

2013 Texas STD and HIV Epidemiologic Profile

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Executive Summary

This epidemiologic profile was created to assist planners, public health professionals, policy makers and other stakeholders at the local and state level. It is a snapshot of sexually transmitted disease (STD) and infection with Human Immunodeficiency Virus (HIV) as of the end of 2013. The data are drawn primarily from routine disease reporting systems, augmented by reporting from care providers, including publicly-funded HIV and STD providers, public health plans, and private health plans. More detailed information on data sources can be found in *Chapter 1: Data Sources Used for this Profile*.

This profile emphasizes the heightened rates of STD and HIV in youth, racial/ethnic minorities, particularly Blacks, and in gay men and other men who have sex with men (MSM). The groups most affected by each disease or infection vary slightly, but the overall picture is clear. These groups are more vulnerable to STDs and HIV on scales that have tremendous financial and social costs for Texas, and serious implications for the future health and well-being of persons living with these conditions.

Factors that Increase Vulnerability to HIV and STD

Scientific evidence shows that differences in rates of HIV infection in racial/ethnic and sexual minorities are only partially explained by differences in risk behaviors and risk factor¹. Many chronic and infectious diseases cluster in populations that experience social and economic constraints to good health.^{2,3} These constraints, often referred to as social determinants of health, are the economic and social conditions that influence the health of individuals and communities. They determine the extent to which a person possesses the physical, social, and personal resources to achieve optimal health⁴. For example, poverty and low levels of educational attainment are related to employment and housing instability, incarceration, lack of access to healthcare, and greater exposure to violence and environmental health threats. Less visible determinants, such as a lack of social support, also affect health outcomes. The segregation of communities and populations that are low in social and economic status can intensify transmission of infectious disease.

In Texas, one in four Hispanics and Blacks have incomes below the federal poverty level. Educational attainment is lower for Hispanics and Blacks than for Whites. Finally, one in three Hispanics and one in five Blacks lack health insurance. These differences scratch the surface of race/ethnic disparities that contribute to vulnerability to STD and HIV. More information can be found in *Chapter 2: Texas – A Population in Transition*.

¹ Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci* 1999;896:281-93.

² Dean HD, Fenton KA. Addressing social determinants of health in the prevention and control of HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis. *Public Health Rep* 2010;125 Suppl 4:1-5.

³ World Health Organization, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: WHO; 2008.

⁴ Dean, H. and Fenton, K. (2013). Integrating a Social Determinants of Health Approach into Public Health Practice: A Five-Year Perspective of Actions Implemented by CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. *Public Health Reports*, 2013 Supplement 3 (128), pp. 5 – 11.

STD in Texas

There are five reportable sexually transmitted diseases in Texas: chlamydia, gonorrhea, HIV, syphilis, and chancroid. HIV is covered extensively in other parts of this profile. *Chapter 3: STD in Texas* of this profile focuses on the most commonly reported STD: chlamydia, gonorrhea, and syphilis.

In 2013, there were 121,144 cases of chlamydia diagnosed in Texas. Due to the health implications for women with untreated chlamydia, screening efforts are typically focused on females. This leads to a higher number of reported cases among women, with women comprising more than three-quarters of the reported cases in 2013. Females between 15 and 24 years of age comprised about 53 percent of all diagnosed chlamydia cases, and across time, rates for Black women have been much higher than Hispanic and White women, with Hispanic women showing higher rates than Whites.

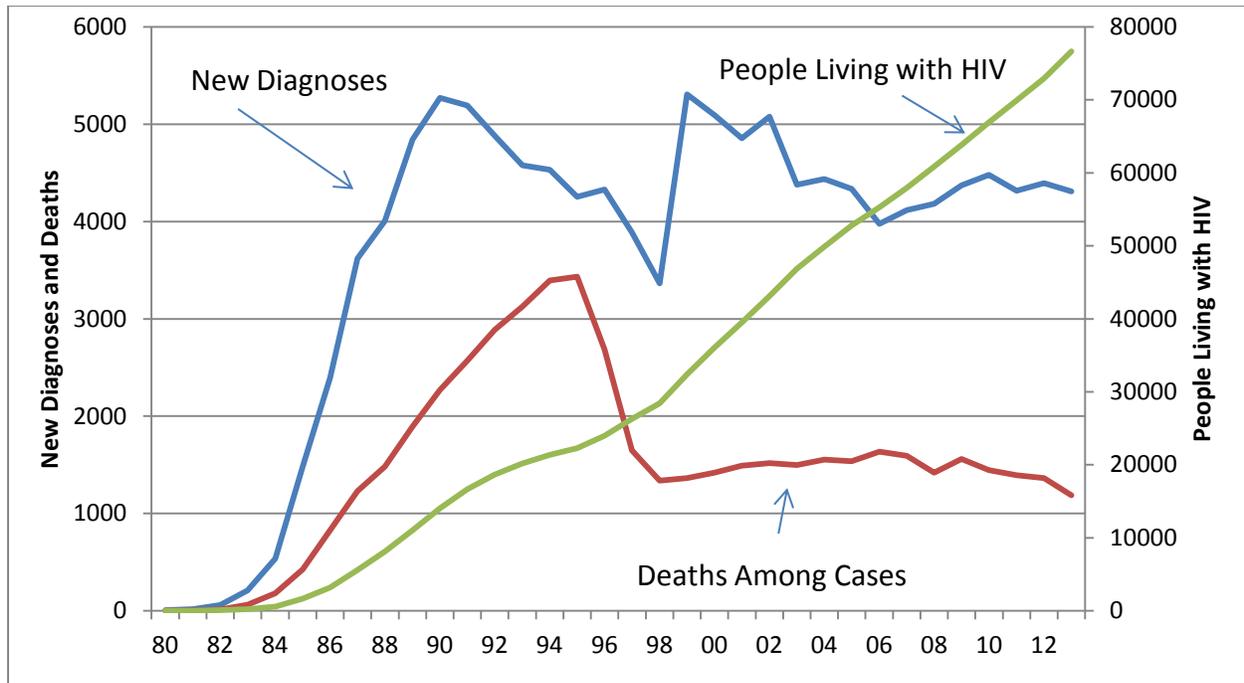
There were 33,116 cases of gonorrhea diagnosed in 2013. Gonorrhea is more evenly reported across men and women compared to chlamydia: (49 percent of the reported cases were among men). Like chlamydia, the majority of cases were among youth 15 to 24 years old: 68 percent of all female cases and 51 percent of all male cases were in this age group. Black men and women between the ages of 15 and 24 accounted for 29 percent of reported cases in 2013.

There were 1,646 cases of primary and secondary (P&S) syphilis, and 70 cases of congenital syphilis diagnosed in Texas in 2013. The age profile for P&S syphilis is slightly older than for chlamydia and gonorrhea: the highest rates were among those aged 25 to 34. Reported rates of P&S syphilis among Blacks were three times higher than rates for Hispanics and five times higher than rates for Whites. In 2012 and 2013, gay men and other MSM made up over half of the P&S cases reported in Texas. Levels of congenital syphilis for 2013 are continuing to decline down from 106 cases in 2011 and 76 cases in 2013. Congenital syphilis cases tend to track fairly closely with syphilis cases among women, consistently totaling about 5% of cases.

HIV in Texas

As of the end of 2013, there were 76,621 Texans living with a diagnosed HIV infection. The number of Texans living with HIV rises each year, as shown in Figure 1. What is also shown in this graph is the steep decline in the number of deaths among persons with HIV in the late 1990s, and in recent years, a stable number of new diagnoses each year. There are about 4,300 new HIV diagnoses and 930 deaths among persons living with HIV (PLWH) per year since 2008.

Figure 1: Number of Living HIV Cases, New Diagnoses, and Deaths among People with HIV, Texas 1980 to 2013



*Due to a two year lag in death data from the National Data Index (which may include Texans who died out of state), 2012-13 death data is considered provisional

Source: Texas eHARS, 2014

The growth in living cases is explained by the consistently low number of annual deaths since 1997; treatment allows PLWH to live longer. In fact, recent studies have shown that people on effective treatment medications have life expectancies that are similar to those of people without HIV⁵. You can find more information about trends in HIV in *Chapter 4: HIV in Texas*.

The Geography of HIV

More than three quarters of PLWH live in one of Texas' major metropolitan areas: Austin, Dallas, Houston, Fort Worth, and San Antonio. About a third of PLWH live in Houston, and about a quarter in Dallas. Austin, Fort Worth and San Antonio combined accounted for 20 percent of PLWH in Texas in 2013.

Sex and HIV

For every female diagnosed with HIV in 2013, there were more than three males diagnosed, this ratio has remained constant over the past decade. The vast majority of HIV transmission occurs between MSM, due to a variety of biological, social, and structural vulnerabilities experienced by this group.

Racial and Ethnic Disparities in HIV

In 2013, the majority of PLWH in Texas were racial and ethnic minorities, with 34 percent of the living cases among Blacks and 30 percent among Hispanics. Minorities also made up most of the new HIV diagnoses in 2013,

⁵ Samji H, Cescon A, Hogg RS, Modur SP, Althoff KN, et al. (2013) Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada. PLoS ONE 8(12): e81355. doi:10.1371/journal.pone.0081355

with Black and Hispanic Texans comprising about 38 percent and 35 percent, respectively. When cases diagnosed in 2013 are stratified by race/ethnicity and sex, further differences are seen. Among men diagnosed in 2013, Hispanics make up almost 40 percent and Blacks about 33 percent of the new cases. Among women diagnosed in 2013, Blacks made up 61 percent of the cases.

While the number of new infections in Blacks and Hispanics appear similar, the populations are of very different sizes: Blacks make up about 11 percent of the Texas population while Hispanics constitute 38 percent. Because of the smaller overall population size, Blacks in Texas experience disproportionate rates of both HIV prevalence (the rate of living cases per 100,000 population) and newly diagnosed HIV infections. HIV prevalence among Blacks in 2013 was four to five times higher than rates for Whites or Hispanics and rates of new diagnoses are three to seven times higher than rates for other groups. Blacks of both sexes had higher rates of deaths due to HIV, at more than five times that of Hispanics or Whites.

Mode of Exposure

Mode of exposure refers to the most likely way that someone became infected with HIV. The most common exposure modes are male-male sexual contact (hereafter referred to as MSM), injection drug use (IDU), and heterosexual transmission. In 2013, MSM made up more than half of all Texans living with HIV, with an additional quarter comprised of heterosexual sex and 11 percent attributed to IDU. In 2013, MSM made up about 68 percent of new HIV diagnoses, meaning that almost eight MSM were diagnosed every day. Over the past ten years new diagnoses attributed to IDU and heterosexual sex have decreased, but cases among MSM have increased. The most common modes of transmission differ by sex. Among men, MSM made up 84 percent of new diagnoses, while among women the most common mode of transmission was through heterosexual sex (89 percent).

HIV and Age

Most people living with HIV are between 35 and 55 years old, and as people with HIV live longer, the average age of persons living with HIV in Texas also rises. Contrasting with this trend, the age groups with the highest increase in new diagnoses are young people age 15 – 24 years. Nearly 80 percent of all new diagnoses in this age group are among MSM. Demonstrating the success of efforts to prevent mother to child HIV transmission, less than one percent of all new diagnoses were among children under the age of 12 years.

HIV and STD Comorbidity

In this report, comorbidity refers to the diagnosis of other health conditions in persons living with HIV. Comorbidities complicate treatment, create challenges for treatment adherence, and can make it easier to transmit HIV to a partner. In 2013, 5 percent of PLWH were diagnosed with an STD as well, most often syphilis, continuing a trend of increased HIV/STD co-infections with chlamydia, gonorrhea, and syphilis. Co-infection rates for gonorrhea and syphilis are particularly high in HIV-infected youth (15 – 24 years old) and MSM. More information can be found in *Chapter 5: HIV/STD Comorbidity*.

Deaths Due to HIV

Blacks of both sexes experienced a disproportionately higher rate of deaths due to HIV, at more than 3 times the overall state rate, and 5 times that of Hispanics or Whites. More information can be found in *Chapter 6: HIV Mortality in Texas*.

Linkage to HIV-Related Treatment for those Newly Diagnosed in 2013

In order to ensure the health of PLWH, newly diagnosed person must be speedily linked to treatment. The National HIV/AIDS Strategy (NHAS) defines timely linkage as linkage to HIV-related care within three months of first diagnosis, and sets a national goal of having timely linkage for 85 percent of those newly diagnosed by 2015⁶. During 2013, 79 percent of all newly diagnosed cases of HIV were linked to care within 3 months of their diagnosis. This is much higher than the timely linkage rate of 69 percent for 2010 new diagnoses. Linkage rates for women are higher than those for men (83 percent and 78 percent, respectively). However, among males, only 71 percent of Black men received timely linkage to care, with even lower linkage among Black males between the ages of 16 and 24 (62 percent). More information can be found in *Chapter 7: Linkage to Care among Persons Newly Diagnosed in 2013*.

Unmet Need for HIV-Related Medical Care in 2013

Though the number of reported PLWH in Texas increased by 24 percent between 2009 and 2013, the number of PLWH who have unmet need for HIV-related care has been declining. Unmet need is defined as having no evidence of HIV-related care in the past year. In 2013, there were 22,521 PLWH with no evidence of HIV-related treatment in that year. The percentage of PLWH with unmet need has fallen from 36 percent in 2009 to about 25 percent in 2013. This means that three-quarters percent of Texas PLWH had at least one episode of HIV-related care. IDU of all races/ethnicities, Black and Hispanic MSM and young MSM have the highest levels of unmet need. While Black women have proportions of unmet need similar to the overall population, the numbers of Black women with no evidence of care must be reduced to address the overall racial/ethnic disparities associated with HIV and STD. More information on this snap shot of unmet need for treatment can be found in *Chapter 8: Estimates of Unmet Need for HIV-Related Medical Care*.

Continuous Medical Care and Viral Load Suppression, 2010 - 2012

While unmet need assesses the percent of PLWH that had at least one episode of HIV-related care, the measure of continuous care shows the percent that had more than one episode appropriately spaced across a one-year period. Blacks and youth had lower levels of continuous care and of continuous viral suppression. Consistent medical visits and lab tests are associated with decreases in mortality and with a slower onset of AIDS⁷ and will result in lowered viral load that reduces infectiousness, therefore reducing the chances of further transmission. More information can be found in *Chapter 9: Continuous HIV-Related Medical Care and Viral Suppression*.

Pulling it All Together: The HIV Treatment Continuum

There is evidence that the best way to prevent new HIV cases is to maximize the number of Texans who receive effective treatment for their HIV infections. At the individual level, treatment is successful if it preserves the functionality of the patients' immune system and lowers the amount of HIV circulating in their systems (viral load). Persons with suppressed viral load are also less likely to transmit HIV to a partner. Just as individuals can

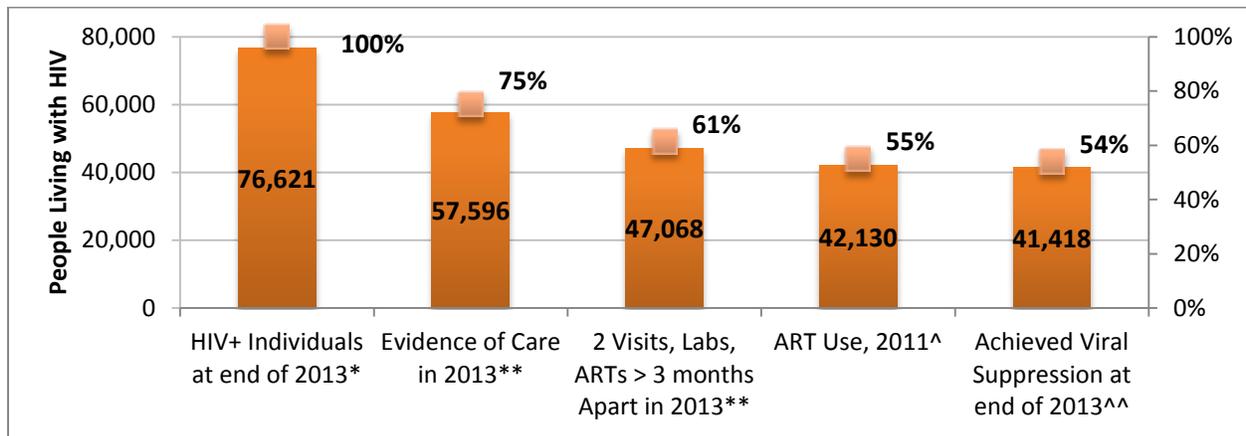
⁶ White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. Washington, DC: White House; 2010

⁷ Kitahata, Et al. Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival. N Engl J Med 2009; 360:1815-1826.

have a measurable viral load, communities can as well. In general, a community has a lower viral load when it maximizes the number of PLWH who receive good care and have suppressed viral loads. Low community viral load has been linked to reduced numbers of new cases in that community⁸. Thus, to reduce viral loads and new infections, we should maximize the number of people with HIV who know of their infections, are linked to HIV-related treatment in a timely manner, and stay consistently involved in medical care.

The *Texas HIV Treatment Cascade* (Figure 2) is a snapshot of how well Texas is reducing untreated HIV infections⁹. In 2013, DSHS estimates that about 75 percent of all persons living with HIV infection had at least one episode of HIV-related care, 61 percent were in continuous care during that year, 55% were taking life-saving antiretroviral medications, and that 54 percent had a suppressed viral load. Details are found in Chapter 5: Continuum of Care among PLWH in Texas.

Figure 2: The Texas HIV Treatment Cascade for 2013



* Texas eHARS data as of July 2014

** DSHS HIV Unmet Need Project, 2013 (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)

^ Medical Monitoring Project, 2011 Weighted estimates from interviews and medical chart review

^^ Electronic Lab Records, ARIES labs, ADAP labs, 2013

⁸ Das M, Chu PL, Santos G-M, Scheer S, Vittinghoff E, et al. (2010) Decreases in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco. PLoS ONE 5(6): e11068. doi:10.1371/journal.pone.0011068

⁹ Greenberg, Alan E.; Hader, Shannon L.; Masur, Henry; Young, A. Toni; Skillicorn, Jennifer; Dieffenbach, Carl W. Fighting HIV/AIDS in Washington, D.C. Health Affairs, 2009.

Chapter 1: Data Sources Used for this Profile

This epidemiologic profile presents information on known cases of reportable sexually transmitted diseases (STD) and infection with Human Immunodeficiency Virus (HIV) in Texas diagnosed through December 31, 2013 and reported as of June 30, 2014. The data presented on people living with HIV (PLWH), or prevalence, represent the cumulative number of people diagnosed with HIV who are not known to have died. The section on new HIV diagnoses includes all newly diagnosed cases of HIV disease regardless of their stage of disease at diagnosis. Statistics on new diagnoses of HIV are based on the earliest available diagnosis date. STDs are reported by date of diagnosis rather than report date to more accurately represent the epidemiology of these infections.

In looking at this profile, it is important to consider the total number of cases in addition to the number of cases relative to the size of the population in question (or rate). Therefore, where possible, we have included case rates to illustrate this point. The standard case rate when dealing with HIV is the number of people with HIV per 100,000 members of that particular population. Comparing case rates shows the relative difference of the burden of disease across groups with different population sizes allowing us to see what demographic and geographic areas are more vulnerable to HIV infection.

The mode of exposure assigned to each HIV case represents the most likely way that the individual became infected with HIV based on the risk behaviors documented in the course of disease reporting or investigation. Nearly 15% of new HIV cases are reported without an identified risk factor; therefore multiple imputations are used to assign a risk factor for these cases using an algorithm provided by the Centers for Disease Control and Prevention. Estimates of population sizes for risk behavior groups are not available at this time; therefore, case rates were not calculated. Instead, the proportion of cases due to each mode of exposure was examined. The most common exposure groups are men who have sex with men (MSM), injection drug users (IDU), and heterosexuals. Smaller proportions of cases are attributed to other risks including MSM *and* IDU (MSM/IDU), pediatric exposures including mother-child transmission and other adult risks such as blood transfusion.

In looking at this profile, it is important to consider the total number of cases in addition to the number of cases relative to the size of the population in question (or rate). The primary source of information for this report comes from routine disease surveillance. Texas laws and regulations require that certain health care professionals and laboratories report test results or results of diagnostic evaluation that indicate infection with chlamydia, gonorrhea, syphilis, chancroid and HIV/AIDS. This information is compiled in two major databases: the Electronic HIV/AIDS Reporting System (eHARS) and STD*MIS. These systems do not include those unaware of their infection status or those who tested positive for HIV infection solely through anonymous testing.

MMP collects behavioral and clinical information from a nationally representative sample of adults receiving medical care for HIV infection in outpatient facilities in the United States and Puerto Rico. The Texas and Houston MMP sites are two of 23 project areas that were funded to conduct data collection activities for the 2011 MMP data collection cycle. Patients who received medical care during January–April 2011 at an MMP participating facility were interviewed once during June 2011–April 2012 regarding all medical visits during the 12 months preceding the interview. In addition, patients' medical records were abstracted for documentation of

medical care (including prescription of ART and HIV viral load) for the 12 months preceding the interview. All percentages were weighted for the probability of selection and adjusted for nonresponse bias.

The profile contains information on the overall population of Texas; the sources for those data are numerous, and cited within the text. The profile also contains information on several aspects of treatment and care for PLWH, such as linkage to care and maintenance in treatment. This information is created by merging information from disease surveillance with several sources of treatment and care, including publicly funded treatment providers, public health plans, and some private health plans.

Chapter 2: Texas – A Population in Transition

Population Demographics

Over the past 15 years, Texas has experienced tremendous population growth and urbanization. Between 2000 and 2010, the state’s population increased by 20.6 percent, compared to a national increase of only 9.7 percent.¹⁰ The 2013 Census estimates the population of Texas at over 26 million people, almost half of whom live within the Dallas-Fort Worth and Houston metropolitan areas¹¹. Six Texas cities (Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso) have populations of over 500,000.

Texas’ population is increasingly young and Hispanic. Over a quarter of its population is less than 18 years of age¹², sustained by the nation’s 4th highest birth rate (15.4)¹³. Texas is transitioning to a minority/majority state, meaning that racial minorities will become the majority in terms of population size¹⁴. In ten years Texas will have more persons of Hispanic descent than any other racial or ethnic group due to immigration and new births¹⁵. The Hispanic proportion of Texas’ population has increased from 31 percent in 2000 to 38 percent in 2013. The breakdown of the Texas population by age and race is shown in Table 1: Percentage Distribution of Texas Population by Age Group and Sex, 2013 and Table 2.

¹⁰ <http://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf>

¹¹ <http://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf>

¹² Centers for Disease Control and Prevention. CDC Wonder. <http://wonder.cdc.gov/>. December 2014.

¹³ Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012.

¹⁴ <http://www.census.gov/newsroom/releases/archives/population/cb07-70.html>

¹⁵ Texas State Data Center, Population Projections

Table 1: Percentage Distribution of Texas Population by Age Group and Sex, 2013

	Males	Females	Total
Age	(n=13,147,002)	(n=13,301,191)	(n=26,448,193)
<2	3.0%	2.8%	2.9%
2-12	16.9%	16.0%	16.4%
13-24	18.2%	16.9%	17.5%
25-34	14.8%	14.2%	14.5%
35-44	13.6%	13.5%	13.5%
45-54	13.0%	13.0%	13.0%
55+	20.6%	23.6%	22.1%
Total	49.7%	50.3%	100.0%

Source: National Center for Health Statistics, 2013

Table 2: Percentage Distribution of Texas Population by Race/Ethnicity and Sex. 2013

	Males	Females	Total, %
Race/Ethnicity	Males, %	Females, %	(n=26,448,193)
White	(n=13,147,002)	(n=13,301,191)	44.8%
Black	44.6%	45.0%	12.0%
Hispanic/Latino	11.7%	12.3%	38.4%
Asian/Pacific Islander	39.0%	37.8%	4.5%
American Indian/Alaska Native	4.4%	4.5%	0.4%
Total	0.4%	0.4%	100.0%

Source: National Center for Health Statistics, 2013

Education

Texas has one of the nation's lowest proportions of adults who hold a high school degree or equivalent, and racial disparities persist in educational attainment. Education is particularly important in terms of health outcomes, as people with low levels of educational attainment (less than 12 years of formal schooling) had higher mortality rates from all causes, versus people with higher levels of educational attainment¹⁶. Only 82 percent of Texans age 25 and older have earned a high school diploma, GED, or equivalent, compared to the national average of 87 percent. Hispanic males have the lowest rate of educational attainment, with only 61 percent of males and 63 percent of females having earned at least a high school degree. Racial disparities persist for attainment of higher education. In 2013, 28 percent of White Texans age 25 or older had obtained at least a bachelor's degree¹⁷, compared to 20.3 percent of Blacks and 12.5 percent of Hispanics.

¹⁶ Robert A. Hummer and Elaine M. Hernandez, "The Effect of Educational Attainment on Adult Mortality in the United States," *Population Bulletin* 68, no. 1 (2013).

¹⁷ American Fact Finder, US Census http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_B15002A&prodType=table

Poverty

In 2013, nearly 18 percent of Texans were living below the federal poverty level¹⁸, while racial minorities and children experienced a disproportionately higher burden of poverty. One in four Hispanic and Black persons were under the poverty level compared to less than 1 in 6 White persons. Over 25 percent of all children under the age of eighteen live below the poverty line, the highest percentage for any age group. Nearly 30 percent of those without a high school degree are living under the poverty line, compared to only 4 percent of those with a bachelor's degree. If current trends in demographics and educational attainment continue, it is likely that Texas will experience an increase in the proportion of residents living below the poverty line.

A wealth of evidence points to a link between socioeconomic status (SES) and health outcomes. One theory, called the “fundamental causes” of disease, suggest that SES is an indicator of resources (e.g. educational attainment, access to health care, social mobility) that have the potential to influence health outcomes¹⁹. For example, PLWH of low SES may have difficulty accessing appropriate medical services due to a variety of impediments, such as lack of transportation, inability to pay for treatment, and competing priorities of housing and job instability.

Health Insurance Coverage

In 2013, nearly one in four Texans were uninsured, the highest rate of uninsured residents in the nation²⁰. As with educational attainment, racial disparities in health insurance coverage persist (Table 3), and residents of certain geographic areas have substantially lower rates of insurance coverage than the state average. According to 2013 U.S. Census data, the two most populous counties, Harris and Dallas have a higher than average proportion of uninsured residents. A higher percentage of people (over 26%) living along the border and in large metropolitan areas are uninsured compared with other regions of Texas. Hispanics had the lowest rate of health insurance coverage in 2013.

Table 3. Percentage of Texans without health insurance by race/ethnicity, 2013

Race/ethnicity	% without health insurance
White	21.3%
Black	20.0%
Hispanic/Latino	34.2%
Asian	19.0%

Source: US Census, 2014.

Health insurance coverage is crucial to obtaining consistent, adequate medical care, especially for PLWH. Research has shown that PLWH with medical insurance have a lower mortality rate than those with no

¹⁸ The 2013 federal poverty level for a family of four was \$23,550

¹⁹ Link B, & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Behavior*, (Extra Issue), 80-94.

²⁰ United States Census Bureau: American Community Survey, 2014.

insurance, likely because insurance enables these patients to obtain lifesaving anti-retroviral therapy medications (ART)²¹.

Chapter 3: Sexually Transmitted Disease in Texas

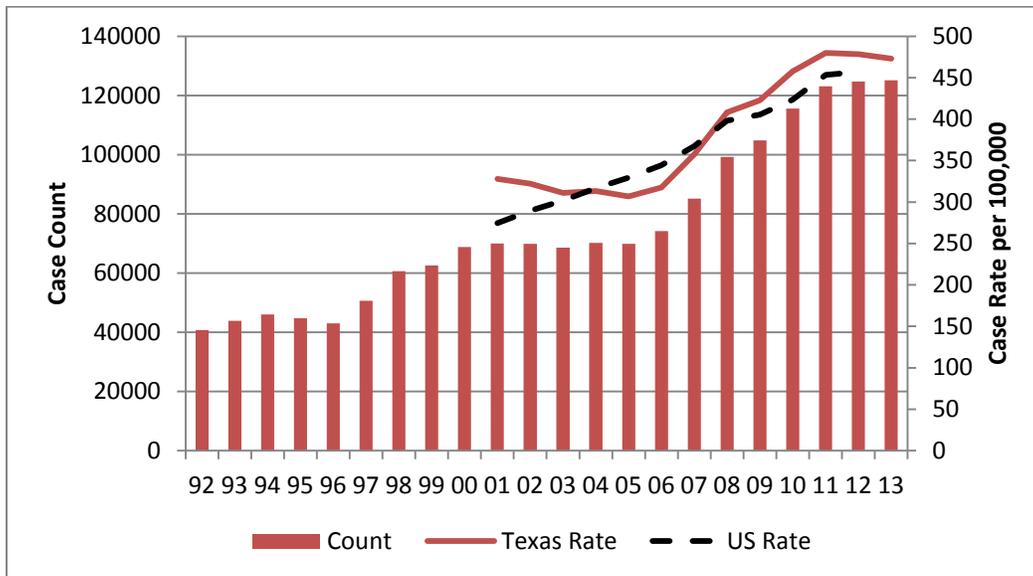
Five sexually transmitted diseases are reportable in Texas: chlamydia, gonorrhea, HIV, syphilis, and chancroid. The last confirmed case of chancroid in Texas was reported in 2011, and sporadic outbreaks occur occasionally. This chapter will focus on chlamydia, gonorrhea, and syphilis, the three most commonly reported bacterial STDs.

Chlamydia

Chlamydia is the most commonly diagnosed STD in Texas. The most serious complications from chlamydia infection occur in women and include pelvic inflammatory disease, ectopic pregnancy, and transmission to neonates during pregnancy and delivery.

In 2013, 121,144 cases of chlamydia were diagnosed, which is an increase of <1% from 2012 (Figure 3). Chlamydia cases have been steadily increasing since 2005. Increased testing, adoption of more sensitive laboratory testing, and improvements in laboratory are likely factors which contribute to the rise in diagnoses, though it is possible the numbers reflect a true rise in morbidity. Rates of chlamydia are slightly higher in Texas compared to the United States as a whole.

Figure 3. Chlamydia Diagnoses in Texas 1992-2013, Rates of Chlamydia diagnoses in Texas 2001-2013, and Rates of Reported Chlamydia Cases in the United States 2001-2013



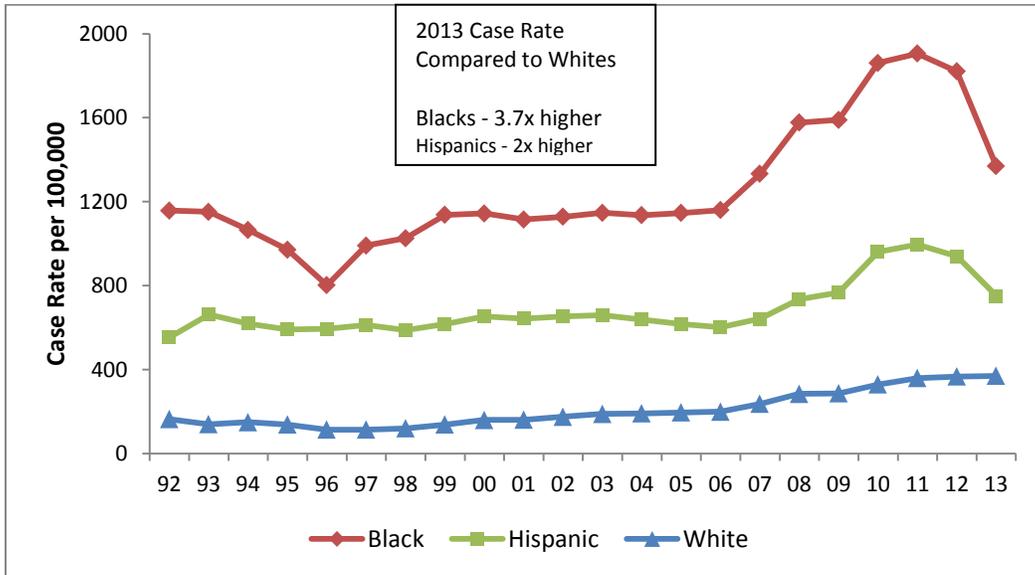
Source: STD*MIS, 2013

The demographic profile of chlamydia remains stable. Nearly 75% of cases occurred among women. Chlamydia programs focus on women due to their susceptibility to severe outcomes from untreated infections. Many

²¹ The Link between Public and Private Insurance and HIV-related Mortality, Bhattacharya J, Goldman D, Journal of Health Economics; 2003, 22:1105-1122.

chlamydia infections are asymptomatic and diagnoses are largely dependent on the volume of screenings conducted. Men are not routinely screened for chlamydia, making it difficult to know the impact of the disease among males. The 2013 rate of chlamydia among women was 701 cases per 100,000 population, a small decrease from 721 in 2012. Black women have continuously experienced a higher burden of chlamydia compared to White and Hispanic women. There was a large decrease in the rate of chlamydia diagnoses among Black Women from 2012 to 2013.

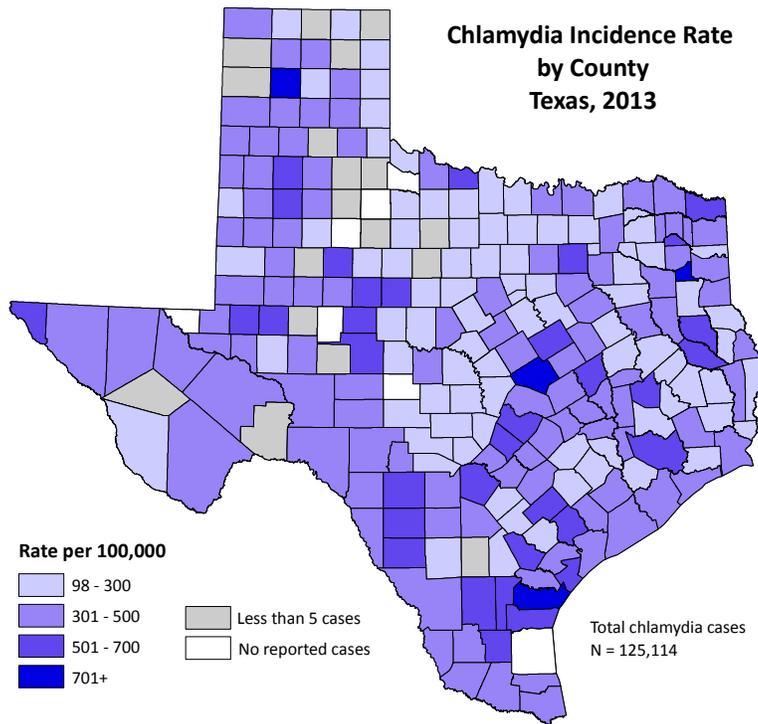
Figure 4. Chlamydia diagnosis rates among women by Race/Ethnicity in Texas 1992-2013



Source: STD*MIS, 2013

Just over half of all chlamydia diagnoses in 2013 occurred in women aged 15-24. The rate of chlamydia diagnosis in this age group was 3,539 per 100,000 population. Counties with high rates of chlamydia are not limited to highly populated areas. County level rates of chlamydia diagnosis for 2013 are illustrated in Map 1 below.

Map 1. Chlamydia Incidence Rate by County, 2013



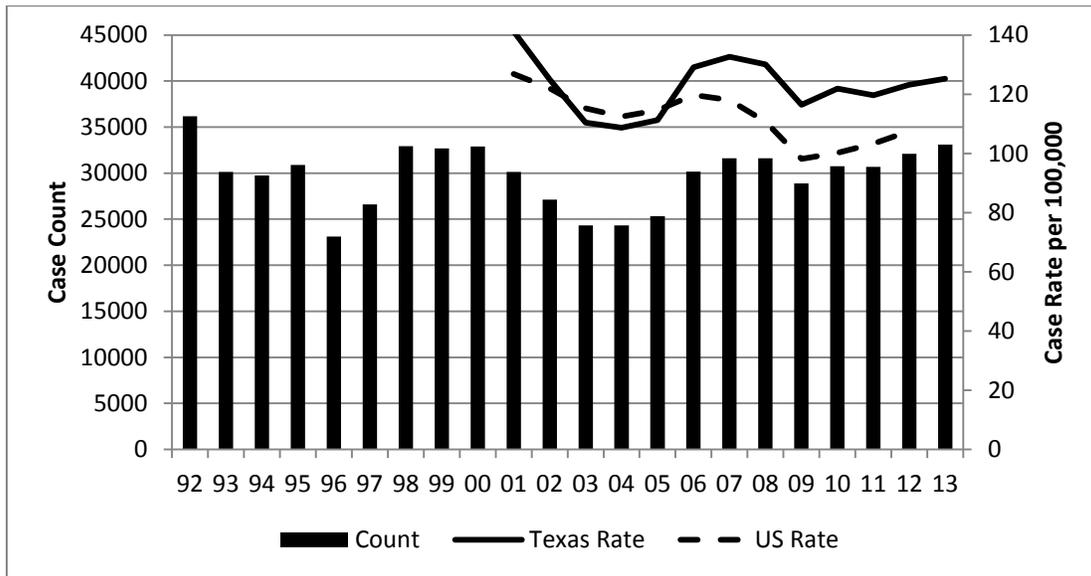
Source: STD*MIS 2013

Gonorrhea

Infection with the bacteria *Neisseria gonorrhoeae* causes gonorrhea, the second most frequently reported STD in Texas. Left untreated, gonorrhea may lead to sterility in men and women, pelvic inflammatory disease, and ectopic pregnancy.

Gonorrhea diagnoses have remained fairly consistent in the last five years (Figure 5). The number of gonorrhea diagnoses increased from 32,089 in 2012 to 33,116 in 2013. The rate of gonorrhea diagnoses in Texas was 125.2 cases per 100,000 population, nearly the same as 123 cases per 100,000 in 2012. The rate of gonorrhea diagnoses in Texas has exceeded the rate of reported gonorrhea cases in the United States since 2006.

Figure 5. Gonorrhea Diagnoses in Texas 1992-2013, Rates of Gonorrhea diagnoses in Texas 2001-2013, and Rates of Reported Gonorrhea Cases in the United States 2001-2013

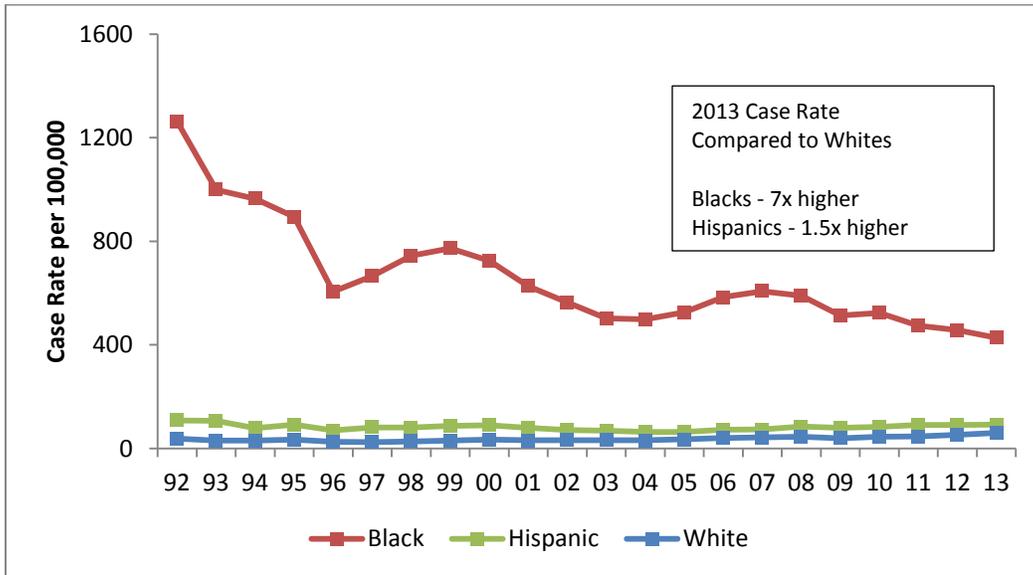


Source: STD*MIS 2013

The 2013 rate of gonorrhea diagnoses among women (126 cases per 100,000) was only slightly higher than the rate of gonorrhea diagnoses in men (122 cases per 100,000). In past years, there has been a larger discrepancy in gonorrhea rates between the sexes. The increase in gonorrhea diagnoses among men may be a result of increased extra-genital screening in men who have sex with men (MSM). Extra-genital infections in the pharynx and anus are typically asymptomatic. However, sexual risk information is not routinely collected for cases of gonorrhea, so the effect of this targeted screening is difficult to ascertain.

Black Texans experience a disproportionate burden on gonorrhea (Figure 6). Black men experienced the highest rate of gonorrhea diagnoses of all race/ethnicity-sex groups at 444 cases per 100,000, followed by Black women at 410 per 100,000. Gonorrhea diagnoses among Blacks age 15-24 accounted for nearly 30% of all diagnoses, and Blacks of all ages represented 45% of all gonorrhea diagnoses in Texas for 2013.

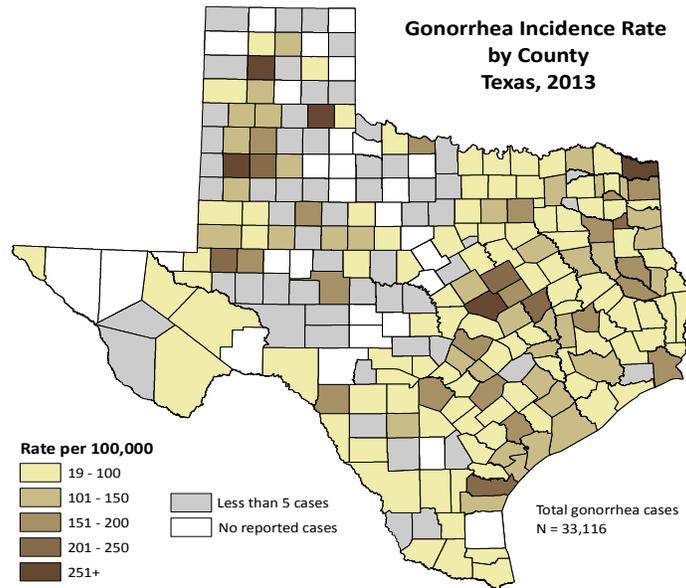
Figure 6. Gonorrhea case rate by race/ethnicity, Texas, 1992-2013



Source: STD*MIS, 2013

Gonorrhea rates by county for 2013 are shown in Map 2. Gonorrhea infections tend to be concentrated in urban and heavily populated counties.

Map 2. Gonorrhea Incidence Rate by County, Texas, 2013



Source: STD*MIS, 201

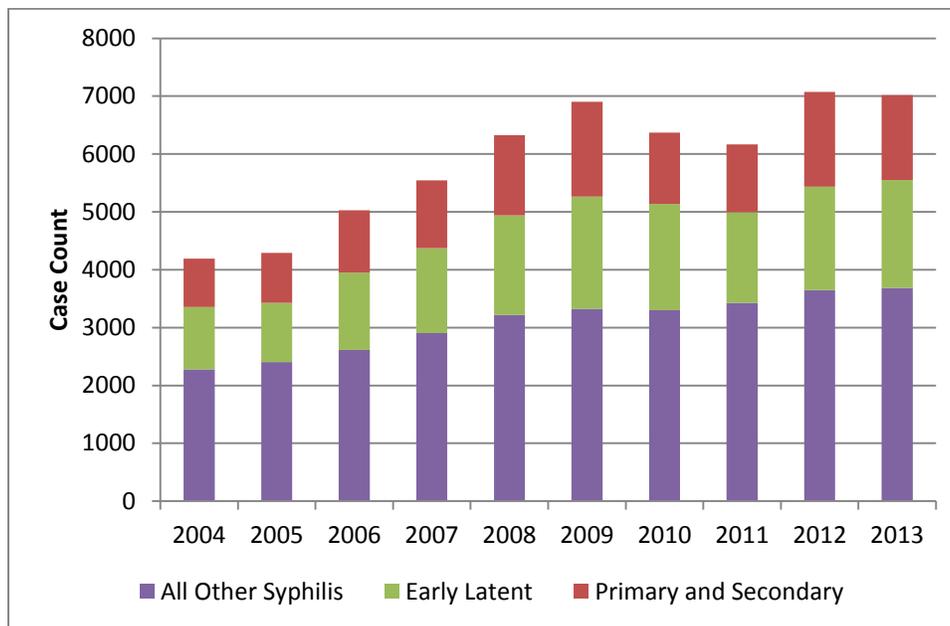
Syphilis

Syphilis is a bacterial STD caused by the spirochete *Treponema pallidum*. Primary and secondary (P&S) syphilis, the acute form of the disease, is characterized by primary lesions (an ulcer or chancre at the site of infection) followed by secondary infection (manifestations of which include rash, mucous membrane lesions, and swollen lymph glands). Untreated P&S syphilis progresses into a chronic disease with long periods of latency.

Latent syphilis is defined as those periods after infection when patients present no symptoms of disease. Patients who have latent syphilis and acquired syphilis within the preceding year are classified as having early latent syphilis. Untreated cases of more than one year's duration are classified as late latent. Tertiary syphilis is the symptomatic late-stage of the disease that may include neurologic and cardiovascular sequelae. The late latent and tertiary stages of syphilis consist of cases contracted many years prior to being diagnosed and reported, and syphilis is not as likely to be transmitted in the late stages. Congenital syphilis (passed from mother to infant) can cause miscarriage, stillbirth, premature delivery, or may lead to other severe complications in the newborn.

Total syphilis comprises all stages of the disease including congenital syphilis. Total syphilis cases rose each year from 2003 to 2009. After 2009, the case rate declined until 2011, after which it began to increase. In 2013, there were 7019 cases of total syphilis diagnosed, a slight decrease from 7071 cases diagnosed in 2012, for a statewide rate of 26.5 cases per 100,000 population. The majority of syphilis cases diagnosed in Texas are of late or unknown duration (Figure 7). These cases represent missed opportunities for diagnosis and treatment earlier in life.

Figure 7. Proportion and Number of Syphilis by Disease Stage, 2004-2013

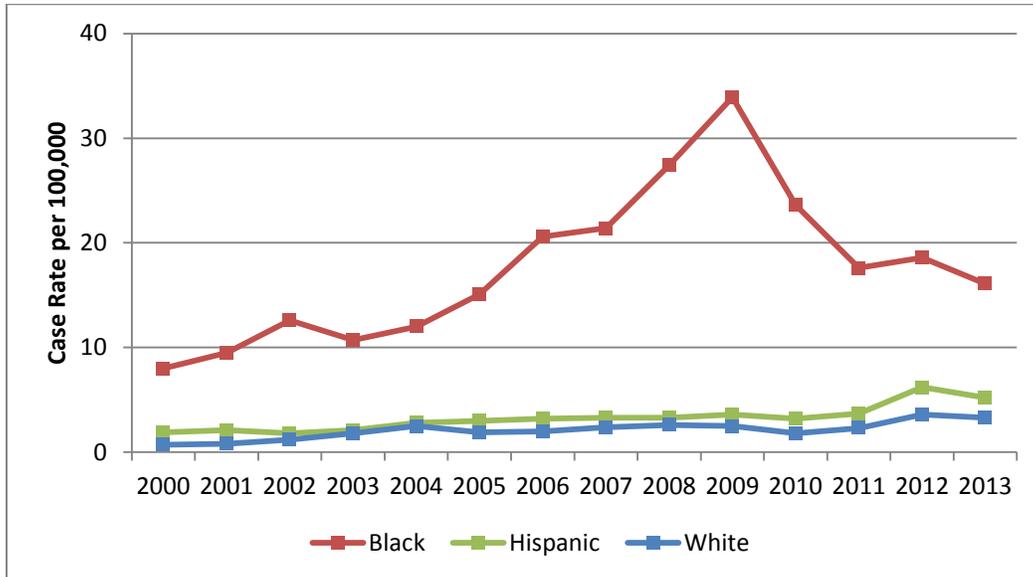


Source: STD*MIS, 2013

P&S Syphilis

P&S Syphilis is the infectious stage of the disease, and the only time in which the infection can be passed on to a sexual partner. There were 1,468 cases of primary and secondary (P&S) syphilis diagnosed in 2012, a 10% decrease from 1,636 cases diagnosed in 2011 (Figure 8). The rate of P&S syphilis among Black Texans in 2013 was 16.1 cases per 100,000 population, which was three times the rate for Hispanics (5.2 cases per 100,000 population) and five times the rate for Whites (3.3 cases per 100,000).

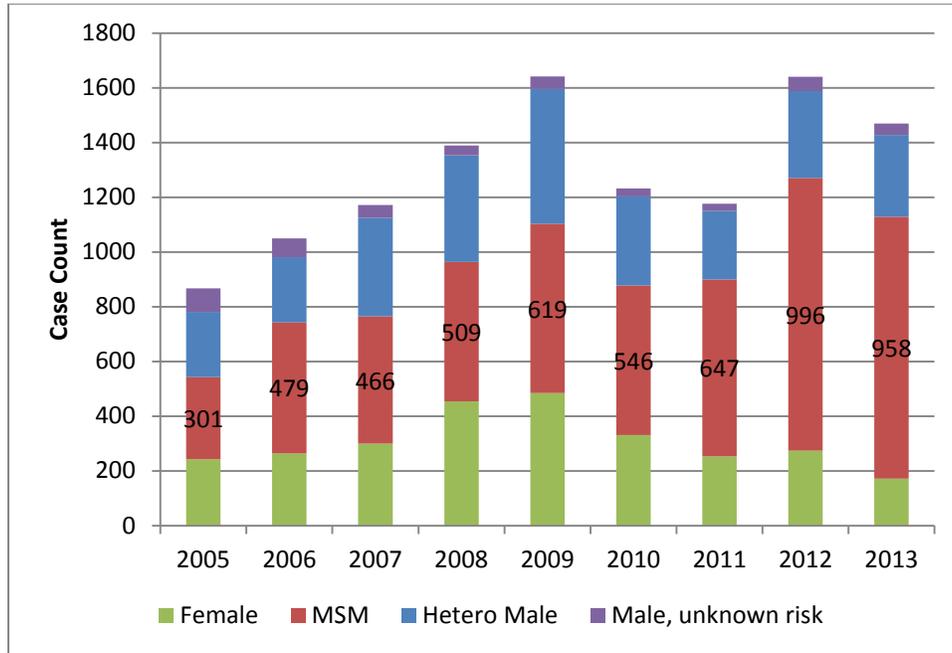
Figure 8. Primary and Secondary Syphilis Case Rate by Race, 2000-2013



Source: STD*MIS, 2013

The sexual risk behavior of syphilis patients has been routinely collected and reported since 2005. Since that time, the majority of individuals diagnosed with P&S and Early Latent Syphilis have self-identified as men who have sex with men (MSM). The percentage of P&S syphilis cases identifying as MSM increased from 34% in 2010 to 65% in 2013 (Figure 9).

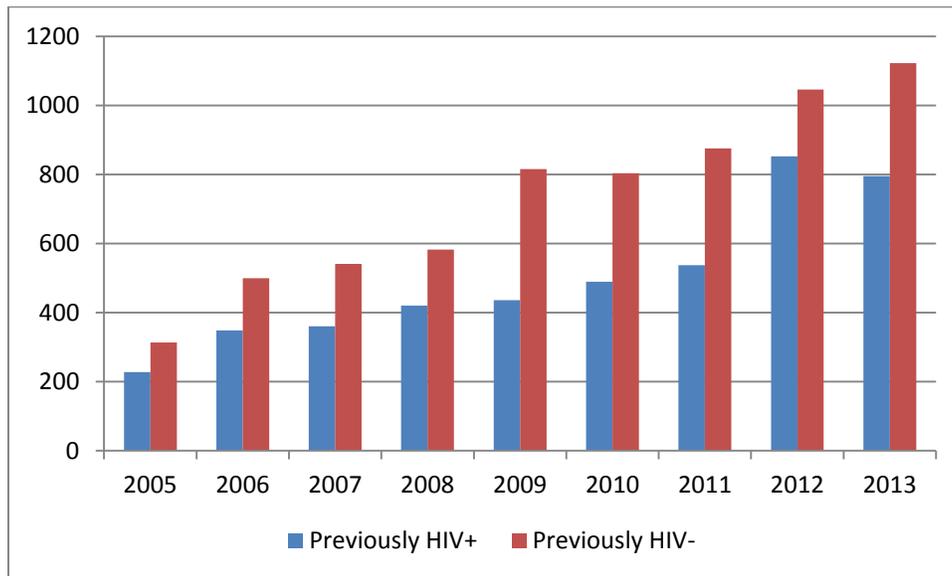
Figure 9. Proportion and Number of P&S Syphilis Cases by Sex and MSM Status



Source: STD*MIS, 2013

Between 35 and 44% of MSM diagnosed with P&S and Early Latent syphilis occur in men who are already living with HIV. HIV and STD co-infections are discussed in further detail in chapter 6.

Figure 10. Number of HIV+ and HIV- MSM Diagnosed with Early Syphilis, 2005-2013

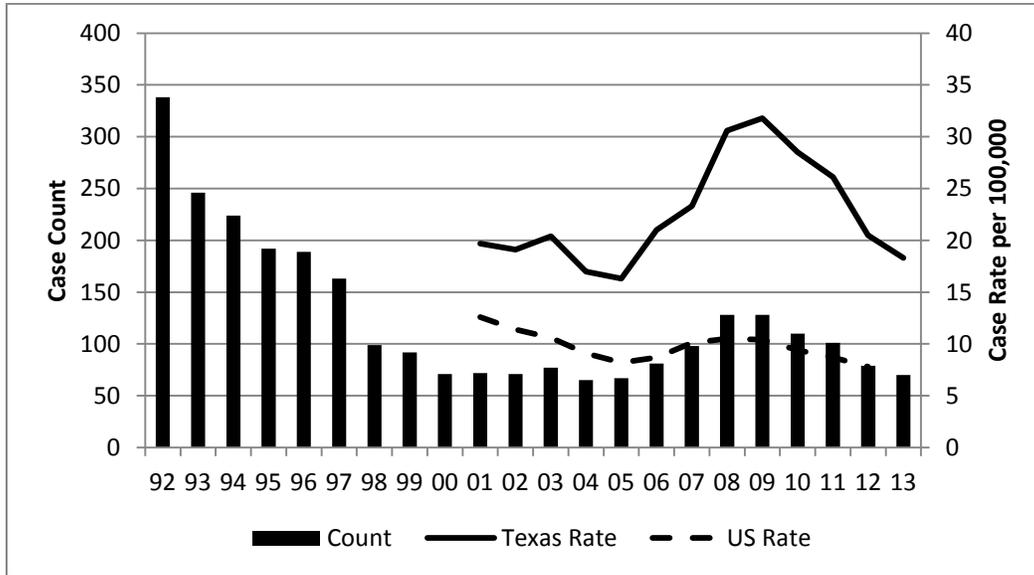


Source: STD*MIS, 2013

Congenital Syphilis

Congenital syphilis, one of the most serious forms of the disease, can cause miscarriage, stillbirth, premature delivery, or may lead to other severe complications in the newborn. The rate of congenital syphilis has been declining since 2009, when it reached a high of 32 cases per 10,000 live births. However, the rate of congenital syphilis in Texas far continues to exceed the national rate.

Figure 11. Congenital Syphilis Diagnoses in Texas 1992-2013, Congenital Syphilis rates in Texas 2001-2013, and Congenital Syphilis Rates in the United States 2001-2013



Source: STD*MIS, 2013

Congenital syphilis cases tend to track fairly closely with syphilis cases among women. In the past 5 years in Texas congenital syphilis cases have consistently totaled to about 5% of the female syphilis case total.

Harris County (Houston) continued to report the most congenital syphilis, with 25 cases in 2013, followed by Bexar County with 17 cases and Tarrant County with 7 cases. Statewide, 43% of congenital cases were among Hispanics, 41% among Blacks and 16% among Whites. The estimated rate of congenital syphilis in 2013 was 18.3 cases per 10,000 live births.

Chapter 4: HIV in Texas

In 2013, the most recent year that national data is available, Texas had the 10th highest rate (22.3 per 100,000 population) of new HIV diagnoses in the nation. Only the District of Columbia (160.7), Georgia (49.6), Maryland (36.6), Louisiana (32.6), Florida (30.8), Puerto Rico (28.8), and New York (25.2) and New Jersey (24.4) reported higher rates of new HIV diagnoses. Multiple factors contribute to the high rate of HIV diagnosis in Texas, many of which will be explored in depth throughout this report.

Persons Living with HIV

As of 2013, Texas had 76,621 persons known to be living with HIV (PLWH). In the decade between 2004 and 2013, numbers and rates of PLWH increased for both sexes, all races/ethnicities and most age groups (Table 4). There are more than three times the number of male PLWH than females, and nearly half of PLWH are 45 or older. Although Black Texans represented about 11 percent of the general population in 2013, they constituted the largest proportion of PLWH in that year. The rate of Black PLWH in 2012 (921.2 per 100,000) was over four times the rate of either White or Hispanic PLWH.

Table 5: Persons Living with HIV in Texas by Select Characteristics, 2013

	Cases	Rates per 100,000 population
Sex		
Male	59,922	471.0
Female	16,699	129.3
Race		
White	21,838	186.7
Black	28,682	944.0
Hispanic	23,018	236.5
Other	771	65.6
Unknown	2,312	-
Age (as of 12/31/13)		
0 - 9	129	3.3
10 - 14	160	8.3
15 - 19	526	28.0
20 - 24	3,356	178.9
25 - 29	6,198	330.2
30 - 34	7,803	429.4
35 - 39	8,936	511.1
40 - 44	10,755	615.7
45+	38,758	435.9
Total	76,621	298.8

Source: National Center for Health Statistics, 2013

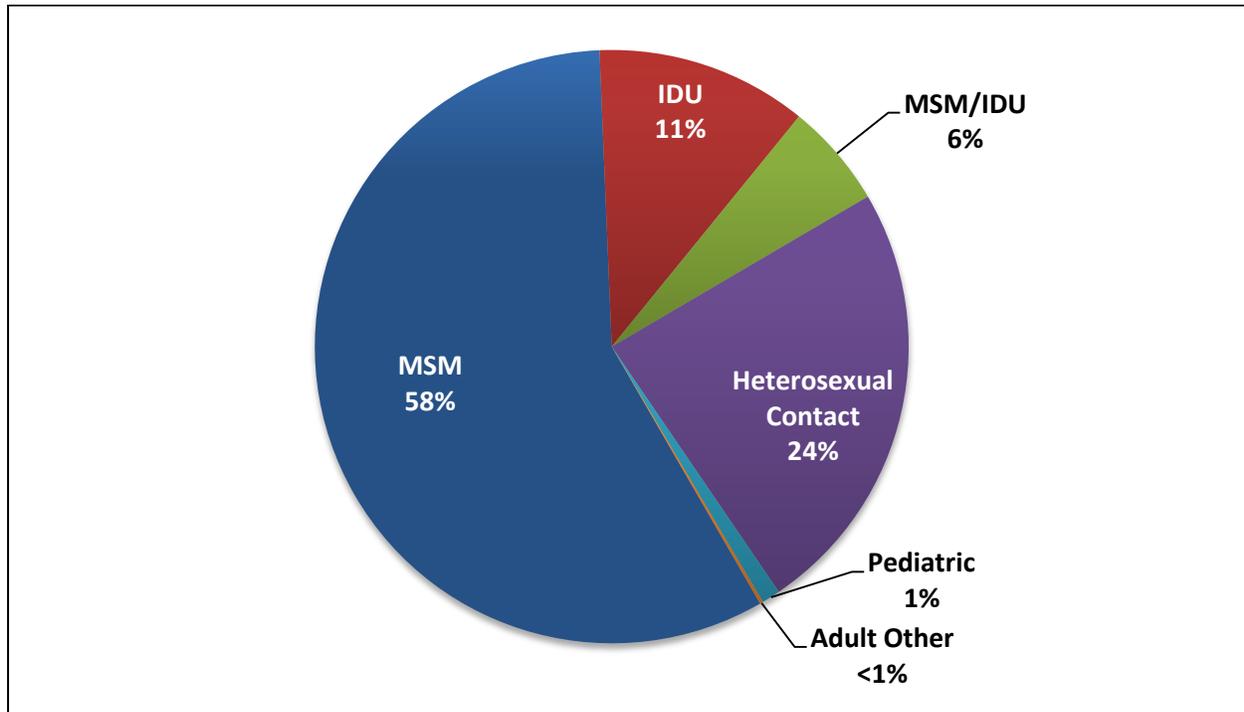
PLWH by Mode of Exposure

The mode of exposure assigned to each HIV case represents the most likely way that the individual became infected with HIV based on the risk behaviors documented in the course of disease reporting or investigation²². Estimates of population sizes for risk behavior groups are not available at this time; therefore, case rates were not calculated. Instead, the proportion of cases due to each mode of exposure was examined. The most common exposure groups in PLWH in 2013 were men who have sex with men (MSM) (58%), injection drug users (IDU) (11%), and heterosexuals (24%) (Figure 12). Smaller proportions of cases were attributed to other risks

²² A substantial number of cases of HIV infection are reported without an identified risk factor; so multiple imputations are used to assign a risk factor for these cases using an algorithm provided by the CDC.

including MSM *and* IDU (MSM/IDU), pediatric exposures including mother-child transmission, and other adult risks such as blood transfusion. While the number of PLWH increased over the past seven years in all major exposure categories, the relative proportions of living cases for each mode of exposure did not change substantially. In 2013, MSM accounted for over half of all people living with HIV.

Figure 12. Percent of PLWH in Texas by Mode of Exposure



** Adult Other includes received clotting factor, transfusion/transplant, other and unknown.

Source: Texas eHARS, 2014

PLWH by Geographic Area

HIV cases are not evenly distributed across Texas. In 2013, numbers of PLWH were highest in metropolitan areas, particularly Houston and Dallas. The five areas in Texas designated by the Health Resources and Services Administration (HRSA) as Eligible Metropolitan Areas (EMA) or Transitional Grant Areas (TGA) are Austin, Dallas, Fort Worth, Houston and San Antonio based on the number of living HIV cases in those areas. Outside of the EMA/TGAs, the areas along the US-Mexico border, across East Texas and cases within the Texas Department of Criminal Justice (TDCJ) system are of special interest. For this report, we used the 32-county area, a standard definition in health and human services reports. Portions of each of these counties fall within 100 kilometers of the US-Mexico border. East Texas includes all counties in Public Health Regions 4, 5, and 6 excluding the Houston EMA counties and Henderson County, which is included in the Dallas EMA.

Over half of PLWH in 2013 were in the Dallas and Houston EMA (Table 5). The smaller EMA/TGAs (Austin, Fort Worth and San Antonio) as well as the other comparison groups (Border, East Texas, TDCJ, and the remainder of Texas) all contained similar proportions of PLWH. TDCJ cases may be inflated if more cases were diagnosed in the system than actually continue to reside there. Table 6: also shows the number and percent of PLWH by various geographic areas. PLWH by County are shown in Map 3.

Map 3. Rates of PLWH by County, Texas, 2013

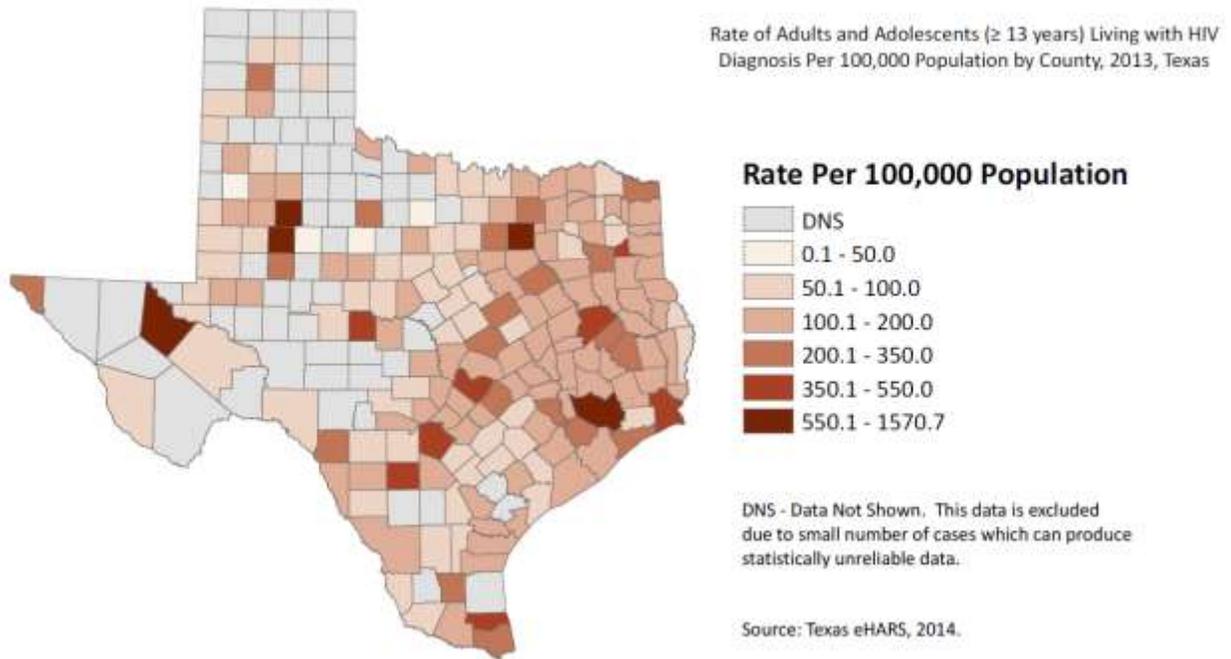


Table 6: PLWH in Texas by Metropolitan Area, 2013

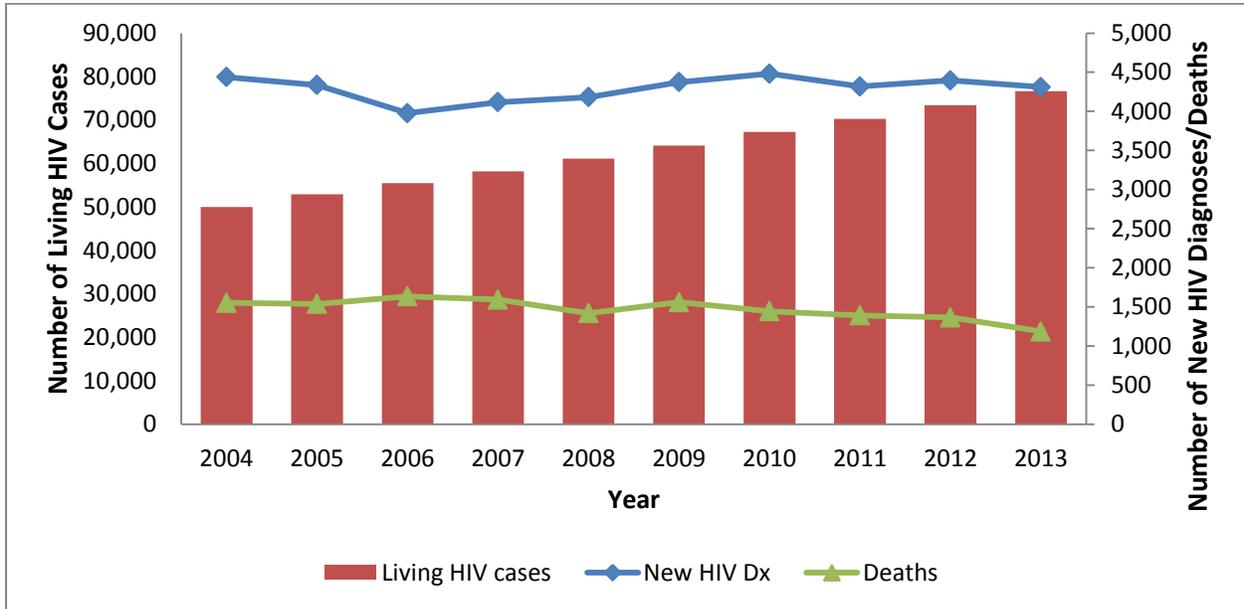
	Number of PLWH	Percentage of PLWH
Austin TGA	5,254	6.9%
Dallas EMA	18,428	24.1%
Fort Worth TGA	4,973	6.5%
Houston EMA	23,914	31.2%
San Antonio TGA	5,608	7.3%
East Texas	4,796	6.3%
US-Mexico Border	4,570	6.0%
Other Texas	5,321	6.9%
TDCJ	3,757	4.9%
Total	76,621	100.0%

Source: Texas eHARS, 2014

New diagnoses of HIV

In Texas, the number of new HIV diagnoses and deaths among PLWH has remained largely stable, averaging around 4,300 new diagnoses and 930 deaths per year since 2008. While new diagnoses have remained relatively stable, the rate of new HIV diagnoses has dropped from 20 per 100,000 population to 16.3 in the decade from 2003 to 2013. The decrease in rate is likely a reflection of Texas’ population growth in recent years (see Chapter 2 above), as numbers of new diagnoses have remained fairly stable over this time period.

Figure 13. HIV in Texas; People living with HIV, new HIV diagnoses, and deaths due to HIV, 2004-2013

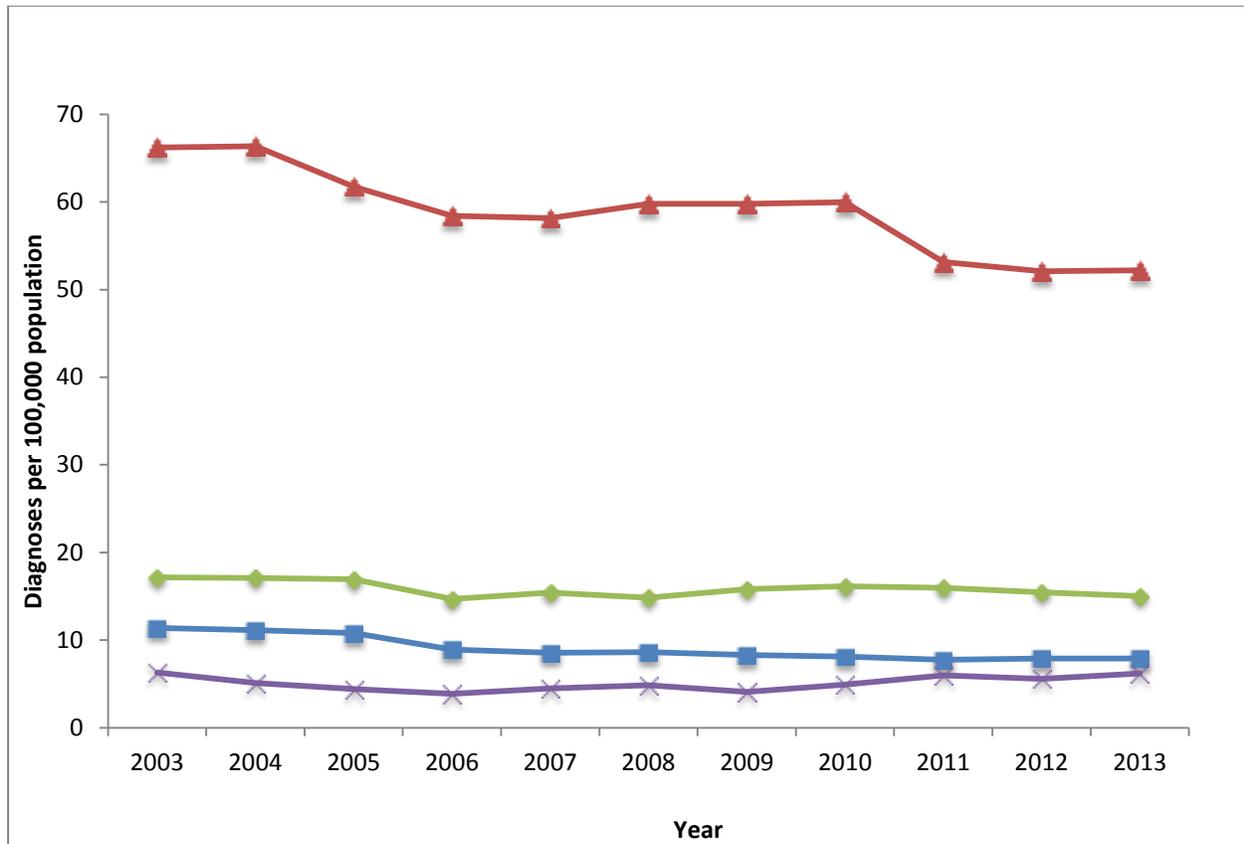


Source: Texas eHARS, 2014

New HIV Diagnoses by Sex and Race/Ethnicity

The number of new HIV diagnoses by race/ethnicity is shown in 14. While the number of new HIV diagnoses in Whites has declined over the past decade, the number among Hispanics has been rising to numbers similar to those reported for Blacks. While the number of new diagnoses among Black and Hispanics appear to be converging, these populations are of very different sizes, and rates of new diagnosis give a better understanding of the impact of HIV on these two groups.

Figure 14. Number of New HIV Diagnoses in Texas by Race/Ethnicity, 2003 - 2013



Source: Texas eHARS, 2013

The rates of new infections in Blacks have declined from 66 per 100,000 population in 2004 to 52.2 in 2013, reflecting prevention and treatment efforts in this group. Over that same time period, rates of new infections in Hispanics were stable. Despite the decreases seen for Blacks, in 2013 the rate of new diagnoses in Blacks was over six and a half times higher than the rate in Whites and over three times higher than the rate in Hispanics.

Males made up the majority of new diagnoses in 2013, but the distribution of cases between sexes varied by race/ethnicity (Table 7). While the ratio of male to female cases among Whites and Hispanics was about 4:1, the male to female ratio was closer to 2:1. The rate of new cases in Black women is second only to the rate in Black men, and is higher than the rate in Hispanic or White men.

Table 7: New HIV Diagnoses and Rates among Texans by Race/Ethnicity and Sex, 2013

Race/ethnicity	Males			Females			Total		
	Number	%	Rate	Number	%	Rate	Number	%	Rate
White	848	24.2%	14.5	93	11.5%	1.6	941	21.8%	7.9
Black	1164	33.2%	75.9	492	60.9%	30.0	1656	38.4%	52.2
Hispanic/Latino	1342	38.3%	26.2	185	22.9%	3.7	1527	35.4%	15.0
Asian/Pacific Islander	61	1.7%	10.6	16	2.0%	2.7	77	1.8%	6.5
Am Indian/AK Nat	2	0.1%	4.1	0	0.0%	0.0	2	0.0%	2.0
Unknown	84	2.4%	NA	22	2.7%	NA	106	2.5%	NA
Total	3501	100.0%	26.6	808	100.0%	6.1	4309	100.0%	16.3

Source: eHARS, 2014

New diagnoses by Sex and Age Group

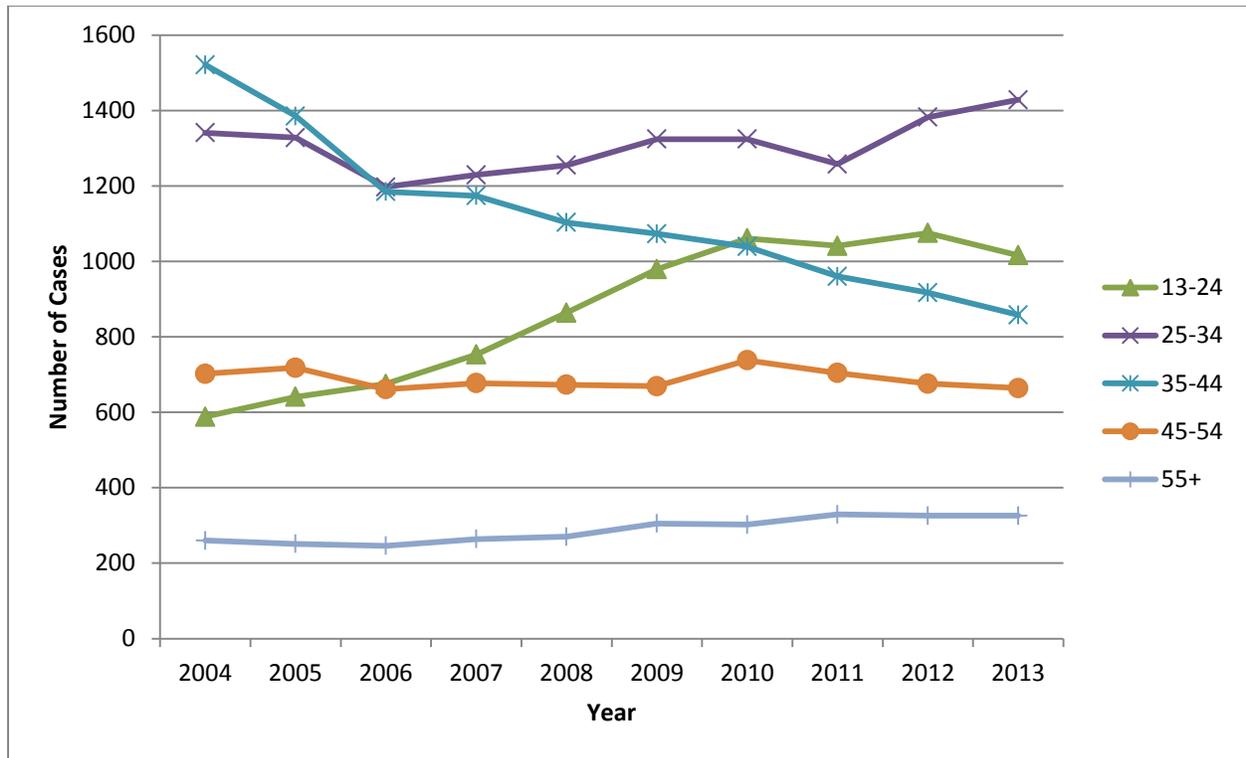
In 2013, the highest number of new HIV diagnoses came from the 25-34 year old age group (Table 8). In 2013, one in four new diagnoses was among the 15-24 year old age group. This group made up almost 26 percent of new cases in men, but only 19 percent of the new diagnoses in women.

Table 8: New HIV Diagnoses in Texas by Age Group and Sex, 2013

Age (yrs.)	Males			Females			Total		
	Number	%	Rate	Number	%	Rate	Number	%	Rate
0-1	6	0.2%	1.5	5	0.6%	1.3	11	0.3%	1.4
2-12	4	0.1%	0.2	2	0.2%	0.1	6	0.1%	0.1
13-24	887	25.3%	37.1	129	16.0%	5.7	1016	23.6%	21.9
25-34	1184	33.8%	60.8	244	30.2%	12.9	1428	33.1%	37.3
35-44	676	19.3%	37.9	182	22.5%	10.2	858	19.9%	24.0
45-54	515	14.7%	30.1	149	18.4%	8.6	664	15.4%	19.3
≥55	229	6.5%	8.5	97	12.0%	3.1	326	7.6%	5.6
Total	3501	100.0%	26.6	808	100.0%	6.1	4309	100.0%	16.3

Source: eHARS, 2014

Figure 15. Annual Number of New HIV Diagnoses in Texas by Age Group, 2003- 2013

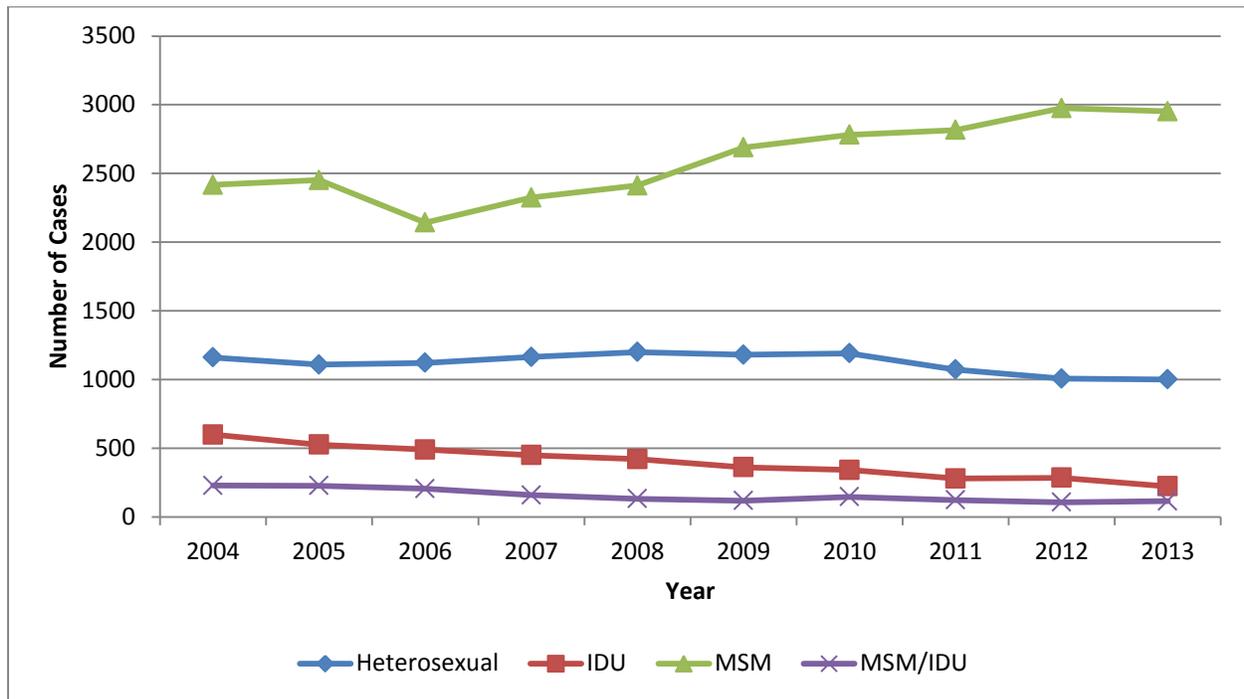


Source: Texas eHARS, 2014

New Diagnoses by Sex, Mode of Exposure and Race/Ethnicity

As shown in Figure 16, the number of new HIV diagnoses among MSM began to rise in 2006, with 2,952 cases reported for this group in 2013. No other group shows this level of sustained increase, with new diagnoses among IDU falling between 2003 and 2013, and heterosexual cases decreasing starting in 2010.

Figure 16. New HIV Diagnoses in Texas by Mode of Exposure, 2003 - 2013



Source: Texas eHARS, 2014

Men who have sex with men (MSM) are the most vulnerable transmission category, as 84.3 percent of all male diagnoses were MSM, and MSM made up two out of three new diagnoses in 2013. In women the most common mode of transmission was through heterosexual sex (Table 9).

Table 9: HIV Diagnoses in Texas by Mode of Exposure and Sex, 2013

Exposure category	Males		Females		Total	
	No.	%	No.	%	No.	%
MSM	2,952	84.3%	NA	NA	2,952	68.5%
IDU	138	4.0%	85	10.5%	223	5.2%
MSM/IDU	115	3.3%	NA	NA	115	2.7%
Heterosexual	285	8.2%	715	88.5%	1,001	23.2%
Perinatal	10	0.3%	8	0.99%	18	0.4%
Other	3,501	81.2%	808	18.8%	4,309	100.0%
Total	2,952	84.3%	NA	NA	2,952	68.5%

*differs due to weighting

Source: Texas eHARS, 2014

Table 9 shows that newly diagnosed HIV cases in Whites and Hispanics are concentrated in MSM. New diagnoses among Blacks were more widely distributed across modes of exposure, reflecting the broader scope and impact of HIV in the Black community.

Table 10: New HIV Diagnoses in Texas by Mode of Exposure and Race/Ethnicity, 2013

	White		Black		Hispanic/Latino		Asian/Pacific Islander		Am. Indian/Alaskan Nat		Other	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MSM	736	78.3%	958	57.9%	1,134	74.2%	53	66.8%	71	66.89%	958	57.9%
IDU	60	6.4%	90	5.4%	64	4.2%	3	3.8%	7	6.23%	90	5.4%
MSM/IDU	51	5.4%	25	1.5%	37	2.4%	1	0.9%	2	1.60%	25	1.5%
Heterosexual	91	9.6%	574	34.7%	288	18.8%	23	28.5%	26	24.34%	574	34.7%
Perinatal	3	0.3%	9	0.5%	5	0.3%	0	0.00%	1	0.94%	9	0.5%
Total	941	21.8%	1,656	38.4%	1,527	35.4%	79	1.8%	106	2.5%	1,656	38.4%

*differs due to weighting

Source: Texas eHARS, 2014

A Note on AIDS and HIV Stage Classification

In 2013, the CDC revised the case definition for HIV to include stages of infection based on clinical measures of disease²³. Acquired immunodeficiency syndrome (AIDS) is now classified as the third stage of HIV infection. The Texas Department of State Health Services (DSHS), observing the recommendations of the Center for Disease Control (CDC), has adapted reports to reflect that AIDS is a stage of HIV rather than a separate condition. Therefore, this report does not include separate analysis of AIDS diagnoses. Rather, AIDS diagnoses are included in the analysis of HIV infection.

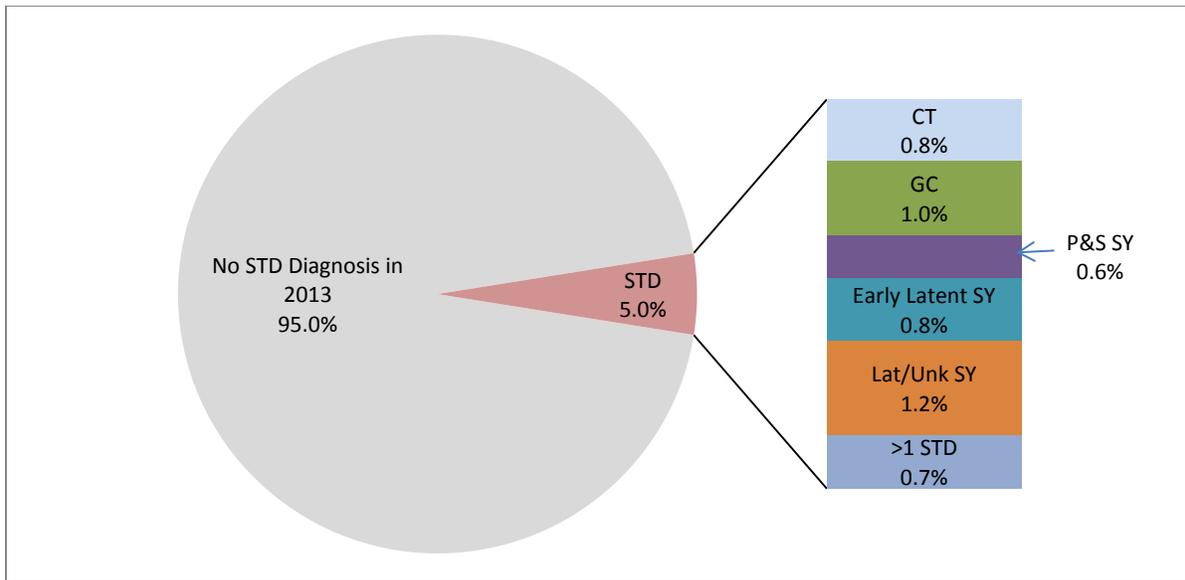
Chapter 5: HIV/STD Comorbidity

Persons living with HIV are at higher risk for acquiring STDs, and in turn, having an STD infection increases an individual's risk of contracting HIV. Some STDs that produce ulcers, or sores, break the lining of the skin and create an entry for HIV; additionally, increased inflammation due to STD infection leads to an increase in the number of white blood cells in the genital tract, providing more receptors for HIV. Once acquired, co-morbidities complicate treatment, create challenges for treatment adherence, and can make it easier to transmit HIV to a partner.

Between January 1, 2013 and December 31, 2013, 5 percent of PLWH in Texas were diagnosed with chlamydia (CT), gonorrhea (GC), or syphilis. The most commonly diagnosed STDs were early and latent syphilis, followed by gonorrhea (Figure 17).

²³ Revised Surveillance Case Definition for HIV Infection — United States, 2014 [MMWR Recomm Rep](#). 2014 Apr 11;63(RR-03):1-10.

Figure 17. STD Diagnoses in Persons living with HIV, Texas 2013

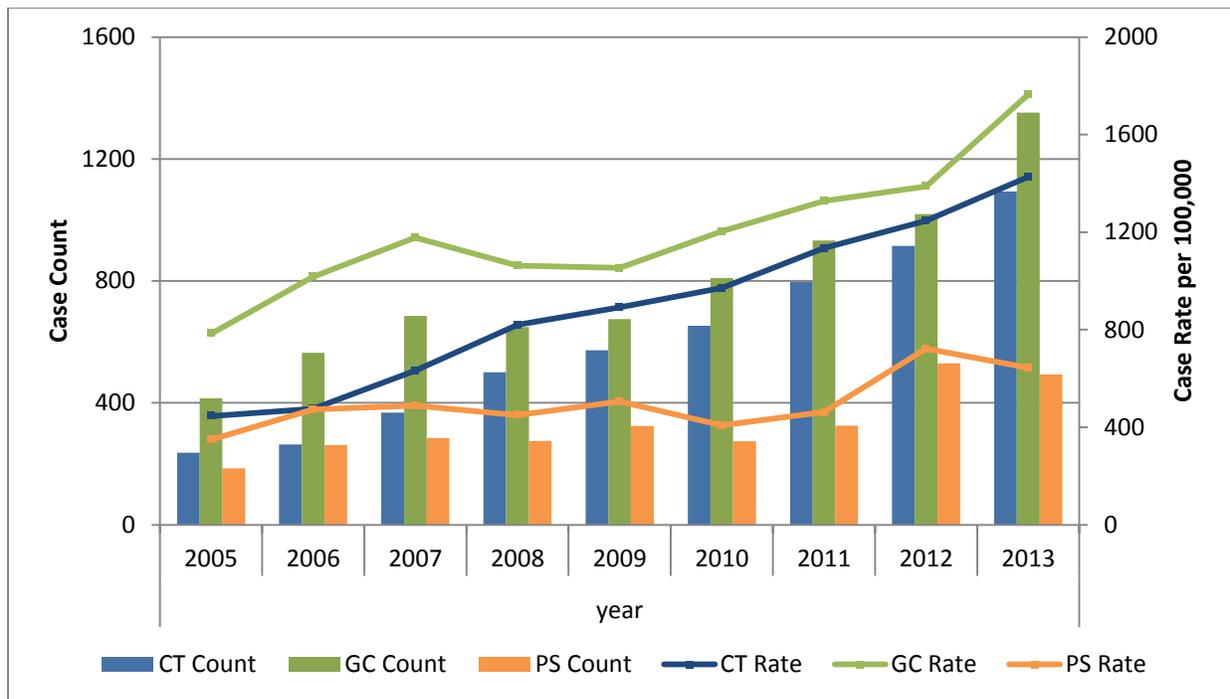


Source: STD*MIS 2013 and Texas eHARS, 2013

Diagnoses of chlamydia and gonorrhea among PLWH increased from 2011 to 2013. The increase is likely due to an increase in routine screening, improved testing technology and the development of electronic lab reporting system. Implementation of routine extragenital screening for chlamydia and gonorrhea may result in a continued increase in diagnoses of these infections in future years. Diagnoses of P&S syphilis among PLWH fell slightly in 2013 after a sharp increase of 32% from 2011 to 2013

Figure 18 shows new STD diagnoses and incidence rates among PLWH between 2005 and 2013. There were 1,093 chlamydia diagnoses among PLWH in 2013, an increase of 19% from the previous year. This is likely due to an increase in screening and detection. The number of gonorrhea diagnoses among PLWH increased from 649 in 2005 to 1352 in 2012, corresponding to a 2013 incidence rate of 1,887 per 100,000 PLWH, compared to 125.2 per 100,000 among the general population in Texas. There were 515 cases of primary and secondary (P&S) syphilis diagnosed among PLWH in 2013. The incidence rate of 672 per 100,000 is more than 120 times higher than the reported syphilis rate among the general population in 2013.

Figure 18. STD Case and Incidence Rate per 100,000 among PLWH in Texas, 2005 - 2013



Source: STD*MIS 2013 and Texas eHARS, 2013

Table 11 shows STD diagnoses and incidence rates among PLWH in 2013 by demographic and geographic groups of interest as well as by mode of exposure to HIV. STD incidence rates are highest among PLWH age 15 to 24 years of age. While this age group makes up only 5.1 percent of the PLWH population, they account for nearly 20 percent of all STD diagnoses among PLWH. STD incidence rates in the general population were also highest for this age group; however, incidence rates in PLWH were approximately 10 to 30 times higher.

Chlamydia and gonorrhea incidence rates were highest among Black PLWH in 2013. However, P&S syphilis rates were higher in Hispanic PLWH. Of particular concern are the disproportionately high incidence rates of all STDs among Black PLWH age 15-24. In 2013, the rate of gonorrhea in Black PLWH 15-24 years was 63% higher than the rate in their white peers and 38% higher than the rate in their Hispanic peers. In all age groups with the exception of 15-24, White and Hispanic PLWH experience much higher rates of P&S syphilis compared to their Black peers.

As would be expected, the majority of STD cases in PLWH were diagnosed in the five largest metropolitan areas. However, size of a metropolitan area did not seem to correlate with STD incidence rates in PLWH. Houston, the most populous city in Texas, also had the lowest incidence of all three STDs in PLWH. Fort Worth and Austin, two of the smallest, had the highest rates of P&S Syphilis. Dallas and Austin had the highest rates of chlamydia and Austin had the highest rate of gonorrhea, 1.5 times the rate of the area with the next highest rate (San Antonio). The reasons for this discrepancy are not readily apparent, but could be influenced by screening rates in HIV care facilities and the higher proportion of PLWH with unmet HIV-related need in Houston compared to other

metropolitan areas (see Chapter 8 below). Denser sexual networks in the smaller cities could expose PLWH to infections more frequently than PLWH persons living in large cities.

STD diagnoses among male PLWH were much higher than among female PLWH, largely due to the fact that the majority of PLWH are male. The incidence rate of gonorrhea among male PLWH was more than 4 times that of females, while the rate of P&S syphilis was nearly 50 times higher. Case rates for chlamydia were slightly higher in female PLWH, which is likely due to the less frequent screening and lower diagnostic sensitivity in males for chlamydia infection.

In Texas, more than half (58.5 percent) of PLWH in 2013 were men who have sex with men (MSM). Rates of gonorrhea and P&S syphilis infection were highest in MSM. Among MSM PLWH, Black MSM experienced the highest rates of all three STDs.

Table 11: STD Cases and Incidence Rates among PLWH in Texas, 2013

	PLWHA	Chlamydia		Gonorrhea		P&S Syphilis	
		Case	Rate	Case	Rate	Case	Rate
	76621	1093	1426	1352	1,764	493	643
Age group							
0-14	289	0	0	0	0	0	0
15-24	3882	231	5,950.5	319	8,217.4	96	2,473.0
25-34	14001	439	3,135.5	561	4,006.9	183	1,307.0
35-44	19691	224	1,137.6	273	1,386.4	110	558.6
45+	38758	199	513.4	199	513.4	104	268.3
Race/Ethnicity							
White	21838	210	961.6	323	1479.1	128	586.1
Black	28682	515	1795.6	619	2158.1	177	617.1
Hispanic	23018	328	1425.0	351	1524.9	165	716.8
Other	771	4	518.8*	12	1556.4	4	518.8*
Unknown	2312	36		47	1479.1	19	
Sex							
Female	16699	246	1473.1	84	503.0	3	18.0*
Male	59922	847	1413.5	1268	2116.1	490	817.7
Current Residence							
Austin	5304	96	1810.0	120	2262.4	67	1263.2
Dallas	15403	284	1843.8	341	2213.9	107	694.7
Houston	21978	323	1469.7	395	1797.3	105	477.8
Fort Worth	4635	66	1423.9	92	1984.9	62	1337.6
San Antonio	4248	80	1883.2	139	3272.1	53	1247.6
Risk Group							
MSM	14938	775	1753.8	1148	2597.9	457	1034.2
IDU	1917	61	690.9	41	464.4	4	45.3
MSM/IDU	1044	42	961.7	69	1580.0	27	618.2
Heterosexual	4881	247	1347.2	104	567.2	11	60.0
Black MSM	11808	310	2625.4	493	4175.3	165	1397.4
Hispanic MSM	14938	252	1687.0	310	2075.2	154	1030.9
White MSM	15736	181	1150.2	290	1842.9	115	730.8

* Rates calculated with numerators of ≤ 3 are statistically unstable and should be interpreted with caution

Source: STD*MIS 2013 and Texas eHARS, 2014

Chapter 6: HIV/AIDS Mortality in Texas

Due to a two year lag in death data from the National Data Index (which may include Texans who died out of state), data on mortality is only complete through 2011.

With the introduction of Anti-Retroviral Therapy (ART) medications in the late 1990s, mortality attributable to HIV/AIDS has dropped substantially. In 2011, the mortality rate directly attributable to HIV/AIDS in Texas was 2.7 per 100,000 population, down from 3.0 in 2010. However, this mortality rate varies substantially between race/ethnic groups and by sex.

Among adults age 25-44 in Texas, HIV was the 8th leading cause of death in 2011 (**Table 12**). In 2010, HIV was the 7th leading cause of death in this age group. Among whites, HIV dropped from the 8th leading cause of death to the 10th leading cause of death in this age group from 2010 to 2011. In blacks age 25-44, HIV remained the 6th leading cause of death for the second consecutive year. For black males in this age group, HIV was the 8th leading cause of death, and for black females in the same age group, HIV was the 5th leading cause of death.

Table 12. Cause of death rankings among adults age 25-44 in Texas, 2011

Cause of Death	All Races		White		Black		Hispanic		Other	
	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#
Accidents	1	2441	1	1294	2	271	1	819	2	57
Malignant Neoplasms	2	1262	3	563	4	220	2	415	1	64
All Other Diseases	3	1210	4	560	3	242	3	370	3	38
Diseases of the Heart	4	1164	5	505	1	319	4	266	6	23
Intentional Self-Harm (Suicide)	5	976	2	556	7	72	5	213	4	31
Assault (Homicide)	6	537	6	124	5	187	6	201	5	25
Chronic Liver Disease and Cirrhosis	7	250	7	114	*	*	7	121	*	*
Human Immunodeficiency Virus (HIV) Disease	8	249	10	47	6	105	8	94	*	*
Diabetes Mellitus	9	232	8	111	9	48	10	67	8	6
Cerebrovascular Diseases	10	212	9	73	8	50	9	82	7	7

*Was not among top 10 causes of death for this race/ethnicity group

Source: Texas Department of State Health Services Center for Health Statistics

The rate of death due to HIV in Texas for 2011 (2.7 per 100,000 population) was about the same as the rate of death due to HIV at the national level (2.5 per 100,000 population). For this report, a death is considered attributable to HIV if HIV is listed as the underlying cause of death on the death certificate. Within race/ethnicity and sex groups, there is considerable variation in the rate of death attributable to HIV (**Table 13**). Blacks of both genders experienced a disproportionately higher rate of deaths due to HIV, at more than 3 times the state rate, and five times that of Hispanics, who experienced the next highest rate of death due to HIV.

Table 13. Number of deaths due to HIV* and rates per 100,000 population in Texas by race/ethnicity, 2011

Race/ethnicity	Males		Females		Total	
	#	Rate	#	Rate	#	Rate
White, non-Hispanic	156	3.1	41	0.7	197	1.7
Black, non-Hispanic	164	11.2	108	6.9	272	9.0
Hispanic, all races	194	4.0	48	1.0	242	2.5
Other**	1	0.2	1	0.2	2	0.2
Unknown	19	*	11	*	30	*
Total	534	4.2	209	1.6	743	2.9

Source: Texas Department of State Health Services Center for Health Statistics

Mortality among People Living with HIV/AIDS (PLWH) is not always attributable to their HIV disease; for example, PLWH may die due to accidents or diseases unrelated to their HIV infection. Overall, 54% of 2011 deaths in PLWH in Texas were directly attributable to HIV/AIDS. The highest percentage of 2010 deaths in PLWH which were directly attributable to HIV/AIDS occurred in young people ages 15-24 (69%), and the lowest percentage occurred in individuals 55+ years (41%). Nearly 70% of deaths in Hispanic PLWH were directly attributable to HIV, compared to 54% of deaths in Black PLWH and 43% of White PLWH.

The overall age-adjusted death rate among PLWH increased from 786.8 per PLWH in 2010 to 835.3 per PLWH in 2011. The rate of death due to HIV among PLWH in 2011 was disproportionately higher in females and racial minorities (**Table 14**). The highest 2011 rate of HIV-associated mortality among PLWH occurred in Hispanic female PLWH, followed by White non-Hispanic female PLWH. White non-Hispanic female PLWH are the race/sex group with the greatest proportion of Intravenous Drug Use (IDU), with nearly 40% of women in the group reporting IDU use as their main HIV transmission risk. Studies have estimated that IDU contributes to significant survival loss among PLWH.²⁴

Among male PLWH, Black and Hispanic men have a higher rate of mortality due to HIV/AIDS than White PLWH (**Table 14**). Higher HIV/AIDS mortality among minority populations has persisted despite the introduction of ART.²⁵

²⁴ Losina E, Schackman BR, Sadownik SN, et. al. Racial and sex disparities in life expectancy losses among HIV-infected persons in the united states: impact of risk behavior, late initiation, and early discontinuation of antiretroviral therapy. Clin Infect Dis. 2009 Nov 15;49(10):1570-8.

²⁵ Rubin, MS, Colen CG, Link, BG. Examination of Inequalities in HIV/AIDS Mortality in the United States from a Fundamental Cause Perspective. Am J Pub Health 2009 Jun;100(6):1053-9

Table 14. Rate of death due to HIV* in People Living with HIV (PLWH) per 100,000 PLWH in Texas by race/ethnicity, 2011

	Males	Females	Total
Race/ethnicity	Rate	Rate	Rate
White, non-Hispanic	601.9	1254.5	702.0
Black, non-Hispanic	652.3	992.9	771.4
Hispanic, all races	711.2	1004.5	774.0
Other**	‡	‡	‡
Total	684.4	1083.1	782.9

*Deaths due to HIV are those where HIV is listed as the underlying cause on an accompanying death certificate

**Other includes persons of American Indian/Alaskan Native, Asian/Pacific Islanders, and mixed race/ethnicity

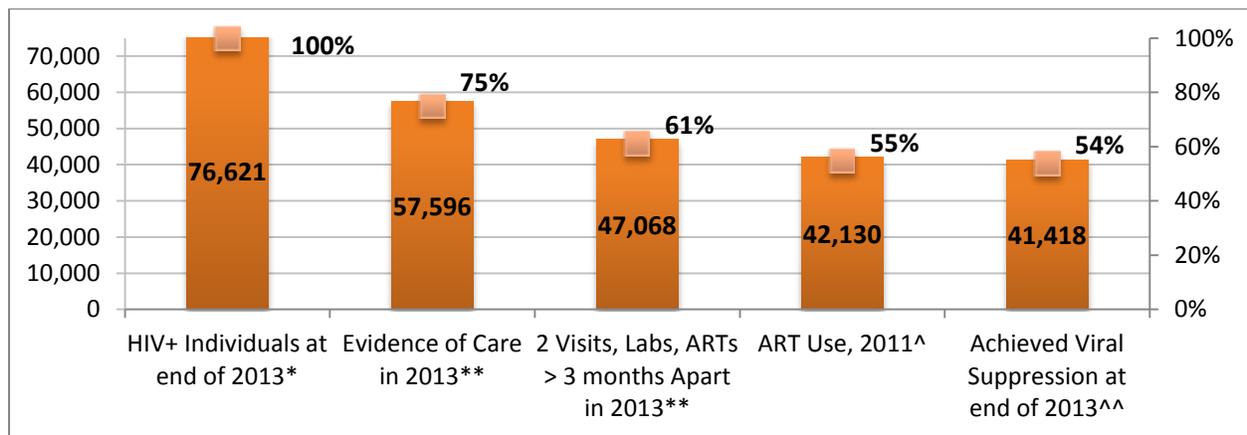
Source: eHARS 2013

‡ Rates calculated for the “other” race group are unstable due to low numbers

Chapter 7: Continuum of Care among PLWH in Texas

The Texas HIV Treatment Cascade is a graphical representation of the HIV continuum of care among Texans living with HIV. The Treatment Cascade demonstrates statewide coverage and community-level impact on health outcomes for PLWH.²⁶ Each successive bar demonstrates the steps between HIV diagnosis, obtaining medical care, retention in that care, antiretroviral therapy (ART) use, and viral suppression. Suppression of the HIV virus is associated with a dramatic reduction in HIV transmission. The cascade can be used as a tool or guide in developing appropriate interventions. Each measure in the cascade is constructed using HIV Surveillance data, HIV care services data, and electronic lab report data.

Figure 19. Texas HIV Treatment Cascade, 2013



* Texas eHARS data as of July 2014

** DSHS HIV Unmet Need Project, 2013 (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)

^ Medical Monitoring Project, 2011 Weighted estimates from interviews and medical chart review

^^ Electronic Lab Records, ARIES labs, ADAP labs, 2013

²⁶ Greenberg, Alan E.; Hader, Shannon L.; Masur, Henry; Young, A. Toni; Skillicorn, Jennifer; Dieffenbach, Carl W. Fighting HIV/AIDS in Washington, D.C. Health Affairs, 2009.

HIV Prevalence

HIV prevalence is the number of PLWH within the last calendar year of data available. At the end of 2013, there were 76,621 people diagnosed and living with HIV in Texas who are aware of their HIV status. In Texas, HIV prevalence increases by about 4,200 people each year.

Met Need

Among all PLWH in Texas, 75% (or 57,596) had evidence of receiving medical care (a.k.a. had met need) in 2013. Having a met need for HIV primary medical care is defined as evidence of any of these four criteria during 2013: 1.) a viral load (VL) test, 2.) a CD4 test, 3.) a record of a prescription for anti-retroviral therapy, or 4.) a medical (i.e. OAMC) visit. In order to create this measure, the following data sources were used (using a personal identifier-based matching process) to determine if a client had evidence of medical care in 2013:

- Enhanced HIV/AIDS Reporting System (eHARS) -This is the data source that is used as the universe of HIV/AIDS cases for tracking those living with HIV and newly diagnosed individuals.
- Texas AIDS Drug Assistance Program (ADAP) or State Pharmacy Assistance Program (SPAP) – If ADAP/SPAP provided antiretroviral (ARV) medications for a client, and the client was matched to an individual in eHARS, the person was to considered to have met medical need for the year in which the medication was provided.
- State and national providers, commercial laboratories and public health entities report CD4 and viral load labs, among other HIV and STD related tests, to AIDS Regional Information and Evaluation System (ARIES) – Services provided to Ryan White eligible clients by funded service providers are reported in ARIES. If a client received a viral load, CD4 count, laboratory service, antiretroviral (ARV) medication, or an outpatient/ambulatory medical care (OAMC) visit during 2013, the client was reported as having a met medical need during that year.
- Medicaid/ Children’s Health Insurance Program (CHIP) – If a client received a viral load, CD4 count, laboratory service, ARV medication, or an outpatient/ambulatory medical visit through Medicaid/CHIP during 2013, the client was reported as having a met medical need during that year.
- Private Insurers – For this analysis, a few of the largest private providers in Texas extracted relevant procedures (CD4 counts, viral load measurements, ARV, or an outpatient/ambulatory medical visit) from their claims systems.

Continuous Visits and Labs – 2 Visits or VLs or CD4s three to six months apart

In 2010, The Texas Department of State Health Services developed a new measure of care for PLWH with guidance from the medical standards of care and tenets set forth in the National HIV/AIDS Strategy.²⁷ Medical guidelines state that all PLWH should have two HIV-related medical care visits and two CD4 t-cell counts or viral load lab tests within three to six months apart within a 12 month period. These measures are referred to as continuous medical visits and continuous labs, and they estimate the number of persons with HIV getting care that conforms to medical standards of care. Among PLWH who know and do not know their status, 61% (or 47,068) PLWH had at least two medical visits (or viral load or CD4 tests) more than three months apart.

²⁷ The White House Office of National AIDS Policy. (2010) National HIV/AIDS Strategy, Federal Implementation Plan.

Antiretroviral Therapy (ART) Use

Use of antiretroviral therapy (ART) under the care of a licensed physician is essential for HIV infected persons. Using 2011 data from the Texas and Houston Medical Monitoring Projects (MMP), antiretroviral therapy (ART) use is the estimated number and statewide representative percentage of adults aged ≥ 18 years receiving medical care whose medical record documented that they were prescribed ART in the 12 months preceding the interview. In 2011, an estimated 42,130 persons with HIV were taking ART medications.

Viral Suppression

Early and consistent use of antiretroviral medications reduces the amount of HIV virus circulating in an individual's bloodstream. A measure of the amount of HIV virus in a person's bloodstream is known as viral load.²⁸ Community viral load is the outcome measure to evaluate the effectiveness of the National HIV/AIDS Strategy. Research has found a direct relationship between a low community viral load and reduction in new HIV diagnoses.²⁹ We calculated the number of PLWH who achieved viral suppression at the end of 2013. Among PLWH, 54% (or 41,418) achieved viral suppression (≤ 200 copies/mL) as determined by their last (or only) viral load test in that year.

Chapter 8: Linkage-To-Care among 2013 Newly Diagnosed Individuals

Linkage-To-Care among 2013 Newly Diagnosed Individuals

Successful linkage to medical care is important for individuals living with HIV and for their communities; it ensures that individuals monitor their disease and initiate HAART treatment when deemed appropriate by the provider and the patient. Additionally, it protects community members against infection because PLWH with low viral loads are less likely to transmit the virus to others.

According to the National HIV/AIDS Strategy, successful linkage-to-care is defined as evidence of clinical care within three months of HIV diagnosis. The 2015 target set in the National HIV/AIDS Strategy is for 85% of newly diagnosed people living with HIV to be linked to medical care within three months of diagnosis.³⁰ The DSHS analysis defined successful linkage-to-care as evidence of at least one of the following things: 1.) a CD4 count, 2.) a viral load test, 3.) evidence of antiretroviral therapy, or 4.) an outpatient/ambulatory medical care visit within three months of diagnosis with HIV.

To identify newly diagnosed PLWH, DSHS used data from the Enhanced HIV/AIDS Reporting System (EHARS). Health care service dates came from the AIDS Regional Information and Evaluation System (ARIES), HIV2000 (the AIDS Drug Assistance Program data system), electronic lab reporting (ELR), Medicaid/CHIP and private insurers.³¹

²⁸ Mellors JW, Munoz A, Giorgi JV, Margolick JB, et al. (1997) Plasma Viral Load and CD4⁺ Lymphocytes as Prognostic Markers of HIV-1 Infection. *Annals of Internal Medicine* 126 (12).

²⁹ Das M, Chu PL, Santos G-M, Scheer S, Vittinghoff E, et al. (2010) Decreases in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco. *PLoS ONE* 5(6): e11068. doi:10.1371/journal.pone.0011068

³⁰ Like retention-to-care, this measure is defined in the positive, meaning that the aim is to increase the proportion of people successfully linked to care. In contrast, the aim of unmet need estimates is to reduce the proportion of people with unmet need.

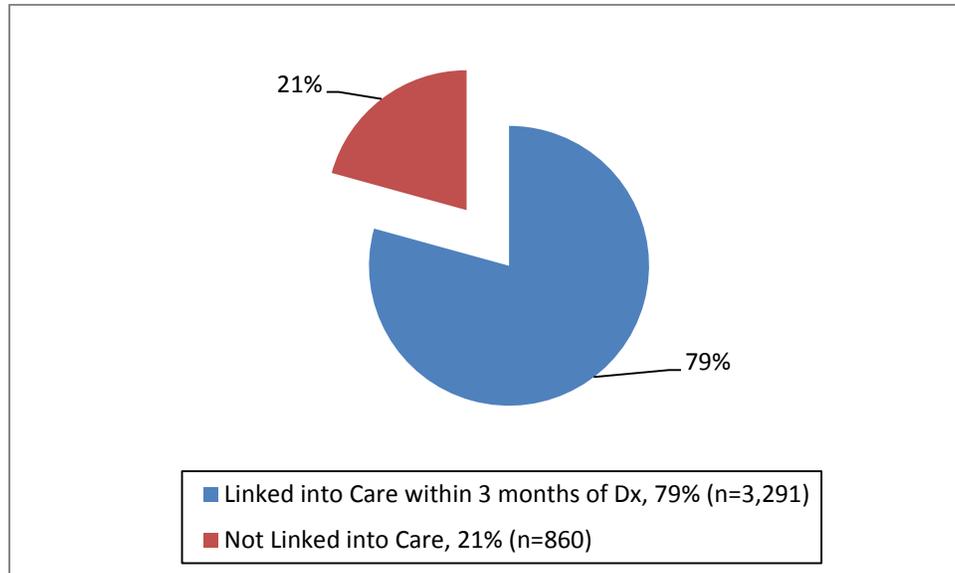
³¹ Please note that the fourth quarter of 2013 Medicaid/CHIP data was not available for release at the time this report was written.

Deceased individuals were excluded from analysis. Additional demographic data for race/ethnicity, gender, age, region of diagnosis, and date of diagnosis were also obtained from these sources in order to look for disparities.

2013 Linkage-to-Care Group Estimates

In 2013, 79% (n=3291) of newly diagnosed PLWH in Texas were linked into care within three months (Figure 20) of their HIV diagnosis date. This category is also referred to as timely linkage to care. For newly diagnosed individuals in 2013, another 21% (n=860) were not linked into care in 3 months.

Figure 20. Linkage to Care Estimates for Newly Diagnosed Individuals in Texas, 2013

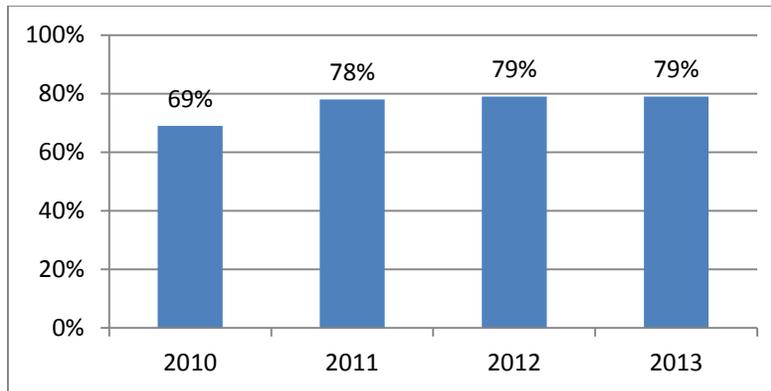


Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project (is this Aries), 2014

A goal of the National HIV/AIDS Strategy is to increase the number and proportion of people linked to care within three months. Based on this estimate, Texas is 6 percentage points short of the National HIV/AIDS Strategy Target for linkage-to-care (85%). From this baseline measure, more work must be done to ensure that successful linkage-to-care is achieved for those newly diagnosed with HIV. Groups that have both a large number and a low proportion of people not linked into care should receive priority attention when creating strategies for meeting the medical needs of all PLWH and increasing the proportion of PLWH linked to care.

Linkage-to-Care over Time

Figure 21. Percent of Newly Diagnosed People Linked in 3 Months



Data Source: Texas eHARS data as of July 2014 and HIV Services Unmet Need Project 2014

As shown in Figure 21, in 2011 and 2013, linkage to care among newly diagnosed people remained between 78% and 79%. In 2010, undetectable viral loads became reportable to DSHS. Therefore, the increase in linkage between 2010 and 2011 was partially due to better data quality.

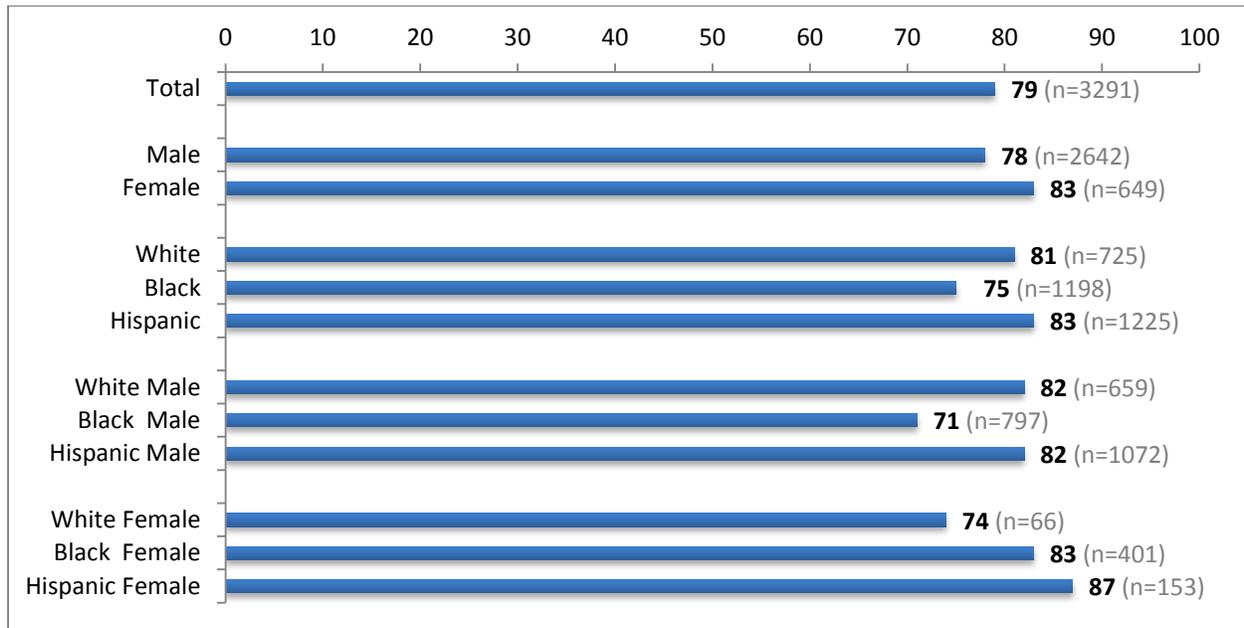
While the overall percentage of linkage-to-care is 79%, differences exist by various sub-groups. Earlier findings in this profile have highlighted disparities in engagement in care among vulnerable populations, such as racial/ethnic minorities and sexual minorities (see **Unmet Need and Retention in Care sections**). Differences in linkage-to-care outcomes are shown below and demonstrate that differences exist both in proportion and numbers of people with successful linkage to care. Populations with smaller-than-average proportions of people linked to care are important to identify because they may uncover systematic barriers to care.

Disparities by Sex and Race/Ethnicity

Among newly diagnosed PLWH in 2013, a higher proportion of females (83%) versus males (78%) were linked to care (**Figure 22**). Throughout these analyses, females have had higher rates of engagement in the medical system, and this pattern is repeated in rates of successful linkage-to-care.

Black men had the lowest percentage linked within three months, (71%); both Hispanic men (82%) and White men (82%) were higher than average. Among women, racial disparities were still evident, with Whites (74%) behind Blacks (83%) and Hispanics (87%) as shown in Figure 21.

Figure 22. Percent of Newly HIV Diagnosed Individuals Linked Into Care within Three Months of HIV Diagnosis by Sex and Race/Ethnicity, 2013



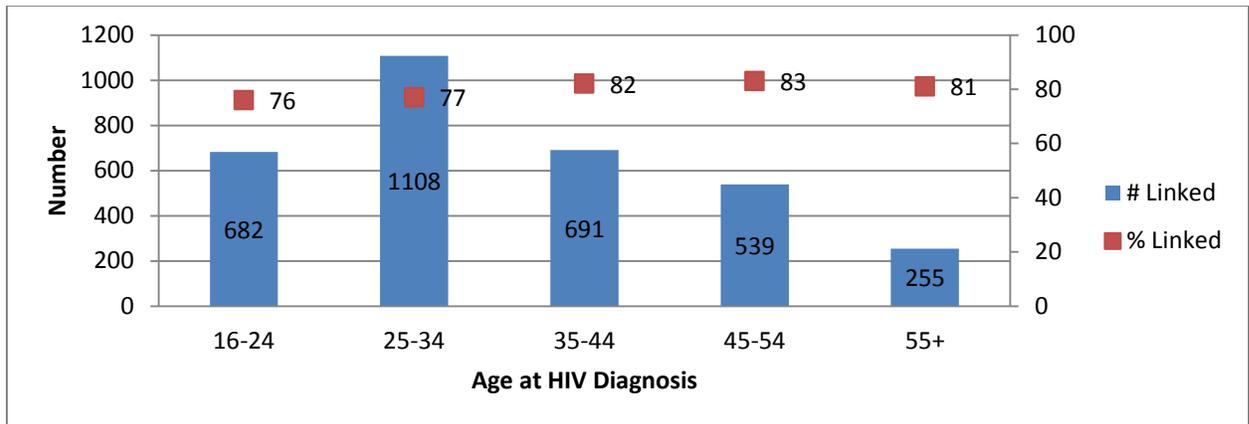
Data Source: Texas eHARS data as of July 2014 and HIV Care Services Unmet Need Project 2014

Blacks are the largest demographic group of people with newly diagnosed infections, yet they are the smallest race group linked to care in a timely manner (1198 people out of 4151 newly diagnosed people). It is noteworthy that the proportion linked in 2013 (75%) is a slight increase since last year because in 2012, 72% of Blacks were linked to care within three months from HIV diagnosis. Increasing linkage to care for Blacks would help us reach the National HIV/AIDS Strategy goal of 85%.

Age Differences

Linkage-to-care percentages were highest among people ages 45-54 (83%) and 55 and older (81%), and lowest among adolescents and young adults (ages 16-24) at 76% (Figure 23).

Figure 23. Number and Percent of Newly HIV Diagnosed Individuals Linked Into Care within Three Months of Diagnosis by Age, 2013.



Data Source: Texas eHARS data as of July 2014 HIV Services Unmet Need Project 2014

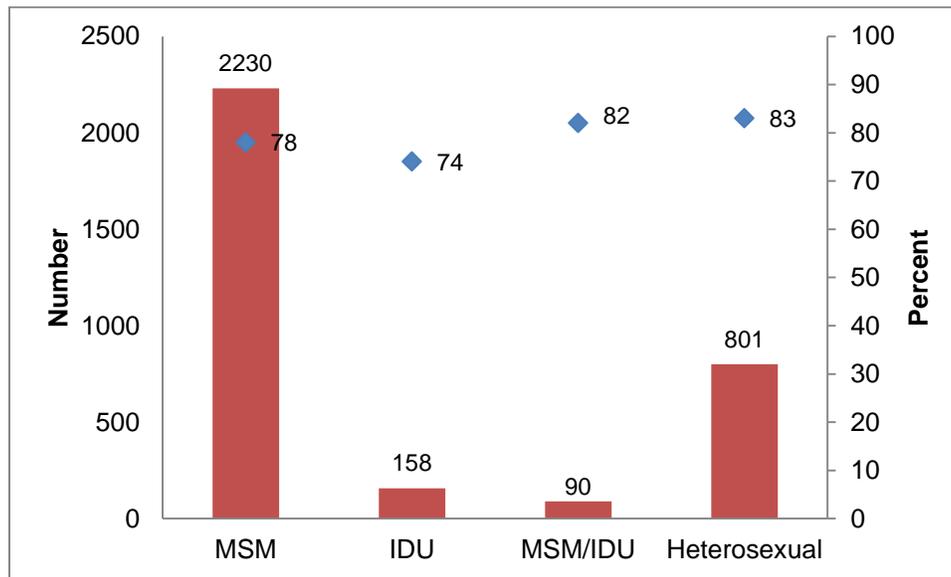
Poor linkage to care outcomes among young people suggests that the future well-being and life expectancy of this group will be negatively impacted by delayed entry into care. Sixteen percent of newly diagnosed PLWH in 2013 were ages 16-24 and 26% were 25-34 years old, comprising the majority of this population and contributing to the fact that 16-34 year olds make up just under half of all those individuals newly diagnosed with HIV. Increasing linkage to care for these age groups would help us reach the goal of 85%.

Linkage-to-Care by Mode of Exposure

This section presents statewide estimates of linkage-to-care by mode of exposure followed by linkage-to-care estimates within each mode of exposure. Nationwide surveys point to the association between mode of HIV exposure and early linkage to care. Figure 24 shows which mode of exposure subpopulations are less likely to be linked to care.³²

³² Due to the small number of cases with pediatric exposure or those classified as other adult exposures, these groups will not be included in this section.

Figure 24. Number and Percent of Newly HIV Diagnosed Individuals Linked into Care within Three Months of Diagnosis by Mode of Exposure, 2013³³



Data Source: Texas eHARS data as of July 2014 HIV Services Unmet Need Project 2014

MSM

HIV/AIDS affects more males than females and most males who acquire HIV are men-who-have-sex-with-men (MSM). Of newly diagnosed PLWH evaluated on linkage-to-care measures, 78% of males were linked and within that group 78% of MSM were linked in a timely manner.

Historically, the IDU and MSM/IDU risk groups have the lowest percentages of engagement in care. However, in 2013, 74% of newly diagnosed IDU were linked into care, comparable to the 83% of high-risk heterosexual linked to care. MSM/IDU also had noticeably higher linkage-to-care (82%) than in past years. Some subgroups within each mode of exposure are at a disadvantage in getting linked into care and remaining in care. For example, those who are both a racial/ethnic and sexual minority are identified as facing heightened risks for negative linkage and retention in care outcomes.³⁴

Young, Black MSM

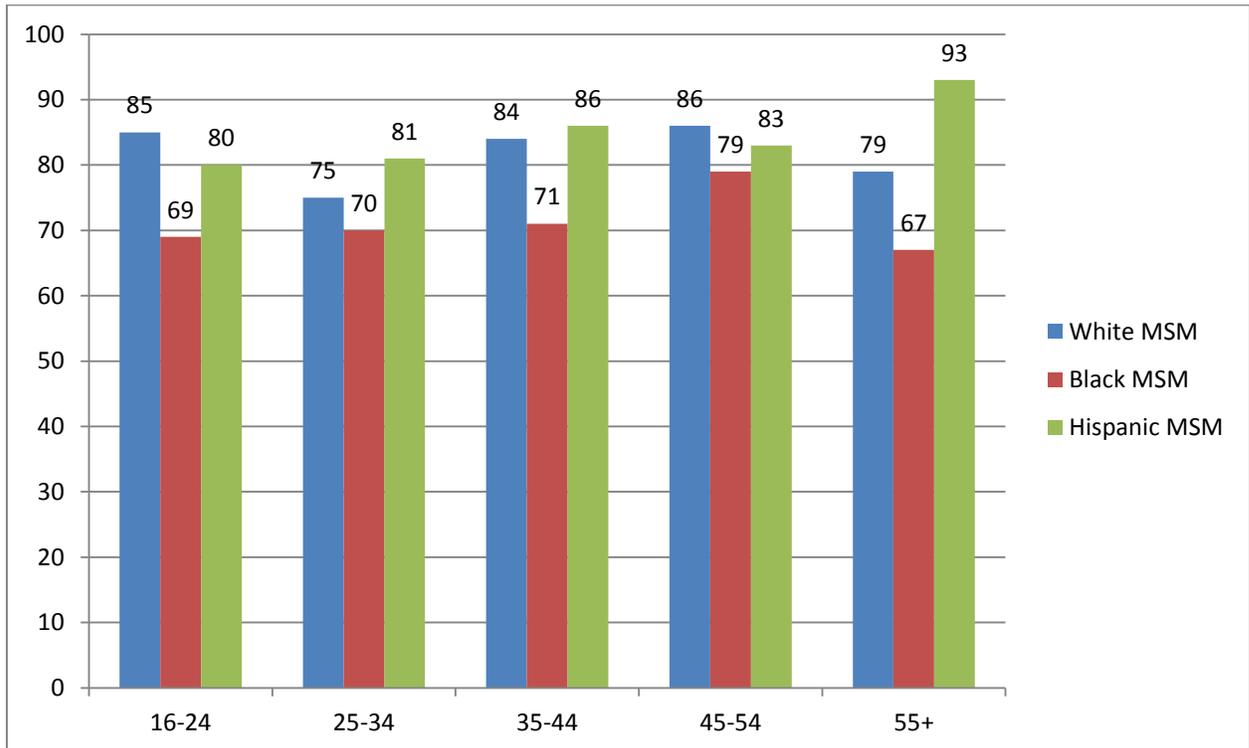
As mentioned previously, 16 to 24 year olds were 16% of all newly diagnosed individuals in 2013. In addition, MSM comprised the largest group of individuals newly diagnosed with HIV, so it is therefore not surprising that this group had the largest number of people linked to care. Like Blacks within other transmission groups, a smaller proportion of Black MSM was linked to care in a timely manner. Figure 25 shows the percent of newly diagnosed MSM linked to care by race/ethnicity and (current) age. In general, older MSM were linked into care

³³ Cases with unknown risk have been redistributed based on historical patterns of reclassification and therefore numbers include decimals points (due to individuals with multiple risk patterns). Numbers are shown here with decimals because as they are further broken down in cross-tabulations, percentages are based on numbers with decimal points. If numbers are presented without decimal points the percentages may appear incorrect.

³⁴ Christopoulos, K.A. et al. 2013. Linkage and Retention in HIV Care among Men Who Have Sex with Men in the United States. *Clinical Infectious Disease*, 52 (Supplemental 2): S214-S222.

in a timely manner compared to young MSM. Within each age group, a smaller proportion of Black MSM were linked to care within three months of their HIV diagnosis compared to other MSM. It's noteworthy that of all these groups, Black MSM over the age of 55 had the lowest linkage to care rates (69%). Furthermore, Black MSM between 25 and 34 years of age also had low linkage rates, at 70%.

Figure 25. Percent of Newly HIV Diagnosed MSM Linked Into Care within Three Months of Diagnosis by Race/Ethnicity and Age, 2013



Data Source: Texas eHARS data as of July 2014 HIV Services Unmet Need Project 2014

Regional Differences in Linkage to Care by HSDA

Appendix 1 shows differences in proportions of newly diagnosed PLWH who were linked to care within 3 months of their HIV diagnosis by HIV Service Delivery Area (HSDA). Several HSDAs are above the statewide linkage average of 79%. High proportions of newly diagnosed people were linked in the El Paso (89%), Lufkin (89%), and Permian Basin (89%) HSDAs. Many rural areas showed high linkage (yet not many new diagnoses) such as Uvalde (100%), Sherman Denison (100%), and Wichita Falls (100%) HSDAs. Urban areas that show high than average linkage were Dallas (80%), Fort Worth (84%), and Austin (81%) HSDAs. Other areas show lower than average linkage rates, such as Texarkana (68%) and Tyler (67%) HSDAs.

Chapter 9: Estimates of Unmet Need Trends for HIV-Related Medical Care

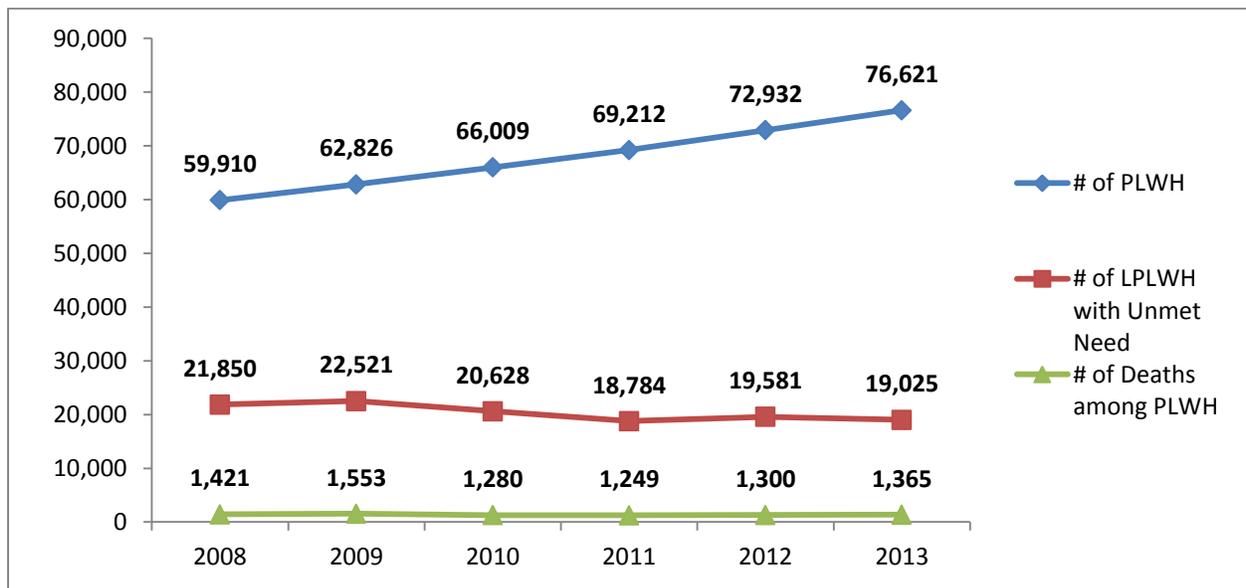
Unmet need for HIV-related medical care is defined as the population living with HIV and having no evidence of any of the following during a one-year period: a CD4 count, a viral load test, antiretroviral therapy (ARV), or an

outpatient/ambulatory medical care (OAMC) visit. Unmet need was calculated for the calendar year 2013. Also, if there is no evidence of any of these services being provided, it is unlikely that individuals are consistently involved in a system of medical care that adheres to current care standards. Unmet need group estimates for 2013 and Unmet group estimates by demographics and risk group are discussed further in detail.

Unmet Need Trends for HIV-Related Medical Care, 2008-2013

The total number of PLWH is increasing since those diagnosed years ago are living longer, and about 4,200 new cases are diagnosed each year. Although the number of reported PLWH in Texas increased by 24% between 2008 and 2013, the number with unmet need for HIV-related care was stable from 2008 to 2009: around 22,521 PLWH not in care (Figure 26). In recent years, the number of PLWH with unmet need has been stable 18,784 in 2011 and 19,025 in 2013. Estimates of unmet need for HIV-related medical care fell from 36% in 2008 to 25% in 2013. Fortunately the number of PLWH in care is increasing, and this explains why unmet need is declining.³⁵

Figure 26. Unmet Need Trends in Texas between 2008 and 2013



Data Source: Texas eHARS data as of July 2014 and HIV Services Unmet Need Project 2014

2013 Unmet Need Group Estimates

When looking at the unmet need information presented here, there are two types of PLWH populations to consider: the populations which have the **largest number** of infected individuals out of care and/or the populations which have the **greatest proportion** of infected individuals out of care. The latter group represents a population that is suffering a large burden of unmet need, even if the total number of people out of care in that population is small.

³⁵ The decrease in unmet need occurred mostly between 2010 and 2011 and is partially driven by the increase in laboratory data. In 2010, undetectable viral loads and all CD4 tests were added to the reporting requirements in Texas. This reporting requirement resulted in approximately 55% of PLWH with unmet need reported having at least one CD4 or viral load test in 2010.

Almost one out of every three PLWH (25%) in 2013 did not receive HIV-related medical care (Figure 27).³⁶ Groups with unmet need higher than the average have striped bars in the figures shown below. Differences in unmet need based on demographic characteristics, region, and co-morbidities are presented in (Figures 28-31):

- Males (25%), Blacks (27%), and Hispanics (27%)
- Black males (33%) and Hispanic males (29%)
- People ages 13-24 (34%), 25-34 (38%) and 35-44 (39%);
- People in the IDU(35%), MSM/IDU(30%), Heterosexual (27%) and Adult Other (29%) risk groups
- People living in East Texas (26%) or along the U.S.-Mexico border (34%).

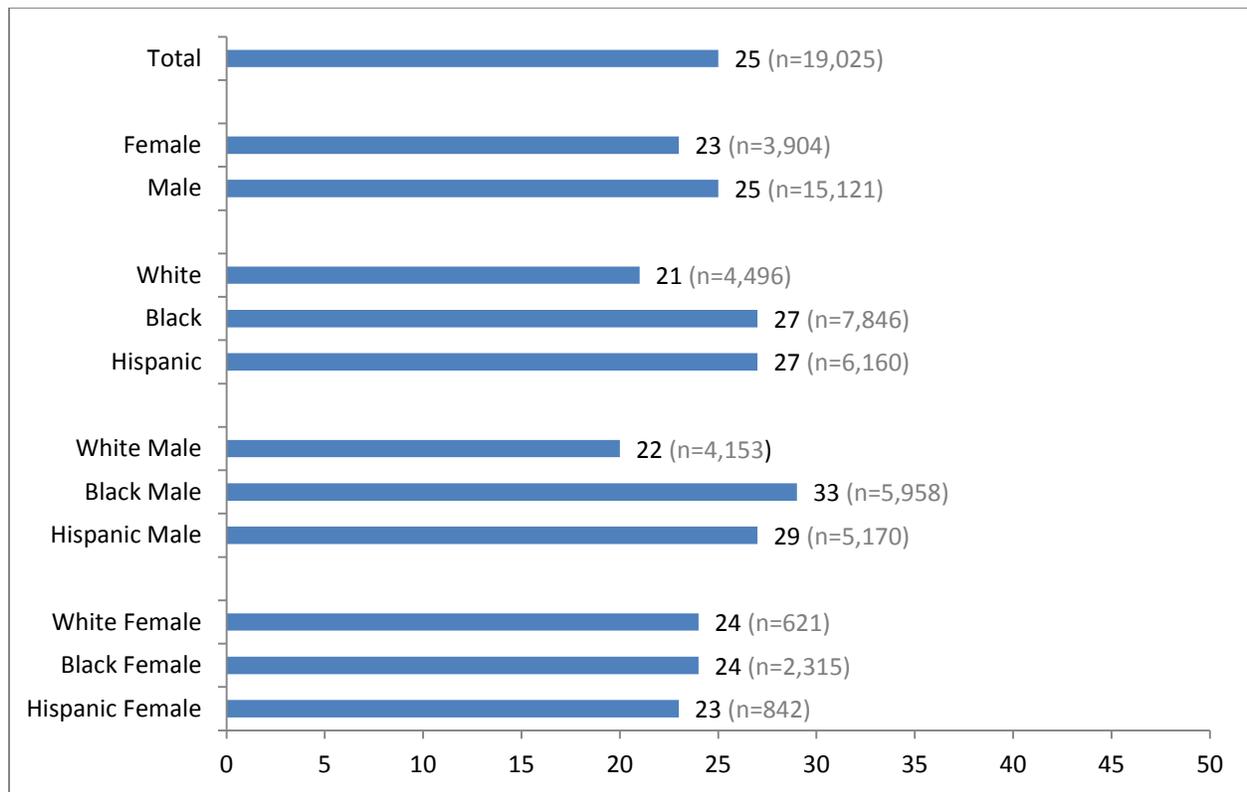
When creating strategies for meeting the medical needs of all PLWH, groups which are highlighted as having both a large number and a large proportion of PLWH who are out of care should receive priority attention.

Sex and Race/Ethnicity

Among those living with HIV in 2013, males (27%) show a slightly higher percentage of unmet need than females (25%) as shown in Figure 27. Slightly higher proportions of Blacks (27%) and Hispanics (27%) have unmet need compared to whites (21%).

³⁶ Because statistical significance tests generally aid in making inferences from an observed sample to an unobserved population, they are not applied here to determine if descriptive differences between populations are meaningful. Practical significance is instead applied in order to try and make sense of group differences in unmet need.

Figure 27. Unmet Need by Gender and Race/Ethnicity, Texas 2013



Data Source: Texas eHARS data as of July 2014 and HIV Services Unmet Need Project, 2014

Black Males

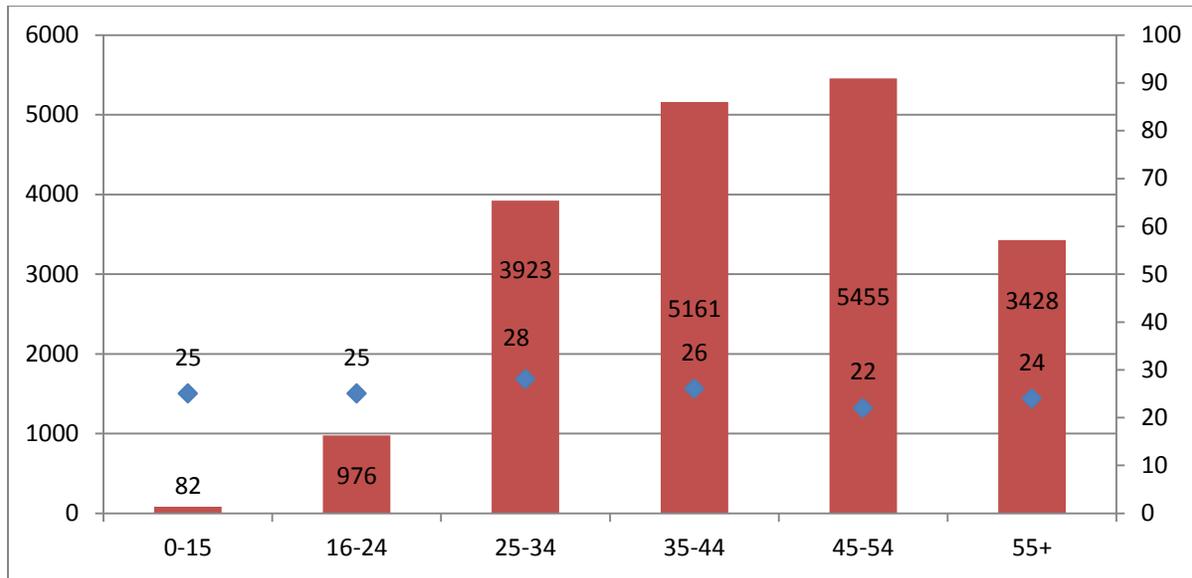
In Texas and nationally, Black males have been disproportionately affected by HIV/AIDS. Although Blacks only make up 12% of the Texas population, they made up 38% of new HIV diagnosis in 2013. Black males exhibited the highest levels of unmet need medical need at 33%, followed by Hispanic males at 29% and White males at 22%. Although unmet need went down for all race/ethnic groups, this same pattern in unmet need was observed in 2010: 36% for Blacks, 33% for Hispanics, and 30% for Whites. In order to further reduce these disparities, eliminate barriers to care, and slow future HIV transmission, many public health interventions focus on reducing HIV transmission specifically among Black men.³⁷

Age

Unmet need was highest for PLWH ages 25-43 (28%) and lowest for PLWH 45 to 54 years of age (22%), but otherwise the proportion of PLWH not in care hovers around 25% for most age categories (Figure 28).

³⁷ Sutton, Madeline Y., Jones, Rhondette L., Wolitski, Richard J., Cleveland, Janet C., Dean, Hazel D., and Fenton, Kevin A. A Review of the Centers for Disease Control and Prevention's Response to the HIV/AIDS Crisis Among Blacks in the United States, 1981-2009. *Am J Public Health*. 2009;99:S351-S359.

Figure 28. Unmet Need among PLWH in Texas by Age, 2013



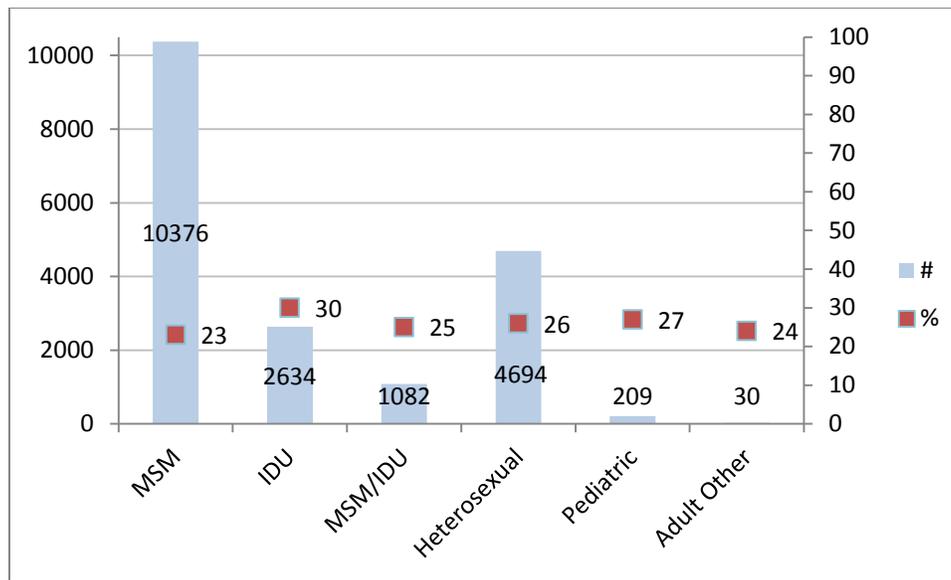
Data Source: Texas eHARS data as of July 2014 and HIV Services Unmet Need Project, 2014

2013 Unmet Need Group Estimates by Risk Group

This section explores if unmet need is related to how HIV is acquired. Different modes of exposure are also referred to as different risk groups and include: MSM, Injection Drug Users (IDU), MSM/IDU, Heterosexuals, Perinatal Exposure, and Adult Other. In 2013, unmet need was highest for IDU (those who contracted HIV through using intravenous drugs 30%) and lowest for MSM (23%), as shown below in Figure 29.³⁸

³⁸ Pediatric and Adult Other are not included due to low numbers

Figure 29. Unmet Need by Risk Group, PLWH, Texas, 2013



Data Source: Texas eHARS data as of July 2014; and HIV Services Unmet Need Project 2014.

MSM

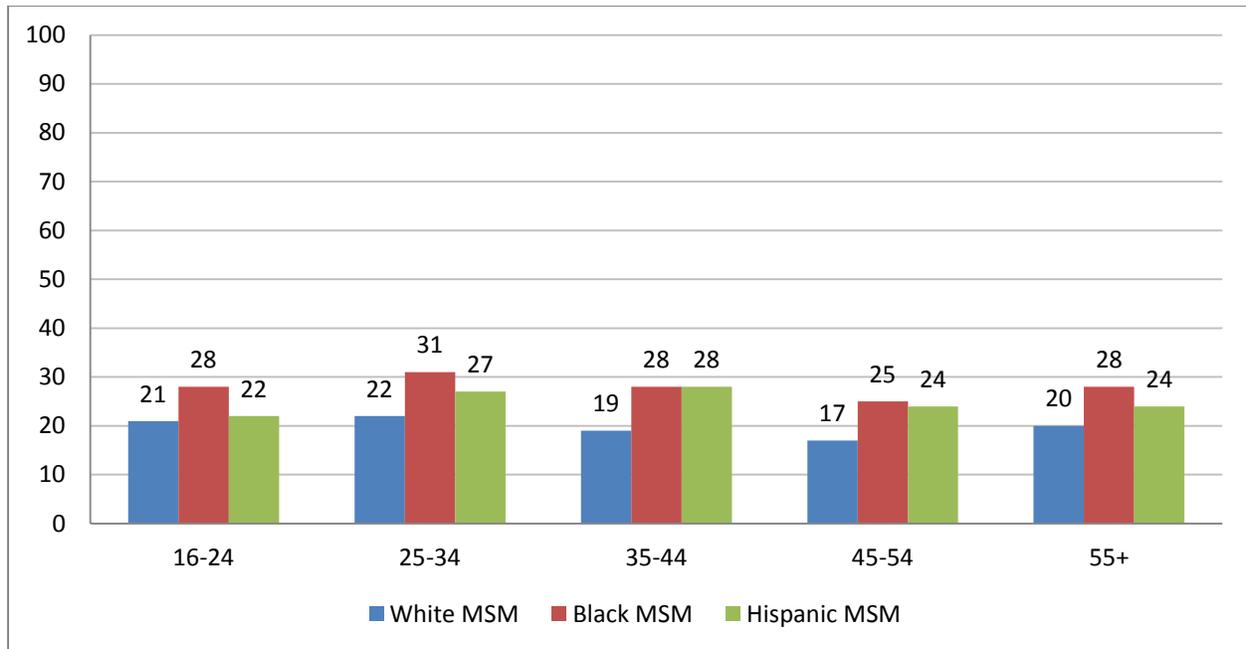
Figure 29 illustrates unmet need for MSM living with HIV by race/ethnicity and age. Although unmet need among MSM (23%) is below the statewide level of 25%, it is important to examine MSM subgroup differences because they account for half of PLWH. Bringing MSM back into care would result in significant reduction in unmet need.

Black MSM

HIV rates are disproportionately higher for Black men who have sex with men (MSM) than for other MSM. Public health research provides several theories as to why this is the case. One theory confirmed by empirical research shows Black MSM are less likely than other MSM to be tested for HIV or to know their HIV status, and they may unknowingly expose their sexual partners to HIV.³⁹ A large portion of Black MSM do not know their HIV status, therefore they are not “in care.” Black MSM (31%) had the highest percent of unmet need, followed by Hispanic MSM (26%) and White MSM (20%) (not shown in table). As seen in Figure 30, among most age groups the largest proportion of MSM who are out of care are Black MSM. In order to reduce HIV transmission among Black MSM, barriers to receiving and maintaining consistent medical care must be reduced.

³⁹ Millett, Gregorio A., Peterson, John L., Wolitski, Richard J., Stall, Ron. Greater Risk for HIV Infection of Black Men Who Have Sex With Men: A Critical Literature Review. *Am J Public Health*. 2006;96:1007-1019.

Figure 30. Unmet Need among MSM by Race/Ethnicity and Age, 2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Young MSM

Between 2008 and 2013, newly diagnosed young men (between 18 and 24 years of age) who contracted HIV through sex with a man has been steadily increasing each year (see Chapter 4). Among newly diagnosed individuals younger than 24 years of age, a lower proportion are linked to care within three months of their HIV diagnosis (see Chapter 6) and fewer are consistently retained in care (see Chapter 4) compared to newly diagnosed individuals over 25 years of age. However, data shows that proportions of MSM that are out of care vary by race/ethnicity, however the pattern is inconsistent across age groups.

Regional Differences in Unmet Need by HSDA

Appendix 1 shows differences in proportions of PLWH who are out of care by HIV Service Delivery Area (HSDA). Several HSDAs are below the statewide unmet need average of 25%. Low proportions of PLWH in the Austin HSDA (17%), Victoria HSDA (15%), and Waco HSDA (18%) have unmet need for medical care. Other areas exhibit higher than average unmet need. Higher proportions of PLWH in the Brownsville HSDA (30%), El Paso HSDA (30%), Permian Basin HSDA (34%), and Uvalde HSDA (36%) have unmet need. The highest area of unmet need is Laredo HSDA (43%).

Chapter 10: Continuous medical care

HIV is a chronic and life-threatening illness. It is imperative that affected individuals have regular and consistent medical care. Consistent medical visits and lab tests are associated with decreases in mortality and with a slower onset of AIDS⁴⁰ and will result in lowered viral load that reduces infectiousness, therefore reducing the chances of further transmission. In 2010, DSHS developed new measures of care for adolescent and adult PLWH based on medical standards of care and tenets set forth in the National HIV/AIDS Strategy.^{41,42} Medical guidelines state that all PLWH should have a minimum of two HIV-related medical care visits and two CD4 t-cell counts within three to six months apart each year. These measures are referred to as continuous medical visits and continuous labs, and they estimate the number of persons with HIV getting care that conforms to medical standards of care. By 2012, enough lab data of good quality was available to look at continuous care in more detail. Additionally, antiretroviral drug order data from the ADAP program was added to the measure in 2013. A cohort of 63,906 individuals diagnosed in 2010 or sooner and living at the end of 2013 was evaluated for continuous care over the 4-year period (2010-2014). A person was considered in care continuously if in each calendar year two encounters of HIV-related medical care were found ninety or more days apart. Because viral load values are also available for many PLWH, examining continuous viral suppression and its relationship to continuous care was also possible and will be presented as well.

The National HIV/AIDS Strategy defines targets for improvement in continuous care for patients receiving care from providers in the Ryan White program: from the national average of 73% to 80% in 2015. However, in order to decrease new HIV infections, it is necessary to assess participation in care that meets clinical standards at the population level, and not only for persons getting care from Ryan White providers. The DSHS HIV care measures presented below were created to evaluate the current medical care of all Texas PLWH in addition to the Ryan White population. Thus, the outcomes presented here provide an additional baseline to the ones cited in the National HIV/AIDS Strategy.

To identify PLWH, DSHS used data from the Electronic HIV/AIDS reporting system (EHARS). Health care service dates came from the AIDS Regional Information and Evaluation System (ARIES), HIV2000 (the data system for the AIDS Drug Assistance Program), electronic lab reporting data (ELR), Medicaid/CHIP and information from selected private insurers⁴³. The one-year measure in 2013 was satisfied in the client had at least two encounters 90 days apart. This is a departure from previous years, where additional criteria specified that encounters should fall within a 90-180 day interval. For the multi-year cohort measures, viral load, CD-4 and outpatient ambulatory care dates from January 1, 2010 through March of 2014 were compiled into one comprehensive dataset.

40 Kitahata, Et al. Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival. *N Engl J Med* 2009; 360:1815-1826.

41 White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. Washington, DC: White House; 2010.

42 Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV--infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed [09/15/2011].

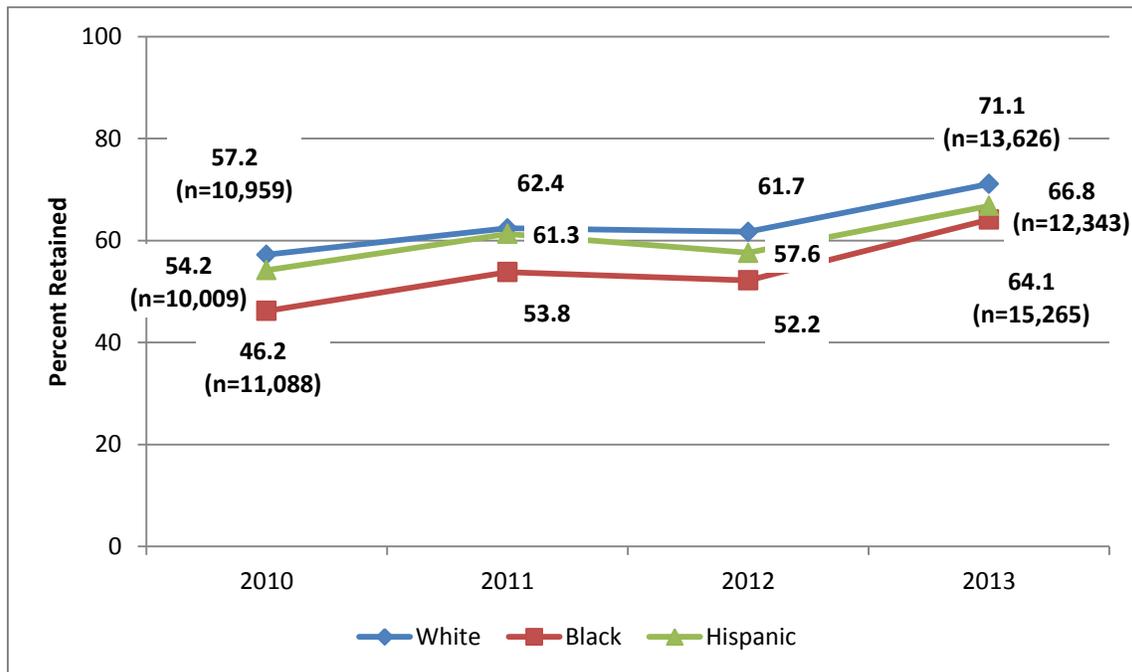
43 Please note that the fourth quarter of 2012, Medicaid/CHIP data was not available for release at the time this report was written.

Statewide and regional outcomes

One year measures

During 2013, 44,118 PLWH, or 67% of the cohort, received continuous care. (Refer to Cascade Chapter for the numbers and percentages of PLWH 2013.) The percentages for previous years are as follows: 2012, 57%; 2011, 59% and 2010, 52%. **Figure 31** below shows the performance trends 2010-2013 on the one-year measures by race/ethnicity. Retention improves for all races, but there is still a disparity for Blacks evident in 2013.

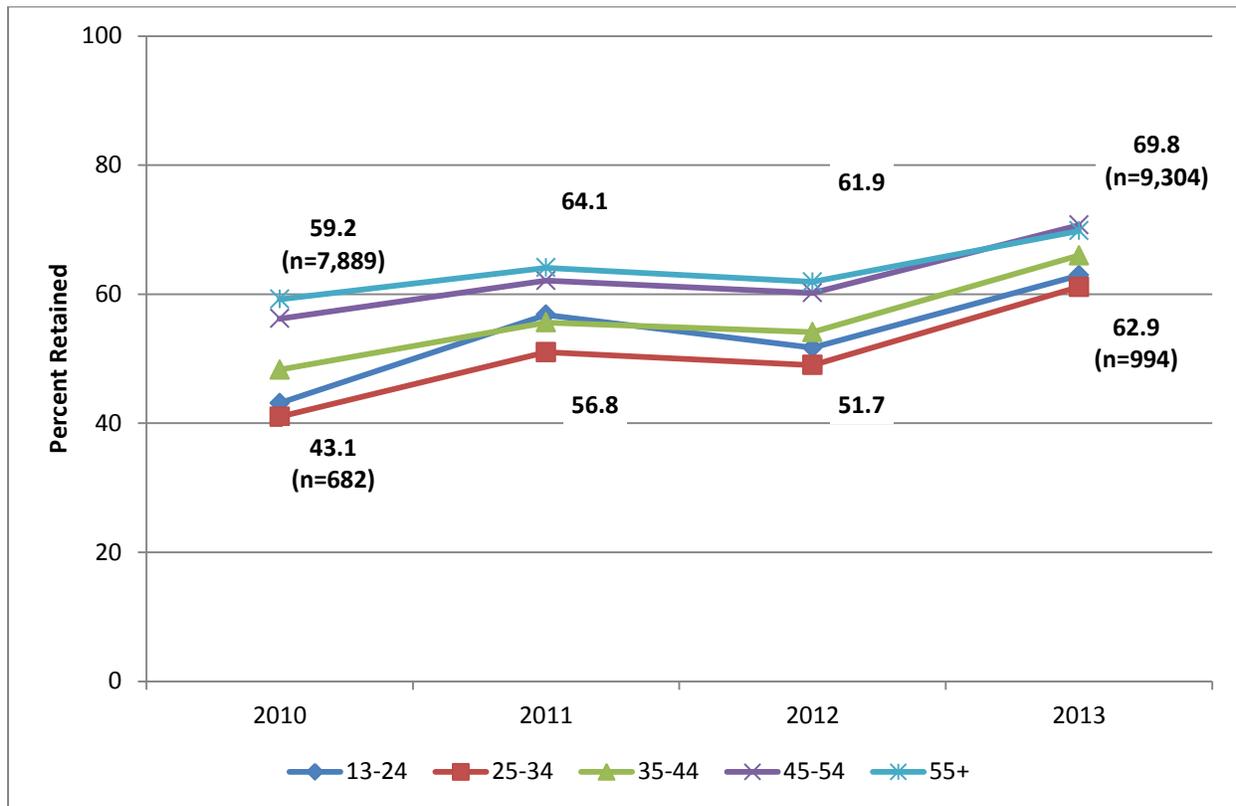
Figure 31. Yearly Retention Percentages by Race/Ethnicity, 2010-2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Figure 32 below shows the performance trends 2010-2013 on the one-year measures by age groups. Among all age groups, a greater percent were retained in 2013 than 2010, with fairly steady improvement between years. The disparity for younger PLWH (13-34) is noticeable, though it has decreased markedly over the years. Figure 31 also shows that PLWH ages 45 and older are consistently more likely to be retained in care than younger PLWH. In the interest of space, only the youngest (13-24) and oldest (55+) age group data points are labeled in Figure 2. The percentages and numbers retained in 2013 for the other age groups are as follows: 24-35: 61.1% (n=5,880); 35-44: 66.0% (n=11,072); 45-54: 70.7% (n=15,759).

Figure 32. Yearly Retention Percentages by Age Group, 2010-2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Regional Variations in Retention by HSDA

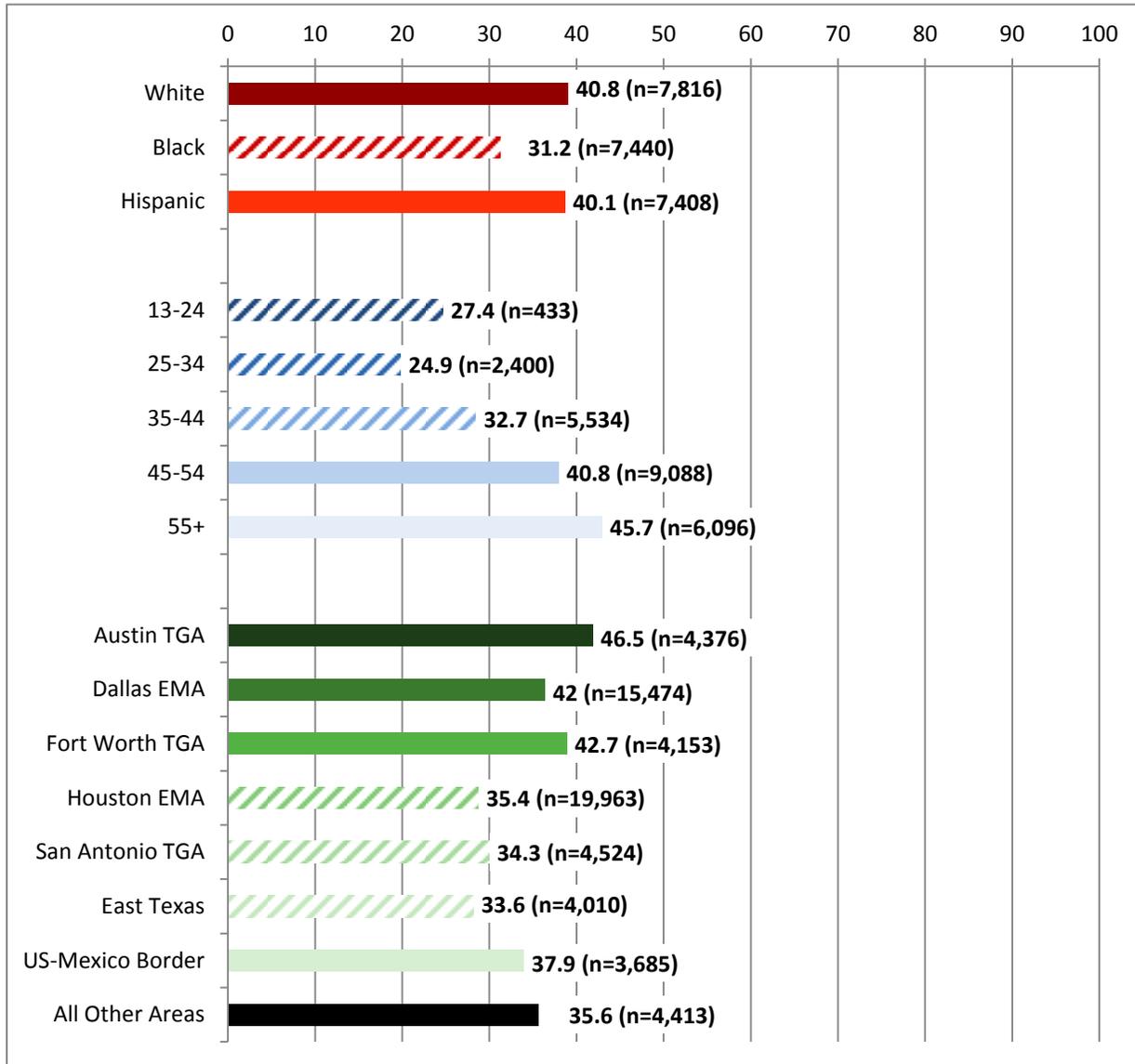
Regional Variations in Retention in Care exist by HSDA (shown in Appendix X). Overall, among all PLWH in 2013, 61% were retained in care during that time. Areas with better than average proportions of people retained in care in 2013 were Austin HSDA (70%), Sherman-Denison HSDA (80%), and the Victoria HSDA (80%). Areas with lower than average proportions of people retained in care were Uvalde HSDA (57%), Temple-Killeen HSDA (55%), Permian Basin HSDA (54%), and the Laredo HSDA (49%).

Multi-year measures

Multi-year measures – retention criteria met each of the four years, any three of the four years and any two of the four years were also computed. On the 4-year measure, 23,633 or 37% were retained; if only three years were required, the percentage was higher at 55% (n=35,079). Additionally, 66% (n=42,386) of the cohort members were retained in care two of the four years. On the consecutive four-year measure, the same demographic disparities seen in the trend data are evident with disparities for Blacks and PLWH 44 and younger. The Houston EMA (35.4%), San Antonio TGA (34.3%), East Texas (33.6%) and All Other Areas (35.6%) were below the state percentage and are shown below in the patterned bars.

Figure 33 below shows 4-year retention by selected demographic characteristics.

Figure 33. Four-Year Retention (2010-2013) Percentages by Selected Characteristics



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

It is important to assess whether those constantly engaged in care are also virally suppressed. It is also useful to note whether retained PLWH have engaged with Ryan White providers, and/or the ADAP program. Additionally, DSHS received the first three quarters (1/1/2013-9/30/2013) of Medicaid data and 2013 data from four of the

five largest private insurers in Texas. Because relatively fewer PLWH have met need via Medicaid and private insurance, these categories have been combined in the tables below. Table 11 shows viral suppression at the end of 2013 for PLWH in the cohort by 4-year retention status. It also shows cohort members receiving met need in 2013 by selected programs and payers.

Table 15. Constant and Non-Constant Retention, 2010-2013, Viral Suppression and Program/Payer participation

	Number Evaluated	Virally Suppressed 2013	Met Need via Ryan White 2013	Met Need via ADAP 2013	Met Need via Medicaid /Private 2013
Retained 2010-2013	23,633 (37%)	19,895 (84.2%)	12,872 (54.5%)	7,386 (31.3%)	6,903 (29.2%)
Not Constantly Retained	40,273 (63%)	10,222 (25.4%)	9,990 (24.8%)	4,723 (11.7%)	6,371 (15.8%)
Total	63,906 (100%)	30,117 (47.1%)	22,862 (35.7%)	12,109 (18.9%)	13,274 (20.8%)

Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

It is important to consider that some of the people in the not constantly retained group may be lost to care or receiving care in another state. There were 14,407 (22.5) people in the cohort who did not have two visits at least 90 days apart in any of the four years considered. That left 40,273 PLWH who had at least one year of retention in care (2 visits at least 90 days apart) in the study period. Table 12 adjusts the denominator accordingly and presents the new percentages for the aforementioned outcome measures.

Table 16: Constant, Inconsistent, and No Retention, 2010-2013 , Viral Suppression and Program/Payer participation

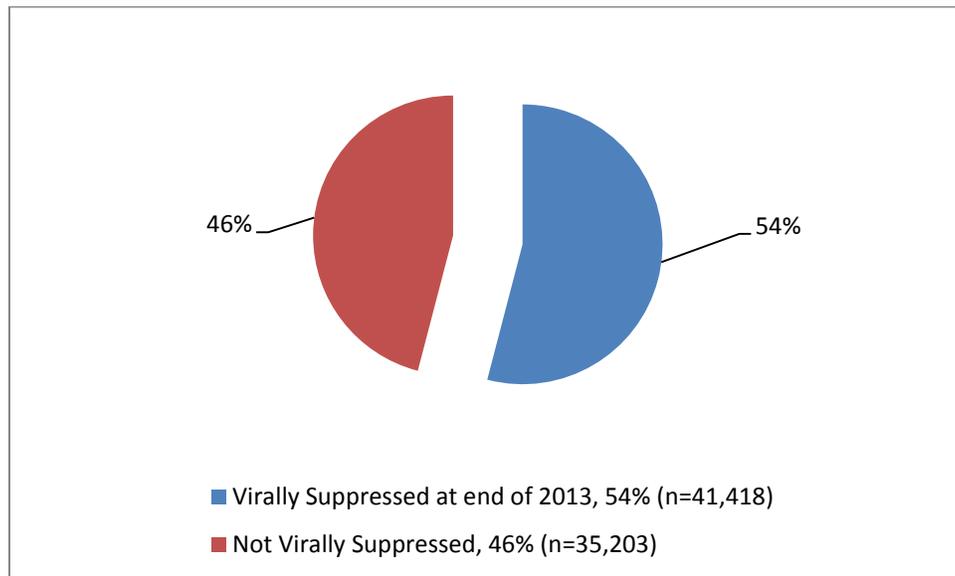
	Number Evaluated	Virally Suppressed 2013	Met Need via Ryan White 2013	Met Need via ADAP 2013	Met Need via Medicaid /Private 2013
Retained 2010-2013	23,633 (37%)	19,895 (84.2%)	12,872 (54.5%)	7,386 (31.3%)	6,903 (29.2%)
Some Retention	25,866 (40.5%)	9,993 (38.6%)	9,773 (37.8%)	4,718 (18.2%)	6,138 (23.7%)
Never Retained	14,407 (22.5%)	229 (1.6%)	217 (1.5%)	5 (<1%)	233 (1.6%)
Total	63,906 (100%)	30,117 (47.1%)	22,862 (35.7%)	12,109 (18.9%)	13,274 (20.8%)

Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Chapter 11: Viral Suppression

Early and consistent use of antiretroviral medications reduces the amount of HIV virus circulating in an individual's bloodstream. A measure of the amount of HIV virus in a person's bloodstream is known as viral load.⁴⁴ Community viral load is the outcome measure to evaluate the effectiveness of the National HIV/AIDS Strategy. Research has found a direct relationship between a low community viral load and reduction in new HIV diagnoses.⁴⁵ We calculated the number of PLWH who achieved viral suppression at the end of 2013 based upon their last viral load value of the calendar year. Among PLWH, 54% (or 41,418) PLWH achieved viral suppression (≤ 200 copies/mL) as determined by their last (or only) viral load test in that year. These results are presented below in Figure 34.

Figure 34. Viral Suppression among PLWH in Texas, 2013



Data Source: Texas ELR data as of July 2014 and HIV Services Unmet Need Project.

Viral Suppression Trends for HIV-Related Medical Care, 2010-2013

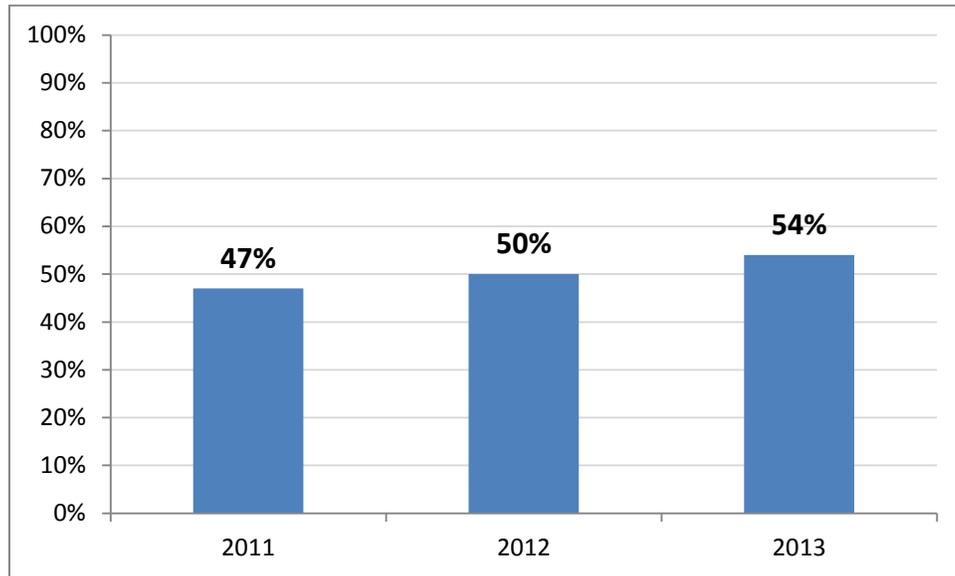
The total number of PLWH who are suppressed is increasing each year, since those diagnosed years ago are living longer, and about 4,200 new cases are diagnosed each year. Beginning in 2010, the reporting of undetectable viral load tests became allowable, so 2010 serves as the baseline year for trend analysis. Each subsequent year has seen more viral load labs reported via electronic lab reporting, and this has contributed to

⁴⁴ Mellors JW, Munoz A, Giorgi JV, Margolick JB, et al. (1997) Plasma Viral Load and CD4⁺ Lymphocytes as Prognostic Markers of HIV-1 Infection. *Annals of Internal Medicine* 126 (12).

⁴⁵ Das M, Chu PL, Santos G-M, Scheer S, Vittinghoff E, et al. (2010) Decreases in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco. *PLoS ONE* 5(6): e11068. doi:10.1371/journal.pone.0011068

estimates of viral suppression increasing. The number and percentage of PLWH who are suppressed is shown below in Figure 35).⁴⁶

Figure 35. Viral Suppression among PLWH in Texas, 2011-2013



Data Source: Texas eHARS data as of July 2014 and HIV Services Unmet Need Project.

2013 Viral Suppression Group Estimates

When looking at the suppression information presented here, there are two types of PLWH populations to consider: the populations which have the **largest number** of infected individuals out of care not suppressed and/or the populations which have the **greatest proportion** of infected individuals not suppressed. The latter group represents a population that is suffering a disproportionate burden, even if the total number of people out of care in that population is small.

Just more than half of all PLWH (54%) were virally suppressed at the end of 2013. The groups listed below have lower percentages of individuals suppressed than the overall percentage. Differences in viral suppression based on demographic characteristics and regional differences are also presented in (Figures 36-38):

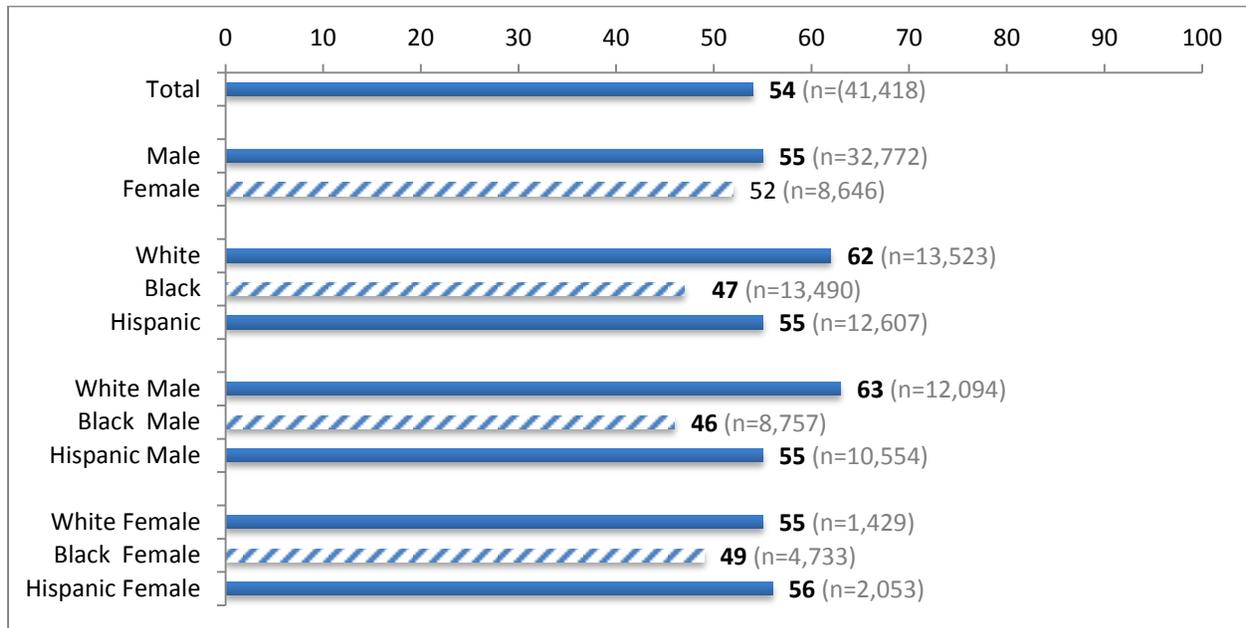
- Females (52%) and Blacks (47%)
- Black males (46%) and Black females (49%)
- People ages 16-24 (37%), 25-34 (44%) and 35-44 (52%)
- People in the IDU (47%), MSM/IDU (52%) and Heterosexual (51%) risk groups
- People living in the Houston EMA, (52%), East Texas (48%) or along the U.S.-Mexico border (51%).

⁴⁶ Because statistical significance tests generally aid in making inferences from an observed sample to an unobserved population, they are not applied here to determine if descriptive differences between populations are meaningful. Practical significance is instead applied in order to try and make sense of group differences in unmet need.

When creating strategies for increasing suppression among all PLWH, groups which are highlighted as having both a large number and a large proportion of PLWH who are not suppressed should receive priority attention. **Figure 36** below identifies Blacks and Females as two such groups.

Sex and Race/Ethnicity

Figure 36. Viral Suppression by Gender and Race/Ethnicity



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Black Males

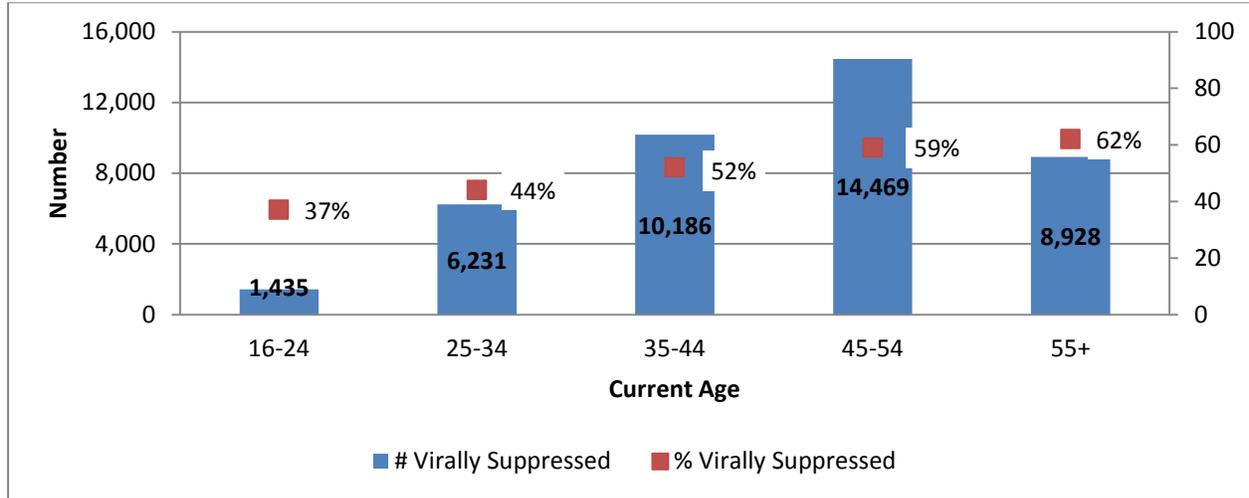
In Texas and nationally, Blacks males have been disproportionately affected by HIV/AIDS. Although Blacks only make up 12% of the Texas population, they made up 38% of new HIV diagnosis in 2013. In 2013, Black males exhibited the lowest levels of viral suppression at 46%, followed by Hispanic males at 55% and White males at 63%. Both Hispanic and White males had greater proportions suppressed than the overall percentage (54%). In order to reduce this racial disparity, eliminate barriers to care, and slow future HIV transmission, public health interventions focus on reducing HIV transmission specifically among Black men.⁴⁷

⁴⁷ Sutton, Madeline Y., Jones, Rhondette L., Wolitski, Richard J., Cleveland, Janet C., Dean, Hazel D., and Fenton, Kevin A. A Review of the Centers for Disease Control and Prevention's Response to the HIV/AIDS Crisis Among Blacks in the United States, 1981-2009. *Am J Public Health*. 2009;99:S351-S359.

Age

Viral suppression was lower than average for PLWH ages 16-24 (37%), 25-34 (44%) and 35-44 (52%). Conversely, most suppressed PLWH ranged between the ages of 35 and 54; they made up 60% of all suppressed PLWH (**Figure 37**). The positive relationship between age and suppression may shed some light on adherence behaviors, risk taking and other behavioral factors associated with long-term health outcomes.

Figure 37. Viral Suppression by Age, PLWHA in Texas, 2013

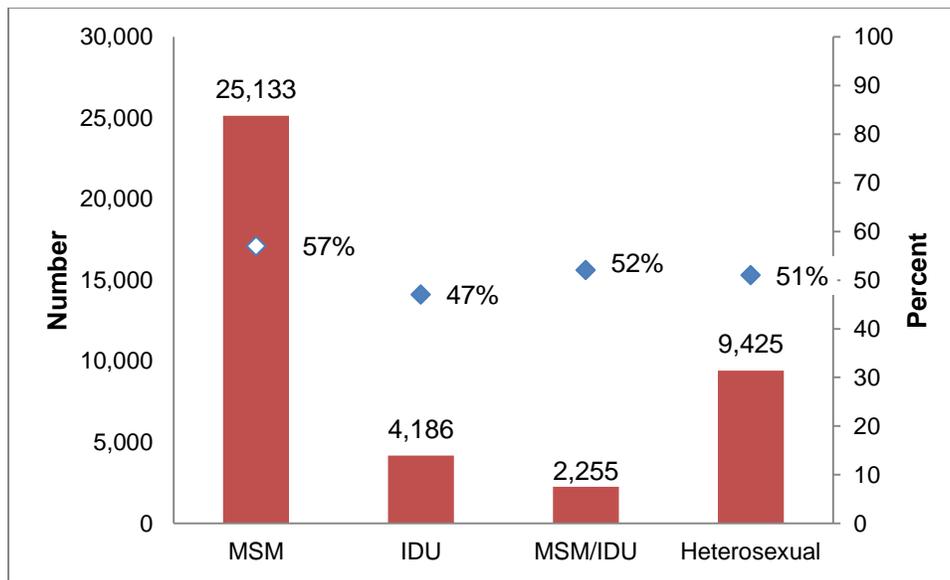


Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Viral Suppression by Risk Group

This section explores if the lack of viral suppression is related to how HIV is acquired. For example, men-who-have-sex-with-men (MSM) are the largest group of PLWH, but the number of heterosexuals acquiring HIV has grown over recent years. Are suppression proportions similar for these groups? Different modes of exposure are also referred to as different risk groups and include: MSM, Injection Drug Users (IDU), MSM/IDU, Heterosexuals, Perinatal Exposure, and Adult Other. In 2013, suppression was lowest for IDU (those who contracted HIV through using intravenous drugs, 47%) and Heterosexuals (51%) and MSM/IDU were also slightly below the total of 54%, as shown below in **Figure 38**. Since the Pediatric and Adult Other risk groups are small in number, they were not discussed in this section.

Figure 38. Viral Suppression by Risk Group, Texas, 2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

MSM

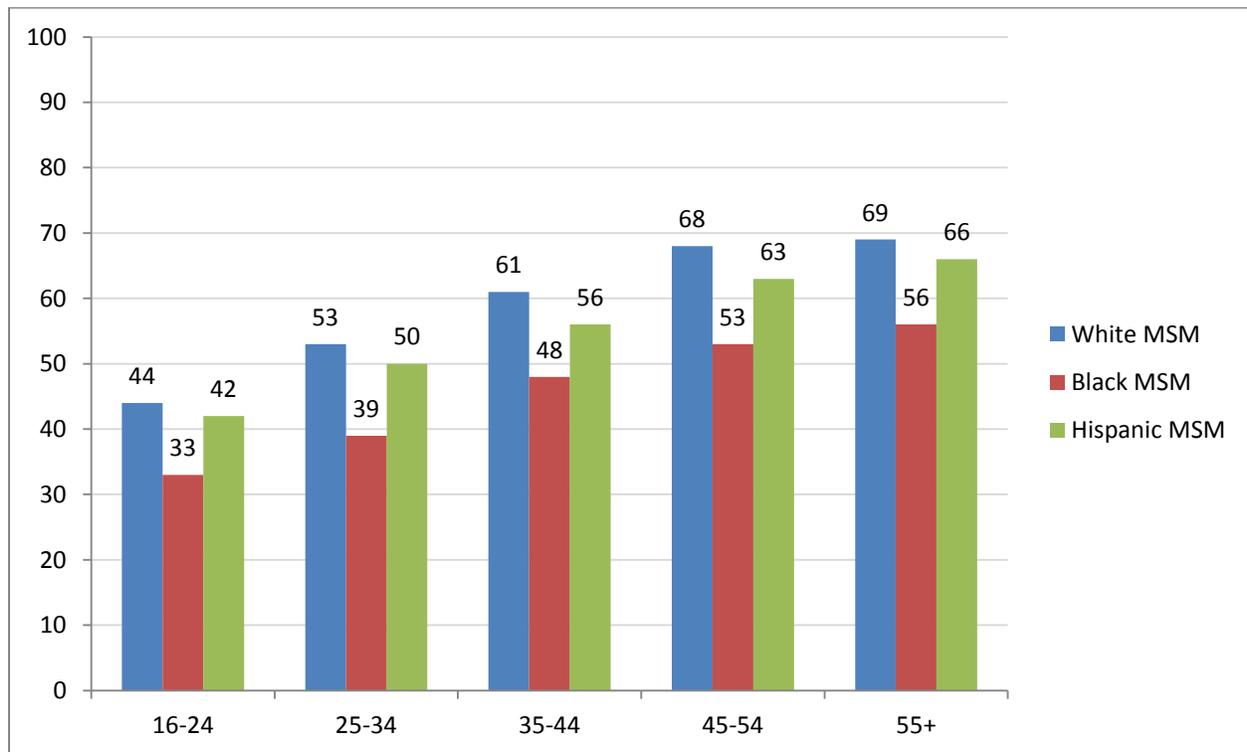
Figure 39 illustrates unmet need for MSM living with HIV by race/ethnicity and age. Although viral suppression among MSM (57%) is higher than the statewide level of 54%, it is important to examine MSM subgroup differences because they account for half of PLWH. Increasing the number of MSM who are suppressed may result in a reduction in new diagnoses. Furthermore, Black MSM (46%), MSM ages 16-24 (38%), 25-34 (46%), 35-44 (56%), MSM living along the U.S.-Mexico border (53%), Houston EMA (54%), East Texas (51%), and other regions in Texas (56%) have a lower proportion suppressed than MSM as a whole.

Black MSM

HIV rates are disproportionately higher for Black men who have sex with men (MSM) than for other MSM. Public health research provides several theories as to why this is the case. One theory confirmed by empirical research shows Black MSM are less likely than other MSM to be tested for HIV or to know their HIV status, and they may unknowingly expose their sexual partners to HIV.⁴⁸ A large portion of Black MSM do not know their HIV status, therefore they are not “in care.” Black MSM (46%) had the lowest percentage of viral suppression, followed by Hispanic MSM (57%) and White MSM (65%). In order to reduce HIV transmission among Black MSM, barriers to receiving and maintaining consistent medical care must be reduced.

⁴⁸ Millett, Gregorio A., Peterson, John L., Wolitski, Richard J., Stall, Ron. Greater Risk for HIV Infection of Black Men Who Have Sex With Men: A Critical Literature Review. *Am J Public Health*. 2006;96:1007-1019.

Figure 39. Viral Suppression among MSM by Race/Ethnicity and Age, 2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

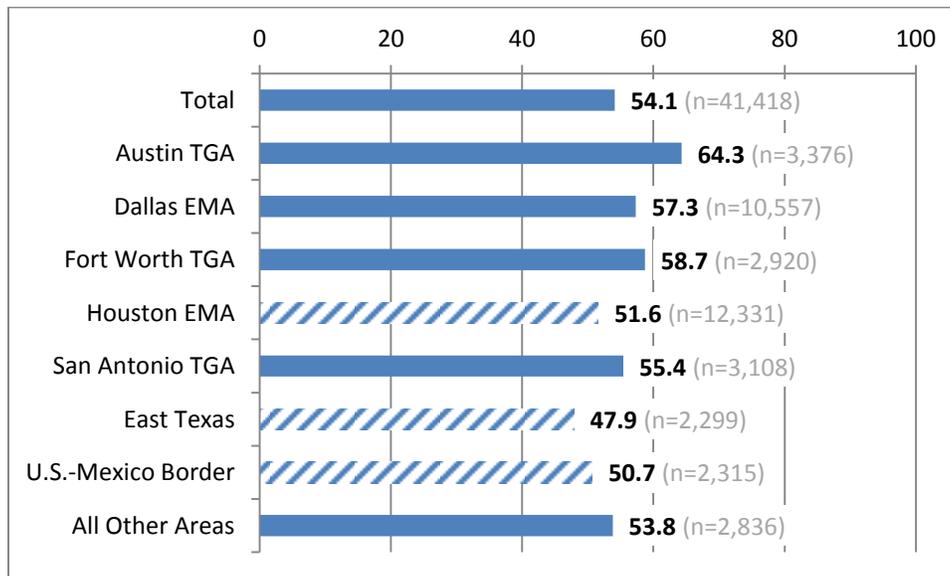
Young MSM

Between 2008 and 2013, newly diagnosed young men (between 16 and 24 years of age) who contracted HIV through sex with a man has been steadily increasing each year (see **Chapter 4**). Among newly diagnosed individuals younger than 24 years of age, a lower proportion are linked to care within three months of their HIV diagnosis (see **Chapter 6**) and fewer are consistently retained in care (see **Chapter 6**) compared to newly diagnosed individuals over 25 years of age. Data shows that this lack of medical care means they have lower rates of viral suppression (36%, n=1,015).

Regional Differences

There are lower proportions of viral suppression (below 54%, the state percentage) in three areas of service: the Houston EMA, East Texas and along the U.S.-Mexico Border. The Houston EMA has the largest number of unsuppressed PLWHA in the state (12,331) followed by the Dallas EMA with 10,557-though Dallas percentages exceed the state average. **Figure 40** below shows these areas indicated by the patterned bars. The deficits in these areas need to be explored to clarify what part represents true opportunity for improvement in the quality of care, as opposed to deficiencies in complete lab reporting.

Figure 40. Viral Suppression among PLWHA in Texas by EMA/TGA, 2013



Data Source: Texas eHARS data as of July 2014; HIV Services Unmet Need Project, 2014.

Chapter 12: HIV Related Care Services in Texas

Services

The Ryan White HIV/AIDS Treatment Extension Act of 2009 reauthorized the Ryan White Program (RW) for an additional four years. It was reauthorized in 2013. This was the fourth reauthorization of the nation's largest HIV specific federal grant program and provides funds for medical and support services for persons living with HIV/AIDS (PLWH) who cannot afford them. Federal Ryan White funds are combined with State General Revenue funds and funds from local jurisdictions to provide medical and support services to eligible PLWHA in Texas. In Texas, an individual is eligible to receive services if they have an HIV or AIDS diagnosis, are a bona fide resident of Texas, and have no other ability to pay for HIV-related medical or supportive services.

The RW program specifies what types of services funds may be spent on, and also directs providers to spend 75% of funding on core medical services. In Texas, the most needed core services include outpatient ambulatory health care (OAMC), Medical Case Management, AIDS Pharmaceutical Assistance and Oral Health care. With the

passage of the Affordable Care Act, many providers expect to increase spending on helping clients with Medical Health Insurance (including premiums, deductibles and co-pays). Supportive services that RW clients rely on include services such as case management, food bank and transportation to medical appointments.

Table 1 below shows the number of providers who enter or import data into the AIDS Regional Information and Evaluation System (ARIES) for selected services by their geographic area. In Texas, the majority of PLWH reside in the Houston and Dallas Eligible Metropolitan Areas (EMA's), followed by the San Antonio, Austin and Fort Worth Transitional Grant Areas (TGA's). The table shows that generally speaking, more providers are concentrated in areas where more PLWH reside.

Table 17. HIV administrative service areas and service providers in Texas

Service Area	Service Delivery Areas	OAMC Service Providers	Medical Case Management Providers	Case Management Providers
Pan-West	El Paso, Amarillo, Lubbock, Midland, Odessa	5	5	4
Northeast	Dallas, Denton	4	6	8
Northwest	Fort Worth, Wichita Falls, Abilene	5	6	7
East	Texarkana, Longview, Houston, Beaumont, Galveston	14	16	7
Central	Austin, College Station, San Angelo, Temple, Killeen, Waco	7	7	9
South Central	San Antonio, Victoria, Eagle Pass	4	6	5
South	Corpus Christ, Harlingen, Brownsville, Laredo	3	3	3

Source: AIDS Regional Information and Evaluation System (ARIES).

Table 2 below shows counts of clients and counts of services for selected core and support services most often used by PLWH during calendar years 2013 and 2014 to date (as of August 15, 2014). Increasing assistance with

health insurance premiums, deductibles and copays is seen between 2013 and 2014. This trend is likely to continue as more RW clients obtain health insurance through the Affordable Care Act.

Table 18. Client and service counts, 2012 and partial 2013

	2013 1/1/2013 - 12/31/2014		2013 1/1/2014 - 8/15/2014	
	Clients	Services	Clients	Services
Core Services				
Outpatient Ambulatory Medical Care	26,351	204,754	19,866	82,094
Medical Case Management	18,583	99,878	10,841	38,961
AIDS Pharmaceutical Assistance	11,284	170,511	7,789	67,283
Oral Health Care	9,415	48,337	6,466	22,695
*Health Insurance Assistance	3,900	31,635	2,813	11,502
Supportive Services				
Case Management (Non-Medical)	18,616	103,647	10,974	48,593
Food Bank	5,550	130,930	4,310	63,062
Medical Transportation	5,710	39,999	4,331	18,911
Emergency Financial Assistance	705	1,214	384	570

Source: AIDS Regional Information and Evaluation System (ARIES).

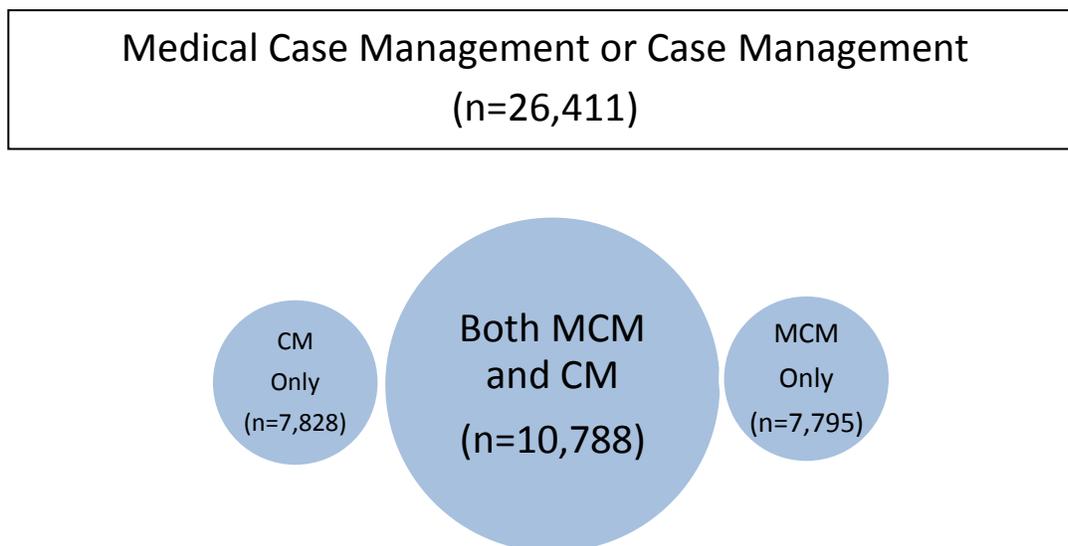
The three most used services shown in Table 2 were Outpatient Ambulatory Medical Care (OAMC), Medical Case Management and Case Management. When taken together, a total of 33,694 PLWH received one or more of these three services during 2013. Of the 26,351 clients receiving OAMC services in 2013, only 7,283 did not receive either Medical Case Management or Case Management assistance. On the other hand, there were 7,343 clients who received Medical or Case Management but did not have an OAMC visit recorded in ARIES. This does not mean those clients were out of care; it was verified that most of these individuals had received medical care in 2013 by checking other evidence of met need collected by DSHS. Evidence of met need was found for 5,888

(80%) of these PLWH, with over 5,000 being found in ELR (labs) and over 3,900 found in ARIES (ARV or labs), followed by over 1,600 found in Medicaid (labs, OAMC or ARV).

Case management

Clients accessing care in the RW program may receive Medical Case Management or Case Management services. The pool of clients that had at least one Case Management or Medical Case Management encounter in 2013 was 26,411. The purpose of Case Management is to coordinate medical and psychosocial services for PLWH. A client receiving assistance obtaining a dental appointment would be receiving Medical Case Management; whereas a client receiving assistance obtaining more stable housing would be receiving Case Management. These services and the distinctions between them are more completely described in the Texas HIV Case Management Standards at <http://www.dshs.state.tx.us/hivstd/contractor/cm.shtm>. In fact, most clients who needed help staying healthy received both of these services at least once during 2013. Note also that case management may be appropriate for PLWH who have completed goals and tasks from their medical case management plan, but still need social support. In 2013 there were 10,788 people that received both Medical Case Management and Case Management at least once, and only 7,795 that received Medical Case Management but not Case Management. Similarly, 7,828 received Case Management but not Medical Case Management. This relationship between these services is illustrated below in Figure 1.

Figure 41. Clients receiving case management services, 2013



Source: AIDS Regional Information and Evaluation System (ARIES).

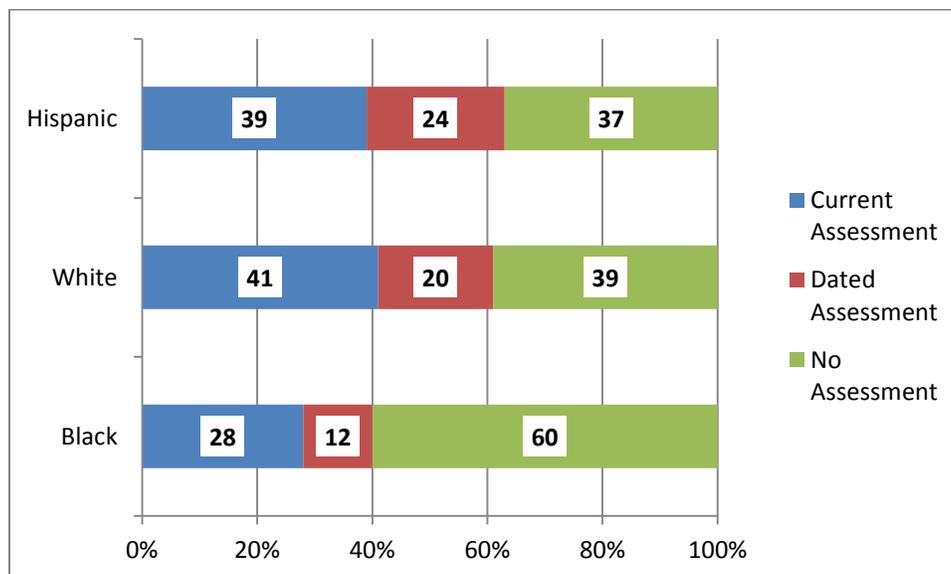
In general, clients who are young, newly diagnosed, have low-SES, comorbid mental health or substance abuse issues, or who have unstable housing are likely to be case managed when first accessing the Ryan White system

of care, while clients who have been successfully engaged in HIV care for a number of years, are older or are more financially stable are less likely to require case management. The racial/ethnic distribution of case managed and ambulatory care only clientele shows that of 13,649 Blacks, 81% were case managed (either type); of 11,357 Hispanics, 76% were case managed and of 6,288 Whites, 77% were case managed.

Clients who are case managed should have needs assessments and care plans completed by their case managers, and evidence of these should be in ARIES. Best practices guidelines suggest updating care plans every six months or as often as needed. Of the 26,411 clients with at least one case management encounter in 2013, 35% had needs assessments completed between 2013 and 2014 (current), and another 18% had needs assessments completed prior to 2013 (dated), for a total of 53% of clients having recorded assessments. Similarly, 34% had a care plan completed between 2013 and 2014, and another 18% had a care plan completed prior to 2013.

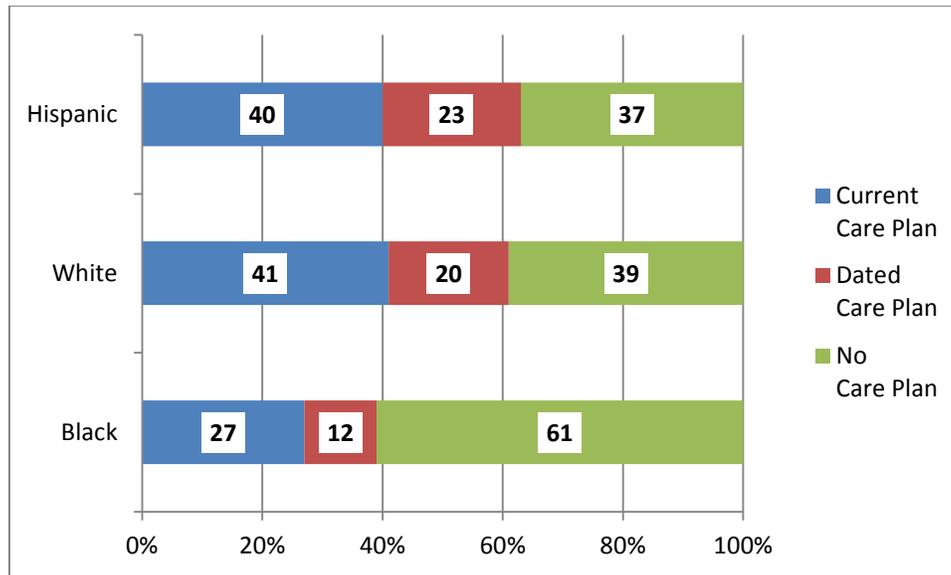
There were some differences in the timeliness of assessments and care plans associated with the client's race/ethnicity. A higher percentage of Black clients were missing needs assessments and care plans, as shown in Figures 2 and 3 below. Additionally, Black clients had lower percentages of current care plans and assessments. Further investigation showed that the majority of clients with missing care plans are from the Houston EMA, and it is possible care plans and assessments are being completed but that data is not being imported into the ARIES system.

Figure 42. Case management clients and needs assessments by race/ethnicity, 2014



* 379 case managed clients with other or unknown race/ethnicity values not shown
Source: AIDS Regional Information and Evaluation System (ARIES).

Figure 43. Case management clients and care plans by race/ethnicity, 2014



* 379 case managed clients with other or unknown race/ethnicity values not shown
 Source: AIDS Regional Information and Evaluation System (ARIES).

Care spectrum

Ryan White Part B Grant reporting requirements include many quality measures of care services. In previous years, many of these measures examined whether OAMC, Medical Case Management and Case Management recipients also receive other needed services. Selected measures and outcomes for 2013 are shown below in Table 3. Most clients (over 90%) accessing the RW system of care had reported laboratory results. Additionally, 94% of clients who received AIDS pharmaceutical assistance also received at least one OAMC visit, while 70% of medical transportation clients received an OAMC visit (other reasons for transportation would include Oral Health Care visits, for example). Finally, the percentage of clients with mental health screenings ranged from just 46% of OAMC clients to 60% of Medical Case Management Clients. Though suggested goals were not yet achieved, these results are double the percentages screened in 2012.

Table 19. Progress toward implementation measures, 2013

Implementation Plan Measure	Year End Goal %	2013 - Clients Tested, Screened or Served	
		Total % Clients	Total # Clients
OAMC Clients (n=26,351) / Viral Load Tests	95%	98%	25,758
OAMC Clients / CD-4 Tests	95%	98%	25,763
MCM Clients (n=18,583) / Viral Load Tests	85%	94%	17,426
MCM Clients / CD-4 Tests	85%	94%	17,484
CM Clients (n=18,616) / SA Screenings	70%	55%	10,199
CM Clients / MH Screenings	70%	55%	10,137
OAMC Clients (n=26,351) / MH Screenings	70%	46%	12,059
MCM Clients (n=18,583) / MH Screenings	70%	60%	11,222
Pharm. Svcs. Clients (n=11,285) / OAMC Visits	90%	94%	10,551
Medical Trans. Clients (n=5,710) / OAMC Visits	85%	70%	3,971

Source: AIDS Regional Information and Evaluation System (ARIES).

In summary, PLWH who participate in the RW system of care use both medical and supportive care services that are crucial to optimizing successful health care outcomes. All measures shown above have improved since 2012.

Chapter 13: Medical Monitoring Project

The Medical Monitoring Project (MMP) is an ongoing, population-based surveillance system that assesses the health-related behaviors, clinical outcomes and needs of HIV-infected adults receiving medical care in the United States. MMP is currently conducted in 23 project areas by local and state public health departments in collaboration with the Centers for Disease Control and Prevention (CDC). Texas has two sites: the city of Houston and the state of Texas, excluding Harris County. Eligible participants are randomly selected from a sample of HIV care facilities within each site. Data about HIV care experiences, health behaviors, and clinical outcomes are collected through a participant interview and a medical record abstraction. During the 2011 data collection cycle, the latest data available, total of 458 patient interviews and 778 medical record abstractions were conducted statewide. Presented here are results of a descriptive analysis of interview and medical chart data from the 2011 cycle. These statewide data are considered representative of PLWH receiving medical care in Texas.

Characteristics of Participants

Among the participants, 76% were male, 22% were female, and two percent were transgender. Self-reported sexual orientation was 48% heterosexual, 40% homosexual, and 10% bisexual. Participant self-reported race and ethnicity was Black non-Hispanic (37%), Hispanic (31%), White non-Hispanic (29%), and other (3%). Forty percent of the participants were 40-49 years of age at the time of the interview, 31% were 50 years or older, 20% were 30-39, and 9% were 18-29 years old.

Nineteen percent reported less than a high school education, while 81% reported receiving a high school education or higher. Sixty-three percent of participants reported an annual household income less than \$20,000 for 2010, while 16% reported an income of \$20,000-\$39,999, ten percent reported an income of \$40,000-\$74,999, and 9% reported an income of \$75,000 or higher. Based on reported income and number of dependents, 42% of participants were below the federal poverty line in 2010. Eighty-one percent were born in the United States. Nine percent reported a period of homelessness within the 12 months prior to the interview.

Access to Healthcare

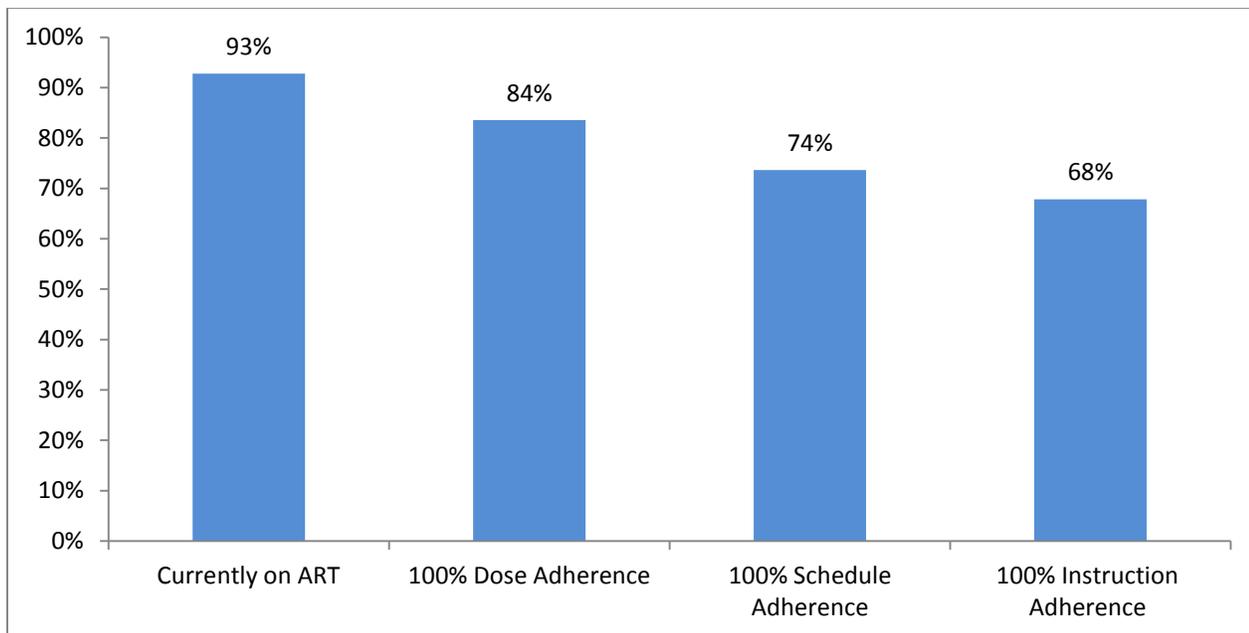
Seventy-six percent of participants were diagnosed with HIV more than five years ago, while 24% reported being diagnosed in the last five years. While all participants reported having at least one established place for HIV medical care, only 73% reported having some form of health coverage within the 12 months prior to the interview. Eighteen percent had private insurance, 24% had Medicare and/or Medicaid, 44% received Ryan White coverage, 7% had other public or other insurance, and 7% were uninsured or didn't know. Of the participants reporting any form of health care coverage, 10% reported a lapse in coverage within the 12 months prior to the interview. Of those on antiretroviral medication, 42% relied on the Texas AIDS Drug Assistance Program (ADAP) to pay for their medications. Among participants diagnosed with HIV within the last five years, the majority entered HIV care within three months of diagnosis (87%). Within the 12 months prior to the interview, 10% of participants visited an emergency room or urgent care center for HIV medical care, and 7% were admitted to a hospital because of HIV-related illness.

Antiretroviral Therapy and Adherence

Antiretroviral therapy (ART) is the primary intervention against the progression of HIV in HIV-infected patients and 100% adherence is necessary for optimal viral suppression. MMP participants in Texas were asked to report on their adherence to ART in the past three days. Among the 93% of MMP participants currently taking ART medications, 84% reported taking all doses of medication in the past 72 hours, 74% reported always adhering to their specific ART schedule, and 68% always followed the special instructions for ART, such as eating or not eating before taking a dose. Among those not currently taking ART medications (7%), the main reason reported was that a doctor had advised delaying treatment.

The top four reasons reported for ART non-adherence were problems with prescriptions or refills, participant felt sick or tired, changes in daily routine (including travel), and participant forgot.

Figure 44. Current Antiretroviral Therapy and Adherence in Past 72 Hours



Source: Texas Medical Monitoring Project, 2011

Clinical Outcomes

The recommendation for HIV viral load and CD4 count testing, according to the Department of Health and Human Services' Panel on Antiretroviral Guidelines for Adults and Adolescents, is every three to six months for HIV positive individuals. Viral load testing may be done every six months and CD4 counts every 6-12 months for patients on ART therapy that have been clinically and immunologically stable with consistently suppressed viral loads for more than 2 years. According to Texas MMP chart abstraction data, 69% of participants were virally suppressed at their most recent viral load test and 61% of participants had a geometric mean CD4 count of 350 or higher. In the past 12 months, 73% of participants had two or more viral load tests and 76% had two or more CD4 count tests.

Individuals with HIV are more susceptible to infections, known as Opportunistic Infections (OIs) due to their weakened immune systems. Two OIs are *Pneumocystis carinii* pneumonia (PCP) and *Mycobacterium avium* complex (MAC). Both PCP and MAC can be prevented prophylactically with antibiotics in patients whose CD4 count levels have indicated a severely weakened immune system. According to Texas MMP chart abstraction data, 9% of all participants were diagnosed with an OI in the past 12 months. Among all participants, 22% and 13% were prescribed PCP and MAC prophylaxis, respectively. Indication for need based on CD4 count was not assessed in this analysis.

In addition to OIs, data are collected on diagnosed conditions other than OIs. According to Texas MMP chart abstraction data, the four most commonly diagnosed conditions were: hypertension (28%), depression (19%), gastrointestinal esophageal reflux disease (GERD, 10%), and anxiety (8%). While 19% of patients had a clinical diagnosis of depression in the medical chart, an additional 8% were classified as depressed according to self-reported responses in the interview using the PHQ 8 scale that assesses current depression.

Prevention

Sexually transmitted infections (STIs) are associated with increased risk of HIV transmission by HIV infected individuals and increased susceptibility to HIV in HIV negative individuals. It is recommended by the CDC that every person living with HIV is screened for STIs once per year. Twelve percent of participants tested positive for at least one STI during the past 12 months, according to Texas MMP medical chart data. Fifty-two percent of participants were screened for syphilis, 18% and 16% were screened for chlamydia and gonorrhea, respectively. Only 16% of participants were screened for all three STIs.

Hepatitis and HIV co-infection can complicate treatment and clinical outcomes. Notably, Hepatitis B (HBV) is the leading cause of liver disease worldwide. CDC has recommended that all HIV patients be screened for HBV and that previously unexposed patients be vaccinated to prevent HBV infection.² According to Texas MMP medical chart data, 28% of participants had some type of hepatitis screen documented, and 12% had been diagnosed with some form of hepatitis in the past 12 months. Type of screening conducted and diagnosed hepatitis type was not assessed in this analysis.

Forty-four percent of interviewed participants reported having a conversation about HIV and STD prevention with a medical provider within the 12 months prior to the interview. Forty-six percent of participants reported receiving free condoms from someone other than a friend, relative, or sex partner within the 12 months prior to the interview. The majority obtained the free condoms from a physician's office (62%), followed by HIV/AIDS focused community organizations (29%) and social venues (11%).

The seasonal influenza vaccine is recommended annually for immune-compromised individuals. Eighty percent of interviewed participants reported being vaccinated against the flu within the 12 months prior to the interview and most received their flu vaccines at a physician's office (81%).

Substance Use

Thirty-five percent of Texas MMP participants reported current tobacco use. The majority of current smokers report daily use (76%). Sixty-five percent of participants reported some alcohol use within the 12 months prior to the interview, and just over half (51%) reported alcohol use in the past 30 days. Eighteen percent reported binge drinking, defined as 4 drinks in one sitting for women and 5 drinks in one sitting for men, in the past 30 days. In addition, 21% percent of participants (n=95) reported using illicit drugs within the 12 months prior to the interview; the majority of whom reported using marijuana. Ten percent (n=47) reported using more than one illicit drug, and 2% reported injecting drugs within the 12 months prior to the interview.

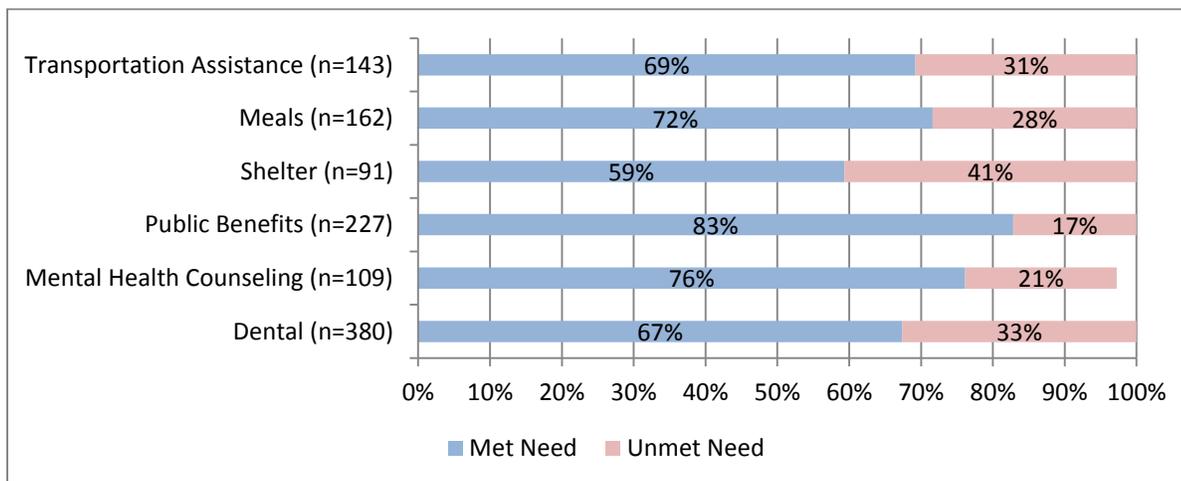
Sexual Behaviors

Sixty-three percent of participants (n=288) reported having sex at least once in the 12 months prior to the interview. Eighty percent (n=230) of sexually active participants discussed their HIV status with their sexual partner prior to first sexual encounter with that partner. Thirty six percent (n=104) of sexually active participants reported drinking alcohol and 13% percent (n=37) reported using illicit drugs before or during sex at least once within the 12 months prior to the interview. Twenty-two percent of participants (n=102) reported condomless sex at least once within the 12 months prior to the interview, and 48% of those (n=49) engaged in condomless sex with at least one partner of negative or unknown HIV status.

Service Utilization and Unmet Needs

Participants most commonly reported that they used the following five HIV-related services: Dental care (56%), HIV case management (48%), ADAP (45%), public benefits including Supplemental Security Income or Social Security Disability Insurance (41%), and counseling about how to prevent the spread of HIV and other STDs (30%). The top five HIV-related services that participants stated they needed but were unable to obtain were: shelter and housing services (41%), dental services (33%), transportation assistance (31%), meal and food services (28%), and mental health counseling (21%). Overall, 52% of participants reported an unmet need for at least one service in the past year.

Figure 45. Unmet Need for Services among MMP Participants



Source: Texas Medical Monitoring Project, 2011

Appendix 1. 2013 Care Measures by HSDA

Source for all tables:

Linkage to Care

Linkage to Care by HSDA, 2013	Linked to Care 3 Months of Dx		Linked to Care in 4 to 12 Months of Dx		Not Linked		Total Newly Dx'ed Persons living with HIV/AIDS as of end year 2013
	#	%	#	%	#	%	
	Sum						
Total	3291	79	311	7	549	13	4151
Abilene HSDA	8	73	1	9	2	18	11
Amarillo HSDA	15	83	1	6	2	11	18
Austin HSDA	236	81	29	10	28	10	293
Beaumont-Port Arthur HSDA	57	76	8	11	10	13	75
Brownsville HSDA	129	85	9	6	14	9	152
Bryan-College Sta. HSDA	23	79	2	7	4	14	29
Concho Plateau HSDA	13	81	1	6	2	13	16
Corpus Christi HSDA	34	85	.	.	6	15	40
Dallas HSDA	717	80	65	7	117	13	899
EI Paso HSDA	98	89	3	3	9	8	110
Fort Worth HSDA	209	84	14	6	27	11	250
Galveston HSDA	71	86	2	2	10	12	83
Houston HSDA	1039	78	110	8	179	13	1328
Laredo HSDA	25	76	2	6	6	18	33
Lubbock HSDA	26	74	7	20	2	6	35
Lufkin HSDA	24	89	1	4	2	7	27
Permian Basin HSDA	32	89	1	3	3	8	36
San Antonio HSDA	296	75	27	7	72	18	395
Sherman-Denison HSDA	10	100	.	.	.	.	10
Temple-Killeen HSDA	31	79	3	8	5	13	39
Texarkana HSDA	13	68	.	.	6	32	19
Tyler HSDA	36	67	4	7	14	26	54
Uvalde HSDA	6	100	.	.	.	.	6
Victoria HSDA	6	86	.	.	1	14	7
Waco HSDA	26	74	3	9	6	17	35
Wichita Falls HSDA	6	100	.	.	.	.	6
TDCJ	105	72	18	12	22	15	145

Unmet Need

	Evidence of Medical Care in 2013		No Evidence of Medical Care in 2013		Total Persons living with HIV/AIDS as of end year 2013 Sum
	#	%	#	%	
	Evidence of Medical Care in 2013		No Evidence of Medical Care in 2013		
Met and Unmet Need by HSDA, 2013					
Total	57596	75	19025	25	76621
Abilene HSDA	267	79	72	21	339
Amarillo HSDA	353	78	98	22	451
Austin HSDA	4448	83	919	17	5367
Beaumont-Port Arthur HSDA	739	73	274	27	1013
Brownsville HSDA	1309	70	567	30	1876
Bryan-College Sta. HSDA	354	73	134	27	488
Concho Plateau HSDA	84	72	33	28	117
Corpus Christi HSDA	617	78	171	22	788
Dallas HSDA	14315	78	4108	22	18423
El Paso HSDA	1360	70	593	30	1953
Fort Worth HSDA	3929	78	1126	22	5055
Galveston HSDA	1005	75	335	25	1340
Houston HSDA	17685	73	6457	27	24142
Laredo HSDA	240	57	181	43	421
Lubbock HSDA	366	76	118	24	484
Lufkin HSDA	455	78	127	22	582
Permian Basin HSDA	367	66	189	34	556
San Antonio HSDA	4467	76	1396	24	5863
Sherman-Denison HSDA	158	79	42	21	200
Temple-Killeen HSDA	491	72	190	28	681
Texarkana HSDA	267	73	97	27	364
Tyler HSDA	1026	75	333	25	1359
Uvalde HSDA	96	64	55	36	151
Victoria HSDA	143	85	25	15	168
Waco HSDA	423	82	96	18	519
Wichita Falls HSDA	118	72	46	28	164
TDCJ	2514	67	1243	33	3757

Retention in Care

Retention In Care by HSDA, 2013	2 Visits, Labs, ART > 3 Months Apart in 2013		Less than 2 Visits, Labs, ART not 3 months Apart in 2013		Total Persons living with HIV/AIDS as of end year 2013 Sum
	#	%	#	%	
	2 Visits, Labs, ART > 3 Months Apart in 2013		Less than 2 Visits, Labs, ART not 3 months Apart in 2013		
Total	47068	61	29553	39	76621
Abilene HSDA	228	67	111	33	339
Amarillo HSDA	305	68	146	32	451
Austin HSDA	3768	70	1599	30	5367
Beaumont-Port Arthur HSDA	590	58	423	42	1013
Brownsville HSDA	1134	60	742	40	1876
Bryan-College Sta. HSDA	262	54	226	46	488
Concho Plateau HSDA	70	60	47	40	117
Corpus Christi HSDA	529	67	259	33	788
Dallas HSDA	12030	65	6393	35	18423
El Paso HSDA	1190	61	763	39	1953
Fort Worth HSDA	3341	66	1714	34	5055
Galveston HSDA	750	56	590	44	1340
Houston HSDA	14391	60	9751	40	24142
Laredo HSDA	208	49	213	51	421
Lubbock HSDA	293	61	191	39	484
Lufkin HSDA	399	69	183	31	582
Permian Basin HSDA	300	54	256	46	556
San Antonio HSDA	3729	64	2134	36	5863
Sherman-Denison HSDA	140	70	60	30	200
Temple-Killeen HSDA	374	55	307	45	681
Texarkana HSDA	220	60	144	40	364
Tyler HSDA	853	63	506	37	1359
Uvalde HSDA	86	57	65	43	151
Victoria HSDA	134	80	34	20	168
Waco HSDA	355	68	164	32	519
Wichita Falls HSDA	106	65	58	35	164
TDCJ	1283	34	2474	66	3757

Viral Suppression

Viral Suppression by HSDA, 2013	Virally Suppressed at last or only Lab Visit at end of 2013		Not Virally Suppressed		Total Persons living with HIV/AIDS as of end year 2013 Sum
	#	%	#	%	
Total	41418	54	35203	46	76621
Abilene HSDA	189	56	150	44	339
Amarillo HSDA	248	55	203	45	451
Austin HSDA	3445	64	1922	36	5367
Beaumont-Port Arthur HSDA	376	37	637	63	1013
Brownsville HSDA	989	53	887	47	1876
Bryan-College Sta. HSDA	228	47	260	53	488
Concho Plateau HSDA	64	55	53	45	117
Corpus Christi HSDA	468	59	320	41	788
Dallas HSDA	10553	57	7870	43	18423
El Paso HSDA	1055	54	898	46	1953
Fort Worth HSDA	2969	59	2086	41	5055
Galveston HSDA	716	53	624	47	1340
Houston HSDA	12434	52	11708	48	24142
Laredo HSDA	153	36	268	64	421
Lubbock HSDA	261	54	223	46	484
Lufkin HSDA	312	54	270	46	582
Permian Basin HSDA	268	48	288	52	556
San Antonio HSDA	3224	55	2639	45	5863
Sherman-Denison HSDA	115	58	85	43	200
Temple-Killeen HSDA	310	46	371	54	681
Texarkana HSDA	186	51	178	49	364
Tyler HSDA	656	48	703	52	1359
Uvalde HSDA	77	51	74	49	151
Victoria HSDA	111	66	57	34	168
Waco HSDA	281	54	238	46	519
Wichita Falls HSDA	81	49	83	51	164
TDCJ	1649	44	2108	56	3757

Appendix 2. 2013 HIV New Diagnoses and People Living with HIV by HSDA

This appendix lists the demographic and risk data for the HIV Service Delivery Areas (HSDA) in Texas for people living with HIV (PLWH) as well as for new diagnoses. The case numbers and rates are listed by county for each HSDA as well. Five years worth of data are provided so trends can be identified. All data in this appendix were extracted from the eHARS database and are current as of July 1, 2014. Rates are calculated using data from the Texas State Data Center population estimates.

One technical note to keep in mind when interpreting these data concerns the number of cases involved in some of the table cells. If there are a small number of cases, the rate associated with the number is considered statistically unstable. This is because with so few cases, the rate can fluctuate from year to year. For example, if there are two new diagnoses for a particular county in 2012 with a rate of 25 cases per 100,000 but in 2013 there was one new diagnosis with a case rate of 12 per 100,000, it would be tempting to conclude HIV is becoming less of a concern in this county. A more accurate interpretation of these rates would be that with such a small number of cases, the rate will continue to fluctuate and so a multi-year trend for the county will be ambiguous. The CDC recommends that the rate of any cell with less than four cases should be considered statistically unstable and should be interpreted with caution.⁴⁹

⁴⁹ Klein, R.J. et al. 2002. Healthy People 2010 Criteria for Data Suppression. Healthy People 2010 Statistical Notes, 24, Centers for Disease Control and Prevention

Abilene HSDA

Select Characteristics of People Living with HIV, Abilene HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	306	94.1	315	96.1	328	99.9	331	100.9	339	103.5
Status										
HIV	133	40.9	133	40.6	143	43.6	140	42.7	143	43.6
AIDS	173	53.2	182	55.5	185	56.4	191	58.2	196	59.8
Sex										
Male	233	142.1	241	145.6	248	149.5	252	151.6	259	155.8
Female	73	45.2	74	45.6	80	49.3	79	48.8	80	49.5
Race/Ethnicity										
White	171	74.5	172	74.9	177	77.6	178	78.6	183	81.5
Black	60	339.5	63	346.0	69	375.1	71	381.6	72	385.0
Hispanic	61	82.9	65	86.5	67	87.3	66	84.8	67	84.7
Other [^]	1	22.4	2	43.2	2	41.4	3	59.1	4	77.0
Unknown**	13	-	13	-	13	-	13	-	13	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	2	4.3	2	4.2	3	6.3	3	6.4	4	8.5
13-24	13	22.6	10	17.5	13	22.5	13	22.2	10	17.0
25-34	45	112.2	48	116.9	45	108.4	39	93.1	40	94.6
35-44	95	251.6	91	243.5	89	241.2	91	249.8	96	264.2
45-54	106	234.8	112	250.2	114	260.4	113	266.7	112	272.9
>55	45	50.3	52	57.0	64	69.2	72	77.1	77	81.8
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	133	43.5	141	44.9	150	45.6	154	46.4	155	45.6
IDU	66	21.7	65	20.5	63	19.1	61	18.5	61	18.1
MSMIDU	44	14.5	43	13.8	44	13.3	44	13.1	46	13.4
Hetero	55	18.0	59	18.6	64	19.6	65	19.6	68	20.0
Perinatal	6	2.0	6	1.9	7	2.1	7	2.1	9	2.7
Other	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Abilene HSDA 2

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brown County	40	105.3	39	102.4	41	107.8	39	103.1	41	108.6
Callahan County	5	36.9	6	44.4	7	51.6	7	51.7	7	51.8
Coleman County	8	90.2	8	90.0	8	91.5	7	80.6	7	81.9
Comanche County	9	64.7	9	64.4	10	72.0	10	72.8	10	73.4
Eastland County	10	54.1	10	53.7	10	53.8	10	54.4	11	60.3
Fisher County	1	24.9	1	25.3	1	25.3	2	52.0	2	51.9
Haskell County	13	221.8	13	221.4	14	235.5	14	238.5	14	238.3
Jones County	7	34.8	8	39.5	8	39.5	8	40.2	8	40.3
Kent County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Knox County	3	82.3	2	53.6	2	53.4	2	53.1	2	53.1
Mitchell County	5	53.2	5	53.1	5	53.2	5	53.6	4	42.5
Nolan County	19	125.6	20	131.2	21	138.8	21	140.9	20	133.0
Runnels County	4	38.5	4	38.1	5	47.4	5	48.0	5	48.5
Scurry County	8	47.6	7	41.3	7	41.4	6	35.1	6	34.7
Shackelford County	1	29.7	1	29.7	1	29.9	1	29.7	1	29.6
Stephens County	11	113.7	11	114.7	10	105.1	10	105.9	10	108.1
Stonewall County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Taylor County	161	123.6	170	128.9	177	133.3	183	136.6	190	141.7
Throckmorton County	1	60.5	1	61.3	1	61.0	1	62.2	1	62.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Abilene HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	20	6.1	12	3.7	11	3.4	8	2.4	10	3.1
Sex										
Male	18	11.0	11	6.6	8	4.8	7	4.2	9	5.4
Female	2	1.2	1	0.6	3	1.8	1	0.6	1	0.6
Race/Ethnicity										
White	11	4.8	5	2.2	5	2.2	5	2.2	8	3.6
Black	3	17.0	3	16.5	3	16.3	2	10.7	0	0.0
Hispanic	6	8.2	4	5.3	3	3.9	0	0.0	1	1.3
Other [^]	0	0.0	0	0.0	0	0.0	1	19.7	1	19.3
Unknown ^{**}	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	1	2.1
13-24	3	5.2	3	5.2	2	3.5	2	3.4	1	1.7
25-34	4	10.0	2	4.9	2	4.8	4	9.6	3	7.1
35-44	7	18.5	5	13.4	3	8.1	2	5.5	3	8.3
45-54	4	8.9	1	2.2	3	6.9	0	0.0	1	2.4
>55	2	2.2	1	1.1	1	1.1	0	0.0	1	1.1
Mode of Exposure[*]	Number	Percent								
MSM	14	68.5	7	59.2	4	36.4	5	62.5	4	38.0
IDU	5	24.0	2	20.0	2	15.5	0	0.0	1	13.0
MSMIDU	0	1.5	0	0.0	1	9.1	0	0.0	2	20.0
Hetero	1	6.0	3	20.8	4	39.1	3	37.5	2	19.0
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Abilene HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brown County	1	2.6	0	0.0	1	2.6	1	2.6	1	2.6
Callahan County	2	14.8	2	14.8	1	7.4	0	0.0	0	0.0
Coleman County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Comanche County	1	7.2	0	0.0	1	7.2	0	0.0	0	0.0
Eastland County	0	0.0	0	0.0	0	0.0	2	10.9	1	5.5
Fisher County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Haskell County	1	17.1	0	0.0	1	16.8	0	0.0	0	0.0
Jones County	3	14.9	1	4.9	0	0.0	0	0.0	0	0.0
Kent County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Knox County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mitchell County	0	0.0	0	0.0	1	10.6	0	0.0	0	0.0
Nolan County	0	0.0	0	0.0	2	13.2	0	0.0	0	0.0
Runnels County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Scurry County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Shackelford County	1	29.7	0	0.0	0	0.0	0	0.0	0	0.0
Stephens County	0	0.0	0	0.0	0	0.0	0	0.0	1	10.8
Stonewall County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Taylor County	11	8.4	9	6.8	4	3.0	5	3.7	7	5.2
Throckmorton County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Amarillo HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Amarillo HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	397	93.6	417	97.2	430	99.4	441	101.3	451	103.6
Status										
HIV	170	40.1	178	41.5	174	40.2	181	41.6	186	42.7
AIDS	227	53.5	239	55.7	256	59.2	260	59.7	265	60.9
Sex										
Male	318	148.6	331	152.6	336	153.4	343	155.2	353	159.4
Female	79	37.6	86	40.6	94	44.0	98	45.7	98	45.8
Race/Ethnicity										
White	198	75.2	204	77.6	208	79.5	213	81.8	212	82.3
Black	49	239.9	53	252.8	51	238.5	52	236.6	55	247.2
Hispanic	122	94.0	129	96.5	133	96.9	140	99.7	146	102.3
Other [^]	10	93.9	12	105.4	19	157.1	19	150.9	21	163.8
Unknown**	18	-	19	-	19	-	17	-	17	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	1	7.7
2-12	1	1.4	1	1.4	1	1.4	1	1.4	0	0.0
13-24	12	16.6	15	20.8	15	20.6	16	21.8	19	26.0
25-34	66	114.2	64	108.2	67	111.2	65	106.5	63	102.4
35-44	123	233.2	129	243.8	129	243.1	133	249.2	134	250.8
45-54	137	233.8	149	255.7	149	260.7	147	262.8	147	268.8
>55	58	58.6	59	58.2	69	66.6	79	74.8	87	81.2
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	205	51.5	217	52.0	224	52.1	233	52.8	240	53.2
IDU	72	18.1	70	16.8	73	17.0	74	16.8	74	16.3
MSMIDU	42	10.5	41	9.9	40	9.3	39	8.9	39	8.7
Hetero	77	19.4	87	20.8	91	21.1	93	21.0	95	21.0
Perinatal	2	0.5	2	0.5	2	0.5	2	0.5	3	0.7
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Amarillo HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Armstrong County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Briscoe County	1	61.2	1	61.6	1	61.2	1	64.8	1	65.1
Carson County	2	32.2	2	32.4	3	47.9	3	49.0	3	49.9
Castro County	1	12.7	1	12.3	1	12.4	1	12.2	1	12.5
Childress County	2	28.4	4	56.6	4	57.0	4	56.5	4	56.4
Collingsworth County	1	32.9	1	32.8	1	32.3	1	33.1	1	32.3
Dallam County	4	60.9	4	59.1	3	43.8	4	57.0	4	56.7
Deaf Smith County	15	78.6	16	82.3	16	82.2	16	82.6	15	78.2
Donley County	1	27.2	1	27.2	1	27.5	1	27.8	1	28.4
Gray County	14	61.6	14	62.3	15	66.1	17	74.1	17	73.8
Hall County	2	59.8	2	59.6	2	60.3	1	30.3	1	30.9
Hansford County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hartley County	1	16.8	1	16.5	1	16.4	1	16.2	2	32.8
Hemphill County	1	26.3	1	26.3	1	25.3	1	24.5	1	24.1
Hutchinson County	10	45.1	11	49.8	12	54.8	13	59.3	13	59.6
Lipscomb County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Moore County	9	41.7	9	40.9	9	40.8	11	49.2	13	58.7
Ochiltree County	2	19.6	2	19.6	1	9.6	3	28.1	3	27.8
Oldham County	1	49.0	1	48.8	1	48.1	1	48.8	1	47.6
Parmer County	5	49.6	5	48.6	5	48.6	6	59.0	7	70.2
Potter County	222	184.8	234	192.8	244	199.9	242	197.7	248	203.8
Randall County	95	79.8	99	81.7	101	81.8	106	84.8	107	84.6
Roberts County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sherman County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Swisher County	4	52.1	4	50.7	4	51.2	4	50.8	4	51.5
Wheeler County	4	74.4	4	74.0	4	73.1	4	71.1	4	69.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Austin HSDA

Select Characteristics of People Living with HIV, Austin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	4,446	247.6	4,641	252.0	4,871	256.9	5,118	262.5	5,367	268.6
Status										
HIV	1,779	99.1	1,872	101.6	1,976	104.2	2,141	109.8	2,302	115.2
AIDS	2,667	148.5	2,769	150.4	2,895	152.7	2,977	152.7	3,065	153.4
Sex										
Male	3,736	415.5	3,899	422.8	4,110	433.2	4,335	444.1	4,560	455.7
Female	710	79.2	742	80.7	761	80.3	783	80.4	807	80.9
Race/Ethnicity										
White	2,037	197.4	2,106	200.4	2,208	205.3	2,309	210.0	2,405	214.7
Black	1,011	781.4	1,048	791.9	1,078	790.0	1,113	786.6	1,163	801.9
Hispanic	1,248	230.0	1,326	235.4	1,415	242.4	1,514	251.0	1,607	257.9
Other [^]	33	36.1	38	39.9	42	41.9	47	44.6	53	48.0
Unknown ^{**}	117	-	123	-	128	-	135	-	139	-
Age Group										
<2	0	0.0	0	0.0	1	1.9	1	1.9	0	0.0
2-12	13	4.6	11	3.8	11	3.7	10	3.3	12	4.0
13-24	160	49.8	175	53.6	186	56.6	204	61.4	200	59.8
25-34	742	248.7	761	250.6	811	257.7	861	264.8	904	269.4
35-44	1,447	538.1	1,406	513.5	1,343	474.3	1,370	466.2	1,391	460.4
45-54	1,465	607.7	1,577	641.5	1,697	676.2	1,732	680.4	1,790	693.3
>55	619	186.9	711	203.5	822	222.4	940	240.7	1,070	260.3
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	2,824	63.5	2,977	64.1	3,169	65.1	3,388	66.2	3,602	67.1
IDU	515	11.6	518	11.2	510	10.5	506	9.9	503	9.4
MSMIDU	363	8.2	366	7.9	374	7.7	372	7.3	373	7.0
Hetero	700	15.7	736	15.9	775	15.9	807	15.8	842	15.7
Perinatal	38	0.9	38	0.8	38	0.8	41	0.8	42	0.8
Other	6	0.1	6	0.1	5	0.1	5	0.1	5	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Austin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bastrop County	132	179.4	138	185.6	143	190.4	144	192.5	143	188.6
Blanco County	11	106.6	12	114.1	13	122.8	12	112.4	13	121.2
Burnet County	37	86.8	38	88.8	41	94.6	41	94.1	39	89.0
Caldwell County	54	142.7	59	154.8	61	158.7	64	165.4	64	163.1
Fayette County	11	45.0	12	48.9	14	56.5	16	64.8	16	64.5
Hays County	197	128.2	204	128.9	219	133.7	232	137.3	245	139.2
Lee County	15	90.6	15	90.3	15	90.2	18	108.5	18	108.3
Llano County	24	125.2	24	124.0	25	131.7	25	130.6	27	138.9
Travis County	3,515	349.2	3,667	355.9	3,842	361.7	4,043	368.8	4,248	379.0
Williamson County	450	109.5	472	110.6	498	112.6	523	114.6	554	117.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Austin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	233	13.0	241	13.1	297	15.7	312	16.0	292	14.6
Sex										
Male	198	22.0	204	22.1	268	28.2	276	28.3	254	25.4
Female	35	3.9	37	4.0	29	3.1	36	3.7	38	3.8
Race/Ethnicity										
White	83	8.0	94	8.9	127	11.8	119	10.8	115	10.3
Black	49	37.9	48	36.3	54	39.6	58	41.0	56	38.6
Hispanic	90	16.6	84	14.9	101	17.3	116	19.2	109	17.5
Other [^]	4	4.4	3	3.2	6	6.0	6	5.7	6	5.4
Unknown ^{**}	7	-	12	-	9	-	13	-	6	-
Age Group										
<2	0	0.0	0	0.0	1	1.9	0	0.0	1	1.9
2-12	2	0.7	0	0.0	0	0.0	3	1.0	0	0.0
13-24	34	10.6	58	17.8	56	17.0	64	19.3	50	15.0
25-34	76	25.5	62	20.4	104	33.0	116	35.7	105	31.3
35-44	61	22.7	69	25.2	59	20.8	77	26.2	63	20.9
45-54	45	18.7	41	16.7	55	21.9	29	11.4	55	21.3
>55	15	4.5	11	3.1	22	6.0	23	5.9	18	4.4
Mode of Exposure[*]	Number	Percent								
MSM	160	68.8	170	70.6	227	76.3	246	78.8	226	77.5
IDU	16	6.7	19	7.8	10	3.5	14	4.4	12	4.1
MSMIDU	12	5.1	9	3.7	12	3.9	7	2.1	13	4.4
Hetero	43	18.5	43	18.0	47	16.0	43	13.7	40	13.7
Perinatal	2	0.9	0	0.0	1	0.3	3	1.0	1	0.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Austin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bastrop County	4	5.4	15	20.2	9	12.0	7	9.4	1	1.3
Blanco County	0	0.0	2	19.0	2	18.9	3	28.1	2	18.7
Burnet County	2	4.7	2	4.7	2	4.6	1	2.3	3	6.8
Caldwell County	4	10.6	7	18.4	4	10.4	9	23.3	3	7.6
Fayette County	0	0.0	1	4.1	2	8.1	4	16.2	0	0.0
Hays County	6	3.9	3	1.9	18	11.0	9	5.3	11	6.2
Lee County	0	0.0	0	0.0	1	6.0	2	12.1	0	0.0
Llano County	0	0.0	0	0.0	1	5.3	0	0.0	3	15.4
Travis County	193	19.2	198	19.2	235	22.1	258	23.5	249	22.2
Williamson County	24	5.8	13	3.0	23	5.2	19	4.2	20	4.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Beaumont-Port Arthur HSDA

Select Characteristics of People Living with HIV, Beaumont-Port Arthur HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	832	214.9	876	225.0	904	231.4	960	246.5	1,013	259.3
Status										
HIV	406	104.9	423	108.7	432	110.6	471	120.9	502	128.5
AIDS	426	110.0	453	116.4	472	120.8	489	125.6	511	130.8
Sex										
Male	553	282.6	578	293.5	594	300.7	626	318.5	663	335.6
Female	279	145.7	298	154.9	310	160.5	334	173.1	350	181.2
Race/Ethnicity										
White	264	114.0	265	114.8	271	117.9	277	121.6	288	126.9
Black	421	439.4	449	466.7	465	481.4	497	520.7	528	548.0
Hispanic	63	130.0	70	138.6	78	149.5	86	159.2	94	170.8
Other [^]	4	35.7	5	42.9	6	49.8	6	49.5	6	48.3
Unknown ^{**}	80	-	87	-	84	-	94	-	97	-
Age Group										
<2	1	9.2	1	9.5	0	0.0	0	0.0	0	0.0
2-12	5	8.8	2	3.5	5	8.7	4	6.9	4	7.0
13-24	60	90.8	61	92.8	64	97.4	86	131.9	87	134.9
25-34	176	342.5	198	377.3	205	383.8	200	377.5	213	394.8
35-44	208	421.0	198	404.8	193	398.3	207	431.6	217	450.3
45-54	278	476.6	292	505.9	305	537.2	298	543.7	291	542.7
>55	104	110.0	124	128.3	132	134.0	165	164.2	201	195.7
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	331	39.8	349	39.8	364	40.3	392	40.8	427	42.1
IDU	135	16.2	133	15.2	134	14.8	146	15.2	150	14.8
MSMIDU	57	6.9	60	6.8	60	6.6	62	6.4	62	6.1
Hetero	292	35.1	317	36.2	326	36.1	341	35.5	356	35.2
Perinatal	16	1.9	17	1.9	19	2.1	19	2.0	18	1.8
Other	1	0.1	1	0.1	1	0.1	1	0.1	1	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Beaumont-Port Arthur HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Hardin County	45	83.0	49	89.4	49	89.0	51	92.4	53	95.6
Jefferson County	693	275.7	730	289.1	758	299.3	802	319.1	844	334.4
Orange County	94	115.2	97	118.3	97	117.8	107	128.9	116	139.8

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Beaumont-Port Arthur HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	85	22.0	68	17.5	65	16.6	83	21.3	84	21.5
Sex										
Male	52	26.6	42	21.3	48	24.3	51	26.0	55	27.8
Female	33	17.2	26	13.5	17	8.8	32	16.6	29	15.0
Race/Ethnicity										
White	14	6.0	10	4.3	14	6.1	12	5.3	23	10.1
Black	55	57.4	42	43.7	32	33.1	51	53.4	43	44.6
Hispanic	8	16.5	5	9.9	10	19.2	9	16.7	8	14.5
Other [^]	0	0.0	1	8.6	1	8.3	0	0.0	0	0.0
Unknown ^{**}	8	-	10	-	8	-	11	-	10	-
Age Group										
<2	1	9.2	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	1.7	2	3.5	0	0.0	0	0.0
13-24	24	36.3	15	22.8	20	30.4	24	36.8	21	32.6
25-34	26	50.6	17	32.4	13	24.3	21	39.6	24	44.5
35-44	16	32.4	14	28.6	14	28.9	14	29.2	16	33.2
45-54	12	20.6	15	26.0	13	22.9	16	29.2	11	20.5
>55	6	6.3	6	6.2	3	3.0	8	8.0	12	11.7
Mode of Exposure[*]	Number	Percent								
MSM	34	39.6	25	36.0	35	53.1	38	45.8	44	51.8
IDU	7	7.9	6	8.5	7	11.1	17	20.2	11	12.7
MSMIDU	2	2.1	4	5.6	2	3.2	2	2.0	1	1.2
Hetero	42	49.2	33	48.4	18	28.0	27	31.9	29	34.3
Perinatal	1	1.2	1	1.5	3	4.6	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Beaumont-Port Arthur HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Hardin County	5	9.2	5	9.1	1	1.8	1	1.8	3	5.4
Jefferson County	72	28.6	55	21.8	58	22.9	71	28.3	68	26.9
Orange County	8	9.8	8	9.8	6	7.3	11	13.3	13	15.7

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Brownsville HSDA

Select Characteristics of People Living with HIV, Brownsville HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,484	125.8	1,576	130.3	1,660	135.0	1,748	140.6	1,876	149.5
Status										
HIV	631	53.5	676	55.9	705	57.3	749	60.2	808	64.4
AIDS	853	72.3	900	74.4	955	77.7	999	80.3	1,068	85.1
Sex										
Male	1,189	207.5	1,262	214.8	1,334	222.9	1,403	231.4	1,510	246.3
Female	295	48.6	314	50.5	326	51.7	345	54.1	366	57.0
Race/Ethnicity										
White	124	114.6	127	117.5	126	117.1	128	119.9	129	122.7
Black	21	451.9	21	438.8	21	390.6	20	337.5	20	336.6
Hispanic	1,316	124.6	1,405	129.5	1,488	134.7	1,574	140.7	1,701	150.3
Other [^]	4	37.1	5	44.0	7	58.5	8	64.9	8	63.0
Unknown ^{**}	19	-	18	-	18	-	18	-	18	-
Age Group										
<2	0	0.0	1	2.2	1	2.1	0	0.0	0	0.0
2-12	8	3.2	9	3.5	9	3.5	8	3.1	5	2.0
13-24	73	31.5	78	32.8	78	32.1	83	33.6	92	36.7
25-34	312	192.6	332	202.5	343	208.8	357	218.6	375	230.4
35-44	469	306.9	475	301.1	478	298.0	492	303.4	519	318.6
45-54	437	347.0	469	363.1	505	385.5	519	392.3	566	423.9
>55	185	86.5	212	95.7	246	107.7	289	122.9	319	132.1
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	841	56.7	908	57.6	974	58.7	1,029	58.9	1,104	58.8
IDU	158	10.6	152	9.6	156	9.4	155	8.9	156	8.3
MSMIDU	70	4.7	69	4.4	68	4.1	70	4.0	70	3.7
Hetero	396	26.7	426	27.0	441	26.6	473	27.1	526	28.0
Perinatal	17	1.1	19	1.2	19	1.1	19	1.1	19	1.0
Other	2	0.1	2	0.1	2	0.1	2	0.1	2	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Brownsville HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Cameron County	588	146.9	616	151.1	643	155.8	675	162.4	709	169.9
Hidalgo County	836	110.4	895	114.9	943	118.7	993	123.2	1079	132.2
Willacy County	60	274.4	65	292.8	74	334.6	80	362.1	88	401.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Brownsville HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	130	11.0	143	11.8	140	11.4	116	9.3	158	12.6
Sex										
Male	113	19.7	115	19.6	118	19.7	93	15.3	130	21.2
Female	17	2.8	28	4.5	22	3.5	23	3.6	28	4.4
Race/Ethnicity										
White	5	4.6	7	6.5	6	5.6	5	4.7	3	2.9
Black	3	64.6	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	121	11.5	135	12.4	131	11.9	110	9.8	155	13.7
Other [^]	0	0.0	1	8.8	2	16.7	1	8.1	0	0.0
Unknown ^{**}	1	-	0	-	1	-	0	-	0	-
Age Group										
<2	0	0.0	1	2.2	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	0.4	0	0.0	0	0.0	0	0.0
13-24	29	12.5	25	10.5	30	12.4	24	9.7	29	11.6
25-34	44	27.2	49	29.9	40	24.3	44	26.9	46	28.3
35-44	34	22.2	33	20.9	30	18.7	22	13.6	41	25.2
45-54	17	13.5	26	20.1	28	21.4	18	13.6	28	21.0
>55	6	2.8	8	3.6	12	5.3	8	3.4	14	5.8
Mode of Exposure[*]	Number	Percent								
MSM	90	69.0	91	63.8	105	74.9	71	61.6	90	56.6
IDU	10	7.5	5	3.6	7	4.9	2	2.1	5	3.4
MSMIDU	3	1.9	4	2.7	1	0.6	4	3.5	1	0.6
Hetero	28	21.6	41	28.6	28	19.6	38	32.8	62	39.4
Perinatal	0	0.0	2	1.4	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Brownsville HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Cameron County	47	11.7	54	13.2	49	11.9	41	9.9	49	11.7
Hidalgo County	78	10.3	85	10.9	81	10.2	70	8.7	101	12.4
Willacy County	5	22.9	4	18.0	10	45.2	5	22.6	8	36.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Bryan-College Sta. HSDA

Select Characteristics of People Living with HIV, Bryan-College Sta. HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	399	126.5	414	129.2	441	136.6	466	143.2	488	148.6
Status										
HIV	193	61.2	201	62.7	219	67.9	221	67.9	235	71.6
AIDS	206	65.3	213	66.5	222	68.8	245	75.3	253	77.1
Sex										
Male	257	160.1	263	161.2	281	171.0	296	178.4	315	188.3
Female	142	91.7	151	96.1	160	101.0	170	106.6	173	107.4
Race/Ethnicity										
White	128	64.8	126	63.3	135	67.8	143	71.7	151	75.7
Black	196	474.7	213	513.5	223	533.4	237	563.3	243	573.0
Hispanic	59	91.2	58	86.1	66	95.8	70	98.9	78	107.2
Other [^]	3	25.4	3	24.1	3	23.4	3	22.6	3	22.0
Unknown ^{**}	13	-	14	-	14	-	13	-	13	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	1	12.2	1	12.3
2-12	2	4.9	2	4.7	2	4.7	2	4.6	2	4.6
13-24	35	39.1	38	42.5	37	41.5	39	43.8	35	39.6
25-34	76	179.0	75	168.9	87	194.9	94	208.7	100	218.0
35-44	117	346.5	110	325.2	117	345.5	110	321.5	116	335.5
45-54	114	314.6	128	350.9	132	363.5	142	397.4	148	416.8
>55	55	85.9	61	92.4	66	97.0	78	111.3	86	118.8
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	161	40.4	168	40.6	186	42.1	201	43.1	217	44.4
IDU	62	15.5	61	14.7	61	13.7	61	13.2	61	12.5
MSMIDU	25	6.2	24	5.9	24	5.5	24	5.2	25	5.2
Hetero	145	36.4	155	37.4	164	37.3	173	37.0	178	36.5
Perinatal	6	1.5	6	1.4	6	1.4	7	1.5	7	1.4
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Bryan-College Sta. HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brazos County	248	129.5	259	132.4	285	144.3	304	151.7	323	159.0
Burleson County	23	134.7	23	133.6	22	127.6	23	132.8	24	139.8
Grimes County	36	136.3	36	135.4	37	138.6	40	149.6	40	148.9
Leon County	19	112.7	20	119.3	20	118.7	20	119.1	20	119.5
Madison County	19	140.9	22	160.1	22	160.3	22	160.4	22	159.6
Robertson County	23	138.5	20	120.5	21	125.8	21	127.3	21	127.4
Washington County	31	92.7	34	100.7	34	100.0	36	106.1	38	111.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Bryan-College Sta. HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	33	10.5	27	8.4	44	13.6	42	12.9	29	8.8
Sex										
Male	25	15.6	17	10.4	33	20.1	29	17.5	22	13.1
Female	8	5.2	10	6.4	11	6.9	13	8.2	7	4.3
Race/Ethnicity										
White	7	3.5	6	3.0	16	8.0	11	5.5	11	5.5
Black	20	48.4	18	43.4	18	43.1	22	52.3	9	21.2
Hispanic	3	4.6	2	3.0	9	13.1	7	9.9	9	12.4
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	3	-	1	-	1	-	2	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	1	12.2	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	14	15.6	10	11.2	11	12.3	10	11.2	7	7.9
25-34	6	14.1	6	13.5	14	31.4	11	24.4	11	24.0
35-44	6	17.8	5	14.8	12	35.4	9	26.3	4	11.6
45-54	4	11.0	5	13.7	6	16.5	9	25.2	6	16.9
>55	3	4.7	1	1.5	1	1.5	2	2.9	1	1.4
Mode of Exposure[*]	Number	Percent								
MSM	20	60.9	13	47.0	29	66.8	24	58.1	17	58.3
IDU	4	13.3	5	18.5	3	6.1	2	5.7	2	6.9
MSMIDU	0	1.2	1	4.4	1	1.1	0	0.7	1	3.4
Hetero	8	24.5	8	30.0	11	25.9	14	33.1	9	31.4
Perinatal	0	0.0	0	0.0	0	0.0	1	2.4	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Bryan-College Sta. HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brazos County	17	8.9	14	7.2	35	17.7	35	17.5	25	12.3
Burleson County	4	23.4	1	5.8	1	5.8	2	11.6	2	11.6
Grimes County	6	22.7	1	3.8	0	0.0	1	3.7	1	3.7
Leon County	1	5.9	1	6.0	2	11.9	1	6.0	0	0.0
Madison County	0	0.0	6	43.7	4	29.1	0	0.0	1	7.3
Robertson County	1	6.0	1	6.0	2	12.0	1	6.1	0	0.0
Washington County	4	12.0	3	8.9	0	0.0	2	5.9	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Concho Plateau HSDA

Select Characteristics of People Living with HIV, Concho Plateau HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	99	64.7	102	66.0	105	67.5	104	66.2	117	73.7
Status										
HIV	38	24.9	42	27.2	46	29.6	45	28.7	56	35.3
AIDS	61	39.9	60	38.8	59	37.9	59	37.6	61	38.4
Sex										
Male	78	102.8	80	104.2	82	105.9	81	103.2	94	118.1
Female	21	27.3	22	28.3	23	29.4	23	29.3	23	29.1
Race/Ethnicity										
White	39	43.1	38	41.8	37	41.0	36	39.9	40	44.5
Black	13	282.7	14	290.0	15	293.3	14	261.1	15	272.2
Hispanic	45	80.4	48	84.5	51	88.1	52	87.9	60	98.4
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	2	-	2	-	2	-	2	-	2	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	6	21.6	7	25.1	7	25.1	4	14.2	5	17.7
25-34	12	62.4	8	40.5	9	43.9	11	51.5	15	67.4
35-44	35	201.5	33	191.3	35	204.8	34	199.9	34	199.9
45-54	33	157.5	38	183.2	38	186.5	40	201.9	44	226.7
>55	13	31.6	16	37.9	16	37.1	15	34.0	19	42.4
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	53	53.1	55	53.5	56	53.4	56	54.0	68	58.3
IDU	18	18.1	18	17.9	19	17.7	18	16.8	16	13.8
MSMIDU	10	9.6	9	8.6	9	8.5	9	8.7	10	8.8
Hetero	18	18.2	19	18.9	20	19.4	21	20.5	22	19.1
Perinatal	1	1.0	1	1.0	1	1.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Concho Plateau HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Coke County	1	30.2	1	30.1	1	30.4	1	31.0	1	31.2
Concho County	7	171.7	8	195.4	9	219.0	10	248.5	14	346.3
Crockett County	1	26.7	1	27.0	1	27.2	1	26.8	1	26.3
Irion County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kimble County	1	21.6	1	21.8	1	21.8	0	0.0	0	0.0
Mason County	1	25.1	1	24.9	1	24.9	1	24.8	1	24.2
Mcculloch County	6	71.7	6	73.0	6	72.4	6	72.3	7	84.0
Menard County	1	44.9	0	0.0	0	0.0	0	0.0	0	0.0
Reagan County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Schleicher County	1	30.2	1	28.6	1	30.3	1	30.7	2	62.4
Sterling County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sutton County	1	23.4	1	24.6	1	24.9	1	25.4	1	25.0
Tom Green County	79	72.6	82	74.1	84	75.1	83	73.1	90	78.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Concho Plateau HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	7	4.6	6	3.9	8	5.1	6	3.8	15	9.4
Sex										
Male	5	6.6	4	5.2	6	7.8	5	6.4	14	17.6
Female	2	2.6	2	2.6	2	2.6	1	1.3	1	1.3
Race/Ethnicity										
White	2	2.2	0	0.0	3	3.3	3	3.3	5	5.6
Black	1	21.7	1	20.7	1	19.6	0	0.0	1	18.1
Hispanic	4	7.1	5	8.8	4	6.9	3	5.1	9	14.8
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	7.2	1	3.6	0	0.0	1	3.6	4	14.1
25-34	1	5.2	1	5.1	2	9.8	2	9.4	2	9.0
35-44	2	11.5	0	0.0	3	17.6	2	11.8	5	29.4
45-54	1	4.8	3	14.5	3	14.7	1	5.0	4	20.6
>55	1	2.4	1	2.4	0	0.0	0	0.0	0	0.0
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	4	60.0	1	16.7	5	56.3	4	61.7	11	73.3
IDU	1	7.1	2	40.0	1	16.3	1	18.3	2	10.7
MSMIDU	0	1.4	0	5.0	0	1.3	0	1.7	1	8.7
Hetero	2	31.4	2	38.3	2	26.3	1	18.3	1	7.3
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Concho Plateau HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Coke County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Concho County	0	0.0	2	48.8	1	24.3	1	24.9	4	98.9
Crockett County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Irion County	0	0.0	0	0.0	0	0.0	1	63.4	0	0.0
Kimble County	1	21.6	0	0.0	0	0.0	0	0.0	0	0.0
Mason County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mcculloch County	0	0.0	1	12.2	0	0.0	0	0.0	0	0.0
Menard County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reagan County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Schleicher County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sterling County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sutton County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tom Green County	6	5.5	3	2.7	7	6.3	4	3.5	11	9.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Corpus Christi HSDA

Select Characteristics of People Living with HIV, Corpus Christi HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	707	123.9	726	127.0	747	129.8	768	132.0	788	133.9
Status										
HIV	247	43.3	268	46.9	295	51.3	312	53.6	321	54.6
AIDS	460	80.6	458	80.1	452	78.5	456	78.4	467	79.4
Sex										
Male	546	190.9	561	196.0	583	202.4	601	206.0	619	209.6
Female	161	56.5	165	57.8	164	57.0	167	57.6	169	57.7
Race/Ethnicity										
White	216	108.0	214	108.8	209	107.1	219	112.0	217	111.0
Black	54	281.9	53	278.2	56	285.1	57	286.3	60	295.4
Hispanic	401	117.3	422	122.0	435	124.2	444	124.9	464	128.4
Other [^]	0	0.0	0	0.0	2	19.1	2	18.4	2	17.7
Unknown ^{**}	36	-	37	-	45	-	46	-	45	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	4	4.5	4	4.5	3	3.3	3	3.3	2	2.2
13-24	20	19.8	25	24.9	27	26.6	31	30.1	35	33.5
25-34	89	118.8	93	124.3	101	131.8	101	127.7	106	130.1
35-44	216	309.4	209	302.8	193	280.8	181	261.7	185	263.7
45-54	256	317.6	262	328.0	274	351.2	279	365.1	269	359.1
>55	122	88.2	133	93.5	149	102.7	173	116.7	191	126.5
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	343	48.5	356	49.1	375	50.2	396	51.6	414	52.6
IDU	142	20.1	142	19.5	140	18.8	137	17.8	133	16.8
MSMIDU	62	8.7	61	8.4	64	8.6	63	8.2	63	8.0
Hetero	149	21.1	158	21.7	159	21.3	163	21.2	169	21.4
Perinatal	10	1.4	9	1.2	9	1.2	9	1.2	9	1.1
Other	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Corpus Christi HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Aransas County	24	103.0	25	107.9	24	102.2	25	104.8	26	106.7
Bee County	46	144.4	47	147.3	49	151.5	49	150.8	54	164.6
Brooks County	12	164.5	12	166.5	13	180.3	13	181.2	15	207.3
Duval County	11	92.3	11	93.8	10	84.8	9	77.4	8	68.7
Jim Wells County	23	56.6	22	53.8	22	53.4	22	52.8	24	57.6
Kenedy County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kleberg County	22	69.0	27	84.1	26	81.1	27	84.1	27	84.1
Live Oak County	9	78.9	8	69.3	7	60.7	7	60.0	8	67.4
Mcmullen County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nueces County	502	148.4	517	151.9	539	157.1	556	160.0	570	161.9
Refugio County	2	27.0	2	27.2	2	27.4	2	27.6	2	27.4
San Patricio County	56	85.2	55	85.2	55	85.5	58	88.9	54	81.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Corpus Christi HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	31	5.4	39	6.8	48	8.3	43	7.4	44	7.5
Sex										
Male	26	9.1	31	10.8	38	13.2	35	12.0	37	12.5
Female	5	1.8	8	2.8	10	3.5	8	2.8	7	2.4
Race/Ethnicity										
White	5	2.5	8	4.1	7	3.6	14	7.2	7	3.6
Black	2	10.4	5	26.2	1	5.1	0	0.0	1	4.9
Hispanic	21	6.1	25	7.2	29	8.3	26	7.3	35	9.7
Other [^]	1	10.1	0	0.0	2	19.1	0	0.0	0	0.0
Unknown ^{**}	2	-	1	-	9	-	3	-	1	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	4	4.0	7	7.0	9	8.9	10	9.7	8	7.7
25-34	5	6.7	14	18.7	16	20.9	6	7.6	12	14.7
35-44	9	12.9	7	10.1	8	11.6	4	5.8	13	18.5
45-54	7	8.7	6	7.5	13	16.7	12	15.7	10	13.4
>55	6	4.3	5	3.5	2	1.4	11	7.4	1	0.7
Mode of Exposure[*]	Number	Percent								
MSM	18	57.1	23	58.5	27	55.6	32	74.7	32	71.8
IDU	6	18.4	1	3.6	7	14.6	3	6.0	1	3.0
MSMIDU	2	5.2	1	2.8	4	8.5	1	2.6	0	0.9
Hetero	6	19.4	14	35.1	10	21.3	7	16.7	11	24.3
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Corpus Christi HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Aransas County	0	0.0	3	13.0	0	0.0	2	8.4	4	16.4
Bee County	3	9.4	2	6.3	4	12.4	6	18.5	5	15.2
Brooks County	0	0.0	1	13.9	0	0.0	0	0.0	2	27.6
Duval County	0	0.0	1	8.5	0	0.0	1	8.6	1	8.6
Jim Wells County	1	2.5	0	0.0	2	4.9	2	4.8	1	2.4
Kenedy County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kleberg County	1	3.1	5	15.6	0	0.0	1	3.1	1	3.1
Live Oak County	3	26.3	0	0.0	0	0.0	0	0.0	1	8.4
Mcmullen County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nueces County	22	6.5	21	6.2	42	12.2	28	8.1	27	7.7
Refugio County	0	0.0	2	27.2	0	0.0	0	0.0	0	0.0
San Patricio County	1	1.5	4	6.2	0	0.0	3	4.6	2	3.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Dallas HSDA

Select Characteristics of People Living with HIV, Dallas HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	15,282	362.1	16,155	376.0	16,932	386.5	17,696	395.4	18,423	405.0
Status										
HIV	6,917	163.9	7,379	171.8	7,792	177.9	8,180	182.8	8,534	187.6
AIDS	8,365	198.2	8,776	204.3	9,140	208.6	9,516	212.6	9,889	217.4
Sex										
Male	12,268	588.9	12,941	610.4	13,558	627.0	14,166	640.9	14,753	657.2
Female	3,014	141.0	3,214	147.7	3,374	152.1	3,530	155.8	3,670	159.3
Race/Ethnicity										
White	5,587	271.4	5,745	277.6	5,885	281.3	6,033	284.7	6,174	289.6
Black	5,967	873.1	6,356	910.0	6,712	939.4	7,091	964.0	7,459	991.8
Hispanic	3,031	252.7	3,292	266.1	3,527	278.0	3,747	288.0	3,944	296.4
Other [^]	152	54.5	176	60.5	189	62.0	198	61.9	210	62.9
Unknown ^{**}	545	-	586	-	619	-	627	-	636	-
Age Group										
<2	1	0.8	2	1.5	3	2.3	3	2.3	2	1.5
2-12	51	7.0	46	6.2	40	5.3	32	4.2	25	3.3
13-24	808	113.2	911	126.0	954	130.0	996	133.1	969	127.2
25-34	2,787	430.5	2,965	454.1	3,110	471.0	3,245	483.5	3,420	505.4
35-44	4,894	752.7	4,851	742.1	4,797	724.9	4,783	711.3	4,735	699.0
45-54	4,905	826.9	5,248	868.2	5,558	903.6	5,799	929.3	6,047	959.7
>55	1,836	243.9	2,132	270.7	2,470	298.9	2,838	326.8	3,225	355.6
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	10,020	65.6	10,663	66.0	11,242	66.4	11,836	66.9	12,405	67.3
IDU	1,302	8.5	1,309	8.1	1,315	7.8	1,318	7.5	1,321	7.2
MSMIDU	791	5.2	777	4.8	779	4.6	775	4.4	774	4.2
Hetero	3,011	19.7	3,249	20.1	3,439	20.3	3,608	20.4	3,764	20.4
Perinatal	129	0.8	131	0.8	131	0.8	134	0.8	136	0.7
Other	29	0.2	27	0.2	26	0.2	25	0.1	24	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Dallas HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Collin County	1,148	149.9	1,216	154.2	1,271	156.4	1,344	161.0	1,419	166.0
Dallas County	12,803	545.6	13,566	571.6	14,196	589.4	14,809	603.5	15,403	621.0
Denton County	814	125.3	842	126.3	904	131.8	956	135.0	999	137.1
Ellis County	176	119.4	180	119.6	192	125.9	199	129.4	209	134.0
Hunt County	90	105.6	84	97.3	86	99.3	91	104.5	89	102.2
Kaufman County	125	122.9	135	130.0	143	135.8	147	137.8	146	134.5
Navarro County	71	149.2	72	150.8	76	158.5	83	172.6	85	176.9
Rockwall County	55	71.8	60	76.0	64	78.8	67	80.7	73	85.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Dallas HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,036	24.5	1,133	26.4	1,042	23.8	989	22.1	927	20.4
Sex										
Male	822	39.5	897	42.3	839	38.8	805	36.4	757	33.7
Female	214	10.0	236	10.8	203	9.2	184	8.1	170	7.4
Race/Ethnicity										
White	288	14.0	274	13.2	249	11.9	237	11.2	235	11.0
Black	434	63.5	498	71.3	449	62.8	458	62.3	437	58.1
Hispanic	270	22.5	293	23.7	281	22.1	247	19.0	222	16.7
Other [^]	11	3.9	25	8.6	17	5.6	12	3.8	11	3.3
Unknown ^{**}	33	-	43	-	46	-	35	-	22	-
Age Group										
<2	1	0.8	1	0.8	3	2.3	1	0.8	1	0.8
2-12	4	0.5	0	0.0	0	0.0	1	0.1	1	0.1
13-24	247	34.6	293	40.5	247	33.7	261	34.9	225	29.5
25-34	305	47.1	343	52.5	321	48.6	286	42.6	324	47.9
35-44	249	38.3	265	40.5	232	35.1	224	33.3	176	26.0
45-54	168	28.3	168	27.8	167	27.1	137	22.0	144	22.9
>55	62	8.2	63	8.0	72	8.7	79	9.1	56	6.2
Mode of Exposure[*]	Number	Percent								
MSM	739	71.3	791	69.8	751	72.1	726	73.4	695	74.9
IDU	50	4.8	40	3.5	41	3.9	35	3.5	30	3.2
MSMIDU	12	1.2	27	2.4	17	1.6	18	1.9	19	2.0
Hetero	229	22.1	275	24.3	231	22.2	208	21.0	182	19.6
Perinatal	5	0.5	1	0.1	3	0.3	2	0.2	2	0.2
Other	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Dallas HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Collin County	93	12.1	91	11.5	67	8.2	81	9.7	89	10.4
Dallas County	858	36.6	952	40.1	864	35.9	819	33.4	768	31.0
Denton County	55	8.5	52	7.8	72	10.5	59	8.3	46	6.3
Ellis County	8	5.4	11	7.3	11	7.2	5	3.3	11	7.1
Hunt County	6	7.0	2	2.3	6	6.9	8	9.2	4	4.6
Kaufman County	6	5.9	12	11.6	13	12.3	7	6.6	5	4.6
Navarro County	6	12.6	7	14.7	6	12.5	8	16.6	1	2.1
Rockwall County	4	5.2	6	7.6	3	3.7	2	2.4	3	3.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

El Paso HSDA

Select Characteristics of People Living with HIV, El Paso HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,565	192.8	1,658	200.0	1,738	206.0	1,854	217.3	1,953	229.2
Status										
HIV	586	72.2	637	76.8	692	82.0	759	88.9	796	93.4
AIDS	979	120.6	1,021	123.2	1,046	124.0	1,095	128.3	1,157	135.8
Sex										
Male	1,358	345.4	1,446	359.3	1,516	368.6	1,622	388.0	1,704	407.6
Female	207	49.5	212	49.7	222	51.3	232	53.3	249	57.4
Race/Ethnicity										
White	139	119.0	141	119.3	145	118.1	154	121.7	158	127.0
Black	86	395.9	92	410.8	97	394.4	105	389.7	109	397.3
Hispanic	1,324	200.2	1,409	208.3	1,479	216.4	1,578	229.9	1,669	243.2
Other [^]	3	25.8	3	24.8	3	23.5	3	22.2	3	21.6
Unknown ^{**}	13	-	13	-	14	-	14	-	14	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	9	6.2	8	5.4	8	5.3	7	4.7	8	5.4
13-24	46	28.5	61	37.2	69	41.2	93	55.0	90	53.8
25-34	240	224.2	247	223.6	265	229.8	285	239.0	325	271.9
35-44	530	498.6	530	492.1	503	465.3	503	463.2	474	440.9
45-54	509	489.8	544	517.2	583	558.0	609	590.5	640	627.9
>55	231	144.0	268	161.3	310	181.9	357	204.3	416	232.0
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	1,026	65.6	1,105	66.6	1,171	67.4	1,262	68.1	1,337	68.4
IDU	141	9.0	143	8.6	141	8.1	150	8.1	155	8.0
MSMIDU	90	5.8	91	5.5	89	5.1	93	5.0	94	4.8
Hetero	281	18.0	292	17.6	311	17.9	325	17.5	341	17.5
Perinatal	17	1.1	17	1.0	16	0.9	15	0.8	16	0.8
Other	10	0.6	10	0.6	10	0.6	10	0.5	10	0.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, El Paso HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brewster County	4	44.2	5	53.9	4	42.8	4	43.2	4	43.1
Culberson County	3	125.8	3	125.1	3	126.5	4	174.4	4	175.7
El Paso County	1,549	196.9	1,640	204.1	1,720	210.2	1,834	221.3	1,933	233.5
Hudspeth County	2	58.4	3	86.4	3	87.7	4	119.8	4	120.6
Jeff Davis County	2	86.0	2	85.1	3	129.9	3	129.6	3	133.2
Presidio County	5	65.9	5	63.5	5	64.7	5	66.6	5	69.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, El Paso HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	82	10.1	114	13.8	107	12.7	141	16.5	118	13.8
Sex										
Male	73	18.6	105	26.1	95	23.1	129	30.9	98	23.4
Female	9	2.2	9	2.1	12	2.8	12	2.8	20	4.6
Race/Ethnicity										
White	8	6.8	5	4.2	8	6.5	10	7.9	9	7.2
Black	7	32.2	7	31.3	7	28.5	12	44.5	5	18.2
Hispanic	66	10.0	101	14.9	91	13.3	119	17.3	104	15.2
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	1	-	1	-	1	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	1	0.7
13-24	17	10.5	27	16.5	27	16.1	45	26.6	27	16.1
25-34	19	17.8	38	34.4	33	28.6	49	41.1	41	34.3
35-44	22	20.7	19	17.6	23	21.3	23	21.2	16	14.9
45-54	15	14.4	20	19.0	12	11.5	18	17.5	17	16.7
>55	9	5.6	10	6.0	12	7.0	6	3.4	16	8.9
Mode of Exposure[*]	Number	Percent								
MSM	49	59.6	88	77.3	81	75.8	109	77.0	84	71.1
IDU	3	3.0	4	3.7	5	4.4	11	7.9	8	6.9
MSMIDU	3	3.9	3	2.3	1	1.2	7	4.6	6	4.8
Hetero	27	33.4	19	16.8	20	18.6	15	10.5	19	16.3
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	1	0.8
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, El Paso HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Brewster County	0	0.0	1	10.8	0	0.0	1	10.8	0	0.0
Culberson County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
El Paso County	82	10.4	113	14.1	107	13.1	139	16.8	117	14.1
Hudspeth County	0	0.0	0	0.0	0	0.0	1	29.9	0	0.0
Jeff Davis County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Presidio County	0	0.0	0	0.0	0	0.0	0	0.0	1	13.9

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Fort Worth HSDA

Select Characteristics of People Living with HIV, Fort Worth HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	4,262	190.7	4,464	196.6	4,674	202.7	4,878	208.2	5,055	212.6
Status										
HIV	1,895	84.8	1,985	87.4	2,132	92.5	2,218	94.7	2,318	97.5
AIDS	2,367	105.9	2,479	109.2	2,542	110.3	2,660	113.5	2,737	115.1
Sex										
Male	3,166	287.6	3,323	297.2	3,489	307.5	3,646	316.1	3,788	323.7
Female	1,096	96.7	1,141	99.0	1,185	101.2	1,232	103.6	1,267	104.9
Race/Ethnicity										
White	1,665	125.9	1,704	128.4	1,748	130.8	1,784	132.7	1,820	134.8
Black	1,588	583.6	1,681	599.6	1,770	614.7	1,864	627.5	1,950	634.1
Hispanic	791	147.5	846	152.3	904	158.3	954	162.5	998	165.6
Other [^]	50	48.3	52	48.5	58	52.5	70	61.2	79	67.2
Unknown ^{**}	168	-	181	-	194	-	206	-	208	-
Age Group										
<2	2	2.9	2	3.0	3	4.5	2	3.0	1	1.5
2-12	29	7.6	26	6.7	26	6.7	26	6.6	22	5.6
13-24	231	60.6	257	66.8	299	76.6	287	72.2	277	68.6
25-34	723	228.8	749	233.7	761	234.5	837	253.4	866	257.9
35-44	1,295	400.8	1,260	390.8	1,276	395.6	1,231	380.5	1,245	383.5
45-54	1,394	430.3	1,473	449.5	1,525	462.1	1,601	484.5	1,641	497.5
>55	588	132.7	697	150.9	784	162.6	894	177.8	1,003	191.7
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	2,113	49.6	2,246	50.3	2,403	51.4	2,542	52.1	2,673	52.9
IDU	776	18.2	779	17.4	779	16.7	774	15.9	768	15.2
MSMIDU	316	7.4	321	7.2	317	6.8	317	6.5	309	6.1
Hetero	964	22.6	1,024	22.9	1,079	23.1	1,145	23.5	1,206	23.9
Perinatal	72	1.7	73	1.6	76	1.6	79	1.6	78	1.5
Other	22	0.5	22	0.5	21	0.4	21	0.4	21	0.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Fort Worth HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Erath County	15	39.9	15	39.6	17	43.6	19	48.0	20	50.4
Hood County	51	100.3	53	103.2	53	102.9	54	103.5	54	102.1
Johnson County	173	114.9	188	124.3	188	123.7	191	124.6	198	128.0
Palo Pinto County	23	81.9	23	81.8	23	81.7	22	78.9	23	82.5
Parker County	82	70.8	81	69.1	81	68.5	86	71.9	86	70.8
Somervell County	3	35.7	3	35.3	3	35.4	3	34.8	3	34.7
Tarrant County	3,881	217.5	4,066	223.8	4,273	231.2	4,467	237.4	4,635	242.5
Wise County	34	57.5	35	59.2	36	60.1	36	59.6	36	59.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Fort Worth HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	287	12.8	289	12.7	298	12.9	278	11.9	271	11.4
Sex										
Male	220	20.0	222	19.9	232	20.4	212	18.4	216	18.5
Female	67	5.9	67	5.8	66	5.6	66	5.5	55	4.6
Race/Ethnicity										
White	82	6.2	88	6.6	81	6.1	72	5.4	77	5.7
Black	118	43.4	109	38.9	132	45.8	124	41.7	120	39.0
Hispanic	65	12.1	68	12.2	70	12.3	56	9.5	54	9.0
Other [^]	7	6.8	5	4.7	3	2.7	12	10.5	9	7.7
Unknown ^{**}	15	-	19	-	12	-	14	-	11	-
Age Group										
<2	0	0.0	1	1.5	1	1.5	1	1.5	0	0.0
2-12	3	0.8	0	0.0	1	0.3	3	0.8	0	0.0
13-24	69	18.1	59	15.3	96	24.6	70	17.6	70	17.3
25-34	80	25.3	74	23.1	78	24.0	76	23.0	84	25.0
35-44	76	23.5	74	23.0	62	19.2	55	17.0	61	18.8
45-54	39	12.0	50	15.3	39	11.8	52	15.7	35	10.6
>55	20	4.5	31	6.7	21	4.4	21	4.2	21	4.0
Mode of Exposure[*]	Number	Percent								
MSM	160	55.6	166	57.5	185	62.2	173	62.2	179	66.1
IDU	39	13.4	27	9.3	24	8.0	13	4.7	10	3.6
MSMIDU	19	6.5	18	6.1	9	3.0	6	2.2	5	1.8
Hetero	67	23.5	77	26.7	78	26.1	82	29.5	77	28.4
Perinatal	3	1.0	1	0.3	2	0.7	4	1.4	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Fort Worth HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Erath County	0	0.0	0	0.0	1	2.6	0	0.0	1	2.5
Hood County	5	9.8	2	3.9	3	5.8	3	5.8	2	3.8
Johnson County	6	4.0	11	7.3	7	4.6	5	3.3	12	7.8
Palo Pinto County	0	0.0	0	0.0	0	0.0	0	0.0	1	3.6
Parker County	6	5.2	6	5.1	5	4.2	4	3.3	2	1.6
Somervell County	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
Tarrant County	269	15.1	267	14.7	281	15.2	266	14.1	252	13.2
Wise County	0	0.0	3	5.1	1	1.7	0	0.0	1	1.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Galveston HSDA

Select Characteristics of People Living with HIV, Galveston HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,144	180.7	1,202	186.7	1,240	190.4	1,280	193.4	1,340	198.9
Status										
HIV	469	74.1	499	77.5	507	77.8	530	80.1	563	83.6
AIDS	675	106.6	703	109.2	733	112.5	750	113.3	777	115.3
Sex										
Male	834	262.5	872	270.0	907	277.8	942	283.7	980	290.0
Female	310	98.2	330	102.8	333	102.5	338	102.5	360	107.2
Race/Ethnicity										
White	522	144.5	539	148.4	545	149.9	548	149.7	571	154.8
Black	367	452.9	393	476.8	407	485.1	421	490.7	442	502.0
Hispanic	214	132.5	229	136.8	244	142.0	268	151.6	284	155.9
Other [^]	1	3.4	1	3.2	2	6.2	2	6.0	4	11.6
Unknown ^{**}	40	-	40	-	42	-	41	-	39	-
Age Group										
<2	2	10.5	1	5.3	0	0.0	0	0.0	1	5.6
2-12	6	5.8	6	5.7	6	5.7	6	5.6	6	5.6
13-24	42	41.6	51	50.0	54	52.5	57	54.1	50	46.4
25-34	187	221.9	182	211.8	179	205.5	181	205.0	196	217.5
35-44	329	361.8	336	370.5	321	354.1	334	365.8	333	360.9
45-54	392	400.5	421	427.7	440	449.5	426	438.6	442	457.9
>55	186	135.6	205	143.5	240	161.8	276	178.4	312	193.6
Mode of Exposure[*]	Number	Percent								
MSM	562	49.2	593	49.3	615	49.6	643	50.2	676	50.4
IDU	167	14.6	176	14.7	178	14.3	179	14.0	185	13.8
MSMIDU	76	6.6	78	6.5	79	6.4	83	6.5	82	6.1
Hetero	320	27.9	336	28.0	350	28.2	357	27.9	378	28.2
Perinatal	16	1.4	16	1.3	15	1.2	15	1.2	16	1.2
Other	3	0.3	3	0.2	3	0.2	3	0.2	3	0.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Galveston HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate [†]								
Brazoria County	374	120.9	389	123.7	409	128.1	426	131.4	458	138.7
Galveston County	717	249.5	760	259.7	777	263.0	800	265.7	821	267.6
Matagorda County	53	144.9	53	144.3	54	147.1	54	147.6	61	166.7

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Galveston HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	100	15.8	81	12.6	71	10.9	71	10.7	91	13.5
Sex										
Male	64	20.1	53	16.4	53	16.2	54	16.3	64	18.9
Female	36	11.4	28	8.7	18	5.5	17	5.2	27	8.0
Race/Ethnicity										
White	29	8.0	26	7.2	17	4.7	24	6.6	33	8.9
Black	45	55.5	33	40.0	28	33.4	21	24.5	33	37.5
Hispanic	20	12.4	21	12.5	19	11.1	26	14.7	21	11.5
Other [^]	1	3.4	0	0.0	2	6.2	0	0.0	2	5.8
Unknown ^{**}	5	-	1	-	5	-	0	-	2	-
Age Group										
<2	1	5.3	0	0.0	0	0.0	0	0.0	1	5.6
2-12	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	22	21.8	17	16.7	15	14.6	15	14.2	17	15.8
25-34	33	39.2	18	20.9	10	11.5	16	18.1	25	27.7
35-44	21	23.1	16	17.6	20	22.1	16	17.5	18	19.5
45-54	14	14.3	27	27.4	17	17.4	14	14.4	20	20.7
>55	8	5.8	3	2.1	9	6.1	10	6.5	10	6.2
Mode of Exposure[*]	Number	Percent								
MSM	50	49.9	38	46.4	35	49.3	41	57.6	49	54.3
IDU	6	6.0	12	15.3	8	11.3	7	9.6	10	10.4
MSMIDU	3	3.1	3	3.7	5	7.3	6	8.7	2	2.5
Hetero	39	39.0	28	34.6	23	32.1	17	24.1	29	31.6
Perinatal	2	2.0	0	0.0	0	0.0	0	0.0	1	1.1
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Galveston HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate [†]								
Brazoria County	32	10.3	28	8.9	32	10.0	31	9.6	44	13.3
Galveston County	63	21.9	49	16.7	33	11.2	38	12.6	39	12.7
Matagorda County	5	13.7	4	10.9	6	16.3	2	5.5	8	21.9

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Houston HSDA

Select Characteristics of People Living with HIV, Houston HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	20,384	380.4	21,275	388.8	22,176	398.1	23,153	407.6	24,142	415.7
Status										
HIV	8,806	164.4	9,194	168.0	9,627	172.8	10,115	178.1	10,678	183.9
AIDS	11,578	216.1	12,081	220.8	12,549	225.3	13,038	229.5	13,464	231.9
Sex										
Male	14,966	560.9	15,667	574.9	16,379	590.6	17,173	606.7	17,956	620.2
Female	5,418	201.4	5,608	204.2	5,797	207.3	5,980	209.8	6,186	212.4
Race/Ethnicity										
White	4,932	233.9	5,031	237.3	5,104	238.7	5,201	240.7	5,312	242.8
Black	9,967	1052.7	10,387	1075.9	10,820	1103.6	11,252	1124.4	11,758	1150.0
Hispanic	4,792	249.4	5,130	257.8	5,472	268.5	5,886	281.8	6,215	289.5
Other [^]	196	51.4	208	52.4	240	58.1	262	60.9	299	66.4
Unknown ^{**}	497	-	519	-	540	-	552	-	558	-
Age Group										
<2	6	3.4	8	4.6	7	4.0	5	2.9	8	4.6
2-12	94	10.2	84	8.9	76	8.0	80	8.3	77	7.9
13-24	1,125	120.1	1,175	123.7	1,246	129.8	1,298	132.8	1,339	134.0
25-34	3,935	479.6	4,095	489.8	4,197	494.3	4,346	502.8	4,505	510.3
35-44	6,294	807.3	6,232	788.9	6,203	775.6	6,254	769.5	6,293	759.4
45-54	6,088	813.0	6,435	850.2	6,755	887.1	6,999	916.7	7,239	943.3
>55	2,842	290.4	3,246	316.4	3,692	343.5	4,171	371.0	4,681	397.7
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	10,298	50.5	10,926	51.4	11,567	52.2	12,289	53.1	13,034	54.0
IDU	2,382	11.7	2,370	11.1	2,352	10.6	2,349	10.1	2,333	9.7
MSMIDU	1,096	5.4	1,089	5.1	1,084	4.9	1,082	4.7	1,078	4.5
Hetero	6,316	31.0	6,588	31.0	6,861	30.9	7,115	30.7	7,373	30.5
Perinatal	271	1.3	280	1.3	291	1.3	298	1.3	303	1.3
Other	22	0.1	22	0.1	21	0.1	21	0.1	21	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Houston HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Austin County	48	169.9	50	175.8	49	170.9	49	171.0	52	180.3
Chambers County	17	49.7	18	51.0	18	50.8	18	49.9	20	54.3
Colorado County	21	101.0	21	100.6	22	105.9	20	96.7	19	91.6
Fort Bend County	951	167.1	989	167.6	1,037	170.8	1,093	174.6	1,136	174.1
Harris County	18,538	459.4	19,356	471.1	20,177	483.1	21,071	495.3	21,978	506.8
Liberty County	103	137.3	109	143.7	108	142.2	112	146.7	115	149.5
Montgomery County	513	115.1	536	116.7	554	117.4	575	118.6	599	120.0
Walker County	86	128.8	89	130.5	93	136.1	96	140.2	101	146.8
Waller County	53	125.9	53	121.9	60	136.2	61	137.5	66	146.0
Wharton County	54	131.7	54	130.7	58	140.6	58	140.9	56	135.9

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Houston HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,390	25.9	1,419	25.9	1,339	24.0	1,396	24.6	1,383	23.8
Sex										
Male	1,050	39.4	1,077	39.5	1,018	36.7	1,096	38.7	1,084	37.4
Female	340	12.6	342	12.5	321	11.5	300	10.5	299	10.3
Race/Ethnicity										
White	204	9.7	205	9.7	190	8.9	205	9.5	198	9.1
Black	691	73.0	725	75.1	640	65.3	658	65.8	720	70.4
Hispanic	425	22.1	429	21.6	445	21.8	482	23.1	396	18.4
Other [^]	16	4.2	19	4.8	31	7.5	25	5.8	40	8.9
Unknown ^{**}	54	-	41	-	33	-	26	-	29	-
Age Group										
<2	8	4.6	5	2.9	4	2.3	2	1.2	6	3.5
2-12	1	0.1	2	0.2	6	0.6	3	0.3	2	0.2
13-24	303	32.3	336	35.4	311	32.4	360	36.8	362	36.2
25-34	428	52.2	418	50.0	384	45.2	451	52.2	455	51.5
35-44	337	43.2	334	42.3	313	39.1	275	33.8	258	31.1
45-54	213	28.4	226	29.9	203	26.7	215	28.2	198	25.8
>55	100	10.2	98	9.6	118	11.0	90	8.0	102	8.7
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	793	57.1	841	59.3	818	61.1	898	64.3	913	66.0
IDU	92	6.6	82	5.8	67	5.0	75	5.4	53	3.8
MSMIDU	26	1.9	29	2.1	24	1.8	28	2.0	26	1.9
Hetero	470	33.8	458	32.2	419	31.3	389	27.9	383	27.7
Perinatal	9	0.6	9	0.6	11	0.8	7	0.5	8	0.6
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Houston HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Austin County	4	14.2	3	10.5	0	0.0	1	3.5	7	24.3
Chambers County	3	8.8	1	2.8	0	0.0	0	0.0	1	2.7
Colorado County	3	14.4	2	9.6	1	4.8	0	0.0	0	0.0
Fort Bend County	66	11.6	44	7.5	67	11.0	70	11.2	69	10.6
Harris County	1,255	31.1	1,324	32.2	1,218	29.2	1,281	30.1	1,235	28.5
Liberty County	6	8.0	9	11.9	4	5.3	4	5.2	11	14.3
Montgomery County	31	7.0	27	5.9	28	5.9	29	6.0	39	7.8
Walker County	9	13.5	8	11.7	7	10.2	6	8.8	15	21.8
Waller County	7	16.6	1	2.3	7	15.9	4	9.0	6	13.3
Wharton County	6	14.6	0	0.0	7	17.0	1	2.4	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Laredo HSDA

Select Characteristics of People Living with HIV, Laredo HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	331	101.7	347	104.6	369	109.7	394	115.7	421	122.4
Status										
HIV	143	43.9	148	44.6	159	47.3	165	48.5	185	53.8
AIDS	188	57.8	199	60.0	210	62.4	229	67.3	236	68.6
Sex										
Male	256	161.9	269	166.8	287	175.2	312	187.4	335	198.6
Female	75	44.8	78	45.7	82	47.5	82	47.1	86	49.0
Race/Ethnicity										
White	10	82.3	11	88.2	11	84.7	13	97.1	13	95.6
Black	4	689.7	4	647.2	4	526.3	4	452.5	4	414.1
Hispanic	315	101.3	330	104.1	352	109.7	375	115.6	402	122.7
Other [^]	1	59.0	1	59.0	1	57.7	1	55.2	1	53.0
Unknown ^{**}	1	-	1	-	1	-	1	-	1	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	2	2.9	1	1.4	1	1.4	1	1.4	1	1.4
13-24	13	19.5	13	19.2	15	21.8	19	27.2	23	32.5
25-34	73	162.2	75	164.6	75	164.8	79	173.2	89	194.2
35-44	108	247.7	112	250.5	117	259.3	114	251.7	111	246.2
45-54	96	273.1	103	286.2	108	294.9	124	335.2	133	354.0
>55	39	74.3	43	79.5	53	95.2	57	99.4	64	108.5
Mode of Exposure[*]	Number	Percent								
MSM	171	51.8	188	54.3	205	55.6	226	57.3	246	58.5
IDU	45	13.4	43	12.3	43	11.7	42	10.8	43	10.2
MSMIDU	11	3.2	10	2.9	10	2.8	11	2.7	11	2.6
Hetero	99	29.8	100	28.8	105	28.3	109	27.8	116	27.6
Perinatal	3	0.9	3	0.9	3	0.8	3	0.8	2	0.5
Other	3	0.9	3	0.9	3	0.8	3	0.8	3	0.7

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Laredo HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Jim Hogg County	2	38.0	1	18.9	1	18.9	2	38.0	2	38.1
Starr County	26	43.1	25	40.9	26	42.2	27	43.8	30	48.4
Webb County	297	120.8	315	125.3	335	131.3	358	138.1	382	145.5
Zapata County	6	43.2	6	42.7	7	49.2	7	49.0	7	48.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Laredo HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	16	4.9	28	8.4	33	9.8	29	8.5	33	9.6
Sex										
Male	15	9.5	23	14.3	26	15.9	27	16.2	29	17.2
Female	1	0.6	5	2.9	7	4.1	2	1.1	4	2.3
Race/Ethnicity										
White	0	0.0	1	8.0	0	0.0	1	7.5	0	0.0
Black	1	172.4	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	15	4.8	27	8.5	33	10.3	28	8.6	33	10.1
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	1	1.5	2	3.0	10	14.6	6	8.6	14	19.8
25-34	6	13.3	11	24.1	11	24.2	8	17.5	12	26.2
35-44	4	9.2	7	15.7	6	13.3	5	11.0	3	6.7
45-54	1	2.8	7	19.5	3	8.2	8	21.6	4	10.6
>55	4	7.6	1	1.8	3	5.4	2	3.5	0	0.0
Mode of Exposure[*]	Number	Percent								
MSM	13	80.0	21	75.0	24	71.2	20	69.0	23	69.1
IDU	1	6.9	0	1.1	1	2.1	0	1.0	0	1.2
MSMIDU	1	3.8	1	1.8	1	3.6	1	4.5	0	0.6
Hetero	2	9.4	6	22.1	8	23.0	7	25.5	10	29.1
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Laredo HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Jim Hogg County	0	0.0	0	0.0	0	0.0	1	19.0	0	0.0
Starr County	0	0.0	1	1.6	1	1.6	1	1.6	4	6.5
Webb County	14	5.7	27	10.7	31	12.1	26	10.0	29	11.0
Zapata County	2	14.4	0	0.0	1	7.0	1	7.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lubbock HSDA

Select Characteristics of People Living with HIV, Lubbock HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	394	96.9	411	99.5	436	104.7	457	109.2	484	114.8
Status										
HIV	184	45.3	198	47.9	217	52.1	230	54.9	241	57.2
AIDS	210	51.7	213	51.6	219	52.6	227	54.2	243	57.7
Sex										
Male	314	154.7	328	158.8	347	166.5	370	176.5	391	185.2
Female	80	39.3	83	40.2	89	42.8	87	41.6	93	44.2
Race/Ethnicity										
White	160	72.7	164	74.2	173	78.4	179	81.5	186	85.1
Black	60	235.3	62	239.1	66	253.1	65	247.0	74	276.8
Hispanic	156	101.9	167	105.9	179	111.1	195	119.1	207	124.0
Other [^]	1	12.8	1	12.0	1	11.6	1	11.3	1	10.9
Unknown**	17	-	17	-	17	-	17	-	16	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	17	19.3	17	19.2	18	20.1	29	31.8	31	33.6
25-34	69	124.0	73	126.4	80	136.9	89	151.4	96	162.3
35-44	128	280.1	127	276.2	126	274.3	121	263.1	124	267.6
45-54	125	239.7	129	246.6	139	271.0	139	278.1	141	287.7
>55	55	62.0	65	71.6	73	78.7	79	83.4	92	95.1
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	205	52.0	218	53.0	235	54.0	259	56.6	275	56.9
IDU	75	19.0	75	18.2	76	17.4	77	16.7	78	16.1
MSMIDU	57	14.5	57	13.8	59	13.5	57	12.5	58	12.0
Hetero	54	13.8	58	14.2	63	14.4	62	13.6	70	14.4
Perinatal	2	0.5	2	0.5	2	0.5	2	0.4	2	0.4
Other	1	0.3	1	0.2	1	0.2	1	0.2	1	0.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Lubbock HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate [†]								
Bailey County	1	14.2	1	14.0	2	27.9	2	28.1	3	42.2
Cochran County	1	32.4	1	31.9	1	32.6	1	33.0	1	33.2
Crosby County	2	33.0	5	82.7	5	82.2	5	81.9	6	100.2
Dickens County	1	41.3	1	40.7	1	41.5	1	42.9	1	43.6
Floyd County	1	15.4	1	15.6	2	31.4	2	31.5	2	32.1
Garza County	25	392.6	24	371.7	27	413.4	30	469.6	33	522.4
Hale County	17	47.3	18	49.5	17	46.7	17	46.8	18	50.3
Hockley County	7	30.3	7	30.7	7	30.5	8	34.6	7	29.7
King County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lamb County	13	94.3	12	85.6	12	85.1	12	86.2	12	87.1
Lubbock County	309	112.7	322	114.9	343	121.0	360	125.9	380	131.3
Lynn County	4	67.5	5	84.8	5	85.0	5	86.6	5	87.4
Motley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Terry County	10	79.7	10	79.0	10	79.1	9	71.3	11	86.3
Yoakum County	3	37.9	4	51.0	4	50.1	5	62.0	5	61.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Lubbock HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	37	9.1	23	5.6	28	6.7	34	8.1	38	9.0
Sex										
Male	28	13.8	17	8.2	23	11.0	33	15.7	33	15.6
Female	9	4.4	6	2.9	5	2.4	1	0.5	5	2.4
Race/Ethnicity										
White	12	5.5	8	3.6	12	5.4	13	5.9	13	5.9
Black	5	19.6	6	23.1	3	11.5	2	7.6	9	33.7
Hispanic	17	11.1	8	5.1	13	8.1	18	11.0	16	9.6
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	3	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	6	6.8	4	4.5	7	7.8	14	15.4	6	6.5
25-34	12	21.6	9	15.6	10	17.1	12	20.4	15	25.4
35-44	11	24.1	2	4.4	4	8.7	4	8.7	10	21.6
45-54	7	13.4	4	7.6	6	11.7	1	2.0	3	6.1
>55	1	1.1	4	4.4	1	1.1	3	3.2	4	4.1
Mode of Exposure[*]	Number	Percent								
MSM	23	62.4	15	63.5	21	75.0	28	83.2	26	69.2
IDU	6	15.1	3	10.9	2	8.6	3	10.0	1	1.6
MSMIDU	2	6.5	1	5.7	1	3.6	0	0.3	2	5.8
Hetero	6	15.9	5	20.0	4	12.9	2	6.5	9	23.4
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Lubbock HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate [†]								
Bailey County	1	14.2	0	0.0	1	13.9	0	0.0	1	14.1
Cochran County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Crosby County	0	0.0	1	16.5	0	0.0	1	16.4	3	50.1
Dickens County	1	41.3	0	0.0	0	0.0	0	0.0	0	0.0
Floyd County	1	15.4	0	0.0	1	15.7	0	0.0	1	16.1
Garza County	5	78.5	0	0.0	3	45.9	1	15.7	2	31.7
Hale County	1	2.8	2	5.5	0	0.0	0	0.0	1	2.8
Hockley County	3	13.0	1	4.4	0	0.0	2	8.6	0	0.0
King County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lamb County	0	0.0	0	0.0	0	0.0	1	7.2	0	0.0
Lubbock County	25	9.1	19	6.8	23	8.1	28	9.8	29	10.0
Lynn County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Motley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Terry County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Yoakum County	0	0.0	0	0.0	0	0.0	1	12.4	1	12.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lufkin HSDA

Select Characteristics of People Living with HIV, Lufkin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	521	138.4	534	140.9	562	147.5	571	150.1	582	153.6
Status										
HIV	199	52.9	203	53.6	221	58.0	235	61.8	241	63.6
AIDS	322	85.5	331	87.3	341	89.5	336	88.3	341	90.0
Sex										
Male	326	172.9	329	173.2	347	181.9	355	186.4	364	191.8
Female	195	103.8	205	108.5	215	113.1	216	113.7	218	115.3
Race/Ethnicity										
White	204	77.2	204	77.2	210	79.4	214	81.5	213	81.8
Black	238	400.1	244	409.0	259	432.7	263	440.8	272	457.3
Hispanic	45	93.4	51	101.8	58	112.6	61	115.4	63	117.5
Other [^]	2	43.4	2	41.9	2	40.2	3	57.0	3	54.5
Unknown ^{**}	32	-	33	-	33	-	30	-	31	-
Age Group										
<2	0	0.0	0	0.0	1	10.5	1	10.6	0	0.0
2-12	1	1.8	1	1.8	2	3.6	3	5.5	3	5.6
13-24	27	42.5	30	47.1	35	54.2	38	58.9	35	54.4
25-34	92	213.9	85	194.1	88	200.0	87	198.2	90	206.8
35-44	171	381.8	170	382.0	169	384.0	160	370.1	147	345.3
45-54	155	295.6	162	308.6	169	326.6	175	346.2	185	374.4
>55	75	69.1	86	78.0	98	87.3	107	93.6	122	105.1
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	183	35.0	185	34.6	198	35.2	208	36.3	214	36.8
IDU	92	17.7	93	17.5	94	16.7	97	17.0	96	16.4
MSMIDU	38	7.3	38	7.2	38	6.7	39	6.8	40	6.9
Hetero	201	38.7	210	39.3	223	39.6	217	37.9	222	38.2
Perinatal	3	0.6	4	0.7	6	1.1	7	1.2	7	1.2
Other	4	0.8	4	0.7	4	0.7	4	0.7	3	0.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Lufkin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Angelina County	112	130.2	120	138.0	132	151.2	129	147.4	131	149.8
Houston County	62	262.0	65	274.3	72	308.0	73	314.9	79	344.8
Jasper County	24	67.9	25	69.8	27	74.4	32	89.2	36	101.0
Nacogdoches County	92	143.7	90	139.2	92	140.2	95	144.4	96	146.9
Newton County	6	41.5	7	48.5	7	48.5	9	63.2	10	70.7
Polk County	79	173.5	83	182.7	88	193.0	89	194.6	89	194.4
Sabine County	11	102.6	10	92.0	10	93.9	11	105.5	9	86.9
San Augustine County	13	145.4	12	135.7	11	124.0	11	124.3	11	125.4
San Jacinto County	31	118.8	31	117.1	31	115.4	32	118.2	33	122.9
Shelby County	41	160.7	40	157.3	39	151.9	39	150.1	39	151.2
Trinity County	30	207.3	30	205.3	30	205.9	30	210.4	28	194.5
Tyler County	20	92.0	21	96.5	23	106.1	21	97.9	21	97.8

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Lufkin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	40	10.6	38	10.0	45	11.8	34	8.9	34	9.0
Sex										
Male	27	14.3	20	10.5	29	15.2	20	10.5	21	11.1
Female	13	6.9	18	9.5	16	8.4	14	7.4	13	6.9
Race/Ethnicity										
White	11	4.2	10	3.8	11	4.2	9	3.4	8	3.1
Black	22	37.0	19	31.8	23	38.4	19	31.8	19	31.9
Hispanic	2	4.2	8	16.0	8	15.5	5	9.5	4	7.5
Other [^]	0	0.0	0	0.0	0	0.0	1	19.0	0	0.0
Unknown ^{**}	5	-	1	-	3	-	0	-	3	-
Age Group										
<2	0	0.0	0	0.0	1	10.5	0	0.0	0	0.0
2-12	0	0.0	0	0.0	1	1.8	1	1.8	0	0.0
13-24	9	14.2	8	12.5	12	18.6	8	12.4	8	12.4
25-34	10	23.2	7	16.0	15	34.1	8	18.2	6	13.8
35-44	13	29.0	9	20.2	11	25.0	6	13.9	10	23.5
45-54	5	9.5	9	17.1	4	7.7	9	17.8	7	14.2
>55	3	2.8	5	4.5	1	0.9	2	1.7	3	2.6
Mode of Exposure[*]	Number	Percent								
MSM	19	46.7	13	33.2	18	39.1	13	39.1	15	44.7
IDU	4	9.5	10	25.0	6	14.2	10	29.7	4	10.6
MSMIDU	1	1.5	1	3.7	2	3.3	2	5.9	2	6.8
Hetero	17	42.2	14	35.5	18	38.9	8	22.4	13	37.9
Perinatal	0	0.0	1	2.6	2	4.4	1	2.9	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Lufkin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Angelina County	9	10.5	13	15.0	14	16.0	8	9.1	5	5.7
Houston County	6	25.4	3	12.7	6	25.7	3	12.9	9	39.3
Jasper County	0	0.0	3	8.4	5	13.8	3	8.4	6	16.8
Nacogdoches County	10	15.6	4	6.2	7	10.7	4	6.1	2	3.1
Newton County	0	0.0	2	13.9	0	0.0	2	14.0	3	21.2
Polk County	7	15.4	6	13.2	6	13.2	4	8.7	5	10.9
Sabine County	2	18.7	1	9.2	1	9.4	2	19.2	0	0.0
San Augustine County	1	11.2	0	0.0	1	11.3	1	11.3	0	0.0
San Jacinto County	1	3.8	2	7.6	2	7.4	3	11.1	2	7.4
Shelby County	1	3.9	1	3.9	1	3.9	3	11.5	1	3.9
Trinity County	1	6.9	2	13.7	0	0.0	0	0.0	0	0.0
Tyler County	2	9.2	1	4.6	2	9.2	1	4.7	1	4.7

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Permian Basin HSDA

Select Characteristics of People Living with HIV, Permian Basin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	410	98.6	450	107.7	483	113.8	524	119.5	556	123.2
Status										
HIV	173	41.6	194	46.4	208	49.0	237	54.1	256	56.7
AIDS	237	57.0	256	61.3	275	64.8	287	65.5	300	66.5
Sex										
Male	321	152.1	358	168.6	384	177.5	423	188.4	452	194.7
Female	89	43.5	92	44.8	99	47.5	101	47.2	104	47.4
Race/Ethnicity										
White	149	75.5	152	77.6	157	80.3	154	77.9	161	81.1
Black	59	287.6	64	309.8	68	327.4	70	325.8	71	321.0
Hispanic	182	94.6	213	108.8	235	116.1	272	127.9	295	132.0
Other [^]	3	54.5	3	52.2	3	49.9	6	91.5	7	98.6
Unknown ^{**}	17	-	18	-	20	-	22	-	22	-
Age Group										
<2	0	0.0	1	7.3	1	7.3	0	0.0	0	0.0
2-12	0	0.0	0	0.0	2	2.8	3	3.9	4	5.1
13-24	16	21.4	14	19.0	18	24.2	21	27.2	22	27.6
25-34	76	130.1	82	138.0	90	144.9	104	156.7	104	147.7
35-44	139	276.9	154	305.9	155	304.4	164	310.8	165	303.7
45-54	123	207.4	132	224.1	142	245.8	155	272.5	170	300.9
>55	56	63.2	67	73.7	75	80.8	77	81.0	91	94.2
Mode of Exposure[*]	Number	Percent								
MSM	197	48.1	223	49.6	244	50.4	273	52.0	290	52.2
IDU	68	16.5	71	15.8	75	15.5	76	14.6	79	14.2
MSMIDU	49	11.9	49	11.0	49	10.1	50	9.6	54	9.8
Hetero	94	22.9	103	22.9	111	22.9	120	22.9	127	22.8
Perinatal	2	0.5	3	0.7	5	1.0	5	1.0	6	1.1
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Permian Basin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Andrews County	5	34.2	8	53.9	8	52.0	8	49.6	8	47.6
Borden County	5	809.1	5	775.2	6	956.9	9	1470.6	9	1412.9
Crane County	1	23.1	1	22.9	1	22.9	1	21.9	1	21.0
Dawson County	8	58.2	8	57.8	8	58.0	9	65.9	9	65.2
Ector County	160	116.8	177	129.1	184	131.7	190	131.4	191	127.9
Gaines County	8	46.6	8	45.5	8	44.3	8	43.5	8	42.3
Glasscock County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Howard County	56	160.5	67	191.3	70	200.1	80	225.6	86	237.9
Loving County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Martin County	3	63.7	3	62.3	3	61.0	3	59.7	5	94.1
Midland County	112	82.2	115	84.0	128	91.4	137	93.3	144	95.1
Pecos County	4	25.8	4	25.7	6	38.4	6	38.5	7	44.6
Reeves County	34	250.9	39	282.3	46	335.1	58	419.7	72	515.6
Terrell County	2	215.1	2	198.4	2	209.9	2	216.5	2	221.5
Upton County	1	30.1	2	59.7	2	60.7	2	61.1	2	59.3
Ward County	7	65.2	7	66.0	7	65.4	7	64.3	7	62.3
Winkler County	4	56.1	4	56.5	4	56.0	4	54.5	5	65.7

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Permian Basin HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	27	6.5	39	9.3	34	8.0	53	12.1	35	7.8
Sex										
Male	23	10.9	33	15.5	27	12.5	49	21.8	32	13.8
Female	4	2.0	6	2.9	7	3.4	4	1.9	3	1.4
Race/Ethnicity										
White	11	5.6	2	1.0	8	4.1	4	2.0	10	5.0
Black	3	14.6	4	19.4	4	19.3	2	9.3	3	13.6
Hispanic	13	6.8	30	15.3	20	9.9	43	20.2	22	9.8
Other [^]	0	0.0	0	0.0	0	0.0	2	30.5	0	0.0
Unknown ^{**}	0	-	3	-	2	-	2	-	0	-
Age Group										
<2	0	0.0	1	7.3	1	7.3	0	0.0	1	6.8
2-12	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0
13-24	5	6.7	7	9.5	7	9.4	8	10.4	6	7.5
25-34	8	13.7	11	18.5	10	16.1	21	31.6	7	9.9
35-44	9	17.9	13	25.8	8	15.7	15	28.4	13	23.9
45-54	4	6.7	5	8.5	5	8.7	7	12.3	5	8.8
>55	1	1.1	2	2.2	2	2.2	2	2.1	3	3.1
Mode of Exposure[*]	Number	Percent								
MSM	16	60.7	18	44.9	19	55.6	36	68.1	18	52.6
IDU	3	10.7	5	12.3	4	11.8	4	7.0	4	10.6
MSMIDU	1	4.1	5	11.5	2	4.4	3	6.0	5	14.3
Hetero	7	24.4	11	28.7	8	22.4	10	18.9	7	19.7
Perinatal	0	0.0	1	2.6	2	5.9	0	0.0	1	2.9
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Permian Basin HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Andrews County	3	20.5	2	13.5	0	0.0	0	0.0	0	0.0
Borden County	1	161.8	0	0.0	3	478.5	9	1470.6	0	0.0
Crane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Dawson County	0	0.0	0	0.0	0	0.0	1	7.3	0	0.0
Ector County	8	5.8	12	8.8	7	5.0	11	7.6	7	4.7
Gaines County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Glasscock County	0	0.0	0	0.0	0	0.0	0	0.0	2	159.9
Howard County	3	8.6	10	28.6	3	8.6	5	14.1	4	11.1
Loving County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Martin County	1	21.2	0	0.0	0	0.0	0	0.0	1	18.8
Midland County	7	5.1	8	5.8	14	10.0	12	8.2	4	2.6
Pecos County	0	0.0	0	0.0	0	0.0	0	0.0	2	12.7
Reeves County	4	29.5	6	43.4	7	51.0	15	108.5	14	100.3
Terrell County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upton County	0	0.0	1	29.8	0	0.0	0	0.0	0	0.0
Ward County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Winkler County	0	0.0	0	0.0	0	0.0	0	0.0	1	13.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

San Antonio HSDA

Select Characteristics of People Living with HIV, San Antonio HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	4,784	216.3	5,019	222.1	5,294	230.2	5,564	237.6	5,863	245.7
Status										
HIV	1,875	84.8	2,000	88.5	2,141	93.1	2,327	99.4	2,558	107.2
AIDS	2,909	131.5	3,019	133.6	3,153	137.1	3,237	138.2	3,305	138.5
Sex										
Male	3,971	365.0	4,171	374.6	4,412	389.4	4,659	403.1	4,940	419.0
Female	813	72.4	848	74.0	882	75.6	905	76.3	923	76.5
Race/Ethnicity										
White	1,195	140.8	1,234	143.7	1,275	147.2	1,332	152.1	1,389	156.8
Black	709	523.8	746	533.6	787	546.9	822	550.3	863	561.4
Hispanic	2,699	230.3	2,838	236.0	3,017	245.6	3,186	254.2	3,382	264.1
Other [^]	31	55.9	35	59.8	36	58.9	41	64.6	46	69.7
Unknown ^{**}	150	-	166	-	179	-	183	-	183	-
Age Group										
<2	0	0.0	0	0.0	2	3.1	2	3.1	0	0.0
2-12	20	5.6	19	5.2	19	5.1	15	4.0	15	4.0
13-24	228	57.8	269	67.2	298	73.3	307	74.1	315	74.9
25-34	848	278.0	899	287.0	945	293.4	1,012	304.2	1,121	325.6
35-44	1,447	487.6	1,391	464.5	1,368	453.3	1,365	447.0	1,379	445.5
45-54	1,594	526.2	1,667	539.5	1,766	569.2	1,877	606.1	1,913	617.7
>55	647	132.6	774	152.9	896	171.1	986	182.1	1,120	200.0
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	3,079	64.4	3,255	64.9	3,469	65.5	3,709	66.7	3,971	67.7
IDU	559	11.7	578	11.5	587	11.1	593	10.7	596	10.2
MSMIDU	277	5.8	283	5.6	295	5.6	289	5.2	289	4.9
Hetero	815	17.0	848	16.9	886	16.7	916	16.5	949	16.2
Perinatal	43	0.9	43	0.9	45	0.9	45	0.8	46	0.8
Other	12	0.3	12	0.2	12	0.2	12	0.2	12	0.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, San Antonio HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Atascosa County	45	100.8	46	102.3	44	96.8	45	96.9	44	93.4
Bandera County	21	103.1	21	102.2	22	107.0	21	102.0	21	101.9
Bexar County	4,320	256.3	4,533	263.1	4,783	272.7	5,028	281.6	5,304	291.8
Comal County	116	109.1	121	110.6	128	114.7	136	118.7	144	121.5
Frio County	49	286.2	53	307.5	57	327.3	62	348.8	63	348.7
Gillespie County	11	44.7	11	44.2	13	51.9	13	51.7	13	51.3
Guadalupe County	101	78.7	109	82.3	119	87.5	124	88.7	128	89.4
Karnes County	8	54.0	10	67.3	10	66.9	10	67.2	11	72.9
Kendall County	27	82.7	30	89.1	30	86.5	31	86.2	34	90.0
Kerr County	32	64.7	34	68.5	35	70.5	36	72.3	37	74.1
Medina County	25	54.8	24	52.0	25	53.7	26	55.5	32	67.5
Wilson County	29	68.8	27	62.7	28	64.1	32	72.1	32	70.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, San Antonio HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	359	16.2	338	15.0	365	15.9	375	16.0	416	17.4
Sex										
Male	289	26.6	288	25.9	315	27.8	330	28.5	376	31.9
Female	70	6.2	50	4.4	50	4.3	45	3.8	40	3.3
Race/Ethnicity										
White	67	7.9	66	7.7	67	7.7	73	8.3	82	9.3
Black	57	42.1	52	37.2	47	32.7	50	33.5	58	37.7
Hispanic	220	18.8	202	16.8	233	19.0	235	18.7	261	20.4
Other [^]	3	5.4	5	8.5	1	1.6	5	7.9	6	9.1
Unknown ^{**}	12	-	13	-	17	-	12	-	9	-
Age Group										
<2	0	0.0	0	0.0	2	3.1	1	1.5	0	0.0
2-12	0	0.0	0	0.0	0	0.0	1	0.3	1	0.3
13-24	83	21.0	96	24.0	96	23.6	82	19.8	98	23.3
25-34	121	39.7	96	30.6	103	32.0	115	34.6	149	43.3
35-44	78	26.3	68	22.7	73	24.2	77	25.2	69	22.3
45-54	49	16.2	47	15.2	64	20.6	73	23.6	67	21.6
>55	28	5.7	31	6.1	27	5.2	26	4.8	32	5.7
Mode of Exposure[*]	Number	Percent								
MSM	249	69.4	237	70.0	254	69.5	298	79.4	321	77.0
IDU	29	8.1	36	10.6	29	8.1	24	6.3	32	7.6
MSMIDU	9	2.4	18	5.2	26	7.2	4	1.0	14	3.3
Hetero	72	20.1	48	14.2	54	14.8	48	12.7	49	11.7
Perinatal	0	0.0	0	0.0	2	0.5	2	0.5	1	0.2
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, San Antonio HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Atascosa County	5	11.2	2	4.4	1	2.2	3	6.5	7	14.9
Bandera County	2	9.8	1	4.9	1	4.9	0	0.0	1	4.9
Bexar County	318	18.9	306	17.8	334	19.0	341	19.1	380	20.9
Comal County	7	6.6	9	8.2	6	5.4	9	7.9	8	6.8
Frio County	9	52.6	6	34.8	7	40.2	6	33.8	5	27.7
Gillespie County	2	8.1	0	0.0	0	0.0	1	4.0	0	0.0
Guadalupe County	6	4.7	4	3.0	8	5.9	8	5.7	4	2.8
Karnes County	1	6.8	2	13.5	1	6.7	0	0.0	2	13.3
Kendall County	2	6.1	2	5.9	2	5.8	1	2.8	3	7.9
Kerr County	3	6.1	1	2.0	2	4.0	2	4.0	1	2.0
Medina County	3	6.6	2	4.3	1	2.1	0	0.0	5	10.5
Wilson County	1	2.4	3	7.0	2	4.6	4	9.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Sherman-Denison HSDA

Select Characteristics of People Living with HIV, Sherman-Denison HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	184	95.7	188	97.2	189	97.7	193	99.4	200	102.8
Status										
HIV	77	40.0	76	39.3	77	39.8	78	40.2	84	43.2
AIDS	107	55.6	112	57.9	112	57.9	115	59.2	116	59.6
Sex										
Male	154	161.4	153	159.2	153	159.6	155	161.0	163	168.7
Female	30	31.0	35	36.0	36	36.9	38	38.8	37	37.8
Race/Ethnicity										
White	131	84.5	133	85.7	130	84.1	130	84.4	134	87.3
Black	27	246.6	28	252.5	30	271.0	31	273.1	31	271.2
Hispanic	19	85.1	19	82.4	19	80.8	21	86.7	23	92.9
Other [^]	0	0.0	0	0.0	2	45.2	2	44.2	3	63.4
Unknown ^{**}	7	-	8	-	8	-	9	-	9	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	1	3.6	1	3.5	1	3.6	1	3.6	1	3.6
13-24	7	22.9	6	19.5	5	16.2	3	9.7	3	9.8
25-34	30	136.4	32	144.6	27	122.1	30	133.4	32	141.0
35-44	52	219.1	48	205.5	52	228.4	51	226.0	51	228.2
45-54	58	202.7	62	216.6	64	227.1	63	228.7	63	234.1
>55	36	66.2	39	70.2	40	70.3	45	77.5	50	84.3
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	104	56.7	103	55.0	103	54.7	106	54.7	111	55.7
IDU	20	11.0	21	11.0	22	11.4	21	11.0	22	11.2
MSMIDU	24	12.8	25	13.1	22	11.4	22	11.2	22	10.8
Hetero	32	17.2	35	18.8	38	20.3	41	21.0	41	20.5
Perinatal	2	1.1	2	1.1	2	1.1	2	1.0	2	1.0
Other	2	1.1	2	1.1	2	1.1	2	1.0	2	1.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Sherman-Denison HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Cooke County	24	62.5	24	62.4	23	60.0	24	62.0	24	62.4
Fannin County	31	91.5	32	94.4	31	91.4	33	97.8	35	104.0
Grayson County	129	107.4	132	109.0	135	111.3	136	111.8	141	115.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Sherman-Denison HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	4	2.1	9	4.7	11	5.7	13	6.7	12	6.2
Sex										
Male	3	3.1	4	4.2	8	8.3	10	10.4	12	12.4
Female	1	1.0	5	5.1	3	3.1	3	3.1	0	0.0
Race/Ethnicity										
White	3	1.9	6	3.9	5	3.2	7	4.5	8	5.2
Black	1	9.1	1	9.0	3	27.1	3	26.4	1	8.7
Hispanic	0	0.0	0	0.0	1	4.3	2	8.3	2	8.1
Other [^]	0	0.0	1	24.0	2	45.2	0	0.0	1	21.1
Unknown ^{**}	0	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	6.5	2	6.5	2	6.5	0	0.0	1	3.3
25-34	0	0.0	2	9.0	2	9.0	7	31.1	4	17.6
35-44	0	0.0	1	4.3	2	8.8	2	8.9	3	13.4
45-54	1	3.5	3	10.5	4	14.2	3	10.9	3	11.1
>55	1	1.8	1	1.8	1	1.8	1	1.7	1	1.7
Mode of Exposure[*]	Number	Percent								
MSM	3	75.0	3	33.3	6	53.6	8	61.5	8	62.5
IDU	0	0.0	1	14.4	1	6.4	1	9.2	1	9.2
MSMIDU	0	0.0	1	11.1	0	0.9	1	7.7	1	9.2
Hetero	1	25.0	4	41.1	4	39.1	3	21.5	2	19.2
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Sherman-Denison HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate [†]								
Cooke County	0	0.0	1	2.6	1	2.6	2	5.2	0	0.0
Fannin County	0	0.0	2	5.9	1	2.9	4	11.9	4	11.9
Grayson County	4	3.3	6	5.0	9	7.4	7	5.8	8	6.5

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Temple-Killeen HSDA

Select Characteristics of People Living with HIV, Temple-Killeen HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	524	119.2	572	126.4	595	130.3	646	139.3	681	145.9
Status										
HIV	252	57.3	290	64.1	299	65.5	341	73.5	357	76.5
AIDS	272	61.9	282	62.3	296	64.8	305	65.8	324	69.4
Sex										
Male	358	164.9	393	175.4	417	184.6	464	200.7	492	211.1
Female	166	74.6	179	78.3	178	77.1	182	78.2	189	80.9
Race/Ethnicity										
White	179	70.5	188	72.9	193	75.0	196	75.8	211	82.0
Black	217	266.9	243	288.8	255	300.1	282	324.3	299	339.1
Hispanic	85	96.7	94	101.1	95	98.5	108	108.1	109	106.6
Other [^]	5	30.2	5	28.5	5	27.7	8	43.7	9	47.9
Unknown ^{**}	38	-	42	-	47	-	52	-	53	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	3	4.0	3	3.8	2	2.5	2	2.5	2	2.6
13-24	44	52.9	53	62.1	62	73.3	70	81.4	68	78.1
25-34	99	140.1	106	142.7	117	155.0	133	169.9	154	196.3
35-44	145	253.9	140	244.3	144	251.1	153	262.6	145	247.6
45-54	176	323.5	198	356.5	196	353.7	197	361.3	201	371.4
>55	57	68.5	72	83.4	74	83.1	91	99.1	111	117.2
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	232	44.3	267	46.6	292	49.1	335	51.8	363	53.4
IDU	102	19.5	105	18.4	103	17.3	102	15.8	101	14.8
MSMIDU	34	6.5	36	6.2	36	6.0	37	5.7	37	5.4
Hetero	142	27.0	151	26.5	151	25.4	159	24.7	167	24.5
Perinatal	11	2.1	10	1.7	10	1.7	10	1.5	10	1.5
Other	3	0.6	3	0.5	3	0.5	3	0.5	3	0.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Temple-Killeen HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bell County	422	140.2	465	148.6	483	152.7	533	164.7	563	172.3
Coryell County	43	57.6	47	62.2	51	66.6	54	70.3	57	74.8
Hamilton County	6	70.4	7	82.5	7	83.2	7	84.2	7	84.2
Lampasas County	13	66.2	13	65.9	14	70.2	14	69.5	14	69.2
Milam County	36	144.8	36	145.7	36	146.0	35	145.0	37	153.1
Mills County	2	41.0	2	40.4	2	41.1	2	41.3	2	40.8
San Saba County	2	33.2	2	32.6	2	33.0	1	16.6	1	16.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Temple-Killeen HSDA

Select Characteristics of People Newly Diagnosed with HIV, Temple-Killeen HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	51	11.6	53	11.7	45	9.9	58	12.5	44	9.4
Sex										
Male	39	18.0	41	18.3	41	18.1	49	21.2	34	14.6
Female	12	5.4	12	5.3	4	1.7	9	3.9	10	4.3
Race/Ethnicity										
White	14	5.5	14	5.4	8	3.1	6	2.3	14	5.4
Black	25	30.7	29	34.5	29	34.1	30	34.5	23	26.1
Hispanic	9	10.2	7	7.5	4	4.1	16	16.0	2	2.0
Other [^]	1	6.0	0	0.0	0	0.0	2	10.9	1	5.3
Unknown ^{**}	2	-	3	-	4	-	4	-	4	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	17	20.4	17	19.9	22	26.0	22	25.6	15	17.2
25-34	17	24.0	14	18.9	9	11.9	19	24.3	13	16.6
35-44	7	12.3	12	20.9	8	14.0	9	15.4	5	8.5
45-54	9	16.5	6	10.8	5	9.0	4	7.3	5	9.2
>55	1	1.2	4	4.6	1	1.1	4	4.4	6	6.3
Mode of Exposure[*]	Number	Percent								
MSM	32	62.7	35	66.8	37	81.1	44	75.5	32	73.0
IDU	5	9.2	4	7.9	3	5.6	3	5.7	2	5.0
MSMIDU	2	4.7	2	3.8	1	1.1	1	2.4	0	0.5
Hetero	12	23.3	11	21.5	6	12.2	10	16.4	10	21.6
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Temple-Killeen HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bell County	46	15.3	48	15.3	40	12.6	53	16.4	37	11.3
Coryell County	4	5.4	4	5.3	5	6.5	3	3.9	4	5.2
Hamilton County	0	0.0	1	11.8	0	0.0	0	0.0	0	0.0
Lampasas County	0	0.0	0	0.0	0	0.0	1	5.0	0	0.0
Milam County	1	4.0	0	0.0	0	0.0	1	4.1	3	12.4
Mills County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
San Saba County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Texarkana HSDA

Select Characteristics of People Living with HIV, Texarkana HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	320	114.1	332	117.7	344	121.8	352	124.6	364	128.8
Status										
HIV	127	45.3	133	47.1	142	50.3	145	51.3	148	52.4
AIDS	193	68.8	199	70.5	202	71.5	207	73.2	216	76.4
Sex										
Male	235	169.6	246	176.5	259	185.8	266	190.6	278	199.4
Female	85	60.0	86	60.2	85	59.4	86	60.1	86	60.1
Race/Ethnicity										
White	157	79.1	159	80.0	160	80.7	163	82.5	166	84.5
Black	110	235.1	117	248.9	123	261.7	127	269.5	138	292.1
Hispanic	34	109.3	35	108.5	36	109.4	37	110.4	36	104.8
Other [^]	2	51.5	2	48.9	2	47.0	2	45.6	2	44.6
Unknown ^{**}	17	-	19	-	23	-	23	-	22	-
Age Group										
<2	1	13.2	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	2.4	1	2.4	1	2.4	1	2.4
13-24	10	22.6	16	36.0	20	44.9	22	49.5	22	49.5
25-34	53	160.3	52	155.3	53	158.5	52	155.2	54	160.3
35-44	101	283.3	97	275.2	90	260.0	93	270.7	84	247.4
45-54	116	292.5	122	308.5	127	326.8	124	325.2	136	363.2
>55	39	49.8	44	55.2	53	65.1	60	72.4	67	79.9
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	137	42.8	153	46.1	164	47.7	169	48.0	178	48.9
IDU	47	14.8	48	14.3	48	13.8	49	13.9	49	13.4
MSMIDU	34	10.5	29	8.9	30	8.6	29	8.2	29	8.0
Hetero	99	31.0	99	29.8	100	29.0	103	29.1	105	28.8
Perinatal	2	0.6	2	0.6	2	0.6	2	0.6	2	0.5
Other	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Texarkana HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bowie County	152	164.8	159	171.6	164	176.6	170	182.8	173	185.1
Cass County	38	125.4	38	124.9	41	134.5	41	135.9	44	145.1
Delta County	5	96.5	4	76.3	5	96.1	5	93.9	5	95.5
Franklin County	2	18.9	4	37.7	6	56.9	6	56.4	6	56.3
Hopkins County	27	77.3	26	73.8	27	76.4	29	81.9	32	90.0
Lamar County	53	106.9	58	116.4	57	114.0	53	106.3	56	113.3
Morris County	9	69.5	9	69.7	9	70.1	12	93.7	12	93.5
Red River County	7	54.5	8	62.3	8	63.0	8	63.0	8	64.2
Titus County	27	85.0	26	80.2	27	83.3	28	85.8	28	85.9

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Texarkana HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	20	7.1	26	9.2	22	7.8	20	7.1	21	7.4
Sex										
Male	12	8.7	20	14.3	17	12.2	13	9.3	17	12.2
Female	8	5.6	6	4.2	5	3.5	7	4.9	4	2.8
Race/Ethnicity										
White	8	4.0	9	4.5	4	2.0	5	2.5	6	3.1
Black	9	19.2	11	23.4	12	25.5	7	14.9	13	27.5
Hispanic	3	9.6	3	9.3	2	6.1	2	6.0	0	0.0
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	0	-	3	-	4	-	6	-	2	-
Age Group										
<2	0	0.0	1	13.6	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	5	11.3	7	15.8	8	18.0	6	13.5	4	9.0
25-34	5	15.1	7	20.9	6	17.9	6	17.9	7	20.8
35-44	5	14.0	2	5.7	5	14.4	3	8.7	3	8.8
45-54	3	7.6	4	10.1	1	2.6	4	10.5	3	8.0
>55	2	2.6	5	6.3	2	2.5	1	1.2	4	4.8
Mode of Exposure[*]	Number	Percent								
MSM	8	39.5	16	60.8	12	52.7	11	53.0	13	63.3
IDU	4	20.0	4	15.4	3	13.2	4	21.0	1	4.8
MSMIDU	1	5.0	0	0.0	1	3.2	0	0.0	1	6.7
Hetero	7	35.5	5	20.0	7	30.9	5	26.0	5	25.2
Perinatal	0	0.0	1	3.8	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Texarkana HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bowie County	8	8.7	13	14.0	11	11.8	10	10.8	10	10.7
Cass County	1	3.3	0	0.0	4	13.1	3	9.9	5	16.5
Delta County	0	0.0	0	0.0	1	19.2	0	0.0	0	0.0
Franklin County	0	0.0	2	18.9	0	0.0	0	0.0	0	0.0
Hopkins County	4	11.5	2	5.7	2	5.7	1	2.8	3	8.4
Lamar County	5	10.1	4	8.0	1	2.0	1	2.0	3	6.1
Morris County	0	0.0	2	15.5	1	7.8	2	15.6	0	0.0
Red River County	0	0.0	2	15.6	0	0.0	2	15.8	0	0.0
Titus County	2	6.3	1	3.1	2	6.2	1	3.1	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Tyler HSDA

Select Characteristics of People Living with HIV, Tyler HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	1,213	147.1	1,268	152.5	1,296	154.9	1,336	159.2	1,359	161.9
Status										
HIV	534	64.8	572	68.8	582	69.5	602	71.7	610	72.7
AIDS	679	82.4	696	83.7	714	85.3	734	87.5	749	89.2
Sex										
Male	842	204.0	874	209.9	887	211.7	913	217.3	931	221.6
Female	371	90.1	394	95.0	409	97.9	423	101.0	428	102.1
Race/Ethnicity										
White	546	95.0	554	96.3	558	96.9	571	99.3	580	101.3
Black	516	404.2	551	430.5	563	437.1	588	456.3	601	466.0
Hispanic	114	101.8	124	106.1	134	111.0	136	110.0	138	109.4
Other [^]	1	9.8	2	18.5	2	17.8	2	17.3	2	16.8
Unknown ^{**}	36	-	37	-	39	-	39	-	38	-
Age Group										
<2	2	9.0	1	4.7	1	4.6	1	4.6	1	4.7
2-12	8	6.6	11	8.9	10	8.1	10	8.1	10	8.2
13-24	70	52.8	83	62.6	77	57.3	79	58.8	70	52.1
25-34	239	238.0	247	241.3	255	247.0	258	248.7	264	254.9
35-44	389	380.5	369	364.0	351	346.8	359	356.2	358	357.6
45-54	345	294.4	369	315.4	391	338.6	396	351.3	406	367.5
>55	160	70.2	188	80.7	211	89.0	233	96.1	250	101.3
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	539	44.5	567	44.7	579	44.7	607	45.4	632	46.5
IDU	206	17.0	213	16.8	213	16.4	214	16.0	211	15.5
MSMIDU	94	7.8	96	7.6	95	7.3	90	6.8	87	6.4
Hetero	352	29.0	369	29.1	386	29.8	401	30.0	405	29.8
Perinatal	19	1.6	21	1.7	21	1.6	22	1.6	22	1.6
Other	2	0.2	2	0.2	2	0.2	2	0.1	2	0.1

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Tyler HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Anderson County	83	142.1	86	147.1	93	159.2	93	160.1	96	165.7
Camp County	9	72.8	9	72.6	10	80.6	9	72.1	9	72.5
Cherokee County	64	126.9	67	131.7	70	137.3	71	138.8	74	145.4
Gregg County	333	274.7	355	291.2	362	295.8	390	317.7	400	325.1
Harrison County	78	119.7	85	129.3	87	129.2	89	132.4	90	134.6
Henderson County	84	107.4	84	106.8	86	109.3	87	110.2	90	114.4
Marion County	16	150.0	18	171.2	18	172.1	18	174.4	18	175.9
Panola County	21	88.7	23	96.7	25	104.0	24	99.9	25	104.7
Rains County	4	36.5	5	45.7	5	45.3	5	45.6	5	45.2
Rusk County	61	115.5	59	110.5	60	111.7	62	114.8	61	113.8
Smith County	351	169.5	362	172.0	369	173.3	377	175.7	382	176.8
Upshur County	30	76.8	30	76.1	29	72.8	31	77.5	31	77.7
Van Zandt County	30	57.3	34	64.6	32	60.8	32	61.1	33	62.9
Wood County	49	117.0	51	121.4	50	118.8	48	113.9	45	106.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Tyler HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	106	12.9	91	10.9	70	8.4	85	10.1	61	7.3
Sex										
Male	73	17.7	59	14.2	43	10.3	56	13.3	46	10.9
Female	33	8.0	32	7.7	27	6.5	29	6.9	15	3.6
Race/Ethnicity										
White	31	5.4	26	4.5	17	3.0	36	6.3	21	3.7
Black	60	47.0	50	39.1	37	28.7	40	31.0	31	24.0
Hispanic	12	10.7	11	9.4	13	10.8	6	4.9	8	6.3
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	3	-	4	-	3	-	3	-	1	-
Age Group										
<2	0	0.0	1	4.7	1	4.6	1	4.6	0	0.0
2-12	0	0.0	1	0.8	0	0.0	0	0.0	0	0.0
13-24	34	25.6	26	19.6	21	15.6	19	14.2	13	9.7
25-34	30	29.9	29	28.3	17	16.5	25	24.1	18	17.4
35-44	26	25.4	19	18.7	11	10.9	16	15.9	20	20.0
45-54	9	7.7	11	9.4	16	13.9	17	15.1	7	6.3
>55	7	3.1	4	1.7	4	1.7	7	2.9	3	1.2
Mode of Exposure[*]	Number	Percent								
MSM	56	52.5	42	46.4	33	47.7	46	53.6	41	67.7
IDU	12	11.3	14	15.7	8	11.1	12	13.8	3	4.4
MSMIDU	4	3.3	4	4.8	4	5.0	2	2.7	1	1.3
Hetero	35	32.9	28	30.9	24	34.7	24	28.7	16	26.6
Perinatal	0	0.0	2	2.2	1	1.4	1	1.2	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Tyler HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Anderson County	14	24.0	8	13.7	9	15.4	11	18.9	10	17.3
Camp County	1	8.1	0	0.0	1	8.1	0	0.0	0	0.0
Cherokee County	6	11.9	7	13.8	4	7.8	4	7.8	5	9.8
Gregg County	31	25.6	27	22.1	17	13.9	28	22.8	18	14.6
Harrison County	11	16.9	10	15.2	6	8.9	7	10.4	2	3.0
Henderson County	5	6.4	4	5.1	3	3.8	6	7.6	3	3.8
Marion County	1	9.4	4	38.0	2	19.1	0	0.0	0	0.0
Panola County	2	8.4	2	8.4	2	8.3	1	4.2	1	4.2
Rains County	0	0.0	0	0.0	0	0.0	2	18.2	0	0.0
Rusk County	2	3.8	1	1.9	2	3.7	2	3.7	4	7.5
Smith County	19	9.2	22	10.5	21	9.9	21	9.8	18	8.3
Upshur County	7	17.9	2	5.1	1	2.5	2	5.0	0	0.0
Van Zandt County	4	7.6	3	5.7	1	1.9	1	1.9	0	0.0
Wood County	3	7.2	1	2.4	1	2.4	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Uvalde HSDA

Select Characteristics of People Living with HIV, Uvalde HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	117	70.9	130	77.6	138	81.9	148	87.4	151	88.4
Status										
HIV	40	24.2	46	27.5	46	27.3	48	28.3	50	29.3
AIDS	77	46.6	84	50.1	92	54.6	100	59.1	101	59.2
Sex										
Male	104	126.4	117	140.1	123	146.0	132	155.4	135	157.3
Female	13	15.7	13	15.5	15	17.8	16	19.0	16	18.8
Race/Ethnicity										
White	11	42.7	11	42.6	12	46.6	13	50.5	14	54.1
Black	4	384.6	4	359.1	4	326.5	4	297.8	4	285.9
Hispanic	99	72.3	113	81.2	120	85.7	128	91.0	131	92.4
Other [^]	1	74.1	1	70.9	1	67.1	2	124.8	2	119.4
Unknown ^{**}	2	-	1	-	1	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	5	15.8	5	15.7	7	21.5	5	15.2	6	18.1
25-34	14	70.9	19	93.6	22	107.2	29	139.0	28	129.3
35-44	37	183.0	39	190.9	34	167.2	34	168.3	29	145.5
45-54	45	233.4	46	234.7	50	257.5	51	264.9	59	308.5
>55	16	41.6	21	53.6	25	63.0	29	72.2	29	71.5
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	66	56.5	74	57.1	79	56.9	84	56.9	85	56.3
IDU	15	12.7	17	13.2	17	12.5	19	12.8	19	12.8
MSMIDU	7	6.0	7	5.7	8	5.5	9	5.9	9	6.0
Hetero	29	24.8	31	24.1	35	25.1	36	24.4	38	24.8
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Uvalde HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Dimmit County	7	71.1	7	69.8	7	69.4	7	66.8	7	64.2
Edwards County	1	49.7	2	100.4	2	101.7	2	101.6	3	159.2
Kinney County	5	140.1	6	166.7	7	194.4	7	194.8	7	195.2
La Salle County	5	73.8	5	72.5	5	71.6	5	70.4	4	54.3
Maverick County	49	91.7	57	104.6	60	108.8	66	119.1	67	119.8
Real County	3	91.6	3	90.4	3	87.6	3	89.0	3	89.6
Uvalde County	10	38.1	10	37.8	11	41.4	11	41.2	13	48.3
Val Verde County	28	57.8	30	61.2	33	67.5	37	76.0	37	76.1
Zavala County	9	78.0	10	85.3	10	84.4	10	83.5	10	82.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Uvalde HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	10	6.1	14	8.4	10	5.9	13	7.7	8	4.7
Sex										
Male	10	12.2	12	14.4	8	9.5	11	12.9	7	8.2
Female	0	0.0	2	2.4	2	2.4	2	2.4	1	1.2
Race/Ethnicity										
White	1	3.9	0	0.0	1	3.9	1	3.9	2	7.7
Black	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	9	6.6	14	10.1	9	6.4	11	7.8	6	4.2
Other [^]	0	0.0	0	0.0	0	0.0	1	62.4	0	0.0
Unknown ^{**}	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	3	9.5	0	0.0	2	6.1	1	3.0	2	6.0
25-34	1	5.1	9	44.3	6	29.2	6	28.8	0	0.0
35-44	2	9.9	2	9.8	2	9.8	1	5.0	5	25.1
45-54	4	20.7	2	10.2	0	0.0	3	15.6	1	5.2
>55	0	0.0	1	2.6	0	0.0	2	5.0	0	0.0
Mode of Exposure[*]	Number	Percent								
MSM	7	74.0	7	51.4	6	55.0	7	56.9	5	60.0
IDU	1	11.0	4	25.7	1	6.0	2	14.6	1	6.3
MSMIDU	0	0.0	0	2.9	0	3.0	1	9.2	0	3.8
Hetero	2	15.0	3	20.0	4	36.0	3	19.2	2	30.0
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Uvalde HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Dimmit County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Edwards County	2	99.4	2	100.4	0	0.0	2	101.6	2	106.2
Kinney County	1	28.0	1	27.8	1	27.8	0	0.0	0	0.0
La Salle County	3	44.3	0	0.0	0	0.0	0	0.0	0	0.0
Maverick County	2	3.7	8	14.7	5	9.1	8	14.4	2	3.6
Real County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Uvalde County	1	3.8	0	0.0	0	0.0	1	3.7	3	11.1
Val Verde County	1	2.1	3	6.1	3	6.1	2	4.1	1	2.1
Zavala County	0	0.0	0	0.0	1	8.4	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Victoria HSDA

Select Characteristics of People Living with HIV, Victoria HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	150	79.7	156	82.7	159	83.9	166	86.2	168	86.5
Status										
HIV	62	32.9	62	32.9	67	35.4	70	36.4	74	38.1
AIDS	88	46.8	94	49.8	92	48.6	96	49.9	94	48.4
Sex										
Male	118	126.5	120	128.2	122	129.7	126	131.6	125	129.1
Female	32	33.7	36	37.9	37	38.8	40	41.4	43	44.1
Race/Ethnicity										
White	54	53.5	59	58.8	61	61.0	62	61.6	63	62.6
Black	31	262.2	32	268.9	33	278.8	35	288.1	38	311.6
Hispanic	58	79.6	57	77.3	58	77.4	62	80.8	60	76.6
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	7	-	8	-	7	-	7	-	7	-
Age Group										
<2	0	0.0	1	19.2	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	2	6.8	2	6.6	2	6.6
13-24	5	17.1	7	24.1	7	23.9	8	26.4	7	22.8
25-34	21	96.5	19	85.5	21	92.6	22	93.8	20	83.0
35-44	43	192.4	41	186.9	41	189.6	42	192.0	48	217.0
45-54	57	206.9	61	223.8	59	220.8	56	215.3	53	209.1
>55	24	45.9	27	50.6	29	53.3	36	64.8	38	67.1
Mode of Exposure[*]	Number	Percent								
MSM	80	53.3	82	52.4	85	53.5	89	53.7	87	52.0
IDU	21	14.1	20	13.0	22	13.6	22	13.0	21	12.7
MSMIDU	11	7.0	11	6.8	9	5.4	10	5.8	9	5.1
Hetero	34	22.3	37	24.0	37	23.1	39	23.3	44	26.0
Perinatal	4	2.7	5	3.2	6	3.8	6	3.6	6	3.6
Other	1	0.7	1	0.6	1	0.6	1	0.6	1	0.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Victoria HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Calhoun County	13	60.8	14	65.6	13	60.8	13	60.2	13	59.6
De Witt County	11	54.9	12	59.9	12	59.1	12	58.6	12	58.5
Goliad County	2	27.9	3	41.5	3	41.6	4	54.5	4	53.6
Gonzales County	15	76.4	13	65.6	11	55.5	11	55.0	13	64.0
Jackson County	8	56.8	8	56.9	9	64.3	9	63.1	9	61.7
Lavaca County	12	62.4	13	67.6	14	72.8	14	71.9	14	71.5
Victoria County	89	102.7	93	107.1	97	110.9	103	115.3	103	114.4

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Victoria HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	8	4.3	13	6.9	4	2.1	10	5.2	5	2.6
Sex										
Male	7	7.5	7	7.5	2	2.1	6	6.3	2	2.1
Female	1	1.1	6	6.3	2	2.1	4	4.1	3	3.1
Race/Ethnicity										
White	2	2.0	6	6.0	2	2.0	2	2.0	0	0.0
Black	2	16.9	3	25.2	0	0.0	2	16.5	2	16.4
Hispanic	4	5.5	3	4.1	2	2.7	6	7.8	3	3.8
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	0	-	1	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	6.8	4	13.8	1	3.4	3	9.9	1	3.3
25-34	0	0.0	2	9.0	1	4.4	1	4.3	0	0.0
35-44	2	8.9	3	13.7	1	4.6	1	4.6	3	13.6
45-54	4	14.5	4	14.7	0	0.0	3	11.5	1	3.9
>55	0	0.0	0	0.0	1	1.8	2	3.6	0	0.0
Mode of Exposure[*]	Number	Percent								
MSM	5	66.3	5	36.9	2	50.0	5	50.0	2	40.0
IDU	1	6.3	0	2.3	1	25.0	0	0.0	0	0.0
MSMIDU	1	15.0	0	0.8	0	0.0	1	10.0	0	0.0
Hetero	1	12.5	8	60.0	1	25.0	4	40.0	3	60.0
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Victoria HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Calhoun County	0	0.0	4	18.7	0	0.0	0	0.0	1	4.6
De Witt County	3	15.0	1	5.0	0	0.0	0	0.0	1	4.9
Goliad County	0	0.0	0	0.0	0	0.0	2	27.2	0	0.0
Gonzales County	0	0.0	0	0.0	0	0.0	0	0.0	1	4.9
Jackson County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lavaca County	0	0.0	1	5.2	0	0.0	0	0.0	0	0.0
Victoria County	5	5.8	7	8.1	4	4.6	8	9.0	2	2.2

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Waco HSDA

Select Characteristics of People Living with HIV, Waco HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	462	133.8	471	134.4	483	137.1	493	139.5	519	146.4
Status										
HIV	211	61.1	214	61.1	215	61.0	220	62.2	231	65.1
AIDS	251	72.7	257	73.3	268	76.1	273	77.2	288	81.2
Sex										
Male	325	191.8	334	194.0	338	195.5	343	197.5	365	209.3
Female	137	77.9	137	76.8	145	80.8	150	83.5	154	85.4
Race/Ethnicity										
White	157	72.1	158	72.0	158	72.0	163	74.5	177	81.2
Black	228	465.6	232	469.2	242	488.7	246	495.6	257	515.9
Hispanic	61	82.8	64	83.9	66	84.6	67	84.5	68	83.9
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	1	16.9
Unknown ^{**}	16	-	17	-	17	-	17	-	16	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	21	31.2	22	32.6	24	35.4	19	27.6	19	27.4
25-34	77	182.1	76	174.1	84	190.9	88	199.9	97	219.2
35-44	109	267.9	107	264.5	99	246.4	106	264.9	108	271.9
45-54	160	344.9	168	361.3	171	372.1	166	369.2	168	380.2
>55	95	108.4	98	108.8	105	114.1	114	121.6	127	132.9
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	186	40.2	197	41.7	203	42.0	210	42.7	229	44.2
IDU	102	22.1	98	20.8	93	19.2	92	18.7	92	17.8
MSMIDU	37	8.0	35	7.4	35	7.2	35	7.0	35	6.8
Hetero	129	27.9	135	28.6	146	30.3	151	30.6	156	30.1
Perinatal	2	0.4	1	0.2	1	0.2	1	0.2	2	0.4
Other	6	1.3	6	1.3	5	1.0	4	0.8	4	0.8

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Waco HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bosque County	13	72.2	13	71.2	12	65.8	13	71.8	11	61.6
Falls County	11	61.9	12	67.1	12	67.2	12	68.2	12	68.6
Freestone County	21	106.4	19	95.9	17	86.7	16	82.1	19	96.7
Hill County	32	91.4	30	85.4	30	85.2	30	85.5	32	91.9
Limestone County	26	112.2	26	110.8	28	119.0	29	122.9	32	137.2
McLennan County	359	155.0	371	157.2	384	161.4	393	164.1	413	171.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Select Characteristics of People Newly Diagnosed with HIV, Waco HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	44	12.7	29	8.3	35	9.9	30	8.5	41	11.6
Sex										
Male	28	16.5	20	11.6	21	12.1	20	11.5	32	18.3
Female	16	9.1	9	5.0	14	7.8	10	5.6	9	5.0
Race/Ethnicity										
White	6	2.8	5	2.3	8	3.6	10	4.6	18	8.3
Black	23	47.0	17	34.4	23	46.4	16	32.2	17	34.1
Hispanic	13	17.7	6	7.9	4	5.1	3	3.8	5	6.2
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	1	16.9
Unknown ^{**}	2	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	12	17.8	7	10.4	7	10.3	4	5.8	6	8.7
25-34	12	28.4	9	20.6	14	31.8	10	22.7	18	40.7
35-44	10	24.6	3	7.4	3	7.5	10	25.0	6	15.1
45-54	6	12.9	8	17.2	7	15.2	3	6.7	6	13.6
>55	4	4.6	2	2.2	4	4.3	3	3.2	5	5.2
Mode of Exposure[*]	Number	Percent								
MSM	22	48.9	12	40.7	15	43.7	12	38.3	26	63.4
IDU	6	13.9	3	10.0	2	4.3	3	10.3	2	4.9
MSMIDU	0	0.7	1	3.4	1	3.1	2	7.0	2	5.6
Hetero	16	36.6	13	45.9	17	48.9	13	44.3	10	23.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	1	2.4
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*} Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**} Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Waco HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Bosque County	0	0.0	0	0.0	1	5.5	1	5.5	1	5.6
Falls County	1	5.6	1	5.6	1	5.6	1	5.7	3	17.1
Freestone County	2	10.1	0	0.0	0	0.0	2	10.3	4	20.4
Hill County	2	5.7	2	5.7	3	8.5	2	5.7	3	8.6
Limestone County	2	8.6	2	8.5	2	8.5	1	4.2	2	8.6
McLennan County	37	16.0	24	10.2	28	11.8	23	9.6	28	11.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Wichita Falls HSDA

Select Characteristics of People Living with HIV, Wichita Falls HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	159	71.5	163	73.1	161	72.7	163	73.7	164	74.0
Status										
HIV	63	28.3	66	29.6	67	30.3	72	32.5	68	30.7
AIDS	96	43.2	97	43.5	94	42.5	91	41.1	96	43.3
Sex										
Male	126	111.8	127	112.2	123	109.5	124	110.0	126	111.6
Female	33	30.1	36	32.8	38	34.9	39	35.9	38	35.0
Race/Ethnicity										
White	90	53.9	91	54.7	93	56.6	91	55.8	92	56.7
Black	33	201.9	34	205.8	32	194.1	32	191.6	33	196.6
Hispanic	28	82.9	27	77.6	27	76.2	31	85.8	30	81.0
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	8	-	11	-	9	-	9	-	9	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	1	3.1	1	3.2	1	3.2	1	3.2	1	3.2
13-24	7	17.4	7	17.5	8	20.3	9	22.8	8	20.3
25-34	23	83.5	23	81.5	21	74.0	22	76.2	23	78.4
35-44	52	199.6	51	198.9	46	184.4	40	162.0	38	154.2
45-54	50	157.5	52	164.0	54	175.1	53	178.1	59	205.2
>55	26	44.1	29	48.4	31	50.9	38	61.4	35	55.7
Mode of Exposure*	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MSM	85	53.3	84	51.3	81	50.1	83	50.6	85	51.5
IDU	31	19.7	33	20.1	35	21.6	36	22.0	34	20.7
MSMIDU	19	11.6	21	12.6	19	11.5	17	10.2	17	10.1
Hetero	22	14.0	24	14.8	25	15.7	26	16.0	27	16.4
Perinatal	1	0.6	1	0.6	1	0.6	1	0.6	1	0.6
Other	1	0.6	1	0.6	1	0.6	1	0.6	1	0.6

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Wichita Falls HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Archer County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Baylor County	4	107.4	4	107.6	4	107.7	4	110.5	4	110.7
Clay County	6	55.4	6	55.9	6	56.2	6	56.9	6	57.3
Cottle County	1	66.3	1	66.7	1	66.4	1	67.5	1	68.9
Foard County	1	75.7	2	150.0	2	148.0	2	153.0	2	156.6
Hardeman County	6	146.8	6	144.6	6	145.7	6	147.6	6	149.4
Jack County	4	44.2	4	44.3	4	44.2	3	33.4	3	33.5
Montague County	7	35.4	7	35.5	8	40.5	9	46.0	9	46.1
Wichita County	119	90.9	122	92.7	121	92.6	122	92.8	124	93.9
Wilbarger County	6	44.2	6	44.4	4	29.8	4	30.2	4	30.5
Young County	5	27.1	5	27.0	5	27.3	6	32.8	5	27.3

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Wichita Falls HSDA

Select Characteristics of People Newly Diagnosed with HIV, Wichita Falls HSDA 2009-2013

	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Total	12	5.4	9	4.0	5	2.3	9	4.1	7	3.2
Sex										
Male	11	9.8	6	5.3	2	1.8	8	7.1	5	4.4
Female	1	0.9	3	2.7	3	2.8	1	0.9	2	1.8
Race/Ethnicity										
White	7	4.2	4	2.4	4	2.4	3	1.8	4	2.5
Black	4	24.5	2	12.1	0	0.0	3	18.0	2	11.9
Hispanic	0	0.0	1	2.9	1	2.8	3	8.3	1	2.7
Other [^]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown ^{**}	1	-	2	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	5.0	2	5.0	0	0.0	2	5.1	2	5.1
25-34	2	7.3	1	3.5	1	3.5	2	6.9	1	3.4
35-44	4	15.4	3	11.7	0	0.0	1	4.1	2	8.1
45-54	2	6.3	3	9.5	3	9.7	2	6.7	2	7.0
>55	2	3.4	0	0.0	1	1.6	2	3.2	0	0.0
Mode of Exposure[*]	Number	Percent								
MSM	5	41.7	4	41.1	0	0.0	7	76.7	4	57.1
IDU	6	50.0	2	24.4	3	60.0	1	12.2	0	2.9
MSMIDU	0	0.0	1	12.2	0	0.0	0	1.1	1	14.3
Hetero	1	8.3	2	22.2	2	40.0	1	10.0	2	25.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

[^] Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

^{*}Rates are not calculated because there are no good estimates of population sizes for behavioral risk

^{**}Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Wichita Falls HSDA 2009-2013

County	2009		2010		2011		2012		2013	
	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate^{†}	Number	Rate [†]
Archer County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Baylor County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clay County	0	0.0	1	9.3	2	18.7	0	0.0	0	0.0
Cottle County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Foard County	1	75.7	0	0.0	0	0.0	0	0.0	0	0.0
Hardeman County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Jack County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Montague County	0	0.0	0	0.0	1	5.1	1	5.1	0	0.0
Wichita County	11	8.4	7	5.3	2	1.5	6	4.6	7	5.3
Wilbarger County	0	0.0	1	7.4	0	0.0	0	0.0	0	0.0
Young County	0	0.0	0	0.0	0	0.0	2	10.9	0	0.0

[†] Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.