APPENDIX A: RURAL AND URBAN COUNTY GROUPINGS
Primary Metropolitan Statistical Area (PMSA): One or more counties that have a substantial commuting interchange.

Urbanized Area (UA): An area consisting of a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile of land area that together have a minimum residential population of at least 50,000 people.

Metropolitan Statistical Area (MSA) requires the following:

the presence of a city with greater than 50,000 people or the presence of a UA and a total population of more than 100,000 people,

a PMSA, and

a UA

Urban County: Any county containing a city of greater than 50,000 people or an area that has at least 100,000 people and has a substantial commuting interchange with a city of greater than 50,000 people.

Using these US Census Bureau’s definitions, MDCH established a category of Urban Counties. A county was considered to be "Urban" if any part of a city or area as explained above was part of that county (i.e., the city of Kalamazoo is in Kalamazoo County and also has substantial commuting interchange with Battle Creek, which is in Calhoun County, so the counties of Kalamazoo and Calhoun are considered to be "Urban").

Urban Counties:
-Detroit Metro Area (Wayne, Detroit, Macomb, Oakland, Lapeer, St. Clair, Monroe)
-Washtenaw
-Berrien
-Genesee
-Kent, Muskegon, Ottawa, Allegan
-Jackson
-Kalamazoo and Calhoun
-Ingham, Eaton, Clinton
-Saginaw, Bay, Midland

Rural Counties:
Dickinson  Emmet  Gladwin  Gogebic  Grand Traverse  Gratiot  Hillsdale  Houghton  Huron  Ionia  Iosco  Iron  Isabella  Kalkaska  Keweenaw  Lake  Leelanau  Lenawee  Livingston  Luce  Mackinac  Manistee  Marquette  Mason  Mecosta  Menominee  Missaukee  Montcalm  Montmorency  Newaygo  Oceana  Ogemaw  Ontonagon  Osceola  Oscoda  Otsego  Presque Isle  Roscommon  Sanilac  Schoolcraft  Shiawassee  St Joseph  Tuscola  Van Buren  Wexford

Data Source: www.census.gov
Blood Recipient: All hemophiliacs, blood transfusion recipients, and organ recipients who received blood products prior to 1985 and all persons documented to have ever received an infected organ or unit of blood.

Case: A person who is reported to the Michigan Department of Community Health as being infected with HIV.

Concurrent AIDS (Diagnosis): A diagnosis of AIDS within one month of initial HIV diagnosis. This is indicative of a late tester.

Currently Living with HIV/AIDS: This population is obtained from the most recent address information available. It is impossible to track all ongoing residence changes among HIV-infected persons.

eHARS: A standardized database developed by the CDC for national reporting of HIV/AIDS.

Epidemiology: The study of the distribution, determinates, and frequency of disease in humans.

HAART: Highly Active Antiretroviral Therapy

Heterosexual Risk:

HRH (High-Risk Heterosexual): Males and females whose sexual partners are known to be HIV-infected or at high risk for HIV. One or more partners must meet at least one of the following criteria: a history of sexual contact with behaviorally bisexual males (for females only), IDU, hemophiliacs, HIV+ transfusion recipients, or other HIV+ persons of unknown risk.

PH (Presumed Heterosexual)-Females: Females whose only reported risk is heterosexual contact, and their male partners’ risk and HIV status are unknown.

HIV Infection and AIDS Case Definitions: These are standard definitions established by the CDC and used by all states. Specific information is required in order to count a case of HIV Infection/AIDS including a method to uniquely identify an individual. Each person is counted as either HIV-infected without AIDS or HIV-infected with AIDS. Once a person meets the AIDS case definition surveillance always counts that case as AIDS even if his/her health status improves. This is done throughout the country and is driven by the Ryan White care funding formula.

The definitions for HIV and AIDS were last updated in 2008. Unlike previous updates there is not a separate AIDS case definition. CDC is phasing out the use of the term AIDS. The document referenced below includes the HIV infection definition with a categorization/staging system. AIDS is now seen as Stage 3 HIV infection or Late stage HIV infection.


NOTE: The term ‘AIDS’ is used in the 2010 Profile. It will take some time to move away from this terminology and MDCH is planning on phasing it in over time.

Incidence: This is the number of persons who develop a disease or infection in a certain period of time, usually a year.
**Incident Case:** A person who has been diagnosed with a disease or are newly infected (in this case, HIV/AIDS), regardless of their vital status (living or deceased).

**IDU (Injecting Drug User):** Persons who have a history of injecting illegal drugs.

**MSM (Men who have sex with men):** Males who have a history of sexual contact with other males or with both males and females.

**MSM/IDU:** MSM who also have a history of injecting drugs.

**New Diagnoses:** 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, thus only some newly diagnosed cases are also incident cases.

**Pediatric Case:** Children who are 12 years or younger at the time of diagnosis.

**Perinatal Risk:** HIV transmission from mother to child during birth or through breastfeeding.

**Prevalence:** The total number of persons living with HIV disease at one point in time is called prevalence. The estimate of this number for all of Michigan as of January 1, 2010 is 18,800. This estimate includes persons who have AIDS, persons diagnosed with HIV infection without AIDS, an estimate of those who have tested positive for HIV but have not yet been reported, and persons with HIV infection who have not yet been diagnosed.

**Prevalent Case:** A person who is currently living with a disease or infection, (in this case HIV/AIDS).

**Primary and secondary syphilis:** These are the infectious stages of syphilis. Primary syphilis presents approximately 10-90 days after the initial exposure and is characterized by a skin lesion (chancre) appears at the point of contact, which is usually the genitalia, but can be anywhere on the body. Secondary syphilis occurs 1-6 months (commonly 6-8 weeks) after the primary infection. The most common presentation is a reddish-pink non-itchy rash on the trunk and extremities. The rash can involve the palms of the hands and the soles of the feet.

**Public Health Surveillance:** The ongoing collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with a condition or risk factor of public health concern.

**Rate:** The number of cases divided by the number of persons in the general population (both infected and uninfected). The resulting number is standardized by multiplying by a multiple of 10, usually 1,000 or 100,000. This number allows one to compare the impact of disease between groups.

**Syphilis:** This term includes all cases of primary and secondary syphilis and all stages of latent syphilis. Later stages of syphilis are defined as having serologic proof of infection without signs or symptoms of disease. Those diagnosed as having latent stages of syphilis can be infected for just over a year up to decades. These stages of syphilis are not as reflective of recent epidemiology and are significantly less infectious than P&S stages.
**Unknown Risk:** A case for which there has been no risk found consistent with the categories of MSM, IDU, high-risk heterosexual, PH-Fem, perinatal or blood recipient. This category is further divided:

- **PH (Presumed Heterosexual)-Male:** Males whose only reported risk is heterosexual contact, and their female partner's risk and HIV status are unknown
- **Unknown:** Males and females with no identified risk.
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