

2012 Profile of HIV in Out-State Michigan

Ranked Behavioral Group: Heterosexuals

Data from enhanced HIV/AIDS Reporting System (eHARS)

Overview:

Heterosexual risk is the second highest ranked behavioral group in Out-State Michigan. Persons with heterosexual risk account for 18 percent of reported HIV infection cases. MDCH estimates that 2,270 persons living with HIV infection in Out-State Michigan have a risk factor of heterosexual contact (HC). Heterosexual contact is comprised of heterosexual contact with 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 250 HIV-positive persons who are HCFR (males) and 1,030 persons who are HCM (females) (table 3, page 211).

Race/ethnicity and sex:

Among the 975 persons currently living with HIV infection in Out-State Michigan with a risk of heterosexual contact, 80 percent are females and 20 percent are males. While females account for 21 percent of all reported HIV infection cases in Out-State Michigan, they have consistently accounted for over three quarters of cases with heterosexual risk. The overall proportion of males with heterosexual risk is five percent (table 5). 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 5, page 214 for data on exposure categories, which represent all reported modes of HIV exposure.

Over half of all heterosexual cases of HIV infection in Out-State Michigan are among black persons (52 percent), largely driven by the high number of black females with heterosexual risk. Sixty-seven percent of black female cases report heterosexual risk. Seventy percent of white female cases, 73 percent of Hispanic female cases, and 76 percent of female cases of other or unknown race have heterosexual risk. Although the proportion of HIV-positive males with heterosexual risk is low, eight percent of black and Hispanic males have heterosexual risk compared to two percent of white males (table 6, page 215).

Expanded risk:

Of the 975 reported HIV-positive persons with heterosexual risk currently living in Out-State Michigan, 16 percent report their heterosexual partners are injection drug users (81 percent female, 19 percent male); six 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 (83 percent female, 17 percent male). Forty-nine percent of HIV-positive persons with heterosexual risk report having sex with HIV-positive persons (67 percent female, 33 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 12 and 13 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 HIV-positive persons). Black females have a higher proportion of heterosexual contact without specific risk factors indicated. They also have a higher proportion of undetermined risk (16 percent vs. 11 percent in white females).

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Figure 12: Black females living with HIV infection in Out-State Michigan by expanded risk transmission category, January 2012 (N = 597)

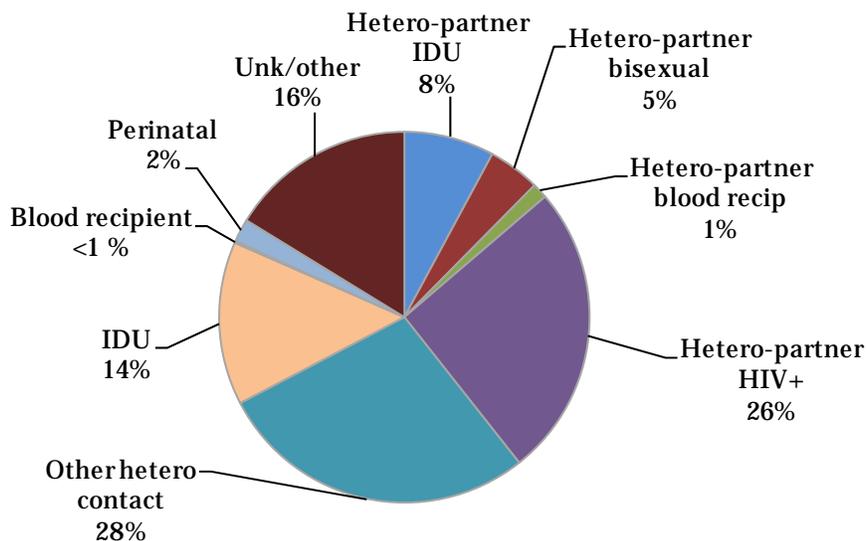
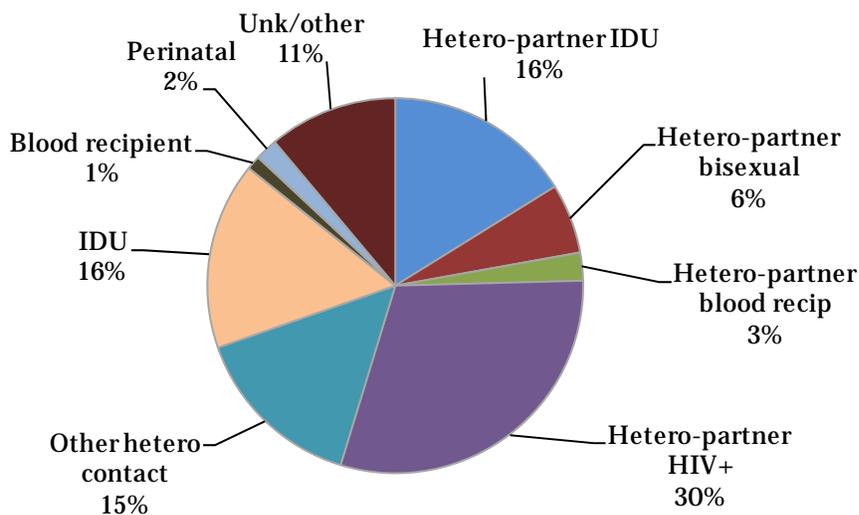


Figure 13: White females living with HIV infection in Out-State Michigan by expanded risk transmission category, January 2012 (N = 415)



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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 in Out-State Michigan. Over three-quarters (78 percent) of those 13-19 years at the time of diagnosis report heterosexual sex. As age increases, the proportion of HIV-positive females with heterosexual risk decreases, but it remains over four times as high as injection drug use (IDU) for all females 13 years and older at diagnosis (table 8, page 217).

Among HIV-positive males, the proportion with a risk factor of heterosexual sex is low overall (5 percent). This ranges from three percent among males 13-19 and 20-24 years at diagnosis to five percent among those 25-29, 30-39, and 50-59 years at diagnosis (table 8). 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) or who are known to be HIV-positive. When considering exposure categories, which represent all reported HIV exposures, 44 percent of HIV-positive males report heterosexual contact (with or without partners with known risk) (table 5, page 214).

Late diagnoses:

Of the 5,389 persons living with HIV in Out-State Michigan, 53 percent (2,877 cases) have progressed to stage 3 HIV infection. Of these, 1,213 (42 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 16 percent (474 cases) of persons living with stage 3 infection, of whom 37 percent (175 cases) had late diagnoses. Overall, heterosexuals (including HCFR and HCM) are more likely than IDU and less likely than MSM to have late diagnoses (table 3, page 211).

Geographic distribution:

Heterosexual contact accounts for 19 percent of HIV infection cases in high prevalence counties and 17 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).

Conclusions:

The majority of HIV-positive females in Out-State Michigan, regardless of race or age, have heterosexual risk. A small proportion of males have heterosexual risk, but a large proportion (44 percent) of males who have other risks, such as MSM, also had heterosexual contact (table 5, page 214). Cases with heterosexual risk have surpassed the proportion of cases attributed to IDU (table 3), and although decreasing, the number of new diagnoses each year among persons with heterosexual risk is almost three times that of IDU (figure 8). Data on new diagnoses was not adjusted for reporting delay.