



2018 Texas HIV Annual Report

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



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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, 2018.

At the end of 2018, 94,106 Texans were known to be living with HIV, an increase of 16 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 new diagnoses has remained constant for a decade at about 4,500.

During 2018, 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 those most vulnerable to the virus. DSHS-funded prevention programs and initiatives reduced the number of Texans living with undiagnosed infections and made it easier for Texans to get HIV pre-exposure prophylaxis – a daily pill that prevents HIV. HIV treatment and care services supported 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 those recently diagnosed with HIV and syphilis to offer testing and used molecular surveillance to increase the effectiveness of partner services.

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. People with suppressed viral loads are healthier and have virtually no chance of sexually transmitting HIV to others.¹

This report provides summaries and analyses of the type, level, quality, and cost-effectiveness of the HIV services provided by DSHS in 2018.

¹ People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partner. <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>. Accessed October 22, 2019.

- **Public Information and Targeted Social Marketing** – DSHS funded a public information campaign intended to reach specific audiences under the “Greater Than AIDS” brand.
- **Routine HIV Screening in Medical Settings** – 13 service providers performed 227,983 HIV tests, identifying 293 people with new HIV diagnoses.
- **Focused HIV Testing and Linkage to Medical Care** – 30 service providers performed 51,952 tests, identifying 391 people with new HIV diagnoses.
- **Partner Services for HIV** – Disease intervention specialists at local and regional health departments performed 1,496 tests for sex and needle-sharing partners of persons newly diagnosed with HIV and/or syphilis, identifying 177 people with new HIV diagnoses.
- **Targeted Behavior Change Interventions** – 22,786 clients participated in targeted behavior change interventions.
- **Pre-Exposure Prophylaxis (PrEP) for HIV** – DSHS-funded programs facilitated access to at least one PrEP prescription for 1,702 clients.
- **Texas HIV Medication Program** – This program provided 302,337 prescriptions for life-extending drugs to 21,244 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 79 percent for all Texans in HIV-related medical care.
- **Outpatient HIV Medical and Support Services** – 37,655 clients across the state received these services. The viral suppression rate for clients receiving DSHS-funded medical care was 82 percent compared to 79 for all Texans in HIV-related medical care.
- **Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome** – 29 providers assisted 1,255 households with housing and supportive services. The viral suppression rate for clients receiving these services was 81 percent compared to 79 percent for all Texans in HIV-related medical care.

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, 2018:

- Public Information and Targeted Social Marketing
- Routine HIV Screening in Medical Settings
- Focused HIV Testing and Linkage to Medical Care
- Partner Services for HIV
- Targeted 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) emphasizes activities that prevent HIV acquisition, increase early diagnosis, and promote participation in treatment. The program was established in 1991 and is housed in the Tuberculosis (TB)/HIV/STD Section in the Division for Laboratory and Infectious Disease Services. Program appropriations come from the Texas Legislature and 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.

At the end of 2018, 94,106 Texans were known to be living with HIV, an increase of 16 percent over the past five years. The increase is primarily due to longer life expectancy because of HIV treatment rather than increases in the number of Texans with new diagnoses. The annual number of Texans with new HIV diagnoses has been stable for the past decade, with 4,520 new diagnoses in 2018.

Reducing the number of Texans with new HIV infections requires action on the four pillars outlined in the President's [Ending the HIV Epidemic](#) initiative. The four pillars are shown below, along with 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 an HIV infection for years before being diagnosed, but if they are not aware of their infections, they cannot receive the life-extending treatment they need. They also have the greatest likelihood of transmitting the virus to others.² DSHS estimates that about half of HIV transmissions in Texas each year come from people who are not aware of their HIV infections.³ DSHS estimates that 85 percent of all Texans living with HIV in 2018 were aware of their status, but

² 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.

³ Estimate from Texas Department of State Health Services using models published by U.S. Centers for Disease Control and Prevention.

almost 17,000 Texans were not.⁴ The DSHS goal is for 90 percent of people living with HIV to be aware of their status by 2030.⁵

DSHS uses a three-pronged approach to reduce the number of Texans living with undiagnosed HIV:

- Offering community-based testing focused on persons at high risk
- Helping emergency departments and primary care clinics integrate HIV testing into their routine patient care
- Offering testing to the partners of people recently diagnosed with HIV or syphilis through partner services.

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 2018, DSHS estimates that about seven out of 10 Texans living with a diagnosed HIV infection were in HIV-related medical care.⁶ Of those in continuous care, about 86 percent had a suppressed viral load, meaning that they had a very low level of HIV in their body. 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 the virus to others.⁷ The DSHS goals are for 90 percent of Texans with diagnosed HIV to be in continuous treatment, and for 90 percent of people on treatment to have suppressed viral loads by 2030.⁸

For people living with HIV (PLWH), DSHS administers the Texas HIV Medication Program, which provides medication and insurance assistance to more than 21,000 eligible Texans each year. DSHS also works with partner agencies to provide HIV-related outpatient treatment and supportive services for more than 37,000 low-income Texans. These services fill gaps in local treatment systems, including treatment for behavioral health conditions and substance abuse. DSHS also funds

⁴ Estimate from Texas Department of State Health Services using models published by U.S. Centers for Disease Control and Prevention (CDC).

⁵ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. <https://achievingtogethertx.org/>. Accessed September 13, 2019.

⁶ Estimate from Texas Department of State Health Services using models published by U.S. Centers for Disease Control and Prevention (CDC).

⁷ RW Eisinger, CW Dieffenbach, AS Fauci. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *Journal of the American Medical Association*. 2019; (5):451-452.

⁸ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. <https://achievingtogethertx.org/>. Accessed September 13, 2019.

medical case management to promote participation in care and adherence to treatment and support services such as transportation and housing.

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 new infections. The estimated number of new infections in Texas has been stable at about 4,500 per year,⁹ but the goal is to cut this number in half by 2030.¹⁰ DSHS funds partner agencies to provide a variety of HIV prevention programs. Prevention activities include providing one-on-one and group interventions to reduce behavioral risk as well as helping Texans at high risk for HIV access pre-exposure prophylaxis (PrEP) to prevent them from acquiring HIV and to assure they use PrEP effectively. Since the estimated lifetime cost to the health care system for someone diagnosed with HIV in Texas in 2018 was around \$392,173,¹¹ prevention is essential to improving the health of Texans and reducing the overall financial impact of the disease.

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 in public health regions are the front line in responding to reports of people with new HIV diagnoses, offering them assistance with linkage to treatment, and providing testing and counseling to their partners. DIS recently began using molecular surveillance to help direct their outreach activities. These data provide vital information to DIS to assure that people at highest risk of transmitting or acquiring HIV get the prevention and treatment services they need.

In addition to these services, DSHS conducts public education and awareness activities and 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 to evaluate the impact of funded services.

⁹ Estimate from Texas Department of State Health Services using models published by CDC.

¹⁰ *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. <https://achievingtogethertx.org/>. Accessed September 13, 2019.

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. *Journal of Acquired Immunodeficiency Deficiency Syndrome*. 2013(64):183–189. Costs are adjusted to fit the profile of newly diagnosed Texans in 2018 and for inflation.

3. DSHS HIV Services and Initiatives

Public Information and Targeted Social Marketing

The Texas Department of State Health Services (DSHS) funds public information campaigns intended to reach specific audiences who experience disproportionate rates of Human Immunodeficiency Virus (HIV) under the “Greater Than AIDS” brand developed and managed by the Henry J. Kaiser Family Foundation. A summary of public information activities conducted through the partnership is as follows:

- Multiple paid placements on digital media platforms to reach men who have sex with men in Dallas, San Antonio, and the Rio Grande Valley with messages about treatment options for people living with HIV (PLWH) and about pre-exposure prophylaxis (PrEP) for people at high risk of acquiring HIV. Digital placements during 2018 yielded approximately 14.4 million impressions reaching 2.3 million people. The digital placements resulted in approximately 2.2 million video views, 143,900 clicks to online resources, and 9,900 social media engagements.¹²
- Outdoor billboard and transit placements promoting PrEP in San Antonio and Dallas that generated approximately 35.4 million impressions.¹³
- Coordination of a National HIV Testing Day outreach event with DSHS and local AIDS service organizations to provide free HIV testing and information at 31 Walgreens stores in Texas on June 27, 2018. Sponsored social media posts promoting the event generated approximately 2.8 million impressions reaching

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 since one person can hear or see multiple impressions. Reach may include duplicate people 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.

¹³ **Impressions for outdoor ads** are estimated as the total number of times people are likely to notice an ad on an out-of-home display. Audience measurement is based on: circulation, demographics, geo-positioning of the out-of-home unit, contact zone, speed data, dwell time, standard ad noting, and, as applicable, number of digital ads, opportunity to see a digital ad, and digital spot noting.

775,400 persons and resulted in 12,100 clicks to online resources, and 1,750 social engagements.¹⁴

- Production of 12 two-minute videos of PLWH discussing treatment as part of the “Let’s Talk About HIV Treatment!” campaign for paid digital media placement in 2019.
- Production of 13,500 PrEP informational palm cards for distribution by agencies contracting with DSHS to distribute condoms by mail throughout Texas.

Routine HIV Screening in Medical Settings

In 2018, DSHS funded 13 health care facilities in Texas counties with the greatest number of PLWH to provide routine HIV screening to their patients. These facilities included five hospital emergency departments, five community health centers, one teen health clinic, and one jail health program. These programs test all consenting people receiving care rather than only people at higher risk. Because of this, routine HIV screening programs are expected to have a high volume of tests, but a lower number of people with new diagnoses than programs that focus on people with a high risk of acquiring HIV.

In 2018, screening providers performed 227,983 HIV tests, with 1,536 patients testing positive for HIV. Most of the positive tests came from patients who had been previously diagnosed elsewhere. This is typical of routine screening programs. DSHS verified that 293 patients were newly diagnosed. Of those newly diagnosed, 61 percent were linked to HIV medical care within one month of their diagnosis, and 70 percent within three months.¹⁵

Most previously diagnosed patients were in HIV care at the time of the test, but 364 were not in HIV care in the 12 months prior to their test. Staff at contracting agencies helped 195 patients return to care within 90 days.

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 as well as places and times that are convenient to their clients, such as nightclubs, barbershops, or

¹⁴ DSHS Targeted Behavior Change Intervention Data, 2018.

¹⁵ DSHS Routine Testing Data and Texas Enhanced HIV/AIDS Reporting System (eHARS), 2018.

other gathering places. Many programs provide testing services in places such as correctional facilities and substance abuse treatment centers. Focused testing programs typically have a lower volume of tests than routine screening programs, but they are designed to identify a greater number of people with new HIV diagnoses and help them enter care.

In 2018, 30 service providers, including 15 community-based organizations, 11 local health departments (LHDs), two universities, and two federally qualified health centers, performed 51,952 tests, with 658 clients testing positive for HIV. Some of these clients were previously diagnosed elsewhere. DSHS verified that 391 of the clients with positive test results were newly diagnosed. Of the persons with new diagnoses, 61 percent were linked to HIV-related medical care within one month of their diagnosis, and 77 percent were linked within three months.¹⁶

About two-thirds of the previously diagnosed clients had been out of HIV medical care for at least one year. Staff at the testing programs helped 108 of these clients 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: diagnosing all PLWH and responding quickly to potential outbreaks of HIV. DSHS funds partner services programs in eight public health regions and eight LHDs. These programs employ disease intervention specialists (DIS) who provide newly diagnosed clients with linkage to treatment and counseling on how to prevent transmitting HIV to others while also obtaining information about sex/needle-sharing partners. DIS use this information to locate and refer partners for examination, treatment, and counseling. In 2018, staff interviewed 3,197 persons with newly diagnosed HIV or syphilis, which led to 1,496 sex/needle-sharing partners getting counseling and testing for HIV and other STDs. This work resulted in 177 persons receiving a new diagnosis of HIV infection.¹⁷

Targeted 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 people with knowledge, skills, and support to reduce their chances of acquiring or

¹⁶ DSHS Targeted Testing Data and eHARS, 2018.

¹⁷ Sexually Transmitted Disease Management Information System, 2018.

transmitting HIV and other STDs. 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 2018, 22,786 clients participated in targeted behavior change interventions, with 21,814 clients engaged in community-level interventions; 635 clients completing small-group behavior change programs; and 337 clients enrolled in intensive, individual-level programs to improve participation in HIV-related treatment.¹⁸

Pre-Exposure Prophylaxis for HIV

People at very high risk for HIV can take 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.¹⁹ In 2018, DSHS funded three LHDs and five community-based organizations to provide PrEP services. This funding provides access to clinical assessments and medical testing needed to confirm the appropriateness of PrEP, as well as supportive services to promote medication adherence and help clients access drugs through their insurance or drug manufacturer patient assistance programs. DSHS funds were not used to purchase PrEP drugs. In 2018, DSHS-funded programs facilitated access to at least one PrEP prescription for 1,702 clients.

Texas HIV Medication Program

The Texas HIV Medication Program (THMP) administered by DSHS uses federal and state funds to improve 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 helps 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 helps with premiums, medication co-payments, and coinsurance for eligible PLWH with private or job-related insurance.

¹⁸ DSHS Targeted Behavior Change Intervention Data, 2018.

¹⁹PrEP. U.S. Centers for Disease Control and Prevention website. <https://www.cdc.gov/hiv/basics/prep.html>. Updated August 23, 2018. Accessed September 13, 2019.

In 2018, ADAP provided 180,711 prescriptions to 18,313 clients.²⁰ SPAP and TIAP enabled 121,626 prescriptions to be provided to 2,922 SPAP and 639 TIAP clients.²¹ Altogether, THMP provided 302,337 prescriptions for life-extending drugs to 21,244 clients, serving one in five persons living with diagnosed HIV infection in Texas.

In 2018, 280 clients co-infected with HIV and the hepatitis C virus (HCV) were provided with medications that treat HCV infection. Current HCV 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 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 low-income uninsured or underinsured Texas residents living with HIV by filling gaps in local systems of comprehensive HIV medical care and support services. In 2018, 37,655 clients across the state received RWHAP-funded services.²³

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 MAI 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 2018, MAI providers enrolled 695 minority PLWH exiting TDCJ facilities or local jails into THMP.²⁴

Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons with AIDS program, funded by the U.S. Department of Housing and Urban Development, provides housing assistance and

²⁰ Texas AIDS Drug Assistance Program, 2018.

²¹ SPAP and TIAP, 2018.

²² Hepatitis C Questions and Answers for Health Professionals. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Updated April 20, 2018. Accessed September 13, 2019.

²³ AIDS Regional Information & Evaluation System Statistical Analysis Report, DSHS, 2018.

²⁴ DSHS Minority AIDS Initiative Quarterly Reports, 2018.

supportive services to income-eligible PLWH and their households. In 2018, 29 providers in Texas assisted 1,255 households.²⁵

²⁵ *Housing Opportunities for Persons with AIDS (HOPWA) 2018 Consolidated Annual Performance and Evaluation Report (CAPER)*, Texas Department of State Health Services, 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 there is one positive test for every 1,000 tests performed.²⁶ The screening programs funded by the Department of State Health Services (DSHS) found 6.7 patients with 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.²⁷ To be considered cost-effective, programs must demonstrate a diagnosis rate higher than in the general population. The 2018 diagnosis rate for the general population in Texas was less than one (0.157) diagnosis per every 1,000 Texans.²⁸ Table 1 shows that the diagnosis rate for DSHS-funded programs were 8.3 to 753.5 times higher than the rate for the general population.

Table 1. HIV Infection Diagnosis Rates for Texas per 1,000 Persons for DSHS-Funded Testing Programs, 2018

Testing	Diagnosis Rate per 1,000 Texans	Times Higher Than General Population
General Population	0.157	--
Routine Screening	1.3	8.3 times
Focused Testing	7.5	47.7 times
Partner Services	118.3	753.5 times

²⁶ 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 September 13, 2019.

²⁷ 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.

²⁸ Texas Enhanced HIV AIDS Surveillance System (eHARS), 2018.

Another measure of 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. Persons with timely linkage have an increased chance of achieving viral suppression within the first few months of treatment. In 2018, DSHS-funded focused testing and routine screening programs achieved linkage rates of 77 percent and 70 percent, respectively.²⁹ These programs also helped previously diagnosed clients not in HIV treatment. In 2018, these programs helped 303 Texans return to HIV care.

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.³⁰ Cost-effective programs should show viral suppression levels to be as high as, or higher than, the general population rate.

Table 2 shows that viral load suppression rates among clients of DSHS-funded programs were similar or exceeded the rate in the general population.³¹

Table 2. Viral Suppression Rates for Texans in HIV-Related Medical Care, 2018

Program	Viral Load Suppression Rate
General Population	79%
Outpatient HIV Treatment Services	82%
Texas HIV Medication Program	83%
Housing Opportunities for People with AIDS	81%

²⁹ DSHS Focused Testing and Routine Data and eHARS, 2018.

³⁰ NCHHSTP Social Determinants of Health. U.S. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchhstp/socialdeterminants/index.html>. Updated March 3, 2017. Accessed September 13, 2019.

³¹ Information on viral suppression rates in the program and population was provided by DSHS Unmet Need Project, which annually updates descriptions of participation in treatment and viral suppression for Texans living with HIV.

5. Conclusion

The Human Immunodeficiency Virus (HIV) programs supported by the Texas Department of State Health Services have demonstrated 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, 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 be maintained, not only for saving and improving the lives of Texans, but also for reducing the financial impact of HIV.

List of Acronyms

Acronym	Full Name
ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
CDC	U.S. 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
PLWH	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SPAP	State Pharmaceutical Assistance Program

STD	Sexually Transmitted Disease
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TDCJ	Texas Department of Criminal Justice
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THMP	Texas HIV Medication Program
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TIAP	Texas Insurance Assistance Program
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