

2022 HIV AND STD TESTING SERVICES REPORT

DIVISION OF HIV AND STD PROGRAMS
DEPARTMENT OF PUBLIC HEALTH
COUNTY OF LOS ANGELES

June 2024



COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

The *2022 HIV and STD Testing Services Report* is published by the Division of HIV and STD Programs, Department of Public Health, County of Los Angeles.

Suggested Citation: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. *2022 HIV and STD Testing Services Report*.

Published June 17, 2024.

<http://publichealth.lacounty.gov/dhsp/Reports/HIV/2022HIVandSTDTestingServicesReport.pdf>. Accessed [date].

Acknowledgements

This report was prepared by Bret Moulton and Daniel Yeung and reviewed by Wendy Garland, Paulina Zamudio, Maggie (Magdalena) Esquivel, Kim Bui, Melissa Papp-Green, Julie Tolentino, Mike Janson, Michael Green, and Mario J. Pérez of the Division of HIV and STD Programs, Department of Public Health, County of Los Angeles.

We would like to thank the following individuals and groups without whom this report would not be possible: (1) the community of persons accessing HIV and STD testing services whose aggregated health information are described in this report; (2) Division of HIV and STD Programs (DHSP) staff that provide Contracted Community Services (CCS): Paulina Zamudio, Oscar Ortiz, Ronald Merrick, Daniel Ascencio, Scott Cohen, Steven Pulley, Colleen Morales, Carla Murphy, Martha Chono-Hensley, and Aletha Wild; (3) DHSP staff that oversee and provide Direct Community Services (DCS): Maggie (Magdalena) Esquivel, Kim Bui, Bertell Ferguson, Kirsten Wilson, Mario Campana, Sandra Chacon, Ricardo Cortez, Patricia Flores, Andre Hayes, Paul Hayes, Zakiya Hill, Patricia Lagos, Flora Lopez, Cassie (Cassandra) Lizoala, Ralph Pacheco, and LaShawnda Royal; (4) DHSP staff that provide program training: Eunice Soriano, Kiara Mejia, Bo Kim, Daniela Schiller, Ernesto Ayala, Antonio Quijada, Boyd Crough, Christine Chyo, and Amber Wilburn; (5) DHSP surveillance staff Sherry Yin, Chun-Mai Michael Kuo, Kathleen Poortinga, and Virginia Takeuchi; (6) DHSP staff working on Ending the HIV Epidemic efforts: Sonali Kulkarni, Shobita Rajagopalan, Becca Cohen, Melissa Papp-Green, and Julie Tolentino, and (7) DHSP staff that plan, collect, manage, analyze and report on data collected from DHSP-supported HIV and STD testing programs in Los Angeles County: Mike Janson, Amy Chen, Dennis Tobias, Gabriel Hernandez, Robert Valenzuela, Waley Zeng, Andrea Soriano, Constance Chavers, Daniel Yeung, Vilma Contreras, Bret Moulton, Wendy Garland, and Michael Green.

Table of Contents

List of Abbreviations	1
Preface	2
Executive Summary.....	4
Division of HIV and STD Programs	4
Overview of the Report	4
Definitions and Notes	6
Key Findings	7
HIV and STD Testing Background and Trends	10
HIV Testing Summary, 2022	16
Contracted HIV Testing	16
Overview.....	16
Geography	18
Demographic Characteristics	19
Priority Populations	20
Risk Behaviors and Other Characteristics	21
Linkage to Care	22
Linkage to Prevention Services	24
Direct Community Services - HIV Testing	27
Public Health Clinics - HIV Testing	27
HIV Self-Testing Programs	28
STD Testing Summary, 2022.....	31
Contracted STD Testing.....	31
Overview.....	31
Geography	33
Demographic Characteristics	36
Priority Populations	38
Risk Behaviors and Other Characteristics	39
Direct Community Services - STD Testing	40
Public Health Clinics - STD Testing.....	40
Pilot Projects	41
Resources	41
Technical Notes	42
Appendix	44
Data Tables	44

List of Abbreviations

AA

African American

AIDS

Acquired Immune Deficiency Syndrome

AIAN

American Indian and Alaska Native

COVID-19

Coronavirus Disease 2019

CDC

Centers for Disease Control and Prevention

CHC

Community Health Center

CSV

Commercial Sex Venue

DHSP

Division of HIV and STD Programs

DPH

Department of Public Health

EDR

Electronic Data Repository

EHARS

Enhanced HIV/AIDS Reporting System

EHE

Ending the HIV Epidemic

EMR

Electronic Medical Record

HERR

Health Education and Risk Reduction

HIV

Human Immunodeficiency Virus

HIVST

HIV Self-Test Kit

HSTS

HIV & STD Testing Services

IDU

Injection Drug Use

LAC

Los Angeles County

MSM

Men Who Have Sex with Men

MTU

Mobile Testing Unit

NHPI

Native Hawaiian and Pacific Islander

PEH

Persons Experiencing Homelessness

PEP

Post-Exposure Prophylaxis

PrEP

Pre-Exposure Prophylaxis

PWID

Persons Who Inject Drugs

SHEX-C

Sexual Health Express Clinic

SPA

Service Planning Area

SSN

Social and Sexual Network

STD

Sexually Transmitted Disease

STD-SDT

STD - Screening, Diagnosis and Treatment

TG

Transgender Persons

Preface

The Division of HIV and STD Programs (DHSP) partners with a broad array of public and private sector providers to deliver HIV and STD prevention programs. These programs consist of a wide range of HIV and STD testing modalities including screening in healthcare settings, testing in jail settings, testing by substance abuse treatment programs, targeted testing in commercial sex venues, mobile testing units (MTU), sexual networks, storefronts, non-clinical settings, and self-testing in order to help persons learn their HIV status, develop skills to prevent HIV transmission or acquisition, reinforce behaviors that help mitigate HIV infection and transmission, and provide linkage to HIV and other systems of care consistent with the recommendations and priorities outlined in the Los Angeles County Integrated HIV Prevention and Care Plan 2022-2026 (available online at [http://publichealth.lacounty.gov/dhsp/HIV/LAC_Integrated_HIV_Prevention_and_Care_Plan_2022-2026_\(final\).pdf](http://publichealth.lacounty.gov/dhsp/HIV/LAC_Integrated_HIV_Prevention_and_Care_Plan_2022-2026_(final).pdf)).



We extend our sincere thanks to our community partners that provided HIV and STD Counseling and Testing services in 2022 and their contributions towards ending HIV/STDs and advancing the health and well-being of the residents of Los Angeles County (LAC):

AIDS Healthcare Foundation
AIDS Project Los Angeles
AltaMed Health Services Corporation
AMDA College of the Performing Arts
Antelope Valley Health Center
Asian American Drug Abuse Program
Bienestar Human Services, Inc.
Black AIDS Institute
Building Healthy Online Communities
Central City Community Health Center
Central Neighborhood Health Fdn
LAC DPH Central Health Center
LAC Century Regional Detention Facility
Charles Drew University
Chains of Love
Children’s Hospital Los Angeles
City of Long Beach
City of Pasadena
Community Health Project LA
Curtis Tucker Health Center
Downtown Women’s Center
East Los Angeles Women’s Center
East Valley Community Health Center
El Centro Del Pueblo
El Proyecto del Barrio
Friends Research Institute, Inc.
Greater Los Angeles Agency on Deafness, Inc.
Holiday Helping Hands
LAC DPH Hollywood-Wilshire Health Center
Homeless Connect Days
JWCH Institute
Kedren Health

Los Angeles Centers for Alcohol and Drug Abuse
Los Angeles Christian Health Centers
Los Angeles Community Health Project
LAC Probation Department - Juvenile Halls
LA LGBT Center
LAC DPH Martin Luther King Jr. Health Center
Men’s Health Foundation
Minority AIDS Project
LAC DPH North Hollywood Health Center
Northeast Valley Health Corporation
LAC DPH Pomona Health Center
REACH LA
LAC DPH Ruth Temple Health Center
San Fernando Community Health Center
Sidewalk Project
Special Services for Groups
Social Model Recovery Systems
St. John’s Well Child and Family Center
St. Mary Medical Center
TakeMeHome
Tarzana Treatment Center, Inc.
The One in Long Beach
The Wall Las Memorias Project
Tiny Homes Village - Alexandria Park
Tiny Homes Village - Arroyo Seco
To Help Everyone (T.H.E.) Clinic
LAC DPH Torrance Health Center
Venice Family Clinic
Westside Family Health Center
LAC DPH Whittier Health Center

We look forward to continuing our work together to ensure the delivery of accessible, high-quality HIV and STD services and share our service outcomes with the Los Angeles HIV and STD prevention community and others throughout the county.

Executive Summary

Division of HIV and STD Programs

In 2020, Los Angeles County was identified as one of 57 high-burden jurisdictions in the national *Ending the HIV Epidemic (EHE)*¹ initiative and continues to experience some of the highest rates of syphilis and congenital syphilis cases in the US. Increasing awareness of HIV and STD infections through expanded and integrated testing efforts to ensure timely treatment and prevention are critical to achieving national and local efforts to end these epidemics.

The Division of HIV and STD Programs (DHSP) is the designated administrative agency within the County of Los Angeles charged with developing and coordinating the local response to the HIV and STD epidemics. In this role, DHSP is responsible for developing and maintaining a comprehensive continuum of prevention, care, and treatment programs for people at risk for or living with HIV and STDs in collaboration with community-based organizations, governmental entities, advocates, and people living with and affected by HIV and STDs.

These activities and resources advance DHSP's mission to prevent and control the spread of HIV and STD infections utilizing robust epidemiologic and surveillance systems, coordinated care and treatment services, and public, private, and community partnerships and by developing and implementing evidence-based programs and policies that promote health equity and maximize health outcomes in LAC.

Overview of the Report

This report summarizes core HIV and STD testing services (HSTS) supported by DHSP from January to December 2022 conducted in both healthcare-based settings (clinical sites), and at non-healthcare-based settings (non-clinical sites). These settings included community and public clinics, community-based organizations, mobile testing units, commercial sex venues, homeless shelters, and jails and correctional facilities.

The report also provides highlights from novel testing initiatives implemented by DHSP as a part of the national *Ending the HIV Epidemic* initiative, which aims to reduce HIV in the United States by 75% by 2025 and by 90% by 2030 compared to 2020 levels.

¹Ending the HIV Epidemic Plan for Los Angeles. (2021). In lacounty.hiv. Available at http://publichealth.lacounty.gov/dhsp/EHE/EHE_Plan_Final_2021.pdf

These include launching an HIV self-test kit (HIVST) distribution program and establishing new partnerships with governmental and community-based partners to innovate and expand reach of HIV and STD testing beyond the traditional HIV service provider settings.

While DHSP HIV and STD testing programs aim to support all populations impacted by HIV and STDs in LAC, the EHE initiative further identifies key populations of focus (**priority populations**) based on the epidemiologic profile, situational analysis, and needs assessment of LAC in which to target activities to reduce HIV-related disparities. They include:

- Latino Cisgender Men Who Have Sex with Men (MSM)
- Black Cisgender MSM
- Cisgender Women of Color
- Transgender Persons
- Youth Aged 13-29
- Persons Who Inject Drugs (PWID)

Additionally, services are tailored to populations who remain a critical concern, including people over age 50 and people experiencing unstable housing or homelessness, among others.

This report details trends in HIV and STD testing and descriptions of the populations served and services provided, such as linkage to prevention services and linkage to care and treatment. The data presented in this report was collected and submitted through paper forms or electronic data transfer by testing counselors and other personnel to DHSP directly, unless otherwise specified. Data is current as of January 31, 2024.

Data presented in this report represent individual HIV and/or STD test events and not necessarily individuals who tested for HIV and/or STDs. A test event is defined as an occurrence where a person receives one or more HIV and/or STD tests and additional applicable services. An individual may have tested for HIV and/or STDs multiple times during the reporting period.

In 2022, DHSP updated the HIV and STD Testing Services data system to transition from scannable paper-based forms to REDCap, an online data collection system, which was fully implemented in 2023. Additional contracted agencies began transmitting testing data extracted directly from an Electronic Medical Record (EMR) or Electronic Data Repository (EDR). In 2022, 36% of data were submitted using HP/Autonomy Teleform scanning platform, and 64% were exported directly from an EDR.

Definitions and Notes

HIV TESTING

Testing Volume

Total number of test events with a point-of-care (rapid) or lab-based HIV test performed.

Positivity

Percent of HIV testing volume with a reactive result.

New Positives / Diagnoses

HIV-reactive test events matched with eHARS surveillance data to confirm that the client has never been reported as having a prior reactive HIV test result or persons who reported never having a prior positive HIV test (self-report) when surveillance information is not available.

Previous Positives / Diagnoses

HIV-reactive test events matched with eHARS surveillance data to confirm that the client has a prior reactive HIV test result reported or persons who reported having a prior positive HIV test (self-report) when surveillance information is not available.

STD TESTING

Testing Volume

Total number of test events with one or more chlamydia, gonorrhea, or syphilis tests performed.

Positivity

Percent of STD testing volume with a positive result on one or more STD tests out of tests reported with results.

STD testing is reported in two ways: 1) by test events with any STD test performed, and 2) by individual STD tests. Not all STD tests were reported with a result. All STD tests presented, unless otherwise specified, are lab-based tests.

Key Findings

Key Findings and Trends across all DHSP-Supported HIV and STD Testing Programs

HIV Testing

- DHSP supported 79,406 point-of-care and lab-based HIV tests in 2022, which was a **37% increase** from 2021.
- Contracted HIV testing programs performed the **largest proportion of HIV testing** (88% of total HIV tests).
- Overall HIV positivity was 1.3%, and new HIV positivity was 0.6%, which represents **no change** from 2021 despite the increased testing volume.
- Previous positivity accounted for **over half** of the overall HIV positivity.

STD Testing

- DHSP supported 59,339 **STD test** events in 2022, which was a **58% increase** from 2021.
- Contracted STD testing programs represented the **largest proportion of STD testing** supported by DHSP, performing 85% of STD tests.
- **Chlamydia positivity** in 2022 was 8.4%, which is **lower** than the positivity of 9.2% in 2021.
- **Gonorrhea positivity** in 2022 was 9.2%, which is **lower** than the positivity of 10.5% in 2021.
- **Syphilis positivity** in 2022 was 18.4%, which is **lower** than the positivity of 19.9% in 2021.
- Clients living in the Hollywood-Wilshire health district represented the **largest proportion of all HIV and STD testers**.

Key Findings in Contracted Testing

HIV Testing

- DHSP supported 69,881 point-of-care and lab-based HIV tests at contracted agencies in 2022.
- Overall HIV positivity was 1.3%, and new HIV positivity was 0.6%. Programs continued to test **many** clients with a previous HIV diagnosis.
- **Commercial Sex Venue and Social and Sexual Network** contracts had the **highest new HIV positivity** (1.4% and 0.8%, respectively).
- In 2022, Hispanic/Latino, White, and Black/AA clients represented the **largest percent of HIV testing volume** by race/ethnicity.
- AIANs had the **highest new HIV positivity** rate (1.4%), NHPIs represented the next highest new positivity rate (1.2%), followed by Hispanic/Latino, Black/AA, and Multi-race all at 0.7%.

- Men represented the **largest percent of HIV testers** and had a new positivity rate of 0.7%. The new positivity rate for transgender women was the **highest** among all gender groups at 1.7%, while transgender men and gender non-conforming individuals had similar new positivity rates as men.
- Testers aged 20-29 represented the **largest** HIV testing group at 35%, followed by testers aged 30-39 at 34%. Those aged 30-39 had the **highest new HIV positivity** rate (0.7%).
- In 2022, new HIV positivity among transgender persons, Black cisgender MSM, Latino cisgender MSM, and PWID remained **much higher** than the average new HIV positivity for all testers.

Linkage to Care

- 58% of new HIV positives were linked to HIV care within 30 days, **short** of the EHE goal of 90%.
- In 2022, linkage to HIV care rates were **highest** for transgender persons, Multi-race and NHPI, Latino cisgender MSM, and youth aged 13-29 years. The lowest linkage to HIV care rates were seen among gender non-conforming, Asian, and White testers, testers age ≥50, and cisgender women of color.

Linkage to PrEP

- In 2022, 88% of testers were eligible for a PrEP referral. Out of those, 26% were referred to a PrEP provider and 21% were linked to a PrEP navigator, **missing** the EHE target of 50%.
- PWID had the **highest** percent of linkage to PrEP (55%), followed by MSM reporting meth use (51%), persons reporting sex with a partner living with HIV (38%), and MSM reporting sex without a condom (37%). Transgender persons (24%), youth aged 13-29 (21%), and Black and Latina heterosexual women (17%) had the **lowest** rates of PrEP linkage.

STD Testing

- Men represented 78% of STD test sessions, while women represented 16%, and transgender and gender non-conforming persons were each less than 4%. Hispanic/Latino testers represented the **largest proportion** of test sessions (38%), followed by White (30%), Black/AA (15%), Asian (7%), and NHPI, AIAN, and Multi-race at less than 2% each. The remaining 4% declined to provide their race. Testers aged 20-29 represented 39% of testers, and those aged 30-39 represented the second-largest age proportion at 37%.
- In 2022, men, transgender men, NHPI, and youth aged 13-19 had the **highest** rates of chlamydia positivity. Men, NHPI, and youth aged 13-19 had the **highest** rates of gonorrhea positivity, and transgender women, AIAN, and those aged 50-59 had the **highest** rates of syphilis positivity.
- Among priority populations, PWID and Black and Latino MSM had the **highest** rates of chlamydia and gonorrhea positivity while PWID, Black and Latino MSM, and transgender persons had the **highest** rates of syphilis positivity.

Key Findings in Direct Community Services (DCS) HIV and STD Testing

- DCS performed HIV and STD testing via 24 outreach events to unhoused individuals and sex workers, harm reduction partnerships, outreaches to women of reproductive age, and Public Health Investigator (PHI)-initiated focused outreaches to partners of individuals with HIV or syphilis.
- A total of 220 individuals were tested for HIV through these activities, and three previous positives were identified. Two were linked to care and one was unable to be located.
- A total of 241 individuals were tested for STDs, of which 5.1% were reactive for chlamydia, 2.1% were reactive for gonorrhea, and 3.6% were reactive for syphilis.
- DCS also performed rapid syphilis testing to 1,011 persons at Century Regional Detention Facility (CRDF) in 2022, with 13.5% resulting in preliminary positives and 6.5% tested as being newly positive on the confirmatory test.

Key Findings in Public Health Clinic HIV and STD Testing

- In 2022, 9,305 HIV testing events resulted in an overall positivity rate of 0.9% and a new diagnosis rate of 0.4%. Eighty-five percent (85%) were linked to care.
- In 2022, 8,516 STD testing events occurred. Among test events with the corresponding STD test performed, 7% resulted in a positive chlamydia result, 6% resulted in a positive gonorrhea result, and 33% resulted in a positive syphilis result.

Key Findings in HIV Self-Testing Programs

- In 2022, 6,745 HIV self-test kits were distributed to 6,493 persons. Data were reported for 66.2% of the kits distributed.
- In 2022, men received the **most** kits from TakeMeHome, and women received the **most** kits through community distribution. The majority of persons receiving kits through community partners were over 30, while TakeMeHome had the **largest** proportion of clients under 30.
- In 2022, Hispanic/Latino clients were the **largest** group by race/ethnicity to receive kits across all HIV self-testing programs.
- TakeMeHome had the **highest percentage** of White and Asian clients while community distribution and contracted agencies had the **highest percent** of Black/AA clients.
- Persons receiving kits through contracted agencies were **more likely** to be first time testers, however across all programs the percent of clients that are first time testers was over one in four.

HIV and STD Testing Background and Trends

DHSP has historically supported a percentage of HIV and STD testing programs in LAC. These programs have been adapted and modified to respond to innovation in biomedical prevention and treatment, testing diagnostics, data collection, and program design.

In 2017, the *Los Angeles County HIV/AIDS Strategy (LACHAS)* was launched and informed the planning of DHSP's HIV and STD testing portfolio for 2020 and beyond. Additionally, the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025*² and the *Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026*³, (which aligns with *California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026*⁴ and *The National HIV/AIDS Strategy (2022-2025)*⁵) were also used to guide and modify contracts and programs to their current iteration in 2022.

In 2020, new HIV and STD testing contracts were established with new and continuing community and governmental partners. However, beginning in March 2020, the COVID-19 pandemic greatly disrupted the capacity of both DHSP and our partners to effectively launch these new testing programs and to maintain existing programs. Additionally, starting in January 2021, the data collection process was modified to include collection of client-level information for all testers, and a robust surveillance matching mechanism. Therefore, it remains challenging to compare recent data with data collected before 2021. For these reasons, this report will only report on historical data since 2021 and will primarily focus on data from 2022.

In 2022, HIV and STD testing was provided through four main approaches:

1) *Contracted Testing*, which encompasses HIV and STD testing done by 28 community agencies across 44 contracts that include storefronts, social network programs, commercial sex venues, integrated HIV testing and STD screening and treatment programs, sexual health express clinics, STD screening, diagnosis and treatment programs, and mobile testing units. Agencies who were contracted for these services proposed sites within LAC based on the HIV and STD rates described in relevant LAC surveillance data⁶. Additionally, agencies defined the expected testing volume that their sites would be able to perform.

² Ending the HIV Epidemic Plan for Los Angeles. (2021). Accessed January 25, 2024 from http://publichealth.lacounty.gov/dhsp/EHE/EHE_Plan_Final_2021.pdf

³ Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. Los Angeles County Comprehensive HIV Plan (2022- 2026), December 2022: 1-136. Accessed January 25, 2024 from <https://hiv.lacounty.gov/our-work/>.

⁴ California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026. Accessed January 25, 2024 from https://www.cdph.ca.gov/programs/cid/da/cdph%20document%20library/cdph_stratplan2021_final_ada.pdf

⁵ The National HIV/AIDS Strategy (2022-2025). Accessed January 25, 2024 from <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

⁶ LAC publishes regular reports on HIV and STD surveillance. Available at <http://publichealth.lacounty.gov/dhsp/reports.htm>.

2) *Direct Community Services*, which encompasses testing in field-based settings, substance abuse programs, incarcerated settings, testing events, and outreaches. DCS staff provide HIV/STD testing, prevention, and linkage navigation services to improve health outcomes for PEH, women of childbearing age, women of color, and priority populations to address cluster detection and response activities for HIV and syphilis. DCS also partners with community sites such as shelters and transitional housing programs, harm reduction sites, and drug treatment facilities and collaborates with community partners to connect with special populations such as sex workers, persons who inject drugs, and youth.

3) *Public Health Clinic Testing*, which involves testing at sexual health clinics in 10 LAC public health clinics.

4) *HIV self-testing programs*, including online, event-based, HERR, and community distribution programs. These aim to diagnose all people with HIV as early as possible and target individuals who may not otherwise test for HIV by increasing access to low barrier HIV testing. These services are particularly targeted to *Ending the HIV Epidemic* priority populations which include Black and African American MSM, Latino MSM, ciswomen of color, people who inject drugs and/or with substance use disorder, people of trans experience and youth (age 30 and younger).

The following pages detail the HIV and STD testing done through these approaches since 2021.

The total number of HIV tests supported by DHSP totaled 79,406 in 2022, which was a **37% increase** from the total of 57,881 in 2021. Overall positivity was 1.3% and new positivity was 0.6% in 2022, which did **not change** from 2021. Figure 1 shows the number of HIV tests performed by quarter for year 2021 through 2022. Figure 2 shows the breakdown of HIV tests performed by each approach in 2022. These data exclude HIV self-test kits distributions (see page 28 for more details).

Figure 1. HIV Testing Volume and Positivity at DHSP-supported HIV Testing Sites by Quarter, 2021-2022.

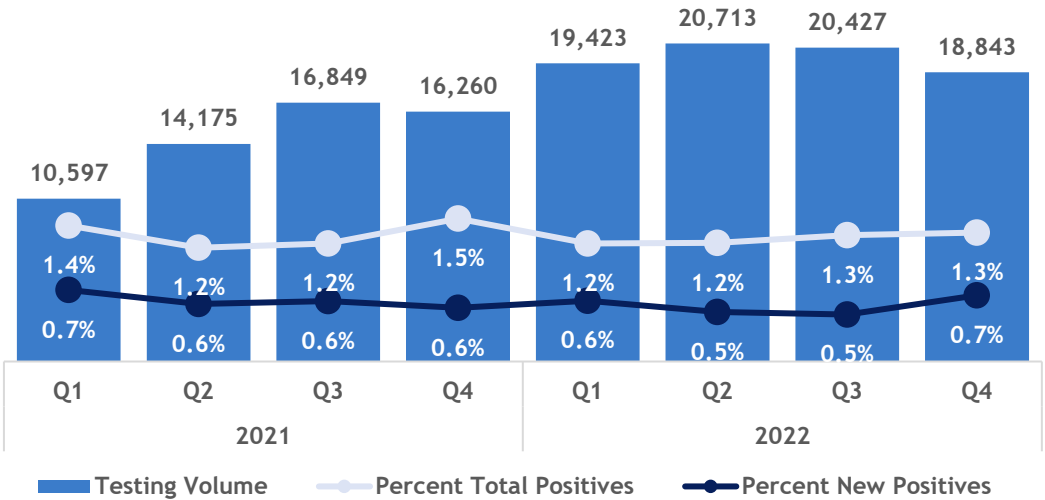
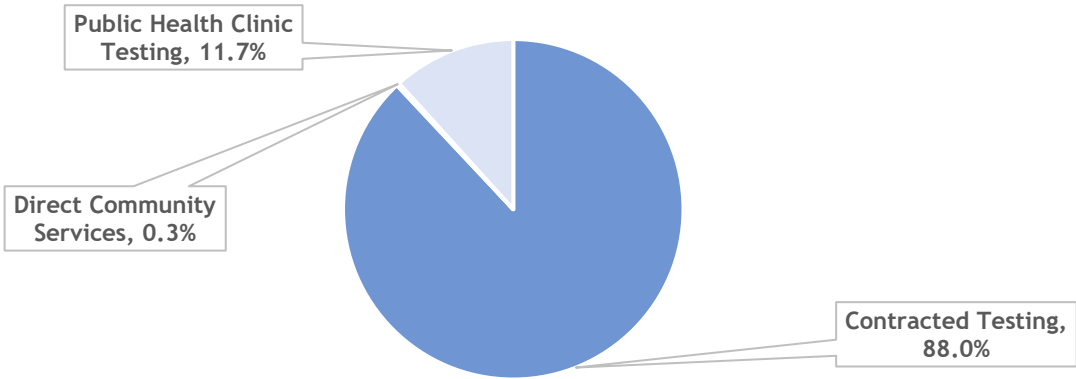


Figure 2. HIV Testing Volume at DHSP-supported HIV Testing Sites by Approach, 2022.



HIV testing volume has steadily increased since 2021, and at the end of 2022 was **nearly double** of what it was at the beginning of 2021. Despite the increase in volume, both the overall positivity rate and the new positivity rate remain relatively unchanged.

At 88%, contracted testing represented the largest percent of HIV testing volume, with public health clinic testing representing almost 12%. Direct Community Services’ testing represented a small portion of overall testing but focuses on hard-to-reach populations.

The total of 59,339 STD test events were supported by DHSP 2022, which was a **58% increase** from a total of 37,603 in 2021. Figure 3 shows the number of STD test events performed by quarter for year 2021 through 2022. Figure 4 shows the breakdown of STD test sessions by approach in 2022. Figures 5, 6, and 7 on the following page break down each STD and its associated positivity.

Figure 3. STD Testing Volume at DHSP-supported STD Testing Sites by Quarter, 2021-2022.

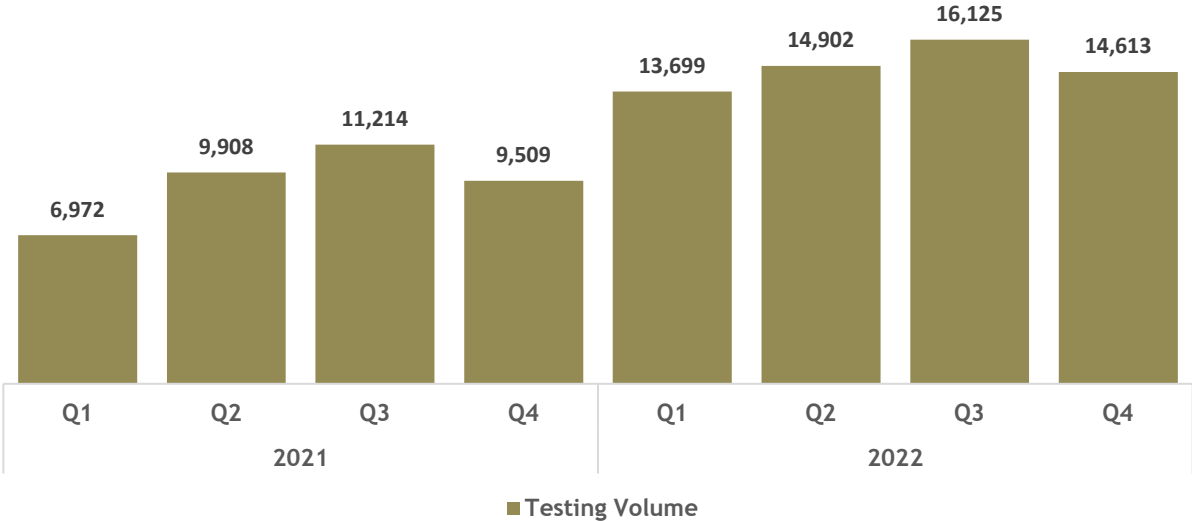
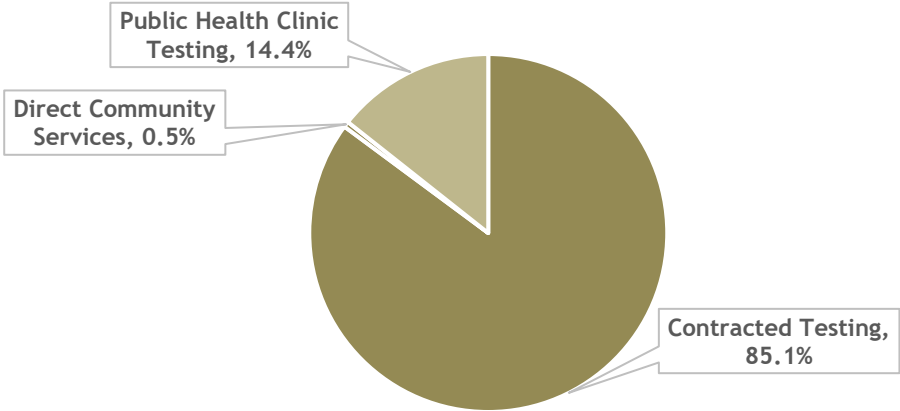


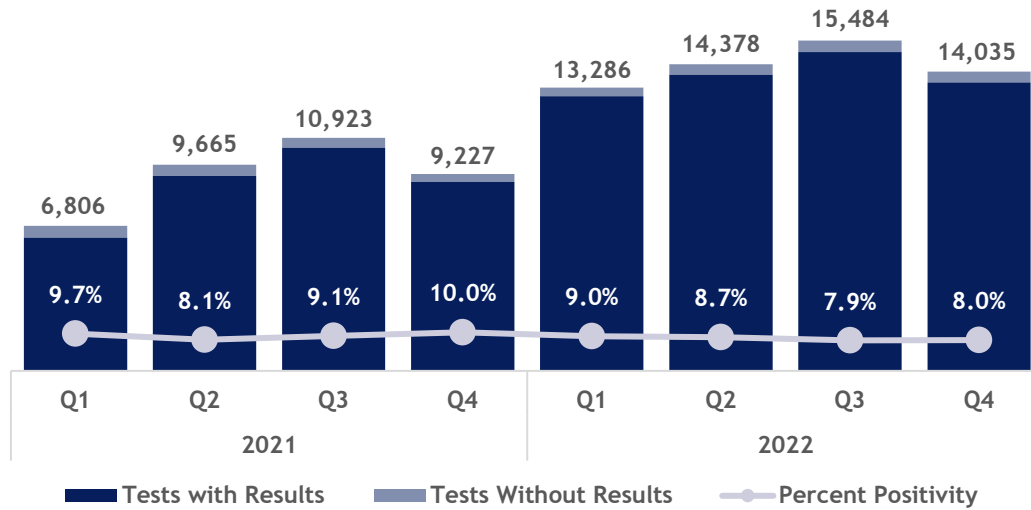
Figure 4. STD Testing Volume at DHSP-supported STD Testing Sites by Approach, 2022.



STD testing volume has also steadily increased since 2021, and as of 2022 was **more than double** of what it was at the beginning of 2021.

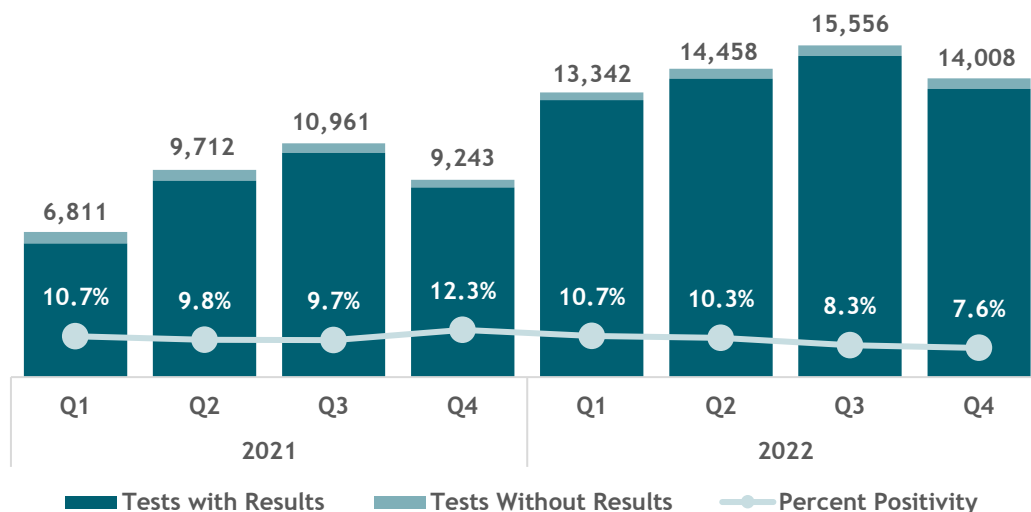
Contracted testing remained the approach that had the highest test session volume at 85%, with public health clinic testing representing about 15% of all test events. Direct Community Services’ testing represented a small portion of overall testing but served hard to reach populations.

Figure 5. Chlamydia Testing Volume and Positivity at DHSP-supported STD Testing Sites by Quarter, 2021-2022.



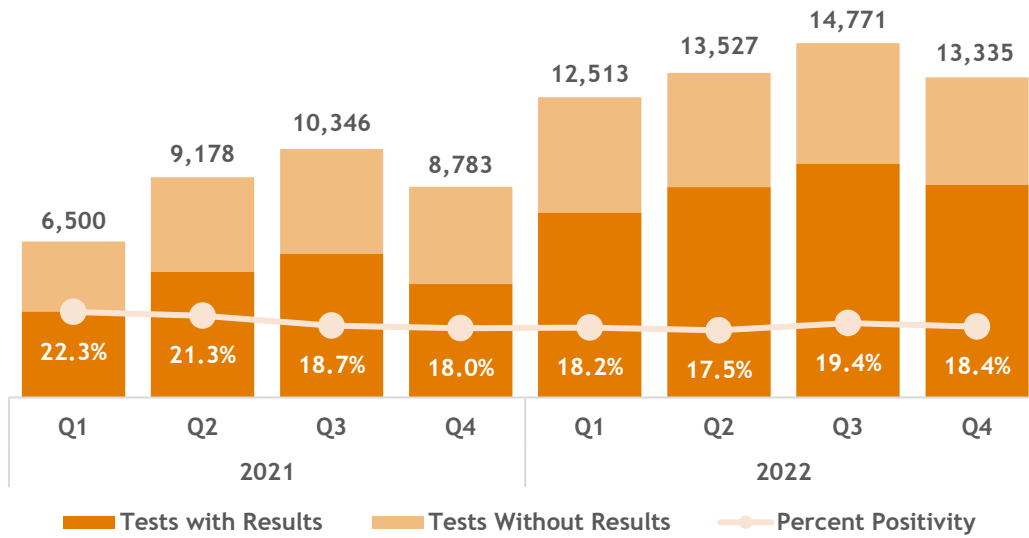
Chlamydia testing volume mirrors the increasing trend in STD test sessions over time. Positivity fluctuated **between 8-10%** over 2021 and 2022. In 2022, overall chlamydia positivity was **8.4%**, lower than the positivity in 2021 (**9.2%**).

Figure 6. Gonorrhea Testing Volume and Positivity at DHSP-supported STD Testing Sites by Quarter, 2021-2022.



Gonorrhea testing volume mirrors the increasing trend in STD test sessions over time. Positivity fluctuated **between 7-12%** over 2021 and 2022, although it was lowest at the end of 2022. In 2022, overall gonorrhea positivity was **9.2%**, lower than the positivity in 2021 (**10.5%**).

Figure 7. Syphilis Testing Volume and Positivity at DHSP-supported STD Testing Sites by Quarter, 2021-2022.



Syphilis testing volume also mirrors the increasing trend in STD test events over time. Positivity fluctuated **between 18-23%** over 2021 and 2022. Compared to chlamydia and gonorrhea, a larger percentage of syphilis tests were reported without results due to technical issues with EMR data transfer. In 2022, overall syphilis positivity was **18.4%**, lower than the positivity in 2021 (19.9%).

HIV Testing Summary, 2022

While DHSP has programs that often provide both HIV and STD testing services, the data reported is dependent on the type(s) of tests that a client received. Thus, this section will focus on the data from programs and services that provide HIV testing.

Contracted HIV Testing

Overview

DHSP's contracted HIV testing approach supports services in a variety of programs and strategies (referred to as "modalities" in tables and figures). They are as follows:

- **Commercial sex venue (CSV)** testing programs are conducted inside four commercial sex venues (bath houses). They include rapid HIV testing and syphilis screening. These programs offer linked referrals to treatment of HIV and/or syphilis, PrEP and PEP.
- **Sexual health express clinic (SHEx-C)** testing programs are community-based programs that offers STD screening and treatment. STD screening includes rapid HIV testing (with same-day results); chlamydia, gonorrhea and syphilis screening and treatment at low or free cost (based on insurance coverage). They also offer linkage to PrEP/PEP services and same-day walk-in services.
- **Social and sexual network (SSN)** testing programs are community-based programs that use social networks to recruit clients for free rapid HIV testing. Programs identify, train and support clients who have large social networks and incentivize recruiters for every social network that gets tested. Social networks include sexual and/or needle sharing partners.
- **Storefront** testing programs take place at fixed, brick-and-mortar locations that offer free rapid HIV testing, linkage to care for testers with an HIV-reactive result and linkage to PrEP/PEP services for testers with an HIV non-reactive result.
- **Mobile** testing programs consists of two mobile testing vans that are strategically placed in specific areas of proven HIV risk. These programs provide the same HIV testing and linked referrals services as the storefront programs.
- **Integrated HIV testing and STD screening and treatment** testing programs are community-based programs based in the City of Long Beach that offer both HIV and STD screening and treatment for chlamydia, gonorrhea, and syphilis at low or free cost (based on insurance coverage). The programs offer same-day walk-in services and linkage to PrEP/PEP services.

Table 1 describes the testing volume, positive tests, new positivity rates, and previous positivity rates in 2022 among contracted testing providers. Table 2 describes the testing volume and positivity by the type of location where the testing occurred. It is subgrouped into three main settings: 1) clinical settings, 2) non-clinical settings, and 3) mobile settings. Percentages of interest are shown in red.

Table 1. HIV Testing Volume and Positivity by Modality for Contracted Testing, 2022

Modality	Volume		Overall Positivity		New Diagnoses		Previous Diagnoses	
	n	% (col)	n	% (row)	n	% (row)	n	% (row)
Total Tests	69,881	100%	926	1.3%	427	0.6%	499	0.7%
Storefront	28,815	41.2%	345	1.2%	162	0.6%	183	0.6%
SHEX-C	16,429	23.5%	156	0.9%	92	0.6%	64	0.4%
SSN	12,704	18.2%	294	2.3%	97	0.8%	197	1.6%
Integrated HIV & STD	7,168	10.3%	69	1.0%	41	0.6%	28	0.4%
Mobile	3,759	5.4%	43	1.1%	21	0.6%	22	0.6%
CSV	1,006	1.4%	19	1.9%	14	1.4%	<5	-

Table 2. HIV Testing Volume and Positivity by Setting and Site Type for Contracted Testing, 2022

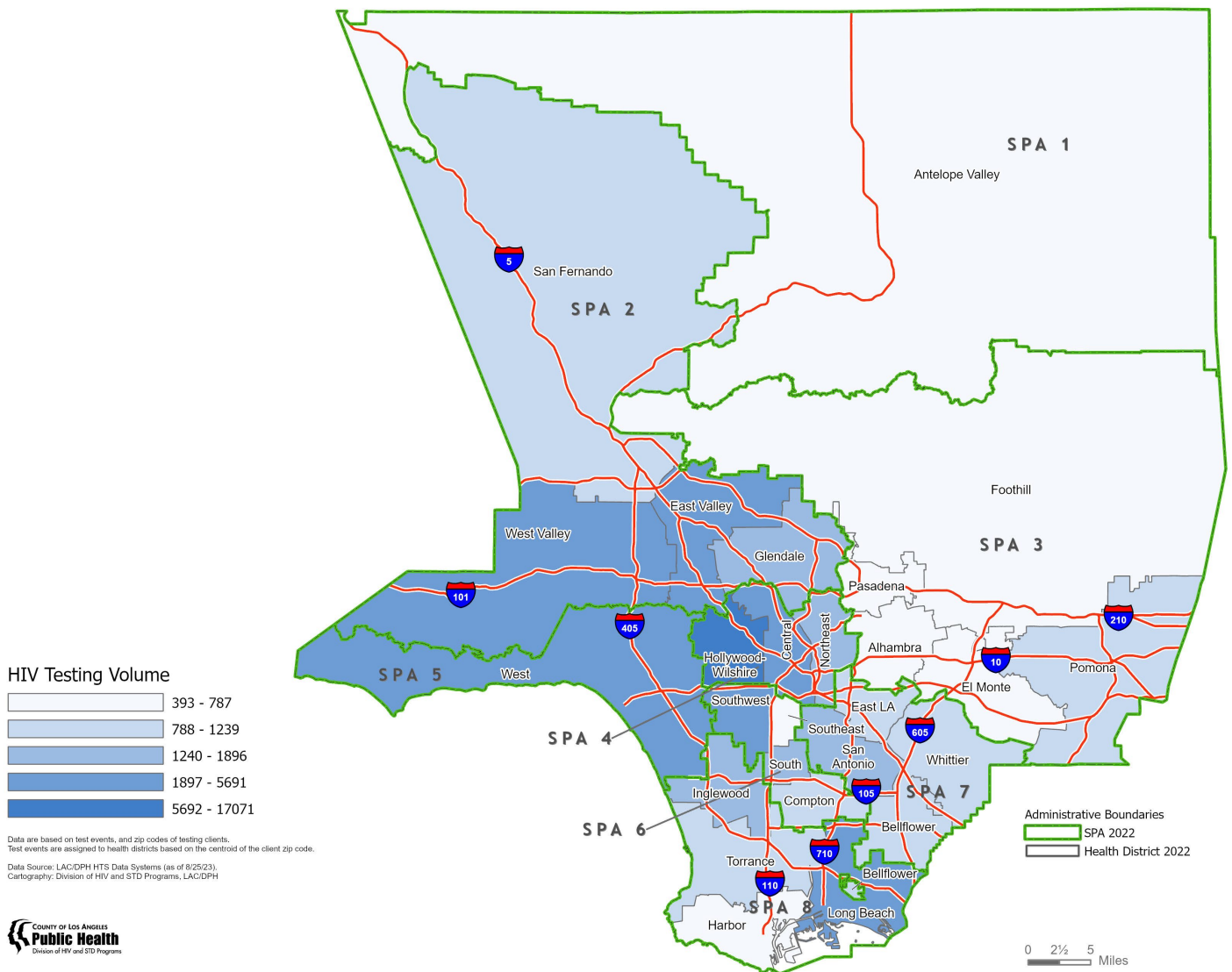
Setting/Site Type	Volume		Overall Positivity		New Diagnoses		Previous Diagnoses	
	n	% (col)	n	% (row)	n	% (row)	n	% (row)
Total Tests	69,881	100%	926	1.3%	427	0.6%	499	0.7%
Clinical Settings	38,145	54.6%	373	1.0%	180	0.5%	193	0.5%
STD clinic	20,003	28.6%	166	0.8%	106	0.5%	60	0.3%
Community health center	6,930	9.9%	85	1.2%	28	0.4%	57	0.8%
Primary care clinic	6,262	9.0%	82	1.3%	32	0.5%	50	0.8%
Substance use treatment	4,373	6.3%	33	0.8%	9	0.2%	24	0.5%
Inpatient hospital	551	0.8%	7	1.3%	5	0.9%	<5	0.4%
Pharmacy or retail clinic	26	<0.1%	<5	<0.1%	<5	<0.1%	<5	<0.1%
Non-Clinical Settings	27,956	40.0%	510	1.8%	226	0.8%	284	1.0%
HIV testing site	14,073	20.1%	277	2.0%	128	0.9%	149	1.1%
Other community setting	9,132	13.1%	171	1.9%	58	0.6%	113	1.2%
Commercial facility	3,227	4.6%	37	1.1%	23	0.7%	14	0.4%
Commercial sex venue	1,006	1.4%	19	1.9%	14	1.4%	5	0.5%
Shelter/transitional housing	201	0.3%	<5	2.0%	<5	0.5%	<5	1.5%
School/educational facility	170	0.2%	<5	0.6%	<5	0.6%	<5	<0.1%
Correctional facility	144	0.2%	<5	0.7%	<5	0.7%	<5	<0.1%
Religious facility	<5	<0.1%	<5	<0.1%	<5	<0.1%	<5	<0.1%
Mobile Unit	3,759	5.4%	43	1.1%	21	0.6%	22	0.6%
Missing	21	<1.0%	-	-	-	-	-	-

In 2022, CSV and SSN programs had the highest new positivity rate at 1.4% and 0.8%, respectively. Commercial sex venues, non-clinical HIV testing sites, and inpatient hospitals had the highest new positivity rates (1.4%, 0.9%, 0.9%).

Geography

The following figure shows the geographic distribution of clients tested for HIV in our contracted programs by their LAC health district of residence in 2022. The HIV testing volume depicted in the map is based on the zip code of residence of the client. Clients living in the **Hollywood-Wilshire health district** represented the largest percent of HIV testers across all contracted programs.

Figure 8. Geographic Distribution of Clients Accessing Contracted Agency HIV Testing by Health District of Residence, Los Angeles County, 2022



Demographic Characteristics

Table 3. HIV Testing Volume and Positivity by Demographic Characteristics^a for Contracted Agencies, 2022

Demographic Characteristic	Volume		Overall Positivity		New Diagnoses		Previous Diagnoses	
	n	% (col)	N	% (row)	n	% (row)	n	% (row)
Total	69,881	100%	926	1.3%	427	0.6%	499	0.7%
<i>Race/Ethnicity</i>								
Hispanic/Latino	30,047	43.0%	447	1.5%	223	0.7%	224	0.7%
White	17,602	25.2%	149	0.8%	62	0.4%	87	0.5%
Black/AA	12,274	17.6%	223	1.8%	88	0.7%	135	1.1%
Asian	4,426	6.3%	36	0.8%	21	0.5%	15	0.3%
Multi-race	1,281	1.8%	19	1.5%	9	0.7%	10	0.8%
AIAN	353	0.5%	7	2.0%	5	1.4%	<5	0.6%
NHPI	321	0.5%	6	1.9%	<5	1.2%	<5	0.6%
Declined	3,576	5.1%	38	1.1%	15	0.4%	23	0.6%
<i>Gender</i>								
Men	51,925	74.3%	768	1.5%	355	0.7%	413	0.8%
Women	13,763	19.7%	78	0.6%	30	0.2%	48	0.3%
Transgender Women	1,520	2.2%	49	3.2%	26	1.7%	23	1.5%
Gender Non-Conforming	1,204	1.7%	14	1.2%	8	0.7%	6	0.5%
Transgender Men	443	0.6%	<5	0.9%	<5	0.7%	<5	0.2%
Declined	1,026	1.5%	13	1.3%	5	0.5%	8	0.8%
<i>Age</i>								
<13 Years	<5	<0.1%	<5	-	<5	-	<5	-
13-19 Years	1,442	2.1%	11	0.8%	7	0.5%	<5	0.3%
20-29 Years	24,214	34.7%	273	1.1%	145	0.6%	128	0.5%
30-39 Years	23,833	34.1%	352	1.5%	170	0.7%	182	0.8%
40-49 Years	10,366	14.8%	155	1.5%	62	0.6%	93	0.9%
50-59 Years	6,522	9.3%	95	1.5%	33	0.5%	62	1.0%
>= 60 Years	3,485	5.0%	40	1.1%	10	0.3%	30	0.9%

^aRecords missing demographic data are less than 15 (0.02%).

In 2022, **Hispanic/Latino**, **White**, and **Black/AA** clients represented the largest percent of testing volume by race/ethnicity. While they represented the smallest populations by race/ethnicity, the highest new positivity rates were among **AIANs** (1.4%) and **NHPIs** (1.2%). New positivity rates among **Hispanic/Latino**, **Black/AA**, and **Multi-race** followed at 0.7% each.

Men represented the largest percent of tests and had a new positivity rate of 0.7%. The new positivity rate for **transgender women** was the highest among all gender groups at 1.7%, while transgender men and gender non-conforming individuals had similar new positivity rates as men.

Testers **aged 20-29** represented the largest percent of testers at 35%, followed by those aged 30-39 at 34%. Those **aged 30-39** had the highest new positivity rate (0.7%).

Priority Populations

Priority populations, as described in the LAC EHE plan (see link to plan in introduction), include:

- Latino Cisgender Men Who Have Sex with Men (MSM)
- Black Cisgender MSM
- Cisgender Women of Color
- Transgender Persons
- Youth Aged 13-29
- Persons Who Inject Drugs (PWID)

Note that these populations are not mutually exclusive, meaning that testers may be included in several populations. For example, a cisgender woman of color may also be aged 13-29 and may also use injection drugs.

Table 4. HIV Testing Volume and Positivity by Priority Populations^a for Contracted Agencies, 2022

Priority Population	Volume		Overall Positivity		New Diagnoses		Previous Diagnoses	
	n	% (col)	N	% (row)	n	% (row)	n	% (row)
Total	69,881	100%	926	1.3%	427	0.6%	499	0.7%
Black Cisgender MSM	3,750	5.4%	114	3.0%	54	1.4%	60	1.6%
Latino Cisgender MSM	12,687	18.2%	280	2.2%	144	1.1%	136	1.1%
Cisgender Women of Color	10,590	15.2%	65	0.6%	26	0.2%	39	0.4%
Transgender Persons	1,963	2.8%	53	2.7%	29	1.5%	24	1.2%
Youth Aged 13-29 years	25,656	36.7%	284	1.1%	152	0.6%	132	0.5%
PWID	3,443	4.9%	86	2.5%	31	0.9%	55	1.6%

^a Priority populations are not mutually exclusive.

In 2022, new positivity among transgender persons, Black cisgender MSM, Latino cisgender MSM, and PWID (as shown in red) was much higher than the total new positivity for all testers.

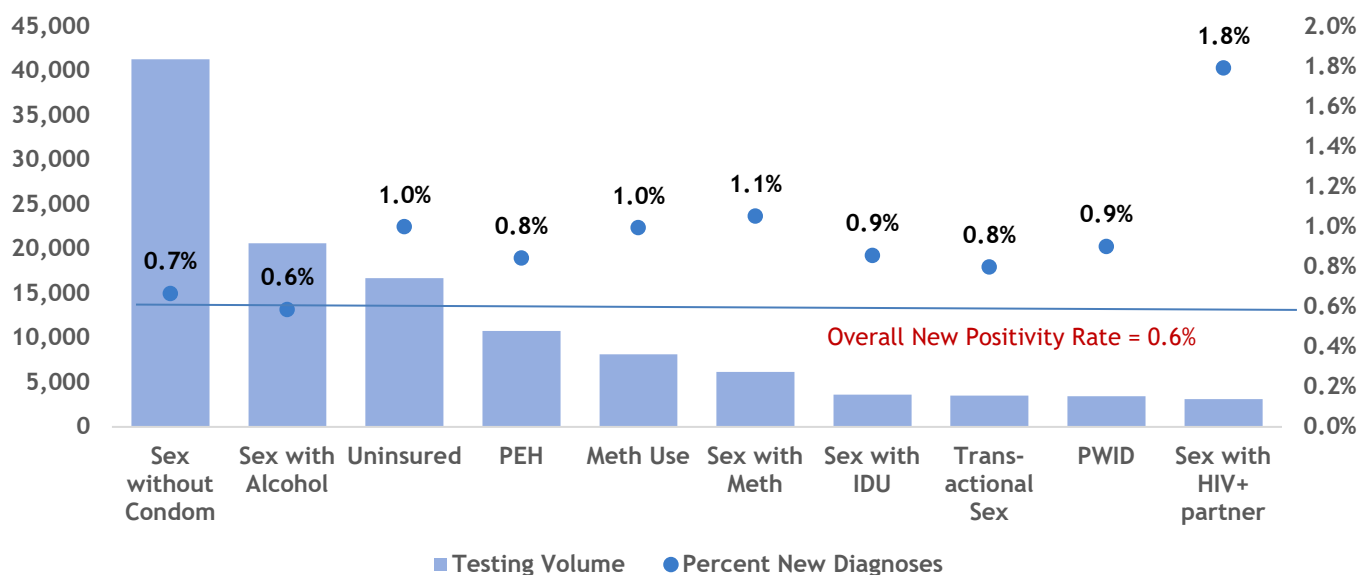
Risk Behaviors and Other Characteristics

Data consistently show that certain behaviors can put people at increased risk for both STDs and HIV⁷. Additionally, social determinants of health such as access to health insurance and access to housing can impact this risk.

Testers who visit a DHSP-supported testing program all receive a screening form that assesses clients' recent risk behaviors and social determinants of health, including but not limited to:

- Insurance status
- Housing status
- Recent methamphetamine or injection drug use
- Sex while using alcohol, methamphetamine or injection drugs
- Sex with a partner living with HIV
- Sex without a condom
- Transactional sex in exchange for money, food, or other resources

Figure 9. HIV Testing Volume and New Positivity by Risk Factor and Social Determinants of Health for Contracted Agencies, 2022



In 2022, testers reporting one or more of the listed social determinants of health or risk behaviors had **higher percentages** of new HIV diagnoses than the overall rate for all testers.

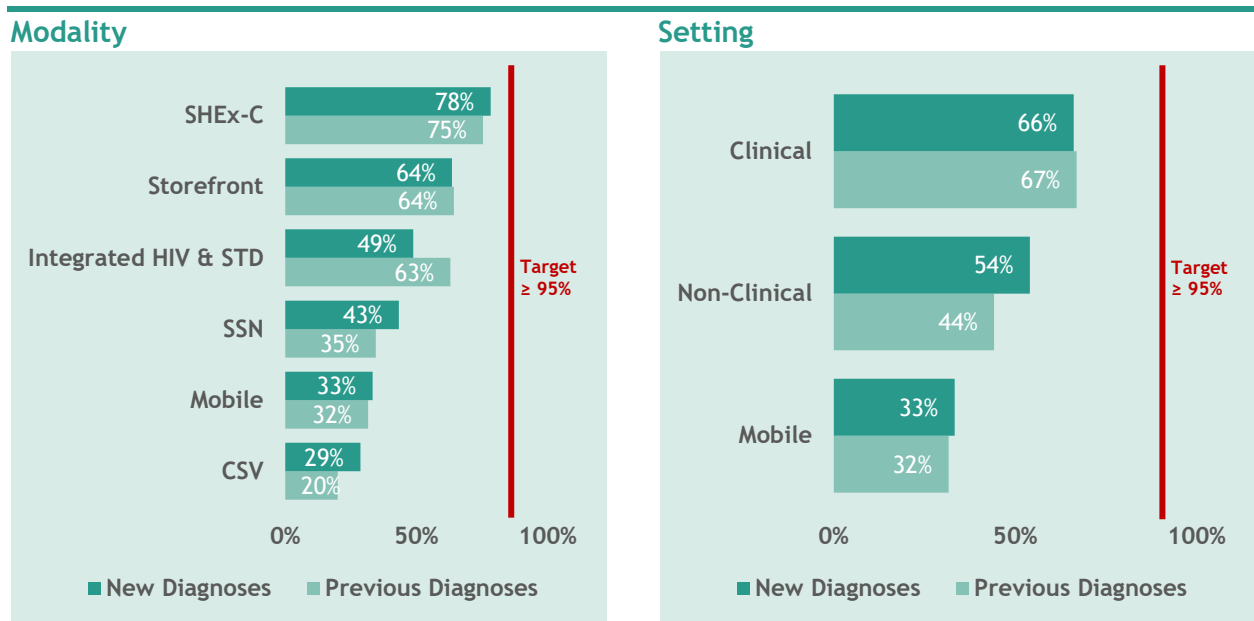
⁷ STDs and HIV - CDC Detailed Fact Sheet, <https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>.

Linkage to Care

Linkage to care for HIV positive testers is defined as evidence of an HIV specific laboratory test (HIV viral load or CD4 count [the number of CD4 cells in the blood indicates immune function and HIV disease progression]) reported either by the contracted provider or appearing in DHSP HIV surveillance. DHSP’s Monitoring and Evaluation and Data Systems and Informatics use surveillance data in combination with testing data to determine which clients were linked to care and within what time frame. HIV specific laboratory tests, HIV viral load and CD4 counts, are reportable to the LAC DPH and serve as a proxy measure for an HIV medical care visit.

The linkage to care target for the EHE initiative is $\geq 95\%$ within 30 days of diagnosis. Among all individuals testing positive at DHSP-funded contracted testing sites in 2022, **58.1% of new diagnoses were linked to HIV care within 30 days**, and 62.5% were linked to care within 90 days of a reactive test for HIV. Among previous diagnoses not already in care, 52.7% were linked to care within 30 days, 66.5% were linked within 90 days; 10.2% reported being already in care⁸. The following figures show linkage to care by modality, setting, gender, race/ethnicity, age, and priority population.

Figure 10. Linkage to Care for New and Previous Diagnoses^a within 30 Days by Modality and Setting for Contracted Agencies, 2022

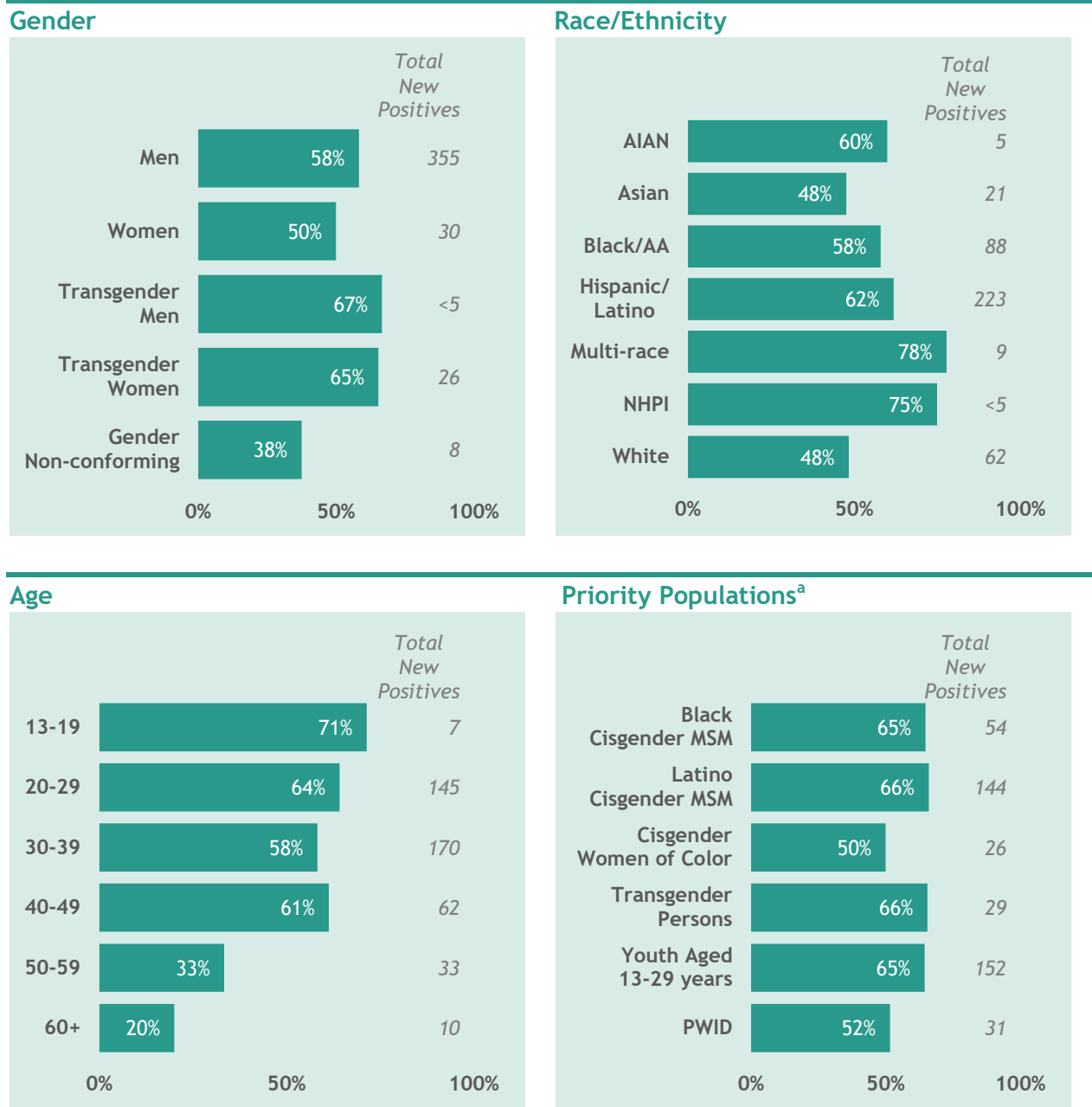


^a Data excludes previous diagnoses reporting being already in care (n = 51).

In 2022, **SHEx-C** programs had the highest percent of linkage to care for new HIV diagnoses within 30 days at 78%, as well for previous diagnoses at 75%. **Clinical settings** had the highest percent for new HIV diagnoses at 66% and previous diagnoses at 67%. The site types⁹ with the highest linkage to care percentage for new diagnoses were **primary care clinics (75%), STD clinics (73%) and HIV testing sites (60%)**.

^{8,9} Data not shown. See Tables 1A and 2A in the appendix for details.

Figure 11. Linkage to Care within 30 Days for New Diagnoses by Gender, Age, Race/Ethnicity, and Priority Populations for Contracted Agencies, 2022¹⁰



^a Priority populations are not mutually exclusive.

In 2022, linkage to care was highest for **transgender persons, Multi-race and NHPI, Latino cisgender MSM, and youth aged 13-29 years**. The lowest linkage to care rates were seen among gender non-conforming, Asian, and White testers, and testers age ≥50 and cisgender women of color.

¹⁰ Data not shown for missing/declined gender, race/ethnicity, age, or priority population. See Table 2A in the Appendix for more details.

Linkage to Prevention Services

Clients who test negative for HIV, are aged ≥ 12 , and are not currently on HIV pre-exposure prophylaxis (PrEP) are eligible to be prescribed PrEP. Additionally, DHSP has determined certain indicated populations for PrEP based on the CDC’s HIV Prevention Strategies¹¹.

Testing counselors attempt to link all eligible testers to PrEP, with increased focus on linking indicated populations. Counselors report this information in two stages: 1) if an eligible client was referred to a PrEP provider/navigator (usually by providing location information), and 2) if a referred client attended an appointment with a PrEP provider/navigator (as verified by the counselor). Clients who attend an appointment are considered linked to PrEP.

Table 5 details the number of clients screened for PrEP eligibility, the number eligible for PrEP, the number who were referred to a PrEP provider, and the number linked to a PrEP provider, both overall and among indicated populations. Indicated populations include MSM reporting sex without a condom or with methamphetamine use, clients reporting sex with partners living with HIV or intravenous drug use, Black and Latina heterosexual women, youth aged 13-29, and transgender individuals.

Table 5. Linkage to PrEP among Eligible Testers by Population for Contracted Agencies, 2022

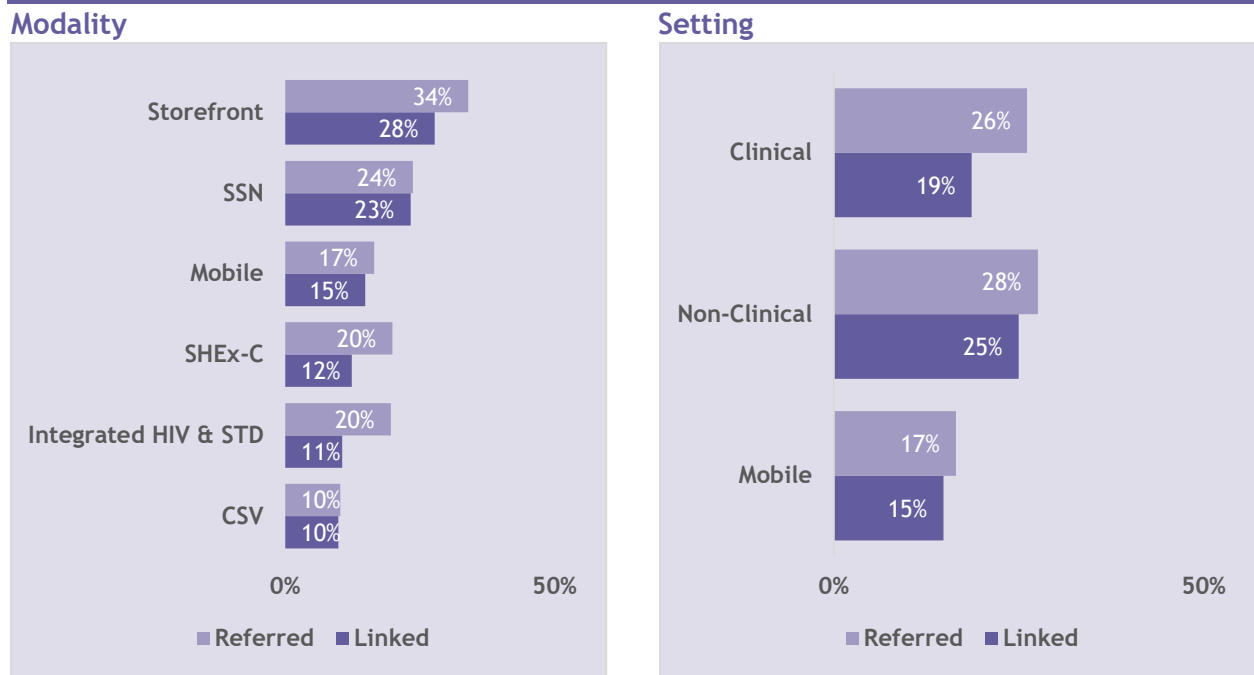
	Screened for PrEP Eligibility		Eligible for PrEP Referral		Referred to PrEP		Linked to PrEP	
	n	% (col)	n	% (row)	n	% (row)	n	% (row)
Total	69,881	100%	61,248	87.6%	16,005	26.1%	12,700	20.7%
Indicated Test Events	38,972	55.8%						
Indicated Populations								
MSM reporting sex without a condom	18,028	25.8%	13,733	76.2%	5,920	43.1%	5,038	36.7%
MSM reporting meth use	2,424	3.5%	2,044	84.3%	1,193	58.4%	1,051	51.4%
Persons reporting sex with HIV positive partners	3,125	4.5%	2,098	67.1%	952	45.4%	793	37.8%
PWID	3,443	4.9%	3,241	94.1%	2,277	70.3%	1,784	55.0%
Black and Latina heterosexual women	7,267	10.4%	7,190	98.9%	1,412	19.6%	1,215	16.9%
Youth Aged 13-29	25,656	36.7%	22,792	88.8%	5,713	25.1%	4,726	20.7%
Transgender persons	1,963	2.8%	1,549	78.9%	440	28.4%	364	23.5%

In 2022, 87.6% of testers were eligible for a PrEP referral. Out of those, 26.1% were referred to a PrEP provider and 20.7% were linked to a PrEP navigator.

Indicated populations represented 55.8% of the total clients screened for eligibility. PWID had the highest percent of linkage to PrEP (55.0%), followed by MSM reporting meth use (51.4%), persons reporting sex with a partner living with HIV (37.8%), and MSM reporting sex without a condom (36.7%). Transgender persons (23.5%), youth aged 13-29 (20.7%), and Black and Latina heterosexual women (16.9%) had the lowest percent of PrEP linkage.

¹¹ <https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/prevention-priorities.html>

Figure 12. Linkage to PrEP among Eligible Testers by Modality and Setting for Contracted Agencies, 2022



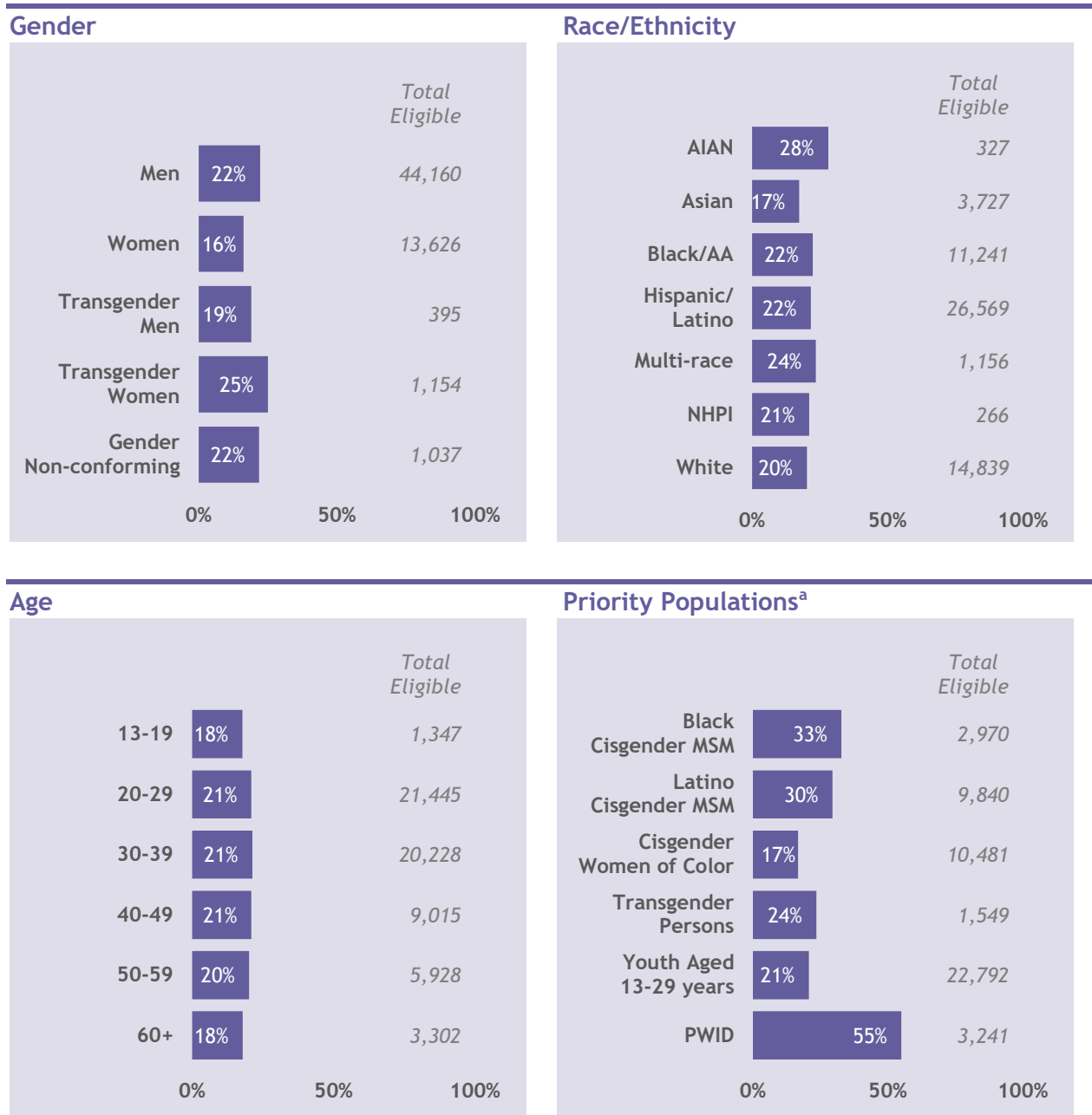
In 2022, **storefronts** (28%) and **SSNs** (23%) had the highest percent of linkage to PrEP, while integrated screening programs (11%) and CSVs (10%) had the lowest.

Non-clinical settings had the highest percent of linkage to PrEP at 25%, while clinical sites and mobile sites had rates less than 20%.

The site types¹² with the highest linkage to PrEP rates were **inpatient hospitals** (68%), **substance abuse treatment facilities** (62%), and **HIV testing sites** (39%).

¹² Data not shown. See Table 3A in the appendix for more details.

Figure 13. Linkage to PrEP among Eligible Testers by Gender, Age, Race/Ethnicity, and Priority Populations for Contracted Agencies, 2022¹³



^a Priority populations are not mutually exclusive.

In 2022, transgender women, AIAN, and those aged 20-49 had the highest percent of linkage to PrEP. Among priority populations, PWID and Black Cisgender and Latino Cisgender MSM had the highest percent of linkage to PrEP.

¹³ Data not shown for missing/declined gender group, race/ethnicity, age, or priority population. See Table 4A in the appendix for more details.

Direct Community Services - HIV Testing

In 2022, Direct Community Services provided HIV testing to 220 individuals via 24 outreaches to unhoused individuals and sex workers, HARM reduction partnerships, outreaches to women of reproductive age, and PHI-initiated focused outreaches to partners of infected individuals. Of the 3 previous positives identified, 2 were linked to care within 30 days by referral to public health investigators within DHSP and 1 was unable to be located.

Due to the transition of data collection methods, demographic data was not available for DCS testing done in 2022. In 2023 data was collected in REDCap and will enhance our ability to report on this data.

Public Health Clinics - HIV Testing

Across 10 Public Health Clinics, 9,305 HIV testing events¹⁴ occurred in 2022, with 88 of these resulting in a positive HIV test, which is an overall positivity rate of 0.9%.

These 88 positives include 33 new diagnoses, 43 previous diagnoses, and 12 positives in which timing of diagnosis could not be verified. The new diagnosis rate is therefore 0.4%, which is slightly lower than the overall new positivity rate of all DHSP-funded HIV testing (0.6%). Of the new diagnoses, 28 (85%) were linked to care.

Due to issues with data extraction, demographic data is not available for testing done at health department clinics. We hope that it will be available in the near future.

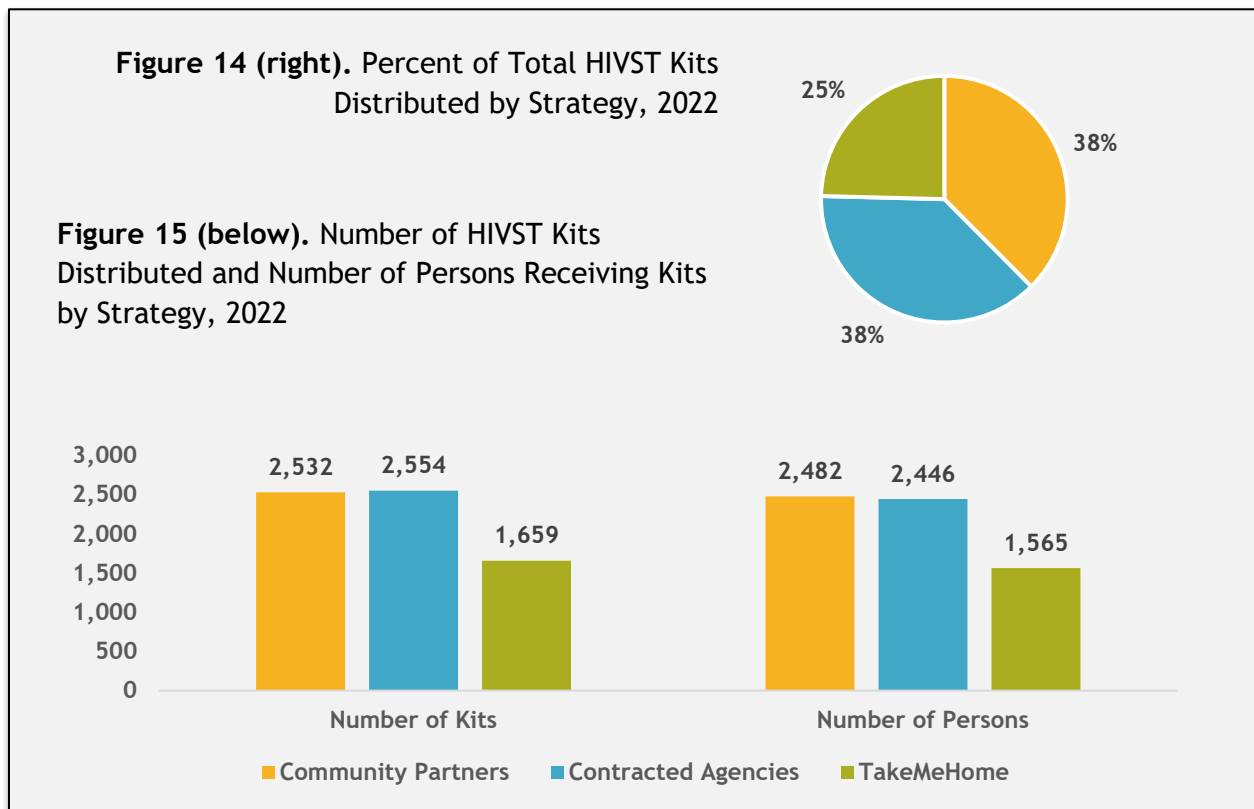
¹⁴ Data extracted from DPH EHR. Testing events are determined by final test result on a given day for a client with the same name and date of birth, regardless of the number of tests performed on that day. Diagnosis and linkage to care determined by match to surveillance using name and date of birth.

HIV Self-Testing Programs

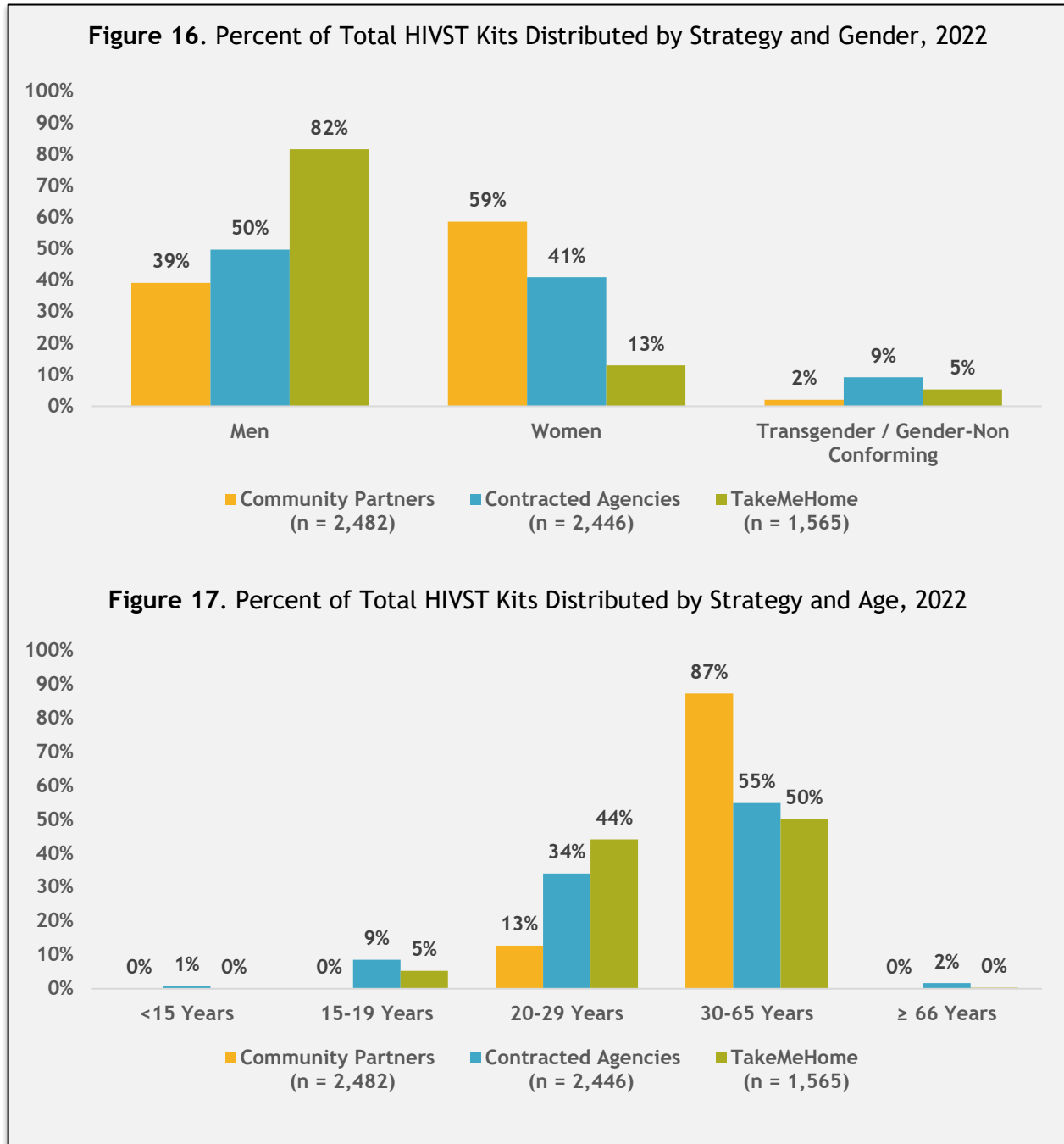
As a part of the EHE initiative, DHSP began to implement programs to distribute HIV self-test kits to residents of LAC in 2020. In 2022, HIV self-test kits (HIVST) were distributed through three main strategies: 1) Community Partners, which includes non-contracted agencies, distribution at events, and through HERR programs, 2) Contracted Agencies, which includes distribution by those agencies with existing contracts for rapid and/or lab-based HIV and STD testing, and 3) TakeMeHome, an online ordering platform developed by Building Healthy Online Communities, which provides up to two free HIVST through the mail to eligible residents who order through the TakeMeHome website.

In 2022, 6,745 kits were distributed to 6,493 persons. Persons were allowed to receive up to two test HIVST kits. Reporting requirements informed data collection for HIVST, so for all kits age group, gender, race/ethnicity, and testing history were to be collected. Data were collected for 66.2% of the kits distributed. New data collection through REDCap was implemented in 2023 in hopes to increase the rate of collection of demographic information.

Figure 14 shows the percent of the total kits distributed by each of the three strategies, and Figure 15 shows the number of kits and number of persons receiving kits by the same methods.



Figures 16-19 show the breakdown of persons receiving HIVST by gender, age, race/ethnicity, and testing history¹⁵. Gender categories were consolidated due to differences in data collection, and age categories align with reporting requirements so they may not be comparable to categories in other sections in this report.



In 2022, **men** received the highest volume of kits from TakeMeHome, and **women** received the most kits through community distribution. Persons receiving kits through community partners were **older**, while TakeMeHome had a larger proportion of clients **under 30**.

¹⁵ Data shown for kits distributed where demographic information was collected.

Figure 18. Percent of Total HIVST Kits Distributed by Strategy and Race/Ethnicity, 2022

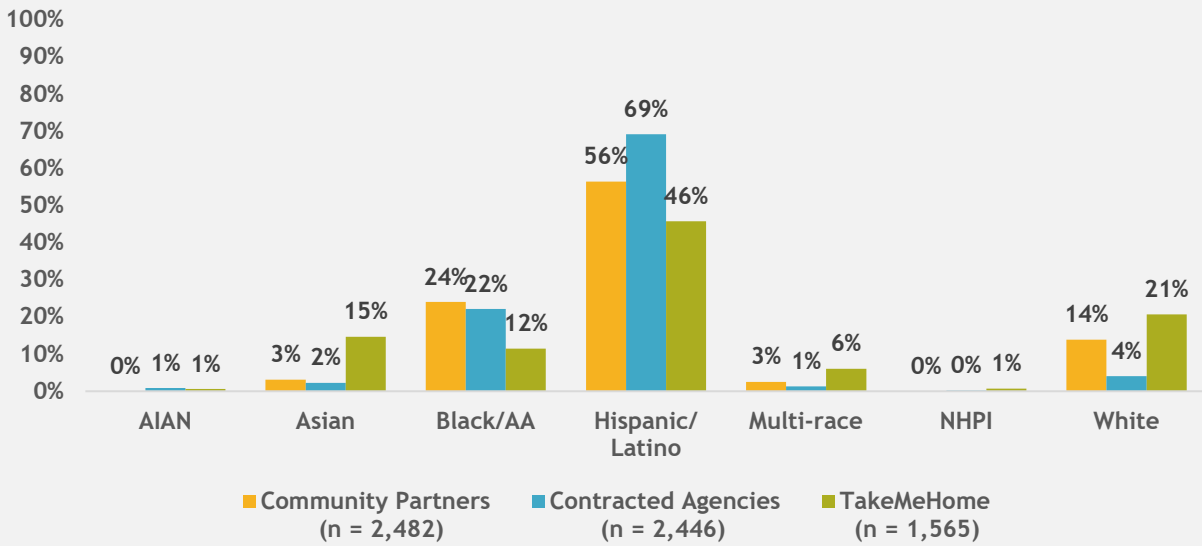
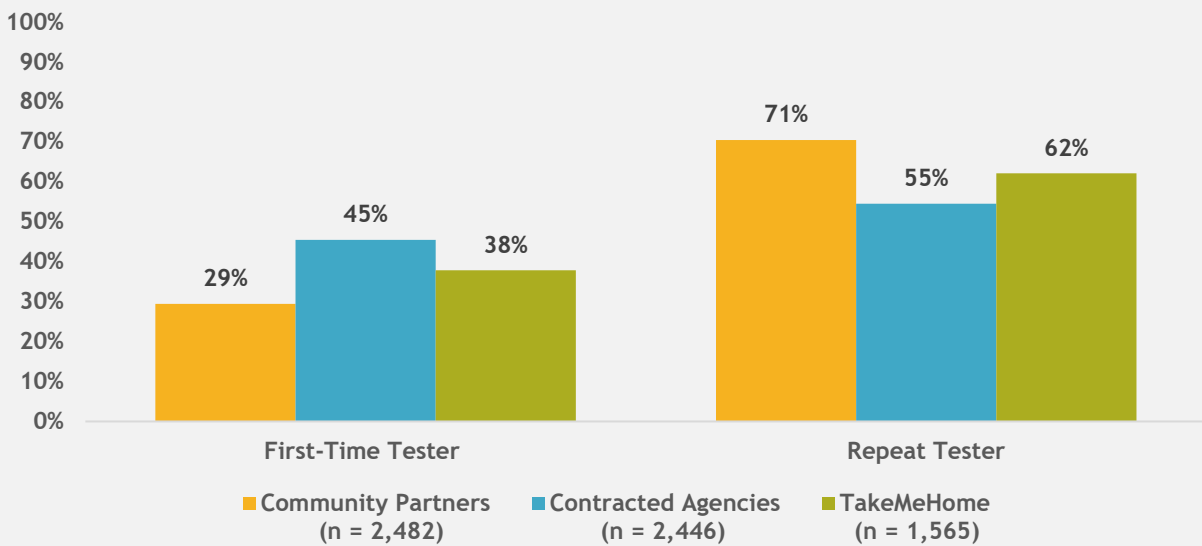


Figure 19. Percent of Total HIVST Kits Distributed by Strategy and Testing History, 2022



In 2022, **Hispanic/Latino** clients were the largest race/ethnic group receiving kits from all methods. Aside from Hispanic/Latino, TakeMeHome had the highest percentage of **White**, **Asian**, and **Multi-race** clients, and community distribution and contracted agencies had the highest percent of **Black/AA** clients. Persons receiving kits through contracted agencies were more likely to be **first time testers**, however through all methods the percent of clients that are first time testers was over one in four.

STD Testing Summary, 2022

While DHSP has programs that often provide both HIV and STD testing services, the data that is collected is many times dependent on the type(s) of tests that a client receives. Thus, this section will detail the data from programs and services that provide STD testing, whether by itself or in addition to HIV testing.

Contracted STD Testing

Overview

DHSP's contracted STD testing approach supports services in a variety of programs and strategies. They are as follows:

- **Commercial sex venues (CSV)** testing programs are conducted inside four commercial sex venues (bath houses). They include rapid HIV testing and syphilis screening. The program offers linked referrals to treatment of HIV and/or syphilis, PrEP and PEP.
- **Sexual health express clinic (SHEX-C)** testing programs are community-based programs that offers STD screening and treatment. Screening includes rapid HIV testing (with same-day results); chlamydia, gonorrhea and syphilis screening and treatment at low or free cost (based on insurance coverage). Programs offer linkage to PrEP/PEP services and same-day walk-in services.
- **Sexually transmitted disease - screening, diagnosis and treatment (STD-SDT)** programs are community-based programs that offer STD screening and treatment for chlamydia, gonorrhea, and syphilis at low or free cost (based on insurance coverage). The program offers same-day walk-in services and linkage to PrEP/PEP services.
- The **mobile** testing programs consists of two mobile testing vans that are strategically placed in specific areas with high HIV and STD prevalence.
- **Integrated HIV testing and STD screening and treatment** testing programs are community-based programs based in the City of Long Beach that offer HIV testing and STD screening and treatment for chlamydia, gonorrhea, and syphilis at low or free cost (based on insurance coverage). The programs offer same-day walk-in services and linkage to PrEP/PEP services.

In general, all STD testing done by contracted agencies consist of lab-based testing for chlamydia, gonorrhea, and syphilis. Table 6 details the total number of tests reported for each STD, the number of tests reported that also reported a result, as well as the positivity out of the tests with reported results. Due to the underreporting of STD testing results by contracted agencies, not all tests were reported with results.

Following Figure 22, only tests with results and the corresponding positivity will be shown.

Contracted STD testing programs performed **50,519 STD testing events** in 2022, with **89%** of visits being comprehensive screenings for chlamydia, gonorrhea, and syphilis.

Table 6. STD Testing Volume and Positivity by Setting¹⁶ and Modality, Contracted Agencies, 2022.

STD	Testing Volume		Tests with Results		Positivity	
	n	% (col)	n	% (row)	n	% (row)
Chlamydia Total	49,207	100%	47,243	96.0%	4,071	8.6%
<i>Setting</i>						
Clinical	47,482	96.5%	45,526	95.9%	3,912	8.6%
Non-Clinical	1,630	3.3%	1,624	99.6%	154	9.5%
Mobile	95	0.2%	93	97.9%	5	5.4%
<i>Modality</i>						
STD-SDT	21,356	43.4%	20,139	94.3%	1,647	8.2%
SHEX-C	21,322	43.3%	20,954	98.3%	1,815	8.7%
Integrated HIV & STD	6,434	13.1%	6,057	94.1%	604	10.0%
Mobile	95	0.2%	93	97.9%	5	5.4%
Gonorrhea Total	49,320	100%	47,500	96.3%	4,630	9.7%
<i>Setting</i>						
Clinical	47,595	96.5%	45,790	96.2%	4,483	9.8%
Non-Clinical	1,630	3.3%	1,617	99.2%	142	8.8%
Mobile	95	0.2%	93	97.9%	5	5.4%
<i>Modality</i>						
STD-SDT	21,404	43.4%	21,074	98.5%	2,039	9.7%
SHEX-C	21,369	43.3%	20,234	94.7%	2,015	10.0%
Integrated HIV & STD	6,452	13.1%	6,099	94.5%	571	9.4%
Mobile	95	0.2%	93	97.9%	5	5.4%
Syphilis Total	46,038	100%	26,953	58.5%	3,854	14.3%
<i>Setting</i>						
Clinical	44,275	96.2%	25,220	57.0%	3,588	14.2%
Non-Clinical	1,679	3.6%	1,651	98.3%	254	15.4%
Mobile	84	0.2%	82	97.6%	12	14.6%
<i>Modality</i>						
STD-SDT	20,232	43.9%	16,755	82.8%	2,570	15.3%
SHEX-C	19,517	42.4%	7,355	37.7%	790	10.7%
Integrated HIV & STD	6,031	13.1%	2,605	43.2%	443	17.0%
CSV	174	0.4%	156	89.7%	39	25.0%
Mobile	84	0.2%	82	97.6%	12	14.6%

In 2022, the vast majority of STD testing was done in **clinical settings**. **STD-SDT** and **SHEX-C** programs reported the largest STD testing volume.

¹⁶ See Table 5A in the appendix for more details about STD testing by site type.

Geography

The following figures show the geographic distribution of clients who tested for one or more STD by our contracted programs by their LAC health district in 2022. Clients living in the **Hollywood-Wilshire health district** represented the largest percent of STD testers across all contracted programs.

Figure 20. Geographic Distribution of Clients Accessing Contracted Agency Chlamydia Testing by Health District of Residence, Los Angeles County, 2022

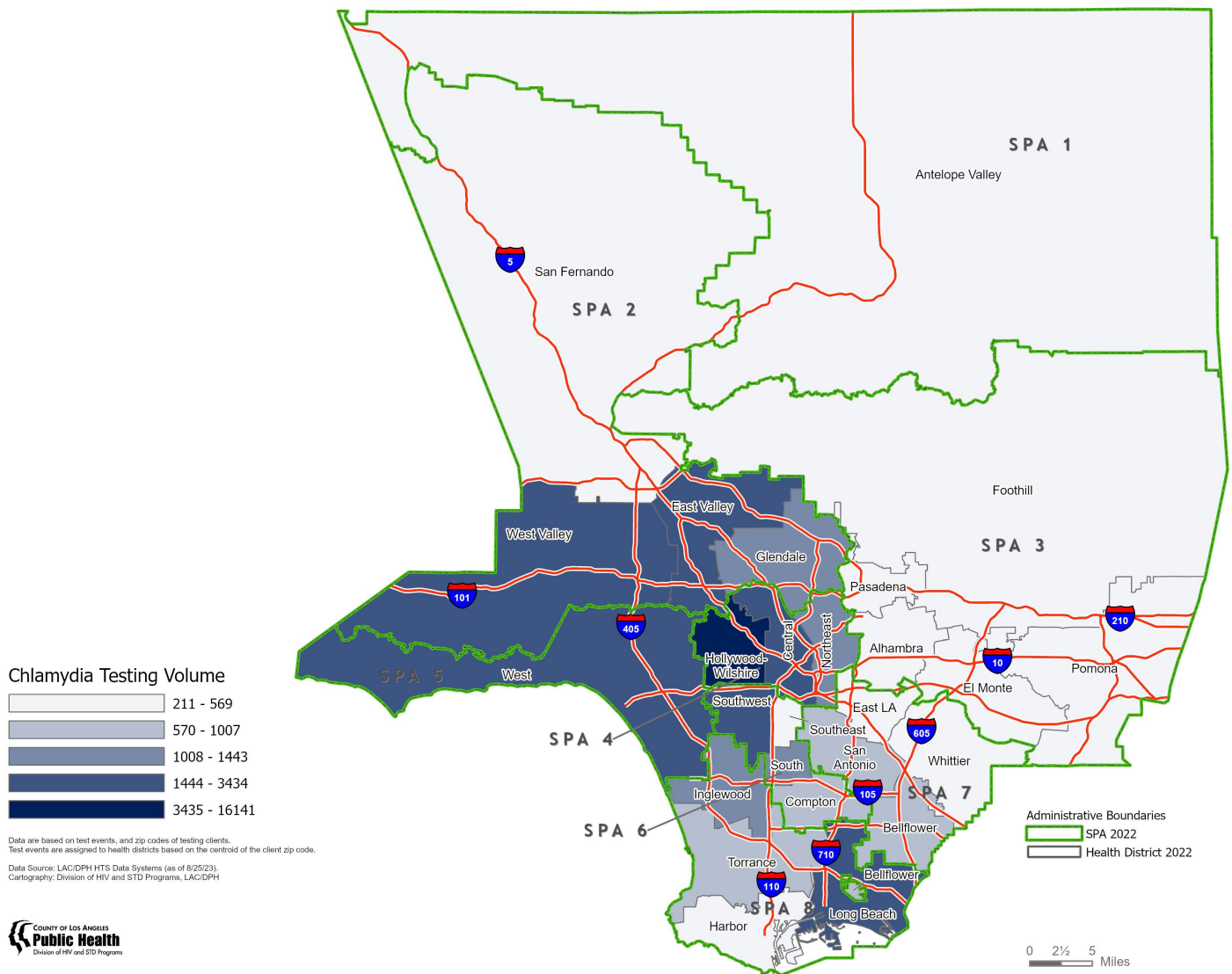


Figure 21. Geographic Distribution of Clients Accessing Contracted Agency Gonorrhea Testing by Health District of Residence, Los Angeles County, 2022

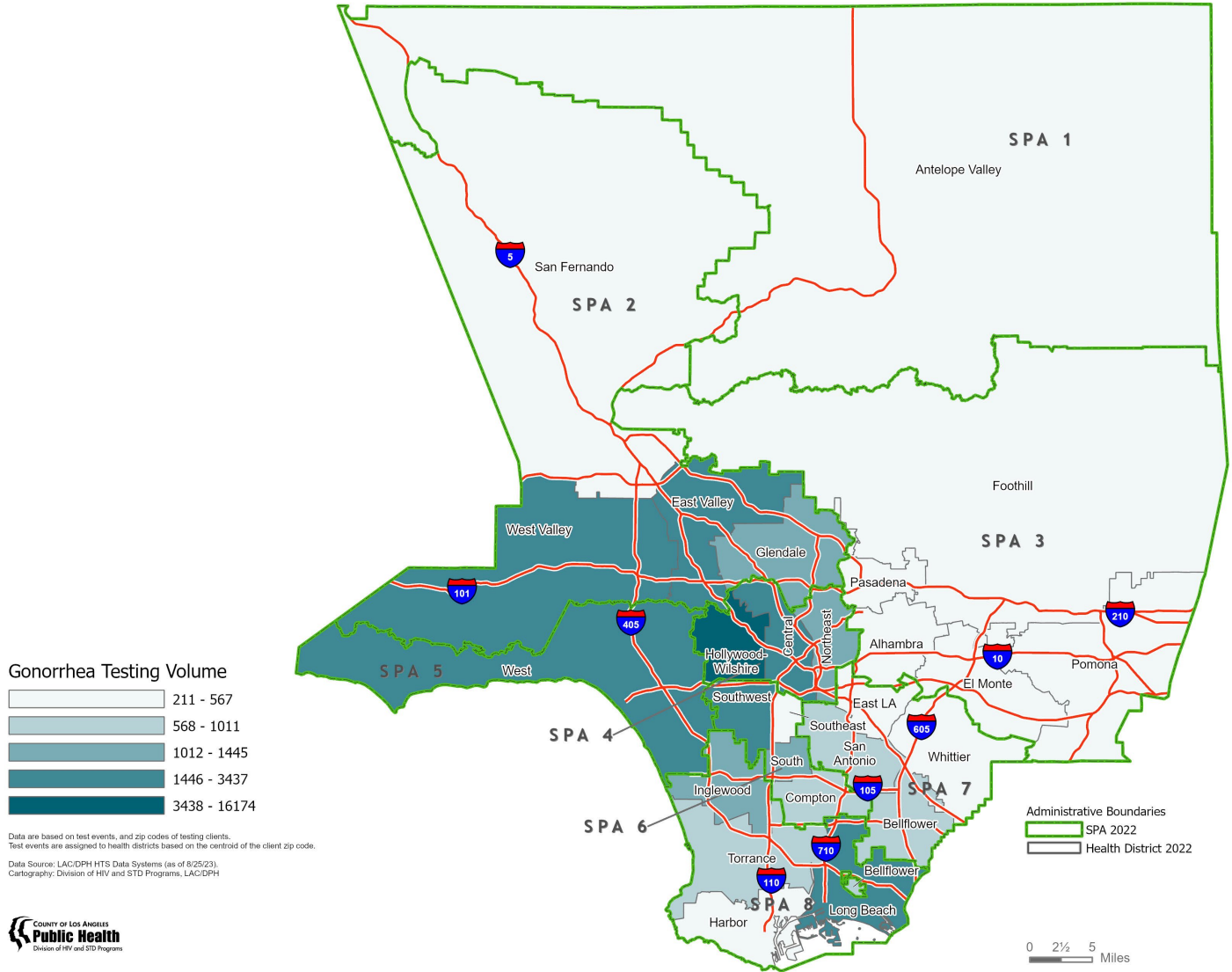
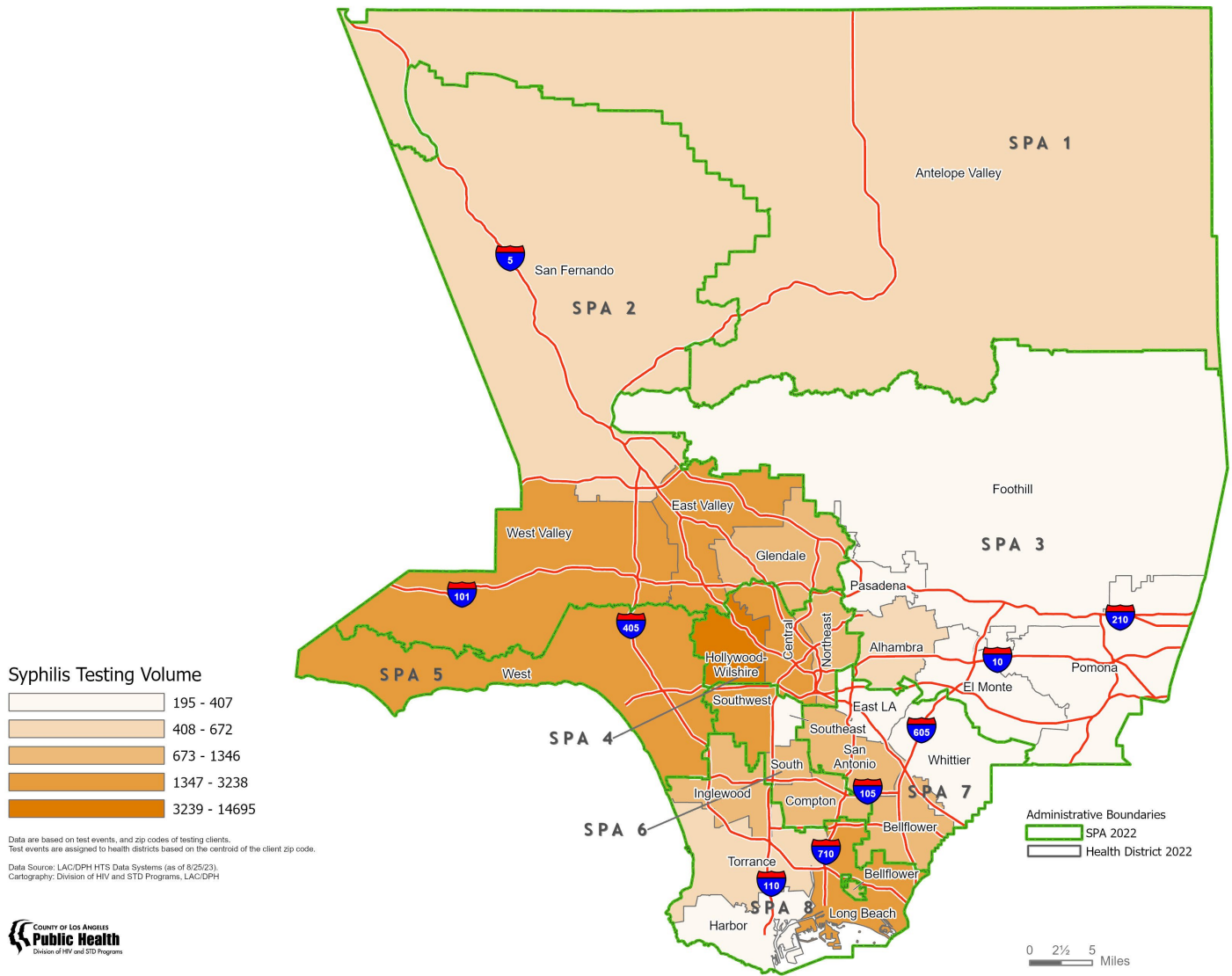


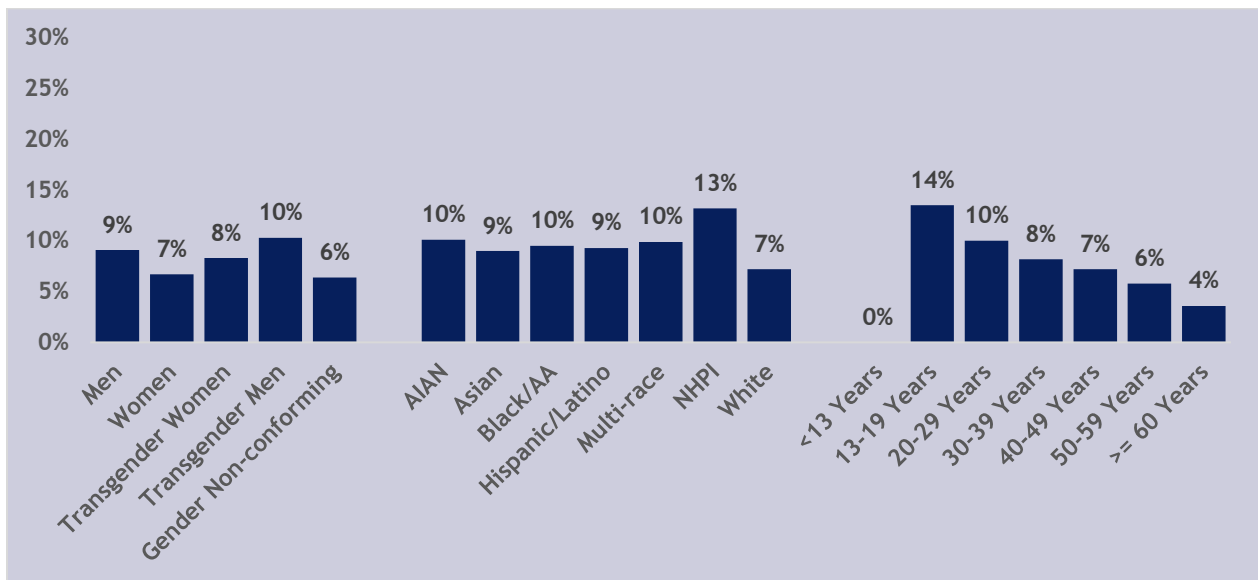
Figure 22. Geographic Distribution of Clients Accessing Contracted Agency Syphilis Testing by Health District of Residence, Los Angeles County, 2022



Demographic Characteristics

Overall, 89% of testers going in for a STD visit at a contracted agency received a test for chlamydia, gonorrhea, and syphilis. Men represented 78% of test sessions, while women represented 16%, and transgender and gender non-conforming persons were each less than 4%. Hispanic/Latino testers represented the largest proportion of test sessions (38%), followed by White (30%), Black/AA (15%), Asian (7%), and NHPI, AIAN, and Multi-race at less than 2% each. The remaining 4% declined to provide their race. Testers aged 20-29 represented 39% of testers, and those aged 30-39 represented the second largest age proportion at 37%. Figures 23 through 25 detail the positivity of each of these groups broken out by STD.

Figure 23. Chlamydia Test Positivity by Gender, Race/Ethnicity, and Age, Contracted Agencies, 2022¹⁷.



In 2022, men, transgender men, NHPI, and those aged 13-19 had the highest rates of chlamydia positivity.

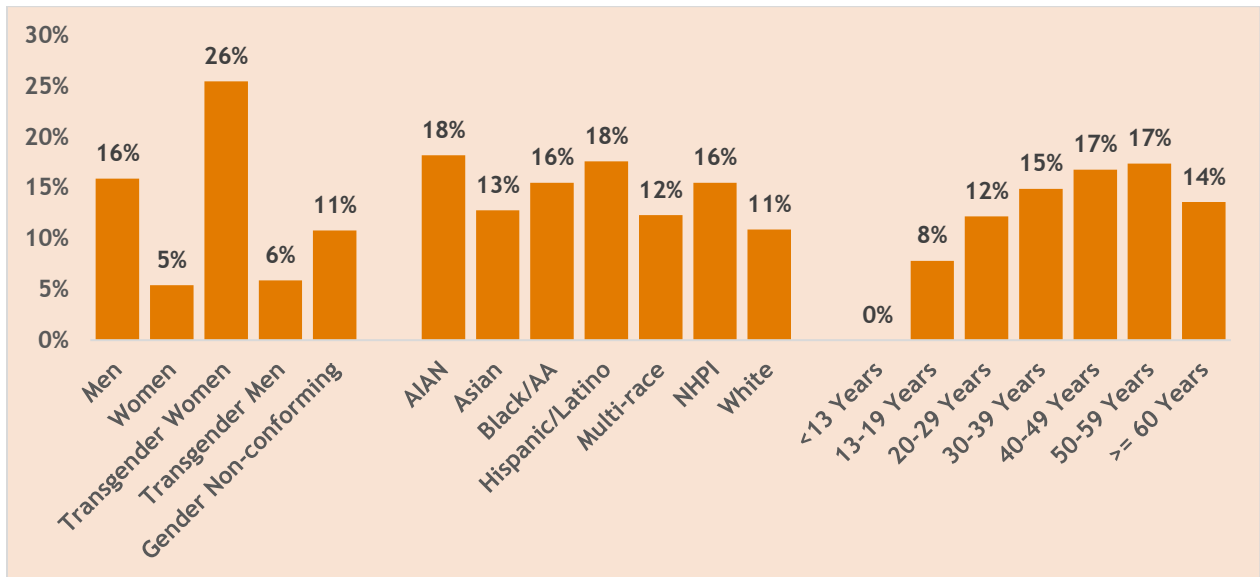
¹⁷ Data not shown for missing/declined gender group, race/ethnicity, or age. See Table 6A in the appendix for more details.

Figure 24. Gonorrhea Test Positivity by Gender Group Race/Ethnicity, and Age, Contracted Agencies, 2022¹⁸.



In 2022, men, transgender women, gender non-conforming, Black/AA, Multi-race, NHPI, and those aged 13-19 had the highest rates of gonorrhea positivity.

Figure 25. Syphilis Test Positivity by Gender Group Race/Ethnicity, and Age, Contracted Agencies, 2022¹⁹.



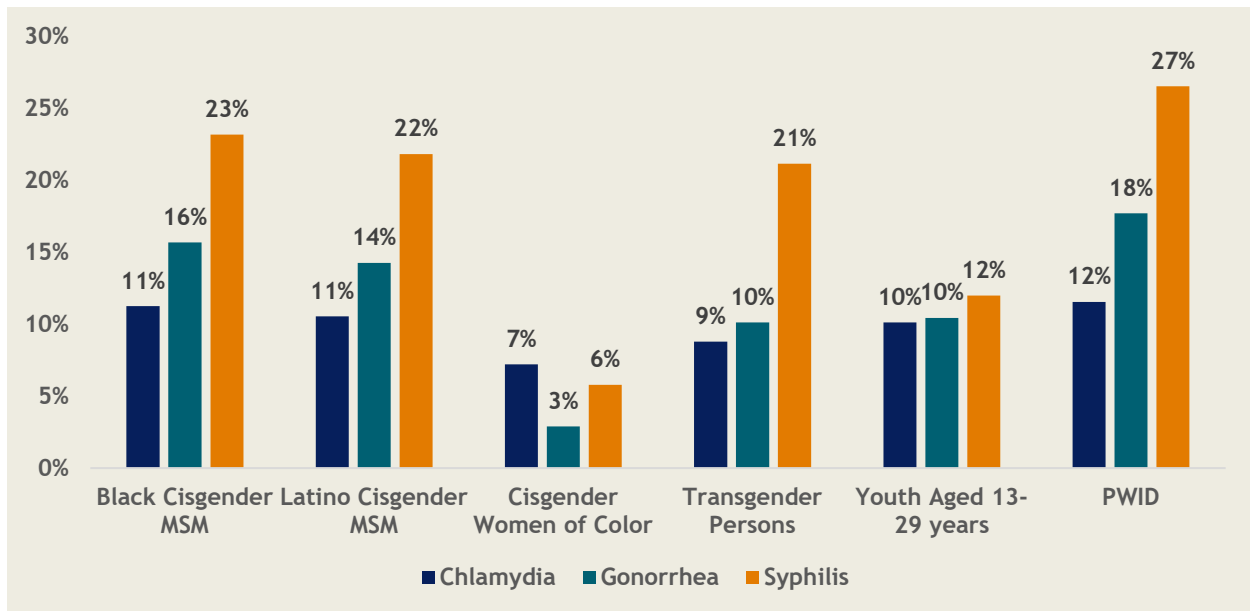
In 2022, transgender women, AIAN, Hispanic/Latino, and those aged 40-59 had the highest percentage of syphilis positivity.

^{18, 19} Data not shown for missing/declined gender group, race/ethnicity, or age. See Tables 7A and 8A in the appendix for more details.

Priority Populations

Among priority populations, the proportion of testers in the youth category was 41%, while 20% of testers reported being Latino cisgender MSM, 11% reported being cisgender women of color, 6% reported being Black cisgender MSM, 2% reported being transgender, and 1% reported injection drug use²⁰. Figure 26 details the positivity of each of these groups broken out by STD.

Figure 26. Chlamydia, Gonorrhea, and Syphilis Positivity by Priority Population^a, Contracted Agencies, 2022.



^a Priority populations are not mutually exclusive.

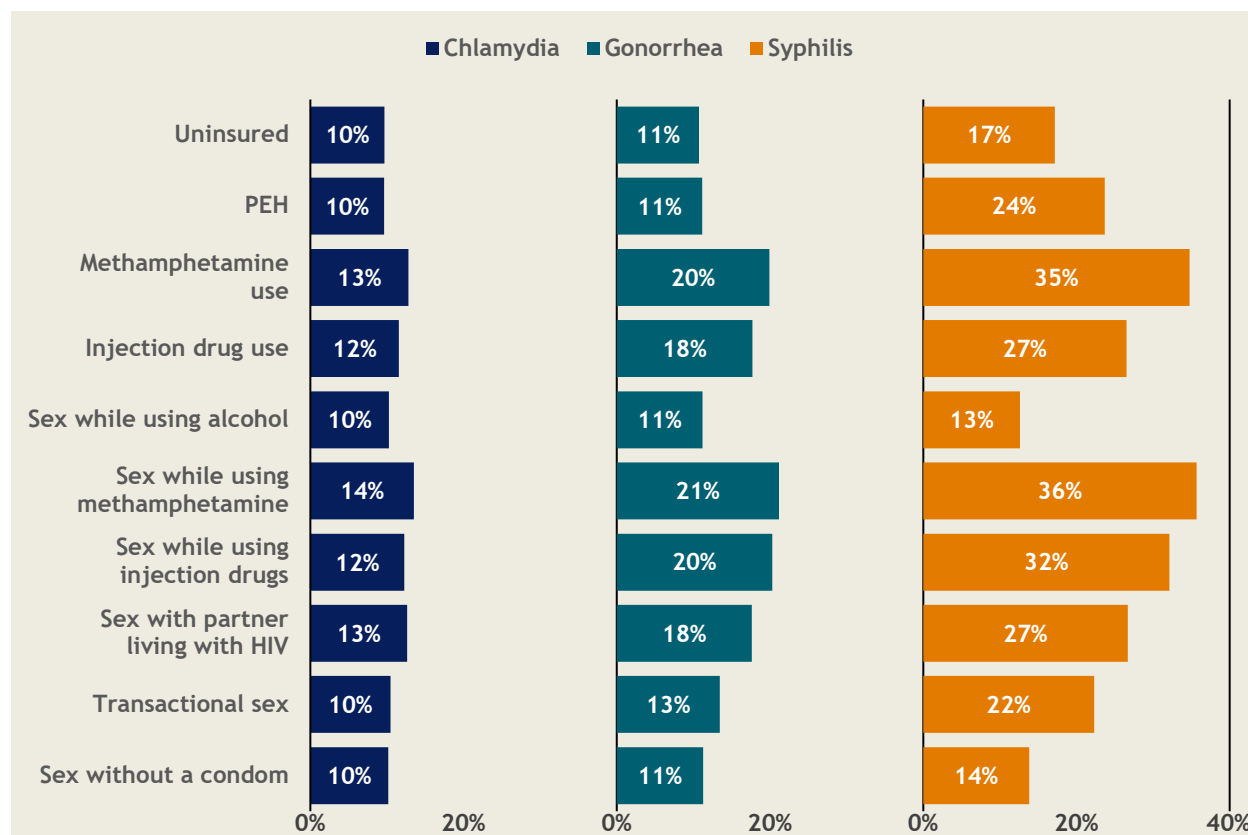
Among priority populations, **PWID and Black and Latino Cisgender MSM** had the highest rates of chlamydia positivity, **PWID and Black and Latino Cisgender MSM** had the highest rates of gonorrhea positivity, and **PWID, Black and Latino Cisgender MSM, and transgender persons** had the highest rates of syphilis positivity.

²⁰ See Tables 6A-8A in the appendix for more details.

Risk Behaviors and Other Characteristics

Again, we can see that certain risk behaviors and social determinants of health impact the risk of testing positive for an STD. Figure 27 details the positivity for chlamydia, gonorrhea, and syphilis for testers that reported a listed risk behavior, not having insurance, or experiencing homelessness. Note the figure scale only goes to 20% for chlamydia and gonorrhea and 40% for syphilis.

Figure 27. Chlamydia, Gonorrhea, and Syphilis Positivity by Risk Behavior and Social Determinants of Health, Contracted Agencies, 2022.



Persons reporting **having sex while using methamphetamines** had the highest positivity rates for chlamydia, gonorrhea, and syphilis.

Persons reporting any **methamphetamine use, injection drug use, and sex with an HIV positive person** also had high rates of positivity.

Direct Community Services - STD Testing

In 2022, Direct Community Services (DCS) provided STD testing to 241 individuals via 24 outreaches to unhoused individuals and sex workers, HARM reduction partnerships, outreaches to women of reproductive age, and PHI-initiated focused outreaches to partners of infected individuals. Chlamydia and gonorrhea tests were performed on 235 individuals with 12 (5.1%) being reactive for chlamydia and 5 (2.1%) being reactive for gonorrhea. Syphilis testing was performed for 219 individuals, with 8 (3.7%) being reactive.

DCS also provided rapid syphilis testing at Century Regional Detention Facility (CRDF) in 2022, where 1,011 persons received a rapid syphilis test, with 137 resulting in preliminary positives. Out of those, 78 got a confirmatory test and 66 tested as being newly positive on the confirmatory test. False positives were identified in 7 confirmatory tests, leading to a false positive rate of 0.7%.

Due to issues with data collection, demographic data is not available for DCS testing done in 2022. In 2023 data was collected in REDCap which will enhance our ability to report on this data.

Public Health Clinics - STD Testing

Across 10 Public Health Clinics, 8,516 STD testing events²¹ occurred in 2022. 85% of these events were comprehensive screenings, where a person was tested for all three STDs (chlamydia, gonorrhea, and syphilis).

7,741 test events included chlamydia testing, and 565 (7%) of these events resulted in a positive chlamydia result. Gonorrhea testing was included in 7,809 test events, and 470 (6%) resulted in a positive test. Finally, syphilis screening was included in 7,826 test events and 2,544 (33%) of these resulted in a positive test.

Due to issues with data extraction, demographic data is not available for testing done at health department clinics. We hope that it will be available in the near future.

²¹ Data extracted from ORCHID. Testing events are determined by final test result on a given day for a client with the same name and date of birth, regardless of the number of tests performed on that day.

Pilot Projects

In 2023, DHSP added additional testing programs to its portfolio, including routine opt-out testing at Department of Mental Health (DMH) clinics and street medicine teams, and targeted testing in other non-traditional venues such as Engagement and Overdose Prevention Hubs (EOPs), which are syringe service programs funded by the DPH Substance Abuse Prevention and Control Program in LAC, and other street medicine teams. Testing data from these programs will be included in the 2023 HIV and STD Testing Services Annual Report.

Resources

DHSP website

<http://publichealth.lacounty.gov/dhsp>

Ending the HIV Epidemic

<https://www.lacounty.hiv/>

HIV and STD prevention, testing, care, services and information in Los Angeles County

<https://getprotectedla.com/>

Technical Notes

Data presented in this report represent individual HIV and STD tests and not necessarily individuals who tested for HIV or STDs. An individual may have tested for HIV or STDs multiple times during the reporting period.

Use of HIV Surveillance

Clients with reactive HIV tests were matched to surveillance data to confirm if the client is a new diagnosis or a previous diagnosis. Overall, 84% of positive HIV tests were matched to a reported HIV diagnosis in surveillance. Out of new positives, 70% were determined based on surveillance confirmation and 30% were determined based on client self-report. Out of previous positives, 96% were confirmed in surveillance and 4% were determined by self-report.

Data Reporting

This report is inclusive of all gender, age, and racial/ethnic groups in LAC. Due to small numbers of certain populations accessing testing services, volume and positivity data for children aged <13 years, transgender persons, NHPI, AIAN, and persons of multiple race/ethnicities may be limited. Counts less than 5 are suppressed.

Reporting of race/ethnicity, sexual orientation and gender identity follow the LAC Department of Public Health's Standards of Practice approved in 2019 and 2021, respectively.

Data in tables and pie charts presented within this report do not necessarily add up to 100% due to rounding.

Figures and charts do not display data on clients who declined to provide gender, race, or age, however full data on these clients can be found in the associated tables in the appendix. Metrics citing behavior, social determinants of health, or risk information are from clients that reported a value for those fields; clients may have responded no or declined to answer the question, or that value may not have been reported.

Reported HIV tests represent the final and most accurate result, even if multiple HIV tests were performed.

Maps

Testing volume was calculated using the reported zip code of the testing client. Clients were then assigned to a LAC Health District based on the centroid of the zip code geography. Health District (2022) layers were accessed from the Los Angeles County Enterprise GIS Program and calculations were performed in ArcGIS.

<https://egis-lacounty.hub.arcgis.com/datasets/lacounty::health-districts-2022-view/about>

Classifications were determined by specifying five groups using the natural breaks classification method (also known as Jenks' optimization).

Limitations

Due to data collection and transmission errors, not all chlamydia, gonorrhea, or syphilis tests reported as performed were also reported with results. Positivity and positivity rate calculations on STD tests were out of tests reported with results.

Data presented in this report represent individual HIV and/or STD test events and not necessarily individuals who tested for HIV and/or STDs. An individual may have tested for HIV and/or STDs multiple times during the reporting period.

Appendix

Data Tables

Table 1A. Linkage to Care by Modality, Setting, and Site Type, Contracted Agencies, 2022

	New Diagnoses					Previous Diagnoses				
	Total	Linked to Care within 30 Days		Linked to Care within 90 Days		Total ^a	Linked to Care within 30 Days		Linked to Care within 90 Days	
	N	N	%	N	%	N	N	%	N	%
Total	427	248	58.1%	267	62.5%	448	236	52.7%	298	66.5%
<i>Modality</i>	N	N	%	N	%	N	N	%	N	%
CSV	14	<5	28.6%	<5	28.6%	5	<5	20.0%	<5	40.0%
SHEX-C	92	72	78.3%	76	82.6%	61	46	75.4%	50	82.0%
Integrated HIV & STD	41	20	48.8%	24	58.5%	27	17	63.0%	19	70.4%
Mobile	21	7	33.3%	10	47.6%	19	6	31.6%	9	47.4%
SSN	97	42	43.3%	46	47.4%	168	58	34.5%	84	50.0%
Storefront	162	103	63.6%	107	66.0%	168	108	64.3%	134	79.8%
<i>Site Type</i>	N	N	%	N	%	N	N	%	N	%
<i>Clinical total</i>	180	119	66.1%	125	69.4%	178	119	66.9%	136	76.4%
Inpatient hospital	5	<5	60.0%	<5	80.0%	<5	<5	50.0%	<5	50.0%
Substance abuse treatment facility	9	<5	44.4%	<5	44.4%	19	10	52.6%	15	78.9%
Community health center	28	11	39.3%	12	42.9%	55	34	61.8%	41	74.5%
Primary care clinic	32	24	75.0%	26	81.3%	44	34	77.3%	34	77.3%
STD clinic	106	77	72.6%	79	74.5%	58	40	69.0%	45	77.6%
<i>Non-clinical total</i>	226	122	54.0%	132	58.4%	251	111	44.2%	153	61.0%
HIV testing site	128	77	60.2%	83	64.8%	120	68	56.7%	93	77.5%
School/educational facility	<5	<5	100%	<5	100%	-	-	-	-	-
Shelter/transitional housing	<5	<5	<0.1%	<5	<0.1%	3	1	33.3%	<5	33.3%
Commercial facility	23	13	56.5%	15	65.2%	10	6	60.0%	8	80.0%
Commercial sex venue	14	<5	28.6%	<5	28.6%	5	<5	20.0%	<5	40.0%
Other	58	27	46.6%	29	50.0%	113	35	31.0%	49	43.4%
Correctional facility	<5	<5	<0.1%	<5	<0.1%	-	-	-	-	-
<i>Mobile total</i>	21	7	33.3%	10	47.6%	19	6	31.6%	9	47.4%

^a Data excludes previous positives who reported already being in care (n = 51).

Table 2A. Linkage to Care by Gender, Race/Ethnicity, Age, and Priority Populations, Contracted Agencies, 2022

	New Diagnoses					Previous Diagnoses				
	Total	Linked to Care within 30 Days		Linked to Care within 90 Days		Total ^a	Linked to Care within 30 Days		Linked to Care within 90 Days	
	N	N	%	N	%	N	N	%	N	%
Total	427	248	58.1%	267	62.5%	448	236	52.7%	298	66.5%
<i>Gender</i>	N	N	%	N	%	N	N	%	N	%
Men	355	207	58.3%	222	62.5%	367	192	52.3%	242	65.9%
Women	30	15	50.0%	18	60.0%	47	32	68.1%	36	76.6%
Transgender Women	26	17	65.4%	17	65.4%	20	<5	20.0%	10	50.0%
Transgender Men	<5	<5	66.7%	<5	100%	<5	<5	100%	<5	100%
Gender Non-Conforming	8	<5	37.5%	<5	37.5%	6	<5	66.7%	5	83.3%
Declined	5	<5	80.0%	<5	80.0%	7	<5	42.9%	<5	57.1%
<i>Race/Ethnicity</i>	N	N	%	N	%	N	N	%	N	%
Black/AA	88	51	58.0%	53	60.2%	126	73	57.9%	87	69.0%
AIAN	5	<5	60.0%	<5	60.0%	<5	<5	50.0%	<5	100.0%
Asian	21	10	47.6%	11	52.4%	13	<5	23.1%	<5	30.8%
Hispanic/Latino	223	138	61.9%	150	67.3%	198	112	56.6%	141	71.2%
NHPI	<5	<5	75.0%	<5	75.0%	<5	<5	50.0%	<5	50.0%
White	62	30	48.4%	33	53.2%	79	35	44.3%	48	60.8%
Multi-race	9	7	77.8%	7	77.8%	7	<5	57.1%	5	71.4%
Declined	15	6	40.0%	7	46.6%	21	7	33.3%	10	47.6%
<i>Age</i>	N	N	%	N	%	N	N	%	N	%
13-19 Years	7	5	71.4%	5	71.4%	<5	<5	75.0%	<5	75.0%
20-29 Years	145	93	64.1%	104	71.7%	120	60	50.0%	80	66.7%
30-39 Years	170	99	58.2%	101	59.4%	166	91	54.8%	109	65.7%
40-49 Years	62	38	61.3%	41	66.1%	80	45	56.3%	55	68.8%
50-59 Years	33	11	33.3%	14	42.4%	54	26	48.1%	35	64.8%
>= 60 Years	10	<5	20.0%	<5	20.0%	24	11	45.8%	16	66.7%
<i>Priority Population^b</i>	N	N	%	N	%	N	N	%	N	%
Black Cisgender MSM	54	35	64.8%	36	66.7%	52	34	65.4%	39	75.0%
Latino Cisgender MSM	144	95	66.0%	101	70.1%	119	75	63.0%	91	76.5%
Cisgender Women of Color	26	13	50.0%	16	61.5%	39	26	66.7%	29	74.4%
Transgender Persons	29	19	65.5%	20	69.0%	21	5	23.8%	11	52.4%
Youth Aged 13-29 years	152	98	64.5%	109	71.7%	124	63	50.8%	83	66.9%
PWID	31	16	51.6%	17	54.8%	47	27	57.4%	39	83.0%

^a Data excludes previous positives who reported already being in care (n = 51).

^b Priority populations are not mutually exclusive.

Table 3A. Linkage to PrEP by Modality, Setting, and Site Type, Contracted Agencies, 2022

		Screened For PrEP Eligibility	Eligible for PrEP Referral	Referred to PrEP		Linked to PrEP	
		N	N	N	%	N	%
Total		69,881	61,248	16,005	26.1%	12,700	20.7%
<i>Modality</i>		N	N	N	%	N	%
	CSV	1,006	783	81	10.3%	78	10.0%
	SHEx-C	16,429	13,691	2,726	19.9%	1,696	12.4%
	Integrated HIV & STD	7,168	6,289	1,232	19.6%	663	10.5%
	Mobile	3,759	3,656	604	16.5%	542	14.8%
	SSN	12,704	11,275	2,671	23.7%	2,623	23.3%
	Storefront	28,815	25,554	8,691	34.0%	7,098	27.8%
<i>Site Type</i>		N	N	N	%	N	%
<i>Clinical total</i>		38,145	33,220	8,679	26.1%	6,194	18.6%
	Inpatient hospital	551	425	291	68.5%	287	67.5%
	Substance abuse treatment facility	4,373	4,262	3,700	86.8%	2,661	62.4%
	Community health center	6,930	6,550	972	14.8%	598	9.1%
	Primary care clinic	6,262	4,654	1,602	34.4%	838	18.0%
	Pharmacy / retail-based clinic	26	26	<5	<0.1%	<5	<0.1%
	STD clinic	20,003	17,303	2,114	12.2%	1,810	10.5%
<i>Non-clinical total</i>		27,956	24,351	6,720	27.6%	5,964	24.5%
	HIV testing site	14,073	12,383	5,492	44.3%	4,847	39.1%
	School/educational facility	170	165	35	21.2%	21	12.7%
	Church/mosque/synagogue/temple	<5	<5	<5	<0.1%	<5	<0.1%
	Shelter/transitional housing	201	194	67	34.5%	53	27.3%
	Commercial facility	3,227	2,744	456	16.6%	407	14.8%
	Commercial sex venue	1,006	783	81	10.2%	78	9.9%
	Other	9,132	7,937	582	7.3%	558	7.0%
	Correctional facility	144	143	7	4.9%	<5	<0.1%
<i>Mobile total</i>		3,759	3,656	604	16.5%	542	14.8%
	Unknown	21	21	<5	9.5%	<5	<0.1%

Table 4A. Linkage to PrEP by Gender, Race/Ethnicity, Age, and Priority Populations, Contracted Agencies, 2022

		Screened For PrEP Eligibility	Eligible for PrEP Referral	Referred to PrEP		Linked to PrEP	
		N	N	N	%	N	N
Total		69,881	61,248	16,005	26.1%	12,700	20.7%
<i>Gender</i>		N	N	N	%	N	%
	Men	51,925	44,146	12,417	28.1%	9,806	22.2%
	Women	13,763	13,621	2,743	20.1%	2,210	16.2%
	Transgender Women	1,520	1,154	356	30.9%	289	25.0%
	Transgender Men	443	395	84	21.3%	75	19.0%
	Gender Non-Conforming	1,204	1,037	272	26.2%	227	21.9%
	Declined	1,026	895	133	14.9%	93	10.4%
<i>Race/Ethnicity</i>		N	N	N	%	N	%
	Black/AA	12,274	11,236	3,146	28.0%	2,518	22.4%
	AIAN	353	327	106	32.4%	92	28.1%
	Asian	4,426	3,725	813	21.8%	648	17.4%
	Hispanic/Latino	30,047	26,561	7,223	27.2%	5,778	21.8%
	NHPI	321	266	68	25.6%	56	21.1%
	White	17,602	14,836	3,924	26.4%	3,006	20.3%
	Multi-race	1,281	1,156	331	28.6%	272	23.5%
	Declined	3,577	3,141	394	12.5%	330	10.5%
<i>Age</i>		N	N	N	%	N	%
	<13 Years	<5	<5	<5	33.3%	<5	33.3%
	13-19 Years	1,442	1,347	323	24.0%	240	17.8%
	20-29 Years	24,214	21,445	5,854	27.3%	4,486	20.9%
	30-39 Years	23,833	20,228	5,432	26.9%	4,303	21.3%
	40-49 Years	10,366	9,015	2,302	25.5%	1,887	20.9%
	50-59 Years	6,522	5,928	1,425	24.0%	1,194	20.1%
	>= 60 Years	3,485	3,282	668	20.4%	589	17.9%
	Unknown	15	0	-	-	-	-
<i>Priority Population^a</i>		N	N	N	%	N	%
	Black Cisgender MSM	3,750	2,970	1,238	41.7%	974	32.8%
	Latino Cisgender MSM	12,687	9,840	3,635	36.9%	2,907	29.5%
	Cisgender Women of Color	10,590	10,481	2,140	20.4%	1,752	16.7%
	Transgender Persons	1,963	1,549	440	28.4%	364	23.5%
	Youth Aged 13-29 years	25,656	22,792	6,177	27.1%	4,726	20.7%
	PWID	3,443	3,241	2,324	71.7%	1,784	55.0%

^a Priority populations are not mutually exclusive.

Table 5A. STD Testing Volume and Positivity by Setting and Site Type, Contracted Agencies, 2022

	Testing Volume		Testing Volume with Results		Positivity	
	N	% (col)	N	% (row)	N	% (row)
Chlamydia Total	49,207	100.0%	47,243	96.0%	4,071	8.6%
<i>Site Type</i>	N	%	N	%	N	%
<i>Clinical total</i>	47,482	96.5%	45,526	95.9%	3,912	8.6%
Inpatient hospital	475	1.0%	470	98.9%	43	9.1%
Community health center	6,689	13.6%	6,280	93.9%	619	9.9%
Primary care clinic (other than CHC)	16,135	32.8%	16,125	99.9%	1,102	6.8%
STD clinic	24,183	49.1%	22,651	93.7%	2,148	9.5%
<i>Non-clinical total</i>	1,630	3.3%	1,624	99.6%	154	9.5%
HIV testing site	1,625	3.3%	1,619	99.6%	154	9.5%
Shelter/transitional housing	5	<0.1%	5	100.0%	<5	<0.1%
<i>Mobile total</i>	95	0.2%	93	97.9%	5	5.4%
Gonorrhea Total	49,320	100.0%	47,500	96.3%	4,630	9.7%
<i>Site Type</i>	N	%	N	%	N	%
<i>Clinical total</i>	47,595	96.5%	45,790	96.2%	4,483	9.8%
Inpatient hospital	505	1.0%	502	99.4%	48	9.6%
Community health center	6,689	13.6%	6,321	94.5%	595	9.4%
Primary care clinic (other than CHC)	16,165	32.8%	16,155	99.9%	1,244	7.7%
STD clinic	24,236	49.1%	22,812	94.1%	2,596	11.4%
<i>Non-clinical total</i>	1,630	3.3%	1,617	99.2%	142	8.8%
HIV testing site	1,625	3.3%	1,612	99.2%	142	8.8%
Shelter/transitional housing	5	<0.1%	5	100.0%	<5	<0.1%
<i>Mobile total</i>	95	0.2%	93	97.9%	5	5.4%
Syphilis Total	46,038	100.0%	26,953	58.5%	3,854	14.3%
<i>Site Type</i>	N	%	N	%	N	%
<i>Clinical total</i>	44,275	96.2%	25,220	57.0%	3,588	14.2%
Inpatient hospital	420	0.9%	415	98.8%	59	14.2%
Community health center	6,290	13.7%	2,779	44.2%	366	13.2%
Primary care clinic (other than CHC)	14,878	32.3%	14,863	99.9%	1,948	13.1%
STD clinic	22,687	49.3%	7,163	31.6%	1,215	17.0%
<i>Non-clinical total</i>	1,679	3.6%	1,651	98.3%	254	15.4%
HIV testing site	1,503	3.3%	1,493	99.3%	215	14.4%
Shelter/transitional housing	<5	<0.1%	<5	100.0%	<5	<0.1%
Commercial sex venue	174	0.4%	156	89.7%	39	0.3%
<i>Mobile total</i>	84	0.2%	82	97.6%	12	14.6%

Table 6A. Chlamydia Testing Volume and Positivity by Gender, Race/Ethnicity, Age, and Priority Populations, Contracted Agencies, 2022

	Testing Volume		Testing Volume with Results		Positivity	
	N	% (col)	N	% (row)	N	% (row)
Total	49,207	100.0%	47,243	96.0%	4,071	8.6%
<i>Gender</i>	N	%	N	%	N	%
Men	38,512	78.3%	36,982	96.0%	3,352	9.1%
Women	7,750	15.7%	7,409	95.6%	496	6.7%
Transgender Women	816	1.7%	782	95.8%	65	8.3%
Transgender Men	264	0.5%	242	91.7%	25	10.3%
Gender Non-Conforming	866	1.8%	845	97.6%	54	6.4%
Declined	999	2.0%	983	98.4%	79	8.0%
<i>Race/Ethnicity</i>	N	%	N	%	N	%
Black/AA	7,534	15.3%	7,145	94.8%	678	9.5%
AIAN	157	0.3%	149	94.9%	15	10.1%
Asian	3,646	7.4%	3,526	96.7%	317	9.0%
Hispanic/Latino	18,481	37.6%	17,829	96.5%	1,654	9.3%
NHPI	237	0.5%	228	96.2%	30	13.2%
White	14,541	29.6%	13,984	96.2%	1,009	7.2%
Multi-race	905	1.8%	876	96.8%	87	9.9%
Declined	3,639	7.4%	3,451	94.8%	275	8.0%
Missing	67	0.1%	55	82.1%	6	10.9%
<i>Age</i>	N	%	N	%	N	%
<13 Years	5	<0.1%	5	100.0%	<5	<0.1%
13-19 Years	871	1.8%	837	96.1%	113	13.5%
20-29 Years	19,266	39.2%	18,556	96.3%	1,851	10.0%
30-39 Years	18,431	37.5%	17,787	96.5%	1,466	8.2%
40-49 Years	6,369	12.9%	6,054	95.1%	433	7.2%
50-59 Years	3,065	6.2%	2,891	94.3%	167	5.8%
>= 60 Years	1,197	2.4%	1,110	92.7%	40	3.6%
Missing	<5	<0.1%	<5	100.0%	<5	33.3%
<i>Priority Population^a</i>	N	%	N	%	N	%
Black Cisgender MSM	3,068	6.2%	2,942	95.9%	331	11.3%
Latino Cisgender MSM	9,755	19.8%	9,440	96.8%	996	10.6%
Cisgender Women of Color	5,348	10.9%	5,135	96.0%	370	7.2%
Transgender Persons	1,080	2.2%	1,024	94.8%	90	8.8%
Youth Aged 13-29 years	20,137	40.9%	19,393	96.3%	1,964	10.1%
PWID	482	1.0%	459	95.2%	53	11.5%

^a Priority populations are not mutually exclusive.

Table 7A. Gonorrhea Testing Volume and Positivity by Gender, Race/Ethnicity, Age, and Priority Populations, Contracted Agencies, 2022

	Testing Volume		Testing Volume with Results		Positivity	
	N	% (col)	N	% (row)	N	% (row)
Total	49,320	100.0%	47,500	96.3%	4,630	9.7%
<i>Gender</i>	N	%	N	%	N	%
Men	38,600	78.3%	37,186	96.3%	4,120	11.1%
Women	7,751	15.7%	7,435	95.9%	233	3.1%
Transgender Women	825	1.7%	792	96.0%	86	10.9%
Transgender Men	267	0.5%	245	91.8%	19	7.8%
Gender Non-Conforming	876	1.8%	856	97.7%	90	10.5%
Declined	1,001	2.0%	986	98.5%	82	8.3%
<i>Race/Ethnicity</i>	N	%	N	%	N	%
Black/AA	7,556	15.3%	7,207	95.4%	770	10.7%
AIAN	157	0.3%	149	94.9%	13	8.7%
Asian	3,650	7.4%	3,536	96.9%	259	7.3%
Hispanic/Latino	18,511	37.5%	17,913	96.8%	1,868	10.4%
NHPI	238	0.5%	229	96.2%	26	11.4%
White	14,578	29.6%	14,047	96.4%	1,261	9.0%
Multi-race	910	1.8%	886	97.4%	93	10.5%
Declined	3,653	7.4%	3,478	95.2%	336	9.7%
Missing	67	0.1%	55	82.1%	<5	7.3%
<i>Age</i>	N	%	N	%	N	%
<13 Years	5	<0.1%	5	100.0%	<5	<0.1%
13-19 Years	877	1.8%	847	96.6%	94	11.1%
20-29 Years	19,321	39.2%	18,679	96.7%	1,945	10.4%
30-39 Years	18,461	37.4%	17,869	96.8%	1,794	10.0%
40-49 Years	6,382	12.9%	6,083	95.3%	540	8.9%
50-59 Years	3,070	6.2%	2,898	94.4%	198	6.8%
>= 60 Years	1,201	2.4%	1,116	92.9%	59	5.3%
Missing	<5	<0.1%	<5	100.0%	<5	<0.1%
<i>Priority Population^a</i>	N	%	N	%	N	%
Black Cisgender MSM	3,085	6.3%	2,977	96.5%	467	15.7%
Latino Cisgender MSM	9,775	19.8%	9,490	97.1%	1,353	14.3%
Cisgender Women of Color	5,347	10.8%	5,147	96.3%	149	2.9%
Transgender Persons	1,092	2.2%	1,037	95.0%	105	10.1%
Youth Aged 13-29 years	20,198	41.0%	19,526	96.7%	2,039	10.4%
PWID	490	1.0%	469	95.7%	83	17.7%

^a Priority populations are not mutually exclusive.

Table 8A. Syphilis Testing Volume and Positivity by Gender, Race/Ethnicity, Age, and Priority Populations, Contracted Agencies, 2022

	Testing Volume		Testing Volume with Results		Positivity	
	N	% (col)	N	% (row)	N	% (row)
Total	46,038	100.0%	26,953	58.5%	3,854	14.3%
<i>Gender</i>	N	%	N	%	N	%
Men	35,891	78.0%	21,060	58.7%	3,350	15.9%
Women	7,430	16.1%	3,803	51.2%	204	5.4%
Transgender Women	763	1.7%	542	71.0%	138	25.5%
Transgender Men	242	0.5%	153	63.2%	9	5.9%
Gender Non-Conforming	819	1.8%	646	78.9%	70	10.8%
Declined	893	1.9%	749	83.9%	83	11.1%
<i>Race/Ethnicity</i>	N	%	N	%	N	%
Black/AA	7,004	15.2%	3,798	54.2%	590	15.5%
AIAN	142	0.3%	88	62.0%	16	18.2%
Asian	3,401	7.4%	1,808	53.2%	231	12.8%
Hispanic/Latino	17,711	38.5%	10,074	56.9%	1,770	17.6%
NHPI	227	0.5%	148	65.2%	23	15.5%
White	13,209	28.7%	8,570	64.9%	937	10.9%
Multi-race	850	1.8%	204	24.0%	25	12.3%
Declined	3,427	7.4%	2,208	64.4%	253	11.5%
Missing	67	0.1%	55	82.1%	9	16.4%
<i>Age</i>	N	%	N	%	N	%
<13 Years	6	<0.1%	6	100.0%	<5	<0.1%
13-19 Years	783	1.7%	425	54.3%	33	7.8%
20-29 Years	17,858	38.8%	9,265	51.9%	1,129	12.2%
30-39 Years	17,106	37.2%	10,275	60.1%	1,534	14.9%
40-49 Years	6,005	13.0%	3,939	65.6%	663	16.8%
50-59 Years	3,016	6.6%	2,099	69.6%	366	17.4%
>= 60 Years	1,262	2.7%	942	74.6%	128	13.6%
Missing	<5	<0.1%	<5	100.0%	<5	50.0%
<i>Priority Population^a</i>	N	%	N	%	N	%
Black Cisgender MSM	2,869	6.2%	1,592	55.5%	369	23.2%
Latino Cisgender MSM	9,335	20.3%	5,393	57.8%	1,177	21.8%
Cisgender Women of Color	5,177	11.2%	2,695	52.1%	156	5.8%
Transgender Persons	1,005	2.2%	695	69.2%	147	21.2%
Youth Aged 13-29 years	18,641	40.5%	9,690	52.0%	1,162	12.0%
PWID	446	1.0%	245	54.9%	65	26.5%

^a Priority populations are not mutually exclusive.