Final

HIV in the Houston Area

2026 Epidemiologic Supplement for HIV Prevention and Care Services Planning

CONTENTS

Notes……2

Executive Summary……3

Houston EMA and HSDA Service Area Overview ……4

Comparison of HIV Rates in Houston, Texas, and the U.S., 2023……5

Houston/Harris County……6

New HIV Diagnoses, 2023……6

People Living with HIV, 2023……7

Houston Eligible Metropolitan Area (EMA) ……8

New HIV Diagnoses, 2023……8

People Living with HIV, 2023……9

Comparison of the Houston EMA Population to the Population Living with HIV, 2023……10

Houston HIV Care Continuum, 2023……12

Houston HIV Service Delivery Area (HSDA) ……13

New HIV Diagnoses, 2023……13

People Living with HIV (PLWH) 2023……14

Houston HSDA Care Continuum, 2023……15

Ryan White HIV/AIDS Program Care Continuum, 2023……16

Produced Through a Partnership between:

Houston Area Ryan White Planning Council

Houston Health Department

Disclaimer:
This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning.* (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County, the Houston Eligible Metropolitan Area (**EMA**), and the Houston Health Service Delivery Area **(HSDA)** for the reporting period of January 1 to December 31, 2023 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in years 2025-2026. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. The 2019 Epidemiologic Profile should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

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

This document is also supported by the Health Resources and Services Administration (**HRSA**) of the U.S. Department of Health and Human Services (**HHS**) as part of an award totaling $27,558,403 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Suggested citation:
2025 Epidemiologic Supplement for HIV Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2023. Approved: June 11, 2026

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

Contributors, reviewers, and staff:

Houston Health Department
- Atiya Khan, Biostatistician – Informatics Program
- Bingjie Li, Biostatistician – Informatics Program
- Imran Shaikh, Manager – Informatics Program
- Margaret Swisher, Staff Epidemiologist – Informatics Program
- Daniel Kamakura, Epidemiologist Supervisor – Informatics Program
- Marlene McNeese, Deputy Assistant Director – HIV/STD and Viral Hepatitis Prevention
- Kirstin Short, Bureau Chief – Epidemiology
- Roger Sealy, Assistant Director

Ryan White Planning Council Office of Support
- Richon Rogers-Ohafia - Director
- Amber Z. Barrow - Health Planner

Special thanks to the HIV surveillance team at the Houston Health Department (HHD):
Hafeez Rehman, Jeffrey Meyer, Maha Al-Selwadi, Safina Hsu, Paloma Ortega, Raoul Garcia, Veronica Anderson, Juan Gonzalez, Jr., Denise Guzman, Mayra Serrato, Andrea Diarte

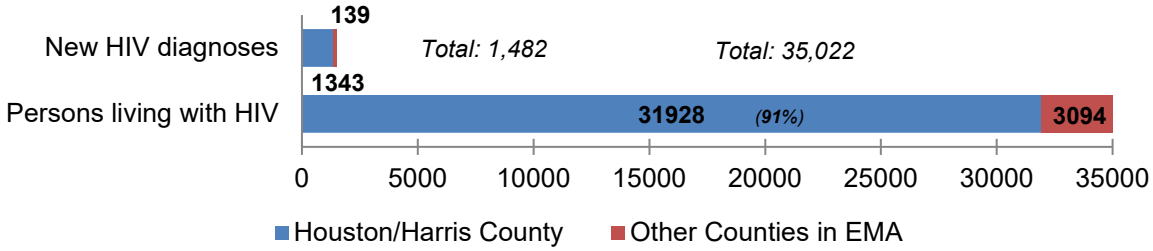
EXECUTIVE SUMMARY

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

This document is a supplement to HIV in the Houston Area: *The 2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning (2019)* and provides updated data on core HIV indicators used in local planning. It includes data on 2023 HIV diagnoses and cumulative prevalence data for people living with HIV (PLWH), for the two local jurisdictions of Houston/Harris County (**H/HC**) and the Houston Eligible Metropolitan Area (**EMA**), a six-county area that includes Houston/Harris County.[1] A summary of key data is below:

- At the end of calendar year 2023, there were 35,022 diagnosed people living with HIV (**PLWH**) in the Houston EMA, a 5% increase from 2022 (2022 total = 33,397). In 2023, 91% of PLWH resided in Houston/Harris County.
- Also, in 2023, 1,482 new diagnoses of HIV were reported in the Houston EMA, a 5% increase from 2022 (2022 total = 1,413). At the time of diagnosis, 91% resided in Houston/Harris County.

Number of New HIV Diagnoses and People Living with HIV in the Houston EMA, by County, 2023



Sources: Texas eHARS, as of 12/19/2024
Definitions: New HIV diagnoses = People diagnosed with HIV between 1/1/2023 and 12/31/2023, with residence at diagnosis in Houston EMA. People living with HIV = People living with HIV at the end of calendar year 2023.

- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the U.S. The rate of new HIV diagnoses in Houston/Harris County is more than twice the rate for the U.S.
- Compared to the general population in the Houston EMA, PLWH are disproportionately male, Black/African Americans, and ages 35 to 44. There is a larger proportion of people ages 25 to 34 among new HIV diagnoses.
- Among 35,022 people living with HIV in the Houston EMA in 2023, 76% had receipt of care (at least one CD4/VL test in year); 56% were retained in HIV care (at least two CD4/VL tests in year, at least three months apart); and 63% maintained or reached viral load suppression (≤200 copies/mL).

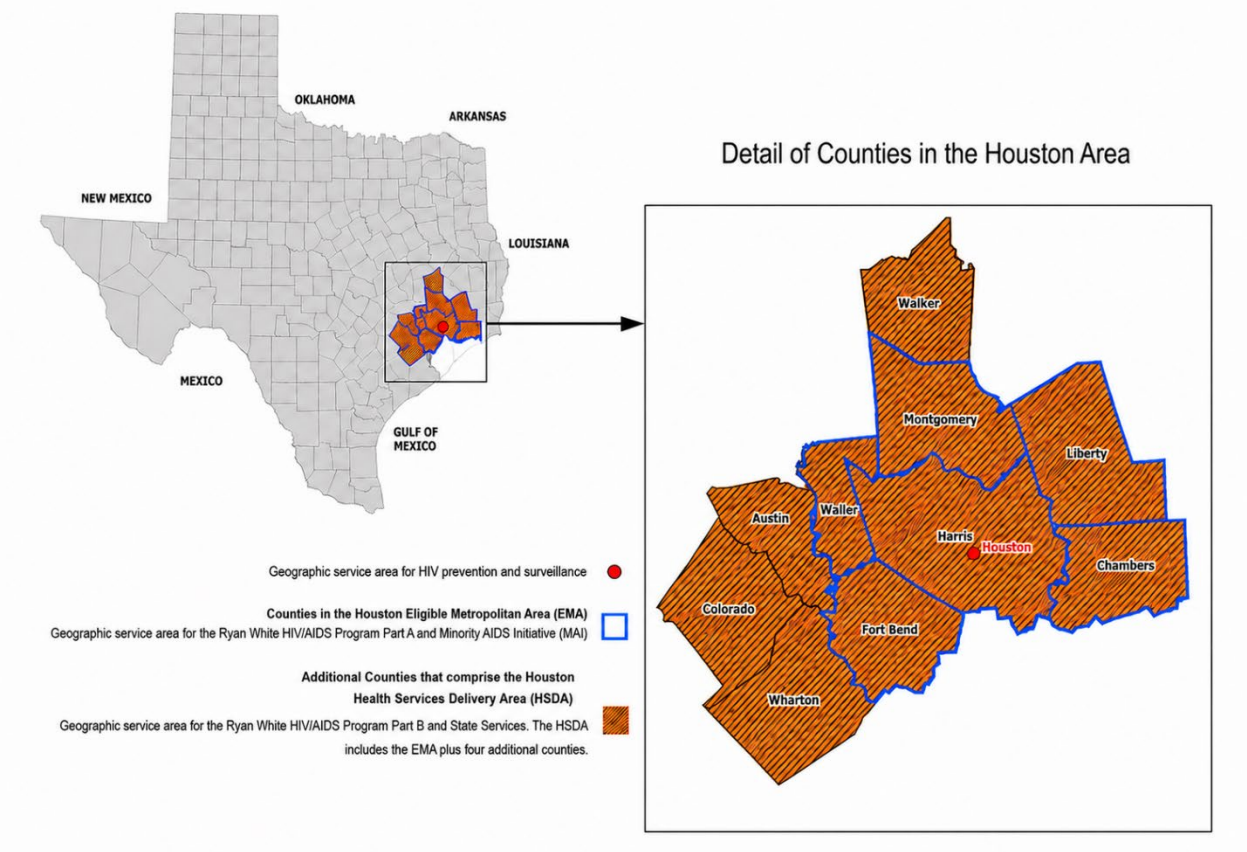
Pages marked "EMA" in the top left corner use 2023 Houston EMA HIV prevalence data, and pages marked "H/HC" in the top left corner use 2023 Houston/Harris County HIV prevalence data, unless otherwise noted.

HOUSTON EMA AND HSDA SERVICE AREA OVERVIEW

The Houston Eligible Metropolitan Area (EMA) and Health Service Delivery Area (HSDA) represent the geographic regions responsible for HIV prevention, care, and treatment planning within the Houston metropolitan area and surrounding southeast Texas counties.

The Houston EMA consists of six counties—Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller—while the Houston HSDA encompasses these six counties plus Austin, Brazoria, Galveston, and Matagorda counties. Together, these jurisdictions cover approximately 9,415 square miles and include urban, suburban, and rural communities with diverse demographic and health service needs.

The EMA and HSDA serve as the primary planning areas for Ryan White HIV/AIDS Program Part A services and regional HIV prevention activities. While the EMA represents the federally designated service area for Ryan White Part A funding, the broader HSDA is used for integrated HIV prevention and care planning to ensure a coordinated regional response to HIV. Understanding the geographic composition of these service areas provides important context for interpreting epidemiologic trends, identifying disparities, assessing service accessibility, and informing resource allocation decisions presented throughout this Epidemiologic Profile.

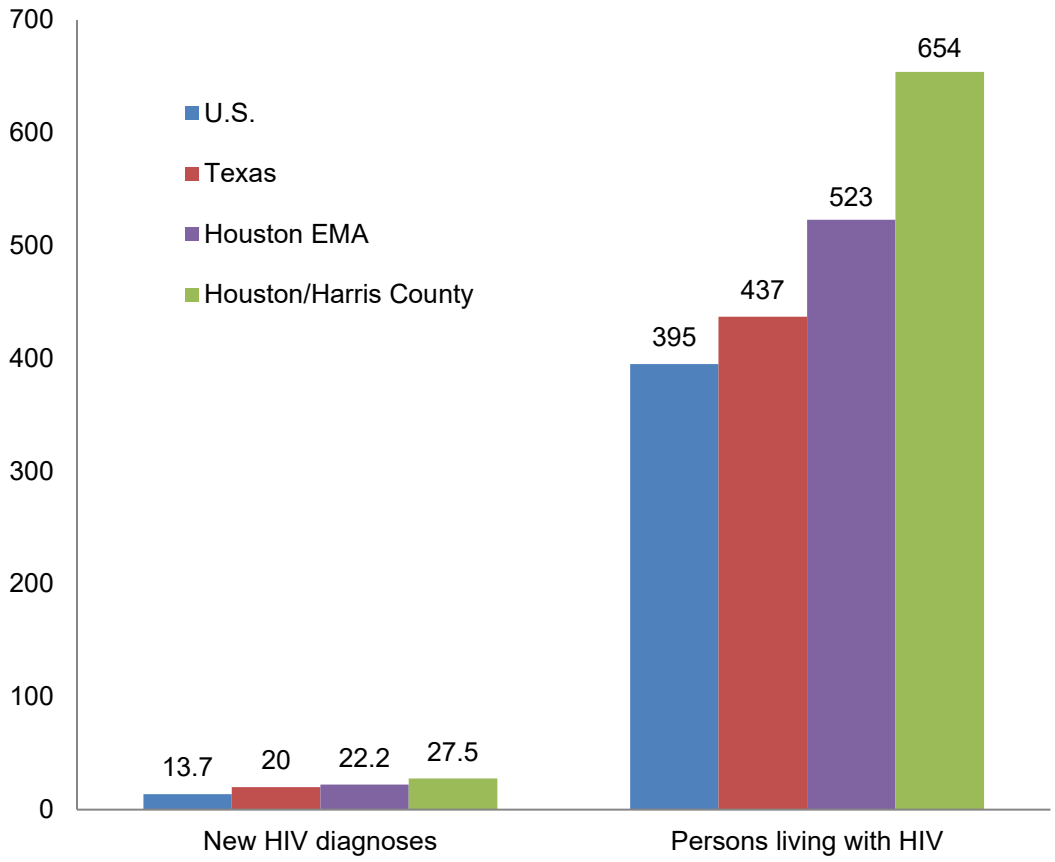


COMPARISON OF HIV RATES IN HOUSTON, TEXAS, AND THE U.S.

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

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or PLWH per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden per population in the Houston area is greater than the state and the nation, even when adjusted for population size. In 2023, the Houston EMA had the highest new HIV diagnoses of any EMA/Transitional Grant Areas in Texas, according to epidemiological data provided by the Texas Department of State Health Services (**TDSHS**).

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



*Rate is per 100,000 population in the respective jurisdiction.
Sources:
U.S.: HIV Diagnoses, Deaths, and Prevalence. Centers for Disease Control and Prevention. Published April 29, 2025. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html..
Texas: AIDSVu: Rates of Persons Living with HIV, 2023
Houston EMA: Texas eHARS. All data, 2023;
Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2023; Prevalence, 2023.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2023, 1343 new diagnoses of HIV (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County (H/HC), a 5.2% increase from 2022 (2022 total = 1,277). The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 26.4 to 27.5, while the rate of stage 3 HIV was approximately 7 new diagnoses for every 100,000 residents. When compared to 2022, increases in new HIV rates occurred among both gender groups, Hispanic/Latino, and majority age groups.

Proportionally, Hispanic/Latino made up the majority of new HIV diagnoses in 2023 at 50%, Black/African Americans followed by at 36%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 73%, followed by Sex with male/Sex with female (formerly heterosexual) at 19%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex, Race/Ethnicity, Age, and Transmission Risk, 2023[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	1343	100.0	27.5	334	100.0	6.8
Sex						
Male	1103	82.13	45.5	285	85.33	11.76
Female	240	17.87	9.8	49	14.67	1.99
Race/Ethnicity						
White	137	10.20	10.8	26	7.78	2.05
Black/African American	488	36.34	52.0	111	33.23	11.82
Hispanic/Latino	669	49.81	31.1	179	53.59	8.33
Other/Multiracial	49	3.65	9.2	18	5.39	3.39
Age at Diagnosis						
0 - 24[d]	274	20.40	16.0	36	10.78	2.1
25 - 34	523	38.94	70.5	107	32.04	14.4
35 - 44	276	20.55	38.7	79	23.65	11.1
45 - 54	142	10.57	23.4	61	18.26	10.0
55 - 64	91	6.78	17.6	37	11.08	7.2
65+	37	2.76	6.2	14	4.19	2.4
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	978	72.88	*	232.9	69.73	*
Person who injects drugs (PWID)	72.4	5.39	*	24.3	7.28	*
MSM/PWID	30	2.24	*	11.8	3.53	*
Sex with male/Sex with female	261.6	19.49	*	65.0	19.46	*
Perinatal transmission	**	**	*	**	**	*

[a]Source: Texas eHARS, analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: American Community Survey, 2020 5- year Estimates (for Harris County)
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported.
[e]People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC).
**Cases less than 5 are suppressed.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (PLWH) in Houston/Harris County are available as of the end of calendar year 2023. At that time, there were 31,928 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 654 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 77% are male, 45% are Black/African American, 76% are people ages 35 and older, and 63% report MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex, Race/Ethnicity, Age, and Transmission Risk, 2023[a]

	Cases[b]	%	Rate[c]
Total	31928	100.0	653.7
Sex			
Male	24675	77.28	1018.3
Female	7253	22.72	294.7
Race/Ethnicity			
White	4288	13.43	338.8
Black/African American	14369	45.00	1529.7
Hispanic/Latino	11468	35.92	533.9
Other/Multiracial	1803	5.65	339.3
Current Age (as of 12/31/2020)			
0 - 24	1121	3.51	65.5
25 - 34	6513	20.40	877.6
35 - 44	7599	23.80	1066.0
45 - 54	6936	21.72	1142.1
55 - 64	6428	20.13	1243.0
65+	3331	10.43	562.1
Transmission Risk[d]			
Male-to-male sexual contact (MSM)	20005	63.32	*
Person who injects drugs (PWID)	2192.5	6.94	*
MSM/PWID	1208.2	3.82	*
Sex with male/Sex with female	8187.3	25.91	*

[a]Source: Texas eHARS analyzed by the Houston Health Department
[b]PLWH at end of 2023 = People living with HIV, regardless of stage 3 HIV status
[c]Rate per 100,000 population. Source: Population data for Harris County from U.S. Census Bureau, American Community Survey, 2023: ACS 1-Year Estimates, and data for the collection of blocks representing the area of Houston outside Harris County from U.S. Census Bureau, Decennial Census, 2020.
[d]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
[e]Perinatal transmission doesn't include perinatal exposure w/HIV age 13+ years.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2023, 1,482 new HIV diagnoses were reported in the Six-County Houston Eligible Metropolitan Area (EMA), approximately 5% increase from 2022 (1,413 cases). New HIV diagnoses for every 100,000 people in the Houston EMA increased from 21.5 in 2022 to 22.2 in 2023. Among race/ethnicity categories, Hispanic/Latinos and Black/African Americans had the highest and second highest proportion of new HIV diagnoses in the EMA at 48.3% and 36.0% respectively. Furthermore, transmission was most often attributed to male-to-male sexual contact, accounting for more than 70% of transmission in each year. Heterosexual contact accounted for about 20% in the same year.

Table 3. New Diagnoses of HIV in the Six-County Houston EMA by Sex, Race/Ethnicity, Age at Diagnosis, and Transmission Risk, 2023

	Cases		Rate
	n	%	
Total	1,482	100.0	22.2
Sex			
Male	1,212	81.8	36.5
Female	270	18.2	8.0
Race/Ethnicity			
Black/African American, not Hispanic	534	36.0	43.3
White, not Hispanic	177	11.9	8.4
Hispanic/Latino	716	48.3	27.1
Other/Multiracial	55	3.7	3.7
Age			
0 - 14	<5	0.2	0.2
15 - 24	315	21.3	33.9
25 - 34	567	38.3	59.0
35 - 44	302	20.4	30.8
45 - 54	152	10.3	17.9
55 - 64	103	7.0	14.4
65+	40	2.7	4.8
Transmission Risk[a]			
Male-to-male sexual contact (MSM)	1,069	72.2	—
Person who injects drugs (PWID)	83	5.6	—
MSM/PWID	36	2.4	—
Sex with male/Sex with female	292	19.7	—
Perinatal transmission	<5	0.1	—
Other adult risk	—	—	—
Pediatric Other	<5	0.1	—

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

Source. TDSHS, HIV/STD Surveillance Unit, February 2026. Rates were calculated using U.S. Census Bureau, American Community Survey, 2023 five-year estimates for the EMA. [a] Data for "Perinatal," "Adult other," and "Pediatric other" transmission were not reported because some cells had fewer than five cases. Population data are not available for transmission risk groups; therefore, it is impossible to calculate rate by risk. A dash represents the absence of a rate.

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2023, 35,022 people were living with HIV (PLWH) in the Houston EMA, approximately 5% increase from 2022 (33,397 individuals). HIV prevalence also rose in 2023 to 523.6 people living with HIV (PLWH) for every 100,000 people in the Houston EMA, up from 508.8 in 2022. In EMA race/ethnicity categories, Black/African Americans were the group with the highest proportion of PLWH in 2023 (44.8%), followed by Hispanic/Latino PLWH (35.2%). In 2023, male-to-male sexual contact accounted for more than 60% of transmission risk, similar to 2022.

Table 4. People Living with HIV in the Six-County Houston EMA by Sex, Race/Ethnicity, Age, and Transmission Risk, 2023

	Cases[a]		Rate
	n	%	
Total	35,022	100	523.6
Sex			
Male	26,849	76.7	809.5
Female	8,173	23.3	242.4
Race/Ethnicity			
Black/African American, not Hispanic	15,679	44.8	1,271.9
White, not Hispanic	5,032	14.4	239.9
Hispanic/Latino	12,311	35.2	466.3
Other/Multiracial	2,000	5.6	135.8
Age			
0-14	47	0.1	3.3
15 - 24	1,210	3.5	130.1
25 - 34	7,076	20.2	736.3
35 - 44	8,278	23.6	844.5
45 - 54	7,642	21.8	897.6
55 - 64	7,080	20.2	987.8
65+	3,689	10.5	443.8
Transmission Risk[a]			
Male-to-male sexual contact (MSM)	21,754	62.1	—
Person who injects drugs (PWID)	2,421	6.9	—
MSM/PWID	1,308	3.7	—
Sex with male/Sex with female	9,162	26.2	—
Perinatal transmission	301	0.9	—
Other adult risk	15	0.0	—
Pediatric Other	61	0.2	—

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

Source. HIV/STD Surveillance Unit, TDSHS, February 2026, and American Community Survey, 2023 5-year Estimates for EMA counties. [a] Data not always available for all groups. Population data are not available for transmission risk groups; therefore, it is not possible to calculate rate by risk. A dash represents the absence of a rate.

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

Sex. In 2023, the Houston EMA population was divided equally between males and females measured by sex (Figure 3); However, males were more than four times more likely than females to be newly diagnosed with HIV (81.8% vs. 18.2%) and more than three times more likely to be living with HIV (76.7% vs. 23.3%). (See notes on p. 10 for Figures 3–5.)

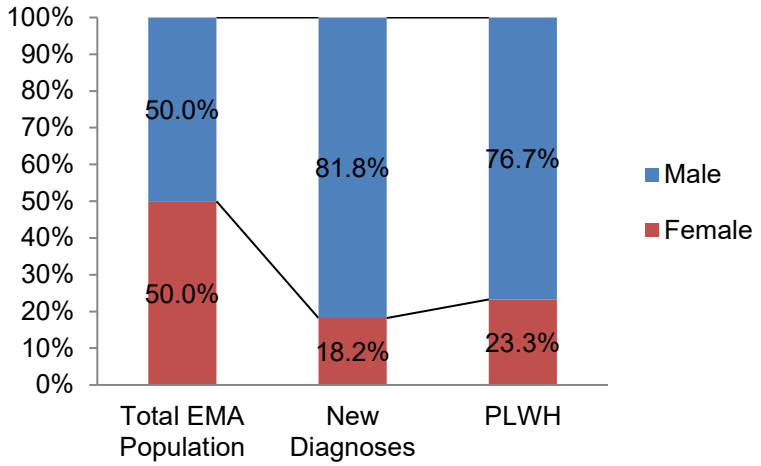


Figure 3. Comparison of Total Population in the Houston EMA to People with HIV by Sex, 2023 The general population of the six-county EMA was equally split between male and female, but males were four times more likely to be newly diagnosed with HIV and three times more likely to be living with HIV than were females.

Race/Ethnicity. In 2023, the Hispanic/Latino population exceeded all other groups in the New Diagnoses category by having 48.3% of new diagnoses (Figure 4), but Black/African Americans maintained the largest proportion in the PLWH category (44.8%).

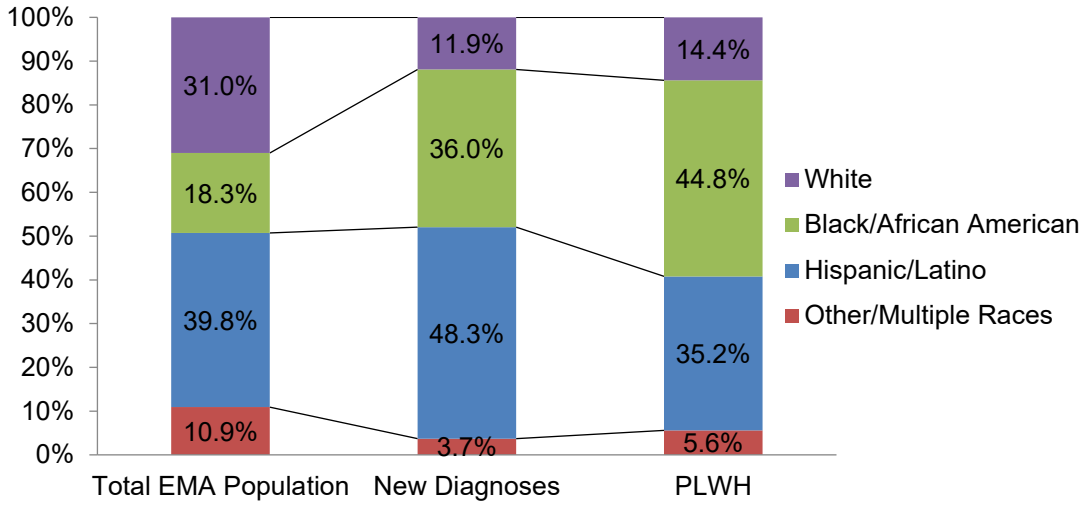


Figure 4. Comparison of Total Population in the Houston EMA to People with HIV by Race and Ethnicity, 2023. The general population of the six-county EMA was most likely to be Hispanic/Latino as was the newly diagnosed HIV population. However, in the PLWH category, African Americans were the largest subgroup at 44.8%.

Age. The general population of the six-county EMA was more likely to be younger than the HIV groups: more than a third were 24 years old or younger (35.2%), and the median age for the six counties ranged from 35 to 44 years of age. Almost 60% of new diagnoses were made in the two youngest age groups, which in the EMA made up only 50% of the general population. In contrast, the two oldest subgroups of the PLWH made up 30.7% of its population, whereas comparison values were 22.9% in the EMA and only 9.7% in the group newly diagnosed.

People ages 25 to 34 accounted for a much larger proportion of new HIV diagnoses in 2023 (38.3%) than their share of the Houston EMA population (14.5%) (Figure 5). Similarly, people ages 55 to 64 living with HIV (20.2%) represented almost twice the proportion of people their age living in the general population (12.3%).

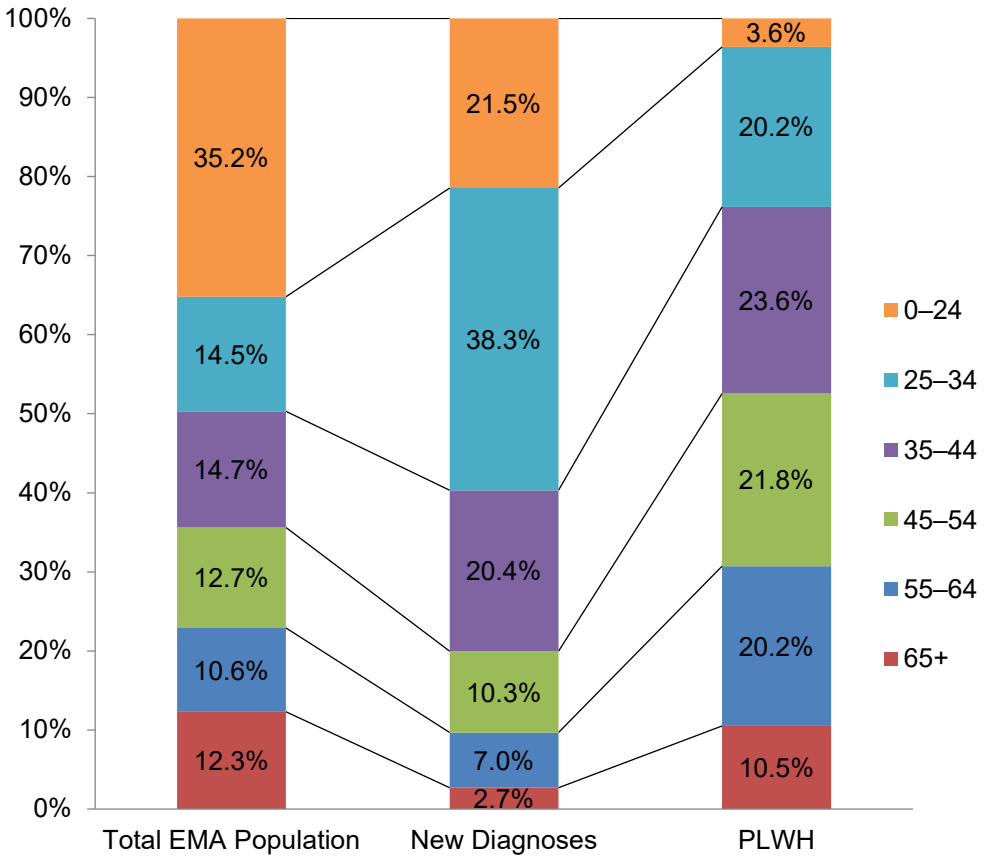


Figure 5. Comparison of Total Population in the Houston EMA to People with HIV by Age, 2023.

Source. EMA population—U.S. Census Bureau, American Community Survey, 2023: ACS 5-Year Estimates Data Profiles; HIV populations— Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services.
Source. Texas Enhanced HIV and AIDS Reporting System data., HIV/STD Surveillance Unit, TDSHS, February 2026

Note. New diagnoses were made January 1, 2023, through December 31, 2023. PLWH EMA data current as of December 31, 2023.
Abbreviations: EMA, Eligible Metropolitan Area; PLWH, People Living with HIV.

THE HOUSTON EMA HIV CARE CONTINUUM

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

Among 35,022 HIV-diagnosed individuals in the Houston EMA in 2023, 76% had received care (at least one CD4 or viral load test in 2023); 56% were retained in HIV care (at least two CD4 or viral load tests in a year, at least three months apart); and 63% reached viral load suppression (had ≤ 200 copies/mL at the most recent test during 2023). Overall, 69% were engaged with an antiretroviral therapy regimen (ART).

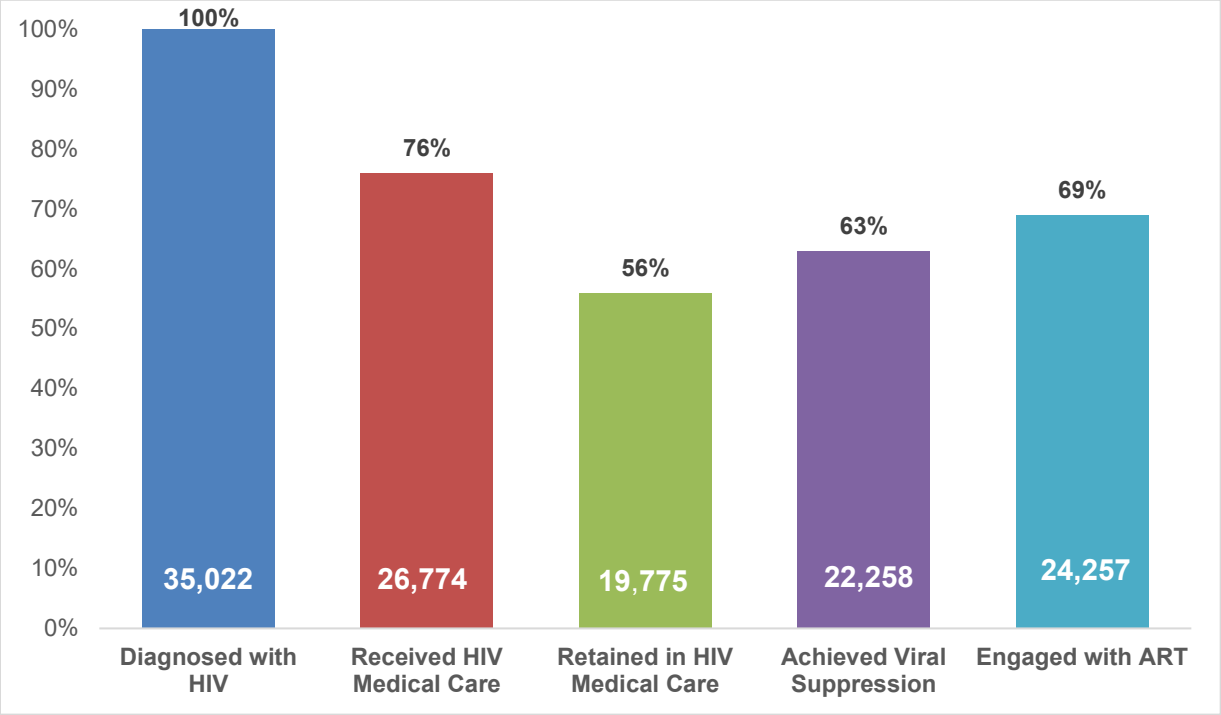


Figure 6. The Six-County Houston EMA HIV Care Continuum, 2023. The four essential measures in the methodology of the Centers for Disease Control and Prevention's HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. *Diagnosed* patients are identified as *receiving care* when they have a care visit documented by a CD4 or viral load measure in 2023 and having been retained in care by documented CD4 or viral load measures at two visits in 2023 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of ≤ 200 copies/mL at the most recent test in 2023. This report also includes *ART engagement*, defined as PLWH who were retained in care or virally suppressed in 2023. Data for linkage to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available.

Source: HIV populations— Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services. Texas Enhanced HIV and AIDS Reporting System data., HIV/STD Surveillance Unit, TDSHS, February 2026

NEW HIV DIAGNOSES IN THE HOUSTON HSDA

New HIV diagnoses increased by about 5% in 2023 in the 10-county Houston HSDA (Table 5). Males constituted about 82% of the newly diagnosed population. In 2023, Hispanic/Latino individuals were more likely to be newly diagnosed than any other race or ethnicity. Most often, those newly diagnosed were between 25 to 34 years of age, and transmission was most likely to occur between male-to-male sexual contact (MSM).

Table 5. New Diagnoses of HIV in the 10-County Houston HSDA by Sex, Race/Ethnicity, Age, and Transmission Risk, 2023

	Cases[a]		Rate
	n	%	
Total	1,506	100	21.9
Sex			
Male	1,233	81.9	36.1
Female	273	18.1	7.9
Race/Ethnicity			
Black/African American, not Hispanic	544	36.1	43.2
White, not Hispanic	183	12.2	8.4
Hispanic/Latino	723	48	26.9
Other/Multiracial	56	3.8	3.8
Age			
0 - 14	<5	0.2	0.2
15 - 24	321	21.3	33.5
25 - 34	571	37.9	58.1
35 - 44	310	20.6	30.9
45 - 54	157	10.4	18.0
55 - 64	104	6.9	14.1
65+	40	2.7	4.6
Transmission Risk[a]			
Male-to-male sexual contact (MSM)	1,088	72.3	—
Person who injects drugs (PWID)	83	5.5	—
MSM/PWID	36	2.4	—
Sex with male/Sex with female	296	19.7	—
Perinatal transmission	<5	0.1	—
Other adult risk	—	—	—
Pediatric Other	<5	0.1	—

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

Source. TDSHS, HIV/STD Surveillance Unit, February 2026, and U.S. Census Bureau, American Community Survey, 2023 5-year Estimates for HSDA counties. [a] Data for "Perinatal," "Adult other," and "Pediatric other" transmission were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents absence of a rate.

PEOPLE LIVING WITH HIV IN THE HOUSTON HSDA

In 2023, PLWH in the Houston HSDA were about three times more likely to be male than female and more likely to be Black/African American (44.7%) than Hispanic/Latino (35.1%), White (14.5%), or a member of any other racial or ethnic group, or multiracial (5.6%). The largest age groups in the HSDA and EMA are the same—35–44 and 45–54 years—and the highest transmission risk—through male-to-male sexual contact—is the same.

Table 6. People Living with a Diagnosis of HIV in the 10-County Houston HSDA by Sex, Race/Ethnicity, Age, and Transmission Risk, 2023

	Cases[a]		Rate
	n	%	
Total	35,339	100	514.8
Sex			
Male	27,071	76.6	793.5
Female	8,268	23.4	239.4
Race/Ethnicity			
Black/African American, not Hispanic	15,796	44.7	1,253.0
White, not Hispanic	5,129	14.5	234.2
Hispanic/Latino	12,399	35.1	460.8
Other/Multiracial	2,015	5.6	136.1
Age			
0-14	49	0.1	3.4
15 - 24	1,224	3.5	127.6
25 - 34	7,133	20.2	725.5
35 - 44	8,345	23.6	832.2
45 - 54	7,722	21.9	885.0
55 - 64	7,146	20.2	968.2
65+	3,720	10.5	431.5
Transmission Risk[a]			
Male-to-male sexual contact (MSM)	21,922	62.0	—
Person who injects drugs (PWID)	2,453	6.9	—
MSM/PWID	1,327	3.8	—
Sex with male/Sex with female	9,256	26.2	—
Perinatal transmission	305	0.9	—
Other adult risk	16	0.0	—
Pediatric Other	61	0.2	—

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

Source. TDSHS, HIV/STD Surveillance Unit, February 2026, and U.S. Census Bureau, American Community Survey, 2023, and 2023 5-year Estimates for HSDA counties. [a] Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

THE HOUSTON HSDA HIV CARE CONTINUUM

The Houston HSDA HIV Care Continuum depicts the number and percentage of PLWH in the 10 county HSDA at each stage of HIV care during 2023, from being diagnosed with HIV to viral suppression (Figure 7). Stakeholders in HIV care, prevention, and education use this benchmark analysis to measure the extent to which PLWH have community-wide access to care and to identify potential service gaps.

Among 35,339 individuals with HIV living in the Houston HSDA in 2023, 76% had received care (at least one CD4 or viral load test in 2023); 56% were retained in HIV care (at least two CD4 or viral load tests in the year, at least three months apart); and 63% reached viral load suppression (had ≤ 200 copies/mL at the most recent test during 2023). Overall, 69% were engaged with an antiretroviral therapy regimen.

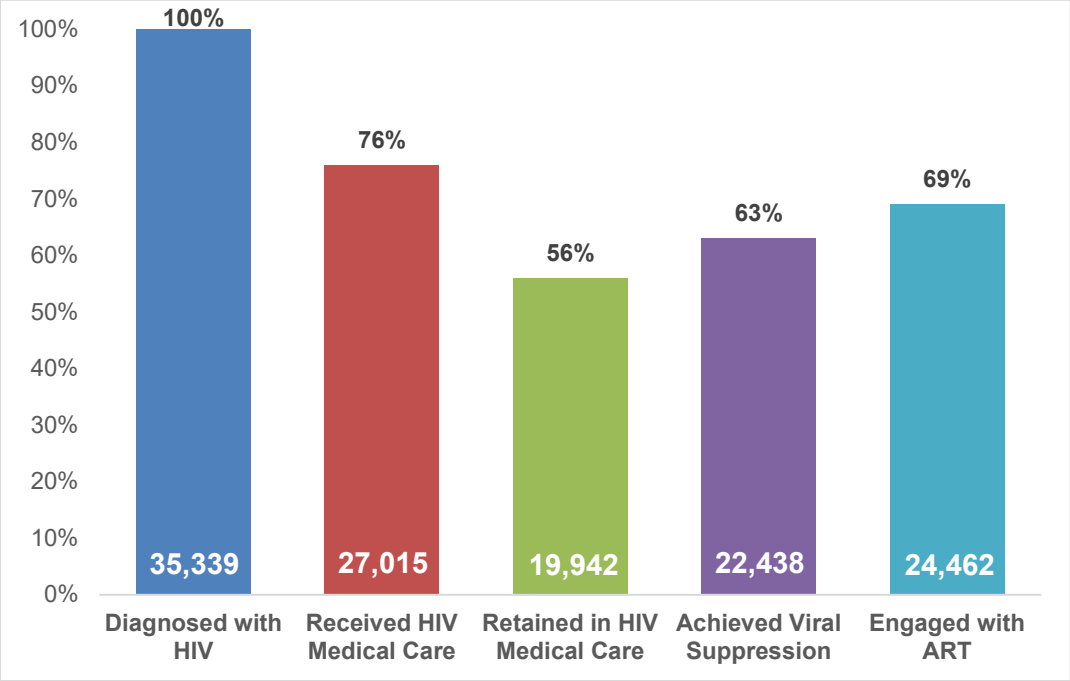


Figure 7. The 10-County Houston HSDA HIV Care Continuum, 2023. Four essential measures in the methodology of the Centers for Disease Control and Prevention's HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. Diagnosed patients are identified as receiving care when they have a care visit documented by a CD4 or viral load measure in 2023 and having been retained in care by documented CD4 or viral load measures at two visits in 2023 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of ≤ 200 copies/mL at the most recent test in 2023. This report also includes *ART engagement*, defined as PLWH who were retained in care or virally suppressed in 2023. Data for linking to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available.

Source: HIV populations— HSDA; TDSHS, Texas Department of State Health Services.
Texas Enhanced HIV and AIDS Reporting System data., HIV/STD Surveillance Unit, TDSHS, February 2026

THE RYAN WHITE HIV/AIDS PROGRAM HIV CARE CONTINUUM

The Ryan White HIV/AIDS Program HIV Care Continuum illustrates the percentage of PLWH receiving Ryan White-funded services who were engaged across key stages of HIV care during calendar year (CY) 2023 (Figure 7). The continuum is used by HIV care, prevention, and planning stakeholders to assess engagement in HIV medical care, evaluate retention and viral suppression outcomes, and identify potential system gaps.

Among clients receiving Ryan White-funded services in 2023, 84% received HIV medical care, 51% were retained in HIV care, and 72% achieved viral suppression. These indicators reflect outcomes among people with HIV receiving Ryan White Part A, Part B, Ending the HIV Epidemic (EHE), and State Services-funded care and support services. The continuum demonstrates continued strengths in engagement in HIV medical care while highlighting ongoing opportunities to improve long-term retention in care and sustained viral suppression outcomes throughout the jurisdiction.

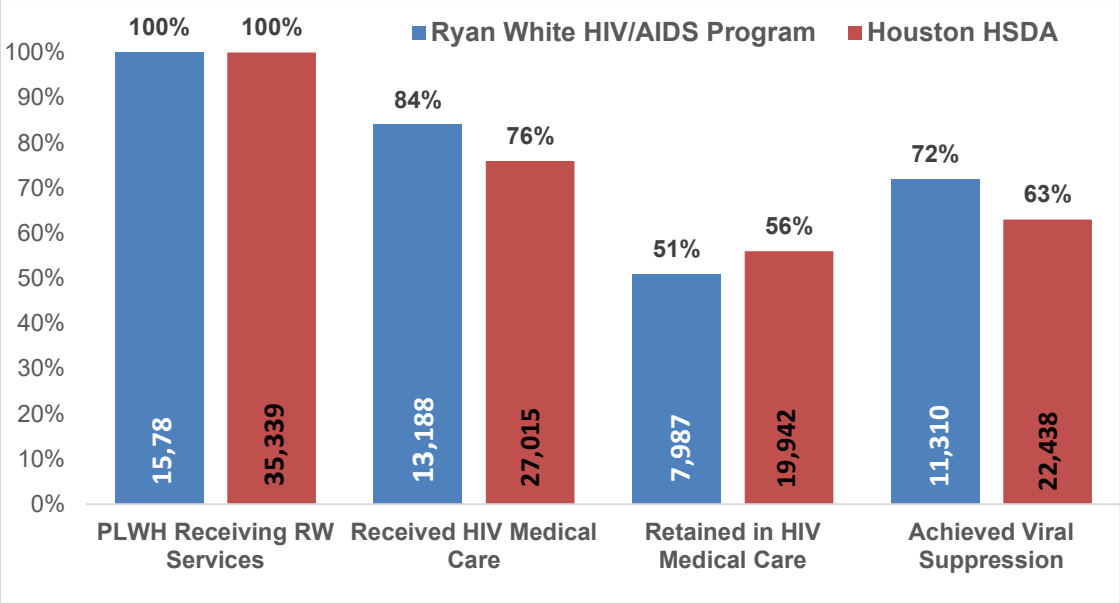


Figure 7. The Ryan White HIV/AIDS Program Care Continuum, 2023. Presents four key HIV care continuum indicators among PLWH receiving Ryan White-funded services (Ryan White Part A, Part B, Ending the HIV Epidemic (EHE), and State Services-funded programs) during calendar year (CY) 2023. Individuals were considered to have received HIV medical care if they had at least one documented medical visit, antiretroviral therapy (ART) prescription, viral load test, or CD4 test during CY 2023. Retention in HIV care (RIC) was defined as having two HIV primary care visits at least 90 days apart during CY 2023, as measured through documented CD4 or viral load laboratory results. Viral suppression was defined as having a most recent viral load less than 200 copies/mL during CY 2023.

Source: 2023 Ryan White HIV/AIDS Program Data from the Centralized Patient Care Data Management System (CPCDMS), Ryan White Grant Administration, May 2026
Note: 2023 Ryan White HIV care data reflect partial program participation only, as client-level integration between the Centralized Patient Care Data Management System (CPCDMS) and TakeChargeTexas (TCT) was not readily available.