

# ANNUAL REVIEW OF HIV TRENDS IN SOUTHEAST MICHIGAN (2011 - 2015)

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Michigan Department of Bureau of Epidemiology and Population Health HIV, STD, and Body Art Section, April 2017

## Overall trends in new HIV diagnoses in Southeast Michigan

METHODS. To evaluate trends in new HIV diagnoses in Southeast Michigan (Lapeer, Macomb, Monroe, St. Clair, Oakland, and Wayne counties) over time, we estimated the number of persons newly diagnosed with HIV infection between 2011 and 2015 by adjusting the number of reported cases to account for those who may not have been reported to the health department by January 1, 2017. These adjustments were made by weighting the data.

Unless otherwise noted, numbers cited include persons living with all stages of HIV infection\*. We used regression modeling on the adjusted data to assess significant changes in annual rates of new diagnoses overall and by race. sex, and age. Rates for race and sex subgroups were calculated using annual population estimates released by the Census Bureau in 2016. Rates for age at diagnosis were calculated using the 2015 Bridged-Race Population Estimates produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics. For risk groups, we analyzed annual counts since there are no reliable denominator data available for rate calculation. Trends overall and in subgroups are described using average annual percent changes in rates (or counts) of new diagnoses. Only significant trends and their corresponding percent changes are shown. "Significant" indicates statistical significance assessed at p<0.05.

For concurrent diagnoses, defined as progression to stage 3 HIV infection within 30 days of HIV diagnosis, we used the Chi Square Mantel-Haenszel test for trend to assess changes over time. This test allows us to assess increases and decreases in the proportion of new diagnoses that are concurrent for a particular race/sex combination.

The date of new HIV diagnosis does not tell us when persons were first infected, because HIV diagnosis may take place months or years after infection. From 2005 to 2016, the Michigan Department of Health and Human Services (MDHHS) conducted incidence surveillance, which estimates new infections rather than new diagnoses using the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS). All STARHS Incidence reports are available on our website, including the most recent report encompassing new HIV infections from 2010 - 2014.

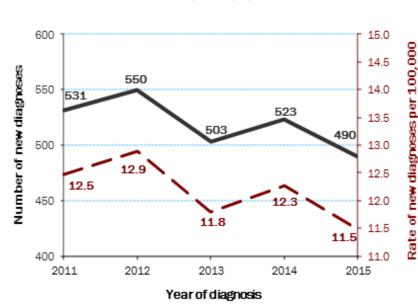


Figure 1. Number and rate of new HIV diagnoses in SE MI, 2011-2015

**OVERVIEW OF TRENDS.** Figure 1 shows the number and rate of new HIV diagnoses in Southeast Michigan (SE MI) from 2011 to 2015. The rate of new HIV diagnoses remained stable during this time period. There were an average of 519 new cases per year, with an average rate of 12.2 cases per 100,000.

Each year, there are more new diagnoses of HIV infection than deaths. As a result, the reported number of persons living with HIV in SE MI is also increasing. MDHHS estimates that 11,610 people were living with HIV infection in SE MI as of July 2016. This number is almost two-thirds of all cases in Michigan, despite the fact that the population of SE MI is just 43% of the state population.

\*Michigan discontinued use of the term 'AIDS' in January 2012 in accordance with the language in the 2008 HIV Case Definition released by the CDC. HIV infection is now classified by stage of disease, with stage 3 representing AIDS.

April 2017

## New HIV diagnoses by age at diagnosis

For the first time since we began analyzing trends in SE MI in 2003, the rate of new HIV diagnoses decreased among 13-19 year olds by 14% per year, on average (table 1). Rates also decreased for those 60 years or older. The largest number and highest rates of new diagnoses remain among 20-24 year olds and 25-29 year olds. Though rates seem to be stabilizing among these age groups, the average rate among 20-24 year olds is now 48 cases per 100,000 population, more than twice the average rate among 30-34 year olds. This disparity gets larger as age increases.

|             |     |      |      |     | -    |      |      |         |       |     |      |      |     |      |      |     |
|-------------|-----|------|------|-----|------|------|------|---------|-------|-----|------|------|-----|------|------|-----|
|             |     |      |      |     |      |      | Year | of diag | nosis |     |      |      |     |      |      |     |
| Age at      |     | 2011 |      |     | 2012 |      |      | 2013    |       |     | 2014 |      |     | 2015 |      |     |
| diagnosis   | Num | %    | Rate | Num | %    | Rate | Num  | %       | Rate  | Num | %    | Rate | Num | %    | Rate |     |
| 0 - 12 yrs  | 1   | <1%  | 0.1  | 1   | <1%  | 0.1  | 1    | <1%     | 0.1   | 1   | <1%  | 0.1  | 1   | <1%  | 0.1  |     |
| 13 -19 yrs  | 46  | 9%   | 11.0 | 47  | 9%   | 11.5 | 46   | 9%      | 11.5  | 25  | 5%   | 6.4  | 26  | 5%   | 6.8  | 14% |
| 20 -24 yrs  | 126 | 24%  | 47.3 | 133 | 24%  | 48.4 | 121  | 24%     | 43.2  | 134 | 26%  | 47.3 | 133 | 27%  | 48.1 |     |
| 25 -29 yrs  | 78  | 15%  | 31.1 | 88  | 16%  | 34.6 | 80   | 16%     | 31.0  | 110 | 21%  | 41.1 | 89  | 18%  | 31.9 |     |
| 30 -34 yrs  | 53  | 10%  | 20.7 | 57  | 10%  | 22.2 | 58   | 12%     | 22.6  | 62  | 12%  | 24.3 | 52  | 11%  | 20.1 |     |
| 35 -39 yrs  | 48  | 9%   | 18.1 | 45  | 8%   | 17.5 | 34   | 7%      | 13.4  | 44  | 8%   | 17.5 | 40  | 8%   | 15.6 |     |
| 40 -44 yrs  | 44  | 8%   | 14.5 | 58  | 11%  | 19.3 | 35   | 7%      | 11.9  | 36  | 7%   | 12.6 | 40  | 8%   | 14.6 |     |
| 45 -49 yrs  | 50  | 9%   | 15.5 | 43  | 8%   | 13.7 | 45   | 9%      | 14.7  | 42  | 8%   | 14.1 | 39  | 8%   | 13.0 |     |
| 50 -54 yrs  | 39  | 7%   | 11.6 | 37  | 7%   | 11.1 | 37   | 7%      | 11.3  | 30  | 6%   | 9.3  | 40  | 8%   | 12.4 |     |
| 55 -59 yrs  | 20  | 4%   | 6.6  | 19  | 3%   | 6.1  | 21   | 4%      | 6.6   | 26  | 5%   | 8.2  | 15  | 3%   | 4.7  |     |
| 60 and over | 26  | 5%   | 3.1  | 21  | 4%   | 2.5  | 24   | 5%      | 2.8   | 12  | 2%   | 1.3  | 15  | 3%   | 1.7  | 18% |
| Total       | 531 | 100% | 12.5 | 550 | 100% | 12.9 | 503  | 100%    | 11.8  | 523 | 100% | 12.3 | 490 | 100% | 11.5 | -   |

#### Table 1. New HIV diagnoses by age at diagnosis, SE MI, 2011-2015

TABLE FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay. As a result, summed counts will not always match the column total due to rounding error.

• Bold/Colored text indicates statistically significant trends for that group. The arrow indicates the direction of change in rates over the 5-year period, while the percentage is the average change per year in the rates, as calculated using regression modeling.

• Rates are per 100,000 population.

## New HIV diagnoses by race/sex

Table 2. New HIV diagnoses by race/sex, SE MI, 2011-2015

|          |     |      |      |     |      |      | Yea | r of diag  | nosis |     |      |      |     |      | -    |
|----------|-----|------|------|-----|------|------|-----|------------|-------|-----|------|------|-----|------|------|
|          |     | 2011 |      |     | 2012 |      |     | 2013       |       |     | 2014 |      |     | 2015 |      |
| Race/Sex | Num | %    | Rate | Num | %    | Rate | Num | %          | Rate  | Num | %    | Rate | Num | %    | Rate |
| Male     | 422 | 79%  | 20.5 | 438 | 80%  | 21.2 | 415 | 82%        | 20.1  | 423 | 81%  | 20.4 | 398 | 81%  | 19.2 |
| Black    | 294 | 55%  | 65.6 | 293 | 53%  | 65.6 | 297 | 59%        | 66.8  | 295 | 56%  | 66.6 | 275 | 56%  | 62.2 |
| White    | 104 | 20%  | 7.4  | 115 | 21%  | 8.2  | 94  | 19%        | 6.7   | 99  | 19%  | 7.1  | 91  | 19%  | 6.5  |
| Other    | 24  | 5%   | 11.8 | 29  | 5%   | 13.8 | 24  | 5%         | 11.1  | 28  | 5%   | 12.7 | 32  | 7%   | 14.2 |
| Female   | 109 | 21%  | 5.0  | 112 | 20%  | 5.1  | 88  | 18%        | 4.0   | 101 | 19%  | 4.6  | 91  | 19%  | 4.2  |
| Black    | 83  | 16%  | 15.8 | 85  | 15%  | 16.2 | 68  | 14%        | 13.1  | 81  | 16%  | 15.6 | 68  | 14%  | 13.1 |
| White    | 17  | 3%   | 1.2  | 18  | 3%   | 1.2  | 19  | 4%         | 1.3   | 14  | 3%   | 1.0  | 17  | 4%   | 1.2  |
| Other    | 9   | 2%   | 4.3  | 9   | 2%   | 4.2  | 1   | <b>O</b> % | 0.5   | 5   | 1%   | 2.2  | 6   | 1%   | 2.6  |
| All      | 531 | 100% | 12.5 | 550 | 100% | 12.9 | 503 | 100%       | 11.8  | 523 | 100% | 12.3 | 490 | 100% | 11.5 |
| Black    | 377 | 71%  | 38.7 | 378 | 69%  | 39.0 | 365 | 73%        | 37.8  | 376 | 72%  | 39.1 | 343 | 70%  | 35.7 |
| White    | 121 | 23%  | 4.2  | 133 | 24%  | 4.6  | 113 | 23%        | 4.0   | 114 | 22%  | 4.0  | 108 | 22%  | 3.8  |
| Other    | 33  | 6%   | 8.0  | 38  | 7%   | 9.0  | 25  | 5%         | 5.7   | 33  | 6%   | 7.4  | 39  | 8%   | 8.4  |

TABLE FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay. As a result, summed counts will not always match the column total due to rounding error.

• Bold/Colored text indicates statistically significant trends for that group. The arrow indicates the direction of change in rates over the 5-year period, while the percentage is the average change per year in the rates, as calculated using regression modeling.

• Rates are per 100,000 population.

## New HIV diagnoses by race/sex (cont.)

The rate of new diagnoses among all race/sex groups remained stable in SE MI between 2011 and 2015. Despite the stability in rates among white persons and black persons overall, rates of new HIV diagnoses are consistently highest among black individuals. In 2015, the rate of new diagnoses among black persons was more than 9 times higher than the rate among white persons. The rate of new diagnoses among black males was almost 10 times higher than among white males, a trend that has not changed since 2003. Even with past decreases in rates among black females, their rate is still 11 times that of white females, although this disparity has decreased since the last trend report. While the rates among persons of other race are lower than those among black persons, they remain higher than those of white persons. "Other" race is composed of Hispanics, Asian Hawaiian/Pacific Islander, American Indian/Alaska Native, multiracial persons, and individuals of unknown or other race. Hispanics make up 61% of this group. These racial disparities are not unique to SE MI. Statewide and nationwide, communities of color continue to be disproportionately diagnosed with HIV.

## New HIV diagnoses by <mark>risk</mark>

Between 2011 and 2015, the number of newly diagnosed persons who inject drugs (PWID) decrease for the second consecutive report by a average 16% per year. Diagnoses remained stable in all other risk groups (Table 3). This is the fourth consecutive report in the last eight reports showing no decreases in new diagnoses among persons with Heterosexual risk.

|                    | Table 3.          | New HI | / diagn | loses by | risk, S | 5E MI, 20 | )11-20 | 15   |      |      |     |  |  |
|--------------------|-------------------|--------|---------|----------|---------|-----------|--------|------|------|------|-----|--|--|
|                    | Year of diagnosis |        |         |          |         |           |        |      |      |      |     |  |  |
|                    | 20                | )11    | 20      | )12      | 20      | 013       | 20     | )14  | 2015 |      |     |  |  |
| Risk               | Num               | %      | Num     | %        | Num     | %         | Num    | %    | Num  | %    |     |  |  |
| MSM                | 307               | 58%    | 302     | 55%      | 278     | 55%       | 326    | 62%  | 277  | 57%  |     |  |  |
| PWID               | 21                | 4%     | 22      | 4%       | 17      | 3%        | 7      | 1%   | 15   | 3%   | 16% |  |  |
| MSM/PWID           | 10                | 2%     | 11      | 2%       | 6       | 1%        | 8      | 2%   | 6    | 1%   | •   |  |  |
| Heterosexual       | 86                | 16%    | 90      | 16%      | 88      | 18%       | 89     | 17%  | 73   | 15%  |     |  |  |
| Other known        | 1                 | <1%    | 1       | <1%      | 1       | <1%       | 2      | <1%  | 1    | <1%  |     |  |  |
| No identified risk | 106               | 20%    | 123     | 22%      | 113     | 23%       | 91     | 17%  | 117  | 24%  |     |  |  |
| Total              | 531               | 100%   | 550     | 100%     | 503     | 100%      | 523    | 100% | 490  | 100% |     |  |  |

TABLE FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay. As a result, summed counts will not always match the column total due to rounding error.

• **Bold/Colored text** indicates that statistically significant trends occurred in that group. The arrow indicates the direction of change in number of new diagnoses over the 5-year period, while the percentage is the *average change per year* in the the number of new diagnoses, as calculated using regression modeling.

 The heterosexual category includes males and females categorized as "high-risk" heterosexuals (persons who knew they had one or more partners that were a PWID, bisexual for females, a recipient of HIV infected blood, or a person infected with HIV) as well as females who reported sex with males of unknown risk/HIV status as their only risk. The NIR category includes males who reported sex with females of unknown risk/HIV status as their only risk and males and females for whom no risk has yet been reported.

#### There is a targeted

effort to reduce the number of new diagnoses with NIR. New diagnoses among persons with no identified risk (NIR) remained stable between 2011 and 2015. Risk information is important information for prevention efforts; thus, it is crucial that risk questions be answered on the adult case report form (ACRF).

## New HIV diagnoses by residence at diagnosis

The rate of new diagnoses remained stable in all counties of SE MI for the second time since we began analyzing trends in SE MI in 2003 (table 4).

The rate of new diagnoses in Detroit remains the highest of any location, and it is now more than 5 times as high as the rate in Wayne County (excluding Detroit), the location with the second highest rate in SE MI. The population of the city of Detroit decreased by over 200,000 people between the 2000 and 2010 censuses, and by an additional 5.1% between 2010 and 2015. Based on the 2015 population estimates, Detroit now represents just 16% of SE MI's and 7% of the state's population. Despite this, residents of Detroit represent 51% of SE Michigan's and 34% of the state's new HIV cases.

Annual Review of HIV Trends in SE Michigan (2011 - 2015)

**April 2017** 

|                |                   |       |      |      |       |      |      |       |      |            | -         |      |     |       |      |
|----------------|-------------------|-------|------|------|-------|------|------|-------|------|------------|-----------|------|-----|-------|------|
|                | Year of diagnosis |       |      |      |       |      |      |       |      |            |           |      |     |       |      |
|                |                   | 2011  |      | 2012 |       |      | 2013 |       |      | 2014       |           | 2015 |     |       |      |
| Residence      | Num               | ı (%) | Rate | Nur  | m (%) | Rate | Nu   | n (%) | Rate | Nu         | n (%)     | Rate | Nu  | n (%) | Rate |
| Detroit        | 286               | 54%   | 40.6 | 272  | 50%   | 39.0 | 263  | 52%   | 38.1 | 253        | 48%       | 37.1 | 239 | 49%   | 35.4 |
| Oakland Co.    | 107               | 20%   | 8.8  | 105  | 19%   | 8.6  | 100  | 20%   | 8.1  | 102        | 20%       | 8.3  | 85  | 17%   | 6.8  |
| Wayne Co.      | 75                | 14%   | 6.8  | 100  | 18%   | 9.2  | 76   | 15%   | 7.0  | 111        | 21%       | 10.2 | 90  | 18%   | 8.3  |
| (excl Detroit) | 75                | 1470  | 0.0  | 100  | 1070  | 9.2  | 70   | 1070  | 7.0  | <b>TTT</b> | 2170      | 10.2 | 90  | 1070  | 0.0  |
| Macomb Co.     | 51                | 10%   | 6.1  | 61   | 11%   | 7.2  | 55   | 11%   | 6.4  | 53         | 10%       | 6.2  | 63  | 13%   | 7.3  |
| St. Clair Co.  | 5                 | 1%    | 3.1  | 4    | 1%    | 2.5  | 5    | 1%    | 3.1  | 1          | <1%       | 0.6  | 5   | 1%    | 3.2  |
| Monroe Co.     | 5                 | 1%    | 3.3  | 6    | 1%    | 4.0  | 3    | 1%    | 2.0  | 3          | 1%        | 2.0  | 6   | 1%    | 4.0  |
| Lapeer Co.     | 2                 | <1%   | 2.3  | 1    | <1%   | 1.1  | 1    | <1%   | 1.1  | 0          | <b>O%</b> | 0.0  | 1   | <1%   | 1.1  |
| Total          | 531               | 100%  | 12.5 | 550  | 100%  | 12.9 | 503  | 100%  | 11.8 | 523        | 100%      | 12.3 | 490 | 100%  | 11.5 |

Table 4. New HIV diagnoses by residence at diagnosis, SE MI, 2011-2015

TABLE FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay. As a result, summed counts will not always match the column total shown due to rounding error.

• Bold/Colored text indicates that statistically significant trends occurred in that group. The arrow indicates the direction of change in number of new diagnoses over the 5-year period, while the percentage is the average change per year in the the number of new diagnoses, as calculated using regression modeling.

• Rates are per 100,000 population.

## **Concurrent** diagnoses

For the fifth consecutive report, the proportion of persons diagnosed with stage 3 HIV infection within 30 days of diagnosis ("concurrent") remained stable overall (table 5). No significant changes were noted in concurrent diagnoses among any race/sex groups. Between 2011 and 2015, proportions of concurrent diagnoses in SE MI were highest among white males, white females, and white persons overall. Though not significant, it is also important to note that proportions of concurrent diagnoses decreased for females of other race and increased for black females and white females.

|          |      |     |     | Y   | ear of | diagno | sis |            |     |     |       |     |  |
|----------|------|-----|-----|-----|--------|--------|-----|------------|-----|-----|-------|-----|--|
|          | 2011 |     | 20  | 012 | 20     | 013    | 20  | 014        | 20  | 015 | Total |     |  |
| Race/Sex | Num  | %   | Num | %   | Num    | %      | Num | %          | Num | %   | Num   | %   |  |
| Male     | 81   | 19% | 87  | 20% | 103    | 25%    | 79  | 19%        | 70  | 18% | 420   | 20% |  |
| Black    | 48   | 16% | 56  | 19% | 68     | 23%    | 47  | 16%        | 39  | 14% | 259   | 18% |  |
| White    | 31   | 30% | 27  | 23% | 28     | 30%    | 25  | 25%        | 23  | 26% | 134   | 27% |  |
| Other    | 2    | 8%  | 4   | 14% | 7      | 29%    | 7   | 25%        | 7   | 22% | 27    | 20% |  |
| Female   | 25   | 23% | 20  | 18% | 20     | 23%    | 25  | 25%        | 22  | 24% | 112   | 22% |  |
| Black    | 16   | 19% | 16  | 19% | 15     | 22%    | 22  | 27%        | 16  | 24% | 85    | 22% |  |
| White    | 4    | 24% | 1   | 6%  | 5      | 26%    | 3   | 21%        | 5   | 29% | 18    | 21% |  |
| Other    | 5    | 56% | 3   | 33% | 0      | 0%     | 0   | <b>O</b> % | 1   | 17% | 9     | 30% |  |
| All      | 106  | 20% | 107 | 19% | 123    | 24%    | 104 | 20%        | 92  | 19% | 532   | 21% |  |
| Black    | 64   | 17% | 72  | 19% | 83     | 23%    | 69  | 18%        | 56  | 16% | 344   | 19% |  |
| White    | 35   | 29% | 28  | 21% | 33     | 29%    | 28  | 25%        | 28  | 26% | 152   | 26% |  |
| Other    | 7    | 21% | 7   | 18% | 7      | 28%    | 7   | 21%        | 8   | 21% | 36    | 22% |  |

Table 5. Concurrent HIV diagnoses by race/sex group, SE MI, 2011-2015

TABLE FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay. As a result, summed counts will not always match the column total due to rounding error.

• Percentages reflect the number of concurrent diagnoses for a race/sex/year combination divided by the total diagnoses for that race/sex/year combination.

• **Bold/Colored text** indicates that statistically significant trends occurred in that group. Significance was assessed using the Mantel-Haenszel chi-square test. The arrow indicates the direction of change while the accompanying percentage is the *change in proportion of concurrent diagnoses* from 2011 to 2015, which do not take into account the fluctuations from year to year.

#### Summary

- Between 2011 and 2015, the rate of new diagnoses in SE MI remained stable with an average of 519 cases per year and an average rate of 12.2 cases per 100,000 population.
- The highest rates (or counts) of new HIV diagnoses occurred among:
  - 20-24 year olds and 25-29 year olds
  - Males
  - Black males and females
  - Men who have sex with men (MSM)\*
  - · Detroit residents
- There were no INCREASES in rates among any of the subgroups analyzed.
- DECREASES in rates occurred among:
  - 13-19 year olds
  - · Persons who were 60 years or older at diagnosis
  - PWID (persons who inject drugs)\*
- Very few significant changes were found among the various subgroups analyzed, suggesting that new diagnoses in SE MI are becoming increasingly stable each year.
- Race and sex disparities in rates of new HIV diagnoses remain. Comparing the diagnosis rates of black persons and white persons in 2015:
  - Overall: The rate for black persons was almost 10 times higher
  - Males: The rate for black males was more than 9 times higher
  - Females: The rate for black females was 11 times higher (this disparity improved from 16 times higher in 2014)
- For the fifth consecutive report, concurrent diagnoses in SE MI remained stable overall.

\*Annual counts were analyzed for risk groups since there is no reliable denominator data available to allow rate calculation.

## For more information:

Michigan Department of Health and Human Services

HIV Surveillance Program (248) 424-7910 (517) 335-8165

(www.michigan.gov/hivstd -> HIV Case Reporting and Data -> HIV Statistics and Data Reports) State of Michigan HIV/AIDS Statistics and Reports

Michigan Department of Health and Human Services HIV Prevention and Care Section (517) 241-5900 (www.michigan.gov/hivstd) State of Michigan HIV/AIDS Programmatic Information

> MI Counseling, Testing, & Referral Sites www.miunified.org/Get-Help/Services

Michigan AIDS Hotline 1-800-872-2437

Centers for Disease Control & Prevention www.cdc.gov/hiv CDC HIV/AIDS Resources

AIDSInfo

www.aidsinfo.nih.gov HIV/AIDS Treatment and Clinical Trial Resources

CDC National Statistics & Surveillance www.cdc.gov/hiv/statistics CDC HIV/AIDS Statistics and Reports

> World Health Organization www.who.int/topics/hiv\_aids/en HIV/AIDS Global Resources

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# FOCUS ON DETROIT:

SUPPLEMENTAL FACT SHEET TO THE ANNUAL REVIEW OF HIV TRENDS IN SOUTHEAST MICHIGAN (2011 - 2015)

Michigan Department of Health & Human Services RICK SNYDER, GOVERNOR NICK LYON, DIRECTOR

Bureau of Epidemiology and Population Health HIV, STD, and Body Art Section, April 2017

## Overview of new HIV diagnoses in DETROIT

- 1,313 new HIV diagnoses between 2011 and 2015
- Average of 263 new diagnoses (38.1 per 100,000 people) per year
- Rate of new diagnoses in Detroit is 5 times higher than the rate in the rest of SE MI
- Detroit makes up 16% of the SE MI population but has 51% of new cases diagnosed in 2011-2015

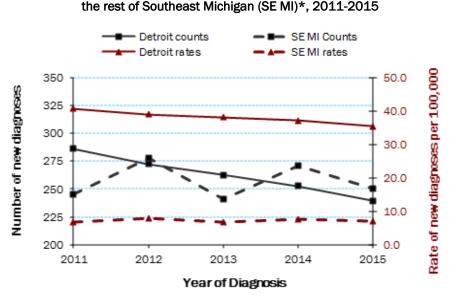
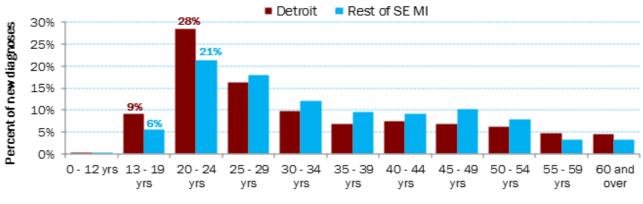


Figure 1. A comparison of the number and rate of new HIV diagnoses in Detroit vs.

\*In this graph, the city of Detroit is excluded from SE MI and shown separately. SE MI includes Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne (excluding Detroit) counties.

## New HIV diagnoses by age at diagnosis

- 9% of new diagnoses in Detroit were among 13-19 year olds, compared to 6% in the rest of SE MI.
- . 63% of newly diagnosed teens (13-19 year olds) in SE MI lived in Detroit at the time of diagnosis.
- Newly diagnosed persons who were **13-24 years old** were significantly more likely to live in **Detroit** than in the rest of SE MI.
- The age group with the highest number of new cases is 20-24 year olds in Detroit and in the rest of SE MI.



#### Figure 2. Age at HIV diagnosis among newly diagnosed cases in SE MI, 2011-2015

#### Age at HIV diagnosis (years)

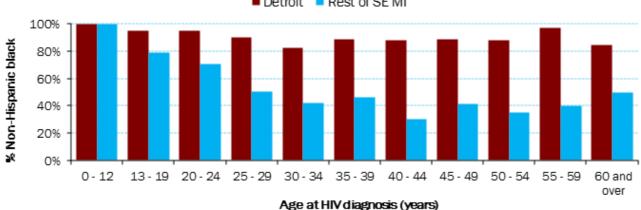
#### FOOTNOTES:

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay.

• We cannot assess the significance of trends by demographic subgroups in the City of Detroit, because the methodology used in trend analysis cannot be used for geographic regions smaller than SE MI.

## New HIV diagnoses by race and sex

- Newly diagnosed persons in **Detroit** are significantly more likely to be black than persons newly diagnosed in the rest of SE MI.
- 95% of newly diagnosed 13-24 year olds in Detroit are black compared to 72% in the rest of SE MI, despite the fact that just 80% of Detroit's population is black.
- 13-24 year olds newly diagnosed in Detroit are significantly more likely to be male than adults 25 years and older (87% vs. 73%, respectively).



Detroit Rest of SE MI

Figure 3. Percent black race by age at HIV diagnosis among persons newly diagnosed in SE MI, 2011-2015

#### Race and risk among Detroit teens and young adults

- **79%** of newly diagnosed **teens (13-19 year olds)** in **Detroit** reported being MSM (males who have sex with males), compared to **52%** of those who were **20 or older** at diagnosis.
- Among teens newly diagnosed in Detroit, 75% are black MSM compared to 47% of persons 20 or older.
- Both teens and young adults (20-24 year olds) are more likely to be black MSM than persons diagnosed at 25 years or older, and they are more likely to live in Detroit than the rest of SE MI.

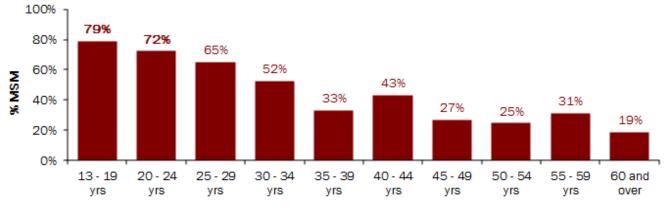


Figure 4. Percent MSM by age at HIV diagnosis among persons of <u>all races</u> newly diagnosed in Detroit, 2011-2015

#### Age at HIV diagnosis (years)

#### FOOTNOTES:

• 0-12 year olds are excluded from this graph, because no cases were MSM.

• The number of new diagnoses are estimates based on the number of reported cases adjusted to account for reporting delay.

• We cannot assess the significance of trends by demographic subgroups in the City of Detroit, because the methodology used in trend analysis cannot be used for geographic regions smaller than SE MI.

#### Want more data? Visit us on the web at www.michigan.gov/hivstd

#### **S2**