HIV/AIDS in Minnesota:
New HIV Infection, HIV (non-AIDS) and AIDS Cases by Year, 2003-2012

*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year.

^Includes all new cases of AIDS diagnosed within a given calendar year, including AIDS at first diagnosis. This includes refugees in the HIV+ Resettlement Program, as well as, other refugee/immigrants diagnosed with AIDS subsequent to their arrival in the United States.

Data Source: Minnesota HIV/AIDS Surveillance System
Estimated Number of Persons Living with HIV/AIDS in Minnesota

- As of December 31, 2012, 7,516* persons are assumed alive and living in Minnesota with HIV/AIDS
  - 3,974 living with HIV infection (non-AIDS)
  - 3,542 living with AIDS

* This number includes persons who reported Minnesota as their current state of residence, regardless of residence at time of diagnosis. Includes state prisoners and refugees arriving through the HIV+ Refugee Resettlement Program, as well as HIV+ refugee/immigrants arriving through other programs.

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections† by County of Residence at Diagnosis, 2012

Number of Infections

- None
- 1-2
- 3-5
- 6-14
- 15-53
- 54-180

City of Minneapolis – 123
City of St. Paul – 44
Suburban† – 94
Greater Minnesota - 54
Total number = 315

*Counties in which a state correctional facility is located
# 7-county metro area, excluding the cities of Minneapolis and St. Paul
†HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections† by County of Residence at Diagnosis, 2012
Seven-County Metro Area

Number of Infections
- None
- 1-2
- 3-5
- 6-14
- 15-53
- 54-180

City of Minneapolis – 123
City of St. Paul – 44
Suburban* – 94

Total number (Metro only) = 261

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* in Minnesota by Residence at Diagnosis, 2012

Total Number = 315

- Minneapolis: 39%
- Suburban: 30%
- Greater MN: 17%
- St. Paul: 14%

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties, outside the seven-county metro area.

* HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* in Minnesota by Gender and Residence at Diagnosis, 2012

Males (n = 255)
- Greater MN 17%
- Minneapolis 43%
- Suburban 27%
- St. Paul 13%

Females (n = 60)
- Greater MN 17%
- Minneapolis 23%
- Suburban 42%
- St. Paul 18%

Data Source: Minnesota HIV/AIDS Surveillance System
Gender and Race/Ethnicity
HIV Infections* by Gender and Year of Diagnosis, 1996 - 2012

* HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* Diagnosed in Year 2012 and General Population in Minnesota by Race/Ethnicity

HIV Diagnoses (n = 315)

- White: 44%
- Afr Amer: 24%
- Afr born: 13%
- Hispanic: 12%
- Amer Ind: 3%
- Other: 1%
- Asian: 2%

Population† (n = 5,303,925)

- White: 83%
- Afr Amer: 4%
- Afr born: 1%
- Hispanic: 5%
- Amer Ind: 1%
- Asian: 1%
- Other: 4%

* HIV or AIDS at first diagnosis
† Population estimates based on 2010 U.S. Census data.

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* Diagnosed in Year 2012 by Gender and Race/Ethnicity

Males (n = 255)

- White: 50%
- Afr Amer: 24%
- Afr born: 7%
- Hispanic: 14%
- Amer Ind: 2%
- Other: 1%
- Asian: 2%

Females (n = 60)

- White: 18%
- Afr Amer: 28%
- Afr born: 37%
- Hispanic: 7%
- Amer Ind: 8%
- Other: 2%
- Asian: 0%

* HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System

n = Number of persons    Afr Amer = African American (Black, not African-born persons)
Afr born = African-born (Black, African-born persons)    Amer Ind = American Indian
Other = Multi-racial persons or persons with unknown race    HIV/AIDS in Minnesota: Annual Review
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
<th>%</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>139</td>
<td>44%</td>
<td>3.2</td>
</tr>
<tr>
<td>Black, African-American</td>
<td>77</td>
<td>24%</td>
<td>39.2</td>
</tr>
<tr>
<td>Black, African-born</td>
<td>41</td>
<td>13%</td>
<td>56.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39</td>
<td>12%</td>
<td>15.6</td>
</tr>
<tr>
<td>American Indian</td>
<td>10</td>
<td>3%</td>
<td>18.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5</td>
<td>2%</td>
<td>2.3</td>
</tr>
<tr>
<td>Other^</td>
<td>4</td>
<td>1%</td>
<td>x</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>315</td>
<td>100%</td>
<td>5.9</td>
</tr>
</tbody>
</table>

* HIV or AIDS at first diagnosis; 2010 U.S. Census Data used for rate calculations.

† “African-born” refers to Blacks who reported an African country of birth; “African American” refers to all other Blacks.

†† Estimate of 72,930. Source: Retrieved from MNCompass.org on 3/22/12. Additional calculations by the State Demographic Center.

^ Other = Multi-racial persons or persons with unknown race.

Data Source: Minnesota HIV/AIDS Surveillance System
### Number of Cases and Rates (per 100,000 persons) of Adult and Adolescent* HIV Infection by Gender/Risk†, Minnesota, 2012

<table>
<thead>
<tr>
<th>Gender/Risk</th>
<th>Cases</th>
<th>%</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men (Total)</td>
<td>(254)</td>
<td>81%</td>
<td>11.8</td>
</tr>
<tr>
<td>MSM†</td>
<td>178</td>
<td>70%</td>
<td>191.8 ‡‡</td>
</tr>
<tr>
<td>Non-MSM</td>
<td>76</td>
<td>30%</td>
<td>3.7</td>
</tr>
<tr>
<td>Women</td>
<td>59</td>
<td>19%</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>313</td>
<td>100%</td>
<td>7.1</td>
</tr>
</tbody>
</table>

- HIV or AIDS at first diagnosis over the age of 13;
- 2010 U.S. Census Data for persons age 13 and over used for rate calculations.
- † “MSM” refers to both MSM and MSM/IDU.
- ‡‡ Estimate of 92,788
Mode of Exposure
HIV Infections* Among Males by Mode of Exposure and Year of Diagnosis, 2003 - 2012

MSM = Men who have sex with men
IDU = Injecting drug use
Heterosexual = Heterosexual contact
Unspecified = No mode of exposure ascertained

* HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System

HIV/AIDS in Minnesota: Annual Review
HIV Infections* Among Females by Mode of Exposure and Year of Diagnosis, 2003 - 2012

IDU = Injecting drug use  Heterosexual = Heterosexual contact with HIV+, with IDU, with partner with unknown risk  
Unspecified = No mode of exposure ascertained

* HIV or AIDS at first diagnosis

Data Source: Minnesota HIV/AIDS Surveillance System
Births to HIV-Infected Women and Number of Perinatally Acquired HIV Infections* by Year of Birth, 2003 - 2012

Rate of Perinatal Transmission for years 2010-2012 = 1.7%

* HIV or AIDS at first diagnosis for a child exposed to HIV during mother’s pregnancy, at birth, and/or during breastfeeding.

Note: an additional 1 child under the age of 13 years was diagnosed in Minnesota in 2012 but was not born in the United States.

Data Source: Minnesota HIV/AIDS Surveillance System
Special Populations
Adolescents & Young Adults (Ages 13-24)*

* Case numbers are too small to present meaningful data separately for adolescents and young adults.
HIV Infections* Among Adolescents and Young Adults† by Gender and Year of Diagnosis, 2003 - 2012

* HIV or AIDS at first diagnosis
† Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.
HIV Infections* Among Adolescents and Young Adults† by Gender and Race/Ethnicity, 2010 - 2012 Combined

Males (n = 169)

- White: 40%
- Asian/PI: 2%
- Other: 3%
- Afr born: 0%
- Amer Ind: 4%
- Hispanic: 11%
- Afr Amer: 40%

Females (n = 23)

- White: 39%
- Hispanic: 4%
- Amer Ind: 9%
- Afr Amer: 18%
- Afr born: 26%
- Other: 0%
- Asian/PI: 4%

* HIV or AIDS at first diagnosis
† Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* Among Adolescents and Young Adults† by Gender and Estimated Exposure Group#, 2010-2012 Combined

Males (n = 169)

MSM 93%

MSM/IDU 5%

Heterosex 2%

Females (n = 23)

Heterosex 100%

n = Number of persons

MSM = Men who have sex with men

IDU = Injecting drug use

Heterosex = Heterosexual contact

* HIV or AIDS at first diagnosis
† Adolescents defined as 13-19 year-olds; Young Adults defined as 20-24 year-olds.
# Mode of Exposure proportions have been estimated using cases for 2010-2012 with known risk. For more detail see the HIV Surveillance Technical notes.
HIV and Hepatitis B, C co-infection
HIV and Hepatitis B and C

- As of December 31, 2012*, 7,516 persons are assumed alive and living in Minnesota with HIV/AIDS
  
  Of these 7,516 persons, 880 (12%) are co-infected with either Hepatitis B or C
    
    - Of the 880, 305 (35%) are living with HIV and Hep B
    - Of the 880, 536 (61%) are living with HIV and Hep C
    - Of the 880, 39 (4%) are living with HIV, Hep B and Hep C

* This number includes persons who reported Minnesota as their current state of residence, regardless of residence at time of diagnosis. Includes state prisoners and refugees arriving through the HIV+ Refugee Resettlement Program, as well as, HIV+ refugee/immigrants arriving through other programs.

Data Sources: Minnesota HIV/AIDS Surveillance System and Minnesota Hepatitis Surveillance System
Foreign-born Cases
HIV Infections* among Foreign-Born Persons† in Minnesota by Year of Diagnosis and Region of Birth, 2003 - 2012

* HIV or AIDS at first diagnosis
† Excludes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.
# Latin America/Car includes Mexico and all Central, South American, and Caribbean countries.

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* Among Foreign-Born Persons† by Gender and Year of Diagnosis, 2003 – 2012

- HIV or AIDS at first diagnosis
- Excludes persons arriving in Minnesota through the HIV+ Refugee Resettlement Program, as well as, other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

Data Source: Minnesota HIV/AIDS Surveillance System
HIV Infections* Among Foreign-Born Persons† by Gender and Age, 2012

Gender (n = 77)
- Male: 68%
- Female: 32%

Age (n = 77)
- 25-34 yrs: 51%
- ≤ 24 yrs: 8%
- 35+ yrs: 41%

* HIV or AIDS at first diagnosis
† Excludes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

Data Source: Minnesota HIV/AIDS Surveillance System
### Countries of Birth Among Foreign-Born Persons† Diagnosed with HIV*, Minnesota, 2012

<table>
<thead>
<tr>
<th>Country</th>
<th>Number (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>19</td>
</tr>
<tr>
<td>Liberia</td>
<td>10</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>8</td>
</tr>
<tr>
<td>Kenya</td>
<td>5</td>
</tr>
<tr>
<td>Nigeria</td>
<td>5</td>
</tr>
<tr>
<td>Somalia</td>
<td>4</td>
</tr>
<tr>
<td>Cameroon</td>
<td>3</td>
</tr>
<tr>
<td>Guatemala</td>
<td>3</td>
</tr>
<tr>
<td>Philippines</td>
<td>2</td>
</tr>
<tr>
<td>Other†</td>
<td>19</td>
</tr>
</tbody>
</table>

* HIV or AIDS at first diagnosis
† Excludes persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.
^ Includes 19 additional countries.

Data Source: Minnesota HIV/AIDS Surveillance System
Late Testers

(AIDS Diagnosis within one year of initial HIV Infection Diagnosis)
Time of Progression to AIDS for HIV Infections Diagnosed in Minnesota*, 2003 - 2012†

*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugees/immigrants with an HIV diagnosis prior to arrival in Minnesota.

^ Percent of cases progressing to AIDS within one year of initial diagnosis with HIV Infection.

† Numbers/Percent for cases diagnosed in 2012 only represents cases progressing to AIDS through April 1, 2013.

Data Source: Minnesota HIV/AIDS Surveillance System
Progression to AIDS within 1 year of initial HIV Infection* Diagnosis by Gender, 2003 - 2012†

*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

† Numbers/Percent for cases diagnosed in 2012 only represents cases progressing to AIDS through April 2, 2013.

Data Source: Minnesota HIV/AIDS Surveillance System
Progression to AIDS within 1 year of initial HIV Infection* Diagnosis by Race/Ethnicity^, 2003 - 2012†

*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

† Numbers/Percent for cases diagnosed in 2012 only represents cases progressing to AIDS through April 2, 2013.

^Percentage not calculated if less than 10 cases diagnosed per year.

Data Source: Minnesota HIV/AIDS Surveillance System
Time of Progression to AIDS for HIV Infections* Diagnosed Among Foreign-Born Persons, Minnesota 2003 - 2012†

*Numbers include AIDS at 1st report but exclude persons arriving to Minnesota through the HIV+ Refugee Resettlement Program, as well as other refugee/immigrants with an HIV diagnosis prior to arrival in Minnesota.

^ Percent of cases progressing to AIDS within one year of initial diagnosis with HIV Infection.

† Numbers/Percent for cases diagnosed in 2012 only represents cases progressing to AIDS through April 2, 2013.

Data Source: Minnesota HIV/AIDS Surveillance System

HIV/AIDS in Minnesota: Annual Review
Conclusions

- There were 315 new HIV infections reported in MN in 2012
  - An increase of 8 percent from 2011

- Great disparities in HIV infection persist among populations of color and American Indians living in Minnesota

- Male-to-male sex remains the leading risk factor for acquiring HIV/AIDS in MN

- New HIV infection remains concentrated in the Twin Cities seven-county metro area (83% of new infections in 2012)

- Foreign-born persons made up nearly 1 in 4 of new HIV infections in 2012, and progress from HIV to AIDS more quickly than U.S. born persons living with HIV in Minnesota

Data Source: Minnesota HIV/AIDS Surveillance System
Thank you!

For more information, please contact:

Jessica Brehmer, HIV/AIDS Epidemiologist
jessica.brehmer@state.mn.us
(651) 201-5624
Communicable Disease Reporting – HIV & Hepatitis

- Hepatitis A, B, C, D and E are all reportable by name to the Minnesota Department of Health (MDH).

- All reported cases may be contacted by the MDH Surveillance staff for epidemiological follow-up.
Minnesota Hepatitis Surveillance System

- Hepatitis B reportable since 1987
- Hepatitis C reportable since 1998
- Passive data collection
Introduction

Data in this presentation are current through 2012

Definitions:

- Acute case:
  - Infected within the last six months
  - Symptomatic

- Chronic case:
  - Infected for over six months
  - Asymptomatic or symptomatic

- Resolved cases:
  - No evidence of current infection
  - Evidence of past infection

Data Source: Minnesota Viral Hepatitis Surveillance System
Acute Viral Hepatitis

- Acute case:
  - Infected within the last six months
  - Symptomatic
Reported rate per 100,000 population of acute viral hepatitis
United States, 1998-2010

Number of Acute Cases per year Minnesota, 1998-2012

Data Source: MN Viral Hepatitis Surveillance System
Chronic Viral Hepatitis
Overview of Chronic HBV in MN

- Chronic case:
  - Infected for over six months
  - Asymptomatic or symptomatic
Reported Number of Persons with Chronic HBV in MN

- As of December 31, 2012, 21,064* persons are assumed alive and living in MN with chronic HBV

*Includes persons with unknown city of residence

Note: Includes all chronic, and probable chronic cases.

Data Source: MN Viral Hepatitis Surveillance System
Persons Living with HBV in MN by Current Residence, 2012

Total number with residence information = 20,317

- Greater Minnesota: 15%
- Twin Cities Metro: 85%

(747 missing residence information)

Metro = Seven-county metro area including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.
Greater MN = All other Minnesota counties, outside the seven-county metro area.

Data Source: MN Viral Hepatitis Surveillance System
Persons with Chronic HBV in MN by Age, 2012

Median Age: 43

Data Source: MN Viral Hepatitis Surveillance System
Chronic HBV in MN by Gender, 2012

Data Source: MN Viral Hepatitis Surveillance System
Persons Living with Chronic HBV in Minnesota by Race, 2012

Persons with unknown race = 3,396

- Asian = Asian or Pacific Islander (44%)
- White = White (11%)
- Afr Amer = African American/Black (27%)
- Amer Ind = American Indian (0%)
- Hispanic = Hispanic (1%)
- Other = Multi-racial persons or persons with other race (16%)

Data Source: MN Viral Hepatitis Surveillance System
Persons Living with Chronic HBV in Minnesota by Race
rates (per 100,000 persons*), 2012

- Asian or Pacific Islander: 3692
- Black or African American: 2090
- American Indian or Alaskan Native: 135
- Hispanic: 69
- White: 51

*Rates calculated using 2010 U.S. Census data
Excludes 3,396 cases with multiple races and unknown race

Data Source: MN Viral Hepatitis Surveillance System
Overview of HCV in Minnesota

A hepatitis C case is defined as current or past infection with hepatitis C and includes:

- **Acute cases:**
  - Infected within the last six months
  - Symptomatic

- **Chronic cases:**
  - Infected for over six months

- **Resolved cases:**
  - No evidence of current infection
  - Evidence of past infection
Reported Number of Persons Living with HCV in MN

As of December 31, 2012, 39,303* persons are assumed alive and living in MN with HCV

*Includes persons with unknown city of residence
Note: Includes all acute, chronic, probable chronic, and resolved cases.

Data Source: MN Viral Hepatitis Surveillance System
HCV Infected Persons Identified through Passive Surveillance in MN through 2012

N=84,863**

39,303

45,559

Estimated unidentified HCV infected persons

HCV infected persons* identified through passive surveillance

*Includes all acute, chronic, probable chronic, and resolved cases.

**http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm

Data Source: MN Viral Hepatitis Surveillance System
Persons Living with HCV in MN by Current Residence, 2012

Total number with residence information = 37,819

Greater Minnesota 38%
Minneapolis 23%
Suburban Metro 28%
Saint Paul 11%
(1484 missing residence information)

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties including those in Hennepin County or Ramsey County with unknown city. Greater MN = All other Minnesota counties, outside the seven-county metro area.

Data Source: MN Viral Hepatitis Surveillance System
Persons Living HCV in MN by Gender*, 2012

- Male: 64%
- Female: 34%
- Unknown: 2%

*Includes anonymous methadone patients

Data Source: MN Viral Hepatitis Surveillance System
Persons Living with Chronic HCV in Minnesota by Race, 2012

Unknown 29%
White 45%
Afr Amer 15%
Amer Ind 5%
Hispanic 3%
Asian 2%
Other 1%

Afr Amer = African American / Black
Asian = Asian or Pacific Islander
Amer Ind = American Indian
Other = Multi-racial persons or persons with other race
Persons Living with HCV in Minnesota rates (per 100,000 persons*), 2012

- American Indian or Alaskan Native: 2929
- Black or African American: 2136
- Hispanic: 425
- Asian or Pacific Islander: 362
- White: 383

*Rates calculated using 2010 U.S. Census data
Excludes persons with multiple races or unknown race

Data Source: MN Viral Hepatitis Surveillance System
Thank you!

Kristin.sweet@state.mn.us

651.201.4888
Hepatitis Programs Update
During May, CDC and its public health partners work to shed light on this hidden epidemic by raising awareness of viral hepatitis and encouraging priority populations to get tested.

*How can you help promote hepatitis testing?*
What’s Going on in the World of Hepatitis?

- May 8-9th, HCV Tribal Summit - Mahnomen, MN
- May 15th is National Hispanic Hepatitis day
- May 19th is National Testing day
- July 28th is World Hepatitis day
Risk-Based Service Promotion and Linkage to Care

- Focuses limited resources on targeting those persons with the highest degree of risk. These risks are determined by epidemiological/research evidence from the CDC and supported by data collected in our own state.

- Focus of services for:
  - those at primary risk of infection
  - those who are undiagnosed and/or not medically managed
High Risk Target Populations

- HCV Risk groups
  - Persons who Inject Drugs (PWID), especially those under the age of 30yrs. Includes those with any history of injection drug use.
  - Persons who have a sexual partner infected with HCV or a sexual partner who is a PWID
  - Persons who received tattoos while incarcerated or in a non-professional setting
Pilot Testing Project

- There are 9 MDH-funded testing sites which provide screening for hepatitis C
  - Red Door Clinic
  - Clinic 555
  - MAP- MN AIDS Project
  - Sacred Spirits
  - Indigenous People’s Task Force
  - Broadway Family Medicine
  - RAAN- Rural AIDS Action Network
  - Project Recovery
  - Recovery Resource Center
Testing Programs

- Two of these sites also provide hepatitis B screening as well as confirmatory testing for both HBV and HCV
  - Red Door Clinic
  - Clinic 555
2012 Testing Project Summary

- Testing rates improved in 2012 by an average of 56% at the two STD enhanced testing sites, with 5% screening positive for HCV antibodies.
  - Compare to 1.25% positivity for HIV in STD clinics
- Testing improved by 210% in our CBO/Outreach testing sites.
- In 2012 achieved an average 13% positivity rate.
  - Compare to 0.6-0.9% positivity rates for HIV testing in community based settings.
Resources

http://www.cdc.gov/hepatitis/KnowMoreHepatitis.htm
Resources

**VA Hepatitis C Resource Centers**

http://www.hepatitis.va.gov

**HBV/HCV Advocate**

www.hcvadvocate.org

**Harm Reduction Coalition**

http://harmreduction.org
Hepatitis C Outcomes 2012-2013 at the Minnesota AIDS Project

- PrideAlive [MAP]
- Mainline [MAP]
- Drop in testing [MAP]
- Pride IOP [Off-site]
- NuWay [Off-site]
- Hennepin County Detox Center [Off-site]
Drug of Choice/Risk Behaviors

- Heroin and/or methamphetamine
- Prescription Pain Killers
- Unprotected sex with IDU/HCV Positive person

65 High-Risk individuals tested

- 8% Positivity Rate
- 72% Male
- 28% Female
**PROS**

- Off-site Testing at organization that cater to populations that are at highest risk for contracting Hep C.
- High reactivity rate
- MAP’s HIV Risk assessment helps testers determine who should be tested for HCV
CONS

- Capacity/Funding
- Faster tests
Thank you!

On behalf of the MN AIDS Project

Rob E Graham IV
rob.graham@mnaidsproject.org
612.373.2475 (office)
QUESTIONS?
This webinar has been recorded and will posted at:
http://www.health.state.mn.us/divs/idepc/diseases/hiv/hivstatistics.html

Contact information for today’s speakers:

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Hepatitis Surveillance:
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Hepatitis Prevention:
cheri.booth@state.mn.us  - 651.201.4035
rob.graham@mnaidsproject.org  - 612.373.2475