

Indicator: HIV infection rate per 100,000 population

Overview

Why is this indicator important?

Human Immunodeficiency Virus (HIV) infects the cells of the immune system, destroying them and weakening the body's ability to fight other infections or diseases. The most advanced stage of HIV infection is *Acquired Immunodeficiency Syndrome (AIDS)*. Without proper medical treatment, AIDS is a fatal condition.

How are we doing?

- In 2016 the majority of *new HIV infections* were found in young adults 20-24 years old and adults 25-29 and 30-34 years old.
- HIV infection is disproportionately found in minority populations, especially the *Black/African American* population.
- *Men who have sex with men (MSM)* are at the greatest risk for acquiring HIV infection. The MSM risk factor for acquiring HIV infection accounted for 43% of new HIV cases in 2016. Persons who were both injection drug users (IDU) and MSM accounted for 9% of new cases; heterosexual contact accounted for another 10% of new cases.

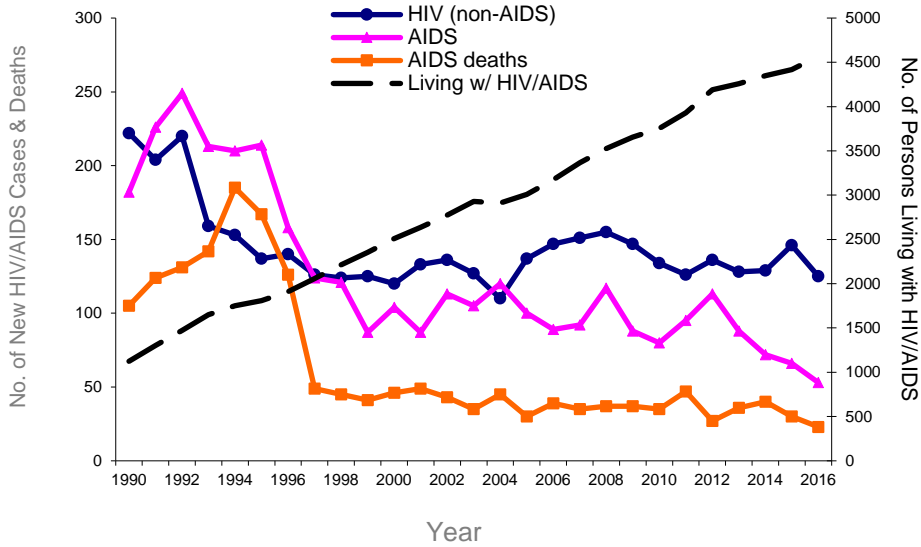
Data Source: Minnesota Department of Health – HIV/AIDS Annual Surveillance Data, 2016

| Population | | Rate per 100,000 | Number of Cases* |
|---|------------------------------------|------------------|------------------|
| Hennepin County population overall | | 13 | 149 |
| Race/Ethnicity | American Indian | 0 | 0 |
| | Asian/Pacific Islander | 6 | 6 |
| | Black/African American | 39 | 65 |
| | White | 7 | 63 |
| | Hispanic/Latino | 15 | 12 |
| Age Groups | Under 10 years | 1 | 1 |
| | 10-14 years | 0 | 0 |
| | 15-19 years | 6 | 4 |
| | 20-24 years | 33 | 28 |
| | 25-29 years | 27 | 27 |
| | 30-34 years | 27 | 23 |
| | 35-39 years | 22 | 17 |
| | 40-44 years | 18 | 14 |
| | 45-49 years | 16 | 14 |
| | 50-54 years | 12 | 10 |
| | 55-59 years | 8 | 6 |
| 60 years or over | 3 | 9 | |
| Risk Behaviors | MSM* | --- | 65 |
| | Intravenous drug user (IDU) & MSM* | --- | 14 |

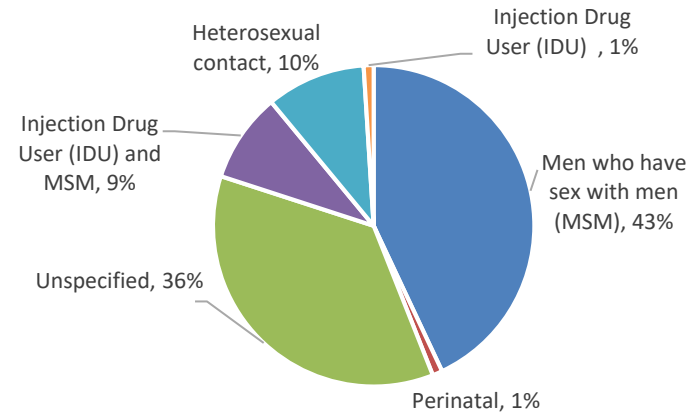
*See Technical Notes for information on the data source, limitations on reporting, and the definitions of the variables.

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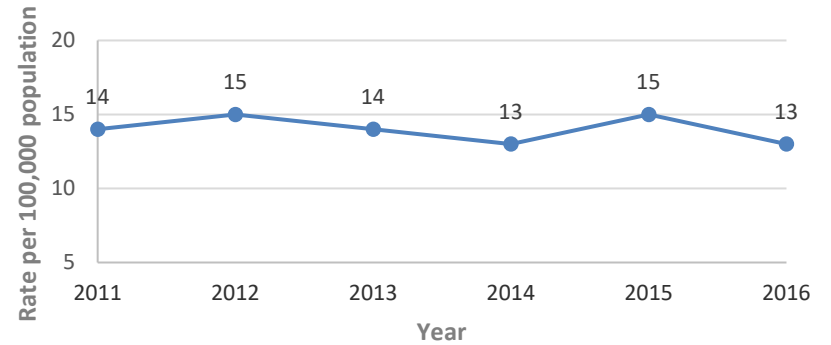
**HIV/AIDS in Hennepin County:
Number of New Cases, Prevalent Cases, and Deaths by
Year, 1990-2016**



Mode of Transmission for New HIV Infections in Hennepin County, 2016



HIV Incidence Rates in Hennepin County, 2011-2016



Indicator: HIV infection rate per 100,000 population

Technical Notes

Definition of indicator: Hennepin County's HIV infection rate per 100,000 population includes people newly diagnosed with HIV or AIDS within a given calendar year. The infection rate does not count existing cases of people diagnosed with HIV or AIDS or people whose HIV status has changed into a diagnosis of AIDS.

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of HIV/AIDS to the Minnesota Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health (HSPHD) receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using 2010 US Census Bureau population estimates, except for rates by race. Rates by race are calculated using the US Census Bureau's Bridged Population Estimates as the base for the rates per 100,000 population. This information is reported in the Hennepin County Annual HIV/AIDS Surveillance Report. Additional information about HIV/AIDS in Hennepin County can be found at <http://www.hennepin.us/epiupdates>.

Importance of this indicator: HIV infects the cells of the immune system, destroying them (or impairing their function) and weakening the body's ability to fight other infections or diseases. The most advanced stage of HIV infection is AIDS. Without proper medical treatment, AIDS is a fatal condition. Fifty one percent of the new HIV/AIDS cases reported in Minnesota in 2016 were among Hennepin County residents.

Health disparities: Men who have sex with men (MSM) are at the greatest risk for acquiring HIV infection. The MSM risk factor for acquiring HIV infection accounted for 43% of new HIV cases in 2016. Persons who were both injection drug users (IDU) and MSM accounted for 9% of new cases; heterosexual contact accounted for another 10% of new cases. HIV infection is disproportionately found in minority populations, especially the Black/African American population.

Special notes on reporting rates by race/ethnicity: The rate reported for Black/African Americans combines members from both the US-born and African-born communities; rates would be expected to be different for these two sub-groups.

Special notes on location of residence: The number of cases and rates per 100,000 population reported for new HIV infections differs notably by location of residence. For new cases of HIV, the rate for Minneapolis was 24 cases per 100,000 population compared to 13 cases per 100,000 population for Hennepin County overall. Minneapolis residents comprised 91 of the 149 cases of new HIV reported in Hennepin County in 2016.

Special notes on calculating population rates for HIV/AIDS for risk behaviors: Currently, Hennepin County HSPHD is not reporting rates per population for groups engaging in practices or behaviors that are known to be risk factors for HIV. The estimates for the base populations are not considered "robust" enough to provide an accurate or consistent basis for calculating the population rates. Hennepin County HSPHD will continue to work with MDH to develop more consist sources for building population estimates for creating and reporting these rates.

Special notes on reporting population rates versus numbers of cases for relatively small populations: Both the rate and the actual number of cases have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the rate reported may be very high, where the actual number of cases is relatively small. Both of these statistics (rate and number of cases) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-group.