### HIV Prevention

**Texas**

<table>
<thead>
<tr>
<th>% Unaware of HIV infection†</th>
<th>Annual HIV Diagnoses</th>
<th>People with HIV‡</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18%</strong></td>
<td>4,364 new cases</td>
<td><strong>99,600</strong></td>
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82% of Texans with HIV are aware of their status, which means approximately **18,300 people** in Texas aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%.

Texas had the nation’s **7th-highest** rate of new HIV diagnoses in 2017.

When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. **59% of Texans with HIV are virally suppressed**; the national goal is 80%.

82% of Texans with HIV are virally suppressed; the national goal is 80%.

### Texans with HIV will face an average lifetime cost of $478,000 to treat their infection (2017 dollars)

- Pre-exposure prophylaxis (PrEP) is a pill for those at high risk for HIV.
- **117,180** Texans at high risk for HIV could potentially benefit from PrEP
- **6,436**Texans were prescribed PrEP in 2017

Taken daily, it can block HIV

*AIDSVu (www.aidsvu.org), Emory University, Rollins School of Public Health.  †2015 data.

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention
344,625 HIV tests†† were provided in Texas

CDC-funded HIV testing ensures people at risk know their HIV status. Awareness of HIV status allows people who are HIV-negative to choose prevention activities to avoid infection.

1,128 Texans†† were newly diagnosed with HIV through CDC-funded HIV testing

CDC-funded HIV testing makes people with HIV aware of their infection so they can take medicine to stay healthy and prevent transmission.

677 Texans†† were linked to medical care within 90 days of HIV diagnosis

CDC-funded programs link people to medical care immediately after HIV diagnosis, so they can stay healthy and not transmit HIV to others.

Due to end of year data submission dates, those who were diagnosed and successfully linked to care during the last two weeks of the year may have been excluded from this calculation.

Major developments in HIV science, prevention, and treatment have produced a once-in-a-generation opportunity to eliminate new HIV infections in the United States — including Texas.

What Can Be Done?

To End HIV:

Use the right practices in the right places targeted to the right people

Diagnose

All people with HIV as early as possible

Treat

People with HIV rapidly and effectively to reach sustained viral suppression

Prevent

New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

For more recent data, please visit https://www.dshs.state.tx.us/hivstd/reports/

Dedicated people at all levels working together to end HIV

FY 2018. †† 2017 data.