

2010 Profile of HIV/AIDS in Michigan

Trends in HIV/AIDS Data

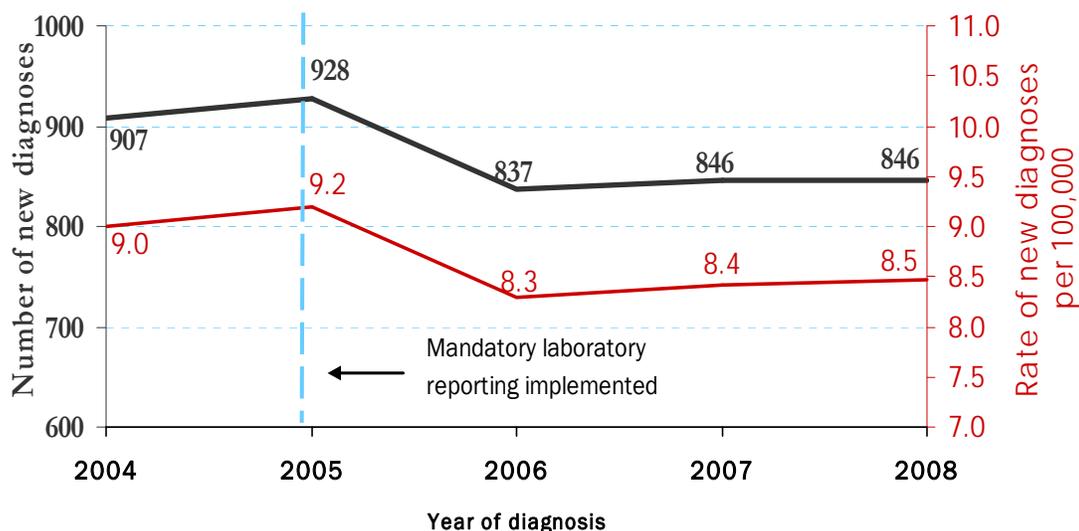
Data from HIV/AIDS Reporting System (eHARS)

To evaluate recent trends, we estimated the number of persons newly diagnosed with HIV infection each year by adjusting the number of reported cases diagnosed from 2004 through 2008. This adjustment was applied to account for those who may not have been reported to the health department by January 1, 2010. The adjustments were calculated by weighting the data. Please see Forward (Page 1-5) for further description on methods used to evaluate the trends and page 3-107 for further analyses on trends over time.

New Diagnoses of HIV:

The number and rate of new HIV diagnoses decreased significantly in Michigan from 907 (9.0 per 100,000) in 2004 to 846 (8.5 per 100,000) in 2008, with an average decrease in rate of two percent per year. The rate peaked at 9.2 per 100,000 in 2005, and is likely due to the implementation of mandatory laboratory reporting in 2005, instead of reflecting a true increase in the number of new diagnoses that year (Figure 6). Prior to this, Michigan relied on a few voluntary laboratories to report positive HIV-related tests and health care providers, who are required by law to report positive cases. We cannot say whether these decreases are due to successes in prevention or are the result of decreases in the population of the state between 2004 and 2008.

Figure 6: Number and Rate of New HIV Diagnoses in Michigan, 2004-2008



Transmission of HIV 2004-2008:

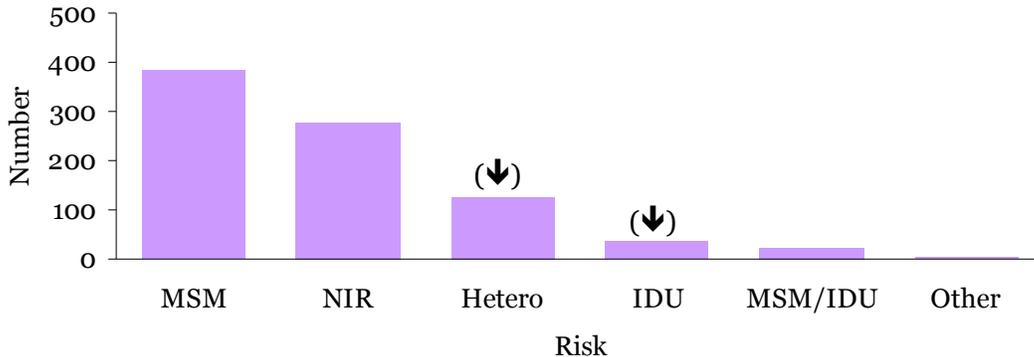
Between 2004 and 2008, the number of newly diagnosed persons who were injection drug users (IDU) decreased by an average of 14 percent per year. The number also decreased among persons who were infected through heterosexual sex by an average of six percent per year. The trend among IDU is a continuation of the decreasing trend we have seen over the past 5 years we have run trend reports. Data from Michigan's HIV Behavioral Surveillance suggest reductions among IDU may partly be attributable to the success of harm reduction programs, such as needle exchange. This is the first year that we saw decreases among persons infected heterosexually. These decreases are related to the decreases among black females, who make up 62 percent of persons with heterosexual risk.

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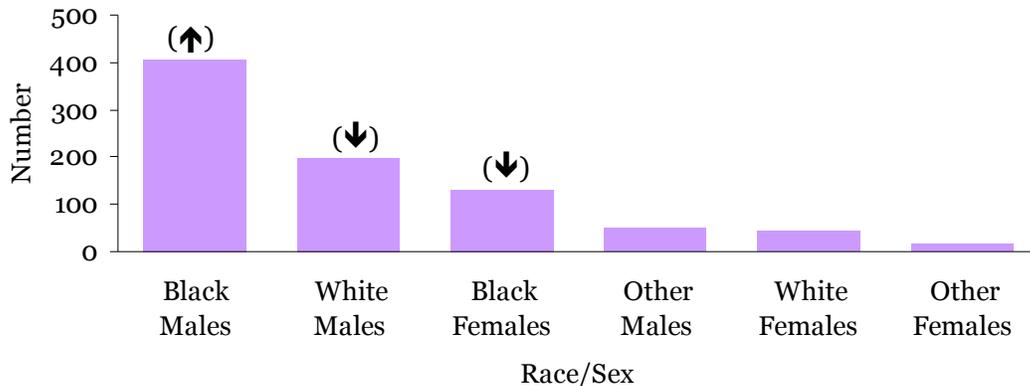
Figure 7: Adjusted Number of New HIV Diagnoses in 2008 and Trend Between 2004 and 2008, by Risk



The “Other known” risk category includes perinatal and blood product transmission. The numbers have been low in this group over the years, owing to programmatic successes in preventing perinatal and blood-borne transmissions.

Newly diagnosed persons with no identified risk (NIR) include males who reported sex with females of unknown risk/HIV status as their only risk, and males and females for whom no risk has yet been reported.

Figure 8: Number of New Diagnoses in 2008 and Trend Between 2004-2008, by Race/Sex



Race and Sex 2004-2008 :

The rate of new diagnoses increased among black males (average 2 percent per year) between 2004 and 2008. This is the third consecutive year that we have seen increases during a 5-year assessment period among black males. The rate decreased among white males for the second time at an average of six percent per year. The rate also decreased among black females (average 9 percent per year). (Figure 8)

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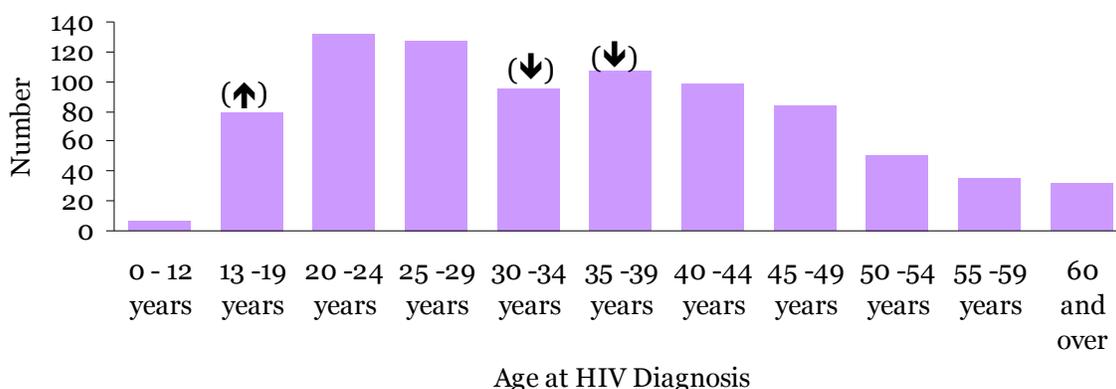
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Age at HIV Diagnosis 2004-2008 :

The rate of new diagnoses increased significantly among persons 13-19 years of age (average increase in rate of 23 percent per year) and decreased significantly among persons aged 30-39 between 2004 and 2008 (Figure 9) . Rates in all other ages groups were stable. This is the fifth consecutive year that we have trends over a 5-year period where we have seen significant increases in new diagnoses among 13-19 year olds. Although these trends are alarming and demand action, it is important to remember that the largest numbers and highest rates of new diagnoses continue to be among 20-44 year olds.

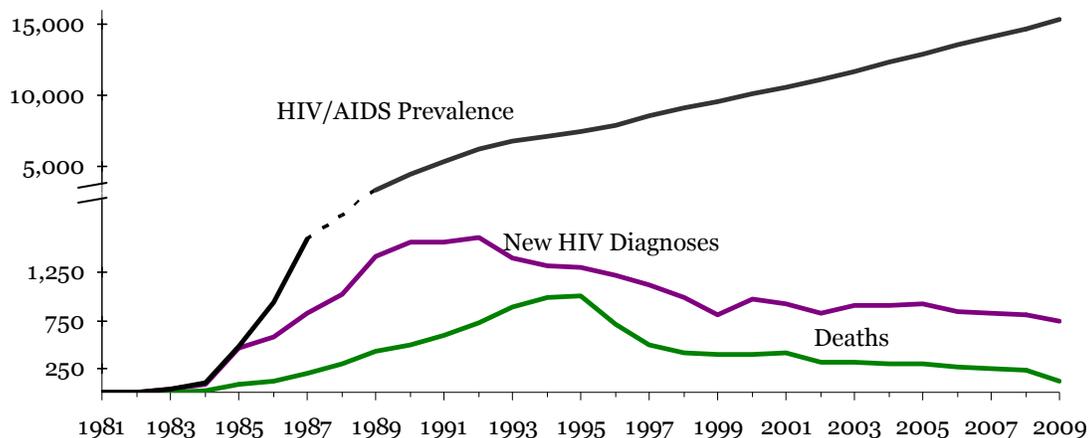
Figure 9: Number of New Diagnoses in 2008 and Trends 2004-2008, by Age at HIV Diagnosis



New Diagnoses, Deaths and Prevalence of HIV by Year:

The unadjusted number of new HIV diagnoses, number of HIV-related deaths and HIV prevalence are presented in Figure 10. The trend among new HIV diagnoses reflects reported cases. These data were not adjusted for reporting delay, as they were in Figures 7–9. Consequently the decreases in new diagnoses seen in the most recent years will likely level out as more cases diagnosed during those years are reported.

Figure 10: New Diagnoses, Deaths, and Prevalence of HIV/AIDS by Year

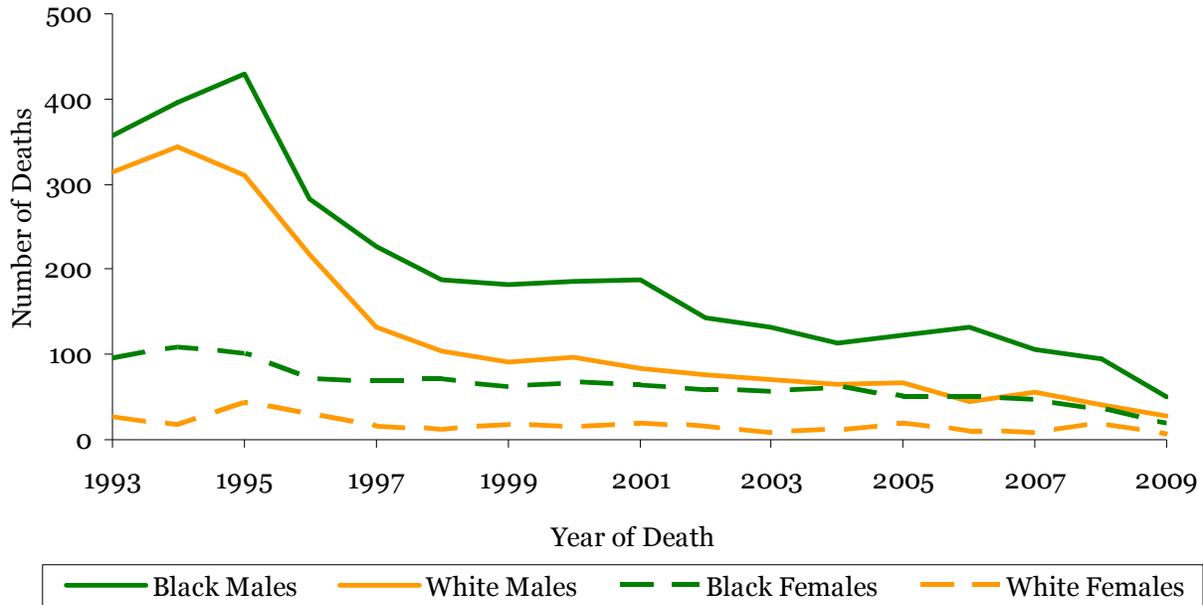


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Figure 11: HIV/AIDS Deaths by Race/Sex



HIV related Deaths by Race/Sex:

Figure 11 shows the number of HIV-infected Michigan residents who have been reported as deceased by a local health department, the department of vital records via a data match or death certificate, or an alternate source. The number of deaths increased in all race/sex groups from the beginning of the epidemic through approximately 1994-1995. The number of deaths decreased markedly between 1995 and 1998 and were relatively stable until 2001. It should be noted that the percent decrease in deaths among white males (73 percent) between 1995 and 2001 was more pronounced than the percent decrease among black males (57 percent), and the percent decrease among white females (55 percent) was larger than the percent decrease among black females (38 percent). Encouragingly, the number of deaths in black males has fallen substantially between 2001 and 2008 (49 percent), as have the number of deaths among white males (52 percent) and black females (44 percent). Compared to the other groups, the number of deaths among white females fell by a smaller amount (5 percent) between 2001 and 2008.