DRAFT

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, August 8, 2019
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

I. Call to Order
   A. Welcome — Daphne L. Jones, Co-Chair
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Approval of the Minutes

II. Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.

III. FY 2020 EIIHA Target Populations — Amber Harbolt, Health Planner, Office of Support
   A. Review FY 2020 EIIHA Plan Motions from EIIHA Workgroup
   B. Review Council and Community Input on Target Populations
   C. Approve FY 2020 EIIHA Target Populations

IV. Epidemiological Profile
   A. Content feedback on Chapters 3 & 4

V. Needs Assessment Progress Update

VI. Announcements — Daphne L. Jones, Co-Chair

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, June 13, 2019
Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Daphne L. Jones, Co-Chair	Denis Kelly, excused	Bruce Turner, RWPC Chair
Dawn Jenkins	Matilda Padilla	Crystal Townsend, TRG
Holly McLean	Faye Robinson	Samantha Bowen, RWGA
Rodney Mills	Imran Shaikh, excused	Amber Harbolt, Office of Support
Shital Patel	Datonye Charles, excused	Diane Beck, Office of Support
Isis Torrente	Ryan Clark, excused	
Dominique Brewster, phone	Elizabeth Drayden	
Bianca Burley, phone	Steven Nazarenus, excused	
Nancy Miertschin	Anthony Williams, excused	
Steven Vargas		
Larry Woods		

Call to Order: Daphne L. Jones, Co-Chair, called the meeting to order at 2:15 p.m. and asked for a moment of reflection.

Adoption of Agenda: ***Motion #1:*** *it was moved and seconded (McLean, Mills) to adopt the agenda.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (McLean, Jenkins) to approve the March 14, 2019 minutes.* **Motion carried.** Abstentions: Mills, Patel, Torrente, Woods.

Public Comment and Announcements: Bruce Turner, Planning Council Chair, said that Artiaga is no longer on the Planning Council and Jones is the Chair of the committee.

Epidemiological Profile: Harbolt said that the report is still in progress. Chapters 1, 2, and 3 are done and Chapters 4 and 5 are in progress, Chapter 6 is anticipated this week. MMP and NHBS data is expected in the next couple of weeks.

2019 Needs Assessment Progress: Harbolt reviewed the updated timeline and the finalized survey tool. See attached. Turner said he would like to see the survey stay the same as the last one. Data collection has begun and the Project LEAP students conducted surveys for their class project which was presented at the Planning Council meeting earlier today. The first meeting of the NAG Analysis Workgroup will be on June 21, 2019 at 9:00 a.m. and the next NAG meeting will be July 15, 2019 at 1:00 p.m.

2019 Public Hearing Topics: Harbolt said that the topics for this year's public hearings are the Social Determinants of Health Special Study for May 20th and Updates from the 2019 Epi Profile for July 1st.

Announcements: Camp Hope is still accepting kids for camp next month, contact AIDS Foundation Houston for more information. They will also accept monetary donations to pay for camp, the cost is approximately $1,000 per camper.

Adjournment: The meeting was adjourned at 3:03 p.m.

Submitted by: Approved by:

Amber Harbolt, Office of Support Date	Chair of Committee Date

DRAFT

JA = Just arrived at meeting
LR = Left room temporarily
LM = Left the meeting
C = Chaired the meeting

2019 Voting Record for Meeting Date June 13, 2019

MEMBERS	Motion #1: Agenda				Motion #2: Minutes			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne L. Jones, Chair				C				C
Dawn Jenkins		X				X		
Denis Kelly	X				X			
Holly McLean		X				X		
Rodney Mills		X						X
Matilda Padilla	X				X			
Shital Patel		X						X
Faye Robinson	X				X			
Imran Shaikh	X				X			
Isis Torrente		X						X
Dominique Brewster – phone		X				X		
Bianca Burley – phone		X				X		
Ryan Clark	X				X			
Elizabeth Drayden	X				X			
Nancy Miertschin		X				X		
Steven Nazarenus	X				X			
Steven Vargas ja 2:23 pm	X				X			
Anthony Williams	X				X			
Larry Woods		X						X

EIIHA WG Approved – 07/30/19

Fiscal Year 2020
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	**1. HIV diagnosis rate***	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	✓
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	✓
Care Continuum	**4. Linked proportion***	Percent of population that was linked to HIV medical care within **3 months**** of diagnosis	% < EMA %	✓
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	✓
Planning	**6. Special populations***	Population is designated as a "special population" in the Comprehensive HIV Plan	Yes/No	✓
	7. FY19 EIIHA Target Group*	Population was included in the FY19 EIIHA Matrix as a Target Group	Yes/No	✓
Other	**8. Late diagnosis***	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	✓

*Criteria used in selection of FY 2019 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2020
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

EIIHA WG APPROVED – 7/30/19

■ = meets criteria

	1. HIV Diagnosis Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY19 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	20.0	6,625	80%	25%	--	--	22%	7
Sex								
Male	32.6	4,971	80%	25%	Y	Y	22%	4
Female	7.6	1,654	81%	23%	Y	Y	23%	3
Race/Ethnicity								
White	6.7	1,249	84%	22%	N	N	21%	0
Black / African American	53.1	3,246	77%	26%	Y	Y	19%	6
Hispanic	19.4	1,860	83%	25%	Y	Y	27%	3
Other	4.8	91	69%	28%	N	N	22%	2
Multi-race	--	178	91%	15%	Y	N	16%	1
Age								
0 - 1	0.0	0	--	---	N	N	--	0
2 - 12	0.1	14	100%	9%	N	N	--	0
13 - 24	27.3	289	79%	22%	Y	N	9%	3
25 - 34	49.3	1,347	78%	24%	N	Y	20%	3
35 - 44	27.3	1,557	82%	26%	N	Y	30%	4
45 - 54	20.4	1,795	84%	24%	Y	Y	34%	6
55-64 (55-64 in 2017)	11.1	1,217	86%	24%	Y	Y	34%	3
65+ (new in 2017)	2.3	406	76%	31%	Y	Y	30%	5
Risk Category								
Male-Male Sexual Contact	d	3787	79%	24%	Y	Y	19%	4
PWIDU	d	556	72%	28%	Y	N	33%	4
MSM/PWIDU	d	258	83%	24%	Y	N	23%	1
Sex with Female/Sex with Male	d	1,940	83%	25%	Y	N	28%	2
Perinatal	d	81	100%	28%	N	N	--	1
Adult other risk	d	4	--	28%	N	N	--	1

Notes	1. HIV Diagnosis Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY19 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of people in each population group estimated to be living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV with no evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a "special population" in the Comprehensive HIV Plan	Population was included in the FY19 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2017. Released 7/23/18	DSHS, HIV Undiagnosed 2017. Released 7/20/18	DSHS, Linkage to care 2017. Released 7/20/18	DSHS, Unmet need 2017. Released 7/20/18	2017 Comprehensive Plan Special Populations	FY19 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/30/18	DSHS, Late Diagnosis by population 2016. Released 7/20/18
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult other	Unmet need proportion numerator for age range 0-1 was 1 individual	--	Target Groups for FY19 EIIHA Plan were: • African Americans • Hispanics/Latinos age 25 and over • Men who have Sex with Men (MSM)	Late diagnosis proportion not available for age range 0-1; risk category Adult Other There were no late diagnoses observed among age range 2 – 12.

EIIHA Workgroup Motions
FY 2020 EIIHA Target Populations – 07/30/2019

The EIIHA Workgroup met on July 30, 2019. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2020 guidance from HRSA, adopted selection criteria, and selected the FY 2020 target populations.

Item: FY 2020 EIIHA Plan Target Populations
Recommended Action: **FYI: (Committee provided final approval):** Approve the following target populations for the FY 2020 EIIHA Plan:

1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data fails to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

The Comprehensive HIV Planning Committee will meet on Thursday, August 8, 2019 at 2:00 p.m., located at 2223 West Loop South, Room 532, Houston, TX 77027, to review and approve the FY 2020 EIIHA Plan target populations.

All are welcome to provide public comment at the August 8th Comprehensive HIV Planning Committee meeting at 2:00 p.m. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Wednesday, August 7, 2019 at 9:00 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (832) 927-7926
Email: amber.harbolt@cjo.hctx.net
Fax: (713) 572-3740

Thank you very much, and we look forward to receiving your input!

Amber Harbolt, Health Planner
Ryan White Planning Council
Office of Support

Chapter 3: Vulnerability to HIV in the Houston Area

What are the indicators of vulnerability for HIV transmission in the population?

"Poor social and environmental conditions, coupled with high rates of HIV among specific populations and in geographic areas, contribute to stubbornly persistent—and in some cases, growing—HIV-related health disparities. These disparities include higher rates of HIV [transmission], lower rates of access to HIV care, lower HIV viral suppression rates and higher HIV-related complications, and higher HIV-related death rates."

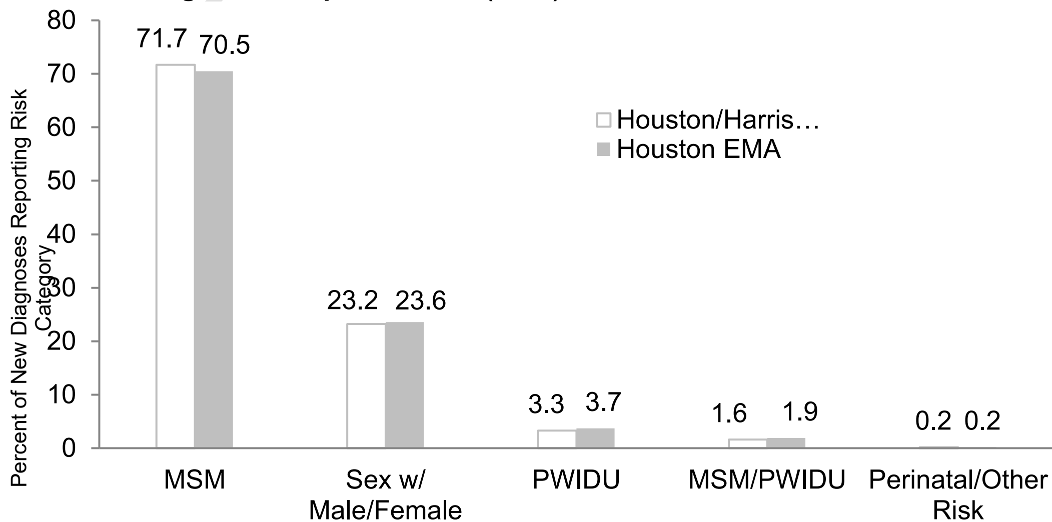
The National HIV/AIDS Strategy: Updated to 2020
July 2015

Chapter 2 of this document described the populations of people living with HIV in the Houston Area today. The purpose of this chapter is to describe the factors that may place individuals at greater vulnerability for acquiring HIV in the Houston Area. It will present data on factors that affect the vulnerability of HIV-negative persons to acquire HIV such as behaviors linked to the transmission of HIV and other sexually transmitted diseases (STDs). It will also describe factors that affect the probability that a person living with HIV will transmit HIV such as awareness of status.

Summary of Behaviors Linked to HIV Transmission

(**Graph 1**) Assessing the primary transmission risk factor reported for new HIV diagnoses provides insight into behaviors that may increase one's vulnerability to acquiring HIV in a local community. In the Houston Area, male-male sexual contact or MSM was reported by 71-72% of newly diagnosed individuals in 2017 (up from 61% in 2011), followed by sex with male/sex with female (formerly heterosexual) contact at 23-24% (down from 31%), and 3-4% people with injection drug use (PWIDU) (down from 5%).

GRAPH 1- Transmission Risk of New HIV Diagnoses in Houston/Harris County and the Houston Eligible Metropolitan Area (EMA), 2011



Source: Houston/Harris County and Texas eHARS

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(**Table 1**) When a person is newly diagnosed with HIV, they are interviewed by a disease intervention specialist. One of the goals of the interview is to identify all of the HIV-related risk activities in which the individual has engaged. While no single reported activity may have led to the person's HIV diagnosis, assessing reported activities of all interviewed persons as a group provides insight on behaviors that may increase one's susceptibility to acquiring HIV in a local community In Houston/Harris County, the five most common risk activities reported by interviewed persons are (1) male to male sexual practices, (2) intermittent condom use, (3) sex with an anonymous sex partner, (4) oral sex, and (5) any drug use. The five least common risk activities are (1) sex with a person who uses crack or cocaine, (2) being a commercial sex worker, (3) working in the health care field, (4) injection drug use (IDU), and (5) sex with a person who injects drugs.

TABLE 1- Risk Activities of New HIV Diagnoses Interviewed by a Disease Intervention Specialist in Houston/Harris County, 2017 (N=1,088 Records)

Risk Activity	Number Reporting	Percent Reporting
Male to male (MSM) sexual practices	424	39.0
Condom use - intermittent	399	36.7
Anonymous sex partner	386	35.5
Oral sex	344	31.6
Any drug use (including alcohol)	300	27.6
Rectal intercourse	286	26.3
Partners met via internet or phone app	219	20.1
Males having sex with females (MSF)	179	16.5
No condom use	163	15.0
Sex while high or intoxicated	136	12.5
More than 1 sex partner	109	10.0
New sex partner in last 90 days	95	8.7
Been incarcerated	71	6.5
Always use condoms	38	3.5
Exchanged drugs or money for sex	33	3.0
Sex with person who injects drugs	22	2.0
Person with injection drug use (PWIDU)	16	1.5
Health care worker	7	0.6
Commercial sex worker	6	0.6
Sex with person who uses crack or cocaine	6	0.6

Source: Texas STD*MIS. Data analyzed by the Houston Health Department.

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(**Table 2**) Reviewing reported vulnerability among newly diagnosed individuals provides insight into the behaviors that may lead to HIV transmission, while reviewing reported risk among persons living with HIV can provide insight into the behaviors that may lead to secondary HIV transmission and/or acquiring a different strain of HIV. In the Houston Health Service Delivery Area (HSDA), people living with HIV are surveyed every three years in order to ascertain the level of risk behaviors among the population. According to the 2016 needs assessment, some people living with HIV in the Houston HSDA are

engaging behaviors that have been linked to HIV transmission. For example, over 40% of respondents reported receiving no STD screening tests in the past 6 months, and 25-28% of those who report having sex in the past 6 months also report no condom use for penetrative sex. Very few respondents use share needles to inject drugs or other substances. As these data were collected before the emergence of national campaigns advocating the maintenance of an undetectable viral load as a means of eliminating transmission risk during sex, the data in Table 2 may not fully reflect current condom use within the Houston HIV community.

TABLE 2-Selected Transmission-related Behaviors among People Living with HIV in the Houston HSDA, 2016

Reported Behavior	Number Reporting	Percent Reporting
Not tested for chlamydia in the past 6 mos	219	43%
Not tested for gonorrhea in the past 6 mos.	217	43%
Not tested for syphilis in the past 6 mos.	206	41%
Never use condoms – anal receptive	51	28%
Never use condoms – anal insertive	51	27%
Never use condoms – vaginal	43	25%
Never talk about HIV status w/ new partners	47	14%
Sex with someone with unknown HIV status	54	11%
Not taking ART	13	3%
Injection drug use (PWIDU)	8	2%

Source: 2016 Houston Area HIV Needs Assessment. Denominators for each activity vary; therefore, percent is of those answering each question and not of the total respondent pool (N=506). Results do not reflect all possible transmission-related activities among the respondent pool.

HIV Testing and Awareness of Status

The Centers for Disease Control and Prevention (CDC) currently estimated that 14% of people in the U.S. who are living with HIV are unaware of their positive HIV status.[1] People who are unaware of their positive HIV status may be less likely to reduce or eliminate actions that may result in HIV exposure and transmission to others. For this reason, an examination of status awareness among people living with HIV provides insight into the factors that may increase vulnerability for HIV transmission in a local community. To do so, two sources of data can be reviewed: the volume of HIV testing and notification of status in a local jurisdiction, and mathematical estimations of people who are HIV positive and unaware of their status based on national methodologies. Both are below for their respective jurisdictions.

[1]Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019; 24(No. 1).

Houston/Harris County

(**Table 2**) In 2017, there were 77,450 publicly funded HIV tests conducted in Houston/Harris County in both routine and non-routine (targeted) settings. Of these, 1.2% was positive. Of people with positive test results identified in the jurisdiction, 96.3% were

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informed of their positive status, leaving 3.7% not informed. This equates to at least 34 individuals in Houston/Harris County who were tested for HIV but who remained unaware of their positive status at the end of 2017.

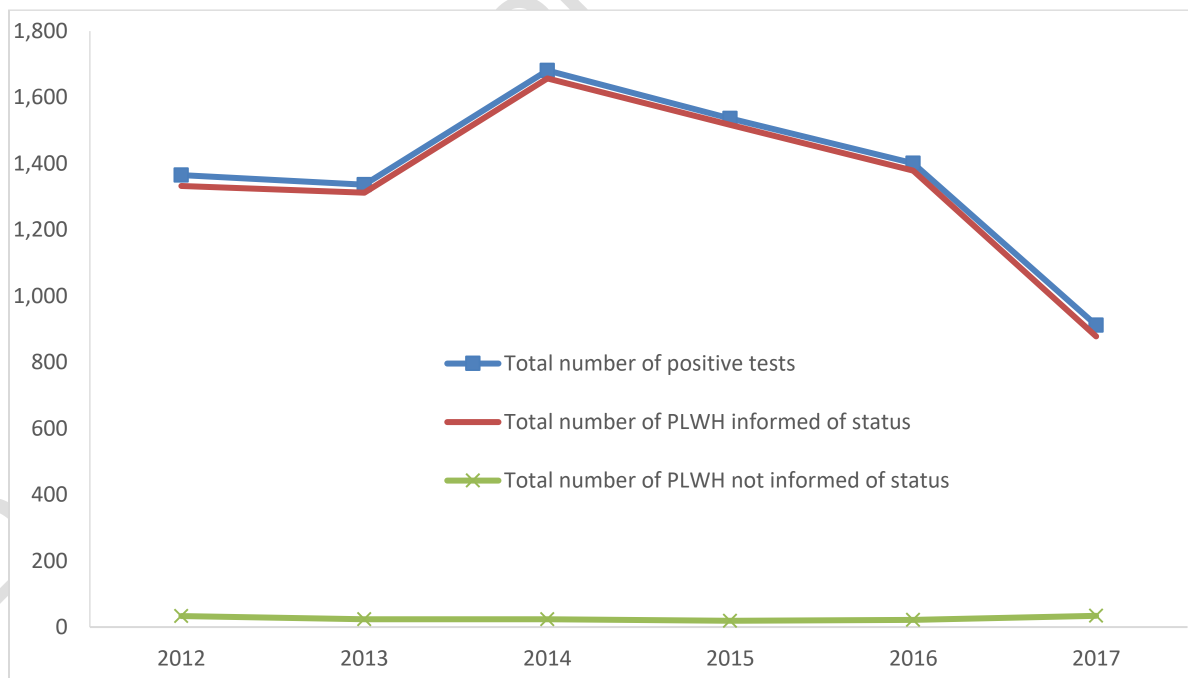
TABLE 2-Total Numbers of HIV Tests Conducted, Positive HIV Tests, and People Informed of HIV Status in Houston/Harris County, 2012 to 2017

	2012	2013	2014	2015	2016	2017
Total number of HIV tests conducted	118,439	120,078	154,764	127,719	118,951	77,450
Total number of positive tests	1,365	1,336	1,681	1,536	1,401	912
Percent of positive tests	1.2%	1.1%	1.1%	1.2%	1.2%	1.2%
Total number of PLWH informed of status*	1,332	1,312	1,657	1,517	1,379	878
Percent of PLWH informed of status	97.6%	98.2%	98.6%	98.8%	98.4%	96.3%
Total number of PLWH not informed of status*	33	24	24	19	22	34
Percent of PLWH not informed of status	2.4%	1.8%	1.4%	1.2%	1.6%	3.7%

Source: Houston Health Department and CDC-Directly funded CBOs in Houston, HIV Testing 2012-2017. Data reflect both routine (non-targeted) and traditional (targeted) HIV tests conducted in the jurisdiction.
* People who only test positive were informed of their status

(**Graph 1**) In Houston/Harris County, both the numbers of publicly funded HIV positive tests and people living with HIV aware of their positive status increased between 2013 and 2014 and decreased thereafter.

GRAPH 2- Total Number of Positive HIV Tests and of People Informed of their HIV Positive Status in Houston/Harris County, 2012 to 2017



Source: Houston Health Department and CDC-Directly funded CBOs in Houston, HIV Testing 2012-2017. Data reflect both routine (non-targeted) and traditional (targeted) HIV tests conducted in the jurisdiction.

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Houston EMA

(**Table 4**) In 2017, 112,581 publicly funded HIV tests were conducted in the Houston EMA in both routine and targeted settings. Of these, 0.3% was new positive test events. Of new positive test events identified in the jurisdiction in 2017, 94% were informed of their positive status while 6% were not informed.

TABLE 4-Total Numbers of HIV Tests Conducted, Positive HIV Tests, and People Informed of HIV Positive Status in the Houston EMA, 2017[a]	
Total number of HIV tests conducted	112,581
Total number of positive tests	1,240
Total number of new positive tests	295
Percent of new positive tests	*0.3%*
Total number of newly identified informed of status	277
Percent of newly identified informed of status	*94%*
Total number of newly identified not informed of status	18
Percent of newly identified not informed of status	*6%*

[a]Source: Texas Department of State Health Services.
[b]Data reflect both routine and targeted HIV tests conducted in the jurisdiction. Routine testing includes systems that do not collect data on results notification; therefore, there will be positive cases for whom it is unknown if they were notified of their status.

(**Table 5**) In addition to those who have tested for HIV but were not informed of their positive status, others may be living with HIV but unaware of their status because they have not received testing. Federal agencies have developed a mathematical model to estimate the total number of people who are unaware of their positive status from both groups. This model currently estimates the national proportion of undiagnosed HIV to be 14%. Using this national proportion, it is possible to estimate the total number of status unaware people living with HIV in the Houston EMA, and to describe estimated demographic characteristics.

For 2017, an estimated 4,595 people were unaware of their HIV positive status in the EMA. Of these, 75% were estimated to be males by sex at birth, 49% African American, and 57% in the category of male-male sexual contact or MSM, followed by sex with male/sex with female contact at 29%. By age, 45 to 54 year olds had the largest proportion of those unaware of their status at 27%, followed by 35 to 44 year olds at 23%.

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TABLE 5-Estimates of Persons Unaware of their HIV Positive Status in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2017[a]	Number Aware of Status	Number Unaware of Status[b]	Percent of Totals
Total	28,225	4,595	100%
Sex at birth			
Male	21,178	3,448	75%
Female	7,047	1,147	25%
Race/Ethnicity			
White	5,321	866	19%
African American	13,830	2,251	49%
Hispanic/Latino	7,926	1,290	28%
Other	389	63	1%
Multiracial	759	124	3%
Age			
0 - 12	60	10	0%
13 - 24	1,230	200	4%
25 - 34	5,738	934	20%
35 - 44	6,632	1,080	23%
45 - 54	7,649	1,245	27%
55 - 64	5,186	844	18%
65+	1,730	282	6%
Risk Category[c]			
Male-male sexual contact (MSM)	16,133	2,626	57%
People with injection drug use (PWIDU)	2,368	385	8%
MSM/IDU	1,099	179	4%
Sex with Male / Sex with Female	8,263	1,345	29%
Perinatal transmission	343	56	1%
Adult other risk	18	--	--

[a]Source: DSHS Diagnosed PLWH, as of 12/31/17

[b]Calculated using the Estimated Back Calculation developed by the Centers for Disease Control and Prevention based on a national proportion of undiagnosed HIV of 14% (p) and total local prevalence (N): p/(1-p) * N

[c]Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification

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STD Trends

Persons with a sexually transmitted disease (STD) are more likely than persons without a STD to acquire HIV if they are exposed through sexual contact.[2] When a person living with HIV acquires another STD, that individual has a higher likelihood of transmitting HIV.[2] These facts make it important to examine trends in other STDs in order to describe a community's overall risk for HIV transmission. Data on the three notifiable diseases for

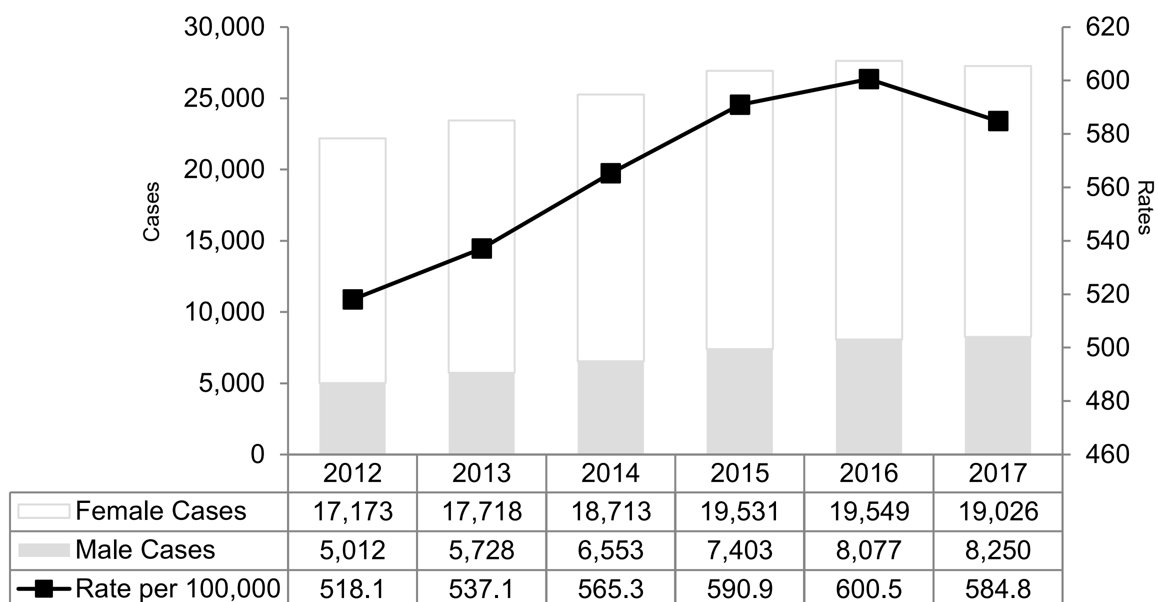
which there are federally funded control programs are presented here: Chlamydia, gonorrhea, and syphilis.

[2]Centers for Disease Control and Prevention, STDs and HIV – CDC Fact Sheet" Last Modified: July 10, 2017. Located at https://www.cdc.gov/std/hiv/STD-HIV-FS-July-10-2017.pdf

Chlamydia

(**Graph 3**) Chlamydia is the most commonly reported notifiable STD in the Houston Area. In 2017, there were 27,384 cases of Chlamydia reported in Houston/Harris County, which is a 1.3% decrease from the prior reporting year. This equates to a rate of 584.8 cases of Chlamydia for every 100,000 people in Houston/Harris County. In 2017, 69.5% of Chlamydia cases occurred among females (at birth), and 30.1% of cases occurred among males (at birth).

GRAPH 3- Chlamydia Cases and Rates in Houston/Harris County by Sex assigned at birth, 2012 to 2017



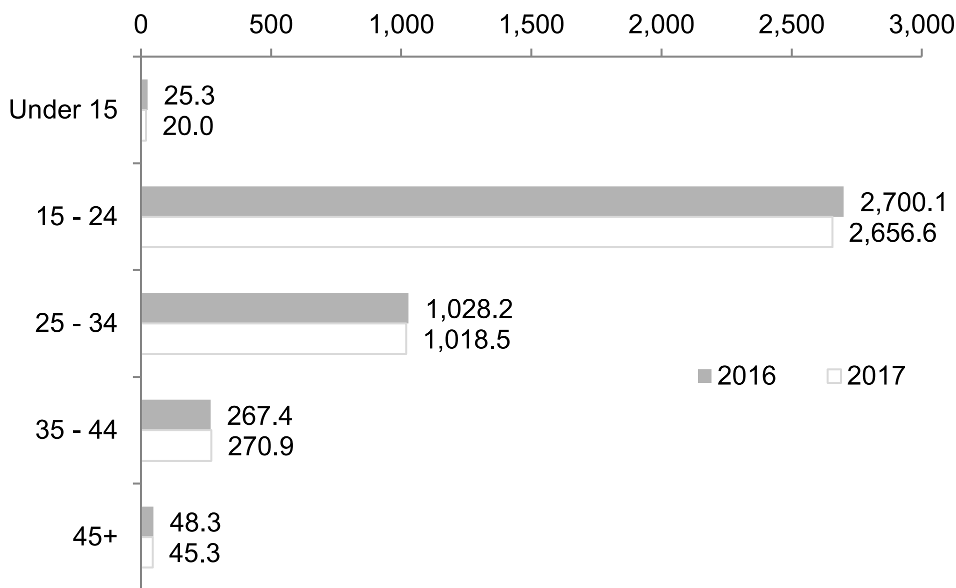
	2012	2013	2014	2015	2016	2017
Female Cases	17,173	17,718	18,713	19,531	19,549	19,026
Male Cases	5,012	5,728	6,553	7,403	8,077	8,250
Rate per 100,000	518.1	537.1	565.3	590.9	600.5	584.8

Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau
People with unknown sex are included in rate calculations.

(**Graph 4**) When analyzed by age, Chlamydia is diagnosed most among young adults. In 2017, the rate of Chlamydia among people ages 15 to 24 was 2,656.6 for every 100,000 people in this age range in Houston/Harris County. This is over two times the rate of the age group with the next highest rate (which is 25 to 34 year olds at 1,018.5 per 100,000). All age groups experienced decreases in their Chlamydia rates between 2016 and 2017 except those between the ages 35 to 44, whose rate increased by 1.3%. The age group with the largest one-year decrease was persons under 15 years old. The Chlamydia rate in this age group decreased by 20.9% between 2016 and 2017.

When analyzed by both sex assigned at birth and age, Chlamydia rates are even higher among adolescent and young adult *females*. In 2017, the rate of Chlamydia among females ages 15 to 19 was 3,624.6 cases for every 100,000 females in this age group in Houston/Harris County, and the rate for females age 20 to 24 was 4,490.4 cases for every 100,000 persons.

GRAPH 4- Chlamydia Rates in Houston/Harris County by Age, 2016 and 2017



Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau

Gonorrhea

(**Graph 5**) Approximately 6,500 to 8,800 cases of gonorrhea are reported in the Houston Area each year. In 2017, there were 8,827 cases of gonorrhea reported in Houston/Harris County, which is a 3.8% increase from the prior reporting year. Currently, the rate of gonorrhea in Houston/Harris County is 188.5 cases for every 100,000 people in the jurisdiction. Unlike Chlamydia, which was reported primarily among females, gonorrhea cases in 2017 were 39.7% female and 60.1% male.

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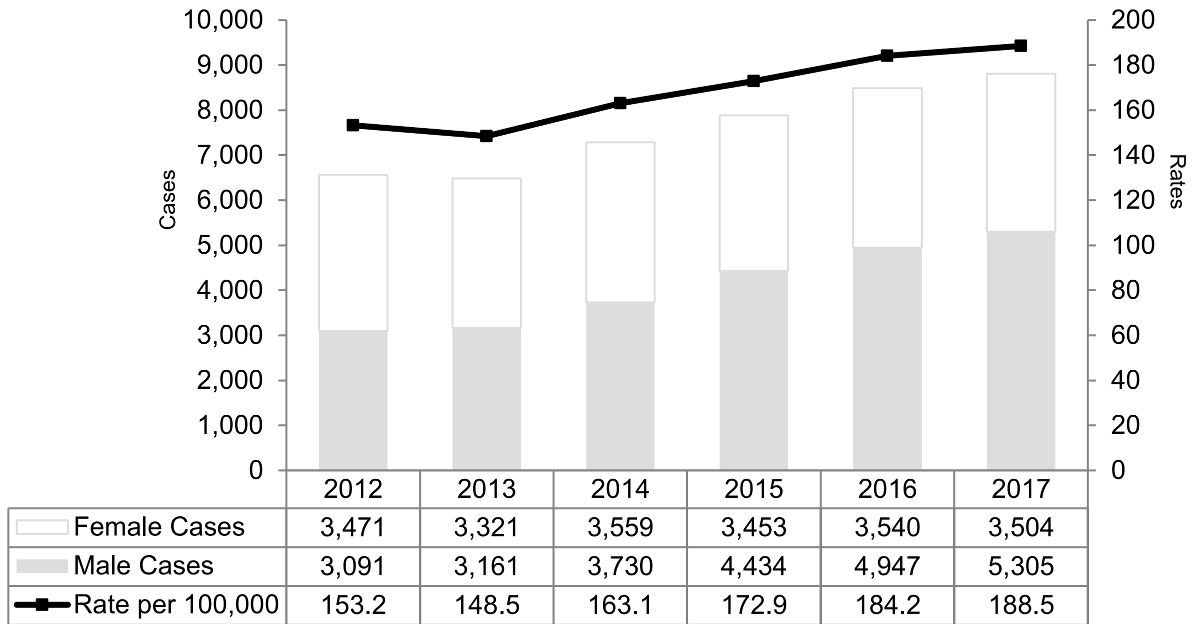
GRAPH 5- Gonorrhea Cases and Rates in Houston/Harris County by Sex assigned at birth, 2012 to 2017



	2012	2013	2014	2015	2016	2017
Female Cases	3,471	3,321	3,559	3,453	3,540	3,504
Male Cases	3,091	3,161	3,730	4,434	4,947	5,305
Rate per 100,000	153.2	148.5	163.1	172.9	184.2	188.5

Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau
People with unknown sex are included in rate calculations.

(**Graph 6**) When analyzed by age, gonorrhea is also diagnosed most among adolescents and young adults. In 2017, the rate of gonorrhea among people ages 15 to 24 was 714.7 for every 100,000 people in this age range in Houston/Harris County. This is almost two times the rate of the age group with the next highest rate (which is 25 to 34 year old at 375.0 per 100,000). All age groups experienced increases in their gonorrhea rates between 2016 and 2017 except those under 14 years old and between the ages 15 to 24, whose rate decreased by 32.9% and 0.5%, respectively. The age group with the largest one-year increase was persons ages 35 to 44 whose gonorrhea rate increased by 19.1% between 2016 and 2017.

When analyzed by both sex assigned at birth and age, gonorrhea rates are even higher among adolescent and young adult *females*. In 2017, the rate of gonorrhea among females ages 15 to 19 was 681.9 cases for every 100,000 females in this age group in Houston/Harris County, and the rate for females age 20 to 24 was 786.5 cases for every 100,000 persons.

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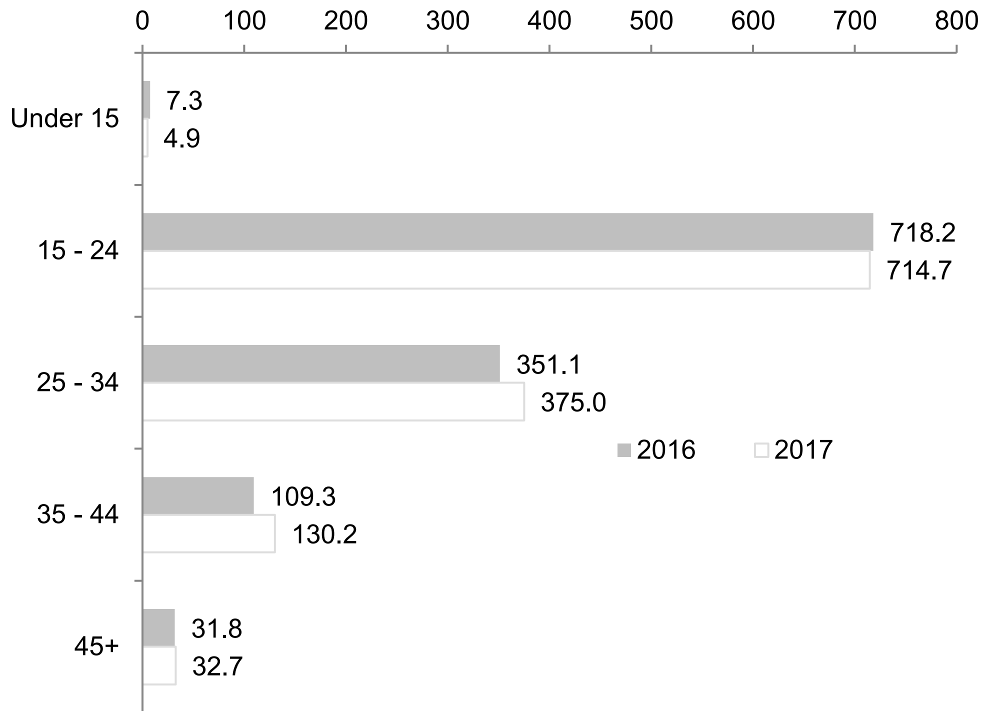
GRAPH 6- Gonorrhea Rates in Houston/Harris County by Age, 2016 and 2017



Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau

Infectious Syphilis

There are four general stages of syphilis: (1) primary, (2) secondary, (3) latent, and (4) tertiary. The primary and secondary stages of syphilis are of most concern epidemiologically as this is when syphilis is communicable, or infectious, to others. Therefore, primary and secondary syphilis, taken together, are commonly referred to as infectious syphilis. Combined data on these two stages of syphilis are described here.

(**Graph 7**) Compared to other notifiable STDs, there are relatively few cases of infectious syphilis in the Houston Area (an average of about 374 cases are reported each year). In 2017, the rate of syphilis was 7.0 cases for every 100,000 people in Houston/Harris County.

Unlike Chlamydia, syphilis occurs most often in males. In 2017, 83.4% of reported syphilis cases were in males, and 16.6% were in females. Currently, the rate of syphilis in males (11.7 per 100,000 males in the Houston/Harris County population) is five times higher than in females (2.3 per 100,000 females in the Houston/Harris County population).

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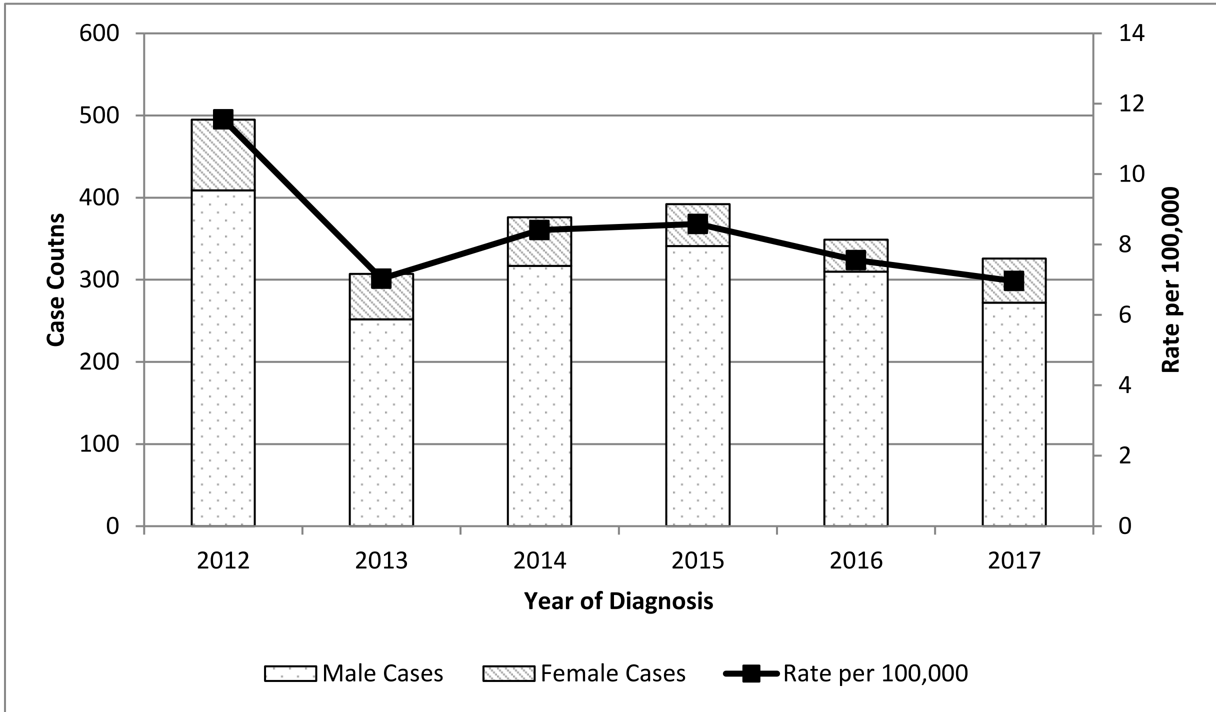
GRAPH 7- Infectious Syphilis Cases and Rates in Houston/Harris County by Sex assigned at birth, 2016 to 2017



Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau
People with unknown sex are included in rate calculations.

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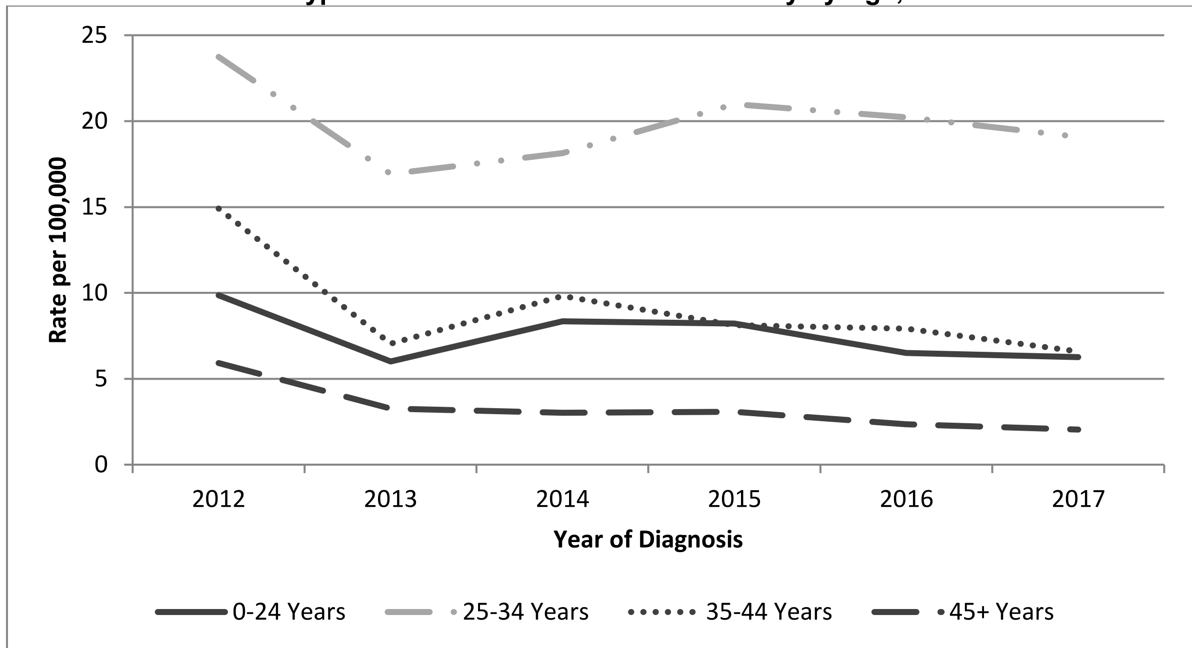
(**Graph 8**) When analyzed by age, the syphilis rate is highest among young adults as is the case with other notifiable STDs. Since 2015, the syphilis rate among all groups in Houston/Harris County has seen declines. In 2017, the rate of syphilis among people ages 25 to 34 was 19.1 for every 100,000 people in this age range in Houston/Harris County. This is compared to a rate of 6.6 for every 100,000 persons ages 35 to 44 and 2 for every 100,000 persons aged 45 and older.

When analyzed by both sex assigned at birth and age, syphilis rates are highest among young adult *males*. In 2017, the rate of syphilis among males ages 20 to 24 was 34.2 cases for every 100,000 males in this age group in Houston/Harris County compared to 19.8 cases for every 100,000 females age 20 to 24.

GRAPH 8- Infectious Syphilis Rates in Houston/Harris County by Age, 2012 to 2017



Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau

(**Graph 9**) When analyzed by race/ethnicity, syphilis rates in Houston/Harris County are highest among African American/Black persons. In 2017, the rate of syphilis in African Americans was 19.1 cases for every 100,000 African Americans in the jurisdiction. This is 5 times higher than the rate for Whites and for Hispanic/Latinos, which have comparable rates at about 4 cases of syphilis per 100,000 population. In 2012, the rate among African Americans was at its peak at 34.4 cases for every 100,000 African Americans in Houston/Harris County. The overall rate of syphilis among African Americans, Whites and Hispanics declined from 2015 to 2017. Between 2016 and 2017, the rate of syphilis in African Americans decreased by 4.1%; the rates for Whites and Hispanic/Latinos also declined by 15.3% and 16.5%, respectively.

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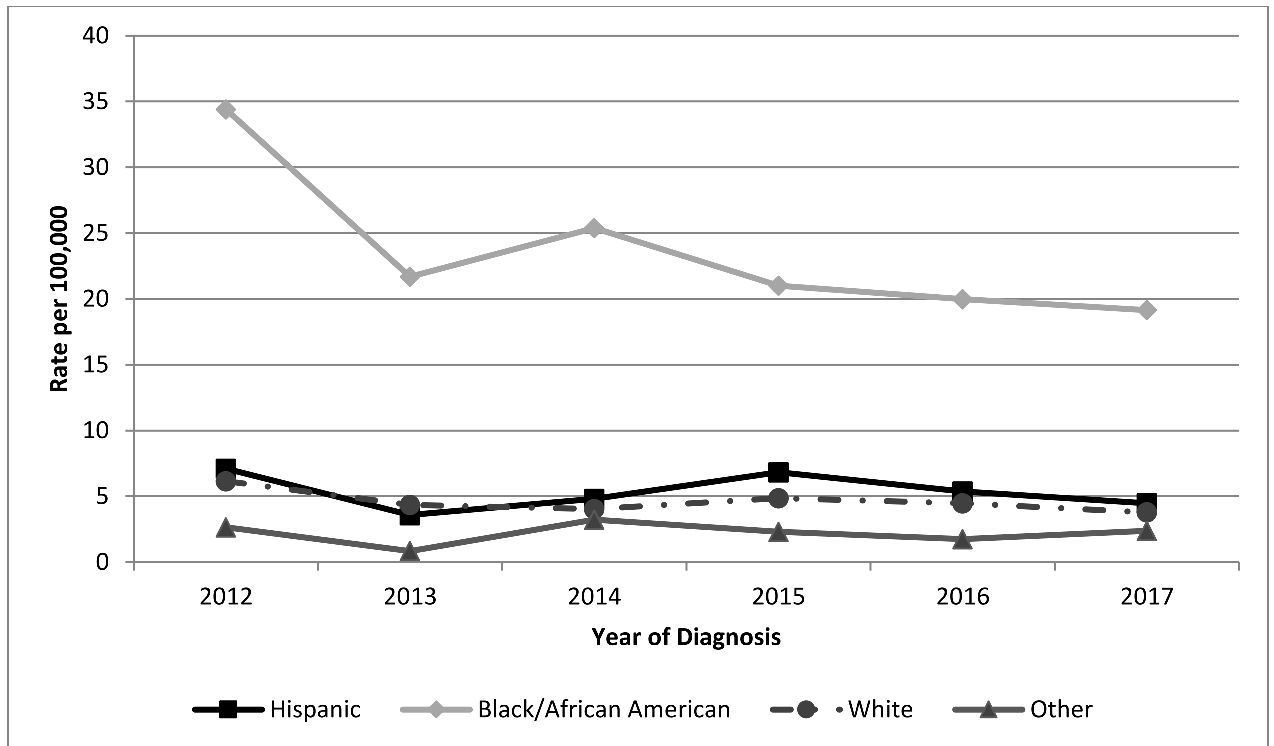
GRAPH 9- Infectious Syphilis Rates in Houston/Harris County by Race/Ethnicity, 2012 to 2017



Source: Texas STD*MIS as of October 2018. Data analyzed by the Houston Health Department. Rate per 100,000 population.
Population Source: Harris County population projections from U.S. Census Bureau, American Community Survey 1-Year Estimates; Census tracts outside of Harris where at least 50% of the population reside in Houston (census tracts: 48157670101, 48157670102, 48157670200, 48157670300, 48157670400, 48157670602) from U.S. Census Bureau

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Chapter 4: HIV Service Utilization in the Houston Area

What are the patterns of service utilization among people living with HIV?

"Achieving elimination will require an infusion of resources to employ strategic practices in the right places targeted to the right people to maximize impact and end the HIV epidemic in America. Key strategies of the initiative include [implementing] programs to increase adherence to HIV medication, help people get back into HIV medical care and research innovative products that will make it easier for patients to access HIV medication."

U.S. Department of Health and Human Services, *Ending the HIV Epidemic: A Plan for America* initiative factsheet
February 2019

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Chapter 2 of this document described the populations of people living with HIV in the Houston Area. Chapter 3 described the factors that may make individuals vulnerable to HIV exposure in the Houston Area, including lack of awareness of HIV positive status. The purpose of this chapter is to describe the extent to which status aware individuals are linked to and utilizing HIV medical care, treatment, and supportive services in the Houston Area. This chapter will include a focus on the use of specific HIV services provided through the Ryan White HIV/AIDS Program (RWHAP) as well as the status of the Houston Area HIV Care Continuum

Initial Linkage to Care

After receiving an HIV diagnosis, initial linkage to an HIV primary medical care and treatment provider is the first stage in a continuum of services for people living with HIV.[1] Linkage within three months of diagnosis is considered the current national standard, with the *National HIV/AIDS Strategy: Updated to 2020* setting a goal of 85% of the newly diagnosed people living with HIV to be linked to HIV medical care within one month of diagnosis by 2020.[2]

(**Table 1**) In 2017, 79% of people newly diagnosed with HIV in the state of Texas were linked to HIV primary medical care within three months of their diagnoses. In the Houston Eligible Metropolitan Area (EMA), 80% of people newly diagnosed in 2017 were linked to care within three months. An additional 8% were linked in more than three months, and 12% remained unlinked by the end of 2017, a decrease from 19% unlinked in 2011. While general and targeted efforts have improved linkage to care proportions since 2011 across all groups in the Houston EMA, some specific demographic groups in the Houston EMA still had proportions linked to care within three months of diagnoses that were lower than the EMA as a whole in 2017. Overall, linkage to care percentages in 2017 were lower among Other race/ethnicity groups (69%), adults over age 65 (76%), and people with injection drug use (72%). Of all groups, newly diagnosed individuals from Other race/ethnicity groups had the lowest proportion linked to HIV primary medical care within three months, followed by adults over age 65.

[1]Gardner, EM et al. The Spectrum of Engagement in HIV Care and its Relevance to Test-and-Treat Strategies for Prevention of HIV Infection. *HIV/AIDS* , November 21, 2011.
[2]National HIV/AIDS Strategy: Updated to 2020, July 2015.

TABLE 1-Percent of New HIV Diagnoses Linked to HIV Care in Texas and in the Houston EMA by Sex, Race/Ethnicity, Age, Risk, and Timeframe, 2017[a]

	Texas			Houston EMA		
	Linked ≤ 3 Months	Linked at 4+ Months	Not Linked to Care	Linked ≤ 3 Months	Linked at 4+ Months	Not Linked to Care
Total	79%	7%	13%	80%	8%	12%
Sex						
Male	79%	7%	14%	80%	7%	13%
Female	81%	9%	10%	81%	11%	8%
Race/Ethnicity						
White	81%	8%	11%	84%	8%	8%
African American	76%	9%	15%	77%	8%	15%
Hispanic/Latino	81%	6%	13%	83%	7%	10%
Other	76%	9%	15%	69%	--	--
Multiracial	90%	7%	3%	91%	--	--
Age						
Under 2	--	--	--	--	--	--
2 - 12	--	--	--	--	--	--
13 - 24	76%	8%	16%	79%	5%	16%
25 - 34	80%	7%	13%	78%	9%	13%
35 - 44	81%	6%	13%	82%	8%	11%
45 - 54	82%	8%	10%	84%	9%	7%
55 - 64	81%	8%	11%	86%	--	10%
65+	78%	11%	11%	76%	--	--
Risk Category[b]						
Male-male sexual contact (MSM)	79%	7%	14%	79%	7%	14%
People with injection drug use (PWIDU)	78%	7%	15%	72%	13%	15%
MSM/IDU	78%	9%	14%	83%	--	--
Sex with male / sex with female	82%	8%	10%	83%	9%	8%
Perinatal transmission	75%	--	--	100%	--	--

[a]Source: Texas Department of State Health Services, 2017 Linkage to Care. Released 7/20/18
[b]Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification

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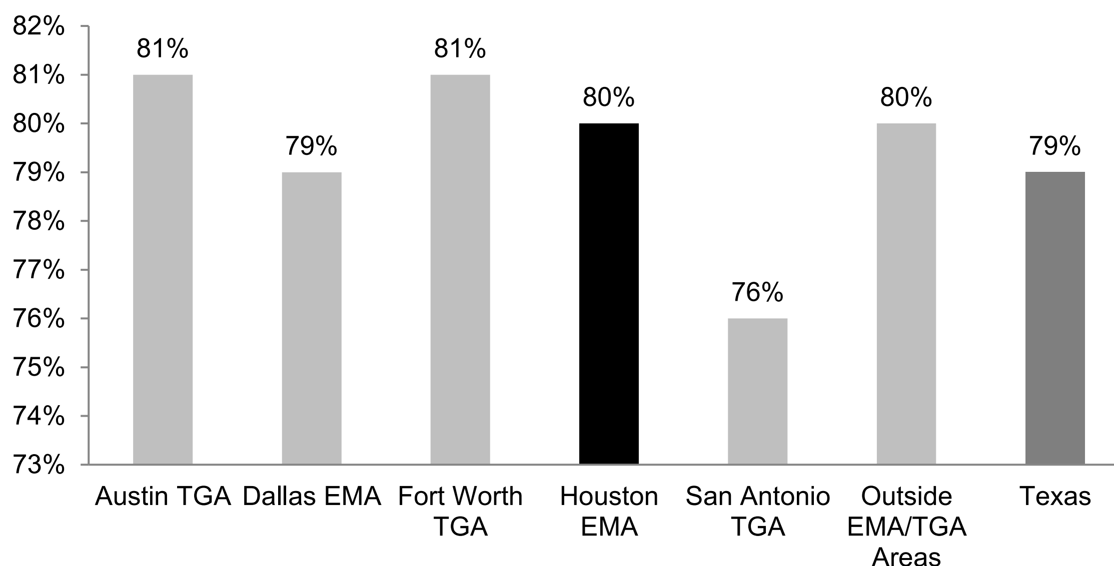
Within demographic groups with lower linkage to care rates than the Houston EMA as a whole (Table 1), there were additional *sub-groups* experiencing disproportionately low linkage to care, meaning that the proportion of the sub-group that was linked to care within the federal standard of three months post-diagnosis fell below the proportion for the demographic group as a whole. Groups in the EMA with disproportionately low linkage to care rates are:

- White females (76% linked within 3 months vs. 81% of all females)
- White females (76%) and African American females (79%) with sex with males transmission risk (overall 81% linked within 3 months)
- African American females with injection drug use transmission risk (76% linked within 3 months vs. 77% all females with injection drug use)
- African American males (76% linked with 3 months vs. 80% of all males)
- African American males with male-male sexual contact transmission risk (75% linked with 3 months vs. 79% of all people with male-male sexual contact)
- White males with injection drug use transmission risk (66% linked with 3 months vs. 67% of all people with injection drug use)
- Hispanic/Latino males with combined male-male sexual contact and injection drug use transmission risks (73% linked with 3 months vs. 83% of all people combined male-male sexual contact and injection drug use)

(**Graph 1**) Though the Houston EMA's linkage to care proportion is higher than for the state of Texas as a whole, other federally designated geographic service areas (i.e., other EMAs or Transitional Grant Areas/TGAs) in the state including the Austin and Fort Worth TGAs exceed the state's linkage to care proportion.

GRAPH 1- Percent of Persons Newly Diagnosed with HIV Linked to Care within Three Months of Diagnosis by HRSA Geographic Service Area in Texas, 2017



Source: Texas Department of State Health Services, 2017 Linkage to Care. Released 7/20/18

Total Population in HIV Care, or Met Need

The Health Resources and Services Administration (HRSA) has developed a uniform definition for being in care for HIV. According to HRSA, a person with diagnosed HIV with evidence of any of the following in a 12 month period is considered to be in care: (1) an HIV primary medical care visit, (2) a blood test to monitor HIV (either a CD4 count or a viral load test), or (3) a prescription for HIV medication. Often, the term "met need" is used interchangeably with being in care. This is because someone who is in care is considered to have their medical needs for HIV *met*. It is important to note that an individual with "met need" may still experience service gaps or barriers.

In HRSA's definition, services can be received from any health care system or payer source. Therefore, to be in care according to this definition, a person does not have to receive services from a HRSA-funded program, such as the Ryan White HIV/AIDS Program. Efforts to analyze HIV service utilization strive to include as many different health care systems and payer sources as possible in order to produce the most complete understanding of met need in a geographic area.

(**Table 2**) In the Houston EMA, 75% of people living with HIV in 2011 were in HIV care according to the HRSA definition, up from 73% in 2011. The proportions of each demographic group that comprised the total in-care population were also comparable (within up to 2 ± percentage points difference) to total diagnosed population. When analyzed by demographic group, an average of 76% of people in each group was in care. Lower than average in-care proportions occurred in adults over age 65 (with 69% of those diagnosed also in care), people with perinatal transmission risk (72%), Other race/ethnicity individuals (72%), people with injection drug use transmission risk (72%), adults age 35 to 44 (74%), and African American individuals (74%).

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TABLE 2-Diagnosed People Living with HIV and In HIV Care in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2017

	All Diagnosed PLWH[a]		PLWH in HIV Care[b]	
	#	%	#	%
Total	28,225	100%	21,273	75%
Sex at Birth				
Male	21,178	75%	15,869	75%
Female	7,047	25%	5,404	25%
Race/Ethnicity				
White	5,321	19%	4,131	19%
African American	13,830	49%	10,278	48%
Hispanic/Latino	7,926	28%	5,937	28%
Other	389	1%	280	1%
Multiracial	759	3%	647	3%
Age				
Under 2	--	--	--	--
2 - 12	58	0.2%	53	0%
13 - 24	1,230	4%	960	5%
25 - 34	5,738	20%	4,339	20%
35 - 44	6,632	23%	4,919	23%
45 - 54	7,649	27%	5,844	27%
55 - 64	5,186	18%	3,967	19%
65+	1,730	6%	1,190	6%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	12,268	58%
People with injection drug use (PWIDU)	2,368	8%	1,714	8%
MSM/PWIDU	1,099	4%	832	4%
Sex with male / sex with female	8,263	29%	6,200	29%
Perinatal transmission	343	1%	246	1%
Adult other risk	18	0%	13	0%

[a]Source: Texas Department of State Health Services. HIV Prevalence as of 12/31/17. Released 8/12/18.

[b]Source: Texas Department of State Health Services, Unmet Need, 2017. Released 7/20/18
Per HRSA definition. A person with diagnosed HIV has met need if any of the following in a 12 month period in any payer system: (1) an HIV primary medical care visit, (2) a blood test to monitor HIV (either a CD4 count or a viral load test), or (3) a prescription for HIV medication.

[c]Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification

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Total Population in the Ryan White HIV/AIDS Program

The Health Resources and Services Administration (HRSA) provides funding for HIV care, treatment, and support services in the Houston Area through the Ryan White HIV/AIDS Program. The program is organized into a series of Parts, each for a specific geographic service area, population, or purpose. The Houston Area receives Part A and Minority AIDS Initiative (MAI) funds (for the jurisdiction of the Houston EMA), Part B (for the AIDS Drug Assistance Program or ADAP and for services to the jurisdiction of the Houston HSDA), Part C (for early intervention services and capacity development and planning activities), and Part D (for services to women, infants, children, and youth living with HIV). The Houston Area also receives funds from the State of Texas called *State Services*, distributed by the Texas Department of State Health Services (DSHS). The overall intent of these funds is to ensure that people living with HIV have access to core medical and support services for the effective management of HIV when no other payer is available. Though HRSA determines which types of services can be supported through the Ryan White HIV/AIDS Program, local communities must select which services will be funded each year in order to meet the needs of the local population.

In 2018, Houston Area Ryan White HIV/AIDS Program funds from Part A, Part B, MAI, and State Services were allocated to the following core medical and support services in order of priority:

Primary medical care (including vision care)
Medical case management (including clinical case management)
Local pharmaceutical assistance (non-ADAP)
Oral Heath
Health insurance assistance
Mental health services
Early intervention services for incarcerated individuals
Adult day treatment
Outpatient substance abuse treatment
Medical nutritional therapy
Hospice
Outreach services to support retention in care
Emergency pharmacy assistance
Service linkage workers targeting newly diagnosed youth, primary care sites, and testing sites
Transportation by van, bus, and gas vouchers
Interpretation services (non-English and non-Spanish)

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(**Table 3**) In 2018, services funded by the Ryan White HIV/AIDS Program Part A, Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds for HIV care) served a total of 14,579 clients, of whom 75% were male (at birth), 25% were female (at birth), 16% were White, 53% were African American, and 29% were Hispanic/Latino. The five services with the largest volume of clients in 2017 were (1) primary medical care (at 8,874 clients), (2) service linkage for the newly diagnosed at primary medical care sites (at 7,431 clients), (3) medical case management (at 6,083 clients), (4) local pharmaceutical assistance (non-ADAP) (at 4,639 clients), and (5) oral health care services (at 3,590 clients).

TABLE 3-Number of Clients Served by the Ryan White HIV/AIDS Program Part A, B, MAI, and State Services in the Houston EMA/HSDA by Service Category, Sex at Birth, and Race/Ethnicity, 2018							
		Percent by Sex		Percent by Race/Ethnicity			
Service	Total Number Served	Male	Female	White	African American	Hispanic / Latino	Other
Total All Services/All Clients	14,579	75%	25%	16%	53%	29%	2%
Primary medical care	8,874	75%	25%	13%	50%	35%	2%
Vision care	2,565	75%	25%	16%	48%	35%	1%
Medical case management	6,083	73%	27%	14%	55%	28%	3%
Clinical case management	1,149	73%	27%	19%	62%	18%	1%
LPAP	4,639	77%	23%	15%	48%	35%	2%
Oral health	3,590	73%	27%	16%	53%	30%	1%
Health insurance assistance	2,203	81%	19%	26%	44%	27%	3%
Mental health counseling	217	90%	10%	47%	34%	18%	1%
Early intervention services	789	85%	15%	16%	70%	13%	1%
Adult day treatment	38	71%	26%	11%	55%	34%	0%
Substance abuse treatment	28	96%	4%	50%	25%	21%	4%
Medical nutritional therapy	476	79%	21%	21%	40%	35%	4%
Hospice	46	83%	17%	20%	57%	24%	0%
Outreach services	1,016	76%	24%	13%	5%	27%	2%
Pharmacy assistance	621	75%	25%	8%	50%	39%	3%
Service linkage, general	7,431	73%	27%	12%	57%	29%	2%
Service linkage, testing	180	71%	29%	5%	67%	25%	3%
Transportation by van	863	66%	34%	17%	58%	22%	3%
Transportation by bus	2,291	72%	28%	12%	70%	17%	1%
Translation services	50	58%	42%	2%	54%	6%	38%

Source: Ryan White Grant Administration and The Resource Group. All Services/All Grants. Presented 4/11/19

(**Graph 2**) The distribution of the population served by the Ryan White HIV/AIDS Program Part A, Minority AIDS Initiative (MAI), Part B, and State Services in 2018 closely mirrors the distribution of the total population of people living with HIV in the Houston EMA. In 2018, the program served a client population of 75% male by sex at birth and 25% female by sex at birth, the same composition by sex at birth as the EMA.

(**Graph 3**) The program also served 4% more African American, 1% more Hispanic/Latino, and 3% fewer White individuals living with HIV in 2018 than are represented in the HIV-diagnosed population as a whole.

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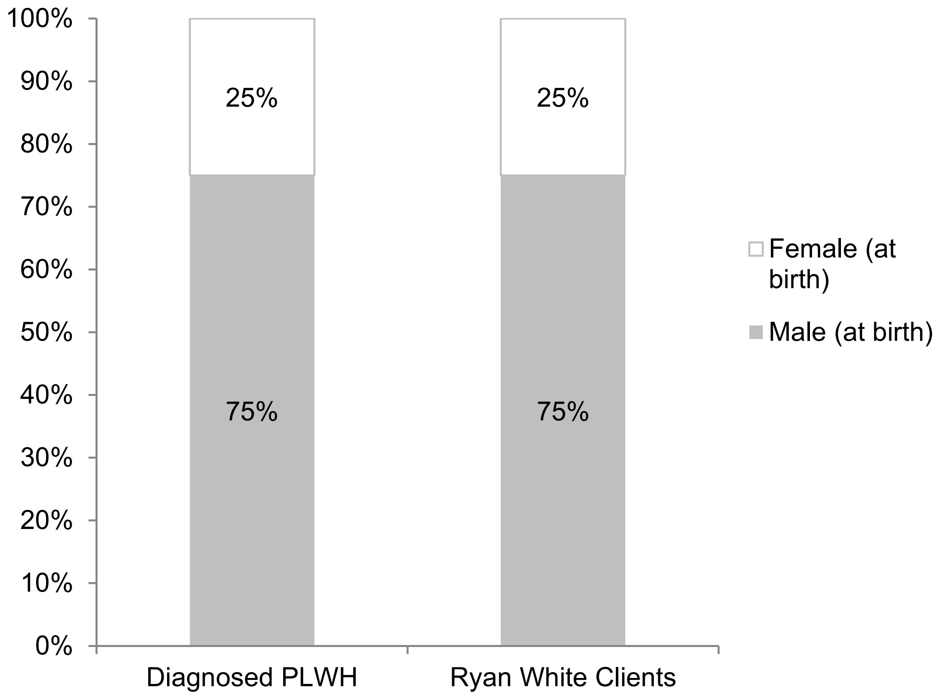
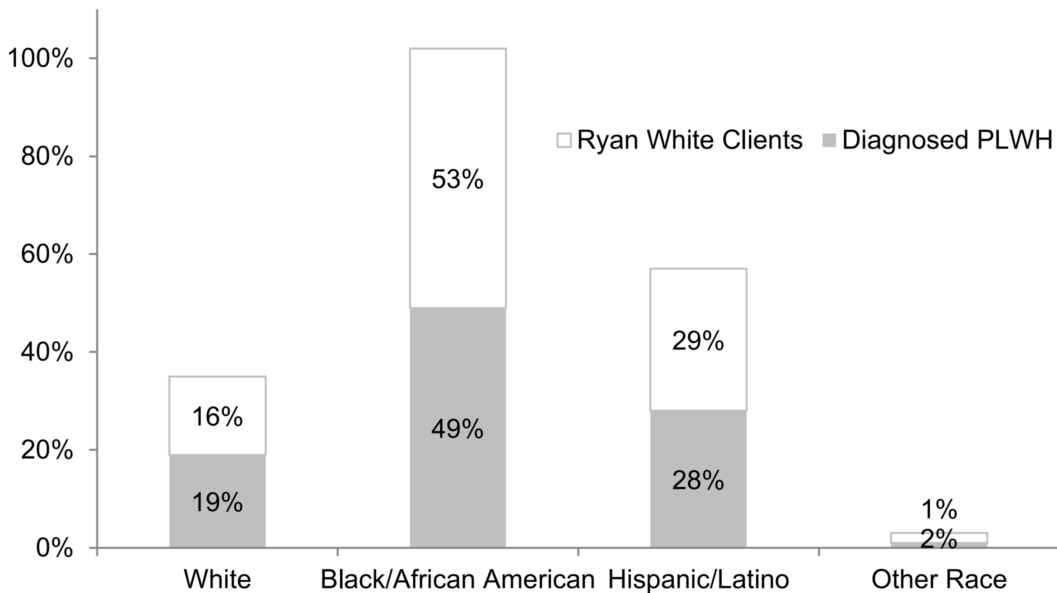
GRAPH 2-Comparison of Total Population Living with HIV[a] in the Houston EMA to the Population Served in the Ryan White HIV/AIDS Program[b] by Sex at Birth, 2018



[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17.
[b] Ryan White Grant Administration and The Resource Group. All Services/All Grants. Presented 4/11/19

GRAPH 3-Comparison of Total Population Living with HIV[a] in the Houston EMA to the Population Served in the Ryan White HIV/AIDS Program[b] by Race/Ethnicity, 2018



[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17.
[b] Ryan White Grant Administration and The Resource Group. All Services/All Grants. Presented 4/11/19

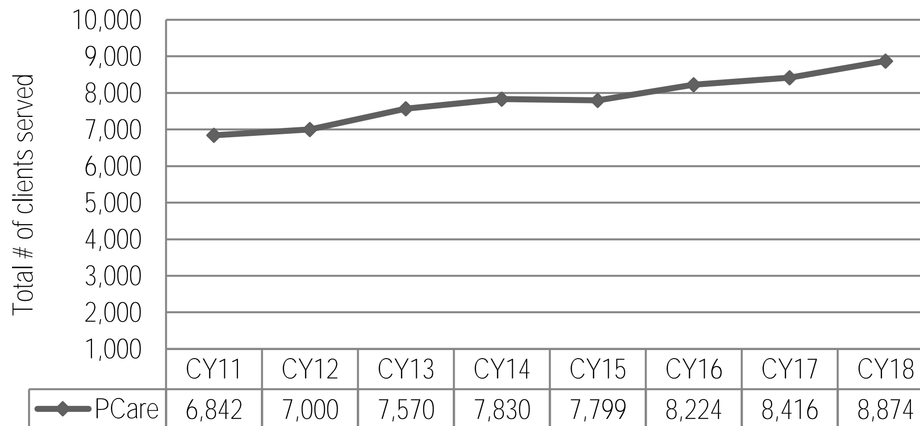
Detail of Selected Ryan White HIV/AIDS Program Service Categories

The Ryan White HIV/AIDS Program Part A, Minority AIDS Initiative (MAI), Part B, and State Services (matching funds from the State of Texas) funds can support HIV care for people residing in the Houston Area geographic service designations across a range of service categories. These funds support HIV care including services that produce medical outcomes related to HIV (i.e., core medical services) and those that directly link individuals to medical outcomes (i.e. support services). At least 75% of Ryan White funds must be spent on core medical services, and no more than 25% on supportive services. This section provides details about service utilization for six selected core medical services currently funded by the program in the Houston EMA. Utilization data for select service categories below differs from the final total population data reported above, as these data reference Centralized Patient Care Data Management System (CPCDMS) reports run in early April 2019, before final closeout data for FY2018 were available.

Primary Care

(**Graph 4**) Between 2011 to 2018, the number of clients receiving HIV primary care through the Ryan White HIV/AIDS Program in the Houston EMA increased by 30%, or 2,032 clients. This was an average increase of 290 new clients each year.

GRAPH 4-Total Number of Persons Receiving Primary Care through the Ryan White HIV/AIDS Program in the Houston EMA, from 2011 to 2018



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

(**Table 4**) In 2018, 7,746 unduplicated clients received HIV primary care through the Ryan White HIV/AIDS Program in the Houston EMA. Of these, 75% were male at birth, 25% were female at birth, 12% were White, 49% were African American, 37% were Hispanic/Latino, 6% were under age 24, 81% were between ages 25 and 54, and 12% were age 55 and up. Comparison of client proportions of the total number of people living with HIV in the Houston EMA in 2017 yield higher and lower than expected proportions of populations using HIV primary care. Utilization of Ryan White HIV primary care was higher than expected among Hispanic/Latino individuals (by 9%), and individuals ages 25 to 34 and 35 to 44 (by 10% and 5%, respectively). Populations under-represented were White individuals (by 7%) and

individuals 55 to 64 and age 65 and over (by 3% and 7% respectively). Due to differences in data calculation methodology, reported risk cannot be compared.

TABLE 4-People Living with HIV[a] and Receiving Primary Care[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		In RW Primary Care	
	Number	%	Number	%
Total	28,225	100%	7,746	100%
Sex at Birth				
Male	21,178	75%	5,834	75%
Female	7,047	25%	1,912	25%
Race/Ethnicity				
White	5,321	19%	962	12%
African American	13,830	49%	3,779	49%
Hispanic/Latino	7,926	28%	2,840	37%
Other	389	1%	126	2%
Multiracial	759	3%	39	1%
Age				
0 - 12	60	0%	--	--
13 - 24	1,230	4%	457	6%
25 - 34	5,738	20%	2,331	30%
35 - 44	6,632	23%	2,130	27%
45 - 54	7,649	27%	1,885	24%
55 - 64	5,186	18%	860	11%
65+	1,730	6%	82	1%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	3,177	41%
People with injection drug use (PWIDU)	2,368	8%	94	1%
MSM/IDU	1,099	4%	20	0%
Sex with male / Sex with female	8,263	29%	2,836	37%
Perinatal transmission	343	1%	68	1%
Adult other risk	18	0%	1,551	20%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17

[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018

[c]For living cases, those with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification. This is not the case for RW primary care clients. Therefore, data on risk composition should not be used comparatively.

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(**Table 5**) Of clients served for HIV primary care in 2018 by the Ryan White HIV/AIDS Program, the majority were Houston/Harris County residents (91%). In addition, 22% were monolingual Spanish speakers (up from 17% in 2011), 16% were homeless (up from 6% in 2011), 2% were transgender, and 3% had either active substance abuse or an active psychiatric illness.

TABLE 5-Selected Subpopulations of People Receiving Primary Care through the Ryan White HIV/AIDS Program (RW) in the Houston EMA, 2018

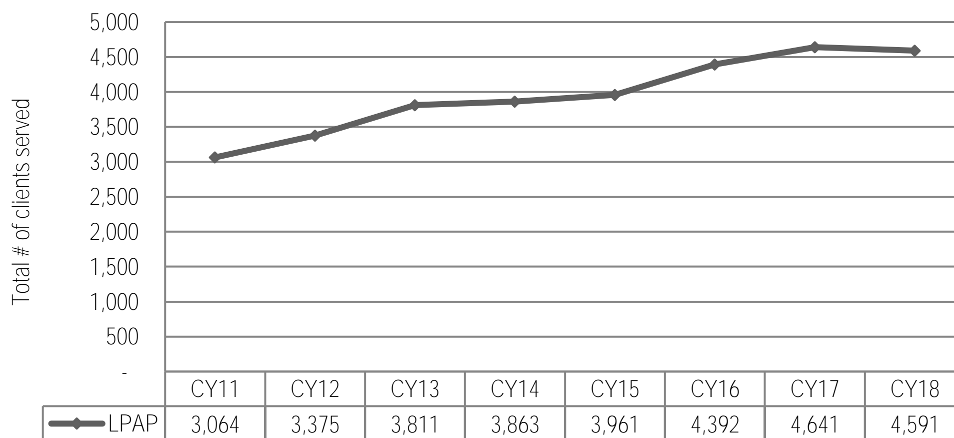
	Number	%
Total Unduplicated Clients	7,746	100%
Monolingual Spanish	1,722	22%
Homeless	1,278	16%
Transgender	128	2%
Houston/Harris County residents	7,053	91%
Non-Houston/Harris County residents	693	9%
Active substance abuse	75	1%
Active psychiatric illness	178	2%

Source: Harris County Public Health Services, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018

Local Pharmacy Assistance Program (LPAP)

(**Graph 5**) Between 2011 to 2018, the number of clients receiving the local pharmacy assistance program (LPAP) through the Ryan White HIV/AIDS Program in the Houston EMA increased by 50%, or 1,527 clients. This was an average increase of 218 new clients each year.

GRAPH 5-Total Number of Persons Served in the Local Pharmacy Assistance Program (LPAP) in the Houston EMA, from 2011 to 2018



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

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(**Table 6**) In 2018, 5,457 unduplicated clients received LPAP in the Houston EMA. Of these, 77% were male, 23% were female, 15% were White, 478% were African American, 35% were Hispanic/Latino, 5% were under age 24, 30% were age 25 to 34, and 12% were age 55 and over. Comparison of client proportions of the total number of people living with HIV in the Houston EMA in 2017 yield higher and lower than expected proportions of populations using LPAP. Utilization of Ryan White LPAP was higher than expected among males (by 2%), Hispanic/Latino individuals (by 7%), and individuals ages 25 to 34 and 35 to 44 (by 10% and 5%, respectively). Populations under-represented were females (by 2%), White individuals (by 4%), multiracial individuals (by 3%), and individuals ages 45 to 54, 55 to 64, 65 and over (by 2%, 7%, and 5% respectively). Due to differences in data calculation methodology, reported risk cannot be compared.

TABLE 6-People Living with HIV[a] and Receiving Local Pharmacy Assistance Program (LPAP)[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		RW LPAP Clients	
	Number	%	Number	%
Total	28,225	100%	4,591	100%
Sex at Birth				
Male	21,178	75%	3,540	77%
Female	7,047	25%	1,051	23%
Race/Ethnicity				
White	5,321	19%	692	15%
African American	13,830	49%	2,219	48%
Hispanic/Latino	7,926	28%	1,589	35%
Other	389	1%	70	2%
Multiracial	759	3%	21	0%
Age				
0 - 12	60	0%	--	--
13 - 24	1,230	4%	244	5%
25 - 34	5,738	20%	1,379	30%
35 - 44	6,632	23%	1,284	28%
45 - 54	7,649	27%	1,134	25%
55 - 64	5,186	18%	491	11%
65+	1,730	6%	59	1%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	2,043	45%
People with injection drug use (PWIDU)	2,368	8%	62	1%
MSM/IDU	1,099	4%	11	0%
Sex with Male / Sex with Female	8,263	29%	1,471	32%
Perinatal transmission	343	1%	40	1%
Adult other risk	18	0%	964	21%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17
[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018
[c]For living cases, those with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification. This is not the case for RW primary care clients. Therefore, data on risk composition should not be used comparatively.

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(**Table 7**) Of clients receiving LPAP in 2018 by the Ryan White HIV/AIDS Program, the majority were Houston/Harris County residents (89%). In addition, 18% were monolingual Spanish speakers, 19% were homeless, 2% were transgender, and 4% had either active substance abuse or an active psychiatric illness.

TABLE 7-Selected Subpopulations of People Receiving LPAP through the Ryan White HIV/AIDS Program (RW) in the Houston EMA, 2018

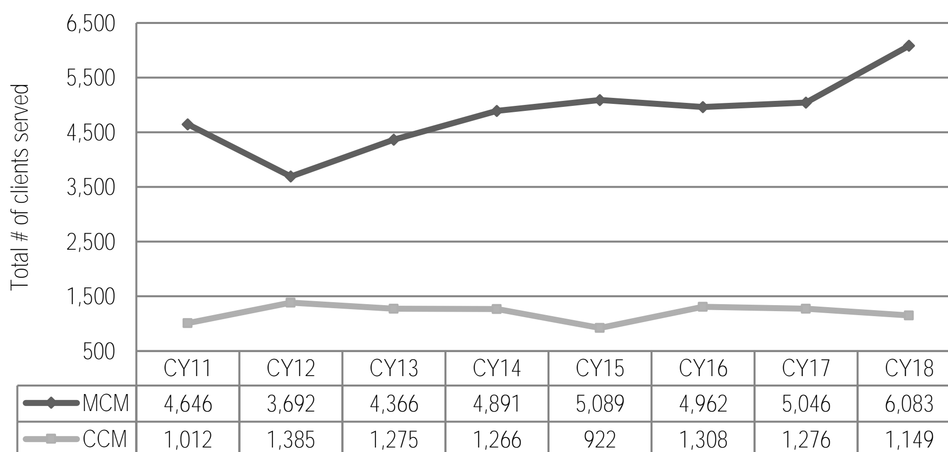
	Number	%
Total Unduplicated Clients	4,591	100%
Monolingual Spanish	843	18%
Homeless	855	19%
Transgender	102	2%
Houston/Harris County residents	4,102	89%
Non-Houston/Harris County residents	489	11%
Active substance abuse	39	1%
Active psychiatric illness	121	3%

Source: Harris County Public Health Services, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018

Clinical/Medical Case Management

(**Graph 6**) Between 2011 to 2018, the number of clients receiving case management through the Ryan White HIV/AIDS Program in the Houston EMA increased by 12%, or 664 clients. This was an average increase of 95 new clients each year across both service categories. The number of clients receiving clinical case management (CCM) increased by 26%, or 264 clients. The number of client receiving medical case management (MCM) increased by 7%, or 400 clients.

GRAPH 6-Total Number of Persons Receiving Case Management through the Ryan White HIV/AIDS Program in the Houston EMA, from 2011 to 2018



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

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(**Table 8**) In 2018, 6,689 unduplicated clients received case management through the Ryan White HIV/AIDS Program in the Houston EMA. Of these, 74% were male, 26% were female, 15% were White, 56% were African American, 27% were Hispanic/Latino, 9% were under age 24, 28% were age 25 to 34, and 17% were age 55 and over. Comparison of client proportions of the total number of people living with HIV in the Houston EMA in 2017 yield higher and lower than expected proportions of populations using case management. Utilization of Ryan White case management was higher than expected among African American individuals (by 7%), individuals ages 13 to 24 (by 4%), and individuals age 25 to 34 (by 8%). Populations under-represented were White individuals (by 4%), multiracial individuals (by 2%), and individuals ages 45 to 54, 55 to 64, 65 and over (by 5%, 4%, and 3% respectively). Due to differences in data calculation methodology, reported risk cannot be compared.

TABLE 8-People Living with HIV[a] and Case Management[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		RW Case Management Clients	
	Number	%	Number	%
Total	28,225	100%	6,689	100%
Sex at Birth				
Male	21,178	75%	4,953	74%
Female	7,047	25%	1,736	26%
Race/Ethnicity				
White	5,321	19%	1,006	15%
African American	13,830	49%	3,754	56%
Hispanic/Latino	7,926	28%	1,795	27%
Other	389	1%	93	1%
Multiracial	759	3%	41	1%
Age				
0 - 12	60	0%	65	1%
13 - 24	1,230	4%	527	8%
25 - 34	5,738	20%	1,893	28%
35 - 44	6,632	23%	1,576	24%
45 - 54	7,649	27%	1,486	22%
55 - 64	5,186	18%	936	14%
65+	1,730	6%	206	3%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	2,800	42%
People with injection drug use (PWIDU)	2,368	8%	102	2%
MSM/IDU	1,099	4%	16	0%
Sex with Male / Sex with Female	8,263	29%	2,442	37%
Perinatal transmission	343	1%	146	2%
Adult other risk	18	0%	1,183	18%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17
[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018. Included both clinical case management and medical case management.
[c]For living cases, those with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification. This is not the case for RW clients. Therefore, data on risk composition should not be used comparatively.

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(**Table 9**) Of clients who received case management in 2018 through the Ryan White HIV/AIDS Program, the majority were Houston/Harris County residents (88%). In addition, 13% were monolingual Spanish speakers, 16% were homeless, 2% were transgender, and 6% had either active substance abuse or an active psychiatric illness.

TABLE 9-Selected Subpopulations of People Receiving Case Management through the Ryan White HIV/AIDS Program (RW) in the Houston EMA, 2018

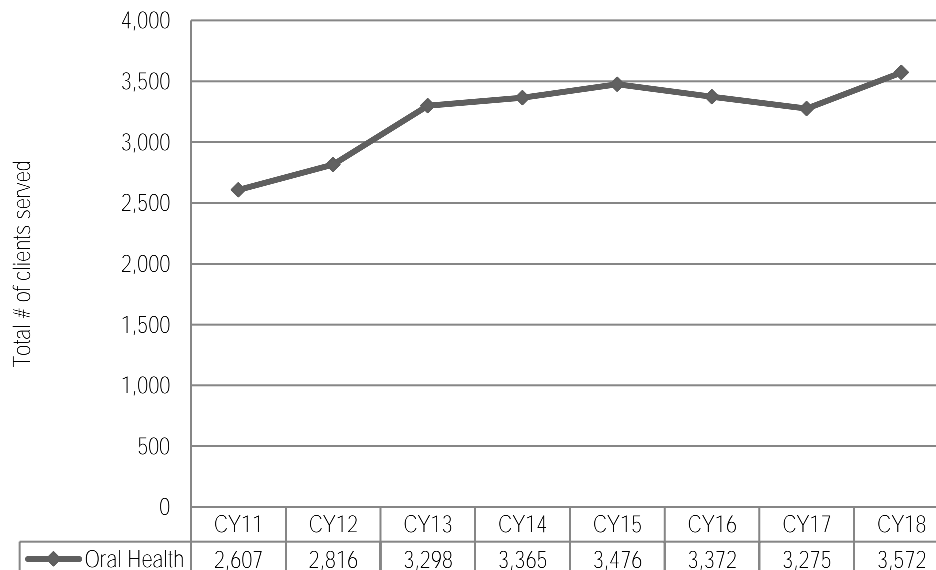
	Number	%
Total Unduplicated Clients	6,689	100%
Monolingual Spanish	866	13%
Homeless	1,103	16%
Transgender	108	2%
Houston/Harris County residents	5,880	88%
Non-Houston/Harris County residents	809	12%
Active substance abuse	95	1%
Active psychiatric illness	309	5%

Source: Harris County Public Health Services, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018

Oral Health

(**Graph 7**) Between 2011 to 2018, the number of clients receiving oral health care through the Ryan White HIV/AIDS Program in the Houston EMA increased by 37%, or 965 clients. This was an average increase of 134 new clients each year

GRAPH 7-Total Number of Persons Receiving Oral Health Care through the Ryan White HIV/AIDS Program in the Houston EMA, from 2011 to 2018



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

(**Table 10**) In 2018, 3,572 unduplicated clients received oral health care through the Ryan White HIV/AIDS Program in the Houston EMA. Of these, 73% were male, 27% were female, 16% were White (down from 27% in 2011), 53% were African American (up from 44% in 2011), 30% were Hispanic/Latino (up from 27% in 2011), 3% were under age 24, 28% were age 45 to 54, and 29% were age 55 and over. Utilization of Ryan White oral health care was higher than expected among females (by 2%), African American individuals (by 4%), Hispanic/Latino individuals (by 2%), and individuals ages 55 to 64 (by 5%). Populations under-represented were males (by 2%) White individuals (by 4%), multiracial individuals (by 3%), and individuals ages 25 to 34 (by 2%). Due to differences in data calculation methodology, reported risk cannot be compared.

TABLE 10-People Living with HIV[a] and Oral Health Care[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		RW Oral Health Care Clients	
	Number	%	Number	%
Total	28,225	100%	3,572	100%
Sex at Birth				
Male	21,178	75%	2,608	73%
Female	7,047	25%	964	27%
Race/Ethnicity				
White	5,321	19%	555	16%
African American	13,830	49%	1,876	53%
Hispanic/Latino	7,926	28%	1,077	30%
Other	389	1%	48	1%
Multiracial	759	3%	16	0%
Age				
0 - 12	60	0%	--	--
13 - 24	1,230	4%	99	3%
25 - 34	5,738	20%	633	18%
35 - 44	6,632	23%	781	22%
45 - 54	7,649	27%	1,009	28%
55 - 64	5,186	18%	826	23%
65+	1,730	6%	221	6%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	1,345	38%
People with injection drug use (PWIDU)	2,368	8%	50	1%
MSM/IDU	1,099	4%	9	0%
Sex with Male / Sex with Female	8,263	29%	1,212	34%
Perinatal transmission	343	1%	24	1%
Adult other risk	18	0%	932	26%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17
[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018.
[c]For living cases, those with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification. This is not the case for RW clients. Therefore, data on risk composition should not be used comparatively.

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(**Table 11**) Of clients who received oral health care in 2018 through the Ryan White HIV/AIDS Program, the majority were Houston/Harris County residents (90%). In addition, 18% were monolingual Spanish speakers (up from 13% in 2011), 12% were homeless (up from 4% in 2011), 2% were transgender, and 6% had either active substance abuse or an active psychiatric illness.

TABLE 11-Selected Subpopulations of People Receiving Oral Health Care through the Ryan White HIV/AIDS Program (RW) in the Houston EMA, 2018

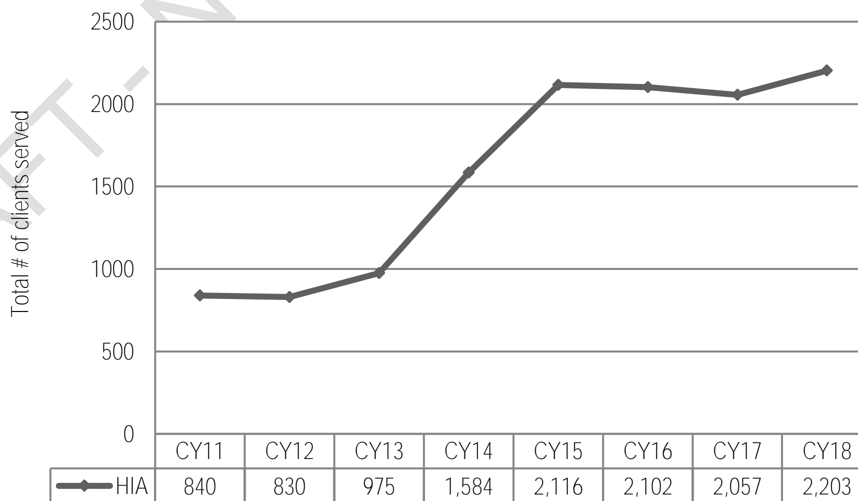
	Number	%
Total Unduplicated Clients	3,572	100%
Monolingual Spanish	649	18%
Homeless	427	12%
Transgender	55	2%
Houston/Harris County residents	3,223	90%
Non-Houston/Harris County residents	349	10%
Active substance abuse	32	1%
Active psychiatric illness	166	5%

Source: Harris County Public Health Services, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018- December 31, 2018

Health Insurance Assistance

(**Graph 8**) Between 2011 to 2018, the number of clients receiving oral health care through the Ryan White HIV/AIDS Program in the Houston EMA increased by 162%, or 1,363 clients. This was an average increase of 194 new clients each year.

GRAPH 8-Total Number of Persons Receiving Health Insurance Assistance through the Ryan White HIV/AIDS Program in the Houston EMA, from 2011 to 2019



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

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(**Table 12**) In 2018, 2,202 unduplicated clients received health insurance assistance through the Ryan White HIV/AIDS Program in the Houston EMA. Of these, 81% were male, 19% were female, 26% were White (down from 38% in 2011), 44% were African American, 27% were Hispanic/Latino (up from 17% in 2011), 2% were under the age of 24, 29% were ages 45 to 54, and 31% were age 55 and over. Utilization of Ryan White health insurance assistance was higher than expected among males (by 6%), White individuals (by 7%), individuals from the Other race/ethnicity category (by 2%), and individuals ages 45 to 54 and 55 to 64 (by 2% and 6%, respectively). Due to differences in data calculation methodology, reported risk cannot be compared.

TABLE 12-People Living with HIV[a] and Health Insurance Assistance[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		RW HIA Clients	
	Number	%	Number	%
Total	28,225	100%	2,202	100%
Sex at Birth				
Male	21,178	75%	1,773	81%
Female	7,047	25%	429	19%
Race/Ethnicity				
White	5,321	19%	569	26%
African American	13,830	49%	978	44%
Hispanic/Latino	7,926	28%	588	27%
Other	389	1%	67	3%
Multiracial	759	3%	14	1%
Age				
0 - 12	60	0%	--	--
13 - 24	1,230	4%	45	2%
25 - 34	5,738	20%	390	18%
35 - 44	6,632	23%	439	20%
45 - 54	7,649	27%	636	29%
55 - 64	5,186	18%	528	24%
65+	1,730	6%	163	7%
Risk Category[c]				
Male-male sexual contact (MSM)	16,133	57%	975	44%
People with injection drug use (PWIDU)	2,368	8%	20	1%
MSM/IDU	1,099	4%	6	0%
Sex with Male / Sex with Female	8,263	29%	538	24%
Perinatal transmission	343	1%	13	1%
Adult other risk	18	0%	650	30%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17
[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018.
[c]For living cases, those with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification. This is not the case for RW clients. Therefore, data on risk composition should not be used comparatively.

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(**Table 13**) Of clients who received health insurance assistance in 2018 through the Ryan White HIV/AIDS Program, the majority were Houston/Harris County residents (88%). In addition, 9% were monolingual Spanish speakers (up from 4% in 2011), 10% were homeless (up from 4% in 2011), 0.5% were transgender, and 3% had either active substance abuse or an active psychiatric illness.

TABLE 13-Selected Subpopulations of People Receiving Health Insurance Assistance through the Ryan White HIV/AIDS Program (RW) in the Houston EMA, 2018

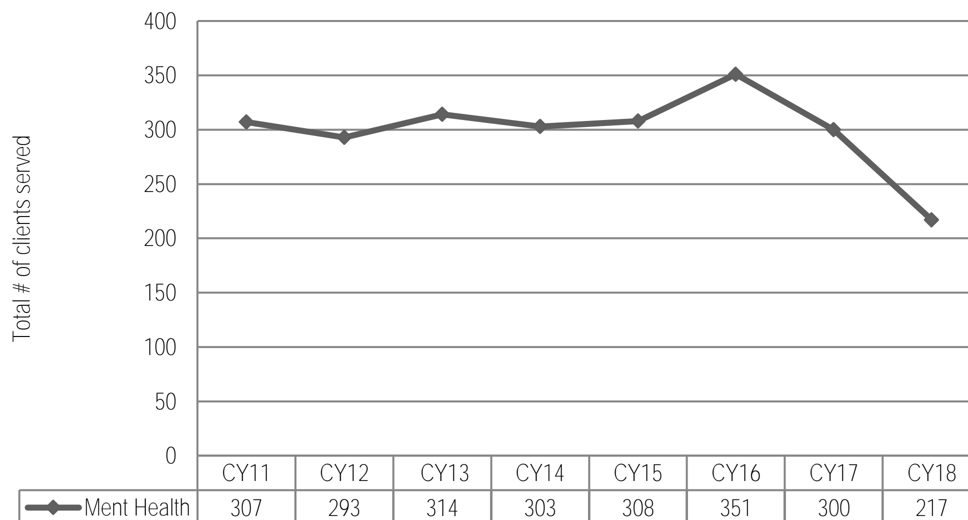
	Number	%
Total Unduplicated Clients	2,202	100%
Monolingual Spanish	189	9%
Homeless	222	10%
Transgender	11	0.5%
Houston/Harris County residents	1,937	88%
Non-Houston/Harris County residents	265	12%
Active substance abuse	8	0%
Active psychiatric illness	61	3%

Source: Harris County Public Health Services, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018

Mental Health Services

(**Graph 9**) Between 2011 to 2018, the number of clients receiving mental health services through the Ryan White HIV/AIDS Program in the Houston EMA decreased by 29%, or 90 clients, following an increase to 351 clients served in 2016. Since the 2016 increase, the average decrease was by 67 new clients each year.

GRAPH 9-Total Number of Persons Receiving Mental Health Services through the Ryan White HIV/AIDS Program in the Houston EMA, from 2011 to 2018



Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management System (CPCDMS) Reporting Period: January 1, 2011 - December 31, 2018.

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(**Table 14**) In 2018, 317 unduplicated clients received mental health services through the Ryan White HIV/AIDS Program in the Houston EMA. Of these, 90% were male (up from 88% in 2011), 10% were female (down from 13% in 2011), 47% were White, 34% were African American (up from 31% in 2011), 18% were Hispanic/Latino, 34% were under 25 to 44, 59% were 44 to 65, and 6% were age 65 and over. Utilization of Ryan White mental health services was higher than expected among males (by 15%), White individuals (by 28%), and individuals ages 25 to 44 and 45 to 64 (by 14% and 36%, respectively). Reported risk and subpopulations were not captured in the source material.

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TABLE 14-People Living with HIV[a] and Mental Health Services[b] through the Ryan White HIV/AIDS Program (RW) in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Risk, 2018

	All Diagnosed PLWH		RW Mental Health Svcs. Clients	
	Number	%	Number	%
Total	28,225	100%	217	100%
Sex at Birth				
Male	21,178	75%	196	90%
Female	7,047	25%	20	9%
Race/Ethnicity[b]				
White	5,321	19%	102	47%
African American	13,830	49%	74	34%
Hispanic/Latino	7,926	28%	39	18%
Other / Multiracial	389	1%	--	--
Age[c]				
0 - 12	60	0%	--	--
13 - 24	1,230	4%	--	
25 - 44	5,738	20%	73	34%
45 - 64	6,632	23%	127	59%
65+	1,730	6%	12	6%

[a]Source: Texas eHARS. Diagnosed PLWH as of 12/31/17
[b]Source: Harris County Public Health, Ryan White Grant Administration. Centralized Patient Care Data Management Sysytem (CPCDMS) Reporting Period: January 1, 2018 - December 31, 2018.
[c]Source: The Resource Group, 2018 Chart Review Report. Reporting Period: January 1, 2018 - December 31, 2018.

The Houston HIV Care Continuum

According to the Centers for Disease Control and Prevention (CDC), there were over 1.1 million people with HIV in the U.S. as of 2016.[1] Of those, 86% are aware of their positive HIV status, and, of those aware, 74% are engaged in HIV medical care.[2] In addition, 51% were in continuous care throughout the calendar year, and 62% of diagnosed persons in

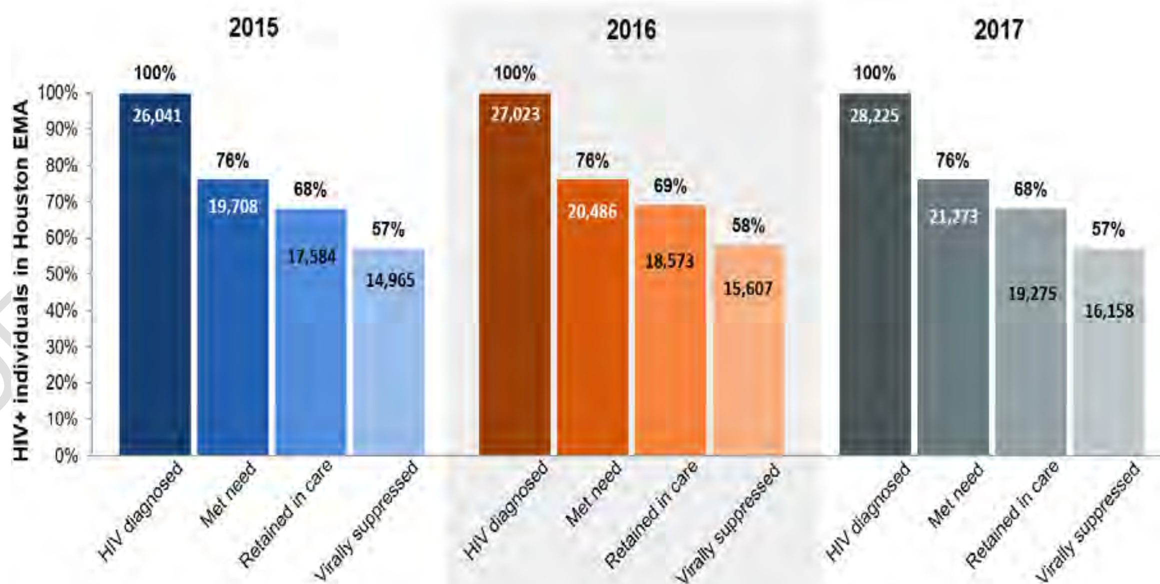
the U.S. also have a suppressed HIV viral load. Referred to as the HIV Care Continuum, this measures of engagement with the HIV care system from diagnosis through viral suppression offers a graphical depiction useful for HIV prevention and care services evaluation and planning.

The Houston Eligible Metropolitan Area (EMA) HIV Care Continuum (HCC) describes community-wide access and service gaps for Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties, and is created using reported to the Texas Department of State Health Services (DSHS). DSHS manages surveillance and care data for the state of Texas, and compiles various sources of data for establishing evidence of care (e.g., public and private payer data). DSHS is unable to release a local estimate of the number of people living with undiagnosed HIV; therefore, the Houston EMA HCC is a diagnosis-based continuum containing population-based data. Each stage of the Houston EMA HCC is depicted as a percentage of diagnosed people living with HIV (PLWH) who live in the Houston EMA. The Continuum reflects the number of PLWH who have been diagnosed ('HIV diagnosed'); and among those diagnosed, the numbers and proportions of PLWH with records of engagement in HIV care ('Met need'), retention in care ('Retained in care'), and viral suppression ('Virally suppressed') within a calendar year.

[1] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1).
[2]Centers for Disease Control and Prevention, selected National HIV Prevention and Care Outcomes in the United States. July 2019.

(**Graph 10**) In 2017, there were 28,225 diagnosed people with living HIV in the EMA, up from 26,041 in 2015. Among those diagnosed as of 2017, 76% were engaged in HIV medical care, and 68% were retained in HIV care throughout the calendar year. The virally suppressed proportion of all diagnosed PLWH in the Houston EMA in 2017 was 57%.

GRAPH 10- Houston EMA HIV Care Continuum, 2015-2017



Source: TDSHS, 2018