# HIV Testing Services
# Annual Report
# 2010

# County of Los Angeles Department of Public Health

Jonathan E. Fielding, M.D., M.P.H., M.B.A.
Director of Public Health and Health Officer

Jonathan E. Freedman
Chief Deputy Director

## Division of HIV and STD Programs

Mario J. Pérez, M.P.H.
Director

Jennifer N. Sayles, M.D., M.P.H.

Mike Janson, M.P.H.

Sophia F. Rumanes, M.P.H.

Rangell Oruga, M.P.H.

The HIV Testing at DHSP-funded Sites Report is published annually by the Research and Evaluation Division, Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health. Copies of this report are available online http://ph.lacounty.gov/aids.

**Suggested Citation:** Division of HIV and STD Programs, Los Angeles County Department of Public Health, HIV Testing Services Annual Report, January through December 2010, December 2011, 1- 36.

# Contents

# Preface

DHSP partners with a broad array of public and private sector providers to deliver HIV prevention programs. These programs include a range of testing modalities including testing in Public Health Sexual Transmitted Disease (STD) clinics, routine screening in healthcare settings, testing in incarcerated settings, and targeting testing in bathhouses and sex clubs, through court ordered and drug expansion programs, mobile testing units (MTU), multiple morbidity MTUs, social network testing, and storefronts in order to help persons learn their HIV status, develop skills to prevent HIV infection or transmission, 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 HIV Prevention Plan 2009-2013 (available online at http://publichealth.lacounty.gov/aids/PreventionPlan.htm).

We extend our sincere thanks to our community partners that provided HIV Counseling and Testing services in 2010:

AIDS Healthcare Foundation
AIDS Project Los Angeles
AltaMed Health Services Corporation
Antelope Valley Health Center
Asian Pacific Healthcare Venture
Bienestar Human Services, Inc.
California State University Long Beach
Central City Health
Charles Drew University
Children's Hospital Los Angeles
City of Pasadena
Clinica Monsenor Oscar A. Romero
Common Ground
Crenshaw Christian Center
East Valley Community Health Center
El Proyecto del Barrio
Friends Research Institute, Inc.
Hubert Humphrey Comprehensive Health Center
JWCH Institute
Los Angeles County University of Southern California Medical Center
Los Angeles Gay & Lesbian Community Center
Los Angeles County Sheriff's Department
Minority AIDS Project
O.A.S.I.S. Clinic
One in Long Beach, Inc.
Saban Free Clinic
Special Services for Groups
St. John's Well Child and Family Center
Tarzana Treatment Center, Inc.
The Catalyst Foundation
The One in Long Beach
To Help Everyone (T.H.E.) Clinic
Valley Community Clinic

We look forward to continuing our work together to provide high quality HIV services, and sharing outcomes and best practices with the Los Angeles HIV prevention community and others throughout the County.

# Acknowledgements

Additional Contributors:
Jane Rohde Bowers, M.P.H.
Constance Chavers, M.S.P.H.
Magdalena Esquivel
Gary Garcia, M.P.H.
Saloniki James, M.A.
Candice Rivas
Carleaner Williams

# Contact Information

Division of HIV and STD Programs
600 South Commonwealth Ave., 10th Floor
Los Angeles, CA 90005
Phone (213) 351-8000

# Introduction

## Division of HIV and STD Programs

The Division of HIV and STD Programs (DHSP), formerly the Office of AIDS Programs and Policy, HIV Epidemiology Program, and STD Program, coordinates the overall response to HIV/AIDS in Los Angeles County in collaboration with community-based organizations, governmental bodies, advocates and people living with HIV/AIDS. It also sets the standards of care for HIV/AIDS services provided countywide. DHSP articulates and recommends HIV/AIDS-related policies and positions for the consideration of the Department of Public Health and the Los Angeles County Board of Supervisors. It serves as a liaison with policy makers, local and national organizations to achieve policy objectives relevant to services for people with HIV/AIDS. DHSP receives funding from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the State of California Office of AIDS and the Los Angeles County Department of Public Health. DHSP utilizes funds received from various levels of government (Federal, State, and County) in managing approximately 200 contracts within a network of 65 community-based organizations and ten County departments in an effort to maximize access to services for persons living with or at risk for infection with HIV/AIDS.

## Division of HIV and STD Programs 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 Los Angeles County.

## Overview of the Report

This report presents a summary of HIV testing services (HTS) supported by DHSP from January to December 2010, including testing conducted at the twelve Los Angeles Public Health Sexually Transmitted Disease (STD) Clinics, routine testing sites (HIV testing within the context of all health screenings in a clinic setting), testing in jail settings and targeted testing services (non-healthcare-based testing). HTS were provided at a variety of sites throughout Los Angeles County including community and public clinics, community-based organizations, mobile testing units, bathhouses and sex clubs, court-ordered testing programs, homeless shelters, correctional facilities, and substance use treatment facilities. The report also highlights the Los Angeles County HIV Counseling and Testing Week Initiative, methamphetamine use, and new and completed testing projects within Los Angeles County.

In 2010, 42.7% of data were submitted using the HIV Information Resources System (HIRS), 30.5% were submitted using Teleform scanning solution, and 26.8% were exported directly from an Electronic Data Record (EDR). In 2011, DHSP moved all HIV testing program to the new

HIV Testing Services (HTS) data system. HTS is a hybrid system which allows testing data to be submitted from either scanable paper-based forms or directly from an EDR.

## Changes in Geographic Planning

Los Angeles County is the most populous County in the nation at 9.8 million[i], with a size of 4,083 square miles. Historically, HIV prevention planning has been focused on prioritizing services within 8 Service Planning Areas (SPAs); however, disease burden is not evenly distributed within these SPAs. To align with the National HIV/AIDS Strategy and effectively target prevention efforts in communities where HIV is most heavily concentrated, DHSP began conducting syndemic spatial analysis to assess areas (clusters) where the co-occurring epidemics of HIV, Syphilis, and Gonorrhea are concentrated. These analyses utilize spatial epidemiological techniques including cluster analysis to identify geographic areas within the County most impacted by HIV and STDs. This model of geographic planning is a core component of the CDC-funded Enhanced Comprehensive HIV Prevention Planning (ECHPP) project[ii]. Maps of these cluster areas are available at http://ph.lacounty.gov/aids/PresentationsData.htm.

## Table and Figure Definitions

For all **tables**, indentation of one category (characteristic) indicates that it is a subset of the category above.

**Target populations** refer to priority and critical target populations as identified in Table 4.6 in the Los Angeles County Department of Public Health HIV Prevention Plan 2009-2013 http://publichealth.lacounty.gov/aids/PreventionPlan.htm.

The definition of **positives** in this report refers to a single rapid test that resulted in a reactive preliminary positive test, two or more rapid tests that resulted in a presumptive positive test, or a conventional test that resulted in a reactive Western Blot or ImmunoFluorescence Assay (IFA) confirmatory test result.

**New Positives** refers to persons who self-reported never having a prior positive HIV test result.

**Disclosure** refers to instances where a client received his/her **initial** test result unless otherwise indicated. This includes initial negative result, preliminary or presumptive positive (for rapid tests) test result, or confirmed positive (for conventional tests) test result.

In order to parallel the state definition, self-reported gay *and* bisexual males who report having sex with another male or transgender individual are placed in the **gay-identified men who have sex with men** category.

**Non-gay-identified men who have sex with men** include males who did not identify as gay or bisexual and reported having sex with men or transgender individuals.

---

[i] U.S. Department of Commerce, 2011, available at http://2010.census.gov.
[ii] Enhanced Comprehensive HIV Prevention Plan, available at http://publichealth.lacounty.gov/aids/echpp.htm.

## Limitations

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

Demographic and risk data are not available from all data sources. Therefore, Table 1 is the only comprehensive table presenting all data for 2010. All subsequent tables represent a subset of Table 1. Furthermore, within each major section, each table with a different N (total tests) represents a subset of the previous table.

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

## HIV Testing Background

Figure 1 shows the number of HIV tests performed by year beginning in the year 2000. The total number of tests supported by DHSP has ranged from over 50,000 to approximately 80,000 from 2000 through 2009. The fluctuations in test totals were primarily due to the implementation of rapid testing in 2005-06 and the introduction and expansion of routine HIV screening in healthcare settings beginning in 2009. In 2010, with the release of the National HIV/AIDS Strategy, an even greater emphasis was placed on increasing the percentage of people who know their serostatus among those living with HIV/AIDS. In 2010, over 100,000 HIV tests were conducted by DHSP-supported programs in Los Angeles County, nearly twice the number conducted in 2006. In addition, more HIV positive tests were conducted in 2010 than in any year since 2000.

In accordance with the National HIV/AIDS Strategy, the percentage of HIV positive individuals who know their status must increase from 79% to 90% by the end of 2015. As of 2010, there is an estimated 13,250 HIV positives individuals who are unaware of their status. Using the estimate of 1.0% positivity, total testing goals were set with an achievable incremental increase each year based on estimated capacity of testing strategies. Figure 1 presents the estimated number of tests needed from 2012-15 to reach this goal.

**Figure 1. Number of Tests Performed and Corresponding New Positivity Rates at DHSP-funded HIV Testing Sites by Year**

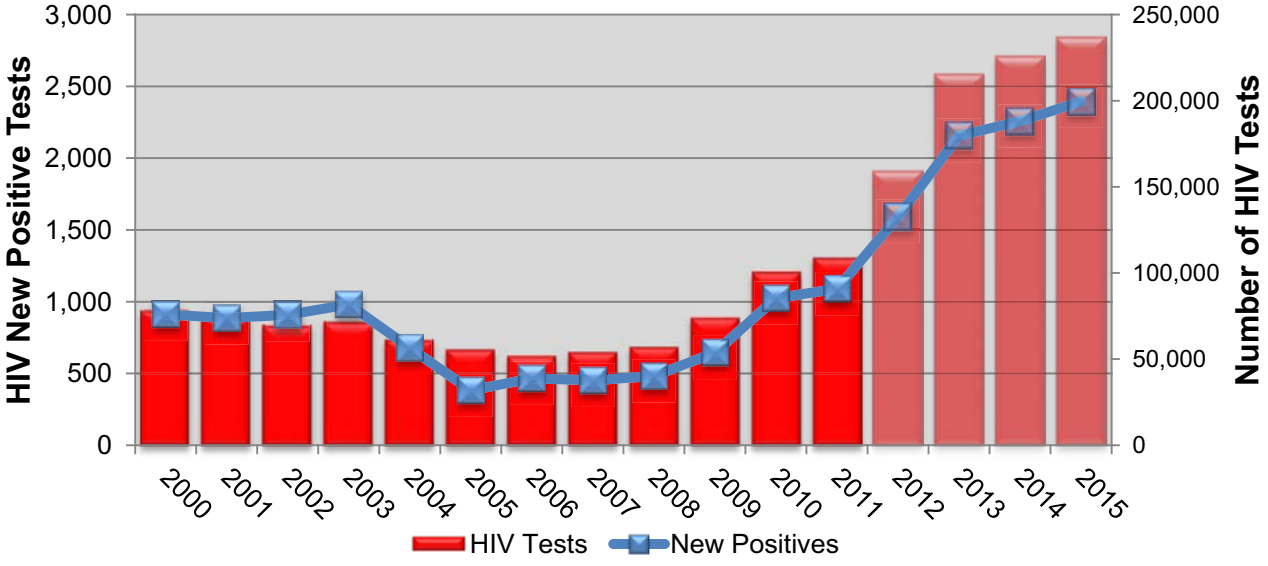
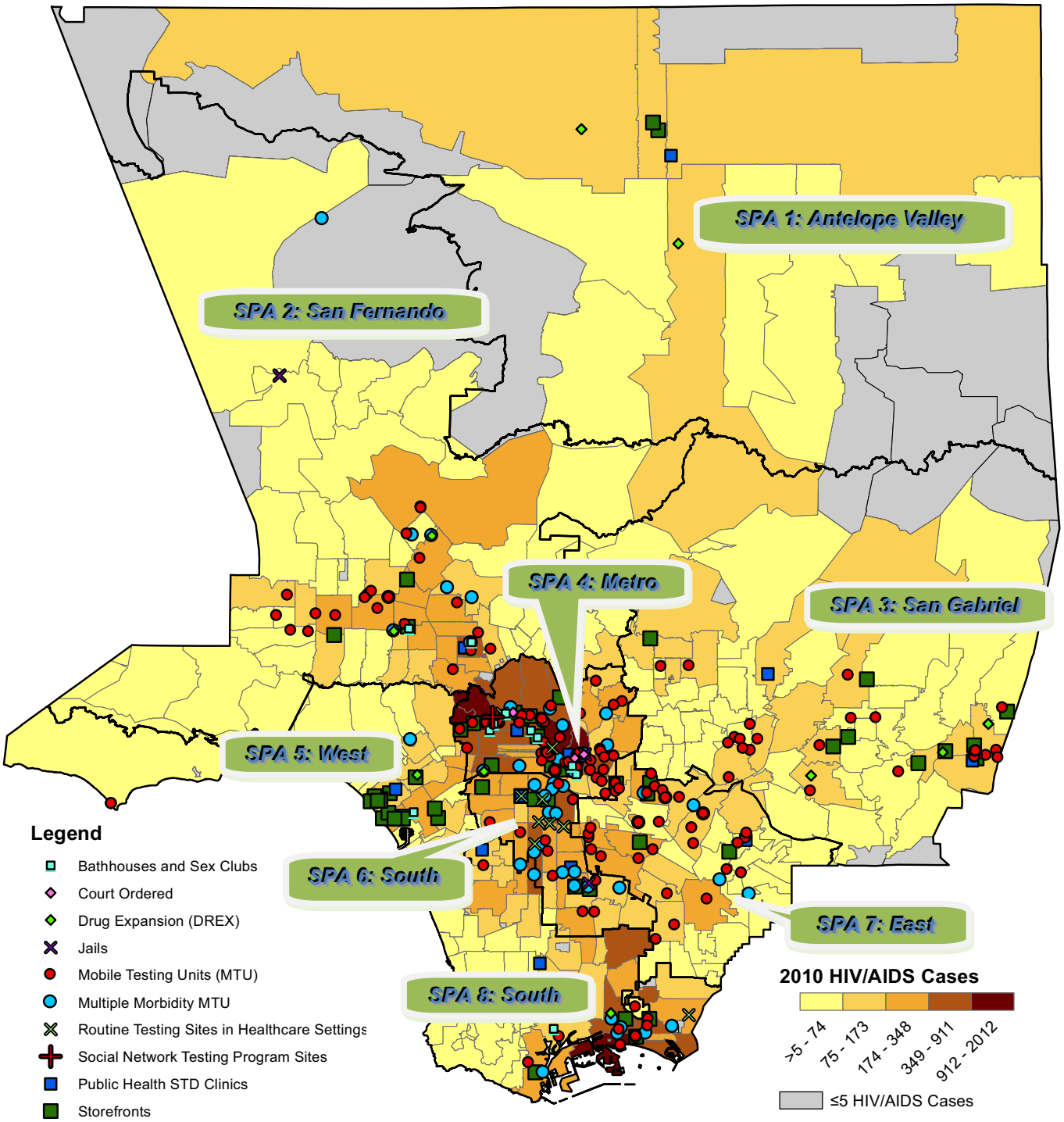


Figure 2 illustrates 2010 HIV/AIDS surveillance data from the Los Angeles County HIV Epidemiology Program, presented by SPA.

**Figure 2. Persons Living With HIV/AIDS through 12/31/2010[1] by Zip Code and Service Planning Area (SPA), Los Angeles County (N=42,922)**




***Data Sources: HIV Epidemiology Program, HIV/AIDS Semi-Annual Surveillance Summary, through December 2010 as of 9/30/11.**

# HIV Testing Summary, 2010

In 2010, HIV testing was provided through four program types: 1) Public Health STD Clinics; 2) routine HIV testing in healthcare settings; 3) testing within jail settings and 4) targeted testing across seven testing modalities: testing storefront, mobile testing units (MTU), multiple morbidity mobile testing units, bathhouses and sex clubs, HIV testing services offered by court-ordered testing programs and substance use treatment settings (i.e., drug expansion testing – DREX); and social network testing. Table 1 describes the number of tests conducted and HIV overall and new positivity in 2010 by testing program and modality.

**Overall positivity rate** is defined as the number of positive HIV tests (numerator) divided by the total number of HIV tests conducted. The **new positivity rate** is defined as the number of new positive HIV tests (numerator) divided by the total number of HIV tests conducted. **New positives** (new positive HIV tests) refer to positive HIV tests where clients self-reported to have never received a prior positive HIV test result.

**Table 1. HIV Tests by Modality Among DHSP-supported Programs, 2010**

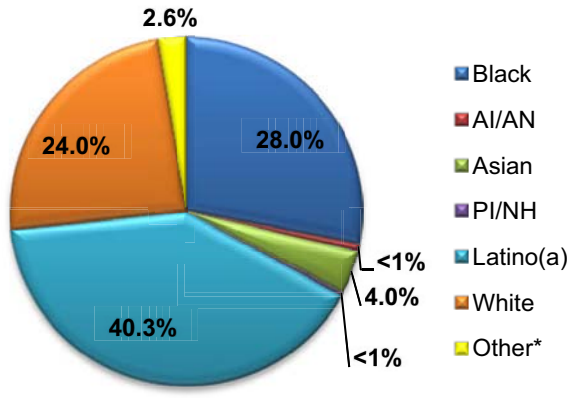
| Type of Testing Program | Tests | Overall Positivity Rate | | New Positivity Rate | |
|---|---|---|---|---|---|
| | | n | % | n | % |
| **Grand Total** | **100,686** | **1,203** | **1.19%** | **1,024** | **1.02%** |
| | | | | | |
| **Public Health STD Clinics** | **24,776** | **184** | **0.74%** | **154** | **0.62%** |
| | | | | | |
| **Routine Testing in Healthcare Settings** | **17,799** | **354** | **1.99%** | **348** | **1.96%** |
| | | | | | |
| **Testing within Jail Settings** | **12,932** | **73** | **0.56%** | **25** | **0.19%** |
| | | | | | |
| **Targeted Testing** | **45,179** | **592** | **1.31%** | **497** | **1.10%** |
| Bathhouses and Sex Clubs | 1,984 | 33 | 1.66% | 31 | 1.56% |
| Court Ordered and Drug Expansion | 1,832 | 36 | 1.97% | 23 | 1.26% |
| Mobile Testing Unit Program | 9,262 | 90 | 0.97% | 79 | 0.85% |
| Multiple Morbidity Mobile Testing Units | 3,565 | 44 | 1.23% | 35 | 0.98% |
| Social Network Testing Program | 707 | 55 | 7.78% | 44 | 6.22% |
| Storefront | 27,829 | 334 | 1.20% | 285 | 1.02% |
| | | | | | |

This HIV Testing Services Report describes data in terms of four different testing program types. Not all data presented in Table 1 are included in subsequent sections due to reasons highlighted in the **Limitations** (p. 2) section.

## Demographic Characteristics of Overall Testers

This section gives an overview of the demographic characteristics of all tests supported by DHSP. Based on race/ethnicity, the categories with the largest proportion of tests were Latino(a)s followed by African Americans, then Whites. Other (including 'mixed race') exhibited the highest new positivity rate. American Indian/Alaskan Natives and Pacific Islanders/Native Hawaiians represented the next highest new positivity rates but also represented the lowest total number of tests. In terms of gender, women continue to represent over a third of total tests and transgender individuals continue to demonstrate new positivity rates much greater (at least four times greater) than other genders. As in years past, the majority of testers are young (52% are under 35) and the age range of most new positives is 35-44 years.

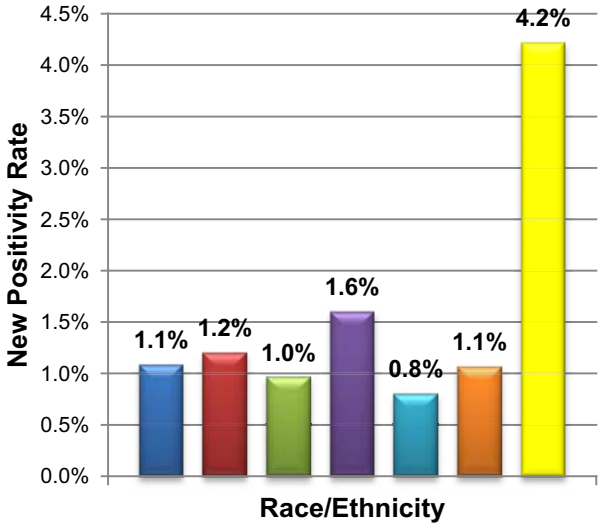
**Figure 3. Total Number of Tests by Race/ Ethnicity, 2010 (N=100,686)**



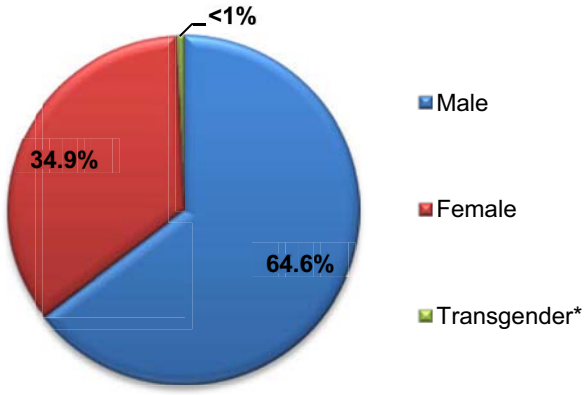

Missing Race/Ethnicity Data: 3,349 Tests

*Other includes Mixed Race

**Figure 4. Overall New Positivity Rate by Race/ Ethnicity, 2010**

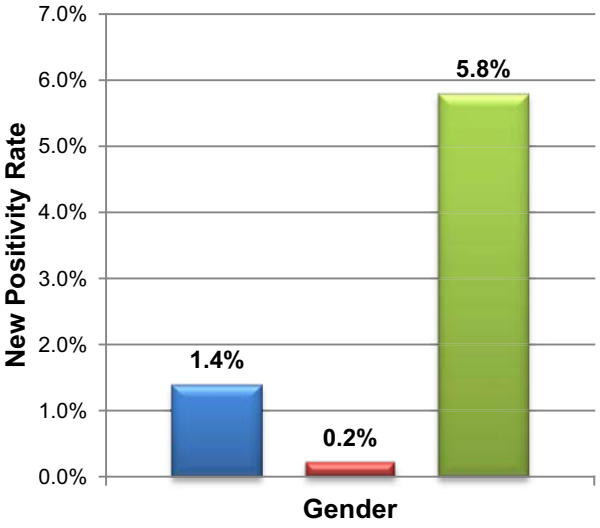


## Figure 5. Total Number of Tests by Gender, 2010 (N=100,686)*

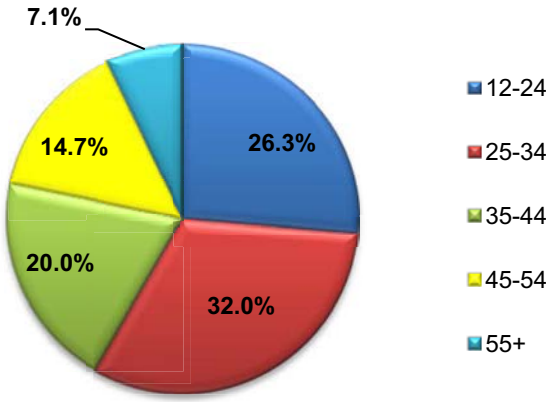



Missing Gender Data: 39 Tests
<0.1% of clients are 'Other' gender
*Includes: MTF, and FTM Transgender Individuals

## Figure 6. Overall New Positivity Rate by Gender, 2010*

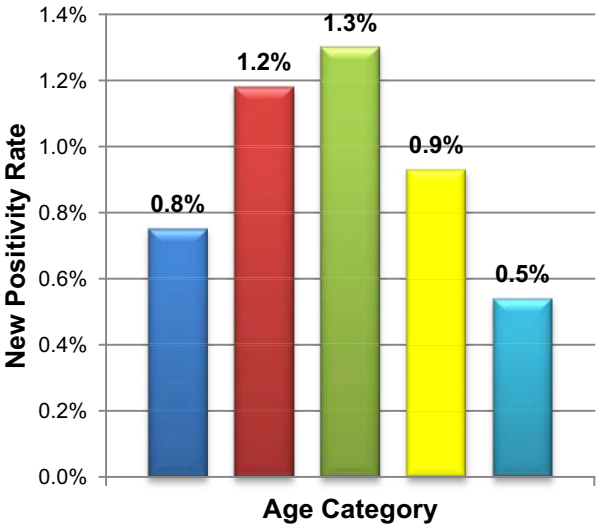



## Figure 7. Total Number of Tests by Age Group, 2010 (N=100,686)




Missing Age Data: 54 Tests
<0.1% of clients are age <12

## Figure 8. Overall New Positivity Rate by Age Group, 2010



# HIV Testing at Public Health STD Clinics

This report includes data collected from both the Los Angeles County STD program and from12 Public Health STD clinics (Antelope Valley, Simms Mann Health & Wellness Center, Central, Hollywood-Wilshire, Monrovia, North Hollywood, Pomona, South, Ruth Temple, Torrance, Curtis Tucker, and Whittier Health Centers) located throughout the County. HIV ranked third in terms of most commonly diagnosed STD's[iii], and represented 15.3% of HIV positive tests conducted by DHSP-supported programs in 2010 All HIV tests conducted were conventional (non-rapid) and confidential.

There were 24,776 HIV tests conducted in 2010 and 184 positive results. Of the 184 positive HIV tests, 137 testers (76.8%) returned to receive their test results.

**Table 2. HIV Testing Data from Public Health STD Sites, 2010**

| Characteristic | All Tests | |
|---|---|---|
| | N | % |
| **Number of HIV Tests** | **24,776** | |
| Disclosure of Test Result | 18,198 | 73.5% |
| | | |
| **Positives** | **184** | **0.74%** |
| Disclosure of Positive Test Result | 137 | 74.5% |
| **New Positives** | **154** | **0.62%** |
| Disclosure of New Positive Test Result | 111 | 72.1% |
| **Previously Positive** | **26** | **86.7%** |
| Disclosure of Previously Positive Test Result | 30 | 0.12% |
| | | |

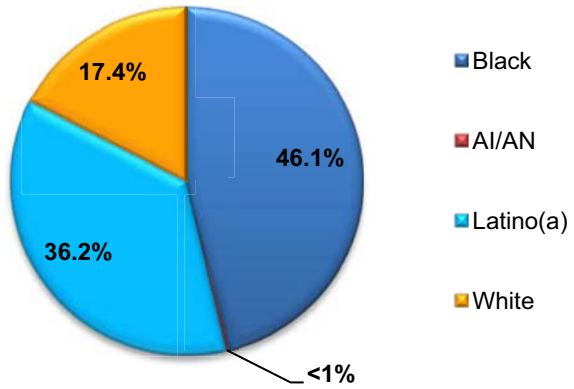
*All tests are conventional and confidential

## Demographic Characteristics of Testers at Public Health STD Clinics

This section gives an overview of the demographic characteristics of testers at Public Health STD clinics in 2010. New positivity rates for males were more than three times as high as they were for females. Of those clients who reported their race/ethnicity most (82.3%) were either African American or Latino(a). There was a larger proportion of African American testers in the STD clinics compared to other races in other testing venues. The data collection instrument did not offer 'Asian/Pacific Islander' as an option for race/ethnicity. A large proportion of testers were young (over 66% of testers were under the age of 35).

[iii] LA County STD Clinic Morbidity Report, 2010. Los Angeles County Department of Public Health, Sexually Transmitted Disease Program, May 2010. Available at http://publichealth.lacounty.gov/std/docs/STDclinicreport2010_final.pdf

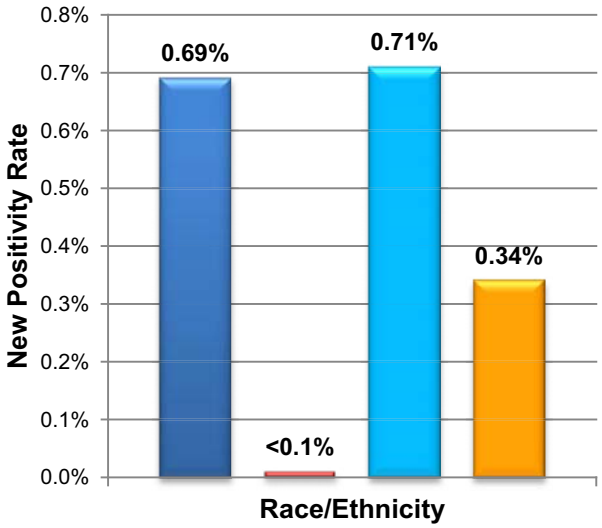
## Figure 9. Public Health STD Clinics, Total Number of Tests, by Race/ Ethnicity, 2010 (N=24,776)*



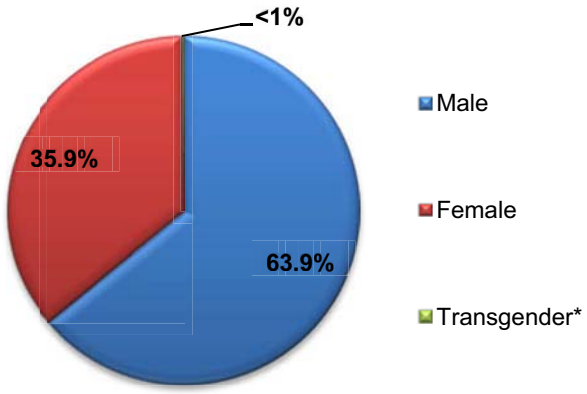

Missing Race/Ethnicity Data: 3,082 Tests

*Data collection instrument unable to capture Asian/PI

## Figure 10. Public Health STD Clinics, New Positivity Rate by Race/ Ethnicity, 2010*




## Figure 11. Public Health STD Clinics, Total Number of Tests by Gender, 2010 (N=24,776)*




<0.1% of clients missing gender

*Includes: MTF, and FTM Transgender Individuals

## Figure 12. Public Health STD Clinics, New Positivity Rate by Gender, 2010*

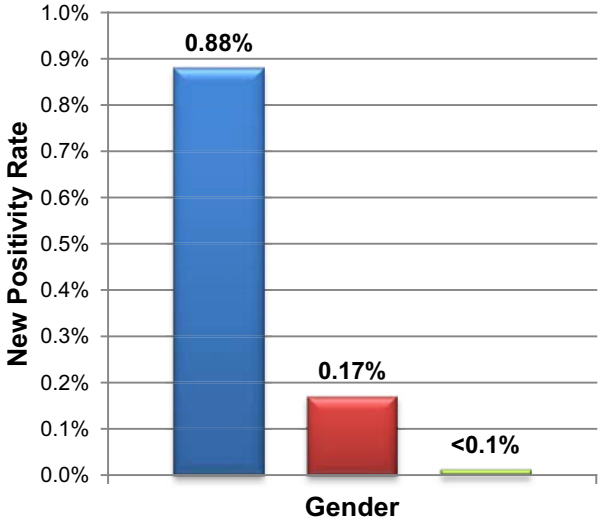
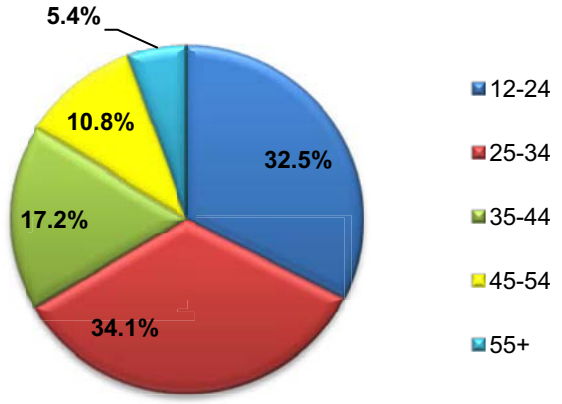
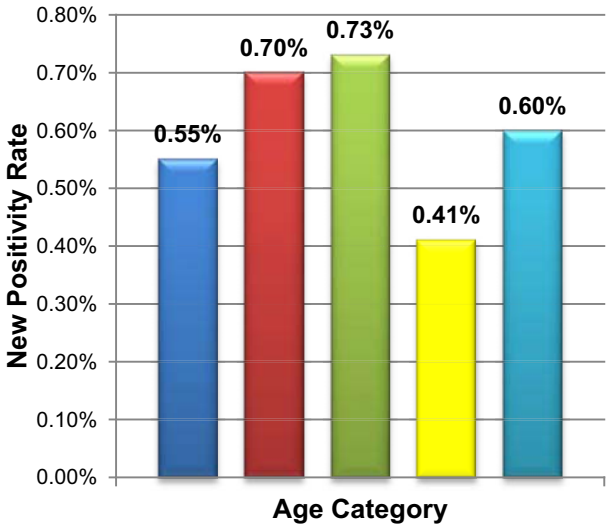


**Figure 13. Public Health STD Clinics, Total Number of Tests by Age Group, 2010 (N=24,776)**




<0.1% of clients missing age data or are age <12

**Figure 14. Public Health STD Clinics, New Positivity Rate by Age Group, 2010**




## Routine Testing in Healthcare Settings

DHSP continues to expand routine HIV screening in healthcare settings to identify new HIV positive individuals by working with 1) DHSP-funded prevention providers, 2) local, State, and federal partners, and 3) healthcare clinics. DHSP is continuing its efforts to increase the number of healthcare clinics that provide routine HIV testing to reduce the number of undiagnosed HIV infections.

DHSP has adopted CDC's revised recommendations to provide HIV screening in an opt-out method to all adults and adolescents aged 13-64 in healthcare settings. This includes, but is not limited to clinical settings such as inpatient services, substance abuse treatment clinics, community clinics, correctional healthcare facilities, prenatal care clinics and other primary care settings. With the support of the CDC's Expanded Testing Program, DHSP has partnered with a range of healthcare facilities to implement routine opt-out HIV testing. In 2010, routine testing was conducted at four healthcare sites in areas of Los Angeles County most impacted by HIV and STDs.: Clínica Monseñor Oscar A. Romero (Clínica Romero), Central City Health Center, To Help Everyone (T.H.E.) Clinic, and the Los Angeles Gay & Lesbian Center (LAGLC) Sexual Health Program. Additionally, DHSP implemented two demonstration projects at St. John's Well Child and Family Center and Hubert Humphrey Comprehensive Health Center with the goal of identifying the optimal routine testing models in community clinics.

### Routine Testing In Healthcare Settings

In 2010, there were a total of 17,799 rapid HIV tests conducted at routine testing sites within healthcare clinics. There were 354 positive individuals identified, representing 24.9% of HIV positive tests conducted by DHSP-supported sites in 2010. Of the 354 positive tests, 348 were newly identified. Tests were conducted at five healthcare clinics (T.H.E. Clinic, Central City Health Center, Clínica Romero, and LAGLC Sexual Health Program).

**Table 3. HIV Testing Data from Routine Testing Sites, 2010**

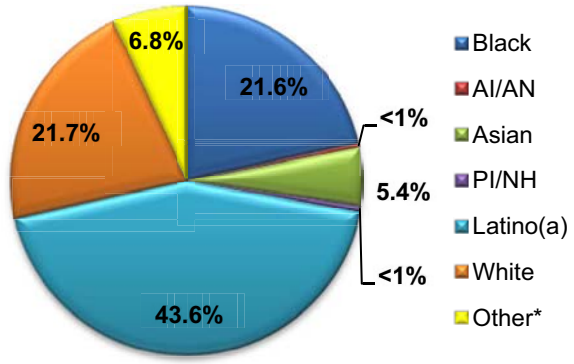
| Characteristic | All Tests | |
|---|---|---|
| | N | % |
| **Number of HIV Tests** | **17,799** | |
| Disclosure of Test Result | 17,523 | 98.4% |
| | | |
| **Positives** | **354** | **1.99%** |
| Disclosure of Positive Test Result | 354 | 100% |
| **New Positives** | **348** | **1.96%** |
| Disclosure of New Positive Test Result | 348 | 100% |
| **Previously Positive** | **6** | **0.03%** |
| Disclosure of Previously Positive Test Result | 6 | 100% |
| | | |

*All tests are rapid and confidential.

## Demographic Characteristics of Routine Testers

This section gives an overview of the demographic characteristics of testers at Routine Testing sites in 2010. There was a larger proportion of female testers at routine testing sites compared to other genders in other venues. Testers from the race/ethnicity category, 'Other', had the highest new positivity rate at 8.0%. Also, unlike other program types where the age group 35-44 had the highest new positivity rate, the age group 25-34 had the highest new positivity rate (2.8%) in routine testing sites.

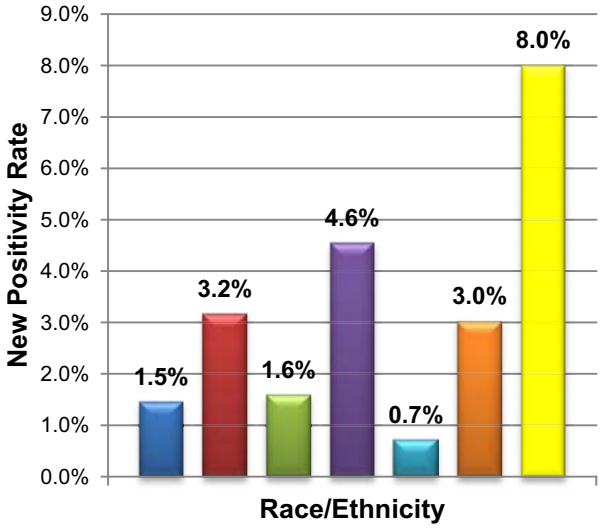
## Figure 16. Total Number of Routine Tests by Race/ Ethnicity, 2010 (N=17,799)



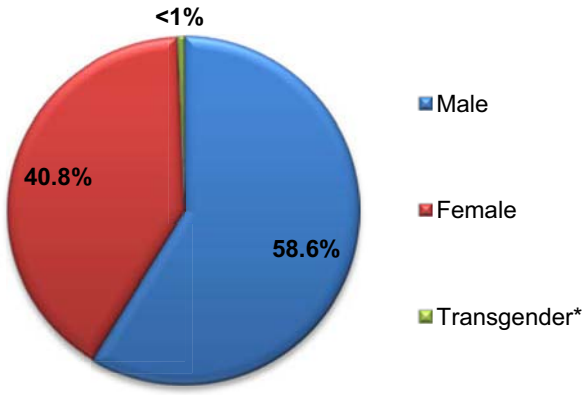

Missing Race/Ethnicity Data: <0.1% Tests

*Other includes Mixed Race

## Figure 17. Routine New Positivity Rate by Race/ Ethnicity, 2010




## Figure 18. Total Number of Routine Tests by Gender, 2010 (N=17,799)*




<0.1% of clients are missing or 'Other' gender

*Includes: MTF, and FTM Transgender Individuals

## Figure 19. Routine New Positivity Rate by Gender, 2010*

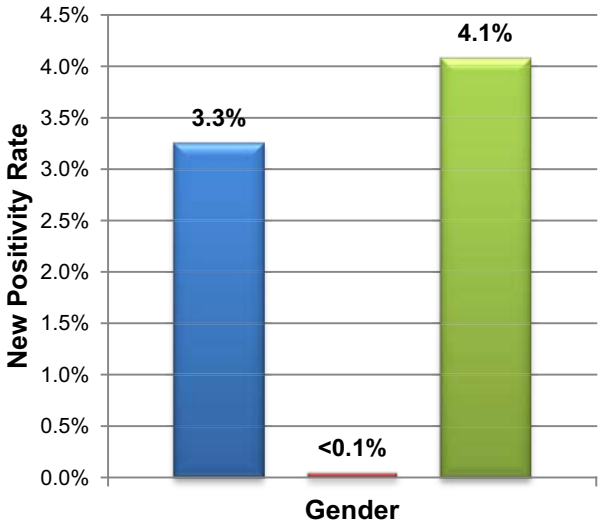
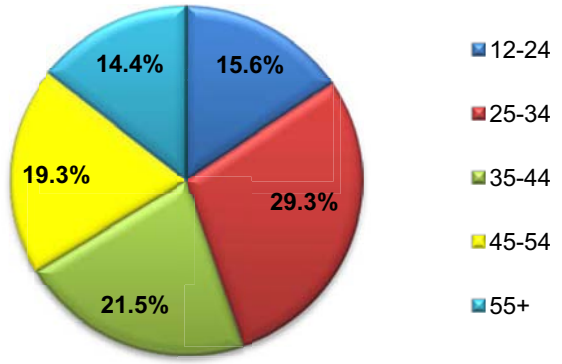
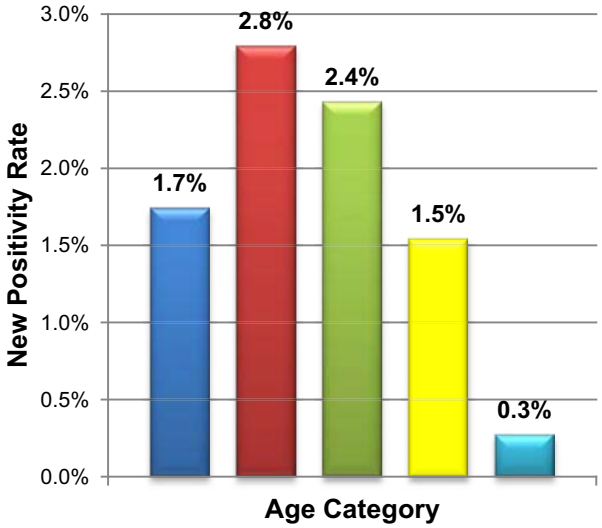


**Figure 20. Total Number of Routine Tests by Age Group, 2010 (N=17,799)**




<0.1% of clients missing age data or are age <12

**Figure 21. Routine New Positivity Rate by Age Group, 2010**




## Testing in Jail Settings

DHSP enhanced collaboration with the Los Angeles County Sheriff's Department (LASD) to implement an expanded HIV/STD screening program within one of the largest jail systems in the world. LASD processes between 500-1,000 inmates daily and approximately 185,000 inmates annually. The average inmate population is an estimated 18,750-19,500 each day, 89% of whom are male. Among the male inmates, 34% are African-American; however they make up a disproportionate 46% of HIV-positive inmates.

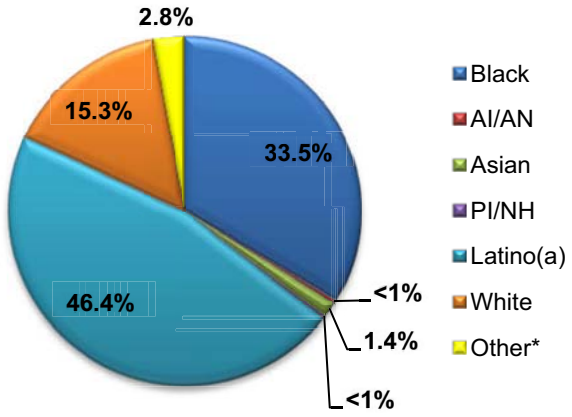
Rapid HIV testing was offered to inmates who may have an elevated risk for HIV through predictors established by a recent HIV testing research study. In 2010, there were a total of 12,932 rapid HIV tests conducted in jail settings. There were 73 positive tests representing 6.1% of positive tests supported by DHSP in 2010. Among the 73 positive tests, 25 were newly identified.

| Table 4. HIV Testing Data from Testing in Jail Settings, 2010 | | |
|---|---|---|
| **Characteristic** | **All Tests** | |
| | **N** | **%** |
| **Number of HIV Tests** | **12,932** | |
| Disclosure of Test Result | 12,923 | 99.9% |
| | | |
| **Positives** | **73** | **0.56%** |
| Disclosure of Positive Test Result | 73 | 100% |
| **New Positives** | **25** | **0.19%** |
| Disclosure of New Positive Test Result | 25 | 100% |
| **Previously Positive** | **48** | **0.37%** |
| Disclosure of Previously Positive Test Result | 48 | 100% |
| | | |
| *All tests are rapid and confidential. | | |

## Demographic Characteristics of Testers in Jail Settings

This section gives an overview of the demographic characteristics of testers in jail settings. The majority of testers were either Latino(a) (46.4%) or African American (33.5%), male (59.6%), and under the age of 35 [12-24 (29.3%) and 25-34 (34.9%). The highest proportion of testers in jails settings was Latino(a)s, compared to other races/ethnicities in other testing program types.

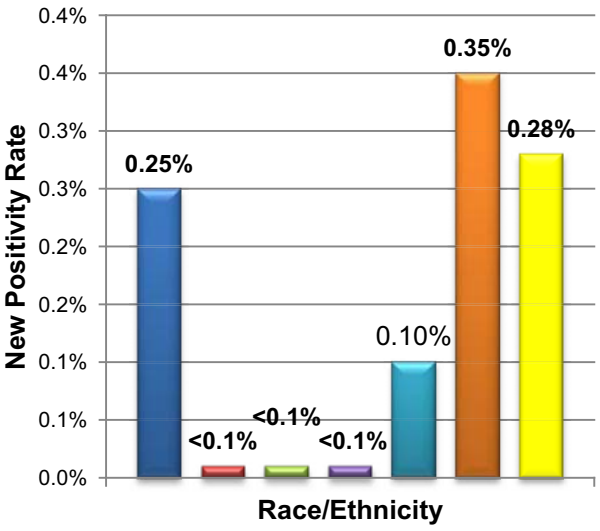
**Figure 22. Total Number of Tests in Jails Setting by Race/Ethnicity, 2010 (N=12,932)**



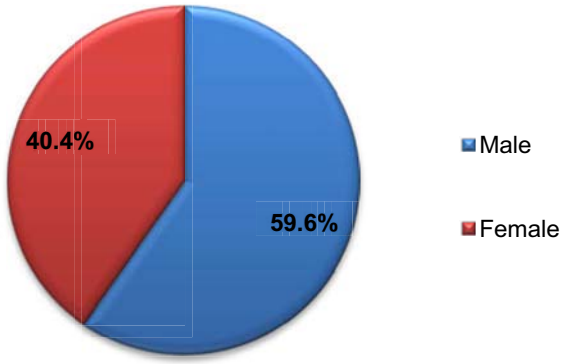

Missing Race/Ethnicity Data: <0.1% Tests

*Other includes Mixed Race

**Figure 23. Jails New Positivity Rate by Race/ Ethnicity, 2010**

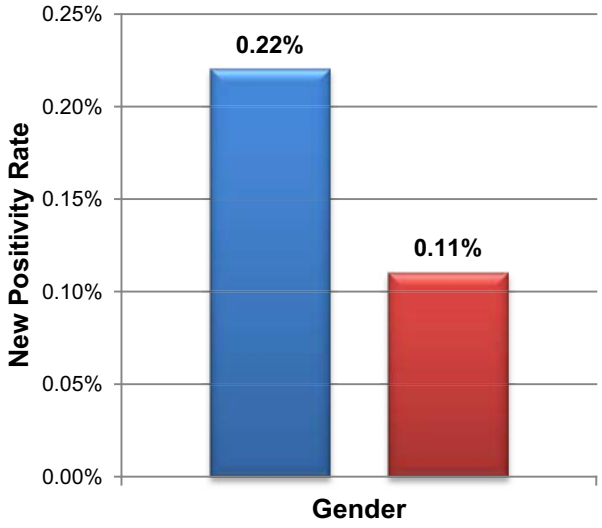


## Figure 24. Total Number of Tests in Jails Setting by Gender, 2010 (N=12,932)*

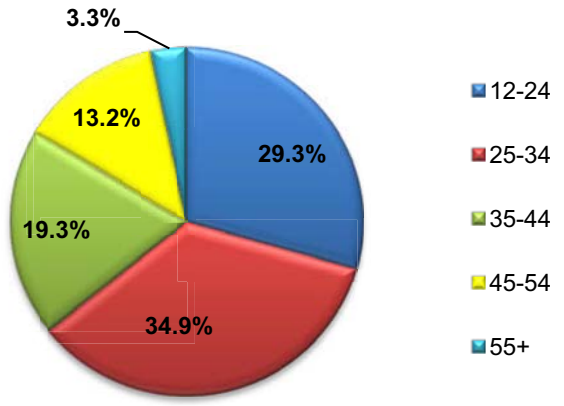



<0.1% of clients are MTF or FTM Transgender Individuals

## Figure 25. Jails New Positivity Rate by Gender, 2010*

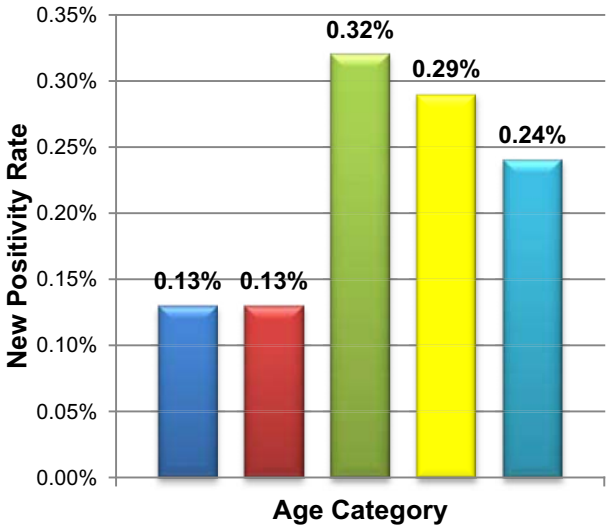



## Figure 26. Total Number of Tests in Jails Setting by Age Group, 2010 (N=12,932)




<0.1% of clients are missing data or are age <12

## Figure 27. Jails New Positivity Rate by Age Group, 2010



# Targeted HIV Testing

In 2010, a total of 45,179 HIV tests were performed at DHSP-supported targeted testing sites throughout Los Angeles County. Rapid HIV tests represented 93.4% of all tests (Table 5). Among rapid and non-rapid (conventional) tests, the majority were administered confidentially. Overall, 592 positive tests were conducted representing 49.2% of HIV positive tests supported by DHSP in 2010. Among the 592 positive tests, 497 tests were identified as newly HIV positive.

**Table 5. HIV Testing Data from Targeted Testing Sites, 2010**

| Characteristic | All Tests | | Rapid HIV Tests | | Conventional HIV Tests | |
|---|---|---|---|---|---|---|
| | N | % | n | % | n | % |
| **Number of HIV Tests** | **45,179** | | **42,179** | **93.4%** | **3,000** | **6.6%** |
| | | | | | | |
| **Test Election** | | | | | | |
| Confidential | 39,352 | 87.1% | 36,526 | 86.6% | 2,826 | 94.2% |
| Anonymous | 5,827 | 12.9% | 5,653 | 13.4% | 174 | 5.8% |
| | | | | | | |
| **Positive** | 592 | 1.31% | 563 | 1.33% | 29 | 0.97% |
| New Positives | 497 | 1.10% | 474 | 1.12% | 23 | 0.77% |
| Previously Positive | 95 | 0.21% | 89 | 0.21% | 6 | 0.20% |
| | | | | | | |
| **Disclosure of Test Results** | | | | | | |
| All Tests | 44,298 | 98.0% | 42,007 | 99.6% | 2,291 | 76.4% |

Table 6 exhibits the proportion of positive rapid and conventional tests that received their results by positive status (new vs. previously positive). Of the 474 new positive rapid HIV tests, 468 testers (98.7%) returned to receive their preliminary positive test results and 333 testers (70.3%) provided an additional specimen for laboratory-based confirmatory testing. Of those 333 tests, 260 (78.1%) returned at least one week later to receive their confirmed positive test result.

**Table 6. Disclosure of Positive Results Among Rapid HIV and Conventional Tests**

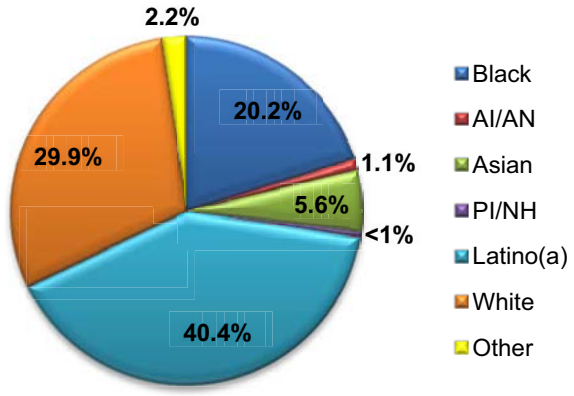
| Characteristic | New Positives | | Previously Positive | |
|---|---|---|---|---|
| | n | % | n | % |
| **Rapid HIV Positive Tests (N = 563)** | **474** | | **89** | |
| Received initial reactive rapid HIV test result | 468 | 98.7% | 88 | 98.9% |
| Provided a specimen for laboratory-based confirmatory testing | 333 | 70.3% | 47 | 52.8% |
| *Received confirmed positive result*[1] | *260* | *78.1%* | *36* | *76.6%* |
| | | | | |
| **Conventional HIV Positive Tests (N = 29)** | 23 | | 6 | |
| Received confirmed positive result | 17 | 73.9% | 5 | 83.3% |

[1] Individuals who returned one week later to receive a confirmed positive test result through Western Blot or IFA testing.

## Demographic Characteristics of Testers

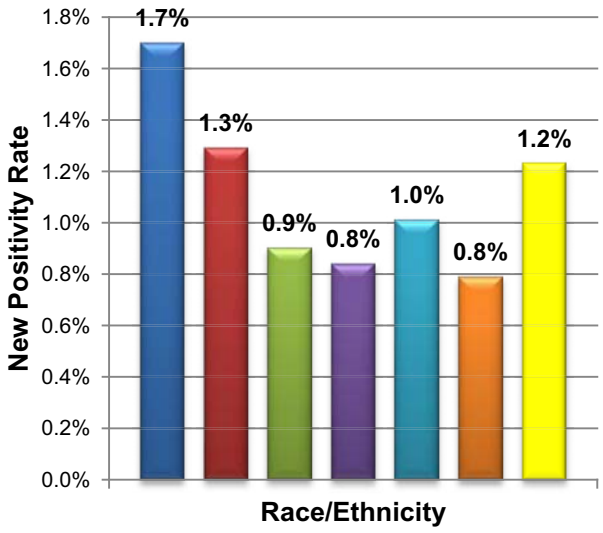
This section gives an overview of the demographic characteristics of testers at targeted testing sites in 2010. Testing conducted at targeted testing sites had the highest proportion of male testers compared to other program types. A large percentage of African Americans were identified as newly positive through targeted testing (1.7%).

### Figure 28. Total Number of Targeted Tests by Race/ Ethnicity, 2010 (N=45,179)

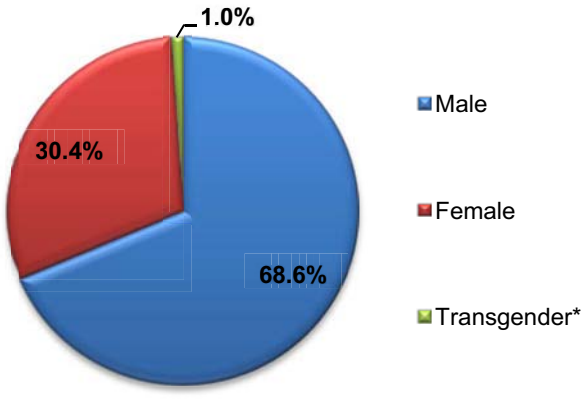



Missing Race/Ethnicity Data: 165 Tests

### Figure 29. New Positivity Rate by Race/ Ethnicity, 2010

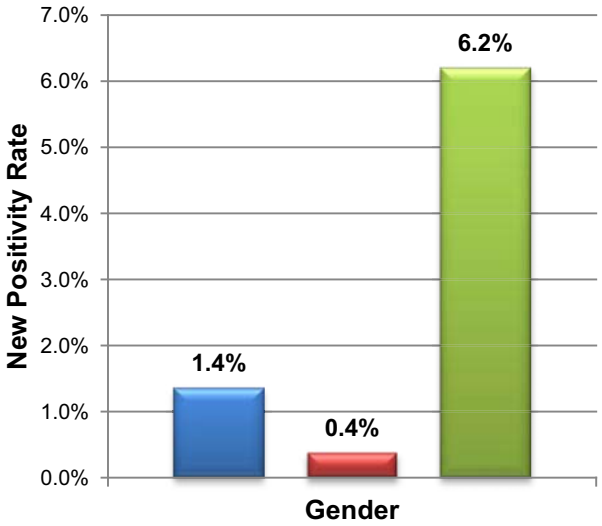



### Figure 30. Total Number of Targeted Tests by Gender, 2010 (N=45,179)*

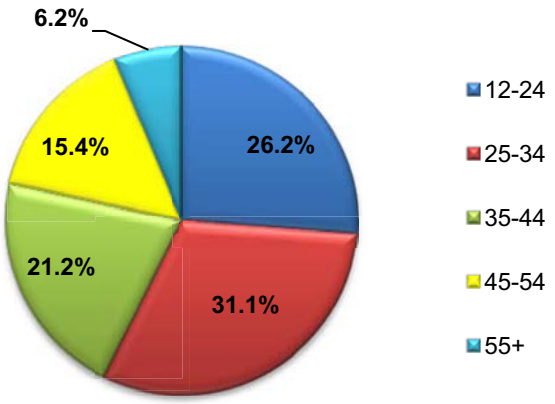



Missing Gender Data: 33 Tests
<0.1% of clients are 'Other' gender
*Includes: MTF, and FTM Transgender Individuals

### Figure 31. New Positivity Rate by Gender, 2010*

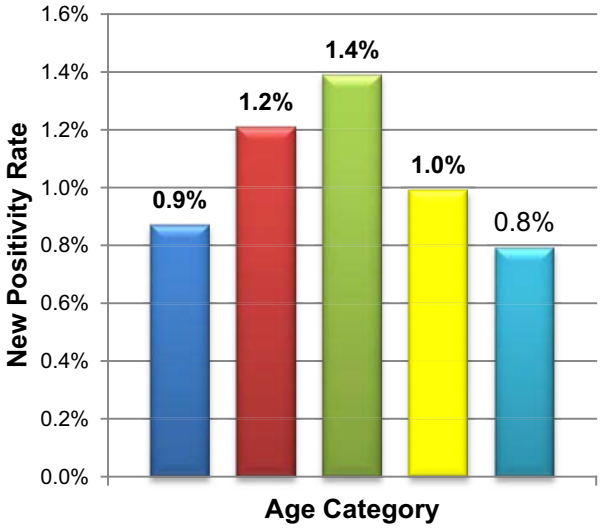


## Figure 32. Total Number of Targeted Tests by Age Group, 2010 (N=45,179)




Missing Age Data: 33 Tests
<0.1% of clients are Ages <12

## Figure 33. New Positivity Rate by Age Group, 2010



# Tests by Target Populations

The new positivity rate for transgender individuals was 6.0% compared to males who were at 1.3%, leading to transgender individuals being included as a priority population (priority and critical target populations are defined in the Los Angeles County Department of Public Health HIV Prevention Plan 2009-2013). Priority population categories are not mutually exclusive. A total of 4,241 tests (among 45,179 targeted tests included in the previous section), were excluded from this section due to limitations in data reporting from some sources.

**Table 7. Targeted HIV Tests by Priority & Critical Target Population, 2010**

| Characteristic | N | New Positives (n) | New Positivity Rate (%) |
|---|---|---|---|
| **Number of HIV Tests** | **40,938** | **435** | **1.1%** |
| | | | |
| **Target Populations** | | | |
| Youth (12-24 years) | 11,126 | 97 | 0.9% |
| *Gay men* | *2,913* | *80* | *2.7%* |
| *Non- gay identified men who have sex with men* | *205* | *<5* | *-* |
| *Transgender Individuals* | *118* | *6* | *5.1%* |
| *Sex Workers* | *704* | *8* | *1.1%* |
| *Women who have sex partners of unknown HIV Status* | *4,204* | *6* | *0.1%* |
| Male | 27,509 | 363 | 1.3% |
| *Gay men* | *12,218* | *321* | *2.6%* |
| *Non- gay identified men who have sex with men* | *817* | *9* | *1.1%* |
| Female | 12,981 | 45 | 0.3% |
| *Women who have sex partners of unknown HIV status* | *12,763* | *40* | *0.3%* |
| Transgender Individuals | 448 | 27 | 6.0% |
| People who Share Needles/Works | 3,682 | 53 | 1.4% |

Table 8 (a-g) describes the total number of tests and new positivity rates by race/ethnicity and target population. The highest number of tests was among Latino(a)s with 16,038 tests. Alaskan Natives/American Indians provided the second smallest number of tests but had the highest new positivity rate of 2.2%. By target population, African American gay men and transgender individuals had the highest new positivity rates of 6.4% and 14.2%, respectively, compared to their counterparts of different race/ethnicities. Latino(a) transgender individuals demonstrated the second highest new positivity rate (4.1%). Among African Americans, youth demonstrated the highest new positivity rate at 2.1%, compared to Latino(a) youth at 0.7% and White youth at 0.4%.

## Table 8a. Priority & Critical Target Population among African American/Black, 2010

| Race/Ethnicity | Number of Testers | | New Positives | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **African American/Black** | **8,406** | | **149** | **1.8%** |
| Youth (12-24 years) | 2,112 | 25.1% | 44 | 2.1% |
| *Gay men* | *494* | *23.4%* | *35* | *7.1%* |
| *Non- gay identified men who have sex with men* | *24* | *1.1%* | *<5* | *-* |
| *Transgender Individuals* | *27* | *1.3%* | *5* | *18.5%* |
| *Sex Workers* | *259* | *12.3%* | *<5* | *-* |
| *Women with sex partners of unknown HIV status* | *983* | *46.5%* | *<5* | *-* |
| Male | 4,955 | 58.9% | 117 | 2.4% |
| *Gay men* | *1,567* | *31.6%* | *101* | *6.4%* |
| *Non- gay identified men who have sex with men* | *144* | *2.9%* | *5* | *3.5%* |
| Female | 3,345 | 39.8% | 17 | 0.5% |
| *Women with sex partners of unknown HIV status* | *3,282* | *98.1%* | *15* | *0.5%* |
| Transgender Individuals | 106 | 1.3% | 15 | 14.2% |
| People who Share Needles/Works | 507 | 6.0% | 15 | 3.0% |

## Table 8b. Priority & Critical Target Population among AI/AN, 2010

| Race/Ethnicity | Number of Testers | | New Positives | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **American Indian/Alaskan Native** | **463** | | **6** | **1.3%** |
| Youth (12-24 years) | 101 | 21.8% | <5 | - |
| *Gay men* | *30* | *29.7%* | *<5* | *-* |
| *Non- gay identified men who have sex with men* | *<5* | *-* | *-* | *-* |
| *Transgender Individuals* | *<5* | *-* | *-* | *-* |
| *Sex Workers* | *8* | *7.9%* | *<5* | *-* |
| *Women with sex partners of unknown HIV status* | *35* | *34.7%* | *<5* | *-* |
| Male | 273 | 59.0% | <5 | - |
| *Gay men* | *96* | *35.2%* | *<5* | *-* |
| *Non- gay identified men who have sex with men* | *9* | *3.3%* | *<5* | *-* |
| Female | 186 | 40.2% | <5 | - |
| *Women with sex partners of unknown HIV status* | *180* | *96.8%* | *<5* | *-* |
| Transgender Individuals | <5 | - | - | - |
| People who Share Needles/Works | 86 | 18.6% | <5 | - |

## Table 8c. Priority & Critical Target Population Data among Asian, 2010

| Race/Ethnicity | Number of Testers | | New Positives | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **Asian** | **2,395** | | **17** | **0.7%** |

| | | | | |
|---|---|---|---|---|
| Youth (12-24 years) | 732 | 30.6% | <5 | - |
| *Gay men* | *244* | *33.3%* | *<5* | - |
| *Non- gay identified men who have sex with men* | *13* | *1.8%* | *<5* | - |
| *Transgender Individuals* | *<5* | - | - | - |
| *Sex Workers* | *20* | *2.7%* | *<5* | - |
| *Women with sex partners of unknown HIV status* | *287* | *39.2%* | *<5* | - |
| Male | 1,700 | 71.0% | 16 | 0.9% |
| *Gay men* | *993* | *58.4%* | *14* | *1.4%* |
| *Non- gay identified men who have sex with men* | *45* | *2.6%* | *<5* | - |
| Female | 679 | 28.4% | <5 | - |
| *Women with sex partners of unknown HIV status* | *676* | *99.6%* | *<5* | - |
| Transgender Individuals | 16 | 0.7% | <5 | - |
| People who Share Needles/Works | 62 | 2.8% | <5 | - |

**Table 8d. Priority & Critical Target Population among PI/NH, 2010**

| **Race/Ethnicity** | **Number of Testers** | | **New Positives** | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **Pacific Islander/Native Hawaiian** | **223** | | **-** | **-** |
| Youth (12-24 years) | 69 | 30.9% | - | - |
| *Gay men* | *13* | *18.8%* | *<5* | - |
| *Non- gay identified men who have sex with men* | *<5* | - | - | - |
| *Transgender Individuals* | *<5* | - | - | - |
| *Sex Workers* | *6* | *8.7%* | *<5* | - |
| *Women with sex partners of unknown HIV status* | *32* | *46.4%* | *<5* | - |
| Male | 159 | 71.3% | <5 | - |
| *Gay men* | *91* | *57.2%* | *<5* | - |
| *Non- gay identified men who have sex with men* | *<5* | - | - | - |
| Female | 63 | 28.3% | <5 | - |
| *Women with sex partners of unknown HIV status* | *62* | *98.4%* | *<5* | - |
| Transgender Individuals | <5 | - | - | - |
| People who Share Needles/Works | 17 | 7.6% | <5 | - |

**Table 8e. Priority & Critical Target Population among Latino(a), 2010**

| **Race/Ethnicity** | **Number of Testers** | | **New Positives** | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **Latino(a)** | **16,038** | | **152** | **0.9%** |
| Youth (12-24 years) | 5,166 | 32.2% | 34 | 0.7% |
| *Gay men* | *1,235* | *23.9%* | *29* | *2.3%* |
| *Non- gay identified men who have sex with men* | *107* | *2.1%* | *<5* | - |
| *Transgender Individuals* | *75* | *1.5%* | *<5* | - |
| *Sex Workers* | *214* | *4.1%* | *<5* | - |

| | | | | |
|---|---|---|---|---|
| *Women with sex partners of unknown HIV status* | *1,895* | *36.7%* | *<5* | *-* |
| Male | 10,535 | 65.7% | 124 | 1.2% |
| *Gay men* | *4,096* | *38.9%* | *111* | *2.7%* |
| *Non- gay identified men who have sex with men* | *356* | *3.4%* | *<5* | *-* |
| Female | 5,233 | 32.6% | 17 | 0.3% |
| *Women with sex partners of unknown HIV status* | *5,146* | *98.3%* | *15* | *0.3%* |
| Transgender Individuals | 270 | 1.7% | 11 | 4.1% |
| People who Share Needles/Works | 1,199 | 7.5% | 17 | 1.4% |

**Table 8f. Priority & Critical Target Population among White, 2010**

| **Race/Ethnicity** | **Number of Testers** | | **New Positives** | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **White** | **12,485** | | **98** | **0.8%** |
| Youth (12-24 years) | 2,649 | 21.2% | 10 | 0.4% |
| *Gay men* | *815* | *30.8%* | *10* | *1.2%* |
| *Non- gay identified men who have sex with men* | *54* | *2.0%* | *<5* | *-* |
| *Transgender Individuals* | *8* | *0.3%* | *<5* | *-* |
| *Sex Workers* | *178* | *6.7%* | *<5* | *-* |
| *Women with sex partners of unknown HIV status* | *878* | *33.1%* | *<5* | *-* |
| Male | 9,240 | 74.0% | 92 | 1.0% |
| *Gay men* | *5,082* | *55.0%* | *82* | *1.6%* |
| *Non- gay identified men who have sex with men* | *247* | *2.7%* | *<5* | *-* |
| Female | 3,207 | 25.7% | 6 | 0.2% |
| *Women with sex partners of unknown HIV status* | *3,152* | *98.3%* | *6* | *0.2%* |
| Transgender Individuals | 38 | 0.3% | <5 | - |
| People who Share Needles/Works | 1,732 | 13.9% | 18 | 1.0% |

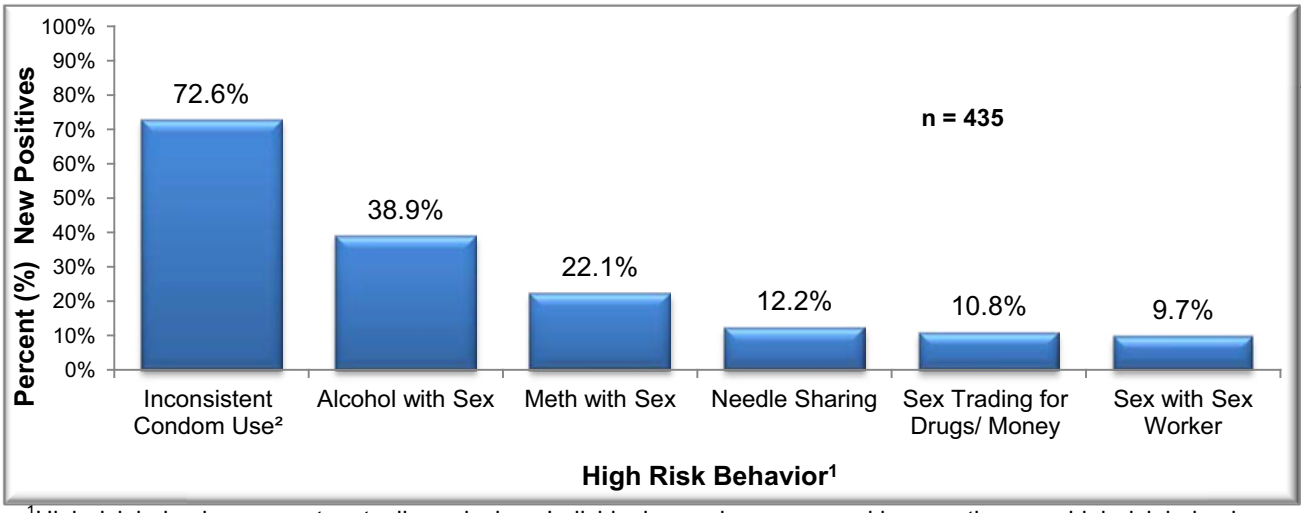
**Table 8g. Priority & Critical Target Population among Other Race/Ethnicity, 2010**

| **Race/Ethnicity** | **Number of Testers** | | **New Positives** | |
|---|---|---|---|---|
| **Target Population** | **N** | **%** | **n** | **Rate %** |
| **Other** | **928** | | **12** | **1.3%** |
| Youth (12-24 years) | 297 | 32.0% | <5 | - |
| *Gay men* | *82* | *27.6%* | *<5* | *-* |
| *Non- gay identified men who have sex with men* | *<5* | *-* | *-* | *-* |
| *Transgender Individuals* | *5* | *1.7%* | *<5* | *-* |
| *Sex Workers* | *19* | *6.4%* | *<5* | *-* |
| *Women with sex partners of unknown HIV status* | *94* | *31.6%* | *<5* | *-* |
| Male | 647 | 69.7% | 9 | 1.4% |
| *Gay men* | *293* | *45.3%* | *9* | *3.1%* |
| *Non- gay identified men who have sex with men* | *15* | *2.3%* | *<5* | *-* |
| Female | 268 | 28.9% | <5 | - |

| | | | | |
|---|---|---|---|---|
| *Women with sex partners of unknown HIV status* | *265* | *98.9%* | *<5* | - |
| Transgender Individuals | 13 | 1.4% | <5 | - |
| People who Share Needles/Works | 75 | 8.1% | <5 | - |

Sexual behavior continues to be the primary method of HIV transmission among clients who were recently diagnosed with HIV in Los Angeles County. The majority of new positive clients (77.1%) reported to have sometimes or never used condoms when having vaginal or anal sex.

**Figure 34. New Positives Identified at DHSP-supported Sites by HIV Risk Behavior, 2010**




[1]High risk behaviors are not mutually exclusive. Individuals may have engaged in more than one high risk behavior
[2] Inconsistent condom use includes those individuals who reported never or sometimes using condoms during vaginal or anal sex during last two years or since last test result.

## Linkage to Care

In 2009, DHSP evaluated linkage to care among testing sites conducting rapid testing as part of the Rapid Testing Algorithm Project[iv]. Testing records from 2006 to 2008 were matched against laboratory data to determine which testers were linked to care within 12 months of a new HIV positive test. Among individuals who tested at DHSP-funded targeted testing sites between 2006 and 2008, 65.4% were linked to care within the first year of a new HIV positive test. There were key differences among some target populations. While women were the most likely to be linked to care (71.1%), transgender individuals (45.8%) and the homeless (37.5%) were least likely to be linked.

**Table 9: Linkage to Care, Jan 2006 - Dec 2008[1] (n = 807)**

| Characteristic | No. | % |
|---|---|---|
| Linked to Care[2] | 528 | 65.4% |
| Male (n=707) | 463 | 65.5% |
| Female (n=76) | 54 | 71.1% |
| Transgender individuals (n=24) | 11 | 45.8% |
| African-American (n=183) | 99 | 54.1% |
| Hispanic/Latino(a) (n=400) | 266 | 66.5% |
| White (n=165) | 123 | 74.5% |
| Homeless (n=72) | 27 | 37.5% |
| Men Reporting having Sex with Men (MSM) (n=463) | 309 | 66.7% |
| Injection Substance Users (n=85) | 43 | 50.6% |
| Drug Users[3] (n=193) | 120 | 62.2% |

**Data Source:** HIV Information Resources System (HIRS) and HIV/AIDS Reporting System (HARS)

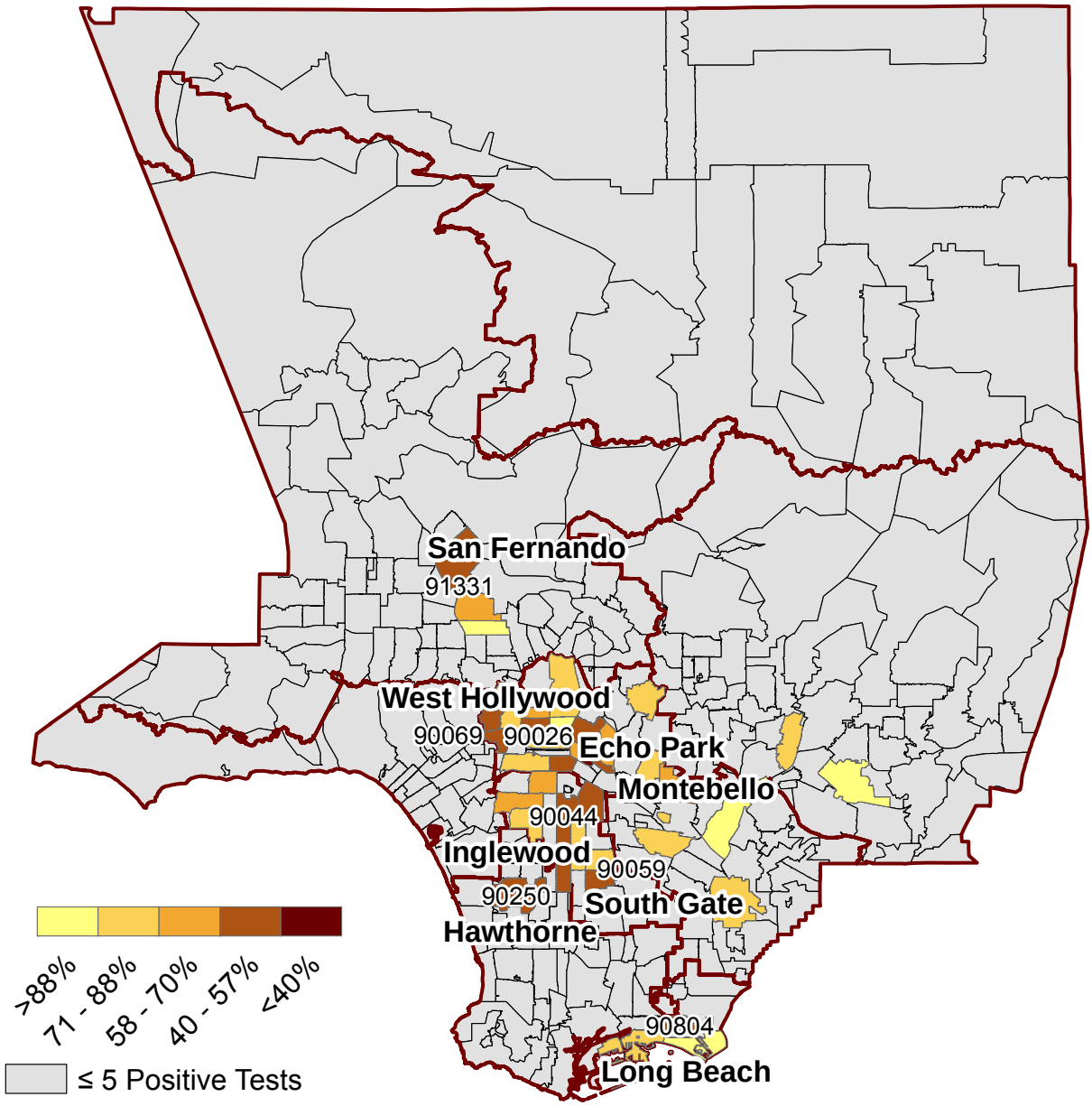
[1] Individuals who tested confidentially at DHSP-funded sites using a rapid test

[2] Linked to care defined as having one viral load or CD4 lab test completed within one year of positive test result. Represents lab data collected through December 31, 2009

[3] Self-reported to have used crack, cocaine, heroin, or amphetamines

[iv] CDC funded study (PS06-002) "Evaluation of a Rapid HIV Test Algorithm for Improved Predictive Value and Improved Linkage to Care". Available at http://grants.nih.gov/grants/guide/rfa-files/RFA-PS-06-002.html.

**Figure 35. Proportion of HIV Positive Clients Linked to Care by Zip Code, HCT Tests 2006-2008**




***Source: HIV Information Resources System (HIRS), Counseling and Testing Data, 2006-08, and HIV/AIDS Reporting System (HARS), Surveillance Data 2006-09**

## Methamphetamine Use

Methamphetamine (meth) is a highly addictive stimulant that affects the central nervous system and has a high potential for abuse and dependence. In Los Angeles County, meth is second only to marijuana in admissions for substance abuse treatment, accounting for 18.1% of all treatment admissions in FY2009-2010[v].

The association between meth use and HIV transmission is related to: 1) the tendency among gay, bisexual and other men who have sex with men to engage in unprotected sex while under the influence of meth, and 2) the risks associated with injection drug use for those who inject meth. This section describes meth use in the last year among targeted testers at DHSP-funded sites in 2010.

Among HIV positive individuals, 26.9% reported using meth, compared to 16.0% among all testers (Table 15). Transgender individuals reported the highest meth use at 29.2%, compared to other genders. Additionally, 33.7% of non-gay identified men who had sex with men reported using meth, compared to 16.5% of men overall.

**Table 10. Methamphetamine (Meth) Use Among Critical Target Populations, HCT Summary Data from DHSP-funded Sites, 2010**

| Characteristic | N | Reported Meth Use | |
|---|---|---|---|
| | | n | % |
| **Number of HIV Tests** | 40,938 | 6,533 | 16.0% |
| HIV Positive Individuals | 524 | 141 | 26.9% |
| | | | |
| **Target Populations** | | | |
| Youth (12-24 years) | 11,126 | 1,869 | 16.8% |
| *Gay men* | *2,913* | *386* | *13.3%* |
| *Non- gay identified men who have sex with men* | *205* | *78* | *38.0%* |
| *Transgender Individuals* | *118* | *39* | *33.1%* |
| *Sex Workers* | *704* | *283* | *40.2%* |
| *Women who have sex partners of unknown HIV status* | *4,204* | *592* | *14.1%* |
| Male | 27,509 | 4,533 | 16.5% |
| *Gay men* | *12,218* | *1,555* | *12.7%* |
| *Non- gay identified men who have sex with men* | *817* | *275* | *33.7%* |
| Female | 12,981 | 1,869 | 14.4% |
| *Women who have sex partners of unknown HIV status* | *12,763* | *1,830* | *14.3%* |
| Transgender Individuals | 448 | 131 | 29.2% |
| People who Share Needles/Works | 3,682 | 2,030 | 55.1% |
| | | | |

[v] Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, September 2010. Available at http://publichealth.lacounty.gov/sapc/FactSheet/DrugUseFactSheet.pdf .

Figure 36 illustrates the proportion of reported meth use among testers at targeted testing sites by race/ethnicity and by age group. American Indian/Alaskan Native testers (25.5%) and persons in the 25 to 34 age group (17.2%) and 35 to 44 year age group (17.4%) reported the highest meth use.

**Figure 36. Meth use among HIV Testers at Targeted Testing Sites by Race/Ethnicity and Age Group, 2010 (N = 40,938)**

| Demographic Characteristic | n | % Reported Meth Use |
|---|---|---|
| | | |
| **Race/Ethnicity** | | |
| African American/Black | 8,406 | 10.5% |
| American Indian/Alaskan Native | 463 | 25.5% |
| Asian | 2,395 | 7.4% |
| Pacific Islander/Native Hawaiian | 223 | 19.7% |
| Latino(a) | 16,038 | 17.4% |
| White | 12,485 | 19.2% |
| Other | 928 | 14.1% |
| **Age Group (years)** | | |
| 12 to 24 | 11,126 | 16.8% |
| 25 to 34 | 12,715 | 17.2% |
| 35 to 44 | 8,362 | 17.5% |
| 45 to 54 | 6,207 | 13.3% |
| 55+ | 2,499 | 7.4% |
| Unknown | 29 | 3.4% |

Figure 37 illustrates meth use among testers by residence SPA. The Antelope Valley and San Fernando Valley continue to be areas of the County with the highest meth use. Meth use was reported to be 23.2% and 23.6% for (Antelope Valley) SPA 1 and (San Fernando Valley) SPA2, respectively.

**Figure 37. Meth use among HIV Testers at Targeted Testing Sites by Residence Service Planning Area (SPA), 2010 (N = 40,938)**

| Residence Service Planning Area (SPA) | n | % Reported Meth Use |
|---|---|---|
| SPA 1 | 1,712 | 23.2% |
| SPA 2 | 5,369 | 23.6% |
| SPA 3 | 5,617 | 20.1% |
| SPA 4 | 9,610 | 14.3% |
| SPA 5 | 3,747 | 11.4% |
| SPA 6 | 3,840 | 9.4% |
| SPA 7 | 2,826 | 18.4% |
| SPA 8 | 4,715 | 13.5% |
| Unknown SPA | 3,502 | 12.1% |

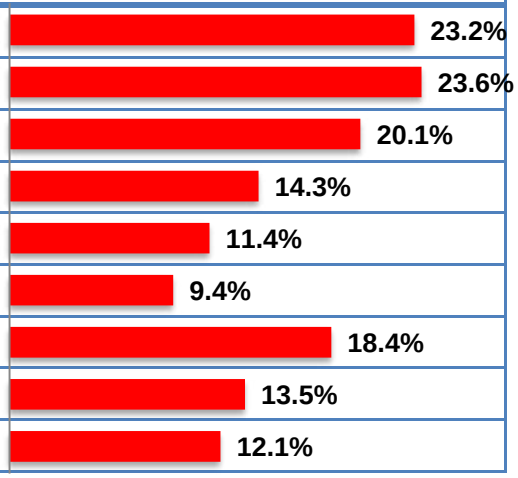


Table 11 shows the proportion of self-reported meth use among priority and critical target populations within each race/ethnicity category. For denominators of each category, please see Table 8 (a-g).American Indians/Alaskan Natives demonstrated the highest percentage of meth use (25.5%), followed by Pacific Islanders/Native Hawaiians and Whites at 19.7% and 19.2%, respectively. The highest positivity rates among meth users were American Indians/Alaskan Natives at 6.8%, and African Americans/Blacks at 3.7%. American Indians/Alaskan Natives had the highest proportion of gay men who reported meth use at 29.2%, and Whites had the highest proportion of non-gay identified men who had sex with men who reported meth use at 43.7%.

**Table 11. Methamphetamine (Meth) Use Among Critical Target Populations by Race/Ethnicity, DHSP-funded Sites, 2010**

| | Black | | AI/AN | | Asian | |
|---|---|---|---|---|---|---|
| **Characteristic** | n | % | n | % | n | % |
| **Number of HIV Tests** | 886 | 10.5% | 118 | 25.5% | 178 | 7.4% |
| HIV Positive Individuals | 33 | 3.7% | 8 | 6.8% | <5 | - |
| | | | | | | |
| **Target Populations** | | | | | | |
| Youth (12-24 years) | 191 | 9.0% | 28 | 27.7% | 48 | 6.6% |
| Men | 634 | 12.8% | 69 | 25.3% | 134 | 7.9% |
| *Gay men* | 277 | 17.7% | 28 | 29.2% | 62 | 6.2% |
| *Non- gay identified men who have sex with men* | 39 | 27.1% | <5 | - | <5 | - |
| Women | 205 | 6.1% | 46 | 24.7% | 41 | 6.0% |
| *Women who have sex partners of unknown HIV status* | 194 | 5.9% | 46 | 25.6% | 41 | 6.1% |
| Transgender Individuals | 47 | 44.3% | <5 | - | <5 | - |
| People who Share Needles/Works | 232 | 45.8% | 53 | 61.6% | 40 | 60.6% |

**Table 11. (cont.) Methamphetamine (Meth) Use Among Critical Target Populations by Race/Ethnicity, HCT Summary Data from DHSP-funded Sites, 2010**

| | PI/NH | | Latino(a) | | White | |
|---|---|---|---|---|---|---|
| **Characteristic** | n | % | n | % | n | % |
| **Number of HIV Tests** | 44 | 19.7% | 2,783 | 17.4% | 2,393 | 19.2% |
| HIV Positive Individuals | <5 | - | 46 | 1.7% | 47 | 2.0% |
| | | | | | | |
| **Target Populations** | | | | | | |
| Youth (12-24 years) | 16 | 23.2% | 611 | 11.8% | 43 | 1.6% |
| Men | 31 | 19.5% | 1,891 | 17.9% | 1,678 | 18.2% |
| *Gay men* | 12 | 13.2% | 500 | 12.2% | 640 | 12.6% |
| *Non- gay identified men who have sex with men* | <5 | - | 116 | 32.6% | 108 | 43.7% |
| Women | 12 | 19.0% | 831 | 15.9% | 703 | 21.9% |
| *Women who have sex partners of unknown HIV status* | 12 | 19.4% | 820 | 15.9% | 687 | 21.8% |
| Transgender Individuals | <5 | - | 61 | 22.6% | 12 | 31.6% |
| People who Share Needles/Works | 12 | 70.6% | 560 | 46.7% | 1,095 | 63.2% |

# Special Events

## HIV Counseling and Testing Week Initiative, 2010

CDC estimates that one out of five people living with HIV in the U.S. is unaware of their HIV status. In Los Angeles County, this means an estimated 13,250 people are unaware that they have HIV or AIDS[vi]. The goal of National HIV Testing Day (June 27) is to promote a further opportunity for people to learn their HIV status and to gain knowledge to take control of their health and their lives.

Given the large geographic area that Los Angeles County encompasses, National HIV Testing Day was expanded to a week- long series of events. In 2010, HIV Counseling and Testing Week (HCTW) activities were conducted from June 27 to July 3 by DHSP-supported programs. The goals of HCTW were to 1) promote and encourage early detection and treatment of HIV; 2) promote awareness of risk behavior by those at risk for HIV infection; 3) encourage counseling and testing services for individuals at risk for HIV; 4) link high-risk individuals with education and prevention programs and assist HIV positive individuals to receive treatment, support, and prevention services; 5) conduct 1,700 tests; and 6) achieve an overall disclosure rate of 95%. HIV testing was provided at storefront locations, clinics, mobile testing units, bars, parks, clubs and special events. In 2010, the HCTW Initiative prioritized testing in geographic areas highly impacted by HIV/AIDS as outlined in the 2009-2013 HIV Prevention Plan, specifically focused on African-American and Latino men ages 18-44. The new model focuses on target populations (male, female, HIV positive individuals, youth, transgender individuals, and individuals who share injection paraphernalia), critical populations, and co-factors. A total of 1,805 HIV tests were performed at targeted testing DHSP-funded testing sites or events throughout Los Angeles County.

Collaborators for this event included the Cities of Long Beach, Los Angeles, Pasadena, and West Hollywood; HIV/AIDS service provider networks; HIV Prevention Planning Committee; the Commission on HIV; Kaiser Permanente; California AIDS Hotline; California Office of AIDS; Orasure Technologies; and community based organizations.

Of all tests performed during HCTW, 1,718 were rapid tests and 88.8% of these tests were confidential (Table 19). Among those that provided a reactive confirmatory specimen, 78.1% received their confirmatory test result (Table 20).

Figure 38 shows the distribution of tests and new positives during HCTW by target populations. Almost 40% of all testers were Latino or African American men ages 18-44. The African American men target population demonstrated the highest HIV positivity rate among HCTW target populations at 1.9%. The "Hot Spot" zip codes listed in the 2009-2013 HIV Prevention Plan to determine HCTW sites were utilized in reaching the HCTW target populations.

[vi] The Epidemiology of HIV and AIDS in LAC Presentation to HIV Commission 2010, Los Angeles County Department of Public Health, HIV Epidemiology, 2010

## Table 12. Summary Data from DHSP-funded Sites, HCT Week 2010

| Characteristic | All Tests | | Rapid HIV Tests | | Conventional HIV Tests | |
|---|---|---|---|---|---|---|
| | N | % | n | % | n | % |
| **Number of HIV Tests** | **1,805** | | **1,718** | **95.2%** | **87** | **4.8%** |
| | | | | | | |
| **Tester Identification** | | | | | | |
| Confidential | 1,613 | 89.4% | 1,526 | 94.6% | 87 | 5.4% |
| Anonymous | 192 | 10.6% | 192 | 100.0% | 0 | 0.00% |
| | | | | | | |
| **New Positive** | 16 | 0.89% | 16 | 0.93% | 0 | 0.00% |
| | | | | | | |
| **Disclosure of Test Results** | | | | | | |
| All Tests | 1,791 | 99.2% | 1,712 | 99.7% | 79 | 90.8% |

## Table 13. Disclosure of New Positive Results Among Rapid HIV and Conventional Tests

| Characteristic | New Positives | |
|---|---|---|
| | n | % |
| **Rapid HIV Positive Tests (N = 563)** | **474** | |
| Received initial reactive rapid HIV test result | 468 | 98.7% |
| Provided a specimen for laboratory-based confirmatory testing | 333 | 70.3% |
| *Received confirmed positive result*[1] | *260* | *78.1%* |
| | | |

[1] Individuals who returned one week later to receive a confirmed positive test result through Western Blot or IFA testing.

Compared to an average testing week in 2010, there were more than twice the number of tests performed during HCTW (Table 14).

## Table 14. Comparison of 2010 Counseling & Testing Data: HCTW Compared to Average Week

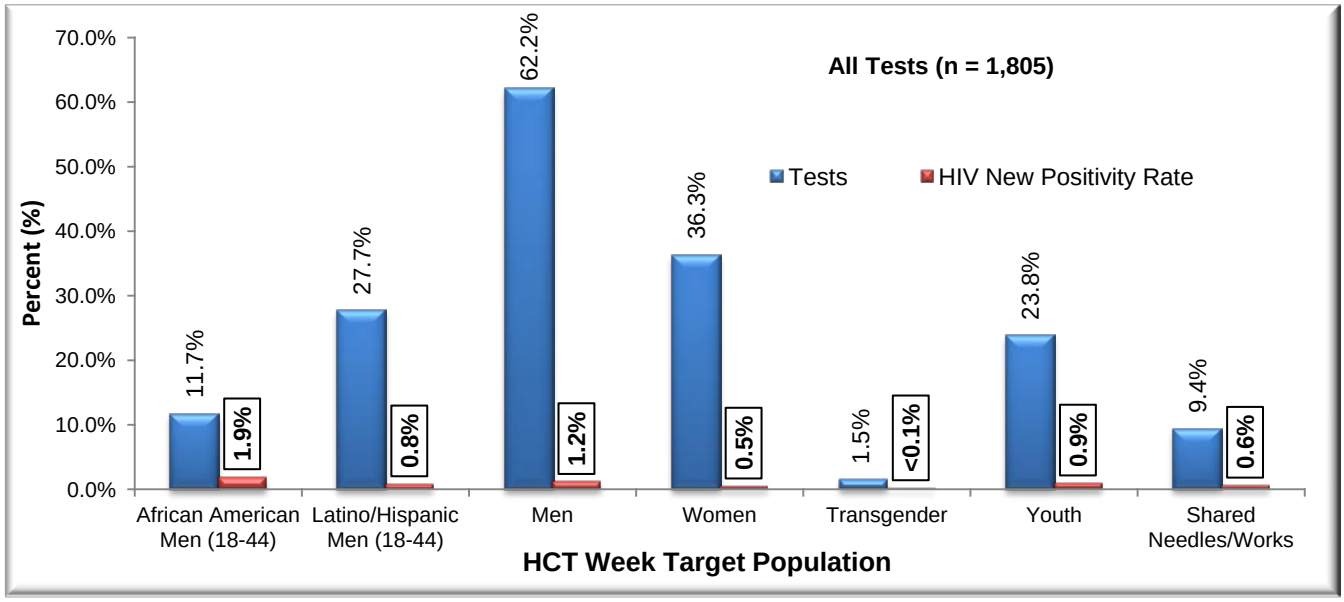
| Characteristic | | | Average Week 2010[1] | | HCT Week 2010 | |
|---|---|---|---|---|---|---|
| | N | % | n | %[2] | n | % |
| **Number of HIV Tests** | 40,938 | | 767 | | 1,805 | |
| | | | | | | |
| New Positives | 435 | 1.06% | 8 | 1.07% | 16 | 0.89% |
| | | | | | | |
| Disclosures of Test Results | | | | | | |
| All Tests | 40,060 | 97.9% | 750 | 97.8% | 1,791 | 99.2% |
| New Positives | 423 | 97.2% | 8 | 97.4% | 15 | 93.8% |
| *Received confirmed positive*[3] *results (among all new positives)* | *247* | *56.8%* | *5* | *56.1%* | *12* | *75.0%* |
| | | | | | | |

[1] Average week calculated by subtracting HCTW total tests from 2010 total tests (table 7) and dividing by 51 weeks.

[2] Percentages have been calculated before totals (n) rounded to nearest whole number.

[3] Confirmed positive results refers to individuals who returned at least one week later to receive their positive test result (conventional testing) or their positive laboratory-based confirmatory test result (for rapid tests).

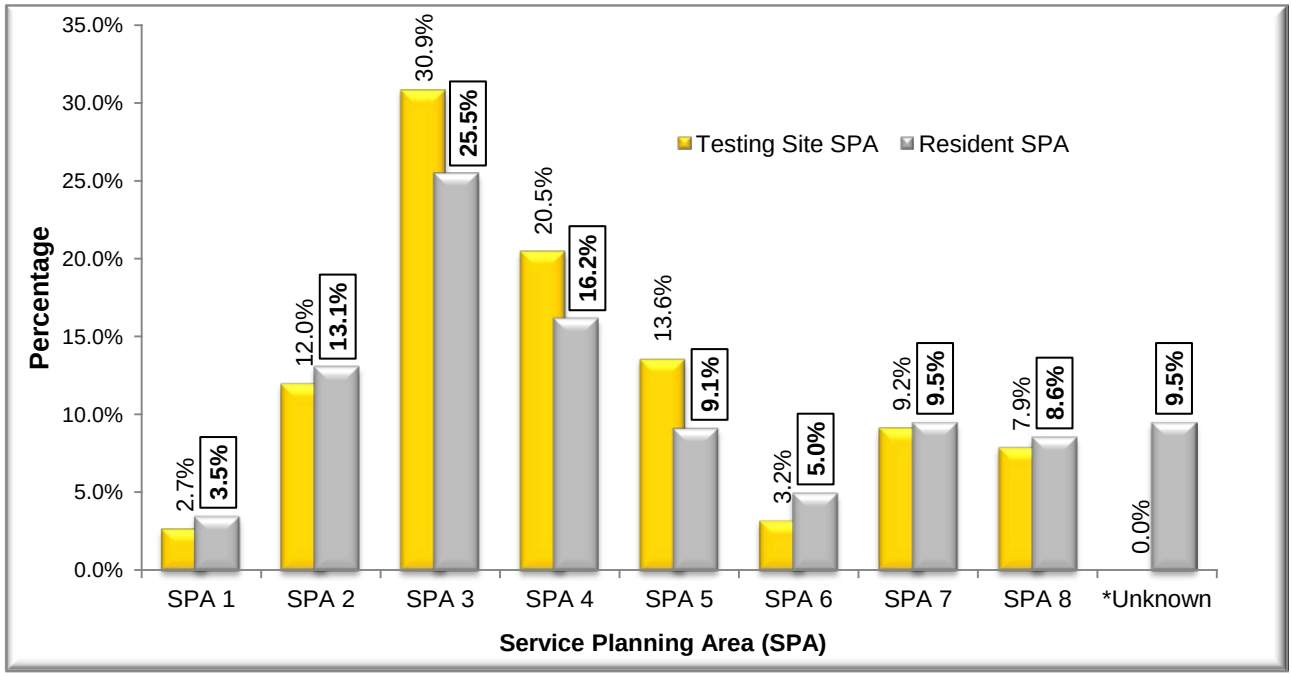
## Figure 38. Proportion of 2010 HCTW Tests and HIV Positivity Rates by HCTW Target Populations*




* HCTW Target Populations African American and Latino men 18 – 44 years are not mutually exclusive from the Behavioral Risk Groups (BRG)

The resident and testing SPA was similar for HCTW testers as shown in Figure 39. The largest proportion of tests was done in SPA 3 (30.9%). SPA 3 also experienced the largest difference (>5%) in proportion of tests conducted (testing site SPA) in SPA3 versus those who lived (resident SPA) in SPA 3. The majority of tests were conducted in SPAs 3, 4, and 5.

## Figure 39. Number of HCTW Tests by Resident SPA vs. Testing Site SPA, 2010




*Unknown Resident SPA – includes testers with missing zip codes and residents from outside LA County

## Remote Area Medical (RAM) Los Angeles, 2010

Los Angeles County is home to many uninsured residents; furthermore, the proportion of uninsured residents can range in the 20 percentile. Given this urgent gap in regular medical or preventive care among the population, Los Angeles was identified as an ideal site to conduct a Remote Area Medical® (RAM) event. In 2010, RAM was held at the Los Angeles Sports Arena, from April 27 – May 3, 2010.

The Remote Area Medical® (RAM) Volunteer Corps is a non-profit, volunteer, airborne relief corps dedicated to serving mankind by providing free healthcare, dental care, eye care, veterinary services, and technical and educational assistance to people in remote areas of the United States and the world.

Founded in 1985, Remote Area Medical® (RAM) is a publicly supported all-volunteer charitable organization. Volunteer doctors, nurses, pilots, veterinarians and support workers participate in expeditions (at their own expense) in some of the world's most exciting places. Medical supplies, medicines, facilities and vehicles are donated.

As part of a large County effort to support this event in Los Angeles, the Department of Public Health provided a variety of services for patients seeking medical services at RAM.

Specifically, DHSP staff set up an HIV rapid testing section on the Sports Arena floor. In order to manage the volume of rapid testing sessions during this clinic event, DHSP developed a testing model that streamlined the entire process.

Overall during the 2010 RAM event in Los Angeles, over 6,500 patients received free medical, dental, and vision services during the seven day clinic. DHSP conducted a total of 1,248 HIV rapid tests, and identified one new positive patient and linked the individual to medical care.

# Resources

DHSP website: http://publichealth.lacounty.gov/aids

Los Angeles County HIV Prevention Plan 2009-2013
http://publichealth.lacounty.gov/aids/PreventionPlan.htm

HIV/AIDS Resources: http://publichealth.lacounty.gov/aids/hotlinewebsite.htm

List of **FREE** HIV/AIDS Testing and Care Services in Los Angeles County
http://www.hivla.org/search.cfm