



Demographic Breakdowns of the HIV Care Continuum in Minnesota

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

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 2021, who were alive at year-end 2022

- **Linked to Care**

Calculated as the percentage of people age 13 and older linked to care within 30 days after initial HIV diagnosis **during 2021**. Note that linkage to care has a different denominator than all the other bars, because it focuses on one year of new HIV diagnoses.

- **Retained in Care**

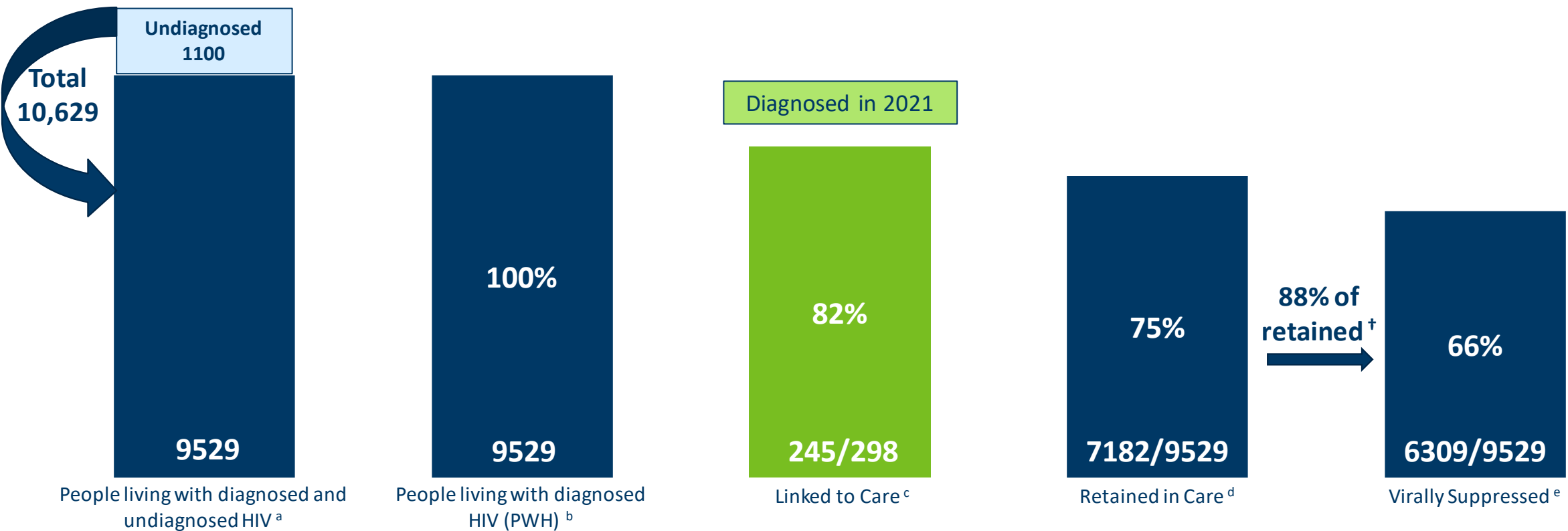
Calculated as the percentage of people age 13 and older who had ≥ 1 CD4 or viral load tests reported to MDH during 2022 among those diagnosed with HIV through year-end 2021 and alive at year-end 2022.

- **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 2022, among those diagnosed with HIV through year-end 2021 and alive at year-end 2022.

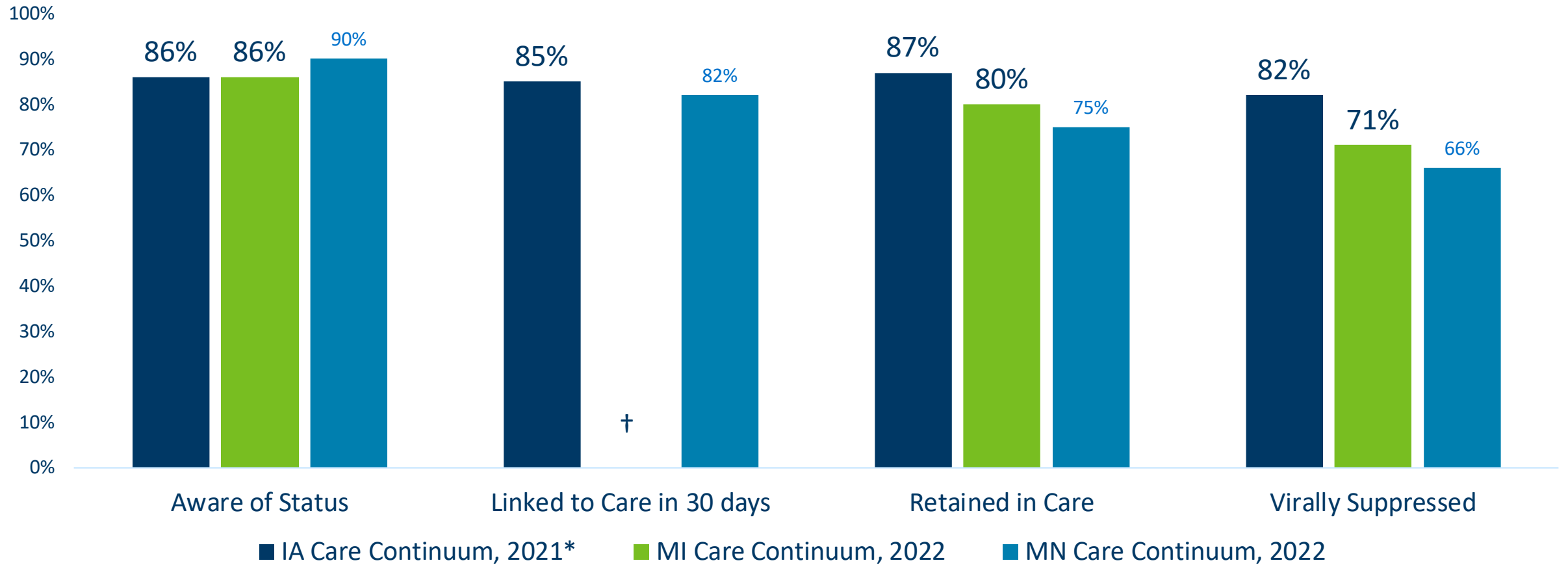
HIV Care Continuum in Minnesota 2022

Percentages of people diagnosed with HIV in stages of the care continuum



^aDefined as persons undiagnosed (estimate 1,100 (450-1,800), 95% CI) and persons diagnosed (n=9,529) aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2021, who were alive at year-end 2022.
^bDefined as persons diagnosed aged 13 or more with HIV infection (regardless of stage at diagnosis) through year-end 2021, who were alive at year-end 2022.
^cCalculated as the percentage of persons linked to care within 30 and 90 days after initial HIV diagnosis during 2021. Linkage to care is based on the number of persons diagnosed during 2021 and is therefore shown in a different color than the other bars with a different denominator.
^dCalculated as the percentage of persons who had ≥ 1 CD4 or viral load test results during 2022 among those diagnosed with HIV through year-end 2021 and alive at year end 2022.
^eCalculated as the percentage of persons who had suppressed viral load (≤ 200 copies/mL) at most recent test during 2022, among those diagnosed with HIV through year-end 2021 and alive at year end 2022
^fCalculated as number of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2022, among those who were retained in care during 2022 (6309/7182).

How does Minnesota's care continuum compare with other states' care continuum?



Sources: MI ([HIV Care Continuum Report Slides 2022 \(michigan.gov\)](#)); Iowa ([Final_2021HIVCareContinuum.pdf \(iowa.gov\)](#))

† no data available

* Iowa does not specify it's definition for Retention in Care: whether they only look at labs or if they also look at medical appointments; thus comparison analysis should be done with caution.

What is Minnesota's progress toward the END HIV MN strategy?

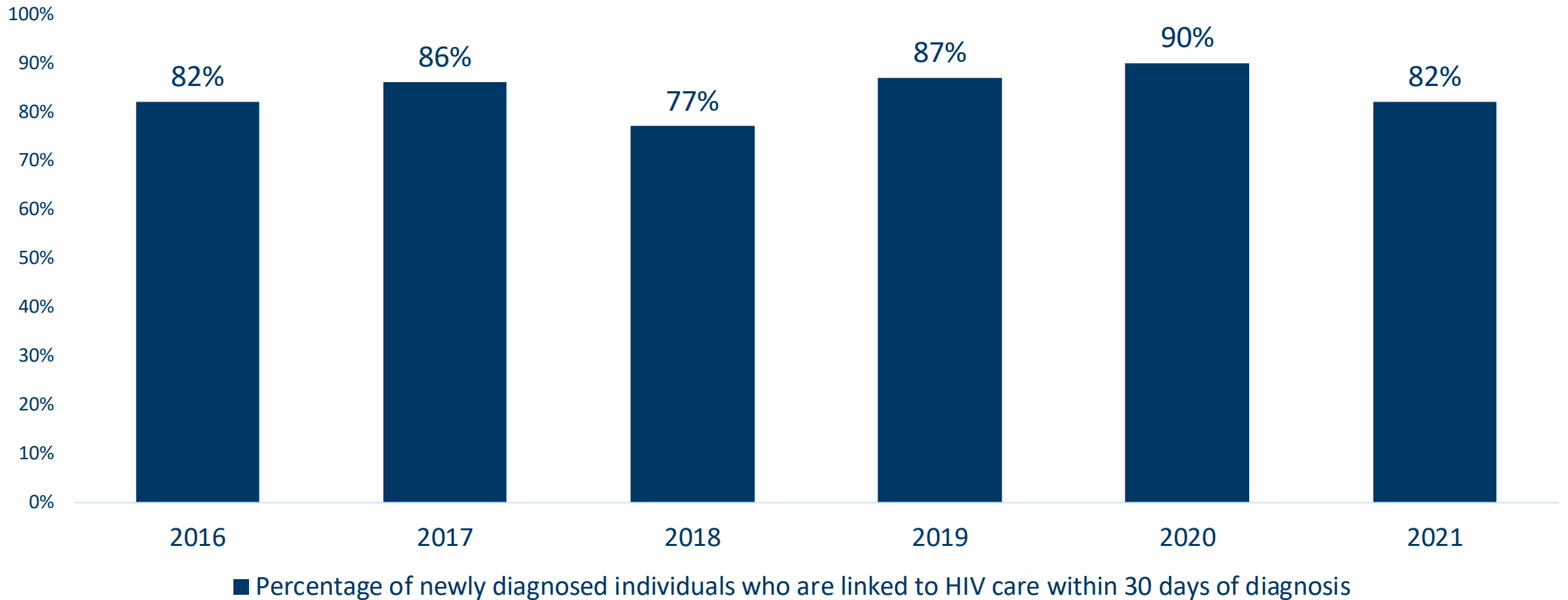
<https://www.health.state.mn.us/endhivmn>

END HIV MN Goals and MN's progress

END HIV MN Goals	Goal	Met or Unmet
Increase percentage of Minnesotans living with HIV aware of their HIV status	90%	Met
Increase percentage of newly diagnosed individuals who are linked to HIV care within 30 days of diagnosis	90%	Unmet
Increase percentage of Minnesotans diagnosed with HIV who are retained in care	90%	Unmet
Of individuals retained in care, increase percentage of those virally suppressed	90%	Unmet

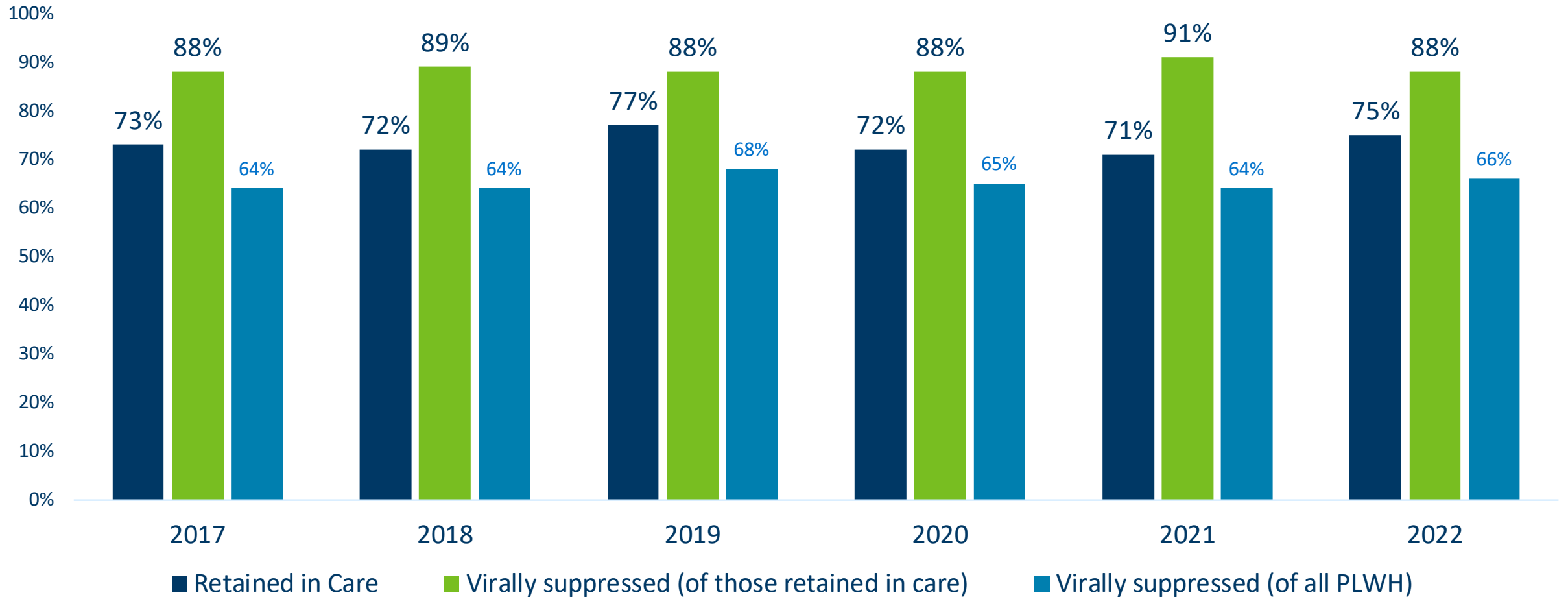
Linkage to Care in Minnesota 2016-2021

Linkage to Care among new HIV diagnoses in Minnesota by diagnosis year, 2016-2021



Retention in Care and Viral Suppression in Minnesota 2017-2022

Retention in Care and Viral Suppression among prevalent cases living with HIV/AIDS in Minnesota, 2017-2022

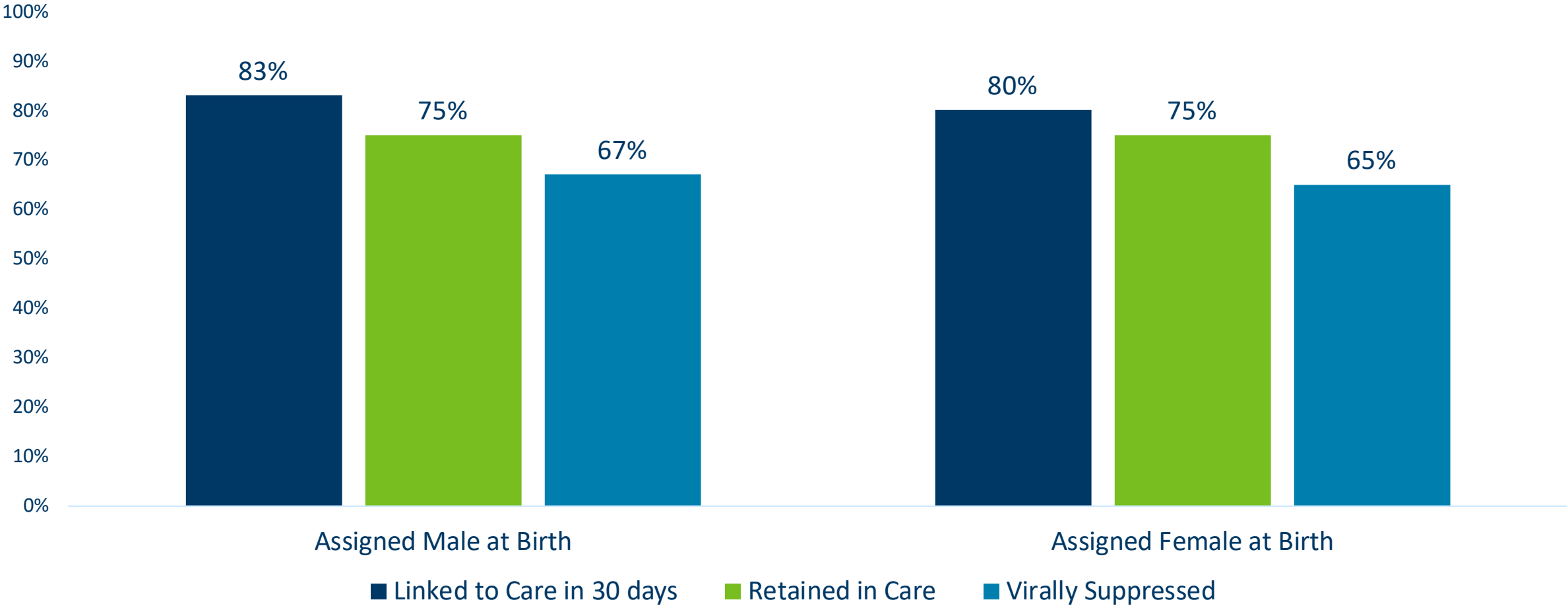


Demographic breakouts of the HIV care continuum in Minnesota, 2022

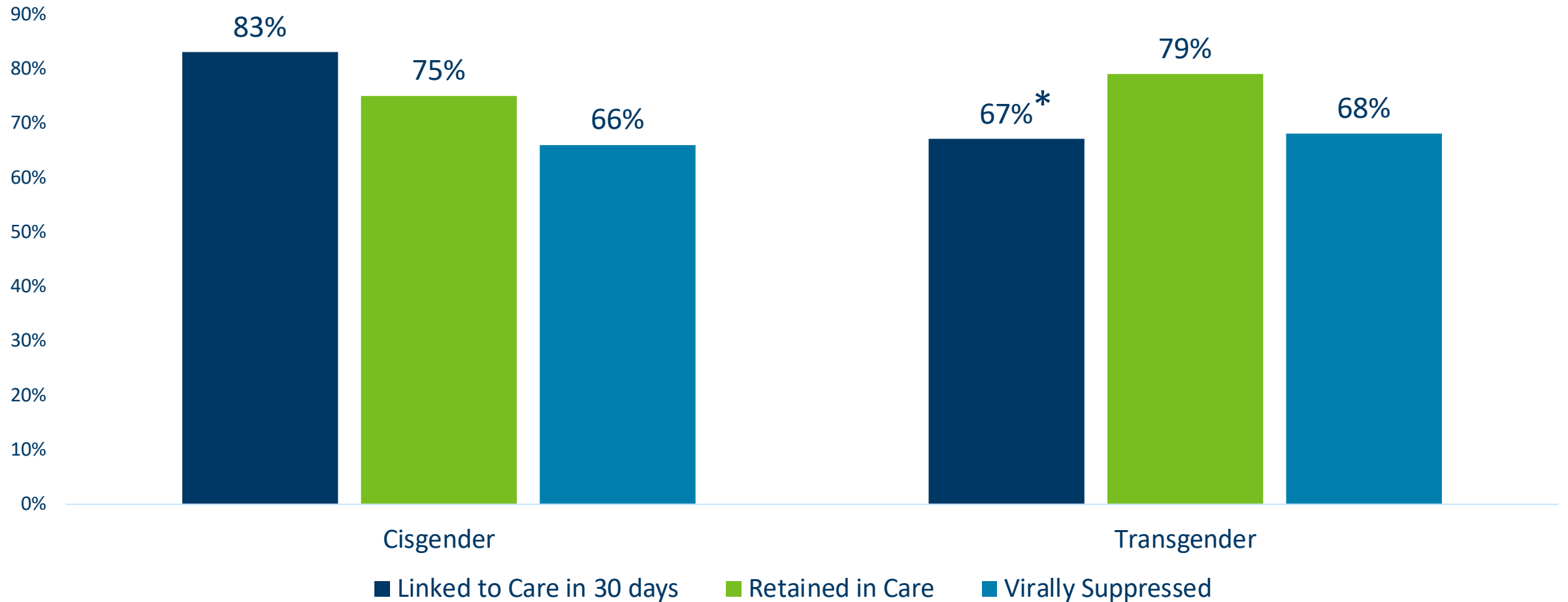
Care Continuum Demographics Definitions

- **Cisgender:** A person who identifies with a gender that is the same as their assigned sex at birth
- **Transgender:** A person who identifies with a gender different than their assigned sex at birth
- **MSM:** Men who have sex with other men, includes any person assigned the sex of male at birth with a reported male sexual partner at time of HIV diagnosis
- **IDU:** Injection drug use reported transmission risk at time of HIV diagnosis
- **MSM/IDU:** A person with reported MSM and IDU transmission risk at time of HIV diagnosis. For the purposes of any MSM breakout of the HIV care continuum, MSM includes both MSM and MSM/IDU risk.

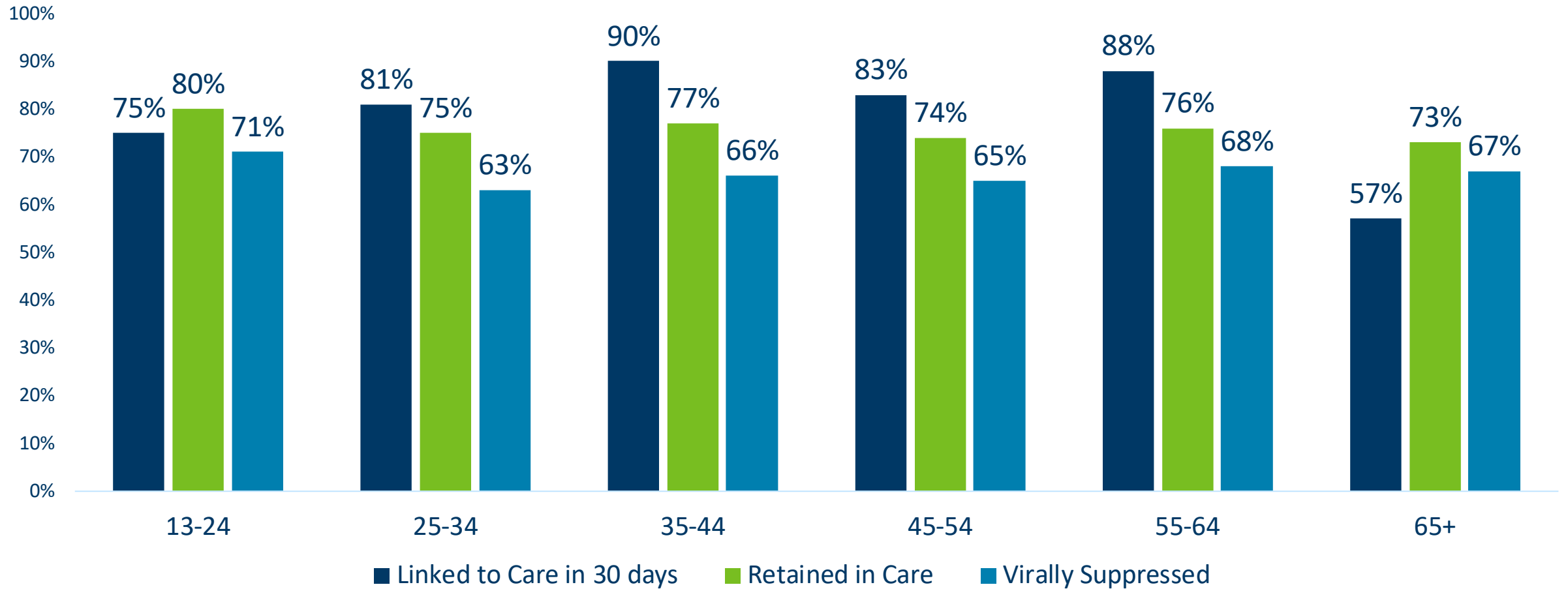
Percentages of people diagnosed with HIV in stages of the care continuum, by sex assigned at birth in Minnesota, 2022



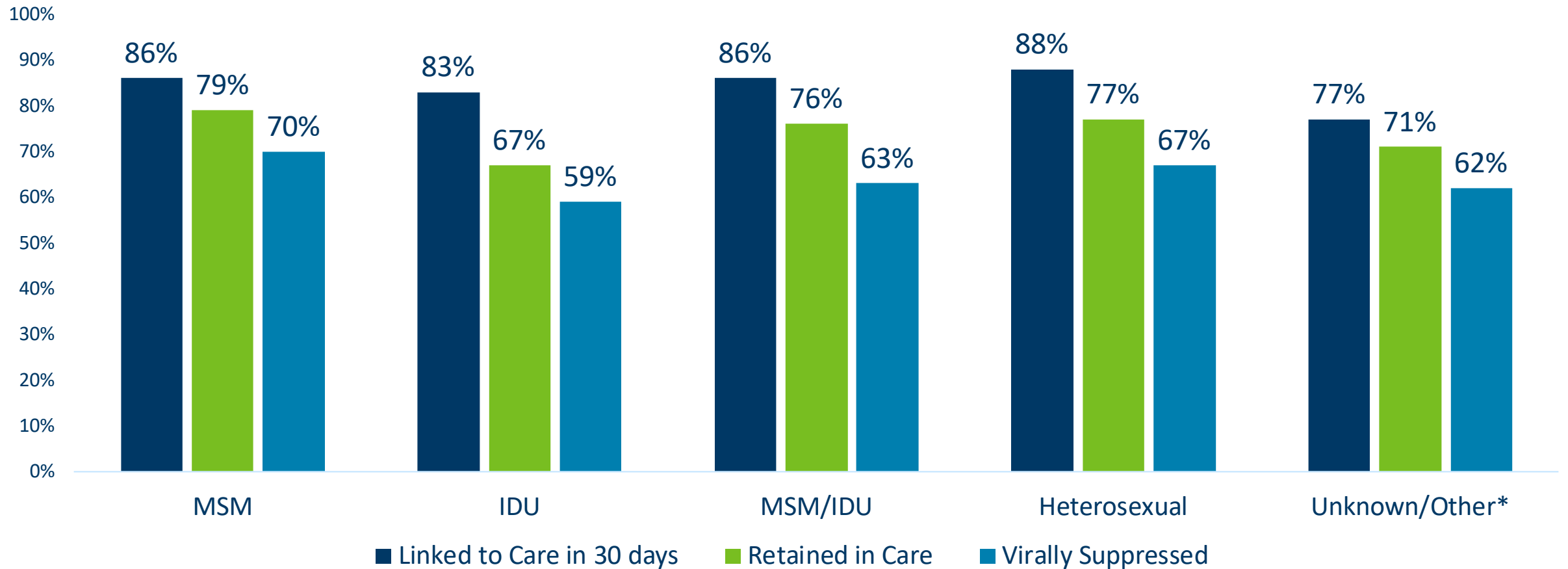
Percentages of people diagnosed with HIV in stages of the care continuum, by gender identity in Minnesota, 2022



Percentages of people diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2022



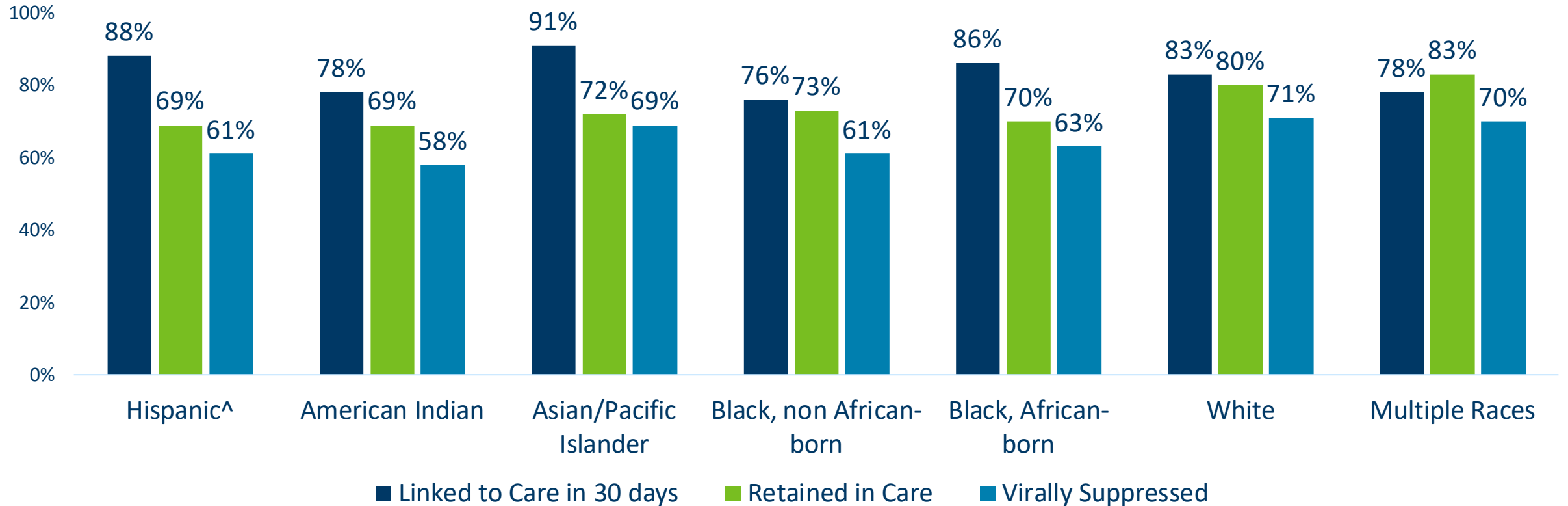
Percentages of people diagnosed with HIV in stages of the care continuum, by mode of transmission† in Minnesota, 2022



†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. Therefore, some Trans Women are included in those groups.

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

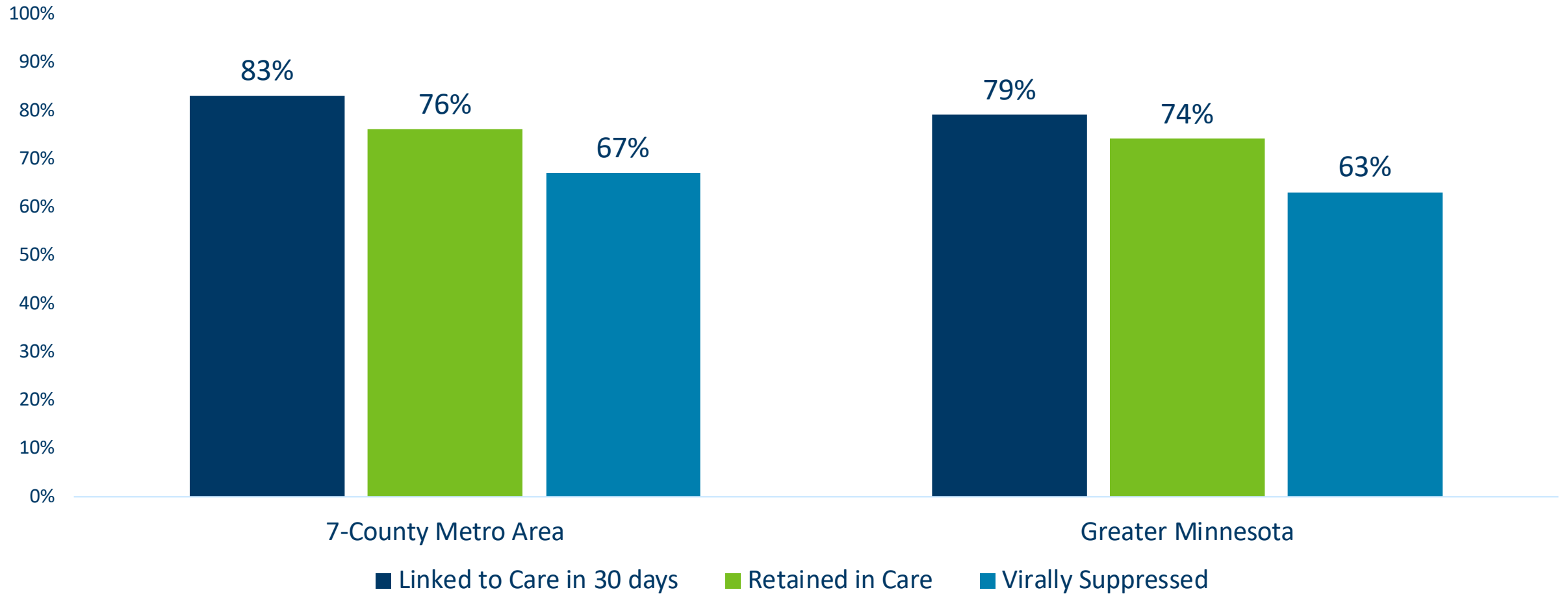
Percentages of people diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2022



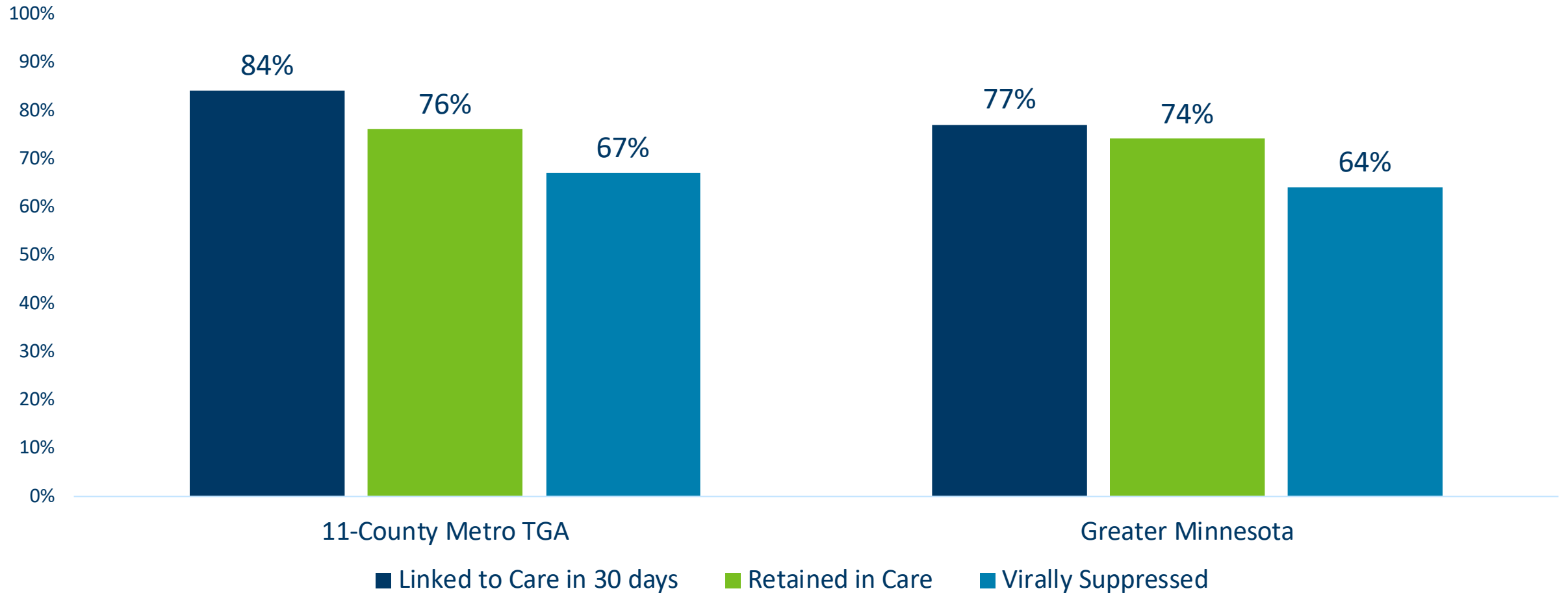
*Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

[^]Hispanic includes all races, all other racial groups are non-Hispanic.

Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2022

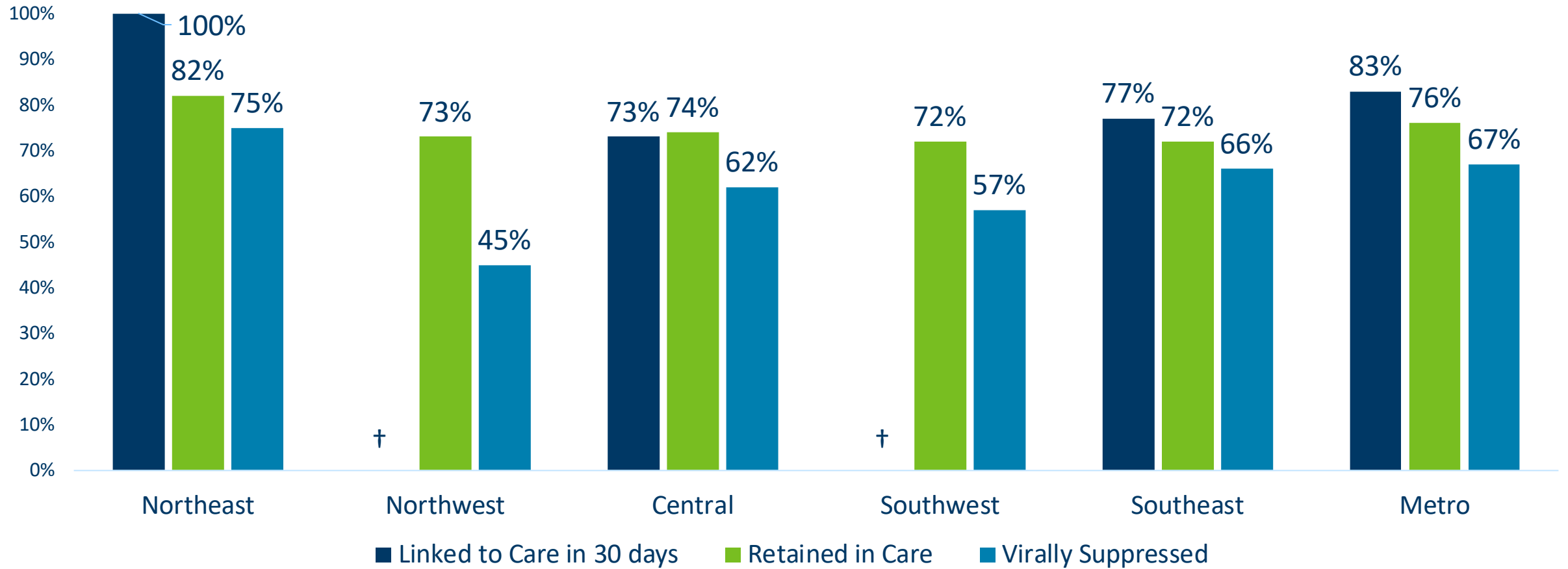


Percentages of people diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2022



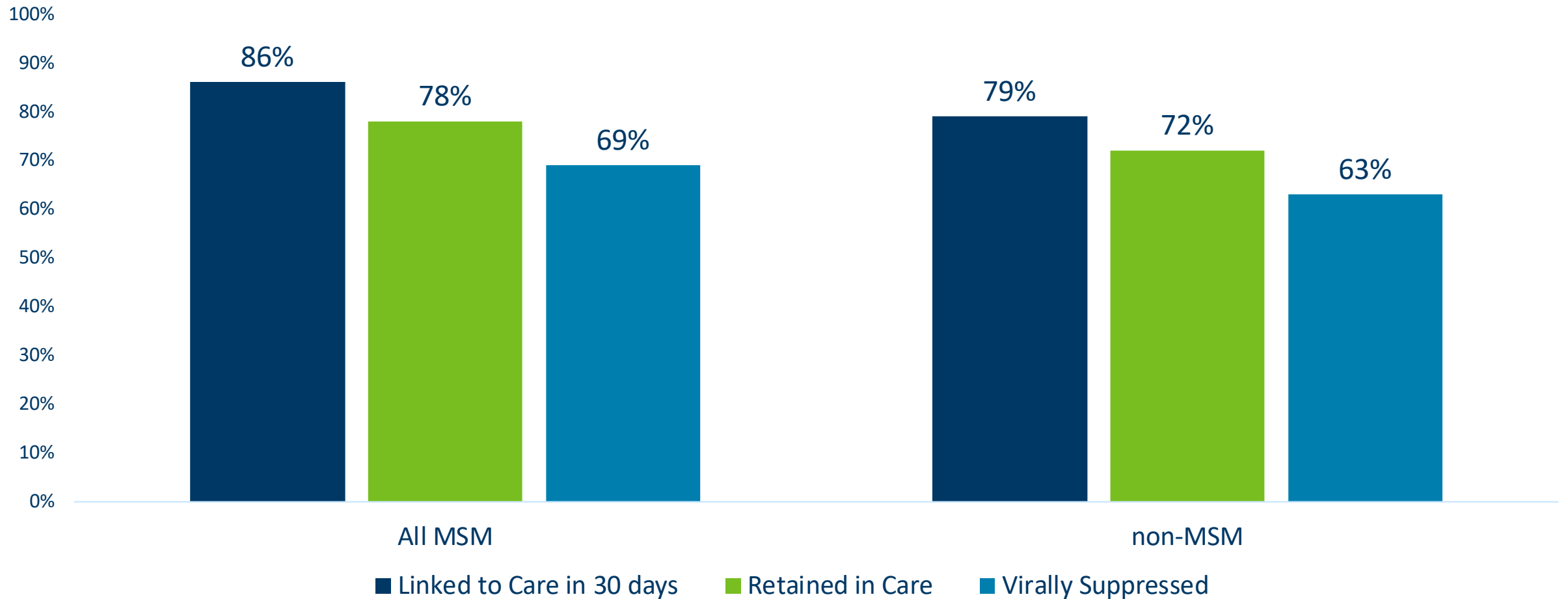
* TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of the state. However, not all PLWH living in the TGA receive Ryan White Services.

Percentages of people diagnosed with HIV in stages of the care continuum, by region in Minnesota, 2022

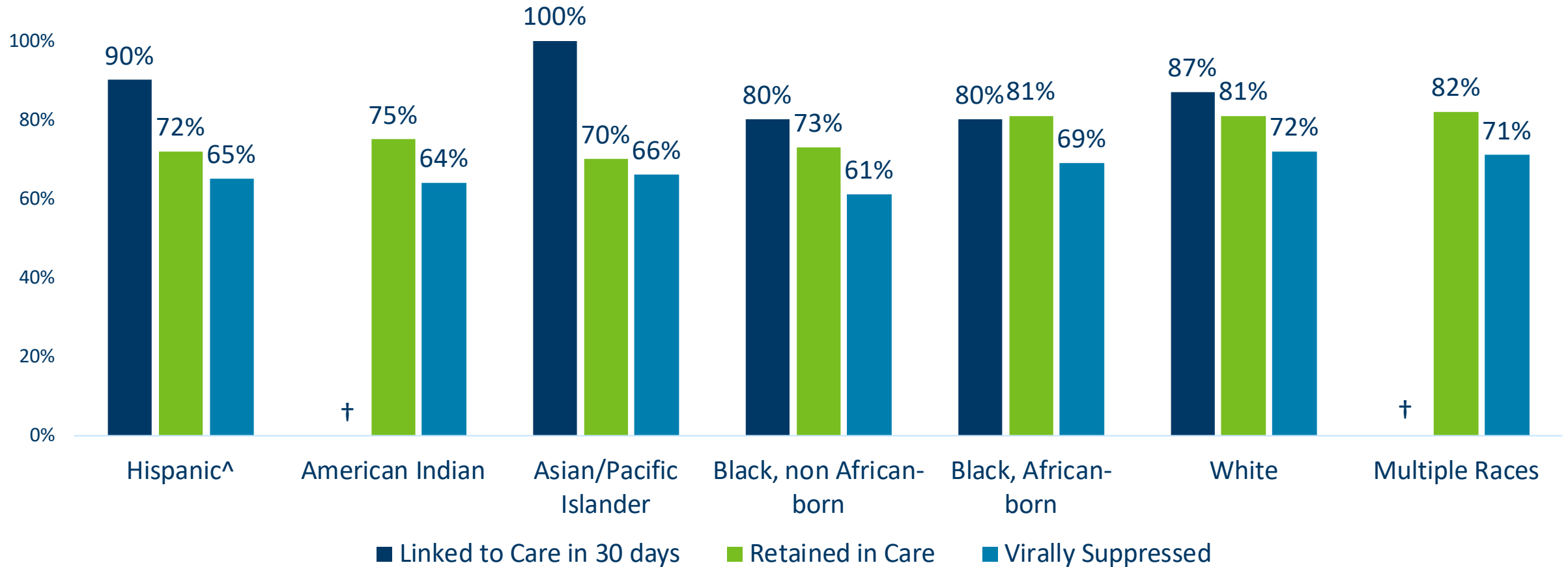


MSM* and MSM*/IDU-specific Analyses (n=5057)

Percentages of MSM and non-MSM diagnosed with HIV in stages of the care continuum in Minnesota, 2022



Percentages of MSM diagnosed with HIV in stages of the care continuum, by race/ethnicity* in Minnesota, 2022

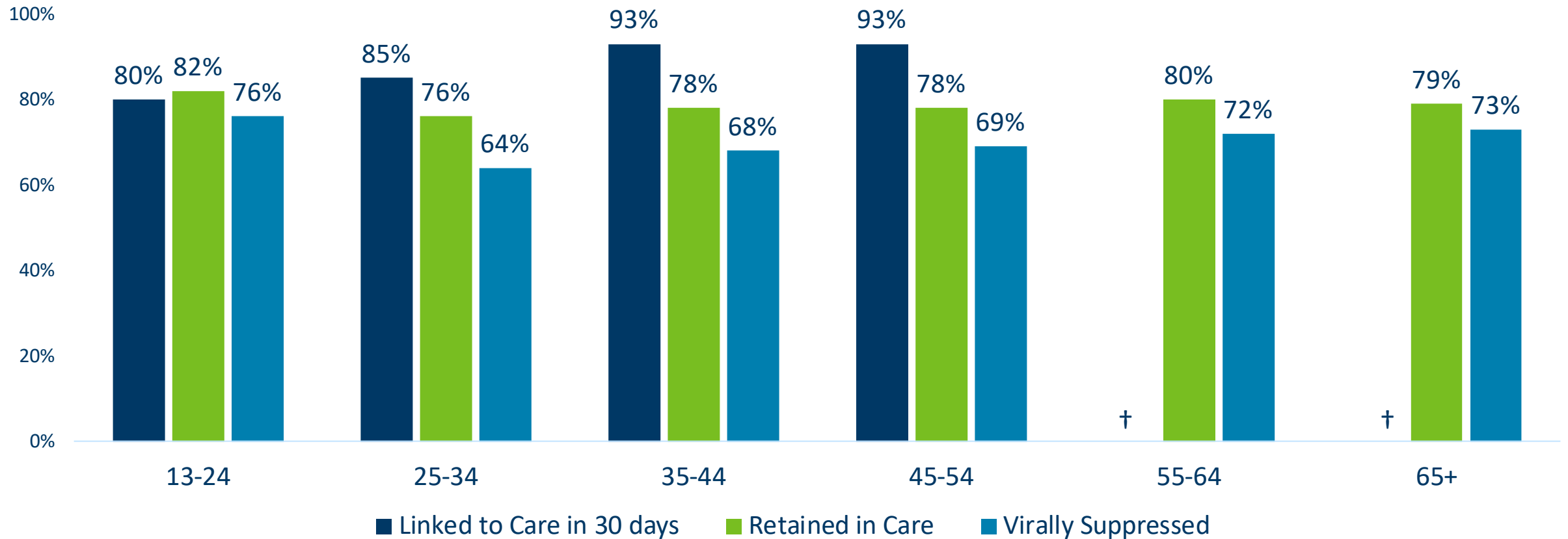


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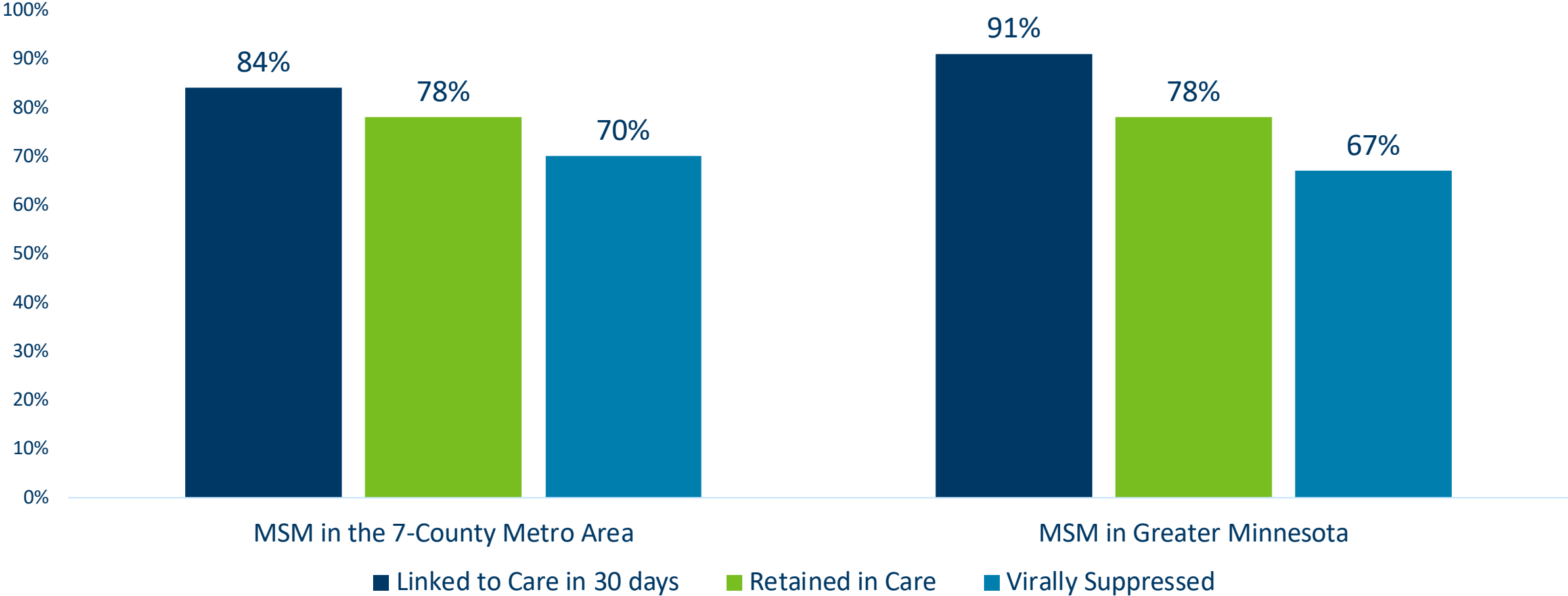
[^]Hispanic includes all races, all other races are non-Hispanic

†Fewer than 5 new diagnoses in population

Percentages of MSM diagnosed with HIV in stages of the care continuum, by age* in Minnesota, 2022

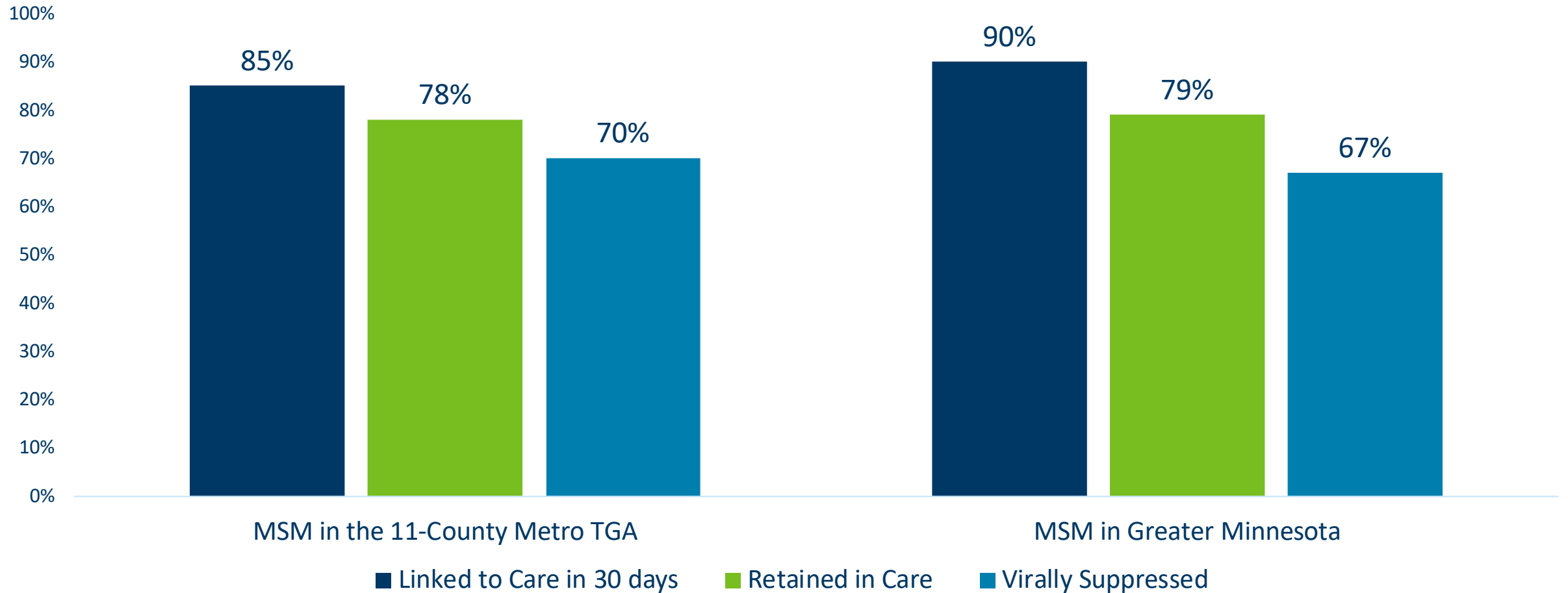


Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2022



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

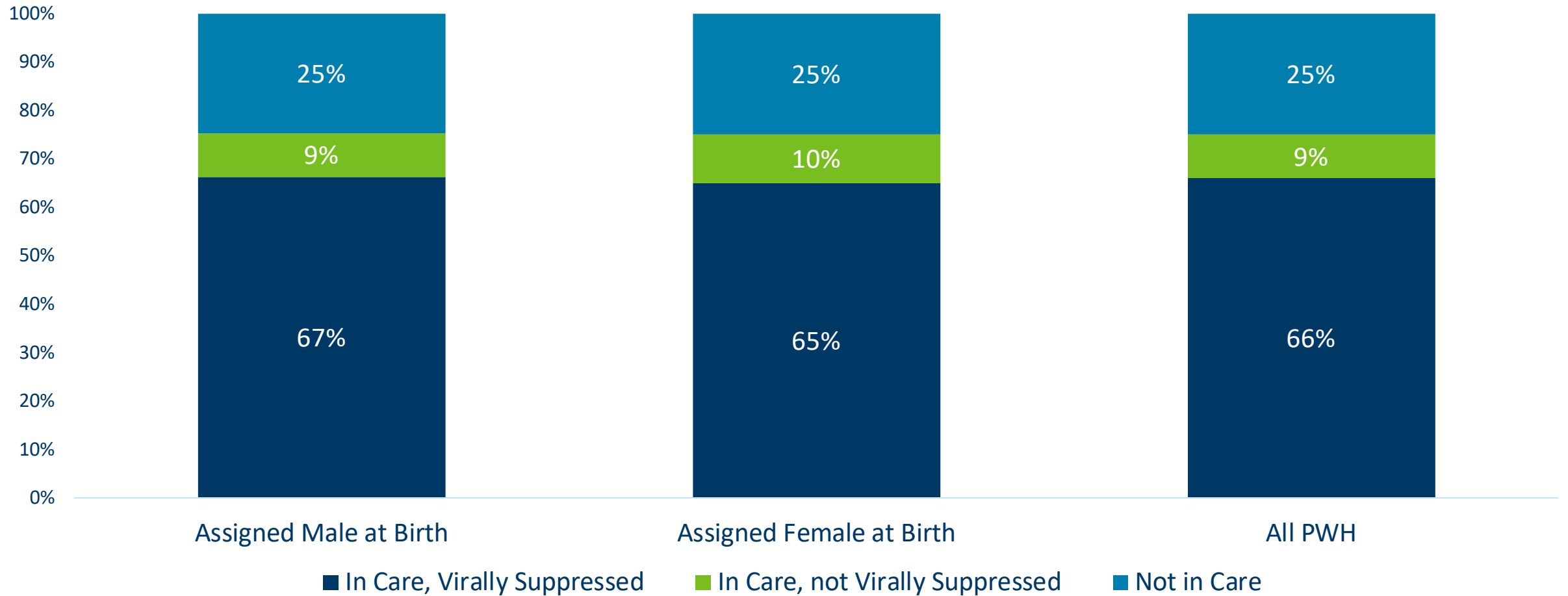
Percentages of MSM diagnosed with HIV in stages of the care continuum, by geography* in Minnesota, 2022



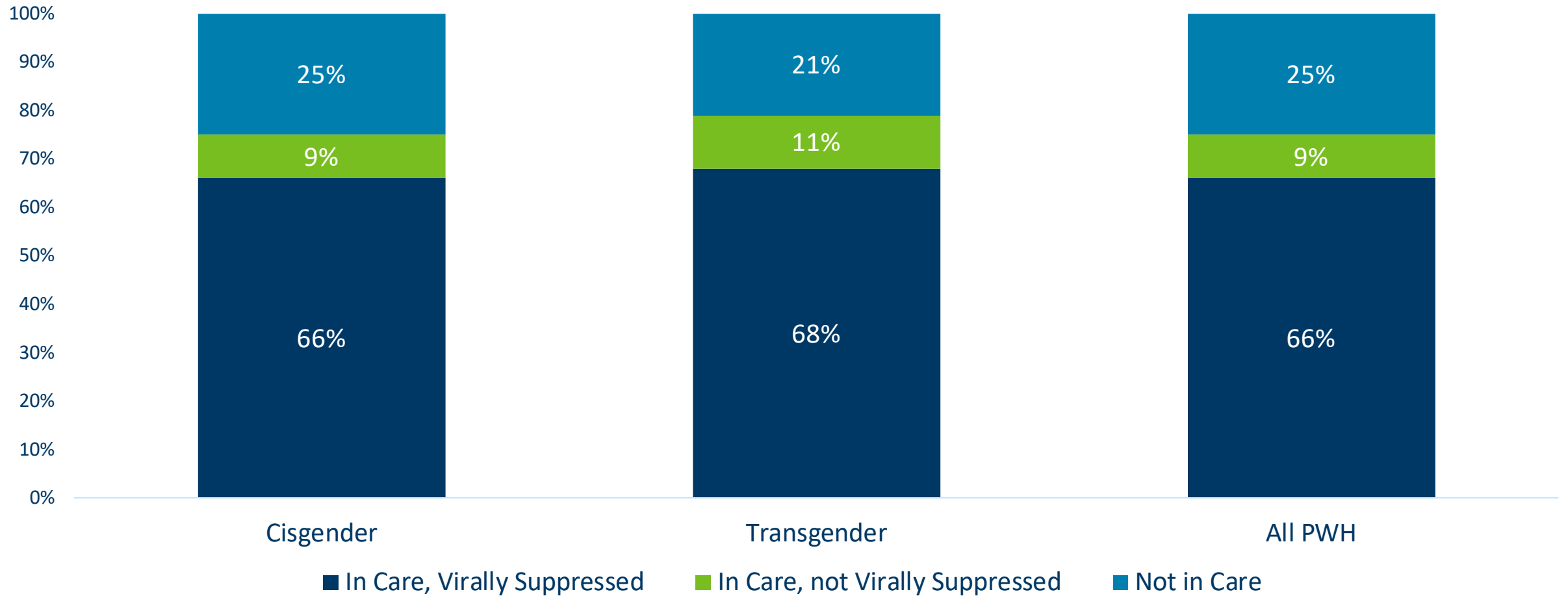
* TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PWH in this part of the state. However, not all PLWH living in the TGA receive Ryan White Services.

Analyses of populations in care, but not virally suppressed

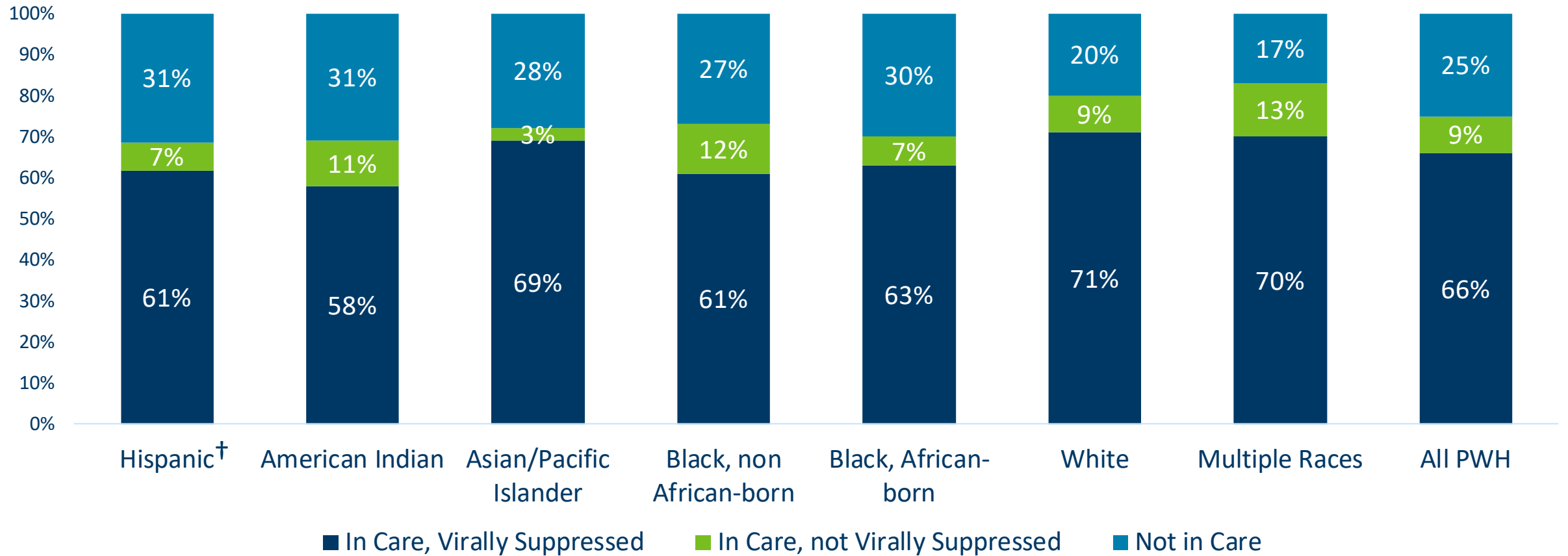
Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by sex assigned at birth in Minnesota, 2022



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by gender identity in Minnesota, 2022



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by race/ethnicity^ in Minnesota, 2022

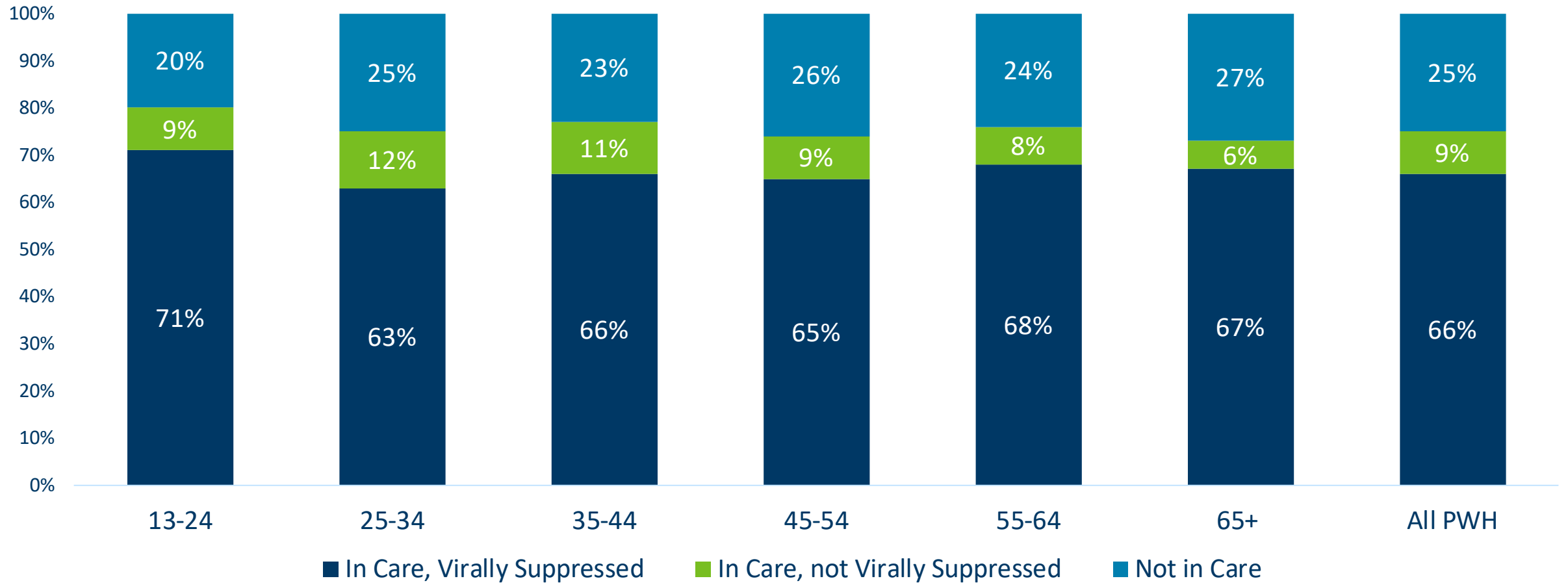


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

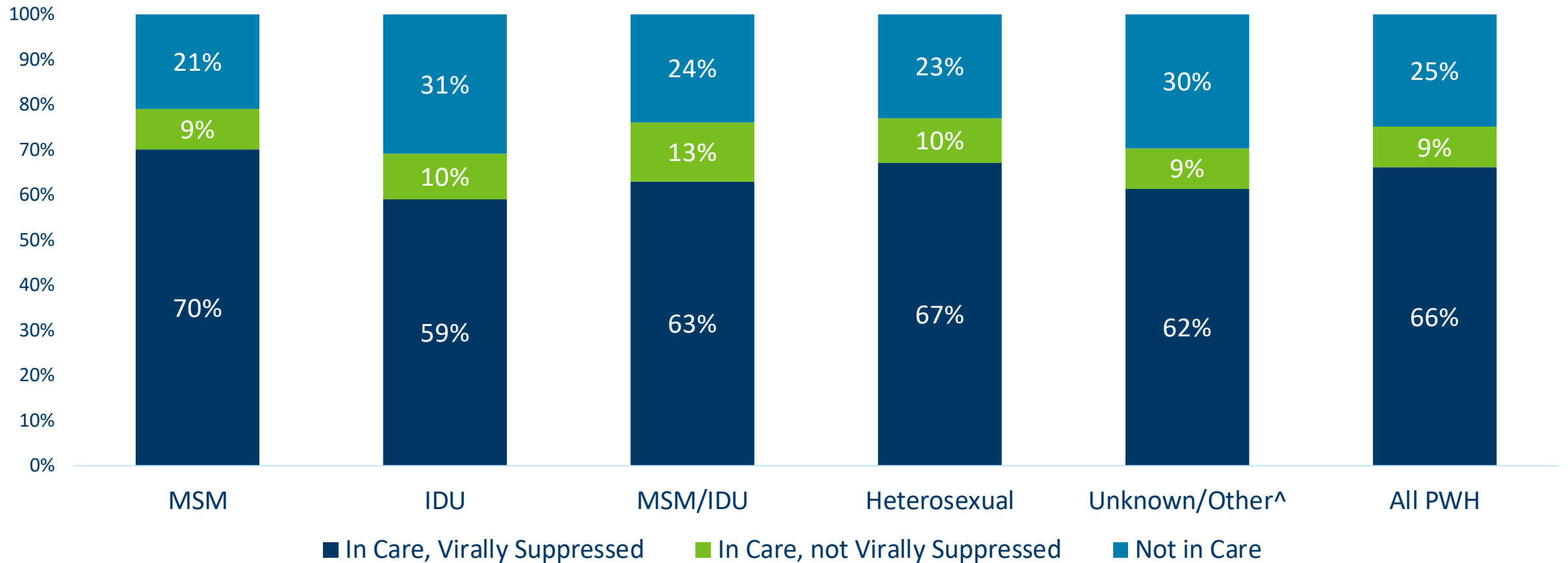
^Race is a social construct. While there are health disparities between racial and ethnic groups, these are driven by underlying factors relating to historical traumas and current systematic impacts of those traumas.

†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, 2022



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by mode of transmission† in Minnesota, 2022

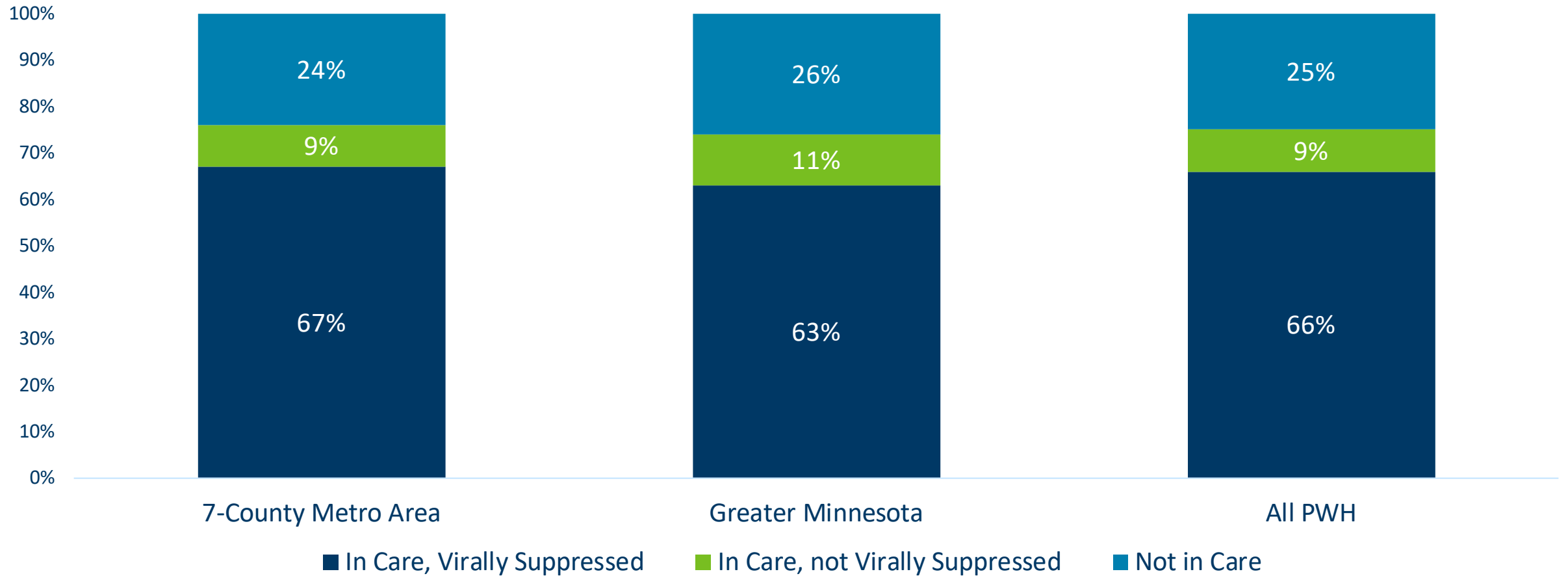


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

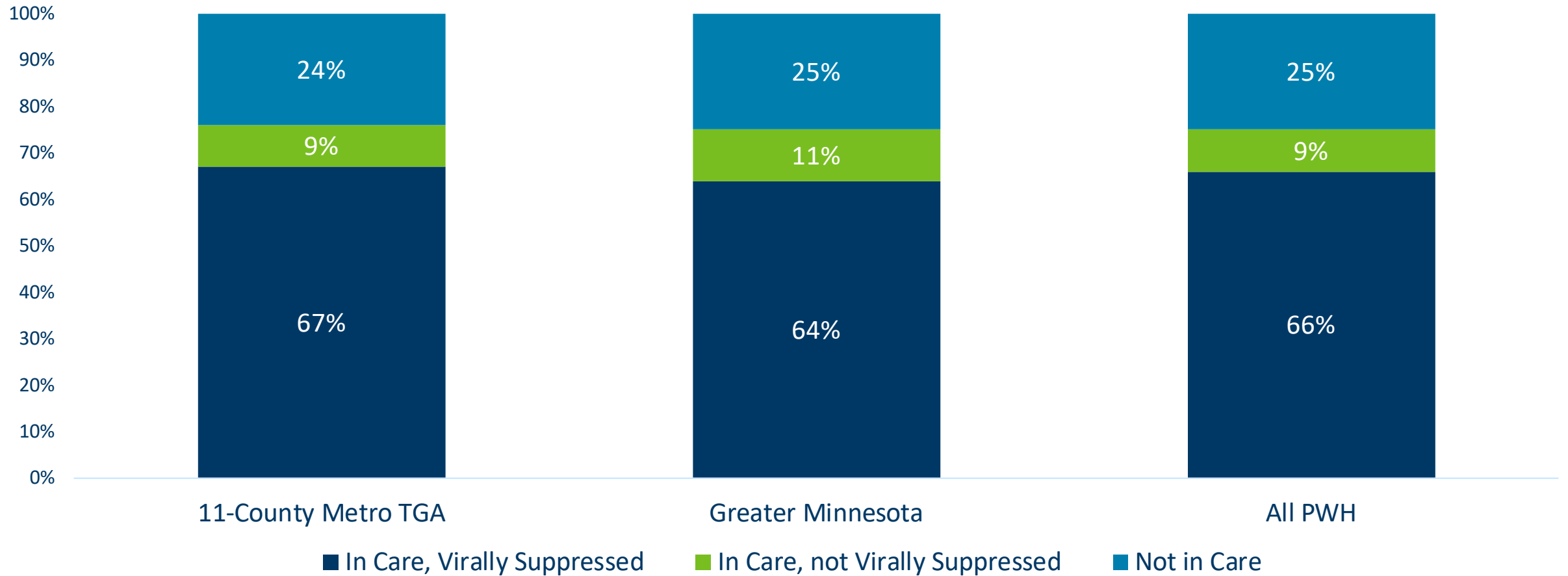
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^Unknown includes no mode of transmission identified. Other includes unspecified risk, hemophilia, transplant/transfusion recipients, or mother with HIV or HIV risk

Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2022



Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by geography^ in Minnesota, 2022

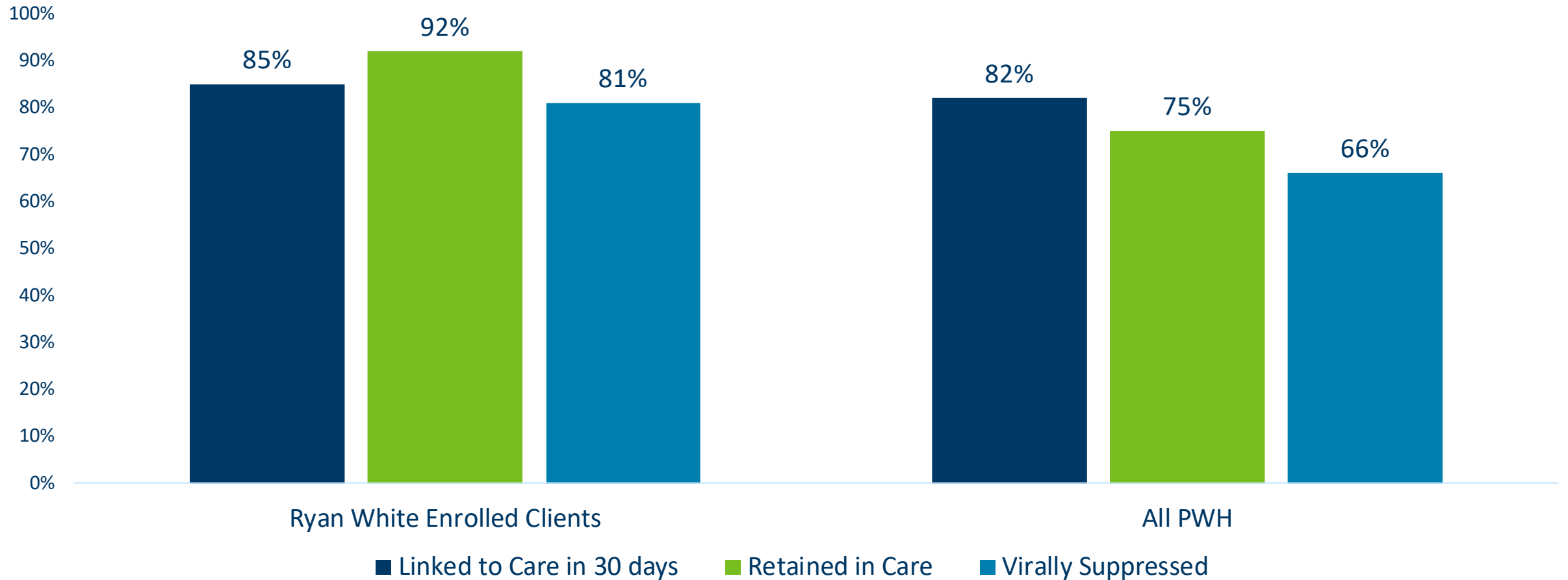


*Viral suppression, as defined by both HRSA and CDC, is ≤ 200 copies/mL

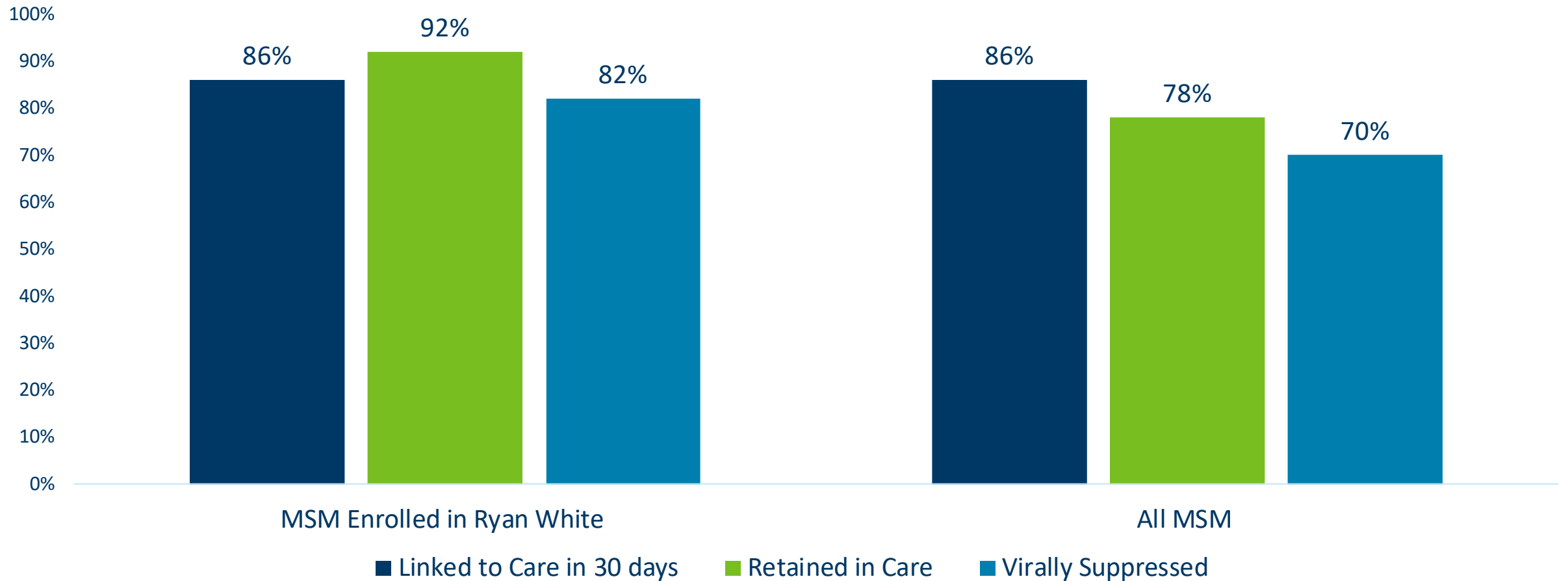
^ TGA includes counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright. Greater Minnesota includes all remaining 76 counties. The 11-county TGA is used as a geographic breakout for HIV because Ryan White Part A funds services for PLWH in this part of the state. However, not all PWH living in the TGA receive Ryan White Services.

Analyses of PWH Receiving Ryan White Services

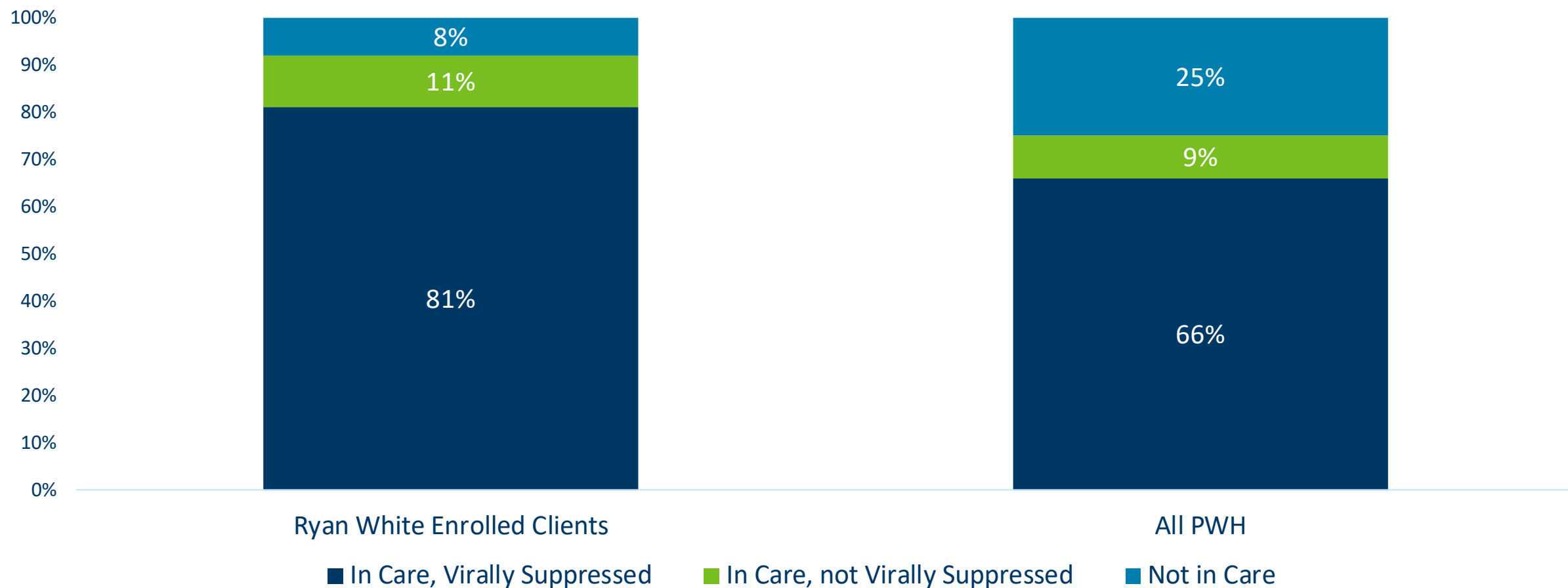
Percentages of people diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2022



Percentages of MSM diagnosed with HIV in stages of the care continuum by Ryan White enrollment* in Minnesota, 2022

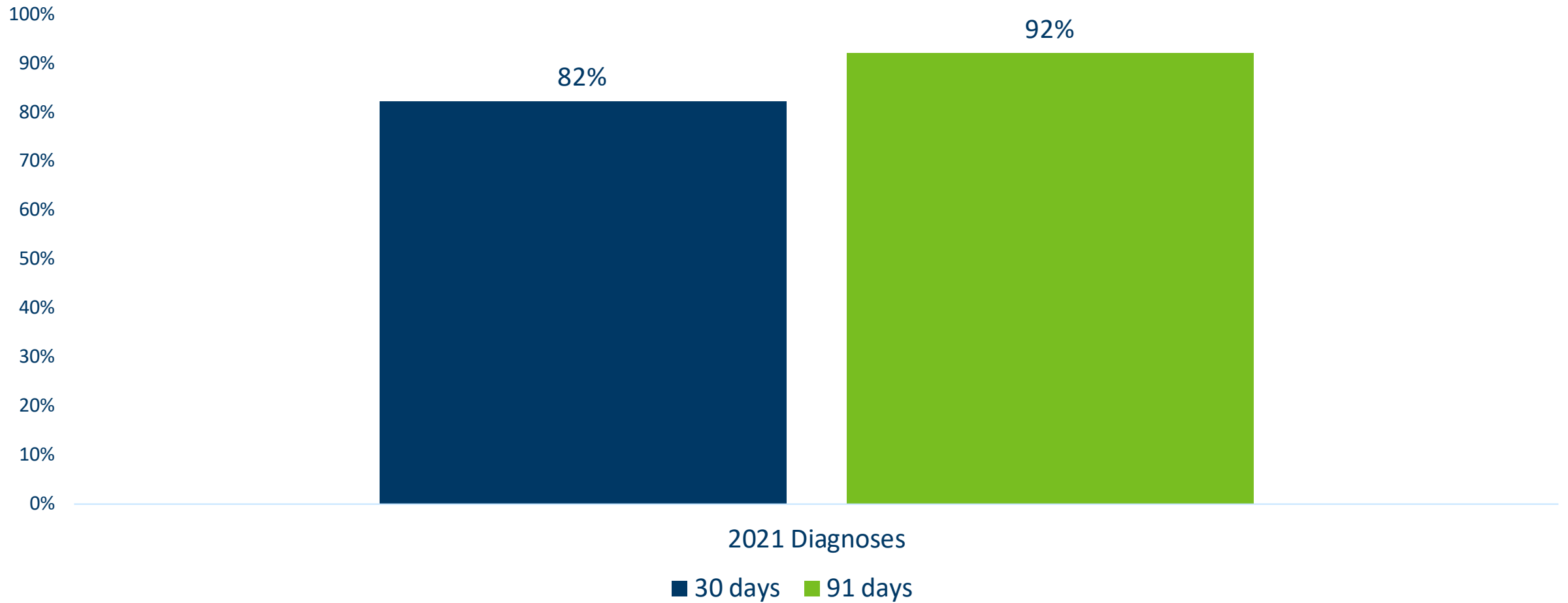


Breakout of in care, virally suppressed*; in care, not virally suppressed; and not in care by Ryan White enrollment^ in Minnesota, 2022



Linkage Greater than 30 Days Analysis

Linkage to Care, 2021 Diagnoses



Who did not link to care in 30 days in 2021?

- MSM or MSM/IDU: slightly higher than mode of exposure distribution
- Majority were not enrolled in Ryan White
- Majority reside in the metro area
- 55% were unable to locate, declined interview or follow-up at some point when trying to link case
- 60% were virally suppressed at last viral load

Barriers to Linkage to Care

- Issues of health insurance
- Delay in enrolling into RW and other available programs
- Appointment availability (≥ 30 days)
- Access to transportation
- Stigma

Purpose of DIS (Disease Investigative Services)

- Offer partner notification
- Assist with linkage to care
- Help clients resolve barriers to care as quickly as possible

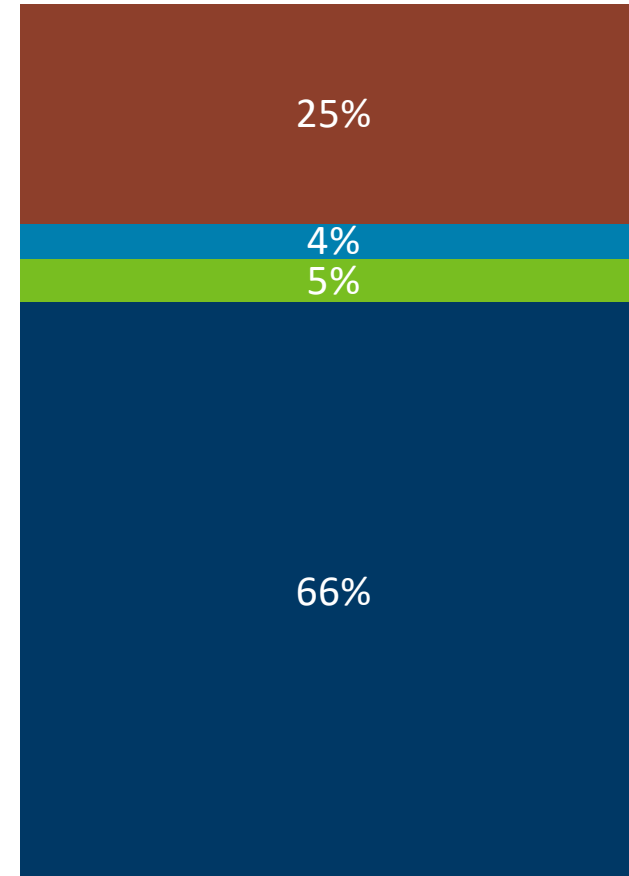
What can providers (medical and community) do to help link cases quickly

- Submit complete Case Report Forms to MDH immediately (within 1 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

Additional Care Continuum Analyses

Viral Suppression* in the Continuum of Care (n=9529)

- Out of Care
- CD4 only, no viral load reported in 2022
- In Care and not Virally Suppressed at last lab reported in 2022
- In Care and Virally Suppressed at last reported lab in 2022



Thank you.

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