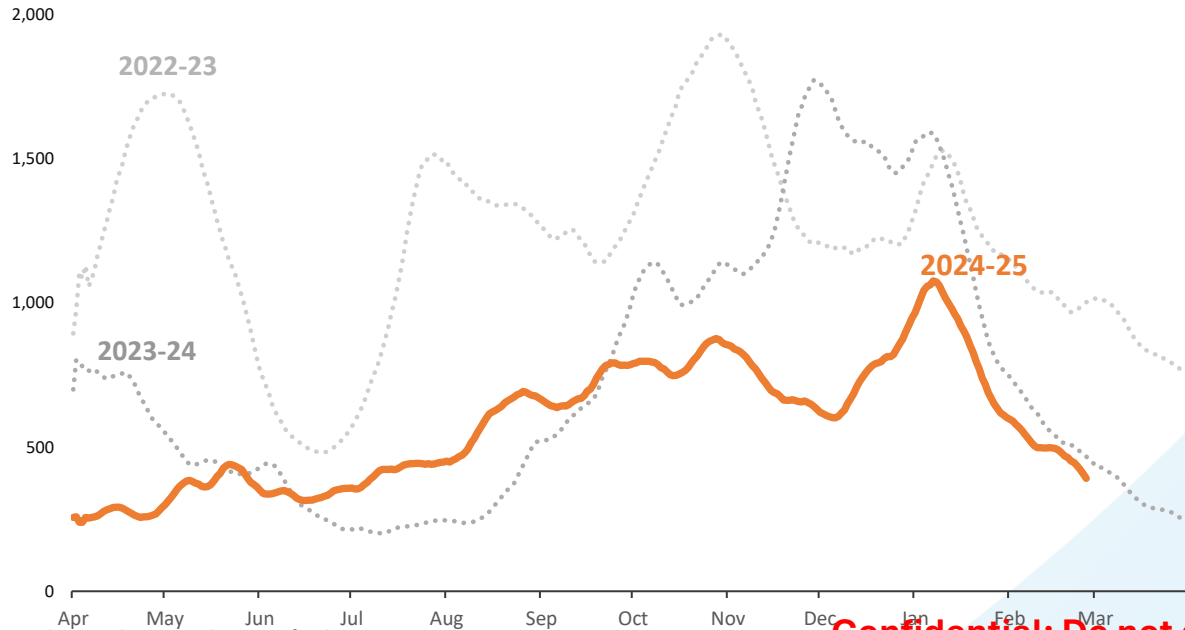
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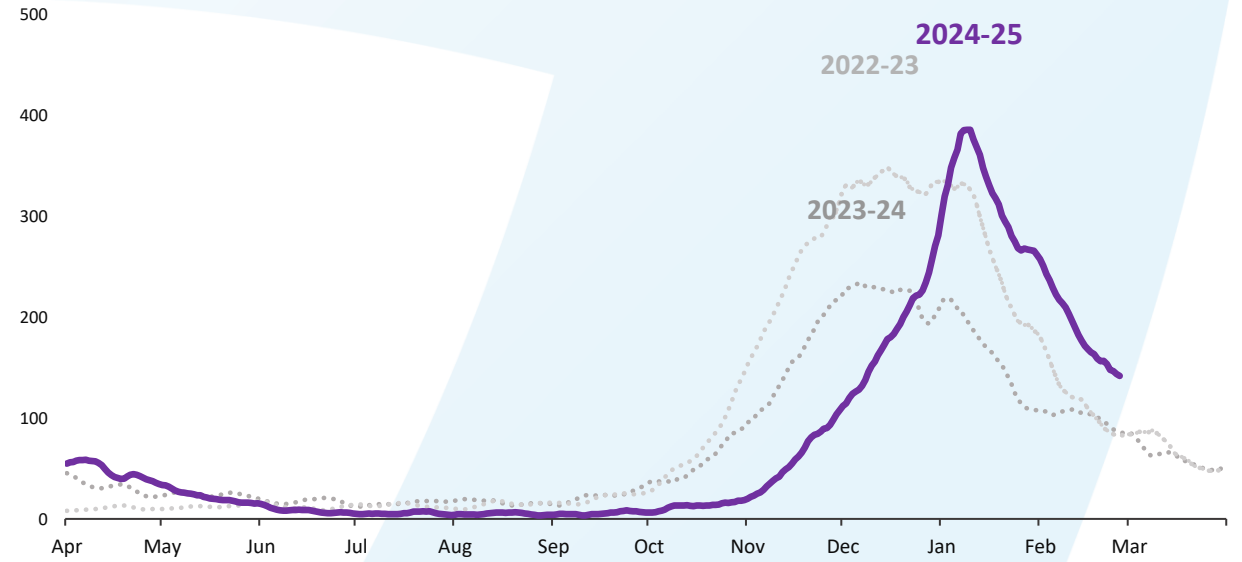
# Ontario 2024-25 respiratory season hospitalizations to date vs. previous years

- RSV pediatric hospitalizations peaked in mid-December and never reached levels from past two seasons. Among seniors, hospitalizations was the highest in three seasons, with a peak day for cases among 65+ this season that was nearly double the peak day for cases among 65+ in 2023-24.
- Influenza hospitalizations were the highest since 2017-18. As of mid February, more patients are in hospital for influenza than COVID-19, a first. Activity peaked in late February, although influenza B, which typically starts later and runs at much lower levels than influenza A, is rising.
- COVID-19 hospitalization trends generally followed last year's, with early fall and post-holiday peaks. Cases never reached the heights from the last two seasons.

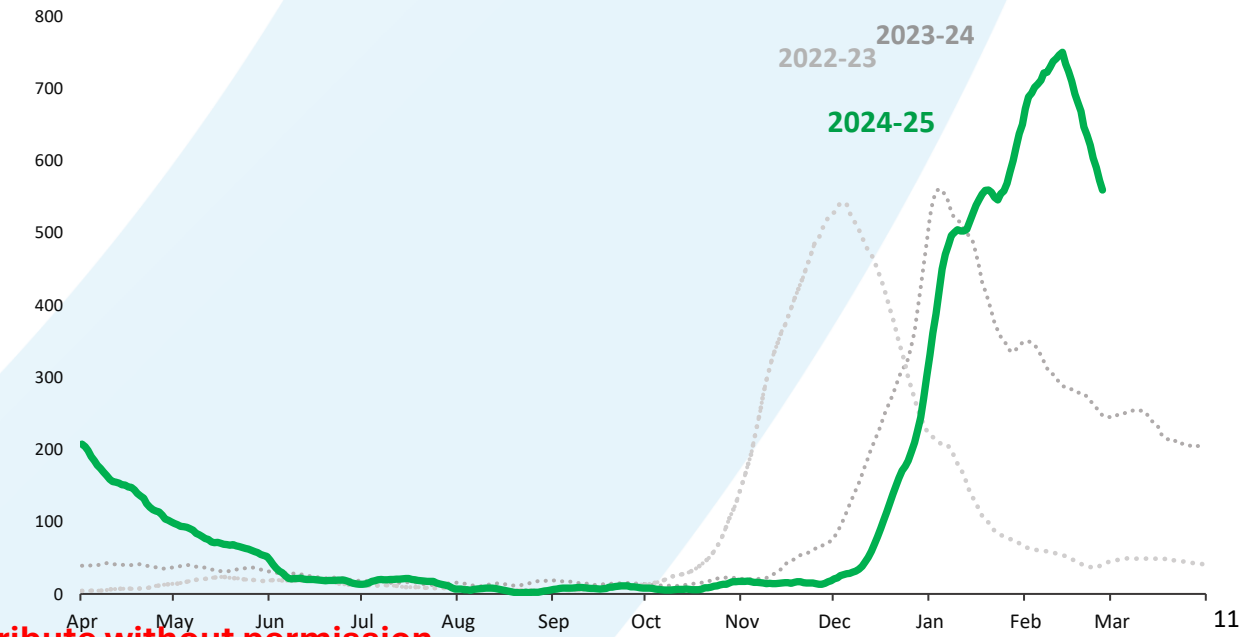
## COVID-19 inpatients



## RSV inpatients



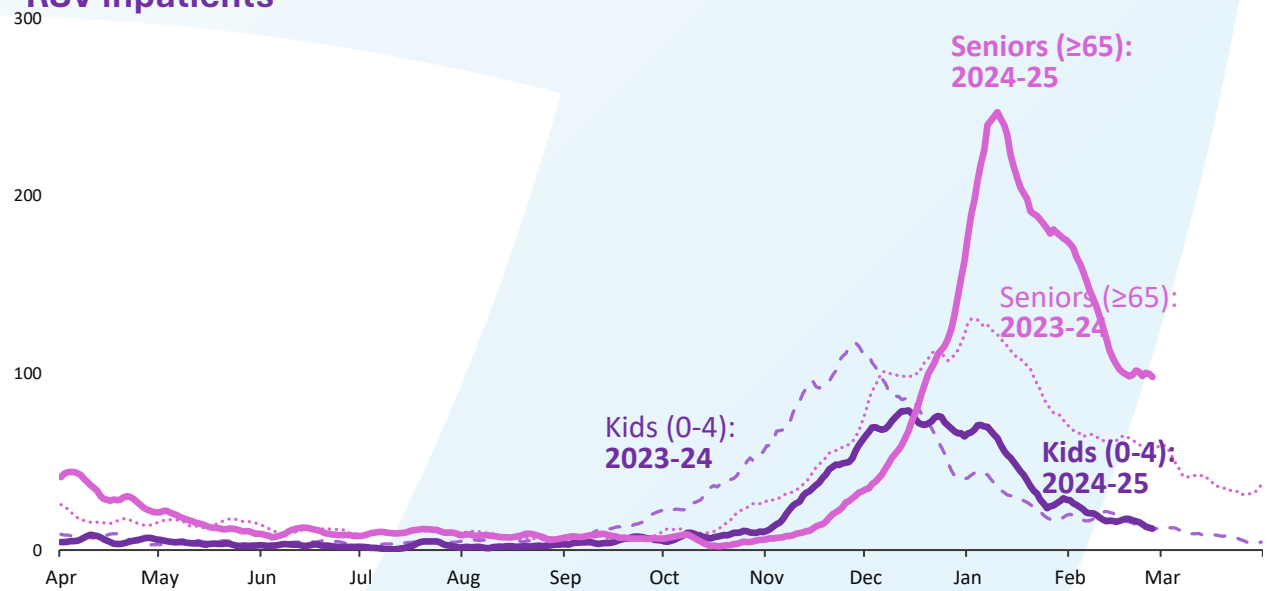
## Influenza inpatients



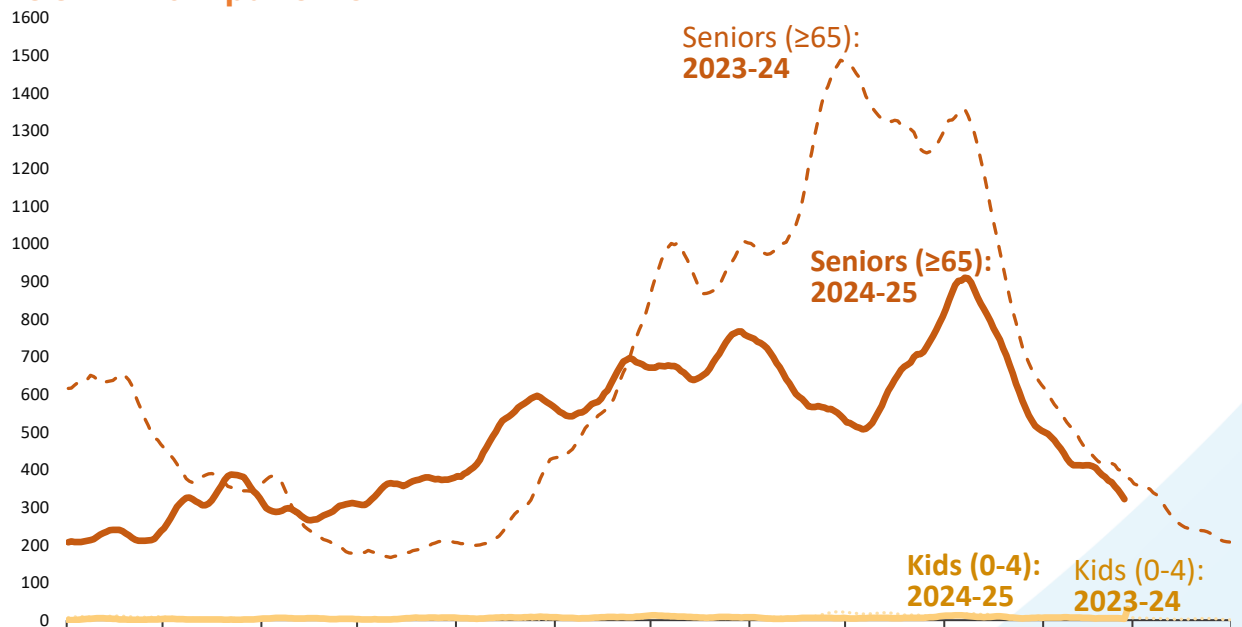
# Ontario 2024-25 respiratory season hospitalizations by age group

- RSV 80+% of cases are among 0–4-year-old and 65+. 2024-25 followed similar trends from past years, with 0–4-year-old cases starting first followed later by those age 65+.
- Influenza seniors represented 2/3 of all hospital cases. Cases among children sometimes lingers in late winter/early spring with rise of Influenza B activity, although at much lower volumes than peak respiratory season activity.
- COVID-19 hospitalization is dominated by those aged 60+, with 85% of cases being from that group. All age groups generally follow same trend. Only 1% of hospitalizations are among patients 0-17.

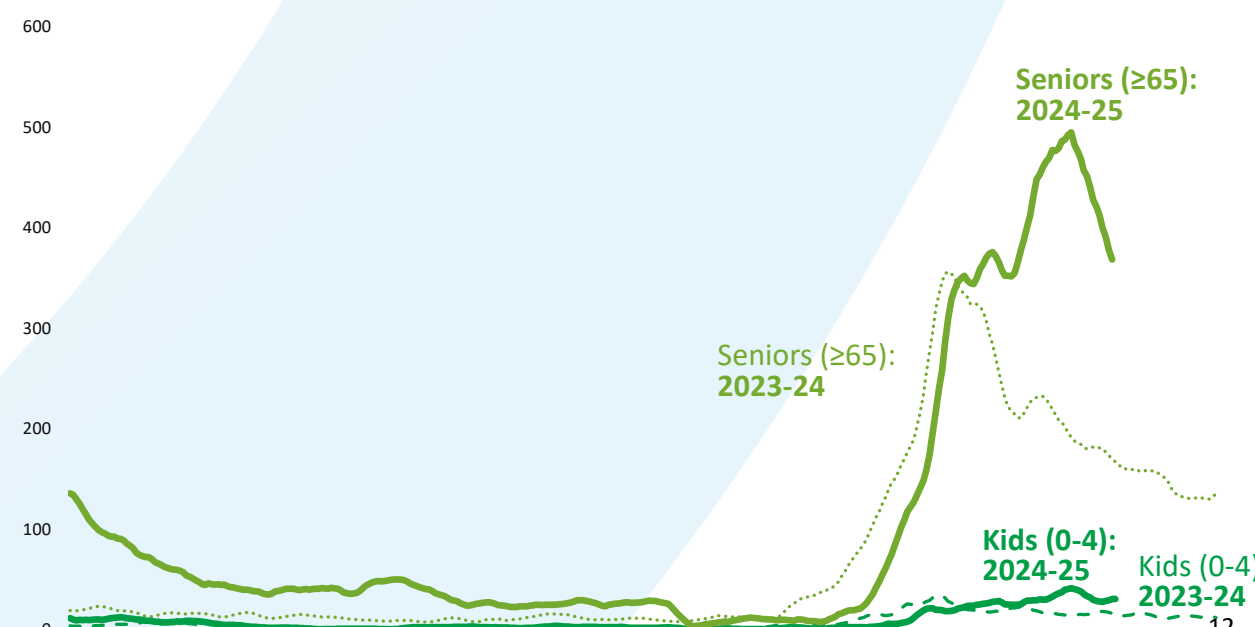
## RSV inpatients



## COVID-19 inpatients



## Influenza inpatients



Data: 19 hospital census data as of February 26, 2025

**Confidential: Do not distribute without permission**

# Seasonal Vaccine Effectiveness

## Flu

- Children and adolescents
  - 32%, 59%, and 60% in outpatient settings (three networks)
  - 63% and 78% against influenza-associated hospitalization (two networks).
- Adults
  - 36% and 54% in outpatient settings (two networks)
  - 41% and 55% against influenza-associated hospitalization (two networks).

[https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a2.htm?s\\_cid=mm7406a2\\_w](https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a2.htm?s_cid=mm7406a2_w)

## COVID-19

- ED visits
  - 33% against COVID-19–associated emergency department (ED) or urgent care (UC) visits among adults aged  $\geq 18$  years
- Hospitalization
  - 45%–46% against hospitalizations among immunocompetent adults aged  $\geq 65$  years
  - 40% in immunocompromised adults aged  $\geq 65$  years

[https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm?s\\_cid=mm7406a1\\_w](https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm?s_cid=mm7406a1_w)

**Figure 1: Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – February 26, 2025**

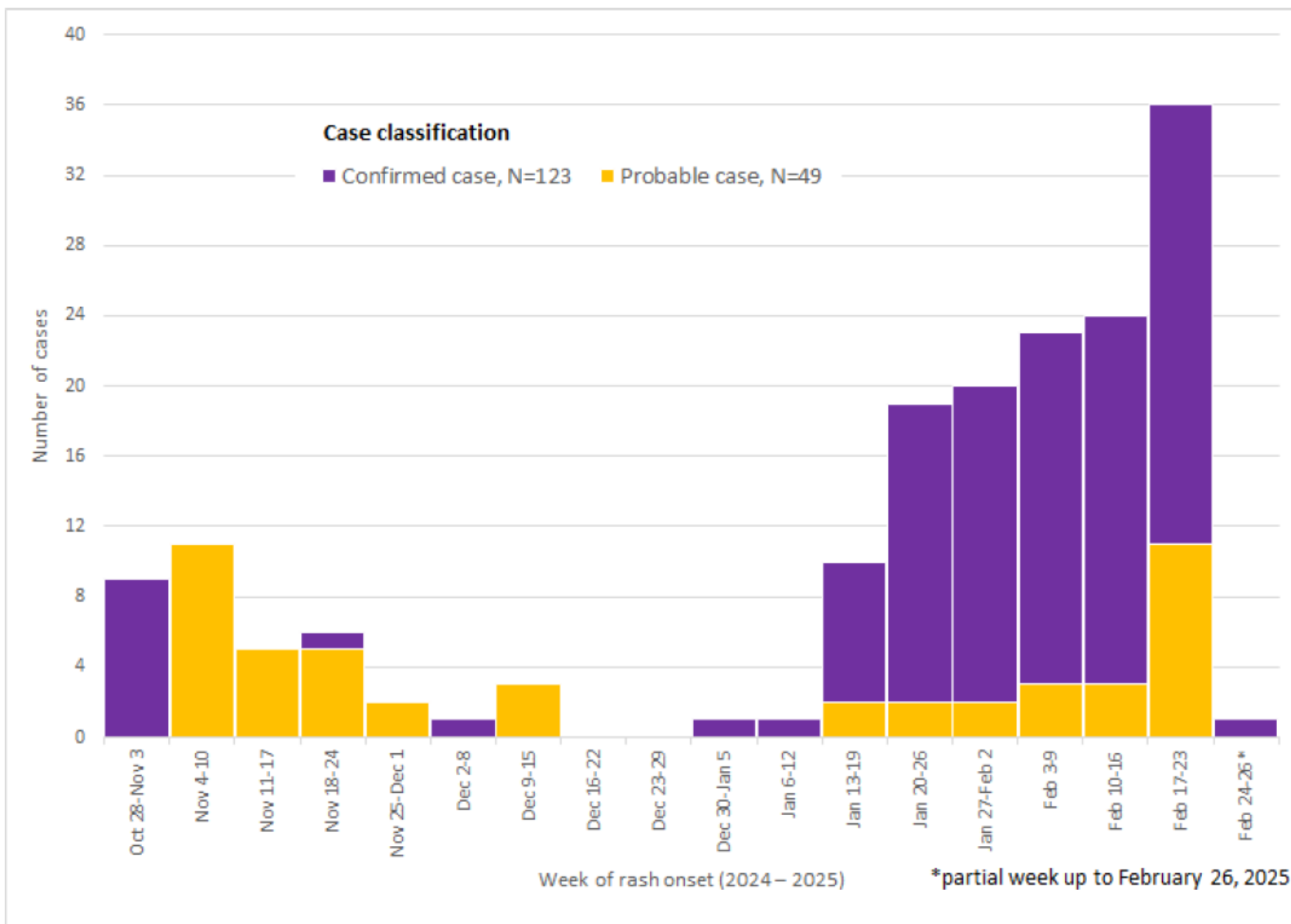
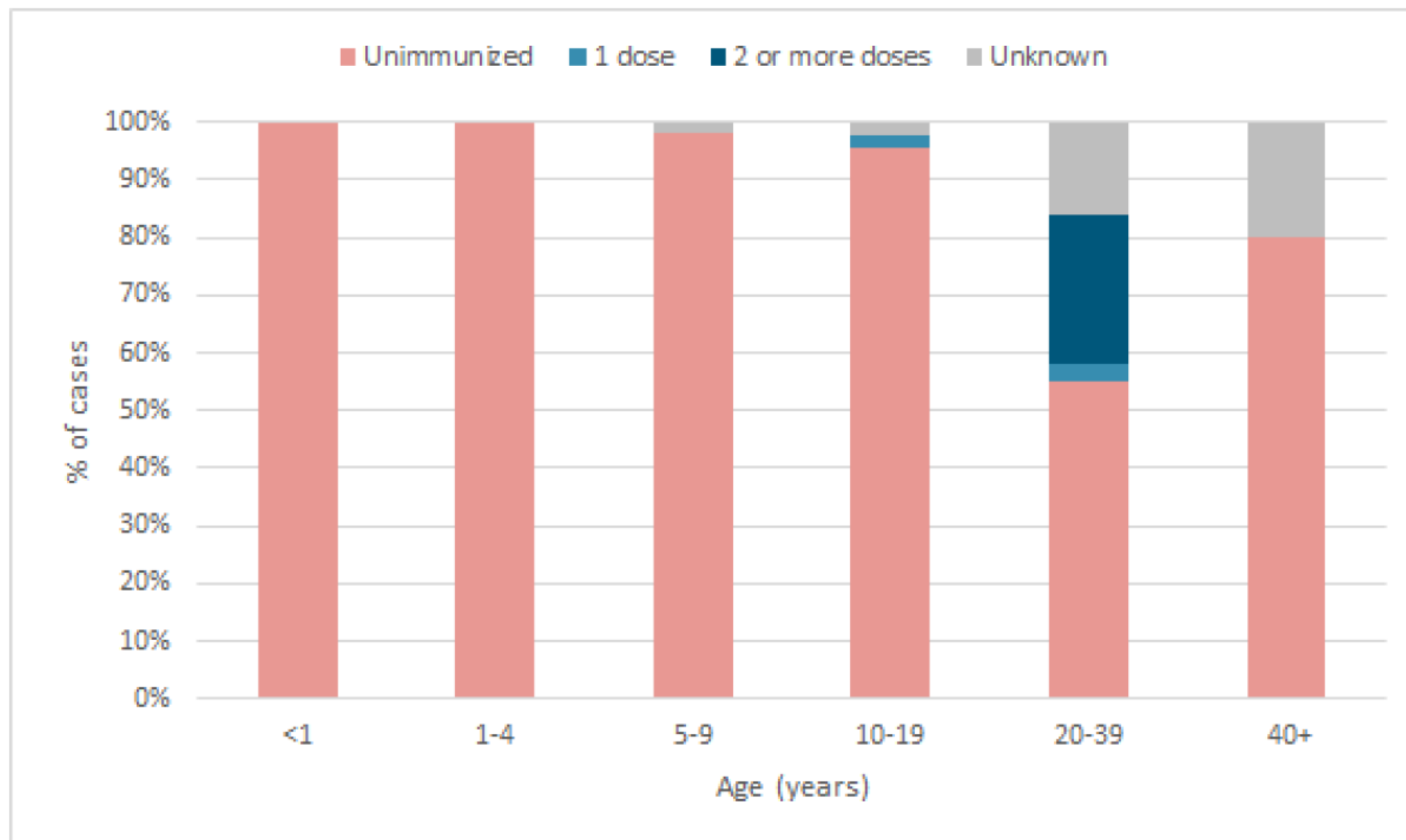
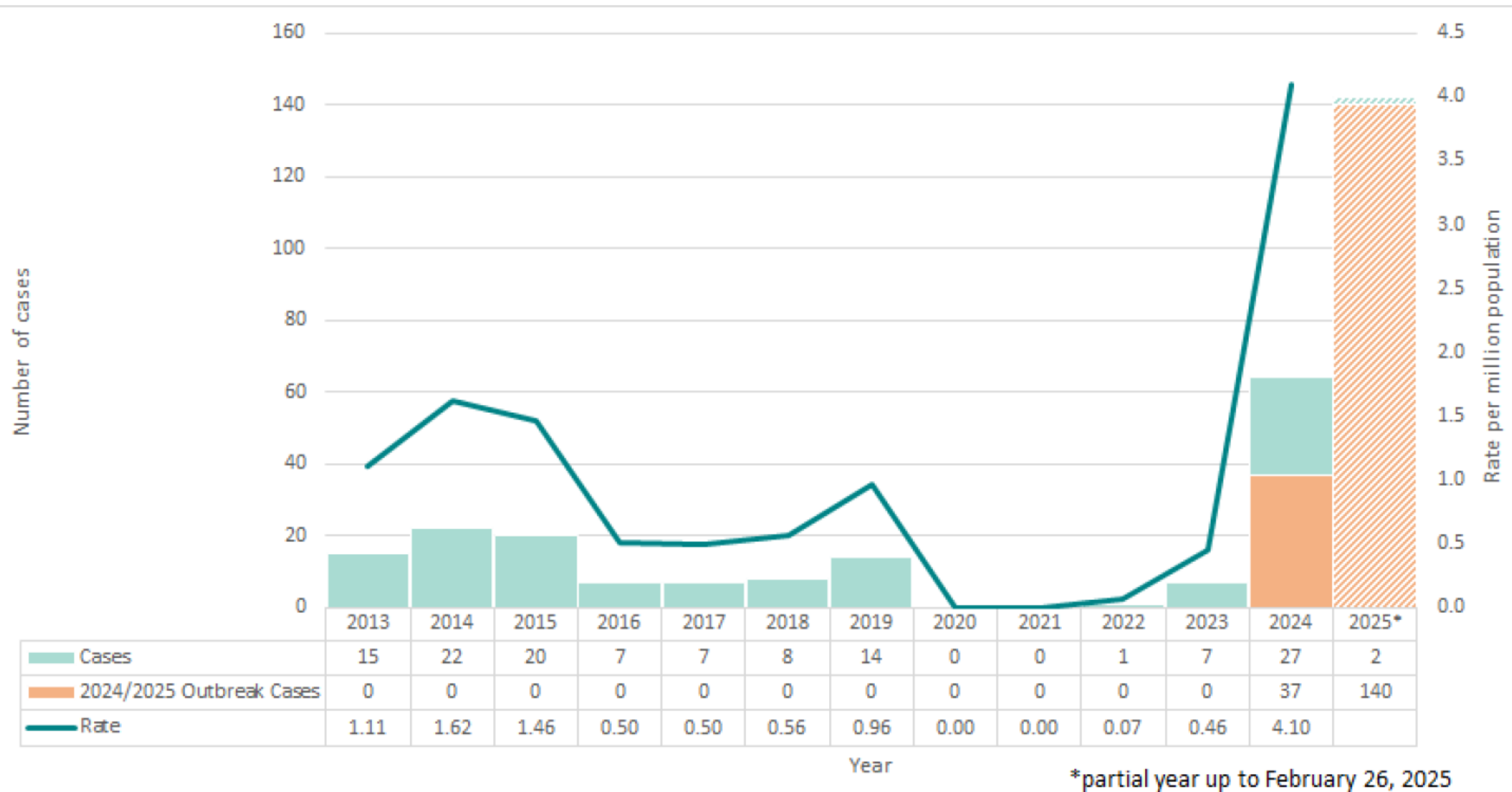


Figure 2: Immunization Status of Measles Outbreak Cases by Age Group: Ontario, October 28, 2024 – February 26, 2025




**Figure 3: Number of Measles Cases and Incidence Rate per Million Population: Ontario, January 1, 2013 – February 26, 2025**



# IMMUNIZATION Through the Lifespan

Vaccines help to protect you and those around you against disease



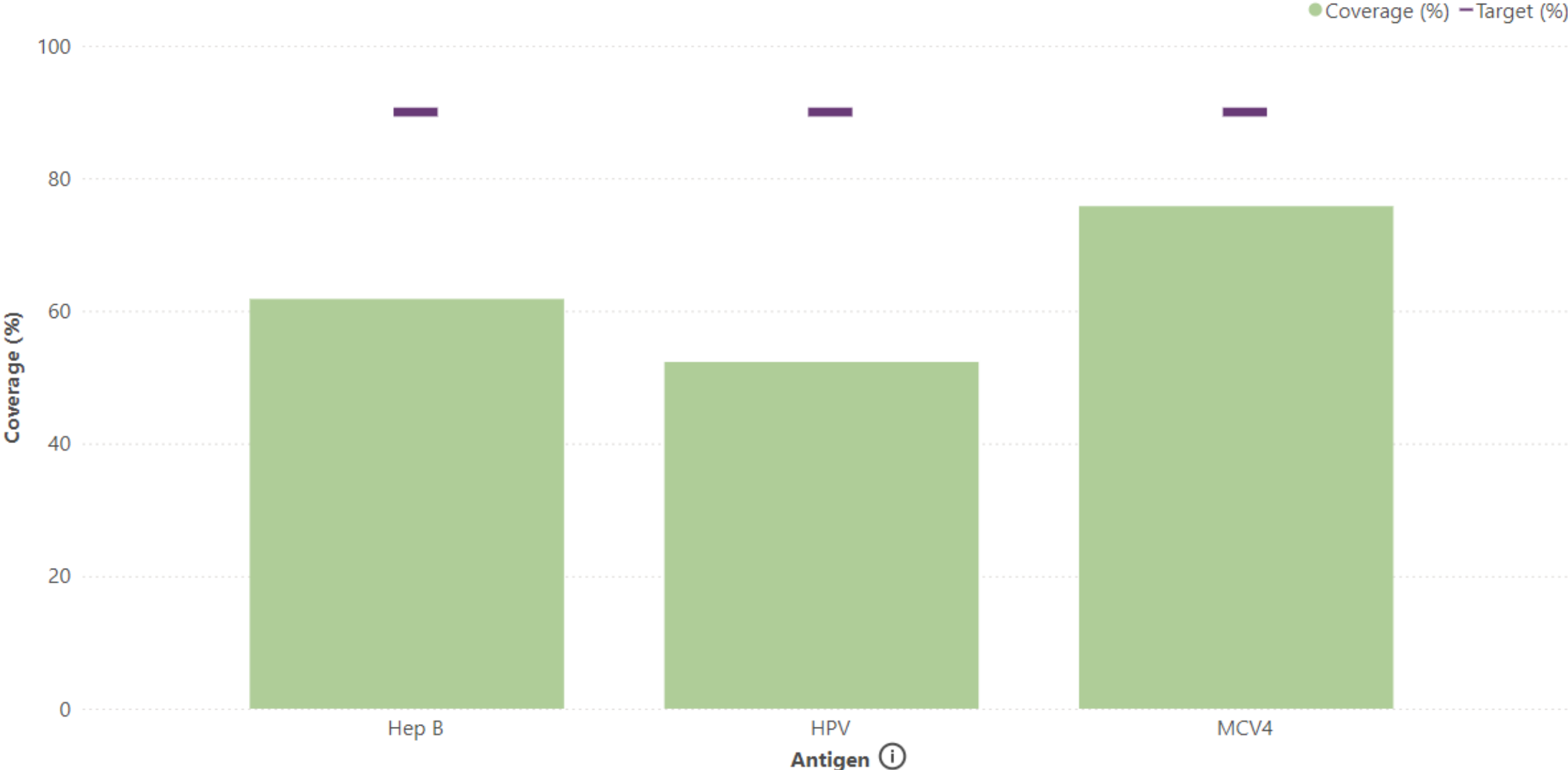
2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS	GRADE 7	14-16 YEARS	18-64 YEARS	65 YEARS & OLDER
<ul style="list-style-type: none"> <li>✓ Diphtheria, tetanus, pertussis, polio &amp; <i>Haemophilus influenzae</i> type b (Hib)</li> <li>✓ Pneumococcal</li> <li>✓ Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>✓ Diphtheria, tetanus, pertussis, polio &amp; <i>Haemophilus influenzae</i> type b (Hib)</li> <li>✓ Pneumococcal</li> <li>✓ Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>✓ Diphtheria, tetanus, pertussis, polio &amp; <i>Haemophilus influenzae</i> type b (Hib)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Measles, mumps &amp; rubella</li> <li>✓ Meningococcal</li> <li>✓ Pneumococcal</li> </ul>	<ul style="list-style-type: none"> <li>✓ Varicella</li> </ul>	<ul style="list-style-type: none"> <li>✓ Diphtheria, tetanus, pertussis, polio &amp; <i>Haemophilus influenzae</i> type b (Hib)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tetanus, diphtheria, pertussis &amp; polio</li> <li>✓ Measles, mumps, rubella &amp; varicella</li> </ul>	<ul style="list-style-type: none"> <li>✓ Hepatitis B</li> <li>✓ Meningococcal</li> <li>✓ Human papillomavirus</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tetanus, diphtheria &amp; pertussis</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tetanus, diphtheria &amp; pertussis (at 24-26 years)</li> <li>✓ Tetanus &amp; diphtheria (every 10 years after the above dose)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Pneumococcal (at 65 years)</li> <li>✓ Shingles (65 to 70 years)</li> <li>✓ Tetanus &amp; diphtheria (every 10 years)</li> </ul>

**6 MONTHS & OLDER** ✓ Influenza vaccine (every fall)

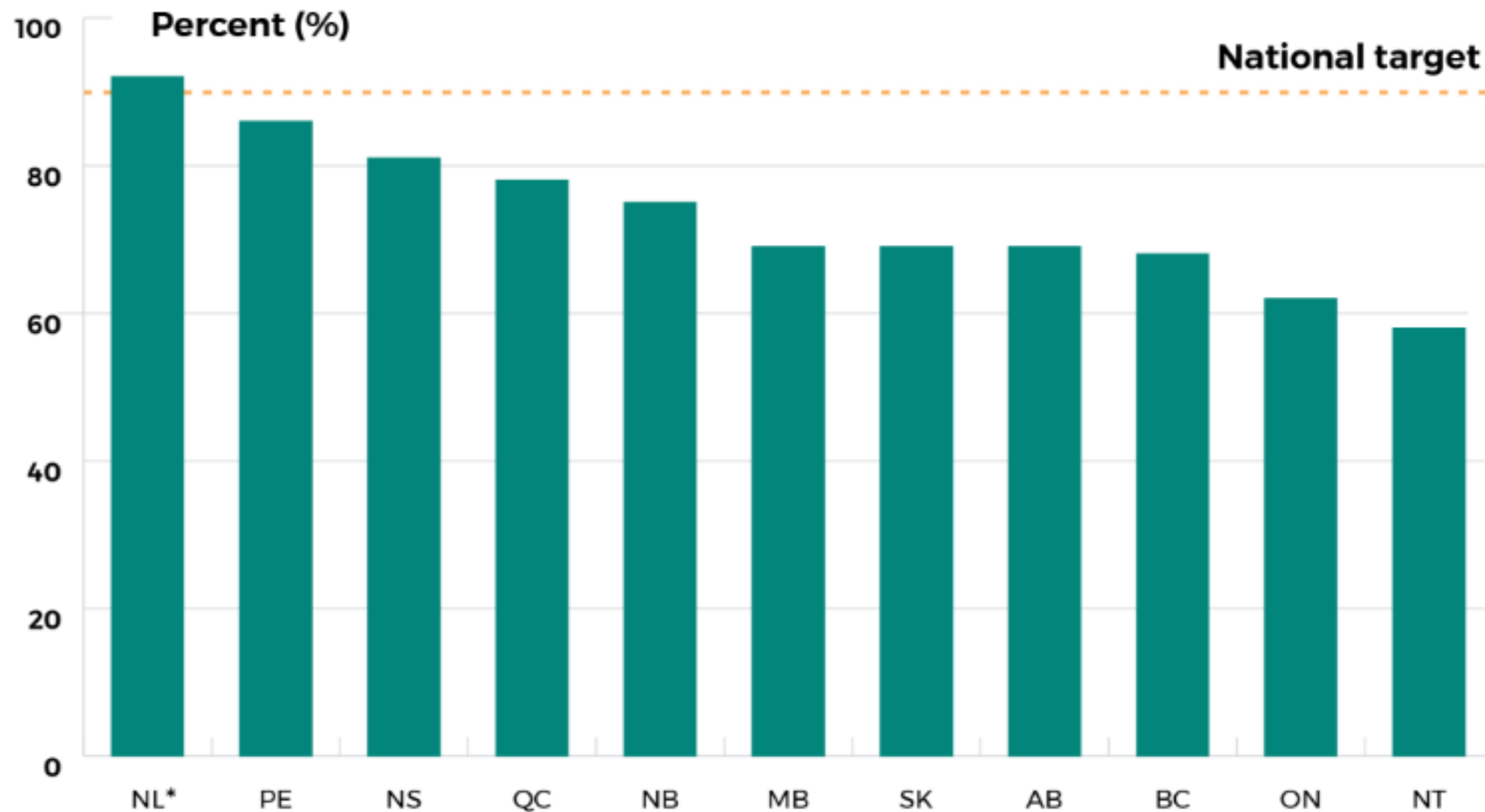
These vaccines are free for eligible individuals as part of Ontario's publicly funded immunization program

Learn more at [Ontario.ca/vaccines](http://Ontario.ca/vaccines)

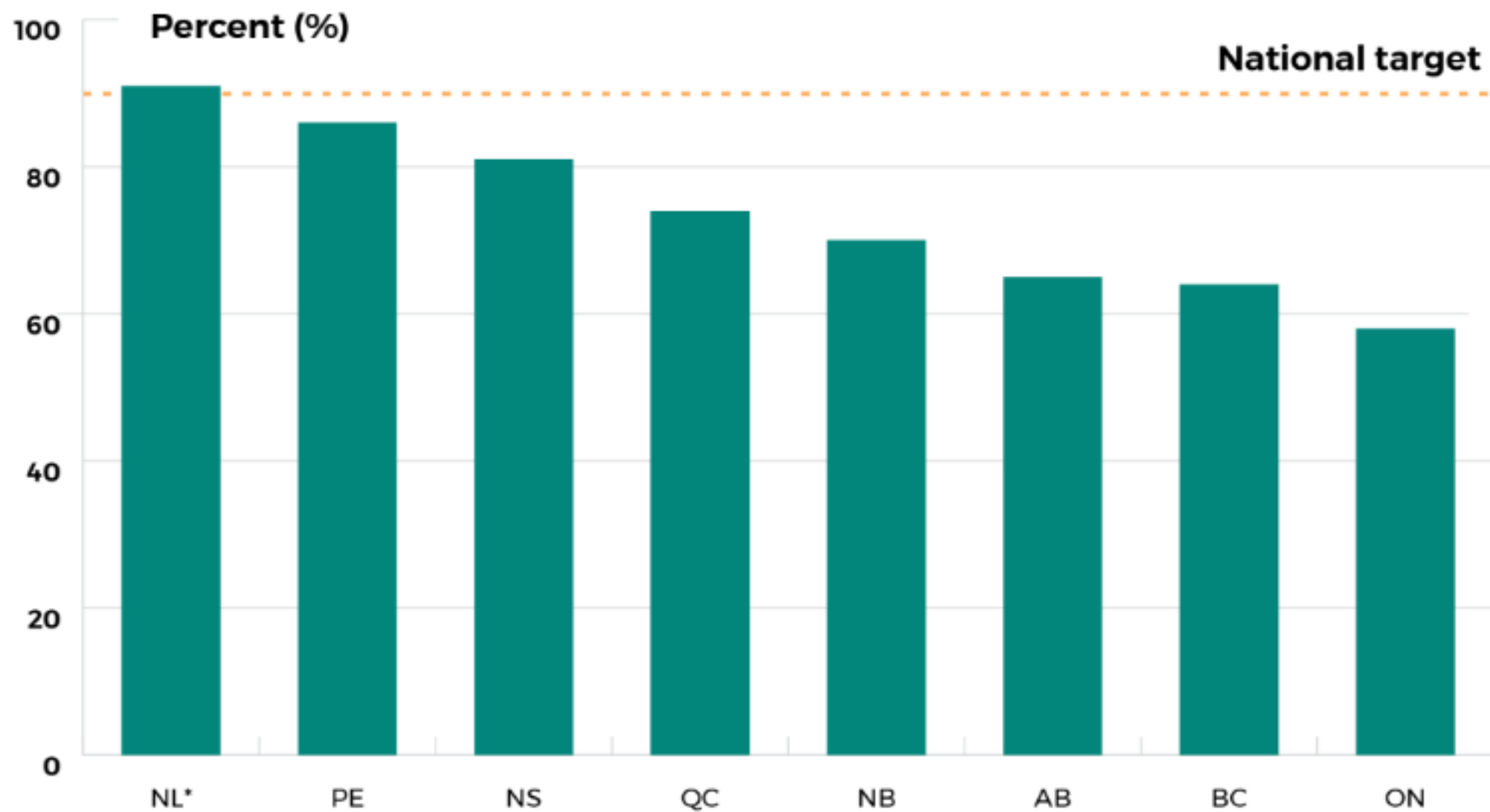
# Immunization coverage for school-based immunization programs among 12-year-olds: Ontario, 2023-24



## Provincial and territorial final dose uptake rates for HPV immunization for girls



# Provincial and territorial final dose uptake rates for HPV immunization for boys



# NACI HPV Vaccine Recommendations

**NACI continues to strongly recommend HPV vaccination for all individuals 9 to 26 years of age.**

- The HPV vaccine can be offered during pregnancy. Routine questioning about last menstrual period and/or pregnancy is not required or recommended before offering this HPV vaccine.

**NACI strongly recommends that individuals 9 to 20 years of age should receive 1 dose of HPV vaccine, and individuals 21 to 26 years of age should receive 2 doses of HPV vaccine.**

- A 2-dose schedule may still be considered on an individual basis for individuals 9 to 20 years of age in consultation with their health care provider.
- NACI continues to recommend a 3-dose schedule for individuals who are considered immunocompromised, as well as individuals living with HIV.

**Nonavalent 9vHPV vaccine should be used as it provides protection against the greatest number of HPV types and associated diseases**

# NACI HPV Recommendations

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**NACI recommends individuals 27 years of age and older may receive the HPV vaccine with shared decision making and discussion with a healthcare provider. The vaccine should be given as a 2-dose schedule with doses administered at least 24 weeks apart.**

- Individuals who are 27 years of age and older who were not vaccinated may benefit from vaccination, even at an older age.
- A 2-dose HPV vaccination schedule is recommended for immunocompetent individuals 27 years of age and older, though a 1-dose schedule is still expected to provide considerable benefit.

# Preparing for the implementation of human papillomavirus (HPV) testing

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Ontario Cervical Screening Program (OCSP)

March 2025



**Ontario  
Health**

# Overview of HPV testing in the OCSP

- On **March 3, 2025**, the OCSP introduced HPV testing, replacing cytology, as the primary test for cervical screening

## Better test, less often!

- The new cervical screening test is better at helping prevent cervical cancer
- Most people only need the test every 5 years
- The test is safe, free and only takes a few minutes



**Ontario Health**  
Cancer Care Ontario



# Eligibility for cervical screening in the OCSP

- Have a cervix
- Are age 25-69
- Have ever been sexually active
- Have Ontario Health Insurance Plan (OHIP) coverage
- Have no symptoms suggestive of cervical cancer

# New features of HPV testing

- For every HPV positive result, reflex cytology and partial genotyping will be performed automatically

## **Reflex cytology:**

- Visualizing cellular changes (i.e., normal, low-grade or high-grade changes)

## **Partial genotyping:**

- Identifies **oncogenic** strains of HPV (e.g., HPV subtypes 16, 18/45 or other)
- These are both triage tests and risk stratification tools that will determine next screening steps and/or inform who needs to be referred to colposcopy

# Summary: Key changes in screening

	Cytology testing	HPV test with reflex cytology (spring 2025)
<b>Screening test</b>	Cytology	HPV test with reflex cytology
<b>Initial triage test</b>	N/A	Partial genotyping, reflex cytology
<b>Interval after negative test</b>	Average risk: 3 years Immunocompromised: 1 year	Average risk: 5 years Immunocompromised: 3 years
<b>Repeat test</b>	Repeat cytology in 1 year	Repeat HPV test in 2 years
<b>Start age</b>	Age 21 <sup>1</sup>	Age 25
<b>Cessation age</b>	70 years if cessation criteria are met	Most people ages 65 to 69 with a negative HPV test

<sup>1</sup>In January 2021, the OCSF began encouraging providers to initiate cervical screening at age 25 for immunocompetent people

# How to order the HPV test

## Step 1

Confirm patient eligibility

People with a cervix ages **25** and older who have ever been sexually active

## Step 2

Collect 1 sample from the cervix

Only **1** sample is needed for HPV testing and reflex cytology (performed automatically by the lab if HPV-positive)

## Step 3

Complete OCSP requisition and label cervical sample

- Use the new OCSP-specific screening requisition
- Providers will not be able to order using the Ministry of Health Laboratory Requisition or a hospital requisition

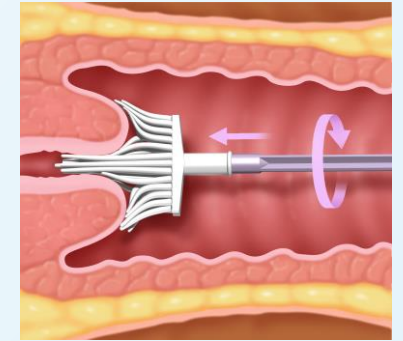
## Step 4

Submit requisition and sample to one of the procured Lab Services Providers (LSPs)

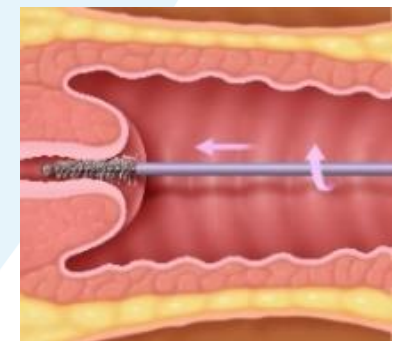
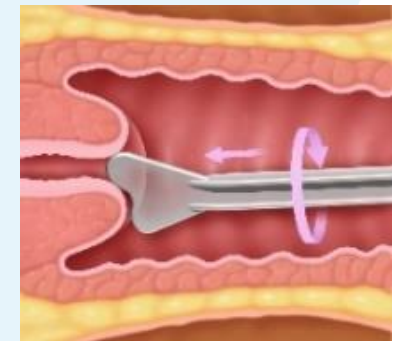
# How to collect a cervical sample

- Choose **one** of the following options:
  - Broom-like device
  - Endocervical brush-spatula combination
- Use lukewarm water to warm and lubricate the speculum
  - If a lubricant gel needs to be used, use a **dime-sized** amount of **water-soluble** and **carbomer-free** gel lubricant
  - Apply the lubricant only to the outer sides of the speculum blades, avoiding contact with the tip and inner sides of the speculum
- Rotate the sample back and forth in the vial
- Do **NOT** send any part of the collection device in the vial
- Label all samples with the patient's name and date of birth

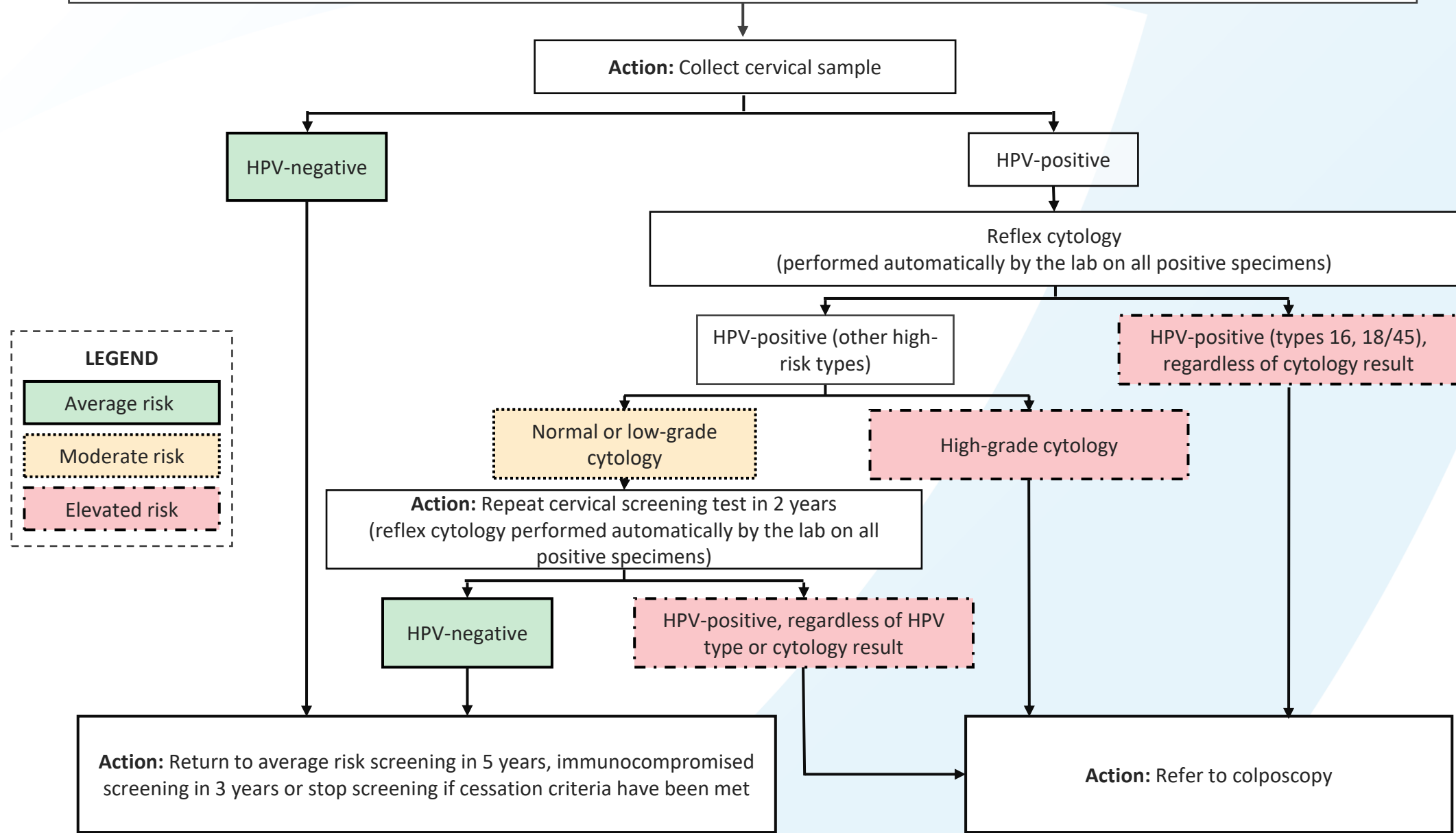
Option 1: Broom-like device

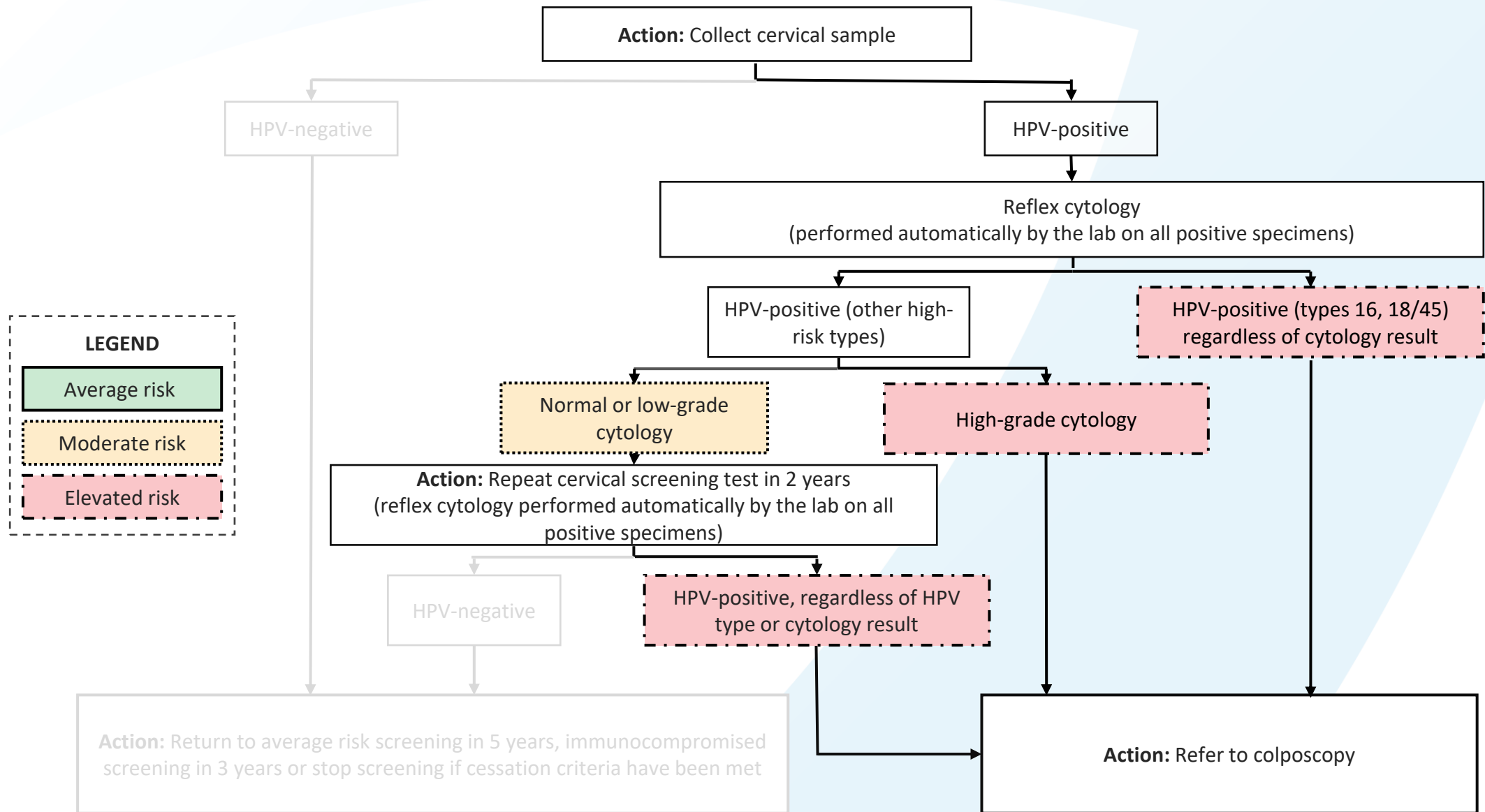


Option 2: Endocervical brush-spatula combination

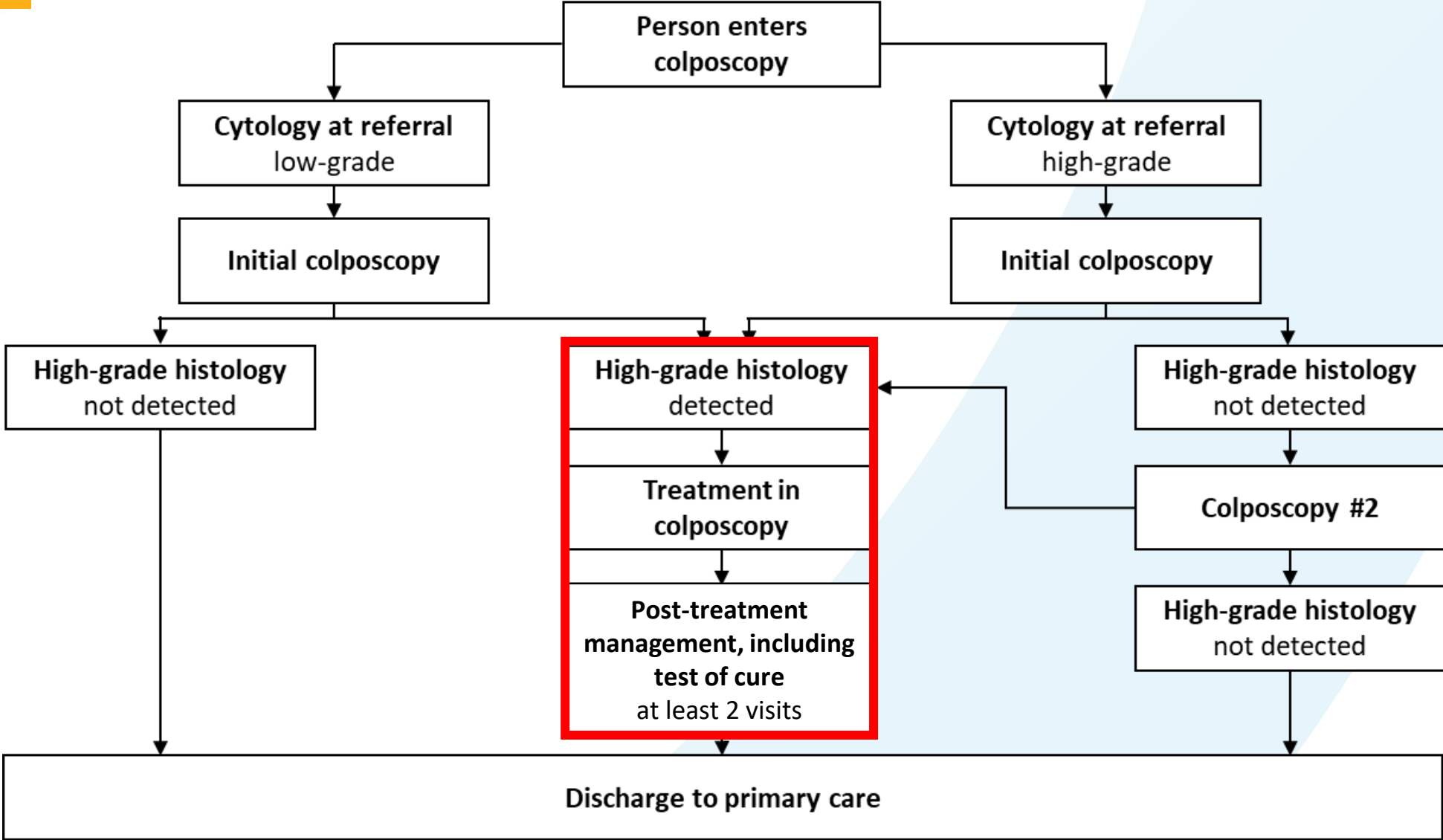


The eligible population includes people who: have a cervix, are age  $\geq 25$ , have ever been sexually active and are asymptomatic





# High-level overview: Episode of care



# Transition from cytology to HPV testing

- Patients should be screened with the new cervical screening test when they are next due based on their cytology result and the current OCSF cytology-based guidelines
- Next steps should be managed based on the HPV testing and reflex cytology result and the new OCSF HPV-based guidelines

Result history	When to screen with HPV	Select this test indication on the requisition
People screening at an average risk interval <ul style="list-style-type: none"> <li>• History of normal cytology results only</li> <li>• Returned to average risk screening after a low-grade cytology result</li> </ul>	<ul style="list-style-type: none"> <li>• Immunocompetent: Screen in 3 years</li> <li>• Immunocompromised: Screen in 1 year</li> </ul>	<ul style="list-style-type: none"> <li>• Average risk screening: every 5 years</li> <li>• Immunocompromised screening: every 3 years</li> </ul>
People screening annually due to a history of abnormal results <ul style="list-style-type: none"> <li>• First-time ASCUS/LSIL cytology result</li> <li>• ASCUS/LSIL cytology result followed by a normal cytology</li> </ul>	Screen in 1 year	HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
<b>Post-discharge from colposcopy</b> <ol style="list-style-type: none"> <li>1. People screening annually after being discharged with persistent low-grade cytology or an HPV-positive test result</li> <li>2. People who have met criteria to return to average risk screening</li> </ol>	<ol style="list-style-type: none"> <li>1. Screen in 1 year</li> <li>2. Screen in 3 years (immunocompetent) or screen in 1 year (immunocompromised)</li> </ol>	HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
People with histologic evidence of dysplasia in the cervix at the time of hysterectomy that require a vaginal vault test	6 to 12 months post hysterectomy	People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing

# Risk-based screening categories

Screening risk category	Risk of cervical pre-cancer and cancer	Clinical next step
Average risk	0.12% to 0.41% (5-year risk)	Screen in 5 years
Immunocompromised	Unknown or variable	Screen in 3 years
Moderate risk	1.3% to 3.7% (immediate risk)	Re-screen in 2 years
Elevated risk	≥6% (immediate risk)	Refer to colposcopy

Sources:

1. Dillner J, Rebolj M, Birembaut P, Petry KU, Szarewski A, Munk C, et al. Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study. *BMJ*. 2008 Oct 13;337(oct):a1754–a1754.

2. Demarco M, Egemen D, Raine-Bennett TR, Cheung LC, Befano B, Poitras NE, et al. A Study of Partial Human Papillomavirus Genotyping in Support of the 2019 ASCCP Risk-Based Management Consensus Guidelines. *J Low Genit Tract Dis*. 2020;24(2):144–7.

3. This risk threshold was selected based on OCSF's cytology-based screening recommendations, jurisdictional scan data, input from expert panel members.

# Main requisition changes



## Human Papillomavirus (HPV) and Cytology Tests Requisition – For Cervical Screening

Lab Use Only

- **Eligibility Criteria:** People with a cervix age 25 and older who have ever been sexually active and have a valid OHIP number.
- Ontario Cervical Screening Program's cervical screening recommendations and cessation criteria can be found at [ontariohealth.ca/OCSPr-recommendations](http://ontariohealth.ca/OCSPr-recommendations).
- **Immunocompromised populations include** people who are living with HIV/AIDS (regardless of CD4 cell count), congenital (primary) immunodeficiency, systemic lupus erythematosus (regardless of whether they are receiving immunosuppressant treatment), renal failure and require dialysis, transplant recipients (solid organ or allogeneic stem cell transplants) or people requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for 3 years or more.
- Referral to a specialist is required for any visible cervical abnormalities.

### Requester Information Requester type (check ONE):

Physician  Midwife  Nurse practitioner

CPSO or CNO number: \_\_\_\_\_

Practitioner billing number: \_\_\_\_\_

Last name: \_\_\_\_\_

Middle name: \_\_\_\_\_  
(optional)

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: ( ) Phone: ( )

Copy to: Primary care provider

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_  
(optional)

Fax: ( ) Phone: ( )

### Testing Indication for Cervical Screening (check ONE):

#### A. HPV test (includes reflex cytology if HPV-positive)

- Average risk screening: every 5 years
- Immunocompromised screening: every 3 years
- HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
- More frequent screening post-colposcopy: 2-year follow-up (moderate risk)
- People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing

#### B. Cytology test only

- Repeat after a previous HPV-positive (other high-risk types) with unsatisfactory cytology result

### Patient Identification (Enter information as indicated on OHIP card. Can be replaced by a sticker.)

Last name: \_\_\_\_\_

Middle name: \_\_\_\_\_  
(optional)

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex:  Male  Female  
yyyy / mm / dd

OHIP number: \_\_\_\_\_ OHIP version: \_\_\_\_\_

### Patient Contact (Mailing address for result letters and other correspondence. Verify with patient.)

Building / Street number: \_\_\_\_\_ Street name: \_\_\_\_\_

Apt./Unit number: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) Extension: \_\_\_\_\_  
(optional)

Type:  Home  Work  Cell

### Specimen

Site:  Cervical/endocervical  vaginal  Double cervix

#### Special considerations for cytology interpretation:

- Intrauterine device (IUD)  Postpartum
- Menopausal hormone therapy (MHT)  Pregnancy
- Post-menopausal  Subtotal hysterectomy
- Transition-related hormone therapy

Specimen collection date: \_\_\_\_\_  
(yyyy/mm/dd)

Last menstrual period (first day): \_\_\_\_\_  
(yyyy/mm/dd)

### Clinical information

### Requester Verification

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(yyyy/mm/dd)

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca).

Document disponible en français en contactant [info@ontariohealth.ca](mailto:info@ontariohealth.ca)

# Main requisition changes



## Human Papillomavirus (HPV) and Cytology Tests Requisition – For Cervical Screening

- **Eligibility Criteria:** People with a cervix age 25 and older who have ever been sexually active and have a valid OHIP number.
- Ontario Cervical Screening Program's cervical screening recommendations and cessation criteria can be found at [ontariohealth.ca/OCSP-recommendations](https://ontariohealth.ca/OCSP-recommendations).
- **Immunocompromised populations include** people who are living with HIV/AIDS (regardless of CD4 cell count), congenital (primary) immunodeficiency, systemic lupus erythematosus (regardless of whether they are receiving immunosuppressant treatment), renal failure and require dialysis, transplant recipients (solid organ or allogeneic stem cell transplants) or people requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for 3 years or more.
- Referral to a specialist is required for any visible cervical abnormalities.

Lab Use Only

New requisition contains eligibility information

# Main requisition changes

## Testing Indication for Cervical Screening (check ONE):

### A. HPV test (includes reflex cytology if HPV-positive)

- Average risk screening: every 5 years
- Immunocompromised screening: every 3 years
- HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
- More frequent screening post-colposcopy: 2-year follow-up (moderate risk)
- People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing

### B. Cytology test only

- Repeat after a previous HPV-positive (other high-risk types) with unsatisfactory cytology result

Testing indications specify screening categories and intervals

# Reasons a requisition could be rejected

- Participant is not eligible for cervical screening (e.g., due to age or not due for screening)
- Incomplete or illegible
- Missing cervical sample
- Duplicate requisitions
- Inappropriate cytology-only request
- Multiple indications selected
- Missing testing indication

## KEY TAKEAWAY

It is important to complete the requisition accurately to avoid rejection by the laboratory

# HPV testing resource hub

The screenshot shows the website for the HPV Testing in Ontario: Implementation Resource Hub. The page is titled "GUIDELINES & ADVICE" and "Human Papillomavirus (HPV) Testing in Ontario: Implementation Resource Hub". It includes a navigation menu with options like "HOME", "DRUG FORMULARY", "GUIDELINES & ADVICE", "PATHWAY MAPS", and "DATA & RESEARCH". The main content area features a section titled "Advantages of HPV Testing" with a bulleted list of benefits. Below this, there is a section for "HPV Testing Resources for Health Care Providers" which includes a table of frequently asked questions and their descriptions.

**Advantages of HPV Testing**

- HPV testing has a higher sensitivity, which means it is better at detecting cervical pre-cancer or cancer than cytology testing alone.
- HPV testing is objective, which means results are highly consistent and reproducible.
- HPV testing has a high negative predictive value, which means it is more likely that negative results will correctly identify people who do not have a cervical pre-cancer or cancer and who will not develop a cervical cancer in the next 5 years.
- HPV testing allows for earlier and more appropriate discharge from colposcopy.

**HPV Testing Resources for Health Care Providers**

Tools and resources	Description:	Target audience:
HPV testing frequently asked questions (FAQ)		
HPV testing abridged FAQ for providers offering cervical screening	Answers to questions about implementing HPV testing and changes to the Ontario Cervical Screening Program.	Providers offering cervical screening Providers offering colposcopy
HPV testing abridged FAQ for providers offering colposcopy		
Ontario Cervical Screening Program: Guidance for vaginal vault testing – frequently asked questions	Answers to questions about vaginal vault testing.	Providers offering cervical screening Providers offering colposcopy

Available in English & French:



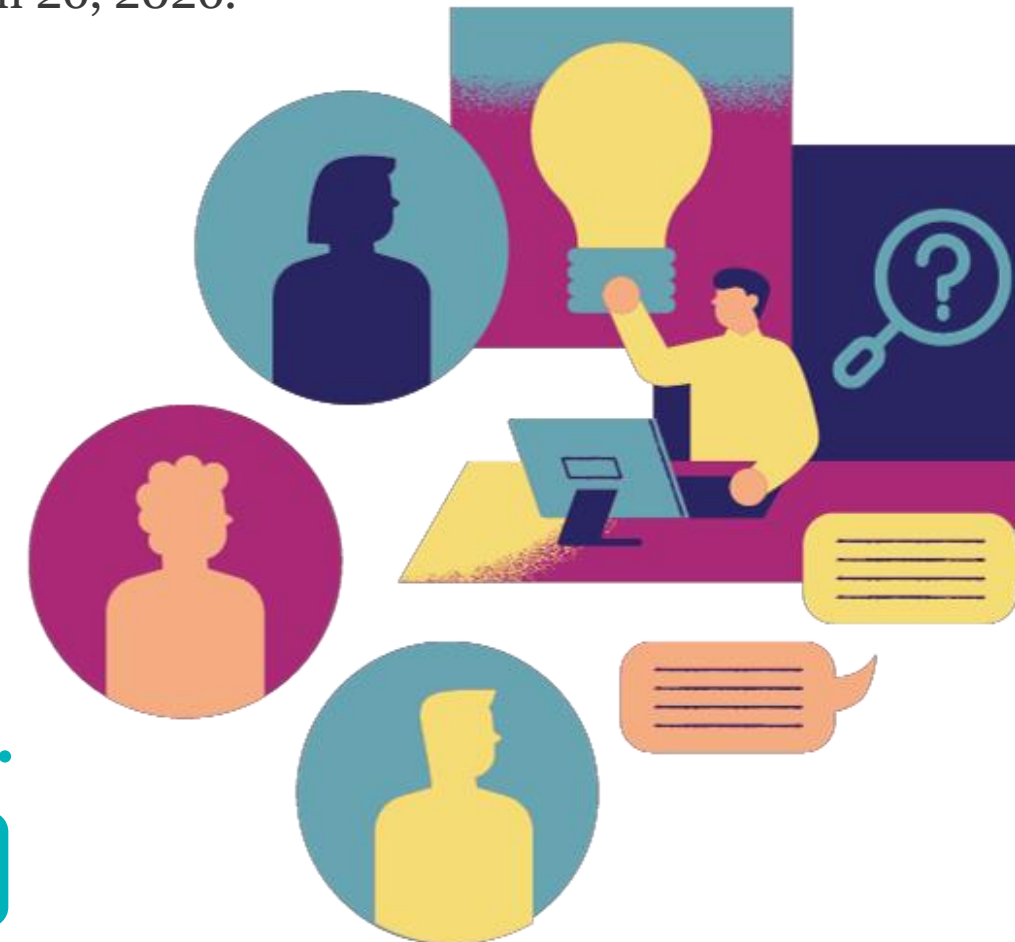
[ontariohealth.ca/hpvhub](https://ontariohealth.ca/hpvhub)

[santeontario.ca/pole-vph](https://santeontario.ca/pole-vph)

# Join a series of small group learning sessions!

Engage in **open discussions** where you're invited to **share the difficulties you're facing in your practice, in areas related to mental health, substance use disorders, chronic pain and your own wellness.** Groups are held between April 1, 2025 and March 26, 2026.

- Family physicians at all stages of their career
- Retirement
- Support for family physicians with lived experience of a chronic illness/disability
- Psychiatry related topics
- Boundaries/work-life balance
- Transitioning to GP psychotherapy



**The deadline to register is March 12, 2025.**

**Learn More and Register**

# *Nominate a peer for an OCFP Award!*

## **There are four categories:**

- Regional Family Physician of the Year
- Award of Excellence
- Family Medicine Resident of the Year Award – Ontario's Rising Star
- Medical Student of the Year



**Submit a nomination**

[ontariofamilyphysicians.ca/awards](https://ontariofamilyphysicians.ca/awards)

Deadline: March 16, 2025

# Osteoporosis and Fracture Prevention Workshop

## What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

March 19, 2025 | 9 a.m. – 12 p.m.

\$195 + HST

**Three-credit-per-hour** Mainpro+ certified program

[Registration now open](#)



Scan to  
learn more

# OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.



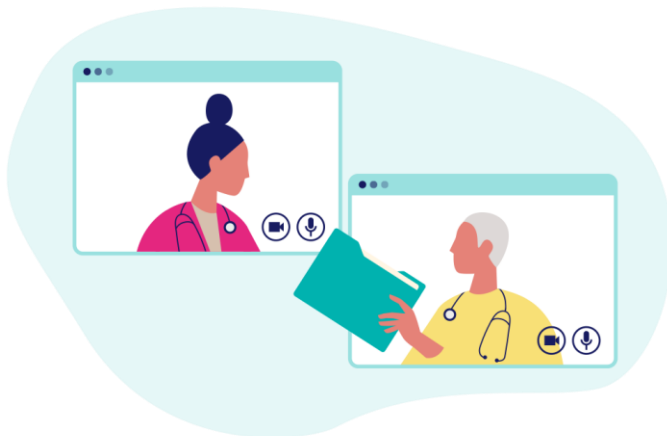
## Community of Practice

Join upcoming sessions:

Climate Anxiety: Growing Concern for Patients and Physicians  
(March 26<sup>th</sup>)

Indigenous cultural safety: Confronting anti-Indigenous racism and providing trauma-informed care  
(April 23<sup>rd</sup>)

Supporting patients with ADHD and comorbidities  
(May 28th)



## Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

# Family Medicine/Primary Care Census

## The need for a primary care database in Toronto:

- Access to up-to-date information on physician/NP supply and contact information is a vital component to ongoing efforts in health human resource (HHR) planning, implementing effective primary care networks, and HHR retention strategies.

## The main goals of this initiative are to:

- Establish an *up-to-date database of comprehensive, longitudinal family physicians/NPs* practicing Toronto
- Collect data required for primary care physician *HHR and capacity planning*.
- Analyze the data collected to *support regional initiatives*.
- Recommend strategies for the ongoing maintenance of the database at the regional level.

## Who should participate?

- All Family Doctors (i.e. CCFP-certified physicians including focused practice physicians) with patients in Toronto.
- All Nurse Practitioners with patients in Toronto.

# Access & Share the Primary Care Census



<https://www.primarycarecensus.ca/en/static/OH-Toronto-Region-Census>

# RECENT SESSIONS

October 18	<b>Infectious Disease &amp; OBSP Updates</b>	Dr. Allison McGeer Dr. Jonathan Isenberg
November 15	<b>Infectious Disease &amp; Diabetes Pharmacotherapy</b>	Dr. Daniel Warshafsky Dr. Gihane Zarifa
December 6	<b>Best of 2024 – Winter Virus Season &amp; Menopause Revisited</b>	Dr. Janine McCready Dr. Sue Goldstein
January 17	<b>Infectious Disease &amp; Gender Affirming Care</b>	Dr. Daniel Warshafsky Dr. Tehmina Ahmad
February 21	<b>Infectious Disease &amp; Navigating Ontario's Disability Support Program</b>	Dr. Alon Vaisman Dr. Mohamed Alarakhia Norma English

**Previous webinars & related resources:**

**<https://www.dfc.utoronto.ca/covid-19-community-practice/past-sessions>**

# UPCOMING SESSIONS

Month	Date
March 2025	March 21
April 2025	April 4
May 2025	May 2 May 23

## SAVE THE DATE

Registration link will be emailed to you closer to the date



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians

*Leaders for a healthy Ontario*



# Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: March 21, 2025

Contact us: [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The Changing the Way we Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

**Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.**