



Profile of HIV Epidemic in Minnesota

MAP AIDSLINE, 612-373-AIDS
800-248-AIDS www.mnaidsproject.org

NEW REPORT INDICATES A MODEST INCREASE IN NEWLY DIAGNOSED CASES OF HIV.

In 2006, 318 new cases of HIV were reported in Minnesota. The 5% increase of new reports compared with 2005 is troubling, but does not yet indicate any trend data. As more individuals in Minnesota live longer and healthier lives with HIV due to medical advances, absent a vaccine, Minnesota will inevitably face rising infection rates.

UNREPORTED INFECTIONS.

Experts estimate approximately 2,500 Minnesotans are believed to be living with HIV disease but do not know they are infected.

ONE NEW INFECTION REPORTED NEARLY EVERY DAY.

A new case of HIV disease is reported in Minnesota every 27 hours.

CUMULATIVE CASES.

As of December 31, 2006, 8,149 cases of HIV disease have been reported in Minnesota since 1982. Of those, 2,838 or 35% of these people have died.

STEADILY INCREASING NUMBER LIVING WITH HIV DISEASE.

As of December 31, 2006, 5,556 people are known to be living with HIV disease in Minnesota. This represents nearly 30% more individuals living with HIV in 2006 than in 2001.

GEOGRAPHIC DISTRIBUTION.

In 2006, 39% of the reported cases of HIV resided in Minneapolis, 15% in Saint Paul, 35% in Twin Cities' suburbs, and 10% in Greater Minnesota. There has been a steady increase in reported Twin Cities' suburban cases over the past five years.

IMPACT OF INJECTING DRUG USE.

Minnesota continues to see great success in preventing new infections linked to injecting drug use. Only 13 new cases (4% of total) diagnosed last year indicated injecting drug use as the only risk factor. This compares to the national average of over 20%.

MINNESOTA GAY & BISEXUAL MEN STILL LARGEST GROUP IMPACTED BY HIV.

77% of Minnesota's living cases of HIV are male. And of that total, 73% have contracted this virus solely through male-to-male sex or through male-to-male sex and injecting drug use (dual risk). Of all new male cases reported in 2006, 67% were similarly infected. This disproportional representation demonstrates that in Minnesota, HIV continues to be a serious health threat for gay and bisexual men.

GAY AND BISEXUAL MEN OF COLOR CASES CONTINUE TO BE DISPROPORTIONATE.

Fifty-eight percent of newly diagnosed African American men and 65 percent of newly diagnosed Latino men reported male-to-male sex (including male-to-male sex and injecting drug use) as a risk factor.

LATINO CASES OF HIV SHOW ALARMING INCREASE.

In 2006, 14% of new case reports occurred in those identifying themselves as Latino. Comprising less than 4% of the state population, this percent is up from only 8% in 2005.

AFRICAN AMERICANS. 20% of new cases of adult and adolescent HIV disease in Minnesota are among African Americans, who according to census reports represent just over 4% of the State's population. New cases of HIV in the African American community have remained relatively level over the past five years, however is still disproportional to the population.

AFRICAN-BORN COMMUNITY SHOWING PROGRESS IN REDUCING NEW INFECTIONS.

In 2002, 21% of new HIV infections in Minnesota occurred among African-born individuals. In 2006, that percentage is down to 11%. While still over-represented when compared to the percent of the population, this percent has been decreasing since 2002.

NEW INFECTIONS AMONG WOMEN OF COLOR STILL DISPROPORTIONATE.

Sixty-eight percent of new HIV cases among females occurred in women of color. This trend has continued for a number of years although the percent of newly diagnosed cases among Caucasian women has increased to 32%, up from 21% in 2001.

MINNESOTA'S YOUTH IMPACTED.

In 2006 18% of newly diagnosed infections occurred among young people between 13 and 24 years old. Over the past few years there has been a gradual increase in the number of young males testing HIV-positive. Their primary risk factor has been male-to-male sex and increasingly, young Latino men are showing up in new case reports.

Minnesota reports only two new cases of perinatal transmission in the last four years.

POINT OF DIAGNOSIS IMPACTS PREVENTION AND TREATMENT.

Generally, when someone tests HIV-positive and is concurrently diagnosed with AIDS they have received their diagnosis much later from the time of infection than someone diagnosed as only HIV-positive. Those who test HIV-positive and progress to a diagnosis of AIDS within one year are often referred to as "late testers." In Minnesota, Latinos and those infected through injecting drug use tend to test later, delaying opportunities for treatment and prevention. Research has also shown that those who know their status work to prevent infecting others.

NOTES

HIV DISEASE: HIV disease starts at infection. This term is inclusive of people with advanced stage infection, who can have the technical classification of AIDS.

AIDS: This is the reporting classification for people with advanced stage HIV disease.