Demographic Breakdowns of the HIV Care Continuum in Minnesota

HERD Section at the Minnesota Department of Health

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 2024, who were alive at year-end 2025.

- **Linked to Care**
  Calculated as the percentage of people age 13 and older linked to care within 30 days after initial HIV diagnosis **during 2024**. 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 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

- **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 2025 among those diagnosed with HIV through year-end 2024 and alive at year-end 2025.

- **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 2025, among those diagnosed with HIV through year-end 2024 and alive at year-end 2025.

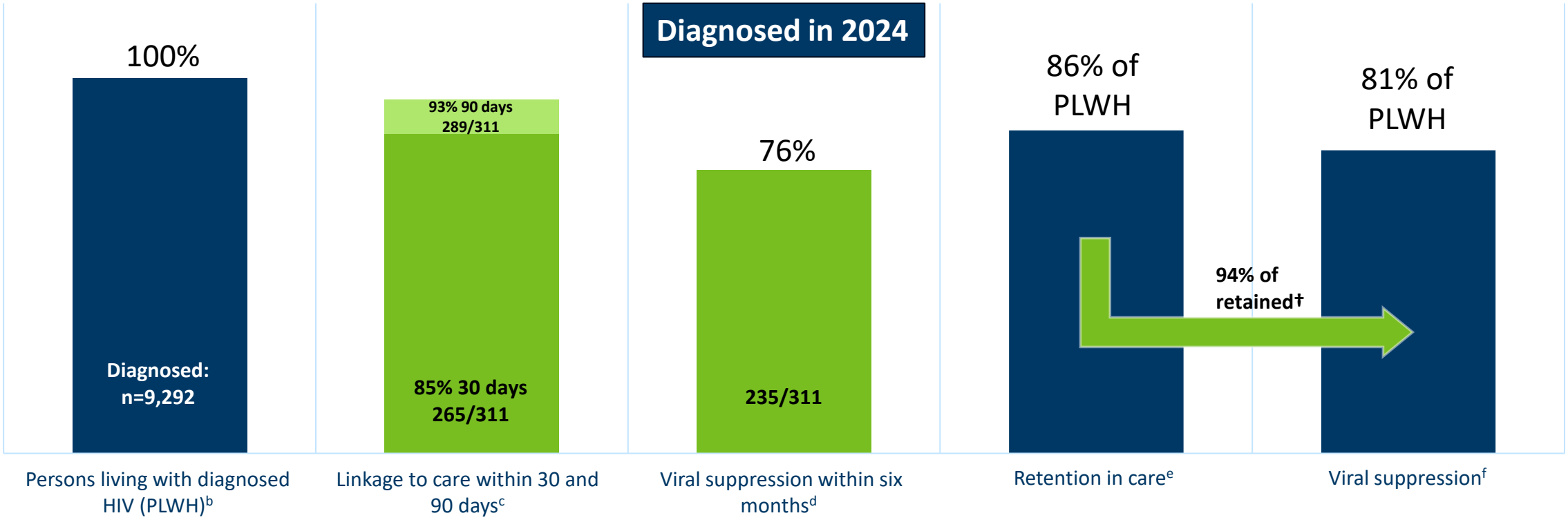
Percentages of persons with HIV engaged in selected stages of the continuum of care – Minnesota, 2025

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."

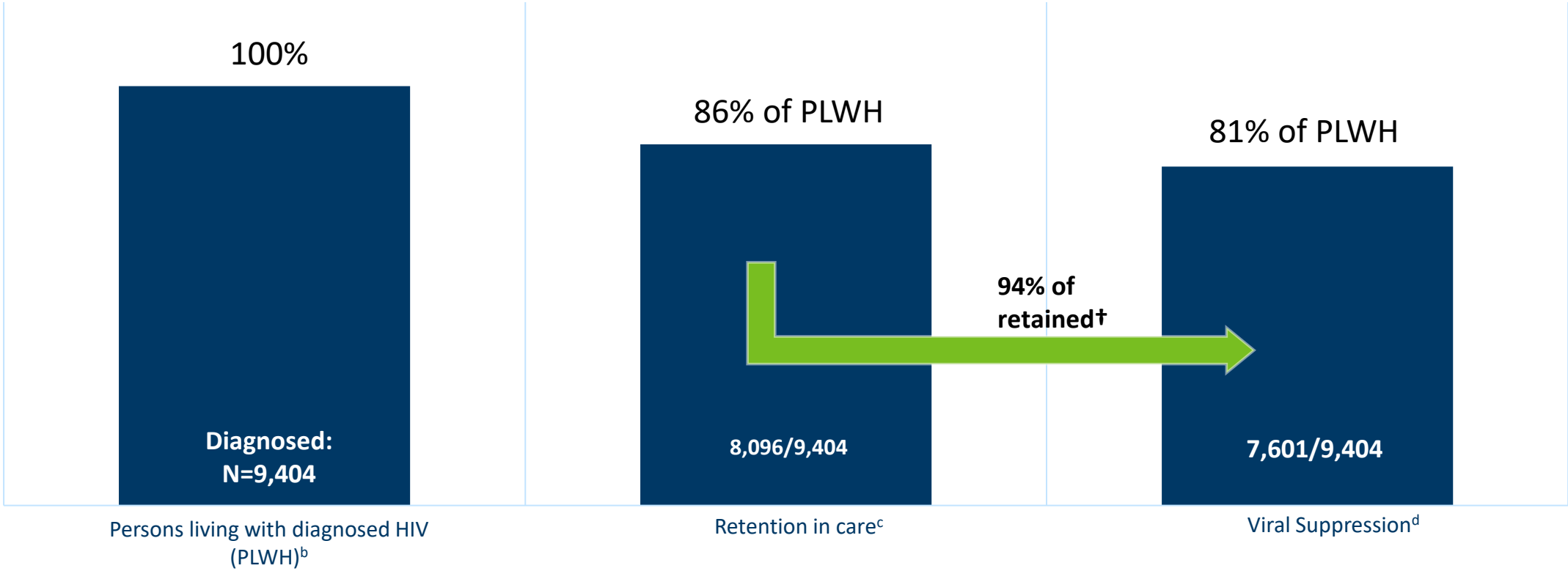
*Historical data is available for this measurement. See slide 14.

Percentages of persons with HIV engaged in selected stages of the continuum of care – Minnesota, 2025 (1)



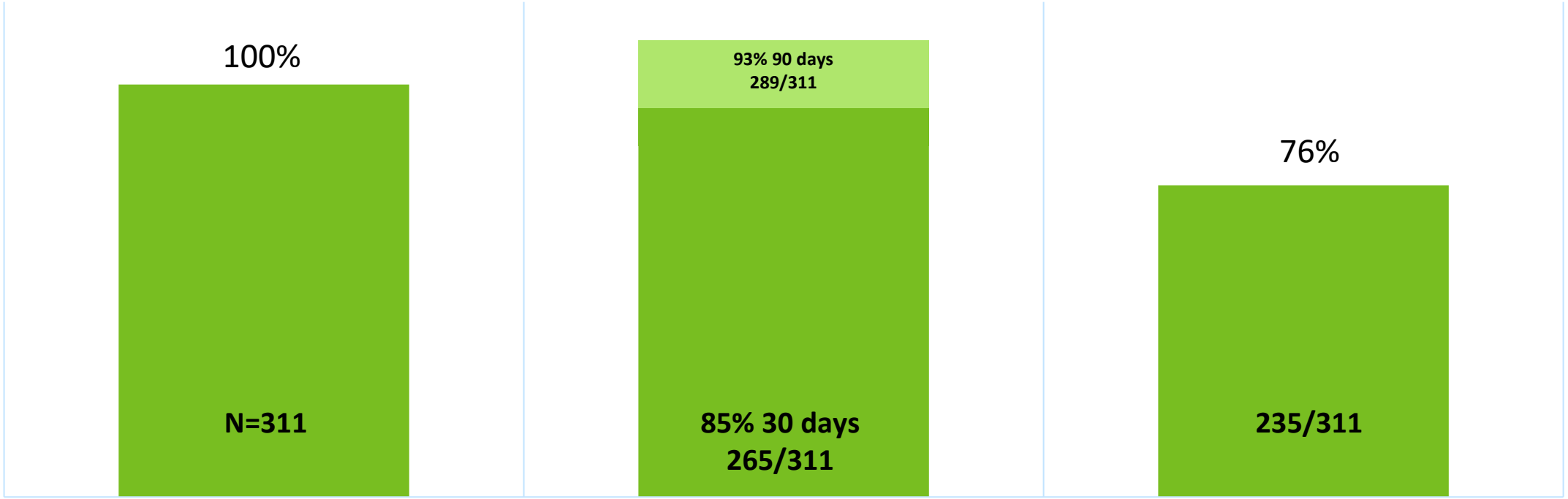
[b]Defined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2024, who were alive at year-end 2025.
[c]Calculated as the percentage of persons linked to care within 30 and 90 days after initial HIV diagnosis during 2024. Linkage to care is based on the number of persons diagnosed during 2024 and is therefore shown in a different color than the other bars with a different denominator.
[d]Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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.
[e]Calculated as the percentage of persons who had ≥ one CD4 or viral load test results during 2025 among those diagnosed with HIV through year-end 2024 and alive at year end 2025.
[f]Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) at most recent test during 2025, among those diagnosed with HIV through year-end 2024 and alive at year-end 2025.
†Calculated as number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2025, among those who were retained in care during 2025 (7,601/8,096).

Percentages of persons with HIV engaged in selected stages of the continuum of care – Minnesota, 2025 (2)



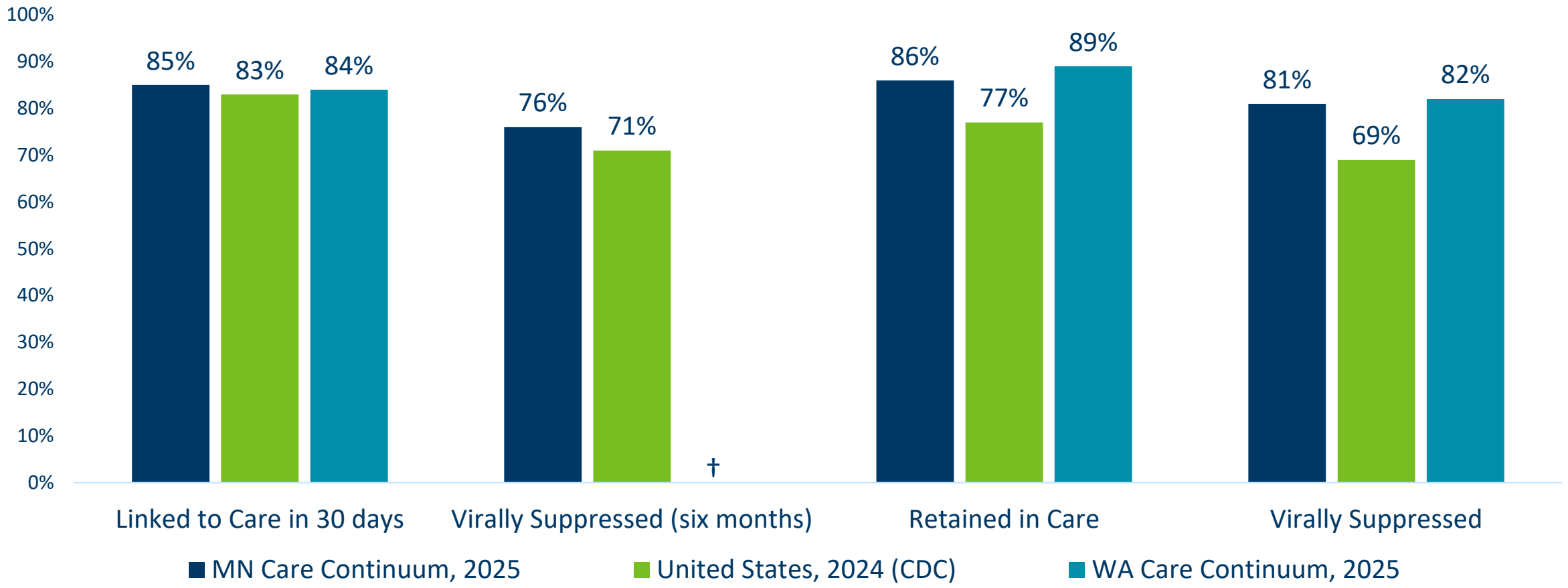
[b]Defined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2024, who were alive at year-end 2025.
[c]Calculated as the percentage of persons who had ≥ one CD4 or viral load test results during 2025 among those diagnosed with HIV through year-end 2024 and alive at year end 2025.
[d]Calculated 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 2024 and alive at year-end 2025.
†Calculated as number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2025, among those who were retained in care during 2025 (7,601/8,096).

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, 2024



[a]Defined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) initial HIV diagnosis during 2024.
[b]Calculated 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 2024 and is therefore shown in a different color than the other bars with a different denominator.
[c]Calculated as the percentage of persons who had an initial HIV diagnosis during 2024 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?

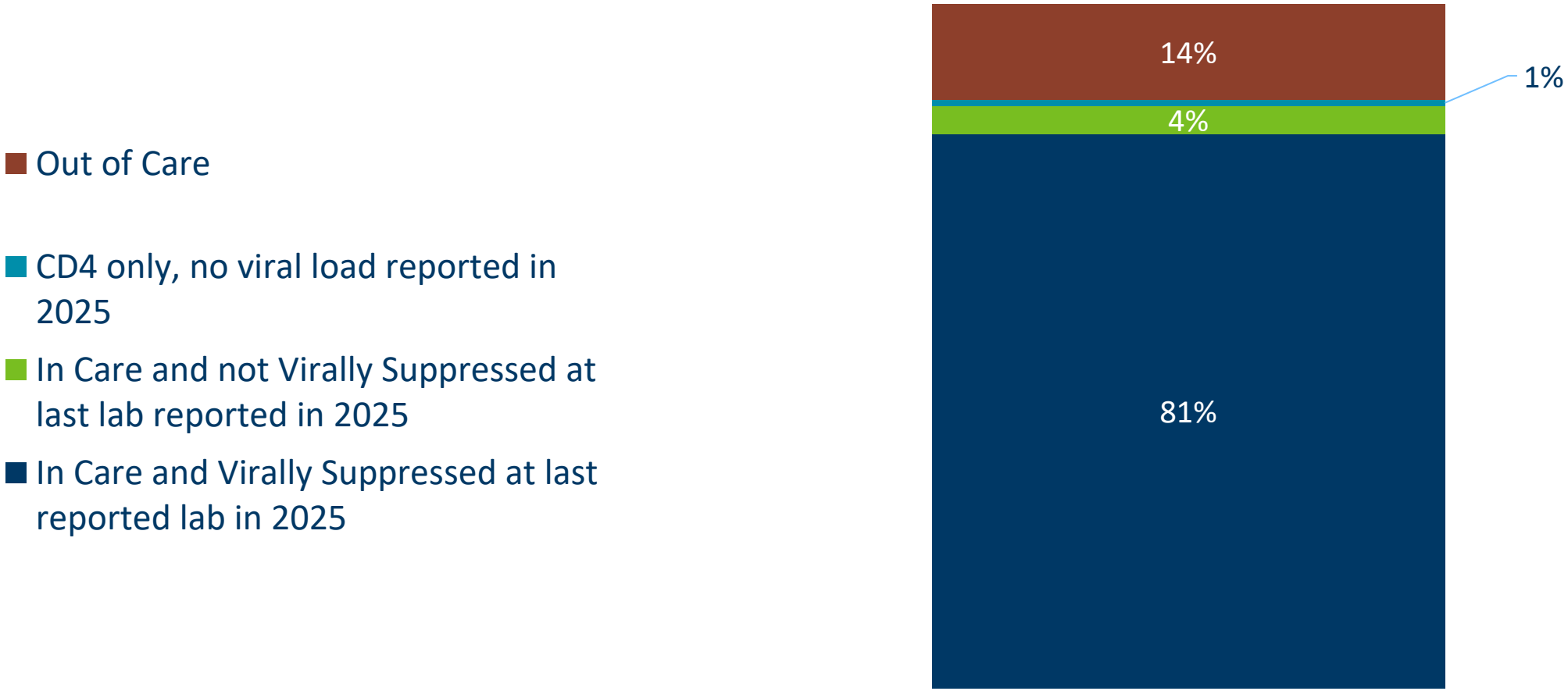


Sources: Washington State HIV Surveillance Report (https://doh.wa.gov/sites/default/files/2026-01/150-336.pdf);
National HIV Prevention and Care Objectives: 2026 Update (https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-objectives-2026.html)

† No data available

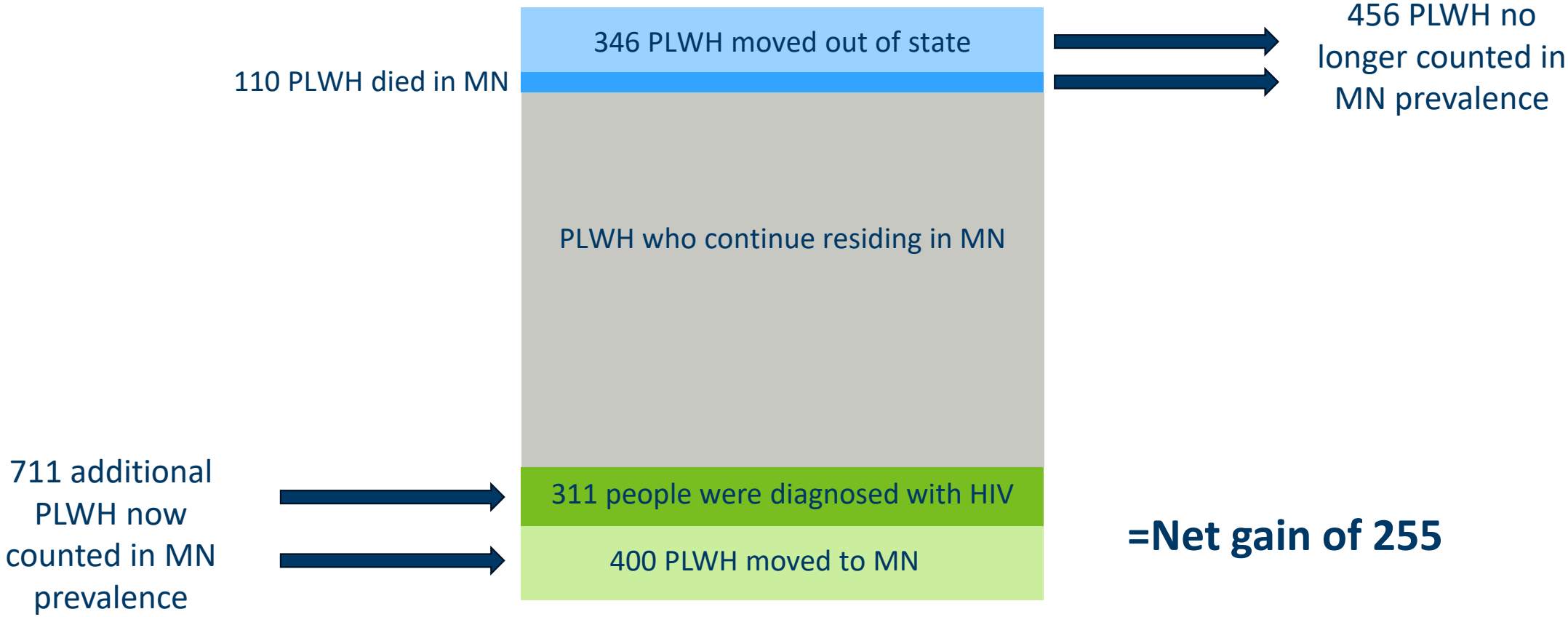
Initial Care Continuum Analyses

Viral Suppression* in the continuum of care (n=9,404)



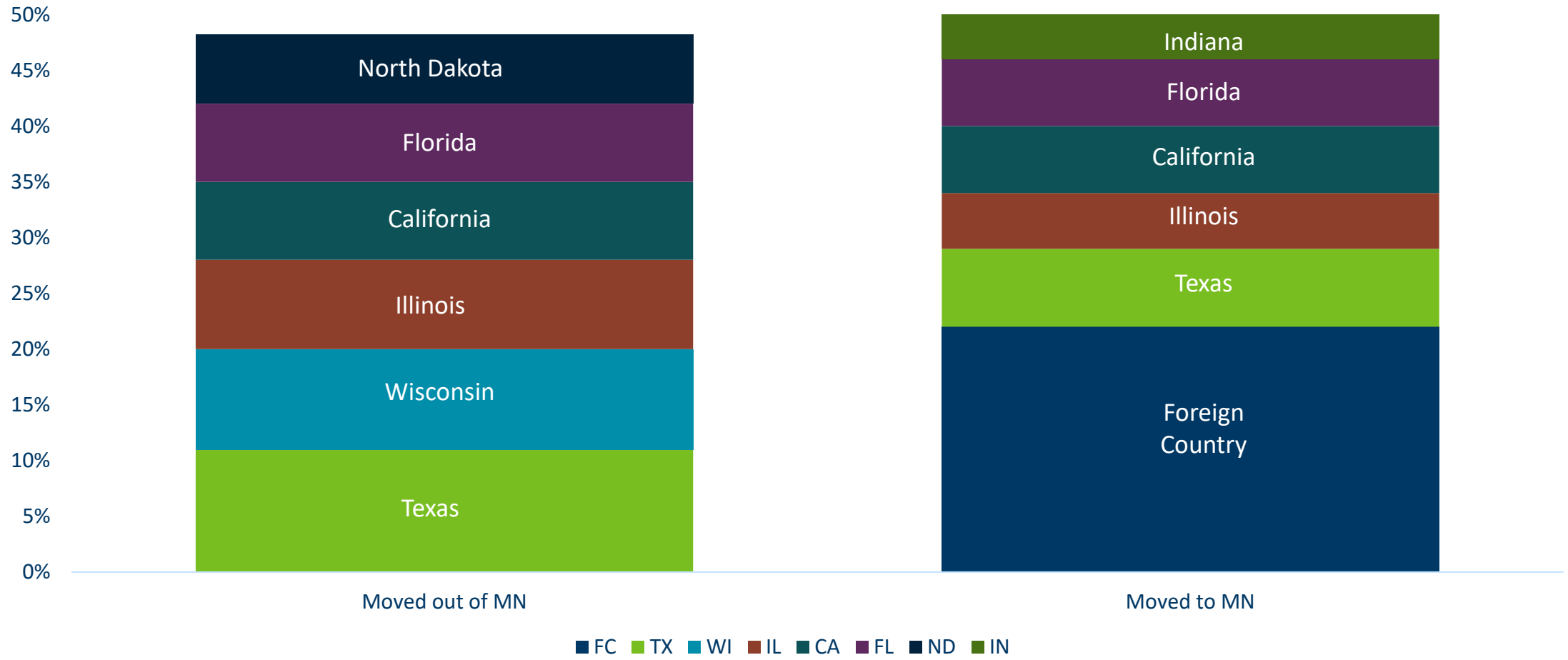
*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

At the end of 2025, there were 9,404 people living with HIV (PLWH) residing in MN (and diagnosed through the end of 2024)



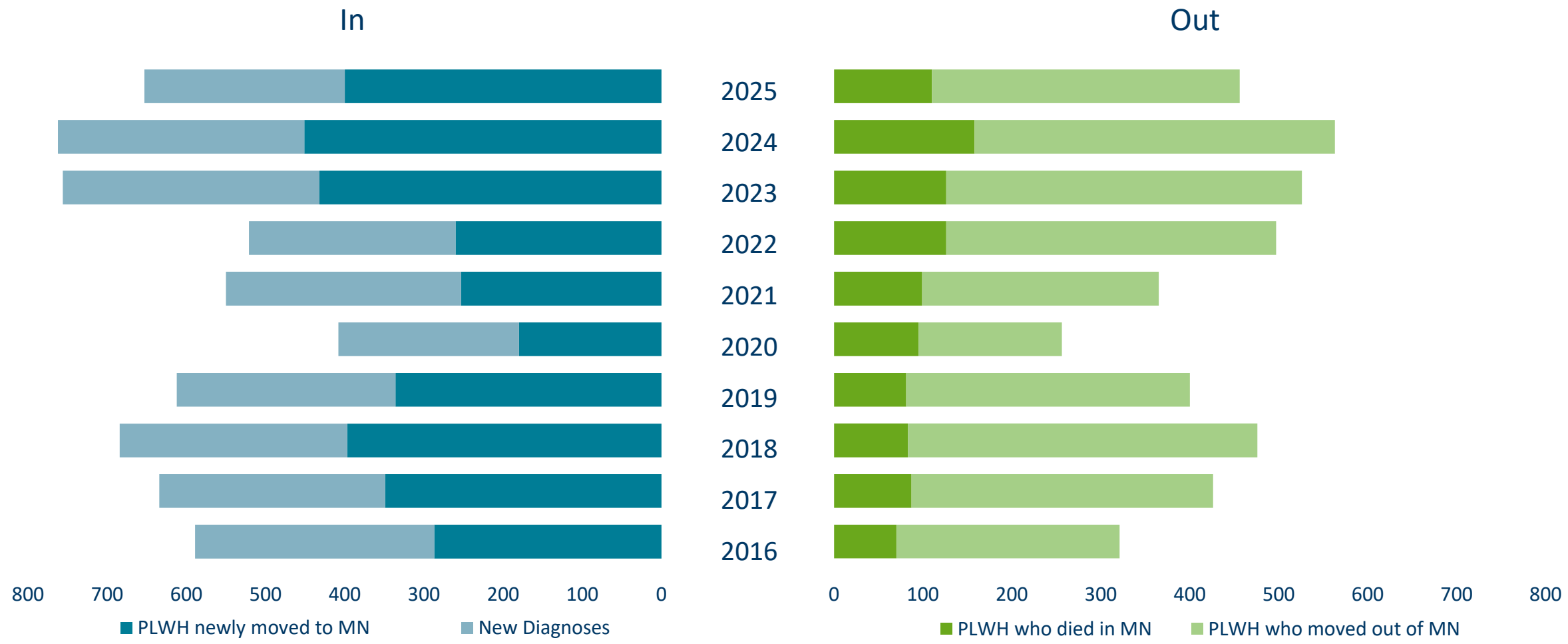
*Increased capacity of Surveillance/CLS staff to identify individuals of people who have moved in and out of state contributes to these data

Where did a majority of people living with HIV in MN move to and from in 2025?



*It is not routinely reported to MDH when people leave the country. Thus, the number of PLWH who moved *out of MN* to a foreign country is likely under-represented in the data.

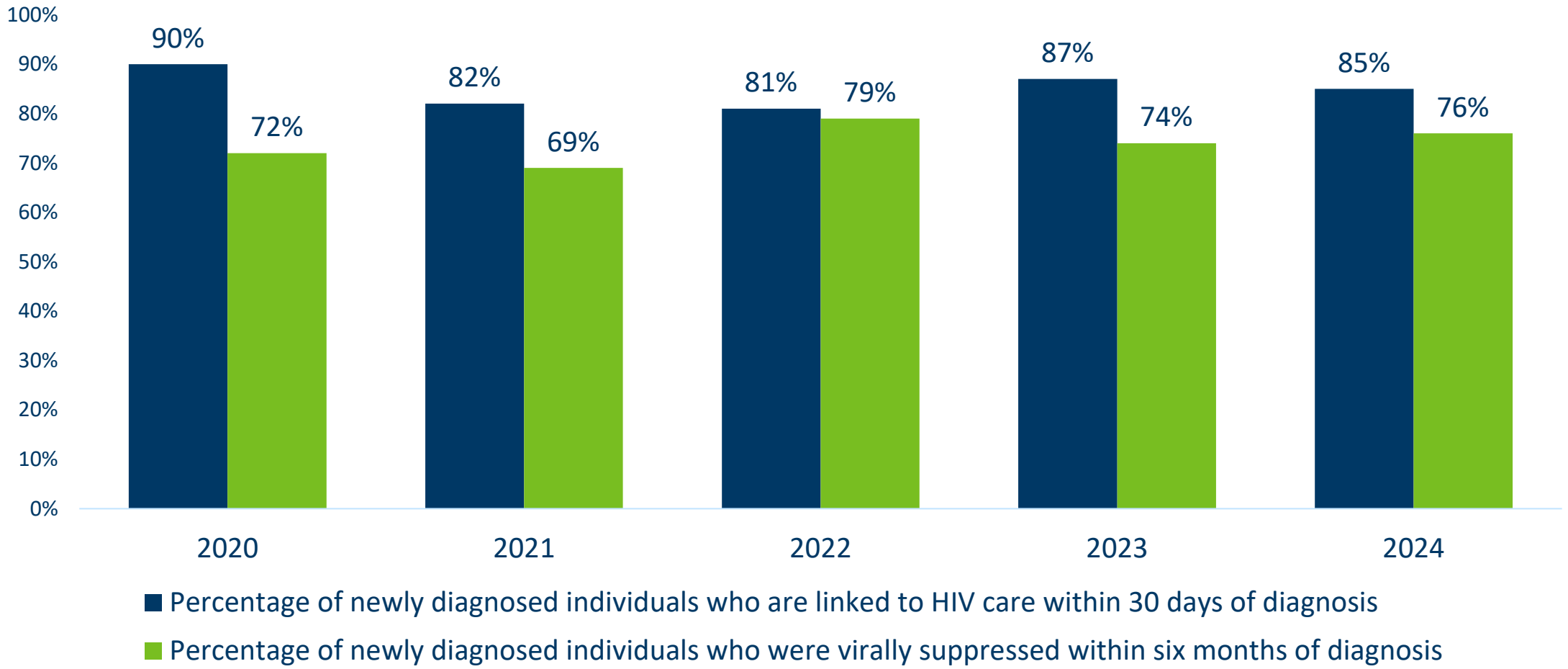
How do migration in- and out-of state, new diagnoses, and deaths affect the prevalence of HIV in MN?



*Increased capacity of Surveillance/CLS staff to identify individuals of people who have moved in and out of state contributes to these data

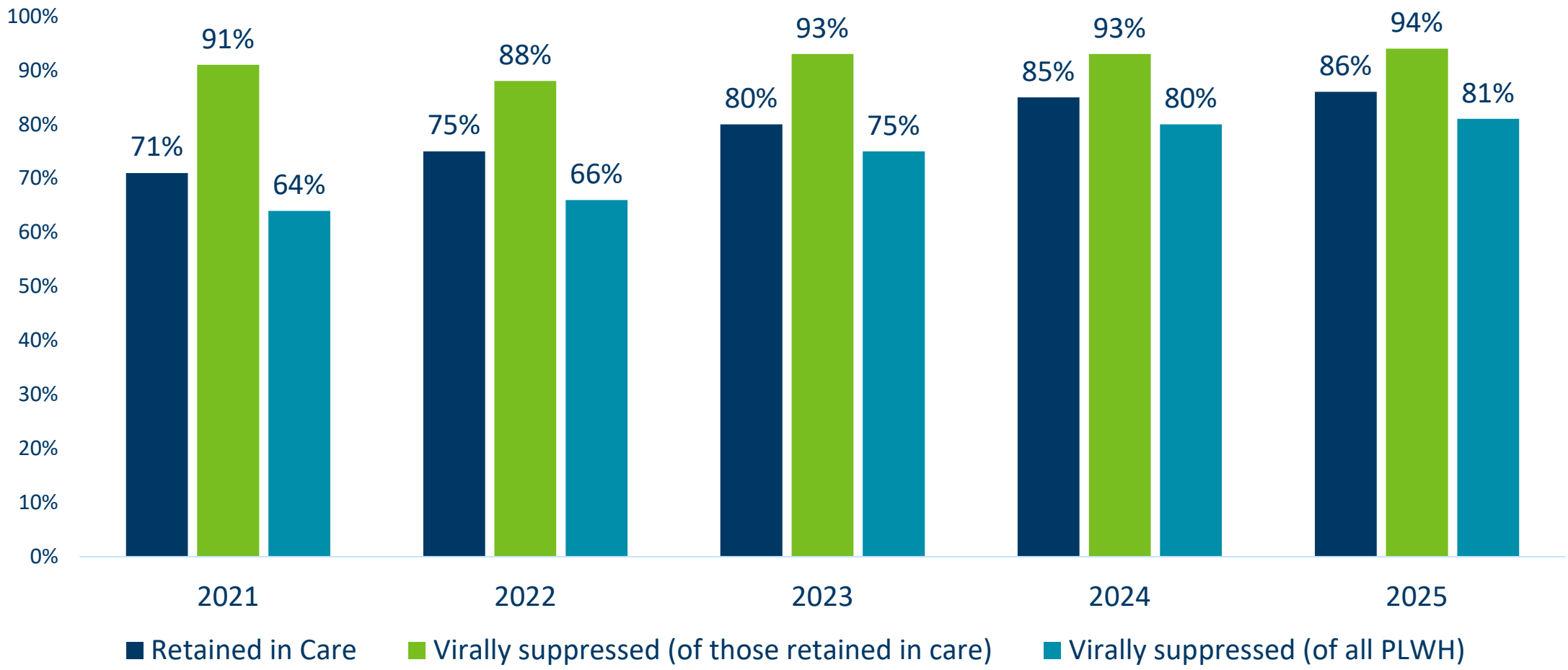
Linkage to Care in Minnesota, 2020-2024

Linkage to care & viral suppression within six months among new HIV diagnoses in Minnesota by diagnosis year, 2020-2024



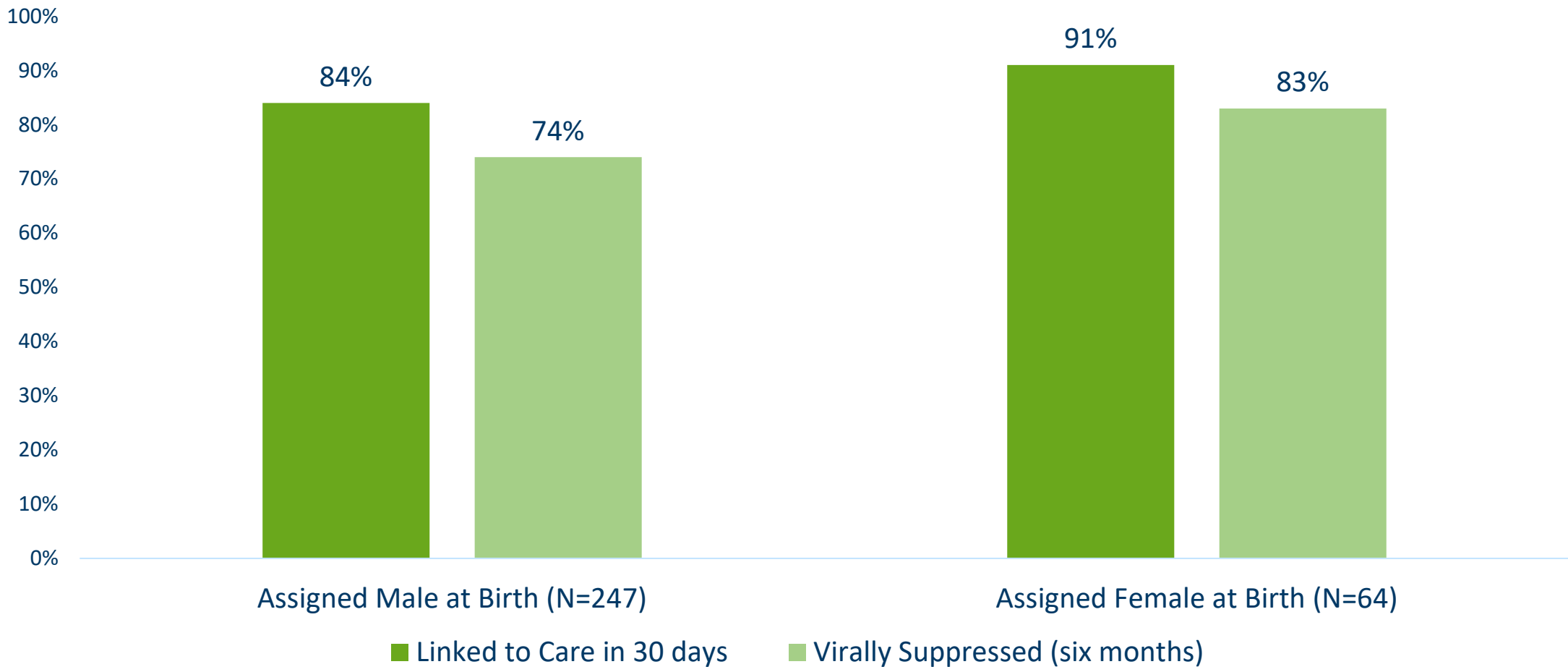
Retention in Care and Viral Suppression in Minnesota, 2021-2025

Retention in care and viral suppression among prevalent cases living with HIV/AIDS in Minnesota, 2021-2025



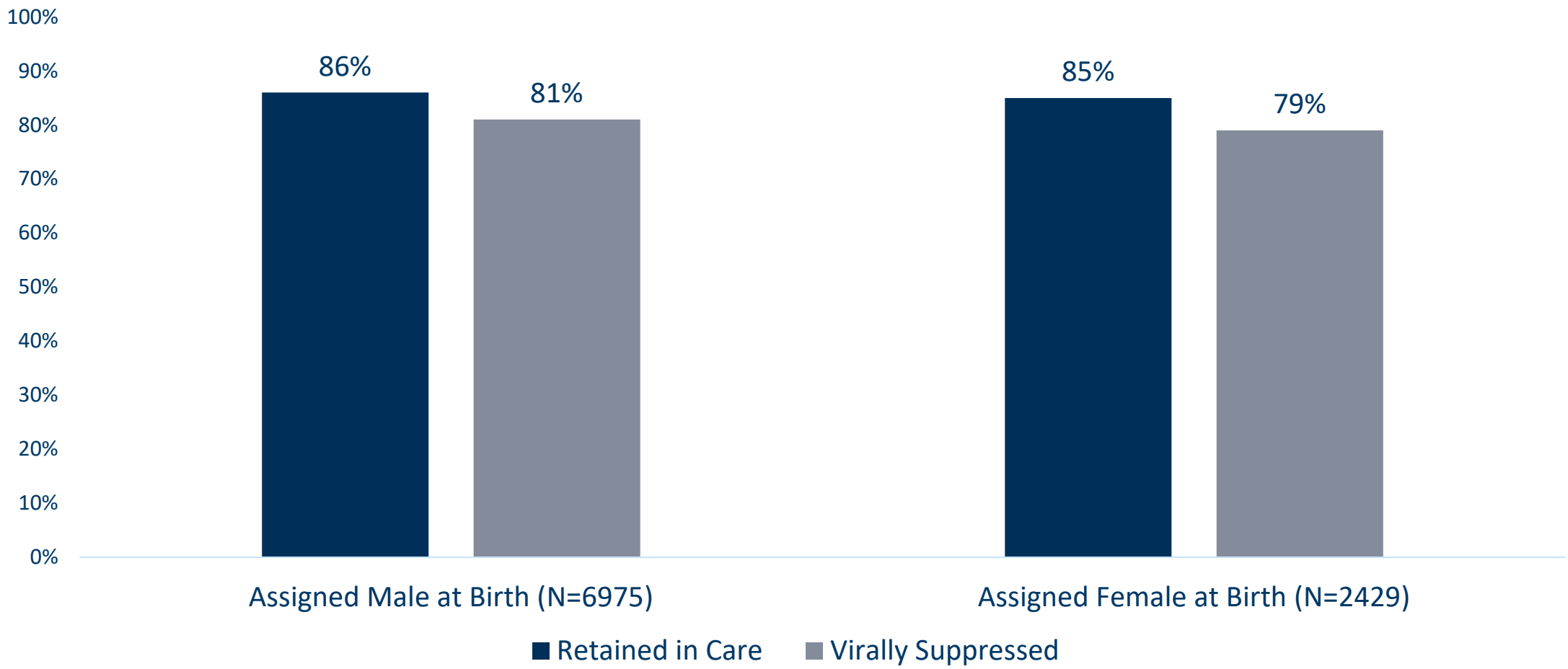
Demographic Breakouts of the HIV Care Continuum in Minnesota, 2025

Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2025 (1)

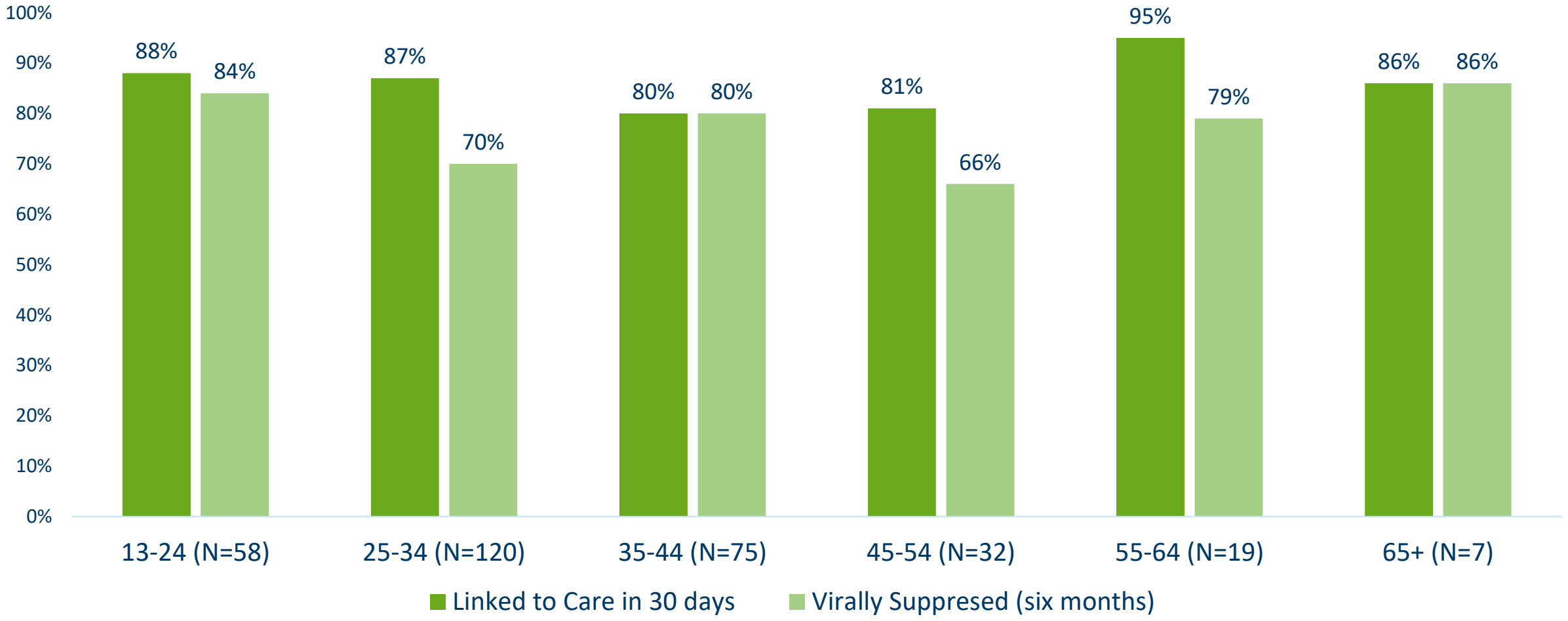


Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2025 (2)

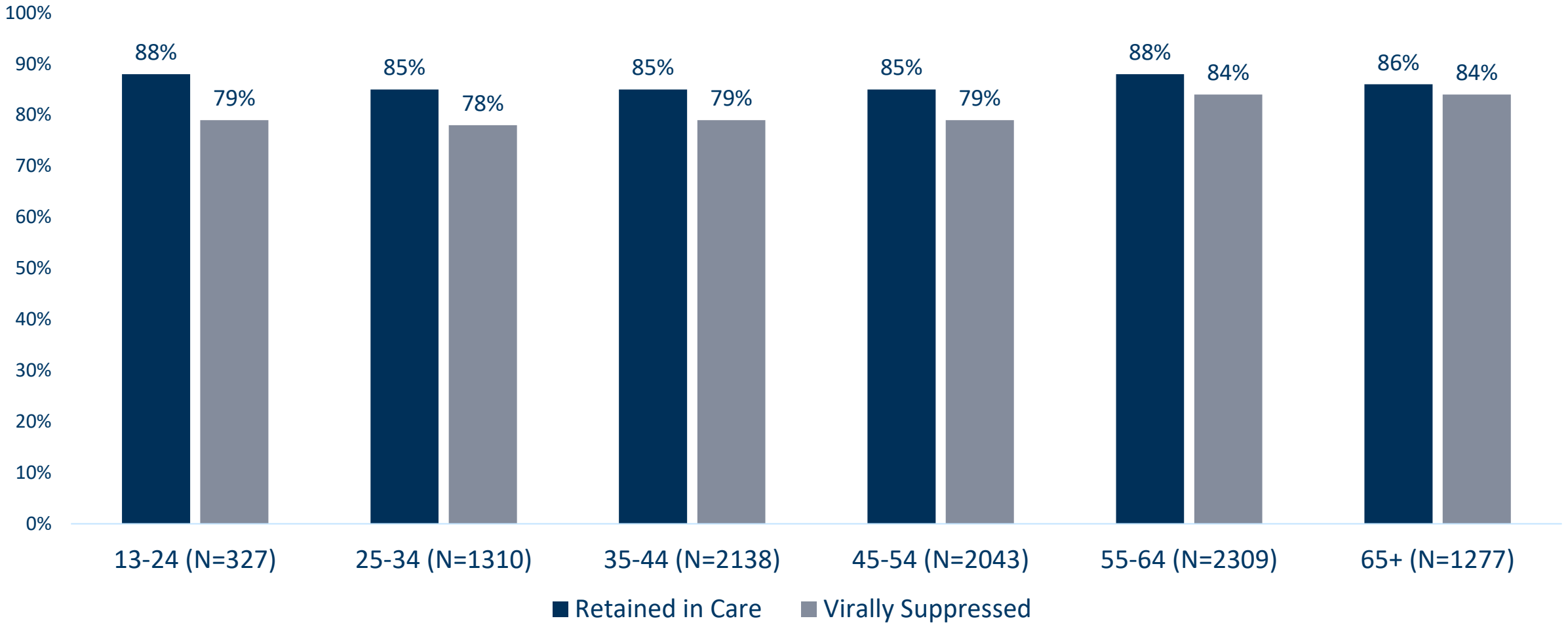


Percentages of people diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2025 (1)



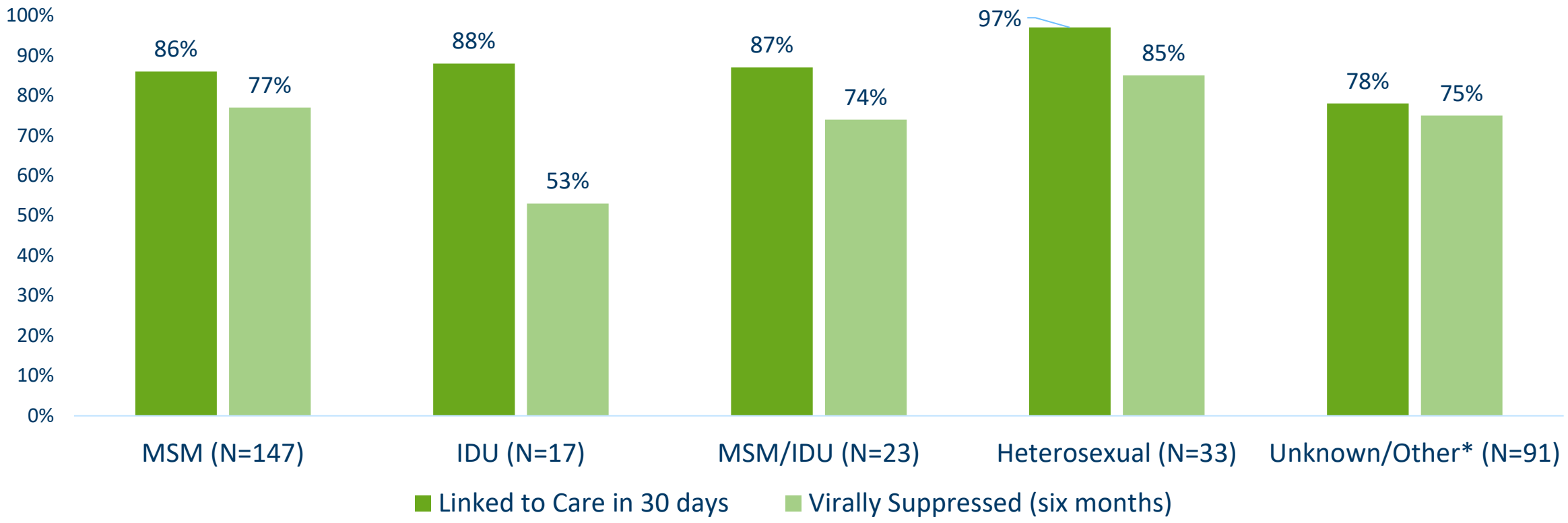
Current age is used to calculate retained in care and virally suppressed. Age at time of HIV diagnosis is used for linkage to care and virally suppressed (six months) bars. Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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 age* in Minnesota, 2025 (2)



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 (six months) bars.

Percentages of people diagnosed with HIV in stages of the care continuum, by mode of transmission† in Minnesota, 2025 (1)

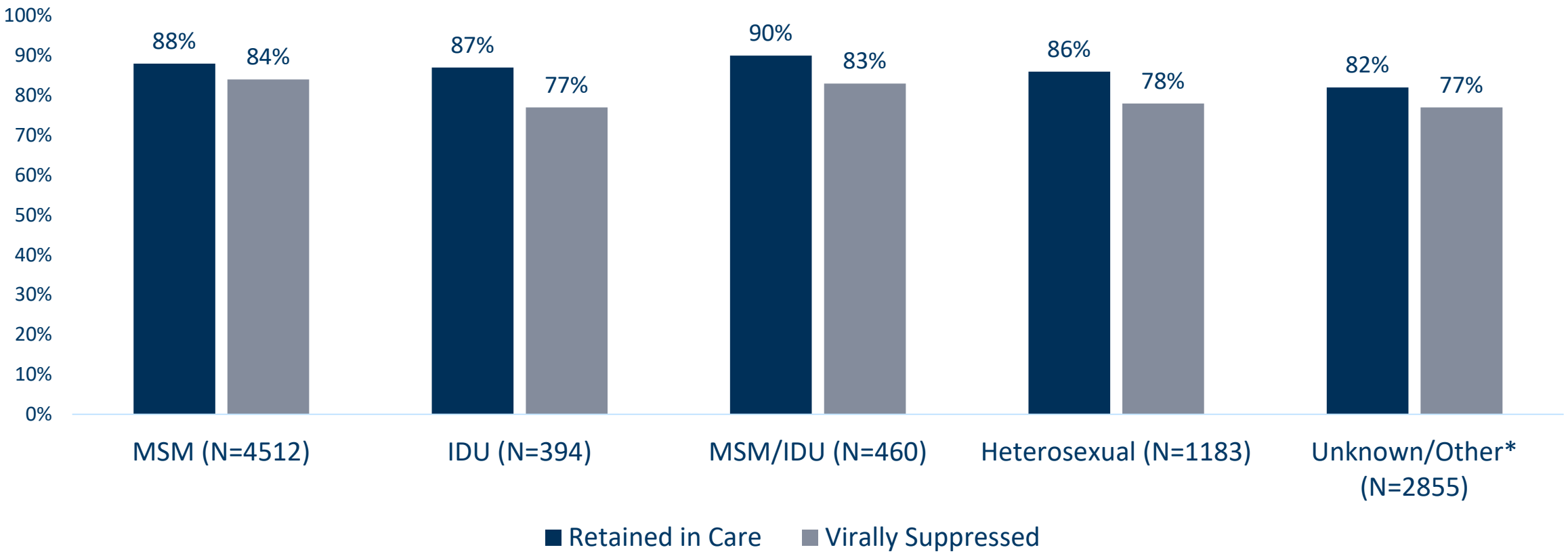


†Mode of transmission is collected at time of HIV diagnosis and may not be representative of current transmission risk. The MSM and MSM/IDU risk groups include all PWH assigned the sex of male at birth who report a male sexual partner.

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

Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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 mode of transmission† in Minnesota, 2025 (2)



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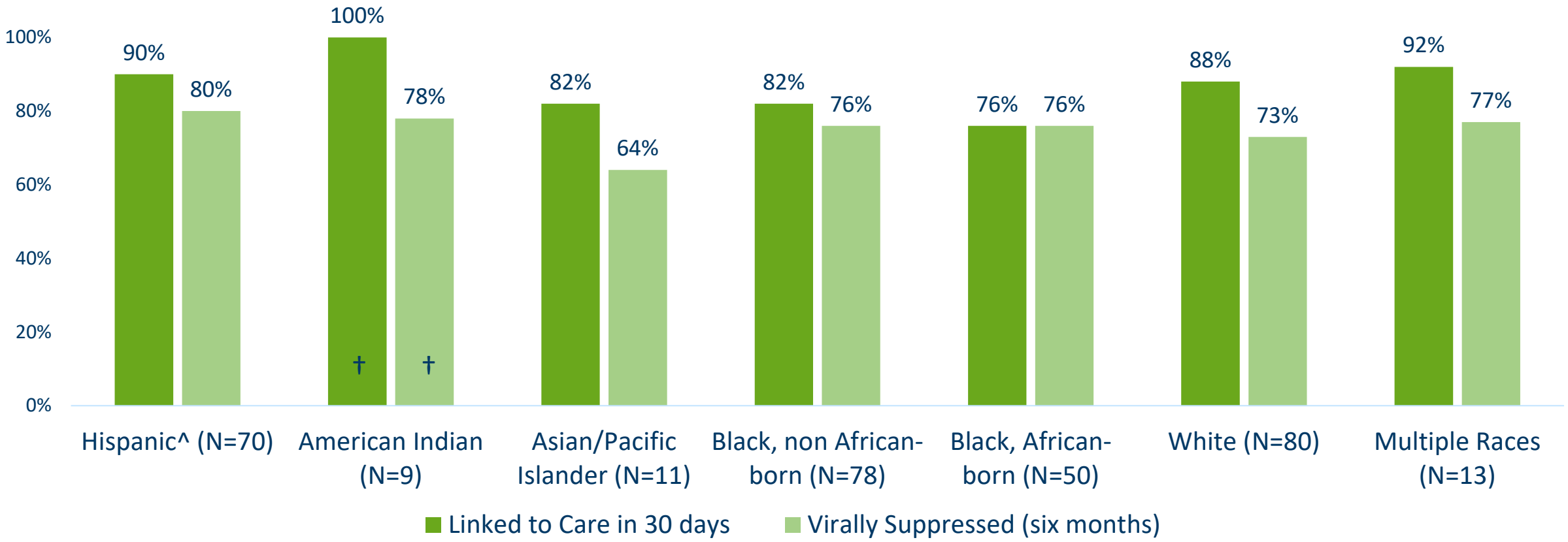
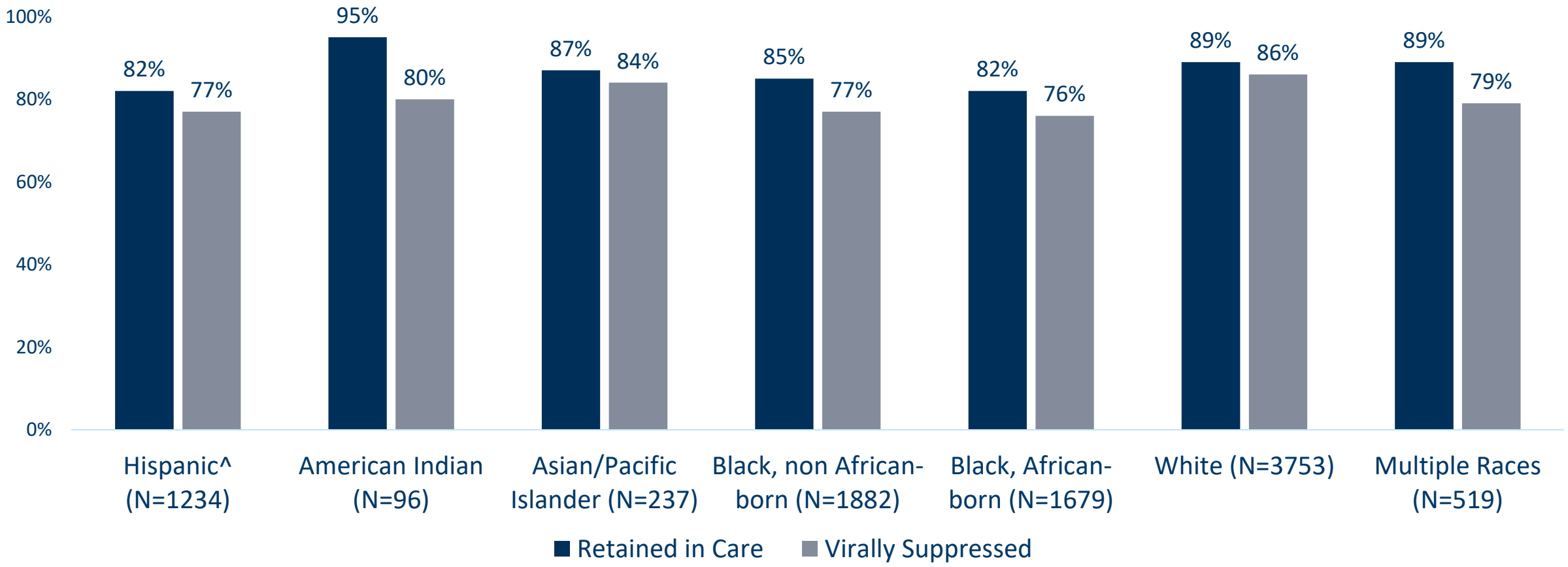
Percentages of people diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2025 (1)



*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.
†Fewer than five new diagnoses in population
Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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 race/ethnicity* in Minnesota, 2025 (2)



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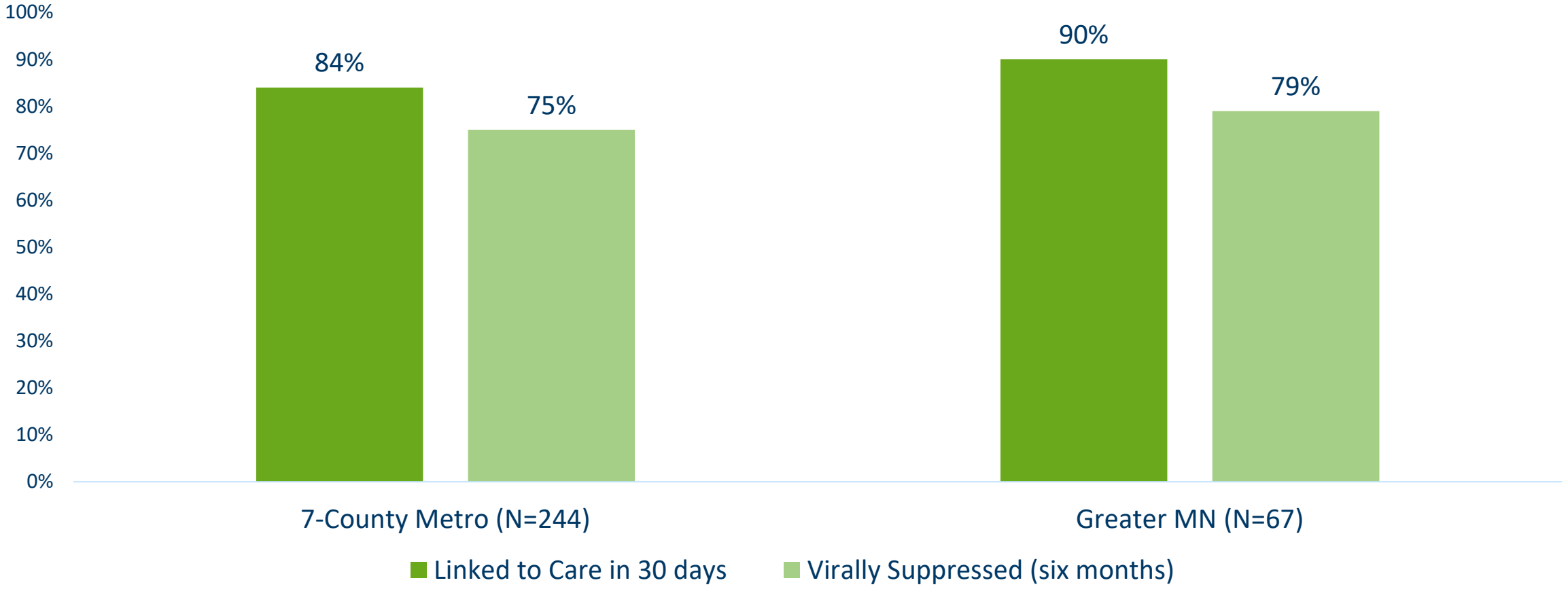
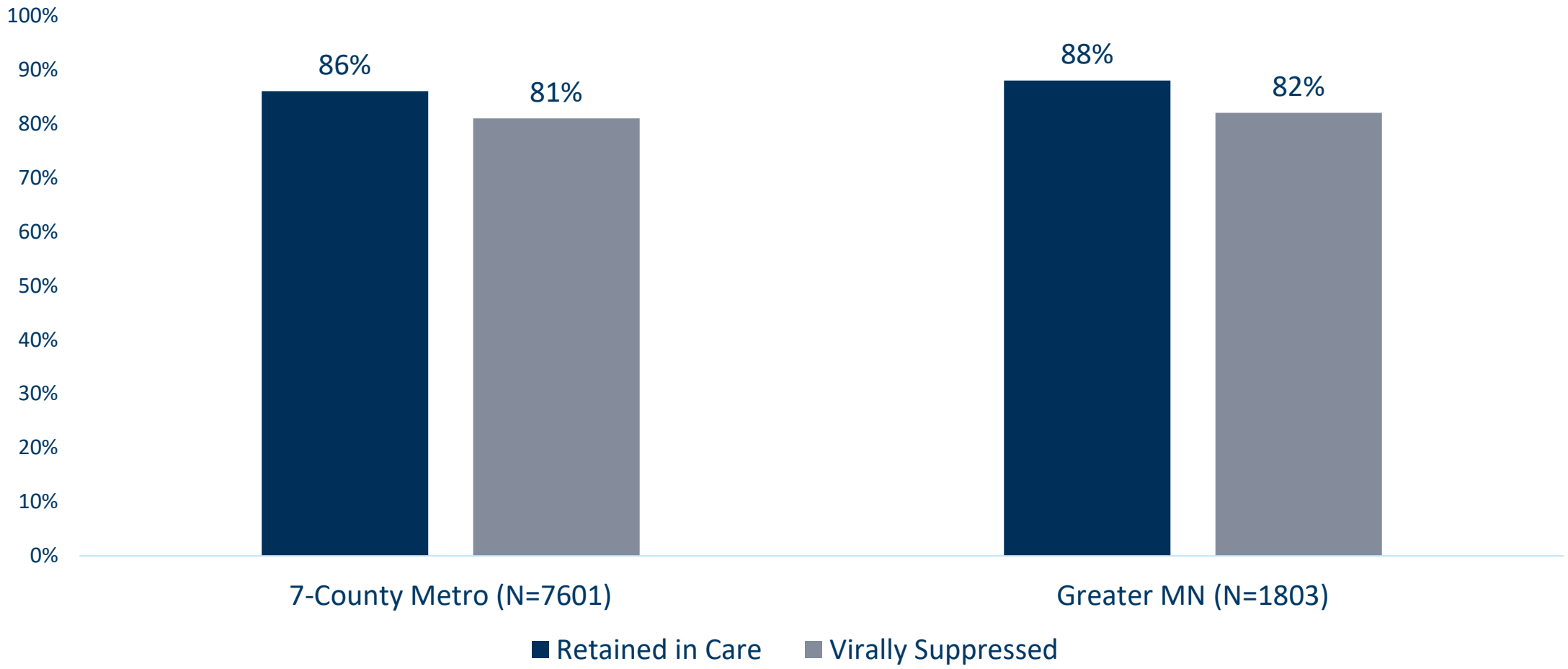
Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (1)



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

Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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 geography* in Minnesota, 2025 (2)



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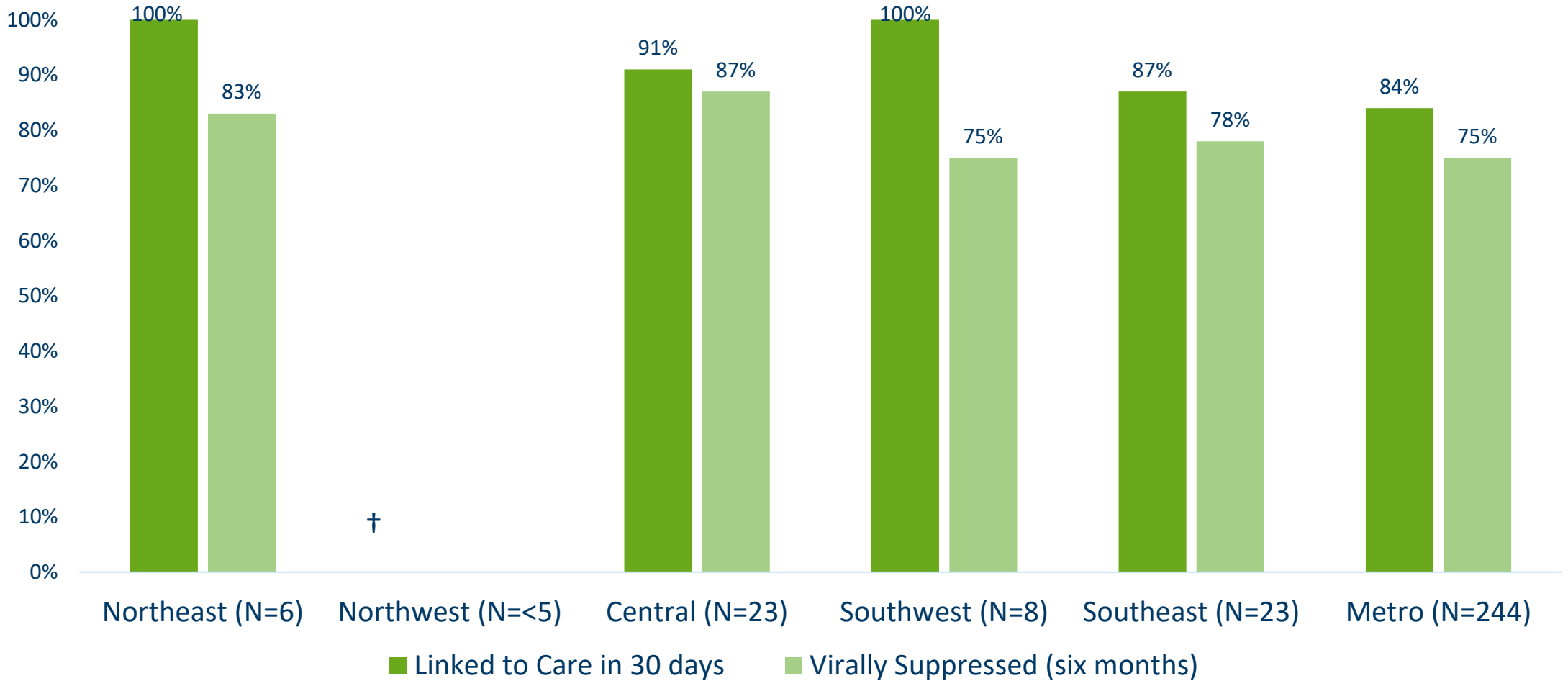
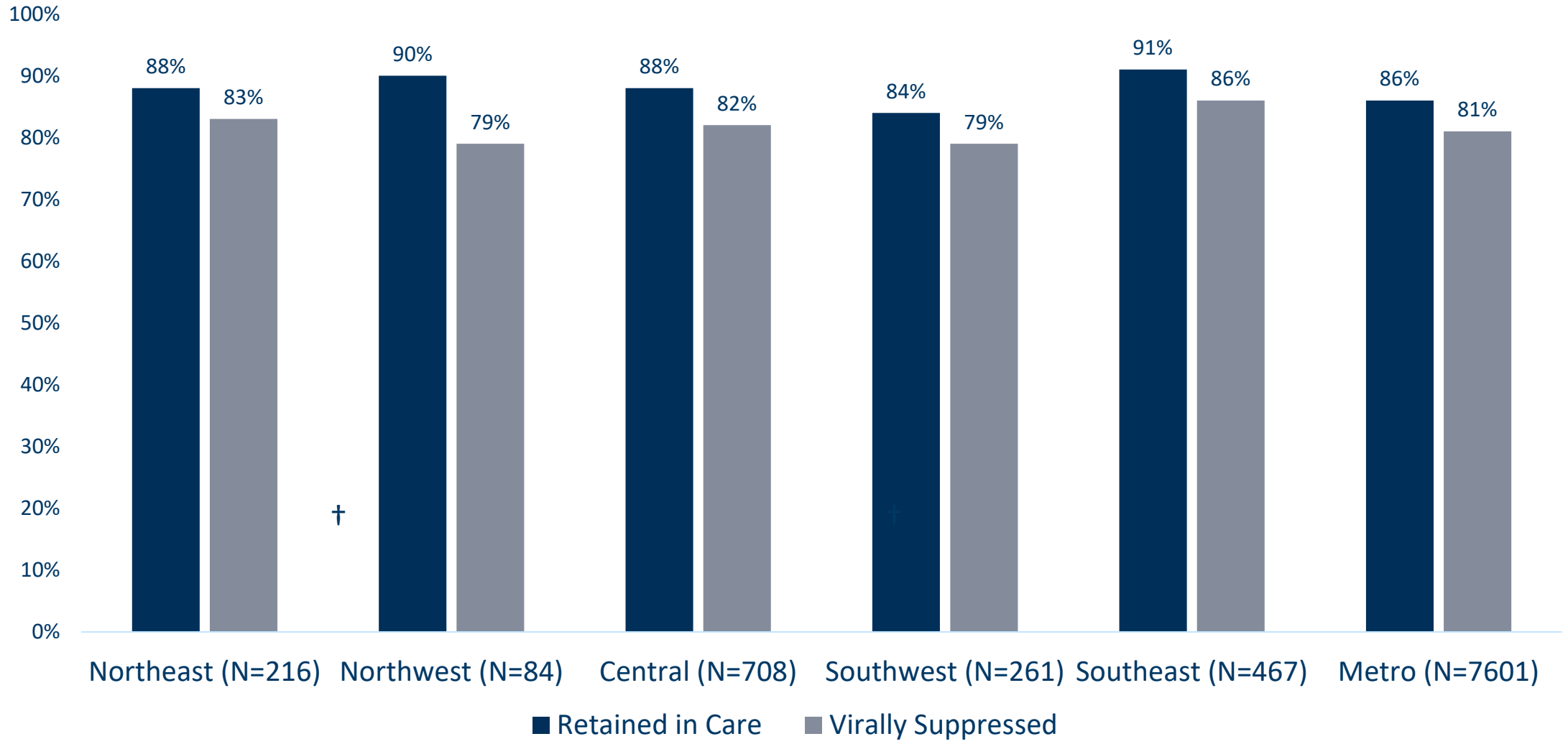
Percentages of people diagnosed with HIV in stages of the care continuum, by region in Minnesota, 2025 (1)



†Fewer than five new diagnoses in population

Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

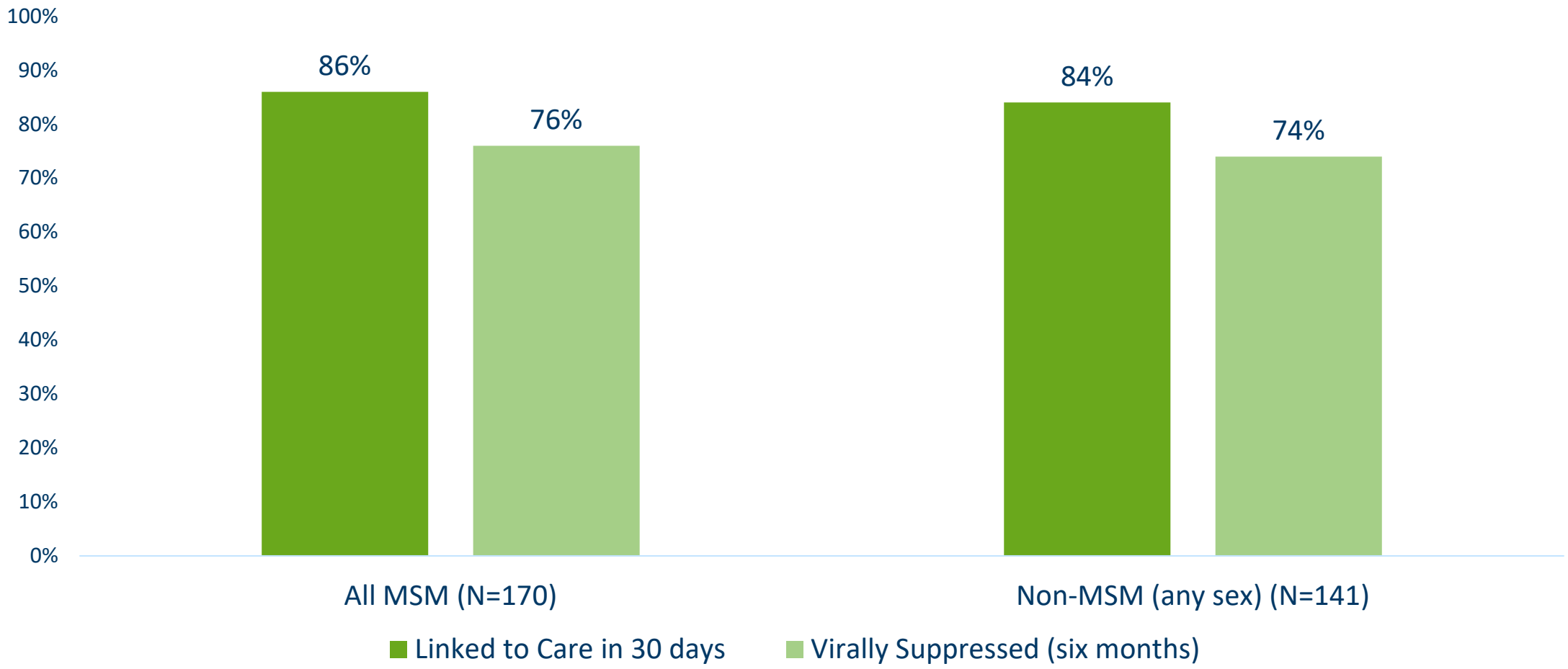
Percentages of people diagnosed with HIV in stages of the care continuum, by region in Minnesota, 2025 (2)



MSM* and MSM*/IDU-specific Analyses (n=4972)

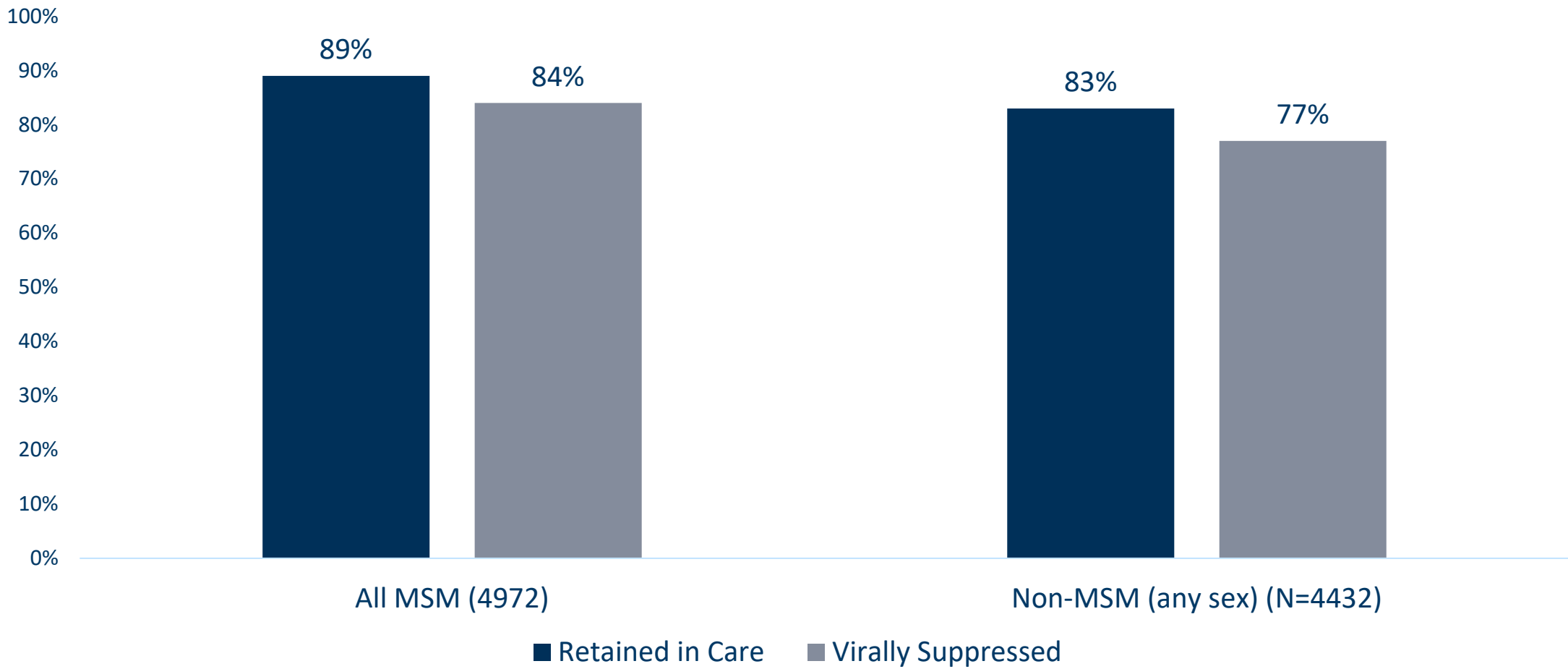
*MSM refers to anyone that was born male sex and currently has male partners

Percentages of MSM and non-MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2025 (1)

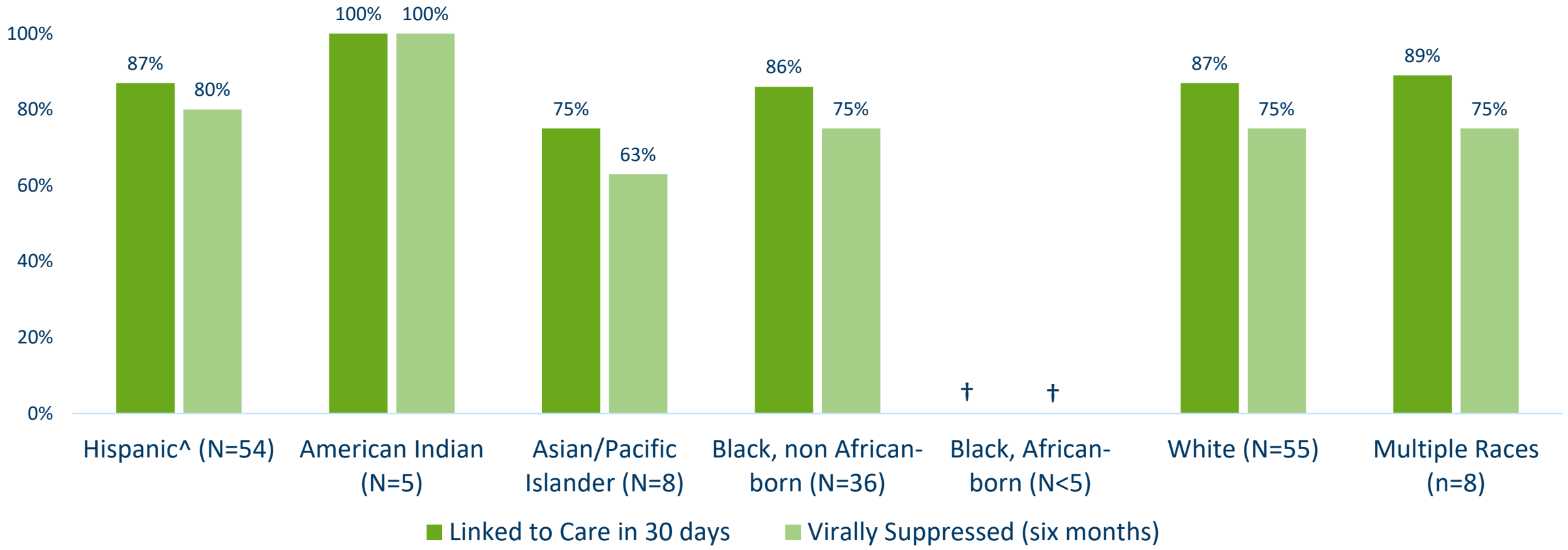


Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of MSM and non-MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2025 (2)



Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2025 (1)



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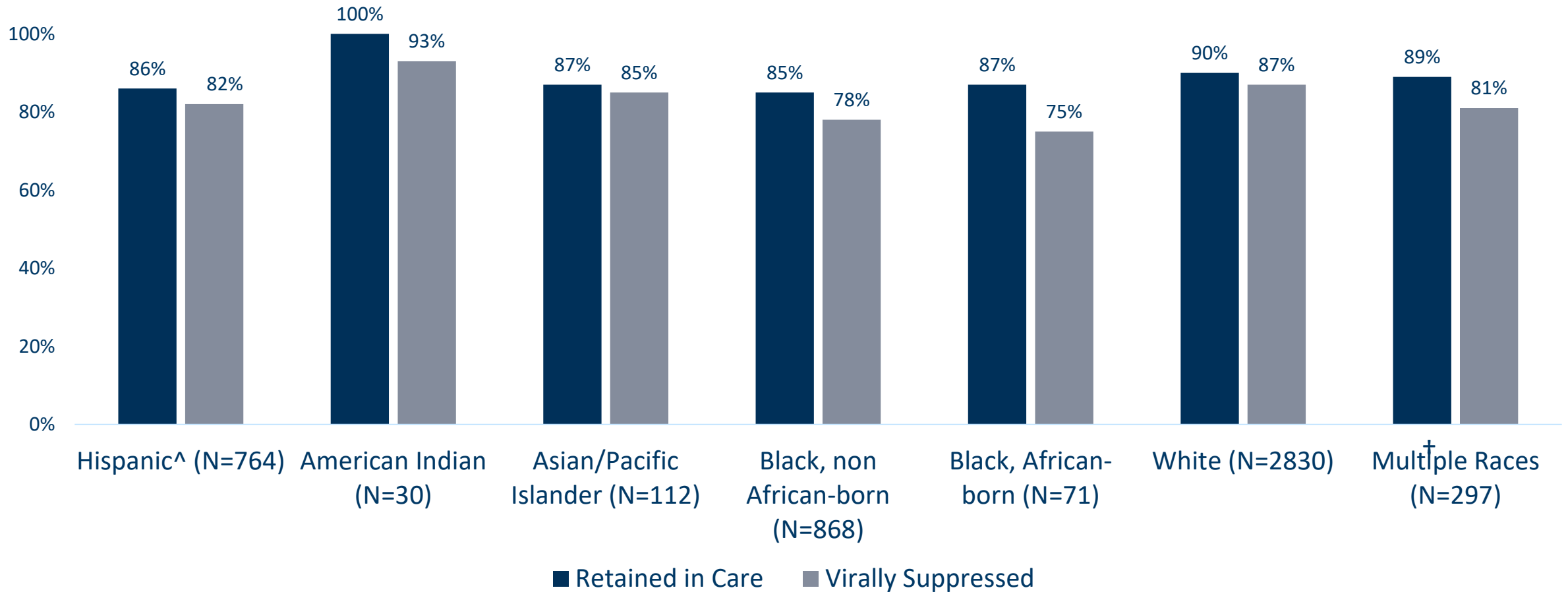
^Hispanic includes all races, all other races are non-Hispanic

†Fewer than five new diagnoses in population

Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2025 (2)



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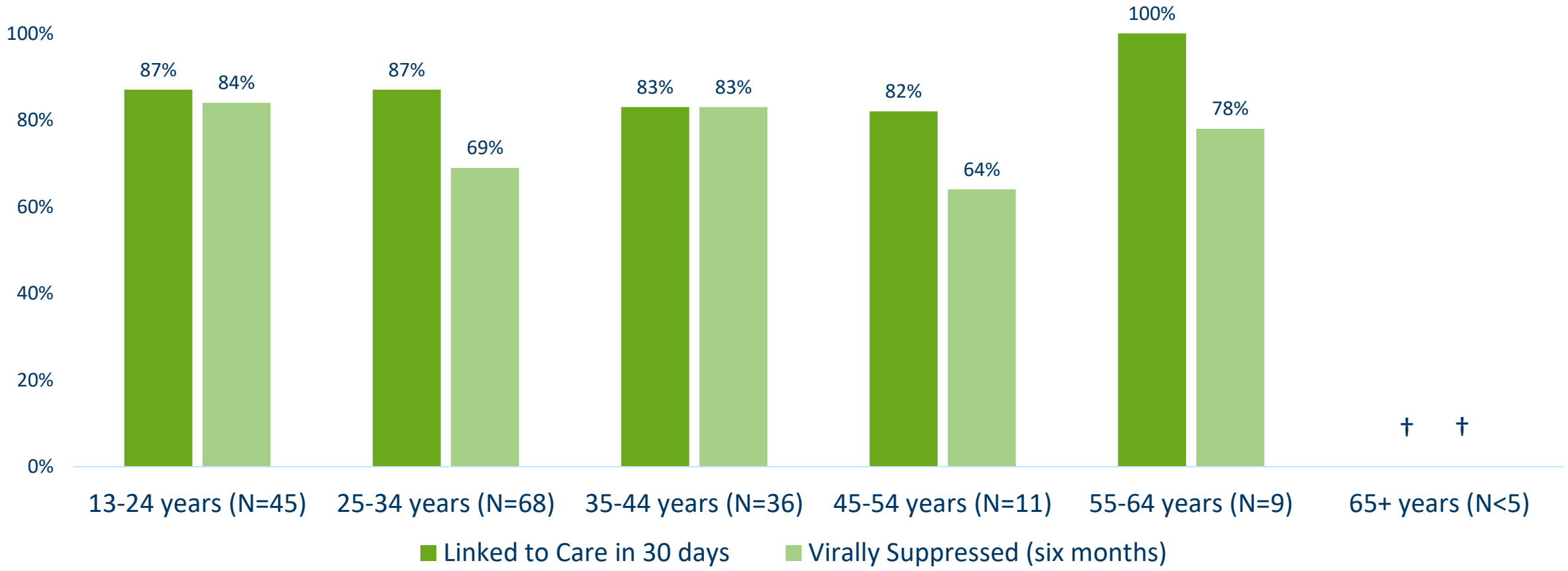
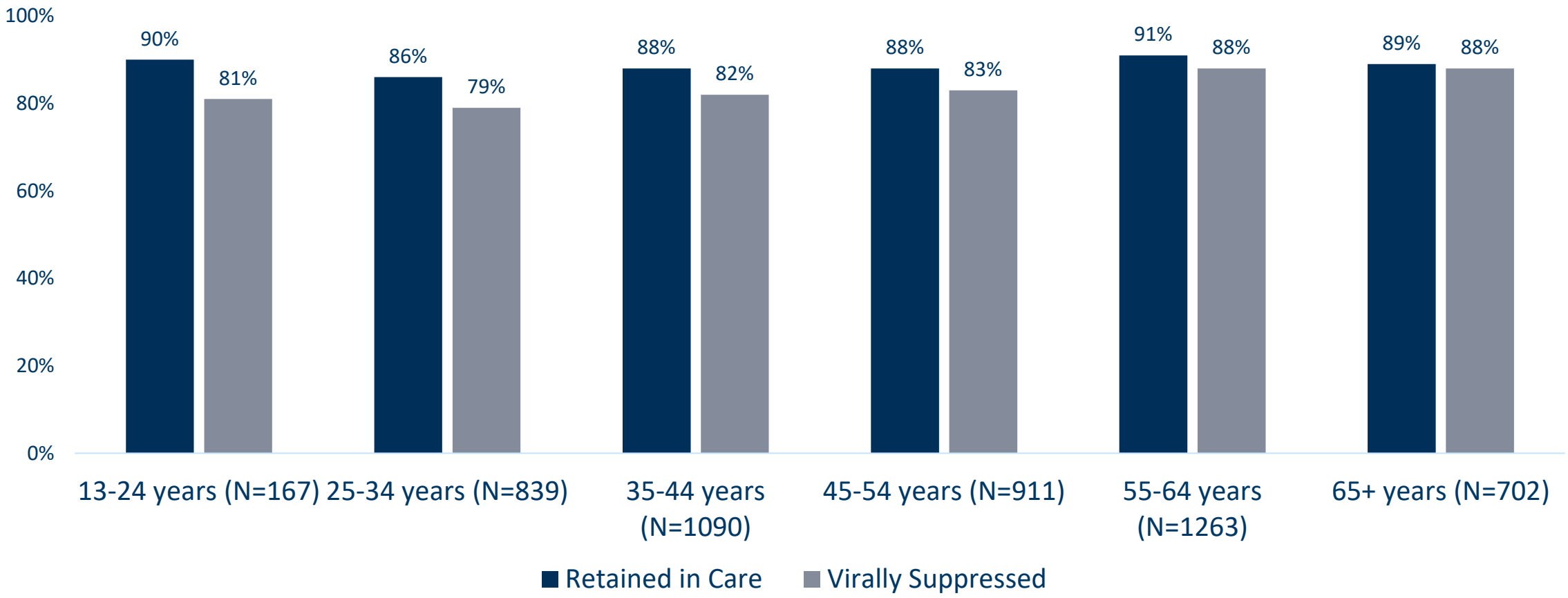
Percentages of MSM diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2025 (1)



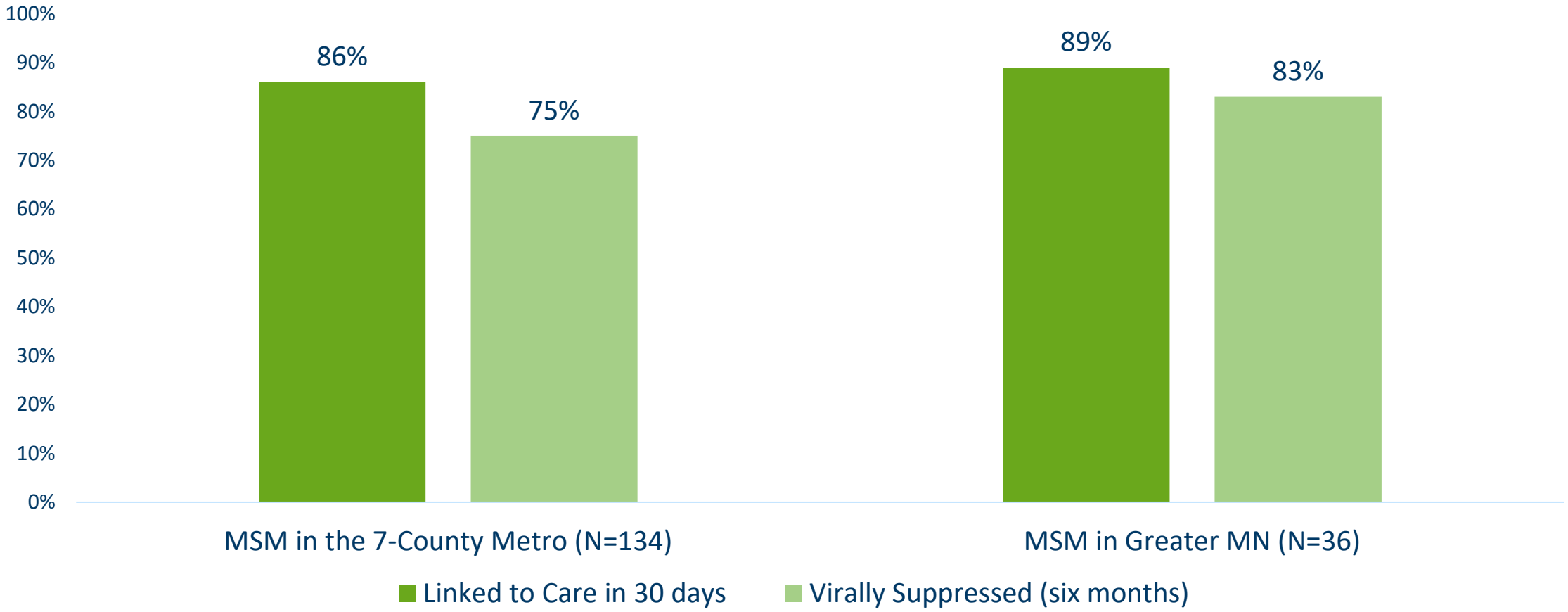
*Current age is used to calculate retained in care and virally suppressed. Age at time of HIV diagnosis is used for linked to care in 30 days.
†Fewer than five new diagnoses in population
Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of MSM diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2025 (2)



*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.

Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (1)



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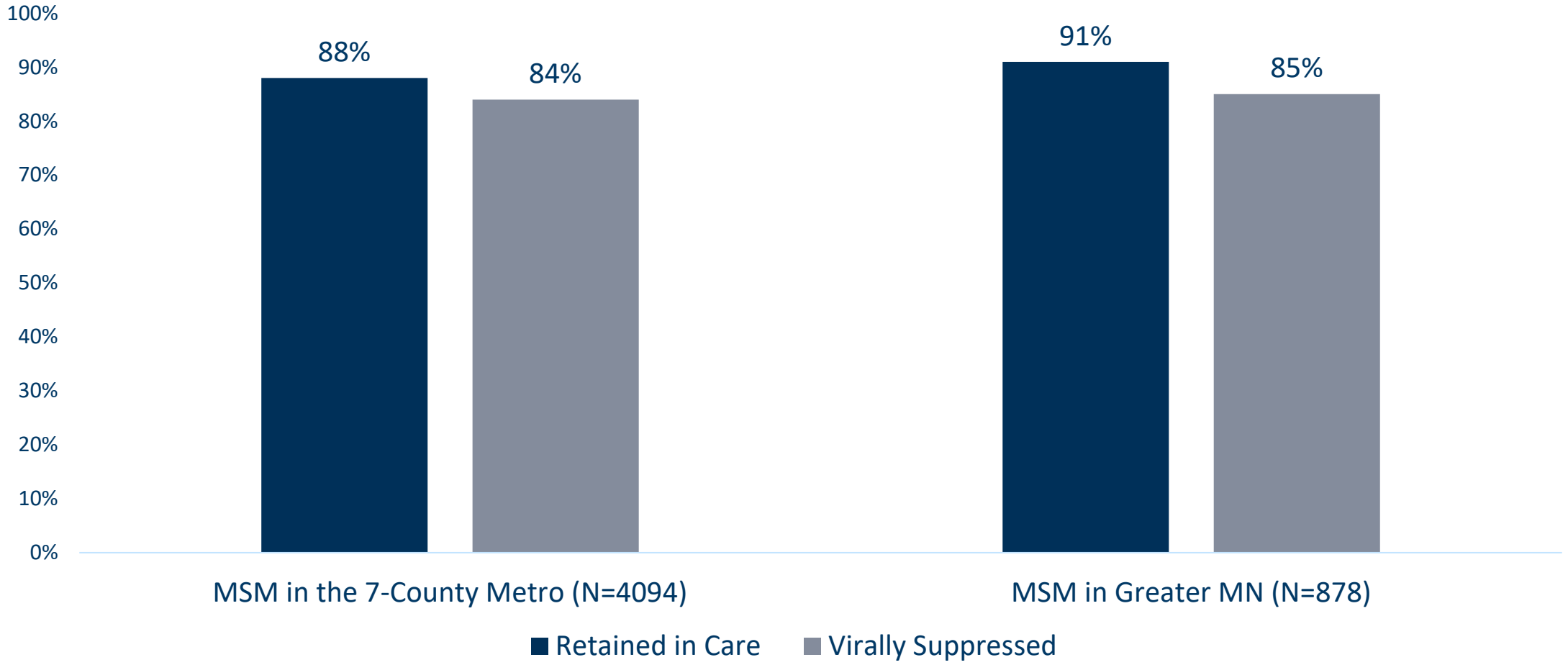
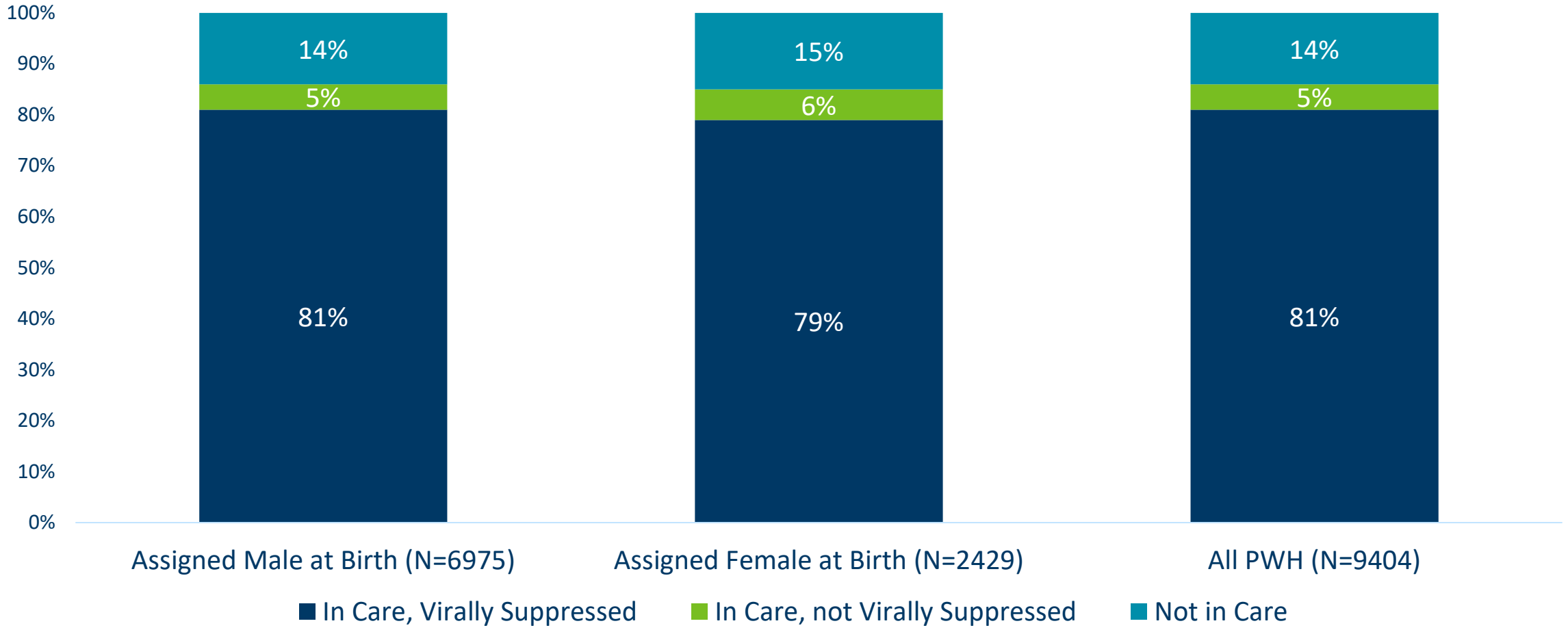
Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (2)



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

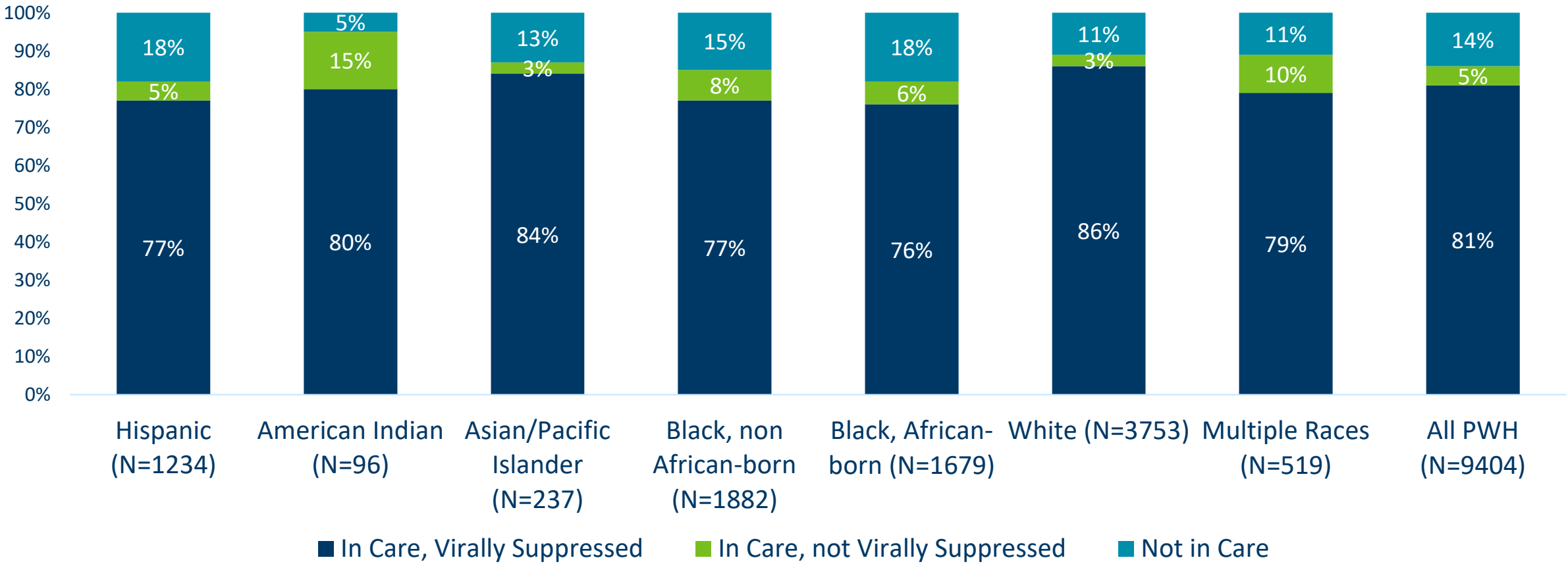
Analyses of Populations in Care, But Not Virally Suppressed

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by sex assigned at birth in Minnesota, 2025



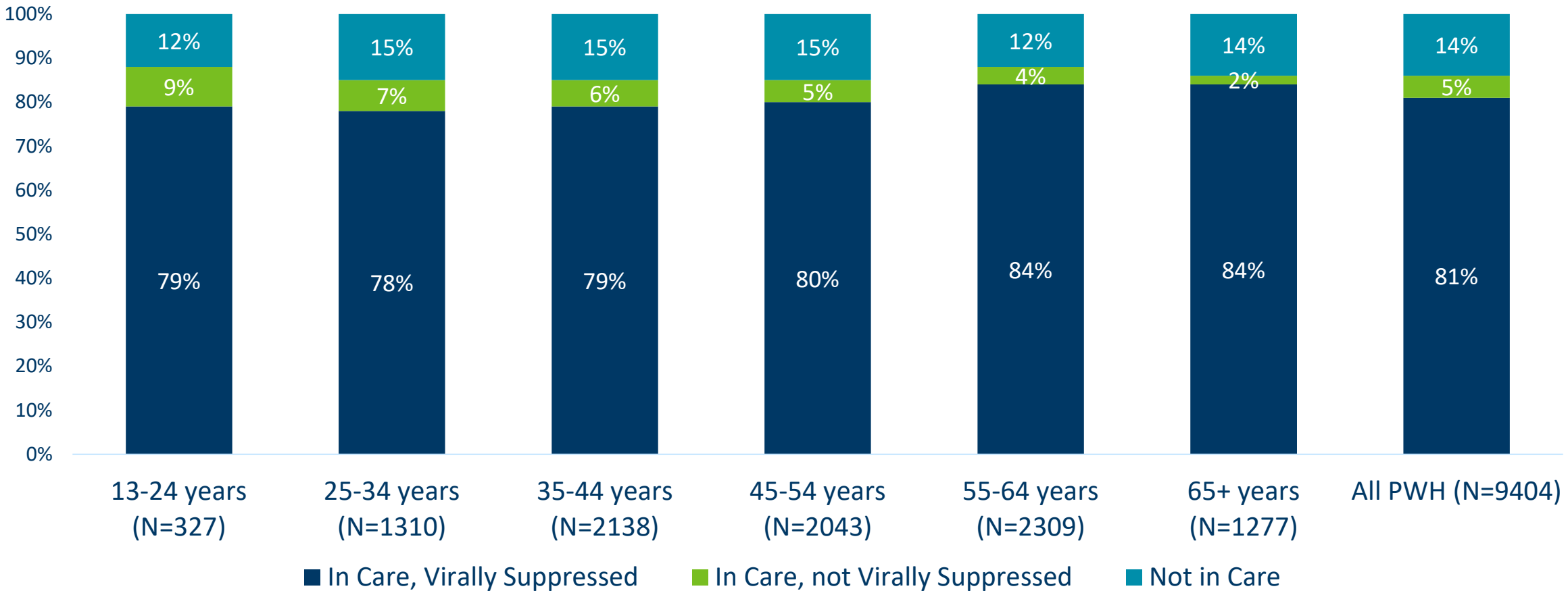
*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by race/ethnicity^ in Minnesota, 2025



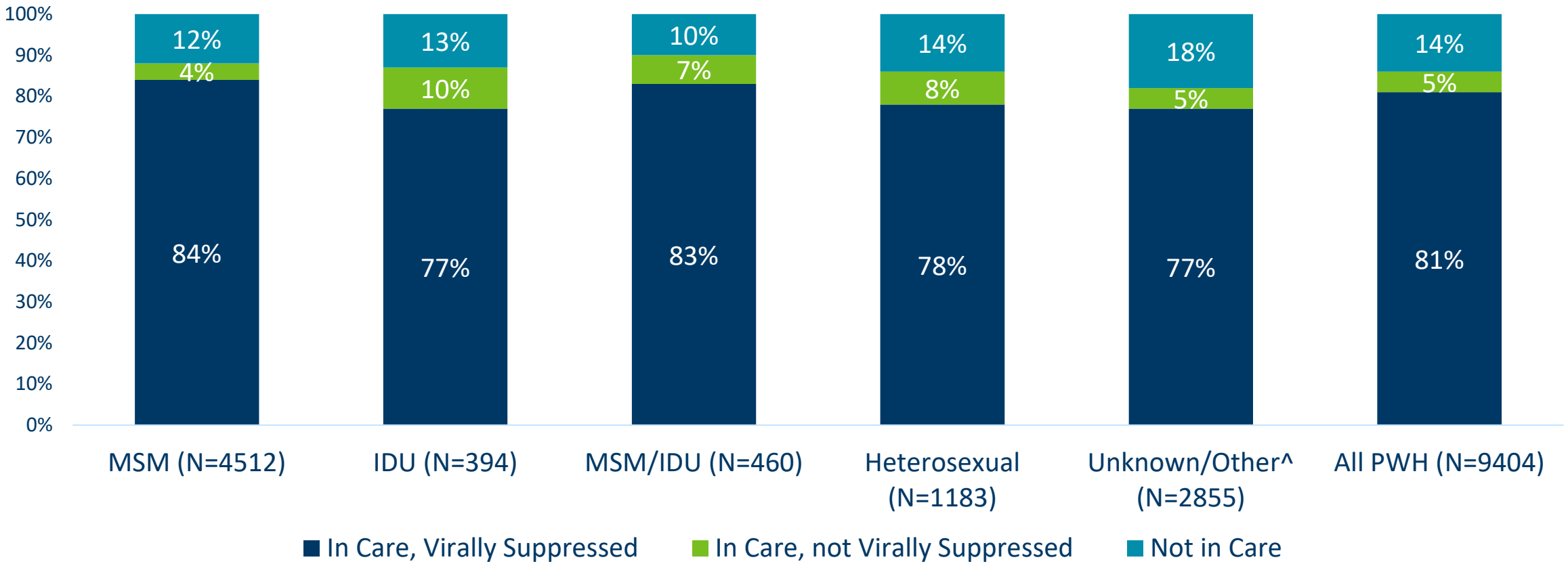
*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL
^Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.
†Hispanic includes 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, 2025



*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, 2025

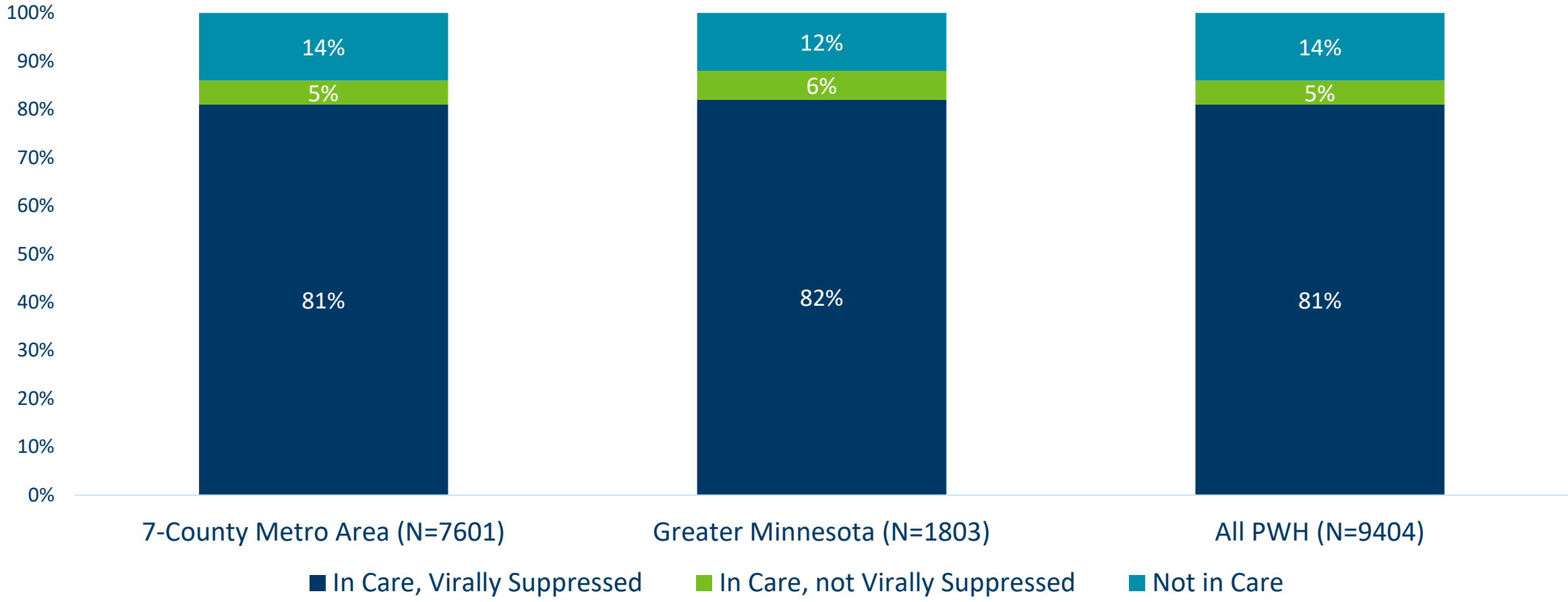


*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

†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.

^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, 2025

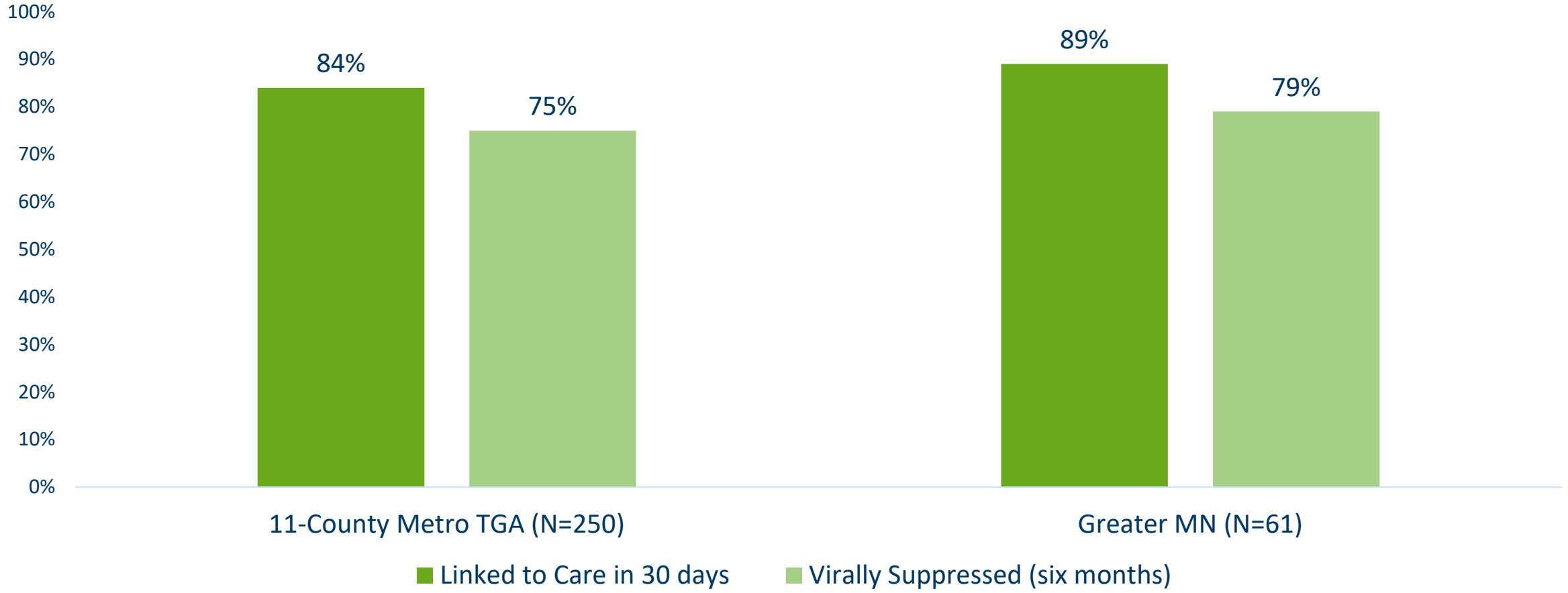


*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

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

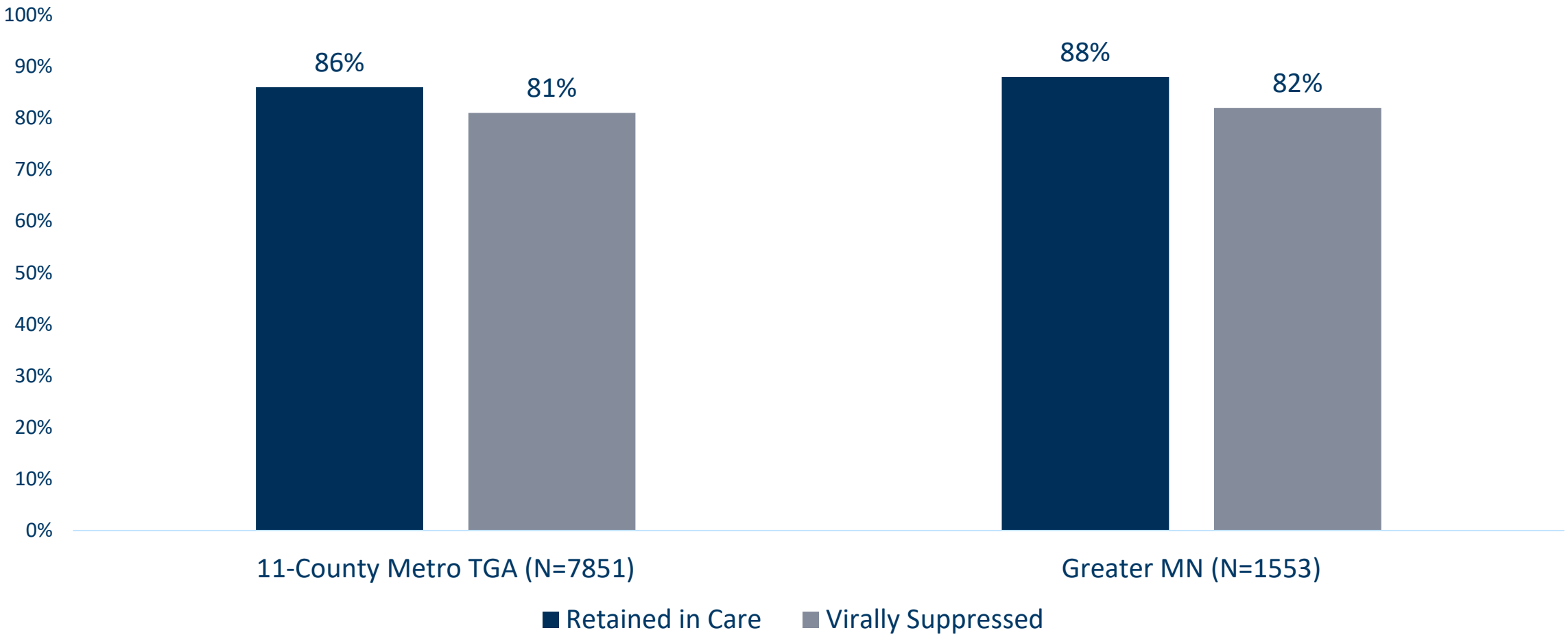
Analyses of the TGA (Transitional Grant Area)

Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (1)



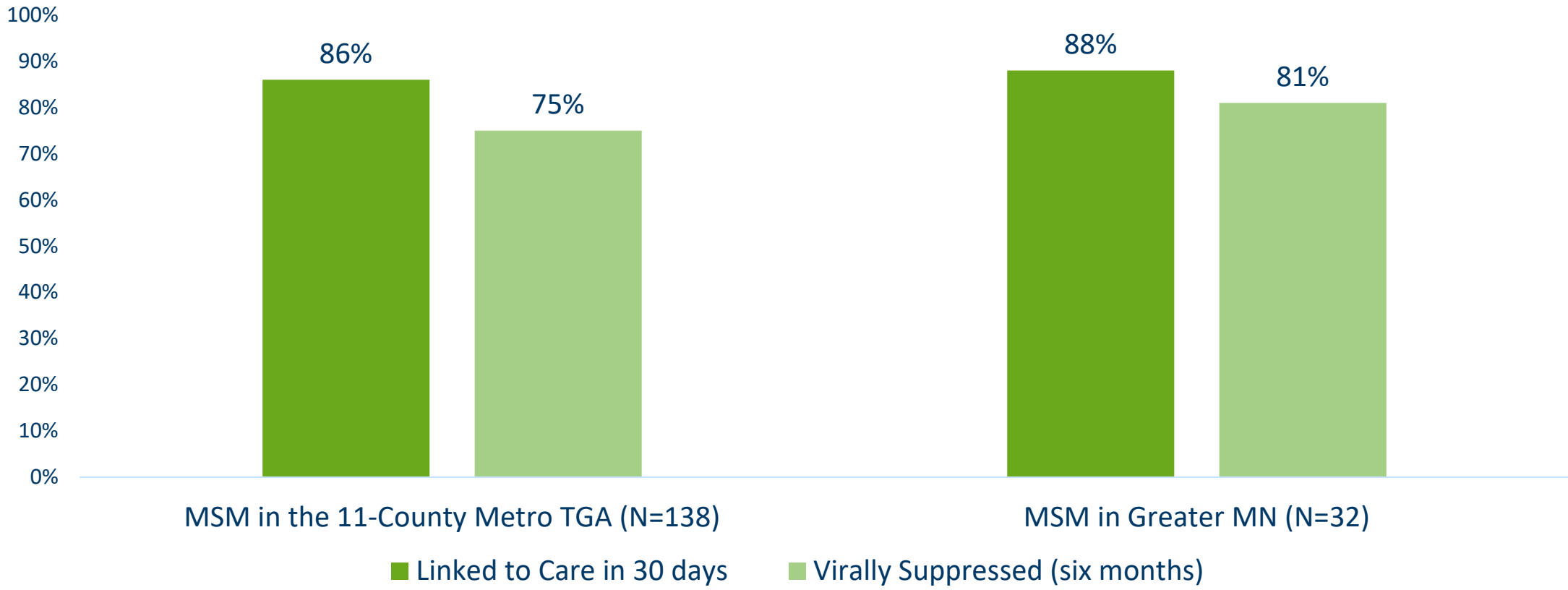
TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of the state. However, not all PLWH living in the TGA receive Ryan White Services.
Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2024 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 geography* in Minnesota, 2025 (2)



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.

Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (1)



* 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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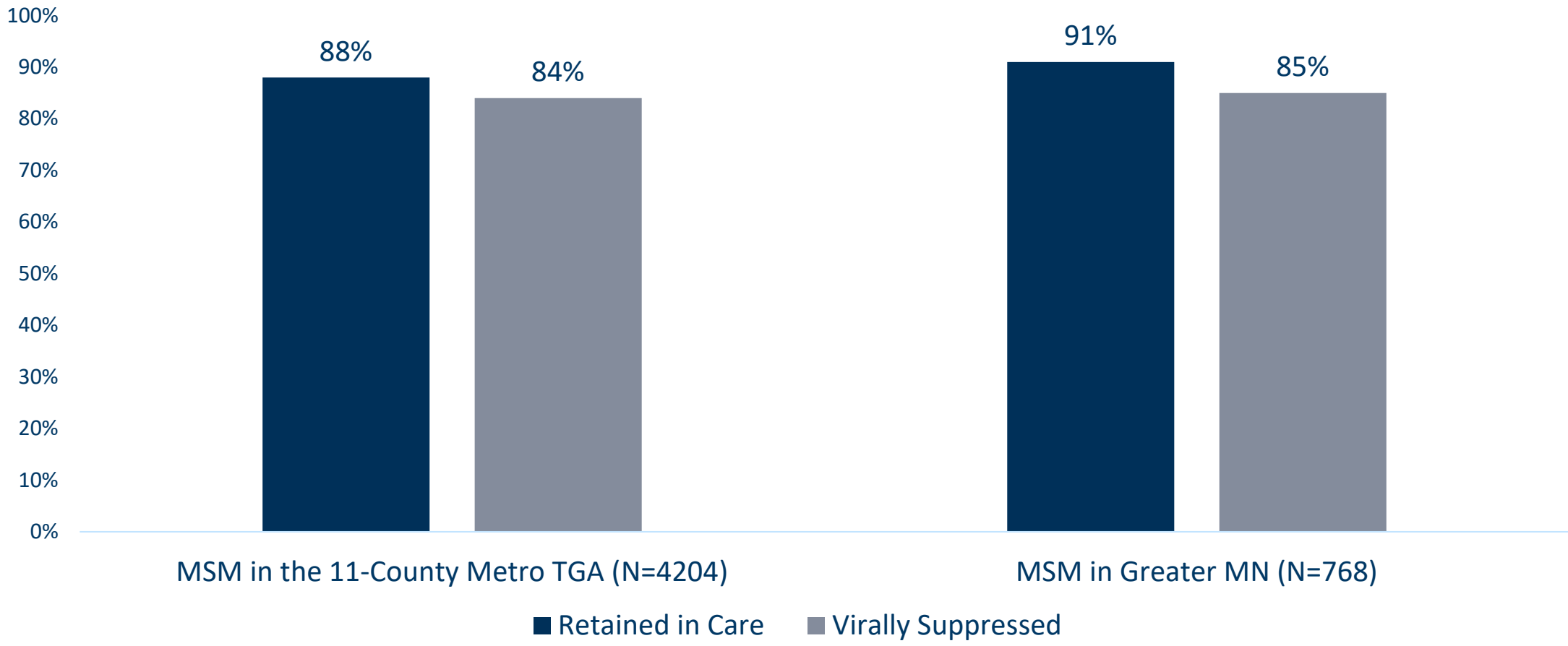
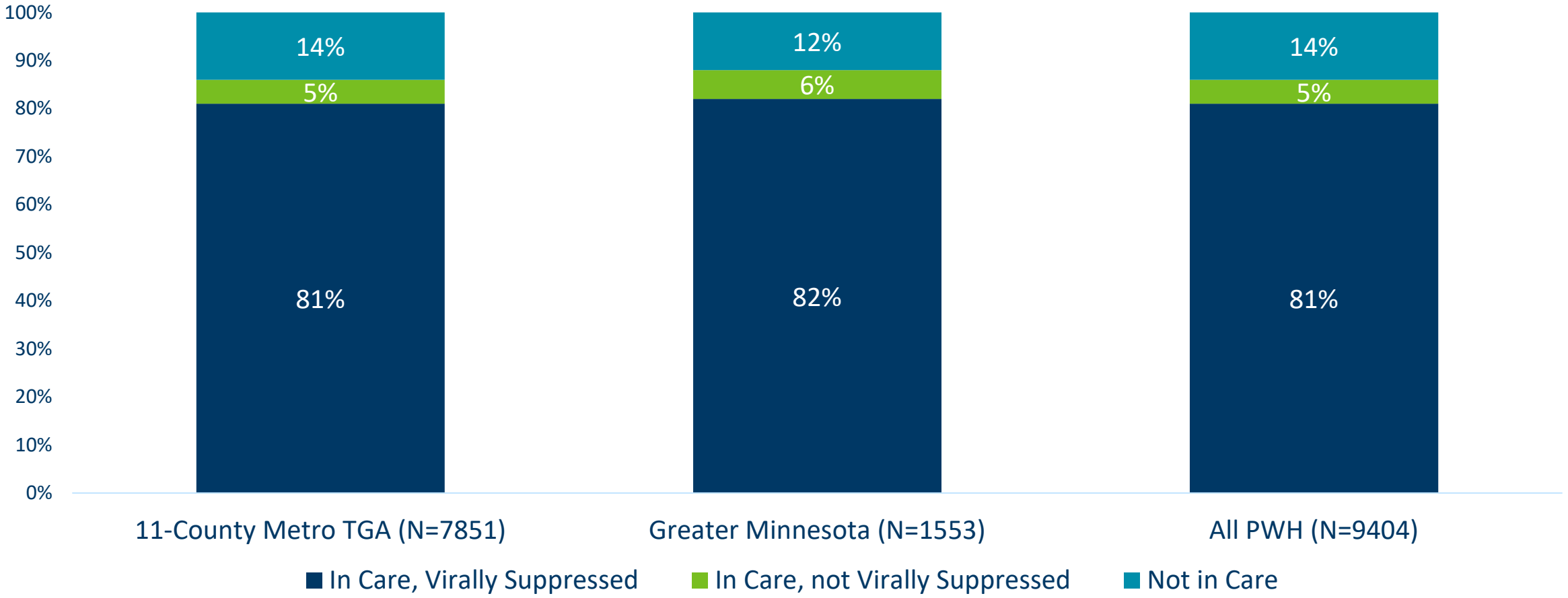
Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2025 (2)



* 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.

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2025

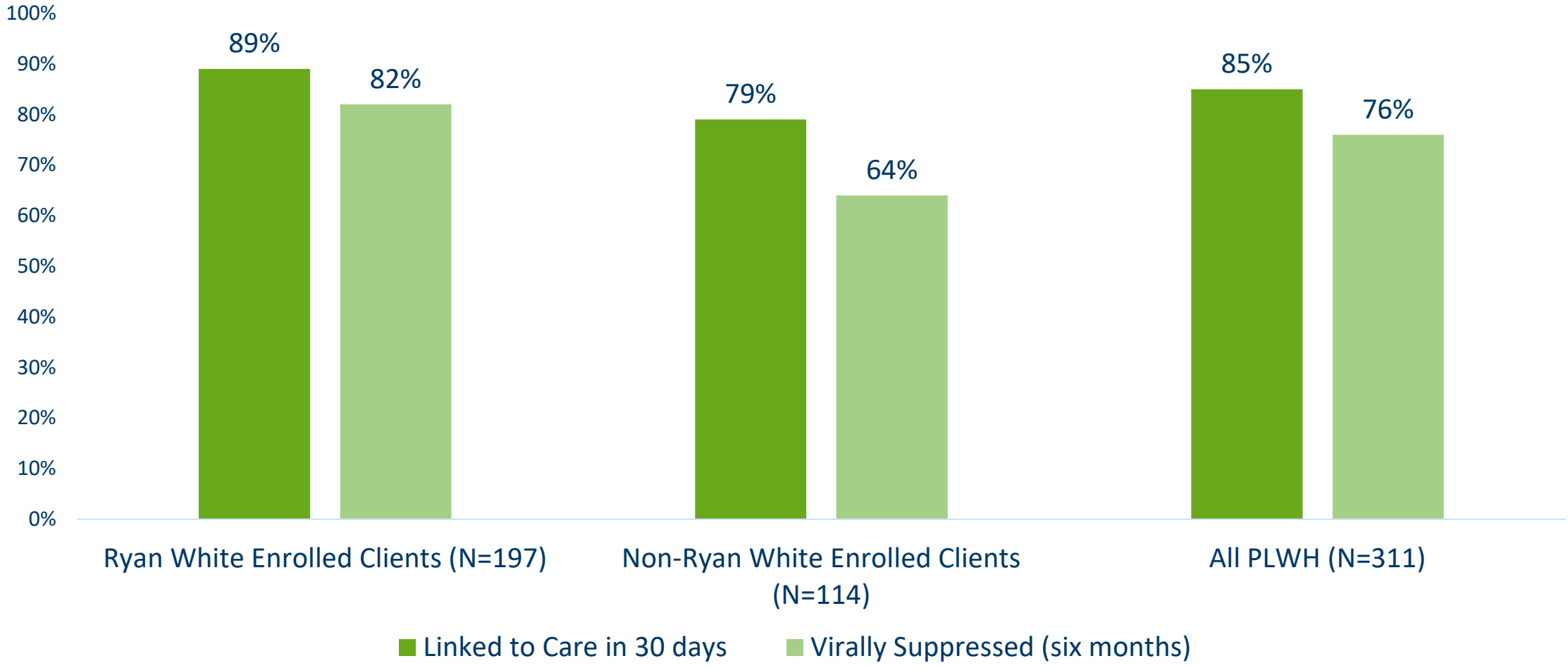


*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

^ 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.

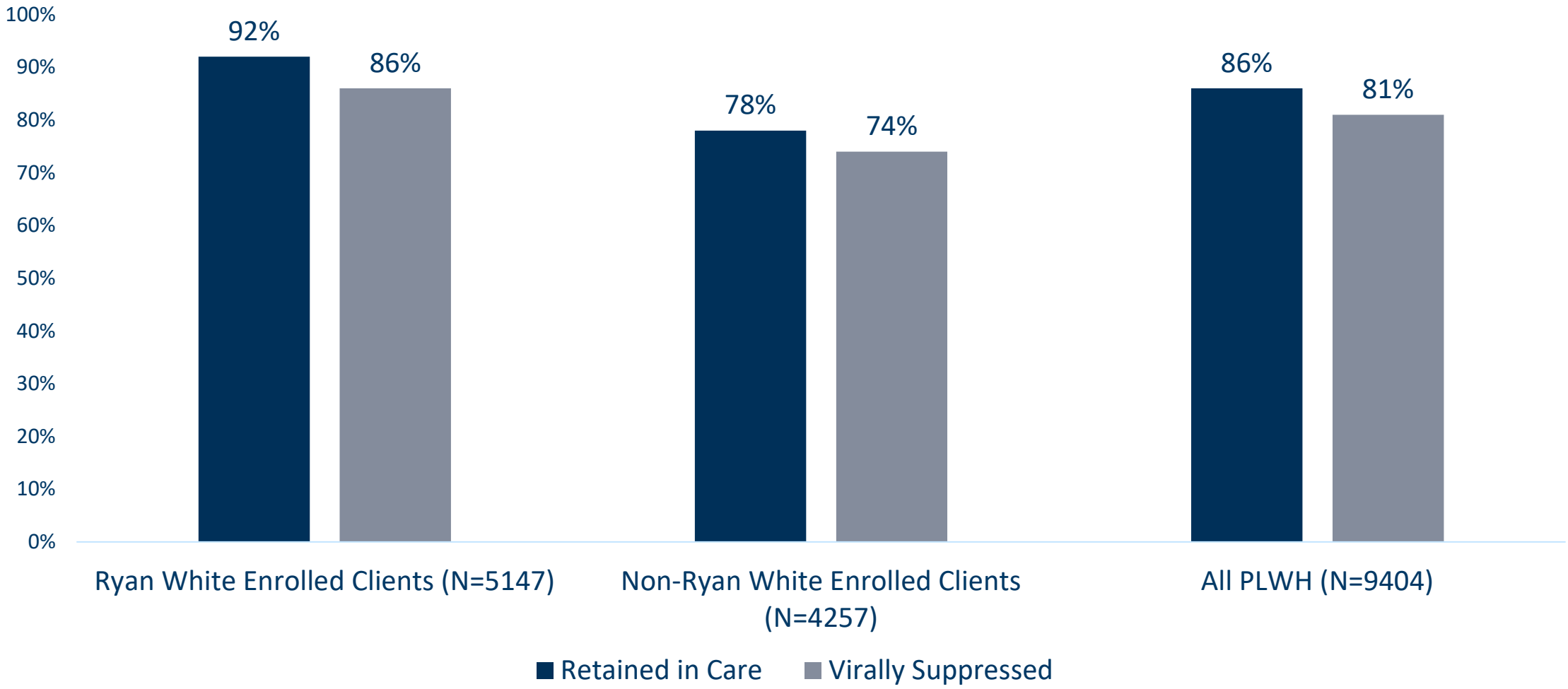
Analyses of PWH Receiving Ryan White Services

Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2025 (1)

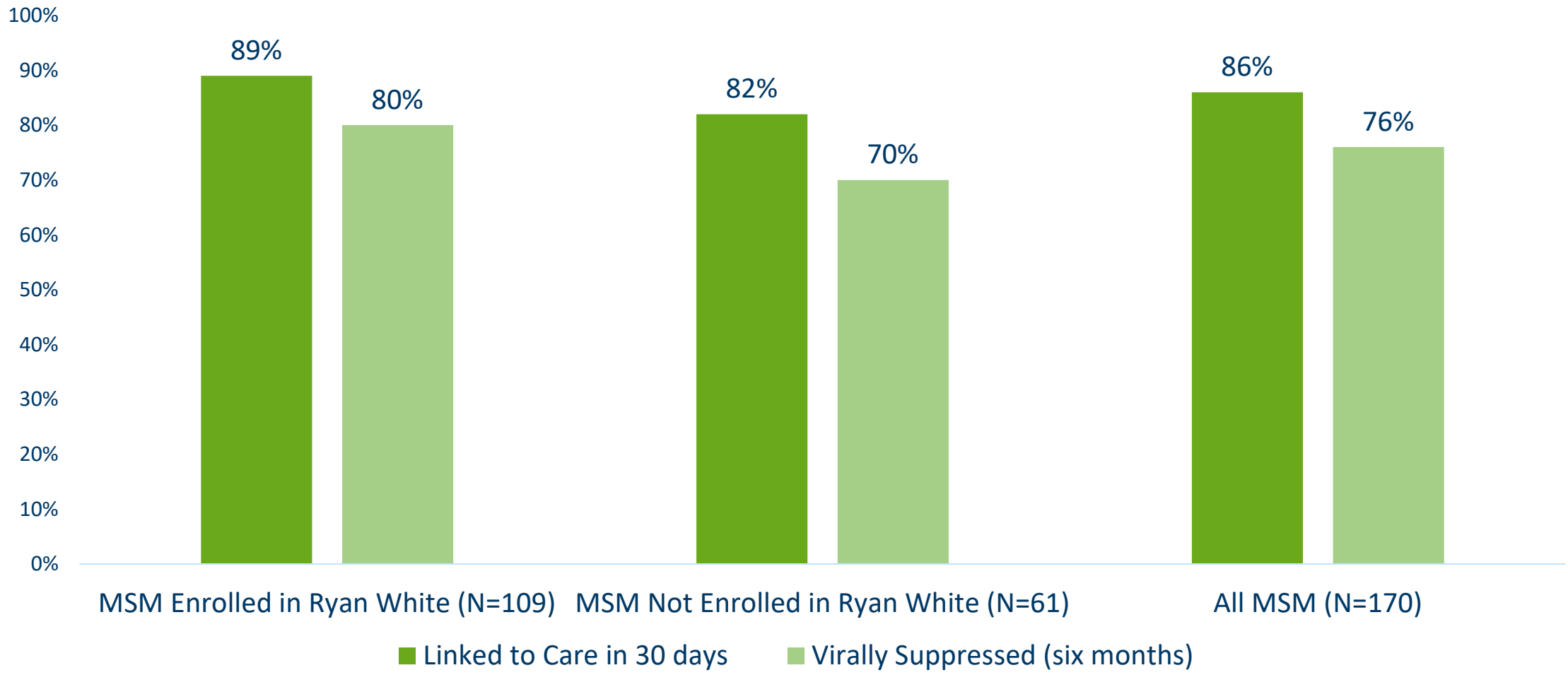


Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2025 (2)

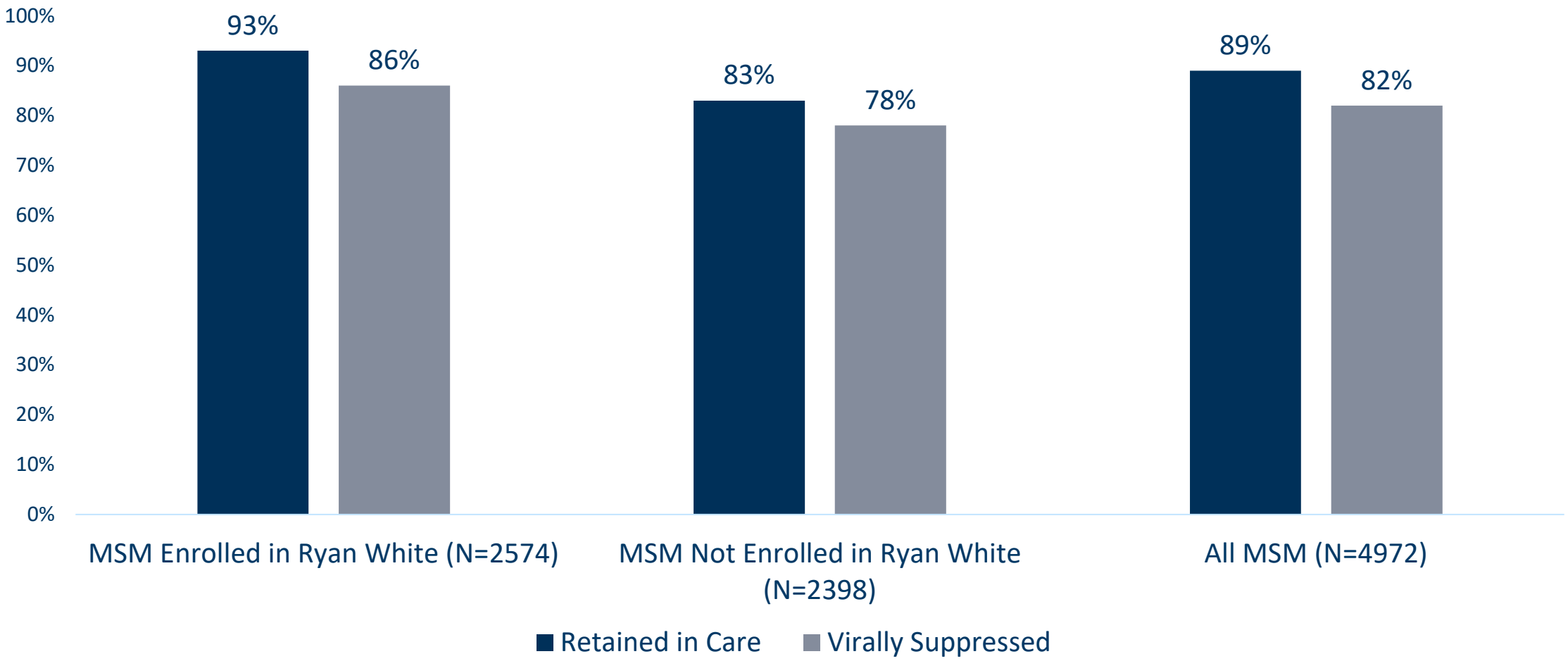


Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2025 (1)

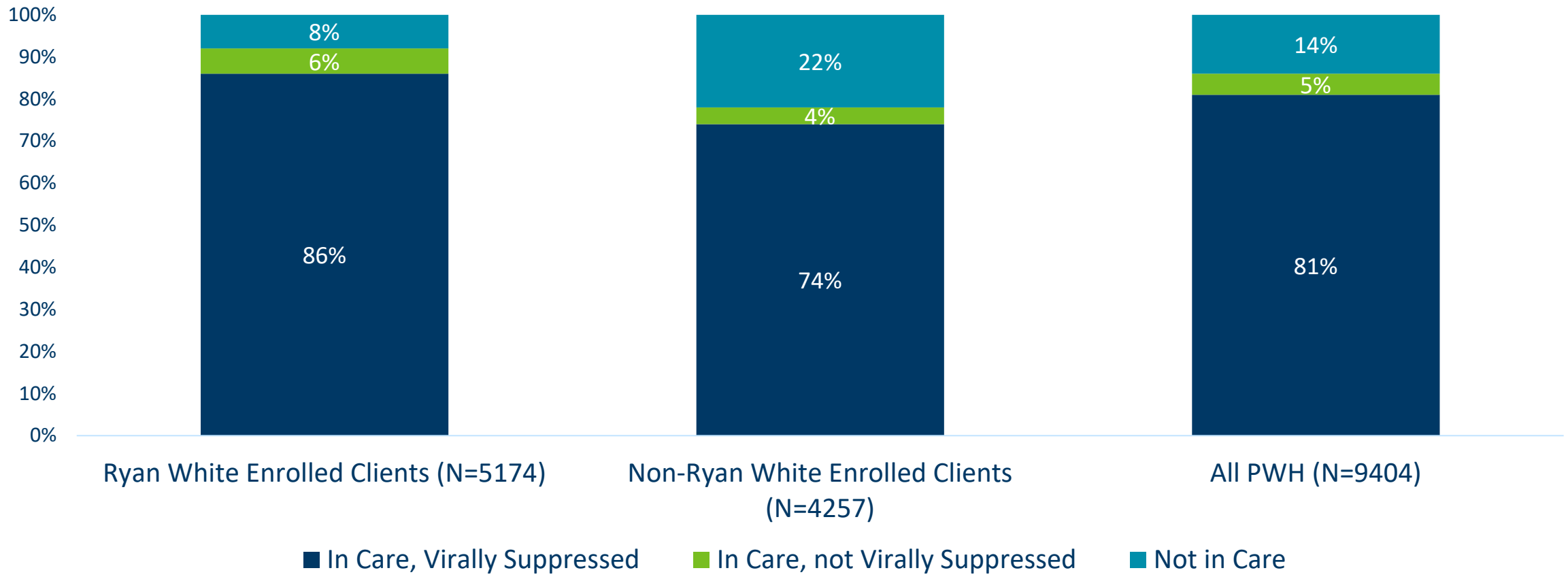


Virally Suppressed (six months) is a new indicator as of 2023: Calculated as the percentage of person who had an initial HIV diagnosis during 2023 that were virally suppressed VL (≤200 copies/mL) within six months of HIV diagnosed.

Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2025 (2)



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by Ryan White enrollment^ in Minnesota, 2025

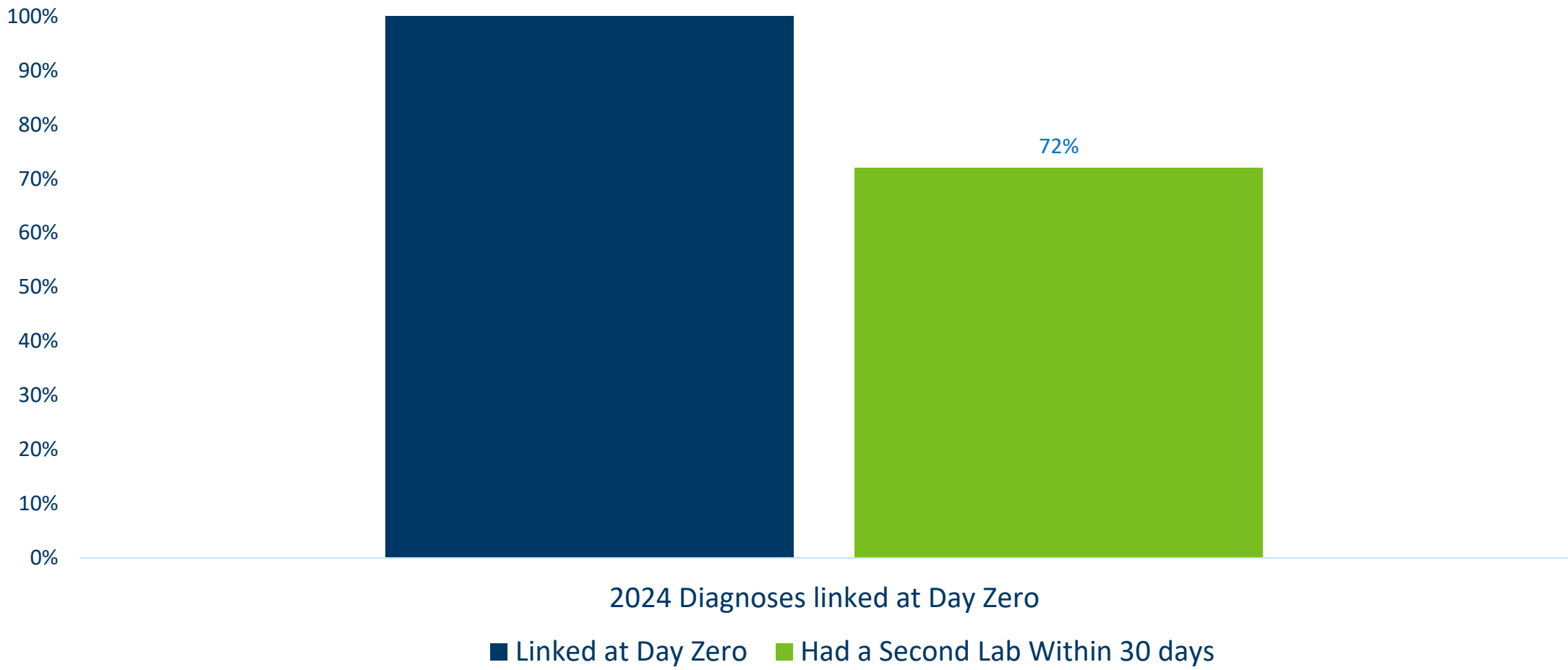


*Viral suppression, as defined by both HRSA and CDC, is ≤200 copies/mL

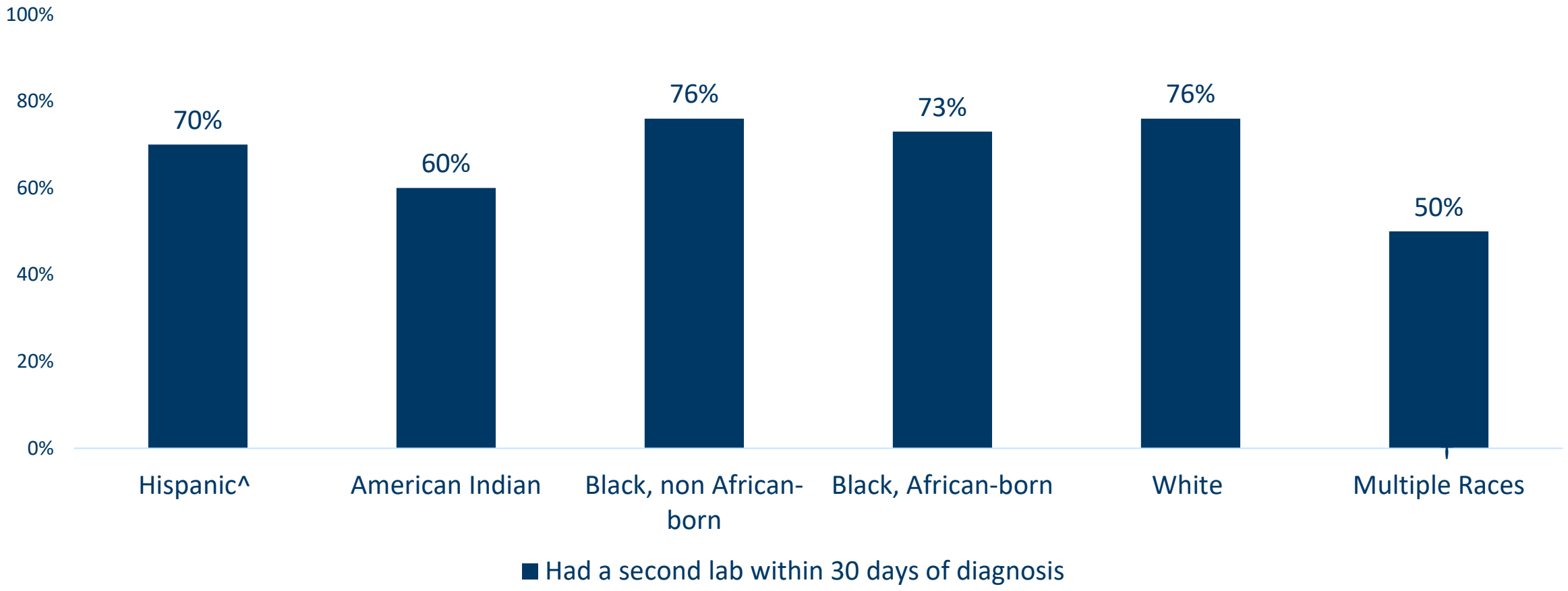
^Defined as having received at least one Ryan White-funded service during 2024. Total Ryan White population makes up 57% of the total HIV prevalent population.

Linkage Day Zero

72% of all new diagnoses in 2024 who were linked to care at “Day Zero” had a second lab within 30 days of diagnosis



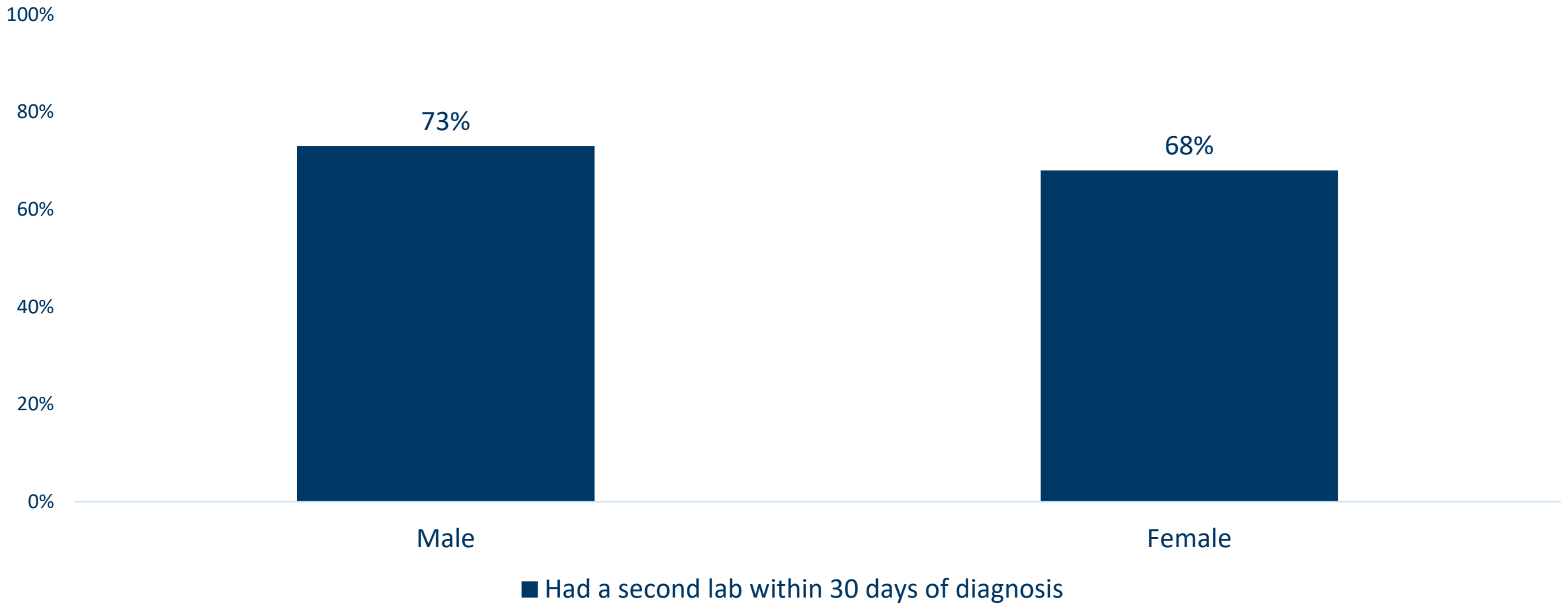
Percentages of those linked at day zero, who had a second lab within 30 days of diagnosis, by race/ethnicity* in Minnesota, 2024



*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.

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

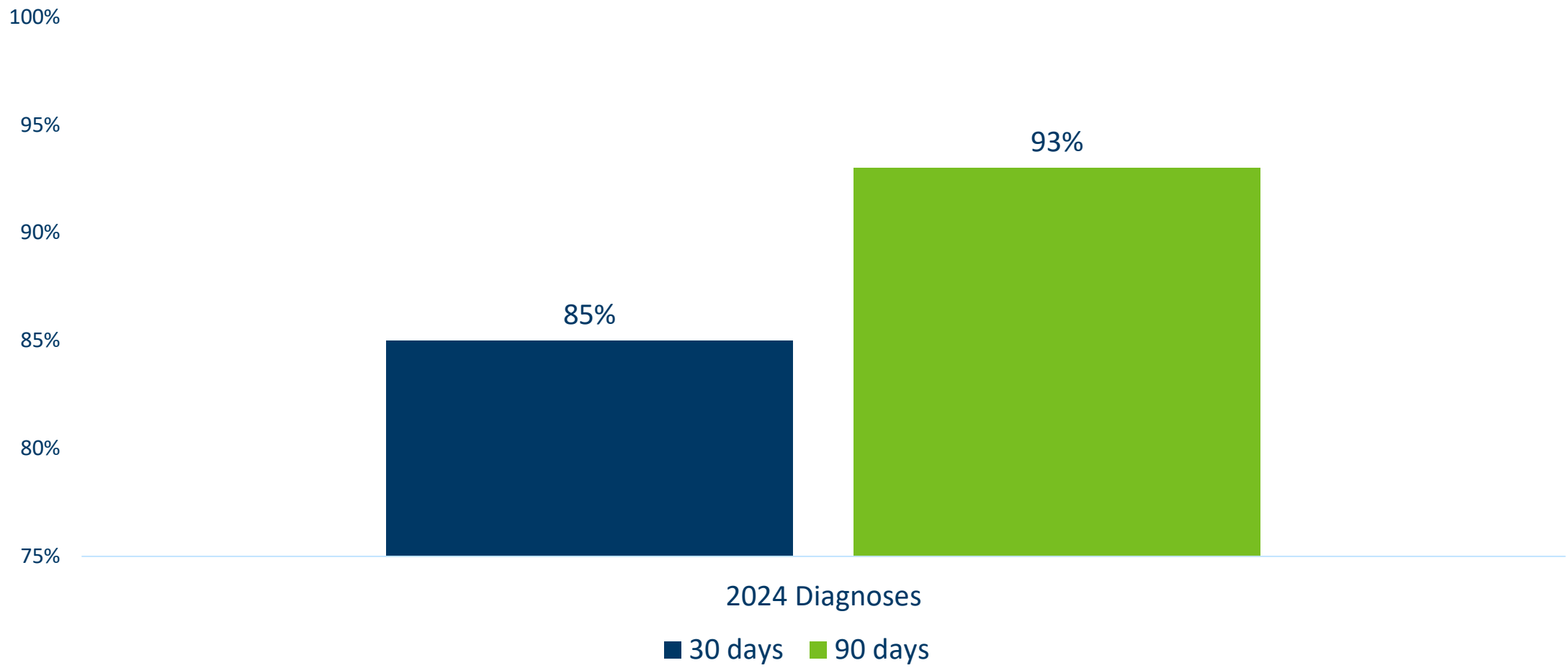
Percentages of those linked at day zero, who had a second lab within 30 days of diagnosis, by sex in Minnesota, 2024



DEPARTMENT OF HEALTH

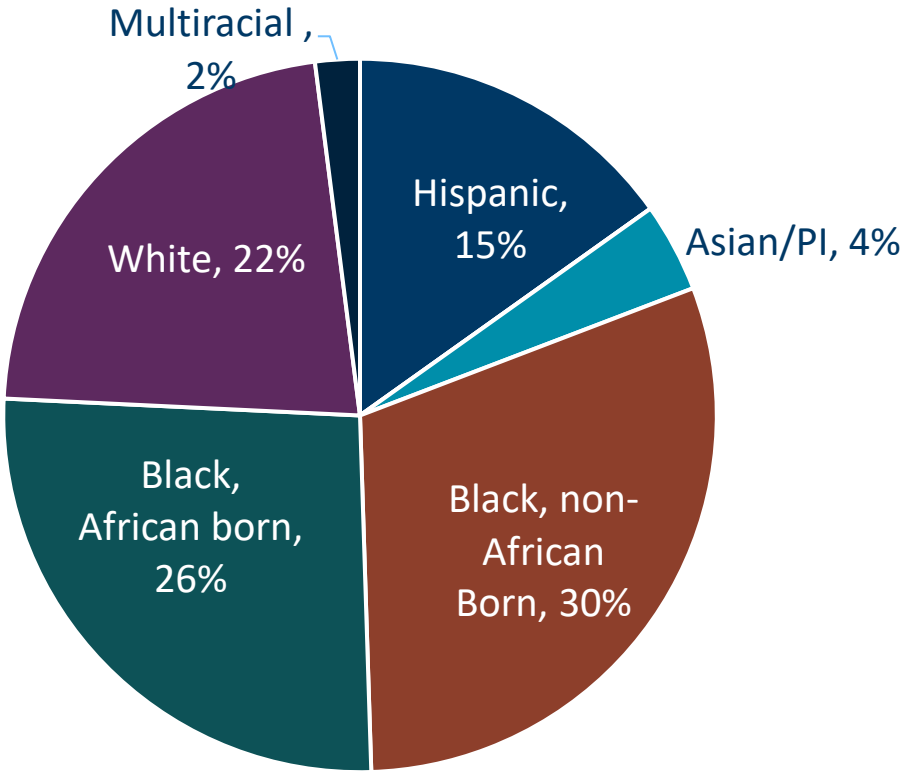
Linkage Analysis

Linkage to care, 2024 diagnoses

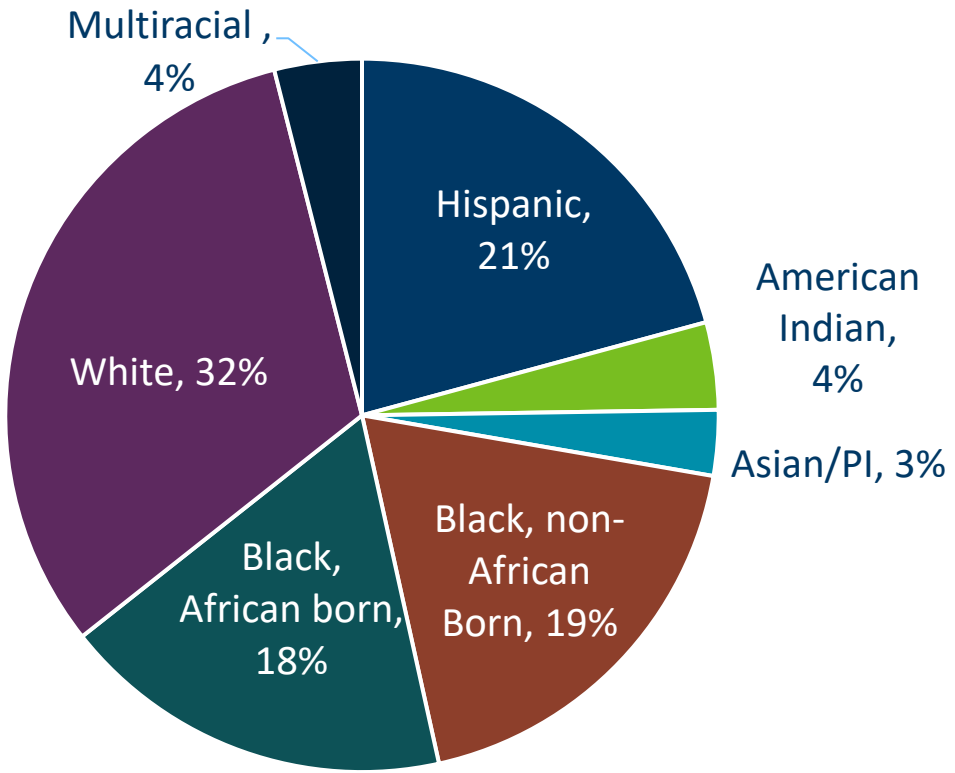


Of all persons not linked to care in 30 days, by race/ethnicity in Minnesota, 2024

Those that did not link to care in 30 days



All New Diagnoses 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.

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

Barriers to linkage to care

- Issues of health insurance
- Delay in enrolling into RW and other available programs
- Appointment availability (>=30 days)
- Limited number of medical providers for HIV care in rural areas
- Access to transportation
- Stigma

Purpose of DIS (Disease Investigation Services)

- Offer case interview and partner notification
- Assist with linkage to care and addressing barriers to care
- Assist partners in accessing HIV testing

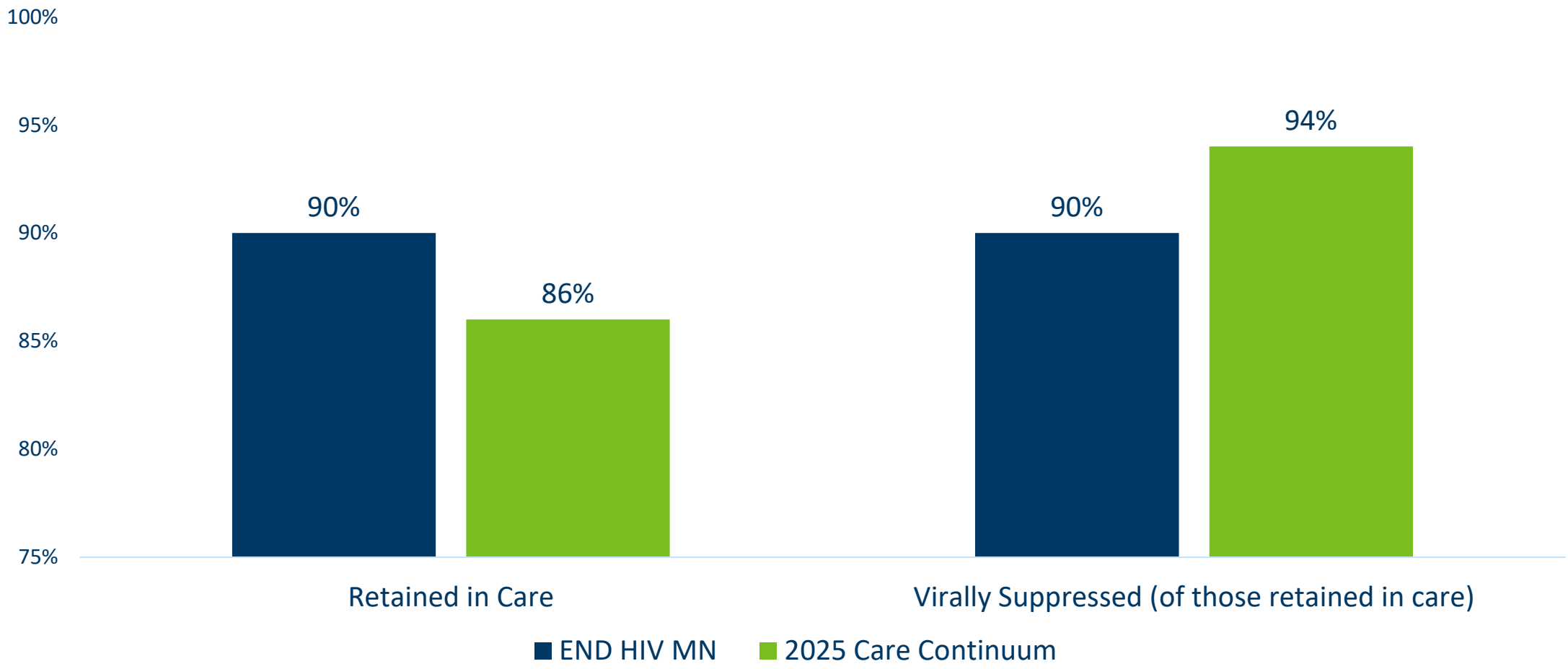
What can providers (medical and community) do to help link cases quickly

- 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

DEPARTMENT OF HEALTH

END HIV MN

How is MN doing in END HIV MN* goals?



*Read more about END HIV MN: [END HIV MN Reports (https://www.health.state.mn.us/diseases/hiv/partners/strategy/reports.html)](https://www.health.state.mn.us/diseases/hiv/partners/strategy/reports.html)

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Thank you.