HIV and Sexually Transmitted Disease Testing Pilot Program

As Required by

the 2024-2025 General Appropriations Act, Article II, DSHS, Rider 41 and Article IX, General Provisions, Miscellaneous Provisions, Section 17.28

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TEXAS
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Executive Summary

The 2024-2025 General Appropriations Act, Article II, DSHS, Rider 41 and Article IX, General Provisions, Miscellaneous Provisions, Section 17.28 directs DSHS to establish a comprehensive pilot program related to human immunodeficiency (HIV) and sexually transmitted diseases (STD) testing. The rider appropriated $100,000 to the Texas Department of State Health Services (DSHS) in fiscal year 2024 to implement the pilot in Cameron, Harris, Hidalgo, and Travis counties. The pilot program created and developed alternative HIV/STD testing options to clinic-based testing in these jurisdictions while preserving Medicaid reimbursement practices. DSHS designed the pilot program to focus on at-home testing given supporting evidence shows that self-collection can identify infections at comparable or higher rates than traditional clinic-based testing models.

DSHS conducted planning, procurement, and vendor selection to ensure the program could be implemented within the fiscal year. DSHS launched the testing portion of the program on June 14, 2024, and concluded this portion on August 31, 2024. During this time, participants ordered a total of 1,052 HIV/STD at-home test kits through the pilot program with 157 samples (14.9 percent) returned and processed to the testing vendor, Preventx.

Eleven individuals tested positive for chlamydia, gonorrhea, or both, representing a 7.8 percent positivity rate through the pilot program. The positivity rate was nearly double the 4.1 percent observed through other clinic-based testing programs in Texas during a similar period.

Introduction

This report outlines the development, implementation, and utilization of the HIV and Sexually Transmitted Disease Testing Pilot Program authorized by the 2024-2025 General Appropriations Act, Article II, DSHS, Rider 41 and Article IX, General Provisions, Miscellaneous Provisions, Section 17.28 . The Act appropriated funds to DSHS for the purposes of developing a pilot program in Cameron, Harris, Hidalgo, and Travis counties in which county health departments would outsource HIV/STD testing to allow for alternative testing options. During the planning phase, DSHS initiated outreach to local health departments in the applicable counties. However, the county health departments declined to participate due to limited capacity to launch a new program within the established timeframe. As a result, DSHS contracted with an existing vendor to test the feasibility of providing alternative, self-collected HIV and STD test kits to residents in the designated counties. This approach allowed the pilot to move forward and ensured standardized implementation across all four counties.

While DSHS utilized an existing contractor to subcontract with an established at-home testing vendor, Preventx, the procurement process shortened the distribution window to two months for the self-collection HIV and STD testing kits. The program launched on June 14, 2024, and concluded on August 31, 2024, with 1,052 kits ordered and 157 returned (14.9 percent) expending $65,366.50 of the $100,000 appropriated.

The pilot provided insight into community demand, program design, and logistical barriers. To guide the design, rollout, and evaluation of the pilot, DSHS engaged with a range of stakeholders during this process. Input was elicited from regional and local health department STD program managers, who provided feedback on operational considerations and testing demands in their communities. While the four counties declined to serve as implementing partners, their input was incorporated through structured consultation meetings. DSHS also engaged with subject matter experts and the contracted vendor to review progress updates and troubleshoot implementation challenges.

HIV and STD Testing Pilot

The pilot program provided self-collection HIV and STD testing kits to residents of the four counties who were 18 years or older and reported either:

- Being pregnant; or
- Having one or more of the following risks associated with the acquisition of STDs or HIV:
    - Having anal, vaginal, or oral sex without a condom;
    - Having multiple sexual partners;
    - Having anonymous sexual partners;
    - Having sex while under the influence of drugs or alcohol.

The pilot program focused on at-home testing based on supporting evidence showing that self-collection can identify infections at comparable or higher rates compared to traditional clinic-based testing models.[1]

During the two-month pilot period, 1,052 test kits were ordered and 157 testers returned their kits (14.9 percent) (Table 1).

Table 1. Breakdown of returned test kits from Aware At-Home Pilot Program.

Returned	Count	Percentage
Yes	157	14.9
No	895	85.1
Total	1,052	100.0

Return rates were highest among users aged 56 years and older (28 percent). However, this age group ordered fewer tests (40) compared to other age ranges. Individuals between 18 and 45 years old accounted for 85 percent of tests ordered

[1] Smith AC, Thorpe PG, Learner EG, et al. At-home specimen self-collection as an additional testing strategy for chlamydia and gonorrhea: a systematic literature review and meta-analysis. BMJ Glob Health 2024:9. https://doi.org/10.1136/bmjgh-2024-015349

and had a return rate of 15 percent. (Table 2). The return rate of test kits (14.9 percent) fell below expectations.[2]

Table 2. Breakdown of the calculated age groups and reported race/ethnicity of returned and ordered test-kits from Aware At-Home Pilot Program.

Calculated age groups	**Returned**		**Total**		**Race/Ethnicity**	**Returned**		**Total**
	Yes	No				Yes	No	
18-25 years old	35	220	255		Latino	55	249	304
26-35 years old	52	322	374		White	33	181	214
36-45 years old	43	224	267		Black/African American	48	296	344
46-55 years old	16	100	116		Other	8	66	74
56-65 years old	6	25	31		Asian	7	14	21
> 65 years old	5	4	9		Multiracial	6	69	75
					American Indian/Alaska Native	0	19	19
					Native Hawaiian/ Pacific Islander	0	1	1

The breakdown of age shows that most specimens tested came from people 26–35 years old and 36-45 years old (33 percent and 27 percent of total specimens, respectively), and people who identified as Black or African American or Latino (31 percent and 35 percent of total specimens, respectively).

These results indicate the pilot program reached communities disproportionately impacted by HIV and STDs, including Black and Latino Texans who have higher rates of chlamydia (851 and 363.5 per 100,000, respectively), gonorrhea (500.7

[2] Fistonich, G. M., Troutman, K. M., & Visconti, A. J. (2021). A pilot of mail-out HIV and sexually transmitted infection testing in Washington, District of Columbia during the COVID-19 pandemic. American Journal of Preventive Medicine, 61(5, Suppl 1), S16–S25. https://www.sciencedirect.com/science/article/pii/S0749379721003858?via%3Dihub

and 132.7, respectively)[3], and HIV (992 and 369.6, respectively)[4] than White Texans (chlamydia – 193.8, gonorrhea – 87.3, HIV – 194.3).[3,4]

Table 3 shows the results for the 157 specimens. The data also shows a high number of invalid tests or participants who returned specimens not in a state fit for testing. High invalid test rates (45.2 percent for HIV; 47.1 percent for syphilis) limited data available for analysis. The proportion of invalid tests was higher than anticipated.[1]

However, the pilot program identified eleven individuals with one or more undiagnosed STDs, reflecting a positivity rate between 3.5 and 6.0 percent. The pilot's positivity rate is consistent with similar at-home testing programs, which typically report positivity rates ranging from 4 to 7 percent.[2,5] The pilot program reported two reactive HIV tests. DSHS worked to ensure both individuals sought follow up testing which later confirmed these results to be false positives.

Table 3. Preventx test results for test kits returned within the qualifying time frame.

Type of test	Reactive	Non-Reactive	Total*	Positivity Rate (Percent)**
HIV	2	84	157	2.3
STD Testing				
Syphilis	5	78	157	6.0
Chlamydia	8	133	157	5.6
Gonorrhea	5	136	157	3.5

[3] Texas Department of State Health Services (2022) *Sexually Transmitted Diseases* https://healthdata.dshs.texas.gov/dashboard/diseases/sexually-transmitted-diseases. Accessed September 12, 2025.

[4] Texas Department of State Health Services (2023) *People Living with HIV*. https://healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed September 12, 2025.

[5] Melendez, J. H., Hamill, M. M., Armington, G. S., Gaydos, C. A., & Manabe, Y. C. (2021). Home-based testing for sexually transmitted infections: Leveraging online resources during the COVID-19 pandemic. Sexually Transmitted Diseases, 48(1), e8–e10. https://doi.org/10.1097/OLQ.0000000000001309

Type of test	Reactive	Non-Reactive	Total*	Positivity Rate (Percent)**
*Each test may be tested for multiple diseases and receive multiple invalid results, these are included in the total. Invalid results are those with specimens returned clotted, hemolyzed, insufficient, out-of-protocol, or out-of-validation as determined by Preventx. **The denominator used to calculate positivity rate is the summation of all tests that had valid samples and were subsequently tested (e.g., 157 – 71 = 86; (2/86*100) = 2.3 percent).				

Comparing Self-Testing Campaign to Clinic Testing:

DSHS compared the pilot program with traditional in-clinic testing techniques used by DSHS partners. DSHS worked to gather historical testing data for STDs for a period similar to that of the pilot. In Table 4, DSHS outlined the testing breakdowns for STDs conducted within the pilot program and an STD clinic within one of the Texas Ending the Epidemic counties ("Clinic Testing").[6] Data reported from the DSHS traditional clinic program did not include syphilis testing. Due to this, all syphilis testing (including the 5 clients diagnosed) was removed from the pilot testing data to ensure accurate comparison.

Table 4. A breakdown of client-based testing outcomes (positive and negative testing) for the Aware At-Home pilot program and traditional testing clinics.

Gonorrhea and Chlamydia			
	Result		
Program	Yes (Percent Positive)	No	Total
Pilot Testing	11 (7.8%)*	130	141
Clinic Testing	28 (4.1%)	662	690

[6] Centers for Disease Control and Prevention. (n.d.). *Ending the HIV epidemic in the US jurisdictions and Plans*. Centers for Disease Control and Prevention. https://www.cdc.gov/ehe/php/jurisdictions-plans/index.html. Accessed October 16, 2025.

*Data reported from the DSHS traditional clinic program was reported in a client-based aggregate format for gonorrhea and chlamydia with no distinction based on disease. To ensure accurate comparison, our pilot testing numbers were aggregated by client, removing two positives for our two clients that were dually positive for both gonorrhea and chlamydia.

From Table 4, the positivity rate for STD testing shows that the percentage of those who tested and received a positive diagnosis was greater within the pilot. The pilot data aligns with other published data on the effectiveness of at-home testing programs for HIV and STDs. A 2024 meta-analysis examining 19 studies focused on at-home self-collection methods for chlamydia and gonorrhea testing found higher rates of positive results in at-home testing models than traditional clinic-based testing. The study also found that offering at-home testing improved testing among men who may be less symptomatic and are less likely to seek medical care.[1]

Conclusion

The HIV/STD pilot program required by the 2024-2025 General Appropriations Act, Article II, DSHS, Rider 41 and Article IX, General Provisions, Miscellaneous Provisions, Section 17.28 explored the feasibility and potential impact of offering alternative testing options to Texans outside of traditional clinic settings. Stakeholder engagement, particularly with local health department STD programs, shaped the program design and ensured alignment with community needs.

The four designated counties were consulted but ultimately declined direct participation. As a result, DSHS turned to an existing contractor to launch the program.

The program distributed more than 1,000 test kits within a limited timeframe. The pilot program identified infections at nearly double the rate of clinic-based testing and reached populations disproportionately impacted by HIV and STDs, especially among Black and Latino communities and individuals 18–35 years old, many of whom reported no prior history of testing. The detection of potential infections may have led to earlier diagnosis and more timely treatment.

The pilot also highlighted important implementation challenges. The return rate of test kits (14.9 percent) fell below expectations but may be explained by the limited implementation timeframe. In addition, the proportion of invalid tests (45.2 percent for HIV; 47.1 percent for syphilis) was higher than anticipated. Together, these outcomes were not consistent with typical at-home testing performace.[1, 2] Even with these limitations, more Texans were identified with potential infections through this pilot program, leading to potentially earlier diagnosis and more timely treatment.