



Minnesota Department of Health

STD, HIV and Hepatitis C 2016 Data Release





Acronyms

- MDH = Minnesota Department of Health
- STD = Sexually transmitted disease
- MSM = Men who have sex with men
- HCV = Hepatitis C virus
- HBV = Hepatitis B virus
- IDU = Injection drug use
- SSuN = STD Surveillance Network





Announcements

- STD Overview
- Syphilis
- Gonorrhea
- SSuN
- Chlamydia
- HIV
- Hepatitis C



Highlights from the STD Surveillance Report, 2016

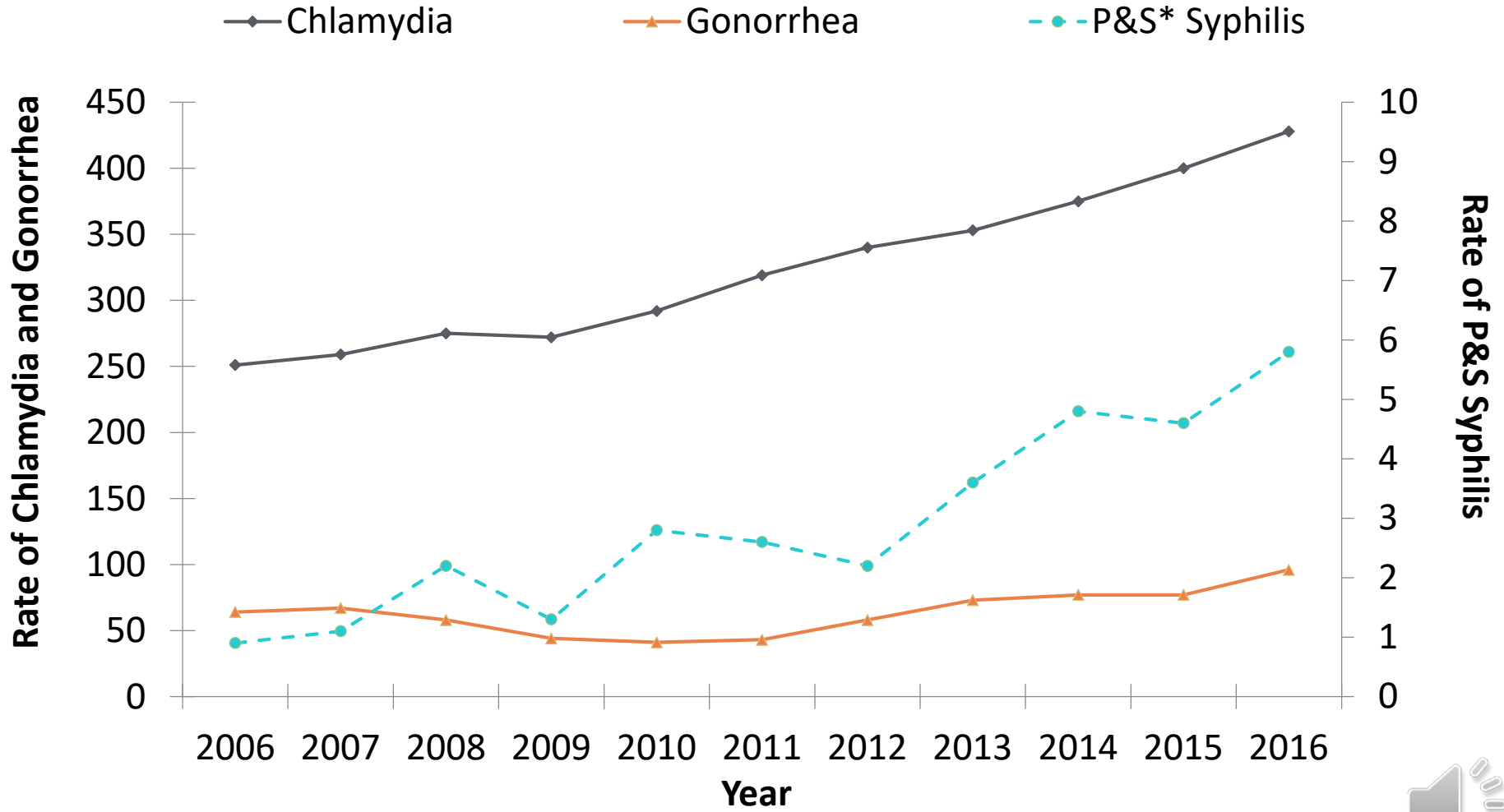
Minnesota Department of Health STD Surveillance System





STDs in Minnesota

Rate per 100,000 by Year of Diagnosis, 2006-2016



* P&S = Primary and Secondary



STDs in Minnesota

Number of Cases Reported in 2016

- **Total of 28,631 STD cases reported to MDH in 2016:**
 - 22,675 Chlamydia cases
 - 5,104 Gonorrhea cases
 - 852 Syphilis cases (all stages. Including 6 congenital syphilis)
 - 0 Chancroid cases

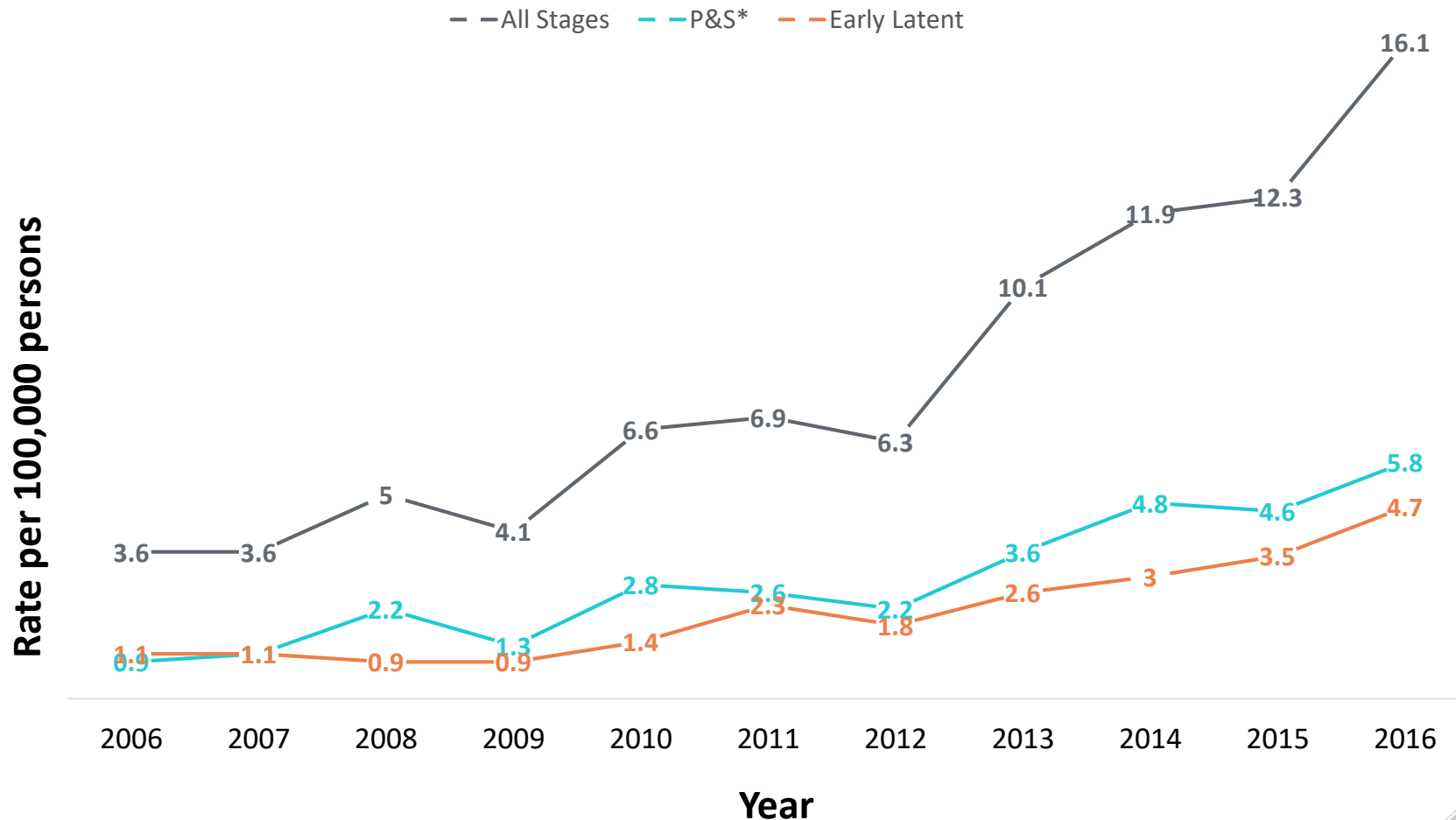


Syphilis



Syphilis Rates by Stage of Diagnosis

Minnesota, 2006-2016

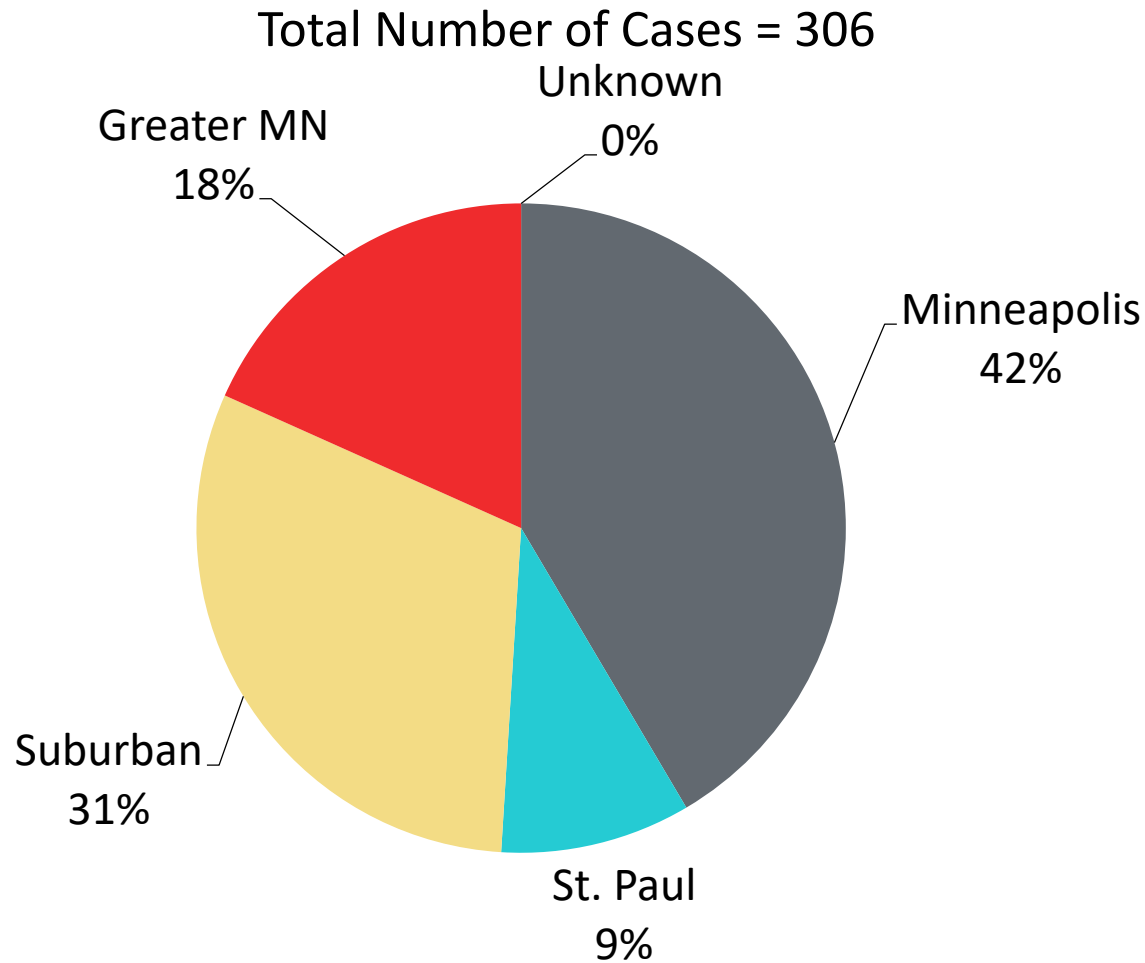


* P&S = Primary and Secondary





Primary & Secondary Syphilis Infections in Minnesota by Residence at Diagnosis, 2016



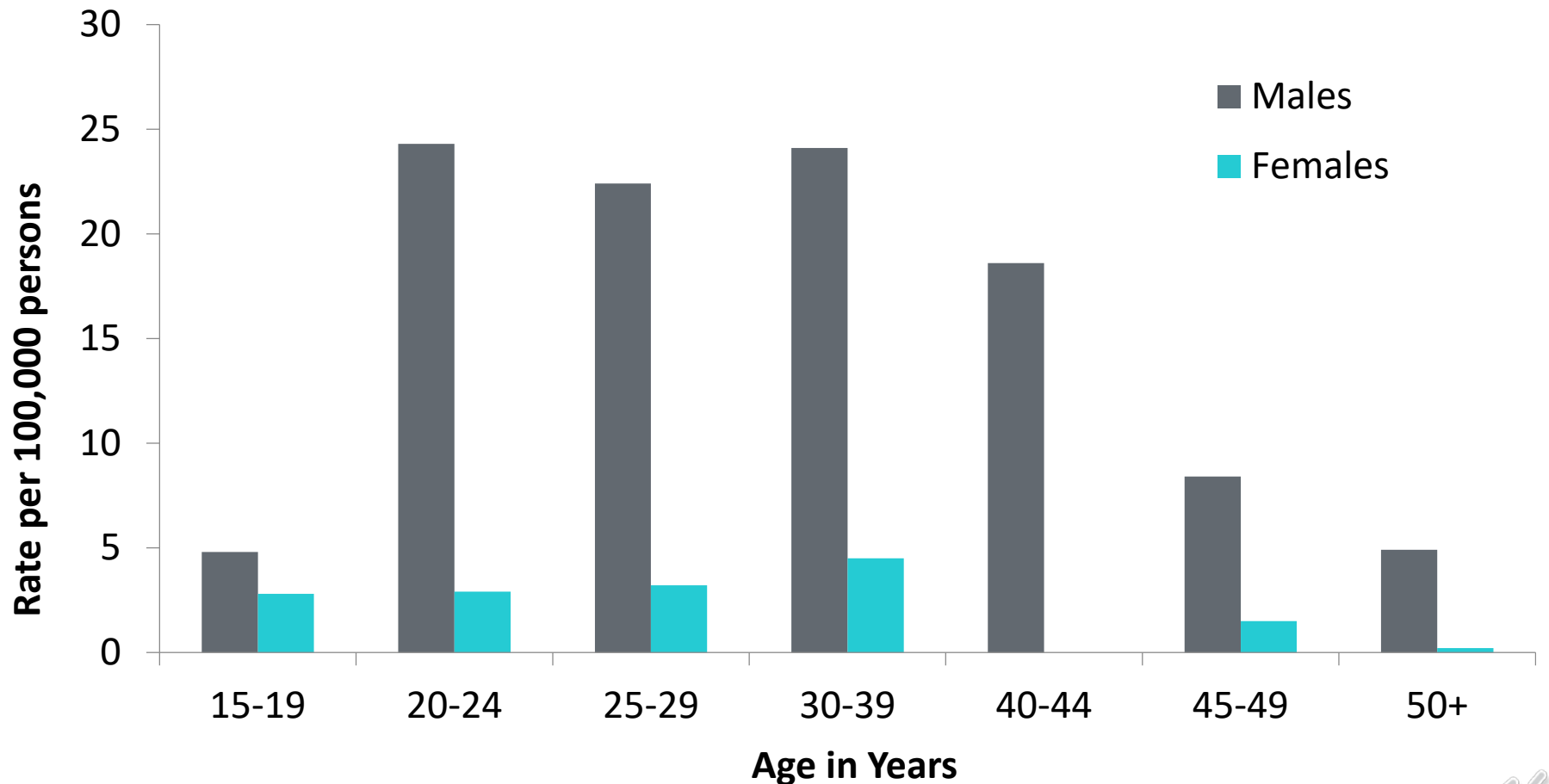
Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties.

Greater MN = All other Minnesota counties outside the seven-county metro area.



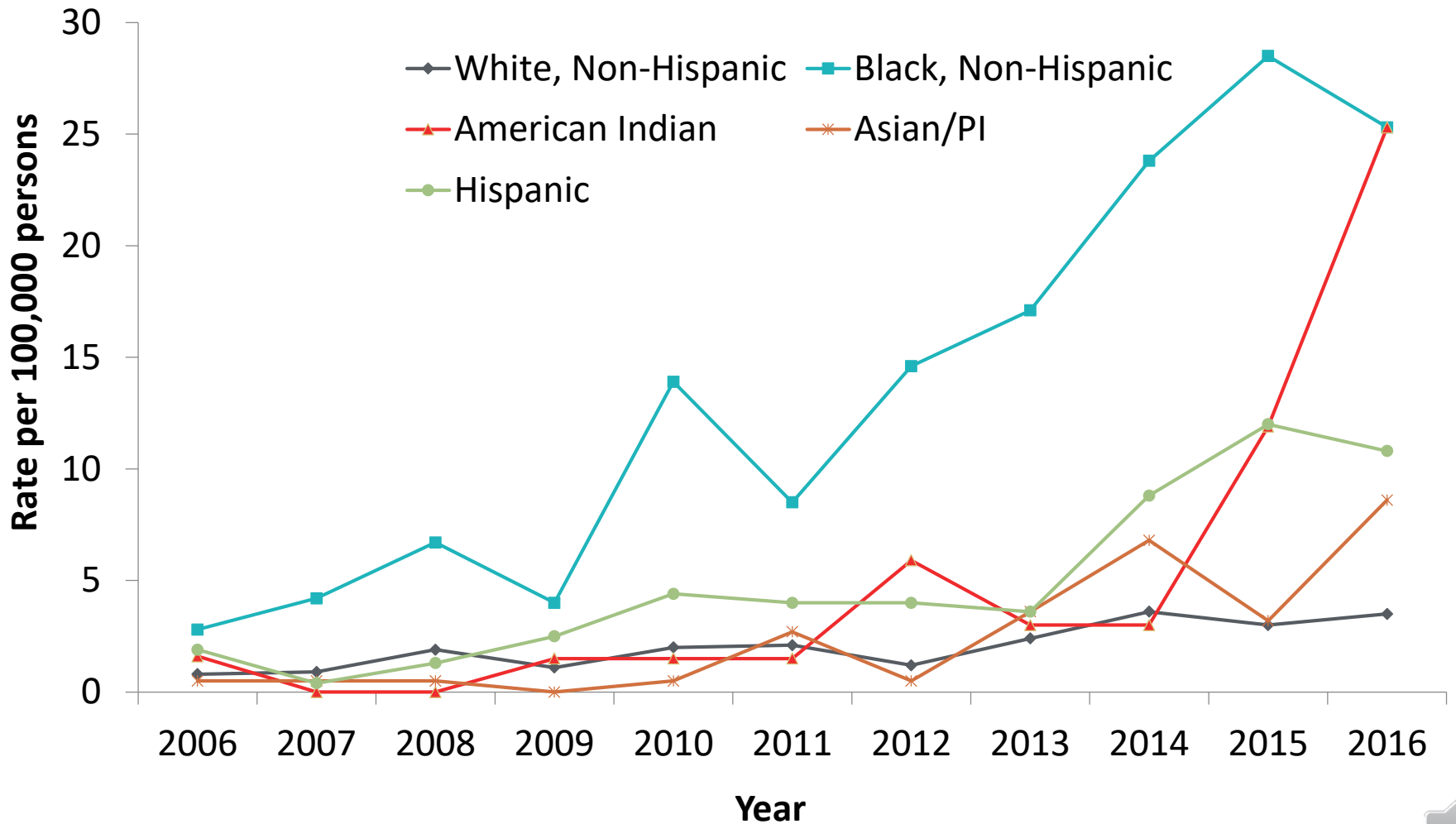


Age-Specific Primary & Secondary Syphilis Rates by Gender, Minnesota, 2016





Primary & Secondary Syphilis Rates by Race/Ethnicity Minnesota, 2006-2016



* Persons of Hispanic ethnicity can be of any race.

Early Syphilis Among Men Who Have Sex With Men in Minnesota



Early Syphilis[†] by Gender and Sexual Behavior Minnesota, 2006-2016

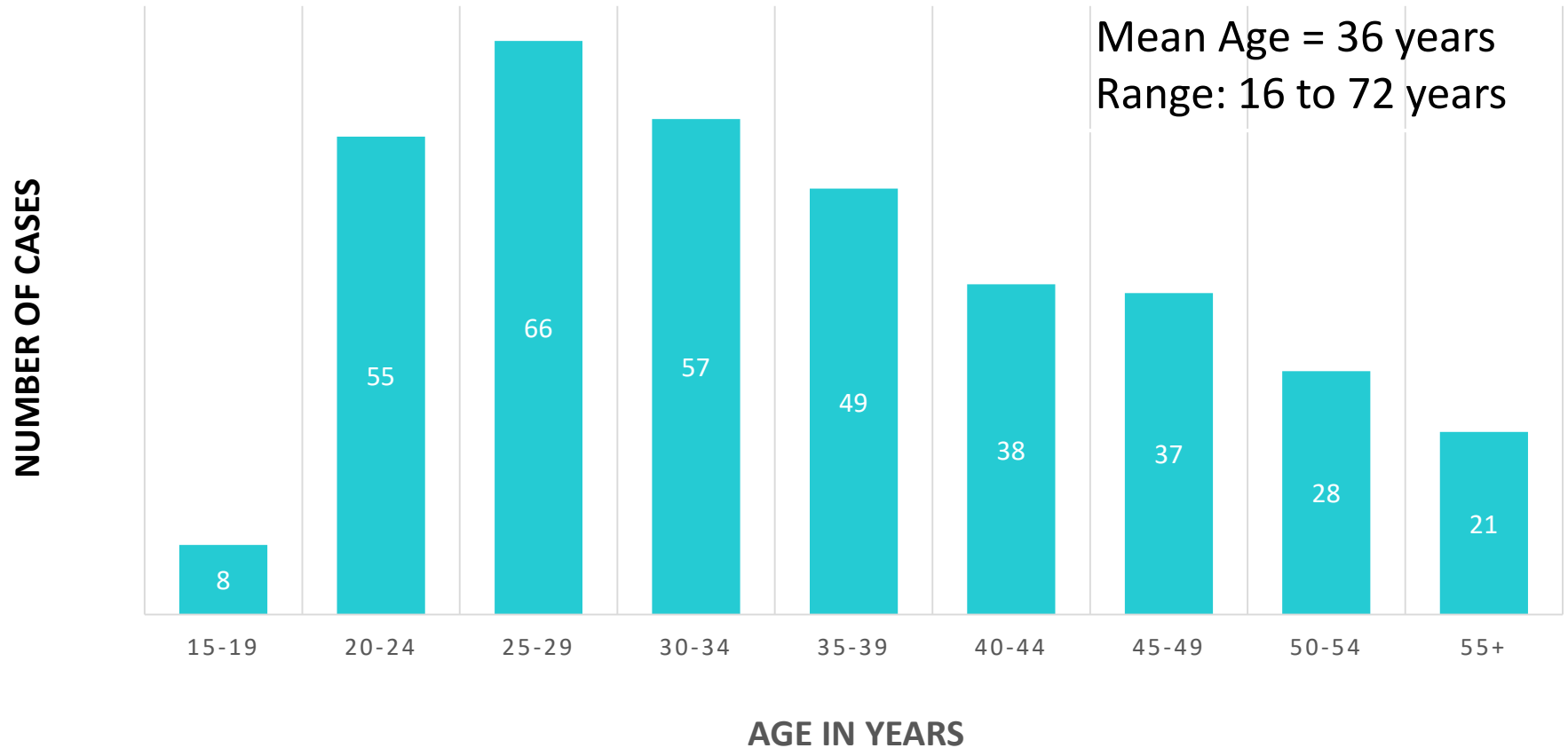
Year	Early Syphilis Cases	Male Cases (%)	MSM Cases (% of males)
2006	104	90 (88)	80 (89)
2007	114	111 (97)	103 (93)
2008	163	158 (97)	140 (89)
2009	117	106 (91)	96 (91)
2010	221	207 (94)	185 (89)
2011	260	246 (95)	218 (89)
2012	214	196 (92)	158 (81)
2013	332	298 (90)	261 (88)
2014	416	374 (90)	283 (76)
2015	431	341 (79)	222 (65)
2016	557	468 (84)	359 (77)



[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.



Early Syphilis[†] Cases Among MSM by Age Minnesota, 2016 (n=359)

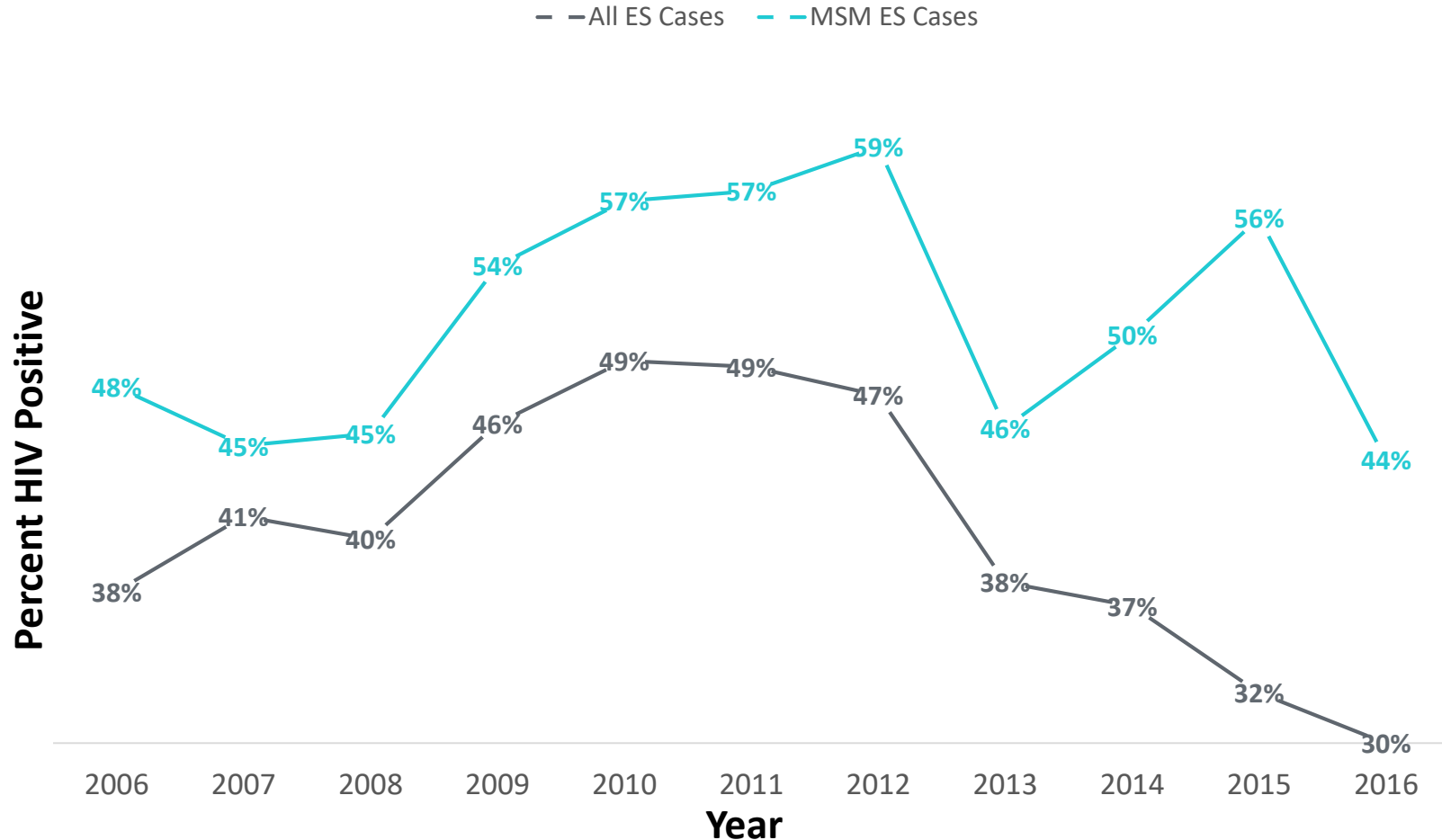


MSM=Men who have sex with men

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.



Early Syphilis[†] (ES) Cases Co-infected with HIV, 2006-2016



MSM=Men who have sex with men

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.



Characteristics of Early Syphilis[†] Cases Among MSM, Minnesota, 2016

- Gay and bisexual men account for 77% of cases among men.
- 62% of cases among MSM are White, but a disproportionate number of cases (17%) are African American.
- 44% of cases are also infected with HIV.

MSM=Men who have sex with men

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.



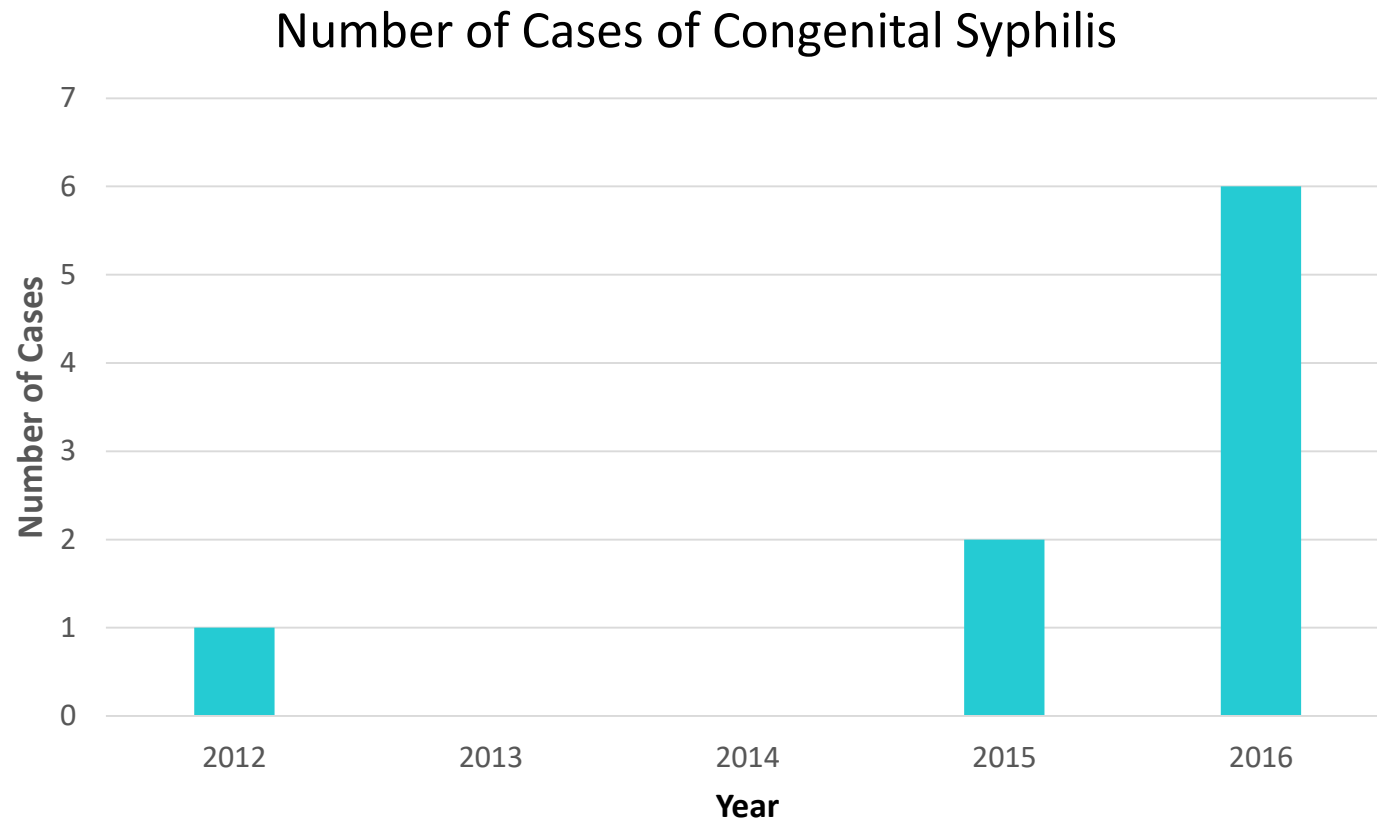


Syphilis Among Females and Congenital Syphilis in Minnesota



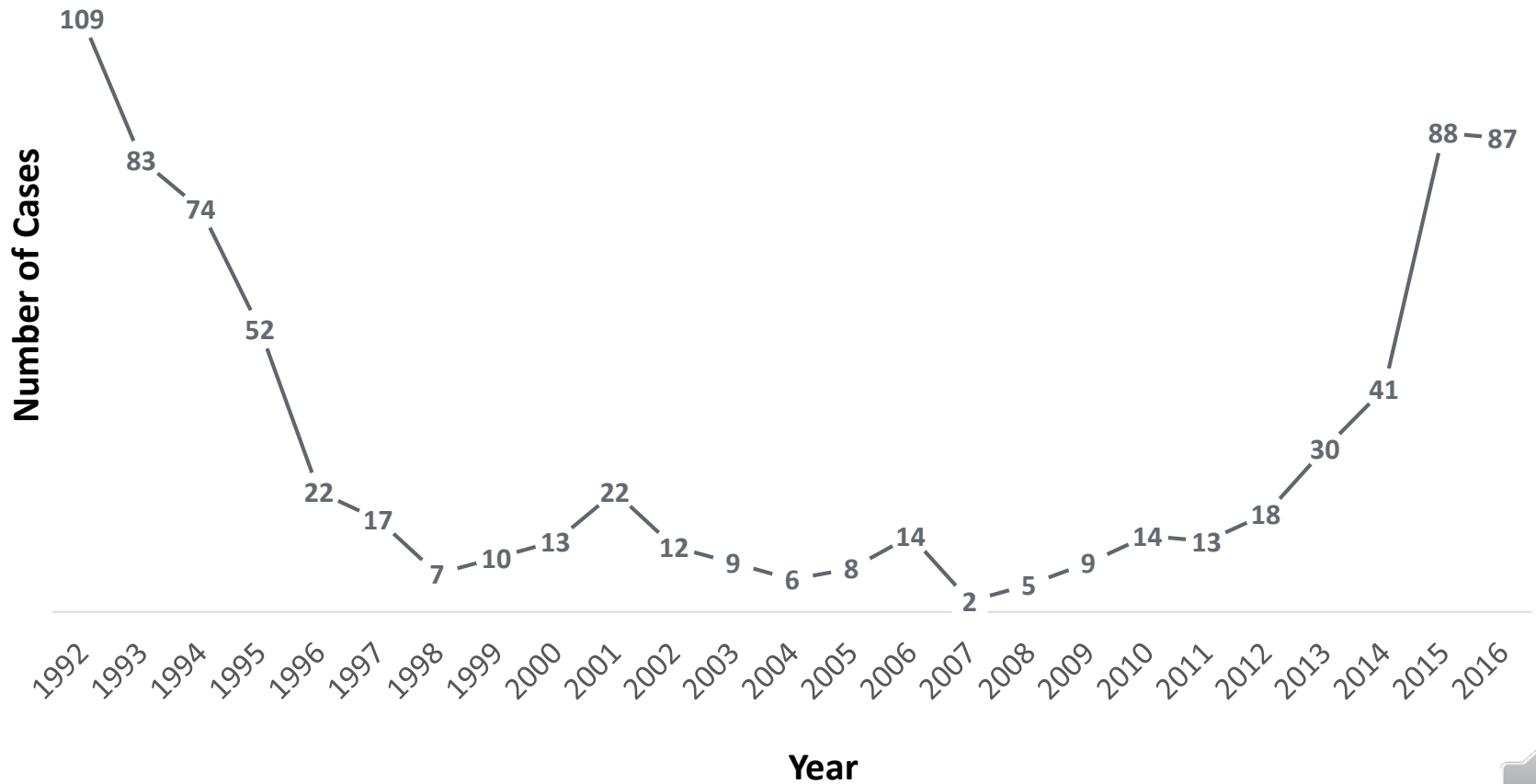


Congenital Syphilis in Minnesota 2012-2016



Female Early Syphilis cases

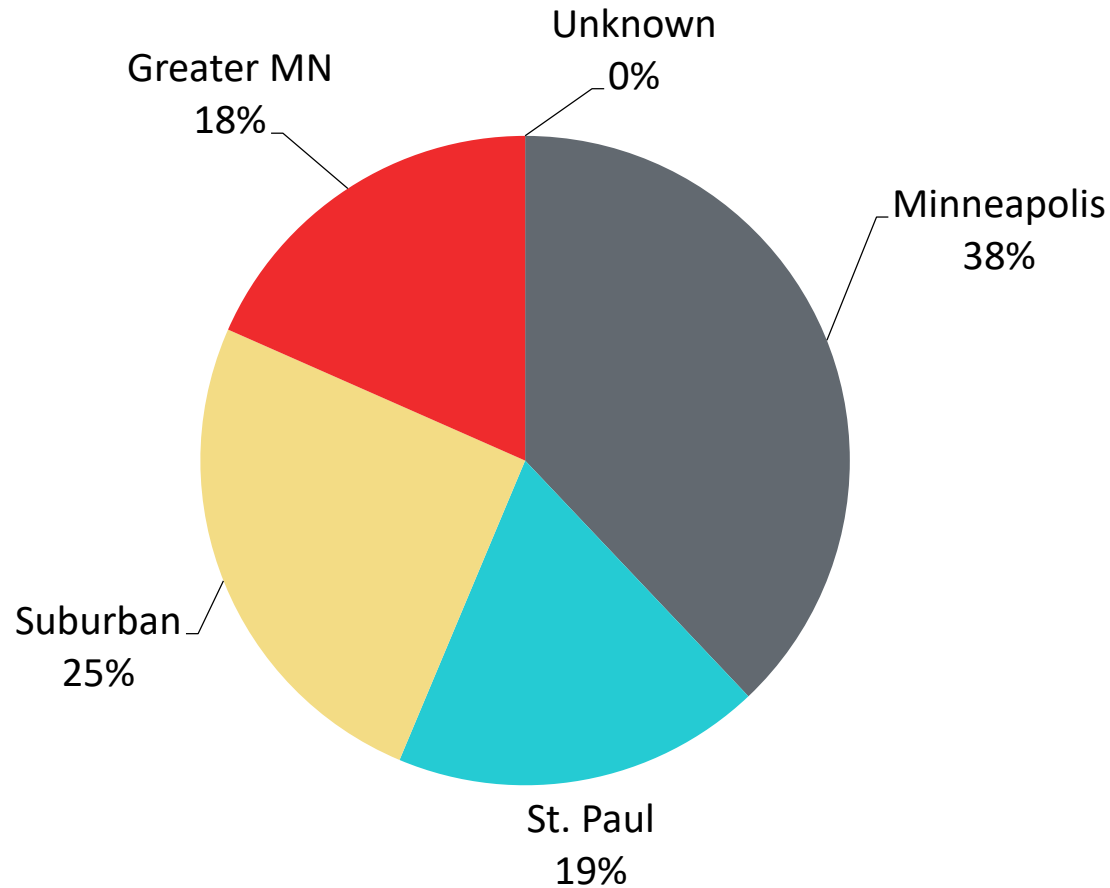
NUMBER OF FEMALE EARLY SYPHILIS CASES





Early Syphilis Infections in Women in Minnesota by Residence at Diagnosis, 2016

Total Number of Cases = 87



Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties.

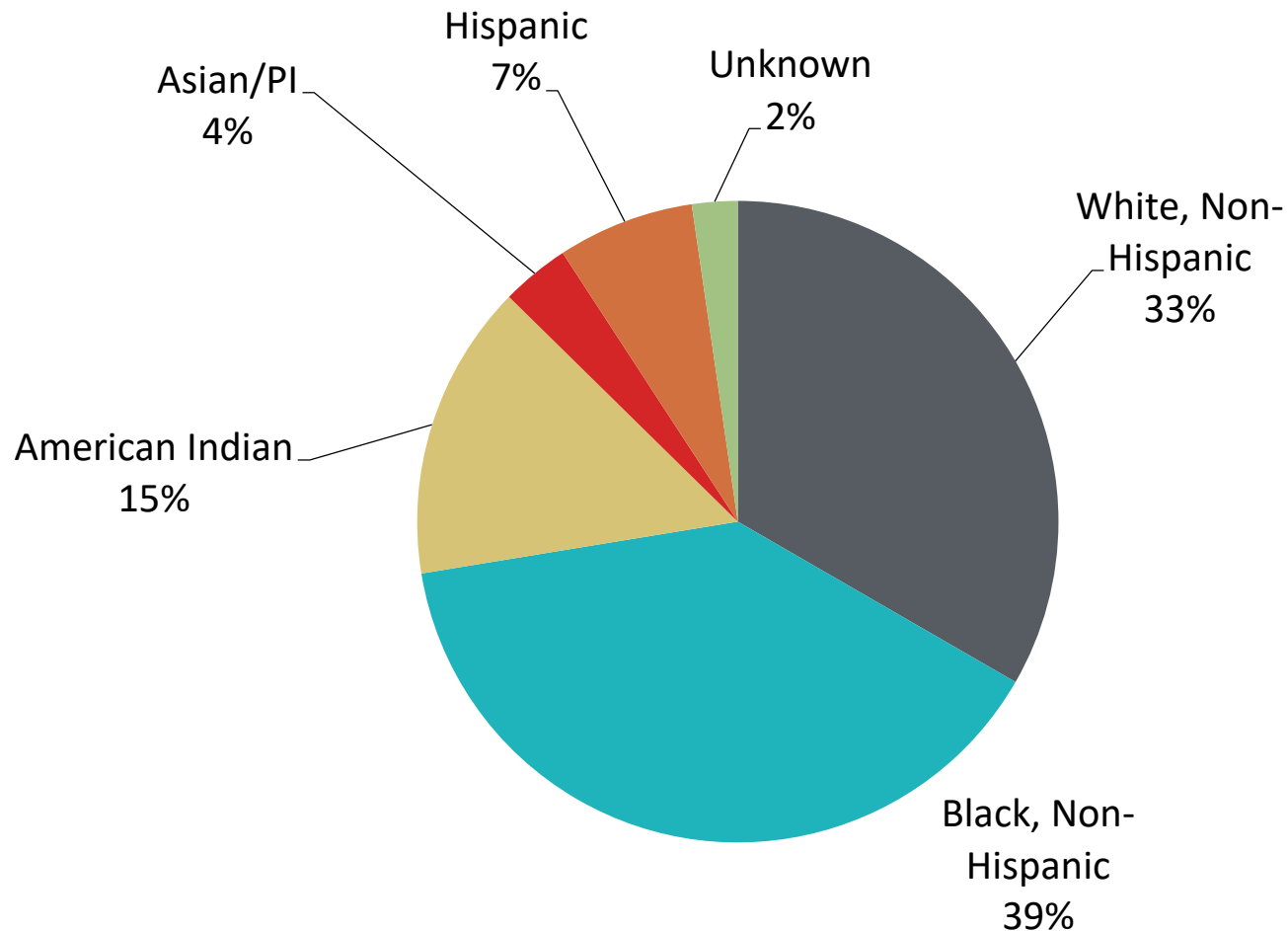
Greater MN = All other Minnesota counties outside the seven-county metro area.





Early Syphilis Cases in Females by Race Minnesota, 2016

Total Number of Cases = 87



*Includes persons reported with more than one race

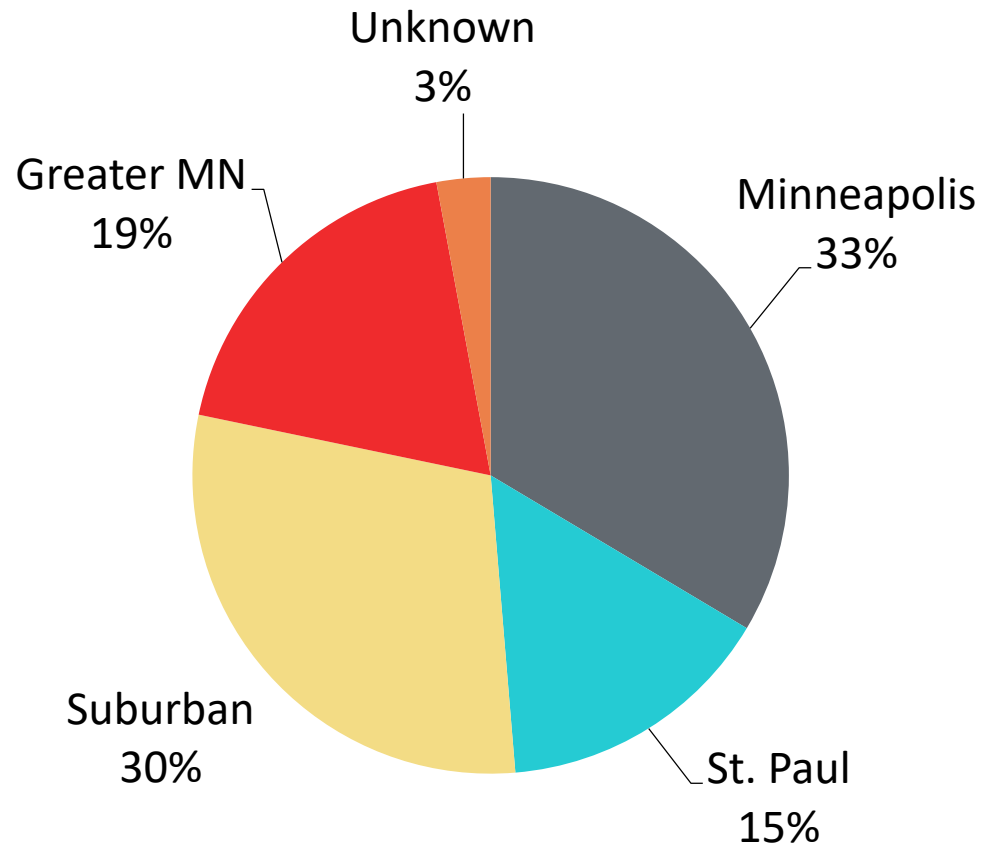


Gonorrhoea



Gonorrhea Infections in Minnesota by Residence at Diagnosis, 2016

Total Number of Cases= 5,104



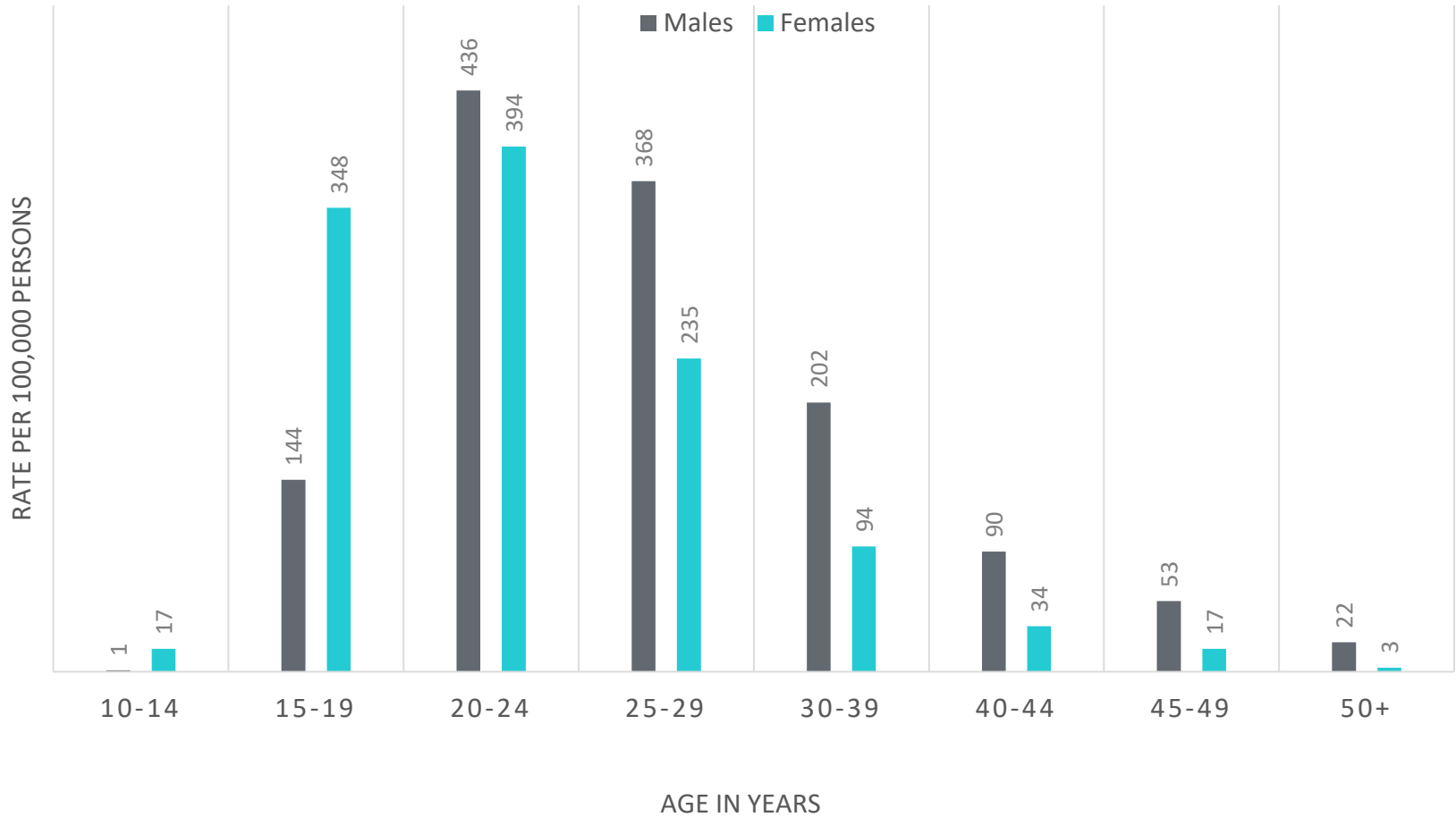
Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties.

Greater MN = All other Minnesota counties outside the seven-county metro area.





Age-Specific Gonorrhea Rates by Gender Minnesota, 2016



Gonorrhea Rates by Race/Ethnicity Minnesota, 2006-2016

— White, Non-Hispanic — Black, Non-Hispanic — American Indian — Asian/PI — Hispanic*

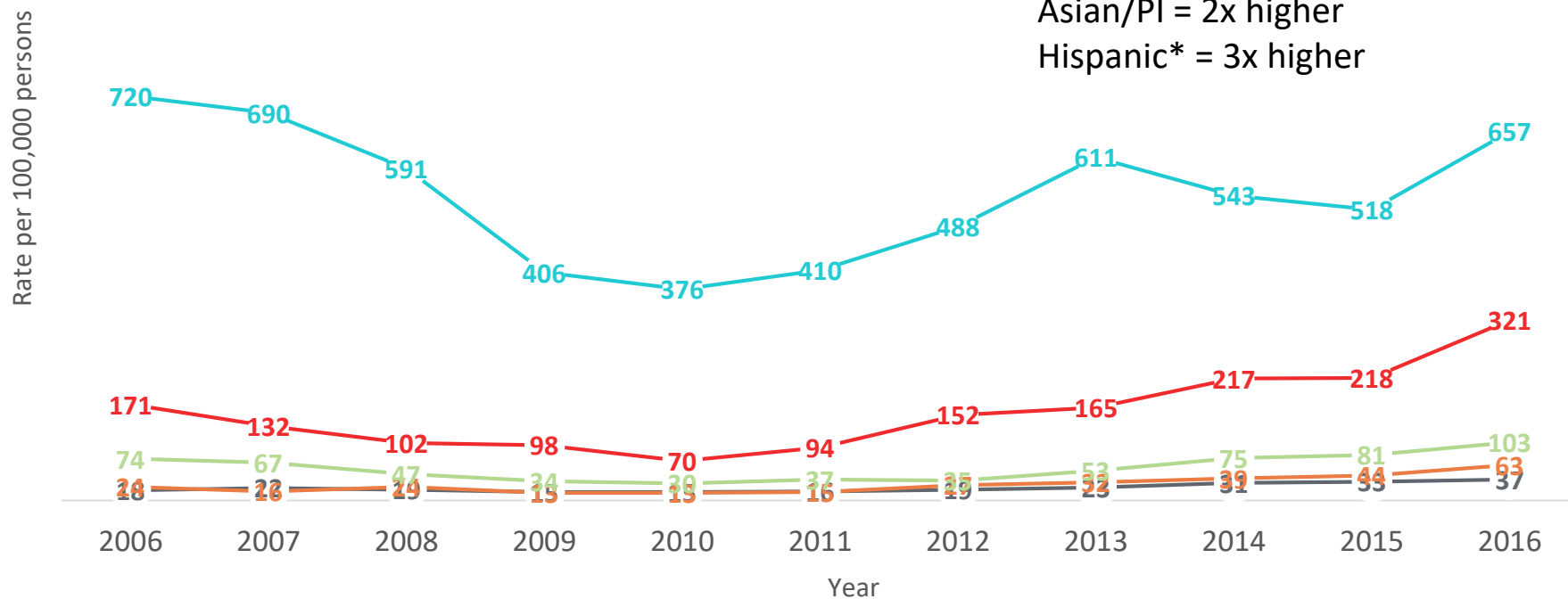
2016 rates compared with Whites:

Black, Non-Hispanic = 18x higher

American Indian = 9x higher

Asian/PI = 2x higher

Hispanic* = 3x higher



* Persons of Hispanic ethnicity can be of any race





SSuN





Provider Investigation



Confidential Patient Investigation Supplement

The Minnesota Health Department is collaborating with the U.S. Centers for Disease Control and Prevention (CDC) to obtain additional information on a representative sample of gonorrhea cases reported to state and local health departments. This important information is urgently needed to help prevent emergence of antibiotic-resistant gonorrhea, to help prioritize public health resources for gonorrhea prevention and to better understand disease prevalence and incidence patterns in your community.

The patient named below was randomly chosen for this supplemental investigation from all cases routinely reported to the health department. This report is confidential; no identifying information on patients or clinicians will ever be released. Your cooperation in providing this information specific to the patient and diagnosis below is greatly appreciated. If you have questions or concerns about this supplemental investigation, please call the SSuN project coordinator Laura Tourdot at 651-201-3866 or the CDC SSuN Project Officer, Division of STD Prevention, U.S. Centers for Disease Control and Prevention (404-639-8356).

Please FAX completed form to Minnesota Department of Health, (651)201-4040: Attn SSuN Project Coordinator

Patient					
Patient Last Name		Patient First Name		M.I.	Patient Date of Birth
Diagnosis Reported to Health Department					
Diagnosis Gonorrhea			Date of diagnosis/reports to health department		
If patient is NOT KNOWN to this practice/facility, please check here and return by FAX to the health department. <input type="checkbox"/>					
Provider Information (Please provide the following information)					
Facility/Practice/Healthcare Organization Name		Name of clinician examining this patient:		Date of Patient Visit	
		<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> LPN <input type="checkbox"/> Other			
Physical location/facility address		City	State	ZIP	Phone Fax
Is this facility a Federally Qualified Health Center (FGHC)?			Is this facility a Community Health Center (CHC)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient and Diagnostic Information					
Does patient have health insurance?		Were any of the following findings present on exam (check all that apply)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Urethritis <input type="checkbox"/> Proctitis <input type="checkbox"/> Epididymitis <input type="checkbox"/> PID <input type="checkbox"/> Discharge <input type="checkbox"/> Other <input type="checkbox"/> None			
Anatomic sites tested for gonorrhea (mark all that apply):			Anatomic sites testing positive for gonorrhea (mark all that apply):		
<input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Cervix/Vaginal Swab <input type="checkbox"/> Rectum <input type="checkbox"/> Other _____			<input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Rectum <input type="checkbox"/> Cervix/Vagina <input type="checkbox"/> Other _____		
Was patient tested for HIV infection at this visit?			Gender of patient's sex partners?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Males only <input checked="" type="checkbox"/> Females only <input type="checkbox"/> Both <input checked="" type="checkbox"/> Unk		
Treatment Information					
Has patient been treated for gonorrhea? <input type="checkbox"/> Yes, patient treated for gonorrhea <input type="checkbox"/> No, patient not treated				Treatment Date:	
Please indicate treatment provided for gonorrhea (check ALL that apply, check dosage as indicated):					
Ceftriaxone: <input type="checkbox"/> 125mg <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg		Azithromycin: <input type="checkbox"/> 1g <input type="checkbox"/> 2g			
<input type="checkbox"/> Doxycycline <input type="checkbox"/> Cefixime		<input type="checkbox"/> Other _____			
Counseling / Referral					
Were any medications/prescriptions provided to patient to give to their sex partners?		Was patient counseled to prevent transmission/reinfection?		Was patient referred to health department for partner notification or other services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Confidential

This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.





Patient Investigation





Gonorrhea is a notifiable condition in MN

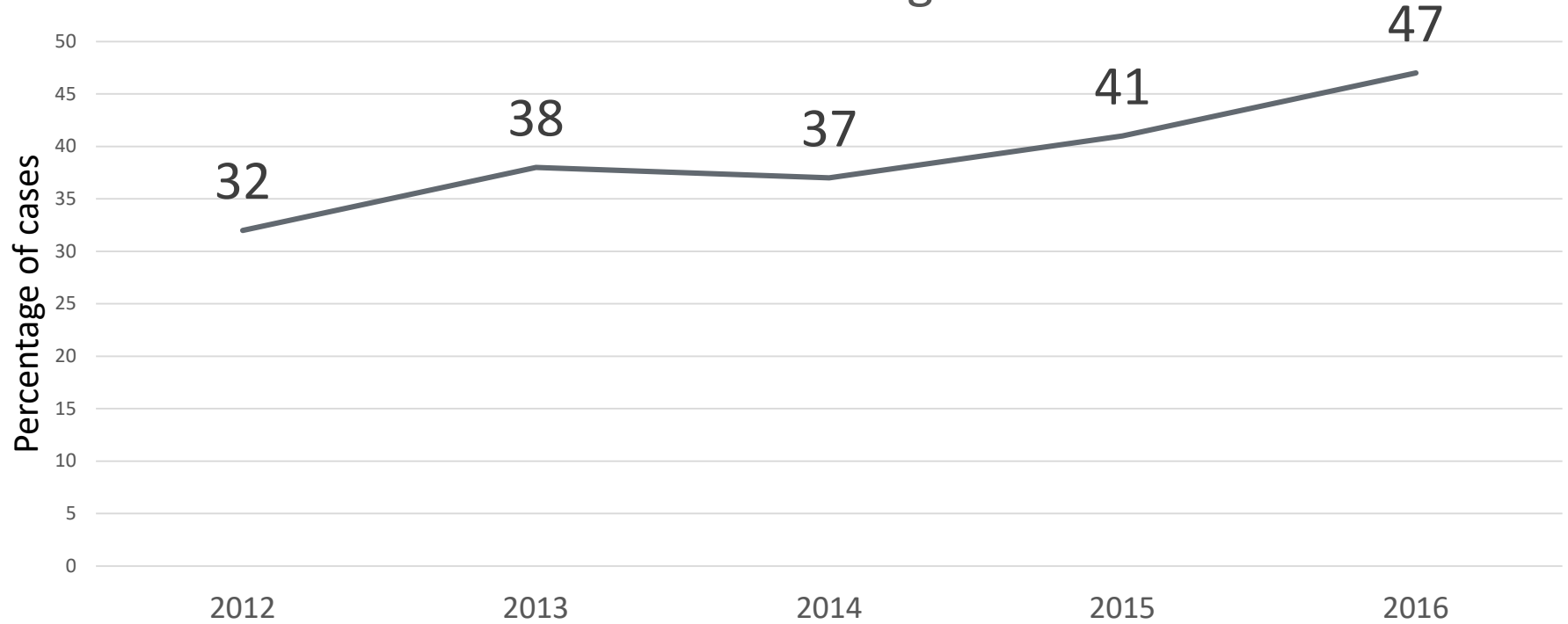
- Please remember to notify all patients after any STD diagnosis that their name and information is required by law to be reported to MDH.
- Please ensure all STD case and lab reports are submitted to MDH with proper contact information.
- Please inform your patients, after a STD diagnosis, that they have a chance of being contacted by MDH for additional follow up.





Gender of Sex Partner

Percent of Missing data





PrEP

- Currently, SSuN is the only source for PrEP data



Questions regarding SSuN

- Please contact Laura Tourdot
- Laura.Tourdot@state.mn.us
- 651-201-3866



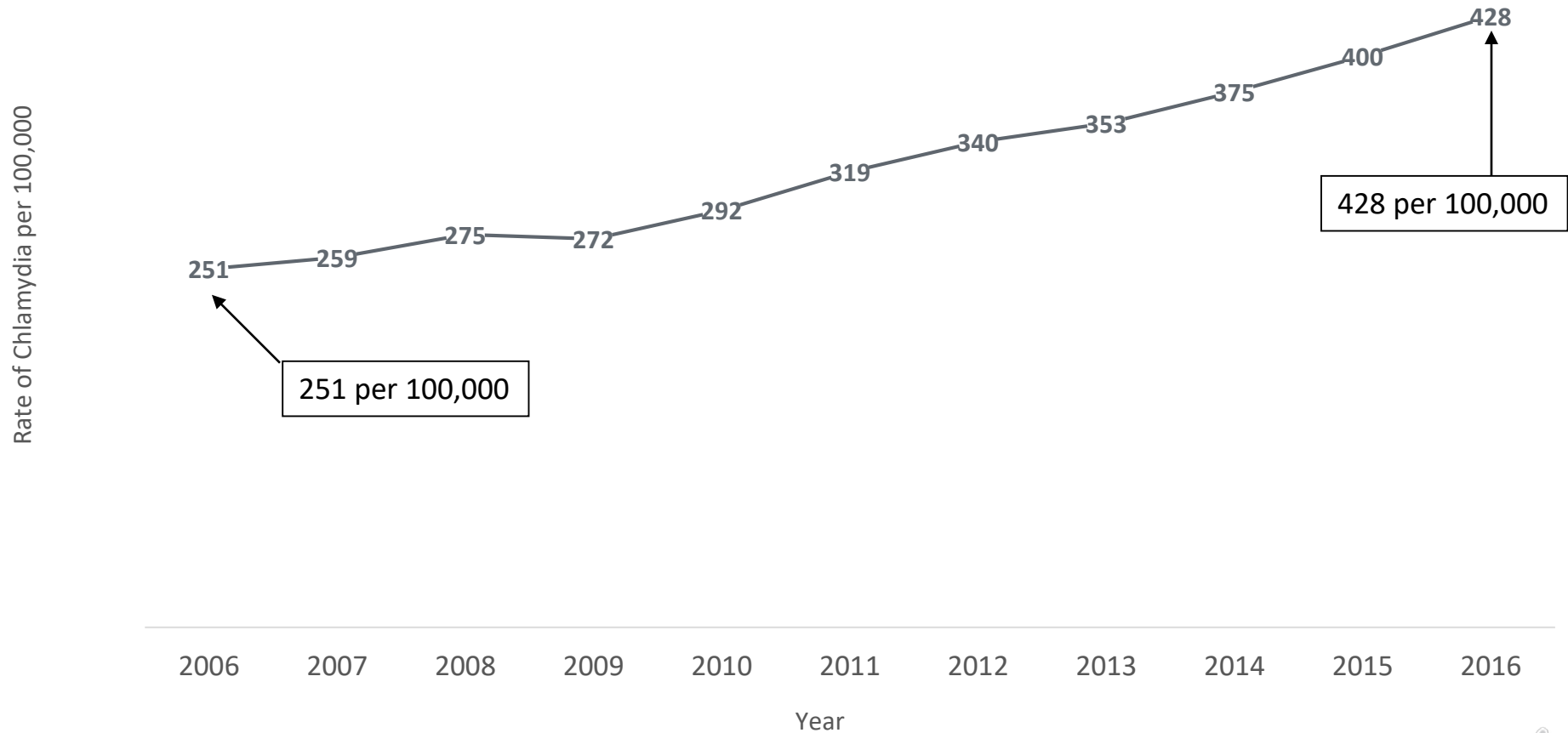
Chlamydia





Chlamydia in Minnesota

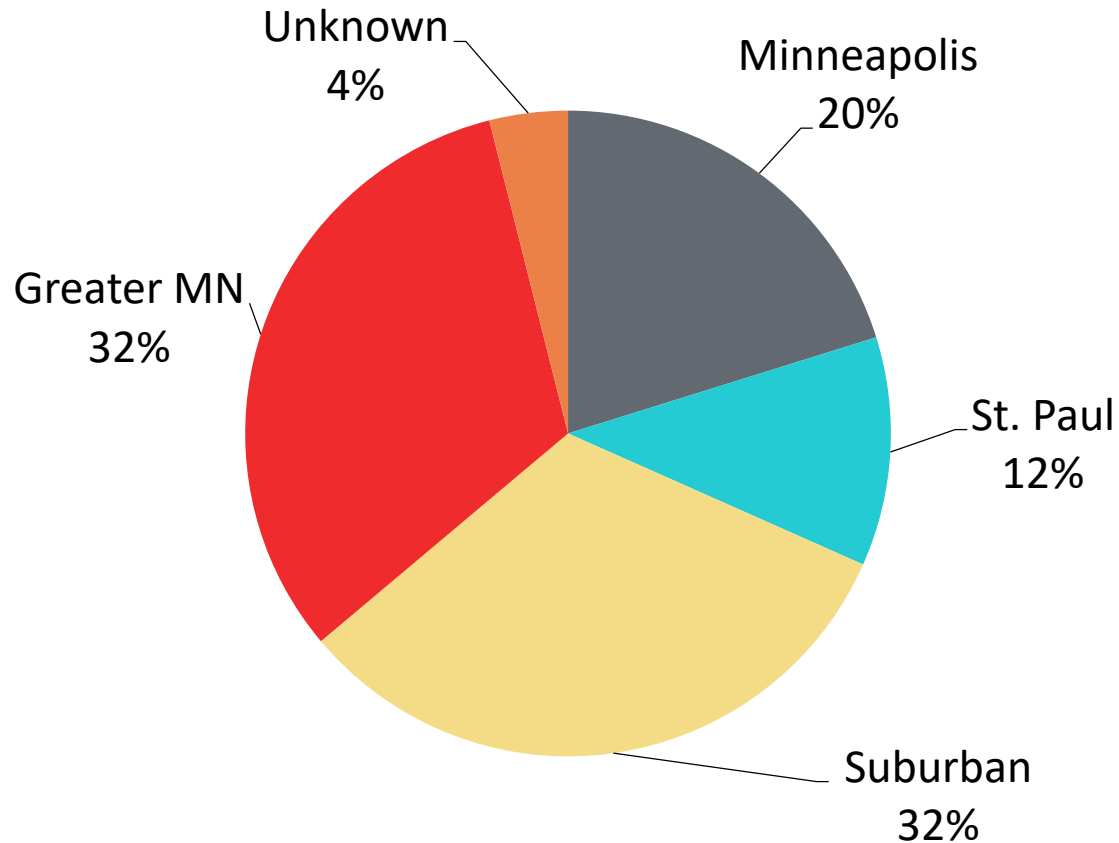
Rate per 100,000 by Year of Diagnosis, 2006-2016





Chlamydia Infections by Residence at Diagnosis Minnesota, 2016

Total Number of Cases = 22,675



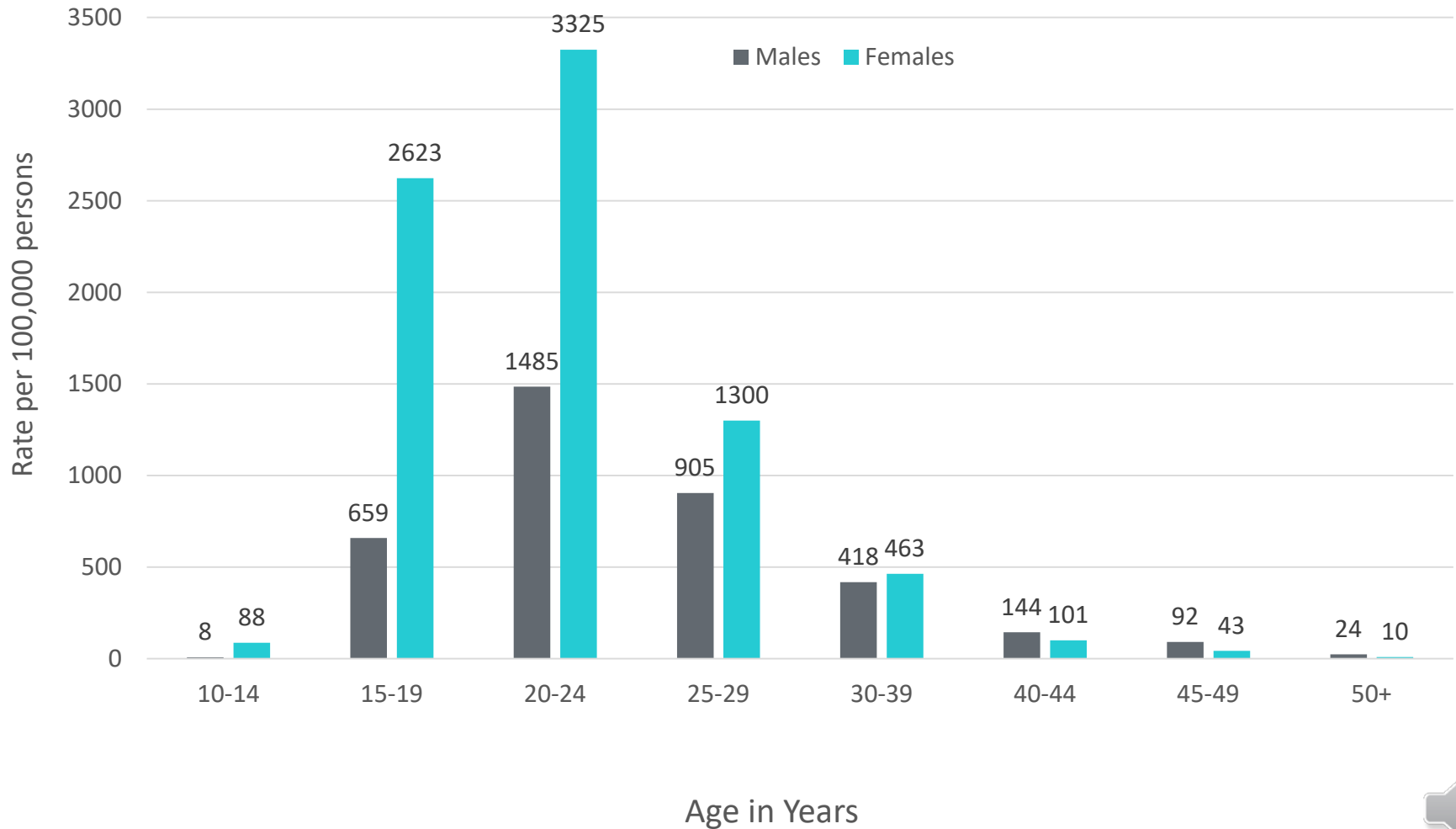
Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties.

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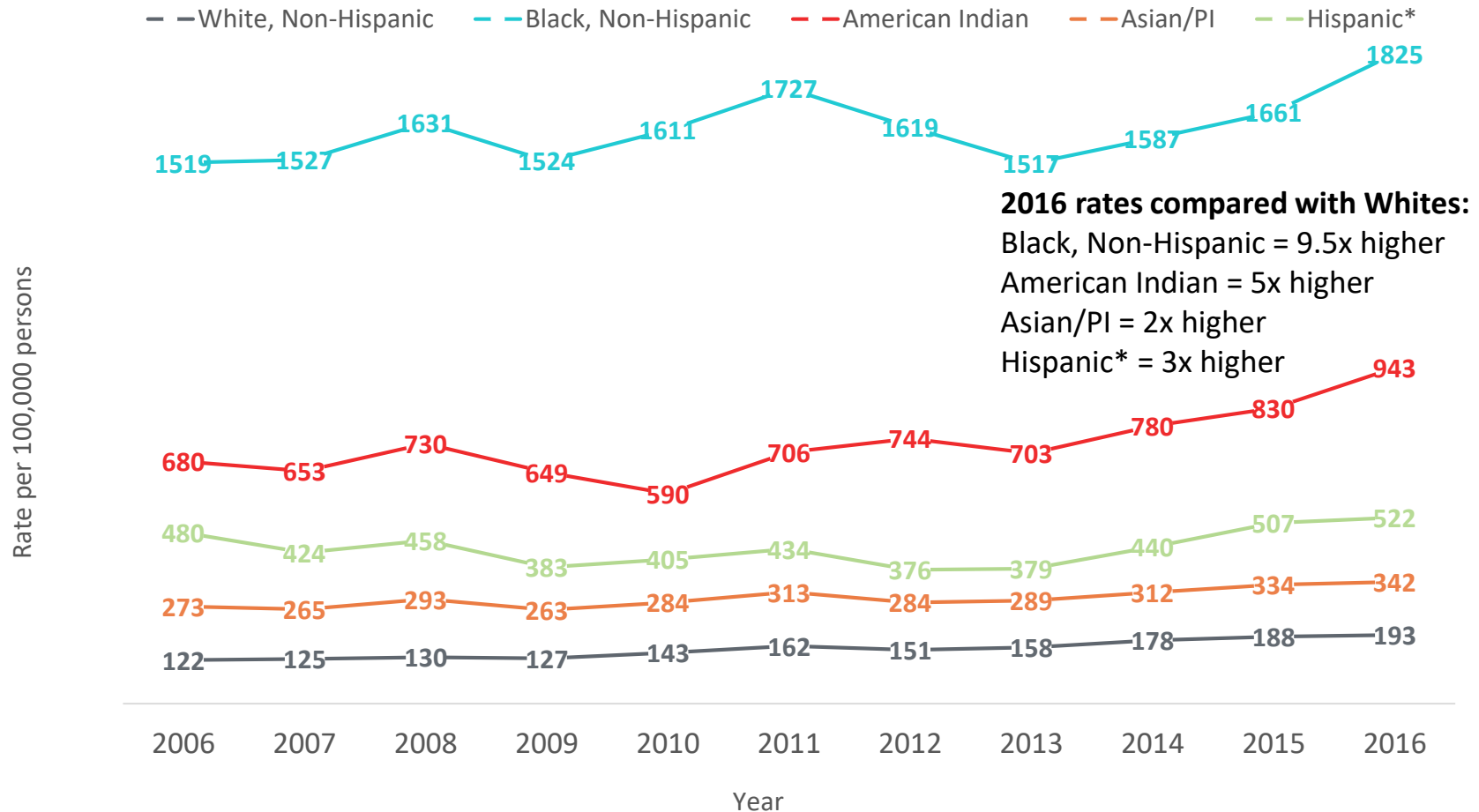


Age-Specific Chlamydia Rates by Gender Minnesota, 2016





Chlamydia Rates by Race/Ethnicity Minnesota, 2006-2016



* Persons of Hispanic ethnicity can be of any race



STD Surveillance Summary

Minnesota Department of Health STD Surveillance System



Summary of STD Trends in Minnesota

- From 2006-2016, the chlamydia rate increased by 71%. The rate of gonorrhea increased by 25%. Rates of reported syphilis increased in 2016 compared to 2015 by 30%.
- Minnesota has seen a resurgence of syphilis over the past decade, with men who have sex with men and those co-infected with HIV being especially impacted. However, the number of females is near the record high for the last decade.
- Persons of color continue to be disproportionately affected by STDs.
- STD rates are highest in the cities of Minneapolis and Saint Paul. However, chlamydia and gonorrhea cases in the Twin Cities suburbs and Greater Minnesota account for 61% of the reported cases in 2016.
- Between 2015 and 2016, early syphilis cases increased by 29%. Men who have sex with men comprised 77% of all male cases in 2016; cases among women are continuing to remain high.



Future Updates to STD Reporting

- New case report form to accommodate changes in treatment guidelines, requesting HIV testing status, and PrEP usage.
- Case report form is be able to be filled out on a computer and printed to be mailed or faxed in
- All cases co-infected with HIV (diagnosed in the last year)/Gonorrhea, HIV/Syphilis, and Early Syphilis will be continue to be assigned to MDH Partner Services for follow-up
- All Gonorrhea cases continue to have the potential for being contacted by MDH for additional follow-up



For more information, contact:

- STD Surveillance Data

Dawn.Ginzl@state.mn.us, 651-201-4041

- MDH Partner Services Program

Brian.Kendrick@state.mn.us, 651-201-4021





Highlights from the HIV Surveillance Report, 2016

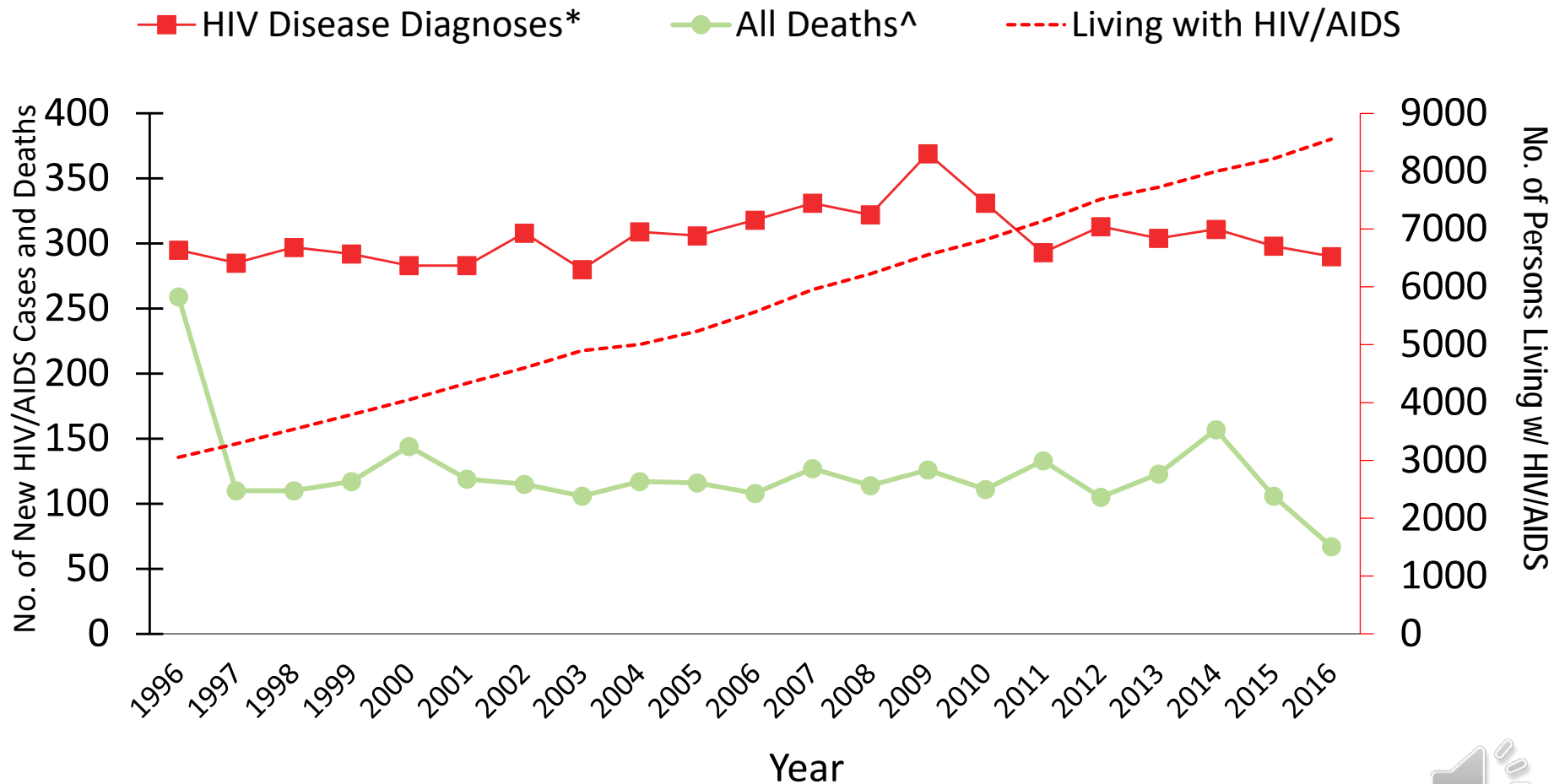
Minnesota Department of Health HIV/AIDS Surveillance System





HIV/AIDS in Minnesota

New HIV Disease Diagnoses, Deaths and Prevalent Cases by Year, 1996-2016

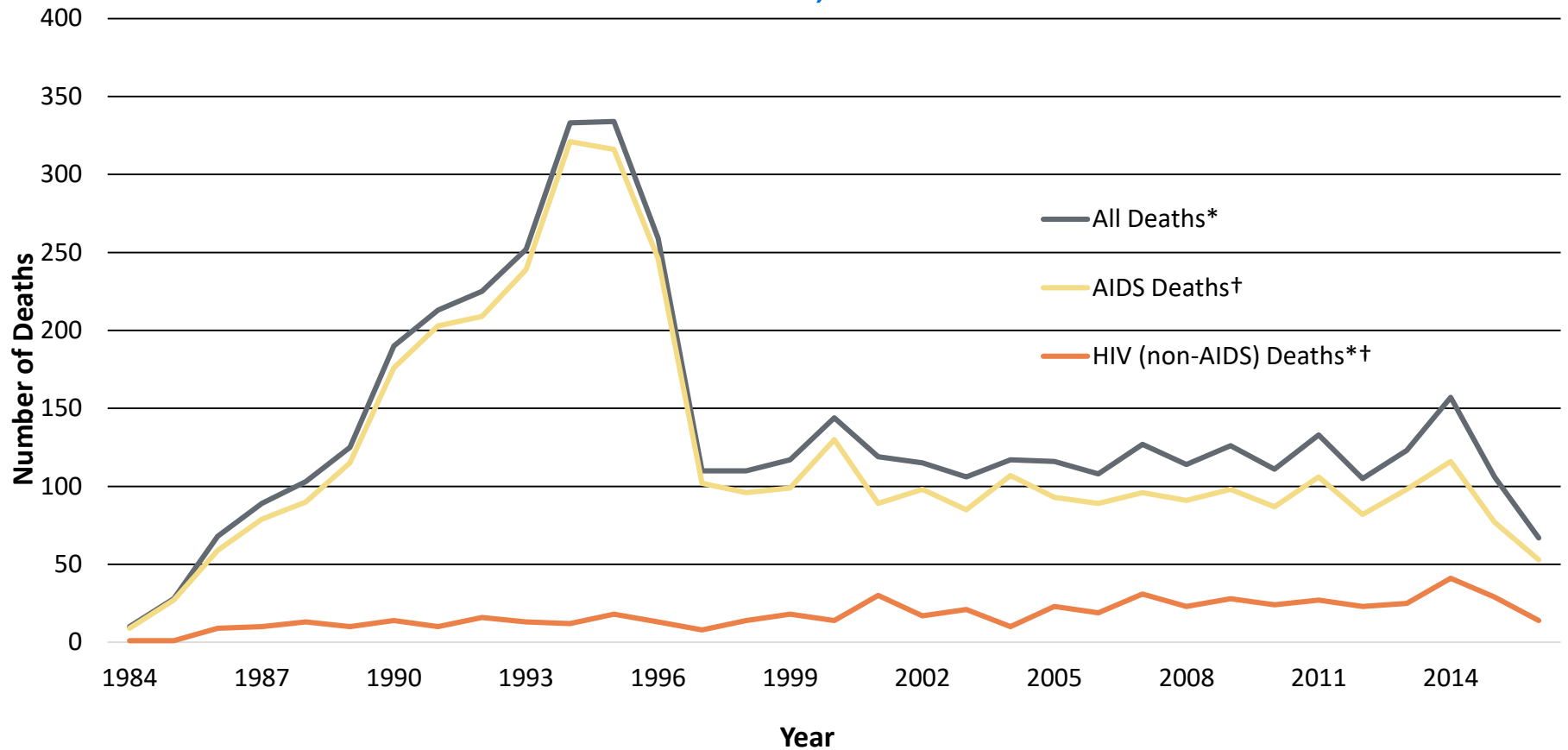


*Includes all new cases of HIV infection (both HIV (non-AIDS) and AIDS at first diagnosis) diagnosed within a given calendar year.

^Deaths in Minnesota among people with HIV/AIDS, regardless of location of diagnosis and cause.



Reported Deaths among Persons with HIV in Minnesota , 1984-2016



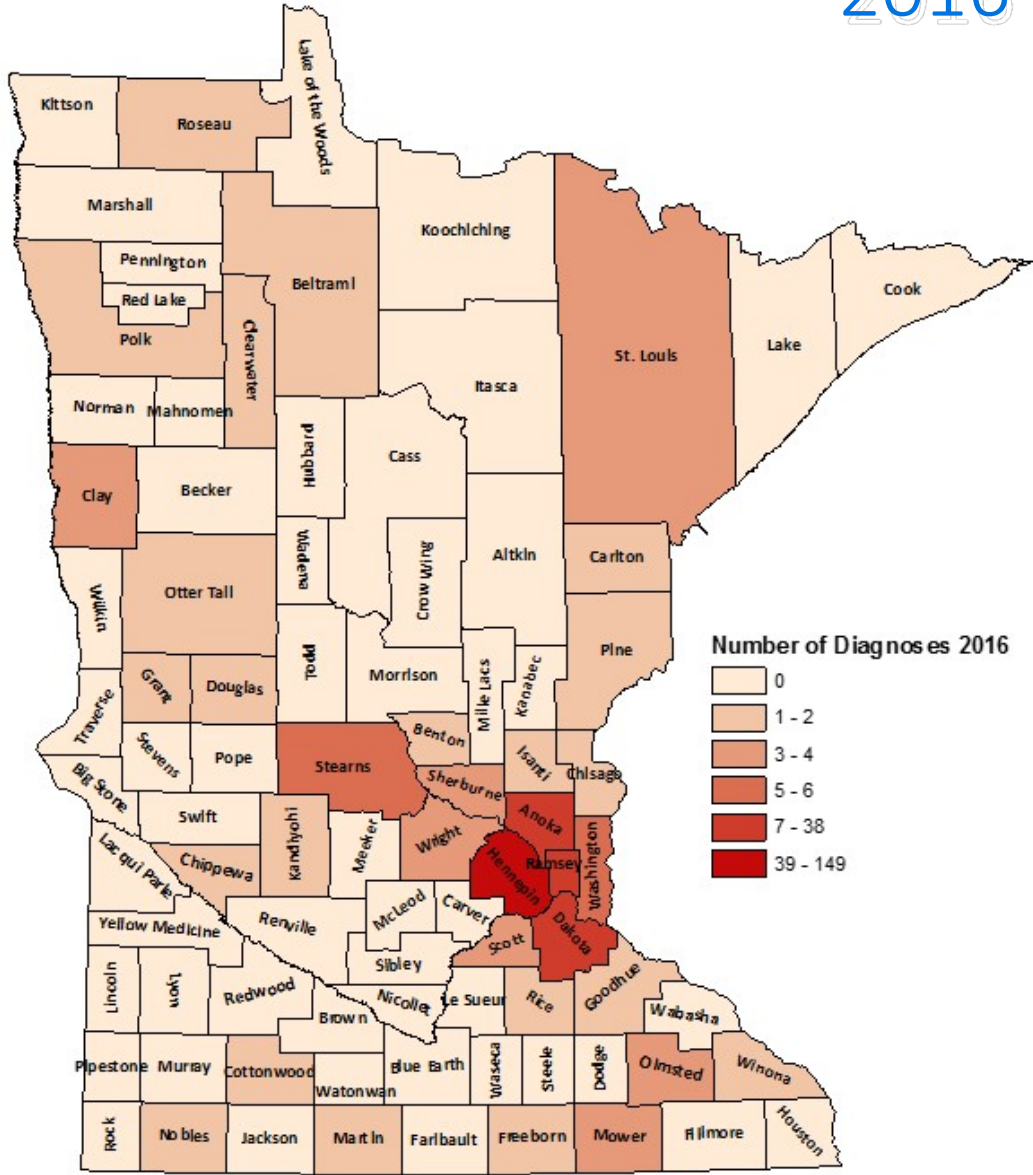
* Number of deaths known to have occurred among all people living with HIV infection in Minnesota, regardless of location of diagnosis and cause of death.

† Number of deaths known to have occurred among people living with AIDS in Minnesota in a given calendar year, regardless of location of diagnosis and cause of death

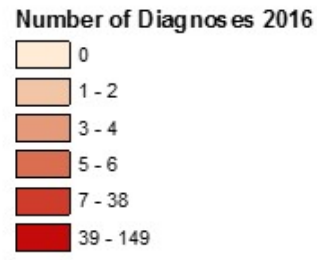
*† Number of deaths known to have occurred among people living with HIV (non-AIDS) in Minnesota in a given calendar year, regardless of location of diagnosis and cause of death



HIV Diagnoses* by County of Residence at Diagnosis, 2016



Minneapolis	92
St. Paul	28
Suburban#	118
Greater Minnesota	52
Total Number	290



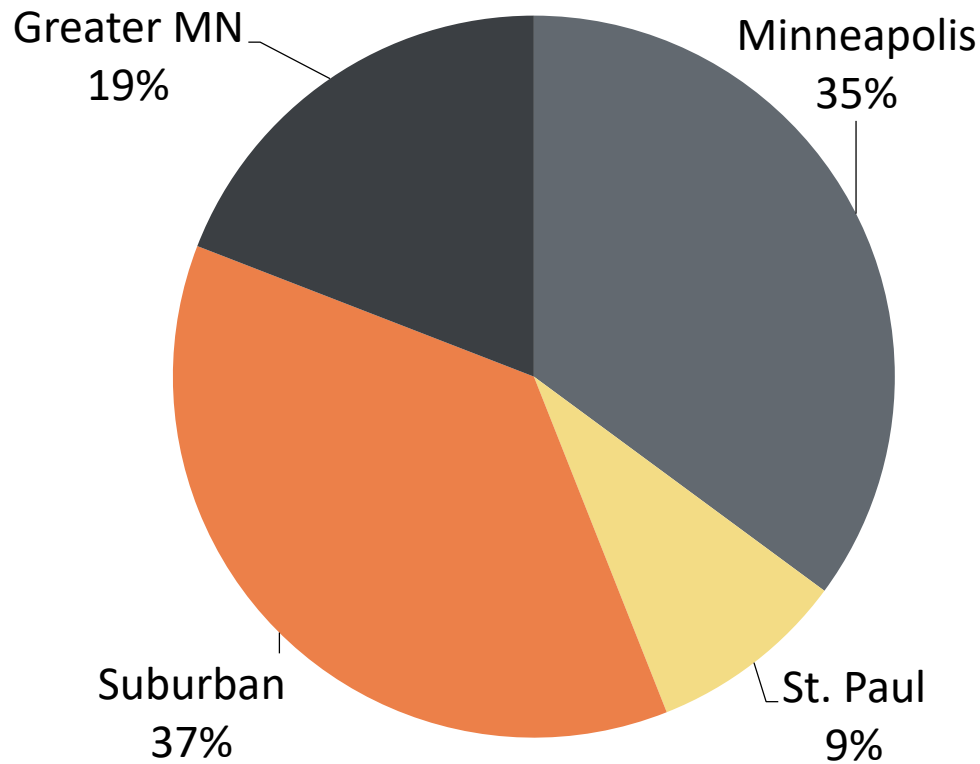
*HIV or AIDS at first diagnosis

7-county metro area, excluding the cities of Minneapolis and St. Paul

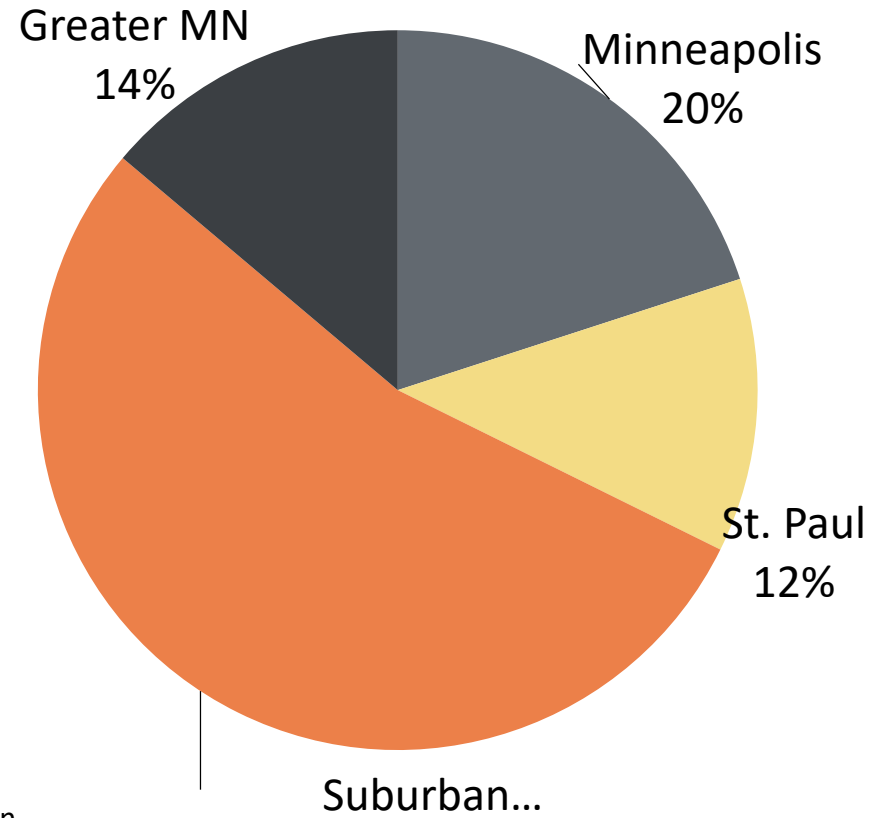


HIV Diagnoses* in Minnesota by Gender and Residence at Diagnosis, 2016

Males n = 225



Females n = 65



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



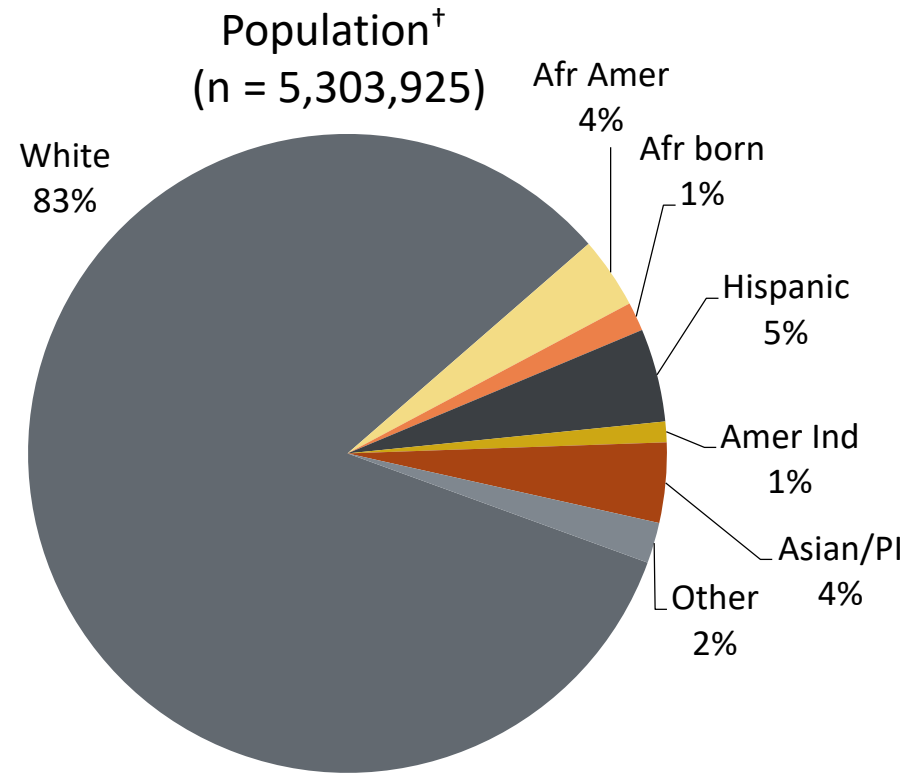
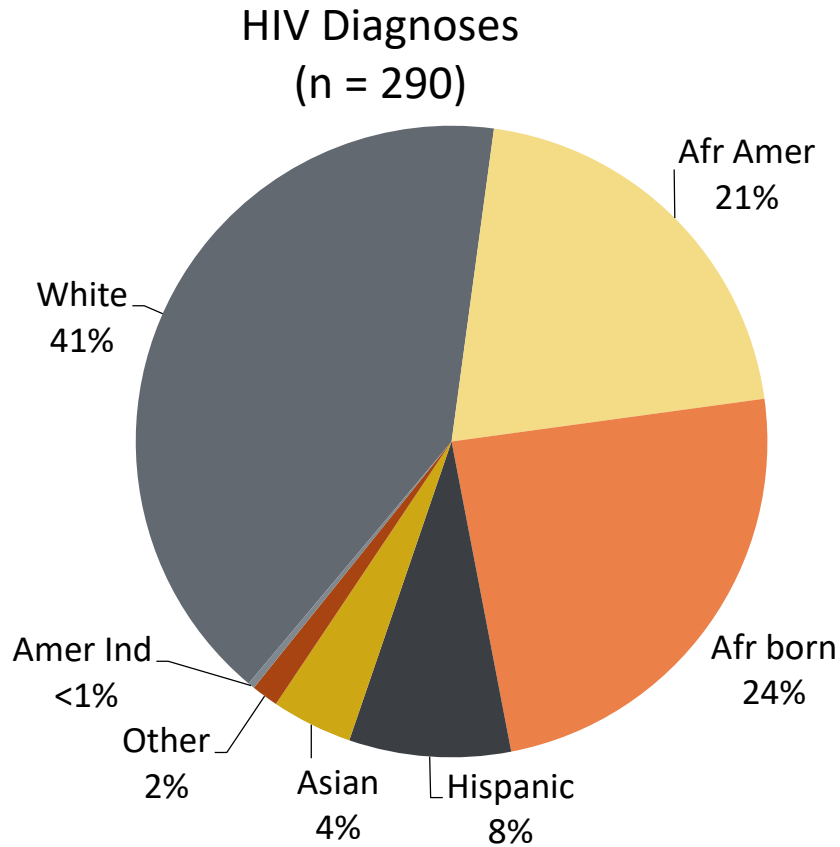


Gender and Race/Ethnicity





HIV Diagnoses* in Year 2016 and General Population in Minnesota by Race/Ethnicity



* HIV or AIDS at first diagnosis

† Population estimates based on 2010 U.S. Census data.

n = Number of persons

Amer Ind = American Indian

Afr Amer = African American (Black, not African-born persons)

Afr born = African-born (Black, African-born persons)





Number of Cases and Rates (per 100,000 persons) of HIV Diagnoses* by Race/Ethnicity[†] – Minnesota, 2016

Race/Ethnicity	Cases	%	Rate
White, non-Hispanic	119	41%	2.7
Black, African-American	60	21%	31.3
Black, African-born	70	24%	90.3 ^{††}
Hispanic	24	8%	9.6
American Indian	1	0.3%	#
Asian/Pacific Islander	12	4%	5.6
Other[^]	4	1%	#
Total	290	100%	5.5

* 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 77,557 Source: 2010-2012 American Community Survey. Additional calculations by the State Demographic Center.

[^] Other = Multi-racial persons or persons with unknown or missing race

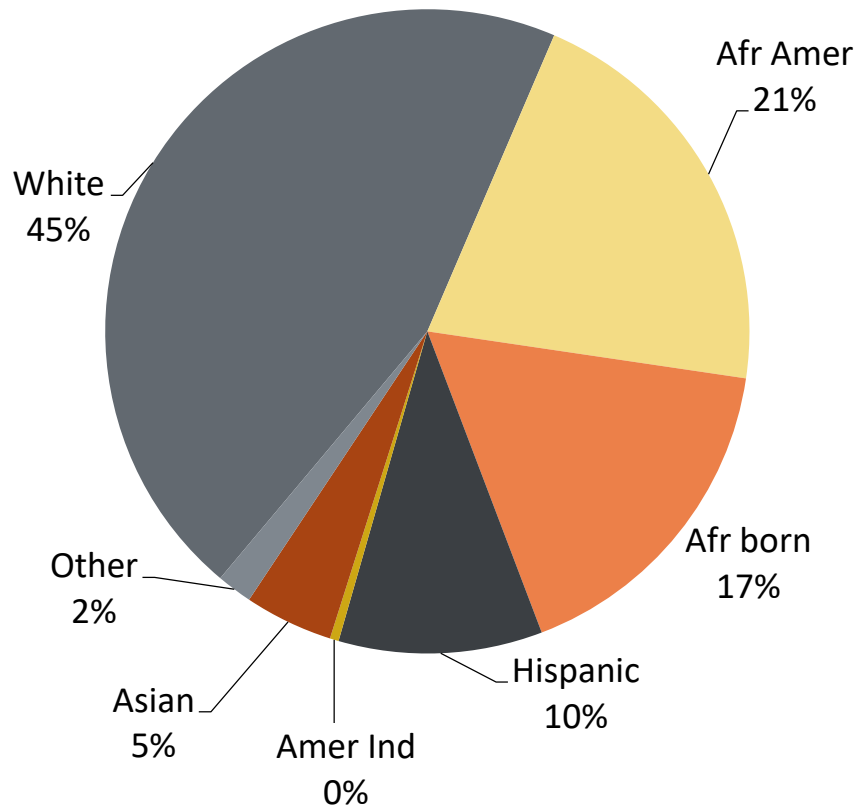
Number of cases too small to calculate reliable rate



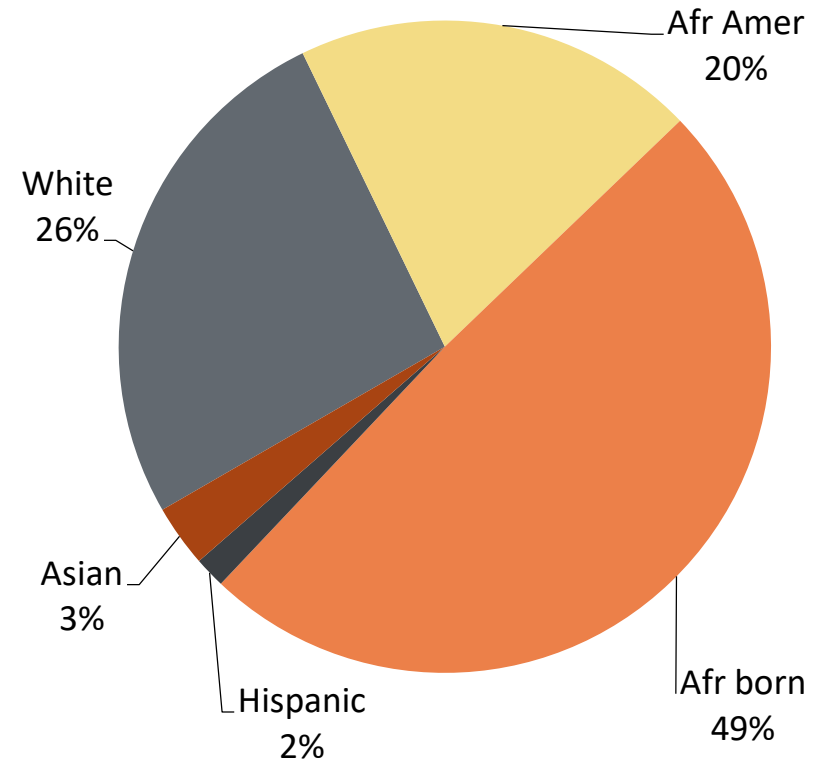


HIV Diagnoses* Diagnosed in Year 2016 by Gender and Race/Ethnicity

Males (n = 225)



Females (n = 65)



* HIV or AIDS at first diagnosis

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





Number of Cases of Adult and Adolescent HIV Diagnoses** by Gender Identity and Risk†, Minnesota, 2016

Gender/Risk	Cases	%	Rate
Men (Total)	(223)	77%	10.3
MSM†	139	62%	149.8
Non-MSM	84	38%	4.1
Women	63	22%	2.8
Transgender ^ (Total)	4	1%	x
Male to Female	2	50%	x
Female to Male	2	50%	x
Total	290	100%	5.5

**HIV or AIDS at first diagnosis over the age of 13

† “MSM” refers to both MSM and MSM/IDU. Estimate of 92,788

^ No current transgender estimate available



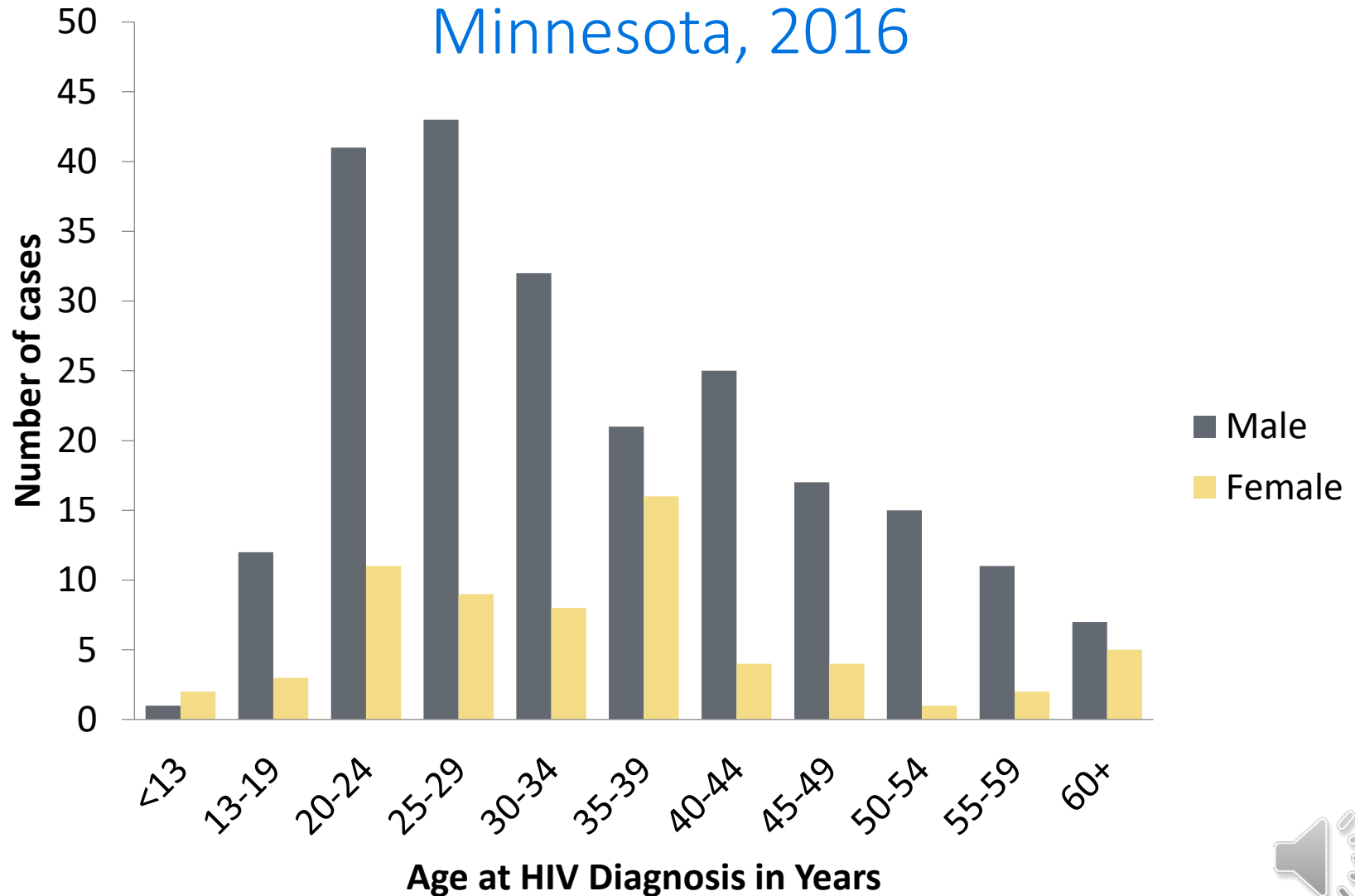


Age





Age at HIV Diagnosis* by Sex at Birth, Minnesota, 2016



* HIV or AIDS at first diagnosis

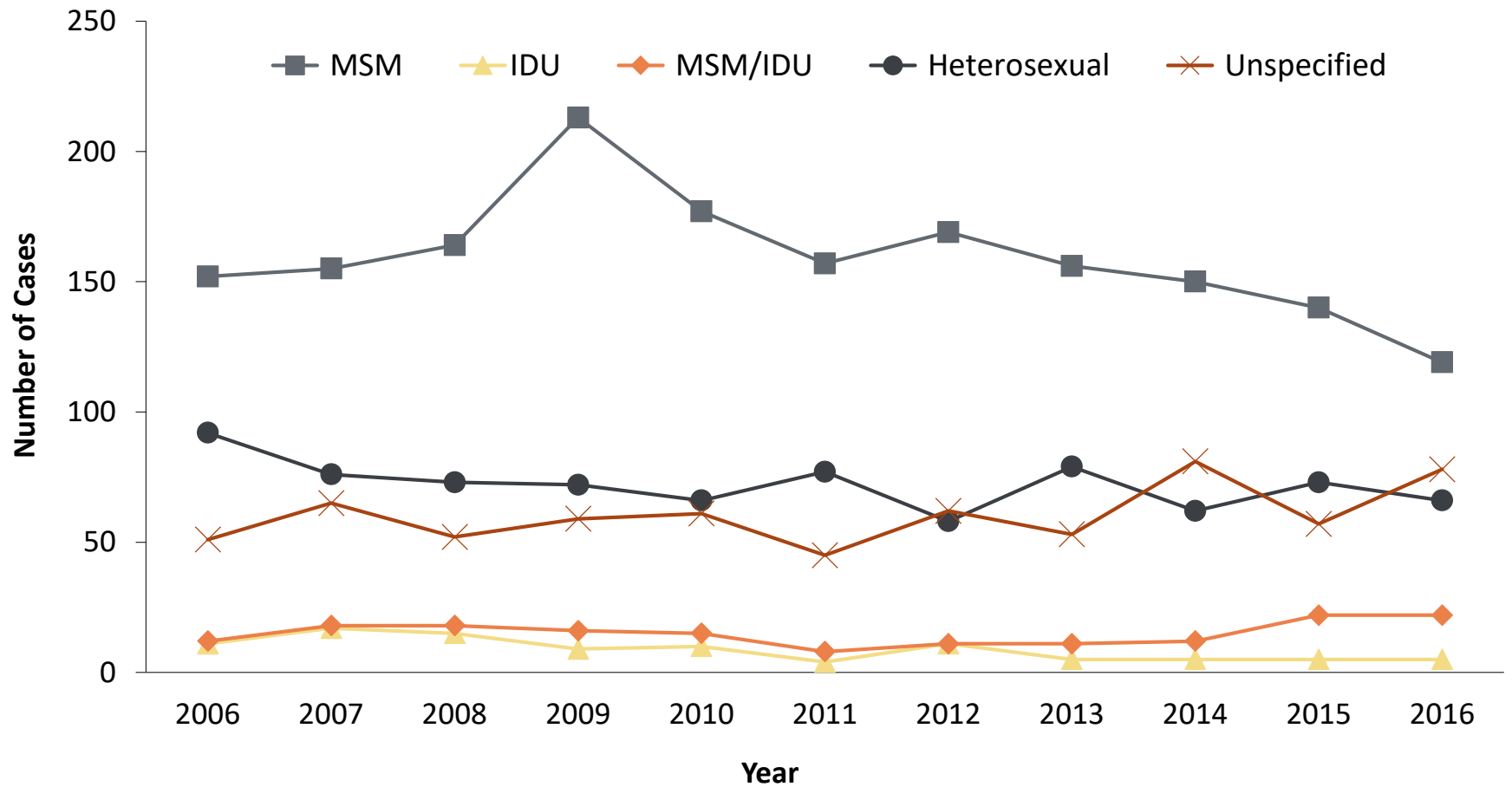


Mode of Exposure





HIV Diagnoses* by Mode of Exposure and Year, 2005 - 2016



*HIV or AIDS at first diagnosis

Unspecified = No mode of exposure ascertained



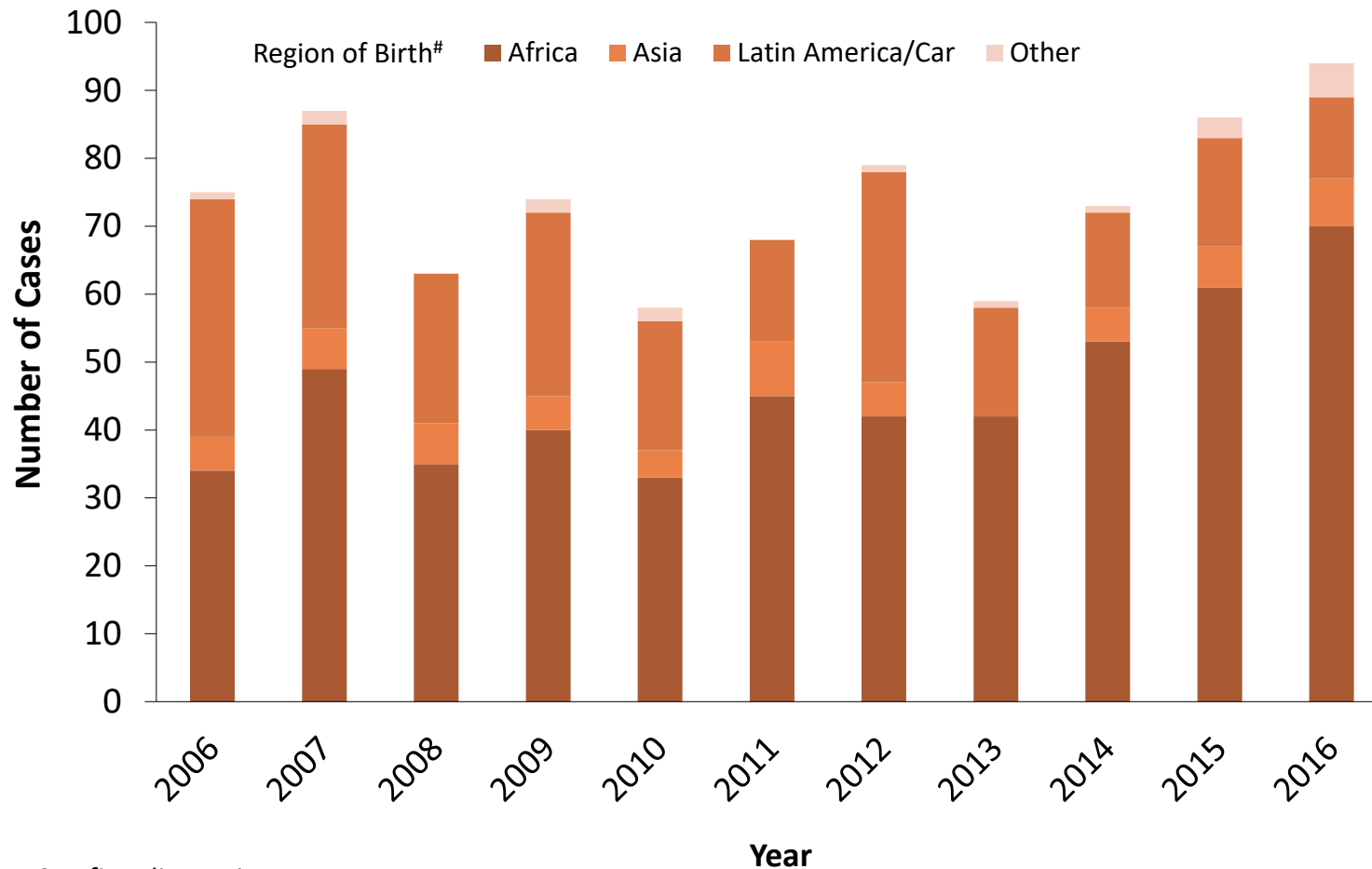


Foreign-born Cases





HIV Diagnoses* among Foreign-Born Persons† in Minnesota by Year and Region of Birth, 2006 - 2016



* 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.



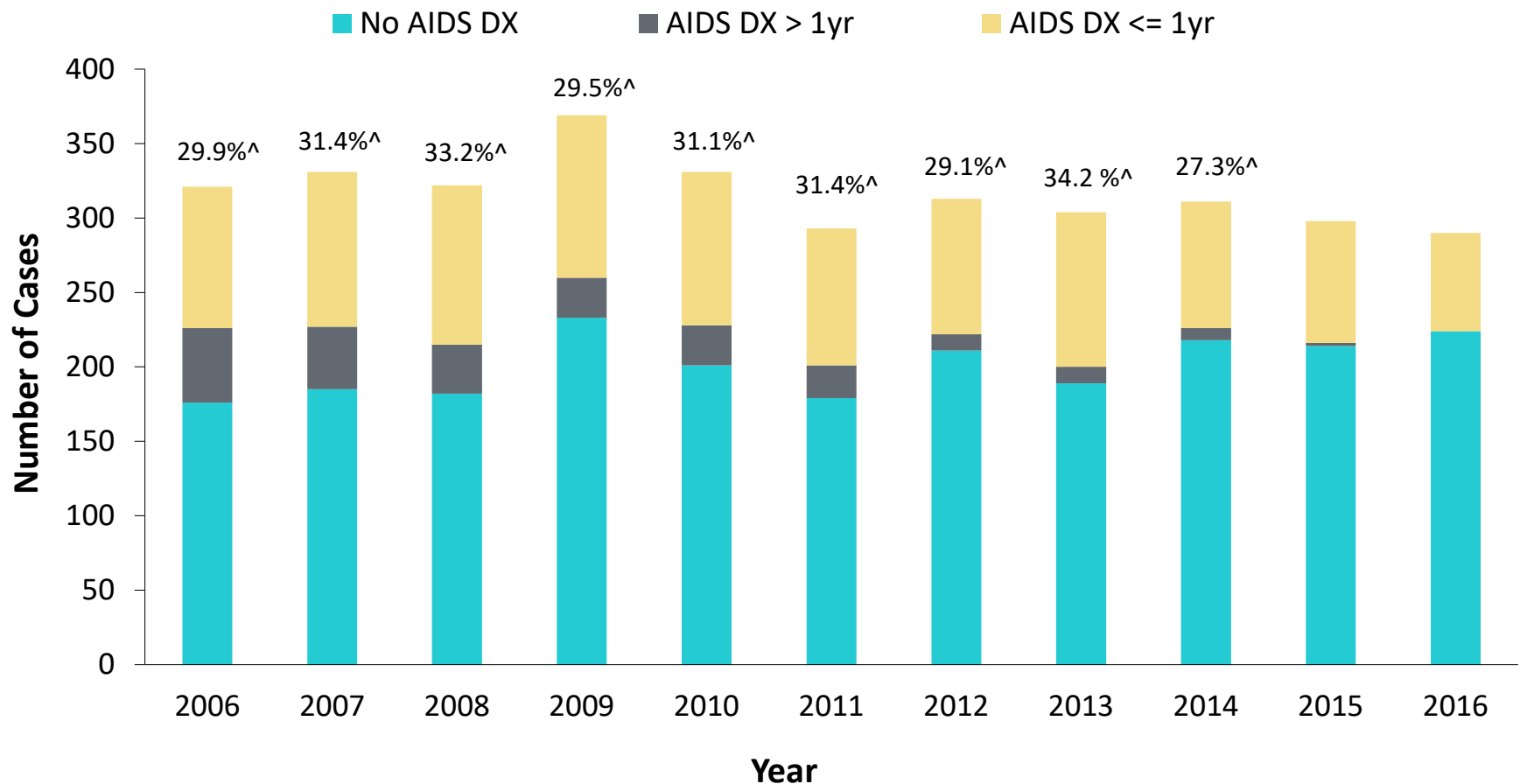


Late Testers:
AIDS Diagnosis within
one year of HIV Diagnosis





Time of Progression to AIDS for HIV Diagnoses in Minnesota*, 2006 - 2016[†]



*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

[†] Numbers/Percent for cases diagnosed in 2016 only represents cases progressing to AIDS through March 20, 2017.



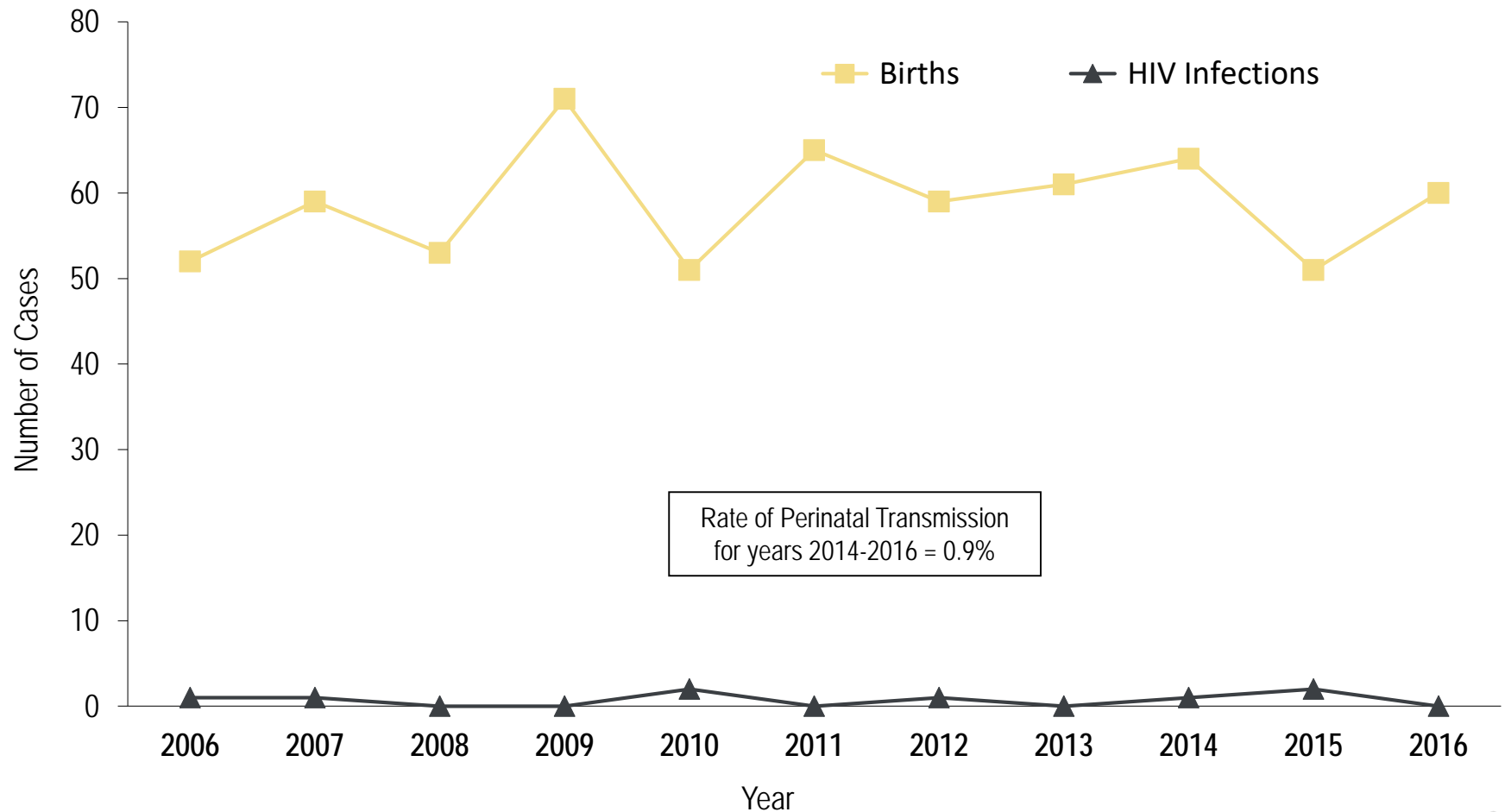


Births to HIV-Infected Women Perinatal Acquired HIV Infections





Births to HIV-Infected Women and Number of Perinately Acquired HIV Infections* by Year of Birth, 2006 - 2016



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



Conclusion

- Total HIV diagnoses for 2016 similar to 2015
- Male to Male sex remains the leading risk factor for HIV
- More than half of newly reported cases were among communities of color
- Cases among 20-29 year olds remain high
- Cases of injection drug users indicate a continuing increase over the last two years
- Regionally, there was a 41% increase in new HIV cases in Greater Minnesota from the previous year





Thank You!

For more information, please contact:

Cheryl Barber, HIV/AIDS Surveillance Coordinator

Cheryl.barber@state.mn.us

(651) 201-5624



Highlights from the Hepatitis Surveillance Report, 2016

Minnesota Department of Health Hepatitis Surveillance System





Introduction

- **Data in this presentation are current through 2016**
- **Definitions:**
 - **Acute case:**
 - Infected within the last six months
 - Symptomatic OR negative test in six months before diagnosis
 - **Chronic case:**
 - Infected for over six months
 - Asymptomatic or symptomatic
 - **Resolved cases:**
 - No evidence of current infection
 - Evidence of past infection





Data limitations

- **The slides rely on data from HCV and HBV cases diagnosed through 2016 and reported to the Minnesota Department of Health (MDH) Hepatitis Surveillance System.**
- **Some limitations of surveillance data:**
 - Data do not include hepatitis-infected persons who have not been tested
 - Data do not include persons whose positive test results have not been reported to the MDH
- **Persons are assumed to be alive unless the MDH has knowledge of their death. Most recent match with Minnesota death records was in 2017.**
- **Persons whose most recently reported state of residence was Minnesota are assumed to be currently residing in Minnesota unless MDH has knowledge of their relocation.**





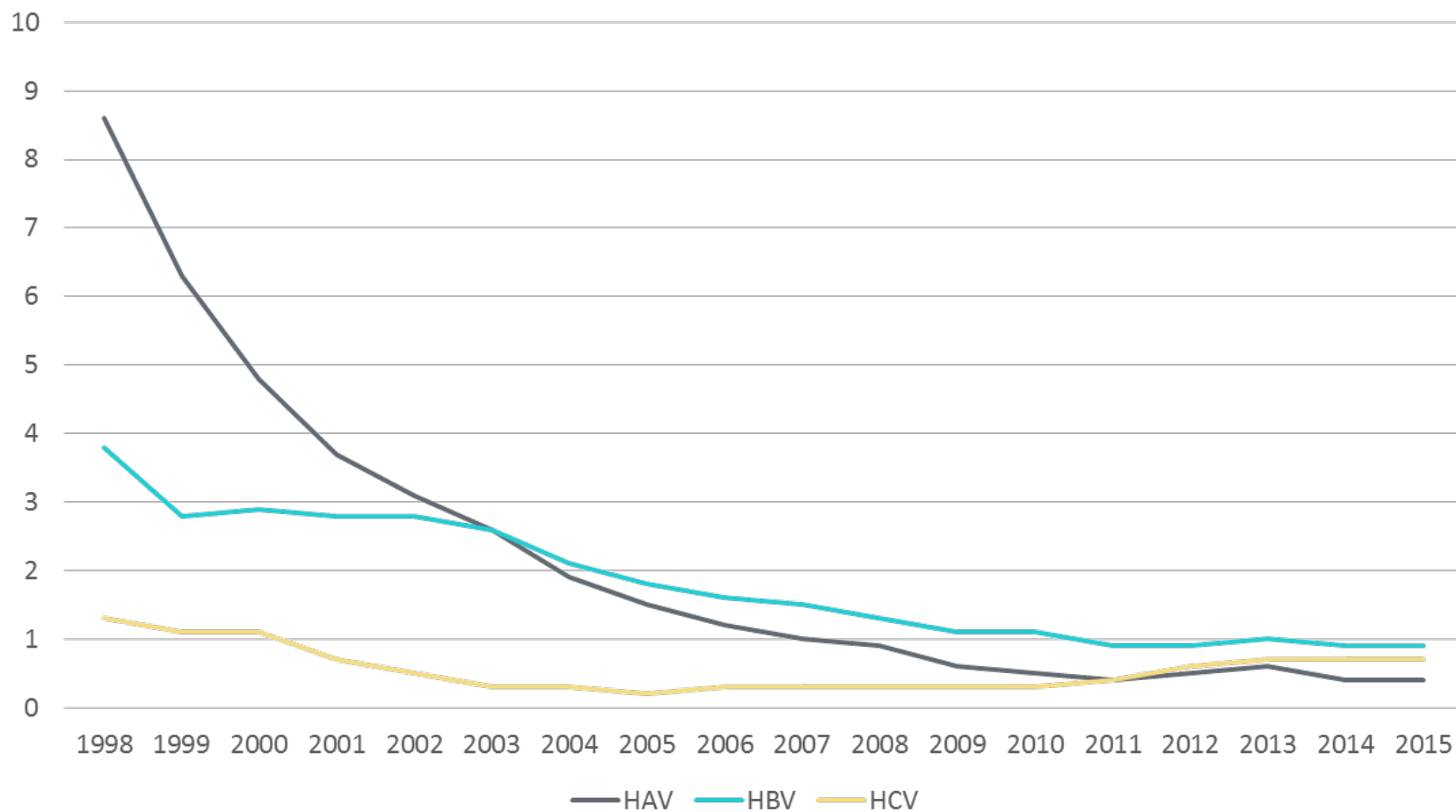
Acute Viral Hepatitis

- **Acute case:**
 - Infected within the last six months
 - Symptomatic OR negative test within 6 months before diagnosis



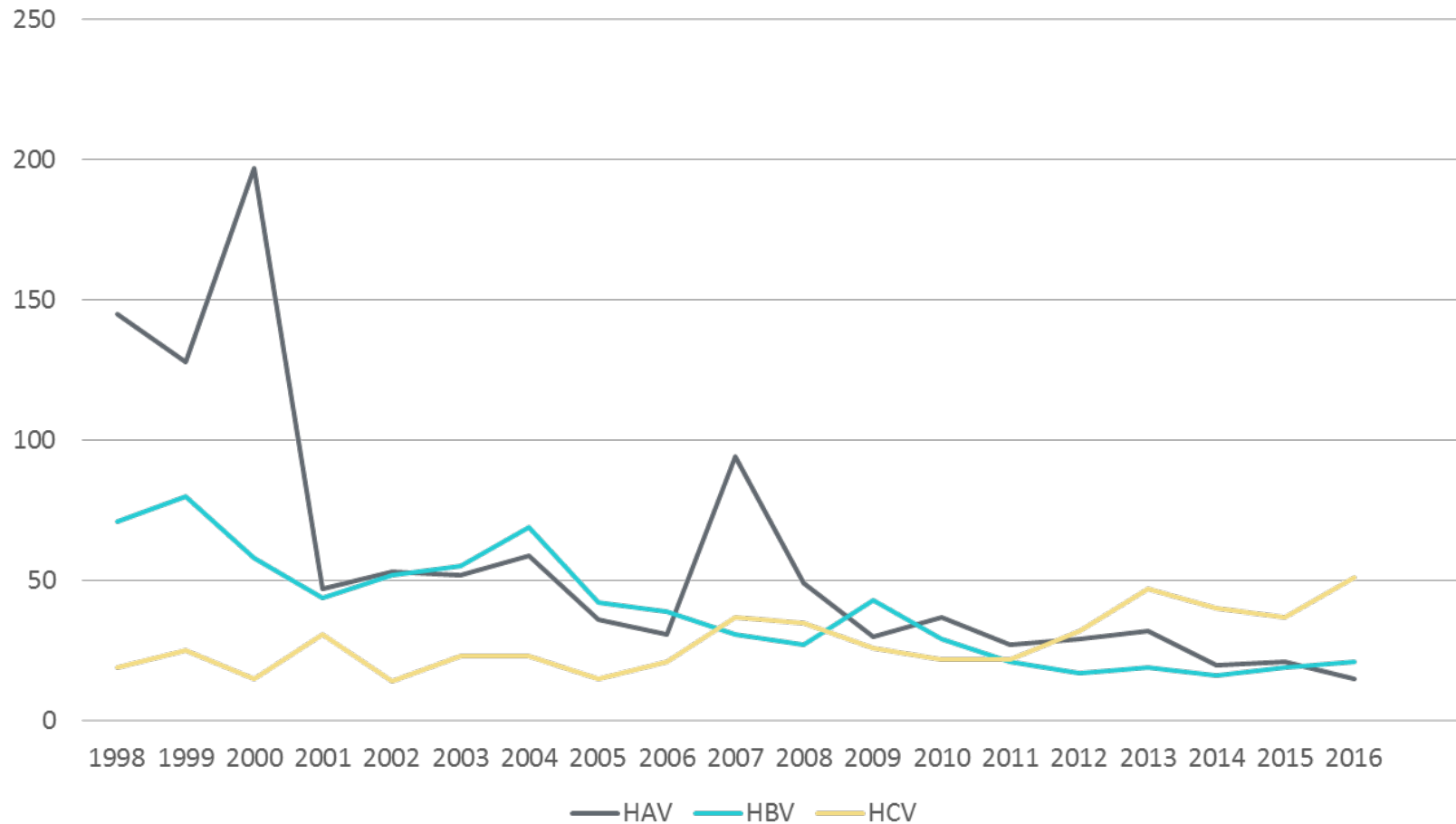


Reported rate per 100,000 population of acute viral hepatitis, United States, 1998-2015





Number of Acute* Cases per year Minnesota, 1998-2016



*Acute cases include seroconverters for all years for HBV and HCV

Data Source: MN Viral Hepatitis Surveillance System

Chronic Hepatitis C





Overview of HCV in Minnesota

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

- **Chronic cases**
 - Probable – anti-HCV + alone
 - Confirmed – HCV RNA +





Reported Number of Persons Living with HCV in MN

- As of December 31, 2016, 35,623* 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





Changes in Case Counting, 2016

- Removed resolved infections from case counts
- Completed match with death registry for 1997 through 2016





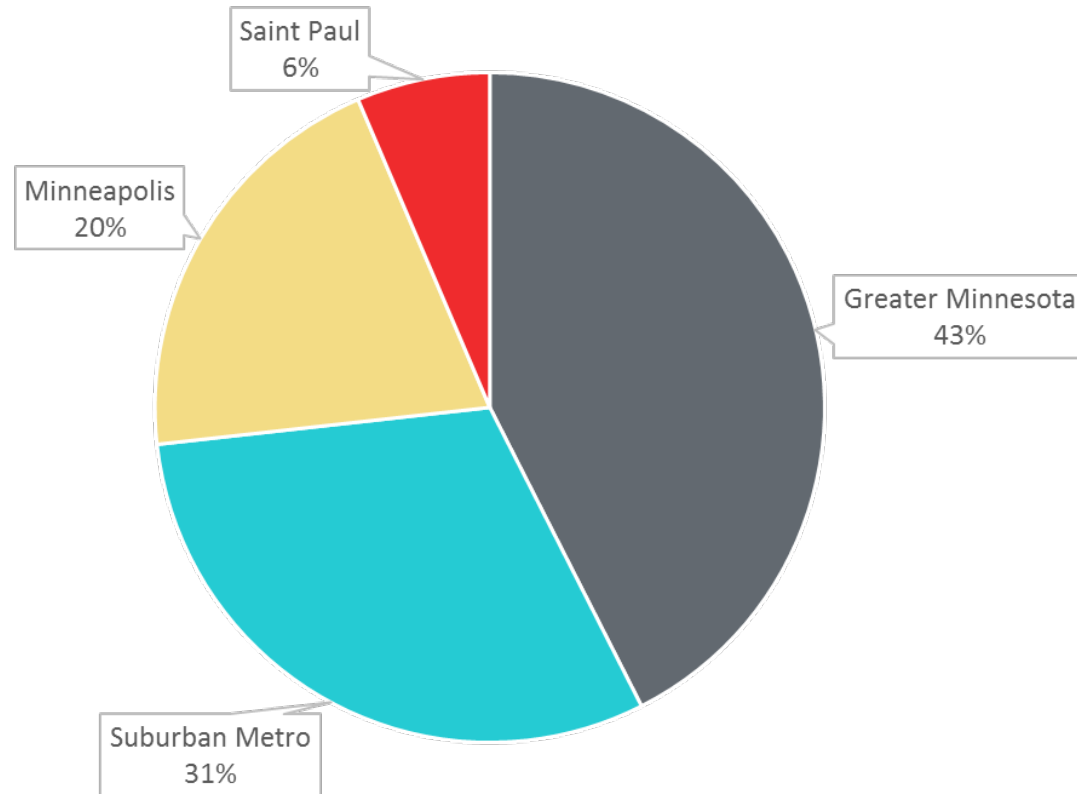
Changes in Case definitions

- **The national case definition changed for 2016**
 - Confirmed cases must have detectable RNA
 - Probable cases have **ONLY** a positive antibody test





Persons Living with HCV in Minnesota by Current Residence, 2016



Total number with residence information = 34,798
(825 missing residence information)

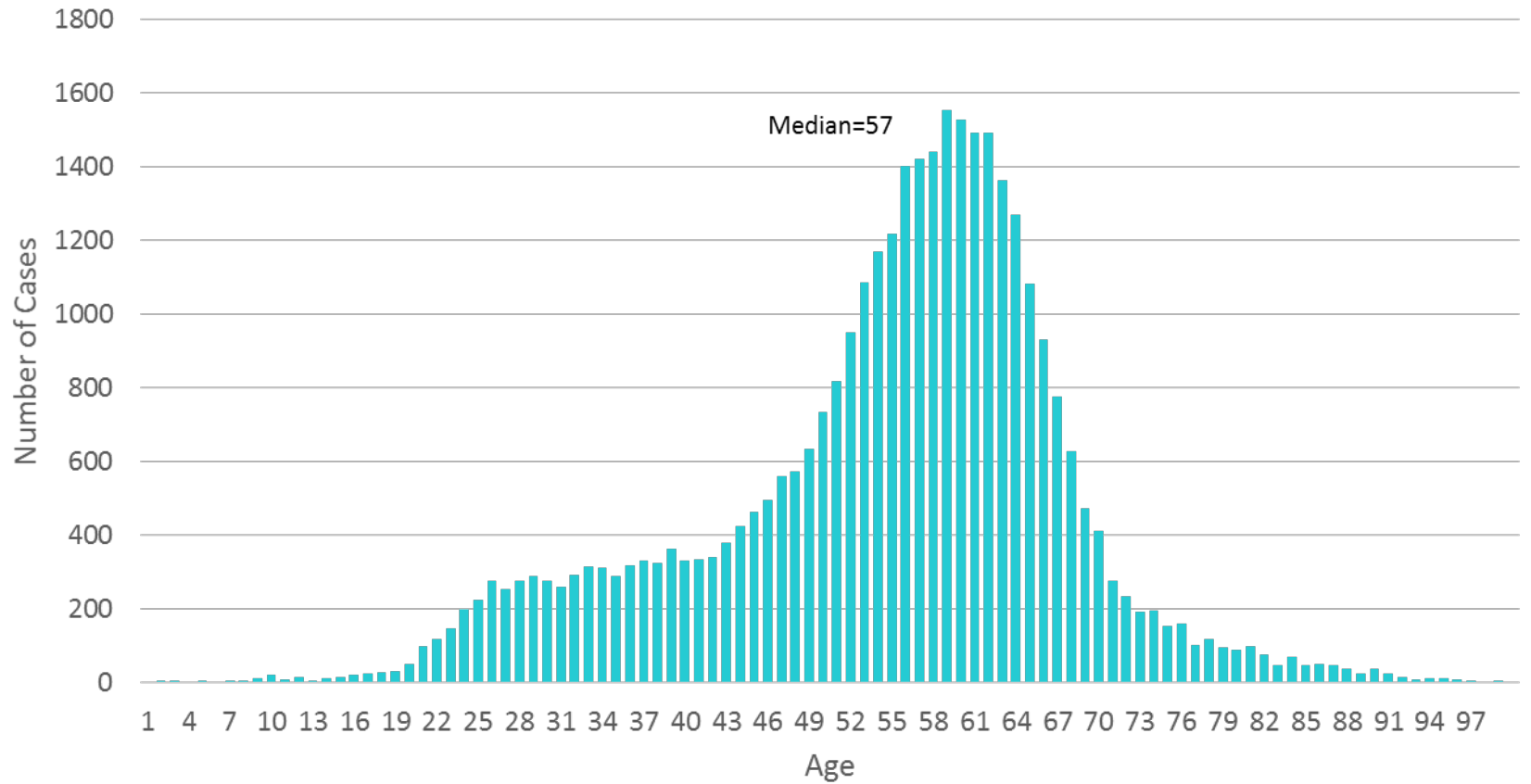
Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties including those in Hennepin County or Ramsey County with unknown city. Greater MN = All other Minnesota counties, outside the seven-county metro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

Data Source: MN Viral Hepatitis Surveillance System

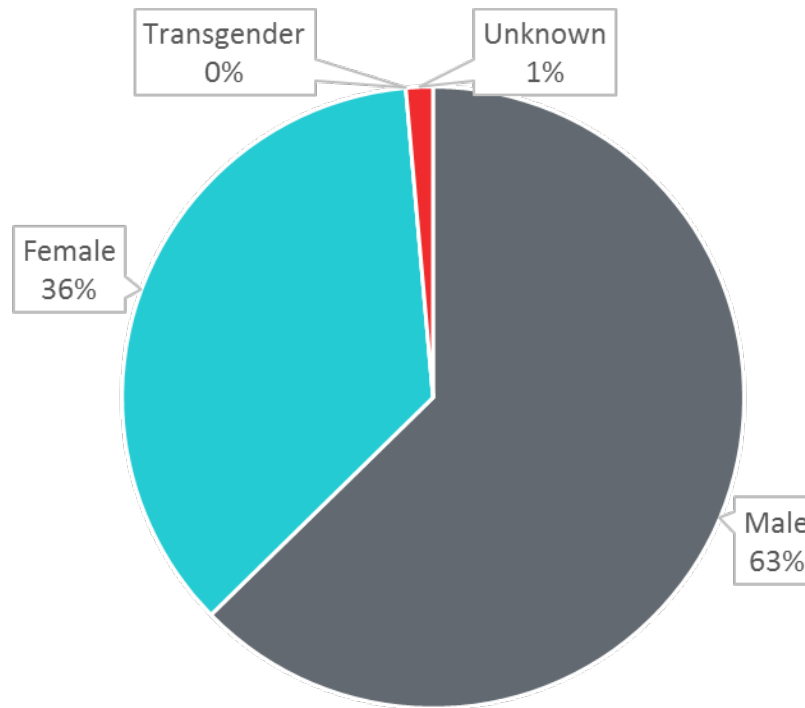




Persons Living with HCV in MN by Age, 2016



Persons Living with HCV in Minnesota by Gender*, 2016



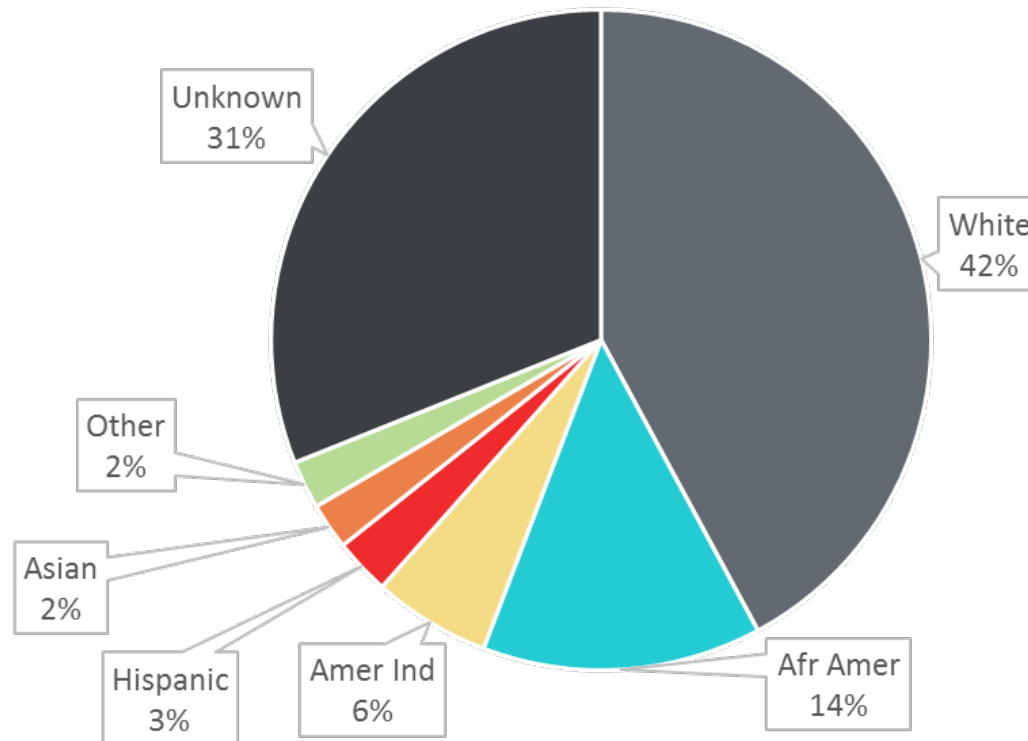
*Includes anonymous methadone patients

Data Source: MN Viral Hepatitis Surveillance System





Persons Living with Chronic HCV in Minnesota by Race, 2016



Afr Amer = African American /Black

Asian=Asian or Pacific Islander

Amer Ind = American Indian

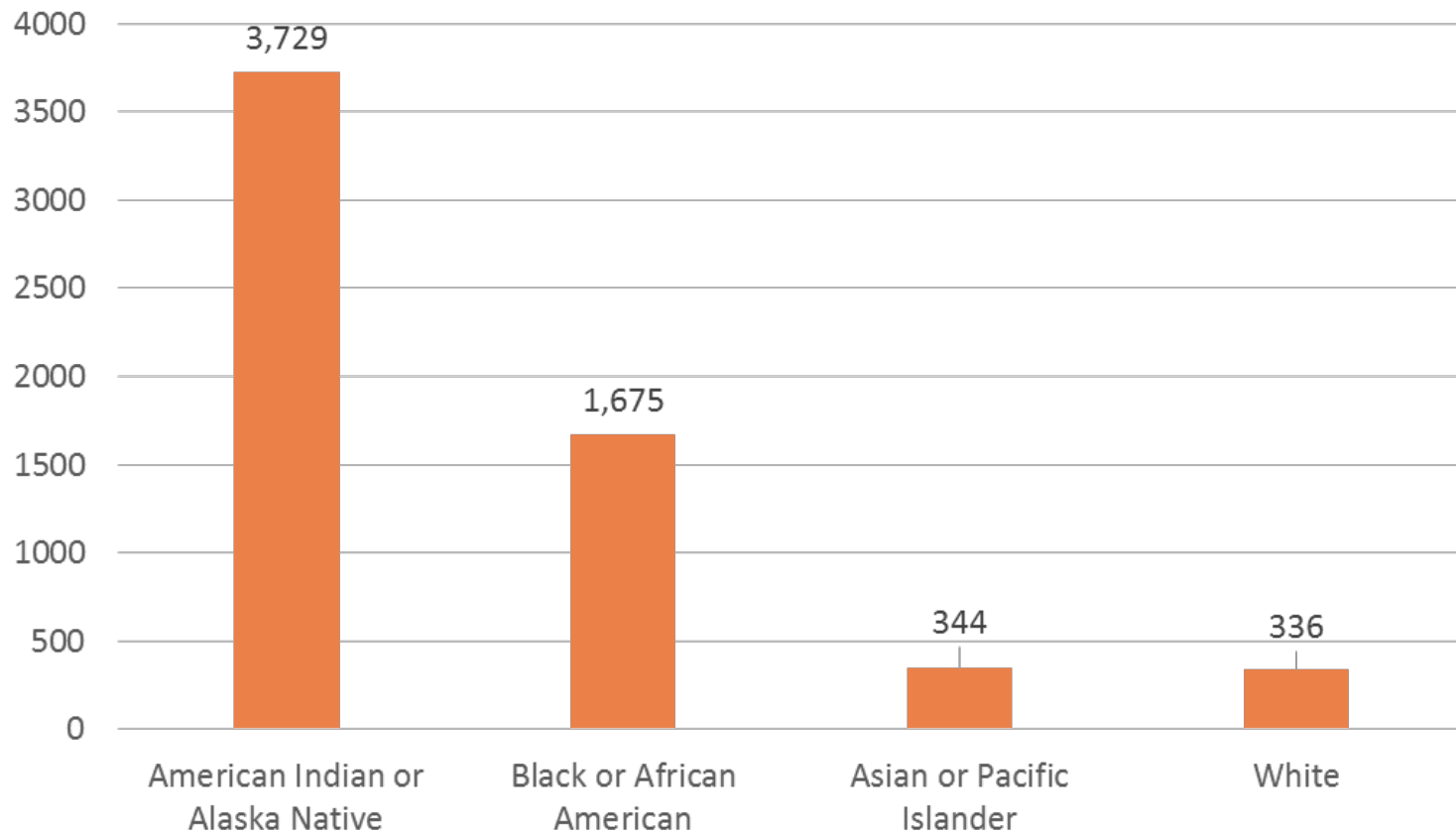
Other = Multi-racial persons or persons with other race

Data Source: MN Viral Hepatitis Surveillance System





Persons Living with HCV in Minnesota by Race rates (per 100,000 persons*), 2016



*Rates calculated using 2014 U.S. Census ACS data

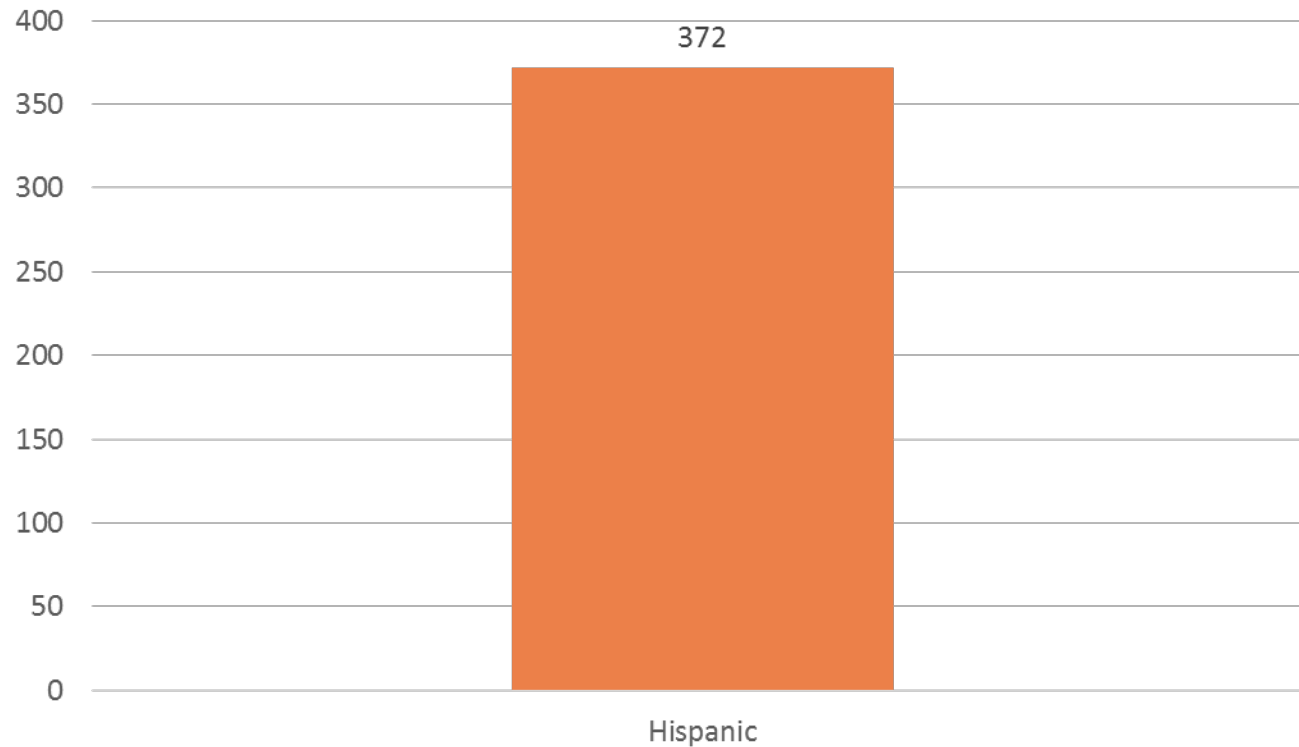
Excludes persons with multiple races or unknown race, n=12,238

Data Source: MN Viral Hepatitis Surveillance System





Persons Living with HCV in Minnesota by ethnicity rates (per 100,000 persons*), 2016



*Rates calculated using 2014 U.S. Census ACS data

Excludes persons with unknown ethnicity, n=20,068

Data Source: MN Viral Hepatitis Surveillance System





Resolved HCV Infection

- **Previously included in overall HCV case counts**
- **Defined as:**
 - A positive HCV RNA test followed by a negative HCV RNA test
- **Does NOT include:**
 - Anti-HCV positive with a negative HCV RNA with NO past positive HCV RNA





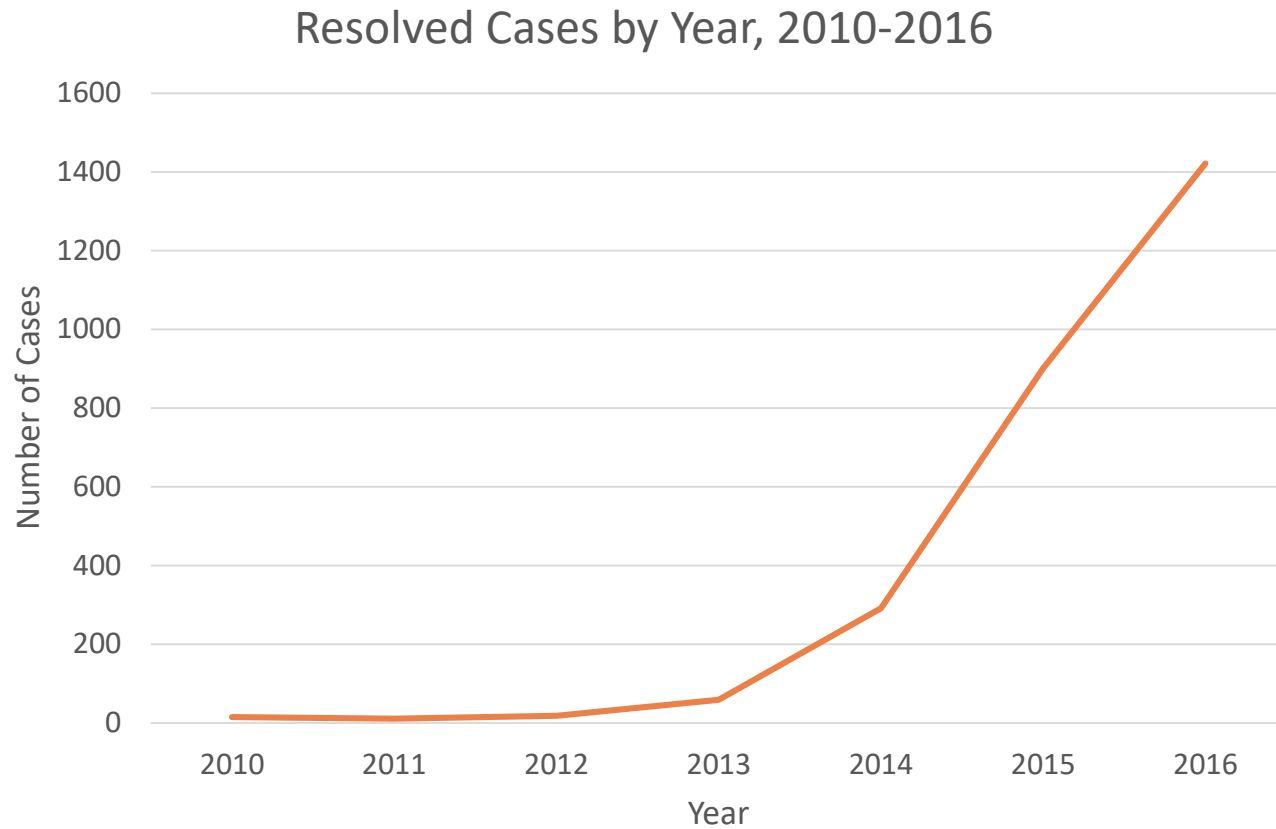
Resolved HCV, 2016

- **Total of 3,502 Resolved Infections**
- **Median Age: 58**





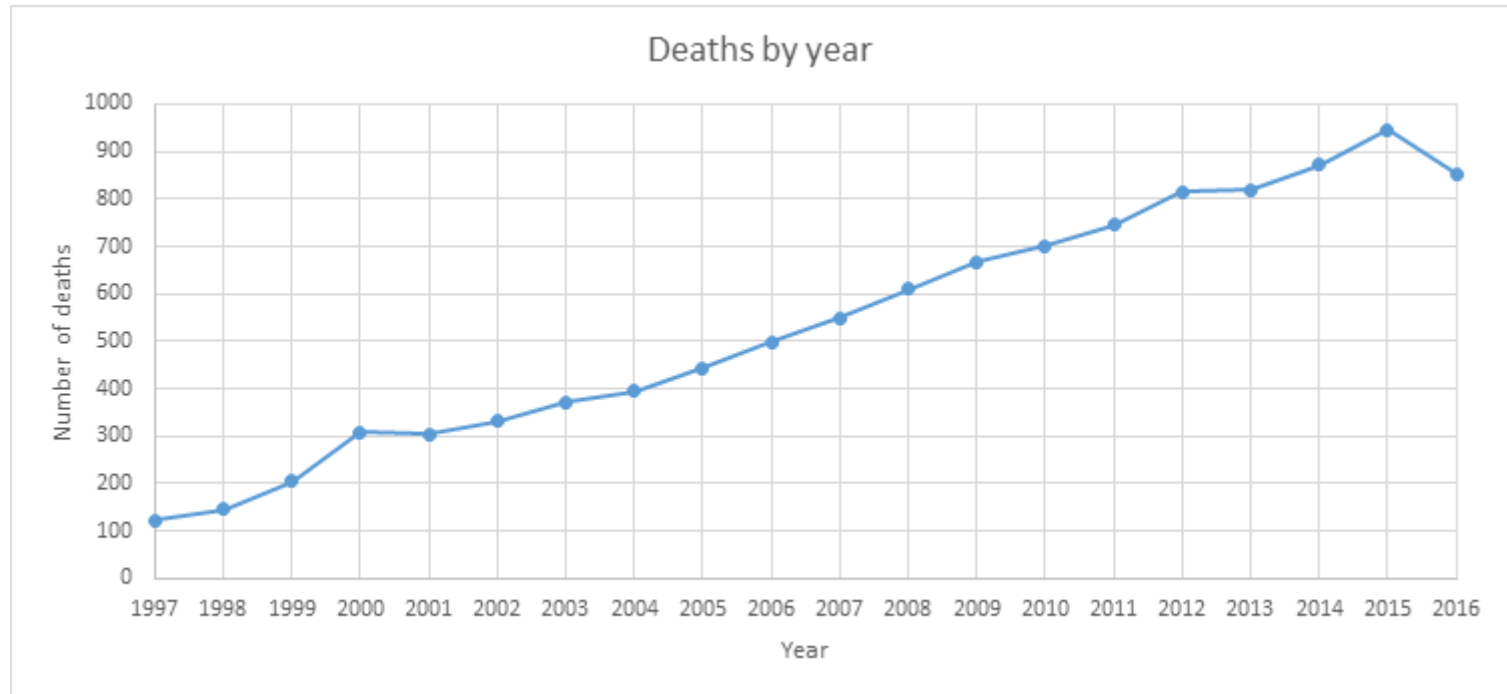
Resolved HCV, 2016 cont.





Match with Death Registry, 2016

HCV Cases Removed: 9,200



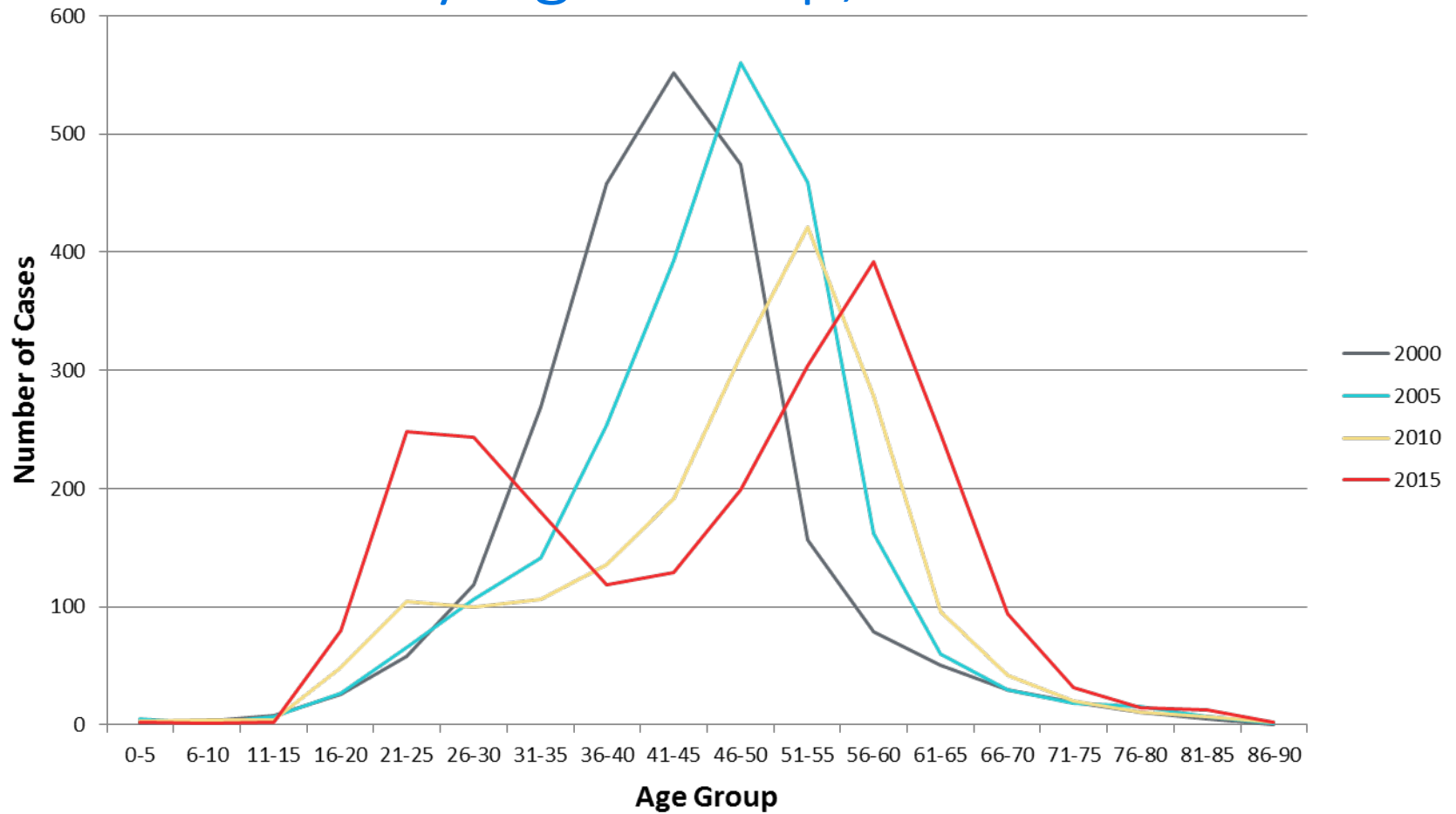


HCV in Persons Under 30





New Reports of HCV in Minnesota by Age Group, 2015



Hepatitis and HIV





HIV and Hepatitis B and C

- **As of December 31, 2016* , 8,554 persons are assumed alive and living in Minnesota with HIV/AIDS**
 - Of these 8,554 persons, 776 (9%) are co-infected with either Hepatitis B, C or both
 - Of the 776, 316 (41%) are living with HIV and Hep B
 - Of the 776, 416 (53%) are living with HIV and Hep C
 - Of the 776, 44 (6%) are living with HIV and Hep B/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



Thank you!

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