



HIV in Detroit, Michigan An overview of the epidemic during 2017

All data as of July 1, 2018



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, 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.

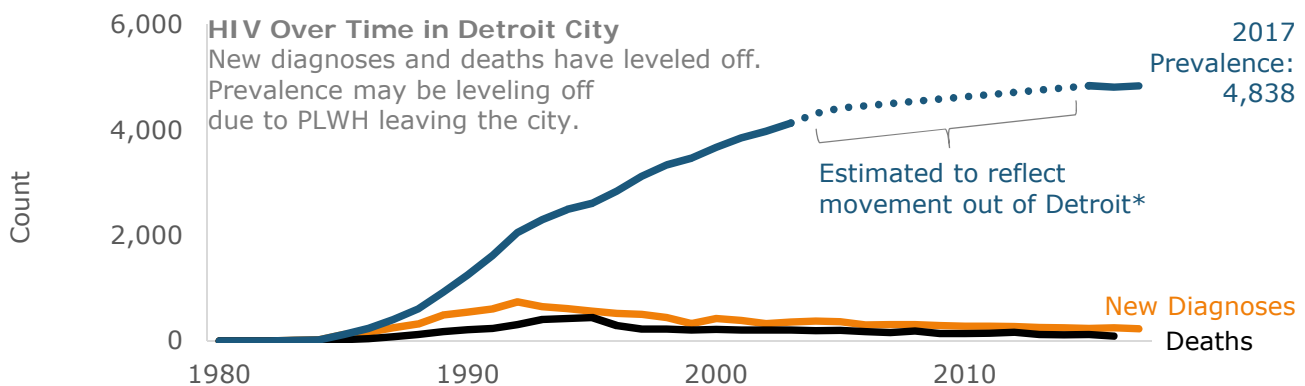
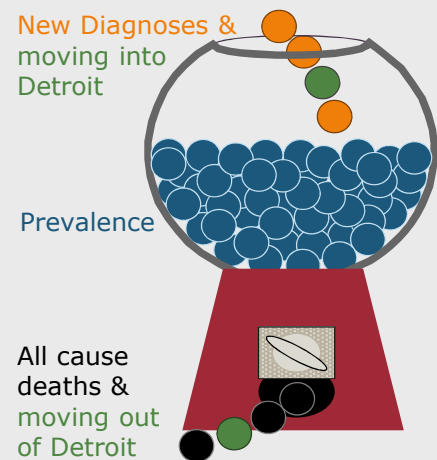
Prevalence: The total number of persons currently living with HIV (PLWH).

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 ($\leq 200\text{c/mL}$) 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*.

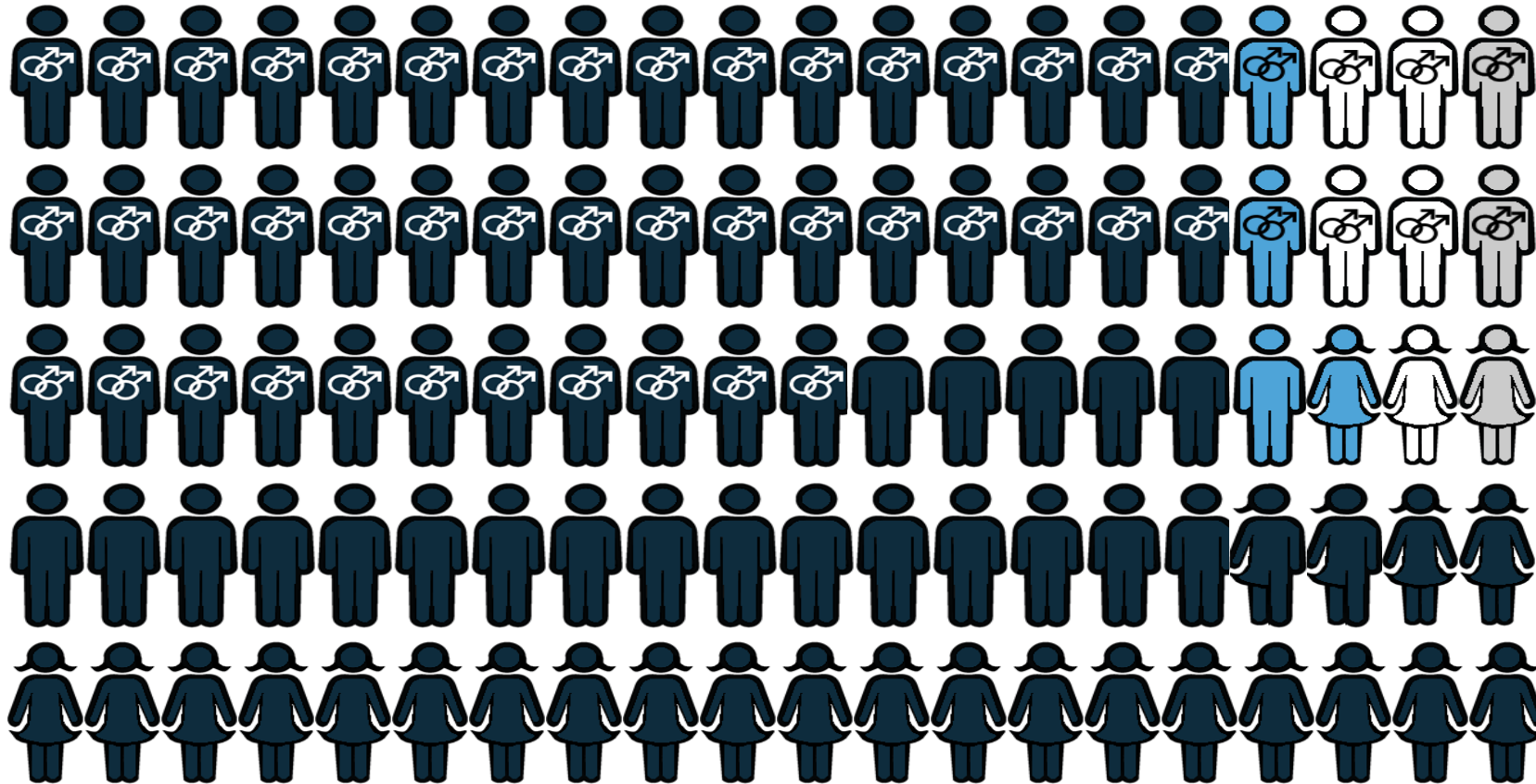


*PLWH have left Detroit since the beginning of the epidemic, the this number was unknown until 2015. To avoid the appearance that all movement occurred in 2015, the emigration count (854) was distributed evenly between 2004 and 2014. This estimation was not needed at state or regional levels as movement was low.

Persons living with HIV (PLWH) - Demographics

On January 1, 2018

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.

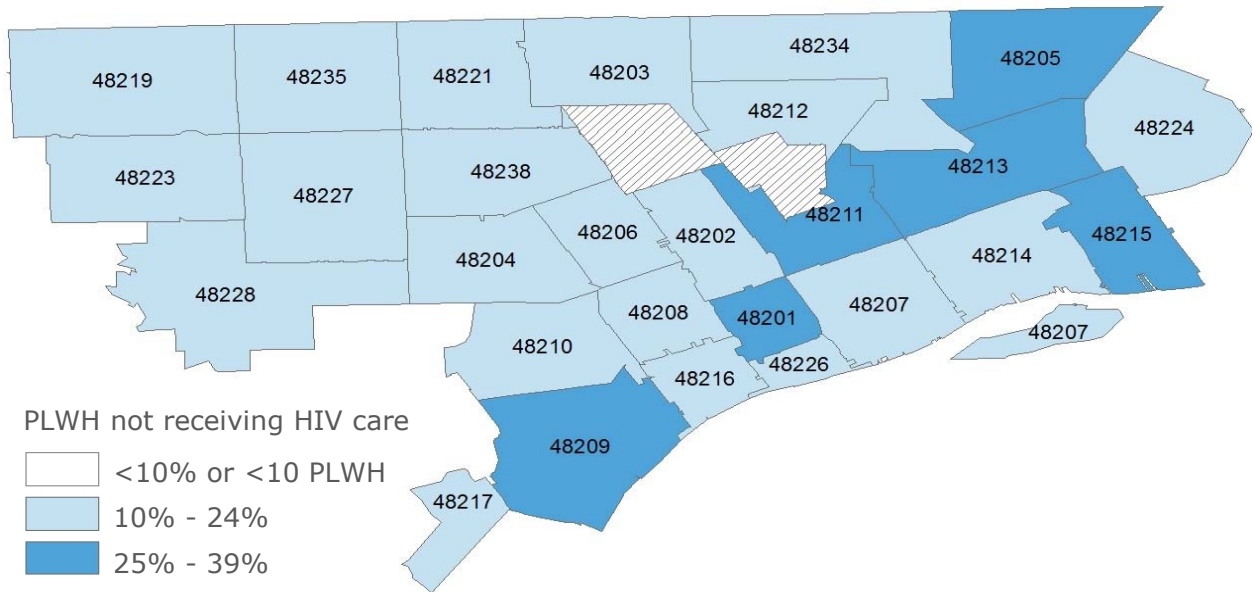


Icon Key

	Black	White	Latinx	Other	
Men					 Men with this symbol acquired HIV via sex with men (MSM)
Women					
Transgender persons					

Persons living with HIV (PLWH) - Unmet Need

During 2017



Demographic groups of PLWH consistently not in care:



26% of **LATINXS** are not in care.



27% of persons **WHO INJECT DRUGS** are not in care.

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).

Teens

30% of persons **13-19 yrs old** are not in care.



43% of **FOREIGN BORN** persons are not in care.

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

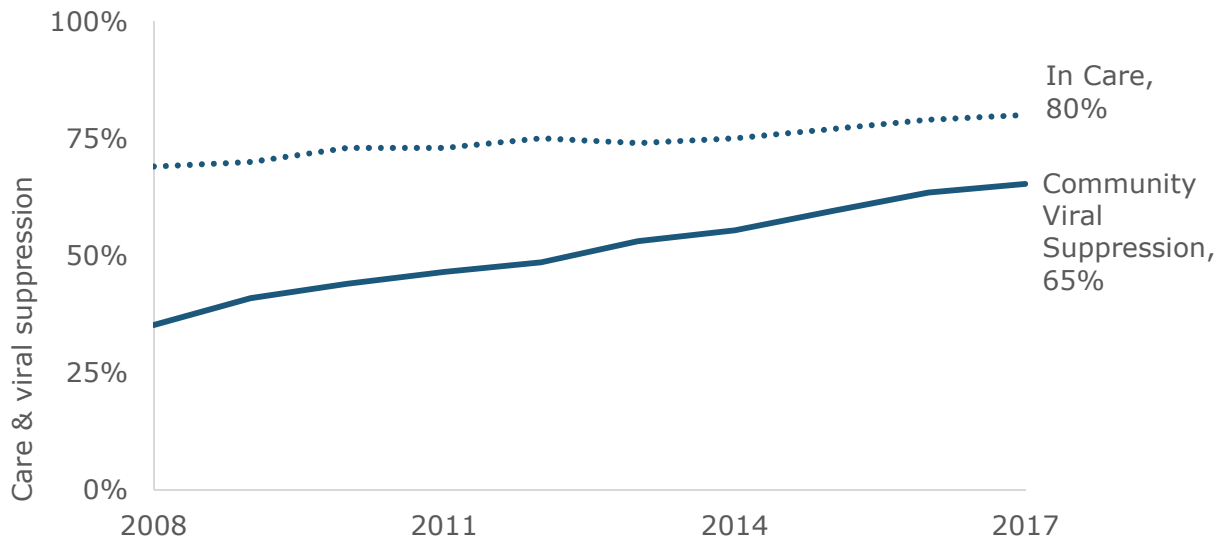
2007 - 2016

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.

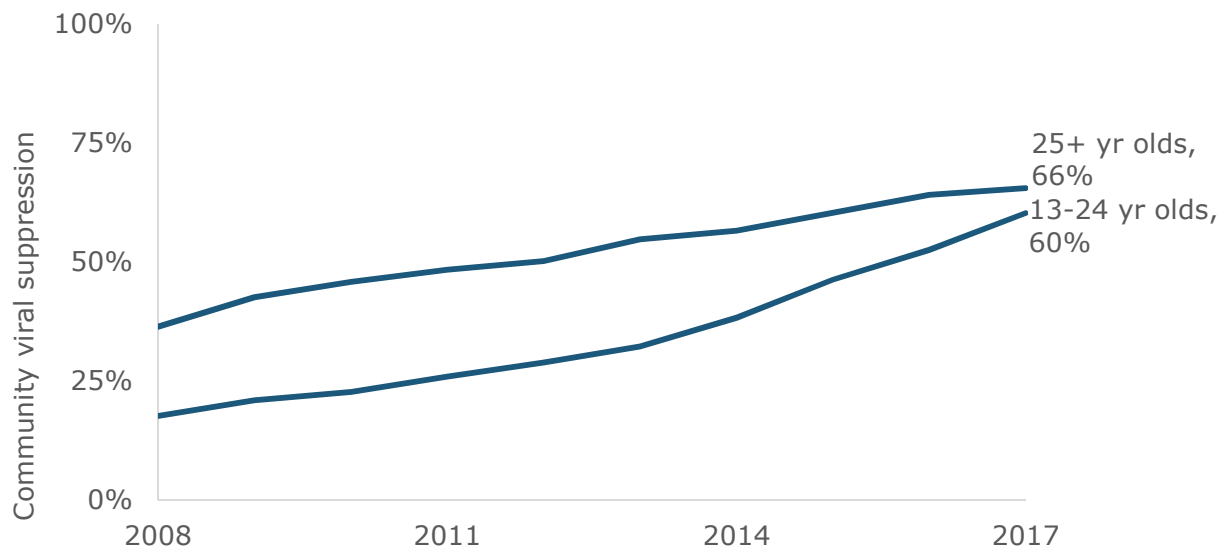
Agencies and strategic programs need to focus on increasing the proportion of PLWH in care. Otherwise, community viral suppression will stagnate.

In 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.



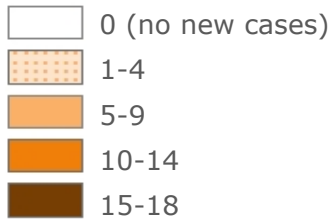
Community viral suppression continues to rise in all age groups. However, younger persons still achieve viral suppression less often (have higher viral loads) than their older peers.



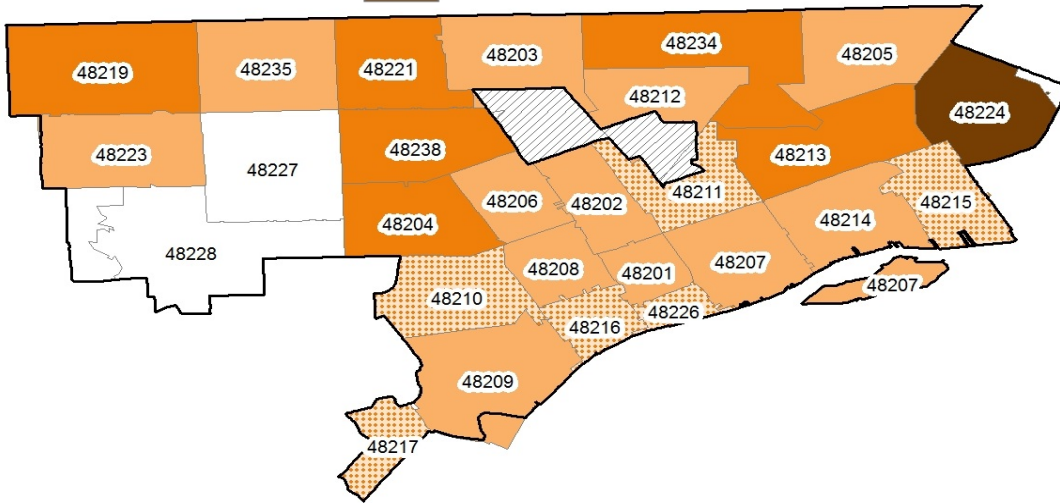
New Diagnoses

During 2017

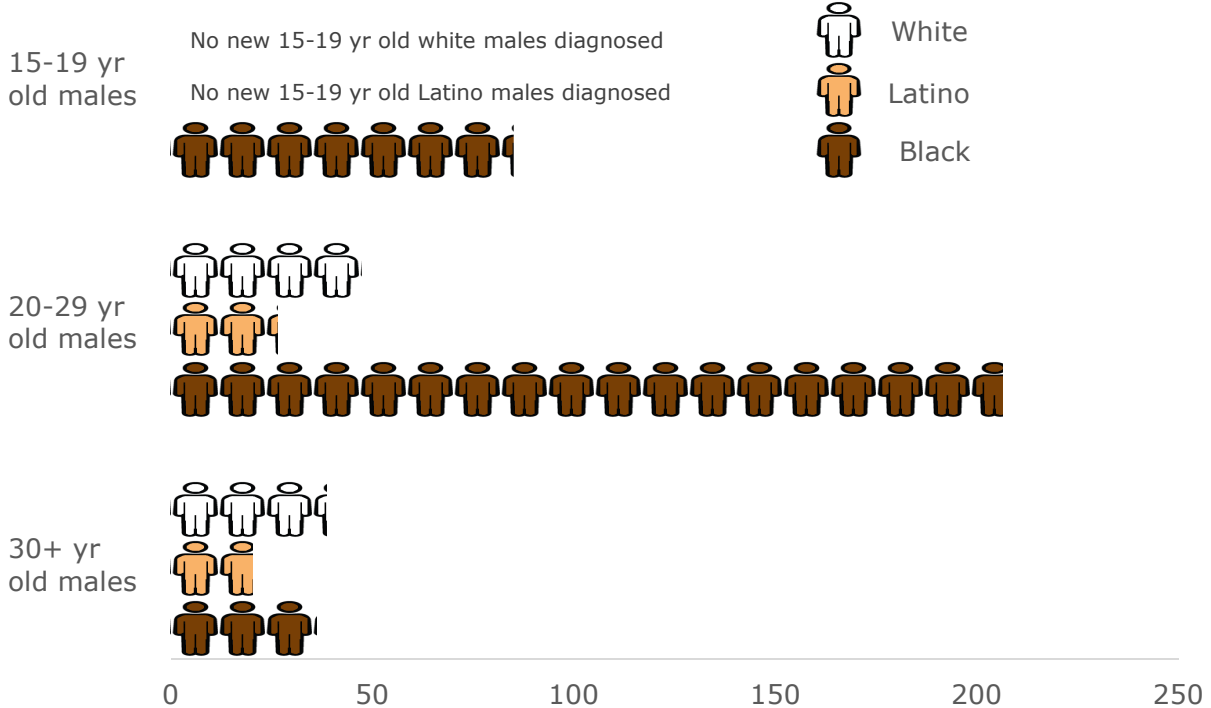
Number (count) of new diagnoses - NOT COMPARABLE TO RATE
MAPS PRESENTED IN OTHER REPORTS



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.

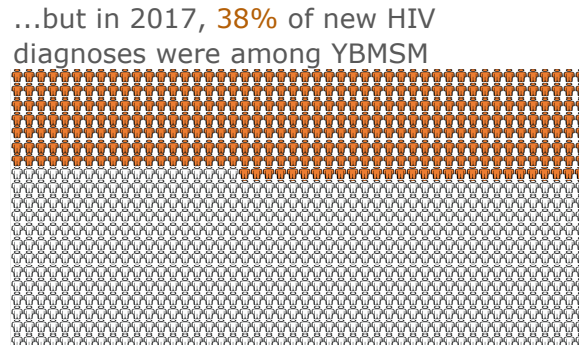
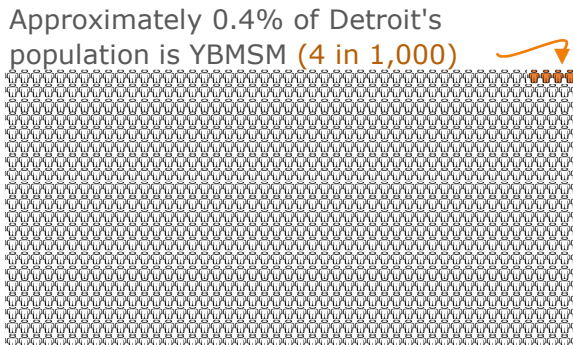
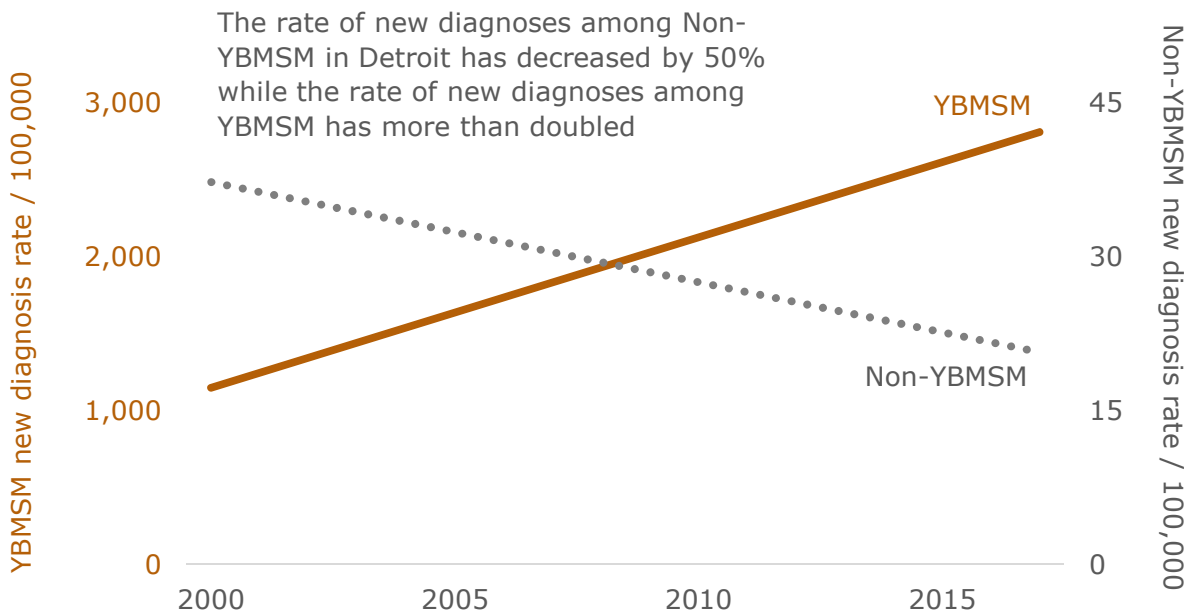
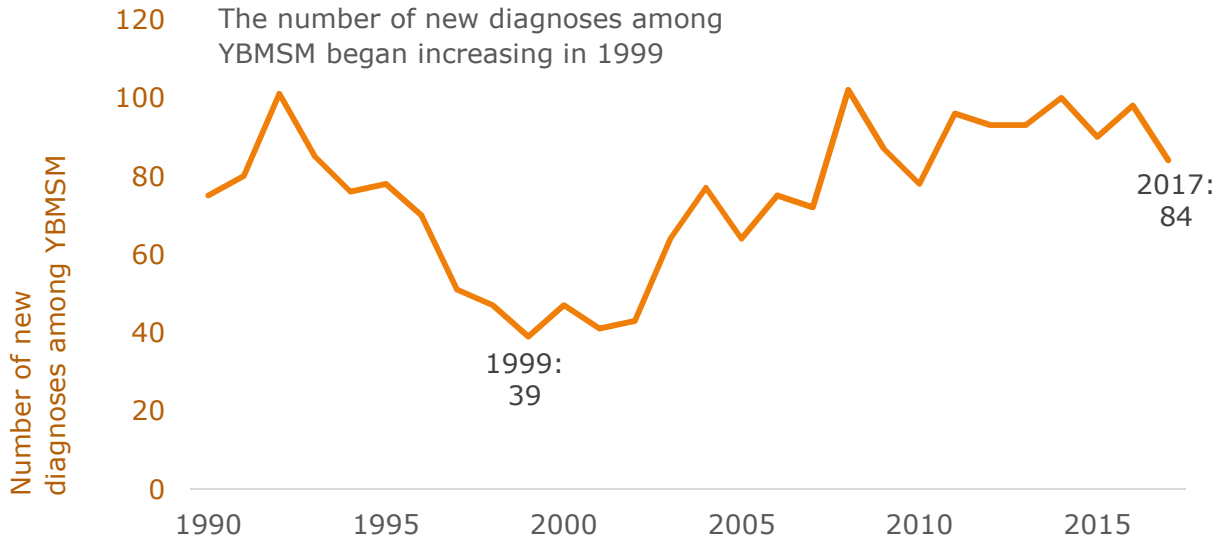


*"Population" is the total population of each group. Example: there were 206.4 new diagnoses among 20-29 yr old black males per 100,000 20-29 yr old black male Detroit residents.

New Diagnoses

Historic Trends

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

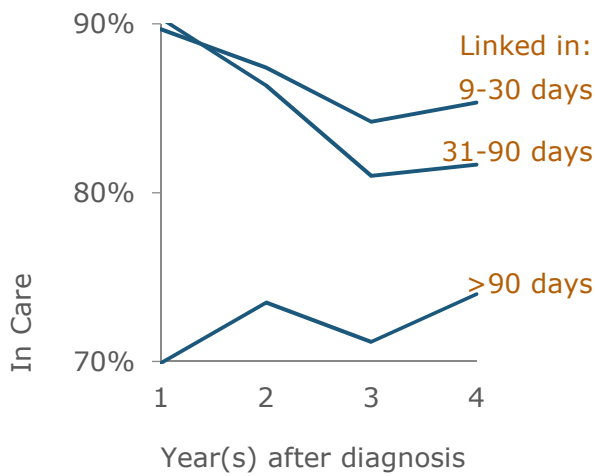


New Diagnoses - Linkage to Care

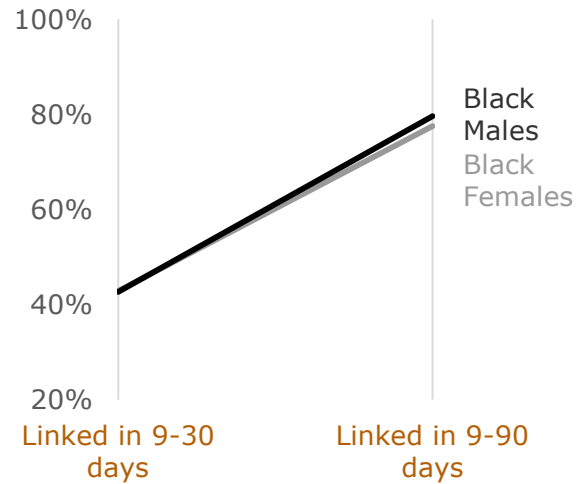
During 2017

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.

