HENNEPIN COUNTY

PUBLIC HEALTH

2023 Early Identification of Individuals with HIV/AIDS

During the 2009 re-authorization of the Ryan White HIV/AIDS Program legislation, coordination of efforts to identify people with HIV (PWH) unaware of their status was written into the responsibilities of Ryan White grant receipients. The Early Identification of Individuals with HIV/AIDS (EIIHA) for Hennepin County, the Part A recipient, involves developing an annual plan to identify PWH unaware of their status in collaboration with the HIV community, HIV service providers, and government partners. This includes both Ryan White funding streams as well as other early intervention funding not included in Ryan White. The EIIHA workgroup develops strategies that coordinate with other available resources.

This report was prepared for the Spring 2024 EIIHA community meeting with HIV stakeholders. Each year, Hennepin County Public Health strives to provide better data to inform and empower community members. If you have questions or comments, contact information is available on the final page of the report.

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Hennpin County Ryan White HIV/AIDS Program

The performance measures related to Early Identification of Individuals with HIV/AIDS (EIIHA) are the first two steps of the HIV care continuum. Early intervention services and outreach services funded by the Ryan White HIV/AIDS Program aim to identify people with HIV (PWH) unaware of their status and link them to HIV medical care within 30 days.

This work often results in identifying PWH who are aware of their HIV status but are not in HIV medical care. These efforts are reported on, even though it is not directly part of EIIHA.



Figure 1: HIV care continuum stages. Credit: Health Resources and Services Administration

Linkage to care definition

Linkage to care is formally <u>defined by the HIV/AIDS Bureau (HAB)</u>¹ as "Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis." In addition to

¹ Housed within Health Resources and Services Administration (HRSA), the federal funder of the Ryan White HIV/AIDS Program

measuring linkage to care for newly diagnosed clients, Hennepin County Public Health (HCPH) and its subrecipients² track linkage to care for out of care case findings.

The numbers presented here represent all case findings of HCPH's funded subrecipients, regardless of geography. Though, most of these clients live within the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). The MSP-TGA is the thirteen-county metro area centered on Hennepin County (Minneapolis) and Ramsey County (St. Paul) where people with HIV are eligible to receive Part A funded services. The date ranges represent when a case finding was identified.

Linkage to care for Hennepin County Public Health managed programs

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Population	Jan 1, 2020 – Dec 31, 2020	Jan 1, 2021 – Dec 31, 2021	Jan 1, 2022 – Dec 31, 2022
Newly Diagnosed (Clinical)	95% (18/19)	89% (34/38)	84% (11/13)
Newly Diagnosed (Community)	71% (10/14)	78% (7/9)	100% (13/13)
Out of care/previously diagnosed	88% (28/32)	91% (32/35)	95% (59/62)

Linkage to Care Terminology	Defined							
Goal	2020 – 2022 : 90%							
Definition	Percentage of Ryan White clients identified as a case finding through Hennepin County Public Health (HCPH) managed programs and linked to care within 30 days. For the performance measures, a case finding is defined as follows: • Newly diagnosed (clinical): initial HIV diagnosis identified in							
	 Newly diagnosed (clinical): initial HIV diagnosis identified in a clinical setting Newly diagnosed (community): initial HIV diagnosis identified through community outreach 							

² Subrecipient is the HRSA term for contracted provider. These include healthcare systems and community-based organizations who provide Ryan White services.

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Linkage to Care Terminology	Defined
	Out of care/previously diagnosed: being found as out of care for at least six months and previously diagnosed with HIV (excludes Data To Care) ³
Numerator	Number of clients who attended a routine HIV medical care visit within 30 days of the case finding
Denominator	Number of clients identified as a case finding by HCPH managed programs
Time of measure	12 months
Data Source	CAREWare: the database system used by all Ryan White subrecipients to report service, health outcomes, and other data to the recipients.
Service Area(s)	Early Intervention Services
Funding Sources	Part A, Rebate (HCPH managed)
Administator	НСРН
Frequency of Evaluation	Quarterly

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³ The Data to Care program utilizes HIV surveillance data to contact people with HIV who appear out of HIV medical care according to surveillance. This work can only be conducted by public health departments. The Hennepin County Public Health Clinic (Red Door) is responsible for this work in Hennepin County only.

HIV and hepatitis A outbreak among people who inject drugs

HIV outbreak

On February 3, 2020, the Minnesota Department of Health (MDH) issued a <u>health alert</u> indicating an HIV outbreak among people who inject drugs (PWID) and experience homelessness. Between December 2018 and December 2023, there have been 223 cases associated with the outbreak in Hennepin and Ramsey Counties. Many of the individuals are coinfected with hepatitis C virus (HCV). Typically, there are 0-3 cases of HIV in persons who inject drugs (PWID) per year in these counties. This is a significant increase and has the potential to spread quickly due to blood-to-blood contact. Hennepin County has collaborated with MDH to investigate these cases.

People at high risk for HIV in this outbreak include:

- Sex partners or syringe-sharing partners of people known to be living with HIV
- People who inject drugs, along with their sex partners and needle/equipment sharing partners
- People who exchange sex for income or other items they need
- People who have experienced or are currently experiencing homelessness

For additional information about the HIV outbreak, contact: Jonathan Hanft
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Preliminary HIV incidence statistics for the Minneapolis-St. Paul Transitional Grant Area

This preliminary HIV incidence data only includes the data for the eleven Minnesota counties of the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). There are two additional counties in western Wisconsin. Due to HIV data from the Wisconsin Department of Health being aggregated, these cases are excluded from the MSP-TGA analysis. The data in this report comes from the Minnesota Department of Health's HIV surveillance system: eHARS, the enhanced HIV/AIDS Reporting System. This preliminary release of data is subject to change in the official HIV statistics report released by Hennepin County Public Health later in 2020 after further analysis. The tables below breakouts that include smaller demographic groups. Case numbers less than 12, and rates and trends based on these numbers, should be interpreted with caution. It is recommended that trends are only examined for larger demographic groups.

From 2013 to 2022, new HIV diagnoses has fallen by 57 cases from 266 to 209.

The past ten years have seen a successful decline in HIV incidence (the number of new HIV diagnoses). This success is driven by success among a single demographic group: white men who have sex with men (MSM). While this success should be noted, it leaves work to be done in addressing health disparities among people of color.

Where are people with HIV diagnosed?

The earlier part of this report focused on the efforts of the Ryan White HIV/AIDS Program to identify people with HIV unaware of their HIV status. However, most new HIV diagnoses are identified outside of Ryan White funded efforts. The Patient Protection and Affordable Care Act required health insurance plans to cover the full cost of HIV tests. In turn, people are often tested and diagnosed as part of a medical visit – not community testing that is funded by Hennepin County or other government partners.

Late testing

Late testers are defined as anyone with an AIDS diagnosis within one year of their initial HIV diagnosis. ⁴ Late testing breakouts for the four largest race/ethnicities are provided in the second and third table below.

⁴ Find more information on the Minnesota Department of Health HIV/AIDS Statistics website: https://www.health.state.mn.us/diseases/hiv/stats/

HIV incidence by race/ethnicity 2013 – 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	24	31	26	22	30	33	34	26	35	31
White, not Hispanic	115	122	99	93	74	79	76	49	68	62
Black or African American, not Hispanic (not African-born)	64	60	63	54	56	42	58	63	60	67
Black, not Hispanic (African-born)	43	47	61	66	50	55	36	20	44	23
Asian/Pacific Islander, not Hispanic	5	7	11	12	7	7	8	7	8	12
American Indian, not Hispanic	2	2	1	1	2	5	7	5	7	8
Multi-racial, not Hispanic	13	9	9	10	13	9	8	13	5	6
Other/Unknown	-	1	1	0	0	2	1	0	0	0
Total	266	279	271	258	232	232	228	183	227	209

Among White, not Hispanic individuals, the incidence has been nearly halved from 2013 to 2022. This significant decline in incidence has not been shared among other racial / ethnic groups and represents a significant health disparity. The incidence among American Indians, Asian/Pacific Islanders, and people who are multi-racial is small and unstable, so a conclusion cannot be drawn about the trend. Incidence among Hispanic, Black or African Americans (not African-born), and Black (African-born) people, over the past ten years, has seen inclines and declines, with no clear trends.

According to the Minnesota Department of Health, it is possible that incidence among African-born Black populations remain high, because those transmissions could have occurred outside of the United States. Black (African-born) populations have high numbers of late testers. This is a possible explanation for other foreign-born cases in non-white racial/ethnic groups with high, stable incidence.

HIV incidence for select race/ethnicities stratified by late testing status 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	24	31	26	22	30	33	34	26	35	31
Late Tester	12	5	7	5	9	9	9	4	11	6
Not Late Tester	12	26	19	17	21	24	25	22	24	25
White, not Hispanic	115	122	99	93	74	79	76	49	68	62
Late Tester	39	30	24	16	20	22	16	10	11	13
Not Late Tester	76	92	75	77	54	57	60	39	57	49
Black or African American, not Hispanic (not African-born)	64	60	63	54	56	42	58	63	60	67
Late Tester	16	10	13	10	11	14	15	14	10	7
Not Late Tester	25	30	39	38	36	20	42	53	49	54
Black, not Hispanic (African-born)	43	47	61	66	50	55	36	20	44	23
Late Tester	15	18	21	24	15	14	13	8	17	4
Not Late Tester	28	29	40	42	35	41	23	12	27	19

HIV incidence for select race/ethnicities stratified by late testing status percentage 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	24	31	26	22	30	33	34	26	35	31
Late Tester Percentage	50%	16%	27%	23%	30%	27%	27%	15%	31%	19%
Not Late Tester Percentage	50%	84%	73%	77%	70%	73%	77%	85%	69%	81%
White, not Hispanic	115	122	99	93	74	79	76	49	68	62
Late Tester Percentage	34%	25%	24%	17%	27%	28%	21%	20%	16%	21%
Not Late Tester Percentage	66%	75%	76%	83%	73%	72%	79%	80%	84%	79%
Black or African American, not Hispanic (not African-born)	64	60	63	54	56	42	58	63	60	67
Late Tester Percentage	25%	17%	21%	19%	20%	26%	26%	22%	17%	10%
Not Late Tester Percentage	75%	83%	79%	81%	80%	74%	74%	78%	83%	90%
Black, not Hispanic (African-born)	43	47	61	66	50	55	36	20	44	23
Late Tester Percentage	35%	38%	34%	36%	30%	33%	36%	40%	39%	17%
Not Late Tester Percentage	65%	62%	66%	64%	70%	67%	64%	60%	61%	83%

HIV incidence among men by race/ethnicity 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	19	26	23	20	27	30	30	24	34	29
White, not Hispanic	104	110	90	83	60	63	62	46	60	52
Black or African American, not Hispanic (not African-born)	50	46	49	43	46	45	48	55	53	57
Black, not Hispanic (African-born)	10	19	22	33	21	19	11	12	20	13
Asian/Pacific Islander, not Hispanic	3	6	9	10	6	7	6	6	6	11
American Indian, not Hispanic	1	0	0	1	2	4	2	3	3	1
Multi-racial, not Hispanic	9	8	8	6	11	7	5	10	4	4
Other/Unknown	0	1	0	0	0	1	1	0	0	0
Total	196	216	201	196	173	176	165	156	180	167

Men in this table refers to sex assigned at birth, not gender identity.

HIV incidence among men who have sex with men (MSM) by race/ethnicity 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	13	18	15	14	22	27	25	19	24	25
White, not Hispanic	86	93	80	69	51	51	54	39	43	36
Black or African American, not Hispanic (not African-born)	28	24	32	28	33	33	30	42	37	35
Black, not Hispanic (African-born)	2	1	2	5	2	3	0	3	3	3
Asian/Pacific Islander, not Hispanic	2	5	7	5	5	4	3	5	5	5
American Indian, not Hispanic	0	0	0	0	1	1	0	1	2	1
Multi-racial, not Hispanic	7	7	7	6	9	5	4	5	3	1
Other/Unknown	0	1	0	0	0	1	0	0	0	0
Total	138	149	143	127	123	125	116	114	117	106

Like the previous table, men in this table refers to sex assigned at birth, not gender identity. Sex assigned at birth is used to align with the Centers for Disease Control and Prevention (CDC) definition of MSM. HIV incidence among white, not Hispanic MSM has more than halved from 2013 to 2022. While this public health success is noteworthy, HIV incidence among Hispanic MSM and Black (not African-born) MSM remains either stable or is marked by slight increases. Addressing these health disparities is key to ending the HIV epidemic in the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA). Based on this data, Hennepin County Public Health recommends Hispanic MSM and Black (not African-born) MSM as EIIHA priority populations.

HIV incidence among men (not MSM) by race/ethnicity 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	6	8	8	6	5	3	5	5	10	4
White, not Hispanic	18	17	10	14	9	12	8	7	17	16
Black or African American, not Hispanic (not African-born)	22	22	17	15	13	12	18	13	16	22
Black, not Hispanic (African-born)	8	18	20	28	19	16	11	9	17	10
Asian/Pacific Islander, not Hispanic	1	1	2	5	1	3	3	1	1	6
American Indian, not Hispanic	1	0	0	1	1	3	2	2	1	0
Multi-racial, not Hispanic	2	1	1	0	2	2	1	5	1	3
Other/Unknown	0	0	0	0	0	0	1	0	0	0
Total	58	67	58	69	50	51	49	42	63	61

HIV Incidence among men who are not MSM has stayed relatively stable from 2013 – 2022. The stability in cases over time helps illustrate that the decline from 2013-2022 has mostly been among MSM incidence. It is important to note that Black (African – born) population is the only population where the majority of male incidence is among not MSM incidence, rather than MSM incidence. Hennepin County Public Health recommends including Black (African-born) men and Black (not African-born) men as EIIHA priority populations. The next two tables detail how MSM status is observed in male populations for the four largest race/ethnicities.

HIV incidence among men for select race/ethnicities stratified by MSM status 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	19	26	23	20	27	30	30	24	34	29
MSM	13	18	15	14	22	27	25	19	24	25
Not MSM	6	8	8	6	5	3	5	5	10	4
White, not Hispanic	104	110	90	83	60	63	62	46	60	52
MSM	86	93	80	69	51	51	54	39	43	36
Not MSM	18	17	10	14	9	12	8	7	17	16
Black or African American, not Hispanic (not African-born)	50	46	49	43	46	45	48	55	53	57
MSM	28	24	32	28	33	33	30	42	37	35
Not MSM	22	22	17	15	13	12	18	13	16	22
Black, not Hispanic (African-born)	10	19	22	33	21	19	11	12	20	13
MSM	2	1	2	5	2	3	0	3	3	3
Not MSM	8	18	20	28	19	16	11	9	17	10

HIV incidence among men for select race/ethnicities stratified by MSM status percentage 2013 - 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	19	26	23	20	27	30	30	24	34	29
MSM	68%	69%	65%	70%	81%	90%	83%	79%	71%	86%
Not MSM	32%	31%	35%	30%	19%	10%	17%	21%	29%	14%
White, not Hispanic	104	110	90	83	60	63	62	46	60	52
MSM	83%	85%	89%	83%	85%	81%	87%	85%	72%	69%
Not MSM	17%	15%	11%	17%	15%	19%	13%	15%	28%	31%
Black or African American, not Hispanic (not African-born)	50	46	49	43	46	45	48	55	53	57
MSM	56%	52%	65%	65%	72%	73%	63%	76%	70%	61%
Not MSM	44%	48%	35%	35%	28%	27%	38%	24%	30%	39%
Black, not Hispanic (African-born)	10	19	22	33	21	19	11	12	20	13
MSM	20%	5%	9%	15%	10%	16%	0%	25%	15%	23%
Not MSM	80%	95%	91%	85%	90%	84%	100%	75%	85%	77%

HIV incidence among women by race/ethnicity 2013 – 2022

Race/Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races)	5	5	3	2	3	3	4	2	1	2
White, not Hispanic	11	12	9	10	14	16	14	3	8	10
Black or African American, not Hispanic (not African-born)	14	14	14	11	10	10	10	8	7	10
Black, not Hispanic (African-born)	33	28	39	33	29	23	25	8	24	10
Asian/Pacific Islander, not Hispanic	2	1	2	2	1	0	2	1	2	1
American Indian, not Hispanic	1	2	1	0	0	1	5	2	4	7
Multi-racial, not Hispanic	4	1	1	4	2	2	3	3	1	2
Other/Unknown	0	0	1	0	0	1	0	0	0	0
Total	70	63	70	62	59	56	63	27	47	42

While most HIV infections occur among men, HIV disproportionately affects women of color. This is particularly pronounced among Black (African-born) women – the only of the four largest racial/ethnic groups to have more HIV infections among women than men. Hennepin County Public Health recommends Black (African-born) women as an EIIHA priority population.

HIV incidence by gender identity 2013 - 2022

Gender Identity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	193	211	195	191	167	173	155	147	170	161
Women	70	63	70	60	55	56	62	27	47	41
Transmen	0	0	0	2	4	0	1	0	0	1
Transwomen	3	4	6	5	5	3	8	8	9	5
Other gender identity	0	1	0	0	1	0	2	1	1	1
Total	266	279	271	258	232	232	228	183	227	209

Medical records are the primary source of information for most data systems utilized by the Minnesota Department of Health, and gender identity is not consistently document in all medical records. For this reason, transgender numbers, including numbers of other gender identities are most likely an undercount. HIV surveillance teams and disease investigators interview every new HIV case as long as that individual consents to the interview, and normally ask questions about gender identity. Still, this information is not always available or complete.

Due to this lack of data completeness, HIV services for transgender/gender minority populations is informed through community engagement. Based on this qualitative data, including the recommendation of the <u>Disparities Elimination Committee</u>, of the <u>Minnesota Council for HIV Care and Prevention</u>, Hennepin County Public Health recommends transgender/gender minority populations as an EIIHA priority population.

HIV incidence by age group 2013 - 2022

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Less than 15	7	3	4	4	1	0	1	1	0	2
15 – 19	9	15	8	14	6	4	7	8	8	19
20 – 24	36	37	49	48	38	26	30	29	39	38
25 – 29	49	45	46	41	43	51	48	36	31	28
30 – 34	36	42	35	36	29	36	41	25	40	23
35 – 39	20	39	42	35	23	39	33	28	32	30
40 – 49	50	58	42	44	46	44	29	32	46	32
50+	59	40	45	36	46	32	39	24	31	37
Total	266	279	271	258	232	232	228	183	227	209

In recent years, HIV infections among children, including perinatal transmission, have become rare – a clear public health success. Additionally, HIV diagnoses remain rare among teens, although there was a jump in new diagnoses in 2022. HIV diagnoses have declined among those who are 25-29 but are still a significant age group for new HIV diagnoses. There has been a significant decline in HIV diagnoses among people aged 40 or older.

HIV incidence among men who have sex with men (MSM) by age group 2013 - 2022

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
15-19	5	8	7	8	4	4	7	8	6	12
20 – 24	25	27	37	33	28	20	20	21	33	23
25 – 29	23	30	28	29	28	36	31	25	20	16
30 – 34	22	22	19	16	14	20	19	20	24	14
35 – 39	10	16	14	10	16	15	16	15	14	17
40 – 49	23	25	23	20	16	17	11	17	11	13
50+	30	21	15	11	17	13	11	8	9	11
Total	138	149	143	127	123	125	115	114	117	106

The Health Resources and Services Administration (HRSA), the Federal funder of the Ryan White HIV/AIDS Program, has provided guidance to focus on young men who have sex with men (MSM). HRSA defines young MSM as 13 – 24. In Minnesota, young MSM does not usually represent a large portion of diagnoses, except for the portion of young MSM aged 20-24. However, in 2022 there was a jump in the number new cases among MSM individuals aged 15-19. It remains to be seen if that increase is anomalous or represents a growing trend. In general, MSM diagnoses are concentrated in individuals in their 20's with diagnosis falling off as individuals get older.

Based on this information, Hennepin County would recommend prioritizing MSM ages 20-39. As shown in the next table, this priority group is not mutually exclusive to the already recommended Hispanic MSM and Black (not African-born) MSM priority groups.

HIV incidence among MSM ages 20-39 by race/ethnicity 2013 - 2022

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Hispanic (all Races) MSM	8	11	9	9	18	21	20	15	16	18
White, not Hispanic	42	56	50	47	30	30	34	20	34	19
Black or African American, not Hispanic (not African-born) MSM	23	19	28	22	24	27	27	33	30	26
All other race/ethnicities	7	9	11	10	14	13	5	13	11	7
Total	80	95	98	88	86	91	86	81	91	70

HIV incidence among MSM ages 20-39 (select race/ethnicities details) 2013 - 2022

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
20 – 24 (MSM, all race/ethnicites)	25	27	37	33	28	20	20	21	33	23
Hispanic (all Races) MSM	1	4	3	5	6	3	4	3	9	4
Black or African American, not Hispanic (not African-born) MSM	8	8	14	11	11	6	6	15	12	14
25-29 (MSM, all race/ethnicites)	23	30	28	29	28	36	31	25	20	16
Hispanic (all Races) MSM	2	0	4	1	5	10	7	5	1	7
Black or African American, not Hispanic (not African-born) MSM	9	8	10	4	11	12	12	7	7	4
30-34 (MSM, all race/ethnicites)	22	22	19	16	14	20	19	20	24	14
Hispanic (all Races) MSM	4	3	0	1	3	6	5	6	3	3
Black or African American, not Hispanic (not African-born) MSM	4	2	4	2	1	6	5	7	7	3
35-39 (MSM, all race/ethnicites)	10	16	14	10	16	15	16	15	14	17
Hispanic (all Races) MSM	1	4	2	2	4	2	4	1	3	4
Black or African American, not Hispanic (not African-born) MSM	2	1	0	5	1	3	4	4	4	5

Recommended EIIHA priority populations

In summary, based on the HIV outbreak, incidence data, and community engagement before the Spring 2024 EIIHA meeting, Hennepin County Public Health would recommend prioritizing these populations within the Minneapolis-St. Paul Transitional Grant Area:

- People who inject drugs
- Men who have sex with men (MSM) ages 20-39
- Hispanic MSM
- Black (not African-born) men, both MSM and not MSM
- Black (African-born) men
- Black (African-born) women
- Transgender/gender minorities (transwomen, transmen, and other gender identities)

Contact

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January 20, 2024

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