

2019 HIV Surveillance Report

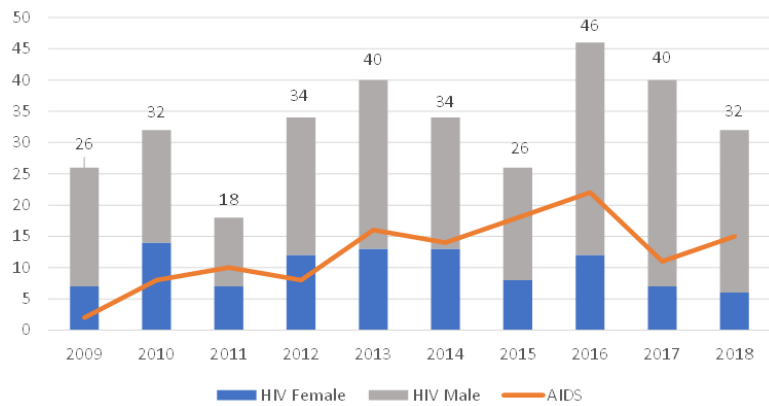
State of South Dakota



South Dakota Department of Health
Office of Disease Prevention Services

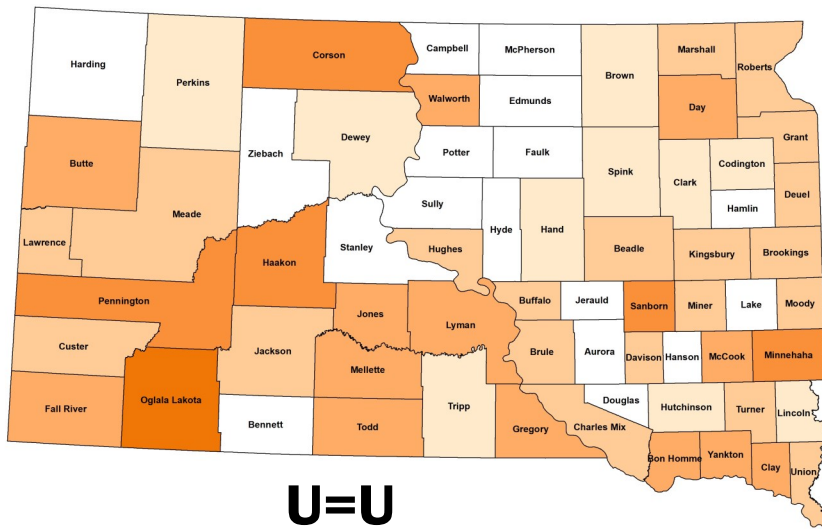
South Dakota Residents Diagnosed with HIV, by Gender, 2009-2018

	HIV Female	HIV Male	HIV Total	AIDS Total
2009	7	19	26	2
2010	14	18	32	8
2011	7	11	18	10
2012	12	22	34	8
2013	13	27	40	16
2014	13	21	34	14
2015	8	18	26	18
2016	12	34	46	22
2017	7	33	40	11
2018	6	26	32	15



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

South Dakota Residents Diagnosed with HIV/AIDS, Disease Rate, by County



Disease Rate per 10,000 population:



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 2018 SD county population estimates from the United States Bureau of Census¹.

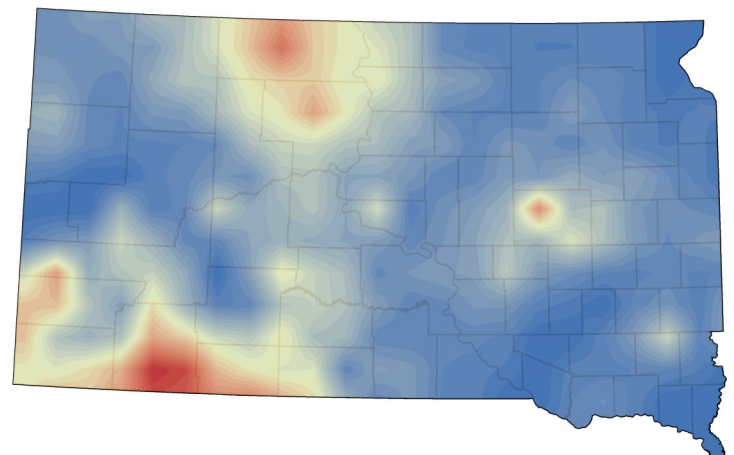
U=U

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.⁶ By maintaining viral suppression, HIV positive individuals can insure that they will not pass HIV on to their partners.⁶

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.²

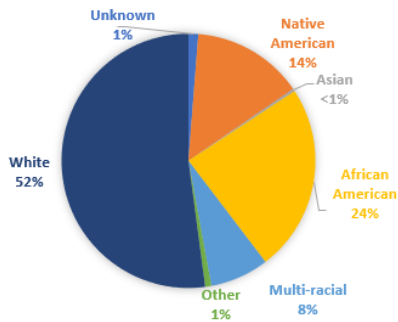
Areas in red indicate where a higher proportion of non-virally suppressed individuals reside, whereas the areas in blue indicate where a higher proportion of virally suppressed individuals reside.



Characteristics of Current South Dakotans Living with HIV and/or AIDs, as of December 31, 2018

As of December 31, 2018, there were **634** people with HIV and/or AIDS known to be living in South Dakota.

Race

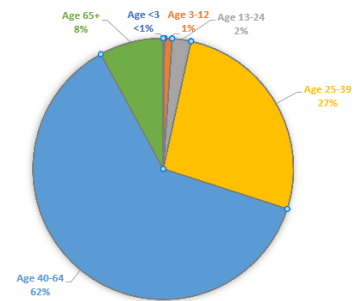


Disease Rates by Race and Ethnicity

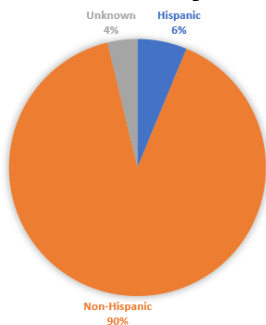
*Based on 2018 SD population estimates from the US Census Bureau

- Black/African American:** 85.6 per 10,000
- Native American/American Indian:** 18.4 per 10,000
- White:** 4.5 per 10,000
- Asian:** 15.1 per 10,000
- Multi-racial (2 or more races):** 22.7 per 10,000
- Hispanic:** 11.9 per 10,000

Age Group



Ethnicity



Racial and Ethnic Disparities in South Dakota

Black/African American

Black/African Americans make up only **2.1%** of South Dakota's population, but account for **24%** of SD HIV/AIDS cases.¹

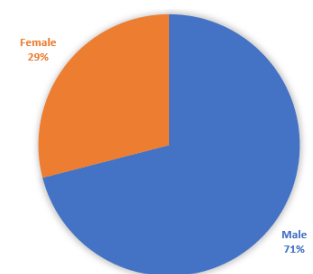
Native American/American Indian

Native Americans/American Indians make up only **9%** of South Dakota's population, but account for **14%** of SD HIV/AIDS cases.¹

Hispanic Ethnicity

Individuals of Hispanic ethnicity make up only **3.8%** of South Dakota's population, but account for **6%** of SD HIV/AIDS cases.¹

Gender



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

HIV versus AIDS

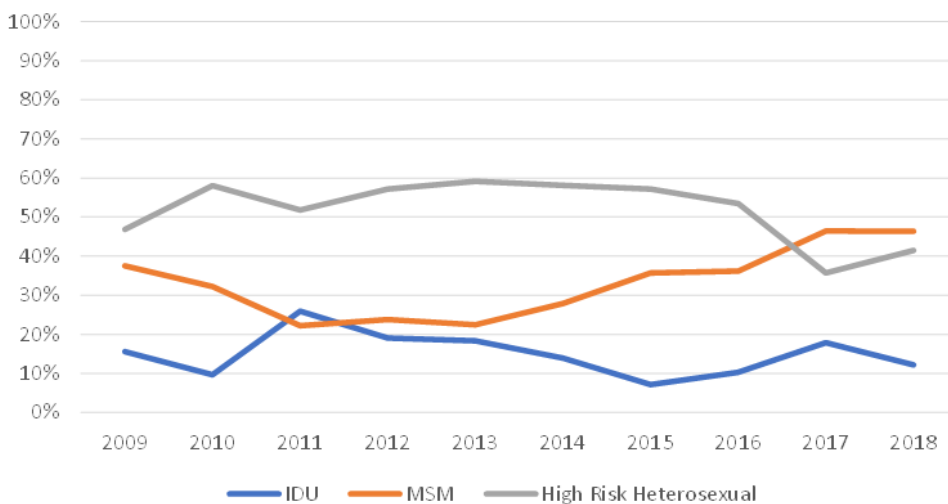
AIDS is when an HIV infected person's immune system becomes severely compromised.

In the absence of treatment, AIDS usually develops 8 to 10 years after initial HIV Infection.³ Of those diagnosed individuals living in South Dakota, **29%** have been diagnosed with AIDS.

"Late Testers"

Late testers are individuals who are diagnosed with AIDS within 12 months of their initial HIV diagnosis. With early HIV diagnosis and treatment, this can be delayed by years.³ Of those individuals diagnosed from 2014-2018, in South Dakota, **19%** were considered "late testers."

Reported Risk Factors of Newly Diagnosed HIV Persons in South Dakota, Diagnosed 2009-2018



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 2016.⁴ In comparison, injection drug use accounted for 10.3% of new diagnoses in South Dakota, in 2016. Most recently, in 2018, injection drug use accounted for 12.2% of new diagnoses.

HIV Care Cascade

The HIV Care Cascade illustrates the number of clients in South Dakota who are:

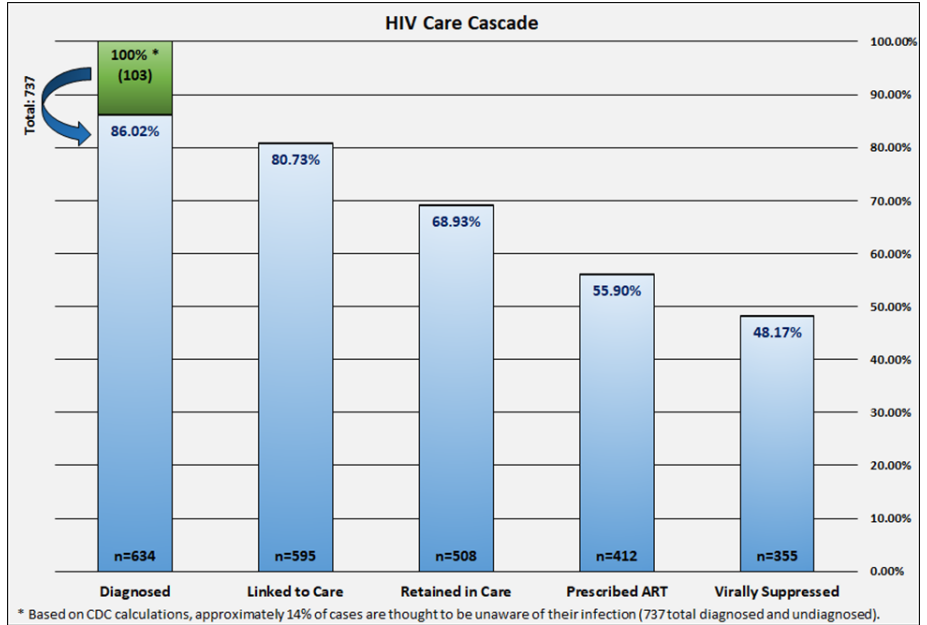
Diagnosed: Clients who have a positive confirmatory HIV test. The CDC estimates that approximately 14% of the population is unaware of their HIV status.⁵

Linked to Care: Clients who have been referred to a care provider.

Retained in Care: Clients who are seeing their provider on a routine basis.

Prescribed ART: Clients who have been prescribed anti-retroviral therapy.

Virally Suppressed: Clients who have an undetectable viral load. Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV.⁶ When ART results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission.⁶



HIV Co-infection with Chlamydia, Gonorrhea, Hepatitis C, Syphilis & TB by Sex and Age, 2014-2018

	Total	Sex		13-24 Years	25-44 Years	45-65 Years
		Female	Male			
Chlamydia	36	11	25	9	23	4
Gonorrhea	30	6	24	4	21	5
Hepatitis C	17	3	14	0	8	9
Syphilis	45	0	45	3	21	21
TB	3	1	2	0	2	1
Total	131	21	110	16	75	40

2018 STD Statistics

Total Syphilis (all stages): 74
 Total Chlamydia: 4,432
 Total Gonorrhea: 1,689
 Total HIV: 32

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.⁷ EPT 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 Amanda Gill, STD Program Manager, at 605-773-4794 or amanda.gill@state.sd.us.



PrEP: Pre-Exposure Prophylaxis

HIV infections can be prevented, and there is a new prevention option called 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 HIV infection by up to 92 percent when taken consistently once a day.⁸ 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 <https://preplocator.org>, to let community members know. If you would like the South Dakota Department of Health to know you are PrEP friendly, please contact us. 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.

Confidential Disease Reporting

The South Dakota Department of Health is authorized by SDCL 34-22-12 and ARSD 44:20 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

The 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, Erin Powell, at 605-773-5348.

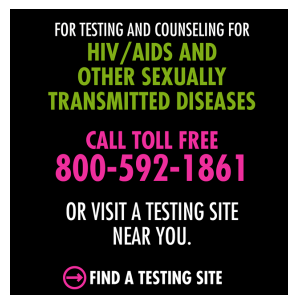
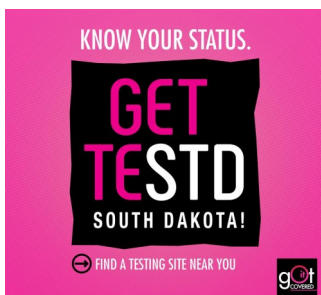
Ryan White Program

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 calendar year of 2017, the Ryan White program served 378 individuals living with HIV/AIDS in South Dakota.

Questions regarding the surveillance report may be directed to Susan Gannon, HIV Prevention and Surveillance Coordinator, at 605-773-3737 or Susan.Gannon@state.sd.us



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

2001 E. 8th St
Sioux Falls, SD 57103
605-367-5370
1-866-315-9214

Watertown

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

Sources:

1. United States Census Bureau. *QuickFacts South Dakota*. Retrieved from <https://www.census.gov/quickfacts/fact/table/sd/PST045218>
2. Centers for Disease Control. (June 2018). *Understanding the HIV Care Continuum*. Retrieved from <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>
3. Centers for Disease Control (December 2016). *Terms, Definitions, and Calculations Used in CDC HIV Surveillance Publications*. Retrieved from <https://www.cdc.gov/hiv/statistics/surveillance/terms.html>
4. Centers for Disease Control. (February 2018). *HIV Among People Who Inject Drugs*. Retrieved from <https://www.cdc.gov/hiv/group/hiv-idu.html>
5. Hall, I.H., An, Q., Tang, T., Song, R., Chen, M., Green, T., & Kang, J. (2016). Prevalence of Diagnosed and Undiagnosed HIV Infection—United States, 2008–2012. *MMWR*, June 25, 2016. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6424a2.htm>
6. Centers for Disease Control. (December 2018). *Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*. Retrieved from <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>
7. National Family Planning. *Expedited Partner Therapy: Reducing Health Care Costs and Creating Healthy Communities*. Retrieved from <https://www.nationalfamilyplanning.org/file/documents--policy-communication-tools/EPT.pdf>
8. Centers for Disease Control. (May 2014). *Pre-exposure Prophylaxis (PrEP) for HIV Prevention*. Retrieved from https://www.cdc.gov/hiv/pdf/PrEP_fact_sheet_final.pdf

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