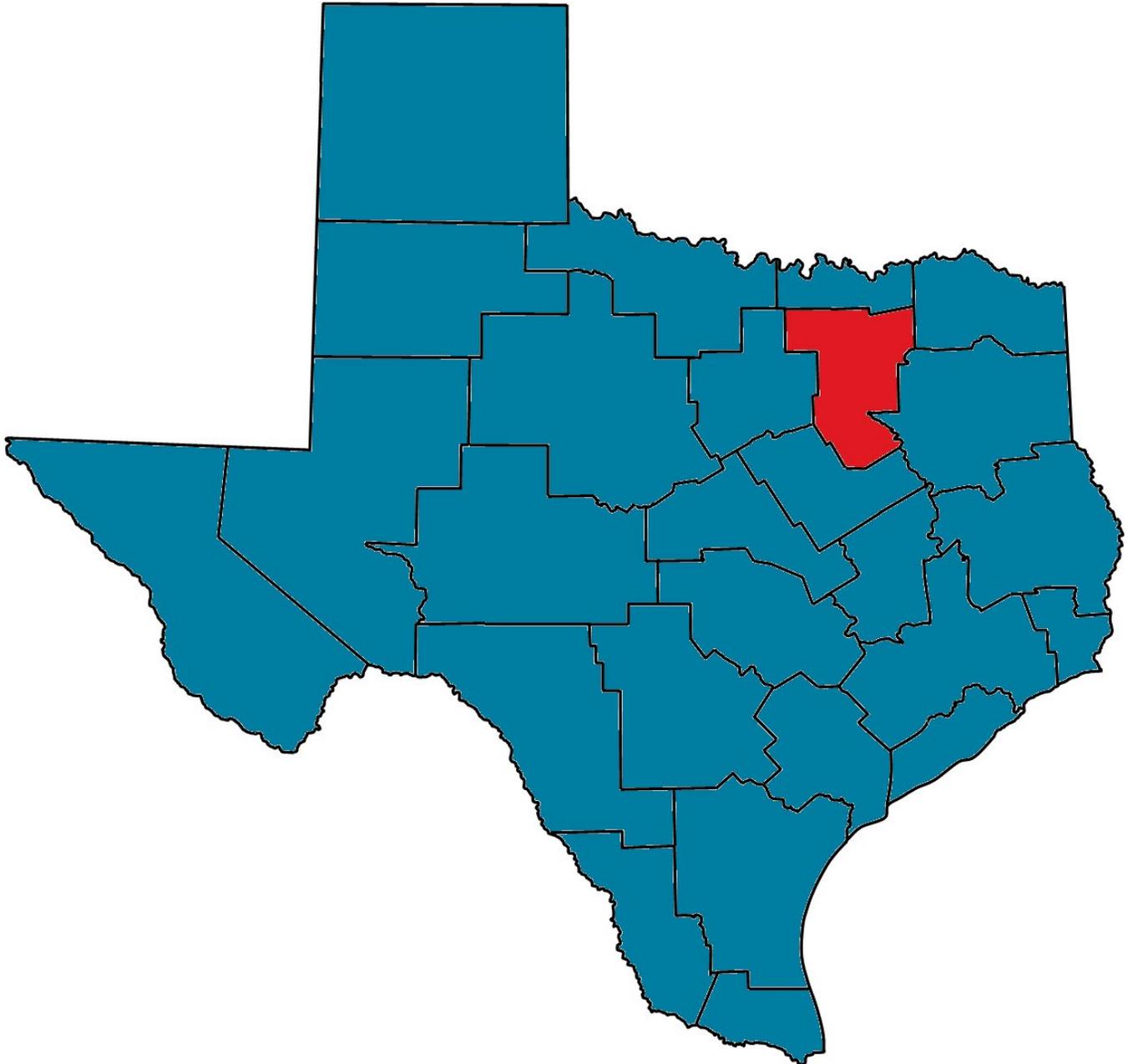


2017 HIV CONTINUUM OF CARE

DALLAS HIV SERVICE DELIVERY AREA (HSDA)



DATA SOURCES

The data contained in this report is compiled by the Texas Department of State Health Services; HIV/STD Branch.

*Data sources include: Enhanced HIV AIDS Reporting System (as of July 2, 2017), Medicaid, ARIES (Ryan White Program database), ADAP (AIDS Drug Assistance Program), STD*MIS (Prevention and Public Health Follow Up database), the Texas Medical Monitoring Project and private insurance data.*

TERMINOLOGY & ABBREVIATIONS

PLWH—People Living With HIV

HSDA—HIV Service Delivery Area (based on HIV Care & Treatment funding)

Mode of Exposure—How a person acquired HIV—a person’s biological sex (i.e. sex assigned at birth) is used to determine mode of exposure

- **Male-Male Sexual Contact**—HIV acquisition most likely occurred due to sexual contact between two men
- **Injection Drug Use**—HIV acquisition most likely occurred due to injection drug use
- **Male-Female Sexual Contact**—HIV acquisition most likely occurred due to sexual contact between a man and a woman.

Priority Populations—Populations who are disparately and disproportionately impacted by HIV

Latinx—a gender neutral term used in place of Latino or Latina

Latino MSM—Latino gay, bisexual and other cisgender Men who have Sex with Men

White MSM—White gay, bisexual and other cisgender Men who have Sex with Men

Black MSM—Black gay, bisexual and other cisgender Men who have Sex with Men

Black Women—Black cisgender Women who have sex with men

Transgender People—includes both transgender men and transgender women. A significant majority of Transgender PLWH are transgender women.

Latina Women—Latina cisgender Women who have sex with men

PWID—People Who Inject Drugs

PrEP—Pre-Exposure Prophylaxis—HIV Prevention Medication

nPEP—non-occupational Post-Exposure Prophylaxis

Behavioral Interventions—interventions designed to change behaviors that make people more vulnerable to acquiring HIV. These can include individual, group and community level interventions.

Retention in Care—2 contacts with the care system, at least 3 months apart in the calendar year (contacts include a visit with a medical provider, HIV lab work, or and ART prescription)

Viral Suppression—a viral load \leq 200 copies/ml

In-Care Viral Suppression—Viral Suppression among PLWH who have achieved Retention in Care

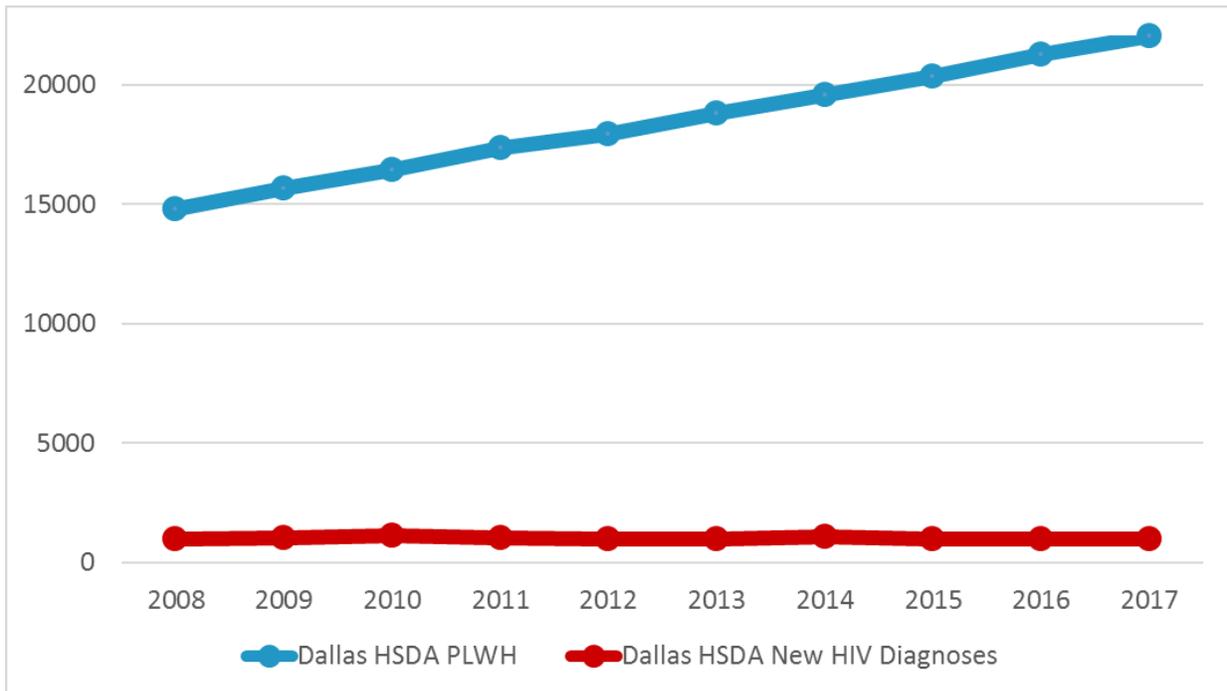


EPI PROFILE

People Living With HIV (PLWH) and New HIV Diagnoses

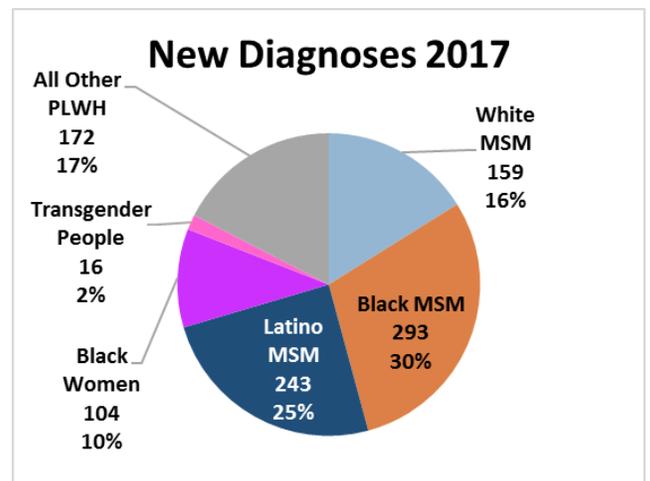
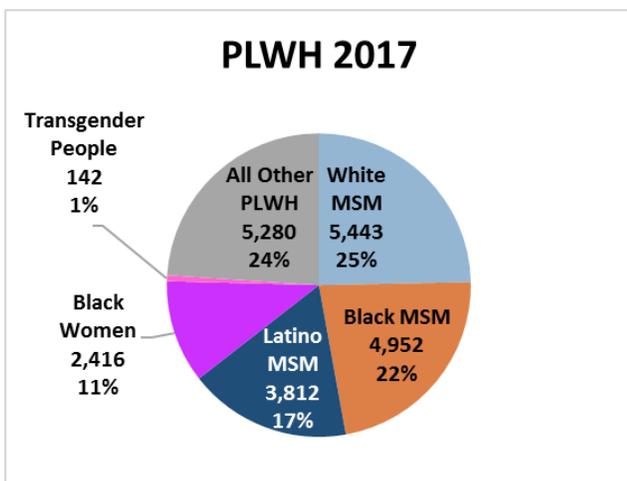
In the Dallas HSDA, the number of new HIV diagnoses has remained flat and stable for the past several years.

There were **22,044 people living with HIV (PLWH)** in this area as of the end of 2017. In 2017, **987 people were newly diagnosed with HIV**. This includes only people with diagnosed HIV with a current address in this area. People with undiagnosed HIV are not included.



Priority Populations (76% of PLWH, 83% of New HIV Diagnoses)

Priority populations make up the majority of PLWH and the majority of new diagnoses. White MSM are the largest priority population among PLWH and Black MSM are the largest priority population among new HIV diagnoses.

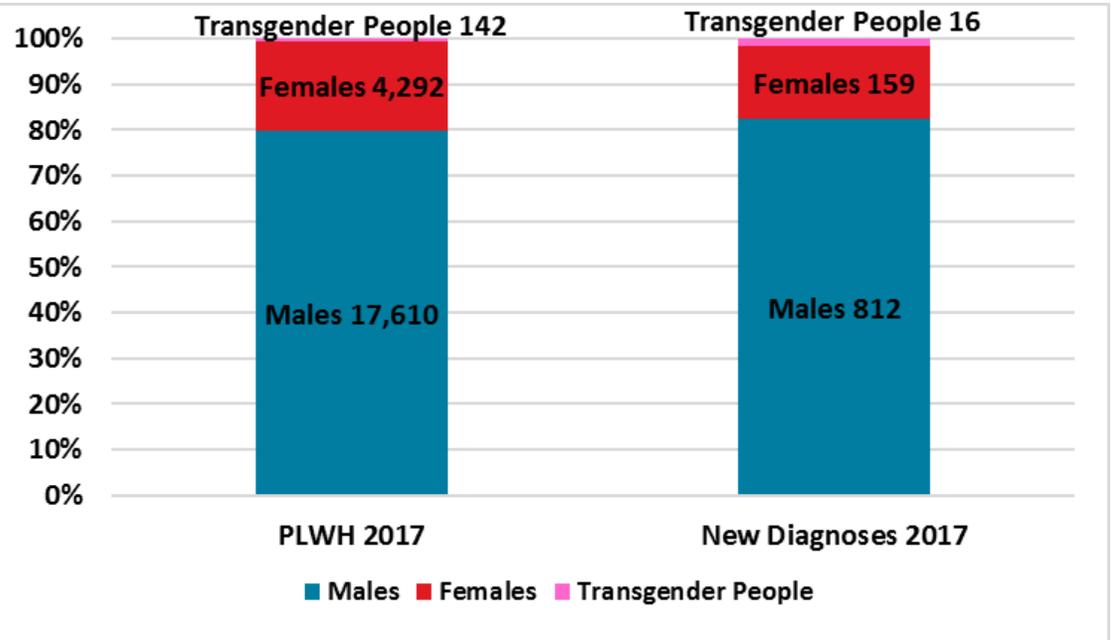


Gender

Males make up the majority of PLWH and the majority of new HIV diagnoses.

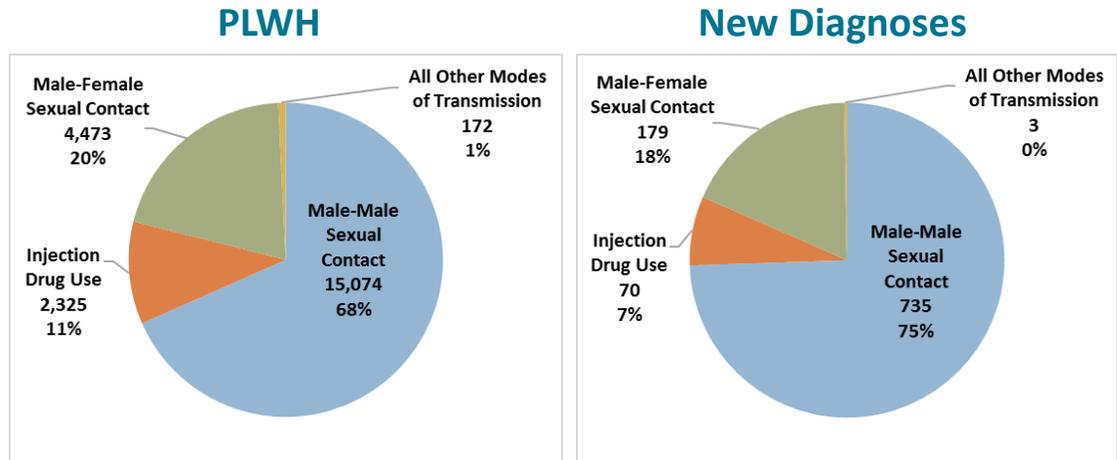
Note

Due to current reporting methods, the number of transgender PLWH are most likely underreported.



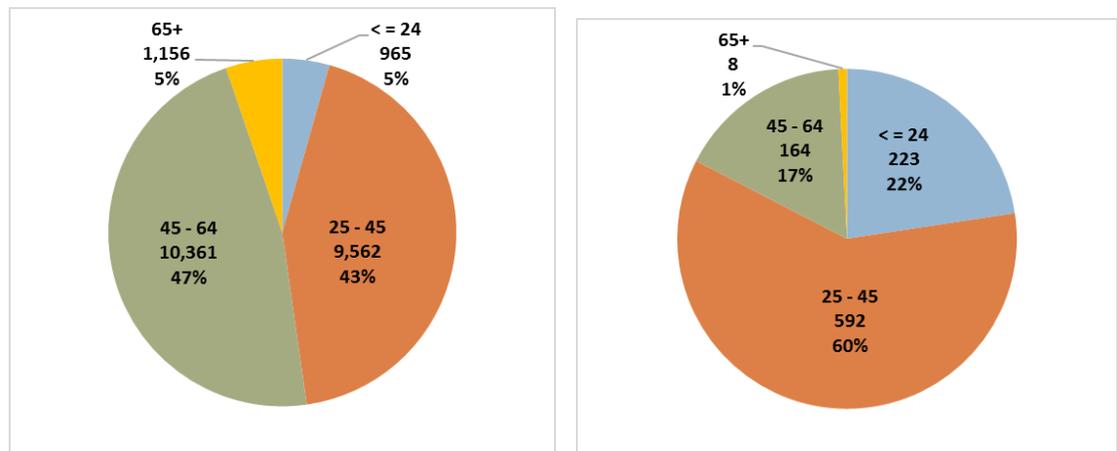
Mode of Exposure

Male-Male Sexual Contact makes up the primary mode of acquisition among PLWH and among new diagnoses.



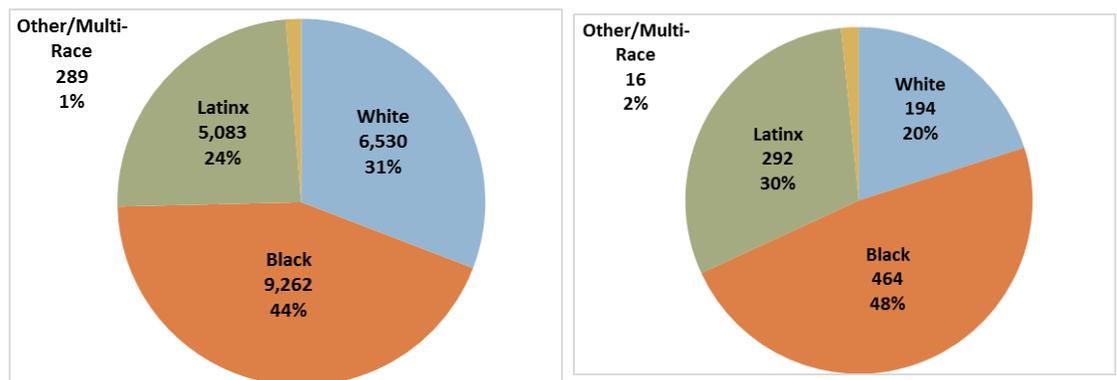
Age

The majority of PLWH is split between ages 25-45 and 45-64; the majority of new diagnoses are among people 25-45.



Race/Ethnicity

The majority of PLWH and the majority of new diagnoses are among Black individuals.



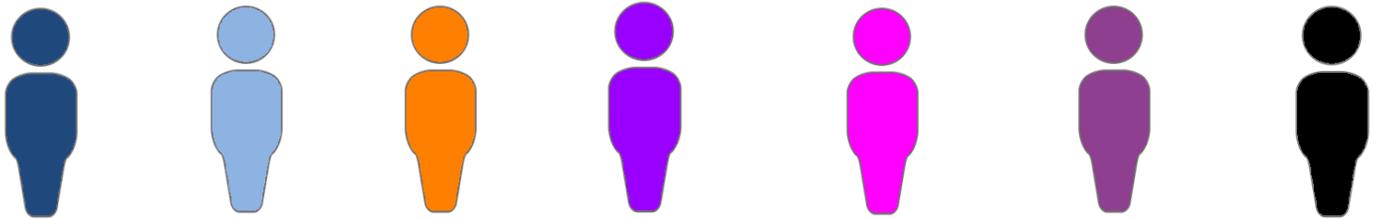
FOCUSED PREVENTION

Focused Prevention involves ensuring that HIV prevention efforts are centered around those populations and communities where HIV is most heavily concentrated. These populations are often disparately impacted by HIV and any efforts to significantly reduce new HIV incidence must focus on meeting the needs of these groups. Focused Prevention interventions are based on the concept of Combination Prevention. Combination Prevention values client autonomy and includes Behavioral Interventions, Condoms/Lubricant, HIV/STI Testing, and Biomedical Interventions like PrEP, nPEP and Treatment as Prevention (TasP).

Texas' goal is that all people with increased vulnerabilities to acquiring HIV have equitable access to Combination Prevention.

Locally Relevant Populations for Prevention

In the Dallas HSDA, HIV prevention efforts should be centered around these populations:



Latino MSM White MSM Black MSM Black Women Transgender People Latina Women PWID

Local Prevention Interventions—DSHS Funded

Coming Soon

Local Prevention Interventions—Other

Coming Soon

FULL DIAGNOSIS

Texas' goal is that 90% of all PLWH know their status by 2030.

Primary Diagnosing Facilities 2012-2017

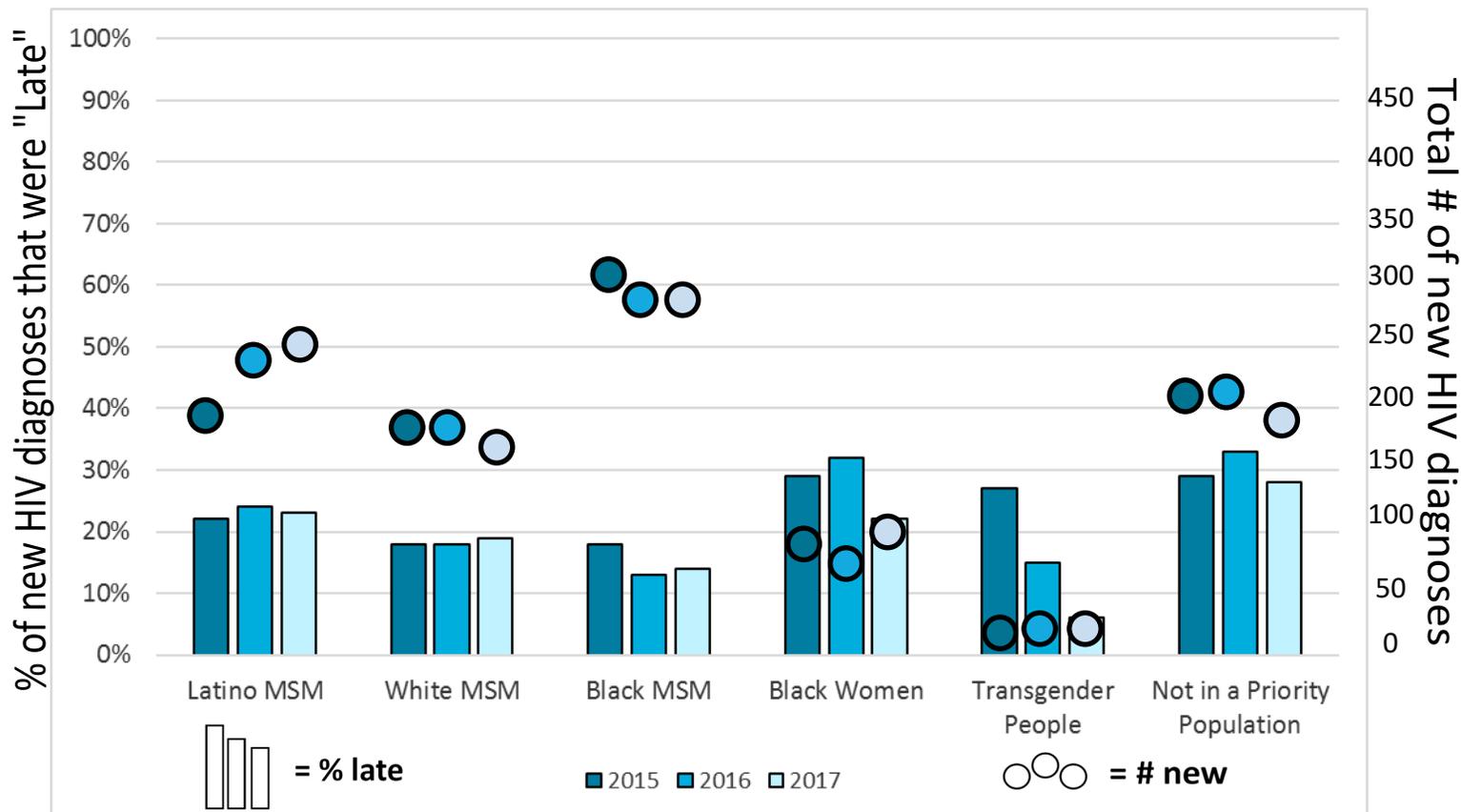
36% of HIV diagnoses in the Dallas HSDA happen in these 5 facilities. Parkland Hospital is the top diagnosing facility in the area.

Diagnosing Facility	Total # Diagnosed	% of Total Diagnoses	% Latinx MSM	% White MSM	% Black MSM	% Black Women	% Transgender People
Parkland Memorial Hospital	618	10%					
DCHHS—STD Clinic	564	9%					
Nelson-Tebedo	528	9%					
Parkland—ER	295	5%					
Uptown Physicians	193	3%					

Late Diagnosis 2015—2017

A "late diagnosis" is when a person receives a Stage 3/AIDS diagnosis within 3 months of their initial HIV diagnosis. Studies have linked late HIV diagnoses to slower CD4 gains, faster disease progression and higher mortality.

Late diagnoses among Black Women have been decreasing over the past few years.



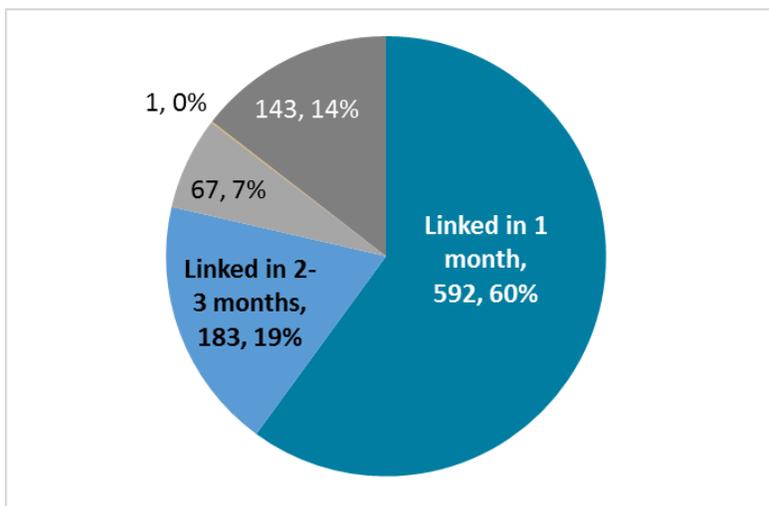
SUCCESSFUL LINKAGE

We know that treatment for HIV keeps PLWH healthier longer and reduces deaths, but it is most effective if treatment starts soon after the diagnosis is made. Linkage refers to the time it takes from the person's diagnosis to when they have their first episode of HIV medical care.

Texas' goal is for 90% of all people newly diagnosed with HIV to be linked to care within 3 months.

Timely Linkage—2017

79% of people diagnosed with HIV in the Dallas HSDA in 2017 were linked to care within 3 months.



Linked in 1 month	592	60%
Linked in 2-3 months	183	19%
Linked in 4-12 months	67	7%
Linked in 12+ months	1	0%
No Evidence of Linkage	143	14%

Timely Linkage—Priority Populations—2012-2017

Coming Soon

RETENTION IN CARE. VIRAL SUPPRESSION

Retention in Care and Viral Suppression are two key measures that help us understand individual level health, efficacy of HIV care systems, and Community Viral Load. **Retention in Care** is defined as at least 2 contacts with the care system during the year (either an HIV medical appointment, HIV lab work, or an ART prescription). **Viral Suppression** is defined as a viral load that's less than/equal to 200 copies/ml. For these purposes we're looking at the last viral load of the year.

Studies have shown that PLWH who are able to maintain viral suppression (for at least 6 months) can not transmit HIV.

Health Outcomes—Stoplight System

Texas' goals by 2030 are:

90% PLWH retained in HIV care & treatment

90% of those retained achieve viral suppression

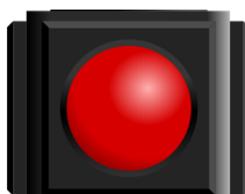
Communities and populations are prioritized using the following color coding system:

On ART /
Retention In Care

On ART/In-Care
Viral Suppression

< 69%

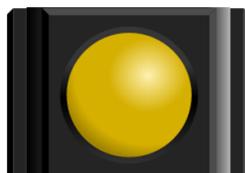
< 84%



Stop and examine further, May be a priority

70% - 89%

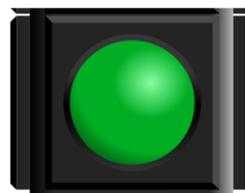
85% - 89%



May need to examine further, May not be a priority

90% <

90% <



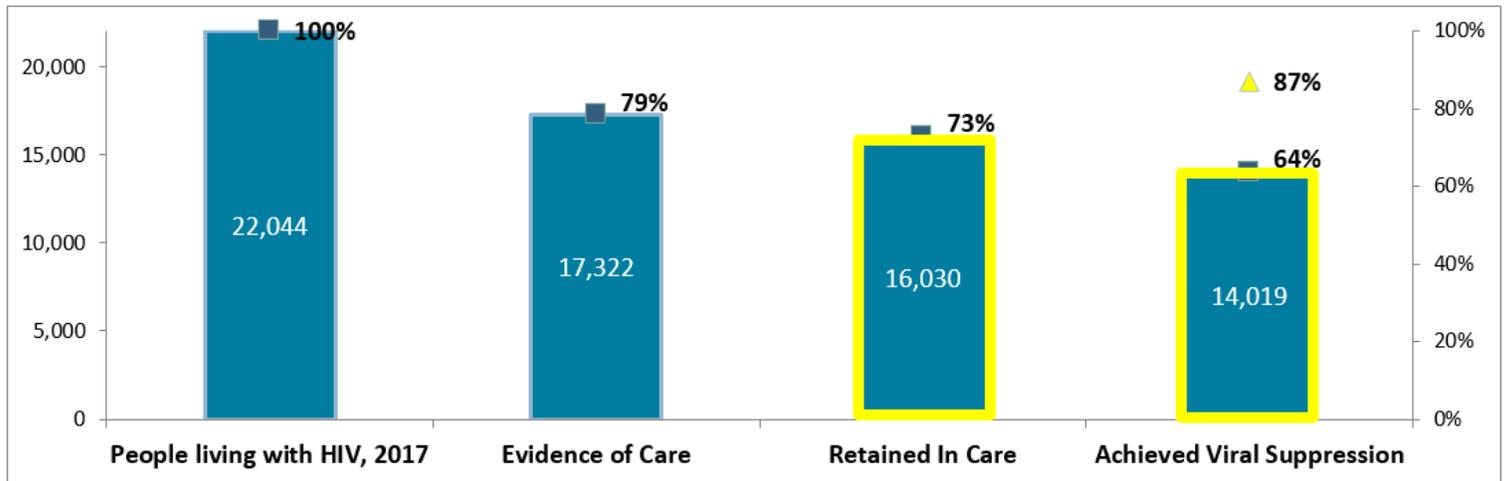
Maintain Current Activities, Look for Promising Practices

2017 Care Continuum

In the Dallas HSDA, 73% of PLWH have achieved retention in care, 64% of total PLWH have achieved viral suppression, and 87% of PLWH who are retained in care achieved viral suppression.

Retention in care is a priority for the overall Dallas HSDA.

HIV Treatment Cascade for Dallas HSDA, 2017



79% of PLWH had at least 1 episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care



64% of PLWH achieved viral suppression (last viral load of the year was <200 copies/ml). This means roughly 6 out of 10 PLWH achieved viral suppression.

This is community viral suppression



73% of PLWH were retained in care (at least 2 episodes of HIV care & treatment across the year). This means roughly 7 out of 10 PLWH were retained in care.



Of those 7 out of 10 PLWH retained in care, 87%, or roughly 6 of those 7 achieved viral suppression.

This is in-care viral suppression.

2017 Continuum of Care, Parity Table

The communities with the fewest opportunities to achieve retention in care are people under the age of 45 and Black PLWH, specifically Black MSM.

The communities with the fewest opportunities to achieve viral suppression even when retained in care are people under the age of 25, PWID, Transgender PLWH, Women and Black PLWH, specifically Black Women and Black MSM.

People over the age of 45, Latino MSM and White PLWH, specifically White MSM have achieved In-Care Viral Suppression goals.

90% PLWH retained in HIV care & treatment

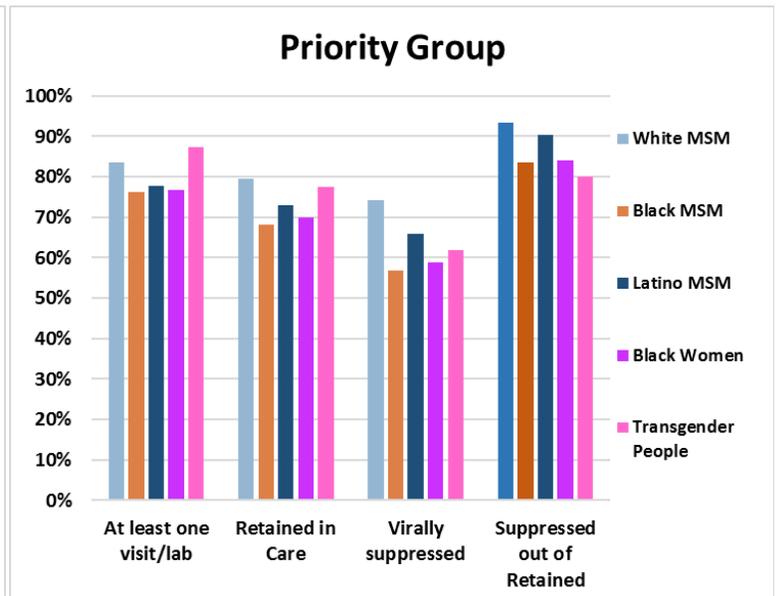
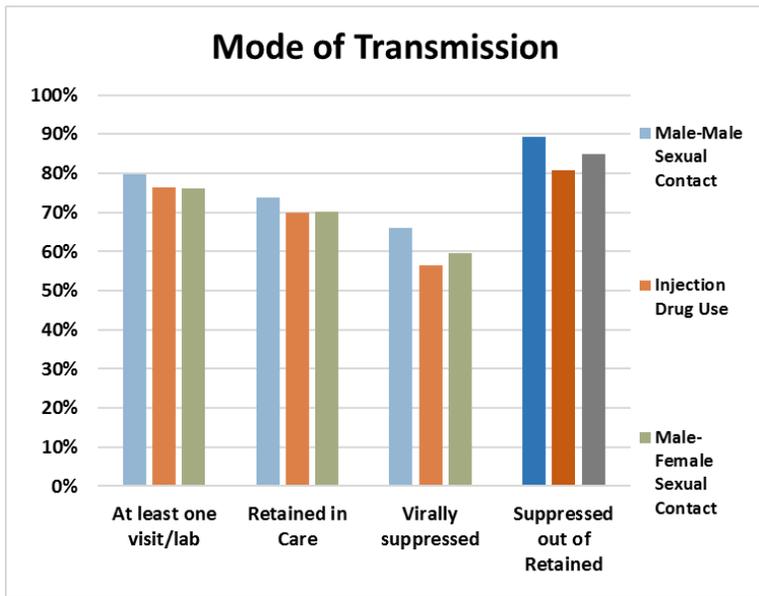
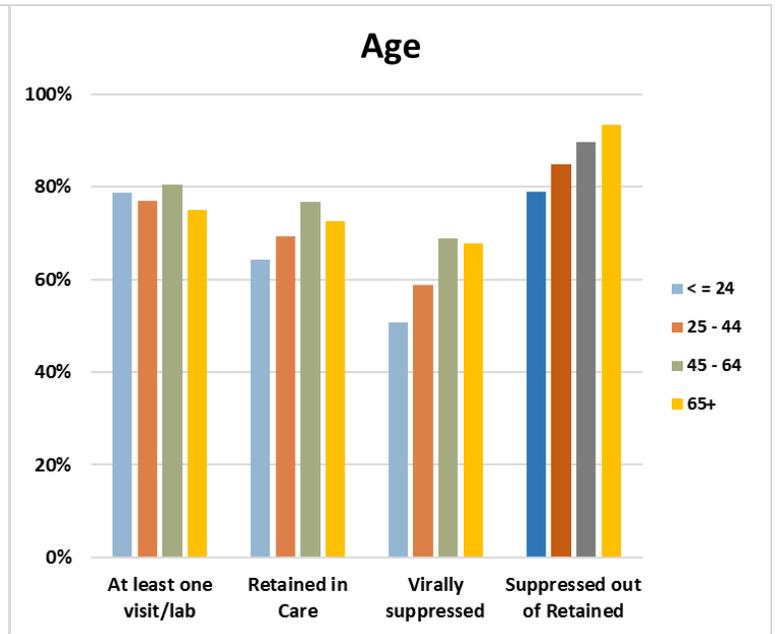
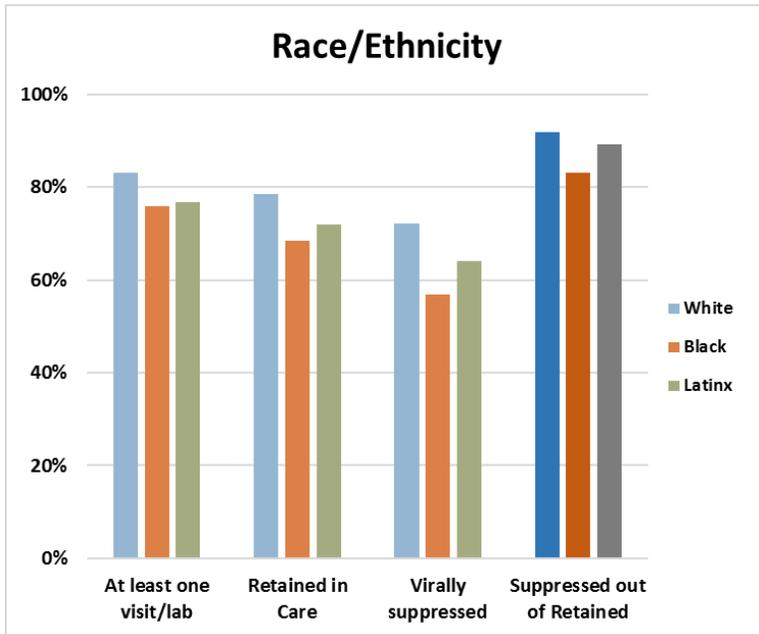
90% of those retained achieve viral suppression

	PLWH		Evidence of Care (At least one visit)		Retained in Care		Suppressed		% suppressed of those retained
	#	%	#	%	#	%	#	%	%
All PLWH	22,044	100%	17,332	79%	16,030	73%	14,019	64%	87%
Women	4,292	19%	3,329	78%	3,079	72%	2,586	60%	84%
Men	17,610	80%	13,869	79%	12,841	73%	11,345	64%	88%
Transgender People	142	1%	124	87%	110	77%	88	62%	80%
White	6,530	30%	5,422	83%	5,127	79%	4,713	72%	92%
Black	9,262	42%	7,029	76%	6,329	68%	5,263	57%	83%
Latinx	5,083	23%	3,896	77%	3,656	72%	3,261	64%	89%
<=24	965	4%	759	79%	620	64%	489	51%	79%
25 – 44	9,562	43%	7,354	77%	6,625	69%	5,619	59%	85%
45-64	10,361	47%	8,343	81%	7,946	77%	7,127	69%	90%
65+	1,156	5%	866	75%	839	73%	784	68%	93%
Male-Male Sexual Contact	15,074	68%	12,006	80%	11,143	74%	9,951	66%	89%
Injection Drug Use	2,325	11%	1,777	76%	1,628	70%	1,314	57%	81%
Male-Female Sexual Contact	4,473	20%	3,407	76%	3,142	70%	2,665	60%	85%
White MSM	5,443	25%	4,549	84%	4,321	79%	4,039	74%	93%
Black MSM	4,952	22%	3,769	76%	3,372	68%	2,816	57%	84%
Latinx MSM	3,812	17%	2,964	78%	2,777	73%	2,510	66%	90%
Black Women	2,416	11%	1,853	77%	1,688	70%	1,420	59%	84%
Transgender People	142	1%	124	87%	110	77%	88	62%	80%

Note

Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.

2017 Continuum of Care, Parity Bar Charts

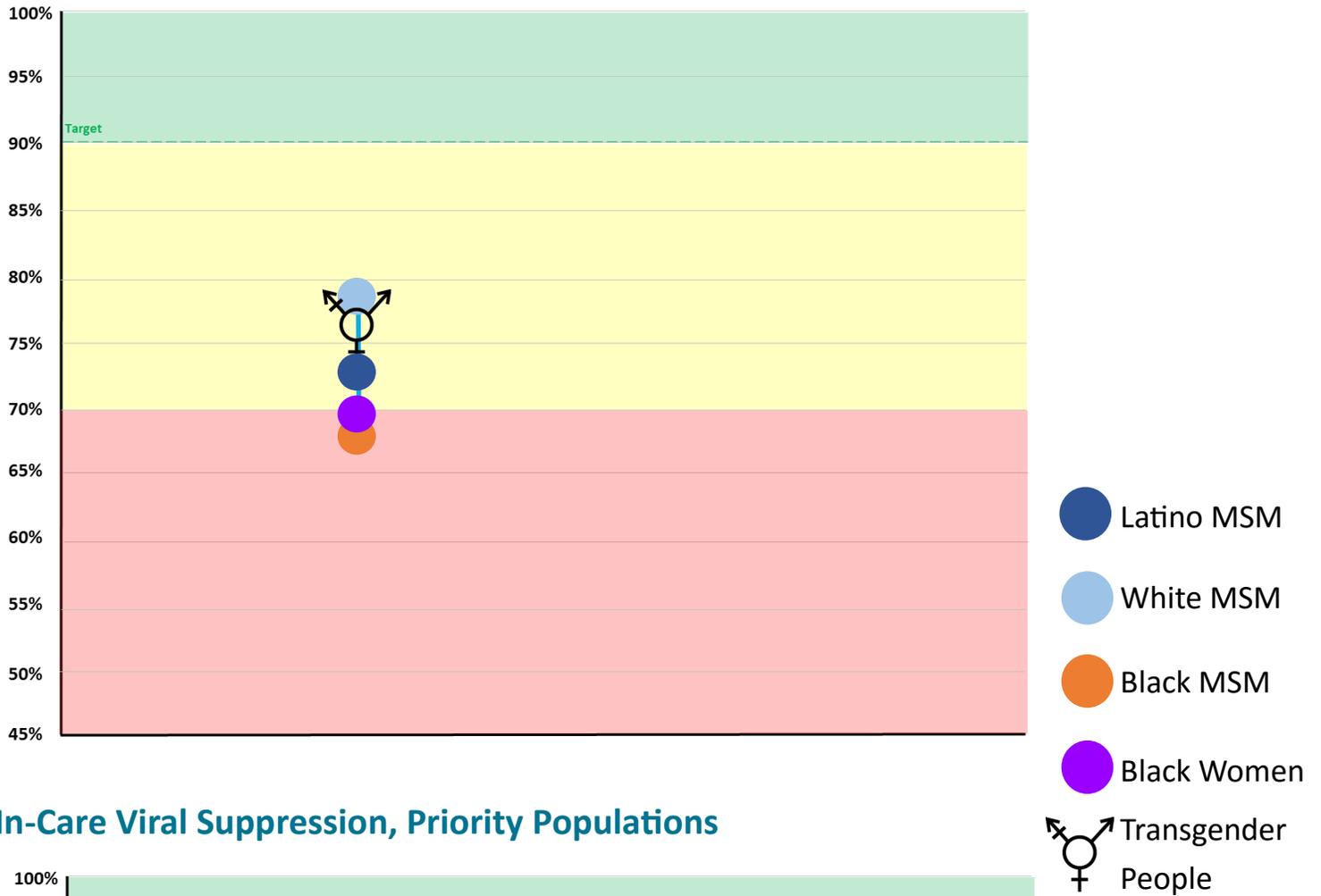


Note

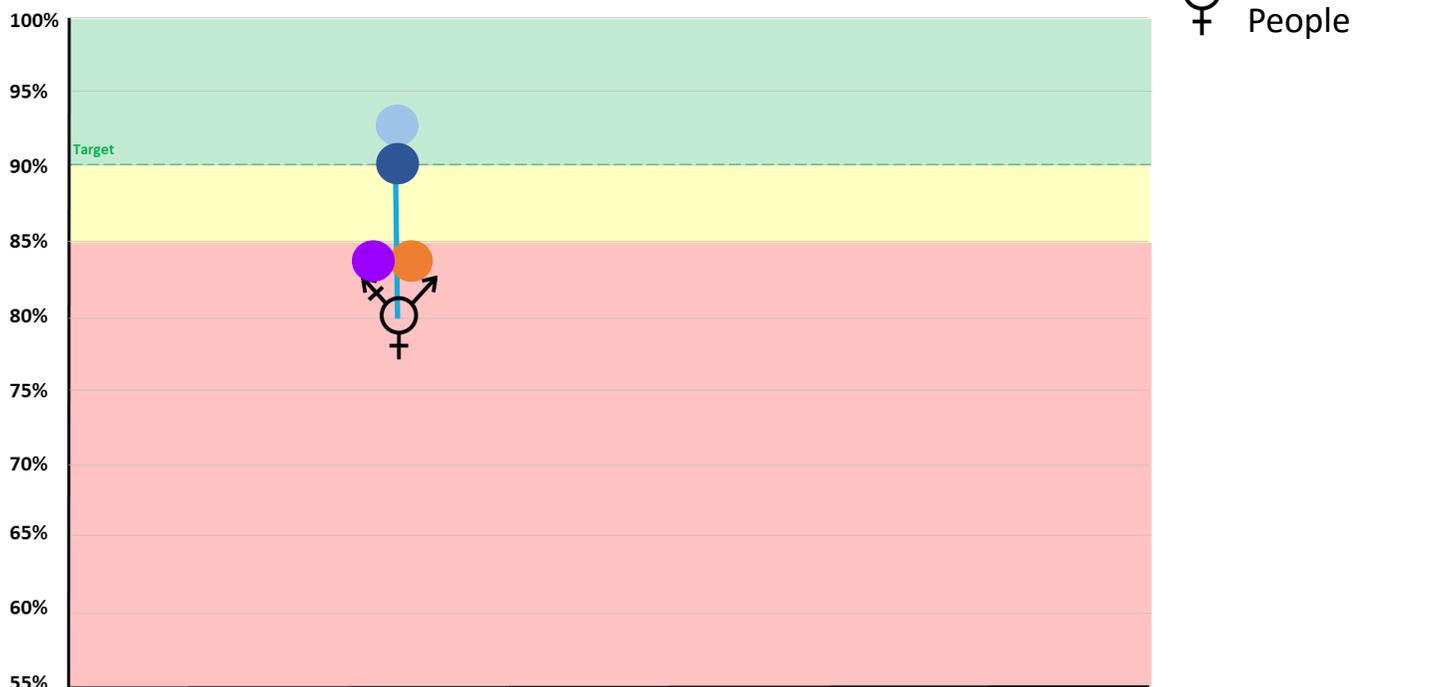
Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.

2017 Continuum of Care, Priority Populations, Stoplight System

Retention in Care, Priority Populations



In-Care Viral Suppression, Priority Populations



Note

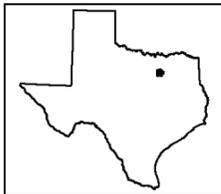
Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.

City of Dallas Retained in Care 2017

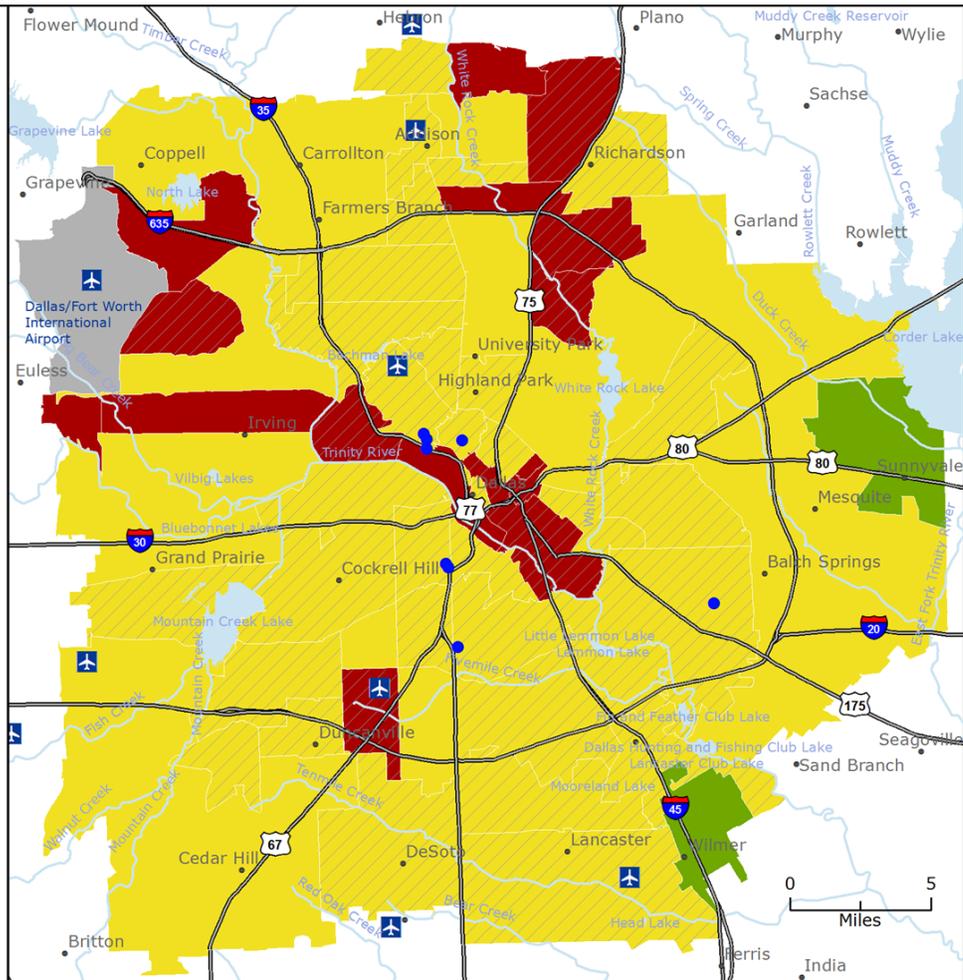
Statewide Average = 67%

Percent Retained in Care by ZIP Code

- ≤ 69%
- 70% - 89%
- ≥ 90%
- No data/Not shown
- ≥ 1 HIV testing site
- Care facility
- City
- Airport
- Waterbody
- Highway



Source: Texas eHARS, 2018.

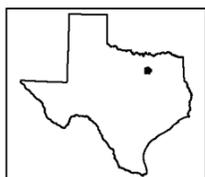


City of Dallas Suppression Among Individuals Retained in Care 2017

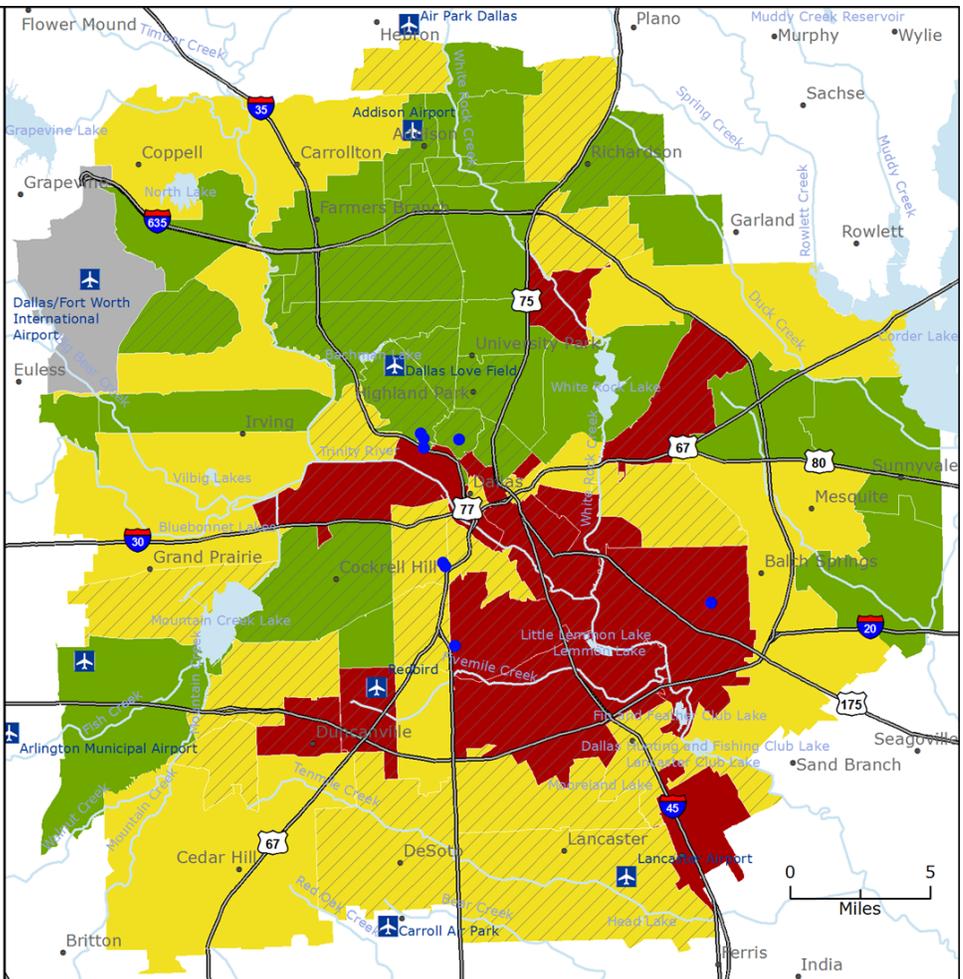
Statewide Average = 83%

Percent Retained in Care by ZIP Code

- ≤ 69%
- 70% - 89%
- ≥ 90%
- No data/Not shown
- ≥ 1 HIV testing site
- Care facility
- City
- Airport
- Waterbody
- Highway



Source: Texas eHARS, 2018.



Targets

The number of people who need to be able to access and engage with our systems in order to equitably meet our 90-90 goals (based on current number of PLWH who know their status).

90% PLWH retained in HIV care & treatment

90% of those retained achieve viral suppression

	PLWH		Retained in Care		90% Retained goal	Gap	Suppressed	90% In-Care Viral Suppression goal	Gap
	#	%	#	%	#	#	#	#	#
All PLWH	22,044	100%	16,030	73%	19,840	3,810	14,019	17,856	3,837
Women	4,292	19%	3,079	72%	3,863	784	2,586	3,477	891
Men	17,610	80%	12,841	73%	15,849	3,008	11,345	14,264	2,919
Transgender People	142	1%	110	77%	128	18	88	115	27
White	6,530	30%	5,127	79%	5,877	750	4,713	5,289	576
Black	9,262	42%	6,329	68%	8,336	2,007	5,263	7,502	2,239
Latinx	5,083	23%	3,656	72%	4,575	919	3,261	4,118	857
<=24	965	4%	620	64%	869	249	489	782	293
25 – 44	9,562	43%	6,625	69%	8,606	1,981	5,619	7,745	2,126
45-64	10,361	47%	7,946	77%	9,325	1,379	7,127	8,393	1,266
65+	1,156	5%	839	73%	1,040	201	784	936	142
Male-Male Sexual Contact	15,074	68%	11,143	74%	13,567	2,424	9,951	12,210	2,259
Injection Drug Use	2,325	11%	1,628	70%	2,092	464	1,314	1,883	569
Male-Female Sexual Contact	4,473	20%	3,142	70%	4,026	884	2,665	3,623	958
White MSM	5,443	25%	4,321	79%	4,898	577	4,039	4,408	369
Black MSM	4,952	22%	3,372	68%	4,457	1,085	2,816	4,011	1,195
Latino MSM	3,812	17%	2,777	73%	3,430	653	2,510	3,087	578
Black Women	2,416	11%	1,688	70%	2,174	486	1,420	1,957	538
Transgender People	142	1%	110	77%	128	18	88	115	27

Note

Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.