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
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.

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*
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*

<table>
<thead>
<tr>
<th>Linkage Duration</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked in 1 month</td>
<td>2,564</td>
<td>60%</td>
</tr>
<tr>
<td>Linked in 2-3 months</td>
<td>818</td>
<td>19%</td>
</tr>
<tr>
<td>Linked in 4-12 months</td>
<td>302</td>
<td>7%</td>
</tr>
<tr>
<td>Linked in 12+ months</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>No Evidence of Linkage</td>
<td>563</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Timely Linkage—Priority Populations—2012-2017**

Coming Soon
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% of those retained achieve viral suppression

90% PLWH retained in HIV care & treatment

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

On ART / Retention In Care

- < 69%
  - Stop and examine further, May be a priority

- 70% - 89%
  - May need to examine further, May not be a priority

- 90% <
  - Maintain Current Activities, Look for Promising Practices

On ART/In-Care Viral Suppression

- < 84%
  - Stop and examine further, May be a priority

- 85% - 89%
  - May need to examine further, May not be a priority

- 90% <
  - Maintain Current Activities, Look for Promising Practices
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.
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.

<table>
<thead>
<tr>
<th></th>
<th>PLWH</th>
<th>Evidence of Care (At least one visit)</th>
<th>Retained in Care</th>
<th>Suppressed</th>
<th>% suppressed of those retained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>All PLWH</td>
<td>90,700</td>
<td>100%</td>
<td>69,493</td>
<td>77%</td>
<td>63,695</td>
</tr>
<tr>
<td>Women</td>
<td>19,168</td>
<td>21%</td>
<td>14,791</td>
<td>77%</td>
<td>13,505</td>
</tr>
<tr>
<td>Men</td>
<td>70,832</td>
<td>78%</td>
<td>54,102f</td>
<td>76%</td>
<td>49,652</td>
</tr>
<tr>
<td>Transgender People</td>
<td>700</td>
<td>1%</td>
<td>600</td>
<td>86%</td>
<td>538</td>
</tr>
<tr>
<td>White</td>
<td>23,200</td>
<td>25%</td>
<td>18,697</td>
<td>81%</td>
<td>17,463</td>
</tr>
<tr>
<td>Black</td>
<td>33,880</td>
<td>37%</td>
<td>25,318</td>
<td>75%</td>
<td>22,652</td>
</tr>
<tr>
<td>Latinx</td>
<td>29,469</td>
<td>32%</td>
<td>22,062</td>
<td>75%</td>
<td>20,440</td>
</tr>
<tr>
<td>&lt;=24</td>
<td>4,101</td>
<td>5%</td>
<td>3,174</td>
<td>77%</td>
<td>2,613</td>
</tr>
<tr>
<td>25 - 44</td>
<td>38,737</td>
<td>43%</td>
<td>29,202</td>
<td>75%</td>
<td>26,056</td>
</tr>
<tr>
<td>45-64</td>
<td>42,599</td>
<td>47%</td>
<td>33,285</td>
<td>78%</td>
<td>31,374</td>
</tr>
<tr>
<td>65+</td>
<td>5,263</td>
<td>6%</td>
<td>3,832</td>
<td>73%</td>
<td>3,652</td>
</tr>
<tr>
<td>Male-Male Sexual Contact</td>
<td>55,188</td>
<td>61%</td>
<td>42,933</td>
<td>78%</td>
<td>39,404</td>
</tr>
<tr>
<td>Injection Drug Use</td>
<td>13,280</td>
<td>15%</td>
<td>9,805</td>
<td>74%</td>
<td>9,016</td>
</tr>
<tr>
<td>Male-Female Sexual Contact</td>
<td>21,237</td>
<td>23%</td>
<td>16,043</td>
<td>75%</td>
<td>14,629</td>
</tr>
<tr>
<td>White MSM</td>
<td>16,941</td>
<td>19%</td>
<td>13,886</td>
<td>82%</td>
<td>13,032</td>
</tr>
<tr>
<td>Black MSM</td>
<td>15,447</td>
<td>17%</td>
<td>11,471</td>
<td>74%</td>
<td>10,164</td>
</tr>
<tr>
<td>Latino MSM</td>
<td>19,800</td>
<td>22%</td>
<td>15,087</td>
<td>76%</td>
<td>13,935</td>
</tr>
<tr>
<td>Black Women</td>
<td>8,886</td>
<td>10%</td>
<td>6,809</td>
<td>77%</td>
<td>6,122</td>
</tr>
<tr>
<td>Transgender People</td>
<td>700</td>
<td>1%</td>
<td>600</td>
<td>86%</td>
<td>538</td>
</tr>
</tbody>
</table>

*Note*

Data sets representing PLWH who are in-care are most often used to confirm gender identity 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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Percent Retained in Care by HSDA  
Texas, 2017

Percent Retained in Care*  
- ≤ 69%  
- 70% - 89%  
- ≥ 90%

Source: Texas eHARS, 2018

Percent Virally Suppressed from Retained in Care by HSDA  
Texas, 2017

Percent Virally Suppressed*  
- ≤ 84%  
- 85% - 89%  
- ≥ 90%

*Last viral test value in 2017 ≤ 200 copies /mL

Statewide average = 83%

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).

<table>
<thead>
<tr>
<th>PLWH</th>
<th>Retained in Care</th>
<th>90% Retained goal</th>
<th>Gap</th>
<th>Suppressed</th>
<th>90% In-Care Viral Suppression goal</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>All PLWH</td>
<td>90,700</td>
<td>63,695</td>
<td>70%</td>
<td>17,935</td>
<td>54,376</td>
<td>73,467</td>
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<tr>
<td>Women</td>
<td>19,168</td>
<td>13,505</td>
<td>70%</td>
<td>3,746</td>
<td>11,163</td>
<td>15,526</td>
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<tr>
<td>Men</td>
<td>70,832</td>
<td>49,652</td>
<td>70%</td>
<td>14,097</td>
<td>42,792</td>
<td>57,374</td>
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<tr>
<td>Transgender People</td>
<td>700</td>
<td>538</td>
<td>77%</td>
<td>92</td>
<td>421</td>
<td>567</td>
</tr>
<tr>
<td>White</td>
<td>23,200</td>
<td>17,463</td>
<td>75%</td>
<td>3,417</td>
<td>15,644</td>
<td>18,792</td>
</tr>
<tr>
<td>Black</td>
<td>33,880</td>
<td>22,652</td>
<td>67%</td>
<td>7,840</td>
<td>18,295</td>
<td>27,443</td>
</tr>
<tr>
<td>Latinx</td>
<td>29,469</td>
<td>20,440</td>
<td>69%</td>
<td>6,082</td>
<td>17,795</td>
<td>23,870</td>
</tr>
<tr>
<td>&lt;=24</td>
<td>4,101</td>
<td>2,613</td>
<td>64%</td>
<td>1,078</td>
<td>2,072</td>
<td>3,322</td>
</tr>
<tr>
<td>25 – 44</td>
<td>38,737</td>
<td>26,056</td>
<td>67%</td>
<td>8,807</td>
<td>21,553</td>
<td>31,377</td>
</tr>
<tr>
<td>45-64</td>
<td>42,599</td>
<td>31,374</td>
<td>74%</td>
<td>11,235</td>
<td>27,361</td>
<td>34,505</td>
</tr>
<tr>
<td>65+</td>
<td>5,263</td>
<td>3,652</td>
<td>69%</td>
<td>3,390</td>
<td>4,263</td>
<td>873</td>
</tr>
<tr>
<td>Male-Male Sexual Contact</td>
<td>55,188</td>
<td>39,404</td>
<td>71%</td>
<td>19,784</td>
<td>34,555</td>
<td>44,702</td>
</tr>
<tr>
<td>Injection Drug Use</td>
<td>13,280</td>
<td>9,016</td>
<td>68%</td>
<td>4,264</td>
<td>7,060</td>
<td>10,757</td>
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<tr>
<td>Male-Female Sexual Contact</td>
<td>21,237</td>
<td>14,629</td>
<td>69%</td>
<td>6,608</td>
<td>12,281</td>
<td>17,202</td>
</tr>
<tr>
<td>White MSM</td>
<td>16,941</td>
<td>13,032</td>
<td>77%</td>
<td>2,909</td>
<td>11,967</td>
<td>13,722</td>
</tr>
<tr>
<td>Black MSM</td>
<td>15,447</td>
<td>10,164</td>
<td>66%</td>
<td>5,283</td>
<td>8,303</td>
<td>12,513</td>
</tr>
<tr>
<td>Latino MSM</td>
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<td>13,935</td>
<td>70%</td>
<td>5,865</td>
<td>12,346</td>
<td>16,038</td>
</tr>
<tr>
<td>Black Women</td>
<td>8,886</td>
<td>6,122</td>
<td>69%</td>
<td>2,764</td>
<td>5,022</td>
<td>7,197</td>
</tr>
<tr>
<td>Transgender People</td>
<td>700</td>
<td>538</td>
<td>77%</td>
<td>92</td>
<td>421</td>
<td>567</td>
</tr>
</tbody>
</table>

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