2012 Profile of HIV in the Detroit Metro Area

Sexually Transmitted Diseases

Data from Michigan Disease Surveillance System (MDSS)

Overview:
Several sexually transmitted diseases (STDs) are more common than HIV infection, have a short incubation period, and are curable. Reviewing their patterns of transmission can provide additional information regarding recent sexual behavior and potential risk not available from HIV data. Studies have shown that the risk of both acquiring and spreading HIV is two to five times greater in people with STDs. Aggressive STD treatment in a community can help to reduce the rate of new HIV infections.

Gonorrhea and chlamydia:
During 2011 alone, there were over 26,000 cases of chlamydia and over 9,000 cases of gonorrhea reported in the Detroit Metro Area (table 8, page 168). For gonorrhea and chlamydia, the highest rates of infection were among persons ages 20-24. This age group accounted for six percent of the DMA population but 34 percent of gonorrhea and 36 percent of chlamydia cases. The rates of chlamydia and gonorrhea among black persons were much higher than among white persons. Even though 45 percent of gonorrhea cases and 48 percent of chlamydia cases were missing race information, the rates among black persons remain higher even if all unknown cases were white. The rate for gonorrhea in the DMA among black persons is 26 times the rate for white persons, and the rate for chlamydia is 10 times the white rate. Forty-two percent of gonorrhea cases were male; however, approximately 73 percent of reported chlamydia cases were female. This is because chlamydia screening targets females.

Syphilis:
Reported primary and secondary syphilis cases increased each year in Michigan from 1997 to a high of 486 cases in 2002. There was a steady and statistically significant downward trend in reported cases during the 2002 and 2003 calendar years, resulting in a nearly 50 percent decrease in reported cases in 2003 compared to 2002. However, syphilis cases have increased slightly since 2005 due to increases in syphilis among MSM, many of whom are HIV-positive. The DMA reported 71 percent of the state's primary and secondary syphilis cases in 2011 and 69 percent of total syphilis cases to date (data not shown in tables). Approximately 29 percent of cases were reported in those younger than 25 years, representing a trend towards younger syphilis cases. However, 45 percent are between the ages of 25 and 39 and 26 percent are 40 and over, representing an older at-risk population than gonorrhea or chlamydia. Primary and secondary syphilis cases reported in 2011 in the DMA were 76 percent black and 90 percent male. The rate among black persons was almost eleven times higher than the rate among white persons.

Sexual orientation:
Nationwide, there have been increases in STD cases among self-identified men who have sex with men (MSM). Michigan does not collect data on sexual orientation or sexual risk behaviors for all gonorrhea or chlamydia cases. Sexual orientation and risk behavior data are collected for syphilis cases. Of male primary and secondary syphilis cases in 2011, 78 percent of males were MSM. The male to female syphilis ratio in 2011 in the DMA was nearly 9:1. Fifty-five percent of males with syphilis are co-infected with HIV, compared to five percent of the 20 females (data not shown in tables).

Hepatitis C

Data from Michigan Disease Surveillance System (MDSS)

Acute hepatitis C:
In 2011, eight cases of acute hepatitis C were reported in the Detroit Metro Area (DMA) (table 9, page 169). Sixty-three percent of acute cases were among males, while 38 percent were among females. Ethnicity is not consistently collected for hepatitis C cases; therefore, we cannot provide a measure of infection among Hispanic or non-Hispanic persons. Three quarters (75 percent) of acute hepatitis C cases reported in 2011 are white, and the other 25 percent are black. Due to small numbers, rates are unavailable for cases of acute hepatitis C in 2011.

Chronic hepatitis C:
In 2011, 3,452 cases of chronic hepatitis C were reported in the DMA (table 9), a rate of 81 cases of chronic hepatitis C per 100,000 DMA residents. Sixty-two percent of chronic cases were among males while 37 percent were among females. The rate of chronic hepatitis C in the DMA was highest among persons of other race (101 cases per 100,000 population) and black persons (89 cases per 100,000), compared to 32 per 100,000 in white persons. However, these rates must be viewed with caution as the race/ethnicity of the client was unknown in 44 percent of reported chronic cases. The highest rate of chronic hepatitis C was found among persons 55-59 years of age (306 cases per 100,000). The lowest rates, excluding those with insufficient numbers to calculate rates, were among persons 15-19 years and 35-39 years.

Please note that chronic hepatitis C data must be interpreted with caution. These data do not represent the incidence or prevalence of chronic hepatitis C in the DMA; rather, the data represent an aggregate of newly diagnosed cases reported to local health departments by laboratories and healthcare providers. Although these cases were newly diagnosed in 2011, the patient may have been chronically infected with hepatitis C for years but remained undiagnosed until 2011.

Limitations of the data:
Since acute and chronic hepatitis C infections are often asymptomatic and can remain undetected and unreported for years, the official number of reported cases is much lower than the actual number of cases. An estimated 3.2 million persons in the United States have chronic hepatitis C virus infection. Most people do not know they are infected because they don't look or feel sick.