

2012 Profile of HIV in Out-State Michigan

Description of the Epidemic by Race and Sex

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

Overview:

The majority (56 percent) of persons living with HIV infection in Out-State Michigan are white. In contrast, 83 percent of the general population living in Out-State Michigan is white, indicating that the burden of HIV is lower than would be expected among this group. MDCH estimates that 3,930 white persons are living with HIV in Out-State Michigan. The reported prevalence rate among white persons is 64 cases per 100,000. The rate among white males is 111 per 100,000, and the rate among white females is 17 cases per 100,000. One out of 900 white males and one out of 5,720 white females are living with HIV in Out-State Michigan (table 3, page 211).

Black persons comprise 34 percent of persons living with HIV infection but just seven percent of the general population. MDCH estimates that 2,400 black persons are living with HIV in Out-State Michigan. Since these cases occur among a smaller overall population, they have a higher reported prevalence rate (446 cases per 100,000 persons) than white persons. One out of every 170 black males and one out of every 340 black females are known to be living with HIV in Out-State Michigan (table 3).

Hispanic persons comprise seven percent of HIV cases and five percent of the population in Out-State Michigan. MDCH estimates that 530 Hispanic persons are living with HIV infection in Out-State Michigan. The prevalence rate (151 per 100,000 persons) is higher than the rate among white persons, indicating a greater burden of HIV on a smaller overall population. One out of every 420 Hispanic males and one out of 1,610 Hispanic females are known to be living with HIV (table 3). See page 44 in the statewide chapter for a more in-depth analysis of Hispanic persons.

Other racial/ethnic minorities, including Asians/Native Hawaiians or Other Pacific Islanders, American Indians/Alaska Natives, and multiracial persons or persons of other race represent three percent of persons living with HIV in Out-State Michigan (169 reported cases; table 3). Data on minority groups living with HIV are discussed in-depth on pages 86-89 of the statewide chapter. Additionally, foreign-born persons are discussed on page 90 of the statewide chapter.

Most persons living with HIV infection in Out-State Michigan are male (79 percent). The majority of the 4,255 reported male cases are white (61 percent), 29 percent are black, eight percent are Hispanic, and three percent are other or unknown race. Conversely, the majority of the 1,134 females living with HIV infection in Out-State Michigan are black (53 percent), 37 percent are white, seven percent are Hispanic, and four percent are other or unknown race (table 6, page 215).

Racial and ethnic health disparities:

Despite the fact that the majorities of both the general and HIV-positive populations in Out-State Michigan are white, black persons are disproportionately affected by the epidemic. The HIV prevalence rate among black persons in Out-State Michigan is 446 cases per 100,000 persons, almost seven times higher than the rate among white persons (64 per 100,000). The prevalence rate of black males is over five times that of white males. This disparity is even greater among females. The rate among black females is 17 times higher than the rate among white females. Additionally, more black females were newly diagnosed with HIV between 2006 and 2010 than white females (143 vs. 78).

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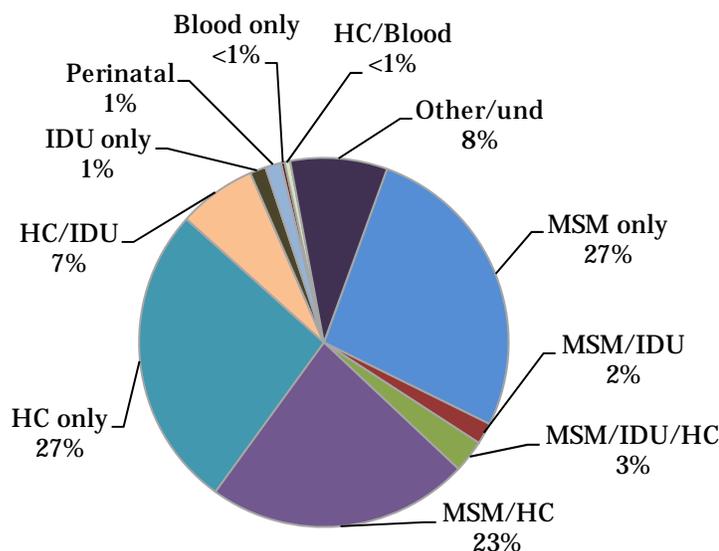
In addition to the black community, the Hispanic population of Out-State Michigan is also disproportionately impacted by HIV. While seven percent of reported cases occur among this group, they make up five percent of the Out-State population. Additionally, the prevalence rate among Hispanics is almost two-and-a-half times greater than white persons (151 vs. 64 cases per 100,000, respectively).

Racial and ethnic minorities represent a small proportion of the overall population of Out-State Michigan (17 percent), but they represent almost half of all prevalent HIV infection cases. Given the disproportionate impact on these groups, it is important to focus attention on these disparities.

Exposure:

Since the majority of HIV-positive males have a risk of male-male sex (MSM), it is useful to examine exposure categories, which represent all risk behaviors among males. Figures 14 and 15 show black and white male cases living in Out-State Michigan by exposure category. A smaller proportion of HIV-positive black males have an exposure of MSM only compared to white males (27 percent vs. 54 percent, respectively). Twenty-six percent of black male cases are behaviorally bisexual with risks of male-male sex as well as heterosexual contact (HC), including three percent who have risks of male-male sex, injection drug use, and heterosexual contact (MSM/IDU/HC). Twenty-seven percent of HIV-positive black males have heterosexual contact as their only exposure compared to eight percent of white male cases. A larger proportion of HIV-positive black males have a dual risk of injection drug use and heterosexual contact compared to white males (7 percent vs. 3 percent, respectively).

Figure 14: Black male HIV infection cases currently living in Out-State Michigan by exposure category, January 2012 (N = 1,227)

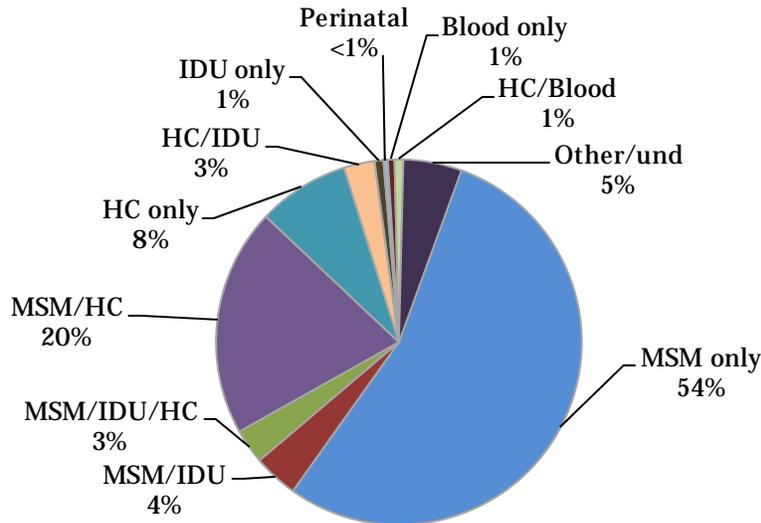


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Figure 15: White male HIV infection cases currently living in Out-State Michigan by exposure category, January 2012 (N = 2,577)



See figures 12 and 13 on page 187 for expanded risk among black and white HIV-positive females in Out-State Michigan. For females, expanded risk transmission categories are examined as the majority of female cases have heterosexual risk. When examining exposure categories, an even larger proportion of females have heterosexual risk, since IDU masks this in the risk transmission categories (table 5, page 114). The large number of male cases who have both male-male sex and heterosexual contact is interesting, given that just five 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 or females being unaware of their male partners' risks (data not shown in tables).

Late diagnoses:

Of the 5,389 persons living with HIV infection in Out-State Michigan, 53 percent (2,877 cases) have progressed to stage 3 infection. Of these, 1,213 (42 percent) were diagnosed with stage 3 infection at the time of their initial HIV diagnoses (late HIV diagnoses). Males make up 82 percent of stage 3 cases, of whom 44 percent had late diagnoses. Females make up the remaining 18 percent of stage 3 cases, of whom 34 percent had late diagnoses.

Fifty-seven percent of stage 3 cases are among white persons, and 44 percent were diagnosed late in the course of their infection. Black persons make up 32 percent of stage 3 cases, and a smaller proportion had late diagnoses than among white persons (37 percent). Hispanic persons make up eight percent of stage 3 cases, of whom 51 percent had late diagnoses. Hispanics have the highest proportion of late diagnoses of any racial/ethnic group. Other minorities make up roughly three percent of stage 3 cases, and between 33 and 41 percent had late diagnoses (table 3, page 211). This suggests that Hispanics are tested later in the course of their infection than other racial/ethnic groups.

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Geographic distribution:

The distribution of various racial/ethnic groups differs throughout Out-State Michigan. Figure 16 shows that HIV prevalence rates in high prevalence counties in Out-State Michigan are at least one and a half times higher than those in low-prevalence areas for all racial/ethnic groups (see figure 3 on page 18 of the statewide chapter for high/low prevalence county classification).

The HIV infection prevalence rate among black persons is five times higher than white persons in high prevalence areas (476 vs. 95 cases per 100,000) and almost eight times higher than the rate among white persons in low prevalence areas (312 vs. 40 cases per 100,000). This disparity exists despite the fact that there are fewer cases among black persons in low prevalence areas. 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 almost one and a half times higher than the rate among white persons in high prevalence areas (130 cases per 100,000) and twice as high as the rate among whites in low prevalence areas (81 cases per 100,000). This suggests that, in low prevalence areas of the state, racial and ethnic minorities are more impacted by HIV despite the actual number of cases being lower.

Conclusions:

The majority of HIV-positive persons living in Out-State Michigan are white males, but HIV prevalence rates remain highest among black persons of both sexes. Black females are particularly impacted, with the prevalence rate 17 times that of white females and a greater number of new diagnoses between 2006 and 2010 (table 3, page 211).

Figure 16: Rates of persons living with HIV infection in high and low prevalence areas in Out-State Michigan by race, January 2012

