HIV Testing Landscape: Los Angeles County

Mario J. Pérez, Director
Sophia F. Rumanes, MPH, Chief Prevention Services Division

Office of AIDS Programs and Policy

Los Angeles County HIV Testing Summit
St. Anne’s Maternity Home
January 22, 2010
Overview

- Introduction
- Los Angeles Epidemic
- Office of AIDS Programs and Policy (OAPP) HIV Testing Principles & Objectives
- HIV Testing Efforts in Los Angeles
- HIV Testing Data
- Social Marketing
- Conclusions
County of Los Angeles

Square Miles: 4,086
Population1: 10.3 Million

Latino/a 47%
White 28.9%
Asian/PI 12.6%
African-American 9.0%
Native American 0.3%

Proportion of California Population2: 29%

Proportion of California AIDS Cases3: 36%

Proportion of U.S. AIDS Cases3: 5%

Living with HIV/AIDS3: 60,000 (Estimated)

1United Way, Los Angeles (2008)
2U.S. Department of Commerce (2008)
3Los Angeles County HIV Epidemiology Program (2008)
Impact of HIV on LA County

- LAC second only to NYC among US metropolitan areas in cumulative number of reported AIDS cases
- Only 4 states (CA, TX, NY, FL) have more reported AIDS cases than LAC
- 36% of all California reported AIDS cases are from LAC
HIV Prevalence and Incidence
US and Local Statistics

HIV Prevalence Estimates:
• US: 1,106,400 persons living with HIV
• LAC: 61,700 persons living with HIV

HIV Incidence Estimates:
• US: 56,300 persons newly infected
  – 27% Female and 73% Male
• LAC: 3,138 persons newly infected
  – 16% Female and 84% Male

3 Hall HI, et.al. JAMA 2008.
Estimated Number of Persons Living with HIV or AIDS in LAC as of July 2009

*Estimate based on a 1:1 ratio of HIV (non-AIDS) to AIDS cases
**Estimate based on CDC’s 2008 estimate that 21% are unaware of their HIV infection (CDC, 2008)
Awareness of Serostatus Among People with HIV and Estimates of Transmission

- Approximately 25% unaware of infection among those living with HIV/AIDS (1,039,000-1,185,000).
- Approximately 75% aware of infection.
- Accounting for roughly 54% of new infections.
- New sexual infections each year: ~32,000.

Marks, et al. AIDS 2006;20:1447-50

CDC

COUNTY OF LOS ANGELES
Public Health
OAPP HIV Testing Principles

• HIV testing is part of a comprehensive prevention strategy

• Ongoing need for multiple HIV testing modalities

• Data and evidence should guide response
  ▪ Number of tests versus positivity rate must be considered
  ▪ Geo-mapping is an important tool and resource

• Focus on diagnosing those with undiagnosed HIV infection given transmission data
OAPP’s HIV Testing Objectives

- Diagnose more persons with HIV each year than the estimated number who become infected
- Diagnose 10% of the estimated 12,900 undiagnosed HIV infection in Los Angeles
- Test over 70,000 people annually
- Achieve a 2% HIV-positivity rate in OAPP-funded testing sites
- Ensure 100% linkage into care for newly diagnosed persons
HIV Testing Efforts

• Department of Public Health (DPH) Direct HIV Testing Services
  • Office of AIDS Programs and Policy (OAPP)
  • STD Program
  • Public Health Centers (STD, HIV, TB testing)
  • HIV Epidemiology

• Community Based Organizations and Clinics

• Department of Health Services

• Other Health Departments – Long Beach and Pasadena

• Private Sector
HIV Testing Efforts: OAPP Supported Testing

- OAPP Direct HIV Testing Services
  - Court Testing
  - Substance Abuse Clinics
  - Jails
  - Homeless Shelters
  - Research Projects (e.g., Social Network Testing)
HIV Testing Efforts: OAPP Supported Testing

- CBO and Clinics via OAPP support

  - HIV Testing Models/Categories
    1. Storefront Testing
    2. Mobile Testing Unit – HIV Testing
    3. Multiple Morbidity Mobile Testing Unit
    4. Social Networks Testing
    5. Routine Testing in Clinics

- Medical Outpatient Partner Testing

- Research Projects
HIV Testing Efforts: Other DPH Supported Testing

- Public Health Centers Services
  - 13 Public Health Clinics (HIV, STD, TB)
- STD Program (STDP) Direct HIV Testing
  - Jails – K6-G (STDP)
  - Research Projects (STDP)
  - Select Mobile Testing (STDP)
HIV Testing Efforts: DHS and OtherSupported Testing

- Department of Health Services
  - Public Hospitals, Clinics, Public/Private Partnerships

- Other Health Departments
  - City of Long Beach
  - City of Pasadena

- Other CBOs and Private Sector
## HIV Testing Data - Estimates

<table>
<thead>
<tr>
<th>Agency</th>
<th># of HIV Tests</th>
<th>HIV-positive Tests</th>
<th>HIV Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPH- OAPP (2008 data)</td>
<td>36,436</td>
<td>498</td>
<td>1.37%</td>
</tr>
<tr>
<td>DPH-Public Health Clinics (2007 data)</td>
<td>25,044</td>
<td>200</td>
<td>0.80%</td>
</tr>
<tr>
<td>City of Pasadena (2009)</td>
<td>1,384</td>
<td>28</td>
<td>2.03%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>62,864</strong></td>
<td><strong>726</strong></td>
<td><strong>1.15%</strong></td>
</tr>
</tbody>
</table>

... Do not have overall LA County HIV Test Number
HIV Testing Data

- 2005 Los Angeles County Health Survey

  ▪ Percent of Adults who Reported Being Tested for HIV in the Past 2 Years = 31%

  ▪ Estimates that nearly 1 out of every 3 adults 18 years or older reported being tested for HIV during the past 2 years. (Participants were asked not to count HIV tests that were done as part of a blood donation.)

  ▪ N= 8,648 adults 18 yrs or older
Estimated proportion of new HIV diagnoses from publicly funded sites, LAC, 2002-2009

Source: HIV Incidence Surveillance data, HIV Epidemiology Program
Estimated proportion of new HIV diagnoses from publicly funded sites, LAC, 2002-2009

- Estimated 35-45% of new HIV diagnoses are from publicly funded sites.

- Conversely, 55-65% of new HIV diagnoses are from privately funded sites.
OAPP HIV Testing Data
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Tests</th>
<th>Rapid HIV Test</th>
<th>Conventional HIV Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Number of HIV Tests</td>
<td>36,332</td>
<td></td>
<td>26,124</td>
</tr>
<tr>
<td>Test Election</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidential</td>
<td>29,702</td>
<td>81.8%</td>
<td>20,246</td>
</tr>
<tr>
<td>Anonymous</td>
<td>6,630</td>
<td>18.2%</td>
<td>5,878</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Positives(^1)</td>
<td>482</td>
<td>1.33%</td>
<td>389</td>
</tr>
<tr>
<td>Previously Positive</td>
<td>113</td>
<td>0.31%</td>
<td>79</td>
</tr>
<tr>
<td>Disclosure of Test Results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Tests(^2)</td>
<td>32,363</td>
<td>89.1%</td>
<td>24,420</td>
</tr>
</tbody>
</table>

\(^1\) New Positives refer to individuals who self-report never having a prior positive HIV test result.

\(^2\) Received a disclosure of a negative, preliminary positive, or confirmed positive result.

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
# New Positives and Positivity Rate at OAPP-funded HCT Sites, 2008

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>New Positives(^1) (n)</th>
<th>New Positivity Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV Tests</td>
<td>36,332</td>
<td>482</td>
<td>1.33%</td>
</tr>
<tr>
<td>Homeless</td>
<td>3,650</td>
<td>51</td>
<td>1.40%</td>
</tr>
<tr>
<td><strong>Target Populations(^2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Positive Individuals(^3)</td>
<td>595</td>
<td>482</td>
<td>0.94%</td>
</tr>
<tr>
<td>Youth (12-24 years)</td>
<td>9,448</td>
<td>89</td>
<td>0.94%</td>
</tr>
<tr>
<td>Men</td>
<td>24,337</td>
<td>437</td>
<td>1.80%</td>
</tr>
<tr>
<td>Gay men</td>
<td>9,209</td>
<td>313</td>
<td>3.40%</td>
</tr>
<tr>
<td>Non- gay identified men who have sex with men(^4)</td>
<td>3,965</td>
<td>56</td>
<td>1.41%</td>
</tr>
<tr>
<td>Women</td>
<td>11,773</td>
<td>34</td>
<td>0.29%</td>
</tr>
<tr>
<td>Transgender Individuals</td>
<td>221</td>
<td>11</td>
<td>5.00%</td>
</tr>
<tr>
<td>People who Share Needles/Works</td>
<td>2,151</td>
<td>25</td>
<td>1.16%</td>
</tr>
</tbody>
</table>

\(^1\)The number of new positives that received a disclosure of a preliminary positive rapid test result or a conventional new positive result. New Positives refer to individuals who self-report never having a prior positive HIV test result.

\(^2\)Target populations as identified in Table 4.6 in the Los Angeles County Department of Public Health HIV Prevention Plan 2009-2013 [http://publichealth.lacounty.gov/aids/PreventionPlan.htm](http://publichealth.lacounty.gov/aids/PreventionPlan.htm).

\(^3\)Includes newly identified positive individual and individuals who previously tested positive.

\(^4\)Includes males who self-identified as bisexual or heterosexual and males who responded “didn’t know/refused” and reported having sex with men.

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
# New Positives and Positivity Rate at OAPP-funded HCT Sites, Jan-Jun 2009

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>New Positives¹ (n)</th>
<th>New Positivity Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV Tests</td>
<td>18,207</td>
<td>210</td>
<td>1.15%</td>
</tr>
<tr>
<td>Homeless</td>
<td>2,319</td>
<td>35</td>
<td>1.51%</td>
</tr>
<tr>
<td><strong>Target Populations²</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Positive Individuals³</td>
<td>251</td>
<td>210</td>
<td>0.78%</td>
</tr>
<tr>
<td>Youth (12-24 years)</td>
<td>4,861</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>12,758</td>
<td>182</td>
<td>1.43%</td>
</tr>
<tr>
<td>Gay men</td>
<td>4,242</td>
<td>135</td>
<td>3.18%</td>
</tr>
<tr>
<td>Non- gay identified men who have sex with men⁴</td>
<td>2,026</td>
<td>26</td>
<td>1.28%</td>
</tr>
<tr>
<td>Women</td>
<td>5,318</td>
<td>16</td>
<td>0.30%</td>
</tr>
<tr>
<td>Transgender Individuals</td>
<td>130</td>
<td>12</td>
<td>9.23%</td>
</tr>
</tbody>
</table>

¹The number of new positives that received a disclosure of a preliminary positive rapid test result or a conventional new positive result. New Positives refer to individuals who self-report never having a prior positive HIV test result.

²Target populations as identified in Table 4.6 in the Los Angeles County Department of Public Health HIV Prevention Plan 2009-2013 [http://publichealth.lacounty.gov/aids/PreventionPlan.htm](http://publichealth.lacounty.gov/aids/PreventionPlan.htm).

³Includes newly identified positive individual and individuals who previously tested positive.

⁴Includes males who self-identified as bisexual or heterosexual and males who responded “didn’t know/refused” and reported having sex with men.

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Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
New Positives Identified at OAPP-funded HCT Sites by HIV Risk Behavior, 2008

High Risk Behavior*

* High risk behaviors are not mutually exclusive. Individuals may have engaged in more than one high risk behavior.
1 New Positives refer to individuals who self-report never having a prior positive HIV test result.
2 Inconsistent condom use includes never or sometimes using condoms.

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
New Positivity Rates and Number of HIV Tests Performed at OAPP-funded HCT Sites by Year

Since 2000, Over 6,000 HIV Positive Tests

Data Source: HIV Counseling and Testing Data. HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
HIV Tests by Race/Ethnicity, 2008  
(N=36,332)

Total Number of Tests

- Black: 40.9%
- AI/AN: 27.0%
- A/PI: 23.3%
- Latino(a): 5.4%
- White: 0.8%
- Other/ Missing: 0.8%

New Positivity Rates

- Black: 1.78%
- AI/AN: 1.78%
- A/PI: 1.02%
- Latino(a): 1.18%
- White: 1.26%
- Other/ Missing: 1.04%

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
HIV Tests by Race/Ethnicity, Jan-Jun 2009
(N=18,207)

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - June, 2009. Data are provisional, numbers are based on tests, not necessarily individuals.
HIV Tests by Gender, 2008
(N=36,332)

**Total Number of Tests**
- Male: 67%
- Female: 32%
- Transgender*: 1%
- Other: 1%

**New Positivity Rates**
- Male: 1.80%
- Female: 0.29%
- Transgender*: 4.97%

* Transgender includes both male-to-female and female-to-male.

1 New Positives refer to individuals who self-report never having a prior positive HIV test result.

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
Total Number of Tests by Age Group, 2008 (N=36,332)

1 New Positives refer to individuals who self-report never having a prior positive HIV test result.

Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 - December 31, 2008. Data are provisional, numbers are based on tests, not necessarily individuals.
How do we decide what testing models to support and where?
<table>
<thead>
<tr>
<th>Model</th>
<th># Tests</th>
<th># Positives</th>
<th>HIV Pos Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storefront/Combo</td>
<td>19,002</td>
<td>340</td>
<td>1.79%</td>
</tr>
<tr>
<td>MTU</td>
<td>5,998</td>
<td>130</td>
<td>2.17%</td>
</tr>
<tr>
<td>Multiple Morbidity</td>
<td>2,462</td>
<td>32</td>
<td>1.30%</td>
</tr>
<tr>
<td>PCRS with Testing</td>
<td>1,638</td>
<td>9</td>
<td>0.55%</td>
</tr>
<tr>
<td>Medical Outpatient</td>
<td>194</td>
<td>11</td>
<td>5.64%</td>
</tr>
<tr>
<td>Jails</td>
<td>1,844</td>
<td>3</td>
<td>0.16%</td>
</tr>
<tr>
<td>Jails-07768</td>
<td>390</td>
<td>3</td>
<td>0.77%</td>
</tr>
<tr>
<td>DREX</td>
<td>1,340</td>
<td>12</td>
<td>0.90%</td>
</tr>
<tr>
<td>Court</td>
<td>971</td>
<td>22</td>
<td>2.27%</td>
</tr>
<tr>
<td>Other²</td>
<td>2,493</td>
<td>33</td>
<td>1.32%</td>
</tr>
<tr>
<td>PCRS-STD Program</td>
<td>333</td>
<td>58</td>
<td>17.4%</td>
</tr>
<tr>
<td>Comm. Sex Venues</td>
<td>1,771</td>
<td>45</td>
<td>2.54%</td>
</tr>
<tr>
<td>STD Clinics³</td>
<td>25,044</td>
<td>200</td>
<td>0.80%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63,480</strong></td>
<td><strong>898</strong></td>
<td><strong>1.41%</strong></td>
</tr>
</tbody>
</table>

Data are provisional

High-risk Zip Codes*, 2008

Legend
- LACHNA
- HCT
- Both Data Sources
- Service Planning Area

*Defined by 4 risk factors:
1. HIV-positive test result reported
2. Inconsistent condom use
3. Methamphetamine, crack, cocaine, or heroin drug use
4. Sharing injection paraphernalia

OAPP Supported Testing Models (Review)

• HIV Testing Models/Categories

1. Storefront Testing 16 programs
2. Mobile HIV Testing Units (MTU) 6 programs
3. Multiple Morbidity MTU 3 programs
4. Social Networks Testing 2 programs
5. Routine Testing in Clinics 6 programs
6. Court and Jails Testing 1 program

• Partner Services
Social Marketing
Social Marketing

• Promoting HIV and Service Awareness is a Core Component of Public Health

• Launched New Campaign in July 2009

• Reduced Scope of Campaign and Awareness Activities due to Funding Reductions
HIV Testing Marketing Strategy

1) Create a symbol/logo/brand

2) Initially target people of color (both men and women), but also work with a general audience

3) Motivate people to get tested.
Journey to the “Erase Doubt” Campaign

- Research
  - Review HIV/STD campaigns from all over the world
  - Ads show messages around safer sex, condom use, testing, drug use, etc.
  - Testing themes were actually the smallest number of ads we found
Testing

I see us together the rest of your life.
--AIDS

you're next on my list of things to do.
--AIDS

Argentina – “Be Careful”

COUNTY OF LOS ANGELES
Public Health
I know my son messes around with men.

We never talk about it, but I want to support him.

Come for a free HIV test... because knowing your HIV status matters.
Focus Groups- Pre Creative

• We tested some of these ads and ad themes (eg. fear based; have fun, but be safe; get tested) with focus groups
  – African-American and Latino gay men
  – Women of color
  – Latino gay men (Spanish-language)

• Results
  – Simple visuals
  – Know your audience
  – Do not patronize
  – Reduce stigma, generate awareness, increase testing over time
  – Need to Create Doubt
Second Round of Focus Groups

• We tested the new creative with:
  - African-American and Latino gay males
  - African-American women
  - Latinas (Spanish-language)
  - Latino gay men (Spanish-language)

• Findings
  - Red Ribbon “Erase Doubt” as logo worked well
  - Combination of campaigns with Virus
  - Make statistics stand out
  - “Relationship” and virus imaging resonated
Our Symbol

EraseDoubt.org
“Erase Doubt” Campaign

Is it in you?

This is the HIV virus. 70% of infections are spread by those who don’t know they have it. Are you one of them?

Get tested. The virus could be in you.

EraseDoubt.org

GET TESTED: THE VIRUS COULD BE IN YOU.

Are you sure your partner isn’t having sex with other people? AIDS is spread by sex with someone who has HIV.

What do you know about your status?

Get tested. Find out the knowledge. Drop HIV.

EraseDoubt.org

GET TESTED: THE VIRUS COULD BE IN YOU.

Are you sure your partner isn’t having sex with other people? AIDS is spread by sex with someone who has HIV.

What do you know about your status?

Get tested. Find out the knowledge. Drop HIV.

EraseDoubt.org
PR Strategy - Online

- Erasedoubt.org
- Twitter.com/EraseDoubt
- Facebook.com/EraseDoubt
- YouTubecom/EraseDoubt
PR Strategy-Community

- “Test Fests”
- Big Rubber HIV Balls
- Release Images to CBOs to adapt and localize campaign
  - Creative Kit
  - Brand Usage Guide
“Test Fest 2009”
Social Marketing Launch
PR Strategy-Community

- Next “Test Fest”
  Salazar Park
  East Los Angeles
  Saturday, March 20, 2010
PR Strategy-General

2nd Tier

- Outdoor
- Radio
- TV
Summary/Conclusions

- Variety of HIV Testing Modalities Key
  - Respond to mixed or “pockets” of epidemics
  - Targeted Testing Effective

- Geo-Mapping and using Evidence/Data is Critical

- Routine Testing
  - Patience and Persistence
  - Learn from Lessons
  - Normalizes Testing
  - Work with Providers to Accept
  - “Tipping” Point Concept
Summary/Conclusions

• Linkage to Care Improvements Critical
  ▪ HIV Counselor Role
  ▪ Co-locating Testing and Care Services
  ▪ Documentation
  ▪ NIH and CDC Collaboration: Strategic Multisite Identification Linkage and Engagement in Care of Youth with Undiagnosed HIV Infection (SMILE in Caring for Youth)

• Partner Services Focus

• Review Data and Studies to Inform, Improve, and Enhance Services
  ▪ Rapid Testing Algorithm
  ▪ “Test and Treat”
  ▪ Post Exposure Prophylaxis (PEP) or PrEP
  ▪ Social Network Testing
Summary/Conclusions

• Support our Partners
  ▪ Capacity Building
  ▪ Quality Assurance and Monitoring
  ▪ Evaluation
  ▪ Workforce Skill

• Collaborate, Collaborate, Collaborate
  ▪ Asset Mapping
  ▪ HIV Testing Summits
  ▪ Sharing Data
Acknowledgements

Mike Janson
Jacqueline Rurangirwa
True Pawluk
For Additional Information

Sophia F. Rumanes  
Office of AIDS Programs and Policy  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, California 90005-4001  
Phone: (213) 351-8085  
Fax: 213-381-8023  
E-mail: srumanes@ph.lacounty.gov
Requirements to Perform CLIA-Waived Rapid HIV testing
HIV Rapid Testing Requirements

What is CLIA?

- Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver

- CLIA of 1988
  - Established quality standards for laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results. CLIA requires that any facility examining human specimens for diagnosis, prevention, treatment of a disease or for assessment of health must register with the federal Centers for Medicare & Medicaid Services (CMS) and obtain CLIA certification.
HIV Rapid Testing Requirements

• Waived tests must use unprocessed specimens (whole blood or oral fluid), be easy to use, and have little risk of an incorrect result.

• Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.

• Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA Certificate of Waiver or establish an agreement to work under the CLIA Certificate of an existing laboratory.
HIV Rapid Testing Requirements

• FDA requires that any facility planning to perform waived rapid HIV tests must have a quality assurance plan.

• All sites that order rapid HIV tests must certify to the manufacturer that they agree to comply with specific requirements and restrictions that the FDA has established for rapid HIV tests.

• Many states have additional regulations that apply to laboratory testing, and some require separate applications to the state agency.
HIV Rapid Testing Requirements

• California Office of AIDS (OA) issued Guidance for Agencies interested in conducting rapid HIV Testing
  1. OA funded
     ▪ HIV Counseling and Testing Programs
     ▪ OAPP funded HIV testing agencies covered under “OA funded” providers
  2. Non-OA funded
     ▪ Clinics, hospitals, etc. (everyone else)
HIV Rapid Testing Requirements for OA Funded Agencies

• Must secure Clinical Laboratory Improvement Amendments Waiver (federal)

• Must register with State Lab Field Services
  – $100 Registration certificate
  – $25 per additional site
HIV Rapid Testing Requirements
For OA Funded Agencies

• Personnel Qualifications
  ▪ Counselors in good-standing with the Office of AIDS/OAPP
  ▪ Other health care personnel qualified to conduct CLIA-waived testing under BPC 1206.5;
    ▪ Business Professions Code Section 1206.5- such as a physician, physician’s assistant, nurse, medical assistant, or other health care personnel providing direct patient care.
  ▪ Successfully completed OA/OAPP approved training
  ▪ Qualified to conduct necessary sample collection (e.g., phlebotomy, finger stick, oral swab)

• Quality Assurance Procedures
HIV Rapid Testing Requirements for Non-OA Funded Agencies

- **NOT** a part of a OA-funded counseling and testing program

- Requirements are Administered through Laboratory Field Services Branch (LFS) of CA DPH, not the Office of AIDS
HIV Rapid Testing Requirements for Non-OA Funded Agencies

• CLIA
  – Must obtain a CLIA certificate of waiver or higher

• California Laboratory License or Registration and Approval to Perform HIV Tests
  ▪ Approval to Perform HIV Test: No longer need special approval
  ▪ Must obtain a California clinical laboratory license or registration
  ▪ Proficiency Testing has been modified
HIV Rapid Testing Requirements for Non-OA Funded Agencies

• Personnel Qualifications
  – Personnel conducting the test must be qualified to conduct CLIA-waived tests under Business Professions Code Section 1206.5, such as a physician, physician’s assistant, nurse, medical assistant, or other health care personnel providing direct patient care.

  – There are no legal training requirements for operating the test kit by the manufacturer or through the Centers for Disease Control & Prevention (CDC).

  – Qualified to conduct necessary sample collection (e.g., phlebotomy, finger stick)
HIV Rapid Testing Requirements for Non-OA Funded Agencies

• Quality Assurance Procedures

  - Agencies must conduct the test in accordance with the manufacturer’s current package insert.

  - Agencies must also comply with all relevant Occupational Safety and Health Administration standards.
Acknowledgements

Sophia F. Rumanes
Boyd “Skip” Crough
Deanna Sykes, State Office of AIDS
Brian Lew, State Office of AIDS
Kama Brockman, State Office of AIDS
Centers for Disease Control and Prevention (CDC) Guidelines

- Guided by the Centers for Disease Control and Prevention’s (CDC) 2001 Revised Guidelines for HIV Counseling, Testing, and Referral
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings in 2006