2024

HIV AND STD TESTING SERVICES REPORT

DIVISION OF HIV AND STD PROGRAMS

DEPARTMENT OF PUBLIC HEALTH

COUNTY OF LOS ANGELES

December 2025

County of Los Angeles Public Health
Division of HIV and STD Programs

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List of Abbreviations

AA
African American

AIAN
American Indian and Alaska Native

AIDS
Acquired Immune Deficiency Syndrome

CDC
Centers for Disease Control and Prevention

CHC
Community Health Center

COVID-19
Coronavirus Disease 2019

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, testing, diagnosis and treatment programs. These programs include a wide range of HIV and STD testing modalities including screening in healthcare settings, testing in jail settings, testing by substance use treatment programs, targeted testing in commercial sex venues (CSV), mobile testing units (MTU), social and sexual networks (SSN), storefronts, non-clinical settings, and self-testing in order to help persons become aware of their HIV status, develop skills to prevent HIV transmission or acquisition, reinforce behaviors that can 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).

We extend our sincere thanks to our community partners that collaborated on providing HIV and STD testing services in 2024 and their contributions towards advancing the health and well-being of the residents of Los Angeles County (LAC):

Action Drug Counseling
AIDS Healthcare Foundation
AIDS Project Los Angeles
AltaMed Health Services Corporation
AMDA College of the Performing Arts
Antelope Valley College
Asian American Drug Abuse Program
Avalon LA
Bienestar Human Services, Inc.
Black AIDS Institute
Building Healthy Online Communities
California State University, Los Angeles
Central City Community Health Center
Central Neighborhood Health Foundation
Charles Drew University of Medicine and Science
Children's Hospital Los Angeles
City of Long Beach
City of Pasadena
Community Health Project Los Angeles
CORA (Comunidad en Outreach for Resilience and Awareness)
Council District 4 Neighborhood Support Days
Downtown Women's Center
East Los Angeles Women's Center
East Valley Community Health Center
El Centro Del Pueblo
El Proyecto del Barrio
Health Matters Clinic
Homeless Connect Days
Homeless Health Care Los Angeles
Homeless Outreach Program Integrated Care System (HOPICS)
JWCH Institute
Los Angeles Centers for Alcohol and Drug Abuse
LA Central Library
LAC Century Regional Detention Facility
LAC Department of Mental Health
LAC DPH Central Health Center
LAC DPH Curtis Tucker Health Center
LAC DPH Hollywood-Wilshire Health Center
LAC DPH Martin Luther King Jr. Center for Public Health
LAC DPH North Hollywood Health Center
LAC DPH Pomona Health Center
LAC DPH Ruth Temple Health Center
LAC DPH Torrance Health Center
LAC DPH Whittier Health Center
LAC Probation Department - Juvenile Halls
LA LGBT Center
Lake Hughes Recovery
Melanin Angels
Men's Health Foundation
Minority AIDS Project
Northeast Valley Health Corporation
REACH LA
River Community Day Treatment
San Fernando Community Health Center
Sera Collection Research Services
Silverlake Community Church
Special Services for Groups
Social Model Recovery Systems
St. John's Well Child and Family Center
St. Mary's Medical Center
SUDIS (Substance Use Disorder Integrated Services)
TakeMeHome
Tarzana Treatment Center, Inc.
The One in Long Beach
The People Concern
The Sidewalk Project
The Wall Las Memorias Project
T.R.U.S.T. South LA
UCLA Center for LGBTQ+ Advocacy, Research and Health
Venice Family Clinic
Watts Health Corporation
Western University of Health Sciences
Westside Family Health Center
Whittier College

We look forward to continuing our work together to ensure the delivery of accessible, high-quality HIV and STD services and to sharing 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 (LAC) was identified as one of 57 high-burden jurisdictions in the national *Ending the HIV Epidemic (EHE) in the U.S.*[1] initiative and LAC continues to experience some of the highest rates of syphilis and congenital syphilis cases in the U.S. To address the high rates of HIV and STD infections, testing efforts were expanded and integrated to ensure timely case identification and linkage to treatment and prevention to avert new infections and achieve EHE goals.

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 testing, prevention, and care 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 impacted by HIV and STDs.

These services and planning initiatives 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 2024 conducted in both healthcare-based settings (clinical sites), and non-healthcare-based settings (non-clinical sites). These settings included community and public clinics, community-based organizations, mobile testing units (including street medicine), commercial sex venues, homeless shelters, and correctional facilities.

The report also provides highlights from novel testing initiatives implemented by DHSP as a part of the *Ending the HIV Epidemic Initiative in Los Angeles County*, which aims to reduce new HIV infections by 75% by 2025 and by 90% by 2030 compared to 2020 levels. These include launching an HIV self-test (HIVST) kit 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.

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

While DHSP 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 local needs assessments to target activities that reduce HIV-related disparities. Priority populations 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.

This report details trends in HIV and STD testing and descriptions of the populations served as well as services provided, such as linkage to prevention services and linkage to care and treatment. The data presented in this report was collected by test counselors and other program staff and submitted through the online data collection system (REDCap), or electronic data transfer extraction directly from an Electronic Medical Record (EMR) system or Electronic Data Repository (EDR). In 2024, 27% of data were submitted using REDCap and 73% were exported directly from an EMR/EDR. Data is current as of May 8, 2025.

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 (see page 14 for an estimation on the number of people accessing services and their frequency). The terms “screening” and “testing” may be used interchangeably throughout the report; persons accessing services may be doing so to maintain their health or to identify an infection when they have reason to suspect it.

Definitions and Notes

HIV TESTING

Testing Volume: Total number of test events with a point-of-care (rapid) or lab-based HIV test performed, or a self-test distributed.

Positivity: Percent of HIV testing volume with a positive/reactive result out of tests reported with a valid result.

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

Linkage to HIV Care: For clients with a reported positive HIV test, evidence of an HIV specific laboratory test (HIV viral load or CD4 count) reported either by the provider or appearing in eHARS surveillance indicates a linkage to HIV medical care.

Linkage to HIV Prevention/PrEP: For clients with a reported negative HIV test, linkage to HIV prevention is defined as assisting the client in making an appointment with a provider or PrEP navigator to explore PrEP prescription options.

STD TESTING

Testing Volume: Total number of test events with one or more lab-based chlamydia, gonorrhea, or syphilis test performed.

Positivity: Percent of STD testing volume with a positive/reactive result on one or more STD test out of all tests with a valid result.

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

HIV & STD TESTING TRENDS

- The Division of HIV and STD Programs (DHSP) supported over **103,000 HIV tests** in 2024, an 11% increase over 2023.
  - 347 clients who tested positive for HIV did not have a history of HIV, which is 14% less than in 2023, leading to a decline in new positivity from 0.5% in 2023 to 0.3% in 2024.
  - Clients with a previous HIV diagnosis account for over 71% of clients testing positive for HIV.
- DHSP supported over **81,000 STD test events** in 2024, an 8% increase over 2023.
  - Test positivity for chlamydia, gonorrhea, and syphilis continues to decline over time.
- Almost half of all clients visited a DHSP-supported testing service one time in 2024, while the remaining half visited two or more times. The majority of clients reported male sex at birth, being Hispanic/Latino, being between the ages of 30-39, and living in the Hollywood-Wilshire, West Valley, Southwest, or Central health districts.

CONTRACTED TESTING

- Contracted testing represented 87% of all DHSP-supported HIV tests and 86% of all DHSP-supported STD test events.
- Linkage to HIV care within 30 days for persons newly diagnosed with HIV increased slightly to 69% in 2024.
- Linkage to HIV PrEP increased from 23% in 2023 to 27% in 2024. 70% of clients reported disinterest in PrEP or declined to be referred to PrEP, a decrease of 5% from 2023.

DHSP DIRECT TESTING

- DHSP Direct Community Services (DCS) provided services to individuals at high-risk for HIV/STDs; field-based testing was provided to over 300 persons and rapid syphilis screening was provided to over 1,300 persons in incarcerated settings.
- The DHSP Clinical Field Team (CFT) provided services for over 900 clients through test-and-treat events.

PUBLIC HEALTH CLINICS

- Los Angeles County Department of Public Health (DPH) sexual health clinics represented 12% of all DHSP-supported HIV tests and 13% of all DHSP-supported STD test events in 2024.
- HIV testing volume increased 8% and STD testing volume increased 4% in 2024 over 2023.

AT HOME & SELF-TESTING

- In 2024, over 8,700 HIV self-test kits were distributed, a 6% decrease from 2023.
- The number of kit recipients reporting that they had never tested for HIV ranged from 29% to 49% across HIV self-test distribution programs.
- The I Know Program distributed 264 home-collected chlamydia/gonorrhea tests.

HIV and STD Testing Background and Trends

DHSP has a long track record of supporting targeted HIV and STD testing programs in LAC. These programs have been adapted and modified to respond to innovations 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 2024.

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 clients along with a robust surveillance matching mechanism. Because of these changes, 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 2024.

In 2024, HIV and STD testing was provided through 4 main approaches:

1) ***Contracted Testing*** includes HIV and STD testing delivered by 28 community agencies across 50 contracts that include storefronts, social network programs (SSN), commercial sex venues (CSV), integrated HIV testing and STD screening and treatment programs, sexual health express clinics (SHEx-C), STD screening, diagnosis and treatment programs (STD-SDT), and mobile testing units (MTU). Agencies that were contracted for these services proposed sites within LAC based on the HIV and STD rates described in relevant LAC surveillance data[6]. 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 May 8, 2025 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 May 8, 2025 from https://hiv.lacounty.gov/our-work/.
[4] California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026. Accessed May 8, 2025 from https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/cdph_stratplan2021_final_ada.pdf
[5] The National HIV/AIDS Strategy (2022–2025). Accessed May 8, 2025 from https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf
[6] LAC publishes annual reports on HIV and STD surveillance. Available at http://publichealth.lacounty.gov/dhsp/reports.htm.

2) *DHSP Direct Testing* includes testing provided directly by DHSP staff in field-based settings, substance use programs, incarcerated settings, mandated court testing, testing events, and outreach events. DCS staff provide HIV/STD testing, prevention and linkage to biomedical resources and services, as well as linkage to care and 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 substance use treatment facilities and collaborates with community partners to connect with special populations such as sex workers, persons who inject drugs, and youth. DHSP also supports the POWER (Prevention and Outreach to Women (and their partners) at Elevated Risk of HIV and Syphilis) project, which aims to identify and treat individuals with HIV or syphilis infection by implementing and supporting integrated HIV and STD testing at harm reduction organizations and homeless service providers supporting clients with methamphetamine use disorder to promote more timely diagnosis and treatment of syphilis and HIV. Additionally, DHSP formed the Clinical Field Team (CFT) in 2023 which continued to provide regular test-and-treat events at select high morbidity venues serving persons of reproductive potential.

3*) Public Health Clinic Testing* involves testing at sexual health clinics in 10 LAC public health clinics; see http://publichealth.lacounty.gov/chs/sexualhealthclinics/ for more information.

4) *At Home and Self-Testing* includes HIV self-test kit distribution through online ordering platforms, event-based testing, High Impact Prevention Programs (HIPP) contracts, 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, cisgender women of color, people who inject drugs and/or with substance use disorder, people of trans experience and youth (age 30 and younger). DHSP also implements the I Know program (dontthinkknow.org) which provides free at-home self-collection chlamydia and gonorrhea testing kits for persons with vaginas aged 12-24 that are subsequently processed by the LAC Public Health Lab. I Know program staff follow-up with persons who test positive to assist in locating a low or no-cost youth-friendly clinic for treatment and other resources.

The following pages detail the HIV and STD testing performed through these approaches since 2021 (excluding self-test kit distributions, see page 30 for more details).

HIV Testing

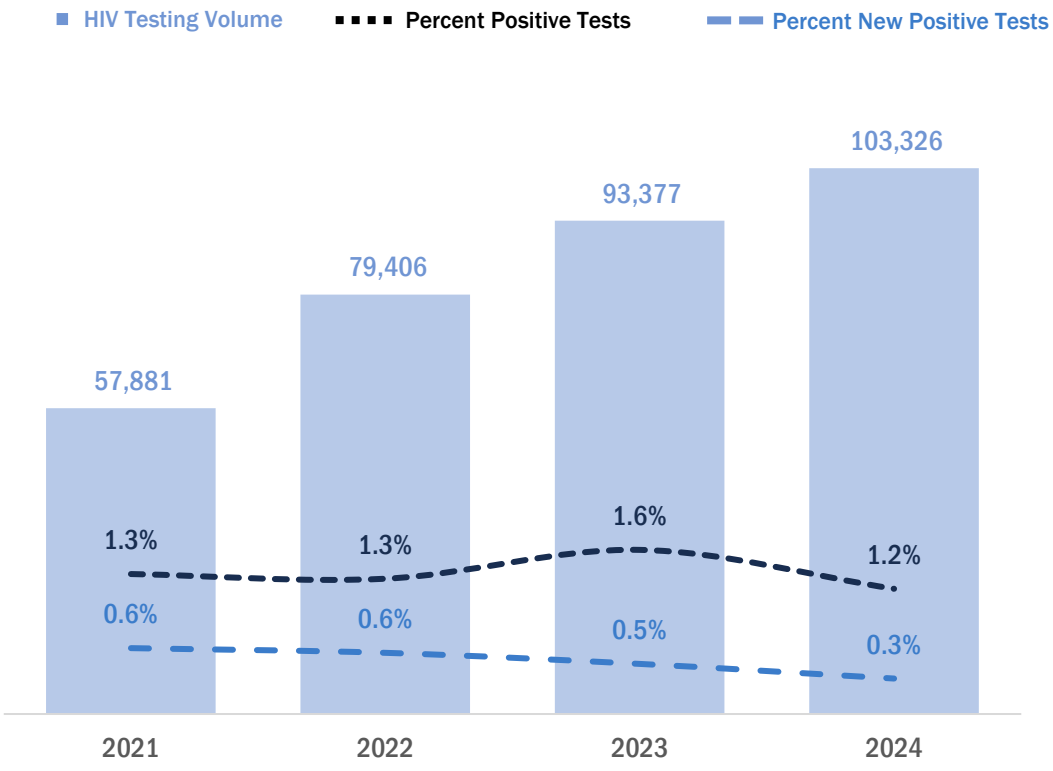
2024 OVERALL

In 2024, DHSP supported **103,326** HIV tests in Los Angeles County, with **1,225 (1.2%)** resulting in positive tests, **347** of which were determined to be newly positive, leading to a new positivity of **0.3%.**

The majority of DHSP-supported HIV tests were conducted by contracted testing agencies (87.5%), while public health clinics (11.5%) and DHSP staff (1.0%) conducted the rest.

►►► Total HIV testing volume continued to increase in 2024 and was an 11% increase from the total volume in 2023, while the new HIV positivity rate lowered.

Figure 1. HIV Testing Volume and Positivity[7] at DHSP-supported HIV Testing Sites, 2021-2024



[7] Positivity is calculated from test with highest sensitivity if more than one HIV test (rapid, lab-based) was done. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details.

STD Testing

2024 OVERALL

In 2024, DHSP supported **81,838** STD testing events in the community, an 8% increase over 2023.

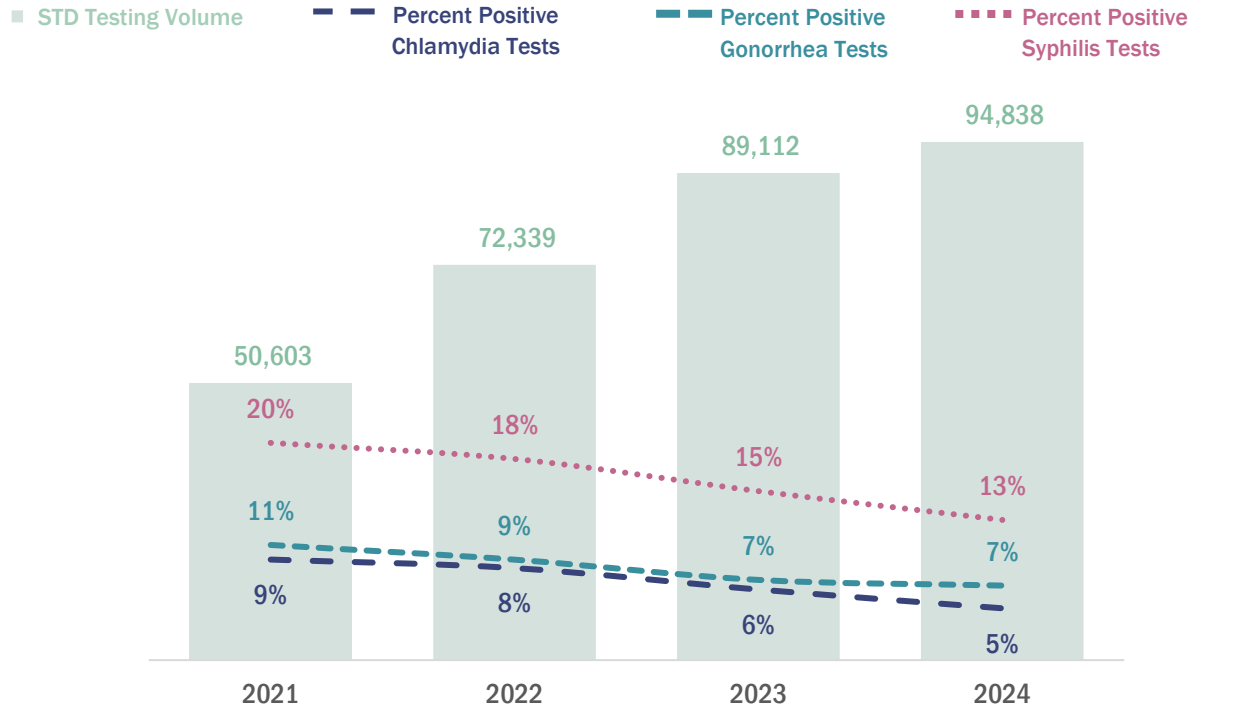
Chlamydia
- 79,672 tests
- 98% reported with results
- **4.7% overall positivity**

Gonorrhea
- 79,637 tests
- 99% reported with results
- **6.8% overall positivity**

Syphilis
- 72,368 tests
- 98% reported with results
- **12.8% overall positivity[8]**

►►► Total lab-based STD testing volume has continued to increase since 2021. Chlamydia positivity, gonorrhea positivity, and syphilis positivity[8] all have shown decreases over time since 2021.

Figure 2. Lab-based STD Testing Volume and Chlamydia, Gonorrhea, and Syphilis Positivity[8] at DHSP-supported STD Testing Sites, 2021-2024



[8]Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

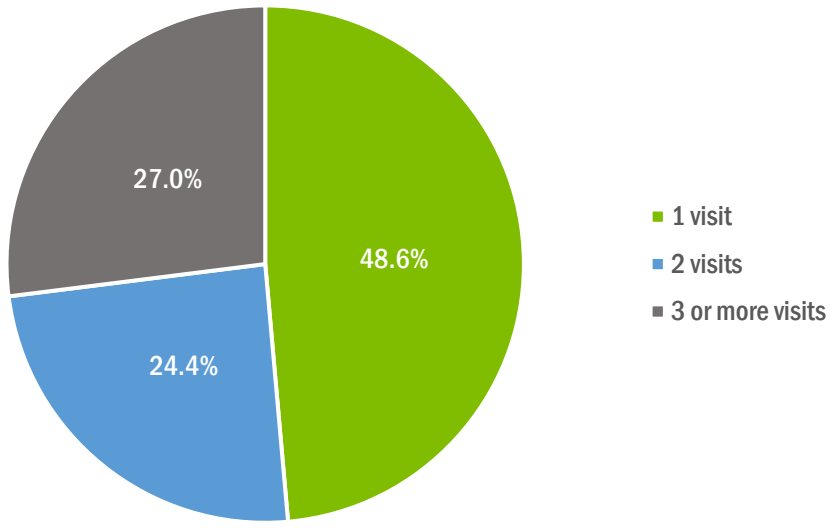
Persons Accessing DHSP-Supported Testing Services

Data from DHSP-supported testing services are collected on the test event level, however the data can be aggregated to the person level to estimate the number of persons receiving services. While the amount of personal information collected is limited, deduplication based on client name, birth date, sex, and race can provide **a quality estimate on the total number of persons served across DHSP-supported programs** where this information is collected. See the Technical Notes section for more information on how data was aggregated to the person level.

In 2024, we estimate that **85,859** unique persons accessed a DHSP-supported testing service (a 7% increase from the 2023 estimate of 79,948 unique persons). This section describes the characteristics and geographic distribution of these clients.

►►► Almost half of all clients visited a DHSP-supported testing service one time in 2024, while slightly less than a quarter visited twice, and the remaining clients visited 3 or more times.

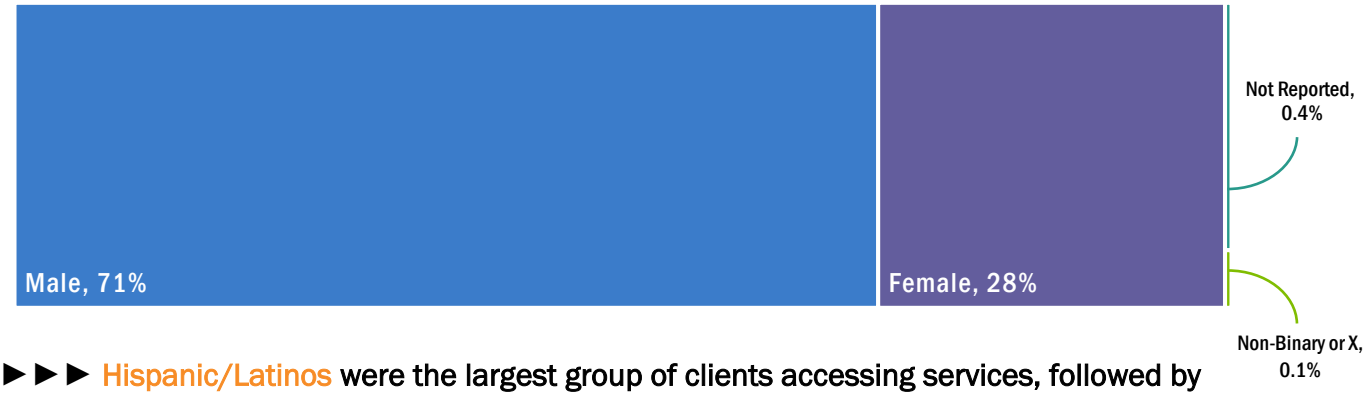
Figure 3. Number of Visits per Client to Receive a DHSP-supported Testing Service, 2024



Demographics

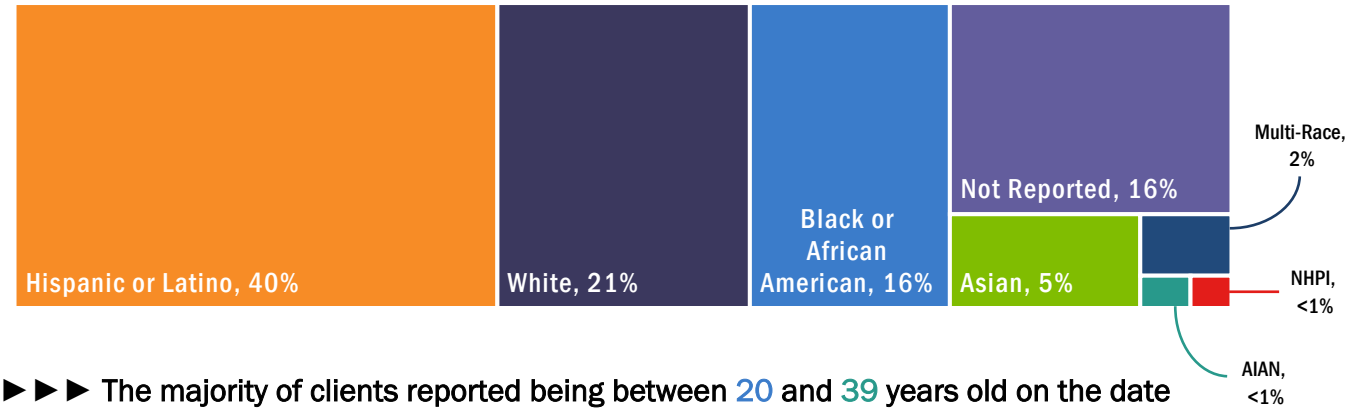
►►► Males were the largest group of clients accessing services, with females comprising a little less than a third of clients. About 0.4% of clients did not report sex at birth, and 0.1% reported a sex of non-binary or X.

Figure 4. Sex at Birth of Clients Accessing DHSP-supported HIV & STD Testing Services, 2024



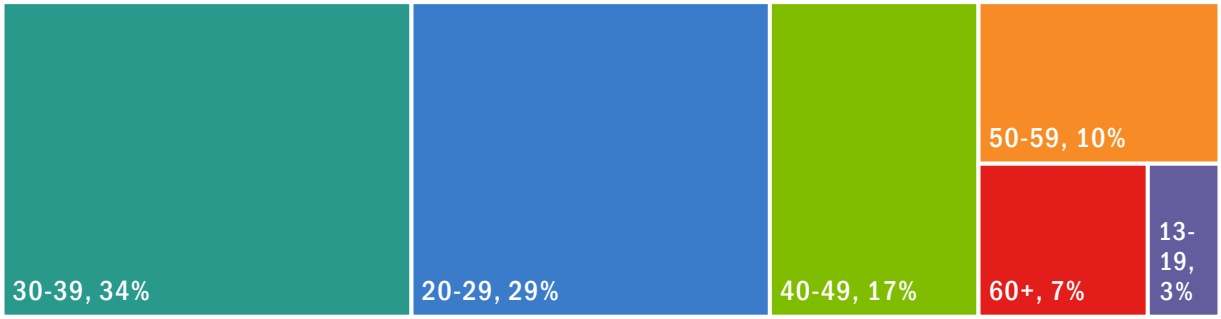
►►► Hispanic/Latinos were the largest group of clients accessing services, followed by White and Black/AA clients. 16% of clients did not report race/ethnicity, and less than 2.5% reported being multi-race, NHPI, or AIAN.

Figure 5. Race/Ethnicity of Clients Accessing DHSP-supported HIV & STD Testing Services, 2024



►►► The majority of clients reported being between 20 and 39 years old on the date of their first visit.

Figure 6. Age of Clients Accessing DHSP-supported HIV & STD Testing Services, 2024



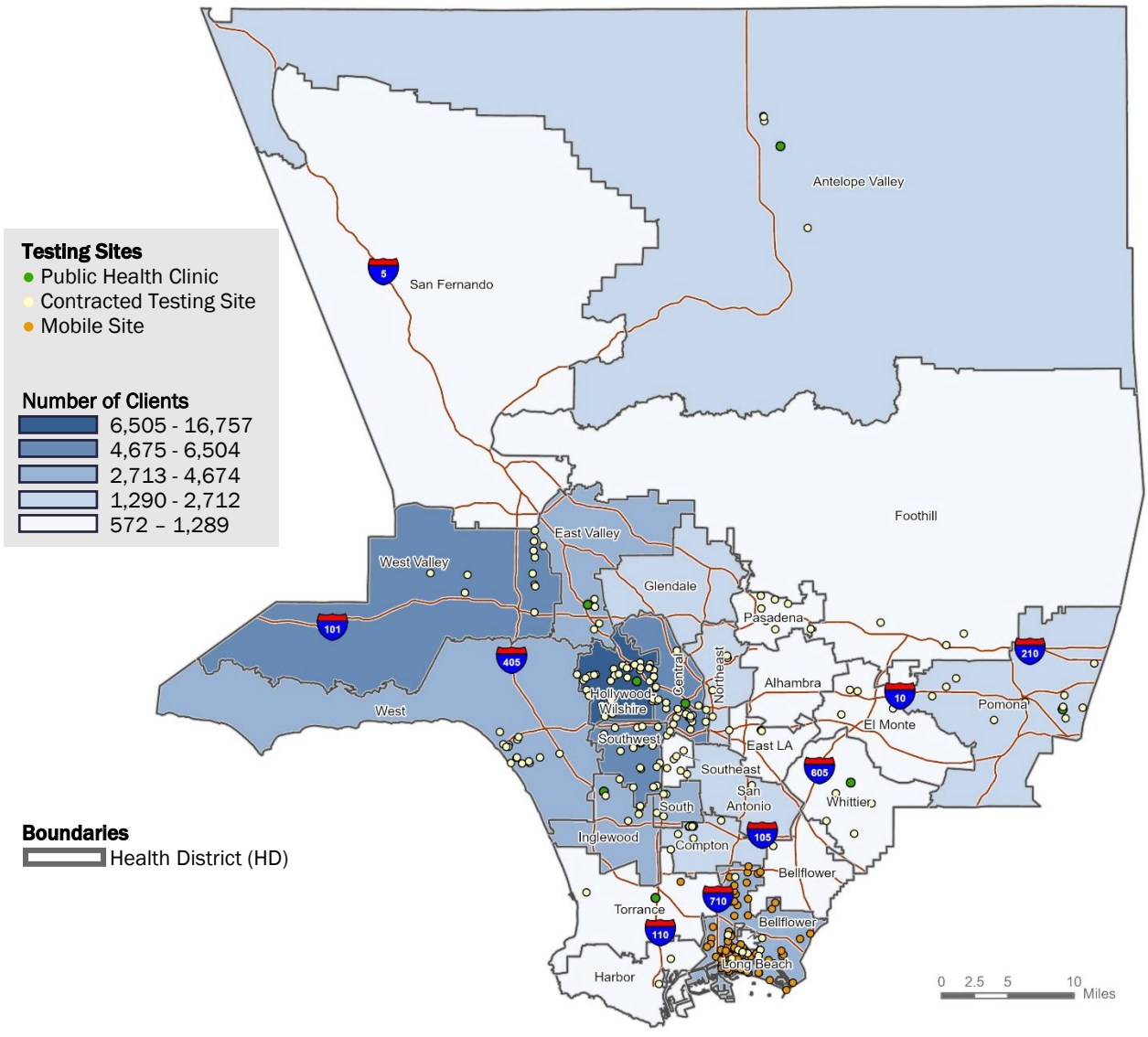
Geography

Clients receiving HIV and STD testing services reported their current residence at each visit. After deduplicating the test-level data to person-level, the most recently reported client address was used to determine the geographic spread of clients in LAC that utilize these services. Of these **85,859 estimated clients that accessed HIV and STD testing services**, it was determined that 75,806 (88%) reported a residence located in LAC. These may be permanent residences or temporary residences in the case of those experiencing some degree of homelessness. The remaining 12% reported an address out of jurisdiction (not in LAC).

The map on this page shows the concentration of clients who reported living in each health district in LAC, along with markers that show the location of each contracted testing site, mobile testing location, and public health clinic. Testing event locations are not shown.

►►► The majority of clients reported living in the Hollywood-Wilshire, West Valley, and Central and Southwest health districts.

Figure 7. Residence of Clients Accessing DHSP-supported HIV & STD Testing Services and Location of Select HIV & STD Testing Sites, 2024



HIV Testing Summary, 2024

DHSP has programs that often provide both HIV and STD testing services, and 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 strategies (referred to as "modalities") which may take place at clinical or non-clinical sites. They are as follows:

Modality	Description	Testing	Treatment / Linkage to Care / Prevention
Commercial sex venue (CSV)	• Testing programs conducted inside commercial sex venues (bath houses)	• Rapid HIV • Lab-based syphilis	• Referral to syphilis treatment • Linkage to HIV care • Linkage to HIV PrEP/PEP
Sexual health express clinic (SHEx-C)	• Community-based programs that offer STD screening and treatment • Same day walk-in service	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Syphilis, chlamydia, and gonorrhea treatment on-site • Linkage to HIV care • Linkage to HIV PrEP/PEP
Social and sexual network (SSN)	• Community-based programs that identify, train and support clients who have large social networks (sexual and/or needle sharing partners) to receive free HIV testing	• Rapid HIV	• Linkage to HIV care • Linkage to HIV PrEP/PEP
Storefront	• Fixed, brick-and-mortar locations that offer free rapid HIV testing	• Rapid HIV	• Linkage to HIV care • Linkage to HIV PrEP/PEP
Mobile (MTU)	• Two mobile testing vans that are strategically placed in areas of proven HIV risk	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Linkage to HIV care / STD treatment • Linkage to HIV PrEP/PEP
Integrated HIV testing and STD screening and treatment	• Community-based programs based in the City of Long Beach offering HIV and STD screening and treatment • Same day walk-in service	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Syphilis, chlamydia, and gonorrhea treatment on-site • Linkage to HIV care • Linkage to HIV PrEP/PEP

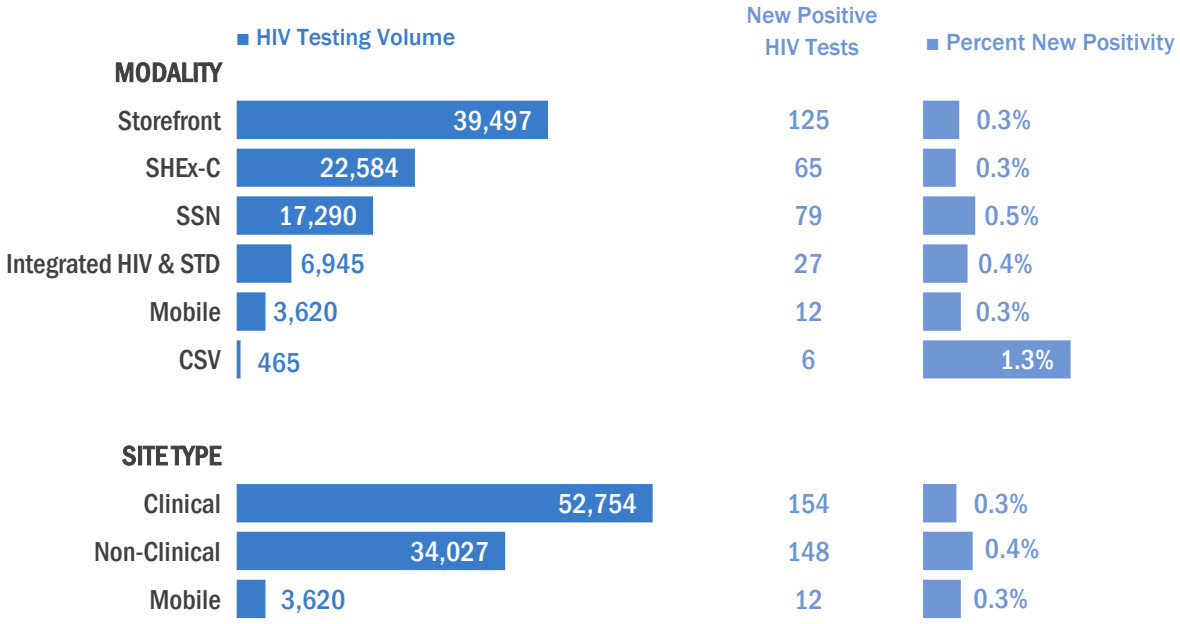
HIV Testing

2024 OVERALL

In 2024, contracted agencies provided **90,401** HIV tests in the community, with **1,105** (**1.2%**) resulting in positive tests – **314** of which were determined to be newly positive, leading to a new positivity of **0.3%.**

►►► Storefront programs had the highest volume of HIV testing, while SSN and CSV programs had the highest new HIV positivity. More HIV tests were performed at clinical sites, while non-clinical sites had slightly higher new HIV positivity.

Figure 8. Number of HIV Tests and New HIV Positivity by Modality and Site Type, Contracted Agencies, 2024[9]

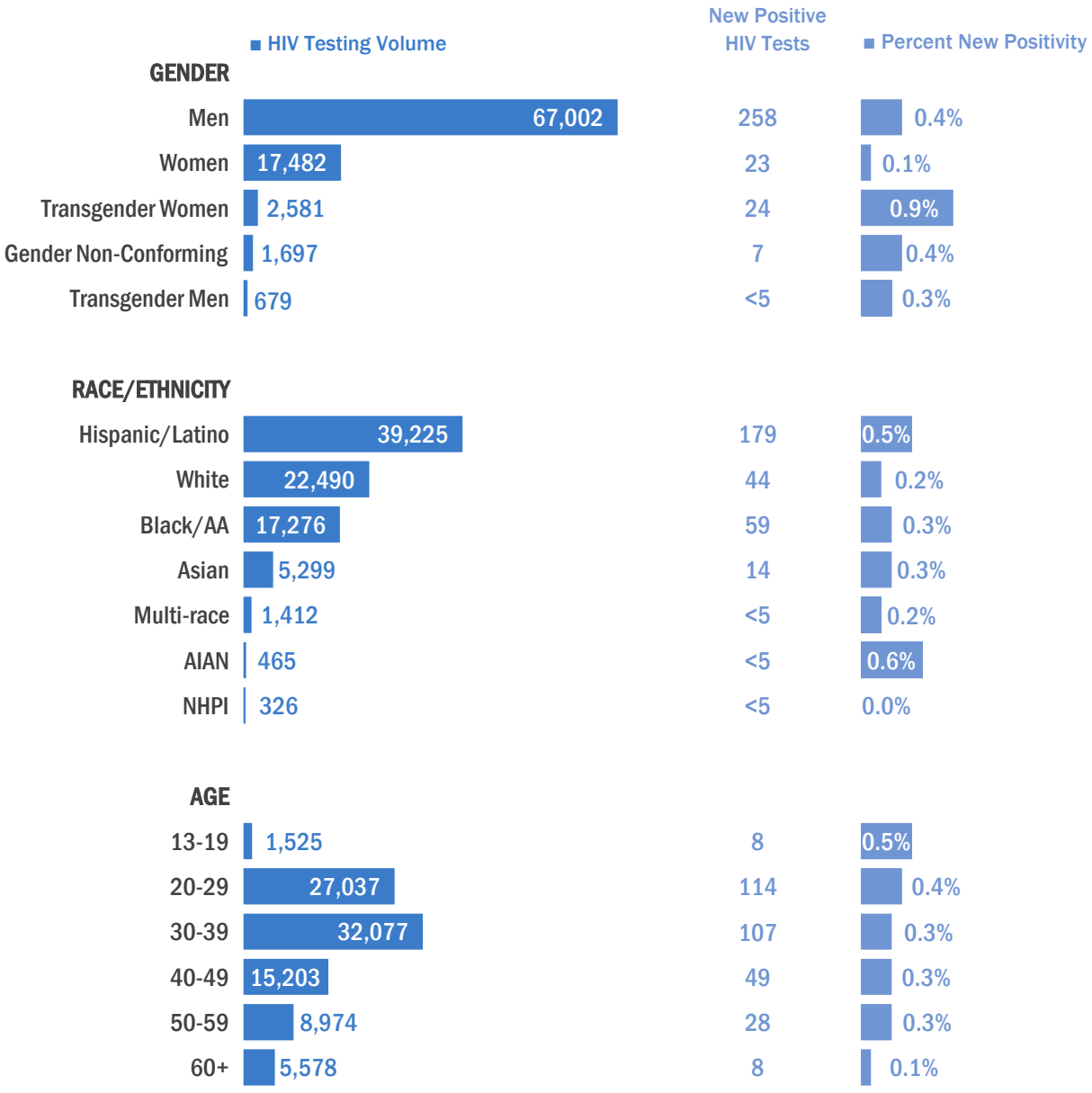


[9] Positivity is calculated from most accurate result if more than one HIV test (rapid, lab-based) was done. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. See Data Table 1A for more details on all positive tests.

Demographics

►►► Most clients were men, reported a race/ethnicity of Hispanic/Latino, and were between the ages of 20 and 39, while 13% of clients reported never having tested for HIV before. Transgender women, AIAN, and younger clients had the highest new HIV positivity.

Figure 9. Number of HIV Tests and New HIV Positivity by Gender, Race/Ethnicity, and Age, Contracted Agencies, 2024[10]



[10] Positivity is calculated from most accurate result if more than one HIV test (rapid, lab-based) was done. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. Missing/unknown values are not shown in figure. See Data Table 1A for more details.

Priority Populations

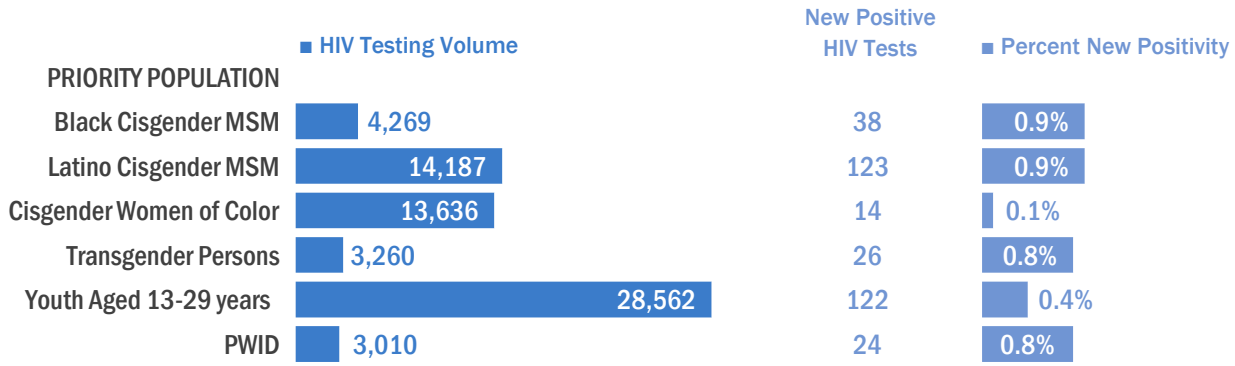
Priority populations, as described in the Los Angeles County Ending the HIV Epidemic plan include:

- 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 clients 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.

►►► Youth aged 13-29 years old were the largest priority population to receive HIV testing, followed by Latino Cisgender MSM and Cisgender Women of Color. Black and Latino Cisgender MSM had the highest new HIV positivity.

Figure 10. Number of HIV Tests and New HIV Positivity by Priority Population, Contracted Agencies, 2024[11]



[11] Priority populations are not mutually exclusive. Positivity is calculated from most accurate result if more than one HIV test (rapid, lab-based) was done. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. Missing/unknown values are not shown in figure. See Data Table 2A for more details.

Risk Behaviors and Other Characteristics

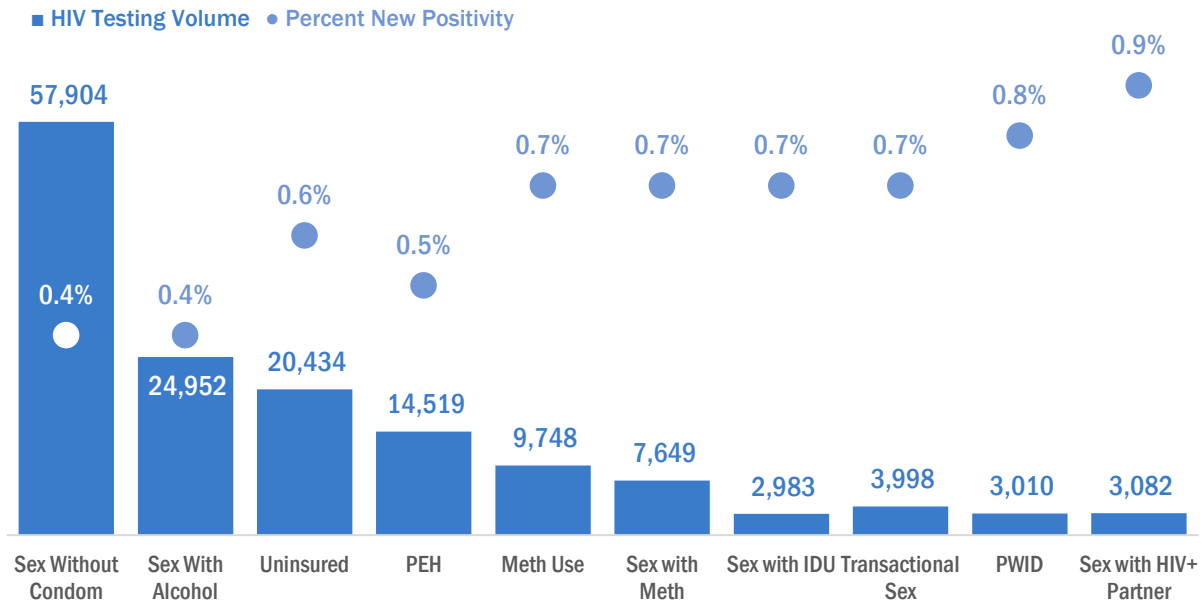
Data consistently show that certain behaviors can put people at increased risk for both STDs and HIV[12]. Additionally, social determinants of health such as access to health insurance and access to housing can impact this risk.

Clients who visit a DHSP-supported testing program are screened to assess clients' recent risk behaviors and social determinants of health, including but not limited to:

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

►►► Condomless sex was the most frequently reported behavior. Those who reported any of these risk behaviors or social determinants of health had higher than the average new HIV positivity (0.3%).

Figure 11. Number of HIV Tests and New HIV Positivity by Risk Factor and Social Determinants of Health, Contracted Agencies, 2024[13]



[12] STDs and HIV – CDC Detailed Fact Sheet, https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm.

[13] Positivity is calculated from most accurate result if more than one HIV test (rapid, lab-based) was done. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. Missing/unknown values are not shown in figure. See Data Table 2A for more details.

Linkage to HIV Care

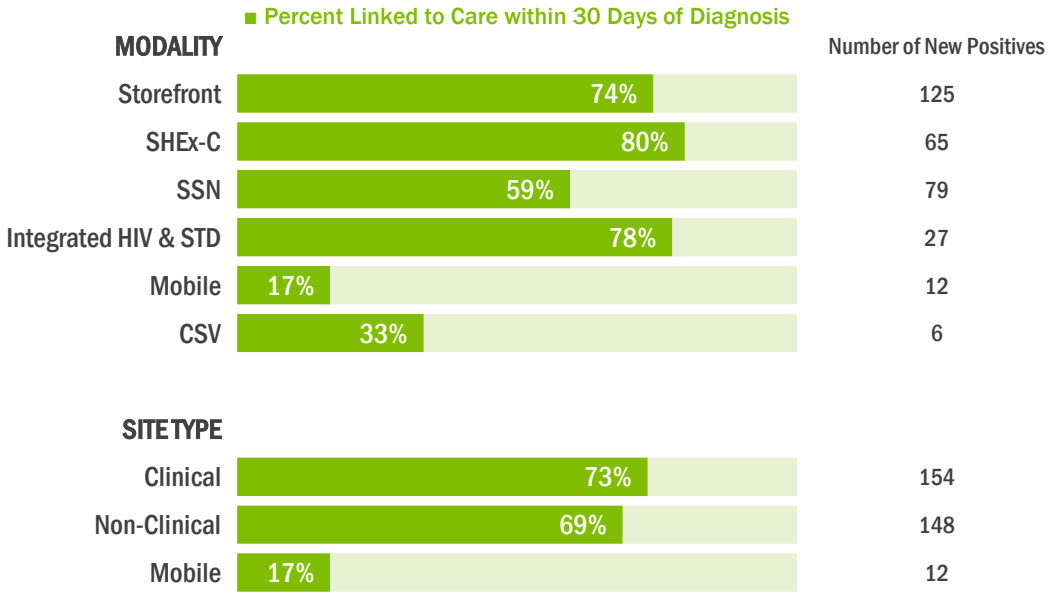
Linkage to HIV medical care for clients who test positive for HIV is defined as evidence of an HIV specific laboratory test (HIV viral load or CD4 count [the number of CD4 cells in the blood indicates immune function and HIV disease progression]) reported either by the contracted provider or reported to DHSP's HIV surveillance unit. 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.

2024 OVERALL

The linkage to care target for the EHE initiative is ≥ 95% within 30 days of diagnosis. Among all individuals testing positive at DHSP-funded contracted testing sites in 2024, **69%** of new diagnoses were linked to HIV care within 30 days. Among previous diagnoses not already in care, **61%** were linked to care within 30 days; **12%** reported being already in care.

►►► Storefront, SHEx-C, and Integrated HIV & STD programs had the highest rate of linkage to care for persons newly diagnosed with HIV, as did clinical sites.

Figure 12. Linkage to Care within 30 days for Persons Newly Diagnosed with HIV by Modality and Site Type, Contracted Agencies, 2024[14]

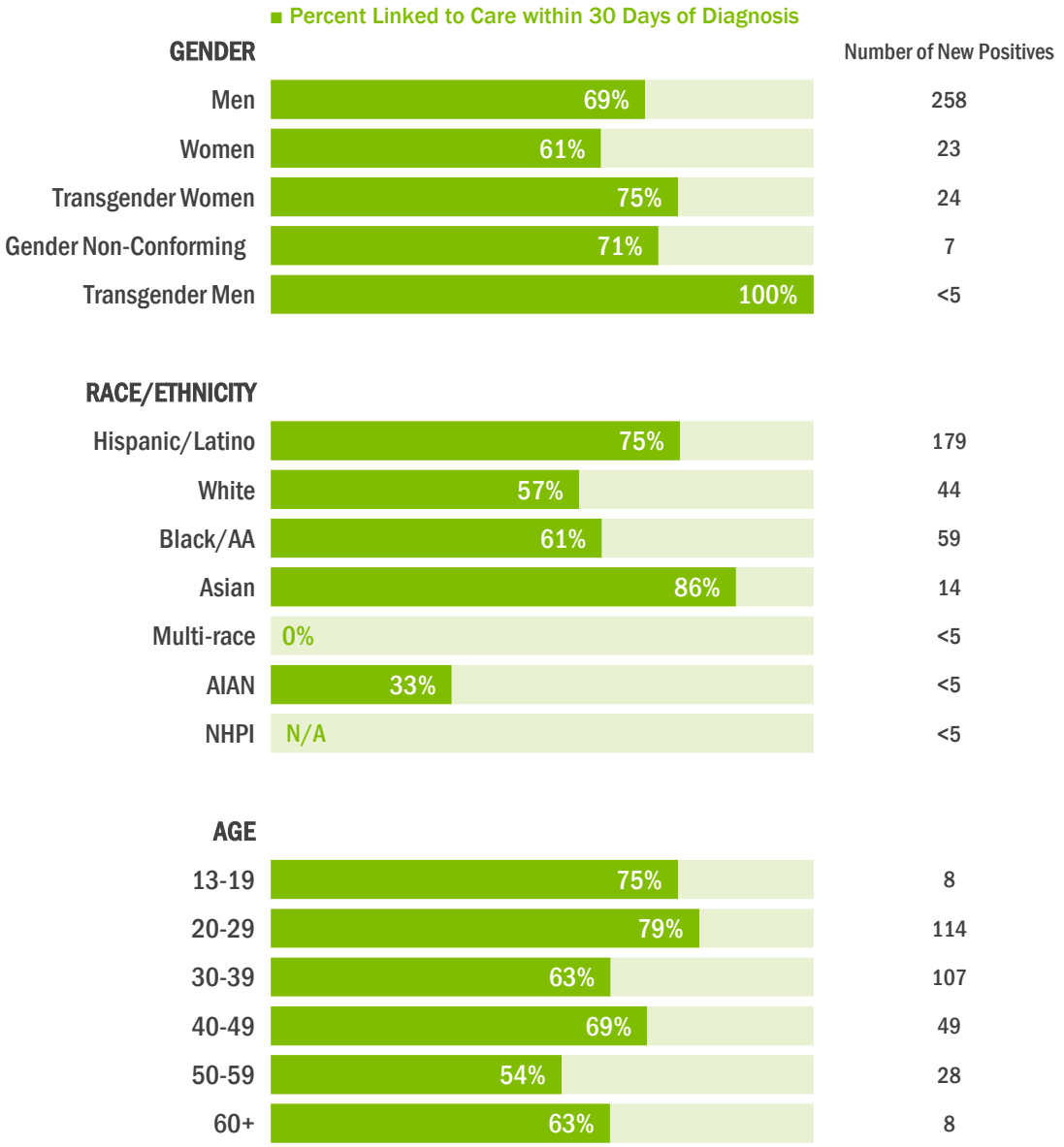


[14] New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. See Data Table 1A for overall linkage to care details.

Demographics – Linkage to HIV Care

►►► Transgender men and women, Asian and Hispanic/Latino clients, and clients aged 20-29 had the highest rate of linkage to care in 30 days for persons newly diagnosed with HIV.

Figure 13. Linkage to Care within 30 days for Persons Newly Diagnosed with HIV by Gender, Race/Ethnicity, and Age, Contracted Agencies, 2024[15]

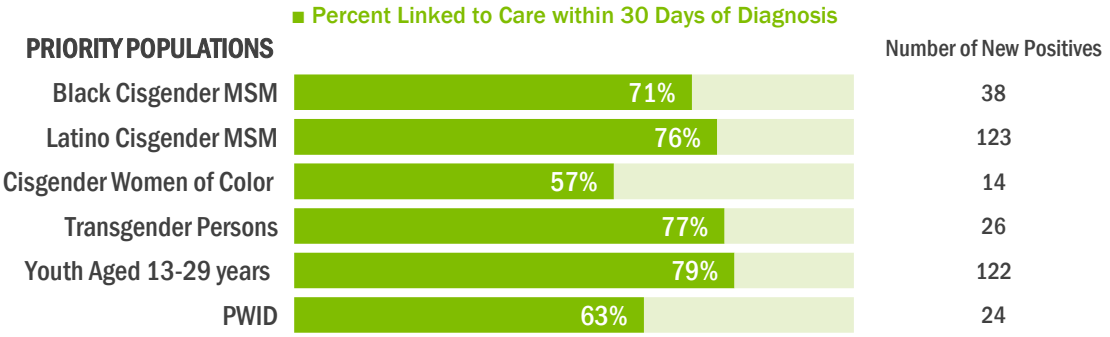


[15] New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. Missing/unknown values are not shown in figure. See Data Table 1A for overall linkage to care details.

Priority Populations – Linkage to HIV Care

►►► Among priority populations, youth aged 13-29 years old and transgender persons newly diagnosed with HIV had the highest rates of linkage to care within 30 days, while cisgender women of color had the lowest, although among all groups the percent linked was over 55%.

Figure 14. Linkage to Care within 30 days for Persons Newly Diagnosed with HIV by Priority Population, Contracted Agencies, 2024[16]



[16] Priority populations are not mutually exclusive. New positive tests were determined by surveillance match or client self-report – see Definitions and Notes for more details. Missing/unknown values are not shown in figure. See Data Table 2A for overall linkage to care details.

Linkage to HIV Prevention Services

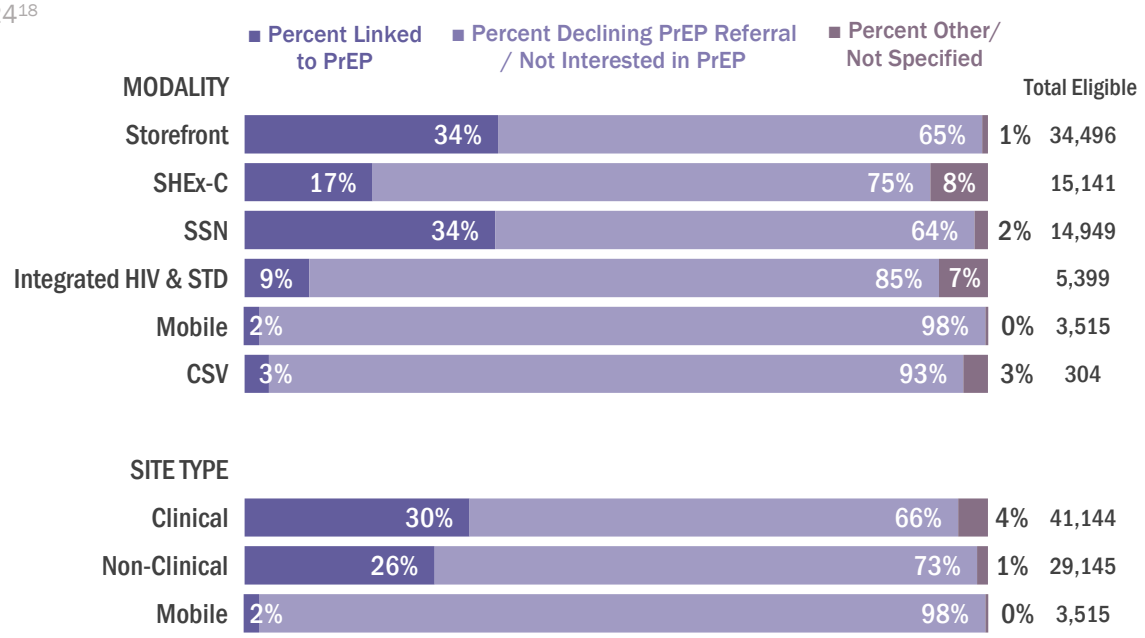
Clients who test negative for HIV, are aged ≥12, and are not currently on HIV pre-exposure prophylaxis (PrEP) are eligible to be prescribed PrEP. Additionally, DHSP has determined certain indicated populations for PrEP based on the CDC's HIV Prevention Strategies[17]. Testing counselors attempt to link all eligible clients to PrEP, with increased focus on linking those indicated populations. Counselors will first provide a reference to a PrEP provider/navigator and assist in making an appointment. Clients who make an appointment are considered linked to PrEP. Counselors were able to report if a client refused a referral for PrEP or were not interested in being linked to PrEP, and these data are included in this report. Data are broken down by those that were linked to PrEP (made an appointment with a navigator), those who were not interested/declined a referral, and those not linked for other reasons not reported.

2024 OVERALL

Overall, **73,804** testers were eligible for PrEP, with **27% of those being linked to PrEP**. The proportion of testers declining a referral or expressing disinterest in PrEP remains high; for 2024, **70% of eligible testers declined** a referral to PrEP.

►►► Storefront and SSN programs had the highest rate of linkage to PrEP, while rates were similar between clinical and non-clinical site types. Mobile programs/site types had the lowest linkage to PrEP rates.

Figure 15. Linkage to PrEP and Declination/Disinterest in PrEP by Modality and Site Type, Contracted Agencies, 2024[18]

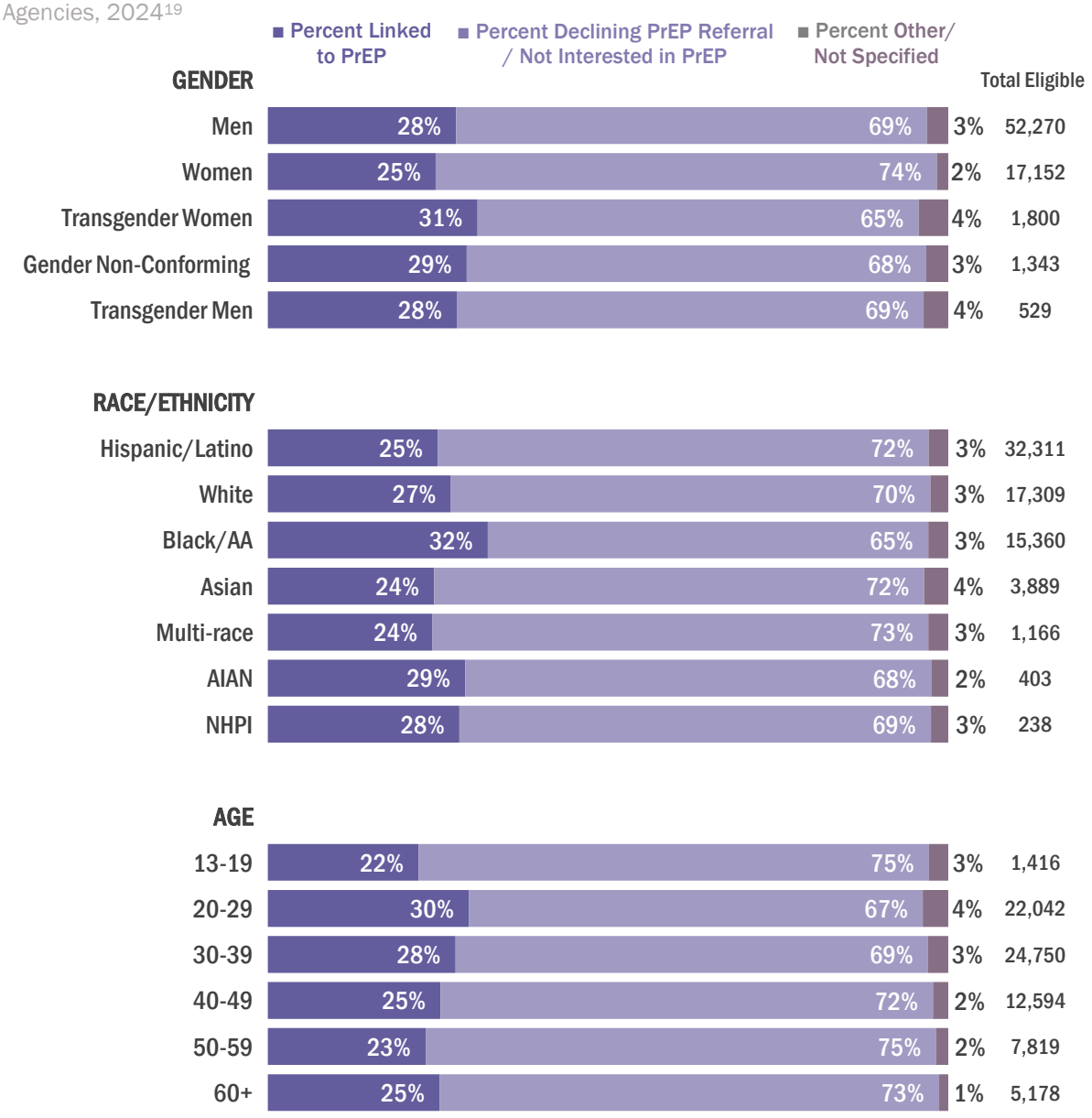


[17] https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/prevention-priorities.html
[18] See Data Table 3A for more details.

Demographics – Linkage to HIV Prevention Services

►►► Transgender women, Black/AA clients, and those aged 20-29 had the highest rates of linkage to PrEP. Women, Asian and multi-race clients, and clients aged 13-19 had lower linkage to PrEP rates.

Figure 16. Linkage to PrEP and Declination/Disinterest in PrEP by Gender, Race/Ethnicity, and Age, Contracted Agencies, 2024[19]

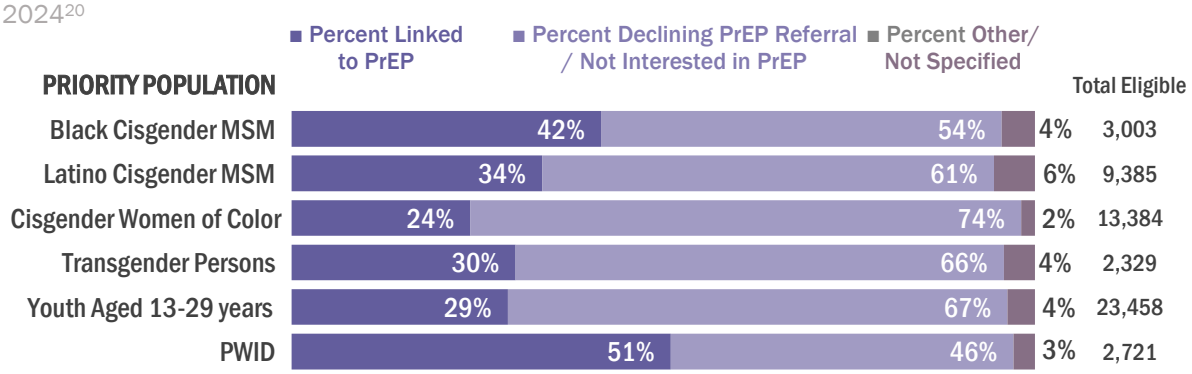


[19] Missing/unknown values are not shown. See Data Table 3A for more details.

Priority Populations – Linkage to HIV Prevention Services

►►► PWID had the highest rate of linkage to PrEP, followed by Black and Latino Cisgender MSM. Cisgender women of color had the lowest linkage to PrEP rates.

Figure 17. Linkage to PrEP and Declination/Disinterest in PrEP by Modality and Site Type, Contracted Agencies, 2024[20]

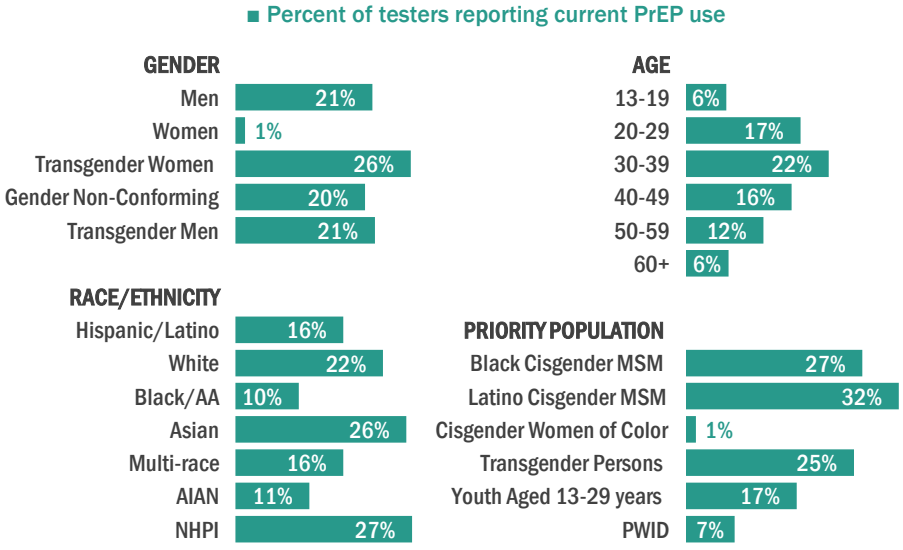


Current PrEP Use

Counselors also collect information on whether clients are currently using PrEP medication at each visit. This figure shows the percent of clients that reported current PrEP use.

►►► Transgender women, NHPI, those aged 30-39, and Latino Cisgender MSM clients reported the highest rates of current PrEP use. Women, Black/AA and AIAN clients, those aged 13-19 or 60 years old or over, and Cisgender Women of Color reported the lowest rates of current PrEP use.

Figure 18. Current PrEP use by Gender, Age, Race/Ethnicity, and Priority Population, Contracted Agencies, 2024



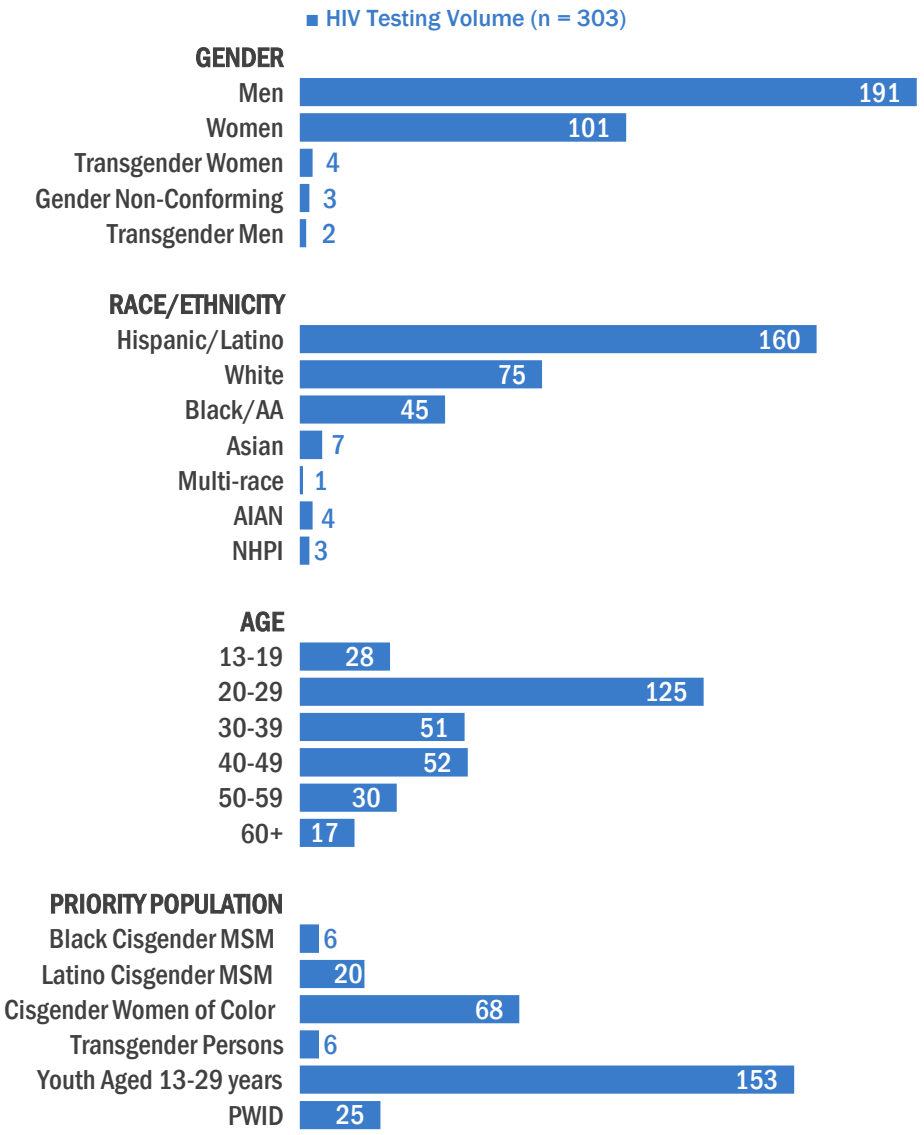
[20] Priority populations are not mutually exclusive. Missing/unknown values are not shown. See Data Table 4A for more details.

Direct Community Services – HIV Testing

In 2024, Direct Community Services (DCS) provided 303 HIV tests to 298 individuals through 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.

►►► In 2024, most clients served by Direct Community Services were men, reported a race/ethnicity of Hispanic/Latino, and were between the ages of 20 and 29, while 36% of clients reported never having tested for HIV before. None of the HIV tests performed by DCS in 2024 returned a positive result.

Figure 19. Number of HIV Tests by Gender, Race/Ethnicity, Age and Priority Population, Direct Community Services, 2024[21]



[21] Priority populations are not mutually exclusive. Declined gender (2) and race/ethnicity (8) are not shown.

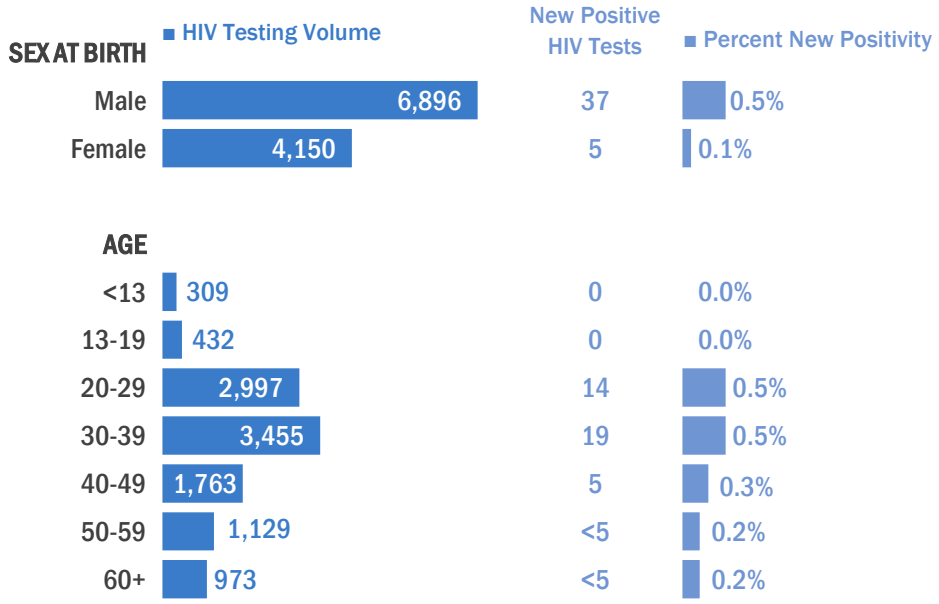
Public Health Clinics – HIV Testing

2024 OVERALL

In 2024, LA County's Public Health Clinics provided **11,943** HIV tests, with **103** (**0.9%**) resulting in positive tests – **25** (**0.2%**) of which were determined to be newly positive.

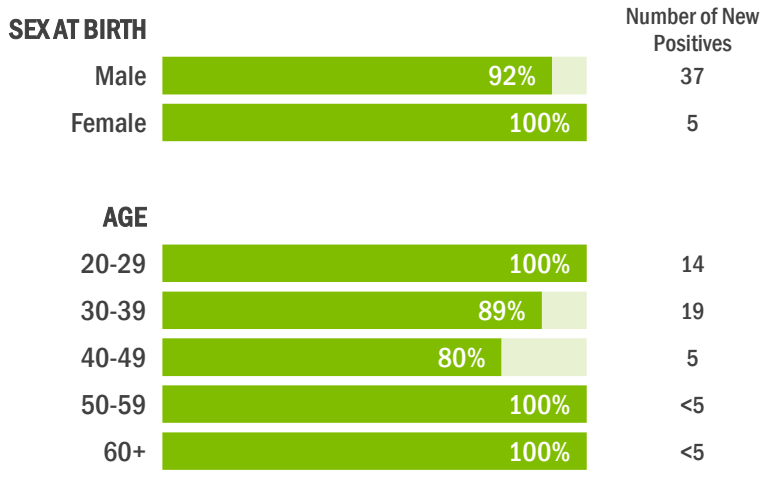
►►►Males and persons aged 20-39 had the highest percent of newly positive HIV tests.

Figure 20. Number of HIV Test Events and New HIV Positivity by Sex and Age, Public Health Clinics, 2024[22]



►►► Most persons newly diagnosed with HIV were linked to care within 30 days - 100% of females and those aged 20-29 and 50 and older were linked.

Figure 21. Linkage to Care for Persons Newly Diagnosed with HIV by Sex and Age, Public Health Clinics, 2024[22]



[22] 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. Diagnosis and linkage to care determined by match to surveillance using name and date of birth. Data not shown for 12 individuals missing sex at birth.

HIV Self-Testing Programs

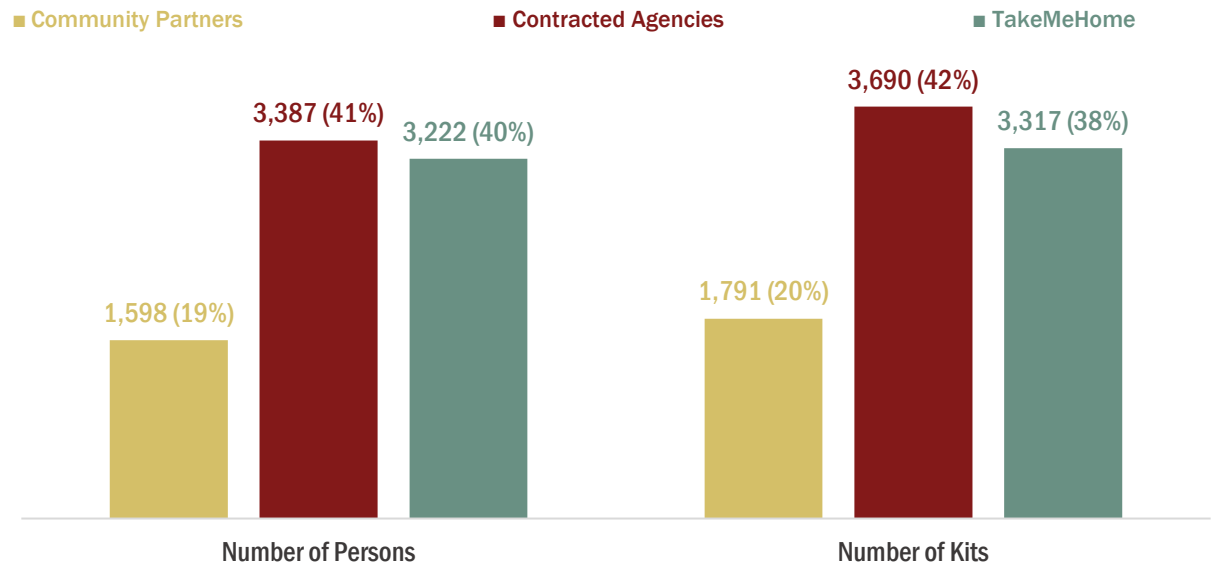
As a part of the EHE Initiative, DHSP has implemented programs to distribute HIV self-test kits to LAC residents since 2020. In 2024, HIV self-test kits (HIVST) were distributed through three main strategies: 1) Community Partners, which includes non-contracted agencies, distribution at events, and through 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 (BHOC), which mails up to two free HIVST to eligible LAC residents who order through TakeMeHome.org.

Through the three main strategies above, persons were allowed to receive up to two HIVST kits at a time and could reorder every three months. Reporting requirements informed data collection for HIVST, so for all kits age group, gender, race/ethnicity, and testing history were to be collected.

The following figures show the breakdown of persons receiving HIVST kits by strategy, gender, age, race/ethnicity, and testing history. Gender categories were consolidated due to differences in data collection, and age categories aligned with reporting requirements so they may not be comparable to categories in other sections in this report.

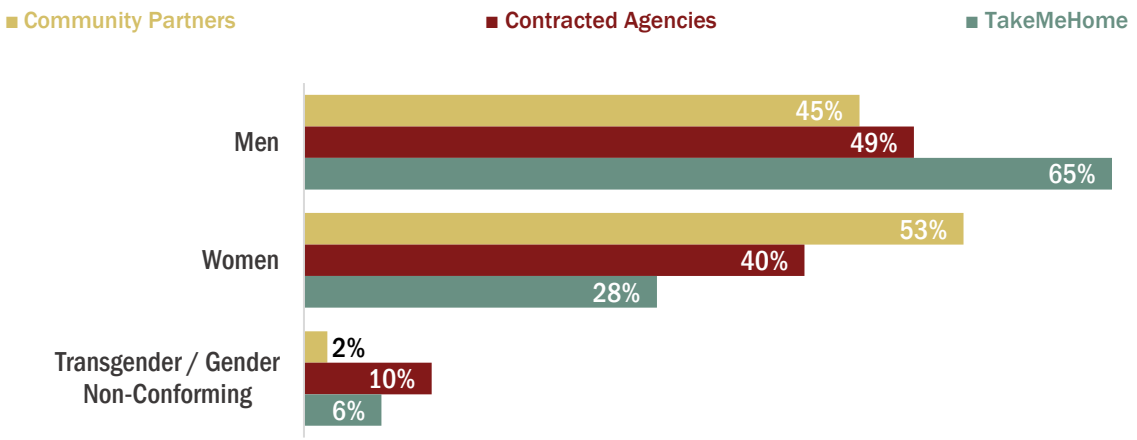
►►► In 2024, 8,798 kits were distributed to 8,207 persons. Contracted agencies distributed the most test kits (3,690, 42%) in 2024, while TakeMeHome sent out 3,317 kits (38%) and community partners distributed 1,791 kits (20%).

Figure 22. Number of HIVST Kits Distributed and Number of Persons Receiving Kits by Strategy, 2024



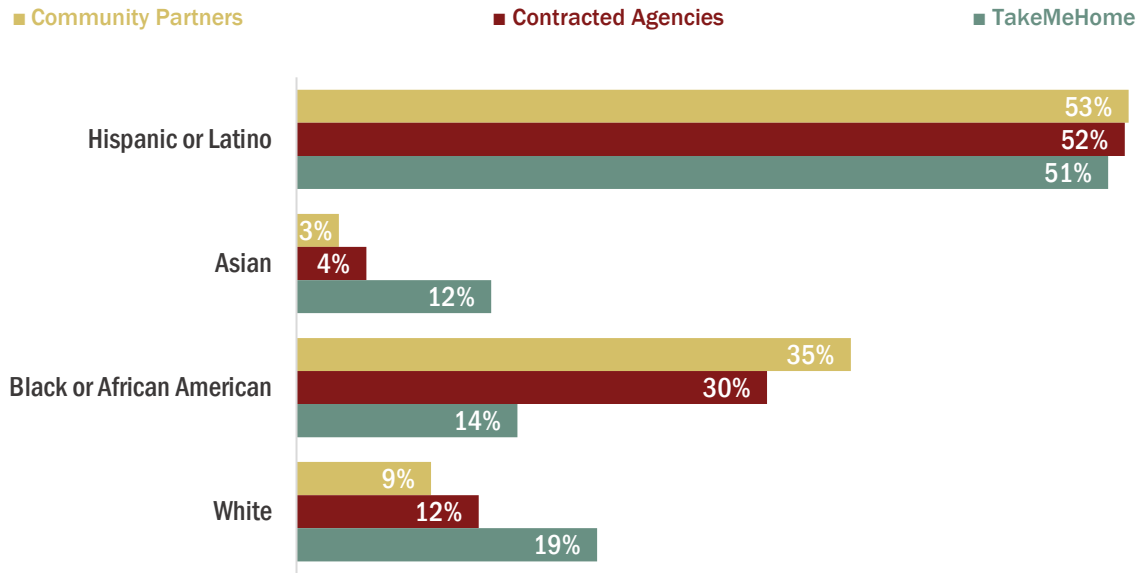
►►► Men were the highest proportion of persons ordering from TakeMeHome and who received kits through contracted agencies, while women were the highest proportion of persons who received kits through community partners.

Figure 23. Percent of Total HIVST Kits Distributed by Strategy and Gender, 2024



►►► Hispanic/Latinos were the highest proportion of persons receiving kits from all strategies, while Black or African Americans were the second highest proportion for contracted agencies and community partners, and Whites were the second highest for TakeMeHome.

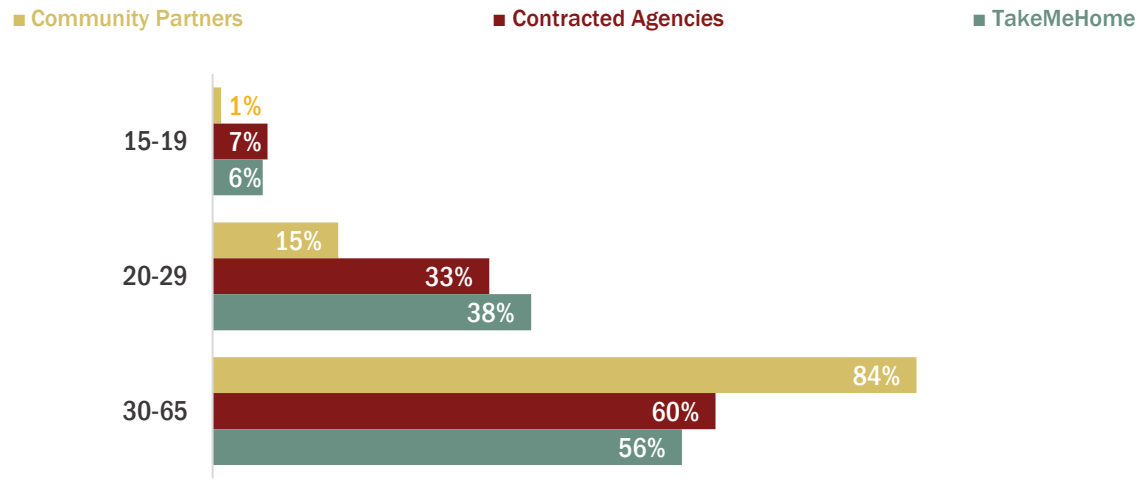
Figure 24. Percent of Total HIVST Kits Distributed by Strategy and Race/Ethnicity[23], 2024



[23] Race/Ethnicity with less than 5% per strategy are not shown.

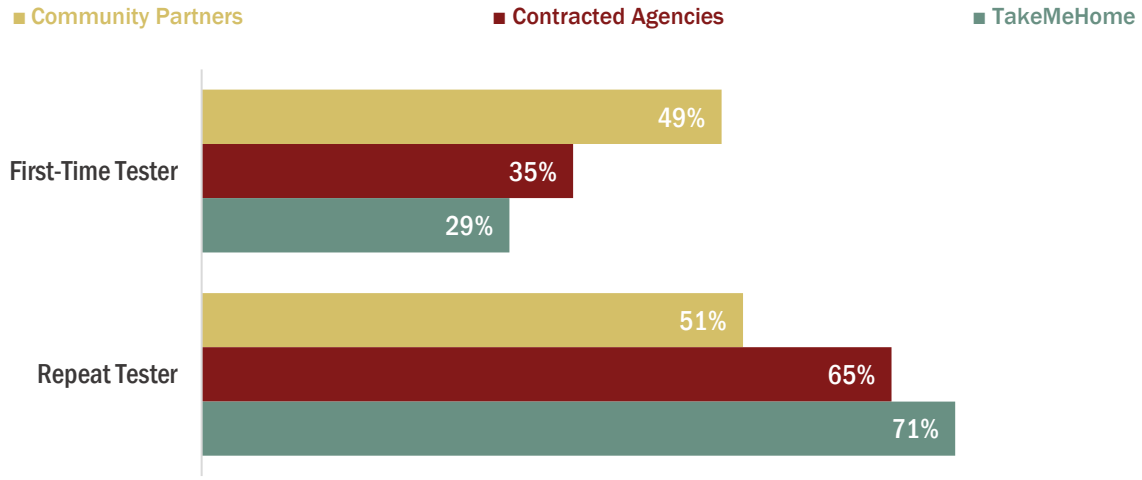
►►► Persons aged 30-65 were the highest proportion of those receiving kits from all strategies, although it was highest for community partners. TakeMeHome and contracted agencies distributed kits to a higher proportion of persons under 30.

Figure 25. Percent of Total HIVST Kits Distributed by Strategy and Age[24], 2024



►►► Each strategy continues to distribute kits to persons reporting having never tested for HIV before, with the proportion of first-time testers ranging from 29% to 49% - relatively unchanged from 2023.

Figure 26. Percent of Total HIVST Kits Distributed by Strategy and Testing History, 2024



[24] Persons aged less than 15 or older than 65 represented less than 5% per strategy and are not shown.

STD Testing Summary, 2024

While many DHSP-supported programs integrate HIV and STD testing, the data that are collected may vary depending on the types of tests provided. Thus, this section will focus on 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 services support a variety of strategies which may occur at clinical or non-clinical sites. They are as follows:

Modality	Description	Testing	Treatment / Linkage to Care / Prevention
Commercial sex venue (CSV)	• Testing programs conducted inside commercial sex venues (bath houses)	• Rapid HIV • Lab-based syphilis	• Referral to syphilis treatment • Linkage to HIV care • Linkage to HIV PrEP/PEP
Sexual health express clinic (SHEx-C)	• Community-based programs that offer STD screening and treatment • Same day walk-in service	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Syphilis, chlamydia, and gonorrhea treatment on-site • Linkage to HIV care • Linkage to HIV PrEP/PEP
Sexually transmitted disease – screening, diagnosis, and treatment (STD-SDT)	• Community-based programs that offer STD screening and treatment for chlamydia, gonorrhea, and syphilis at low or free cost (based on insurance coverage) • Same day walk-in service	• Lab-based syphilis, chlamydia, gonorrhea	• Syphilis, chlamydia, and gonorrhea treatment on-site • Linkage to HIV PrEP/PEP
Mobile (MTU)	• Two mobile testing vans that are strategically placed in areas of proven HIV risk	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Linkage to HIV care / STD treatment • Linkage to HIV PrEP/PEP
Integrated HIV testing and STD screening and treatment	• Community-based programs based in the City of Long Beach offering HIV and STD screening and treatment • Same day walk-in service	• Rapid HIV • Lab-based syphilis, chlamydia, gonorrhea	• Syphilis, chlamydia, and gonorrhea treatment on-site • Linkage to HIV care • Linkage to HIV PrEP/PEP

In general, all STD testing done by contracted agencies consist of lab-based testing for chlamydia, gonorrhea, and syphilis.

STD Testing

2024 OVERALL

In 2024, contracted agencies provided **70,216** STD testing events in the community; **86%** were comprehensive, screening for chlamydia, gonorrhea, and syphilis at the same session. Clinical sites performed **97%** of all STD screenings.

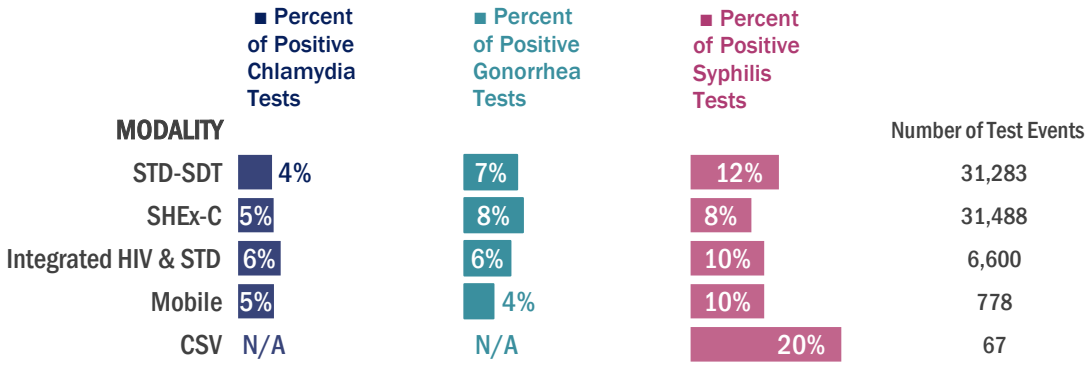
Chlamydia
- 69,082 tests
- 98% reported with results
- **4.7% overall positivity**

Gonorrhea
- 69,055 tests
- 98% reported with results
- **7.2% overall positivity**

Syphilis
- 61,630 tests
- 98% reported with results
- **9.9% overall positivity**[25]

►►► STD positivity was relatively stable across modalities, except for STD-SDT and CSV programs having higher syphilis positivity[25], and mobile programs having lower gonorrhea positivity.

Figure 27. Number of STD Testing Events and Chlamydia, Gonorrhea, and Syphilis Positivity[25] by Modality and Site Type, Contracted Agencies, 2024[26]



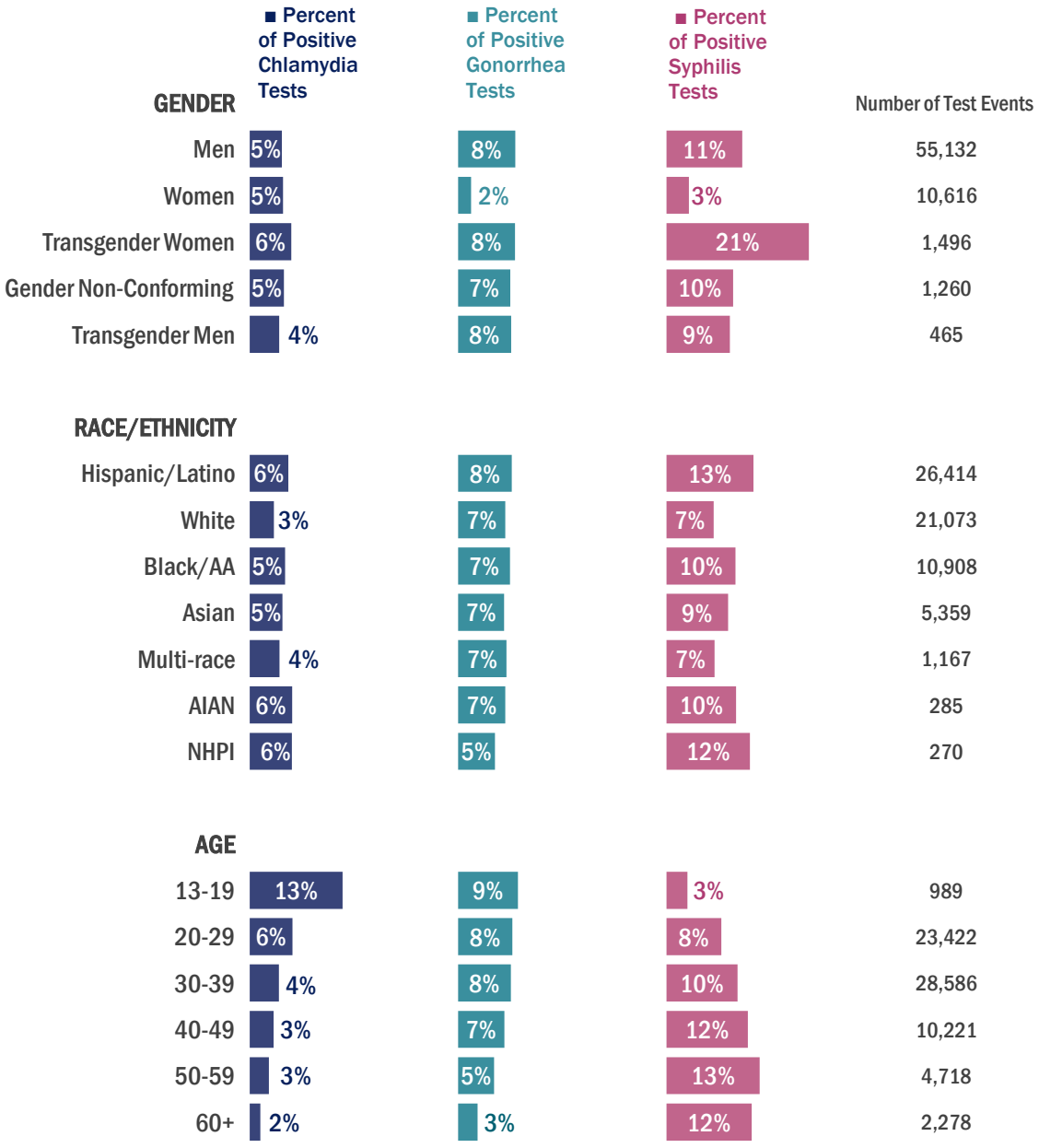
[25] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

[26] See Data Table 5A for more details.

Demographics

►►► Chlamydia positivity was relatively similar across gender and race/ethnicity but higher for younger clients. Gonorrhea positivity was lower for women, relatively similar across race/ethnicity, and higher for younger clients. Syphilis positivity[27] was highest for transgender women, Hispanic/Latino clients, and those aged 50-59.

Figure 28. Number of STD Testing Events and Chlamydia, Gonorrhea, and Syphilis Positivity[27] by Gender, Race/Ethnicity, and Age, Contracted Agencies, 2024[28]



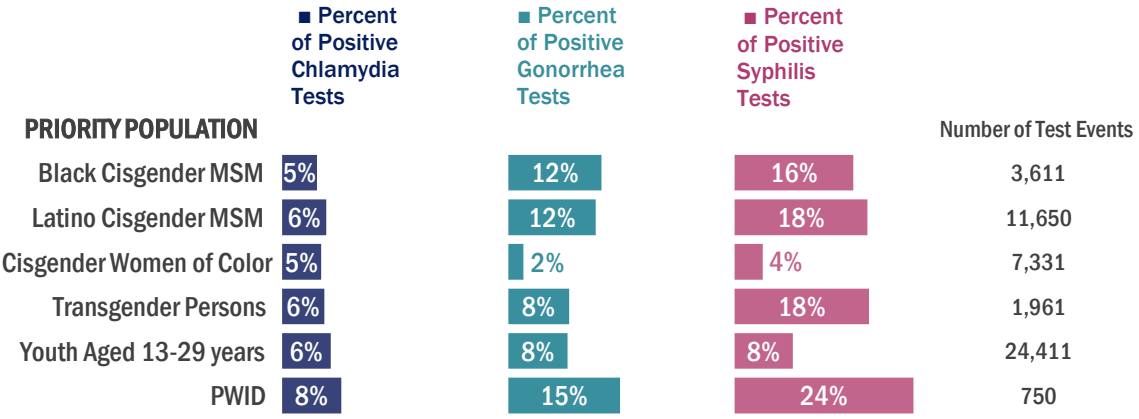
[27] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

[28] Missing/unknown values are not shown. See Data Table 5A for more details.

Priority Populations

►►► PWID had the highest chlamydia, gonorrhea, and syphilis positivity[29]; cisgender women of color had the lowest gonorrhea and syphilis positivity.

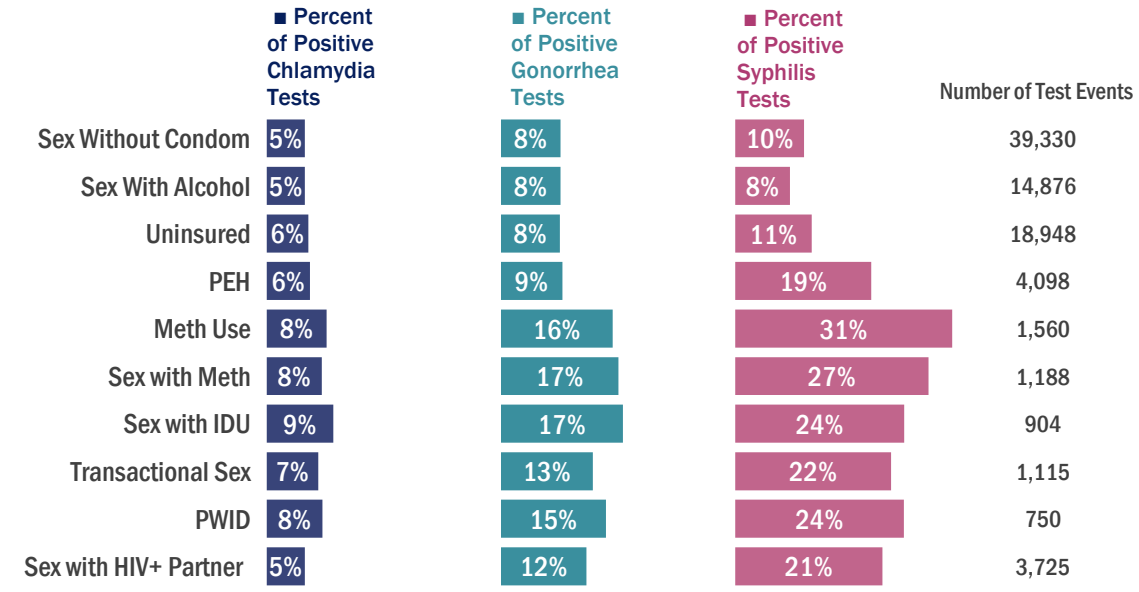
Figure 29. Number of STD Testing Events and Chlamydia, Gonorrhea, and Syphilis Positivity[29] by Priority Population, Contracted Agencies, 2024[30]



Risk Behaviors and Other Characteristics

►►► Clients reporting meth or injection drug use had higher chlamydia, gonorrhea, and syphilis positivity[29].

Figure 30. Number of STD Testing Events and Chlamydia, Gonorrhea, and Syphilis Positivity[29] by Risk Behaviors and Other Characteristics, Contracted Agencies, 2024[30]



[29] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

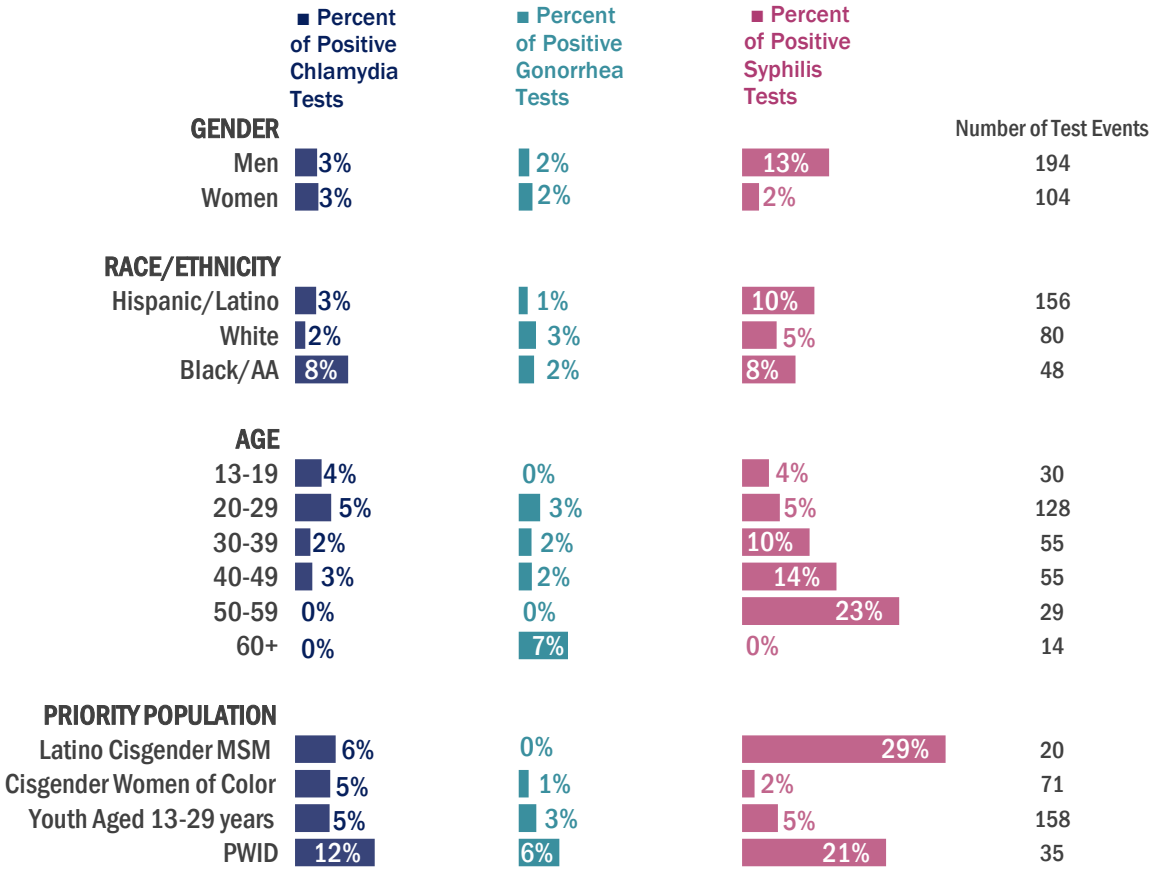
[30] Missing/unknown values are not shown. Priority populations are not mutually exclusive. See Data Table 6A for more details.

Direct Community Services – STD Testing

In 2024, Direct Community Services (DCS) provided STD testing to 304 individuals through outreaches to unhoused individuals and sex workers, HARM reduction partnerships, outreaches to women of reproductive age, and Public Health Investigator (PHI)-initiated outreaches to engage and test partners of individuals who tested positive for HIV or an STD. In 69% of test events, clients received chlamydia, gonorrhea, and syphilis screening.

►►► PWID, Black/AA clients, and those aged 20-29 had the highest chlamydia positivity; PWID and those aged 60+ had the highest gonorrhea positivity; men, those aged 50-59, and Latino cisgender MSM had the highest syphilis positivity[31].

Figure 31. Number of STD Testing Events and Chlamydia, Gonorrhea, and Syphilis Positivity[31] by Gender, Race/Ethnicity, Age, and Priority Population, Direct Community Services, 2024[32]



[31] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

[32] Priority populations are not mutually exclusive. Groups with less than 10 tests or declined to respond are not shown, including Gender Non-Conforming (4 tests), Transgender Men (3 tests), Transgender Women (4 tests), declined to report gender (2 tests), Asian (9 tests), Multi-race (1 test), AIAN (5 tests), NHPI (5 tests), declined to report race/ethnicity (7 tests), and priority populations Black Cisgender MSM (8 tests) and Transgender Persons (7 tests).

Direct Community Services – Testing in Incarcerated Settings

2024 OVERALL

In 2024, DCS provided rapid syphilis testing to **1,382** women and transgender men at Century Regional Detention Facility (CRDF), with **159** (**11.5%**) testing positive. Of those testing positive, **79** received confirmatory lab testing with **68.3%** having reactive syphilis lab results[33], and **35** were treated. The remaining clients declined treatment, were released before confirmatory testing, or did not require treatment.

►►► Hispanic/Latina, White and Multi-race clients and clients aged 30-39 had the highest syphilis positivity[33] on rapid point of care syphilis tests.

Figure 32. Percent of Positive Rapid Syphilis Tests[33] out of Tests with Results by Race/Ethnicity, Age, and Priority Population, Incarcerated Settings, 2024[34]

	Rapid Syphilis Test Volume	■ Percent of Positive Rapid Syphilis Tests
RACE/ETHNICITY		
Hispanic/Latina	840	14%
White	154	11%
Black/AA	292	7%
Asian	14	7%
Multi-race	28	11%
AGE		
13-19	49	0%
20-29	455	12%
30-39	620	13%
40-49	241	10%
50-59	17	0%
PRIORITY POPULATIONS		
Cisgender Women of Color	1,167	12%
Transgender Persons	14	7%
Youth Aged 13-29 years	504	11%

[33] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. Syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.
[34] Priority populations are not mutually exclusive. Groups with less than 10 are not shown, including AIAN (5 tests), NHPI (5 tests), and those that declined to report race/ethnicity or gender (44 tests).

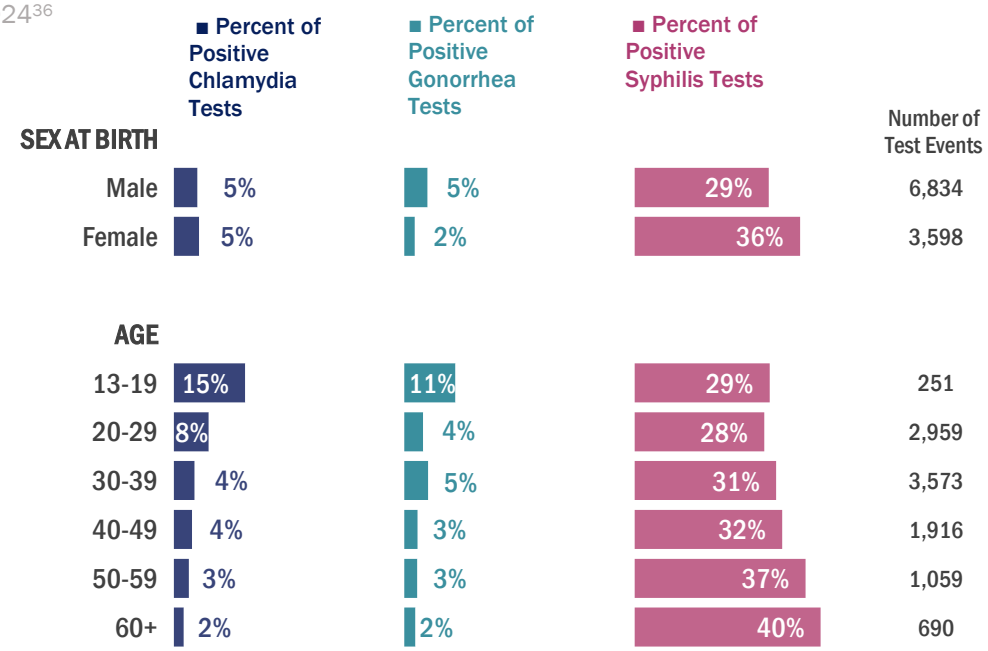
Public Health Clinics – STD Testing

2024 OVERALL

In 2024, LA County's Public Health Clinics provided **10,450** lab-based STD testing events. 84% of these events were comprehensive screenings, where a person was tested for all three STDs (chlamydia, gonorrhea, and syphilis) at the same visit.

►►► Clients aged 13-29 had the highest chlamydia and gonorrhea positivity. Females and clients aged 50 and older had the highest syphilis positivity[35].

Figure 33. Percent of Positive Chlamydia, Gonorrhea, and Syphilis Tests[35] by Sex at Birth and Age, Public Health Clinics, 2024[36]



[35] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. All tests represented are lab-based tests, and syphilis tests may be treponemal, non-treponemal or both. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

[36] 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. Clients missing sex at birth (18) and less than 13 years old (2) are not shown.

Clinical Field Team (CFT)

In 2023, DHSP implemented a test-and-treat approach to address the continued rise in STIs and syphilis/congenital syphilis crises in LAC. In collaboration with DHSP Direct Community Services (DCS), the Clinical Field Team (CFT) was put together to support syphilis control activities through regular test-and-treat events at select high morbidity venues serving persons of reproductive potential. In addition to rapid and lab-based syphilis testing, CFT provided rapid and lab-based chlamydia, gonorrhea, and HIV testing, rapid trichomoniasis (trich) testing, and additional wraparound prevention services. The CFT began its work in 2023 and continued through 2024. Selected outcomes from this effort related to STI screening are presented below for events held from December 8, 2023 to December 31, 2024.

Figure 34. Client Characteristics, STI and HIV Screening, Positivity, Diagnosis and Treatment, Clinical Field Team, 12/8/2023 – 12/31/2024[37]

Client Characteristics

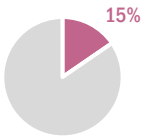
903 total clients seen

55% female or transgender male

75% Hispanic/Latino/a and Black/AA

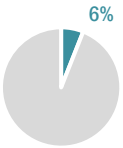
52% aged 44 years old or younger

STI Screening and Treatment

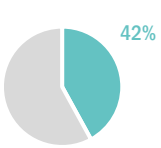


110 untreated syphilis[38] infections from 713 tests

39 positive chlamydia results from 775 tests



46 positive gonorrhea results from 775 tests

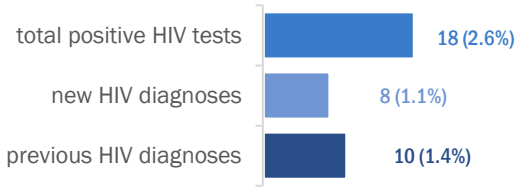


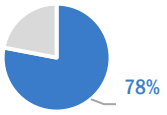
70 positive trichomoniasis results from 166 tests

83% of clients testing positive for an STI were treated on-site.

HIV Screening and Linkage to Care

699 HIV tests performed





14 clients linked to HIV Care

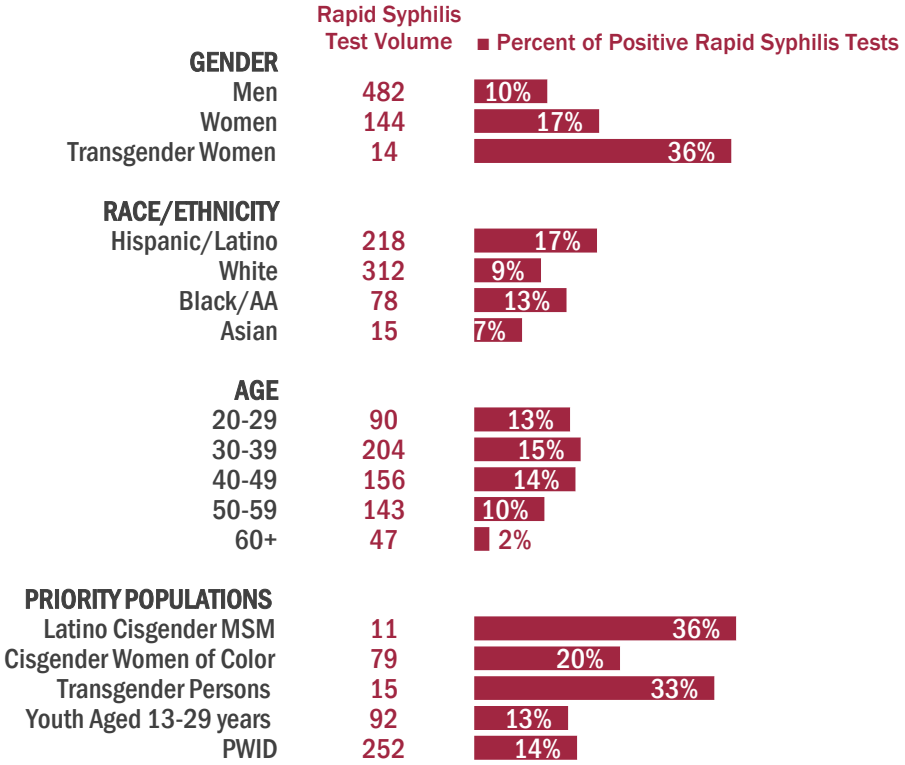
[37] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result.
[38] Untreated syphilis determined by physician considering rapid/lab testing, symptoms, and patient history.

POWER Project

In 2024, DHSP developed partnerships with two Engagement and Overdose Prevention (EOP) Hubs (i.e. syringe service/harm reduction programs) to supplement their HIV testing programs with rapid syphilis screening. Pilot rapid testing was done at a harm reduction organization and a homeless service provider supporting clients who use methamphetamine to promote more timely diagnosis and treatment of syphilis and HIV.

►►► Overall, 642 rapid syphilis tests were performed and 12% had a positive result. Transgender Persons, Black/AA & Hispanic/Latinos, those aged 30-39, and Latino Cisgender MSM had the highest syphilis positivity[39] on rapid point of care syphilis tests.

Figure 35. Percent of Positive Rapid Syphilis Tests[39] out of Tests with Results by Gender, Race/Ethnicity, Age, and Priority Population, POWER Project, 2024 (n = 642)[40]



[39] Positivity is calculated from tests reported with results. Some tests were reported as performed but did not include a test result. Syphilis positivity may include both prior syphilis infections and active syphilis infections.

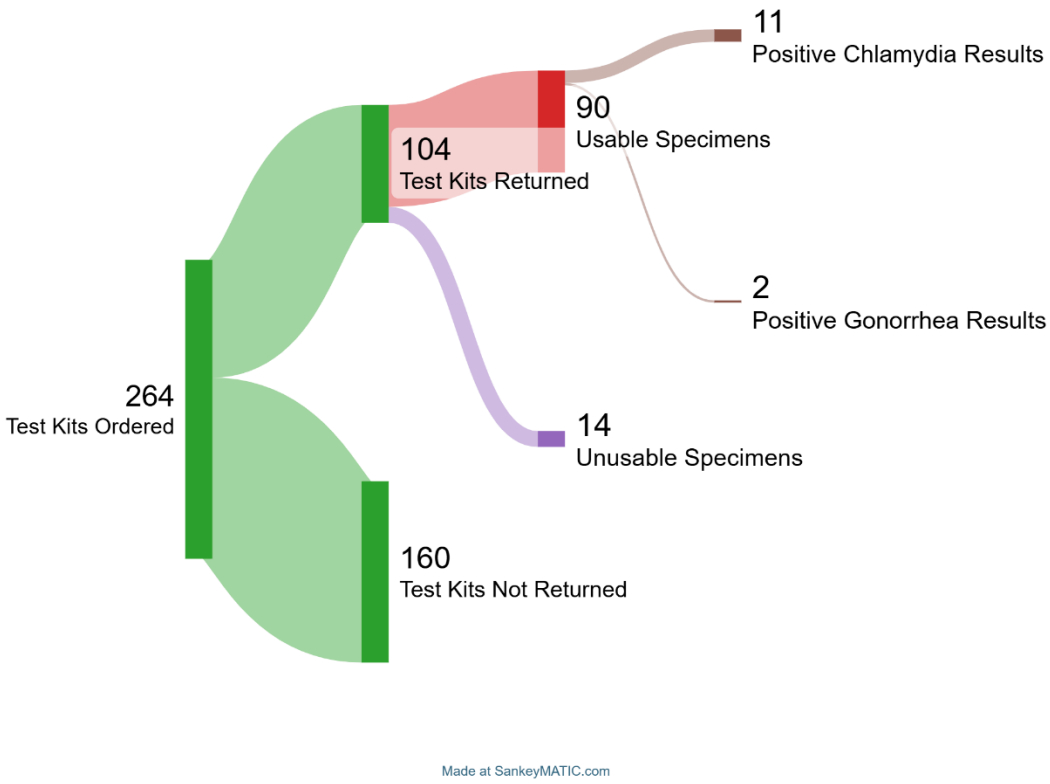
[40] Groups with less than 10 tests done are not shown, including transgender men (1 test) and those who declined to provide gender (1 test), Multi-race (4 tests), AIAN (3 tests), and NHPI (4 tests) clients, those who declined to report race/ethnicity (4 tests), those aged 19 and under (2 tests), and priority populations Black Cisgender MSM (6 tests).

I Know Program

LAC residents who were assigned female sex at birth and are aged 12-24 were eligible to order a test kit from the I Know Program to self-collect specimens and send to the LAC Public Health Lab for chlamydia and gonorrhea testing. In 2024, 264 kits were ordered, with the majority of clients reporting a race/ethnicity of either Hispanic/Latina or White and an age between 20-23.

►►► Out of the 264 kits ordered, 104 (39%) returned a specimen, 90 had usable specimens, while 11 (12%) tested positive for chlamydia, and 2 (2%) tested positive for gonorrhea.

Figure 36. Number of Kits Ordered, Returned, and Testing Positive for Chlamydia and Gonorrhea, I Know, 2024



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, 88% of positive HIV tests were matched to a reported HIV diagnosis in surveillance. Out of new positive tests, 71% were determined based on surveillance confirmation and 29% were determined based on client self-report. Out of tests among clients with a previous HIV diagnosis, 95% were confirmed in surveillance and 5% 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.

Chlamydia, gonorrhea, and syphilis positivity is calculated from tests reported with results only. Some tests were reported as performed but did not include a test result. Syphilis positivity only represents the number of positive tests and does not distinguish between active syphilis infections or previous syphilis infections.

Maps

Testing volume was calculated using the last 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 (HD 2022) and Service Planning Area (SPA 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).

Deduplication

Deduplication was used in this report to estimate the number of persons utilizing a DHSP-supported HIV/STD testing service. Key fields used include first and last name SOUNDEX codes, date of birth, sex, and race. Records had to match exactly on all key fields, however if records were missing sex or race, they were allowed to match with records provided all other fields matched.

Limitations

Due to data collection and transmission errors, not all chlamydia, gonorrhea, or syphilis tests reported as performed were also reported with results. Positivity 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.

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/

Data Tables

Table 1A. HIV Testing Volume[1], Positivity[2], and Linkage to Care within 30 Days[3] by Modality, Site Type, Gender, and Race/Ethnicity at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

	HIV Testing Volume	Positive HIV Tests		New Positive HIV Tests[3]		Previous Positive HIV Tests		Persons Newly Diagnosed with HIV Linked to Care[4]		Persons Previously Diagnosed with HIV Linked to Care		Persons Previously Diagnosed with HIV Already in Care	
	N	N	%	N	%	N	%	N	%	N	%	N	%
Overall	90,401	1,105	1.2%	314	0.3%	791	0.9%	217	69%	423	61%	92	12%
Modality													
Storefront	39,497	334	0.8%	125	0.3%	209	0.5%	93	74%	161	85%	20	10%
SHEx-C	22,584	135	0.6%	65	0.3%	70	0.3%	52	80%	56	86%	5	7%
SSN	17,290	525	3.0%	79	0.5%	446	2.6%	47	59%	183	47%	56	13%
Integrated HIV & STD	6,945	57	0.8%	27	0.4%	30	0.4%	21	78%	11	38%	<5	-
Mobile	3,620	44	1.2%	12	0.3%	32	0.9%	<5	-	10	43%	9	28%
CSV	465	10	2.2%	6	1.3%	<5	-	<5	-	<5	-	<5	-
Site Type													
Clinical	52,754	383	0.7%	154	0.3%	229	0.4%	113	73%	164	79%	22	10%
Non-Clinical	34,027	678	2.0%	148	0.4%	530	1.6%	102	69%	249	53%	61	12%
Mobile	3,620	44	1.2%	12	0.3%	32	0.9%	<5	-	10	43%	9	28%
Gender													
Men	67,002	892	1.3%	258	0.4%	634	0.9%	178	69%	352	62%	62	10%
Women	17,482	70	0.4%	23	0.1%	47	0.3%	14	61%	26	68%	9	19%
Transgender Women	2,581	98	3.8%	24	0.9%	74	2.9%	18	75%	32	55%	16	22%
Gender Non-Conforming	1,697	25	1.5%	7	0.4%	18	1.1%	5	71%	8	57%	<5	-
Transgender Men	679	7	1.0%	<5	-	<5	-	<5	-	<5	-	<5	-
Declined	958	13	1.4%	<5	-	13	1.4%	-	-	<5	-	<5	-
Missing	2	-	-	-	-	-	-	-	-	-	-	-	-
Race/Ethnicity													
Hispanic/Latino	39,225	530	1.4%	179	0.5%	351	0.9%	135	75%	202	64%	37	11%
White	22,490	179	0.8%	44	0.2%	135	0.6%	25	57%	73	58%	10	7%
Black/AA	17,276	261	1.5%	59	0.3%	202	1.2%	36	61%	97	58%	35	17%
Asian	5,299	43	0.8%	14	0.3%	29	0.5%	12	86%	17	61%	<5	-
Multi-race	1,412	16	1.1%	<5	-	13	0.9%	<5	-	6	67%	<5	-
AIAN	465	10	2.2%	<5	-	7	1.5%	<5	-	<5	-	<5	-
NHPI	326	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Declined	3,900	65	1.7%	12	0.3%	53	1.4%	8	67%	25	50%	<5	-
Missing	8	<5	-	<5	-	<5	-	-	-	-	-	-	-

[1] HIV Testing Volume is defined as the number of events where a client received one or more rapid or lab-based HIV test. [2] Positivity is the number of events where the most sensitive HIV test done returned a positive result. New positive HIV tests are positive HIV test results for persons with no known HIV diagnosis. Previous positive HIV tests are positive HIV tests results for persons with a known HIV diagnosis. [3] Linkage to care is defined as the 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. [4] Among those not currently in HIV care.

Table 2A. HIV Testing Volume[1], Positivity[2], and Linkage to Care within 30 Days[3] by Age, Priority Population, and Risk Factor/Social Determinant of Health at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

	HIV Testing Volume	Positive HIV Tests		New Positive HIV Tests		Previous Positive HIV Tests		Persons Newly Diagnosed with HIV Linked to Care		Persons Previously Diagnosed with HIV Linked to Care[4]		Persons Previously Diagnosed with HIV Already in Care	
	N	N	%	N	%	N	%	N	%	N	%	N	%
Overall	90,401	1,105	1.2%	314	0.3%	791	0.9%	217	69%	423	61%	92	12%
Age													
<13 Years	6	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
13-19	1,525	16	1.0%	8	0.5%	8	0.5%	6	75%	<5	-	<5	-
20-29	27,037	329	1.2%	114	0.4%	215	0.8%	90	79%	113	60%	27	13%
30-39	32,077	421	1.3%	107	0.3%	314	1.0%	67	63%	170	61%	36	11%
40-49	15,203	188	1.2%	49	0.3%	139	0.9%	34	69%	81	62%	9	6%
50-59	8,974	110	1.2%	28	0.3%	82	0.9%	15	54%	40	55%	9	11%
60+	5,578	41	0.7%	8	0.1%	33	0.6%	5	63%	15	65%	10	30%
Missing	1	<5	-	<5	-	<5	-	<5	-	<5	-	<5	-
Priority Population													
Black Cisgender MSM	4,269	131	3.1%	38	0.9%	93	2.2%	27	71%	46	61%	18	19%
Latino Cisgender MSM	14,187	258	1.8%	123	0.9%	135	1.0%	93	76%	96	79%	14	10%
Cisgender Women of Color	13,636	48	0.4%	14	0.1%	34	0.2%	8	57%	19	73%	8	24%
Transgender Persons	3,260	105	3.2%	26	0.8%	79	2.4%	20	77%	34	54%	16	20%
Youth Aged 13-29 years	28,562	345	1.2%	122	0.4%	223	0.8%	96	79%	117	60%	28	13%
PWID	3,010	68	2.3%	24	0.8%	44	1.5%	15	63%	26	67%	5	11%
Risk Factor/Social Determinant of Health													
Sex Without Condom	57,904	581	1.0%	233	0.4%	348	0.6%	162	70%	197	67%	55	16%
Sex With Alcohol	24,952	242	1.0%	100	0.4%	142	0.6%	72	72%	91	79%	27	19%
Uninsured	20,434	323	1.6%	115	0.6%	208	1.0%	89	77%	131	65%	7	3%
PEH	14,519	344	2.4%	74	0.5%	270	1.9%	46	62%	153	62%	25	9%
Meth Use	9,748	206	2.1%	65	0.7%	141	1.4%	43	66%	91	73%	17	12%
Sex with Meth	7,649	161	2.1%	56	0.7%	105	1.4%	36	64%	73	79%	13	12%
Sex with IDU	2,983	80	2.7%	21	0.7%	59	2.0%	15	71%	35	70%	9	15%
Transactional Sex	3,998	94	2.4%	26	0.7%	68	1.7%	20	77%	32	60%	15	22%
PWID	3,010	68	2.3%	24	0.8%	44	1.5%	15	63%	26	67%	5	11%
Sex with HIV+ Partner	3,082	160	5.2%	27	0.9%	133	4.3%	17	63%	67	63%	26	20%

[1] HIV Testing Volume is defined as the number of events where a client received one or more rapid or lab-based HIV test. [2] Positivity is the number of events where the most sensitive HIV test done returned a positive result. New positive HIV tests are positive HIV test results for persons with no known HIV diagnosis. Previous positive HIV tests are positive HIV tests results for persons with a known HIV diagnosis. [3] Linkage to care is defined as the 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. [4] Among those not currently in HIV care.

Table 3A. HIV Testing Volume[1], PrEP Use, and Linkage to PrEP[2] by Modality, Site Type, Gender, and Race/Ethnicity at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

	HIV Testing Volume	Clients Currently on PrEP		Clients Eligible for PrEP		Clients Linked to PrEP		Clients that Refused/Declined PrEP Linkage		Clients Not Linked to PrEP	
	N	N	%	N	%	N	%	N	%	N	%
Overall	90,401	15,516	17%	73,804	82%	19,976	27%	51,750	70%	2,078	3%
Modality											
Storefront	39,497	4,675	12%	34,496	87%	11,766	34%	22,473	65%	257	1%
SHEx-C	22,584	7,310	32%	15,141	67%	2,612	17%	11,356	75%	1,173	8%
SSN	17,290	1,829	11%	14,949	86%	5,044	34%	9,637	64%	268	2%
Integrated HIV & STD	6,945	1,489	21%	5,399	78%	471	9%	4,573	85%	355	7%
Mobile	3,620	62	2%	3,515	97%	73	2%	3,427	98%	15	0%
CSV	465	151	32%	304	65%	10	3%	284	93%	10	3%
Site Type											
Clinical	52,754	11,234	21%	41,144	78%	12,452	30%	27,051	66%	1,641	4%
Non-Clinical	34,027	4,220	12%	29,145	86%	7,451	26%	21,272	73%	422	1%
Mobile	3,620	62	2%	3,515	97%	73	2%	3,427	98%	15	0%
Gender											
Men	67,002	13,861	21%	52,270	78%	14,466	28%	36,177	69%	1,627	3%
Women	17,482	260	1%	17,152	98%	4,236	25%	12,628	74%	288	2%
Transgender Women	2,581	683	26%	1,800	70%	555	31%	1,167	65%	78	4%
Gender Non-Conforming	1,697	332	20%	1,343	79%	393	29%	907	68%	43	3%
Transgender Men	679	143	21%	529	78%	147	28%	363	69%	19	4%
Declined	958	237	25%	708	74%	179	25%	508	72%	21	3%
Missing	2	<5	-	<5	-	<5	-	<5	-	<5	-
Race/Ethnicity											
Hispanic/Latino	39,225	6,399	16%	32,311	82%	8,075	25%	23,315	72%	921	3%
White	22,490	5,010	22%	17,309	77%	4,660	27%	12,196	70%	453	3%
Black/AA	17,276	1,656	10%	15,360	89%	4,967	32%	9,943	65%	450	3%
Asian	5,299	1,367	26%	3,889	73%	951	24%	2,801	72%	137	4%
Multi-race	1,412	230	16%	1,166	83%	282	24%	850	73%	34	3%
AIAN	465	52	11%	403	87%	117	29%	276	68%	10	2%
NHPI	326	87	27%	238	73%	67	28%	165	69%	6	3%
Declined	3,900	714	18%	3,121	80%	856	27%	2,198	70%	67	2%
Missing	8	<5	-	7	88%	<5	-	6	86%	<5	-

[1] HIV Testing Volume is defined as the number of events where a client received one or more rapid or lab-based HIV test. [2] Linkage to PrEP is defined as the client making an appointment with a provider or PrEP navigator to explore PrEP prescription options. Clients are eligible for a PrEP prescription if they test negative for HIV, are aged 12 or older, and are not currently on HIV PrEP. Percentages may not add up to 100% due to rounding.

Table 4A. HIV Testing Volume[1], PrEP Use, and Linkage to PrEP[2] by Age, Priority Population, and Risk Factor/Social Determinant of Health at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

	HIV Testing Volume	Clients Currently on PrEP		Clients Eligible for PrEP		Clients Linked to PrEP		Clients that Refused/Declined PrEP Linkage		Clients Not Linked to PrEP	
	N	N	%	N	%	N	%	N	%	N	%
Overall	90,401	15,516	17%	73,804	82%	19,976	27%	51,750	70%	2,078	3%
Age											
<13 Years	6	<5	-	5	83%	<5	-	5	100%	<5	-
13-19	1,525	93	6%	1,416	93%	314	22%	1,062	75%	40	3%
20-29	27,037	4,677	17%	22,042	82%	6,512	30%	14,710	67%	820	4%
30-39	32,077	6,915	22%	24,750	77%	6,831	28%	17,191	69%	728	3%
40-49	15,203	2,425	16%	12,594	83%	3,198	25%	9,115	72%	281	2%
50-59	8,974	1,047	12%	7,819	87%	1,814	23%	5,864	75%	141	2%
60+	5,578	359	6%	5,178	93%	1,307	25%	3,803	73%	68	1%
Missing	1	<5	-	<5	-	<5	-	<5	-	<5	-
Priority Population											
Black Cisgender MSM	4,269	1,137	27%	3,003	70%	1,251	42%	1,618	54%	134	4%
Latino Cisgender MSM	14,187	4,556	32%	9,385	66%	3,165	34%	5,703	61%	517	6%
Cisgender Women of Color	13,636	204	1%	13,384	98%	3,223	24%	9,913	74%	248	2%
Transgender Persons	3,260	826	25%	2,329	71%	702	30%	1,530	66%	97	4%
Youth Aged 13-29 years	28,562	4,770	17%	23,458	82%	6,826	29%	15,772	67%	860	4%
PWID	3,010	221	7%	2,721	90%	1,389	51%	1,254	46%	78	3%
Risk Factor/Social Determinant of Health											
Sex Without Condom	57,904	11,148	19%	46,193	80%	14,234	31%	30,352	66%	1,607	3%
Sex With Alcohol	24,952	3,881	16%	20,831	83%	7,081	34%	12,914	62%	836	4%
Uninsured	20,434	3,677	18%	16,441	80%	2,878	18%	12,852	78%	711	4%
PEH	14,519	648	4%	13,535	93%	5,656	42%	7,662	57%	217	2%
Meth Use	9,748	414	4%	9,128	94%	3,600	39%	5,363	59%	165	2%
Sex with Meth	7,649	318	4%	7,171	94%	3,110	43%	3,921	55%	140	2%
Sex with IDU	2,983	247	8%	2,657	89%	1,554	58%	1,024	39%	79	3%
Transactional Sex	3,998	406	10%	3,499	88%	1,925	55%	1,479	42%	95	3%
PWID	3,010	221	7%	2,721	90%	1,389	51%	1,254	46%	78	3%
Sex with HIV+ Partner	3,082	1,282	42%	1,644	53%	489	30%	1,020	62%	135	8%

[1] HIV Testing Volume is defined as the number of events where a client received one or more rapid or lab-based HIV test. [2] Linkage to PrEP is defined as the client making an appointment with a provider or PrEP navigator to explore PrEP prescription options. Clients are eligible for a PrEP prescription if they test negative for HIV, are aged 12 or older, and are not currently on HIV PrEP. Percentages may not add up to 100% due to rounding.

Table 5A. STD Testing Volume and Positivity by Modality, Gender, Race/Ethnicity, and Age at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

		Chlamydia					Gonorrhea					Syphilis				
	STD Test Event[1] Volume	Total Tests	Tests Performed with Results		Positive Tests		Total Tests	Tests Performed with Results		Positive Tests		Total Tests	Tests Performed with Results		Positive Tests[2]	
	N	N	N	%	N	%	N	N	%	N	%	N	N	%	N	%
Overall	70,216	69,082	67,936	98%	3,175	5%	69,055	67,888	98%	4,901	7%	61,630	60,492	98%	5,960	10%
Modality																
STD-SDT	31,283	30,535	30,342	99%	1,355	4%	30,532	30,330	99%	2,115	7%	26,635	26,452	99%	3,102	12%
SHEx-C	31,488	31,265	30,613	98%	1,433	5%	31,243	30,583	98%	2,378	8%	28,028	27,368	98%	2,201	8%
Integrated HIV & STD	6,600	6,522	6,224	95%	351	6%	6,522	6,220	95%	379	6%	6,178	5,888	95%	574	10%
Mobile	778	760	757	100%	36	5%	758	7,55	100%	29	4%	722	719	100%	70	10%
CSV	67	-	-	-	-	-	-	-	-	-	-	67	65	97%	13	20%
Gender																
Men	55,132	54,448	53,615	98%	2,473	5%	54,423	53,575	98%	4,398	8%	48,465	47,625	98%	5,192	11%
Women	10,616	10,243	9,970	97%	475	5%	10,241	9,965	97%	186	2%	9,298	9,038	97%	291	3%
Transgender Women	1,496	1,467	1,453	99%	87	6%	1,467	1,452	99%	119	8%	1,265	1,253	99%	257	21%
Gender Non-Conforming	1,260	1,243	1,227	99%	60	5%	1,243	1,227	99%	92	7%	1,089	1,073	99%	103	10%
Transgender Men	465	457	450	98%	19	4%	456	447	98%	34	8%	390	384	98%	35	9%
Declined	1,082	1,075	1,074	100%	57	5%	1,075	1,074	100%	71	7%	976	975	100%	81	8%
Missing	165	149	147	99%	<5	-	150	148	99%	<5	-	147	144	98%	<5	-
Race/Ethnicity																
Hispanic/Latino	26,414	25,832	25,408	98%	1,411	6%	25,827	25,398	98%	1,964	8%	23,772	23,353	98%	2,920	13%
White	21,073	20,831	20,639	99%	713	3%	20,817	20,618	99%	1,401	7%	17,987	17,788	99%	1,205	7%
Black/AA	10,908	10,769	10,404	97%	529	5%	10,763	10,390	97%	777	7%	9,430	9,070	96%	899	10%
Asian	5,359	5,294	5,203	98%	245	5%	5,291	5,201	98%	343	7%	4,743	4,654	98%	413	9%
Multi-race	1,167	1,156	1,126	97%	48	4%	1,154	1,124	97%	78	7%	1,035	1,011	98%	70	7%
AIAN	285	280	279	100%	17	6%	281	280	100%	19	7%	251	250	100%	25	10%
NHPI	270	267	264	99%	16	6%	267	264	99%	14	5%	245	242	99%	29	12%
Declined	4,577	4,507	4,468	99%	193	4%	4,508	4,467	99%	304	7%	4,022	3,981	99%	398	10%
Missing	163	146	145	99%	<5	-	147	146	99%	<5	-	145	143	99%	<5	-
Age																
<13 Years	<5	<5	<5	-	<5	-	<5	<5	-	<5	-	<5	<5	-	<5	-
13-19	989	952	930	98%	124	13%	953	928	97%	80	9%	848	826	97%	25	3%
20-29	23,422	23,098	22,636	98%	1,394	6%	23,088	22,616	98%	1,765	8%	20,411	19,948	98%	1,576	8%
30-39	28,586	28,248	27,824	99%	1,162	4%	28,236	27,807	98%	2,105	8%	25,202	24,787	98%	2,532	10%
40-49	10,221	10,055	9,894	98%	339	3%	10,050	9,889	98%	658	7%	8,992	8,835	98%	1,033	12%
50-59	4,718	4,584	4,527	99%	124	3%	4,583	4,524	99%	234	5%	4,169	4,109	99%	551	13%
60+	2,278	2,143	2,123	99%	32	2%	2,143	2,122	99%	59	3%	2,006	1,985	99%	243	12%
Missing	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

[1] STD Test Events are defined as a session with a client where one or more chlamydia, gonorrhea, or syphilis lab-based tests were performed.

[2] Syphilis positivity may include both prior syphilis infections and active syphilis infections.

Table 6A. STD Testing Volume and Positivity by Priority Population and Risk Factor/Social Determinant of Health at DHSP-Supported HIV & STD Testing Services in Contracted Agencies, 2024

	STD Test Event[1] Volume	Chlamydia					Gonorrhea					Syphilis				
		Total Tests	Tests Performed with Results		Positive Tests		Total Tests	Tests Performed with Results		Positive Tests		Total Tests	Tests Performed with Results		Positive Tests	
	N	N	N	%	N	%	N	N	%	N	%	N	N	%	N	%
Overall	70,216	69,082	67,936	98%	3,175	5%	69,055	67,888	98%	4,901	7%	61,630	60,492	98%	5,960	10%
Priority Population																
Black Cisgender MSM	3,611	3,574	3,502	98%	162	5%	3,573	3,501	98%	432	12%	3,133	3,059	98%	482	16%
Latino Cisgender MSM	11,650	11,499	11,336	99%	664	6%	11,498	11,331	99%	1,312	12%	10,512	10,337	98%	1,822	18%
Cisgender Women of Color	7,331	7,015	6,786	97%	351	5%	7,015	6,785	97%	134	2%	6,440	6,225	97%	233	4%
Transgender Persons	1,961	1,924	1,903	99%	106	6%	1,923	1,899	99%	153	8%	1,655	1,637	99%	292	18%
Youth Aged 13-29 years	24,411	24,050	23,566	98%	1,518	6%	24,041	23,544	98%	1,845	8%	21,259	20,774	98%	1,601	8%
PWID	750	741	726	98%	57	8%	739	724	98%	107	15%	643	628	98%	149	24%
Risk Factor/Social Determinant of Health																
Sex Without Condom	39,330	38,854	37,844	97%	2,029	5%	38,841	37,822	97%	3,168	8%	34,543	33,549	97%	3,250	10%
Sex With Alcohol	14,876	14,722	14,225	97%	764	5%	14,713	14,203	97%	1,191	8%	13,510	13,016	96%	1,000	8%
Uninsured	18,948	18,730	18,102	97%	1,059	6%	18,720	18,080	97%	1,500	8%	17,011	16,386	96%	1,761	11%
PEH	4,098	4,033	4,001	99%	244	6%	4,030	3,995	99%	346	9%	3,467	3,435	99%	658	19%
Meth Use	1,560	1,540	1,509	98%	127	8%	1,539	1,508	98%	237	16%	1,384	1,353	98%	413	31%
Sex with Meth	1,188	1,173	1,146	98%	89	8%	1,171	1,144	98%	189	17%	1,077	1,052	98%	286	27%
Sex with IDU	904	894	875	98%	82	9%	893	875	98%	150	17%	785	766	98%	182	24%
Transactional Sex	1,115	1,105	1,076	97%	78	7%	1,105	1,076	97%	139	13%	974	948	97%	208	22%
PWID	750	741	726	98%	57	8%	739	724	98%	107	15%	643	628	98%	149	24%
Sex with HIV+ Partner	3,725	3,676	3,626	99%	195	5%	3,672	3,623	99%	435	12%	3,322	3,265	98%	677	21%

[1] STD Test Events are defined as a session with a client where one or more chlamydia, gonorrhea, or syphilis lab-based tests were performed.

[2] Syphilis positivity may include both prior syphilis infections and active syphilis infections.

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