



# **2017 Texas HIV Annual Report**

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**As Required by  
Texas Health and Safety Code  
Section 85.041**

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**TEXAS**  
Health and Human  
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Texas Department of  
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## Executive Summary

In accordance with [Texas Health and Safety Code, Section 85.041](#), the Texas Department of State Health Services (DSHS) has prepared a report summarizing prevention and treatment services for Human Immunodeficiency Virus (HIV) provided or funded by DSHS from January 1 to December 31, 2017.

At the end of 2017, 90,700 Texans were known to be living with HIV, an increase of 18 percent over the past five years. This increase is due to highly effective treatments that lengthen the lifespan of people with HIV. However, the annual number of new diagnoses has remained constant for a decade.

During 2017, DSHS worked with community partners, stakeholders, and health care providers statewide to strengthen services that prevent new infections, improve diagnosis rates, and fill gaps in clinical treatment and related support services. DSHS HIV initiatives are intended to reduce the number of undiagnosed HIV infections, and increase the number of people living with HIV who have a suppressed HIV viral load. People with suppressed viral loads are healthier and have virtually no chance of transmitting HIV to others. The quality and cost-effectiveness of these initiatives is demonstrated by the high proportion of clients who are newly diagnosed, linked to HIV-related treatment, or have a suppressed HIV viral load.

This report provides summaries and analyses of the type, level, quality, and cost-effectiveness of the following HIV services provided by DSHS in 2017:

- **Routine HIV Screening in Medical Settings** – 12 service providers performed 197,429 HIV tests, identifying 337 people with new HIV diagnoses.
- **Targeted HIV Testing and Linkage to Medical Care** – 29 service providers performed 51,073 tests, identifying 518 people with new HIV diagnoses.
- **Targeted Behavior Change Interventions** – 10,874 clients participated in targeted behavior change interventions.
- **Pre-Exposure Prophylaxis (PrEP) for HIV** – DSHS-funded programs facilitated access to PrEP medications for 3,733 clients.

- **Public Information and Targeted Social Marketing** – DSHS funded a public information campaign intended to reach specific audiences under the “Greater Than AIDS” brand.
- **Partner Services for HIV** – Disease intervention specialists at local and regional health departments interviewed 3,246 persons newly diagnosed with HIV, leading to 2,093 HIV sex/needle-sharing partners being located, counseled, and tested for HIV. This work identified 231 people with new HIV diagnoses.
- **Texas HIV Medication Program** – This program provided 313,477 prescriptions for life-saving drugs to 19,752 clients, serving one in five persons living with diagnosed HIV infection in Texas. The viral suppression rate for these clients was 83 percent, compared to 78 percent for all Texans in medical care.
- **Outpatient HIV Medical and Support Services** – 39,954 clients across the state received services. The viral suppression rate for clients receiving medical care through these programs was 78 percent.
- **Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome (AIDS)** – 27 providers in Texas assisted 943 households with housing and supportive services.

# 1. Introduction

[Texas Health and Safety Code, Section 85.041](#) requires the Texas Department of State Health Services (DSHS) to prepare a report that is available to the public before December 1 of each year summarizing the type, level, quality, and cost-effectiveness of services provided for Human Immunodeficiency Virus (HIV). This report covers the following services provided or funded by DSHS from January 1 to December 31, 2017:

- Routine HIV Screening in Medical Settings
- Targeted HIV Testing and Linkage to Medical Care
- Targeted Behavior Change Interventions
- Pre-Exposure Prophylaxis (PrEP) for HIV
- Public Information and Targeted Social Marketing
- Partner Services for HIV
- Texas HIV Medication Program
- Outpatient HIV Medical and Support Services
- Housing Opportunities for Persons with AIDS

## 2. Background

The Department of State Health Services (DSHS) Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD) Program emphasizes activities that prevent HIV acquisition, enhance awareness and diagnosis, and promote effective linkages to treatment. The Program was established in 1991 and is housed in the Tuberculosis (TB)/HIV/STD Section within DSHS's Division for Laboratory and Infectious Disease Services. It receives appropriations from the Texas Legislature as well as funding from several federal agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the U.S. Department of Housing and Urban Development (HUD).

The HIV/STD Program administers the Texas HIV Medication Program (THMP), which provides medication and insurance assistance to nearly 18,000 eligible Texans each year, and funds numerous partner agencies that provide a variety of HIV-related services. This includes counseling, prevention, testing, diagnosis, linkages to treatment, and other support services. Over the past year, efforts have focused on a three-pronged approach to increase diagnosis by:

- Testing and counseling at-risk populations
- Supporting emergency departments and primary care clinics to integrate routine testing into patient care in geographic regions with high HIV rates
- Notifying and testing partners of newly-diagnosed persons through contact tracing

Additionally, the HIV/STD Program conducts public education and awareness activities and performs epidemiological surveillance to measure the burden of HIV in Texas, particularly among populations at increased risk.

At the end of 2017, 90,700 Texans were known to be living with HIV, an increase of 18 percent over the past five years and 50 percent over the past 10 years. The increase is primarily due to the dramatic increase in life expectancy resulting from advances in HIV treatment.

While the number of people living with HIV (PLWH) has increased, the number of new HIV diagnoses in Texas has been stable for the past decade, with 4,391 new diagnoses in 2017. However, there are an estimated 18,000 Texans with HIV who are not aware of their infections.<sup>1</sup> Individuals who are not aware of their HIV infections have the greatest likelihood of transmitting the virus to others.<sup>2</sup>

There is scientific consensus that reducing new HIV infections requires increasing the number of PLWH who are being treated and are virally suppressed.<sup>3</sup> Viral suppression is achieved when HIV medication reduces the amount of virus in the body to a very low level. People with suppressed viral load have effectively no risk of transmitting the virus to sexual partners or from mother to child during pregnancy.<sup>4</sup>

Since HIV is a chronic disease, once a person is diagnosed, treatment must be lifelong. DSHS estimates that the lifetime cost to the health care system for someone diagnosed with HIV infection in Texas in 2017 is around \$370,920.<sup>5</sup> Preventing new infections reduces the overall financial impact of the disease.

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<sup>1</sup> Estimate for 2016, the last year available. Estimate from DSHS using models published by the Centers for Disease Control and Prevention.

<sup>2</sup> Sardinia, J. et al. Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Internal Medicine*. 2015;175(4):588-596.

<sup>3</sup> Holtgrave, D. Development of year 2020 goals for the National HIV/AIDS Strategy for the United States. *AIDS and behavior*. 2013; (18.) 638-643.

<sup>4</sup> Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV. <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>. Updated December 2017. Accessed August 29, 2018.

<sup>5</sup> Estimated using data from Farnham, PG, Gopalappa, C et al. Updates of Lifetime Costs of Care and Quality-of-Life Estimates for HIV-Infected Persons in the United States: Late Versus Early Diagnosis and Entry into Care. *Journal of Acquired Immune Deficiency Syndromes*. 2013(64):183-189. Costs are adjusted to fit the profile of newly diagnosed Texans in 2017 and for inflation.

### **3. DSHS HIV Services and Initiatives**

#### **Routine HIV Screening in Medical Settings**

The Department of State Health Services (DSHS) funds five hospital emergency departments, six community health centers, one teen health clinic, and one correctional facility to provide routine human immunodeficiency virus (HIV) screening in areas of Texas with the largest number of people living with HIV (PLWH). In 2017, these 12 service providers performed 197,429 HIV tests, identifying 1,222 clients who tested positive for HIV. Many of the clients with positive test results had been previously diagnosed, but their status was unknown to the facility at the time of screening. DSHS verified that 337 were new diagnoses. Of those who were newly diagnosed, 73 percent were linked to HIV-related medical care within three months of their diagnosis.<sup>6</sup> Efforts are also made to link clients to care who were previously diagnosed.

These programs test all consenting clients receiving care at these facilities, as opposed to only clients at increased risk for HIV infection. Compared to targeted HIV testing programs, routine HIV screening programs are expected to have a higher volume of tests, but a lower number of new diagnoses.

#### **Targeted HIV Testing and Linkage to Medical Care**

DSHS-funded programs provide HIV testing and health education to high-risk individuals at places and times that are intended to be convenient for the at-risk individual. This testing often occurs in non-traditional or non-clinical settings, such as correctional facilities, substance abuse treatment centers, and areas where persons at high-risk congregate such as nightclubs. These programs are expected to have a lower volume of tests than routine screening programs; however, they are designed to identify a higher number of new HIV diagnoses.

In 2017, 29 service providers (14 community-based organizations, 11 local health departments (LHDs), two universities, and two federally qualified health centers) performed 51,073 tests, identifying 773 clients who tested positive for HIV. Some of the clients were later found to have been previously diagnosed. Subsequent

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<sup>6</sup> Texas Department of State Health Services Routine Testing Data and eHARS, 2017.



DSHS verification efforts confirmed 518 of these clients were newly diagnosed. Of the persons with new diagnoses, 80 percent were linked to HIV-related medical care within three months of their diagnosis.<sup>7</sup>

## **Targeted Behavior Change Interventions**

DSHS funds seven community-based organizations, one university, three local health departments, and two federally qualified health centers to use evidence-based approaches to provide knowledge, skills, and support to persons at highest risk to reduce vulnerability to HIV and other sexually transmitted diseases (STDs). These programs are designed to increase participation in HIV-related medical care, which helps prevent further HIV transmission. In 2017, 10,874 clients participated in targeted behavior change interventions, as follows:

- 9,822 clients were engaged in community-level interventions;
- 772 clients completed small-group behavior change programs; and
- 280 clients were enrolled in intensive, individual-level interventions designed to improve participation in HIV-related treatment and care.<sup>8</sup>

## **Pre-Exposure Prophylaxis for HIV**

People who are at very high risk for HIV can take pre-exposure prophylaxis (PrEP) medicines daily to lower their chances of getting infected. PrEP stops HIV from taking hold and spreading throughout the body. Daily PrEP reduces the risk of getting HIV by more than 90 percent.<sup>9</sup> In 2017, DSHS funded three LHDs and four community-based organizations to provide PrEP services. This funding provides access to clinical assessments and medical testing that is needed to confirm the appropriateness of PrEP, as well as supportive services to promote medication adherence and assist clients in accessing the drugs through their insurance or drug manufacturer patient assistance programs. In 2017, these programs facilitated access to PrEP medications for 3,733 clients. DSHS funds were not used to purchase PrEP drugs.

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<sup>7</sup> Texas Department of State Health Services Targeted Testing Data and eHARS, 2017.

<sup>8</sup> Texas Department of State Health Services Targeted Behavior Change Intervention Data, 2017.

<sup>9</sup> PrEP. Centers for Disease Control and Prevention website. <https://www.cdc.gov/hiv/basics/prep.html>. Updated August 23, 2018. Accessed August 29, 2018.

## Public Information and Targeted Social Marketing

DSHS funds public information campaigns intended to reach specific audiences, such as Hispanic Texans who experience disproportionate rates of HIV<sup>10</sup>, under the “Greater Than AIDS” brand. A bilingual campaign launched in 2016, *We Are Family/Somos Familia*, continued in 2017. Anchored by a series of online videos in English and Spanish profiling Texas families facing HIV, this campaign reinforces the important role social support plays in the well-being of Hispanic Texans living with HIV. In addition, a new digital campaign, *Let’s Talk About PrEP!*, launched in 2017 to educate populations at increased risk for HIV infection about the availability of PrEP, a once-daily pill to prevent HIV. An existing national digital campaign, *#HIVBeats*, placed ads in Texas during 2017 to counter myths and misconceptions around HIV among young adults.

- The online component of these campaigns resulted in over 8 million impressions (the number of times an advertisement is seen), 978,121 video views, and 115,570 clicks to online resources.
- The outdoor component of *We Are Family/Somos Familia* resulted in approximately 24 million impressions from 314 billboard and interior bus ads placed in Beaumont, Brownsville, Corpus Christi, Dallas, Harlingen, Laredo, and McAllen.
- The TV component resulted in approximately 2.97 million impressions from 1,257 30-second TV ads placed on two cable systems in Beaumont and Dallas.
- Approximately 187,000 copies of community materials promoting campaign messages and resources were distributed to 105 LHDs and Acquired Immunodeficiency Syndrome (AIDS) services/community organizations across the state.<sup>11</sup>

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<sup>10</sup> In 2017, about one in every 378 Hispanic Texans is living with HIV compared to one in every 512 white Texans. Source: Texas enhanced HIV AIDS Surveillance System (eHARS), 2017.

<sup>11</sup> The Henry J. Kaiser Family Foundation, Texas Greater Than AIDS, A Public Information Partnership of Texas Department of State Health Services and Greater Than AIDS. 2017 Report – January 1-August 31, 2017.

## Partner Services for HIV

DSHS funds partner services programs in eight DSHS Public Health Regions and eight local health departments. These programs involve disease intervention specialists (DIS) working with newly diagnosed clients to provide counseling on how to prevent transmitting HIV to others, connect them to care, and obtain information about potential sex and needle-sharing partners. The DIS use this information to locate and refer partners for examination, treatment, and counseling. In 2017, staff interviewed 3,246 clients with HIV, which led to 2,093 HIV sex/needle-sharing partners being located, counseled, and tested for HIV. This work resulted in 231 persons receiving a new diagnosis of HIV infection.<sup>12</sup>

Molecular HIV surveillance<sup>13</sup> is a useful tool for conducting partner services activities, particularly identifying clusters of HIV infection.<sup>14</sup> DSHS encourages health care providers to enhance efforts to prevent, diagnose, and treat HIV in the wake of 19 rapidly growing clusters of HIV infection in the state. Laboratory analysis of these infections indicates sustained transmission of genetically similar “strains” of HIV, meaning active HIV transmission is ongoing. The information gathered by DIS is helpful in identifying sex and/or needle-sharing partners; however, not every client is able to provide the name(s) of his/her partners. Combining partner services data with the information on clusters from molecular HIV surveillance helps DSHS focus prevention and care strategies. DSHS prioritizes clusters, primarily those with rapid person-to-person transmission or recent growth (at least five new diagnoses in the past year), for HIV prevention services, partner services, and connection or reconnection to medical care.

## Texas HIV Medication Program

The Texas HIV Medication Program (THMP) administered by DSHS, uses federal and state funds to purchase and distribute medications and to ensure access to medications through two programs: the AIDS Drug Assistance Program (ADAP) and the State Pharmacy Assistance Program (SPAP). ADAP provides HIV-related medications to clients through a network of pharmacies, while SPAP provides

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<sup>12</sup> Sexually Transmitted Disease Management Information System (STD\*MIS 4.2), 2017.

<sup>13</sup> Molecular HIV Surveillance is a part of routine HIV Surveillance and includes HIV genotyping from drug resistance testing. Drug resistance testing is done by analyzing the genetic sequence of the virus itself. These sequences and other laboratory test results are reported to DSHS.

<sup>14</sup> Clusters consist of persons who are infected with a strain of HIV that has a similar genetic sequence.

assistance with deductibles, co-pays, and coinsurance for clients meeting THMP eligibility criteria who are enrolled in a Medicare Part D prescription drug plan. THMP also operates the Texas Insurance Assistance Program (TIAP), which provides assistance with premiums, medication co-payments, and coinsurance for eligible PLWH.

In 2017, ADAP provided 185,916 prescriptions to 17,226 clients.<sup>15</sup> SPAP and TIAP enabled 127,561 prescriptions to be provided to 2,526 eligible clients (2,147 SPAP and 379 TIAP clients).<sup>16</sup> Altogether, the THMP provided 313,477 prescriptions for life-saving drugs to 19,752 clients, serving one in five persons living with diagnosed HIV infection in Texas.

In late 2016, the THMP established the HIV/Hepatitis C virus (HCV) pilot program to provide direct-acting antiviral medications (DAAs) that treat HCV infection to THMP clients who are co-infected with HIV and HCV. DAAs effectively treat more than 90 percent of patients, simplify and shorten treatment times, and are better tolerated than previous HCV medications.<sup>17</sup> In 2017, this pilot program enrolled 62 THMP clients.

## **Outpatient HIV Medical and Support Services**

DSHS funds seven administrative agencies across the state to provide HIV medical and support services to PLWH. Federal funding is provided through the Ryan White HIV/AIDS Program (RWHAP) and matched by the state.

Through this program, DSHS improves access to quality treatment for Texas residents with HIV infection who are low-income, uninsured, or underinsured by providing a comprehensive system of care, including medical care, case management, and other HIV medical and support services. In 2017, 39,954 clients across the state received RWHAP-funded services.<sup>18</sup>

The RWHAP Minority AIDS Initiative (MAI) is a special project that provides education and outreach services to increase the number of eligible racial and ethnic minorities who have access to HIV medications. DSHS focuses these services on

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<sup>15</sup> Texas AIDS Drug Assistance Program, 2017.

<sup>16</sup> State Pharmacy Assistance Program and Texas Insurance Assistance Program, 2017.

<sup>17</sup> Hepatitis C Questions and Answers for Health Professionals. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Updated April 20, 2018. Accessed August 29, 2018.

<sup>18</sup> AIDS Regional Information & Evaluation System (ARIES) Statistical Analysis Report, Texas Department of State Health Services, 2017.

promoting participation of minority PLWH recently released or soon to be released from a Texas Department of Criminal Justice (TDCJ) facility or local jail. In 2017, MAI providers enrolled 884 minority PLWH exiting TDCJ facilities or local jails into the Texas HIV Medication Program.<sup>19</sup>

## **Housing Opportunities for Persons with AIDS**

The Housing Opportunities for Persons with AIDS (HOPWA) Program, funded by the U.S. Department of Housing and Urban Development, provides housing assistance and supportive services to income-eligible PLWH and their households. In 2017, 27 HOPWA providers in Texas assisted 943 households.<sup>20</sup>

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<sup>19</sup> Texas Department of State Health Services Minority AIDS Initiative Quarterly Reports, 2017.

<sup>20</sup> Texas Department of State Health Services, HIV Care Services Group, *Housing Opportunities for Persons with AIDS (HOPWA) 2017 Consolidated Annual Performance and Evaluation Report (CAPER)*, 2018.

## 4. Quality & Cost-Effectiveness of DSHS HIV Services

Routine Human Immunodeficiency Virus (HIV) screening programs test all patients presenting at a health care facility and are cost-effective when one positive person is identified for every 1,000 tests performed.<sup>21</sup> The screening programs funded by the Department of State Health Services (DSHS) found 6.2 clients with positive test results for every 1,000 tests conducted, a rate six times higher than the cost-effectiveness point.

Effectiveness can also be assessed by comparing the diagnosis rates of DSHS-funded programs to the rate in the general population.<sup>22</sup> To be considered cost-effective, programs must focus on persons and areas of Texas with higher numbers of HIV infections and demonstrate a diagnosis rate higher than in the general population. The 2017 diagnosis rate for the general population in Texas was less than one (0.155) diagnosis per every 1,000 Texans.<sup>23</sup> Table 1 shows that the diagnosis rate for routine screening programs was 11 times higher than the population diagnosis rate; the rate for targeted testing programs was 64.5 times higher; and the rate for partner services programs was 712.3 times higher.

**Table 1. HIV Infection Diagnosis Rates for Texas per 1,000 Persons or Tests, 2017**

Testing	Diagnosis Rate	Times Higher Than General Population
<b>General Population</b>	0.155 per 1,000 Texans	--
<b>Routine Screening</b>	1.7 per 1,000 tests	11.0 times
<b>Targeted Testing</b>	10.0 per 1,000 tests	64.5 times
<b>Partner Services</b>	110.4 per 1,000 tests	712.3 times

<sup>21</sup> Final Recommendations Statement Human Immunodeficiency (HIV) Infection: Screening. U.S. Preventive Services Task Force website.

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening>. Updated December 2016. Accessed August 28, 2018.

<sup>22</sup> A diagnosis rate looks at the number of persons who are newly diagnosed by the testing program and does not include clients who had positive test results but were later found to have been previously diagnosed.

<sup>23</sup> Texas enhanced HIV AIDS Surveillance System (eHARS), 2017.

Another measure of quality and cost-effectiveness is the linkage rate, which measures how many persons newly diagnosed through these programs enter HIV-related care within three months of their diagnosis. Persons with timely linkage have an increased chance of achieving viral suppression within the first few months of treatment. In 2017, DSHS-funded targeted testing and routine screening programs achieved linkage rates of 80 percent and 73 percent, respectively.<sup>24,25</sup>

HIV outpatient and support services are evaluated by measuring the levels of viral suppression in clients. These programs treat clients with historically poor health outcomes and populations that are low-income and uninsured.<sup>26</sup> Cost-effective programs should show viral suppression levels to be as high as, or higher than, the general population's.

Table 2 shows that viral load suppression rates among clients of DSHS-funded programs were similar or exceeded the rate in the general population.<sup>27</sup>

**Table 2. Viral Suppression Rates for Texans in HIV-Related Medical Care, 2017**

<b>Program</b>	<b>Viral Load Suppression Rate</b>
<b>General Population</b>	78%
<b>Outpatient HIV Treatment Services</b>	78%
<b>Texas HIV Medication Program</b>	83%
<b>Housing Opportunities for People with AIDS</b>	82%

<sup>24</sup> Texas Department of State Health Services Targeted Testing Data and eHARS, 2017.

<sup>25</sup> Texas Department of State Health Services Routine Testing Data and eHARS, 2017

<sup>26</sup> NCHHSTP Social Determinants of Health. Centers for Disease Control and Prevention website.

<https://www.cdc.gov/nchhstp/socialdeterminants/index.html>. Updated March 3, 2017. Accessed August 29, 2018.

<sup>27</sup> Information on viral suppression rates in the program and population was provided by the DSHS Unmet Need Project, which annually updates descriptions of participation in treatment and viral suppression for Texans living with HIV.

## 5. Conclusion

The Department of State Health Services (DSHS)-funded programs have demonstrated progress in reducing the number of Texans with undiagnosed Human Immunodeficiency Virus (HIV) infections, linking people living with HIV (PLWH) to treatment and care, and increasing the number of PLWH with suppressed HIV viral loads, all of which have contributed to stabilizing the number of new diagnoses in Texas. With ongoing efforts, it is anticipated that there will be a decrease in the number of new diagnoses over time. It is imperative that the progress achieved over the past decade is maintained, not only for saving and improving the lives of Texans, but also for reducing the financial impact of HIV.



## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
DAA	Direct-acting Anti-virals
DIS	Disease Intervention Specialist
DSHS	Department of State Health Services
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
MAI	Minority AIDS Initiative
PLWH	People Living with HIV
RWHAP	Ryan White HIV/AIDS Program
SPAP	State Pharmaceutical Assistance Program
STD	Sexually Transmitted Disease
TDCJ	Texas Department of Criminal Justice
THMP	Texas HIV Medication Program

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TIAP

Texas Insurance Assistance Program

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