



2020 Texas HIV Program Annual Report

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



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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 this report summarizing prevention and treatment services for people with Human Immunodeficiency Virus (HIV) provided or funded by DSHS from January 1 to December 31, 2020.

At the end of 2020, 100,064 Texans were living with diagnosed HIV, an increase of 13 percent over the past five years. This increase is due to highly effective treatments that lengthen the lifespan of people with HIV rather than increases in the number of people diagnosed each year. The annual number of Texans diagnosed with HIV has remained constant for a decade at about 4,400, with the exception of 2020 when the COVID-19 pandemic reduced HIV testing. In 2020, the number of people diagnosed dropped to 3,580.

During 2020, DSHS worked with community partners, stakeholders, and health care providers statewide to make strides toward ending the HIV epidemic in Texas. DSHS worked with partners to raise awareness of HIV in populations most vulnerable to the virus. DSHS-funded prevention programs and initiatives reduced the number of Texans living with undiagnosed HIV and made it easier for Texans to get HIV pre-exposure prophylaxis — a daily pill that prevents HIV. HIV treatment and care services funded by DSHS increased access to life-extending medications and filled critical medical and support services gaps. DSHS worked with local health departments to reach the partners of people recently diagnosed with HIV and syphilis to offer testing, counseling, and treatment access.

The quality and cost-effectiveness of the initiatives are demonstrated by high diagnosis rates, high rates of linkage to treatment, and a high proportion of clients with HIV who have suppressed HIV viral loads. People with suppressed viral loads are healthier and have virtually no chance of sexually transmitting HIV to others.¹

¹ U.S. Centers for Disease Control and Prevention (2020). *Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*, Accessed July 15, 2021. Accessible at [cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf](https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf).

The following are DSHS-funded HIV prevention and treatment services in Texas:

- **Public Information and Targeted Social Marketing** —DSHS funded a public information campaign to reach specific audiences under the *Greater Than AIDS* brand.
- **Routine HIV Screening in Medical Settings** – Nine service providers performed 136,598 HIV tests, diagnosing 212 people.
- **Focused HIV Testing and Linkage to Medical Care** — 34 service providers performed 38,811 tests, diagnosing 354 people.
- **Partner Services for HIV** – Disease intervention specialists at local and regional health departments performed 400 tests for sex and needle-sharing partners of people newly diagnosed with HIV or syphilis, diagnosing 89 people.
- **Focused Behavior Change Interventions** – 657,195 clients participated in individual, group, and community level activities focused on the groups and communities most vulnerable to HIV.
- **Pre-Exposure Prophylaxis (PrEP) for HIV** – DSHS-funded programs facilitated access to at least one PrEP prescription for 1,587 clients.
- **Texas HIV Medication Program** – This program provided 251,199 prescriptions for life-extending drugs to 24,192 clients, serving almost one out of four people living with diagnosed HIV in Texas. The viral suppression rate for these clients was 83 percent compared to 81 percent for all Texans in HIV-related medical care.
- **Outpatient HIV Medical and Support Services** – Community-based programs served 46,040 clients across the state, serving about 46 percent of Texans living with diagnosed HIV. The viral suppression rate for clients receiving DSHS-funded medical care was 84 percent compared to 81 percent for all Texans in HIV-related medical care.
- **Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome** – DSHS programs provided 1,461 households with housing and supportive services from February 2019 through August 2020.² The viral suppression rate for clients receiving these services was 81 percent compared to 81 percent for all Texans in HIV-related medical care.

² The source traditionally used for this report covered an 18-month period due to a shift in the grant period for this program.

1. Introduction

By December 1 of each year, [Texas Health and Safety Code, Section 85.041](#), requires the Texas Department of State Health Services (DSHS) to publish a report summarizing the type, level, quality, and cost-effectiveness of DSHS-funded services for Human Immunodeficiency Virus (HIV). This report covers the following services provided or funded by DSHS from January 1 to December 31, 2020.

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

2. Background

The Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD) Program at the Texas Department of State Health Services (DSHS) was established in 1991, and the program supports services that prevent HIV acquisition, increase early diagnosis, and promote participation in treatment. Program funding comes from the Texas Legislature and federal agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration, and the U.S. Department of Housing and Urban Development.

At the end of 2020, 100,064 Texas residents were living with diagnosed HIV, increasing 13 percent over the past five years. The growth is primarily due to longer life expectancy because of HIV treatment rather than increases in Texans with new diagnoses. The annual number of Texans diagnosed with HIV has been stable for the past decade at about 4,400, with the exception of 2020 when 3,580 Texas residents were diagnosed with HIV. This drop was most likely due to decreased HIV testing.³

Reducing the number of Texans who acquire HIV every year requires action on the four pillars outlined in the federal [Ending the HIV Epidemic](#) initiative. The four pillars are shown below, as well as information on where Texas stands and the DSHS services that address them.

Pillar 1: Diagnose all people with HIV as early as possible.

People can live with HIV for years before being diagnosed. Delays in diagnosis mean delays in starting life-extending treatment. People living with undiagnosed HIV also have the greatest chance of transmitting the virus to others.⁴ DSHS estimates that about 44 percent of the HIV transmissions in Texas each year are associated with people who do not know their HIV status.⁵ The DSHS goal is for 90

³ The DSHS laboratory, several commercial and hospital laboratories, and DSHS testing programs all reported decreases in the number of HIV tests processed or performed. DSHS is working to compile information on the impact of COVID-19 on diagnosis and treatment of infectious disease, including HIV.

⁴ Skarbinski J, Rosenberg E, Paz-Bailey G, et al. *Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States*. JAMA Intern Med. 2015;175(4):588–596, accessible at [doi:10.1001/jamainternmed.2014.8180](https://doi.org/10.1001/jamainternmed.2014.8180)

⁵ Estimate from DSHS using models provided by the CDC.

percent of people living with HIV to know their status by 2030.⁶ DSHS estimates that 84 percent of all Texans living with HIV in 2020 knew their status; however, this means that about 19,000 Texas residents living with HIV were unaware of their status.⁷

DSHS uses a three-pronged approach to increase the number of people with HIV who know their status:

- Supporting community-based testing programs that focus on people at higher risk of acquiring HIV;
- Helping emergency departments and primary care clinics integrate HIV testing into their routine patient care; and
- Offering testing to the partners of people recently diagnosed with HIV or syphilis.

In 2020, DSHS-funded providers in these three strategies collectively diagnosed 655 people, about 18 percent of all people diagnosed in 2020.

Pillar 2: Treat the infection rapidly and effectively to achieve sustained viral suppression.

Once a person is diagnosed with HIV, treatment must be lifelong. DSHS estimates that in 2020 almost seven out of 10 Texans living with diagnosed HIV were in continuous HIV-related medical care.⁸ About 88 percent of people in continuous care had a suppressed viral load, meaning they had very low levels of HIV in their bodies. In addition to the health benefits of HIV treatment, there is scientific consensus that treatment also acts as prevention. People with a suppressed viral load cannot sexually transmit HIV to others.⁹ DSHS goals are for 90 percent of

⁶ Achieving Together Texas. Achieving Together: A Community Plan to End the HIV Epidemic in Texas. Accessed July 15, 2021. Accessible at achievingtogethertx.org/

⁷ Estimate from DSHS using models provided by the CDC. This figure is higher than previous estimates of around 16,000 to 17,000 people with undiagnosed HIV. The CDC issued a new version of the model that estimates these figures. While the new model's shows a greater number of undiagnosed Texans, the current estimate and previous estimate are not statistically different.

⁸ Estimate from DSHS using models provided by the CDC.

⁹ Eisinger RW, Diffenbach CW, Fauci AS. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *J Am Med Assoc.* 2019; (5):451-452. Accessible at doi.org/10.1001/jama.2019.2945

Texans with diagnosed HIV to be in continuous treatment and 90 percent of people in continuous treatment to have suppressed viral loads by 2030.¹⁰

To increase the number of Texans receiving HIV treatment, DSHS administers the Texas HIV Medication Program (THMP). The THMP provided prescription medication and insurance assistance to over 24,000 eligible Texans in 2020. DSHS also works with partner agencies to provide HIV-related outpatient treatment and supportive services for more than 40,000 low-income Texans.

Pillar 3: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis.

The overarching goal of all HIV services is to drive down the number of Texans who acquire HIV each year. The estimated annual number of Texans who acquire HIV has been stable at about 4,400, but the goal is to cut this number in half by 2030.

¹¹ DSHS funds partner agencies to provide a variety of HIV prevention activities. These include one-on-one and group interventions to reduce behavioral risk and programs to help people at high risk for HIV get pre-exposure prophylaxis (PrEP), a daily medicine that prevents HIV. Since the estimated lifetime cost to the health care system for someone diagnosed with HIV in Texas in 2020 was around \$388,086, prevention is essential to improving Texans' health and reducing the overall financial impact of HIV.¹²

Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Disease intervention specialists (DIS) at local health departments and public health regions are the front line of response for people with new HIV and syphilis diagnoses. These specially-trained professionals provide newly diagnosed people with counseling and link them to treatment. They also conduct confidential services tracing to provide testing and linkage to care to the sex and needle-sharing partners of newly diagnosed people.

¹⁰ Achieving Together Texas. *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. Accessed July 15, 2021. Accessible at achievingtogethertx.org/

¹¹ Achieving Together Texas. *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. Accessed July 15, 2021. Accessible at achievingtogethertx.org/

¹² 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. *J Acquir Immune Defic Syndr*. 2013; 64(2):183–189. Accessible at doi.org/10.1001/jamaoncol.2021.4942. Costs are adjusted to fit the profile of newly diagnosed Texans in 2020 and for inflation.

DSHS also performs disease surveillance and epidemiologic analysis to better understand and respond to the communities and groups bearing the greatest burden of HIV in Texas. Surveillance information is also used to direct resources to areas of highest need and evaluate the impact of funded services.

3. DSHS HIV Services and Initiatives

As discussed previously, this report covers the services provided or funded by the Department of State Health Services (DSHS) from January 1 to December 31, 2020. These services can be separated into nine categories:

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

Public Information and Targeted Social Marketing

DSHS funds a public information campaign to reach specific communities with greater vulnerability to HIV under the “Greater Than AIDS” brand managed by the Henry J. Kaiser Family Foundation.

The campaign made paid placements on digital media platforms to reach gay and bisexual men and other men who have sex with men (MSM) and transgender people in ZIP codes in Dallas, Bexar, El Paso, Cameron, and Hidalgo counties that have a greater number of people living with diagnosed HIV (PLWH). The messages centered on HIV treatment options, pre-exposure prophylaxis (PrEP)¹³, and available low-cost treatment services, including the AIDS Drug Assistance Program (ADAP). Messages were in English and Spanish.

Cumulative results of the media buys in 2020 included more than 18.1 million impressions with a reach of more than 2.6 million. In addition, the digital

¹³ PrEP is a type of drug that can prevent HIV from taking hold in the body. This prevention method is appropriate only for people at high risk of acquiring HIV.

engagements resulted in 1.7 million video views, 124,800 clicks to online information resources, 7,600 social engagements, 164,000 sessions and more than 210,400 page views from Texas residents to the “Greater Than AIDS” website.¹⁴

DSHS coordinated with “Greater Than AIDS” staff to provide 31 health agencies and community service providers in Texas with HIV self-test kits and *Stay Connected*. *Stay Healthy* community toolkits. Toolkits included t-shirts, non-medical masks, buttons, and information materials to support outreach.

Routine HIV Screening in Medical Settings

In 2020, DSHS funded nine health care facilities to provide routine HIV screening to their patients. These facilities serve communities with higher numbers of people living with HIV and included five hospital systems, three community-health centers/primary care providers, and one teen-health clinic. Most of the tests were conducted in the hospital systems’ emergency department. Routine screening programs test all consenting people receiving care at the facility rather than only people at higher personal risk for HIV. Because of this, routine HIV screening programs have a higher volume of tests but a lower number of people with new diagnoses compared to testing programs that focus on people with a higher risk for HIV.

In 2020, screening providers performed 136,598 HIV tests, with 921 patients testing positive for HIV. However, 709 (77 percent) of these patients had been previously diagnosed elsewhere. This is typical of routine screening programs.

DSHS verified that 212 patients had new diagnoses made by the program. About 61 percent of these newly diagnosed patients were linked to HIV treatment within 30 days (129 people). The goal for linkage of newly diagnosed people to HIV treatment is 90 percent linked within 30 days.

¹⁴ *Impressions for digital placements* are the number of times an ad is heard or displayed, whether the ad is clicked or not. Audiences may see or hear multiple impressions of the same ad. *Reach* is the number of people who received impressions of an ad. *Reach* might be less than impressions because one person can hear or see multiple impressions. *Reach* may include duplicate individuals when multiple campaigns are served, or when ads are served to overlapping audience sets. *Video views* are defined differently depending on the platform: YouTube only counts videos viewed 30 seconds or longer, while Facebook counts videos viewed three seconds or longer. *Social engagements* include reactions, shares, and comments on Facebook only.

Additionally, 258 of the previously diagnosed patients had not had HIV treatment in the past year, providing an opportunity to return them to care. About a third of those not in treatment (85 patients) were returned to care within a month of their routine screening test. There are no set standards for timeliness of return to care efforts.¹⁵

Focused HIV Testing and Linkage to Medical Care

Focused testing programs provide HIV testing and health education to people at higher risk of acquiring HIV. Testing is available at provider sites and places convenient to their clients, such as nightclubs, barbershops, or other gathering places. Some programs test in correctional facilities and substance abuse treatment centers. Focused testing programs typically have a lower volume of tests than routine screening programs. However, because they focus on groups with greater personal risk, they identify a greater number of people with new HIV diagnoses and help them enter care.

In 2020, the 34 service providers with focused testing programs included 18 community-based organizations, 12 local health departments (LHDs), one university, two federally qualified health centers, and one health system. These providers performed 38,811 tests, and 585 clients tested positive for HIV. Some of these clients had been previously diagnosed elsewhere. DSHS verified that 354 of the clients with positive test results were newly diagnosed. Of the persons with new diagnoses, 66 percent were linked to HIV-related medical care within 30 days of their diagnosis. The goal for linkage of newly diagnosed clients is 90 percent linked within 30 days.

About 77 percent of the previously diagnosed clients had no HIV care in the previous year. Testing-program staff helped 37 percent of these clients (67) return to HIV care within 90 days. There are no set standards for timeliness of return to care efforts.¹⁶

Partner Services for HIV

Partner services programs address two pillars of the federal *Ending the HIV Epidemic* initiative. Pillar one consists of diagnosing all people living with HIV. Pillar

¹⁵ DSHS Routine Screening Data and Texas Enhanced HIV/AIDS Reporting System (eHARS), 2020.

¹⁶ DSHS Focused Testing and Linkage to Medical Care Program Data and Texas Enhanced HIV/AIDS Reporting System (eHARS), 2020.

2 consists of responding quickly to potential HIV outbreaks. DSHS funds partner services programs in eight public health regions and eight LHDs. Disease intervention specialists (DIS) from these programs provide newly diagnosed clients with education and linkage to treatment. They also elicit contact information for tracing so that sex/needle-sharing partners can receive testing, treatment, and counseling.

In 2020, DIS at the local and regional programs interviewed 2,463 people with newly diagnosed HIV or syphilis, which led to 400 sex/needle-sharing partners receiving counseling and testing for HIV and other STDs. This work resulted in 89 people receiving a new diagnosis of HIV infection.¹⁷

Focused Behavior Change Interventions

DSHS funded 10 community-based organizations, one university, and two LHDs to use evidence-based approaches to provide people at higher risk of acquiring HIV with the knowledge, skills, and support to reduce their risk. In addition to individual and small group interventions to build knowledge and skills, DSHS also supports community-level interventions that use peers to build supportive communities and fight HIV stigma.

In 2020, 657,195 clients participated in focused behavior change interventions. Of these clients, 656,611 were people engaged in community-level interventions; 284 clients completed small-group behavior change programs; and 300 clients enrolled in individual-level programs to improve participation in HIV-related treatment. In addition, providers worked with clients to adapt programs to online environments due to COVID-19.¹⁸

Pre-Exposure Prophylaxis for HIV

People at very high risk for HIV can take PrEP medicines daily to lower their chances of acquiring HIV. Daily PrEP reduces the risk of getting HIV by 74 to 99 percent, depending on the behavior that places a person at risk for HIV.¹⁹ In 2020, DSHS funded seven LHDs, five community-based organizations, and two health

¹⁷ TB, HIV, STD Integrated System, 2020.

¹⁸ DSHS Focused Behavior Change Intervention Program Data, 2020.

¹⁹ People at risk for HIV through injection drug use have a 74 percent to 84 percent reduction in risk through PrEP, and people at risk for HIV through sex have a 99 percent reduction in risk. Centers for Disease Control (2019). Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV. Accessed July 20, 2021. Accessible at [cdc.gov/hiv/risk/estimates/preventionstrategies.html](https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html).

systems to provide PrEP services. This funding provides access to clinical assessments and medical testing to confirm the appropriateness of PrEP. The funds are also used to promote medication adherence and help clients access drugs through their insurance or patient assistance programs. DSHS funds are not used to purchase PrEP drugs. In 2020, DSHS-funded programs facilitated access to at least one PrEP prescription for 1,587 clients.^{20, 21}

Texas HIV Medication Program

The DSHS Texas HIV Medication Program (THMP) uses federal and state funds to improve access to medications through three programs: the AIDS Drug Assistance Program (ADAP), the State Pharmacy Assistance Program (SPAP), and the Texas Insurance Assistance Program (TIAP). The ADAP provides HIV-related medications to clients through a network of pharmacies. The SPAP helps with deductibles and copays for eligible clients with Medicare Part D prescription drug plans. The TIAP helps with deductibles and copays for eligible clients with private or job-related insurance costs.

In 2020, these programs provided 251,199 prescriptions for life-extending drugs, serving almost a quarter of the people living with diagnosed HIV in Texas. The ADAP provided 139,342 prescriptions to 21,712 clients.²² The SPAP and TIAP provided 111,857 prescriptions to 2,141 SPAP and 539 TIAP clients.²³ Approximately 200 clients participated in more than one program over the course of 2020.

In January 2020, the THMP discontinued a program that provided hepatitis C (HCV) treatment medications for clients co-infected with HIV and HCV. The 173 clients who were on the program in January were allowed to complete their course of treatment. HCV treatments involve 8–12 weeks of medication and cure over 90 percent of people with few side effects.²⁴

²⁰ DSHS PrEP Program Data, 2020.

²¹ These data do not fully reflect services at LHDs. DSHS is currently creating more comprehensive reporting methods.

²² Texas AIDS Drug Assistance Program Data, 2020.

²³ SPAP and TIAP Program Data, 2020.

²⁴ Centers for Disease Control (2020). Hepatitis C Questions and Answers for Health Professionals. Accessed July 19, 2021. Accessible at [cdc.gov/hepatitis/hcv/hcvfaq.htm](https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm).

Outpatient HIV Medical and Support Services

DSHS receives state and federal funds to provide HIV medical and supportive services to low-income Texas residents who are uninsured or underinsured. The federal funds are awarded to DSHS through the Ryan White HIV/AIDS Program (RWHAP). DSHS awards funds to seven administrative agencies across the state. In turn, these agencies competitively award the DSHS funds to fill gaps in local HIV treatment and supportive care systems. The eligible services include a variety of outpatient clinical services, including primary care, specialty care, behavioral health and substance abuse treatment, and medical case management. Funds may also be used for eligible supportive services such as transportation, housing, and non-medical case management. In 2020, 46,040 clients across Texas received services from DSHS-funded providers.²⁵

The RWHAP grant includes funds for the Minority AIDS Initiative (MAI), a special project to increase access to HIV medications for racial and ethnic minorities. DSHS uses MAI funds to connect people with HIV who are leaving jails and facilities in the Texas Department of Criminal Justice to the THMP and local service providers. In 2020, MAI providers enrolled 402 people into the THMP.²⁶

Housing Opportunities for Persons with AIDS

The DSHS Housing Opportunities for Persons with AIDS (HOPWA) program is funded by the U.S. Department of Housing and Urban Development. The program provides housing assistance and supportive services to clients and their households. Between February 2019 and August 2020, 30 providers funded by the HOPWA program assisted 1,461 households.²⁷

²⁵ AIDS Regional Information & Evaluation System Statistical Analysis Report, 2020.

²⁶ DSHS Minority AIDS Initiative Quarterly Reports, 2020.

²⁷ *Housing Opportunities for Persons with AIDS (HOPWA) 2019 Semi-Annual Program Progress Report*, 2019.

4. Quality & Cost-Effectiveness of DSHS HIV Services

Routine Human Immunodeficiency Virus (HIV) screening programs test all consenting patients at a health care facility. They are cost-effective when at least one positive test is found for every 1,000 tests performed.²⁸ The screening programs funded by the Department of State Health Services (DSHS) found 6.7 positive test results for every 1,000 tests conducted, a rate more than 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.²⁹ To be cost-effective, programs must demonstrate a diagnosis rate higher than in the general population. The 2019 HIV diagnosis rate for the general population was 0.15 newly diagnosed people for every 1,000 Texans.³⁰

²⁸ U.S. Preventive Services Task Force. Final recommendations statement on Human Immunodeficiency Virus (HIV) infection: Screening. Accessed July 20, 2021. Accessible at uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening.

²⁹ A diagnosis rate shows the number of clients who were newly diagnosed by the testing program and does not include clients who were previously diagnosed.

³⁰ The 2019 diagnosis rate was from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2019. The 2020 US Census information was not available at the time of this report, which prevented calculation of rates for 2020.

Table 1 shows that the 2020 diagnosis rates for DSHS-funded programs were 1.6 to 1,534 times higher than the general population rate for 2019.³¹

Table 1. 2020 HIV Infection Diagnosis Rates per 1,000 People for DSHS-Funded Testing Programs Compared to the 2019 General Population Diagnosis Rate

	Diagnosis Rate per 1,000 People	Times Higher Than General Population
General Population³²	0.15	--
Routine Screening	1.6	10.7 times
Focused Testing	9.1	62.9 times
Partner Services	222.5	1,534.5 times

Another measure of the quality and cost-effectiveness of testing programs is the linkage rate, which measures the percentage of newly diagnosed clients who enter HIV-related care within three months of their diagnosis. People with timely linkage have a better chance of achieving viral suppression within the first few months of treatment. In 2020, DSHS-funded focused testing and routine screening programs achieved linkage rates of 66 percent and 61 percent, respectively.³³ Testing programs also helped previously diagnosed clients who had fallen out of treatment to return to care. In 2020, these programs helped 182 Texans return to treatment.

DSHS evaluates HIV outpatient and support services by measuring viral suppression levels in clients. DSHS programs serve low-income and uninsured or underinsured clients, groups with historically poor health outcomes. The clients are also predominantly racial and ethnic minorities, groups with long-standing health disparities.³⁴ Clients in cost-effective programs should have viral suppression levels at least as high as the general population rate.

³¹ Information on diagnosis rates in the testing programs and partner services were from program data sources. The 2019 diagnosis rate in the general population was from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2020.

³² The population rate is for 2019. All program diagnosis rates are for 2020.

³³ DSHS Focused Testing and Routine Data and eHARS, 2020.

³⁴ [NCHHSTP Social Determinants of Health](#). Centers for Disease Control and Prevention. Accessed July 19, 2021.

Table 2 shows that viral load suppression rates among clients of DSHS-funded programs were equal to or exceeded the general population rate.³⁵

Table 2. Viral Suppression Rates for Texans in HIV-Related Medical Care, 2020

Program	Viral Load Suppression Rate
General Population	81%
Outpatient HIV Treatment Services	84%
Texas HIV Medication Program	83%
Housing Opportunities for People with AIDS	81%

³⁵Information on viral suppression rates in the program was provided by DSHS Unmet Need Project, which annually updates descriptions of participation in treatment and viral suppression for people living with HIV. Population viral suppression information was from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2020.

Conclusion

The Human Immunodeficiency Virus (HIV) programs supported by the Texas Department of State Health Services have made progress in reducing the number of Texans with undiagnosed HIV infections and have increased the number of people living with HIV who are on treatment and have suppressed viral loads.

With ongoing efforts to increase access to effective prevention, improve early diagnosis, and promote participation in treatment, it is possible to decrease the number of people who acquire HIV every year. To improve Texans' lives and reduce the financial impact of HIV, it is imperative that the State build on the progress achieved over the past decade.

List of Acronyms

Acronym	Full Name
AIDS	Acquired Immunodeficiency Syndrome
ADAP	AIDS Drug Assistance Program
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
DSHS	Department of State Health Services
eHARS	Enhanced HIV/AIDS Reporting System
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
LHD	Local Health Department
MAI	Minority AIDS Initiative
PrEP	Pre-Exposure Prophylaxis
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
TIAP	Texas Insurance Assistance Program