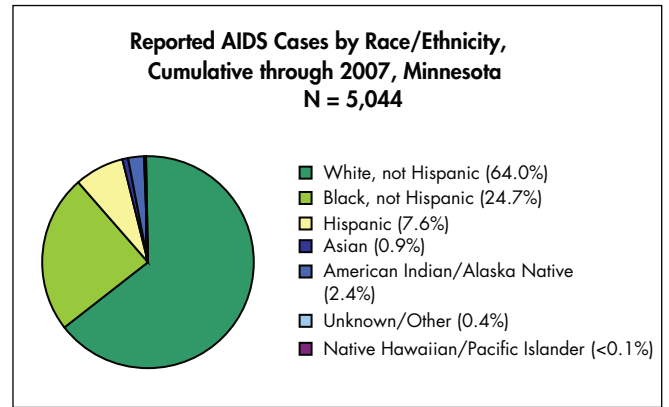
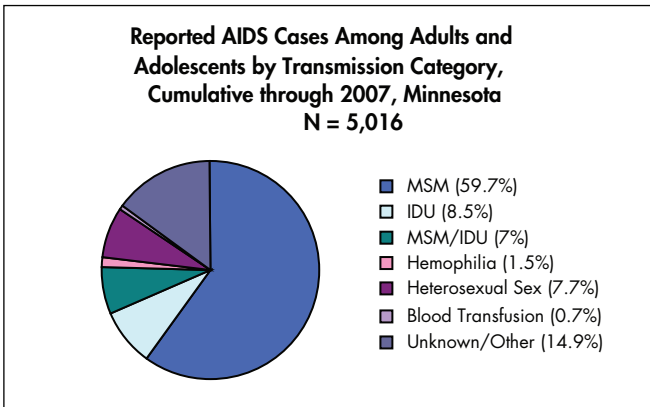




# MINNESOTA – 2008 Profile

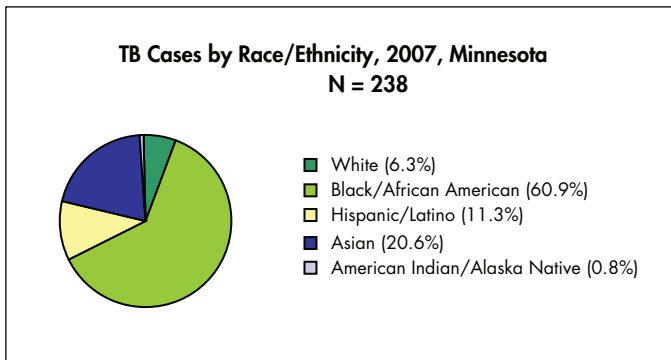
## HIV/AIDS Epidemic

HIV/AIDS has claimed the lives of over 550,000 Americans. Today, about 1.1 million Americans are living with HIV, the virus that causes AIDS, and one fifth of those infected are unaware of their infection.



Minnesota reported 5,044 AIDS cases to CDC, cumulatively from the beginning of the epidemic through December 2007. Minnesota ranked 29<sup>th</sup> highest among the 50 states in cumulative reported AIDS cases.

## Tuberculosis (TB)



Although the overall rate of TB in the U.S. has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons.

### In 2007, Minnesota reported:

- The 14<sup>th</sup> highest rate of TB among states in the U.S. (4.6 per 100,000 persons).
- 85.3% of TB cases occurred in foreign-born persons.

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

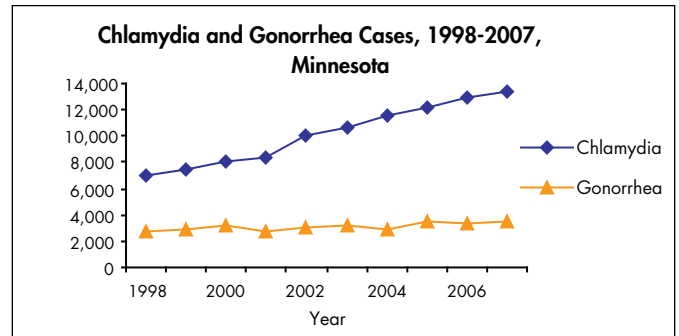
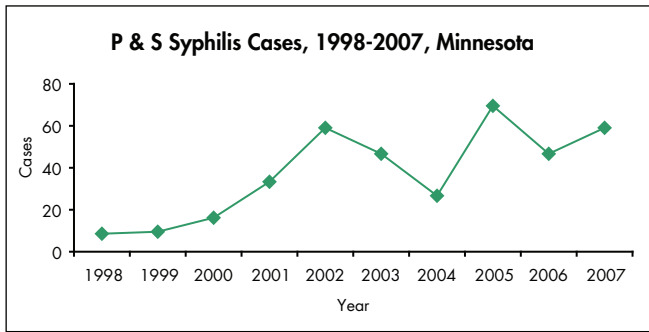
In the U.S., incidence of acute HAV and HBV in 2006 was the lowest ever recorded due to the availability of safe and effective vaccines. But there is no vaccine for HCV, and chronic HBV and HCV account for more than 50% of new cases of chronic liver disease, a leading cause of death. Approximately 4.5 million people are estimated to be living with HBV and HCV infection, and of that number, approximately 50% are unaware of their status.

### In Minnesota, between 1997 and 2006:

- Reported rates of acute hepatitis A decreased by 89%.
- Reported rates of acute hepatitis B decreased by 54%.

Minnesota began reporting cases of chronic Hepatitis C infection to the CDC in 2005.

# Sexually Transmitted Diseases (STDs)



**Syphilis** – Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas.

- Minnesota ranked 34<sup>th</sup> among 50 states, with 1.1 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases has remained at 3 or fewer between 1998 and 2007.

**Chlamydia and Gonorrhea** – Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease, which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

## In 2007, Minnesota:

- Ranked 40<sup>th</sup> among 50 states in chlamydial infections (259.6 per 100,000 persons) and ranked 33<sup>rd</sup> among 50 states in gonorrheal infections (66.9 per 100,000 persons).
- Reported rates of chlamydia among women (372.6 cases per 100,000) that were 2.6 times greater than those among men (145.3 cases per 100,000).

## Program Initiatives Supported by CDC

**HIV/AIDS** – CDC utilizes a comprehensive approach to HIV prevention that includes surveillance, research, interventions, capacity building, and evaluation. In Minnesota, CDC supports the state health department and 3 community-based organizations to conduct and support HIV prevention programs. Programs are designed to meet the cultural needs, expectations, and values of the populations they serve, and CDC involves affected communities in the HIV prevention community planning process to ensure that funding goes to those who need it most. Research, surveillance, and other prevention efforts are also supported.

**STDs** – In Minnesota, CDC funds the state health department through the Comprehensive STD Prevention System (CSPS) grant program. CSPS supports a community-wide, science-based, interdisciplinary approach to STD prevention that includes behavioral interventions, medical and laboratory services, disease surveillance, outbreak response, professional development, and STD awareness and education campaigns. As part of its CSPS grant, the Minnesota state health department receives funding specifically for syphilis elimination.

**TB** – In Minnesota, CDC funds the health department for TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services, medical consultation for complex TB cases, and training for state and local TB control staff.

**Viral Hepatitis** – In Minnesota, CDC supports an adult viral hepatitis prevention coordinator to provide management, networking, and technical expertise for successful integration of hepatitis C prevention activities into existing public health programs, enhanced viral hepatitis surveillance, and perinatal Hepatitis B elimination.

CDC funding to Minnesota, 2008	
HIV/AIDS	\$4,163,543
STDs	\$1,059,326
TB	\$1,003,727
Viral Hepatitis	\$415,659

### For More Information

Minnesota: [www.health.state.mn.us](http://www.health.state.mn.us)

CDC: [www.cdc.gov/nchstp](http://www.cdc.gov/nchstp)