

# SCOPE OF HIV/AIDS IN MINNESOTA

## National Perspective

Compared to the rest of the nation, Minnesota is considered to be a low- to-moderate HIV/AIDS incidence state. In 2013 (the most recent year for which national data is available), state-specific HIV infection rates ranged from 1.6 per 100,000 persons in Montana to 30.4 per 100,000 persons in the Louisiana. Minnesota had the 16th lowest HIV infection rate (5.9 HIV cases reported per 100,000 persons) in the country (not including dependent areas). Compared to surrounding states (IA, ND, SD, & WI), Minnesota's HIV infection rate was the highest, followed by Wisconsin at 4.0 per 100,000.

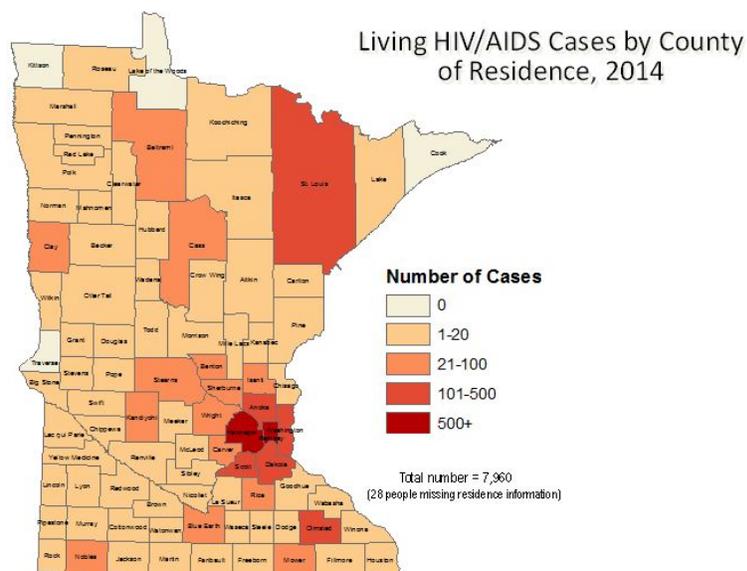
## Cumulative Cases

As of December 31, 2014, a cumulative total of 10,718<sup>1</sup> cases of HIV infection have been reported among Minnesota residents. This includes 6,497 AIDS cases and 4,221 HIV, non-AIDS cases. Of all these HIV/AIDS cases, 3,638 are known to be deceased through correspondence with the reporting source, other health departments, reviews of death certificates, active surveillance, and matches with the National Death Index and Social Security Death Master File.

## OVERVIEW OF PEOPLE LIVING WITH HIV/AIDS IN MINNESOTA

An estimated 7,988 persons with HIV/AIDS are assumed to be living in Minnesota as of December 31, 2014. This number includes persons whose most recently reported state of residence was Minnesota, regardless of residence at time of diagnosis. Of the 7,988 persons living with HIV/AIDS in Minnesota 4,221 (53%) are living with HIV infection (non-AIDS) and 3,767 (47%) are living with AIDS.

The majority of people living with HIV/AIDS in Minnesota are male (76%), white (50%), have a mode of exposure of MSM or joint risk of MSM/IDU (56%), over the age of 45 years (58%), and reside in the eleven-county TGA of the metropolitan area surrounding the Twin Cities of Minneapolis and St. Paul (86%).



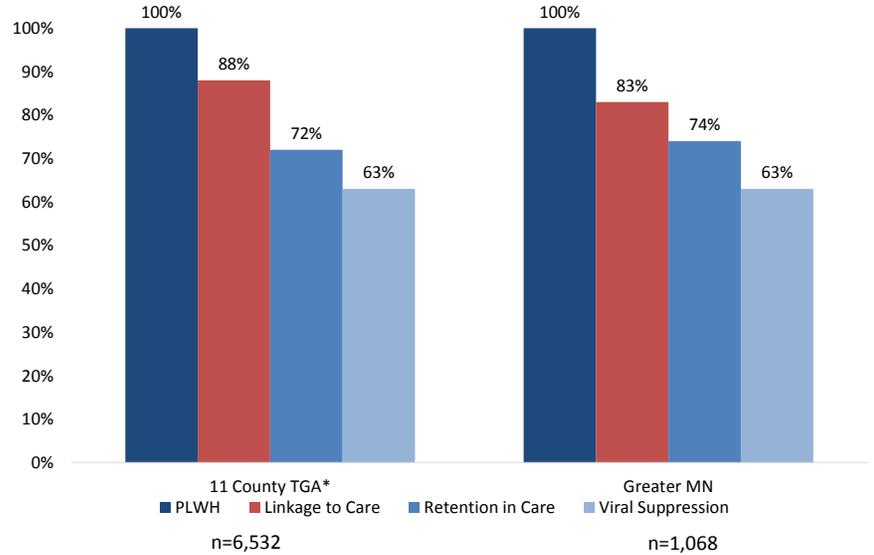
<sup>1</sup> This number includes persons who reported Minnesota as their state of residence at the time of their HIV and/or AIDS diagnosis. It also includes persons who may have been diagnosed in a state that does not have HIV reporting and who subsequently moved to Minnesota and were reported here. HIV-infected persons currently residing in Minnesota, but who resided in another HIV-reporting state at the time of diagnosis are excluded.

## GEOGRAPHY

Historically, about 90% of new HIV infections diagnosed in Minnesota have occurred in the Minneapolis-St. Paul TGA. Although HIV infection is more common in communities with higher population densities and greater poverty, there are people living with HIV or AIDS in 97% of counties in Minnesota.

There are slight differences in outcomes along the HIV treatment cascade by geography. While linkage to care is higher in the metro area (88% versus 83% in the Greater Minnesota), there is no difference in viral suppression by geography.

Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care, by geography  
2014– Minnesota



\*Includes Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties

## Race/Ethnicity

Disparities in health are often measured using race as the distinguishing factor, and throughout this document disparities in HIV and AIDS rates are presented by race/ethnicity. However, there is no biological reason for these disparities and race/ethnicity is used instead of income or education since those data are not available through the HIV Surveillance System.

Race is often used as a factor in reporting health disparities because it is believed that it can be a representation of environmental variations, such as income, education, drug use and others that can greatly influence one's health status<sup>2</sup>. Please see the [General Demographics section](#) for more information.

In Minnesota, as well as the TGA, the epidemic affects populations of color disproportionately. According to the 2010 Census, white people make up about 85% of the state population, but only account for 51% of persons living with HIV/AIDS, while populations of color make up 15% of the population and 50% of persons living with HIV/AIDS in Minnesota. For more information on HIV in particular racial/ethnic populations in Minnesota, see the corresponding sections in this document.

<sup>2</sup> Kaufman JS, Cooper RS. Commentary: Considerations for Use of Racial/Ethnic Classification in Etiologic Research. *American Journal of Epidemiology*, 154(4), 2001

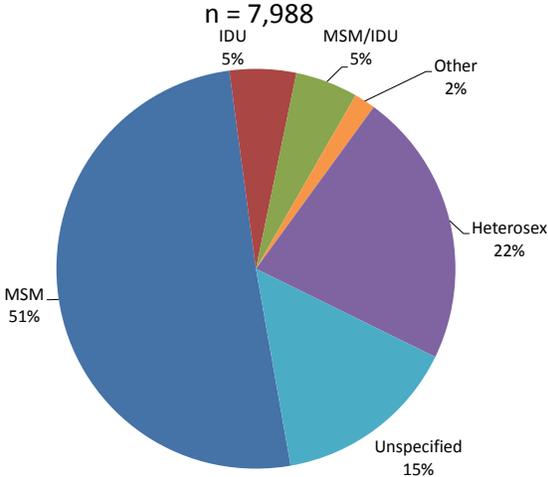
Persons Living with HIV/AIDS by Race/Ethnicity and Region of Residence, Minnesota 2014*			
Race/Ethnicity	TGA	Greater Minnesota	Total
	N (%)	N (%)	N (%)
Hispanic	605 (85%)	109 (15%)	714 (9%)
American Indian	93 (77%)	28 (23%)	121 (2%)
Asian/Pacific Islander	123 (81%)	29 (19%)	152 (2%)
African American	1,571 (92%)	141 (8%)	1,712 (22%)
White	3,300 (83%)	661 (17%)	3,961 (50%)
African-born	967 (88%)	131 (12%)	1,098 (14%)
Multiple Races	153 (85%)	27 (14%)	180 (2%)
Unknown	10 (91%)	1 (9%)	11 (0.1%)
<b>Total</b>	<b>6,822 (86%)</b>	<b>1,127 (14%)</b>	<b>7,949 (100%)</b>

\*Does not include 28 cases with missing residence and 11 cases with missing race

### Mode of Exposure

The majority of people living with HIV are among MSM (51% or 4,046 cases). Heterosexually and IDU (including MSM/IDU) acquired infections account for 22% and 10% of living cases, respectively. Among living cases, 15% have an unspecified mode of exposure.

Living HIV/AIDS Cases by Mode of Exposure Minnesota, 2014



n = Number of persons    MSM = Men who have sex with men    IDU = Injecting drug use  
Heterosex = Heterosexual contact with someone with or at risk for HIV  
Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

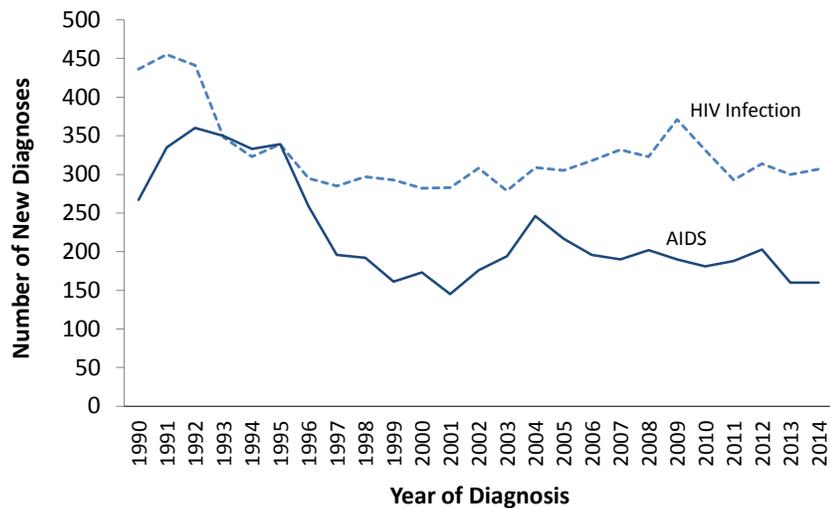
## OVERVIEW OF NEW HIV/AIDS CASES IN MINNESOTA

The annual number of new HIV infection diagnoses has remained relatively stable over the last decade with an average number of 319 new HIV infection diagnoses each year. Between 2005 and 2014, 2011 had the fewest number of HIV infection diagnosis with 293 while 2009 saw the most with 371 new HIV infection diagnoses. There were 307 new diagnoses in 2014.

### AIDS Diagnoses

Starting in the mid-1990's, the number of deaths among AIDS cases declined sharply, primarily due to the success of new antiretroviral the therapies including protease inhibitors. After a sharp decrease in the number of ADIS Cases in from 2012 to 2013, the number of AIDS cases has remained stable in 2013 and 2014 with 160 AIDS cases diagnosed in both years.

HIV and AIDS Diagnoses in Minnesota, 1990-2014



### GENDER

Since the beginning of the epidemic, males have accounted for a majority of new HIV infections diagnosed per year. While in the early nineties males accounted for over 90% of all new cases reported, over the past 10 years the males have accounted for closer to 75% of cases. This distribution of cases by gender remained true in 2014; 76% of new infections occurred among males and 24% occurred among females.

## Age

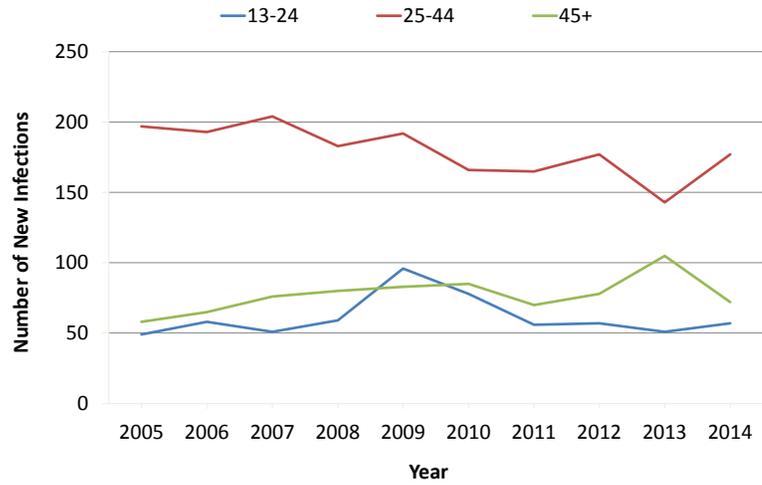
The number of cases diagnosed over the past ten years by age group has not changed significantly. The majority of cases diagnosed are among people aged 25 to 44 years of age.

## Continuum of HIV Care

As part of the National HIV/AIDS Strategy for the United States, the Minnesota Department of Health (MDH) has updated the Minnesota HIV treatment cascade using HIV surveillance data. These calculations help us better understand the HIV epidemic and the disparities that exist in the delivery of care among HIV positive people in Minnesota.

In Minnesota, there are 7,628 people over the age of 13 who were diagnosed with HIV through 2013 and were living in Minnesota at the end of 2014. Of the 7,628 people living with HIV at the end of 2014, 5,514 (72%) had at least one CD4 or VL test performed in 2014 (retention in care). Additionally, of the 7,628 people living with HIV/AIDS, 4,826 (63%) had a VL test of  $\leq 200$  copies/mL at their most recent test in 2014 (viral suppression). In 2013, there were 299 persons over the age of 13 who were diagnosed in Minnesota. Of these 299, 261 (87%) had a CD4 or VL test performed within 90 days of their initial diagnosis (linkage to care).

HIV Infections\* by Age at Diagnosis and Year of Diagnosis 2005-2014†



\*HIV/AIDS at first diagnosis

Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care – Minnesota

