

2012 Profile of HIV in the Detroit Metro Area

Description of the Epidemic by Race and Sex

Data from enhanced HIV/AIDS Reporting System (eHARS) &
2010 Census

Overview:

Black persons comprise the majority of those living with HIV infection in the DMA. They make up 23 percent of the DMA's population yet over two thirds (68 percent) of the persons living with HIV. MDCH estimates that 8,840 black persons are living with HIV in the DMA. The reported prevalence rate among black persons is 689 cases per 100,000, (1,076 among black males and 358 among black females). One out of 90 black males and one out of 280 black females in the DMA are known to be living with HIV (table 3, page 164).

White persons comprise 26 percent of reported HIV infection cases and 68 percent of the DMA's population. MDCH estimates 3,410 white persons are living with HIV in the DMA. Since these cases occur among a larger overall population, they have a lower reported prevalence rate (90 per 100,000 persons) than black or Hispanic persons. One out of every 620 white males and one out of 4,910 white females are known to be living with HIV in the DMA (table 3).

Hispanic persons make up four percent of HIV cases and four percent of the DMA population. MDCH estimates that 1,000 Hispanic persons are living with HIV infection in the DMA. The prevalence rate (206 per 100,000 persons) is higher than that among white persons as a result of a smaller overall population. One out of 320 Hispanic males and one out of 1,010 Hispanic females are known to be living with HIV (table 3). See page 44 of the Statewide chapter for a more in-depth analysis of Hispanic persons.

Arab, Asian/Native Hawaiian or Other Pacific Islander, and American Indian/Alaska Native persons living with HIV in Michigan are discussed further on pages 86-89 of the Statewide chapter.

Most persons living with HIV infection in the DMA are male (77 percent). The majority of the 7,593 male cases are black (64 percent), 30 percent are white, four percent are Hispanic, and three percent are other or unknown race. The majority of the 2,326 female HIV cases are also black (81 percent), 13 percent are white, four percent are Hispanic, and three percent are other or unknown race (table 3).

Racial and ethnic health disparities:

The DMA is similar to the state of Michigan as a whole in that large racial and ethnic disparities are seen in HIV prevalence rates and rates of new diagnoses. The epidemic disproportionately impacts black persons. The HIV prevalence rate among black persons in the DMA is 689 cases per 100,000 persons, almost eight times higher than the rate among white persons (90 per 100,000) (table 3). Black persons are also disproportionately represented in new diagnoses. Between 2006 and 2010, the rate of new diagnoses among black males was over nine times that of white males, and the rate among black females was 22 times that of white females. Overall, black persons are diagnosed with HIV at over 10 times the rate of white persons (Trends). In addition to the black community, the Hispanic population is also disproportionately impacted. While only four percent of reported cases occur among this group, the prevalence rate is over twice that of the white population (table 3).

Three quarters of all persons living with HIV in the DMA are a racial or ethnic minority (table 3). Given that HIV disproportionately impacts minorities, and the DMA has the highest burden of HIV in the state, it is important to focus attention on these disparities.

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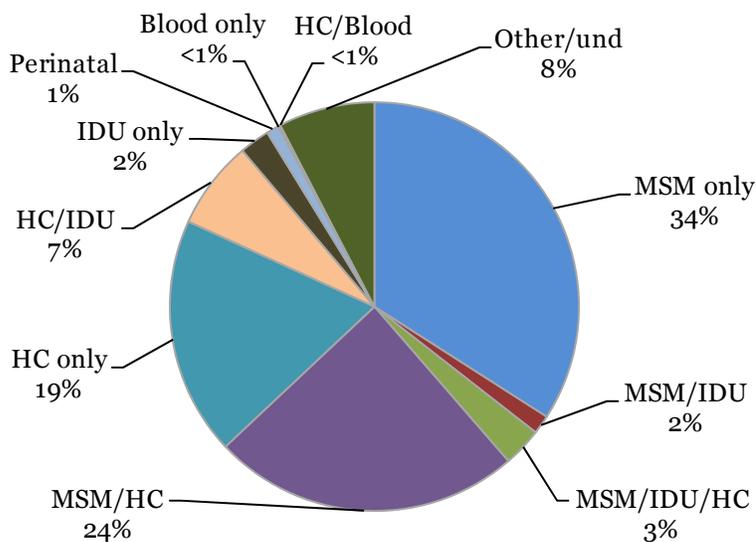
Data from enhanced HIV/AIDS Reporting System (eHARS)

Exposure:

Since the majority of HIV-positive males have a risk of male-male sex (MSM), it is particularly useful to examine exposure categories (as many other exposures may be masked if the person is MSM). Figures 17 and 18 show black and white male cases living in the Detroit Metro Area (DMA) by exposure category. A smaller proportion of HIV-positive black males have an exposure of MSM only compared to white males (34 percent vs. 58 percent, respectively). Twenty-seven percent of black male cases reporting male-male sex are behaviorally bisexual, also reporting heterosexual contact (HC), including three percent who report male-male sex, injection drug use, and heterosexual contact (MSM/IDU/HC). Nineteen percent of black males report heterosexual contact as their only exposure, compared to eight percent of white male cases. A larger proportion of HIV-positive black males report a dual risk of injection drug use and heterosexual contact compared to white males (7 percent vs. 2 percent, respectively).

See figures 15 and 16 on page 142 for expanded risk among black and white HIV-positive females in the DMA. For females, expanded risk transmission categories are examined since the majority of female cases have heterosexual risk. The large number of male cases who report both MSM and heterosexual contact is interesting, given that just three percent of females report sex with behaviorally bisexual males. This is likely an underestimate due to lack of completion of risk factor questions on the case report form (data not shown in tables).

Figure 17: Black male HIV infection cases currently living in the Detroit Metro Area by exposure category, January 2012 (N = 4,838)

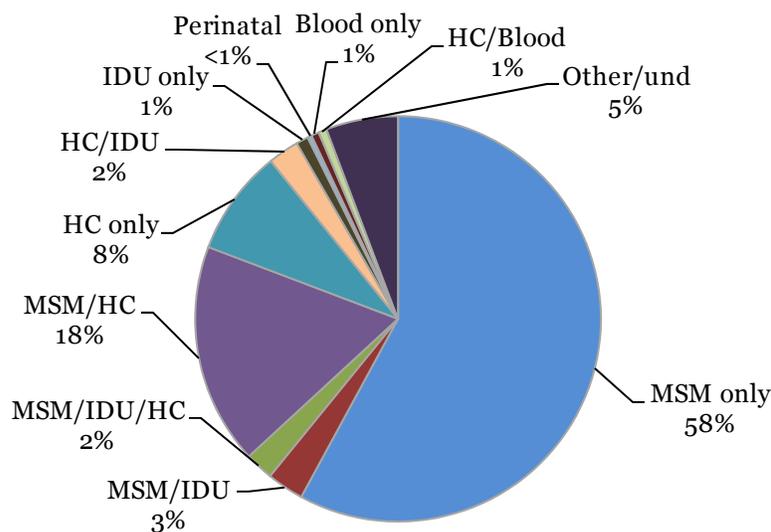


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Figure 18: White male HIV infection cases currently living in the Detroit Metro Area by exposure category, January 2012 (N = 2,298)



Late Diagnoses:

Of the 9,919 persons living with HIV infection in the DMA, 55 percent (5,466 cases) have progressed to stage 3 infection. Of these, 2,325 (43 percent) were diagnosed with stage 3 infection at the time of their initial HIV diagnoses (late HIV diagnoses). Males make up 78 percent of stage 3 cases, of whom 44 percent had late HIV diagnoses. Females make up the remaining 22 percent of stage 3 cases, of whom 38 percent had late diagnoses (table 3, page 163).

Although black persons make up a larger proportion of persons living with stage 3 compared to white persons (67 vs. 26 percent, respectively), a larger proportion of white persons living with stage 3 infection had late diagnoses than did black persons (47 vs. 41 percent). Hispanic persons make up three percent of stage 3 cases, of whom 46 percent had late HIV diagnoses. Other minorities make up roughly three percent of stage 3 cases, but Asians/Native Hawaiians or Other Pacific Islanders have the highest proportion of stage 3 cases that were late diagnoses (63 percent). Statewide, only 55 percent of stage 3 cases among Asians/Native Hawaiians or Other Pacific Islanders were late diagnoses (which is similar to the proportion of late diagnoses among other racial/ethnic groups (table 3)).

Geographic distribution:

The distribution of HIV among various racial/ethnic groups differs throughout the DMA. When examining the rates of different racial/ethnic groups in high and low prevalence areas, it becomes apparent that the impact of the epidemic is greater in high prevalence areas than in low prevalence areas (see figure 3 on page 18 of the statewide chapter for high/low prevalence county classification).

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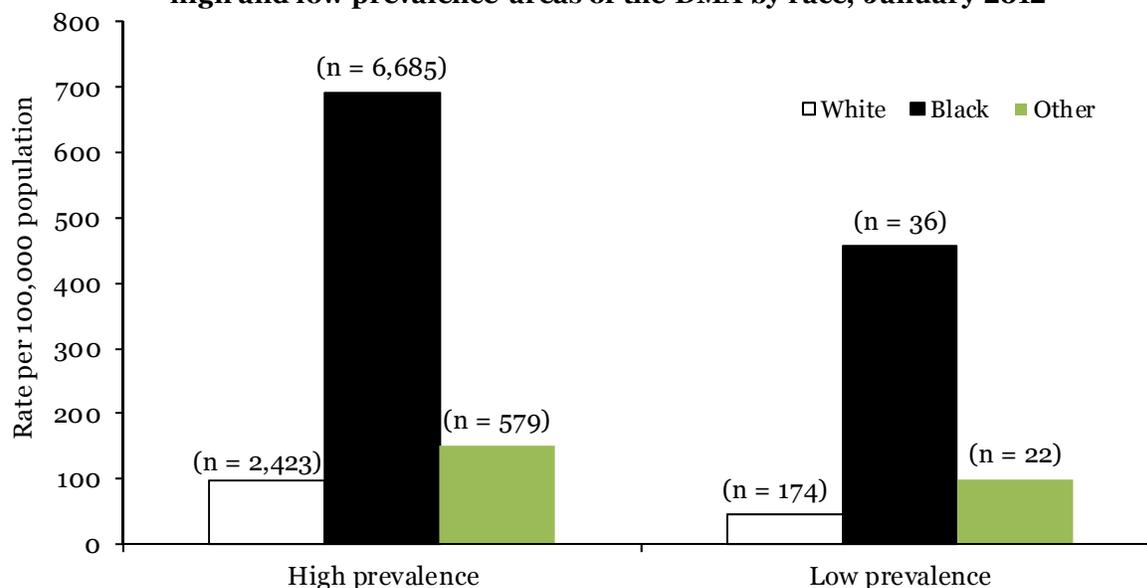
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Figure 18 shows that HIV prevalence rates in high prevalence areas of the DMA are at least one and a half times as high as those in low-prevalence areas for all racial/ethnic groups. Additionally, the HIV infection prevalence rate among black persons is over seven times higher than white persons in high prevalence areas and almost ten times higher than the rate among white persons in low prevalence areas. This disparity exists despite the fact that black persons make up a smaller proportion of HIV infection cases in low prevalence areas than they do in high prevalence areas (16 percent vs. 69 percent, respectively).

The HIV infection prevalence rates among persons of other races/ethnicities (including Hispanics, Asians/Native Hawaiians or Other Pacific Islanders, American Indians/Alaska Natives, and persons of other, multi-, or unknown race) are one and a half times as high as the rate among white persons in high prevalence areas and twice as high as the rate among whites in low prevalence areas.

Figure 19: Prevalence rates of persons living with HIV infection in high and low prevalence areas of the DMA by race, January 2012



Trends and conclusions:

The rate of new HIV diagnoses in the Detroit Metro Area (DMA) increased among males (average 1 percent per year) between 2006 and 2010 while the rate among females decreased by six percent per year for the third consecutive trend report (Trends). Diagnosis and prevalence rates remain highest among black persons of both sexes compared to all other race/sex groups (table 3, page 163).