HEPTAC 2.0

VIRTUAL LEARNING COLLABORATIVE

NASTAD

HCV RNA POC Testing: Initial implementation success and challenges, Part 2

October 28, 2026

3:00 PM ET

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VIRTUAL LEARNING COLLABORATIVE

NASTAD

Welcome! We're glad you can join us

- Today's session will include presentations from:
  - Colin Dwyer, from the Virginia Department of Health
  - Jeff Hotaling, from the New York State Department of Health
- And a moderated discussion lead by Chanel Epps, HepTAC Advisory Committee Member
- We will begin with the presentation followed by discussions/Q&A
- Feel free to use the chat to introduce yourself and ask questions!

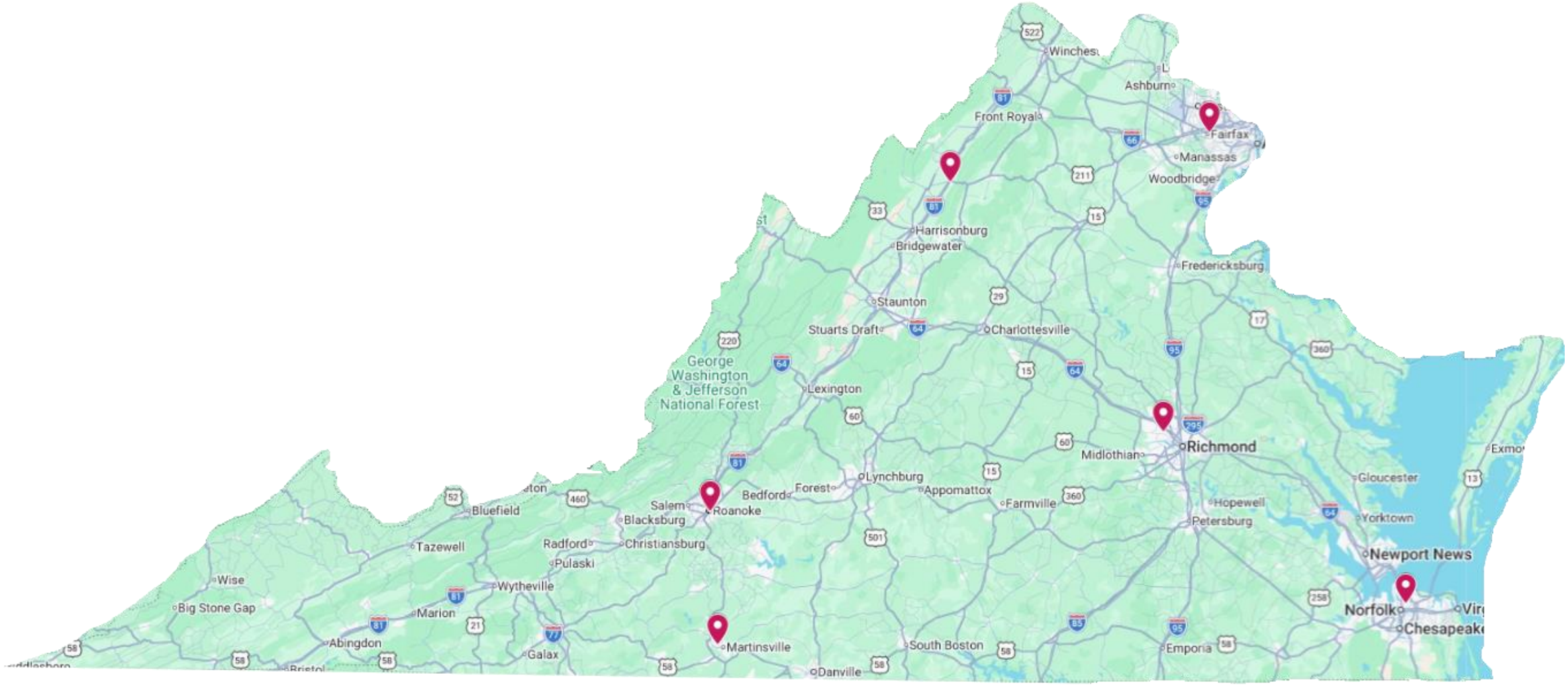
Rapid HepLink Point-of-care HCV RNA Testing Pilot

Colin Dwyer, Viral Hepatitis Program Coordinator
Virginia Department of Health-Division of Disease Prevention

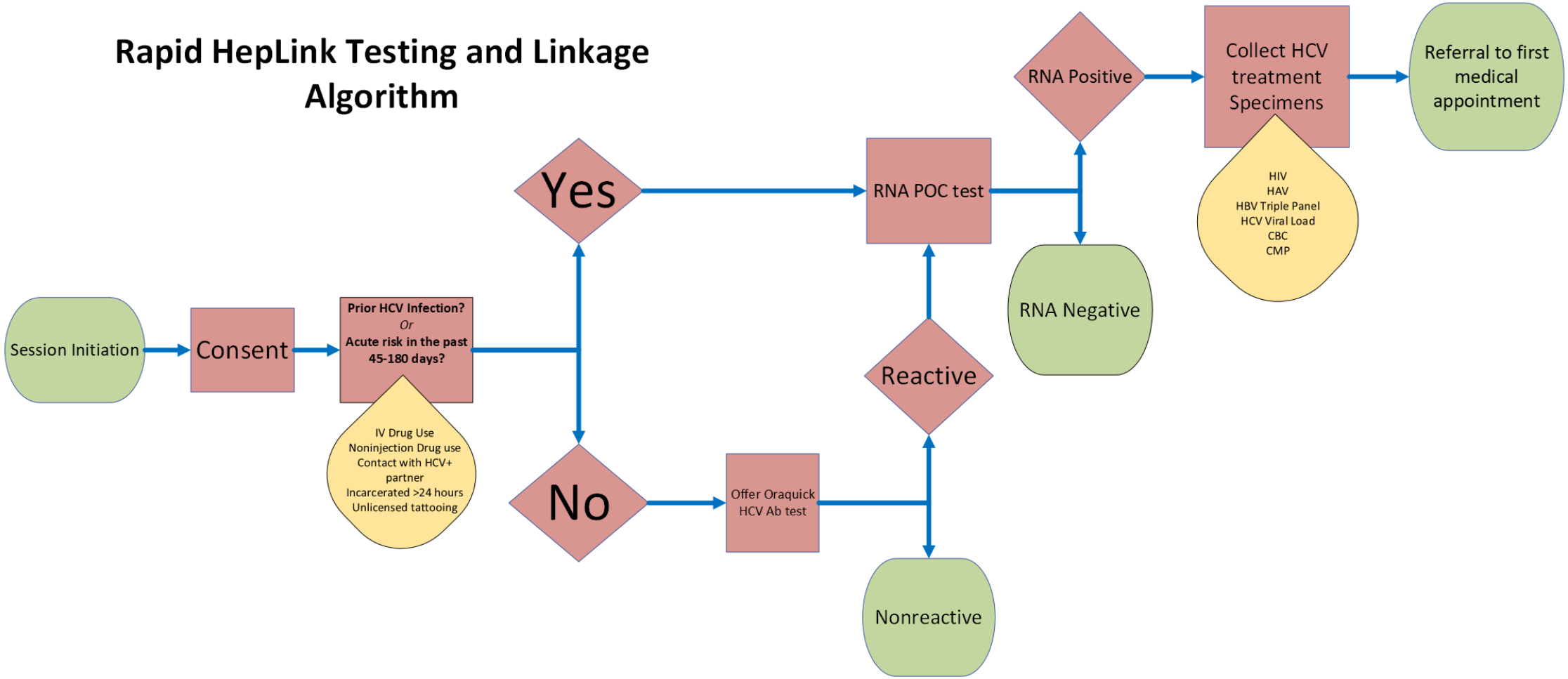
Rapid HepLink Pilot

- Partnered with five Comprehensive Harm Reduction sites to purchase instruments for use with high prevalence populations
  - Council of Community Services-Roanoke
  - Minority AIDS Support Services-Hampton Roads
  - Nationz Foundation-Richmond and Petersburg
  - Strength In Peers-Shenandoah Valley
  - Virginia Harm Reduction Coalition-Roanoke and West Piedmont
- Work with local and telehealth treatment providers to decrease the median time between initial test and treatment initiation
- Adding two more instruments and one more site in CY27

Rapid HepLink Pilot Site Locations



HepLink Proposed Testing Workflow



Rapid HepLink Outcome Objectives

- Increase the proportion of HCV testing clients who have documented RNA results.
- Decrease the median amount of time between diagnosis and first appointment to 2-4 weeks within one year of pilot initiation.
- Decrease the median length of time that those with confirmed HCV results who receive their labs to one-two weeks of a positive result within 6 months of pilot initiation.
- Achieve 90% initial treatment lab completion for pilot population within one year of pilot initiation
- Achieve 85% initial medical visit for pilot population within one year of pilot initiation.
- Achieve 75% HCV treatment completion for pilot population within one year of pilot initiation.
- Achieve 65% documented SVR for pilot population within one year of pilot initiation.

Training

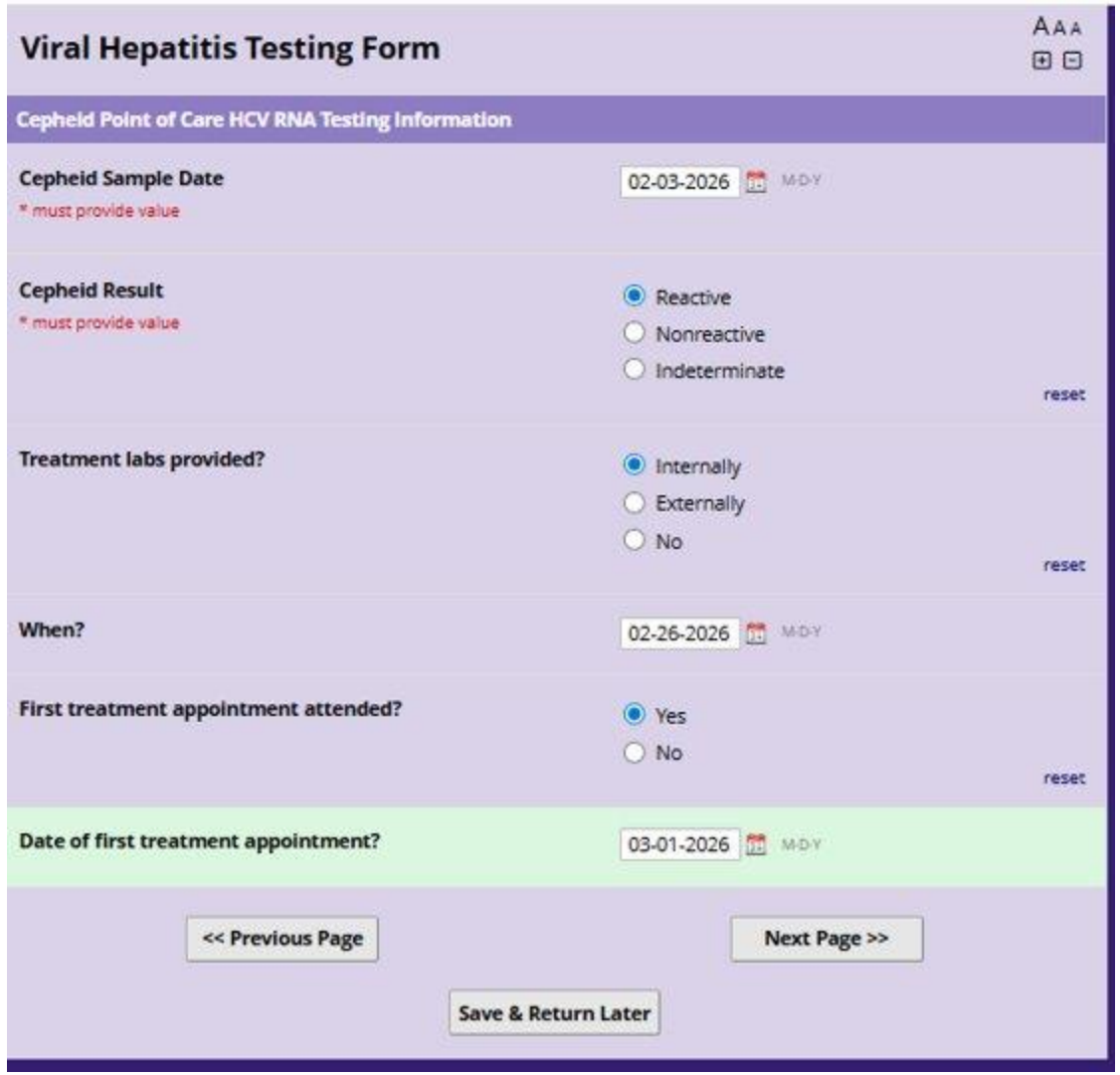
- All testers must be trained in fundamentals of HIV test counseling as a requirement of VDH testing quality assurance standards
- Cepheid provides technical training on how to use and maintain the instrument and cartridges
- Sample collection resources are provided but Cepheid does not train directly

Monthly Community of Practice

- Started December 2025 during initial procurement phases
- Guest speakers during initial months
  - Virginia HEPC to educate about treatment referral processes
  - Tamara Ooms from Cepheid
  - Cherokee Nation Health Team
- Subsequent sessions on:
  - Forms and reporting
  - Testing workflow
  - Individual site progress/barriers

Reporting

- Programmatic REDCap survey
  - Sample Collection Date
  - Result
  - Pretreatment Labs
  - First Appointment
- Completed for all DDP-funded tests regardless of result



Reporting

- Commonwealth of Virginia Code does not require negative RNA test reporting to VDH's surveillance system (VEDSS) unless it is part of panel where another reportable analyte was positive.
- Pilot sites were asked to universally report all Xpert HCV tests regardless of whether an initial positive anti-HCV was performed
- Surveillance staff hopes negative Xpert HCV results could help identify cleared cases in the surveillance system
- Report test as blood capillary PCR test

Confidential Morbidity Reports should be completed if:
Orasure HCV Antibody test is positive and no other test was performed
Orasure HCV Antibody test is positive and Cepheid GeneXpert HCV test is negative OR positive
Client self-reported prior HCV positive result and Cepheid GeneXpert HCV test is negative OR positive
No other test performed, no prior positive result reported, and Cepheid GeneXpert HCV test is positive

Pilot Initiation and Procurement Structure

- Modified existing program contracts to add funds from federal viral hepatitis prevention grant so sites could purchase instruments directly

Expense	Cost
Testing instrument (2-module)	$17,510
Testing peripherals/microtainers	$133.33
Freight for testing instrument	$400
6% tax	$1,082.60
Total per site	$19,125.93

Procurement Structure Continued

- Developed sole source and blanket purchase order for Xpert HCV cartridges
- Cepheid sales staff set up accounts with each site for instrument purchase
- Order cartridges directly from manufacturer to sites when supplies are requested from central testing supplies REDCap
- Attempted to establish procurement relationship with ZeptoMetrix for controls
- Controls purchased through VDH Central Pharmacy

Lessons Learned

Cepheid offered training too technical for lay users. Sample collection resources are good, but no structure for hands on training difficult
Controls are very expensive per box and have more than most lower volume sites will need each year. Order fewer boxes and divvy up.
Short expiration dates on cartridges. Err on the side of ordering fewer until realistic testing volume established per site
Peripherals (microtainers and high flow lancets) may be difficult for non-clinical sites to order. Purchase supply centrally that can double for training.
Microtainers also have short shelf life (likely due to anti-coagulant powder). Order per quarter rather than stockpile.
Follow sales staff's instructions for communicating with order management. Had difficulty with first order and miscommunications about purchase orders

Contact

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Point of Care Hepatitis C Testing in New York State

Jeff Hotaling, Hepatitis C Testing Coordinator
Office of Hepatitis Health Care and Epidemiology, New York State Department of Health

OCTOBER 28, 2026 | NASTAD VIRAL HEPATITIS SURVEILLANCE AND PREVENTION VLC

POINT OF CARE (POC) TESTING SETTINGS IN NYS



10 Hepatitis C Care and Treatment Programs



4 Syringe Services Programs



12 Drug User Health Hubs



3 Opioid Treatment Programs



2 Inpatient Substance Use Programs (NYC)

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POC TESTING OUTCOMES IN NYS

APRIL 2025

First POC machines were installed in April 2025 with testing starting in May.

1144 TESTS

Hepatitis C Ribonucleic Acid (RNA) tests reported from May 2025 to September 2026 from 21 different programs.

25%

Positivity rate has been averaging around 25%.

40 INSTALLATIONS

There are 40 GeneXpert® Xpress instruments, either purchased and installed or in the process of being purchased, through funding from New York State.

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COMMUNITY OF PRACTICE

MISSION STATEMENT:

"The mission of the CoP workgroup is to cultivate a collaborative, peer-to-peer, safe environment for programs to share best practices, address challenges, and develop innovative solutions for successfully implementing hepatitis C POC RNA testing in New York State."

GOAL:

"By fostering a collaborative and open space for learning, programs and participants will improve access to hepatitis C care and move New York closer to achieving its hepatitis C elimination goals."



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COMMUNITY OF PRACTICE TOPICS

COMMUNITY PARTNER PRESENTATIONS:

- Installation / implementation experiences
- In-person vs mobile testing
- POC testing experiences and linkage to care
- Mobile testing with the instrument in the field
- POC test-and-treat model

OTHER PRESENTATIONS:

- Technical Assistance and Test Accuracy, by Cepheid
- Local Health Departments and Reporting
- Opt-out testing / universal screening



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COMMUNITY OF PRACTICE TOPICS

TECHNICAL ASSISTANCE:

- Reporting and data reminders
- Ordering test kits
- Fingerstick tips and tricks
- Sharing available resources





OPEN DISCUSSIONS:

- Other installation experiences
- Reaching hard to engage clients
- Reporting experiences
- On-site hepatitis C treatment at the Hubs
- Outreach plans

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NEW YORK STATE RESOURCES

POC Testing Resource Page:

https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/point_of_care.htm

- Cepheid Xpert® hepatitis C videos
- Cepheid Xpert® hepatitis C Resources (the test)
- Cepheid GeneXpert Xpress® Resources (the machine)
- Comprehensive FAQ document
- POC Reporting Resources
- Educational Materials
- Community of Practice Recordings

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THANK YOU

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Discussion/Q&A with the audience

Feel free to raise your hand or
pop your questions into the chat