



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport



Monitors for screening programs in the Caribbean Netherlands

Figures on population screening Cervical cancer 2023–2024

Between February and November 2022, the cervical cancer screening program was introduced in the Caribbean Netherlands: first on Saba, then on Sint Eustatius and finally on Bonaire.¹

The results of this screening program are now presented for the second time¹:

- The screening process on each island has been optimally tailored to that island's unique local situation. This approach was maintained.
- The available information materials enable people to make an informed decision.
- Everyone who performs the cervical swab test has received training or refresher courses.
- All analyses are performed by a single accredited laboratory on Curaçao. This laboratory performs the human papillomavirus test (HPV typing) as well as cytology screening for cancer cells.
- The RIVM screening organization is responsible for the entire screening process. Various tasks, such as public information and sampling, have been delegated to local partners.
- Data from Saba and Sint Eustatius have been combined to ensure that data from this monitor cannot be traced to individuals.
- The screening process follows the guidelines applicable in the European Netherlands as closely as possible.

¹ Previously published [monitors](#) are available on population screening for breast cancer and cervical cancer in the Caribbean Netherlands.

Figures on cervical cancer screening 2023–2024

Saba and Sint Eustatius

Introduction

The population screening program for cervical cancer was introduced on Saba in February 2022 in partnership with Saba Cares, and on Sint Eustatius in June 2022) in partnership with the Public Health Prevention Clinic (PHPC) and the Sint Eustatius Health Care Foundation (SEHCF). In this second monitor, we present the screening results for participants on these islands between November 16, 2023 and December 31, 2024.

The screening program

Because of the relatively small size of the target group on the islands, women in the target group were invited in a number of screening rounds at the start of the program. After these first invitation rounds, women on Saba were invited by telephone and women on Sint Eustatius were invited by letter, so women who had not yet been screened could still have a chance to participate. Women do not have to wait for an invitation. If they are in the target group for screening, they can participate. Women who accept the invitation have a cervical swab test at Saba Cares or PHPC. After the swab test, the cervical samples are collected, packaged and sent to the laboratory on Curaçao.



Only 2 (5%) of all the samples received could not be used for HPV typing. All the cytology samples could be checked for cancer cells.



In this period, 37 people participated in cervical cancer screening (In the target group of women aged 30 to 60 years, 29% of the women on Saba and 21% of the women on Sint Eustatius participated so far).



There is no information on how many referrals resulted in discovery of cervical cancer or a preliminary stage (CIN2+).

Figure 1. Cervical Cancer Population Screening primary process

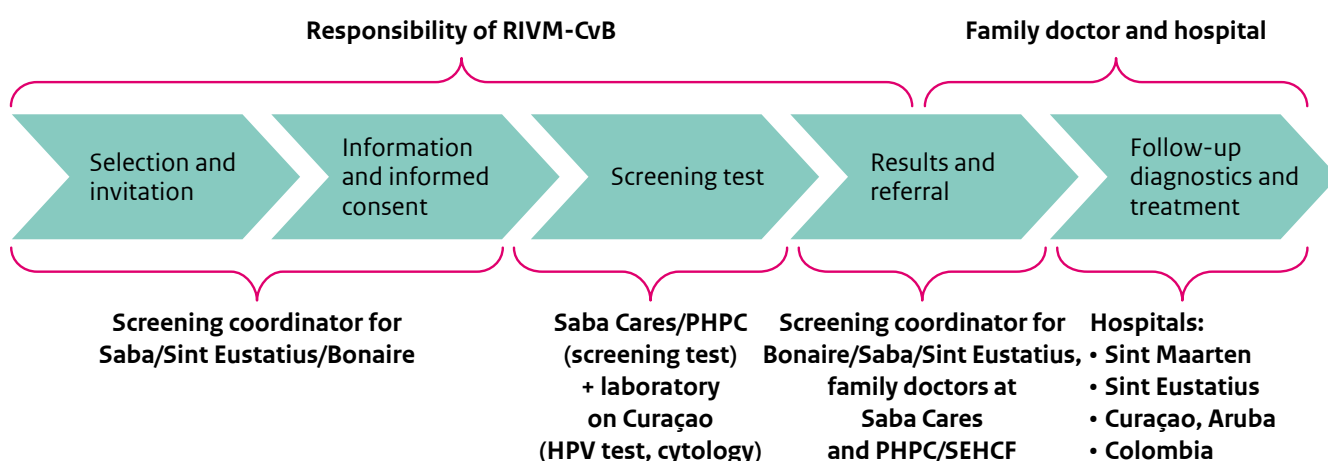
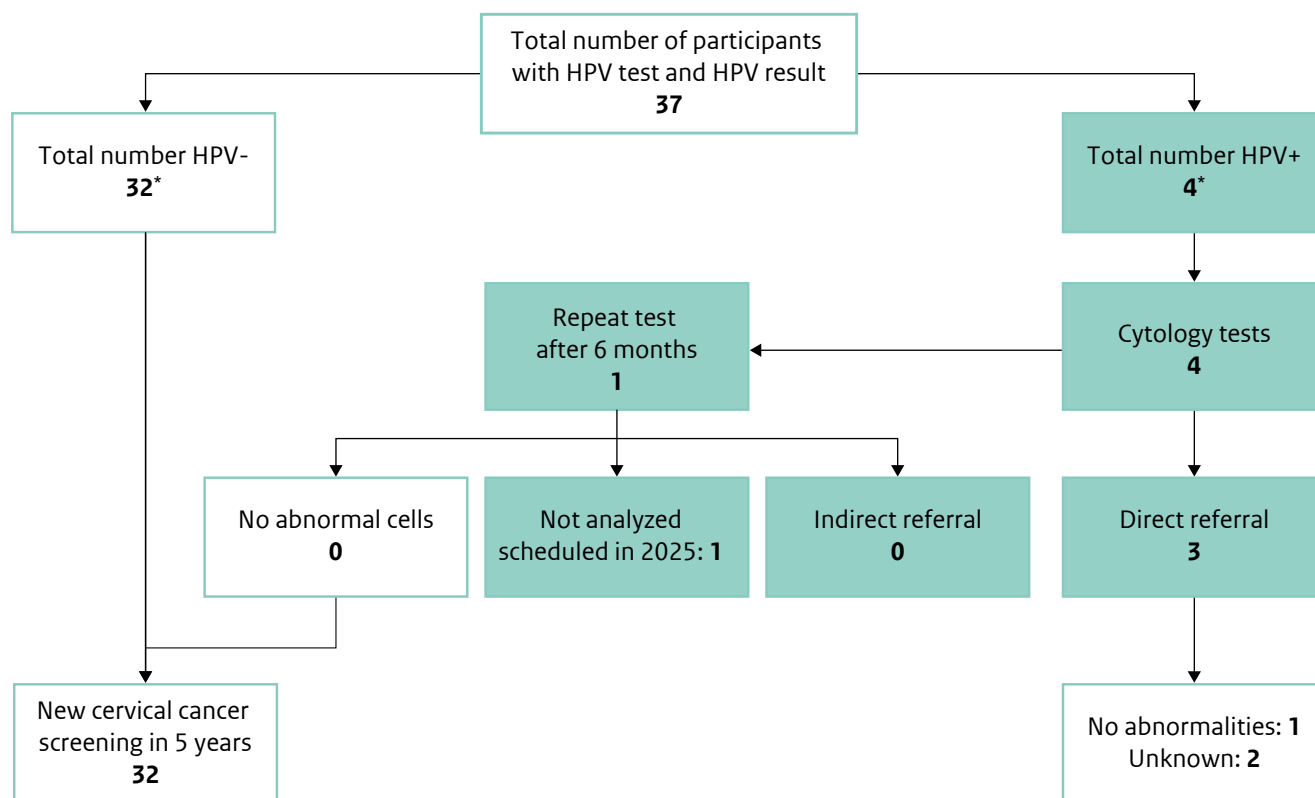


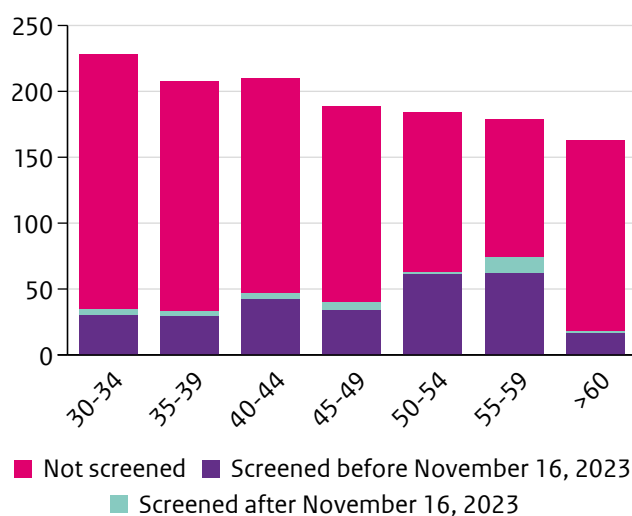
Figure 2. Numbers and results for cervical cancer screening for each step in the screening process



* The numbers of HPV-positive and HPV-negative results do not add up to 100%, because there were also tests that could not be assessed and were not repeated. This figure shows data of participants tested for HPV between November 16, 2023 and December 31, 2024.

- A limited number of cervical swabs were not suitable for analysis after sampling.
- 4 of the 37 samples (11%) were positive for HPV (HPV+).
- Cytology analysis was performed for all HPV+ samples.
- Abnormal cells were found in 3 of those 4 samples (75%). Those participants were referred for follow-up diagnostic testing.
- In the follow-up testing, the result for one referred participant showed no abnormality. It is not known if the other two referred participants had follow-up testing, or what the result was.
- One participant was advised to have a re-check after 6 months. That test is scheduled in 2025.
- In the 2022-2023 period, 7 participants were advised to have a re-check after 6 months. None of those participants had a re-check in the 2023-2024 period.

Figure 3. Number of women on Saba and Sint Eustatius who were eligible to participate (entire column) and number of women who actually participated since the start of the program (February and June 2022, respectively) (purple and mint green); participants aged over 60 could also join in, because this was their last chance to participate in the screening



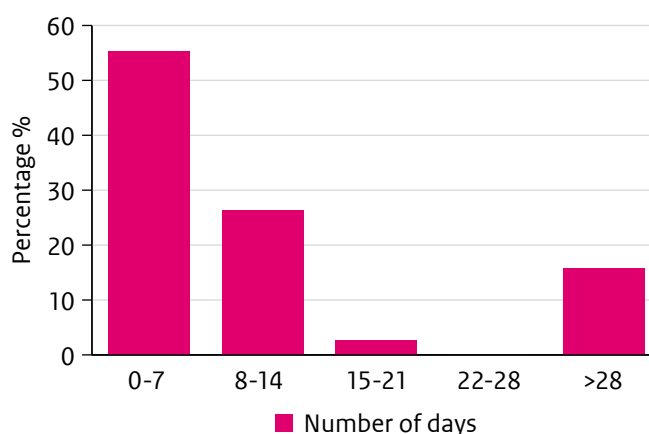
Source: Statistics Netherlands (Statline), Caribbean Netherlands; population, age, gender and country of birth on January 1, 2024.

- The data in figure 3 shows that not many women participated in the population screening program for cervical cancer in 2023–2024 (mint green), compared to the period of the first monitor in 2022–2023 (purple).
- Participation in 2023–2024 was somewhat higher in the age category of 55 to 60 years.
- A large majority (almost 80%) of the women who are eligible for cervical cancer screening have not participated yet (rose-red).

Table 1. Number of invitations sent by age category on Sint Eustatius in 2023–2024

Age Category	Number of invitations sent
30-34	42
35-39	73
40-44	31
45-49	7
50-54	7
55-59	17
60-64	9
Total	186

Figure 4. The number of days between the cervical swab test and when the result was reported to the RIVM screening organization



- The data in Figure 4 shows that 84% of all screening results were reported within 28 days after the cervical swab test.
- This did not happen for a small percentage of the results.

Key results

1. Among women aged 30 to 60 years, participation in the cervical cancer screening program is 29% on Saba and 21% on Sint Eustatius, based on the total number of women who could participate. Participation is somewhat higher in the age category of 55 to 60 years. Participation in cervical cancer screening was lower in 2023–2024 than in 2022–2023.
2. The majority (84%) of the screening results were reported to the screening organization on time (within 28 days after the test).
3. 4 of the 37 participants (11%) were HPV+. In European Netherlands, 9 to 10% were HPV+. (These figures are from 2017–2021, when the screening strategy was the same as in the Caribbean Netherlands now).
4. It is worth noting that none of the participants who were screened in 2022–2023 came back for a re-check.
5. There is not much information available about the results after a referral.
6. In general, the number of results (especially from referrals) is too low to compare to other programs.

Figures on cervical cancer screening 2023–2024

Bonaire

Introduction

Cervical cancer screening was introduced on Bonaire in November 2022, in partnership with family doctors. In this second monitor, we present the screening results for participants between November 16, 2023 and December 31, 2024.

The screening program

The process on Bonaire is different than on Saba and Sint Eustatius. The invitations on Bonaire are sent by letter every month. The women who are eligible are invited over the course of three years: first the women aged 50 to 60 years, and now mainly women in the age category of 30 to 35 years. New immigrants and women who reach the target age are included. Women do not have to wait for an invitation. If they are in the target group for screening, they can participate. Women can get a cervical swab test at the family doctor's office. After the swab test, the cervical samples are collected, packaged and sent to the laboratory on Curaçao.



Only 2 (<1%) of all the samples received could not be used for HPV typing. All the cytology samples could be checked for cancer cells.



In this period, 778 people participated in cervical cancer screening (in the target group of women aged 30 to 60 years, 23% of the women on Bonaire participated so far).



Cervical cancer or a preliminary stage (CIN2+) was found for 11 out of 73 direct referrals (15%). No diagnostic data is available for 30 of the 78 referrals (both direct and indirect – see Figure 2).

Figure 1. Cervical Cancer Population Screening primary process

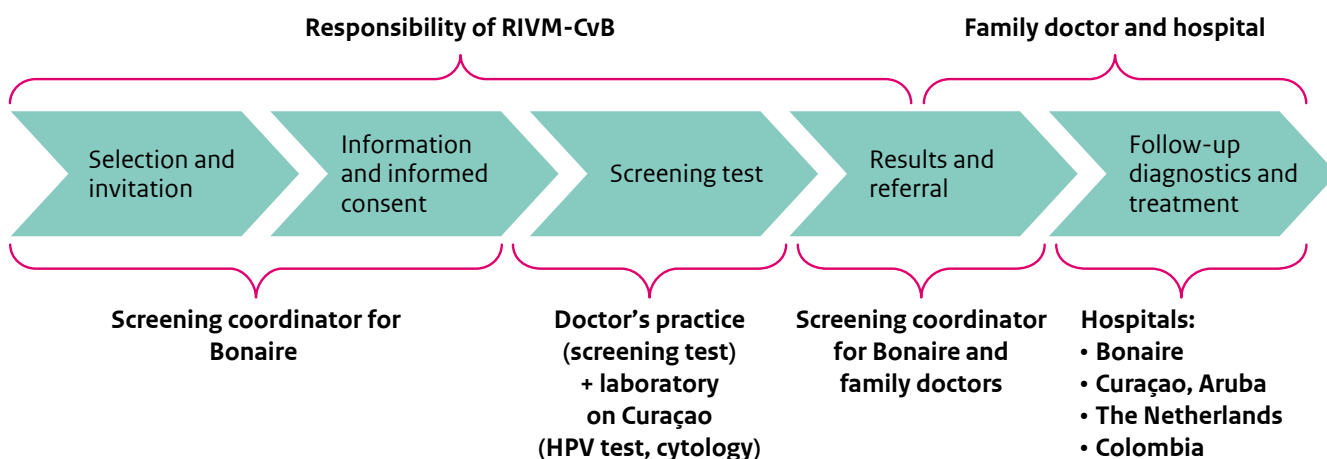
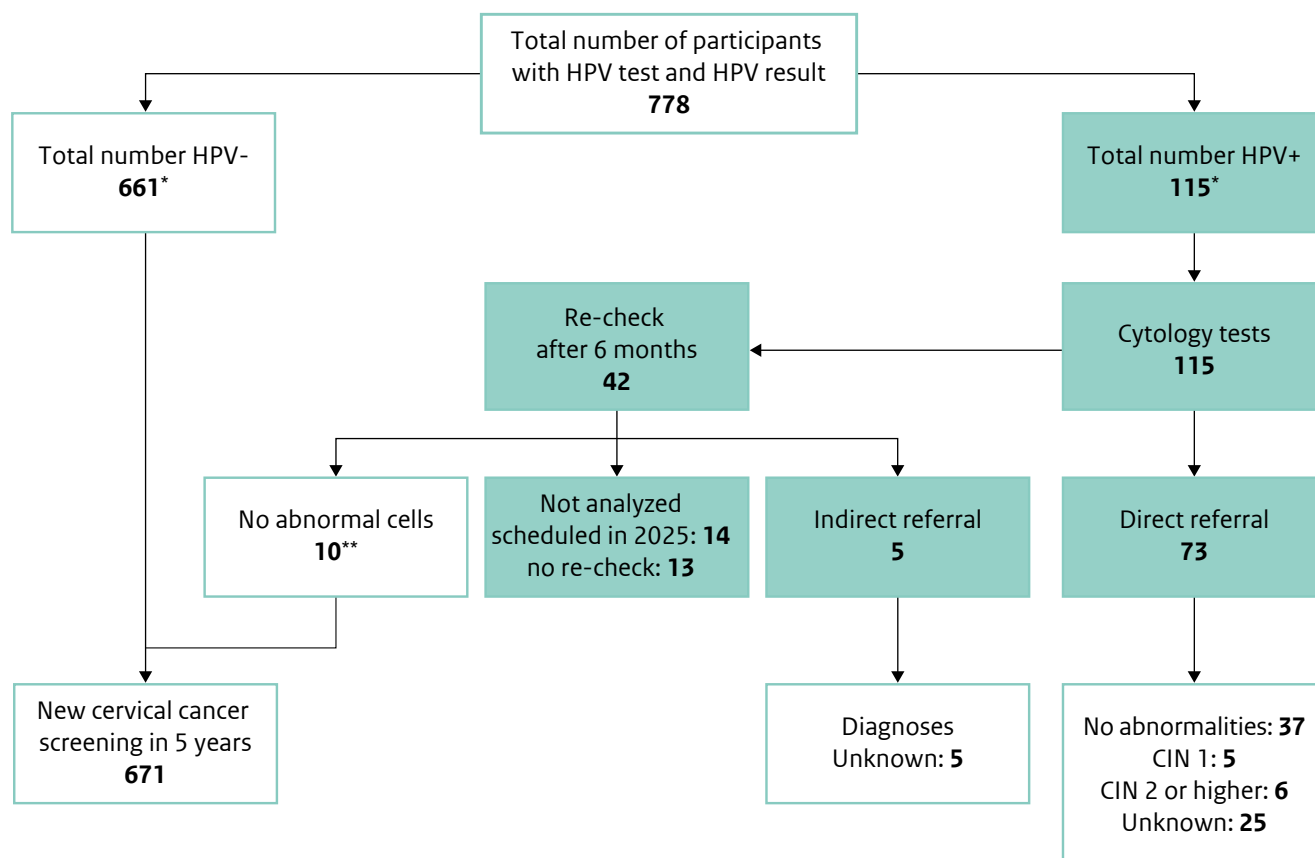


Figure 2. Numbers and results for cervical cancer screening for each step in the screening process

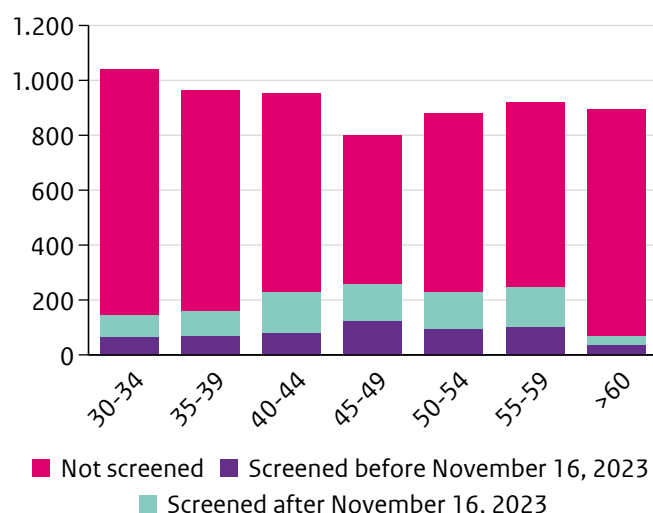


* The numbers of HPV-positive and HPV-negative results do not add up to 100%, because there were also tests that could not be assessed and were not repeated.

** One participant may have been included in the diagram by mistake, since there was no suitable check-up test. This figure shows data of participants tested for HPV between November 16, 2023 and December 31, 2024.

- 2 cervical swab tests could not be analyzed. A new sample had to be taken.
- 115 of the 778 samples (15%) were positive for HPV (HPV+).
- Cytology analysis was performed for all HPV+ samples. Abnormal cells were found in 73 of those samples (63%). Those participants were referred for follow-up diagnostic testing.
- In follow-up testing, 6 of the referred participants (8%) had a result of CIN2 or higher. The result for 37 referred participants (51%) showed no abnormality. The other referred participants had a result of CIN1, or it is not known if they had follow-up testing or what the result was.
- 42 participants were advised to have a re-check after 6 months. 15 of these participants (54%) came back for a re-check, and 14 are scheduled for 2025.
- In this reporting period, 12 re-checks were done for 20 participants who were advised to have a re-check based on their test result. An abnormal cytological result was found in 2 of those 12. It is not known if additional diagnostic tests were done based on these two abnormal results, or what the outcome of those diagnostic tests was.

Figure 3. Number of women who were eligible to participate (entire column) and number of women who actually participated since the start (November 2022) of the cervical cancer screening program (purple and mint green); participants aged over 60 could also join in, because this was their last chance to participate in the screening



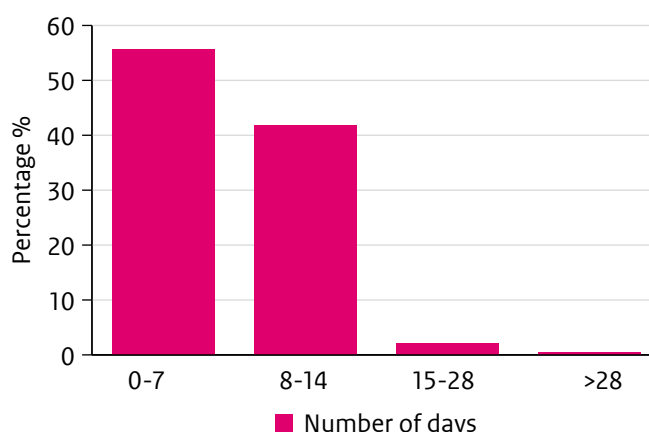
Source: Statistics Netherlands (Statline), Caribbean Netherlands; population, age, gender and country of birth on January 1, 2024.

- The data in figure 3 shows that about the same number of women participated in the population screening program for cervical cancer in 2023–2024 (mint green), compared to the period of the first monitor in 2022–2023 (purple).
- Participation was somewhat higher in the age category of 40 to 60 years, and somewhat lower in the category of 30 to 40 years. The participation rate was highest in the category of 45 to 50 years.
- A majority of the women who are eligible for cervical cancer screening have not participated yet (rose-red). This applies to over 80% in the age category of 30–35 years.

Table 1. Number of invitations sent by age category on Bonaire in 2023–2024

Age Category	Number of invitations sent
30-34	30
35-39	111
40-44	628
45-49	492
50-54	305
55-59	504
60+	279
Total	2.349

Figure 4. The number of days between the cervical swab test and when the result was reported to the RIVM screening organization



- The data in Figure 4 shows that 99.5% of all screening results were reported within 28 days after the cervical swab test.
- 95% of all results were reported within 14 days after the cervical swab test.

Key results

1. Among women aged 30 to 60 years, participation in the cervical cancer screening program is 23% on Bonaire, based on the total number of women who could participate (estimated using Statistics Netherlands data from January 1, 2024). Participation is somewhat higher in the age category of 45 to 50 years. Participation in cervical cancer screening in 2023–2024 was similar to 2022–2023.
2. The majority (99.5%) of the screening results were reported to the screening organization on time (within 28 days after the test).
3. 15% of the participants were HPV+. In the European Netherlands, 9 to 10% were HPV+. (These figures are from 2017–2021, when the screening strategy was the same as in the Caribbean Netherlands now).
4. In contrast to Saba and Sint Eustatius, participants on Bonaire often do come back for a re-check. This includes women who were screened in 2022–2023.
5. Some of the referrals (34%) do not have much information available about follow-up diagnostic testing or results after a referral.

Published by:

**National Institute for Public Health
and the Environment, RIVM**

P.O. Box 1 | 3720 BA Bilthoven
The Netherlands
www.rivm.nl/en

August 2025

Committed to health
and sustainability

The cervical cancer population screening in
the Caribbean Netherlands is carried out by:

