

2010 Profile of HIV/AIDS in Michigan

Tuberculosis

Data from TB Registry & HIV/AIDS Reporting System (eHARS)

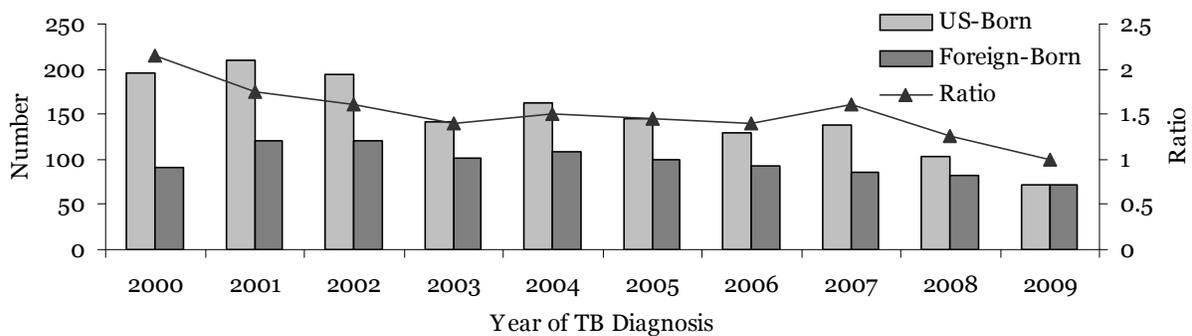
Overview of Tuberculosis in Michigan:

The incidence rate for Tuberculosis (TB) in 2009 was 1.4 cases per 100,000. While Michigan is considered to have 'low incidence' of TB, the demographic characteristics warrant some attention.

Fifty-eight percent of the 144 reported TB cases reside in the Detroit Metro Area (DMA). Of these, 24 percent (35 cases) are residents of the City of Detroit. These cases are managed and reported by the Detroit Department of Health and Wellness Promotion (DDHWP). Specifically, DDHWP manages and reports all TB cases that are residents of Detroit and its surrounding areas. The remaining cases in the DMA are residents of the following counties: Wayne County (excluding Detroit) (18 percent, 26 cases), Macomb County (3 percent, 4 cases), and Oakland County (13 percent, 18 cases).

In 2009, Michigan started to align with national data that show that the majority of TB cases are found in persons born outside the US. In 2009, 50 percent of Michigan cases were born in the US and 50 percent were foreign-born. It is expected that the number of foreign born cases will increase. (Figure 16)

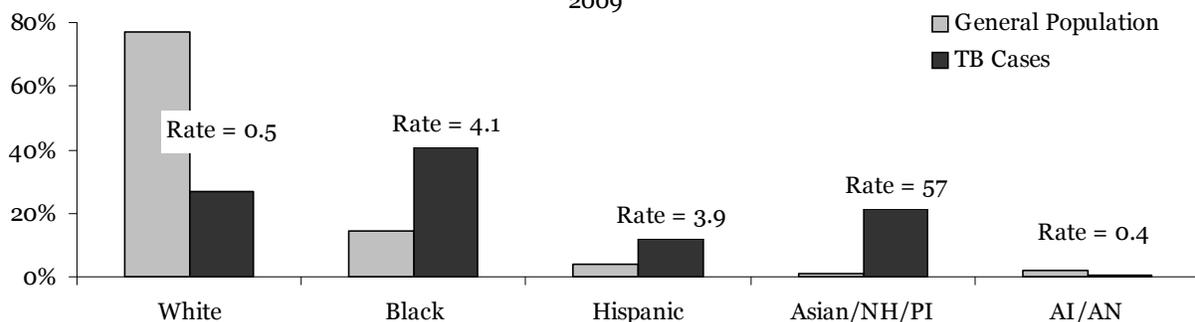
Figure 16: TB Cases by National Origin, Michigan 2000-2009



Racial Disparities Related to TB:

TB disease in Michigan currently faces the challenge of racial and ethnic disparities. Figure 17 illustrates the racial/ethnic disparities of TB patients in Michigan. The rate of TB disease among the white population is quite low (0.5 per 100,000). The rate among black persons is higher (4.1 per 100,000), however highest is the rate among the Asian/Native Hawaiian/Pacific Islander population (57 per

Figure 17: Proportions of Michigan's Population and TB cases living in Michigan, by Race, 2009



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Tuberculosis and HIV

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100,000). This group comprises 21 percent of the TB cases, but only two percent of the general population. While black persons make up only 14 percent of the general population, they represent 41 percent of the TB population. These data demonstrate a need for targeted intervention and education among these disproportionately affected groups.

Co-Infection of TB and HIV:

As the HIV/AIDS epidemic continues to grow, there are indications of a correlation between those infected with HIV and TB, although TB cases have been declining in Michigan since the early 1990s. There are now a total of 178 persons known to be living and definitively co-infected with HIV and TB in Michigan.

Sex/Race:

Seventy-five percent of these co-infected cases are male and 25 percent are female. The majority are black (70 percent), 15 percent are white, 11 percent are Hispanic, and the remaining four percent are made up of other race/ethnicities.

Age at HIV Diagnosis:

The largest proportion of co-infected cases are in their thirties at HIV diagnosis (42 percent), followed by those in their forties (21 percent). Teens (13-19 years at HIV diagnosis) make up two percent and young adults (20-24 years at HIV diagnosis) make up 10 percent of these cases.

Residence at diagnosis of HIV:

Over one-third (37 percent) of co-infected cases were residents of Wayne County (including the city of Detroit) at HIV diagnosis. Kent county represents the second highest proportion at five percent, followed by Oakland county (3 percent) and Calhoun, Jackson and Washtenaw Counties (2 percent each). Just less than half (44 percent) were from unknown counties. The remaining six percent consists of other counties throughout Michigan (4 percent) and counties in other states (2 percent).

Other information:

Cumulatively, a total of 643 co-infected cases have ever been definitively co-infected with HIV and TB, of which 465 (72 percent) have died.

Of the 178 HIV cases currently living in Michigan who had been co-infected with TB, 134 (75 percent) had pulmonary tuberculosis and 44 (25 percent) had extra-pulmonary tuberculosis (outside of the lung).

Twenty-three percent of the 178 co-infected with HIV and TB were born outside of the United States.

Conclusion:

Data on HIV/AIDS-TB co-infection are gained by matching the HIV surveillance data to the TB surveillance data, however these data could still be underreported. The HIV status of 32 percent of active TB cases in Michigan is unknown for 2009. Out of these, 17 percent refused an HIV test, 28 percent were never offered the test, seven percent had the test but the results were unknown and 48 percent were reported with an unknown HIV status. This demonstrates a need for education, not only for patients regarding their risk for HIV infection, but also for health care practitioners on the need for HIV testing in this population.