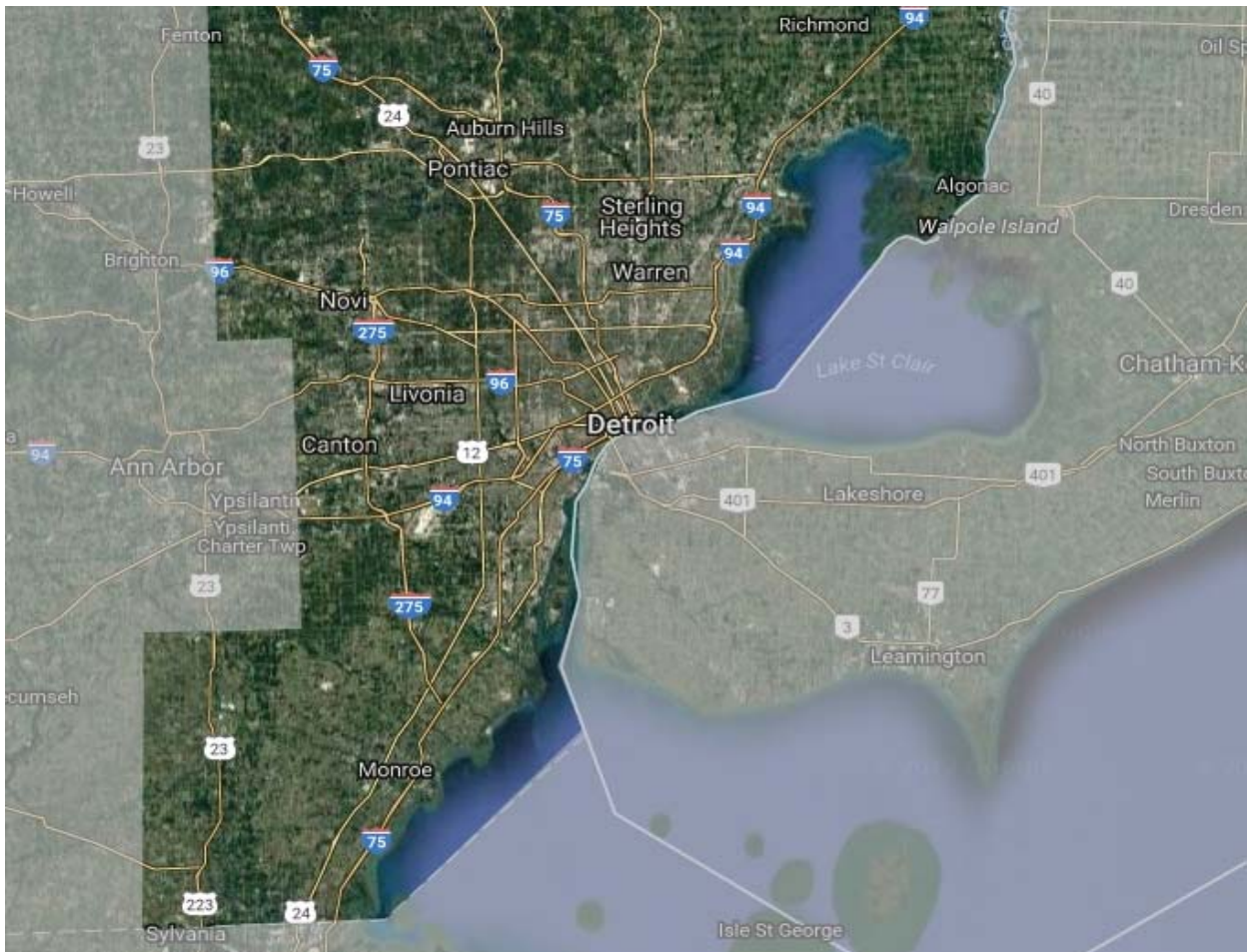




HIV in Michigan's Detroit Metro Area An overview of the epidemic during 2016

All data as of July 1, 2017



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

HIV & STD Surveillance & Epidemiology Section
Division of Communicable Disease
Bureau of Disease Control, Prevention and Epidemiology
Michigan Department of Health and Human Services

Lansing - HIV Surveillance Office
333 S. Grand Ave., 3rd Floor
Lansing, MI 48913
517-335-8165

Southfield - HIV Surveillance Office
MDHHS - South Oakland Health Center
27725 Greenfield Rd, Office 57A
Southfield, MI 48076
248-424-7910



www.michigan.gov/hivstd

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.

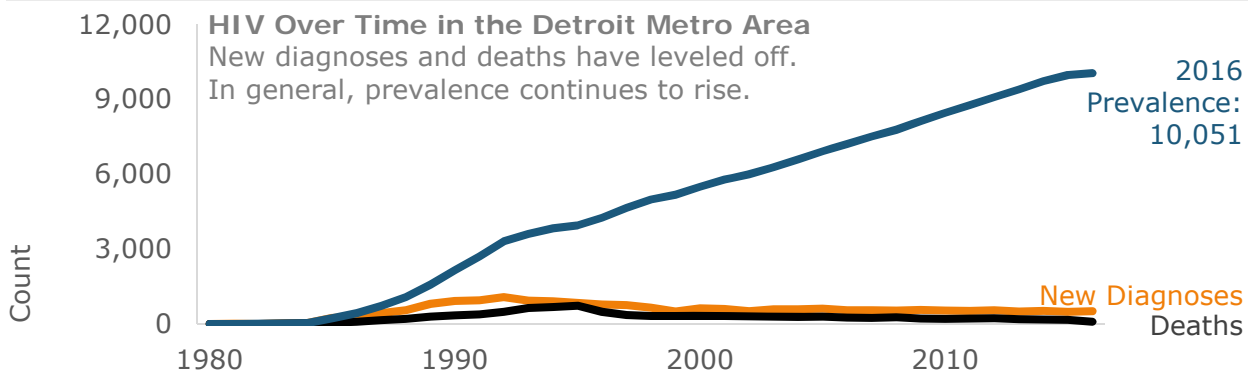
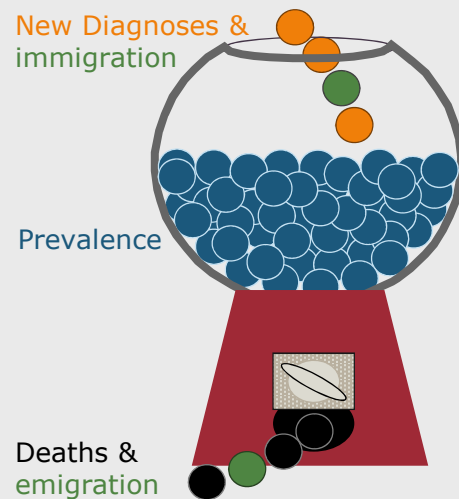
Prevalence: The total number of persons currently living with HIV (PLWH).

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).

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 ($\leq 200\text{c/mL}$) out of *all* PLWH. Higher levels of community viral suppression reduce HIV transmission.

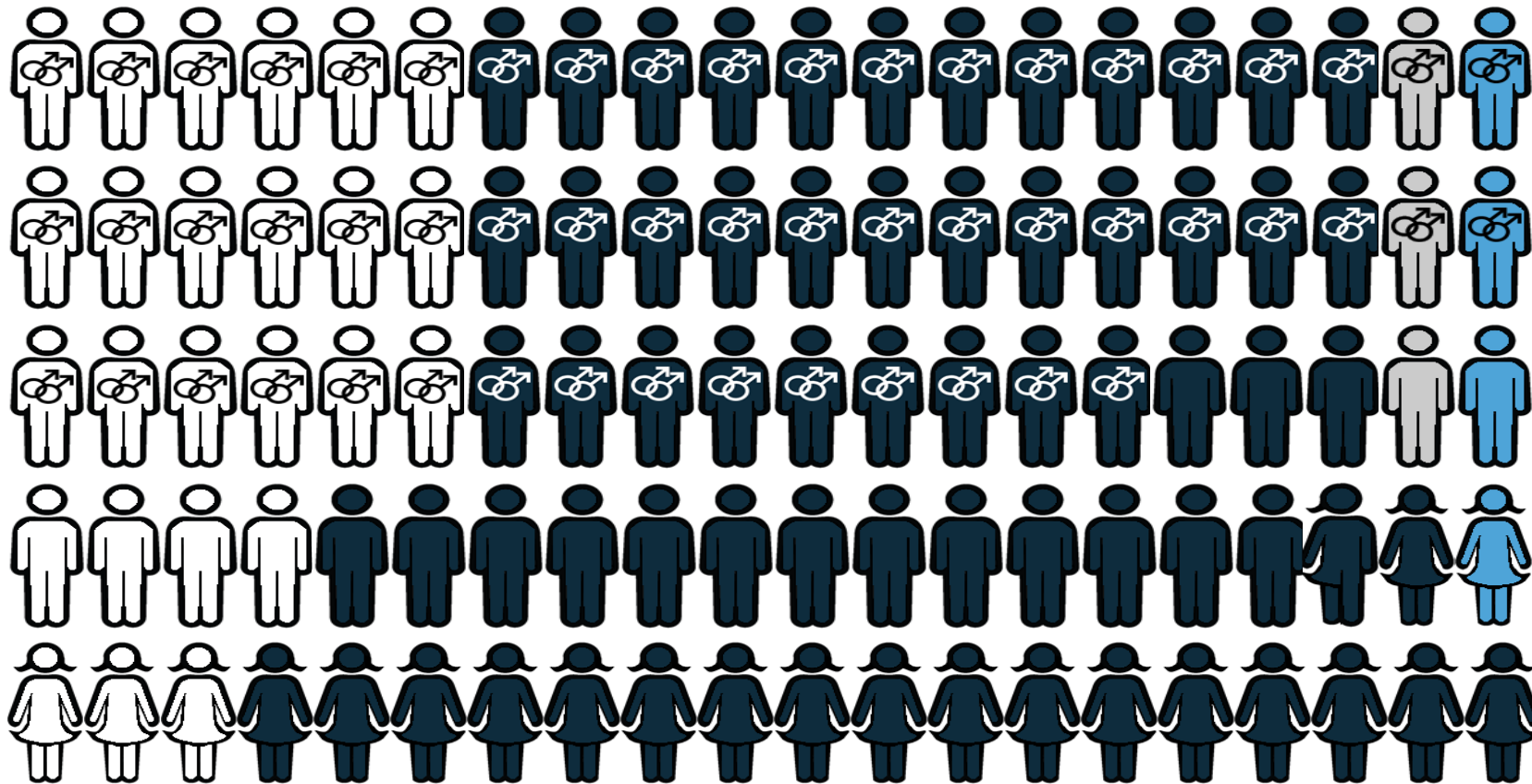
Viral Suppression Rate: The proportion virally suppressed ($\leq 200\text{c/mL}$) out of PLWH *in care*.



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



Black



Latino(a)



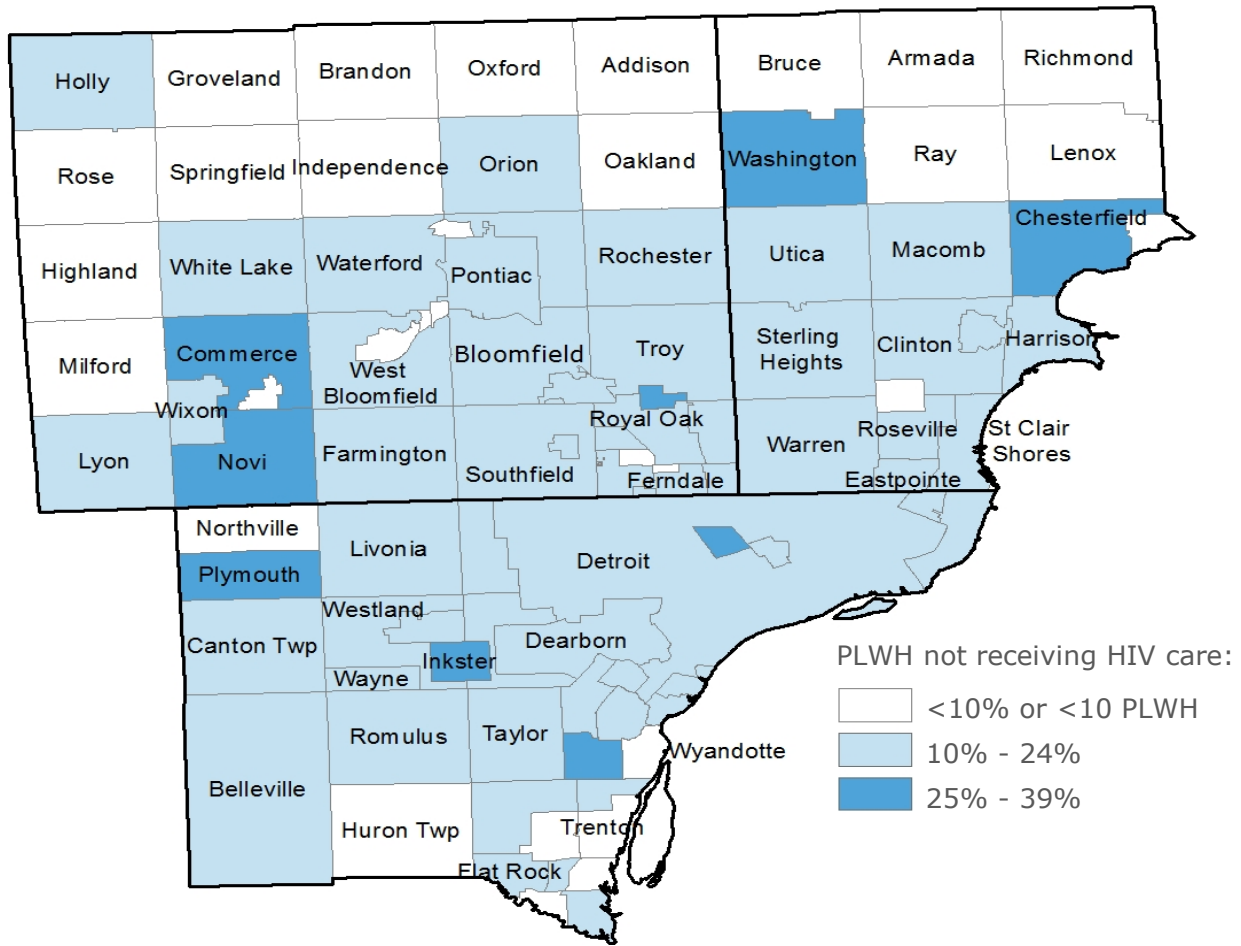
Other



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

Persons living with HIV (PLWH) - Unmet Need

During 2016



Demographic groups of PLWH consistently not in care:



35% of FOREIGN BORN persons are not in care.



26% of persons WHO INJECT DRUGS are not in care.

Kids & Teens

30% of persons 0 -19 yrs old are not in care.



23% of LATINO(A)/ HISPANIC 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, **20% of PLWH in the DMA are not in care** (aka unmet need).

Unmet need is not equally distributed among PLWH. In the DMA, foreign born persons, 0-19 yr olds, persons who inject drugs, and Latino(a)/Hispanic persons consistently have higher rates of unmet need.

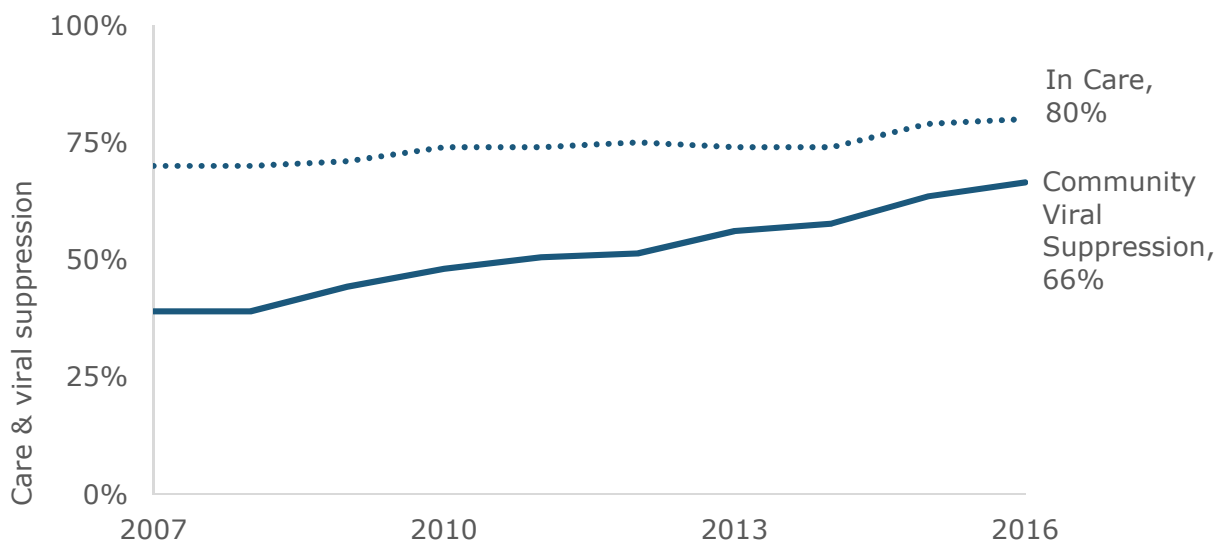
Persons living with HIV (PLWH) - Care & Viral Suppression

2007 - 2016

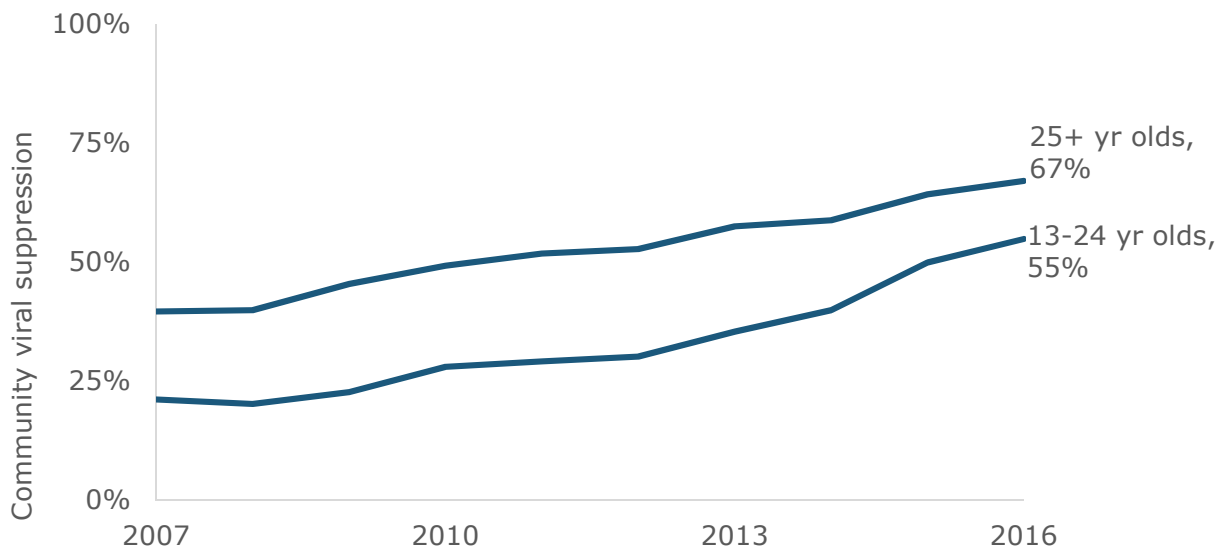
Getting into care is the first step towards achieving viral suppression. Viral suppression is important for the individual (improves prognoses) and for the community as a whole (reduces transmission risk). Viral suppression is on the rise, however it is rapidly approaching the care "ceiling". The care 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.

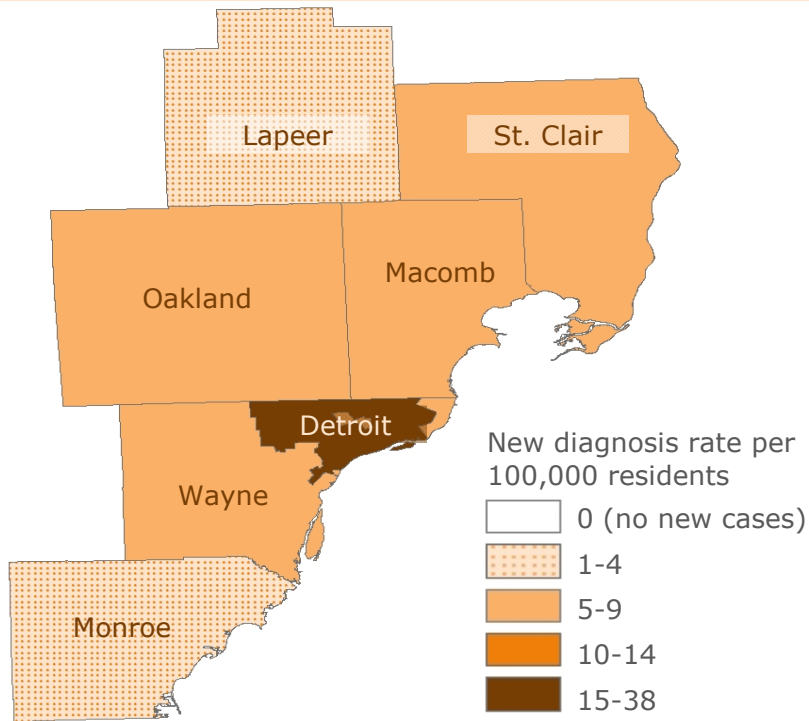


Community viral suppression continues to rise in all age groups. However, younger persons still achieve viral suppression less often (have higher viral loads) than their older peers.



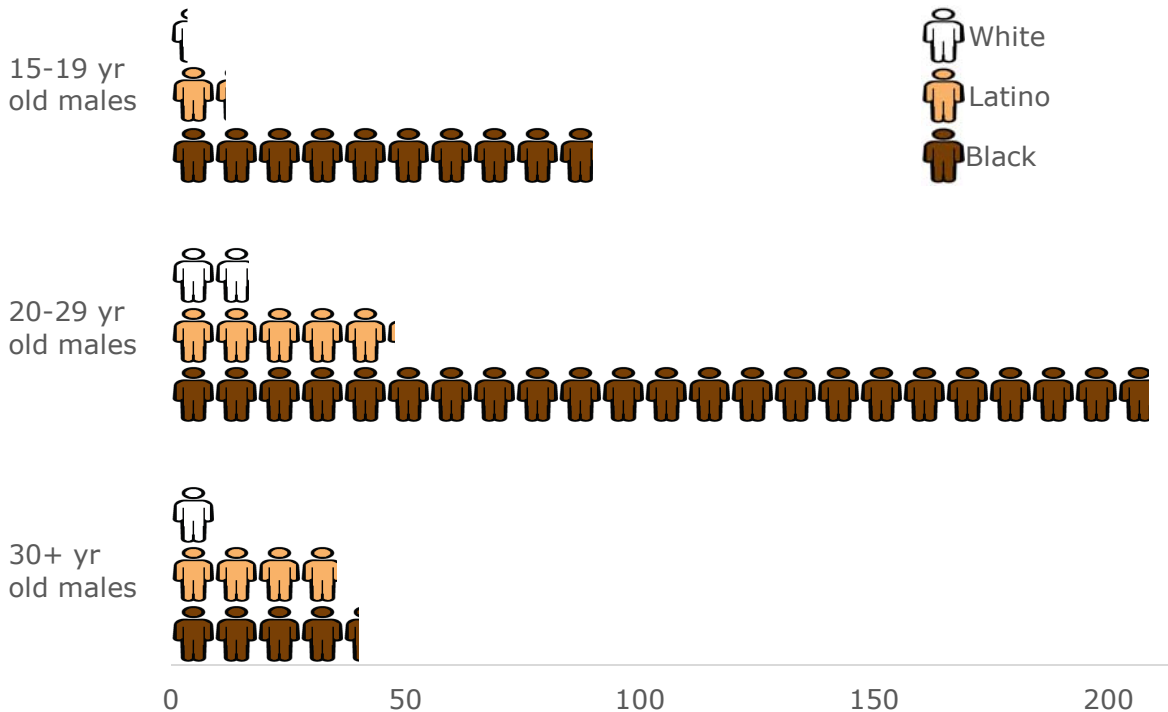
New Diagnoses

During 2016



The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 38 new cases per 100,000 residents. This rate is nearly five times higher than the rest of Wayne County (8.5 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*

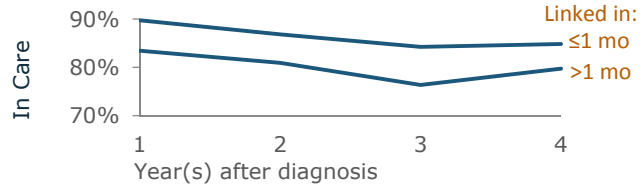
*"Population" is the total population of each group. Example: there were 208 new diagnoses among 20-29 yr old black males per 100,000 20-29 yr old black male DMA residents.

New Diagnoses - Linkage to Care

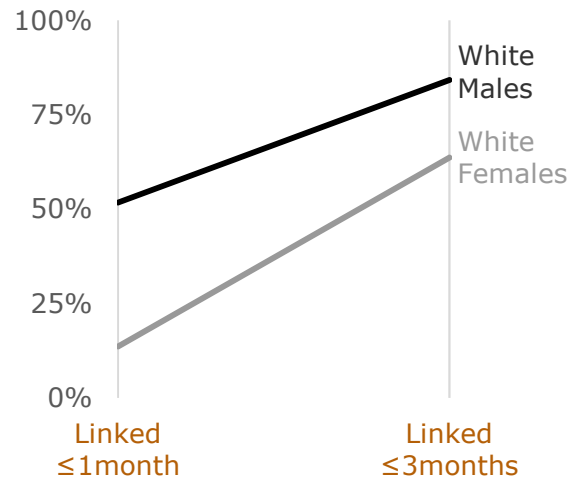
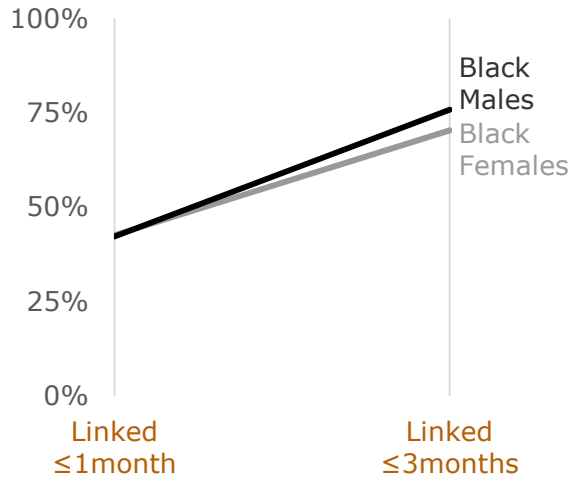
During 2016

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 2016, black males, black females & white males have similar linkage rates, but white females were linked more slowly.



New Diagnoses - Linkage to Care

2007 - 2016

The proportion of persons who are linking up with a care provider shortly after diagnosis continues to slowly improve.

