HIV in Detroit, Michigan
An overview of the epidemic during 2017
All data as of July 1, 2018
Overview

Michigan's HIV Surveillance Program collects, interprets, and disseminates population level data regarding persons living with HIV (PLWH) and persons at risk of contracting the virus. Since 2001, the program has produced semi-annual reports for a wide audience. Beginning in 2016, these reports were overhauled and split into two parts. This report presents the most relevant information using graphical, user-friendly displays. A second report, the "Detroit, Michigan HIV Surveillance Report, New Diagnoses and Prevalence Tables" contains data most commonly requested by agencies and individuals. Due to differences in the underlying dataset, do not compare any numbers or figures to surveillance reports published before 2016. For more on the difference see the "Detroit, Michigan HIV Surveillance Report".

Key Definitions

New Diagnoses: The number of cases newly diagnosed over a given period of time, usually a year. In HIV surveillance new diagnoses do not necessarily represent new infections as newly diagnosed persons may have been infected for many years.

Prevalence: The total number of persons currently living with HIV (PLWH).

Linked to Care: The proportion of newly diagnosed PLWH who have visited a doctor at least eight days after diagnosis (assessed by CD4, viral load, or genotype test).

In Care: The proportion of PLWH who visit a doctor at least once a year (assessed by CD4, viral load, or genotype test).

Community Viral Suppression: The proportion virally suppressed (≤200c/mL) out of all PLWH.

Viral Suppression Rate: The proportion virally suppressed (≤200c/mL) out of PLWH in care.

HIV Over Time in Detroit City

New diagnoses and deaths have leveled off. Prevalence may be leveling off due to PLWH leaving the city.

*PLWH have left Detroit since the beginning of the epidemic, the this number was unknown until 2015. To avoid the appearance that all movement occurred in 2015, the emigration count (854) was distributed evenly between 2004 and 2014. This estimation was not needed at state or regional levels as movement was low.
The HIV epidemic represented as 100 people. The majority of persons living with HIV (PLWH) are black men and/or gay & bisexual men. Of women living with HIV, the vast majority are black.
In the City of Detroit, PLWH in care are very likely to be virally suppressed, improving the individual's prognosis and reducing transmission. However, 20% of PLWH in the City are not in care (aka unmet need).

Unmet need is not equally distributed among PLWH. In Detroit, Latinxs, persons who inject drugs, teens and foreign born persons consistently have higher rates of unmet need.
Persons living with HIV (PLWH) - Care & Viral Suppression
2007 - 2016

Getting into care is the first step towards achieving viral suppression. Viral suppression is important for the individual (improves prognoses) and for the community as a whole (reduces transmission risk). Viral suppression is on the rise, however it is rapidly approaching the care "ceiling". The care rate is community viral suppression's "ceiling" because a person cannot be suppressed without being in care.

Agencies and strategic programs need to focus on increasing the proportion of PLWH in care. Otherwise, community viral suppression will stagnate.

In order for community viral suppression to continue increasing, the proportion of PLWH in care must increase.

In Michigan, persons interviewed by Partner Services (PS) are 1.5 times more likely to be virally suppressed compared to those without a PS interview.
The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 34 new cases per 100,000 residents.

Males 20-29 years old carry the heaviest burden of new diagnoses. Black males of every age experience disproportionately high rates of diagnosis.

No new 15-19 yr old white males diagnosed
No new 15-19 yr old Latino males diagnosed

Rate of new diagnoses per 100,000 Detroit residents

**"Population" is the total population of each group. Example: there were 206.4 new diagnoses among 20-29 yr old black males per 100,000 20-29 yr old black male Detroit residents.**
15 - 29 year old black MSM (YBMSM) is the only group in Detroit (and Michigan) experiencing an increase in new diagnoses.

The number of new diagnoses among YBMSM began increasing in 1999.

The rate of new diagnoses among Non-YBMSM in Detroit has decreased by 50% while the rate of new diagnoses among YBMSM has more than doubled.

Approximately 0.4% of Detroit's population is YBMSM (4 in 1,000).

...but in 2017, 38% of new HIV diagnoses were among YBMSM.
New Diagnoses - Linkage to Care
During 2017

Being linked to care quickly improves prognosis and decreases transmission. It is extremely important for the health of the individual and the prevention of HIV to link newly diagnosed persons to a health care provider as soon as possible.

Persons linked quickly were more likely to be in care during the years following diagnosis

In 2017, black males & black females had similar linkage rates

New Diagnoses - Linkage to Care
2008 - 2017

The proportion of persons linking up with a care provider 30 days after diagnosis continues to slowly improve. The 90 day linkage rate rose quickly last year.

Proportion linked within 3 months

Linked 31 - 90 days after diagnosis

Linked in 9 - 30 days after diagnosis