

HPV Prevention & Control Board Technical Meeting
28 May 2026

Gaps between policy and practice in real-world implementation for HPV screening

Experience from BELGIUM

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Political background

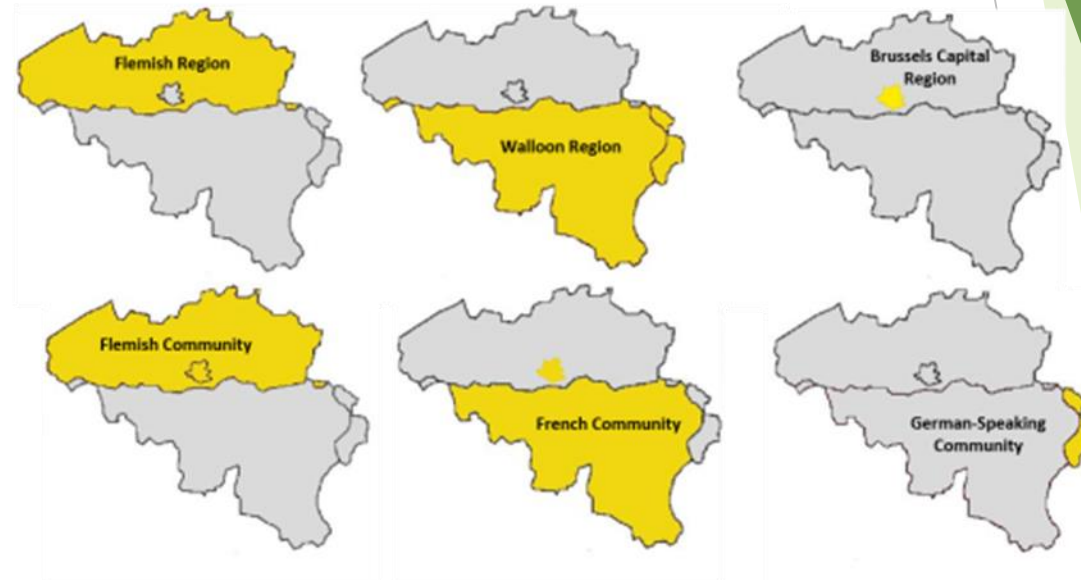
Belgium - a country of regions

Belgium is a federal state made up of three Communities (the Flemish Community, the French Community and the German-speaking Community) and three regions (the Brussels-Capital Region, the Flemish Region and the Walloon Region).

The main federal institutions are the federal government and the federal parliament, and the Communities and Regions also have their own legislative and executive bodies.

The principal powers of the three Communities in Belgium, which are delimited on linguistic grounds, relate to education, culture, youth support and certain aspects of health policy.

The three Regions have powers for 'territorial issues', such as public works, agriculture, employment, town and country planning and the environment.



1. Flemish Region
2. Brussels-Capital Region
3. Walloon Region
4. Flemish Community
5. French Community
6. German-speaking Community

Six ministers directly responsible for public health and prevention

IKW prevention: Inter-cabinet working group
IMC public health: Interministerial conference

Implementation of HPV screening in Belgium starts with KCE report, 2015

KEY FINDINGS

- HPV testing is more sensitive for precancerous lesions CIN2 and CIN3 than cytology. The downside is that the transversal specificity is lower.
- The protective effect of HPV screening compared to cytology on the incidence of invasive cervical cancer is directly demonstrated in randomized trials.
- No protective effect is demonstrated under 30 years.
- The risk of CIN3+ or invasive cervical cancer after a negative hrHPV DNA test is significantly lower than after a negative Pap smear. This means that screening intervals can be extended safely up to five and more.
- A two-step triage scenario with twice cytology at cutoff ASC-US+ offers a good balance of efficiency (4 to 9 referrals to detect one CIN3+, ~40% of referral) and safety (risk of CIN3+ in triage-negative women of 0.5% to 0.9%).
- For the interpretation of cervical cytology specimen, there is no quality control programme yet.
- In Belgium, an ISO15189 accreditation (including participation in external quality assessments) for high-risk HPV detection in cervicovaginal samples using a molecular method - but not for cytopathology - is mandatory for reimbursement.
- The use of colposcopies in Belgium, with high numbers performed without previous cytology result is not in line with the internationally agreed recommendations, where colposcopies should be used to examine women with abnormal cytology findings.
- Proportions of abnormal cytology results varies widely between laboratories.
- It is unlikely that the introduction of HPV screening would lead to a large increase in confirmation tests in the Belgian context.
- HPV screening every 5 year is a dominant option, compared to current practice of cytology screening every 3 years.

CERVICAL CANCER SCREENING PROGRAM AND HUMAN PAPILLOMAVIRUS (HPV) TESTING, PART II: UPDATE ON HPV PRIMARY SCREENING



The political story continues for 7 years

2015-2022

- ▶ 2015: KCE report 238
- ▶ 2017: Sciensano updates evidence, requested by IKW prevention
 - ▶ “HPV-testing for cervical cancer screening”
- ▶ 2018 (end): concretize ‘action plan’ for implementation of HPV primary screening (requested by IMC to IKW)
 - ▶ ‘HPV Roadbook’: legal, financial, technical, logistical level & research projects to support ‘evidence-base’
- ▶ 2020: new update by Sciensano, for IKW
 - ▶ “HPV-testing for cervical cancer screening in Belgium”
- ▶ 2022: discussion note for IKW prevention

Gaining momentum by media attention

July 2022

vrt nws

Waar ben je naar op zoek?

18°C

130 km

Hoofdpunten

Regio

Thema's

Recent

Kijk

Luister

Taal

Nederlands

nws

Korrewiet

S.

vrt max



Stephanie Van Houtven

Gezondheid

Strijd tegen baarmoederhalskanker botst op politiek getalm: "Voor mij is het te laat, voor andere vrouwen niet"

Fight against cervical cancer clashes with political procrastination: "For me it is too late, for other women it is not"

vrt nws

Waar ben je naar op zoek?

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130 km

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nws

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S.

vrt max

Vandenbroucke wants reimbursement for the HPV test to detect cervical cancer, provided the regions contribute.



Binnenland Politiek

Vandenbroucke wil terugbetaling HPV-test om baarmoederhalskanker op te sporen als regio's duit in zakje doen

IKW & IMC decides on new cervical cancer screening

December 2022

SPF SANTE PUBLIQUE, SECURITE
DE LA CHAINE ALIMENTAIRE ET
ENVIRONNEMENT



Conférence Interministérielle
Santé publique

FOD VOLKSGEZONDHEID,
VEILIGHEID VAN DE
VOEDSELKETEN EN LEEFMILIEU



Interministeriële Conferentie
Volksgezondheid



GTI Prévention

Dépistage du cancer
du col de l'utérus :
transition au test
HPV

Réunion
6-7 décembre 2022

IKW preventie

Baarmoederhals-
kankerscreening:
overschakeling naar
HPV-test

Vergadering
6-7 december 2022



Frank Vandenbroucke

vice-eersteminister en minister van Sociale Zaken en Volksgezondheid

[f](#) [@](#)

- Nieuws
- Volksgezondheid
- Sociale Zaken
- Toespraken
- Biografie
- Contact

Volksgezondheid

[Ziekenhuishervorming](#), [Geestelijke gezondheidszorg](#), [Terug naar werk](#), [Werken in de zorg](#), [Zorg voor iedereen](#), [Geneesmiddelen](#), [Preventie](#), [COVID19](#), [eHealth](#), [Europa en internationaal](#), [Beleidsnota's](#)

De zorg van gisteren is niet meer de zorg van morgen. Preventie is in de zorg van de toekomst cruciaal. We moeten ziekten niet alleen bestrijden, maar ook voorkomen. Met verschillende thematische plannen willen we een gezonde omgeving - een belangrijke dimensie van het gezondheidsbeleid - verzekeren.



Persbericht 8 december 2022

IMC beslist over nieuwe screening baarmoederhalskanker

Preparing for implementation, 2023-2024

HPV-Roadbook (new)

*NRC-HPV: National Reference Centre HPV
NIHDI: National Institute for Health and
Disability Insurance*

Action 1: Technical Comité - HPV Roadbook

(beginning 2023)

Action 2: Definition & Selection - HPV test

(March 2023 – NRC-HPV)

Action 3: Lab selection

(NIHDI nomenclature + Belac guidelines)

Action 4: Self-sampling

(Federated Entities - awaiting BE pilot results)

Action 5: Triage procedure

(Sept 2023 – HPV Roadbook, dec. 2023)

Action 6: QA/QC

(ongoing_Belac/National Guidelines))

Action 7: Registration – Surveillance

(ongoing)

Action 8: HPV negative cancers

(to be continued)

Action 9: Communication

(to be continued)

Action 10: Budget

(HPV-Roadbook, dec. 2023 – Annex 2)

Action 11: International collaboration

(to be continued)

Action 12: Organisation of CxCa population-based screening

(Federated Entities)

Launch of the new programme

January 2025

Cervical cancer screening

Introduction of the **HPV test** in cervical cancer screening in Belgium

Starting on January 1, 2025, the recommended screening for cervical cancer will shift from a 3-yearly cytological examination to a primary HPV test conducted every 5 years, for persons aged between 30 and 64. This decision is based on available scientific evidence and was taken in collaboration with the respective professional groups and with the federated entities responsible for organised cancer screening. Everyone involved, healthcare professionals as well as citizens, can find further clinical guidance on the new screening algorithms and therapeutic follow-up here.



Citizens



Healthcare professionals

How to align all partners?

Stakeholder engagement

Federal government, NIHDI, federated entities, screening organisations, BCR, commissions (AP/CB) & professional organisations (GP/gyneco), Sciensano, ...

Our collaborative partners

Agence wallonne pour une Vie de Qualité (AVIQ)

Belgian Cancer Registry (BCR)

BRUPREV (l'asbl chargée d'organiser le dépistage et la prévention des cancers en Région Bruxelloise)

Centre de Coordination et de Référence pour le dépistage des cancers – Wallonie (CCRef)

Centrum voor Kankeropsporing vzw (CvKO vzw)

Collège Royal des Gynécologues Obstétriciens de Langue Française de Belgique (CRGOLFB)

Commissie Klinische Biologie / Commission de Biologie Clinique

Commissie Pathologische Anatomie / Commission Anatomie Pathologique

Departement Zorg

Domus Medica

FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu / SPF Santé Publique, Sécurité de la Chaîne alimentaire et Environnement

Ministère de la Communauté germanophone, Département Santé et Personnes âgées

Office de la naissance et de l'enfance – Fédération Wallonie-Bruxelles (ONE)

Promo Santé & Médecine Générale (PSMG)

Rijksinstituut voor ziekte- en invaliditeitsverzekering (RIZIV) / Institut national d'assurance maladie-invalidité (INAMI)

Sciensano — Kankercentrum / Centre du cancer

Sciensano — Nationaal Referentiecentrum voor Humaan papillomavirus (NRC-HPV) / Centre National de Référence du Papillomavirus humain (CNR-HPV)

Société Scientifique de Médecine Générale (SSMG)

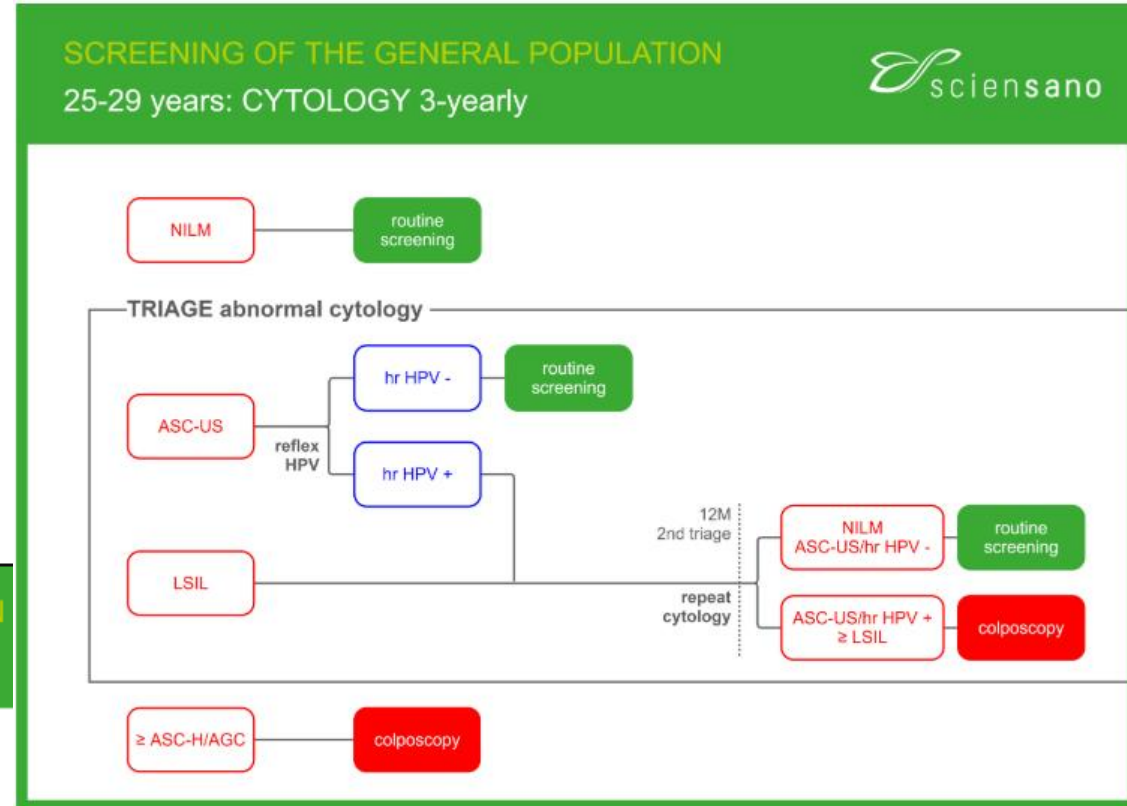
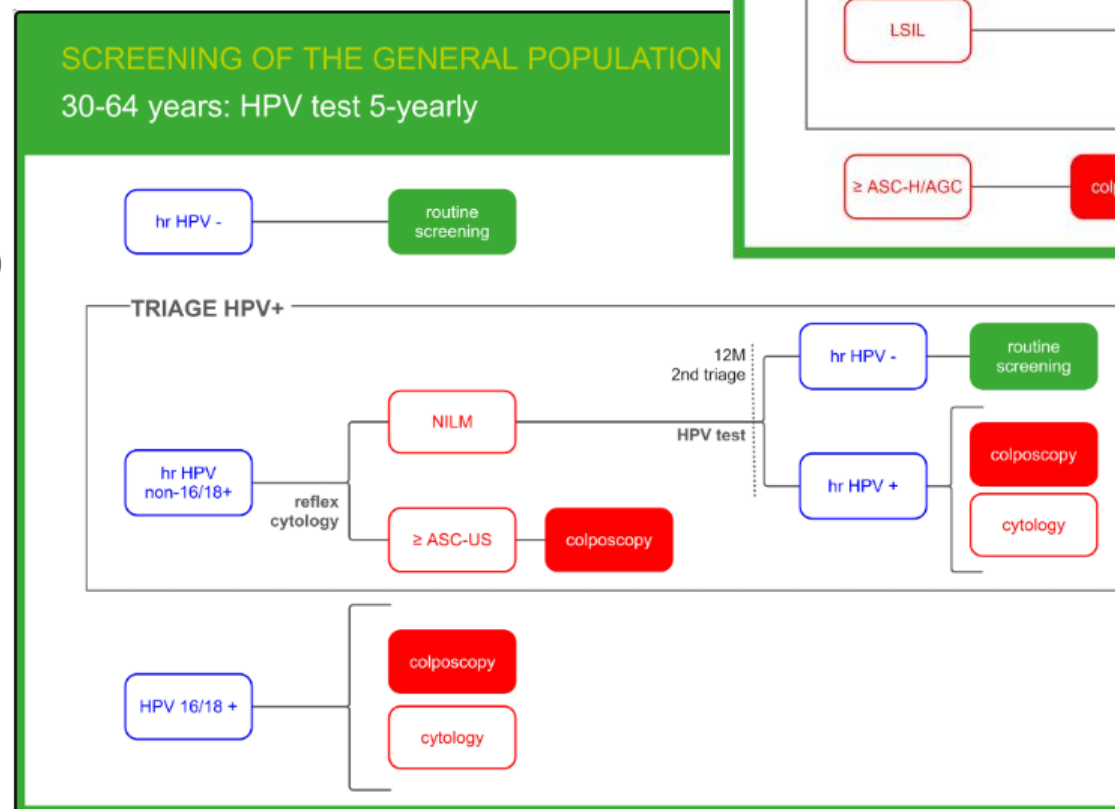
Vivalis Brussels

Vlaamse Vereniging voor Obstetrie en Gynaecologie (WOG)

How to align all partners?

Expert working groups

- ▶ Triage →
- ▶ Clinical Guidelines
- ▶ Registration
- ▶ Technical Comité
- ▶ Accreditation (BELAC)



How to align all partners?

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CLINICAL GUIDANCE

Supporting the introduction of the HPV test in cervical cancer screening in Belgium

INCLUDING

- The scientific guidance for therapeutic follow-up (Chapter 5)
(Authors: Christine Gilles, Kobe Dewilde, Catherine Van Pachterbeke, Rawand Salihi, Joëlle Desreux; validated by Sciensano, in consensus with the relevant professional and scientific associations)
- The quality guideline for colposcopy (Chapter 6)

AUTHORS

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SUPPORTED BY

Commission Clinical Biology
Commission Anatomic Pathology

COLOFON

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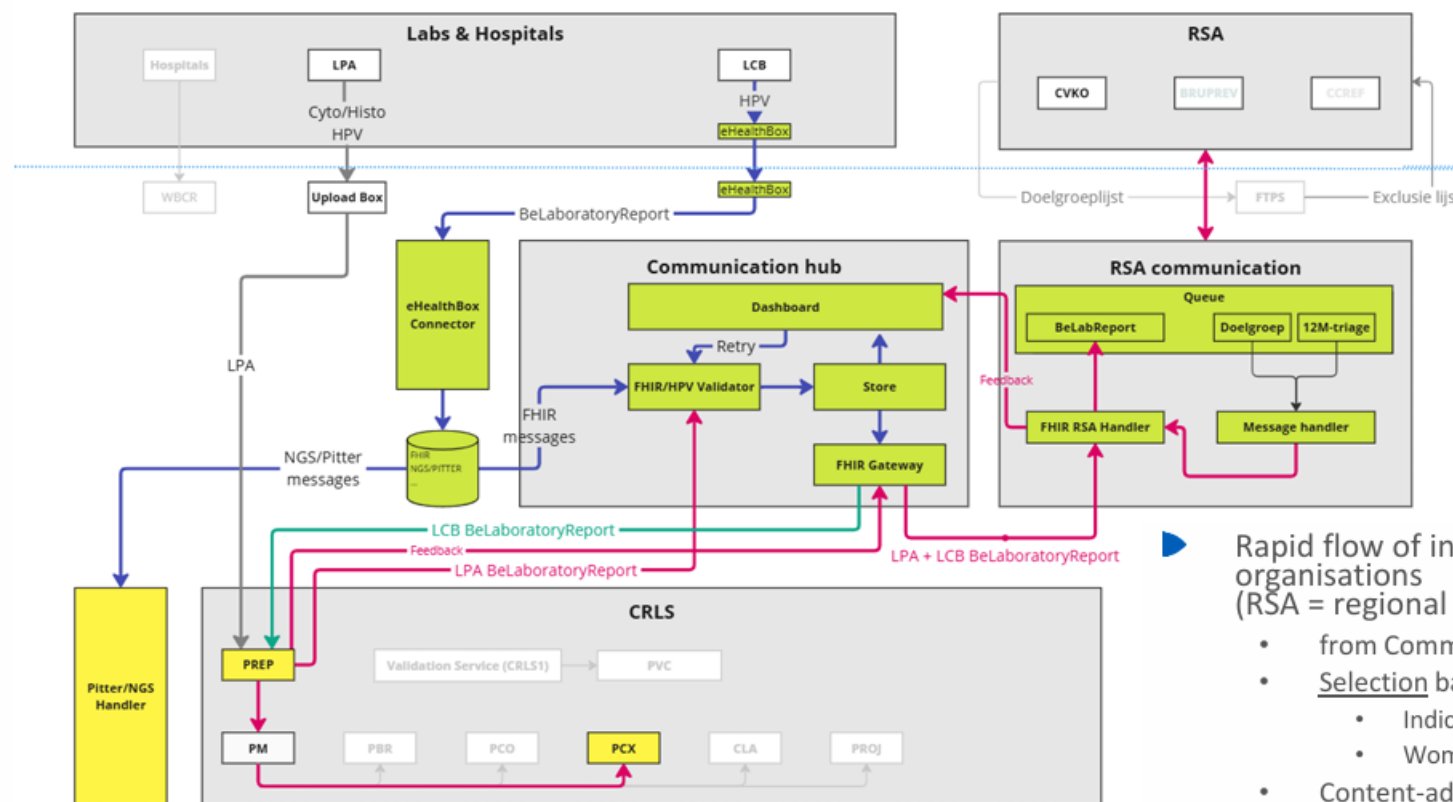
How to align all partners?

Expert working groups

BCR HPV: FUNCTIONS FOR OUTGOING COMMUNICATION



- ▶ Triage
- ▶ Clinical Guidelines
- ▶ Registration →
- ▶ Technical Comité
- ▶ Accreditation



Rapid flow of information to screening organisations (RSA = regional screening agency)

- from Communication hub = "as is"
- Selection based on FHIR content
 - Indication = screening/12M of other?
 - Women in RSA target population?
- Content-adapted message to RSA
 - Participation (cyto/HPV)
 - Possibly including (screening) result

How to align all partners?

Expert working groups

- ▶ Triage
- ▶ Clinical Guidelines
- ▶ Registration

▶ Technical Comité: discussions on gaps between guidelines and practice with all stakeholders

- ▶ Accreditation

Veelgestelde Vragen (FAQ)

Veelgestelde vragen rond de introductie van de HPV-test in baarmoederhalskanker screening in België

- Voor specifieke vragen ivm de NOMENCLATUUR (codes, terugbetaling, notificatie, ...): Primaire screening van baarmoederhalskanker met HPV | RIZIV®
- Voor technische vragen ivm HPV-TESTEN: zie 'Veelgestelde vragen' Nationaal Referentiecentrum (NRC) voor Humaan papillomavirus | sciensano.be
- Voor specifieke vragen ivm REGISTRATIE: Nieuwsbrieven | Belgian Cancer Registry® / Opvragingsronde | Belgian Cancer Registry®

Algemeen

V : Wat moeten we doen met de aanbevelingen die in 2024 zijn gegeven voor diagnostische opvolging (hertesting na 6 maanden in plaats van de nieuwe aanbeveling na 1 jaar)?

A : Rechthebbenden van wie de screening in 2024 positief was en die de oude aanbeveling kregen, **kunnen de voorgestelde opvolging voortzetten**. Ze zullen een terugbetaald opvolguitstrijkje krijgen na 6 maanden in plaats van de 12 maanden die nu voorzien is in het nieuwe algoritme (in 2025), maar slechts één vergoeding per kalenderjaar. Na deze terugbetaalde diagnostische opvolging (op 6 maanden) zal het advies gegeven worden volgens de nieuwe screeningschema's; m.a.w. worden doorverwezen voor routinescreening of colposcopie — afhankelijk van de resultaten van de test(en). De opvolgtest moet in overeenstemming zijn met de nieuwe screeningsalgoritmen: cytologie voor 25-29-jarigen, een HPV-test voor 30-64-jarigen.

V : Indien een patiënt een afwijkend screeningsresultaat heeft, maar bij de 12 maanden opvolging (2de triage) terugkeert naar het normale screeningschema, is de volgende screening dan 3 of 4 jaar na de initiële screening?

<https://www.riziv.fgov.be/nl/faq/professionals/primaire-screening-van-baarmoederhalskanker-met-hpv>

The screenshot shows the RIZIV website interface. At the top, there are language options for 'nl' and 'fr', and a link to 'Andere informatie en diensten van de overheid: www.belgium.be'. The RIZIV logo and name 'Rijksinstituut voor ziekte- en invaliditeitsverzekering' are visible. A navigation menu includes 'Onthaal', 'Thema's', 'Professionals', 'Nomenclatuur', 'Webtoepassingen', 'Publicaties', 'Statistieken', 'RIZIV', 'FAQ', and 'LIKIV'. A search bar is present with the text 'Zoeken'. The breadcrumb trail reads 'Onthaal > FAQ > Professionals > Primaire screening van baarmoederhalskanker met HPV'. The main heading is 'Primaire screening van baarmoederhalskanker met HPV'. A sidebar menu shows 'Burgers' and 'Professionals'. The main content area starts with 'Op deze pagina:' followed by a list of links: 'Welke nomenclatuurcodes moet ik gebruiken voor de aanrekening van de afname van een cervicovaginaal uitstrijkpreparaat (huisartsen en gynaecologen)?', 'Welke nomenclatuurcodes bestaan er voor de aanrekening van HPV-testen?', 'Welke nomenclatuurcodes bestaan er voor de aanrekening van cytologie-onderzoeken?', 'Wat is het verschil tussen "simultaan" en "sequentieel" testen bij baarmoederhalscreening?', and 'Wanneer wordt er volgens het nieuwe screeningsalgoritme "sequentieel" getest?'. A 'Gerelateerde pagina's' section lists 'Introductie van de HPV-test als primaire screeningstest voor de opsporing van'.

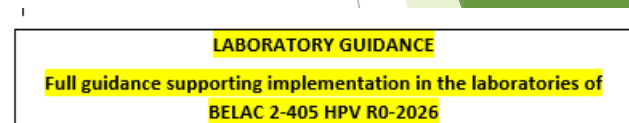
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- ▶ Registration
- ▶ Technical Comité
- ▶ Accreditation



Requirements for accreditation of medical laboratories performing testing (HPV test and/or cytology) in the context of cervical cancer screening.



Requirements for accreditation of medical laboratories performing testing (HPV test and/or cytology) in the context of cervical cancer screening.

The versions of documents from the BELAC management system, available on the BELAC website (www.belac.be) are considered as the only valid versions.

Applicable from: xx.xx.2026

Importance of communication

Webportal_Sciensano

Home • Healthcare professionals

Healthcare professionals

General information for healthcare professionals about Cervical Cancer Screening

In December 2022, the Interministerial Conference (IMC) of Public Health decided (in line with the IMC's earlier decisions during the previous reign) to switch from cytology to HPV testing for cervical cancer (from the age of 30 onwards). This decision is based on available scientific evidence ranging from the 2015 KCE report 238 to very recent analyses conducted by the [World Health Organisation \(WHO\)](#) and the [International Agency for Research on Cancer \(IARC\)](#). This shift will become effective as of January 1st 2025.

You will find an overview of information by all contributing actors (together with their respective websites) on the following subjects;

1. the **clinical guidance** accompanying the new screening algorithms,
2. the **nomenclature changes** and **reimbursement rules**,
3. **special provisions** for accreditation of medical laboratories,
4. the list of **accepted HPV tests**,
5. **regulations** on the registration of the screening results, and
6. important **implication for laboratories**;

1. Clinical guidance for healthcare providers

In collaboration with [VVOG](#) / [CRGOLGB](#) and [Domus Medica](#) / [SSMG-PromoSanté](#), supported by the Commissions Clinical Biology and Anatomic Pathology

Reimbursement by NIHDI

Until recently, cervical cancer detection in Belgium was performed for **all ages** by **cytological examination** of a cervical smear, for which a **3-yearly** Entities. In addition, HPV vaccines are reimbursed by NIHDI for catch-up vaccination of adolescents up to the age of 19.

On January 1st 2025, the **switch from cytology to primary HPV screening** was implemented. This decision was based on available scientific evidence.

- For women **under 25 years** of age, screening will no longer be reimbursed.
- For women aged **between 25 and 29 years**, a **cytological examination every 3 calendar years** remains indicated as the primary screening test.
- The nomenclature change provides that from now on, the **HPV test** will be the primary examination for cervical cancer screening in the age group of **30 to 64 years, every 5 calendar years**. In case of an abnormal result, a cytological follow-up examination is provided, which may or may not be supplemented by colposcopy.
- After the **age of 64 years**, a one-off catch-up or exit screening may be performed if screening has not been performed in the previous 10 years; costesting is recommended here.

All diagnostic or therapeutic examinations required as a follow-up to the screening are fully covered by the NIHDI.

More information on:

- [Introdectie van de HPV-test als primaire screeningstest voor de opsporing van baarmoederhalskanker in België](#) | RIZIV
- [Détection du cancer du col de l'utérus en Belgique: Introduction du test HPV comme test de dépistage primaire](#) | INAMI

Region-specific details regarding population screening

<https://www.sciensano.be/en/cervical-cancer-screening/healthcare-professionals>

Importance of communication

Website_NRC-HPV (Sciensano)

Home • National Reference Center (NRC) for human papillomavirus

National Reference Center (NRC) for human papillomavirus

Important information

Assays for the detection of high-risk human papillomaviruses in the context of Belgian cervical cancer screening.

The table below presents a list of molecular assays for the detection of high-risk Human Papillomaviruses (hrHPV). These assays are clinically validated according to international criteria (Arbyn M. et al., Clin Microbiol Infect 2021¹ *; Arbyn M et al., ESGO Textbook of Gynaecological Oncology 2022² *; Dhillon et al., J Med 2023³ *; Arbyn et al., Clin Microbiol Infect 2023⁴ *). The table below will be updated as soon as new scientific evidence becomes available and the NRC will inform the laboratories that perform HPV testing of any changes via email.

Assay	Manufacturer
Alinity m HR HPV Assay	Abbott, Wiesbaden, Germany
Allplex HPV HR Detection	Seegene, Seoul, South Korea
Anyplex II HPV HR Detection	Seegene, Seoul, South Korea
APTIMA HPV Assay*	Hologic, Bedford, MA, USA
*In combination with another mRNA assay (APTIMA HPV16, 18, 45; Hologic) which can identify HPV16 and HPV18,45	
CLART HPV45	GENOMICA SAU, Madrid, Spain
Cobas 4800 HPV Test	Roche Molecular System, Pleasanton, CA, USA
Cobas HPV test (for use on the Cobas 5800/6800/8800 Systems)	Roche Molecular System, Pleasanton, CA, USA
HPV-Risk Assay	Self-Screen BV, Amsterdam, The Netherlands
HPV Test Onclarity HPV Assay	BD Diagnostics, Sparks, MD, USA
RealTime High Risk HPV Test	Abbott, Wiesbaden, Germany
RIATOL HPV genotyping qPCR assay	In house, AML, Antwerp, Belgium
Xpert HPV	Cepheid, Sunnyvale, CA, USA

List of internationally validated hrHPV assays which can be applied in the Belgian cervical cancer screening (ordered alphabetically).
Updated on 17/12/2025 (Qiagen discontinued production of NeuMoDx)

DISCLAIMER: This list contains the internationally validated HPV tests deemed suitable by the NRC-HPV, to the best of our knowledge, for use in the Belgian cervical cancer screening context at the date of publication of this notification. However, this notification is not an official guideline on the topic. Sciensano cannot be held responsible for any differences between this notification and the BELAC guidelines which will be adopted on the topic or other ulterior, related official notifications.

Frequently asked questions

Important message for **Allplex HPV HR Detection Assay, Seegene, users**: The same cut-offs, called clinical cut-offs by Accuramed, should be used for all HPV indications on cervicovaginal takings (primary screening, reflex testing, follow-up, ...) and also for the quality control done annually by Sciensano. - 15.01.2025

Important message for **Allplex HPV HR Detection Assay and Anyplex II HPV HR Detection Assay, both Seegene, CLART HPV45, GENOMICA SAU, and RIATOL HPV genotyping qPCR in-house test, AML, users**: given according to the latest International Agency for Research on Cancer (IARC) update, HPV66 belongs to group 2B, potentially carcinogenic, isolated HPV66 positivity should be reported as a negative result for high-risk HPV and should also be followed up as such. - 16.01.2025

In the context of follow-up co-test: What if HPV66 is isolated positive, but cytologically an ASCUS/LSIL/ HSIL result is also obtained. Does this then still fall under isolated HPV66 positive? Isolated HPV66 should also be considered negative for high-risk HPV within follow-up or co-test. In case of isolated HPV66-positive HSIL, please forward such a sample to NRC-HPV for monitoring causes of hrHPV-negative HSILs (Human papillomavirus negative high grade cervical lesions and cancers: Suggested guidance for HPV testing quality assurance — PubMed) - 06.05.2025

Important notice to users of Aptima HPV Assay, Hologic, and Xpert HPV, Cepheid: Since both assays are technically unable to distinguish between HPV18, HPV45 or the presence of both types, it is not possible to correctly follow up women aged 30 to 64/ 65+ with an HPV18/45-positive result within the national screening algorithm. Therefore, positive samples with an HPV18/45 result can be sent to one of the clinical laboratories of the NRC HPV consortium (AML or UZ Gent). After analysis, the NRC laboratory will send the result (HPV18, HPV45 or HPV18 and HPV45) to the referring laboratory. That laboratory is responsible for reporting the full result to both the applicant and the Belgian Cancer Registry (BCR). The application form is available via the hyperlink on the right-hand side of the screen. - 17.12.2025

<https://www.sciensano.be/nl/nrc-nrl/nationaal-referentiecentrum-nrc-voor-humaan-papillomavirus>