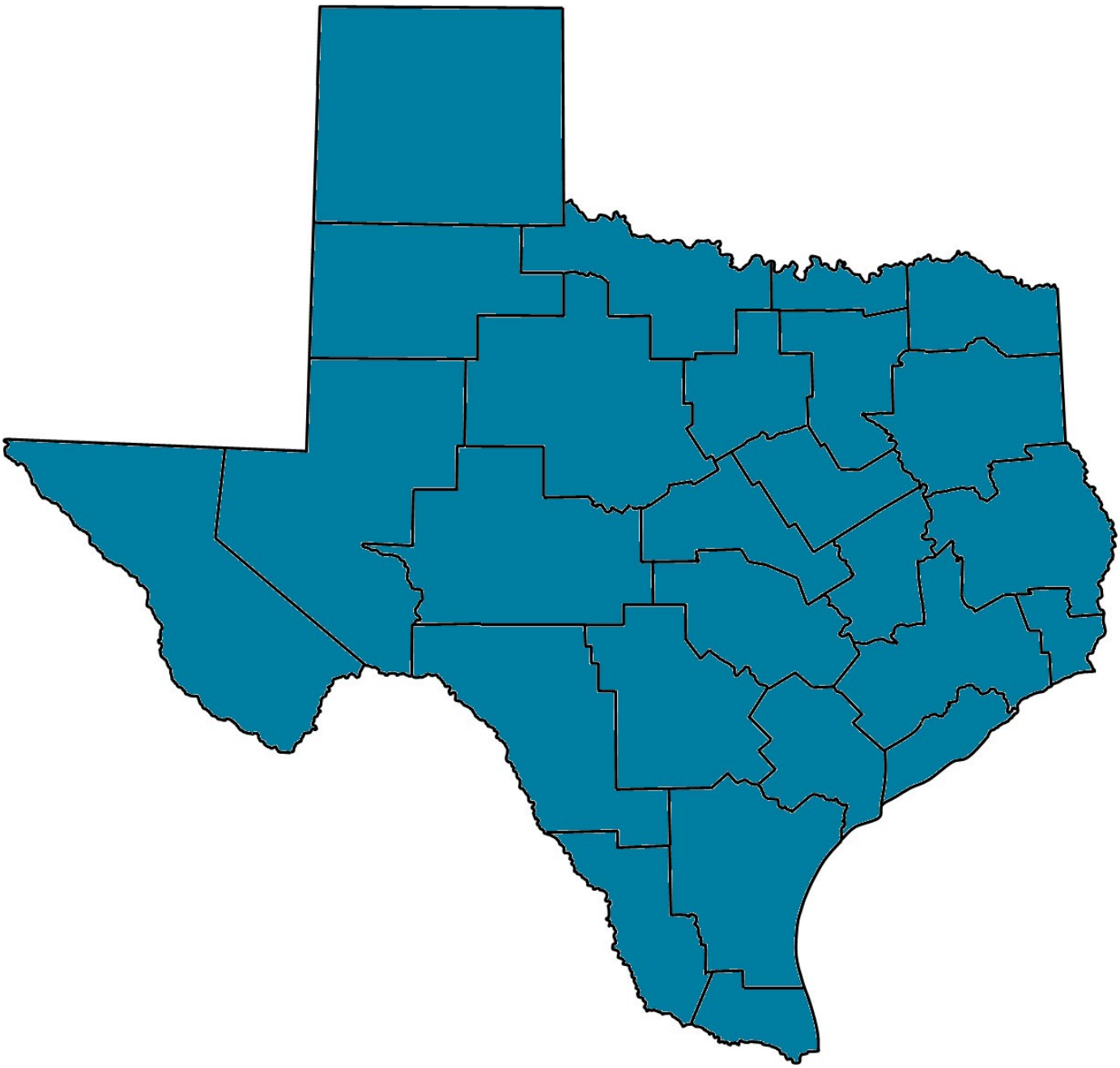
2017 HIV Continuum of Care

Texas



achieving TOGETHER

A COMMUNITY PLAN TO END THE HIV EPIDEMIC IN TEXAS

www.achievingtogethertx.org

Data Sources

The data contained in this report is compiled by the Texas Department of State Health Services; HIV/STD Branch.

*Data sources include: Enhanced HIV AIDS Reporting System (as of July 2, 2017), Medicaid, ARIES (Ryan White Program database), ADAP (AIDS Drug Assistance Program), STD*MIS (Prevention and Public Health Follow Up database), the Texas Medical Monitoring Project and private insurance data.*

Terminology & Abbreviations

PLWH—People Living With HIV

HSDA—HIV Service Delivery Area (based on HIV Care & Treatment funding)

Mode of Exposure—How a person acquired HIV—a person's biological sex (i.e. sex assigned at birth) is used to determine mode of exposure

- **Male-Male Sexual Contact**—HIV acquisition most likely occurred due to sexual contact between two men
- **Injection Drug Use**—HIV acquisition most likely occurred due to injection drug use
- **Male-Female Sexual Contact**—HIV acquisition most likely occurred due to sexual contact between a man and a woman.

Priority Populations—Populations who are disparately and disproportionately impacted by HIV

Latinx—a gender neutral term used in place of Latino or Latina

Latino MSM—Latino gay, bisexual and other cisgender Men who have Sex with Men

White MSM—White gay, bisexual and other cisgender Men who have Sex with Men

Black MSM—Black gay, bisexual and other cisgender Men who have Sex with Men

Black Women—Black cisgender Women who have sex with men

Transgender People –includes both transgender men and transgender women. A significant majority of Transgender PLWH are transgender women.

Latina Women—Latina cisgender Women who have sex with men

PWID—People Who Inject Drugs

PrEP—Pre-Exposure Prophylaxis—HIV Prevention Medication

nPEP—non-occupational Post-Exposure Prophylaxis

Behavioral Interventions—interventions designed to change behaviors that make people more vulnerable to acquiring HIV. These can include individual, group and community level interventions.

Retention in Care—2 contacts with the care system, at least 3 months apart in the calendar year (contacts include a visit with a medical provider, HIV lab work, or and ART prescription)

Viral Suppression—a viral load <= 200 copies/ml

In-Care Viral Suppression—Viral Suppression among PLWH who have achieved Retention in Care

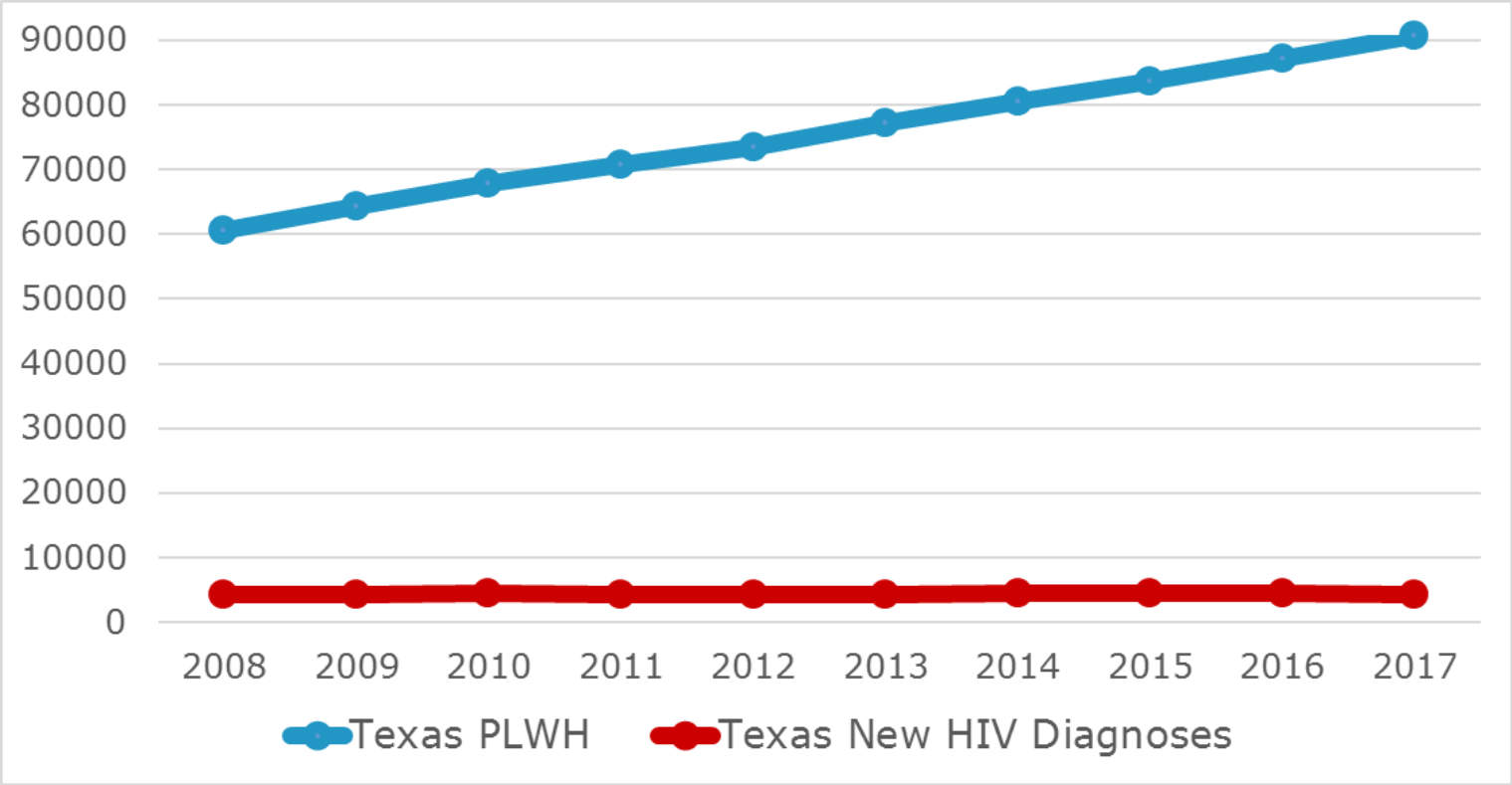
Texas

Epi Profile

People Living With HIV (PLWH) and New HIV Diagnoses

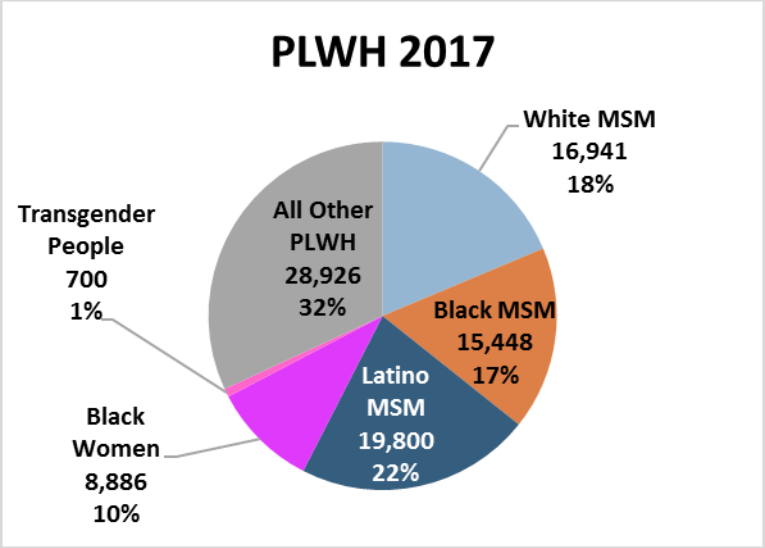
In Texas, the number of new HIV diagnoses has remained flat and stable for the past several years.

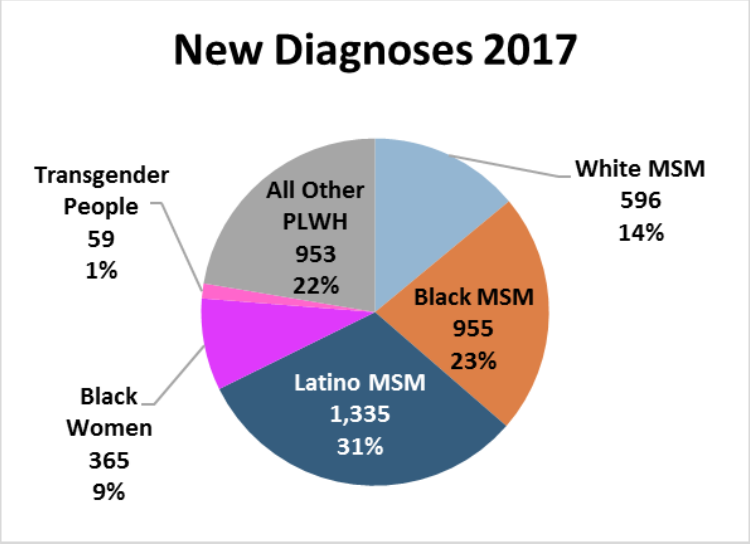
There were **90,700 people living with HIV (PLWH)** in this area as of the end of 2017. In 2017, **4,262 people were newly diagnosed with HIV**. This includes only people with diagnosed HIV with a current address in this area.



Priority Populations (68% of PLWH, 78% of New HIV Diagnoses)

Priority populations make up the majority of PLWH and the majority of new diagnoses. Latino MSM are the largest priority population among PLWH and among new HIV diagnoses.



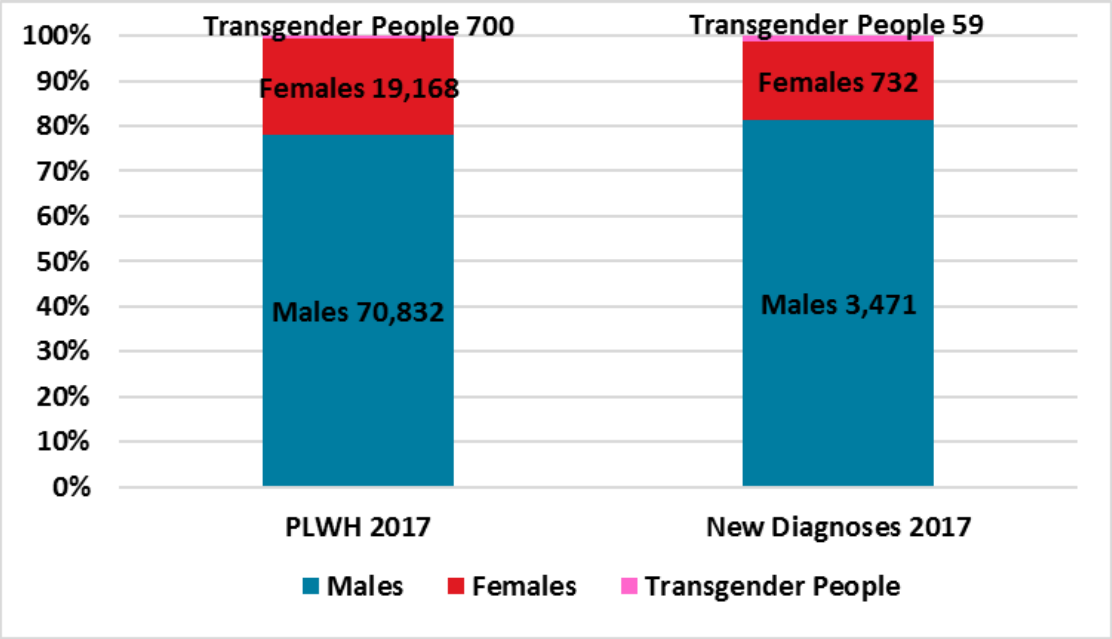


Gender

Males make up the majority of PLWH and the majority of new HIV diagnoses.

Note

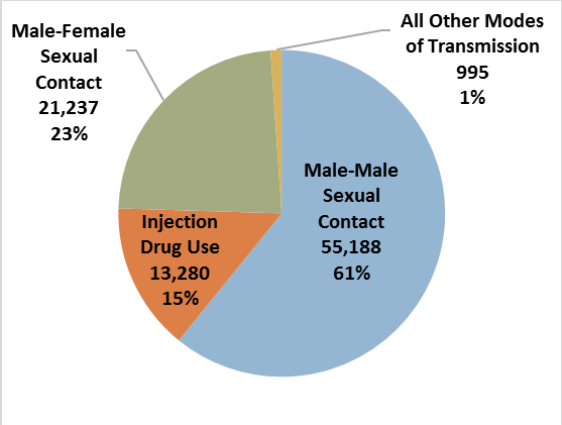
Due to current reporting methods, the number of transgender PLWH are most likely underreported.



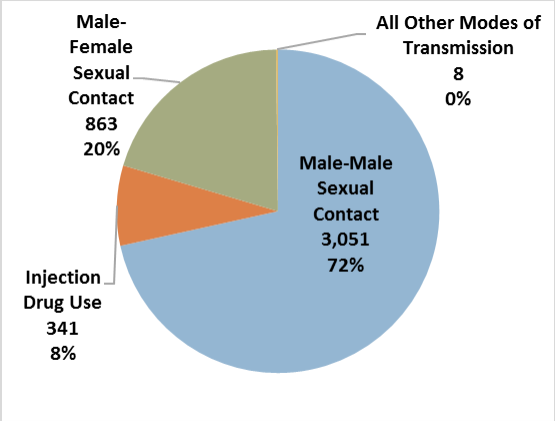
Mode of Exposure

Male-Male Sexual Contact makes up the primary mode of acquisition among PLWH and among new diagnoses.

PLWH

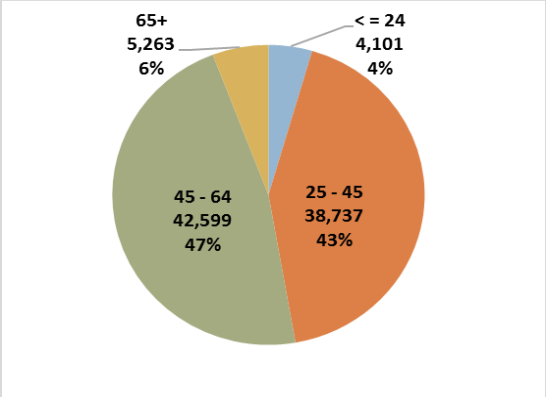


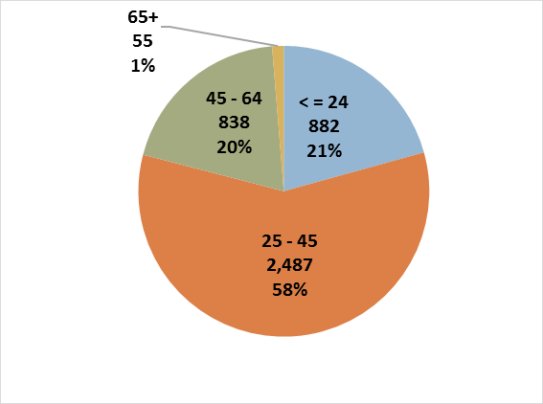
New Diagnoses



Age

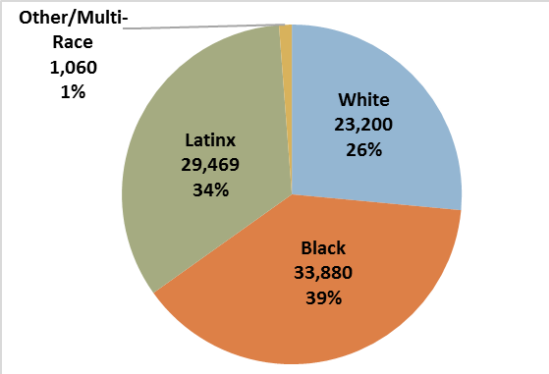
The majority of PLWH are people 45-64; the majority of new diagnoses are among people 25-45.

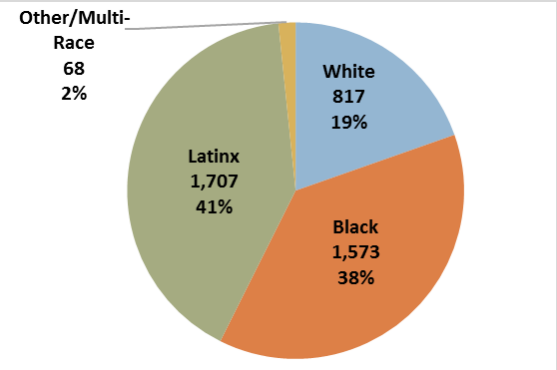




Race/Ethnicity

The majority of PLWH are Black and the majority of new diagnoses are among Latinx individuals.





Focused Prevention

Focused Prevention involves ensuring that HIV prevention efforts are centered around those populations and communities where HIV is most heavily concentrated. These populations are often disparately impacted by HIV and any efforts to significantly reduce new HIV incidence must focus on meeting the needs of these groups. Focused Prevention interventions are based on the concept of Combination Prevention. Combination Prevention values client autonomy and includes Behavioral Interventions, Condoms/Lubricant, HIV/STI Testing, and Biomedical Interventions like PrEP, nPEP and Treatment as Prevention (TasP).

Texas' goal is that all people with increased vulnerabilities to acquiring HIV have equitable access to Combination Prevention.

Statewide Relevant Populations for Prevention

In Texas, HIV prevention efforts should be centered around these populations:

Latino MSM | White MSM | Black MSM | Black Women | Transgender People

Local Prevention Interventions—DSHS Funded

Coming Soon

Local Prevention Interventions—Other

Coming Soon

Full Diagnosis

Texas' goal is that 90% of all PLWH know their status by 2030.

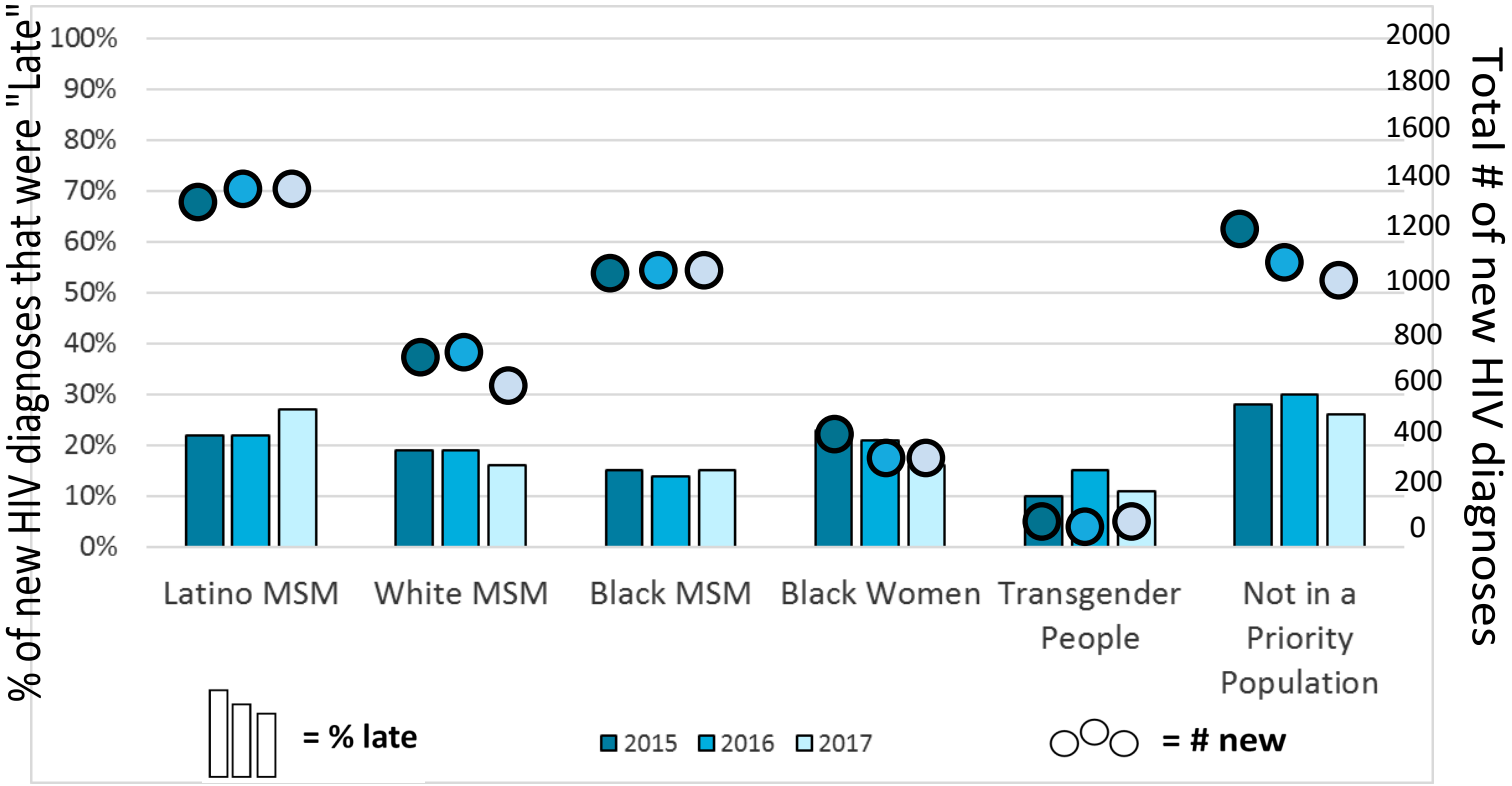
Primary Diagnosing Facilities 2012-2017

Coming Soon

Late Diagnosis 2015—2017

A "late diagnosis" is when a person receives a Stage 3/AIDS diagnosis within 3 months of their initial HIV diagnosis. Studies have linked late HIV diagnoses to slower CD4 gains, faster disease progression and higher mortality.

Late diagnoses among Latino MSM have been increasing over the past few years. Late diagnoses among Black Women have been decreasing over the past few years.



Successful Linkage

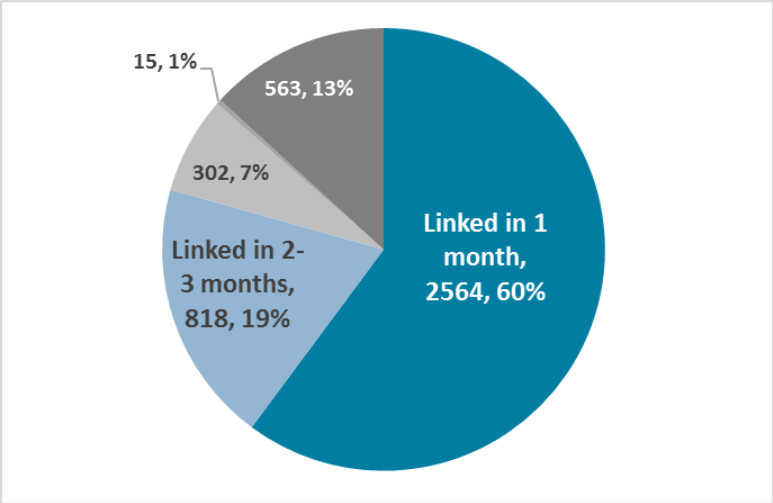
We know that treatment for HIV keeps PLWH healthier longer and reduces deaths, but it is most effective if treatment starts soon after the diagnosis is made. Linkage refers to the time it takes from the person's diagnosis to when they have their first episode of HIV medical care.

Texas' goal is for 90% of all people newly diagnosed with HIV to be linked to care within 3 months.

Timely Linkage—2017

79% of people diagnosed with HIV in Texas in 2017 were linked to care within 3 months.

Linkage to care is a priority



Linked in 1 month	2,564	60%
Linked in 2-3 months	818	19%
Linked in 4-12 months	302	7%
Linked in 12+ months	15	1%
No Evidence of Linkage	563	13%

Timely Linkage—Priority Populations—2012-2017

Coming Soon

Retention in Care. Viral Suppression

Retention in Care and Viral Suppression are two key measures that help us understand individual level health, efficacy of HIV care systems, and Community Viral Load. ***Retention in Care*** *is defined as at least 2 contacts with the care system during the year (either an HIV medical appointment, HIV lab work, or an ART prescription).* ***Viral Suppression*** *is defined as a viral load that's less than/equal to 200 copies/ml. For these purposes we're looking at the last viral load of the year.*

Studies have shown that PLWH who are able to maintain viral suppression (for at least 6 months) can not transmit HIV.

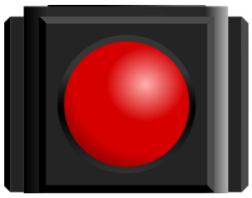
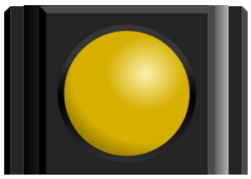
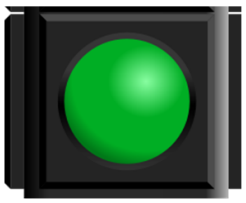
Health Outcomes—Stoplight System

Texas' goals by 2030 are:

90% PLWH retained in HIV care & treatment

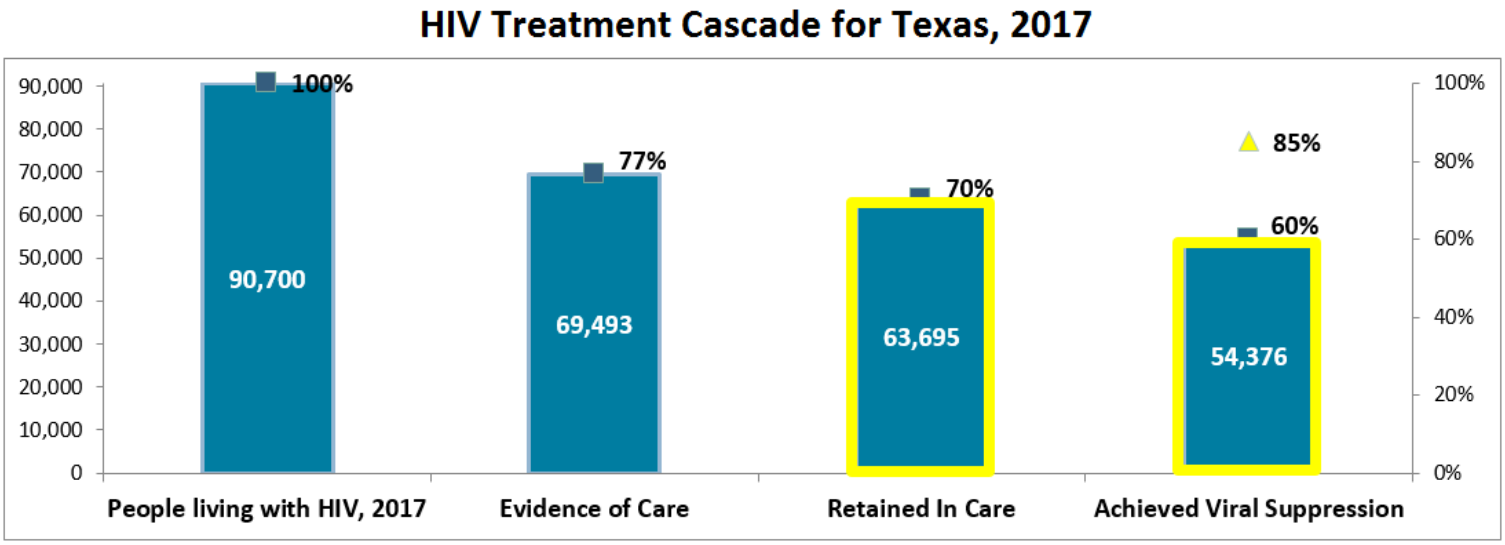
90% of those retained achieve viral suppression

Communities and populations are prioritized using the following color coding system:

On ART / Retention In Care		On ART/In-Care Viral Suppression
< 69%	 Stop and examine further, May be a priority	< 84%
70% - 89%	 May need to examine further, May not be a priority	85% - 89%
90% <	 Maintain Current Activities, Look for Promising Practices	90% <

2017 Care Continuum

In Texas, 70% of PLWH have achieved retention in care, 60% of total PLWH have achieved viral suppression, and 85% of PLWH who are retained in care achieved viral suppression. Retention in care is a priority area for the overall state.



77% of PLWH had at least 1 episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care

60% of PLWH achieved viral suppression (last viral load of the year was <200 copies/ml). This means 6 out of 10 PLWH achieved viral suppression.

This is community viral suppression

70% of PLWH were retained in care (at least 2 episodes of HIV care & treatment across the year). This means 7 out of 10 PLWH were retained in care.

Of those 7 out of 10 PLWH retained in care, 85% , or roughly 6 of those 7 achieved viral suppression.

This is in-care viral suppression.

2017 Continuum of Care, Parity Table

Communities with the fewest opportunities to achieve retention are people under the age of 45 and over the age of 65, PWID, , Latinx PLWH, and people who acquired HIV through male-female sexual contact and Black PLWH specifically Black MSM And Black Women

The communities with the fewest opportunities to achieve viral suppression even when retained in care are people under the age of 45, Transgender PLWH, Women, people who acquired HIV through male-female sexual contact and Black PLWH , specifically Black MSM and Black Women..

People over the age of 65 and White PLWH, specifically White MSM have achieved In-Care Viral Suppression goals.

90% PLWH retained in HIV care & treatment

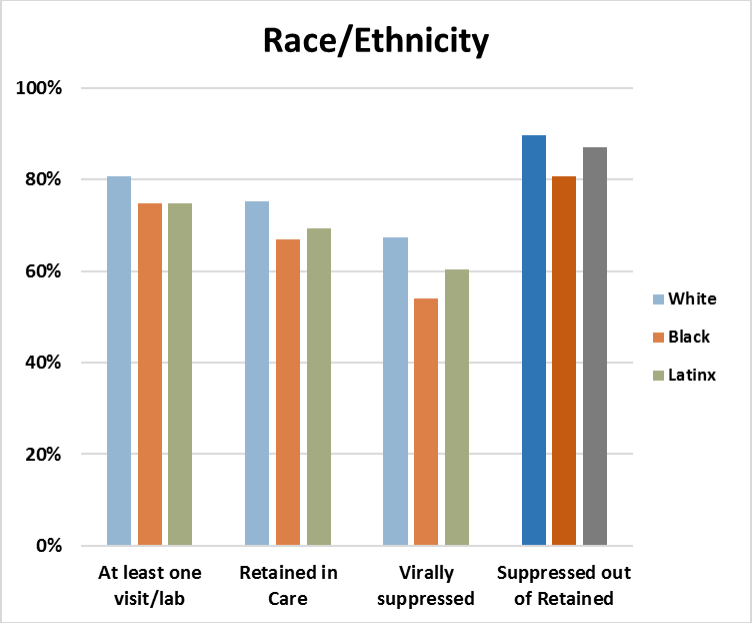
90% of those retained achieve viral suppression

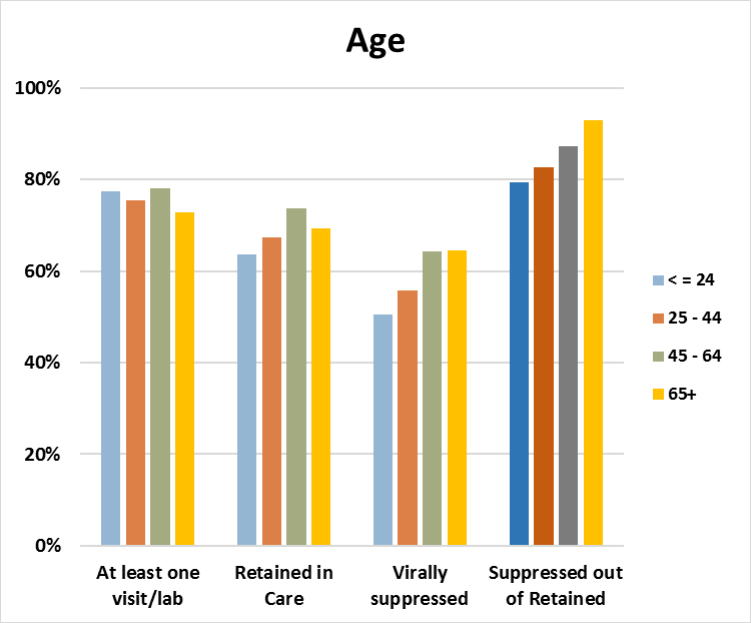
	PLWH		Evidence of Care (At least one visit)		Retained in Care		Suppressed		% suppressed of those retained
	#	%	#	%	#	%	#	%	%
All PLWH	**90,700**	**100%**	**69,493**	**77%**	**63,695**	**70%**	**54,376**	**60%**	**85%**
Women	19,168	21%	14,791	77%	13,505	70%	11,163	58%	83%
Men	70,832	78%	54,102f	76%	49,652	70%	42,792	60%	86%
Transgender People	700	1%	600	86%	538	77%	421	60%	78%
White	23,200	26%	18,697	81%	17,463	75%	15,644	67%	90%
Black	33,880	37%	25,318	75%	22,652	67%	18,295	54%	81%
Latinx	29,469	32%	22,062	75%	20,440	69%	17,795	60%	87%
<=24	4,101	5%	3,174	77%	2,613	64%	2,072	51%	79%
25 – 44	38,737	43%	29,202	75%	26,056	67%	21,553	56%	83%
45-64	42,599	47%	33,285	78%	31,374	74%	27,361	64%	87%
65+	5,263	6%	3,832	73%	3,652	69%	3,390	64%	93%
Male-Male Sexual Contact	55,188	61%	42,933	78%	39,404	71%	34,555	63%	88%
Injection Drug Use	13,280	15%	9,805	74%	9,016	68%	7,060	53%	78%
Male-Female Sexual Contact	21,237	23%	16,043	76%	14,629	69%	12,281	58%	84%
White MSM	16,941	19%	13,886	82%	13,032	77%	11,967	71%	92%
Black MSM	15,447	17%	11,471	74%	10,164	66%	8,303	54%	82%
Latino MSM	19,800	22%	15,087	76%	13,935	70%	12,346	62%	89%
Black Women	8,886	10%	6,809	77%	6,122	69%	5,022	57%	82%
Transgender People	700	1%	600	86%	538	77%	421	60%	78%

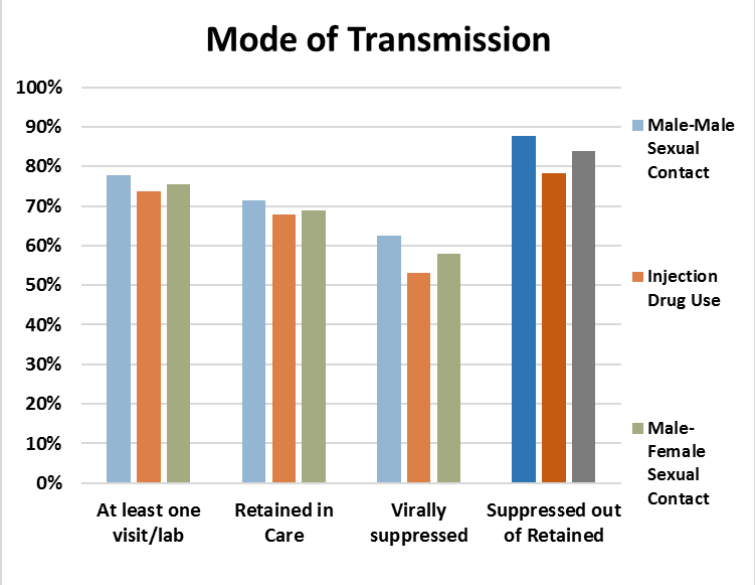
Note

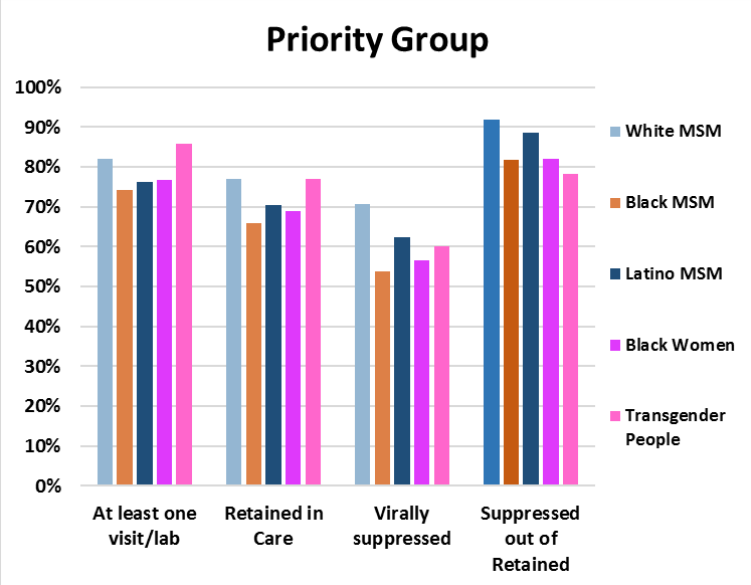
Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.

2017 Continuum of Care, Parity Bar Charts









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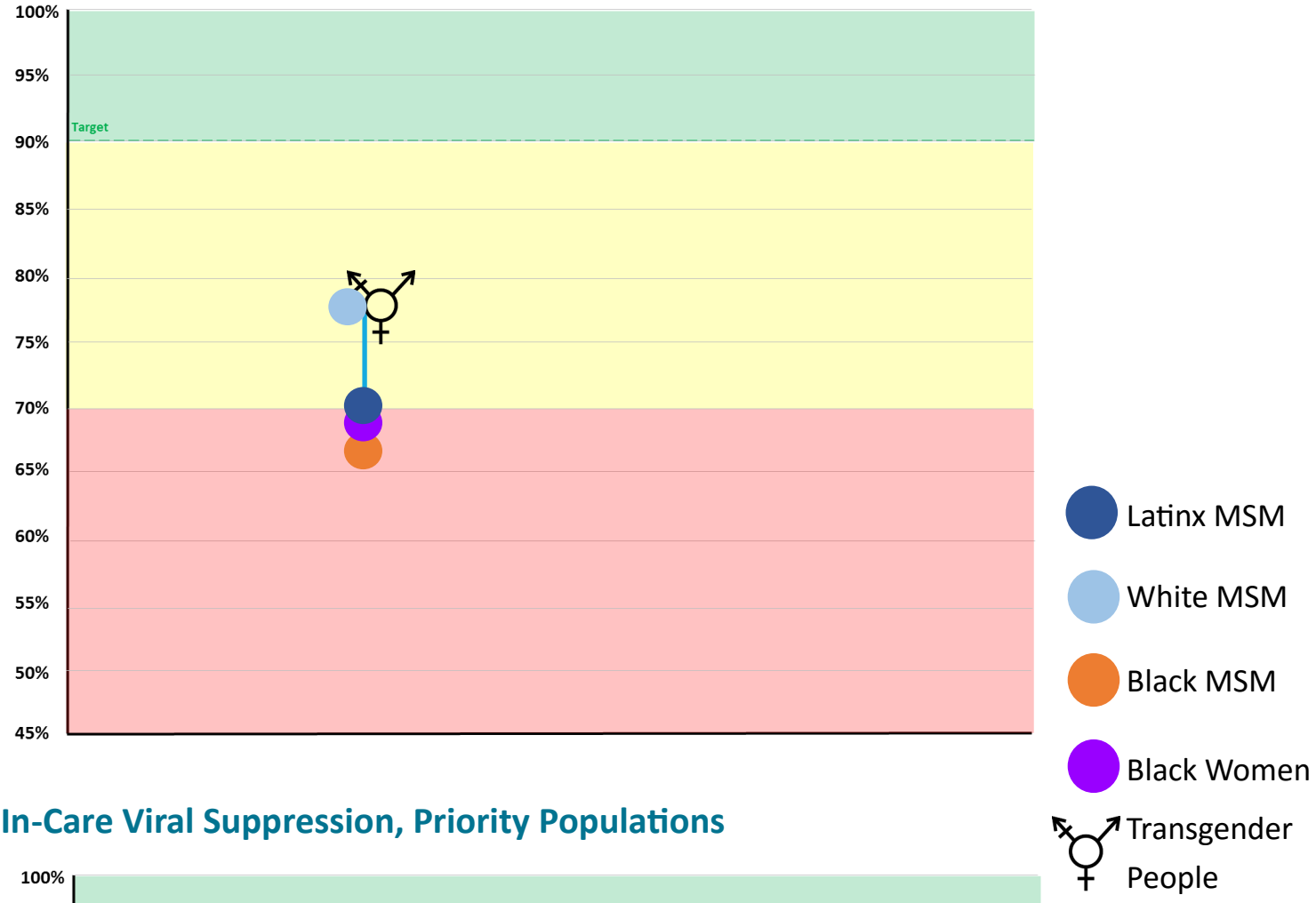
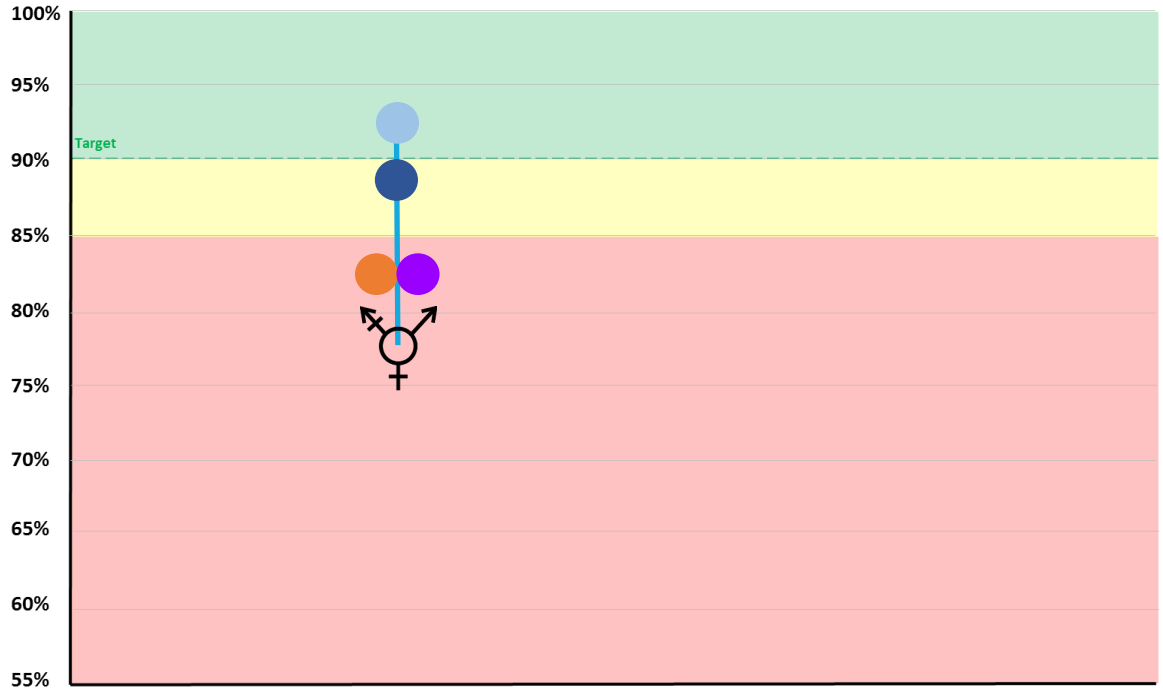
2017 Continuum of Care, Priority Populations, Stoplight System

Retention in Care, Priority Populations



In-Care Viral Suppression, Priority Populations



Note

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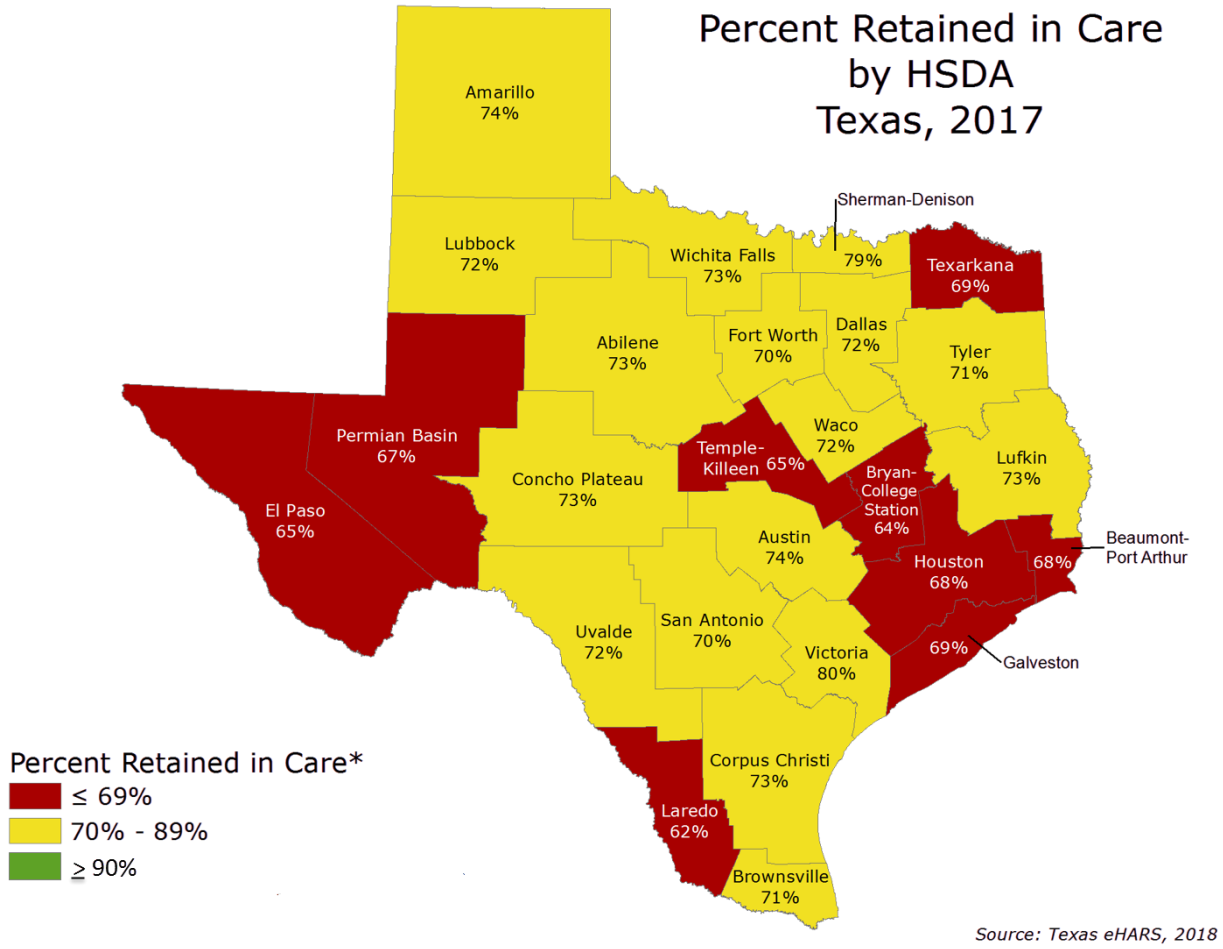
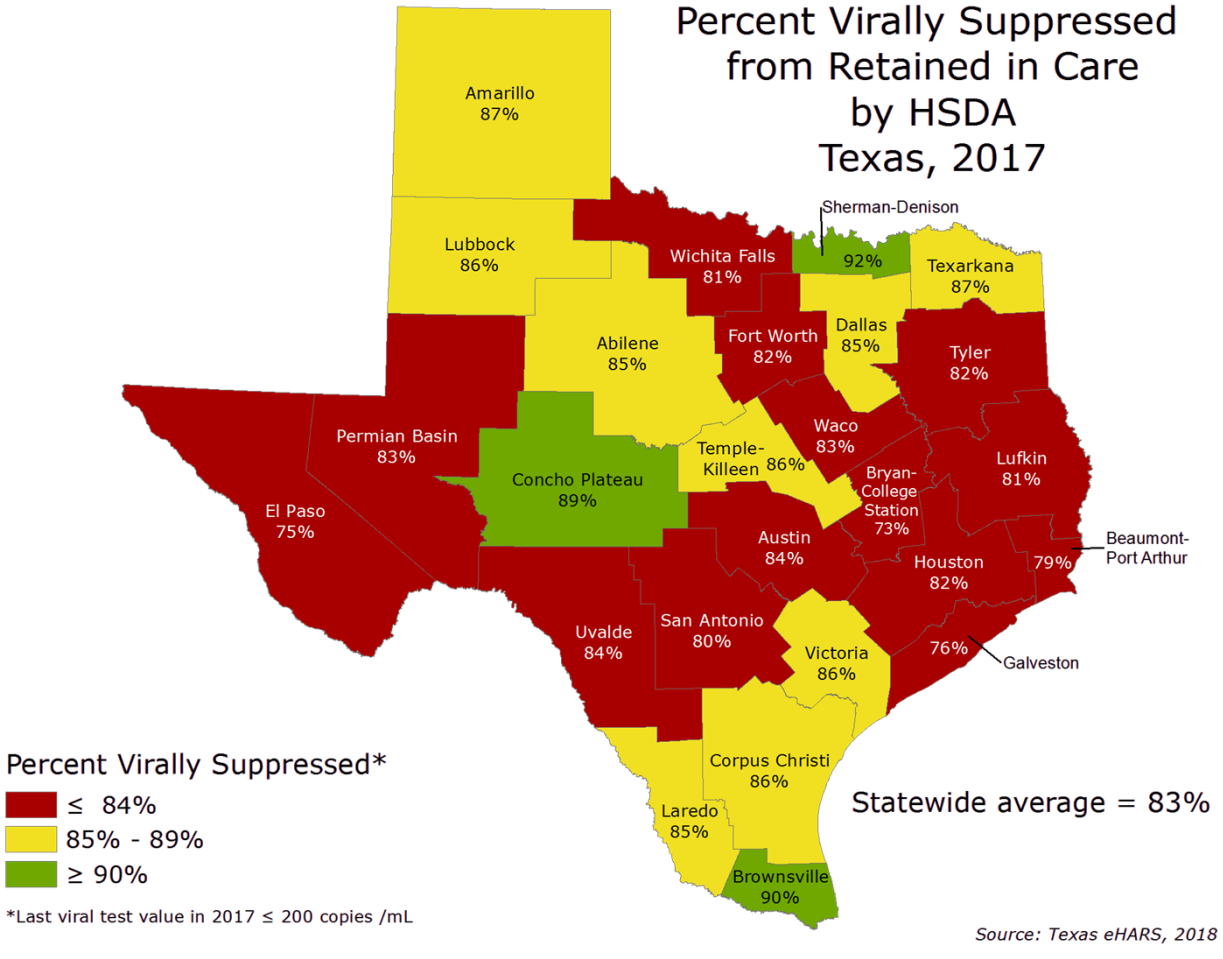

Percent Retained in Care
by HSDA
Texas, 2017
Amarillo
74%
Lubbock
72%
Sherman-Denison
79%
Wichita Falls
73%
Texarkana
69%
Abilene
73%
Fort Worth
70%
Dallas
72%
Tyler
71%
Permian Basin
67%
Waco
72%
Temple-
Killeen
65%
Lufkin
73%
Concho Plateau
73%
Bryan-
College
Station
64%
El Paso
65%
Austin
74%
Beaumont-
Port Arthur
Houston
68%
68%
San Antonio
70%
Uvalde
72%
Victoria
80%
69%
Galveston
Corpus Christi
73%
Laredo
62%
Brownsville
71%
Percent Retained in Care*
≤ 69%
70% - 89%
≥ 90%
Source: Texas eHARS, 2018


Percent Virally Suppressed
from Retained in Care
by HSDA
Texas, 2017
Amarillo
87%
Lubbock
86%
Sherman-Denison
92%
Wichita Falls
81%
Texarkana
87%
Abilene
85%
Fort Worth
82%
Dallas
85%
Tyler
82%
Permian Basin
83%
Waco
83%
Temple-
Killeen
86%
Lufkin
81%
Concho Plateau
89%
Bryan-
College
Station
73%
El Paso
75%
Austin
84%
Beaumont-
Port Arthur
Houston
82%
79%
San Antonio
80%
Uvalde
84%
Victoria
86%
76%
Galveston
Corpus Christi
86%
Laredo
85%
Brownsville
90%
Statewide average = 83%
Percent Virally Suppressed*
≤ 84%
85% - 89%
≥ 90%
*Last viral test value in 2017 ≤ 200 copies /mL
Source: Texas eHARS, 2018

Targets

The number of people who need to be able to access and engage with our systems in order to equitably meet our 90-90 goals (based on current number of PLWH who know their status).

90% PLWH retained in HIV care & treatment

90% of those retained achieve viral suppression

	PLWH		Retained in Care		*90% Retained goal*	Gap	Suppressed	*90% In-Care Viral Suppression goal*	Gap
	#	%	#	%	#	#	#	#	#
All PLWH	**90,700**	**100%**	**63,695**	**70%**	***81,630***	***17,935***	**54,376**	***73,467***	***19,091***
Women	19,168	21%	13,505	70%	*17,251*	*3,746*	11,163	*15,526*	*4,363*
Men	70,832	78%	49,652	70%	*63,749*	*14,097*	42,792	*57,374*	*14,582*
Transgender People	700	1%	538	77%	*630*	*92*	421	*567*	*146*
White	23,200	26%	17,463	75%	*20,880*	*3,417*	15,644	*18,792*	*3,148*
Black	33,880	37%	22,652	67%	*30,492*	*7,840*	18,295	*27,443*	*9,148*
Latinx	29,469	32%	20,440	69%	*26,552*	*6,082*	17,795	*23,870*	*6,075*
<=24	4,101	5%	2,613	64%	*3,691*	*1,078*	2,072	*3,322*	*1,250*
25 – 44	38,737	43%	26,056	67%	*34,863*	*8,807*	21,553	*31,377*	*9,824*
45-64	42,599	47%	31,374	74%	*38,339*	*6,965*	27,361	*34,505*	*7,144*
65+	5,263	6%	3,652	69%	*4,737*	*1,085*	3,390	*4,263*	*873*
Male-Male Sexual Contact	55,188	61%	39,404	71%	*49,669*	*10,265*	34,555	*44,702*	*10,147*
Injection Drug Use	13,280	15%	9,016	68%	*11,952*	*2,937*	7,060	*10,757*	*3,697*
Male-Female Sexual Contact	21,237	23%	14,629	69%	*19,113*	*4,484*	12,281	*17,202*	*4,921*
White MSM	16,941	19%	13,032	77%	*15,247*	*2,215*	11,967	*13,722*	*1,755*
Black MSM	15,447	17%	10,164	66%	*13,903*	*3,739*	8,303	*12,513*	*4,210*
Latino MSM	19,800	22%	13,935	70%	*17,820*	*3,885*	12,346	*16,038*	*3,692*
Black Women	8,886	10%	6,122	69%	*7,997*	*1,875*	5,022	*7,197*	*2,175*
Transgender People	700	1%	538	77%	*630*	*92*	421	*567*	*146*

Note

Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.