

# Annual HIV/STD 2021 Data Release Webinar Q&A

## General

### **Are the rates displayed crude or has there been any adjustment done?**

- The rates represented are crude, calculated based on the populations of interest for which we have a denominator available.

### **Is there an effort to understand or disaggregate the large percentage of the population that identifies as more than one race? It's a large number of people and it's frustrating that it's lumped in with "unknown".**

- MDH adheres to a consistent method of reporting people of multiple races based on what is provided on the case report form and federal reporting standards. Please submit a data request at [STD/HIV/TB Data and Presentation Request Form \(https://survey.vovici.com/se/56206EE3662437AB\)](https://survey.vovici.com/se/56206EE3662437AB) to review data distributed more granularly, and either an HIV or STD epidemiologist can coordinate given those limitations.

### **Could you clarify your source for MSM (men who have sex with men) population estimates?**

- The original source is: Grey JA, Bernstein KT, Sullivan PS, Purcell DW, Chesson HW, Gift TL, Rosenberg ES. Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey. *JMIR Public Health Surveill.* 2016; 2(1): e14.
- Counts were then updated based on this methodology in 2017. This source gives the most recent 2017 statewide MSM estimates: Grey JA, Bernstein KT, Sullivan PS, Purcell DW, Chesson HW, Gift TL, Rosenberg ES. Rates of Primary and Secondary Syphilis Among White and Black non-Hispanic Men Who have Sex with Men. *JAIDS Journal of Acquired Immune Deficiency Syndromes.* 2017; 76(3); e65-e73.

### **Does MDH have data regarding which clinical sites reported new cases?**

- Yes, the diagnosing facility is reported on the case report form. Clinical sites can request this information for their own site individually.

### **How do all believe the ongoing COVID-19 pandemic impacted testing rates? Will these rates get better as time goes on?**

- The COVID-19 pandemic led to disruptions in HIV/STD testing, and cases reported and diagnosed in 2020. More time and data are needed to accurately assess COVID-19's impact on data.

## STD

### What proportion of syphilis cases among men were among MSM?

- Most relevant to this question are early syphilis cases (979 total). Of those, 61% of all cases were among males specifically, and 45% or 444 cases were among MSM males.

### How do you explain the low cases of gonorrhea? Is the decrease real and attributable to behavior change or is it because less people may have been tested due to COVID-19?

- Unfortunately, we don't collect negative test results, so we are unable to determine how the testing rate has been impacted due to COVID-19. That said, there was a 27% increase in 2020 compared to 2019, which was unusual as that was during the peak months of the pandemic. While 2021 rates represent a decline from 2020 rates, they are still near historic highs in general. More time and data are needed to accurately assess COVID-19's impact on data, but it is likely that this does not represent an overall decrease in disease.

### I've heard it said that the use of PrEP (pre-exposure prophylaxis) may be a contributor to the rise in STD/STI cases, what does MDH think of this? Also how much do you think is antibiotic resistance contributing to the rise in cases?

- The use of PrEP, the daily pill to prevent HIV, should not make a person more susceptible to acquiring an STD/STI. One consideration is that people using PrEP are being tested regularly for STDs/STIs so this may explain why there might be some correlation.
- There are currently no cases of antibiotic resistance gonorrhea in Minnesota, so antibiotic resistance is not impacting our STD/STI rates in our state at this time.

### With the syphilis numbers, is MDH close to declaring a syphilis outbreak?

- There is currently an outbreak of syphilis in the Duluth area. Visit [Syphilis Outbreak Response and Case Counts \(https://www.health.state.mn.us/diseases/stds/stats/syph.html\)](https://www.health.state.mn.us/diseases/stds/stats/syph.html) for more information.
- MDH runs statewide syphilis outbreak analyses each month. This process evaluates current data trends compared to historical averages to identify current hot spots or outbreaks around Minnesota. Due to COVID-19, we have seen a dramatic increases in syphilis in our state, but Minnesota is not unique in observing this increase. These increasing trends are being echoed nationwide as well. MDH continues to monitor the burden of syphilis in our counties statewide monthly. When there is an increase that meets the criteria of concern, MDH works with the district epidemiologist, as well as local public health, to identify best next steps. Additionally, MDH posts monthly syphilis case counts on our website, which breaks down disease incidence by county. This data is available to local public health, and external partners as well as the public.

### Does MDH have a surveillance program in place for STDs/STIs? Or the reports presented were (and are usually) from control programs only?

- Gonorrhea, chlamydia, syphilis, and chancroid are all reportable disease to the state of Minnesota so yes, we do have a surveillance program in place in Minnesota. Visit [Frequently](#)

[Asked Questions About STD and HIV Reporting](https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html)

(<https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html>) for more information.

**For congenital syphilis, which measures is MDH designing to reduce the rate of congenital syphilis vertical transmission?**

- Increases in syphilis among females is a trend that both Minnesota and nationwide data show. In 2020, MDH initiated a congenital syphilis review board. The board's purpose is to review cases to identify missed opportunities and suggest interventions to better understand what public health/health care providers can recommend and implement to prevent as many congenital cases as possible. Additionally, the MDH Partner Services Program interviews, locates, and assists in getting all pregnant syphilis cases adequately treated prior to delivery to prevent a case from occurring. Finally, MDH provides trainings on STDs, HIV and hepatitis C, educational campaigns, and materials for providers and the public.

## HIV

**There was a threefold increase in HIV diagnoses among Black/African American MSM 20-24 years of age between 2019 and 2020. Did this trend continue into 2021?**

- For more information and given the limitations around drawing conclusions from differences in rates based on small numbers, please submit a data request at [STD/HIV/TB Data and Presentation Request Form \(https://survey.vovici.com/se/56206EE3662437AB\)](https://survey.vovici.com/se/56206EE3662437AB).

**Does MDH have data regarding which states people known living with HIV came from (as reported by Wisconsin health department).**

- Yes, MDH routinely works with other states as well as CDC to maintain up-to-date data regarding state of original diagnosis.

**Is the statewide HIV care continuum for 2021 also available on MDH's website?**

- The most up to date HIV care continuum is available at [HIV Care Continuum \(https://www.health.state.mn.us/diseases/hiv/stats/carecontinuum.html\)](https://www.health.state.mn.us/diseases/hiv/stats/carecontinuum.html).
- Due to the data that is needed to analyze the care continuum, MDH does not run the care continuum from the previous year (2021) until the fall. The 2021 care continuum will be available on our website sometime after August.

**Are there any assessments being done regarding likely timing of HIV infection for newly reported cases (i.e., many foreign-born cases likely not infected in Minnesota)? Some jurisdictions are assessing that to determine effectiveness of prevention efforts).**

- Currently, there are not any official assessments, but MDH Partner Services does consider partners in the past 12 months and other risk behaviors during this same time period.
- The Adult HIV Confidential Case Report Form (available at [CDC: Adult HIV Confidential Case Report Form-2019 \(https://www.cdc.gov/hiv/pdf/guidelines/cdc-hiv-adult-confidential-case-report-form-2019.pdf\)](https://www.cdc.gov/hiv/pdf/guidelines/cdc-hiv-adult-confidential-case-report-form-2019.pdf)) allows for the reporting of HIV testing history, antiretroviral

use history, and any additional provider comments. That data, plus any collected by MDH partner services, and additional information from other program areas specific to US relocation are considered when determining HIV staging. All these variables go into the most likely source/timing of the acquisition of HIV for determining residence at either an HIV or Stage 3 (AIDS) diagnosis.

**Following this webinar can you please provide a table or graph that disaggregates HIV incidence and prevalence among MSM by race and ethnicity. Without it, it's difficult to identify disparities among MSM.**

- It's important to note that MSM contains cases from all racial/ethnic categories and therefore cannot be directly compared to the rates by race/ethnicity. For more information with this question given those limitations, please submit a data request at [STD/HIV/TB Data and Presentation Request Form \(https://survey.vovici.com/se/56206EE3662437AB\)](https://survey.vovici.com/se/56206EE3662437AB).
- We do not have statewide MSM estimates by race. Because that estimate would be the denominator of an infection rate, we are unable to calculate infection rates of MSM by race.

**Do you have data related to increase or decrease of HIV cases among the races, specifically Hispanics?**

- Yes, this information is available in the HIV Incidence Report (PPT) and/or HIV/AIDS Prevalence and Mortality Report, 2021 (PPT) available at [HIV/AIDS Statistics – 2021 \(https://www.health.state.mn.us/diseases/hiv/stats/2021/index.html\)](https://www.health.state.mn.us/diseases/hiv/stats/2021/index.html).

Minnesota Department of Health  
STD/HIV/TB Section  
[www.health.state.mn.us/std](http://www.health.state.mn.us/std)

07/13/2021

*To obtain this information in a different format, call: 651-201-5414.*