

HIV Counseling and Testing Report 2013



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES DIVISION



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PUBLIC HEALTH SERVICES DIVISION

HIV Counseling and Testing Report 2013

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www.stdsandiego.org

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HIV COUNSELING AND TESTING REPORT 2013

Background

Local human immunodeficiency virus (HIV) counseling and testing (HCT) data provides information about those individuals who voluntarily seek HIV testing. HCT services are conducted by the County of San Diego with funding from the California Department of Public Health and Ryan White funding for HIV testing at five Early Intervention Service (EIS) programs. In each of the last five years, the County has provided between 10,000 and 13,000 anonymous or confidential counseling and testing services. These tests have been provided at no cost, either anonymously (no identifying information is given) or confidentially (a name is given). Testing is limited to persons 12 years of age or older for a serum test, and 13 years and older for the rapid test. The age of consent for HIV testing is defined in the California Code of Regulations; the rapid test is not FDA approved for individuals younger than 13. The most current year of HCT data available for analysis is 2012.

Limitations of the HCT data must be noted. Each case may not be unique as some individuals may test more than once within a year. Therefore, the term ‘testers’ does not refer to an unduplicated count of individuals. It is assumed that some of the ‘testers’ are testing more than once. HIV tests performed at private clinics, doctor’s offices, or hospitals are not included. Data reflect tests entered into Local Online Evaluation (LEO), limited

to California Department of Public Health funded or Ryan White EIS funded tests. LEO is an HCT and HIV Prevention database administered by the State Office of AIDS.

Those seeking testing at the sites included here had the option of testing anonymously (no identifiers) or confidentially (with a name). Testers are encouraged to test confidentially to help normalize testing, to assist in linking those individuals who test positive to care and to support names-based reporting. This report will examine anonymous and confidential tests combined.

In 2008, the State Office of AIDS introduced a restructuring of services to more effectively provide these services to high-risk and low-risk clients. Using a self-administered Client Assessment Questionnaire low-risk clients are provided an HIV test and educational information through a brochure or video while self-identified high-risk clients are offered an HIV test and traditional risk-reduction counseling. High-risk behavior includes any activity involving the exchange of potentially infectious body fluids. For more information on risk groups, see Appendix I.

Beginning in 2003, the HCT program in San Diego began offering the rapid HIV antibody test as a pilot site for the State Office of AIDS. The HIV rapid test result is available in approximately 20 minutes with either a negative or preliminary positive result. With a conventional serum test, clients must return after one

week for results. Unless the result is preliminary positive, clients who choose a rapid HIV test do not need to return for results.

Not only are the rapid tests convenient for clients, but they also increase the likelihood that the client will receive his or her test result. When serum tests are used, it is not uncommon for a client to skip the second visit to the test site to receive the results. By 2012, rapid tests accounted for 61% of all tests. The rapid test has increased the percentage of clients who receive their results from 74% (11,453) in 2002 to 86% (8,782) in 2012.

HIV screening tests have improved over time and as of March 2011, the San Diego County Public Health Laboratory has implemented the Abbott ARCHITECT HIV Ag/Ab Combo Assay (4th Gen Combo Assay). This test simultaneously detects antibodies to HIV-1/HIV-2 as well as the HIV-1 P24 antigen. The major advantage is the ability to detect acute infections, reducing the ‘window period’ from 3-4 weeks to approximately 2 weeks, and thus is a key tool for early detection.¹

The majority of individuals seeking HIV counseling and testing services in San Diego County are male (76% male, 22% female and 2% transgender in 2012). The proportion of female testers has dropped from 26% in 2008 to 22% in 2012. In general, males coming in for services are less racially diverse and older than females in any particular year. Over the five years 2008-2012, the racial/ethnic distribution has remained stable, with

42% white, 34% Hispanic, 12% black and 12% other races in 2012. Proportions of testers by age show a slight decrease in younger ages (under 25) and a slight increase in older ages (50 and older) between 2008 and 2012.

Most of the data presented in the highlights and figures are HIV infection rates per 100 tests. A rate allows us to compare groups or trends over time (see Appendix II for more information on rates). However, rates based on fewer than 20 events (positive tests) are less reliable for comparison purposes, so data was aggregated. Although this results in better quality data, some groups are not shown.

Highlights

The HIV infection rate per 100 tests among testers at HCT decreased significantly from 1.7 in 2009 to 0.9 in 2010 ($p<.05$) and then increased slightly to 1.2 in 2012 (not statistically significant; see Figure 1). See Appendix II for more information on rates and statistical significance.

During 2012, males tested positive at a 7 times higher rate than females (1.4 versus 0.2 per 100 tests). Rates for males decreased significantly from 2.1 in 2009 to 1.1 in 2011 ($p<.05$) before rising to 1.4 in 2012 (not statistically significant). The trend for female rates was similar: 0.5 in 2008 decreasing to 0.1 in 2011, increasing to 0.2 in 2012 (see Figure 2). The increase for females was not statistically significant.

The rate of HIV infection among Hispanic testers is almost twice that of blacks and whites (1.7 versus 0.9 in 2012). Hispanic rates have decreased significantly from 2.3 in 2009 to 1.4 in 2011 ($p < .05$) with a rise to 1.7 in 2010 (not statistically significant). Rates for blacks and whites decreased from 1.4 in 2009 to under 1.0 in 2011 then increased to 1.4 in 2012 (see Figure 3). The decrease was significant for whites ($p < .05$), but not for blacks. The increase for rates between 2011 and 2012 was not significant for either race.

Similar to trends in other demographics, rates of HIV infection decreased between 2009 and 2011 for each age group, with rates rising in 2012. Although the 30-39 age group experienced the sharpest increased rate in 2012, it was not statistically significant (see Figure 4). Because some age groups have smaller numbers testing positive, there was considerable annual variation. By aggregating into two age groups, 12-24 and 25 and older, there are clearer differences: the age group with the highest rate was 25 and older (see Figure 5).

Each year the majority of HIV positive HCT testers report residing in the Central Region of San Diego County. The remaining five regions have a much smaller number of positive tests, resulting in some annual fluctuations or region comparisons that are not statistically significant. For example, the rate of 3.0 for North Coastal in 2009 was not statistically different from 2.1 in 2009 for the Central Region, nor is the increase for South Region from 0.9 in 2011 to 2.3 in 2012

significant. The decrease for North Coastal Region from 3.0 in 2009 to 1.0 in 2012 is significant ($p < .05$; see Figure 6). The Region for each tester is assigned by reported zip code of residence. See Appendix III for more information about the Regions.

During the counseling session, sexual and substance-use behaviors are assessed. These behaviors are categorized into the likely mode of transmission or risk group. Risk groups have been collapsed for analysis into groups with sufficient data (five or more HIV positive tests per year). For this report, there were only two risk groups: MSM and Heterosexual. The term 'MSM', short for men who have sex with men, is defined here as men with a male partner, men who have sex with men and inject drugs, as well as bisexual men. The term 'Heterosexual' in this report is also a combination of risk groups, all having in common male to female sexual contact. See Appendix I for more information on risk groups.

Among HCT testers, MSM continue to have higher HIV infection rates than heterosexual. A dramatic drop in rates was seen for MSM in the early 1990s (12.3 in 1990 to 5.5 in 1995; data not shown). Rates decreased significantly for this group from 2009-2011 (3.5 to 1.9; $p < .05$) and increased to 2.3 in 2012 (not statistically significant; see Figure 7).

Trends seen in overall testers were similar for MSM. Examined by age, 30-39 year olds had the highest rate per 100 among MSM (3.6 in 2012; see Figure 8). With

the exception of 2008, HIV infection rates were higher among those age 25 and older compared to those aged 12-24 (see Figure 9). The increase from 2.1 to 2.6 among MSM age 25 and older from 2011 to 2012 was not statistically significant.

Hispanic MSM testers had an HIV infection rate twice that of whites, with 3.8 compared to 1.7 in 2012 (see Figure 10). MSM testers residing in the HHS South Region had higher rates of HIV infection than the Central Region. However, South Region rates are based on smaller numbers than Central Region, resulting in greater annual variation (see Figure 11).

New to this report is an examination of services offered to newly confirmed positive clients by counselors during the disclosure session as well as follow-up to assure that the client was seen for HIV medical care. Each figure shows the percent of newly confirmed positive testers receiving the stated service or follow-up by group: overall, MSM, black MSM, Hispanic MSM and white MSM for the year 2012 (Figures 12-15).

HIV prevention services include individual and group level effective behavioral and biomedical interventions designed to keep high-risk, HIV-negative individuals negative and to support HIV-positive individuals in reducing the risk of onward HIV transmission. In 2012, almost all newly confirmed positive testers received a referral to HIV prevention services. The black MSM Group received the highest percent of referrals (100%; see Figure 12).

Partner Services can help clients build skills for self-disclosure of HIV status to sexual and/or needle-sharing partners. Partner Service staff can also be present to provide support and offer partner testing when the HIV-positive client discloses their status to a partner (dual disclosure) or conduct a notification at the request of the HIV-positive client (anonymous third-party notification). During 2012, 33% of all newly confirmed positive testers were offered and accepted Partner Services, 59% were offered and refused Partner Services, and 7% were not offered the services. Hispanic MSM had a higher percent accepting Partner Services (40%) and black MSM had the lowest (14%; see Figure 13).

After discussing partner notification options, if a newly positive client requests an anonymous third-party notification of a partner, a partner services interview will be conducted. The interview elicits the information needed for County Health Advisors to locate and notify partners. Of the total newly confirmed positives, 20% participated in a partner services interview. At 14%, black MSM had the lowest percent participation while white MSM had the highest (24%; see Figure 14).

During the disclosure, the HCT counselor will discuss establishing HIV medical care and an appointment will be scheduled. Clients are asked to sign an Authorization to Use or Disclose Protected Health Information to allow verification of attendance at the first medical visit. Staff will then follow-up with the provider to as-

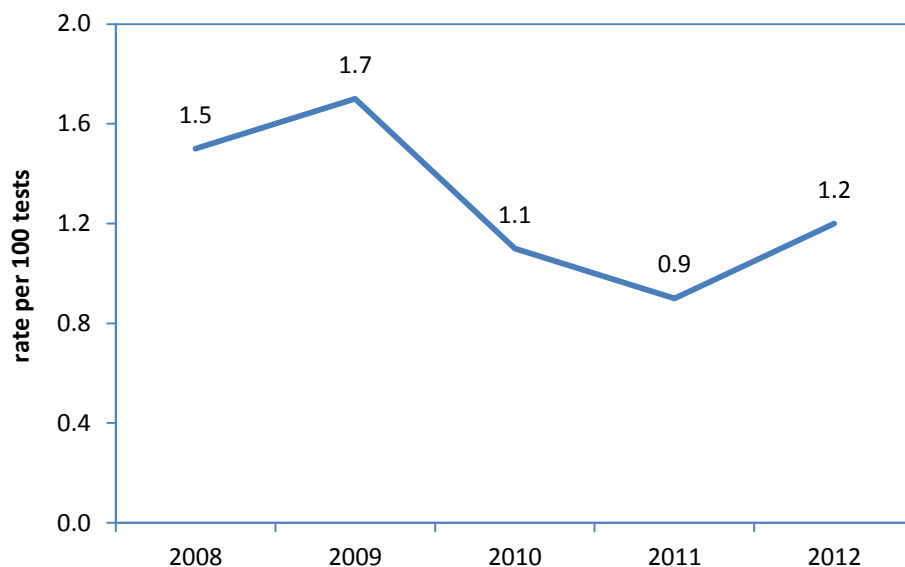
sure that the client attended the first HIV medical care appointment. If the client attended, this is defined as a verified medical visit. In 2012, 92% of newly confirmed positive testers had a verified medical visit. One hundred percent of black MSM had a verified medical visit. White MSM had the lowest percent with a verified medical visit (88%; see Figure 15).

For a list of no cost or low cost HIV testing sites in San Diego County, see Appendix IV.

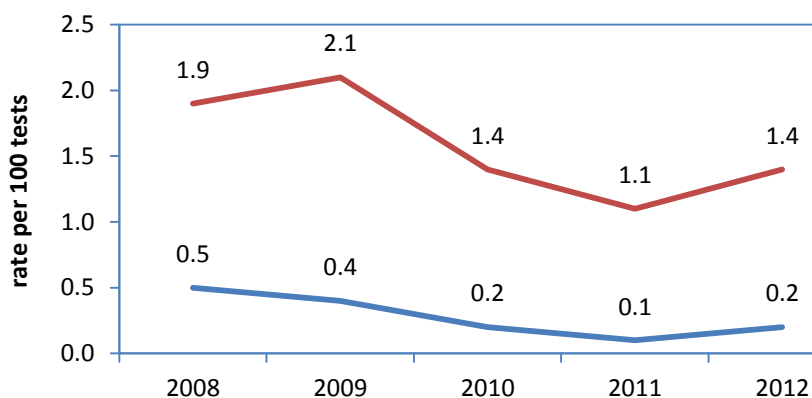
¹ Manlutac AL, Giesick JS, McVay PA. Identification of early HIV infections using the fourth generation Abbott ARCHITECT HIV Ag/Ab Combo chemiluminescent microparticle immunoassay (CIA) in San Diego County. J Clin Virol 2013;58S:e44-e47.

FIGURE 1:

Rate per 100
Testing HIV Positive,
All HCT Testers,
San Diego County,
2008-2012.



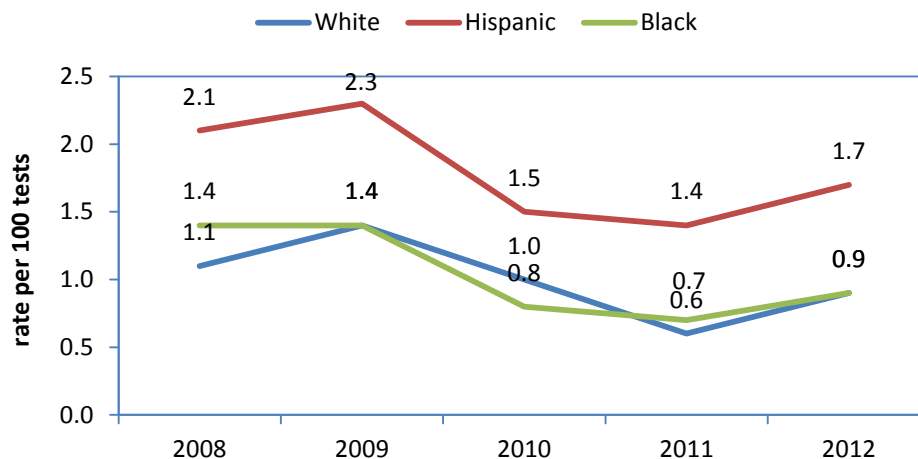
— Females — Males

**FIGURE 2:**

Rate per 100 Testing HIV
Positive by Gender,
San Diego County,
2008-2012.

FIGURE 3:

Rate per 100
Testing HIV Positive
by Racial/Ethnic
Group,
San Diego County,
2008-2012.

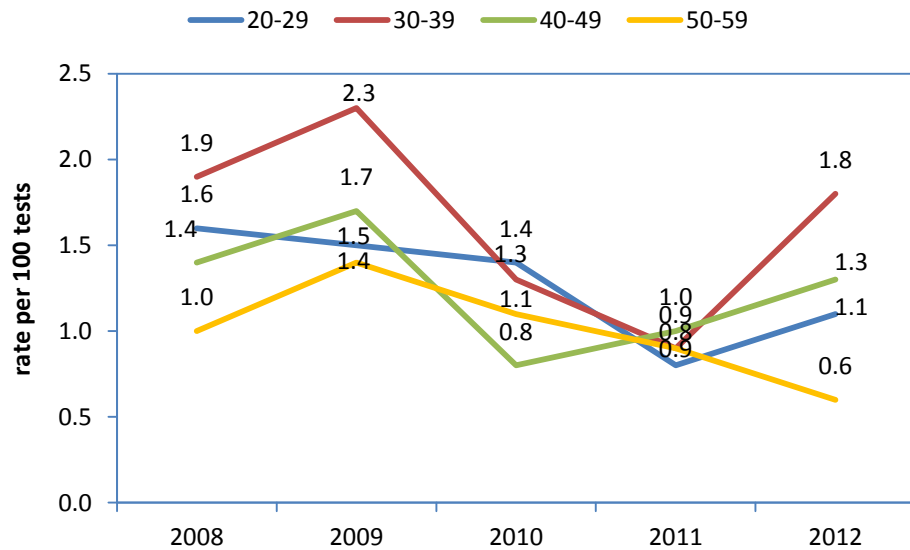


Trend lines for other racial/
ethnic groups could not be
calculated due to insuffi-
cient data.

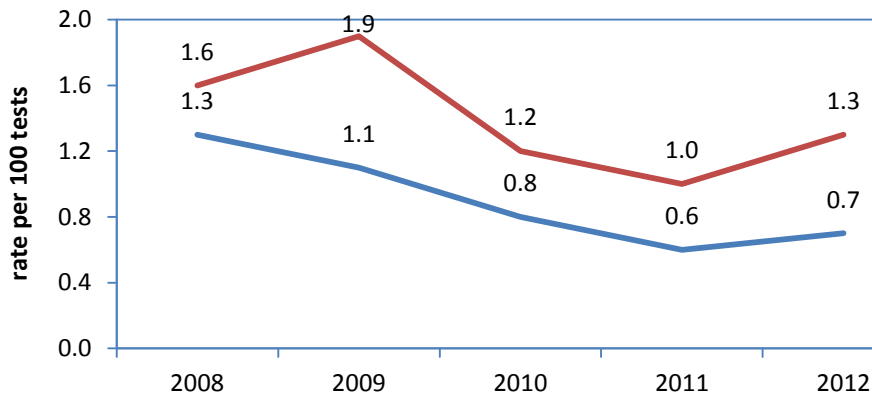
FIGURE 4:

Rate per 100
Testing HIV Positive
by Age Group,
San Diego County,
2008-2012.

Trend lines for the Under 20
and 60+ age group could not
be calculated due to insuffi-
cient data.



— Ages 12-24 — Ages 25-50+

**FIGURE 5:**

Rate per 100 Testing
HIV Positive
by Ages 12-24 and
Ages 25+,
San Diego County,
2008-2012.

FIGURE 6:

Rate per 100
Testing HIV Positive
by HHSA Region,
San Diego County,
2008-2012.

2010 for East and all years
for North Inland could not
be calculated due to in-
sufficient data.

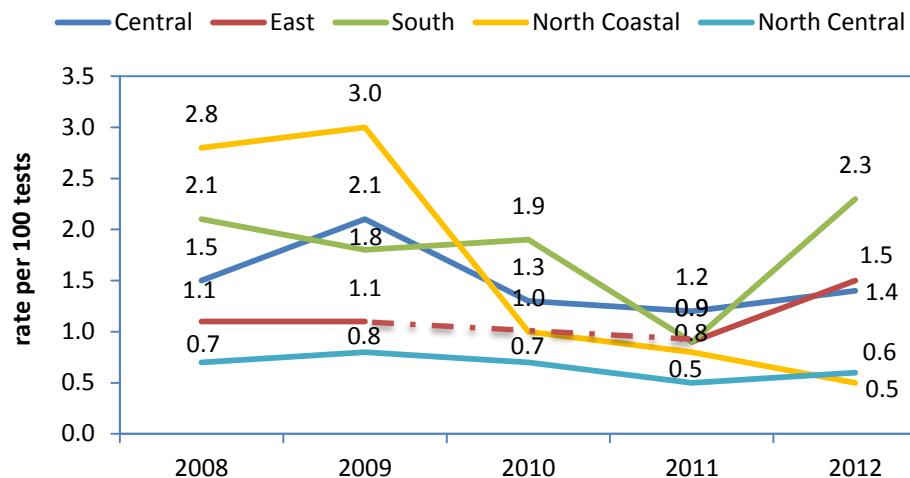
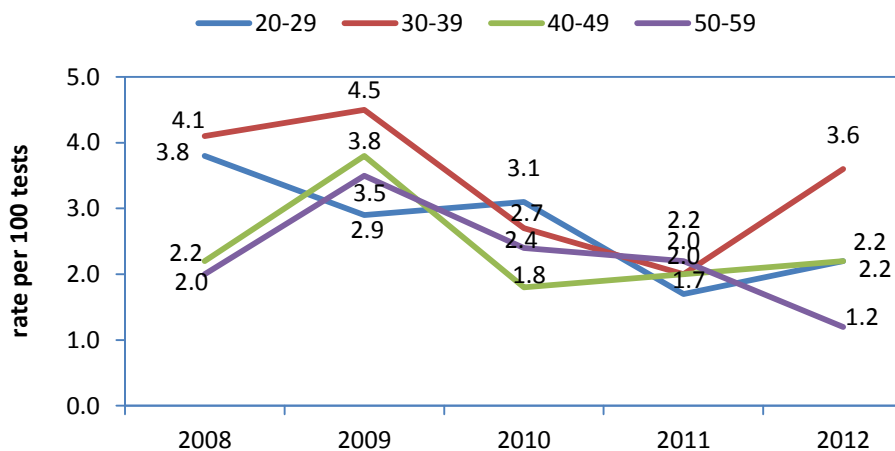
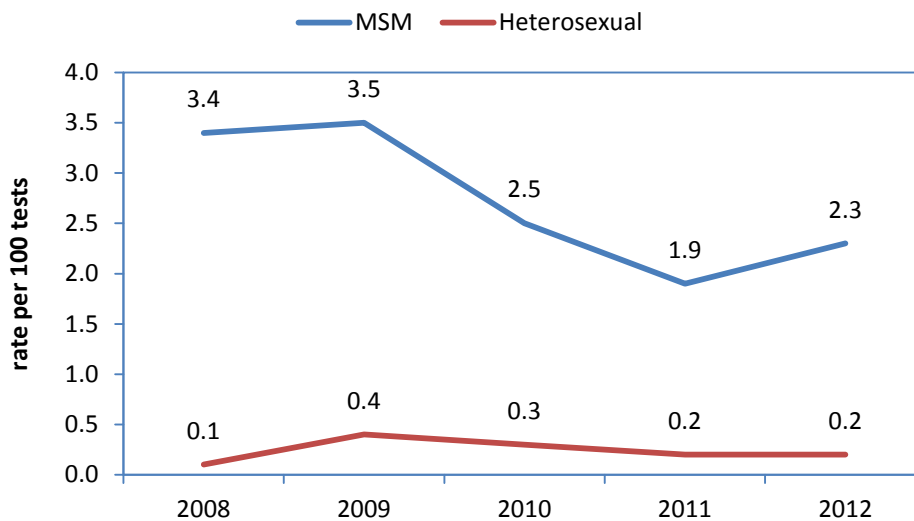


FIGURE 7:

Rate per 100
Testing HIV Positive
by Risk Group,
San Diego County,
2008-2012.

Trend lines for other risk
groups could not be calcu-
lated due to insufficient
data.

**FIGURE 8:**

Rate per 100
Testing HIV Positive,
MSM by Age Group,
San Diego County,
2008-2012.

MSM includes MSM, Bisexual
men and Gay-Bi IDU risk
groups. No trend line could be
calculated for the under 20 and
60+ age group due to insuffi-
cient data.

FIGURE 9:

Rate per 100
Testing HIV Positive,
MSM by Ages 12-24
and Ages 25+,
San Diego County,
2008-2012.

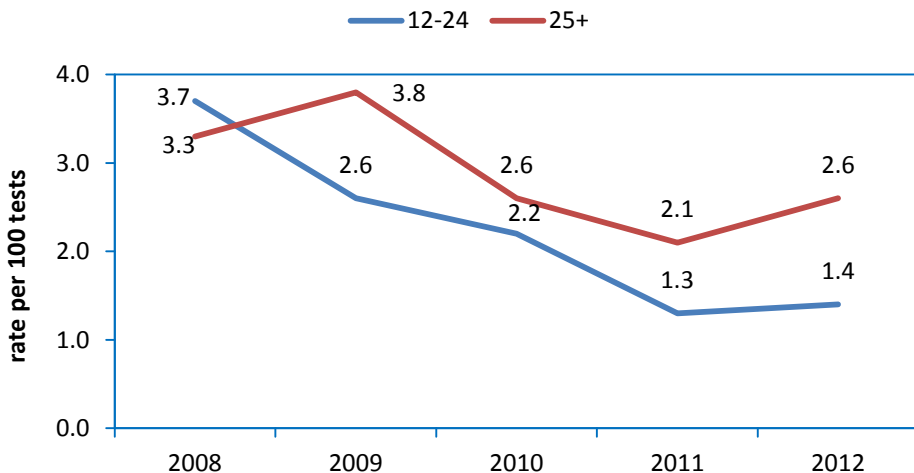
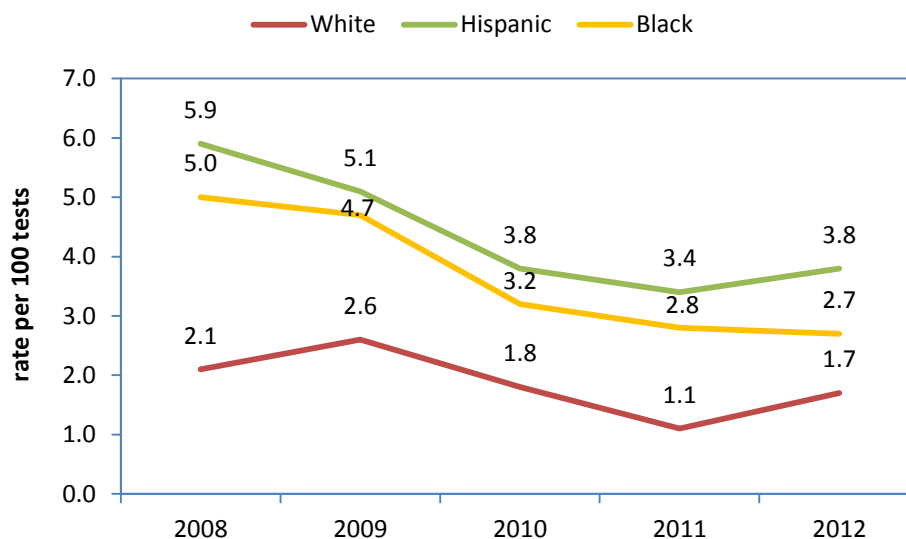


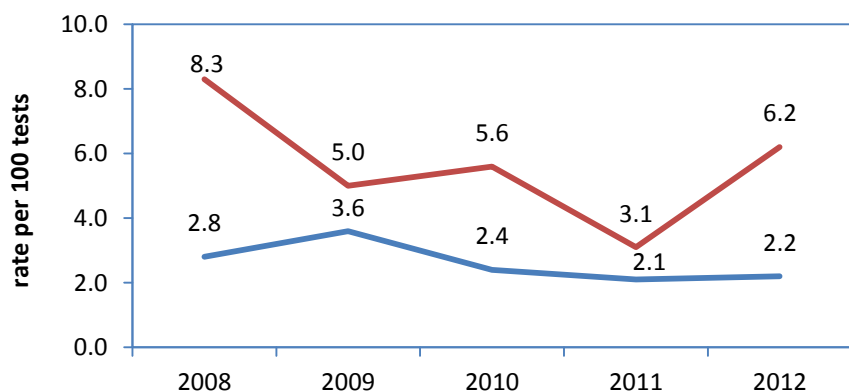
FIGURE 10:

Rate per 100
Testing HIV Positive,
MSM by
Racial/Ethnic Group,
San Diego County,
2008-2012.

Trend lines could not be
calculated for other race/
ethnicities due to insufficient
data.



Central South

**FIGURE 11:**

Rate per 100
Testing HIV Positive,
MSM by HHSA Region,
San Diego County,
2008-2012.

Trend lines could not be calculated
for North Coastal, North Central,
North Inland and East regions due to
insufficient data.

FIGURE 12:

Percent of Newly
Confirmed Positive Testers
Referred to
HIV Prevention Services,
Overall and by Risk and
Racial/Ethnic Group,
San Diego County,
2012.

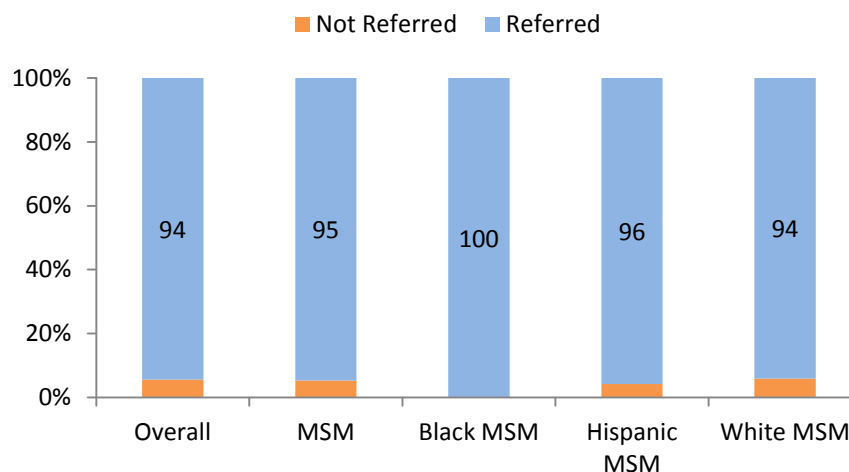
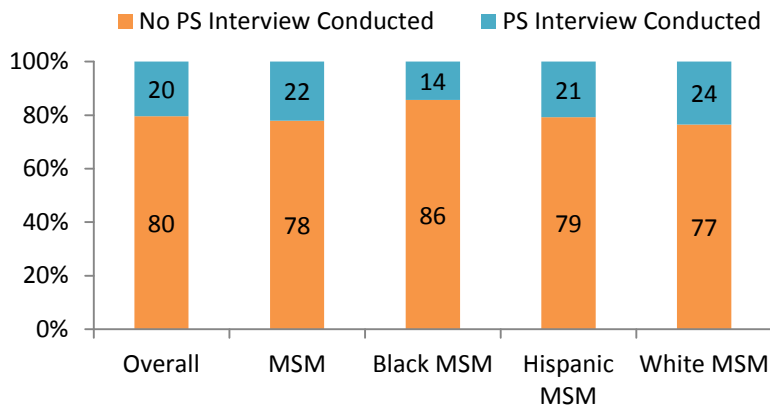
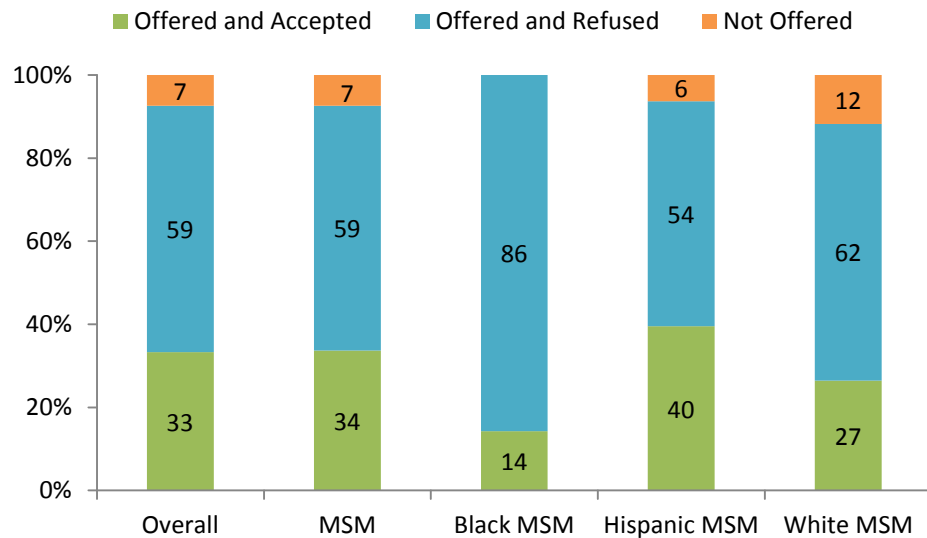


FIGURE 13:

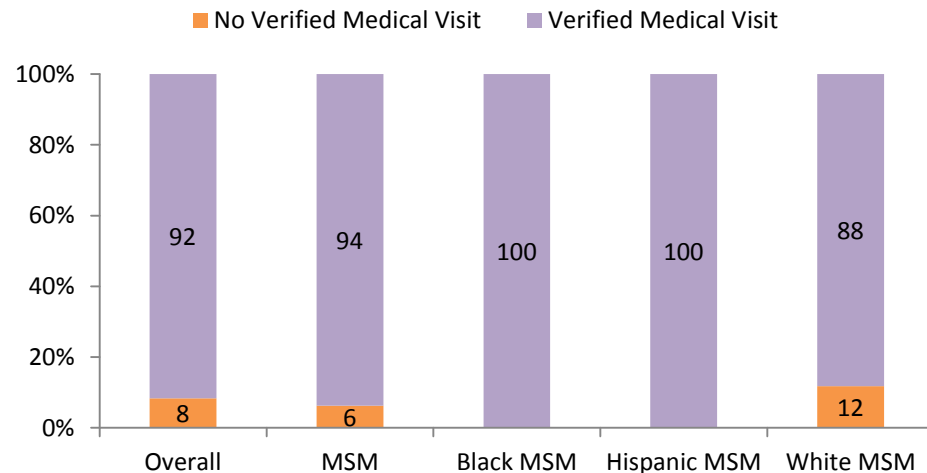
Percent of Newly Confirmed Positive Testers Offered Partner Services Overall and by Risk and Racial/Ethnic Group, San Diego County, 2012.

**FIGURE 14:**

Percent of Newly Confirmed Positive Testers Participating in a Partner Services Interview, Overall and by Risk and Racial/Ethnic Group, San Diego County, 2012.

FIGURE 15:

Percent of Newly Confirmed Positive Testers with a Verified Medical Visit, Overall and by Risk and Racial/Ethnic Group, San Diego County, 2012.



APPENDIX

APPENDIX I

OFFICE OF AIDS HIV COUNSELING AND TESTING RISK GROUP HIERARCHY

After risk behavior information is entered into the database for a client, a computer program ranks risk and assigns the client to the mutually exclusive group with the *highest risk*. As of 2010, behaviors must have occurred within the past 12 months to be recorded. NOTE: This change from ever used to 24 months and then to 12 months resulted in fewer tests assigned to Injection Drug Use (IDU), and rates can no longer be calculated due to fewer than five (5) HIV positive tests per year.

For the purpose of analysis, some risk groups have been combined. Below are the definitions used here:

Combined Risk Groups:

MSM Group: A combination of three (3) risk groups that have in common male to male sexual contact. This includes men who report having sex with a male, or male and female partner and also report using injection drugs.

Heterosexual group: A combination of seven (7) risk groups that have in common male to female sexual contact.

All Other: A combination of two (2) risk groups, injection drug use and unknown or missing risk. The number of positive tests per year in this group was too small (<5) to calculate a rate.

APPENDIX II

TECHNICAL NOTES

Calculating a rate of HIV infection is a better indication of the burden of disease for a given group of HIV Counseling and Testing (HCT) testers than the raw numbers alone. The distribution of testers by demographic group may not be the same as the distribution within the local population. Calculation of a rate normalizes the raw number and allows groups with dissimilar sizes to be compared. Rates may be based on the population at large, such as for AIDS rates; a subpopulation utilizing services, such as clients presenting for HIV Counseling and Testing; or individuals in a research study, such as an STD seroprevalence study.

HCT Rates

A rate is calculated by dividing the number of HIV testers with a confirmed HIV positive test in a given time period by the total number of testers in that group in the same time period. The proportion of HIV positive tests in a given group is then multiplied by 100 to give the rate per 100. For example, in the year 2012, there were 118 HIV positive tests among HCT testers in San Diego County. In the same year, there were 10,231 total HCT tests in San Diego County. When the number of events (118) is divided by the group size (10,231) and multiplied by 100, the result is:

$(118/10,231) \times 100 = 1.2$ HIV positive tests per 100 HCT testers in San Diego County.

Rates in the HCT Report are not based on population size, but rather on the voluntary participation of clients in publicly-funded testing and does not include private clinic testing. This data does not represent the general population in San Diego County. HCT data are not unduplicated and likely contain some repeat testers within a given time period.

Rates are not calculated when there are fewer than five (5) HIV positive tests in one year. This is deemed insufficient data to calculate a rate.

Statistics

Fluctuation in rates occurs over time and between groups. The smaller the number of events (i.e., HIV positive tests), the greater the fluctuation. Statistical tests are often used to determine when one rate is different from another. One such test that is used in this report is the 95% confidence interval. When rates are described here as “statistically significant” or “significant,” the rates are determined to be different from each other with 95% confidence ($p < .05$).

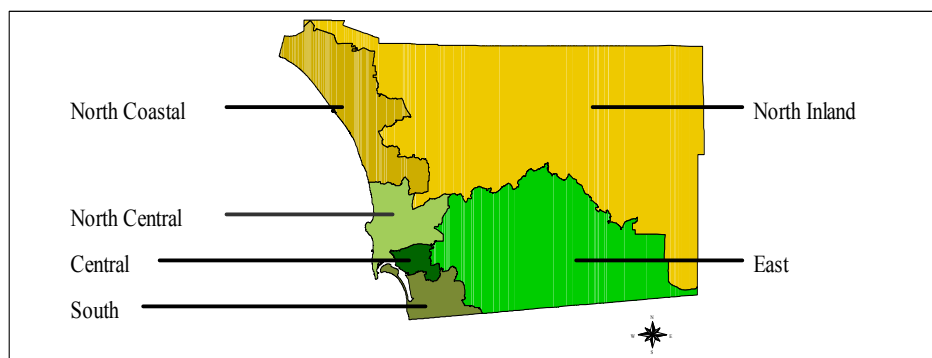
APPENDIX III

HEALTH AND HUMAN SERVICES AGENCY (HHSA) REGIONS OF SAN DIEGO

San Diego County is divided into six (6) Health and Human Services Agency operational regions by zip code. The following list presents the regions and the zip codes contained therein.

FIGURE 16:

HHSA Regions of
San Diego County



Central Region

Zip codes 92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92132, 92134, 92136, 92139, 92112, 92162, 92163, 92164, 92165, 92170, 92175, 92176, 92186, 92191, 92194, 92186, 92191, 92194, 92199, 92152, 92158, 92181, 92187, 92191, 92194, and 92195.

East Region

Zip codes 91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962, 91963, 91977, 91978, 91980, 92019, 92020, 92021, 92040, 92071, 91944, 92090, 91946, and 92090.

South Region

Zip codes 91902, 91910, 91911, 91913, 91914, 91915, 91932, 91950, 92010, 92011, 92118, 91921, 91990, 92135, 92154, 92155, 92173, 92179, 91909, 91912, 92143, 91951, 91933, 92073, 92050, 92153, 92158, 91921, and 91990.

North Coastal Region

Zip codes 92007, 92008, 92009, 92013, 92014, 92024, 92051, 92052, 92054, 92055, 92056, 92057, 92067, 92013, 92058, 92068, 92075, 92077, 92081, 92083, 92084, 92672, 92092, 92093, 92169, 92161, 92038, 92137, 92078, 92091, 92199, 92096, 92013, 92078, 92091, 92077, 92081, 92008, 92058, and 92096.

North Inland Region

Zip codes 92003, 92004, 92025, 92026, 92027, 92028, 92029, 92036, 92059, 92060, 92061, 92064, 92065, 92066, 92069, 92070, 92082, 92086, 92127, 92128, 92129, 92259, 92390, 92536, 92592, 92046, 92198, 92190, and 92079.

North Central Region

Zip codes 92037, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92133, 92140, 92142, 92145, 92138, 92147, 92166, 92168, 92171, 92172, 91990, 92193, 92196, 92177, and 92147.

APPENDIX IV

COUNTY OF SAN DIEGO

HIV TESTING SITES

LOCATIONS AND HOURS



No appointment necessary!
HIV testing is free.

Testing is confidential - anonymous testing available at designated locations.
 The clinics listed below are walk-in testing sites and register as many people
 as each clinic can accommodate.

The testing sites will stop accepting clients when capacity is met.

**County Health Services
 Complex -STD Clinic***
 3851 Rosecrans St., Suite S
 San Diego, CA 92110

(619) 296-2120

Confidential Testing Only

Monday, Tuesday, & Friday
 7:30am - 4:00pm

Wednesday
 11:00am - 7:00pm

Thursday
 10:00am - 4:00pm

**San Diego LGBT
 Community Center**
 3909 Centre Street
 San Diego, CA 92103

(619) 692-2077

*Anonymous & Confidential
 HIV Testing*

Monday & Wednesday
 9:00am - 2:00pm

Tuesday & Thursday**
 9:00am - 3:15pm

Friday**
 9:00am - 1:45pm

**UCSD AVRC offers the confidential
 Early Test (HIV testing one week
 after exposure) and the anonymous
 rapid test at the LGBT Center on
 Tuesdays, Thursdays & Fridays.

Clinic hours are subject to change.

**Central Region
 Public Health Center***
 5202 University St.
 San Diego, CA 92105

(619) 229-5400

Confidential Testing Only

Tuesday
 1:00pm - 7:00pm

Friday
 10:00am - 4:00pm

**HIV testing is also available through our Mobile Testing Unit.
 For information on HIV Mobile Testing locations call (619) 296-2120.**

*Clinics charge \$15.00 for STD screening but the fee is waived for HIV testing only or if you are unable to pay.

County of San Diego, Health and Human Services Agency, HIV, STD and Hepatitis Branch
www.STDSanDiego.org

June 2013

APPENDIX IV *continued*

EL CONDADO DE SAN DIEGO SITIOS PARA OBTENER LA PRUEBA DEL VIH

UBICACIONES Y HORARIO



¡No es necesario hacer cita!
La prueba del VIH (SIDA) es gratis

Las pruebas de VIH son confidenciales - pruebas del VIH anónimas están disponibles solo en los sitios designados abajo.

Las siguientes clínicas no requieren cita previa y registran la máxima capacidad de personas que sea posible servir. *Las clínicas no aceptarán pacientes a llenarse el cupo.*

Edificio de Servicios de Salud del Condado - Clínica ETS 3851 Rosecrans St., Ste. S San Diego, CA, 92110 (619) 296-2120 Se ofrece pruebas confidenciales únicamente. Horario: Lunes, Martes & Viernes: 7:30am - 4:00pm Miércoles: 11:00am - 7:00pm Jueves: 10:00am - 4:00pm	Centro Comunitario LGBT de San Diego 3909 Centre St. San Diego, CA 92103 (619) 692-2077 Se ofrece pruebas anónimas o confidenciales. Horario: Lunes & Miércoles: 9:00am - 2:00pm *Martes & Jueves: 9:00am - 3:15pm *Viernes: 9:00am - 1:45pm <i>UCSD AVRC ofrece la Prueba Temprana confidencial (prueba del VIH una semana después de exposición) y la prueba rápida anónima en este sitio los Martes, Jueves y Viernes.</i>	Centro de Salud Publica de la Región Central - ETS 5202 University Ave. San Diego, CA 92105 (619) 229-5400 Se ofrece pruebas confidenciales únicamente. Horario: Martes: 1:00pm - 7:00pm Viernes: 10:00am - 4:00pm
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La prueba de VIH esta disponible en la Unidad Médica Móvil.
Para mas información sobre las ubicaciones de la Unidad Médica Móvil llame (619) 296-2120.

*Una cuota de \$15 es requerida en las clínicas de ETS, la cuota pero será cancelada si desea la prueba VIH únicamente o no puede pagar.

Condado de San Diego, Agencia de Servicios y de Salud, Departamento de VIH, ETS y Hepatitis
Vea al dorso de esta forma para clínicas de ETS y horario
Junio 2013

APPENDIX IV *continued*

COUNTY OF SAN DIEGO

STD CLINICS

LOCATIONS AND HOURS



No appointment necessary!

Confidential testing and treatment of sexually transmitted diseases (STDs)
for individuals aged 12 and older.

\$15.00 fee covers, testing, treatment, vaccinations, lab work,
in-stock medications and any follow-up visit within 30 days of exam.
The fee may be waived if you are unable to pay.

Confidential HIV testing is available with each STD exam.

Hepatitis testing and vaccination available to those at-risk.

The clinics listed below are walk-in clinics and register as many people as each clinic can
accommodate. **Please register for your visit as early in the day as possible.**
The clinic will stop accepting clients when capacity is met.

**County Health
Services Complex**
3851 Rosecrans St. Suite S
San Diego, 92110
(619) 692-8550

**Monday, Tuesday, &
Friday**
7:30 am — 4:00 pm

Wednesday
11:00 am — 7:00 pm

Thursday
10:00 am — 4:00 pm

**North Coastal
Public Health Center**
104 South Barnes Street
Oceanside, 92054
(760) 967-4401

Wednesday
12:30 pm — 7:30 pm

**Central Region
Public Health Center**
5202 University Avenue
San Diego, 92105
(619) 229-5400

Tuesday
1:00 pm — 7:30 pm

Friday
10:00 am — 4:00 pm

**South Region
Public Health Center**
690 Oxford Street
Chula Vista, 91911
(619) 409-3110

Thursday
12:00 pm — 6:00 pm

Clinic hours are subject to change.

If you prefer to have an HIV test done anonymously, testing is available at the San Diego
LGBT Community Center at 3909 Centre Street, San Diego, 92103. For more information
please call (619) 692-2077.

County of San Diego, Health and Human Services Agency, HIV, STD and Hepatitis Branch

www.STDSanDiego.org

June 2013

APPENDIX IV *continued*

EL CONDADO DE SAN DIEGO

CLÍNICAS DE ETS

UBICACIONES Y HORARIO



¡No es necesario hacer cita!

Prueba Confidencial y tratamiento de enfermedades transmitidas sexualmente (ETS) para personas de 12 años y mayores.

Una cuota de \$15.00 cubre pruebas, tratamiento, vacunación, pruebas de laboratorio, medicamento y visitas adicionales durante los primeros 30 días de su examen.

La cuota puede ser suspendida si no puede pagar.

La prueba de VIH confidencial esta disponible con el examen de ETS.

La prueba de hepatitis y vacunaciones contra la hepatitis están disponibles, conforme a criterio de riesgo.

Las siguientes clínicas no requieren cita previa y registran la máxima capacidad de personas que sea posible servir. Favor de registrarse lo mas temprano posible.

La clínica no aceptara mas pacientes al alcanzar su máxima capacidad.

Edificio de Servicios de Salubridad del Condado	Centro de Salud Publica de la Región Norte Costera	Centro de Salud Publica de la Región Central	Centro de Salud Publica de la Región Sur
3851 Rosecrans St., Suite S San Diego, 92110 (619) 692-8550	104 South Barnes Street Oceanside, 92054 (760) 967-4401	5202 University Avenue San Diego, 92105 (619) 229-5400	880 Oxford Street Chula Vista, 91911 (619) 409-3110
Lunes, Martes, y Viernes 7:30 am — 4:00 pm	Miércoles* 12:30 pm — 7:30 pm	Martes* 1:00 pm — 7:30 pm	Jueves 12:00 pm — 6:00 pm
Miércoles 11:00 pm — 7:00 pm		Viernes* 10:00 am — 4:00 pm	
Jueves 10:00 am — 4:00 pm			

Si usted prefiere la prueba del VIH anónima, esta disponible en San Diego LGBT Community Center (centro comunitario) Centre Street, San Diego, 92103. Para mas información por favor llame al (619) 692-2077.

*Horarios pueden cambiar.

Condado de San Diego, Agencia de Servicios y de Salud, Departamento de VIH, ETS y Hepatitis

Junio 2013

DATA SOURCE

San Diego County HIV Counseling and Testing Data, California Department of Public Health, Office of AIDS.



LIVE WELL
SAN DIEGO

Epidemiology Program • HIV/AIDS Epidemiology • 3851 Rosecrans Street • San Diego, CA 92110