2010 Texas Integrated Epidemiologic Profile for HIV/AIDS Prevention and Services Planning

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Publication Updates

This epidemiological profile is the most comprehensive released by Texas to date. Due to the amount of data and the complexity of the document, DSHS will release several updates of the profile with new chapters added for each release. The final version will be released by the end of February 2012. Please check www.dshs.state.tx.us/hivstd/reports/HIVandAIDSinTexas.pdf periodically for new updates of this document.

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Questions

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FIGURES AND TABLES

CHAPTER 1: TEXAS POPULATION

Geography of Texas

Texas is the second largest state in the United States, second only to Alaska in land mass, and California in population. Texas recently experienced tremendous population growth, increasing by 20.6% from 2000-2010, compared with 9.7% growth nationwide-wide[1]. As of the 2010 Census, some 25 million people lived in Texas, nearly half (49%) of whom lived within the Dallas-Ft Worth and Houston metro areas[2]. Six cities in the state have more than 500,000 people, including: Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso. The surrounding counties of five of these cities have been designated Eligible Metropolitan Areas/Transitional Grant Areas (EMA/TGA) because they have emergent populations of people with HIV (see **Figure A**) and therefore a pressing need for funding to provide HIV-specific medical care. The federal Ryan White Program, a payer of last resort, provides medical care and supportive services for people with HIV, offering funding state-wide with a concentrated presence in EMA/TGA. While there are only five EMA/TGAs in the state, the rest of the state is divided into regions for ease of interpreting geographic trends.

Figure A. Texas by Eligible Metropolitan Area (EMA)/ Transitional Grant Area (TGA) and Other Regions, 2010

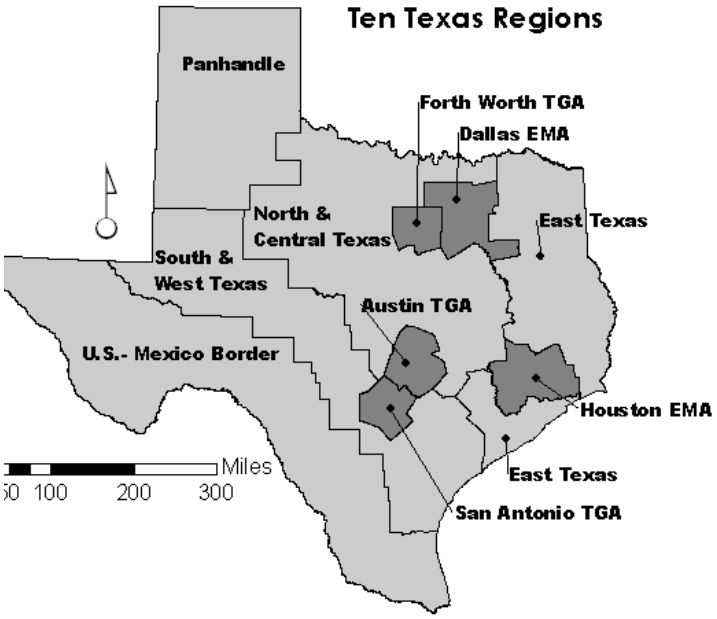
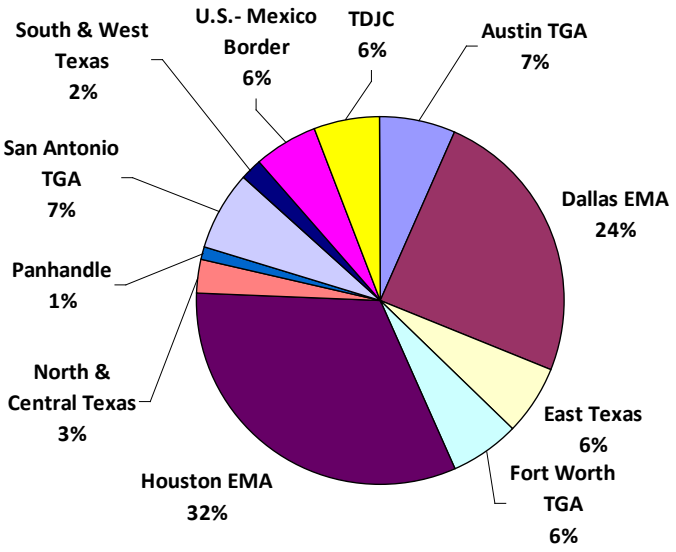


Figure B demonstrates the importance of EMA/TGA designations. As of 2010, 86% of people living with HIV/AIDS (PLWH) were diagnosed within one of the five EMA/TGAs, with nearly one third of all PLWH in Texas diagnosed within the Houston EMA.

1. www.census.gov/prod/cen2010/briefs/c2010br-01.pdf.
2. www.census.gov/prod/cen2010/briefs/c2010br-01.pdf.

Figure B. PLWH by Eligible Metropolitan Area (EMA)/ Transitional Grant Area (TGA) and Other Regions, Texas, 2010



Source: Texas eHARS as of July 2011, N=65,077.

Demographics: Comparing the state population to the population with HIV

It is important to understand the socio-demographic characteristics of the Texas population because these characteristics are essential for disease surveillance, prevention and service planning. Texas is different from the United States as a whole in that it is now a minority/majority state, meaning that racial minorities are now in the majority in terms of population size[3]. In ten years Texas will have more persons of Hispanic descent than any other racial or ethnic group due to immigration and new births[4]. In 2010, the total population in Texas was 45.1% White, 38.8% Hispanic, and 11.5% Black (**Table 1**). All other racial groups made up the remaining 4.6% of the population.

3. www.census.gov/newsroom/releases/archives/population/cb07-70.html.
4.Texas State Data Center, Population Projections

Table 1. Distribution of the Texas Population by Sex, Race/Ethnicity and Age, 2010[5]

	Population	Percent
Total	25,373,947	100.0
Gender		
Male	12,744,408	50.2
Female	12,629,539	49.8
Race/Ethnicity		
White	11,441,595	45.1
Black	2,925,751	11.5
Hispanic	9,847,852	38.8
Other	1,158,749	4.6
Age		
Under 2	806,904	3.2
2 - 12	4,040,039	15.9
13 - 24	4,380,246	17.3
25 - 34	3,895,665	15.4
35 - 44	3,711,935	14.6
45 - 54	3,475,579	13.7
55+	5,063,579	20.0

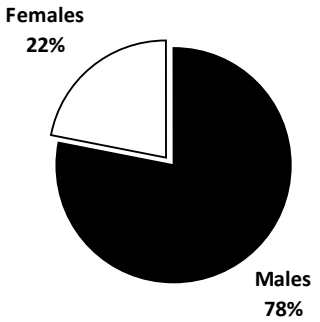
Source: Texas State Data Center, 2010 Population Estimates.

Unlike the state population, the population of PLWH in 2010 was predominantly male.

Unlike the state population, which is fairly evenly divided between males (50.2%) and females (49.8%), the population of PLWH in 2010 was predominantly male (77.9%, see **Figure C** or **Table 2**). The population of people living with HIV (PLWH) was also composed of more racial/ethnic minorities than the state population (**Table 2**), as Whites made up 45.1% of the state population but only 33.6% of those living with HIV. Blacks accounted for the majority of PLWH (38.3%), although they made up only 11.5% of the general population in the state. Differences like these are indicative of disparities in risk of HIV infection by racial/ethnic background, specifically a disproportionate burden of HIV disease among Blacks and men.

The living population of PLWH was also composed of more racial/ethnic minorities than the state population.

Figure C. PLWH by Sex, Texas, 2010



Source: Texas eHARS as of July 2011, N=65,077.

5. Texas State Data Center, Population Estimates

Table 2. People Living with HIV (PLWH) in Texas by Sex, Race/Ethnicity and Age, 2010

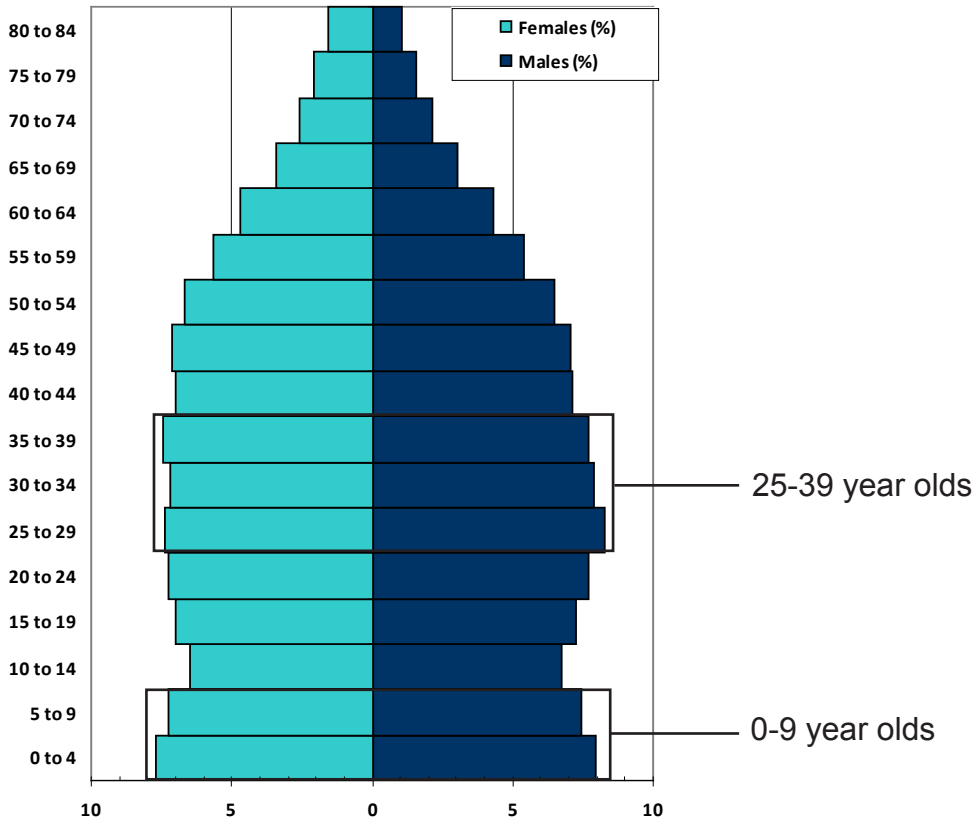
		Population	Percent
Total		65,077	100.0
Gender			
	Male	50,686	77.9
	Female	14,391	22.1
Race/Ethnicity			
	White	21,876	33.6
	Black	24,938	38.3
	Hispanic	17,274	26.5
	Other	682	1.0
Age			
	0-1	11	0.0
	2-12	210	0.3
	13-24	3223	5.0
	25-34	11656	17.9
	35-44	19145	29.4
	45-54	21204	32.6
	55+	9628	14.8
Total		65077	100.0

Source: Texas eHARS as of July 2011, N=65,077.
Note: People living with HIV who are multi-racial or with unknown race/ethnicity (n=307) are not reflected in this table.

State Population versus PLWH: Age and Sex Comparisons

The population pyramid for Texas (**Figure D**), has slightly wider bars for younger age categories (particularly 25-39 year olds and people younger than 9), which suggests moderate population growth – and the potential for continued population growth as young people in the state reach reproductive age.

Figure D. Texas Population Pyramid, 2010 Texas Demographer Population Estimates



Source: Texas State Data Center, 2010 Population Estimates, N=25,373,947.

When the 2010 state population is compared with the 2010 population of living people with HIV (**Figure E**), it is apparent that the age range of those living with HIV is much smaller than the population of the state as a whole. In fact, 60% of men and 49% of women living with HIV were middle aged (ages 40-59), versus 26% of the state population as a whole (men and women). The paucity of infants and children with HIV points to successes within mother-to-child HIV transmission prevention programs.

It is helpful to interpret the somewhat larger proportion of middle and older Texans with HIV within the context of newly diagnosed people with HIV, as shown in **Figure F**. Based upon the population pyramid of newly diagnosed cases of HIV for 2010 (people who were first diagnosed with HIV in 2010), it is clear that this population is much younger than the entire population of people living with HIV. For example, two thirds (66%) of men newly diagnosed with HIV were ages 39 or younger, compared with one third (33%) of men currently living with HIV. Among women newly diagnosed with HIV, the majority

60% of men and 49% of women living with HIV were middle aged (ages 40-59), versus 26% of the state population as a whole (men and women).

(62%) were ages 39 and younger, compared with 46% of women currently living with HIV in the state. Indeed, in 2010, nearly a third (29%) of people living with HIV were older than 50, compared to one-sixth (13%) of people newly diagnosed with HIV.

Figure E. Living Population of People with HIV in Texas by Sex and Age Group, 2010

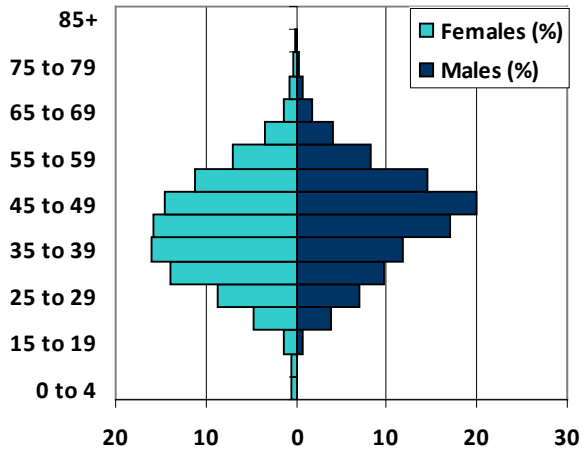
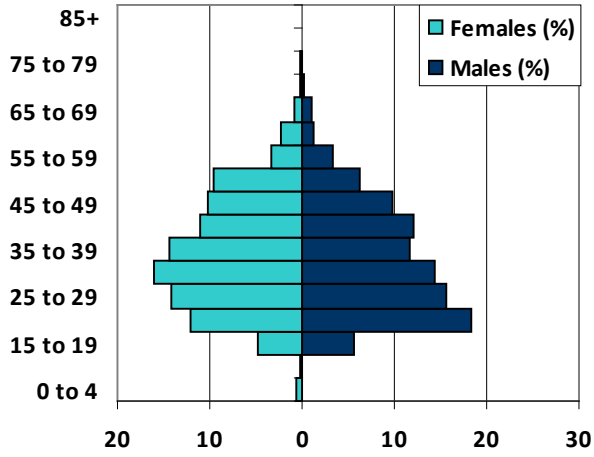


Figure F. Newly Diagnosed Population with HIV by Sex and Age Group, 2010



Source: Texas eHARS as of July 2011; Figure E, PLWH, N=65,077; Figure F, Newly Diagnosed, N=4,242.

The advent of Highly Active Anti-Retroviral Therapy (HAART) has been increasing the average life expectancy of people diagnosed with HIV (doubling it in the first 10 years since HAART)[6] While young people continue to make up the majority of those with new infections, once infected, they are living into middle age and older. The advent of HAART has shifted the HIV epidemic from one an acute disease to a chronic one. Preliminary data from a National Study covering the years 1996-2009 shows the age-adjusted death rate due to HIV has declined; it dropped by 9.1% from 2008 to 2009 alone[7].

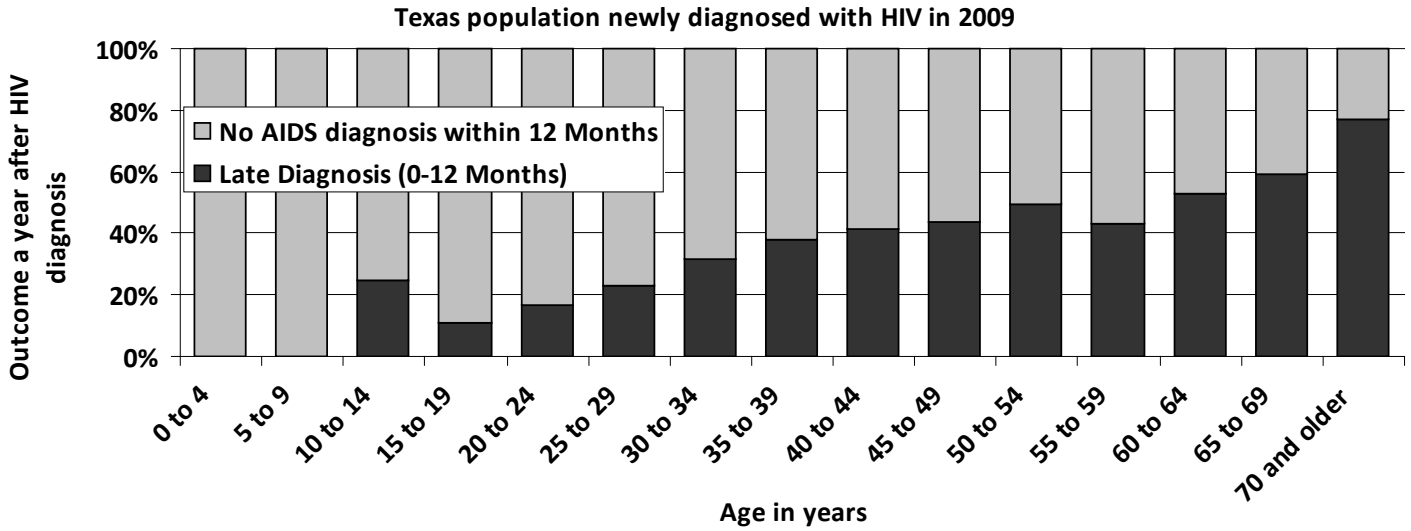
Though middle-aged and elderly Texans may not account for a large share of new infections, a large proportion of this demographic group receives a late diagnosis (in other words, they progress to an AIDS diagnosis within 12 months or less of an initial HIV diagnosis), see **Figure G**. Nation-wide only 33% of Americans ages 45-64 and 15% of Americans ages 65-74 report ever being tested for HIV[8]. Therefore, among middle aged and older Americans with HIV, the disease is commonly diagnosed after signs of late-stage infection, resulting in a late diagnosis for

Though middle-aged and elderly Texans may not account for a large share of new infections, a large proportion of this demographic group receives a late diagnosis.

6. Harrison KM, Song R, Zhang X. Life Expectancy After HIV Diagnosis Based on National HIV Surveillance Data From 25 States, United States. Journal of Acquired Immune Deficiency Syndromes. 2010 Jan;53 (1):124-30.
7. www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf
8. www.cdc.gov/nchs/data/series/sr_10/sr10_240.pdf

more than 50% of Americans over age 50[9]. In Texas in 2009, 43% of 40-49 year olds, 47% of people 50-59 and more than 50% of all people ages 60 and older progressed to an AIDS diagnosis within a year of initial HIV diagnosis.

Figure G. Distribution of Late-Diagnoses among Texans by Age, 2009



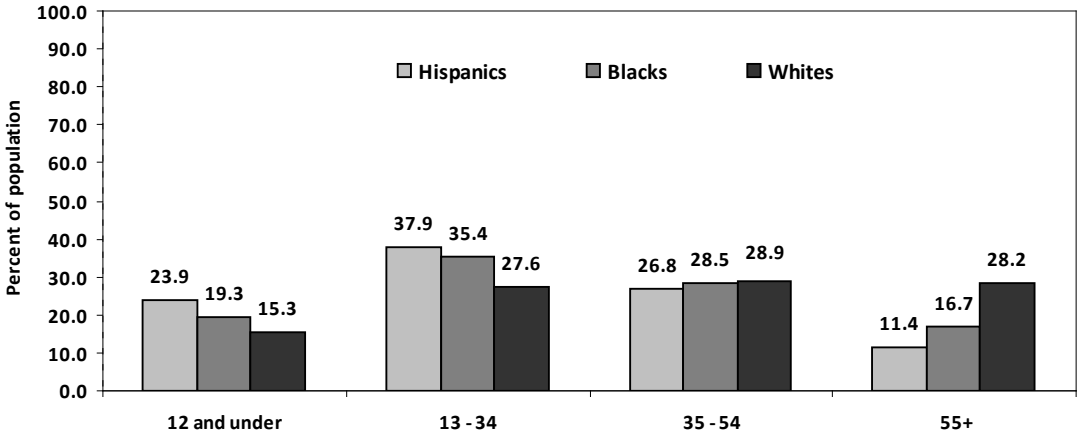
Source: Texas eHARS as of July 2011, Late Diagnoses, N=4,230.

Age and Race/Ethnicity Distribution among the Texas Population versus People Newly Diagnosed with HIV

Figure H shows the age distributions for the different racial/ethnic groups within the state population. Nearly a quarter of Hispanics and a fifth of Blacks in the state in 2010 were 12 years and younger, as compared with only 15% of Whites (between a sixth and a seventh of the White population). Young Whites made up the smallest proportion of Whites, as the majority of Whites (29%) were aged between 35 and 54 and over a quarter of Whites were over the age of 55 (28% and 17% of Blacks and 27% and 11% of Hispanics, respectively). The largest proportion of both Hispanics and Blacks were in the 13-34 years old cohort (38% of Hispanics and 35% of Blacks), and the smallest proportion of both groups were over the age of 55 (11% of Hispanics and 17% of Blacks). As Texas becomes more of a minority-majority state, with young Blacks and Hispanics reaching reproductive age, the state minority population can also be expected to grow.

9. Linley L, Hall H, An Q, Wheeler W. HIV/AIDS diagnoses among persons fifty years and older in 33 states, 2001–2005. National HIV Prevention Conference; 2007 Dec; Atlanta. Abstract B08-1. Available from www.2011nhpc.org/archivepdf/2007_NHPC_All_Abstracts.pdf.

Figure H. Distribution of Texans by Age and Race/Ethnicity, 2010

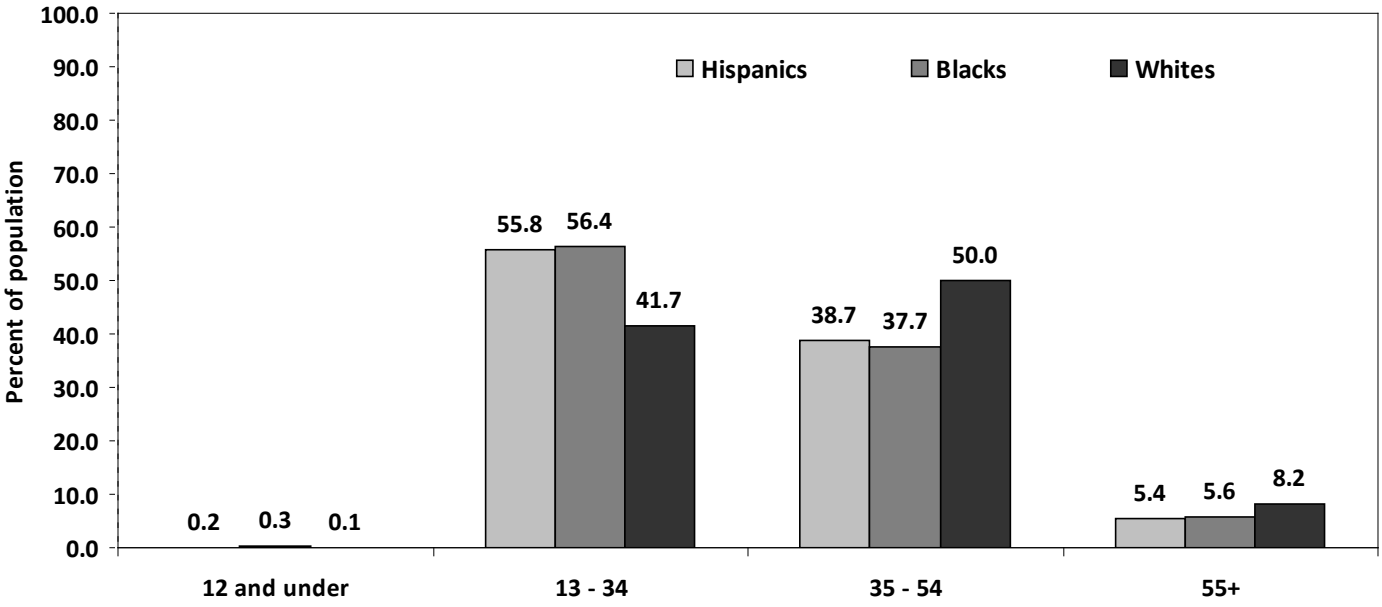


Source: Texas State Data Center, 2010 Population Estimates, N=25,373,947.

Among the population of people newly diagnosed with HIV, there are clear differences in the ages of people with HIV by racial and ethnic group. For example, over a half of Hispanics and Blacks newly diagnosed with HIV were ages 13-34, whereas Whites newly diagnosed with HIV tended to be older (35-54). Nearly a third (29%) of Blacks newly diagnosed with HIV were 13-24 years old. The fact that most newly diagnosed Hispanics and Blacks are so young is reflected in national mortality rates, where HIV is the third leading cause of death among Blacks (both men and women) ages 35-44 and the fifth and sixth leading cause of death, respectively, among Hispanics ages 35-44 and 25-34[10,11]. Overall, Hispanics and Blacks with HIV were much younger than Whites in 2010, although the largest proportion of all three racial and ethnic categories were in the 35-54 age range. Due to the tremendous cost of HIV-infection, estimated in 2004 dollars to be $618,900 out-of-pocket expenses for 24.2 years in care (but which does not include losses in productivity), more attention should be directed towards preventing HIV infections among the youngest age cohorts, especially among racial and ethnic minorities[12].

10. www.cdc.gov/hiv/topics/aa/
11. www.cdc.gov/hiv/latinos/
12. Schackman BR, Gebo KA, Walensky RP, Losina E, Muccio T, Sax PE, Weinstein MC, Seage GR 3rd, Moore RD, Freedberg KA. The lifetime cost of current human immunodeficiency virus care in the United States. Medical Care. 2006 Nov;44(11):990-7.

Figure I. People Newly Diagnosed with HIV by Age and Race/Ethnicity, Texas, 2010



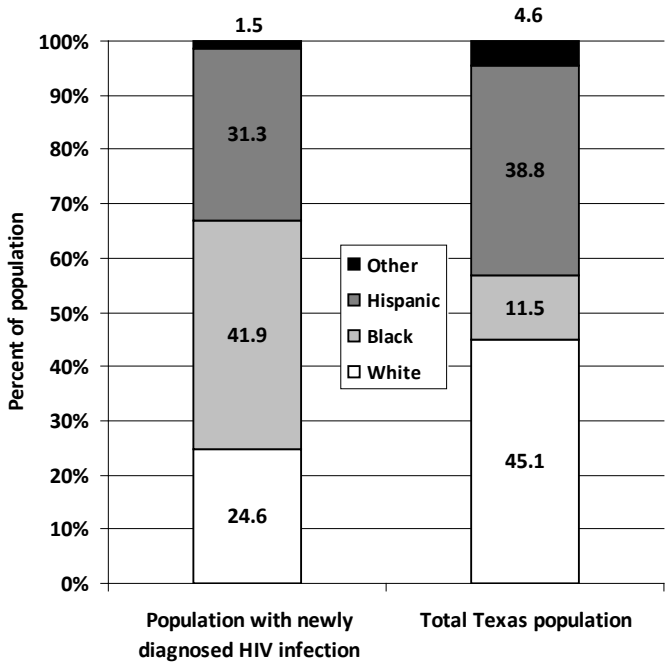
Source: Texas eHARS as of July 2011, Late Diagnosed, N=4,242.

Minority-Majority Population Distribution

There are regional differences in where people of different racial/ethnic backgrounds live in Texas. It is relevant to understand this in order to provide HIV prevention and care services for racial and ethnic minorities. As **Figure J** demonstrates, Blacks account for a disproportionate share of new HIV diagnoses (41.9% overall) although they comprise only 11.5% of the population in the state. Likewise, as seen earlier, Blacks comprise the largest group of those living with HIV (38.3%).

Blacks account for 41.9% of new HIV diagnoses although they comprise only 11.5% of the population in the state. Likewise, Blacks comprise the largest group of those living with HIV (38.3%).

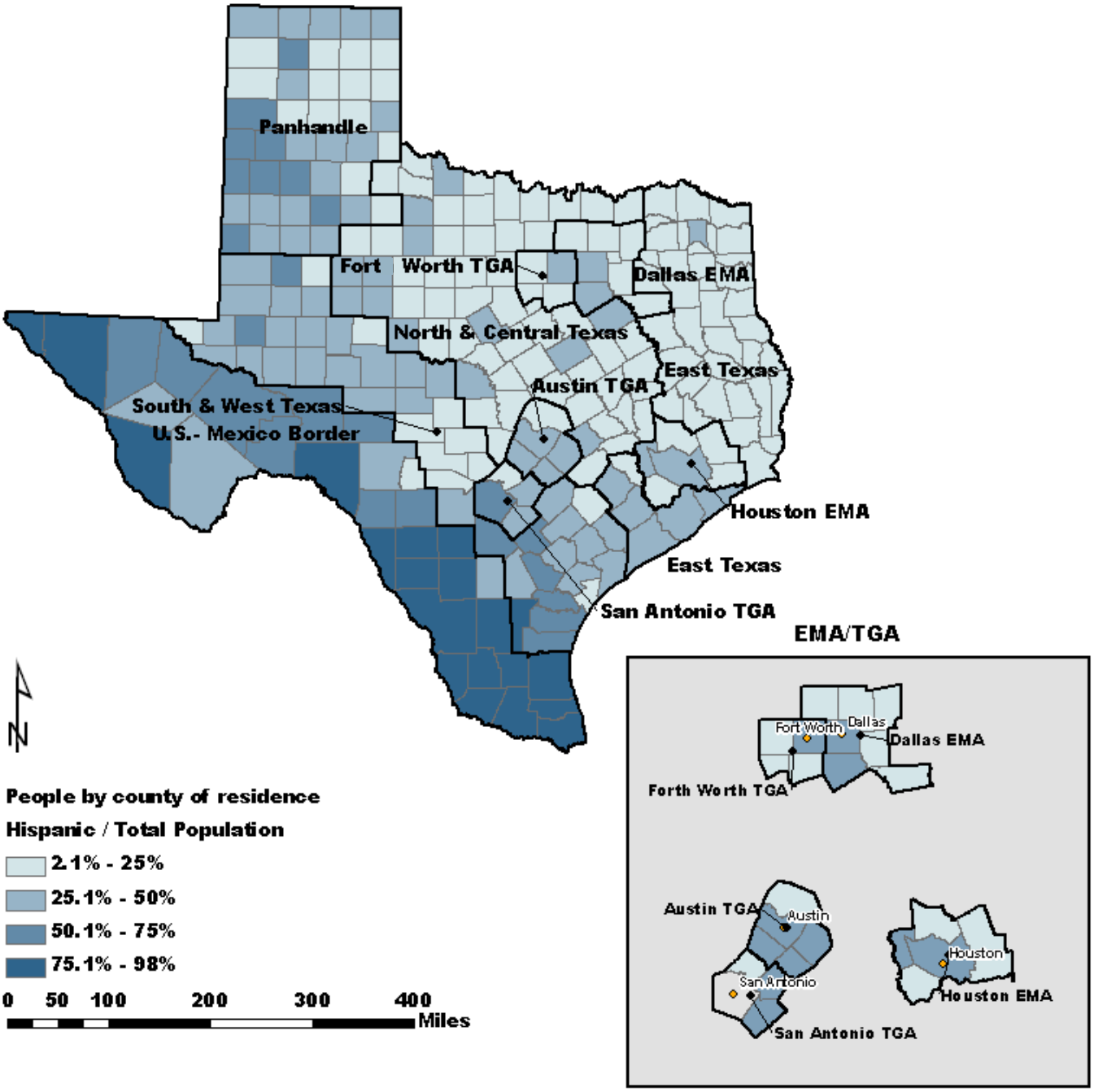
Figure J. Newly Diagnosed HIV Infection compared with the general Texas population by Race/Ethnicity Texas, 2010



Sources: Newly Diagnosed, N=4,230, Texas eHARS as of July 2011; Total Texas Population, N=25,373,947, Texas State Data Center, 2010 Population Estimates.

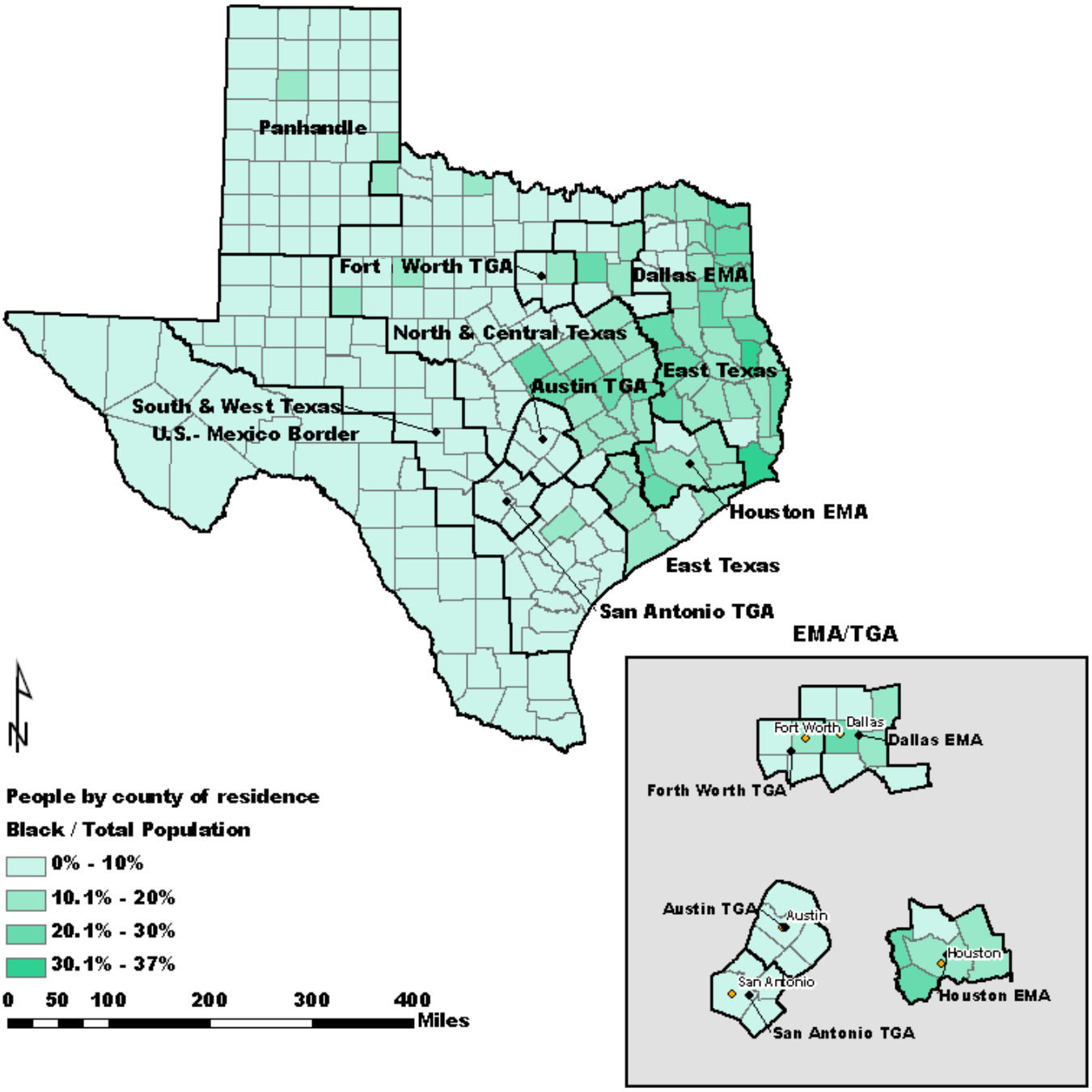
Regional concentrations of the two populations which comprise the majority of those living with HIV, Blacks and Hispanics, are associated with where people with HIV reside. In specific, the majority of the counties along the U.S.-Mexico Border are largely composed of Hispanic populations (75-98% of the population in these counties) (**Figure K**). Counties in South and West Texas also have large Hispanic populations, ranging from 25-75% from of the majority of these counties. Within the counties that comprise the EMA/TGA for Texas, the Hispanic population accounts for up to 50% of the population. On the other hand, the Black population is mostly located in eastern half of the state, in the East Texas, North Texas and Central Texas Regions (**Figure L**). The Black population in 2010 was a minority in all counties in the state, accounting for less than 37% of the population in all counties. Nevertheless, within certain EMA/TGA (Houston, Dallas, and to a lesser extent, Fort Worth), the Black population was highly concentrated compared with the rest of the state.

Figure K. Hispanic Population in Texas, 2010



Source: 2010 population projections from the Texas Department of State Health Services Center for Health Statistics.

Figure L. Black Population in Texas, 2010



Source: 2010 population projections from the Texas Department of State Health Services Center for Health Statistics.

Mortality

Four out of five of the leading causes of death statewide (**Table 3**) are chronic, non-infectious diseases, corresponding with the global shift from infectious to chronic disease mortality in the 20th century. Given that HIV is not among the leading causes of death statewide, it is surprising that it is the 9th leading cause of death for Blacks[13]. This disparity is indirectly noted in new diagnoses of HIV (42% of new infections in Texas are among Blacks) and highlights the fact that areas of disease inequity include not only higher incidence rates among Blacks, but also poorer health outcomes as suggested by disparate mortality rates. Recent evidence points to the fact that medical advances (development of HAART) have widened the gap in health outcomes between Blacks and Whites[14]. Further discussion is found in the mortality chapter of this Epidemiological Profile.

Given that HIV is not among the leading causes of death statewide, it is surprising that it is the 9th leading cause of death for Blacks.

Table 3: Top Five Leading Causes of Death Among Texans, 2008

Cause and Rank	Deaths	Rate per 100,000 population	Percent
1. Diseases of heart	38,493	158.2	23.5
2. Cancer	35,618	146.4	21.7
3. Cerebrovascular diseases	9,550	39.3	5.8
4. Accidents	9,455	38.9	5.8
5. Chronic lower respiratory disease	8,858	36.4	5.4

Source: Texas Department of State Health Services Center for Health Statistics.

Overall, among Texans aged 35-44, HIV is the fifth leading cause of death for both men and women (**Table 4**)[15]. In light of 13 years of national decreases in HIV mortality rates, the fact that HIV is still a leading cause of death among this age category is troublesome[16].

13. wwwprod.dshs.state.tx.us/chs/vstat/latest/t16.shtm
14. Rubin, MS, Colen, CG, & Link, BG. (2009). Examination of inequalities in HIV/AIDS mortality in the United States from a fundamental cause perspective. Research and Practice, 100(6), 1053-1059.
15. wwwprod.dshs.state.tx.us/chs/vstat/latest/t17.shtm
16. www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf

Table 4. Top Five Leading Causes of Death Among Texans ages 35-44, 2008

Male				Female			
Cause and Rank	Deaths	Rate per 100,000 population	Percent	Cause and Rank	Deaths	Rate per 100,000 population	Percent
1. Injuries	922	51.9	23.7	1. Cancer	611	35.3	26
2. Diseases of the Heart	593	33.4	15.2	2. Injuries	383	22.1	16.3
3. Cancer	411	23.1	10.6	3. Diseases of the Heart	271	15.7	11.5
4. Suicide	377	21.2	9.7	4. Suicide	116	6.7	4.9
5. HIV	201	11.3	5.2	5. HIV	84	4.9	3.6

Source: Texas Department of State Health Services Center for Health Statistics.

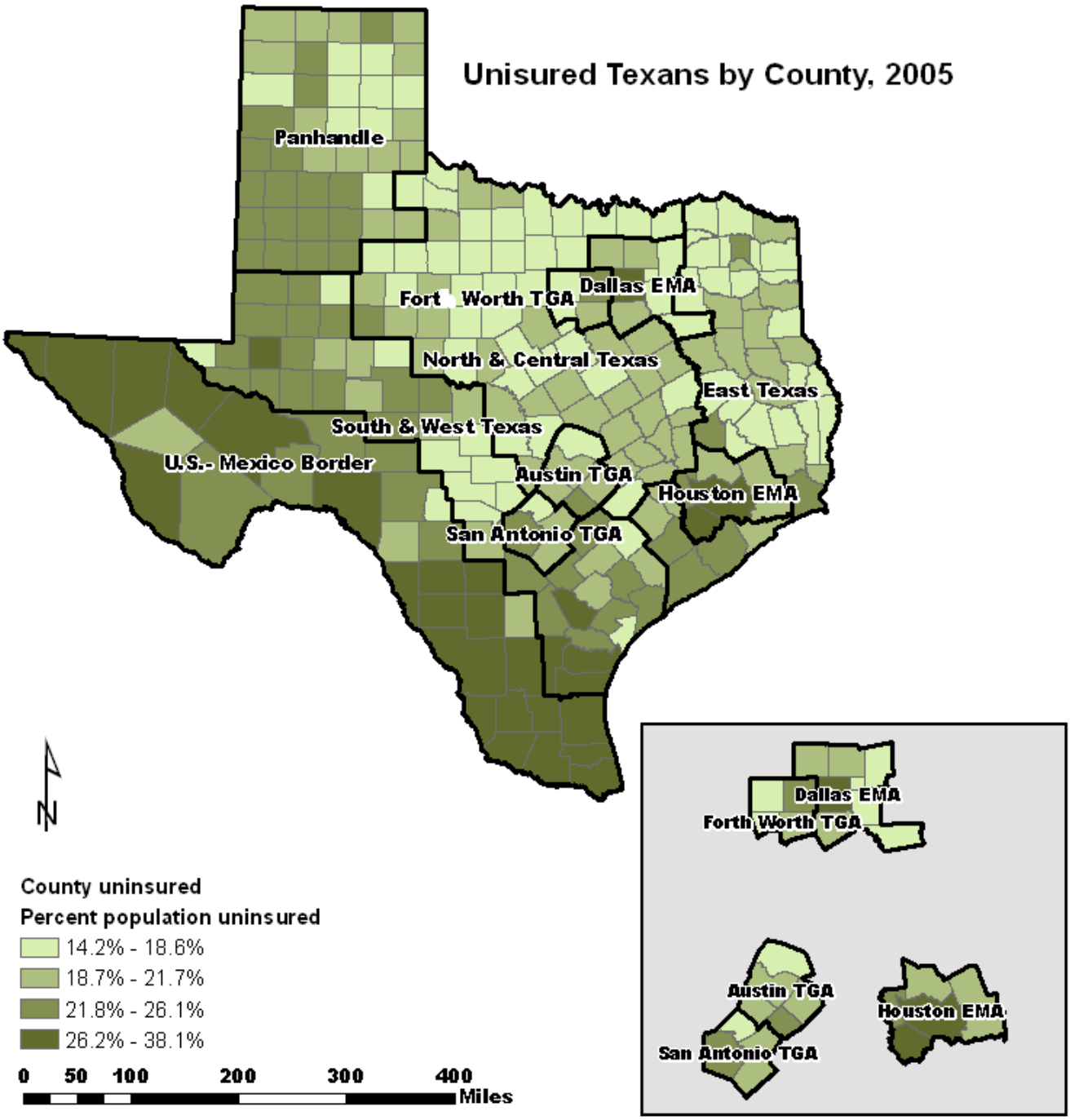
Healthcare Expenditures and Insurance Coverage

In 2008-2009, more than one in four Texans were uninsured, making Texas the state with the highest proportion of uninsured residents[17]. As shown in (**Figure M**), the distribution of uninsured residents in 2004 (most recent county-specific estimates) was not equal across the state. A higher percentage of people living along the border and in large metropolitan areas are uninsured compared with other regions of Texas. Health insurance, particularly as it relates to HIV, is quite important in terms of continuity of medical care. Given the cost of treatment, persons without insurance who fall outside the eligibility for programs such as the AIDS Drug Assistance Program, face significant challenges in starting or maintaining treatment.

In 2008-2009, more than one in four Texans were uninsured, making Texas the state with the highest proportion of uninsured residents

17. Data compiled by Kaiser State Health Facts, Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements)

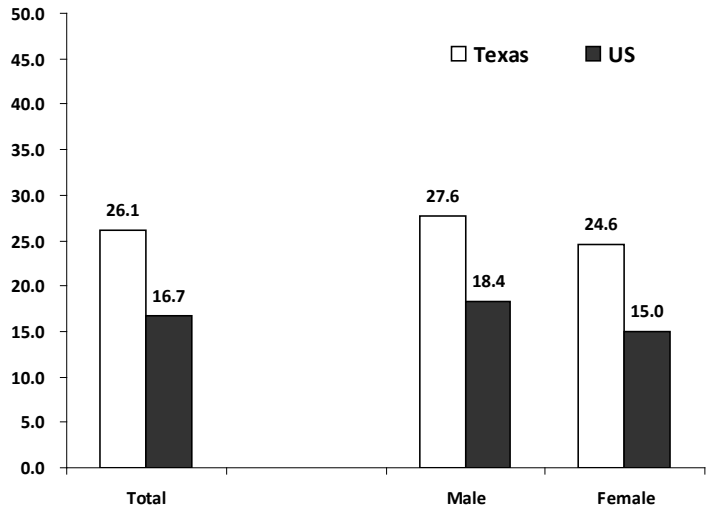
Figure M. Rates of Uninsured Texans, 2005



Source: Estimates from hte Texas State Demographer's Office

When compared with the population of the US, nearly 10% more Texans were uninsured versus the population of the nation as a whole (**Figure N**). Slightly more males lacked health insurance in Texas (as compared with females), 27.6% versus 24.5%, a trend which was reflected in the US population as well (18.4% of males were uninsured versus 15.0% of females).

Figure N. People without Health Insurance, Overall and by Sex, Texas and the United States, 2010

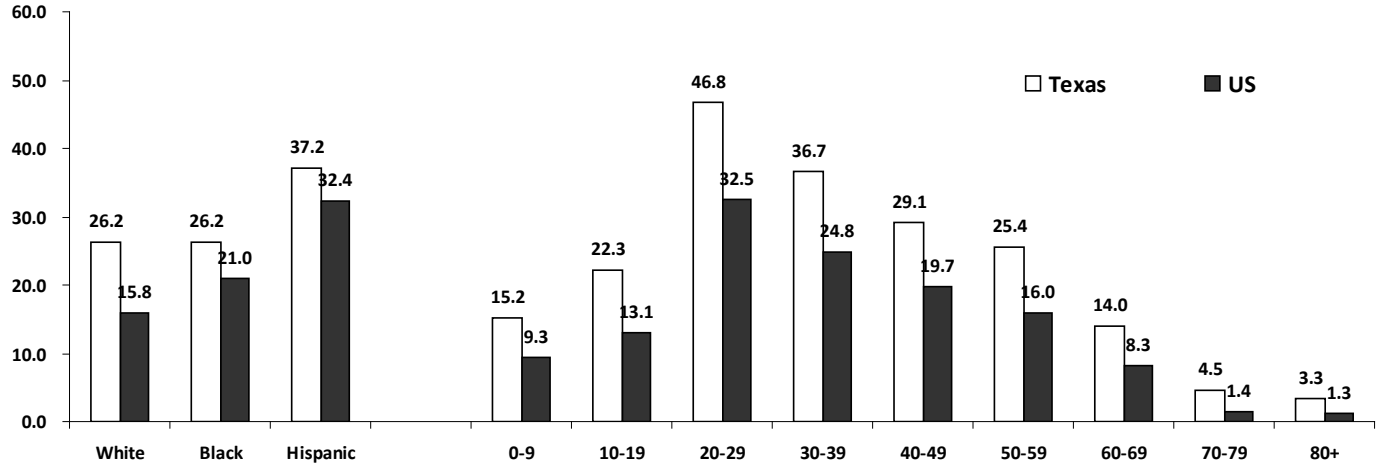


Source: Kaiser State Health Facts, Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey.

Differences among races/ethnicities in proportion uninsured were observed in Texas as well as the United States as a whole. Nationwide, more Blacks (21%) were uninsured versus Whites (15.8%). In Texas, on the other hand, Whites and Blacks tied for the lowest proportion of uninsured people (26.2%) and Hispanics had the highest proportion uninsured in the state (37.2%). The largest proportion of uninsured people were ages 20-29 (**Figure O** - 46.8% within Texas and 32.5% nationwide) and the proportion of uninsured people steadily decreased about 5% with each additional decade of until the 80 years and older age grouping, where 3.3% of Texans were uninsured compared with 1.3% of Americans as a whole.

In Texas, Whites and Blacks tied for the lowest proportion of uninsured people (26.2%) and Hispanics had the highest proportion uninsured in the state (37.2%).

Figure O. People without Health Insurance by Race/Ethnicity and Age, Texas and the United States in 2010



Source: Kaiser State Health Facts, Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey.

Socioeconomic Status – Poverty and Educational Attainment, 2009

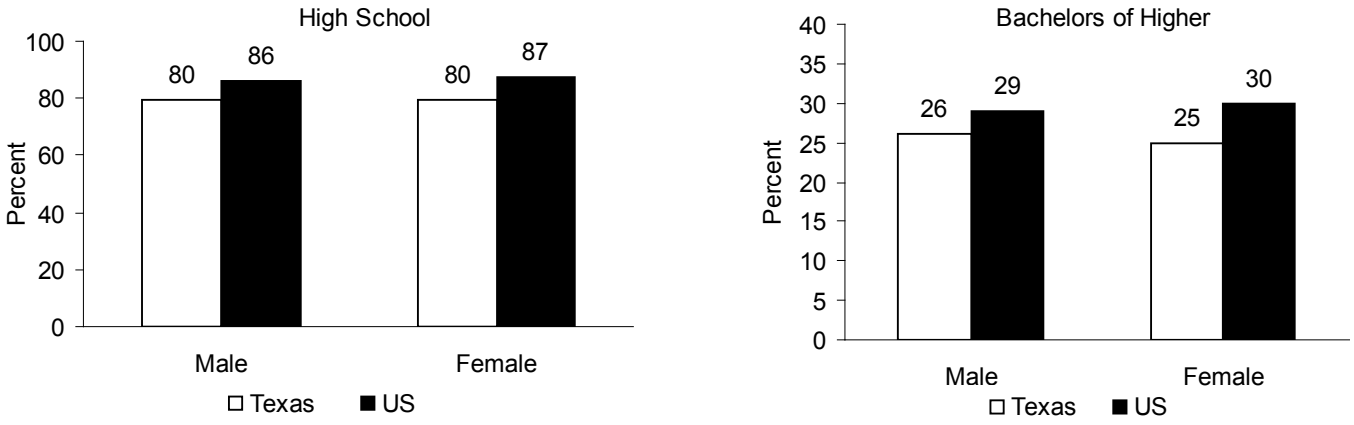
Evidence points to the link between socioeconomic status (SES), specifically for people with HIV, and health outcomes. One theory, called the "fundamental causes" of disease, suggests that distal causes of social status (SES, poverty, education, knowledge, wealth, class, etc.) have the potential to influence health outcomes through more proximal causes (for example, lack of health insurance or crowded living conditions)[18,19]. These fundamental causes have been highlighted in the context of the development of HAART, where research has identified that after the advent of HAART, increases in SES were significantly associated with decreases in mortality rate, whereas being Black was significantly associated in a substantial increase in mortality rates[20]. Differential mortality rates have also been observed in Blacks in Texas as shown in the Mortality section of this Epidemiological profile.

Education is particularly important in terms of health outcomes, as people with low levels of educational attainment (less than 12 years of formal schooling) had higher mortality rates from all causes, versus people with higher levels of educational attainment. Of particular interest is fact that HIV-specific mortality rates for people with less than high school education were greater than that of any other education group[21]. Furthermore within this group, national data show the age-adjusted mortality rate from HIV for Blacks was nearly nine times that of either Hispanics or Whites (114 deaths/100,000 Blacks versus 15 deaths/100,000 Whites or 13 deaths/100,000 Hispanics), suggesting an interaction between education and race in terms of impact of HIV[22].

18. These effects are also referred to as *social and environmental determinants*.
19. Link B, & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Behavior*, (Extra Issue), 80-94.
20. Rubin MS, Colen CG, & Link BG. (2009). Examination of inequalities in HIV/AIDS mortality in the United States from a fundamental cause perspective. *Research and Practice*, 100(6), 1053-1059.
21. Based upon 2000 mortality data for people nationwide ages 25-64.
22. Jemal A, Thun MJ, Ward EE, Henley SJ, Cokkinides VE, Murray TE. (2008) Mortality from Leading Causes by Education and Race in the United States, 2001. *American Journal of Preventive Medicine*, 34(1), 1-8.

In terms of current education attainment in Texas, although approximately 80% of Texas residents obtained a high school diploma or GED by age 25; Texas still lagged behind the United States (87%) in 2009[23] (the most recent year of estimates). In Texas, 80% of males and 80% females had this level of education vs. the United States with 86% males and 87% females (**Figure P**). The education gap narrowed somewhat for those with a bachelor's degree or greater, where 26% of Texas residents attained this level of educational compared to 29% for the United States. The educational gap was also observed for both males (26% vs. 29%) and females (25% vs. 30%) with a bachelor's degree in Texas compared to their counterparts across the nation.

Figure P. Educational Attainment of Residents Age 25 and Over by Sex, Texas and United States 2009

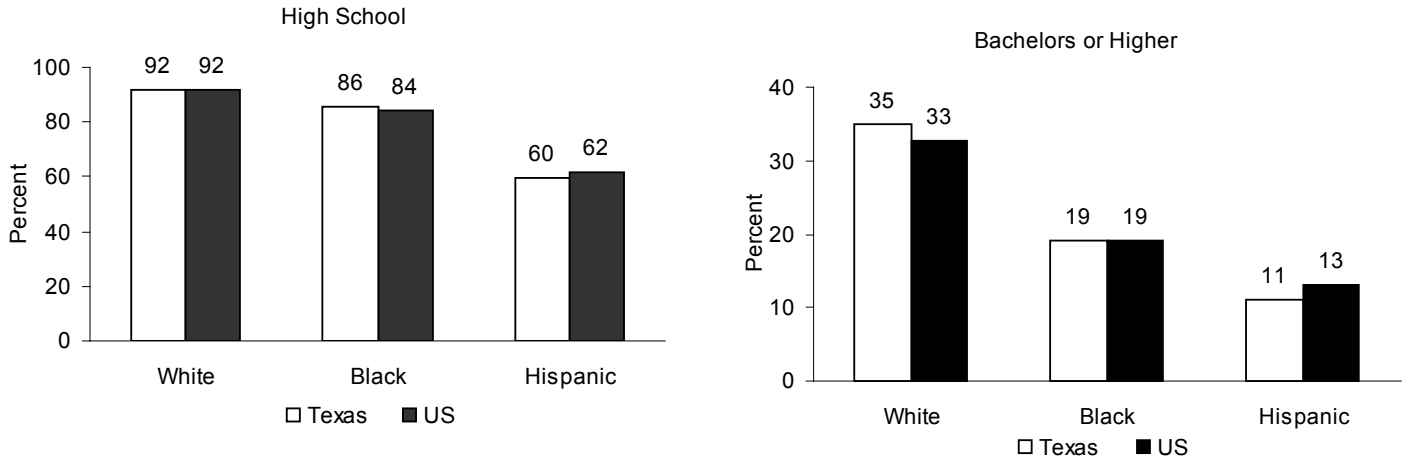


Source: U.S. Census Bureau, Educational Attainment in the United States: 2010 – Detailed Tables.

When compared to the other racial/ethnic groups, the educational attainment of Hispanics lagged behind other groups both in Texas and the U.S. In 2009, only 60% of Hispanic Texans age 25 and older received a high school diploma or higher compared to 86% of Black and 92% of White Texans (**Figure Q**). Educational disparities existed between the racial/ethnic groups for higher education and followed the same trends as in the United States as a whole. In Texas and in the United States, Whites were the most likely racial/ethnic group to have attained a bachelor's degree or higher (35%), followed by Blacks (19%) and Hispanic (11%). Although the racial/ethnic disparities in educational attainment observed in Texas mirrored what is observed across the nation, the public health implications of these disparities could be potentially more far-reaching in a minority-majority state.

23. this is the most recent year for which data is available.

Figure Q. Educational Attainment of Residents Age 25 and Over by Race/Ethnicity, Texas and United States 2009



Source: U.S. Census Bureau, Educational Attainment in the United States: 2010 – Detailed Tables.

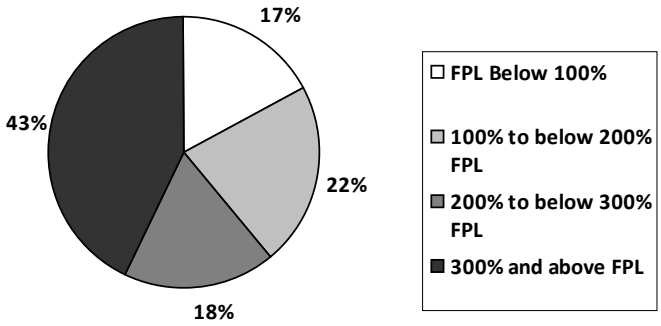
The Federal Poverty Level (FPL) is a federal threshold of poverty used to estimate the number of people living in poverty throughout the nation[24]. Federal programs (like Medicare or Children's Health Insurance Program (CHIP) often use multipliers of this threshold (200% of FPL) as the qualifying threshold for benefits[25]. In 2009, the year for which the most recent data is available as of this report, over half of Texas residents were below 300% FPL ($33,483) of the poverty threshold for an individual (**Figure R**). In 2009, one in five were below 100% ($11,161) of the poverty level; a statistically significant increase over the previous year (16.0% in 2008 and 17.2% in 2009)[26]. Females and males had similar rates of poverty in 2008; with 57% of females and 54% of males below 300% of poverty level (**Figure S**)[27]. Among the racial/ethnic groups, three in four Hispanic persons were below 300% of poverty level compared to two in three of Black and one in three White persons. The same figure also shows that 69% of all children under the age of ten were below 300% of poverty; which is the highest percentage for any age group. The proportion of those below 300% FPL is lowest in the 50-59 age group but increases among those 70 and older. Similar trends can be seen among demographic groups below 100% and below 200% of the poverty threshold. If current demographic trends continue relating to

If current demographic trends continue relating to the growth of the minority-majority, greater representation of a younger population and an increase in the populations experiencing educational disparities, Texas can also expect to experience a growth in the proportion of Texas residents living below 300% FPL.

24. For more information on Federal Poverty Thresholds and Federal Poverty Limits, see the U.S. Department of Health & Human Services' "Frequently Asked Questions Related to the Poverty Guidelines and Poverty" accessible here: http://aspe.hhs.gov/poverty/faq.shtml.
25. www.chipmedicaid.org/en/Can-I-Get-It
26. www.censU.S..gov/hhes/www/poverty/data/acs/2009/tablefigures.pdf
27. www.censU.S..gov/hhes/www/cpstc/apm/cpstc_altpov.html

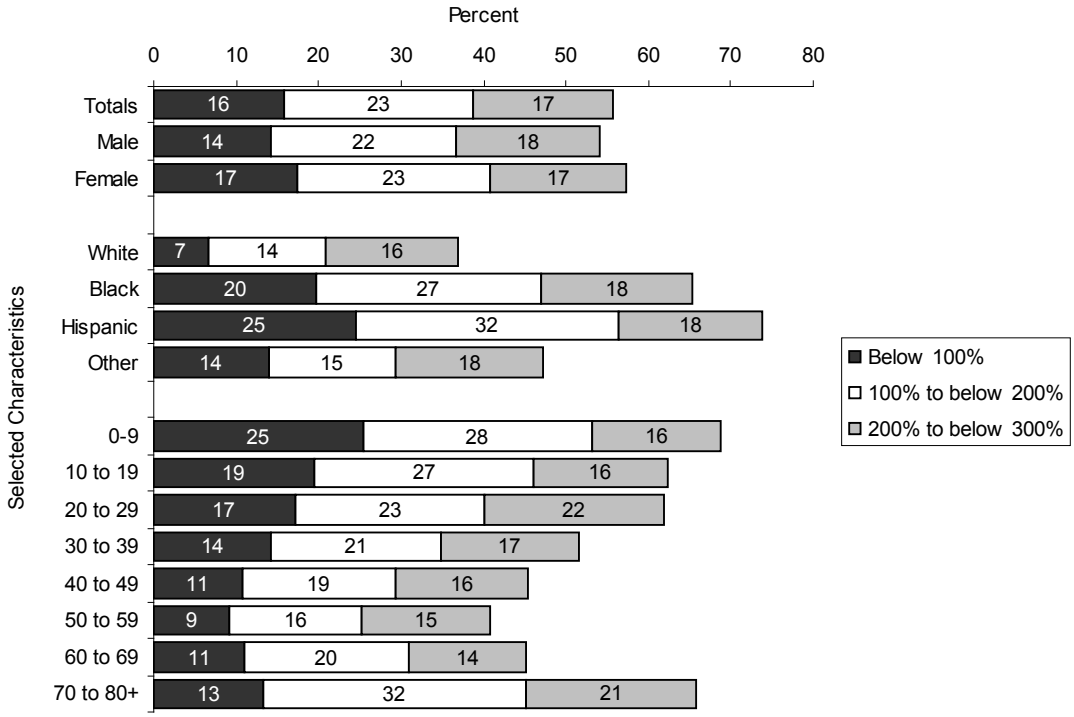
the growth of the minority-majority, greater representation of a younger population and an increase in the populations experiencing educational disparities, Texas can also expect to experience a growth in the proportion of Texas residents living below 300% FPL. Here again, the public health implications of these disparities could be potentially more far-reaching in a minority-majority state.

Figure R. Texas Population by Federal Poverty Level, 2009



Source: U.S. Census Bureau, American Community Surveys, 2008 and 2009.

Figure S. Texas Population by Federal Poverty Level, Sex, Race/Ethnicity and Age, 2009



Source: U.S. Census Bureau, American Community Surveys, 2008 and 2009.

CHAPTER 2: HIV IN TEXAS

Introduction

This epidemiologic profile presents a summary of information on known HIV cases in Texas diagnosed through December 31, 2010 and reported as of June 30, 2011. Data are collected during routine disease surveillance and reported in the Electronic HIV/AIDS Reporting System (eHARS). This system does not include those unaware of their HIV infection or those who tested HIV positive solely through an anonymous HIV test.

The data for HIV were analyzed by the year of diagnosis, not the year of report to the health department. The data presented on persons living with HIV represent the cumulative number of people diagnosed with HIV who are not known to be deceased. The section focused on new HIV diagnoses includes all new cases of HIV disease regardless of their disease status (HIV-only or AIDS) at diagnosis.

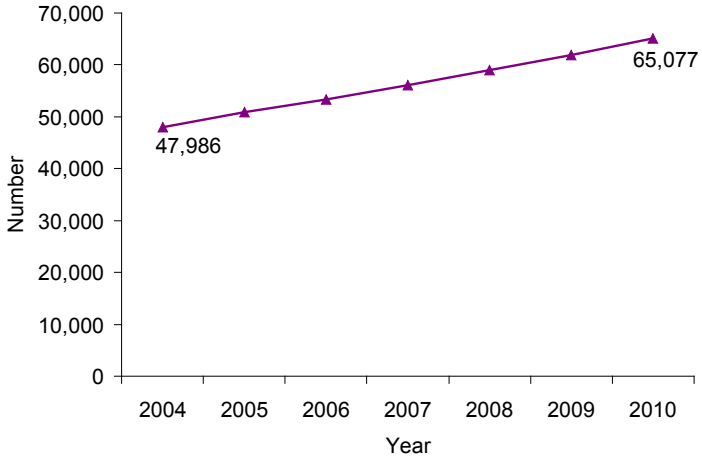
It is important to consider not only the total number of cases, but also the number of cases relative to the size of the population in question. Therefore, when possible, we have included case rates to illustrate this point. A case rate is the number of people with HIV per 100,000 members of that particular population. Comparing case rates shows the relative difference of the burden of disease across groups with different population sizes. All population estimate data are sourced from the Texas State Data Center.

Overview

Since 2004, the number of persons living with HIV (PLWH) in Texas has increased steadily, by about 5 percent each year. The number of PLWH in 2010 was about 36 percent higher than in 2004 (**Figure A**). The number of new HIV cases diagnosed each year increases the total number of people living with the disease, but this is partially offset by deaths among those infected. In Texas, the number of new HIV diagnoses and deaths among PLWH has remained largely stable in the past seven years, averaging around 4,180 new diagnoses and 1,470 deaths per year (**Figure B**). The increase in PLWH over time reflects continued survival due to better treatment, not an increase in new diagnoses. In an environment of increasing numbers of PLWH, the fact that new diagnoses have remained level speaks to successful prevention and treatment efforts, but more must be done in order to actually reduce the number of new HIV diagnoses.

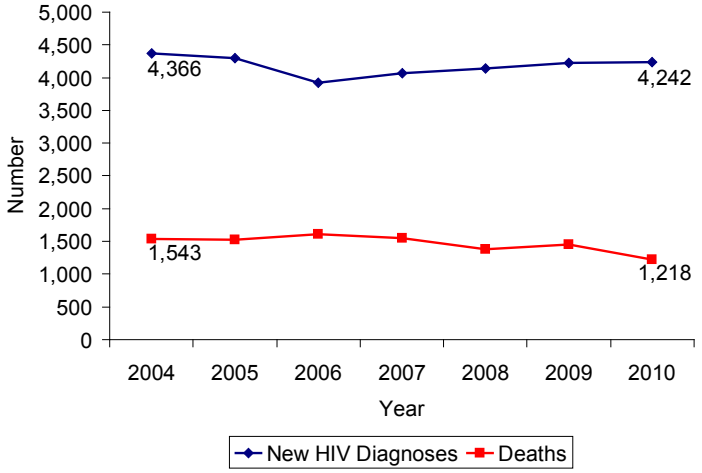
The increase in PLWH over time reflects continued survival due to better treatment, not an increase in new diagnoses.

Figure A. Persons Living with HIV, Texas 2004-2010



Source: Texas eHars as of June 30, 2011.

Figure B. New HIV Diagnoses and Deaths among PLWH, Texas 2004-2010



Source: Texas eHars as of June 30, 2011.

Persons Living with HIV

In the seven year period from 2004-2010, numbers and rates of PLWH increased for both sexes, all races/ethnicities and all adult/adolescent age groups (**Table 1**). The distribution of cases between sexes remained the same from 2004 to 2010, with over three quarters of living cases among males. Although Black Texans only represented 11% of the general population in 2004, they constituted the largest proportion of PLWH in that year and their share of living cases has steadily increased. The rate of living HIV cases among Blacks in 2010 (852.4 per 100,000) was over four times the rate for Whites (191.2 per 100,000) or Hispanics (175.4 per 100,000), and is a significant health disparity in Texas.

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Table 1. Persons Living With HIV by Select Characteristics, Texas, 2004 and 2010

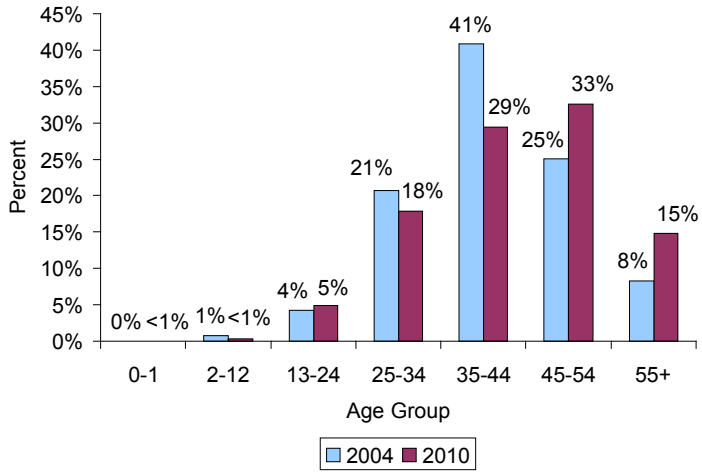
	2004			2010		
	Number	Percent	Rate	Number	Percent	Rate
State Total	47,986	100%	213.4	65,077	100%	256.5
Status						
HIV	20,529	43%	91.3	29,085	45%	114.6
AIDS	27,457	57%	122.1	35,992	55%	141.8
Sex						
Male	37,394	78%	333.2	50,686	78%	397.7
Female	10,592	22%	94.0	14,391	22%	113.9
Race/Ethnicity						
White	17,820	37%	158.8	21,876	34%	191.2
Black	17,993	37%	700.7	24,938	38%	852.4
Hispanic	11,530	24%	146.9	17,274	27%	175.4
Other	394	1%	46.3	682	1%	58.9
Multi Racial/Unknown	249	1%		307	<1%	
Age Group						
Under 2	18	0%	2.4	11	<1%	1.4
2 - 12	346	1%	9.4	210	<1%	5.2
13 - 24	2,046	4%	49.1	3,223	5%	73.6
25 - 34	9,943	21%	295.4	11,656	18%	299.2
35 - 44	19,599	41%	582.3	19,145	29%	515.8
45 - 54	12,045	25%	403.9	21,204	33%	610.1
55+	3,989	8%	95.7	9,628	15%	190.1
Risk Category *						
MSM	24,871	52%		35,816	55%	
IDU	7,942	17%		8,820	14%	
MSM/IDU	3,962	8%		4,159	6%	
Heterosexual	10,498	22%		15,495	24%	
Pediatric	561	1%		643	1%	
Adult Other	152	0%		144	0%	

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk groups.
Source: Texas eHars as of June 30, 2011.

PLWH by Age Group

From 2004 to 2010, the distribution of PLWH across age groups continued to shift to those over the age of 45 (**Figure C**). These data reflect the aging of the infected population, not an increase of new diagnoses among older adults. This shift reflects the continued effect of improved treatment and survival. The number of children living with HIV under the age of 13 has decreased by 25 percent in the past five years as a result of effective prenatal and perinatal testing and treatments that significantly reduced the risk of transmission from HIV-infected mothers to their newborns.

Figure C. Percent of Total Persons Living With HIV by Age Group, Texas 2004 and 2010

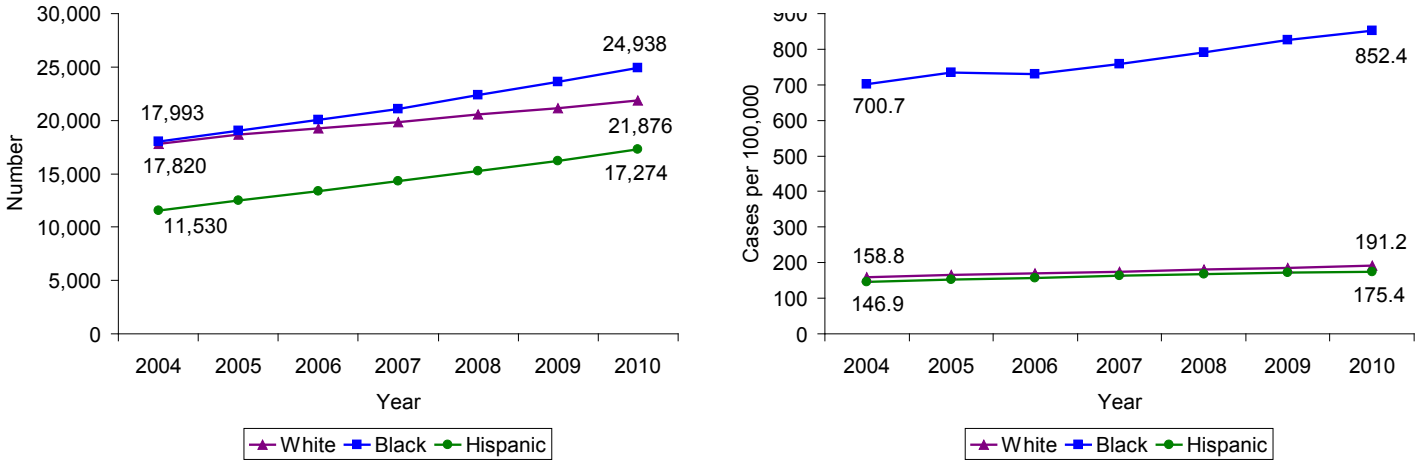


Source: Texas eHars as of June 30, 2011; 2004 (N=47,986), 2010 (N=65,077).

PLWH by Race/Ethnicity

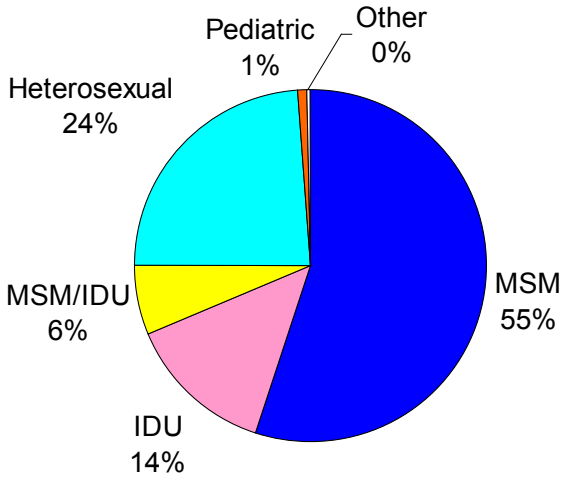
Figure D shows the number of PLWH by race/ethnicity on the left and the rate of PLWH by race/ethnicity on the right. While the number of living cases increased among all racial/ethnic groups between 2004 and 2010, the percentage increase over the period was sharper among Hispanics (50%) and Blacks (39%) when compared with Whites (23%). Note that while the disparities between different races/ethnicities in terms of case numbers living with HIV are not overwhelming, the same cannot be said of the case rates. The rate of Black PLWH was consistently more than four times higher than rates for Whites and Hispanics over the 7 year time period. This illustrates the tremendous burden of disease among Blacks when compared to Whites and Hispanics.

Figure D. Cases and Rate of Persons Living With HIV by Race/Ethnicity, Texas 2004-2010



Source: Texas eHars as of June 30, 2011.

Figure E. Percent of Persons Living With HIV by Risk Category, Texas 2010



Source: Texas eHars as of June 30, 2011; N=65,077.

PLWH by Risk Category

The risk category assigned to each HIV case represents the most likely way that the individual became infected with HIV based on the risk behaviors documented in the course of disease reporting or investigation. A substantial number of cases of HIV infection are reported without an identified risk factor; therefore multiple imputation is used to assign a risk factor for these cases using an algorithm provided by the Centers for Disease Control and Prevention (CDC). In this report, multiple imputation has been used to estimate risk categories for diagnoses among adults and adolescents where a risk category was missing. Estimates of population sizes for risk behavior groups are not available at this time; therefore, case rates were not calculated. Instead, the proportion of cases due to each mode of exposure was examined.

The most common exposure groups were men who have sex with men (MSM) (55%), injection drug users (IDU) (14%), and heterosexuals (24%) (**Figure E**). Smaller proportions of cases were attributed to other risks including MSM and IDU (MSM/IDU) (6%), pediatric exposures including mother-child transmission (1%) and other adult risks such as blood transfusion (<1%). While the number of PLWH increased over the past seven years in all major exposure categories, the relative proportions of living cases for each mode of exposure did not change substantially. In 2010, MSM accounted for over half of all people living with HIV. The proportion of PLWH that were exposed through injecting drug use decreased slightly from 17 percent in 2004 to 14 percent in 2010.

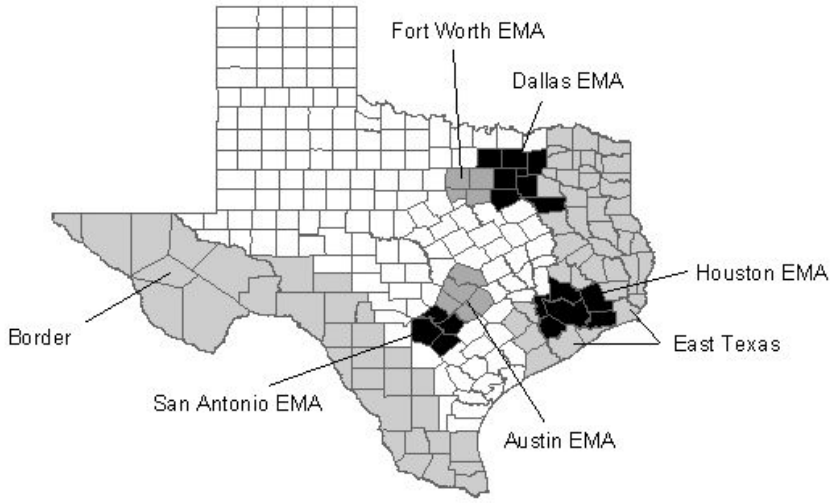
The proportion of PLWH that were exposed through injecting drug use decreased slightly from 17 percent in 2004 to 14 percent in 2010.

PLWH by Geographic Area

HIV cases are not evenly distributed across Texas. In 2010, numbers of PLWH were highest in metropolitan areas, particularly Houston and Dallas. The five areas in Texas designated by the Health Resources and Services

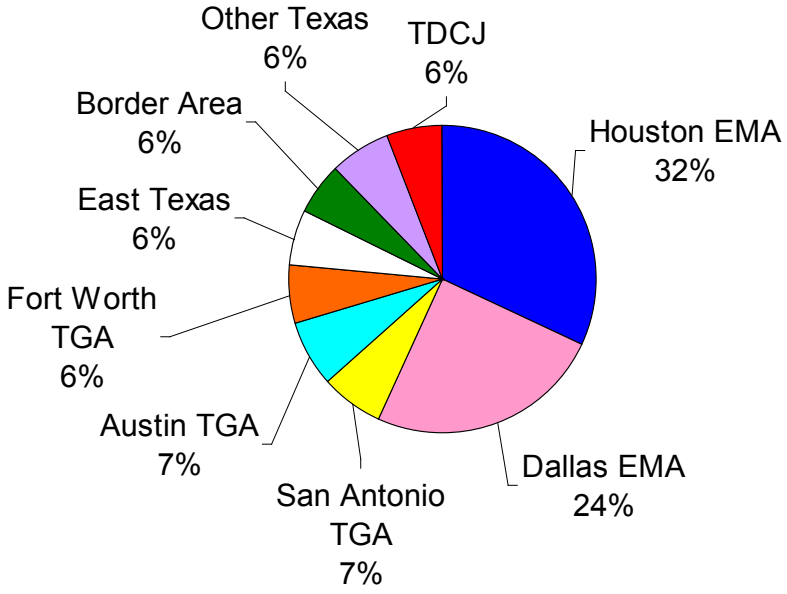
Administration (HRSA) as Eligible Metropolitan Areas (EMA) or Transitional Grant Areas (TGA) are Austin, Dallas, Fort Worth, Houston and San Antonio based on population and the number of HIV cases in those areas (**Figure F**).

Figure F. Geographic Areas of Interest, Texas 2010



Outside of the EMA/TGAs, the areas along the US-Mexico border, across East Texas and cases within the Texas Department of Criminal Justice (TDCJ) system are of special interest. For this report, we used the 32-county border area, a standard definition in health and human services reports. Portions of each of these counties fall within 100 kilometers of the US-Mexico border. East Texas includes all counties in Health Service Regions 4, 5, and 6 excluding the Houston EMA counties and Henderson County, which is included in the Dallas EMA.

Figure G. Proportions of Persons Living With HIV by Area, Texas 2010



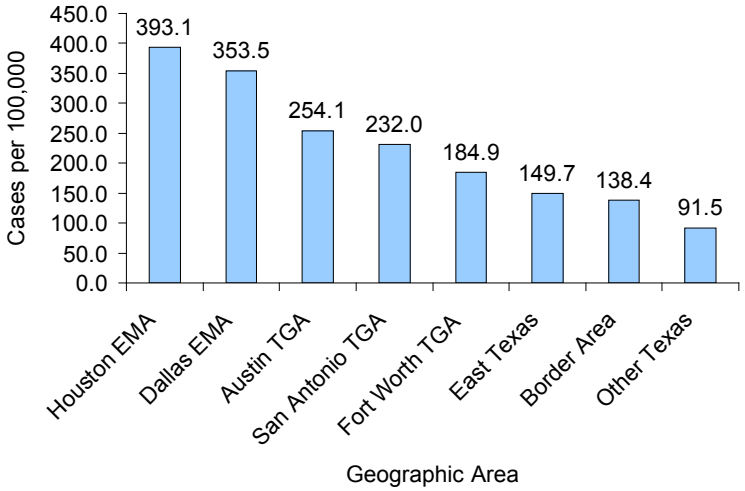
Source: Texas eHars as of June 30, 2011; N=65,077.

Over half of PLWH (36,811) in 2010 were in the Dallas and Houston EMA (**Figure G**). The smaller EMA/TGA areas (Austin, Fort Worth and San Antonio) as well as the other comparison groups (Border, East Texas, TDCJ, and the remainder of Texas) all contained similar proportions of PLWH (6%-7%). One note of caution, residence information for PLWH is based on residence at HIV or AIDS diagnosis and is not an accurate measure of current residence. TDCJ cases may be particularly inflated if more cases were diagnosed in the system than actually continue to reside there.

Over half of PLWH (36,811) in 2010 were in the Dallas and Houston EMA.

Rates of living cases were consistently higher in the EMA/TGAs compared to the non-EMA/TGA areas. The highest rates were in the Houston EMA (393.1 per 100,000) and the Dallas EMA (353.5 per 100,000). The lowest rate PLWH in a defined area in 2010, was in the primarily rural Other Texas area outside of the EMA/TGAs, East Texas and the Border Area at 91.5 cases per 100,000 (**Figure H**).

Figure H. Rate of PLWH by Geographic Area, Texas 2010



Source: Texas eHars as of June 30, 2011.

Table 2 shows the number and rate (or percent) of PLWH by various geographic areas and demographic characteristics. In all areas, cases and rates for males were substantially higher than those for females. Compared to other areas, the rate among females was highest in the Houston EMA (207.2 per 100,000), while the rate among males was highest in Houston (566.1 per 100,000), followed by Dallas (576.5 per 100,000).

The racial/ethnic profiles of PLWH varied across the different areas. In Houston, East Texas and TDCJ, the highest number of living cases were among Blacks; in the San Antonio and US-Mexico border area the majority of living cases were Hispanic; and in the other areas, the largest numbers of PLWH were among Whites. What did not vary, however, was that in every area, the case rates for the Black population were two to five times higher than the rates for White or Hispanic PLWH. The rate of PLWH among Blacks in the Houston area was 1,132.6 per 100,000. In other words, one in

Table 2. Select Characteristics of Persons Living with HIV by Geographic Area, Texas 2010

	Austin TGA		Dallas EMA		Fort Worth TGA		Houston EMA		San Antonio TGA		East Texas		Border Area		Other Texas		TDCJ		Texas Total	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	%	#	Rate
Total	4,352	254.1	15,936	353.5	4,009	184.9	20,875	393.1	4,482	232.0	3,915	149.7	3,638	138.4	4,117	91.5	3,753	100.0%	65,077	256.5
Status																				
HIV	1,791	104.6	7,264	161.1	1,914	88.3	8,965	168.8	1,793	92.8	1,819	69.6	1,580	60.1	1,857	41.3	2,102	56.0%	29,085	114.6
AIDS	2,561	149.5	8,672	192.4	2,095	96.6	11,910	224.3	2,689	139.2	2,096	80.1	2,058	78.3	2,260	50.2	1,651	44.0%	35,992	141.8
Sex																				
Male	3,671	415.7	12,881	566.1	3,028	277.4	15,413	576.5	3,767	397.0	2,586	195.7	3,015	233.1	3,070	136.0	3,255	86.7%	50,686	397.7
Female	681	82.1	3,055	136.8	981	91.1	5,462	207.2	715	72.7	1,329	102.7	623	46.7	1,047	46.7	498	13.3%	14,391	113.9
Race/Ethnicity																				
White	2,121	228.9	6,578	292.5	1,741	148.8	5,605	290.4	1,271	191.1	1,536	93.8	343	131.4	1,795	69.0	886	23.6%	21,876	191.2
Black	1,010	753.7	6,136	962.3	1,536	607.1	10,225	1132.6	659	466.4	1,908	414.7	116	399.8	1,118	303.9	2,230	59.4%	24,938	852.4
Hispanic	1,161	205.1	2,921	216.6	650	106.6	4,712	227.5	2,480	233.6	421	92.2	3,161	137.1	1,146	80.2	622	16.6%	17,274	175.4
Other	40	46.6	207	75.9	58	42.9	256	63.1	47	73.6	18	29.3	12	36.0	35	34.8	9	0.2%	682	58.9
Multi Racial/ Unknown	20		94		24		77		25		32		6		23		6	0.2%	307	
Age Group																				
Under 2	0	0.0	2	1.4	1	1.5	7	4.1	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0%	11	1.4
2 - 12	9	3.7	36	5.1	26	7.6	72	8.5	16	5.2	22	5.8	17	3.3	12	1.7	0	0.0%	210	5.2
13 - 24	163	56.2	812	111.5	210	56.1	1,061	118.1	243	70.4	257	58.0	175	35.0	240	30.0	62	1.7%	3,223	73.6
25 - 34	699	239.9	2,751	406.8	671	197.7	3,856	447.3	812	277.2	830	228.9	696	178.5	688	101.0	653	17.4%	11,656	299.2
35 - 44	1,316	451.5	4,742	585.6	1,131	340.1	6,084	714.4	1,252	486.3	1,049	337.0	1,127	336.2	1,140	218.1	1,304	34.7%	19,145	515.8
45 - 54	1,515	602.3	5,361	796.0	1,338	440.6	6,509	883.1	1,476	558.7	1,186	323.5	1,109	373.2	1,358	233.4	1,352	36.0%	21,204	610.1
55+	650	220.4	2,232	288.5	632	154.7	3,286	349.7	683	167.7	570	83.8	514	108.0	679	62.7	382	10.2%	9,628	190.1
Risk Category *	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MSM	2,809	64.5%	10,857	68.1%	2,077	51.8%	10,673	51.1%	3,026	67.5%	1,616	41.3%	2,213	60.8%	2,005	48.7%	541	14.4%	35,817	55.0%
IDU	468	10.8%	1,177	7.4%	668	16.7%	2,293	11.0%	463	10.3%	609	15.6%	358	9.8%	703	17.1%	2,080	55.4%	8,819	13.6%
MSM/IDU	355	8.2%	654	4.1%	269	6.7%	1,088	5.2%	208	4.6%	267	6.8%	153	4.2%	380	9.2%	785	20.9%	4,159	6.4%
Heterosexual	678	15.6%	3,118	19.6%	911	22.7%	6,532	31.3%	743	16.6%	1,352	34.5%	859	23.6%	959	23.3%	344	9.2%	15,496	23.8%
Pediatric	35	0.8%	105	0.7%	63	1.6%	262	1.3%	31	0.7%	58	1.5%	38	1.0%	51	1.2%	0	0.0%	643	1.0%
Other	6	0.1%	25	0.2%	21	0.5%	27	0.1%	11	0.2%	14	0.4%	17	0.5%	19	0.5%	4	0.1%	144	0.2%

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk groups.
Source: Texas eHars as of June 30, 2011.

80 Blacks in the Houston area was living with HIV in 2010. One in 104 Blacks in the Dallas area and one in 117 Blacks statewide were living with HIV in 2010. Among the areas of interest, the rates for Whites were higher in Houston, Dallas and Austin. Rates of PLWH among Hispanics were higher in San Antonio, Houston, Dallas and Austin. By and large, the rates among Hispanics and Whites were similar within different geographic areas, and much lower than the rates for Blacks.

In general, the highest proportions and rates of living cases were in the 45-54 age group followed closely by the 35-44 age group. The highest concentrations of PLWH among these geographic areas and age groups in 2010 were in 45-54 year-olds in Houston (883.1 per 100,000), with the second highest in Dallas (796.0 per 100,000).

In terms of mode of exposure, MSM were the largest proportion of cases across the state, with the exception of TDCJ. In the Austin, Dallas, San Antonio, and Border areas, MSM made up at least 60% of living cases. In Houston and East Texas heterosexual cases constituted a slightly larger proportion of PLWH at over 30%. East Texas, Fort Worth and Other Texas had slightly higher proportions of PLWH attributed to IDU, each with over 15%. TDCJ had the largest proportion of IDU cases at 55%.

New Diagnoses of HIV

New diagnoses of HIV are calculated based on the earliest available diagnosis date. They do not include new AIDS diagnoses for cases that were previously reported as an HIV diagnosis. The data described here represent new HIV cases diagnosed in a given calendar year (**Table 3**). New HIV diagnoses in Texas have hovered around 4,000 or 4,200 cases per year over recent years. Case rates have been fairly stable as well, down slightly from 19.4 per 100,000 in 2004 to 16.7 per 100,000 in 2010. In each of the past seven years, the rate of new HIV diagnoses among men was over three times higher than the rate among women.

New HIV diagnoses in Texas have hovered around 4,000 or 4,200 cases per year over recent years.

Among new HIV cases, Blacks had both the highest number and rate of new diagnoses every year. The 2010 rate of new cases in Blacks (60.8 per 100,000) was over six times higher than the rate in Whites (9.1 per 100,000) and over four times higher than the rate in Hispanics (13.5 per 100,000).

Over the past seven years, there was a 57% increase in the rate of new diagnoses among ages 13-24 (from 13.8 to 21.7 per 100,000).

Over the past seven years, there was a 57% increase in the rate of new diagnoses among ages 13-24 (from 13.8 to 21.7 per 100,000). At the same time, the rate among ages 35-44 steadily decreased from 44.6 per 100,000 to 27.6 per 100,000 (38% decrease). With regards to risk categories among new diagnoses, MSM cases outnumber all other categories and their proportion increased from 53.9% in 2004 to 61.3% in 2010. The number and proportion of IDU-related cases saw marginal declines over the seven-year period, from 13.9% to 8.9%. **Table 3** details this information.

Table 3. Number and Rate of New HIV Diagnoses by Select Characteristics, Texas 2004-2010

	2004		2005		2006		2007		2008		2009		2010	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
State Total	4,366	19.4	4,296	18.8	3,918	16.7	4,073	17.0	4,140	17.0	4,230	17.1	4,242	16.7
Sex														
Male	3,364	30.0	3,342	29.3	3,028	25.8	3,105	26.0	3,201	26.3	3,289	26.5	3,306	25.9
Female	1,002	8.9	954	8.3	890	7.6	968	8.1	939	7.7	941	7.6	936	7.4
Race/Ethnicity														
White	1,305	11.6	1,286	11.5	1,062	9.4	1,041	9.2	1,071	9.4	1,011	8.9	1,044	9.1
Black	1,738	67.7	1,655	63.7	1,649	60.0	1,693	60.8	1,754	62.1	1,796	62.7	1,779	60.8
Hispanic	1,250	15.9	1,278	15.7	1,134	13.4	1,239	14.1	1,220	13.4	1,326	14.0	1,327	13.5
Other	49	5.8	49	5.5	49	5.2	56	5.6	61	5.8	45	4.1	65	5.6
Multi Racial/ Unknown	24		28		24		44		34		52		27	
Age Group														
Under 2	11	1.5	8	1.1	10	1.3	16	2.0	14	1.8	9	1.1	5	0.6
2 - 12	14	0.4	4	0.1	1	0.0	4	0.1	4	0.1	12	0.3	4	0.1
13 - 24	576	13.8	625	14.8	667	15.4	739	16.9	858	19.5	957	21.5	952	21.7
25 - 34	1,321	39.2	1,328	38.9	1,165	33.2	1,213	33.9	1,239	33.8	1,291	34.4	1,270	32.6
35 - 44	1,502	44.6	1,373	40.5	1,180	34.1	1,171	33.6	1,099	31.3	1,028	29.1	1,024	27.6
45 - 54	689	23.1	711	23.2	654	20.6	669	20.6	661	20.0	641	19.0	721	20.7
55+	253	6.1	247	5.8	241	5.4	261	5.7	265	5.6	292	5.9	266	5.3
Risk Category *	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	2,353	53.9%	2,423	56.4%	2,088	53.3%	2,279	56.0%	2,343	56.6%	2,564	60.6%	2,601	61.3%
IDU	606	13.9%	534	12.4%	501	12.8%	465	11.4%	451	10.9%	389	9.2%	376	8.9%
MSM/IDU	219	5.0%	219	5.1%	194	5.0%	151	3.7%	129	3.1%	106	2.5%	127	3.0%
Heterosexual	1,156	26.5%	1,098	25.6%	1,119	28.6%	1,156	28.4%	1,198	28.9%	1,149	27.2%	1,129	26.6%
Pediatric	27	0.6%	13	0.3%	11	0.3%	21	0.5%	18	0.4%	21	0.5%	9	0.2%
Other	6	0.1%	9	0.2%	5	0.1%	1	<.1%	1	0.0%	1	0.0%	0	0.0%

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk groups.
Source: Texas eHars as of June 30, 2011.

New Diagnoses by Sex and Race/Ethnicity

Males made up the majority of new diagnoses in 2010, but the distribution of cases between sexes varied somewhat by race/ethnicity (**Figure I**). While the ratio of male to female cases among Whites and Hispanics was about 6:1, among Blacks, the male to female ratio was only 2:1. The rate of new diagnoses in Black females was higher than the rates in White and Hispanic males and ten to 14 times higher than the rates in Hispanic and White females.

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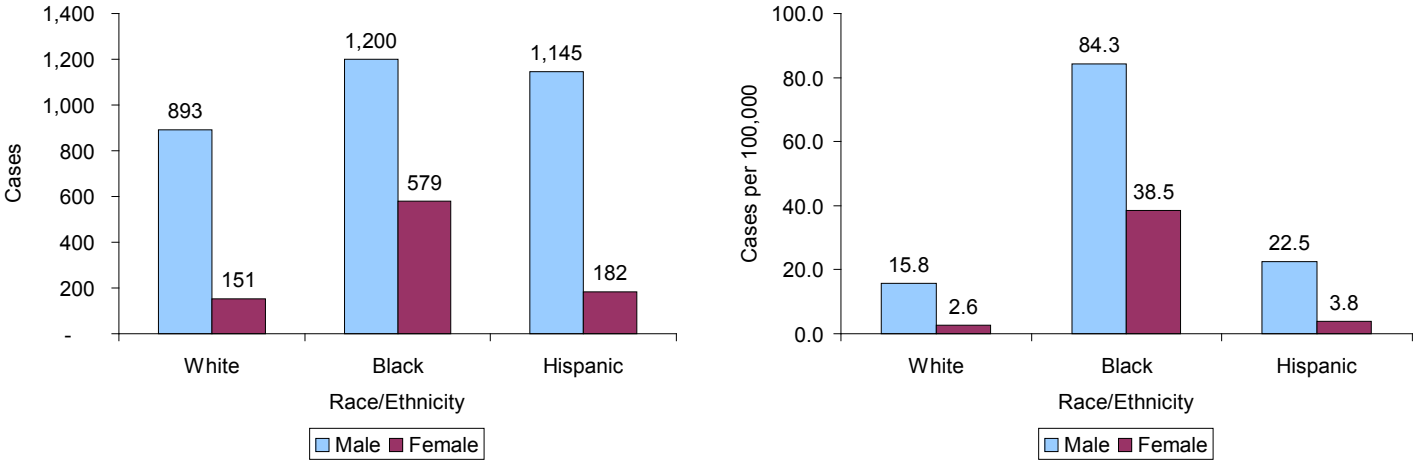
Figure I. Number and Rate of New HIV Diagnoses by Sex and Race/Ethnicity, Texas 2010



Source: Texas eHars as of June 30, 2011.

New Diagnoses by Sex and Age Group

In every age group, males had a higher rate of new HIV diagnoses than females in 2010 (**Table 4**). The highest rate for both males and females was in the 25 to 34 age group. The median age at diagnosis for new diagnoses in 2010 was 33 for males and 35 for females. HIV generally has a long asymptomatic incubation period; therefore, the age at infection may be several years earlier than the age at diagnosis.

Table 4. New HIV Diagnoses by Sex, and Age Group, Texas, 2010

	Male		Female	
	Number	Rate	Number	Rate
Age Group				
Under 2	3	0.7	2	0.5
2 - 12	0	0.0	4	0.2
13 - 24	793	35.2	159	7.5
25 - 34	988	48.0	282	15.4
35 - 44	785	41.5	239	13.1
45 - 54	535	30.9	186	10.7
55+	202	8.6	64	2.3
Total:	3,306	25.9	936	17.4

New Diagnoses by Sex, Mode of Exposure and Race/Ethnicity

Examination of risk categories by sex and race/ethnicity reveals additional differences among new HIV diagnoses in 2010. HIV among Whites males was concentrated in MSM (85.6%). To a slightly lesser extent, the same is true among Hispanics (81.4%). However, HIV among Blacks was more widely distributed across modes of exposure, reflecting the broader scope and impact of HIV in the Black community (**Table 5**). Over one-third of White female cases diagnosed in 2010 were IDU, and nearly two-thirds were heterosexual exposures. Comparatively, much fewer Black and Hispanic females fell into the IDU category (around 12% each) and much more were categorized at heterosexual (around 87%).

HIV among Blacks was more widely distributed across modes of exposure, reflecting the broader scope and impact of HIV in the Black community.

Table 5. New Diagnoses by Sex, Mode of Exposure and Race/Ethnicity, Texas, 2010

	White		Black		Hispanic	
	Number	Percent	Number	Percent	Number	Percent
Risk Category						
Male						
MSM	764	85.6%	851	71.0%	932	81.4%
IDU	42	4.7%	115	9.6%	68	5.9%
MSM/IDU	55	6.2%	33	2.8%	36	3.1%
Heterosexual	32	3.6%	198	16.5%	108	9.4%
Pediatric	0	0.0%	2	0.2%	1	0.1%
Other	0	0.0%	0	0.0%	0	0.0%
Total	893	100.0%	1,199	100.0%	1,145	100.0%
Female						
IDU	53	35.1%	70	12.1%	21	11.5%
Heterosexual	97	64.2%	505	87.2%	160	87.9%
Pediatric	1	0.7%	4	0.7%	1	0.5%
Other	0	0.0%	0	0.0%	0	0.0%
Total	151	100.0%	579	100.0%	182	100.0%

Subpopulations with Prevalence Greater Than One Percent Prevalence

The examination of high morbidity demographic subpopulations (i.e. examining sex, race/ethnicity, and age groups simultaneously) within geographic areas revealed some interesting figures. Several subpopulations in the geographic areas of interest had PLWH prevalence rates above 1,000 per 100,000 population, or at least one HIV infected person for every 100 persons in the population (**Table 6**). Overall, one out of every 390 people in Texas was living with HIV in 2010. Black males age 35-44 and age 45-54 tended to have the highest prevalence rates in most areas. Of Black males age 35-44, one in 33 in the Houston EMA and one in 37 in Dallas EMA were living with HIV. Of Black males age 45-54, one in 32 in the Houston EMA, one in 38 in the Dallas EMA and one in 40 in the Austin TGA were living with HIV. White male subpopulation rates were highest in Dallas and Houston where one in 74 and one in 79 45-54 year-olds respectively were living with HIV. Only San Antonio and Houston had concentrations of Hispanic PLWH over one in 100, both among males age 45-54. More than one in 100 black females in Houston, Dallas and Austin were living with HIV in various age groupings (**Table 6**).

Table 6. Number and Percent of Subpopulations with More than One Percent Living With HIV by Mode of Exposure, 2010

Area	Race/Ethnicity	Sex	Age Group	One in
State Total	Black	Male	25-34	69
			35-44	44
			45-54	39
			55+	97
		Female	35-44	79
Austin TGA	Black	Male	35-44	65
			45-54	40
			55+	66
		Female	45-54	91
Dallas EMA	White	Male	45-54	74
	Black	Male	25-34	49
			35-44	37
			45-54	38
			55+	92
		Female	35-44	85
Fort Worth TGA	Black	Male	25-34	76
			35-44	68
			45-54	62
Houston EMA	White	Male	45-54	79
	Black	Male	25-34	48
			35-44	33
			45-54	32
			55+	75
		Female	25-34	72
			35-44	53
			45-54	81
	Hispanic	Male	45-54	97
San Antonio TGA	Black	Male	35-44	85
			45-54	63
	Hispanic	Male	45-54	97
East Texas	Black	Male	45-54	95
Border Area	Black	Male	45-54	69

Source: Texas eHars as of June 30, 2011.

The following subsections are detailed examinations of geographic areas and subpopulations with high concentrations of persons living with HIV by race/ethnicity, sex, age group and mode of exposure. Because there are no exact estimates of the behavioral categories, rates are not calculated. However, the burden of disease is clear given the acknowledged small size of the MSM population and the high proportion of MSM among PLWH in many of these male subpopulations. In the EMA/TGAs, the overall number of PLWH within subpopulations was sometimes relatively low, but the burden of disease within these subpopulations was notable and alarming.

Austin TGA

The overall rate of PLWH in the Austin TGA in 2010 was 254.1 cases per 100,000, or one in every 394 people in the area. However, the Austin TGA had four demographic subpopulations where greater than one percent were living with HIV. All age groups of Black males over the age of 35 were above one percent, as were Black females age 45-54. These populations together constituted only 2% of the Austin TGA population, but represented 15 percent of the PLWH in the Austin area. The HIV transmission categories varied among these subgroups. Younger Black males age 35-44 were predominantly MSM, while those age 45 or older had larger percentages who were either IDU or MSM/IDU (**Table 7**). Among Black females age 45-54, 62% were categorized as heterosexually acquired cases and 38% as IDU.

Table 7. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, Austin TGA, 2010

	Black Males			Black Females
	35 - 44	45 - 54	55+	45 - 54
MSM	66.7%	41.5%	42.0%	
IDU	8.6%	22.9%	34.4%	38.0%
MSM/IDU	12.3%	20.6%	7.6%	
Heterosexual	12.3%	14.2%	16.0%	62.0%
Pediatric	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.8%	0.0%	0.0%
N=	162	253	131	100

Source: Texas eHars as of June 30, 2011.

Dallas EMA

The overall rate of PLWH in 2010 in the Dallas EMA was 353.5 per 100,000 or one out of every 283 people. High morbidity subpopulations in the Dallas area included Black males over 25, Black females 35-44, and White males 45-54. These high morbidity subpopulations accounted for 9 percent of the Dallas EMA population and 44% of the PLWH. In 2010, over 2 percent of Black males age 25 or older were living with HIV. By risk category, all of the Dallas area male subpopulations were predominantly MSM, particularly among White males, with decreasing proportions of Black MSM as the age groups got older (**Table 8**). A greater proportion of IDU was found among older Black males than among younger Black males. The majority of Black females had a heterosexual exposure risk.

Table 8. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, Dallas EMA, 2010

	White Males	Black Males				Black Females
	45 - 54	25 - 34	35 - 44	45 - 54	55+	35 - 44
MSM	90.2%	83.0%	76.8%	67.0%	55.4%	
IDU	3.0%	3.9%	6.8%	12.0%	19.6%	14.4%
MSM/IDU	5.2%	5.3%	4.9%	8.0%	8.2%	
Heterosexual	1.4%	7.8%	11.5%	12.9%	16.8%	85.4%
Pediatric	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Other	0.2%	0.0%	0.0%	0.1%	0.0%	0.1%
N=	2,654	851	1,162	1,196	453	672

Source: Texas eHars as of June 30, 2011.

Fort Worth TGA

The Fort Worth TGA had the lowest overall rate of PLWH among EMA/TGAs at 184.9 per 100,000, or one in 541 of the area population. Black males age 25-54 had HIV prevalence rates well above one percent; they made up only 2% of the population and 19% of PLWH. Again, the greatest proportions of MSM were found among the younger of these age groups, and the proportion of those who were IDU was larger among the older population (**Table 9**).

Table 9. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, Ft. Worth TGA, 2010

	Black Males		
	25 - 34	35 - 44	45 - 54
MSM	80.3%	59.9%	47.0%
IDU	6.1%	11.3%	23.0%
MSM/IDU	4.2%	10.6%	12.9%
Heterosexual	9.4%	17.9%	16.4%
Pediatric	0.0%	0.0%	0.0%
Other	0.0%	0.4%	0.7%
N=	213	274	282

Source: Texas eHars as of June 30, 2011.

Houston EMA

The Houston EMA had the highest overall rate of PLWH of any area at 393.1 per 100,000 or one in 254 people in the population. The subpopulations with prevalence rates greater than one percent included Black men 25 and older, Black females age 25-54, and White and Hispanic men age 45-54. These high prevalence subpopulations made up 14% of the general population and 58% of the PLWH in the Houston area in 2010. Black men in the Houston area between the ages of 45 and 54 had the highest rate of all of these subpopulations with one in 32 living with HIV. About half of these men were MSM (**Table 10**). IDU was more common as the risk category in older age groups than in younger age groups for both Black males and females. Black males had a relatively high proportion of heterosexual exposure compared to other EMA/TGAs. Over 83% of White male PLWH age 45-54 in Houston were MSM.

Table 10. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, Houston EMA, 2010

	White Males	Black Males				Black Females			Hispanic Males
	45 - 54	25 - 34	35 - 44	45 - 54	55+	25 - 34	35 - 44	45 - 54	45 - 54
MSM	83.3%	72.9%	56.8%	48.7%	35.8%				72.7%
IDU	3.5%	5.9%	12.0%	17.7%	25.6%	9.7%	17.0%	29.3%	6.7%
MSM/IDU	9.4%	4.8%	7.0%	10.1%	8.6%				5.9%
Heterosexual	3.6%	16.1%	24.1%	23.4%	29.9%	90.1%	82.9%	70.7%	14.7%
Pediatric	0.0%	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Other	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%
N=	2,050	1,246	1,682	1,962	930	935	1,315	914	1,108

Source: Texas eHars as of June 30, 2011.

San Antonio TGA

The San Antonio area had a relatively low overall rate of PLWH (232.0 per 100,000) compared with other EMA/TGAs, but still had three subpopulations with a prevalence greater than one percent; Black men age 35-54 and Hispanic men 45-54. MSM was the most common risk group for the Hispanic men (78%) and both age groups of Black men (over 60% each) (**Table 11**). These three groups made up 20% of the San Antonio TGA population and 20% of the PLWH.

Table 11. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, San Antonio TGA, 2010

	Black Males		Hispanic Males
	35 - 44	45 - 54	45 - 54
MSM	62.6%	66.9%	78.3%
IDU	11.1%	13.5%	8.6%
MSM/IDU	7.1%	8.6%	4.9%
Heterosexual	19.2%	11.0%	7.9%
Pediatric	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.3%
N=	99	163	636

Source: Texas eHars as of June 30, 2011.

Other Areas of Texas

In East Texas and the US-Mexico Border Area, the high morbidity subpopulations consisted of Black men age 45-54 (see **Figure F** for a map of these areas). In each of these sub-populations MSM was the most common risk category (**Table 12**).

Table 12. Percent of Subpopulations with More than One Percent Living with HIV by Mode of Exposure, Other Areas of Texas, 2010

	East Texas	Border Area
	Black Males 45 - 54	Black Males 45 - 54
MSM	43.7%	60.7%
IDU	21.2%	10.7%
MSM/IDU	13.8%	10.7%
Heterosexual	20.6%	17.9%
Pediatric	0.0%	0.0%
Other	0.6%	0.0%
N=	325	28

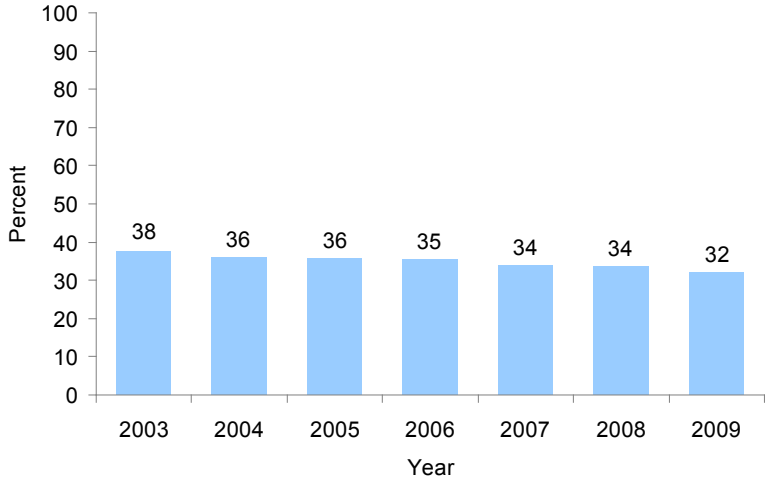
Source: Texas eHars as of June 30, 2011.

CHAPTER 2A: LATE HIV DIAGNOSIS

The Centers for Disease Control and Prevention estimates that as many as 21% of people infected with HIV are not aware of their infection[1]. These people are living without effective treatment for their infection, which shortens their lives and promotes further transmission. Treatment reduces the amount of circulating virus and reduces the chances that the virus will be passed to another person[2]. While increasing the number of people with HIV who are aware of their infections is critical, it is also important to consider when in the course of infection they are diagnosed. The median time of progression between HIV infection and the development of AIDS is about 10 years for young adults[3], therefore, individuals who receive an AIDS diagnosis within 1 year of their HIV infection diagnosis are considered to have tested late after their actual initial infection. This section describes late diagnosis in Texas, defined as a case with an initial HIV infection diagnosis and an AIDS diagnosis that occur within a 12 month period.

Figure A shows that Texas is working towards decreasing the proportion of late diagnoses. The proportion of new HIV diagnoses that were considered late decreased 6% between 2003 and 2009. This decrease may be the result of efforts to expand HIV testing in medical settings as well as focused efforts to test people at high risk.

Figure A. Percent of New HIV Diagnoses with an AIDS Diagnosis within One Year of HIV Diagnosis, Texas 2003-2009



Source: Texas eHars as of July 2011.

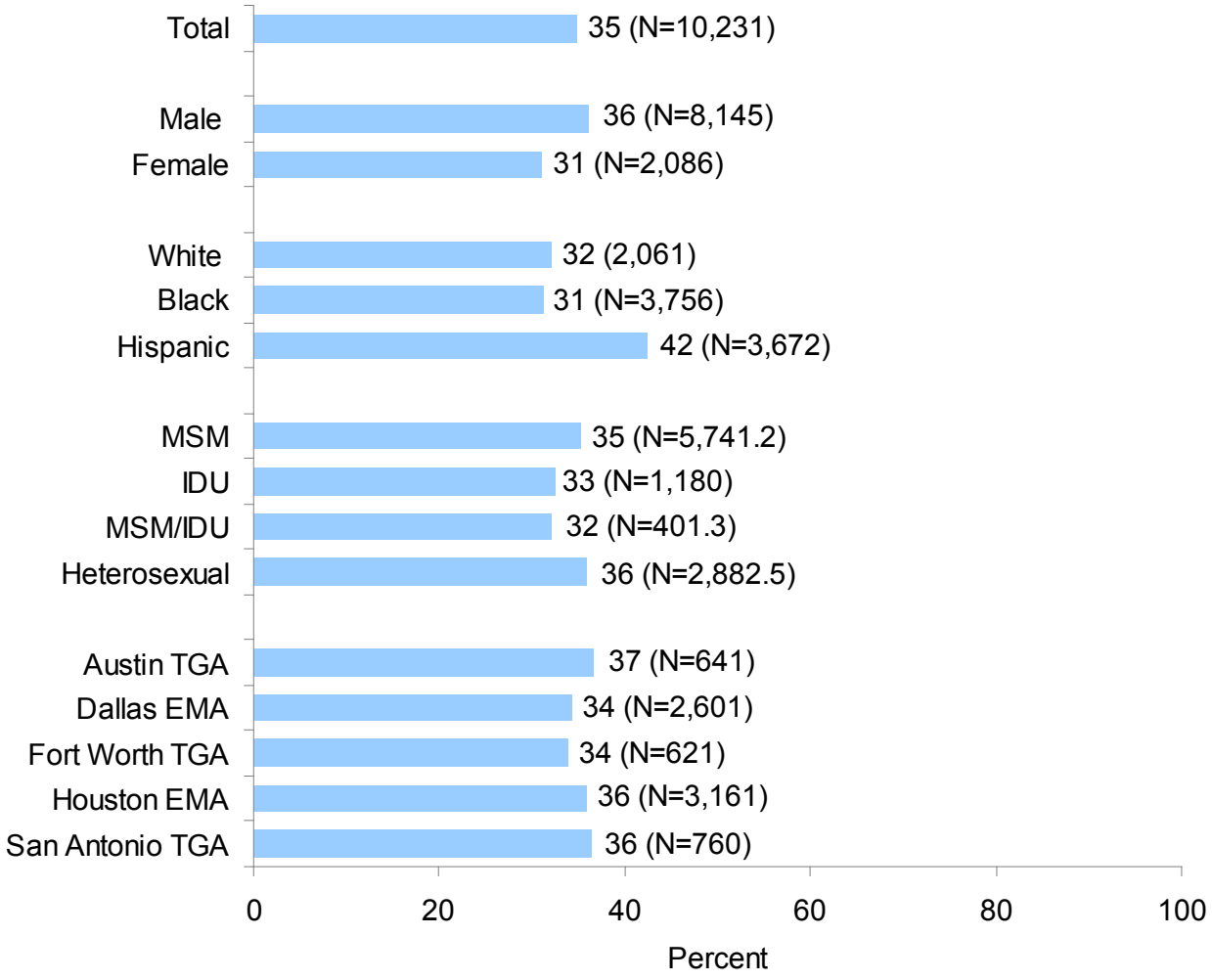
About 35% of the persons diagnosed with HIV during 2003-2009 had a late diagnosis (**Figure B**). A larger proportion of males (36%) received HIV and AIDS diagnoses within one year of each other than females (31%). Also, a slightly higher proportion of MSM (35%) and heterosexually exposed individuals (36%) received an AIDS diagnosis within one year of their HIV diagnosis when compared to other risk groups (32-33%). Late diagnoses rates were also slightly higher in the Austin TGA (37%),

1. www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a2.htm
2. Weinhardt LS, Carey MP, Johnson BT, Bickham NL. Effects of HIV counseling and testing on sexual risk behavior: a meta-analytic review of published research, 1985 -- 1997. Am J Public Health 1999;89:1397 -- 405.
3. Osmond, DH. Epidemiology of Disease Progression in HIV. HIV InSite Knowledge Base Chapter, May 1998. hivinsite.ucsf.edu/InSite?page=kb-03-01-04#

Houston EMA (36%), and San Antonio TGA (36%) when compared to the Dallas EMA and Fort Worth TGA (34%). The most striking disparities in late diagnoses were seen among Hispanics. Four in ten (42%) Hispanics were late diagnosed, a rate nearly 10% higher than Whites (32%) or Blacks (31%).

The most striking disparities in late diagnoses were seen among Hispanics.

Figure B. Percent of New HIV Diagnoses with an AIDS Diagnosis within One Year, Texas 2003-2009



Source: Texas eHars as of July 2011; total new HIV diagnoses, 2003-2009, N=29,324.

CHAPTER 2B: MORTALITY OF HIV/AIDS CASES

Mortality information on HIV/AIDS cases was gathered from multiple sources. Cases are matched to yearly summary files of deaths occurring in Texas compiled by the DSHS Texas Vital Statistics Unit, and to two national death databases, the Social Security Death Index and the National Death Index, which identify deaths that occur in the other 49 states. Due to reporting delays on deaths, most of the analysis in this section includes data from 2002 through 2008. Any data from 2010 are provisional.

Overall, the annual number of deaths among persons with HIV in Texas has been steadily decreasing, from 1,514 in 2003 to 1,380 in 2008. However, this decrease has not been observed across all demographic subgroups. Although males have seen an overall decrease in the number of deaths, the number of deaths among female cases has increased by 13%. Two of the three largest racial groups, Whites and Blacks, saw overall decreases in the number of deaths from 2002 to 2008 of 9% and 3%, respectively; Hispanic cases increased from 2002 to 2008 by 3%. The age at death of cases shifted towards older age groups from 2002 to 2008. Decreases in total deaths were observed among the 25–34 and 35–44 age groups, and increases were seen among the 45–54 and 55+ age groups. The change in death distribution was great enough that cases aged 45–54 displaced cases aged 35–44 as the most common age at death in 2008. Decreases in the total number of deaths were seen among all of the major risk categories from 2002 to 2008 except for heterosexuals, which increased by 22% between 2002 and 2008.

Although males have seen an overall decrease in the number of deaths, the number of deaths among female cases has increased by 13%.

The mortality rate among HIV cases in Texas has decreased from 7.0 to 5.7 deaths per 100,000 between 2002 and 2008. The decrease in the statewide mortality rate is due to the large change in the mortality rate among male cases, which decreased by 24% from 2002 to 2008. Although the number of deaths among female cases increased during this time frame, the mortality rate among females stayed stable throughout the time frame of interest, with yearly mortality rates between 2.7 and 3.2 per 100,000 between 2002 and 2008.

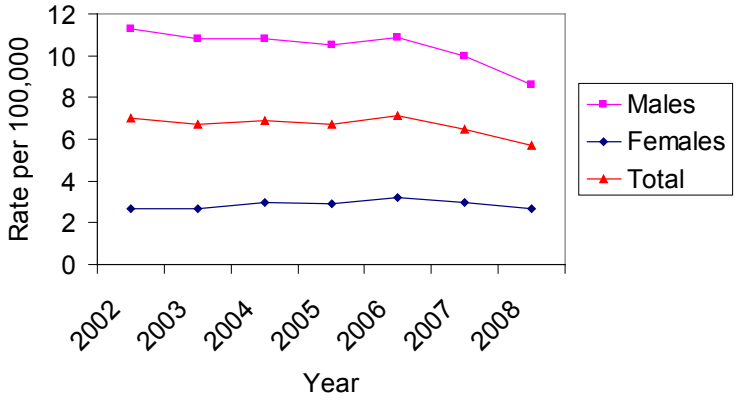
The mortality rate among HIV cases in Texas has decreased from 7.0 to 5.7 deaths per 100,000 between 2002 and 2008.

Table 1. Deaths Among HIV/AIDS Cases, by Year of Death and Selected Characteristics

	2002		2008		2010*	
	# (%)	Rate	# (%)	Rate	# (%)	Rate
Sex						
Female	294 (19.4)	2.7	333 (24.1)	2.7	286 (23.5)	2.3
Male	1220 (80.6)	11.3	1047 (75.9)	8.6	932 (76.5)	7.3
Race/Ethnicity						
Hispanic	314 (20.7)	4.3	327 (23.7)	3.6	290 (23.8)	2.9
Black	617 (40.8)	24.6	559 (40.5)	19.8	520 (42.7)	17.8
White	572 (37.8)	5.1	424 (30.7)	3.7	367 (30.1)	3.2
Other	11 (0.7)	1.4	70 (5.1)	6.7	41 (3.4)	3.5
American Indian / Alaska Native	3 (0.2)		1 (0.1)		0 (0)	
Asian	7 (0.5)		4 (0.3)		6 (0.5)	
Multirace	1 (0.1)		65 (4.7)		35 (2.9)	
Native Hawaiian / Pacific Islander	0 (0)		0 (0)		0 (0)	
Age at Death						
0-1	0 (0)	0.0	0 (0)	0.0	0 (0)	0.0
2-12	1 (0.1)	0.0	0 (0)	0.0	0 (0)	0.0
13-24	28 (1.8)	0.7	28 (2.0)	0.6	19 (1.6)	0.4
25-34	230 (15.2)	7.0	153 (11.1)	4.2	127 (10.4)	3.3
35-44	618 (40.8)	18.4	410 (29.7)	11.7	315 (25.9)	8.5
45-54	444 (29.3)	15.7	479 (34.7)	14.5	430 (35.3)	12.4
55+	193 (12.7)	4.9	310 (22.5)	6.5	327 (26.8)	6.5
Residence at Diagnosis						
Austin TGA	92 (6.1)	8.3	78 (5.7)	5.9	69 (5.7)	5.0
Dallas EMA	309 (20.4)	10.6	305 (22.1)	9.0	227 (18.6)	6.3
Fort Worth TGA	107 (7.1)	7.6	85 (6.2)	4.9	64 (5.3)	3.9
Houston EMA	511 (33.8)	14.2	459 (33.3)	11.6	433 (35.5)	10.4
San Antonio TGA	84 (5.5)	6.0	85 (6.2)	5.6	84 (6.9)	5.0
East Texas	121 (8.0)	6.5	112 (8.1)	5.8	106 (8.7)	5.4
US-Mexico Border	73 (4.8)	4.5	69 (5.0)	3.1	73 (6.0)	3.5
Panhandle	32 (2.1)	4.3	23 (1.7)	3.6	17 (1.4)	2.3
North & Central Texas	58 (3.8)	4.1	65 (4.7)	4.0	53 (4.4)	3.2
South & West Texas	44 (2.9)	4.2	26 (2.0)	2.4	32 (2.6)	2.3
TDCJ	83 (5.5)	**	73 (5.3)	**	60 (4.9)	**
Transmission Type						
MSM	695 (45.9)	**	600 (43.5)	**	521 (42.8)	**
IDU	368 (24.3)	**	318 (23.0)	**	263 (21.6)	**
MSM/IDU	160 (10.6)	**	122 (8.8)	**	121 (9.9)	**
Heterosexual	275 (18.2)	**	335 (24.3)	**	309 (25.4)	**
Pediatric	5 (0.3)	**	5 (0.3)	**	2 (0.2)	**
Adult Other	10 (0.7)	**	1 (0.1)	**	3 (0.2)	**
All	1514	7.0	1380	5.7	1218	4.8

*Provisional data
**No reliable population total available
Sources: Texas eHARS as of July 2011; Texas State Data Center, 2010 Population Estimates.

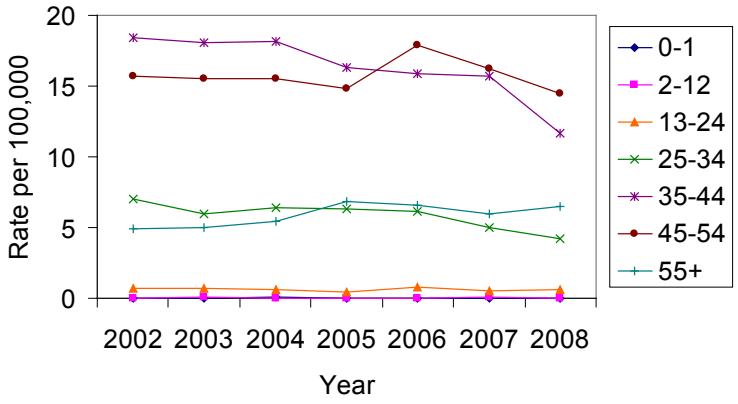
Figure A. Mortality Rates of HIV/AIDS Cases, by Sex, 2002-2008



Sources: Texas eHARS as of July 2011; Texas State Data Center, 2010 Population Estimates.

The largest changes in mortality rate between 2002 and 2008 were among 25–34 and 35–44 year old cases; mortality rates decreased by 40% among 25–34 year olds and by 36% among 35–44 year olds. A 33% increase in the mortality rate was observed among those 55 and older. Although the overall change in mortality rate was small among the 45–54 age group, this age group replaced the 35–44 age group as having the highest mortality rate in 2006. While each of the above age groups showed improvement in overall mortality rates, no age group's rate was lower than that reported nationally in 2008; the national 45–54 age group had the highest estimated mortality rate in 2008 of 13.4 per 100,000 (1). Mortality rates among adolescents have remained at or near 0, and rates among 13–24 year olds have remained less than 1 per 100,000 from 2002 to 2008.

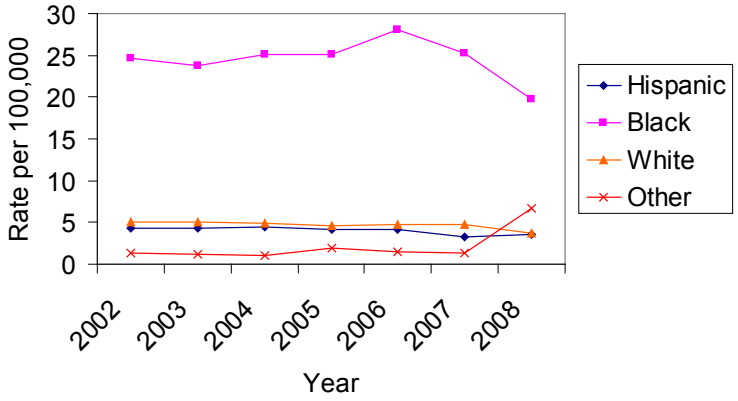
Figure B. Mortality Rate of HIV/AIDS Cases, by Age at Death, 2002-2008



Sources: Texas eHARS as of July 2011; Texas State Data Center, 2010 Population Estimates.

The mortality rates among Whites and Hispanics have remained about equal from 2002 to 2008. Compared to nationally reported rates, the Hispanic mortality rate in Texas was 50% lower (5.4 per 100,000), whereas the mortality rate among whites in Texas was 54% greater in 2008 (2.4 per 100,000)[1]. The reported 2008 mortality rate among Blacks showed a sharp decrease, from rates reported in 2002–2007 of around 25.0 per 100,000 to a 2008 mortality rate of 19.8 per 100,000. Provisional 2009 and 2010 data showed mortality rates among Blacks of no greater than 21.0 per 100,000, so there is a possibility that the 2008 decrease may be sustained. 2008 was also the first year in which the Texas mortality rate among Blacks was less than the national rate (21.9 per 100,000).

Figure C. Mortality Rate of HIV/AIDS Cases, by Race, 2002-2008

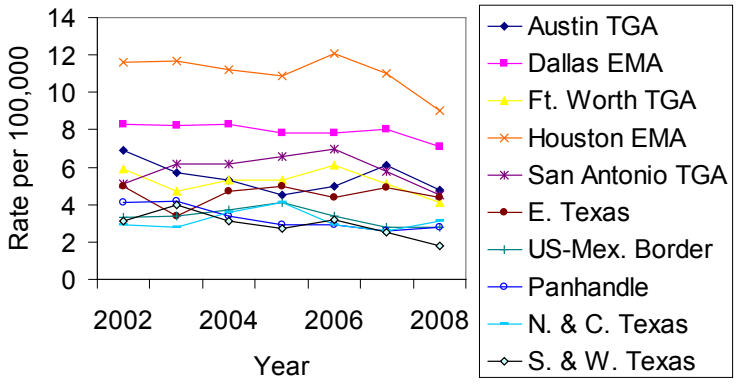


Sources: Texas eHARS as of July 2011; Texas State Data Center, 2010 Population Estimates.

All but one geographic regions and metropolitan areas showed decreases in the mortality rate from 2002 to 2008. North and Central Texas was the only region which showed an increase between 2002 and 2008, increasing by 7% and ranging between yearly mortality rates from 2.6 per 100,000 to 4.1 per 100,000. During this time period, the mortality rate in the South and West Texas region decreased by 42%, the largest decrease observed. Of the five identified metropolitan areas, the Fort Worth and Austin areas showed the largest decline in mortality rates, 31% and 30%, respectively. Although the overall change from 2002 to 2008 was minimal, the San Antonio area showed both a large increase and decrease in mortality rate during the time span, with mortality rates spiking at 7.0 per 100,000 in 2006.

1. Centers for Disease Control and Prevention. Deaths of Persons With an AIDS Diagnosis, by Year of Death and Selected Characteristics, 2006–2008 and cumulative—United States. HIV Surveillance Report, 2009; vol. 21. www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table12a.pdf. Published February 2011. Accessed 8/25/2011.

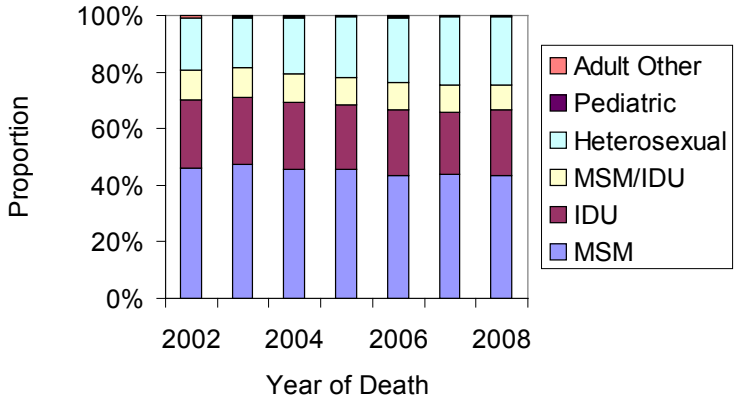
Figure D. Mortality Rate Among HIV/AIDS Patients, by Residence at Current Diagnosis



Sources: Texas eHARS as of July 2011; Texas State Data Center, 2010 Population Estimates.

At least 99% of the deaths reported in 2002–2008 were from four risk categories: MSM, IDU, MSM/IDU, and heterosexual transmissions. Very few deaths were attributable to pediatric infections or infections caused by other pathways. The proportion of deaths due to these risk factors remained around the same level during the time period of interest. The largest change in proportion of deaths was seen among persons with heterosexual transmissions (from 18% in 2002 to 24% in 2008). The 2008 proportion of cases attributable to heterosexual sex is higher than the nationwide proportion of 18%.

Figure E. Proportion of HIV/AIDS Case Deaths, By Transmission Risk Factors, 2002-2008

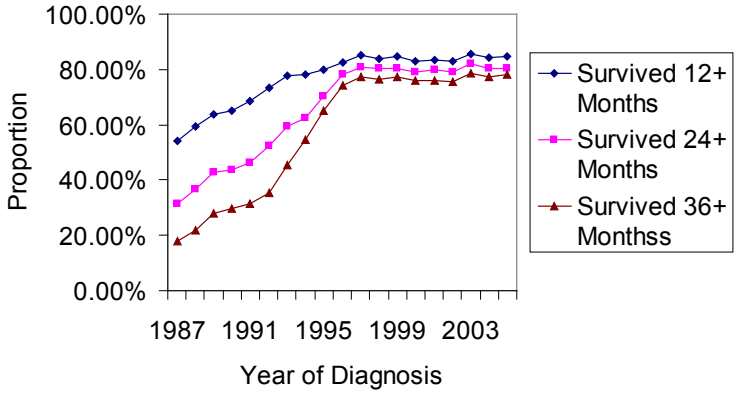


Source: Texas eHARS as of July 2011; 2002 (N=1,514), 2004 (N=1,543), 2006 (N=1,615), 2008 (N=1,380).

Survival After AIDS Diagnosis

In Texas, 12, 24, and 36 month survival proportions after a diagnosis with AIDS increased between 1987 and 1997. The mid-1990's saw the use of Highly Active Anti-Retroviral Therapies (HAART) become widespread. For each survival benchmark, the rate at which survival proportions increased varied; large improvements in survival 36 or more months after diagnosis are observed in cases diagnosed between 1993 and 1997. By the 1997 cohort of AIDS cases, survival past each of the benchmarks reached a plateau, with proportions not varying year-to-year by more than five percentage points.

Figure F. Proportion of Cases Surviving after AIDS Diagnosis, by Length of Survival, 1987-2008



Source: Texas eHARS as of July 2011.

All cases diagnosed with AIDS between 2001 and 2005 were combined to compare survival proportions in Texas with those reported nationally by the CDC[2]. In total, there were 13,886 diagnoses of AIDS in Texas in 2001–2005, of which 84% survived at least 12 months, 80% survived at least 24 months, and 77% survived at least 36 months. These proportions are lower than those observed nationwide during the same timeframe of interest (12 month survival, 89%; 24 months, 85%; 36 months, 82%). In Texas, survival rates across sex appeared to be equal. A larger proportion of White AIDS cases survived to each benchmark compared to other racial groups. Hispanics, Blacks, and other races all had similar survival proportions, but survival amongst Blacks 36+ months after diagnosis was lower than that among Hispanics and other races. Survival proportions were highest among cases residing at diagnosis in the Austin TGA, Dallas EMA, and inmates within the Texas Department of Criminal Justice, with survival after 36 months of at least 80%; the lowest survival proportions were among Panhandle cases, with 65% of cases surviving at least 36 months after diagnosis. All five of the metropolitan regions had 36-month survival proportions at least three percentage points higher than the five geographical regions. Of the infection risk factors of interest, survival proportions were highest among MSM and lowest among IDU populations. The MSM/IDU and heterosexual populations had nearly equal survival proportions at each benchmark. All four major exposure categories reported lower survival rates at each survival benchmark over the same diagnosis period compared to national rates. Survival proportions were much lower among 45–54 year old and 55 and older age groups compared to the other age groups. The largest discrepancy between survival rates was observed amongst cases age 55 and older, with national rates being nearly 10 percentage points higher at each benchmark than the Texas rate (75% after 12 months, 66% after 36 months).

Survival among Blacks 36+ months after diagnosis was lower than that among Hispanics and other races.

2. Centers for Disease Control and Prevention. Survival for More Than 12, 24, and 36 Months After an AIDS Diagnosis During 2001–2005, by Selected Characteristics—United States. HIV Surveillance Report, 2009; vol. 21. www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table14a.pdf. Published February 2011. Accessed 8/25/2011.

Table 2. Survival Proportion of Cases After Diagnosis with AIDS

		Survival in Months (%)		
	# diagnosed 2001-2005	12+	24+	36+
Sex at birth				
Female	3200	0.84	0.80	0.76
Male	10686	0.84	0.80	0.78
Race				
Hispanic	4129	0.83	0.80	0.78
Black	5537	0.84	0.79	0.75
White	4030	0.86	0.82	0.80
Other	190	0.83	0.79	0.78
Age at AIDS diagnosis				
0-12	6	1.00	1.00	1.00
13-24	861	0.90	0.88	0.85
25-34	3818	0.88	0.85	0.82
35-44	5548	0.86	0.82	0.79
45-54	2694	0.80	0.75	0.72
55+	959	0.66	0.60	0.55
Residence at Diagnosis				
Austin TGA	810	0.88	0.85	0.83
Dallas EMA	3295	0.88	0.84	0.81
Fort Worth TGA	793	0.84	0.80	0.76
Houston EMA	4474	0.83	0.79	0.76
San Antonio TGA	1007	0.85	0.81	0.78
East Texas	906	0.81	0.77	0.73
U.S.-Mexico Border	921	0.79	0.76	0.73
Panhandle	194	0.75	0.70	0.65
North & Central Texas	487	0.80	0.77	0.71
South & West Texas	353	0.82	0.76	0.73
TDCJ	646	0.89	0.86	0.83
Transmission Risk				
MSM	6440	0.86	0.83	0.81
IDU	2894	0.80	0.75	0.70
MSM/IDU	1151	0.85	0.80	0.76
Heterosexual	3339	0.84	0.80	0.77
Pediatric	24	1.00	1.00	1.00
Adult Other	38	0.74	0.71	0.66
All	13886	0.84	0.80	0.77

Source: Texas eHARS as of July 2011.

Technical Note

Deaths ascertained through the Texas Vital Statistics Unit and the National Death Index include information on the underlying and contributing causes of death as International Statistical Classification of Diseases, 9th Revision (ICD-9) or ICD-10 codes. However, there are some ICD-9 and ICD-10 codes which the Enhanced HIV/AIDS Reporting System (eHARS) cannot process. In order to allow cases to be updated, cases that contained at least one of these incompatible codes had all underlying and contributing cause of death codes set to missing. Future eHARS updates may allow death records with previously incompatible codes to be uploaded with all information intact. Due to this situation, cause of death information has not been included.

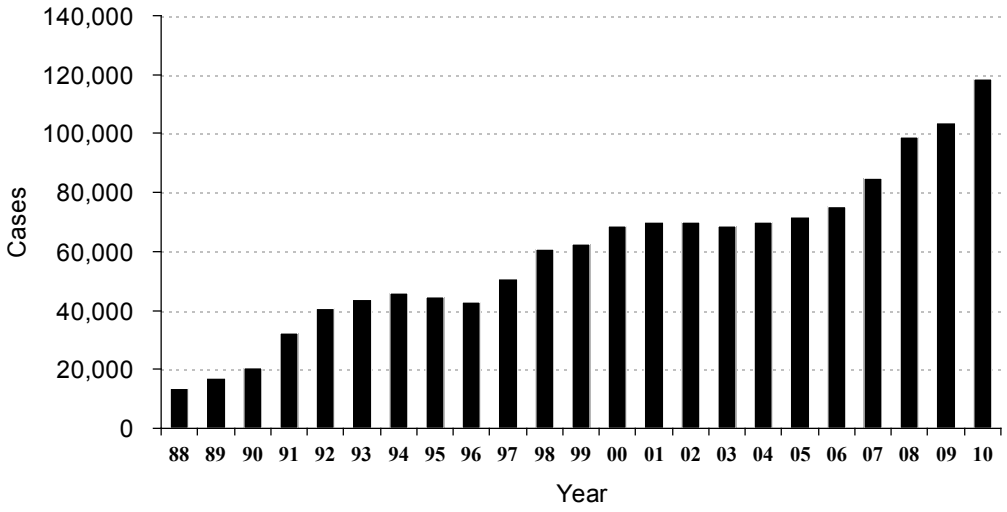
CHAPTER 3: STD EPIDEMIOLOGY

Chlamydia

The microorganism *Chlamydia trachomatis* is the most common cause of reportable sexually transmitted infections in Texas. The most serious complications from Chlamydia infection occur in women and include pelvic inflammatory disease, ectopic pregnancy, and the possibility of infecting a newborn child.

Reports of chlamydia in 2010 totaled 118,577 cases, up 14% from 103,829 cases in 2009 (**Figure A**). This continues the sharp rise in chlamydia seen in the previous 4 years that was thought to be the result of a combination of factors including increased screening, more frequent use of amplified testing technologies, improvements and expansion of electronic lab reporting and possibly a true rise in morbidity.

Figure A. Chlamydia Cases: Texas, 1988-2010

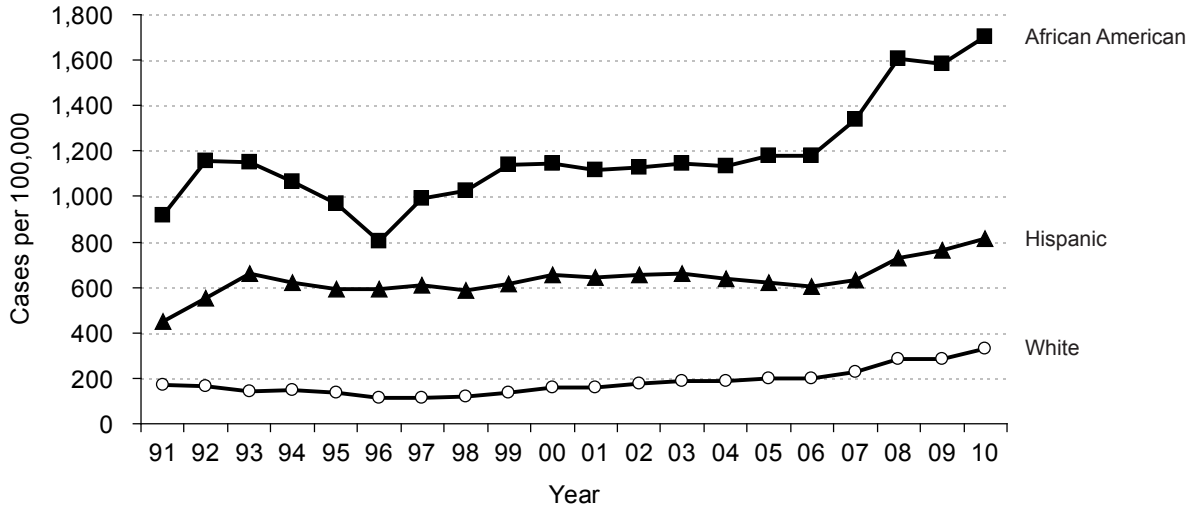


Source: Texas STD*MIS, 2010

Although chlamydia case totals have risen, the demographic profile of the disease has remained stable. Of the total chlamydia cases reported in 2010, about 78% were among women. Chlamydia screening programs almost always focus on women because of their increased risk of severe outcomes. Since Chlamydia infection is often asymptomatic, case reports are largely dependent upon the volume of screenings being conducted, more so than gonorrhea, for example. Given that men are rarely screened for chlamydia, the disease incidence among men is difficult to gauge. The 2010 chlamydia case rate for women was 728 cases per 100,000 population.

African American women had the highest case rate in 2010 (1,701 per 100,000), followed by Hispanic and White women (814 and 328 per 100,000, respectively) (**Figure B**).

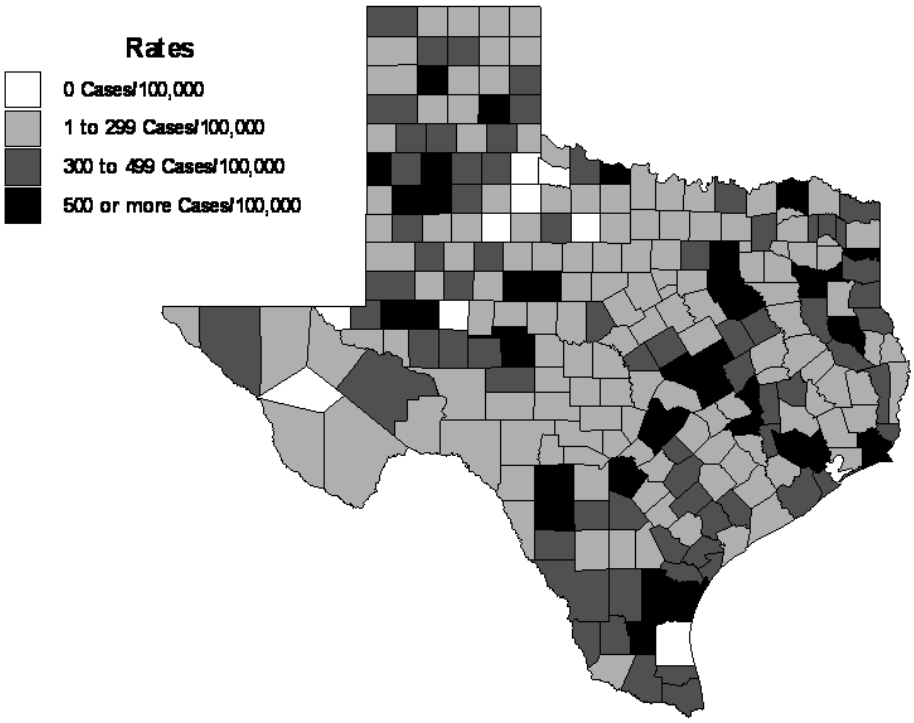
Figure B. Chlamydia Case Rates Among Women by Race/Ethnicity: Texas, 1991-2010



Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

Approximately 71% of all reported chlamydia patients in 2009 and 2010 were 15 to 24 years of age. The chlamydia rate among women aged 15 to 24 was 3,759 cases per 100,000 population. Geographically, chlamydia is widespread throughout Texas. Areas with high rates of chlamydia are scattered across the state and not limited to highly populated counties. Only 9 counties reported zero cases of chlamydia in 2010. County level chlamydia rates in Texas in 2009 are illustrated in **Figure C**.

Figure C. Chlamydia Case Rates by County: Texas, 2010



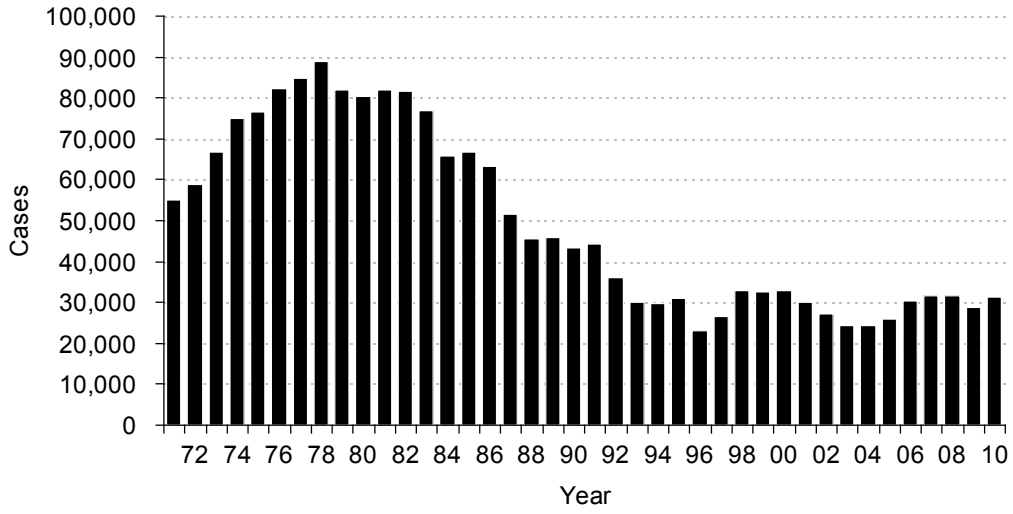
Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

Gonorrhea

The bacteria *Neisseria gonorrhoeae* causes gonorrhea, the second most frequently reported STD in Texas. Left untreated, gonorrhea may lead to sterility in men and pelvic inflammatory disease, ectopic pregnancy, and sterility in women.

Gonorrhea case totals have been fairly steady in the last 5 years. The number of gonorrhea case reports increased slightly from 28,782 in 2009 to 31,453 in 2010. (**Figure D**). The Texas rate for gonorrhea was 124 cases per 100,000 population in 2010, up from 116 per 100,000 in 2009.

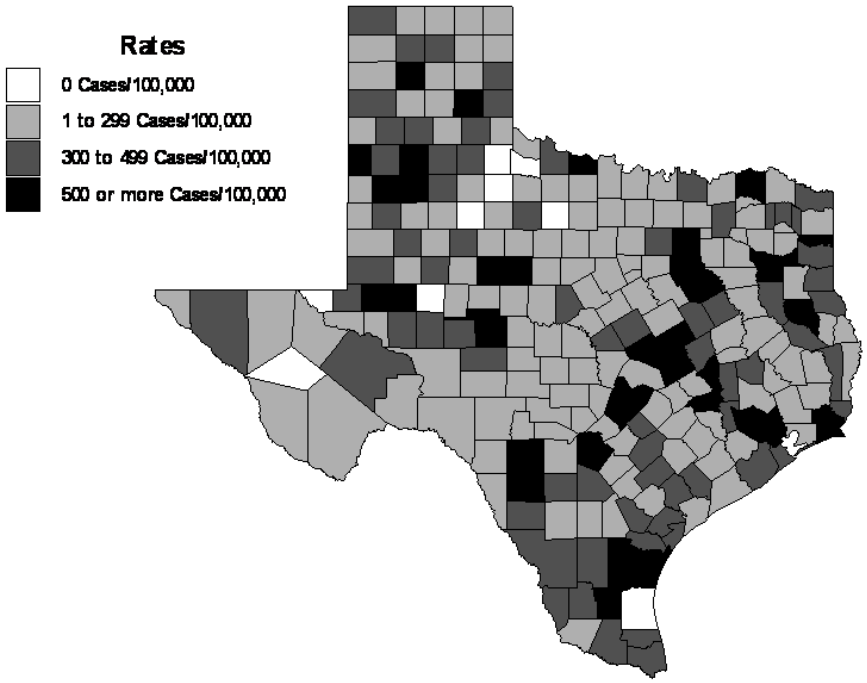
Figure D. Gonorrhea Cases: Texas, 1971-2010



Source: Texas STD*MIS, 2010

The gonorrhea rate was higher among women in 2010 (135 cases per 100,000) compared to men (113 cases per 100,000). Among age groups, the highest rates were among those aged 15 to 24 (553 per 100,000) followed by those aged 25 to 34 (194 per 100,000). Women aged 15 to 24 comprised 73% of all female cases; young men aged 15-24 accounted for 56% of all male gonorrhea cases. Gonorrhea is spread throughout all regions of Texas, although there were more counties that reported zero cases of gonorrhea in 2010 than reported zero cases of chlamydia. Counties with higher rates of gonorrhea in 2010 tended to be slightly more concentrated in eastern Texas (**Figure E**).

Figure E. Gonorrhea Case Rates by County: Texas, 2010

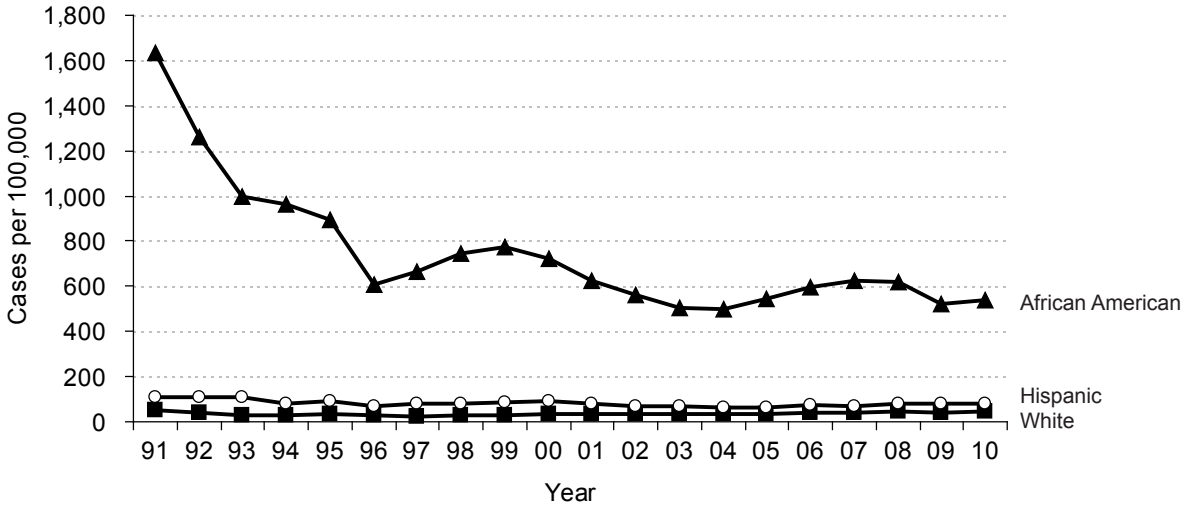


Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

The gonorrhea rate for African Americans (538 cases per 100,000) was over six times higher than the rate for Hispanics (81 per 100,000) and over 11 times higher than the rate for Whites (47 per 100,000) (**Figure F**).

The gonorrhea rate for African Americans (538 cases per 100,000) was over six times higher than the rate for Hispanics (81 per 100,000) and over 11 times higher than the rate for Whites (47 per 100,000).

Figure F. Gonorrhea Case Rates by Race/Ethnicity: Texas, 1991-2010



Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

African American women had the highest rate of all race/ethnicity-sex groups at 547 cases per 100,000 population followed closely by African American men at 527 per 100,000. Gonorrhea cases among African Americans aged 15 to 24 accounted for the greatest share of African American cases (67% of those reported). They also represented 34% of all cases reported regardless of race/ethnicity or age.

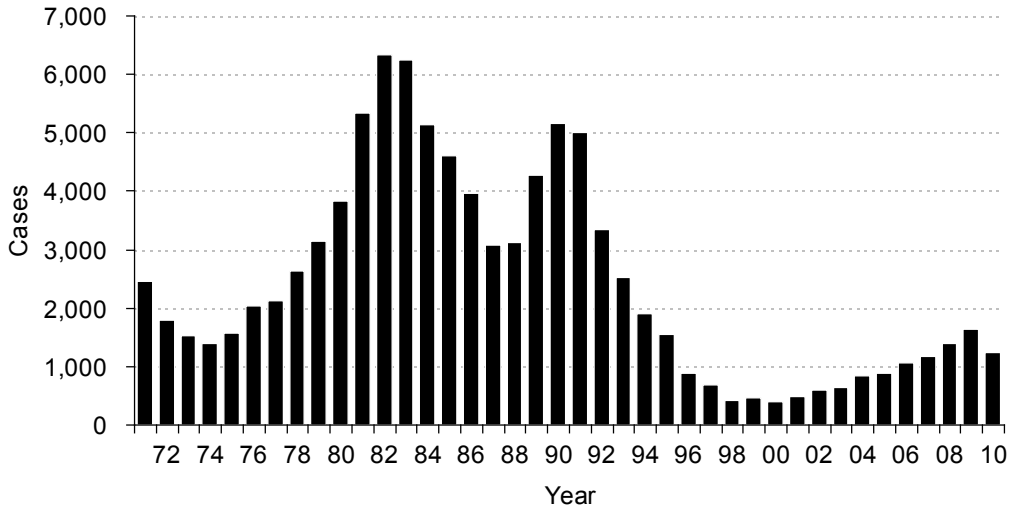
Syphilis

P&S Syphilis

Syphilis is an STD caused by the spirochete *Treponema pallidum*. Primary and secondary (P&S) syphilis, the acute form of the disease, is characterized by primary lesions (an ulcer or chancre at the site of infection) followed by secondary infection (manifestations that include rash, mucous membrane lesions, and swollen lymph glands). Untreated P&S syphilis progresses into a chronic disease with long periods of latency.

Texas reported 1,231 cases of primary and secondary (P&S) syphilis in 2010, a 25% decrease from 1,644 cases reported in 2009 (**Figure G**).

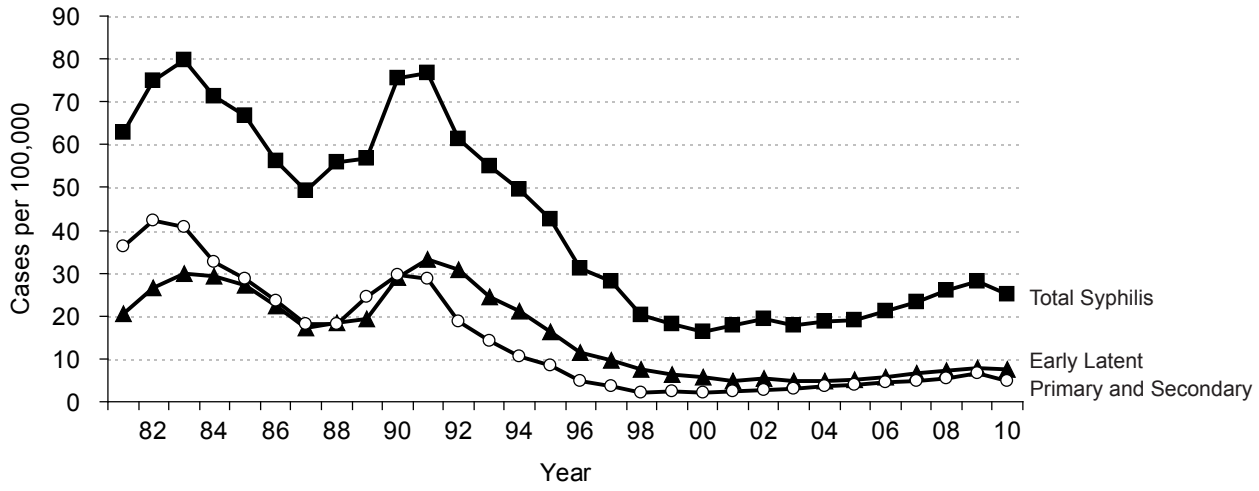
Figure G. Primary and Secondary Syphilis Cases: Texas, 1971-2010



Source: Texas STD*MIS, 2010

The overall state rate for P&S syphilis in 2010 was 4.9 cases per 100,000 population, down from 6.6 cases per 100,000 in 2009 (**Figure H**).

Figure H. Syphilis Case Rates: Texas, 1981-2010



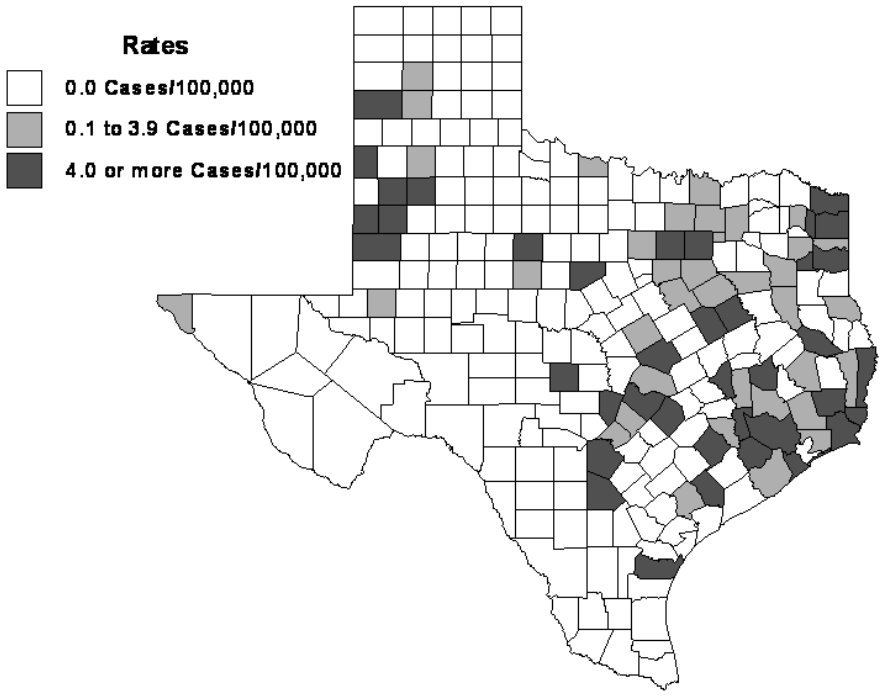
Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

This drop in syphilis case reports in 2010 was the first decrease in 10 years. As is evident in **Figure G**, syphilis increases and decreases tend to occur in cyclical patterns, so Texas may have crested in 2009 and might expect several more years of lowering case reports to follow.

The P&S case rate among males was 7.0 per 100,000 compared to 2.6 per 100,000 among females; an indication that syphilis transmission among men who have sex with men (MSM) is a factor. In 2010, the highest P&S case rates were among those aged 15 to 24 (13.3 cases per 100,000) followed by those age 25 to 34 (10.3 per 100,000).

Out of 254 total counties in Texas, 178 had zero P&S case reports in 2010. The 75 counties that did have P&S syphilis in 2010 tended to be the largest urban counties (Bexar, Dallas, Harris, etc.), their surrounding areas, and mid-sized counties in terms of population where sustained increases have taken place. P&S syphilis is also concentrated primarily along the I-35 corridor and eastward. **Figure I** shows a map depicting 2010 county P&S syphilis rates in Texas.

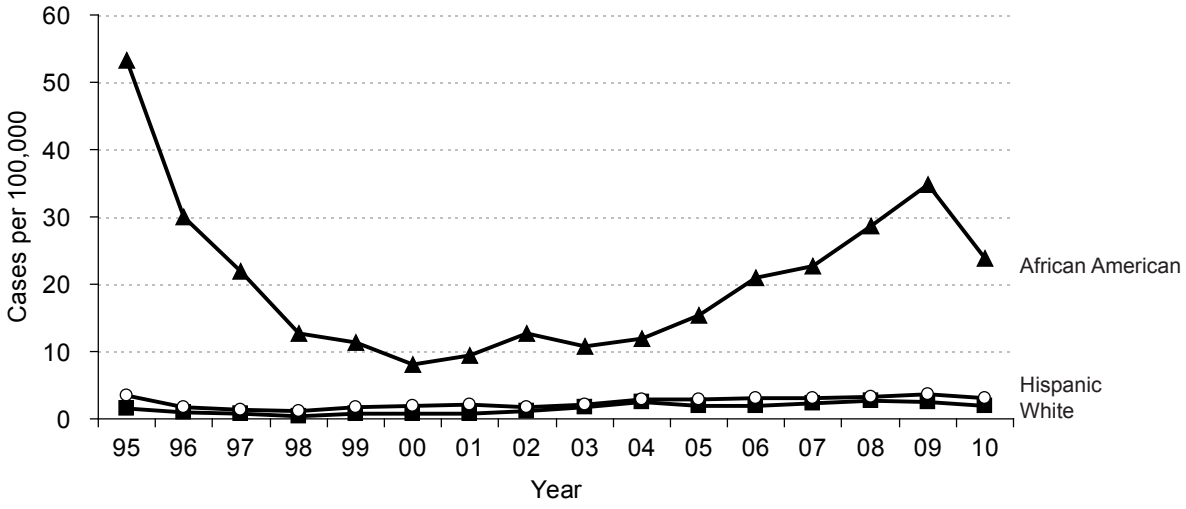
Figure I. P&S Syphilis Case Rates by County: Texas, 2010



Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

The rate of P&S syphilis among African American Texans in 2010 was 23.8 cases per 100,000 population, which was nearly eight times the rate for Hispanics (3.0 cases per 100,000 population) and over 12 times the rate for Whites (1.9 cases per 100,000). The racial/ethnic disparity in P&S syphilis transmission actually improved in 2010, with much of the decrease in P&S syphilis occurring among the African American population (**Figure J**).

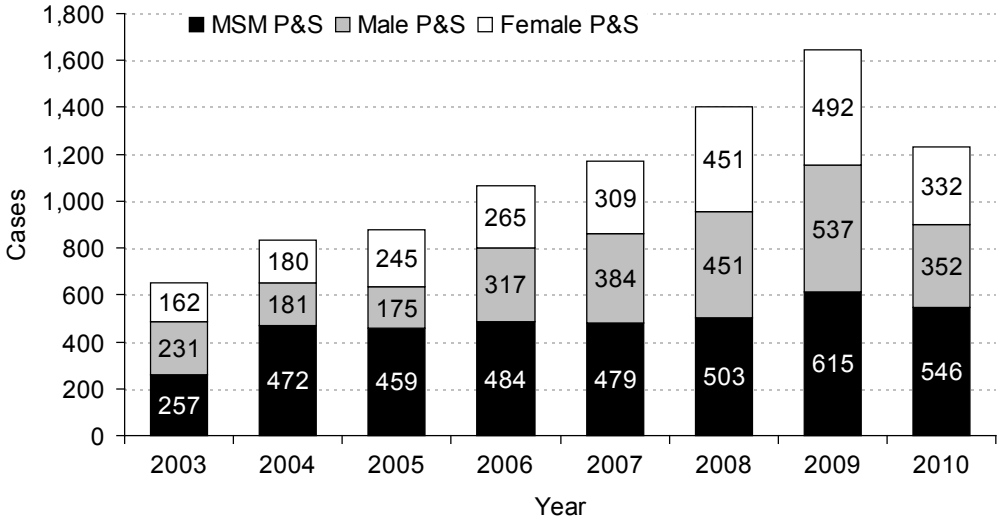
Figure J. P&S Syphilis Case Rates by Race/Ethnicity: Texas, 1995-2010



Sources: Texas STD*MIS, 2010 and Texas State Data Center, Population Estimates.

P&S syphilis case numbers among MSM held fairly steady over the last seven years from 2004-2010, averaging about 500 cases per year (**Figure K**).

Figure K. P&S Syphilis Cases by Sex and MSM: Texas, 2003-2010



Source: Texas STD*MIS, 2010

P&S syphilis cases among females and presumably heterosexual male cases were up 150% from 2004 to 2009 and seemed to be the driving force of the overall increase in P&S syphilis. In 2010, as the total P&S case level dropped, MSM cases only decreased by 11% compared to over 30% reductions among female and presumably heterosexual male cases.

Another important high risk group for syphilis transmission is HIV-infected individuals. From 2004 to 2010, among those male P&S cases with a known HIV status, about 1 in 3 were HIV infected. Among MSM P&S cases with a known HIV status, about half have been HIV infected. The percentage of female P&S cases that were HIV-positive ranged between 1% and 6% each year from 2004 to 2010.

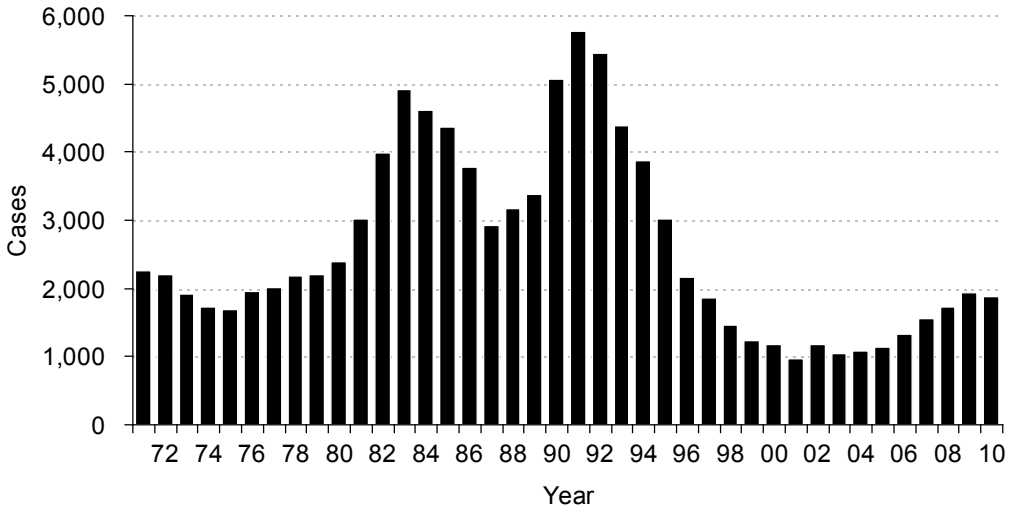
Among MSM P&S cases with a known HIV status, about half have been HIV infected.

Early Latent Syphilis

Latent syphilis is defined as those periods after infection with *Treponema pallidum* when patients present no symptoms of disease. Patients who have latent syphilis and who acquired syphilis within the preceding year are classified as having early latent syphilis. Untreated cases of more than one year's duration are classified as late latent. Tertiary syphilis is the symptomatic late-stage of the disease that may include neurologic and cardiovascular sequelae. The late latent and tertiary stages of syphilis consist of cases contracted many years prior to being diagnosed and reported, and syphilis is not as likely to be transmitted in the late stages. Thus, there are limited public health implications to these diagnoses.

The epidemiology of early latent syphilis in Texas looks very similar to that of P&S syphilis. There were 1,888 early latent syphilis cases in 2010, compared with 1,939 in 2009 (**Figure L**).

Figure L. Early Latent Syphilis Cases: Texas, 1971-2010



Source: Texas STD*MIS, 2010

As with P&S syphilis, 2010 marked the first decrease in early latent syphilis cases in the past 10 years. The overall rate of early latent syphilis in 2010 was 7.4 cases per 100,000, down from 7.8 per 100,000 in 2009 (**Figure H**). The early latent syphilis case rate for males in 2010 was 9.8 per 100,000 compared to 5.0 among females.

The incidence rate for early latent syphilis among African Americans in 2010 was 29.9 cases per 100,000, compared to 6.5 among Hispanics and 3.0 among Whites.

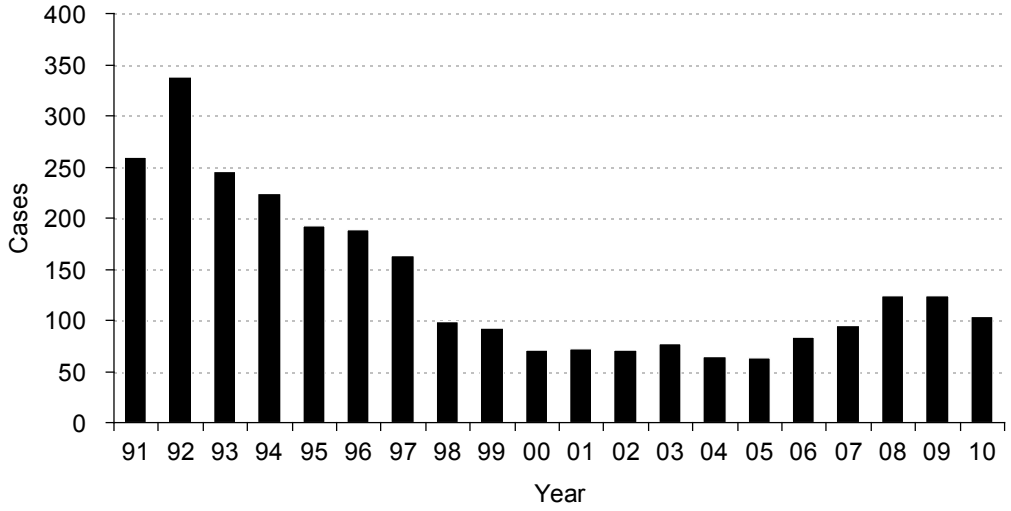
Total Syphilis

Total syphilis, which comprises all stages of the disease including congenital syphilis, had previously risen each year since 2003. In 2010, there were 6,382 cases of total syphilis reported, down 11 from 6,989 cases reported in 2009, for a statewide rate of 25.2 cases per 100,000 population. Again, 2010 marked the first year in several for a downturn of total syphilis cases in Texas.

Congenital Syphilis

Congenital syphilis, one of the most serious forms of the disease, can cause miscarriage, stillbirth, premature delivery, or may lead to other severe complications in the newborn. There were 104 cases of congenital syphilis reported in 2010, down from 124 in 2009 (**Figure M**).

Figure M. Congenital Syphilis Cases: Texas, 1991-2010



Source: Texas STD*MIS, 2010

Congenital syphilis cases tend to track fairly closely with syphilis cases among women. In the past 5 years in Texas congenital syphilis cases have consistently totaled to about 5% of the female syphilis case total.

Harris County (Houston) continued to report the most congenital syphilis, with 47 cases in 2010, followed by Tarrant County (Fort Worth) with 12 cases, Bexar County (San Antonio) with 11 cases and Dallas County with 9 cases. Statewide, 48% of congenital cases were among Blacks, 36% among Hispanics, and 12% among Whites. The estimated rate of congenital syphilis in 2010 was 25.3 cases per 100,000 live births.

CHAPTER 4: ENGAGEMENT IN CARE AMONG PEOPLE LIVING WITH HIV IN TEXAS

HIV is a chronic and life-threatening illness which requires affected individuals to have regular and consistent medical care[1,2,3]. Regular visits to medical care providers are essential for monitoring the status of the disease, initiating complex antiretroviral treatment in an appropriate manner, making adjustment to medication treatment regimes, and managing the treatment of HIV when other health conditions are present. Continuous medical visits, laboratory testing, and medication adherence are associated with decreases in mortality and with a slower onset of AIDS[4]. In fact, average life expectancy after HIV diagnosis has increased from 10.5 years in 1996 to 22.5 years in 2005, with much of the improvement in survival attributed to highly active antiretroviral therapy (HAART) in 1996[5].

Despite gains made in health outcomes for people living with HIV, approximately 56,000 people become infected each year in the US[6]. Several factors contribute to the increase in HIV prevalence. First, it is estimated that one in five people living with HIV are unaware of their status[7]. Reducing the number of people who are HIV positive but are not aware of their status is important because this group is at a greater risk for spreading the virus to others. Increasing access to HIV testing is one of the ways of reducing the number of new HIV infections in the US. Second, there is a segment of people who are aware of their HIV status and are not in care. This group also contributes to the spread of HIV. For the above mentioned reasons, it is necessary to ensure that people living with the disease are both linked into care in a timely manner and remain in care to help prevent new infections, especially as the number of people living with this disease continues to grow.

Table 1 depicts the spectrum of engagement in HIV care. This section of the epidemiological profile presents data on several points on this continuum including:

1. Persons living with HIV going without HIV-related care (unmet need);
2. Linkage to HIV-related medical care for newly diagnosed individuals;

1. The National Institutes of Health publishes the Department of Health and Human Services clinical practice guidelines for the use of antiretroviral therapy for people living with HIV. The most recent versions of the guidelines for specific populations may be found at http://www.aidsinfo.nih.gov/Guidelines/ [Accessed April 2011].
2. AETC National Resource Center. (2007). Clinical Manual for Management of the HIV-Infected Adult. Available at: http://www.aidsetc.org/pdf/AETC-CM_071007.pdf [Accessed April 2011].
3. New York State Department of Health. (2011). Primary care approach to the HIV-infected patient. New York: New York State Department of Health. Available at: http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/ [Accessed April 2011].
4. Bangsberg, D.R., Perry, S., Charlebois, E.D., Clark, R.A., Robertson, M., Zolopa, A.R., & Moss, A. (2001). Non-adherence to highly active antiretroviral therapy predicts progression to AIDS. AIDS, 15, 1181–1183.
DeOlalla, P., Knobel, H., Carmona, A., Guelar, A., Lopez-Colomes, J., & Cavla, J. (2001). Impact of adherence on highly active antiretroviral therapy on survival in HIV-infected patients. Journal of Acquired Immune Deficiency Syndrome, 30, 105–110.
Hogget, R.S., Heath, K., Bangsberg, D., Yip, B., Press, N., O'Shaughnessy, M.V., & Montaner, J.S. (2002). Intermittent use of triple-combination therapy is predictive of mortality at baseline and after 1 year of follow-up. AIDS, 16, 1051–1058.
Kahn J.G., Janney, J., Franks, P.E. (2003). A practical guide to measuring unmet need for HIV-related primary medical care: using the unmet need framework. San Francisco: University of California Institute for Health Policy Studies. Available at: ftp://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf
5. McDavid Harrison, Kathleen, Song, R, Zhang, X. (2010) Life Expectancy After HIV Diagnosis Based on National HIV Surveillance Data From 25 States, United States. Journal of Acquired Immune Deficiency Syndrome, 53, 124-130.
6. Centers for Disease Control. (2008). Estimates of new HIV infections in the United States. Available at: www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/incidence.pdf [Accessed April 2011].
7. Centers for Disease Control. (2008). Estimates of new HIV infections in the United States. Available at: www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/incidence.pdf [Accessed April 2011].

3. Retention in HIV-related medical care among People Living with HIV (PLWH) over a four year period;
4. Continuous medical visits and laboratory tests for people living with HIV; and
5. Screening tests for co-morbidities among Ryan White clients.

For people living with HIV, long-term maintenance of health relies upon traditional test-and-treat concepts of care; early HIV testing (test) and a consistent regimen of anti-retroviral treatment (treat) but test-and-treat methods alone will not ensure optimal health in the absence of consistent engagement in care[8]. This section of the epidemiological profile begins with unmet need and discusses PLWH not in care for their HIV infection (left side of **Table 1**). Unmet need for HIV-related medical care is defined as PLWH who had no evidence of a CD4 T-lymphocyte (CD4) count, a viral load test, antiretroviral therapy (ARV), or an outpatient/ambulatory medical care visit in a defined period.

Table 1. Health Resources and Services Administration (HRSA) Continuum of HIV Care[9]

Not in Care ⟵				⟶ **Fully Engaged**	
Unaware of HIV status (not tested or never received results).	Aware of HIV status (not referred to care; didn't keep referral)	May be receiving other medical care but not HIV care.	Entered HIV primary medical care but dropped out (lost to follow up)	In and out of HIV care or infrequent user.	Fully engaged in HIV primary medical care.

For those individuals with met need, however, several dimensions of participation in care are calculated and take into account the frequency and/or the timing of the medical care visits or laboratory tests (center to right side of **Table 1**). DSHS's approach relies on the unmet need framework and the data collected to estimate unmet need[10], but also extends the use of the data by producing evaluation measures proposed by the National HIV/AIDS Strategy and Centers for Disease Control and Prevention's Healthy People 2020 objectives. First, DSHS examined linkage to care for individuals newly diagnosed in 2010 by quantifying if linkage to care was achieved within three months of diagnosis. Second, retention in care data is presented and examines rates of continuous engagement in HIV care between 2007 and 2010 among PLWH. Full engagement in HIV-related medical care is assessed by examining if PLWH are getting medical visits and laboratory tests in a manner that is consistent with HIV standards of care. Finally, this section ends with an examination of screenings for co-morbidities among Ryan White Program clients. Notes on the data and methods for each analysis are included in **Appendix A.**

8. Gardner E M, McLees MP, Steiner JF, Del Rio C, & Burman WJ. (2011). The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clinical infectious diseases, 52(6), 793-800.
9. Eldred M.L. 2007. Introduction (to the supplemental issue on the HRSA SPNS Outreach Initiative). AIDS Patient Care STDS, 21 (Supplemental 1): S1-2.
10. Ikard K, Janney J, Hsu LC, et al. (2005). Estimation of unmet need for HIV primary medical care: a framework and three case studies. AIDS Education Prevention, 17(6 suppl B):26–38.

CHAPTER 4A: ESTIMATES OF UNMET NEED TRENDS FOR HIV-RELATED MEDICAL CARE

Increasing the number of people with HIV who receive medical treatment can not only improve the health and extend the lives of people with HIV, but it can also reduce further transmission of HIV because treatment reduces the amount of HIV circulating in communities. Reducing unmet need starts with an understanding of population trends for PLWH with unmet need as well as the characteristics of people likely to be out of care. Such understanding is needed so that the barriers to care experienced by these populations can be removed.

For the purposes of this analysis, unmet need for HIV-related medical care is defined as the population living with HIV and having no evidence of any of the following during a one year period: a CD4 count, a viral load test, or antiretroviral therapy (ARV), or an outpatient/ambulatory medical care visit. Unmet need was calculated for each year from 2007 to 2010. While this is a very liberal definition of unmet need, it is currently the best method for characterizing HIV infected populations in and out of care[1]. Also, if there is no evidence of any of these services being provided, it is unlikely that an individual is consistently involved in a system of medical care that adheres to current care standards.

Because there are characteristics about individuals (e.g. race/ethnicity, gender or mode of transmission) which may present specific barriers or opportunities to participate in care, it is useful to look at estimates of unmet need trends by these demographic groups. In fact, estimating differences by demographic group is a common practice when looking at health metrics. This section is organized into four subsections that include a discussion of:

1. Statewide and regional unmet need trends for 2007- 2010;
2. Population estimates of unmet need by demographic characteristics, mode of exposure, co-morbidities, and region;
3. Population estimates of unmet need for each mode of transmission subgroup by demographic characteristics, co-morbidities, and region; and
4. Within sections two and three, groups that may suffer a larger burden of unmet need are highlighted using both descriptive population estimates and odds ratios predicted using logistic regression.

Descriptive population estimates illustrating the level of unmet need experienced by population groups in Texas are presented followed by the likelihood of each group to be out of care shown using adjusted odds ratios. Focusing solely on descriptive population estimates is limiting because observed differences between two or more groups on an outcome could be attributed to compositional differences on one or more characteristics occurring between the groups. For example, racial/ethnic differences in unmet need could be a function of age differences observed between the race/ethnic groups. Therefore, logistic multivariate regression analyses are utilized to isolate the individual associations between unmet need and the characteristics of PLWH (sex, race/ethnicity,

1. Kahn J.G., Janney, J., Franks, P.E. (2003). A practical guide to measuring unmet need for HIV-related primary medical care: using the unmet need framework. San Francisco: University of California Institute for Health Policy Studies. Available at: ftp://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf.

age, mode of transmission, co-morbidities and geographical region). This approach also allows DSHS to distinguish chance unmet need findings from unmet need findings that might be replicated in future unmet need estimates. Therefore, adjusted odds ratios were also used to assess if group differences are statistically significant controlling for other compositional differences between groups. This approach requires that a reference group is selected to which all other groups were compared in terms of having significantly lower or higher unmet need. Reference groups were selected based on their population size (i.e. MSM), the level of unmet need exhibited (i.e. highest or lowest), or if the group traditionally always serves as the reference group (e.g. Whites or older age groups). The logistic regression results for unmet need shown in **Appendix A** and briefly discussed here show that most groups are significantly different compared to the selected reference group for unmet need. Since an overwhelming majority of group differences shown on **Figures C-G** are all statistically significant, odds ratios are not shown to supplement the findings shown in **Figures C-G.** However, the multivariate logistic regression results are mentioned and are provided in **Appendix A**. Because the associations between unmet need and selected characteristics did vary by mode of exposure, odds ratios are presented when unmet need is examined by mode of exposure. The subsections below include a discussion of population differences in unmet need followed by highlights of statistically significant differences in unmet need. For a more detailed explanation of the data and methods, please see **Appendix A**.

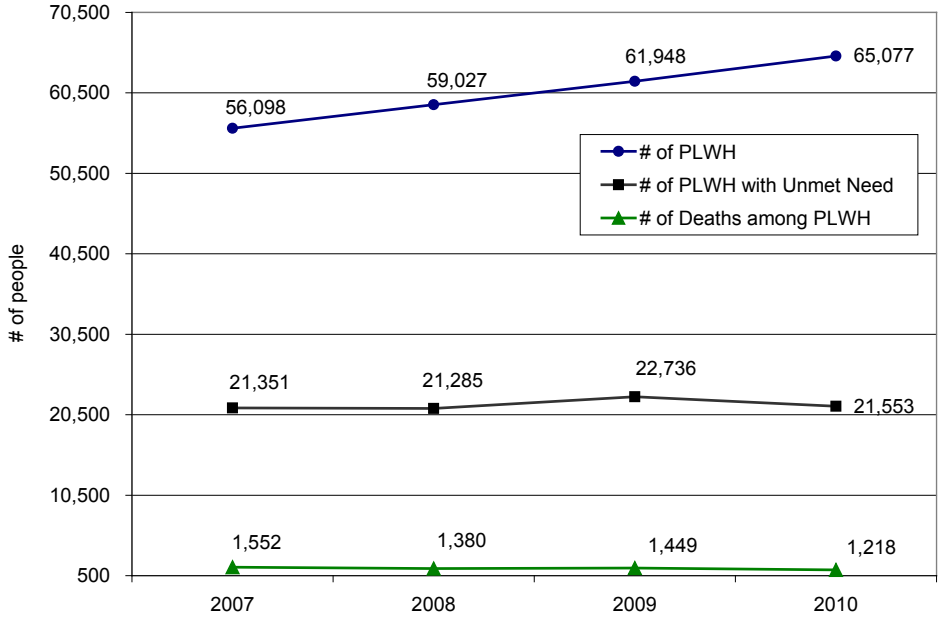
Unmet Need Trends for HIV-Related Medical Care, 2007-2010

Although the number of reported PLWH in Texas increased by 16% over the 2007-2010 periods, the number with unmet need for HIV-related care was very stable: around 21,000 to 23,000 PLWH not in care each year (**Figure A**). Estimates of unmet need for HIV-related medical care fell from 38% in 2007 to 33% in 2010 (**Figure B**). The proportion of PLWH with unmet need decreased because the number of PLWH not in care remained stable during a period of growth among PLWH.

This decrease in estimates of unmet need, however, occurred mostly between 2009 and 2010 and is largely driven by the increase in laboratory reports available for estimating met need. In 2010, undetectable viral loads and all CD4 tests were added to the reporting requirements in Texas. Hence, this reporting requirement resulted in approximately 55% of PLWH with met need reported having at least one CD4 or viral load test in 2010[2]. This is a significant increase from 2007 where only 42% of PLWH with met need reported having one CD4 or viral load test. In addition, the percentage of the population with met need identified as such from a data source not including ELR data decreased from 31% in 2007 to 17% in 2010. The decrease in the percentage of PLWH not in care observed between 2009 and 2010 is the result of having increased access to laboratory test results and not changes in care patterns.

2. This is based on labs occurring after their first Texas diagnosis date.

Figure A. Number of People Living with HIV & Unmet Need for HIV-related Care, 2007-2010

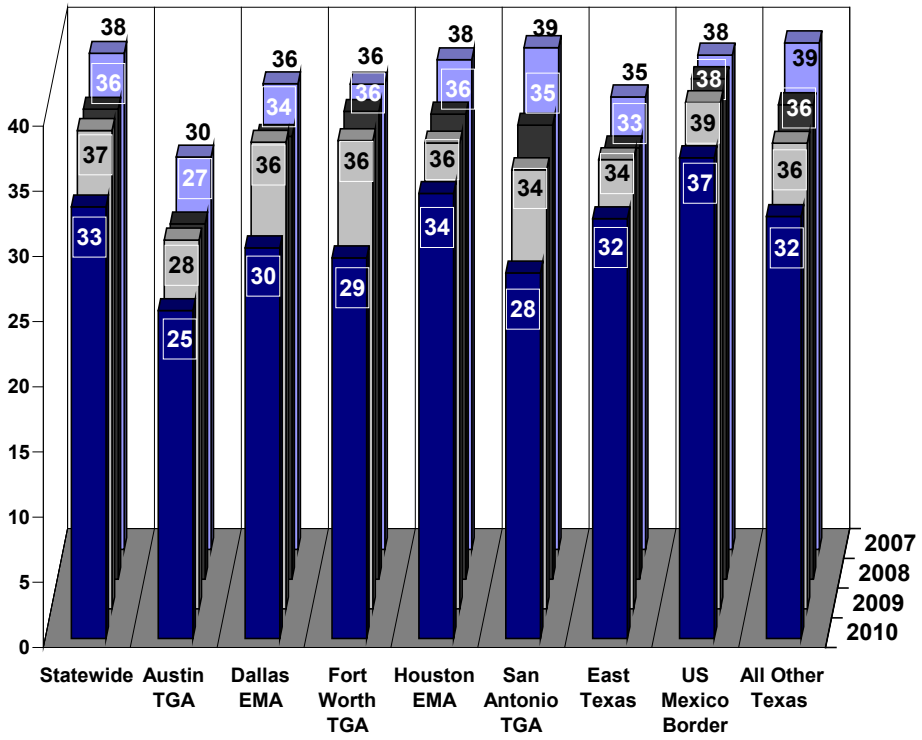


Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project.

Figure B shows the variation in unmet need experienced by different areas of the state. An area's level of unmet need (or proportion with unmet need) is dependent not only on the number of people not in care, but also on the number of PLWH diagnosed with HIV in that area. The number of PLWH living in an area is dependent upon older and newly diagnosed individuals (in-flow) and mortality rates within each area (out-flow). Such population forces can result in different unmet need outcomes across the different areas of the state.

The areas with the largest decreases in unmet need over this period are the San Antonio TGA, Dallas EMA, and Fort Worth TGA. The San Antonio TGA decreased their level of unmet need by ten percentage points from 39% in 2007 to 28% in 2010 which translated to a 14% decrease in the number of PLWH not in care (~200 PLWH). The Fort Worth TGA decreased their level of unmet need by seven percentage points from 36% in 2007 to 29% in 2010 which translated to a 4% decrease in the number of PLWH not in care (~80 PLWH). Lastly, the Dallas EMA decreased their level of unmet need by six percentage points from 36% in 2007 to 30% in 2010 which translated to a 11% decrease in the number of PLWH not in care (~600 PLWH) occurring mostly between 2009 and 2010. For all three areas, these decreases occurred during a time when the number of PLWH increased by 17-18% in each area which translates to about 2,000 PLWH in the Dallas EMA and about 600 PLWH in both the San Antonio and Fort Worth TGAs. The Austin TGA's levels of unmet need remained the lowest among all areas and decreased by five percentage points from 30% to 25% between 2007 and 2010. This area also experienced modest decreases in the number of people not in care (~55 PLWH) and the lowest levels of growth in PLWH for 2007-2010 (14%, ~500 PLWH).

Figure B. Percent of PLWH with Unmet Need by Region, 2007-2010



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
2007 (N=56,098) 2008 (N=59,027) 2009 (N=61,948) 2010 (N=65,077).

In several areas the proportion of PLWH and unmet need decreased, but the number of PLWH out of care increased. Although unmet need in Houston EMA decreased by four percentage points from 38% in 2007 to 34% in 2010, the number of people with unmet need increased by five percent. This translates to several hundred people with unmet need for their HIV-related medical care (~300 PLWH); however this increase is lower than the 15% growth of PLWH in this area (~3000 PLWH).

The proportion of people out of care across the four year period in the U.S.-Mexico border and East Texas did not change much and were the only two areas besides the Houston EMA to experience modest increases in the number of people with unmet need (~180 and ~117, respectively). In addition, these two regions also witnessed the largest increases in PLWH (~ 600 PLWH each). This growth in absolute numbers of PLWH is similar to the experience of the TGAs.

2010 Unmet Need Group Estimates

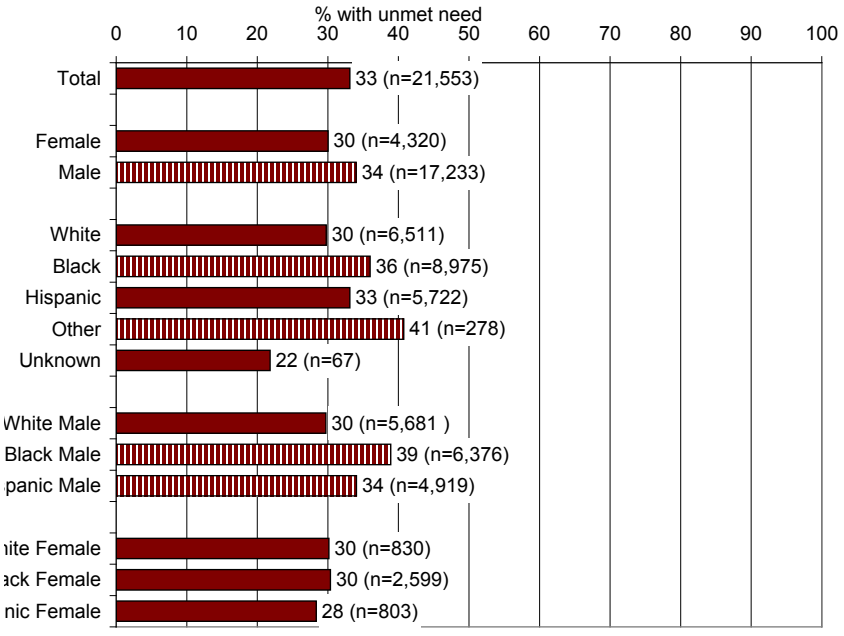
When looking at the unmet need information presented here, there are two types of PLWH populations to consider: the populations which have the ***largest number*** of infected individuals out of care and/or the populations which have the ***greatest proportion*** of infected individuals out of care. The latter group represents a population that is suffering a large burden of unmet need, even if the total number of people out of care in that population is small.

Approximately one out of every three PLWH in 2010 did not receiving HIV-related medical care (**Figure C**). Because statistical significance tests generally aid in making inferences from an observed sample to an unobserved population, they are not applied here to determine if descriptive differences between populations are meaningful. Practical significance is instead applied in order to try and make sense of group differences in unmet need. Groups with unmet need higher than an indentified average will be highlighted shown below with striped bars. Groups with a level of unmet need for HIV-related medical care higher than the aggregate statewide level (33%) were (**Figures C-G**):

- Males (34%) consisting of Black males (39%) and Hispanic males (34%)
- Blacks (36%) and other racial minority groups (41%);
- People ages 25-34 (37%) and 35-44 (34%);
- People in the IDU transmission category (41%) and the MSM/IDU category (39%);
- People with HIV and a history of TB at any point in their life (40%); and
- People diagnosed while living in Houston EMA or along the U.S.-Mexico border (37%).

Although the groups mentioned above exhibit a larger than average level of unmet need, there is a great deal of variation in the size of each group. Sizable groups with unmet need levels higher than the aggregate statewide level include Black and Hispanic males, people ages 25-44, and PLWH diagnosed in the Houston EMA. Groups which are highlighted as having both a large number and a large proportion of people out of care should receive priority attention when creating strategies for meeting the medical needs of all people living with HIV.

Figure C. Percent of PLWH with Unmet Need by Sex and Race/Ethnicity, 2010



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=65,077.

Sex and Race/Ethnicity

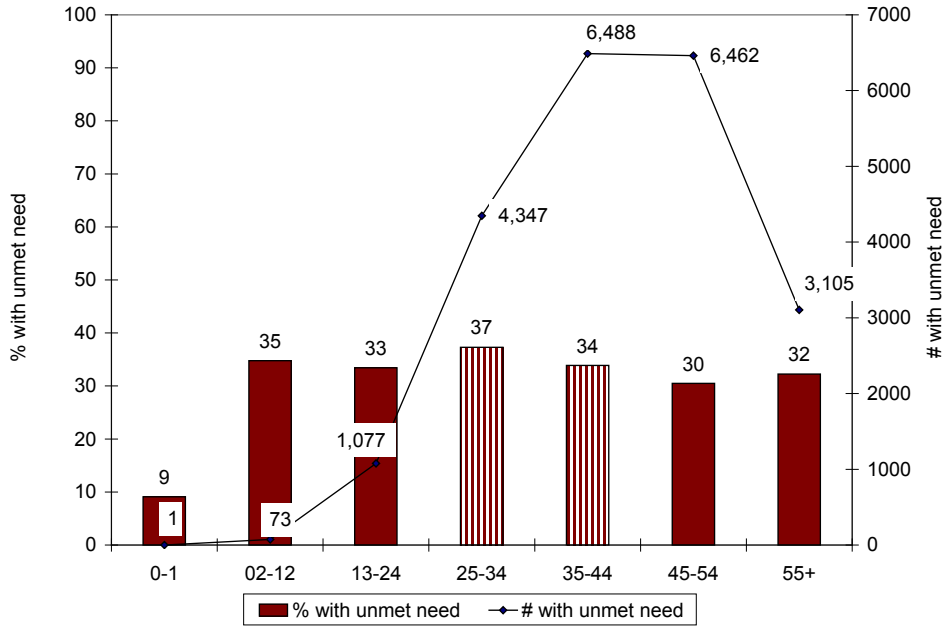
Among those living with HIV in 2010, approximately two out of every seven females and one out of every three males had unmet need (**Figure C**). Whites had the lowest levels of unmet need (30%) followed by Hispanics (33%), Blacks (36%), and other racial minorities (41%). This pattern remained after accounting for compositional differences between the race/ethnic groups. Overall, all minority groups living with HIV are more likely to have unmet need when compared to Whites living with HIV (**Appendix A**).

There were minimal racial disparities in unmet need for women, but this was not the case among men. White males exhibited the lowest levels of unmet need at 30% followed by Hispanic males at 34%, and Black males at 39%. Most of these differences persisted after accounting for compositional differences between the groups, meaning that males were significantly more likely to have unmet need regardless of other factors such as race/ethnicity and mode of exposure. When compared to white males, Black, Hispanic, and males of other racial/ethnic groups were more likely to have unmet need for their HIV infection (**Appendix A**).

Age

Unmet need was highest for PLWH ages 25-44 (37%) and lowest for infants living with HIV (9%), but otherwise the proportion of PLWH not in care ranged between 30% and 35% for all age categories (**Figure D**). In terms of who is more likely to have unmet need (**Appendix A**), PLWH ages 13-44 were significantly more likely to have unmet need for their HIV infection when compared to the oldest group (55+ age group), but PLWH in the ages 45-54 were less like to have unmet need for their HIV infection when compared to the oldest group. Because a majority of PLWH with unmet need are between the ages of 34 and 54, reducing the rates among these age groups would bring significant gains in unmet need for the state as a whole.

Figure D. Percent of PLWH with Unmet Need by Age, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project.

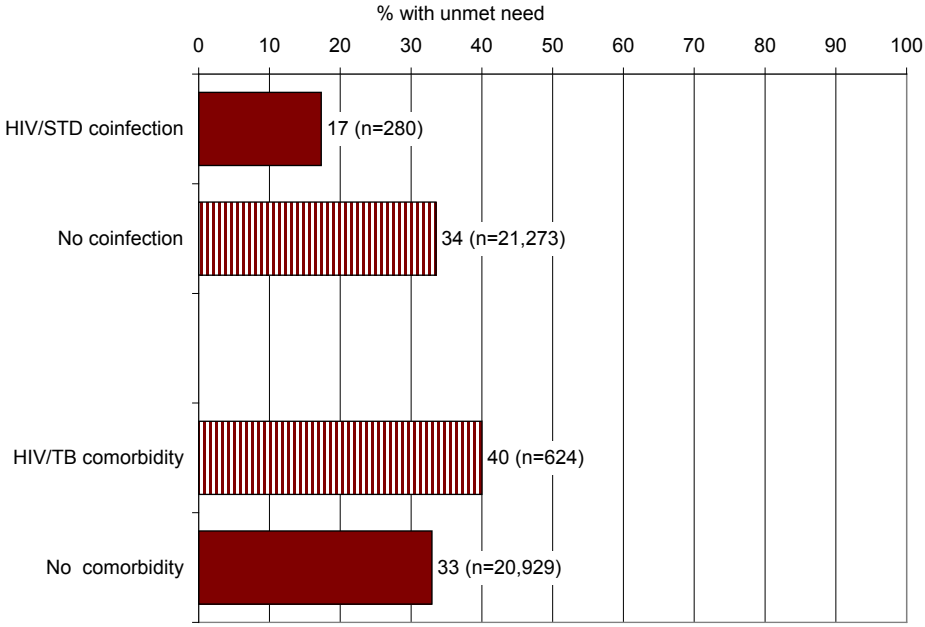
Co-morbidities

A history of co-morbid latent or active tuberculosis (TB) infection is important to the study of unmet need because infection with TB can pose serious health threats if left untreated. Following contact with someone with active TB infection, the bacteria which causes TB can remain dormant in the body for a period of weeks to years (otherwise known as "latent TB") before beginning to reproduce, causing damage to internal organs and making the person infectious to others (a disease stage called "active TB"). In fact, concurrent HIV infection is the single biggest risk factor for the development of active TB, and a diagnosis of active TB among those living with HIV is an AIDS-defining condition[3]. Co-infection with a STD is important to understand as an untreated infection has the potential to promote the spread of HIV by increasing viral loads (making someone more infectious) or increasing routes of transmission (making someone more likely to become infected with HIV)[4].

Individuals with HIV and a STD co-infection in 2010 exhibited lower levels of unmet need when compared to individuals without a co-morbid condition in 2010 (17% and 34%, respectively). In contrast, a higher proportion of PLWH with a previous history of tuberculosis were out of care (40%) when compared to PLWH without a history of tuberculosis (33%). Logistic regression results confirmed the differences (**Appendix A**), meaning that PLWH with a STD co-infection reported in 2010 were less likely to exhibit unmet need when compared to their counterparts. Those with a previous history of tuberculosis, however, were more likely to have unmet need than those without a history of tuberculosis.

3. For more information, see the CDC's Centers for Disease Control. (2010). TB and HIV Coinfection. Available at: http://www.cdc.gov/tb/topic/TBHIVcoinfection/default.htm pdf [Accessed September 2011].
4. For more information, see the CDC's Centers for Disease Control. (2010). The Role of STD Detection and Treatment in HIV Prevention - CDC Fact Sheet. Available at: http://www.cdc.gov/std/hiv/STDFact-STD-HIV.htm

Figure E. Percent of PLWH with Unmet Need by Co-morbidity, 2010



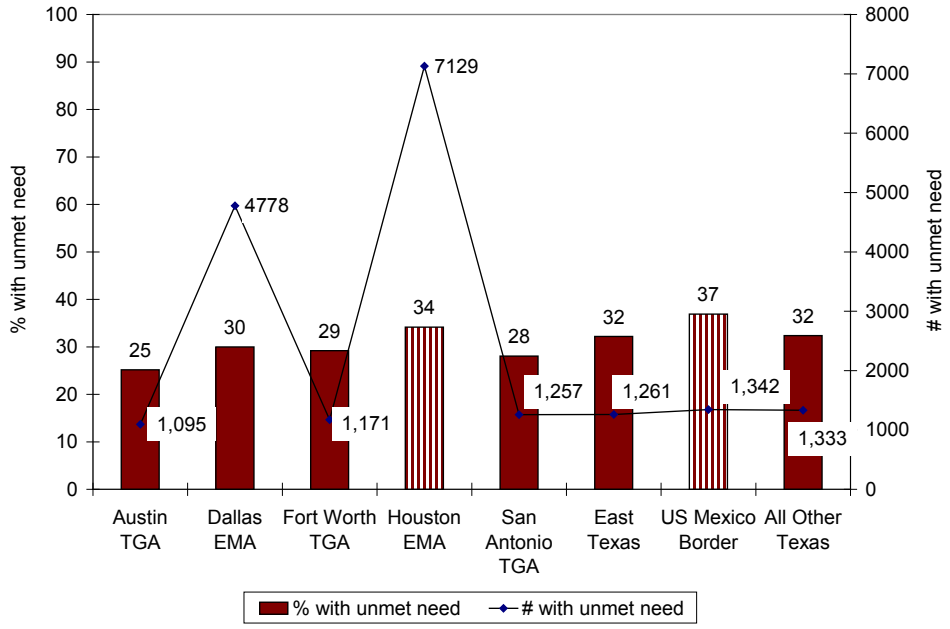
Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=65,077.

Region[5]

Although the proportion of PLWH with unmet need was between 25% and 37% for most geographic areas, the Houston EMA and the U.S.-Mexico border region had the highest proportion of PLWH with unmet need (34% and 37%, respectively). The Austin TGA had the lowest proportion of PLWH out of care (25%) (**Figure F**). PLWH diagnosed in all areas of the state were less likely to have unmet need when compare to Houston EMA (**Appendix A**). PLWH diagnosed in the U.S.-Mexico border were more likely to show unmet need for their HIV condition when compared to their Houston EMA counterparts. Because the Houston and Dallas EMA account for 55% of all unmet need in the state, reducing unmet need rates in these two areas would bring significant gains in unmet need for the state as a whole.

5. DSHS did not exclude TDCJ cases when estimating unmet need, linkage to care, retention in care, or continuous care measures as done in the past when estimating unmet need. Unmet need estimates for Texas on the whole increased by approximately one or two percentage points when TDCJ cases are excluded. While including TDCJ cases did not impact overall estimates greatly, unmet need estimates were not separately reported here for cases diagnosed in TDCJ, as we have incomplete care reporting for treatment delivered in TDCJ, nor can we systematically distinguish between TDCJ-diagnosed cases who are released and living in the community, and those still in TDCJ facilities.

Figure F. Percent of PLWH with Unmet Need by Region, 2010



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=65,077.

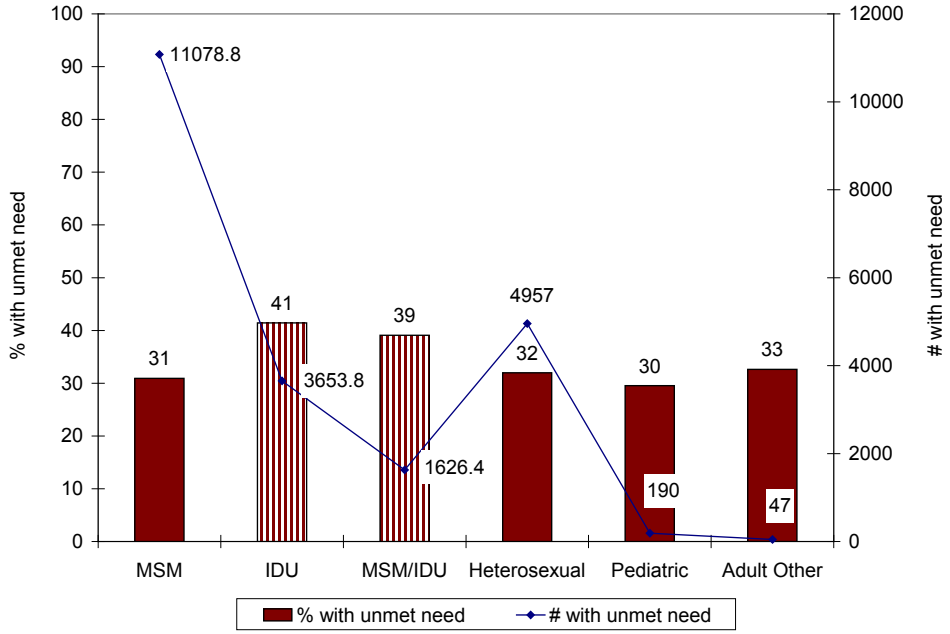
2010 Unmet Need Group Estimates by Mode of Exposure

Because the majority of PLWH not in care were MSM, this section presents statewide estimates of unmet need for HIV-related care followed by unmet need estimates for subgroups within each mode of exposure. In addition, certain subgroups within each mode of transmission have also been identified as being at a disadvantage in getting linked into care and remaining in care. For example, those who are both a racial/ethnic and sexual minority are identified as facing heightened risks for negative linkage and retention in care outcomes[6]. This section identified which subpopulations within each mode of exposure groups are less likely to have unmet need by examining the subgroup population estimates and adjusted odds ratios. Statistically significant differences between the reference group and comparison groups are indicated with asterisks. This section will only discuss statistically significant group differences in unmet need (as indicated by asterisks in the graphs). Due to the small number of cases with MSM/IDU and pediatric exposure or those classified as other adult exposures, these groups will not be included in this section.

For mode of exposure, unmet need was highest for IDU (41%), lowest for pediatric exposure (30%) and fell between 31% and 33% for all other risk groups (**Figure G**). These differences are significant. When compared to MSM or high-risk heterosexuals, IDU were significantly more likely to have unmet need. MSM/IDU were significantly more likely to have unmet need when compared MSM, but they were not significantly different when compared to high-risk heterosexuals. Finally, high-risk heterosexuals were significantly more likely to have unmet need compared to MSM.

6. Christopoulos, K.A. et al. 2011. Linkage and Retention in HIV Care among Men Who Have Sex with Men in the United States. Clinical Infectious Disease, 52 (Supplemental 2): S214-S222.

Figure G. Percent of PLWH with Unmet Need by Mode of Exposure, 2010[7]



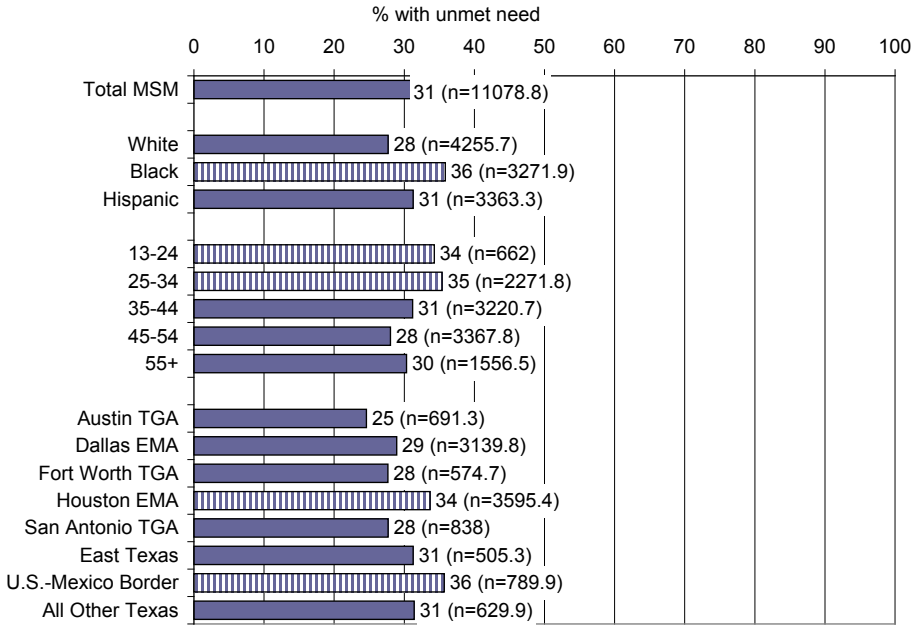
Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=65,077.

Unmet Need among MSM living with HIV

Figure H illustrates unmet need for MSM living with HIV by race/ethnicity, age, and region. Although unmet need among MSM is below the statewide level of 33%, it is important to examine MSM subgroup differences because they account for half of PLWH. Targeting these subgroups and bringing MSM back into care would result in significant gains for reducing unmet need. Groups with a level of unmet need higher than the average for the MSM exposure group (31%) are highlighted below using striped bars. Black MSM, MSM ages 13-34, MSM diagnosed in the Houston EMA and the U.S.-Mexico border exhibited a higher level of unmet need when compared to the average level observed for the MSM group. It is important to note that these MSM subgroups have unmet need levels that are also above the statewide level of 33%.

7. Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification and therefore numbers include decimals points (due to individuals with multiple risk patterns). Numbers are shown here with decimals because as they are further broken down in cross-tabulations, percentages are based on numbers with decimal points. If numbers are presented without decimal points the percentages may appear to be incorrect.

Figure H. Percent of MSM living with HIV with Unmet Need by Race/Ethnicity, Age, and Region, 2010[7]

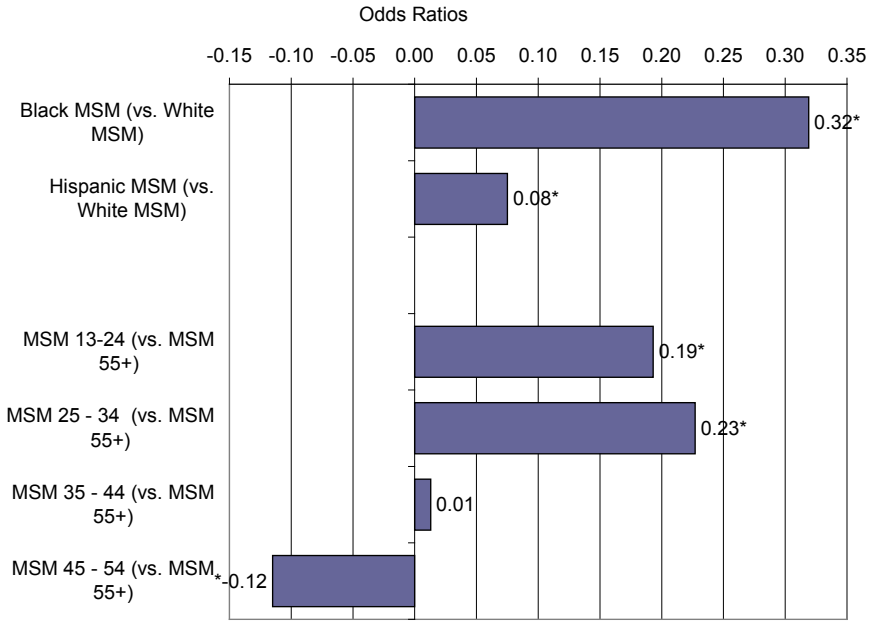


Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=35,816.

White MSM living with HIV had the lowest levels of unmet need at 28% followed by Hispanic MSM at 31% and Black MSM at 36%. Those in the youngest MSM groups exhibited higher levels of unmet need when compared to MSM in the 45-55 and 55+ age groups. Austin TGA had the lowest levels of unmet need for MSM and the U.S.-Mexico border had the highest levels of unmet need for MSM. All other areas had unmet need levels between 28% and 34% for MSM.

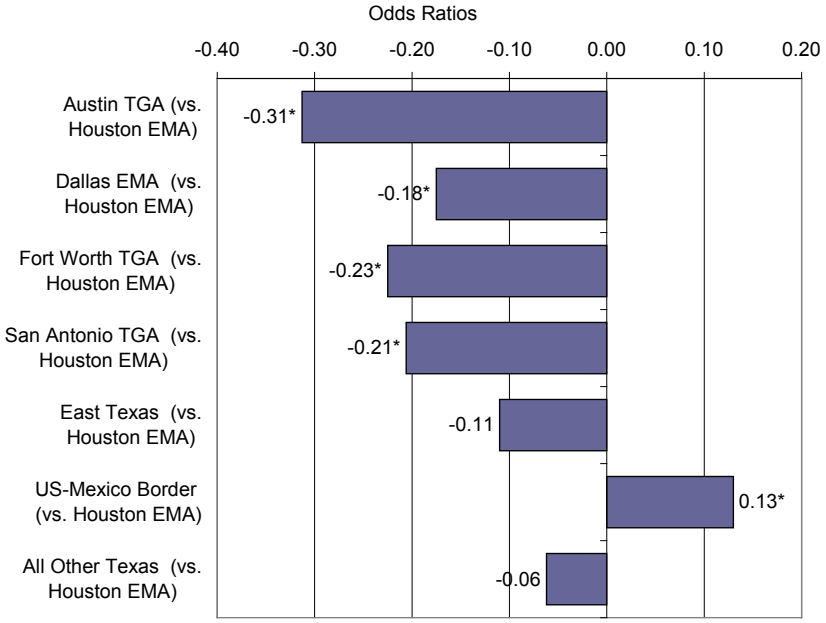
Figures I-J show odds ratios for having unmet need for HIV-related care among MSM only by race/ethnicity, age, and region. Relative to White MSM, the odds of having unmet need for HIV-related medical care were 8% higher for Hispanic MSM and 32% higher for Black MSM, (**Figure I**). The odds of having unmet need were 19% higher for MSM ages 13-24, 23% higher for MSM ages 25-34 and 12% lower for MSM ages 45-54 when compared to MSM ages 55 years or more of age. Relative to MSM diagnosed in the Houston EMA, **Figure J** shows that the odds of having unmet need were lower for MSM diagnosed in the Austin TGA, Dallas EMA, Fort Worth TGA, and San Antonio TGA. MSM diagnosed in the U.S.-Mexico border exhibited higher odds of having unmet need when compared to MSM diagnosed in Houston EMA.

Figure I. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among MSM living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=35,816.

Figure J. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among MSM living with HIV[8]

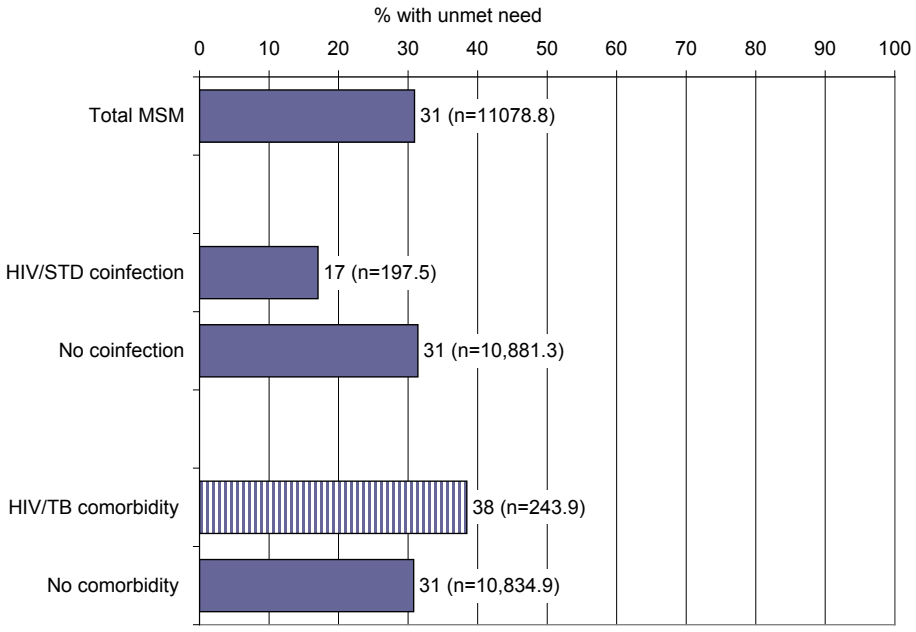


Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=35,816.

8. A positive odds ratio indicates the group exhibited a higher level of unmet need when compared to the reference group and a negative odds ratio indicates the group showed a lower level of unmet need when compared to the reference group. Asterisks indicate statistically significant differences at the <.05 levels between the selected group and the reference group.

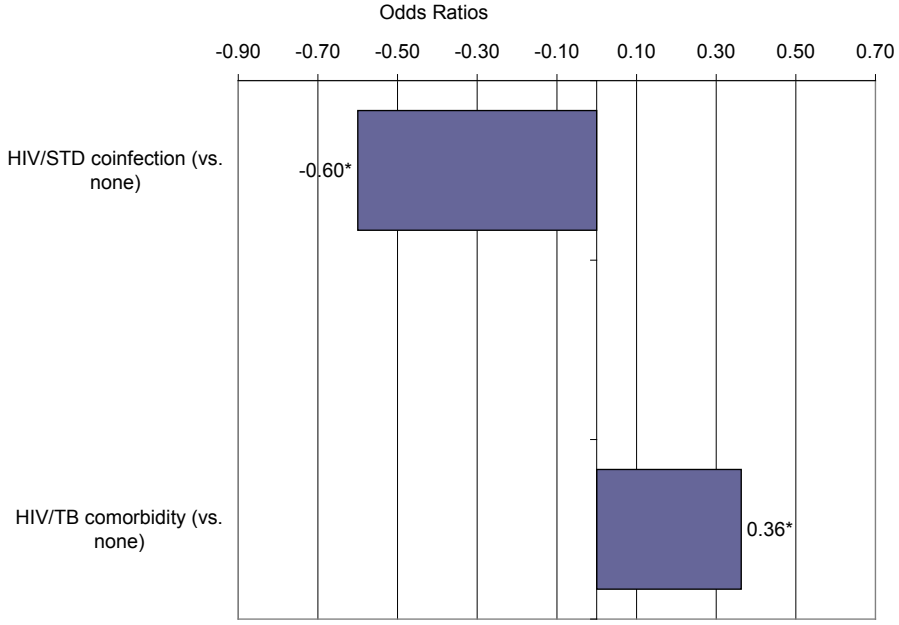
While MSM with an STD co-infection in 2010 showed lower levels of unmet need (17%), MSM with a previous history of tuberculosis exhibited higher levels of unmet need (38%) when compared to the average for the MSM exposure group (31%) (**Figure K**). The next figure (**Figure L**) shows that MSM with a STD co-infection reported in 2010 exhibited lower odds of having unmet need when compared to MSM without co-infections (60% lower odds). In contrast, MSM with previous histories of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related care (36% higher odds) when compared to MSM without a history of tuberculosis.

Figure K. Percent of MSM Living with HIV with Unmet Need by Co-morbidity, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=35,816.

Figure L. Odds Ratios from Logistic Models Predicting Unmet Need by Co-morbidity among MSM living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=35,816.

Among MSM, Blacks, Hispanics, those between 13 and 34 years, those diagnosed in the Houston EMA or the U.S.-Mexico border, and those with a history of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related medical care when compared to their reference group counterparts. Overall, the population estimates of unmet need among MSM were similar to what was seen at the aggregate level in Texas.

Among MSM, Blacks, Hispanics, those between 13 and 34 years, those diagnosed in the Houston EMA or the U.S.-Mexico border, and those with a history of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related medical care when compared to their reference group counterparts.

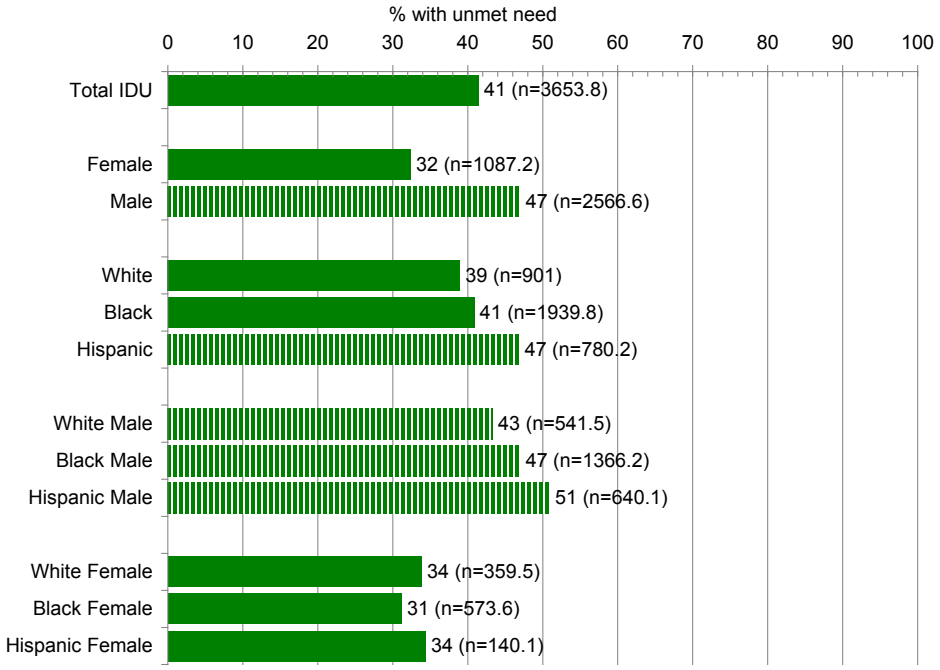
Unmet Need among IDU Living with HIV

It is important to examine the IDU subgroup because this group has consistently exhibited higher levels of unmet need relative to other mode of exposure groups. Over the past four years, unmet need for IDU remained at over 40%. Targeting IDU subgroups with unmet need above the overall IDU level of 41% would help decrease unmet need for IDU. In addition, it is important to note that half of all IDU not in care are Blacks and more than one third of IDU not in care are Black male IDU.

Figure M and **Figure N** illustrate unmet need for IDU living with HIV by demographic characteristics and region. Groups with a level of unmet need higher than the average for the IDU exposure group (41%) are highlighted below using striped bars. All males, including White male IDU, Black male IDU or Hispanic male IDU, Hispanic IDU ages 13-44, and IDU diagnosed in the Houston EMA and U.S.-Mexico border, exhibited a higher level of unmet need when compared to the average level observed for the IDU group. It is important to note that these IDU subgroups have unmet levels that are above the statewide level of 33%.

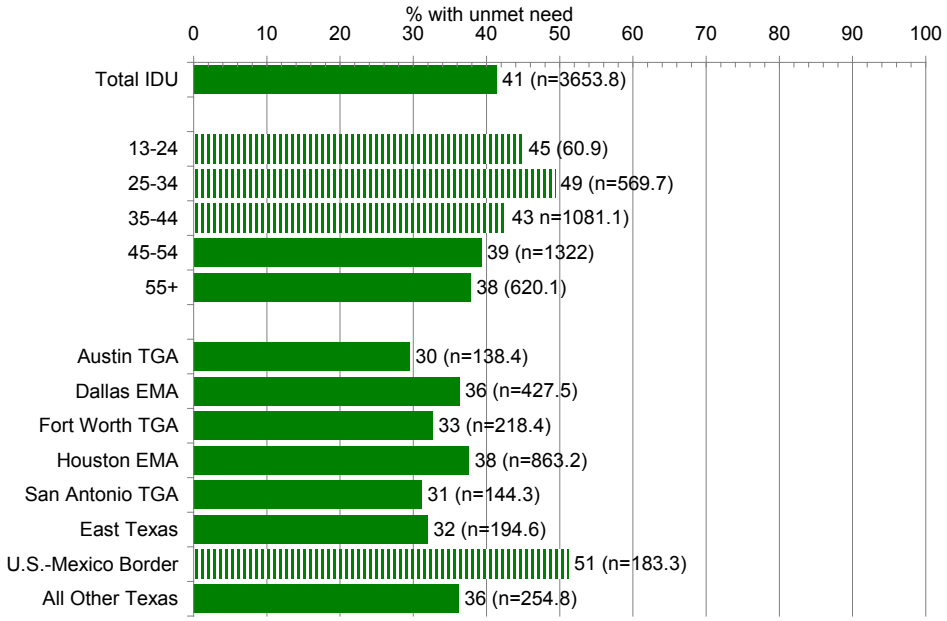
White IDU had the lowest levels of unmet need at 28% followed by Black IDU at 41% and Hispanic IDU at 47%. A similar pattern is among women, but the racial differences are more striking for men. Those in the youngest IDU groups exhibited higher levels of unmet need when compared to IDU in the 45-55 and 55+ age groups. The Austin and San Antonio TGAs had the lowest levels of unmet need for IDU and the U.S.-Mexico border had the highest levels of unmet need for IDU. All other areas had unmet need levels between 32% and 38% for IDU.

Figure M. Percent of IDU Living with HIV with Unmet Need by Race/Ethnicity and Age, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

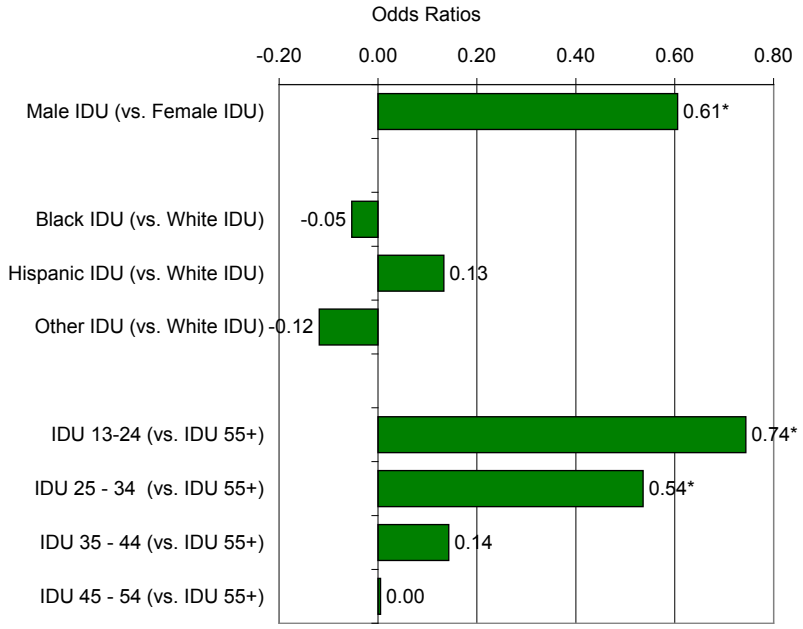
Figure N. Percent of IDU Living with HIV with Unmet Need by Age and Region, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

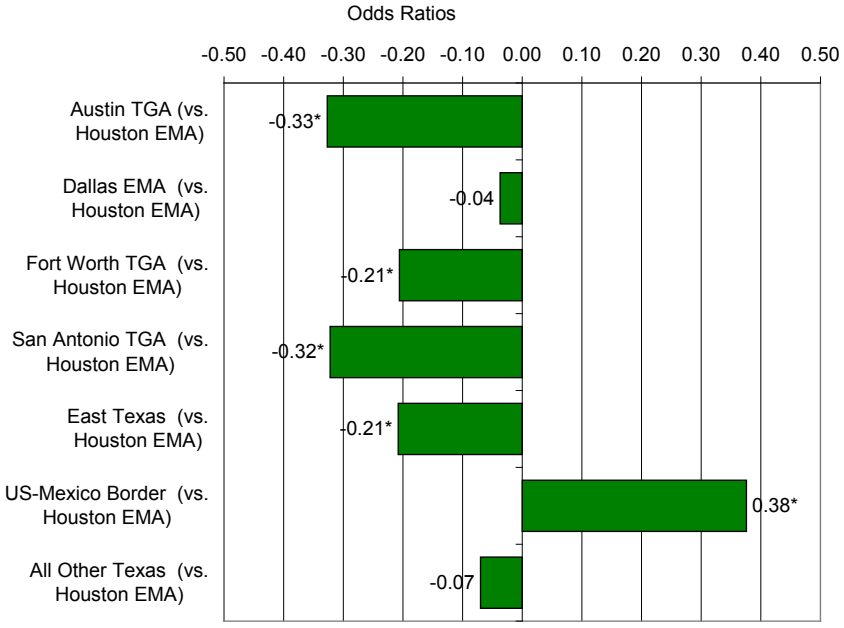
Figures O-P show odds ratios for having unmet need for HIV-related care among IDU only by race/ethnicity, age, and region. Here again, this section does not mention IDU differences that are not statistically significant. The odds of having unmet need were 61% higher for male IDU than female IDU. The odds of having unmet need were 74% higher for IDU ages 13-34 and 54% higher for IDU ages 25-34 when compared to IDU ages 55+ (**Figure O**). Relative to IDU diagnosed in the Houston EMA, **Figure P** shows that the odds of having unmet need were lower for IDU diagnosed in all the TGAs and East Texas and higher for IDU diagnosed in the U.S.-Mexico border.

Figure O. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among IDU living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

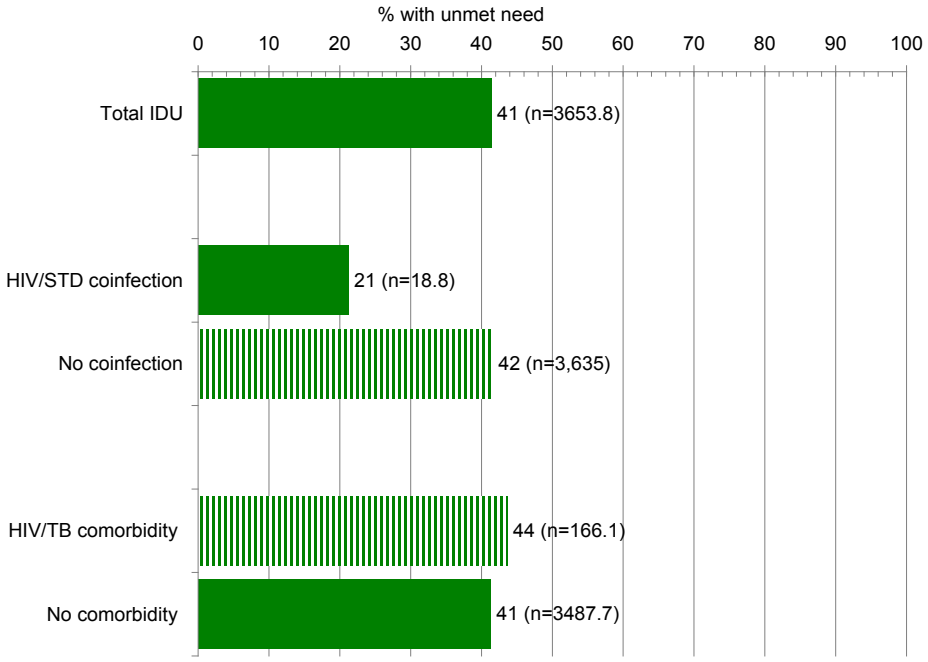
Figure P. Odds Ratios from Logistic Models Predicting Unmet Need by Region among IDU living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

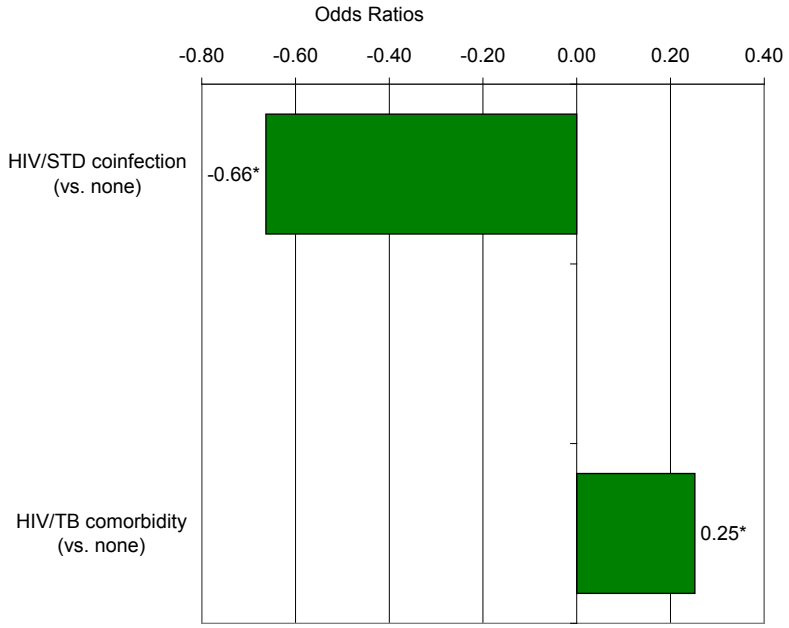
Here again, IDU with a STD co-infection in 2010 exhibited lower levels of unmet need (21%) when compared to the average for IDU (41%). IDU with a previous history of tuberculosis (44%) exhibited higher levels of unmet need when compared to the average for the IDU exposure group (**Figure Q**). **Figure R** shows that IDU with other sexually transmitted diseases reported in 2010 exhibited lower odds of having unmet need when compared to IDU without co-infections (66% lower odds). In contrast, IDU with previous histories of tuberculosis were more likely to exhibit unmet need for their HIV-related care (25% higher odds) when compared to IDU without a history of tuberculosis.

Figure Q. Percent of IDU Population Living with HIV with Unmet Need by Co-morbidity, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

Figure R. Odds Ratios from Logistic Models Predicting Unmet Need by HIV-Related Diagnostic Characteristics among IDU living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=8,819.

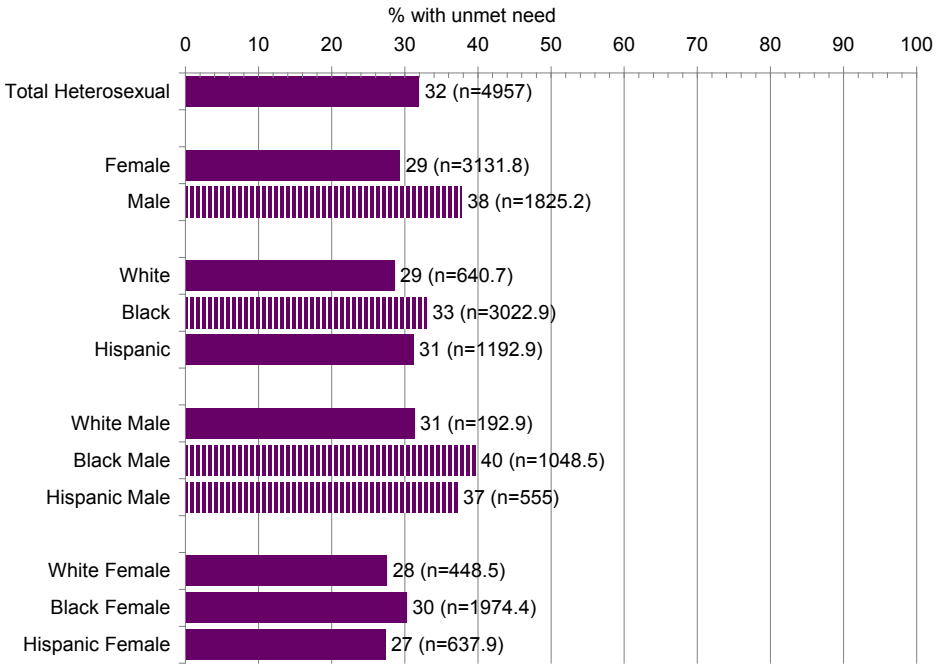
Among IDU, males, those between 13 and 34 years, those diagnosed in the Houston EMA or the U.S.-Mexico border, and those with a history of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related medical care when compared to their reference group counterparts. Most of the abovementioned groups who were significantly more likely to have unmet need were also the same groups who exhibited levels of unmet need above the IDU level of 41%.

Unmet Need by Heterosexual Exposure

Figure S illustrates unmet need for the heterosexual exposure group by sex and race/ethnicity. Although unmet need for this group is below the statewide level of 33%, it is important to examine heterosexually exposed subgroup differences because this group is the second largest risk group (after MSM). It should be noted that a majority of heterosexuals not in care are females (63%). In addition, 40% of heterosexuals not in care are Black females.

Groups with a level of unmet need higher than the average for the heterosexual exposure group (32%) are highlighted in **Figure S** using striped bars and include heterosexual Blacks, heterosexual Black males, heterosexual Hispanic males, heterosexuals ages 25-44, and heterosexuals diagnosed in the Houston EMA, East Texas, and the U.S.-Mexico Border. Black males had the highest level of unmet need at 40% followed by Hispanic males at 37% and White males at 31%. Although unmet need among females is below the average level for heterosexuals, Black females had the highest level of unmet need (30%) followed by Hispanic females (27%) and White females (28%).

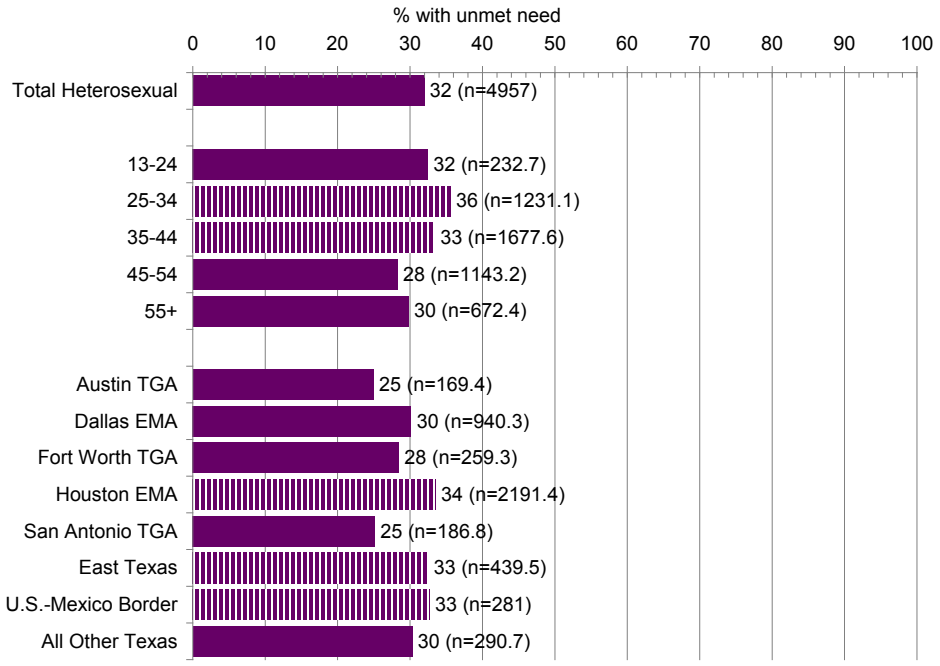
Figure S. Percent of Heterosexuals Living with HIV with Unmet Need by Sex and Race/Ethnicity, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

Figure T shows heterosexuals ages 25-44, heterosexuals living in the Houston EMA, the U.S. - Mexico border, and East Texas exhibited a higher level of unmet need when compared to the average level observed for the heterosexual exposure group. Heterosexual living with HIV ages 25-44 exhibited higher levels of unmet need when compare to heterosexuals in the 45-55 and 55+ age groups. The Austin and San Antonio TGAs had the lowest levels of unmet need for heterosexuals and the Houston EMA had the highest levels of unmet need for heterosexuals. All other areas had unmet need levels between 28% and 33% for heterosexuals.

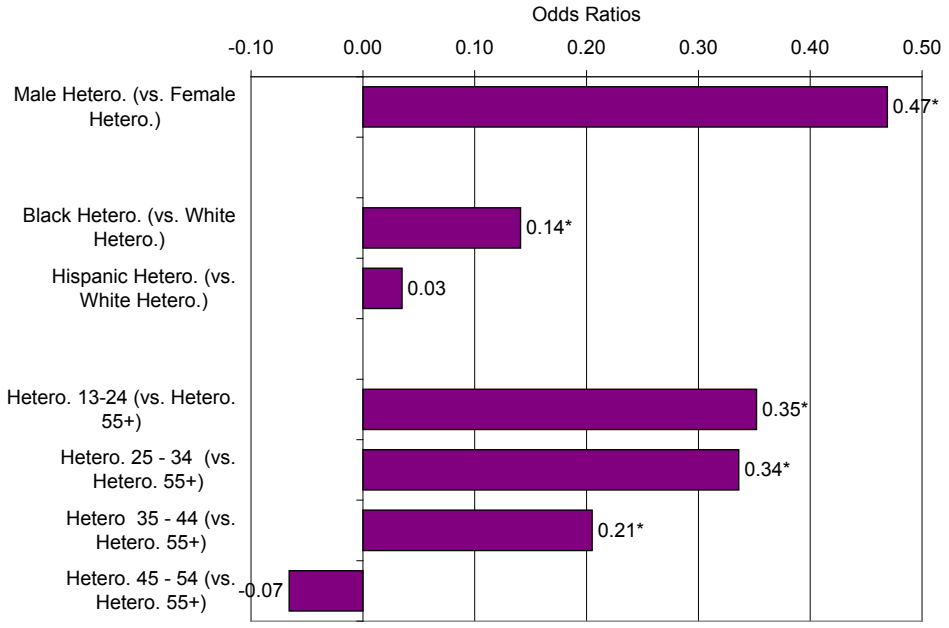
Figure T. Percent of Heterosexuals Living with HIV with Unmet Need by Age and Region, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

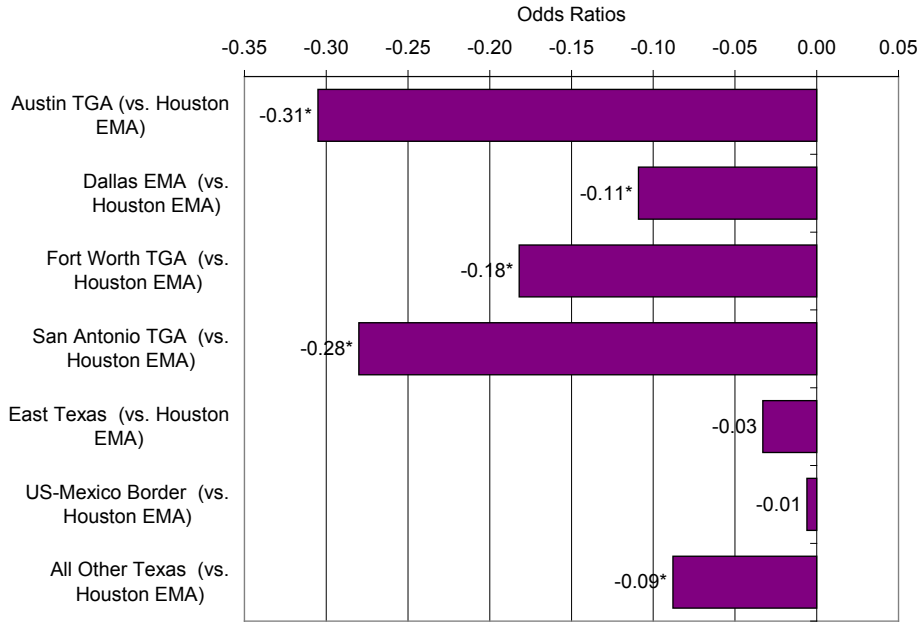
The odds of not being in care were 47% higher for heterosexual males living with HIV when compared to heterosexual females living with HIV (**Figure U**). Relative to heterosexual Whites, the odds of having unmet need for HIV-related medical care were 14% higher for heterosexual Blacks. The odds of having unmet need were between 35% and 21% higher for heterosexuals ages 13-44 when compared to heterosexuals ages 55 years or more of age. Relative to heterosexuals in the Houston EMA, **Figure V** shows that the odds of having unmet need were significantly lower for heterosexuals diagnosed in the Austin TGA, Dallas EMA, Fort Worth TGA, San Antonio TGA and Other Texas areas.

Figure U. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among Heterosexuals Living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

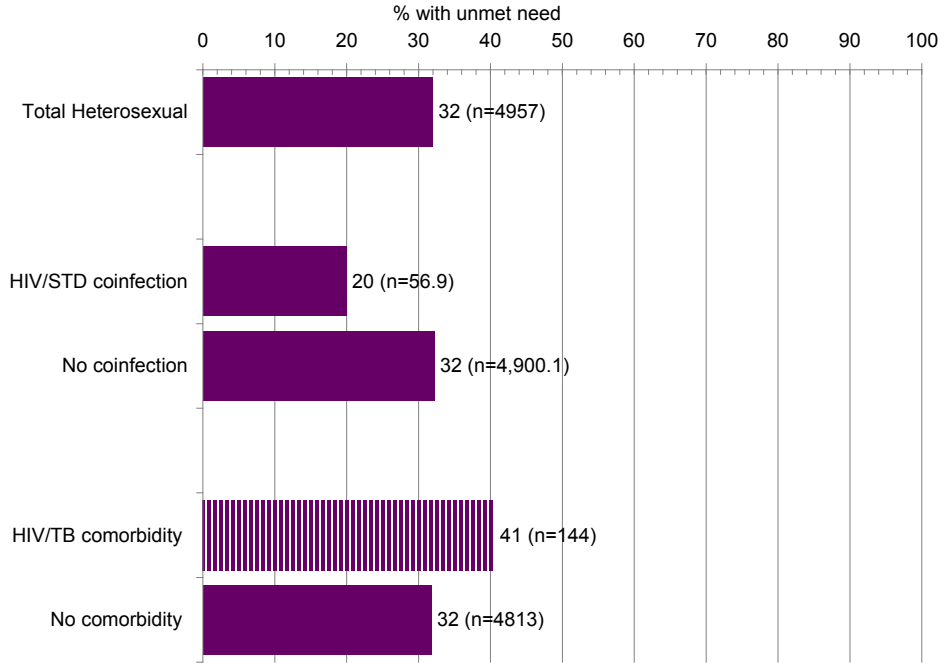
Figure V. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among Heterosexuals Living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

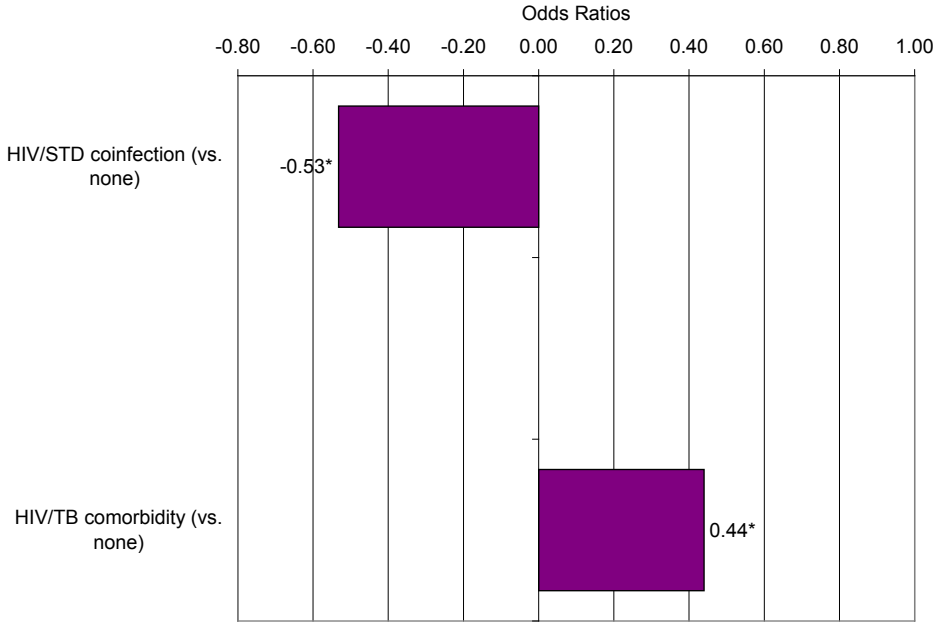
Heterosexuals with HIV and a previous history of tuberculosis also exhibited higher levels of unmet need (41%) when compared to the average for heterosexuals (32%). The opposite is true of heterosexuals with a STD co-infection in 2010 (**Figure W**). **Figure X** shows that heterosexuals with other sexually transmitted diseases reported in 2010 exhibited lower odds of having unmet need when compared to heterosexuals without co-infections (53% lower odds). In contrast, heterosexuals with previous histories of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related care (44% higher odds) when compared to heterosexuals without a history of tuberculosis.

Figure W. Population of Heterosexuals Living by Co-morbidity, 2010[7]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

Figure X. Odds Ratios from Logistic Models Predicting Unmet Need by Demographic Characteristics among Heterosexuals Living with HIV[8]



Sources: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=15,495.

Among heterosexuals, males, Blacks, those between 13 and 44 years, those diagnosed in the Houston EMA, and those with a history of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related medical care when compared to their reference group counterparts. Most of the abovementioned groups who were significantly more likely to have unmet need were also the same groups who exhibited levels of unmet need above the level of 32% (shown in **Figures U-W**). Overall, the patterns of unmet need observed among this risk group were similar to what was seen at the aggregate level in Texas.

Among heterosexuals, males, Blacks, those between 13 and 44 years, those diagnosed in the Houston EMA, and those with a history of tuberculosis were significantly more likely to exhibit unmet need for their HIV-related medical care when compared to their reference group counterparts.

CHAPTER 4B: LINKAGE-TO-CARE AMONG 2010 NEWLY DIAGNOSED PEOPLE LIVING WITH HIV

Successful linkage to medical care is important for individuals living with HIV and for their communities; it ensures that the individual's disease is being monitored and that Highly Active Antiretroviral Treatment (HAART) treatment is initiated in a timely manner and when deemed appropriate by the provider and the patient. There is also increasing evidence that HIV treatment has prevention benefits at both the individual and community level. These studies indicate that increasing the number and proportion of persons with HIV who are aware of their infections and effectively maintained on treatment are key not only to improving the health of persons with HIV, but also with lowering the viral load and decreasing new infections within communities[1].

According to the National HIV/AIDS Strategy, successful linkage-to-care is defined as evidence of clinical care within three months of HIV diagnosis. The 2015 target set in the National HIV/AIDS Strategy is for 85% of newly diagnosed people living with HIV (PLWH) to be linked to medical care within three months of diagnosis[2]. The DSHS analysis defined successful linkage-to-care as evidence of a CD4 T-lymphocyte (CD4), count a viral load test, antiretroviral therapy, or an outpatient/ ambulatory medical care visit within three months of diagnosis with HIV. To create the linkage-to-care estimate, the number of newly diagnosed PLWH in 2010 with evidence of successful linkage-to-care was divided by the total number of newly diagnosed PLWH in 2010 (multiplied by 100).

This section of the epidemiological profile addresses linkage-to-care of people newly diagnosed with HIV in 2010 in Texas and is organized in three sections:

1. Population estimates of linkage-to-care by demographic characteristics, mode of exposure, co-morbidities, and region;
2. Groups who were significantly less likely to be linked to care for their HIV-related medical needs using both descriptive population estimates and odds ratios predicted using logistic regression; and
3. Population estimates of linkage-to-care across the major Texas regions.

To identify newly diagnosed PLWH, DSHS used data from the Electronic HIV/AIDS reporting system (EHARS). Health care service dates came from the AIDS Regional Information and Evaluation System (ARIES), HIV2000 (the AIDS Drug Assistance Program data system), electronic lab reporting (ELR), Medicaid/CHIP and private insurers[3]. Individuals diagnosed within the last three months of 2010 and deceased individuals were excluded from analysis because sufficient data from 2011 (allowing for three months of follow-up time) was not available. Therefore, among the 4,242 newly diagnosed PLWH in Texas in 2010, only 3,179 people were included in this analysis. Additional demographic data for race/ethnicity, gender, age, region of diagnosis, date of diagnosis, and

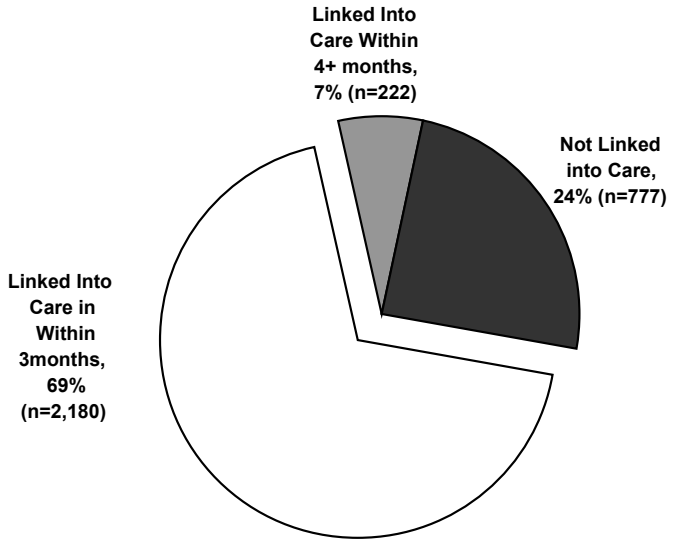
1. Das M, Chu PL, Santos G-M, Scheer S, Vittinghoff E, et al. 2010. Decreases in Community Viral Load Are Accompanied by Reductions in New HIV Infections in San Francisco. PLoS ONE 5(6 e11068):1-9.
2. Like retention-to-care, this measure is defined in the positive, meaning that the aim is to increase the proportion of people successfully linked to care. In contrast, the aim of unmet need estimates is to reduce the proportion of people with unmet need.
3. Please note that the fourth quarter of 2010 Medicaid/CHIP data was not available for release at the time this report was written.

medical co-morbidities were also obtained from these sources in order to look for disparities. Further discussion of analysis methods is available in Appendix A.

2010 Linkage-to-Care Group Estimates

In 2010, 69% of newly diagnosed PLWH in Texas were linked into care within three months (**Figure A**). This category is also referred to as timely linkage to care. Another 7% of newly diagnosed PLWH were linked into care between four months and the end of this study period[4]. No evidence of care was identified for one in four (24%) newly diagnosed PLWH.

Figure A. Linkage-to-Care Estimates for Newly Diagnosed PLWH in Texas, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

For the remainder of this analysis, with the exception of the discussion of linkage-to-care by region, the late linkage and no linkage categories are combined for easier comparison to those linked within three months. However the distinction between late- and no- linkage may be important when considering strategies for improving timely linkage-to-care. The main objective for doing this relates to the National HIV/AIDS Strategy goals, which specify increasing the number and proportion of people linked to care within three months. Based on this estimate, Texas is 16 percentage points short of the National HIV/AIDS Strategy Target for linkage-to-care. From this baseline measure, more work must be done to ensure that successful linkage-to-care is achieved for those newly diagnosed with HIV. Groups that have both a large number and a low proportion of people not linked into care should receive priority attention when creating strategies for meeting the medical needs of all PLWH and increasing the proportion of PLWH linked to care.

While the overall rate of linkage-to-care is 69%, differences exist by sub-group. Earlier findings in this profile have highlighted disparities in engagement in care among vulnerable populations (racial/ethnic

4. Data for linkage to care was available from the following sources through December 31, 2010: ARIES, private payers, and electronic lab reporting. Only the first three quarters of Medicaid/CHIP data were available, ending with September 20, 2010.

minorities and sexual minorities) (see **Unmet Need and Retention in Care** sections). Differences in linkage-to-care rates are shown in **Figures B-E** and demonstrate that differences exist both in proportion and numbers of people with successful linkage to care.

Populations with smaller-than-average proportions of people linked to care are important to identify because they may uncover systematic difficulties or obstacles to care. Groups with linkage to care rates below the state average level (69%) include (**Figures B-E**):

- Males (67%), driven by low linkage-to-care among Black males (62%);
- Blacks (64%), driven by low linkage-to-care among Black MSM (62%) and Black IDU (57%);
- People ages 13-24 (64%);
- People in the IDU (60%) or MSM/IDU (64%) categories;
- Newly diagnosed individuals from the Houston EMA region (65%).

Although the groups mentioned above exhibit a lower than average level of linkage-to-care, there is a great deal of variation in the size of each group. Sizable groups with linkage-to-care rates lower than the aggregate statewide level of 69% include Black males, people ages 13-64, and the IDU exposed (including IDU only or MSM/IDU) and those diagnosed in the Houston EMA. Groups which are highlighted as having both large numbers and lower than average linkage rates should receive priority attention when creating strategies for meeting the medical needs of all people living with HIV.

Sizable groups with linkage-to-care rates lower than the aggregate statewide level of 69% include Black males, people ages 13-64, and the IDU exposed (including IDU only or MSM/IDU) and those diagnosed in the Houston EMA.

Disparities by Race/Ethnicity and Sex

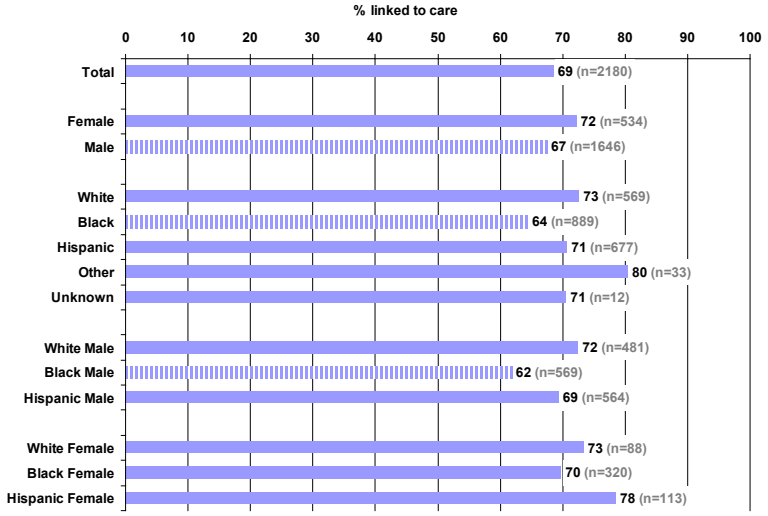
Males made up the majority (78%) of newly diagnosed PLWH in 2010, although a higher proportion of females (72%) versus males (67%) were linked to care (**Figure B**). Throughout these analyses, females have had higher rates of engagement in the medical system, and this pattern is repeated in rates of successful linkage-to-care.

Racial disparities also existed among men and women. Within each sex, the groups with the lowest rates of linkage-to-care are consistent: Black women and Black men have the lowest rates of linkage-to-care (70% and 62%, respectively), and they have the largest numbers of people not linked into care (320 and 569 people, respectively) (**Figure B**). Blacks are the largest demographic group of people with newly diagnosed infections, yet they have the lowest rates of linkage-to-care (889 people out of 1,379 newly diagnosed people or a 64% linkage rate). Increasing linkage to care for Blacks would help us reach the National HIV/AIDS Strategy goal of 85%.

Black women and Black men have the lowest rates of linkage-to-care and the largest numbers of people not linked into care.

Blacks are the largest demographic group of people with newly diagnosed infections, yet they have the lowest rates of linkage-to-care.

Figure B. Percent of Newly HIV Diagnosed Individuals Linked Into Care within Three Months of Diagnosis by Sex and Race, 2010



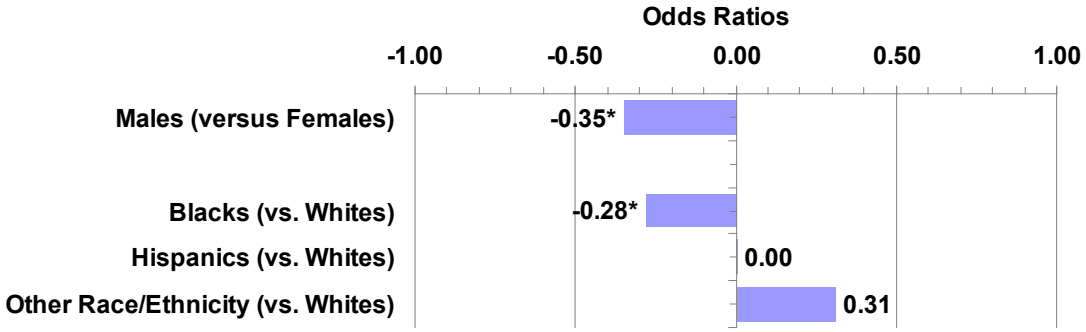
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

Increasing linkage to care for Blacks would help us reach the National HIV/AIDS Strategy goal of 85%.

In fact, males were significantly less likely to be linked to care compared with females, as is shown by the results of the multivariate logistic shown in **Figure B**[5]. In other words the odds of being linked into care within three months of diagnosis were 35% lower for men when compared to women. Controlling for age, sex, mode of exposure, region, and STD co-infection, Blacks were also less likely to be linked to care (28% lower odds of being linked into care in a timely manner) compared to Whites (**Figure B**). There was no significant difference in likelihood of linkage-to-care when comparing Hispanics and people of other racial/ethnic backgrounds to Whites.

5. Logistic regression models showing the odds of being linked to care and significance tests are shown in Appendix XX and are only mentioned here. Please see the unmet need and Appendix XX sections for examples of how odd ratios are presented and reported.

Figure C. Odds Ratios from Logistic Models Predicting Linkage to Care within Three Months of HIV Diagnosis by Sex and Race/Ethnicity, 2010[6]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

Age Differences

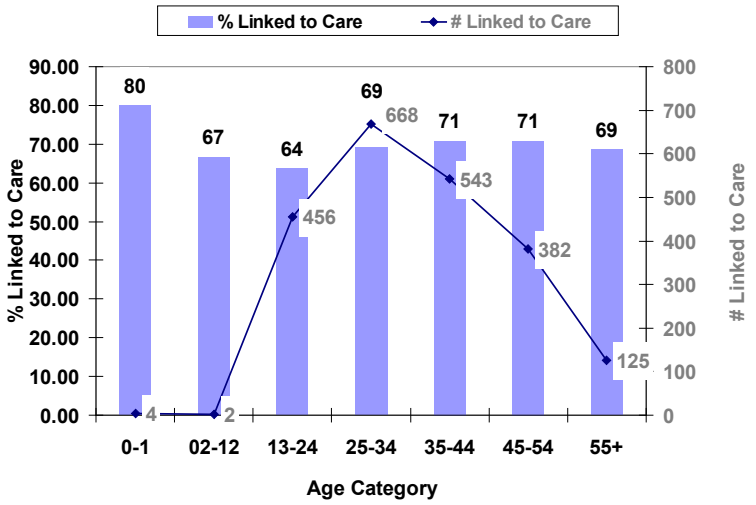
Linkage-to-care rates were highest among people ages 35-54 (71%) and lowest among adolescents and young adults (ages 13-24) (64%) (**Figure D**). Low linkage to care rates among young people suggests that the future well-being and life expectancy of this group will be negatively impacted by delayed entry into care. Almost a third (30%) of newly diagnosed PLWH in 2010 were ages 25-34 years old, comprising the majority of this population and contributing to the fact that 13-44 year olds make up 77% of all those newly diagnosed with HIV. Increasing linkage to care for these age groups would help us reach the goal of 85%.

Linkage-to-care rates were highest among people ages 35-54 (71%) and lowest among adolescents and young adults ages 13-24 (64%).

Low linkage to care rates among young people suggests that the future well-being and life expectancy of this group will be negatively impacted by delayed entry into care.

6. A positive odds ratio indicates the group exhibited a higher level of linkage to care when compared to the reference group and a negative odds ratio indicates the group showed a lower level of linkage to care when compared to the reference group. Asterisks indicate statistically significant differences at a p <0.05 level between the selected group and the reference group.

Figure D. Percent of Newly HIV Diagnosed Individuals Linked into Care within Three Months of Diagnosis by Age, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

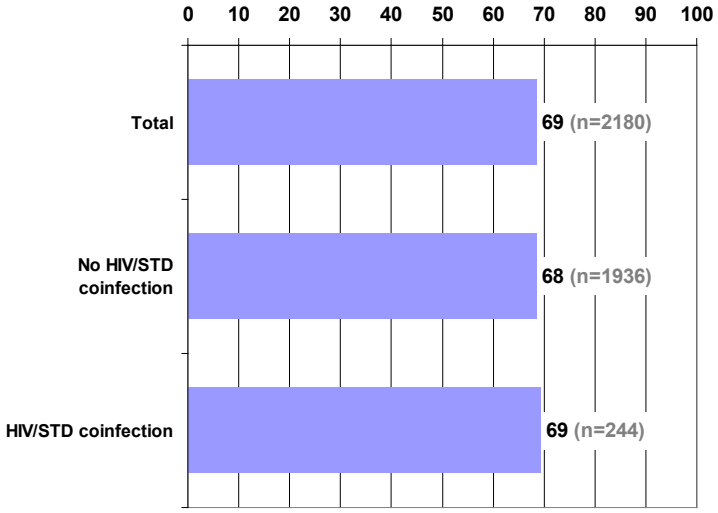
Despite the differences seen above, when comparing younger and older age groups to those ages 25-34 years old[7], there were no statistically significant differences in odds of linkage-to-care (not shown).

HIV Diagnosis and Co-morbidities

Elsewhere within this profile (in the Unmet Need section), having a sexually transmitted disease (STD) co-infection in 2010 is associated with having met need. One in ten (11%) newly diagnosed PLWH had a co-infection with a STD. However, when comparing rates of linkage-to-care, almost the same proportion of those co-infected with a STD (69%) were linked to care as those without a co-infection (68%). Results from analysis of these measures are presented in **Figure E**.

7. The 25-35 year old age group was chosen as the reference group for the logistic model because most newly diagnosed people (almost one-third of all cases) fell within this age range.

Figure E. Percent of Newly HIV Diagnosed Individuals Linked into Care within Three Months of Diagnosis by STD Co-Infection, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

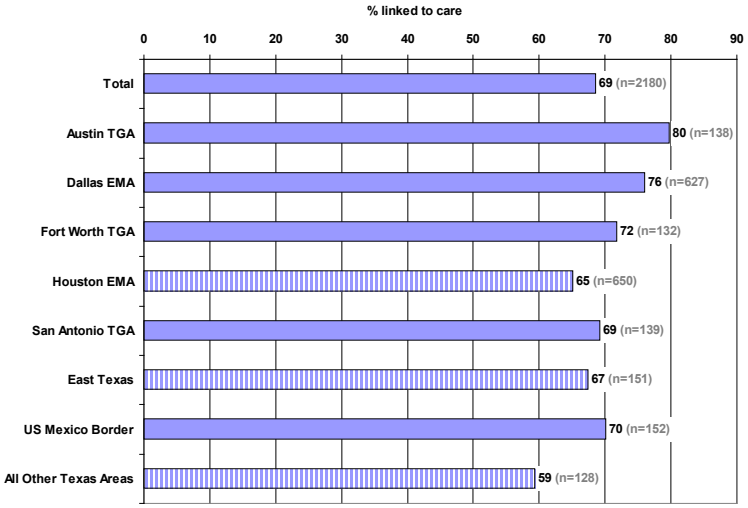
Because STDs too cause noticeable symptoms, DSHS analyzed whether PLWH with a concomitant (2010) STD diagnosis also had a greater probability of timely linkage-to-care. The minimal differences seen in rates of linkage-to-care among those with and without a STD co-infection were not statistically significant.

Regional Differences[8,9]

Austin had the highest levels of linkage to care out of any other EMA/TGA (80%), followed by Dallas (76%), Fort Worth (72%), San Antonio, and Houston (65%) (**Figure F**). No region met the 85% goal of linkage to care set by the national strategy.

8. The person's county of diagnosis, not county of residence during 2010 was used for this purpose.
9. DSHS did not exclude TDCJ cases when estimating unmet need, linkage to care, retention in care, or continuous care measures as done in the past when estimating unmet need. Although linkage-to-care estimates increased by approximately one or two percentage points when TDCJ cases are excluded, estimates for were not reported here for cases diagnosed in TDCJ. Although some diagnosed within the prison system have since been released and are living in Texas, we do not report on them here because we do not yet have a systematic source to aid DSHS in distinguishing between those who remain incarcerated and those who have been released.

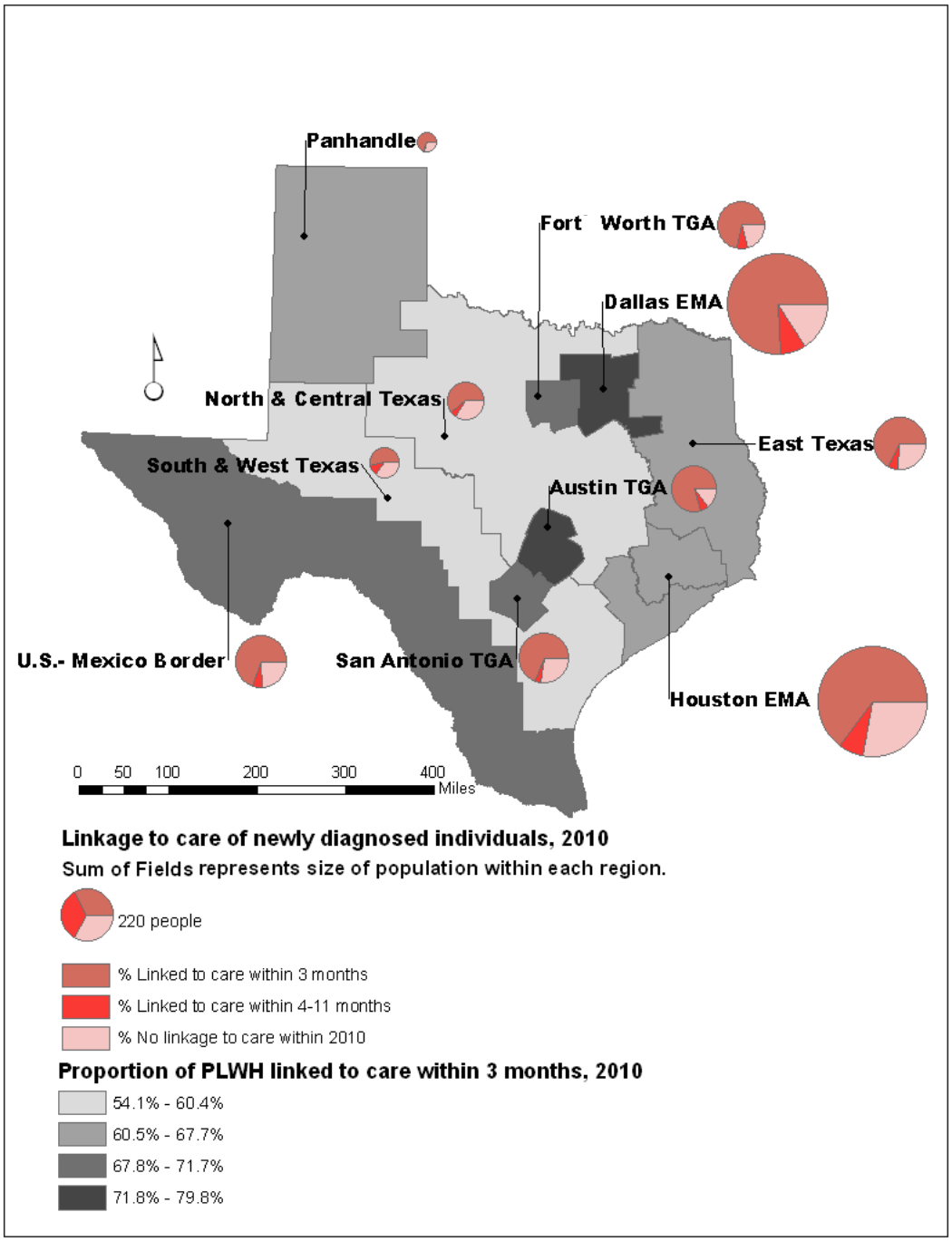
Figure F. Percent of Newly HIV Diagnosed Individuals Linked into Care within Three Months of Diagnosis by Region, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

The number and percent of PLWH meeting criteria for successful linkage-to-care was mapped for the five EMA/TGAs, South & West Texas, North & Central Texas, East Texas, the Panhandle and the U.S.-Mexico border. Areas with larger PLWH populations are represented by larger pie charts, while the color of the region depicts the proportion of PLWH linked to care (the darker the region, the more people linked to care) (**Figure G**). The slices in the pie chart show the proportion of newly diagnosed PLWH linked to care within 3 months, 4-11 months, and without evidence of any linkage-to-care in 2010. As shown in **Figure G**, the ratio of successful linkage, versus late-linkage or no linkage (as of December 31, 2010), differs among regions in the state, with some regions (such as Dallas) having larger proportions of late-linkage to care (4-11 months), compared with no linkage to care (8% with late linkage, 16% not linked) versus San Antonio (3% late linkage, 27% not linked).

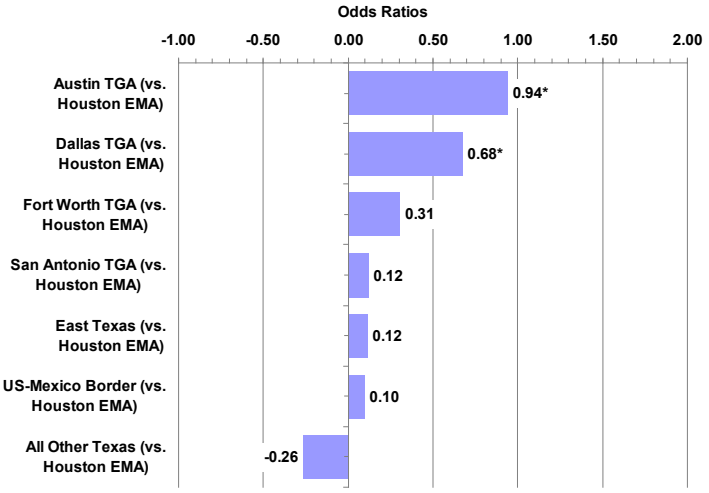
Figure G. Map of the Number and Proportion of Newly Diagnosed PLWH with Timely Linkage-to-Care, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

Compared to people newly diagnosed in Houston EMA, the region with the largest number of newly diagnosed PLWH, people diagnosed within Austin TGA or Dallas EMA had significantly higher odds of being linked to care within three months of diagnosis (**Figure H**). No other regional comparisons with the Houston EMA were significant.

Figure H. Odds Ratios from Logistic Models Predicting Linkage to Care within Three Months of HIV Diagnosis by Region, 2010[5]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

Linkage-to-Care by Mode of Exposure

This section presents statewide estimates of linkage-to-care by mode of exposure followed by linkage-to-care estimates for racial/ethnic within each mode of exposure. Nationwide surveys point to the association between mode of exposure and linkage and retention in care, identifying certain subgroups within each mode of exposure which are at a disadvantage in getting linked into care and remaining in care. For example, those who are both a racial/ethnic and sexual minority are identified as facing heightened risks for negative linkage and retention in care outcomes[10]. This section identifies which mode of exposure subpopulations are less likely to be linked to care. Due to the small number of cases with pediatric exposure or those classified as other adult exposures, these groups will not be included in this section.

HIV/AIDS affects more males than females and most males who acquire HIV are men-who-have-sex-with-men (MSM). Of newly diagnosed PLWH evaluated on linkage-to-care measures, 76% were male and 64% were classified as MSM or MSM/IDU. Males who report they could have acquired HIV through either sexual contact with other males or through injection drug use are classified as MSM/IDU. IDU are males or females who reported acquiring HIV through injection drug use.

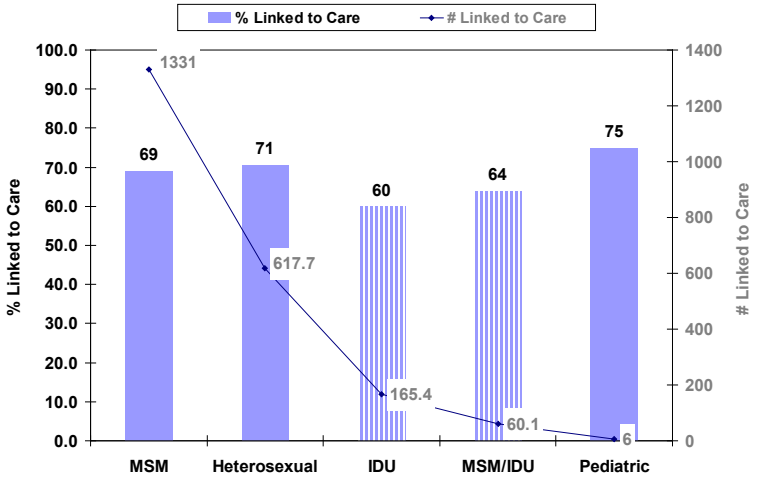
Mode of transmission is important to understand insofar as IDU have the lowest rates of engagement in care, linkage-to-care being no exception (**Figure I**). In 2010, 60% of newly diagnosed IDU

10. Christopoulos, K.A. et al. 2011. Linkage and Retention in HIV Care among Men Who Have Sex with Men in the United States. Clinical Infectious Disease, 52 (Supplemental 2): S214-S222.

were linked into care, whereas 71% of heterosexual individuals (referred to here as "Heterosexuals") were linked into care. MSM/IDU also had low rates of linkage-to-care (64%). MSM who do not report a history of injection drug use had average rates of linkage-to-care (69%), but had the largest numbers of people not successfully linked to care because they comprise a majority of people newly diagnosed with HIV. Therefore, both IDU (because of low proportions linked to care) and MSM (because of large numbers of people outside care) can be thought of as priority groups in the effort to increase rates of linkage-to-care.

Both IDU (because of low proportions linked to care) and MSM (because of large numbers of people outside care) are priority groups in the effort to increase rates of linkage-to-care.

Figure I. Percent of Newly HIV Diagnosed Individuals Linked into Care within Three Months of Diagnosis by Mode of Exposure, 2010[11]



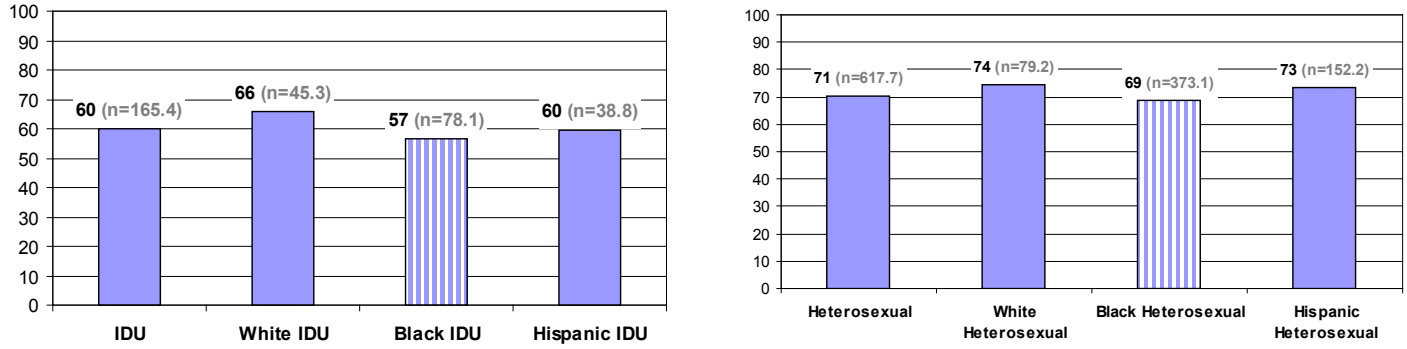
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

When comparing odds of linkage-to-care by transmission category no significant differences were observed among the major transmission categories (compared to heterosexuals) (not shown)[12].

Perhaps the most important point to be made about linkage-to-care in Texas is that racial and ethnic minorities (mainly, Blacks), IDU, and also Black IDU have the lowest rates of linkage-to-care of any groups in the state. Black men (62%) and Black women (71%) had the lowest rates of linkage-to-care among all men (67%) and women (72%) (not shown). Among all groups in the state, Black Male IDU (53%) and all Black IDU (men and women combined, 57%) had the lowest rates of linkage to care (**Figure J**). Among the heterosexual transmission category, Blacks again have the lowest rates of linkage-to-care (69%) (**Figure K**).

11. Cases with unknown risk have been redistributed based on historical patterns of reclassification and therefore numbers include decimals points (due to individuals with multiple risk patterns). Numbers are shown here with decimals because as they are further broken down in cross-tabulations, percentages are based on numbers with decimal points. If numbers are presented without decimal points the percentages may appear incorrect.
12. While there may truly be no difference between rates of linkage among heterosexuals versus all others, it is possible that the population size of mode of exposure groups for people newly diagnosed in 2010 may be too small to tease apart all compositional differences.

Figures J and K. Percent of Newly HIV Diagnosed IDU and Heterosexual Individuals Linked Into Care Within Three Months of Diagnosis by Race/Ethnicity, 2010

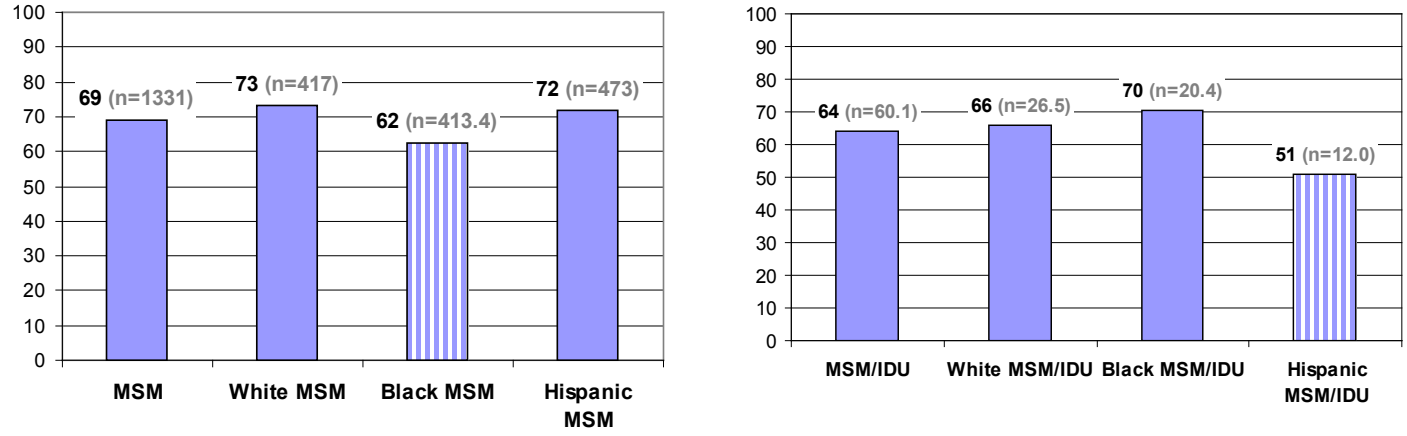


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

MSM comprised the largest group of individuals newly diagnosed with HIV, so it is therefore not surprising that this group had the largest number of people linked to care (1331 or 69% linkage rate) and the largest number of people not successfully linked to care (595 people) (**Figure L**). Like Blacks within other transmission groups, only 62% of Black MSM were linked to care, leaving 249 people unsuccessfully linked to care. This finding reinforces the point that policies for raising rates of linkage to care must be targeted towards groups with low proportions of people linked to care, or groups with large numbers of individuals not successfully linked to care. In this case, the Black MSM population is a priority on both fronts.

Among the major transmission groups, only MSM/IDU had a different pattern of linkage-to-care. This group is the smallest of the major transmission groups (only 60 members) and had an average rate of linkage to care (64%) second only to IDU (60%). Among MSM/IDU, Blacks (70%) fared better than Whites (66%) and Hispanics (51%). Although small numbers here make comparisons difficult (fewer than 30 people per group), the lowest rates of linkage-to-care are found among Hispanic MSM/IDU (**Figure M**).

Figures L and M. Percent of Newly HIV Diagnosed MSM and MSM/IDU Individuals Linked Into Care Within Three Months of Diagnosis by Race/Ethnicity, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; N=3,179.

Regional Estimates of Linkage-to-Care

This section delves down into differences seen at the regional level. Although the distribution of people by age and gender does not vary by region, that of race/ethnicity and mode of exposure does. Therefore, for this reason and others, the rates of linkage-to-care by demographic group vary by region.

For instance, among males and females, Austin had the highest linkage-to-care rates for females and Houston had the lowest (87% of females in Austin vs. 66% of females in Houston or 72% of females statewide). San Antonio also had high linkage-to-care rates among females (80%), though the rates for males (67%) brought the overall linkage-to-care average for this region (69%) down to the state average (69%).

While the state average linkage-to-care rate for Blacks (65%) was lower than that of Whites (73%), in the Austin region, a higher percentage of Blacks (82%) were linked to care than Whites (78%). Nonetheless, in every other EMA/TGA, Whites did better than Blacks, accounting for the disparity seen in the state average.

An interesting pattern was also observed in terms of age of people linked to care. Within Austin and Dallas, 35-44 year olds had the second-highest rates of linkage-to-care (83% and 81% respectively), whereas in Fort Worth 35-44 year olds had the lowest rates of linkage-to-care (65%) out of all age ranges. Other regions, such as San Antonio, experienced a peak in linkage-to-care among 45-54 year olds (79%). Houston had one of the smallest ranges for linkage-to-care rates, with 65-68% of people 25 and older linking-to-care and only 57% of people 13-24 linking to care. Unfortunately, cell sizes among the youngest age groups (0-12 years old) and regional mode of transmission categories are too small to enable comparisons.

CHAPTER 4C: RETENTION IN CARE AMONG PLWH, 2007-2010

After an individual tests positive for HIV and is successfully linked into HIV-related care, retention in care is important because it is necessary for a timely initiation of antiretroviral therapy, management of the disease (including treatment of co-morbidities), and preventing individuals from further transmitting the disease. Overall, retention in care is important for individual-level and community-level health outcomes[1].

Although retention in care has been operationalized as medical care rendered across various follow-up periods (such as months, quarters, or years[2]), this epidemiological profile examined retention in care over a four year period (2007-2010) as defined by the unmet need framework and continuous medical visits and labs in 2010. The National HIV/AIDS Strategy recommends that 80% of Ryan White clients have at least two visits for routine HIV medical care at least three months apart (continuous medical visits). Treatment guidelines advise that HIV-infected individuals attend outpatient appointments with a health provider every three months if asymptomatic or more frequently if there are other health issues[3]. An implied assumption of the National HIV/AIDS Strategy and treatment guidelines is that people living with HIV should be engaged in a system of care from one year to the next. In other words, PLWH must have entered and remained engaged in a system of care from one year to the next before we can capture if PLWH are getting continuous medical visits or labs with in a defined year. A simultaneous understanding of retention patterns and continuity of care (i.e. two medical visits/CD4 labs for routine HIV medical care at least three months apart) among PLWH are essential toward developing strategies targeted towards making sure PLWH have both access to HIV-related care and that the type of HIV-related care is adequate.

This section presents retention in care estimates for PLWH between 2007 and 2010 and was developed using the longitudinal data collected by DSHS for estimating unmet and met need and was defined using the criteria shown on **Table 1**. Retention in care is calculated by dividing the number of PLWH in 2010 with evidence of met need consecutively between 2007 and 2010 divided by the total number of PLWH in 2010 (multiplied by 100). PLWH in 2010 with evidence of met need[4] consecutively between 2007 and 2010 were defined as being retained in care. Also, PLWH with evidence of HIV-related medical care consecutively for three years (between 2008 and 2010) or two years (between 2009 and 2010) were also defined as being retained in care. In terms of the two latter groups, this measure captures retention in care for PLWH who came into care after 2007 because they were a new diagnosis or they were an older diagnosis previously out of care brought into care and stayed in care. Other PLWH were found to be in-and-out of care during the study period or not in care at all. The number of PLWH in each group is shown below in **Table 1**. Individuals newly diagnosed in 2010

1. Mayer, K.H. (2011). Introduction: Linkage, Engagement, and Retention in HIV Care: Essential for Optimal Individual- and Community-Level Outcomes in the Era of Highly Active Antiretroviral Therapy. Clinical Infectious Disease, 52 (Supplemental 2): S205-S207.
2. Horstmann, E. et. al. (2010). Retaining HIV-Infected Patients in Care: Where Are We? Infectious Disease, 50:752-761.
3. The National Institutes of Health (NIH) publishes and updates the Department of Health and Human Services clinical practice guidelines for the use of antiretroviral therapy for people living with HIV. The most recent versions of the guidelines for specific populations may be found at www.aidsinfo.nih.gov/Guidelines/ [Accessed April 2011].
AETC National Resource Center. (2007). Clinical Manual for Management of the HIV-Infected Adult. Available at: http://www.aidsetc.org/pdf/AETC-CM_071007.pdf [Accessed April 2011].
New York State Department of Health. (2011). Primary care approach to the HIV-infected patient. New York: New York State Department of Health. Available at: www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/ [Accessed April 2011].
4. Defined as at least one CD4 count, viral load test, antiretroviral therapy, or outpatient/ambulatory medical care visit.

were excluded from the retention in care measure because their observation period is restricted to one year and are covered in the linkage to care and the continuity of visits/labs sections. As was mentioned previously, a more detailed data and methods section for retention in care is included in **Appendix A**.

Table 1. Number and Percent of PLWH by Retention in Care Status, 2007-2010[5]

PLWH 2007-2010	#	%
	60,963	**100.00**
No Evidence of HIV-Related Care	**13,723**	**22.51**
Continuously Retained In HIV-Related Care	**34,126**	**55.98**
2007-2010	24,942	
2008-2010	4,934	
2009-2010	4,250	
In-and-Out of HIV-Related Care	**13,114**	**21.51**
Single year of care		
2007	1,307	
2008	854	
2009	781	
2010	2,538	
Two years of care		
2007 & 2008	1,227	
2007 & 2009	227	
2007 & 2010	828	
2008 & 2009	664	
2008 & 2010	648	
Three years of care		
2007-2009	1,485	
2007, 2008 & 2010	1,432	
2007, 2009 & 2010	1,123	

Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

This section includes a discussion of:

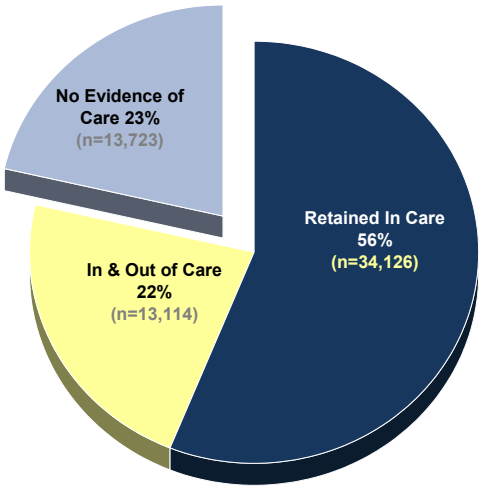
1. Population estimates of retention in care observed between 2007 and 2010 by demographic characteristics, mode of exposure, co-morbidities, and region;
2. Population estimates of retention in care observed between 2007 and 2010 for each mode of transmission subgroup by demographic characteristics, co-morbidities, and region; and
3. Within sections one and two, groups that may suffer a larger burden of not remaining in care are highlighted using both descriptive population estimates and odds ratios predicted using logistic regression.

5. Individuals newly diagnosed in 2010 were excluded from the retention in care measure because their observation period is restricted to one year and are covered in the linkage to care and the continuity of visits/labs sections.

Retention in Care Group Estimates

In 2010, 67% of PLWH had met need for their HIV-specific medical care (see Unmet Need section), but only 56% (excluding 2010 new diagnoses) exhibited uninterrupted evidence of met need for their HIV-related care between 2007 and 2010 (**Figure A**). Approximately 23% of PLWH engaged in sporadic use of HIV-related medical care and another 22% did not have any evidence of HIV-related care between 2007 and 2010.

Figure A. Percent of PLWH Retained, In and Out, and Without Any Evidence of HIV-Related Care, 2007-2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

In 2010, 67% of PLWH had met need for their HIV-specific medical care, but only 56% (excluding 2010 new diagnoses) exhibited uninterrupted evidence of met need for their HIV-related care between 2007 and 2010.

For the remainder of this analysis, two categories of care, in and out of care and no evidence of care, are combined into a single category. The main objective for doing this relates to the National HIV/AIDS Strategy goal of 80% of PLWH with at least two visits for routine HIV medical care at least three months apart. Before Texas can achieve this goal, the number and proportion of PLWH retained in care from one year to another must also increase. Increasing the retention rates at both the state and local level is achievable if targeted interventions are developed for groups with a retention rate below the average and/or groups representing the largest proportions of PLWH in Texas. Both strategies would guarantee increased, but equitable, gains in linkage to care.

Groups with retention rates below the state average level (56%) are showed in **Figures B-F** with striped bars and include:

- Males (55%), which is mostly attributed to lower levels of retention rates among Black males (49%) and males of other race/ethnicities (49% and not shown);
- Blacks (52%) and other racial/ethnic minority groups (48%);
- Persons aged 13-24 (53%), 25-34 (50%), and 35-44 (55%);
- IDU (48%) and MSM/IDU (51%); and
- PLWH with a history of tuberculosis as a co-morbid condition (53%).

Sizable groups with retention rates lower than the aggregate statewide level of 56% include Black males, people ages 25-44, the IDU exposed (including IDU or MSM/IDU).

Although the groups mentioned above exhibit a lower than average level of retention in care, there is a great deal of variation in the size of each group. Sizable groups with retention rates lower than the aggregate statewide level of 56% include Black males, people ages 25-44, the IDU exposed (including IDU or MSM/IDU). Groups that are highlighted as having both large numbers and low rates of people retained in care should receive priority attention when creating strategies for meeting the medical needs of all people living with HIV.

Sex and Race/Ethnicity

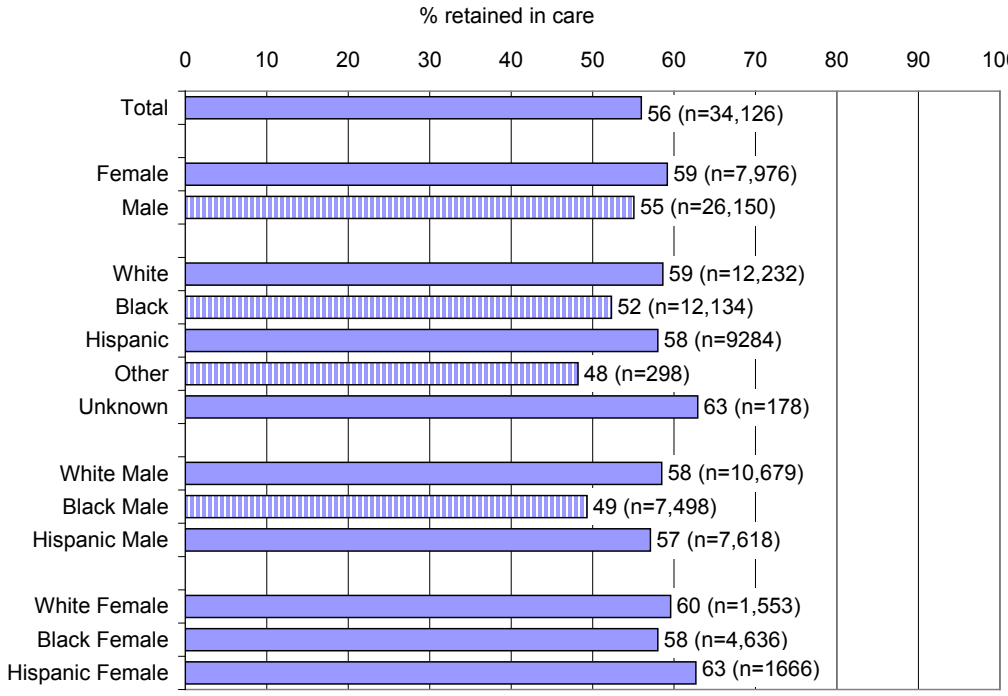
Overall, retention rates were significantly higher among women (59%) when compared to men (55%) (**Figure B**)[6]. Whites (59%) and Hispanics (58%) had the highest retention levels followed by Blacks (52%), and other racial minorities (48%). Regression results showed that Blacks and people of other racial/ethnic backgrounds (non-Hispanic) were significantly less likely to remain in care when compared to Whites. In contrast, Hispanics were more likely to remain in care when compared to Whites. Upon further inspection of this finding, it was discovered that the Hispanic finding was a function of sex and regional differences in retention in care among Hispanics and Whites (see **Appendix A** for regression results broken down by sex).

Racial disparities also existed among men. White males were significantly more likely to remain in care between 2007 and 2010 when compared to Black males. White males exhibited the highest levels of retention in care at 58% followed closely by Hispanic males at 57%, and Black males at 49%. Among women, Hispanic females showed the highest retention rates at 63% followed by White females at 60% and Black females at 58%. Among females, Hispanics were significantly more likely to remain in care than Whites.

White males exhibited the highest levels of retention in care at 58% followed closely by Hispanic males at 57%, and Black males at 49%.

6. Logistic regression models showing the odds of being retained in care and significance tests are shown in Appendix A and are only mentioned here. Please see the unmet need for examples of how odd ratios are presented and reported. As was mentioned in the unmet need section and Appendix A, adjusted odds ratios are used to assess whether group differences are statistically significant at $p < .05$, controlling for other compositional differences between the groups.

Figure B. Percent of PLWH Retained in HIV-Related Care by Sex and Race/Ethnicity, 2007-2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

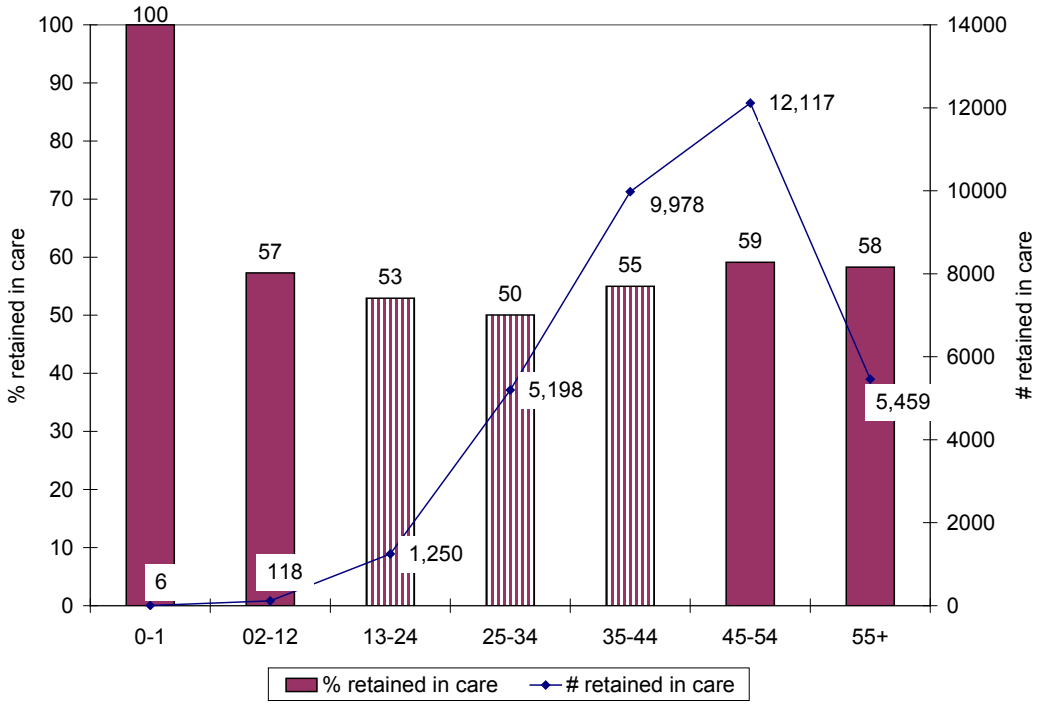
Age

Retention rates were highest for PLWH ages 0-12 and 45 and older ranging from 57% to 100%[7]. Also retention rates were lowest for PLWH ages 13-44 ranging from 50% to 55% (**Figure C**). Compared to PLWH in the older age categories (ages 45+), retention rates were significantly lower for PLWH ages 2-44. The retention in care age patterns held for men and women[8].

Compared to PLWH in the older age categories (ages 45+), retention rates were significantly lower for PLWH ages 2-44. The retention in care age patterns held for men and women.

7. The 100% retention rate for the 0-1 age group includes infants born and diagnosed in 2009 and who also exhibited met need in 2009 and 2010.
8. Logistic regression results for retention in care by race and sex are not shown here but are available upon request.

Figure C. Percent of PLWH Retained in HIV-Related Care by Age, 2007-2010



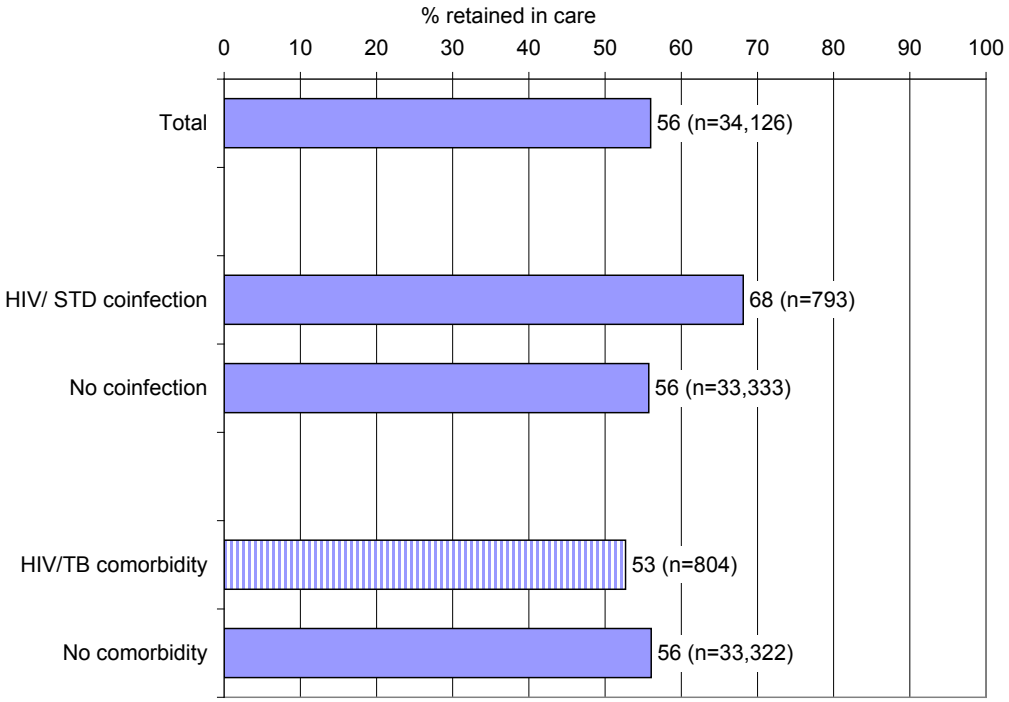
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

Co-morbidities

Retention rates were higher among PLWH with a sexually transmitted disease reported in 2010 (68%) when compared to those without such co-infections (56%). In contrast, PLWH with a previous history of tuberculosis exhibited lower retention rates than those without such history (53% and 56%, respectively). Such differences were statistically significant. PLWH with a sexually transmitted disease were more like to remain in care and PLWH with a history of tuberculosis were less likely to remain in care when compared to their counterparts. Note that PLWH diagnosed in 2010 were excluded from these analyses and therefore PLWH and a STD coinfection in 2010 make up those diagnosed in 2009 or earlier.

PLWH with a sexually transmitted disease were more like to remain in care and PLWH with a history of tuberculosis were less likely to remain in care when compared to their counterparts.

Figure D. Percent of PLWH Retained in HIV-Related Care by Comorbidity, 2007-2010



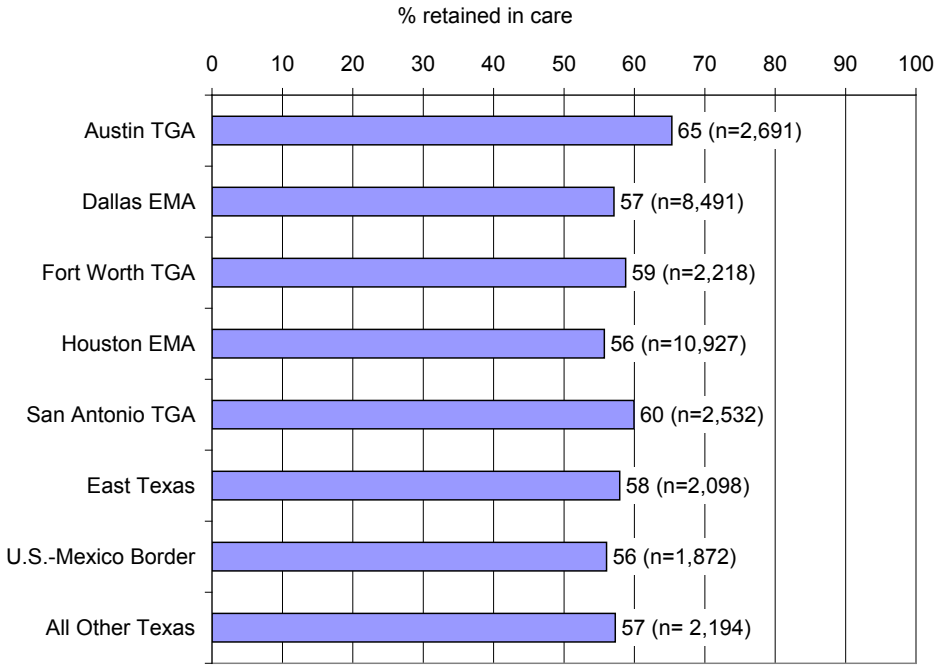
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

Region[9]

The areas with the lowest retention in care rate were Houston EMA and the US Mexico border at 56% (for both regions) and the area with the highest retention in care rate was Austin TGA at 65% (**Figure E**). The retention rates for the other areas ranged between 57% and 60%, but overall both EMA areas (Houston and Dallas) exhibited the lowest levels of retention in care. PLWH diagnosed in all the TGAs and East Texas were significantly more likely to remain in care when compared to Houston EMA.

9. DSHS did not exclude TDCJ cases when estimating unmet need, linkage to care, retention in care, or continuous care measures as done in the past when estimating unmet need. Estimates were not reported here for cases diagnosed in TDCJ. Although some diagnosed within the prison system have since been released and are living in Texas, we do not report on them here because we do not yet have a systematic source to aid DSHS in distinguishing between those who remain incarcerated and those who have been released. Retention in care for those diagnosed in TDCJ was 31%.

Figure E. Percent of PLWH Retained in HIV-Related Care by Region, 2007-2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

Retention in Care by Mode of Exposure

This section presents retention in care estimates for subgroups within each mode of exposure (similar to the unmet need section). Nationwide surveys point to the association between mode of exposure and linkage and retention in care, identifying certain subgroups within each mode of exposure which are at a disadvantage in getting linked into care and remaining in care. For example, those who are both a racial/ethnic and sexual minority are identified as facing heightened risks for negative linkage and retention in care outcomes[10]. This section identifies which mode of exposure subpopulations are less likely to remain in care. Due to the small number of cases with pediatric exposure, MSM/IDU, or those classified as other adult exposures, these groups will not be included in this section.

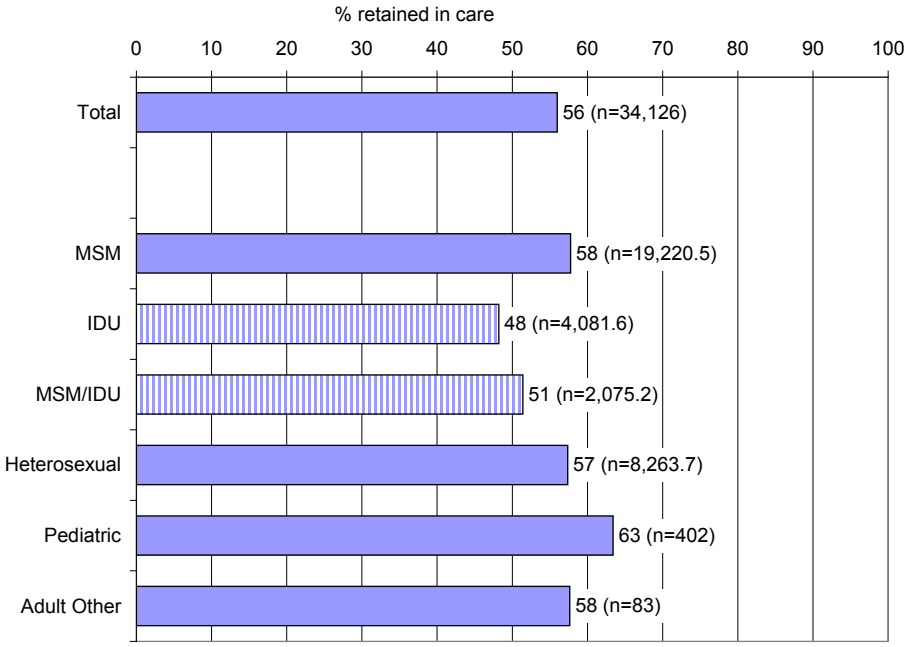
For mode of exposure (**Figure F**), retention in care rates were highest among MSM (58%) followed closely by heterosexuals living with HIV (57%) and two smaller groups consisting of pediatric cases (63%), and other exposure modes for adults (58%). Both IDU and MSM/IDU exhibited the lowest retention in care rates (48% and 51%, respectively) which were also well below the statewide level of 56%. These retention rates differences are significant. When compared to the retention rates of MSM or heterosexuals living with HIV, IDU were significantly less

Both IDU and MSM/IDU exhibited the lowest retention in care rates (48% and 51%, respectively) which were also well below the statewide level of 56%.

10. Christopoulos, K.A. et al. 2011. Linkage and Retention in HIV Care among Men Who Have Sex with Men in the United States. Clinical Infectious Disease, 52 (Supplemental 2): S214-S222.

likely to remain in care. MSM were significantly more likely to remain in care when compared to heterosexuals living with HIV. Finally, MSM/IDU were significantly less like to remain in care when compared to MSM.

Figure F. Percent of PLWH Retained in HIV-Related Care by Mode of Exposure, 2007-2010[11]



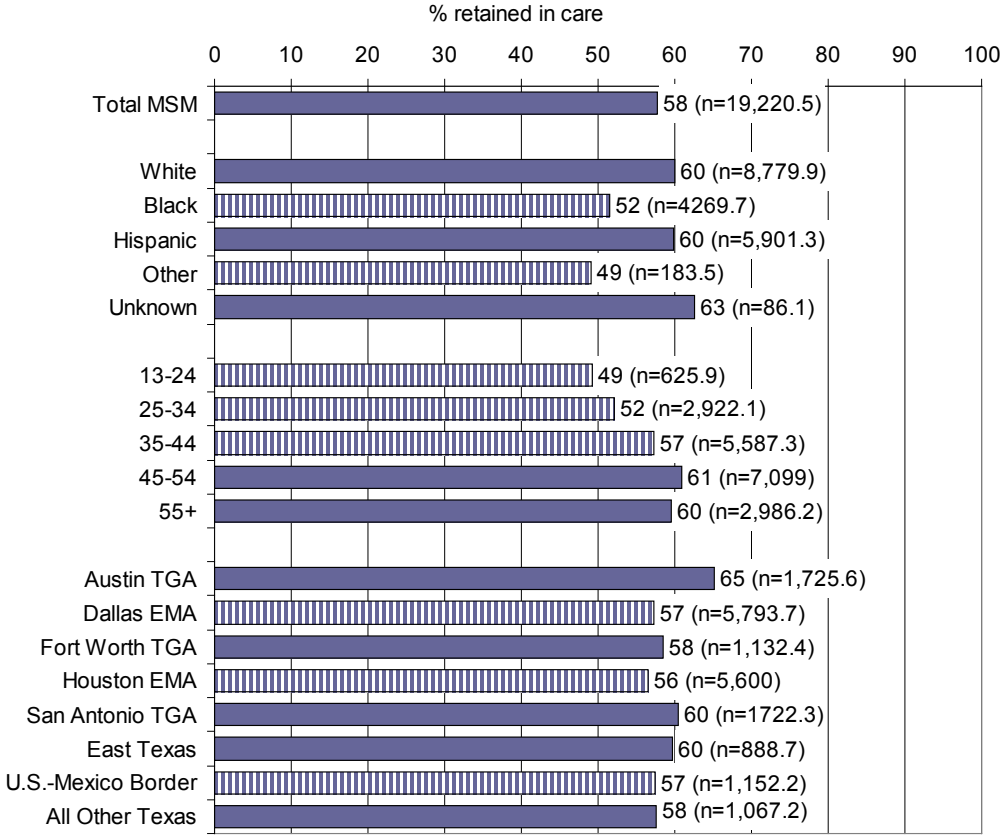
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=60,963.

Retention in Care among MSM Subgroups Living With HIV

Figures G and H illustrate retention in care for MSM by race/ethnicity, age, and region. Although retention in care among MSM is slightly higher than the statewide level of 56%, it is important to examine MSM subgroup differences because they account for more than half of PLWH examined here (excluding 2010 new diagnoses). Targeting these subgroups and bringing them back into care would result in significant retention in care gains statewide. Groups with retention rates lower than the average for the MSM exposure group (58%) are highlighted **in Figures G and H** using striped bars. Black MSM, other racial/ethnic MSM, MSM ages 13-44, MSM diagnosed in both EMAs and the U.S.-Mexico border and MSM with a history of TB exhibited lower levels of retention in care when compared to the average level observed for the MSM group.It is important to note that most of these MSM subgroups also exhibit retention in care rates that are below the statewide level of 56%.

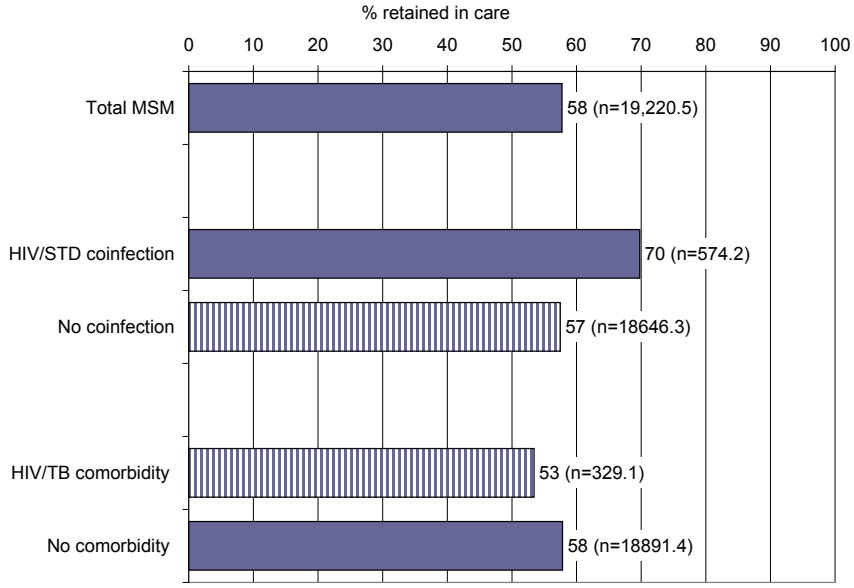
11. Cases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification and therefore numbers include decimals points (due to individuals with multiple risk patterns). Numbers are shown here with decimals because as they are further broken down in cross-tabulations, percentages are based on numbers with decimal points. If numbers are presented without decimal points the percentages may appear to be incorrect.

Figure G. Percent of MSM Population Living with HIV Retained In Care by Race/Ethnicity, Age, and Region, 2007-2010[10]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=33,280.9

Figure H. Percent of MSM Population Living with HIV Retained In Care by Comorbidities, 2007-2010[10]

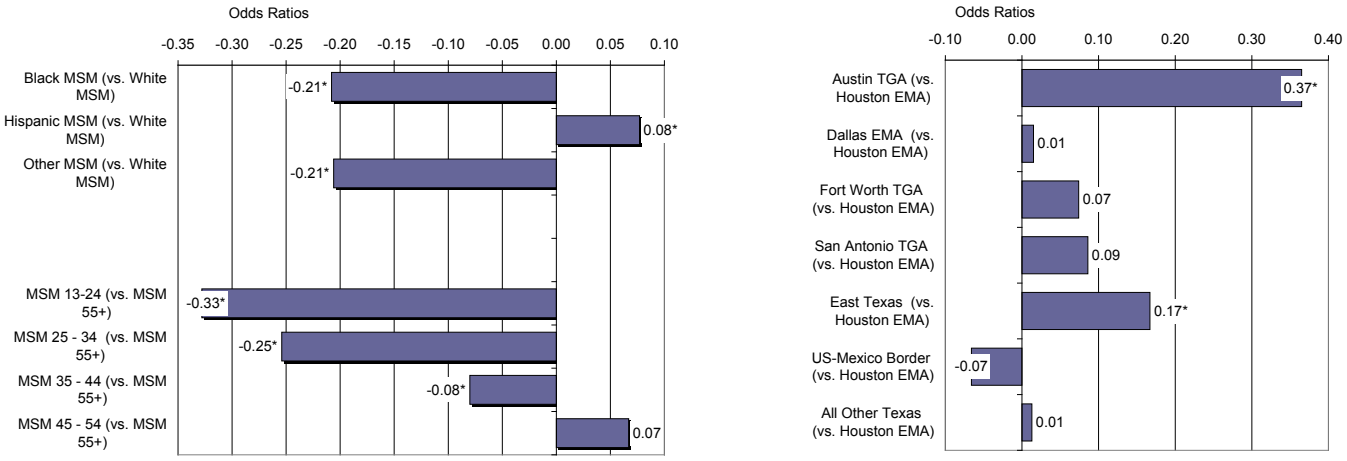


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=33,280.9

Figures I, J and K show the odds ratios of retention in care among MSM living with HIV by race/ethnicity, age, region, and co-morbid conditions and in each graph, a reference group was selected to which all other groups were compared to in terms of having significantly higher or lower odds of remaining in care relative to the reference group[12]. Asterisks indicate statistically significant differences at level p <.05 between the selected group and the reference group.

Relative to White MSM, the odds of staying in care were 21% lower for Black and other MSM (**Figure I**). Here too, Hispanics were more likely to remain in care when compared to Whites. As was the case for the aggregate retention in care findings discussed above, this finding was a function of sex and regional differences in retention in care among Hispanics.

Figures I and J. Odds Ratios from Logistic Models Predicting Retention in Care by Demographic Characteristics for MSM Living with HIV, 2007-2010[13]

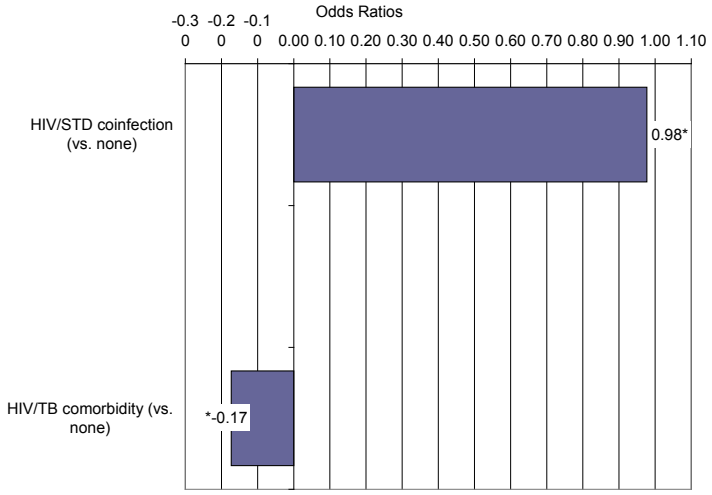


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=33,280.9.

The odds of staying in care were lower for MSM ages 13-44 when compared to MSM aged 55 years or more. MSM in Austin TGA and East Texas were significantly more likely to be retained in care versus MSM in the Houston EMA (**Figure J**). The odds of staying in care were 17% lower for MSM with a history of TB and 98% higher for MSM with a STD co-infection in 2010 (**Figure K**).

12. For a more detailed explanation of the logistic regression analyses conducted here, see equivalent analyses in the unmet need section and/or the data and methods section found in Appendix A.
13. A positive odds ratio indicates the group exhibited a higher level of retention in care when compared to the reference group and a negative odds ratio indicates the group showed a lower level of retention in care when compared to the reference group. Asterisks indicate statistically significant differences between the selected group and the reference group.

Figure K. Odds Ratios from Logistic Models Predicting Retention In by Comorbidities for MSM Living With HIV, 2007-2010[12]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=33,280.9

Among MSM, Blacks, other race/ethnic groups, those between 13 and 44 years, those diagnosed in the Houston EMA, and those with a history of tuberculosis were significantly less likely to remain in care. Most of the abovementioned groups who were significantly less likely remain in care were also the same groups who exhibited retention rates below the MSM level of 58% (shown in **Figure G**) or even the statewide level of 56%.

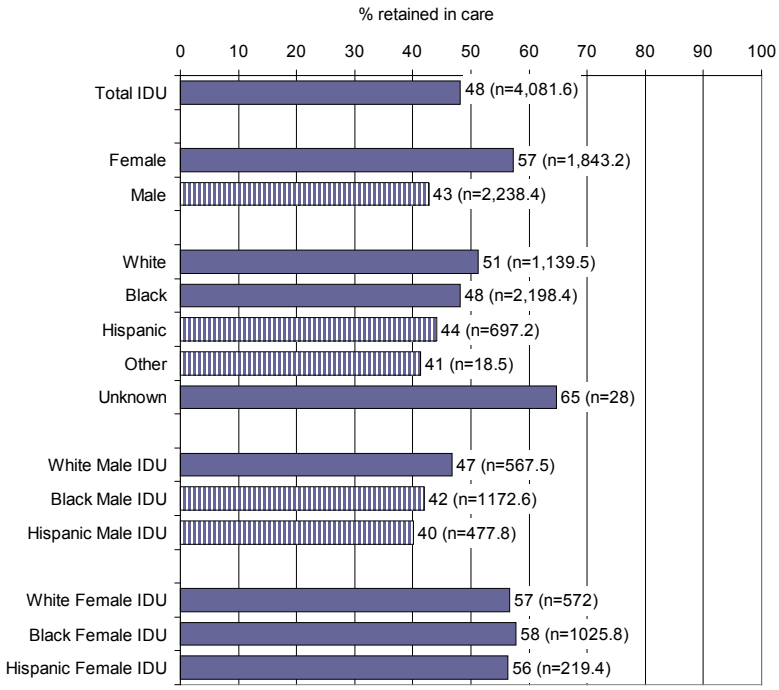
Among MSM, Blacks, other race/ethnic groups, those between 13 and 44 years, those diagnosed in the Houston EMA, and those with a history of tuberculosis were significantly less likely to remain in care.

Retention in Care among IDU Living with HIV Subgroups

Figures L, M and N illustrate retention in care for IDU living with HIV by sex, race/ethnicity, age, region and co-morbid conditions. Retention in care among IDU (48%) is lower than the statewide level of 56% and the MSM level of 58%. Targeting IDU subgroups by bringing them back into care would result in significant retention in care gains for this group. This is important because this group lags behind most other exposure groups in terms of retention in care and has been identified as an at risk population for not being linked into care[14]. Groups with retention rates lower than the average for the IDU exposure group (48%) are highlighted below using striped bars and include male IDU, Hispanic IDU, other racial/ethnic IDU, Black and Hispanic male IDU, IDU ages 13-44, and IDU diagnosed in the US Mexico border.

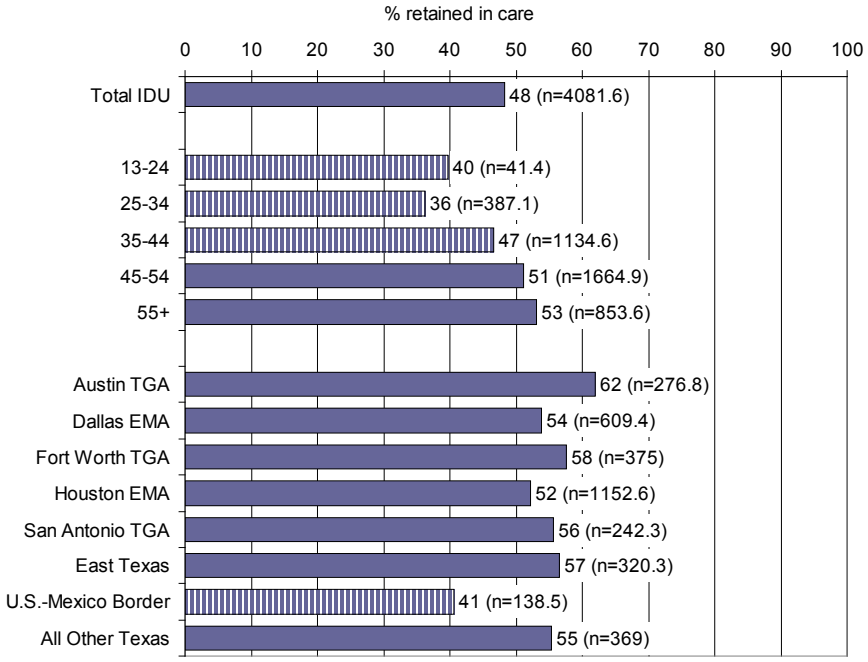
14. Zeller, N.D. et al. 2011. Linkage to Care for HIV-Infected Heterosexual Men in the United States. Clinical Infectious Disease, 52 (Supplemental 2): S223-S230.

Figure L. Percent of IDU Living with HIV Retained In Care by Sex and Race/Ethnicity, 2007-2010[10]



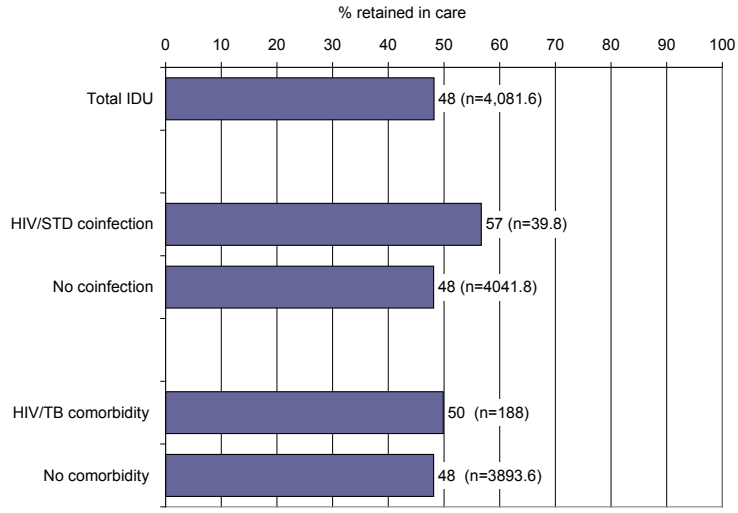
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=8,466.5.

Figure M. Percent of IDU Living with HIV Retained In Care by Age and Region, 2007-2010[10]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=8,466.5.

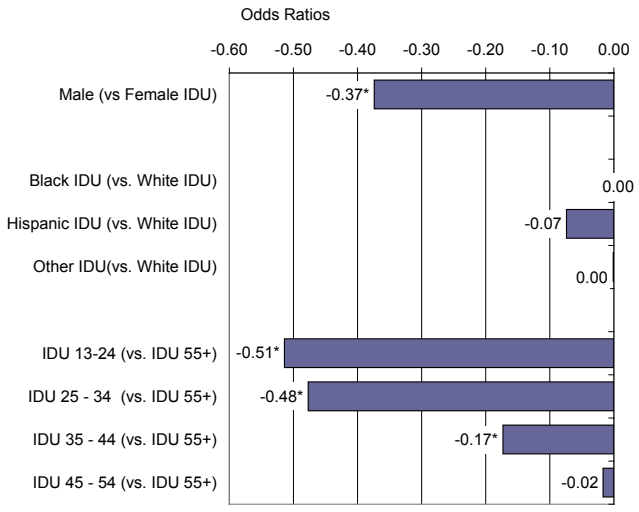
Figure N. Percent of IDU Living with HIV Retained In Care by Comorbidities, 2007-2010[10]

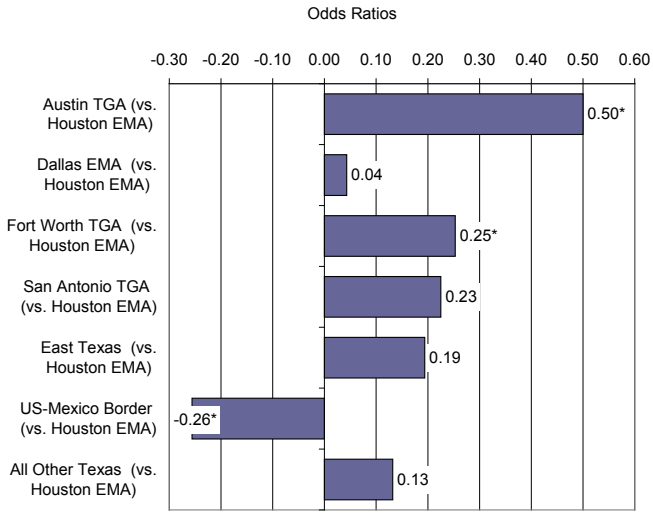


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=8,466.5.

The odds ratios for retention in care among each of IDU subgroups living with HIV are shown in **Figures O, P and Q**. The odds of retention in HIV care are significantly lower for men than women (37% lower for male IDU when compared to women IDU). The race/ethnic differences in retention in care observed in **Figure O** were not statistically significant. The odds of staying in care were significantly lower for IDU ages 13-44 when compared to IDU ages 55 years or more. The likelihood of remaining in care among IDU was higher in the Austin and Fort Worth TGAs and lower in the U.S.-Mexico border region when compared to the Houston EMA. As shown in previous results **Figure Q** shows that the odds of staying in care were 75% higher for IDU with a STD co-infection in 2010.

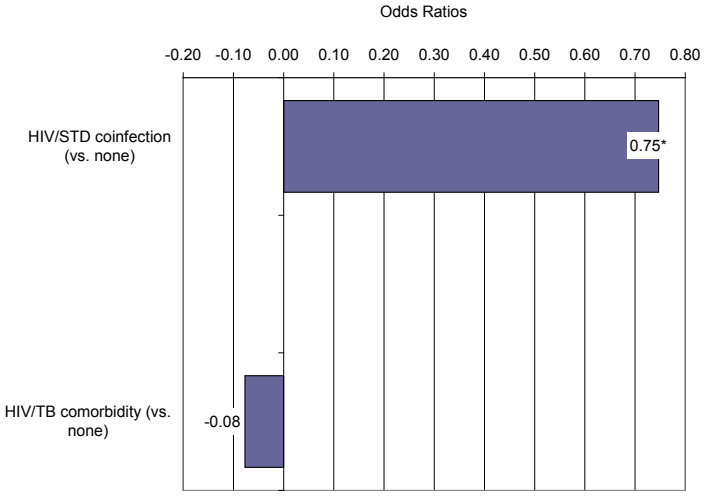
Figures O and P. Odds Ratios from Logistic Models Predicting Retention in Care by Demographic Characteristics for IDU Living with HIV, 2007-2010[12]





Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=8,466.5.

Figure Q. Odds Ratios from Logistic Models Predicting Retention In Care by Comorbidities for IDU Living with HIV, 2007-2010[12]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=8,466.5.

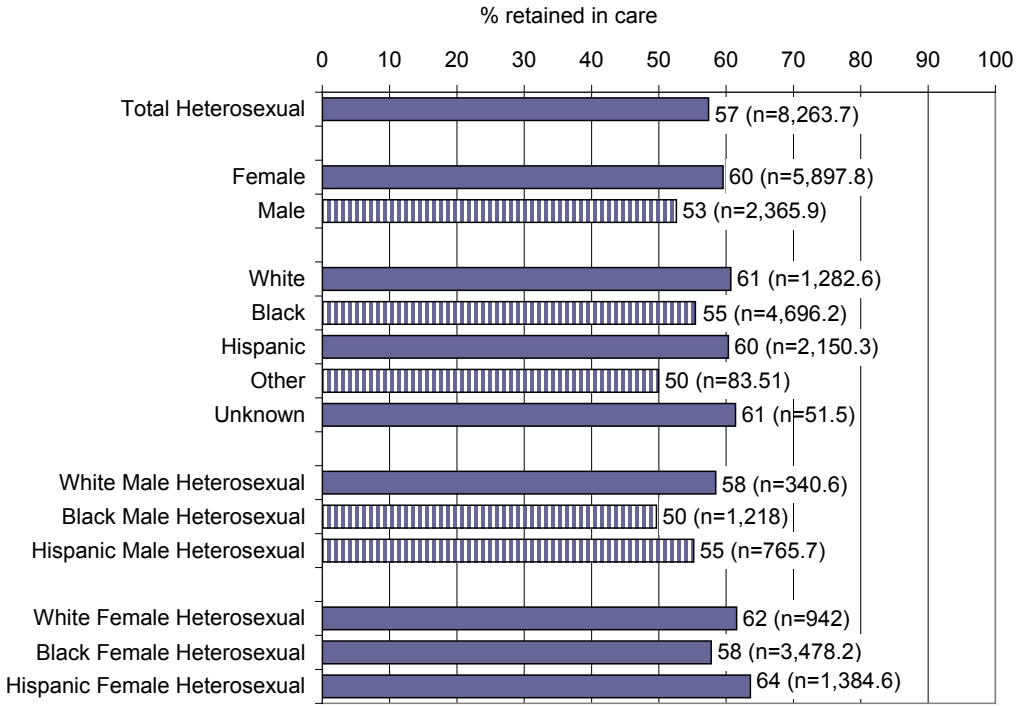
Among IDU, males, those between 13 and 44 years, and those diagnosed in the U.S.-Mexico Border were significantly less likely to remain in care.

Among IDU, males, those between 13 and 44 years, and those diagnosed in the U.S.-Mexico Border were significantly less likely to remain in care.

Retention in Care among Heterosexuals Living with HIV Subgroups

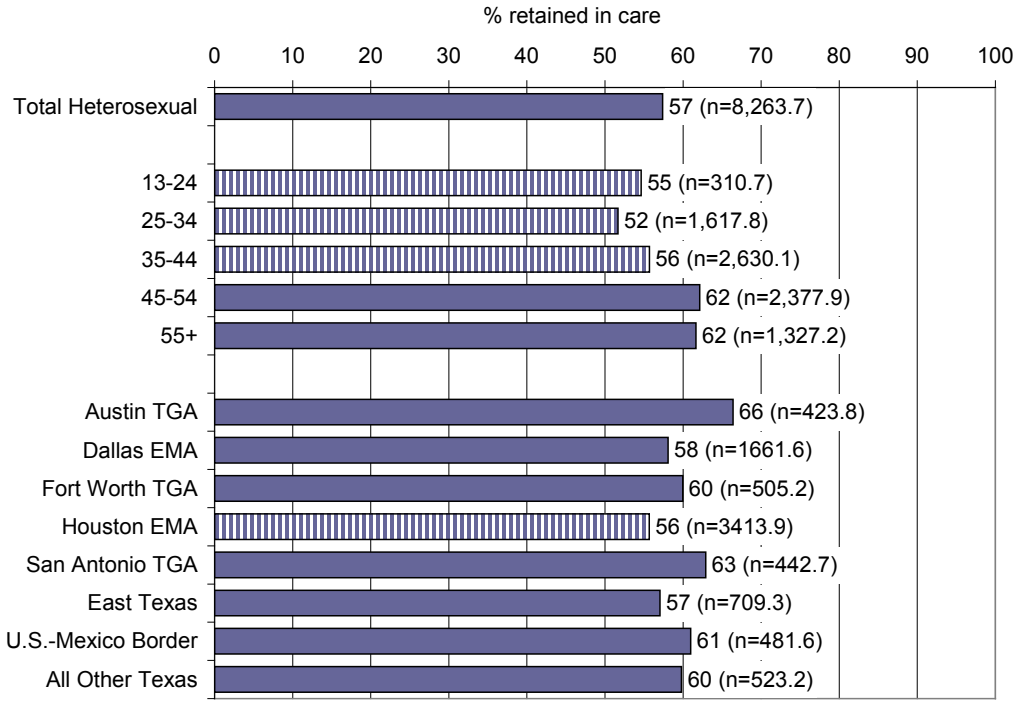
Figures R, S and T show retention in care estimates by race/ethnicity, age, and region among heterosexuals living with HIV, a group who is the second largest group next MSM. Groups with retention rates lower than the average for the heterosexual exposure group (57%) are highlighted below using striped bars. Heterosexual males, heterosexual Blacks, other racial/ethnic heterosexuals, Black male heterosexuals, Hispanic male heterosexuals, heterosexuals ages 13-44, heterosexuals diagnosed in the Houston EMA, and heterosexuals with a history of TB exhibited lower levels of retention in HIV care when compared to the average level observed among heterosexuals overall. It is important to note that most of these heterosexual subgroups also exhibit retention in care rates that are below the statewide level of 56%. Most of these group differences are significant and remain after accounting for compositional differences between groups.

Figure R. Percent of Heterosexual Population Living with HIV Retained In Care by Sex and Race/Ethnicity, 2007-2010[10]



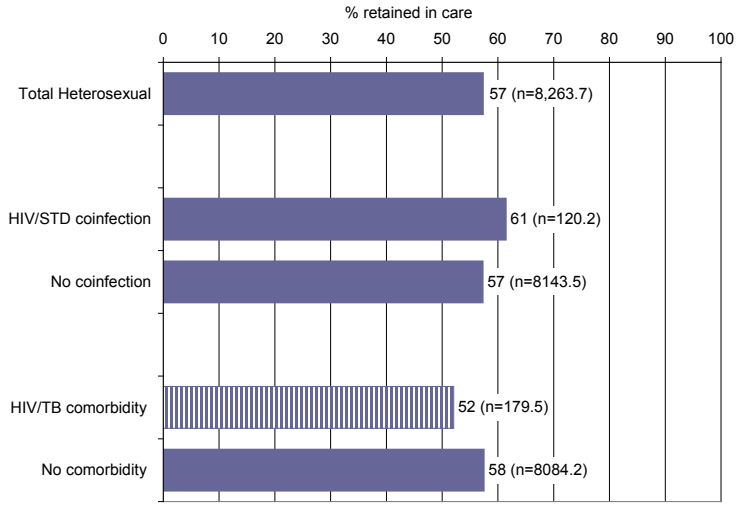
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=14,401.4.

Figure S. Percent of Heterosexual Population Living with HIV Retained In Care by Age and Region, 2007-2010[10]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=14,401.4.

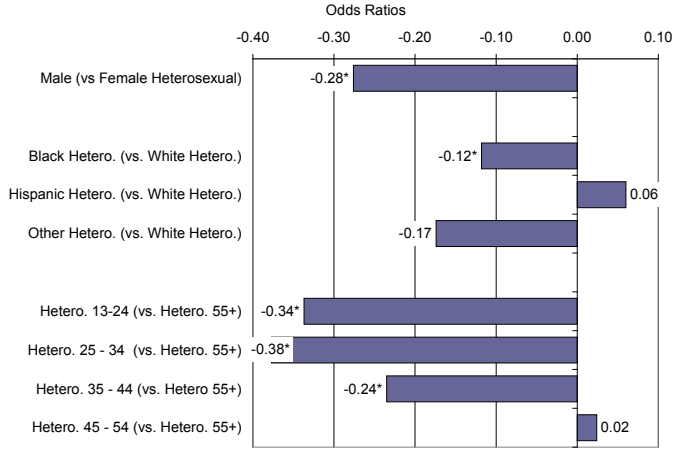
Figure T. Percent of Heterosexual Population Retained In Care by Comorbidities, 2007-2010[10]

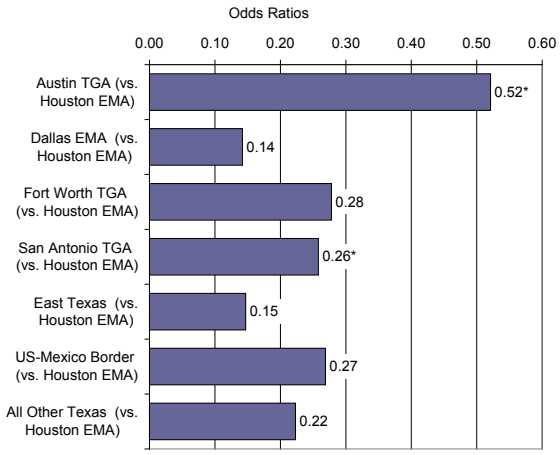


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=14,401.4.

Among heterosexuals, the odds of retention in HIV care are significantly lower for men than women (28% lower for heterosexual males when compared to heterosexual females). Relative to heterosexual Whites, the odds of staying in care were 12% lower for heterosexual Blacks (**Figure U**). The odds of staying in care were significantly lower for heterosexuals living with HIV ages 13-44 when compared to heterosexuals ages 55 years or more. Retention in care rates for heterosexuals in the Austin and San Antonio TGAs were significantly higher when compared to retention in care for heterosexuals in the Houston EMA. The odds of staying in care were 22% lower for heterosexuals with a history of TB and 42% higher for heterosexuals with a STD co-infection in 2010 (**Figure W**).

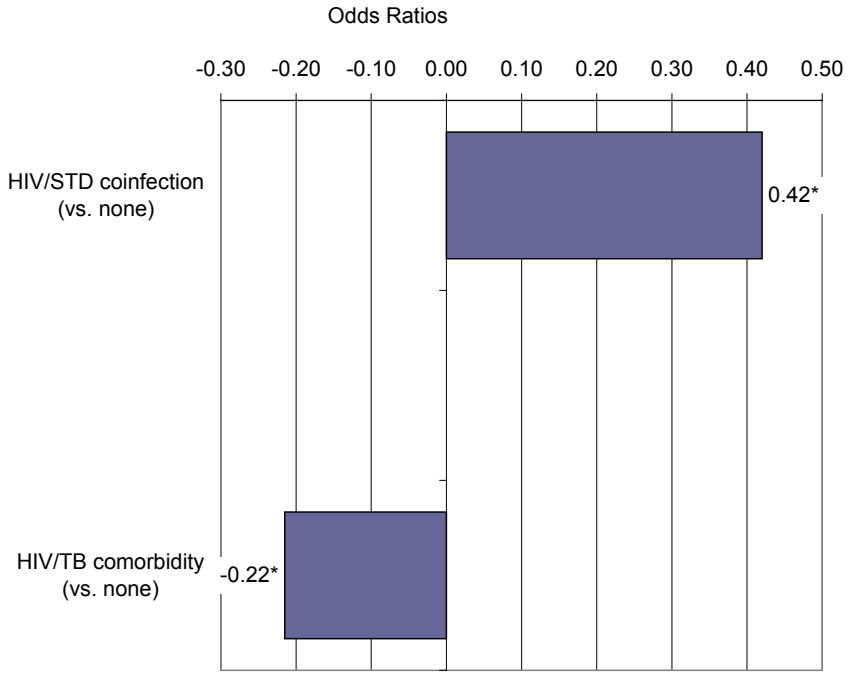
Figures U and V. Odds Ratios from Logistic Models Predicting Retention in Care by Demographic Characteristics for Heterosexuals Living with HIV, 2007-2010[12]





Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=14,401.4.

Figure W. Odds Ratios from Logistic Models Predicting Retention in Care by Comorbidities for Heterosexuals Living with HIV, 2007-2010[12]



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project, N=14,401.4.

Among heterosexuals living with HIV, males, Blacks, those between 13 and 44 years, those diagnosed in Houston EMA, and those with a history of tuberculosis were significantly less likely to remain in care. Most of the abovementioned groups who were significantly more likely less likely remain in care were also the same groups who exhibited retention rates below the statewide level of 56%.

Among heterosexuals living with HIV, males, Blacks, those between 13 and 44 years, those diagnosed in Houston EMA, and those with a history of tuberculosis were significantly less likely to remain in care.

CHAPTER 4D: CONTINUOUS MEDICAL VISITS AND LABORATORY TESTS

HIV is a chronic and life-threatening illness therefore, it is imperative that affected individuals have regular and consistent medical care. Consistent medical visits and laboratory tests are associated with decreases in mortality and with a slower onset of AIDS[1]. Consistent medical visits and laboratory testing will also result in a lowered viral load that reduces infectiousness, thereby reducing the chances of further transmission. In 2010, DSHS developed new measures of care for adolescent and adult People Living with HIV (PLWH) based on medical standards of care and tenets set forth in the National HIV/AIDS Strategy[2,3]. Medical guidelines state that all PLWH should have a minimum of two HIV-related medical care visits and two CD4 t-lymphocyte (CD4) cell counts within three to six months apart each year. These measures are referred to as continuous medical visits and continuous labs, and they estimate the number of persons with HIV getting HIV care that conforms to national medical standards of care.

The National HIV/AIDS Strategy defines targets for improvement in continuous care for patients receiving care from providers in the Ryan White program: from 73% at present to 80% in 2015. However, in order to decrease new HIV infections, it is necessary to assess participation in care that meets clinical standards at the population level, and not only for persons getting care from Ryan White providers. The DSHS HIV care measures presented below were created to evaluate the current medical care of all Texas PLWH in addition to the Ryan White population. Thus, the outcomes presented here provide an additional baseline to the ones cited in the National HIV/AIDS Strategy.

The Strategy also contains goals for reducing health disparities; specifically increasing the proportion of Blacks, Hispanics, and MSM with undetectable viral load. Meeting these goals is dependent on increasing the number and proportion getting continuous care. Analysis shows that younger persons[4] and Blacks[5] living with HIV in all areas of the United States are less likely to be engaged in continuous care than older PLWH and Whites. In Texas, proportionally more Blacks live in the Houston and Dallas EMAs, and the East Texas region, whereas age groups are distributed more evenly geographically. When considering the performance in Texas on these measures geographically, some EMA/TGAs and regions fare better than others. This section of the epidemiological profile addresses continuous medical visits and laboratory tests for people living with HIV in Texas and is organized to present continuous medical visits and CD4 laboratory tests estimates for Ryan White clients and all PLWH in Texas by demographic characteristics, mode of exposure, and region.

1. Kitahata, Et al. Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival. N Engl J Med 2009; 360:1815-1826.
2. White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. Washington, DC: White House; 2010.
3. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed [09/15/2011].
AETC National Resource Center. (2007). Clinical Manual for Management of the HIV-Infected Adult. Available at: http://www.aidsetc.org/pdf/AETC-CM_071007.pdf [Accessed April 2011].
New York State Department of Health. (2011). Primary care approach to the HIV-infected patient. New York: New York State Department of Health. Available at: http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/ [Accessed April 2011].
4. Barclay TR, Hinkin CH, Castellon SA, Mason KI, Reinhard MJ, Marion SD, Levine AJ, Durvasula RS. Age-associated predictors of medication adherence in HIV-Positive adults: health beliefs, self-efficacy and neurocognitive status. Health Psychol. 2007 Jan;26(1):40-9.
5. Cargill VA, Stone VE, Robinson, MR. HIV Treatment in African Americans: Challenges and Opportunities. Journal of Black Psychology (2004), Vol. 30 No. 1: 24-39.

To identify PLWH, DSHS used data from the enhanced HIV/AIDS reporting system (eHARS). Health care service dates came from the AIDS Regional Information and Evaluation System (ARIES), HIV2000 (the data system for the Texas AIDS Drug Assistance Program), electronic lab reporting data (ELR), Medicaid/CHIP and information from selected private insurers[6]. PLWH with a first visit between 1/1/2010 and 9/30/2010 were further evaluated for subsequent on-time care consisting of two visits or labs (continuous medical visits) or two CD4 count labs (continuous labs) thirty to sixty days apart occurring on or before 12/31/2010. This gave PLWH with one visit the opportunity to have a second visit within thirty to sixty days after their first visit (i.e. same exposure time). To identify Ryan White clients, DSHS used data from ARIES and Ehars and selected all people living at the end of 2010 who were 13 years of age or older who received one of the following on or before September 30, 2010: an outpatient ambulatory care visit, a viral load test, or a cd-4 laboratory test. Further discussion of analysis methods is available in **Appendix A.**

Before discussing the findings, a note on completeness of data is in order. Changes to disease reporting rules made in 2010 require a wider array of CD-4 and viral load test results to be reported, and this has been instrumental in enhancing understanding of participation in care. However, not all laboratories report electronically, and clinical visit information does not reflect all payers or providers. Since these care and treatment data are not complete, these estimates should be considered conservative lower-end estimates of continuous participation in treatment and care.

Statewide and Regional Outcomes

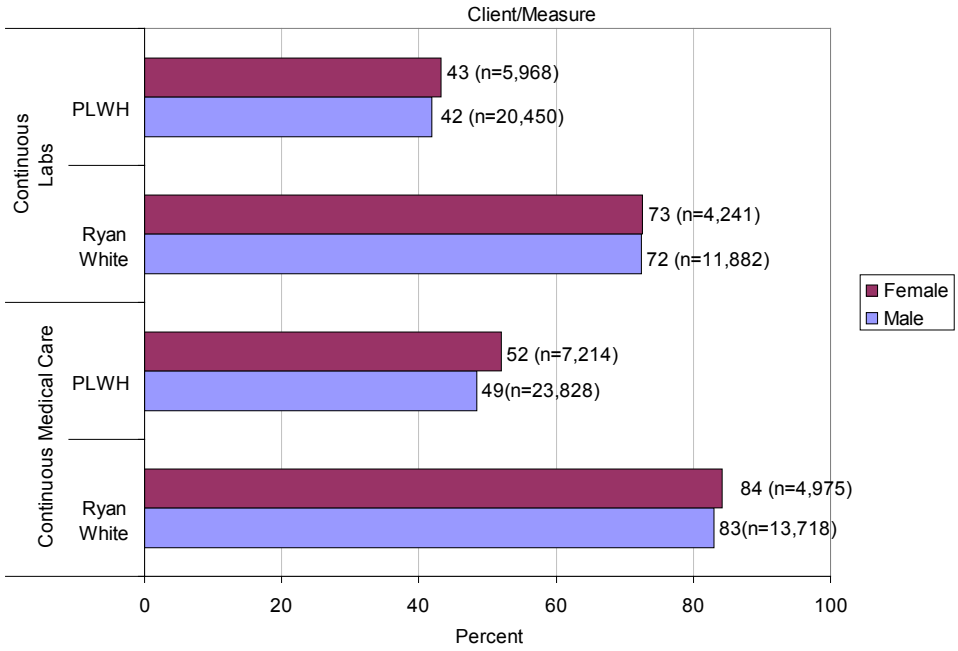
Findings are presented for both Ryan White clients and all PLWH in Texas (inclusive of Ryan White clients). Ryan White clients are a subset of the larger group of PLWH, and percentages for Ryan White clients in care were always greater. However, the number receiving care is greater when non-Ryan White clients are also counted. Statewide, 31,042 people had continuous medical care visits, including 18,693 Ryan White clients. This equals 83% of Ryan White clients or 49% of PLWH. Another 26,418 people, including 16,123 Ryan White clients had continuous laboratory tests[7]. This equals 72% of Ryan White clients or 42% of PLWH.

Sex and Race/Ethnicity

Analyzing these results by sex revealed no large associated differences. As can been seen in **Figure A**, the proportion of male and female PLWH with continuous medical visits and labs were very similar, as were results by sex for Ryan White clients.

6. Please note that the fourth quarter of 2010 Medicaid/CHIP data was not available for release at the time this report was written.
7. It is possible for a person to have continuous labs but not have continuous medical visits due to data quality issues, because Medicaid Managed Care providers are not required to report all visits, though Medicaid Fee-For-Service providers are required to do so. Most laboratory visits were captured through required Electronic Lab Reporting.

Figure A. Continuous Medical Visits and Continuous Labs Ryan White Clients and PLWH by Gender, Texas, 2010



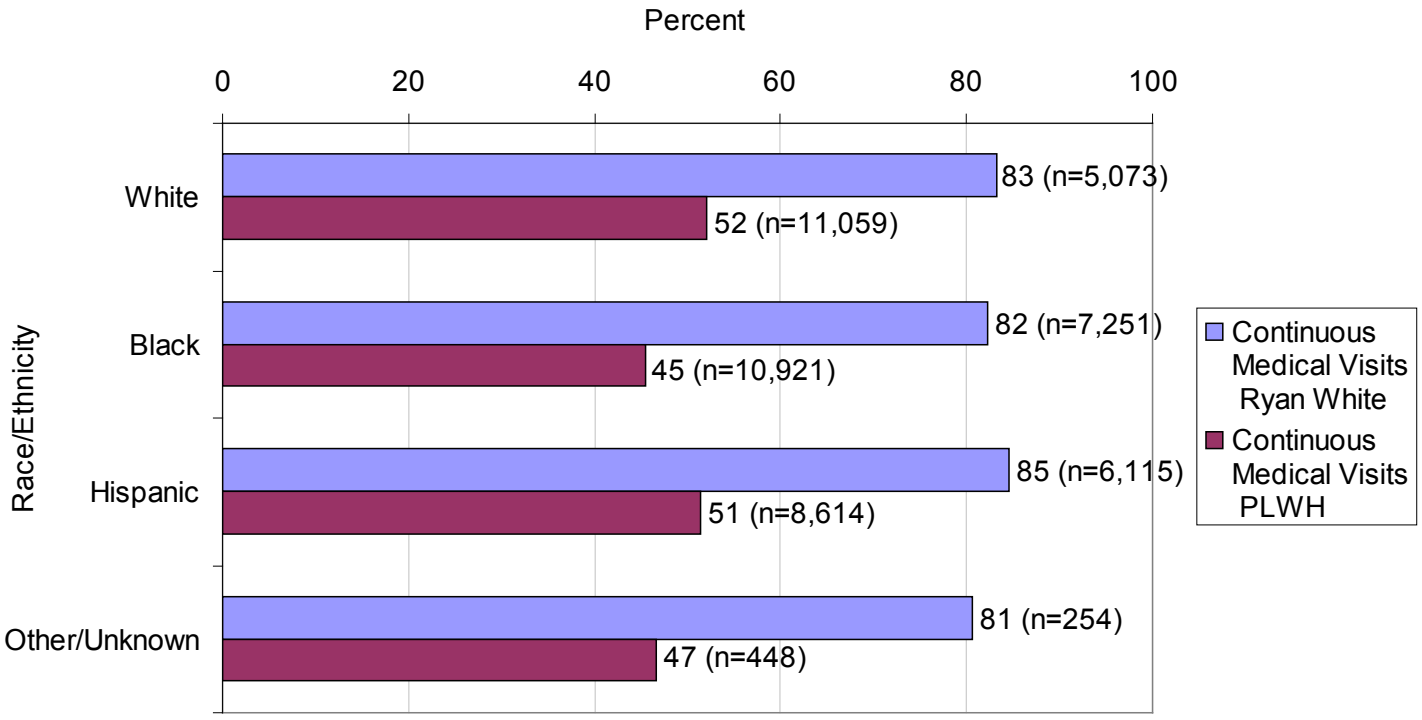
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project; Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449), Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

When analysis is limited to persons served through the Ryan White Program, the overall proportions of people with continuous care and labs was 83% and 72%, respectively. Ryan White providers continuously assess and improve their care practices and metric reporting. While more complete electronic data reporting may improve our understanding of participation in continuous care, it is also clear that a broader array of providers may benefit from approaches in the Ryan White Program that have improved continuity of care among these providers.

Previous studies of HIV care have often shown a racial disparity for Blacks[8]. Reasons include unequal access to care (fewer providers in communities or lack of transportation) and also stigma associated with how HIV/AIDS is transmitted. Among Ryan White clients, Hispanics (85%) had the highest proportion of continuous medical visits, followed by Whites (83%) and Blacks (82%). Only Blacks fall below the statewide average of 83%. The disparity for Blacks (45%) was also was seen for all PLWH, though Whites (52%) had a slightly higher percentage in care than Hispanics (51%). Again, only Blacks fell below the statewide average of 49%. Results by care group (Ryan White and PLWH) and race/ethnicity are shown below in **Figure B**.

8. Millet GA, Flores SA, Peterson JL, Bakeman R. Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. AIDS (2007); 21:2083-91

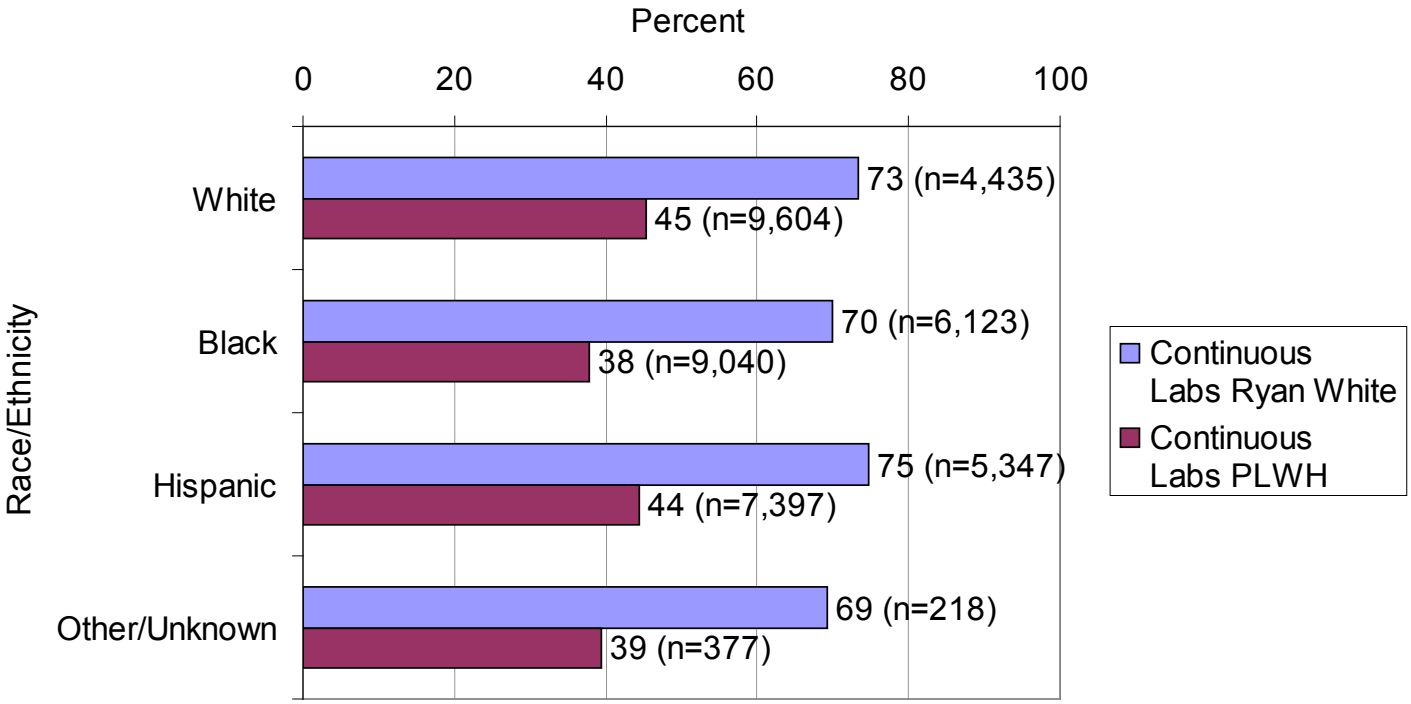
Figure B. Continuous Medical Visits Ryan White Clients and PLWH by Race/Ethnicity, Texas, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449).

Results for continuous labs again show the disparity in care for Black PLWH, with 38% receiving continuous labs compared to Hispanics (44%) and Whites (45%). Only Blacks were below the statewide average of 42%. Among Ryan White clients, Blacks (70%) were below the statewide average of 72%, while Hispanics (75%) and Whites (73%) were higher. These results are shown in **Figure C**.

Figure C. Continuous Laboratory Tests Ryan White and PLWH by Race/Ethnicity, Texas, 2010

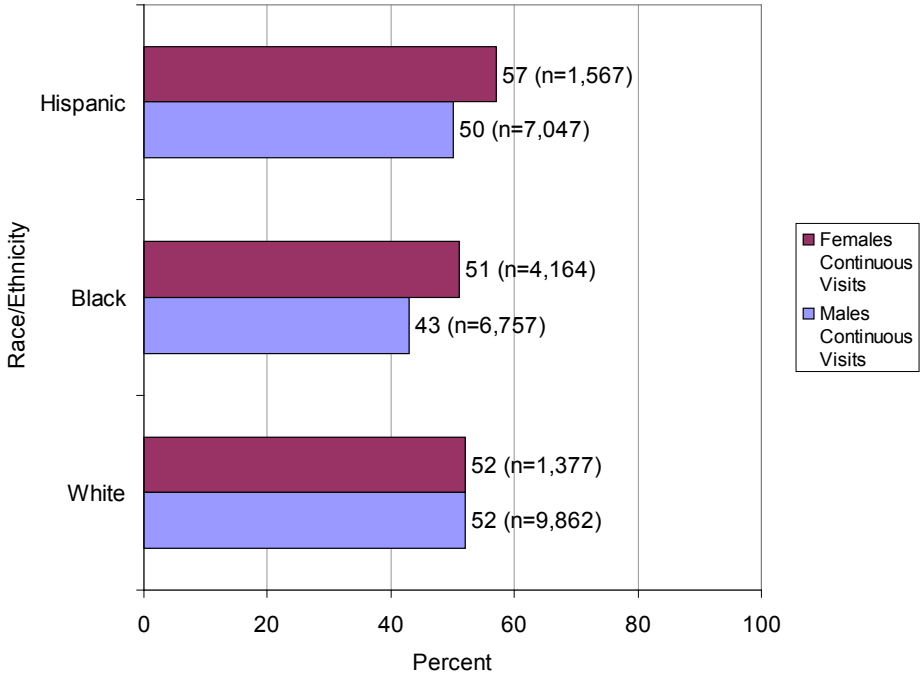


Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

Returning to the broader population (PLWH) analysis, a closer look showed there appeared to be a relationship between sex and race/ethnicity (though there was no overall sex difference). Among Blacks and Hispanics, females outperformed males by over 7% on continuous medical visits and by 5% on continuous labs, as is seen more detail in **Figures D and E**. Viewing these figures for the measures shows some consistent patterns:

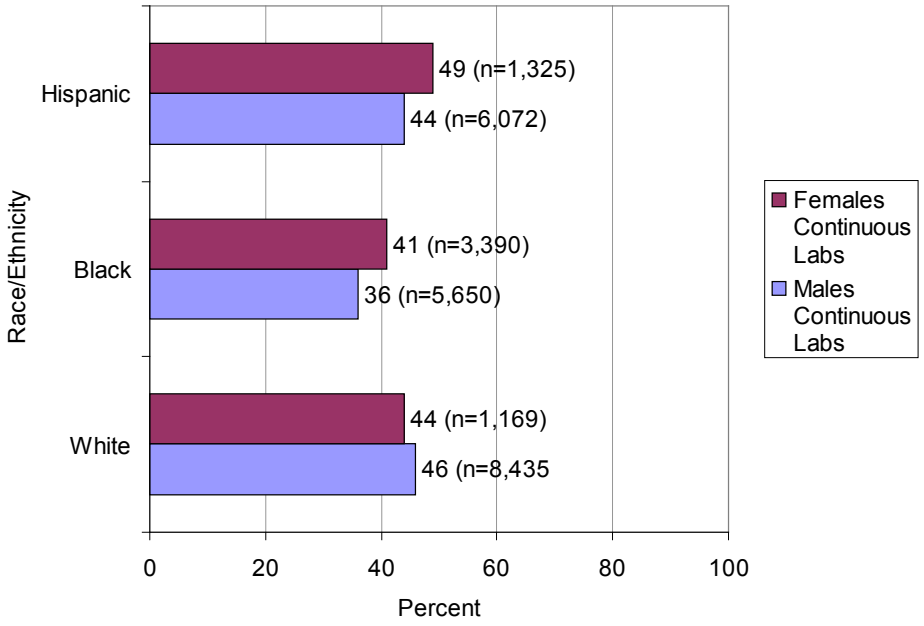
- higher proportions on both measures for Hispanics, followed by Whites and Blacks;
- a gender advantage for females among Hispanics and Blacks;
- higher percentages for the continuous medical visits measure; and
- about half of all PLWH in Texas do not receive adequate frequency of visits and labs.

Figure D. Continuous Medical Visits by Race and Sex, PLWH, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449).

Figure E. Continuous Labs by Race and Sex, PLWH, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

When limiting the sex within race analysis to just Ryan White clients, there is not as strong a gender advantage for females. For continuous medical visits, Hispanic Males (84%) and females (86%) had similar percentages meeting care, as did White females (84%) and White males (83%). Black females (84%) score 3 percentage points higher than Black males (81%) on the continuous visits measure. A look at continuous labs revealed Black Males (69%) scored 2 percentage points lower than Black females (71%). Hispanic Males (75%) scored the same as Hispanic females (75%), and White males (73%) score the same as White females (73%). The results taken together suggest that the disparity in consistent care for Blacks is of more concern than any apparent sex disparity, but that Black Males in particular would benefit from care retention efforts.

The results taken together suggest that the disparity in consistent care for Blacks is of more concern than any apparent sex disparity, but that Black Males in particular would benefit from care retention efforts.

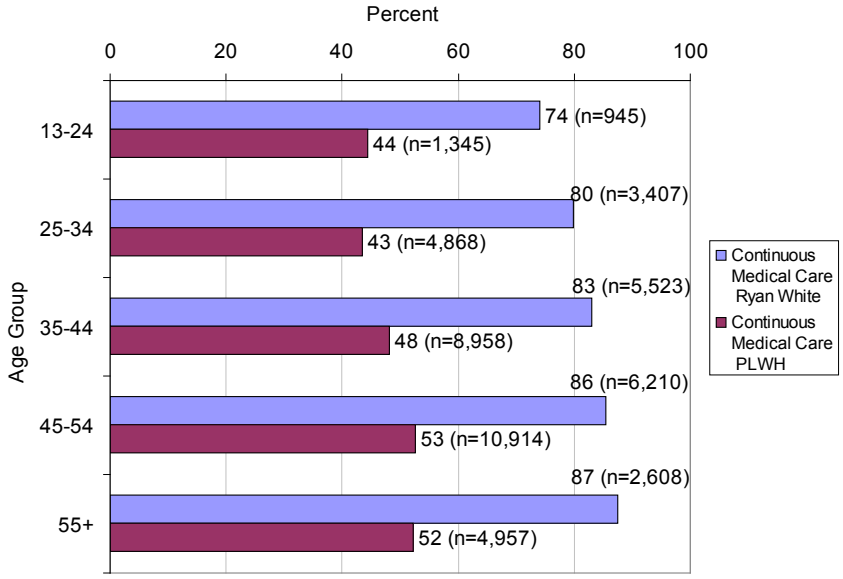
Age

Age related disparities were also examined for people thirteen and older (different care standards exist for infants and children)[9]. Younger age groups (13-24 and 25-34) had both lower percentages of continuous medical visits and labs than older age groups (45-54 and 55+), while the middle group (35-44) was close to the state average. On the continuous medical visits measure, PLWH ages 13-24 (44%) and 25-34 (43%) and 35-44 (48%) were below the state average (49%). Also, Ryan White clients ages 13-24 (74%) and 25-34 (80%) were below the state average (83%). On the continuous labs measure, PLWH ages 13-24 (37%) and 25-34 (36%) and 35-44 (41%) were below the state average (42%). Finally, Ryan White clients ages 13-24 (63%) and 25-34 (67%) were below the state average (72%). The continuous medical visits results for both Ryan White clients and all PLWH by age group can be seen below in **Figure F**, while the results for continuous labs are shown in **Figure G**.

Younger age groups (13-24 and 25-34) had both lower percentages of continuous medical visits and labs than older age groups (45-54 and 55+), while the middle group (35-44) was close to the state average.

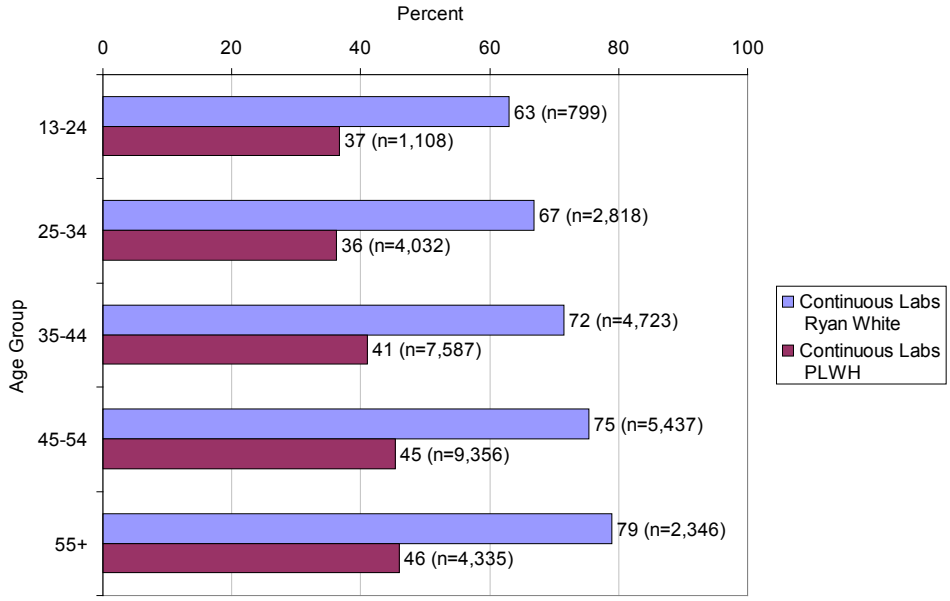
9. The continuous medical visits and labs measures were constructed based on guidelines written for adolescents and adults, therefore anyone under the age of 13 was excluded from all analyses using these measures. Further information about the guidelines is Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed [09/15/2011].

Figure F. Continuous Medical Visits Ryan White clients and PLWH by Age Group, Texas, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project,
Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449).

Figure G. Continuous Laboratory Tests Ryan White Clients and PLWH by Age Group, Texas, 2010



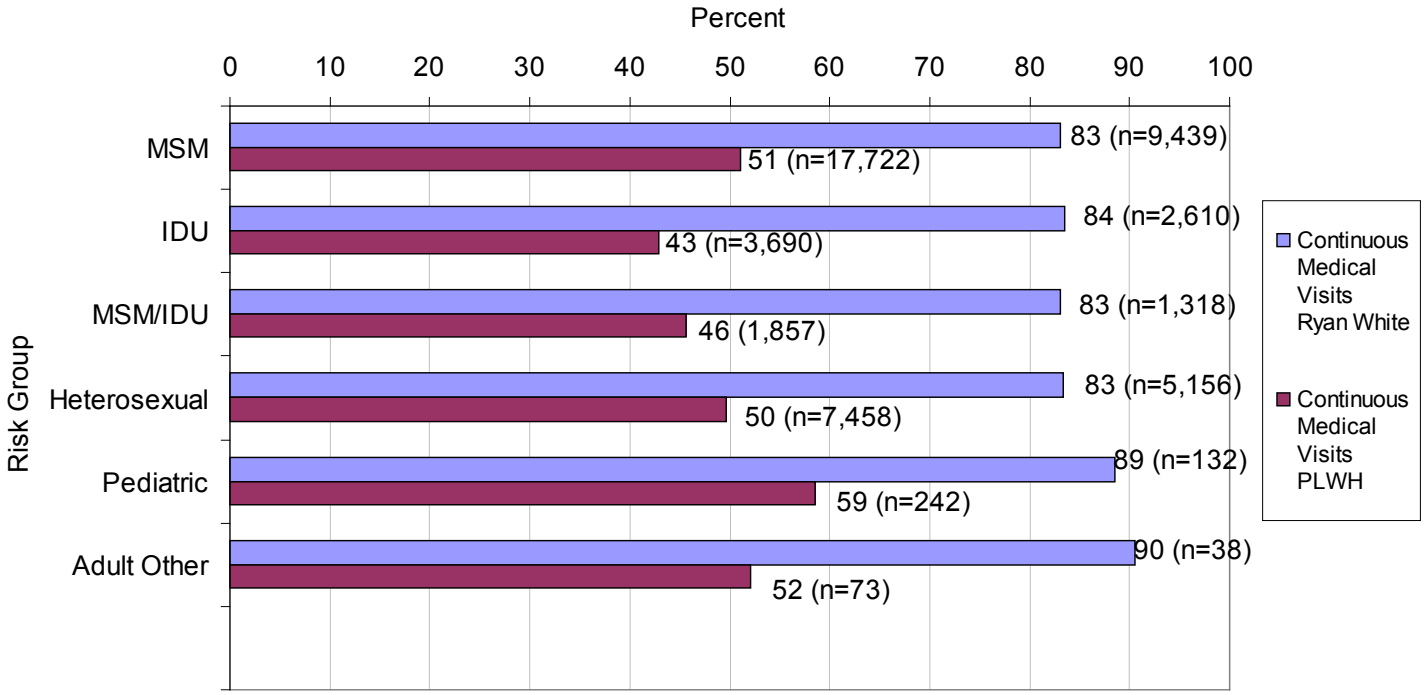
Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project,
Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

This data suggests that participating in continuous care is positively related to age and efforts to establish good care habits should be targeted to younger PLWH.

Mode of Exposure

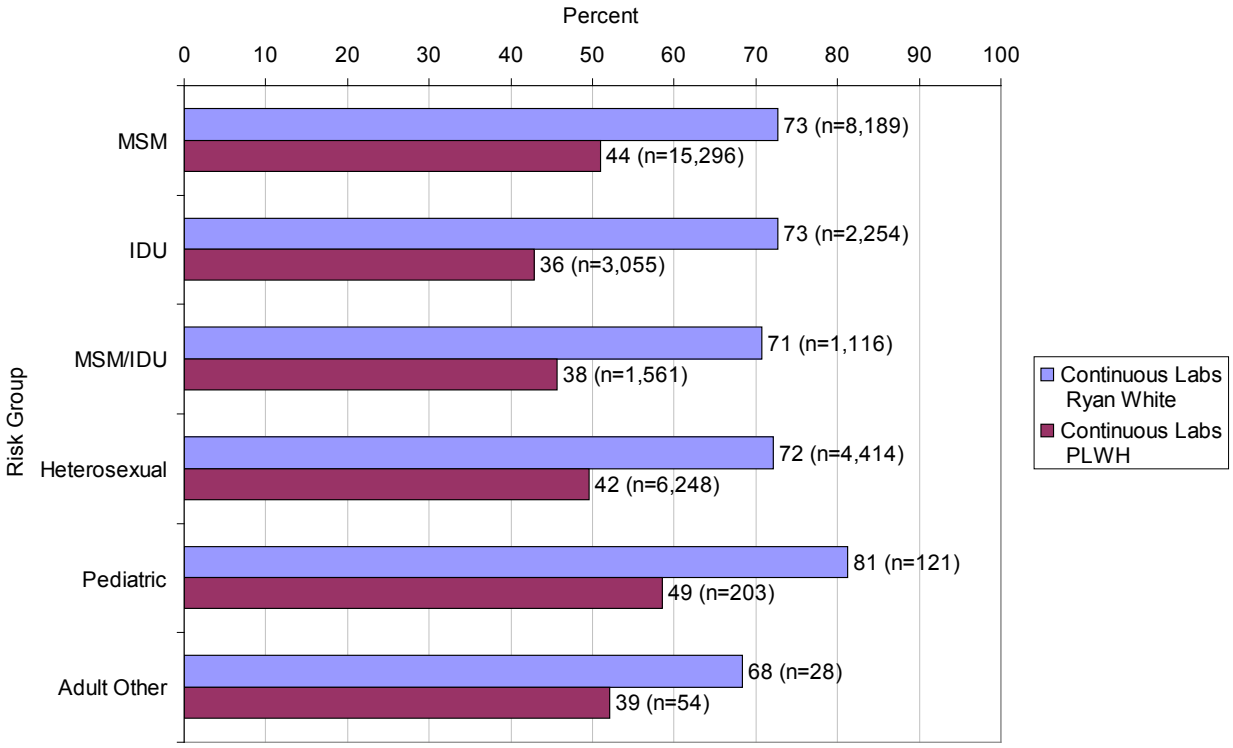
In HIV research and HIV care reporting, results for different risk groups (based on mode of transmission) are often compared. Among adults, the largest risk group is MSM, followed by Heterosexuals, IDU (Injection Drug Use) and MSM/IDU. There are two additional smaller risk groups, Adult Other, and Pediatric (likely maternal transmission). Considering all PLWH shows disparities in continuous medical visits for IDU (43%) and MSM/IDU (46%) when compared to the averages for the state (49%), MSM (51%) and Heterosexual (50%) risk groups. When looking at only Ryan White clients by risk groups there is very little variation: statewide (83%), MSM (83%) IDU (84%) MSM/IDU (83%), and Heterosexual (83%). On the continuous labs measure for PLWH, IDU (36%) and MSM/IDU (38%) underperformed when compared to the averages for the state (42%), MSM (44%) and Heterosexual (42%) risk groups. When looking at only Ryan White clients by risk groups, there were no disparities for MSM (73%), IDU (73%), or Heterosexuals (72%) however, MSM/IDU (71%) were slightly below the statewide figure (72%). Results by risk-group for both Ryan White clients and PLWH are shown below in **Figures H (continuous medical visits) and I (continuous labs)**.

Figure H. Continuous Medical Visits Ryan White and PLWH by Risk Group, Texas, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project,
Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449.)

Figure I. Continuous Labs Ryan White and PLWH by Risk Group, Texas, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

Recall that previously, a possible disparity for Black males in continuous medical visits and labs was seen when considering all PLWH, but not when limiting the analysis to Ryan White clients. This appears to be the case for the IDU risk group as well. It is encouraging to see that the Ryan White clients in the IDU and MSM/IDU groups fare as well as than other Ryan White clients, because many studies have suggested that IDU face the most challenges to consistent HIV-related care[10].

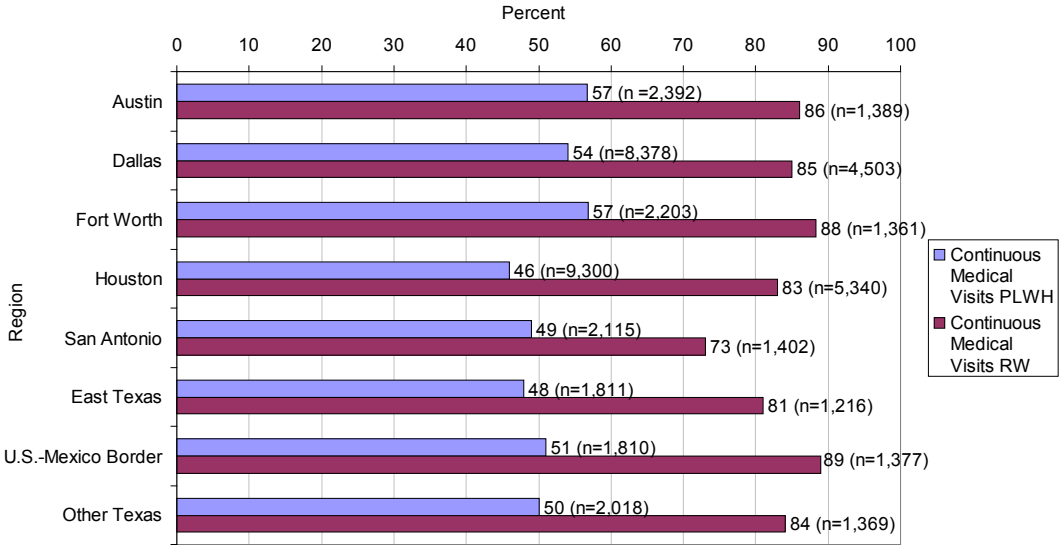
It is encouraging to see that the Ryan White clients in the IDU and MSM/IDU groups fare as well as than other Ryan White clients, because many studies have suggested that IDU face the most challenges to consistent HIV-related care.

10. Hinkin, CH; Hardy, DJ, Mason, KI; Castellon, SA; Durvasula, RS; Lam, MN; Stefaniak, M. Medication adherence in HIV-infected adults: effect of patient age, cognitive status, and substance abuse. AIDS. 2004 January 1; 18(Suppl 1): S19–S25.

Region[11]

Because Texas is a large state with a mix of urban and rural geographic areas, the percent of Ryan White clients and PLWH meeting criteria for each care measure was calculated for the five EMA/TGAs, East Texas, and the U.S.-Mexico Border. Outcomes by region on the continuous medical visits measure is shown below in **Figure J**, while the continuous lab outcomes by region are shown in **Figure K**[12]. If considering only Ryan White clients, then the U.S.-Mexico Border (89%; 81%), Fort Worth (88%; 81%) Austin (86%; 79%) and Other Texas (84%; 75%) perform above the state average (83%; 72%) on both measures (continuous medical visits and continuous labs), respectively. When all PLWH are considered, Austin (57%; 51%), Dallas (54%; 46%), Fort Worth (57%; 52%) and the U.S.-Mexico Border (51%; 46%) performed well above the state averages (49%; 42%), respectively. The Houston EMA has a lower percentage of PLWH meeting care on continuous visits (46%) and continuous labs (39%). East Texas also scored one percentage point lower on both measures, with 48% receiving continuous visits and 41% receiving continuous labs. The San Antonio TGA also had a lower percentage of PLWH receiving continuous labs (39%). However when considering Ryan White Clients, Houston matches the statewide average of (83%) for continuous visits, while San Antonio shows a disparity at 73%. San Antonio showed a disparity for continuous labs as well (64%), while Houston (70%) was just below the state average of 72% on this measure. East Texas (81%) was two percentage points below the average on the continuous visits measure and just one percentage point lower on the continuous labs measure (71%).

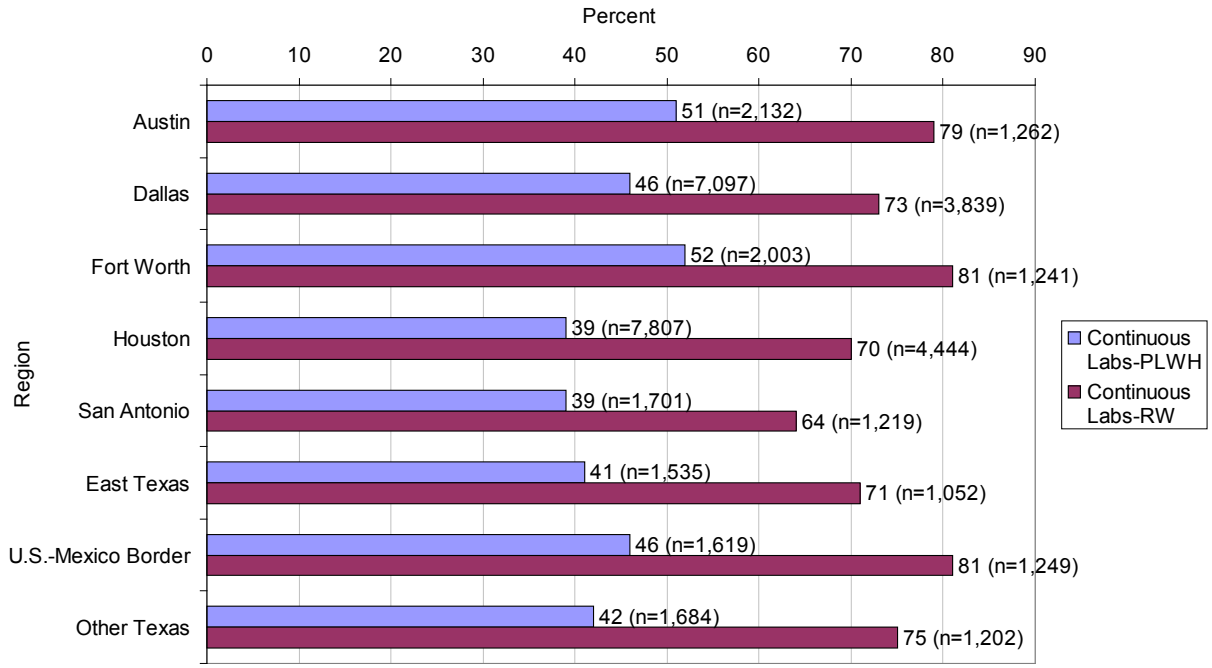
Figure J. Percent of PLWH in Texas Meeting Criteria for Continuous Medical Visits by Geographic Area, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Visits: Texas PLWH (N=63,012); Ryan White (N=22,449).

11. DSHS did not exclude TDCJ cases when estimating unmet need, linkage to care, retention in care, or continuous care measures as done in the past when estimating unmet need. Unmet need estimates for Texas on the whole increased by approximately one or two percentage points when TDCJ cases are excluded. Estimates were not separately reported here for cases diagnosed in TDCJ, as we have incomplete care reporting for treatment delivered in TDCJ, nor can we systematically distinguish between TDCJ-diagnosed cases who are released and living in the community, and those still in TDCJ facilities.
12. The person's county of diagnosis, not county of residence during 2010 was used for this purpose.

Figure K. Percent of PLWH in Texas Meeting Criteria for Continuous Labs by Geographic Area, 2010



Source: Texas eHARS data as of July 2011 and HIV Services Unmet Need Project;
Continuous Labs: Texas PLWH (N=62,694); Ryan White (N=22,262).

The geographic disparities found between the regions of Texas suggest that disparities should be thought of not only in terms of demographic characteristics of individuals, but also as functions of local health care systems.

CHAPTER 4E: SCREENINGS FOR SEXUALLY TRANSMITTED DISEASES, HEPATITIS C VIRUS, AND TUBERCULOSIS AMONG RYAN WHITE CLIENTS

In cases where other health conditions, such as sexually transmitted diseases (STDs), Hepatitis C Virus (HCV) or latent tuberculosis infection (LTBI) co-occur with HIV, serious complications can arise. Clinical care guidelines for people living with HIV often recommend screening for co-morbidities on a regular basis because many of these co-morbidities are curable or treatable if caught at an early stage of infection. Nevertheless, the extent to which patients with HIV are screened for co-morbidities is not known. Therefore, in order to estimate current co-morbidity screening rates, data from the current patients within the Ryan White system of care was analyzed. These estimates are based upon rates of co-morbidity screening among clients ages 13 and over in outpatient medical care (with evidence of a doctor or medical case management visit in 2010). The estimates presented below apply only to clients in the Ryan White system as screening rates may differ in other systems of care in Texas.

Sexually Transmitted Diseases

Screening for STD co-infection among people living with HIV is important for two main reasons: co-infection with STDs increases shedding of HIV (increasing risk of transmission to others) and infection with STDs increases risk of acquiring HIV, although the extent and method to which this happens is dependent upon the type of STD infection (ulcerative or non-ulcerative)[1,2,3]. Infection with ulcerative sexually transmitted diseases (such as syphilis and herpes) creates breaks in the skin, promoting the spread of HIV by allowing more frequent points of contact with the virus[4]. Ulcerative infections are thought to increase risk of transmission for both partners in a sexual encounter[5]. Infection with non-ulcerative STD (such as chlamydia and gonorrhea) is thought to increase acquisition of HIV among receptive sexual partners, by promoting inflammation and recruiting HIV target cells (e.g., CD4+ cells) to the genital region[6].

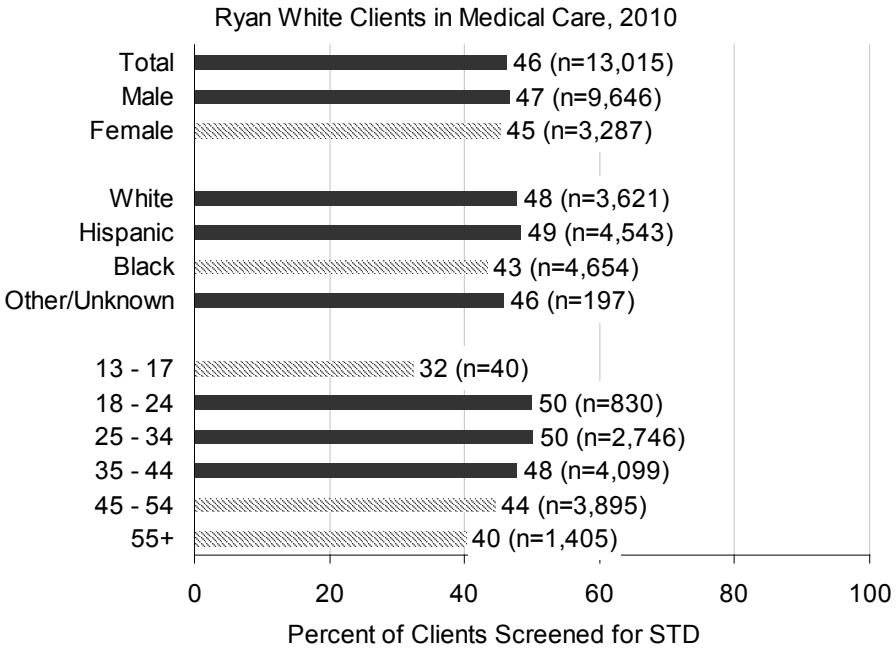
This analysis looked at annual rates of screening for syphilis, gonorrhea or chlamydia. A limitation of these estimates is that only syphilis screening is required to be reported by Ryan White providers. While this is the first report of these indicators, they are also quite likely an underestimate of actual screening rates.

In 2010, among clients ages 13 and over in medical care (receiving outpatient medical or medical case management services), nearly half (46%) were screened for at least one of these three

1. Wasserheit JN. 1992. Epidemiologic synergy: Interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases. Sexually Transmitted Diseases 9:61-77.
2. Korenromp E.L, De Vlas S. J. , Nagelkerke, N., Habbema, D. (2001). Estimating the Magnitude of STD Cofactor Effects on HIV Transmission. Sexually Transmitted Diseases. 28(11):613-621.
3. www.cdc.gov/std/hiv/STDFact-STD-HIV.htm
4. Rottingen, J., Cameron W., Garnet, G.P. (2001). A Systematic Review of the Epidemiologic Interactions between Classic Sexually Transmitted Diseases and HIV. Sexually Transmitted Diseases. 28(10):579-597
5. Fleming DT, Wasserheit JN. 1999. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. Sexually Transmitted Diseases 75:3–17.
6. Fleming DT, Wasserheit JN. 1999. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. Sexually Transmitted Diseases 75:3–17.

STD. Adolescents (ages 13-17), particularly females, had lower-than-average rates of screening (32% overall and 28% for females). As seen in **Figure A**, rates of screening were lowest among adolescents, and highest among young adults (ages 18-34). Rates decreased somewhat with each progressive age group such that the oldest age group (clients 55 and older) had the second lowest rates of screening compared to adolescents. In Texas, as nationwide, adolescents have some of the highest rates of reported cases of STD, making low reported rates of screening among this population concerning[7].

Figure A. Rates of STD Screening by Demographic Group, 2010



Source: ARIES data for 2010 Ryan White clients with outpatient/ambulatory visits or medical case management; N=28,102.

Blacks also had lower-than-average rates of screening (43%), especially Black women over 35 (39-42%) and Black men over 45 (36-41%) (not shown in the figure). In fact, Black men had the lowest rates of screening out of the three major racial/ethnic categories in almost every age range (with the exception of 13-17 year olds). Similarly, Black women over age 25 had the lowest rates of screening out of the three major racial/ethnic categories.

Hepatitis C Virus (HCV)

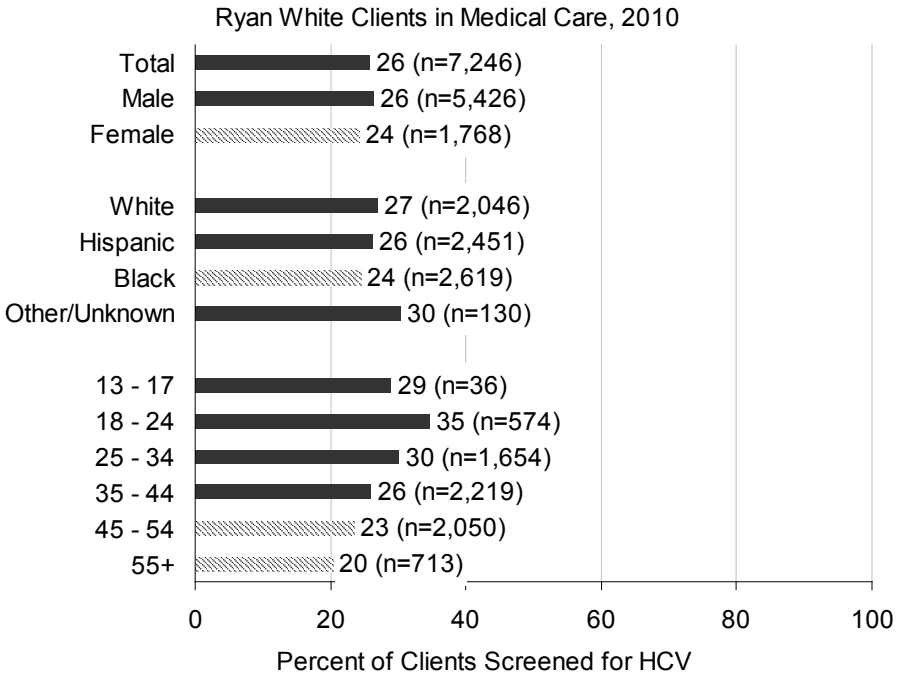
Hepatitis C Virus is a blood borne virus, which can cause serious complications if left untreated. In 15-25% of people infected with HCV, the virus is cleared from the body without medical intervention, but among the majority of people who remain infected with HCV, the virus causes chronic infection, resulting in costly chronic conditions such as liver infection and/or cirrhosis[8]. HCV is spread primarily through injection drug use, though shared razors or tattoo equipment, mother-to-child transmission

7. 2010 Texas STD Surveillance Report - www.dshs.state.tx.us/hivstd/reports/default.shtm
8. Hepatitis C in Texas, available from: www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34561&id=5297&terms=hcv

and sexual contact are other means of transmission[9]. Co-infection of HCV among people with HIV is important to avoid because it may lead to faster liver damage or may interfere with treatment of HIV[10].

Among RW clients in care in 2010, 26% were screened for HCV in 2010 (either tested for HCV, or not tested but with a history of HCV infection). More men than women had evidence of screening, and young people (ages 18-24) had the highest rates of screening (36%) out of the entire population (**Figure B**). Rates of screening for both sexes peaked at ages 18-24 and decreased with each increasing age range. Overall, blacks had slightly lower rates of screening (24%) compared with Hispanics (26%) or Whites (27%). Starting at age 18, black men had slightly lower-than-average rates of screening in each age category (with the exception of the 35-44 year old category, where they tied with Hispanics at 25% each). Within each age category starting at 25 and older, black women also had the lowest screening rates (not shown in figure).

Figure B. Rates of HCV Screening by Demographic Group, 2010



Source: ARIES data for 2010 Ryan White clients with outpatient/ambulatory visits or medical case management; N=28,102.

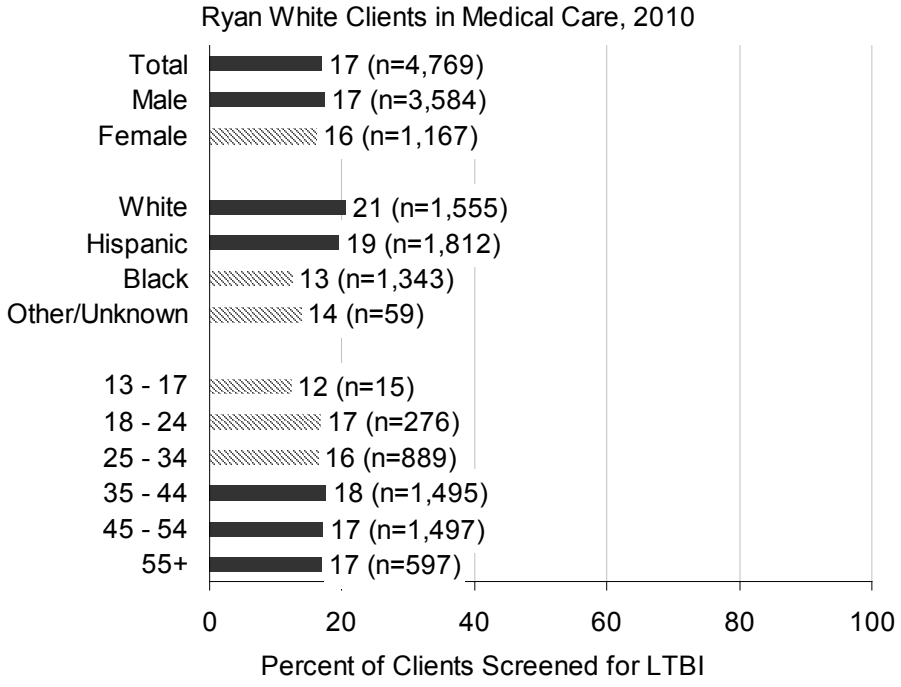
9. Centers for Disease Control and Prevention. 2007. Coinfection with HIV and Hepatitis C Virus Fact Sheet. Available from www.cdc.gov/hiv/resources/Factsheets/coinfection.htm
10. Centers for Disease Control and Prevention. 2007. Coinfection with HIV and Hepatitis C Virus Fact Sheet. Available from www.cdc.gov/hiv/resources/Factsheets/coinfection.htm

Tuberculosis (TB)

Tuberculosis is the leading cause of death among people living with HIV11[11]. Although incidence rates of TB have been decreasing for the last 20 years, TB is still a threat to those living with HIV[12]. Once someone has been exposed to the bacteria that cause TB, infection may proceed to active disease or may remain dormant in the body, not causing any symptoms but re-emerging as active TB months to years later. Although not everyone with latent TB will progress to active TB, the rate of progression is 5-10 times faster among people with HIV[13]. In fact, living with HIV is the single largest risk factor for progressing from latent to active TB[14].

This measure looks at how many Ryan White clients were screened for TB on an annual basis. TB screening here was defined as having a PPD skin test, an IGRA test, a chest x-ray, or no test at all among people with a previous history of TB. The overall screening rate among RW clients in medical care in 2010 was 17%. The proportion of clients screened ranged from a high of 25% of White females ages 25-34 to a low of 11% of Black females ages 55 and older[15] (not shown in the figure). Beyond adolescents having the lowest rates of screening (12%), there was little variation in rates of screening by age or sex (**Figure C**). In general, Blacks had the lowest rates of screening when compared to Whites or Hispanics, true overall, and for males and females older than 18.

Figure C. LTBI Screening by Demographic Group, 2010



Source: ARIES data for 2010 Ryan White clients with outpatient/ambulatory visits or medical case management; N=28,102.

11. www.cdc.gov/hiv/resources/factsheets/hivtb.htm
12. www.cdc.gov/tb/statistics/default.htm
13. S Marks, E Magee, V Robison. (October 26, 2007) Reported HIV Status of Tuberculosis Patient- United States, 1993-2005 Morbidity and Mortality Weekly Report (MMWR) 56(42);1103-1106.
14. http://www.cdc.gov/tb/topic/TBHIVcoinfection/default.htm
15. Among clients older than 18 years. Only 15 clients ages 13-17 were screened for LTBI, meaning that rate estimates for this group by race/ethnicity and age should be considered unstable.

CHAPTER 4F: SCREENINGS FOR MENTAL HEALTH AND SUBSTANCE ABUSE AMONG RYAN WHITE CLIENTS

DSHS began recommending yearly mental health and substance abuse screening for all PLWH in 2009. Additionally, HAB measures exist which specify that all PLWH newly diagnosed should be screened within the first year. Screening is an important first step to referral and treatment. Previous research has shown that PLWH have high levels of stress, anxiety and depression, and these may mitigate adherence to complex HIV treatment regimens[1].

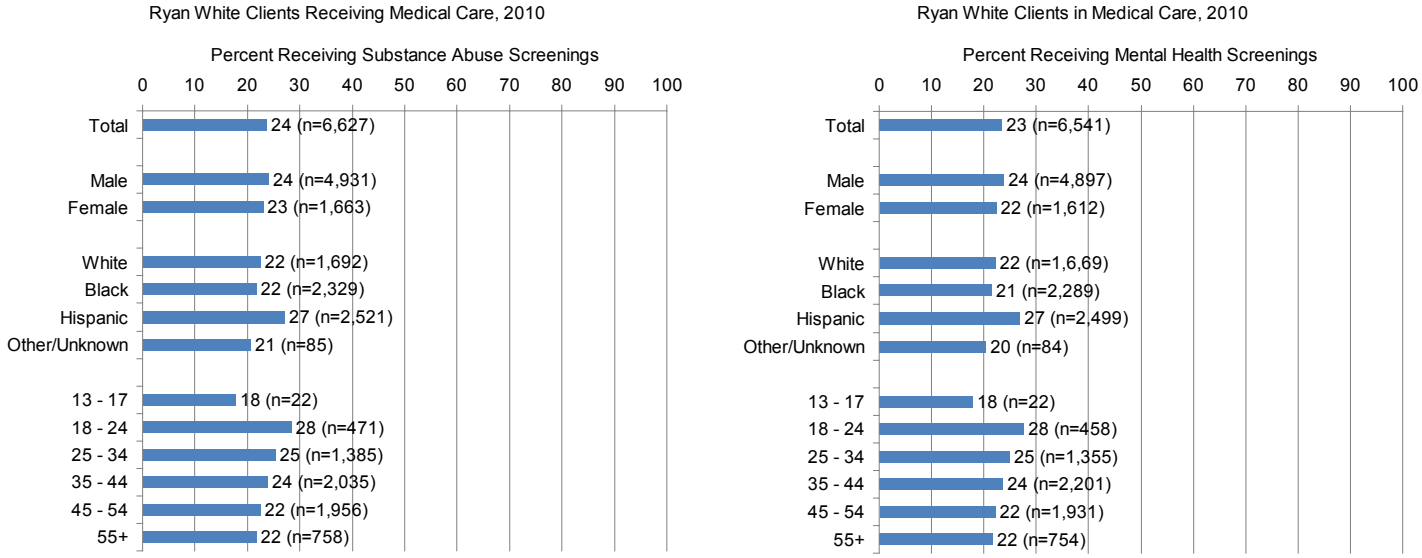
In Texas, Ryan White providers were trained on using the SAMISS (Substance Abuse and Mental Illness Screener) during 2009. Data collected from SAMISS screenings should be entered into the ARIES database at the time of screening. The ARIES database was the only source used for screening information; results reported here reflect that limitation and are given for Ryan White clients only. Ryan White clients at least 13 years of age or older who received an outpatient ambulatory care visit or a medical case management service in 2010 were checked for substance abuse and mental health screening by accessing data in the ARIES database.

In 2010, only 24% of Ryan White clients were screened for substance abuse while 23% were screened for mental health problems. No large gender differences were found, however male percentages were equal to or above the total percentage screened on both measures. Among racial/ethnic groups Hispanics (Substance Abuse and Mental Health- 27%) were more likely to be screened than Blacks (22% and 21%) or Whites (22%)[2]. PLWH ages 18-44 are more likely to be screened than the youngest (13-17) and oldest (45-55+) participants.

Figure A shows that the results for demographic groups are very similar between screening tools. This is to be expected since the SAMISS screens for both mental health and substance abuse issues. It is also conceptually consistent in that many times substance abuse and mental health issues co-occur in HIV patients as well as in the general population, as substance use is one way to self-medicate for mental health symptoms[3]. Conversely, some substances use side-effects (e.g. amphetamines) may present as mental health symptoms (loss of appetite, increased nervousness, loss of sleep) and so need to be differentially diagnosed.

1. Cohen, Et al. The Prevalence of Distress in Persons With Human Immunodeficiency Virus Infection. Psychosomatics 43:10-15, February 2002.
2. The higher percentage for Hispanics was a result of where more screenings occurred, as is seen by examining percentages screened by EMA/TGA areas. The U.S.-Mexico Border region outperformed the rest of the state to a great degree, screening 47% of PLWH for mental health issues, and 48% for substance abuse issues.
3. Douaihy AB, Jou RJ, Gorske T, Salloum IM. Triple diagnosis: dual diagnosis and HIV disease, Part 1. AIDS Read. 13(7):331-2, 339-41, July 2003.

Figure A. Screenings for Substance Abuse and Mental Health by Selected Demographics, Texas, 2010



Source: ARIES data for 2010 Ryan White clients with outpatient/ambulatory visits or medical case management; N=29,505.

In summary, Texas has a long way to go toward a goal of screening all PLWH for mental health and substance abuse issues once a year. The low percentages shown here include only PLWH enrolled in the Ryan White system of care, who presumably received more consistent care than those PLWH not linked into an organized public or private health program. This suggests that the majority of PLWH in Texas may not be routinely screened for mental health and substance abuse issues. This has serious implications for both health care outcomes and reducing the number of new infections, as substance abuse has been associated with more sexual risk taking[4] and mental health issues have been associated with decreased adherence[5].

4. Leigh, BC and Stall, R. Substance use and risky sexual behavior for exposure to HIV: Issues in methodology, interpretation, and prevention. Am Psychol. 1993 October; 48(10): 1035–1045.
5. Cohen, Et al. The Prevalence of Distress in Persons With Human Immunodeficiency Virus Infection. Psychosomatics 43:10-15, February 2002.

APPENDIX A: DATA AND METHODS FOR ENGAGEMENT IN CARE ESTIMATES

This Appendix to the Texas Unmet/Met Need Project describes the methods used to estimate the four engagement-in-care indicators used in this Profile:

1. **Unmet need**, the number and proportion of persons living with HIV in Texas who know their status and are not in HIV-related medical care;
2. **Linkage to care**, the number of newly HIV diagnosed individuals in Texas linked to medical care within three months of their HIV diagnosis;
3. **Retention in care**, the number and proportion of person living with HIV in Texas retained in care consecutively since 2007 or since their entry into care; and
4. **Continuous Care**, comprised of **continuous medical visits and continuous labs**. Continuous visits was defined the number and proportion of persons living with HIV getting two visits for routine HIV medical care or two labs (CD4 T-lymphocyte count (CD4) or viral load test) for routine HIV laboratory care, three to six months apart. Continuous labs were defined as evidence of two or more CD4 tests three to six months apart. CD4 tests rather than viral load labs were chosen for this measure because more detailed medical standards exist for CD4 labs.

This report is organized in five sections to present an understanding of the methodology used in creating these measures:

1. Data sources and matching methodology used in the Unmet/Met Need Project;
2. The construction of each of the four objectives listed above;
3. Limitations of this analysis;
4. Recommendations for interpreting trends;
5. The analytical plan for each these measures; and
6. Multivariate logistic regression results for each of the four outcomes.

Data Sources and Matching

Matching methods varied depending on the type of information that was available for matching. For data sets where names and other personal identifiers (e.g., date of birth) were available, Link King or other linking algorithms (ELR and eHARS data only) were used for matching. When only unique record numbers or limited data elements were available (e.g., first and third initial of first and last name combined with date of birth) were available, exact matching using SAS 9.2 was used.

Link King v6.51 is an application used in the linkage and unduplication of administrative datasets which incorporates both deterministic and probabilistic record linkage algorithms[1]. Link King is equipped with other features which improve record linkage and include[2]:

1. Campbell, K.M. Deck,D., and Krupski A. Record Linkage Software in the Public Domain: A Comparison of Link Plus, The Link King, and a "Basic" Deterministic Algorithm. Health Informatics Journal, 14(1):5-15.
2. Campbell, K.M. Rule Your Data with The Link King © (a SAS/AF® application for record linkage and unduplication). SAS Sugi 30 Proceddings Paper 020-30. www2.sas.com/proceedings/sugi30/020-30.pdf.

- calculation of distance between zip code centroids for use in probabilistic algorithm;
- phonetic name matching (Double Metaphone, NYSIIS and Soundex);
- approximate string matching and spelling distance algorithms;
- Nickname matching;
- Gender imputation for 20,000 names;
- Scaling of name weights ("Smith" receives less weight than "Freud"); and
- Invalid value identification (birth dates and social security numbers)

Record unduplication and linkage is conducted using up to seven pre-defined variables (first, middle, last, and maiden names as well as SSN, race, and birth date) and one user-defined variable. First, DSHS used Link King to de-duplicate most of the administrative data sets. During this process, Link King consolidates all records believed to represent the same person under a common "unique id" using the fields mentioned previously. Next, using both a probabilistic record linkage algorithm and a deterministic record linkage algorithm, Link King uses the fields mentioned previously and proprietary system ids and computes a certainty score which indicates how likely it is that two or more records represent one individual, rather than separate individuals. A classification of all record linkages along a continuum where at one end are "definite" matches and at the other end are "definite" non-matches occurs during the second stage. Although Link King allows the user to specify acceptable levels of linkage uncertainty, DSHS made use of the default settings provided and consolidated only those records where the certainty of the linkage is very high.

The following data sets were matched against HIV cases in eHARS to determine if a client had a met medical need:

- Enhanced HIV/AIDS Reporting System (eHARS) -This is the data source that is used as the universe of HIV/AIDS cases for estimating unmet need, retention to care for PLWH, linkage to care for newly diagnosed individuals and continuity of care.
- Texas AIDS Drug Assistance Program (ADAP) or State Pharmacy Assistance Program (SPAP) - If ADAP/SPAP provided antiretroviral (ARV) medications for a client, and the client was matched to an individual in eHARS (using name-based matching), the person was to considered to have met medical need for the year in which the medication was provided. If the timing of the medication matched criteria for linkage-to-care or retention in care (defined below), individuals were considered to have successful outcomes for these measures as well.
- Electronic Lab Reporting (ELR) – The largest providers of laboratory services throughout the state report CD4 and viral load labs to DSHS. Name based matching of these reports was used to determine if individuals received a CD4 count or viral load test during 2010. Please note that most paper-based labs and labs reported directly to the City of Houston health jurisdiction were not available at the time these measures were developed and are not reflected in the estimates. Data from this source were used to determine successful outcomes in all four measures listed above.
- AIDS Regional Information and Evaluation System (ARIES) – Services provided to Ryan White-eligible clients by funded service providers are reported in ARIES. If a client received a viral load, CD4 count, laboratory service, antiretroviral (ARV) medication, or an outpatient/ambulatory medical care (OAMC) visit during 2010, the client was reported as having a met medical need

during that year. When available, name based matching was used to determine persons with a met medical need. When client names were not available, matching was based on a unique record number generated in ARIES and eHARS.

- Medicaid/ Children's Health Insurance Program (CHIP) – If a client received a viral load, CD4 count, laboratory service, ARV medication, or an outpatient/ambulatory medical visit through Medicaid/CHIP during 2010, the client was reported as having a met medical need during that year. Much like data from ARIES, these data were used to determine successful outcomes for the three other outcomes, as well. Name based matching was performed to determine persons with a met medical need during. Please note that at the time of the project, the fourth quarter of the 2010 Medicaid/CHIP data was not available for release at the time these estimates were developed and are not reflected in the estimates.
- Private Insurers – For this analysis, a few of the largest private providers in Texas extracted relevant procedures (CD4 counts, viral load measurements, ARV, or an outpatient/ambulatory medical visit) from their claims systems. Matching was based on available data elements such as first and third initial of first and last name, date of birth and sex. These data was used to determine successful outcomes for all four measures.

Measures

The midyear 2010 eHARS dataset (6/30/2011) was used for the 2010 unmet need estimates, 2007-2009 unmet need updated estimates, 2007-2010 retention to care estimates, 2010 linkage to care estimates, and the 2010 continuity of care measures (OAMC visit, CD4 labs, and viral load labs or CD4 labs only).

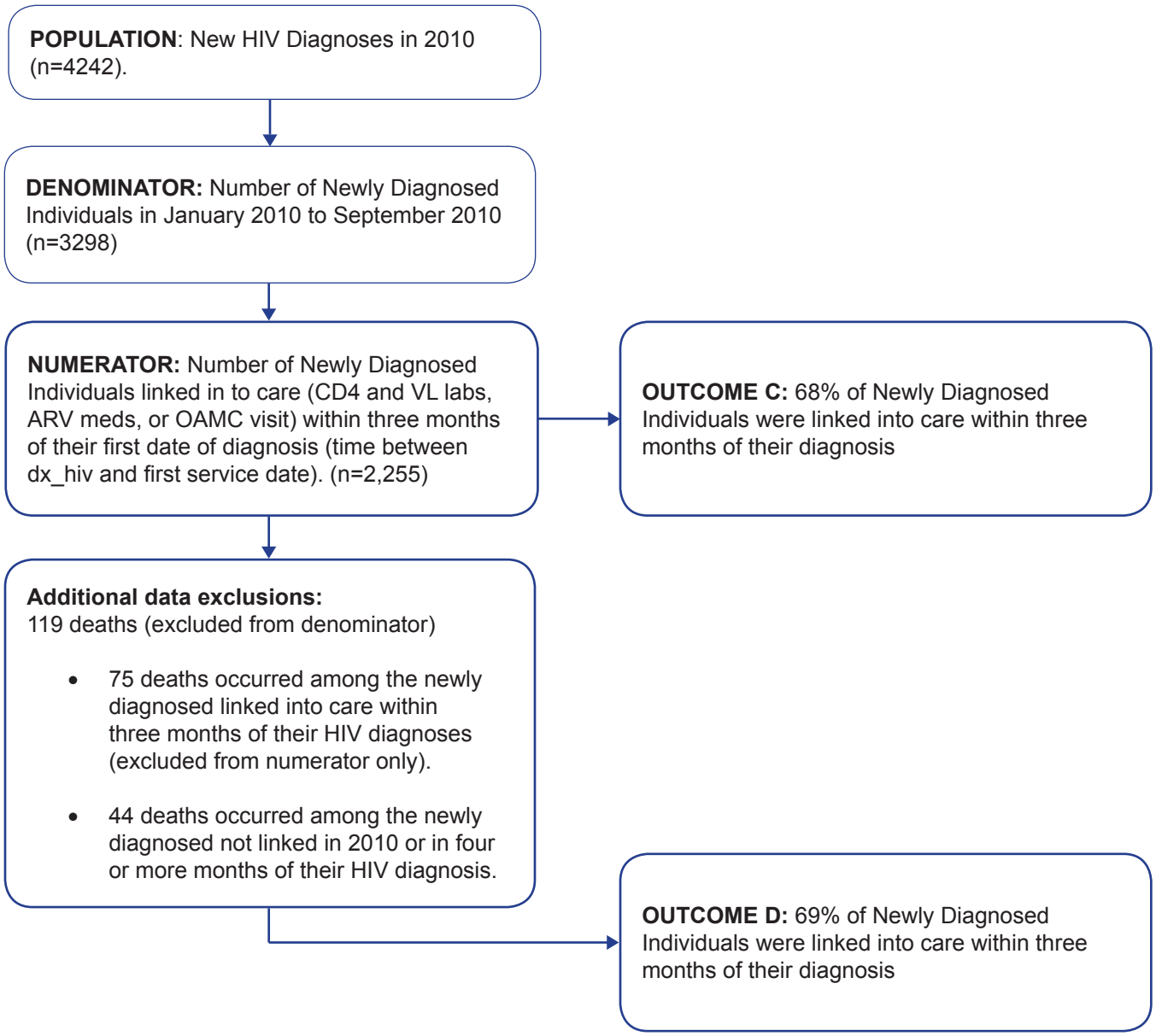
In this report, as in the past, **unmet need for medical care** is defined following the HRSA definition: a person living with HIV is said to have unmet need for medical care if there is no evidence of a CD4 count, a viral load test, antiretroviral therapy or an outpatient/ambulatory medical care visit during the defined 12 month period. Diagnosed HIV/AIDS cases that had been entered and were living on 12/31/2010 were included for the total population for unmet need in 2010. Using the datasets and matching methods described above, persons living with HIV were identified as having a **met medical need** (compared to an unmet medical need) if they received at least one of the four HIV-related medical services through any of these data sources. The **unmet need estimate** was calculated by dividing the number of PLWH in 2010 with evidence of HIV-related medical care by the total number of PLWH in 2010 (multiplied by 100). **Table 1** below shows the percentage of PLWH with unmet and met need in 2010.

Table 1. Number and Percentage of PLWH with Unmet and Met Need, 2010

Unmet		Met		Total	
#	%	#	%	#	%
21553	33.12	43524	66.88	65077	100

Following the objectives defined in the National HIV/AIDS Strategy, **linkage to care** was defined as evidence of medical care (a CD4 count, a viral load test, ARV therapy, or an OAMC visit) within three months of initial HIV diagnosis. Therefore this measure is only calculated for newly diagnosed PLWH (people diagnosed with HIV within 2010). Individuals diagnosed during the last quarter of the year were excluded from the linkage to care measure because data for the required follow-up period (January 2011-March 2011) were not available during the time that this measure was calculated. For cases diagnosed in 2010, the **linkage to care estimate** was calculated by dividing the number of new cases in 2010 with evidence of HIV-related medical care within three months of their first HIV date of diagnosis by the total number of new cases in 2010 (multiplied by 100). The diagram below shows the linkage to care measure before and after all the data exclusions were applied. Please note that the method selected is reflected in outcome D.

Figure A. Flow Diagram for Linkage to Care Measure (Operationalization Selection)



A categorical variable was coded as 0 for new cases linked into care within 3 months, 1 for new cases linked into care between four and eleven months and 2 for new cases with no evidence of medical services in 2010. Results examined and presented in the profile focused on timely linkage (with 3 months of diagnosis), but results for the proportion of newly diagnosed individuals linked in four or more months (7%) and the proportion of newly diagnosed individuals with no evidence of being linked into care in 2010 (24%) are shown in **Table 2**.

Table 2. Number and Percentage of 2010 Newly Diagnosed PLWH

Linked Into Care w/in 3 months		Linked Into Care 4-11 months		Not Linked into Care (within 2010)		Total	
#	%	#	%	#	%	#	%
2180	68.58	222	6.98	777	24.44	3179	100

Retention in care estimates for PLWH between 2007 and 2010 were developed using the longitudinal data collected by DSHS for estimating unmet and met need. PLWH in 2010 with evidence of met need consecutively between 2007 and 2010 were defined as being retained in care. Also, PLWH with evidence of HIV-related medical care consequently for three years (between 2008 and 2010) or two years (between 2009 and 2010) were also defined as being retained in care. In terms of the two latter groups, this measure captures retention in care for PLWH who came into care after 2007 because they were a new diagnosis or they were an older diagnosis previously out of care brought into care and stayed in care. **Table 3** shows the different type of care patterns observed among PLWH using the met need definition[3]. Retention in care was defined using four years of met or unmet need data.

3. Defined as at least one CD4 count, viral load test, antiretroviral therapy, or outpatient/ambulatory medical care visit.

Table 3. Type of Care Patterns Identified for PLWH across a Four Year Period Using the Met Need Definition, 2007-2010[4]

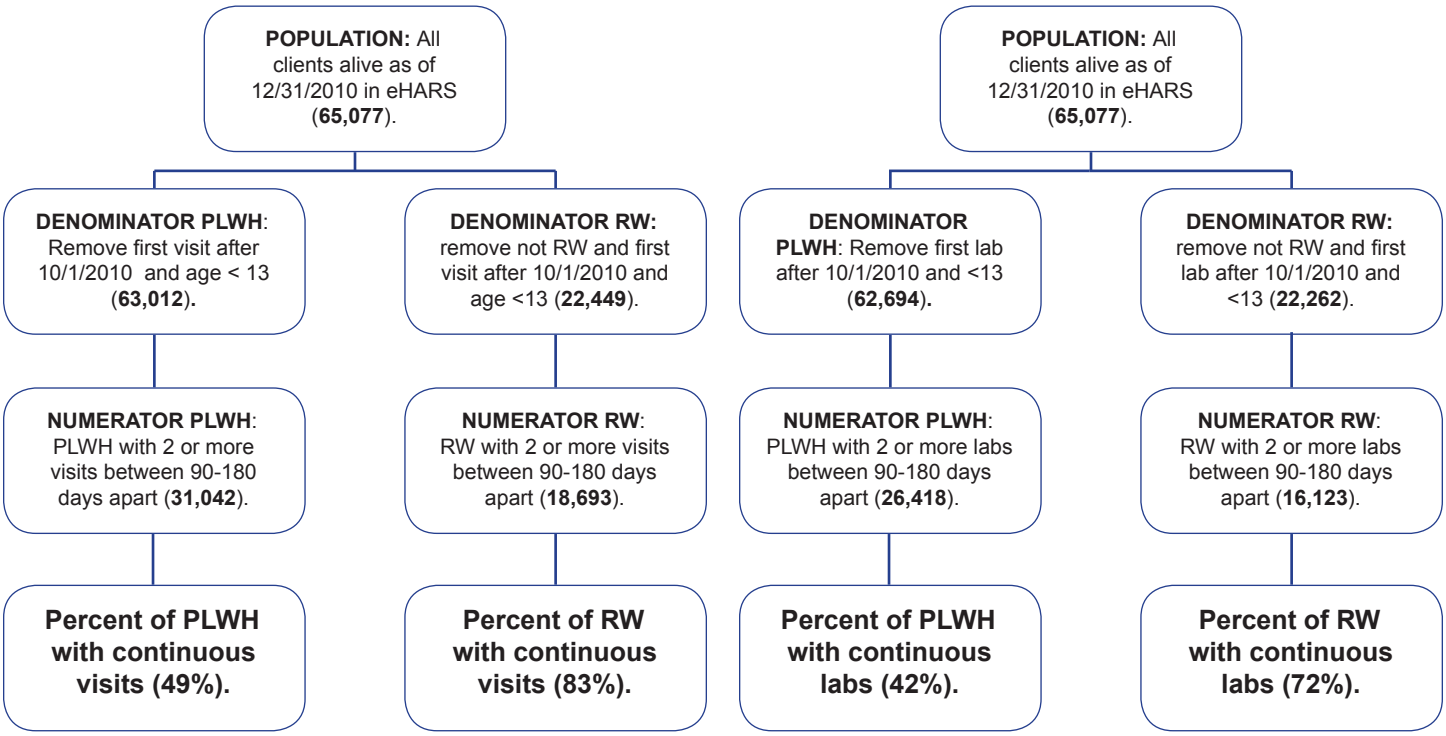
PLWH 2007-2010	#	%
	60,983	**100.00**
No Evidence of HIV-Related Care	**13,723**	**22.5**
Continuously Retained In HIV-related Care	**34,146**	**55.9**
2007-2010	24,962	
2008-2010	4,934	
2009-2010	4,250	
In-and-Out of HIV-related Care	**13,114**	**21.5**
Single year of care		
2007	1,307	
2008	854	
2009	781	
2010	2,538	
Two years of care		
2007 & 2008	1,227	
2007 & 2009	227	
2007 & 2010	828	
2008 & 2009	664	
2008 & 2010	648	
Three years of care		
2007-2009	1,485	
2007, 2008 & 2010	1,432	
2007, 2009 & 2010	1,123	

The **retention in care** measure for PLWH was calculated by dividing the number of PLWH with evidence of a CD4 count, a viral load test, ARV therapy, or an OAMC visit since 2007 OR since their entry into care (if they came in after 2007) by the total number of PLWH in 2010 (multiplied by 100). This measure captures retention in care when people came in after 2007: a) due to being a new diagnosis or b) an older diagnosis previously out of care brought into care and who stayed in care. Individuals newly diagnosed in 2010 were excluded from the retention in care measure because their observation period is restricted to one year. Instead they became the focus in the linkage to care analysis and the continuity of care analysis. A categorical variable was coded as 0 for cases in care since 2007 or since their entry into care, 1 for cases in and out of care between 2007 and 2010, and 2 for cases with no evidence of care for the entire period between 2007 and 2010. Results examined here will focus on retention in care, but results for the proportion PLWH in and out of care (21.5%) and the proportion of PLWH with no evidence of care between 2007 and 2010 (22.5%) are shown in Table 3.

4. PLWH newly diagnosed in 2010 were excluded from the retention to care measures.

Medical guidelines state that all PLWH should have a minimum of two visits and two CD4 t-cell counts within three to six months (90 -180 days) apart each year[5]. These measures are referred to as **continuous medical visits and continuous labs**. DSHS calculated **continuous medical visits and continuous labs** for all people living with HIV in Texas and the Ryan White client population. Thus, the outcomes presented here provide an additional baseline to the ones cited in the National HIV/AIDS Strategy. The diagram in **Figure B** depicts how the measures were defined and all the data exclusions applied. The measures were calculated by dividing the number of persons living with HIV (or Ryan White clients) with evidence of having two visits for routine medical care services or CD4 t-cell labs within three to six months of each other by the number of people living with HIV (or Ryan White client population) in 2010. PLWH with their first medical visit or lab after 9/30/2010 were excluded from this measure because data for the required follow-up period (January 2011-March 2011) were not available during the time that this measure was calculated.

Figure B. Flow Diagram for Continuous Medical Care and CD4 T-Cell Labs Measures (Operationalization Selection)



5. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed [09/15/2011].
AETC National Resource Center. (2007). Clinical Manual for Management of the HIV-Infected Adult. Available at: http://www.aidsetc.org/pdf/AETC-CM_071007.pdf [Accessed April 2011].
New York State Department of Health. (2011). Primary care approach to the HIV-infected patient. New York: New York State Department of Health. Available at: http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/ [Accessed April 2011].

These measures were based upon standards of care for adolescents and adults. DSHS has not yet developed measures based on standards for pediatric PLWH, so people 12 and under are included in this analysis and evaluated using the same standards as adults. Please note that a person living with HIV is included in these measures and referred to as a PLWH if they were alive at the end of 2010. Individuals with their first service (outpatient ambulatory care visit, a viral load or a CD4 t-cell count test) during the last quarter of the year, or who were newly diagnosed with HIV in the last quarter of the year were excluded from this analysis because data for the required follow-up period (January 2011-June 2011) were not available at the time of the analysis.

Limitations

The estimates of unmet need and all the measures computed using the 2010 data call for unmet need should be considered liberal estimates for a number of reasons: 1) the estimates do not include all the HIV-related care provided by the VA, Medicare, and many private providers in the state; 2) matches conducted between eHARS and some of the cases in ARIES and between eHARS and private payer data were based on a unique identifier or limited data elements rather than client name; this may underestimate the true number of clients with met need from these data sources; 3) there are persons reported in eHARS who have since moved out of the state (out-migrated cases) and since we do not have a systematic way of identifying and removing these out-migrated cases they remain in the denominator and inflate our unmet need estimate; and 4) state regional differences in electronic lab reporting and data entry of paper labs may underestimate the true number of PLWH with met need within certain areas of the state. It should also be noted that electronic lab reporting is not uniform across the state. There are several large hospital based laboratories which report their laboratory results on paper, notably in the Dallas, Fort Worth and Galveston areas. Also, the City of Houston health jurisdiction were not available at the time these measures were developed and are not reflected in the estimates. DSHS has been working on a system for entering these paper labs; however during the time period analyzed in this report the majority of the paper lab reports had not been entered. Despite these limitations, this is the best framework for estimating met and unmet need (Ikard et al.,2005; Kahn et al., 2003)[6,7].

Interpreting Unmet Need Trends

This year DSHS recalculated 2007, 2008 and 2009 met/unmet need estimates in order begin assessing unmet need trends in Texas and for examining retention in care across years. A certain level of caution is warranted when interpreting the 2007-2010 unmet and met trends. Changes in unmet need and retention in care trends across years could be a result of fluctuations in data reporting, matching returns, identification of duplicates, a cleaner eHARS file, and greater data availability and not necessarily to improvements in care. In 2009, DSHS conducted a de-duplication of records within Texas and with other states and a major death update (where eHARS records were matched with vital statistics), which have resulted in updates to a substantial number of cases, making for a more accurate estimate of unmet need. In addition, the 2010 estimates also reflect a

6. Ikard K, Janney J, Hsu LC, et al. (2005). Estimation of unmet need for HIV primary medical care: a framework and three case studies. AIDS Education Prevention, 17(6 suppl B):26–38
7. Kahn J.G., Janney, J., Franks, P.E. (2003). A practical guide to measuring unmet need for HIV-related primary medical care: using the unmet need framework. San Francisco: University of California Institute for Health Policy Studies. Available at: ftp://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf.

recent major death update and increases in lab data reporting which is the result of a mandate in Texas.

Previous estimates of unmet need (2007-2009) released by DSHS are no longer valid because they do not reflect more recent revisions to the eHARS and other data sources use to estimated unmet need. DSHS advises against comparing the more recent estimates with estimates released in the past.

Analytical Plan

The analysis plan for each measure was divided into two parts. First, descriptive population estimates are presented and show differences in sex, race/ethnicity, age, mode of transmission, geographical regions, HIV/STD co-morbidity in 2010, and a history of HIV/TB co- morbidity across all four engagement in care measures.

Second, multivariate logistic regression was utilized to examine the association between each of the first three outcome measures (unmet need, linkage and retention) and sex, race/ethnicity, age, mode of transmission, geographical region, HIV/STD co-morbidity in 2010, and a history of HIV/TB co- morbidity. Focusing solely on descriptive population estimates is limiting because observed differences between two or more groups on an outcome could be attributed to compositional differences on one or more characteristics occurring between the groups. For example, racial/ethnic differences in unmet need could be a function of age differences observed between the race/ethic groups. Therefore, logistic multivariate regression analyses are utilized to isolate the individual associations between each outcome (unmet need, linkage to care, and retention in care) and the characteristics of PLWH (sex, race/ethnicity, age, mode of transmission, co-morbidities and geographical region).

Logistic regression is an approach used for prediction, like Ordinary Least Squares (OLS) regression, but it is suited for the analyses of binary outcome variables[8]. It is a part of the Generalized Linear Model family and because the dependent variable is not a continuous one, the goal of logistic regression is to predict the likelihood that Y is equal to 1 given certain values of X or controlling for differences in the values of X. The tables provided at the end of this appendix also show **odds ratios, confidence intervals,** and **significance tests**. The table shows adjusted odds ratios since they come from a multivariate model and are used to assess if groups have lower or higher odds of the outcome when compared to the selected reference group net of other factors. Reference groups were selected based on their population size (i.e. MSM), the level of unmet need exhibited (i.e. highest or lowest), or if the group traditionally always serves as the reference group (e.g. Whites or older age groups). A positive odds ratio indicates the group exhibited a higher level of unmet need when compared to the reference group. A negative odds ratio indicates the group showed a lower level of unmet need when compared to the reference group. Confidence intervals show you the range in which a group exhibits higher or lower odds of an outcome instead of one static value. Although confidence intervals are preferred over significance tests, they are also shown because they allow DSHS to distinguish chance findings (from random error in the data) for each of the outcomes

8. Agresti, Alan. 2008. Categorical Data Analysis. John Wiley and Sons Inc. Hoboken: New Jersey.

from findings that might be replicated in future unmet need, linkage to care, and retention in care estimates. Both confidence intervals and significance testing are affected by population size and readers are advised to keep this in mind when interpreting confidence intervals and/or significance tests.

Tables 4-5 show the likelihood of having unmet need overall and for men and women separately. **Table 6** shows the likelihood of being linked into care within three months of diagnosis. **Tables 7- 9** show the likelihood of retention in care overall and for men and women separately.

Table 4. Logistic Regression Estimates Predicting 2010 Unmet Need

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Intercept	-1.2153	0.0414	<.0001			
Sex						
Male	0.4034	0.0288	<.0001	1.497	1.415	1.584
Race/Ethnicity						
Black	0.1660	0.0218	<.0001	1.181	1.131	1.232
Hispanic	0.0642	0.0242	0.0078	1.066	1.017	1.118
Other/Unknown	0.2108	0.0693	0.0024	1.235	1.078	1.414
Age						
0-1	-1.2959	1.0548	0.2192	0.274	0.035	2.163
02-12	0.4659	0.1768	0.0084	1.593	1.127	2.253
13-24	0.2431	0.0462	<.0001	1.275	1.165	1.396
25-34	0.2785	0.0301	<.0001	1.321	1.245	1.401
35-44	0.0760	0.0273	0.0053	1.079	1.023	1.138
45-54	-0.0999	0.0269	0.0002	0.905	0.859	0.954
Mode of Transmission						
IDU	0.3615	0.0296	<.0001	1.435	1.354	1.521
MSMIDU	0.1997	0.0355	<.0001	1.221	1.139	1.309
Heterosexual	0.1980	0.0292	<.0001	1.219	1.151	1.291
Pediatric/Adult Other	-0.1140	0.0982	0.2458	0.892	0.736	1.082
Region						
Austin TGA	-0.3965	0.0384	<.0001	0.673	0.624	0.725
Dallas EMA	-0.1517	0.0231	<.0001	0.859	0.821	0.899
Fort Worth TGA	-0.2133	0.0381	<.0001	0.808	0.750	0.871
San Antonio TGA	-0.2449	0.0374	<.0001	0.783	0.727	0.842
East Texas	-0.0850	0.0376	0.0239	0.919	0.853	0.989
U.S.- Mexico Border	0.1286	0.0400	0.0013	1.137	1.052	1.230
Other Texas	-0.0577	0.0369	0.1182	0.944	0.878	1.015
TDCJ	0.7942	0.0391	<.0001	2.213	2.050	2.389
Comorbidities						
HIV/STD	-0.9427	0.0677	<.0001	0.39	0.341	0.445
HIV/TB	0.2681	0.0535	<.0001	1.307	1.177	1.452

Table 5. Logistic Regression Estimates Predicting 2010 Unmet Need by Sex[9]

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Black Male	0.2156	0.0245	<.0001	1.241	1.182	1.302
Hispanic Male	0.0982	0.0262	0.0002	1.103	1.048	1.161
Other Male	0.1817	0.0798	0.0229	1.199	1.026	1.402
Black Female	-0.0529	0.0504	0.2946	0.949	0.859	1.047
Hispanic Female	-0.1381	0.0642	0.0316	0.871	0.768	0.988
Other Female	0.2246	0.1406	0.1103	1.252	0.950	1.649

Table 6. Logistic Regression Estimates Predicting Linkage to Care for Newly Diagnosed PLWH

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Intercept	1.1639	0.1832	<.0001			
Sex						
Male	-0.4294	0.1385	0.0019	0.651	0.496	0.854
Race/Ethnicity						
Black	-0.3281	0.1062	0.0020	0.720	0.585	0.887
Hispanic	0.00456	0.1158	0.9686	1.005	0.801	1.260
Other	0.2710	0.3296	0.4109	1.311	0.687	2.502
Age						
02-12	-0.7513	1.6723	0.6533	0.472	0.018	12.508
13-24	-0.2059	0.1111	0.0639	0.814	0.655	1.012
25-34	0.0912	0.1728	0.5975	1.096	0.781	1.537
35-44	0.1352	0.1073	0.2075	1.145	0.928	1.413
45-54	0.1589	0.1210	0.1893	1.172	0.925	1.486
Mode of Transmission						
IDU	-0.3892	0.1543	0.0117	0.678	0.501	0.917
MSM/IDU	-0.1673	0.2270	0.4612	0.846	0.542	1.320
Heterosexual	-0.1366	0.1357	0.3142	0.872	0.669	1.138
Pediatric/Adult Other	0.5723	1.1376	0.6149	1.772	0.191	16.477
Region						
Austin TGA	0.6627	0.2043	0.0012	1.940	1.300	2.895
Dallas EMA	0.5164	0.1068	<.0001	1.676	1.359	2.066
Fort Worth TGA	0.2691	0.1790	0.1327	1.309	0.922	1.859
San Antonio TGA	0.1157	0.1723	0.5020	1.123	0.801	1.574
East Texas	0.1103	0.1606	0.4921	1.117	0.815	1.530
U.S.- Mexico Border	0.0920	0.1729	0.5949	1.096	0.781	1.539
Other Texas	-0.3042	0.1566	0.0520	0.738	0.543	1.003
TDCJ	-0.7298	0.1894	0.0001	0.482	0.333	0.699
Comorbidities						
HIV/STD	0.0825	0.1293	0.5236	1.086	0.843	1.399

9. Includes all predictors shown in Table 4, but are not presented here.

Table 7. Logistic Regression Estimates Predicting Retention In Care for PLWH, 2007-2010

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Intercept	0.7536	0.0404	<.0001			
Sex						
Male	-0.3693	0.0286	<.0001	0.691	0.654	0.731
Race/Ethnicity						
Black	-0.1452	0.0213	<.0001	0.865	0.830	0.902
Hispanic	0.0581	0.0235	0.0135	1.060	1.012	1.110
Other	-0.1981	0.0690	0.0041	0.820	0.716	0.939
Age						
0-1	9.4257	67.3883	0.8888	>999.999	<0.001	>999.999
02-12	-0.5854	0.1709	0.0006	0.557	0.398	0.778
13-24	-0.4003	0.0497	<.0001	0.670	0.608	0.739
25-34	-0.3833	0.0297	<.0001	0.682	0.643	0.722
35-44	-0.1414	0.0263	<.0001	0.868	0.825	0.914
45-54	0.0505	0.0257	0.0495	1.052	1.000	1.106
Mode of Transmission						
IDU	-0.3014	0.0296	<.0001	0.740	0.698	0.784
MSMIDU	-0.1056	0.0350	0.0026	0.900	0.840	0.964
Heterosexual	-0.1573	0.0290	<.0001	0.854	0.807	0.904
Pediatric/Adult Other	0.3318	0.0940	0.0004	1.393	1.159	1.675
Region						
Austin TGA	0.3673	0.0363	<.0001	1.444	1.345	1.550
Dallas EMA	0.0302	0.0224	0.1777	1.031	0.986	1.077
Fort Worth TGA	0.1159	0.0365	0.0015	1.123	1.045	1.206
San Antonio TGA	0.1066	0.0356	0.0028	1.112	1.037	1.193
East Texas	0.1008	0.0370	0.0065	1.106	1.029	1.189
U.S.- Mexico Border	-0.0653	0.0403	0.1053	0.937	0.866	1.014
Other Texas	0.0349	0.0363	0.3363	1.035	0.964	1.112
TDCJ	-0.8705	0.0417	<.0001	0.419	0.386	0.454
Co-morbidities						
HIV/STD	0.6440	0.0649	<.0001	1.904	1.677	2.163
HIV/TB	-0.1361	0.0530	0.0102	0.873	0.787	0.968

Table 8. Logistic Regression Estimates Predicting Retention In Care for Males Living with HIV, 2007-2010

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Intercept	0.3718	0.0300	<.0001			
Race/Ethnicity						
Black	-0.1880	0.0240	<.0001	0.829	0.791	0.868
Hispanic	0.0340	0.0255	0.1826	1.035	0.984	1.088
Other	-0.1860	0.0794	0.0192	0.830	0.711	0.970
Age						
0-1	8.5984	57.9642	0.8821	>999.999	<0.001	>999.999
02-12	-0.6030	0.2327	0.0096	0.547	0.347	0.863
13-24	-0.3951	0.0584	<.0001	0.674	0.601	0.755
25-34	-0.3099	0.0340	<.0001	0.733	0.686	0.784
35-44	-0.0837	0.0295	0.0046	0.920	0.868	0.974
45-54	0.0880	0.0283	0.0019	1.092	1.033	1.154
Mode of Transmission						
IDU	-0.3344	0.0336	<.0001	0.716	0.670	0.764
MSMIDU	-0.1076	0.0351	0.0022	0.898	0.838	0.962
Heterosexual	-0.1073	0.0333	0.0013	0.898	0.841	0.959
Pediatric/Adult Other	0.4089	0.1219	0.0008	1.505	1.185	1.911
Region						
Austin TGA	0.3358	0.0398	<.0001	1.399	1.294	1.513
Dallas EMA	0.0156	0.0254	0.5394	1.016	0.966	1.068
Fort Worth TGA	0.0962	0.0418	0.0215	1.101	1.014	1.195
San Antonio TGA	0.0874	0.0392	0.0257	1.091	1.011	1.178
East Texas	0.0834	0.0449	0.0632	1.087	0.995	1.187
U.S.- Mexico Border	-0.0874	0.0444	0.0489	0.916	0.840	1.000
Other Texas	-0.0249	0.0417	0.5501	0.975	0.899	1.058
TDCJ	-0.8412	0.0456	<.0001	0.431	0.394	0.472
Co-morbidities						
HIV/STD	0.7323	0.0722	<.0001	2.080	1.805	2.396
HIV/TB	-0.1199	0.0589	0.0418	0.887	0.790	0.996

Table 9. Logistic Regression Estimates Predicting Retention In Care for Females Living with HIV, 2007-2010

	Parameter Estimate	Standard Error	Pr > ChiSq	Odds Ratio	95% Wald Confidence Limits	
Intercept	0.9239	0.1602	<.0001			
Race/Ethnicity						
Black	0.0337	0.0486	0.4884	1.034	0.940	1.138
Hispanic	0.1863	0.0616	0.0025	1.205	1.068	1.359
Other	-0.1868	0.1410	0.1853	0.830	0.629	1.094
Age						
0-1	10.2246	160.1	0.9491	>999.999	<0.001	>999.999
02-12	-0.6120	0.2562	0.0169	0.542	0.328	0.896
13-24	-0.4445	0.0978	<.0001	0.641	0.529	0.777
25-34	-0.6327	0.0632	<.0001	0.531	0.469	0.601
35-44	-0.3773	0.0595	<.0001	0.686	0.610	0.771
45-54	-0.1143	0.0617	0.0642	0.892	0.790	1.007
Mode of Transmission						
IDU	-0.3826	0.1520	0.0118	0.682	0.506	0.919
Heterosexual	-0.3365	0.1473	0.0224	0.714	0.535	0.953
Region						
Austin TGA	0.3358	0.0398	<.0001	1.638	1.370	1.958
Dallas EMA	0.0156	0.0254	0.5394	1.068	0.972	1.173
Fort Worth TGA	0.0962	0.0418	0.0215	1.207	1.042	1.398
San Antonio TGA	0.0874	0.0392	0.0257	1.215	1.024	1.442
East Texas	0.0834	0.0449	0.0632	1.188	1.044	1.353
US Mexico Border	-0.0874	0.0444	0.0489	1.032	0.853	1.249
Other Texas	-0.0249	0.0417	0.5501	1.270	1.098	1.469
TDCJ	-0.8412	0.0456	<.0001	0.365	0.296	0.450
Co-morbidities						
HIV/STD	0.7323	0.0722	<.0001	1.231	0.914	1.657
HIV/TB	-0.1199	0.0589	0.0418	0.833	0.656	1.057

Appendix B: People Living with HIV and New Diagnoses of HIV/AIDS for HSDA in Texas and by County

This appendix lists the demographic and risk data for the HIV Service Delivery Areas (HSDA) in Texas for people living with HIV (PLWH) as well as for new diagnoses. The case numbers and rates are listed by county for each HSDA as well. Five years worth of data are provided so trends can be identified. All data in this appendix were extracted from the eHARS database and are current as of July 1, 2011. Rates are calculated using data from the Texas State Data Center population estimates.

One technical note to keep in mind when interpreting these data concerns the number of cases involved in some of the table cells. If there are a small number of cases, the rate associated with the number is considered statistically unstable. This is because with so few cases, the rate can fluctuate from year to year. For example, if there are two new diagnoses for a particular county in 2009 with a rate of 25 cases per 100,000 but in 2010 there was one new diagnosis with a case rate of 12 per 100,000, it would be tempting to conclude HIV is becoming less of a concern in this county. A more accurate interpretation of these rates would be that with such a small number of cases, the rate will continue to fluctuate and so a multi-year trend for the county will be ambiguous. The CDC recommends that the rate of any cell with less than four cases should be considered statistically unstable and should be interpreted with caution.[1]

[1] Klein, R.J. et al. 2002. Healthy People 2010 Criteria for Data Suppression. Healthy People 2010 Statistical Notes, 24, Centers for Disease Control and Prevention

Abilene HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Abilene HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	234	72.2	241	74.4	249	76.9	261	80.3	270	80.8
Status										
HIV	97	29.9	100	30.9	91	28.1	99	30.4	96	28.7
AIDS	137	42.3	141	43.5	158	48.8	162	49.8	174	52.1
Sex										
Male	173	106.4	177	108.7	182	111.7	194	118.5	204	121.6
Female	61	37.8	64	39.7	67	41.6	67	41.5	66	39.7
Race/Ethnicity										
White	147	62.7	151	65.3	157	68.5	161	70.4	165	70.9
Black	44	239.4	48	257.4	48	255.6	52	274.7	55	279.4
Hispanic	41	61.3	40	57.6	42	59.2	46	63.4	49	64.0
Other^	1	22.5	1	20.8	1	20.2	1	19.4	1	19.3
Unknown**	1	-	1	-	1	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	3	6.6	4	8.8	4	8.7	2	4.3	2	4.0
13-24	13	21.6	12	21.0	9	16.1	12	22.0	11	20.5
25-34	34	80.7	34	74.5	39	82.8	40	82.1	41	76.6
35-44	85	213.3	88	236.1	80	222.3	84	240.1	81	223.6
45-54	73	171.5	74	173.2	82	192.5	85	201.5	89	212.8
>55	26	30.7	29	33.6	35	40.1	38	42.8	46	51.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	107	45.7	111	45.9	114	45.6	125	47.8	132	48.9
IDU	54	23.1	52	21.7	52	21.0	55	21.1	55	20.4
MSMIDU	30	12.8	30	12.4	32	12.9	29	11.3	30	11.0
Hetero	36	15.5	40	16.7	43	17.3	44	16.8	45	16.8
Perinatal	6	2.6	7	2.9	7	2.8	7	2.7	7	2.6
Other	1	0.4	1	0.4	1	0.4	1	0.4	1	0.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Islander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Abilene HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brown County	36	94.3	36	93.1	39	100.8	40	103.3	38	95.2
Callahan County	6	44.5	6	43.6	6	43.5	8	57.5	10	68.8
Coleman County	8	90.2	8	92.1	8	92.3	7	80.9	7	78.3
Comanche County	5	35.8	5	35.3	5	35.3	6	42.3	6	42.1
Eastland County	7	37.9	8	43.7	8	44.0	9	49.2	9	47.9
Fisher County	3	70.5	3	71.9	4	96.4	4	97.3	4	96.0
Haskell County	7	124.1	7	125.1	7	125.7	8	141.9	8	135.6
Jones County	7	33.9	8	39.4	9	44.4	13	64.3	14	67.4
Kent County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Knox County	2	50.2	2	51.9	2	52.3	2	51.3	1	23.6
Mitchell County	4	41.8	4	42.0	5	52.5	4	41.6	4	40.8
Nolan County	10	65.9	11	75.0	13	86.7	11	72.7	12	83.3
Runnels County	4	35.6	5	46.1	5	46.3	5	45.6	6	51.0
Scurry County	3	18.8	3	18.5	3	18.5	3	18.4	3	17.4
Shackelford County	1	30.7	1	29.8	1	30.0	1	29.6	1	28.9
Stephens County	2	20.8	2	20.7	3	31.1	3	31.0	3	29.2
Stonewall County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Taylor County	129	100.9	132	102.9	131	102.4	137	106.8	144	109.7
Throckmorton County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Abilene HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Abilene HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	17	5.2	14	4.3	15	4.6	21	6.5	12	3.6
Sex										
Male	14	8.6	9	5.5	12	7.4	19	11.6	11	6.6
Female	3	1.9	5	3.1	3	1.9	2	1.2	1	0.6
Race/Ethnicity										
White	7	3.0	8	3.5	9	3.9	12	5.3	6	2.6
Black	6	32.6	6	32.2	3	16.0	4	21.1	3	15.2
Hispanic	3	4.5	0	0.0	3	4.2	5	6.9	3	3.9
Other^	1	22.5	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	2.2	0	0.0	0	0.0	0	0.0
13-24	4	6.6	2	3.5	2	3.6	3	5.5	3	5.6
25-34	6	14.2	4	8.8	5	10.6	5	10.3	2	3.7
35-44	4	10.0	5	13.4	4	11.1	7	20.0	5	13.8
45-54	1	2.3	2	4.7	3	7.0	4	9.5	1	2.4
>55	2	2.4	0	0.0	1	1.1	2	2.3	1	1.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	6	32.9	5	32.9	9	60.0	15	69.5	7	60.0
IDU	6	33.5	3	23.6	0	1.3	4	20.5	1	10.0
MSMIDU	4	23.5	1	7.9	2	13.3	1	2.9	1	10.0
Hetero	2	10.0	4	28.6	4	25.3	2	7.1	2	20.0
Perinatal	0	0.0	1	7.1	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Abilene HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brown County	3	7.9	0	0.0	4	10.3	1	2.6	0	0.0
Callahan County	0	0.0	0	0.0	0	0.0	2	14.4	1	6.9
Coleman County	1	11.3	0	0.0	0	0.0	0	0.0	0	0.0
Comanche County	0	0.0	0	0.0	0	0.0	1	7.0	0	0.0
Eastland County	1	5.4	1	5.5	0	0.0	0	0.0	0	0.0
Fisher County	0	0.0	0	0.0	1	24.1	0	0.0	0	0.0
Haskell County	2	35.5	0	0.0	1	18.0	1	17.7	0	0.0
Jones County	3	14.5	1	4.9	0	0.0	4	19.8	2	9.6
Kent County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Knox County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mitchell County	0	0.0	0	0.0	1	10.5	0	0.0	0	0.0
Nolan County	1	6.6	1	6.8	1	6.7	0	0.0	0	0.0
Runnels County	0	0.0	1	9.2	0	0.0	0	0.0	0	0.0
Scurry County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Shackelford County	0	0.0	0	0.0	0	0.0	1	29.6	0	0.0
Stephens County	0	0.0	0	0.0	1	10.4	0	0.0	0	0.0
Stonewall County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Taylor County	6	4.7	10	7.8	6	4.7	11	8.6	9	6.9
Throckmorton County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Amarillo HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Amarillo HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	345	84.0	356	85.0	371	88.1	372	87.7	377	86.4
Status										
HIV	162	39.4	166	39.6	167	39.7	174	41.0	186	42.6
AIDS	183	44.5	190	45.4	204	48.4	198	46.7	191	43.7
Sex										
Male	288	139.5	293	139.0	300	141.4	298	139.3	301	137.5
Female	57	27.9	63	30.3	71	34.0	74	35.2	76	34.9
Race/Ethnicity										
White	207	76.1	209	76.9	219	81.1	220	81.8	223	80.7
Black	47	239.1	49	244.1	49	242.4	47	231.7	47	220.3
Hispanic	81	73.1	87	73.9	93	76.7	95	76.1	97	75.6
Other^	6	69.9	7	75.6	8	83.9	9	91.4	10	94.6
Unknown**	4	-	4	-	2	-	1	-	0	-
Age Group										
<2	0	0.0	1	7.9	1	7.9	0	0.0	0	0.0
2-12	1	1.5	0	0.0	0	0.0	1	1.5	1	1.5
13-24	3	3.9	5	6.6	11	14.6	12	16.0	13	17.2
25-34	64	119.8	51	91.4	53	92.4	55	93.3	52	83.2
35-44	130	235.3	141	257.5	133	246.1	123	229.8	128	234.6
45-54	111	197.9	114	198.2	119	207.0	122	213.1	123	210.5
>55	36	38.9	44	45.6	54	54.8	59	58.7	60	57.2
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	176	51.0	183	51.3	187	50.4	184	49.5	190	50.4
IDU	63	18.1	60	16.7	64	17.2	62	16.7	61	16.2
MSMIDU	43	12.5	44	12.4	46	12.5	47	12.7	46	12.3
Hetero	61	17.6	65	18.4	70	18.9	74	19.9	76	20.1
Perinatal	2	0.6	3	0.8	3	0.8	3	0.8	3	0.8
Other	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Amarillo HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Armstrong County	1	46.5	1	45.8	1	45.6	1	45.6	1	43.9
Briscoe County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Carson County	3	46.3	3	46.6	3	47.1	3	47.2	3	44.3
Castro County	2	26.1	2	26.5	2	26.4	1	13.2	1	13.5
Childress County	2	26.0	1	13.0	1	13.0	1	13.0	3	37.8
Collingsworth County	1	32.9	1	33.2	1	33.1	1	33.0	1	31.7
Dallam County	3	48.1	4	64.0	4	63.4	4	63.1	4	59.2
Deaf Smith County	7	37.6	9	48.2	9	48.0	10	53.4	10	48.7
Donley County	3	76.9	3	75.5	3	76.0	3	75.4	3	77.5
Gray County	7	31.6	7	31.1	9	39.7	9	39.7	8	35.0
Hall County	1	26.8	2	55.8	3	84.5	2	55.3	2	52.1
Hansford County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hartley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hemphill County	1	29.1	1	28.3	1	28.4	1	28.3	1	27.8
Hutchinson County	6	26.8	5	22.0	6	26.5	7	30.8	7	29.7
Lipscomb County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Moore County	8	40.0	9	45.3	10	49.5	10	48.7	10	47.4
Ochiltree County	3	32.7	3	32.2	3	31.4	3	30.8	3	30.0
Oldham County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Parmer County	4	40.6	5	51.6	8	83.0	8	82.2	8	78.2
Potter County	262	219.5	267	219.5	271	222.3	268	219.6	270	213.7
Randall County	24	21.8	27	23.4	29	24.9	33	27.9	35	29.1
Roberts County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sherman County	4	119.3	3	96.5	4	128.0	4	127.0	4	119.0
Swisher County	2	24.7	2	24.9	2	25.0	2	24.9	2	24.4
Wheeler County	1	19.8	1	19.9	1	19.5	1	19.2	1	19.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Amarillo HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Amarillo HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	21	5.1	22	5.3	25	5.9	17	4.0	15	3.4
Sex										
Male	16	7.8	15	7.1	17	8.0	12	5.6	10	4.6
Female	5	2.4	7	3.4	8	3.8	5	2.4	5	2.3
Race/Ethnicity										
White	10	3.7	11	4.0	14	5.2	6	2.2	9	3.3
Black	3	15.3	3	14.9	0	0.0	3	14.8	1	4.7
Hispanic	7	6.3	7	5.9	10	8.2	7	5.6	4	3.1
Other^	1	11.6	1	10.8	1	10.5	1	10.2	1	9.5
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	1	7.9	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	2.6	3	3.9	7	9.3	4	5.3	1	1.3
25-34	8	15.0	4	7.2	6	10.5	7	11.9	5	8.0
35-44	5	9.0	7	12.8	6	11.1	3	5.6	5	9.2
45-54	5	8.9	6	10.4	4	7.0	0	0.0	4	6.8
>55	1	1.1	1	1.0	2	2.0	3	3.0	0	0.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	10	48.1	11	50.0	9	37.6	9	54.7	9	58.0
IDU	3	12.9	3	12.3	6	23.2	3	15.3	3	18.7
MSMIDU	1	5.2	1	6.4	3	12.4	1	6.5	0	0.0
Hetero	7	33.8	6	26.8	7	26.8	4	23.5	4	23.3
Perinatal	0	0.0	1	4.5	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Amarillo HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Armstrong County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Briscoe County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Carson County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Castro County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Childress County	0	0.0	0	0.0	0	0.0	0	0.0	2	25.2
Collingsworth County	1	32.9	0	0.0	0	0.0	0	0.0	0	0.0
Dallam County	0	0.0	1	16.0	0	0.0	0	0.0	0	0.0
Deaf Smith County	2	10.8	3	16.1	1	5.3	1	5.3	0	0.0
Donley County	0	0.0	0	0.0	1	25.3	0	0.0	0	0.0
Gray County	2	9.0	0	0.0	2	8.8	0	0.0	0	0.0
Hall County	0	0.0	1	27.9	0	0.0	0	0.0	0	0.0
Hansford County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hartley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hemphill County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hutchinson County	1	4.5	0	0.0	1	4.4	1	4.4	1	4.2
Lipscomb County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Moore County	0	0.0	1	5.0	1	5.0	0	0.0	0	0.0
Ochiltree County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Oldham County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Parmer County	1	10.1	1	10.3	3	31.1	1	10.3	0	0.0
Potter County	12	10.1	11	9.0	13	10.7	9	7.4	10	7.9
Randall County	2	1.8	4	3.5	2	1.7	5	4.2	2	1.7
Roberts County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sherman County	0	0.0	0	0.0	1	32.0	0	0.0	0	0.0
Swisher County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Wheeler County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Austin HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Austin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	3,676	234.8	3,883	231.4	4,078	232.9	4,239	235.3	4,418	241.0
Status										
HIV	1,459	93.2	1,552	92.5	1,635	93.4	1,689	93.7	1,816	99.1
AIDS	2,217	141.6	2,331	138.9	2,443	139.5	2,550	141.5	2,602	141.9
Sex										
Male	3,086	386.4	3,269	380.9	3,429	382.2	3,571	386.4	3,720	394.6
Female	590	76.9	614	74.9	649	76.0	668	76.1	698	78.4
Race/Ethnicity										
White	1,833	196.0	1,914	196.0	2,001	199.0	2,070	202.6	2,159	211.5
Black	891	763.0	926	727.4	959	725.3	995	736.5	1,025	739.3
Hispanic	902	202.0	990	198.2	1,060	198.6	1,116	198.7	1,173	199.8
Other^	30	44.7	32	42.9	35	44.0	38	45.5	41	47.3
Unknown**	20	-	21	-	23	-	20	-	20	-
Age Group										
<2	1	2.1	2	4.0	1	1.9	0	0.0	0	0.0
2-12	15	6.4	11	4.4	12	4.6	11	4.1	9	3.5
13-24	119	42.0	142	48.3	158	52.1	151	48.7	165	53.6
25-34	643	237.4	665	230.5	677	225.5	698	227.5	711	234.0
35-44	1,469	574.1	1,457	535.4	1,403	498.1	1,375	478.0	1,336	441.0
45-54	1,077	502.4	1,187	506.8	1,347	548.1	1,427	562.1	1,536	568.7
>55	352	136.2	419	144.8	480	155.3	577	176.9	661	195.9
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	2,261	61.5	2,427	62.5	2,579	63.2	2,706	63.8	2,846	64.4
IDU	476	13.0	472	12.2	477	11.7	472	11.1	479	10.8
MSMIDU	354	9.6	353	9.1	352	8.6	356	8.4	359	8.1
Hetero	548	14.9	593	15.3	629	15.4	663	15.6	693	15.7
Perinatal	32	0.9	33	0.8	34	0.8	36	0.8	36	0.8
Other	5	0.1	5	0.1	6	0.1	6	0.1	6	0.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Austin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bastrop County	60	86.3	64	88.5	72	98.1	75	100.1	89	108.9
Blanco County	3	32.0	3	31.9	3	31.7	3	31.7	4	38.7
Burnet County	24	60.8	26	61.2	28	64.9	29	65.8	31	65.2
Caldwell County	29	81.9	32	89.5	35	95.5	37	99.3	45	116.2
Fayette County	14	60.8	14	58.5	14	58.1	12	49.6	13	51.5
Hays County	92	72.9	105	75.2	113	76.6	121	78.4	122	74.4
Lee County	12	72.3	12	69.8	13	75.5	13	75.3	13	71.7
Llano County	6	32.3	7	36.6	6	31.2	5	25.9	5	25.8
Travis County	3,212	358.2	3,369	355.7	3,517	355.9	3,649	360.3	3,791	381.9
Williamson County	224	67.7	251	67.7	277	70.7	295	72.3	305	70.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Austin HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Austin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	254	16.2	280	16.7	265	15.1	225	12.5	238	13.0
Sex										
Male	210	26.3	233	27.1	218	24.3	191	20.7	202	21.4
Female	44	5.7	47	5.7	47	5.5	34	3.9	36	4.0
Race/Ethnicity										
White	106	11.3	112	11.5	116	11.5	92	9.0	112	11.0
Black	60	51.4	64	50.3	52	39.3	52	38.5	51	36.8
Hispanic	83	18.6	101	20.2	89	16.7	74	13.2	70	11.9
Other^	3	4.5	3	4.0	3	3.8	4	4.8	2	2.3
Unknown**	2	-	0	-	5	-	3	-	3	-
Age Group										
<2	1	2.1	1	2.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	2	0.8	0	0.0
13-24	49	17.3	52	17.7	49	16.1	36	11.6	53	17.2
25-34	74	27.3	87	30.2	78	26.0	73	23.8	65	21.4
35-44	86	33.6	82	30.1	81	28.8	60	20.9	66	21.8
45-54	35	16.3	41	17.5	36	14.6	42	16.5	42	15.6
>55	9	3.5	17	5.9	21	6.8	12	3.7	12	3.6
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	169	66.4	192	68.6	190	71.7	155	69.0	168	70.6
IDU	16	6.1	22	7.8	17	6.3	14	6.2	22	9.0
MSMIDU	10	3.9	12	4.2	8	3.1	11	4.7	9	3.6
Hetero	58	22.8	53	19.1	49	18.5	43	19.2	40	16.8
Perinatal	1	0.4	1	0.4	0	0.0	2	0.9	0	0.0
Other	1	0.4	0	0.0	1	0.4	0	0.0	0	0.0

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^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Austin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bastrop County	4	5.8	7	9.7	8	10.9	3	4.0	13	15.9
Blanco County	0	0.0	0	0.0	0	0.0	0	0.0	1	9.7
Burnet County	2	5.1	2	4.7	2	4.6	2	4.5	2	4.2
Caldwell County	0	0.0	3	8.4	4	10.9	4	10.7	7	18.1
Fayette County	0	0.0	0	0.0	2	8.3	0	0.0	1	4.0
Hays County	3	2.4	14	10.0	10	6.8	7	4.5	3	1.8
Lee County	0	0.0	0	0.0	1	5.8	0	0.0	0	0.0
Llano County	0	0.0	1	5.2	0	0.0	0	0.0	0	0.0
Travis County	220	24.5	223	23.5	209	21.1	186	18.4	197	19.8
Williamson County	25	7.6	30	8.1	29	7.4	23	5.6	14	3.2

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Beaumont-Port Arthur HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Beaumont-Port Arthur HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	703	184.1	737	193.2	792	207.4	833	216.9	882	232.2
Status										
HIV	358	93.8	371	97.3	397	104.0	427	111.2	453	119.2
AIDS	345	90.4	366	95.9	395	103.5	406	105.7	429	112.9
Sex										
Male	464	242.1	486	253.2	521	270.9	542	280.0	569	297.9
Female	239	125.7	251	132.4	271	143.0	291	152.8	313	165.7
Race/Ethnicity										
White	245	104.9	253	111.2	267	118.8	276	123.6	282	130.2
Black	405	417.8	430	441.4	466	476.2	494	501.9	534	518.5
Hispanic	41	105.0	43	100.2	44	97.6	48	101.3	50	110.1
Other^	8	64.9	7	51.7	8	56.6	8	54.0	9	60.4
Unknown**	4	-	4	-	7	-	7	-	7	-
Age Group										
<2	1	9.8	2	19.4	2	19.3	2	19.2	1	9.6
2-12	5	8.7	5	8.9	6	10.7	6	10.7	4	7.1
13-24	48	69.0	61	88.1	60	87.3	65	94.7	69	104.5
25-34	132	265.4	133	261.6	157	300.6	180	334.4	197	349.3
35-44	222	418.9	216	426.2	215	434.8	206	424.7	203	449.7
45-54	227	416.6	239	436.7	255	467.3	267	492.1	283	541.5
>55	68	77.8	81	90.6	97	107.1	107	115.8	125	134.4
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	278	39.5	295	40.0	311	39.3	333	39.9	350	39.7
IDU	123	17.5	123	16.7	130	16.4	125	15.0	127	14.4
MSMIDU	55	7.9	58	7.9	55	7.0	51	6.2	53	6.0
Hetero	229	32.6	242	32.9	276	34.8	303	36.4	331	37.5
Perinatal	15	2.1	16	2.2	17	2.1	18	2.2	19	2.2
Other	3	0.4	3	0.4	3	0.4	3	0.4	3	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Beaumont-Port Arthur HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Hardin County	25	49.8	26	50.8	30	58.1	35	65.9	39	74.7
Jefferson County	612	247.5	637	258.8	683	277.5	717	290.6	757	311.7
Orange County	66	78.3	74	87.9	79	94.0	81	96.3	86	101.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Beaumont-Port Arthur HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Beaumont-Port Arthur HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	47	12.3	66	17.3	77	20.2	82	21.4	73	19.2
Sex										
Male	32	16.7	45	23.4	49	25.5	50	25.8	46	24.1
Female	15	7.9	21	11.1	28	14.8	32	16.8	27	14.3
Race/Ethnicity										
White	10	4.3	16	7.0	21	9.3	20	9.0	15	6.9
Black	34	35.1	49	50.3	45	46.0	56	56.9	53	51.5
Hispanic	2	5.1	1	2.3	6	13.3	5	10.5	4	8.8
Other^	1	8.1	0	0.0	1	7.1	0	0.0	1	6.7
Unknown**	0	-	0	-	4	-	1	-	0	-
Age Group										
<2	1	9.8	1	9.7	1	9.7	1	9.6	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	1	1.8
13-24	13	18.7	21	30.3	15	21.8	24	35.0	17	25.7
25-34	7	14.1	13	25.6	23	44.0	27	50.2	17	30.1
35-44	12	22.6	16	31.6	19	38.4	15	30.9	16	35.4
45-54	8	14.7	13	23.8	13	23.8	10	18.4	16	30.6
>55	6	6.9	2	2.2	6	6.6	5	5.4	6	6.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	19	39.8	30	45.0	24	31.0	32	39.4	28	38.1
IDU	5	10.6	7	10.9	12	15.8	6	7.8	7	9.7
MSMIDU	2	4.9	2	3.5	2	3.0	1	0.6	2	3.3
Hetero	20	42.6	26	39.1	38	48.8	42	51.0	35	47.5
Perinatal	1	2.1	1	1.5	1	1.3	1	1.2	1	1.4
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Beaumont-Port Arthur HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Hardin County	2	4.0	2	3.9	4	7.7	5	9.4	5	9.6
Jefferson County	43	17.4	57	23.2	67	27.2	69	28.0	59	24.3
Orange County	2	2.4	7	8.3	6	7.1	8	9.5	9	10.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Brownsville HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Brownsville HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	1,133	105.2	1,217	107.5	1,301	114.2	1,384	119.5	1,494	121.2
Status										
HIV	474	44.0	500	44.2	545	47.8	610	52.7	695	56.4
AIDS	659	61.2	717	63.3	756	66.4	774	66.8	799	64.8
Sex										
Male	897	170.8	957	172.8	1,026	183.8	1,099	193.5	1,186	195.7
Female	236	42.8	260	45.0	275	47.3	285	48.3	308	49.2
Race/Ethnicity										
White	127	116.2	131	122.5	136	131.5	138	135.3	153	142.2
Black	13	359.7	14	385.0	17	475.7	20	561.0	21	553.2
Hispanic	988	103.4	1,067	105.4	1,144	111.9	1,223	117.4	1,316	118.7
Other^	3	35.3	3	31.7	3	30.5	3	29.2	4	32.3
Unknown**	2	-	2	-	1	-	0	-	0	-
Age Group										
<2	1	2.0	2	3.9	0	0.0	0	0.0	0	0.0
2-12	6	2.8	7	3.2	9	4.1	8	3.6	8	3.3
13-24	63	27.2	66	27.0	79	32.3	82	33.2	89	36.4
25-34	266	179.9	274	177.3	279	178.9	299	187.9	324	183.3
35-44	397	285.0	403	272.4	419	280.6	438	288.5	449	283.0
45-54	291	260.3	346	291.6	374	312.1	392	320.8	431	319.5
>55	109	58.9	119	60.5	141	70.7	165	80.9	193	89.4
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	619	54.6	657	54.0	714	54.9	774	55.9	854	57.1
IDU	142	12.5	152	12.5	148	11.4	154	11.2	154	10.3
MSMIDU	50	4.4	53	4.3	54	4.2	55	4.0	55	3.7
Hetero	303	26.8	333	27.4	363	27.9	378	27.3	409	27.4
Perinatal	18	1.6	20	1.6	20	1.5	20	1.4	20	1.3
Other	2	0.2	2	0.2	2	0.2	2	0.1	2	0.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Brownsville HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Cameron County	451	119.3	479	122.4	509	129.4	542	136.6	579	138.7
Hidalgo County	658	97.1	713	99.0	760	104.8	807	109.1	874	110.2
Willacy County	24	116.1	25	119.1	32	152.6	35	166.8	41	186.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Brownsville HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Brownsville HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	113	10.5	108	9.5	116	10.2	124	10.7	139	11.3
Sex										
Male	92	17.5	80	14.4	95	17.0	107	18.8	113	18.6
Female	21	3.8	28	4.8	21	3.6	17	2.9	26	4.1
Race/Ethnicity										
White	5	4.6	8	7.5	10	9.7	6	5.9	16	14.9
Black	1	27.7	1	27.5	3	83.9	3	84.2	1	26.3
Hispanic	107	11.2	99	9.8	103	10.1	115	11.0	121	10.9
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	8.1
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	1	2.0	1	1.9	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0
13-24	20	8.6	15	6.1	30	12.3	28	11.3	26	10.6
25-34	29	19.6	36	23.3	33	21.2	43	27.0	47	26.6
35-44	31	22.3	26	17.6	29	19.4	32	21.1	31	19.5
45-54	31	27.7	23	19.4	17	14.2	16	13.1	26	19.3
>55	1	0.5	6	3.0	7	3.5	5	2.5	9	4.2
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	62	54.6	49	45.4	73	62.5	82	66.1	93	66.7
IDU	15	13.5	14	12.5	8	6.5	11	9.0	7	4.8
MSMIDU	4	3.5	5	4.7	3	2.2	2	1.9	4	2.7
Hetero	31	27.5	38	35.6	33	28.8	29	23.0	36	25.8
Perinatal	1	0.9	2	1.9	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Brownsville HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Cameron County	37	9.8	43	11.0	45	11.4	46	11.6	52	12.5
Hidalgo County	73	10.8	65	9.0	63	8.7	74	10.0	82	10.3
Willacy County	3	14.5	0	0.0	8	38.1	4	19.1	5	22.7

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Bryan-College Sta. HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Bryan-College Sta. HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	293	104.2	324	111.4	350	118.0	369	121.6	386	127.6
Status										
HIV	149	53.0	162	55.7	176	59.3	188	62.0	198	65.5
AIDS	144	51.2	162	55.7	174	58.6	181	59.6	188	62.2
Sex										
Male	186	129.6	206	138.7	223	147.1	241	155.4	250	161.2
Female	107	77.7	118	83.0	127	87.6	128	86.3	136	92.3
Race/Ethnicity										
White	87	47.6	95	51.1	102	54.1	106	55.4	110	59.1
Black	161	407.3	178	433.9	191	459.1	204	483.5	217	494.3
Hispanic	43	85.8	48	88.5	53	93.4	53	89.2	53	86.5
Other^	1	11.2	2	21.0	3	30.2	3	28.9	3	27.3
Unknown**	1	-	1	-	1	-	3	-	3	-
Age Group										
<2	0	0.0	1	12.7	1	12.5	0	0.0	0	0.0
2-12	4	10.8	2	5.2	2	5.1	3	7.5	2	4.8
13-24	20	26.1	24	31.2	32	41.3	38	48.7	39	51.1
25-34	73	186.9	83	199.1	86	197.8	83	182.7	79	167.9
35-44	100	302.5	106	320.2	104	315.8	107	326.4	107	329.0
45-54	66	198.2	72	206.1	89	249.5	96	264.4	111	320.2
>55	30	55.0	36	62.1	36	59.9	42	67.1	48	77.3
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	104	35.4	118	36.4	134	38.2	149	40.4	155	40.2
IDU	50	17.0	55	16.9	55	15.6	56	15.3	59	15.3
MSMIDU	17	5.8	16	5.0	17	4.7	17	4.7	18	4.7
Hetero	115	39.4	127	39.3	137	39.2	139	37.6	146	37.9
Perinatal	6	2.0	7	2.2	7	2.0	7	1.9	6	1.6
Other	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Bryan-College Sta. HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brazos County	191	118.7	211	124.7	234	134.3	247	137.2	254	144.7
Burleson County	10	56.1	11	60.6	12	66.1	16	88.1	17	91.0
Grimes County	27	108.7	29	116.5	28	110.3	31	121.0	32	121.1
Leon County	12	73.9	13	80.8	14	84.5	14	83.0	14	82.5
Madison County	14	104.1	17	123.8	16	116.3	15	108.7	21	144.9
Robertson County	21	129.3	24	149.5	24	150.6	22	137.8	21	124.3
Washington County	18	56.6	19	58.3	22	67.5	24	72.8	27	80.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Bryan-College Sta. HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Bryan-College Sta. HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	31	11.0	36	12.4	34	11.5	32	10.5	26	8.6
Sex										
Male	21	14.6	22	14.8	22	14.5	24	15.5	16	10.3
Female	10	7.3	14	9.8	12	8.3	8	5.4	10	6.8
Race/Ethnicity										
White	9	4.9	10	5.4	8	4.2	8	4.2	7	3.8
Black	16	40.5	18	43.9	19	45.7	19	45.0	17	38.7
Hispanic	6	12.0	7	12.9	6	10.6	2	3.4	2	3.3
Other^	0	0.0	1	10.5	1	10.1	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	3	-	0	-
Age Group										
<2	0	0.0	1	12.7	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	9	11.7	9	11.7	11	14.2	13	16.7	9	11.8
25-34	8	20.5	9	21.6	7	16.1	5	11.0	6	12.7
35-44	8	24.2	11	33.2	6	18.2	6	18.3	5	15.4
45-54	5	15.0	5	14.3	8	22.4	4	11.0	5	14.4
>55	1	1.8	1	1.7	2	3.3	4	6.4	1	1.6
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	12	37.4	14	39.4	17	50.3	19	60.6	11	42.3
IDU	5	16.5	6	16.9	4	10.3	5	15.3	5	18.5
MSMIDU	0	1.0	1	2.8	0	1.2	1	3.1	1	4.2
Hetero	14	45.2	14	38.1	13	38.2	7	20.9	9	35.0
Perinatal	0	0.0	1	2.8	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Bryan-College Sta. HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brazos County	22	13.7	24	14.2	27	15.5	17	9.4	13	7.4
Burleson County	0	0.0	2	11.0	1	5.5	4	22.0	1	5.4
Grimes County	5	20.1	3	12.1	2	7.9	5	19.5	1	3.8
Leon County	0	0.0	2	12.4	1	6.0	1	5.9	1	5.9
Madison County	1	7.4	2	14.6	0	0.0	0	0.0	6	41.4
Robertson County	2	12.3	2	12.5	0	0.0	1	6.3	1	5.9
Washington County	1	3.1	1	3.1	3	9.2	4	12.1	3	9.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Concho Plateau HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Concho Plateau HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	86	58.6	87	59.1	92	61.8	98	65.3	103	68.6
Status										
HIV	35	23.8	32	21.7	35	23.5	35	23.3	43	28.6
AIDS	51	34.7	55	37.4	57	38.3	63	42.0	60	40.0
Sex										
Male	71	98.0	73	100.2	75	101.6	79	106.0	83	112.0
Female	15	20.2	14	18.9	17	22.7	19	25.2	20	26.3
Race/Ethnicity										
White	41	46.2	42	48.4	44	50.8	45	52.1	45	52.1
Black	12	247.9	11	226.4	11	222.0	12	240.7	13	255.4
Hispanic	33	64.5	34	63.8	37	67.4	41	72.8	45	79.4
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	1	3.5	1	3.7	1	3.8	3	11.6	4	15.8
25-34	13	69.0	11	54.1	13	60.4	12	53.3	12	53.4
35-44	38	210.5	34	200.7	27	164.2	28	174.6	21	132.2
45-54	27	139.4	33	171.0	39	202.1	39	203.7	46	244.1
>55	7	18.7	8	20.7	12	30.3	16	39.4	20	49.4
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	43	49.5	45	51.3	46	50.4	50	50.5	53	51.2
IDU	20	22.8	20	22.5	20	21.4	20	20.7	22	21.5
MSMIDU	10	12.1	10	12.0	12	12.5	12	11.8	10	9.6
Hetero	12	14.4	11	13.1	13	14.6	16	15.9	17	16.8
Perinatal	1	1.2	1	1.1	1	1.1	1	1.0	1	1.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Concho Plateau HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Coke County	1	25.2	1	26.2	1	26.0	1	26.0	1	25.5
Concho County	5	129.9	5	133.5	5	134.1	5	133.2	8	207.7
Crockett County	1	24.8	1	23.9	1	23.7	1	23.5	1	21.8
Irion County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kimble County	1	21.8	1	21.5	1	21.7	2	43.3	2	41.8
Mason County	1	25.8	1	27.1	1	26.6	1	26.0	1	26.1
Mcculloch County	3	36.9	3	36.8	3	37.0	3	36.7	4	46.1
Menard County	1	42.9	1	42.9	1	42.8	1	42.5	0	0.0
Reagan County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Schleicher County	1	35.0	1	34.0	1	34.2	1	33.9	1	31.3
Sterling County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sutton County	1	24.0	1	23.5	1	23.2	1	23.2	1	21.6
Tom Green County	71	69.1	72	69.8	77	73.5	82	77.6	84	81.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Concho Plateau

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Concho Plateau HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	7	4.8	4	2.7	8	5.4	7	4.7	7	4.7
Sex										
Male	5	6.9	4	5.5	5	6.8	5	6.7	5	6.7
Female	2	2.7	0	0.0	3	4.0	2	2.6	2	2.6
Race/Ethnicity										
White	4	4.5	1	1.2	2	2.3	2	2.3	1	1.2
Black	0	0.0	0	0.0	1	20.2	1	20.1	1	19.6
Hispanic	3	5.9	3	5.6	5	9.1	4	7.1	5	8.8
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	1	3.5	0	0.0	1	3.8	2	7.7	1	4.0
25-34	3	15.9	1	4.9	3	13.9	1	4.4	1	4.4
35-44	3	16.6	2	11.8	0	0.0	2	12.5	0	0.0
45-54	0	0.0	0	0.0	3	15.5	1	5.2	4	21.2
>55	0	0.0	1	2.6	1	2.5	1	2.5	1	2.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	3	42.9	4	90.0	4	47.5	4	57.1	3	35.7
IDU	1	20.0	0	2.5	1	13.8	1	8.6	2	22.9
MSMIDU	1	14.3	0	0.0	1	13.8	0	1.4	0	4.3
Hetero	2	22.9	0	7.5	2	25.0	2	32.9	3	37.1
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Concho Plateau HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Coke County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Concho County	0	0.0	0	0.0	0	0.0	0	0.0	3	77.9
Crockett County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Irion County	0	0.0	1	58.0	0	0.0	0	0.0	0	0.0
Kimble County	0	0.0	0	0.0	0	0.0	1	21.6	0	0.0
Mason County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mcculloch County	1	12.3	0	0.0	0	0.0	0	0.0	1	11.5
Menard County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reagan County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Schleicher County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sterling County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sutton County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tom Green County	6	5.8	3	2.9	8	7.6	6	5.7	3	2.9

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Corpus Christi HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Corpus Christi HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	552	99.1	568	101.4	586	104.4	596	105.7	619	108.3
Status										
HIV	187	33.6	193	34.5	195	34.7	196	34.8	221	38.7
AIDS	365	65.5	375	67.0	391	69.6	400	70.9	398	69.6
Sex										
Male	416	148.5	433	153.4	447	157.7	455	159.7	473	163.9
Female	136	49.1	135	48.6	139	50.0	141	50.5	146	51.6
Race/Ethnicity										
White	194	97.9	194	100.8	201	106.1	203	108.5	207	110.2
Black	54	259.5	52	250.7	52	250.4	55	265.1	58	256.8
Hispanic	301	91.7	318	94.6	327	96.1	333	96.6	348	99.5
Other^	1	10.2	1	9.4	2	18.2	2	17.6	3	25.8
Unknown**	2	-	3	-	4	-	3	-	3	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	6	6.8	6	6.9	3	3.4	3	3.4	3	3.1
13-24	18	16.7	21	19.8	22	21.1	19	18.4	22	22.2
25-34	81	103.6	78	95.0	73	86.1	71	81.1	81	92.5
35-44	205	279.1	199	281.1	191	275.3	185	271.3	179	259.4
45-54	177	239.4	192	258.0	214	288.7	217	295.4	220	298.5
>55	65	54.9	72	59.2	83	67.2	101	80.3	114	88.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	261	47.3	278	49.0	288	49.1	295	49.5	310	50.1
IDU	106	19.3	107	18.8	109	18.6	109	18.3	112	18.0
MSMIDU	54	9.9	51	9.0	52	8.9	54	9.1	54	8.6
Hetero	118	21.4	120	21.1	125	21.3	126	21.1	134	21.6
Perinatal	10	1.8	10	1.8	10	1.7	10	1.7	9	1.5
Other	2	0.4	2	0.4	2	0.3	2	0.3	1	0.2

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Corpus Christi HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Aransas County	15	61.2	16	63.4	19	75.0	19	74.5	22	79.9
Bee County	18	54.2	18	54.4	19	57.4	19	57.2	22	64.5
Brooks County	8	104.9	8	103.8	8	103.5	7	90.7	7	89.0
Duval County	5	38.8	6	48.5	6	49.0	6	48.7	6	49.8
Jim Wells County	16	39.4	17	41.2	16	38.8	17	40.9	16	37.7
Kenedy County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kleberg County	13	42.3	17	56.0	17	55.6	16	52.2	22	68.8
Live Oak County	4	32.6	5	41.3	5	41.4	8	65.6	7	56.4
Mcmullen County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nueces County	431	135.9	440	137.6	457	142.2	464	143.7	476	147.0
Refugio County	1	13.3	0	0.0	0	0.0	0	0.0	1	14.0
San Patricio County	41	59.2	41	59.2	39	56.3	40	57.8	40	56.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Corpus Christi HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Corpus Christi HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	40	7.2	37	6.6	27	4.8	30	5.3	42	7.3
Sex										
Male	31	11.1	32	11.3	21	7.4	25	8.8	34	11.8
Female	9	3.3	5	1.8	6	2.2	5	1.8	8	2.8
Race/Ethnicity										
White	13	6.6	8	4.2	8	4.2	6	3.2	10	5.3
Black	8	38.4	3	14.5	0	0.0	4	19.3	6	26.6
Hispanic	19	5.8	25	7.4	17	5.0	19	5.5	25	7.2
Other^	0	0.0	0	0.0	1	9.1	1	8.8	1	8.6
Unknown**	0	-	1	-	1	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	4	3.7	6	5.7	2	1.9	4	3.9	8	8.1
25-34	8	10.2	7	8.5	5	5.9	6	6.9	14	16.0
35-44	14	19.1	13	18.4	10	14.4	8	11.7	8	11.6
45-54	12	16.2	8	10.8	7	9.4	7	9.5	7	9.5
>55	2	1.7	3	2.5	3	2.4	5	4.0	5	3.9
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	20	49.0	28	75.9	14	50.0	17	56.3	24	57.6
IDU	6	15.5	2	5.9	6	23.7	6	20.7	4	8.8
MSMIDU	2	6.0	0	1.1	0	0.4	2	6.7	1	2.9
Hetero	12	29.5	6	17.0	7	25.9	5	16.3	13	30.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Corpus Christi HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Aransas County	1	4.1	2	7.9	3	11.8	0	0.0	3	10.9
Bee County	2	6.0	0	0.0	0	0.0	1	3.0	4	11.7
Brooks County	1	13.1	0	0.0	0	0.0	0	0.0	1	12.7
Duval County	0	0.0	1	8.1	0	0.0	0	0.0	1	8.3
Jim Wells County	0	0.0	2	4.8	1	2.4	1	2.4	0	0.0
Kenedy County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kleberg County	0	0.0	6	19.8	0	0.0	1	3.3	5	15.6
Live Oak County	0	0.0	1	8.3	0	0.0	3	24.6	0	0.0
Mcmullen County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nueces County	32	10.1	22	6.9	21	6.5	23	7.1	22	6.8
Refugio County	0	0.0	0	0.0	0	0.0	0	0.0	2	28.1
San Patricio County	4	5.8	3	4.3	2	2.9	1	1.4	4	5.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Dallas HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Dallas HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	12,919	328.8	13,621	327.8	14,316	337.4	15,050	346.6	15,941	356.0
Status										
HIV	5,714	145.4	6,114	147.1	6,407	151.0	6,786	156.3	7,260	162.1
AIDS	7,205	183.4	7,507	180.7	7,909	186.4	8,264	190.3	8,681	193.9
Sex										
Male	10,506	532.3	11,056	528.5	11,605	542.7	12,186	556.1	12,880	569.8
Female	2,413	123.4	2,565	124.3	2,711	128.8	2,864	133.2	3,061	138.0
Race/Ethnicity										
White	5,744	278.1	5,939	280.2	6,150	289.0	6,345	296.7	6,554	296.1
Black	4,779	831.4	5,055	831.0	5,388	875.5	5,727	917.0	6,164	962.4
Hispanic	2,167	202.0	2,364	198.9	2,506	200.6	2,696	204.7	2,922	216.2
Other^	143	66.1	161	67.3	177	70.8	190	72.7	207	75.9
Unknown**	86	-	102	-	95	-	92	-	94	-
Age Group										
<2	1	0.8	4	2.9	3	2.2	2	1.5	2	1.5
2-12	47	7.1	42	6.1	38	5.4	39	5.5	36	5.1
13-24	494	74.3	541	77.2	624	87.3	728	99.4	813	112.1
25-34	2,387	363.5	2,432	363.7	2,510	373.0	2,574	379.0	2,757	408.8
35-44	5,081	756.7	5,011	699.7	4,906	671.7	4,803	644.4	4,741	587.3
45-54	3,687	699.5	4,166	723.0	4,575	767.2	4,964	804.0	5,355	800.4
>55	1,222	198.2	1,425	212.9	1,660	239.5	1,940	269.2	2,237	294.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	8,679	67.2	9,185	67.4	9,656	67.4	10,206	67.8	10,850	68.1
IDU	1,149	8.9	1,139	8.4	1,158	8.1	1,166	7.7	1,183	7.4
MSMIDU	666	5.2	669	4.9	671	4.7	663	4.4	656	4.1
Hetero	2,301	17.8	2,501	18.4	2,704	18.9	2,883	19.2	3,123	19.6
Perinatal	95	0.7	99	0.7	101	0.7	104	0.7	105	0.7
Other	29	0.2	28	0.2	27	0.2	27	0.2	25	0.2

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Dallas HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Collin County	607	92.6	689	94.2	754	99.2	841	107.1	924	109.7
Dallas County	11,433	497.0	11,978	506.5	12,541	525.2	13,142	541.0	13,883	569.9
Denton County	507	90.8	566	92.0	601	94.3	639	97.1	686	97.2
Ellis County	104	78.2	111	77.8	124	84.0	126	83.2	132	82.9
Hunt County	79	95.9	80	95.6	87	103.7	85	100.9	80	88.9
Kaufman County	100	111.9	104	107.8	109	108.7	112	108.9	120	111.5
Navarro County	52	108.1	54	110.1	62	125.9	63	127.0	69	133.7
Rockwall County	37	59.9	39	53.9	38	49.9	42	51.7	47	55.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Dallas HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Dallas HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	981	25.0	992	23.9	949	22.4	1,008	23.2	1,088	24.3
Sex										
Male	777	39.4	773	36.9	746	34.9	795	36.3	862	38.1
Female	204	10.4	219	10.6	203	9.6	213	9.9	226	10.2
Race/Ethnicity										
White	300	14.5	319	15.1	286	13.4	296	13.8	292	13.2
Black	446	77.6	417	68.6	451	73.3	452	72.4	518	80.9
Hispanic	208	19.4	218	18.3	185	14.8	239	18.1	249	18.4
Other^	15	6.9	22	9.2	18	7.2	10	3.8	19	7.0
Unknown**	12	-	16	-	9	-	11	-	10	-
Age Group										
<2	0	0.0	4	2.9	1	0.7	1	0.7	1	0.7
2-12	0	0.0	0	0.0	3	0.4	3	0.4	0	0.0
13-24	161	24.2	170	24.3	223	31.2	242	33.1	271	37.4
25-34	298	45.4	290	43.4	281	41.8	300	44.2	326	48.3
35-44	314	46.8	309	43.1	256	35.0	239	32.1	269	33.3
45-54	151	28.6	155	26.9	130	21.8	163	26.4	170	25.4
>55	57	9.2	64	9.6	55	7.9	60	8.3	51	6.7
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	666	67.9	669	67.5	615	64.8	712	70.6	750	68.9
IDU	36	3.6	46	4.6	52	5.5	51	5.0	46	4.2
MSMIDU	28	2.8	23	2.3	20	2.1	12	1.2	23	2.1
Hetero	250	25.5	250	25.2	258	27.2	229	22.7	268	24.7
Perinatal	0	0.0	4	0.4	4	0.4	4	0.4	1	0.1
Other	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Dallas HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Collin County	69	10.5	94	12.9	75	9.9	93	11.8	91	10.8
Dallas County	831	36.1	808	34.2	780	32.7	836	34.4	908	37.3
Denton County	39	7.0	61	9.9	48	7.5	52	7.9	51	7.2
Ellis County	8	6.0	8	5.6	17	11.5	7	4.6	11	6.9
Hunt County	11	13.4	5	6.0	10	11.9	6	7.1	2	2.2
Kaufman County	15	16.8	9	9.3	9	9.0	5	4.9	11	10.2
Navarro County	5	10.4	5	10.2	10	20.3	5	10.1	8	15.5
Rockwall County	3	4.9	2	2.8	0	0.0	4	4.9	6	7.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

El Paso HSDA

People Living with HIV

Select Characteristics of People Living with HIV, El Paso HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	1,304	173.4	1,406	181.8	1,466	189.3	1,522	194.8	1,617	202.0
Status										
HIV	486	64.6	527	68.1	551	71.1	581	74.4	649	81.1
AIDS	818	108.8	879	113.6	915	118.1	941	120.5	968	120.9
Sex										
Male	1,134	309.5	1,219	322.4	1,271	335.1	1,321	344.7	1,410	359.0
Female	170	44.1	187	47.3	195	49.3	201	50.5	207	50.7
Race/Ethnicity										
White	125	113.6	131	126.3	139	140.6	145	151.0	150	159.8
Black	60	296.8	66	326.6	71	355.3	78	392.7	84	385.5
Hispanic	1,110	182.3	1,199	188.6	1,247	194.4	1,290	198.3	1,374	205.4
Other^	3	23.4	3	21.6	3	21.0	3	20.4	3	18.9
Unknown**	6	-	7	-	6	-	6	-	6	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	9	6.9	10	7.6	8	6.1	9	6.8	8	5.4
13-24	40	25.8	47	29.9	46	29.6	47	30.6	65	45.6
25-34	214	192.6	226	189.9	231	188.9	243	192.2	252	198.2
35-44	503	504.0	532	539.3	540	555.6	516	534.2	515	499.5
45-54	393	433.3	413	438.4	445	472.9	488	517.2	520	537.2
>55	145	107.3	178	125.2	196	136.1	219	148.8	257	169.8
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	856	65.7	924	65.7	965	65.8	1,003	65.9	1,083	67.0
IDU	128	9.8	132	9.4	135	9.2	133	8.7	133	8.2
MSMIDU	74	5.7	78	5.5	79	5.4	77	5.1	77	4.7
Hetero	221	17.0	247	17.6	261	17.8	282	18.5	297	18.4
Perinatal	12	0.9	13	0.9	13	0.9	15	1.0	15	0.9
Other	12	0.9	12	0.9	12	0.8	12	0.8	12	0.7

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, El Paso HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brewster County	0	0.0	0	0.0	0	0.0	0	0.0	1	10.5
Culberson County	1	37.1	1	39.1	1	39.8	1	40.0	1	36.9
El Paso County	1,301	179.2	1,401	187.4	1,460	195.0	1,516	200.8	1,609	208.1
Hudspeth County	0	0.0	1	28.9	1	29.4	1	29.0	2	52.5
Jeff Davis County	0	0.0	0	0.0	1	37.9	1	37.9	1	35.1
Presidio County	2	25.1	3	37.0	3	37.1	3	37.0	3	34.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

El Paso HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, El Paso HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	76	10.1	113	14.6	78	10.1	80	10.2	119	14.9
Sex										
Male	67	18.3	93	24.6	69	18.2	73	19.0	108	27.5
Female	9	2.3	20	5.1	9	2.3	7	1.8	11	2.7
Race/Ethnicity										
White	8	7.3	6	5.8	10	10.1	9	9.4	8	8.5
Black	9	44.5	7	34.6	4	20.0	6	30.2	9	41.3
Hispanic	59	9.7	99	15.6	64	10.0	64	9.8	102	15.2
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	0.8	0	0.0	1	0.8	0	0.0
13-24	9	5.8	18	11.4	10	6.4	17	11.1	29	20.3
25-34	21	18.9	34	28.6	24	19.6	19	15.0	41	32.2
35-44	26	26.1	37	37.5	23	23.7	22	22.8	19	18.4
45-54	11	12.1	17	18.0	15	15.9	13	13.8	20	20.7
>55	9	6.7	6	4.2	6	4.2	8	5.4	10	6.6
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	54	71.4	72	63.9	50	64.2	49	61.1	92	77.6
IDU	9	11.6	6	5.1	8	10.5	3	4.3	4	3.5
MSMIDU	1	1.2	4	3.1	3	3.6	2	2.5	2	1.3
Hetero	12	15.8	30	26.1	17	21.7	25	30.9	21	17.6
Perinatal	0	0.0	1	0.9	0	0.0	1	1.3	0	0.0
Other	0	0.0	1	0.9	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, El Paso HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brewster County	0	0.0	0	0.0	0	0.0	0	0.0	1	10.5
Culberson County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
El Paso County	76	10.5	111	14.8	77	10.3	80	10.6	117	15.1
Hudspeth County	0	0.0	1	28.9	0	0.0	0	0.0	1	26.2
Jeff Davis County	0	0.0	0	0.0	1	37.9	0	0.0	0	0.0
Presidio County	0	0.0	1	12.3	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Fort Worth HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Fort Worth HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	3,339	163.4	3,477	162.3	3,686	168.4	3,884	173.8	4,068	176.3
Status										
HIV	1,497	73.3	1,553	72.5	1,672	76.4	1,814	81.2	1,941	84.1
AIDS	1,842	90.2	1,924	89.8	2,014	92.0	2,070	92.6	2,127	92.2
Sex										
Male	2,516	247.1	2,626	245.7	2,773	253.8	2,934	262.8	3,070	264.3
Female	823	80.3	851	79.3	913	83.3	950	85.0	998	87.1
Race/Ethnicity										
White	1,570	123.8	1,615	126.5	1,681	131.6	1,731	135.5	1,786	139.4
Black	1,199	529.9	1,263	518.9	1,361	543.7	1,455	567.2	1,543	605.3
Hispanic	510	112.6	532	103.6	577	105.7	622	107.5	657	103.6
Other^	39	40.7	44	40.5	46	39.9	52	42.6	58	42.5
Unknown**	21	-	23	-	21	-	24	-	24	-
Age Group										
<2	2	3.0	3	4.4	4	5.8	3	4.3	1	1.4
2-12	30	8.9	29	8.3	28	7.8	26	7.1	26	7.2
13-24	141	38.8	165	43.3	176	45.3	210	53.1	213	52.9
25-34	599	195.9	585	184.7	620	191.2	659	198.5	680	190.2
35-44	1,228	389.2	1,192	370.2	1,184	365.9	1,150	353.6	1,150	329.9
45-54	979	343.8	1,098	362.0	1,194	385.0	1,284	406.8	1,356	419.0
>55	360	96.7	405	101.0	480	115.4	552	127.9	642	145.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	1,610	48.2	1,729	49.7	1,851	50.2	1,987	51.2	2,106	51.8
IDU	668	20.0	664	19.1	673	18.3	677	17.4	681	16.7
MSMIDU	275	8.2	266	7.6	269	7.3	272	7.0	274	6.7
Hetero	708	21.2	741	21.3	811	22.0	864	22.2	922	22.7
Perinatal	56	1.7	56	1.6	60	1.6	63	1.6	64	1.6
Other	22	0.7	22	0.6	22	0.6	21	0.5	21	0.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Fort Worth HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Erath County	10	29.4	12	34.1	12	34.0	12	33.5	12	30.2
Hood County	35	73.6	36	71.7	40	78.9	45	87.6	47	86.0
Johnson County	112	76.5	115	74.5	123	79.3	124	79.0	133	78.5
Palo Pinto County	17	61.3	19	67.9	21	75.4	19	67.9	18	60.7
Parker County	62	59.9	64	58.7	70	62.7	77	66.7	83	70.1
Somervell County	2	25.8	2	24.8	3	36.9	4	48.9	4	46.5
Tarrant County	3,077	189.8	3,206	188.6	3,392	194.8	3,579	201.1	3,746	205.2
Wise County	24	43.4	23	39.9	25	42.7	24	40.4	25	40.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Fort Worth HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Fort Worth HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	258	12.6	241	11.2	287	13.1	278	12.4	248	10.7
Sex										
Male	203	19.9	192	18.0	204	18.7	215	19.3	183	15.8
Female	55	5.4	49	4.6	83	7.6	63	5.6	65	5.7
Race/Ethnicity										
White	95	7.5	87	6.8	98	7.7	82	6.4	87	6.8
Black	112	49.5	106	43.5	126	50.3	124	48.3	109	42.8
Hispanic	45	9.9	40	7.8	58	10.6	60	10.4	45	7.1
Other^	5	5.2	6	5.5	2	1.7	7	5.7	6	4.4
Unknown**	1	-	2	-	3	-	5	-	1	-
Age Group										
<2	2	3.0	1	1.5	4	5.8	0	0.0	1	1.4
2-12	0	0.0	0	0.0	0	0.0	3	0.8	0	0.0
13-24	42	11.6	48	12.6	61	15.7	69	17.4	48	11.9
25-34	77	25.2	64	20.2	77	23.8	77	23.2	65	18.2
35-44	70	22.2	72	22.4	84	26.0	73	22.4	71	20.4
45-54	54	19.0	42	13.8	42	13.5	37	11.7	41	12.7
>55	13	3.5	14	3.5	19	4.6	19	4.4	22	5.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	143	55.4	162	67.3	157	54.6	163	58.6	148	59.6
IDU	34	13.2	26	10.6	29	9.9	30	10.8	20	8.1
MSMIDU	15	5.9	5	1.9	11	3.7	13	4.5	8	3.2
Hetero	63	24.3	48	19.8	87	30.4	70	25.0	71	28.6
Perinatal	2	0.8	1	0.4	4	1.4	3	1.1	1	0.4
Other	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Fort Worth HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Erath County	2	5.9	2	5.7	0	0.0	0	0.0	0	0.0
Hood County	1	2.1	2	4.0	4	7.9	5	9.7	2	3.7
Johnson County	9	6.2	5	3.2	9	5.8	6	3.8	10	5.9
Palo Pinto County	1	3.6	2	7.1	2	7.2	0	0.0	0	0.0
Parker County	6	5.8	3	2.8	6	5.4	6	5.2	6	5.1
Somervell County	0	0.0	0	0.0	1	12.3	1	12.2	0	0.0
Tarrant County	238	14.7	226	13.3	262	15.0	260	14.6	227	12.4
Wise County	1	1.8	1	1.7	3	5.1	0	0.0	3	4.9

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Galveston HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Galveston HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	797	135.2	845	137.3	888	141.7	959	151.2	1,015	155.7
Status										
HIV	289	49.0	310	50.4	334	53.3	390	61.5	429	65.8
AIDS	508	86.2	535	86.9	554	88.4	569	89.7	586	89.9
Sex										
Male	575	193.4	599	192.7	628	198.4	671	209.2	708	214.0
Female	222	75.9	246	80.7	260	83.9	288	91.9	307	95.6
Race/Ethnicity										
White	392	109.7	407	112.0	417	114.3	440	120.8	457	126.3
Black	259	366.1	279	376.1	305	405.1	337	444.9	361	452.6
Hispanic	138	97.1	150	96.1	156	95.6	170	100.2	185	101.1
Other^	2	10.3	2	9.1	2	8.6	3	12.2	3	11.0
Unknown**	6	-	7	-	8	-	9	-	9	-
Age Group										
<2	0	0.0	0	0.0	2	10.8	2	10.8	0	0.0
2-12	4	4.3	4	4.2	4	4.1	2	2.0	4	4.1
13-24	34	33.0	30	27.9	33	30.5	50	46.1	53	48.8
25-34	141	190.0	154	198.2	153	190.1	170	204.4	176	196.8
35-44	273	300.6	276	305.1	278	310.8	270	306.8	272	304.3
45-54	243	264.3	253	257.6	269	268.6	298	295.2	330	317.3
>55	102	86.1	128	100.2	149	112.3	167	121.7	180	125.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	376	47.2	392	46.4	408	45.9	445	46.4	475	46.8
IDU	134	16.8	147	17.3	148	16.7	149	15.5	155	15.3
MSMIDU	61	7.6	60	7.1	62	7.0	61	6.4	63	6.2
Hetero	216	27.1	235	27.8	258	29.1	291	30.3	310	30.5
Perinatal	11	1.4	11	1.3	12	1.4	13	1.4	13	1.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Galveston HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brazoria County	232	83.8	248	84.6	262	87.0	290	93.9	308	96.5
Galveston County	530	192.5	558	195.5	583	202.3	622	216.0	656	223.2
Matagorda County	35	93.8	39	105.6	43	115.1	47	125.5	51	131.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Galveston HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Galveston HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	72	12.2	64	10.4	62	9.9	92	14.5	81	12.4
Sex										
Male	46	15.5	35	11.3	40	12.6	57	17.8	54	16.3
Female	26	8.9	29	9.5	22	7.1	35	11.2	27	8.4
Race/Ethnicity										
White	31	8.7	28	7.7	20	5.5	31	8.5	29	8.0
Black	21	29.7	24	32.4	32	42.5	41	54.1	33	41.4
Hispanic	19	13.4	11	7.0	8	4.9	18	10.6	18	9.8
Other^	1	5.2	0	0.0	0	0.0	1	4.1	0	0.0
Unknown**	0	-	1	-	2	-	1	-	1	-
Age Group										
<2	0	0.0	0	0.0	2	10.8	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
13-24	11	10.7	6	5.6	9	8.3	21	19.4	16	14.7
25-34	20	26.9	23	29.6	17	21.1	30	36.1	20	22.4
35-44	22	24.2	20	22.1	15	16.8	20	22.7	17	19.0
45-54	13	14.1	7	7.1	12	12.0	13	12.9	25	24.0
>55	6	5.1	8	6.3	7	5.3	7	5.1	3	2.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	30	41.8	24	37.7	20	32.9	43	46.4	39	47.9
IDU	10	14.2	14	22.3	8	12.1	7	7.4	12	14.4
MSMIDU	1	0.8	1	1.9	2	3.2	3	3.7	3	4.1
Hetero	31	43.2	24	38.1	30	48.5	38	41.4	27	33.6
Perinatal	0	0.0	0	0.0	2	3.2	1	1.1	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Galveston HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Brazoria County	31	11.2	20	6.8	21	7.0	30	9.7	29	9.1
Galveston County	40	14.5	39	13.7	37	12.8	57	19.8	48	16.3
Matagorda County	1	2.7	5	13.5	4	10.7	5	13.4	4	10.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Houston HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Houston HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	17,504	362.9	18,273	356.6	19,231	367.5	20,125	375.7	21,048	384.8
Status										
HIV	7,536	156.2	7,841	153.0	8,260	157.9	8,629	161.1	9,046	165.4
AIDS	9,968	206.7	10,432	203.6	10,971	209.7	11,496	214.6	12,002	219.4
Sex										
Male	12,783	528.2	13,334	518.3	14,084	535.5	14,790	549.0	15,521	562.5
Female	4,721	196.4	4,939	193.6	5,147	197.7	5,335	200.4	5,527	203.9
Race/Ethnicity										
White	5,140	253.1	5,246	257.6	5,391	266.6	5,496	272.5	5,659	280.1
Black	8,461	1040.1	8,834	975.2	9,365	1021.2	9,839	1059.3	10,309	1105.6
Hispanic	3,637	218.9	3,901	213.4	4,166	216.8	4,466	221.2	4,744	224.8
Other^	180	56.5	193	54.6	221	59.4	239	61.0	258	63.3
Unknown**	86	-	99	-	88	-	85	-	78	-
Age Group										
<2	5	3.1	4	2.3	6	3.4	6	3.4	7	4.0
2-12	131	16.3	115	13.8	95	11.2	84	9.7	73	8.4
13-24	797	90.4	836	89.7	940	99.6	1,030	107.6	1,074	115.2
25-34	3,471	451.6	3,551	437.4	3,651	437.9	3,762	438.9	3,903	440.4
35-44	6,288	850.9	6,239	802.0	6,261	791.4	6,199	767.6	6,125	703.7
45-54	4,879	720.5	5,280	732.4	5,717	781.7	6,154	828.9	6,550	864.7
>55	1,933	244.1	2,248	257.1	2,561	280.9	2,890	303.4	3,316	339.3
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	8,443	48.2	8,909	48.8	9,528	49.5	10,109	50.2	10,739	51.0
IDU	2,302	13.2	2,299	12.6	2,308	12.0	2,312	11.5	2,318	11.0
MSMIDU	1,116	6.4	1,116	6.1	1,107	5.8	1,096	5.4	1,100	5.2
Hetero	5,368	30.7	5,671	31.0	6,007	31.2	6,322	31.4	6,601	31.4
Perinatal	246	1.4	252	1.4	254	1.3	259	1.3	264	1.3
Other	28	0.2	27	0.1	27	0.1	27	0.1	27	0.1

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^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Houston HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Austin County	21	80.3	22	81.2	27	99.0	31	113.1	34	118.3
Chambers County	9	28.3	11	33.4	10	30.3	12	35.3	13	36.3
Colorado County	16	76.0	18	83.0	19	87.3	22	101.1	23	103.3
Fort Bend County	469	102.9	490	95.9	528	98.9	575	102.7	614	106.3
Harris County	16,518	447.2	17,224	442.6	18,087	456.1	18,889	467.1	19,733	481.8
Liberty County	71	92.5	76	98.3	83	107.1	85	109.2	93	113.6
Montgomery County	269	71.6	287	68.8	314	73.4	340	76.4	363	76.2
Walker County	47	73.9	53	82.5	57	88.3	60	92.7	65	99.6
Waller County	43	117.6	48	123.9	54	139.4	58	149.6	59	139.5
Wharton County	41	97.0	44	104.1	52	122.2	53	124.4	51	116.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Houston HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Houston HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	1,235	25.6	1,251	24.4	1,356	25.9	1,341	25.0	1,325	24.2
Sex										
Male	902	37.3	910	35.4	1,035	39.4	1,013	37.6	1,009	36.6
Female	333	13.9	341	13.4	321	12.3	328	12.3	316	11.7
Race/Ethnicity										
White	268	13.2	232	11.4	243	12.0	216	10.7	239	11.8
Black	639	78.6	658	72.6	739	80.6	703	75.7	697	74.7
Hispanic	306	18.4	330	18.1	339	17.6	392	19.4	364	17.3
Other^	16	5.0	18	5.1	29	7.8	17	4.3	21	5.2
Unknown**	6	-	13	-	6	-	13	-	4	-
Age Group										
<2	2	1.2	3	1.8	3	1.7	7	4.0	3	1.7
2-12	1	0.1	1	0.1	0	0.0	1	0.1	2	0.2
13-24	216	24.5	246	26.4	284	30.1	291	30.4	286	30.7
25-34	383	49.8	400	49.3	418	50.1	417	48.7	393	44.3
35-44	347	47.0	304	39.1	358	45.3	324	40.1	330	37.9
45-54	195	28.8	195	27.1	212	29.0	203	27.3	216	28.5
>55	91	11.5	102	11.7	81	8.9	98	10.3	95	9.7
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	599	48.5	662	52.9	748	55.2	756	56.4	781	58.9
IDU	112	9.1	83	6.6	111	8.2	102	7.6	90	6.8
MSMIDU	44	3.5	33	2.7	27	2.0	23	1.7	26	2.0
Hetero	476	38.5	468	37.4	467	34.4	452	33.7	423	31.9
Perinatal	3	0.2	5	0.4	3	0.2	8	0.6	5	0.4
Other	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0

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^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Houston HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Austin County	1	3.8	3	11.1	5	18.3	4	14.6	3	10.4
Chambers County	1	3.1	2	6.1	0	0.0	3	8.8	1	2.8
Colorado County	0	0.0	3	13.8	1	4.6	3	13.8	1	4.5
Fort Bend County	48	10.5	39	7.6	54	10.1	62	11.1	45	7.8
Harris County	1,145	31.0	1,160	29.8	1,237	31.2	1,215	30.0	1,234	30.1
Liberty County	4	5.2	3	3.9	10	12.9	4	5.1	9	11.0
Montgomery County	24	6.4	24	5.8	27	6.3	30	6.7	24	5.0
Walker County	5	7.9	7	10.9	6	9.3	8	12.4	7	10.7
Waller County	5	13.7	7	18.1	7	18.1	6	15.5	1	2.4
Wharton County	2	4.7	3	7.1	9	21.2	6	14.1	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Laredo HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Laredo HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	292	94.7	311	97.2	335	104.6	342	105.8	358	103.5
Status										
HIV	127	41.2	140	43.8	158	49.3	157	48.6	168	48.6
AIDS	165	53.5	171	53.4	177	55.3	185	57.2	190	55.0
Sex										
Male	227	150.8	240	153.0	257	163.4	264	166.0	276	162.5
Female	65	41.2	71	43.5	78	47.9	78	47.5	82	46.6
Race/Ethnicity										
White	13	98.0	14	108.3	13	104.8	13	105.7	15	117.4
Black	3	797.9	3	835.7	3	859.6	3	874.6	4	995.0
Hispanic	274	93.5	292	95.9	316	103.4	323	104.7	336	101.9
Other^	2	104.9	2	96.9	3	142.7	3	140.2	3	106.8
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	2	3.1	1	1.5	2	3.1	2	3.0	1	1.3
13-24	12	18.1	15	21.8	22	32.2	15	22.0	16	24.4
25-34	73	158.9	69	142.9	73	148.9	77	153.4	77	143.7
35-44	111	276.1	114	274.5	113	273.2	111	267.6	111	247.3
45-54	64	207.4	81	248.5	91	276.8	100	301.1	112	309.9
>55	30	66.3	31	65.6	34	71.7	37	76.7	41	79.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	149	51.0	156	50.1	169	50.4	176	51.4	191	53.5
IDU	42	14.3	44	14.1	44	13.3	45	13.3	44	12.2
MSMIDU	15	5.1	14	4.5	15	4.5	15	4.3	14	3.9
Hetero	81	27.9	93	29.8	101	30.1	100	29.3	103	28.8
Perinatal	2	0.7	2	0.6	3	0.9	3	0.9	3	0.8
Other	3	1.0	3	1.0	3	0.9	3	0.9	3	0.8

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Laredo HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Jim Hogg County	1	19.7	1	19.7	1	19.6	1	19.4	1	18.2
Starr County	29	47.4	29	46.3	30	47.9	30	47.8	30	44.5
Webb County	259	113.4	278	116.7	299	125.5	305	126.7	321	124.6
Zapata County	3	21.7	3	21.2	5	34.9	6	41.2	6	39.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Laredo HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Laredo HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	34	11.0	33	10.3	34	10.6	13	4.0	28	8.1
Sex										
Male	25	16.6	21	13.4	25	15.9	12	7.5	22	13.0
Female	9	5.7	12	7.4	9	5.5	1	0.6	6	3.4
Race/Ethnicity										
White	1	7.5	1	7.7	0	0.0	0	0.0	2	15.7
Black	0	0.0	0	0.0	0	0.0	1	291.5	1	248.8
Hispanic	33	11.3	32	10.5	33	10.8	12	3.9	25	7.6
Other^	0	0.0	0	0.0	1	47.6	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	1	6.2	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	6	9.0	8	11.6	9	13.2	1	1.5	2	3.1
25-34	13	28.3	7	14.5	10	20.4	5	10.0	11	20.5
35-44	9	22.4	9	21.7	9	21.8	3	7.2	6	13.4
45-54	1	3.2	7	21.5	3	9.1	1	3.0	8	22.1
>55	5	11.1	2	4.2	2	4.2	3	6.2	1	1.9
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	15	43.2	10	30.3	18	52.9	10	73.8	19	68.6
IDU	5	14.1	5	13.6	3	7.6	1	9.2	1	2.5
MSMIDU	2	4.7	0	0.3	1	3.8	1	3.8	0	1.4
Hetero	13	37.9	18	55.8	11	32.6	2	13.1	8	27.5
Perinatal	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Laredo HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Jim Hogg County	1	19.7	0	0.0	0	0.0	0	0.0	0	0.0
Starr County	2	3.3	0	0.0	1	1.6	0	0.0	1	1.5
Webb County	30	13.1	33	13.9	31	13.0	11	4.6	27	10.5
Zapata County	1	7.2	0	0.0	2	14.0	2	13.7	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lubbock HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Lubbock HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	318	83.0	327	83.6	333	84.5	349	86.9	366	90.8
Status										
HIV	129	33.7	136	34.8	140	35.5	162	40.4	180	44.6
AIDS	189	49.4	191	48.9	193	49.0	187	46.6	186	46.1
Sex										
Male	251	132.2	256	131.8	256	130.7	269	134.8	283	141.0
Female	67	34.7	71	36.1	77	38.8	80	39.6	83	41.0
Race/Ethnicity										
White	154	72.2	158	74.3	159	75.1	166	77.9	174	81.6
Black	50	196.2	50	189.0	53	197.4	57	206.8	62	221.9
Hispanic	112	81.2	116	80.1	118	79.5	121	79.0	125	81.1
Other^	0	0.0	1	14.5	1	13.9	1	13.2	1	12.6
Unknown**	2	-	2	-	2	-	4	-	4	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
13-24	16	19.1	18	21.8	20	24.4	22	26.8	20	26.0
25-34	46	85.1	45	77.2	45	74.8	53	84.9	65	101.5
35-44	115	247.6	110	244.4	104	234.7	99	223.7	92	198.5
45-54	108	228.2	114	235.1	118	243.5	125	256.8	126	262.5
>55	32	40.0	40	47.9	46	53.9	50	56.8	63	70.8
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	153	48.2	160	49.0	160	48.0	174	49.9	188	51.2
IDU	67	21.2	66	20.1	68	20.4	68	19.6	69	18.7
MSMIDU	55	17.4	55	16.7	53	15.9	53	15.3	53	14.4
Hetero	36	11.3	41	12.7	47	14.1	48	13.7	52	14.2
Perinatal	4	1.3	4	1.2	4	1.2	4	1.1	4	1.1
Other	2	0.6	1	0.3	1	0.3	1	0.3	1	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Lubbock HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bailey County	2	30.5	1	15.9	1	15.9	0	0.0	0	0.0
Cochran County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Crosby County	2	30.2	2	31.0	2	31.7	2	31.5	3	45.9
Dickens County	0	0.0	0	0.0	0	0.0	1	37.8	1	35.8
Floyd County	1	14.1	1	13.8	1	14.0	2	27.8	2	28.9
Garza County	6	121.3	9	177.8	10	197.2	15	295.9	14	267.2
Hale County	23	63.7	24	67.6	24	67.9	21	59.3	22	59.2
Hockley County	4	17.7	4	18.0	4	17.9	6	26.7	8	33.5
King County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lamb County	7	47.3	7	48.7	7	48.7	7	48.9	7	44.9
Lubbock County	262	104.7	268	103.0	270	102.4	281	103.9	294	109.7
Lynn County	4	64.1	4	66.2	5	83.7	5	83.5	5	84.3
Motley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Terry County	3	24.0	3	24.6	5	41.1	5	40.8	5	43.4
Yoakum County	4	55.4	4	54.7	4	53.3	4	52.2	5	60.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lubbock HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Lubbock HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	13	3.4	18	4.6	18	4.6	34	8.5	23	5.7
Sex										
Male	13	6.8	11	5.7	11	5.6	26	13.0	17	8.5
Female	0	0.0	7	3.6	7	3.5	8	4.0	6	3.0
Race/Ethnicity										
White	4	1.9	6	2.8	7	3.3	13	6.1	11	5.2
Black	3	11.8	4	15.1	4	14.9	5	18.1	6	21.5
Hispanic	6	4.4	7	4.8	7	4.7	14	9.1	5	3.2
Other^	0	0.0	1	14.5	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	2	-	1	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	4	4.8	3	3.6	3	3.7	6	7.3	4	5.2
25-34	6	11.1	6	10.3	6	10.0	11	17.6	9	14.0
35-44	1	2.2	6	13.3	3	6.8	10	22.6	2	4.3
45-54	1	2.1	2	4.1	4	8.3	6	12.3	4	8.3
>55	1	1.2	1	1.2	2	2.3	1	1.1	4	4.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	11	81.5	8	43.9	5	29.4	20	59.7	13	57.4
IDU	1	8.5	2	13.3	4	24.4	6	17.9	3	13.0
MSMIDU	1	8.5	1	7.2	1	7.8	2	7.1	1	6.1
Hetero	0	1.5	6	35.6	7	38.3	5	15.3	5	23.5
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Lubbock HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bailey County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cochran County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Crosby County	0	0.0	0	0.0	0	0.0	0	0.0	1	15.3
Dickens County	0	0.0	0	0.0	0	0.0	1	37.8	0	0.0
Floyd County	0	0.0	0	0.0	0	0.0	1	13.9	0	0.0
Garza County	0	0.0	4	79.0	1	19.7	5	98.6	0	0.0
Hale County	1	2.8	2	5.6	0	0.0	1	2.8	1	2.7
Hockley County	0	0.0	0	0.0	0	0.0	3	13.3	2	8.4
King County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lamb County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lubbock County	12	4.8	12	4.6	14	5.3	23	8.5	19	7.1
Lynn County	0	0.0	0	0.0	1	16.7	0	0.0	0	0.0
Motley County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Terry County	0	0.0	0	0.0	2	16.4	0	0.0	0	0.0
Yoakum County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lufkin HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Lufkin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	387	105.2	401	108.1	424	114.0	450	120.1	464	119.9
Status										
HIV	166	45.1	169	45.6	176	47.3	187	49.9	202	52.2
AIDS	221	60.1	232	62.5	248	66.7	263	70.2	262	67.7
Sex										
Male	221	120.3	225	121.3	238	127.8	257	136.9	261	135.3
Female	166	90.1	176	94.9	186	100.1	193	103.2	203	104.5
Race/Ethnicity										
White	146	55.1	147	55.6	150	56.9	158	59.8	162	60.2
Black	209	348.2	219	363.5	237	392.8	253	417.5	257	390.5
Hispanic	23	59.0	26	61.6	30	68.3	31	67.6	38	79.5
Other^	4	104.6	3	75.5	3	73.8	3	72.7	3	70.9
Unknown**	5	-	6	-	4	-	5	-	4	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	3	5.8	2	3.9	2	3.9	2	3.9	2	3.7
13-24	24	35.4	20	29.5	22	32.8	28	41.7	28	41.5
25-34	97	236.2	98	236.1	103	243.0	101	232.6	89	185.0
35-44	129	275.6	135	299.0	136	309.5	142	331.4	154	382.5
45-54	97	198.3	109	219.2	115	230.6	121	242.3	125	252.3
>55	37	36.3	37	35.0	46	42.8	56	50.9	66	56.2
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	116	29.8	119	29.8	123	29.0	138	30.6	141	30.4
IDU	78	20.3	77	19.3	77	18.1	79	17.5	83	17.9
MSMIDU	29	7.6	29	7.2	30	7.1	30	6.7	31	6.8
Hetero	153	39.5	165	41.2	184	43.4	193	42.9	198	42.8
Perinatal	8	2.1	7	1.7	7	1.7	7	1.6	7	1.5
Other	3	0.8	3	0.7	3	0.7	3	0.7	3	0.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Lufkin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Angelina County	95	115.8	93	112.4	96	115.5	101	120.6	107	125.7
Houston County	49	210.0	53	224.8	58	245.0	60	253.4	60	245.0
Jasper County	12	33.8	15	42.6	16	45.3	16	44.9	17	47.4
Nacogdoches County	80	129.9	79	125.9	91	145.1	100	156.8	98	152.4
Newton County	5	34.3	5	35.2	6	41.9	5	35.0	5	33.6
Polk County	44	96.0	48	103.7	47	101.7	53	114.6	57	114.1
Sabine County	7	67.3	9	86.5	9	86.5	11	104.9	11	101.4
San Augustine County	6	66.2	6	65.4	7	77.5	8	88.5	8	83.5
San Jacinto County	17	69.2	18	70.5	18	70.4	19	74.2	22	78.2
Shelby County	34	133.5	36	140.1	37	141.2	35	131.4	34	127.8
Trinity County	21	146.3	21	146.8	20	140.1	21	146.4	23	151.5
Tyler County	17	80.2	18	85.2	19	89.7	21	98.5	22	99.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Lufkin HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Lufkin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	31	8.4	39	10.5	35	9.4	38	10.1	33	8.5
Sex										
Male	20	10.9	23	12.4	20	10.7	25	13.3	17	8.8
Female	11	6.0	16	8.6	15	8.1	13	7.0	16	8.2
Race/Ethnicity										
White	11	4.1	9	3.4	6	2.3	10	3.8	10	3.7
Black	18	30.0	25	41.5	25	41.4	26	42.9	15	22.8
Hispanic	2	5.1	4	9.5	4	9.1	1	2.2	8	16.7
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	6	8.8	2	2.9	6	8.9	9	13.4	6	8.9
25-34	8	19.5	7	16.9	11	26.0	10	23.0	6	12.5
35-44	8	17.1	16	35.4	7	15.9	11	25.7	8	19.9
45-54	5	10.2	12	24.1	6	12.0	5	10.0	8	16.1
>55	4	3.9	2	1.9	5	4.6	3	2.7	5	4.3
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	13	42.6	13	33.6	10	27.1	17	45.5	11	33.0
IDU	4	12.9	4	10.5	3	7.4	5	11.8	9	28.2
MSMIDU	3	8.1	1	1.3	1	3.1	1	1.3	1	3.6
Hetero	10	33.2	21	54.6	22	62.3	16	41.3	12	35.2
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	3.2	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Lufkin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Angelina County	9	11.0	4	4.8	5	6.0	9	10.7	13	15.3
Houston County	3	12.9	6	25.4	6	25.3	7	29.6	2	8.2
Jasper County	0	0.0	3	8.5	4	11.3	0	0.0	2	5.6
Nacogdoches County	4	6.5	8	12.8	13	20.7	9	14.1	4	6.2
Newton County	1	6.9	0	0.0	1	7.0	0	0.0	1	6.7
Polk County	6	13.1	4	8.6	2	4.3	6	13.0	4	8.0
Sabine County	0	0.0	2	19.2	0	0.0	2	19.1	1	9.2
San Augustine County	1	11.0	0	0.0	1	11.1	1	11.1	0	0.0
San Jacinto County	2	8.1	1	3.9	1	3.9	1	3.9	3	10.7
Shelby County	2	7.9	6	23.3	1	3.8	0	0.0	0	0.0
Trinity County	1	7.0	3	21.0	0	0.0	1	7.0	2	13.2
Tyler County	2	9.4	2	9.5	1	4.7	2	9.4	1	4.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Permian Basin HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Permian Basin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	310	81.8	323	83.0	340	85.7	353	87.1	394	97.7
Status										
HIV	128	33.8	130	33.4	139	35.1	145	35.8	168	41.7
AIDS	182	48.0	193	49.6	201	50.7	208	51.3	226	56.0
Sex										
Male	243	128.2	256	131.4	268	134.9	282	138.9	319	158.0
Female	67	35.4	67	34.5	72	36.4	71	35.1	75	37.2
Race/Ethnicity										
White	133	70.4	135	72.1	134	71.6	143	76.2	149	80.1
Black	53	273.4	55	275.0	58	283.5	56	267.7	58	275.8
Hispanic	119	71.8	128	72.5	143	78.0	149	78.2	181	95.3
Other^	3	62.1	3	56.7	3	53.9	3	51.0	4	64.0
Unknown**	2	-	2	-	2	-	2	-	2	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	11	14.8	14	18.9	16	21.8	17	23.3	20	28.7
25-34	67	143.5	57	112.9	60	112.1	67	118.8	70	118.7
35-44	112	230.2	121	258.8	118	255.2	110	238.6	126	275.7
45-54	85	159.2	92	167.7	98	177.1	102	184.1	108	203.9
>55	35	42.9	39	45.0	48	53.5	57	60.9	70	75.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	147	47.3	158	48.8	168	49.3	178	50.5	197	49.9
IDU	56	17.9	56	17.2	56	16.4	54	15.3	61	15.5
MSMIDU	38	12.3	36	11.3	38	11.0	37	10.5	42	10.7
Hetero	68	21.8	70	21.8	76	22.5	81	22.9	91	23.1
Perinatal	1	0.3	2	0.6	2	0.6	2	0.6	2	0.5
Other	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Permian Basin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Andrews County	2	15.7	2	15.0	3	21.6	4	28.3	6	42.0
Borden County	0	0.0	0	0.0	0	0.0	0	0.0	1	130.2
Crane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Dawson County	6	41.9	6	42.8	7	50.3	6	43.0	6	40.6
Ector County	115	92.3	120	93.6	127	97.1	129	96.4	138	103.9
Gaines County	1	6.7	2	13.2	2	13.0	2	13.0	2	12.2
Glasscock County	1	79.3	1	82.0	2	161.6	2	157.5	2	131.1
Howard County	42	127.0	45	137.7	47	142.6	49	146.6	60	178.9
Loving County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Martin County	1	21.4	1	20.6	1	20.2	2	39.9	2	37.7
Midland County	114	95.3	117	93.1	120	93.2	123	92.5	131	101.0
Pecos County	5	30.8	4	24.3	4	23.9	4	23.6	4	22.4
Reeves County	12	103.2	14	121.8	16	140.6	21	183.0	30	271.1
Terrell County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upton County	1	32.4	1	31.5	1	31.0	1	30.6	2	63.5
Ward County	6	57.4	6	58.9	6	57.1	6	56.9	6	60.5
Winkler County	4	60.1	4	58.5	4	57.5	4	57.0	4	60.9

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Permian Basin HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Permian Basin HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	24	6.3	16	4.1	28	7.1	25	6.2	44	10.9
Sex										
Male	16	8.4	14	7.2	19	9.6	21	10.3	38	18.8
Female	8	4.2	2	1.0	9	4.5	4	2.0	6	3.0
Race/Ethnicity										
White	7	3.7	4	2.1	3	1.6	11	5.9	7	3.8
Black	5	25.8	5	25.0	6	29.3	3	14.3	3	14.3
Hispanic	12	7.2	7	4.0	19	10.4	11	5.8	33	17.4
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	16.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	5	6.7	2	2.7	6	8.2	5	6.8	8	11.5
25-34	10	21.4	6	11.9	7	13.1	8	14.2	12	20.4
35-44	5	10.3	5	10.7	8	17.3	7	15.2	17	37.2
45-54	3	5.6	2	3.6	4	7.2	4	7.2	5	9.4
>55	1	1.2	1	1.2	3	3.3	1	1.1	2	2.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	9	36.7	10	62.5	13	45.0	14	55.2	19	43.9
IDU	5	21.3	1	8.1	3	8.9	3	10.8	7	16.8
MSMIDU	0	0.0	0	1.3	3	11.4	1	2.4	5	11.6
Hetero	10	42.1	5	28.1	10	34.6	8	31.6	12	27.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Permian Basin HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Andrews County	0	0.0	0	0.0	1	7.2	3	21.2	2	14.0
Borden County	0	0.0	0	0.0	0	0.0	0	0.0	1	130.2
Crane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Dawson County	0	0.0	0	0.0	1	7.2	0	0.0	0	0.0
Ector County	10	8.0	6	4.7	15	11.5	8	6.0	11	8.3
Gaines County	0	0.0	1	6.6	0	0.0	0	0.0	0	0.0
Glasscock County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Howard County	2	6.0	4	12.2	2	6.1	2	6.0	11	32.8
Loving County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Martin County	0	0.0	0	0.0	0	0.0	1	19.9	0	0.0
Midland County	8	6.7	3	2.4	7	5.4	7	5.3	9	6.9
Pecos County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reeves County	4	34.4	2	17.4	2	17.6	4	34.9	9	81.3
Terrell County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upton County	0	0.0	0	0.0	0	0.0	0	0.0	1	31.8
Ward County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Winkler County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

San Antonio HSDA

People Living with HIV

Select Characteristics of People Living with HIV, San Antonio HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	3,732	188.1	3,920	188.0	4,154	194.8	4,421	203.3	4,628	211.5
Status										
HIV	1,400	70.6	1,508	72.3	1,613	75.6	1,747	80.3	1,856	84.8
AIDS	2,332	117.6	2,412	115.7	2,541	119.1	2,674	123.0	2,772	126.7
Sex										
Male	3,151	323.3	3,297	321.2	3,490	332.1	3,704	345.3	3,884	360.5
Female	581	57.6	623	58.9	664	61.4	717	65.1	744	67.0
Race/Ethnicity										
White	1,129	142.1	1,168	143.6	1,234	150.7	1,294	157.0	1,346	165.2
Black	504	418.6	539	398.1	572	412.1	626	442.6	663	454.9
Hispanic	2,050	200.4	2,156	199.0	2,289	204.6	2,435	211.9	2,546	219.2
Other^	32	70.1	35	66.4	38	67.4	41	68.5	48	73.0
Unknown**	17	-	22	-	21	-	25	-	25	-
Age Group										
<2	3	4.8	1	1.6	1	1.5	0	0.0	0	0.0
2-12	12	3.8	13	4.0	15	4.5	16	4.7	16	4.7
13-24	136	36.9	158	41.1	179	45.8	207	52.5	244	62.6
25-34	671	244.9	689	237.1	728	242.4	803	259.0	842	261.1
35-44	1,424	506.8	1,418	497.1	1,387	486.1	1,348	473.8	1,295	455.4
45-54	1,092	410.1	1,193	419.0	1,316	450.6	1,438	482.9	1,514	503.0
>55	394	95.0	448	100.0	528	113.3	609	125.9	717	147.9
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	2,452	65.7	2,584	65.9	2,760	66.4	2,951	66.8	3,104	67.1
IDU	422	11.3	439	11.2	455	10.9	470	10.6	489	10.6
MSMIDU	203	5.4	204	5.2	202	4.9	206	4.7	215	4.7
Hetero	616	16.5	654	16.7	694	16.7	751	17.0	777	16.8
Perinatal	26	0.7	27	0.7	30	0.7	31	0.7	31	0.7
Other	13	0.3	13	0.3	13	0.3	12	0.3	12	0.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, San Antonio HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Atascosa County	25	59.7	28	65.0	30	68.4	33	73.8	35	76.3
Bandera County	9	46.1	8	39.5	11	54.1	12	57.9	13	61.1
Bexar County	3,507	232.2	3,683	233.2	3,895	240.7	4,133	250.5	4,316	263.7
Comal County	63	65.9	65	61.3	71	64.5	78	68.5	81	66.9
Frio County	8	48.9	8	48.8	9	55.1	15	91.8	23	128.1
Gillespie County	4	17.0	5	20.6	5	20.6	6	24.3	7	27.1
Guadalupe County	53	50.9	54	46.4	57	48.3	64	52.8	67	51.9
Karnes County	3	19.6	3	19.4	5	32.6	6	39.1	8	47.5
Kendall County	12	41.4	14	44.0	15	45.7	17	50.1	19	53.7
Kerr County	19	40.6	21	44.2	22	45.8	24	49.6	24	51.3
Medina County	16	37.4	17	38.7	17	38.3	16	35.8	17	37.2
Wilson County	13	34.1	14	34.5	17	41.5	17	41.4	18	39.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

San Antonio HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, San Antonio HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	251	12.7	288	13.8	307	14.4	352	16.2	286	13.1
Sex										
Male	210	21.5	230	22.4	257	24.5	283	26.4	245	22.7
Female	41	4.1	58	5.5	50	4.6	69	6.3	41	3.7
Race/Ethnicity										
White	62	7.8	69	8.5	86	10.5	82	9.9	71	8.7
Black	44	36.5	48	35.5	32	23.1	61	43.1	46	31.6
Hispanic	139	13.6	164	15.1	185	16.5	200	17.4	160	13.8
Other^	4	8.8	3	5.7	3	5.3	3	5.0	8	12.2
Unknown**	2	-	4	-	1	-	6	-	1	-
Age Group										
<2	1	1.6	1	1.6	1	1.5	0	0.0	0	0.0
2-12	0	0.0	0	0.0	1	0.3	1	0.3	0	0.0
13-24	42	11.4	68	17.7	59	15.1	80	20.3	79	20.3
25-34	70	25.6	81	27.9	92	30.6	122	39.3	91	28.2
35-44	78	27.8	78	27.3	77	27.0	72	25.3	57	20.0
45-54	46	17.3	47	16.5	55	18.8	49	16.5	38	12.6
>55	14	3.4	13	2.9	22	4.7	28	5.8	21	4.3
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	169	67.5	187	65.0	229	74.7	244	69.2	195	68.2
IDU	23	9.2	32	11.3	21	6.8	30	8.5	33	11.6
MSMIDU	12	4.6	10	3.3	5	1.6	7	2.0	17	5.9
Hetero	46	18.4	58	20.1	50	16.2	70	20.0	41	14.3
Perinatal	1	0.4	1	0.3	2	0.7	1	0.3	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, San Antonio HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Atascosa County	2	4.8	2	4.6	2	4.6	5	11.2	2	4.4
Bandera County	0	0.0	0	0.0	3	14.8	2	9.6	1	4.7
Bexar County	230	15.2	270	17.1	282	17.4	315	19.1	253	15.5
Comal County	8	8.4	5	4.7	6	5.4	8	7.0	7	5.8
Frio County	5	30.5	1	6.1	1	6.1	7	42.8	9	50.1
Gillespie County	0	0.0	1	4.1	0	0.0	1	4.0	0	0.0
Guadalupe County	2	1.9	2	1.7	4	3.4	6	5.0	4	3.1
Karnes County	0	0.0	0	0.0	3	19.5	1	6.5	2	11.9
Kendall County	2	6.9	3	9.4	1	3.0	2	5.9	2	5.7
Kerr County	2	4.3	1	2.1	1	2.1	3	6.2	1	2.1
Medina County	0	0.0	1	2.3	1	2.3	1	2.2	2	4.4
Wilson County	0	0.0	2	4.9	3	7.3	1	2.4	3	6.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Sherman-Denison HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Sherman-Denison HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	121	63.7	127	65.8	125	64.7	127	65.4	132	67.2
Status										
HIV	52	27.4	52	26.9	50	25.9	49	25.2	49	24.9
AIDS	69	36.3	75	38.8	75	38.8	78	40.2	83	42.3
Sex										
Male	95	100.4	99	102.7	96	99.5	98	100.9	99	100.1
Female	26	27.3	28	29.0	29	30.0	29	29.9	33	33.8
Race/Ethnicity										
White	96	60.9	100	63.1	98	62.2	100	63.5	102	65.2
Black	12	107.0	13	114.8	13	114.7	13	114.4	14	116.8
Hispanic	10	57.9	11	57.5	11	55.1	11	52.5	11	47.7
Other^	1	26.6	1	24.2	1	23.3	1	22.4	3	60.7
Unknown**	2	-	2	-	2	-	2	-	2	-
Age Group										
<2	0	0.0	1	19.5	1	19.6	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	1	3.7	1	3.6
13-24	7	21.0	7	21.4	7	21.8	7	22.0	7	22.4
25-34	18	81.2	19	80.5	19	78.1	20	79.8	24	86.3
35-44	46	179.6	47	191.7	39	165.0	31	135.6	31	145.3
45-54	32	117.7	34	120.6	36	127.2	42	147.8	42	149.3
>55	18	36.0	19	36.6	23	43.8	26	48.5	27	49.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	70	57.5	72	56.9	71	57.0	73	57.6	74	56.2
IDU	15	12.1	15	11.6	16	12.6	16	12.4	17	12.7
MSMIDU	16	13.3	16	12.8	14	11.4	14	11.3	14	10.8
Hetero	19	15.4	21	16.4	21	16.6	21	16.4	24	18.0
Perinatal	1	0.8	2	1.6	2	1.6	2	1.6	2	1.5
Other	1	0.8	1	0.8	1	0.8	1	0.8	1	0.8

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Sherman-Denison HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Cooke County	21	54.1	20	49.9	20	50.0	20	49.7	20	49.0
Fannin County	20	59.1	20	58.1	18	52.4	19	55.4	21	60.4
Grayson County	80	68.2	87	73.3	87	73.3	88	73.6	91	75.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Sherman-Denison HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Sherman-Denison HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	10	5.3	7	3.6	4	2.1	4	2.1	9	4.6
Sex										
Male	7	7.4	5	5.2	3	3.1	2	2.1	4	4.0
Female	3	3.1	2	2.1	1	1.0	2	2.1	5	5.1
Race/Ethnicity										
White	6	3.8	5	3.2	3	1.9	3	1.9	6	3.8
Black	2	17.8	1	8.8	1	8.8	1	8.8	1	8.3
Hispanic	2	11.6	1	5.2	0	0.0	0	0.0	0	0.0
Other^	0	0.0	0	0.0	0	0.0	0	0.0	2	40.5
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	1	19.5	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	3	9.0	1	3.1	1	3.1	2	6.3	2	6.4
25-34	1	4.5	3	12.7	0	0.0	0	0.0	2	7.2
35-44	3	11.7	1	4.1	2	8.5	0	0.0	1	4.7
45-54	2	7.4	1	3.5	0	0.0	1	3.5	3	10.7
>55	1	2.0	0	0.0	1	1.9	1	1.9	1	1.8
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	6	60.0	4	51.4	2	50.0	2	50.0	3	33.3
IDU	2	20.0	0	0.0	0	0.0	0	10.0	1	15.6
MSMIDU	0	0.0	0	2.9	1	25.0	0	0.0	1	11.1
Hetero	2	20.0	2	31.4	1	25.0	2	40.0	4	40.0
Perinatal	0	0.0	1	14.3	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Sherman-Denison HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Cooke County	1	2.6	0	0.0	0	0.0	0	0.0	1	2.4
Fannin County	2	5.9	0	0.0	1	2.9	0	0.0	2	5.8
Grayson County	7	6.0	7	5.9	3	2.5	4	3.3	6	5.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Temple-Killeen HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Temple-Killeen HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	331	82.5	352	84.3	385	90.5	429	100.4	480	108.5
Status										
HIV	143	35.6	163	39.0	187	44.0	226	52.9	265	59.9
AIDS	188	46.9	189	45.3	198	46.6	203	47.5	215	48.6
Sex										
Male	223	110.6	239	113.8	266	124.3	299	139.1	340	152.6
Female	108	54.2	113	54.5	119	56.3	130	61.2	140	63.7
Race/Ethnicity										
White	135	57.8	136	57.6	139	58.8	151	64.5	165	68.5
Black	138	175.1	153	182.5	173	200.5	197	225.2	229	253.6
Hispanic	53	73.2	58	72.9	66	79.3	73	85.1	78	87.2
Other^	4	24.7	4	21.9	5	25.9	6	30.0	6	27.6
Unknown**	1	-	1	-	2	-	2	-	2	-
Age Group										
<2	0	0.0	1	6.9	1	6.8	0	0.0	0	0.0
2-12	2	3.0	2	2.9	2	2.9	2	2.9	2	2.7
13-24	27	36.3	27	36.5	36	48.5	42	57.0	51	69.8
25-34	65	90.6	73	95.9	77	99.4	94	121.3	106	128.5
35-44	126	216.4	126	209.2	129	211.1	130	212.4	127	197.9
45-54	89	188.6	100	196.0	111	209.7	125	231.6	149	268.7
>55	22	31.8	23	31.4	29	38.5	36	46.9	45	57.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	146	44.0	156	44.4	180	46.6	206	48.0	240	50.1
IDU	54	16.2	54	15.2	56	14.6	60	13.9	66	13.7
MSMIDU	22	6.6	23	6.6	24	6.1	25	5.9	27	5.6
Hetero	102	30.8	110	31.3	117	30.3	129	30.1	138	28.7
Perinatal	6	1.8	7	2.0	7	1.8	7	1.6	7	1.5
Other	2	0.6	2	0.6	2	0.5	2	0.5	2	0.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Temple-Killeen HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bell County	255	97.9	277	100.8	304	107.6	344	121.0	389	133.5
Coryell County	32	42.4	33	43.1	40	52.5	43	56.4	47	57.9
Hamilton County	8	96.4	7	82.3	7	81.3	7	81.2	8	89.5
Lampasas County	7	35.3	6	28.8	5	23.8	5	23.6	5	22.1
Milam County	27	105.7	27	105.8	27	105.5	28	109.4	29	109.6
Mills County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
San Saba County	2	32.4	2	32.9	2	33.2	2	33.0	2	31.3

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Temple-Killeen HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Temple-Killeen HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	25	6.2	34	8.1	43	10.1	51	11.9	55	12.4
Sex										
Male	20	9.9	26	12.4	32	15.0	39	18.1	43	19.3
Female	5	2.5	8	3.9	11	5.2	12	5.7	12	5.5
Race/Ethnicity										
White	10	4.3	8	3.4	10	4.2	15	6.4	16	6.6
Black	8	10.2	18	21.5	23	26.7	26	29.7	33	36.5
Hispanic	7	9.7	8	10.1	8	9.6	8	9.3	5	5.6
Other^	0	0.0	0	0.0	1	5.2	1	5.0	0	0.0
Unknown**	0	-	0	-	1	-	1	-	1	-
Age Group										
<2	0	0.0	1	6.9	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	8	10.8	7	9.5	16	21.5	17	23.1	17	23.3
25-34	6	8.4	11	14.4	10	12.9	19	24.5	14	17.0
35-44	6	10.3	9	14.9	7	11.5	6	9.8	12	18.7
45-54	3	6.4	5	9.8	9	17.0	8	14.8	8	14.4
>55	2	2.9	1	1.4	1	1.3	1	1.3	4	5.1
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	15	61.2	18	51.8	27	63.3	31	60.0	35	63.6
IDU	4	17.2	2	7.1	4	9.3	4	8.6	7	11.8
MSMIDU	1	2.4	1	3.8	0	0.9	3	5.5	2	3.1
Hetero	5	19.2	12	34.4	11	26.5	13	25.9	12	21.5
Perinatal	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Temple-Killeen HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bell County	18	6.9	27	9.8	34	12.0	45	15.8	49	16.8
Coryell County	5	6.6	2	2.6	7	9.2	5	6.6	4	4.9
Hamilton County	0	0.0	0	0.0	0	0.0	0	0.0	1	11.2
Lampasas County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Milam County	2	7.8	5	19.6	2	7.8	1	3.9	1	3.8
Mills County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
San Saba County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Texarkana HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Texarkana HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	253	91.1	253	90.0	259	92.3	271	96.1	292	102.6
Status										
HIV	104	37.5	99	35.2	97	34.6	102	36.2	119	41.8
AIDS	149	53.7	154	54.8	162	57.7	169	59.9	173	60.8
Sex										
Male	175	127.1	175	125.2	179	127.9	184	130.7	200	141.7
Female	78	55.7	78	55.3	80	56.8	87	61.6	92	64.1
Race/Ethnicity										
White	130	64.3	128	63.3	133	66.3	136	67.8	143	71.4
Black	99	204.2	100	201.7	102	204.4	109	216.3	119	229.3
Hispanic	22	92.3	23	88.9	23	86.3	25	90.6	28	96.8
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	2	-	2	-	1	-	1	-	2	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	1	2.5	0	0.0	0	0.0	0	0.0	0	0.0
13-24	15	32.2	15	32.4	14	30.6	14	30.7	19	41.8
25-34	48	143.5	45	132.1	47	135.7	52	147.8	56	145.5
35-44	99	269.2	92	257.4	81	233.4	82	241.7	81	244.8
45-54	69	181.3	77	197.1	88	224.5	91	231.7	99	260.4
>55	21	28.0	24	30.8	29	36.7	32	39.7	37	46.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	95	37.4	97	38.3	99	38.3	100	37.0	116	39.7
IDU	51	20.0	50	19.9	48	18.5	51	18.7	56	19.0
MSMIDU	21	8.3	21	8.3	22	8.5	24	8.7	22	7.4
Hetero	83	32.6	81	31.9	86	33.1	92	34.1	95	32.5
Perinatal	1	0.4	1	0.4	1	0.4	1	0.4	1	0.3
Other	3	1.2	3	1.2	3	1.2	3	1.1	3	1.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Texarkana HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bowie County	115	124.6	112	120.1	111	118.9	114	121.1	126	135.6
Cass County	28	92.3	28	91.7	29	95.6	29	95.3	28	91.4
Delta County	2	37.9	2	37.4	2	36.5	2	36.5	2	37.5
Franklin County	2	19.9	2	18.9	2	19.0	2	19.0	5	45.6
Hopkins County	25	75.1	26	76.4	33	96.7	35	101.4	36	104.0
Lamar County	42	84.4	43	86.3	43	86.2	48	96.2	51	101.3
Morris County	6	46.3	7	53.2	9	68.9	9	69.0	11	81.3
Red River County	8	57.1	8	58.1	7	51.5	7	51.6	8	55.6
Titus County	25	84.2	25	82.2	23	75.8	25	82.1	25	78.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Texarkana HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Texarkana HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	11	4.0	9	3.2	12	4.3	19	6.7	27	9.5
Sex										
Male	8	5.8	6	4.3	8	5.7	12	8.5	22	15.6
Female	3	2.1	3	2.1	4	2.8	7	5.0	5	3.5
Race/Ethnicity										
White	7	3.5	3	1.5	5	2.5	7	3.5	11	5.5
Black	4	8.3	5	10.1	6	12.0	10	19.8	12	23.1
Hispanic	0	0.0	1	3.9	0	0.0	2	7.2	3	10.4
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	1	-	0	-	1	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	3	6.4	1	2.2	1	2.2	5	11.0	7	15.4
25-34	3	9.0	3	8.8	3	8.7	5	14.2	8	20.8
35-44	3	8.2	2	5.6	2	5.8	5	14.7	1	3.0
45-54	2	5.3	1	2.6	5	12.8	3	7.6	6	15.8
>55	0	0.0	2	2.6	1	1.3	1	1.2	5	6.2
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	6	51.8	4	45.6	3	20.8	7	37.4	17	61.1
IDU	1	6.4	2	18.9	0	2.5	4	19.5	5	19.6
MSMIDU	0	0.0	0	0.0	1	8.3	1	7.4	0	0.7
Hetero	5	41.8	3	35.6	8	68.3	7	35.8	5	18.5
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Texarkana HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bowie County	7	7.6	2	2.1	3	3.2	8	8.5	13	14.0
Cass County	0	0.0	1	3.3	1	3.3	0	0.0	0	0.0
Delta County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Franklin County	0	0.0	0	0.0	0	0.0	0	0.0	3	27.4
Hopkins County	0	0.0	1	2.9	6	17.6	4	11.6	2	5.8
Lamar County	3	6.0	3	6.0	0	0.0	5	10.0	4	7.9
Morris County	0	0.0	1	7.6	2	15.3	0	0.0	2	14.8
Red River County	0	0.0	0	0.0	0	0.0	0	0.0	2	13.9
Titus County	1	3.4	1	3.3	0	0.0	2	6.6	1	3.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Tyler HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Tyler HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	915	116.8	976	121.8	1,009	125.1	1,089	133.7	1,153	138.4
Status										
HIV	403	51.4	453	56.5	453	56.2	507	62.2	565	67.8
AIDS	512	65.3	523	65.3	556	68.9	582	71.5	588	70.6
Sex										
Male	637	162.3	672	167.0	697	171.9	749	182.6	792	188.3
Female	278	71.1	304	76.2	312	77.8	340	84.1	361	87.5
Race/Ethnicity										
White	440	78.5	445	78.9	454	80.7	472	83.8	483	85.7
Black	405	320.9	448	349.8	470	365.9	521	403.4	565	416.5
Hispanic	60	67.9	72	72.2	77	73.0	87	77.8	95	77.2
Other^	1	11.9	1	10.8	1	10.4	1	10.0	1	9.3
Unknown**	9	-	10	-	7	-	8	-	9	-
Age Group										
<2	1	4.7	1	4.6	1	4.6	1	4.5	0	0.0
2-12	11	9.7	9	7.9	9	7.8	9	7.7	11	9.3
13-24	56	41.7	51	38.0	52	38.9	71	53.1	78	58.3
25-34	210	226.2	232	237.7	240	239.8	254	246.5	273	236.5
35-44	338	325.4	345	341.5	323	327.4	335	346.6	318	341.6
45-54	216	196.2	242	213.7	278	244.7	298	262.0	333	293.1
>55	83	39.8	96	43.9	106	47.5	121	52.8	140	59.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	384	42.0	416	42.6	433	42.9	474	43.5	506	43.8
IDU	153	16.8	155	15.9	152	15.1	162	14.8	170	14.7
MSMIDU	91	9.9	89	9.1	87	8.6	90	8.2	94	8.2
Hetero	264	28.9	295	30.2	316	31.3	344	31.6	362	31.4
Perinatal	15	1.6	15	1.5	15	1.5	15	1.4	16	1.4
Other	8	0.9	6	0.6	6	0.6	5	0.5	5	0.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Tyler HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Anderson County	70	125.1	72	127.8	71	125.8	82	144.3	89	153.8
Camp County	10	79.2	9	70.4	9	70.0	10	77.1	10	74.6
Cherokee County	59	121.7	66	135.1	71	143.7	76	153.6	80	160.0
Gregg County	260	226.3	283	239.5	286	242.0	309	259.2	330	268.3
Harrison County	65	102.7	73	113.9	75	116.8	81	124.7	89	131.5
Henderson County	53	67.4	54	68.2	58	73.4	62	78.3	64	78.7
Marion County	14	128.3	15	140.1	16	150.0	15	141.1	18	163.2
Panola County	20	86.8	21	90.0	21	90.3	23	98.7	23	95.4
Rains County	3	28.3	3	28.1	3	27.3	3	26.9	3	27.4
Rusk County	42	88.1	45	93.2	46	95.2	46	94.1	46	92.0
Smith County	249	131.0	265	134.2	279	139.2	295	144.5	309	149.4
Upshur County	21	56.9	23	61.5	23	61.0	29	76.2	30	78.3
Van Zandt County	20	39.5	17	32.6	20	38.2	23	43.5	25	46.6
Wood County	29	72.8	30	71.5	31	73.0	35	81.4	37	82.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Tyler HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Tyler HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	61	7.8	88	11.0	69	8.6	103	12.6	86	10.3
Sex										
Male	38	9.7	58	14.4	53	13.1	70	17.1	57	13.6
Female	23	5.9	30	7.5	16	4.0	33	8.2	29	7.0
Race/Ethnicity										
White	22	3.9	23	4.1	25	4.4	27	4.8	24	4.3
Black	35	27.7	52	40.6	34	26.5	62	48.0	52	38.3
Hispanic	4	4.5	12	12.0	10	9.5	12	10.7	8	6.5
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	1	-	0	-	2	-	2	-
Age Group										
<2	1	4.7	0	0.0	1	4.6	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	1	0.8
13-24	19	14.2	25	18.6	13	9.7	34	25.4	25	18.7
25-34	15	16.2	25	25.6	21	21.0	29	28.1	27	23.4
35-44	12	11.6	21	20.8	18	18.2	25	25.9	19	20.4
45-54	12	10.9	11	9.7	11	9.7	9	7.9	12	10.6
>55	2	1.0	6	2.7	5	2.2	6	2.6	2	0.8
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	22	36.2	41	46.8	34	48.7	53	51.4	39	45.7
IDU	8	13.4	8	9.4	8	11.3	11	10.9	13	14.7
MSMIDU	4	7.2	4	4.3	1	0.7	4	3.7	5	5.7
Hetero	25	41.5	35	39.4	26	37.8	35	34.1	28	32.8
Perinatal	1	1.6	0	0.0	1	1.4	0	0.0	1	1.2
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Tyler HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Anderson County	4	7.1	2	3.5	3	5.3	11	19.4	9	15.6
Camp County	1	7.9	0	0.0	0	0.0	1	7.7	0	0.0
Cherokee County	2	4.1	6	12.3	7	14.2	6	12.1	5	10.0
Gregg County	18	15.7	31	26.2	16	13.5	31	26.0	25	20.3
Harrison County	5	7.9	9	14.0	6	9.3	9	13.9	10	14.8
Henderson County	3	3.8	4	5.1	6	7.6	5	6.3	4	4.9
Marion County	0	0.0	2	18.7	1	9.4	1	9.4	4	36.3
Panola County	2	8.7	1	4.3	0	0.0	2	8.6	1	4.1
Rains County	1	9.4	0	0.0	0	0.0	0	0.0	0	0.0
Rusk County	4	8.4	5	10.4	4	8.3	1	2.0	1	2.0
Smith County	14	7.4	20	10.1	21	10.5	20	9.8	20	9.7
Upshur County	2	5.4	4	10.7	1	2.7	7	18.4	2	5.2
Van Zandt County	3	5.9	1	1.9	3	5.7	4	7.6	3	5.6
Wood County	2	5.0	3	7.1	1	2.4	5	11.6	2	4.5

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Uvalde HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Uvalde HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	65	40.2	72	44.4	82	50.4	90	54.6	97	56.8
Status										
HIV	25	15.5	24	14.8	27	16.6	33	20.0	33	19.3
AIDS	40	24.8	48	29.6	55	33.8	57	34.6	64	37.5
Sex										
Male	52	65.5	59	74.1	68	85.0	76	93.7	83	99.0
Female	13	15.8	13	15.8	14	16.9	14	16.7	14	16.1
Race/Ethnicity										
White	13	46.4	14	51.8	17	63.8	17	63.5	17	61.3
Black	2	172.4	2	172.0	2	172.4	2	174.1	2	165.0
Hispanic	49	37.4	55	41.6	61	45.8	69	51.0	77	55.0
Other^	1	63.7	1	62.4	1	61.8	1	59.6	1	58.3
Unknown**	0	-	0	-	1	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	6.0	3	8.9	3	8.9	5	14.8	4	11.9
25-34	10	54.2	12	66.2	15	81.8	14	74.3	20	95.5
35-44	29	139.0	29	140.2	29	141.5	28	137.4	25	126.0
45-54	16	87.4	19	103.0	22	118.3	29	152.9	30	151.0
>55	8	23.1	9	25.2	13	35.9	14	37.7	18	47.8
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	33	50.5	38	53.1	43	52.7	49	54.7	54	55.9
IDU	8	12.5	9	12.6	11	12.8	11	12.0	12	12.7
MSMIDU	4	5.5	4	5.6	4	5.4	5	5.1	5	4.7
Hetero	21	31.5	21	28.8	24	29.1	25	28.2	26	26.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Uvalde HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Dimmit County	4	39.7	4	40.4	6	60.2	6	60.1	6	61.5
Edwards County	0	0.0	0	0.0	1	52.1	3	148.8	3	135.6
Kinney County	1	30.0	2	60.7	2	61.1	3	90.4	4	116.0
La Salle County	3	50.2	3	50.7	4	67.1	7	115.9	7	116.1
Maverick County	32	62.4	34	64.8	37	70.1	39	72.9	43	77.9
Real County	1	30.7	1	30.4	1	30.4	1	30.1	1	29.8
Uvalde County	7	26.2	8	31.1	10	38.8	10	37.8	10	35.9
Val Verde County	13	27.5	13	27.3	12	25.1	12	24.9	14	28.0
Zavala County	4	34.3	7	59.0	9	76.0	9	76.1	9	70.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Uvalde HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Uvalde HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	7	4.3	9	5.6	11	6.8	9	5.5	13	7.6
Sex										
Male	6	7.6	9	11.3	10	12.5	9	11.1	11	13.1
Female	1	1.2	0	0.0	1	1.2	0	0.0	2	2.3
Race/Ethnicity										
White	0	0.0	1	3.7	3	11.3	1	3.7	0	0.0
Black	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	7	5.3	8	6.0	7	5.3	8	5.9	13	9.3
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	1	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	0	0.0	2	5.9	0	0.0	3	8.9	0	0.0
25-34	1	5.4	2	11.0	4	21.8	0	0.0	8	38.2
35-44	6	28.8	3	14.5	1	4.9	2	9.8	2	10.1
45-54	0	0.0	1	5.4	2	10.8	4	21.1	2	10.1
>55	0	0.0	1	2.8	4	11.0	0	0.0	1	2.7
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	4	54.3	6	67.8	6	55.5	7	77.8	7	50.8
IDU	0	2.9	2	16.7	1	12.7	0	3.3	4	30.0
MSMIDU	0	0.0	0	3.3	0	1.8	0	2.2	0	0.8
Hetero	3	42.9	1	12.2	3	30.0	2	16.7	2	18.5
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Uvalde HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Dimmit County	0	0.0	0	0.0	2	20.1	0	0.0	0	0.0
Edwards County	0	0.0	0	0.0	1	52.1	1	49.6	1	45.2
Kinney County	0	0.0	0	0.0	0	0.0	1	30.1	1	29.0
La Salle County	0	0.0	0	0.0	1	16.8	3	49.7	0	0.0
Maverick County	3	5.8	3	5.7	3	5.7	2	3.7	8	14.5
Real County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Uvalde County	0	0.0	1	3.9	2	7.8	1	3.8	0	0.0
Val Verde County	2	4.2	2	4.2	0	0.0	1	2.1	3	6.0
Zavala County	2	17.1	3	25.3	2	16.9	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Victoria HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Victoria HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	122	65.2	127	67.4	131	69.5	137	72.1	145	74.0
Status										
HIV	51	27.3	55	29.2	57	30.2	61	32.1	70	35.7
AIDS	71	37.9	72	38.2	74	39.2	76	40.0	75	38.3
Sex										
Male	88	94.7	93	99.0	97	103.1	102	107.5	107	109.4
Female	34	36.1	34	36.0	34	36.0	35	36.8	38	38.7
Race/Ethnicity										
White	47	45.8	48	47.6	49	49.3	50	50.6	57	57.3
Black	26	204.0	29	225.6	29	224.6	31	239.0	32	232.7
Hispanic	48	69.2	49	67.7	52	70.5	55	72.8	54	67.3
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	38.8
Unknown**	1	-	1	-	1	-	1	-	1	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	5	14.7	6	17.7	5	15.0	5	15.2	8	24.3
25-34	27	127.1	25	112.7	26	112.8	24	99.7	21	80.0
35-44	44	179.3	44	189.0	44	194.7	35	158.1	38	173.3
45-54	37	142.1	42	159.2	45	171.2	59	225.3	60	228.8
>55	9	19.1	10	20.6	11	22.4	14	28.0	18	35.3
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	57	46.6	61	48.0	65	49.5	70	51.2	74	51.0
IDU	17	14.1	18	14.3	17	13.1	17	12.1	16	10.9
MSMIDU	9	7.7	10	8.2	11	8.0	11	7.7	11	7.3
Hetero	35	28.3	34	26.4	35	26.3	36	26.1	41	28.0
Perinatal	3	2.5	3	2.4	3	2.3	3	2.2	3	2.1
Other	1	0.8	1	0.8	1	0.8	1	0.7	1	0.7

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Victoria HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Calhoun County	10	48.5	10	47.8	10	48.0	10	48.0	14	60.2
De Witt County	4	19.4	5	24.6	5	24.8	8	39.7	9	43.8
Goliad County	2	28.2	2	27.6	2	27.5	2	27.2	2	25.9
Gonzales County	15	77.0	14	72.9	14	72.8	14	71.7	13	63.8
Jackson County	5	34.5	5	33.9	5	33.7	5	33.6	5	32.6
Lavaca County	12	61.9	12	61.7	12	61.7	12	61.7	13	66.4
Victoria County	74	86.6	79	91.2	83	95.6	86	98.0	89	99.8

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Victoria HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Victoria HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	4	2.1	7	3.7	5	2.7	8	4.2	12	6.1
Sex										
Male	2	2.2	7	7.5	4	4.3	7	7.4	7	7.2
Female	2	2.1	0	0.0	1	1.1	1	1.1	5	5.1
Race/Ethnicity										
White	0	0.0	2	2.0	1	1.0	2	2.0	7	7.0
Black	1	7.8	3	23.3	0	0.0	2	15.4	3	21.8
Hispanic	3	4.3	2	2.8	4	5.4	4	5.3	1	1.2
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	38.8
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	5.9	1	2.9	1	3.0	2	6.1	3	9.1
25-34	0	0.0	2	9.0	1	4.3	0	0.0	2	7.6
35-44	1	4.1	2	8.6	2	8.9	2	9.0	3	13.7
45-54	1	3.8	1	3.8	1	3.8	4	15.3	4	15.3
>55	0	0.0	1	2.1	0	0.0	0	0.0	0	0.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	2	50.0	4	57.1	4	78.0	5	66.3	5	40.8
IDU	0	0.0	1	14.3	0	0.0	0	5.0	0	2.5
MSMIDU	0	0.0	1	14.3	0	2.0	1	13.8	0	0.0
Hetero	2	50.0	1	14.3	1	20.0	1	15.0	7	56.7
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Victoria HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Calhoun County	0	0.0	1	4.8	1	4.8	0	0.0	4	17.2
De Witt County	0	0.0	1	4.9	0	0.0	3	14.9	1	4.9
Goliad County	1	14.1	0	0.0	0	0.0	0	0.0	0	0.0
Gonzales County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Jackson County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lavaca County	1	5.2	0	0.0	0	0.0	0	0.0	1	5.1
Victoria County	2	2.3	5	5.8	4	4.6	5	5.7	6	6.7

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Waco HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Waco HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	343	102.5	364	107.4	371	108.4	402	116.6	413	117.7
Status										
HIV	157	46.9	164	48.4	172	50.3	194	56.3	209	59.6
AIDS	186	55.6	200	59.0	199	58.2	208	60.3	204	58.1
Sex										
Male	235	142.4	254	151.3	257	151.4	278	162.1	285	163.3
Female	108	63.7	110	64.3	114	66.1	124	71.5	128	72.6
Race/Ethnicity										
White	116	54.4	129	61.3	131	62.6	134	64.3	137	66.4
Black	182	361.8	187	368.5	193	376.8	211	410.2	219	404.3
Hispanic	42	63.3	44	60.6	45	59.0	54	67.8	52	61.5
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	17.3
Unknown**	3	-	4	-	2	-	3	-	4	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	2	4.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	9	13.4	12	18.2	17	26.0	24	37.1	26	42.0
25-34	62	134.7	64	127.3	64	121.6	73	133.2	79	133.8
35-44	106	262.0	103	265.5	95	248.9	92	244.1	85	218.0
45-54	103	243.9	122	286.0	125	293.7	134	316.6	141	336.8
>55	61	76.9	63	77.4	70	84.6	79	94.0	82	97.5
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	123	35.8	141	38.8	145	39.2	164	40.7	172	41.5
IDU	84	24.6	82	22.5	84	22.5	87	21.6	82	19.9
MSMIDU	29	8.5	30	8.2	30	8.0	30	7.5	30	7.3
Hetero	97	28.2	101	27.7	102	27.5	112	27.7	119	28.8
Perinatal	3	0.9	3	0.8	3	0.8	3	0.7	3	0.7
Other	7	2.0	7	1.9	7	1.9	7	1.7	7	1.7

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Waco HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bosque County	10	55.1	11	59.9	11	60.1	10	54.3	10	56.3
Falls County	13	71.8	13	72.7	13	73.6	14	79.2	14	74.7
Freestone County	14	73.5	15	76.6	15	75.9	16	80.4	14	68.5
Hill County	24	69.9	26	73.9	26	73.1	28	77.7	28	75.7
Limestone County	17	75.1	19	85.6	17	76.1	17	75.0	20	85.5
McLennan County	265	119.2	280	124.0	289	126.5	317	137.7	327	140.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Waco HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Waco HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	29	8.7	30	8.9	23	6.7	38	11.0	26	7.4
Sex										
Male	24	14.5	24	14.3	17	10.0	24	14.0	18	10.3
Female	5	2.9	6	3.5	6	3.5	14	8.1	8	4.5
Race/Ethnicity										
White	5	2.3	15	7.1	7	3.3	5	2.4	5	2.4
Black	18	35.8	10	19.7	14	27.3	22	42.8	18	33.2
Hispanic	6	9.0	4	5.5	2	2.6	10	12.6	2	2.4
Other^	0	0.0	0	0.0	0	0.0	0	0.0	1	17.3
Unknown**	0	-	1	-	0	-	1	-	0	-
Age Group										
<2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	2	3.0	4	6.1	7	10.7	11	17.0	6	9.7
25-34	9	19.5	7	13.9	6	11.4	10	18.3	9	15.2
35-44	7	17.3	11	28.4	4	10.5	7	18.6	3	7.7
45-54	6	14.2	5	11.7	2	4.7	6	14.2	7	16.7
>55	5	6.3	3	3.7	4	4.8	4	4.8	1	1.2
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	15	51.7	21	69.3	13	54.3	20	51.8	10	37.7
IDU	6	19.0	2	5.7	3	13.0	6	16.3	2	9.2
MSMIDU	0	0.7	1	2.3	1	5.7	0	0.3	1	4.2
Hetero	8	28.6	7	22.7	6	27.0	12	31.6	13	48.8
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Waco HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Bosque County	1	5.5	1	5.4	0	0.0	0	0.0	0	0.0
Falls County	1	5.5	1	5.6	1	5.7	1	5.7	0	0.0
Freestone County	1	5.2	2	10.2	1	5.1	1	5.0	0	0.0
Hill County	1	2.9	2	5.7	2	5.6	2	5.6	2	5.4
Limestone County	1	4.4	2	9.0	0	0.0	1	4.4	2	8.6
McLennan County	24	10.8	22	9.7	19	8.3	33	14.3	22	9.4

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Wichita Falls HSDA

People Living with HIV

Select Characteristics of People Living with HIV, Wichita Falls HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	152	68.8	151	67.7	156	69.9	160	70.4	164	73.3
Status										
HIV	53	24.0	56	25.1	55	24.6	64	28.2	66	29.5
AIDS	99	44.8	95	42.6	101	45.2	96	42.2	98	43.8
Sex										
Male	115	103.4	112	99.5	118	104.6	125	108.8	127	112.5
Female	37	33.8	39	35.3	38	34.4	35	31.1	37	33.4
Race/Ethnicity										
White	90	53.1	86	51.0	88	52.5	89	52.7	90	54.5
Black	46	274.2	47	274.1	47	271.6	50	281.0	53	287.8
Hispanic	13	44.8	15	48.0	18	55.8	18	53.1	18	53.6
Other^	1	18.2	1	16.8	1	16.2	1	15.2	1	15.5
Unknown**	2	-	2	-	2	-	2	-	2	-
Age Group										
<2	1	16.9	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	1	3.1	1	3.1	1	3.1	1	3.1
13-24	5	11.9	5	12.1	7	17.1	9	21.8	10	25.5
25-34	21	74.4	18	59.7	18	58.0	18	55.6	16	48.5
35-44	56	196.9	62	231.9	52	202.0	52	205.7	51	210.1
45-54	50	169.4	45	148.9	57	189.3	58	190.7	63	215.7
>55	19	34.4	20	35.2	21	36.4	22	37.1	23	38.7
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	74	48.6	70	46.6	74	47.4	78	48.8	78	47.7
IDU	36	23.8	38	25.4	38	24.2	38	23.6	38	23.4
MSMIDU	21	14.0	23	14.9	22	13.8	22	13.4	23	13.8
Hetero	18	11.6	17	11.1	20	12.6	20	12.3	22	13.2
Perinatal	2	1.3	2	1.3	2	1.3	2	1.3	2	1.2
Other	1	0.7	1	0.7	1	0.6	1	0.6	1	0.6

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of PLWH by County, Wichita Falls HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Archer County	1	10.9	1	10.9	2	21.6	1	10.6	1	10.5
Baylor County	2	49.8	2	49.4	2	50.7	2	50.6	2	50.1
Clay County	5	44.3	4	36.0	5	45.2	5	45.3	6	53.5
Cottle County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Foard County	0	0.0	0	0.0	0	0.0	2	139.0	2	126.4
Hardeman County	6	132.9	5	114.2	5	115.3	4	93.2	4	86.8
Jack County	4	45.8	4	45.3	4	45.3	3	33.8	3	33.0
Montague County	6	30.5	6	30.3	6	30.0	7	34.7	7	34.6
Wichita County	111	86.2	111	85.4	113	86.8	117	87.5	120	94.0
Wilbarger County	14	100.5	15	104.1	16	111.5	16	110.8	16	104.7
Young County	3	16.9	3	16.4	3	16.5	3	16.4	3	16.1

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Wichita Falls HSDA

New Diagnoses

Select Characteristics of People Newly Diagnosed with HIV, Wichita Falls HSDA 2006-2010

	2006		2007		2008		2009		2010	
	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†	Number	Rate†
Total	5	2.3	7	3.1	10	4.5	13	5.7	10	4.5
Sex										
Male	2	1.8	4	3.6	9	8.0	12	10.4	7	6.2
Female	3	2.7	3	2.7	1	0.9	1	0.9	3	2.7
Race/Ethnicity										
White	1	0.6	3	1.8	7	4.2	8	4.7	5	3.0
Black	3	17.9	3	17.5	1	5.8	5	28.1	4	21.7
Hispanic	1	3.4	1	3.2	2	6.2	0	0.0	1	3.0
Other^	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown**	0	-	0	-	0	-	0	-	0	-
Age Group										
<2	1	16.9	0	0.0	0	0.0	0	0.0	0	0.0
2-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-24	1	2.4	0	0.0	3	7.3	2	4.8	2	5.1
25-34	0	0.0	2	6.6	1	3.2	2	6.2	1	3.0
35-44	1	3.5	2	7.5	2	7.8	5	19.8	2	8.2
45-54	2	6.8	3	9.9	4	13.3	2	6.6	5	17.1
>55	0	0.0	0	0.0	0	0.0	2	3.4	0	0.0
Mode of Exposure*	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
MSM	1	26.0	2	21.4	5	47.0	6	46.2	4	42.0
IDU	0	4.0	4	60.0	3	32.0	6	46.2	3	26.0
MSMIDU	0	4.0	0	2.9	0	0.0	0	0.0	1	12.0
Hetero	2	46.0	1	15.7	2	21.0	1	7.7	2	20.0
Perinatal	1	20.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

^ Combined rates for Asian/Pacific Isander, Native American/Alaskan Native and Multi-Race cases

*Rates are not calculated because there are no good estimates of population sizes for behavioral risk

**Rates are not applicable for Unknown race/ethnicity

Number and Rate of People Diagnosed with HIV by County, Wichita Falls HSDA 2006-2010

	2006		2007		2008		2009		2010	
County	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**	**Number**	**Rate†**
Archer County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Baylor County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clay County	0	0.0	0	0.0	1	9.0	0	0.0	1	8.9
Cottle County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Foard County	0	0.0	0	0.0	0	0.0	1	69.5	0	0.0
Hardeman County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Jack County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Montague County	0	0.0	0	0.0	0	0.0	1	5.0	0	0.0
Wichita County	4	3.1	5	3.8	8	6.1	11	8.2	8	6.3
Wilbarger County	1	7.2	2	13.9	1	7.0	0	0.0	1	6.5
Young County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Caution should be taken when interpreting rates for any count of less than 4 cases. Data statistically unstable.

Appendix C: Number and Proportion of PLWH with Unmet Need

Number and proportion of PLWH with Unmet need for Medical Care, Abilene HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	69	26	201	74
Disease Status				
HIV	37	39	59	61
AIDS	32	18	142	82
Sex				
Male	50	25	154	75
Female	19	29	47	71
Race/Ethnicity				
White	34	21	131	79
Black	23	42	32	58
Hispanic	12	24	37	76
Other			1	100
Unknown				
Age Group				
<2				
02-12			2	100
13-24	4	36	7	64
25-34	12	29	29	71
35-44	23	28	58	72
45-54	16	18	73	82
55+	14	30	32	70
Mode of Exposure				
MSM	29	22	102.9	78
IDU	19.2	35	35.9	65
MSM/IDU	6.8	23	22.8	77
Heterosexual	11	24	34.4	76
Pediatric	3	43	4	57
Adult Other			1	100

Number and proportion of PLWH with Unmet need for Medical Care, Amarillo HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	125	33	252	67
Disease Status				
HIV	77	41	109	59
AIDS	48	25	143	75
Sex				
Male	99	33	202	67
Female	26	34	50	66
Race/Ethnicity				
White	80	36	143	64
Black	15	32	32	68
Hispanic	28	29	69	71
Other	2	20	8	80
Unknown				
Age Group				
<2				
02-12			1	100
13-24	5	38	8	62
25-34	17	33	35	67
35-44	50	39	78	61
45-54	35	28	88	72
55+	18	30	42	70
Mode of Exposure				
MSM	48.9	26	141.1	74
IDU	29.2	48	31.9	52
MSM/IDU	20.1	43	26.2	57
Heterosexual	26.8	35	48.8	65
Pediatric			3	100
Adult Other			1	100

Number and proportion of PLWH with Unmet need for Medical Care, Austin HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	1115	25	3303	75
Disease Status				
HIV	543	30	1273	70
AIDS	572	22	2030	78
Sex				
Male	957	26	2763	74
Female	158	23	540	77
Race/Ethnicity				
White	538	25	1621	75
Black	274	27	751	73
Hispanic	288	25	885	75
Other	10	24	31	76
Unknown	5	25	15	75
Age Group				
<2				
02-12	3	33	6	67
13-24	45	27	120	73
25-34	233	33	478	67
35-44	344	26	992	74
45-54	339	22	1197	78
55+	151	23	510	77
Mode of Exposure				
MSM	702.2	25	2143.5	75
IDU	141.2	30	337.4	71
MSM/IDU	91.9	26	266.7	74
Heterosexual	174.7	25	518.4	75
Pediatric	4	11	32	89
Adult Other	1	17	5	83

Number and proportion of PLWH with Unmet need for Medical Care, Beaumont-Port Arthur HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	323	37	559	63
Disease Status				
HIV	218	48	235	52
AIDS	105	24	324	76
Sex				
Male	217	38	352	62
Female	106	34	207	66
Race/Ethnicity				
White	82	29	200	71
Black	205	38	329	62
Hispanic	27	54	23	46
Other	4	44	5	56
Unknown	5	71	2	29
Age Group				
<2			1	100
02-12	1	25	3	75
13-24	34	49	35	51
25-34	85	43	112	57
35-44	69	34	134	66
45-54	93	33	190	67
55+	41	33	84	67
Mode of Exposure				
MSM	130.4	37	219.4	63
IDU	41.3	33	85.4	67
MSM/IDU	16	30	36.5	70
Heterosexual	124.3	38	206.7	62
Pediatric	10	53	9	47
Adult Other	1	33	2	67

Number and proportion of PLWH with Unmet need for Medical Care, Brownsville HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	546	37	948	63
Disease Status				
HIV	324	47	371	53
AIDS	222	28	577	72
Sex				
Male	448	38	738	62
Female	98	32	210	68
Race/Ethnicity				
White	50	33	103	67
Black	11	52	10	48
Hispanic	481	37	835	63
Other	4	100		
Unknown				
Age Group				
<2				
02-12	1	13	7	88
13-24	39	44	50	56
25-34	139	43	185	57
35-44	161	36	288	64
45-54	144	33	287	67
55+	62	32	131	68
Mode of Exposure				
MSM	308.6	36	545.1	64
IDU	72.2	47	82.2	53
MSM/IDU	26.1	47	29	53
Heterosexual	130.1	32	278.7	68
Pediatric	7	35	13	65
Adult Other	2	100		

Number and proportion of PLWH with Unmet need for Medical Care, Bryan-College Sta. HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	127	33	259	67
Disease Status				
HIV	79	40	119	60
AIDS	48	26	140	74
Sex				
Male	94	38	156	62
Female	33	24	103	76
Race/Ethnicity				
White	29	26	81	74
Black	69	32	148	68
Hispanic	27	51	26	49
Other	2	67	1	33
Unknown			3	100
Age Group				
<2				
02-12	2	100		
13-24	12	31	27	69
25-34	23	29	56	71
35-44	33	31	74	69
45-54	42	38	69	62
55+	15	31	33	69
Mode of Exposure				
MSM	51.9	33	103.4	67
IDU	21.6	37	37.4	63
MSM/IDU	8.6	47	9.7	53
Heterosexual	42.9	29	103.5	71
Pediatric	2	33	4	67
Adult Other			1	100

Number and proportion of PLWH with Unmet need for Medical Care, Concho Plateau HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	36	35	67	65
Disease Status				
HIV	15	35	28	65
AIDS	21	35	39	65
Sex				
Male	33	40	50	60
Female	3	15	17	85
Race/Ethnicity				
White	12	27	33	73
Black	7	54	6	46
Hispanic	17	38	28	62
Other				
Unknown				
Age Group				
<2				
02-12				
13-24	1	25	3	75
25-34	5	42	7	58
35-44	7	33	14	67
45-54	19	41	27	59
55+	4	20	16	80
Mode of Exposure				
MSM	17.8	34	34.9	66
IDU	7.8	35	14.3	65
MSM/IDU	6.6	67	3.3	33
Heterosexual	3.8	22	13.5	78
Pediatric			1	100
Adult Other				

Number and proportion of PLWH with Unmet need for Medical Care, Corpus Christi HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	188	30	431	70
Disease Status				
HIV	96	43	125	57
AIDS	92	23	306	77
Sex				
Male	149	32	324	69
Female	39	27	107	73
Race/Ethnicity				
White	80	39	127	61
Black	25	43	33	57
Hispanic	81	23	267	77
Other	2	67	1	33
Unknown			3	100
Age Group				
<2				
02-12			3	100
13-24	7	32	15	68
25-34	31	38	50	62
35-44	54	30	125	70
45-54	61	28	159	72
55+	35	31	79	69
Mode of Exposure				
MSM	86	28	224.1	72
IDU	42.6	38	69	62
MSM/IDU	20.6	39	32.9	62
Heterosexual	38.8	29	95	71
Pediatric			9	100
Adult Other			1	100

Number and proportion of PLWH with Unmet need for Medical Care, Dallas HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	4784	30	11157	70
Disease Status				
HIV	2607	36	4653	64
AIDS	2177	25	6504	75
Sex				
Male	3907	30	8973	70
Female	877	29	2184	71
Race/Ethnicity				
White	1791	27	4763	73
Black	2005	33	4159	67
Hispanic	890	30	2032	70
Other	84	41	123	59
Unknown	14	15	80	85
Age Group				
<2	.	.	2	100
02-12	11	31	25	69
13-24	249	31	564	69
25-34	914	33	1843	67
35-44	1456	31	3285	69
45-54	1505	28	3850	72
55+	649	29	1588	71
Mode of Exposure				
MSM	3142.4	29	7707.1	71
IDU	429	36	753.6	64
MSM/IDU	234.6	36	421.6	64
Heterosexual	941	30	2181.7	70
Pediatric	30	29	75	71
Adult Other	7	28	18	72

Number and proportion of PLWH with Unmet need for Medical Care, El Paso HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	571	35	1046	65
Disease Status				
HIV	258	40	391	60
AIDS	313	32	655	68
Sex				
Male	501	36	909	64
Female	70	34	137	66
Race/Ethnicity				
White	63	42	87	58
Black	49	58	35	42
Hispanic	457	33	917	67
Other	1	33	2	67
Unknown	1	17	5	83
Age Group				
<2				
02-12	6	75	2	25
13-24	17	26	48	74
25-34	113	45	139	55
35-44	200	39	315	61
45-54	162	31	358	69
55+	73	28	184	72
Mode of Exposure				
MSM	365.8	34	716.9	66
IDU	66.4	50	67	50
MSM/IDU	32.3	42	44.5	58
Heterosexual	96.5	32	200.6	68
Pediatric	7	47	8	53
Adult Other	3	25	9	75

Number and proportion of PLWH with Unmet need for Medical Care, Fort Worth HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	1191	29	2877	71
Disease Status				
HIV	666	34	1275	66
AIDS	525	25	1602	75
Sex				
Male	923	30	2147	70
Female	268	27	730	73
Race/Ethnicity				
White	466	26	1320	74
Black	491	32	1052	68
Hispanic	204	31	453	69
Other	24	41	34	59
Unknown	6	25	18	75
Age Group				
<2			1	100
02-12	12	46	14	54
13-24	63	30	150	70
25-34	213	31	467	69
35-44	349	30	801	70
45-54	353	26	1003	74
55+	201	31	441	69
Mode of Exposure				
MSM	581.6	28	1524.1	72
IDU	224.9	33	456	67
MSM/IDU	93.8	34	180.3	66
Heterosexual	263.7	29	658.6	71
Pediatric	23	36	41	64
Adult Other	4	19	17	81

Number and proportion of PLWH with Unmet need for Medical Care, Galveston HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	334	33	681	67
Disease Status				
HIV	162	38	267	62
AIDS	172	29	414	71
Sex				
Male	239	34	469	66
Female	95	31	212	69
Race/Ethnicity				
White	136	30	321	70
Black	140	39	221	61
Hispanic	56	30	129	70
Other	2	67	1	33
Unknown			9	100
Age Group				
<2				
02-12	2	50	2	50
13-24	11	21	42	79
25-34	70	40	106	60
35-44	87	32	185	68
45-54	100	30	230	70
55+	64	36	116	64
Mode of Exposure				
MSM	145.5	31	329.2	69
IDU	48.8	31	106.3	69
MSM/IDU	27.6	44	35	56
Heterosexual	108.1	35	201.5	65
Pediatric	4	31	9	69
Adult Other				

Number and proportion of PLWH with Unmet need for Medical Care, Houston HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	7185	34	13863	66
Disease Status				
HIV	3963	44	5083	56
AIDS	3222	27	8780	73
Sex				
Male	5468	35	10053	65
Female	1717	31	3810	69
Race/Ethnicity				
White	1751	31	3908	69
Black	3624	35	6685	65
Hispanic	1686	36	3058	64
Other	99	38	159	62
Unknown	25	32	53	68
Age Group				
<2	1	14	6	86
02-12	23	32	50	68
13-24	374	35	700	65
25-34	1456	37	2447	63
35-44	2121	35	4004	65
45-54	2061	31	4489	69
55+	1149	35	2167	65
Mode of Exposure				
MSM	3613.1	34	7125.5	66
IDU	872.9	38	1444.7	62
MSM/IDU	401.5	37	698.4	64
Heterosexual	2215.5	34	4385.4	66
Pediatric	72	27	192	73
Adult Other	10	37	17	63

Number and proportion of PLWH with Unmet need for Medical Care, Laredo HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	152	42	206	58
Disease Status				
HIV	82	49	86	51
AIDS	70	37	120	63
Sex				
Male	126	46	150	54
Female	26	32	56	68
Race/Ethnicity				
White	6	40	9	60
Black	3	75	1	25
Hispanic	143	43	193	57
Other			3	100
Unknown				
Age Group				
<2				
02-12			1	100
13-24	8	50	8	50
25-34	36	47	41	53
35-44	48	43	63	57
45-54	45	40	67	60
55+	15	37	26	63
Mode of Exposure				
MSM	81.7	43	109.7	57
IDU	30.6	70	13	30
MSM/IDU	4	29	9.8	71
Heterosexual	32.7	32	70.5	68
Pediatric	1	33	2	67
Adult Other	2	67	1	33

Number and proportion of PLWH with Unmet need for Medical Care, Lubbock HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	118	32	248	68
Disease Status				
HIV	60	33	120	67
AIDS	58	31	128	69
Sex				
Male	94	33	189	67
Female	24	29	59	71
Race/Ethnicity				
White	45	26	129	74
Black	21	34	41	66
Hispanic	50	40	75	60
Other	1	100		
Unknown	1	25	3	75
Age Group				
<2				
02-12				
13-24	4	20	16	80
25-34	25	38	40	62
35-44	34	37	58	63
45-54	35	28	91	72
55+	20	32	43	68
Mode of Exposure				
MSM	56.2	30	131.3	70
IDU	22.7	33	45.9	67
MSM/IDU	19.5	37	33.3	63
Heterosexual	18.6	36	33.5	64
Pediatric			4	100
Adult Other	1	100		

Number and proportion of PLWH with Unmet need for Medical Care, Lufkin HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	128	28	336	72
Disease Status				
HIV	78	39	124	61
AIDS	50	19	212	81
Sex				
Male	81	31	180	69
Female	47	23	156	77
Race/Ethnicity				
White	41	25	121	75
Black	76	30	181	70
Hispanic	9	24	29	76
Other	2	67	1	33
Unknown			4	100
Age Group				
<2				
02-12	1	50	1	50
13-24	10	36	18	64
25-34	33	37	56	63
35-44	44	29	110	71
45-54	27	22	98	78
55+	13	20	53	80
Mode of Exposure				
MSM	34.7	25	106.5	75
IDU	22.4	27	60.6	73
MSM/IDU	11.1	35	20.3	65
Heterosexual	56.8	29	141.6	71
Pediatric	3	43	4	57
Adult Other			3	100

Number and proportion of PLWH with Unmet need for Medical Care, Permian Basin HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	151	38	243	62
Disease Status				
HIV	82	49	86	51
AIDS	69	31	157	69
Sex				
Male	131	41	188	59
Female	20	27	55	73
Race/Ethnicity				
White	45	30	104	70
Black	13	22	45	78
Hispanic	89	49	92	51
Other	4	100		
Unknown			2	100
Age Group				
<2				
02-12				
13-24	8	40	12	60
25-34	26	37	44	63
35-44	50	40	76	60
45-54	45	42	63	58
55+	22	31	48	69
Mode of Exposure				
MSM	73.3	37	123.4	63
IDU	26.6	44	34.4	56
MSM/IDU	17.7	42	24.4	58
Heterosexual	32.4	36	58.8	64
Pediatric			2	100
Adult Other	1	100		

Number and proportion of PLWH with Unmet need for Medical Care, San Antonio HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	1312	28	3316	72
Disease Status				
HIV	663	36	1193	64
AIDS	649	23	2123	77
Sex				
Male	1130	29	2754	71
Female	182	24	562	76
Race/Ethnicity				
White	423	31	923	69
Black	213	32	450	68
Hispanic	646	25	1900	75
Other	25	52	23	48
Unknown	5	20	20	80
Age Group				
<2				
02-12	5	31	11	69
13-24	69	28	175	72
25-34	277	33	565	67
35-44	349	27	946	73
45-54	397	26	1117	74
55+	215	30	502	70
Mode of Exposure				
MSM	864.5	28	2239.4	72
IDU	154.3	32	334.8	68
MSM/IDU	77.4	36	137.9	64
Heterosexual	199.8	26	576.9	74
Pediatric	10	32	21	68
Adult Other	6	50	6	50

Number and proportion of PLWH with Unmet need for Medical Care, Sherman-Denison HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	40	30	92	70
Disease Status				
HIV	19	39	30	61
AIDS	21	25	62	75
Sex				
Male	31	31	68	69
Female	9	27	24	73
Race/Ethnicity				
White	31	30	71	70
Black	6	43	8	57
Hispanic	3	27	8	73
Other			3	100
Unknown			2	100
Age Group				
<2				
02-12			1	100
13-24	3	43	4	57
25-34	8	33	16	67
35-44	6	19	25	81
45-54	10	24	32	76
55+	13	48	14	52
Mode of Exposure				
MSM	20.5	28	53.7	72
IDU	6.5	39	10.2	61
MSM/IDU	4.3	30	10	70
Heterosexual	6.7	28	17.1	72
Pediatric	1	50	1	50
Adult Other	1	100		

Number and proportion of PLWH with Unmet need for Medical Care, Temple-Killeen HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	211	44	269	56
Disease Status				
HIV	146	55	119	45
AIDS	65	30	150	70
Sex				
Male	160	47	180	53
Female	51	36	89	64
Race/Ethnicity				
White	63	38	102	62
Black	114	50	115	50
Hispanic	31	40	47	60
Other	3	50	3	50
Unknown			2	100
Age Group				
<2				
02-12			2	100
13-24	32	63	19	37
25-34	62	58	44	42
35-44	54	43	73	57
45-54	49	33	100	67
55+	14	31	31	69
Mode of Exposure				
MSM	119.5	50	120.8	50
IDU	22.2	34	43.5	66
MSM/IDU	11.7	43	15.3	57
Heterosexual	52.6	38	85.4	62
Pediatric	4	57	3	43
Adult Other	1	50	1	50

Number and proportion of PLWH with Unmet need for Medical Care, Texarkana HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	93	32	199	68
Disease Status				
HIV	45	38	74	62
AIDS	48	28	125	72
Sex				
Male	68	34	132	66
Female	25	27	67	73
Race/Ethnicity				
White	37	26	106	74
Black	41	34	78	66
Hispanic	15	54	13	46
Other				
Unknown			2	100
Age Group				
<2				
02-12				
13-24	8	42	11	58
25-34	23	41	33	59
35-44	24	30	57	70
45-54	22	22	77	78
55+	16	43	21	57
Mode of Exposure				
MSM	35.8	31	80.2	69
IDU	23.3	42	32.2	58
MSM/IDU	6.1	28	15.5	72
Heterosexual	26.8	28	68.1	72
Pediatric			1	100
Adult Other	1	33	2	67

Number and proportion of PLWH with Unmet need for Medical Care, Tyler HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	340	29	813	71
Disease Status				
HIV	221	39	344	61
AIDS	119	20	469	80
Sex				
Male	243	31	549	69
Female	97	27	264	73
Race/Ethnicity				
White	119	25	364	75
Black	180	32	385	68
Hispanic	39	41	56	59
Other	1	100		
Unknown	1	11	8	89
Age Group				
<2				
02-12	5	45	6	55
13-24	27	35	51	65
25-34	102	37	171	63
35-44	89	28	229	72
45-54	86	26	247	74
55+	31	22	109	78
Mode of Exposure				
MSM	146.1	29	359.4	71
IDU	51.6	30	118.3	70
MSM/IDU	30.3	32	64.1	68
Heterosexual	103	28	259.2	72
Pediatric	7	44	9	56
Adult Other	2	40	3	60

Number and proportion of PLWH with Unmet need for Medical Care, Uvalde HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	32	33	65	67
Disease Status				
HIV	13	39	20	61
AIDS	19	30	45	70
Sex				
Male	29	35	54	65
Female	3	21	11	79
Race/Ethnicity				
White	2	12	15	88
Black			2	100
Hispanic	29	38	48	62
Other	1	100		
Unknown				
Age Group				
<2				
02-12				
13-24	1	25	3	75
25-34	8	40	12	60
35-44	13	52	12	48
45-54	6	20	24	80
55+	4	22	14	78
Mode of Exposure				
MSM	16	30	38.2	70
IDU	6	49	6.3	51
MSM/IDU	1.7	37	2.9	63
Heterosexual	8.3	32	17.6	68
Pediatric				
Adult Other				

Number and proportion of PLWH with Unmet need for Medical Care, Victoria HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	31	21	114	79
Disease Status				
HIV	16	23	54	77
AIDS	15	20	60	80
Sex				
Male	25	23	82	77
Female	6	16	32	84
Race/Ethnicity				
White	11	19	46	81
Black	6	19	26	81
Hispanic	13	24	41	76
Other	1	100		
Unknown			1	100
Age Group				
<2				
02-12				
13-24*	1	13	7	88
25-34	6	29	15	71
35-44	7	18	31	82
45-54	13	22	47	78
55+	4	22	14	78
Mode of Exposure				
MSM	14.9	20	59.1	80
IDU	4.4	28	11.4	72
MSM/IDU	2.1	20	8.5	80
Heterosexual	9.6	24	31	76
Pediatric			3	100
Adult Other			1	100

*Percentages don't sum to 100 due to rounding

Number and proportion of PLWH with Unmet need for Medical Care, Waco HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	115	28	298	72
Disease Status				
HIV	75	36	134	64
AIDS	40	20	164	80
Sex				
Male	83	29	202	71
Female	32	25	96	75
Race/Ethnicity				
White	36	26	101	74
Black	65	30	154	70
Hispanic	12	23	40	77
Other			1	100
Unknown	2	50	2	50
Age Group				
<2				
02-12				
13-24	7	27	19	73
25-34	29	37	50	63
35-44	23	27	62	73
45-54	32	23	109	77
55+	24	29	58	71
Mode of Exposure				
MSM	51	30	120.5	70
IDU	28.2	34	54	66
MSM/IDU	3.8	13	26.5	87
Heterosexual	30	25	89	75
Pediatric	1	33	2	67
Adult Other	1	14	6	86

Number and proportion of PLWH with Unmet need for Medical Care, Wichita Falls HSDA, 2010

	Unmet Need		Met Need	
	Number	Percent	Number	Percent
Total	49	30	115	70
Disease Status				
HIV	23	35	43	65
AIDS	26	27	72	73
Sex				
Male	42	33	85	67
Female	7	19	30	81
Race/Ethnicity				
White	22	24	68	76
Black	22	42	31	58
Hispanic	5	28	13	72
Other			1	100
Unknown			2	100
Age Group				
<2				
02-12	1	100		
13-24	2	20	8	80
25-34	4	25	12	75
35-44	19	37	32	63
45-54	14	22	49	78
55+	9	39	14	61
Mode of Exposure				
MSM	26.9	34	51.3	66
IDU	8.6	22	29.8	78
MSM/IDU	8.6	38	14.1	62
Heterosexual	3.9	18	17.8	82
Pediatric	1	50	1	50
Adult Other			1	100