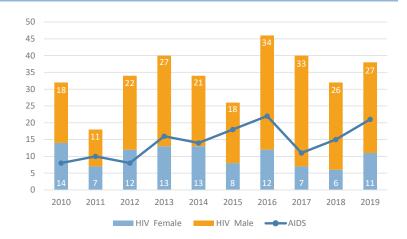


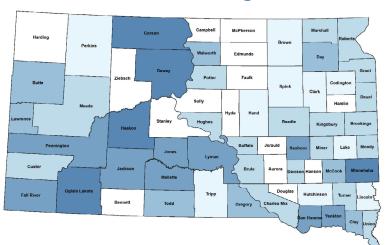
# 2020 HIV/AIDS Surveillance Report

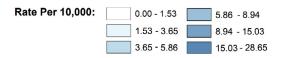
# South Dakota Residents Diagnosed with HIV and AIDs, by Gender, 2010-2019

\*To promote anonymity, gender is shown in this report as that which was assigned at birth.



## South Dakota Residents Diagnosed with HIV/AIDS, Rate by County, 1985-2019



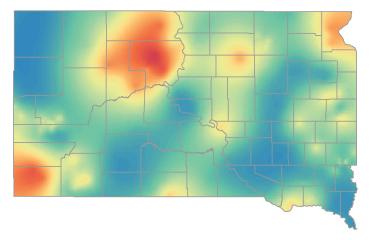


Disease rates have been calculated based on number of diagnoses, per county, since data collection began in 1985 in South Dakota. To portray an accurate disease rate per county, rates were calculated per 10,000, based on 2019 SD county population estimates from the United States Bureau of Census<sup>1</sup>.

# **U=U**Undetectable = Untransmittable

Studies have shown that HIV positive individuals who achieve and maintain an undetectable or suppressed viral load are unable to transmit HIV to an uninfected person.<sup>6</sup> By maintaining viral suppression, HIV positive individuals can ensure that they will not pass HIV on to their partners.<sup>6</sup>

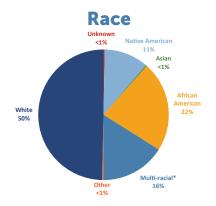
This map displays the viral suppression of the HIV positive individuals currently residing in South Dakota. Viral suppression is defined as a viral load of less than 200 copies/mL.<sup>2</sup>



Areas in red indicate where a higher proportion of non-virally suppressed individuals reside, whereas the areas in blue indicate where a higher proportion of virally suppressed individuals reside.

# Characteristics of Current South Dakotans Living with HIV and/or AIDS, as of December 31, 2019

As of December 31, 2019 there were 657 people with HIV and/or AIDS known to be living in South Dakota.



## **Disease Rates by Race and Ethnicity**

\*Based on 2019 SD population estimates from the US Census Bureau

Black/African American: 69.3 per 10,000 (-19% from 2018)

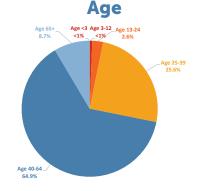
Native American/American Indian: 9 per 10,000 (-51.1% from 2018)

White: 4.4 per 10,000 (-2.2% from 2018)

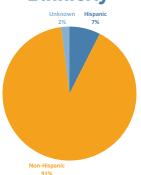
Asian: 1.3 per 10,000 (-91.4% from 2018)

Multi-racial (2 or more races): 49.9 per 10,000 (+119.8% from 2018)

Hispanic: 13.5 per 10,000 (+13.4% from 2018)



## **Ethnicity**



# Racial and Ethnic Disparities in South Dakota

#### **BLACK/AFRICAN AMERICAN**

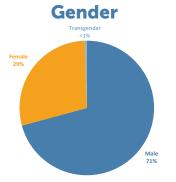
Black/African Americans make up only 2.4% of South Dakota's population, but account for 22% of SD HIV/AIDS cases.<sup>1</sup>

#### NATIVE AMERICAN/AMERICAN INDIAN

Native Americans/American Indians make up only 9% of South Dakota's population, but account for 11% of SD HIV/AIDS cases.<sup>1</sup>

#### HISPANIC ETHNICITY

Individuals of Hispanic ethnicity make up only 4.1% of South Dakota's population, but account for 7% of SD HIV/AIDS cases.<sup>1</sup>



### **HIV versus AIDS**

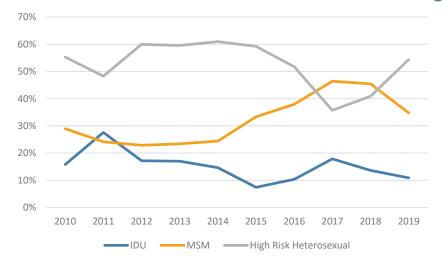
AIDS is when an HIV infected person's immune system

In the absence of treatment, AIDS usually develops 8 to 10 years after initial HIV Infection.<sup>3</sup> Of those diagnosed individuals living in South Dakota, **35%** have been diagnosed with AIDS.

### "Late Testers"

Late testers are individuals who are diagnosed with AIDS within 12 months of their initial HIV diagnosis. However, with early HIV diagnosis and treatment, this can be delayed by years. Of those individuals diagnosed from 2015-2019, in South Dakota, 15% were considered "late testers."

# Reported Risk Factors of NEWLY DIAGNOSED HIV Persons in South Dakota, Diagnosed 2010-2019



Intravenous drug use continues to be a common means of HIV transmission in the United States. People who inject drugs accounted for **9% of the total HIV diagnoses in the United States** in 2017.<sup>4</sup> In comparison, injection drug use accounted for **17.9% of new diagnoses in South Dakota**, in 2017.

Most recently, in 2019, injection drug use accounted for **10.9% of new diagnoses**.

### **HIV Care Cascade**

# The HIV Care Cascade illustrates the number of South Dakotans who are:

**Diagnosed:** South Dakotans who have a positive confirmatory HIV test. The CDC estimates that approximately 14% of the population is unaware of their HIV status\*.

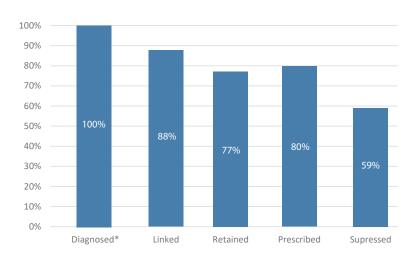
**Linked to Care:** Diagnosed clients who have been referred to a care provider.

**Retained in Care:** Diagnosed clients who are seeing their provider on a routine basis.

**Prescribed ART:** Diagnosed clients who have been prescribed anti-retroviral therapy.

Virally Suppressed: Diagnosed clients who have an

undetectable viral load. Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV. When ART results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission.



# HIV Co-infection with Chlamydia, Gonorrhea, Hepatitis C, Syphilis & TB by Sex and Age, 2015-2019

	Total*	Sex		13-24 Years	25-44 Years	45-65 Years	65+ Years
		Female	Male	13-24 Tears	23-44 lears	43-03 Tears	OST Tears
Chlamydia	65	24	41	3	52	10	0
Gonorrhea	55	9	46	0	37	18	0
Hepatitis C (acute and chronic combined)	25	5	20	0	11	12	2
Syphilis	62	1	61	0	31	28	3
TB-Active	4	0	4	0	1	3	0
Total	211	39	172	3	122	71	5

\*Includes preliminary 2019 data

## **Expedited Partner Therapy (EPT)**

Expedited Partner Therapy enables healthcare professionals to provide patients with either antibiotics or prescriptions to their sex partners without a visit by the partners to a health care provider. FPT can be provided to partners of a patient diagnosed with Chlamydia or Gonorrhea infection.

EPT Partner packs developed by the South Dakota STD Program are a great way to get the information regarding STD exposure, treatment, testing, and prevention out to partners of the original patient.

In addition to giving the original patient information on EPT, packs will contain:

- 1. STD and medication information
- 2. Condoms
- 3. Medication

For more information or to order EPT packs, contact Mary Rea, STD Program Manager, at 605-773-4794 or <a href="Mary.Rea@state.sd.us">Mary.Rea@state.sd.us</a>.

# 2019 STD Statistics

Total Syphilis (all stages): 89 cases

Total Chlamydia: 4565 cases

Total Gonorrhea: 2177 cases

## **PrEP: Pre-Exposure Prophylaxis**

HIV infections can be prevented, one of those options is pre-exposure prophylaxis or PrEP. PrEP involves taking a single pill a day to avoid acquiring HIV. The only medication currently approved by the FDA for PrEP is co-formulated emtricitabine/ tenofovir. This regimen can reduce the risk of getting HIV from sex by up to 99 percent when taken daily.<sup>8</sup> Among people who inject drugs, PrEP can reduce the risk of getting HIV by at least 74% when taken daily.<sup>8</sup> This medication is FDA approved for adolescents and adults weighing 77 pounds or more. PrEP does NOT replace other risk reduction options, such as reducing the number of risk exposures, using condoms consistently, and ensuring that partners with HIV are on antiretroviral treatment. However, this medication will assist many patients for whom traditional risk reduction options may be insufficient to prevent HIV infection.

The National Clinicians Consultation Center provides information and assistance to clinicians wishing to prescribe PrEP by calling 1-855-448-7737 (1-855-HIV-PREP), Monday through Friday, 10 a.m. to 7 p.m. CT. Any licensed clinician with prescribing privileges can prescribe PrEP.

**Are you a PrEP-friendly provider?** If so, add your information to <a href="https://preplocator.org">https://preplocator.org</a>, to let community members and the South Dakota Department of Health know. If you have a patient who is interested in PrEP, but doesn't know where to start, our staff can assist. Please call Erin Powell, HIV Linkage to Care Coordinator, at 605-773-5348.

## **Ryan White Program**

The Ryan White Part B Program is a federal program and local resource for any individual who is a resident of South Dakota, is diagnosed as HIV positive, and has an income at or less than 300% of the federal poverty level.

The program assists individuals with the cost of core medical services such as outpatient and ambulatory health services, AIDS Drug Assistance Program treatments, early intervention services, health insurance premium and cost sharing assistance.

During the 2018 calendar year, the Ryan White program served 387 individuals living with HIV/AIDS in South Dakota.

### **Confidential Disease Reporting**

The South Dakota Department of Health is authorized by <u>SDCL 34-22-12</u> and <u>ARSD 44:20</u> to collect and process mandatory reports of communicable diseases.

### **HOW TO REPORT:**

SECURE WEBSITE: http://sd.gov/diseasereport TELEPHONE: 1-800-592-1861 or 605-773-3737

### **MAIL OR COURIER:**

Infectious Disease Surveillance, Department of Health 615 East 4th Street, Pierre, SD 57501

### **Linkage to Care**

Disease Intervention Specialists (DIS) assist to provide linkage to care services for HIV/AIDS patients who have fallen out of care. If you have a patient who you would like to discuss reengagement in care for, please contact Linkage To Care Coordinator, <u>Erin Powell</u>, at 605-773-5348.

### **Surveillance Questions?**

Questions regarding the surveillance report may be directed to Susan Gannon, HIV Prevention and Surveillance Coordinator, at 605-773-3737 or <a href="mailto:Susan.Gannon@state.sd.us">Susan.Gannon@state.sd.us</a>

# **Department of Health Confidential HIV Testing Centers**Call Toll Free 1-800-592-1861

### ABERDEEN

402 S. Main St. Aberdeen, SD 57401 605-626-2373 1-866-805-1007

### PIERRE

740 E. Sioux Ave., Suite 107 Pierre, SD 57501 605-773-5348 1-866-229-4927

### RAPID CITY

909 E St. Patrick St., Suite 10 Rapid City, SD 57701 605-394-2289 1-866-474-8221

### SIOUX FALLS

4101 W. 38th St. Sioux Falls, SD 57106 605-367-5363 1-866-315-9214

### WATERTOWN

2001 SW 9th Ave., Suite 500 Watertown, SD 57201 605-882-5096 1-866-817-4090

### SOURCES:

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