

INFECTIOUS DISEASE TESTING AND REFERRAL TO TREATMENT: REFERENCE GUIDE FOR OPIOID TREATMENT PROGRAMS

Introduction

Opioid treatment programs (OTPs) offer opportunities to engage patients in infectious disease testing and treatment services. This is a reference guide for OTP staff to support them in initiating and strengthening infectious disease testing and treatment workflows.

Infectious Disease Testing

Federal OTP regulations outline requirements to support patients in the prevention and treatment of infectious diseases. According to 42 CFR 8.12[f][5][ii], “OTPs must provide counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV), viral hepatitis, and sexually transmitted infections (STIs) and either directly provide services and treatments or actively link to treatment each patient admitted or readmitted to treatment who has received positive test results for these conditions from initial and/or periodic medical examinations.”¹

In September 2024, the Massachusetts Department of Public Health (DPH) released a best practice memo discussing infectious disease testing in Massachusetts OTPs.^{2,3} Infectious disease testing is indicated for OTP-patients because they may be at increased risk for hepatitis C (HCV), HIV, and STIs. Because HCV and HIV are bloodborne diseases, any history of injection drug use is a significant risk factor for disease acquisition and transmission. Injection drug use is also associated with increased risk of being diagnosed with syphilis and other STIs.

Frequency

DPH recommends that OTPs offer HCV, HIV, and syphilis testing to all patients at intake and at annual physical exams.⁵ Patient testing frequency may vary based on factors including current or past injection drug use, sexual behavior, patient request, and patient-reported potential exposures. Staff can use risk assessment tools to assess and discuss risk and guide shared decision-making for testing. For more information and risk assessment resources, refer to the American Medical Association’s [routine screening toolkit for HIV, STIs, and viral hepatitis](#).

Laboratory Testing

Physicians, physician assistants, and nurse practitioners are authorized to order infectious disease testing services for OTP patients.^{6,7} Table 1 contains information about laboratory tests for HCV, HIV, and syphilis. Figures 1–5 show test sequencing and result interpretation.

¹ [42 CFR 8.12\[f\]\[5\]\[ii\]](#)

² [Goldstein, R. \(September 2024\). *Best Practice: Promoting Infectious Disease Testing in MA Opioid Treatment Programs \(OTPs\)*.](#)

³ [Quality of Care Toolkit for Massachusetts Opioid Treatment Programs. 4. *Expanding Infectious Disease Testing in Opioid Treatment Programs*.](#)

⁴ [Brookmeyer, K. A., Haderxhanaj, L. T., Hogben, M., & Leichter, J. \(2019\). Sexual risk behaviors and STDs among persons who inject drugs: A national study. *Preventive medicine*, 126, 105779.](#)

^{5,6} [Goldstein, R. \(September 2024\). *Best Practice: Promoting Infectious Disease Testing in MA Opioid Treatment Programs \(OTPs\)*.](#)

⁷ [130 CMR 401.000: Commonwealth of Massachusetts MassHealth Provider Manual Series, Independent Clinical Laboratory Manual, 4. *Program Regulations*.](#)

Table 1: Laboratory Tests for Diagnosis of HCV, HIV, and Syphilis ^{8, 9, 10, 11, 12}

	Initial Testing	Confirmatory Testing	Test to Order
HCV	HCV antibody testing	HCV ribonucleic acid (RNA) polymerase chain reaction (PCR) testing (may also be referred to as HCV nucleic acid test [NAT]) [*] .	HCV antibody with reflex [*] to HCV RNA PCR
HIV	HIV-1 antigens and HIV-1 & HIV-2 antibodies	HIV-1/HIV-2 antibody differentiation test If HIV-1/HIV-2 antibody differentiation test is negative, HIV NAT test is used to distinguish between an acute HIV infection or false positive	HIV antigen/antibody test with reflex [*] to HIV-1/HIV-2 antibody differentiation and HIV-1 NAT
Syphilis	Non-treponemal test (e.g., rapid plasma reagin test or RPR)	Treponemal test (syphilis antibody)	Traditional syphilis testing algorithm ^{**} (non-treponemal test with reflex [*] to non-treponemal titer and treponemal antibodies)
	Treponemal test (syphilis antibody test)	Non-treponemal test (e.g., rapid plasma reagin test or RPR) If non-treponemal test is negative after a positive initial treponemal test, an additional treponemal test is needed to rule out an initial false positive	Reverse syphilis testing algorithm ^{**} (treponemal antibodies with reflex [*] to non-treponemal test and titer)

^{*} Reflex testing eliminates the need for patients to provide an additional blood sample for confirmatory testing. When reflex testing is ordered, the clinical laboratory automatically conducts confirmatory/follow-up testing for samples that test positive on initial tests.

^{**} Either syphilis testing sequence can be used to diagnose syphilis. Availability of different syphilis testing sequences may vary by laboratory.

Antigens are substances produced by viruses and bacteria which stimulate your body to produce an immune response. **Antibodies** are proteins produced by your immune system to protect your body from an antigen. If your body has an antibody present to a specific antigen, then you know the antigen is present or was present at some time in your life.

⁸ American Association for the Study of Liver Diseases & the Infectious Diseases Society of America (October 2022). *HCV Testing and Linkage to Care*.

⁹ National AETC Support Center. *Quick Guide: CDC HIV Laboratory Testing Recommendations*.

¹⁰ Centers for Disease Control and Prevention. *Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection*.

¹¹ Illinois Department of Public Health. *Increasing Early Syphilis Cases in Illinois – Syphilis Laboratory Tests*.

¹² American Medical Association. *Clinical Workflow Algorithm: Syphilis Screening*.

Laboratory Billing for Infectious Disease Testing

Because infectious disease testing for OTP patients is clinically indicated, **clinical laboratories can bill MassHealth and other insurance plans for testing services.** OTPs can provide orders for testing and patient insurance information to clinical laboratories.

Disease Reporting to BSAS and BIDLS

Per 105 CMR 300,¹³ identified cases of HIV, HCV, and syphilis must be reported to both the DPH Bureau of Infectious Disease and Laboratory Sciences (BIDLS) and Bureau of Substance Addiction Services (BSAS). Testing laboratories will automatically report all HIV, HCV, and syphilis results to the Massachusetts Virtual Epidemiologic Network (MAVEN). Ordering providers may be contacted by DPH for additional information.

For positive HIV and syphilis results, ordering providers are required to complete and submit the infectious disease case report form found [here](#).

Providers licensed by BSAS, including OTPs, are required to notify BSAS of “confirmed cases among staff or patients and residents of communicable diseases which are reportable under [105 CMR 300](#).”¹⁴ This includes cases of HIV, HCV, and syphilis. Providers can report required notifications using the form [here](#).

Infectious Disease Treatment Linkage

In alignment with regulations described in 42 CFR Part 8, OTPs should ensure that patients who test positive at their site and require infectious disease treatment are connected to treatment for their infection(s).¹⁵ OTPs can facilitate access to infectious disease treatment by:

- Directly offering on-site treatment to patients.
- Linking patients to care at an external organization.
- Hosting outposted providers from an external organization to provide on-site treatment.

If not providing infectious disease treatment onsite, OTPs should establish formal partnerships with external organizations and medical practices to which they may refer patients. Referral and linkage to care with external facilities, providers, and/or organizations should be supported and documented with formal qualified services organization agreements (QSOAs), memoranda of understanding (MOUs), or other documented referral and linkage agreements and practices. To develop referral and linkage relationships with qualified treatment providers, OTPs can:

- Contact local providers, such as community health centers or local hospital systems, to assess their capacity to receive OTP referrals for infectious disease treatment.
- Work with the OTP’s medical director or practitioners to determine if they have colleagues who may be willing to partner with the OTP to treat patients either onsite or externally through a referral.
- Talk with OTP patients to identify their existing trusted provider relationships.

To determine the appropriate infectious disease treatment setting for a patient, OTPs should discuss treatment options with patients and any potential barriers to care such as housing, food, financial security, and transportation. Based on organizational capacity and individual patient needs, OTPs can implement treatment support strategies through nurses, case managers, and counselors. OTPs can also develop formal partnerships with external agencies that provide some or all of the following treatment support strategies:

¹³ <https://www.mass.gov/regulations/105-CMR-30000-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements>

¹⁴ [105 CMR, § 164.035](#)

¹⁵ [42 CFR 8.12\[f\]\[5\]\[iii\]](#)

- **Patient education:** Providing education related to infectious disease transmission, symptoms, progression, and basic treatment. This can also include health literacy services related to infectious disease education.
- **Medical care coordination:** Coordinating with outside pharmacies, helping patients prepare for and remember medical appointments, and providing transportation to appointments (e.g., bus or cab vouchers, coordinating Medicaid transportation benefits).
- **Benefits navigation:** Providing education about insurance access and options, facilitating insurance enrollment.
- **Adherence support:** Educating individuals about treatment regimens, dosing schedules, potential side effects, and how to manage them; providing medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps).

Additional Resources

[Mass.gov: Information on Opioid Treatment Services](#)

[Addiction Technology Transfer Center Network: Your Guide to Integrating Infectious Disease Testing and Treatment Services in Opioid Treatment Programs](#)

HCV Project ECHO learning collaborative: UMass Chan Medical School facilitates a [Hepatitis C Project ECHO](#) for doctors, nurses, pharmacists, and other care team members in Massachusetts. Project ECHO is a virtual community for peers to share information and learn from each other with the support of HCV experts.

Asynchronous HCV training: The University of Washington offers educational opportunities with their [Hepatitis C Online website](#).

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Figure 1: Infectious Disease Testing and Linkage to Care at OTPs, Sample Process Workflow

