

# DIVISION OF HIV AND STD PROGRAMS



## 2011 Annual HIV Testing Report

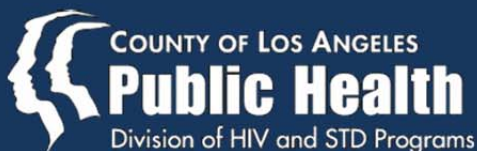
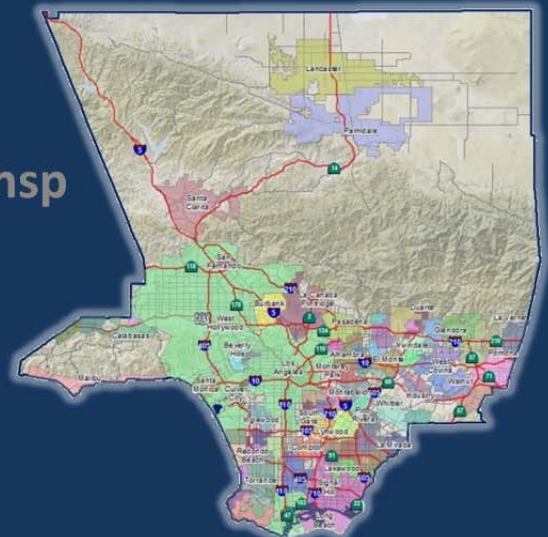
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DIVISION OF HIV AND STD PROGRAMS

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## **2011 Annual HIV Testing Report Highlights**

- Since 2007, the number of self-reported new positive HIV tests and overall number of total tests has nearly doubled at testing sites supported by DHSP.
- In 2011, there were 1,339 positive tests that were reported by agencies supported by DHSP.
- The City of West Hollywood and the Hollywood area of Los Angeles contain the zip codes with the highest number of clients who tested positive (by self-report).
- Among all race/ethnicities, Native Hawaiians/Pacific Islanders represented the smallest proportion to get tested, but the highest self-reported new positivity rate in 2011.
- Clients ages 25-44 represent 52.2% of all tests and 66.2% of all self-reported new HIV positive tests in 2011.
- Compared to other testing programs in 2011, the largest proportion of positive tests for Asians, Whites, and Native Hawaiians/Pacific Islanders were found through routine screening programs.
- Among persons receiving targeted testing, 1.1% of all individuals tested newly positive (by self-report), and 2.3% of gay men tested newly positive (by self-report) in 2011.
- The percentage of positive clients who were linked to HIV medical care within one year of testing positive was 78.4% in 2011.
- After demonstrating a steady increase from 2007 through 2010, reported methamphetamine use among positive testers showed a significant decline from 26.9% to 18.4% between 2010 and 2011.

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## Preface

DHSP partners with a broad array of public and private sector providers to deliver HIV prevention programs. These programs include a range of HIV testing modalities including routine screening in healthcare settings, testing in incarcerated settings, and targeting testing in storefronts, mobile testing units (MTU), integrated testing MTUs, social networks, bathhouses and sex clubs, substance abuse programs, and court-mandated testing 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://www.publichealth.lacounty.gov/dhsp/ReportsArchived.htm>).

We extend our sincere thanks to our community partners that provided HIV Counseling and Testing services in 2011:

AIDS Healthcare Foundation	Los Angeles County/USC Emergency Department
AIDS Project Los Angeles	Los Angeles Gay & Lesbian Community Center
Antelope Valley Health Center	Los Angeles County Sheriff's Department Minority AIDS Project
AltaMed Health Services Corporation	Monrovia Health Center
Bienestar Human Services, Inc.	North Hollywood Health Center
California State University Long Beach	Pomona Health Center
Central City Community Health Center	REACH LA
Central Health Center	Ruth Temple Health Center
Charles Drew University/O.A.S.I.S. Clinic	Simms Mann Health and Wellness Center
Children's Hospital Los Angeles	South Health Center/ MLK Center for Public Health
City of Pasadena	Special Services for Groups
Clinica Monseñor Oscar A. Romero	St. John's Well Child and Family Center
Common Ground	Tarzana Treatment Center, Inc.
Curtis Tucker Health Center	The Catalyst Foundation
East Valley Community Health Center	The One in Long Beach
El Proyecto del Barrio	To Help Everyone (T.H.E.) Clinic
Friends Research Institute, Inc.	Torrance Health Center
Hubert Humphrey Comprehensive Health Center	Valley Community Clinic
Hollywood-Wilshire Health Center	Whittier Health Center
JWCH Institute	
Los Angeles County/University of Southern California Medical Center	

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**

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# 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 and STDs in Los Angeles County in collaboration with community-based organizations, governmental bodies, advocates and people living with HIV/AIDS. DHSP articulates and recommends HIV/AIDS and STD-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 sixty-five 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 2011, including testing conducted at routine testing sites (HIV testing within the context of other health care services 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 HP/Autonomy Teleform scanning platform, and 26.8% were exported directly from an Electronic Data Record (EDR). In 2011, DHSP moved all HIV testing programs to the new HIV Testing Services (HTS) data system. HTS is a hybrid system which allows testing data to be submitted from either scannable paper-based forms or extracted directly from an Electronic Medical Record (EMR) or Electronic Data Repository (EDR).

## 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://www.publichealth.lacounty.gov/dhsp/ReportsArchived.htm>.

For the purposes of this report, someone was defined as having a positive test result if they met any of the following: had a single reactive rapid HIV test; had two or more reactive rapid HIV tests; a reactive result for HIV RNA through Nucleic Acid Amplification Testing (NAAT) and/or had a reactive Western Blot or ImmunoFluorescence Assay (IFA) confirmatory test result. Therefore, individuals who did not undergo confirmatory testing for a single or two rapid HIV tests was presumed to represent an HIV-positive diagnosis.

**New Positives** refers to persons who *self-reported* never having a prior positive HIV test result. At the time of this analysis, self-reported positive individuals identified through HIV testing services were not yet being compared to the HIV surveillance data to establish which persons had prior evidence of HIV diagnosis.

**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 accordance with the State of California's definition, self-reported gay *and* bisexual males who report having sex with another male or transgender person 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.

## 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 DHSP supported data for 2011. Subsequent tables represent a subset of the data, each with different N (total tests).

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

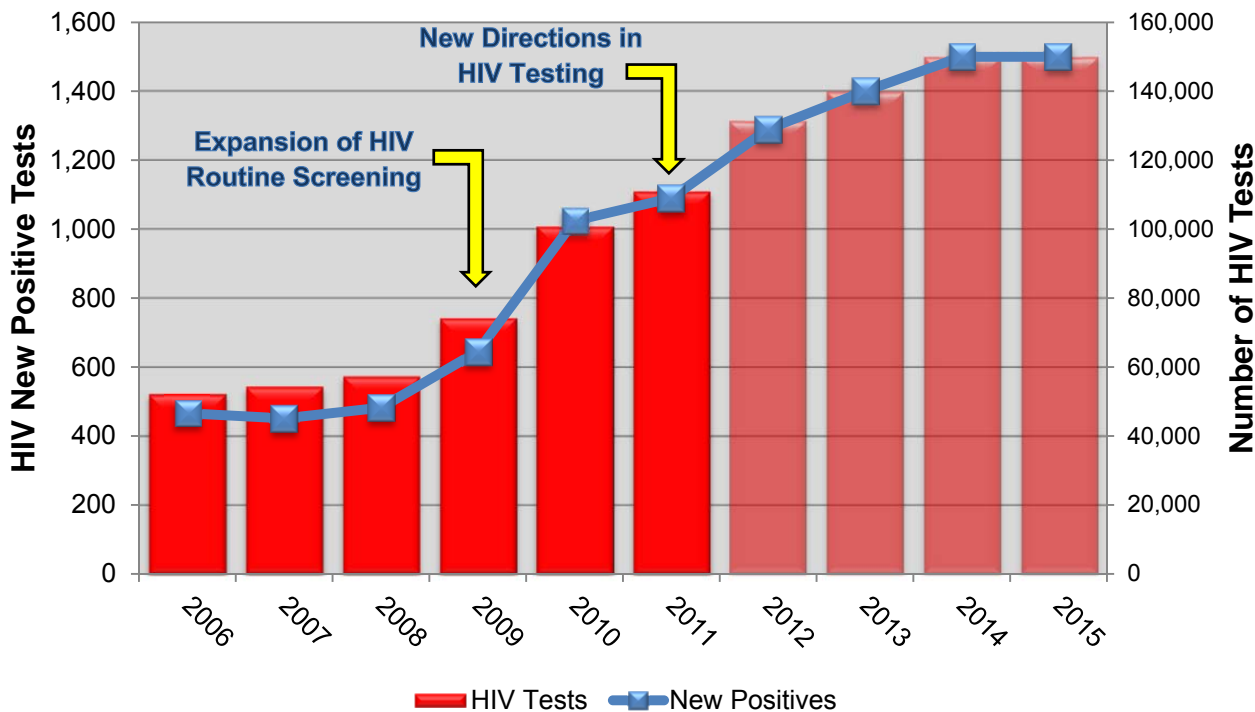
## HIV Testing Background

Figure 1 shows the number of HIV tests performed by year beginning in the year 2006. The total number of tests supported by DHSP has ranged from over 50,000 to approximately

100,000 from 2006 through 2011. With the expansion of HIV routine screening in 2009, testing numbers increased by over 20,000 tests. 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 2011, overall testing volume and number of positive tests conducted continued to increase. This may be due to a number of factors, including DHSP's introduction of New Directions. In August 2011, this strategy introduced financial incentives to DHSP-supported HIV test providers meeting or exceeding key performance measure benchmarks. Performance measures include testing volume, new positivity rates, referrals to Partner Services and verified linkage to HIV care. Additionally, as part of New Directions, the Rapid Testing Algorithm was prioritized allowing for immediate confirmatory disclosure and thus increased linkage to care. As linkage to care is an outcome of higher precedence, the need to track disclosures was deemphasized in 2011.

In 2011, DHSP also adopted the goals of the National HIV/AIDS Strategy. As part of this process, HIV testing projections for 2011-15 were developed based on the objective of increasing the number of individuals who are aware of their HIV-positive status from 79% to 90% by 2015 (see figure 1). To meet this objective, DHSP estimated that it would need to support approximately 160,000 tests in 2012. However, in 2011 there were additional considerations that called for a revision of these projections including preliminary HIV cases for 2009-11 and conclusions from the DHSP-RAND Corporation analysis. The revised annual testing goal for 2012 is 130,000.

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



## Geographic HIV Prevention Planning

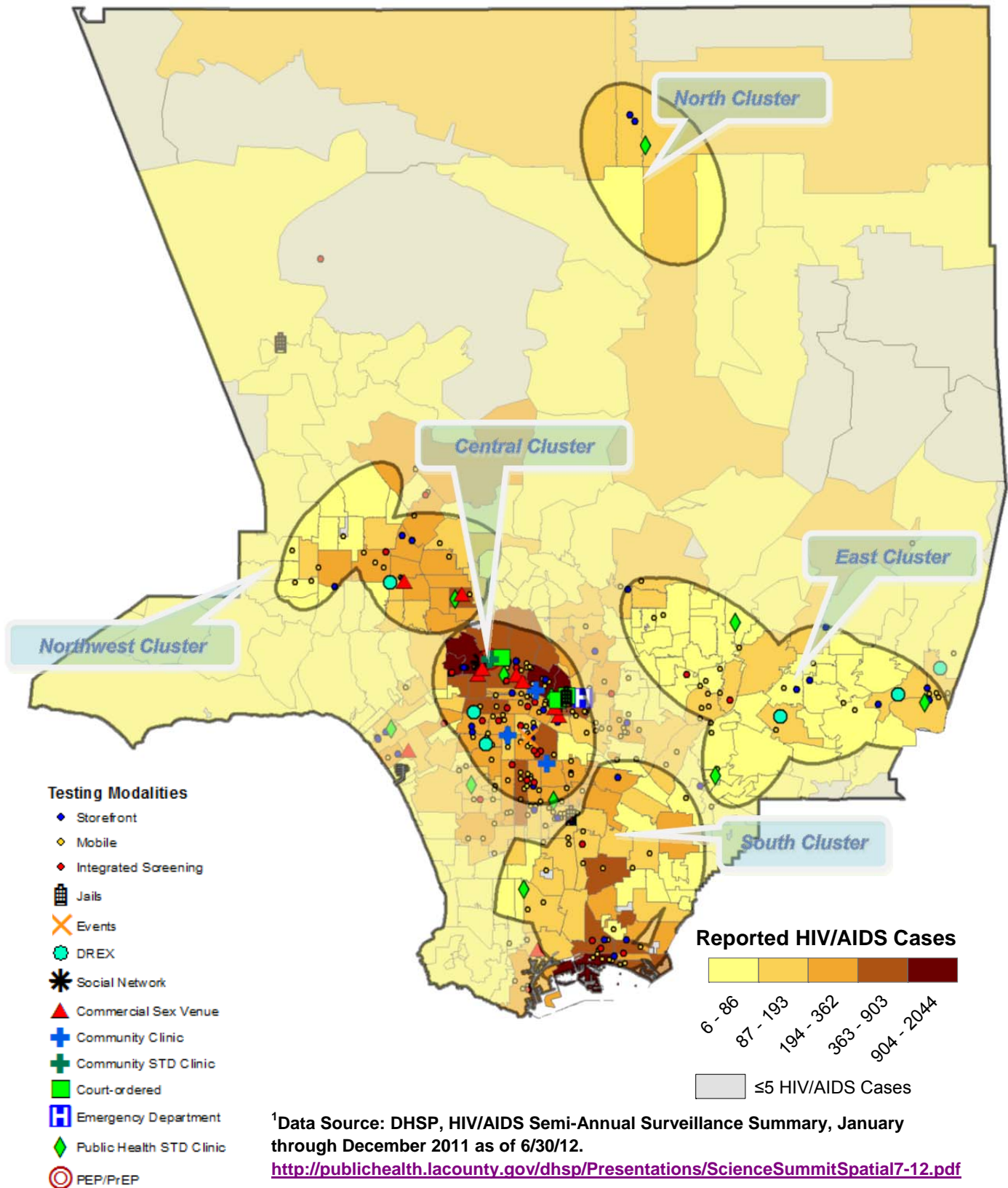
Los Angeles County is the most populous County in the nation at 9.8 million<sup>i</sup>, with a size of 4,083 square miles. Historically, HIV prevention planning has been focused on prioritizing services within 8 Service Planning Areas (SPAs); however, disease burden is not evenly distributed within 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 (see figures 2-7). These analyses utilize spatial epidemiological techniques including Nearest Neighbor Hierarchical (Nnh) clustering 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<sup>ii</sup>. Maps of these cluster areas are available at <http://ph.lacounty.gov/dhsp/Reports.htm>. Further discussion of this shift in methodology is described in the Los Angeles County 5-year Comprehensive HIV Plan (2013-2017), available at <http://ph.lacounty.gov/dhsp/Reports/HIV/LAC-ComprehensiveHIVPlan2013-2017.pdf>.

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<sup>i</sup> U.S. Department of Commerce, 2011, available at <http://www.census.gov/2010census/>.

<sup>ii</sup> Enhanced Comprehensive HIV Prevention Plan, available at <http://publichealth.lacounty.gov/dhsp/ECHPP.htm>.

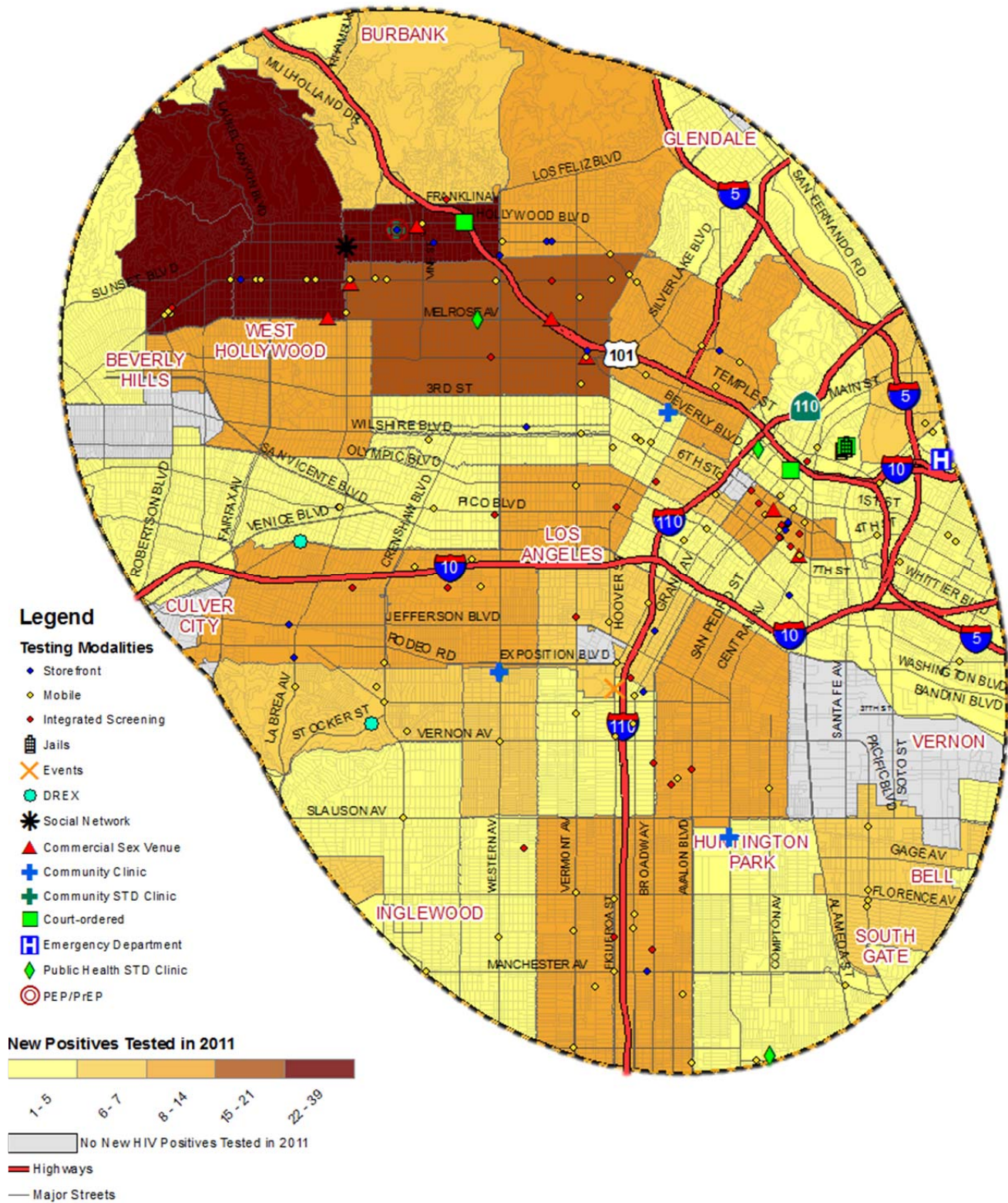
**Figure 2. Persons Living With HIV/AIDS through 12/31/2011<sup>1</sup> by Zip Code and HIV/STD Syndemic Cluster, Los Angeles County (N=43,930)**



<sup>1</sup>Data Source: DHSP, HIV/AIDS Semi-Annual Surveillance Summary, January through December 2011 as of 6/30/12.  
<http://publichealth.lacounty.gov/dhsp/Presentations/ScienceSummitSpatial7-12.pdf>

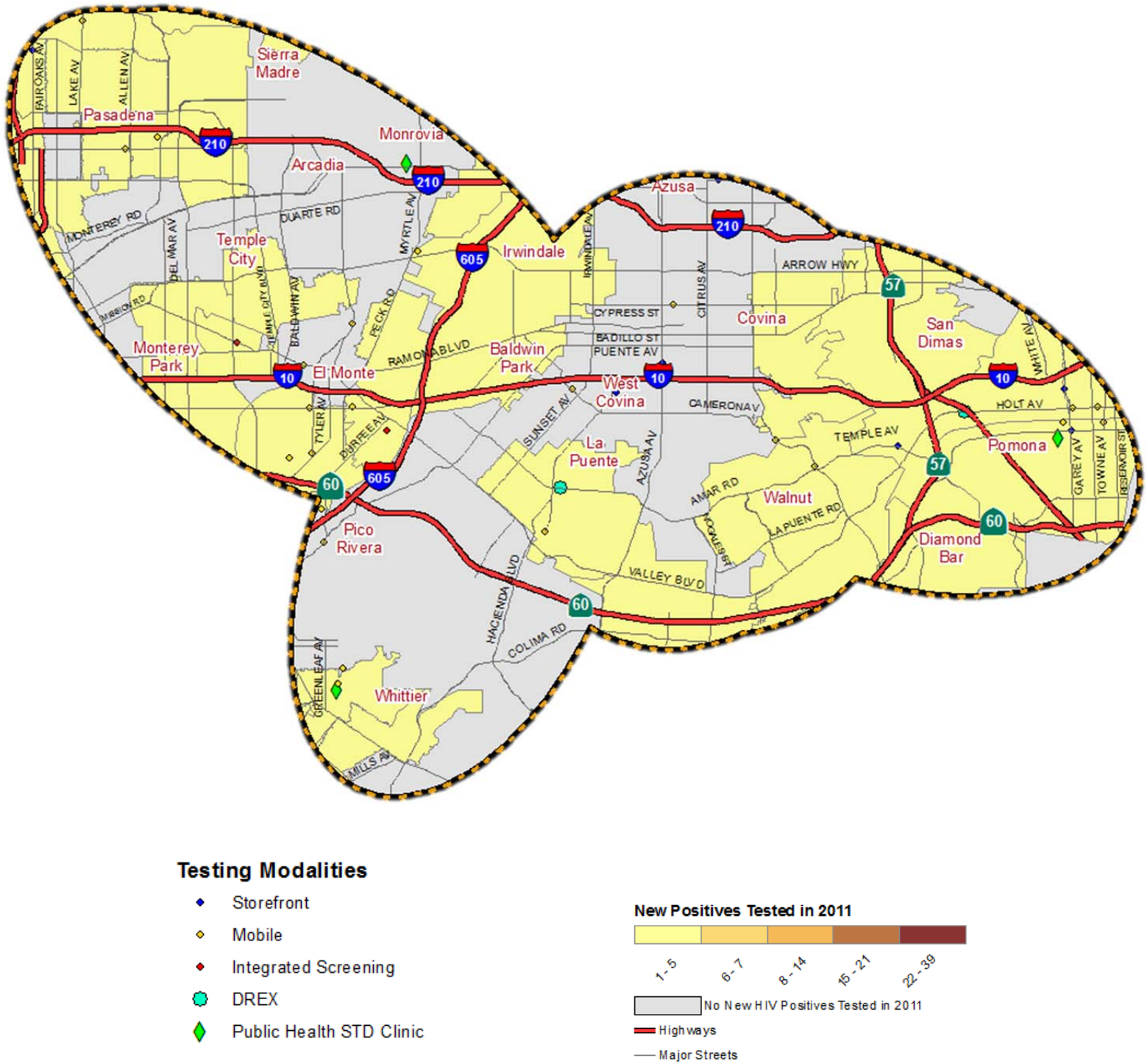


Figure 3. HIV Testing Services Data 2011, New Positives by Zip Code, Central Cluster



<sup>1</sup>Data Source: DHSP, HIV Testing Services (HTS) System, January through December 2011 as of 12/01/12. **New Positives** refers to persons who *self-reported* never having a prior positive HIV test result.

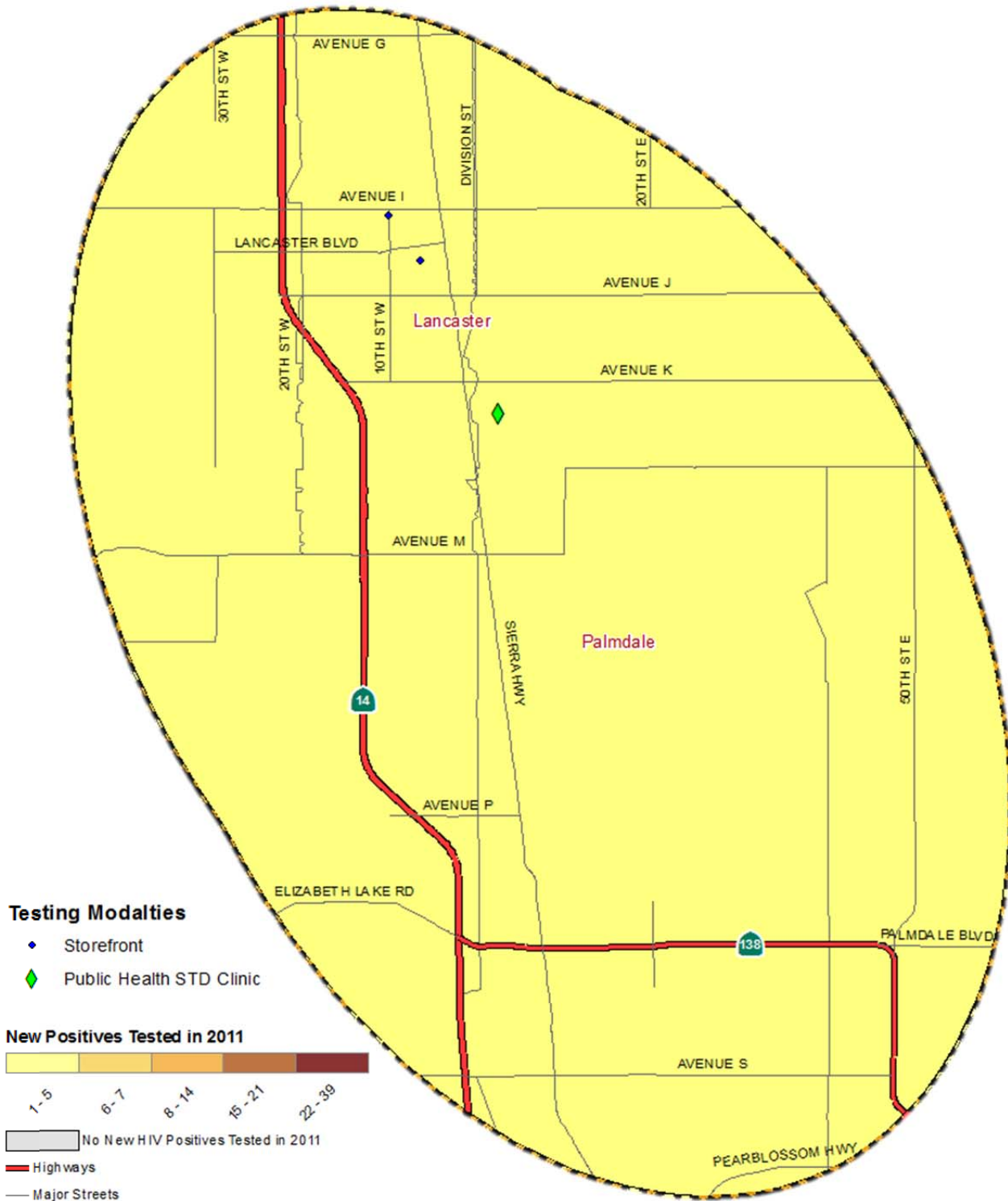
Figure 4. HIV Testing Services Data 2011, New Positives by Zip Code, East Cluster



<sup>1</sup>Data Source: DHSP, HIV Testing Services (HTS) System, January through December 2011 as of 12/01/12. **New Positives** refers to persons who *self-reported* never having a prior positive HIV test result.

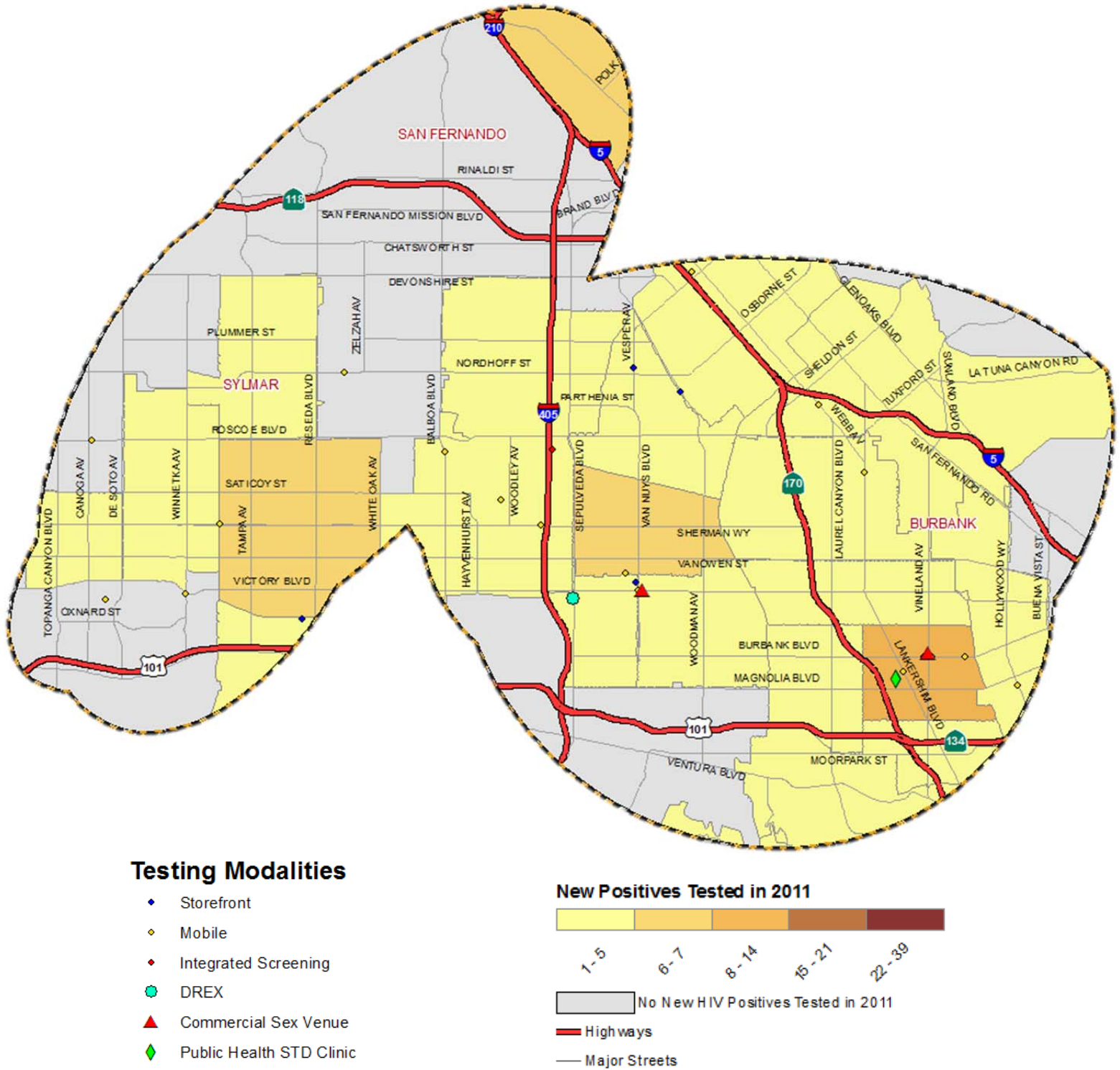


Figure 5. HIV Testing Services Data 2011, New Positives by Zip Code, North Cluster



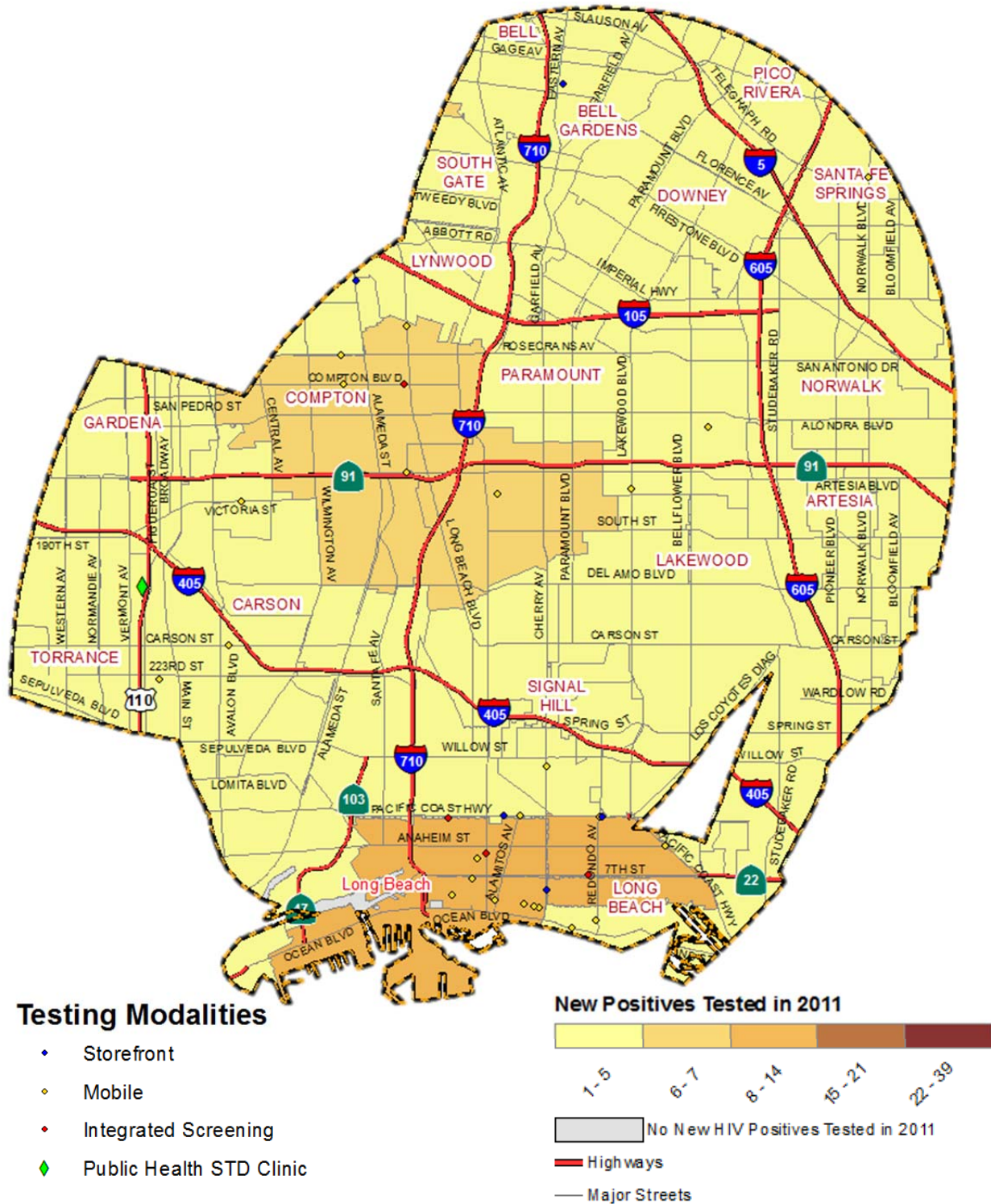
<sup>1</sup>Data Source: DHSP, HIV Testing Services (HTS) System, January through December 2011 as of 12/01/12. **New Positives** refers to persons who *self-reported* never having a prior positive HIV test result.

Figure 6. HIV Testing Services Data 2011, New Positives by Zip Code, Northwest Cluster



<sup>1</sup>Data Source: DHSP, HIV Testing Services (HTS) System, January through December 2011 as of 12/01/12. **New Positives** refers to persons who *self-reported* never having a prior positive HIV test result.

Figure 7. HIV Testing Services Data 2011, New Positives by Zip Code, South Cluster



<sup>1</sup>Data Source: DHSP, HIV Testing Services (HTS) System, January through December 2011 as of 12/01/12. **New Positives** refers to persons who *self-reported* never having a prior positive HIV test result.

## HIV Testing Summary, 2011

In 2011, HIV testing was provided through six distinct modalities: 1) routine screening screening across five program types: community clinics, community STD clinics, emergency departments, testing events, and LAC public health STD clinics; 2) testing through partner services; 3) testing within jail settings; 4) testing services offered by court-ordered testing programs; 5) testing offered at substance use or drug treatment settings and 6) targeted testing across six testing program types: bathhouses and sex clubs, integrating screening, mobile testing units (MTU), post-exposure prophylaxis (PEP) programs, social network testing program and storefronts. Table 1 describes the number of tests conducted and HIV overall and new positivity in 2011 by testing modality and program.

**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.

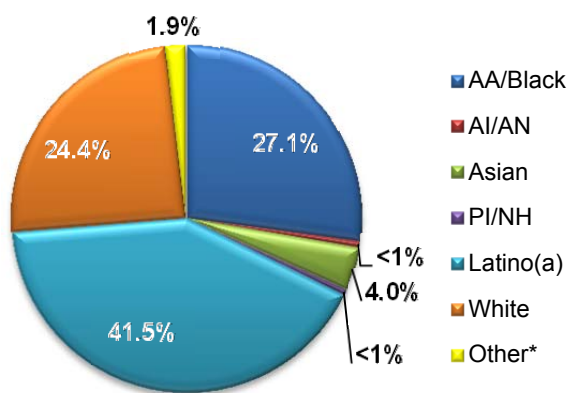
Type of Testing Program	Tests	Overall Positivity Rate		New Positivity Rate	
		n	%	n	%
<b>Grand Total</b>	<b>112,186</b>	<b>1,339</b>	<b>1.19%</b>	<b>1,061</b>	<b>0.95%</b>
<b>Routine Screening</b>	<b>42,051</b>	<b>476</b>	<b>1.13%</b>	<b>349</b>	<b>0.83%</b>
Community Clinic	5,316	7	0.13%	5	0.09%
Community STD Clinic	8,824	314	3.56%	215	2.44%
Emergency Department	3,844	16	0.42%	13	0.34%
Events	971	<5	-	-	-
Public Health STD Clinic	23,096	137	0.59%	114	0.49%
<b>Partner Services</b>	<b>207</b>	<b>42</b>	<b>20.29%</b>	<b>42</b>	<b>20.29%</b>
<b>Jail Settings</b>	<b>11,872</b>	<b>84</b>	<b>0.71%</b>	<b>39</b>	<b>0.33%</b>
<b>Court-Ordered</b>	<b>771</b>	<b>24</b>	<b>3.11%</b>	<b>14</b>	<b>1.82%</b>
<b>Drug Treatment</b>	<b>417</b>	<b>&lt;5</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Targeted Testing</b>	<b>56,868</b>	<b>711</b>	<b>1.25%</b>	<b>616</b>	<b>1.08%</b>
Bath Houses and Sex Clubs	1,931	60	3.11%	58	3.00%
Integrated Screening	3,653	38	1.04%	27	0.74%
Mobile Testing Unit Program	18,862	171	0.91%	154	0.82%
PEP Program	460	<5	-	-	-
Social Network Testing Program	696	29	4.17%	29	4.17%
Storefront	31,266	410	1.31%	345	1.10%



## Demographic Characteristics of Overall Testers

This section gives an overview of the demographic characteristics of all tests supported by DHSP excluding testing done by Partner Services for which demographic data were not available at the time of this report. Based on race/ethnicity, the categories with the largest proportion of tests were Latino(a)s followed by African Americans, then Whites. Historically, the Asian/Pacific Islander race/ethnicity category has ranked among the lowest in terms of new positivity rates. Starting in 2010, data collection instruments introduced Pacific Islander/Native Hawaiian (PI/NH) as a category separate from Asian. In both years, PI/NH has ranked among the highest in terms of new positivity rates (in 2011, PI/NH was the highest). Other (including 'mixed race') and American Indian/Alaskan Natives represented the next highest new positivity rates but also represented less than 1% of tests. Women continue to represent over a third of total tests, but the positivity rate was low at 0.2%. Transgender individuals constitute less than 1% of the tests, but continue to have new positivity rates at least four times greater (5.4%) than men (1.2%). As in years past, almost a third of testers were under 35 and the highest rate of new positives is among the 35-44 year old groups.

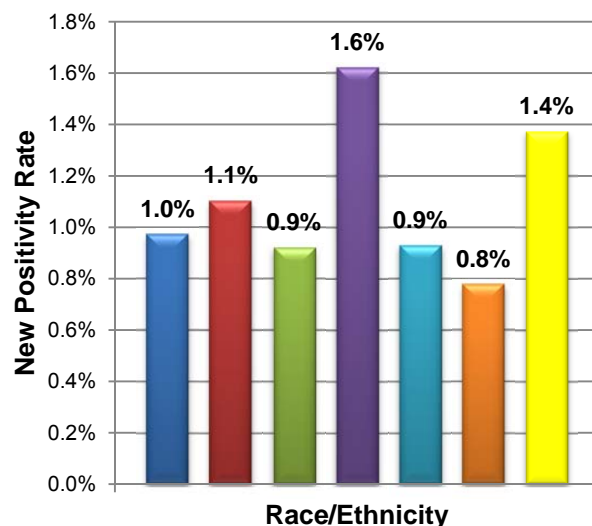
**Figure 8. Total Number of Tests by Race/Ethnicity, 2011 (N=111,979)**



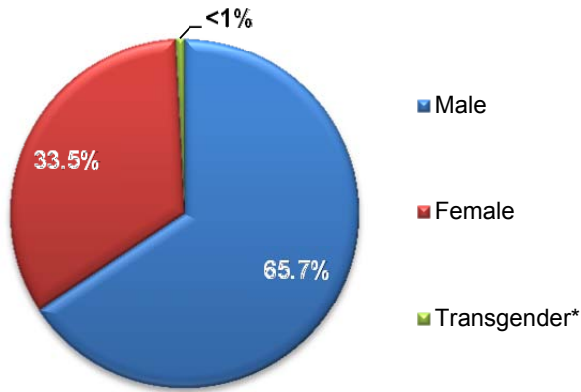
Missing Race/Ethnicity Data: 4,208 Tests

\*Other includes Mixed Race

**Figure 9. Overall New Positivity Rate by Race/Ethnicity, 2011 (n = 1,061)**

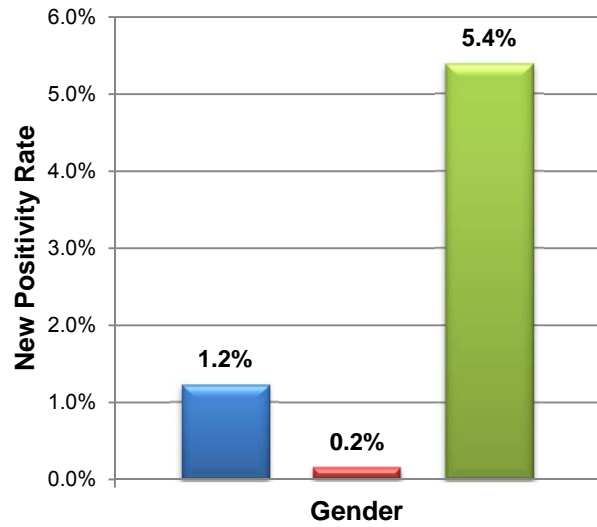


**Figure 10. Total Number of Tests by Gender, 2011 (N=111,979)\***

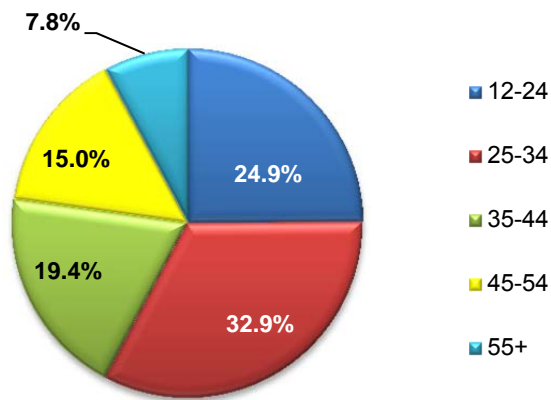


<0.1% of clients are missing or 'Other' gender  
\*Includes: MTF, and FTM Transgender Individuals

**Figure 11. Overall New Positivity Rate by Gender, 2011 (n = 1,061)**

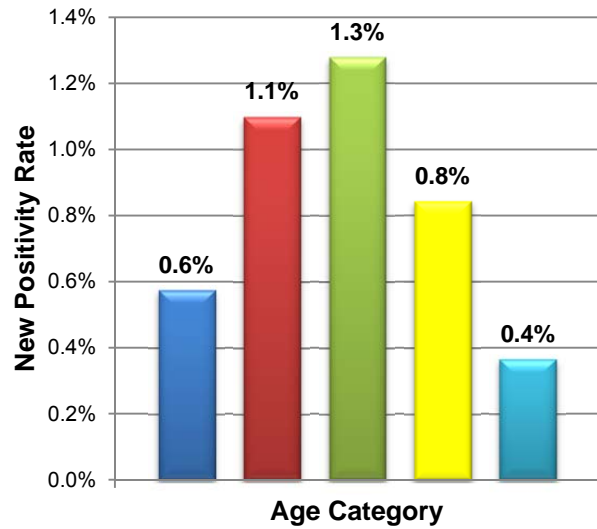


**Figure 12. Total Number of Tests by Age Group, 2011 (N=111,979)**



Missing Age Data: 276 Tests  
<0.1% of clients are age <12

**Figure 13. Overall New Positivity Rate by Age Group, 2011 (n = 1,061)**



## **Routine Screening HIV Testing**

DHSP has adopted the CDC's recommendations to provide HIV screening in an opt-out method to all adults and adolescents aged 13-64 in healthcare settings. With the support of the CDC's Expanded Testing Program, DHSP partnered with a range of healthcare facilities to implement routine opt-out HIV testing. In 2011, routine testing was conducted in four different settings: 1) one emergency department, 2) four primary care clinics, 3) one community clinic focused on meeting the sexual health needs of gay, lesbian, and transgender clients, and 4) eleven public STD clinics.

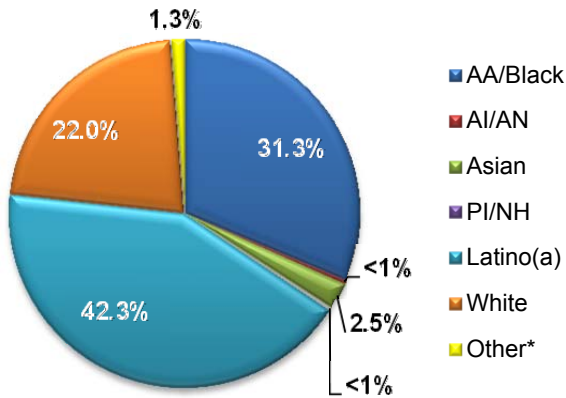
DHSP has supported routine HIV testing to patients seen in the Los Angeles County – University of Southern California (LAC+USC) Medical Center emergency department, the largest in the County since February 2011. HIV testing continued in three primary care clinics which are located in areas of Los Angeles County most impacted by HIV and STDs: Clínica Monseñor Oscar A. Romero (Clínica Romero), Central City Health Center, and To Help Everyone (T.H.E.) Clinic. The Los Angeles Gay & Lesbian Center's (LAGLC) Sexual Health Program continues to perform HIV testing as part of its comprehensive STD screening program which serves a population at high risk for HIV and STDs. Routine HIV testing is also performed at 11 public STD clinics operated by the LAC Department of Public Health.

### **Demographic Characteristics of Routine Testers**

This section gives an overview of the demographic characteristics of testers at routine testing sites in 2011. Routine testing comprised over 40% of DHSP-supported tests. Among routine tests, American Indian/Alaskan Native (AI/AN) and Pacific Islander/Native Hawaiian (PI/NH) persons, while constituting less than 1% of tests had very high new positivity rates at 3.1% and 4.0%, respectively. The low number of overall tests and high positivity rates among AI/AN and PI/NH underscores the need to test more among these groups to discern if these high positivity rates are truly indicative of the entire population.

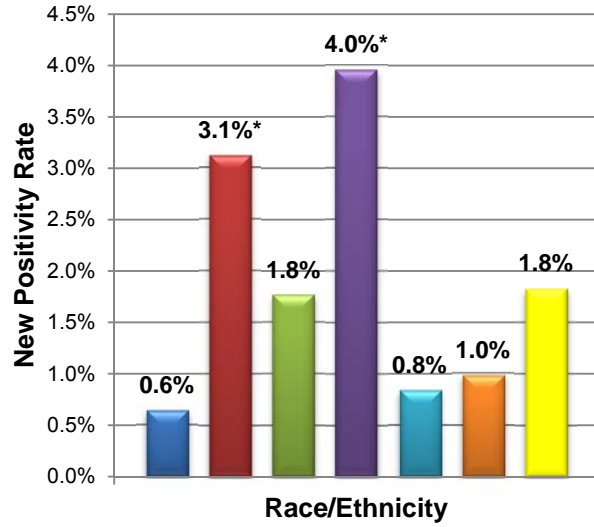


**Figure 14. Total Number of Routine Tests by Race/Ethnicity, 2011 (N=42,051)**



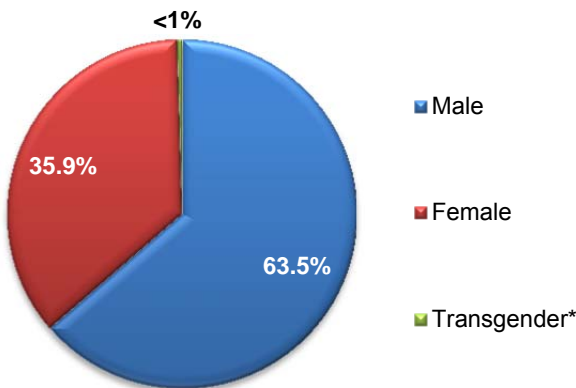
Missing Race/Ethnicity Data: 3,355 Tests  
 \*Other includes Mixed Race

**Figure 15. Routine New Positivity Rate by Race/Ethnicity, 2011 (n=349)**



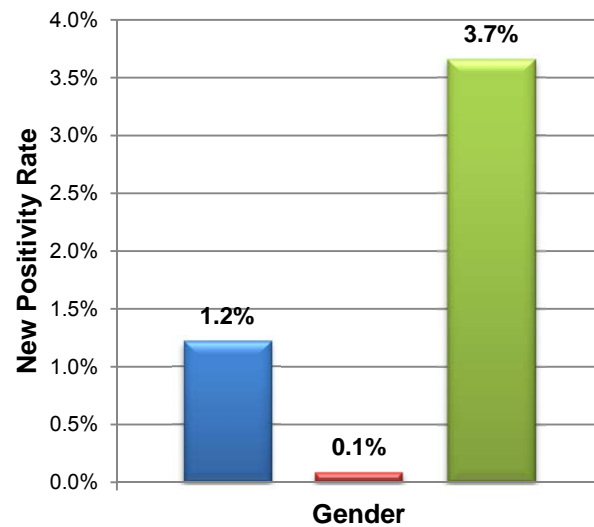
\*Includes <5 new positive tests

**Figure 16. Total Number of Routine Tests by Gender, 2011 (N=42,051)**

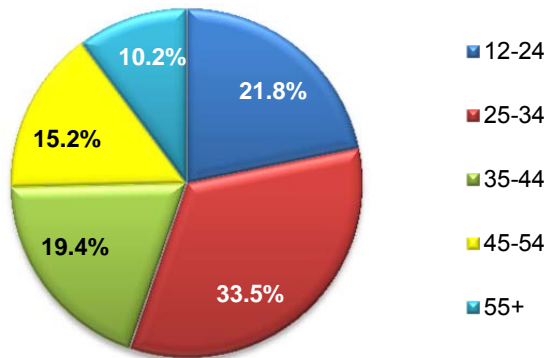


<0.1% of clients are missing or 'Other' gender  
 \*Includes: MTF, and FTM Transgender Individuals

**Figure 17. Routine New Positivity Rate by Gender, 2011 (n=349)**

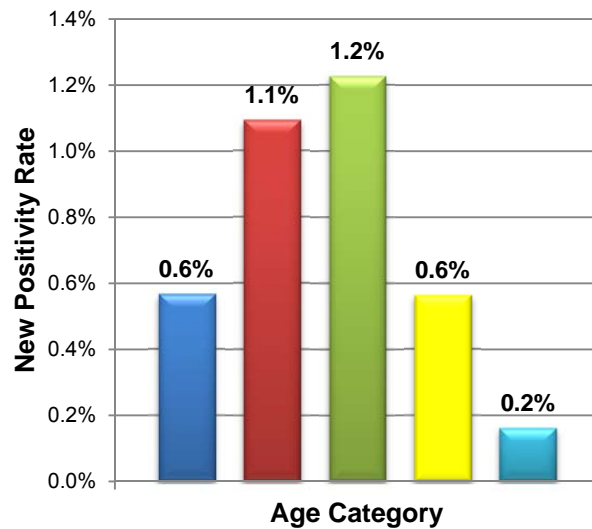


**Figure 18. Total Number of Routine Tests by Age Group, 2011 (N=42,051)**



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

**Figure 19. Routine New Positivity Rate by Age Group, 2011 (n=349)**



## Testing within Jails Settings

DHSP enhanced its collaboration with the Los Angeles County Sheriff's Department (LASD) in 2009 to implement an expanded HIV screening program within 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, 78.4% of whom are male.

DHSP's Prevention Services (PS) directly implements this testing program by stationing DHSP Community Services Counselors within the jail. Historically, DHSP conducted testing throughout the LASD facilities, including: Men's Central Jail (MCJ) and the Medical Unit of the Inmate Reception Center (IRC); three facilities that are part of the Pitchess Detention Center (PDC); and, the Women's IRC and inmate housing units at Century Regional Detention Facility (CRDF).

However, after analyzing HIV testing data and successful negotiations between DHSP and LASD, DHSP was able to transition to the central IRC booking area in the Men's IRC in July 2010.

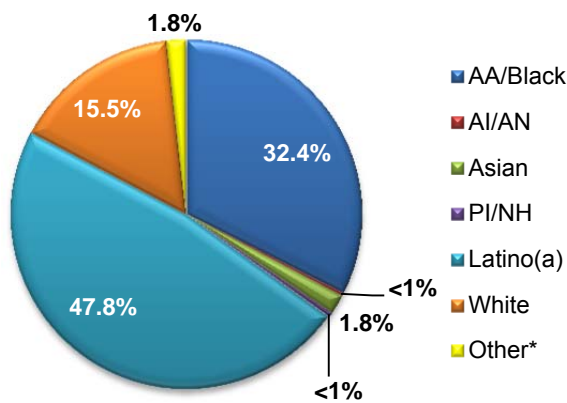
The HIV testing model for male inmates further changed in the fall of 2011 when dormitory based testing came to a close. Given the large volume of inmates, DHSP staff are able to test approximately 2.2% of inmates moving through the Men's IRC.

In addition, integrated HIV and STD testing is provided both at CRDF's reception center (women's jail) and at K6G, the dormitory for self-identified gay or bisexual men and transgender women. The data for HIV testing in K6G is not included in the 2011 report.

## Demographic Characteristics of Testers in Jail Settings

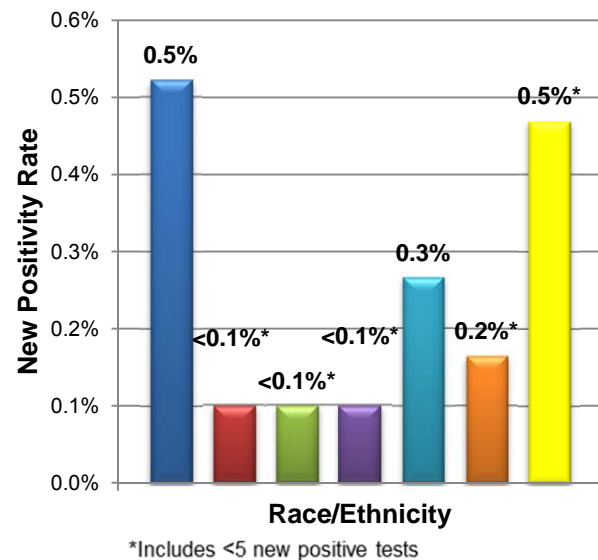
This section gives an overview of the demographic characteristics of testers in jail settings. The majority of testers were either Latino(a) (47.8%) or African American (32.4%), male (61.9%), and under the age of 35, specifically 12-24 (27.5%) and 25-34 (35.2%). Latino(a)s were disproportionately represented when comparing the proportion of Latino(a)s in other testing program types. Among new positives, an even larger percentage were Latino(a) and African American (90.0%) and male (77.0%).

**Figure 20. Testing within Jails Settings by Race/Ethnicity, 2011 (N=11,872)**

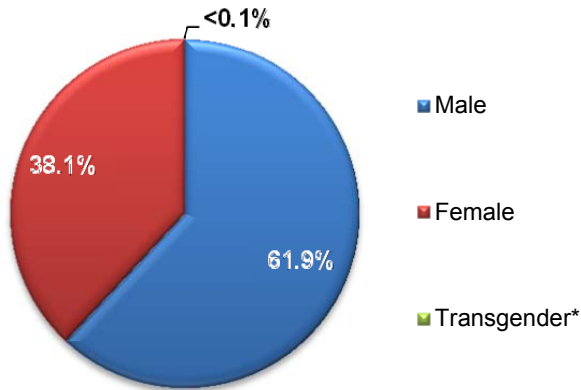


Missing Race/Ethnicity Data: <0.1% of Tests  
 \*Other includes Mixed Race

**Figure 21. Testing within Jails Settings New Positivity Rate by Race/Ethnicity, 2011 (n=39)**

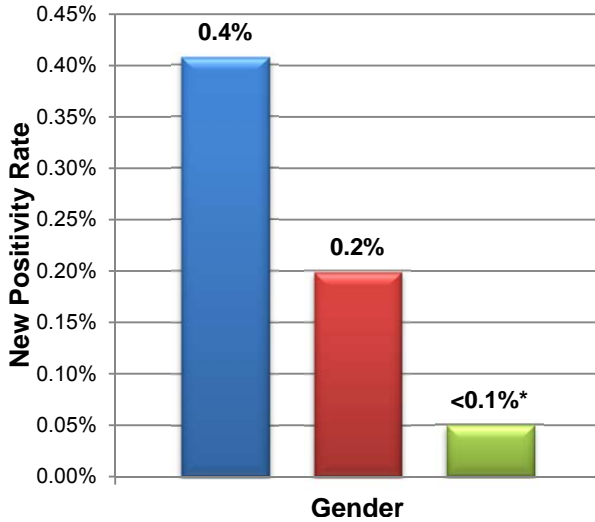


**Figure 22. Testing within Jails Settings  
Number of Tests by Gender, 2011 (N=11,872)**



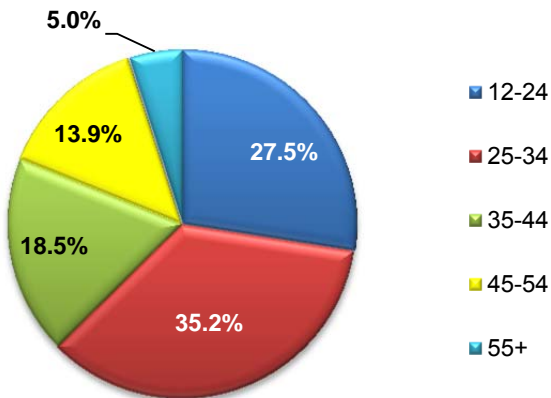
\*Includes: MTF and FTM Transgender Individuals

**Figure 23. Testing within Jails Settings New  
Positivity Rate by Gender, 2011 (n=39)**



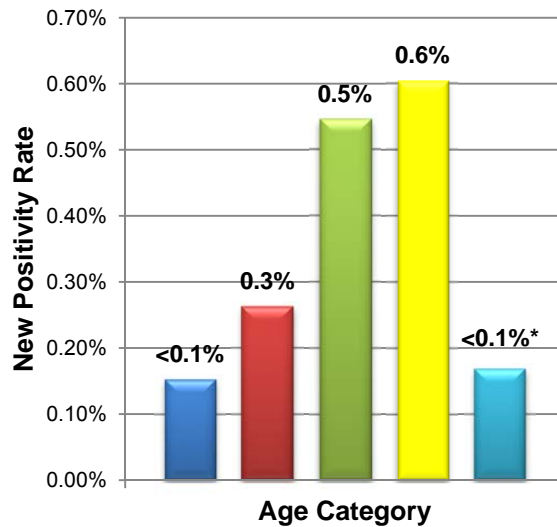
\*Includes <5 new positive tests

**Figure 24. Total Number of Tests by Age  
Group, 2011 (N=11,872)**



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

**Figure 25. Overall New Positivity Rate by  
Age Group, 2011 (n=39)**



\*Includes <5 new positive tests

## **Court-Ordered Testing**

DHSP Community Services Counselors provide HIV testing, education, and referrals currently in two Los Angeles County courts, Central Arraignment Court and Criminal Justice Center.

The DHSP Court/Custody Testing Program is a valuable component to serving high risk residents of the County. Individuals who are convicted of soliciting prostitution and/or lewd acts are ordered by Los Angeles County judges to undergo HIV testing and/or education in compliance with the California Penal Code §647 (f), §1202.1, §1202.6, and §12022.85. Additionally, HIV infected individuals are linked to medical care, and partner services.

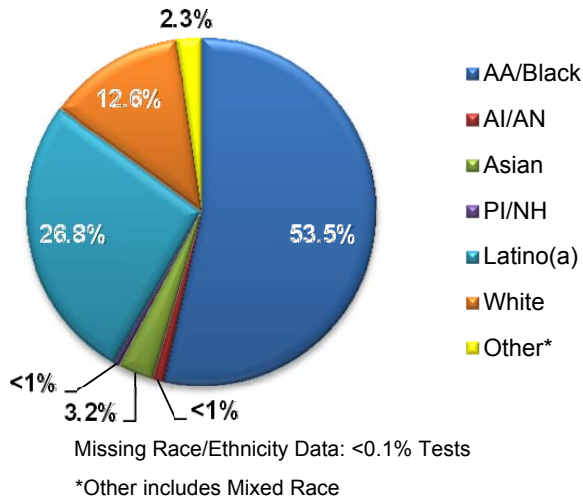
Once mandated by the judge, out of custody clients can walk in for an HIV test during testing hours at the court's DHSP office. The secondary component to this testing program is to test clients who are mandated to test and are considered in-custody because they are being held in the court's lock-up area after their court appearance. These clients will be going through the booking process at the Los Angeles Sheriff's Department (LASD), which is co-located in the court facility or will post their bail money and thus be released on their own recognisance.

Overall, this testing program is successful in identifying HIV-positive individuals and linking clients into HIV medical care and other needed services. There are challenges with repeat offenders and thus, frequent retesting. However, this population continues to be at high risk and this program not only provides important education and testing, but also assists with referrals and linkages to needed services.

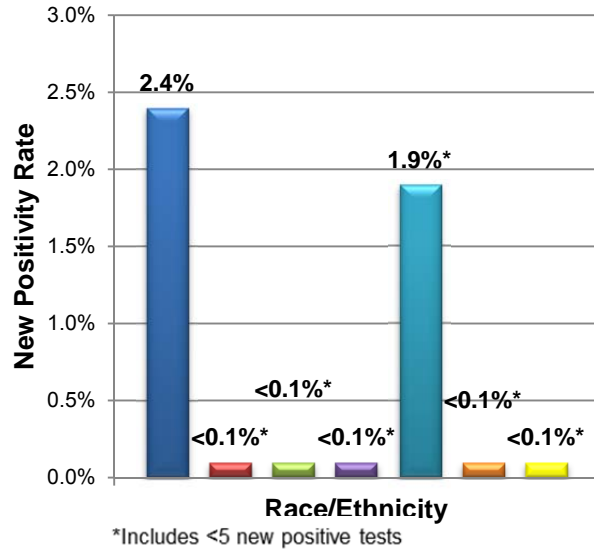
### **Demographic Characteristics of Testers Through Court-ordered Testing Program**

This section gives an overview of the demographic characteristics of testers at the two Los Angeles County courts. Although females constituted almost three quarters of all of tests, new positivity rates for males (4.5%) and transgender individuals (12.8%) were much higher compared to females (0.2%). Of those clients who reported their race/ethnicity, most (80.2%) were either African American or Latino(a). There was a larger proportion of African Americans through Court-Ordered testing compared to other testing programs. A large proportion of testers were young (45.1% of testers were ages 12-24). Among new positives, over 70% were African American and 35.7% of clients were transgender individuals.

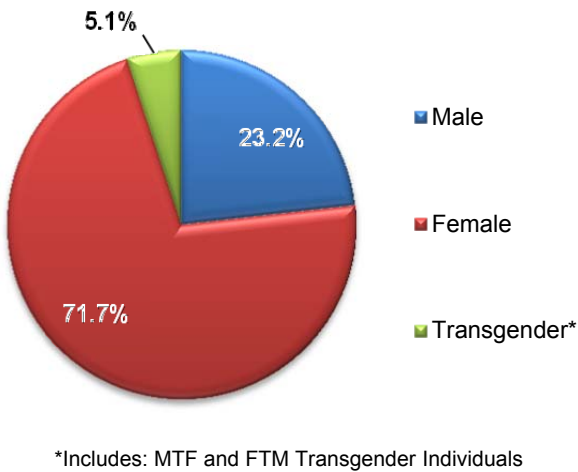
**Figure 26. Court-Ordered Testing by Race/Ethnicity, 2011 (N=771)**



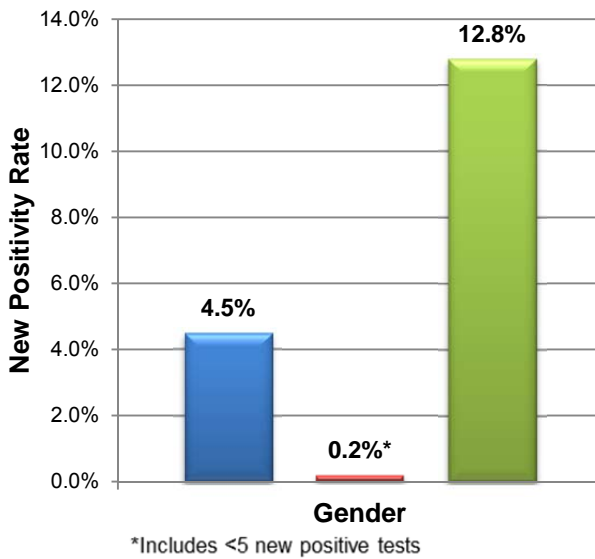
**Figure 27. Court-Ordered Testing New Positivity Rate by Race/Ethnicity, 2011 (n=14)**



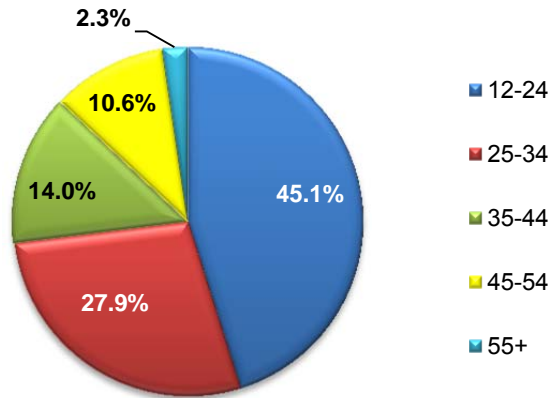
**Figure 28. Court-Ordered Testing by Gender, 2011 (N=771)**



**Figure 29. Court-Ordered Testing New Positivity Rate by Gender, 2011 (n=14)**

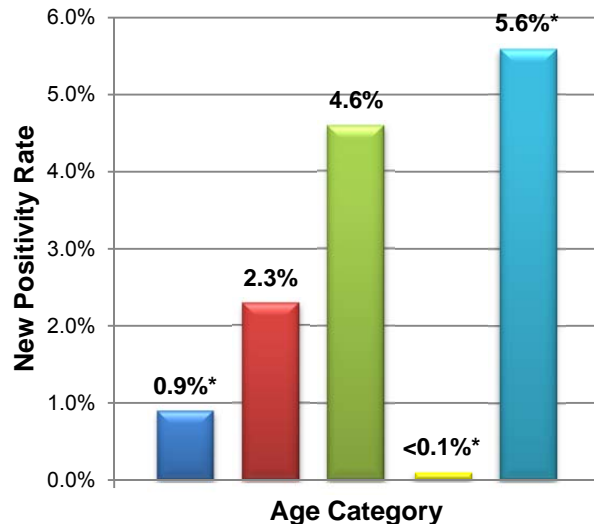


**Figure 30. Court-Ordered Testing by Age Group, 2011 (N=771)**



Missing Age Data: <0.1%

**Figure 31. Court-Ordered Testing New Positivity Rate by Age Group, 2011 (n=14)**



\*Includes <5 new positive tests

## Testing at Drug Treatment Centers

The Drug Expansion (DREX) Counseling and Testing Program was established in 1989, as part of specialized funding from the State of California Alcohol and Drug Program. Testing is provided by DHSP Community Services Counselors (CSC) who are placed within drug treatment facilities. CSCs work within the admissions process to test new clients during scheduled service hours, and also conduct outreach to clients who have not been tested. When a client is identified to be HIV positive, the CSC works with the client to ensure the client is linked to medical care, and will also work with the client's drug treatment team, such as case managers to provide a comprehensive plan for the newly diagnosed client.

DREX service sites were originally located in every SPA throughout Los Angeles County. However, through the years, particularly in 2011 this program has transitioned. DHSP began to identify new partners that were centralized within high burden areas of the county, and began to discontinue testing at sites in which the positivity rate was low or non-existent. Evaluation of current sites remains a top priority and DHSP will continue to make data driven changes in order to target and prioritize the most highly impacted geographic areas and populations.

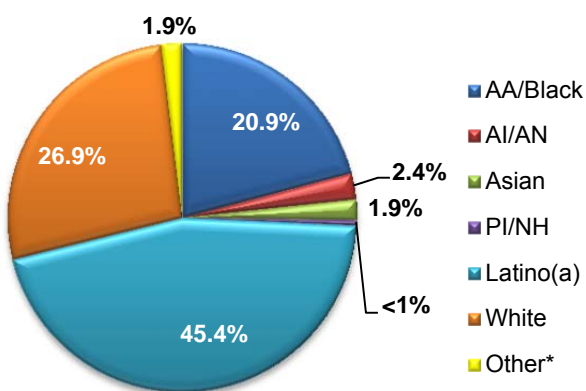


This program has succeeded because of its integrated services model. However, low positivity rates have persisted in recent years, therefore DHSP will focus on emerging testing needs and use the rich experience of working in DREX sites to develop effective testing models where needed.

### Demographic Characteristics of Testers at Drug Treatment Centers

This section gives an overview of the demographic characteristics of testers at Drug Treatment Centers in 2011. Among the 417 tests, 93% of clients were either African American, Latino(a), or White. Relative to other testing programs, clients who tested at DREX sites were older, 57.6% were 35 years of age and older. More than half of testers (59.0%) were female. Consistent with previous years' experience, the overall number of positives and positivity rate remained very low.

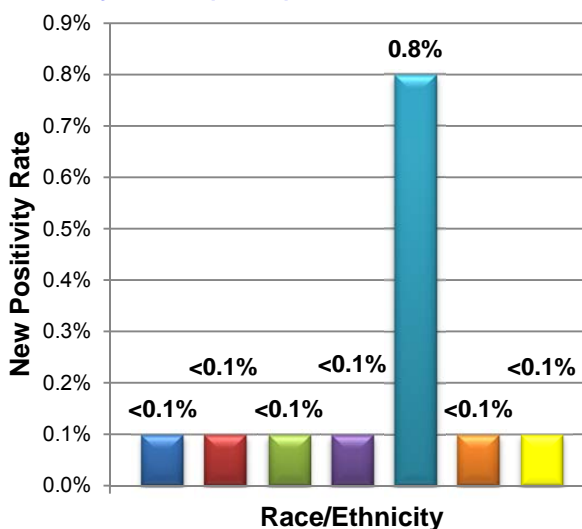
**Figure 32. Testing at Drug Treatment Centers by Race/Ethnicity, 2011 (N=417)**



Missing Race/Ethnicity Data: <0.1% of Tests

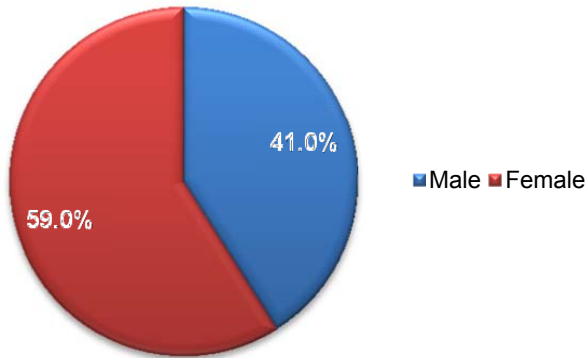
\*Other includes Mixed Race

**Figure 33. Testing at Drug Treatment Centers New Positivity Rate by Race/Ethnicity, 2011 (n=<5)**

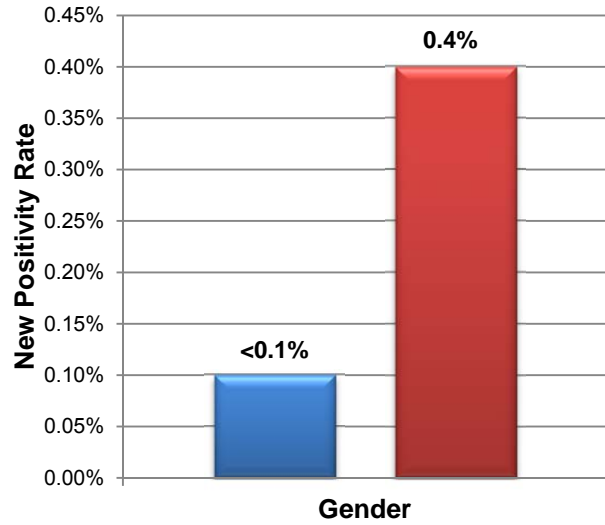


\*All categories are <5 new positive tests

**Figure 34. Total Number of Tests by Gender, 2011 (N=417)**

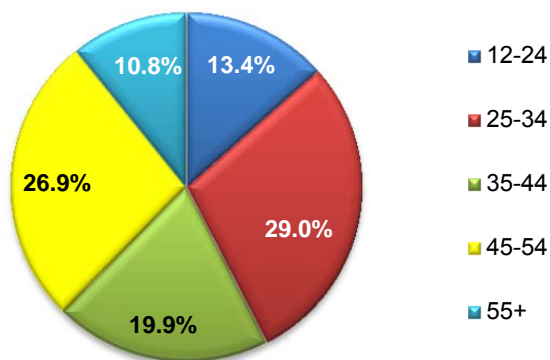


**Figure 35. Overall New Positivity Rate by Gender, 2011 (n=<5)**

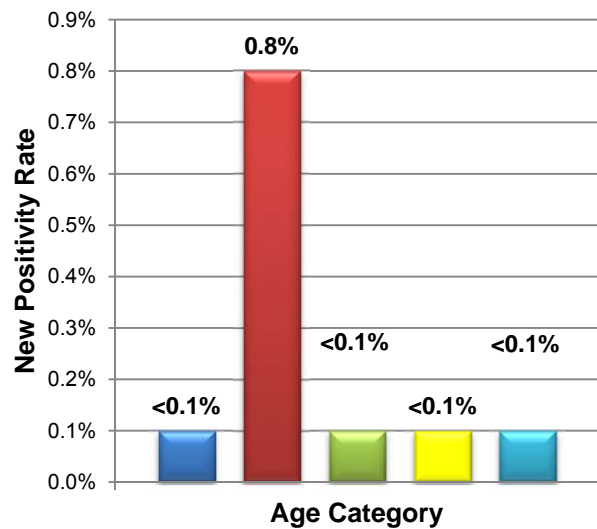


\*All categories are <5 new positive tests

**Figure 36. Total Number of Tests by Age Group, 2011 (N=417)**



**Figure 37. Overall New Positivity Rate by Age Group, 2011 (n=<5)**



\*All categories are <5 new positive tests

## Targeted HIV Testing

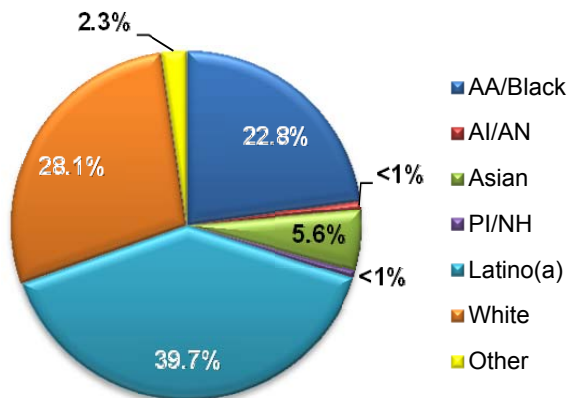
The targeted testing program is comprised of testing sites whose focus is to outreach, test, and provide client-centered counseling to populations who are at risk for HIV with emphasis on those populations at highest risk including men who have sex with men (MSM), those who have unprotected sex with an individual who is HIV positive, transgender individuals, and young African American and Latino MSM . There are six modalities where DHSP works to reach these populations. Bath houses and sex clubs are locations where, while prohibited, unsafe sex may occur. On-site counseling and testing is offered at nine bath houses and sex clubs within LAC. The post exposure prophylaxis program (modality) is aimed at reaching HIV negative individuals who self-report to have recently engaged in high-risk HIV risk behavior (for more information, see p. 47). The strategy behind the social network testing program (modality) is to first identify a client who tests positive for HIV, then with his/her consent, access this person's social network to identify other potential at risk individuals. The storefront modality is targeted testing that takes place at a fixed, brick and mortar location. Storefronts are primarily located in neighborhoods of high risk. The mobile testing unit program (modality) consists of six mobile testing vans that are strategically placed in specific areas known for HIV risk. The integrated screening modality, consisting of three mobile vans, provide testing not only for HIV but for other sexually transmitted infections.

In 2011, a total of 56,868 HIV tests were performed at DHSP-supported targeted testing sites throughout Los Angeles County. The 711 positive tests conducted represent 53.1% of HIV positive tests supported by DHSP in 2011. Among the 711 positive tests, 616 tests were identified as newly HIV positive based on self-report.

## Demographic Characteristics of Testers

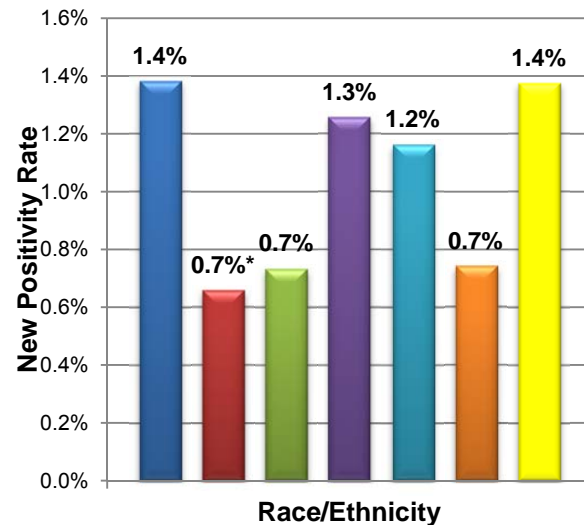
This section gives an overview of the demographic characteristics of testers at targeted testing sites in 2011. Testing conducted at targeted testing sites had the highest proportion of male testers (68.7%) compared to other program types. A high percentage, greater than 1% of 'African Americans', 'Pacific Islanders/Native Hawaiians', 'Latino(a)s', and 'Other' race/ethnicity were identified as newly positive through targeted testing. As in the previous years, the highest total number of new positives continue to be among the age group 25-34 (37.8%).

**Figure 38. Total Number of Targeted Tests by Race/Ethnicity, 2011 (N=56,868)**



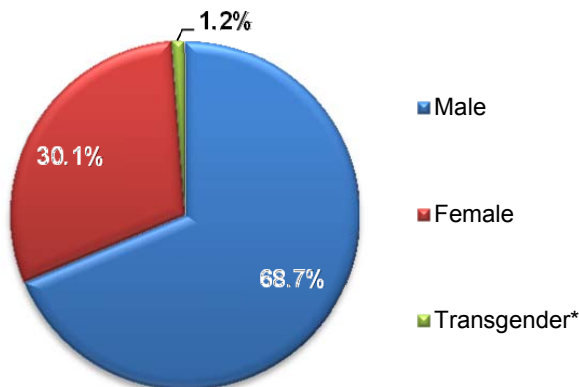
Missing Race/Ethnicity Data: 769 Tests

**Figure 39. Targeted Testing New Positivity Rate by Race/Ethnicity, 2011 (n=616)**



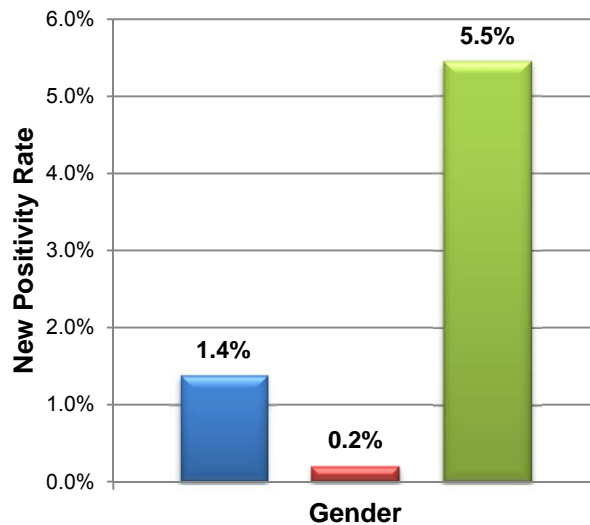
\*Includes <5 new positive tests

**Figure 40. Total Number of Targeted Tests by Gender, 2011 (N=56,868)**

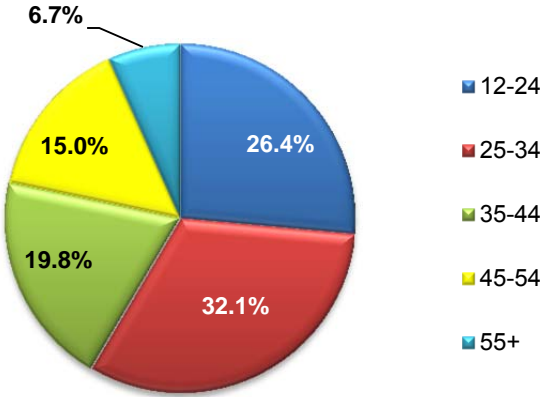


Missing Gender Data: <0.1% of tests  
<0.1% of clients are 'Other' gender  
\*Includes: MTF, and FTM Transgender Individuals

**Figure 41. Targeted Testing New Positivity Rate by Gender, 2011 (n=616)**

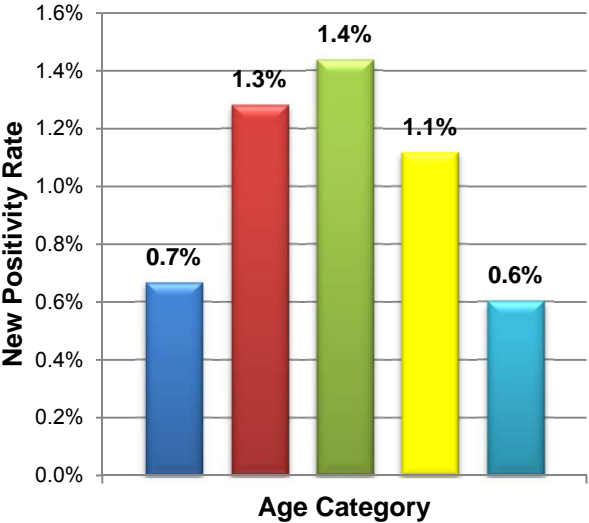


**Figure 42. Total Number of Targeted Tests by Age Group, 2011 (N=56,868)**



Missing Age Data: 131 Tests  
 <0.1% of clients are Ages <12

**Figure 43. New Positivity Rate by Age Group, 2011 (n=616)**



## Tests by Target Populations

Targeted testing comprised approximately 50% of all testing conducted in 2011. Consistent with overall trends in recent years, new positivity rate for transgender individuals was 5.5% compared to males (1.4%) and females (0.2%). New positivity rates among gay men overall continue to be high at 2.3% as well as among young gay men at 1.8%. However, there continue to be clear racial disparities where African Americans have the highest new positivity rates of any other racial group. Of particular concern are the rates among African American transgender individuals who have an 11.9% new positivity rate and young African American gay males have a 5.1% new positivity rate.

**Table 2. Targeted HIV Tests by Priority & Critical Target Population, 2011**

Characteristic	N	New Positives (n)	New Positivity Rate (%)
<b>Number of HIV Tests</b>	<b>56,868</b>	<b>616</b>	<b>1.1%</b>
<b>Target Populations</b>			
Youth (12-24 years)	14,956	100	0.7%
<i>Gay men</i>	4,292	78	1.8%
<i>Non- gay identified men who have sex with men</i>	241	<5	-
<i>Transgender Individuals</i>	178	<5	-
<i>Women with sex partners of unknown HIV status</i>	5,419	8	0.1%
Male	39,078	541	1.4%
<i>Gay men</i>	18,433	420	2.3%
<i>Non- gay identified men who have sex with men</i>	966	10	1.0%
Female	17,090	36	0.2%
<i>Women with sex partners of unknown HIV status</i>	16,802	34	0.2%
<i>Transgender Individuals</i>	696	38	5.5%
<i>People who Share Needles/Works</i>	3,177	35	1.1%

\*Sex in exchange for money/drugs not collected.  
 \*\* Priority population categories are not mutually exclusive.

Table 3 (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 22,269 tests. African Americans and Other race/ethnicity had the largest new positivity rates at 1.4%. By target population, African American gay men and transgender individuals had the highest new positivity rates of 4.4% and 11.9%, respectively, compared to their counterparts of different race/ethnicity. Latino(a) transgender individuals demonstrated the second highest new positivity rate (4.2%). Among youth, African Americans demonstrated the highest new positivity rate at 1.3%, compared to Latino(a) and White youth at 0.6% and 0.2%, respectively.

Table 3a. Priority & Critical Target Population among African American/Black, 2011

Race/Ethnicity Target Population	Number of Testers		New Positives	
	N	%	n	Rate %
<b>African American/Black</b>	<b>12,788</b>		<b>177</b>	<b>1.38%</b>
Youth (12-24 years)	3,286	25.7%	42	1.3%
<i>Gay men</i>	684	20.8%	35	5.1%
<i>Non- gay identified men who have sex with men</i>	37	1.1%	<5	-
<i>Transgender Individuals</i>	52	1.6%	<5	-
<i>Women with sex partners of unknown HIV status</i>	1395	42.5%	<5	-
Male	7,675	60.0%	145	1.9%
<i>Gay men</i>	2,150	28.0%	95	4.4%
<i>Non- gay identified men who have sex with men</i>	177	2.3%	<5	-
Female	4,979	38.9%	16	0.3%
<i>Women with sex partners of unknown HIV status</i>	4890	98.2%	16	0.3%
Transgender Individuals	134	1.0%	16	11.9%
People who Share Needles/Works	355	2.8%	<5	-

Table 3b. Priority & Critical Target Population among AI/AN, 2011

Race/Ethnicity Target Population	Number of Testers		New Positives	
	N	%	n	Rate %
<b>American Indian/Alaskan Native</b>	<b>454</b>		<b>&lt;5</b>	<b>-</b>
Youth (12-24 years)	93	20.5%	<5	-
<i>Gay men</i>	29	31.2%	<5	-
<i>Non- gay identified men who have sex with men</i>	<5	-	-	-
<i>Transgender Individuals</i>	<5	-	-	-
<i>Women with sex partners of unknown HIV status</i>	31	33.3%	<5	-
Male	291	64.1%	<5	-
<i>Gay men</i>	105	36.1%	<5	-
<i>Non- gay identified men who have sex with men</i>	6	2.1%	<5	-
Female	156	34.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	149	95.5%	<5	-
Transgender Individuals	7	1.5%	<5	-
People who Share Needles/Works	55	12.1%	<5	-



Table 3c. Priority & Critical Target Population Data among Asian, 2011

<b>Race/Ethnicity</b>	<b>Number of Testers</b>		<b>New Positives</b>	
<b>Target Population</b>	<b>N</b>	<b>%</b>	<b>n</b>	<b>Rate %</b>
<b>Asian</b>	<b>3,134</b>		<b>23</b>	<b>0.73%</b>
Youth (12-24 years)	887	28.3%	5	0.6%
<i>Gay men</i>	391	44.1%	<5	-
<i>Non- gay identified men who have sex with men</i>	10	1.1%	<5	-
<i>Transgender Individuals</i>	7	0.8%	<5	-
<i>Women with sex partners of unknown HIV status</i>	271	30.6%	<5	-
Male	2,412	77.0%	18	0.7%
<i>Gay men</i>	1,571	65.1%	18	1.1%
<i>Non- gay identified men who have sex with men</i>	33	1.4%	<5	-
Female	702	22.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	692	98.6%	<5	-
Transgender Individuals	18	0.6%	<5	-
People who Share Needles/Works	49	1.6%	<5	-

Table 3d. Priority & Critical Target Population among PI/NH, 2011

<b>Race/Ethnicity</b>	<b>Number of Testers</b>		<b>New Positives</b>	
<b>Target Population</b>	<b>N</b>	<b>%</b>	<b>n</b>	<b>Rate %</b>
<b>Pacific Islander/Native Hawaiian</b>	<b>398</b>		<b>5</b>	<b>1.26%</b>
Youth (12-24 years)	107	26.9%	<5	-
<i>Gay men</i>	33	30.8%	<5	-
<i>Non- gay identified men who have sex with men</i>	<5	-	-	-
<i>Transgender Individuals</i>	<5	-	-	-
<i>Women with sex partners of unknown HIV status</i>	38	35.5%	<5	-
Male	279	70.1%	5	1.8%
<i>Gay men</i>	173	62.0%	5	2.9%
<i>Non- gay identified men who have sex with men</i>	7	2.5%	<5	-
Female	113	28.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	112	99.1%	<5	-
Transgender Individuals	6	1.5%	<5	-
People who Share Needles/Works	7	1.8%	<5	-

Table 3e. Priority & Critical Target Population among Latino(a), 2011

<b>Race/Ethnicity</b>	<b>Number of Testers</b>		<b>New Positives</b>	
<b>Target Population</b>	<b>N</b>	<b>%</b>	<b>n</b>	<b>Rate %</b>
<b>Latino(a)</b>	<b>22,269</b>		<b>259</b>	<b>1.16%</b>
Youth (12-24 years)	6,786	30.5%	38	0.6%
<i>Gay men</i>	1931	28.5%	29	1.5%
<i>Non- gay identified men who have sex with men</i>	121	1.8%	<5	-
<i>Transgender Individuals</i>	94	1.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	2431	35.8%	5	0.2%
Male	15,087	67.7%	228	1.5%
<i>Gay men</i>	6,915	45.8%	197	2.8%
<i>Non- gay identified men who have sex with men</i>	454	3.0%	5	1.1%
Female	6,751	30.3%	13	0.2%
<i>Women with sex partners of unknown HIV status</i>	6643	98.4%	12	0.2%
Transgender Individuals	431	1.9%	18	4.2%
People who Share Needles/Works	1113	5.0%	10	0.9%

Table 3f. Priority & Critical Target Population among White, 2011

<b>Race/Ethnicity</b>	<b>Number of Testers</b>		<b>New Positives</b>	
<b>Target Population</b>	<b>N</b>	<b>%</b>	<b>n</b>	<b>Rate %</b>
<b>White</b>	<b>15,749</b>		<b>117</b>	<b>0.74%</b>
Youth (12-24 years)	3,207	20.4%	7	0.2%
<i>Gay men</i>	1059	33.0%	6	0.6%
<i>Non- gay identified men who have sex with men</i>	61	1.9%	<5	-
<i>Transgender Individuals</i>	14	0.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	1063	33.1%	<5	-
Male	11,884	75.5%	115	1.0%
<i>Gay men</i>	6,893	58.0%	92	1.3%
<i>Non- gay identified men who have sex with men</i>	263	2.2%	<5	-
Female	3,795	24.1%	<5	-
<i>Women with sex partners of unknown HIV status</i>	3727	98.2%	<5	-
Transgender Individuals	70	0.4%	<5	-
People who Share Needles/Works	1503	9.5%	14	0.9%

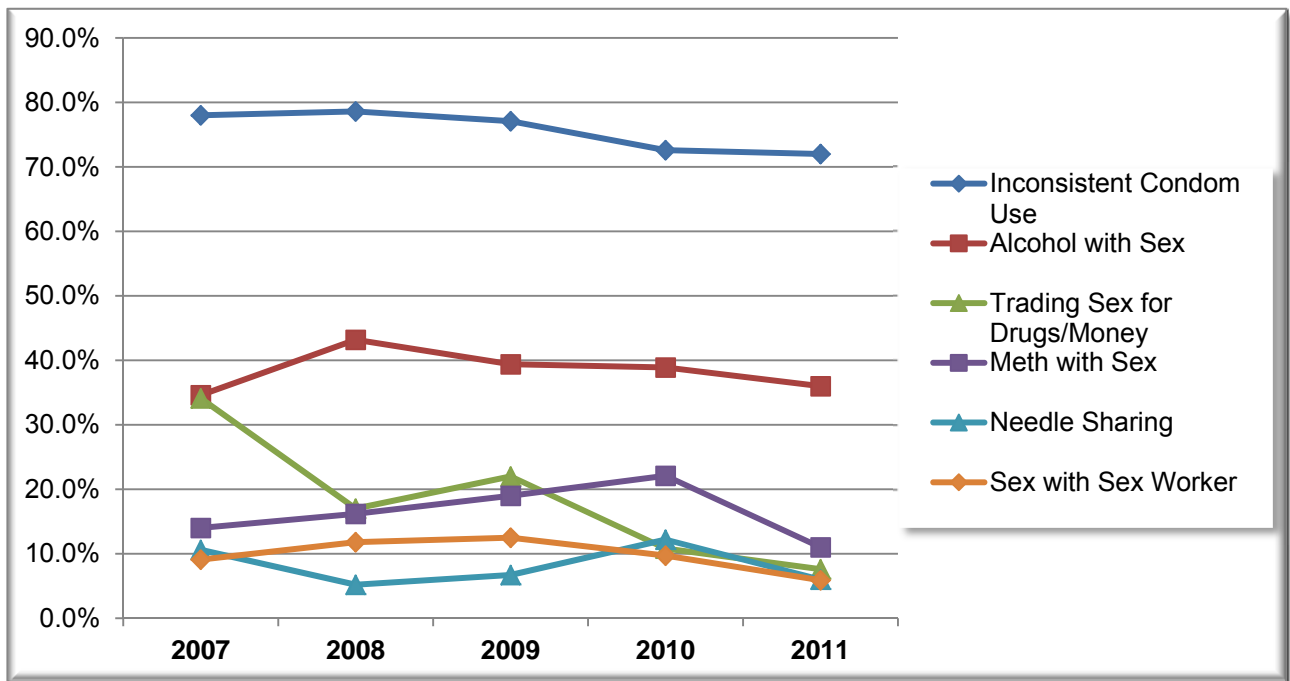
Table 3g. Priority & Critical Target Population among Other Race/Ethnicity, 2011

<b>Race/Ethnicity</b>	<b>Number of Testers</b>		<b>New Positives</b>	
<b>Target Population</b>	<b>N</b>	<b>%</b>	<b>n</b>	<b>Rate %</b>
<b>Other</b>	<b>1,307</b>	<b>0.0%</b>	<b>18</b>	<b>1.38%</b>
Youth (12-24 years)	421	32.2%	<5	-
<i>Gay men</i>	150	35.6%	<5	-
<i>Non- gay identified men who have sex with men</i>	7	1.7%	<5	-
<i>Transgender Individuals</i>	6	1.4%	<5	-
<i>Women with sex partners of unknown HIV status</i>	134	31.8%	<5	-
<b>Male</b>	<b>915</b>	<b>70.0%</b>	<b>15</b>	<b>1.6%</b>
<i>Gay men</i>	491	53.7%	9	1.8%
<i>Non- gay identified men who have sex with men</i>	22	2.4%	<5	-
<b>Female</b>	<b>376</b>	<b>28.8%</b>	<b>&lt;5</b>	<b>-</b>
<i>Women with sex partners of unknown HIV status</i>	372	98.9%	<5	-
Transgender Individuals	15	1.1%	<5	-
People who Share Needles/Works	83	6.4%	<5	-

Sexual behavior continues to be the primary method of HIV transmission among clients who were recently diagnosed with HIV in Los Angeles County. New positive clients who have reported to have sometimes or never used condoms when having vaginal or anal sex continues to exceed 70%. However, in general, clients who report engaging in high risks (see figure 44) have been gradually declining from 2007 to 2011. Data presented in Figure 44 include clients at targeted testing programs only.

**Figure 44. New Positives Identified at DHSP-supported Sites by HIV Risk Behavior<sup>1</sup>, 2007-2011**

<sup>1</sup> Data collected from HIV Information Resources System (HIRS) predecessor to current HIV Testing Services (HTS) System.  
<sup>2</sup> 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.  
<sup>3</sup> High risk behaviors are not mutually exclusive. Individuals may have engaged in more than one high risk behavior



## Linkage to Care

In 2011, DHSP began using surveillance data in combination with testing data collected in the HIV Testing Services (HTS) data system to determine which clients were linked to care within one year and/or within 90 days of a positive HIV test. 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. Among matched individuals<sup>†</sup> testing positive at DHSP-funded testing sites in 2011, 78.4% were linked to HIV care within the first year and 71.2% were linked to care within 90 days of a reactive test for HIV.

Table 4: Linkage to Care Data by Demographics, 2011, among positive tests reported in HTS

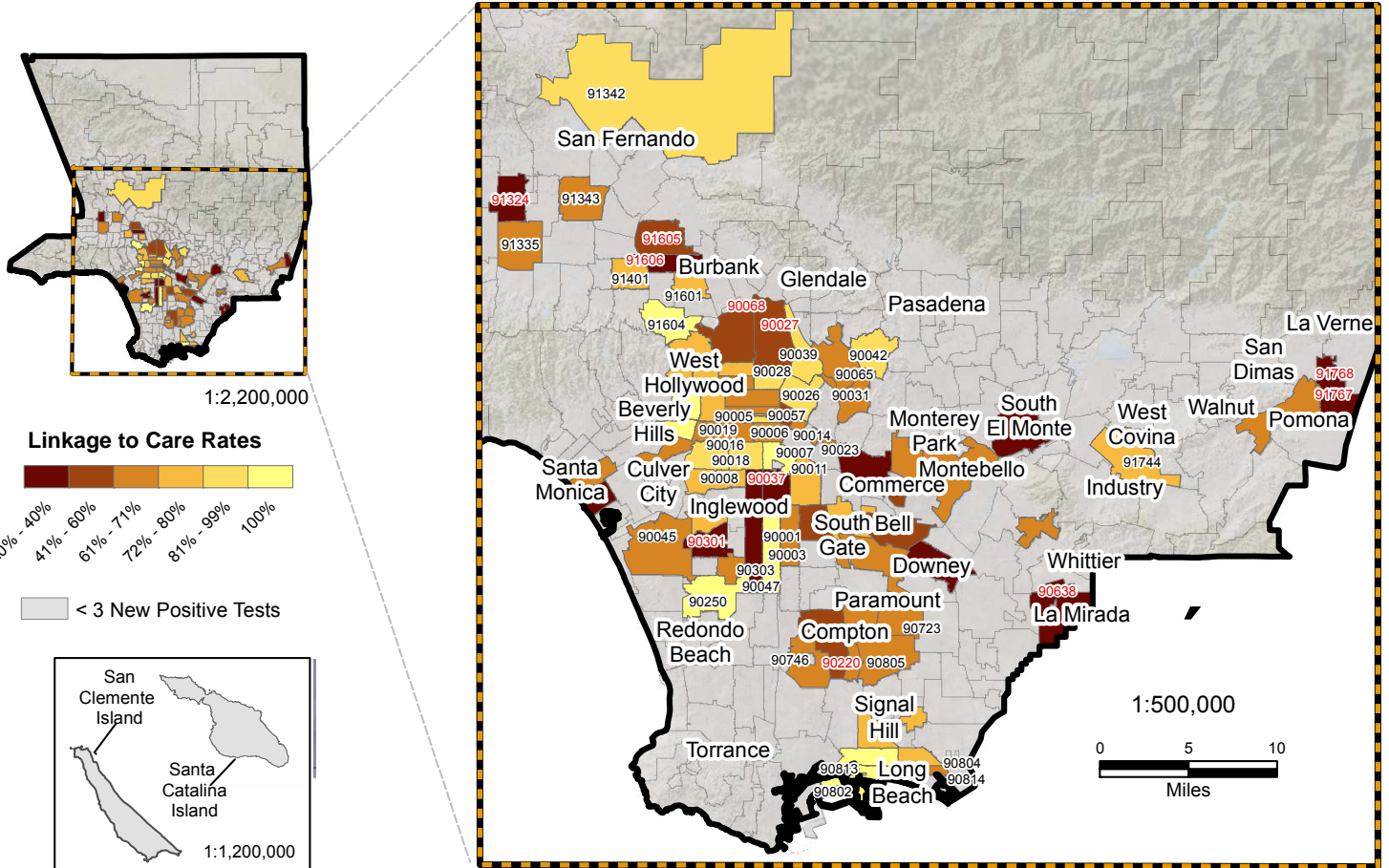
	Total	Linked w/in 90 days		Linked w/in one year	
	N	n	%	n	%
<b>Total Number of Positives</b>	<b>959</b>	683	71.2%	752	78.4%
New Positives <sup>1</sup>	<b>563</b>	457	81.2%	484	86.0%
<b>Gender</b>					
Male	<b>877</b>	631	71.9%	692	78.9%
Female	<b>37</b>	24	64.9%	25	67.6%
Transgender Individuals	<b>45</b>	28	62.2%	35	77.8%
<b>Age</b>					
Unknown	<b>&lt;5</b>	-	-	-	-
12 - 24	<b>137</b>	92	67.2%	106	77.4%
25 - 34	<b>419</b>	309	73.7%	334	79.7%
35 - 44	<b>251</b>	185	73.7%	201	80.1%
45 - 54	<b>121</b>	74	61.2%	87	71.9%
55+	<b>27</b>	21	77.8%	22	81.5%
<b>Race/Ethnicity</b>					
Unknown	<b>230</b>	158	68.7%	179	77.8%
African American	<b>5</b>	3	60.0%	4	80.0%
American Indian / Alaskan Native	<b>44</b>	35	79.5%	35	79.5%
Asian	<b>13</b>	8	61.5%	9	69.2%
Pacific Islander / Native Hawaiian	<b>382</b>	277	72.5%	302	79.1%
Latino(a)	<b>249</b>	180	72.3%	198	79.5%
White	<b>31</b>	19	61.3%	22	71.0%
Mixed/Other	<b>5</b>	3	60.0%	3	60.0%

**Data Source:** HIV Testing Services (HTS) System and HIV/AIDS Reporting System (HARS)

<sup>1</sup>New positive according to matched surveillance data

<sup>†</sup>Individuals from HTS matched in HARS

**Figure 45. Proportion of New HIV Positive Clients Linked to Care by Zip Code, HIV Testing Services, 2011**



Data Source: HIV Testing System (HTS), and HIV/AIDS Reporting System (HARS), 2011



## 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<sup>iii</sup>.

The association between meth use and HIV transmission is related to: 1) 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 reported meth use in the last year among targeted testers at DHSP-funded sites in 2011.

Among HIV positive individuals in 2011, 18.4% reported using meth, compared to 13.1% among all testers (Table 5). Transgender individuals reported the highest meth use at 21.4%, compared to testers of other genders. Additionally, 20.9% of non-gay identified men who had sex with men reported using meth, compared to 12.5% of men overall.

**Table 5. Methamphetamine (Meth) Use Among Critical Target Populations, HCT Summary Data from DHSP-funded Sites, 2011**

Characteristic	N	Reported Meth Use	
		n	%
<b>Number of HIV Tests</b>	<b>56,818</b>	<b>7,436</b>	<b>13.1%</b>
HIV Positive Individuals	711	131	18.4%
<b>Target Populations</b>			
Youth (12-24 years)	14,956	1,999	13.4%
<i>Gay men</i>	4,294	385	9.0%
<i>Non- gay identified men who have sex with men</i>	241	52	21.6%
<i>Transgender Individuals</i>	178	44	24.7%
<i>Women who have sex partners of unknown HIV status</i>	5,419	707	13.0%
Male	39,078	4,899	12.5%
<i>Gay men</i>	18,433	1,586	8.6%
<i>Non- gay identified men who have sex with men</i>	966	202	20.9%
Female	17,090	2,387	14.0%
<i>Women who have sex partners of unknown HIV status</i>	16,802	2,330	13.9%
Transgender Individuals	696	149	21.4%
People who Share Needles/Works	3,177	1,703	53.6%

<sup>iii</sup> 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 46 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 (23.6%) and persons in the 25 to 34 age group (14.3%) and 35 to 44 year age group (15.1%) reported the highest meth use.

Figure 46. Meth use among HIV Testers at Targeted Testing Sites by Race/Ethnicity and Age Group, 2011 (N = 56,818)

Demographic Characteristic	n	% Reported Meth Use
<b>Race/Ethnicity</b>		
African American/Black	12,788	7.9%
American Indian/Alaskan Native	454	23.6%
Asian	3,134	5.8%
Pacific Islander/Native Hawaiian	398	11.1%
Latino(a)	22,269	15.0%
White	15,749	16.2%
Mixed/Other	1,307	13.5%
Unknown	769	2.6%
<b>Age Group (years)</b>		
12 to 24	14,956	13.4%
25 to 34	18,159	14.3%
35 to 44	11,195	15.1%
45 to 54	8,495	10.8%
55+	3,807	6.1%
Unknown	256	1.6%

Figure 47 illustrates the proportion of testers at targeted testing sites who reported meth use by calendar year. Meth use demonstrated a clear increase from 2007 to 2010 among positives, with meth use among negatives remaining steady. In 2011, a decrease in self-reported meth use was apparent among all testers.

**Figure 47. Reported meth use, Negative vs. Positive Tests by Year (2007-2011)**

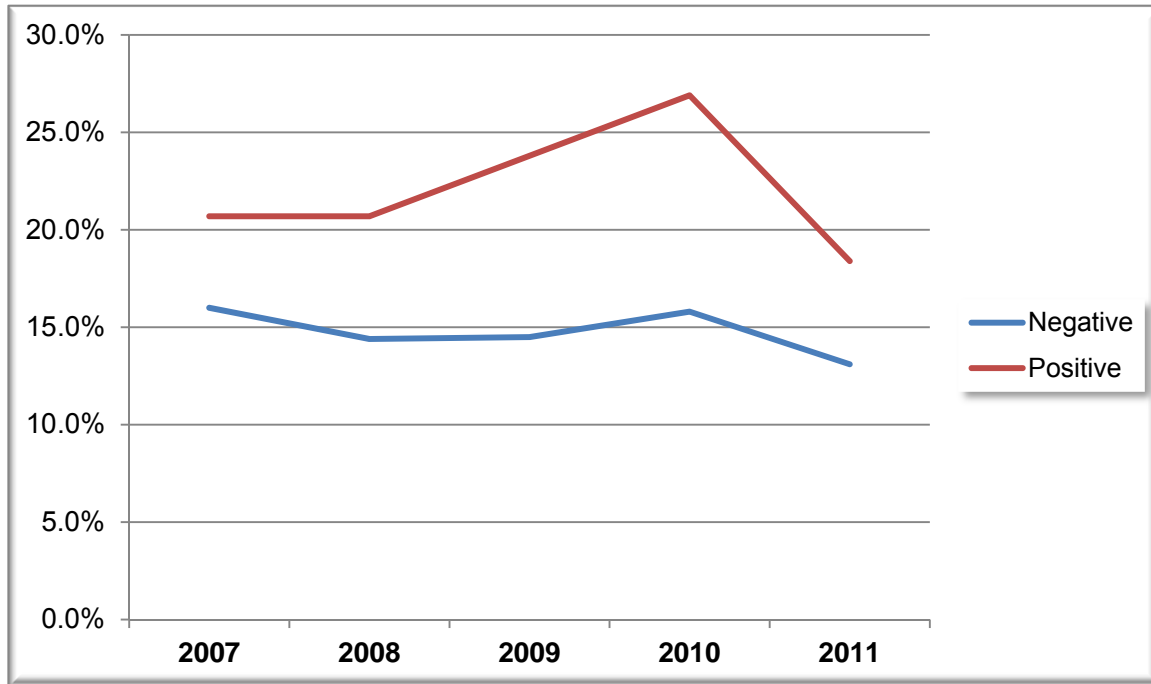


Table 6 shows the proportion of self-reported meth use among priority and critical target populations within each race/ethnicity category. For denominators of each category, please see Table 3 (a-g). American Indians/Alaskan Natives demonstrated the highest percentage of meth use (23.6%), followed by Whites and Latino(a)s, at 16.2% and 15.0%, respectively. For Whites, meth has demonstrated to be a risk behavior highly associated with HIV infection; 24.6% of all tests among Whites, that were HIV positive reported using meth. In terms of specific target populations, American Indian /Alaskan Native Youth demonstrate a large percentage of meth use at 30.1%.

Table 6. Methamphetamine (Meth) Use Among Critical Target Populations by Race/Ethnicity, DHSP-funded Sites, 2011

Characteristic	Black		AI/AN		Asian	
	n	%	n	%	n	%
<b>Number of HIV Tests</b>	1,013	7.9%	107	23.6%	182	5.8%
HIV Positive Individuals	21	9.6%	<5	-	<5	-
<b>Target Populations</b>						
Youth (12-24 years)	223	6.8%	28	30.1%	55	6.2%
Men	690	9.0%	68	23.4%	150	6.2%
<i>Gay men</i>	273	12.7%	22	21.0%	72	4.6%
<i>Non- gay identified men who have sex with men</i>	25	14.1%	<5	-	<5	-
Women	286	5.7%	34	21.8%	30	4.3%
<i>Women who have sex partners of unknown HIV status</i>	274	5.6%	32	21.5%	30	4.3%
Transgender Individuals	37	27.6%	5	71.4%	<5	-
People who Share Needles/Works	128	36.1%	31	56.4%	31	63.3%

Table 6. (cont.) Methamphetamine (Meth) Use Among Critical Target Populations by Race/Ethnicity, DHSP-funded Sites, 2011

Characteristic	PI/NH		Latino(a)		White	
	n	%	n	%	n	%
<b>Number of HIV Tests</b>	44	11.1%	3,346	15.0%	2,547	16.2%
HIV Positive Individuals	<5	-	58	20.4%	34	24.6%
<b>Target Populations</b>						
Youth (12-24 years)	7	6.5%	1,007	14.8%	618	19.3%
Men	22	7.9%	2,174	14.4%	1,660	14.0%
<i>Gay men</i>	<5	-	604	8.7%	541	7.8%
<i>Non- gay identified men who have sex with men</i>	<5	-	90	19.8%	80	30.4%
Women	20	17.7%	1,085	16.1%	875	23.1%
<i>Women who have sex partners of unknown HIV status</i>	20	17.9%	1,066	16.0%	852	22.9%
Transgender Individuals	<5	-	87	20.2%	12	17.1%
People who Share Needles/Works	6	85.7%	561	50.4%	895	59.5%

## Special Events

### HIV Counseling and Testing Week Initiative, 2011

CDC estimates that approximately 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<sup>iv</sup>. 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 has been expanded to a week-long series of events for the last three years. In 2011, HIV Counseling and Testing Week (HCTW) activities were conducted from Monday, June 27 to Saturday, July 2, 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. HIV testing was provided at storefront locations, clinics, mobile testing units, bars, parks, clubs and special events. In 2011, community partners utilized geographic areas highly impacted by HIV/AIDS as targeted sites for the week's activities. A total of 1,479 HIV tests were performed at DHSP-funded targeted testing sites or events throughout Los Angeles County.

Of all tests performed during HCTW, 1,418 were rapid tests and 83.2% of these tests were confidential (Table 7). Overall, 98.4% of clients received his/her test result.

Characteristic	All Tests		Rapid HIV Tests		Conventional HIV Tests	
	N	%	n	%	n	%
<b>Number of HIV Tests</b>	<b>1,479</b>		1,418	95.9%	61	4.1%
<b>Tester Identification</b>						
Confidential	1,241	83.9%	1,180	83.2%	61	100%
Anonymous	238	16.1%	238	16.8%	-	-
<b>New Positive</b>	<b>20</b>	<b>1.35%</b>	20	1.41%	-	-
<b>Disclosure of Test Results</b>						
All Tests	1,455	98.4%	1,405	99.1%	50	82.0%

<sup>iv</sup> The Epidemiology of HIV and AIDS in LAC Presentation to HIV Commission 2010, Los Angeles County Department of Public Health, HIV Epidemiology, 2010



Compared to an average testing week in 2011, there were more than three times the number of tests performed during HCTW (Table 8).

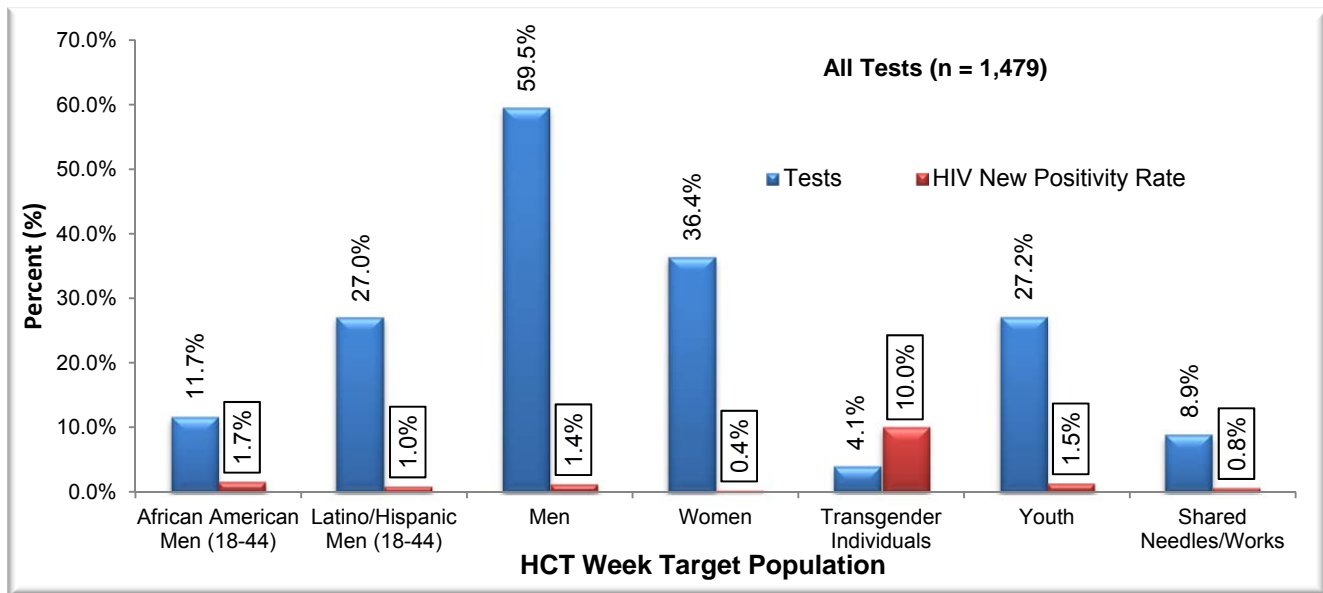
**Table 8. Comparison of 2011 Counseling & Testing Data: HCTW Compared to Average Week**

Characteristic			Average Week 2011 <sup>1</sup>		HCT Week 2011	
	N	%	n	% <sup>2</sup>	n	%
<b>Number of HIV Tests</b>	24,026		442		1,479	
<b>New Positives</b>	227	0.94%	4	0.92%	20	1.35%

<sup>1</sup>Average week calculated by subtracting HCTW total tests from 2011 total tests (table 7) and dividing by 51 weeks.  
<sup>2</sup>Percentages have been calculated before totals (n) rounded to nearest whole number.

Figure 48 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 transgender individuals and African American men target population demonstrated the highest HIV positivity rate among HCTW target populations at 10.0% and 1.9%, respectively. The “Hot Spot” zip codes listed in the 2009-2013 HIV Prevention Plan were used to determine which sites were utilized in reaching the HCTW target populations.

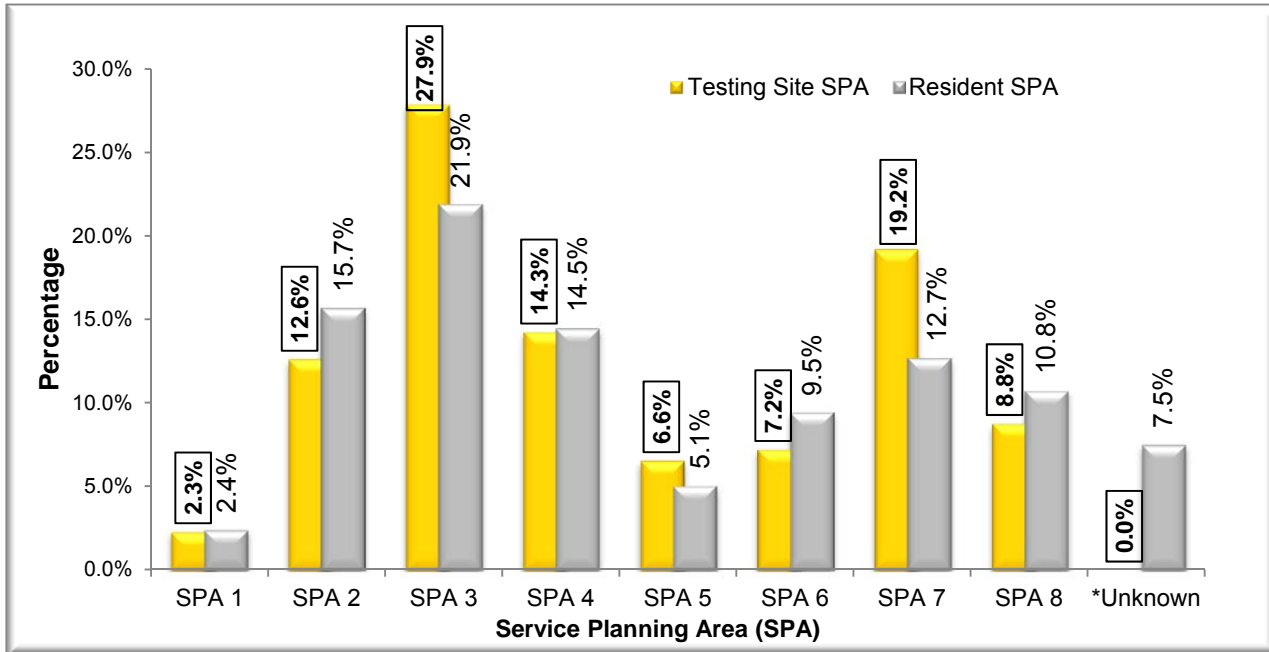
**Figure 48. Proportion of 2011 HCTW Tests and HIV Positivity Rates by HCTW Target Populations\***



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

DHSP has compared the proportion of testers in a given SPA to the proportion of County residents who live in that SPA. The resident and testing SPA proportions were similar for HCTW testers as shown in Figure 49. The largest proportion of tests was done in SPA 3 (27.9%). SPA 7 experienced the largest difference (6.5%) between proportion of tests conducted (testing site SPA) compared to proportion of residents. The majority of tests were conducted in SPAs 3, 4, and 7.

**Figure 49. Number of HCTW Tests by Resident SPA vs. Testing Site SPA, 2011**



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

## CareNow® Los Angeles, 2011

Los Angeles County is home to millions of Healthcare 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 County held a free clinic event in 2011 called CareNow® at the Los Angeles Sports Arena, from October 20 – 23, 2011.

CareNow® was locally planned and implemented after the rich experience of working alongside organizers from the Remote Area Medical (RAM) organization in the fall of 2010. RAM 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.

CareNow® created and strengthened public, private healthcare partnership and offered a forum for local volunteers to commit their time to provide a broad array of services during the four day event.

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 CareNow®.

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 2011 CareNow® event in Los Angeles, over 3,700 patients received free medical, dental, and vision services during the seven day clinic. DHSP conducted a total of 971 HIV rapid tests, and identified two new positive patients and linked both individuals to medical care.

## Special Testing Projects

### Routine Testing at LAC+USC Emergency Department, 2011

LAC+USC is the flagship hospital of the public care system in Los Angeles County, providing a safety net for the uninsured and indigent population of Los Angeles. The hospital is staffed by faculty from the University of Southern California, Keck School of Medicine who oversee the training of over 900 medical and dental residents in 52 fully accredited Accreditation Council for Graduate Medical Education (ACGME) residency programs. The ED at LAC+USC is the largest and busiest ED in United States, with over 170,000 patient visits per year. Most patients are uninsured and a large number use the ED as their primary source of health care.

Routine opt-out, rapid HIV screening and testing occurs in the North Pod and performed by phlebotomy certified Research Assistants (RA). Testing will be offered to all adult patients presenting to the LAC+USC ED North Pod between the hours of 8:00 a.m. and 11:00 p.m. and given testing information.

Several unique features of the North pod make it the ideal location for routine HIV screening. These include:

- 1) Approximately 100 patients are seen in the North pod daily, approximately 70 within the defined testing hours (36,000 annually).
- 2) Patients in the North pod have an average length of stay of 8.5 hours giving the RAs optimum time and flexibility for testing.
- 3) There is little bed turnover in the North Pod during night-time hours from 11:00 p.m. to 8:00 a.m. providing opportunity for testing these patients by RAs in the morning.

Patients seen in the North Pod represent a wide array of medical conditions, acuity and demographics that best approximate the full spectrum of patients typically seen in local EDs.

## **Post Exposure Prophylaxis (nPEP) pilot program (PQUAD), 2011**

DHSP implemented a non-occupational Post Exposure Prophylaxis (nPEP) pilot program (PQUAD) at two community-based HIV clinics within Los Angeles in the Spring of 2010. nPEP is a set of treatment services provided to HIV-uninfected persons as a biomedical HIV prevention strategy. The Centers for Disease Control and Prevention and the California State Office of AIDS recommend a 28-day course of treatment with HIV antiretroviral therapy (ART) within 72-hours of an HIV exposure that represents a substantial risk for transmission. nPEP treatment services will be delivered in the context of a pilot program and will yield the findings necessary to plan for a broader scale-up of services within Los Angeles County.

The rationale for the pilot phase is to demonstrate safe clinical management, operational feasibility, community adoption, and cost-effectiveness of the delivery of nPEP services. The community-based clinics serve as eligibility screening and treatment sites for nPEP services, which include medical evaluations and STD screening over a period of six months, rapid HIV-testing at baseline and three time points at follow up, and ongoing risk-reduction counseling to minimize high-risk behaviors. Eligibility inclusion criteria are premised on testing HIV negative at baseline, self-report of a recent high-risk exposure to HIV within a 72 hour window, being at least 18 years of age, and the ability to consent to the study protocol. Eligible participants at baseline receive an initial 14-day supply of a 2- or 3-drug ART medication regimen and then return to the site for the remainder of the 28-day supply at a two week follow up medical visit. The nPEP services are designed to be easily accessible; non-judgmental; culturally, ethnically, and linguistically appropriate to the relevant populations; community-based; and independent of ability to pay.

## Resources

DHSP website: <http://www.publichealth.lacounty.gov/dhsp>

Los Angeles County HIV Prevention Plan 2009-2013:  
<http://www.publichealth.lacounty.gov/dhsp/ReportsArchived.htm>

HIV/AIDS Resources: <http://www.erasedoubt.org>