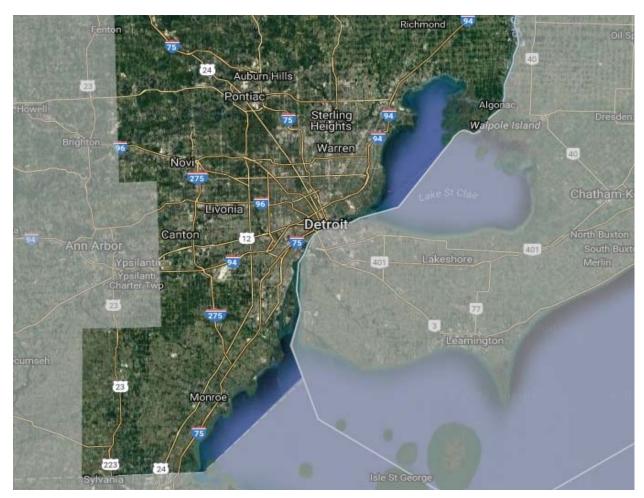


HIV in Michigan's Detroit Metro Area An overview of the epidemic during 2017

All data as of July 1, 2018



Detroit Metro Area (DMA) includes counties Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne

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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 Metro Area 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 Metro Area 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).

The proportion of PLWH who visit a doctor at least once a year

(assessed by CD4, viral load, or genotype test).

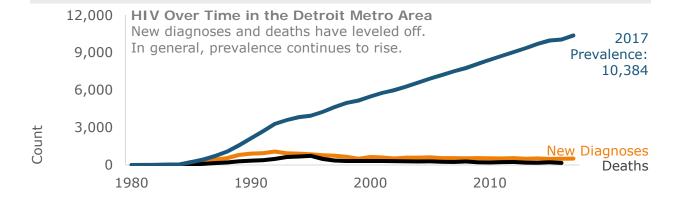
Community Viral The proportion virally suppressed (≤200c/mL) out of all PLWH.

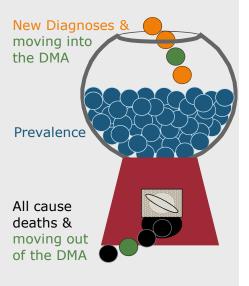
Suppression: Higher levels of community viral suppression reduce HIV transmission.

Viral Suppression

In Care:

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

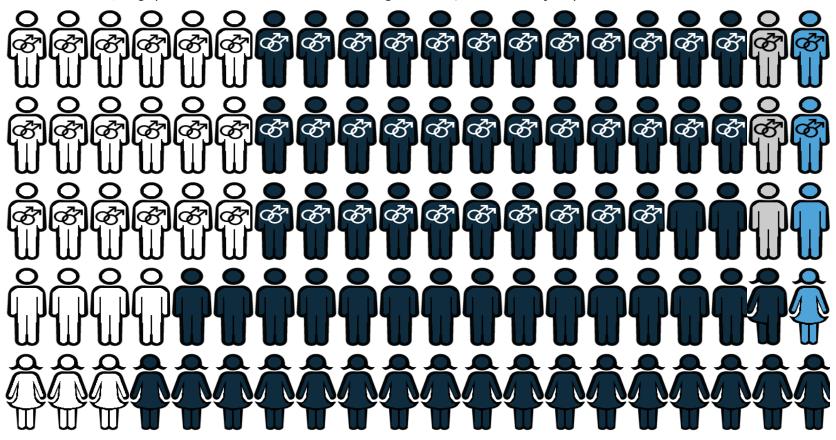




Persons living with HIV (PLWH) - Demographics

On January 1, 2017

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.



Icon Key

Men

Women

Transgender persons

White



Latino(a)

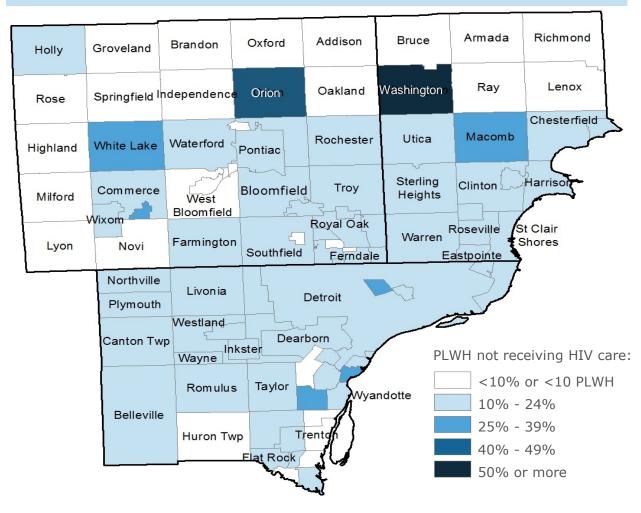


Other



Men with this symbol acquired HIV via sex with men (MSM)

Persons living with HIV (PLWH) - Unmet Need During 2017



Demographic groups of PLWH consistently not in care:



23% of **LATINO** persons are not in care.



23% of 0-19 year olds are not in care.



24% of persons **WHO INJECT DRUGS** are not in care.



31% of FOREIGN BORN persons are not in care.

In the Detroit Metro Area (DMA), PLWH in care are very likely to be virally suppressed, improving the individual's prognosis and reducing transmission. However, 19% of PLWH in the DMA are not in care (aka unmet need).

Unmet need is not equally distributed among PLWH. In the DMA, Latinos, 0-19 year olds, persons who inject drugs, and foreign born persons consistently have higher rates of unmet need.

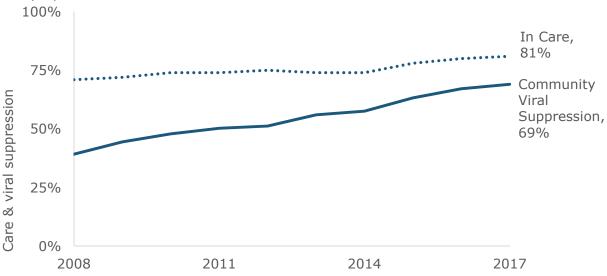
Persons living with HIV (PLWH) - Care & Viral Suppression 2007 - 2016

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.

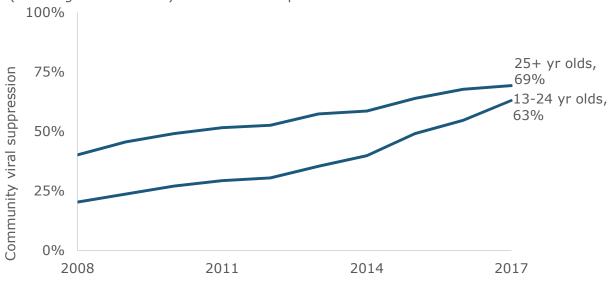
Agencies and strategic programs need to focus on increasing the proportion of PLWH in care. Otherwise, community viral suppression will stagnate.

In Michigan,
persons
interviewed by
Partner Services
(PS) are 1.5 times
more likely to be
virally suppressed
compared to those
without a PS
interview.

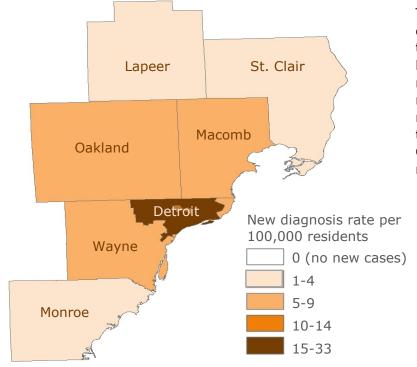
In order for community viral suppression to continue increasing, the proportion of PLWH in care must increase.



Community viral suppression continues to rise in all age groups. However, younger persons still achieve viral suppression less often (have higher viral loads) than their older peers.

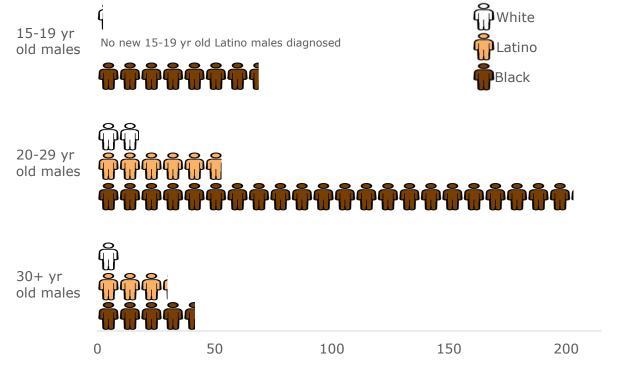


New Diagnoses During 2017



The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 34 new cases per 100,000 residents. This rate is nearly four times higher than the rest of Wayne County (9 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.



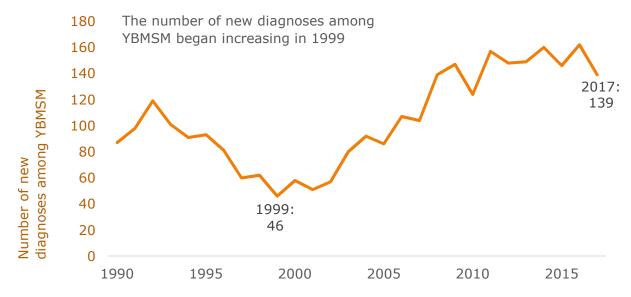
Rate of new diagnoses per 100,000 population*

^{*&}quot;Population" is the total population of each group. Example: there were 202.9 new diagnoses among 20-29 yr old black males per 100,000 20-29 yr old black male DMA residents.

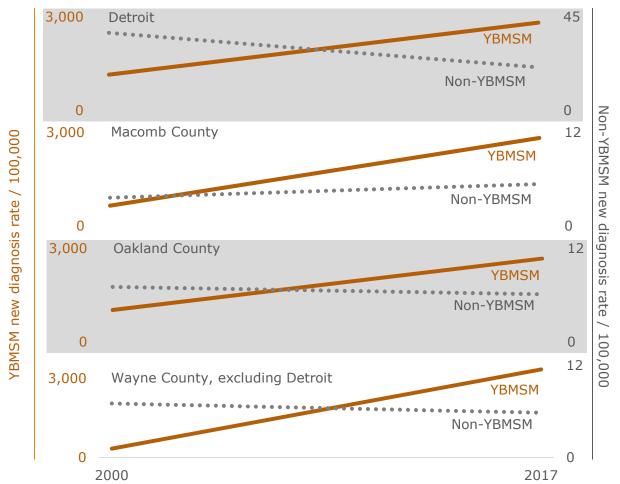
New Diagnoses

Historic Trends

15 - 29 year old black MSM (YBMSM) is the only group in the DMA (and Michigan) experiencing an increase in new diagnoses.



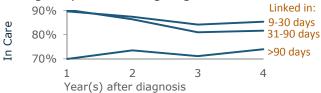
The new diagnosis rate among YBMSM grows as Non-YBMSM decline in most counties.



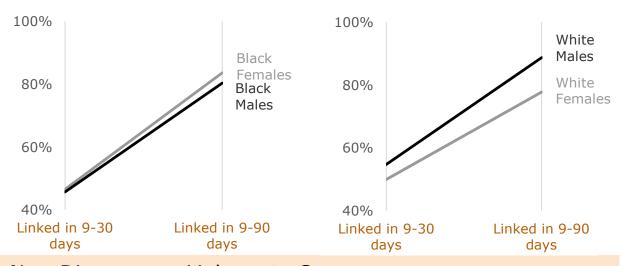
New Diagnoses - Linkage to Care During 2017

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, white males had the highest 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.

