



OREGON
HEALTH
AUTHORITY

January 2025

Rapid Testing Webinar Series Part 1
Intro to Rapid Testing
for HIV, Syphilis, and Hepatitis C

Co-presented by OHA's HST and ACDP Sections

Rapid testing webinar series

14 January 2025, 10am:

Part 1: Intro to Rapid Testing
for HIV, Syphilis, and HCV

21 January 2025, 11am:

Part 2: Partner Spotlights:
How are Rapid Tests Being
Used in Oregon?



Housekeeping

- Instructions for closed captioning are available in the chat.
- Please remain muted during the presentation.
- We welcome questions in the chat at any time and during the Q&A.
- This presentation will be recorded. We will switch off the recording for our Q&A / discussion at the end.
- The slides, recording, and resource list will be posted on Basecamp.

Presenters

Amelia Mazzei, ND, MPH

HIV/STI Prevention Strategic
Initiatives Coordinator
HIV, STD & TB Section

Ann Chakwin, PhD, MPH, MSW, MS

Viral Hepatitis Coordinator
Acute & Communicable Disease
Prevention Section
OR Immunization Program

Introductions

- Who are you, what do you do, where are you from?
- What do you hope to get from today?



Agenda: Intro to rapid testing

- Overview of CLIA-waived HIV, syphilis, HCV rapid tests
- Meeting regulatory requirements: CLIA waiver 101
- Considerations for rapid testing policies and procedures
- OHA contacts for HIV, HCV, syphilis testing questions
- Q&A / Discussion



Poll #1

Is your county currently conducting rapid testing in the community?

Poll #2

What is your level of confidence in
conducting rapid testing?

Overview of rapid tests

- How do rapid tests differ from lab-based tests?
- What HIV, syphilis, and HCV rapid tests are available for use in non-clinical settings?
- What are the options for purchasing rapid tests?

Rapid tests vs lab-based tests



Rapid tests

- Specimen collection: fingerstick, oral swab
- May be conducted by trained non-clinical staff in various locations
- Time to result: typically <30 min
- Initial screening test (and HIV confirmatory test)

- **Ideal for those who have barriers to care and may be difficult to contact for follow up.**
- **May facilitate faster access to follow up services and care.**



Lab-based tests

- Specimen collection: venipuncture, dried blood spot, swabs...
- Sample must be submitted to lab
- Time to result: hours-days
- Screening and diagnosis

- **Ideal for those who are engaged in routine healthcare and can reliably be located for follow up.**

HIV rapid tests

RAPID HIV TESTS SUITABLE FOR USE IN NON-CLINICAL SETTINGS (CLIA-WAIVED¹)

Updated November 2024

| Brand | | OraQuick ADVANCE HIV 1/2 Antibody Test | OraQuick In-Home HIV Test | Chembio HIV 1/2 STAT-PAK | Chembio DPP HIV 1/2 Assay | Chembio SURE CHECK HIV 1/2 Assay | Chembio DPP HIV-Syphilis | INSTI HIV-1/2 Antibody Test | Abbott Determine HIV-1/2 Ag/Ab Combo |
|---|--------------------------|--|---|--|---|--|--|---|--|
| CLIA-WAIVED SPECIMEN COLLECTION METHODS | Venipuncture whole blood | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ ² | ✗ ² | ✗ ² |
| | Fingerstick whole blood | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Oral fluid | ✓ | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ |
| | Plasma | ✗ ² | ✗ ² | ✗ ² | ✗ ² | ✗ ² | ✗ ² | ✗ ² | ✗ ² |
| | Serum | ✗ | ✗ | ✗ ² | ✗ ² | ✗ ² | ✗ | ✗ | ✗ ² |
| WINDOW PERIOD ³ | | Up to 3 months | Up to 3 months | Up to 3 months | Up to 3 months | Up to 3 months | Up to 3 months | Up to 3 months | Up to 3 months, early as 3 weeks |
| READ WINDOW ⁴ | | 20 – 40 mins | 20 – 40 mins | 15 – 20 mins | Blood: 10–25 min. Oral: 25–40 min. | 15 – 20 mins | 10 – 25 mins | 1 – 5 mins | 20 – 30 mins |
| COST | Control kits | \$25 (Shipping depends) | N/A ⁵ | \$72 (Shipping depends) | \$72 (Shipping depends) | \$72 (Shipping depends) | \$72 (Shipping depends) | \$78.99 Per box of 20 (Shipping depends) | \$88.95 (Shipping depends) |
| | Test kits | \$8 per test Either 25 or 100 order mins (Shipping depends) | \$28 per test (Shipping depends) | \$8.19 per test (Shipping depends) | \$8.19 per test (Shipping depends) | \$8.19 per test (Shipping depends) | \$14.31 per test (Shipping depends) | \$10.99 Per box of 50 (Shipping depends) | \$10.50 Per box of 25 (Shipping depends) |

Self Test

Syphilis rapid tests

RAPID SYPHILIS TESTS SUITABLE FOR USE IN NON-CLINICAL SETTINGS (CLIA-WAIVED¹)

Updated November 2024

| Brand | | Diagnostic Direct Syphilis Health Check | Chembio DPP HIV-Syphilis | NOWDiagnostics First To Know Syphilis Test |
|-------|--------------|---|--|--|
| Cost | Control kits | \$55.00 | \$72.00 | N/A ⁵ |
| | Test Kits | \$200.00 per box of 20 plus \$25 flat rate shipping | \$286.20 per box of 20 plus shipping \$499.00 per reader* *Test results must be read using a Chembio DPP Micro Reader. Each DPP Micro Reader can read 3000 test results. | \$17.50 per test shipping included |



Rapid self-tests

- FDA authorized for self-testing, unlike other CLIA-waived rapid tests.
- Also called "OTC" or "in-home tests".
- Available for anyone to acquire and use on their own.
 - Can be purchased by client at drugstore or online.
 - Can be ordered for free via online mail-order testing services [TakeMeHome](#) and [Together TakeMeHome](#).

NOWDiagnostics First To Know Syphilis Test



OraQuick In-Home HIV Test

Rapid self-tests

- Rapid self-tests can be distributed by staff to clients for self-testing. Staff may provide coaching but may not administer the test without a CLIA waiver.
 - Distributing rapid self-tests offers anonymous (vs. confidential) testing.
 - If self-administered, user is not required to share result. Consider how users will be supported and linked to care.
- The tests can also be administered by staff operating under a CLIA waiver. When administered by staff, testing can not be anonymous (only confidential).

**NOWDiagnostics
First To Know Syphilis Test**



OraQuick In-Home HIV Test

HCV rapid tests

| Brand | | Cepheid GeneXpert P oint-of-Care HCV RNA | OraSure Rapid Antibody |
|--------------|-----------|---|---------------------------------------|
| Cost | Control | n/a | \$35.00 |
| | System | ~\$21,000.00 + | n/a |
| | Test Kits | ~\$14.00+ | \$18.25 |

Poll #3:

How do you order your tests?

Test ordering options

- Manufacturer
- Reputable Distributor
- FREE HCV rapid tests from Hepatitis Team at ACDP



Considerations for ordering

- Ask your regional sales representative for public health pricing - manufacturers and distributors may offer discounted pricing to public health entities.
- Double check OHA's guide to [rapid HIV and syphilis tests suitable for use in non-clinical settings](#) to check public health pricing for HIV and syphilis rapid tests.

Cost of OraQuick ADVANCE HIV 1/2 Antibody Test

| Manufacturer Website Price | Distributor Price | Manufacturer Sales Rep Price |
|----------------------------|-------------------|------------------------------|
| \$20 | \$12 | \$8 |

Cost of Chembio DPP HIV-Syphilis Test Kit Micro Reader

| Manufacturer | Distributor |
|--------------|-------------|
| \$499.00 | \$854.45 |

Bottom line

- Rapid tests provide *real-time* results.
- Rapid tests are screening only and require confirmatory tests.
- Different test options are available.
- Considerations include cost, quantity, vendor.

Good News = You have Options!

Poll #4:

Do you have a CLIA waiver?

CLIA certificate of waiver

- CLIA stands for Clinical Laboratory Improvement Amendments. CMS regulates lab testing through CLIA.
- CLIA-waived tests are simple, low-risk tests that can be performed in non-clinical settings with minimal training.
- A CLIA certificate of waiver (or “CLIA waiver” for short) is required to conduct CLIA-waived tests.
- Apply for a CLIA waiver through the state laboratory. CLIA waivers are valid for two years and have a \$180 biennial certification fee.



<https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION

ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED.

I. GENERAL INFORMATION

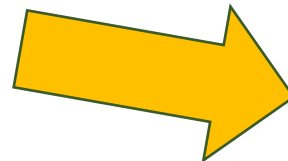
| | |
|--|--|
| <input type="checkbox"/> Initial Application Anticipated Start Date _____ <input type="checkbox"/> Survey <input type="checkbox"/> Change in Certificate Type <input type="checkbox"/> Change in Laboratory Director <input type="checkbox"/> Other Changes (Specify) _____ Effective Date _____ | CLIA IDENTIFICATION NUMBER _____ D _____ <i>(If an initial application leave blank, a number will be assigned)</i> |
| FACILITY NAME _____ EMAIL ADDRESS _____ <input type="checkbox"/> RECEIVE NOTIFICATIONS INCLUDING ELECTRONIC CERTIFICATES VIA EMAIL | FEDERAL TAX IDENTIFICATION NUMBER _____ TELEPHONE NO. (Include area code) _____ FAX NO. (Include area code) _____ |
| FACILITY ADDRESS — <i>Physical Location of Laboratory (Building, Floor, Suite if applicable.) Fee Coupon/Certificate will be mailed to this Address unless mailing or corporate address is specified</i> NUMBER, STREET (No P.O. Boxes) _____ CITY _____ STATE _____ ZIP CODE _____ | MAILING/BILLING ADDRESS (If different from facility address) send Fee Coupon or certificate _____ NUMBER, STREET _____ CITY _____ STATE _____ ZIP CODE _____ |
| SEND FEE COUPON TO THIS ADDRESS PICK ONE: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing <input type="checkbox"/> Corporate | SEND CERTIFICATE TO THIS ADDRESS PICK ONE: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing <input type="checkbox"/> Corporate |
| CORPORATE ADDRESS (If different from facility) send Fee Coupon or certificate NUMBER, STREET _____ CITY _____ STATE _____ ZIP CODE _____ | NAME OF DIRECTOR (Last, First, Middle Initial) _____ LABORATORY DIRECTOR'S PHONE NUMBER _____ |
| CREDENTIALS _____ | FOR OFFICE USE ONLY Date Received _____ |



Complete Type of Certificate Requested in section II.

In section II, **Type of Certificate Requested**, select your certificate based on the highest level of test complexity performed by the laboratory (Note: all CLIA certificates are valid for 2 years):

- **Waived tests** are simple examinations and procedures that have an insignificant risk of an erroneous result. See [CLIA Currently Waived Analytes](#).



II. TYPE OF CERTIFICATE REQUESTED (Check only one) Please refer to the accompanying instructions for inspection and certificate testing requirements)

Certificate of Waiver (Complete Sections I – VI and IX – X)

NOTE: Laboratory directors performing non-waived testing (including PPM) must meet specific education, training and experience under subpart M of the CLIA regulations. Proof of these qualifications for the laboratory director must be submitted with this application.

- Certificate of Provider Performed Microscopy Procedures (PPM) (Complete Sections I-VII and IX-X)
- Certificate of Compliance (Complete Sections I – X)
- Certificate of Accreditation (Complete Sections I – X) and indicate which of the following organization(s) your laboratory is accredited by for CLIA purposes, or for which you have applied for accreditation for CLIA purposes.

Laboratory director responsibilities

Consent: The applicant hereby agrees that such laboratory identified herein will be operated in accordance with applicable standards found necessary by the Secretary of Health and Human Services to carry out the purposes of section 353 of the Public Health Service Act as amended. The applicant further agrees to permit the Secretary, or any Federal officer or employee duly designated by the Secretary, to inspect the laboratory and its operations and its pertinent records at any reasonable time and to furnish any requested information or materials necessary to determine the laboratory's eligibility or continued eligibility for its certificate or continued compliance with CLIA requirements.

PRINT NAME OF DIRECTOR OF LABORATORY

PRINT NAME OF OWNER OF LABORATORY

SIGNATURE OF OWNER/DIRECTOR OF LABORATORY (*SIGN IN INK OR USE A SECURE ELECTRONIC SIGNATURE*)

DATE

Qualifications:

Laboratory directors applying for a CLIA certificate of waiver do not need to meet any specific education, training, or experience requirements.

Responsibilities:

Laboratory directors are ultimately responsible for the overall operation and administration of the testing site, including: compliance with regulatory requirements; safe testing procedures; documentation and reporting; quality control; and properly trained testing personnel. See [CLIA's Laboratory Director Responsibilities guide](#) for detail.

CLIA bottom line

- You must have a current CLIA certificate of waiver to conduct testing. The waiver must be displayed in a prominent place visible to the public.
- A CLIA waiver authorizes a facility to perform CLIA-waived tests only. Testing personnel must follow manufacturer's instructions for test performance including quality assurance.
- You may operate under a single certificate for mobile testing and multi-site testing; you do not need separate waivers for each site.
- Your laboratory director is the responsible party for the quality assurance of all CLIA-waived tests performed by your agency. No specific credentials are required for the laboratory director of a CLIA-waived site.
- OSPHL manages all CLIA applications in Oregon. Contact them with questions about CLIA requirements at: LC.info@odhsoha.oregon.gov

Oregon state regulatory requirements

- Ensure that testing policies and procedures align with reportable disease reporting expectations.
- Have written policies and procedures for all test types readily available to testing personnel onsite.
- Meet DHS standards for safety and disposal of hazardous or infectious waste.
- Perform tests only at the written request of an ordering provider.

OHA-supported HIV testing data requirements

- Complete the [OHA HIV Prevention Essentials Training](#).
- Use an OHA approved [HIV Prevention Test Form](#) and enter data in [REDCap](#) for each testing event funded in whole, or part, by the HIV Prevention Program.
- Use a **confidential** HIV test for complete data collection. No HIV test funded in whole, or part, by the HIV Prevention Program, can be an anonymous HIV test.
 - One exception: with prior approval from OHA, rapid HIV self-test kits can be provided to persons at risk for HIV infection whose status is unknown. Self-test users are not required to report demographic information or results.

Are you prepared for rapid testing?

- Confirm compliance with federal, state, and agency regulatory requirements (e.g. CLIA waiver, provider order, policies and procedures, reporting requirements).
- Complete review of package insert / manufacturer trainings, including storage of kits, use of controls.
- Prepare workstation: gather testing supplies, forms/logs, setting up testing supplies checklist.

Policies and procedure *must haves*

Consent

- Describe the process, risks and benefits, confidentiality and reporting requirements.

Testing Procedure

- Describe the specimen collection, time frame for results, referrals for confirmatory testing (when applicable).

Pre- and Post-Testing Counseling

- Describe what will be discussed in each session.

Positive Result Management

- Describe confirmatory testing process.
- Describe partner-notification process.
- Describe [Oregon reportable disease](#) process.
- Describe linkage-to-care process.

Quality Assurance and Responsible Parties

- Describe staff training requirements.
 - With proficiency testing if required.
- Describe record keeping requirements.
- Describe who is responsible if something goes wrong.

6 steps for rapid testing (HIV, Syphilis, HCV)

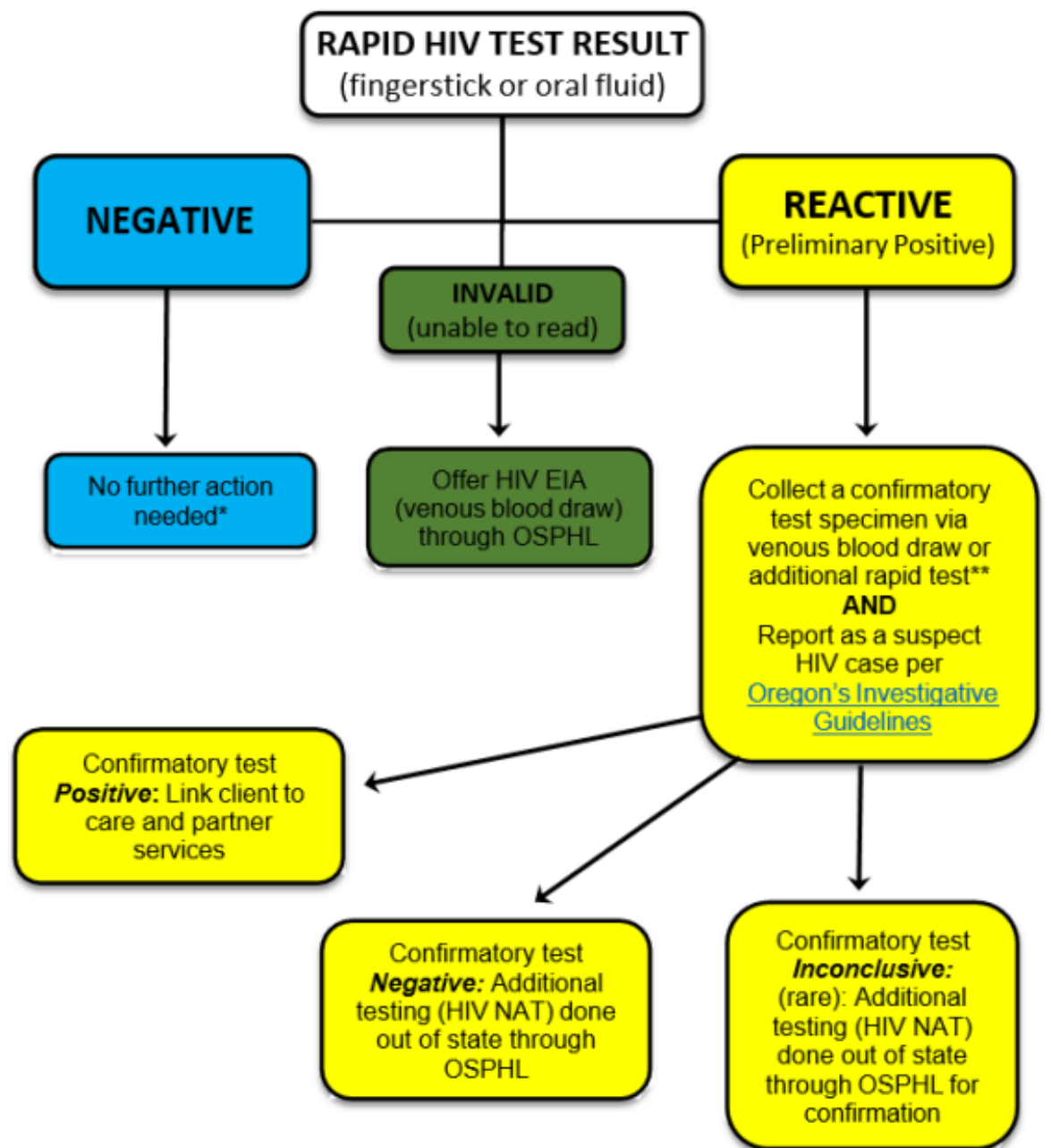
| |
|--|
| Introduce and Orient Client to Session |
| Prepare For and Conduct Rapid Testing (10 - 20 read time) |
| Conduct Brief Risk Screening |
| Provide Initial Results and Follow Protocol For Confirmatory Testing |
| Develop Care, Treatment and Prevention Plan Based on Results |
| Refer and Link with Medical Care, Behavioral Health Services and Other LTC Options (harm reduction materials, SUD care referrals, etc.) |

Pre-test questions: HIV

- Ask all clients if they have ever tested positive for HIV.
- Ask all clients about possible recent exposures to HIV .
 - If exposure in the last 90 days, consider window period to plan next test.
 - If exposure in the last 72 hours, facilitate initiation of PEP immediately. All Oregon hospitals are required to provide at least a 5-day supply of PEP – refer to ED if needed.
- Whenever possible, use your surveillance system to check for relevant information in advance or at the time of testing. Check Orpheus for the following:
 - Prior positive HIV test?
 - Is the client listed as a contact of a HIV case?

HIV reactive result

- **Confirmatory testing is required** for a reactive HIV result. Confirm reactive results per site protocols - offer confirmatory testing via blood draw or (ideally) by a second rapid HIV test from a different manufacturer with equivalent sensitivity.
- If confirmatory test is reactive, **link to medical care as soon as possible** and within 30 days. Consider using the [CAREAssist Rapid-Start Bridge program](#) to facilitate timely treatment initiation.



HIV *non-reactive* result

- **Counsel individuals on the window period** for HIV antibody tests (23-90 days) and encourage to re-test in the future if appropriate.
- **Link to prevention counseling and resources**, such as free condom delivery services ([ONE At Home](#)), free at-home testing services ([Together TakeMeHome](#) and [TakeMeHome](#)), [free facility-based testing services](#), [syringe services](#), and information about DoxyPEP and [PEP/PrEP navigation](#) when appropriate.

Pre-test questions: syphilis

- Ask all clients if they have ever tested positive for syphilis.
 - If yes, they are not eligible for rapid syphilis testing and should be offered a nontreponemal test (such as an RPR).
- Whenever possible, use your surveillance system to check for relevant information in advance or at the time of testing. Check Orpheus for the following:
 - Prior positive syphilis test?
 - Incomplete or no syphilis treatment?
 - Is the client listed as a contact of a syphilis case?

Syphilis *reactive result*

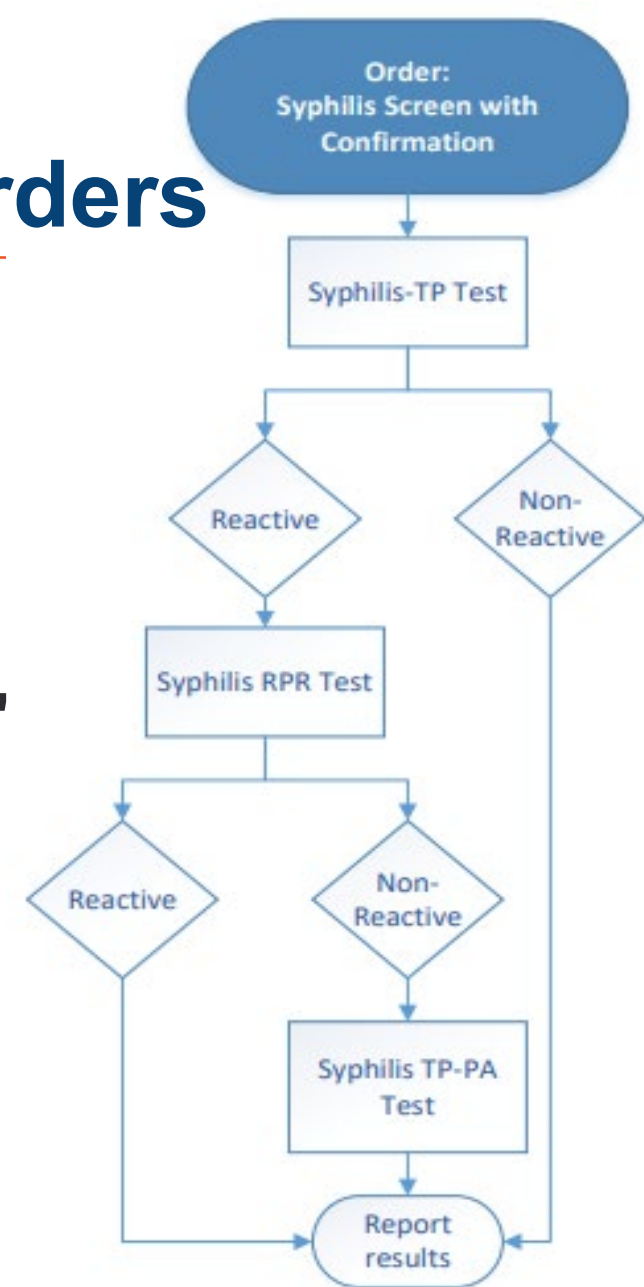
- **Follow up serological testing with a full testing algorithm is recommended** for a reactive syphilis result. Follow up on reactive results per site protocols - refer for testing or, if possible, conduct blood draw on-site to initiate reverse algorithm testing.
- **Ideally, all clients should be evaluated** to assess for signs and symptoms, sexual history, and neurologic assessment.
- **Treatment may be initiated prior to follow up testing.** Ideally, reactive syphilis rapid test results should be paired with same-day treatment. If treatment cannot be provided at the time of the rapid test result, there should be a plan in place for linkage to clinical care.
- **Prevent congenital syphilis** - determine pregnancy status and prioritize pregnant clients for treatment and partner services.

Syphilis *reactive* result – OSPHL lab orders

OSPHL offers two options for syphilis testing.

When following up on a reactive rapid syphilis test, always order the "**Syphilis Screen with Confirmation**" for the full reverse testing algorithm.

The other option, "Syphilis Confirmation", is only an RPR and is not sufficient to complete a full testing cascade.



Syphilis *non-reactive* result

- **Counsel individuals on the window period** for syphilis tests (10-90 days) and encourage to re-test in the future if appropriate.
- **Link to prevention counseling and resources**, such as free condom delivery services (ONE At Home), free at-home testing services (Together TakeMeHome and TakeMeHome), free facility-based testing services, syringe services, and information about DoxyPEP and PEP/PrEP navigation when appropriate.

Considerations for presumptive treatment after non-reactive rapid syphilis result


- **Symptoms**

- If client reports symptoms (chancre, rash), consider providing presumptive treatment regardless of rapid test result and ensure follow up testing regardless of rapid test result.

- **Reported exposure**

- If client reports a syphilis exposure in the last 90 days, consider providing treatment regardless of rapid test result and ensure follow up testing regardless of rapid test result.

Helpful resources for developing syphilis protocols



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health
DIVISION OF PUBLIC HEALTH
Section of Epidemiology
3601 C Street, Suite 540
Anchorage, Alaska 99503-5932
Main: 907.269.8000
Fax: 907.562.7802

March 13, 2024

TO: ALASKAN CLINICIANS
TOPIC: RAPID SYPHILIS TESTING & SAME-VISIT TREATMENT FOR HIGH-RISK PATIENTS

INTENDED AUDIENCE:
Clinicians, especially clinicians caring for people who are at high risk for acquiring syphilis and being lost to follow up.

PURPOSE:
The immediate goal of screening for any sexually transmitted infection (STI) is to identify and treat infected patients before they develop complications as well as identify, test, and treat their sexual partners to prevent transmission and reinfections. Rapid syphilis testing is an option to quickly identify probable syphilis cases and can be used to facilitate same-visit presumptive treatment in selected higher risk individuals.

<https://health.alaska.gov/dph/Epi/hivstd/Documents/Congenital%20Syphilis%20Treatment%20Considerations.pdf>

Considerations for the
Implementation of Point of
Care (POC) Tests for Syphilis

National Syphilis and Congenital Syphilis Syndemic
Federal Task Force
June 2024

<https://www.hhs.gov/sites/default/files/nscss-considerations-for-the-implementation-of-syphilis-poc-tests.pdf>

Pre-test questions: HCV

Same as HIV, syphilis.

- History of previous tests, results
- If positive previously, had they had treatment, cured?
- Window period discussion same as HIV

Most Important: What is their concern, reason for testing? This is *client-focused*.

HCV *reactive* result

| OraQuick | Cepheid GeneXpert |
|---|---|
| Person has been exposed to HCV at some point in their life. | Person has been exposed to HCV and they have active virus replicating in their liver. |
| They have antibodies, maybe active virus. | They are infected and infectious. |
| They have antibodies and perhaps spontaneously cleared the virus. | |
| They have antibodies and perhaps have had the CURE. | |
| They may be infected and infectious. | |

HCV reactive results

OraQuick

"Your body has seen the hepatitis C virus at some point in time, we need to do more tests to see if you have actual virus. Right now, I cannot tell you for sure if you are infected and infectious."

Cepheid GeneXpert P-O-C

"You have the hepatitis C virus in your body. This means you have virus in your liver and your blood is infectious."

NOTE: Good pre-test orientation will prepare people for these types of results regardless of test being conducted.

HCV non-reactive results

OraQuick or Cepheid P-O-C

"Your body has not seen the hepatitis C virus, or if it has, your body has cleared it on its own. If you share anything with potentially infected blood on it, you can get HCV."

NOTE: Good risk-assessment will help you tailor open-ended questions about how they think *they* can stay safe from getting HCV.

Reporting requirements

Report reactive screening tests per Oregon's Investigative Guidelines.

- **HIV**
- **Hepatitis C**
- **Syphilis**

Any testing service operating under a CLIA waiver is considered a 'lab' and is therefore expected to report reportable diseases.



**[healthoregon.org/
diseasereporting](https://healthoregon.org/diseasereporting)**

Bottom Line

- Are you prepared to test
- 6 – Steps of client-focused rapid testing
- Slightly different pre- and post-test needs associated with different diseases and testing technologies
- The gold standard is swift linkage to care for all clients – whether they require additional testing, prevention services, or medical treatment.
- Key to good communication is open-ended motivational style dialogue
- Oregon reportable disease rules are your friends

Poll #5:

In which settings and with which populations do you currently conduct rapid testing?

Non-traditional settings and special populations

Places

- Mobile, parks, outdoor areas
- Bar, health fair, pop-up testing
- Substance use care and harm reduction sites
- Jails, Shelters
- Rural areas where geographic distance may delay care

People

- People who mistrust systems
- People with significant trauma
- People who do not speak English-as-first language
- People who do not have transportation
- People with special needs visible and non-visible

Bottom line

- We recommend pan-viral testing (for HIV/Syphilis/HCV) whenever possible.
- You do not know all of what is going for any given person who decides to test.
- No matter where you are testing, do not make assumptions.
- Have everything you need handy and ready for a *one-hit-wonder*.
- If possible, have:
 - Harm reduction supplies, hygiene supplies
 - Food, hydration options
 - Resources for multiple types of services – *everything is public health!*

Your OHA Contacts

| | |
|---|---|
| HIV/HCV surveillance reporting | HIV: lea.bush@oha.oregon.gov HCV: gabriela.escutia2@oha.oregon.gov |
| Data requests | HIV: lea.bush@oha.oregon.gov STI: yuritzya.gonzalez-pena@oha.oregon.gov HCV: shannon.obrien@oha.oregon.gov |
| HIV/STI out of state records requests | HIV: lea.bush@oha.oregon.gov STI: vanessa.j.grayson2@oha.oregon.gov |
| Strategic initiatives and syndemic testing guidance | HIV/STI: amelia.e.mazzei@oha.oregon.gov HCV: ann.chakwin@oha.oregon.gov |
| Case consultation and clinical guidance | HIV: lea.bush@oha.oregon.gov STI: jillian.d.garai@oha.oregon.gov HCV: shannon.obrien@oha.oregon.gov ; gabriela.escutia2@oha.oregon.gov |
| Linkage to care and partner services | HIV: alicia.t.knapp@oha.oregon.gov STI: jillian.d.garai@oha.oregon.gov HCV: ann.chakwin@oha.oregon.gov |
| General questions / not sure who to ask? | HIV/STI: prevention.info@dhsaha.state.or.us HCV: oregon.viralhepatitis@odhs.or.us |

Rapid testing resource list available on Basecamp

CLIA certificate of waiver

- [CDC CLIA overview page](#)
- [How to obtain a CLIA certificate](#)
- [CLIA certificate application](#)
- [CLIA application quick start guide](#)
- [Oregon-specific CLIA waiver information for “Multiple Site”](#)
- [CMS guidance on Over-The-Counter \(OTC\) Home Testing and CLIA Applicability](#)
- [CLIA Laboratory Director Responsibilities guide](#)

Oregon-specific rules and regulations for CLIA-waived testing

- Review information on [OHA’s Clinical Laboratory Regulation website](#).
- [Oregon Certificate of Waiver overview](#)
- [Synopsis of the Administrative Rule \(pdf\)](#)
- [Waived laboratory synopsis \(pdf\)](#)
- [State of Oregon requirements which exceed CLIA requirements \(pdf\)](#)
- Questions about Oregon CLIA applications? Call (503) 693-4125 or email: LC.info@odhsoha.oregon.gov

Rapid HIV testing

- [Oregon HIV Testing Policies & Procedures](#)
- See “For Prevention Partners” section of [OHA’s HIV Prevention website](#).
- [OHA HIV Prevention Essentials training](#) (required for all sites conducting OHA-funded HIV testing)
- HIV prevention test form: [printable PDF](#) and [REDCap data entry form](#)

Please join us next week for Part 2!



21 January 2025
11am – 12:30pm

Rapid Testing Webinar Series Part 2
Partner Spotlights:
How are Rapid Tests Being Used in Oregon?

Co-presented by OHA's HIV/STD/TB and Viral Hepatitis Sections

Q&A

