



2016 Texas HIV 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 a report summarizing prevention and treatment services for Human Immunodeficiency Virus (HIV) provided or funded by DSHS from January 1 to December 31, 2016.

During this period, 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 virally suppressed persons living with HIV. The quality and cost-effectiveness of these initiatives is demonstrated by their high diagnosis, linkage to care, and viral suppression rates.

At the end of 2016, 86,669 Texans were known to be living with HIV, an increase of 11 percent over the past 5 years. The rate of new infections has remained stable for a decade. This report provides summaries and analyses of the type, level, quality, and cost-effectiveness of the following HIV services provided in 2016:

- **Targeted Behavior Change Interventions** – 9,611 clients participated in targeted behavior change interventions.
- **Public Information and Targeted Social Marketing** – DSHS funded a public information campaign intended to reach specific audiences under the “Greater Than AIDS” brand.
- **Targeted HIV Testing and Linkage to Medical Care** – 29 service providers performed 47,971 tests, resulting in 497 new diagnoses.
- **Routine HIV Screening in Medical Settings** – 11 service providers performed 170,985 HIV tests, resulting in 296 new diagnoses.
- **Partner Services for HIV** – Disease intervention specialists interviewed 3,418 clients with HIV, which led to 2,198 HIV sex/needle-sharing partners being located, counseled, and tested for HIV. This work identified 215 new diagnoses.

- **Outpatient HIV Medical and Support Services** – 41,678 clients across the state received services.
- **Texas HIV Medication Program** – 326,488 prescriptions were provided to a total of 17,919 clients.
- **Housing Opportunities for Persons with AIDS** – 27 providers in Texas assisted 835 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 publicly available report 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 services provided or funded by DSHS from January 1 to December 31, 2016.

2. Background

The DSHS HIV/Sexually Transmitted Disease (STD) Program emphasizes actions to prevent HIV acquisition, enhance awareness and diagnosis, and promote effective linkages to treatment. The Program was established in 1991 and receives state appropriations, as well as funding from several federal agencies, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the U.S. Department of Housing and Urban Development.

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, including counselling, 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 through:

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

In addition to the provision of services, 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 2016, 86,669 Texans were known to be living with HIV infection, an increase of 11 percent over the past 5 years and 51 percent over the past 10 years.¹ 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 diagnoses in Texas has been stable for the past decade, with 4,493 new

¹ Texas enhanced HIV AIDS Surveillance System (eHARS), 2016.

diagnoses in 2016.² There is evidence that reducing new HIV infections requires reducing the number of PLWH who are unaware of their infection, and increasing the number of people who are being treated and are virally suppressed.³

Viral suppression is achieved when PLWH receive successful treatment.⁴ Viral suppression reduces, or in some cases, eliminates the risk of transmissibility. Individuals who are unaware of their HIV infections are the ones most likely to transmit the virus to others.⁵ Particular subpopulations, including gay men and other men who have sex with men and blacks, have historically borne a disproportionate burden of HIV infection in Texas and the United States.

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 2016 is approximately \$368,441.⁶ Preventing new infections and getting people who already have HIV infection into treatment reduces the overall financial impact of the disease.

² Ibid.

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

⁴ Viral suppression is achieved when HIV medication reduces the amount of virus in the body to an undetectable level. Viral suppression does not mean a person is cured; HIV remains in the body. If a person discontinues HIV medication, the amount of virus will increase to a detectable level.

⁵ Skarbinski J., Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Intern Med*. 2015;175(4):588-596.

⁶ 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 Immunodeficiency Deficiency Syndrome*. 2013(64):183–189. Costs are adjusted to fit the profile of newly diagnosed Texans in 2016 and for inflation.

3. DSHS HIV Services and Initiatives

Routine HIV Screening in Medical Settings

DSHS funds four hospital emergency departments, five community health centers, one teen health clinic, and one correctional facility to provide routine HIV screening in areas of Texas with the largest number of PLWH. 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.

In 2016, these 11 service providers performed 170,985 HIV tests, identifying 1,433 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 296 were new diagnoses. Of those who were newly diagnosed, 87 percent were linked to HIV-related medical care within 3 months of their diagnosis.⁷ Efforts are made to link clients to care who were previously diagnosed; however, this population is not included in the metric used to calculate the linkage rate as it only takes into account *newly* diagnosed clients who have been linked within 3 months of their diagnosis.

Targeted HIV Testing and Linkage to Medical Care

DSHS-funded programs provide HIV testing and health education to individuals at increased risk for HIV infection 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. 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 2016, 29 service providers (12 community-based organizations, 11 local health departments (LHDs), 2 universities, and 4 federally qualified health centers (FQHCs)) performed 47,971 tests, identifying 737 clients who tested positive for

⁷ Texas Department of State Health Services Routine Testing Data and eHARS, 2016.

HIV. Some of the clients were later found to have been previously diagnosed. Subsequent DSHS verification efforts confirmed 497 of these clients were new diagnoses. Of the new diagnoses, 79 percent were linked to HIV-related medical care within 3 months of their diagnosis.⁸

Targeted Behavior Change Interventions

DSHS funds 11 community-based organizations, 2 universities, 5 LHDs, and 3 FOHCs to use evidence-based approaches to provide knowledge, skills, and support to persons at highest risk to reduce vulnerability to HIV and other STDs. These programs also increase participation in HIV-related medical care for PLWH, as increased participation in care helps prevent further transmission of HIV. In 2016, 9,611 clients participated in targeted behavior change interventions, as follows:

- 890 clients completed small-group behavior change programs.
- 8,417 clients were engaged in community interventions.
- 304 clients were enrolled in intensive individual-level interventions.⁹

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 HIV¹⁰, under the “Greater Than AIDS” brand. A bilingual campaign, *We Are Family/Somos Familia*, launched in 2016. This campaign, anchored by a series of online videos in English and Spanish profiling Texas families facing HIV, reinforces the important role social support plays in the well-being of Hispanic Texans living with HIV.

- The online component of this campaign resulted in 5.5 million impressions (the number of times an advertisement is seen), 371,954 video views, and 131,433 clicks to online resources.

⁸ Texas Department of State Health Services Targeted Testing Data and eHARS, 2016.

⁹ Texas Department of State Health Services Targeted Behavior Change Intervention Data, 2016.

¹⁰ In 2016, about 1 in every 392 Hispanic Texans is living with HIV compared to 1 in every 533 white Texans. Source: Texas enhanced HIV AIDS Surveillance System (eHARS), 2016.

- The outdoor component resulted in approximately 2.5 million impressions from 373 billboard and interior bus ads placed in San Antonio and El Paso.
- The TV component resulted in approximately 3.2 million impressions from 279 30-second TV ads placed on Univision affiliates in San Antonio, El Paso, and McAllen.
- The radio component resulted in approximately 5.2 million impressions from 861 30-second radio ads placed on 6 stations in San Antonio, El Paso, and McAllen (2 stations in each community).
- Approximately 45,700 copies of community materials promoting campaign messages and resources were distributed to 66 LHDs and AIDS services/community organizations around the state.¹¹

Partner Services for HIV

DSHS funds partner services programs in eight Health Service Regions and eight LHDs. 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 2016, staff interviewed 3,418 clients with HIV, which led to 2,198 HIV sex/needle-sharing partners being located, counseled, and tested for HIV. This work resulted in 215 new positive persons being identified.¹²

¹¹ 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. FY16 & FY17 Social Marketing and Community Outreach Campaign, Interim Report.

¹² Sexually Transmitted Disease Management Information System (STD*MIS 4.2), 2016.

Molecular HIV surveillance¹³ is a useful tool for conducting partner services activities, particularly identifying clusters¹⁴ of HIV infection. DSHS encourages healthcare providers to enhance efforts to prevent, diagnose, and treat HIV in the wake of 16 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. The partner services data combined with the information on clusters from surveillance help DSHS to focus HIV 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 or 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 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.

¹³ 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.

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

In 2016, ADAP provided 193,114 prescriptions to a total of 15,512 clients.¹⁵ SPAP and TIAP enabled 133,374 prescriptions to be provided to 2,407 eligible clients (2,145 SPAP and 262 TIAP clients).¹⁶

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 2016, 41,678 clients across the state received RWHAP-funded services.¹⁷

The RWHAP Minority AIDS Initiative (MAI) is a special project with the purpose of providing 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 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 2016, MAI providers enrolled 469 minority PLWH exiting TDCJ facilities or local jails into the Texas HIV Medication Program.¹⁸

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

¹⁵ Texas AIDS Drug Assistance Program, 2016.

¹⁶ State Pharmacy Assistance Program and Texas Insurance Assistance Program, 2016.

¹⁷ AIDS Regional Information & Evaluation System (ARIES) Statistical Analysis Report, Texas Department of State Health Services, 2016.

¹⁸ Texas Department of State Health Services Minority AIDS Initiative Quarterly Reports, 2016.

and supportive services to income-eligible PLWH and their households. In 2016, 27 HOPWA providers in Texas assisted 835 households.¹⁹

¹⁹ Texas Department of State Health Services, HIV Care Services Group, *Housing Opportunities for Persons with AIDS (HOPWA) 2016 Consolidated Annual Performance and Evaluation Report (CAPER)*, 2016.

4. Quality & Cost-Effectiveness of DSHS HIV Services

DSHS-funded targeted testing and partner services programs have been evaluated and are shown to be cost-effective. To be considered cost-effective, these programs must focus on persons at very high risk for HIV infection, and demonstrate a diagnosis rate higher than in the general population. Table 1 (below) shows that the 2016 diagnosis rate for the general population in Texas was less than 1 (0.16) diagnosis per every 1,000 Texans.²⁰ The diagnoses rate for targeted testing programs was 10.4 diagnosis per 1,000, 65 times higher than that of the general population, and 97.8 diagnoses per 1,000, a rate more than 600 times higher than that of the general population.

Routine screening programs test all clients presenting at certain facilities are considered to be cost-effective when they identify one positive person for every 1,000 tests performed.²¹ Table 1 shows that routine testing resulted in 1.7 diagnoses per 1,000, a rate 11 times higher than that of the general population.

Table 1. HIV Infection Diagnosis Rates for Texas, 2016

Testing	Diagnosis Rate	Times Higher Than General Population
General Population	0.16	--
Routine Screening	1.7	11 times
Targeted Testing	10.4	65 times
Partner Services	97.8	611 times

Another measure of quality and cost-effectiveness is the linkage rate, which measures how many persons with positive results enter HIV-related care within

²⁰ Texas enhanced HIV AIDS Surveillance System (eHARS), 2016.

²¹ 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, 2017.

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 2016, DSHS-funded targeted testing and routine screening programs achieved linkage rates of 79 percent²² and 87 percent,²³ respectively.

HIV outpatient and support services are evaluated by measuring the levels of viral suppression in clients. These programs treat clients who are low-income and uninsured, populations with historically poor health outcomes.²⁴ Cost-effective programs should show viral suppression levels to be as high as, or higher than, the general population's.

Table 2 (below) shows that viral load suppression rates among clients of DSHS-funded programs were equal to or exceeded the rate in the general population.²⁵

Table 2. Viral Suppression Rates for Texans in Care, 2016

Program	Viral Load
General Population	77%
Outpatient HIV Care and Support Services	77%
Texas HIV Medication Program	82%
Housing Opportunities for People with AIDS	79%

²² Texas Department of State Health Services Targeted Testing Data and eHARS, 2016.

²³ Texas Department of State Health Services Routine Testing Data and eHARS, 2016

²⁴ 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 31, 2017.

²⁵ 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

DSHS-funded programs have demonstrated progress in reducing the number of undiagnosed HIV infections, linking PLWH to treatment and care, and suppressing viral loads, all of which have contributed to stabilizing the number of new diagnoses in Texas. With ongoing efforts, it can be expected that there will be decreases in both the incidence of HIV and new diagnoses over time. Maintaining the progress achieved over the past decade is critical, not only for saving and improving the lives of Texans, but also for reducing the financial impact of HIV.