



# HIV in the Houston Area

2024 Epidemiologic Supplement for  
HIV Prevention and Care Services Planning

## CONTENTS

Executive Summary..... 3

Comparison of Local, State, and National HIV Rates, 2022.....4

**Houston/Harris County** .....5

    New HIV Diagnoses, 2022.....5

    People Living with HIV, 2022.....6

**Houston Eligible Metropolitan Area** .....7

    New HIV Diagnoses, 2021 and 2022.....7

    People Living with HIV, 2021 and 2022.....8

    Comparison of the Houston EMA Population to the Population  
        Living with HIV, 2022 .....9

    The Houston EMA HIV Care Continuum, 2022.....11

**Houston HIV Health Service Delivery Area** .....12

    New HIV Diagnoses, 2021 and 2022.....12

    People Living with HIV, 2021 and 2022 .....13

    The Houston HSDA HIV Care Continuum, 2022.....14

Produced Through a Partnership between:



**Houston Area Ryan  
White Planning  
Council**



**Houston Health  
Department**

## **Disclaimer**

This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning*. (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County, the Houston Eligible Metropolitan Area (EMA) and the Houston Health Services Delivery Area (HSDA) for the reporting period of January 1 to December 31, 2022. The 2021 data for EMA and HSDA was unavailable when we prepared last year's report. It will be included in this year's report. It is intended for use in HIV prevention and care services planning conducted in years 2024-2025. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. The *2019 Epidemiologic Profile* should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

## **Funding acknowledgment**

This document is supported by CDC-RFA-PS18-1802 | PS24-0047 from the Centers for Disease Control and Prevention (**CDC**) as part of an award totaling \$8,671,634. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

This document is also supported by the Health Resources and Services Administration (**HRSA**) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

## **Suggested citation**

Houston Health Department and Ryan White Planning Council Office of Support. *HIV in the Houston Area: 2024 Epidemiologic Supplement for HIV Prevention and Care Services Planning*. Houston Health Department, 2024. Approved: November 14, 2024

## **Acknowledgments**

The development of this document was overseen by the Ryan White Planning Council and HIV Prevention Community Planning Group.

## **Contributors, reviewers, and staff**

Houston Health Department

- Bingjie Li, Epidemiologist Biostatistician
- Alamou Sanoussi, Epidemiologist Supervisor
- Imran Shaikh, Data Services Program Manager
- Salma Khuwaja, HIV Division Manager
- Kirstin Short, Epidemiology Bureau Chief
- Marlene McNeese, Deputy Assistant Director
- Roger Sealy, Assistant Director

Ryan White Planning Council Office of Support

- Beth W. Allen, Interim Health Planner
- Victoria Williams, Director

Ryan White Grant Administration/Harris County Public Health Department

- Nithya Lakshmi Mohan Dass, Data Analyst and Epidemiologist

Special thanks to the HIV surveillance team at the Houston Health Department (HHD):

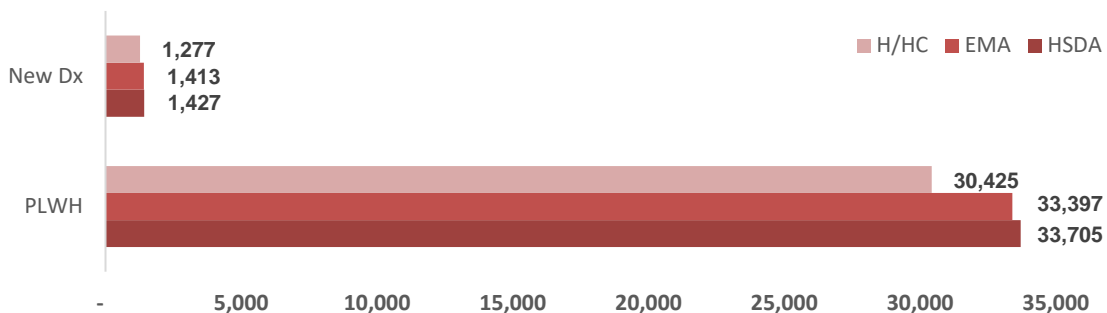
Hafeez Rehman, Jeffrey Meyer, Maha Al-Selwadi, Safina Hsu, Paloma Ortega, Raoul Garcia, Veronica Anderson, Juan Gonzalez, Jr., Denise Guzman, Mayra Serrato, Andrea Diarte

## EXECUTIVE SUMMARY

Local communities use data on patterns of HIV, or HIV epidemiology, to better understand the portion of the population diagnosed and living with HIV. Understanding this helps local communities make informed decisions about HIV funding, services, and quality.

This document is a supplement to *HIV in the Houston Area: The 2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning* (2019) and provides updated data on core HIV indicators used in local planning. It includes data on 2022 HIV diagnoses and cumulative prevalence data for people living with HIV (PLWH), for three local geographic jurisdictions: (1) Harris County and Houston, its county seat; (2) the Houston Eligible Metropolitan Area (EMA), encompassing Harris, Chambers, Fort Bend, Liberty, Montgomery, and Waller counties; and (3) the Houston Health Services Delivery Area (HSDA), which adds Austin, Colorado, Walker, and Wharton counties. Each area is represented in the report by the abbreviations H/HC, EMA, and HSDA, respectively, in the top left corner of each page. A summary of key data appears in the text and graph (Figure 1) below:

- In 2022, 1,413 new diagnoses of HIV were reported in the Houston EMA, a 5% increase from 2021 (2021 total = 1,346). At the time of diagnosis, 90% resided in Houston/Harris County.
- At the end of calendar year 2022, there were 33,397 diagnosed people living with HIV in the Houston EMA, a 5% increase from 2021 (2021 total = 31,816). In 2022, 91% of PLWH who lived in the EMA resided in Houston/Harris County.
- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and PLWH continue to exceed rates both for Texas and the United States in 2022. The rate of new HIV diagnoses in Houston/Harris County is more than twice the rate for the country.
- Compared to the general population in the Houston EMA, the PLWH population in 2022 is disproportionately male, predominantly African American, and 35 to 44 years of age. Among new HIV diagnoses, the largest proportion by age group is younger, ages 25 to 34.
- Among 33,397 HIV-diagnosed individuals in the Houston EMA in 2022, 76.4% had received care (at least one CD4/viral load test in the year); 55.2% were retained in HIV care (at least two CD4/viral load tests in the year, at least three months apart); and 62.2% maintained or reached viral load suppression ( $\leq 200$  copies/mL).



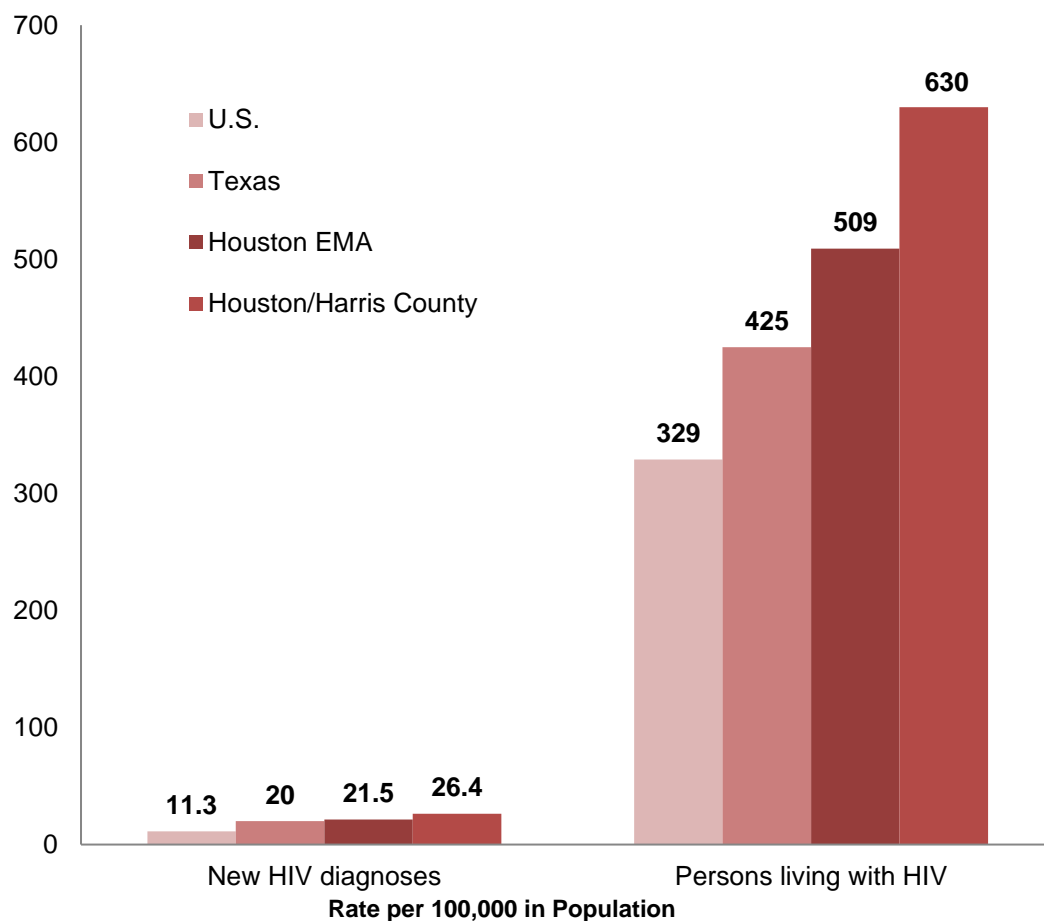
**Figure 1. Number of New HIV Diagnoses and People Living with HIV in the three local geographic jurisdictions, 2022**

*Note.* New HIV diagnoses (Dx) were made in people living in the Houston EMA from January 1, 2022, through December 31, 2022. People living with HIV were counted at the end of the 2022 calendar year. *Source.* Texas Enhanced HIV and AIDS Reporting System [eHARS] data as of December 22, 2022

## COMPARISON OF LOCAL, STATE, AND NATIONAL HIV RATES

A comparison of core HIV epidemiological indicators between the two Houston area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document (Figure 2).

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or PLWH per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston area is greater than the state and the nation, even when adjusted for population size. In 2022, the Houston EMA had the highest new HIV diagnoses of any EMA/Transitional Grant Areas in Texas, according to epidemiological data provided by the Texas Department of State Health Services (TDSHS).



**Figure 2. Rate of New HIV Diagnoses and of People Living with HIV for the U.S., Texas, and Houston Area Jurisdictions.**

Sources. United States—Centers for Disease Control and Prevention, *HIV Surveillance Report: Diagnoses, Deaths, and Prevalence of HIV in the United States and Six Territories and Freely Associated States, 2022*, Atlanta, 2024; Texas—AIDSvu, *Rates of New Diagnoses and Persons Living with HIV, 2022*, Emory University School of Public Health, 2024; Houston EMA—HIV Prevalence, 2022, Texas Department of State Health Services, Texas Enhanced HIV and AIDS Reporting System [eHARS], 2024; Houston/Harris County—Diagnoses, 2022, and Prevalence, 2022, eHARS, 2024.

## NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY

In 2022, 1,277 new diagnoses of HIV disease (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County (H/HC), an 8% increase from 2021 (2021 total = 1,182). The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 24.9 to 26.4, while the rate of stage 3 HIV was approximately 6 new diagnoses for every 100,000 residents. When compared to 2021, increases in new HIV rates occurred among both gender groups, white, Hispanic/Latinx, and people 25 to 44 years of age.

Proportionally, Hispanic/Latinx made up the majority of new HIV diagnoses in 2022 at 46%, followed by Black/African Americans at 37%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 72%, followed by Sex with male/Sex with female (formerly heterosexual) at 20%.

**Table 1. New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2022**

Characteristics	New HIV <sup>a</sup>			New stage 3 HIV		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
<b>Total</b>	1,277	100.0	26.4	287	100.0	5.9
<b>Sex assigned at Birth</b>						
Male	1,045	81.8	43.5	235	81.9	9.8
Female	232	18.2	9.6	52	18.1	2.1
<b>Race/Ethnicity</b>						
Black/African American, not Hispanic	468	36.6	52.0	100	34.8	11.1
White, not Hispanic	166	13.0	13.1	37	12.9	2.9
Hispanic/Latino	585	45.8	27.2	141	49.1	6.6
Other/Multiracial	58	4.5	11.4	9	3.1	1.8
<b>Age at Diagnosis<sup>b</sup></b>						
0 - 24	246	19.3	14.4	27	9.4	1.6
25 - 34	536	42.0	72.5	101	35.2	13.7
35 - 44	260	20.4	37.1	68	23.7	9.7
45 - 54	129	10.1	21.5	43	15.0	7.2
55 - 64	84	6.6	16.5	36	12.5	7.1
65+	22	1.7	3.9	12	4.2	2.1
<b>Transmission Risk<sup>c</sup></b>						
Male-to-male sexual contact (MSM)	915.1	71.83	---	188.1	65.5	---
Person who injects drugs (PWID)	71.8	5.64	---	21	7.3	---
MSM/PWID	32.1	2.52	---	7.8	2.7	---
Sex with male/Sex with female	255	20.02	---	70.1	24.4	---

Note. Rates are per 100,000 population.

Sources. Case data collected from Texas eHARS and analyzed by the Houston Health Department. Population data for Harris County from U.S. Census Bureau, American Community Survey, 2022: ACS 1-Year Estimates, and data for the collection of blocks representing the area of Houston outside Harris County from U.S. Census Bureau, Decennial Census, 2020.

<sup>a</sup> People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County.

<sup>b</sup> Age group 0–12 years old was combined with group 13–24 years old because 0–12 years' category had fewer than five cases and could not be reported.

<sup>c</sup> People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention. Population data are not available for risk groups; therefore, it is impossible to calculate rate by risk. A dash represents the absence of a rate. Data for "Perinatal," "Adult other," and "Pediatric other" transmission were not reported because some cells had fewer than five cases.

## PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY

Data on the total number of people living with HIV (PLWH) in Houston/Harris County is available as of the end of calendar year 2022. At that time, there were 30,425 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 630 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 77% are male, 47% are Black/African Americans, 76% are people ages 35 and older, and 62% report MSM as their primary transmission risk.

**Table 2. People Living with HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2022**

	Cases <sup>a</sup>		Rate
	<i>n</i>	%	
<b>Total</b>	30,425	100.0	629.9
<b>Sex assigned at Birth</b>			
Male	23,418	77.0	973.8
Female	7,007	23.0	288.9
<b>Race/Ethnicity</b>			
Black/African American, not Hispanic	14,389	47.3	1597.5
White, not Hispanic	4,429	14.6	348.6
Hispanic/Latino	9,885	32.5	459.9
Other/Multiracial	1,722	5.7	338.0
<b>Age<sup>b</sup></b>			
0 - 24	1,138	3.7	66.5
25 - 34	6,240	20.5	844.4
35 - 44	7,116	23.4	1014.4
45 - 54	6,798	22.3	1134.0
55 - 64	6,195	20.4	1213.3
65+	2,938	9.7	517.8
<b>Transmission Risk<sup>c</sup></b>			
Male-to-male sexual contact (MSM)	18,788.2	62.4	---
Person who injects drugs (PWID)	1,951	6.5	---
MSM/PWID	1,127	3.7	---
Sex with male/Sex with female	8,238.8	27.4	---
Perinatal transmission	256	0.8	---
Other adult risk	13	0.04	---

Note. Rates are per 100,000 population.

Sources. Case data collected from Texas eHARS and analyzed by the Houston Health Department. Population data for Harris County from U.S. Census Bureau, American Community Survey, 2022: ACS 1-Year Estimates, and data for the collection of blocks representing the area of Houston outside Harris County from U.S. Census Bureau, Decennial Census, 2020.

<sup>a</sup> People living with HIV, regardless of stage 3 HIV status.

<sup>b</sup> Age as of December 31, 2022.

<sup>c</sup> People with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention. Perinatal transmission doesn't include perinatal exposure with HIV age 13+ years. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents the absence of a rate.

## NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2022, 1,413 new HIV diagnoses were reported in the Houston EMA, a 5% increase from 2021 (Table 3). New HIV diagnoses for every 100,000 people in the Houston EMA increased from 20.9 in 2021 to 21.5 in 2022. Though in 2021 African Americans had the highest proportion of new HIV diagnoses (45.7%) in the EMA, in 2022 the Hispanic population took that position (43.5%), and African Americans ranked second (36.9%). In 2021 and 2022, transmission was most often attributed to male-to-male sexual contact, accounting for more than 70% of transmission in each year. Heterosexual contact accounted for about 20% in those same years.

**Table 3. New Diagnoses of HIV in the Six-County Houston EMA by Sex Assigned at Birth, Race/Ethnicity, Age at Diagnosis, and Transmission Risk, 2021 and 2022**

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
<b>Total</b>	1,346	100.0	20.9	1,413	100.0	21.5
<b>Sex Assigned at Birth</b>						
Female	253	18.8	7.8	271	19.2	8.2
Male	1,093	81.2	34.0	1,142	80.8	35.0
<b>Race/Ethnicity</b>						
Black/African American, not Hispanic	615	45.7	53.4	521	36.9	44.0
Hispanic/Latino	512	38.0	20.1	615	43.5	23.5
White, not Hispanic	153	11.4	7.3	211	14.9	10.2
Multiracial	43	3.2	44.3	34	2.4	33.4
Other	23	1.7	4.1	32	2.3	5.5
<b>Age at Diagnosis<sup>a</sup></b>						
0–24	316	23.5	13.8	276	19.5	11.9
25–34	503	37.4	53.7	584	41.3	61.6
35–44	240	17.8	25.6	281	19.9	29.4
45–54	153	11.4	18.7	152	10.8	18.2
55–64	94	7.0	13.4	93	6.6	13.2
65+	40	3.0	5.3	27	1.9	3.4
<b>Transmission Risk<sup>b</sup></b>						
Male-to-male sexual contact (MSM)	964	71.7	—	1,003	71.2	—
Person who injects drugs (PWID)	78	5.8	—	79	5.6	—
MSM/PWID	35	2.6	—	36	2.6	—
Sex with male/Sex with female	268	19.9	—	291	20.7	—

*Note.* Rates are per 100,000 population. Data are suppressed by TDSHS when cells have fewer than five cases. Because of the rounding of estimates, numbers and percentages may not equal column totals or 100%. EMA, Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services.

*Source.* TDSHS, HIV/STD Surveillance Unit, July 2024. Rates were calculated using U.S. Census Bureau, American Community Survey, 2021 and 2022 five-year estimates for the EMA.

<sup>a</sup> Age groups 0–12 years and 13–24 years were combined because some cells had fewer than five cases.

<sup>b</sup> Data for “Perinatal,” “Adult other,” and “Pediatric other” transmission were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is impossible to calculate rate by risk. A dash represents the absence of a rate.



## PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2022, 33,397 people were living with HIV (PLWH) in the Houston EMA, a 5% increase from 2021 (Table 4). HIV prevalence also rose in 2022 to 508.8 people living with HIV (PLWH) for every 100,000 people in the Houston EMA, up from 494.4 in 2021. In EMA race/ethnicity categories, African Americans were the group with the highest proportion of PLWH in 2022 (47.2%), followed by Hispanic PLWH (31.6%). In 2021 and 2022, male-to-male sexual contact accounted for more than 60% of transmission risk.

**Table 4. People Living with HIV in the Six-County Houston EMA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022**

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
<b>Total</b>	31,816	100.0	494.4	33,397	100.0	508.8
<b>Sex Assigned at Birth</b>						
Female	7,673	24.1	237.6	7,923	23.7	240.3
Male	24,143	75.9	752.8	25,474	76.3	779.7
<b>Race/Ethnicity</b>						
Black/African American, not Hispanic	15,214	47.8	1316.3	15,773	47.2	1332.4
Hispanic/Latina, Latino	9,809	30.8	387.0	10,539	31.6	403.1
White, not Hispanic	5,088	16.0	242.9	5,210	15.6	250.7
Multiracial	1,231	3.9	1376.0	1,376	4.1	1351.6
Other	474	1.5	81.1	499	1.5	85.2
<b>Age<sup>a</sup></b>						
0–24	1,255	3.9	55.2	1,267	3.8	54.4
25–34	6,445	20.3	693.3	6,779	20.3	714.5
35–44	7,311	23.0	781.1	7,754	23.2	810.6
45–54	7,317	23.0	894.0	7,491	22.4	898.6
55–64	6,670	21.0	948.5	6,853	20.5	971.4
65+	2,818	8.9	371.7	3,253	9.7	410.7
<b>Transmission Risk<sup>b</sup></b>						
Male-to-male sexual contact	19,127	62.7	---	20,439	63.8	---
Persons using injectable drugs	2,382	7.8	---	2,388	7.5	---
Sex with male/Sex with female	8,676	28.4	---	8,921	27.8	---
Pediatric	330	1.1	---	290	0.9	---

*Note.* Rate, or prevalence, is per 100,000 people in the EMA. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding and suppression of small case sizes, numbers and percentages may not equal column totals or 100%. EMA, Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services.

*Source.* HIV/STD Surveillance Unit, TDSHS, July 2024, and American Community Survey, 5-year Estimates for EMA counties.

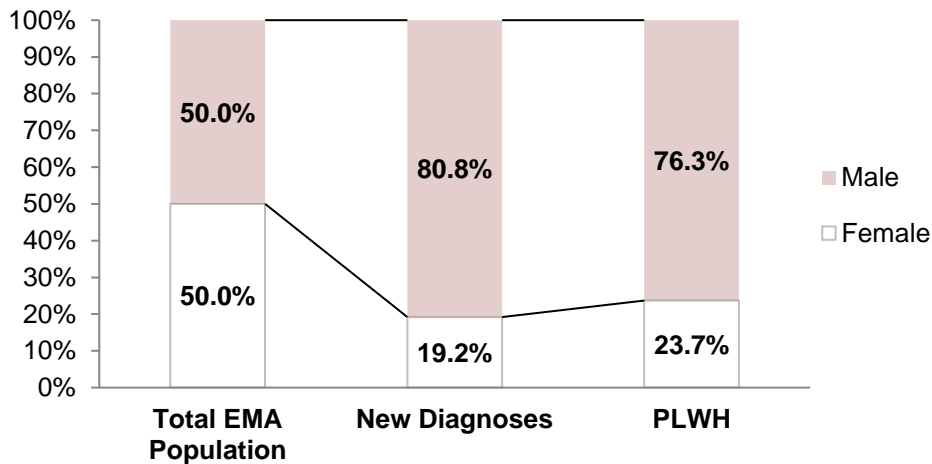
<sup>a</sup> Age groups 0–12 years and 13–24 years were combined because some cells had fewer than five cases.

<sup>b</sup> Data not always available for all groups. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents the absence of a rate.



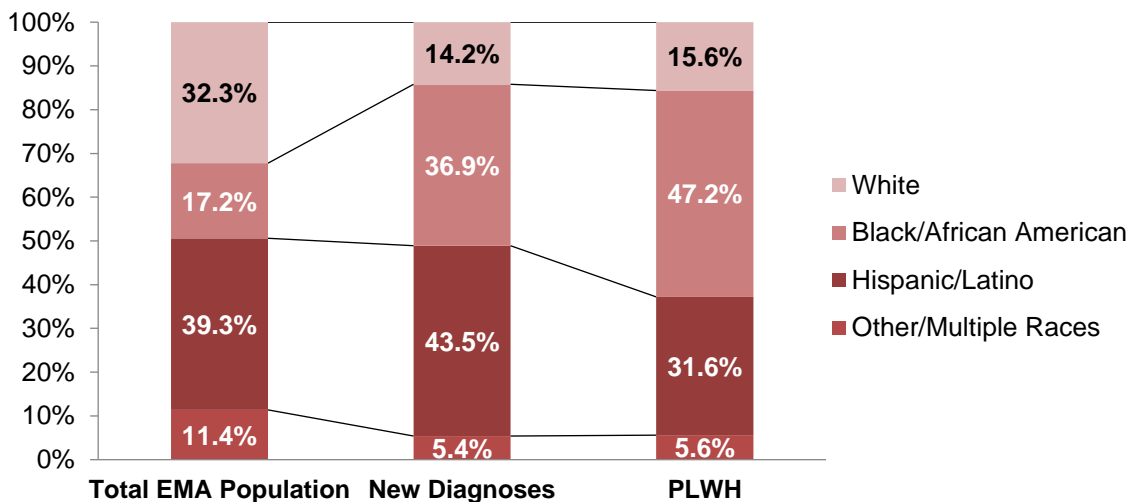
## COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION WITH HIV

**Sex Assigned at Birth.** In 2022, the Houston EMA population was divided equally between males and females measured by sex assigned at birth (Figure 3); however, males were more than four times more likely than females to be newly diagnosed with HIV (80.8% vs. 19.2%) and more than three times more likely to be living with HIV (76.3% vs. 23.7%). (See notes on p. 10 for Figures 3–5.)



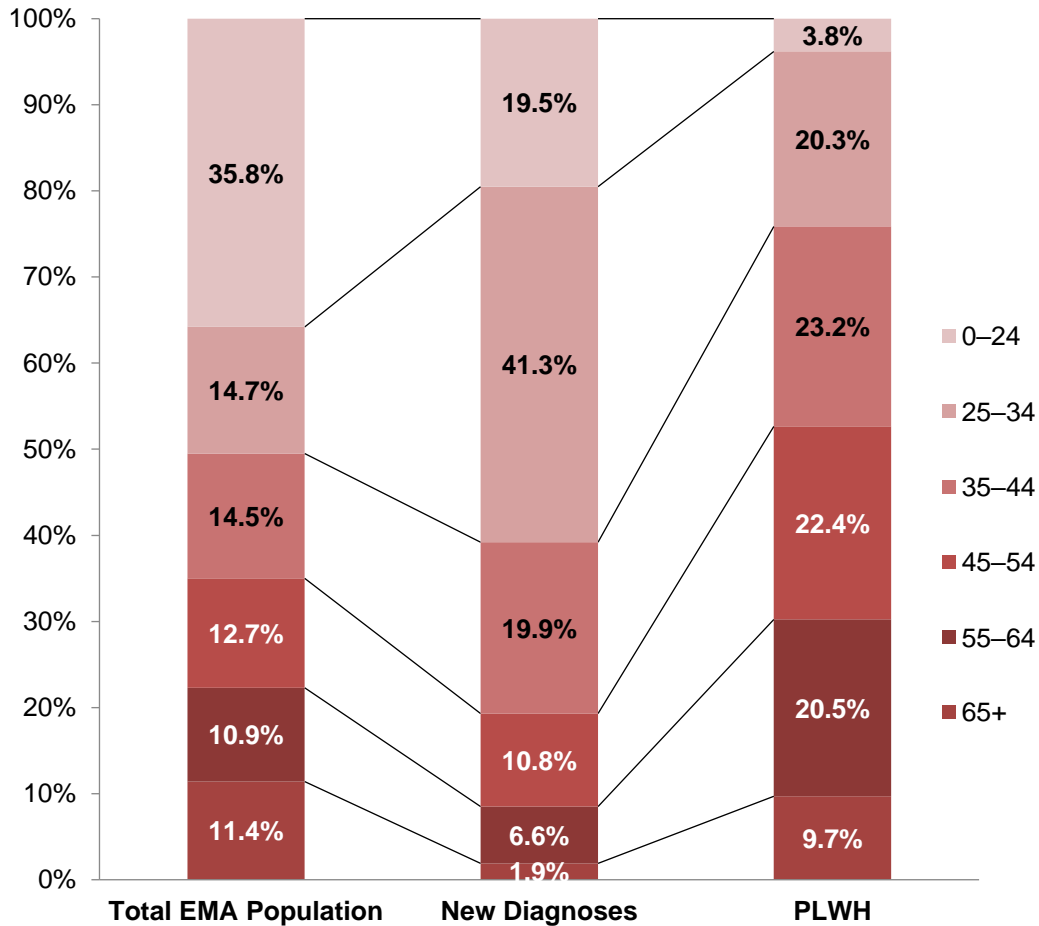
**Figure 3. Comparison of Total Population in the Houston EMA to People with HIV by Sex Assigned at Birth, 2022.** The general population of the six-county EMA was equally split between men and women, but men were four times more likely to be newly diagnosed and three times more likely to be living with HIV than were women.

**Race/Ethnicity.** In 2022, the Hispanic population outpaced all other groups in the New Diagnoses category by having 43.5% of new diagnoses (Figure 4), but African Americans maintained the largest contingent in the PLWH category (47.2%).



**Figure 4. Comparison of Total Population in the Houston EMA to People with HIV by Race and Ethnicity, 2022.** The general population of the six-county EMA was most likely to be Hispanic as was the newly diagnosed HIV population. However, in the PLWH category, African Americans were at 47.2% the largest subgroup.

**Age.** People ages 25 to 34 accounted for a much larger proportion of new HIV diagnoses in 2022 (41.3%) than their share of the Houston EMA population (14.7%) (Figure 5). Similarly, people ages 55 to 64 living with HIV (20.5%) represented almost twice the proportion of people their age living in the general population (10.9%).



**Figure 5. Comparison of Total Population in the Houston EMA to People with HIV by Age, 2022.** The general population of the six-county EMA was more likely to be young than the HIV groups: more than a third were 24 years old or younger (35.8%), and the median age for the six counties ranged from 28.7 to 37.4 years of age. More than 60% of new diagnoses were made in the two youngest age groups, which in the EMA made up only 50% of the general population. In contrast, the two oldest subgroups of the PLWH made up 30.2% of its population, whereas comparison values were 22.3% in the EMA and only 8.5% in the group newly diagnosed.

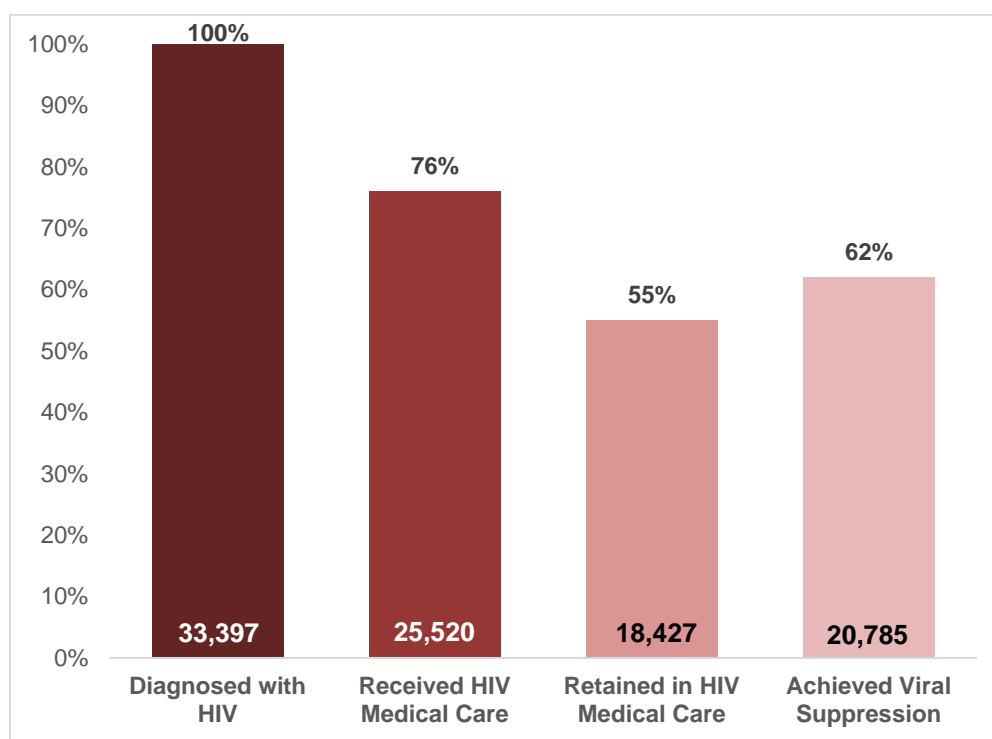
*Note.* New diagnoses were made January 1, 2022, through December 31, 2022. PLWH EMA data current as of December 31, 2022. Due to underreporting, transgender people are included in data by sex assigned at birth. Abbreviations: EMA, Eligible Metropolitan Area; PLWH, people living with HIV.

*Source.* EMA population—U.S. Census Bureau, American Community Survey, 2022: ACS 5-Year Estimates Data Profiles; HIV populations—Texas Department of State Health Services, Texas Enhanced HIV and AIDS Reporting System data.

## THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum (Figure 6) depicts the number and percentage of PLWH in the six counties of the EMA at each stage of HIV care, from the total diagnosed with HIV to those whose disease is virally suppressed. Stakeholders in HIV care and education use this benchmark analysis to measure the extent to which PLWH have community-wide access to care and to identify potential service gaps. The methodology follows the Center for Disease Control and Prevention definition for a diagnosis-based HIV care continuum.

Among 33,397 HIV-diagnosed individuals in the Houston EMA in 2022, 76% had received care (at least one CD4 or viral load test in 2022); 55% were retained in HIV care (at least two CD4 or viral load tests in year, at least three months apart); and 62% reached viral load suppression (had  $\leq 200$  copies/mL at the most recent test during 2022). Overall, 69% were identified as being on antiretroviral therapy.



**Figure 6. The Six-County Houston EMA HIV Care Continuum, 2022.** Four essential measures in the methodology of the Centers for Disease Control and Prevention's HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. Diagnosed patients are identified as receiving care when they have a care visit documented by a CD4 or viral load measure in 2022 and having been retained in care by documented CD4 or viral load measures at two visits in 2022 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of  $\leq 200$  copies/mL at the most recent test in 2022. Data for linking to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available.

*Source:* Texas Department of State Health Services [TDSHS] HIV Unmet Need Project, including data from the Texas Enhanced HIV AIDS Reporting System, TDSHS Electronic Laboratory Reporting, AIDS Regional Information and Evaluation System, AIDS Drug Assistance Program, and Medicaid and private payer data.

## NEW HIV DIAGNOSES IN THE HOUSTON HSDA

New HIV diagnoses increased by about 5% between 2021 and 2022 in the 10-county Houston HSDA (Table 5). Males constituted about 80% of the newly diagnosed population in both 2021 and 2022, and those diagnosed were in 2022 more likely to be Hispanic than any other race or ethnicity. Most often, those diagnosed were 25 to 34 years of age, and transmission was most likely to occur between men having sex with men.

**Table 5. New Diagnoses of HIV in the 10-County Houston HSDA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022**

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
<b>Total</b>	1,360	100.0	20.5	1,427	100.0	21.2
<b>Sex Assigned at Birth</b>						
Female	256	18.8	7.7	272	19.1	8.1
Male	1,104	81.2	33.4	1,155	80.9	34.4
<b>Race/Ethnicity</b>						
White, not Hispanic	160	11.8	7.4	217	15.2	10.0
Black/African American, not Hispanic	616	45.3	52.2	525	36.8	43.3
Hispanic/Latin	516	37.9	19.8	619	43.4	23.2
Other	24	1.8	4.2	32	2.2	5.4
Multiracial	44	3.2	44.4	34	2.4	32.7
<b>Age at Diagnosis<sup>a</sup></b>						
0–24	318	23.4	13.5	281	19.7	11.8
25–34	508	37.4	53.0	587	41.1	60.5
35–44	246	18.1	25.6	284	19.9	29.0
45–54	154	11.3	18.3	154	10.8	18.0
55–64	94	6.9	13.0	94	6.6	12.9
65+	40	2.9	5.1	27	1.9	3.3
<b>Transmission Risk<sup>b</sup></b>						
Male-to-male sexual contact (MSM)	974	71.7	---	1,014	71.3	---
Person who inject drugs (PWID)	79	5.8	---	79	5.6	---
MSM/PWID	35	2.6	---	37	2.6	---
Sex with male/Sex with female	271	19.9	---	293	20.6	---

*Note.* Rate, or prevalence, is per 100,000 people in the HSDA population. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding and suppression of small case sizes, numbers and percentages may not equal column totals or 100%. HSDA, Health Service Delivery Area; TDSHS, Texas Department of State Health Services.

*Source.* TDSHS, HIV/STD Surveillance Unit, July 2024, and U.S. Census Bureau, American Community Survey, 2021, and 2022 5-year Estimates for HSDA counties.

<sup>a</sup> Age groups 0–12 years and 13–24 years were combined because in the 0–12 years category, some cells had fewer than five cases.

<sup>b</sup> Data for “Perinatal,” “Adult other,” and “Pediatric other” transmission were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents absence of a rate.

## PEOPLE LIVING WITH HIV IN THE HOUSTON HSDA

In 2021 and 2022, PLWH in the Houston HSDA were about three times more likely to be men than women and more likely to be African American (47%–48%) than Hispanic (31%–32%), White (16%), a member of any other racial or ethnic group, or multiracial. The largest age groups in the HSDA and EMA are the same—35–44 and 45–54 years—and the highest transmission risk—through male-to-male sexual contact—is the same. Prevalence rose in every category except in the multiracial group and in the youngest age group, which was also true in the Houston EMA for the same years.

**Table 6. People Living with a Diagnosis of HIV in the 10-County Houston HSDA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022**

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
<b>Total</b>	32,118	100.0	486.2	33,705	100.0	500.4
<b>Sex Assigned at Birth</b>						
Female	7,772	24.2	234.9	8,019	23.8	237.5
Male	24,346	75.8	737.9	25,686	76.2	764.5
<b>Race/Ethnicity</b>						
Black/African American, not Hispanic	15,332	47.7	1294.8	15,890	47.1	1311.3
Hispanic/Latinx	9,878	30.8	382.5	10,609	31.5	398.4
White, not Hispanic	5,188	16.2	237.4	5,316	15.8	245.0
Other	474	1.5	80.8	499	1.5	84.9
Multiracial	1,246	3.9	1364.0	1,391	4.1	1339.3
<b>Age<sup>a</sup></b>						
0–24	1,268	3.9	54.4	1,283	3.8	53.8
25–34	6,501	20.2	683.2	6,833	20.3	704.1
35–44	7,376	23.0	770.6	7,817	23.2	798.9
45–54	7,397	23.0	881.5	7,574	22.5	886.6
55–64	6,731	21.0	929.3	6,916	20.5	951.9
65+	2,845	8.9	361.3	3,282	9.7	399.2
<b>Transmission Risk<sup>b</sup></b>						
Male-to-male sexual contact	19,270	62.6	----	20,591	63.7	----
People who Inject drugs	2,414	7.8	----	2,425	7.5	----
Men who have sex with women	2,371	7.7	----	2,389	7.4	----
Women who have sex with men	6,405	20.8	----	6,624	20.5	----
Pediatric	337	1.1	----	296	0.9	----

*Note.* Rate, or prevalence, is *n* per 100,000 people in the HSDA. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding, numbers and percentages may not equal column totals or 100%. HSDA, Health Services Delivery Area; TDSHS, Texas Department of State Health Services.

*Source.* TDSHS, HIV/STD Surveillance Unit, July 2024, and U.S. Census Bureau, American Community Survey, 2021, and 2022 5-year Estimates for HSDA counties.

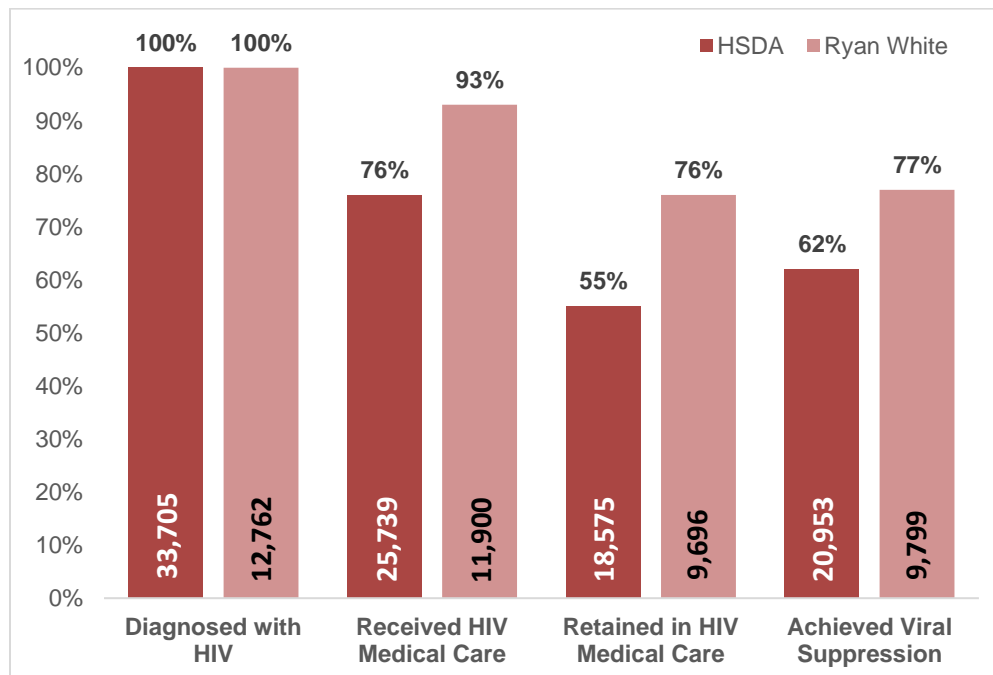
<sup>a</sup> Age groups 0–12 years and 13–24 years were combined because some cells in the 0–12 years category had fewer than five cases.

<sup>b</sup> Data for “Adult other” and “Pediatric other” were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

## THE HOUSTON HSDA HIV CARE CONTINUUM

The Houston HSDA HIV Care Continuum depicts the number and percentage of PLWH in the 10 counties of the HSDA at each stage of HIV care during 2022, from being diagnosed with HIV to viral suppression (Figure 7). Stakeholders in HIV care, prevention, and education use this benchmark analysis to measure the extent to which PLWH have community-wide access to care and to identify potential service gaps.

Among 33,705 individuals with HIV living in the Houston HSDA in 2022, 76% had received care (at least one CD4 or viral load test in 2022); 55% were retained in HIV care (at least two CD4 or viral load tests in the year, at least three months apart); and 62% reached viral load suppression (had  $\leq 200$  copies/mL at the most recent test during 2022). The 2022 values for a subset—12,762 in care in Ryan White clinics—were higher: 93% received HIV care, 76% were retained in care, and 77% achieved viral suppression, according to the Ryan White Grant Administration in 2024 (Figure 7).



**Figure 7. The 10-County Houston HSDA HIV Care Continuum, 2022.** Four essential measures in the methodology of the Centers for Disease Control and Prevention’s HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. Diagnosed patients are identified as receiving care when they have a care visit documented by a CD4 or viral load measure in 2022 and having been retained in care by documented CD4 or viral load measures at two visits in 2022 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of  $\leq 200$  copies/mL at the most recent test in 2022. Data for linking to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available.

*Source:* Texas Department of State Health Services [TDSHS] HIV Unmet Need Project, including data from the Texas Enhanced HIV AIDS Reporting System, TDSHS Electronic Laboratory Reporting, AIDS Regional Information and Evaluation System, AIDS Drug Assistance Program, and Medicaid and private payer data.