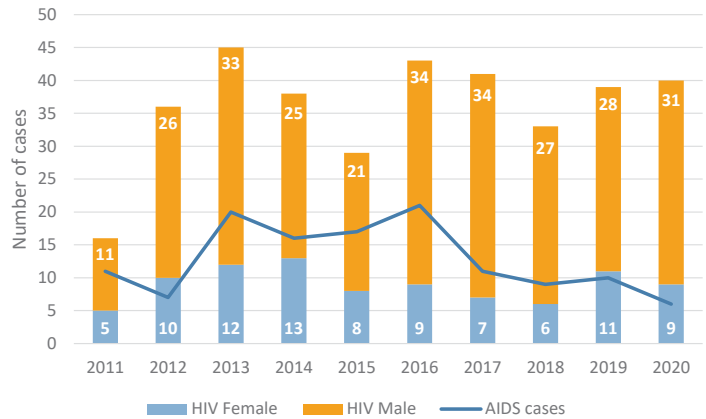


2021 HIV/AIDS Surveillance Report

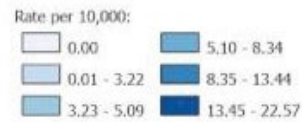
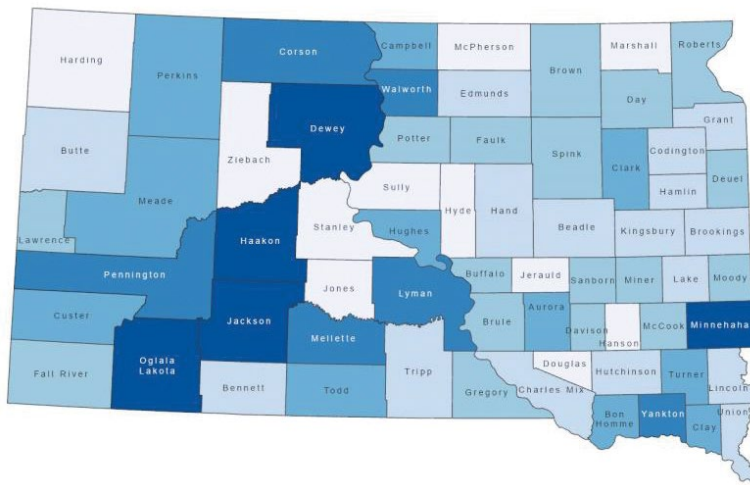
South Dakota Residents Diagnosed with HIV and AIDS, by Gender, 2011-2020

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

***Information may vary year to year as new data regarding previously out of state diagnoses becomes available to the SD DOH.*



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



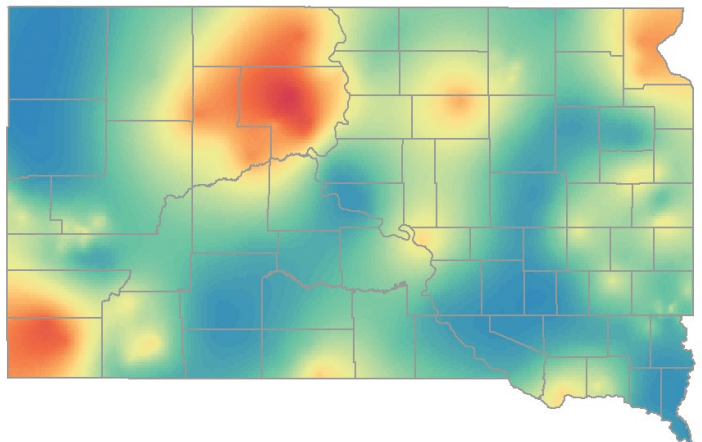
Disease rates have been calculated based on number of diagnoses, per county, since data collection began in 1985 in South Dakota. To portray an accurate disease rate per county, rates were calculated per 10,000, based on 2019 SD county population estimates from the United States Bureau of Census¹.

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 ensure 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

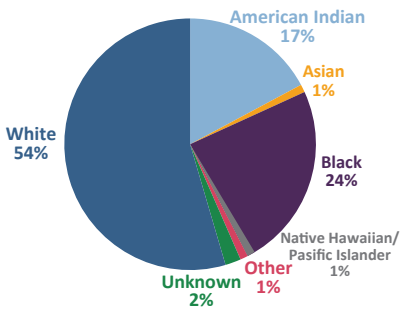


Areas in red indicate where a higher proportion of non-virally suppressed individuals reside, whereas the areas in blue indicate where a higher proportion of virally suppressed individuals reside.

Characteristics of Current South Dakotans Living with HIV and/or AIDS, as of December 31, 2020

As of December 31, 2020 there were **718** people with HIV and/or AIDS known to be living in South Dakota.

Race



Disease Rates by Race and Ethnicity

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

BLACK/AFRICAN AMERICAN:
83.6 per 10,000 (+21% from 2019)

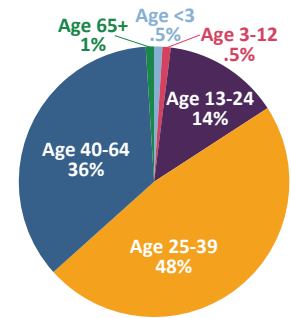
NATIVE AMERICAN/AMERICAN INDIAN:
15.6 per 10,000 (+73.3% from 2019)

WHITE: 5.2 per 10,000 (+18% from 2019)

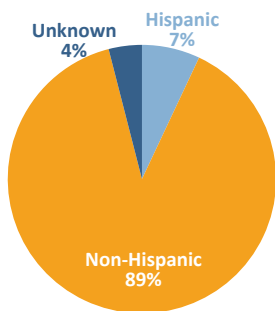
ASIAN: 5.8 per 10,000 (+46% from 2019)

HISPANIC: 13.4 per 10,000 (-1% from 2019)

Age



Ethnicity



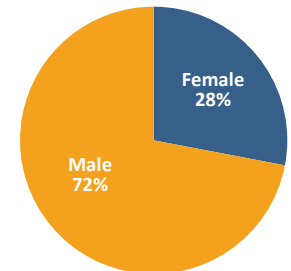
Racial and Ethnic Disparities in South Dakota

BLACK/AFRICAN AMERICAN
Black/African Americans make up only **2.3%** 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 **17%** of SD HIV/AIDS cases.¹

HISPANIC ETHNICITY
Individuals of Hispanic ethnicity make up only **4.2%** of South Dakota's population, but account for **7%** of SD HIV/AIDS cases.¹

Gender



HIV versus AIDS

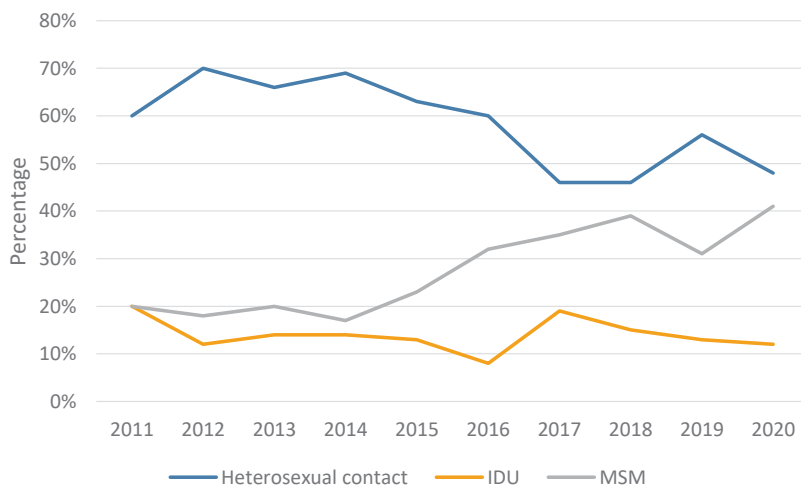
AIDS is when an HIV infected person's immune system becomes severely compromised.

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, **20%** 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.³ Of those individuals diagnosed from 2011-2020, in South Dakota, **17%** were considered "late testers."

Reported Risk Factors of Newly Diagnosed HIV Persons in South Dakota, Diagnosed 2011-2020



Intravenous drug use continues to be a common means of HIV transmission in the United States. Most recently published by CDC, by the end of 2018, people who inject drugs accounted for **15.5%** of the total HIV diagnoses in the United States.⁴ In comparison, in 2018, **18.1%** of South Dakotans diagnosed with HIV reported injection drug use.

HIV Care Cascade

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

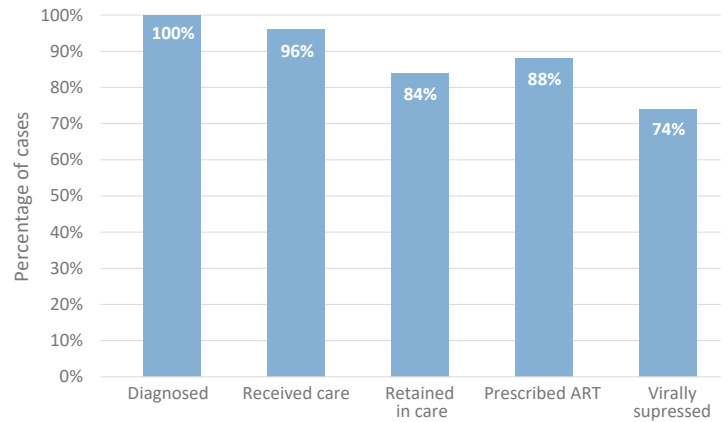
Diagnosed: Clients who have a positive confirmatory HIV test. The CDC estimates that approximately 13.8% of the population is unaware of their HIV status.⁵

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.⁶ People with HIV who take HIV medicine as prescribed to reach viral suppression and maintain an undetectable viral load (or stay virally suppressed) have essentially no risk of transmitting HIV to their HIV-negative sexual partners.⁶ Viral suppression is defined as a HIV RNA less than 200 copies/mL.



HIV Co-infection with Chlamydia, Gonorrhea, Hepatitis C, Syphilis & TB by Sex and Age, 2016-2020

	Total*	Sex		13-24 Years	25-44 Years	45-65 Years	65+ Years
		Female	Male				
Chlamydia	61	18	43	3	47	11	0
Gonorrhea	64	14	50	2	46	16	0
Hepatitis C	26	6	20	0	12	13	1
Syphilis	61	1	60	1	34	23	3
TB	4	0	4	0	2	2	0
Total	216	39	177	6	141	65	4

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 STDs. High-risk includes: 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 STD, those who use recreational substances, and those who participate in any type of transactional sex. Clinician 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 patient 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. 7 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 (ie, 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 STD Treatment Guidelines at <https://www.cdc.gov/std/tg2015/default.htm>.

For questions, concerns, or information regarding STDs, contact Bridget Dean, STD Program Coordinator, at 605-773-4794 or Bridget.Dean@state.sd.us.

2020 STD Statistics

Total Syphilis (all stages): 123 cases

Total Chlamydia: 4,197 cases

Total Gonorrhea: 2,412 cases

Total HIV: 62 cases

PrEP: Pre-Exposure Prophylaxis

HIV infections can be prevented, one option is pre-exposure prophylaxis or PrEP. PrEP involves taking a single pill daily to avoid acquiring HIV. This regimen can reduce the risk of getting HIV from sex by up to 99% when taken daily.⁷

Among people who inject drugs, PrEP can reduce the risk of getting HIV by at least 74% when taken daily.⁷ PrEP 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.

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 2019, 435 HIV-positive South Dakotans were provided with medical case management services.

For information on how to apply, visit: <https://doh.sd.gov/diseases/infectious/ryanwhite/>

For more information on program specifics, contact Deborah Rumrill, Ryan White Program Coordinator, at 605-773-5323 or via email at Deborah.Rumrill@state.sd.us.

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

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 Linkage To Care Coordinator, [Erin Powell](#), 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 Susan.Gannon@state.sd.us

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

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

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
OPENING SUMMER 2021!

MOBRIDGE

210 E Grand Crossing, Ste A
Mobridge, SD 57601
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SOURCES:

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