

2010 Profile of HIV/AIDS in The Detroit Metro Area

Description of the Epidemic by Age: Teens and Young Adults, 13-24

Data from HIV/AIDS Reporting System (eHARS), STD Reporting System, MDCH Vital Records Youth Risk Behavior Survey, & Bureau of Juvenile Justice Youth Risk Behavior Survey

Overview:

MDCH estimates that there are 2,050 persons currently living in the Detroit Metro Area who were ages 13-24 years when they were diagnosed with HIV. Those ages 13-19 years comprise five percent; and age 20-24 years comprise 12 percent. The number of persons who were 13-24 years at HIV diagnosis is not as high as the number among persons 25-44 years at HIV diagnosis, however, some young people are at particularly high risk. Specifically, those who live in areas with high HIV prevalence and have male sex partners who are age 20 or older.

STDs:

STD rates are highest in these age groups. The STD data are shown on Tables 10 and 11 (pages 3-68–69). In persons age 15-19 years, the rate of chlamydia is six times higher and the rate of gonorrhea is nearly five times higher than the rate among the general DMA population. Although those 15-24 years make up only 13 percent of the population, they represent 66 percent of gonorrhea cases and 76 percent of chlamydia cases. In 2007, only 18 percent of DMA primary and secondary syphilis cases were under the age of 24 compared to 26 percent in 2009, representing a younger at risk-group. While rates of STDs among 15-24 year olds are higher than any other age groups, the rates of HIV in this demographic group are comparably low. Also, since the rates of HIV among teens are very low, and because most teens have sex with other teens, the gonorrhea and chlamydia epidemic is perpetuated and HIV is rarely introduced into the general teen population. However, as discussed in other sections of this Profile, young black MSM are becoming HIV infected at an alarming rate.

Teen Pregnancy:

Teen (ages 15-19) pregnancy rates have shown decreases over time and decreased significantly since 2000. The statewide teen pregnancy rate in 2008 was 54 pregnancies per 1,000 females 15-19 years old. In the Detroit Metro Area, the 2008 rates ranged from 26-107 pregnancies per 1,000 females 15-19 years old. The City of Detroit had the highest rate of teen pregnancy statewide (107 per 1,000). The 2008 rates among teens (15-19) in Detroit exceed the rates among women age 15-44 years in that same area (107 vs. 112).

Race/Ethnicity:

Eighty-four percent of persons aged 13-19 at the time of HIV diagnosis are black, 11 percent are white, and five percent are Hispanic or other race. Seventy-six percent of persons aged 20-24 at the time of HIV diagnosis are black, 19 percent are white, and five percent are Hispanic or other race. Please see Table 6, page 4-43.

Geographic Distribution:

Ninety-eight percent of the 1,655 persons diagnosed and reported with HIV/AIDS between the ages of 13-24 are located in high prevalence counties of the Detroit Metro Area. The remaining two percent are located in low prevalence counties.

2010 Profile of HIV/AIDS in The Detroit Metro Area

Additional Discussion: Teens and Young Adults

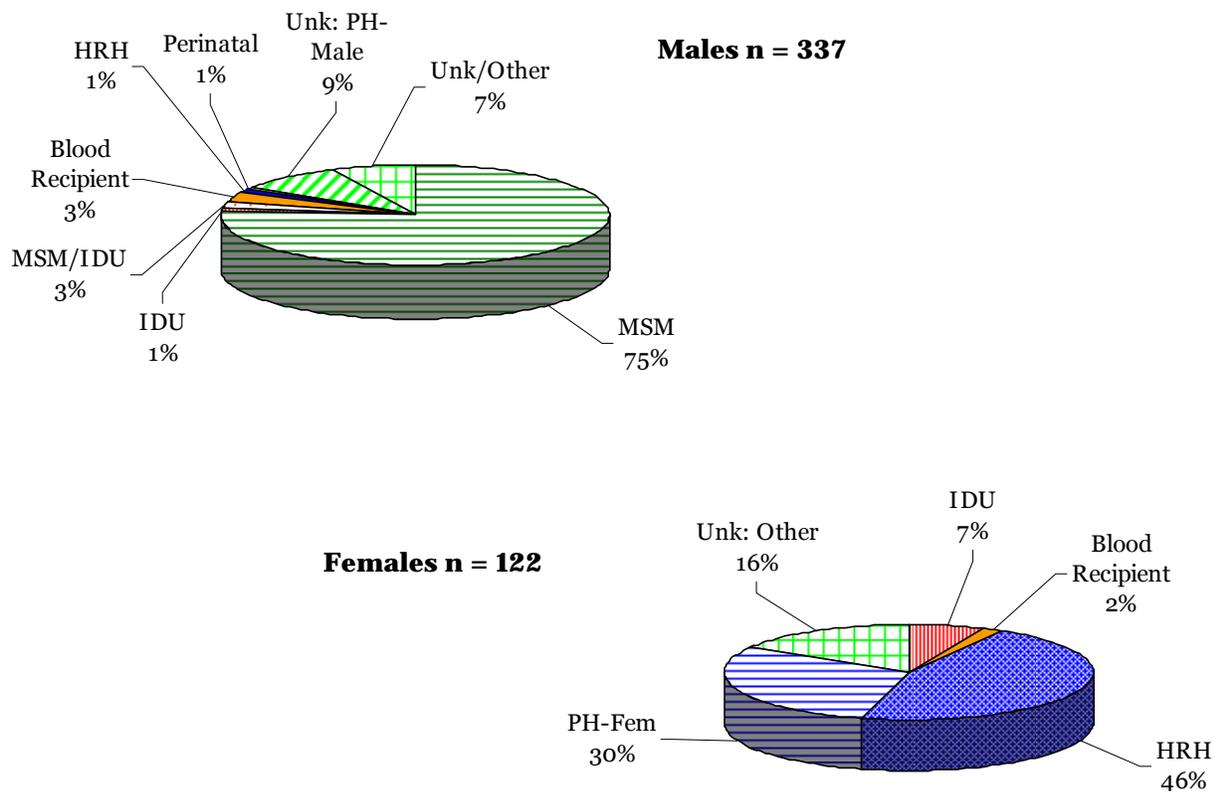
Mode of Transmission:

Teenagers: In the 1980s, most infected teenagers were recipients of HIV-infected blood or blood products. However, since screening of all blood products began in 1985 this proportion has steadily declined.

Figure 25 shows that among the 459 persons living with HIV in the Detroit Metro Area who were ages 13-19 at time of diagnosis, 337 (73 percent) are male. Among these male cases, the majority had sex with other males (78 percent), including MSM/IDU, while three percent were infected with HIV through blood products before 1985. Four percent could be attributed to IDU, including MSM/IDU and one percent to heterosexual transmission. Sixteen percent of teenage males have an unidentified risk. Experience with investigating teen males shows that it is likely that many of them were infected through having sex with other males.

Figure 25 also shows that among the 122 females living with HIV in the Detroit Metro Area who were ages 13-19 at time of diagnosis, three-quarters (76 percent) were infected through heterosexual sex (overall, 46 percent HRH and 30 percent PH-Fem). Seven percent were IDU, while two percent were infected with HIV through blood products before 1985. Similar to males of this age, there is a considerable proportion that did not report a mode of transmission (16 percent). It is likely that most females above age 13 with an unknown risk were infected through heterosexual contact.

Figure 25: Persons Living in the Detroit Metro Area Who Were 13-19 Years Old at HIV Diagnosis (Teenagers), by Sex and Risk (N = 459)



2010 Profile of HIV/AIDS in The Detroit Metro Area

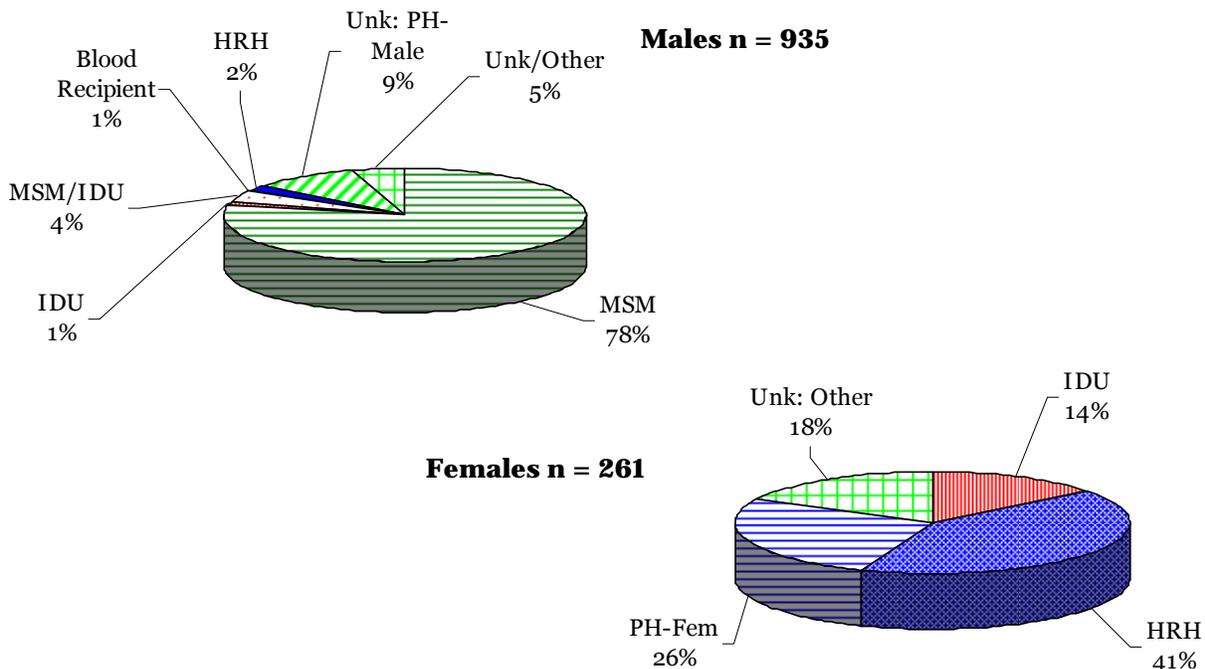
Additional Discussion: Teens and Young Adults

Young Adults:

Figure 26 shows that among the 1,196 persons living with HIV in the Detroit Metro Area who were ages 20-24 at time of diagnosis, three quarters (78 percent) are male. Of these, 82 percent have reported sex with other males (including those MSM who also are IDU). Five percent could be attributed to IDU, and 14 percent did not report a mode of transmission. Many of these were likely infected through sex with other men.

Figure 26 also shows that among the 261 females living with HIV in the Detroit Metro Area who were ages 20-24 at time of diagnosis, 67 percent were infected heterosexually (overall; 41 percent HRH, 26 percent PH-Fem) and 14 percent were IDU. Eighteen percent did not report a mode of transmission. Like the teenage females, many were likely infected heterosexually.

Figure 26: Persons Living in the Detroit Metro Area Who Were 20-24 Years Old at HIV diagnosis (Young Adults), by Sex and Risk (N = 1,196)



Trends and Conclusions:

The rate of new diagnoses increased significantly among persons 13-19 years of age (average increase in rate of 26 percent per year between 2004 and 2008) for the fifth consecutive 5-year analysis, while rates among 20-24 year olds were stable. Sixty-eight percent of new cases among 13-19 year olds are Detroit residents. While the trends we are seeing may partially be attributed to heightened HIV testing efforts aimed at young persons, public testing data suggest that additional testing is not the sole explanation for the increases seen among teens. In fact, there seems to be a true increase in this group. For more information on trends overtime, see the section on Trends in HIV/AIDS Data on pages 4-11-14.

For further discussion on young black MSM throughout the entire state, see pages 3-52-55.