Overview and FAQ for Primary Care Providers

HPV primary screening

Updated March 2026

Primary Care Alberta

Alberta Health Services

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Overview

Alberta is transitioning to the human papillomavirus (HPV) test as the province's standard for cervical cancer screening. This is called HPV primary screening, also known as the cervical screening test. Until now, Pap tests have been used to screen for cervical cancer.

Phased approach

As of November 5, 2025, women and people with a cervix aged 50 to 69 years are eligible for HPV primary screening. Beginning with this age group ensures access to a more sensitive test before these patients exit the cervical cancer screening pathway.

Planning for provincial access to HPV primary screening for women and people with a cervix aged 25 to 49 is ongoing and further age groups will be added to HPV Primary screening in 2027. For now, these patients will continue to be screened using Pap tests.

Why this change?

HPV primary screening is more accurate, detects precancerous lesions earlier, reduces screening frequency, and allows for self-sampling, which reduces barriers to access for cervical cancer screening. This leads to improved patient access and health system efficiency. Planning for provincial access to self-sampling is also ongoing.

This phased implementation approach will address cytotechnologist workforce shortages, prolonged Pap turnaround times and colposcopy capacity due to anticipated surge in colposcopy referrals and volumes.

By adopting HPV primary screening, Alberta will align with global and national efforts to eliminate cervical cancer by 2040.

Key changes

Aspect	Pap test	HPV primary screening
Eligibility (Age group)	25 to 49	50 to 69
Test at lab	Pap	High-risk HPV test
Screening interval	Every 3 years if normal Annual screens as per clinical practice guidelines	Every 5 years (if HPV-negative and immunocompetent) Every 3 years (if HPV-negative and immunocompromised.
Sample collection	Provider-collected	Provider-collected (same liquid-based cytology (LBC) sample as per the current collection process)
Referral criteria	High-grade Pap: Refer to colposcopy Low-grade cytology and HPV reflex positive: Refer to colposcopy	Positive for high-risk HPV types 16, 18: Refer to colposcopy Other high-risk strains: Refer based on HPV reflex cytology results

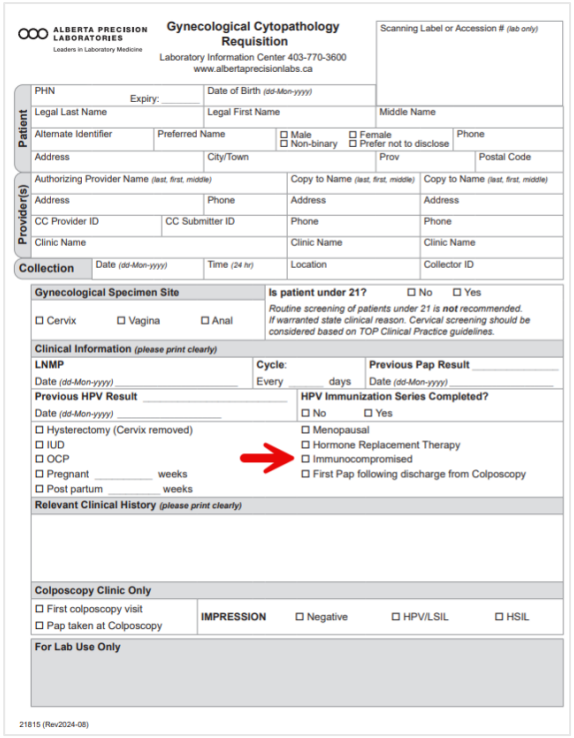
What primary care providers need to do

Educate and reassure patients

- To ensure consistency with program materials, primary care providers should use the term *cervical screening test* when referring to HPV primary screening. This is the name used in all patient resources.
- Explain the change in cervical cancer screening tests and the reasons behind it.
- Emphasize the improved sensitivity and safety of extended screening intervals.
- Address common concerns (see the FAQs below for more information).

Order the cervical screening test as before (No changes)

- The ordering process is the same as the current Pap collection at your clinic. At the lab, the HPV test is applied for patients aged 50 to 69. If a positive high-risk HPV strain is detected, a reflex cytology will be performed on the same sample.
- Use the same lab requisition (Gynecological Cytopathology Requisition) as per current process.
    - On the requisition form, indicate if your patient is immunocompromised as that will impact the recommended screening intervals.
    - See definitions for *immunocompromised* on the HPV primary clinical pathway.
    - If immunocompetent, you can write this in the Relevant Clinical History.



ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Gynecological Cytopathology Requisition
Laboratory Information Center 403-770-3600
www.albertaprecisionlabs.ca

Scanning Label or Accession # *(lab only)*

Patient
PHN Expiry: | Date of Birth *(dd-Mon-yyyy)*
Legal Last Name | Legal First Name | Middle Name
Alternate Identifier | Preferred Name | ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose | Phone
Address | City/Town | Prov | Postal Code

Provider(s)
Authorizing Provider Name *(last, first, middle)* | Copy to Name *(last, first, middle)* | Copy to Name *(last, first, middle)*
Address | Phone | Address | Address
CC Provider ID | CC Submitter ID | Phone | Phone
Clinic Name | Clinic Name | Clinic Name

Collection
Date *(dd-Mon-yyyy)* | Time *(24 hr)* | Location | Collector ID

Gynecological Specimen Site
☐ Cervix ☐ Vagina ☐ Anal

Is patient under 21? ☐ No ☐ Yes
*Routine screening of patients under 21 is **not** recommended. If warranted state clinical reason. Cervical screening should be considered based on TOP Clinical Practice guidelines.*

Clinical Information *(please print clearly)*
LNMP Date *(dd-Mon-yyyy)*
Cycle: Every ____ days
Previous Pap Result Date *(dd-Mon-yyyy)*
Previous HPV Result Date *(dd-Mon-yyyy)*
HPV Immunization Series Completed? ☐ No ☐ Yes

☐ Hysterectomy (Cervix removed)
☐ IUD
☐ OCP
☐ Pregnant ____ weeks
☐ Post partum ____ weeks
☐ Menopausal
☐ Hormone Replacement Therapy
☐ Immunocompromised
☐ First Pap following discharge from Colposcopy

Relevant Clinical History *(please print clearly)*

Colposcopy Clinic Only
☐ First colposcopy visit
☐ Pap taken at Colposcopy
IMPRESSION ☐ Negative ☐ HPV/LSIL ☐ HSIL

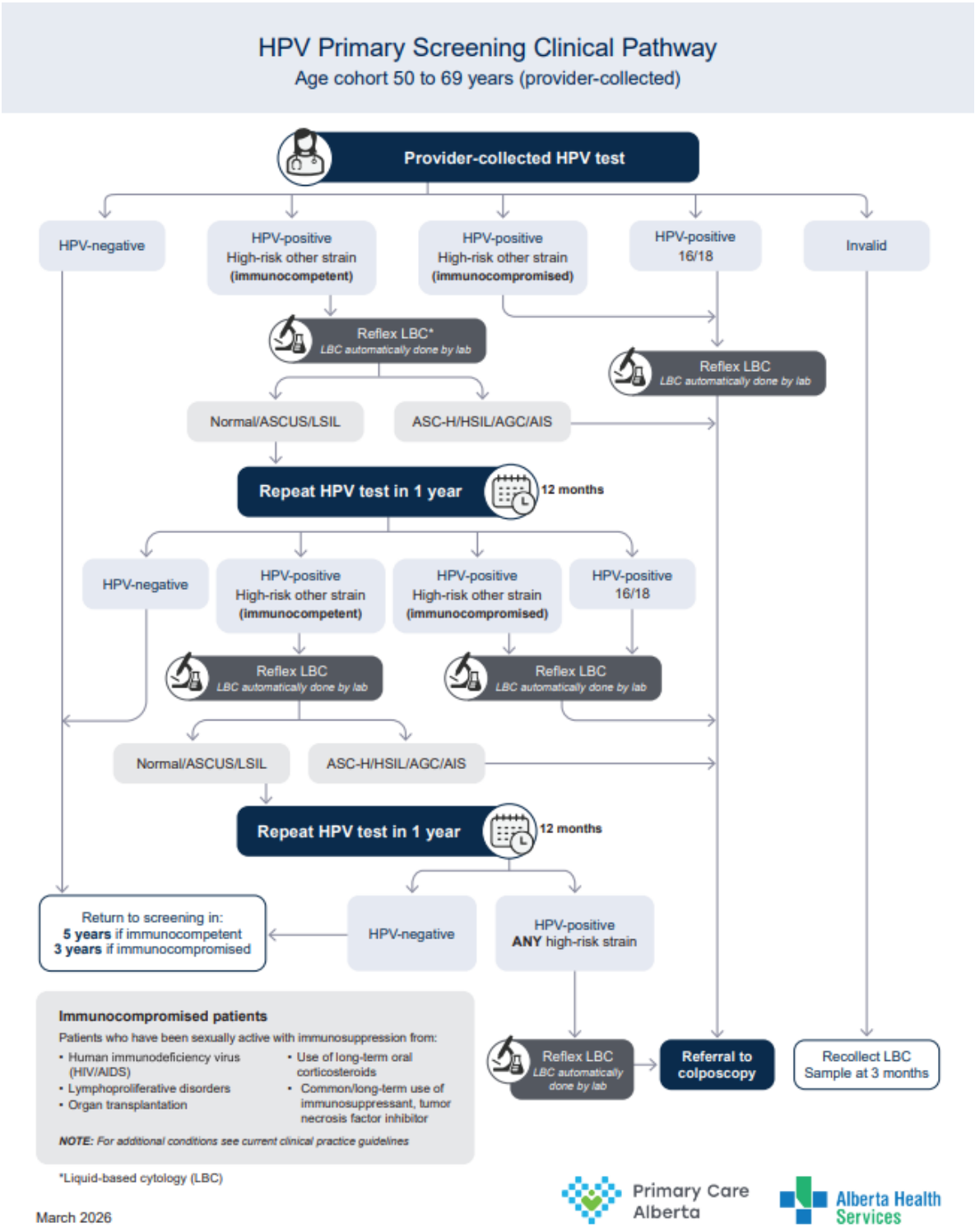
For Lab Use Only

21815 (Rev2024-08)

Interpret HPV primary screening results

- Interpret results based on the HPV primary screening clinical pathway below.
- Discuss results with your patients, as applicable.

HPV primary screening clinical pathway



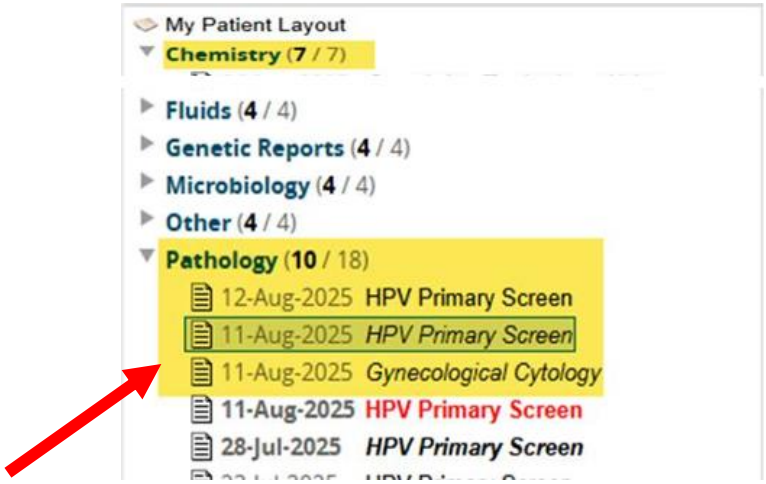
Primary care provider results follow-up

Result group	HPV primary result (High-risk HPV NAT)	Provider information
Normal	Not detected (aged 50 to 64)	Repeat cervical cancer screening in 5 years. If immunocompromised, repeat in 3 years.
	Not detected (aged 65 to 69)	Routine screening no longer indicated for immunocompetent patients. Assess the patient as required for further screening.
Abnormal	Detected HPV 16 and/or 18 + Unsatisfactory, NIL, ASCUS, LSIL, ASCH, HSIL, AGC, AIS	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
	Detected other HR HPV (Immunocompromised) + Unsatisfactory, NIL, ASCUS, LSIL, ASCH, HSIL, AGC, AIS	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
	Detected other HR HPV (Immunocompetent) + ASC-H, HSIL, AIS, AGC	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
	Detected other HR HPV (Immunocompetent) + NIL, ASCUS, LSIL	Repeat cervical cancer screening in 12 months (Rescreen to be completed via LBC sample).
	Detected other HR HPV (Immunocompetent) + Unsatisfactory Pap	Repeat cervical cancer screening test in 3 months (Rescreen to be completed via LBC sample).
	Detected other HR HPV (Immunocompetent) + NIL, ASCUS, LSIL (after 2 previous results, each at least12 months apart)	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
Others	First invalid result	Repeat cervical cancer screening test in 3 months (Rescreen to be completed via LBC sample).
	Second consecutive invalid + ASC-H, HSIL, AIS, AGC	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
	Second consecutive invalid + NIL, ASCUS, LSIL	Repeat screening in 12 months (Rescreen to be completed via LBC sample).
	Indeterminate + ASC-H, HSIL, AIS, AGC	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form.
	Indeterminate + NIL, ASCUS, LSIL	Repeat cervical cancer screening in 12 months (Rescreen to be completed via LBC sample).
	Indeterminate + Immunocompromised + Any reflex cytology result	Refer to colposcopy. Include the patient's HPV and gynecological cytology (Pap test) results on the colposcopy referral form
	Cancelled specimen	Repeat cervical cancer screening test in 3 months.

Implementation guidelines

Laboratory process

- Samples will be collected from clinics as per current process.
- HPV test conducted as primary test for samples that meet the age eligibility (50 to 69 years).
- Reflex cytology is automatically done for HPV-positive, indeterminate and second consecutive invalid samples.
- Results sent as per current lab communication process with provider.
- Results can also be found in Netcare under Pathology (same location as Pap)



- HPV test and reflex gynecological cytology results will be reported separately. You may receive the results of the HPV test prior to the reflex cytology and on separate days.

Colposcopy referral process

- There are no changes to the referral process.
    - Clinics using FAST (Facilitated Access to Specialized Treatment) should continue submitting referrals through their respective Zone FAST Team. Click here for the Provincial Adult Gynecology Referral Pathway.
    - Clinics that use the Alberta Referral Directory should continue to do so in accordance with their current practice.

Clinical considerations

Refusals and patient preference

- Some patients may request to continue with Pap test. Both Pap tests and HPV primary screening are collected in the same manner.
- **Key point:** Alberta is transitioning to the HPV test as the standard for cervical cancer screening. The lab will no longer test samples in the previous way. All samples for women and anyone with a cervix aged 50 to 69 will be tested for HPV.
- **Approach:**
  - Acknowledge patient's concerns.
  - Provide reassurance about accuracy and safety of the testing.
  - Remind patients about the importance of screening for cervical cancer.
  - Offer patient education resources.
  - If patient declines the HPV test, document the refusal according to your clinical processes.

Special cases

Age 50 to 69

Patient characteristics	Recommendation
Cervix removed with a history of biopsy confirmed high-grade squamous intraepithelial lesion (HSIL), adenocarcinoma in situ (AIS) or invasive cancer	Surveil with a provider-collected liquid-based cytology (LBC) sample from the vaginal vault at 12 months post-hysterectomy. **If HPV-negative:** Routine HPV based screening at 3-year intervals (average risk) or 1-year interval (immunocompromised). **If HPV-positive:** Follow current HPV primary screening clinical pathway. These are interim guidelines pending Clinical practice guidelines.
History of biopsy confirmed high-grade squamous intraepithelial lesion (HSIL), adenocarcinoma in situ (AIS) or invasive cancer without total hysterectomy	Surveil with a provider-collected liquid-based cytology (LBC) sample at 12 months post discharge from colposcopy care. **If HPV-negative:** Routine HPV based screening at 3-year intervals (average risk) or 1-year interval (immunocompromised). **If HPV-positive:** Follow current HPV primary screening clinical pathway. These are interim guidelines pending Clinical practice guidelines.
Patients on surveillance with annual Pap follow up	On their next scheduled Pap test, screen with HPV testing using a provider collected liquid-based cytology (LBC) sample. **If HPV-negative:** Routine HPV based screening at 3-year intervals (average risk) or 1-year interval (immunocompromised). **If HPV-positive:** Follow current HPV primary screening clinical pathway. These are interim guidelines pending Clinical practice guidelines.

Age 65 to 69

Patient characteristics	Recommendation
Has a negative HPV screen and under no active surveillance of pre-cursor abnormalities	No further screening required.
Inadequate screening history or has not screened in last 5 years and generally well	Screen with provider-collected LBC sample. Stop screening if result is HPV-negative.

Gender-diverse and trans populations

- **Inclusion:** Guidelines apply to all individuals with a cervix, regardless of gender identity.
- **Barriers:** Dysphoria, past trauma, or negative healthcare experiences may reduce screening uptake.

Physician approach:

- Use gender-affirming language.
- Offer choice of provider gender, trauma-informed care and clear explanation of the process.
- Where available, consider self-collection in pilot project (if eligible) or in the future.

For more information seer.

Symptomatic patients

- Patients with symptoms (e.g., postcoital bleeding, abnormal discharge, pelvic pain) require diagnostic assessment (i.e., colposcopy, biopsy), not screening.

Recall and follow-up

- The Alberta Cervical Cancer Screening Program may send recall notifications to eligible patients.
- Primary care providers can use electronic medical record (EMR) reminders to follow up with their patients.

Self-collection (also known as HPV self-sampling or cervix self-screening)

- Recruitment for the HPV self-sampling pilot project ended in November 2025.
- The purpose of this project is to increase cervical cancer screening access and participation in under-screened populations (Indigenous, newcomer and rural/remote). For more details, visit screeningforlife.ca/cervical/get-screened/cervix-self-screening-pilot-project/
- Not available for wide distribution at this time.
- Future consideration: Self-sampling is part of the planning that is underway for the provincial roll out of HPV Primary. Details on when self-sampling will be available for population screening are not yet available.

Frequently asked questions (FAQs)

Provider questions

HPV primary screening implementation

Q1. What is HPV testing?

HPV testing is a molecular genotyping test that detects oncogenic HPV types that cause cervical cancer and its precursors.

Q2. Why is Alberta switching from Pap test to HPV test (HPV primary screening)?

This change is being made for several reasons:

- **Greater accuracy**: The HPV test is more effective than the Pap test, as it directly detects the high-risk types of the virus that cause nearly all cervical cancers. Pap tests look for changes to cervical cells after the infection has already caused damage.
- **Improved safety**: A negative HPV test has a very high negative predictive value, meaning a patient is at an extremely low risk of developing cervical cancer over the next 5 years. This allows for a safe increase in the screening interval.
- **Fewer unnecessary referrals**: While the HPV test is more sensitive, the follow-up process for positive results is more specific. This helps avoid unnecessary referrals for colposcopy.

Q3. Who is included in the first phase of implementation?

Starting November 2025, women and people with a cervix aged 50 to 69 are eligible for HPV primary screening. Transition to HPV primary screening for other age groups (25 to 49 years) is being planned for the future.

Q4. What is the new screening interval using HPV primary screening?

- Every 5 years provided the previous results were normal.
- Every 3 years if the patient is immunocompromised.

Q5. How do I order the test?

- Use the same lab requisition form as used for Pap tests (Gynecological Cytopathology Requisition: albertahealthservices.ca/frm-21815.pdf.
- Use the same sample collection as used for Pap tests.
- Reflex cytology is automatically done by the lab for HPV-positive samples.

Results and follow-up

Q6. How should patients in this age group be managed when they are due for cervical cancer screening?

Any asymptomatic patient with a cervix, aged 50 and 69, should receive primary HPV test when they are due for cervical cancer screening. Follow-up depends on the test result.

- **HPV not detected (normal):** The patient should return to routine screening in 5 years (3 years if immunocompromised).
- **HPV detected (abnormal):** Reflex cytology is automatically done by the lab on the same sample to help determine next steps (see HPV primary clinical pathway).

Q7. Will I receive my patient's result?

Yes, the lab will send the results using the same process as for other results.

- Results will also be viewable in Netcare and Connect Care.

Q8. How will patients get their HPV results?

If your patient uses MyHealth Alberta MyChart, they can check their results online.

- If the test is abnormal or unsatisfactory, they may also be notified by the screening program.

Q9. How are patients referred to colposcopy?

There are no changes to the referral process. Refer patients using your normal process.

- Clinics using FAST (Facilitated Access to Specialized Treatment) should continue submitting referrals through their respective Zone FAST Team. Click here for the Provincial Adult Gynecology Referral Pathway.
- Clinics that use the Alberta Referral Directory or the colposcopy referral form should continue to do so in accordance with their current practice.
- Include the patient's HPV and Pap test results to the colposcopy referral.

Q10. Where can my patient find more information on colposcopy?

Patients can visit screeningforlife.ca/cervical/results-and-next-steps/#further_testing to learn more and watch three videos (what is a colposcopy, what to expect and results and treatment).

Q11. How is HPV treated?

There is no cure for HPV. However, signs of HPV (genital warts and abnormal cells), can be removed through colposcopy treatments (LEEP - loop electrosurgical excision procedure, laser surgery). This is done by a specialist, called a colposcopist.

Q12. Will the treatment get "all" of the HPV?

Colposcopy treatments remove high-grade dysplasia (abnormal cells) on the cervix caused by HPV. Follow-up visits will determine if all the dysplasia is treated. Patients treated for high grade

dysplasia will have an HPV Test of Cure prior to discharge from colposcopy. It's important for patients to continue with screening once discharged from colposcopy. Colposcopy discharge information will be sent to the healthcare provider and will provide directions on follow-up screening.

Q13. What should I tell a patient who asks how they got HPV?

- HPV passes from person to person through sexual contact.
- There is no way to know when or from whom HPV was passed. With each new sexual contact there is the risk of HPV transmission. Most people who have ever had sexual contact will get an HPV infection, but most will be unaware of it.
- A person can have HPV for many years before it develops into a cervical abnormality.

Q14. If a person is in a long-term, monogamous sexual relationship, how did they acquire HPV?

HPV can be acquired from any prior sexual relationship of either partner and live in the body for many years. There is no sure way to know when or from whom an HPV infection is passed. Research shows the possibility that HPV can lie dormant and be reactivated in the future, so a person can have HPV for many years before it is detected.

Q15. Should a patient tell their partner that high-risk HPV has been detected in their sample?

Discussing health status with a partner is an individual decision. It's important to know that HPV transmission is a normal part of being sexually active, and that most sexually active people will have at least one HPV infection at some point in their lives. Currently, there is no cancer screening HPV test for males.

Q16. Where can I learn more about HPV?

For more information on HPV, visit screeningforlife.ca/cervical/cervical-cancer.

Q17. What happens if a patient insists on having a Pap test?

Alberta is moving towards the HPV test as the standard of care for cervical cancer screening.

- Acknowledge the patient's concern.
- Counsel and provide reassurance about accuracy of HPV testing and safety of test.
- Offer patient education resources (www.screeningforlife.ca)

Patient questions

Q1. Is there a difference between the cervical screening test and HPV primary screening?

No. Both names are used to refer to the test used to screen for cervical cancer in women and anyone with a cervix.

Q2. I've had normal Pap tests for years — why change now?

Regular screening for cervical cancer is recommended. Screening with the cervical screening test (HPV test) is more sensitive and accurate than the Pap test, and allows for longer screening intervals (time between screening tests) if results are negative (normal).

Q3. Will the test hurt?

Sample collection by providers is identical to Pap tests. The test is easy and shouldn't hurt.

Q4. If my result is normal, when should I get screened again?

- You should be screened again in 5 years.
- If you're immunocompromised, you should be screened again in 3 years. R
- The cervical cancer screening test (HPV test) is more accurate than the Pap test and allows for longer screening intervals (time between screening tests)

Q5. What if I test positive for HPV?

HPV is very common. Most infections clear naturally. A positive result does not mean you have cancer.

Q6. Is HPV a sexually transmitted infection (STI)?

Yes, HPV is a common STI. Most people who have ever had sexual contact will get HPV but most will be unaware of it. Screening used to support cancer prevention.

Q7. Does a positive HPV test mean my partner cheated?

No. HPV can be acquired from any prior sexual relationship of either partner and can live in the body for many years.

Q8. I am younger than 50 years, can I have the cervical screening test (HPV test)?

No. Currently, the cervical screening test (HPV test) is available to women and anyone with a cervix aged 50 to 69. Other age groups will be eligible for this test in 2027. Pap tests are still an effective test to detect cervical cancer early. For now, women and people with a cervix aged 25 to 49 will continue to be screened for cervical cancer using Pap tests.