

2012 Profile of HIV in Michigan (Statewide)

Ranked Behavioral Group: Heterosexuals

Data from enhanced HIV/AIDS Reporting System (eHARS)

Overview:

Heterosexual risk is the second highest ranked behavioral group in Michigan. Persons with heterosexual risk account for 17 percent of reported HIV infection cases. MDCH estimates that 3,600 persons living with HIV infection in 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 720 HIV-positive persons who are HCFR (males) and 2,880 persons who are HCM (females) (table 8, page 101).

Race/ethnicity and sex:

Among the 2,754 persons currently living with HIV infection in Michigan with a risk of heterosexual contact, the majority (80 percent) are female. While females account for 22 percent of all reported HIV infection cases in Michigan, they have consistently accounted for over three-quarters of cases with heterosexual risk. The overall proportion of HIV-positive males with heterosexual risk is four percent. However, many males report heterosexual sex in addition to other risk factors, such as male-male sex (MSM) or injection drug use (IDU). See table 10, page 104 for data on exposure categories, which represent all reported modes of HIV exposure.

Most heterosexual cases of HIV infection are among black persons (70 percent), largely driven by the high number of black females with heterosexual risk. Nearly two thirds of all HIV-positive black females have heterosexual risk (62 percent). Sixty-five percent of white female cases, 70 percent of Hispanic female cases, and 66 percent of female cases of other or unknown race have heterosexual risk (table 11, page 105).

Expanded risk:

Of the 2,754 HIV-positive persons with heterosexual risk currently living in Michigan, 18 percent report their heterosexual partners are injection drug users (73 percent of whom are female, 27 percent male); five 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 (75 percent female, 25 percent male). Forty-five percent of HIV-positive persons with heterosexual risk report having sex with HIV-positive persons of unknown risk (30 percent female, 70 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 25 and 26 show detailed risk information for black females and white females, respectively. While the risk distribution between black and white females is similar, of note is the fact 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 25: Black females living with HIV infection in Michigan by expanded risk transmission category, January 2012 (n = 2,494)

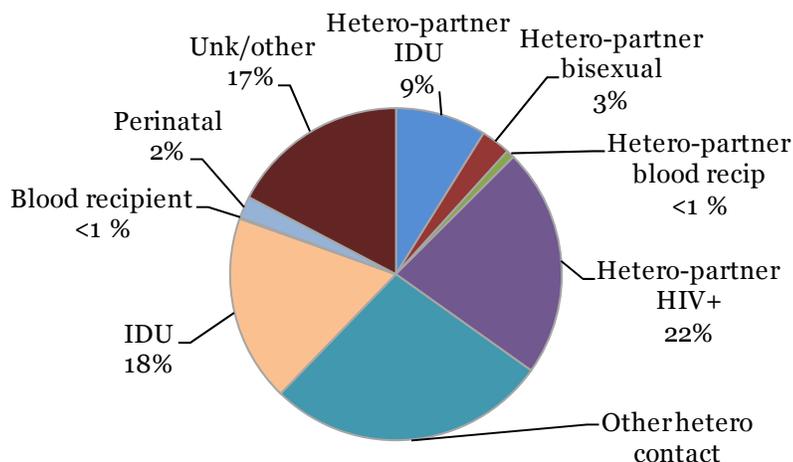
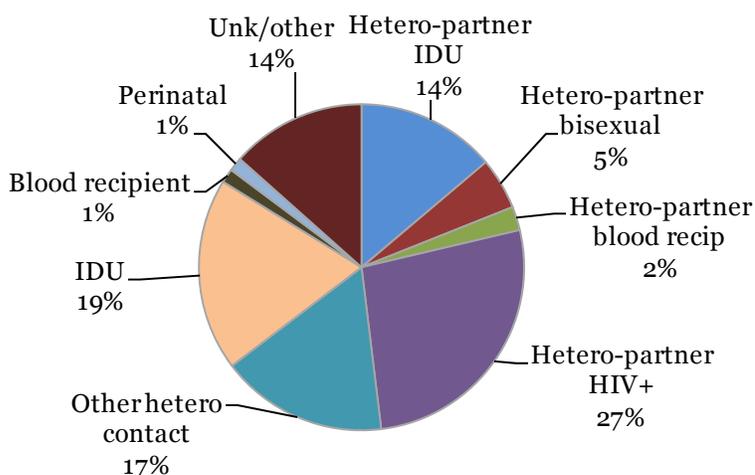


Figure 26: White females living with HIV infection in Michigan by expanded risk transmission category, January 2012 (n = 722)



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 females 13-19 at the time of HIV diagnosis report heterosexual sex. As age increases, the proportion of HIV-positive females with heterosexual risk decreases, but it remains at least four times higher than injection drug use (IDU) for all age groups 13 years and older (table 13, page 107).

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 7 percent of males 60 years and over reporting a risk of heterosexual contact) (table 13). It is important to note that for males to be classified as heterosexual risk, they must have female partners with known HIV risk factors (such as IDU). When considering exposure categories, which represent all possible HIV exposures a person had, 47 percent of all males report heterosexual contact (with or without partners with known risk) (table 10, page 104).

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Late HIV diagnoses:

Of the 15,753 persons living with HIV in Michigan, 54 percent (8,565 cases) have progressed to stage 3 HIV infection. Of these, 3,594 (42 percent) were diagnosed as stage 3 HIV infection at the time of their initial HIV diagnoses. Persons with a risk of heterosexual sex make up 17 percent (1,437 cases) of persons living with stage 3 infection, of whom 37 percent (534 cases) had late HIV diagnoses. Overall, heterosexuals are more likely than IDU and less likely than MSM to have late HIV diagnoses (table 8, page 101).

Geographic distribution:

In the Detroit Metro Area, persons living with HIV infection with heterosexual risk comprise 17 percent of the total reported cases. In the Out-State areas, they comprise 18 percent of the total reported cases. The distribution is similar when considering high and low prevalence counties, with persons with heterosexual risk comprising 18 percent of all HIV-positive persons in high prevalence counties and 15 percent of those in low prevalence counties (data not included in tables; see figure 3 on page 18 for high/low prevalence county classification).

Sex partners and condom use:

In the 2010 NHBS heterosexual cycle, 619 persons (57 percent female, 42 percent male, and less than 1 percent transgender) completed the survey. Ninety-five percent (n=591) of participants reported vaginal sex at last sexual encounter prior to interview. Nineteen percent (n=66) of female participants and 16 percent (n=40) of male participants reported using a condom during vaginal sex. Thirteen percent (n=79) of participants reported using a condom the whole time during vaginal sexual intercourse. Figures 27 and 28 show unprotected vaginal sex by partner type(s) among participants for females and males, respectively. Additionally, 14 percent (n=88) of NHBS participants reported anal sex at last sexual encounter prior to interview (fifteen percent (n=53) of females and 14 percent (n=35) of males). Seven percent reported using condoms at least part of the time. Fifty-six percent (n=199) of female participants and 70 percent (n=182) of males reported having vaginal, oral, and/or anal sex with three or more partners in the 12 months prior to the interview.

Figure 27: Unprotected vaginal sex (UPS) among female heterosexuals by partner type* (NHBS, 2010) (n=277)

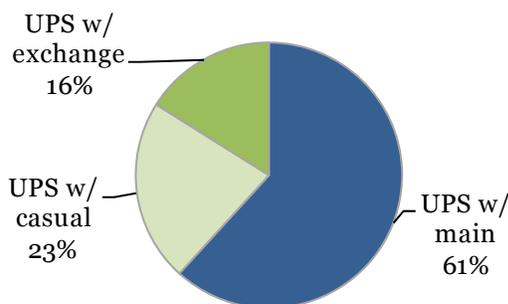
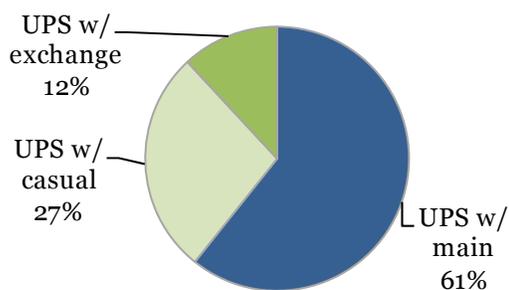


Figure 28: Unprotected vaginal sex (UPS) among male heterosexuals by partner type* (NHBS, 2010) (n=208)



*A main partner was defined as a person you have sex with and who you feel committed to above anyone else; a partner you could call your boyfriend, girlfriend, significant other, or life partner. A casual partner was defined as a person you have sex with but do not feel committed to or don't know very well. An exchange partner was defined as a person you have sex with in exchange for things like money or drugs.

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Partner study:

Data from the NHBS Partner Study explored minority female's perceptions of their male partner's risk behaviors. Each partner was asked the same questions separately, and their responses were compared. The partners were considered in agreement when both gave the same response. Sixty-five percent of couples were in agreement regarding whether they discussed using condoms with their partner in the past three months. Thirty-four percent agreed that they discussed, 32 percent agreed they had not discussed, and 35 percent were in disagreement as to whether or not the discussion took place. There was low agreement on condom use in the three months prior to interview. Thirty-six percent of couples disagreed on how often they used condoms. Half of the females said they never asked their male partner to use a condom in the three months prior to interview. Only three percent were not comfortable asking their male partners to use condoms. Forty percent were very comfortable asking their male partner to use a condom. Interestingly, of this 40 percent, 33 percent of partners agreed that they never use condoms, and only nine percent agreed that they always use condoms for vaginal sex.

There was a high proportion (74 percent) of males who said they had another sex partner while in sexual relationships with female Partner Study participants (concurrent partnerships). Twenty-nine percent of couples had females unaware of their male partners' concurrency. Fifty-six percent of couples were in agreement about whether or not they discussed the male partner's HIV status. Eighteen percent discussed male partner's HIV status and 38 percent had not discussed. Eight percent of couples agreed that they discussed whether or not the male ever had sex with another male, 52 percent had not discussed, and 40 percent were in disagreement about whether they had this discussion (figure 29). After further data analysis, males and females may have different perceptions of what constitutes a conversation about the male partner ever having sex with a male.

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 Michigan, 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 10, page 104). Cases with heterosexual risk have surpassed the proportion of cases attributed to IDU (table 8, page 101), and the number of new cases each year among persons with heterosexual risk is over three times that of IDU (Trends).

Figure 29: Discussed whether male partner ever had sex with another male (NHBS Partner Study, 2007)

