

## 2020 Early Identification of Individuals with HIV/AIDS

During the 2009 re-authorization of the Ryan White HIV/AIDS Program legislation, coordination of efforts to identify people with HIV (PWH) unaware of their status was written into the responsibilities of Ryan White grant recipients. The Early Identification of Individuals with HIV/AIDS (EIIHA) for Hennepin County, the [Part A recipient](#), involves developing an annual plan to identify PWH unaware of their status in collaboration with the HIV community, HIV service providers, and government partners. This plan extends beyond Ryan White funding streams. The EIIHA workgroup develops strategies that coordinate with other available resources.

This report was prepared for the July 8, 2020, EIIHA community meeting with HIV stakeholders. Each year, Hennepin County Public Health strives to provide better data to inform and empower community members. If you have questions or comments, contact information is available on the final page of the report.

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## Hennpin County Ryan White HIV/AIDS Program

The performance measures related to Early Identification of Individuals with HIV/AIDS (EIIHA) are the first two steps of the HIV care continuum. Early intervention services and outreach services funded by the Ryan White HIV/AIDS Program aim to identify people with HIV (PWH) unaware of their status and link them to HIV medical care within 30 days.

This work often results in identifying PWH who are aware of their HIV status but are not in HIV medical care. These efforts are reported on, even though it is not directly part of EIIHA.



Figure 1: HIV care continuum stages. Credit: Health Resources and Services Administration

## Linkage to care definition

Linkage to care is formally [defined by the HIV/AIDS Bureau \(HAB\)](#)<sup>1</sup> as “Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis.” In addition to measuring linkage to care for newly diagnosed clients, Hennepin County Public Health (HCPH) and its subrecipients<sup>2</sup> track linkage to care for out of care case findings.

The numbers presented here represent all case findings of HCPH’s funded subrecipients, regardless of geography. Though, most of these clients live within the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). The MSP-TGA is the thirteen-county metro area centered on Hennepin County (Minneapolis) and Ramsey County (St. Paul) where people with HIV are eligible to receive Part A funded services. The date ranges represent when a case finding was identified.

## Linkage to care for Hennepin County Public Health managed programs

Population	Jan 1, 2018 – Dec 31, 2018	Jan 1, 2019 – Dec 31, 2019
Newly Diagnosed (Clinical)	88% (22/25)	94% (34/36)
Newly Diagnosed (Community)	82% (14/17)	100% (13/13)
<i>Out of care/previously diagnosed</i>	<i>75% (44/59)</i>	<i>73% (36/49)</i>

Linkage to Care Terminology	Defined
Goal	2019: 90% 2020: 90%
Definition	Percentage of Ryan White clients identified as a case finding through Hennepin County Public Health (HCPH) managed programs and linked to care within 30 days. For the performance measures, a case finding is defined as follows:

<sup>1</sup> Housed within Health Resources and Services Administration (HRSA), the federal funder of the Ryan White HIV/AIDS Program

<sup>2</sup> Subrecipient is the HRSA term for contracted provider. These include healthcare systems and community-based organizations who provide Ryan White services.

Linkage to Care Terminology	Defined
	<ul style="list-style-type: none"> <li>• Newly diagnosed (clinical): initial HIV diagnosis identified in a clinical setting</li> <li>• Newly diagnosed (community): initial HIV diagnosis identified through community outreach</li> <li>• Out of care/previously diagnosed: being found as out of care for at least six months and previously diagnosed with HIV (excludes Data To Care)<sup>3</sup></li> </ul>
Numerator	Number of clients who attended a routine HIV medical care visit within 30 days of the case finding
Denominator	Number of clients identified as a case finding by HCPH managed programs
Time of measure	12 months
Data Source	CAREWare: the database system used by all Ryan White subrecipients to report service, health outcomes, and other data to the recipients.
Service Area(s)	<p>Early Intervention Services, Outreach Services.</p> <p>Note: Beginning in FY2020, outreach services will be merged with early intervention services.</p>
Funding Sources	Part A, Rebate (HCPH managed)
Administator	HCPH
Frequency of Evaluation	Quarterly

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<sup>3</sup> The Data to Care program utilizes HIV surveillance data to contact people with HIV who appear out of HIV medical care according to surveillance. This work can only be conducted by public health departments. The Hennepin County Public Health Clinic (Red Door) is responsible for this work in Hennepin County only.

# HIV and hepatitis A outbreak among people who inject drugs

## HIV outbreak

On February 3, 2020, the Minnesota Department of Health (MDH) issued a [health alert](#) indicating an HIV outbreak among people who inject drugs (PWID) and experience homelessness. Between December 2018 and January 2020, there have been 23 cases associated with the outbreak in Hennepin County and Ramsey County (17 of these in Hennepin County). Many of the individuals are coinfecting with hepatitis C virus (HCV). Typically, there are 0-3 cases of HIV in persons who inject drugs (PWID) per year in these counties. This is a significant increase and has the potential to spread quickly due to blood-to-blood contact. Hennepin County has collaborated with MDH to investigate these cases.

People at high risk for HIV in this outbreak include:

- Sex partners or syringe-sharing partners of people known to be living with HIV
- People who inject drugs, along with their sex partners and needle/equipment sharing partners
- People who exchange sex for income or other items they need
- People who have experienced or are currently experiencing homelessness

## Hepatitis A outbreak

Since May 2019, Minnesota has seen an increase of hepatitis A cases. Typically, Minnesota sees about 20 cases per year mostly associated with international travel. As of June 5, 2020, there have been 114 cases and one death associated with the outbreak related to drug use. Cases have occurred in east central Minnesota, northeast Minnesota, and in the metro area (41 of these in Hennepin County).

## Response

Hennepin County Public Health set up Incident Command Systems (ICS) to manage resources, share information, and coordinate activities for the HIV and hepatitis A outbreaks. On March 9, 2020, Hennepin County Public Health merged the HIV outbreak ICS and the hepatitis A ICS into one emergency response.

## Resources

- Protect yourself from HIV flyers: [2 per page flyer](#), [4 per page flyer](#)
- Protect yourself from HIV posters: [8.5X11 poster](#), [11X17 poster](#)

For additional information about the HIV outbreak, contact:

Jonathan Hanft

Ryan White HIV/AIDS Program

Hennepin County Public Health

[Jonathan.Hanft@hennepin.us](mailto:Jonathan.Hanft@hennepin.us)

612-348-5964

## Preliminary HIV incidence statistics for the Minneapolis-St. Paul Transitional Grant Area

This preliminary HIV incidence data only includes the data for the eleven Minnesota counties of the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). There are two additional counties in western Wisconsin. This data comes from the Minnesota Department of Health's HIV surveillance system: eHARS, the enhanced HIV/AIDS Reporting System. This preliminary release of data is subject to change in the official HIV statistics report released by Hennepin County Public Health later in 2020 after further analysis and the addition of Wisconsin HIV epidemiological data. The tables below breakouts that include smaller demographic groups. Case numbers less than 12, and rates and trends based on these numbers, should be interpreted with caution. It is recommended that trends are only examined for larger demographic groups.

*From 2010 to 2019, new HIV diagnoses has fallen by 80 cases from 306 to 226.*

The past ten years have seen a successful decline in HIV incidence (the number of new HIV diagnoses). This success is driven by success among a single demographic group: white men who have sex with men (MSM). While this success should be noted, it leaves work to be done in addressing health disparities among people of color.

### Where are people with HIV diagnosed?

The earlier part of this report focused on the efforts of the Ryan White HIV/AIDS Program to identify people with HIV unaware of their HIV status. However, most new HIV diagnoses are identified outside of Ryan White funded efforts. The Patient Protection and Affordable Care Act required health insurance plans to cover the full cost of HIV tests. In turn, people are often tested and diagnosed as part of a medical visit – not community testing that is funded by Hennepin County or other government partners.

### Late testing

Late testers are defined as anyone with an AIDS diagnosis within one year of their initial HIV diagnosis.<sup>4</sup> Late testing breakouts for the four largest race/ethnicities are provided in the second and third table below.

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<sup>4</sup> Find more information on the Minnesota Department of Health HIV/AIDS Statistics website: <https://www.health.state.mn.us/diseases/hiv/stats/>

## HIV incidence by race/ethnicity 2010 – 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races)	28	24	41	23	30	24	21	29	31	34
White, not Hispanic	136	116	105	116	123	100	95	75	81	74
Black or African American, not Hispanic (not African-born)	73	56	69	66	60	65	55	57	57	59
Black, not Hispanic (African-born)	38	50	39	43	48	60	66	48	41	35
Asian/Pacific Islander, not Hispanic	5	4	5	6	7	11	12	7	7	9
American Indian, not Hispanic	8	4	5	3	3	1	1	2	3	8
Multi-racial, not Hispanic	18	11	8	10	8	8	8	13	7	6
Other/Unknown	-	-	-	-	1	2	-	-	3	1
<b>Total</b>	<b>306</b>	<b>265</b>	<b>272</b>	<b>267</b>	<b>280</b>	<b>271</b>	<b>258</b>	<b>231</b>	<b>230</b>	<b>226</b>

Among whites, the incidence has been nearly halved from 2010 to 2019. The incidence among American Indians, Asian/Pacific Islanders, and people who are multi-racial is small and unstable, so a conclusion cannot be drawn about the trend. Incidence among Hispanic, Black or African Americans (not African-born), and Black (African-born) people, over the past ten years, has seen inclines and declines, with no clear trends. The decline among whites but no other race/ethnicities is a significant health disparity that must be addressed to end the HIV epidemic.

According to the Minnesota Department of Health, it is possible that incidence among African-born Black populations remain high, because those transmissions could have occurred outside of the United States. Black (African-born) populations have high numbers of late testers. This is a possible explanation for other foreign-born cases in non-white racial/ethnic groups with high, stable incidence.

## HIV incidence for select race/ethnicities stratified by late testing status 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Hispanic (all Races)</b>	<b>28</b>	<b>24</b>	<b>41</b>	<b>23</b>	<b>30</b>	<b>24</b>	<b>21</b>	<b>29</b>	<b>31</b>	<b>34</b>
Late Tester	10	11	11	8	4	6	5	8	5	8
Not Late Tester	18	13	30	15	26	18	16	21	26	26
<b>White, not Hispanic</b>	<b>136</b>	<b>116</b>	<b>105</b>	<b>116</b>	<b>123</b>	<b>100</b>	<b>95</b>	<b>75</b>	<b>81</b>	<b>74</b>
Late Tester	29	27	24	35	29	22	15	16	18	12
Not Late Tester	107	89	81	81	94	78	80	59	63	62
<b>Black or African American, not Hispanic (not African-born)</b>	<b>73</b>	<b>56</b>	<b>69</b>	<b>66</b>	<b>60</b>	<b>65</b>	<b>55</b>	<b>57</b>	<b>57</b>	<b>59</b>
Late Tester	13	7	19	12	7	8	9	11	13	14
Not Late Tester	60	49	50	54	53	57	46	46	44	45
<b>Black, not Hispanic (African-born)</b>	<b>38</b>	<b>50</b>	<b>39</b>	<b>43</b>	<b>48</b>	<b>60</b>	<b>66</b>	<b>48</b>	<b>41</b>	<b>35</b>
Late Tester	9	14	12	12	14	13	17	9	11	10
Not Late Tester	29	36	27	31	34	47	49	39	30	25



## HIV incidence for select race/ethnicities stratified by late testing status percentage 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Hispanic (all Races)</b>	<b>28</b>	<b>24</b>	<b>41</b>	<b>23</b>	<b>30</b>	<b>24</b>	<b>21</b>	<b>29</b>	<b>31</b>	<b>34</b>
Late Tester Percentage	36%	46%	27%	35%	13%	25%	24%	28%	16%	24%
Not Late Tester Percentage	64%	54%	73%	65%	87%	75%	76%	72%	84%	76%
<b>White, not Hispanic</b>	<b>136</b>	<b>116</b>	<b>105</b>	<b>116</b>	<b>123</b>	<b>100</b>	<b>95</b>	<b>75</b>	<b>81</b>	<b>74</b>
Late Tester Percentage	21%	23%	23%	30%	24%	22%	16%	21%	22%	16%
Not Late Tester Percentage	79%	77%	77%	70%	76%	78%	84%	79%	78%	84%
<b>Black or African American, not Hispanic (not African-born)</b>	<b>73</b>	<b>56</b>	<b>69</b>	<b>66</b>	<b>60</b>	<b>65</b>	<b>55</b>	<b>57</b>	<b>57</b>	<b>59</b>
Late Tester Percentage	18%	13%	28%	18%	12%	12%	16%	19%	23%	24%
Not Late Tester Percentage	82%	88%	72%	82%	88%	88%	84%	81%	77%	76%
<b>Black, not Hispanic (African-born)</b>	<b>38</b>	<b>50</b>	<b>39</b>	<b>43</b>	<b>48</b>	<b>60</b>	<b>66</b>	<b>48</b>	<b>41</b>	<b>35</b>
Late Tester Percentage	24%	28%	31%	28%	29%	22%	26%	19%	27%	29%
Not Late Tester Percentage	76%	72%	69%	72%	71%	78%	74%	81%	73%	71%

## HIV incidence among men by race/ethnicity 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races)	27	19	35	18	25	21	19	26	28	30
White, not Hispanic	119	105	98	105	111	91	84	61	65	61
Black or African American, not Hispanic (not African-born)	55	38	52	52	46	50	44	46	46	48
Black, not Hispanic (African-born)	17	16	18	10	20	22	33	21	19	10
Asian/Pacific Islander, not Hispanic	4	4	5	4	6	9	10	6	7	6
American Indian, not Hispanic	5	3	2	2	1	-	1	2	3	3
Multi-racial, not Hispanic	15	9	6	6	7	7	5	10	5	4
Other/Unknown	-	-	-	-	1	1	-	-	2	1
<b>Total</b>	<b>242</b>	<b>194</b>	<b>216</b>	<b>197</b>	<b>217</b>	<b>201</b>	<b>196</b>	<b>172</b>	<b>175</b>	<b>163</b>

Men in this table refers to sex assigned at birth, not gender identity.

## HIV incidence among men who have sex with men (MSM) by race/ethnicity 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races)	21	15	28	13	17	14	13	21	25	26
White, not Hispanic	100	95	82	86	94	80	70	51	52	52
Black or African American, not Hispanic (not African-born)	37	26	35	29	24	33	29	33	34	28
Black, not Hispanic (African-born)	4	-	3	2	1	2	5	2	3	-
Asian/Pacific Islander, not Hispanic	2	2	4	2	5	7	5	5	4	3
American Indian, not Hispanic	5	2	1	-	1	-	-	1	1	-
Multi-racial, not Hispanic	10	7	6	6	6	6	5	9	4	3
Other/Unknown	-	-	-	-	1	-	-	-	1	-
<b>Total</b>	<b>179</b>	<b>147</b>	<b>159</b>	<b>138</b>	<b>149</b>	<b>142</b>	<b>127</b>	<b>122</b>	<b>124</b>	<b>112</b>

Like the previous table, men in this table refers to sex assigned at birth, not gender identity. Sex assigned at birth is used to align with the Centers for Disease Control and Prevention (CDC) definition of MSM. As mentioned in the race/ethnicity table, HIV incidence among whites has been nearly halved. Here, we learn that this decline is driven by white MSM. While this public health success is noteworthy, HIV incidence among Hispanic MSM and Black (not African-born) MSM remains stubbornly stable. Addressing these health disparities is key to ending the HIV epidemic in the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). Based on this data, Hennepin County Public Health recommends Hispanic MSM and Black (not African-born) MSM as EIIHA priority populations.

## HIV incidence among men (not MSM) by race/ethnicity 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races)	6	4	7	5	8	7	6	5	3	4
White, not Hispanic	19	10	16	19	17	11	14	10	13	9
Black or African American, not Hispanic (not African-born)	18	12	17	23	22	17	15	13	12	20
Black, not Hispanic (African-born)	13	16	15	8	19	20	28	19	16	10
Asian/Pacific Islander, not Hispanic	2	2	1	2	1	2	5	1	3	3
American Indian, not Hispanic	-	1	1	2	-	-	1	1	2	3
Multi-racial, not Hispanic	5	2	-	-	1	1	-	1	1	1
Other/Unknown	-	-	-	-	-	1	-	-	1	1
<b>Total</b>	<b>63</b>	<b>47</b>	<b>57</b>	<b>59</b>	<b>68</b>	<b>59</b>	<b>69</b>	<b>50</b>	<b>51</b>	<b>51</b>

This table examines HIV Incidence among men who are not MSM. Again, you see a decline among whites, with other race/ethnicities remaining stable. Among the four largest race/ethnicities, Blacks (African-born) are unique that most infections among men occur through heterosexual contact. Hennepin County Public Health recommends including Black (African-born) men and Black (not African-born) men as EIIHA priority populations. The next two tables detail how MSM status is observed in male populations for the four largest race/ethnicities.

## HIV incidence among men for select race/ethnicities stratified by MSM status 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Hispanic (all Races)</b>	<b>27</b>	<b>19</b>	<b>35</b>	<b>18</b>	<b>25</b>	<b>21</b>	<b>19</b>	<b>26</b>	<b>28</b>	<b>30</b>
MSM	21	15	28	13	17	14	13	21	25	26
Not MSM	6	4	7	5	8	7	6	5	3	4
<b>White, not Hispanic</b>	<b>119</b>	<b>105</b>	<b>98</b>	<b>105</b>	<b>111</b>	<b>91</b>	<b>84</b>	<b>61</b>	<b>65</b>	<b>61</b>
MSM	100	95	82	86	94	80	70	51	52	52
Not MSM	19	10	16	19	17	11	14	10	13	9
<b>Black or African American, not Hispanic (not African-born)</b>	<b>55</b>	<b>38</b>	<b>52</b>	<b>52</b>	<b>46</b>	<b>50</b>	<b>44</b>	<b>46</b>	<b>46</b>	<b>48</b>
MSM	37	26	35	29	24	33	29	33	34	28
Not MSM	18	12	17	23	22	17	15	13	12	20
<b>Black, not Hispanic (African-born)</b>	<b>17</b>	<b>16</b>	<b>18</b>	<b>10</b>	<b>20</b>	<b>22</b>	<b>33</b>	<b>21</b>	<b>19</b>	<b>10</b>
MSM	4	-	3	2	1	2	5	2	3	-
Not MSM	13	16	15	8	19	20	28	19	16	10

## HIV incidence among men for select race/ethnicities stratified by MSM status percentage 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Hispanic (all Races)</b>	<b>27</b>	<b>19</b>	<b>35</b>	<b>18</b>	<b>25</b>	<b>21</b>	<b>19</b>	<b>26</b>	<b>28</b>	<b>30</b>
MSM	78%	79%	80%	72%	68%	67%	68%	81%	89%	87%
Not MSM	22%	21%	20%	28%	32%	33%	32%	19%	11%	13%
<b>White, not Hispanic</b>	<b>119</b>	<b>105</b>	<b>98</b>	<b>105</b>	<b>111</b>	<b>91</b>	<b>84</b>	<b>61</b>	<b>65</b>	<b>61</b>
MSM	84%	90%	84%	82%	85%	88%	83%	84%	80%	85%
Not MSM	16%	10%	16%	18%	15%	12%	17%	16%	20%	15%
<b>Black or African American, not Hispanic (not African-born)</b>	<b>55</b>	<b>38</b>	<b>52</b>	<b>52</b>	<b>46</b>	<b>50</b>	<b>44</b>	<b>46</b>	<b>46</b>	<b>48</b>
MSM	67%	68%	67%	56%	52%	66%	66%	72%	74%	58%
Not MSM	33%	32%	33%	44%	48%	34%	34%	28%	26%	42%
<b>Black, not Hispanic (African-born)</b>	<b>17</b>	<b>16</b>	<b>18</b>	<b>10</b>	<b>20</b>	<b>22</b>	<b>33</b>	<b>21</b>	<b>19</b>	<b>10</b>
MSM	24%	0%	17%	20%	5%	9%	15%	10%	16%	0%
Not MSM	76%	100%	83%	80%	95%	91%	85%	90%	84%	100%

## HIV incidence among women by race/ethnicity 2010 - 2019

Race/Ethnicity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races)	1	5	6	5	5	3	2	3	3	4
White, not Hispanic	17	11	7	11	12	9	11	14	16	13
Black or African American, not Hispanic (not African-born)	18	18	17	14	14	15	11	11	11	11
Black, not Hispanic (African-born)	21	34	21	33	28	38	33	27	22	25
Asian/Pacific Islander, not Hispanic	1	-	-	2	1	2	2	1	-	3
American Indian, not Hispanic	3	1	3	1	2	1	-	-	-	5
Multi-racial, not Hispanic	3	2	2	4	1	1	3	3	2	2
Other/Unknown	-	-	-	-	-	1	-	-	1	-
<b>Total</b>	<b>64</b>	<b>71</b>	<b>56</b>	<b>70</b>	<b>63</b>	<b>70</b>	<b>62</b>	<b>59</b>	<b>55</b>	<b>63</b>

While most HIV infections occur among men, HIV disproportionately affects women of color. This is particularly pronounced among Black (African-born) women – the only of the four largest racial/ethnic groups to have more HIV infections among women than men. Hennepin County Public Health recommends Black (African-born) women as an EIIHA priority population.

## HIV incidence by gender identity 2010 - 2019

Gender Identity	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Men	237	189	214	194	212	196	191	166	172	153
Women	64	71	56	70	63	70	60	55	54	62
Transmen	-	-	-	-	-	-	2	4	1	1
Transwomen	5	5	2	3	4	5	5	5	3	8
Other gender identity	-	-	-	-	1	-	-	1	-	2
<b>Total</b>	<b>306</b>	<b>265</b>	<b>272</b>	<b>267</b>	<b>280</b>	<b>271</b>	<b>258</b>	<b>231</b>	<b>230</b>	<b>226</b>

When examining HIV incidence among gender identity, note that any transgender number from HIV surveillance data is likely an undercount. Medical records are the primary source of information for most data systems at the Minnesota Department of Health (including HIV surveillance), and gender identity is not consistently documented in medical records. The HIV surveillance team reviews chart notes for every new case, and the HIV disease investigator asks every new case who consents to interview about gender identity. However, that information is not always available or complete.

With HIV surveillance lacking completeness, HIV services for transgender/gender minority populations is informed through community engagement. Based on this qualitative data, including the recommendation of the [Disparities Elimination Committee, of the Minnesota Council for HIV Care and Prevention](#), Hennepin County Public Health recommends transgender/gender minority populations as an EIIHA priority population.



## HIV incidence by age group 2010 - 2019

Age Group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Less than 13	5	3	5	6	2	2	4	1	-	-
13 – 19	16	10	5	10	16	10	14	6	4	8
20 – 24	55	40	46	36	37	49	48	38	26	30
25 – 29	48	46	47	49	45	46	41	43	50	48
30 – 34	40	33	44	36	43	35	36	29	36	40
35 – 39	32	34	26	20	39	42	35	23	38	35
40 – 49	65	68	63	51	58	42	44	46	44	27
50+	45	31	36	59	40	45	36	45	32	38
<b>Total</b>	<b>306</b>	<b>265</b>	<b>272</b>	<b>267</b>	<b>280</b>	<b>271</b>	<b>258</b>	<b>231</b>	<b>230</b>	<b>226</b>

In recent years, HIV infections among children, including perinatal transmission, have become rare – a clear public health success. Additionally, HIV diagnoses remain rare among teens. HIV diagnoses have declined among those who are 20 – 24 but are still a significant age group for new HIV diagnoses. New HIV diagnoses are high among people who are 25 – 39. There has been a significant decline in HIV diagnoses among people in their 40s. Finally, diagnoses among older adults (50+) averages around 40 diagnoses each year.

## HIV incidence among men who have sex with men (MSM) by age group 2010 - 2019

Age Group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
13 – 19	10	10	1	5	8	7	8	4	4	8
20 – 24	46	29	42	25	27	37	33	28	20	19
25 – 29	30	27	31	23	30	28	29	28	36	30
30 – 34	19	19	18	22	22	18	16	14	19	18
35 – 39	19	16	18	10	16	14	10	16	15	17
40 – 49	38	34	33	23	25	23	20	16	17	9
50+	17	12	16	30	21	15	11	16	13	11
<b>Total</b>	<b>179</b>	<b>147</b>	<b>159</b>	<b>138</b>	<b>149</b>	<b>142</b>	<b>127</b>	<b>122</b>	<b>124</b>	<b>112</b>

The Health Resources and Services Administration (HRSA), the Federal funder of the Ryan White HIV/AIDS Program, has provided guidance to focus on young men who have sex with men (MSM). HRSA defines young MSM as 13 – 24. In Minnesota, young MSM is not where diagnoses among MSM are concentrated. Instead, this is among MSM who are in their late 20s, with infections trailing off into their 40s.

Based on this information, Hennepin County would recommend prioritizing MSM ages 20-39. As shown in the next table, this priority group is not mutually exclusive to the already recommended Hispanic MSM and Black (not African-born) MSM priority groups.

## HIV incidence among MSM ages 20-39 by race/ethnicity 2010 – 2019

Age Group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Hispanic (all Races) MSM	17	10	23	8	11	9	8	17	19	21
White, not Hispanic	52	55	45	42	56	49	47	31	31	34
Black or African American, not Hispanic (not African-born) MSM	27	18	28	24	19	29	23	24	28	25
All other race/ethnicities	18	8	13	6	9	10	10	14	12	4
<b>Total</b>	<b>114</b>	<b>91</b>	<b>109</b>	<b>80</b>	<b>95</b>	<b>97</b>	<b>88</b>	<b>86</b>	<b>90</b>	<b>84</b>

## Recommended EIIHA priority populations

In summary, based on the HIV outbreak, incidence data, and community engagement before the July 8, 2020, EIIHA meeting, Hennepin County Public Health would recommend prioritizing these populations within the Minneapolis-St. Paul Transitional Grant Area:

- People who inject drugs
- Men who have sex with men (MSM) ages 20-39
- Hispanic MSM
- Black (not African-born) men, both MSM and not MSM
- Black (African-born) men
- Black (African-born) women
- Transgender/gender minorities (transwomen, transmen, and other gender identities)

## Contact

Ryan White HIV/AIDS Program  
525 Portland Ave MC L963  
Minneapolis, MN 55415  
612-348-7414

[RyanWhite@hennepin.us](mailto:RyanWhite@hennepin.us)

<https://www.hennepin.us/business/work-with-henn-co/ryan-white-hiv-services>

July 2, 2020

To obtain this information in a different format, call: 612-348-7414.