

Annual HIV, STI, and Hepatitis 2023 Data Release Webinar Q&A

General

Can we get the slides after the presentation?

- The [Annual HIV, STI, and Hepatitis 2023 Data Release Live Webinar \(PPT\)](https://www.health.state.mn.us/diseases/hiv/stats/2023/webinar.pptx) (<https://www.health.state.mn.us/diseases/hiv/stats/2023/webinar.pptx>) slides are available on the MDH website.

STI

In the syphilis section, a large percentage were 50+, yet subsequent slides stopped tracking info at ages 44 or 49. Why is this?

- The figure included in the webinar was misleading and has been corrected. 50+ does not up a large percent of cases. Slide 19 of the [Annual HIV, STI, and Hepatitis 2023 Data Release Live Webinar \(PPT\)](https://www.health.state.mn.us/diseases/hiv/stats/2023/webinar.pptx) (<https://www.health.state.mn.us/diseases/hiv/stats/2023/webinar.pptx>) has been updated.

HIV

Was the decrease in HIV diagnoses in 2020 partially due to less people getting tested due to the pandemic?

- Yes, that's what we believe – that because everyone was sheltering in place for most of 2020, that our healthcare system was not functioning at its highest and many people were not receiving care. And that has led to people being diagnosed in later years, but again more time and analysis is really needed to understand what really the long-term impact of COVID was specifically for HIV, but for other diseases as well.

A 24% increase in new HIV cases is disappointing. Is there any data on number of new reported cases that are recent immigrants or GLBQT persons who moved to MN in 2023?

- Surveillance data is collected on country of birth, birth sex, and gender. Surveillance does not track how long someone has been in the United States.
- The STI/HIV/TB Section at MDH partners with Refugee Health to identify persons settling in MN through the refugee resettlement program who are diagnosed with HIV. In 2023, there were <10 persons, consistent with prior years. This does not account for non-U.S. born persons that recently moved here *via another state* and were diagnosed with HIV.
- Of people with HIV first reported in MN in 2023, 44% were new diagnoses in MN and 56% had previously been diagnosed in other jurisdictions. Of people with HIV first reported in MN in 2023 with known country of birth, 80% were US-born and 20% were not US-born.

What proportion of new cases among Hispanics were among MSM?

- In 2023, 76% of Hispanic people newly diagnosed with HIV were MSM (including MSM/IDU). This is in comparison with 60% of all incident cases were MSM (all races/Hispanic ethnicity)
- Of those assigned male sex at birth, 82% of all Hispanic people diagnosed with HIV in 2023 were MSM (including MSM/IDU). This is in comparison with 72% of all males diagnosed with HIV in 2023 were MSM (including MSM/IDU).

I have checked other jurisdictions (ie Iowa, WI, New York, San Francisco) none of which has posted 2023 data. Almost all jurisdictions saw a decrease in new cases due to Covid and then a rebound afterwards. Are you aware of similar large increases in 2023 in other jurisdictions? Increases here seems to be at least partly driven by arrival of Hispanic persons in 2023 who then are reported HIV+ after testing here. In addition, there is also a significant population of persons from Latin America who are new to Minnesota but had been tested HIV +in their home country.

- Most jurisdictions have not released their 2023 data yet. MDH HIV Surveillance has a national call in early May where we plan to bring it up to other jurisdictions to see if they are noticing similar trends.

What proportion of PrEP funding goes to metro area providers?

- Nearly 57% of funding goes to metro area grantees.

PrEP Funding	Amount
Amount Awarded	\$1,199,378
Metro Area Grantees (2023-2024)	\$679,490
Greater Minnesota Grantees (March 2024-June 2023)	\$519,888

Hepatitis

Has HCV treatment costs become more affordable or is it still extremely expensive?

- There was a lot of publicity around how expensive the medications were and then not really much publicity around when those medications decreased in price. There are two medications with an authorized generic. The remaining treatment options don't have an authorized generic but they have also decreased in price over time. There are now treatment regimens that are as low as \$24,000 for a course of treatment. While that is still quite expensive, insurance and patient assistance programs should be able to bring that cost to an extremely reasonable point for the vast majority of people. It's really important for patients to talk to their healthcare providers to learn about the options and how to reduce the cost for these medications. The cost of treatment should not be a barrier to anyone being able to get treated for hepatitis C.

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STI, HIV, and TB Section
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