



HIV/AIDS Incidence Report, 2022

HIV/AIDS Surveillance System

April 2023

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

New HIV Diagnoses in Minnesota, 2022

Introduction (I)

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

This slide deck 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 2022 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 people diagnosed in federal or private correctional facilities but include people incarcerated by the state (number of people incarcerated by the state believed to be living with HIV/AIDS [n=17]).

Data analyses for new HIV diagnoses exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program (number of primary HIV+ refugees in this program living in MN as of December 31, 2022 = 163), as well as other refugees and immigrants reporting a positive test prior to their arrival in Minnesota (n=160).

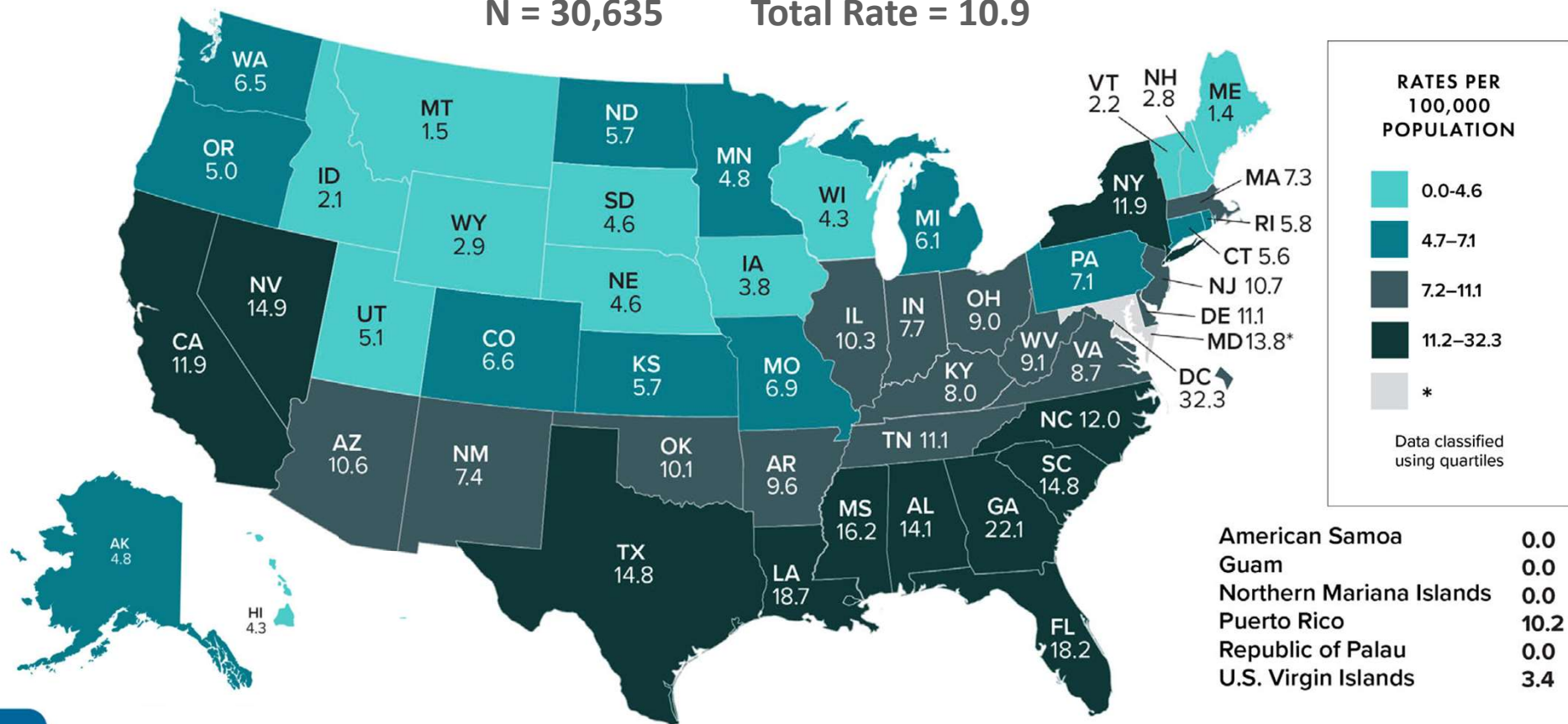
Some limitations of surveillance data:

- Data do not include people living with HIV who have not been tested for HIV
- Data do not include people whose positive test results have not been reported to MDH
- Data 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

Rates of Diagnoses of HIV Infection among Adults >13 2020—United States and 6 Dependent Areas

N = 30,635

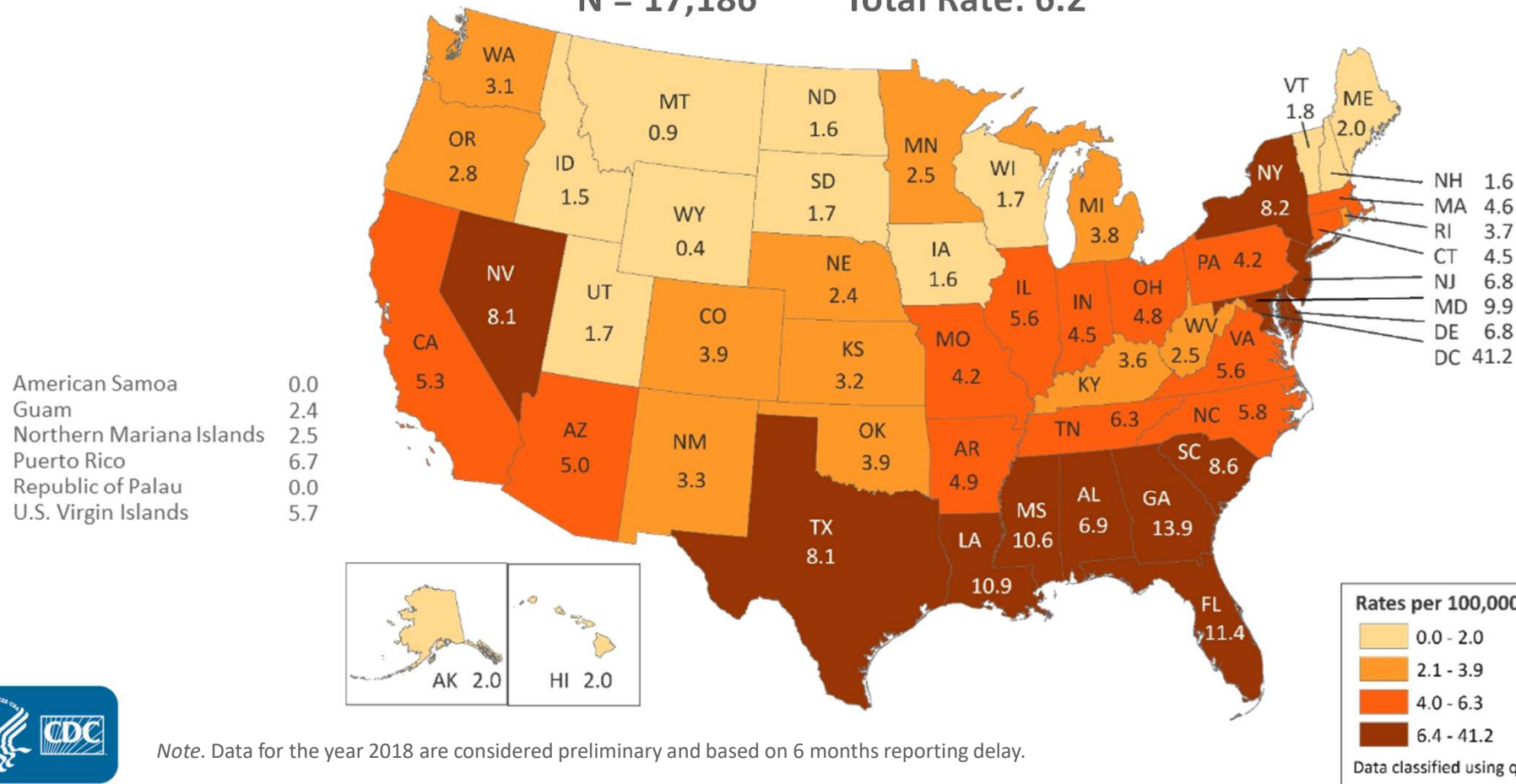
Total Rate = 10.9



Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adults and Adolescents, by Area of Residence, 2018—United States and 6 Dependent Areas

N = 17,186

Total Rate: 6.2

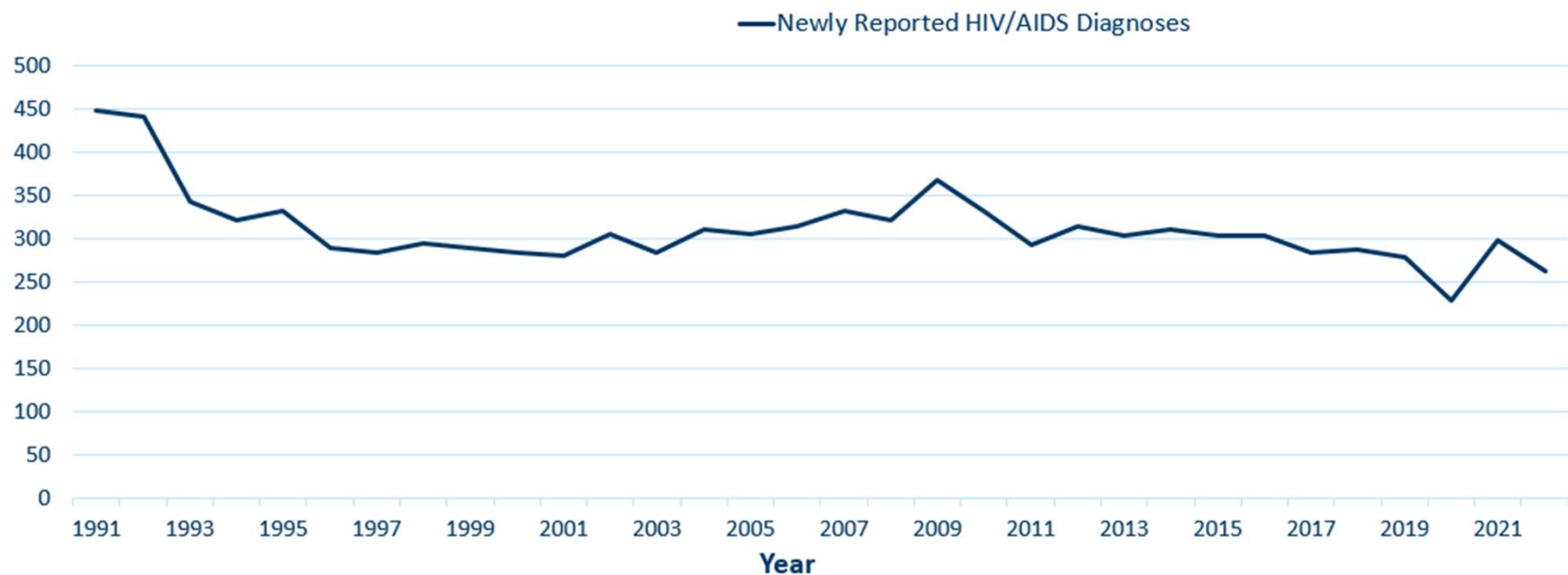


Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

Overview of HIV/AIDS in Minnesota

New HIV Disease Diagnoses*

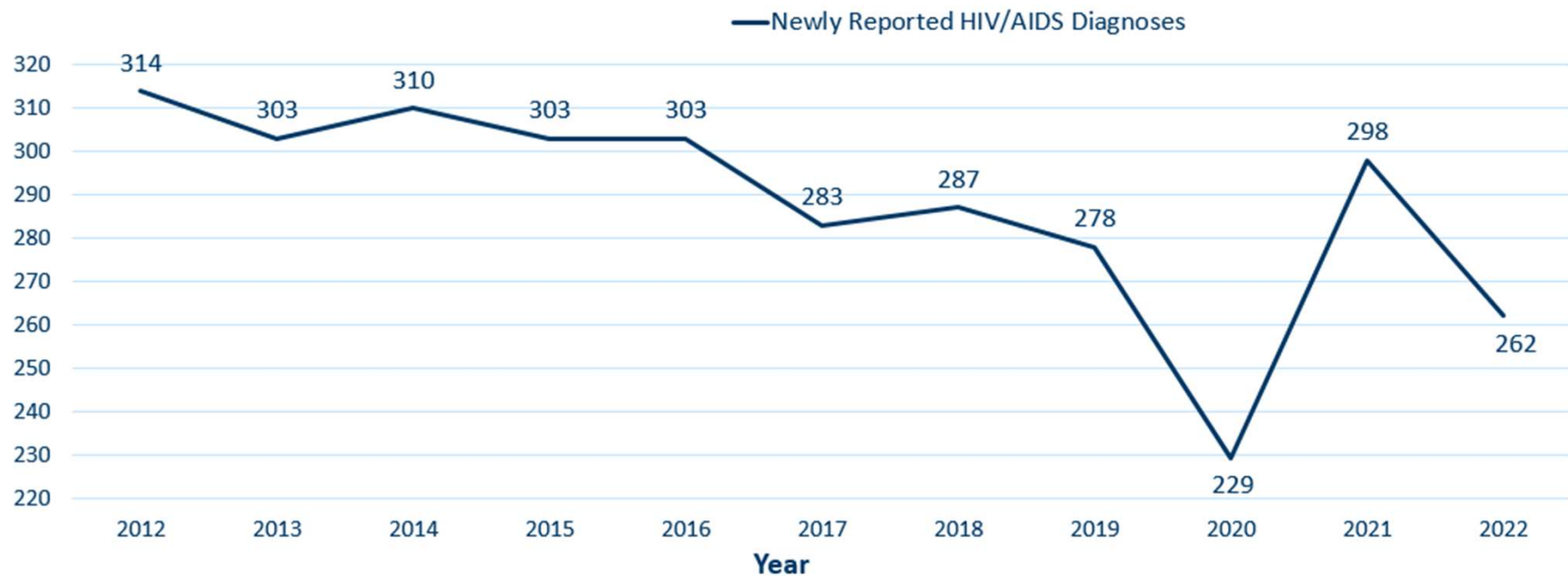
HIV/AIDS Cases by Year, 1991–2022



*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year.
Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

New HIV Disease Diagnoses*

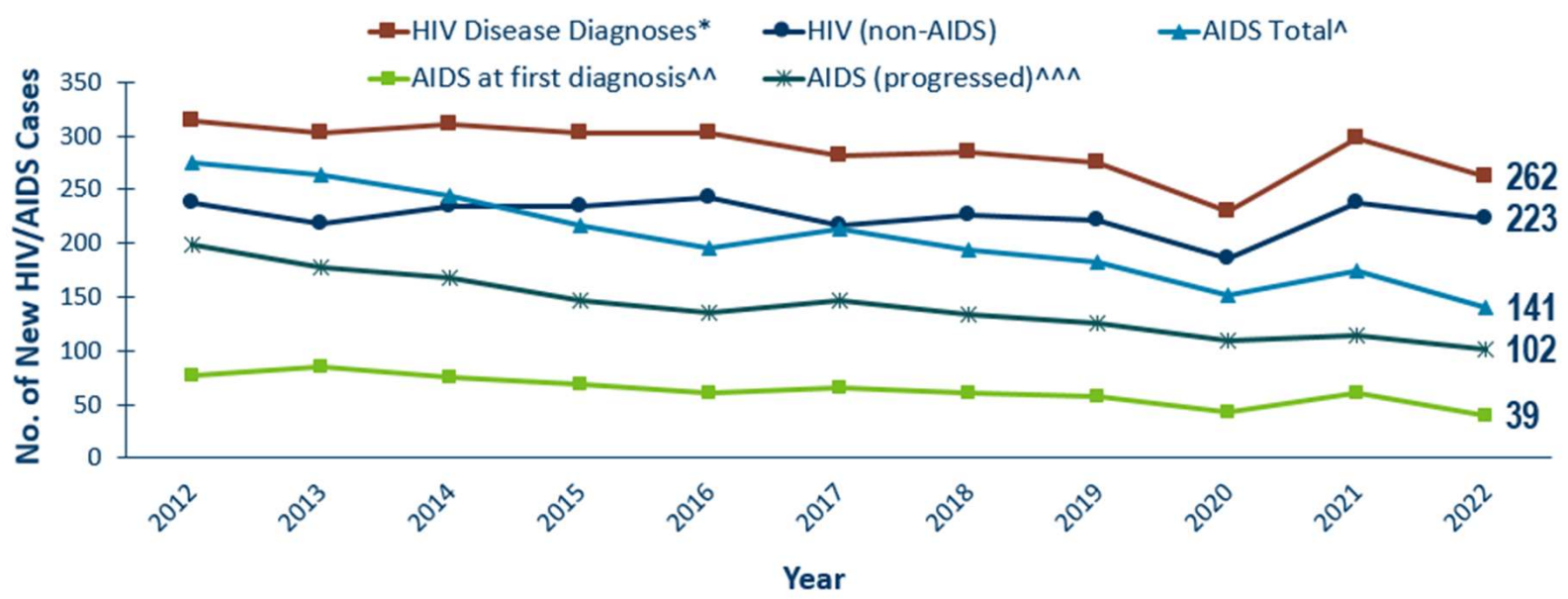
HIV/AIDS Cases by Year, 2012–2022



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

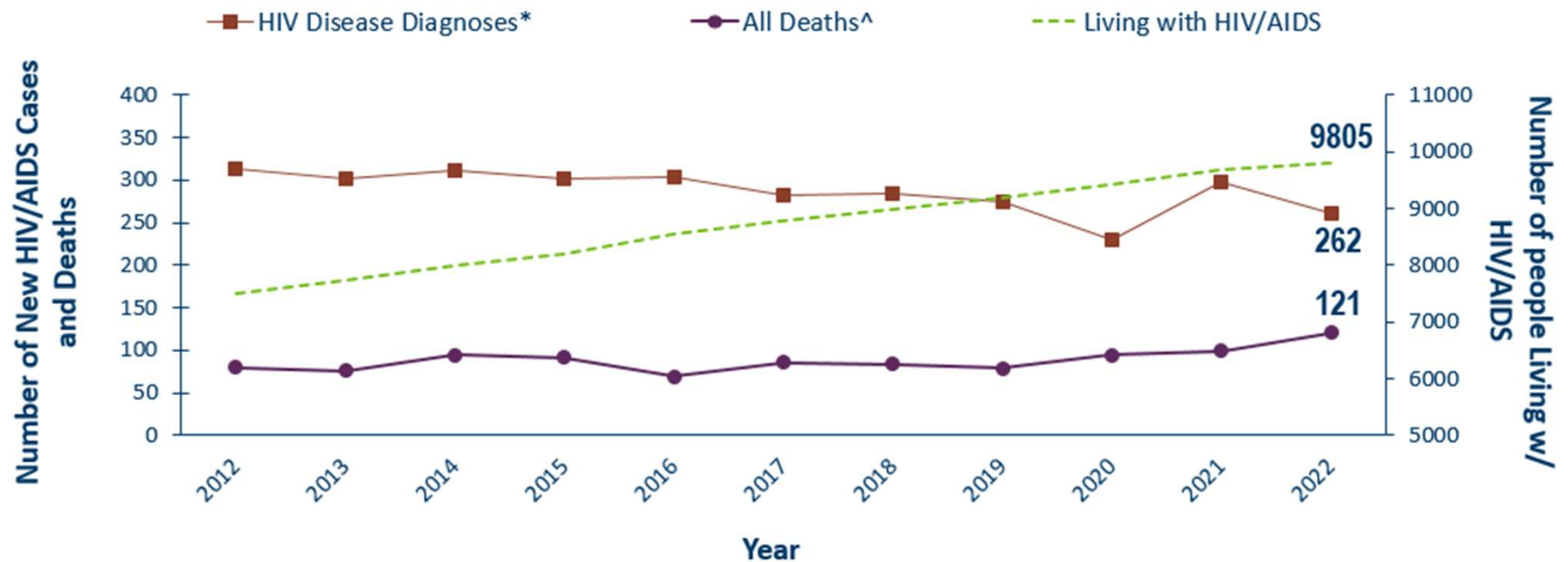
Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

New HIV Diagnoses, HIV (non-AIDS) and AIDS Cases by Year of HIV Diagnosis, 2012–2022



*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.
Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

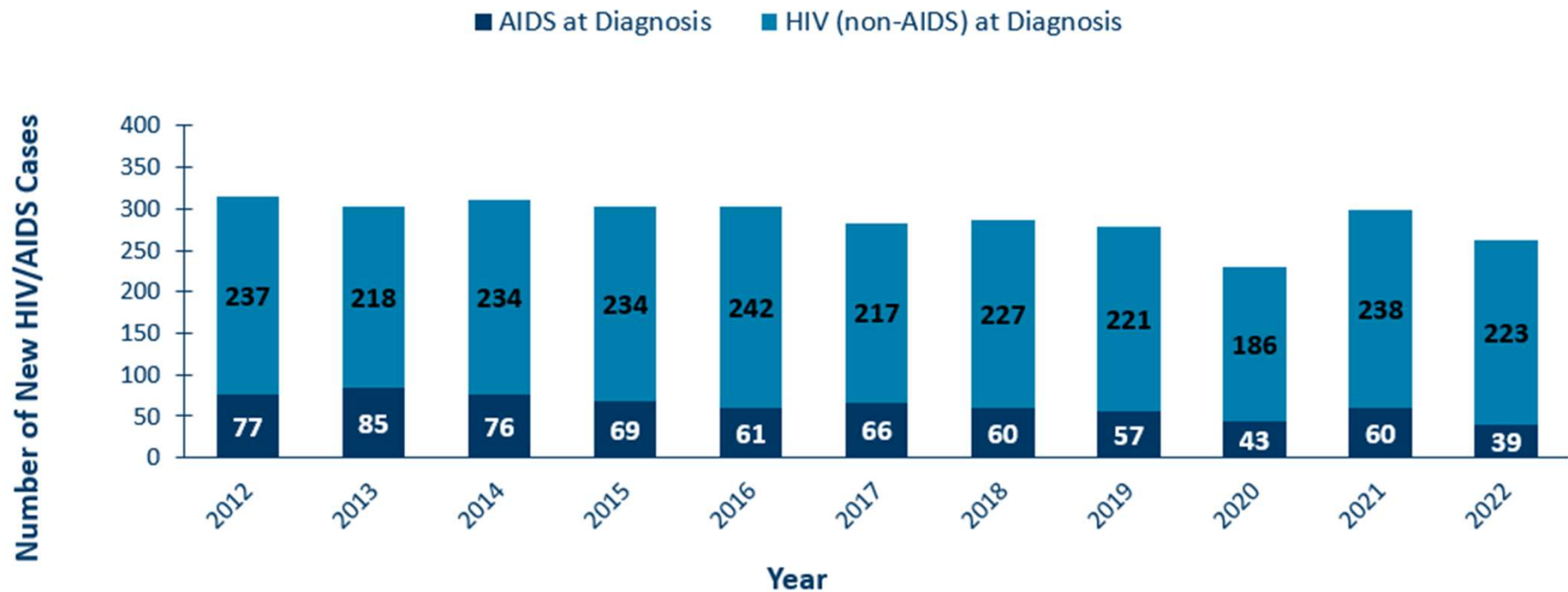
New HIV Diagnoses, Deaths and Prevalent Cases by Year, 2012–2022



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 or cause of death.

HIV (non-AIDS) and AIDS^ at Diagnosis by Year, 2012–2022



^Includes all new cases of HIV that were diagnosed with HIV and AIDS simultaneously

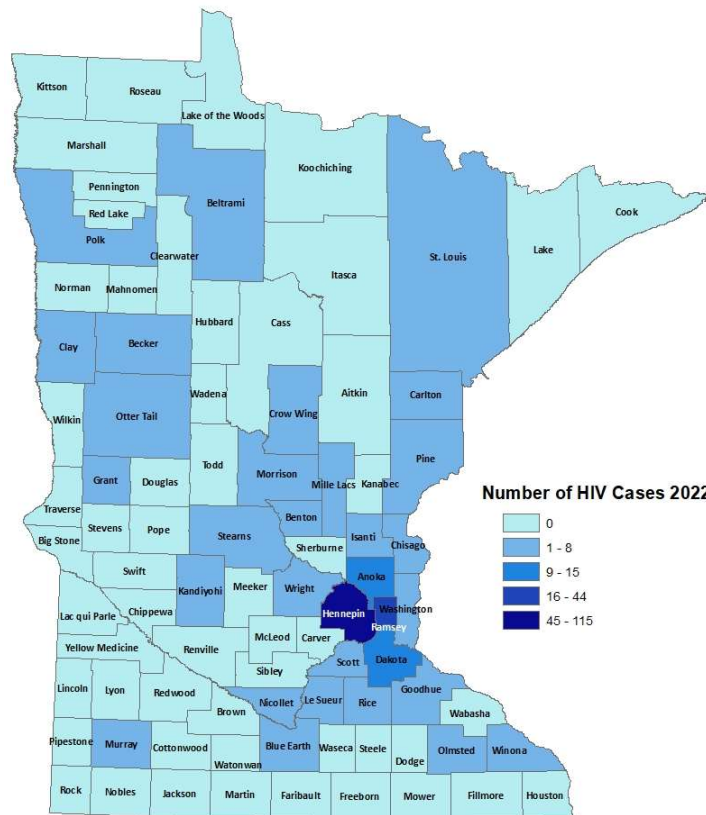
This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

HIV Diagnoses in Minnesota by Person, Place, and Time

Place

HIV Diagnoses[#] by County of Residence at Diagnosis, 2022



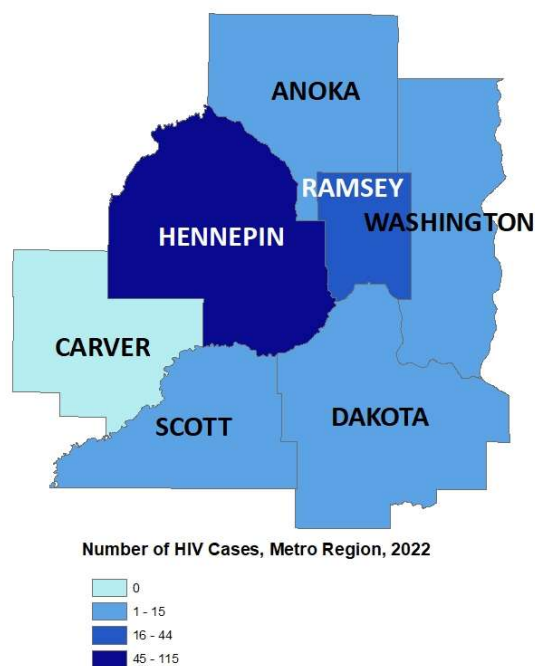
City of Minneapolis	70 cases (27%)
City of St. Paul	37 cases (14%)
Suburban*	86 cases (33%)
Greater Minnesota	69 cases (26%)
Total	262 cases

[#]HIV or AIDS at first diagnosis

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

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

2022 Minnesota HIV New Diagnoses by Metro County



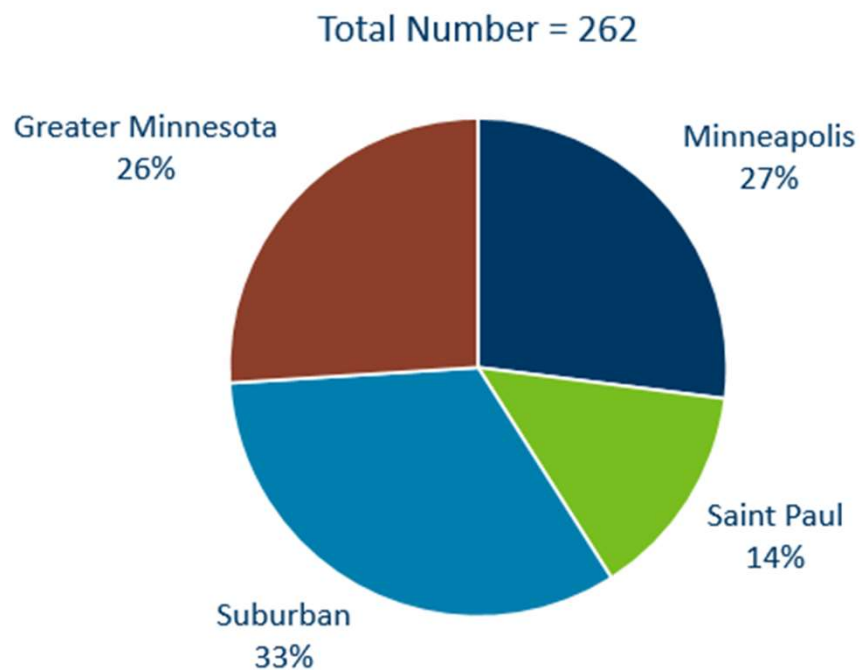
City of Minneapolis	70 cases (27%)
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Suburban*	86 cases (33%)
Greater Minnesota	69 cases (26%)
Total	262 cases

HIV or AIDS at first diagnosis

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

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

HIV Diagnoses* in Minnesota by Residence at Diagnosis, 2022



*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 at Birth, Gender, and Race/Ethnicity

Transmission Categories

- CDC defines **Transmission categories** as *“the term for classification of cases that summarizes an adult’s or adolescent’s possible HIV risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the single risk factor most likely to have been responsible for transmission.”*
 - **Male-to-male sexual contact (MMSC):** includes individuals assigned male sex at birth, regardless of current gender identity, who have had sexual contact with other males, and individuals assigned male sex at birth who have had sexual contact with both males and females (bisexual contact)
 - **Injection drug use (IDU):** includes persons who injected nonprescription drugs or who injected prescription drugs for nonmedical purposes
 - **Male-to-male sexual contact and injection drug use (MMSC/IDU):** includes individuals assigned male sex at birth, regardless of current gender identity, who have had sexual contact with other males and injected nonprescription drugs or injected prescription drugs for nonmedical purposes
 - **Heterosexual contact:** includes persons who have ever had sexual contact with a person known to have, or with a risk factor for, HIV infection
 - **Perinatal:** includes persons who acquired HIV through mother-to-child transmission
 - **Other:** includes persons with other risk factors (ie. blood transfusion, hemophilia) or whose risk factor was not reported or identified

Gender Identity

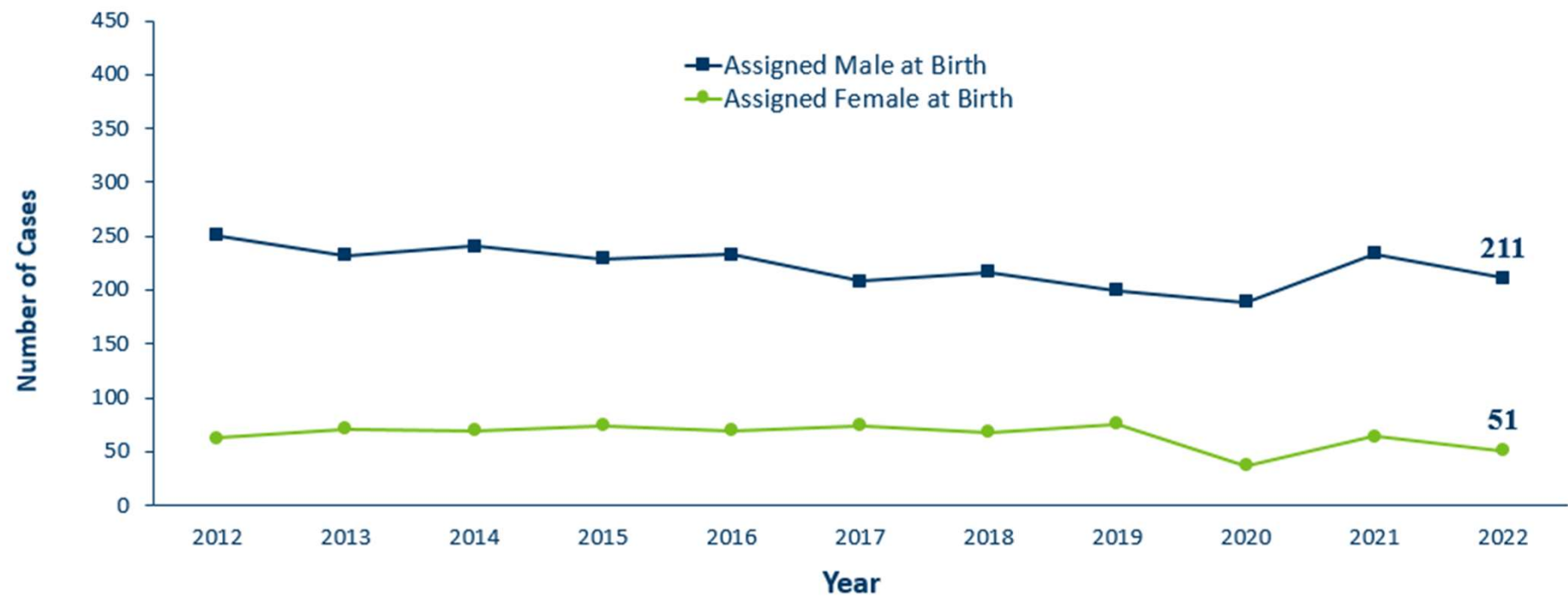
Gender identity refers to a *“person’s internal understanding of their own gender, or gender with which a person identifies. HIV surveillance personnel collect data on gender identity, when available, from sources such as case report forms submitted by health care or HIV testing providers and medical records, or by matching with other health department databases”*

Cisgender *“is a term used to indicate that a person’s sex assigned at birth and current gender identity are the same (ie. a person assigned male at birth and who currently identifies as a man is a cisgender male)”*

Transgender woman: *“a person assigned “male” sex at birth who identifies as female”*

Transgender man: *“a person assigned “female” sex at birth who identifies as male”*

HIV Diagnoses* by Sex Assigned at Birth and Year of Diagnosis 2012–2022



*HIV or AIDS at first diagnosis

Number of Cases and Rates (per 100,000 people) of HIV Diagnoses* by Race/Ethnicity† Minnesota, 2022

Race/Ethnicity	Cases	%	Rate
American Indian	11	4%	19.8
Asian/Pacific Islander	14	5%	6.4
Black, African-born†	23	9%	17.2††
Black, not African-born	77	29%	54.9
Hispanic	37	14%	14.8
White, non-Hispanic	91	35%	2.1
Other^	9	3%	9.1
Total	262	100%	4.6

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

† “Black African-born” refers to Black people who reported an African country of birth; “Black not African-born” refers to all other Black people.

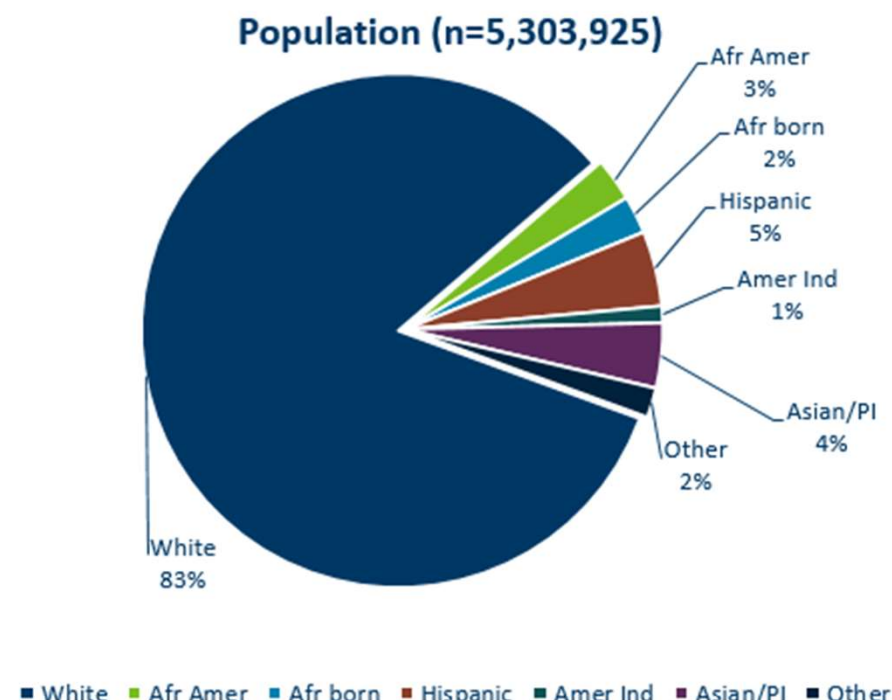
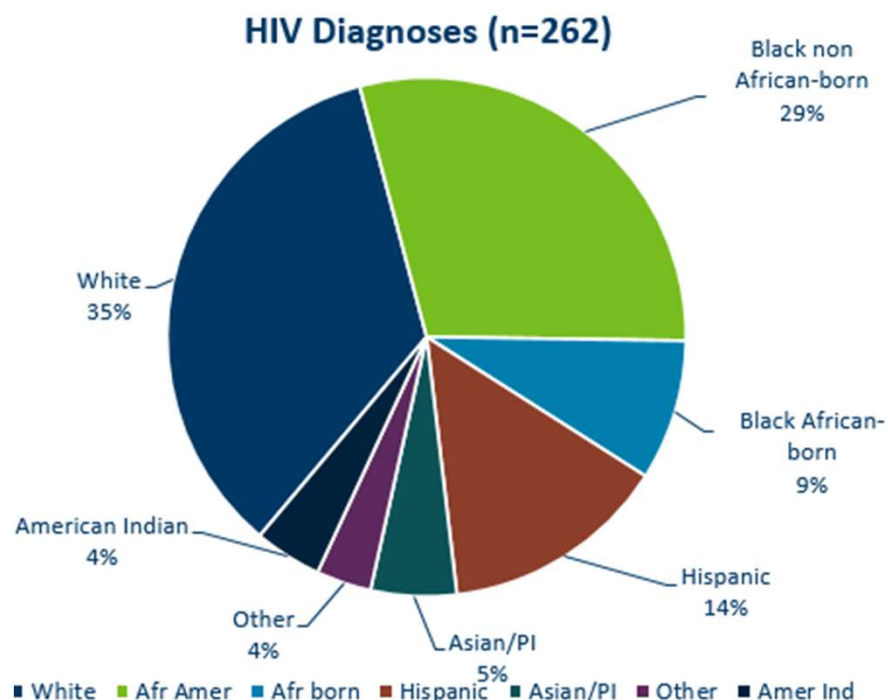
†† Estimate of 125,939 Source: 2019 American Community Survey.

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

Unable to calculate rate, unknown denominator

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

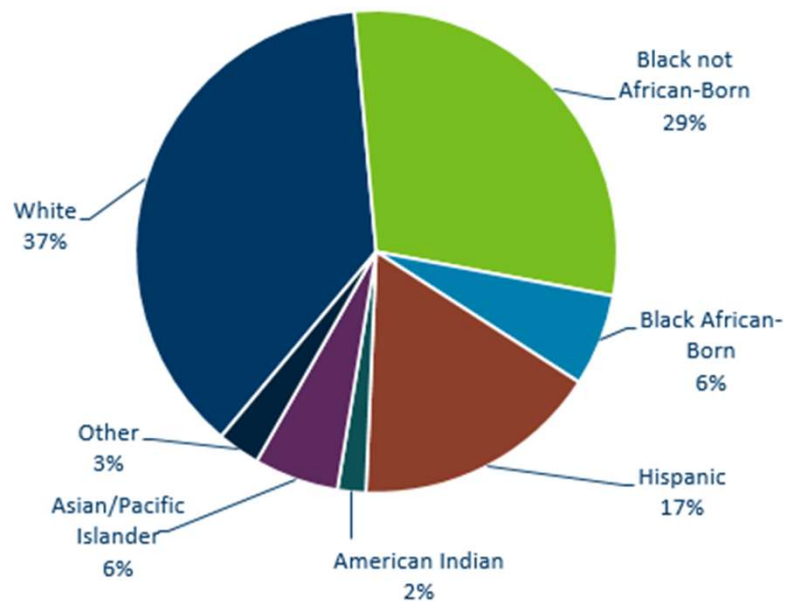
HIV Diagnoses* in Year 2022 and General Population in Minnesota by Race/Ethnicity



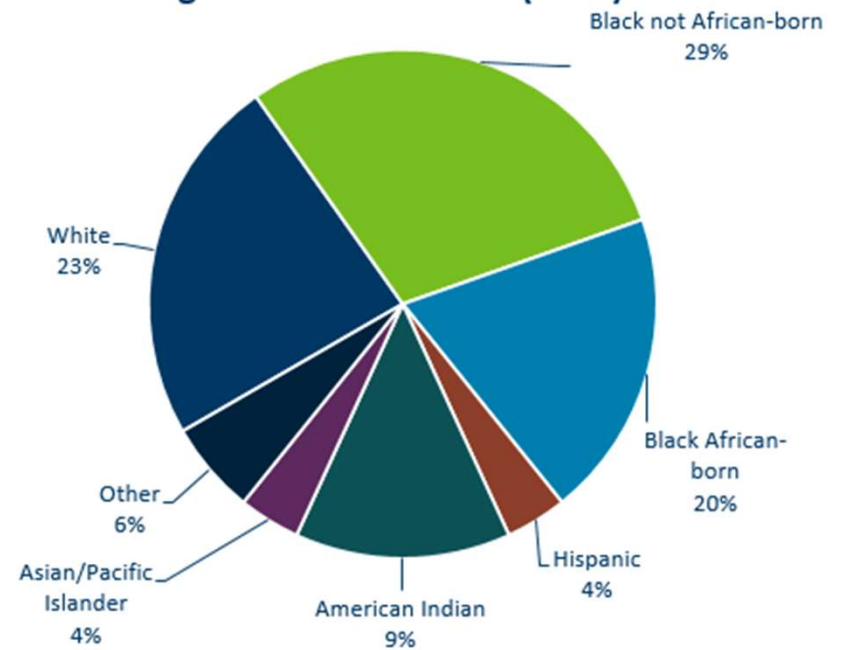
HIV or AIDS at first diagnosis[†] Population estimates based on 2010 U.S. Census data. (n = Number of people)
 Data (left): [HIV Incidence Report 2022 Tables \(PDF\)](#)

HIV Diagnoses* in 2022 by Sex Assigned at Birth and Race/Ethnicity†

Assigned Male at Birth (n=211)



Assigned Female at Birth (n=51)

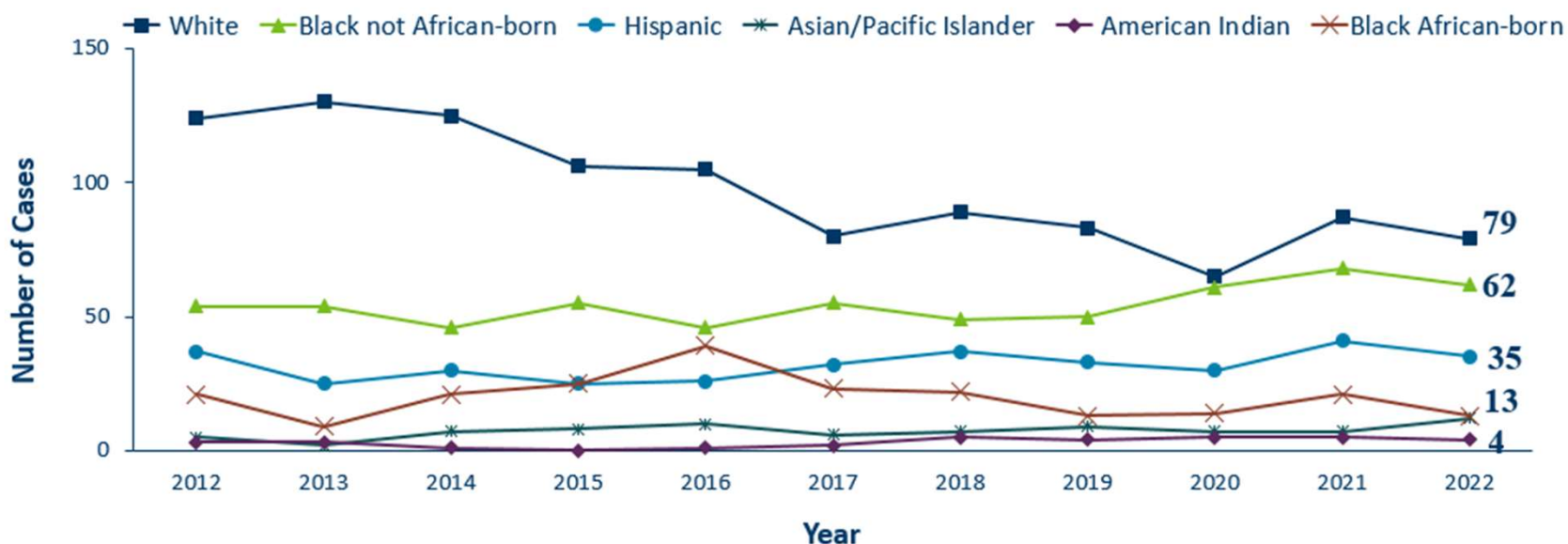


*HIV or AIDS at first diagnosis (n = Number of people)

†“Black African-born” refers to Black people who reported an African country of birth; “Black not African-born” refers to all other Black people. Cases with unknown race are excluded.

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

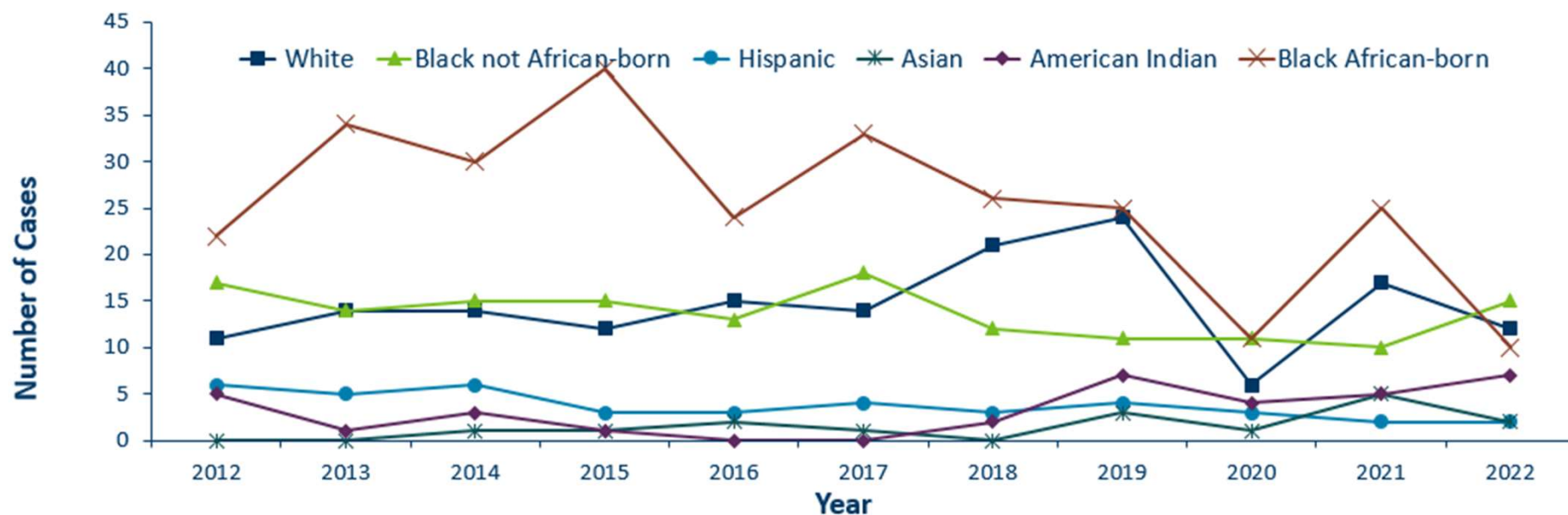
HIV Diagnoses* Among People Assigned Male Sex at Birth by Race/Ethnicity† and Year of Diagnosis 2012–2022



* HIV or AIDS at first diagnosis

† “African-born” refers to Black people who reported an African country of birth; “African American” refers to all other Black people. Cases with unknown or multiple races are excluded.

HIV Diagnoses* Among People Assigned Female Sex at Birth by Race/Ethnicity† and Year of Diagnosis 2012–2022



*HIV or AIDS at first diagnosis

† “Black African-born” refers to Black people who reported an African country of birth; “Black not African-born” refers to all other Black people. Cases with unknown race are excluded.

Number of Cases and Rates (per 100,000 people) of Adults and Adolescents* Diagnosed with HIV/AIDS by Gender Identity† in Minnesota, 2022

Sex / Risk behavior	Number of Cases	Percent of Total	Rate per 100,000^
Cisgender Men	204	78%	7.8
Cisgender Women	50	19%	1.9
Transgender ^{††} (Total)	8	3%	--
Total	262	100%	4.9

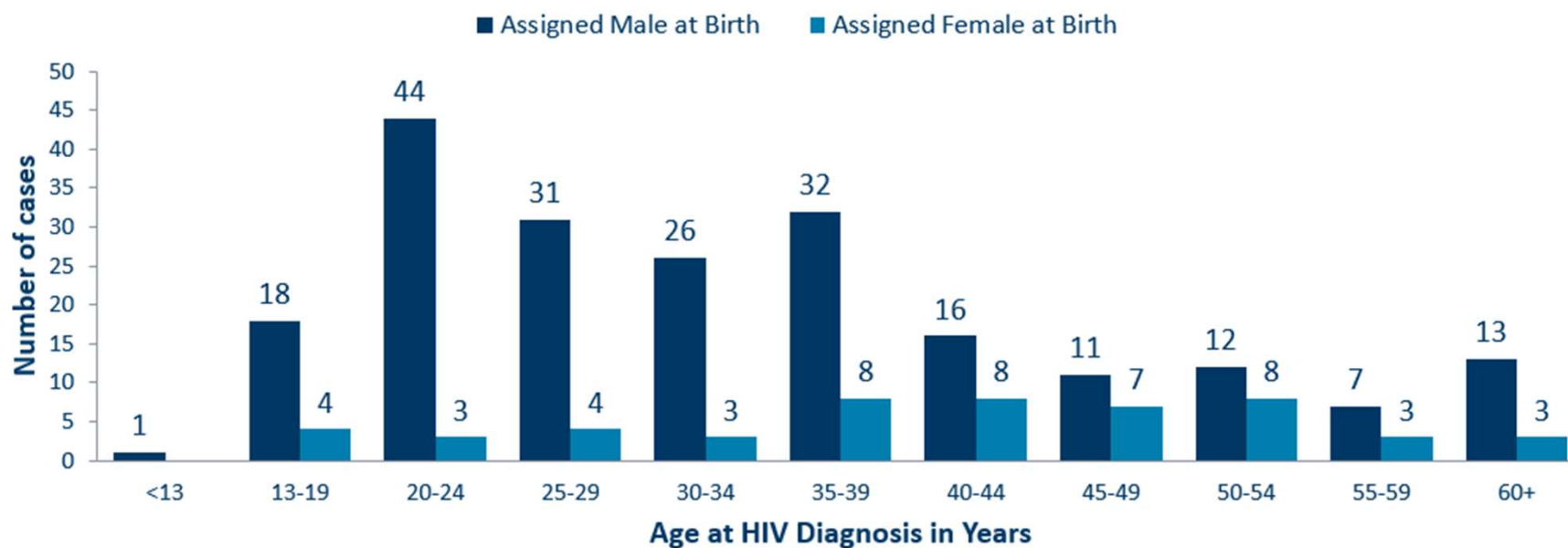
*HIV or AIDS at first diagnosis ages 13 and older.

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

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

Age

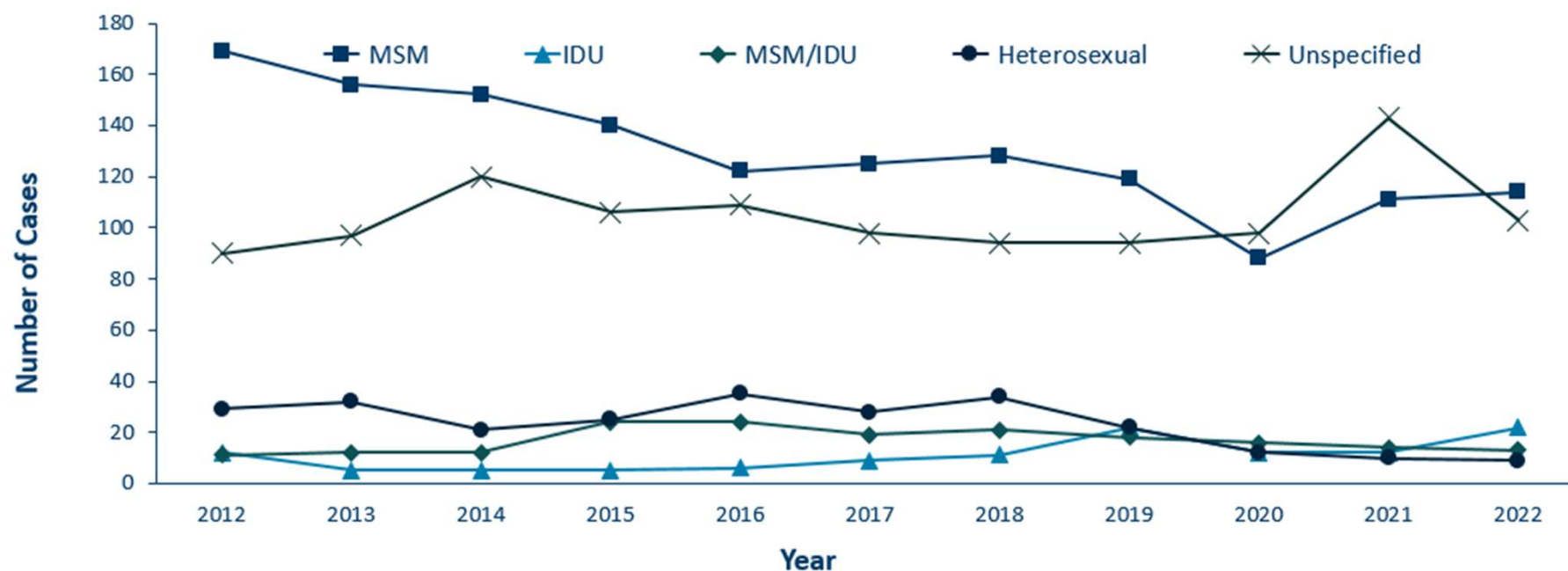
Age at HIV Diagnosis* by Sex Assigned at Birth, Minnesota, 2022



*HIV or AIDS at first diagnosis

Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

HIV Diagnoses* by Mode of Exposure and Year, 2012–2022



*HIV or AIDS at first diagnosis

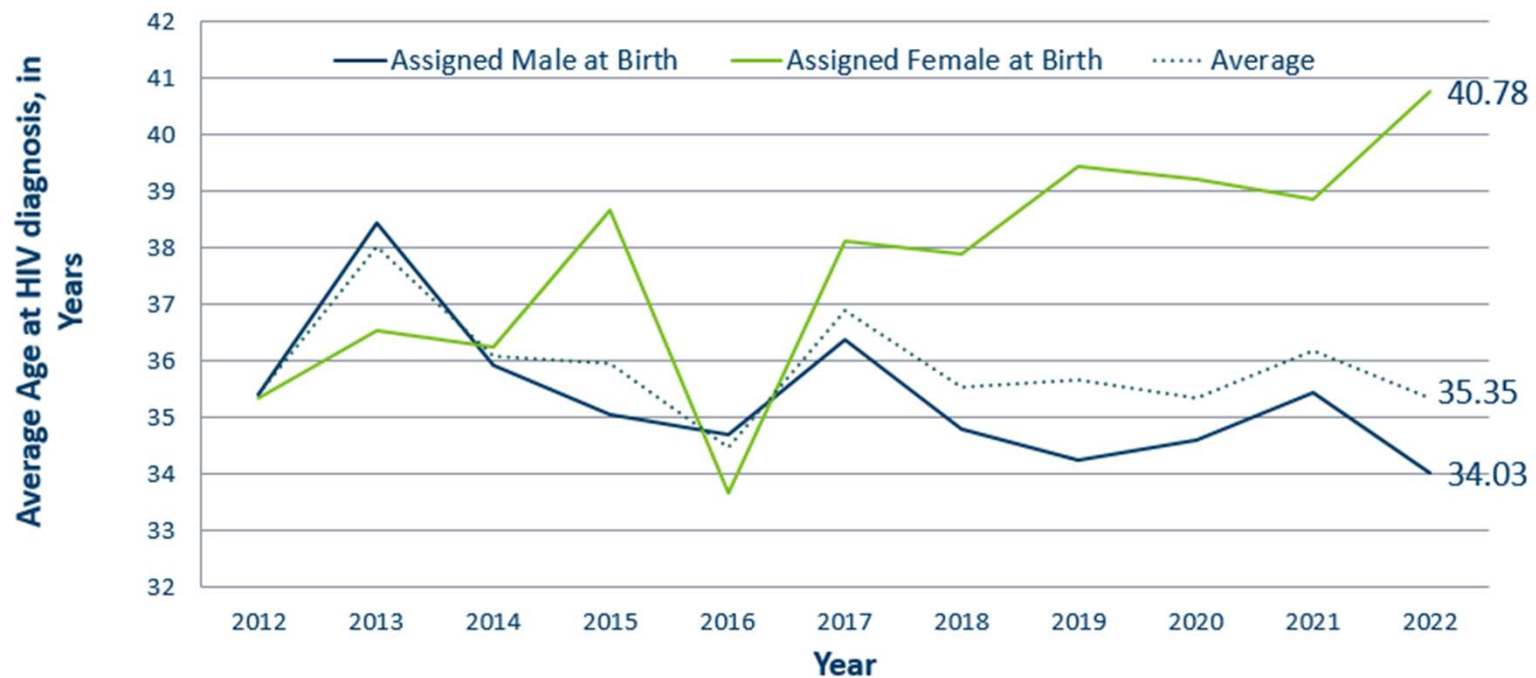
MSM = Men who have sex with men

IDU = Injection drug use

Heterosexual = Heterosexual contact

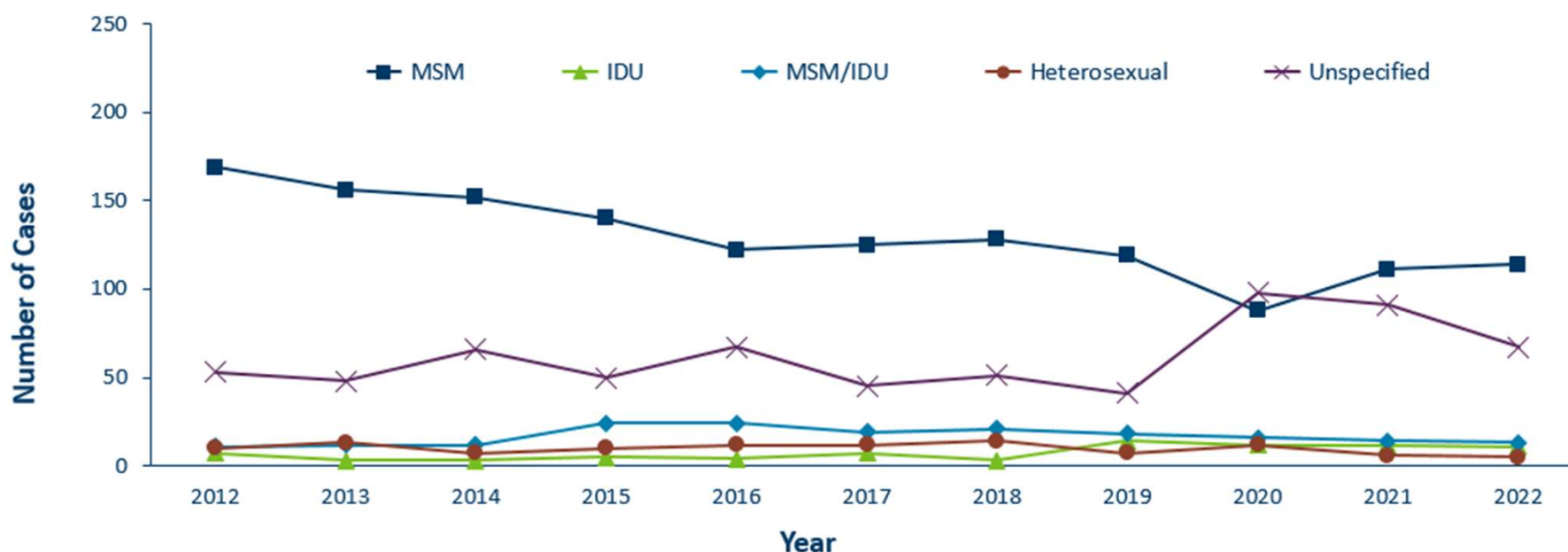
Unspecified = No mode of exposure ascertained

Average Age at HIV Diagnosis* by Sex Assigned at Birth, 2012–2022



Mode of Exposure

HIV Diagnoses* Among People Assigned Male Sex at Birth by Mode of Exposure and Year 2012–2022



* HIV or AIDS at first diagnosis

MSM = Men who have sex with men

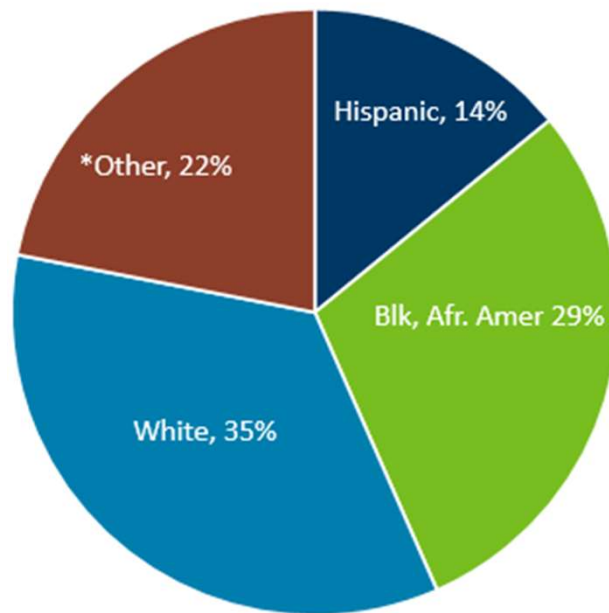
IDU = Injection drug use

Heterosexual = Heterosexual contact

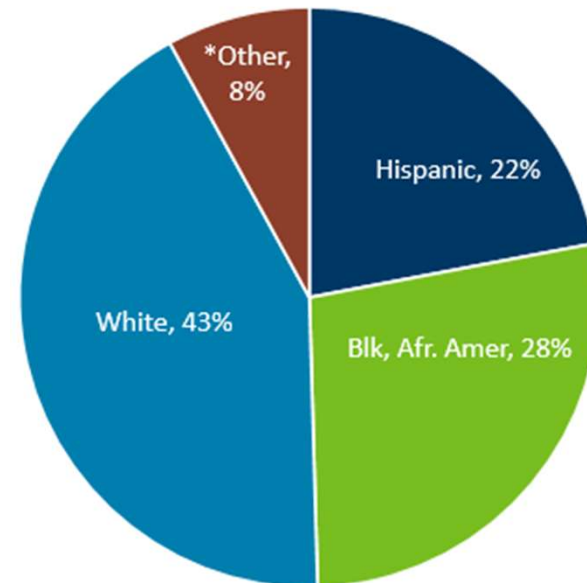
Unspecified = No mode of exposure ascertained

HIV Diagnoses among MSM in Minnesota by Race and Ethnicity, 2022

Total New Diagnoses

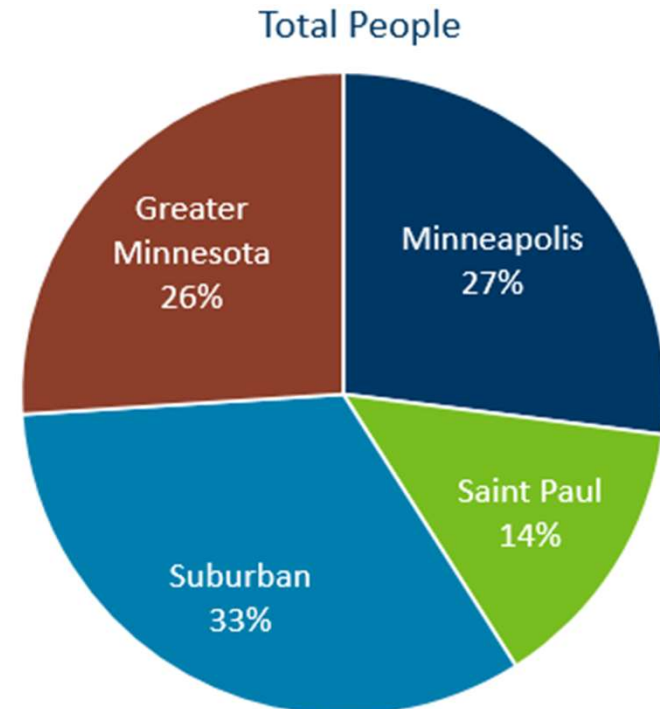
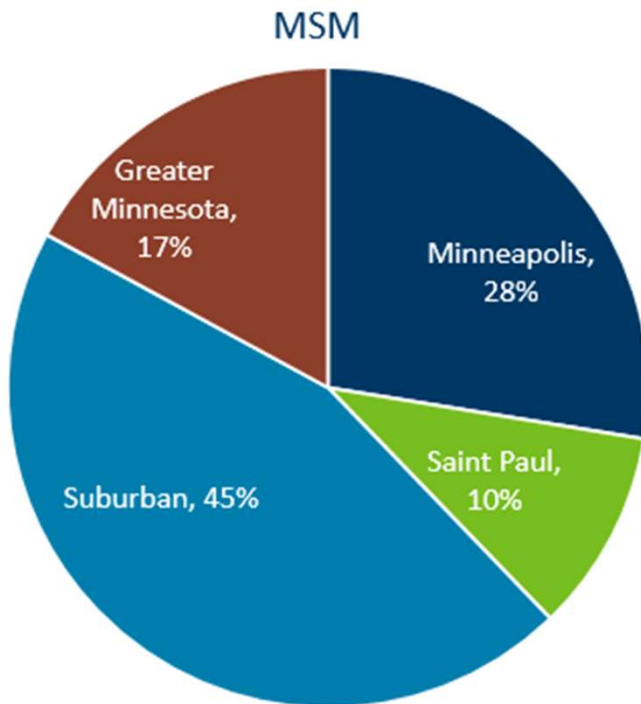


New Diagnoses among MSM



*Other includes Black African-born, American Indian, Asian/Pacific-Islander, multi-race, and unknown
Data (left): [HIV Incidence Report 2022 Tables \(PDF\)](#)

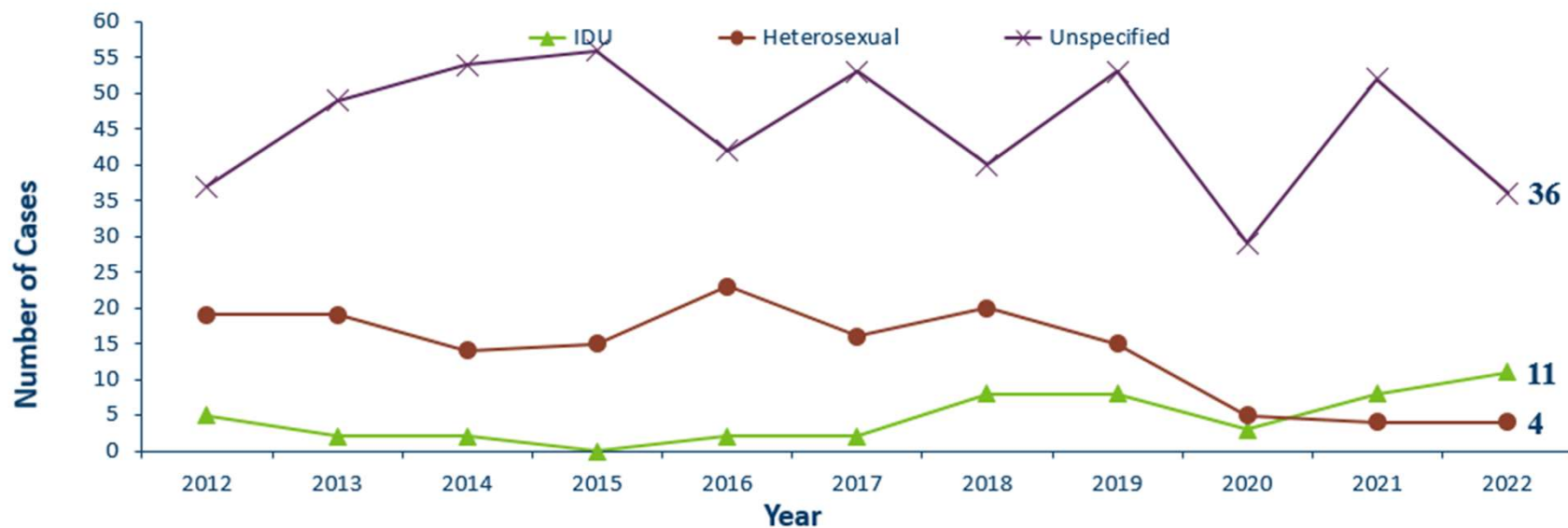
New HIV Infections of MSM in Minnesota by Current Residence, 2022



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.

Data (right): [HIV Incidence Report 2022 Tables \(PDF\)](#)

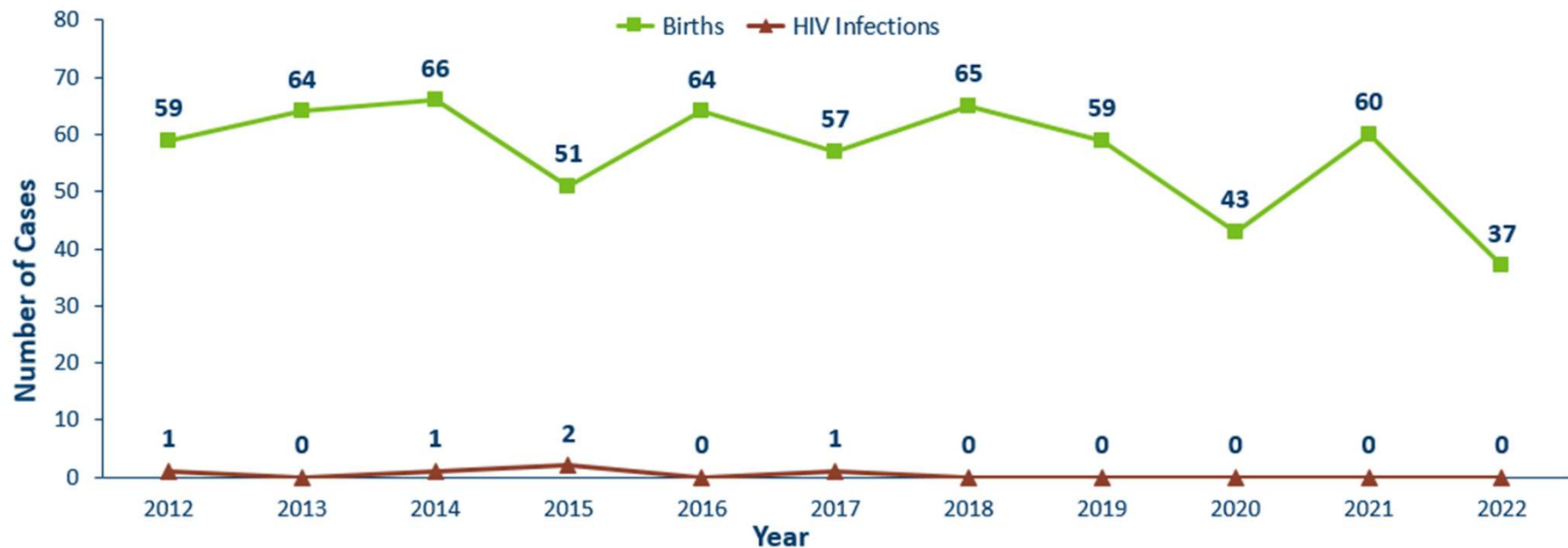
HIV Diagnoses* Among People Assigned Female Sex at Birth by Mode of Exposure and Year of Diagnosis 2012–2022



* HIV or AIDS at first diagnosis

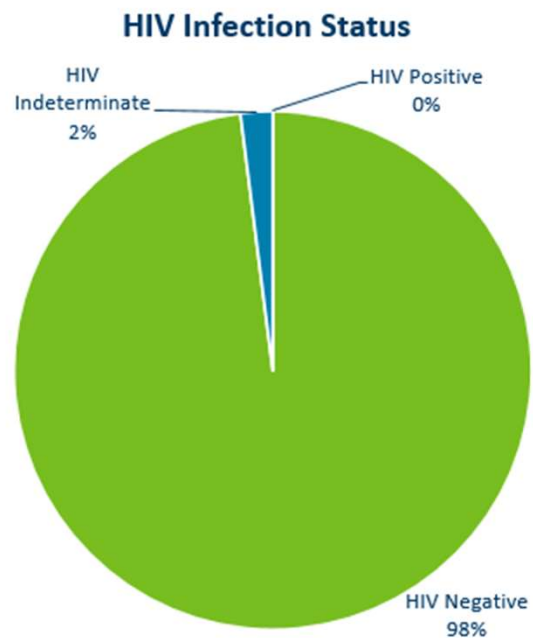
IDU = Injection drug use Heterosexual = Heterosexual contact Unspecified = No mode of exposure ascertained

Births to Pregnant People Living with HIV and Number of Perinatal Acquired HIV Infections* by Year of Birth, 2012–2022



HIV or AIDS at first diagnosis for a child exposed to HIV during pregnant person's pregnancy, at birth, and/or during breastfeeding.
Data: [HIV Incidence Report 2022 Tables \(PDF\)](#)

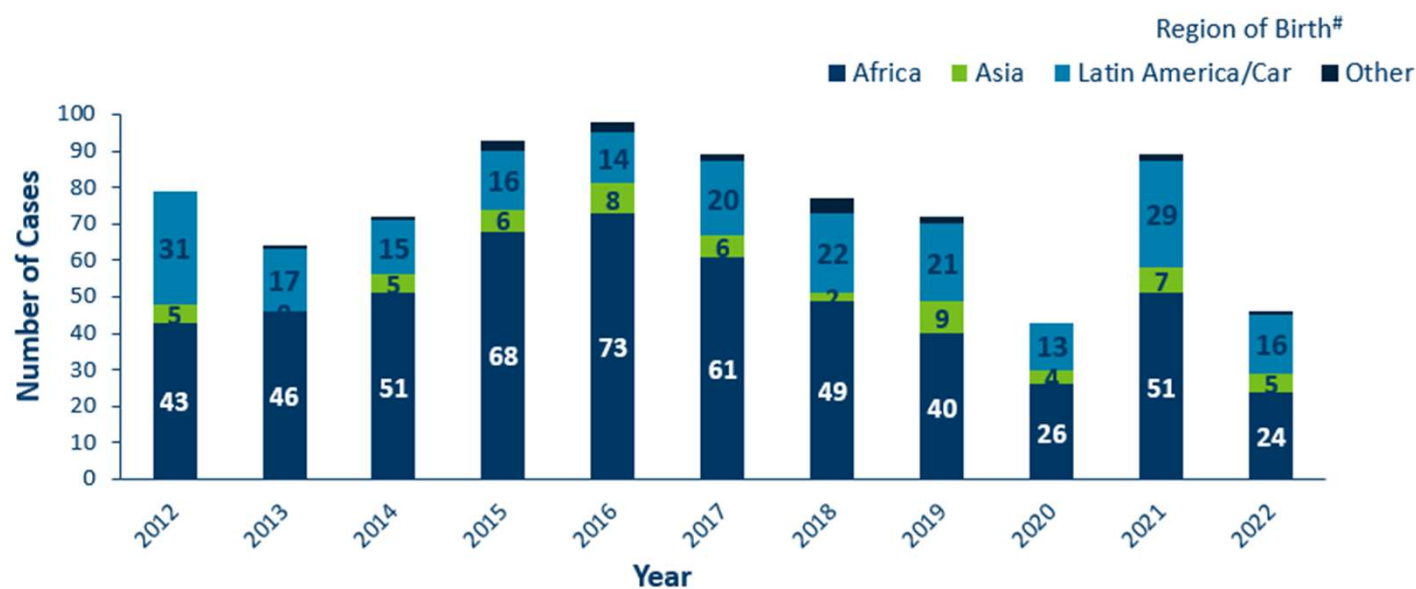
Outcome for Perinatal HIV-Exposed Infants born in 2022



HIV Infection Status	MN births 2021	CDC Outcome Standards
Negative	98% (59)	≥ 85%
Indeterminate	2% (1)	< 15%

Foreign-born Cases

HIV Diagnoses* among Foreign-Born People† in Minnesota by Year and Region of Birth 2012–2022

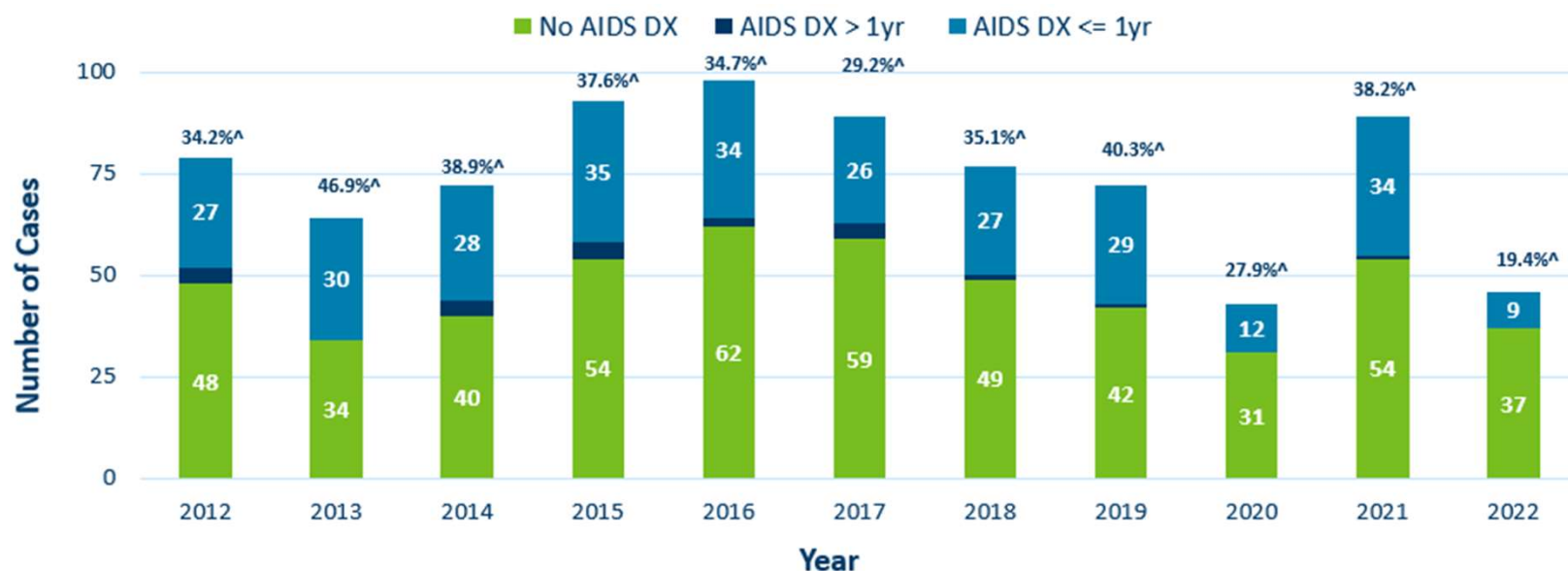


* HIV or AIDS at first diagnosis

† 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.

Time of Progression to AIDS for HIV Diagnoses* Among Foreign-born people Minnesota 2012–2022[†]

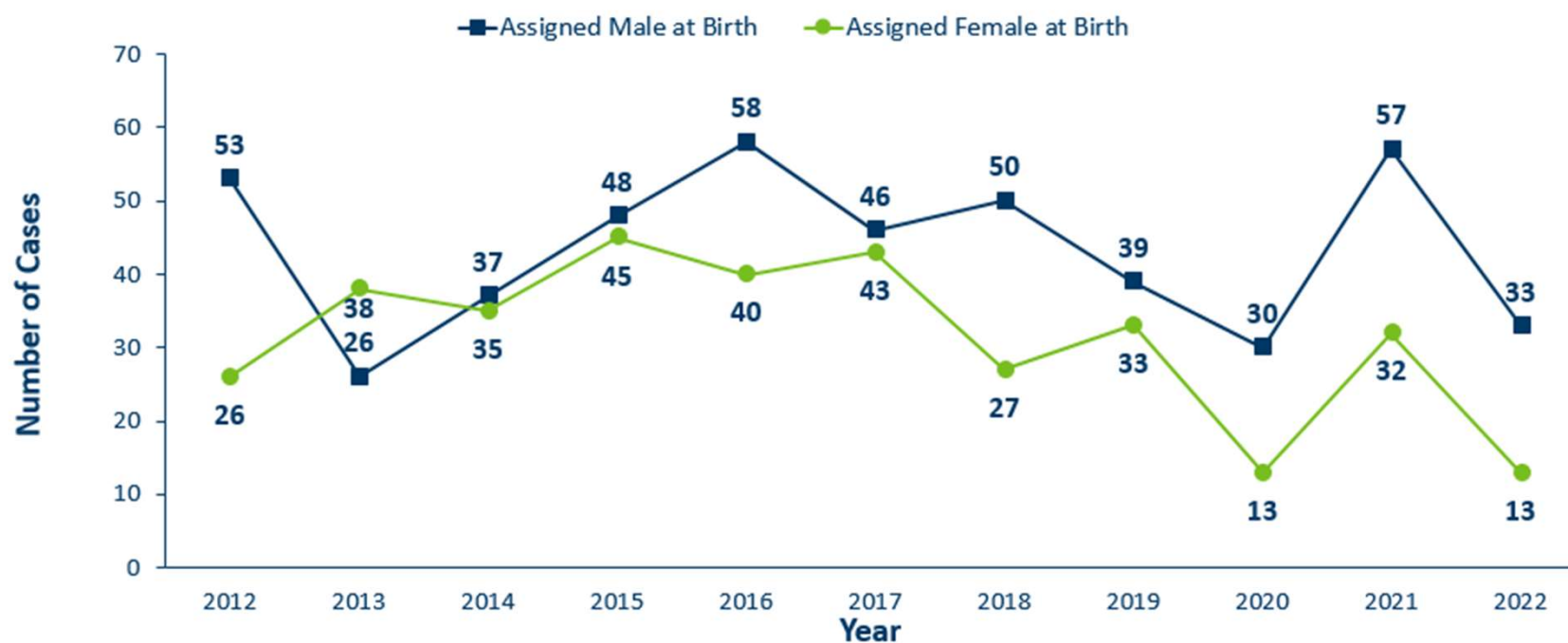


*Numbers include AIDS at 1st report but exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

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

† Numbers/Percent for cases diagnosed in 2022 only represents cases progressing to AIDS through February 2023.

HIV Diagnoses* Among Foreign-Born people[†] by Sex Assigned at Birth and Year 2012–2022



*HIV or AIDS at first diagnosis

[†] Excludes people 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 people[†] Diagnosed with HIV* Minnesota, 2022

Country	N
Liberia	10
Mexico	8
Ethiopia	3
Other [^]	25
Total Foreign-born people	46

* HIV or AIDS at first diagnosis

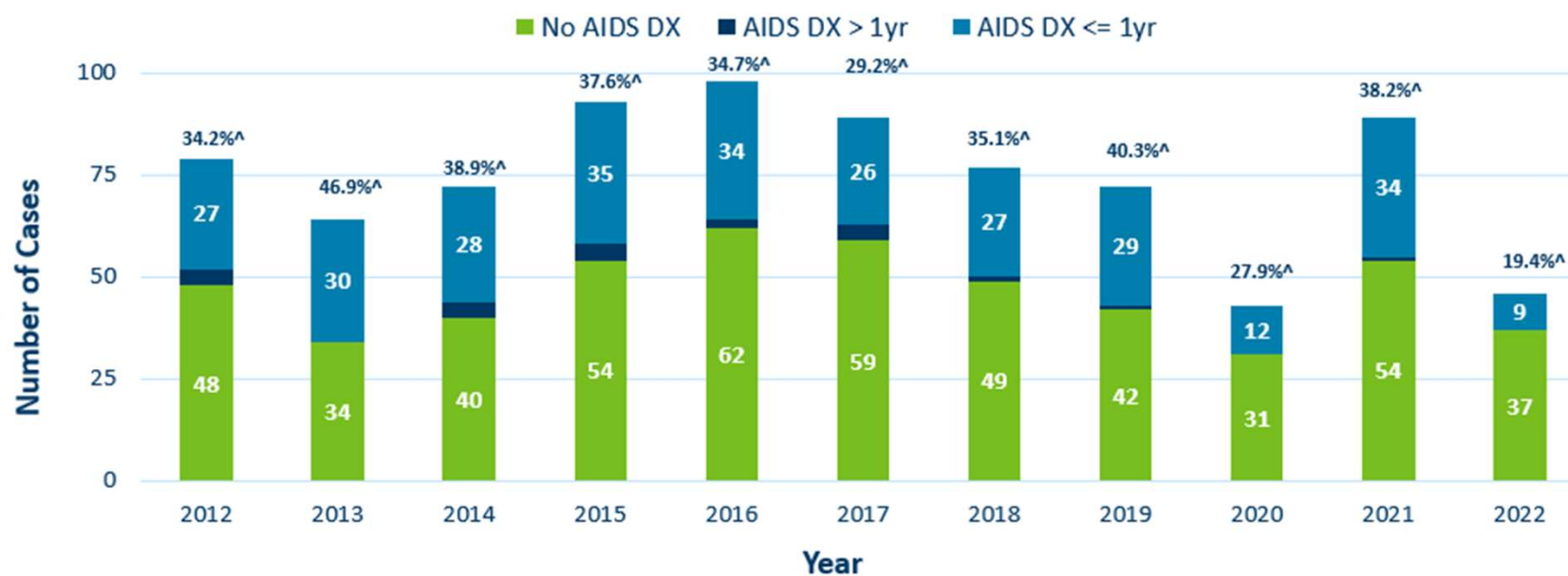
[†] Excludes people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

[^] Includes 20 additional countries with less than 3 cases.

Late-Testers

(AIDS Diagnosis within one year of initial HIV Diagnosis)

Time of Progression to AIDS for HIV Diagnoses* Among Foreign-born people Minnesota 2012–2022[†]

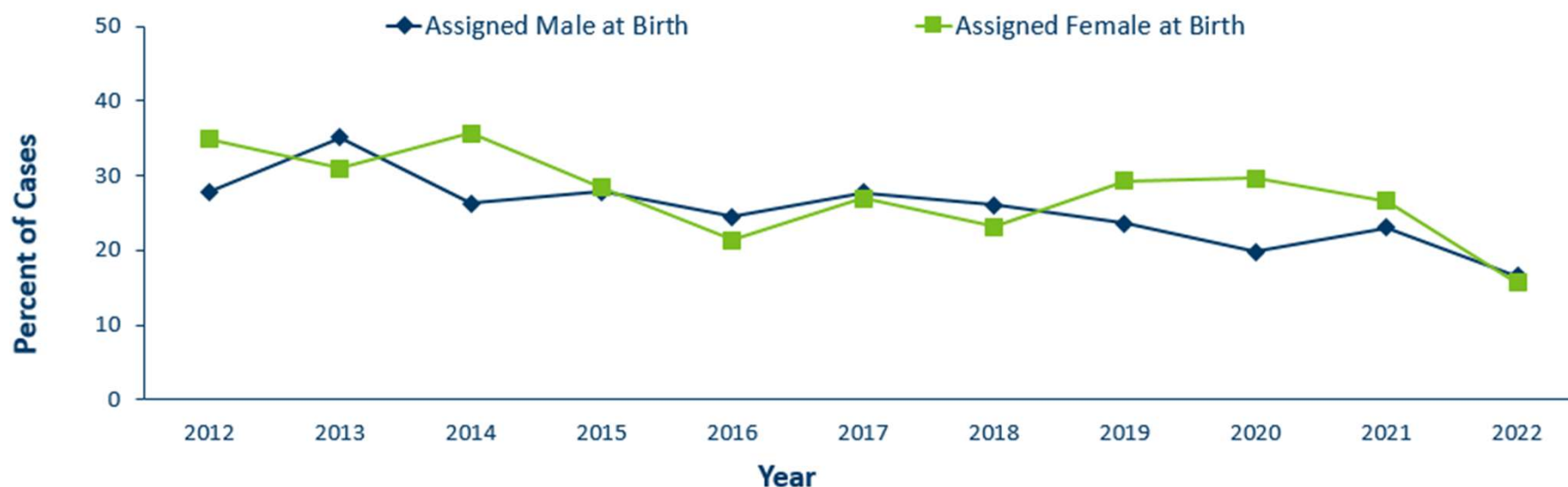


*Numbers include AIDS at 1st report but exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

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

[†] Numbers/Percent for cases diagnosed in 2022 only represents cases progressing to AIDS through February 2023.

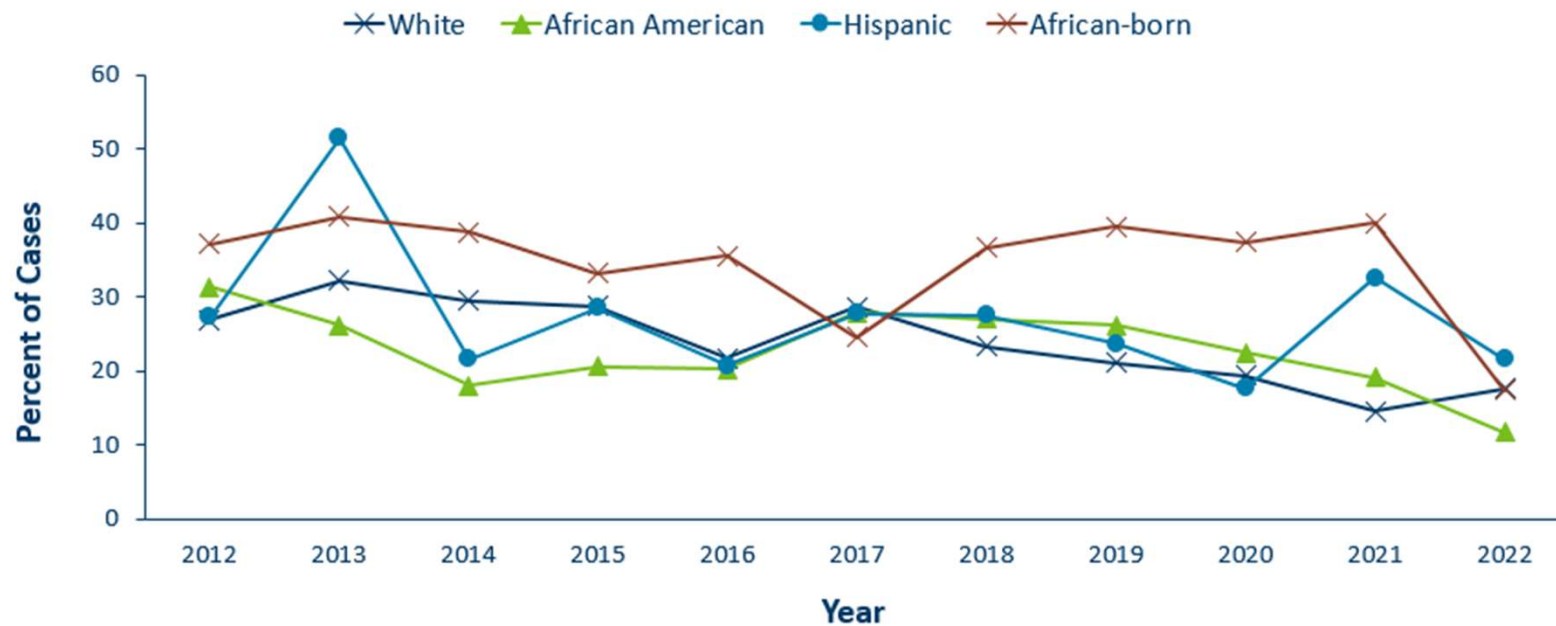
Progression to AIDS within 1 year of initial HIV Diagnosis* by Sex Assigned at Birth 2012–2022†



*Numbers include AIDS at 1st report but exclude people 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 2022 only represents cases progressing to AIDS through February 2023

Progression to AIDS within 1 year of initial HIV Diagnoses* by Race/Ethnicity^ 2012–2022†

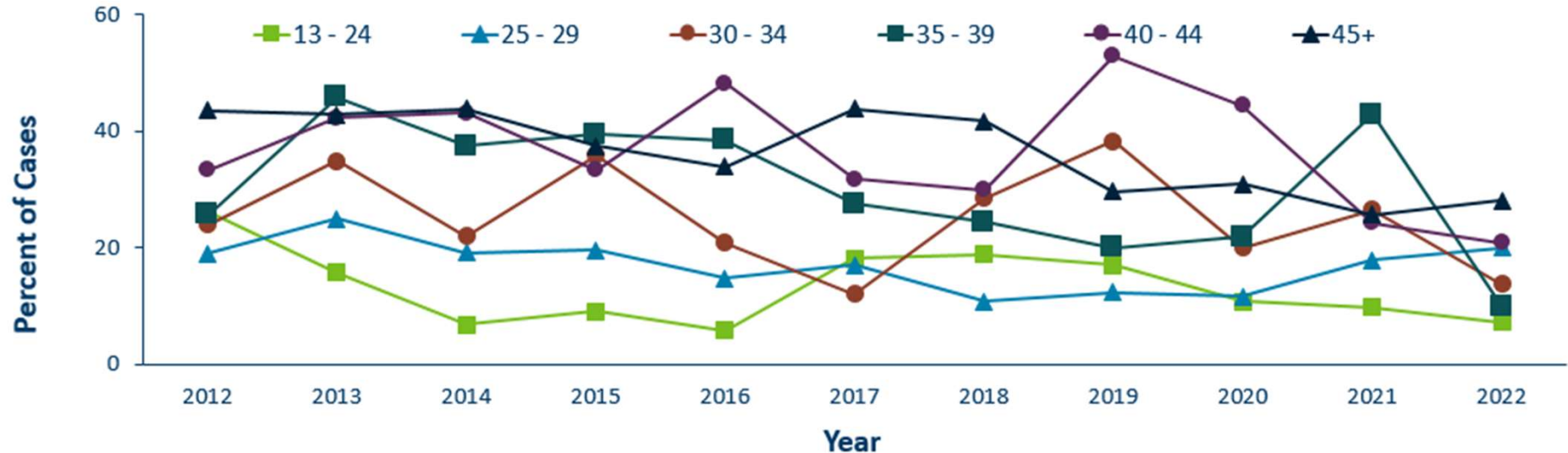


*Numbers include AIDS at 1st report but exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

† Numbers/Percent for cases diagnosed in 2022 only represents cases progressing to AIDS through February 2023.

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

Progression to AIDS within 1 year of initial HIV Diagnosis* by Age 2012–2022[†]

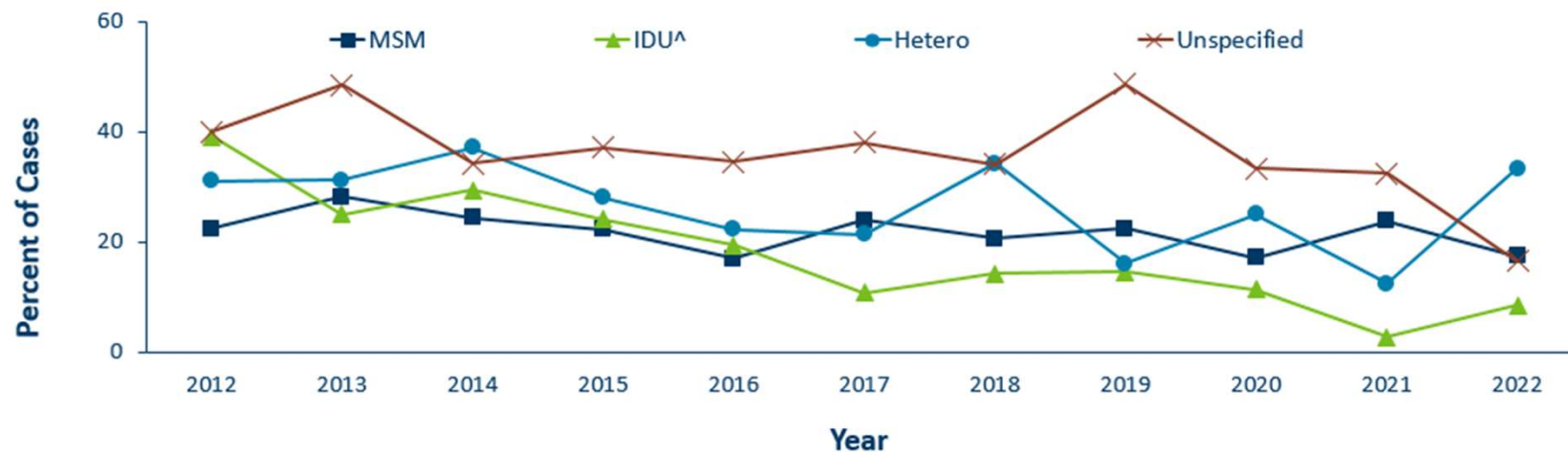


*Numbers include AIDS at 1st report but exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

[†] Numbers/Percent for cases diagnosed in 2022 only represents cases progressing to AIDS through February 2023.

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

Progression to AIDS within 1 year of initial HIV Diagnosis* by Mode of Transmission 2012–2022†



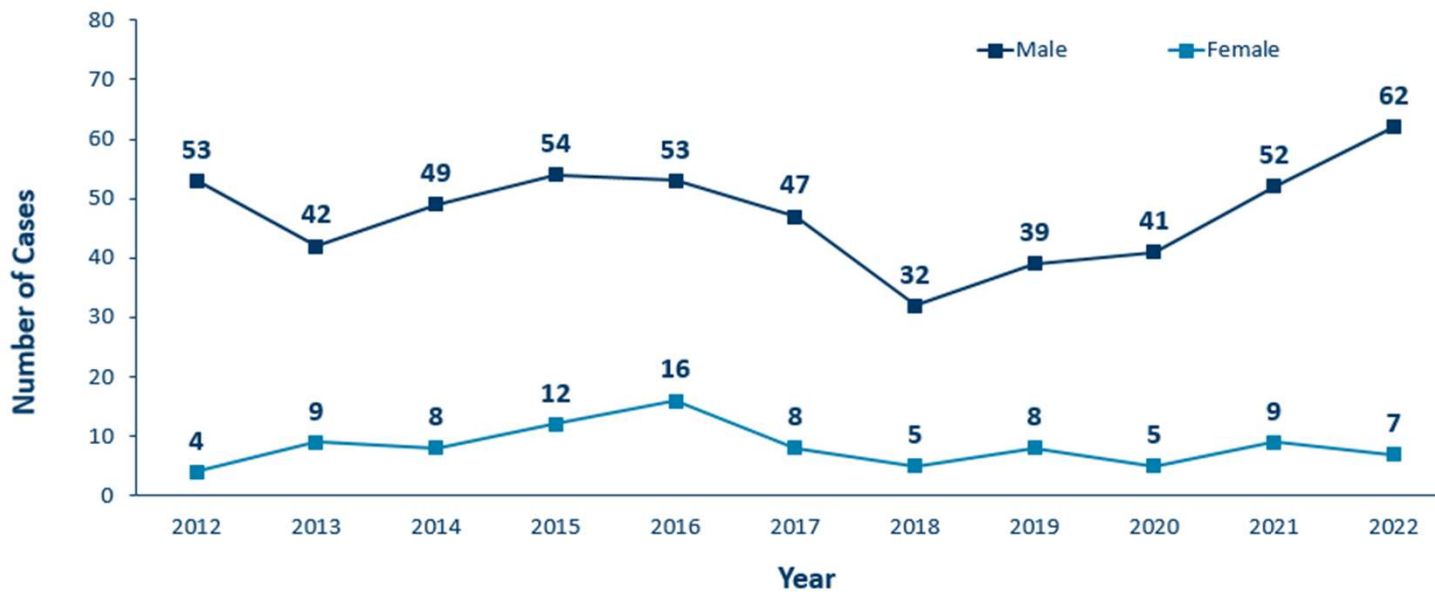
*Numbers include AIDS at 1st report but exclude people arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

† Numbers/Percent for cases diagnosed in 2022 only represents cases progressing to AIDS through February 2023.

^Includes MSM/IDU

Adolescents & Young Adults (Ages 13-24)*

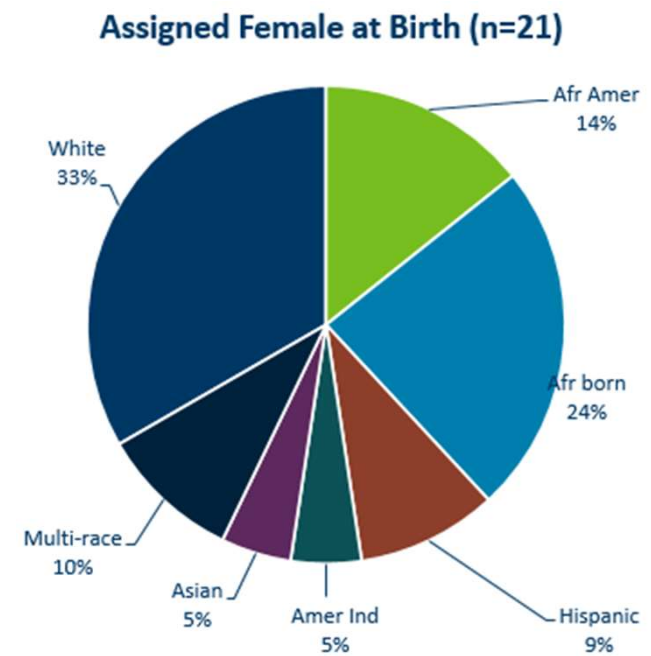
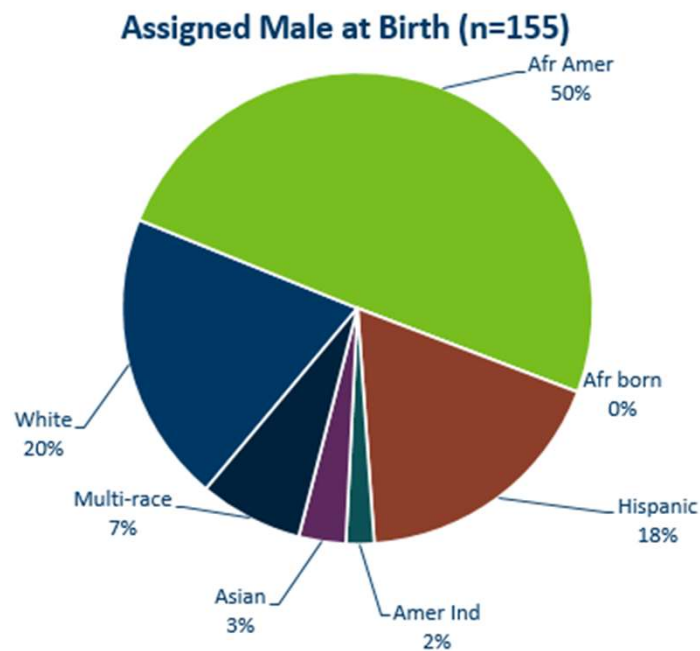
HIV Diagnoses* Among Adolescents and Young Adults† by Sex Assigned at Birth and Year 2012–2022



* HIV or AIDS at first diagnosis

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

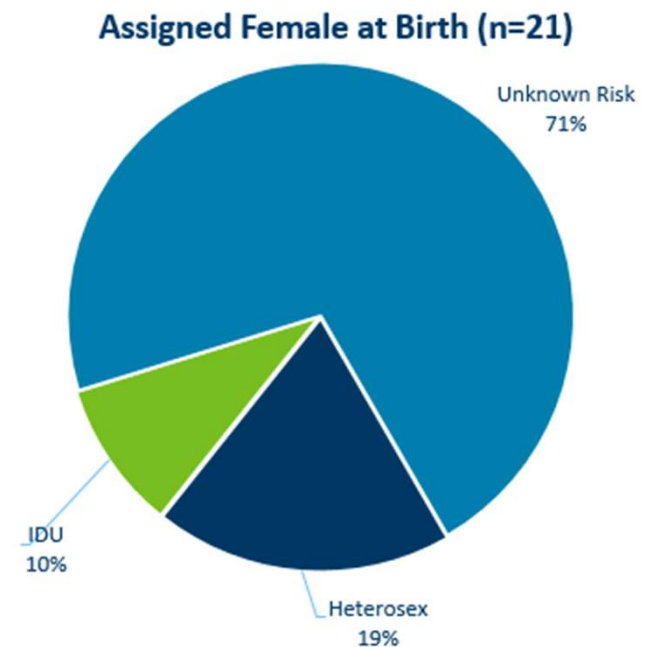
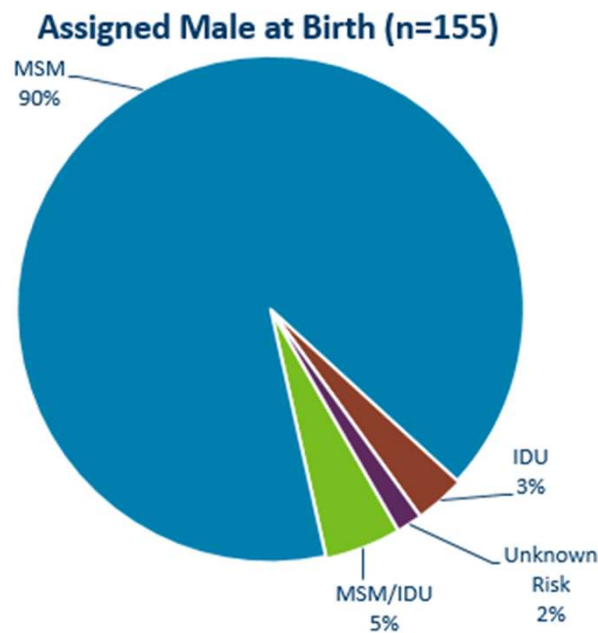
HIV Diagnoses* Among Adolescents and Young Adults[†] by Sex Assigned at Birth and Race/Ethnicity, 2020–2022 Combined



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

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

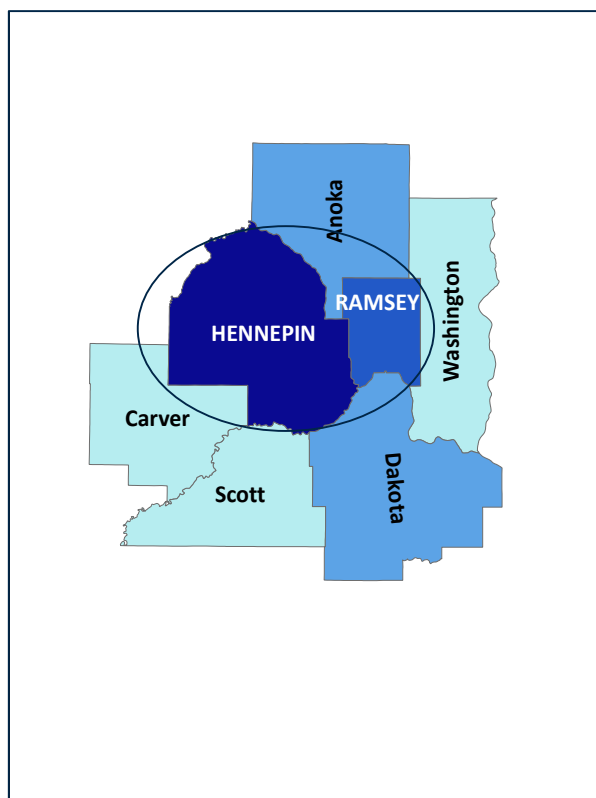
HIV Diagnoses* Among Adolescents and Young Adults[†] by Sex at Birth and Exposure Group 2020–2022 Combined



[†] Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.
MSM = Men who have sex with men IDU = Injection drug use Heterosex = Heterosexual contact
n = Number of people
• HIV or AIDS at first diagnosis

Additional Topics

HIV Outbreak in Hennepin/Ramsey Counties



Hennepin/Ramsey Counties HIV Outbreak

- In February 2020, MDH Health Alert Network declared an outbreak among persons who inject drugs (PWID)
- Current Case Count: 168 cases
- Inclusion Criteria:
 - 73 encampment-related
 - 95 MSM/IDU & IDU non-encampment

People at high-risk in the current outbreak:

- People who use injection drugs (PWID) or share needles/works
- People experiencing homelessness or unstable housing
- People who exchange sex for income or other items they need

HIV Outbreak in Duluth Region



Duluth Region HIV Outbreak

- In March 2021, MDH Health Alert Network declared an outbreak in the Duluth Region (30-mile area) among newly diagnosed HIV cases
- Current Case Count: 35 cases

People at high-risk in the current outbreak:

- People who use injection drugs (PWID) or share needles/works
- People experiencing homelessness or unstable housing
- People who exchange sex for income or other items they need
- Men who have sex with men

Updated webpage: Outbreak Data e-Resources

[Background](#)

[Newly Diagnosed HIV Case Counts by County](#)

[Hennepin and Ramsey County HIV Outbreak Data](#)

[Duluth Area HIV Outbreak Data](#)

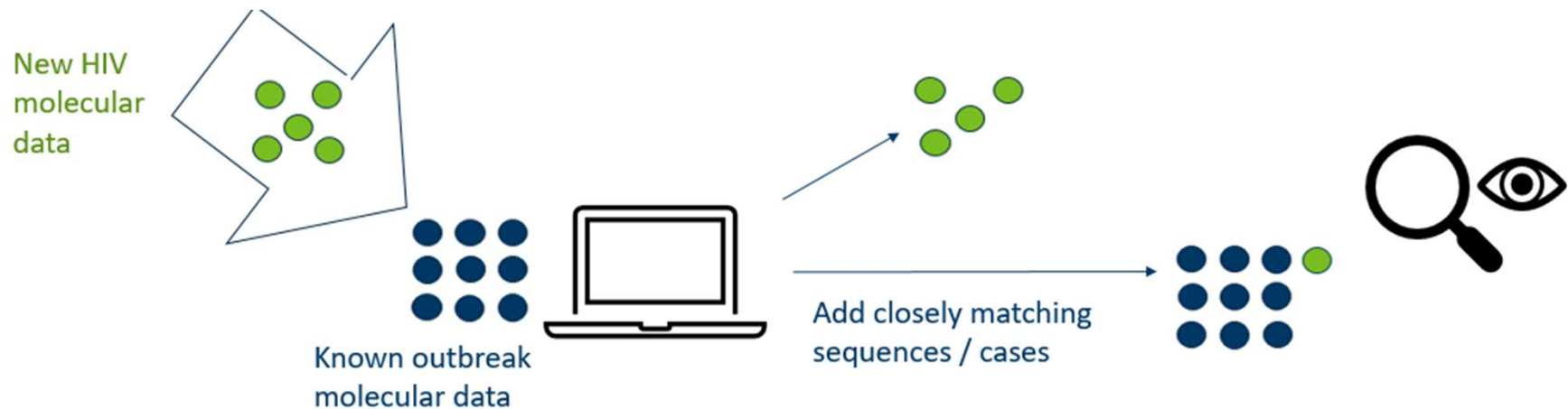
HIV Outbreak Response and Case Counts

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

The screenshot shows the Minnesota Department of Health website. The header includes the logo and navigation links: HOME, TOPICS, and ABOUT US. The main content area is titled "HIV/AIDS Statistics" and features a sidebar with links to "HIV/AIDS Statistics Home", "HIV Care Continuum", "Outbreak Response & Case Counts", and "Statistics" for the years 2019 through 2015. The main text area is titled "HIV Outbreak Response and Case Counts" and contains the following text: "Minnesota is currently experiencing human immunodeficiency virus (HIV) outbreaks in Hennepin and Ramsey counties as well as the Duluth area. Case counts specific to each outbreak can be found below. Minnesota HIV Case Counts by County shows the incidence of new HIV cases compared to previous years. Partners can use or adapt these resources and tools for HIV outbreak prevention and response in Minnesota." Below this text is a link "Subscribe to HIV/STD Prevention and Data Updates" with a red arrow pointing to it. A small box below the link states: "This subscription provides updates on STD and HIV in Minnesota. By subscribing, you will receive updates about the HIV outbreak in addition to other STD/HIV information."

Subscribe to receive our HIV/STD prevention and data e-mail updates.

Molecular Tools for Outbreak Monitoring



To address data privacy concerns:

- Molecular data is from the HIV virus, and is not a person's genetic material
- Cannot infer causal directionality of infection
- HIV virus sequences securely housed at the health department

Thank you.

HIV Surveillance Team

Health.HIV.Surveillance@state.mn.us

1-800-318-8137



HIV/AIDS Prevalence and Mortality Report, 2022

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 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 2022 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)

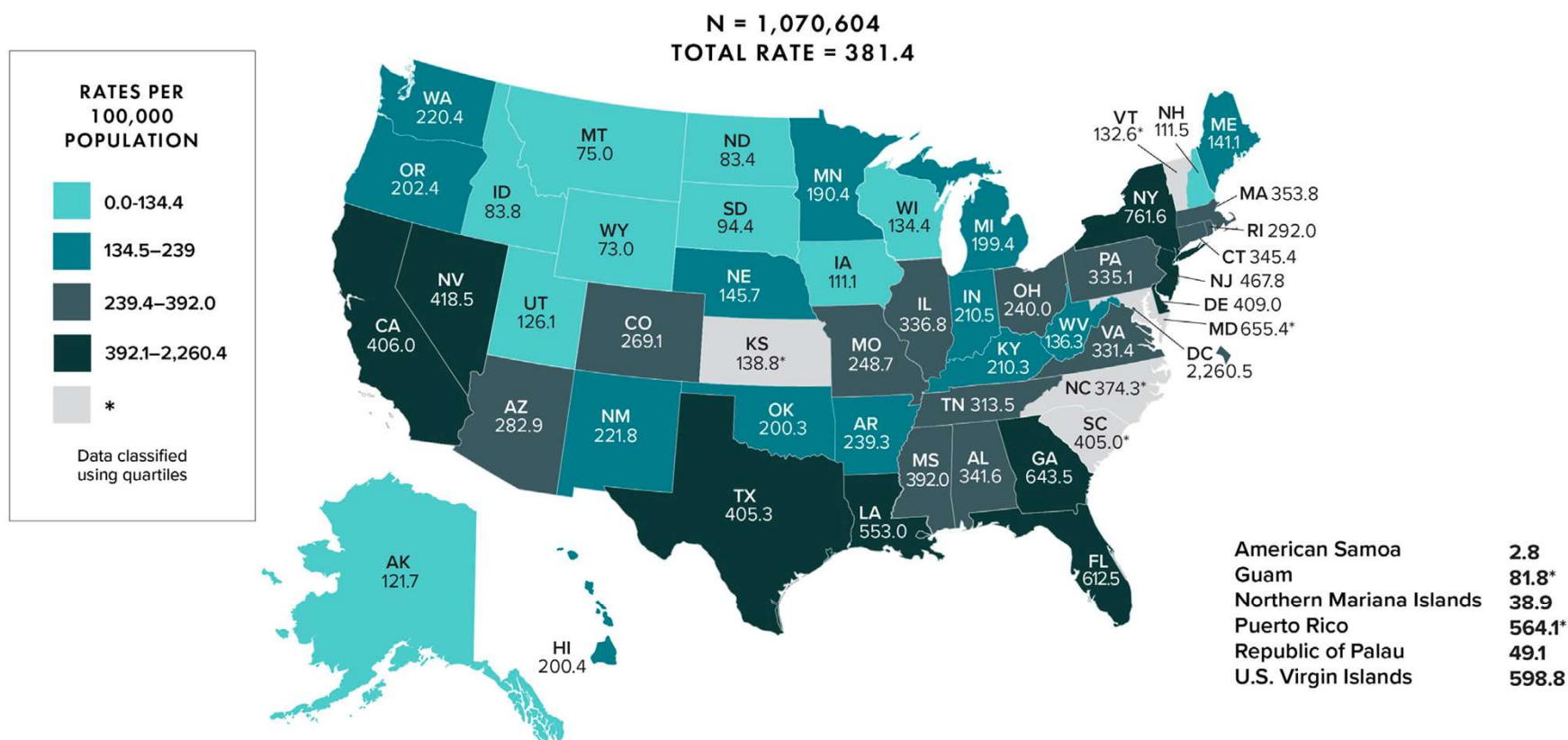
- Data analyses exclude persons diagnosed in federal or private correctional facilities, but include state prisoners (number of state prisoners believed to be living with HIV/AIDS as of 2022 = 17)
- Data analyses for new infections exclude persons arriving in Minnesota through the HIV+ Refugee Resettlement Program (number of primary HIV+ refugees in this program living in Minnesota as of December 31, 2022 = 163), as well as other refugees/immigrants reporting a positive test prior to their arrival in Minnesota (n = 160).
- 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 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)

- 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 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 persons only)

National Context

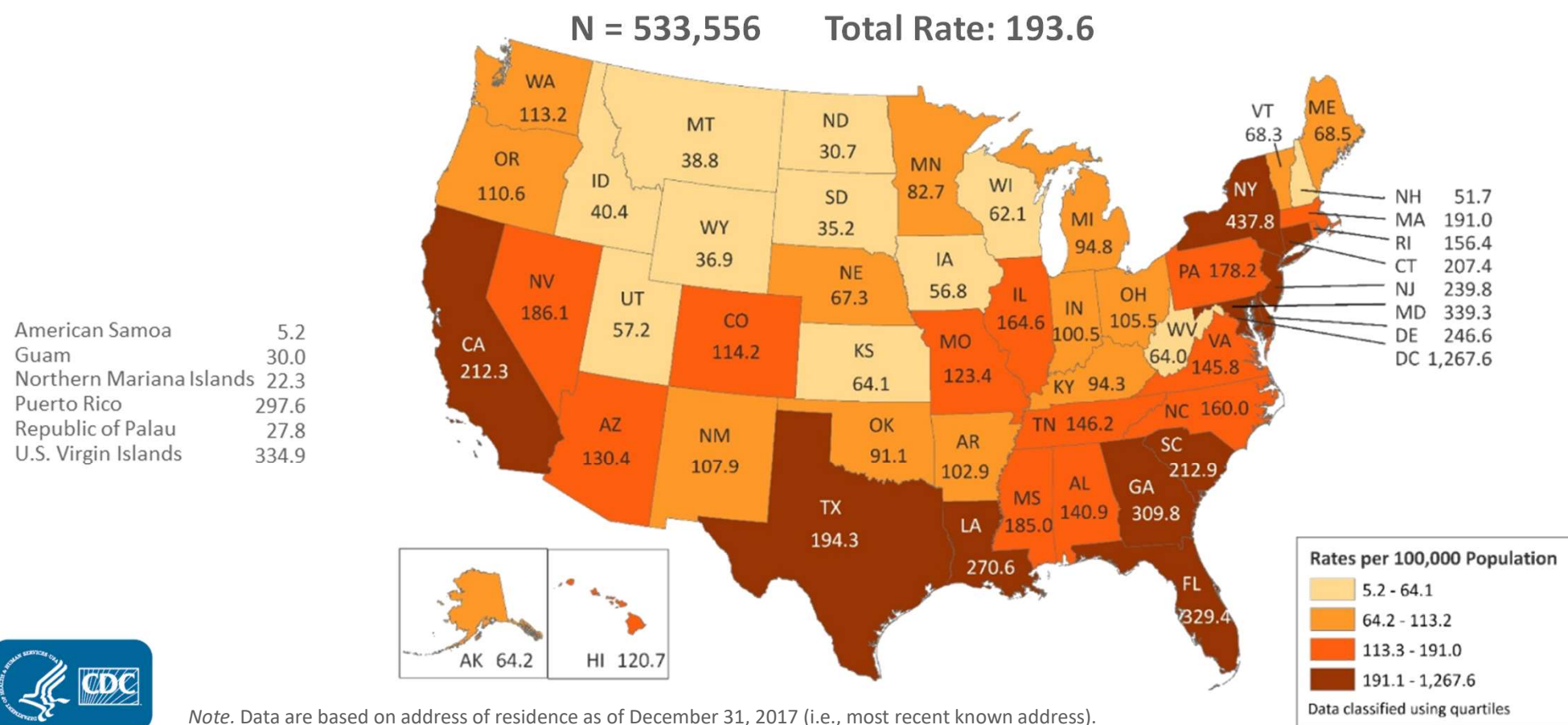
Rates of Adults and Adolescents Living with Diagnosed HIV Infection, by Area of Residence, Year-end 2020—United States and 6 Dependent Areas



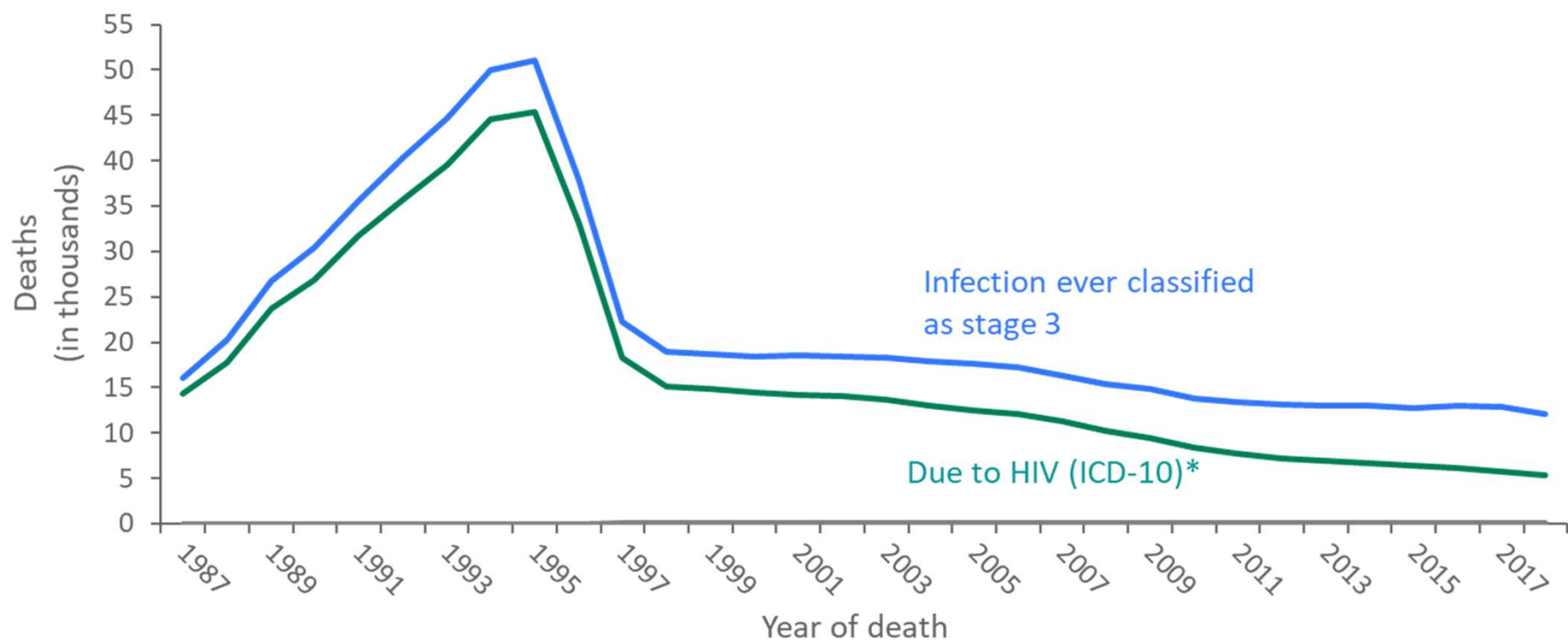
Note. Data are based on address of residence as of December 31, 2019 (i.e., most recent known address).



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



Comparison of Deaths among persons 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

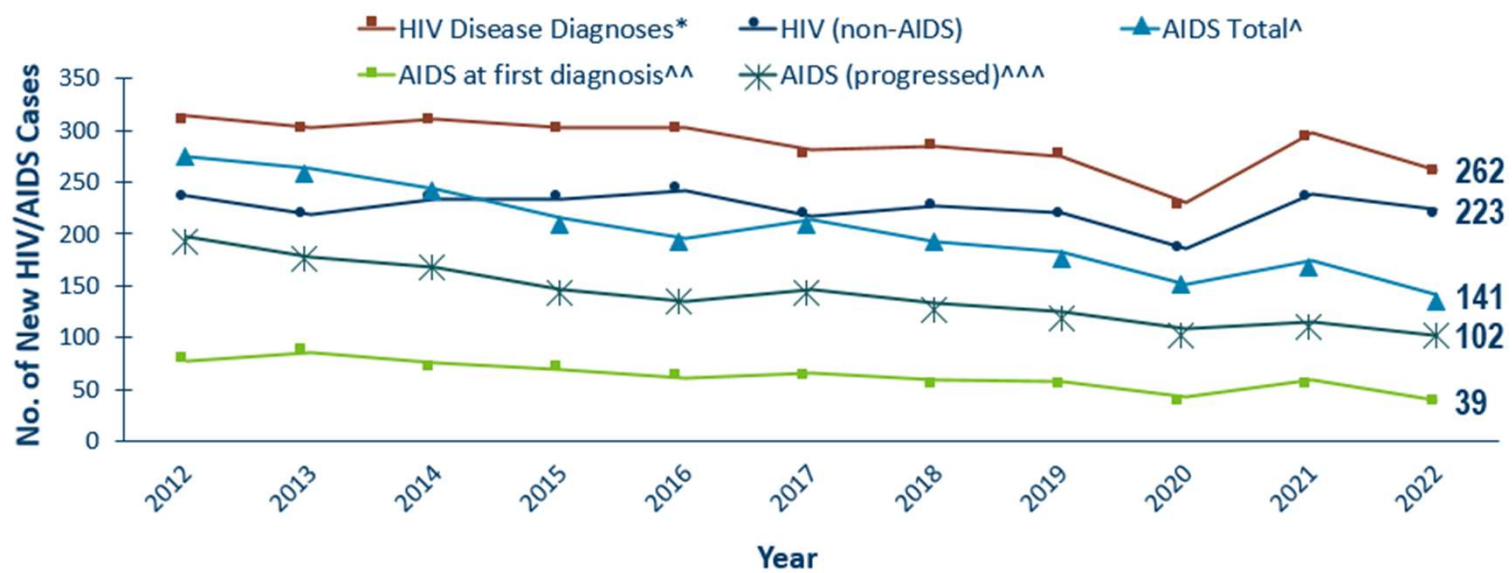


*For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



Overview of HIV/AIDS in Minnesota

New HIV Diagnoses, HIV (non-AIDS) and AIDS Cases by Year of HIV Diagnosis, 2012–2022



*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.

Persons Living with HIV/AIDS in Minnesota

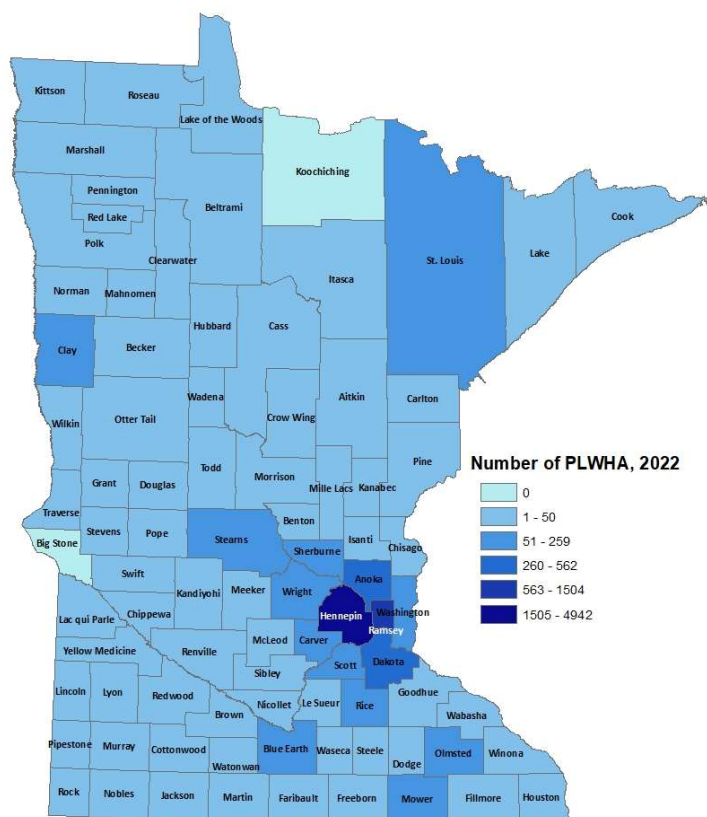
Estimated Number of Persons Living with HIV/AIDS in Minnesota

- As of December 31, 2022 **9,805*** persons are assumed alive and living in Minnesota with HIV/AIDS. This includes:
 - 5,615 (57%) living with HIV infection (non-AIDS)
 - 4,190 (43%) living with AIDS
- This number includes **2,702** persons who were first reported with HIV or AIDS elsewhere and subsequently moved to Minnesota
- This number excludes **1,734** persons who were first reported with HIV or AIDS in Minnesota and subsequently moved out of state

*This number includes persons 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, 2022



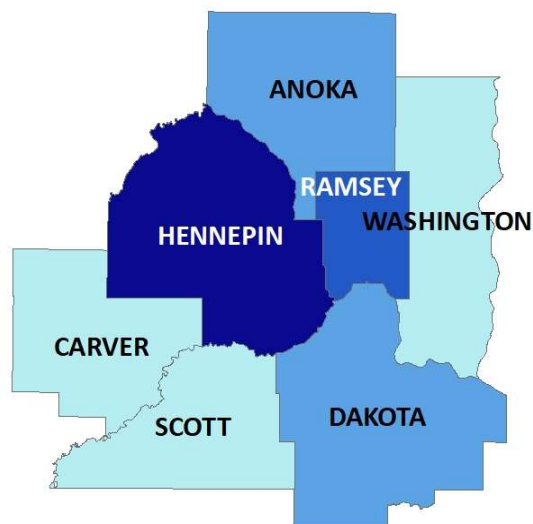
City of Minneapolis	3,199 (836.2 per 100,000)
City of St. Paul	1,195 (419.2 per 100,000)
Suburban*	3,557 (163.0 per 100,000)
Greater Minnesota	1,839 (74.9 per 100,000)
Total	9,790 (184.6 per 100,000)

#HIV or AIDS at last medical appointment

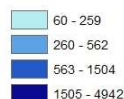
*7-county metro area, excluding the cities of Minneapolis and St. Paul

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Minnesotans Living with HIV by Metro* County, 2022



PLWHA, Metro Region, 2022

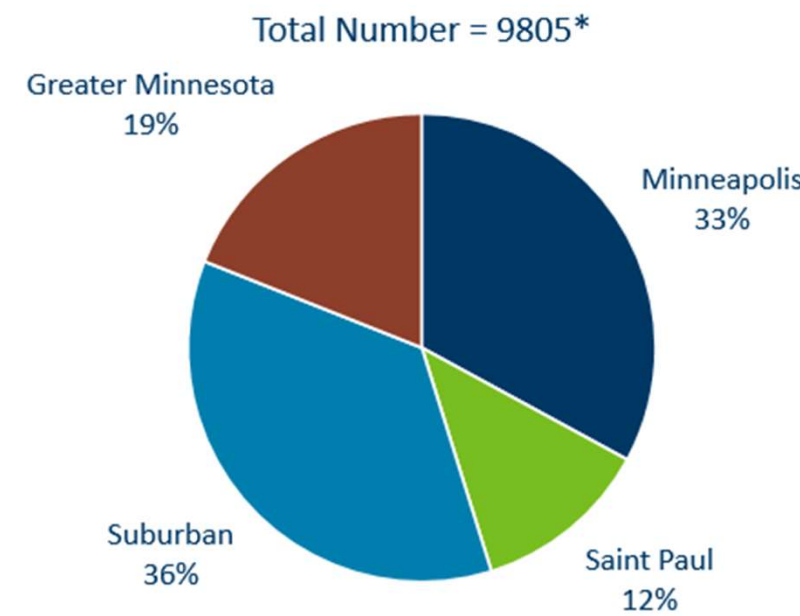


City of Minneapolis	3,199 (836.2 per 100,000)
City of St. Paul	1,195 (419.2 per 100,000)
Suburban*	3,557 (163.0 per 100,000)
Greater Minnesota	1,839 (74.9 per 100,000)
Total	9,790 (184.6 per 100,000)

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

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Persons Living with HIV/AIDS in Minnesota by Current Residence, 2022



*15 persons 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.

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

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

Transmission Categories

- CDC defines **Transmission categories** as *“the term for classification of cases that summarizes an adult’s or adolescent’s possible HIV risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the single risk factor most likely to have been responsible for transmission.”*
 - **Male-to-male sexual contact (MMSC):** includes individuals assigned male sex at birth, regardless of current gender identity, who have had sexual contact with other males, and individuals assigned male sex at birth who have had sexual contact with both males and females (bisexual contact)
 - **Injection drug use (IDU):** includes persons who injected nonprescription drugs or who injected prescription drugs for nonmedical purposes
 - **Male-to-male sexual contact and injection drug use (MMSC/IDU):** includes individuals assigned male sex at birth, regardless of current gender identity, who have had sexual contact with other males and injected nonprescription drugs or injected prescription drugs for nonmedical purposes
 - **Heterosexual contact:** includes persons who have ever had sexual contact with a person known to have, or with a risk factor for, HIV infection
 - **Perinatal:** includes persons who acquired HIV through mother-to-child transmission
 - **Other:** includes persons with other risk factors (ie. blood transfusion, hemophilia) or whose risk factor was not reported or identified

Gender Identity

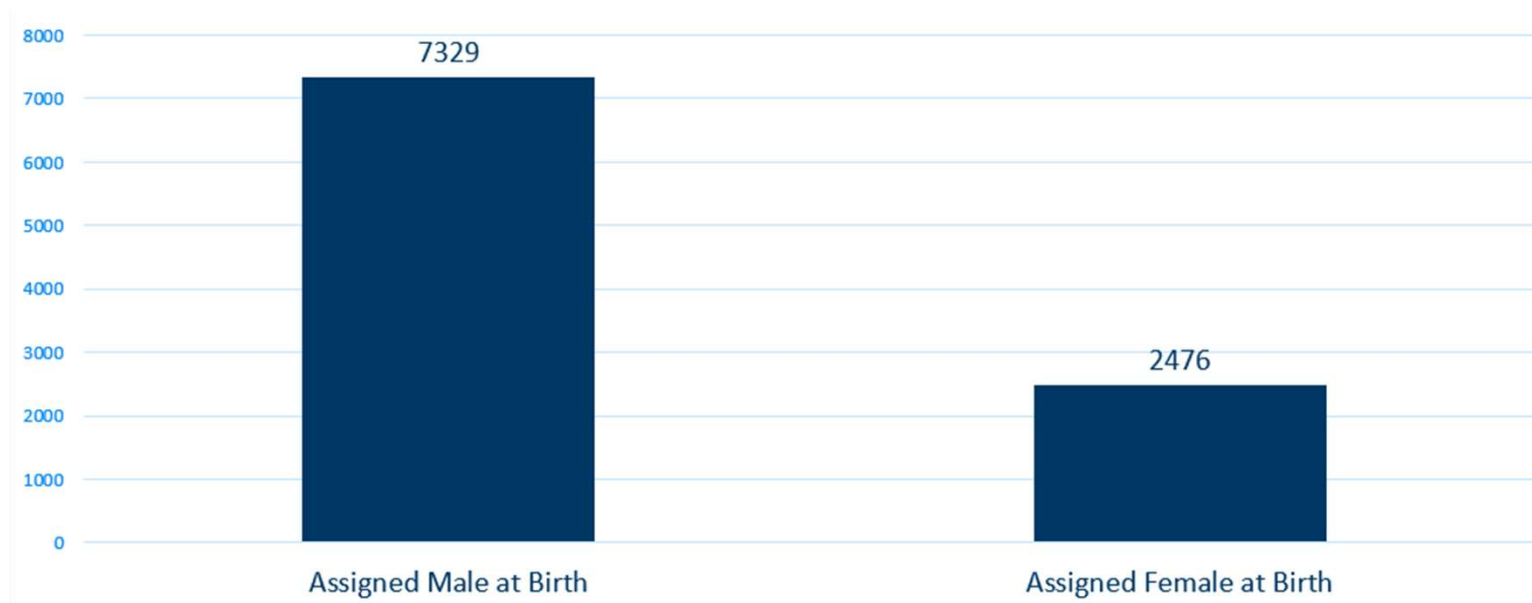
Gender identity refers to a *“person’s internal understanding of their own gender, or gender with which a person identifies. HIV surveillance personnel collect data on gender identity, when available, from sources such as case report forms submitted by health care or HIV testing providers and medical records, or by matching with other health department databases”*

Cisgender *“is a term used to indicate that a person’s sex assigned at birth and current gender identity are the same (ie. a person assigned male at birth and who currently identifies as a man is a cisgender male)”*

Transgender woman: *“a person assigned “male” sex at birth who identifies as female”*

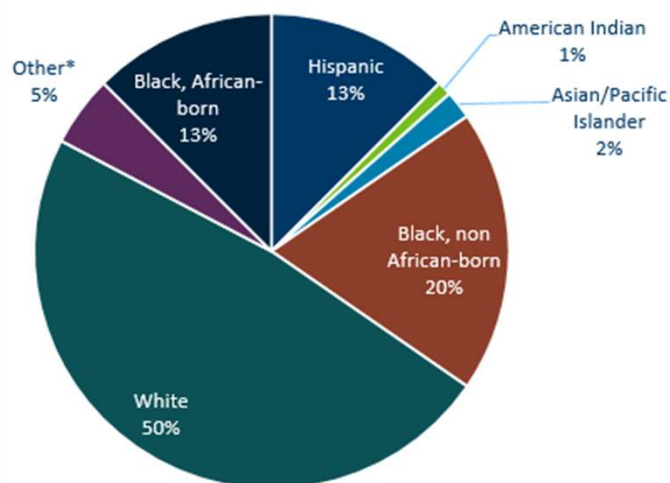
Transgender man: *“a person assigned “female” sex at birth who identifies as male”*

Persons Living with HIV/AIDS in Minnesota by Sex Assigned at Birth, 2022

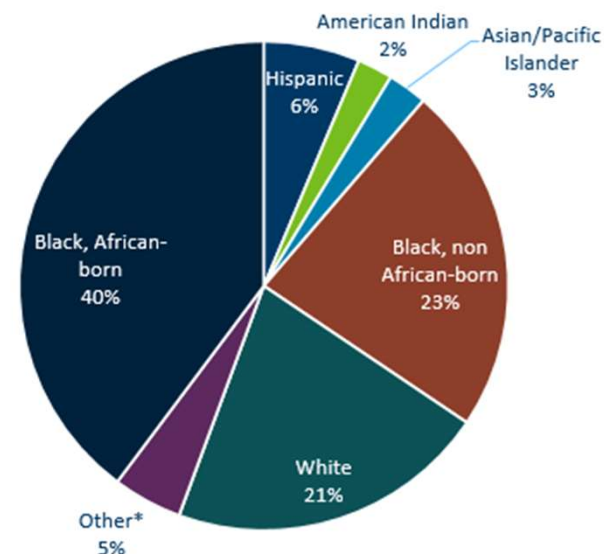


Persons Living with HIV/AIDS in Minnesota by Sex Assigned at Birth and Race/Ethnicity^, 2022

Assigned Male at Birth (n=7329)



Assigned Female at Birth (n=2476)



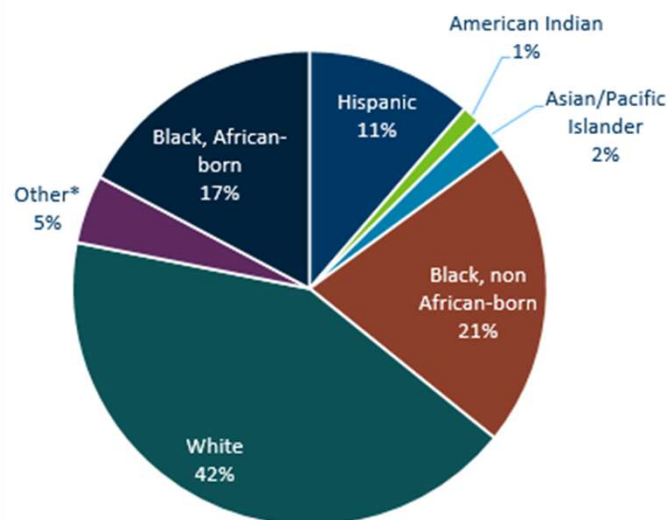
*Other includes multi-racial persons and persons with unknown race

^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.

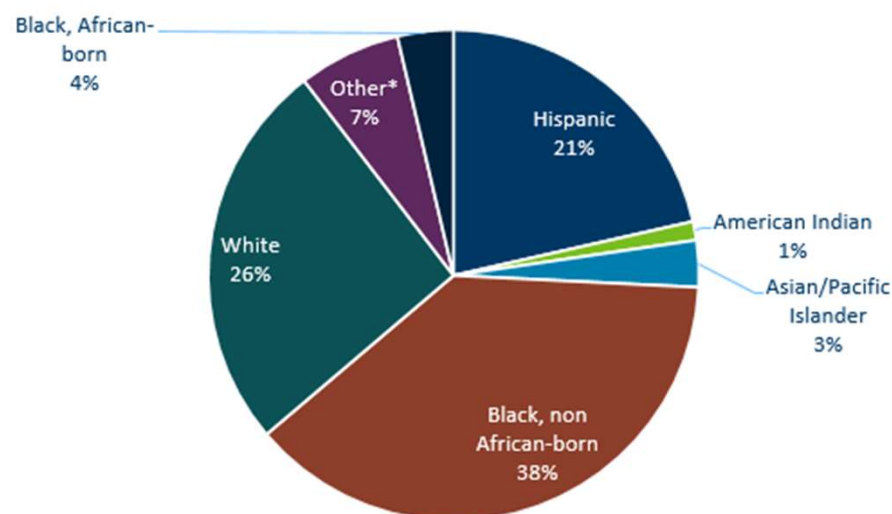
Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Persons Living with HIV/AIDS in Minnesota by Gender Identity** and Race/Ethnicity^, 2022

Cisgender Minnesotans (n=9639)



Transgender Minnesotans (n=163)



*Other includes multi-racial persons and persons 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.

Data (left): [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Number of Cases and Rates (per 100,000 persons) of Persons Living with HIV/AIDS by Race/Ethnicity** in Minnesota, 2022

Race/Ethnicity	Number of Cases	Percentage of Total	Rate per 100,000^
White, non-Hispanic	4144	42%	94.0
Black, non African-born	2,026	21%	1396.5
Black, African-born*	1,677	17%	1,334.4††
Hispanic	1,134	12%	453.1
American Indian	125	1%	224.8
Asian/Pacific Islander	233	2%	107.3
Other†	466	5%	X
Total	9,805	100%	184.9

^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 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 145,078 Source: 2019 American Community Survey.

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Number of Cases Living with HIV/AIDS by Gender Identity in Minnesota, 2022

Gender Identity	Number of Cases	Percent of Total
Cisgender Men	7,178	73%
Cisgender Women	2,464	25%
Transgender†† (Total)	153	1.5%
<i>Trans Women</i>	142	93%*
<i>Trans Men</i>	11	7%*
Other Gender Identity**	10	0.1%
Total	9805	100%

††Current gender was not reportable until 2009, so may be incomplete for HIV infections reported before that time. Because current gender is incomplete for many cases, there may be misclassification of transgender Minnesotans in either of the cisgender groups.

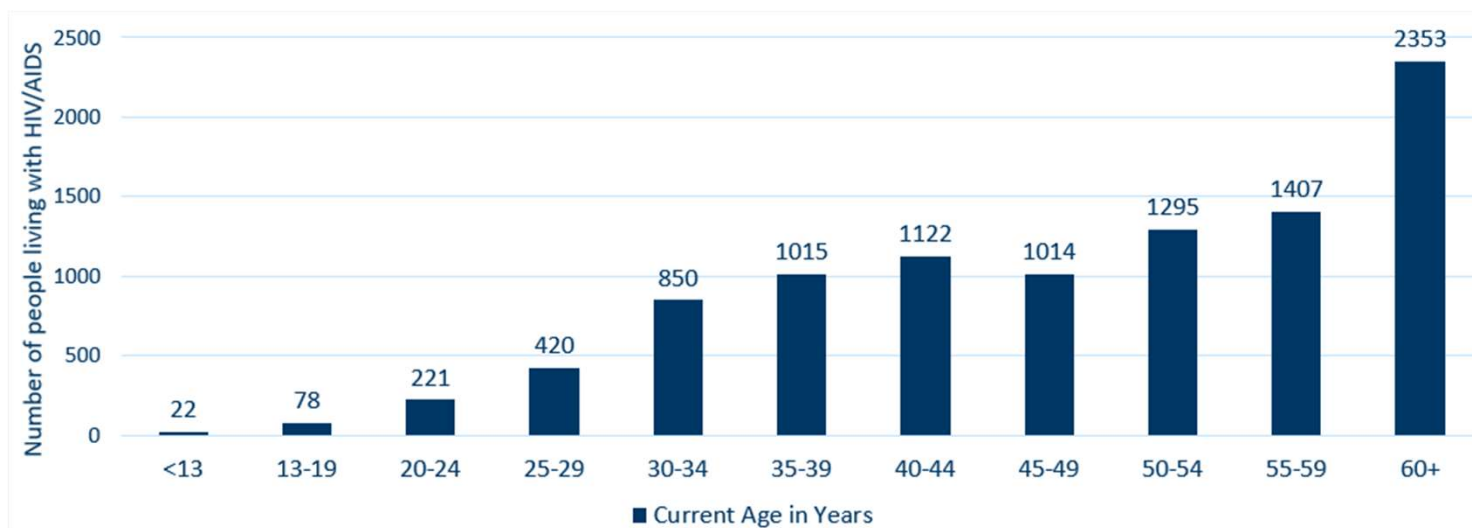
*Percentages are based on the total number of cases reported at that stratum.

** includes nonbinary and other gender identity

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Age

Persons Living with HIV/AIDS in Minnesota by Age Group*, 2022

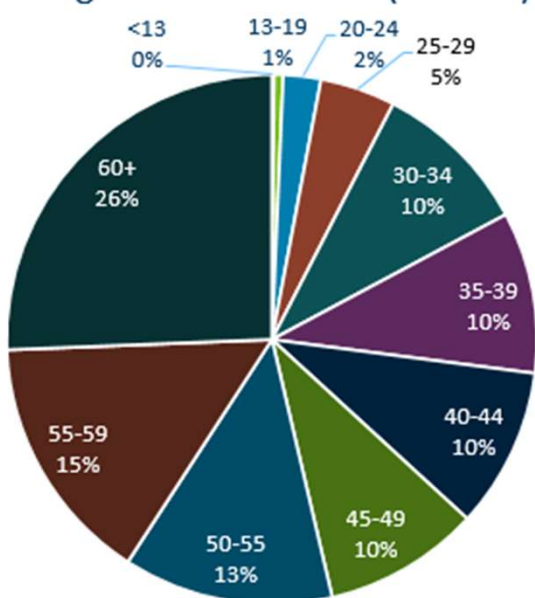


*Age missing for 8 persons living with HIV/AIDS

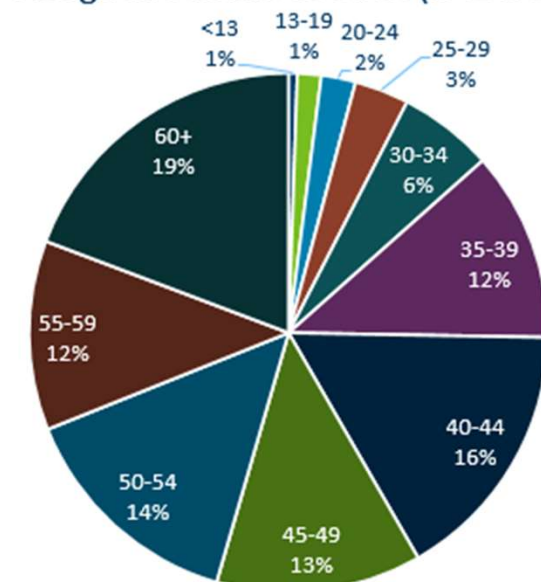
Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

Persons Living with HIV/AIDS in Minnesota by Age Group* and Sex Assigned at Birth, 2022

Assigned Male at Birth (n=7321)

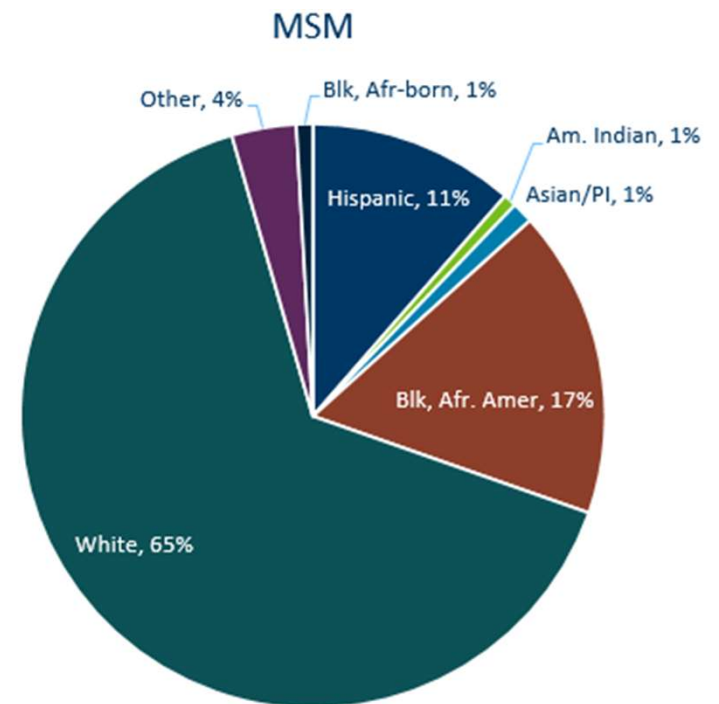
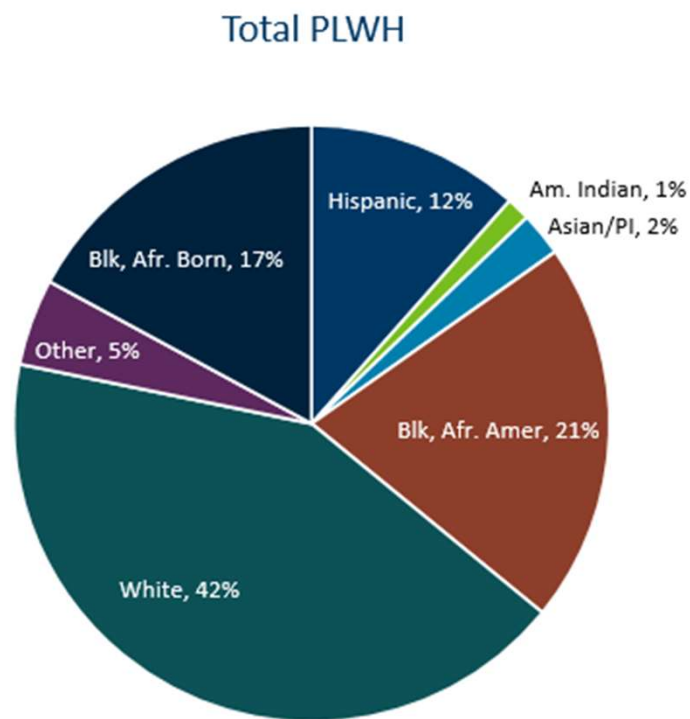


Assigned Female at Birth (n=2476)

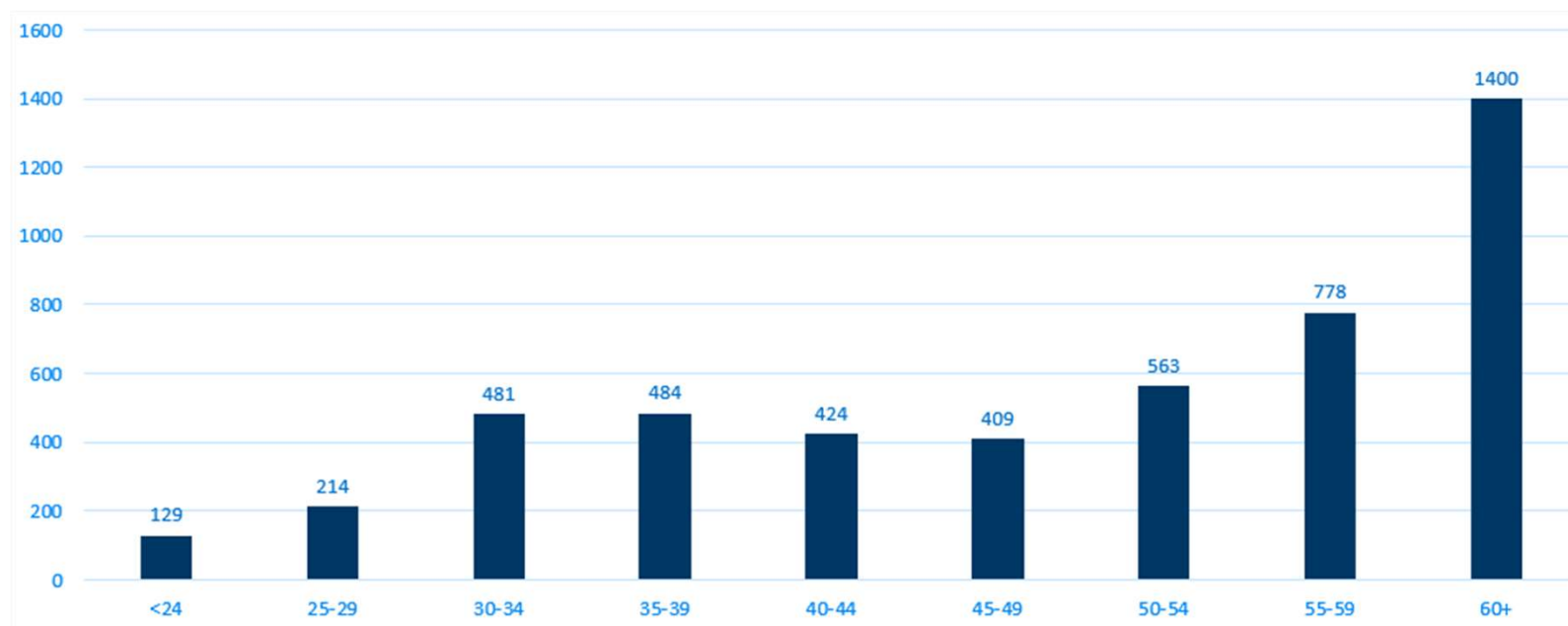


MSM Analysis

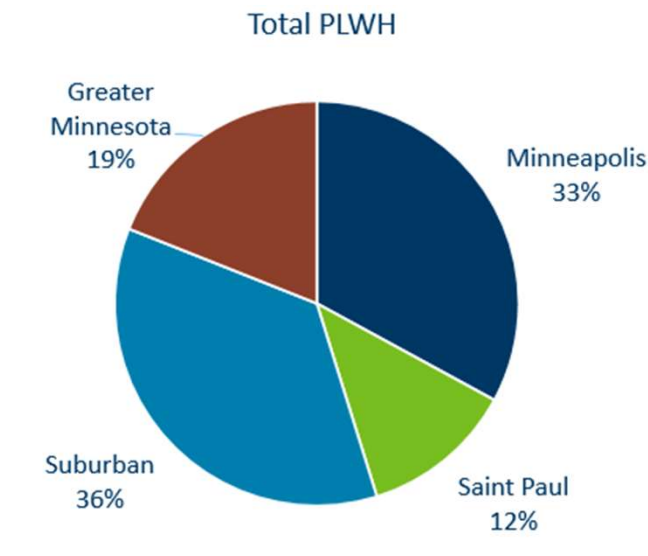
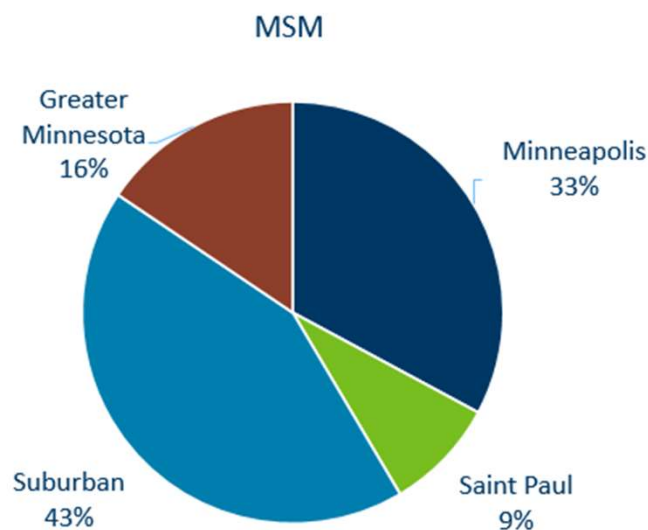
Distribution by Race and Ethnicity of People Living with HIV/AIDS in Minnesota, 2022



MSM Living with HIV in MN by Age, 2022

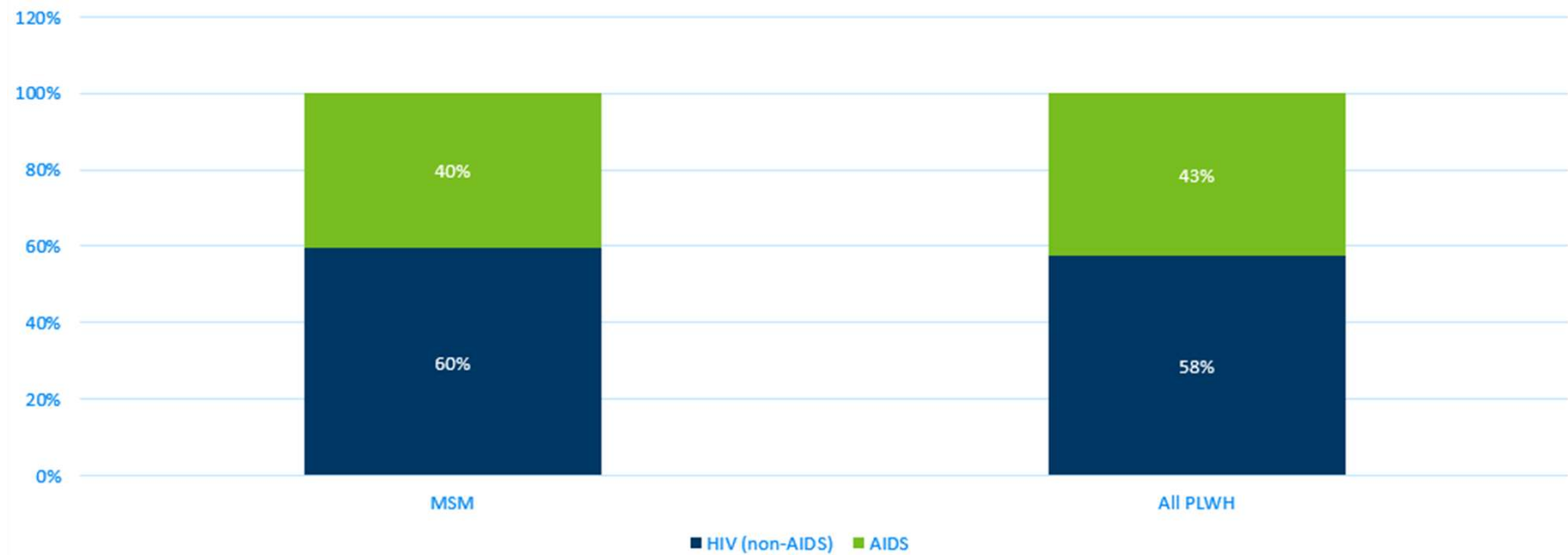


MSM Living with HIV/AIDS in Minnesota by Current Residence, 2022



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.

MSM Living with HIV & AIDS compared to the Population of Minnesota, 2022



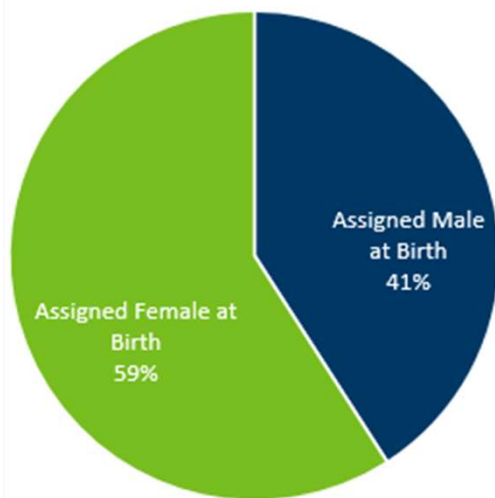
Foreign Born Populations

Foreign Born Persons Living with HIV/AIDS in Minnesota* by Region of Birth, 2012–2022

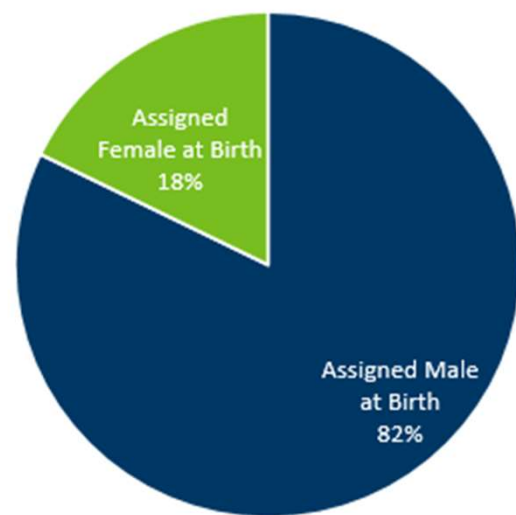


African-Born* Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Sex Assigned at Birth, 2022

African-born Cases (n=1718)

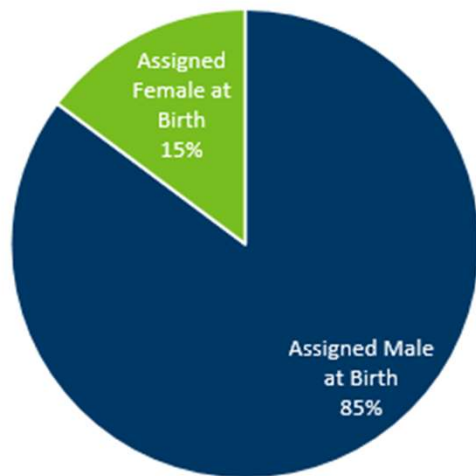


US-born Cases (n=7158)

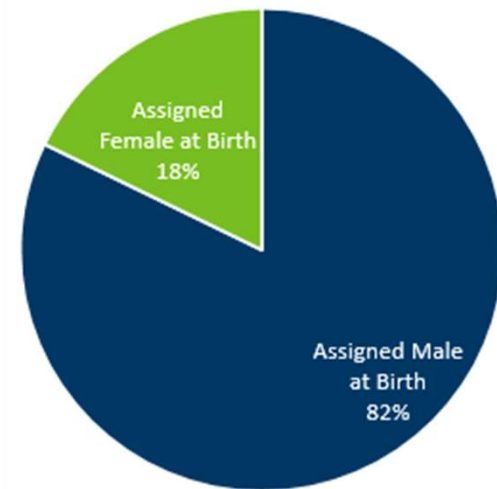


Latin American/Caribbean* Persons Living with HIV/AIDS Compared to Other Minnesota Cases by Sex Assigned at Birth, 2022

Latin American/Caribbean Cases (n=649)



US-born Cases (n=7158)



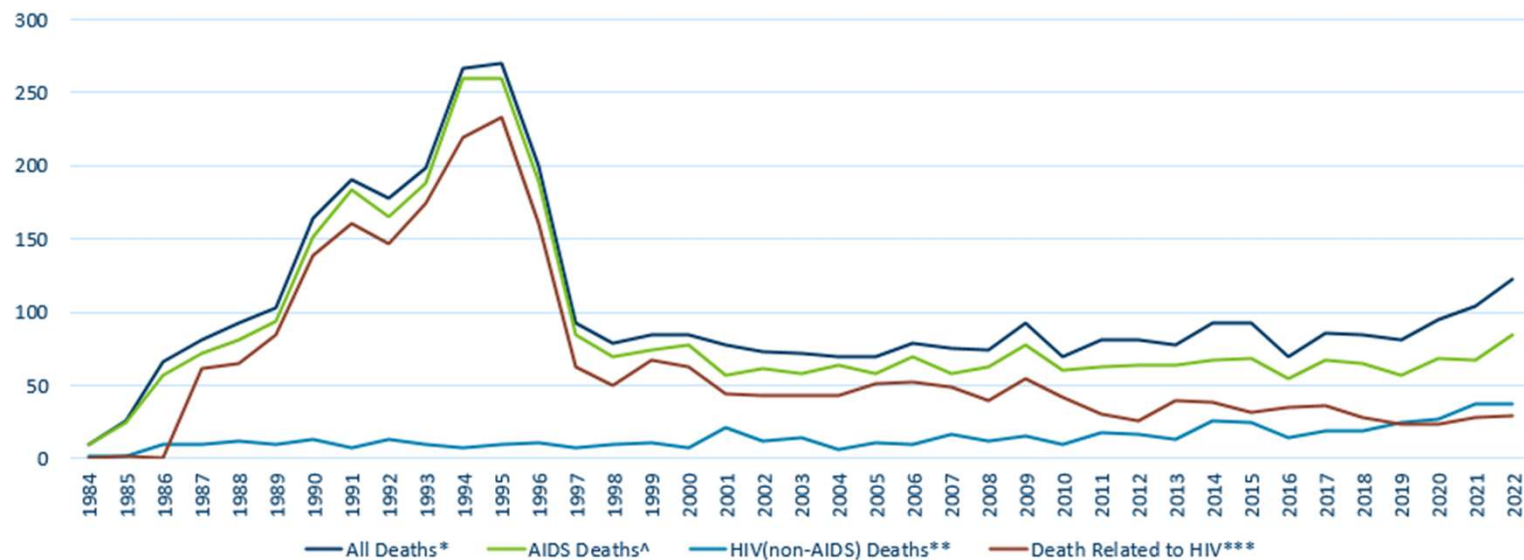
*Includes Mexico and all Central/South American and Caribbean countries.

Countries of Birth Among Foreign Born Persons* Living with HIV/AIDS in Minnesota, 2022

Country of Birth	Number of Prevalent Cases	Percent of Total
Ethiopia	364	14%
Mexico	334	12%
Liberia	312	12%
Kenya	214	8%
Somalia	171	6%
Cameroon	149	6%
Nigeria	73	3%
Sudan	71	3%
Guatemala	46	2%
Uganda	40	1%
Other* Countries	923	34%

Mortality

Reported Deaths Among Persons living with HIV/AIDS in Minnesota, 1984–2022



*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.

Data: [HIV/AIDS Prevalence and Mortality Report 2022 Tables](#)

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 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 data.

Factors that affect completeness and accuracy of HIV/AIDS surveillance data include availability and targeting of HIV testing services, test-seeking behaviors of people infected with HIV, compliance with case reporting, and timeliness of case reporting. Certain events have also affected trends in HIV/AIDS surveillance data. For example, changes to 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 because changes in case definition allowed for retrospective diagnoses. The lifting of the U.S. travel ban on HIV+ visitors and immigrants on January 4, 2010 meant that HIV+ people were no longer considered inadmissible. An amendment to the communicable disease reporting rule was passed in June 2011, requiring the report of all CD4 and Viral Load test results. More recently, the COVID pandemic declared in 2020 led to disruptions in access to HIV testing and clinical services, as well as reallocation of public health staff to COVID response activities, resulting in a steep one-year decline in HIV diagnoses.

New HIV Diagnoses

New HIV diagnoses refer to people who are diagnosed with HIV infection and newly reported to 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 people who were first reported with HIV infection while residents of Minnesota. People moving to Minnesota already infected with HIV are excluded if they were previously reported in another state.

Vital Status of HIV/AIDS Cases

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

¹ Minnesota Rule 4605.7040

² MMWR 1992;41[no.RR-17]:1-19

departments, annual death certificate reviews (updated through December 31, 2022, and periodic matches with the National Death Index (updated through December 31, 2022) and Social Security Death Master File (updated through March 31, 2022). “All deaths” refers to all deaths among HIV/AIDS cases regardless of the cause of death.

Place of Residence for HIV/AIDS Cases

People are assumed to be residing in Minnesota if their most recently reported state of residence was Minnesota and 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 correspondence with other state health departments. People 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 people 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 people who have not yet been interviewed by MDH staff; people whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and people who were interviewed or for whom follow-up information was available but no exposure was identified or 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

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.

Gender Identity

Gender identity, defined by the CDC is a “*person’s internal understanding of their own gender, or gender with which a person identifies. HIV surveillance personnel collect data on gender identity, when available, from sources such as case report forms submitted by health care or HIV testing providers and medical records, or by matching with other health department databases*”. ⁴

Cisgender “*is a term used to indicate that a person’s sex assigned at birth and current gender identity are the same (ie. a person assigned male at birth and who currently identifies as a man is a cisgender male)*”

Transgender woman: “a person assigned “male” sex at birth who identifies as female”

Transgender man: “a person assigned “female” sex at birth who identifies as male”

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.

Definitions Related to Race and Ethnicity

When data are stratified by race, Black race is further categorized as either African-born or African American (not African-born) based on reported country of birth. We use 2019 data from the American Community Survey to obtain the number of people in Minnesota who report an African country of birth. Numbers of Black African American (non-African born) people are calculated by subtracting the 2019 African-born population from 2010 census data for the Black population.

⁴ “Technical Notes.” Centers for Disease Control and Prevention. May 2022. [Technical Notes | Volume 33 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC](#)

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.

The terms “people of color” and “non-white” refer to all race/ethnicity categories other than white (Black, Hispanic, American Indian, and Asian/Pacific Islander).

Routine Interstate Duplicate Review (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 where a person was first diagnosed. RIDR is an ongoing activity in which all states are expected to participate. CDC releases a RIDR report every six months which may affect the number of cases diagnosed in Minnesota. While surveillance staff inquire about previous diagnosis and check against CDC records to determine whether a case has been previously reported elsewhere, 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 allows for proper attribution of incident and prevalent cases in Minnesota.

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4/26/2023

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HIV Incidence Report 2022 Tables

Table 1. Number of New Cases and Rates (per 100,000 people) of HIV Diagnoses, HIV (non-AIDS), & AIDS (New Diagnosis AIDS, Progressed to AIDS)^I Minnesota, 1982-2022

Year	HIV Diagnosis ^{III}		HIV (non-AIDS) ^{III}		New AIDS Diagnosis		Progressed to AIDS		Total AIDS ^{IV}	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1982-1999	6,012	--	5,014	--	998	--	3531	--	4529	--
2000	283	5.8	221	4.5	62	1.3	173	3.5	235	4.8
2001	280	5.6	230	4.6	50	1.0	145	2.9	195	3.9
2002	305	6.1	248	4.9	57	1.1	173	3.4	230	4.6
2003	283	5.6	227	4.5	56	1.1	197	3.9	253	5.0
2004	311	6.1	244	4.8	67	1.3	248	4.9	315	6.2
2005	306	6.0	247	4.8	59	1.2	217	4.2	276	5.4
2006	315	6.1	269	5.2	46	0.9	195	3.8	241	4.7
2007	333	6.4	266	5.1	67	1.3	191	3.7	258	5.0
2008	322	6.1	249	4.7	73	1.4	204	3.9	277	5.3
2009	368	7.0	280	5.3	88	1.7	188	3.6	276	5.2
2010	332	6.3	250	4.7	82	1.5	180	3.4	262	4.9
2011	292	5.5	222	4.2	70	1.3	186	3.5	256	4.8
2012	314	5.9	237	4.5	77	1.5	198	3.7	275	5.2
2013	303	5.7	218	4.1	85	1.6	178	3.4	263	5.0
2014	310	5.8	234	4.4	76	1.4	168	3.2	244	4.6
2015	303	5.7	234	4.4	69	1.3	147	2.8	216	4.1
2016	303	5.7	242	4.6	61	1.2	135	2.5	196	3.7
2017	283	5.3	217	4.1	66	1.2	147	2.8	213	4.0
2018	287	5.4	227	4.3	60	1.1	133	2.5	193	3.6
2019	278	5.2	221	4.2	57	1.1	125	2.4	182	3.4
2020	229	4.3	186	3.5	43	0.8	109	2.1	152	2.9
2021	298	5.6	238	4.5	60	1.1	115	2.2	175	3.3
2022	262	4.9	223	4.2	39	0.7	102	1.9	141	2.7
Cumulative Total^{II}	12,912	243.4	10,444	196.9	2468	46.5	7385	139.2	9853	185.8

^I HIV 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)

^{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 US Census intercensal population estimates released in September 2011 were used for years 2001-2009.

^{III} Numbers and rates exclude people who are incarcerated at federal and private institutions, 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.

Please note: 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).

HIV INCIDENCE REPORT 2021 TABLES

Table 2. Number of Cases and Rates (per 100,000 people) of HIV Diagnosis by Residence, Age, and Sex Assigned at Birth^I Minnesota, 2022

Group	Assigned Male at Birth		Assigned Female at Birth		Total		HIV
	Cases	%	Cases	%	Cases	%	Infection Rate
Residence^{II}							
Minneapolis	54	26%	16	31%	70	27%	18.3
St. Paul	27	13%	10	20%	37	14%	13.0
Suburban	78	37%	15	29%	93	35%	4.3
Greater Minnesota	52	25%	10	20%	62	24%	2.5
Total	211	100%	51	100%	262	100%	4.9
Age							
<13 yrs.	1	0%	0	0%	1	0%	0.1
13-19 yrs.	18	9%	4	8%	22	8%	4.3
20-24 yrs.	44	21%	3	6%	47	18%	13.2
25-29 yrs.	31	15%	4	8%	35	13%	9.4
30-34 yrs.	26	12%	3	6%	29	11%	8.5
35-39 yrs.	32	15%	8	16%	40	15%	12.2
40-44 yrs.	16	8%	8	16%	24	9%	6.8
45-49 yrs.	11	5%	7	14%	18	7%	4.4
50-54 yrs.	12	6%	8	16%	20	8%	5.0
55-59 yrs.	7	3%	3	6%	10	4%	2.9
60+ yrs.	13	6%	3	6%	16	6%	1.7
Total	211	100%	51	100%	262	100%	4.9

^IHIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2022.

^{II}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 people incarcerated at federal and private institutions, and refugees in the HIV-Positive Refugee Resettlement Program, as well as refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota. People incarcerated by the state are included.

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

HIV INCIDENCE REPORT 2021 TABLES

**Table 3. Number of Cases and Rates (per 100,000 people) of HIV Diagnosis by Race/Ethnicity & Mode of Exposure^I
Minnesota by Sex Assigned at Birth, 2022**

	Assigned Male at Birth			Assigned Female at Birth			Total		
Group	Cases	%	Rate ^{IV}	Cases	%	Rate ^{IV}	Cases	%	Rate ^{III}
Race/Ethnicity									
American Indian, non-Hispanic	4	2%	14.5	7	14%	20.9	11	4%	19.8
Asian/PI, non-Hispanic	12	6%	11.4	2	4%	1.8	14	5%	6.4
Black ^{II} , non-African-born, non-Hispanic	62	29%		15	29%		77	29%	39.1
Black ^{II} , African-born ^{III} , non-Hispanic	13	6%		10	20%		23	9%	29.7
Hispanic, any race	35	17%	26.5	2	4%	1.7	37	14%	14.8
White, non-Hispanic	79	37%	3.6	12	24%	0.5	91	35%	2.1
Other ^{II} , non-Hispanic	6	3%	12.3	3	6%	8.9	9	3%	9.1
Total	211	100%	8.0	51	100%	1.9	262	100%	4.9
Mode of Exposure									
MSM	114	54%	X	0	--	X	114	44%	X
IDU	11	5%	X	11	22%	X	22	8%	X
MSM/IDU	13	6%	X	0	--	X	13	5%	X
Heterosexual	5	2%	X	4	8%	X	9	3%	X
Perinatal	1	0%	X	0	0%	X	1	0%	X
Other	0	0%	X	0	0%	X	0	0%	X
Unspecified	67	32%	X	36	71%	X	103	39%	X
Total	211	100%	8.0	51	100%	1.9	262	100%	4.9

^I HIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2022.

^{II} African-born Black people are reported separately from other Black people (born in the U.S. or elsewhere). The Black, non-African-born population is non-Hispanic. "Other" includes multi-racial people and people 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, non African-born persons (196,855) was calculated by subtracting the U.S. Census estimate for African-born persons (77,557) from the total Black population (274,412). Note that this assumes that all African-born persons are Black (as opposed to another race).

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

^{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 people who are incarcerated federally and privately, 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 = Injection drug use. Heterosexual = For males: heterosexual contact with a female known to be HIV+, an injection 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.

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

Table 4. Number of Cases and Rates (per 100,000 people) of HIV Diagnosis by County of Residence^I --Minnesota, 2022

County ^{II}	HIV Diagnosis	
	Cases	Rate ^{III}
Aitkin	0	-
Anoka	15	4.5
Becker	1	-
Beltrami	1	-
Benton	4	-
Big Stone	0	-
Blue Earth	1	-
Brown	0	-
Carlton	2	-
Carver	0	-
Cass	0	-
Chippewa	0	-
Chisago	2	-
Clay	5	8.5
Clearwater	0	-
Cook	0	-
Cottonwood	0	-
Crow Wing	2	-
Dakota	13	3.3
Dodge	0	-
Douglas	0	-
Faribault	0	-
Fillmore	0	-

County ^{II}	HIV Diagnosis	
	Cases	Rate ^{III}
Freeborn	0	-
Goodhue	1	-
Grant	1	-
Hennepin	115	10.0
Houston	0	-
Hubbard	0	-
Isanti	2	-
Itasca	0	-
Jackson	0	-
Kanabec	0	-
Kandiyohi	2	-
Kittson	0	-
Koochiching	0	-
Lac Qui Parle	0	-
Lake	0	-
Lake of the Woods	0	-
Le Sueur	1	-
Lincoln	0	-
Lyon	0	-
Mahnomen	0	-
Marshall	0	-
Martin	0	-

County ^{II}	HIV Diagnosis	
	Cases	Rate ^{III}
McLeod	0	-
Meeker	0	-
Mille Lacs	2	-
Morrison	1	-
Mower	0	-
Murray	1	-
Nicollet	1	-
Nobles	0	-
Norman	0	-
Olmsted	7	4.9
Otter Tail	1	-
Pennington	0	-
Pine	1	-
Pipestone	0	-
Polk	1	-
Pope	0	-
Ramsey	44	8.7
Red Lake	0	-
Redwood	0	-
Renville	0	-
Rice	1	-
Rock	0	-
Roseau	0	-

County ^{II}	HIV Diagnosis	
	Cases	Rate ^{III}
Scott	7	5.4
Sherburne	0	-
Sibley	0	-
St. Louis	6	3.0
Stearns	8	5.3
Steele	0	-
Stevens	0	-
Swift	0	-
Todd	0	-
Traverse	0	-
Wabasha	0	-
Wadena	0	-
Waseca	0	-
Washington	6	2.5
Watsonwan	0	-
Wilkin	0	-
Winona	2	-
Wright	5	4.0
Yellow Medicine	0	-
State Total	262	4.9

^IHIV Diagnosis includes all new cases of HIV diagnosis (both HIV (non-AIDS) and AIDS at first diagnosis) among Minnesota residents in 2022.

^{II}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 five cases.

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

Numbers and rates exclude people incarcerated at federal and private institutions, 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 person incarcerated by the state during 2021 (State correctional facilities are located in the following counties: Anoka, Carlton, Chisago, Goodhue, Itasca, Rice, Scott, Sherburne, and Washington).

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

Table 5a. Perinatal HIV Exposure^I: Number of Births to Pregnant Women Living with HIV by Year of Child's Birth and Mother's Race/Ethnicity, Minnesota 1982-2022

Year(s)	Race/Ethnicity of Pregnant Person							Total	Foreign-born Pregnant People ^{IV}	
	White	Black, African-American ^{III}	Black, African-born ^{III}	Hispanic	American Indian	Asian/PI	Multi-racial		Number	(% of total in time period)
1982-1999	84	61	10	9	13	3	10	190	20	11%
2000	12	9	7	2	1	1	1	33	9	27%
2001	1	18	11	2	2	0	2	36	14	39%
2002	9	6	13	3	2	0	3	36	14	39%
2003	5	12	18	7	0	1	4	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	1	5	53	34	64%
2009	15	13	33	4	1	1	4	71	39	55%
2010	7	13	22	2	2	1	4	51	23	45%
2011	10	10	31	9	4	1	4	69	37	54%
2012	14	10	26	3	2	0	4	59	33	56%
2013	8	12	33	5	4	1	1	64	36	56%
2014	5	8	42	4	1	0	6	66	47	71%
2015	3	10	30	3	0	0	5	51	33	65%
2016	7	9	34	5	0	1	8	64	40	63%
2017	5	7	35	4	1	2	3	57	43	75%
2018	10	8	30	9	0	2	6	65	38	58%
2019	7	4	37	4	2	1	4	59	40	68%
2020	5	8	26	2	0	0	2	43	28	65%
2021	6	5	39	5	1	1	3	60	46	77%
	6	3	25	1	0	1	1	37	26	70%
Cumulative Total	259	285	615	103	41	23	86	1,412	726	51%

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

A birth to a pregnant woman living with HIV was only included in the table if her residence at the time of child's birth was reported as Minnesota.

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

^{II} Pregnant women living with HIV may or may not have progressed to an AIDS diagnosis.

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

^{IV} Mothers' places of birth include: Africa (634), Asia/Pacific Islands (30), Central America/Caribbean (22), Europe (5), Mexico (23), Middle East (2) and South America (10).

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

Table 5b. Perinatal HIV Transmission^I: Number of Perinatally-Acquired HIV/AIDS Cases by Year of Child's Birth and Mother's Race/Ethnicity, Minnesota 1982-2022

Year(s)	Race/Ethnicity of Mother							Total	Foreign-born Mother ^{III}	
	White	Black, African-American ^{II}	Black, African-born ^{II}	Hispanic	American Indian	Asian/PI	Multi-racial		Number	(% of total in time period)
1982-1999	18	4	3	3	2	1	2	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%
2018	0	0	0	0	0	0	0	0	0	-
2019	0	0	0	0	0	0	0	0	0	-
2020	0	0	0	0	0	0	0	0	0	-
2021	0	0	0	0	0	0	0	0	0	-
2022	0	0	0	0	0	0	0	0	0	100%
Cumulative Total	20	7	9	4	2	1	2	45	15	33%
Rate of Transmission 2019-2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	--
Cumulative Rate of Transmission ^{IV}	7.7%	2.5%	1.5%	3.9%	4.9%	--	2.3%	3.2%	2.1%	--

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.

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

HIV INCIDENCE REPORT DATA TABLES, MINNESOTA 2021

^{II} African-born Black people are reported separately from other Black people (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

www.health.state.mn.us/hiv

4/26/2023

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

HIV/AIDS Prevalence and Mortality Report 2022 Tables

Table 1. Number^I and Rate^{II} (per 100,000 people) of People Living with HIV (non-AIDS) and AIDS by Residence, Age, and Sex Assigned at Birth Minnesota, 2022

Group	HIV (non-AIDS)		AIDS		Total		HIV/AIDS
	Cases	%	Cases	%	Cases	%	Prevalence Rate
Residence^{III}							
Minneapolis	1,896	34%	1,303	31%	3,199	33%	836.2
St. Paul	687	12%	508	12%	1,195	12%	419.2
Suburban	1,976	35%	1,581	38%	3,557	36%	163.0
Greater Minnesota	1,042	19%	797	19%	1,839	19%	74.9
Total	5,601	100%	4,189	100%	9,790	100%	184.6
Age^{IV}							
<13 yrs	22	0%	0	<1%	22	0%	2.4
13-19 yrs	73	1%	5	<1%	78	1%	15.3
20-24 yrs	183	3%	38	1%	221	2%	62.1
25-29 yrs	333	6%	87	2%	420	4%	112.7
30-34 yrs	658	12%	192	5%	850	9%	247.9
35-39 yrs	693	12%	322	8%	1,015	10%	309.3
40-44 yrs	675	12%	447	11%	1,122	11%	317.9
45-49 yrs	543	10%	471	11%	1,014	10%	249.6
50-54 yrs	693	12%	602	14%	1,295	13%	322.4
55-59 yrs	646	12%	761	18%	1,407	14%	402.5
60+ yrs	1088	19%	1265	30%	2,353	24%	244.4
Total	5,607	100%	4,190	100%	9,797	100%	184.7
Sex Assigned at Birth^V							
Assigned Male at Birth	4,189	75%	3,140	75%	7,329	75%	278.4
Assigned Female at Birth	1,426	25%	1,050	25%	2,476	25%	92.7
Total	5,615	100%	4,190	100%	9,805	100%	184.9
State Totals	5,475		4,190		9,805		184.9

^I Cases reported to the MDH, assumed to be alive, and currently residing in Minnesota as of December 31, 2022.

^{II} HIV/AIDS prevalence rate calculated by dividing the total number of prevalent cases in a stratum (e.g. people 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 14 people living with HIV and 4 people living with AIDS.

^{IV} Age missing for 8 people living with HIV and 0 people 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 7-county metropolitan area. Numbers exclude federal and private prisoners, but include 104 state prisoners, 163 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 People Living with HIV and Rates (per 100,000) Living with HIV (non-AIDS) and AIDS by Race/Ethnicity and Mode of Exposure^I by Sex Assigned at Birth- Minnesota, 2022

	Assigned Male at Birth				Assigned Female at Birth				Total				
Group	HIV	AIDS	Total		HIV	AIDS	Total		HIV	AIDS	Grand Total		
	(non-AIDS)		Cases	%	(non-AIDS)		Cases	%	(non-AIDS)		Cases	%	Rate ^{III}
Race/Ethnicity ^{IV}													
American Indian, non-Hispanic	35	29	64	1%	38	23	61	2%	73	52	125	1%	224.8
Asian/PI, non-Hispanic	100	69	169	2%	37	27	64	3%	137	96	233	2%	107.3
Black ^{II} , African-born, non-Hispanic	347	340	687	9%	599	391	990	40%	946	731	1,677	17%	2162.3
Black ^{II} , non African-born, non-Hispanic	845	612	1,457	20%	305	264	569	23%	1,150	876	2,026	21%	1029.2
Hispanic, any race	525	454	979	13%	82	73	155	6%	607	527	1,134	12%	453.1
Other ^{II} , non-Hispanic	203	141	344	5%	62	57	119	5%	265	198	463	5%	X
White, non-Hispanic	2,133	1,495	3,628	50%	301	215	516	21%	2,434	1,710	4,144	42%	94.0
Total	4,188	3,140	7,328	100%	1,424	1,050	2,474	100%	5,612	4,190	9,802	100%	184.8
Mode of Exposure													
MSM	2,788	1,887	4,675	64%	--	--	--	--	2,788	1,887	4,675	48%	X
IDU	133	134	267	4%	106	89	195	8%	239	223	462	5%	X
MSM/IDU	291	219	510	7%	--	--	--	--	291	219	510	5%	X
Heterosexual	153	174	327	4%	491	385	876	36%	644	559	1203	12%	X
Perinatal	32	17	49	1%	50	15	65	3%	82	32	114	1%	X
Other	4	14	18	0%	3	2	5	0%	7	16	23	0%	X
Unknown Risk	769	688	1,457	20%	747	551	1,298	53%	1,516	1,239	2,755	28%	X
Total	4,170	3,133	7,303	100%	1,397	1,042	2,439	100%	5,567	4,175	9,742	100%	183.7

^I Cases reported to the MDH, assumed to be alive and currently residing in Minnesota as of December 31, 2022.

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

^{III} Rates calculated using U.S. Census 2010 data. The population estimate for African-born people calculated by the Minnesota State Demographic Center. The population estimate for Black, non African-born people (145,078) was calculated by subtracting the U.S. Census estimate for African-born people (125,939) from the total Black population (271,017). Note that this assumes that all African-born people are Black (as opposed to another race).

^{IV} Race/ethnicity are missing for 2 people living with HIV(non-AIDS) and 0 people living with an AIDS diagnosis

MSM = Men who have sex with men. IDU = Injecting drug use. Heterosexual = For males: heterosexual contact with a female known to be HIV+, an injection drug user, or a hemophiliac/blood product or organ transplant recipient. For females: heterosexual contact with a male known to be HIV+, bisexual, an injection 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. Unknown risk = Unreported or unknown risk.
Numbers exclude people who are incarcerated at federal and private prisons, but include 104 people incarcerated by the state, 163 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 3. Number and Rate (per 100,000) of People Living with HIV (non-AIDS) and AIDS by County of Residence¹ -- Minnesota, 2022

County ^{II}	HIV (non-AIDS)	AIDS	Total	Rate ^{III}
Aitkin	4	2	6	37.0
Anoka	255	211	466	140.9
Becker	12	2	14	43.1
Beltrami	19	13	32	72.0
Benton	14	18	32	83.2
Big Stone	0	0	0	-
Blue Earth	36	21	57	89.0
Brown	5	6	11	42.5
Carlton	11	12	23	65.0
Carver	24	36	60	65.9
Cass	10	6	16	56.0
Chippewa	2	2	4	-
Chisago	20	10	30	55.7
Clay	47	27	74	125.4
Clearwater	2	2	4	-
Cook	1	4	5	96.6
Cottonwood	3	7	10	85.6
Crow Wing	24	12	36	57.6
Dakota	319	243	562	141.0
Dodge	6	3	9	44.8
Douglas	9	3	12	33.3
Faribault	3	7	10	68.7
Fillmore	4	3	7	33.5
Freeborn	4	12	16	51.2
Goodhue	13	13	26	56.3
Grant	4	2	6	99.7
Hennepin	2,859	2,083	4,942	428.8
Houston	5	5	10	52.6

Hubbard	5	3	8	39.2
Isanti	11	11	22	58.2
Itasca	5	12	17	37.7
Jackson	2	4	6	58.4
Kanabec	6	4	10	61.6
Kandiyohi	16	11	27	63.9
Kittson	0	2	2	-
Koochiching	0	0	0	-
Lac Qui Parle	1	2	3	-
Lake	5	1	6	55.2
Lake of the Woods	1	0	1	-
Le Sueur	9	7	16	57.8
Lincoln	6	0	6	101.8
Lyon	13	6	19	73.5
McLeod	21	10	31	84.6
Mahnomen	1	0	1	-
Marshall	1	0	1	-
Martin	7	8	15	72.0
Meeker	8	6	14	60.1
Mille Lacs	7	12	19	72.8
Morrison	5	8	13	39.2
Mower	38	36	74	189.0
Murray	2	2	4	-
Nicollet	12	9	21	64.2
Nobles	15	18	33	154.4
Norman	5	1	6	87.6
Olmsted	117	84	201	139.3
Otter Tail	19	7	26	45.4
Pennington	2	4	6	43.1
Pine	13	9	22	73.9

Pipestone	6	4	10	104.2
Polk	15	10	25	79.1
Pope	0	5	5	45.5
Ramsey	865	639	1,504	295.7
Red Lake	0	2	2	-
Redwood	8	2	10	62.3
Renville	3	4	7	44.5
Rice	43	23	66	102.9
Rock	2	3	5	51.6
Roseau	0	1	1	-
St. Louis	110	83	193	96.4
Scott	81	77	158	121.6
Sherburne	50	40	90	101.7
Sibley	2	1	3	-
Stearns	77	55	132	87.6
Steele	9	9	18	49.2
Stevens	3	1	4	-
Swift	2	4	6	61.3
Todd	3	3	6	24.1
Traverse	2	1	3	-
Wabasha	8	6	14	64.6
Wadena	5	6	11	79.5
Waseca	7	5	12	62.7
Washington	156	103	259	108.8
Watonwan	4	2	6	53.5
Wilkin	1	1	2	-
Winona	21	10	31	60.2

Wright	49	42	91	73.0
Yellow Medicine	1	2	3	-
State Total"	5,601	4,186	9,787	184.5

^I Cases reported to the MDH, assumed to be alive and currently residing in a Minnesota county as of December 31, 2022.

^{II} Residence information missing for 14 people living with HIV and 1 person living with AIDS.

Numbers by county exclude people who are federally and privately incarcerated, but include 163 refugees in the HIV-Positive Refugee Resettlement Program and 166 additional refugees/immigrants with HIV infection prior to resettling in Minnesota. Numbers for counties in which a state correctional facility is located include those incarcerated people. The total number of people incarcerated by the state is 20. 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 people 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.

Table 4. Number of New HIV Cases, People Living with HIV (PLWH), and All Deaths¹, Minnesota 2012-2022

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total HIV Diagnoses	314	303	310	303	303	283	287	278	229	298	262
PLWH	7,516	7,723	7,988	8,215	8,554	8,789	8,981	9,193	9,422	9,696	9,790
All Deaths	80	76	95	92	69	86	84	79	95	99	121
Death Due to Underlying HIV Disease	26	38	40	31	35	37	28	22	23	27	28

¹ 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. Numbers include refugees in the HIV-Positive Refugee Resettlement Program and other refugees/immigrants diagnosed with AIDS after their arrival in the U.S. Case numbers exclude people who are federally and privately incarcerated.

Minnesota Department of Health

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