

**DETROIT EMA UNMET NEED ESTIMATE AND ASSESSMENT  
RYAN WHITE CARE ACT PART A: FY2010 GRANT APPLICATION**

**FY 2010 Unmet Need narrative**

*Methods*

We used two data sources to produce the numbers in the Unmet Need Framework. The first source is eHARS (enhanced HIV/AIDS Reporting System), the surveillance database that contains information on all reported cases of HIV/AIDS in Michigan. Both HIV and AIDS are notifiable conditions in Michigan, so both are included in eHARS. The second source is the laboratory database. Michigan implemented mandatory laboratory reporting on April 1, 2005 for positive diagnostic HIV tests and July 1, 2005 for all HIV viral load (VL) and all CD4 tests. These laboratory results are contained in a Microsoft Access database maintained by the HIV Surveillance Program. Primary Medical Care (PMC) was defined as having a laboratory result for a CD4 count and/or percent or a VL measure during a 12-month time period (January 1, 2008 through December 31, 2008) among patients in eHARS. Use of anti-retroviral therapy was not included in the definition of care because HIV Surveillance does not have a reliable way to collect this information. However, it is believed that the vast majority of patients on medication regularly have CD4 and VL tests run, and that there are few, if any, patients in care who are missed using laboratory data only. These external laboratory results were then joined to eHARS surveillance data and were used to determine each patient's most recent CD4 count, CD4 percent, and/or VL test date. Persons diagnosed after January 1, 2008 were excluded from analysis to eliminate the possibility of including those who were very recently diagnosed and had not yet obtained care. Unmet need was calculated by determining the number of persons in eHARS who were diagnosed prior to January 1, 2008 and had not received a VL or CD4 test between January 1, 2008 and December 31, 2008.

*Limitations*

While the combination of laboratory and surveillance data offers an ideal way to measure unmet need, there are some limitations to the data that should be noted. Persons who move out of state will automatically be counted as unmet need cases if Michigan's HIV Surveillance Program is not notified of the changes in residency. The Surveillance Program participates in Routine Interstate Duplicate Review (RIDR), in which Michigan collaborates with other states under the guidance of the Centers for Disease Control and Prevention to assess and resolve potential case matches between the states. This effort minimizes the effect of residency on unmet need. Similarly, if a person died and Surveillance was not notified, that person would be counted as an unmet need case. Michigan's HIV Surveillance Program also conducts a death match annually to prevent this from happening. Finally, there inevitably is room for error in the laboratory reporting system. For example, cases can potentially be falsely matched or non-matched to the surveillance database. Overall, however, the laboratory reporting system is strong and checks are in place to ensure the quality of those data.