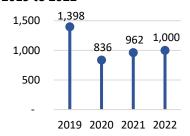


Impact of the COVID-19 Pandemic

In 2019, Montana tracked more than 9,000 communicable disease cases. In 2021, Montana tracked more than 125,913 communicable disease cases, with the majority being COVID-19 investigations. Increased public health follow-up related to COVID-19 cases impacted access to HIV testing, medical care, case ascertainment, and partner service activities at the state and local level.

During the pandemic, the number of HIV-related labs uploaded into the Montana Infectious Disease Information System (MIDIS) decreased 40% from 2019 to 2020. The number of labs increased from 2020-2022 but are still 28% lower than pre-pandemic levels. This may indicate a disruption of HIV-related health care, including persons diagnosed with HIV.

Number of HIV-related labs uploaded into MIDIS, Montana, 2019 to 2022*



*HIV-related labs refer to any lab result that may indicate HIV infection, including tests for HIV screening, diagnosis, viral load, CD4, viral load and genetic sequencing. **Trend.** In 2022, 15 newly diagnosed HIV cases were reported in Montana (Figure 1). Four new HIV cases were diagnosed with AIDS at the same time, indicating that there remains a need for recognition of risk factors and early testing. The decrease in new infections in 2020 may reflect the impact of the COVID-19 pandemic on HIV screening. While the number of diagnoses increased in 2021, the number decreased in 2022 and remains lower than prepandemic levels.

Figure 1. Number of new HIV diagnoses, Montana, 2013-2022

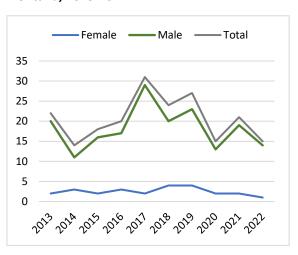
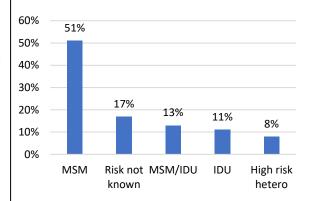


Figure 2. Percentage of new HIV diagnoses by exposure category, Montana, 2018-2022



Exposure Category. Men who reported male-to-male sexual contact (MSM) were the population most affected by HIV in Montana (Figure 2). Twenty-four percent of new cases reported injecting drug use (IDU) as at least one transmission category.

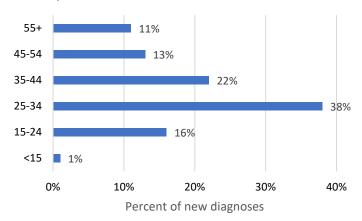
Race and Ethnicity. Most (79%) Montana HIV cases were among white Montanans (Table 1). HIV infection does not disproportionately impact the American Indian population in Montana. During the 2018-2022 period, 5% of new diagnoses were among American Indian Montanans. The US Census reports that American Indians make up 6.2% of the Montana population (2020).

Table 1. Percentagage of new HIV diagnoses by race and ethnicity, Montana, 2018-2022		
White, Non-Hispanic	79%	
Hispanic, any race	9%	
American Indian, Non-Hispanic	5%	
Black/African American, Non-Hispanic	2%	
Other, Non-Hispanic	5%	





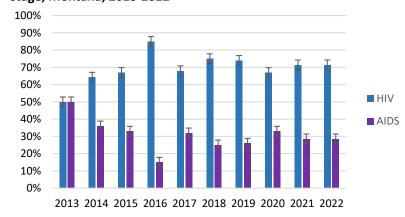
Figure 3. Percentage of new HIV diagnoses by age group, Montana, 2018-2022



New Diagnoses by Disease Stage.

Persons who have stage 3 disease (AIDS) at the time of their HIV diagnosis indicate a delayed diagnosis of HIV infection and associated treatment. From 2013 to 2016, there was a significant decrease in the number of persons with AIDS at the time of their diagnosis from 50% to 16%, respectively (Figure 5). Beginning in 2017, sustained progress on increasing the early diagnosis of HIV has not been demonstrated. In 2022, 29% of persons had AIDS at the time of their HIV diagnosis.

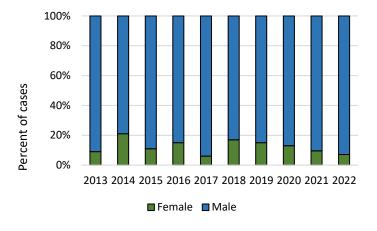
Figure 5. Percentage of new HIV diagnoses by disease stage, Montana, 2013-2022



Age. More than one-third of persons diagnosed with HIV in Montana (38%) were aged between 25 and 34 years (Figure 3). Similarly, in the United States, 37% of persons diagnosed with HIV were in the same age group (25-34 years) in 2020.

Sex at Birth. In Montana, most new HIV diagnoses were among men, accounting for over 90% of cases in 2022 (Figure 4). During the 2013-2022 period, an average of 12% of new HIV cases were diagnosed among women.

Figure 4. Percentage of new HIV diagnoses by sex at birth, Montana, 2013-2022



HIV Care and Viral Suppression. Rapid treatment of HIV disease and viral suppression are two key strategies of the plan to end the HIV epidemic. In Montana:

- 90.5% of new HIV cases had a viral load lab within 30 days of initial diagnosis (2021)
- 81% of new HIV cases had a CD4 lab within 30 days of initial diagnosis (2021)

Persons living with HIV/AIDS who are virally suppressed cannot transmit HIV through sexual contact. In Montana in 2022, 76% of persons living with HIV/AIDS are documented as being in care and, of those, 95% achieved viral suppression (viral load <200 copies).*

*Being in care is defined as having at least one HIV-related lab within the past 12 months

Percent of cases



Persons Living with HIV/AIDS. As of December 31, 2022, 1,860 cumulative cases of HIV infection have been reported to the DPHHS since 1985 when the Department began collecting HIV data. Of those cases, 855 (46%) were Montana residents at the time of their diagnosis and 54% moved to Montana after being diagnosed in another jurisdiction. Of the total cases reported to DPHHS, more than 32% persons are known to have died from any cause. Table 2 describes characteristics of the 817 people currently living with HIV/AIDS in Montana as of December 2022.

Table 2. Characteristics of persons living with HIV/AIDS, Montana, 2022

Characteristic	Total	% of cases
Male	699	85.6%
Female	118	14.4%
Total	817	100%
Exposure Category		
MSM	451	55.2%
Risk Not Specified	104	12.7%
MSM & Injecting drug Use	102	12.5%
High Risk Heterosexual Contact	78	9.5%
IDU	76	9.3%
Other*	6	0.7%
Total	817	100%
Age at HIV Diagnosis		
Less than 13 years	1	0.1%
13-24 years	9	1.1%
25-34 years	112	13.7%
35-44 years	174	21.3%
45-54 years	172	21.1%
55 years and older	346	42.4%
Total	814	100%
Frequency missing = 3		
Race and Ethnicity		
White, Non-Hispanic	655	80.2%
American Indian, Non-Hispanic	31	3.8%
Hispanic, any race	56	6.9%
Other, Non-Hispanic	72	8.8%
Total	814	100%
Frequency missing = 3		
TOTAL	817	100%

^{*}Includes transmission categories such as transfusion/transplant, mother with HIV, or hemophilia blood donation recipient.



Geography. Figure 6 shows the demographic distribution of new HIV diagnoses in Montana from 2013-2022. New cases are not evenly distributed among Montana's counties. Yellowstone (26%), Missoula (18%), Cascade (9%), Gallatin (9%) and Flathead (8%) counties accounted for more than 70% persons with new HIV diagnoses. Similarly, the number of persons living with HIV/AIDS is largely in the most populous Montana counties (Figure 7).

Figure 6. New HIV diagnoses by county of residence, Montana, 2013-2022

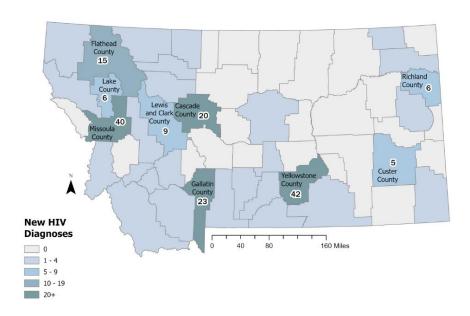
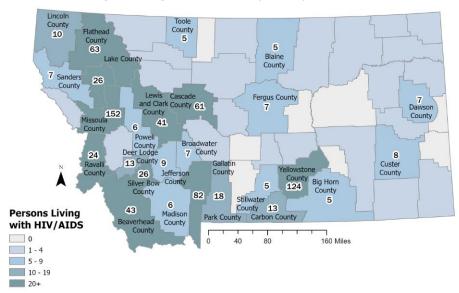


Figure 7. Persons living with stage 3 HIV (AIDS) by county of residence, Montana, 2022



Data Sources:

MT Electronic HIV/AIDS Reporting System Montana Infectious Disease Information System For further information, please contact the: Communicable Disease and Epidemiology Section 406-444-0273

