

NEW INFECTION REPORTS LEVEL In 2005, 304 new cases of HIV were reported in Minnesota. In 2004, there were 307 new cases reported. Infections in Minnesota seem to have leveled off at approximately 300 new cases each year.

ONE NEW INFECTION NEARLY EVERY DAY.

A new case of HIV disease is reported in Minnesota every 29 hours.

CUMULATIVE CASES. As of December 31, 2005, 7,824 cases of HIV disease have been reported in Minnesota since 1982. 2,772 or 35% of these people have died.

STEADILY INCREASING NUMBER LIVING WITH HIV DISEASE. As of December 31, 2005, 5,233 people are known to be living with HIV disease in Minnesota. This represents nearly 5% more individuals alive with HIV in 2005 than 2004. This number has increased steadily each year as fewer individuals die from HIV and new cases are added.

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

GEOGRAPHIC DISTRIBUTION. In 2005, 37% of the reported cases of HIV resided in Minneapolis, 13% in Saint Paul, 37% in Twin Cities' suburbs, and 13% in Greater Minnesota. There has been a steady increase in reported Twin Cities' suburban cases over the past five years primarily from the first-ring suburbs of Minneapolis including the communities of Bloomington, Brooklyn Park, Brooklyn Center, Richfield, St. Louis Park and Plymouth.

IMPACT OF INJECTING DRUG USE. Minnesota continues to see great success in keeping new infections resulting from injecting drug use at very low levels. Only 1 new case was diagnosed last year where injecting drug use was the only risk factor. This compares to the national average of over 20%.

DISTURBING TREND INDICATES JUMP IN CASES AMONGST GAY MEN – 21.5% INCREASE IN NEW REPORTS.

In 2005 there were 147 new cases (68% of total male cases) solely attributable to male-to-male sex. An additional 5% listed male-to-male sex and injecting drug use as risk factors. This is the highest case count for this population since 1998 and is consistent with the recently reported 200% increase in new cases of syphilis during 2005; again mostly amongst gay and bisexual men. Gay and bisexual men account for 52% of the cumulative cases of adult & adolescent HIV disease reported in Minnesota. It is estimated 5% of the state's population are gay men.

AFRICAN-BORN MINNESOTANS – NEW CASES LEVEL IN 2005, YET REMAIN DISPROPORTIONAL. 16% or 48 cases of new HIV infections were diagnosed among African-born Minnesotans. Census reports show African communities make up less than 1% of the total Minnesota population and are, therefore, disproportionately affected by HIV.

AFRICAN AMERICANS. 22% of cumulative cases of adult & adolescent HIV disease in Minnesota are among African Americans, who according to census reports represent 3.4% of the State's population. Last year, 22% of the new HIV cases were among African Americans. Of the newly diagnosed cases between 2003 and 2005 in African American men, an estimated 67% included male-to-male sex as a risk factor.

NEW INFECTIONS AMONG WOMEN OF COLOR STILL ALARMING. 29% of the newly reported cases of adult and adolescent HIV disease in Minnesota during the past year were among women. 74% of new HIV cases among females occurred in women of color.

MINNESOTA'S YOUTH IMPACTED. In 2005, 17% 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+. Their primary risk factor has been male-to-male sex.

Minnesota reports only one case of perinatal transmission in the last three years.

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. AIDS case counts provide a picture of individuals who may need the most intensive health and social services now, but is considered to have some limitations as a reflection of populations at risk for new infections.

HIV (non-AIDS): This is the reporting classification for people who may or may not have been infected for a long time, but do not have certain advanced stage disease characteristics. Typically, these case counts include more recent infections and are considered to be an indicator of populations at risk for new infections.

CUMULATIVE data includes all case reports gathered since 1982. It is a general indicator of the epidemic's impact.

THE LAST 12 MONTHS: Analyzing newly reported cases for the previous 12 months can be an indicator of the most recent infection activity and a future predictor.

Data from Minnesota Department of Health 4/06