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 "Annual Michigan HIV Surveillance Report - 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 old surveillance reports. For more on the difference, see the "Annual Michigan HIV Surveillance Report - Tables."

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 cases 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 - higher levels of community viral suppression reduce HIV transmission.

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

New Diagnoses & immigration
Prevalence
Deaths & emigration

Overview

New diagnoses and deaths have leveled off. In general, prevalence continues to rise.

Count

HIV Over Time in Michigan

2015
Prevalence
15,180
Dip due to emigration

New Diagnoses
Deaths

16,000
12,000
8,000
4,000
0
1980 1990 2000 2010
On January 1, 2016

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.
Of the persons living with HIV (PLWH) in Michigan during 2015, 22% were in unmet need. Unmet need is not distributed equally among PLWH. In Michigan, black persons, Latino/Hispanic persons, persons who inject drugs, and foreign born persons consistently have higher rates of unmet need. In Michigan, PLWH in care are very likely to be virally suppressed, improving the individual’s prognosis and reducing transmission. Unmet need is not equally distributed among PLWH.
Virally suppressed PLWH have improved prognoses and reduced transmission risk. In recent years, viral suppression rates and the community viral suppression levels continue to rise. However, the proportion of PLWH in care is stagnant. Community viral suppression levels can never surpass the proportion in care (as one cannot achieve viral suppression without first being in care).

Given these trends, one of two outcomes will likely be observed in the near future:

- Community viral suppression will stagnate, or
- If agencies and programs focus on retaining PLWH in care, it is likely community viral suppression will follow as viral suppression rates continue to rise.

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.
The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 35 new cases per 100,000 residents. This rate is over 3 times higher than Jackson* and Washtenaw Counties, the next highest jurisdictions, with 10 new cases per 100,000 residents.

*Does not include persons diagnosed in prison.

Males 20-29 years old carry the heaviest burden of new diagnoses. Black males of every age experience disproportionately high rates of diagnosis.
**New Diagnoses - Linkage to Care**

During 2015

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.

Males are linked to care more often and more quickly than females.

- **Linked →**
  - in 1 month
  - in 1-3 months

<table>
<thead>
<tr>
<th>Gender</th>
<th>Linked in 1 month</th>
<th>Linked in 1-3 months</th>
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<tbody>
<tr>
<td>Black Female</td>
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<tr>
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<td>Latina Female</td>
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0% 25% 50% 75% 100%

In Care

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

- **Linked in:**
  - ≤1 mo
  - >1 mo

Year(s) after diagnosis

2006 2009 2012 2015

Linked 1-3 months after diagnosis

Linked within 1 month of diagnosis

2006 - 2015

The proportion of persons who are linking up with a care provider continues to grow, however the efficiency and speed of linkage has stagnated.

Proportion linked within 3 months

76%

44%