



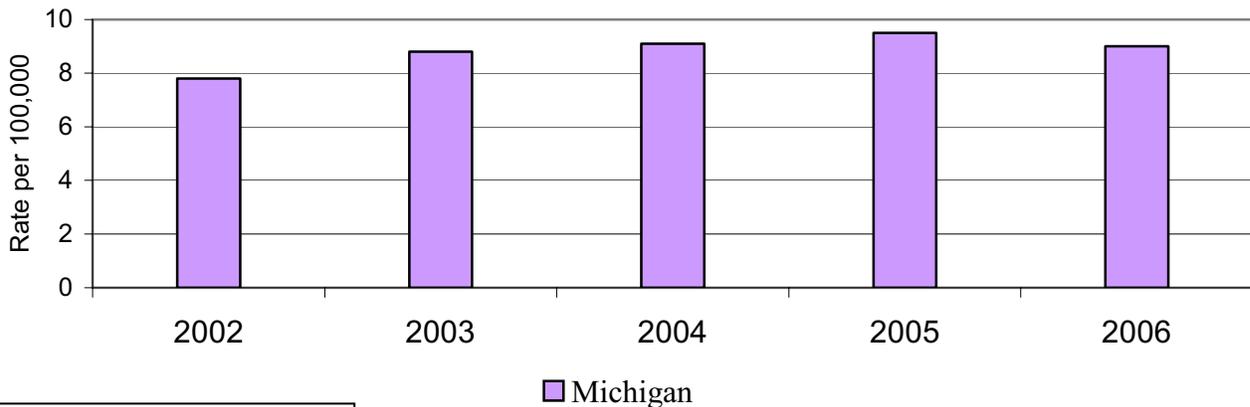
Topic: HIV/AIDS

33. HIV/AIDS New Cases

Two strains of HIV infect humans: HIV-1 and HIV-2. HIV-1 is more virulent and more easily transmitted; it is the source of the majority of HIV infections throughout the world. HIV-2 is less easily transmitted and is largely confined to Africa.

How are we doing?

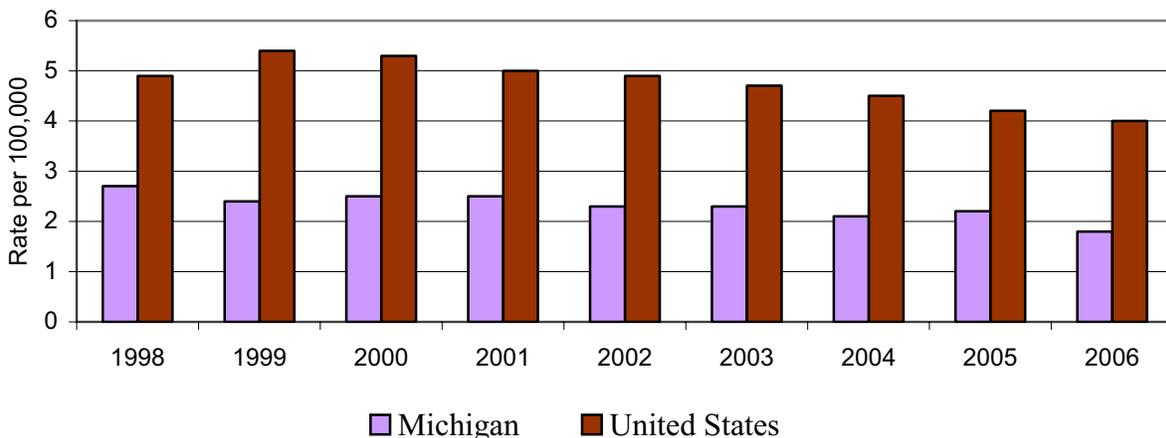
Rate of New HIV Diagnoses in Michigan



*Data not available nationally.

The rate of new HIV diagnoses have increased by an average of four percent per year, from 7.8 per 100,000 in 2002 to 9.0 per 100,000 in 2006 (779 cases to 908 cases, average of 890 cases), after peaking at 9.5 per 100,000 in 2005. The increasing trend and peak in 2005 are most likely due to the implementation of mandatory laboratory reporting in 2005. These new diagnoses include persons who learned of their HIV infection status after developing AIDS symptoms. Each year, there are more new diagnoses of HIV infection than deaths. Therefore, the reported number of persons living with HIV/AIDS in Michigan is increasing. The MDCH estimates that 18,000 residents are living with HIV infection in Michigan (including those with AIDS).

Age Adjusted AIDS Death Rates





HIV-related age-adjusted deaths decreased from 2.7 per 100,000 in 1998 to 1.8 in 2006. We have seen improvements in treatment and care since the mid-1990s, especially after the advent of anti-retroviral therapy. The rate of new HIV diagnoses is increasing as the rate of deaths is decreasing. This results in overall increasing prevalence, reminding us that prevention must remain an important focus.

How does Michigan compare with the U.S.?

Among the 45 states and 5 U.S. dependent areas with confidential name-based HIV reporting as of December 2006, Michigan ranks 18th in reported cases of HIV infection and 30th in rate of HIV diagnoses. Michigan's rate of new diagnoses in 2006 (6.2 per 100,000) was lower than the overall rate for the 45 states and 5 U.S. dependent areas (18.29 per 100,000). Michigan's prevalence rate (124.8 per 100,000) was lower than the prevalence rate among the 50 areas (143.7 per 100,000) at the end of 2006.

How are different populations affected?

The reduction in deaths over the last decade is not equally distributed according to race/sex group. For instance, between 1995 and 2001, the percent decrease in deaths among white males (76 percent) between 1995 and 2001 was more pronounced than the percent decrease among black males (56 percent), and the percent decrease among white females (57 percent) was larger than the percent decrease among black females (38 percent). Encouragingly, the number of deaths in black males has fallen substantially from 2001 to 2005 (43 percent), even in comparison to white males (26 percent), black females (25 percent), and white females (5 percent), but the number of deaths among black males still exceeds that of any other race/sex group.

Black persons are impacted disproportionately by HIV, when compared to their numbers in the population. Black persons make up 14% of the general population of Michigan, but accounted for 62% of new HIV diagnoses in 2006 and 58% of persons living with HIV/AIDS. Alternately, white persons comprised 31% of diagnoses in 2006, 36% of persons living with HIV/AIDS, and 78% of Michigan's population.

Between 2002 and 2006, the number of new diagnoses among men who have sex with men increased by an average four percent per year, whereas the number of new diagnoses among IDU decreased by an average of seven percent per year. Decreases among intravenous drug users have been noted for three consecutive years, most likely evidence of the success of programs like needle exchange. New diagnoses among heterosexuals have remained stable.

What is the Department of Community Health doing to improve this indicator?

The MDCH focuses its prevention efforts on early identification of HIV infection through testing and reduction/elimination of behaviors associated with HIV transmission. Early access to care is essential to maintain optimal health for persons infected with HIV. To ensure that persons living with HIV/AIDS receive appropriate and effective care and treatment, the Department offers active counselor-assisted referrals to care and support services for all newly identified persons who test positive (confidentially) and agree to such referral.

The Department also supports a comprehensive continuum of care including a drug assistance program, a dental assistance program, medication adherence programs, immune system monitoring, viral load and genotype testing, as well as case management services. In addition, the Department also supports a community re-entry program for HIV positive parolees newly released from Michigan Department of Corrections facilities, to assist them in obtaining medical care and medication.