

2012 Profile of HIV in the Detroit Metro Area

Ranked Behavioral Group: Heterosexuals

Data from enhanced HIV/AIDS Reporting System (eHARS)

Overview:

Heterosexual risk is the second highest ranked behavioral group in the Detroit Metro Area (DMA). Persons with heterosexual risk account for 17 percent of reported HIV infection cases. MDCH estimates that 2,270 persons living with HIV infection in the DMA have a risk factor of heterosexual contact (HC). Heterosexual contact is comprised of heterosexual contact with a female with known risk (HCFR) and heterosexual contact with male (HCM). HCFR is only applicable to males and constitutes persons who had sex with females with known risk factors for HIV, including IDU, recipients of HIV-infected blood products, and/or HIV-positive individuals with unknown risk. HCM is composed of all females whose only reported risk is sex with males, regardless of what is known about the male partners' risk factors. Currently there are an estimated 420 HIV-positive persons who are HCFR (males) and 1,850 persons who are HCM (females) (table 3, page 163).

Race/ethnicity and sex:

Among the 1,727 persons currently living with HIV infection in the DMA with a risk of heterosexual contact, 82 percent are females and 18 percent are males. While females account for 23 percent of all reported HIV infection cases in the DMA, they have consistently accounted for over three quarters of cases with heterosexual risk. The overall proportion of males with heterosexual risk is four percent (table 5, page 165). However, many males report heterosexual contact in addition to other risk factors, such as male-male sex (MSM) or injection drug use (IDU). See table 4, page 164 for data on exposure categories, which represent all reported modes of HIV exposure.

Most heterosexual cases of HIV infection are among black persons (81 percent), largely driven by the high number of black females with heterosexual risk. Sixty-six percent of all black female cases report heterosexual risk (61 percent). Fifty-eight percent of white female cases, 66 percent of Hispanic female cases, and 61 percent of female cases of other or unknown race have heterosexual risk (table 5).

Expanded risk:

Of the 1,727 HIV-positive persons with heterosexual risk currently living in the DMA, 17 percent report their heterosexual partners are injection drug users (74 percent female, 26 percent male); three percent have partners who are behaviorally bisexual males (this applies to females only); and two percent have partners who are persons infected with HIV through blood products (71 percent female, 29 percent male). Forty-three percent of HIV-positive persons with heterosexual risk report having sex with HIV-positive persons (68 percent female, 32 percent male) (expanded risk data not shown in tables). As the majority of cases with heterosexual risk are female, it is useful to examine this expanded risk among different female subgroups. Figures 15 and 16 show detailed risk information for black females and white females, respectively. While the risk distribution between black females and white females is similar, of note is that white females more frequently report having partners with known risks (such as IDU or behaviorally bisexual males). Black females have a higher proportion of heterosexual contact without specific risk factors indicated.

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Figure 15: Black females living with HIV infection in the Detroit Metro Area by expanded risk transmission category, January 2012 (N = 1,883)

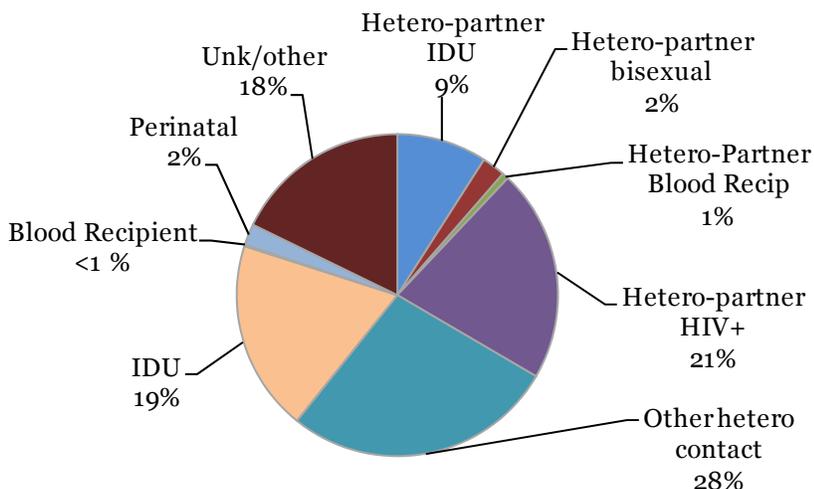
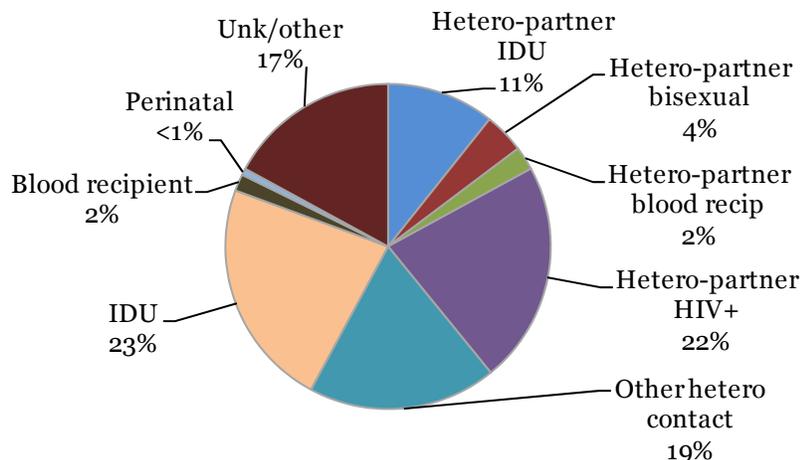


Figure 16: White females living with HIV infection in the Detroit Metro Area by expanded risk transmission category, January 2012 (N = 299)



Age at HIV diagnosis:

Heterosexual contact is the predominant reported risk factor for females who were 13 years of age and older at the time of HIV diagnosis. Over three-quarters (78 percent) of those 13-19 years at the time of diagnosis have heterosexual risk. As age increases, the proportion of HIV-positive females with heterosexual risk decreases, but it remains at least twice as high as injection drug use (IDU) for all females 13 years and older at diagnosis (table 7, page 167).

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Among HIV-positive males, the proportion with a risk factor of heterosexual sex is low overall (4 percent). However, as age at diagnosis increases, heterosexual contact becomes a larger proportion of the overall risk (with 8 percent of males 60 years and over at diagnosis reporting a risk of heterosexual contact) (table 7). It is important to note that for males to be classified as heterosexual risk, they must report female partners with known HIV risk factors (such as IDU). When considering exposure categories, which represent all reported modes of HIV exposure, 47 percent of HIV-positive males report heterosexual contact (with or without partners with known risk) (table 4, page 164).

Late diagnoses:

Of the 9,919 persons living with HIV in the Detroit Metro Area (DMA), 55 percent (5,466 cases) have progressed to stage 3 HIV infection. Of these, 2,325 (43 percent) were diagnosed with stage 3 infection at the time of their initial HIV diagnoses (late HIV diagnoses). Persons with a risk of heterosexual sex make up 17 percent (939 cases) of persons living with stage 3 infection, of whom 38 percent (356 cases) had late HIV diagnoses. Overall, heterosexuals are more likely than IDU and less likely than MSM to have late diagnoses (table 3, page 163).

Geographic distribution:

Heterosexual contact accounts for roughly the same proportion of cases in both high and low prevalence counties of the DMA, representing 17 percent in high prevalence counties and 16 percent in low prevalence counties (data not included in tables; see figure 3 on page 18 of the statewide chapter for high/low prevalence county classification).

Trends and conclusions:

Between 2006 and 2010, the number of new HIV diagnoses among persons with heterosexual risk decreased by an average of eight percent per year (Trends). The majority of HIV-positive females in the DMA, regardless of race or age, have heterosexual risk. A small proportion of males have heterosexual risk, but a large proportion (47 percent) of males who have other risks, such as MSM, also had heterosexual contact (table 4). Cases with heterosexual risk have surpassed the proportion of cases attributed to IDU (table 3), and the number of new cases each year among persons with heterosexual risk is over three times that of IDU (Trends). Additional information on heterosexuals from National HIV Behavioral Surveillance (NHBS) focuses largely on the Detroit Metro Area and can be found on pages 36-37 in the Statewide chapter of this document.