

STI Testing – A Gateway to HIV (& Syphilis) Diagnoses in Black and Latino Youth

2025 SUMMIT

September 15-17, 2025 New Orleans Cherise J Rohr-Allegrini, PhD, MPH & The HIV/STI Testing Team San Antonio AIDS Foundation















San Antonio AIDS Foundation, est. 1986

- AIDS Service Organization providing:
 - Education, Testing, and Outreach
 - Clinic services including HIV & STI Treatment,
 PrEP and DoxyPep
 - On-site Pharmacy

• Wrap-around support: Meals, oral health,

case management, housing,

mental health,

& transportation

- Conduct 3000-4000 HIV & STI tests per year
- Funding has been focused on MSM and Transgender Women
 - There is a need to provide testing for ciswomen and cis-men who have sex with women





Methods



- Rapid finger stick HIV testing using *Insti* tests
- Rapid syphilis tests from Diagnostics Direct
- Urine, oral, or anal swabs gonorrhea and chlamydia sent to Texas DSHS lab
- SAAF testing is onsite M-F, with late hours Tuesday and Sat 11-3. SAAF also hosts outreach events.
- Clients complete an assessment, entered into the DSHS database each month
- Evaluated testing data at SAAF from

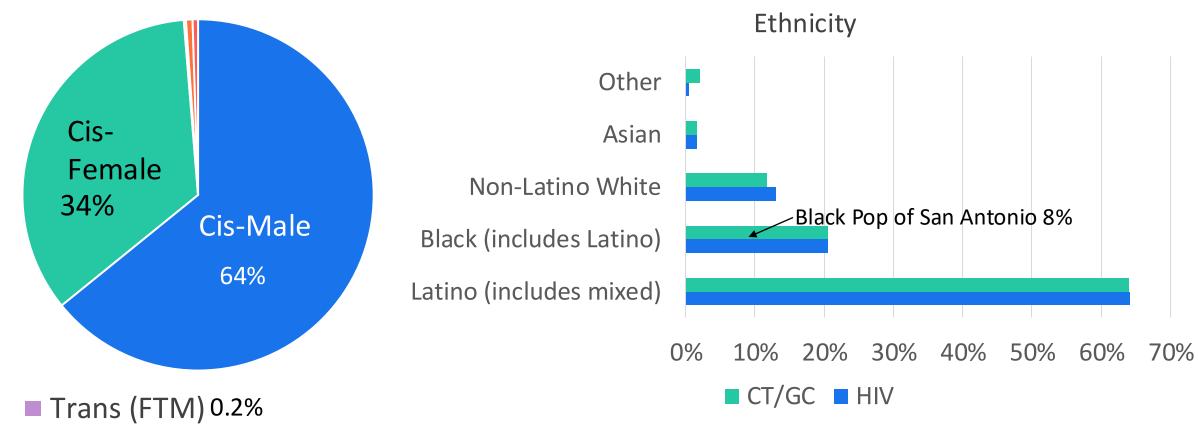
Dec 2022 through November 2024

 More than 8000 HIV and syphilis tests and more than 6000 GC/CT tests





Who Is Testing at SAAF?



Trans (MTF) 0.6 %

■ Not Specified/Non-Binary 0.5 %

HIV Tests N=8,363 Syphilis N = 7,526 GC/CT Tests N=6,418

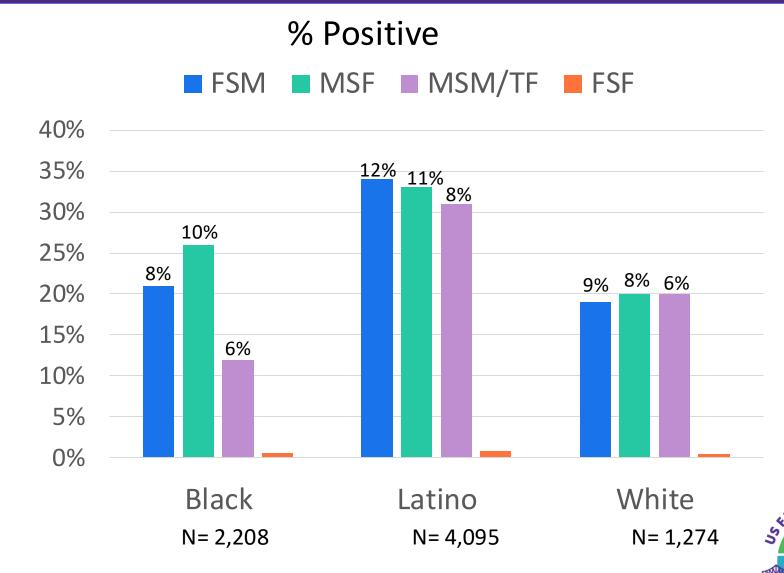


Sexual Partners and Chlamydia Positivity

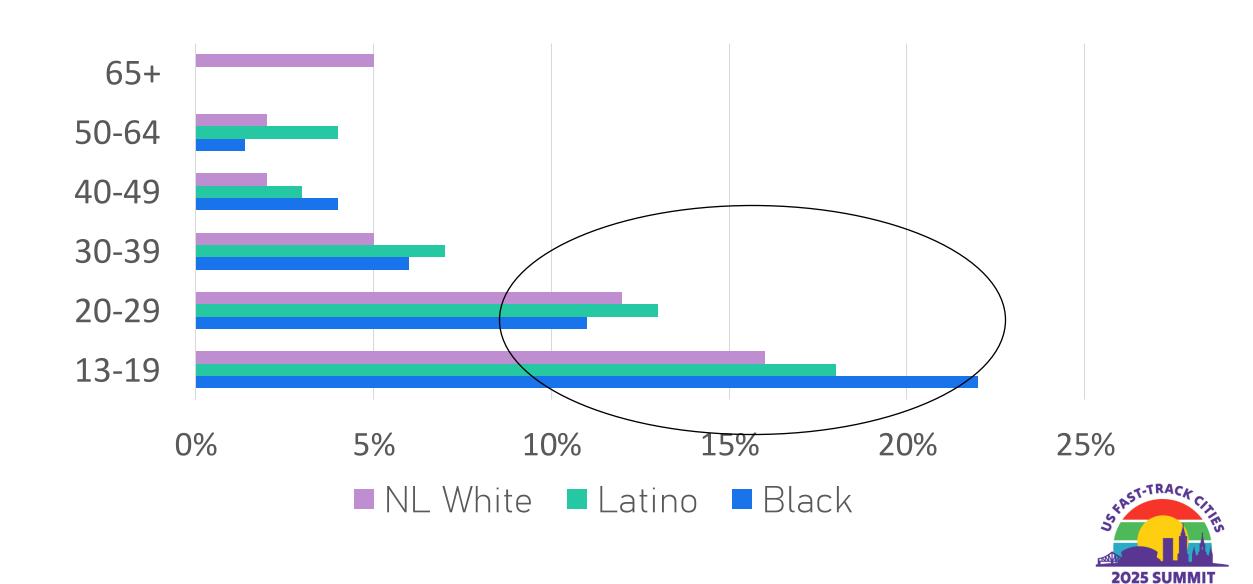
Funding focuses on CDC Priority Groups

For All Tests:

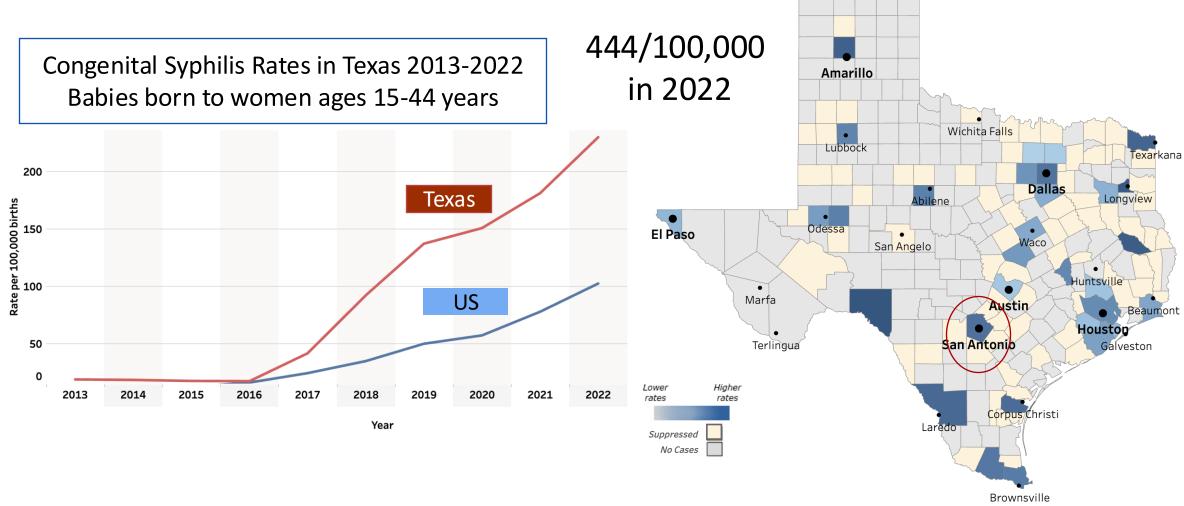
- 51% of tests in People
 Assigned Male at Birth
 are under 30
 - 30% Positive
- 63% of tests in People
 Assigned Female at Birth are under 30
 - 36% Positive



Age and Ethnicity of CT Positive

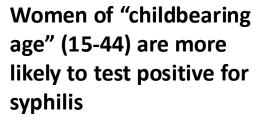


Congenital Syphilis in Bexar County



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Age Distribution of Individuals Diagnosed with Syphilis



Positive:

Black MSM = 10%

Black MSF = 1.5%

Black FSM = 0.6%

Latino MSM = 7.3%

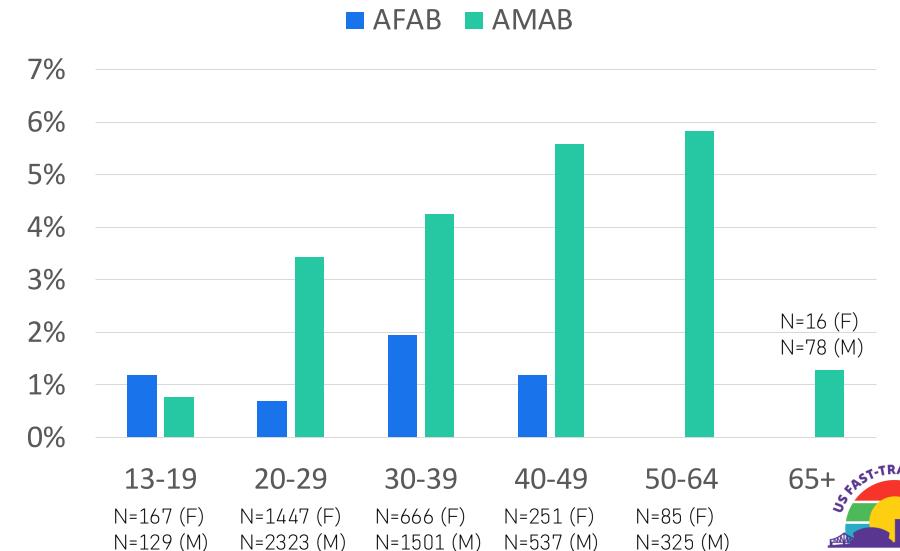
Latino MSF = 1.3%

Latino FSM = 1.4%

White MSM = 5.6%

White MSF = 0.6%

White FSM = 0.4%



Why does this matter?

- Focus on "priority populations" misses opportunity to educate and test youth/FSM, MSF
- Cis-women are at risk for congenital syphilis
- HIV is lurking around the corner

