



2019 Texas HIV Program Annual Report

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



TEXAS
Health and Human
Services

Texas Department of
State Health Services

February, 2021

Table of Contents

Executive Summary	2
1. Introduction	4
2. Background	5
3. DSHS HIV Services and Initiatives.....	8
Public Information and Targeted Social Marketing	8
Routine HIV Screening in Medical Settings	9
Focused HIV Testing and Linkage to Medical Care	9
Partner Services for HIV	10
Focused Behavior Change Interventions	10
Pre-Exposure Prophylaxis for HIV	11
Texas HIV Medication Program	11
Outpatient HIV Medical and Support Services	12
Housing Opportunities for Persons with AIDS	12
4. Quality & Cost-Effectiveness of DSHS HIV Services	14
Conclusion	16
List of Acronyms	17

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, 2019.

At the end of 2019, 97,844 Texans were living with diagnosed HIV, an increase of 15 percent over the past 5 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 with new diagnoses – about 4,400 – has remained constant for a decade.

During 2019, 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 medication and filled gaps in critical medical and support services. DSHS worked with local health departments and regional health offices to reach the partners of people recently diagnosed with HIV and syphilis to offer testing, counseling, and treatment access.

The initiatives' quality and cost-effectiveness 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

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.

¹ Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV, Accessed January 25, 2021.

- **Routine HIV Screening in Medical Settings** – 13 service providers performed 230,846 HIV tests, identifying 311 people with new HIV diagnoses.
- **Focused HIV Testing and Linkage to Medical Care** — 30 service providers performed 54,228 tests, identifying 355 people with new HIV diagnoses.
- **Partner Services for HIV** – Disease intervention specialists at local and regional health departments performed 1,014 tests for sex and needle-sharing partners of people newly diagnosed with HIV or syphilis, identifying 130 people with new HIV diagnoses.
- **Focused Behavior Change Interventions** – 395,376 clients participated in individual, group, and community level activities focused on groups most vulnerable to HIV.
- **Pre-Exposure Prophylaxis (PrEP) for HIV** – DSHS-funded programs facilitated access to at least one PrEP prescription for 1,054 clients.
- **Texas HIV Medication Program** – This program provided 288,817 prescriptions for life-extending drugs to 21,357 clients, serving 1 out of 5 people living with diagnosed HIV in Texas. The viral suppression rate for these clients was 84 percent compared to 79 percent for all Texans in HIV-related medical care.
- **Outpatient HIV Medical and Support Services** – Community-based programs served 40,770 clients across the state, serving 2 out of 5 Texans living with diagnosed HIV. The viral suppression rate for clients receiving DSHS-funded medical care was 83 percent compared to 79 percent for all Texans in HIV-related medical care.
- **Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome** – DSHS programs provided 1,062 households with housing and supportive services in February through October 2019. The viral suppression rate for clients receiving these services was 83 percent compared to 79 percent for all Texans in HIV-related medical care.

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, 2019.

- 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 Acquired Immunodeficiency Syndrome

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 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 2019, 97,844 Texans were living with diagnosed HIV, an increase of 15 percent over the past 5 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 – about 4,400 – has been stable for the past decade.

Reducing the number of Texans who acquire HIV every year requires action on the four pillars 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.² DSHS estimates that about two-fifths of the HIV transmissions in Texas each year are associated with people who do not know their HIV status.³ DSHS estimates that 86 percent of all Texans living with HIV in 2019 knew their status; however, this means that about 16,000 to 17,000 Texans living with HIV were unaware of their status.⁴ The DSHS goal is for 90 percent of people living with HIV to know their status by 2030.⁵

² Sardinia, J. 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.

³ Estimate from DSHS using models provided by the CDC.

⁴ Estimate from DSHS using models provided by the CDC.

⁵ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* achievingtogethertx.org/. Accessed May 12, 2020.

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 through partner services (contact tracing).

In 2019, DSHS-funded providers in these three strategies collectively diagnosed 796 people, which is about one-fifth of all people diagnosed in 2019.

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

Once a person is diagnosed with HIV, treatment must be lifelong. In 2019, DSHS estimates that 7 out of 10 Texans living with diagnosed HIV were in continuous HIV-related medical care.⁶ About 86 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.⁷ DSHS goals are for 90 percent of Texans with diagnosed HIV to be in continuous treatment and 90 percent of people in continuous treatment to have suppressed viral loads by 2030.⁸

To increase the number of Texans receiving HIV treatment, DSHS administers the Texas HIV Medication Program (THMP). The THMP provides medication and insurance assistance to over 21,000 eligible Texans each year. 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.

⁶ Estimate from DSHS using models provided by the CDC.

⁷ 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.

⁸ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* achievingtogethertx.org/. Accessed May 12, 2020.

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 4,600, but the goal is to cut this number in half by 2030.^{9,10} 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), which is a daily medicine that prevents HIV. Since the estimated lifetime cost to the health care system for someone diagnosed with HIV in Texas in 2019 was around \$386,000, prevention is essential to improving Texans' health and reducing the overall financial impact of HIV.¹¹

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 contact tracing to provide testing and linkage to care to the sex and needle-sharing partners of newly diagnosed people.

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.

⁹ There is usually a gap of several years between the time someone acquires HIV and when they get a diagnosis. Therefore, the estimated number of people acquiring HIV in Texas each year (about 4,600) is different from the number of people who are diagnosed each year (about 4,400). The estimate of the number of new acquisitions was made by DSHS using models created by the CDC.

¹⁰ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* achievingtogethertx.org/. Accessed May 12, 2020.

¹¹ 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):183–189. Costs are adjusted to fit the profile of newly diagnosed Texans in 2019 and for inflation.

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, 2019. These services can be separated into nine categories:

- Public information and targeted social marketing,
- Routine Human Immunodeficiency Virus (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, and
- Housing opportunities for persons with acquired immunodeficiency syndrome (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 in Dallas, San Antonio, and the Rio Grande Valley. The messages centered on HIV treatment options and pre-exposure prophylaxis (PrEP). Digital placements during 2019 yielded about 7 million impressions reaching 2.3 million people. The digital placements resulted in about 1 million video views; 49,100 clicks to online resources; and 2,779 social media engagements.¹²

¹² *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.

DSHS also coordinated with *Greater Than AIDS* staff and local HIV service organizations to provide free HIV testing and information at 41 Texas Walgreens stores on National HIV Testing Day (June 27, 2019). Sponsored social-media posts promoting the event generated about 1.6 million impressions reaching 617,700 people and resulted in 12,000 clicks to online resources and 2,300 social engagements.¹³

Routine HIV Screening in Medical Settings

In 2019, DSHS funded 13 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 six hospital systems, five community-health centers/primary care providers, one teen-health clinic, and one jail-health program. 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 2019, screening providers performed 230,846 HIV tests, and from these tests, 1,639 patients tested positive for HIV. However, four-fifths of the patients who tested positive had been previously diagnosed elsewhere. This is typical of routine screening programs. About two-thirds of the previously diagnosed patients were in HIV care at the time of their routine test, but 427 were not, and testing-agency staff helped 179 (42 percent) of these patients return to care within 90 days.

DSHS verified that 311 out of the 1,639 patients who tested positive were newly diagnosed. Of those newly diagnosed, 66 percent were linked to HIV medical care within a month of their diagnosis and 79 percent within 3 months.¹⁴

Focused HIV Testing and Linkage to Medical Care

Focused testing programs provide HIV testing and health education to people at high 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 provide testing services in correctional facilities and

¹³ DSHS Focused Behavior Change Intervention Program Data, 2019.

¹⁴ DSHS Routine Screening Data and Texas Enhanced HIV/AIDS Reporting System (eHARS), 2019.

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 are designed to identify a greater number of people with new HIV diagnoses and help them enter care.

In 2019, the 30 service providers with focus testing programs included 15 community-based organizations, 11 local health departments (LHDs), 2 universities, and 2 federally qualified health centers. These providers performed 54,228 tests, of which 583 clients tested positive for HIV. Some of these clients had been previously diagnosed elsewhere. DSHS verified that 355 of the clients with positive test results were newly diagnosed. Of the persons with new diagnoses, 64 percent were linked to HIV-related medical care within a month of their diagnosis, and 78 percent were linked within 3 months.¹⁵

About 70 percent of the previously diagnosed clients had no HIV care in the previous year. Testing-program staff helped 80 percent of these clients (127) return to HIV care within 90 days.

Partner Services for HIV

Partner services programs address two pillars of the federal *Ending the HIV Epidemic* initiative: 1) diagnosing all people living with HIV and 2) 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 information for contact tracing so that sex/needle-sharing partners can receive testing, treatment, and counseling.

In 2019, DIS at the local and regional programs interviewed 2,289 people with newly diagnosed HIV or syphilis, which led to 1,014 sex/needle-sharing partners receiving counseling and testing for HIV and other STDs. This work resulted in 130 people receiving a new diagnosis of HIV infection.¹⁶

Focused Behavior Change Interventions

DSHS funds seven community-based organizations, one university, three LHDs, and two federally qualified health centers to use evidence-based approaches to provide

¹⁵ DSHS Focused Testing and Linkage to Medical Care Program Data and Texas Enhanced HIV/AIDS Reporting System (eHARS), 2019.

¹⁶ TB, HIV, STD Integrated System, 2019.

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 2019, 395,376 clients participated in focused behavior change interventions. Of these clients, 394,823 people engaged in community-level interventions; 290 clients completed small-group behavior change programs; and 263 clients enrolled in individual-level programs to improve participation in HIV-related treatment.¹⁷

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 more than 90 percent.¹⁸ In 2019, DSHS funded three LHDs, two community-based organizations, and a hospital district 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 2019, DSHS-funded programs facilitated access to at least one PrEP prescription for 1,054 clients.¹⁹

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 2019, these three programs provided 288,817 prescriptions for life-extending drugs, serving about one in five people living with diagnosed HIV in Texas. The

¹⁷ DSHS Focused Behavior Change Intervention Program Data, 2019.

¹⁸ PrEP. [cdc.gov/hiv/basics/prep.html](https://www.cdc.gov/hiv/basics/prep.html). Accessed September 13, 2019.

¹⁹ DSHS PrEP Program Data, 2019.

ADAP provided 171,810 prescriptions to 18,854 clients.²⁰ The SPAP and TIAP provided 117,007 prescriptions to 2,200 SPAP and 539 TIAP clients.²¹

In 2019, the THMP provided 174 clients co-infected with HIV and the hepatitis C virus (HCV) with HCV treatment medications. Current treatments usually involve 8–12 weeks of medication and cure over 90 percent of people with few side effects.²²

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, and behavioral health and substance abuse treatment. Funds may also be used for eligible supportive services such as transportation, housing, and medical case management. In 2019, 40,770 clients across the state received DSHS-funded services.²³

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 2019, MAI providers enrolled 611 people into the THMP.²⁴

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.

²⁰ Texas AIDS Drug Assistance Program Data, 2019.

²¹ SPAP and TIAP Program Data, 2019.

²² Hepatitis C Questions and Answers for Health Professionals. [cdc.gov/hepatitis/hcv/hcvfaq.htm](https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm). Accessed September 13, 2019.

²³ AIDS Regional Information & Evaluation System Statistical Analysis Report, 2019.

²⁴ DSHS Minority AIDS Initiative Quarterly Reports, 2019.

Between February and October 2019, 29 providers funded by the HOPWA program assisted 1,062 households.²⁵

²⁵ *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 patients presenting at a health care facility and are cost-effective when there is at least 1 positive test for every 1,000 tests performed.²⁶ The screening programs funded by the Department of State Health Services (DSHS) found 7.1 patients with positive test results for every 1,000 tests conducted, a rate more than 7 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.²⁷ To be considered cost-effective, programs must demonstrate a diagnosis rate higher than in the general population. The 2019 HIV diagnosis rate for Texas's general population was 0.15 diagnoses for every 1,000 Texans.²⁸ Table 1 shows that the diagnosis rates for DSHS-funded programs were 9 to 884 times higher than the general population rate.²⁹

Table 1. HIV Infection Diagnosis Rates for Texas per 1,000 People for DSHS-Funded Testing Programs, 2019

Testing	Diagnosis Rate per 1,000 Texans	Times Higher Than General Population
General Population	0.15	--
Routine Screening	1.3	9.3 times
Focused Testing	6.5	45.1 times
Partner Services	128.2	884.2 times

²⁶ U.S. Preventive Services Task Force. Final recommendations statement on Human Immunodeficiency Virus (HIV) infection: screening. Accessed May 12, 2020.

²⁷ A diagnosis rate shows the number of clients who are newly diagnosed by the testing program and does not include clients who were previously diagnosed.

²⁸ Texas Enhanced HIV/AIDS Reporting System (eHARS), 2019.

²⁹ Information on diagnosis rates in the testing programs and partner services were drawn from program data sources. The diagnosis rate in the general population was drawn from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2019.

Another measure of the quality and cost-effectiveness of testing programs is the linkage rate, which measures how many newly diagnosed clients 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 2019, DSHS-funded focused testing and routine screening programs achieved linkage rates of 78 percent and 79 percent, respectively.³⁰ These programs also helped to return to care those clients who were previously diagnosed but not in HIV treatment. In 2019, these programs helped 306 Texans return to treatment.

HIV outpatient and support services are evaluated by measuring viral suppression levels in clients. The DSHS programs serve clients who are low income and uninsured or under insured, groups with historically poor health outcomes. The clients are also predominantly racial and ethnic minorities, groups with long-standing health disparities.³¹ Clients in cost-effective programs should have viral suppression levels at least as high as the general population rate. Table 2 shows that viral load suppression rates among clients of DSHS-funded programs exceeded the general population rate.³²

Table 2. Viral Suppression Rates for Texans in HIV-Related Medical Care, 2019

Program	Viral Load Suppression Rate
General Population	79
Outpatient HIV Treatment Services	83
Texas HIV Medication Program	84
Housing Opportunities for People with AIDS	83

³⁰ DSHS Focused Testing and Routine Data and eHARS, 2019.

³¹ [NCHHSTP Social Determinants of Health](#). Centers for Disease Control and Prevention. Accessed May 12, 2020.

³²Information 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), 2019.

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
- Increasing 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, decreasing the number of people who acquire HIV every year is possible. To save and improve Texans' lives and reduce the financial impact of HIV, it is imperative that the state maintain and 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