



Demographic Breakdowns of the HIV Care Continuum in Minnesota

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

HIV Care Continuum Definitions

- **People Living with Diagnosed HIV/AIDS (PWH)**

Defined as people age 13 and older with HIV infection (regardless of stage of diagnosis) **and reported** to the Minnesota Department of Health through year-end 2020, who were alive at year-end 2021

- **Linked to Care**

Calculated as the percentage of people age 13 and older linked to care within 30 days after initial HIV diagnosis during 2020. Note that linkage to care has a different denominator than all the other bars, because it focuses on one year of new HIV diagnoses.

- **Retained in Care**

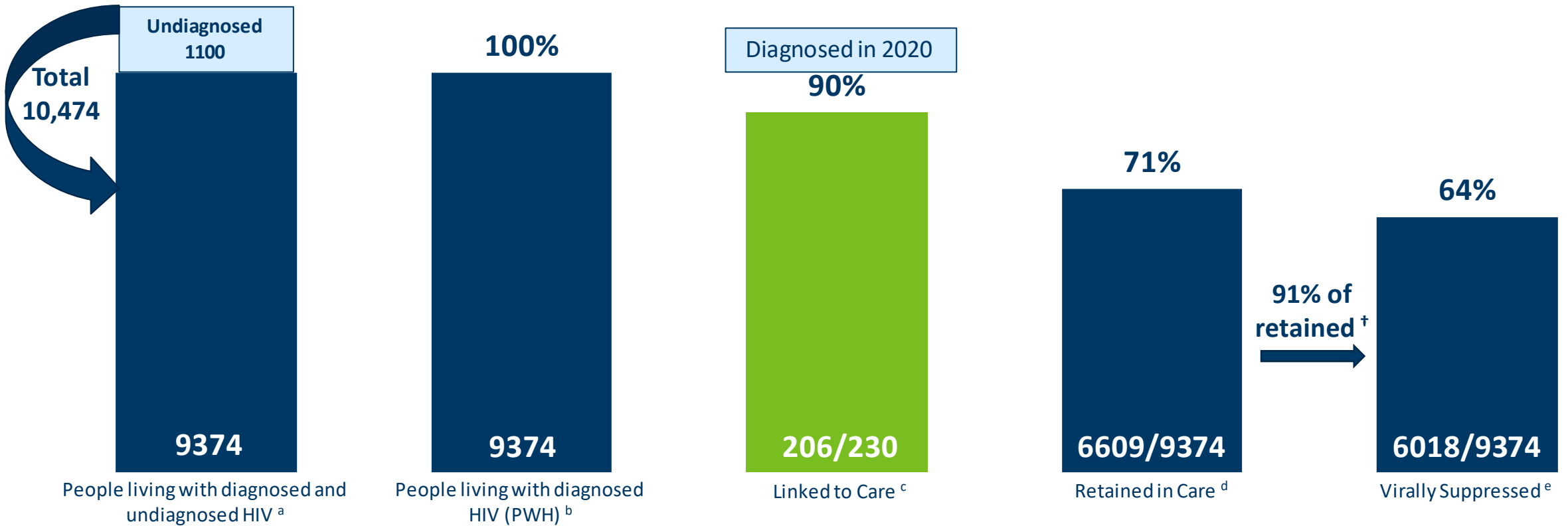
Calculated as the percentage of people age 13 and older who had ≥ 1 CD4 or viral load tests reported to MDH during 2021 among those diagnosed with HIV through year-end 2020 and alive at year-end 2021.

- **Virally Suppressed**

Calculated as the percentage of people age 13 and older who had a suppressed viral load (≤ 200 copies/mL) at most recent test during 2021, among those diagnosed with HIV through year-end 2020 and alive at year-end 2021.

HIV Care Continuum in Minnesota 2021

Percentages of people diagnosed with HIV in stages of the care continuum



^aDefined as persons undiagnosed (estimate 1,100 (450-1,800), 95% CI) and persons diagnosed (n=9,374) aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2020, who were alive at year-end 2021.

^bDefined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2020, who were alive at year-end 2021.

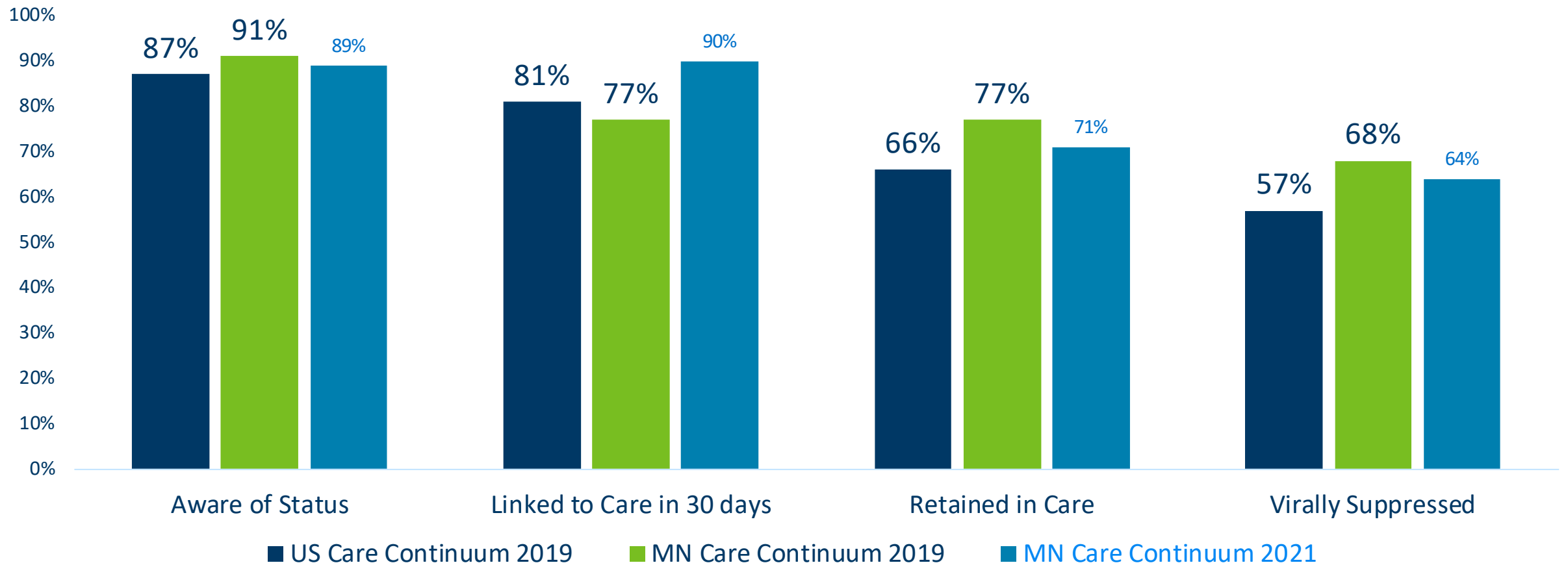
^cCalculated as the percentage of persons linked to care within 30 and 90 days after initial HIV diagnosis during 2020. Linkage to care is based on the number of persons diagnosed during 2020 and is therefore shown in a different color than the other bars with a different denominator.

^dCalculated as the percentage of persons who had ≥ 1 CD4 or viral load test results during 2021 among those diagnosed with HIV through year-end 2020 and alive at year end 2021.

^eCalculated as the percentage of persons who had suppressed viral load (≤ 200 copies/mL) at most recent test during 2021, among those diagnosed with HIV through year-end 2020 and alive at year end 20201

[†]Calculated as number of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2021, among those who were retained in care during 2021 (6,018/6,609).

How does Minnesota's care continuum compare with the United States care continuum?



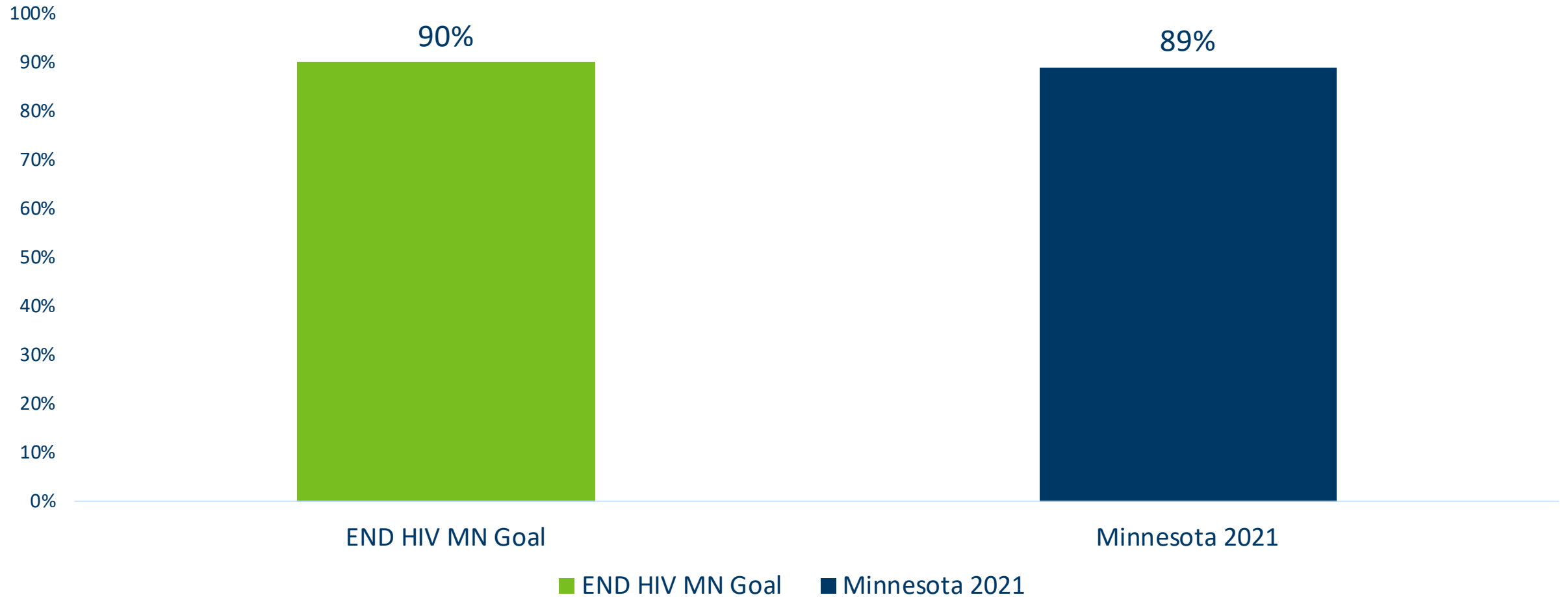
Source: <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

The United States care continuum is based on 2019 data, the most recent year for which national level data are available. The Minnesota care continuum is based on 2019 – to compare to the national data -- and 2021 data, the most recent year for which state level data are available. In the United States care continuum, “receipt of care” is the same measure as “retained in care” in this slide.

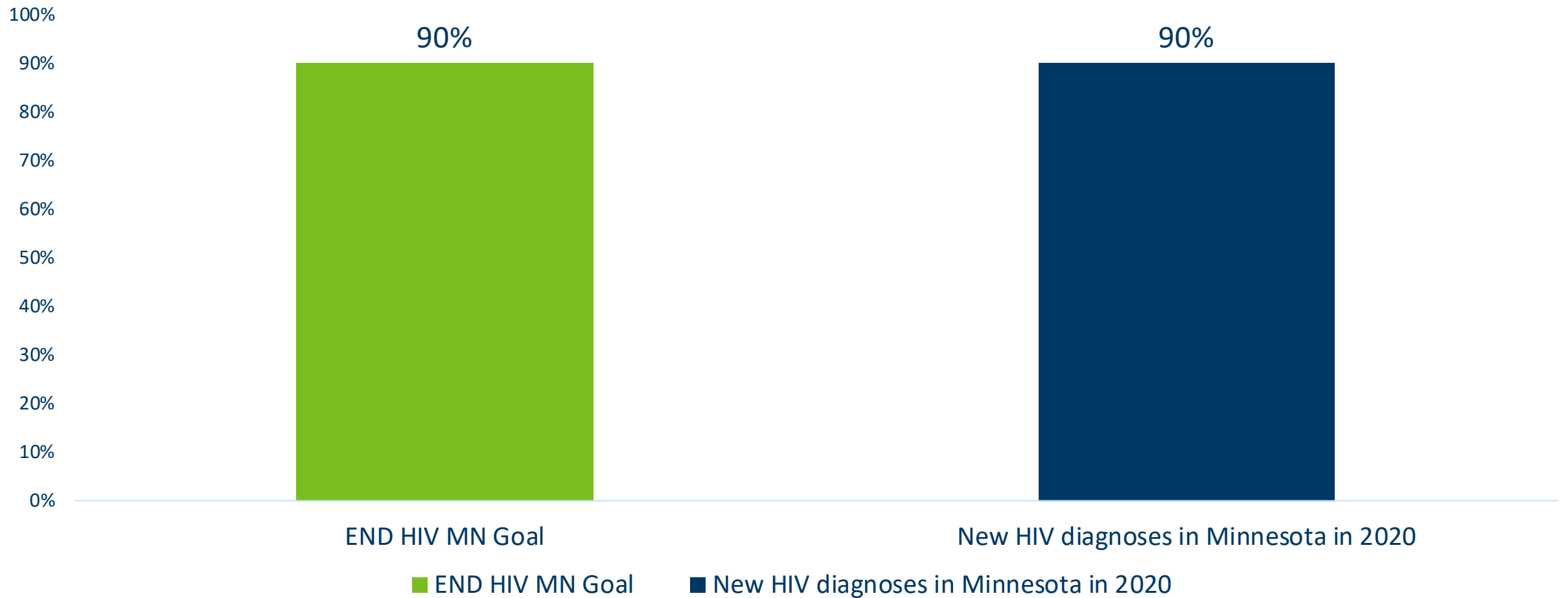
What is Minnesota's progress toward the END HIV MN strategy?

<https://www.health.state.mn.us/endhivmn>

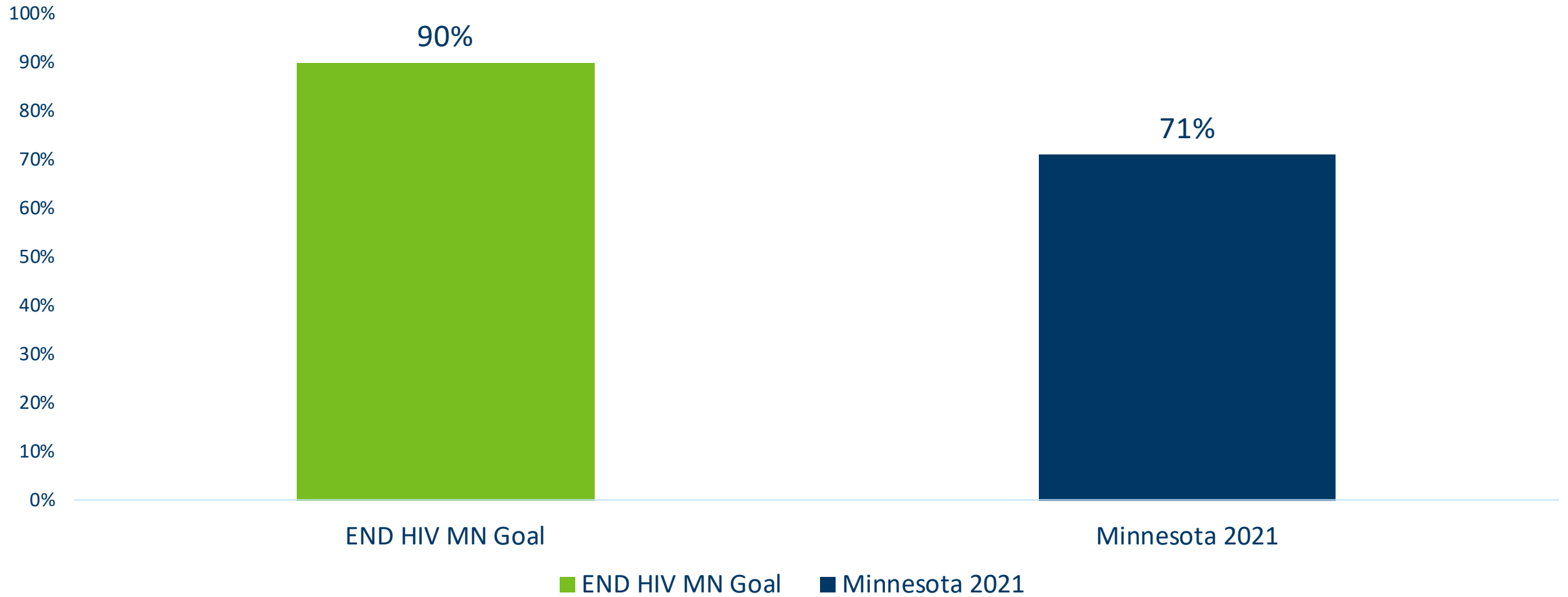
Increase the percentage of Minnesotans living with HIV who know their HIV status to at least 90% by 2025



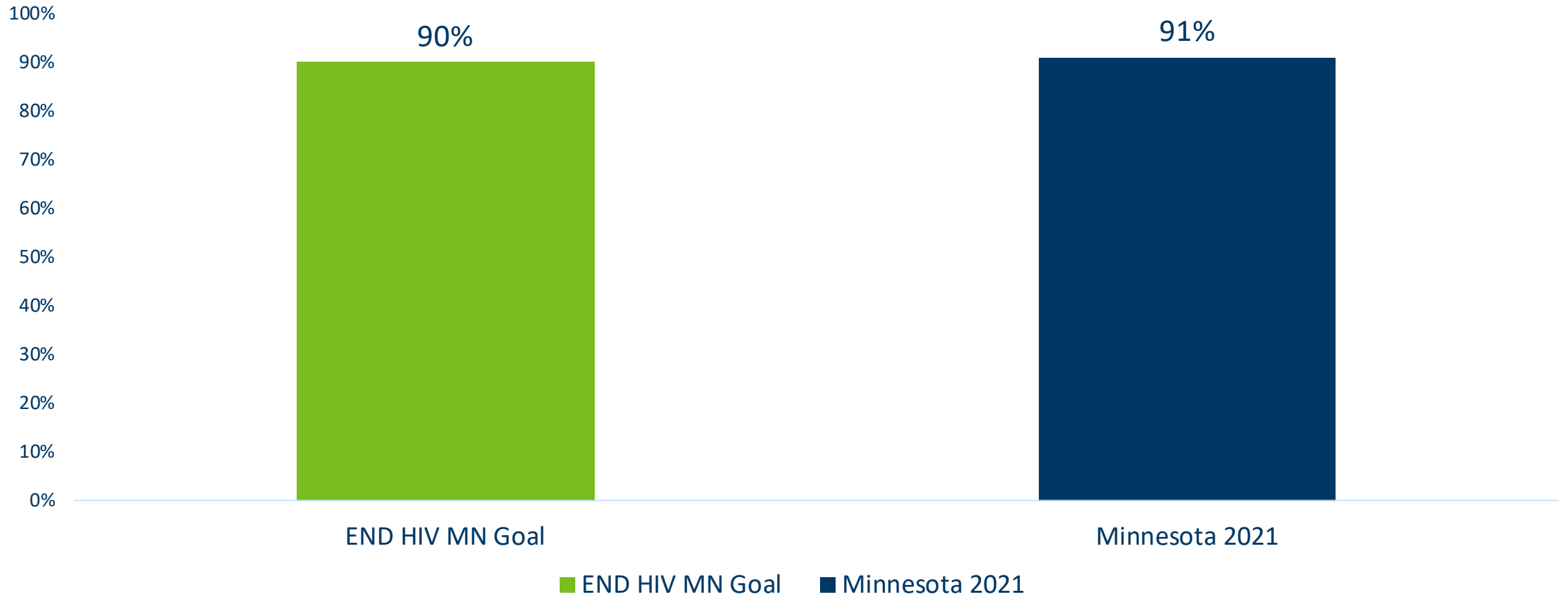
Increase the percentage of newly diagnosed individuals who are linked to HIV care within 30 days of diagnosis to 90% by 2025



Increase the percentage of Minnesotans diagnosed with HIV who are retained in care to at least 90% by 2025

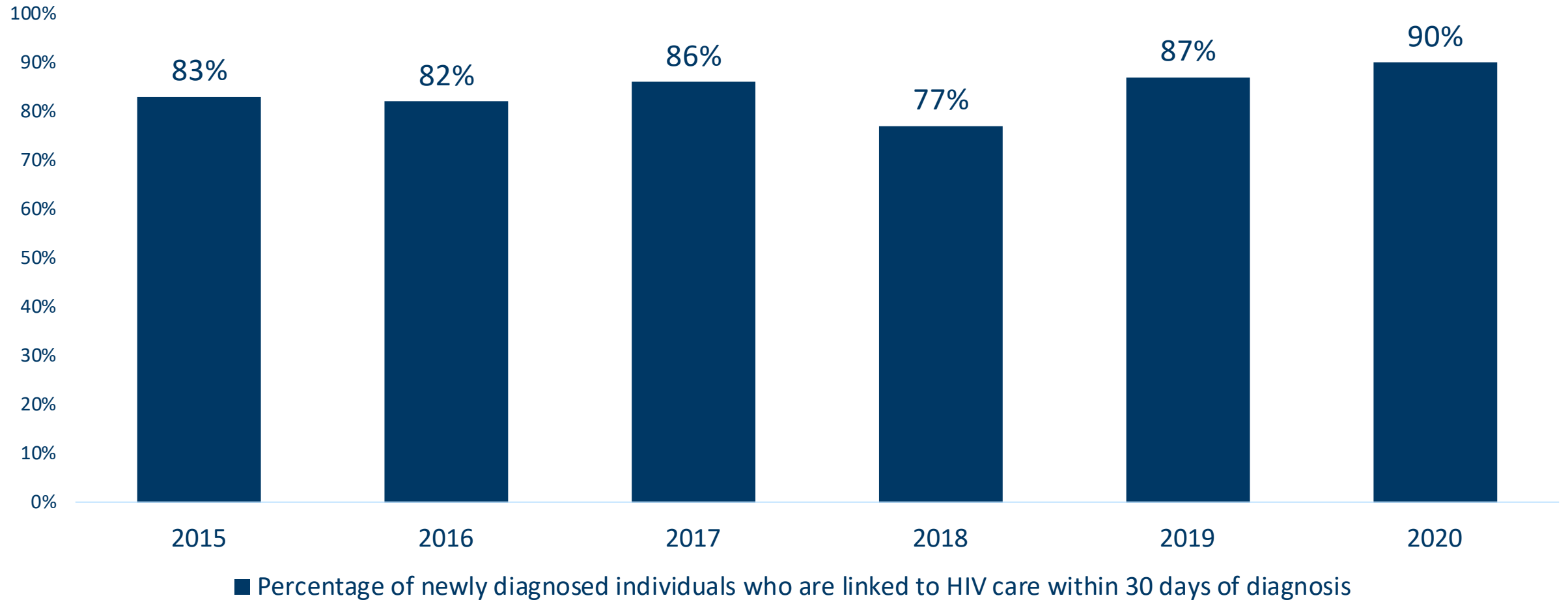


Of individuals retained in care, increase the percentage of individuals who are virally suppressed to at least 90% by 2025



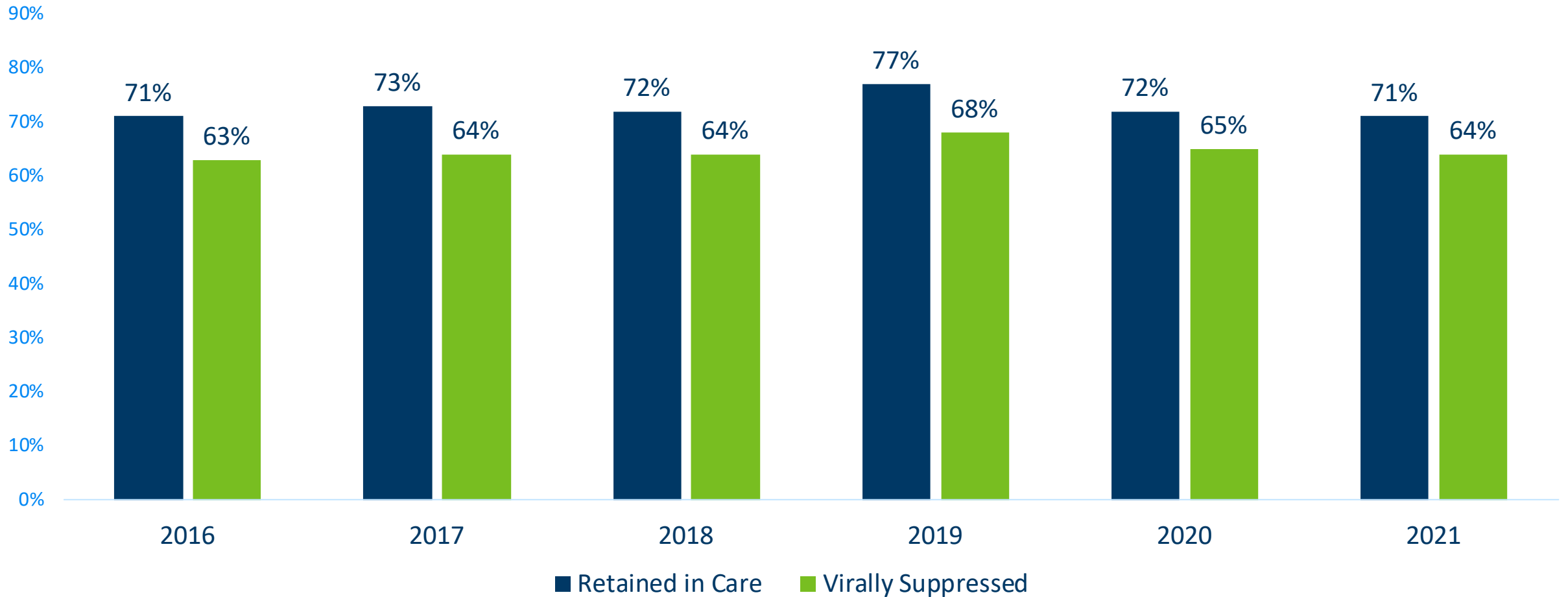
Linkage to Care in Minnesota 2015-2020

Linkage to Care among new HIV diagnoses in Minnesota by diagnosis year, 2015-2020



Retention in Care and Viral Suppression in Minnesota 2016-2021

Retention in Care and Viral Suppression among prevalent cases living with HIV/AIDS in Minnesota, 2016-2021

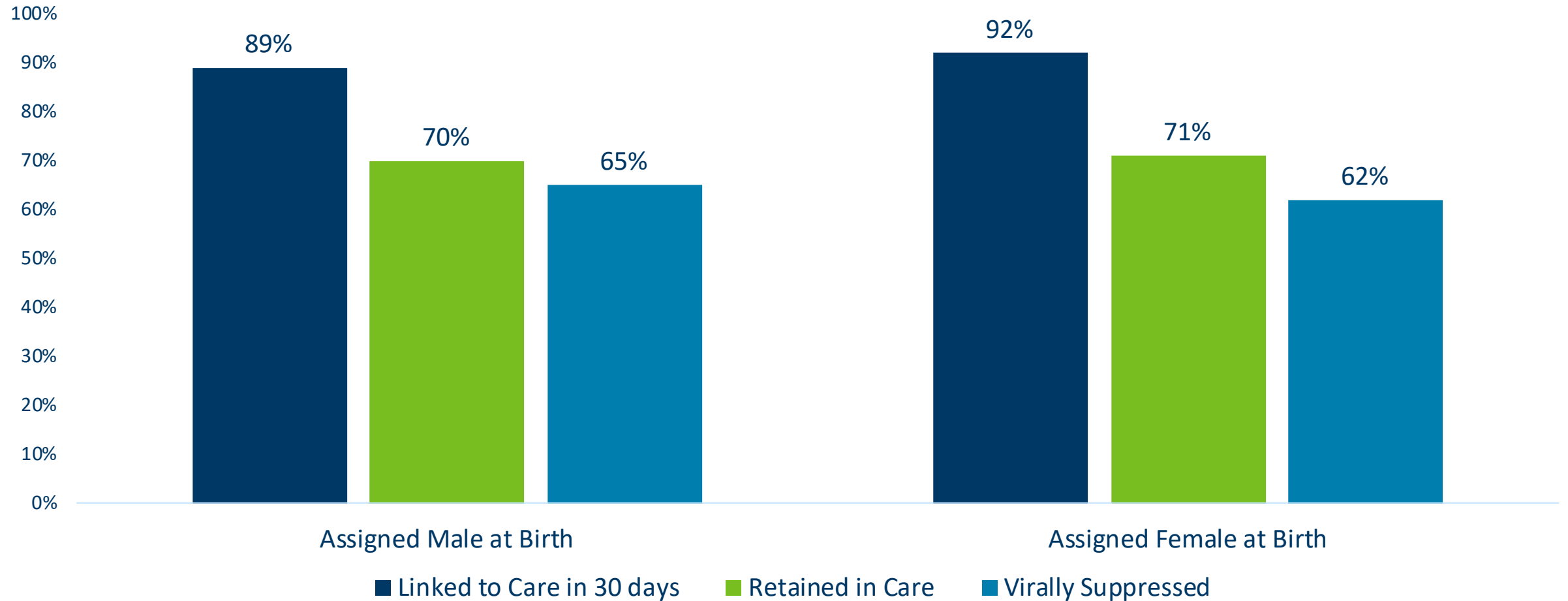


Demographic breakouts of the HIV care continuum in Minnesota, 2021

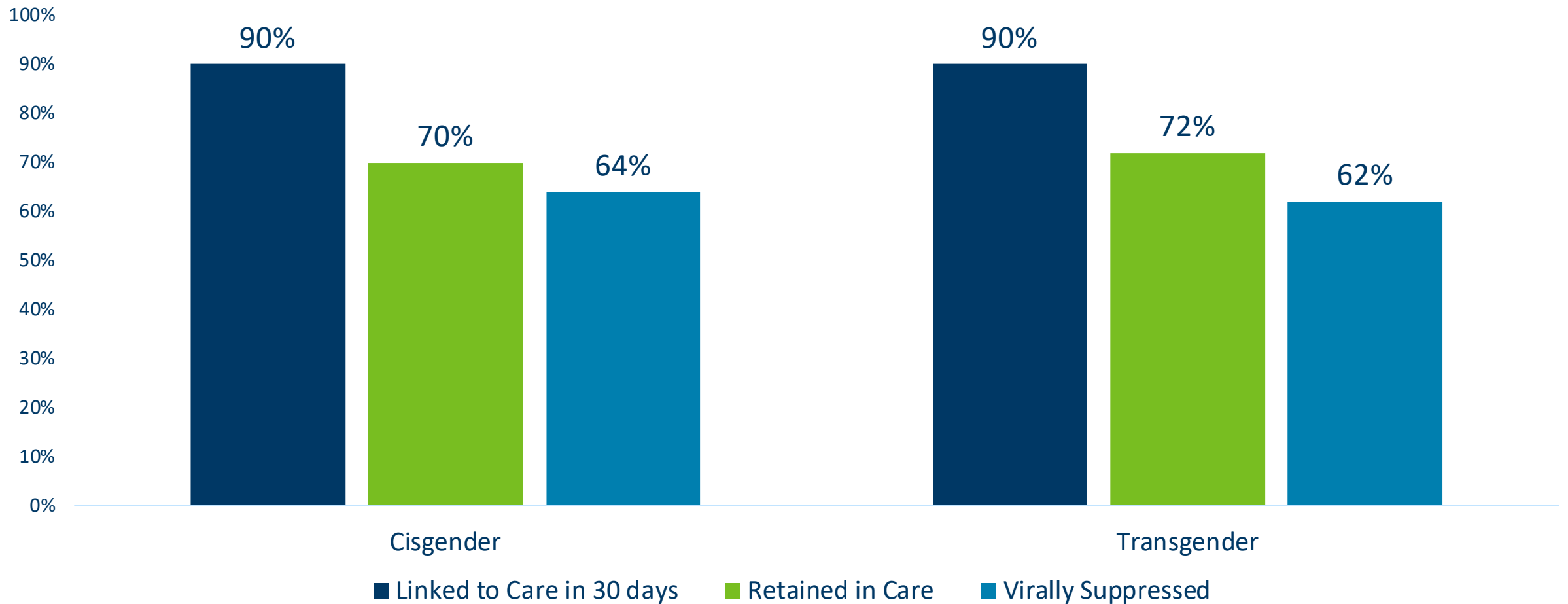
Care Continuum Demographics Definitions

- **Cisgender:** A person who identifies with a gender that is the same as their assigned sex at birth
- **Transgender:** A person who identifies with a gender different than their assigned sex at birth
- **MSM:** Men who have sex with other men, includes any person assigned the sex of male at birth with a reported male sexual partner at time of HIV diagnosis
- **IDU:** Injection drug use reported transmission risk at time of HIV diagnosis
- **MSM/IDU:** A person with reported MSM and IDU transmission risk at time of HIV diagnosis. For the purposes of any MSM breakout of the HIV care continuum, MSM includes both MSM and MSM/IDU risk.

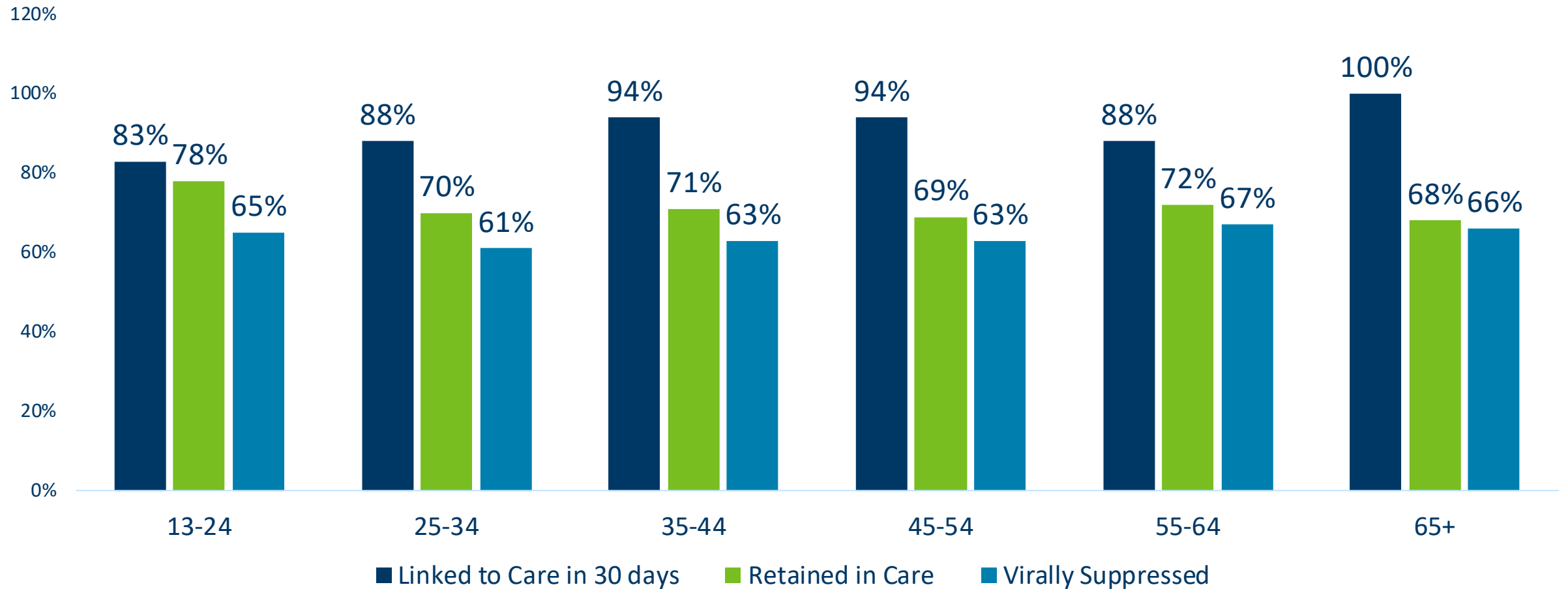
Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2021



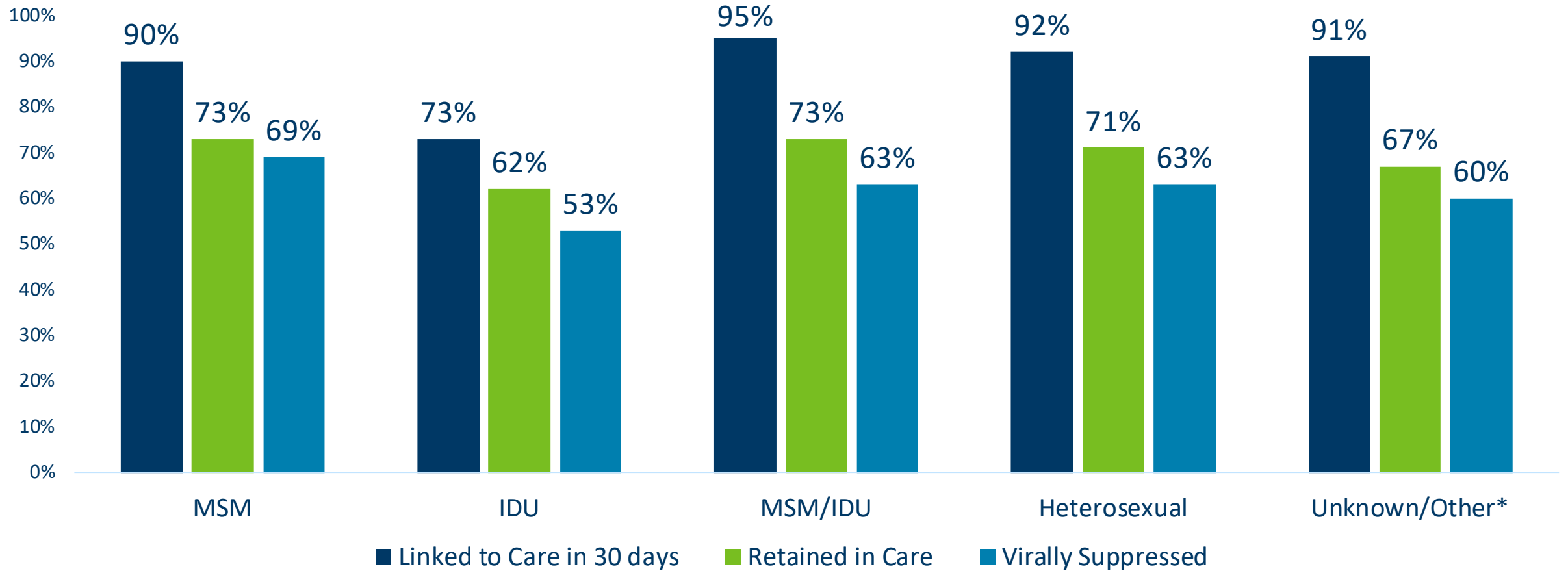
Percentages of people diagnosed with HIV in stages of the care continuum, by gender identity in Minnesota, 2021



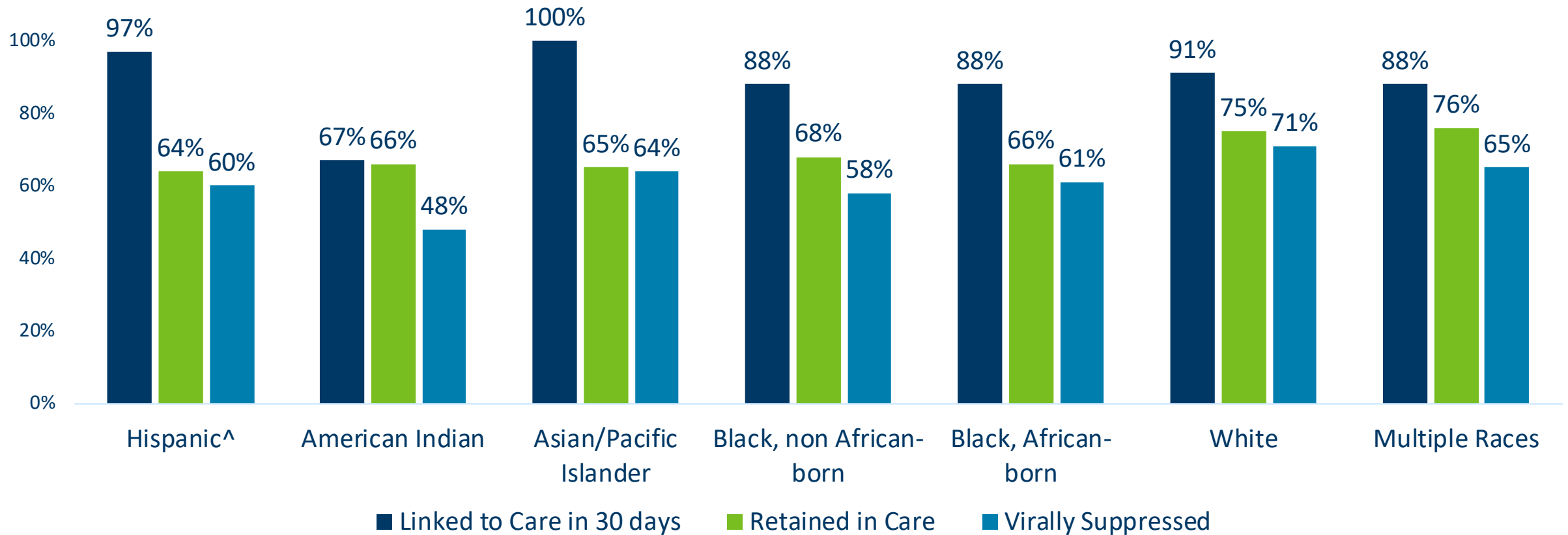
Percentages of people diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2021



Percentages of people diagnosed with HIV in stages of the care continuum, by mode of transmission† in Minnesota, 2021



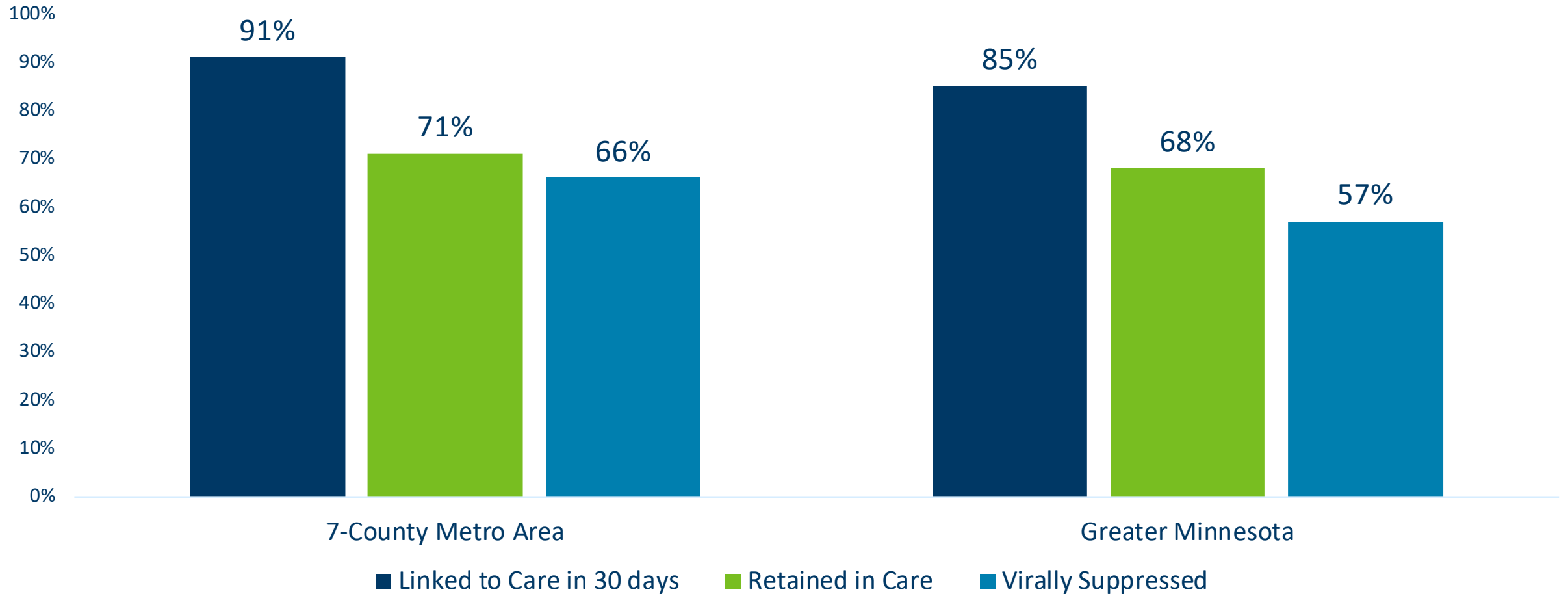
Percentages of people diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2021



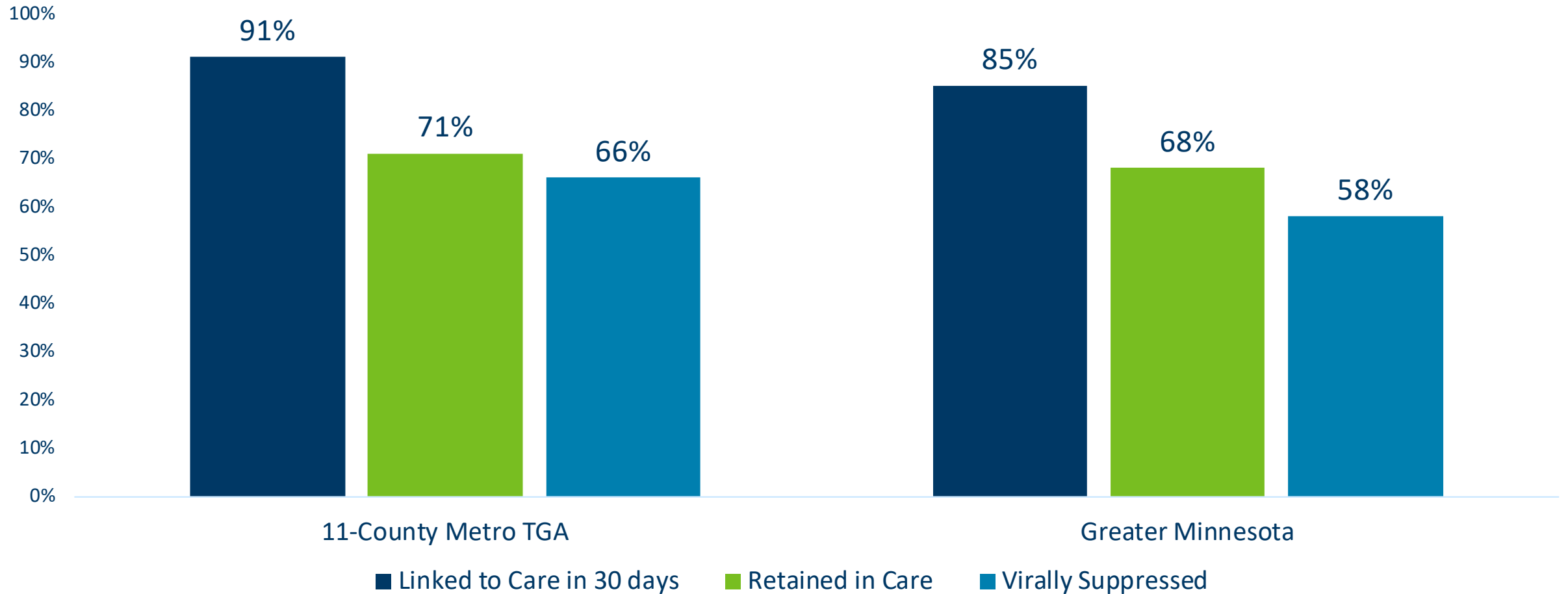
*Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

[^]Hispanic includes all races, all other racial groups are non-Hispanic.

Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2021



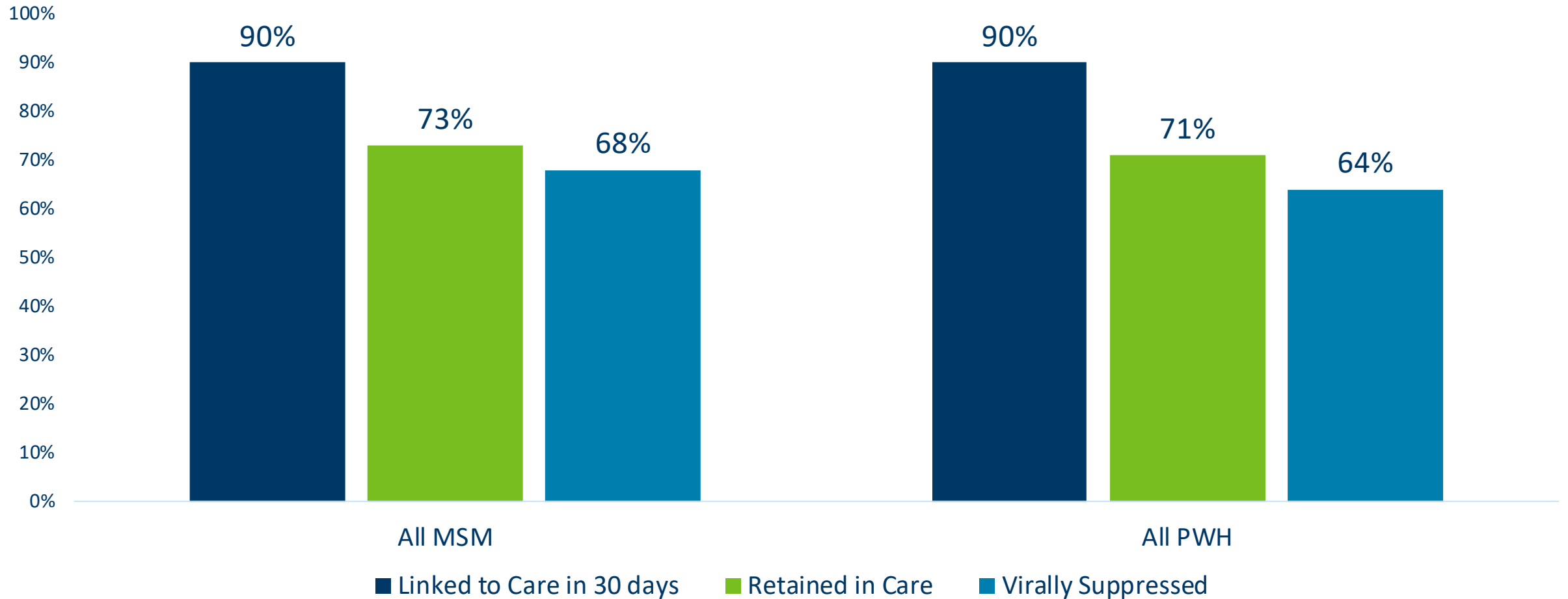
Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2021, con't



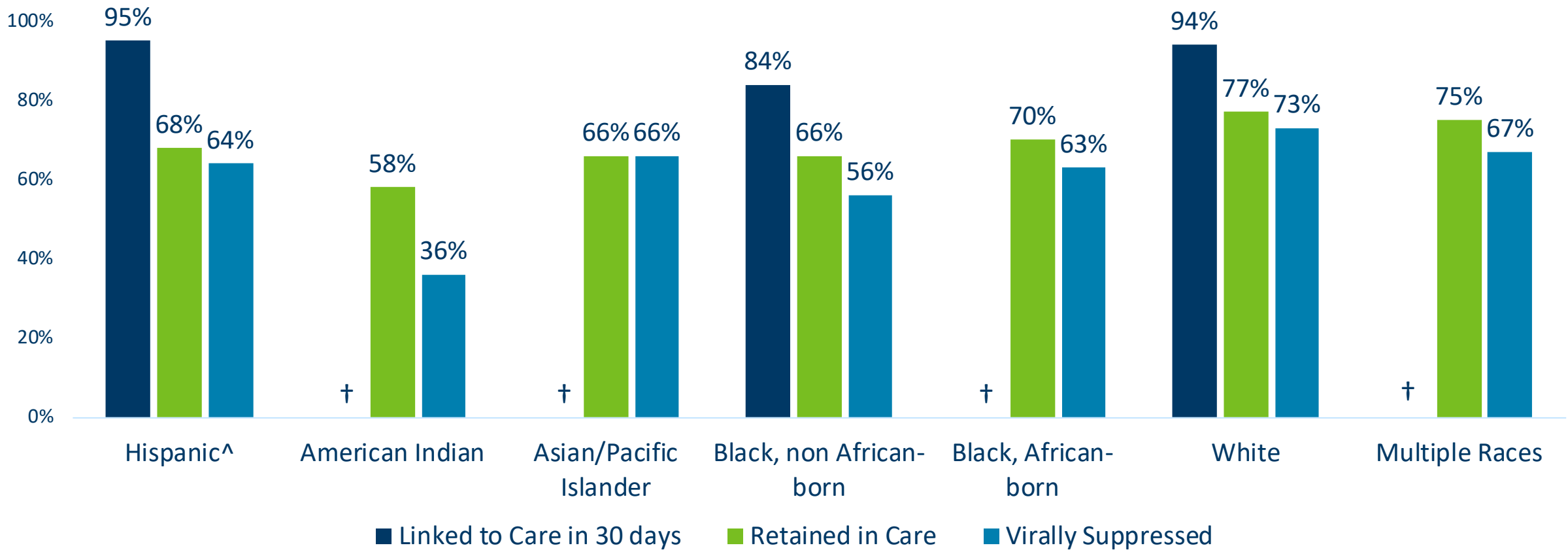
* TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of the state. However, not all PLWH living in the TGA receive Ryan White Services.

MSM and MSM/IDU-specific Analyses (n=5038)

Percentages of MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2021



Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2021

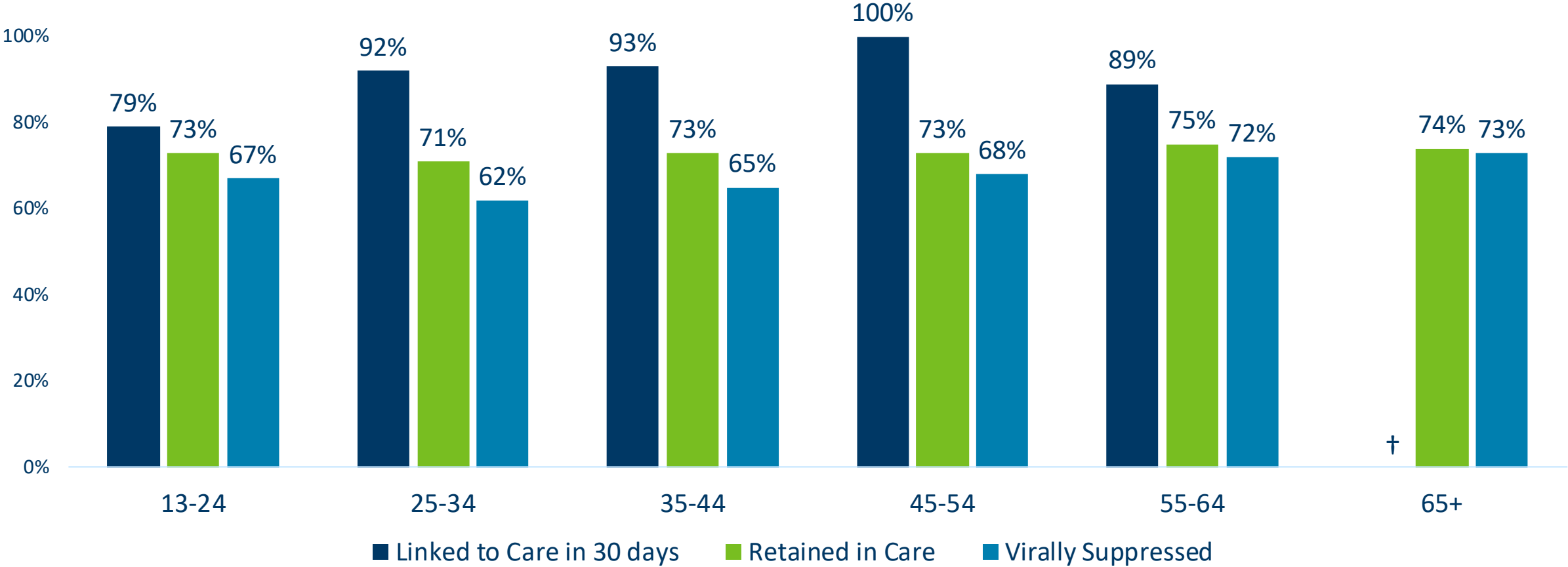


*Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

^Hispanic includes all races, all other races are non-Hispanic

†Fewer than 5 new diagnoses in population

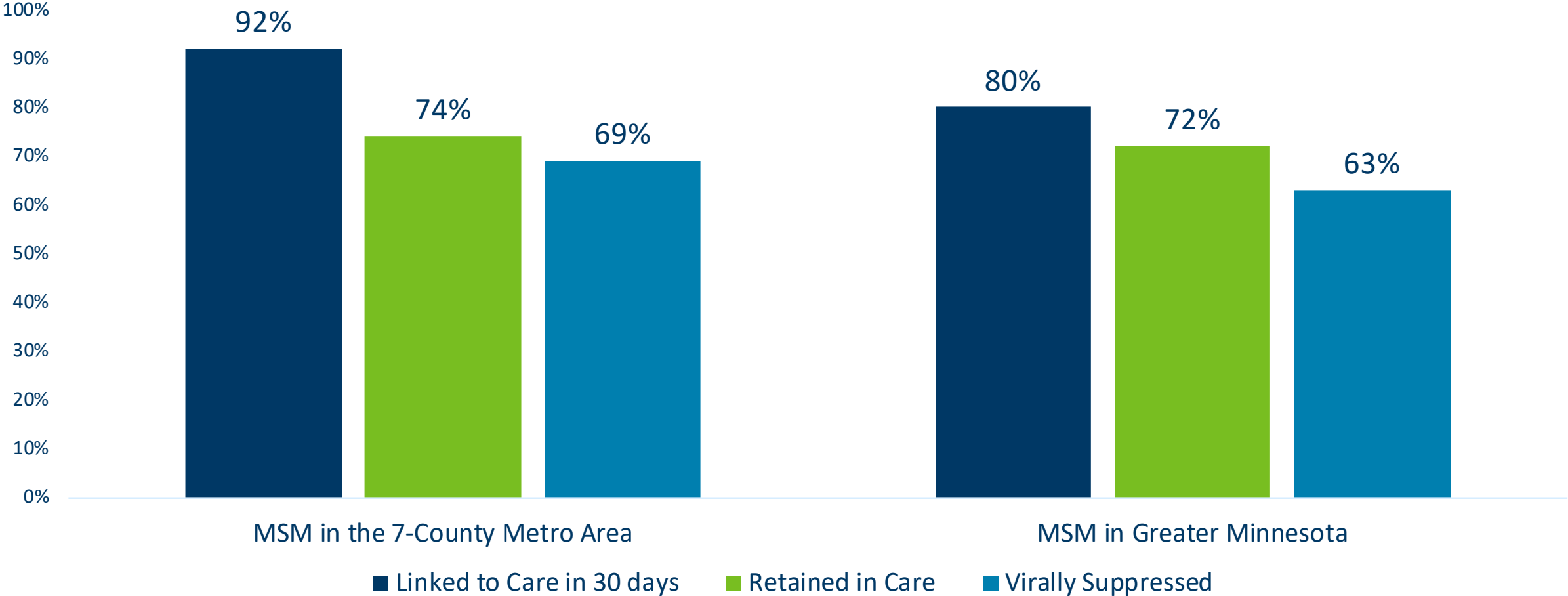
Percentages of MSM diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2021



*Current age is used to calculate retained in care and virally suppressed. Age at time of HIV diagnosis is used for linked to care in 30 days.

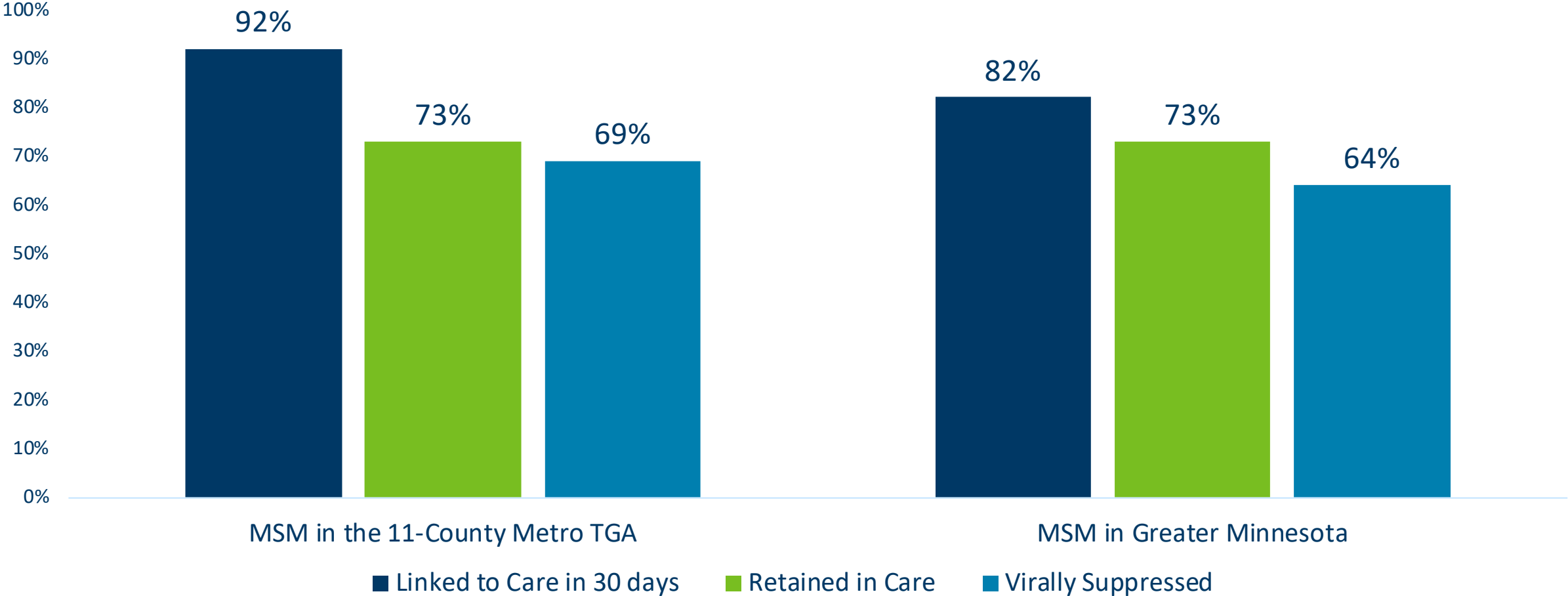
†Fewer than 5 new diagnoses in population

Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2021



*Metro area includes counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Greater Minnesota includes all remaining 80 counties.

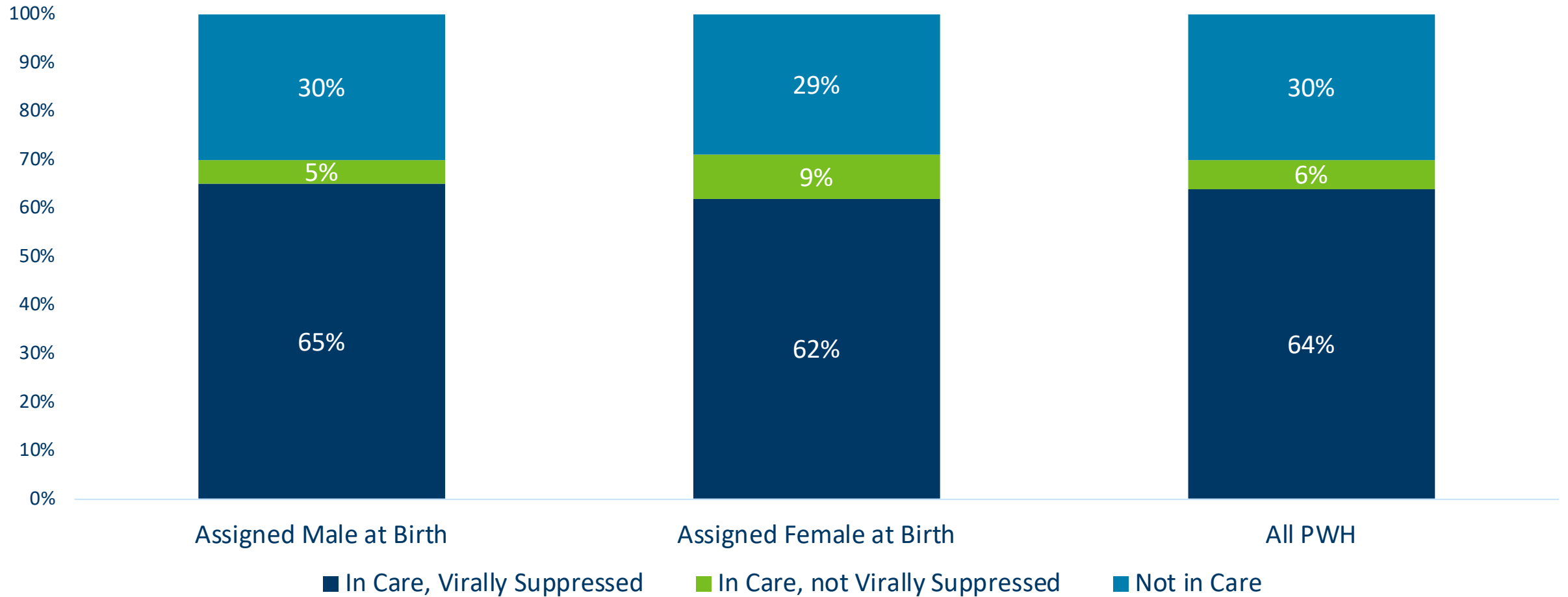
Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2021, con't



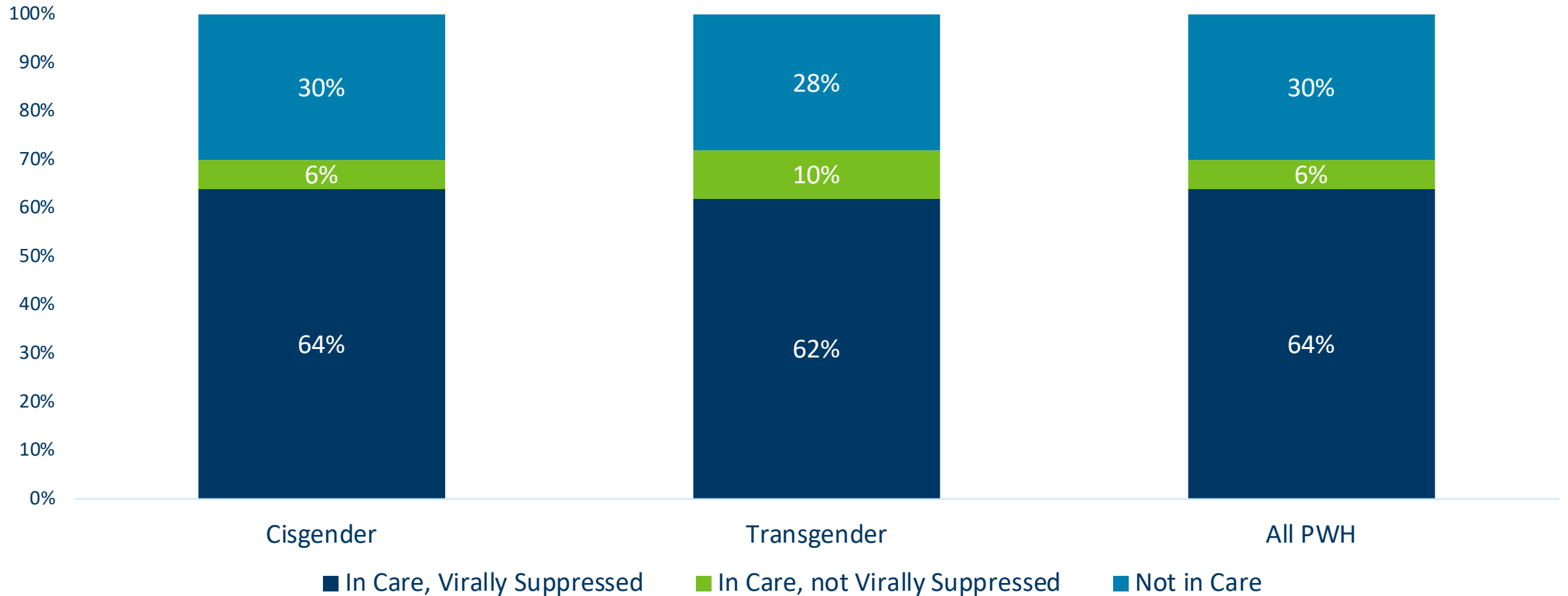
* TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of the state. However, not all PLWH living in the TGA receive Ryan White Services.

Analyses of populations in care, but not virally suppressed

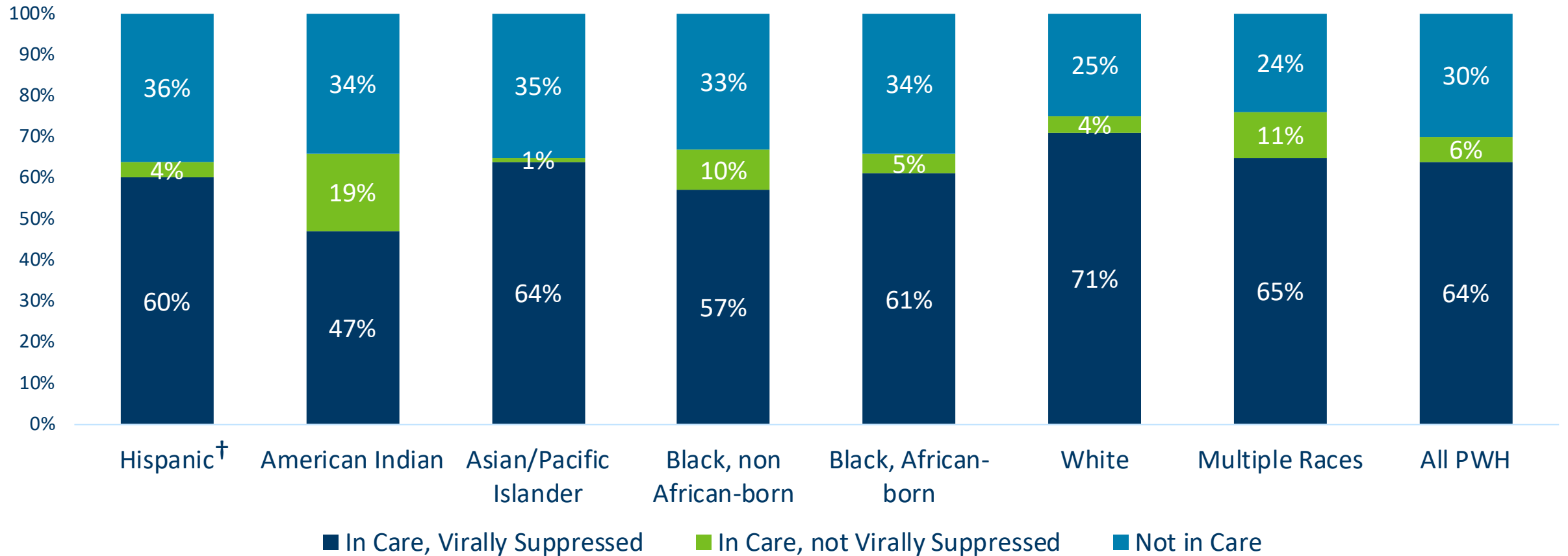
Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by sex assigned at birth in Minnesota, 2021



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by gender identity in Minnesota, 2021



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by race/ethnicity^ in Minnesota, 2021

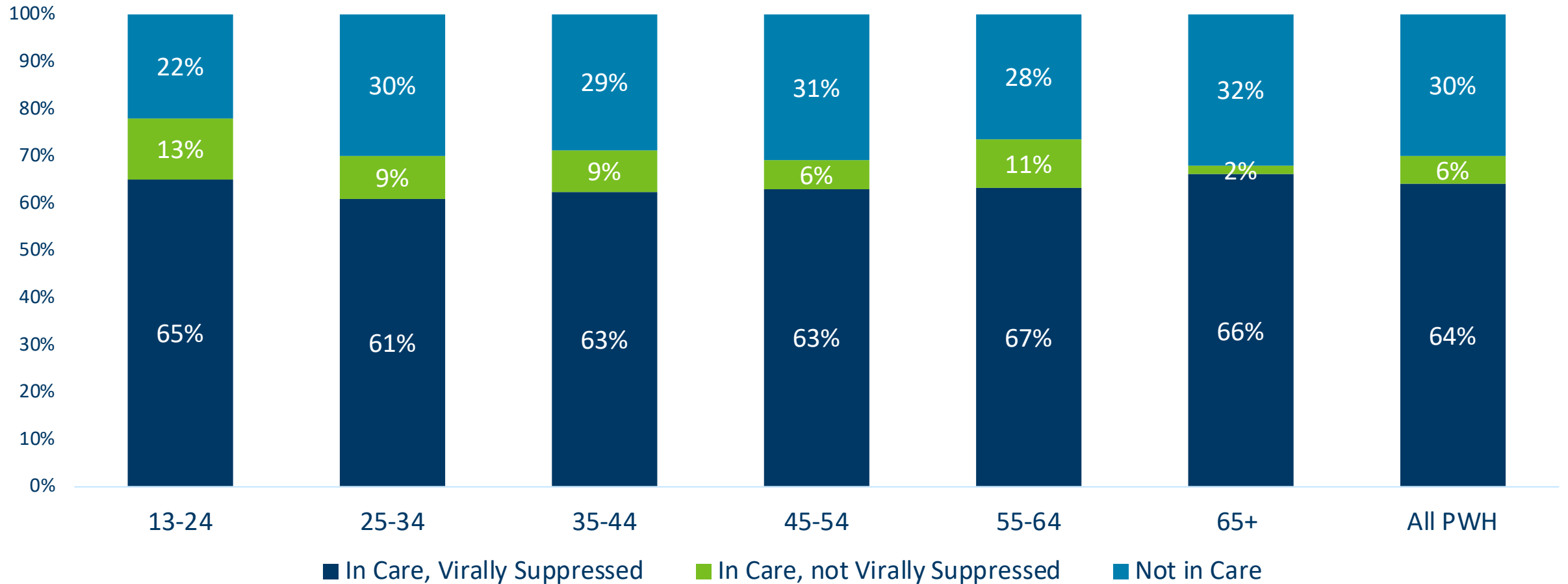


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

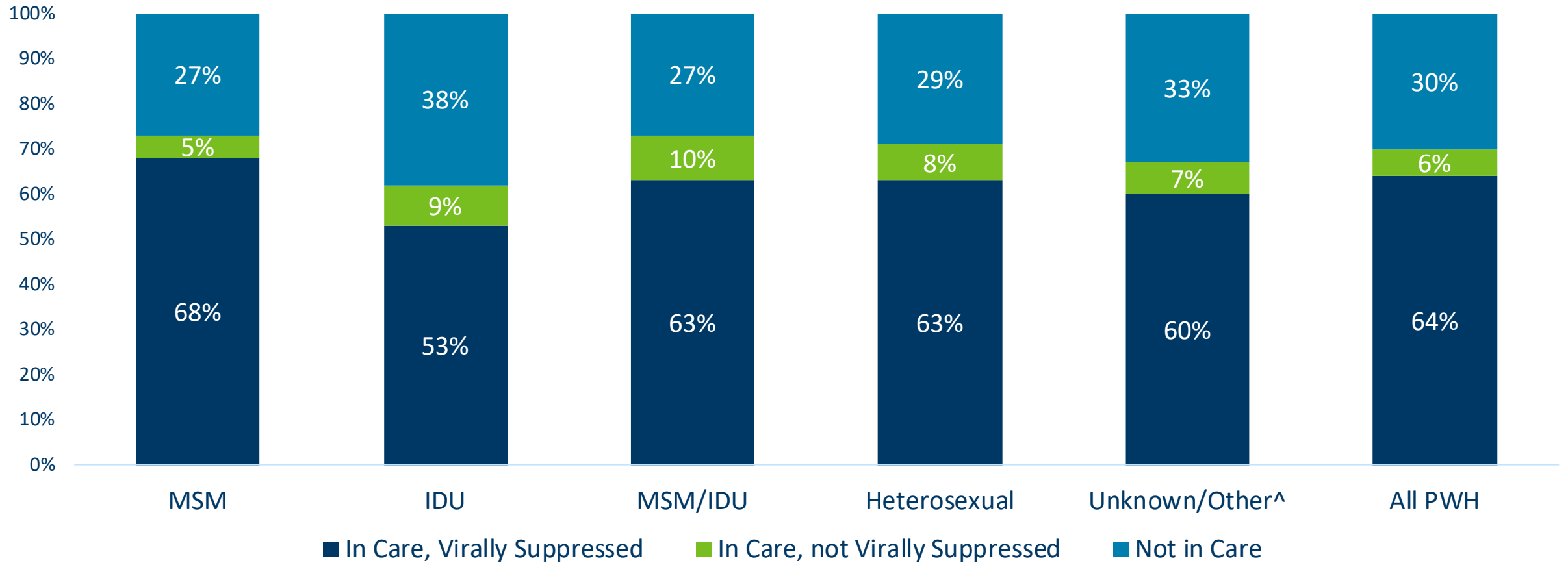
^Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

†Hispanic includes all races, all other races are non-Hispanic

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by age^ in Minnesota, 2021



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by mode of transmission† in Minnesota, 2021

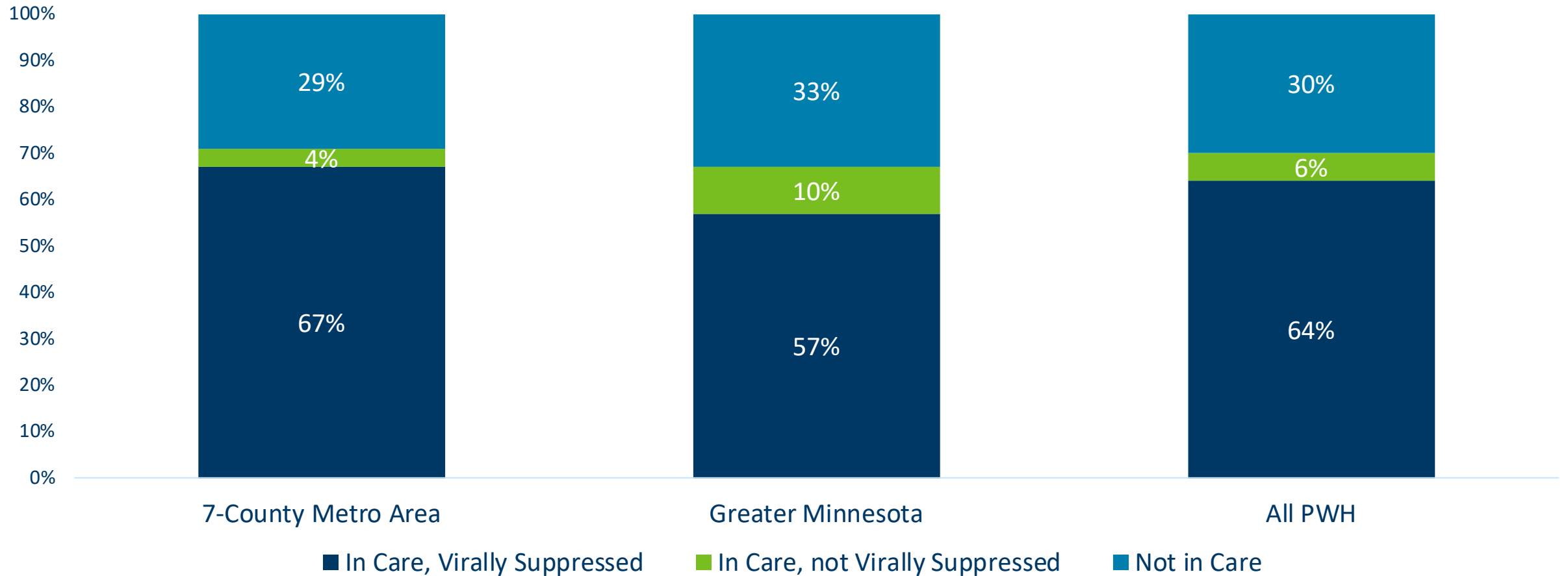


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

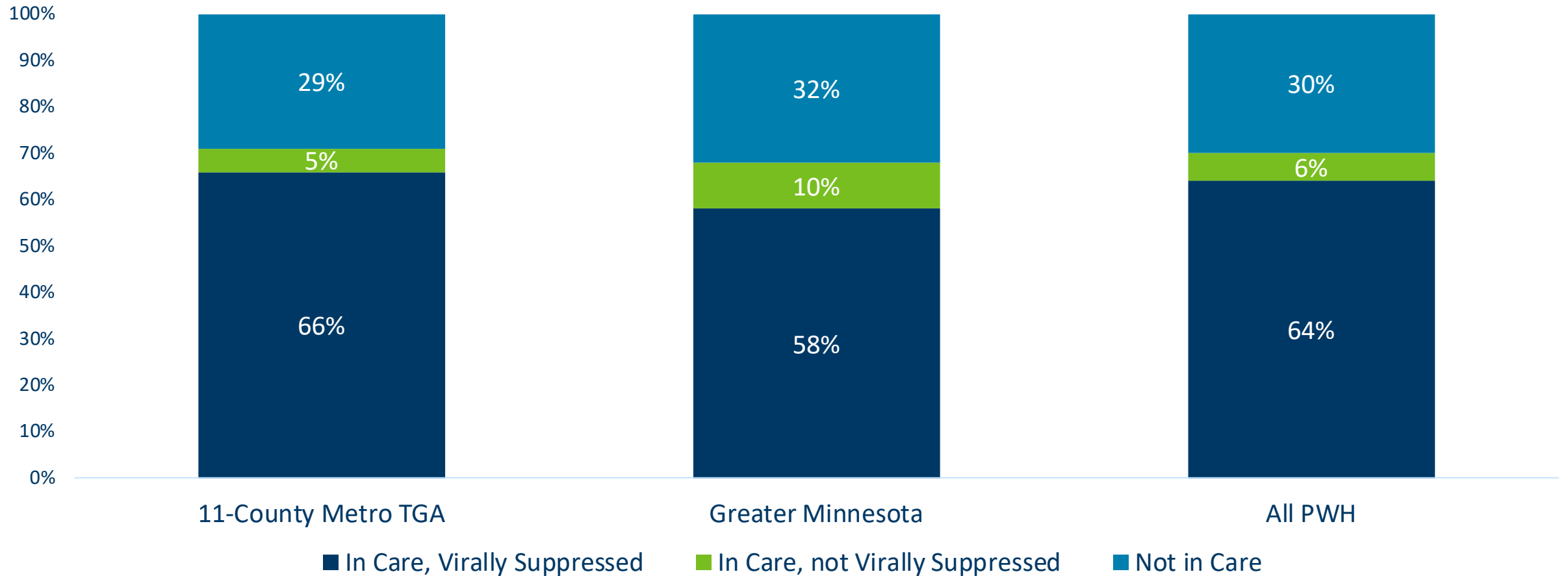
†Mode of transmission is collected at time of HIV diagnosis and may not be representative of current transmission risk. The MSM and MSM/IDU risk groups include all PWH assigned the sex of male at birth who report a male sexual partner. Therefore, some Trans Women are included in those groups.

^Unknown includes no mode of transmission identified. Other includes unspecified risk, hemophilia, transplant/transfusion recipients, or mother with HIV or HIV risk

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2021



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2021, con't

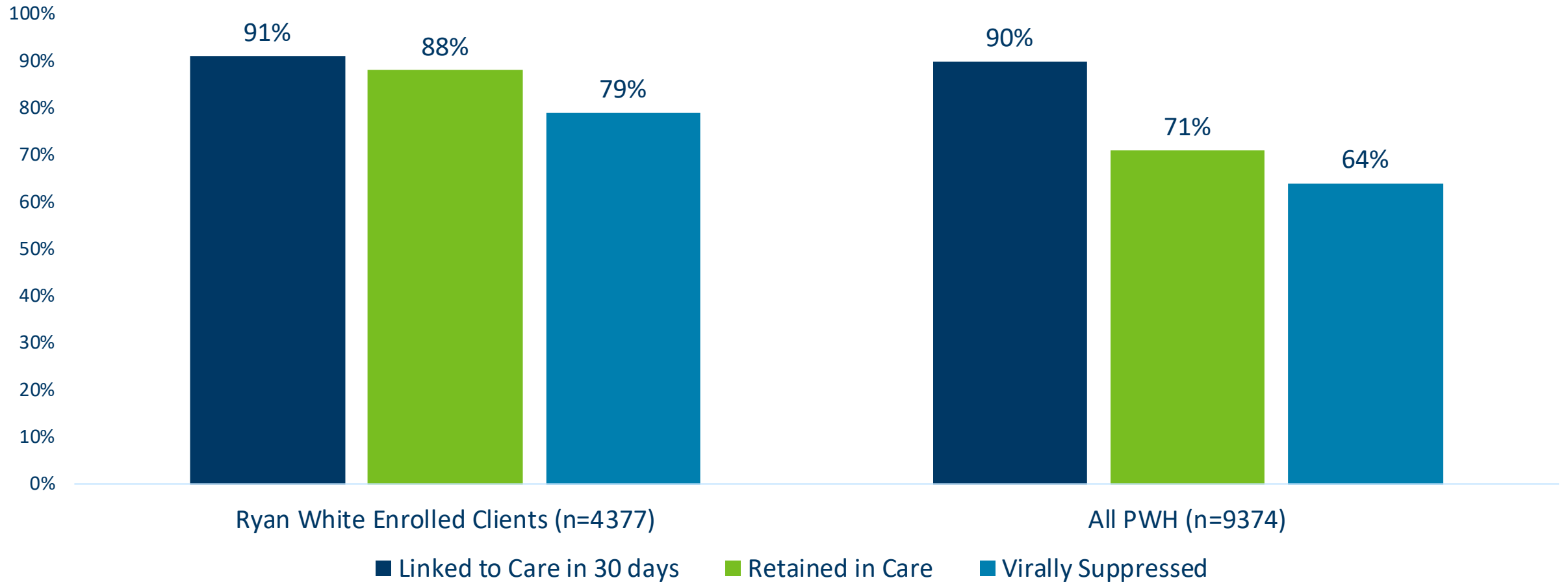


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

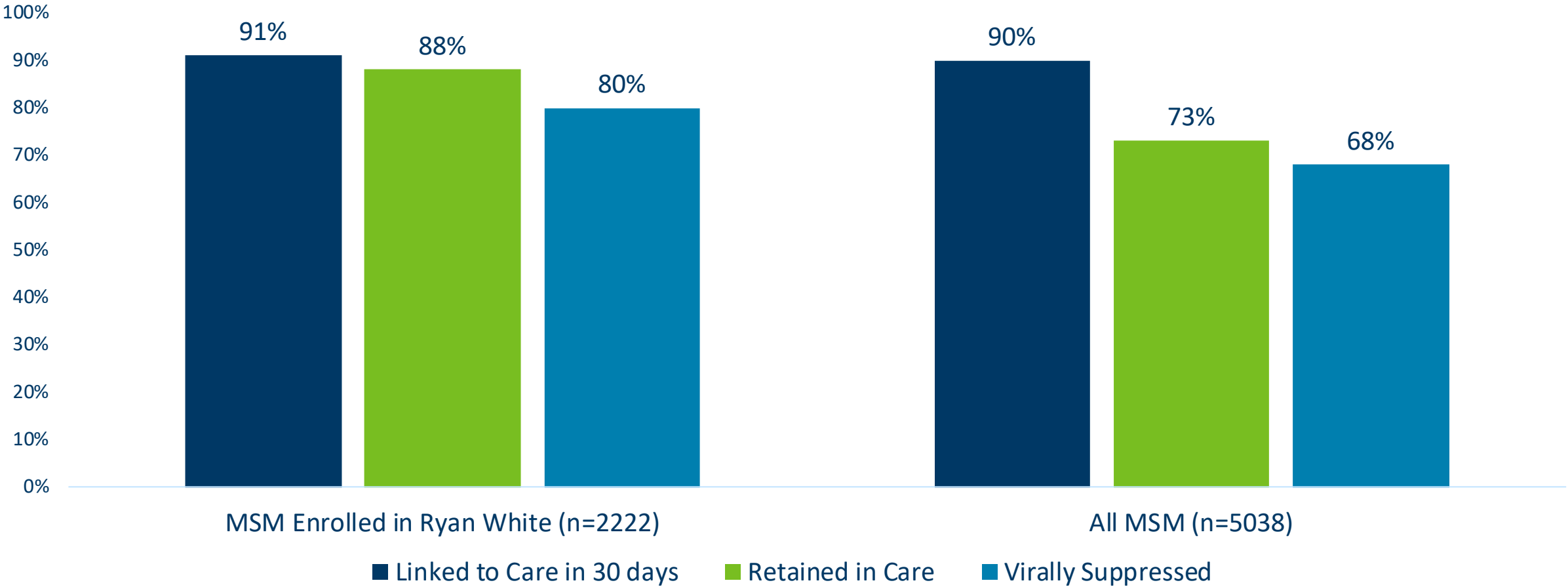
^ TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PLWH in this part of the state. However, not all PWH living in the TGA receive Ryan White Services.

Analyses of PWH Receiving Ryan White Services

Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2021

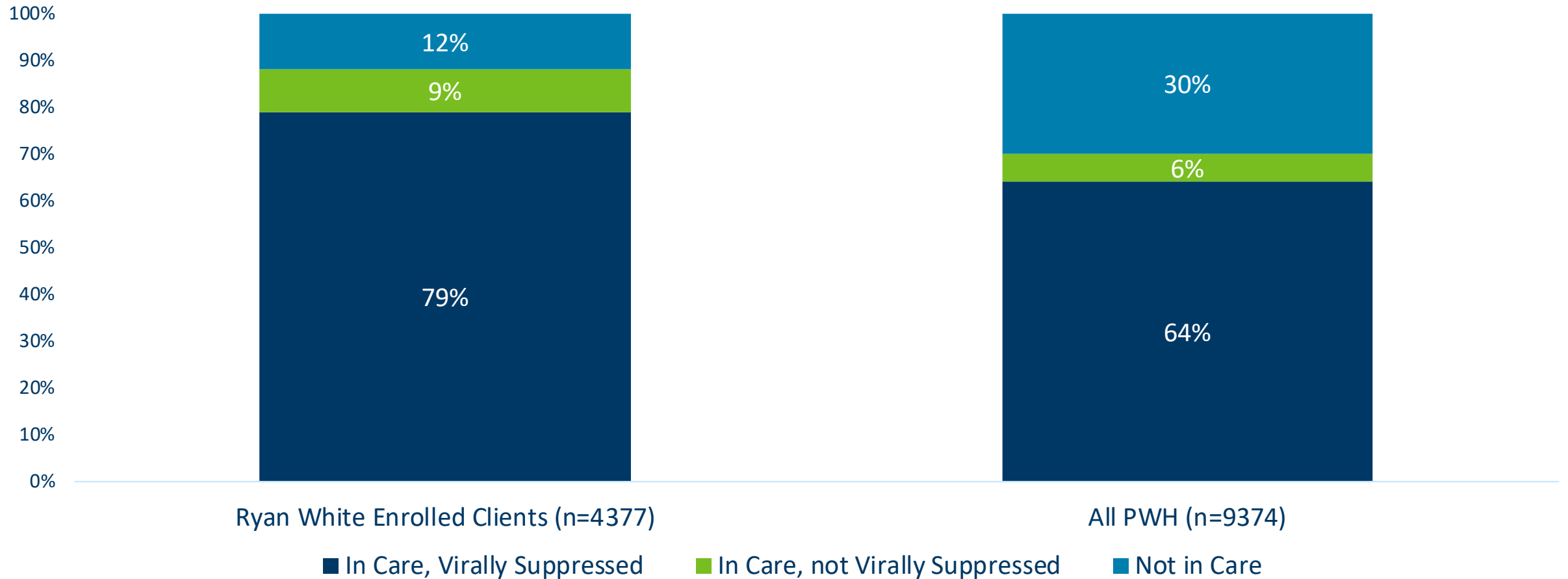


Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2021



* Defined as having received at least one Ryan White-funded service during 2021. Total Ryan White MSM population is 2222, which makes up 44% of the total MSM HIV prevalent population. MSM risk is determined by risk information from the Minnesota HIV Surveillance System (eHARS). The MSM and MSM/IDU risk groups include all PWH assigned the sex of male at birth who report a male sexual partner. Therefore, some Trans Women are included in those groups.

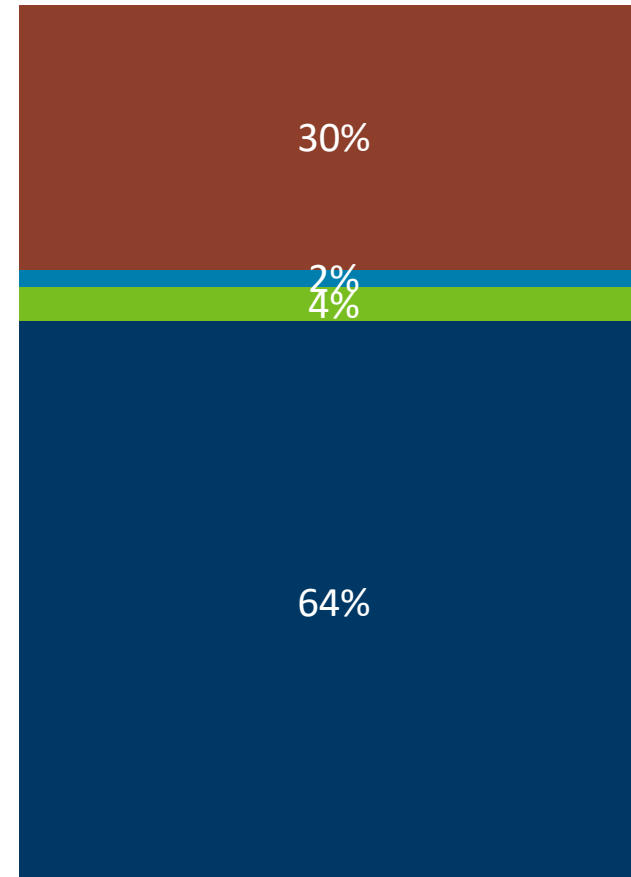
Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by Ryan White enrollment^ in Minnesota, 2021



Additional Care Continuum Analyses

Viral Suppression* in the Continuum of Care (n=9374)

- Out of Care
- CD4 only, no viral load reported in 2021
- In Care and not Virally Suppressed at last lab reported in 2021
- In Care and Virally Suppressed at last reported lab in 2021



Thank you.

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