

2010 Profile of HIV/AIDS in Michigan

Description of the Epidemic by Age: Children (0-12)

Data from HIV/AIDS Reporting System (eHARS)

Overview:

MDCH estimates that there are 240 individuals living with HIV who were ages 0-12 when they were diagnosed. They comprise one percent of reported persons. Most of them (85 percent) were infected perinatally, i.e., before, during or shortly after birth. Those infected perinatally after birth would be infected via breastfeeding. Of the remaining individuals, seven percent were infected via blood products/blood exposure before 1985 and eight percent have an unknown risk. No individuals currently living with HIV and aged 0-12 at the time of HIV diagnosis have been infected through sexual abuse or injection drug use. Table 9, page 3-90.

Demographic Description:

Of the 193 individuals living in Michigan who were ages 0-12 when diagnosed with HIV, 57 percent are male and 43 percent are female; about two thirds are black (65 percent), about one quarter are white (24 percent) and 11 percent are Hispanic or of unknown race. See Table 8, page 3-89.

Of the 164 individuals who were ages 0-12 when diagnosed with HIV and perinatally infected, 53 percent are male and 46 percent are female; 68 percent are black, 19 percent are white, and 13 percent are Hispanic or other races. Less than one percent of the HIV infections in these children are known to be IDU-related (i.e., mothers who were IDUs). For the majority (99 percent) all that was known about the mother is that she was HIV-infected with no additional maternal risk information.

Concurrent Diagnoses:

Of the 15,285 persons living with HIV/AIDS in Michigan, 54 percent (8,317 cases) have progressed to AIDS. Of these, 3,561 (43 percent) had concurrent HIV and AIDS diagnoses. Children make up one percent (N = 64) of persons living with AIDS, of which 39 percent (N = 25) had concurrent HIV and AIDS diagnoses. Those with perinatal risk factors make up one percent of persons living AIDS (N = 53), of which 53 percent had concurrent diagnoses. See Table 5, page 3-85.

Geographic Distribution:

Eighty-four percent of the 193 children diagnosed and reported with HIV between the ages of 0 and 12 years are residents of high prevalence counties (See Figure 2, page 3-15). The remaining 15 percent are living in low prevalence counties. Sixty-two percent of HIV cases that were diagnosed as children in Michigan are currently residents of the Detroit Metro Area.

Trends and Conclusions:

Among the best measurable successes in reducing HIV transmission has been among those infected perinatally. Without Zidovudine (ZDV) prophylaxis, about two percent of children born to HIV-infected women could expect to become HIV-infected. In Michigan, the proportion of these children who become infected has dropped precipitously, from 12 percent in 1996 to less than one percent in 2009. As of January 1, 2010, three of the 52 children born in 2007 and one of the 30 children born in 2009 to HIV-infected women were diagnosed with HIV infection. None of the 35 children born in 2008 to an HIV-infected woman have been diagnosed with HIV.

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Description of the Epidemic by Age: Children: Focus on Screening Tests During Prenatal Care, Labor & Delivery and Newborns

Data from Assessment of HIV and other Recommended Perinatal Screening Tests Project

Overview:

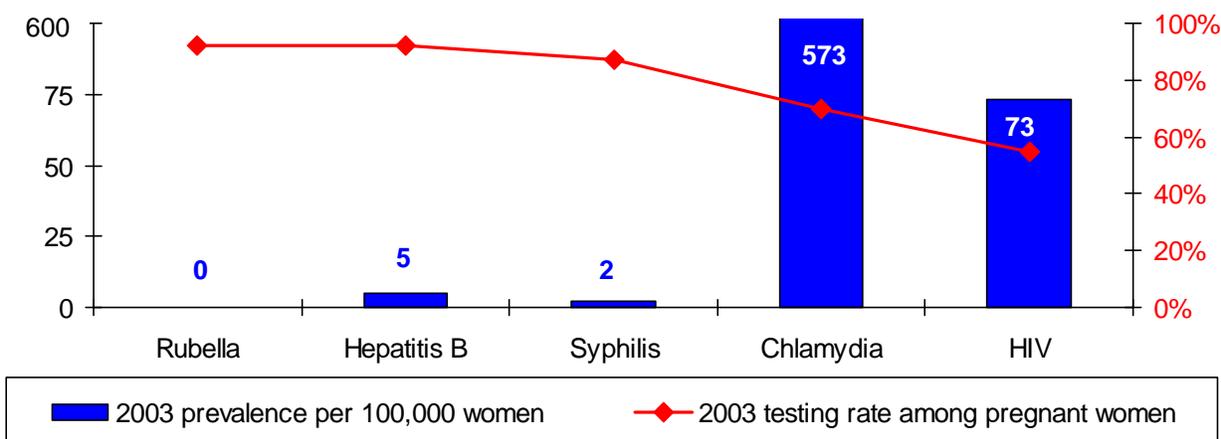
This evaluation assessed perinatal screening for HIV, group B streptococcus, hepatitis B surface antigen, rubella, syphilis, and chlamydia in all live births that occurred between January 1, 2003 and December 31, 2003 in delivery hospitals in selected counties. Delivery hospitals that delivered 20 or more babies in 2003 were eligible for this project. The assessment protocol was developed for 13 prevention areas (selected counties in the states of California, Connecticut, Delaware, Florida, Georgia, Illinois, South Carolina, Tennessee, New Jersey, Maryland, Pennsylvania, Michigan and the District of Columbia). The prevention areas in each state were selected because they met one or more of the following criteria: (1) high prevalence of HIV among women of childbearing age, (2) high numbers of cumulative pediatric AIDS cases, and (3) state policies likely to have an important impact on screening rates. The Michigan counties chosen were Wayne, Oakland, Kent, Kalamazoo, and Grand Traverse.

Analysis:

Women with known HIV/AIDS diagnoses prior to pregnancy were excluded from the HIV testing analysis. Figure 42 shows that among the 1,886 women included in the study, about half received HIV screening at their first prenatal test (965 women, 51 percent). Figure 43 shows that among the 932 women that did not receive prenatal screening, nine percent (108 women) received HIV screening at delivery. Figure 44 shows that among the mother-infant pairs, at least one HIV screening test was documented during prenatal, delivery or the neonatal period for over half of the pairs (1,075 pairs, 55 percent). In all three tables, the testing rates for non-HIV infections well exceeded the HIV screening rates found and show room for improvement throughout Michigan. Among the 10 areas included in this project, Michigan had the second lowest HIV testing rates among pregnant women

Anecdotally, physicians report that they don't screen for HIV because they don't believe that their patients are infected with or at risk for HIV. However, the infections with the lowest prevalence among pregnant women have the highest testing rates. Figure 41 shows that Rubella, Hepatitis B and syphilis

Figure 41: Testing and Prevalence Rates of Selected STDs/Other Infections among Women in Michigan, 2003



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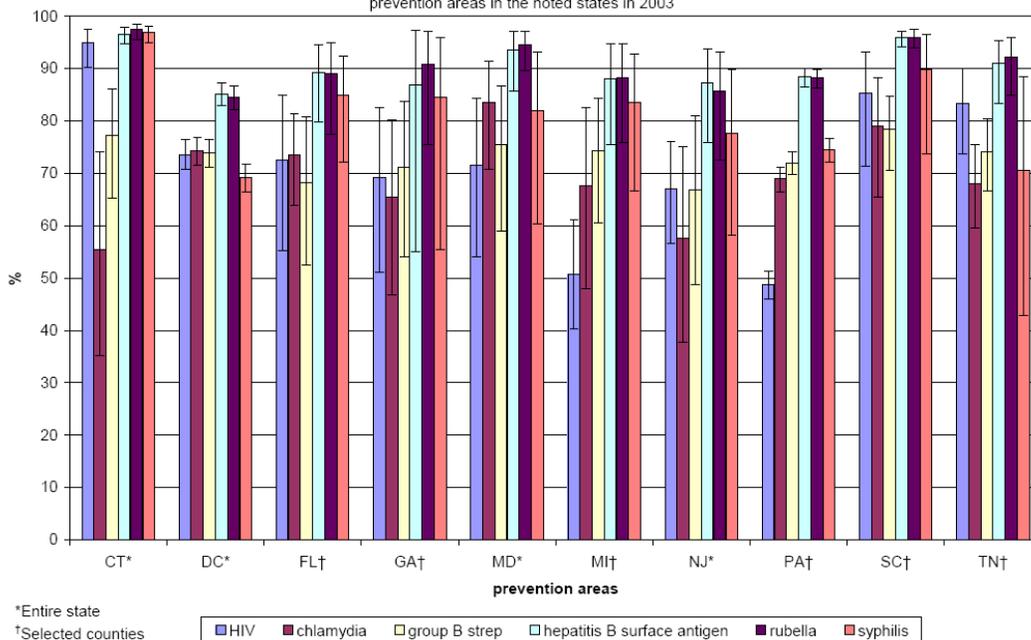
had 2003 prevalence rates of between zero and five cases per 100,000 women. Corresponding testing rates were 87 to 92 percent. The chlamydia and HIV 2003 prevalence rates were 573 and 73 per 100,000 women respectively. The chlamydia and HIV testing rates were 70 percent and 55 percent respectively.

Summary and Recommendations:

These data should be used to assess perinatal screening rates in Michigan and work toward improving them. The MDCH Division of Health, Wellness, and Disease Control (DHWDC) leads Michigan's State-wide Perinatal Prevention Working Group (PPWG) and is addressing the suboptimal rates of HIV testing of pregnant women in Michigan in several ways. In collaboration with the MDCH Division of Immunization Perinatal Hepatitis B Program, the DHWDC Ryan White Part D Program provides technical assistance to hospitals found to have suboptimal testing of pregnant women for HIV, hepatitis B and syphilis through Division of Immunization surveys and chart reviews. The intention is to make sure hospitals have written policies (WP) and/or standing orders (SO) to include hepatitis B, HIV and syphilis testing and reporting. The PPWG is also working to update and revise State Guidelines for Perinatal HIV, Hepatitis B, and Syphilis Testing. The updated guidelines will be published and distributed state-wide to providers, organizations, and institutions involved in prenatal and postnatal care for women, including those HIV infected and their infants. Education and training will be provided in collaboration with the Wayne State University AIDS Education and Training Center (AETC) to increase provider awareness of the guidelines throughout the state. In addition to updating its guidelines, the DHWDC is updating its consumer and provider brochures to address the updated guidelines and include missed opportunity case studies to help women and providers understand the importance of routinized perinatal testing.

Figure 42: Received First Prenatal Test (All Women)

Proportion of women with documentation of a first prenatal test for selected infections, in selected prevention areas in the noted states in 2003



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Figure 43: Received Labor and Delivery Test (Eligible Women)

Proportion of eligible women (e.g., women without documentation of a prenatal test) with documentation of a labor and delivery test for selected infections, in selected prevention areas in the noted states in 2003

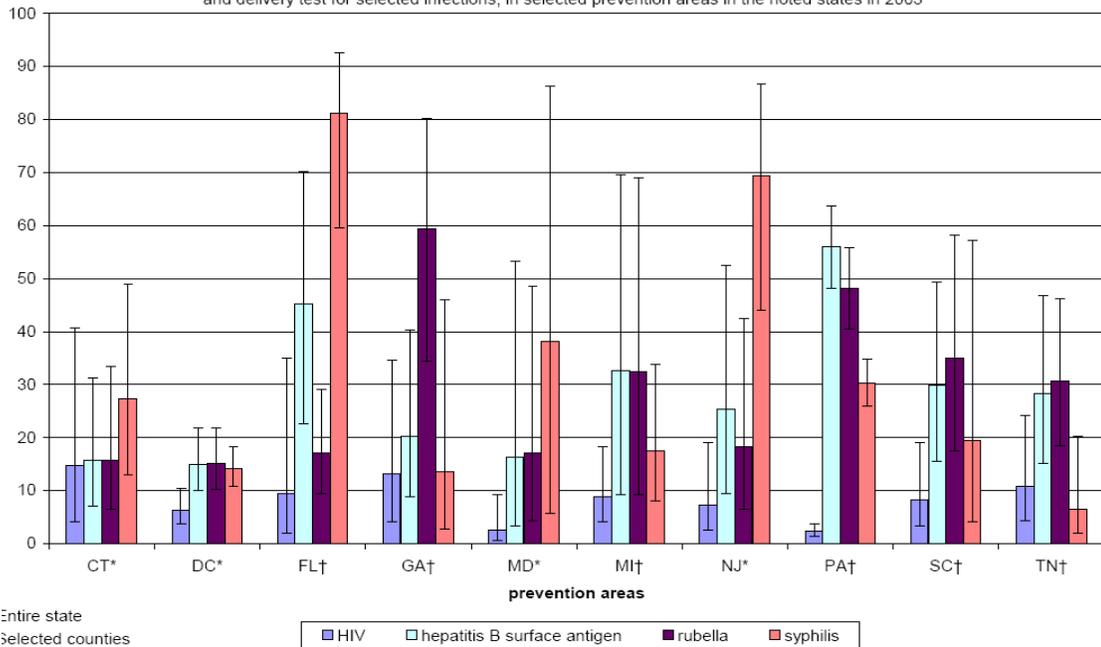


Figure 44: Received at Least One Test

Proportion of mother-infant pairs with documentation of at least one test for selected infections during pregnancy, delivery, or the neonatal period, in selected prevention areas in the noted states in 2003

