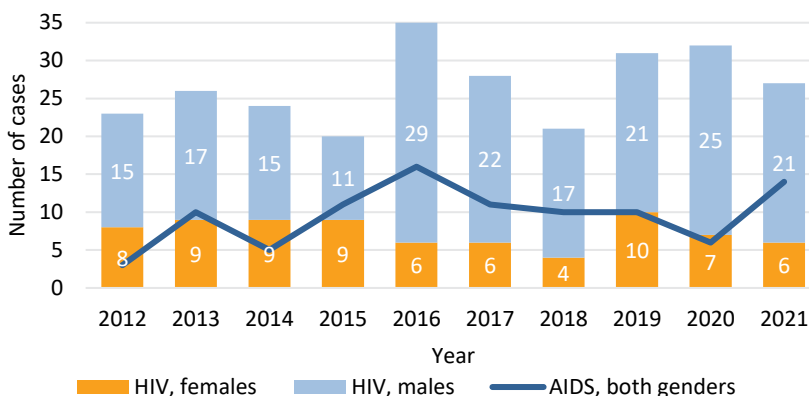


2022 HIV/AIDS Surveillance Report

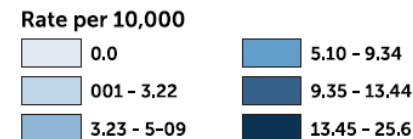
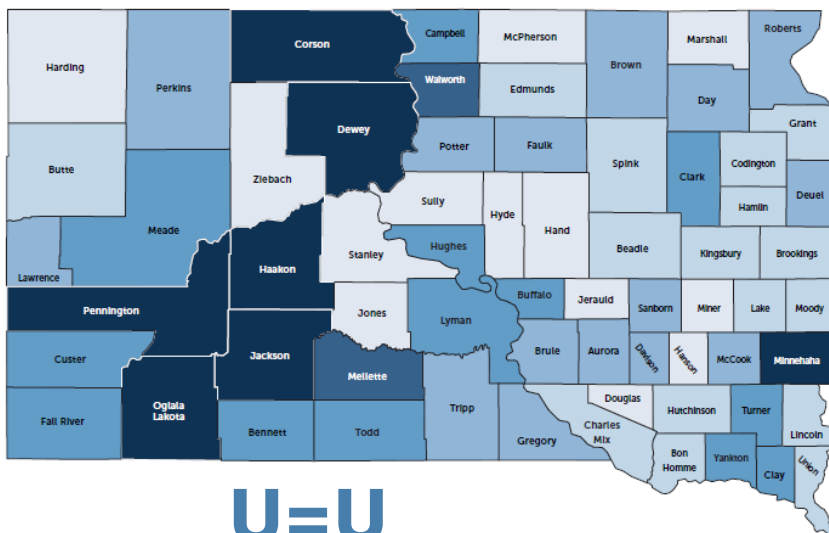
Persons newly diagnosed with HIV or AIDS in South Dakota: cases by gender, 2012-2021*§

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

§ According to data available in March 2022. Numbers are subject to change as new information becomes available to the SD Department of Health.



Persons with HIV: rate by county, according to where individual was residing when diagnosed. South Dakota, 1985-2021†§



† Rates were calculated based on 2020 SD county population estimates from the United States Bureau of Census¹.

§ According to data available in March 2022

U=U

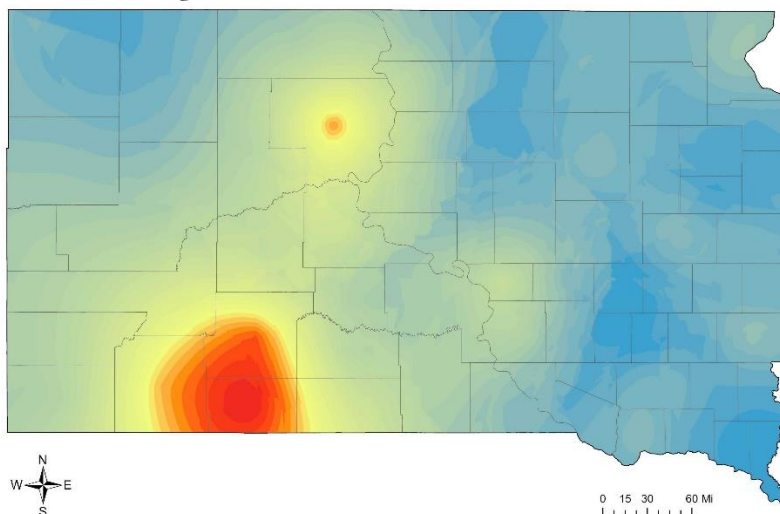
Undetectable = Untransmittable

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 person².

By maintaining viral suppression, HIV-positive individuals can ensure that they will not pass HIV on to their partners².

This map displays the viral suppression of persons with HIV currently residing in South Dakota. Viral suppression is defined as a viral load of fewer than 200 copies/mL³.

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.

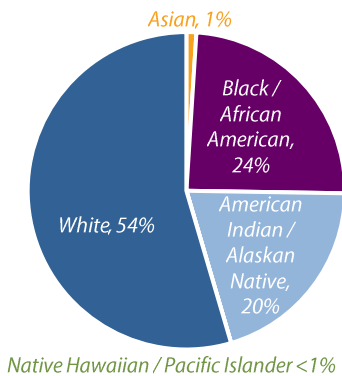


Characteristics of persons with HIV currently residing in South Dakota

According to data available in March 2022.

As of December 31, 2021, there were **728** people with HIV and/or AIDS known to be living in South Dakota.

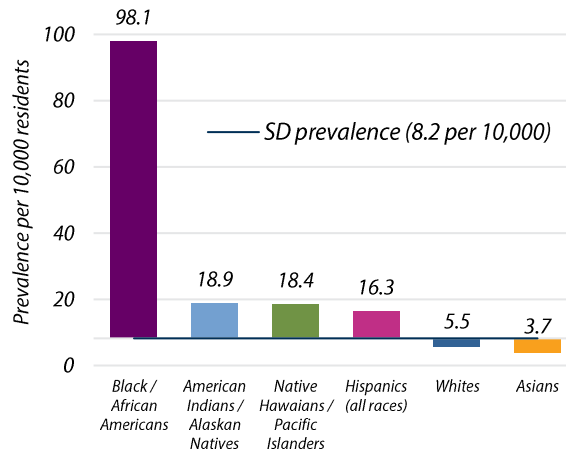
Race



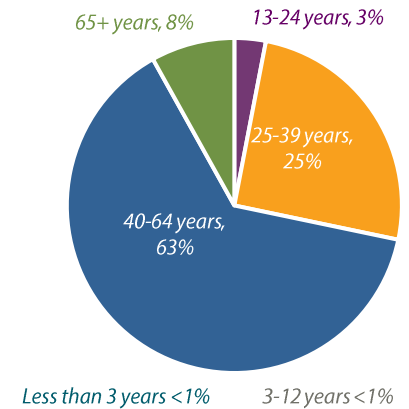
Racial and Ethnic Disparities

BLACK/AFRICAN AMERICANS make up only **2.0%** of South Dakota's population¹, but account for **24%** of SD HIV/AIDS cases.

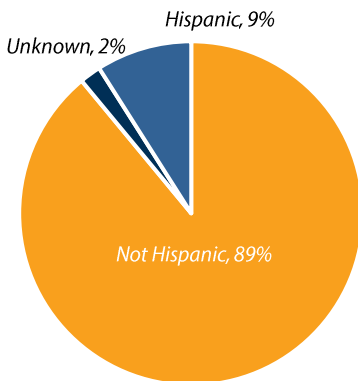
AMERICAN INDIANS/ALASKAN NATIVES make up only **9%** of South Dakota's population¹, but account for **20%** of SD HIV/AIDS cases.



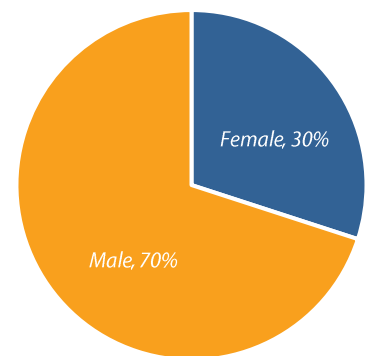
Age groups



Ethnicity



Gender



HISPANICS OR LATINOS make up only **4.4%** of South Dakota's population¹, but account for **9%** of SD HIV/AIDS cases.

Based on 2020 SD population estimates from the US Census Bureau¹

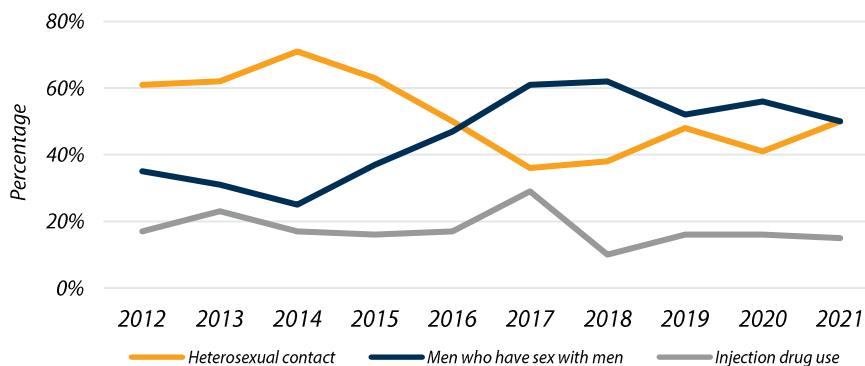
HIV versus AIDS

AIDS is when an HIV infected person's immune system becomes severely compromised. However, with early HIV diagnosis and treatment, this can be delayed by years⁴. Among persons with HIV diagnosed in SD, **27.7%** have been also diagnosed with AIDS.

"Late Testers"

In the absence of treatment, AIDS develops 8 to 10 years after initial HIV Infection⁴. Late testers are individuals who are diagnosed with AIDS within 12 months of their initial HIV diagnosis – in other words, by the time person learns his or hers HIV status, the infection was already in a late stage. Among persons with HIV diagnosed in SD from 2012-2021, **39.5%** were considered "late testers."

Persons with HIV: Risk factors reported for those newly diagnosed in South Dakota, 2012-2021²



Injection drug use continues to be a common risk factor for HIV in the United States. Most recently published by the Centers for disease Control and Prevention (CDC), by the end of 2018, people who inject drugs accounted for **10%** of the total HIV diagnoses in the United States⁵. For comparison, **13%** of South Dakotans diagnosed with HIV in that same year reported injection drug use.

²According to data available in March 2022

Care Cascade of persons with HIV currently residing in South Dakota

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

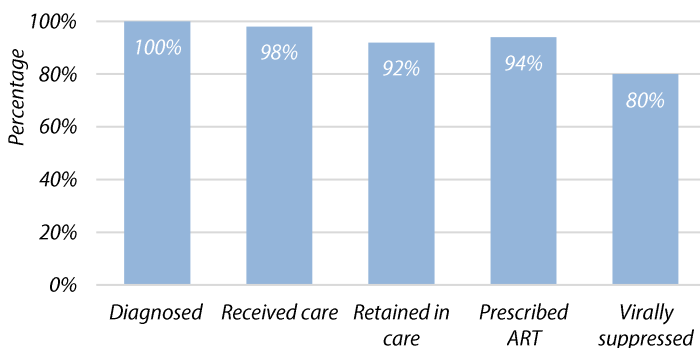
Diagnosed: Clients who have a positive confirmatory HIV test. The CDC estimates that approximately 13% of the population is unaware of their HIV status⁶.

Received Care: Clients who have been referred to a care provider and have received at least one visit.

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. People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners². Viral suppression is defined as HIV RNA less than 200 copies/mL².



Persons with HIV who were also diagnosed with Chlamydia, Gonorrhea, Hepatitis C, Syphilis & Tuberculosis by Year, Sex, and Age. South Dakota, 2016-2021

Disease	Total	Year						Sex		Age Groups			
		2016	2017	2018	2019	2020	2021*	Female	Male	13-24 Years	25-44 Years	45-65 Years	66+ Years
Chlamydia	54	8	12	4	17	10	3	19	35	1	47	6	0
Gonorrhea	59	8	7	4	18	10	12	21	38	0	48	11	0
Hepatitis C	18	7	2	0	5	1	3	4	14	1	9	7	1
Syphilis	57	11	17	9	5	9	6	2	55	0	35	20	2
Tuberculosis	4	1	0	1	1	1	0	0	4	0	2	2	0
Total	192	35	38	18	46	31	24	46	146	2	141	46	3

* According to data available in March 2022.

Syphilis Resurgence

Syphilis resurgence is happening nationwide, including in South Dakota. The SD Department of Health is asking that all clinicians across South Dakota strongly consider screening individuals at high risk for Sexually Transmissible Infections (STIs), all pregnant women at the time of initial pregnancy diagnosis, early in the third trimester, and at delivery (including live births, stillbirths, or terminations) and all neonates.

High-risk factors include men who have sex with men (MSM), persons living with HIV, those with multiple or anonymous sex partners, those having unprotected sex, anyone with a recent bacterial STI, those who use recreational substances, and those who participate in any type of transactional sex.

Clinicians should also maintain a high index of suspicion for syphilis in at-risk patients presenting with anogenital ulcerations or other new onset of dermatologic findings. All patients with reactive syphilis serologic results should undergo a thorough physical examination (including oral, vaginal, and anal surfaces) to rule out the presence of lesions.

Infected patients should be advised to avoid all sexual contact until after:

1. Seven days have passed after the completion of treatment,
2. resolution of all symptoms, and
3. ongoing sexual partners seek medical evaluation for possible infection and receive post exposure prophylaxis.

All sex partners and needle sharing partners of infected individuals should be screened. CDC recommends presumptive treatment (even in the absence of clinical or serologic findings) of any persons exposed to syphilis within the past 90 days (i.e., the incubation period) to a case of primary, secondary, or early latent syphilis – and possible latent syphilis with unknown duration.

Be Advised: Treatment guidelines for gonorrhea infections have changed. Please review the full STI Treatment Guidelines at <https://www.cdc.gov/std/treatment-guidelines/toc.htm>.

For questions, concerns, or information regarding STIs, contact our STI Program Coordinator at 605-773-4794.

2021 STIs Statistics*

Syphilis (all stages):
894 cases
Chlamydia:
4,803 cases
Gonorrhea:
3,255 cases

* According to data available in March 2022.

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.

There are two medications approved by the FDA for PrEP, Truvada® and Descovy®.

Truvada® is for all people at risk through sex or injection drug use, while Descovy® is for people at risk through sex, except for people assigned female at birth who are at risk of getting HIV from vaginal sex⁷. This regimen can reduce the risk of getting HIV from sex by up to 99 percent when taken daily⁷.

Among people who inject drugs, PrEP can reduce the risk of getting HIV by at least 74% when taken daily⁷. 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. Central Time.

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 contact our HIV Positive Connections 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.

In 2021, 398 HIV-positive South Dakotans were provided with allowable services through the Part B program.

For information on how to apply, visit:

<https://doh.sd.gov/diseases/infectious/ryanwhite/>

For more information on program specifics, contact our Ryan White Program Coordinator at 605-367-4795.

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

Positive Connections

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, please contact our Positive Connections Coordinator at 605-394-2290.

Surveillance Questions?

Questions regarding the surveillance report may be directed to our HIV Prevention and Surveillance Coordinator at 605-367-7202

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

RAPID CITY

221 MALL DR., SUITE 102, 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

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

WATERTOWN

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

MITCHELL

1420 North Main St
Mitchell SD 57301
605-995-8051

MOBRIDGE

210 E Grand Crossing, Ste A
Mobridge, SD 57601
605-951-9165

1. United States Census Bureau. QuickFacts South Dakota. Retrieved from <https://www.census.gov/quickfacts/SD>. Accessed 02/05/2022.

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4. Centers for Disease Control (October 2019). Terms, Definitions, and Calculations Used in CDC HIV Surveillance Publications. Retrieved from <https://www.cdc.gov/hiv/statistics/surveillance/terms.html>. Accessed 2/8/2022.

5. Centers for Disease Control. (January 2022). HIV Among People Who Inject Drugs. Retrieved from <https://www.cdc.gov/hiv/group/hiv-idu.html>. Accessed 02/08/2022.

6. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. HIV Surveillance Supplemental Report 2021;26(No. 1). <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed 03/01/2022

7. Centers for Disease Control. (May 2021). Pre-exposure Prophylaxis (PrEP). Retrieved from <https://www.cdc.gov/hiv/risk/prep/index.html>. Accessed 03/01/2022

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