

Demographic Breakdowns of the HIV Care Continuum in Minnesota

EIDER Section at the Minnesota Department of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

HIV Care Continuum Definitions

People Living with Diagnosed HIV/AIDS (PWH)

Defined as people aged 13 and older with HIV infection (regardless of stage of diagnosis) and reported to the Minnesota Department of Health through year-end 2023, who were alive at year-end 2024.

Linked to Care

Calculated as the percentage of people aged 13 and older linked to care within 30 days after initial HIV diagnosis during 2023. Note that linkage to care has a different denominator than all the other bars, because it focuses on one year of new HIV diagnoses.

Virally Suppressed within Six Months (NEW)

Calculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Retained in Care

Calculated as the percentage of people aged 13 and older who had ≥1 CD4 or viral load tests reported to MDH during 2024 among those diagnosed with HIV through year-end 2023 and alive at year-end 2024.

Virally Suppressed

Calculated as the percentage of people aged 13 and older who had a suppressed viral load (≤200 copies/mL) at most recent test during 2024, among those diagnosed with HIV through year-end 2023 and alive at year-end 2024.



Virally Suppressed within 6 months – a new measurement

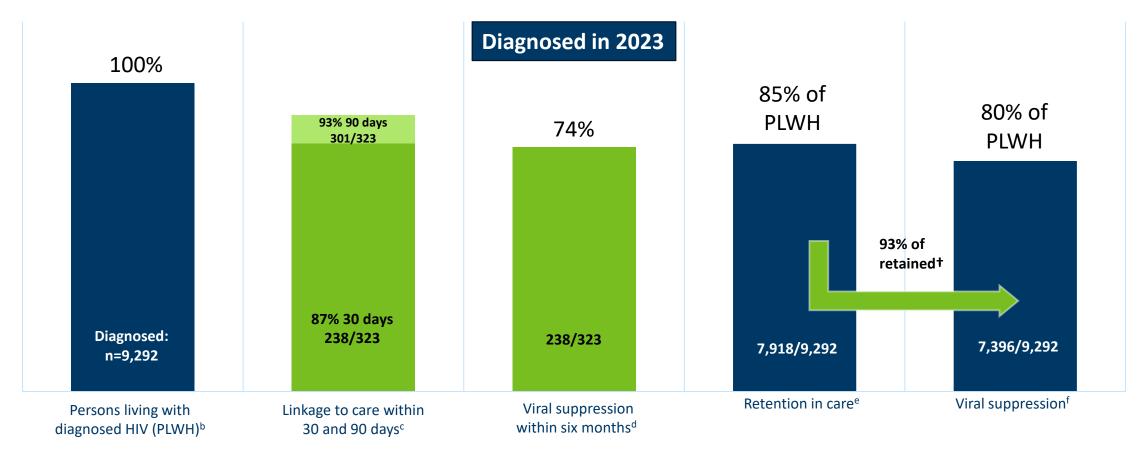
We added a new measurement to the Care Continuum starting in 2023. You will notice an extra bar for viral suppression within six months of initial HIV diagnosis.

"Virally Suppressed within Six Months (NEW): Calculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed."

*Historical data is available for this measurement. See slide 14.



Percentages of persons with HIV engaged in selected stages of the continuum of care - Minnesota, 2024



^bDefined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2023, who were alive at year-end 2024.

^cCalculated as the percentage of persons linked to care within 30 and 90 days after initial HIV diagnosis during 2023. Linkage to care is based on the number of persons diagnosed during 2023 and is therefore shown in a different color than the other bars with a different denominator.

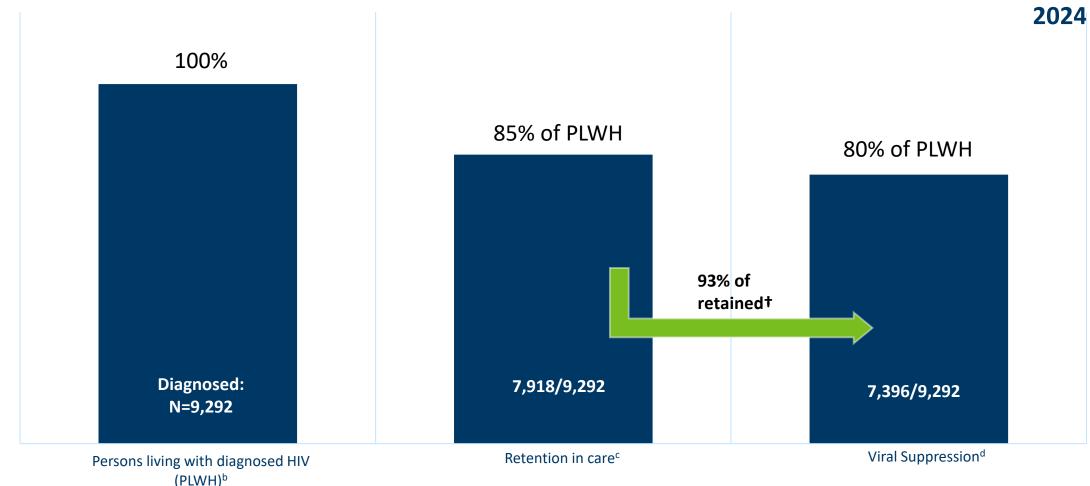
dCalculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed. Shown in a different color than the other bars with a different denominator.

^eCalculated as the percentage of persons who had ≥ one CD4 or viral load test results during 2024 among those diagnosed with HIV through year-end 2023 and alive at year end 2024.

fCalculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) at most recent test during 2024, among those diagnosed with HIV through year-end 2023 and alive at year-end 2024.

[†]Calculated as number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2024, among those who were retained in care during 2024 (7,396/7,918).

Percentages of persons with HIV engaged in selected stages of the continuum of care - Minnesota,



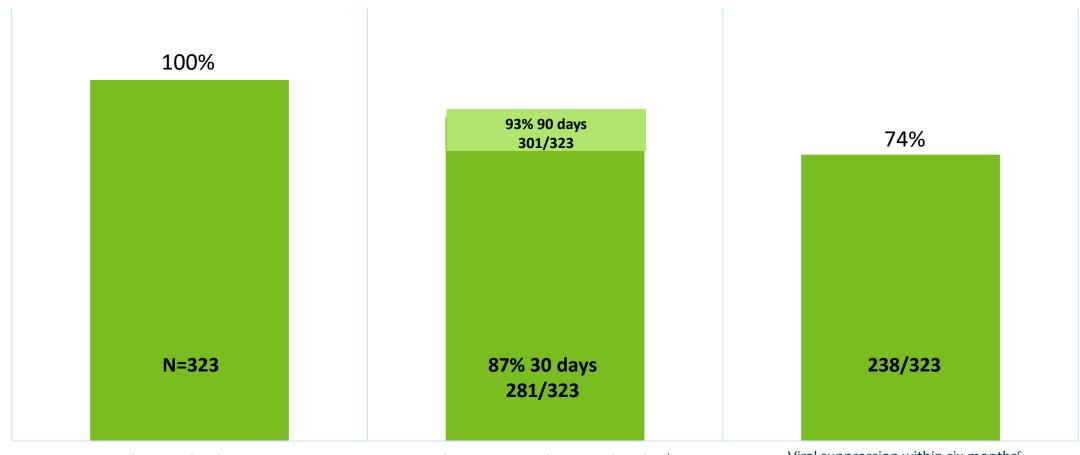
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Percentages of persons with HIV engaged in selected stages of the continuum of care - Minnesota, Linkage to care & HIV viral suppression within six months of HIV diagnosis, 2023



Persons diagnosed with HIV in 2023^a

Linkage to care within 30 and 90 days^b

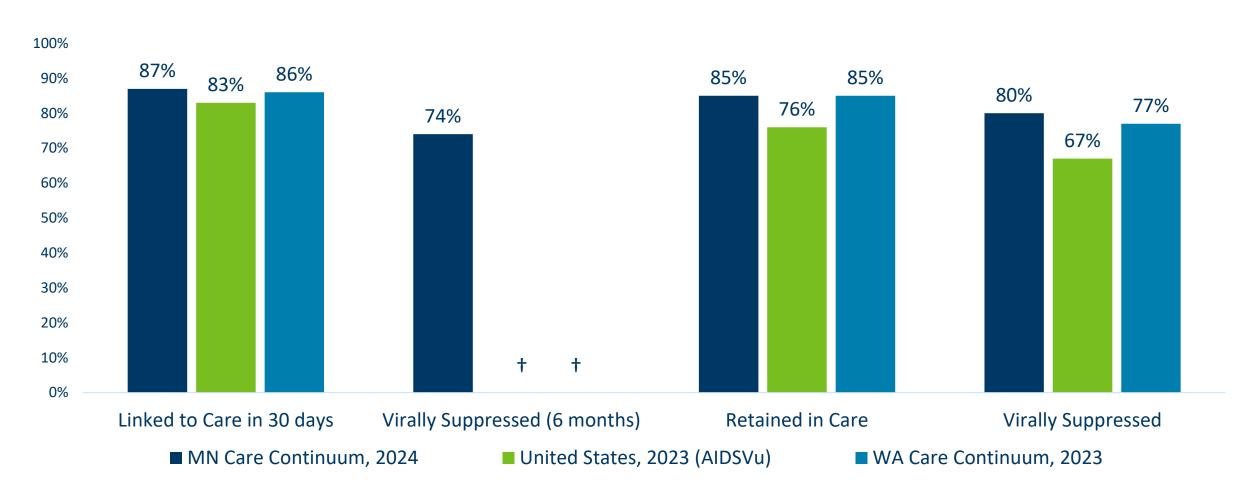
Viral suppression within six months^c

^aDefined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) initial HIV diagnosis during 2023.

^bCalculated as the percentage of persons linked to care within 30 and 90 days after initial HIV diagnosis during 2023. Linkage to care is based on the number of persons diagnosed during 2023 and is therefore shown in a different color than the other bars with a different denominator.

^cCalculated as the percentage of persons who had an initial HIV diagnosis during 2023 who had viral suppressed viral load (≤200 copies/mL) within six months of HIV diagnosis.

How does Minnesota's care continuum compare with other states' care continuum?





Sources: WA Continuum of Care in Washington - AIDSVu (https://map.aidsvu.org/profiles/state/washington/continuum-of-care); United States (AIDSVu), 2023: Continuum of Care in the United States - AIDSVu (https://map.aidsvu.org/profiles/nation/usa/continuum-of-care#2-1-Late-Diagnosis)

[†] no data available

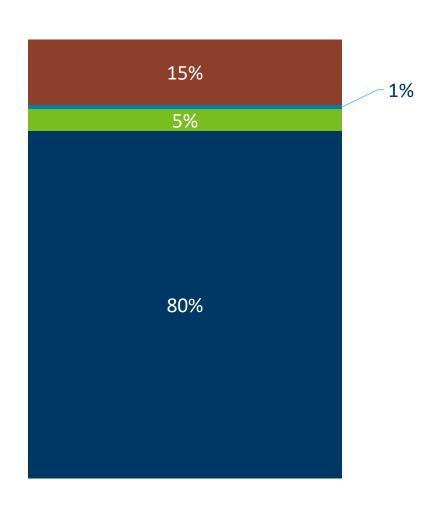
Initial Care Continuum Analyses



Viral Suppression* in the Continuum of Care (n=9,292)

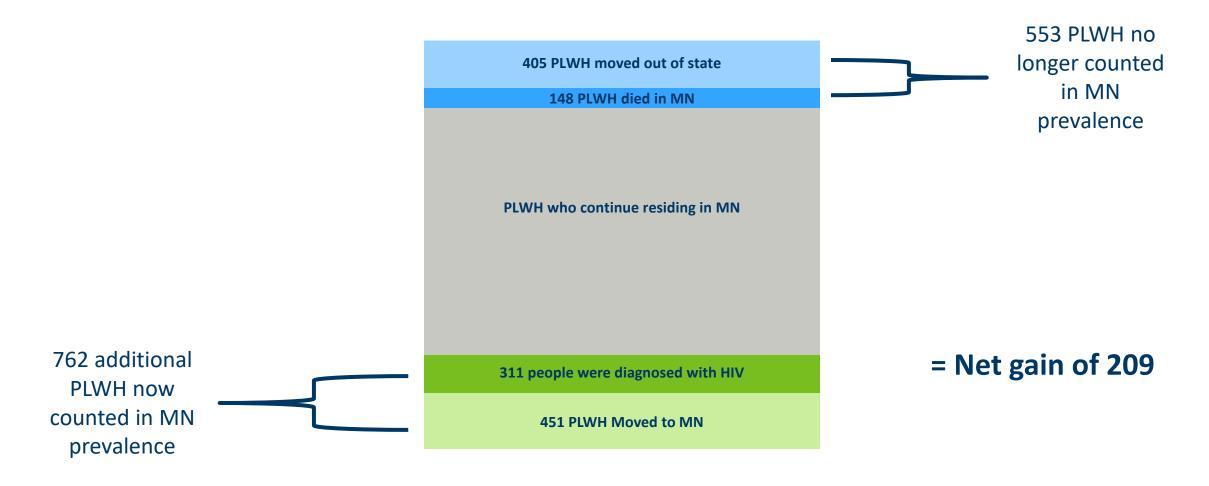


- CD4 only, no viral load reported in 2024
- In Care and not Virally Suppressed at last lab reported in 2024
- In Care and Virally Suppressed at last reported lab in 2024



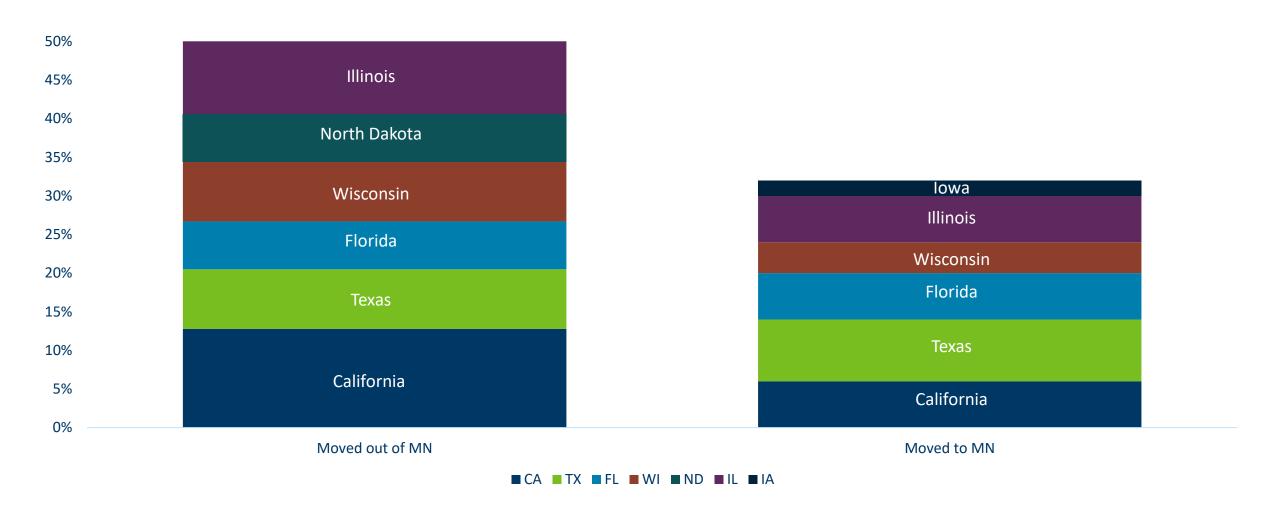


9,292 people living with HIV (PLWH) residing in MN at end of 2024 (and diagnosed through the end of 2023)





Where did people living with HIV in MN move to and from in 2024?





How migration in- and out-of state, new diagnoses, and deaths affect the prevalence of HIV in MN

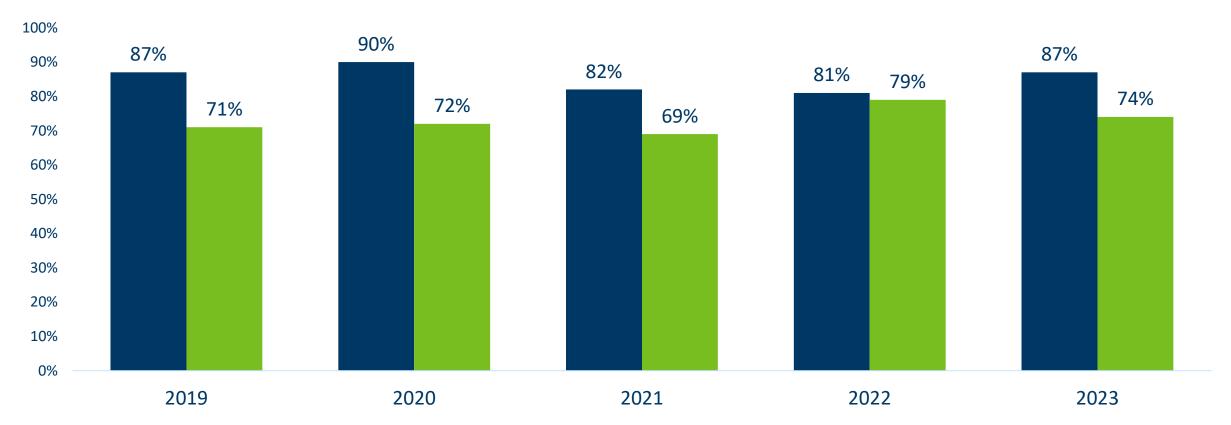




Linkage to Care in Minnesota 2019-2023



Linkage to Care & Viral Suppression within 6 months among new HIV diagnoses in Minnesota by diagnosis year, 2019-2023



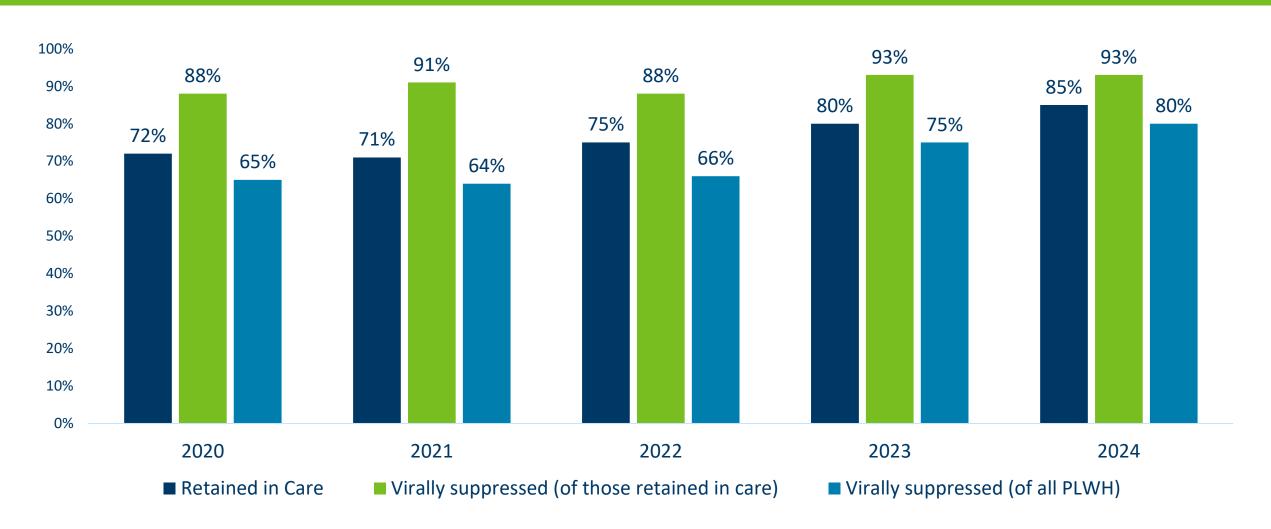
- Percentage of newly diagnosed individuals who are linked to HIV care within 30 days of diagnosis
- Percentage of newly diagnosed individuals who were virally suppressed within six months of diagnosis



Retention in Care and Viral Suppression in Minnesota 2020-2024



Retention in Care and Viral Suppression among prevalent cases living with HIV/AIDS in Minnesota, 2020-2024

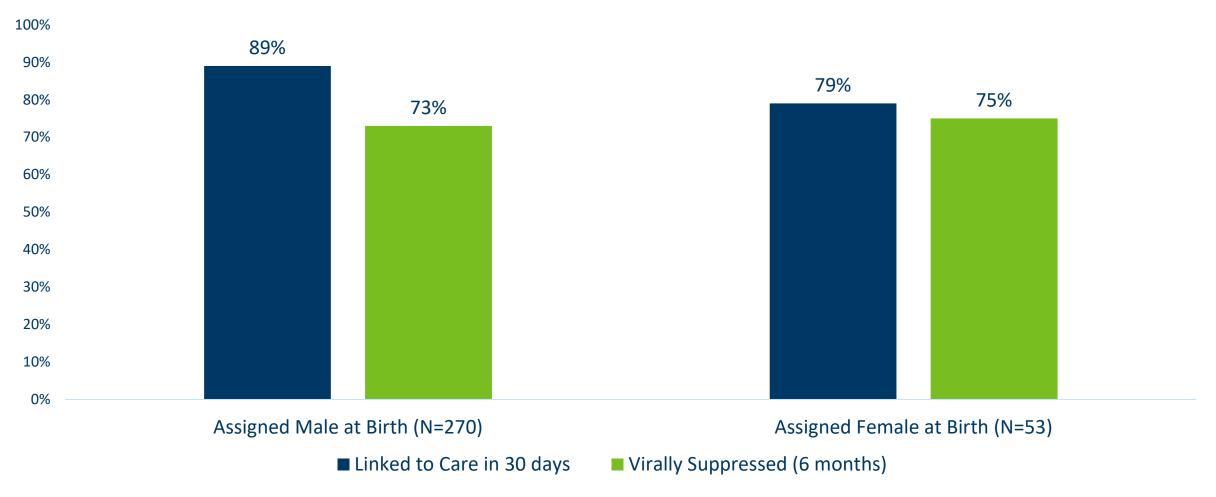




Demographic breakouts of the HIV care continuum in Minnesota, 2024



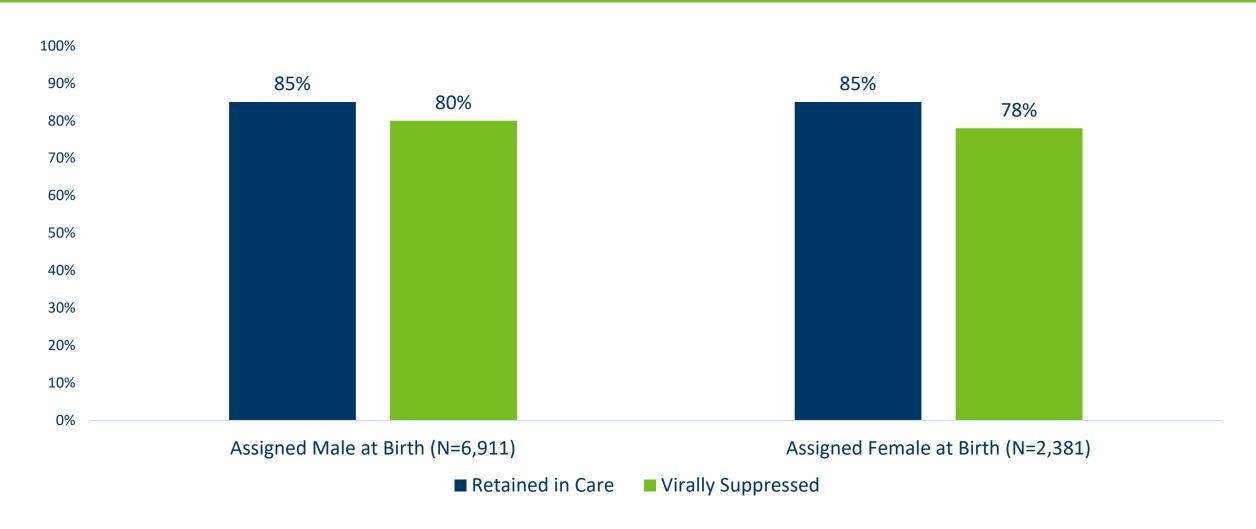
Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2024



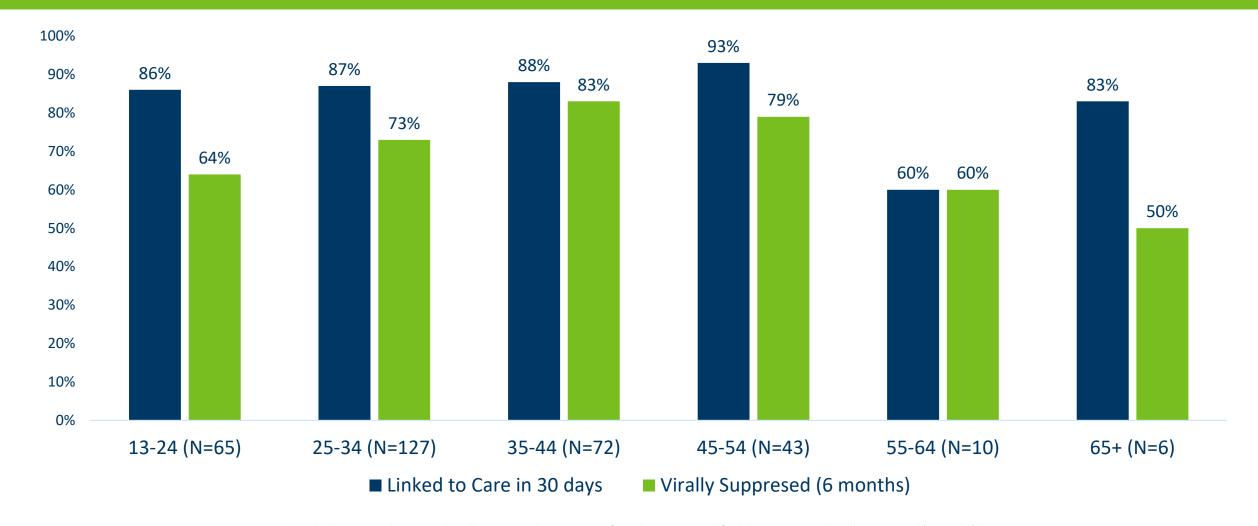


Virally Suppressed (6 months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2024









Current age is used to calculate retained in care and virally suppressed. Age at time of HIV diagnosis is used for linkage to care and virally suppressed (6 months) bars.

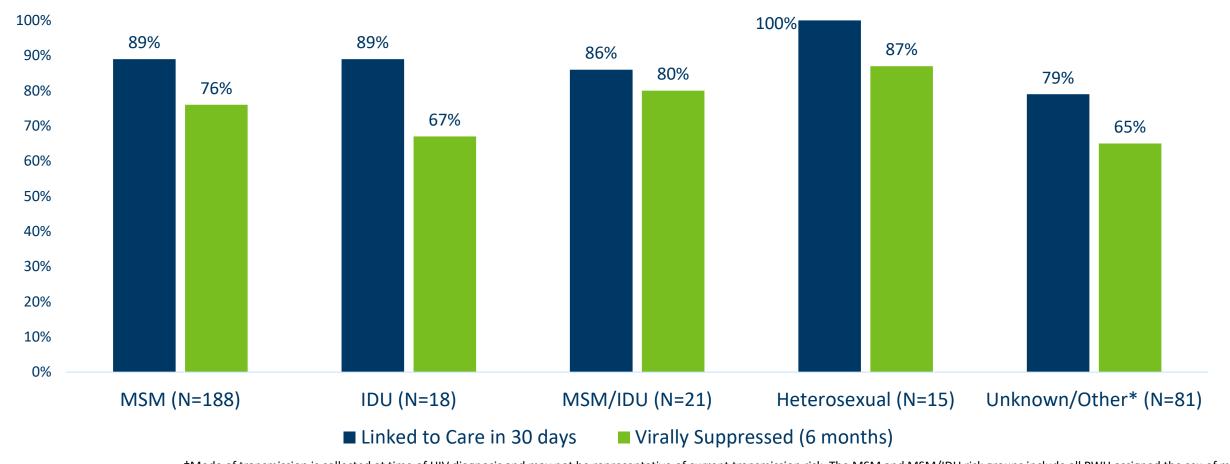
EPARTMENT

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Percentages of people diagnosed with HIV in stages of the care continuum, by mode of transmission† in Minnesota, 2024



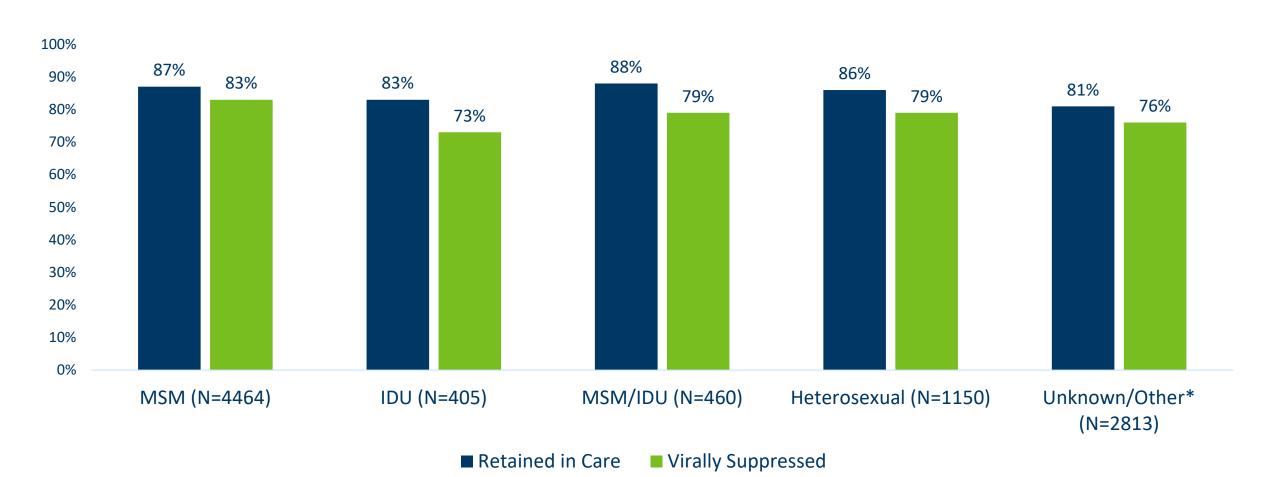
[†]Mode of transmission is collected at time of HIV diagnosis and may not be representative of current transmission risk. The MSM and MSM/IDU risk groups include all PWH assigned the sex of male at birth AND current gender male who report a male sexual partner.

^{*}Unknown includes no mode of transmission identified. Other includes TWSM, TWSM/IDU, unspecified risk, hemophilia, transplant/transfusion recipients, or a mother with HIV or HIV risk.

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Percentages of people diagnosed with HIV in stages of the care continuum, by mode of transmission† in Minnesota, 2024

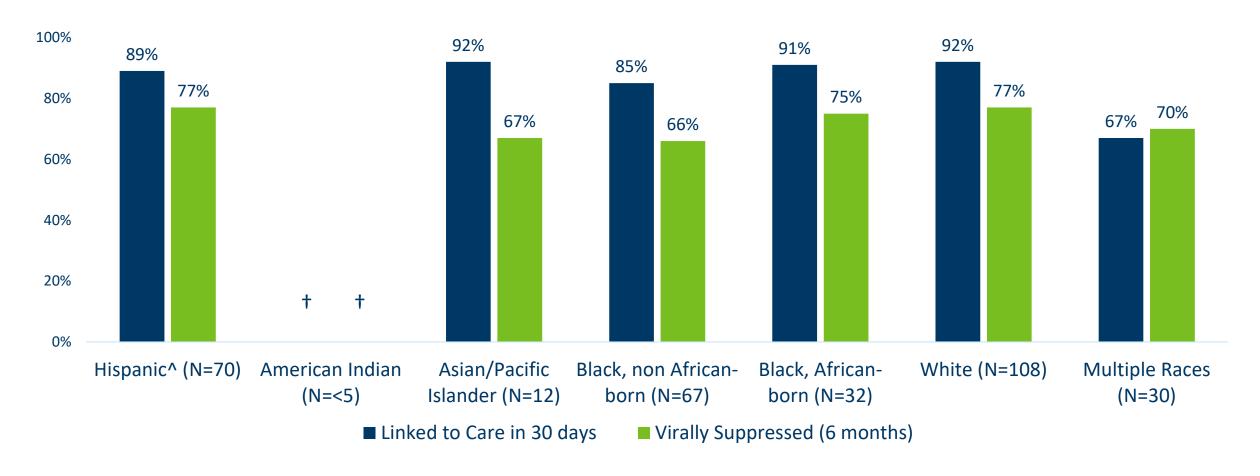


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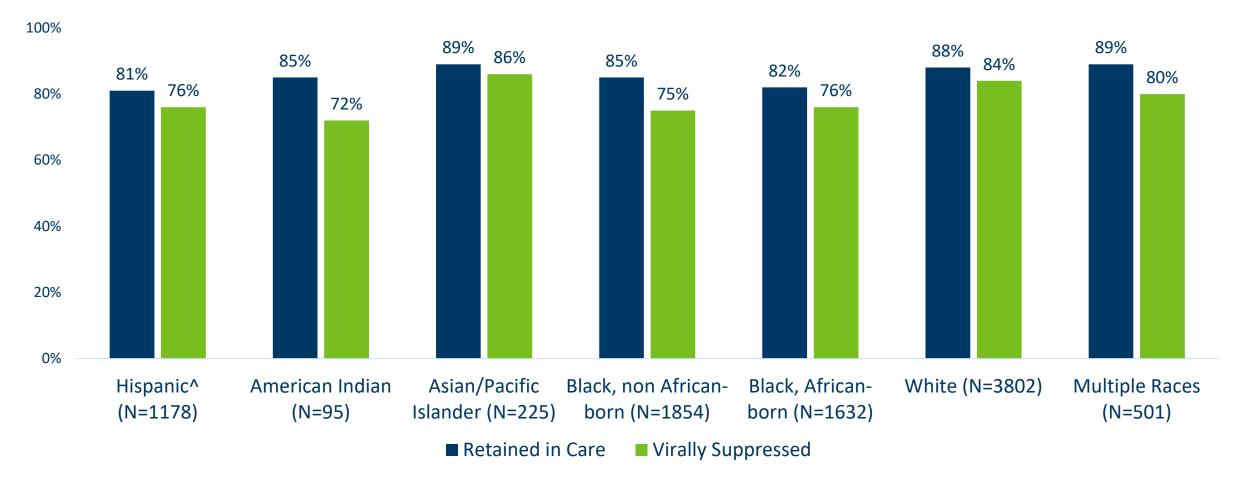
^{*}Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

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

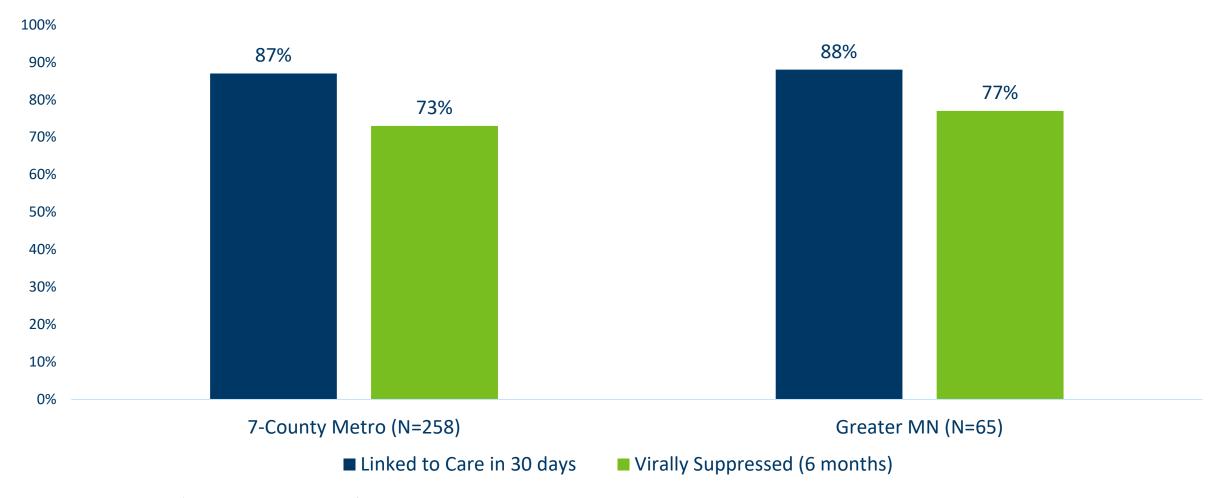
[†]Fewer than five new diagnoses in population



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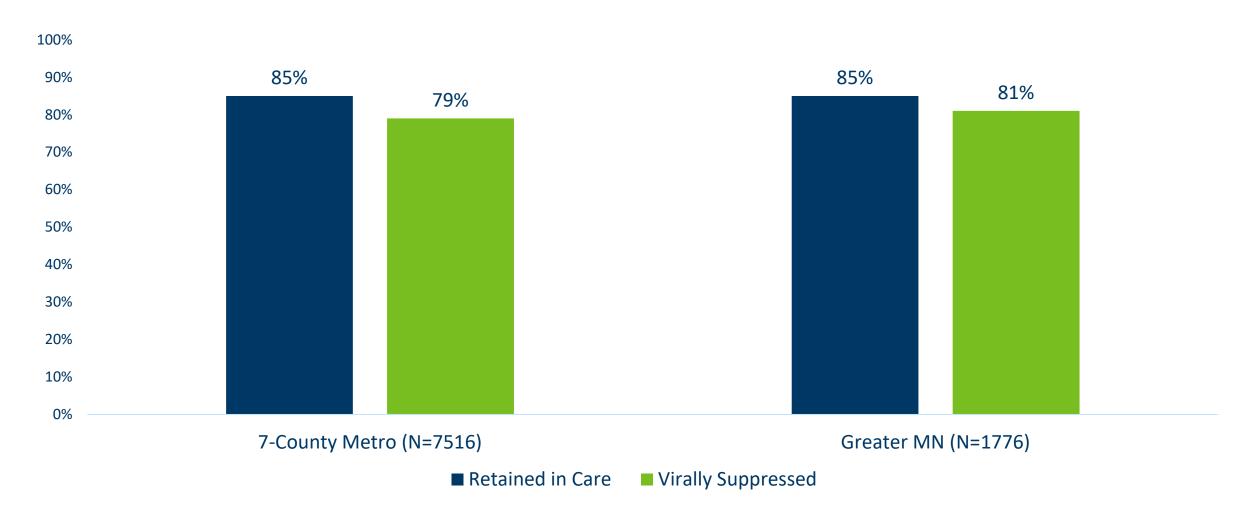




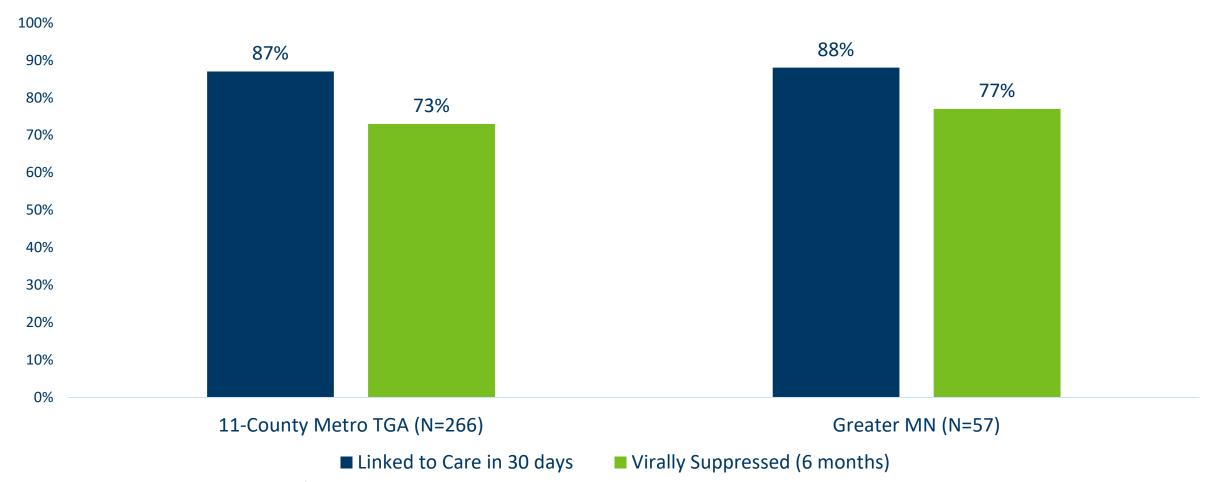


*Metro area includes counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Greater Minnesota includes all remaining 80 counties.

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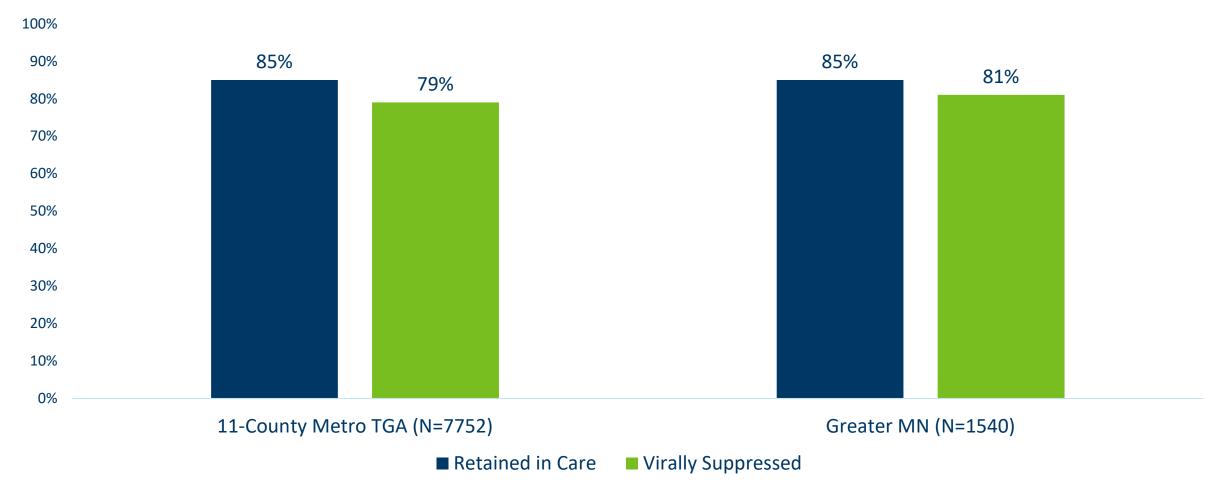






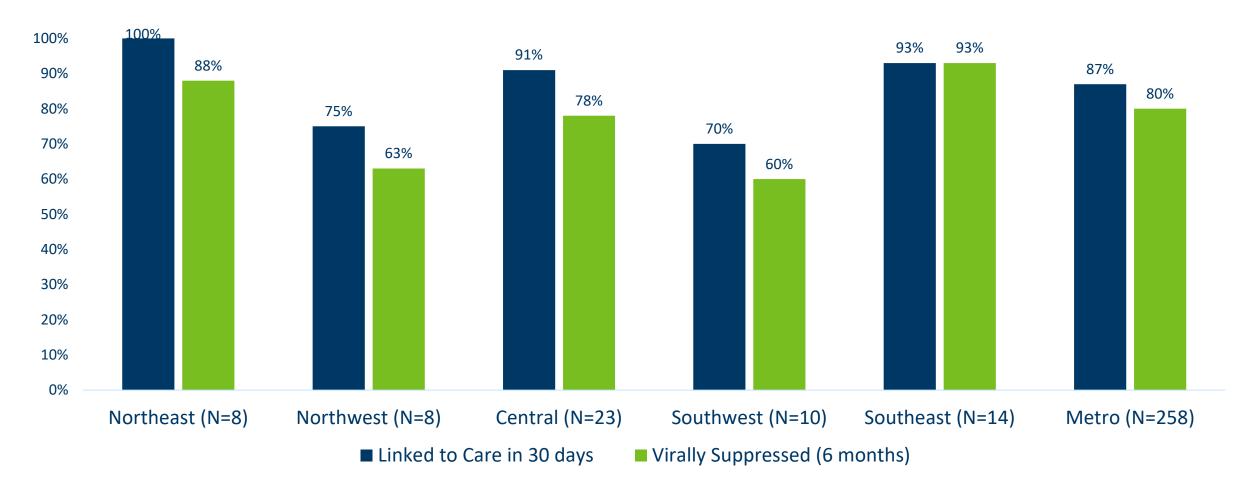
TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of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

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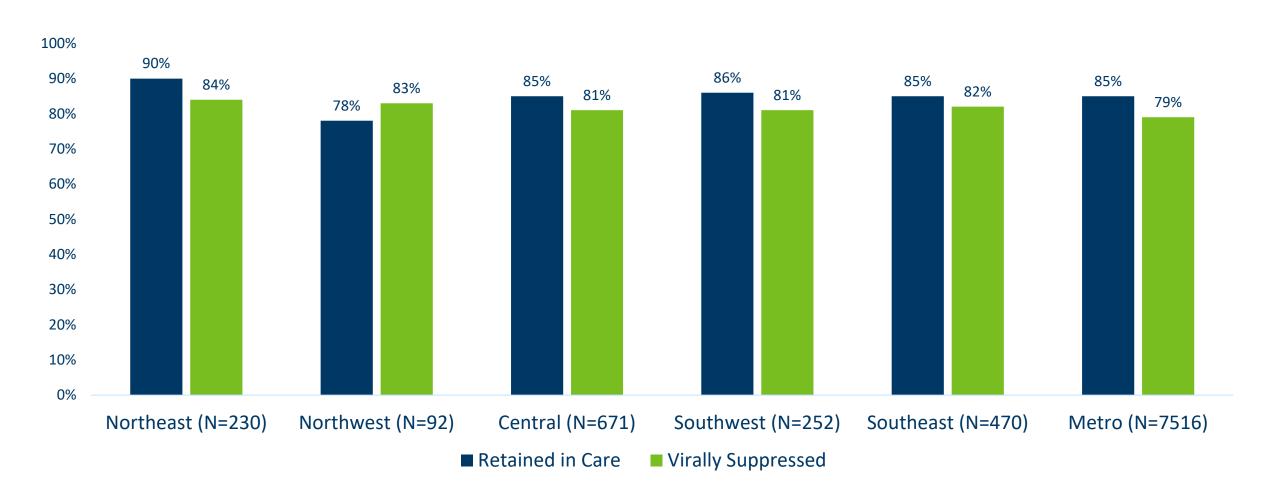


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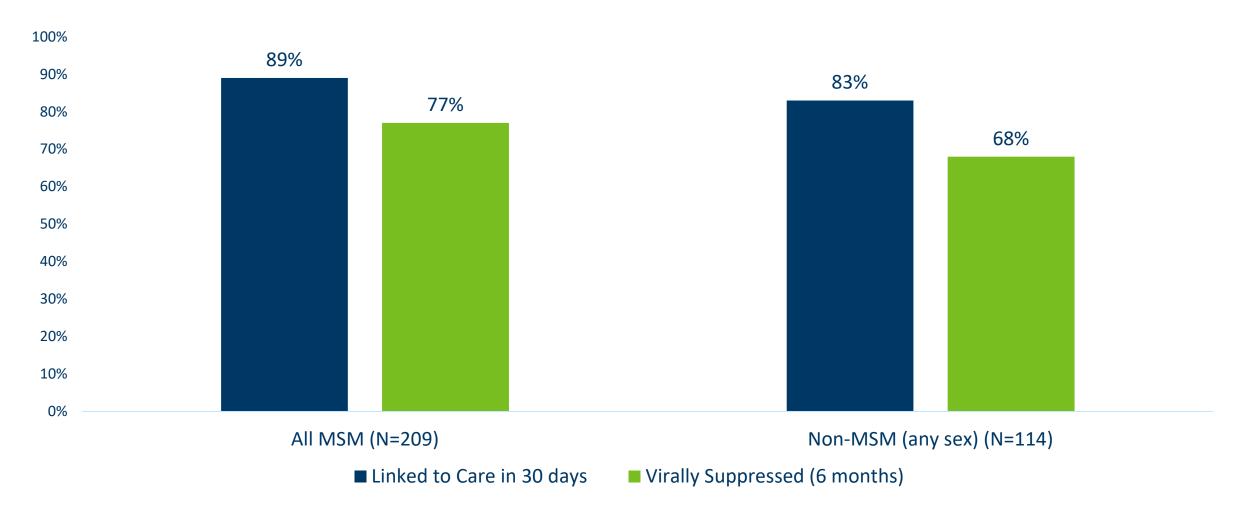




MSM* and MSM*/IDU-specific Analyses (n=4924)



Percentages of MSM and non-MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2024



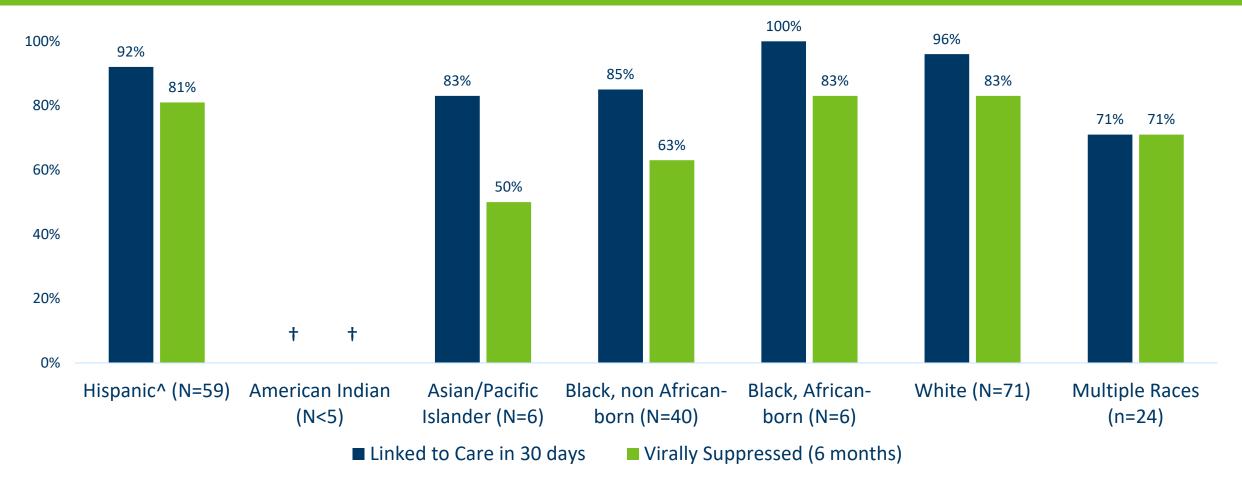


Percentages of MSM and non-MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2024





Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2024



^{*}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.

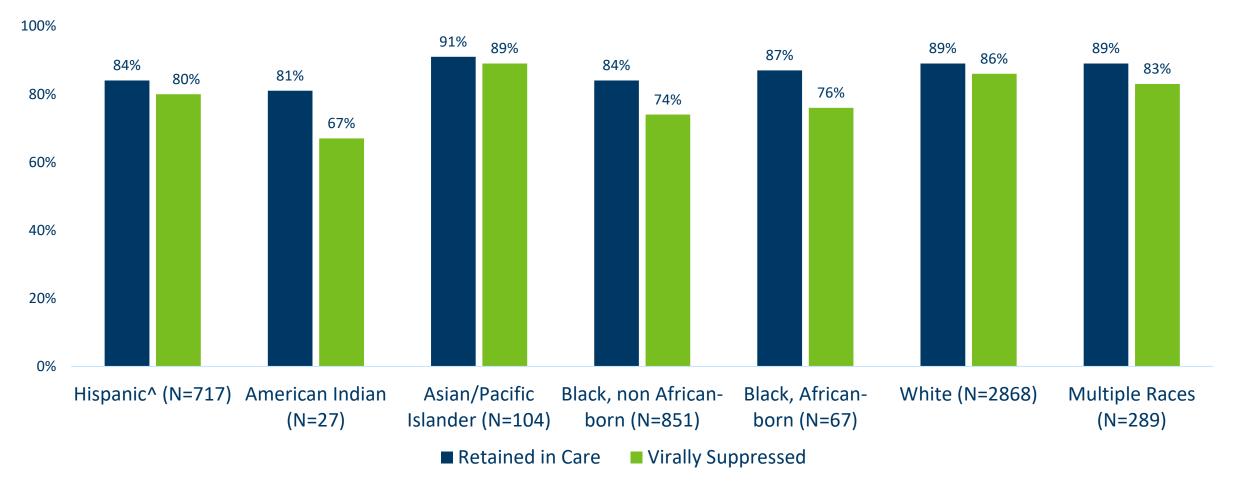
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[†]Fewer than 5 new diagnoses in population

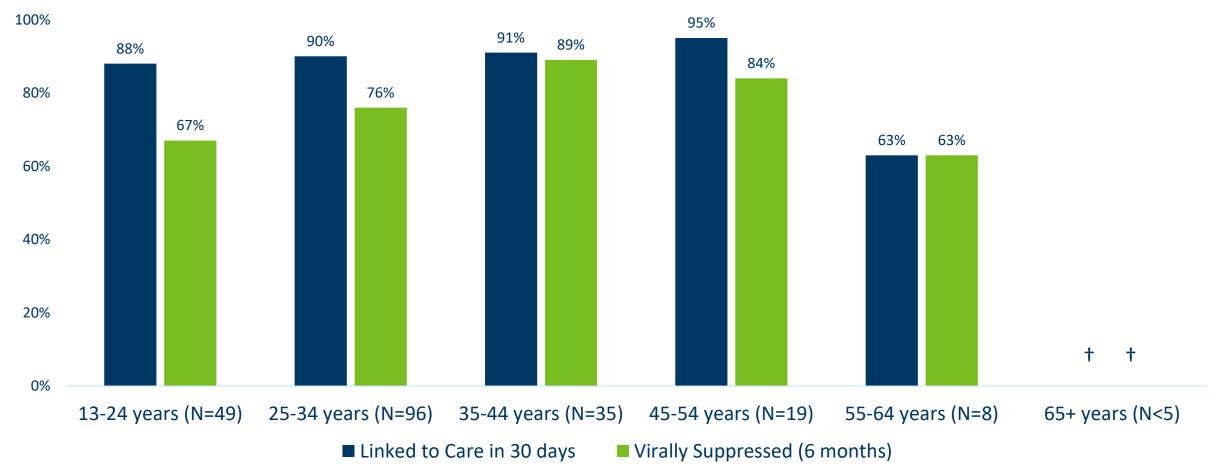
Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2024



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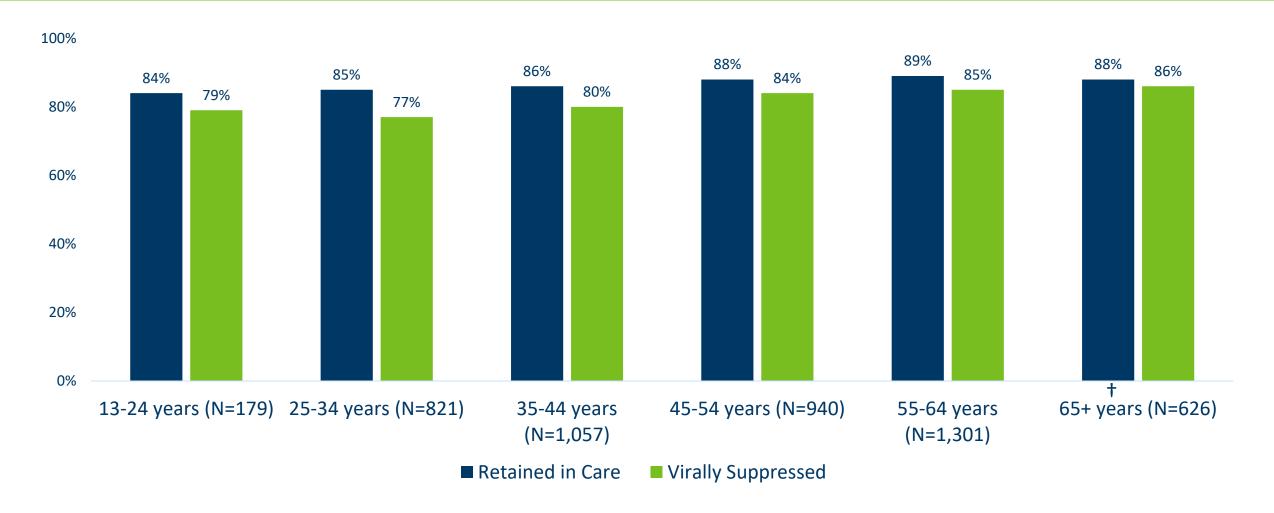




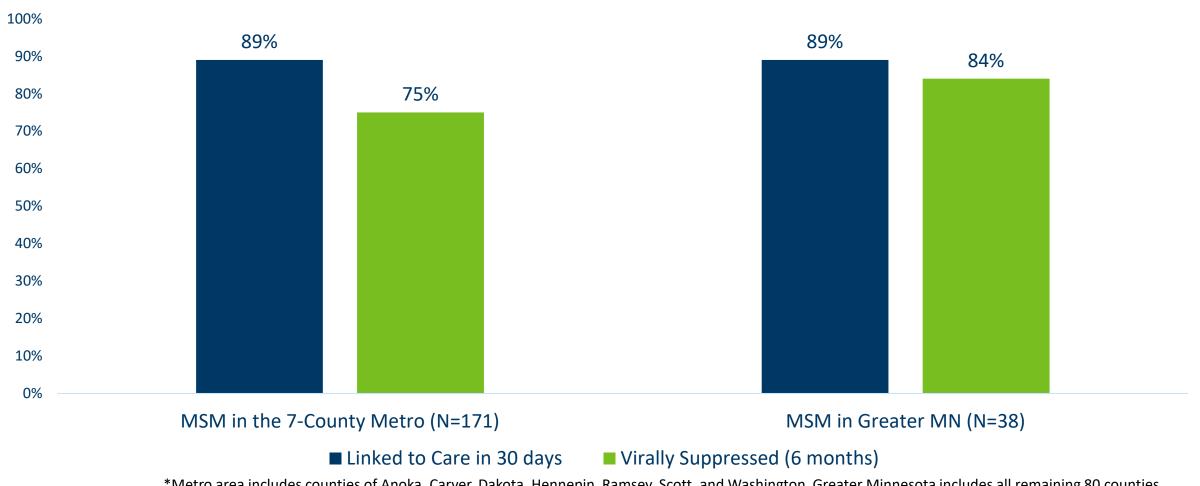
^{*}Current age is used to calculate retained in care and virally suppressed. Age at time of HIV diagnosis is used for linked to care in 30 days. †Fewer than 5 new diagnoses in population



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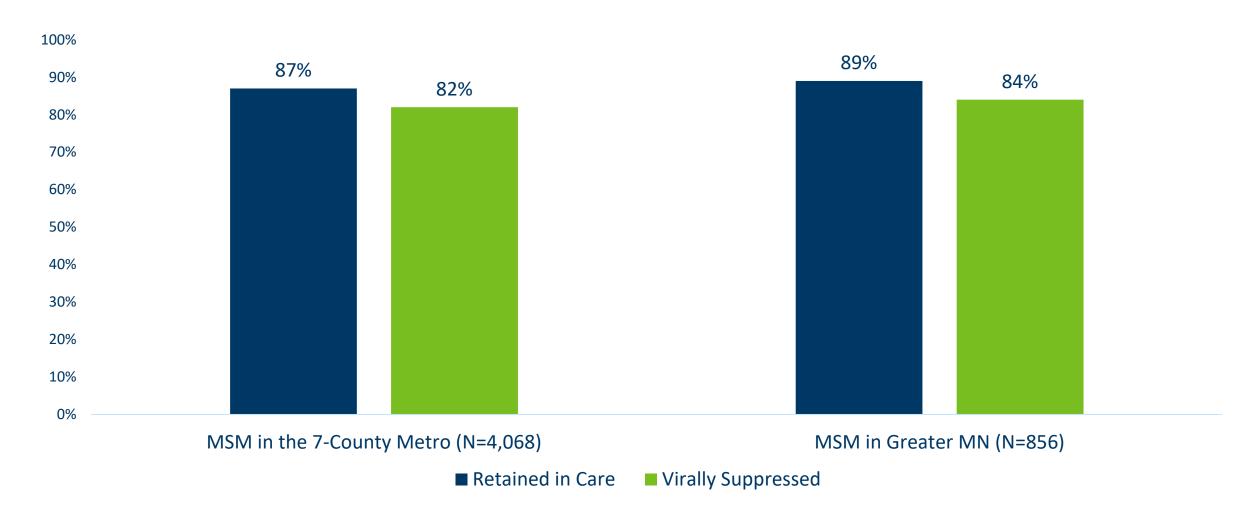






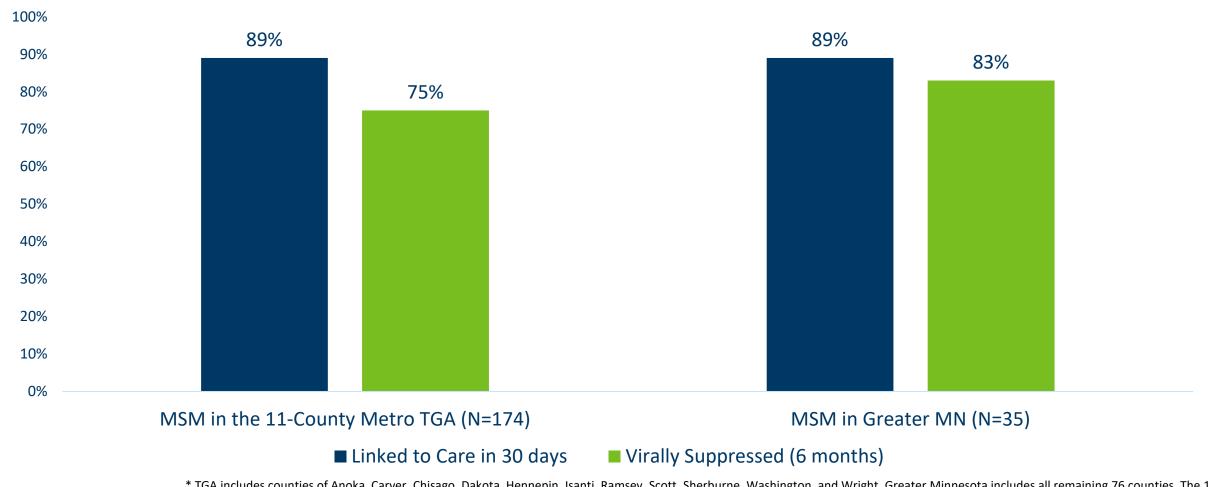


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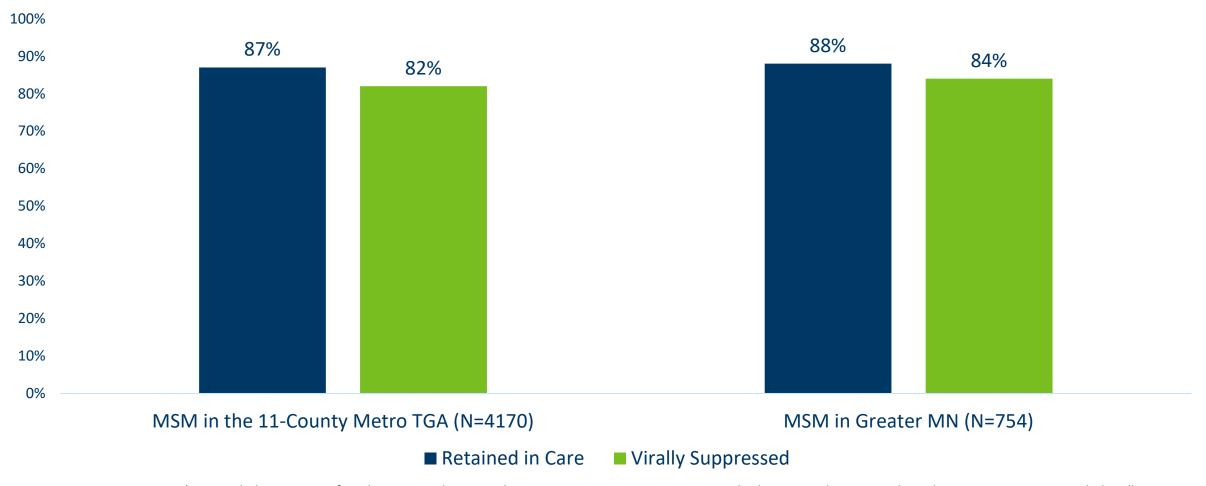
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DEPARTMENT OF HEALTH

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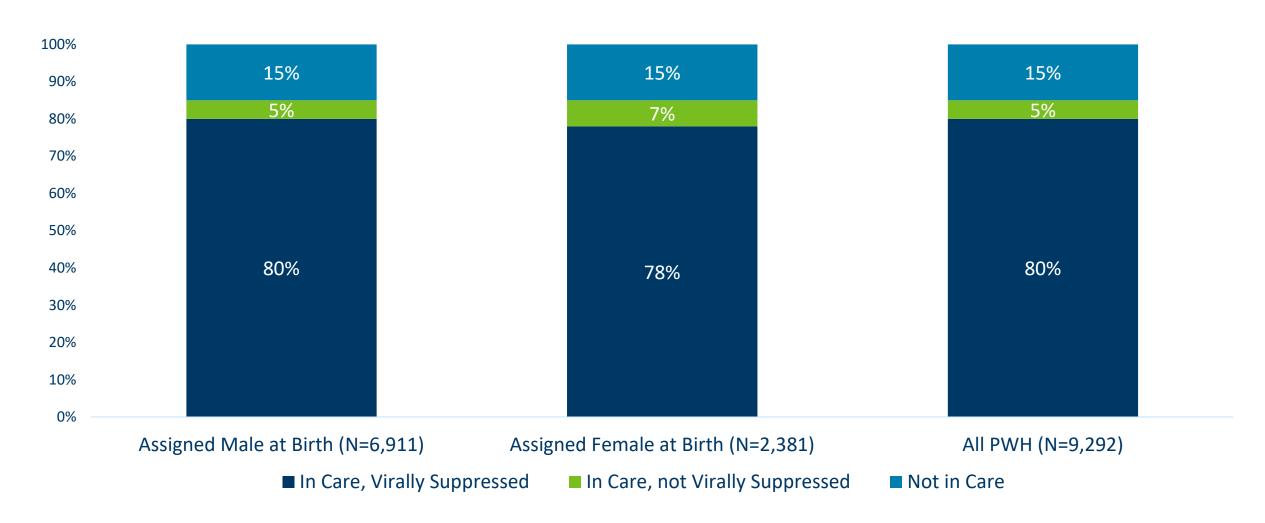
DEPARTMENT OF HEALTH

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Analyses of populations in care, but not virally suppressed

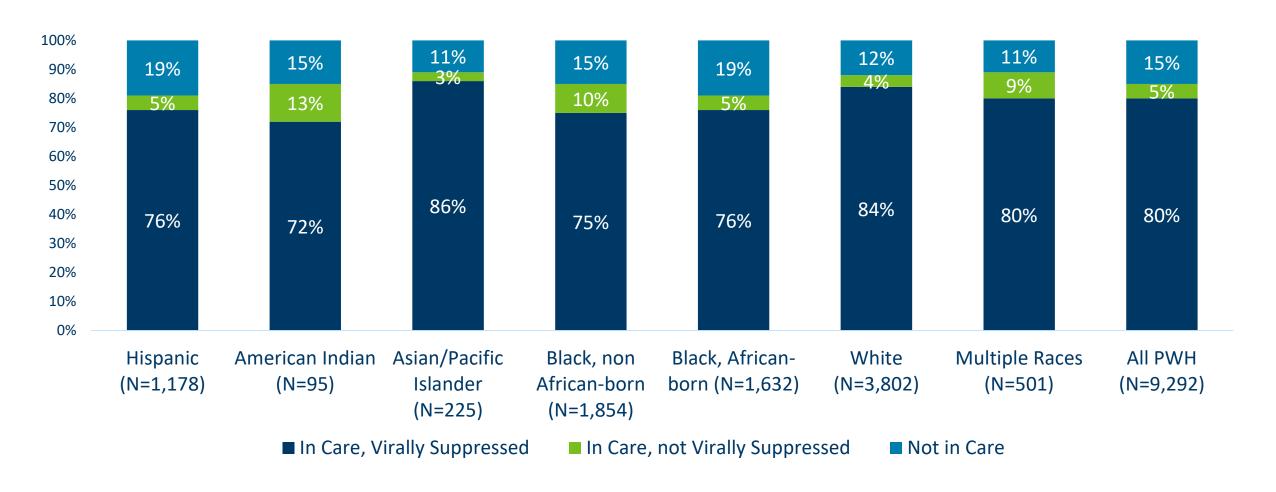


Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by sex assigned at birth in Minnesota, 2024





Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by race/ethnicity^ in Minnesota, 2024



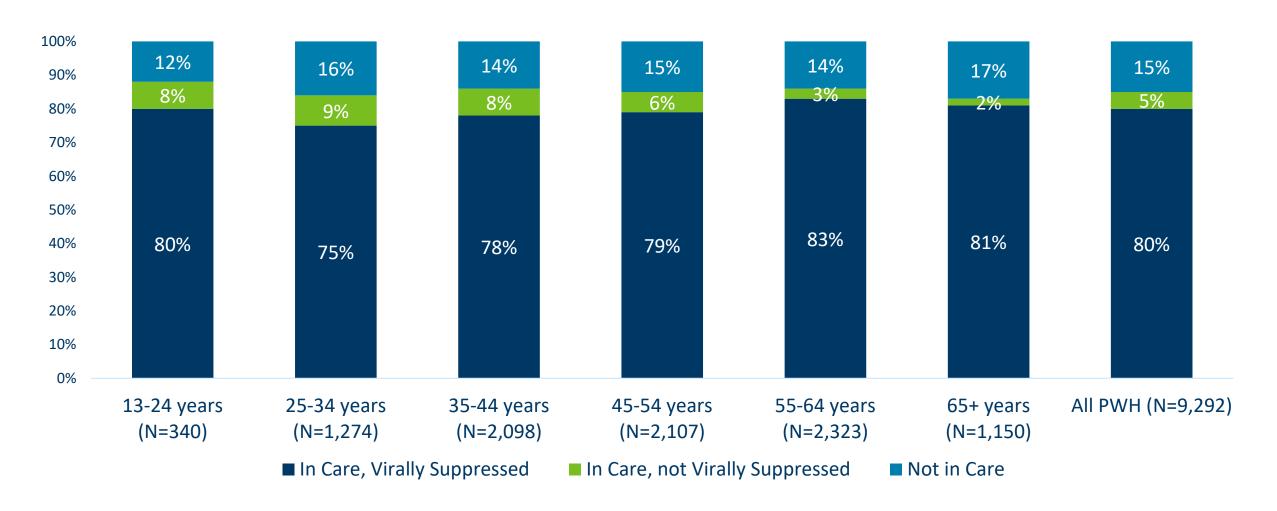
^{*}Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

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Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by age^ in Minnesota, 2024

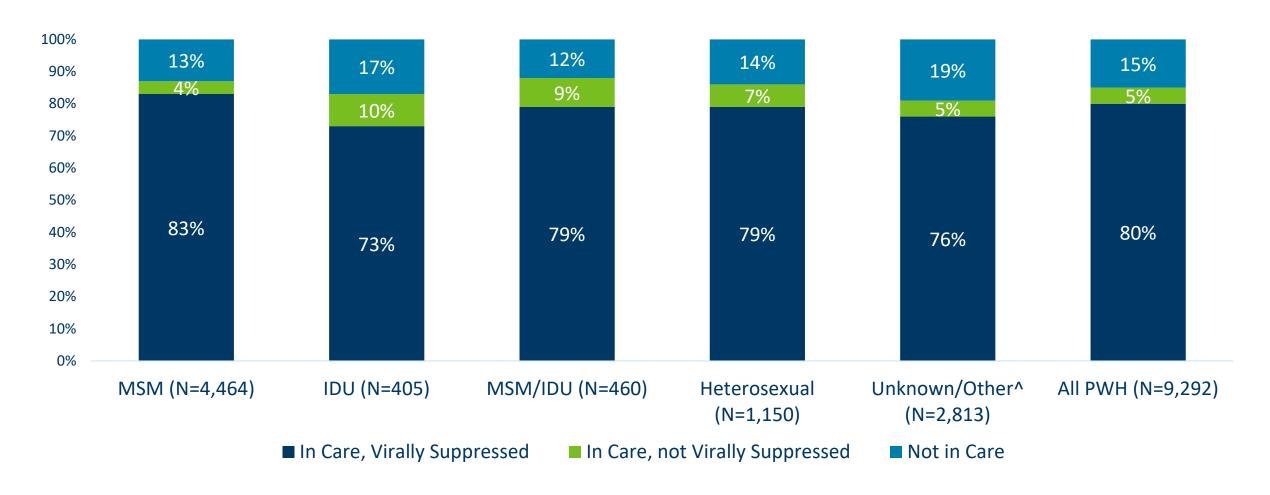




^{*}Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

[^]Current age is used to calculate in care, virally suppressed; in care, not virally suppressed; and not in care

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by mode of transmission† in Minnesota, 2024



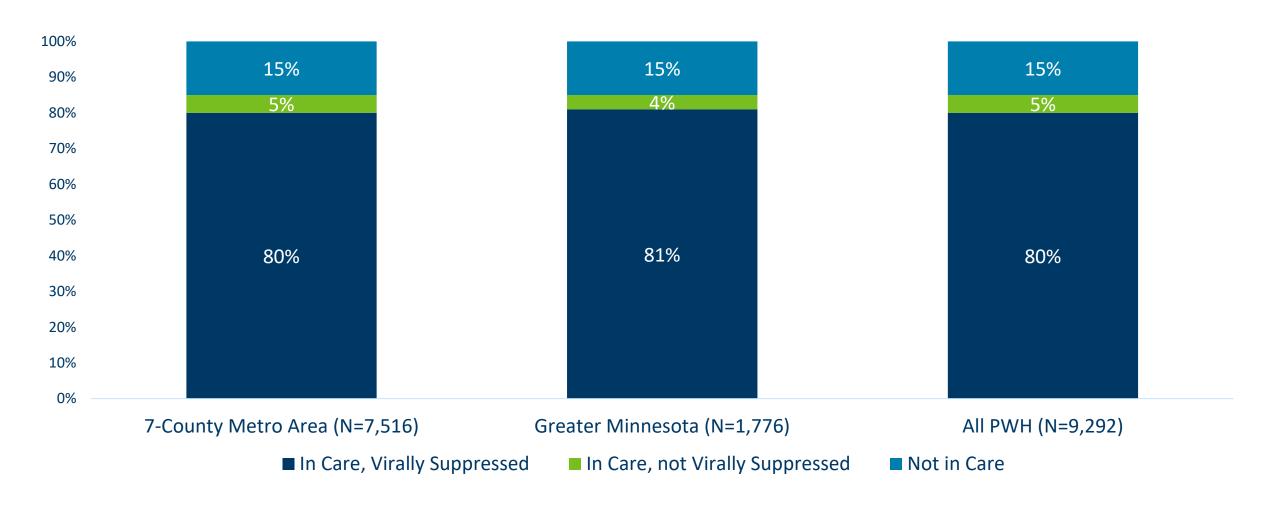
DEPARTMENT OF HEALTH

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Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2024

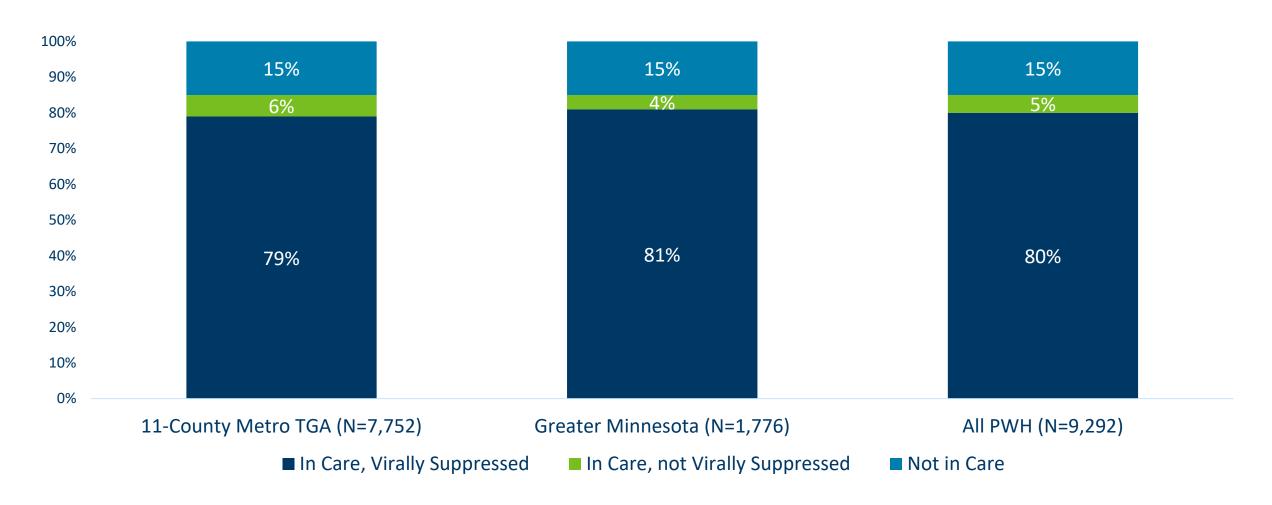


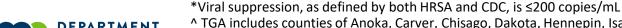


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Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2024



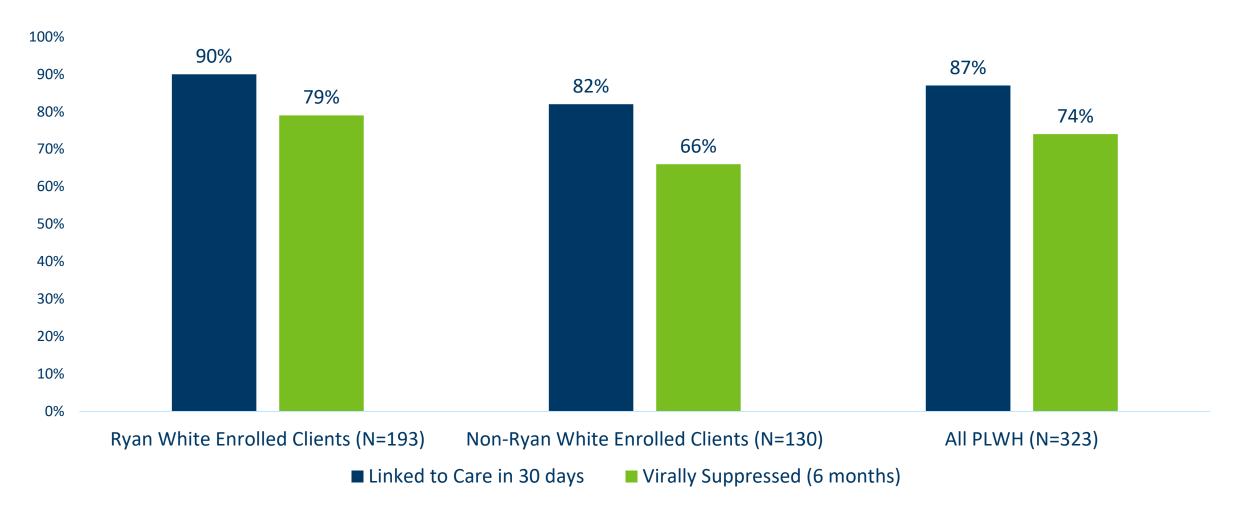


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Analyses of PWH Receiving Ryan White Services

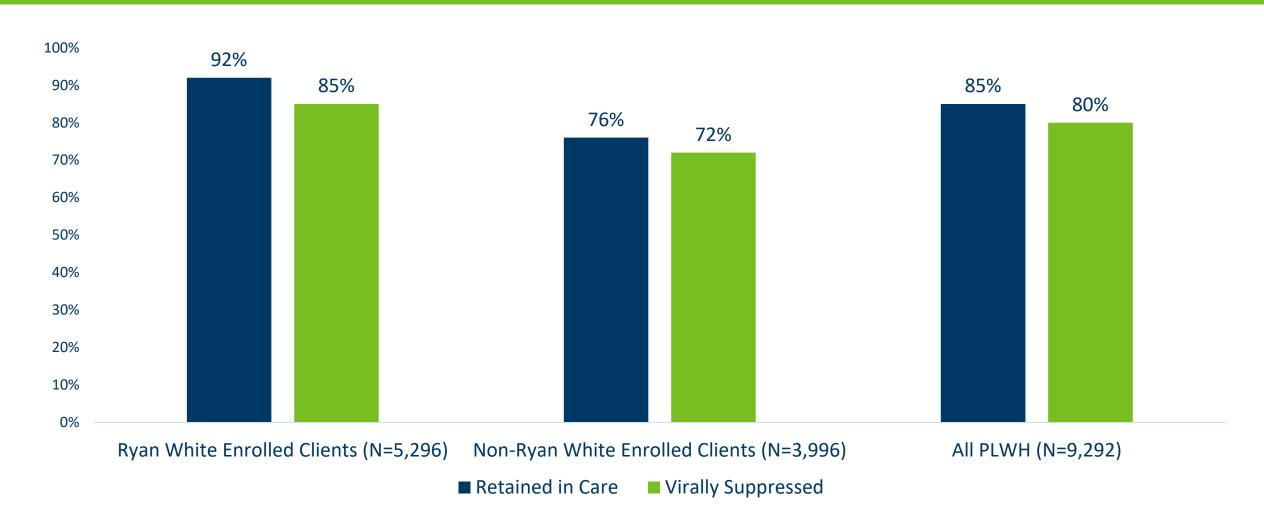


Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2024



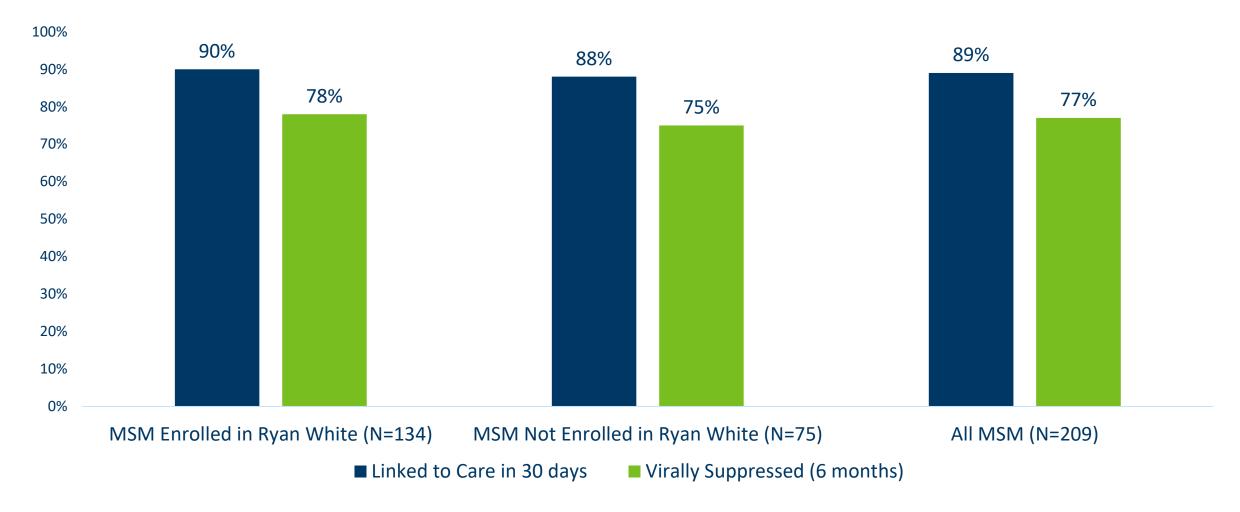


Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2024



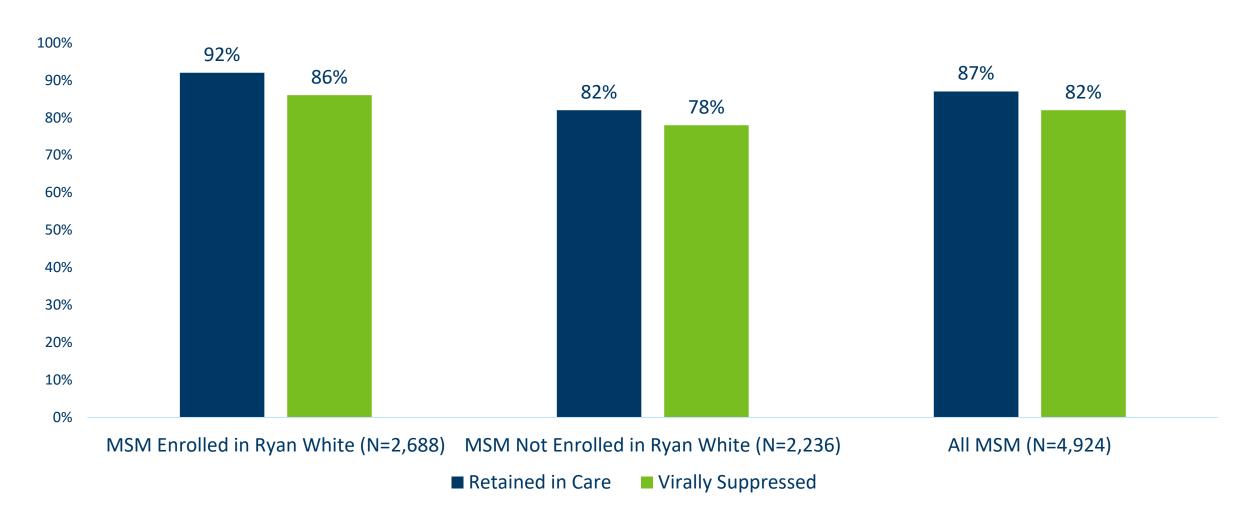


Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2024



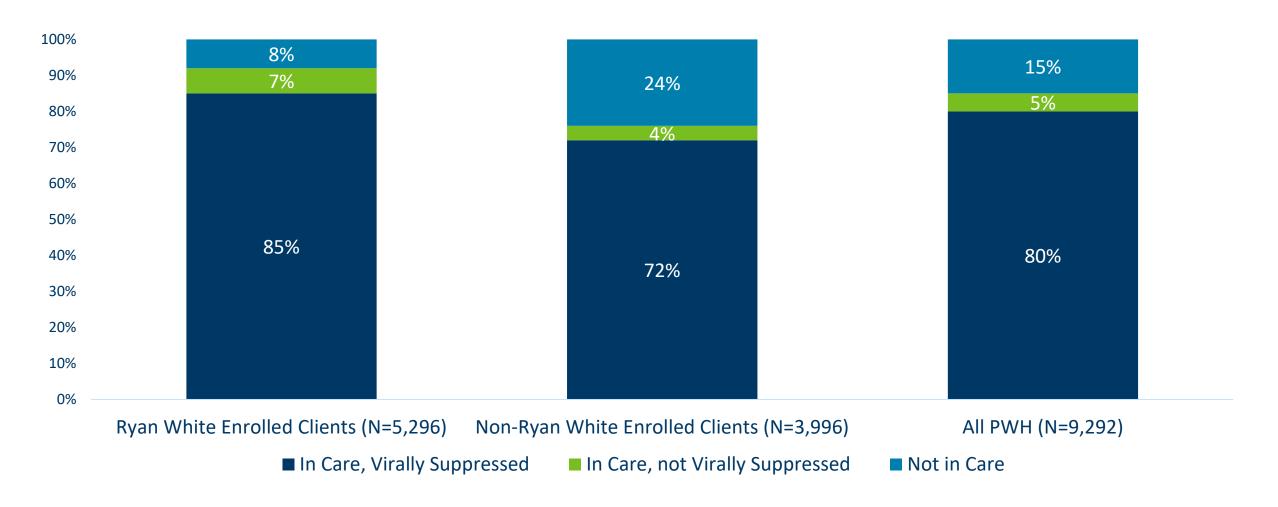


Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2024





Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by Ryan White enrollment^ in Minnesota, 2024





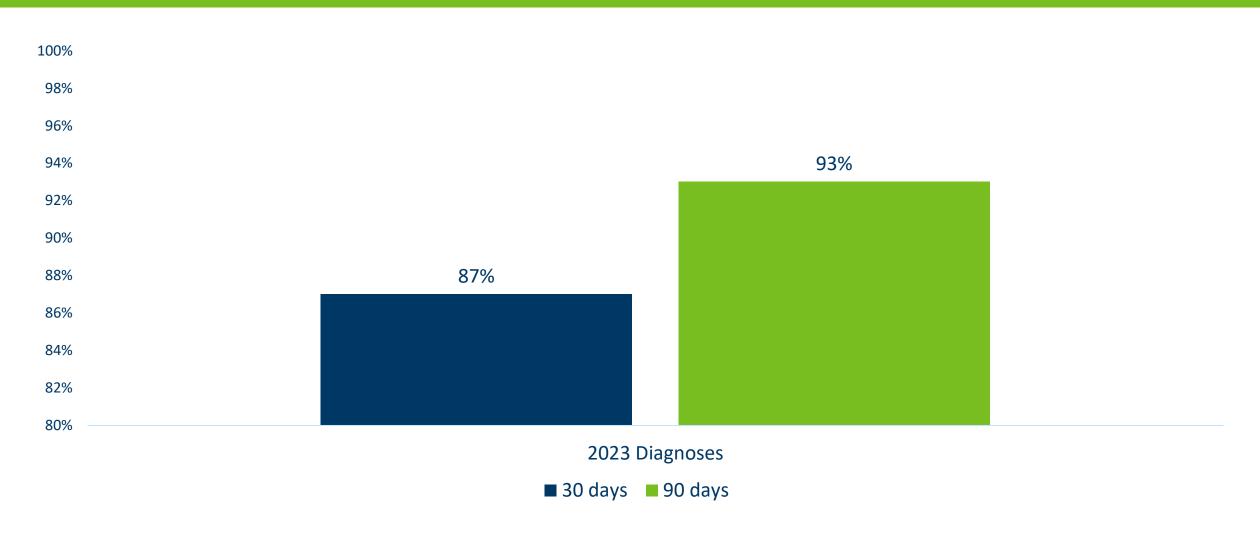
^{*}Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

[^] Defined as having received at least one Ryan White-funded service during 2024. Total Ryan White population makes up 57% of the total HIV prevalent population.

Linkage Greater than 30 Days Analysis



Linkage to Care, 2023 Diagnoses





Barriers to Linkage to Care

- Issues of health insurance
- Delay in enrolling into RW and other available programs
- Appointment availability (>=30 days)
- Access to transportation
- Stigma



Purpose of DIS (Disease Investigative Services)

- Offer partner notification
- Assist with linkage to care
- Help clients resolve barriers to care as quickly as possible



What can providers (medical and community) do to help link cases quickly

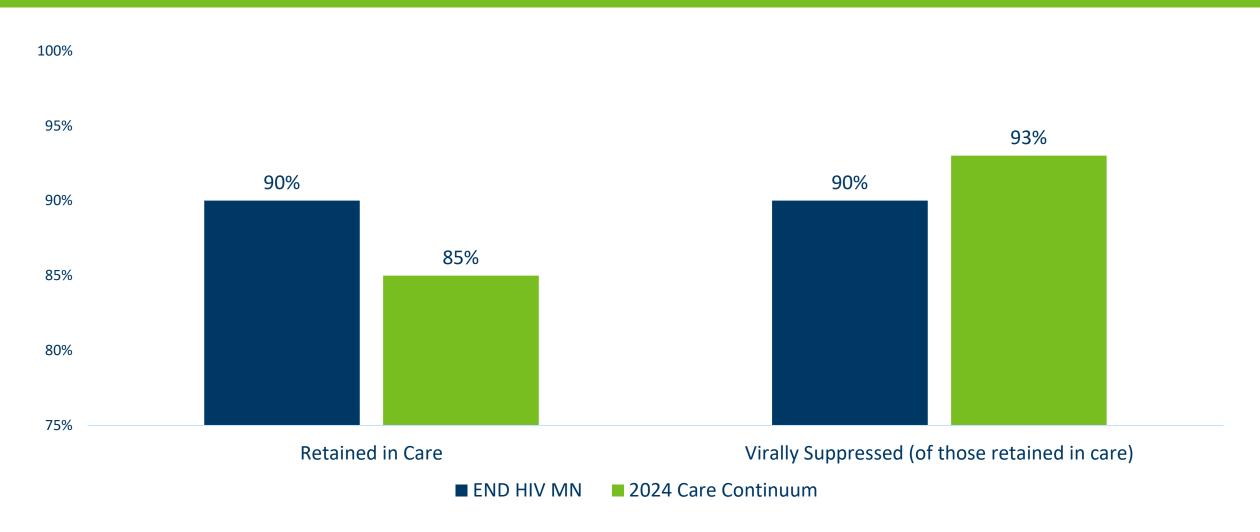
- Submit complete Case Report Forms to MDH immediately (within one day of diagnosis)
- Gather complete locating information on a client
- Inform clients of the MDH partner services program; letting them know that DIS may discreetly follow-up to offer services



END HIV MN



How is MN doing in END HIV MN* Goals?





^{*}read more about END HIV MN: <u>END HIV MN Reports - MN Dept. of Health</u>



Thank you.

