

TEXAS DEPARTMENT OF
STATE HEALTH SERVICES

Self-Testing Program

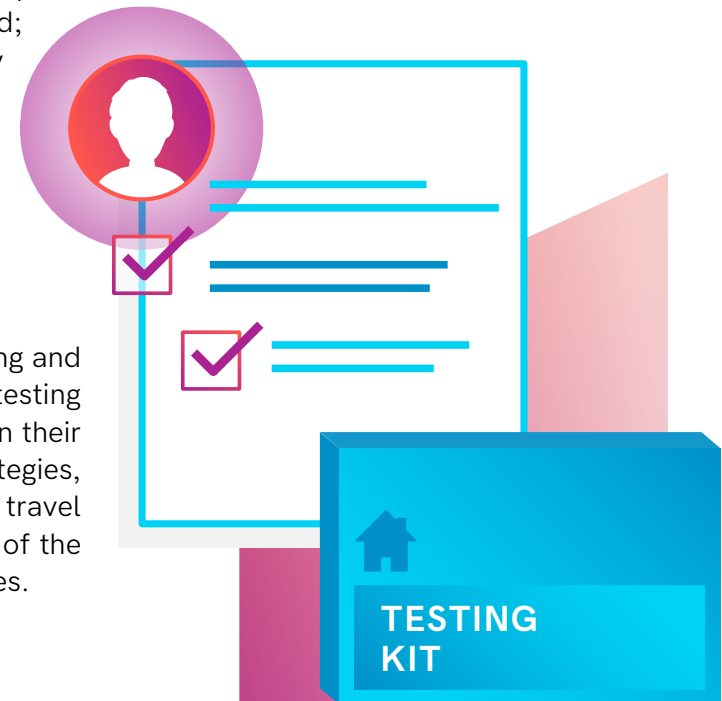
Testing Model Description:

The Texas Department of State Health Services (DSHS) funds clinics and other organizations for “focused” testing and linkage services, or to conduct public health follow-up. Funded agencies are required to focus efforts on priority populations within their respective service area. Testing services must be integrated, meaning that all HIV testing must be accompanied by testing for sexually transmitted infections (STIs), and hepatitis C virus (HCV), if appropriate to client risk. The COVID-19 pandemic resulted in substantial interruptions to services, and created new challenges to accessing testing and linkage services. The Texas DSHS has disseminated [interim guidance](#) to all providers funded for HIV and STD programming, including disease intervention and sexual health services. The goal of this guidance is to enable providers to implement self-testing programs for HIV, STIs, and HCV as a means to address barriers to access to testing and linkage services, particularly during the ongoing pandemic.

The guidance provides funded clinics and other organizations delivering testing and linkage, and public health follow-up services with information needed to select appropriate tests for their client population(s), evaluate tests and laboratories providing testing services, and to operationalize self-testing strategies. Agencies wishing to implement self-testing are required to submit an operational plan to DSHS, which gathers details about the specific test(s) and laboratories used; program promotion, and client recruitment and eligibility processes; delivery of test results to clients, and reporting of test results to public health; and management of testing activities, such as test kit assembly, inventory and distribution; strategies for communicating with clients about testing and results; and plans for supplemental testing.

Recruitment:

All clinics and other organizations funded by the Texas DSHS for focused testing and linkage services, or public health follow-up activities are eligible to adopt self-testing as a strategy to ensure access to testing services for priority populations within their service areas. No new funding is available to support adoption of self-testing strategies, rather funded agencies may request redirection of contract funds (e.g. unspent travel funds) to support self-testing. Strategies for client recruitment and promotion of the availability of self-testing resources is at the discretion of implementing agencies.



Program Management:

Texas DSHS approach to implementation of self-testing is decentralized, and DSHS has not selected or endorsed any specific test technology, manufacturer, or laboratory. Each implementing agency must identify and evaluate appropriate resources in this regard. Clinics and agencies wishing to implement self-testing must develop and submit to DSHS an implementation plan for review and approval. DSHS has provided technical assistance webinars and provides individualized technical assistance and consultations to support agencies to implement self-testing.

Lessons Learned:

Texas DSHS, local service providers, and other stakeholders continue to be hopeful that self-testing strategies can increase access to testing and linkage services, and in particular can successfully address barriers to access associated with the ongoing pandemic. To date, approximately a dozen clinics, organizations, and local health departments have elected to adopt self-testing, all of which are currently only able to provide HIV testing through distribution of the OraQuick® In-Home HIV Test. To ensure high quality testing, Texas DSHS requires use of test methods which have been properly evaluated. Identifying and contracting with laboratories or commercial services that have validated methods for testing of self-collected samples, coupled with cost of such services, is a challenge.

A decentralized approach was right for Texas DSHS because at the time that they needed to stand-up self-testing they did not possess sufficient staff capacity to operationalize and manage a statewide self-testing effort, particularly during the pandemic when substantial staff capacity has been redirected to COVID-19 response. Longer-term the Texas DSHS recognizes that self-testing is likely to continue to be an important tool for strengthening testing and linkage, and are considering a more centralized approach. Key considerations for Texas DSHS in this regard include identifying laboratories that have validated and can and provide testing for self-collected samples; developing a centralized distribution mechanism, potentially leveraging extant capacity used in conjunction with its condom distribution program; and implementing mechanisms to ensure and facilitate appropriate supplemental testing needed to fully engage clients in treatment and preventive services such as HIV PrEP. Texas DSHS also recognizes the importance of evaluating self-testing as a strategy that helps to advance their public health goals, increase capacity to reach target populations, and serves as one component of a comprehensive testing and linkage portfolio.



CONTACTS:

Jenny McFarlane
 Prevention Manager, HIV/STD
 Prevention and Care Branch
Jenny.Mcfarlane@dshs.texas.gov

Isabel Clark
 Routine Screening and HIV
 Prevention Sr. Consultant
Isabel.Clark@dshs.texas.gov

Pamela Mathie, MSN, RN
 STI Nurse Consultant
Pamela.Mathie@dshs.texas.gov