

Trends in New Diagnoses of HIV Infection in Detroit Metropolitan Statistical Area (MSA), 1997-2001

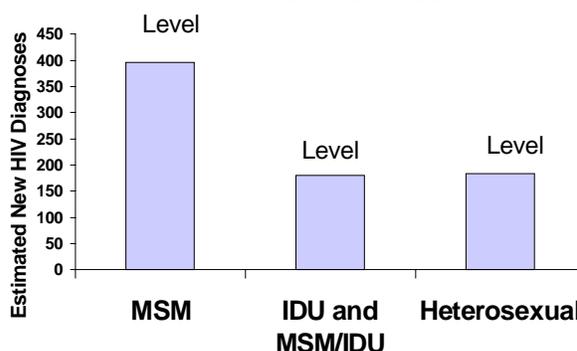
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Methods: In order to evaluate trends over time, we estimated the number of persons newly diagnosed with HIV infection each year and determined if there was a statistically significant change between 1997 and 2001. Numbers were adjusted for people diagnosed in 1997-2001 who may not have been reported to the health department by July 1, 2002. The date of new HIV *diagnosis* does not tell us when persons were first *infected*, because their HIV diagnosis may take place months or years after infection. However, this is the best current measure of how fast the epidemic is spreading among different populations. Cases were included in this analysis if their residence at diagnosis was the Detroit MSA.

Overall: The total number of persons diagnosed with HIV in the Detroit MSA was about 780 persons in 1997, declined to approximately 550 persons diagnosed in 1999, and then increased to approximately 780 diagnosed in 2001. The race, sex, risk and residence of persons with newly diagnosed HIV did not change significantly between 1997 and 2001.

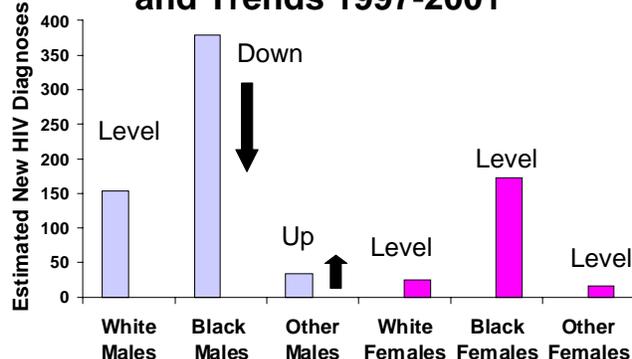
Risk Behavior for HIV Infection, 1997-2001: There were no significant changes in the proportion of new HIV diagnoses in any of the risk behavior groups between 1997 and 2001. In 2001, there were 396 (51%) diagnoses among MSM, 184 (24%) heterosexual diagnoses, 148 (19%) IDU diagnoses, 33 (4%) MSM/IDU diagnoses, and 20 (3%) other risk infections. Other risks would include transmission from blood products, perinatal exposures, and no identified risk. Less than 1 percent of diagnoses were among persons who first acquired infection from blood products received either before 1985 in the U.S. or in other countries. About 1 percent of diagnoses were among infants born to HIV-infected mothers.

**Number of New HIV Diagnoses in 2001,
and Trends 1997-2001**



Race and Sex 1997-2001: The proportion of persons diagnosed with HIV infection between 1997 and 2001 declined significantly in black males (406 to 380 cases) and increased significantly in non-white/non-black males (17 to 34 cases). In 2001, there were 380 (49%) new diagnoses in black males, 173 (22%) in black females, 153 (20%) in white males, 34 (4%) in non-white/non-black males, 25 (3%) in white females, and 16 (2%) in non-white/non-black females.

**Number of New HIV Diagnoses in 2001,
and Trends 1997-2001**



Although the trend in new HIV diagnoses is

level among blacks, they are still impacted disproportionately to their numbers in the population. Black males and females make up 23 percent of the population of the Detroit MSA but 87 percent of persons living with HIV infection.

Concurrent HIV and AIDS Diagnosis, 1997-2001: The proportion of persons over this time period diagnosed with HIV infection and AIDS at the same time did not change significantly in any of the race/sex groups. In 2001, there were 100 such diagnoses in black males, 41 in white males, 41 in black females, 6 in white females, 4 in non-white/non-black males, and 1 in non-white/non-black females. From 1997 to 2001, the proportion of new HIV diagnoses diagnosed at the same time as AIDS was 32% in white males, 28% in black males, 26% in black females, 23% in white females, and 17% in non-white/non-black females, 14% in non-white/non-black males.

Conclusions

Detroit Metropolitan Area residents with HIV infection continue to be predominately men who have sex with men. The proportion with heterosexually acquired infection is now slightly more than the number infected through injection drug use, although these two groups are closely intertwined. New diagnoses of HIV infection have increased significantly over the past few years among non-white/non-black males and decreased significantly among black males.

Approximately 23 percent of all new HIV infections are diagnosed at the same time as AIDS with, in general, a higher proportion of males being diagnosed concurrently than females. In the Detroit MSA this is true for white and black males and females. A higher proportion of nonwhite/nonblack females were diagnosed concurrently than nonwhite/nonblack males.