

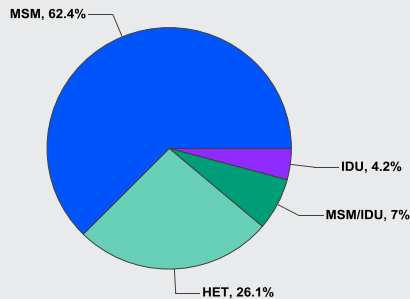
Minnesota – State Health Profile

HIV/AIDS Epidemic

In 2015, an estimated 39,393 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 7 people with HIV in the United States do not know that they are infected.

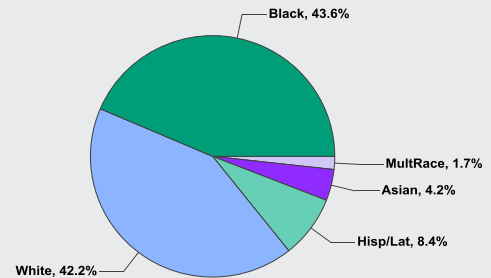
In 2015, an estimated 287 adults and adolescents were diagnosed with HIV in Minnesota. Minnesota ranked 28th among the 50 states in the number of HIV diagnoses in 2015.

Estimated adults and adolescents diagnosed with HIV, by transmission category, Minnesota, 2015



*MSM, men who have sex with men; IDU, injection drug users; MSM/IDU, men who have sex with men who also inject drugs; HET, Heterosexuals
 **Other: <0.348%

Estimated adults and adolescents diagnosed with HIV, by race/ethnicity, Minnesota, 2015



*AI/AN, American Indian/Alaska Native; Black, Black/African American; Hisp/Lat, Hispanic/Latino; MultRace, Multiple races; NHOPi, Native Hawaiian/Other Pacific Islander; Unk, Unknown

Adolescent and School Health

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. However, there has been a nationwide decrease in the percentage of adolescents who have ever had sex:

- 24% of 9th graders have reported ever having sex in 2015 compared to 34% in 2005.
- 35.7% of 10th graders have reported ever having sex in 2015 compared to 42.8% in 2005.

Sexually Transmitted Diseases (STDs)

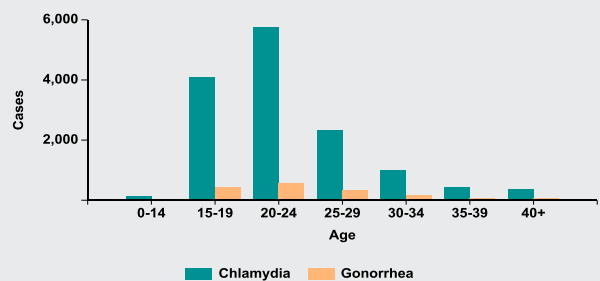
Syphilis – Primary and secondary (P&S) syphilis (the stages in which syphilis is most infectious) remains a health problem, primarily among men who have sex with men, but congenital transmission of syphilis from infected mothers to their unborn children persists in many areas of the country.

- In Minnesota, the rate of primary and secondary syphilis was 2.6 per 100,000 in 2011 and 4.5 per 100,000 in 2015. Minnesota now ranks 29th in rates of P&S syphilis among 50 states.
- There were 3 cases of congenital syphilis from 2011 through 2015.

Chlamydia and Gonorrhea – Untreated STDs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. In addition, they can increase the spread of HIV, and cause cancer. Pregnant women and newborns are particularly vulnerable. In 2015, Minnesota:

- Ranked 39th among 50 states in chlamydial infections (389.3 per 100,000 persons) and ranked 39th among 50 states in gonorrheal infections (75.1 per 100,000 persons).
- Reported rates of chlamydia among women (514.1 cases per 100,000) that were 2 times greater than those among men (262.6 cases per 100,000).

Chlamydia and Gonorrhea among Women by Age Group, Minnesota, 2015



*Chlamydia: [0-14: 142] [15-19: 4,101] [20-24: 5,745] [25-29: 2,328] [30-34: 1,002] [35-39: 429] [40+: 359]
 **Gonorrhea: [0-14: 22] [15-19: 430] [20-24: 574] [25-29: 324] [30-34: 177] [35-39: 83] [40+: 65]



Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among non-U.S. born has been much smaller than that for U.S.-born persons. In 2015, Minnesota:

- Ranked 16th among the 50 states in TB rates (2.7 per 100,000 persons).
- 86% of TB cases occurred in non-U.S. born.

Hepatitis A, B, and C Virus (HAV, HBV, HCV)

While acute hepatitis A virus and acute hepatitis B virus (HBV) infections have generally been declining in incidence since 1990 mainly due to effective vaccination strategies, the number of cases in the United States increased in 2015 compared to 2014. Nationwide, reported cases of acute hepatitis C virus (HCV) infection also continued to increase in 2015, more than 2.9-fold from 2011– 2015. Approximately 4.4 million people in the U.S. are living with HBV and HCV infection; most do not know they are infected. Lifelong infections with HBV and HCV are shown to be major risk factors for liver cancer. In Minnesota, between 2011 and 2015:

- Reported rates of acute hepatitis A decreased by 20%.
- Reported rates of acute hepatitis B decreased by 25%.
- Reported rates of acute hepatitis C increased by 133%.

Program Initiatives Supported by CDC

CDC Funding to Minnesota, 2016	
HIV/AIDS	\$3,014,688
STDs	\$1,615,774
TB	\$2,152,980
Viral Hepatitis	\$107,895

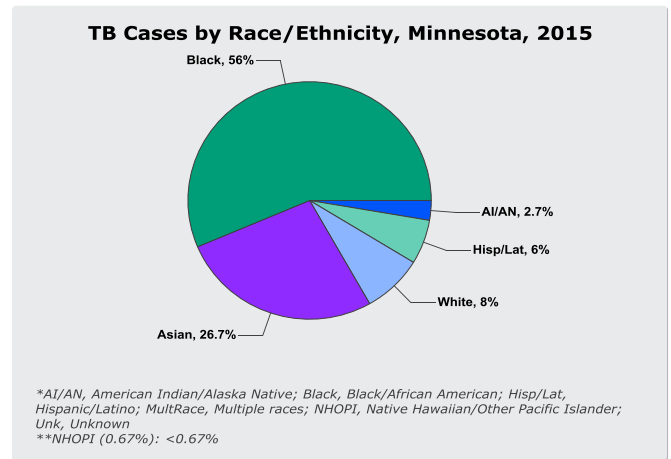
HIV/AIDS – CDC funds the Minnesota State health department to implement cost-effective and scalable programs and policies that will have the greatest impact on HIV prevention in the state’s most affected communities and regions. Funding supports evidence-based disease monitoring, service delivery, staff development, and routine program evaluation. CDC also

supports two community-based organizations. CDC funds the Minnesota State education department for HIV prevention activities, to assess adolescent health-risk behaviors, and to increase access to youth-friendly health services and effective education programs to delay sexual initiation and prevent HIV infection and other STDs.

STD – In Minnesota, CDC funds the state health department to reduce STDs through science-based prevention and control services that are high impact, scalable, cost effective, and sustainable. Minnesota is also part of a network of STD programs that collect additional information to better and more quickly shed light on STD trends.

TB – In Minnesota, CDC funds the State health department for TB prevention and control activities. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services. CDC also supports a regional medical consultation and training center for complex TB cases in Minnesota.

Viral Hepatitis – In Minnesota, CDC supports projects to improve the delivery of primary and secondary viral hepatitis prevention services in health-care settings and public health programs that serve at-risk adults and adolescents.



For More Information

Minnesota: <http://www.health.state.mn.us/> CDC: <https://www.cdc.gov/nchhstp/>