APPENDIX A: RURAL AND URBAN COUNTY GROUPINGS
Data Source: www.census.gov

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:

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APPENDIX B: GLOSSARY OF COMMONLY USED TERMS
**Blood Recipient:** All hemophiliacs who received blood products prior to 1985 and recipients of transfused blood/organs known to have received the blood products prior to 1985.

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

**Concurrent Diagnosis:** An instance where a person is diagnosed with AIDS within one month of their initial diagnosis of HIV. In other words, the initial HIV diagnosis and then progression to AIDS is documented at the same time. This is indicative of a late tester.

**Currently Living with HIV/AIDS:** The most recent address information available. It is impossible to track ongoing residence changes among HIV infected persons.

**Heterosexual Risk:** A person whose heterosexual partner is known to be HIV-infected or at high risk for HIV.

Expanded for women: A woman whose heterosexual partner is a man who has sex with men and women (behaviorally bisexual), is an injecting drug user, is an HIV-positive blood recipient, or is known to be HIV-infected without a specified risk behavior.

Expanded for men: A man whose heterosexual partner is an injection drug user, is an HIV-positive blood recipient, or is known to be HIV-infected without a specified risk behavior.

**HIV Infection and AIDS Case Definitions:** These are standard definitions and are used by all states. Specific information is required in order to count a case of HIV infection or 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.

**HIV Infection:** The surveillance definition for HIV infection was last updated in December 1999 and includes laboratory tests which detect antibody to HIV infection, or which directly detects the HIV virus. Please see: *Guidelines for National HIV Case Surveillance, Including Monitoring for HIV Infection and AIDS*. Morbidity and Mortality Weekly Report, December 10, 1999, volume 48, number RR-13.

**AIDS:** The surveillance definition for AIDS includes a diagnosis of any one of 25 different opportunistic diseases which are indicative of a severe immune deficiency, or a laboratory test demonstrating severe immune deficiency (i.e., CD4 count of < 200). Please see: *1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults*. Morbidity and Mortality Weekly Report, December 18, 1992, volume 41, number RR-17.

**Incidence:** This is the number of persons who develop a disease or infection in a certain period of time, usually a year. For the purposes of HIV surveillance, ‘incidence’ refers to the number of newly diagnosed cases of HIV. The number of persons diagnosed with HIV infection in Michigan is about 890 persons per year.

**Injecting Drug User (IDU) with Heterosexual Risk:** A person who injects drugs AND meets the definition of heterosexual risk listed above.
Injecting Drug User (IDU) without Heterosexual Risk: A person who injects drugs and does NOT meet the definition of heterosexual risk listed above.

Male-Male Sex Risk: A man who has sex with other men. He may or may not also have sex with women.

Male-Male Sex/IDU: A man who has sex with other men who also injects drugs.

No Identified Risk: Please see Unknown Risk.

Partner Bisexual Risk: Applies to women who have one or more male partners who also have sex with men.

Presumed Heterosexual: A man who reported having sex with a woman or a woman who has reported having sex with a man, AND who has no other risk reported. This is a sub-category of the ‘No Identified Risk’ group. (Also see ‘Unknown Risk’)

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, 2006 is 16,200. 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.

Seroprevalence: The frequency of individuals in a population that have a particular element (such as antibodies to HIV) in their blood serum.

STARHS: Stands for “Serologic Testing Algorithm for Recent HIV Seroconversion”. This is a project to measure new infections of HIV. STARHS testing on routine specimens collected for HIV testing began March 2005 at two pilot sites and is currently being expanded statewide for newly reported cases.

Unknown Risk: (Also called “No Identified Risk”). A case for which there has been no risk found consistent with the categories of MSM, IDU, high-risk heterosexual, or blood recipient. This category is further divided:

Presumed Heterosexual: This subset of ‘Unknown Risk’ includes persons who had heterosexual sex but their partners’ risk and HIV status is unknown.

Other: This subset of ‘Unknown Risk’ includes persons not known to have had heterosexual sex as well as persons with confirmed exposure in the health care setting and pediatric sexual abuse cases.
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