tobacco-use-and-womens-health). Smoking contributes to the progression of CIN, with both active and passive smoking associated with squamous cell carcinoma of the cervix in women with HPV 16 or 18 infection (*1263–1266*).

Promoting Cervical Cancer Screening

Clinics can use the evidence-based interventions in the *Community Preventive Services Task Force* guidelines to promote cervical cancer screening in their communities (https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-cervical-cancer). Implementing interventions that increase community demand for screening (*1266*) (e.g., client reminders, client incentives, media, group education, or one-on-one education) together with those that increase community access to screening (e.g., reducing structural barriers and reducing client out-of-pocket costs) is effective in increasing cervical cancer screening coverage. These interventions are more effective if they are implemented with interventions to increase provider delivery of screening services (e.g., provider assessment and feedback, provider incentives, and provider reminders). Print materials and online resources are available at https://www.cdc.gov/cancer/cervical/basic_info/screening.htm and https://www.cdc.gov/std/hpv/facts-brochures.htm. Patient navigators can be effective in improving both screening and follow-up after abnormal results (*1267*).

Key Messages About Cervical Cancer Screening

When counseling persons about cervical cancer screening, the provider should discuss the following:

- Cervical cancer can be prevented with regular screening tests, like the Pap test (cytology) and HPV tests. Those at average risk should start getting cytology tests at age 21 years.
- The cytology test can find abnormal cervical cells, which could lead to cervical cancer over time, and an HPV test detects HPV infection of the cervix. The HPV test can be used alone for cervical cancer screening or at the same time as the cytology test (known as cotesting) for those aged ≥30 years to 65 years. The HPV test is also used after a cytology test result of atypical squamous cells of undetermined significance (ASC-US) among persons aged >25 years (known as reflex HPV testing).
- Positive cytology and HPV tests are markers of cervical precancerous lesions, which often do not cause symptoms until they become invasive. Appropriate follow-up is essential to ensure that cervical cancer does not develop.
- HPV is a common infection and is often controlled by the body without any medical interventions. A positive HPV test does not mean that a person has cancer.
- Providers should emphasize that HPV infections often are shared between partners, and it is often not possible to know the origin of an HPV infection; HPV tests might become positive many years after initial exposure due to reactivation of latent infections in both male and female partners.

Management of Sex Partners

The benefit of disclosing a positive HPV test to current and future sex partners is unclear. The following counseling messages can be communicated to sex partners:

- Sex partners do not need to be tested for HPV.
- Sex partners tend to share HPV. Sex partners of persons with HPV infection also are likely have an HPV infection.
- Female sex partners of men who disclose they had a previous female partner with HPV should be screened at the same intervals as women with average risk. No data are available to suggest that more frequent screening is of benefit.
- When used correctly and consistently, condoms might lower the risk for HPV infection and might decrease the time to clear in those with HPV infection. However, HPV can infect areas not covered by the condom, and condoms might not fully protect against HPV (*24*,*25*).

Additional messages for partners include the messages for persons with HPV (see Cervical Cancer Screening; Counseling Messages).

Screening Recommendations in Special Populations

Pregnancy

Persons who are pregnant should be screened at the same intervals as those who are not. A swab, Ayre's spatula, or cytobrush can be used for obtaining cytology test samples during pregnancy (*1268–1270*).

HIV Infection

Several studies have documented an increased risk for cervical precancers and cancers in individuals with HIV infection (*1271–1273*). Adolescents with HIV should be screened 1 year after onset of sexual activity but no later than age 21 years. Sexually active persons should be screened at the time of the initial HIV diagnosis. Conventional or liquid-based cytology (Pap test) should be used as primary HPV testing and is not recommended in individuals with HIV. Cotesting (cytology and HPV test) can be done in individuals aged ≥30 years with HIV. Annual screening is recommended for persons with HIV infection; after 3 years of consecutive normal cytology results or normal cotest (normal cytology and negative HPV test), the screening interval can be increased to every 3 years. Lifelong screening is recommended among persons with HIV infection.