



HIV/AIDS Prevalence and Mortality Report, 2021

HIV/AIDS Surveillance System

<http://www.health.state.mn.us/diseases/hiv/stats/index.html>

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

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 people 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 2021 and reported to the Minnesota Department of Health (MDH) HIV/AIDS Surveillance System, which is part of the National HIV/AIDS Surveillance System (NHSS).

Introduction (II)

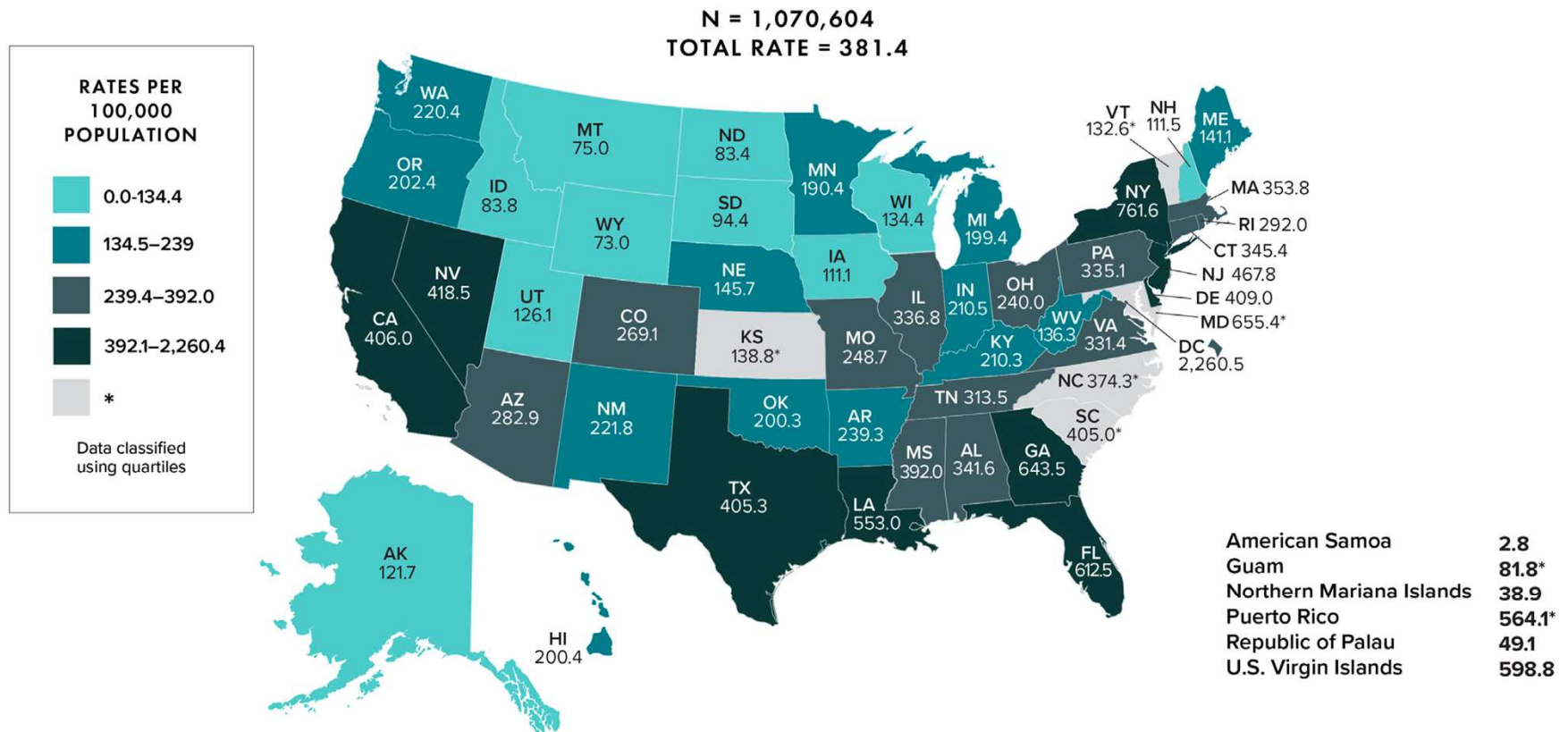
- Data analyses exclude people diagnosed in federal or private correctional facilities, but include state prisoners (number of state prisoners believed to be living with HIV/AIDS as of 2021 = 20)
- Data analyses for new infections exclude people arriving in Minnesota through the HIV+ Refugee Resettlement Program (number of primary HIV+ refugees in this program living in Minnesota as of December 31, 2021 = 163), 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 people living with HIV who have not been tested for HIV
 - Do not include people whose positive test results have not been reported to MDH
 - Do not include people living with HIV 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, as well as transfer of living cases that have moved to other states from Minnesota. However, since 2018, every jurisdiction funded for HIV surveillance by CDC has been part of a deduplication project in the National HIV Surveillance System.

Introduction (III)

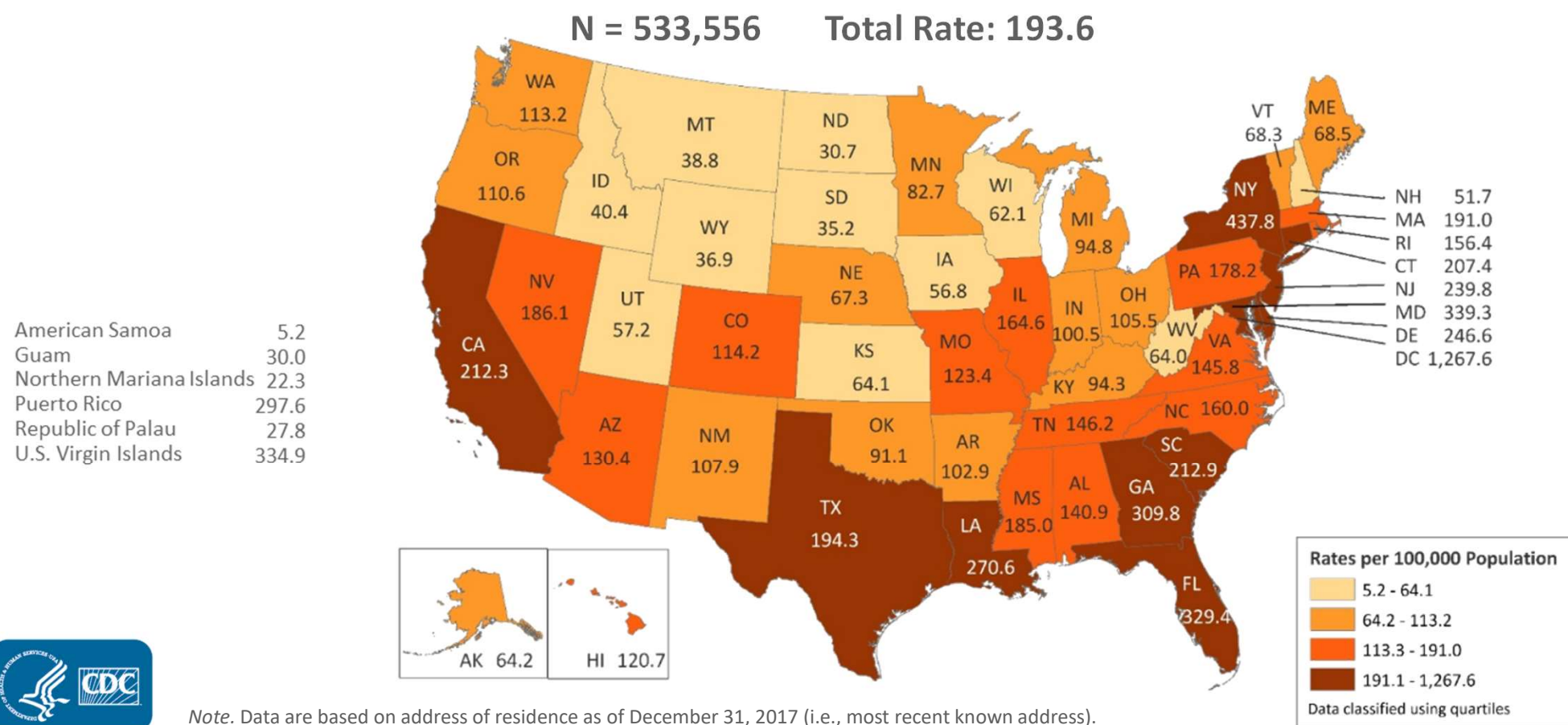
- People are assumed to be alive unless MDH has knowledge of their death.
- People whose most recently reported state of residence was Minnesota are assumed to be currently residing in Minnesota unless MDH has knowledge of their relocation. Our ability to track changes of residence, including within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

National Context

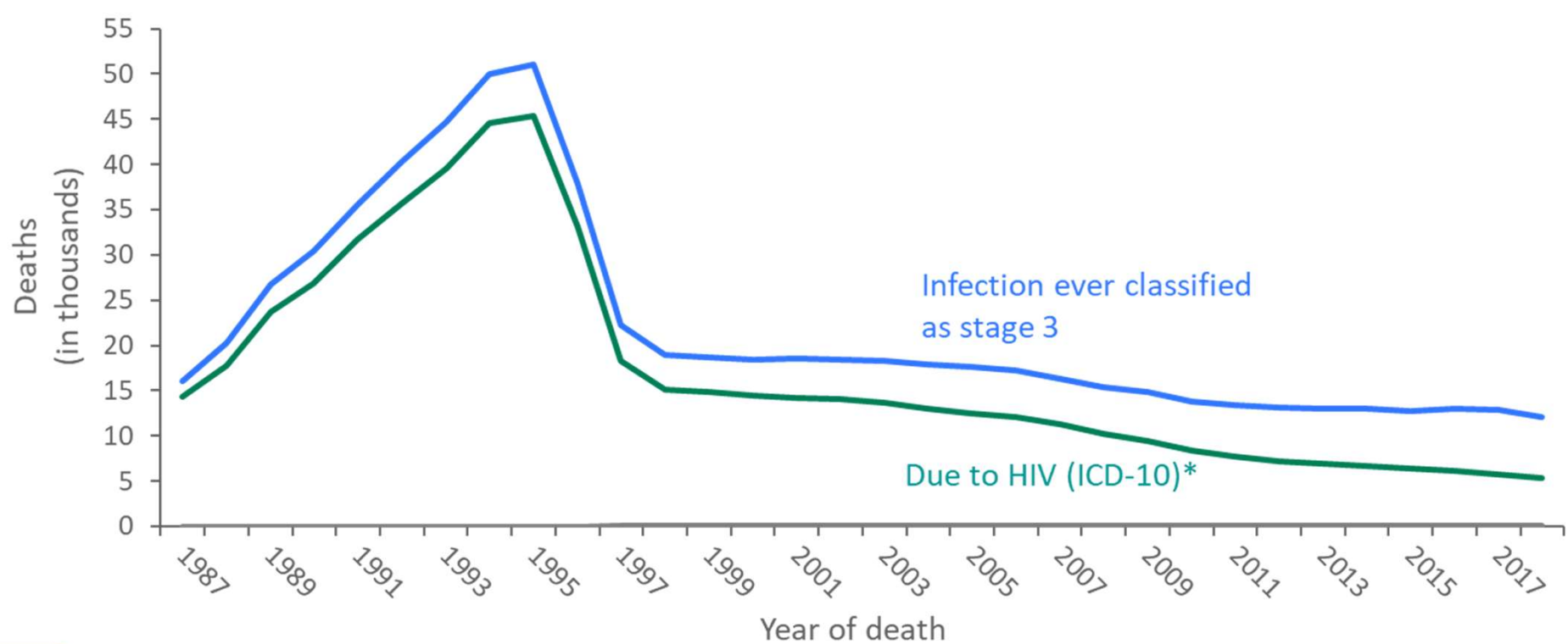
Rates of Adults and Adolescents Living with Diagnosed HIV Infection, by Area of Residence, Year-end 2020—United States and 6 Dependent Areas



Rates of Adults and Adolescents Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), by Area of Residence, Year-end 2017—United States and 6 Dependent Areas



Comparison of Deaths among people with HIV Ever Classified as Stage 3 (AIDS) in National HIV Surveillance System and Deaths Reported in Death Certificates in which HIV was the Underlying Cause of Death, 1987–2018—United States

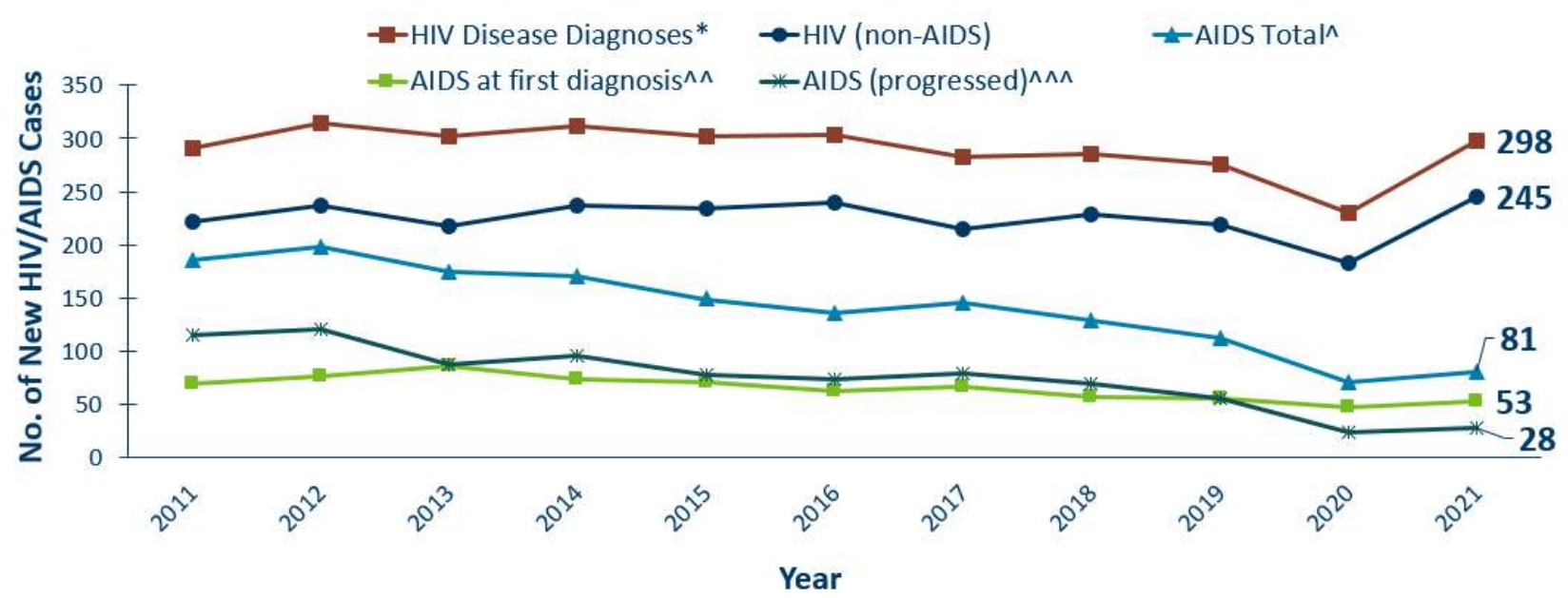


*For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



Overview of HIV/AIDS in Minnesota

New HIV Diagnoses, HIV (non-AIDS) and AIDS Cases by Year of HIV Diagnosis, 2011-2021



*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis diagnosed within a given calendar year.
^Includes all cases diagnosed with HIV in that year who subsequently progressed to AIDS diagnosis status, including those diagnosed with AIDS when they were first diagnosed with HIV^^ and those who were diagnosed with AIDS in subsequent years^^^
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.

People Living with HIV/AIDS in Minnesota

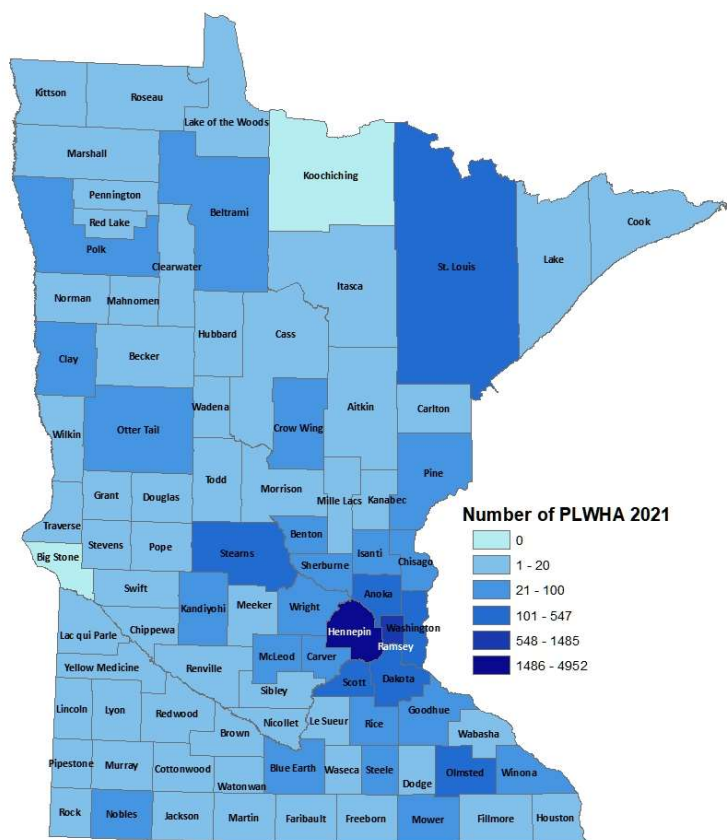
Estimated Number of People Living with HIV/AIDS in Minnesota

- As of December 31, 2021 **9,697*** people are assumed alive and living in Minnesota with HIV/AIDS. This includes:
 - 5,476 (56%) living with HIV infection (non-AIDS)
 - 4,221 (44%) living with AIDS
- This number includes **2,644** people who were first reported with HIV or AIDS elsewhere and subsequently moved to Minnesota
- This number excludes **1,662** people who were first reported with HIV or AIDS in Minnesota and subsequently moved out of state

*This number includes people with Minnesota reported 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.

Place

Minnesotans Living with HIV[#] by County of Current Residence, 2021



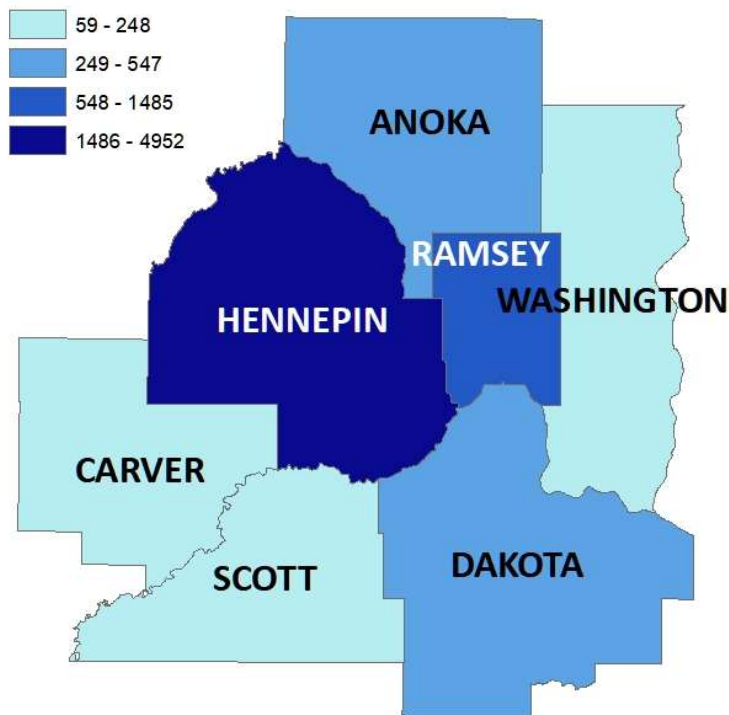
City of Minneapolis	3,243 (847.7 per 100,000)
City of St. Paul	1,188 (416.7 per 100,000)
Suburban*	3,476 (159.3 per 100,000)
Greater Minnesota	1,772 (72.2 per 100,000)
Total	9,679 (182.5 per 100,000)

#HIV or AIDS at last medical appointment

*7-county metro area, excluding the cities of Minneapolis and St. Paul

Minnesotans Living with HIV by Metro* County, 2021

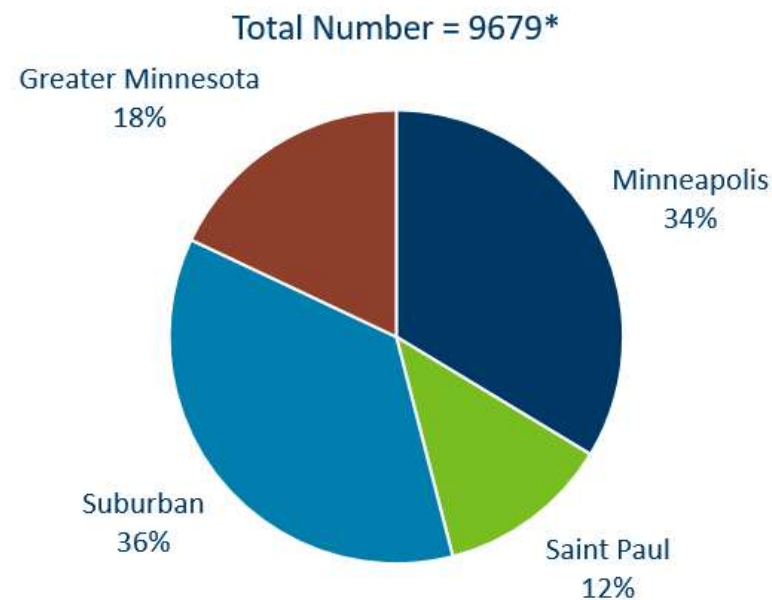
PLWHA, Seven County Metro Region, 2021



City of Minneapolis	3,243 (847.7 per 100,000)
City of St. Paul	1,188 (416.7 per 100,000)
Suburban*	3,476 (159.3 per 100,000)
Greater Minnesota	1772 (72.2 per 100,000)
Total	9,679 (182.5 per 100,000)

*7-county metro area, excluding the cities of Minneapolis and St. Paul

People Living with HIV/AIDS in Minnesota by Current Residence, 2021

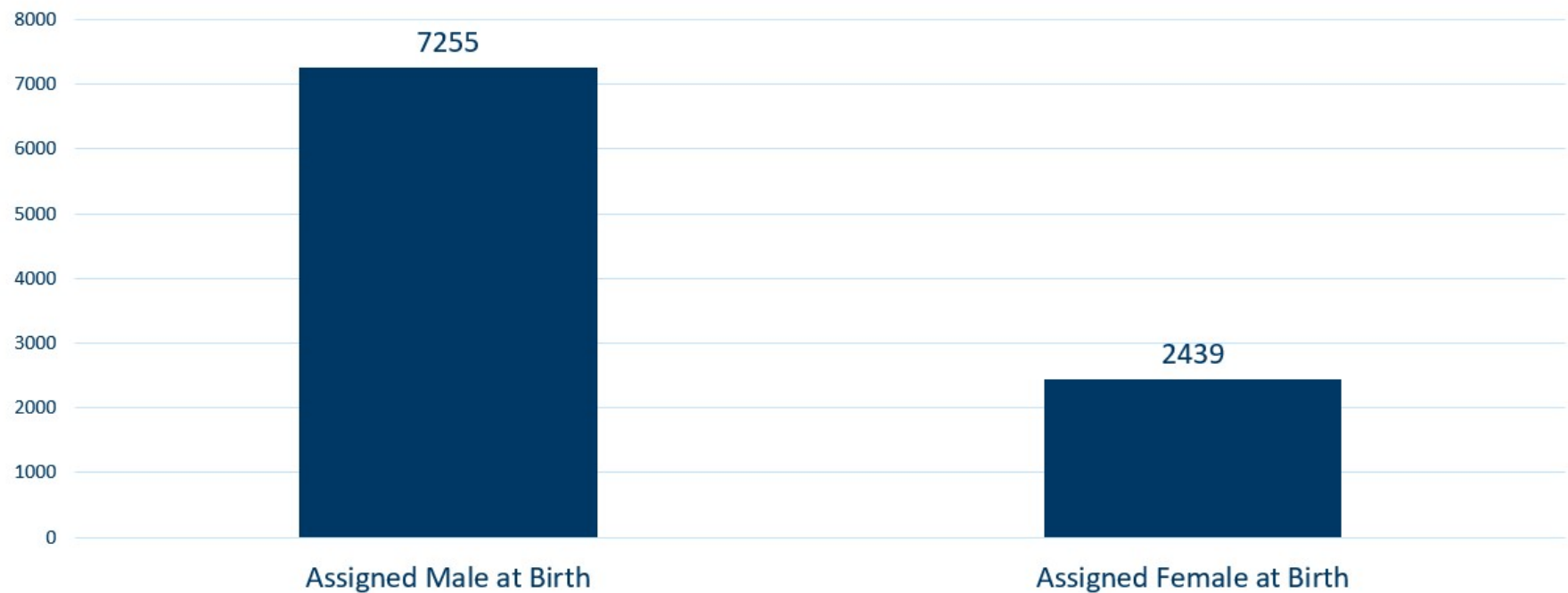


*18 people missing county-level residence information

Suburban includes the 7-county metro area of Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater Minnesota includes all other counties outside of the 7-county metro area.

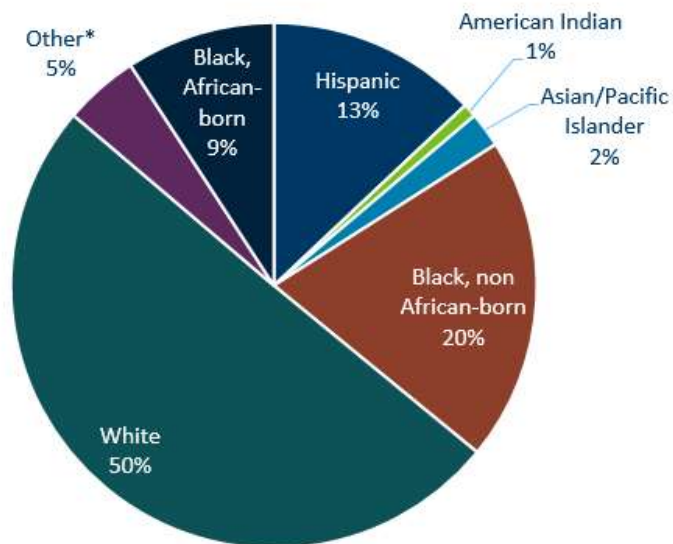
Sex Assigned at Birth, Gender Identity, and Race/Ethnicity

People Living with HIV/AIDS in Minnesota by Sex Assigned at Birth, 2021

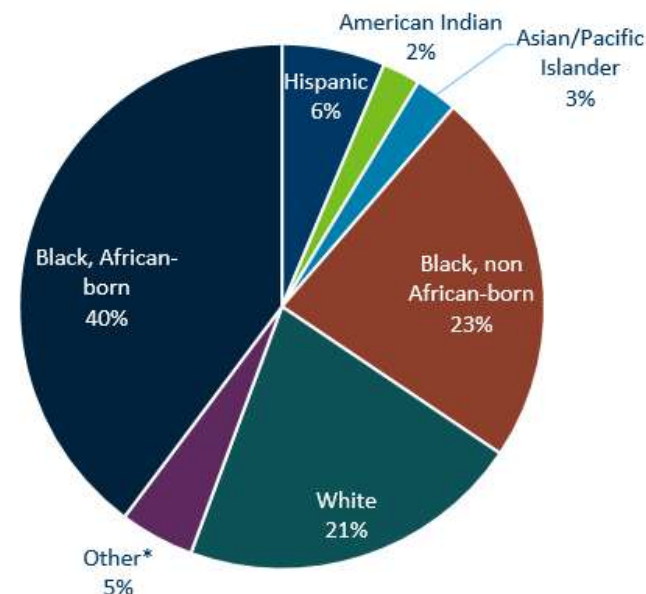


People Living with HIV/AIDS in Minnesota by Sex Assigned at Birth and Race/Ethnicity^, 2021

Assigned Male at Birth (n=7255)



Assigned Female at Birth (n=2439)

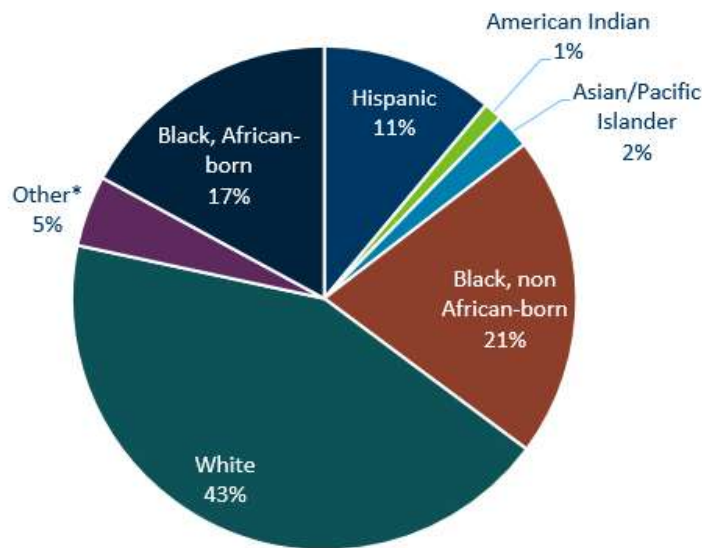


*Other includes multi-racial people and people with unknown race

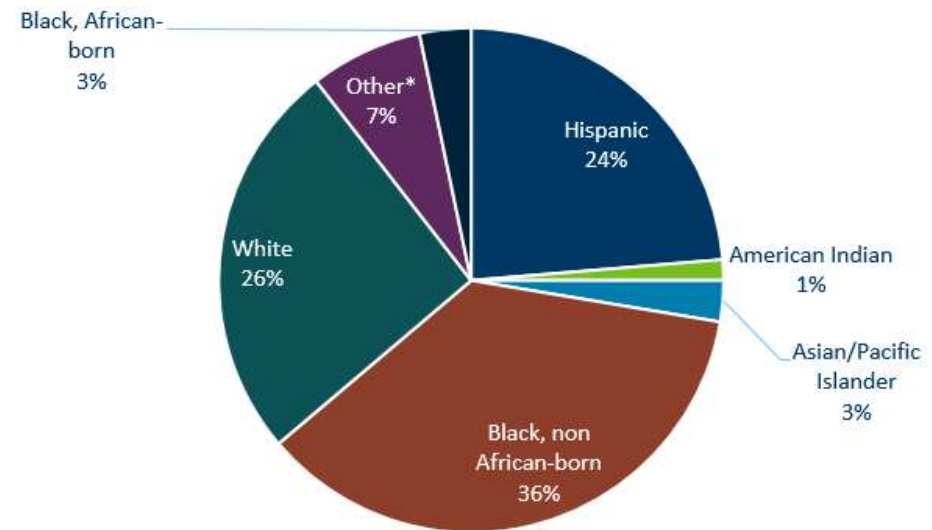
^Race/ethnicity information missing for 2 PWH. Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

People Living with HIV/AIDS in Minnesota by Gender Identity** and Race/Ethnicity^, 2021

Cisgender Minnesotans (n=9543)



Transgender Minnesotans (n=152)



*Other includes multi-racial people and people with unknown race

^Race/ethnicity information missing for 2 PWH. Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

**Current gender was not reportable until 2009, so may be incomplete for HIV infections reported before that time. Because current gender is incomplete for a large number of cases, there may be misclassification of transgender Minnesotans in the cisgender group.

Number of Cases and Rates (per 100,000 people) of People Living with HIV/AIDS by Race/Ethnicity** in Minnesota, 2021

Race/Ethnicity	Number of Cases	Percentage of Total	Rate per 100,000^
White, non-Hispanic	4,165	43%	94.4
Black, <u>non African</u> -born	2,013	21%	1,386.8
Black, African-born*	1,636	17%	1,301.7††
Hispanic	1,096	11%	437.9
American Indian	118	1%	212.2
Asian/Pacific Islander	221	2%	101.8
Other†	446	5%	X
Total	9,695	100%	182.8

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

**Race/ethnicity information missing for 2 PWH. Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

*African-born refers to Black people who reported an African country of birth. Non African-born refers to all other Black people. 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 people and people with unknown race

††Estimate of 145,078 Source: 2019 American Community Survey.

Number of Cases and Rates (per 100,000 people) of Adults and Adolescents* Living with HIV/AIDS by Sex Assigned at Birth and Risk† in Minnesota, 2021

Sex Assigned at Birth/Risk	Number of Cases	Percent of Total	Rate per 100,000^
Assigned Male at Birth	7,256	75%	275.6
<i>MSM†</i>	<i>5,161</i>	<i>71%</i>	<i>5,694.4††</i>
<i>Non-MSM</i>	<i>2,095</i>	<i>29%</i>	<i>82.4</i>
Assigned Female at Birth	2,439	25%	91.3
Total	9,696	100%	182.8

*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. It includes all PLWH assigned the sex of male at birth who report a male sexual partner. Therefore, some Trans Women are included in both the total number of cases and the population estimate.

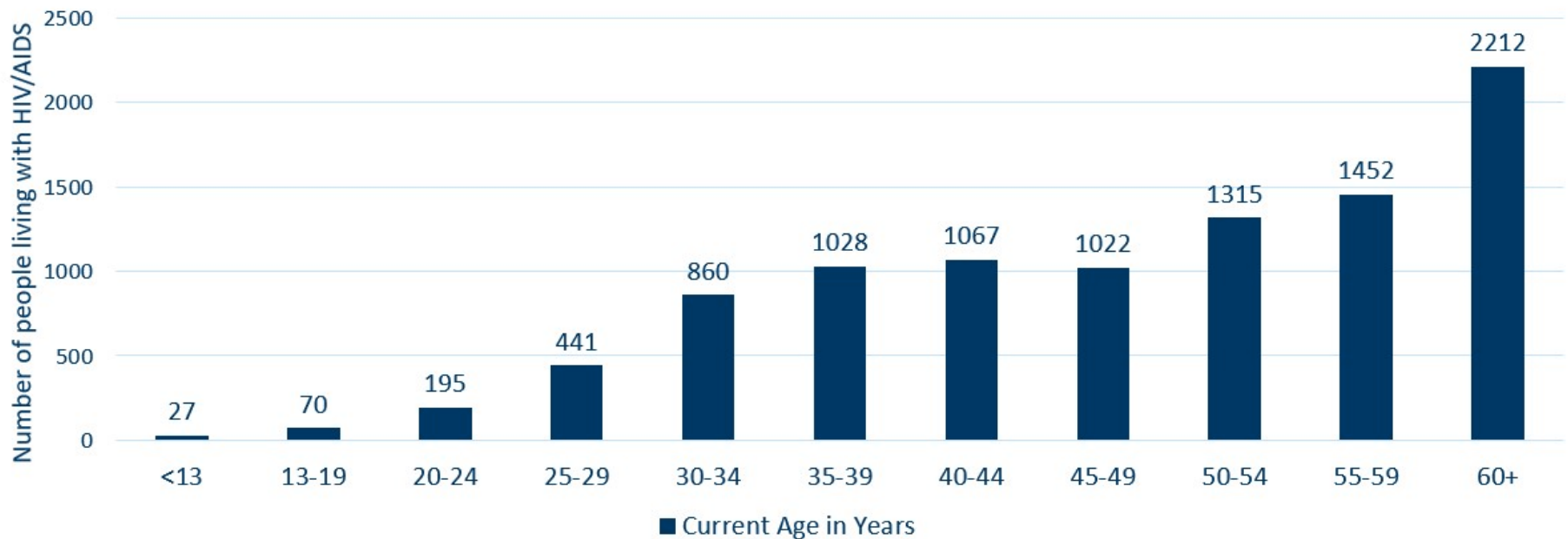
††Estimate of 90,633 Source: <http://www.emorycamp.org/item.php?i=92>

Number of Cases Living with HIV/AIDS by Gender Identity in Minnesota, 2021

Gender Identity	Number of Cases	Percent of Total
Cisgender Men	7,116	73%
Cisgender Women	2,426	25%
Transgender†† (Total)	152	2%
<i>Trans Women</i>	<i>131</i>	<i>86%</i>
<i>Trans Men</i>	<i>12</i>	<i>8%</i>
<i>Other Transgender</i>	<i>9</i>	<i>6%</i>
Total	9,694	100%

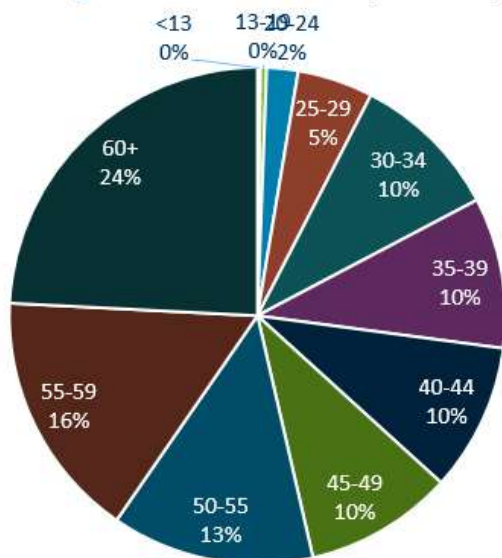
Age

People Living with HIV/AIDS in Minnesota by Age Group*, 2021

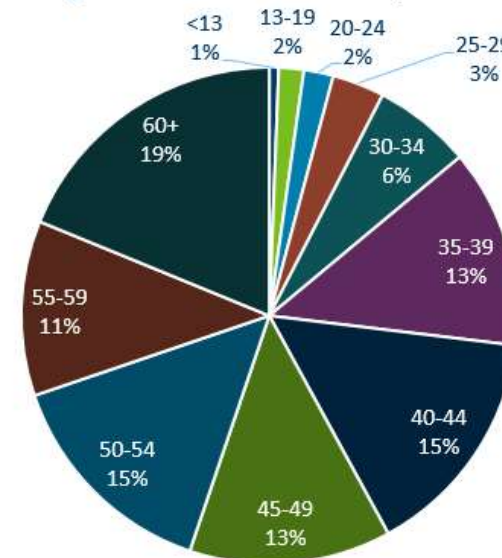


People Living with HIV/AIDS in Minnesota by Age Group* and Sex Assigned at Birth, 2021

Assigned Male at Birth (n=7248)



Assigned Female at Birth (n=2440)



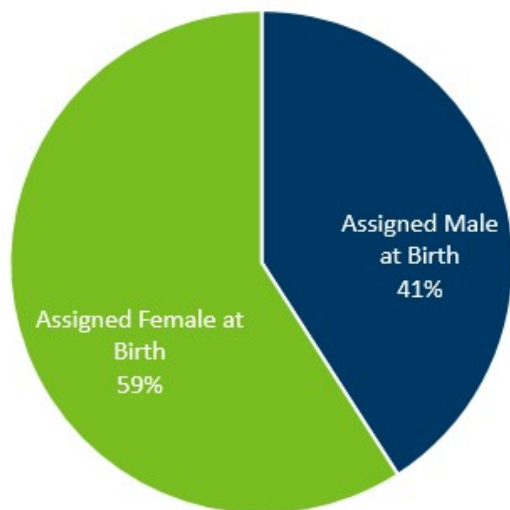
Foreign Born Populations

Foreign-Born People Living with HIV/AIDS in Minnesota* by Region of Birth, 2012-2021

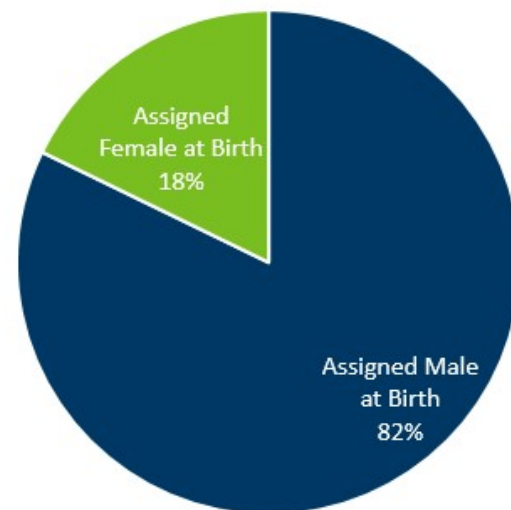


African-Born* People Living with HIV/AIDS Compared to Other Minnesota Cases by Sex Assigned at Birth, 2021

African-born Cases (n=1677)

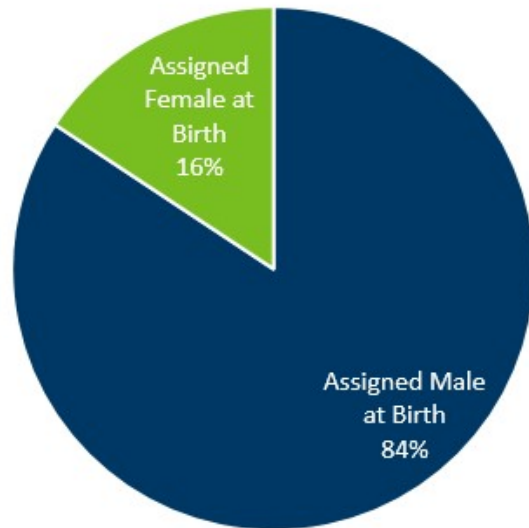


US-born Cases (n=7144)

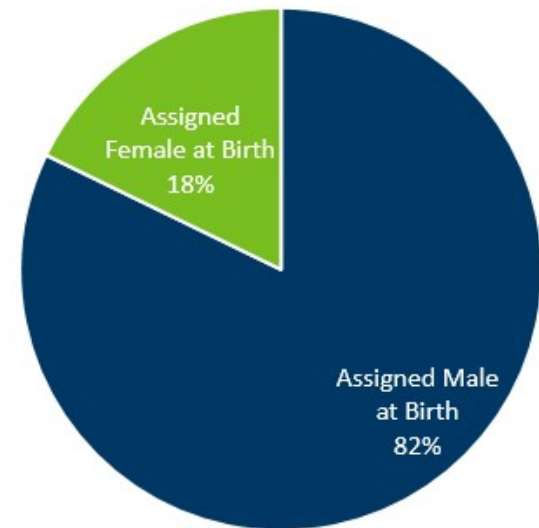


Latin American/Caribbean* People Living with HIV/AIDS Compared to Other Minnesota Cases by Sex Assigned at Birth, 2021

Latin American/Caribbean Cases (n=604)



US-born Cases (n=7144)



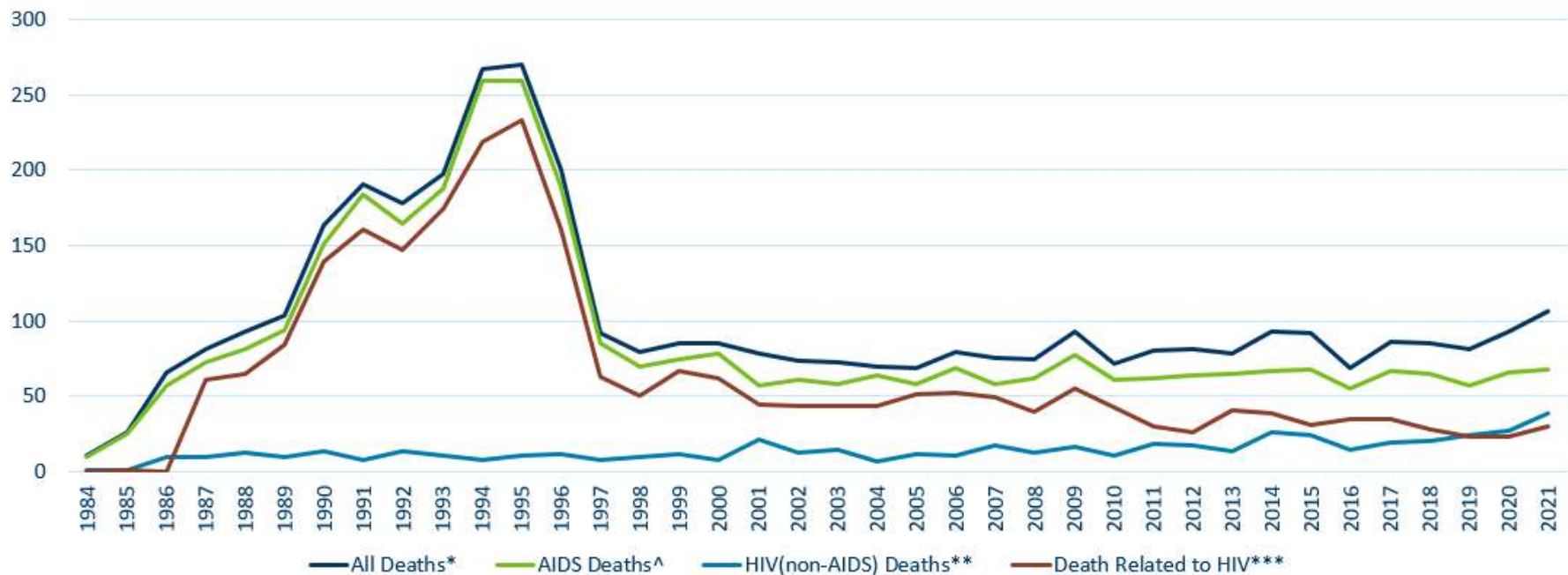
*Includes Mexico and all Central/South American and Caribbean countries.

Countries of Birth Among Foreign Born People* Living with HIV/AIDS in Minnesota, 2021

Country of Birth	Number of Prevalent Cases	Percent of Total
Ethiopia	362	14%
Mexico	322	12%
Liberia	299	11%
Kenya	211	8%
Somalia	169	6%
Cameroon	140	5%
Nigeria	72	3%
Sudan	71	3%
Guatemala	44	2%
Uganda	40	2%
Other* Countries	872	34%

Mortality

Reported Deaths Among People living with HIV/AIDS in Minnesota, 1984-2021



*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

***Number of deaths known to have occurred among people living with HIV (non-AIDS) and AIDS in Minnesota in a given calendar year, attributable to underlying HIV infection.

Because of delays in reporting and incomplete information from some death record matches, numbers may be artificially low.