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DEPARTMENT OF HEALTH

HIV Incidence Report, 2017

Sexually Transmitted Diseases, HIV and Tuberculosis Section, Epidemiology and Surveillance Unit

Introduction (I)

These two introduction slides provide a general context for the data used to create this slide set. If you have questions about any of the slides please refer to the *Companion Text to the Minnesota HIV Surveillance Report, 2017* or *HIV Surveillance Technical Notes.*

This slide set describes new HIV diagnoses (including AIDS at first diagnosis) in Minnesota by person, place, and time.

The slides rely on data from HIV/AIDS cases diagnosed through 2017 and reported to the Minnesota Department of Health (MDH) HIV/AIDS Surveillance System.

The data are displayed by year of HIV diagnosis.

Introduction (II)

Data analyses exclude persons diagnosed in federal or private correctional facilities, but include state prisoners (number of state prisoners believed to be living with HIV/AIDS (n=162).

Data analyses for new HIV diagnoses exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program (number of primary HIV+ refuges in this program living in MN as of December 31, 2017 = 170), as well as, other refuges/immigrants reporting a positive test prior to their arrival in Minnesota (n=166).

Some limitations of surveillance data:

- Data do not include HIV-infected persons who have not been tested for HIV
- Data do not include persons whose positive test results have not been reported to MDH
- Data do not include HIV-infected persons who have only tested anonymously
- Case numbers for the most recent years may be undercounted due to delays in reporting
- Reporting of living cases that were not initially diagnosed in Minnesota is known to be incomplete

National Context (I)

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Rates of Diagnoses of HIV Infection among Adults and Adolescents

2016—United States and 6 Dependent Areas



Data source: CDC Preliminary Data for 2016

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National Context (II)

Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS)

2016—United States and 6 Dependent Areas





Overview of HIV/AIDS in Minnesota

New HIV Disease Diagnoses, HIV (non-AIDS) and AIDS Cases by Year, 1990-2017

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*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year. ^Includes all new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis^^ and AIDS ((progressed)^^^ previous diagnosis of HIV). This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.

New HIV Disease Diagnoses, HIV (non-AIDS) and AIDS Cases by Year, 2007-2017

-HIV Disease Diagnoses* -HIV (non-AIDS) -AIDS Total

AIDS at first diagnosis^^ — AIDS (progressed)^^^

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*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year. ^Includes all new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis^^ and AIDS ((progressed)^^^ previous diagnosis of HIV). This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.

New HIV Diagnoses, Deaths and Prevalent Cases by Year, 1996-2017



*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year. ^Deaths in Minnesota among people with HIV/AIDS, regardless of location of diagnosis and cause.

HIV (non-AIDS) and AIDS at Diagnosis by Year, 2007-2017

■ AIDS at Diagnosis ■ HIV (non-AIDS) at Diagnosis



*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year.

^Includes all new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis.

This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.



HIV Diagnoses* in Minnesota by Person, Place, and Time

11





HIV Diagnoses^{*} by County of Residence at Diagnosis, 2017



City of Minneapolis – 83 (29%) City of St. Paul – 39 (14%) Suburban[#] – 107 (38%) Greater Minnesota – 55 (19%) Total number = 284

*HIV or AIDS at first diagnosis # 7-county metro area, excluding the cities of Minneapolis and St. Paul

HIV Diagnoses^{*} by County of Residence at Diagnosis, 2017 Seven-County Metro Area



City of Minneapolis – 83 City of St. Paul – 39 Suburban[#] – 107

Total number (metro-region) = 229

*HIV or AIDS at first diagnosis

[#] 7-county metro area, excluding the cities of Minneapolis and St. Paul ^Counties in which a state correctional facility is located.

HIV Diagnoses* in Minnesota by Residence at Diagnosis, 2017



Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties, outside the seven-county metro area. *HIV or AIDS at first diagnosis

HIV Diagnoses* in Minnesota by Gender and Residence at Diagnosis, 2017



Males n=210

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Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties, outside the seven-county metro area. *HIV or AIDS at first diagnosis



Gender and Race/Ethnicity

HIV Diagnoses* by Gender and Year of Diagnosis 2007 - 2017



^{*}HIV or AIDS at first diagnosis

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HIV Diagnoses* in Year 2017 and General Population in Minnesota by Race/Ethnicity



■ White ■ Afr Amer ■ Afr born ■ Hispanic ■ Asian/PI ■ Other ■ Amer Ind



* HIV or AIDS at first diagnosis ⁺ Population estimates based on 2010 U.S. Census data. (n = Number of persons)

Amer Ind = American Indian, Afr Amer = African American (Black, not African-born persons), and Afr born = African-born (Black, African-born persons)

HIV Diagnoses^{*} Among Males by Race/Ethnicity[†] and Year of Diagnosis 2007 - 2017



* HIV or AIDS at first diagnosis

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⁺ "African-born" refers to Blacks who reported an African country of birth; "African American" refers to all other Blacks. Cases with unknown or multiple races are excluded.

HIV Diagnoses* Among Females by Race/Ethnicity[†] and Year of Diagnosis 2007 – 2017



HIV or AIDS at first diagnosis

⁺ "African-born" refers to Blacks who reported an African country of birth; "African American" refers to all other Blacks. Cases with unknown race are excluded. 21

Number of Cases

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HIV Diagnoses* Diagnosed in Year 2017 by Gender and Race/Ethnicity



* HIV or AIDS at first diagnosis (n = Number of persons)

Amer Ind = American Indian, Afr Amer = African American (Black, not African-born persons), and Afr born = African-born (Black, African-born persons)

Number of Cases and Rates (per 100,000 persons) of HIV Diagnoses* by Race/Ethnicity[†] Minnesota, 2017

Race/Ethnicity	Cases	%	Rate
White, non-Hispanic	98	35%	2.2
Black, African-American	76	27%	46.6
Black, African-born	60	21%	55.6**
Hispanic	33	12%	13.2
American Indian	2	0.7%	#
Asian/Pacific Islander	8	3%	3.7
Other^	7	2%	6.0
Total	284	100%	5.3

* HIV or AIDS at first diagnosis; 2010 U.S. Census Data used for rate calculations.

⁺ "African-born" refers to Blacks who reported an African country of birth; "African American" refers to all other Blacks.

⁺⁺ Estimate of 107,880 Source: 2010-2012 American Community Survey. Additional calculations by the State Demographic Center.

(Note: Rates for black, African-American and black, African-born are not comparable to previous years due to an increase in the estimate for black, African-born population.)

^ Other = Multi-racial persons or persons with unknown or missing race

Number of cases too small to calculate reliable rate

Number of Cases of Adult and Adolescent HIV Diagnoses** by Gender Identity and Risk⁺ Minnesota, 2017

Gender/Risk	Cases	%	Rate
Men (Total)	(204)	72%	7.8
MSM [†]	136	(67%)	150.0
Non-MSM	68	(33%)	2.7
Women	70	25%	2.6
Transgender ^ (Total)		3%	X
Male to Female	6	(67%)	X
Female to Male	3	(33%)	x
Total	283	100%	5.3

**HIV or AIDS at first diagnosis over the age of 13 (1 infant not included)

⁺ "MSM" refers to both MSM and MSM/IDU. Estimate of 90,663

^ No current transgender estimate available





Age at HIV Diagnosis* by Sex at Birth, Minnesota, 2017



Average Age at HIV Diagnosis* by Sex at Birth, 2007-2017



*HIV or AIDS at first diagnosis



Mode of Exposure

HIV Diagnoses* by Mode of Exposure and Year, 2007 - 2017



*HIV or AIDS at first diagnosis

MSM = Men who have sex with men

IDU = Injecting drug use H

Heterosexual = Heterosexual contact Unspecified = No mode of exposure ascertained

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HIV Diagnoses* Among Males by Mode of Exposure and Year 2007 - 2017



* HIV or AIDS at first diagnosis

HIV Diagnoses* Among Females by Mode of Exposure and Year of Diagnosis 2007 - 2017



* HIV or AIDS at first diagnosis

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IDU = Injecting drug use Heterosexual = Heterosexual contact Unspecified = No mode of exposure ascertained

HIV Diagnoses*: White Males by Estimated Mode of Exposure[†] 2015–2017 combined



n = Number of persons
MSM = Men who have sex with men
IDU = Injecting drug use
Heterosex = Heterosexual contact
Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk
* HIV or AIDS at first diagnosis
* Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes.

HIV Diagnoses*: African American Males by Estimated Mode of Exposure[†] 2015–2017 combined



n = Number of persons

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MSM = Men who have sex with men

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

⁺ Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes.

⁺⁺ Refers to Black, African American (not African-born) males.

HIV Diagnoses*: Hispanic Males by Estimated Mode of Exposure[†] 2015–2017 combined



n = Number of persons

MSM = Men who have sex with men

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

⁺ Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes.

HIV Diagnoses*: African-born Males by Estimated Mode of Exposure⁺ 2015–2017 combined



⁺⁺ Refers to Black, African-born (not African-American) males.

HIV Diagnoses*: American Indian Males by Estimated Mode of Exposure⁺ 2015–2017 combined



n = Number of persons

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MSM = Men who have sex with men

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

⁺ Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes
HIV Diagnoses*: Asian Males by Estimated Mode of Exposure[†] 2015–2017 combined



n = Number of persons

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MSM = Men who have sex with men

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

HIV Diagnoses*: African-born Females by Estimated Mode of Exposure⁺ 2015–2017 combined



n = Number of persons

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

⁺ Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes.

⁺⁺ Refers to Black, African-born (not African-American) females.

HIV Diagnoses*:African American Females by Estimated Mode of Exposure[†] 2015–2017 combined

African American Females⁺⁺ (n=46)



⁺⁺ Refers to Black, African-American (not African-born) females.

HIV Diagnoses*: White Females by Estimated Mode of Exposure[†] 2015–2017 combined



n = Number of persons

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IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

HIV Diagnoses*: Hispanic Females by Estimated Mode of Exposure[†] 2015–2017 combined

Hispanic Females (n=9)



n = Number of persons

IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

HIV Diagnoses*: American Indian Females by Estimated Mode of Exposure⁺ 2015–2017 combined

American Indian Females (n=1)



n = Number of persons

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IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

HIV Diagnoses*: Asian Females by Estimated Mode of Exposure[†] 2015–2017 combined

Asian Females (n=4)



n = Number of persons

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IDU = Injecting drug use

Heterosex = Heterosexual contact

Other = Hemophilia, transplant, transfusion, mother w/ HIV or HIV risk

* HIV or AIDS at first diagnosis

Births to HIV-Infected Women and Number of Perinatal Acquired HIV Infections* by Year of Birth, 2007- 2017



^{*} HIV or AIDS at first diagnosis for a child exposed to HIV during mother's pregnancy, at birth, and/or during breastfeeding.

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Adolescents & Young Adults (Ages 13-24)*

* Case numbers are too small to present meaningful data separately for adolescents and young adults

HIV Diagnoses* Among Adolescents and Young Adults[†] by Gender and Year 2007 - 2017



* HIV or AIDS at first diagnosis

⁺ Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.

HIV Diagnoses* Among Adolescents and Young Adults⁺ by Gender and Race/Ethnicity, 2015 - 2017 Combined



* HIV or AIDS at first diagnosis (n = Number of persons)

Amer Ind = American Indian, Afr Amer = African American (Black, not African-born persons), and Afr born = African-born (Black, African-born persons)

HIV Diagnoses* Among Adolescents and Young Adults⁺ by Gender and Estimated Exposure Group[#] 2015 - 2017 Combined



⁺ Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.

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* Mode of Exposure proportions have been estimated using cases for 2015-2017 with known risk. For more detail see the HIV Surveillance Technical notes. MSM = Men who have sex with men IDU = Injecting drug use Heterosex = Heterosexual contact n = Number of persons *HIV or AIDS at first diagnosis



Foreign-born Cases

HIV Diagnoses* among Foreign-Born Persons⁺ in Minnesota by Year and Region of Birth 2007 - 2017



* HIV or AIDS at first diagnosis

⁺ Excludes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

[#]Latin America/Car includes Mexico and all Central, South American, and Caribbean countries.

HIV Diagnoses* Among Foreign-Born Persons[†] by Gender and Year 2007 – 2017



*HIV or AIDS at first diagnosis

⁺ Excludes persons arriving in Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

Countries of Birth Among Foreign-Born Persons[†] Diagnosed with HIV* Minnesota, 2017

Country	Ν
Liberia	14
Ethiopia	14
Mexico	12
Somalia	6
Cameroon	5
Kenya	4
Viet Nam	3
South African	3
Other^	28

* HIV or AIDS at first diagnosis

⁺ Excludes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota. ^ Includes 23 additional countries.



Late-Testers (AIDS Diagnosis within one year of initial HIV Diagnosis)

Time of Progression to AIDS for HIV Diagnoses in Minnesota* 2007 - 2017⁺





*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

^ Percent of cases progressing to AIDS within one year of initial diagnosis with HIV

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2018.

Progression to AIDS within 1 year of initial HIV Diagnosis* by Sex at Birth 2007 - 2017[†]



*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2017

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Progression to AIDS within 1 year of initial HIV Diagnoses* by Race/Ethnicity^ 2007 - 2017[†]



*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2018.

^Percentage not calculated if less than 10 cases diagnosed per year

Progression to AIDS within 1 year of initial HIV Diagnosis* by Age 2007 - 2017[†]



*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2018.

^Percentage not calculated if less than 10 cases diagnosed per year

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Progression to AIDS within 1 year of initial HIV Diagnosis* by Mode of Transmission 2007 - 2017[†]



*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2018.

^Includes MSM/IDU

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Time of Progression to AIDS for HIV Diagnoses* Among Foreign-Born Persons, Minnesota 2007 - 2017⁺



■ No AIDS DX ■ AIDS DX > 1yr ■ AIDS DX <= 1yr

*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

^ Percent of cases progressing to AIDS within one year of initial diagnosis with HIV

⁺ Numbers/Percent for cases diagnosed in 2017 only represents cases progressing to AIDS through March 20, 2018.



Thank you!

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DEPARTMENT OF HEALTH

HIV/AIDS Prevalence and Mortality Report, 2017

HIV/AIDS Surveillance System

http://www.health.state.mn.us/divs/idepc/diseases/hiv/stats/index.html

Introduction (I)

- These three introduction slides provide a general context for the data used to create this slide set. If you have questions about any of the slides, please refer to the *Surveillance Technical Notes*.
- This slide set displays estimates of the number of persons living with HIV/AIDS (prevalence) and mortality in Minnesota by person, place, and time.
- The slides rely on data from HIV/AIDS cases diagnosed through 2017 and reported to the Minnesota Department of Health (MDH) HIV/AIDS Surveillance System.

Introduction (II)

- Data analyses exclude persons diagnosed in federal or private correctional facilities, but include state prisoners (number of state prisoners believed to be living with HIV/AIDS = 104).
- Data analyses for new infections exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program (number of primary HIV+ refugees in this program living in Minnesota as of December 31, 2017 = 170), as well as other refugees/immigrants reporting a positive test prior to their arrival in Minnesota (n = 166).
- Some limitations of surveillance data:
 - Do not include HIV-infected persons who have not been tested for HIV
 - Do not include persons whose positive test results have not been reported to MDH
 - Do not include HIV-infected persons who have <u>only</u> tested anonymously
 - Case numbers for the most recent years may be undercounted due to delays in reporting
 - Reporting of living cases that were not initially diagnosed in Minnesota is known to be incomplete

Introduction (III)

- Persons are assumed to be alive unless MDH has knowledge of their death.
- Persons whose most recently reported state of residence was Minnesota are assumed to be currently residing in Minnesota unless MDH has knowledge of their relocation. Our ability to track changes of residence, including within the state, is limited.
- Vital status and current residence are updated through one or more of the following methods:
 - Standard case reporting
 - Correspondence with other health departments
 - Active surveillance
 - Death certificate reviews (annually)
 - Birth certificate reviews (annually, women only)



National Context

Data source: CDC Preliminary Data for 2016

Rates of Adults and Adolescents Living with Diagnosed HIV Infection, by Area of Residence, Year-end 2015 — United States and 6 Dependent Areas



American Samoa4.7Guam59.3Northern Mariana Islands14.9Puerto Rico564.0Republic of Palau39.6U.S. Virgin Islands635.5

Data are based on address of residence as of December 31, 2015 (i.e., most recent known address).

Rates of Adults and Adolescents Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), by Area of Residence, Year-end 2015— United States and 6 Dependent Areas



Data are based on address of residence as of December 31, 2015 (i.e., most recent known address).

Stage 3 (AIDS) Classifications, Deaths, and Persons Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS) 1985–2015—United States and 6 Dependent Areas





Overview of HIV/AIDS in Minnesota

New HIV Disease Diagnoses, HIV (non-AIDS) and AIDS Cases by Year, 1991-2017

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*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year. ^Includes all new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis^^ and AIDS ((progressed)^^^ previous diagnosis of HIV). This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.



Persons Living with HIV/AIDS in Minnesota

Estimated Number of Persons Living with HIV/AIDS in Minnesota

- As of December 31, 2017 8,789* persons are assumed alive and living in Minnesota with HIV/AIDS. This includes:
 - 4,751 (54%) living with HIV infection (non-AIDS)
 - 4,038 (46%) living with AIDS
- This number includes **2,219** persons who were first reported with HIV or AIDS elsewhere and subsequently moved to Minnesota
- This number excludes **1,449** persons who were first reported with HIV or AIDS in Minnesota and subsequently moved out of the state

*This number includes persons who reported Minnesota as their current state of residence, regardless of residence at time of diagnosis. It also includes state prisoners and refugees arriving through the HIV+ Refugee Resettlement Program, as well as HIV+ refugees/immigrants arriving through other programs.




Living HIV/AIDS Cases by County of Residence, 2017



Map of Metro Area: Living HIV/AIDS Cases by County of Residence, 2017



Persons Living with HIV/AIDS in Minnesota by Current Residence, 2017



*67 persons missing residence information

Suburban includes the seven-county metro area of Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except Saint Paul), Scott, and Washington counties. Greater Minnesota includes all other counties outside of the seven-county metro area.



Sex Assigned at Birth and Race/Ethnicity

Persons Living with HIV/AIDS in Minnesota by Sex Assigned at Birth, 2017



Persons Living with HIV/AIDS in Minnesota by Sex Assigned at Birth and Race/Ethnicity, 2017





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Number of Cases and Rates (per 100,000 persons) of Persons Living with HIV/AIDS by Race/Ethnicity in Minnesota, 2017

Race/Ethnicity	Number of Cases	Percentage of Total	Rate per 100,000^
White, non-Hispanic	4,119	47%	93.4
Black, non African-born	1,885	21%	1,155.5
Black, African-born*	1,368	16%	1,268.1++
Hispanic	852	10%	340.4
American Indian	113	1%	203.2
Asian/Pacific Islander	191	2%	88.0
Other [†]	249	3%	Х
Total	8,777	100%	165.4

^2010 United States Census Data used for rate calculations, except where otherwise specified.

*African-born refers to Blacks who reported an African country of birth. Non African-born refers to all other Blacks. Rates for black, non African-born and black, African-born are not comparable to previous years due to an increase in the estimate for black, African-born population.

⁺ Other includes multi-racial persons and persons with unknown race

⁺⁺Estimate of 107,880 Source: 2014-2016 American Community Survey with additional calculations by the Minnesota State Demographic Center.

Number of Cases and Rates (per 100,000 persons) of Adults and Adolescents* Living with HIV/AIDS by Sex and Risk⁺ in Minnesota, 2017

Sex/Risk	Number of Cases	Percent of Total	Rate per 100,000^
Men (Total)	6,548	76%	248.8
MSM [†]	4,770	55%	5,261.2**
Non-MSM	1,778	21%	70.0
Women	2,082	24%	77.9
Total	8,630	100%	162.7

*HIV or AIDS at first diagnosis ages 13 and older.

^2010 United States Census Data used for rate calculations, except where otherwise specified.

⁺MSM refers to both MSM and MSM/IDU risk identified at time of reported HIV diagnosis.

⁺⁺Estimate of 90,663 Source: <u>http://www.emorycamp.org/item.php?i=92</u>

Number of Cases of Adults and Adolescents* Living with HIV/AIDS by Gender Identity and Risk⁺ in Minnesota, 2017

Gender Identity/Risk	Number of Cases	Percent of Total
Men (Total)	6,486	75%
MSM ⁺	4,708	73%
Non-MSM	1,778	27%
Women	2,064	24%
Transgender ⁺⁺ (Total)	80	1%
Male to Female	62	78%
Female to Male	18	22%
Total	8,630	100%

*HIV or AIDS at first diagnosis ages 13 and older.

⁺MSM refers to both MSM and MSM/IDU risk identified at time of reported HIV diagnosis.

⁺⁺Current gender was not reportable until 2009, so may be incomplete for HIV infections reported before that time.





Persons Living with HIV/AIDS in Minnesota by Age Group*, 2017



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Persons Living with HIV/AIDS in Minnesota by Age* and Sex, 2017







Mode of Exposure at Time of Diagnosis

White Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, non African-born Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, non African-born[^] Males (n=1321)

*Mode of Exposure estimated using prevalent cases with known risk. For additional details, see the Technical Notes.

^Refers to Black Males not born in Africa

MSM = men who have sex with men, IDU = injection drug use, Other = hemophilia, transplant, transfusion, mother with HIV or HIV risk

Hispanic Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, African-born Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017

Black, African-born[^] Males (n=579)



*Mode of Exposure estimated using prevalent cases with known risk. For additional details, see the Technical Notes.

^Refers to Black Males born in Africa

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MSM = men who have sex with men, IDU = injection drug use, Other = hemophilia, transplant, transfusion, mother with HIV or HIV risk

Multi-Racial Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Multi-Racial Males (n=167)

Asian/Pacific Islander Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017





American Indian Males Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



White Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, non African-born Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, non African-born[^] Females (n=564)

*Mode of Exposure estimated using prevalent cases with known risk. For additional details, see the Technical Notes.

^Refers to Black Females not born in Africa

MSM = men who have sex with men, IDU = injection drug use, Other = hemophilia, transplant, transfusion, mother with HIV or HIV risk

Hispanic Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, African-born Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017



Black, African-born[^] Females (n=788)

*Mode of Exposure estimated using prevalent cases with known risk. For additional details, see the Technical Notes.

^Refers to Black Females born in Africa

MSM = men who have sex with men, IDU = injection drug use, Other = hemophilia, transplant, transfusion, mother with HIV or HIV risk

Multi-Racial Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017

Multi-Racial Females (n=68)



Asian/Pacific Islander Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017

Asian/Pacific Islander Females (n=54)



American Indian Females Living with HIV/AIDS in Minnesota by Estimated Mode of Exposure*, 2017

American Indian Females (n=49)





HIV and Hepatitis B/C Co-infection

HIV/AIDS and Hepatitis Co-infections in Minnesota

- As of December 31, 2017 **8,789*** persons are assumed alive and living in Minnesota with HIV/AIDS. Of these 8,789 persons, 890 (10%) are co-infected with either Hepatitis B, C, or both:
 - 412 (46%) are living with HIV and Hepatitis B
 - 430 (48%) are living with HIV and Hepatitis C
 - 48 (5%) are living with HIV and both Hepatitis B/C

*This number includes persons who reported Minnesota as their current state of residence, regardless of residence at time of diagnosis. It also includes state prisoners and refugees arriving through the HIV+ Refugee Resettlement Program, as well as HIV+ refugees/immigrants arriving through other programs.



Foreign Born Populations

Foreign Born Persons Living with HIV/AIDS in Minnesota by Region of Birth, 2007-2017



*This number includes persons who reported Minnesota as their current state of residence, regardless of residence at time of diagnosis. It also includes state prisoners and refugees arriving through the HIV+ Refugee Resettlement Program, as well as HIV+ refugees/immigrants arriving through other programs.

African-Born* Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Sex, 2017



*Includes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program and other refugee/immigrant programs. Also includes 5 Hispanic, 4 White, and 13 Multi-Race identifying African-born persons. One African-born person had missing race information.

Latin American/Caribbean* Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Sex, 2017



*Includes Mexico and all Central/South American and Caribbean countries.

Countries of Birth Among Foreign Born Persons* Living with HIV/AIDS in Minnesota, 2017

Country of Birth	Number of Prevalent Cases	Percent of Total
Ethiopia	315	15%
Mexico	273	13%
Liberia	235	11%
Kenya	173	8%
Somalia	143	7%
Cameroon	113	5%
Sudan	70	3%
Nigeria	56	3%
Vietnam	31	1%
El Salvador	30	1%
Other* Countries	664	31%

*Includes over 100 additional countries

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Mortality
Reported Deaths Among Persons living with HIV/AIDS in Minnesota, 1984-2017



*Number of deaths known to have occurred among all people living with HIV infection in Minnesota, regardless of location of diagnosis or cause of death ^Number of deaths known to have occurred among people living with AIDS in Minnesota in a given calendar year, regardless of location of diagnosis or cause of death **Number of deaths known to have occurred among people living with HIV (non-AIDS) in Minnesota in a given calendar year, regardless of location of diagnosis or cause of death



HIV/AIDS Surveillance Technical Notes

Surveillance of HIV/AIDS

The Minnesota Department of Health (MDH) collects case reports of HIV infection and AIDS diagnoses through a passive and active HIV/AIDS surveillance system. Passive surveillance relies on physicians and laboratories to report new cases of HIV infection or AIDS directly to the MDH in compliance with state rules¹. Active surveillance conducted by MDH staff involves routine visits and correspondence with select HIV clinical facilities to ensure completeness of reporting and accuracy of the data.

Factors that impact the completeness and accuracy of HIV/AIDS surveillance data include: availability and targeting of HIV testing services, test-seeking behaviors of HIV-infected individuals, compliance with case reporting, and timeliness of case reporting. Certain events have also impacted trends in HIV/AIDS surveillance data. For example changes over time in the surveillance case definition (most notably the 1993 expansion of the case definition for adults and adolescents²) have resulted in artificial jumps in AIDS case counts at the time the new definition went into effect or in the preceding year because changes in case definition allowed for retrospective diagnoses. Additionally, on January 4, 2010 the U.S. travel ban on HIV+ visitors and immigrants was lifted. Persons now testing positive for the first time in Minnesota after arriving from their native country will no longer be assigned the status of 'immigrant', as compared to those who were diagnosed pre-2010 during obligatory immigrant physical examinations. Finally, an amendment to the communicable disease reporting rule was passed in June 2011, requiring the report of all CD4 and Viral Load test results.

New HIV Diagnoses

New HIV diagnoses refer to persons who are diagnosed with HIV infection and newly reported to the MDH. This includes case-patients that meet the CDC surveillance definition for AIDS at the time they are initially diagnosed with HIV infection (AIDS at first diagnosis). Cases of new HIV diagnosis are displayed by year of earliest HIV diagnosis. The number of new HIV diagnoses in Minnesota includes only persons who were first reported with HIV infection while residents of Minnesota. Persons moving to Minnesota already infected with HIV are excluded if they were previously reported in another state.

Vital Status of HIV/AIDS Cases

Persons are assumed alive unless the MDH has knowledge of their death. Vital status information is updated by monthly visits to select reporting facilities, correspondence with

¹ Minnesota Rule 4605.7040

² MMWR 1992;41[no.RR-17]:1-19

other health departments, annual death certificate reviews, and periodic matches with the National Death Index and Social Security Death Master File. "AIDS deaths" refers to all deaths among AIDS cases regardless of the cause of death. "All deaths" refers to all deaths among HIV/AIDS cases regardless of the cause of death.

Place of Residence for HIV/AIDS Cases

Persons are assumed to be residing in Minnesota if their most recently reported state of residence was Minnesota and the MDH has not received notice of relocation outside of the state. Likewise, a person's county or city of residence is assumed to be the most recently reported value unless the MDH is otherwise notified. Residence information is updated through standard case reporting, routine lab reporting, and/or correspondence with other state health departments. Persons diagnosed with HIV infection while imprisoned in a state correctional facility are included in the data presented unless otherwise noted (federal and private prisoners are excluded). Residential relocation, including release from state prison, is difficult to track and therefore data presented by *current* residence must be interpreted in this light. Data on residence *at time of diagnosis* are considered more accurate, limited only by the accuracy of self-reported residence location.

Data Tabulation and Presentation

The data displayed are not adjusted to correct for reporting delays, case definition changes, or other factors.

MDH surveillance reports published before 2000 displayed data by year of report while subsequent reports display the data by earliest date of HIV diagnosis. The report date is a function of reporting practices and may be months or years after the date of diagnosis and the date of infection. The date of diagnosis is temporally closer to the date of infection. Displaying data by year of diagnosis more closely approximates when infection occurred. Readers should bear in mind that diagnosis date is also an approximation for infection date. Many years may pass between time of infection and diagnosis; the incubation period³ for HIV/AIDS is approximately 10 years. It should also be noted that because of delays in reporting, the annual number of cases reportedly diagnosed in recent years is slightly lower than actual. This discrepancy corrects itself over time. The number of cases diagnosed within a calendar year changes relatively little after two years have passed.

Unless otherwise noted, data analyses exclude persons diagnosed in federal or private correctional facilities (inmates generally are not Minnesota residents before incarceration and do not stay in Minnesota upon their release), infants with unknown or negative HIV status who were born to HIV positive mothers, HIV-infected refugees who resettled in Minnesota as part of the HIV-Positive Refugee Resettlement Program, and other refugees/immigrants with a

³ Incubation period is the time between initial infection with the virus and the development of disease symptoms.

documented HIV diagnosis prior to their arrival in Minnesota. However, refugees in the HIV-Positive Refugee Resettlement Program, as well as, other refugees/immigrants diagnosed with AIDS subsequent to their arrival in the U.S. are included in the number of new AIDS cases.

Mode of Exposure Hierarchy

All state and city HIV/AIDS surveillance systems funded by the Centers for Disease Control and Prevention use a standardized hierarchy of mode of exposure categories. HIV and AIDS cases with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy. In this way, each case is counted as having only one mode of exposure. The only exception to this rule is the joint risk of male-to-male sex (MSM) and injection drug use (IDU), which makes up a separate exposure category in the hierarchy. The following is a list of the hierarchy for adolescent/adult HIV/AIDS cases:

- 1. MSM
- 2. IDU
- 3. MSM/IDU
- 4. Hemophilia patient
- 5. Heterosexual contact
- 6. Receipt of blood transfusion or tissue/organ transplant
- 7. Other (e.g. needle stick in a health care setting)
- 8. Risk not specified.

The following is the list of the hierarchy for pediatric HIV/AIDS cases:

- 1. Hemophilia patient
- 2. Mother with HIV or HIV risk
- 3. Receipt of blood transfusion or tissue/organ transplant
- 4. Other
- 5. Risk not specified.

Heterosexual contact is only designated if a male or female can report specific heterosexual contact with a partner who has, or is at increased risk for, HIV infection (e.g. an injection drug user). For females this includes heterosexual contact with a bisexual male (mainly due to the elevated prevalence of HIV infection among men who have sex with men).

"Risk not specified" refers to cases with no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases include persons who have not yet been interviewed by MDH staff; persons whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and persons who were interviewed or for whom follow-up information was available but no exposure was identified/acknowledged.

The growing number of cases with unspecified risk in recent years is, in part, artificial and due to interviews that have not yet been completed. In time, a number of these will be assigned a mode of exposure category. However, part of the observed increase is real. As stated above, a person must have intimate knowledge about his/her partner to meet the criteria for heterosexual mode of exposure. Often cases will not be certain about their partners' HIV status

HIV/AIDS SURVEILLANCE TECHNICAL NOTES

or risk. Additionally, the perception of social stigma presumably decreases the likelihood that a person will acknowledge certain risk behaviors, particularly male-to-male sex or injection drug use. Thus, if the *true* numbers of cases due to heterosexual contact, MSM, and/or IDU increase, a larger number of cases without a specified risk would be expected.

A study by the Centers for Disease Control and Prevention used statistical methods to redistribute risk among female HIV/AIDS cases with unspecified risk⁴. The results are helpful but are based on national data and are not necessarily applicable at the state or local level. Speculation regarding the distribution of risk behaviors among those with unspecified risk is difficult, especially in men, for who even a national study is not available.

Re-distribution of Mode of Exposure

In 2004 the Minnesota Department of Health began estimating mode of exposure for cases with unspecified risk in its annual summary slides. Each year, estimation is done by using the risk distribution for cases diagnosed in the most recent three-year period with known risk by race and gender and applying it to those with unspecified risk of the same race and gender, for example to estimate risk in 2017, we would use cases diagnosed between 2015 and 2017. For females an additional step was added to the process. If females reported sex with males but did not report injecting drug use or receipt of blood products, then she was placed in a new category named "Heterosexual – with unknown risk". The same was not done for males given the high level of stigma associated with male-to-male sex in certain communities.

When applying the proportions from those with known risk to those with unspecified risk there were two exceptions to the method, African-born cases and Asian/Pacific Islander women. For both African-born and Asian/Pacific Islander women a breakdown of 95% heterosexual risk and 5% other risk was used. For African-born males a breakdown of 5% male-to-male sex, 90% heterosexual risk, and 5% other risk was used. These percentages are based on epidemiological literature and/or community experience.

MSM Estimate

In 2017 a national estimate of MSM populations was published that modeled data from the American Community Survey and the National Health and Nutrition Examination Survey in conjunction with census data to calculate local MSM estimates⁵.

This method estimated that there are 4,642,002 MSM living in the US and 90,633 MSM living in MN.

⁴ MMWR 2001; 50(RR-6):31-40.

⁵ Grey J, Bernstein M, Sullivan P, et al. Rates of Primary and Secondary Syphilis Among White and Black non-Hispanic Men Who Have Sex with Men, US States, 2014. JAIDS Journal of Acquired Immune Deficiency Syndromes; November 2017.

Definitions Related to Race/Ethnicity

When data are stratified by race, black race is broken down into African-born and African American (not African-born) based on reported country of birth.

The terms "persons of color" and "non-whites" refer to all race/ethnicity categories other than white (black, Hispanic, American Indian, and Asian/Pacific Islander).

Routine Interstate Duplicate Review (RIDR)

The Minnesota Department of Health (MDH) continues to participate in RIDR. RIDR is a CDC project aimed at eliminating duplicate reports of HIV and AIDS cases among states. Each case of HIV and AIDS is assigned to the state (or states when the diagnosis of HIV and AIDS occurs in two different states) where a person was first diagnosed. RIDR was the second such deduplication initiative by CDC. The first initiative, IDEP, looked at cases reported through December 31, 2001. RIDR is now an ongoing activity that all states are expected to undertake. CDC will release a RIDR report every 6 months which will affect the ownership of Minnesota cases. While the Surveillance staff will always inquire about previous diagnosis and will check with CDC to determine if the case has been previously reported, it is possible that cases we believe to have been initially diagnosed in Minnesota were in fact diagnosed in another state. Ongoing participation in this initiative will allow for proper attribution of incident and prevalent cases in Minnesota.

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04/19/2018

To obtain this information in a different format, call: 651-201-5414.

DEPARTMENT OF HEALTH

HIV Incidence Report Data Tables, Minnesota 2017

Table 1. Number of New Cases and Rates (per 100,000 persons) of HIV Diagnoses, HIV (non-AIDS), & AIDS (New Diagnosis AIDS, Progressed to AIDS)I Minnesota, 1982-2017

Year	HIV Dia	gnosis ^{III}	H (non-/	IV AIDS) ^{III}	New AIDS Diagnosis		Progresse	d to AIDS	Total AIDS [™]	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1982-1999	6,060		5,056		1004		2529		3,533	
2000	283	5.8	220	4.5	63	1.3	110	2.2	173	3.5
2001	283	5.7	232	4.7	51	1.0	94	1.9	145	2.9
2002	308	6.1	250	5.0	58	1.2	117	2.3	175	3.5
2003	280	5.5	227	4.5	53	1.0	143	2.8	196	3.9
2004	308	6.1	240	4.7	68	1.3	177	3.5	245	4.8
2005	306	6.0	247	4.8	59	1.2	157	3.1	216	4.2
2006	316	6.1	269	5.2	47	0.9	149	2.9	196	3.8
2007	331	6.4	265	5.1	66	1.3	123	2.4	189	3.6
2008	322	6.1	249	4.7	73	1.4	129	2.5	202	3.8
2009	368	7.0	279	5.3	89	1.7	101	1.9	190	3.6
2010	331	6.2	248	4.7	83	1.6	98	1.8	181	3.4
2011	293	5.5	221	4.2	72	1.4	115	2.2	187	3.5
2012	314	5.9	237	4.5	77	1.5	122	2.3	199	3.8
2013	304	5.7	219	4.1	85	1.6	79	1.5	164	3.1
2014	311	5.9	237	4.5	74	1.4	96	1.8	170	3.2
2015	302	5.7	234	4.4	68	1.3	79	1.5	147	2.8
2016	294	5.5	234	4.4	60	1.1	74	1.4	134	2.5
2017	284	5.4	217	4.1	67	1.3	77	1.5	144	2.7
Cumulative Total	11,598	218.7	9,381	176.9	2217	41.8	4569	86.1	6,786	127.9

¹HIV Diagnosis = New cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year. HIV (non-AIDS) = New cases of HIV diagnosis (excluding AIDS at first diagnosis) diagnosed within a given calendar year. New AIDS Diagnosis= AIDS at first diagnosis. Progressed to AIDS= diagnosis of HIV (non-AIDS) in a previous year with a diagnosis of AIDS in given calendar year. Total AIDS = AII new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis.

^{II} The cumulative rate is calculated by dividing the cumulative number of cases by the estimated current state population and multiplying by 100,000. Rates for individual calendar years were calculated using 2010 U.S. Census population data (2010-2013), 2000 U.S. Census population data for 2000, and U.S. Census intercensal population estimates released in September 2011 were used for years 2001-2009.

^{III}Numbers and rates exclude federal and private prisoners and refugees in the HIV-Positive Refugee Resettlement Program, as well as refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota

^{IV} Numbers and rates include refugees in the HIV-Positive Refugee Resettlement Program, as well as other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the U.S.

The sum of HIV (non-AIDS) cases and AIDS cases will be greater than the number of cases of HIV Infection in a given year. The difference occurs because, unlike the HIV Infection category, the AIDS category includes both cases that are AIDS at first diagnosis as well as those cases that progress from HIV (non-AIDS) to AIDS during the year (see above definitions).

	Ma	les	Fem	ales	То	tal	HIV
Group	Cases	%	Cases	%	Cases	%	Infection Rate
Residence ^{II}							
Minneapolis	68	32%	15	20%	83	29%	21.7
St. Paul	25	12%	14	19%	39	14%	13.7
Suburban	79	38%	28	38%	107	38%	4.9
Greater Minnesota	38	18%	17	23%	55	19%	2.2
Total	210	100%	74	100%	284	100%	5.4
Age							
<13 yrs	0	0%	1	1%	1	0%	0.1
13-19 yrs	7	3%	1	1%	8	3%	1.6
20-24 yrs	40	19%	7	9%	47	17%	13.2
25-29 yrs	36	17%	17	23%	53	19%	14.2
30-34 yrs	24	11%	8	11%	32	11%	9.3
35-39 yrs	21	10%	9	12%	30	11%	9.1
40-44 yrs	17	8%	5	7%	22	8%	6.2
45-49 yrs	24	11%	8	11%	32	11%	7.9
50-54 yrs	19	9%	6	8%	25	9%	6.2
55-59 yrs	11	5%	5	7%	16	6%	4.6
60+ yrs	11	5%	7	9%	18	6%	1.9
Total	210	100%	74	100%	284	100%	5.4

Table 2. Number of Cases and Rates (per 100,000 persons) of HIV Diagnosis by Residence, Age, and Gender^I Minnesota, 2017

¹HIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2016.

"Residence at time of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis).

Suburban = Seven-county metropolitan area except Minneapolis & St. Paul (Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties). Greater Minnesota = Remaining 80 counties outside of the seven-county metropolitan area.

Numbers and rates exclude federal and private prisoners and refugees in the HIV-Positive Refugee Resettlement Program, as well as refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota. State prisoners are included (1 diagnosis in 2017).

Rates calculated using U.S. Census 2010 data. Percentages may not add to 100 due to rounding.

Table 3. Number of Cases and Rates (per 100,000 persons) of HIV Diagnosis by Race/Ethnicity & Mode of Exposure¹ Minnesota, 2017

	Males				Females		Total			
Group	Cases	%	Rate [™]	Cases	%	Rate [™]	Cases	%	Rate	
Race/Ethnicity										
White, non-Hispanic	83	40%	3.8	15	20%	0.7	98	35%	2.2	
Black ^{II} , African-American, non-Hispanic	58	28%	Х	18	24%	х	76	27%	39.7	
Black ^{II} , African-born ^{III} , non-Hispanic	25	12%	Х	35	47%	Х	60	21%	77.4	
Hispanic, any race	29	14%	22.0	4	5%	3.4	33	12%	13.2	
American Indian, non-Hispanic	2	1%	#	0	0%	#	2	1%	#	
Asian/PI, non-Hispanic	6	3%	5.7	2	3%	#	8	3%	3.7	
Other ^{II} , non-Hispanic	6	3%	Х	0	0%	х	6	2%	Х	
Total	209	100%	7.9	74	100%	2.8	283	100%	5.3	
Mode of Exposure					•					
MSM	123	59%	Х			Х	123	43%	Х	
IDU	7	3%	Х	2	3%	Х	9	3%	X	
MSM/IDU	17	8%	Х			Х	17	6%	Х	
Heterosexual (Total)	(10)	5%	Х	(62)	84%	Х	(72)	25%	Х	
with IDU	1		Х	1		Х	2		Х	
with Bisexual Male	0		Х	2		Х	2		X	
with Hemophiliac/other	0		Х	0		Х	0		Х	
with HIV+	9		Х	13		Х	22		X	
Hetero, unknown risk ^v	0		Х	46		Х	46		X	
Perinatal	0	0%	Х	1	1%	Х	1	0%	Х	
Other	0	0%	Х	0	0%	Х	0	0%	X	
Unspecified	53	25%	Х	9	12%	Х	62	22%	Х	
No Interview, Unspecified	0	0%	Х	0	0%	Х	0	0%	X	
Total	210	100%	8.0	74	100%	2.8	284	100%	5.4	

¹ HIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2017.

^{II} African-born Blacks are reported separately from other Blacks (born in the U.S. or elsewhere). The Black, African-American population is non-Hispanic. "Other" includes multi-racial persons and persons with unknown race

^{III} Rates calculated using U.S. Census 2010 data. The population estimate for African-born persons was calculated by the Minnesota State Demographic Center. The population estimate for Black, African-American persons (191,584) was calculated by subtracting the U.S. Census estimate for African-born persons (77,557) from the total Black population (269,141). Note that this assumes that all African-born persons are Black (as opposed to another race).

^{IV} U.S. Census 2010 data necessary to calculate race-specific rates by gender are not available for all subpopulations, and/or numbers are too small to calculate reliable rates.

Numbers exclude federal and private prisoners and refugees in the HIV-Positive Refugee Resettlement Program, as well as, refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

^v Hetero, unknown risk - Females who were interviewed and whose only risk is heterosexual contact but who were not able to provide information on the sexual partner's risk.

MSM = Men who have sex with men. IDU = Injecting drug use. Heterosexual = For males: heterosexual contact with a female known to be HIV+, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. For females: heterosexual contact with a male known to be HIV+, bisexual, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. Perinatal = Mother to child HIV transmission; birth may have occurred in a previous year. Unspecified = Cases who did not acknowledge any of the risks listed above. No Interview, Unspecified = Cases who refused to be, could not be or have not yet been interviewed.

Percentages may not add to 100 due to rounding.

Table 4. Number of Cases and Rates (per 100,000 persons) of HIV Diagnosis by County of Residence¹ -- Minnesota, 2017

Country	HIV Di	agnosis	Country	HIV Diagnosis			
County	Cases	Rate	County	Cases	Rate		
Aitkin	0	-	Marshall	1	-		
Anoka	20	6.0	Martin	0	-		
Becker	0	-	Meeker	0	-		
Beltrami	1	-	Mille Lacs	0	-		
Benton	4	-	Morrison	1	-		
Big Stone	0	-	Mower	3	-		
Blue Earth	2	-	Murray	0	-		
Brown	0	-	Nicollet	0	-		
Carlton	0	-	Nobles	2	-		
Carver	2	-	Norman	0	-		
Cass	0	-	Olmsted	7	4.9		
Chippewa	0	-	Otter Tail	1	-		
Chisago	1	-	Pennington	0	-		
Clay	2	-	Pine	0	-		
Clearwater	0	-	Pipestone	0	-		
Cook	0	-	Polk	3	-		
Cottonwood	0	-	Роре	0	-		
Crow Wing	2	-	Ramsey	49	9.6		
Dakota	20	5.0	Red Lake	0	-		
Dodge	1	-	Redwood	0	-		
Douglas	1	-	Renville	0	-		
Faribault	0	-	Rice	0	-		
Fillmore	0	-	Rock	0	-		

Country	HIV Dia	agnosis	Country	HIV Diagnosis			
County	Cases	Rate	County	Cases	Rate		
Freeborn	1	-	Roseau	0	-		
Goodhue	0	-	St. Louis	3	-		
Grant	0	-	Scott	3	-		
Hennepin	130	11.3	Sherburne	0	-		
Houston	2	-	Sibley	0	-		
Hubbard	0	-	Stearns	3	-		
Isanti	1	-	Steele	2	-		
Itasca	0	-	Stevens	0	-		
Jackson	1	-	Swift	0	-		
Kanabec	0	-	Todd	0	-		
Kandiyohi	0	-	Traverse	0	-		
Kittson	0	-	Wabasha	0	-		
Koochiching	1	-	Wadena	0	-		
Lac qui Parle	0	-	Waseca	0	-		
Lake	2	-	Washington	5	2.1		
Lake of the	0		Watapwap	0			
	1		Wilkin	0	-		
Le Sueur	1	-	Winona	1	-		
	0	-	WillOlld	1 2	-		
Lyon	1	-	wright	2	-		
McLeod	2	-	Yellow Medicine	0	-		
Mahnomen	0	-	State Total	284	5.4		

¹HIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2017.

"Residence at time of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis

^{III}Rates calculated using U.S. Census 2010 data. Rates not calculated for counties with fewer than 5 cases.

Numbers and rates exclude federal and private prisoners and refugees in the HIV-Positive Refugee Resettlement Program, as well as, refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota. HIV infection was diagnosed among one state prisoner during 2017 (State correctional facilities are located in the following counties: Anoka, Carlton, Chisago, Goodhue, Itasca, Rice, Scott, Sherburne, and Washington).

			Race/E	thnicity of M	lother				Foreig	n-born Mothers ^{IV}
Year(s)	White	Black, African- American ^{III}	Black, African- born ⁱⁱⁱ	Hispanic	American Indian	Asian/PI	Multi- racial	Total	Number	(% of total in time period)
1982-1999	84	66	10	9	14	4	3	190	20	11%
2000	12	10	7	2	1	1	0	33	9	27%
2001	1	20	11	1	2	0	1	36	14	39%
2002	9	6	13	3	2	0	3	36	14	39%
2003	5	14	18	6	1	1	2	47	21	45%
2004	7	13	22	3	2	1	1	49	24	49%
2005	7	8	20	3	0	2	1	41	25	61%
2006	7	14	21	6	1	1	2	52	27	52%
2007^	16	12	24	2	2	1	2	59	29	49%
2008	3	12	26	6	0	3	3	53	34	64%
2009	16	13	34	4	1	2	1	71	39	55%
2010^	7	13	22	2	2	1	4	51	23	45%
2011^	10	10	28	9	4	1	3	65	35	54%
2012^	14	11	26	3	2	0	3	59	32	54%
2013^	8	11	31	5	4	1	1	61	34	56%
2014^	5	8	40	4	1	2	4	64	45	70%
2015^	3	10	30	3	0	0	5	51	32	63%
2016^	6	9	32	5	0	2	7	61	38	62%
2017^	3	9	29	4	1	2	2	50	37	74%
Cumulative Total	223	269	444	80	40	25	48	1.129	532	47%

Table 5a. Perinatal HIV Exposure¹: Number of Births to HIV-Infected Women¹¹ by Year of Child's Birth and Mother's Race/Ethnicity, Minnesota 1982-2017

A birth to an HIV-infected woman was only included in the table if her residence at the time of child's birth was reported as Minnesota.

¹ Exposure of child to HIV during pregnancy, at birth, and/or during breastfeeding.

"HIV-infected women may or may not have progressed to an AIDS diagnosis.

^{III} African-born Blacks are reported separately from other Blacks (born in the U.S. or elsewhere).

^{IV} Mothers' places of birth include: Mothers' places of birth include: Africa (457), Asia/Pacific Islands (25), Central America/Caribbean (18), Europe (5), Mexico (18), and South America (8).

^ Mother's race was missing for 1 birth in 2007, 3 births in 2011, 1 birth in 2012, 1 birth in 2013, 1 birth in 2014, 3 in 2016, and 4 in 2017. Country of mother's birth was missing for 1 birth in 2010, 1 birth in 2011, 1 birth in 2012, 1 birth in 2013, 3 births in 2014, 2 birth in 2015 and 3 births in 2016.

Table 5b. Perinatal HIV Transmission¹: Number of Perinatally-Acquired HIV/AIDS Cases by Year of Child's Birth and Mother's Race/Ethnicity, Minnesota 1982-2017

			Race/	Ethnicity of	Mother				Foreign-born Mothers ^{III}		
Year(s)	White	Black, African- American ["]	Black, African- born ["]	Hispanic	American Indian	Asian/PI	Multi- racial	Total	Number	(% of total in time period)	
1982-1999	18	5	3	3	2	2	0	33	6	18%	
2000	0	1	0	0	0	0	0	1	0	0%	
2001	0	0	0	0	0	0	0	0	0	-	
2002	0	0	0	1	0	0	0	1	1	100%	
2003	0	0	1	0	0	0	0	1	1	100%	
2004	0	0	0	0	0	0	0	0	0	-	
2005	0	0	0	0	0	0	0	0	0	-	
2006	0	0	1	0	0	0	0	1	1	100%	
2007	0	0	1	0	0	0	0	1	1	100%	
2008	0	0	0	0	0	0	0	0	0	-	
2009	0	0	0	0	0	0	0	0	0	-	
2010	0	0	2	0	0	0	0	2	2	100%	
2011	0	0	0	0	0	0	0	0	0	-	
2012	1	0	0	0	0	0	0	1	1	100%	
2013	0	0	0	0	0	0	0	0	0	-	
2014	0	1	0	0	0	0	0	1	0	0%	
2015	0	1	1	0	0	0	0	2	1	50%	
2016	0	0	0	0	0	0	0	0	0	-	
2017	1	0	0	0	0	0	0	1	1	100%	
Cumulative Total	20	8	9	4	2	2	0	45	15	33%	
Rate of Transmission 2014 - 2016	5.9%	5.6%	0.8%	0.0%	0.0%	0.0%	0.0%	1.8%	1.3%		
Cumulative Rate of Transmission [™]	9.0%	3.0%	2.0%	5.0%	5.0%			4.0%	2.8%		

Cases of perinatally-acquired HIV/AIDS were only included in the table if the child's residence at the time of birth was reported as Minnesota.

¹Transmission of HIV from mother to child during pregnancy, at birth, and/or during breastfeeding.

^{II} African-born Blacks are reported separately from other Blacks (born in the U.S. or elsewhere).

^{III} Mothers' places of birth include: Africa (9), Asia/Pacific Islands (2), Central America/Caribbean (1), Europe (2), Mexico (1).

^{IV} The cumulative rate of HIV transmission is calculated by dividing the total number of perinatally-acquired HIV infections by the total number of births in a category and multiplying by 100. Rates calculated only for categories where the cumulative number of births is 30 or greater.

Minnesota Department of Health 651-201-5414 | <u>www.health.state.mn.us/hiv</u> 04/24/2018

DEPARTMENT OF HEALTH

HIV/AIDS Prevalence Report Data Tables, Minnesota 2017

Table 1. Number¹ and Rate¹¹ (per 100,000 persons) of Persons Living with HIV (non-AIDS) and AIDS by Residence, Age, and Gender Minnesota, 2017

Crown	HIV (no	n-AIDS)	AI	DS	То	tal	HIV/AIDS
Group	Cases	%	Cases	%	Cases	%	Prevalence Rate
Residence							
Minneapolis	1,748	37%	1,397	35%	3,145	36%	822.1
St. Paul	615	13%	543	13%	1,158	13%	406.2
Suburban	1,637	35%	1,370	34%	3,007	34%	137.8
Greater Minnesota	738	16%	726	18%	1,464	17%	59.6
Total	4,738	100%	4,036	100%	8,774	100%	165.4
Age ^{IV}							
<13 yrs	48	1%	4	<1%	52	1%	5.6
13-19 yrs	59	1%	11	<1%	70	1%	13.7
20-24 yrs	154	3%	36	1%	190	2%	53.4
25-29 yrs	425	9%	112	3%	537	6%	144.1
30-34 yrs	528	11%	236	6%	764	9%	222.8
35-39 yrs	547	12%	390	10%	937	11%	285.5
40-44 yrs	480	10%	417	10%	897	10%	254.2
45-49 yrs	653	14%	558	14%	1,211	14%	298.1
50-54 yrs	675	14%	786	19%	1,461	17%	363.7
55-59 yrs	539	11%	727	18%	1,266	14%	362.1
60+ yrs	636	13%	761	19%	1,397	16%	145.1
Total	4,744	100%	4,038	100%	8,782	100%	165.6
Gender							
Male	3,553	75%	3,072	76%	6,625	75%	251.7
Female	1,198	25%	966	24%	2,164	25%	81.0
Total	4,751	100%	4,038	100%	8,789	100%	165.7

¹Cases reported to MDH, assumed to be alive, and currently residing in Minnesota as of December 31, 2017. ^{II} HIV/AIDS prevalence rate calculated by dividing the total number of prevalent cases in a stratum (e.g persons aged 20-24 years) by the estimated population for that stratum and multiplying by 100,000. Population estimates are based on 2010 U.S. Census data.

^{III} Residence information missing for 13 persons living with HIV and 2 persons living with AIDS.

^{IV} Age missing for 7 persons living with HIV and 0 persons living with AIDS.

Suburban = Seven-county metropolitan area except Minneapolis & St. Paul (Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties). Greater Minnesota = Remaining 80 counties outside of the seven-county metropolitan area.

Numbers exclude federal and private prisoners, but include 162 state prisoners, 170 refugees in the HIV-Positive Refugee Resettlement Program, and 166 additional refugees/immigrants with HIV infection prior to resettling in Minnesota.

Percentages may not add to 100 due to rounding.

Table 2. Number of Males & Females and Rates (per 100,000) Living with HIV (non-AIDS) and AIDS by Race/Ethnicity and Mode of Exposure¹ - Minnesota, 2017

	Males				Females			Total					
	HIV	AIDS	Tot	al	HIV	AIDS	To	tal	HIV	AIDS	Gra	and Tota	I
Group	(non- AIDS)		Cases	%	(non- AIDS)		Cases	%	(non- AIDS)		Cases	%	Rate [™]
Race/Ethnicity													
White, non-Hispanic	2,043	1,592	3,635	55%	269	215	484	22%	2,312	1,807	4,119	47%	93.5
Black ^{II} , African-American, non-Hispanic	695	626	1,321	20%	301	263	564	26%	996	889	1,885	21%	983.9
Black ^{II} , African-born, non-Hispanic	285	295	580	9%	458	330	788	36%	743	625	1,368	16%	1763.9
Hispanic, any race	323	380	703	11%	77	72	149	7%	400	452	852	10%	340.4
American Indian, non-Hispanic	28	36	64	1%	23	26	49	2%	51	62	113	1%	203.9
Asian/PI, non-Hispanic	75	62	137	2%	28	26	54	2%	103	88	191	2%	88.9
Other ^{II} , non-Hispanic	104	81	185	3%	42	34	76	4%	146	115	261	3%	X
Total	3,553	3,072	6,625	100%	1,198	966	2,164	100%	4,751	4,038	8,789	100%	165.7
Mode of Exposure				-		-	-	-					-
MSM	2,442	1,867	4,309	65%					2,442	1,867	4,309	49%	X
IDU	109	151	260	4%	80	96	176	8%	189	247	436	5%	X
MSM/IDU	236	225	461	7%					236	225	461	5%	X
Heterosexual (Total)	(121)	(163)	(284)	4%	(959)	(786)	(1745)	81%	(1080)	(949)	(2029)	23%	X
With IDU	25	37	62		66	91	157		91	128	219		X
with Bisexual Male	-	-	-		48	47	95		48	47	95		X
with Hemophiliac/other	4	2	6		7	5	12		11	7	18		X
With HIV +	92	124	216		307	216	523		399	340	739		X
Hetero, unknown risk ^{iv}	0	0	0		531	427	958		531	427	958		
Perinatal	51	22	73	1%	67	20	87	4%	118	42	160	2%	X
Other	8	20	28	0%	3	3	6	0%	11	23	34	0%	X
Unspecified	501	537	1,038	16%	73	54	127	6%	574	591	1,165	13%	X
No Interview, Unspecified	85	87	172	3%	16	7	23	1%	101	94	195	2%	X
Total	3,553	3,072	6,625	100%	1,198	966	2,164	100%	4,751	4,038	8,789	100%	165.7

¹ Cases reported to MDH, assumed to be alive and currently residing in Minnesota as of December 31, 2017.

^{II} African-born Blacks are reported separately from other Blacks (born in the U.S. or elsewhere). "Other" includes multi-racial persons and persons with unknown or missing race.

^{III} Rates calculated using U.S. Census 2010 data. The population estimate for African-born persons was calculated by the Minnesota State Demographic Center. The population estimate for Black, African-American persons (191,584) was calculated by subtracting the U.S. Census estimate for African-born persons (77,557) from the total Black population (269,141). Note that this assumes that all African-born persons are Black (as opposed to another race).

^{IV} Hetero, unknown risk - Females who were interviewed and whose only risk is heterosexual contact but who were not able to provide information on the sexual partner's risk.

MSM = Men who have sex with men. IDU = Injecting drug use. Heterosexual = For males: heterosexual contact with a female known to be HIV+, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. For females: heterosexual contact with a male known to be HIV+, bisexual, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. Perinatal = Mother to child HIV transmission. Other = Hemophilia patient/blood product or organ transplant recipient. Unspecified = Cases who did not acknowledge any of the risks listed above. No Interview, Unspecified = Cases who refused to be, could not be or have not yet been interviewed.

Numbers exclude federal and private prisoners, but include 162 state prisoners, 170 refugees in the HIV-Positive Refugee Resettlement Program, and 166 additional refugees/immigrants with HIV infection prior to resettling in Minnesota.

Percentages may not add to 100 due to rounding.

County ^{II}	HIV (non-AIDS)	AIDS	Total	Rate
Aitkin	4	1	5	30.9
Anoka	238	214	452	136.6
Becker	8	7	15	46.1
Beltrami	13	15	28	63.0
Benton	15	14	29	75.4
Big Stone	0	0	0	-
Blue Earth	20	19	39	60.9
Brown	4	7	11	42.5
Carlton	8	8	16	45.2
Carver	27	35	62	68.1
Cass	6	15	21	73.5
Chippewa	3	6	9	72.3
Chisago	10	10	20	37.1
Clay	28	18	46	78.0
Clearwater	2	2	4	-
Cook	2	3	5	96.6
Cottonwood	3	6	9	77.0
Crow Wing	10	4	14	22.4
Dakota	249	209	458	114.9
Dodge	3	3	6	29.9
Douglas	7	7	14	38.9
Faribault	3	5	8	55.0
Fillmore	6	2	8	38.3
Freeborn	6	10	16	51.2
Goodhue	8	9	17	36.8
Grant	5	3	8	132.9

Table 3. Number and Rate (per 100,000) of Persons Living with HIV (non-AIDS) and AIDS by County of Residence ¹ P	Minnesota, 2017
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County ^{II}	HIV (non-AIDS)	AIDS	Total	Rate
Hennepin	2567	2046	4,613	400.3
Houston	6	5	11	57.8
Hubbard	4	3	7	34.3
Isanti	13	12	25	66.1
Itasca	6	10	16	35.5
Jackson	5	6	11	107.1
Kanabec	3	6	9	55.4
Kandiyohi	21	13	34	80.5
Kittson	1	2	3	-
Koochiching	1	0	1	-
Lac Qui Parle	0	2	2	-
Lake	4	3	7	64.4
Lake of the Woods	0	1	0	1
Le Sueur	10	8	18	65.0
Lincoln	3	1	4	-
Lyon	7	3	10	38.7
McLeod	14	12	26	70.9
Mahnomen	0	0	0	-
Marshall	2	0	2	-
Martin	8	6	14	67.2
Meeker	8	3	11	47.2
Mille Lacs	3	15	18	69.0
Morrison	7	6	13	39.2
Mower	30	33	63	160.9
Murray	2	0	2	-
Nicollet	9	13	22	67.2

County ^{II}	HIV (non-AIDS)	AIDS	Total	Rate	County ^{II}	HIV (non-AIDS)	AIDS	Total	Ra
Nobles	11	16	27	126.3	Sherburne	23	22	45	
Norman	2	0	2	-	Sibley	3	1	4	
Olmsted	83	87	170	117.9	Stearns	40	51	91	
Otter Tail	9	9	18	31.4	Steele	7	7	14	
Pennington	3	2	5	35.9	Stevens	0	3	3	
Pine	7	7	14	47.1	Swift	2	3	5	
Pipestone	1	0	1	-	Todd	1	1	2	
Polk	8	11	19	60.1	Traverse	1	1	2	
Роре	3	3	6	54.6	Wabasha	3	5	8	
Ramsey	745	668	1,413	277.8	Wadena	2	0	2	
Red Lake	0	1	1	-	Waseca	4	4	8	
Redwood	2	1	3	-	Washington	123	76	199	
Renville	2	6	8	50.9	Watonwan	1	0	1	
Rice	46	29	75	116.9	Wilkin	0	2	2	
Rock	2	4	6	61.9	Winona	20	6	26	
Roseau	0	0	0	-	Wright	31	26	57	
St. Louis	79	82	161	80.4	Yellow Medicine	0	0	0	
Scott	51	62	113	87.0	State Total ^{II}	4,738	4,036	8,774	

¹ Cases reported to the MDH, assumed to be alive and currently residing in a Minnesota county as of December 31, 2017.

^{II} Residence information missing for 12 persons living with HIV and 3 persons living with AIDS. Total rate is based on all cases in the state (n=8,554) Numbers by county exclude federal, and private prisoners, but include 168 refugees in the HIV-Positive Refugee Resettlement Program and 171 additional refugees/immigrants with HIV infection prior to resettling in Minnesota. Numbers for counties in which a state correctional facility is located exclude those inmates. The total number of state prisoners is 157. State correctional facilities are located in the following counties: Anoka, Carlton, Chisago, Goodhue, Itasca, Rice, Scott, Sherburne, and Washington.

^{III} HIV/AIDS prevalence rate calculated by dividing the total number of prevalent cases in a stratum (e.g persons living in Hennepin county) by the estimated population for that stratum and multiplying by 100,000. Population estimates are based on 2010 U.S. Census data. Rates not calculated for counties with fewer than 5 cases.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
HIV (non-AIDS)	265	249	279	248	221	237	219	237	234	234	217
AIDS ^{II}	189	202	190	181	187	199	164	170	147	134	144
PLWHA	5,950	6,221	6,552	6,814	7,136	7,516	7,723	7,988	8,215	8,554	8,789
All deaths	75	74	93	71	80	81	78	93	89	63	75

Table 4. Number of HIV (non-AIDS) Cases, AIDS Cases, AIDS Deaths, People Living with HIV/AIDS (PLWHA), and All Deaths¹ Minnesota 2007-2017

¹ HIV (non-AIDS) = New cases of HIV infection (excluding AIDS at first diagnosis) diagnosed within a given calendar year. AIDS = All new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis. All deaths= Number of deaths known to have occurred among all people living with HIV infection in Minnesota, regardless of location of diagnosis and cause of death.

^{II}Numbers include refugees in the HIV-Positive Refugee Resettlement Program and other refugees/immigrants diagnosed with AIDS subsequent to their arrival in the U.S.

These numbers refer to events, not individuals. For example, a person diagnosed as an HIV (non-AIDS) case in 2003 and then diagnosed as an AIDS case in 2008 will be counted twice in Table 4, once for each event. Thus, the numbers of HIV (non-AIDS) and AIDS cases cannot be summed over years to obtain cumulative totals. Please refer to the Minnesota HIV Surveillance Report, 2017 New HIV Infections, Table 1 for cumulative totals.

Case numbers exclude federal and private prisoners.

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