

# Annual Michigan HIV Surveillance Report New Diagnoses and Prevalence, 2015

All data as of May 1, 2016



HIV, Body Art, STD and Viral Hepatitis Section  
Division of Communicable Disease  
Bureau of Disease Control, Prevention and Epidemiology  
Michigan Department of Health and Human Services

Lansing - HIV Surveillance Office  
333 S. Grand Ave., 3rd Floor  
Lansing, MI 48913  
517-335-8165

Southfield - HIV Surveillance Office  
MDHHS - South Oakland Health Center  
27725 Greenfield Rd, Office 57A  
Southfield, MI 48076  
248-424-7910



[www.michigan.gov/hivstd](http://www.michigan.gov/hivstd)

# Overview

Michigan's HIV Surveillance Program collects, interprets, and disseminates population level data regarding persons living with HIV (PLWH) and persons at risk of contracting the virus. Since 2001, the program has produced semi-annual reports for a wide audience. Beginning in 2016, these reports were overhauled and split into two parts. This report presents the most relevant information using graphical, user-friendly displays. A second report, the "Annual Michigan HIV Surveillance Report - Tables," contains data most commonly requested by agencies and individuals. Due to differences in the underlying dataset, do not compare any numbers or figures to old surveillance reports. For more on the difference, see the "Annual Michigan HIV Surveillance Report - Tables."

## Key Definitions

**New Diagnoses:** The number of cases newly diagnosed over a given period of time, usually a year. In HIV surveillance new diagnoses do not necessarily represent new infections as newly diagnosed cases may have been infected for many years.

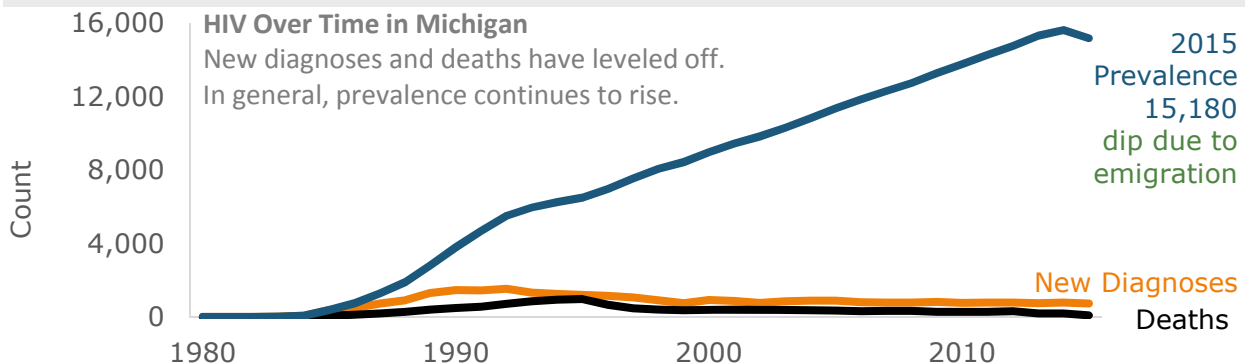
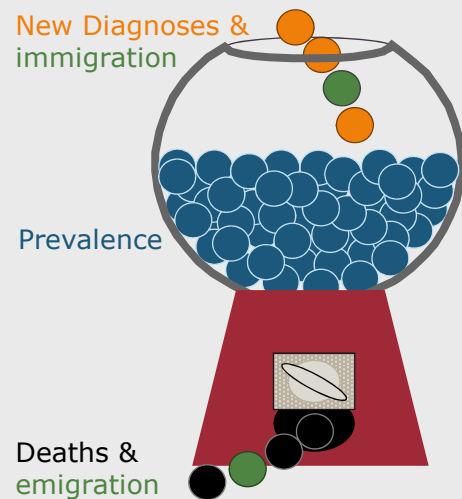
**Prevalence:** The total number of persons currently living with HIV (PLWH).

**Linked to Care:** The proportion of newly diagnosed PLWH who have visited a doctor at least eight days after diagnosis (assessed by CD4, viral load, or genotype test).

**In Care:** The proportion of PLWH who visit a doctor at least once a year (assessed by CD4, viral load, or genotype test).

**Community Viral Suppression:** The proportion virally suppressed ( $\leq 200\text{c/mL}$ ) out of *all* PLWH - higher levels of community viral suppression reduce HIV transmission.

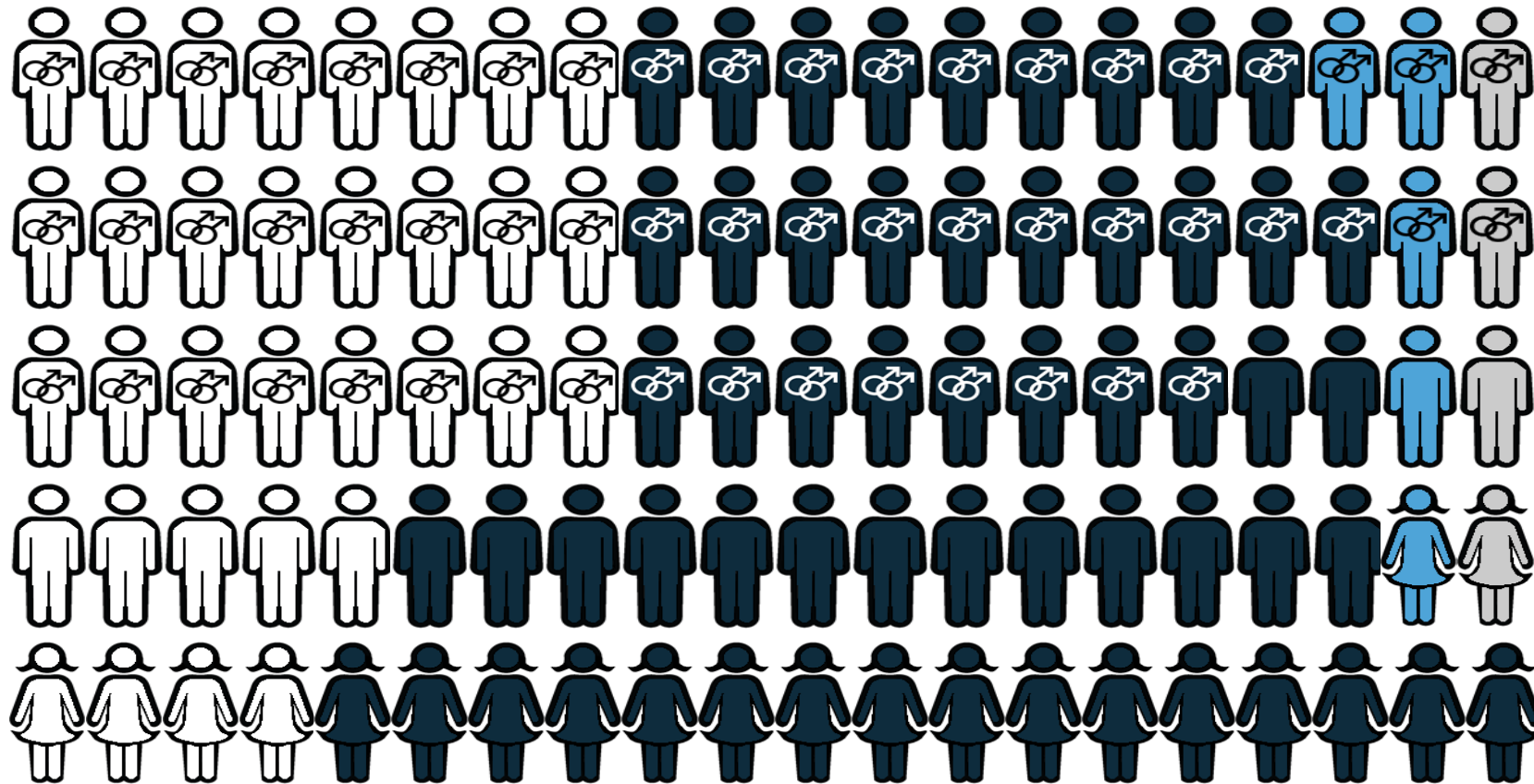
**Viral Suppression Rate:** The proportion virally suppressed ( $\leq 200\text{c/mL}$ ) out of PLWH *in care*.



# Persons living with HIV (PLWH) - Demographics

On January 1, 2016

The HIV epidemic represented as 100 people. The majority of persons living with HIV (PLWH) are black men and/or gay & bisexual men. Of women living with HIV, the vast majority are black.



## Icon Key

Gay & bisexual men

Other men

Women

White

Black

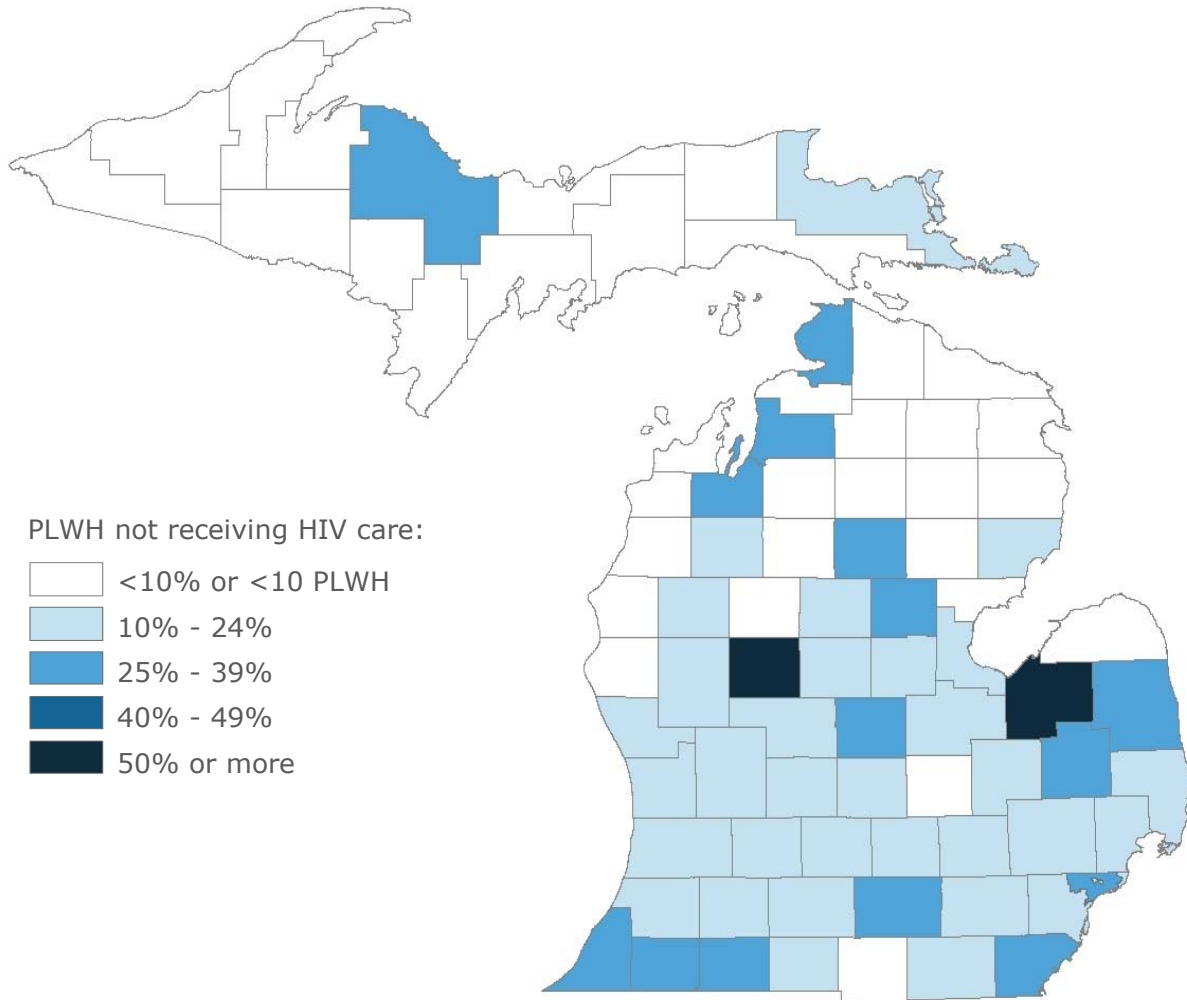
Latino(a)

Other



# Persons living with HIV (PLWH) - Unmet Need

During 2015



Demographic groups of PLWH consistently not in care:



24% of **BLACK** persons are not in care.



30% of persons **WHO INJECT DRUGS** are not in care.

In Michigan, PLWH in care are very likely to be virally suppressed, improving the individual's prognosis and reducing transmission. However, **22% of PLWH in the state are not in care** (aka unmet need).



29% of **LATINO/HISPANIC** persons are not in care.



37% of **FOREIGN BORN** persons are not in care.

Unmet need is not equally distributed among PLWH. In Michigan, black persons, Latino/Hispanic persons, persons who inject drugs and foreign born persons consistently have higher rates of unmet need.

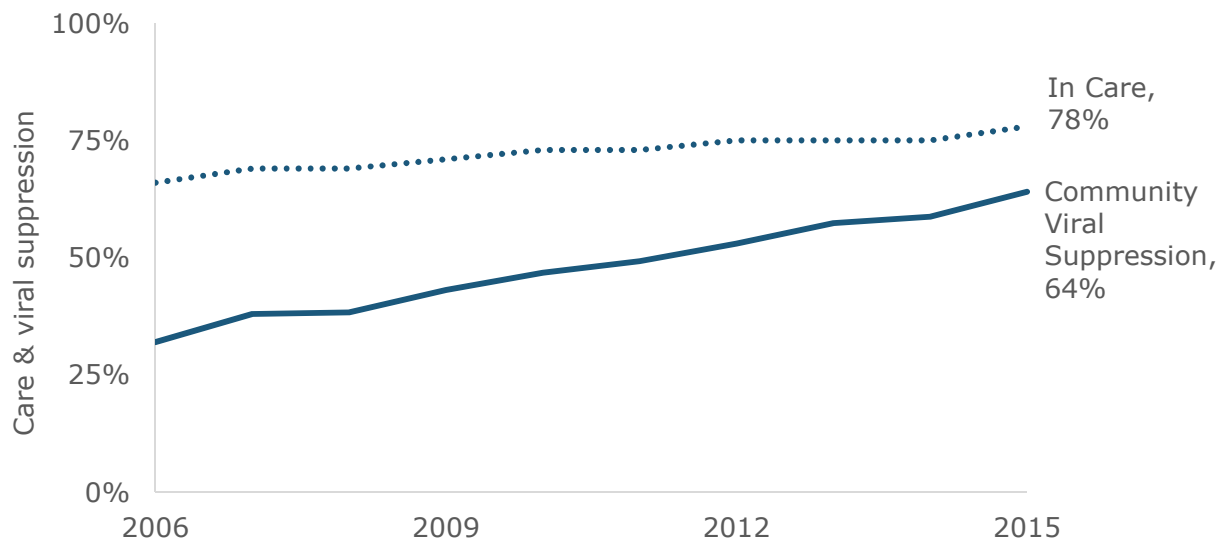
## Persons living with HIV (PLWH) - Care & Viral Suppression 2006 - 2015

Virally suppressed PLWH have improved prognoses and reduced transmission risk. In recent years, viral suppression rates and the community viral suppression levels continue to rise. However, the proportion of PLWH in care is stagnant. Community viral suppression levels can never surpass the proportion in care (as one cannot achieve viral suppression without first being in care).

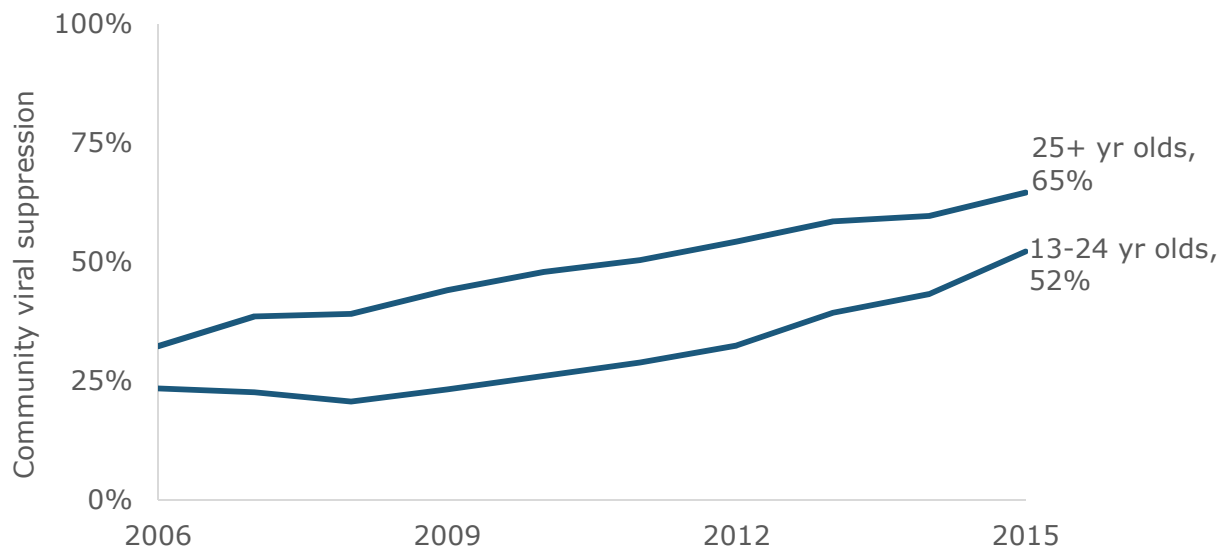
Given these trends, one of two outcomes will likely be observed in the near future:

- Community viral suppression will stagnate, or
- If agencies and programs focus on retaining PLWH in care, it is likely community viral suppression will follow as viral suppression rates continue to rise.

In order for community viral suppression to continue increasing, the proportion of PLWH in care must increase.

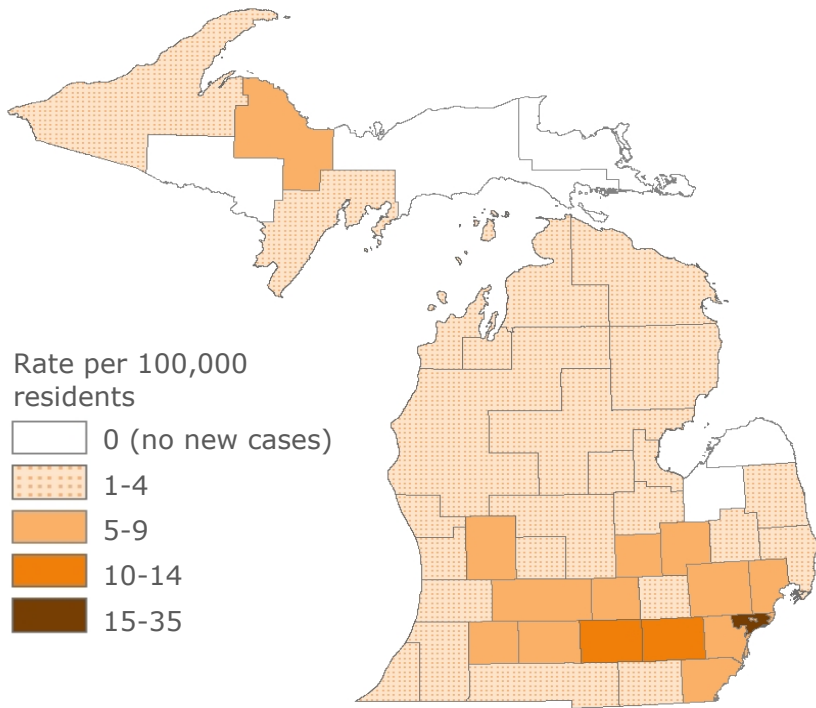


Community viral suppression continues to rise in all age groups. However, younger persons still achieve viral suppression less often (have higher viral loads) than their older peers.



# New Diagnoses

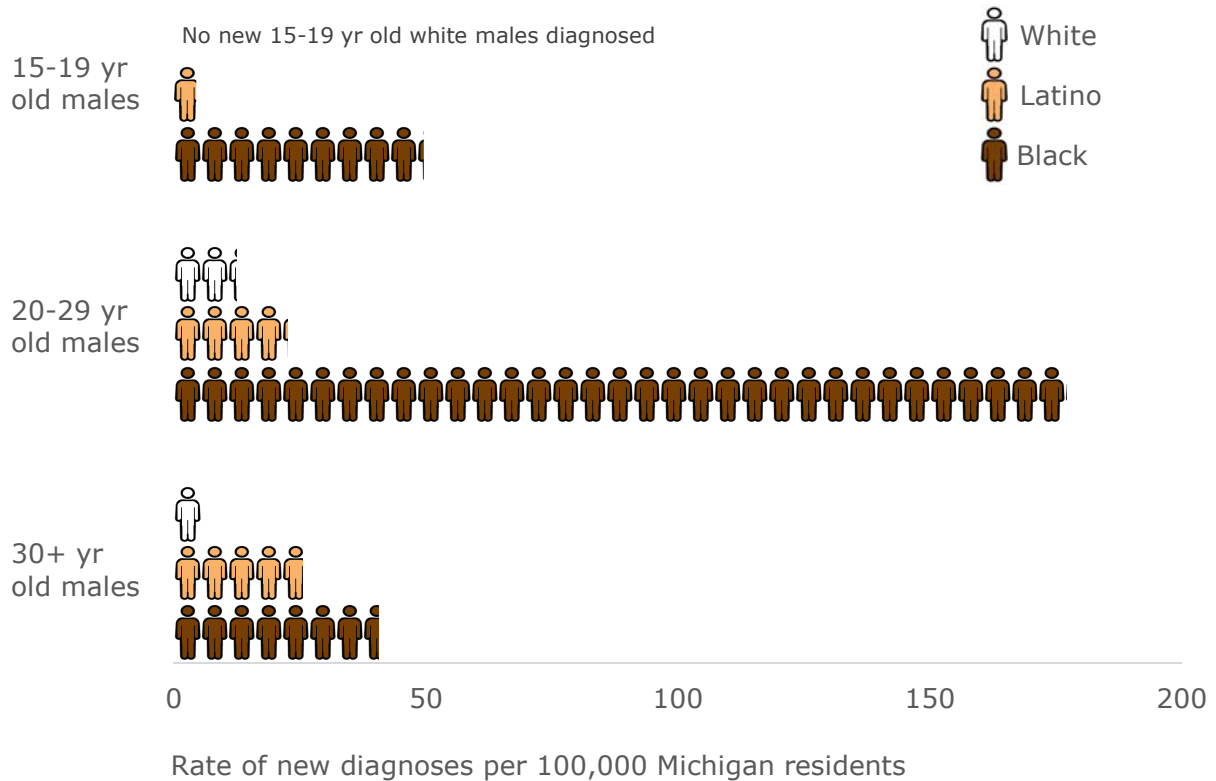
During 2015



The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 35 new cases per 100,000 residents. This rate is over 3 times higher than Jackson\* and Washtenaw Counties, the next highest jurisdictions, with 10 new cases per 100,000 residents.

\*Does not include persons diagnosed in prison.

Males 20-29 years old carry the heaviest burden of new diagnoses. Black males of every age experience disproportionately high rates of diagnosis.

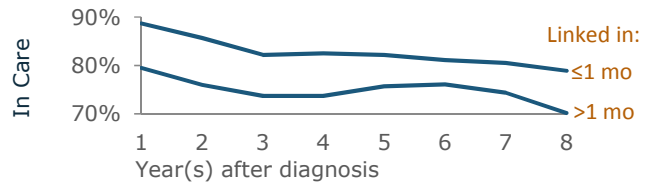


## New Diagnoses - Linkage to Care

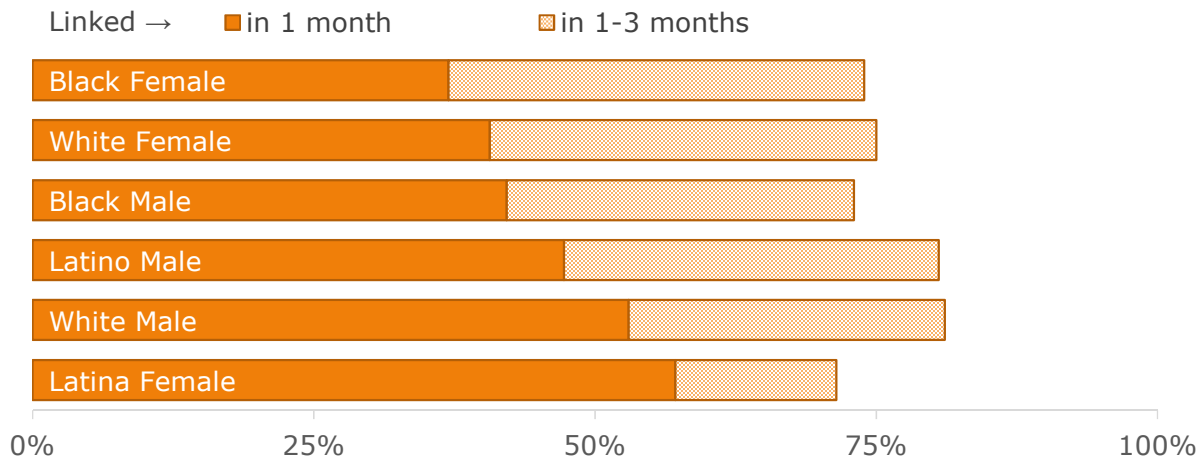
During 2015

Being linked to care quickly improves prognosis and decreases transmission. It is extremely important for the health of the individual and the prevention of HIV to link newly diagnosed persons to a health care provider as soon as possible.

Persons linked quickly were more likely to be in care during the years following diagnosis



Males are linked to care more often and more quickly than females.



## New Diagnoses - Linkage to Care

2006 - 2015

The proportion of persons who are linking up with a care provider continues to grow, however the efficiency and speed of linkage has stagnated.

