



2022 Texas HIV Program Annual Report

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Introduction

[Texas Health and Safety Code Chapter 85](#), known as the Human Immunodeficiency Virus (HIV) Services Act, outlines requirements for HIV services in Texas. The Department of State Health Services (DSHS) HIV/Sexually Transmitted Disease (STD) Program supports prevention, diagnosis, and treatment services. Program funding comes from state appropriations 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 (HUD).

Reducing the number of Texans who acquire HIV every year requires action on the four pillars outlined in the U.S. Department of Health and Human Services multi-agency [Ending the HIV Epidemic](#) initiative.

1. Diagnose all people with HIV as early as possible.
2. Treat the infection rapidly and effectively to achieve sustained viral suppression.
3. Prevent people from acquiring HIV by using proven prevention interventions, including pre-exposure prophylaxis (PrEP).
4. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Highly effective treatments that are currently available lengthen the lifespan of people with HIV. In 2022, 108,486 Texans were living with HIV, an increase of 12 percent over the past five years.¹ This increase is due to the efficacy of treatment rather than an increase in the number of people acquiring HIV each year.² The annual number of Texans newly diagnosed with HIV has remained constant for a decade, at about 4,400. However, in 2022, 4,910 Texans were newly diagnosed with HIV.³

¹ DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).

² [Antiretroviral Therapy Cohort Collaboration. Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies.](#)

³ DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).

The proportion of people in Texas with HIV who are aware of their status increased from 79 percent in 2012 to almost 84 percent in 2021.⁴ People can live with HIV for years before receiving a diagnosis. Delays in diagnosis mean delays in starting life-extending treatment. People with undiagnosed HIV also have a greater chance of transmitting the virus to others.⁵ DSHS estimates those unaware of their HIV status account for roughly 44 percent of HIV transmissions in Texas each year.⁶ In 2022, DSHS-funded providers collectively diagnosed 795 people using the strategies described in this report.

Once diagnosed, a person with HIV must receive lifelong treatment. In 2022, seven out of ten Texans with diagnosed HIV maintained continuous HIV medical care.⁷ About 87 percent of people in continuous care had a suppressed viral load, meaning they had extremely low levels of HIV in their bodies. People who have a suppressed HIV viral load cannot transmit HIV sexually.⁸

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 PrEP.

⁴ DSHS (2022). [Unpublished results of an analysis of progress towards HIV testing and treatment goals for Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

⁵ 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).

⁶ DSHS (2022). [Unpublished results of an analysis of 2021 progress towards HIV testing and treatment goals for Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

⁷ DSHS Texas Unmet Need Project, 2021.

⁸ U.S. Centers for Disease Control and Prevention (2020). *Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*. Accessed October 3, 2022. Accessible at [Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV Transmission | HIV Risk and Prevention | HIV/AIDS | CDC](https://www.cdc.gov/hiv/risk-prevention/hiv-aids/evidence-hiv-treatment-viral-suppression-preventing-sexual-transmission-hiv-transmission-hiv-risk-prevention-hiv-aids-cdc).

DSHS HIV Services

This report covers the following services provided or funded by DSHS from January 1 to December 31, 2022:

- 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
- PrEP for HIV
- Texas HIV Medication Program (THMP)
- Outpatient HIV Medical and Support Services
- 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. The campaign is part of the Greater Than HIV brand managed by the Henry J. Kaiser Family Foundation (KFF). In 2022, the campaign made placements on digital media platforms to reach groups at higher risk of HIV infection. The campaign focused on zip codes in Dallas and San Antonio with larger populations of people with diagnosed HIV. The messages were in English and Spanish and centered on HIV treatment and prevention options, and available low-cost treatment services.

The cumulative results of the media campaign in 2022 included more than 74.9 million impressions, resulting in more than 3.7 million views and 401,300 clicks to online informal resources.

- Campaign messages focused on STDs, including Texas Gets Tested, had more than 30 million impressions. This resulted in more than one million video views and more than 175,100 clicks to online informational resources.

- More than 202,300 Google Search Ad impressions resulted in more than 18,600 clicks to online informational resources.⁹

KFF coordinated with DSHS, local health departments (LHDs), and AIDS service organizations to provide free HIV testing and information at 29 pharmacies across the state on National HIV Testing Day.

Routine HIV Screening in Medical Settings

Routine screening programs test people receiving care at the facility rather than only those at higher risk for HIV. Because of this, routine screening programs have a higher volume of tests, but a lower number of people with new diagnoses compared to testing programs focusing on people with a higher risk for HIV.

In 2022, DSHS funded nine healthcare facilities to provide routine HIV screening (five hospital systems, three community health providers or primary care providers, and one teen health clinic). These facilities serve communities with higher numbers of people with HIV. Screening providers performed 190,036 HIV tests, with 1,227 clients testing positive for HIV. DSHS verified 284 clients had new diagnoses. Providers linked approximately 70 percent of these newly diagnosed clients to HIV treatment within 30 days.

Of the 1,227 clients who tested positive for HIV, 943 were previously diagnosed elsewhere, typical of routine screening programs. Of the 943 previously diagnosed clients, 364 had no evidence of HIV treatment in the past year. Of those clients not in treatment, providers linked or returned 61 percent to care within 30 days of their routine screening test and 69 percent within 90 days of their test.¹⁰

⁹ 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.

¹⁰ DSHS staff match testing program data to HIV surveillance data. These matched data allow the program to determine if a testing program client was previously diagnosed. It also allows the staff to determine if previously diagnosed clients were in HIV related medical care. The matched data can also be used to determine if and when people were linked or returned to HIV related care.

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 other 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 larger number of people with new HIV diagnoses and help them enter care.

In 2022, the 34 service providers with focused testing programs included 18 community-based organizations, 12 LHDs, two federally qualified health centers, one university, and one health system. These providers performed 65,087 tests, and 774 clients tested positive for HIV. DSHS confirmed that 432 of the clients with positive test results were newly diagnosed. Providers linked 86 percent of those newly diagnosed to HIV-related medical care within 30 days of their diagnosis.

Of the 774 clients who tested positive for HIV, 342 were previously diagnosed. About 69 percent of those received no HIV care in the previous year. Staff helped link or return 69 percent to HIV care within 30 days and 80 percent return to care within 90 days.

Partner Services for HIV

DSHS funded partner services programs in eight Public Health Regions and 14 LHDs in 2022. Disease intervention specialists (DIS) provided newly diagnosed clients with education and linkage to treatment. They elicited sexual and needle-sharing partners' contact information, facilitating access to testing, counseling, and prevention and treatment.

In 2022, DIS interviewed 2,599 people with newly diagnosed HIV. This led to 534 sexual or needle-sharing partners receiving testing for HIV and other STDs. This work resulted in 79 partners receiving a new diagnosis of HIV infection.

Focused Behavior Change Interventions

DSHS funded ten community-based organizations, one university, and two LHDs to use CDC's evidence-based interventions 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, DSHS supported community-level interventions using peers to build supportive communities and fight HIV stigma.

In 2022, 671,461 clients participated in evidence-based behavior change interventions:¹¹

- 670,994 engaged in community-level interventions,
- 417 completed small group behavior change programs, and
- 50 enrolled in individual-level programs to improve participation in HIV-related treatment.

Pre-Exposure Prophylaxis for HIV

People at high risk for HIV can take PrEP medicines daily, lowering their chances of acquiring HIV by up to 99 percent, depending on their risk behavior.¹² In 2022, DSHS funded three LHDs, and six community-based organizations, to provide PrEP services. This funding provided access to clinical assessments and medical testing to confirm the appropriateness of PrEP and promoted adherence and access to medications through insurance or patient assistance programs. DSHS funds were not used to purchase PrEP drugs.

Texas HIV Medication Program

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

¹¹ Gamarel KE, King WM, Operario D. Behavioral and social interventions to promote optimal HIV prevention and care continua outcomes in the United States. *Curr Opin HIV AIDS*. 2022 Mar 1;17(2):65-71. Accessed October 2, 2023. Accessible at: [Behavioral and social interventions to promote optimal HIV prevention and care continua outcomes in the United States - PMC \(nih.gov\)](#)

¹² 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 October 3, 2023. Accessible at [cdc.gov/hiv/risk/estimates/preventionstrategies.html](https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html).

Program (TIAP) helps with deductibles and copays for eligible clients with private or job-related insurance costs.

These programs provided 207,422 prescriptions for life-extending drugs, serving about one-sixth of the people with diagnosed HIV in Texas. ADAP provided 129,912 prescriptions to 18,545 clients. SPAP and TIAP provided 77,510 prescriptions to 1,773 SPAP and 200 TIAP clients.

Outpatient HIV Medical and Support Services

DSHS receives state and federal funds to provide HIV medical and supportive services to low income, uninsured, and underinsured Texas residents. The federal government awards funds to DSHS through the Ryan White HIV/AIDS Program (RWHAP). DSHS awards funds to six administrative agencies across the state.

Administrative agencies competitively award funds to providers to fill gaps in local HIV treatment and supportive care systems. The eligible services include a variety of outpatient clinical services, such as primary care, specialty care, behavioral health and substance abuse treatment, and medical case management. Providers may also use funds for transportation, housing, non-medical case management, and other supportive services. In 2022, 46,823 clients across Texas received HIV-related services.

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 leaving jails and Texas Department of Criminal Justice facilities to THMP and local service providers. MAI providers enrolled 243 people in THMP.

Housing Opportunities for Persons with AIDS

HUD funds the Housing Opportunities for Persons with AIDS (HOPWA) program. The program provides housing assistance and supportive services to clients and their households. There were 28 providers funded by the HOPWA program that assisted 1,131 households between September 2021 and August 2022.

Quality and Cost-Effectiveness of DSHS HIV Services

Preventing the spread of HIV saves and improves the quality of Texas lives, as well as reduces healthcare costs. To be cost-effective, testing programs must demonstrate a diagnosis rate higher than the general population. The 2022 HIV diagnosis rate for the general population was 0.16 newly diagnosed people for every 1,000 Texans.¹³ Testing is cost-effective when diagnosing at least one individual for every 1,000 tests performed.¹⁴

Table 1 shows that 2022 diagnosis rates for DSHS-funded programs were 9.3 to 924.6 times higher than the general population rate for 2022.

Table 1. 2022 HIV Infection Diagnosis Rates per 1,000 People for DSHS Funded Testing Programs Compared to the 2022 General Population Diagnosis Rate

	Diagnosis Rate per 1,000 People	Times Higher Than General Population
General Population	0.16	
Routine Screening	1.50	9.3 times
Focused Testing	6.60	41.3 times
Partner Services	147.90	924.6 times

Linkage rate measures the percentage of newly diagnosed clients who enter HIV-related care within 30 days of their diagnosis. People with timely linkage have a better chance of achieving viral suppression within the first few months of

¹³ The 2022 diagnosis rate was calculated from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2023 and the US Census website total Texas population for 2022. Accessible at [census.gov/quickfacts/fact/table/TX,US/PST045222](https://www.census.gov/quickfacts/fact/table/TX,US/PST045222).

¹⁴ U.S. Preventive Services Task Force. Final recommendations statement on Human Immunodeficiency Virus (HIV) infection: Screening. Accessed September 26, 2023. Accessible at [uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening](https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening).

treatment. In 2022, DSHS-funded focused testing achieved a linkage rate of 86 percent. The linkage rate for routine screening programs was 70 percent.¹⁵

Testing programs also helped previously diagnosed clients who had fallen out of treatment or who have never received treatment be linked to or returned to care. In 2022, these programs helped 441 Texans return to treatment within 90 days of their contact with the testing program.

DSHS evaluates HIV outpatient and support services by measuring viral suppression levels in clients. Clients in cost-effective programs should have viral suppression levels at least as high as the rate for people with diagnosed HIV who are in HIV-related care.

Table 2 shows the viral load suppression rates among clients of DSHS-funded programs.

Table 2. Viral Suppression Rates for Texans Served by DSHS in HIV Related Medical Care, 2022

Population Group	Viral Load Suppression Rate
Texans in HIV-Related Care from Any Source (serves as a comparison)	77%
DSHS Funded Outpatient HIV Treatment Services Clients	80%
Texas HIV Medication Program Clients	74%
Housing Opportunities for People with AIDS	81%

¹⁵ DSHS Focused Testing and Routine Data and eHARS, 2022.

Conclusion

The HIV programs supported by DSHS 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, Texas must continue building upon the progress achieved over the past decade.

List of Acronyms

Acronym	Full Name
ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
DSHS	Department of State Health Services
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HUD	U.S. Department of Housing and Urban Development
KFF	Henry J. Kaiser Family Foundation
LHD	Local Health Department
MAI	Minority AIDS Initiative
PrEP	Pre-exposure Prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SPAP	State Pharmacy Assistance Program
STD	Sexually Transmitted Disease
THMP	Texas HIV Medication Program
TIAP	Texas Insurance Assistance Program