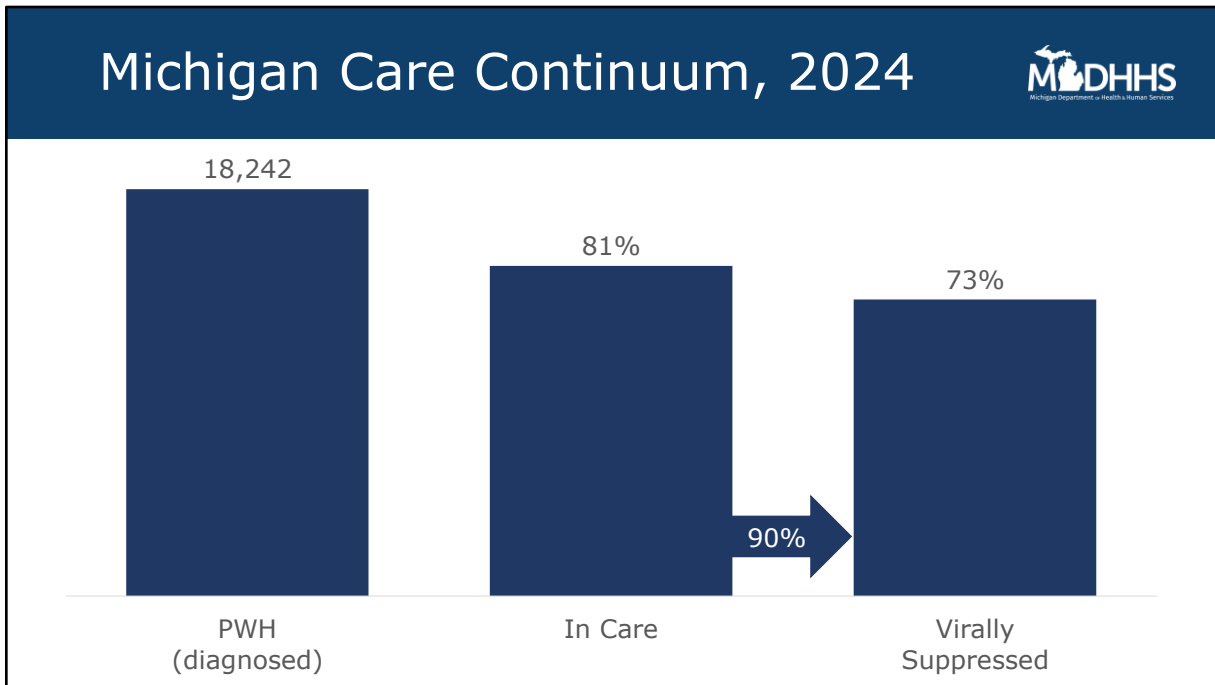


# HIV Care Continuum Report, 2024

Data as of October 2025

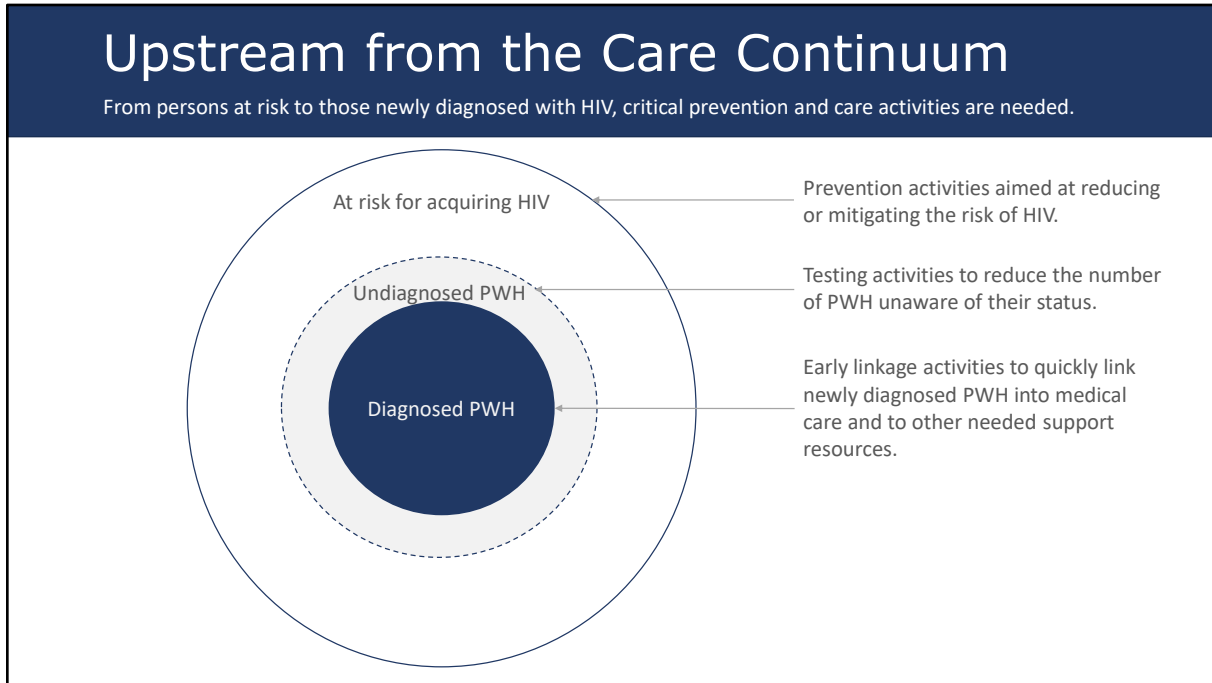




**PWH (diagnosed)** - PWH diagnosed before Jan 1 and alive Dec 31 of the given year.

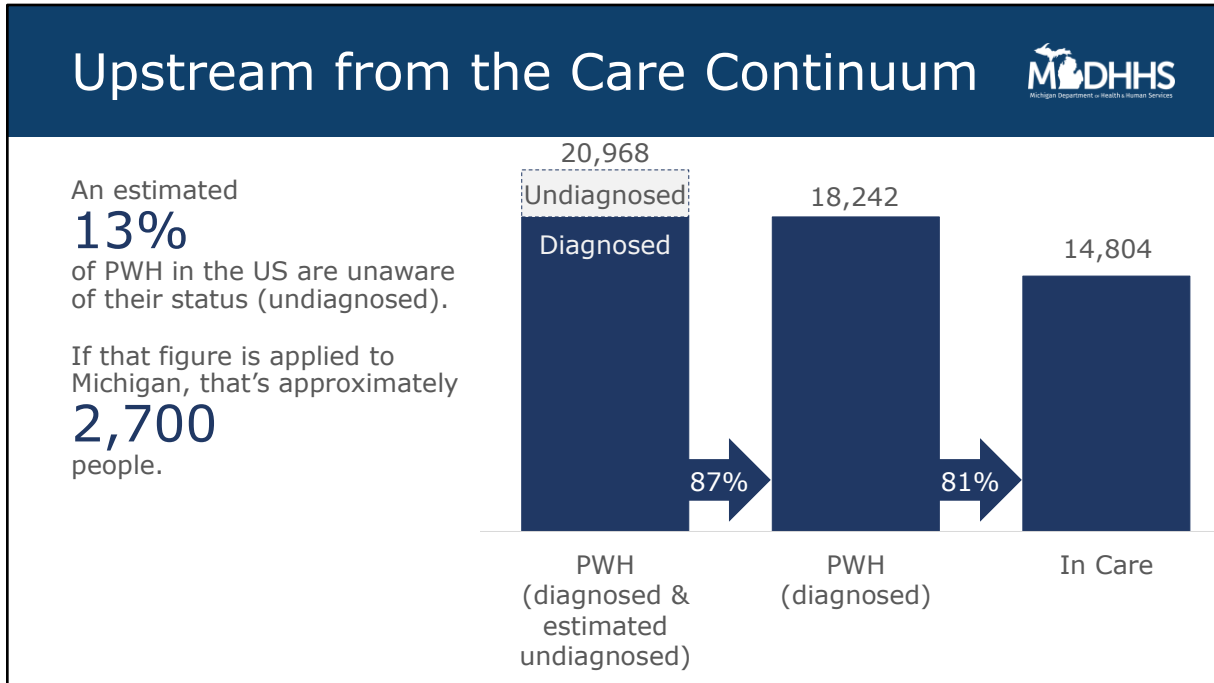
**In Care** - PWH with at least 1 CD4, viral load, or genotype lab test during the given year.

**Virally Suppressed** - PWH with less than 200 copies of HIV virus per milliliter of blood (<200c/mL) according to their last viral load lab test during the given year.



It's important to remember the care continuum is only useful in assessing need gaps among *diagnosed* PWH. Upstream from the care continuum are three crucial stages:

- 1) Prevention.
- 2) Early testing.
- 3) Rapid linkage.



CDC estimates 87% of persons with HIV in the US are diagnosed.

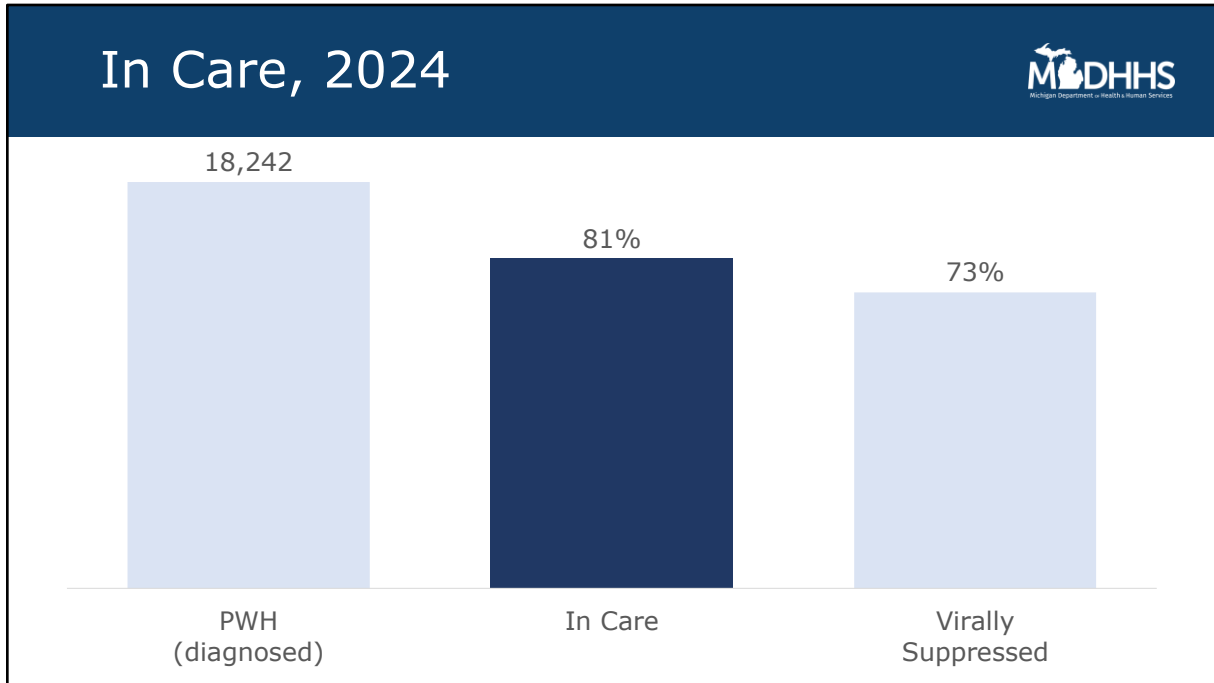
<https://stacks.cdc.gov/view/cdc/156513>

# Michigan Care Trends and Disparities



# In Care





**In Care** - PWH with at least 1 CD4, viral load, or genotype lab test (proxies for medical care visits) during the given year.

The proportion In Care is the number of PWH in care divided by the total number of *diagnosed* PWH.

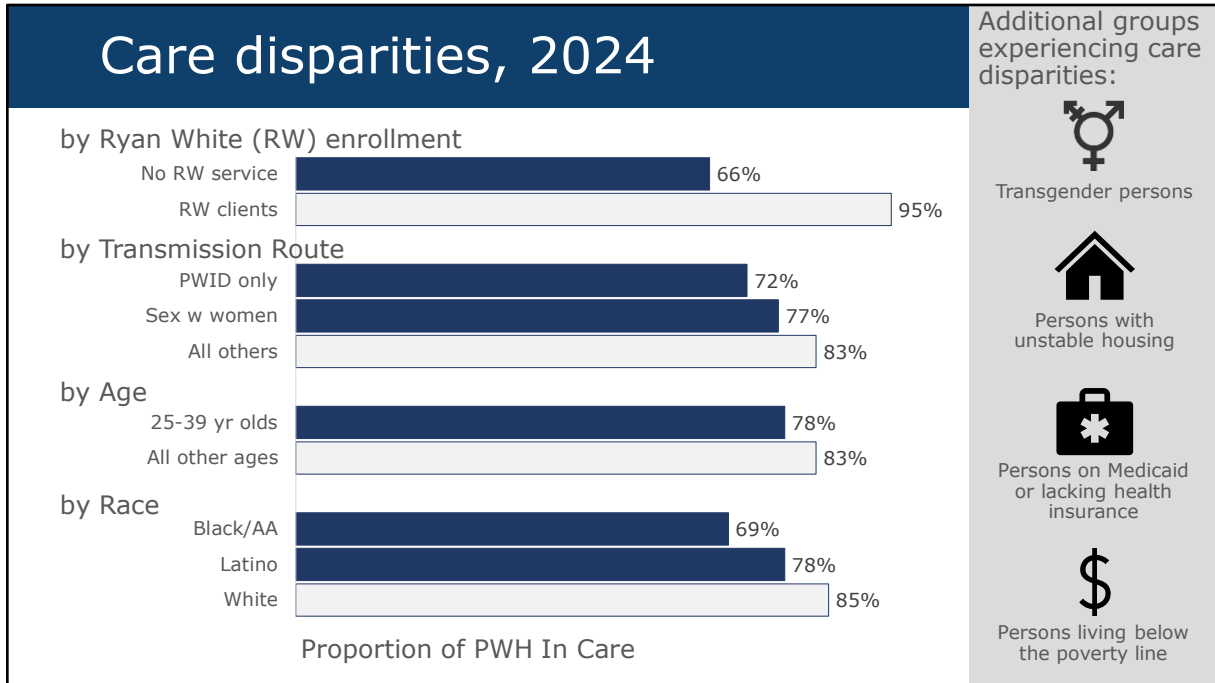


Getting into care is the first step toward achieving viral suppression, improving an individual’s prognosis, and reducing transmission risk. In Michigan, the target is to increase the proportion of PWH In Care (at least one CD4, viral load, or genotype test during the year) from 78% in 2020 to 95% in 2030. Therefore, the midpoint target is 86% by 2025. During 2021, care rates improved enough to meet the annual goal, however care has not improved since 2022.

With 2020 as baseline, the 2025 goal is essentially a 5-year target to recuperate care rates observed pre-COVID. While the COVID-19 pandemic had a major effect on care visits during 2020 and 2021, the stagnation of care rates from 2016-2019 indicate other barriers are preventing Michigan from reaching the 2030 goal. Low or stagnating care rates have a cascading effect – persons not in care cannot achieve viral suppression. This lowers community viral suppression levels, which increases community transmission risk. In order to reduce HIV transmissions at a population level, more PWH in the state need to be in care. This stage of the Care Continuum (engaging and retaining PWH in care) should be the primary focus of HIV care programs.

**For assistance getting into care, visit the [Link-Up Michigan website](#).**

Note: The 2025 Target is derived from Ending the Epidemic and UNAIDS Fast-Track 95-95-95 goal: by 2030, 95% of PWH are aware of their status, 95% of diagnosed PWH are in care, and 95% of person in care are virally suppressed. This is an update from the 2020 90-90-90 goal. Baseline for Ending the Epidemic strategies in the U.S. is 2017 (not 2020). However, we chose to shift the baseline to 2020 so the annual goals indicate how well we’re recovering. Maintaining annual goals from 2017 only tells us what we already know – COVID-19 set us back.

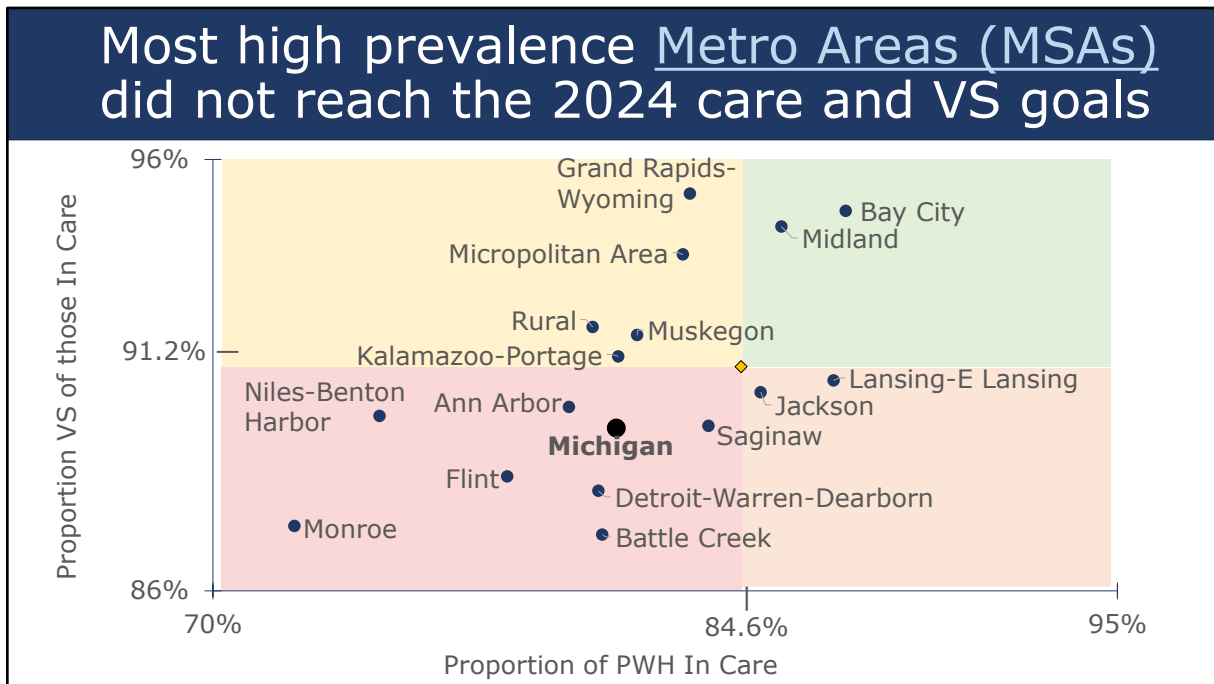


Some populations face significant barriers to receiving HIV care. The populations represented by dark blue bars experience lower care rates compared to the reference groups (light grey bars). Information regarding gender, housing status, health insurance, and income are often only reported among persons in care. Therefore, care rates cannot be reliably calculated for all groups of Michiganders living with HIV. However, based on available information (mainly viral suppression), it is very likely these groups also experience low care rates.

Disparity effects are compounding. Populations encompassing multiple low-care groups (e.g. 25-29 year olds not enrolled in RW) are usually less likely to be in care than populations falling into only one low-care group.

Notes:

- “PWID only” excludes MSM/PWID.
- “All others” under transmission route excludes persons with unknown transmission routes.



**MSA:** Metropolitan Statistical Area. An explanation of the MSAs can be found on the census bureau website, but the wiki page is more straightforward and easier to see which counties belong in which MSAs.

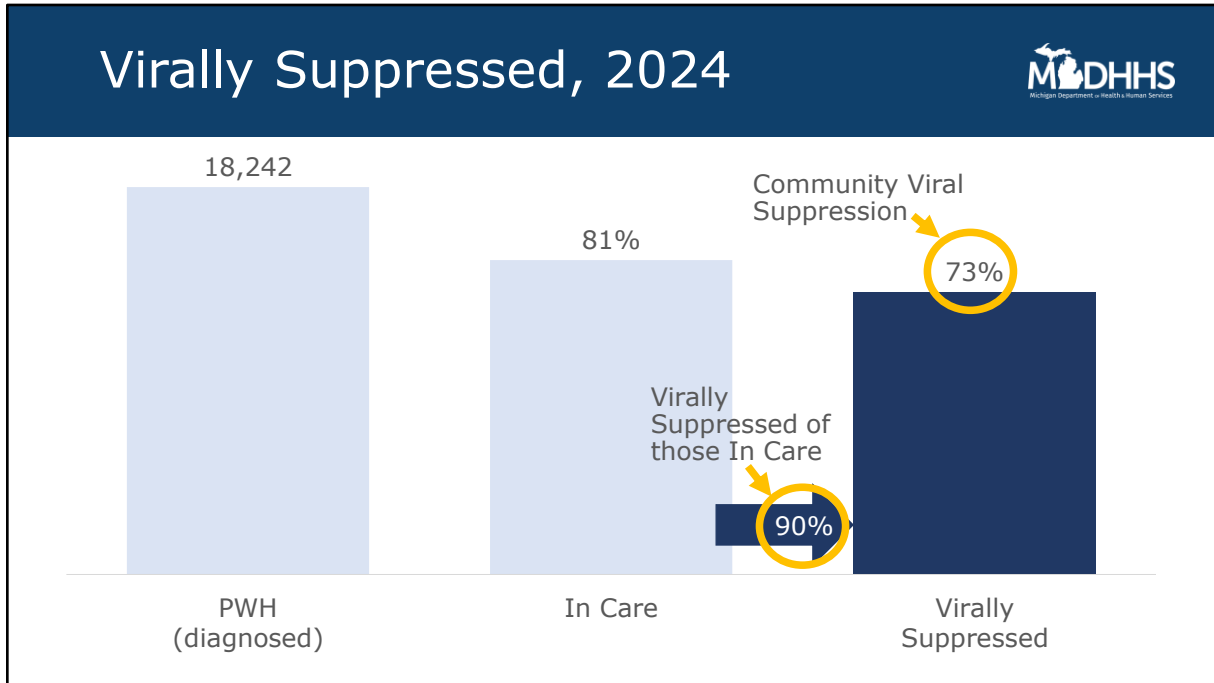
The x-axis is the proportion in care, and the y-axis is the proportion virally suppressed of those in care. To increase community viral suppression (VS of all PWH) and reduce transmission risk, 95% of PWH should be in care, and 95% of those in care should reach VS by 2030. Populations with at least 84.6% in care and 91.2% VS of those in care are on track to reach the 2030 goal.

Compared to the annual goal:

- MSAs in the upper right quadrant (green), have care and VS rates higher than the annual goal.
- MSAs in the upper left (yellow), have lower care rates and higher VS rates than the annual goal. These regions need assistance with retaining PWH in care.
- MSAs in the lower right (orange), have higher care rates and lower VS rates than the annual goal. These regions need assistance with treatment adherence.
- MSAs in the lower left (red), have lower care and VS rates than the annual goal. These regions need assistance with retaining PWH in care & treatment adherence.

# Viral Suppression

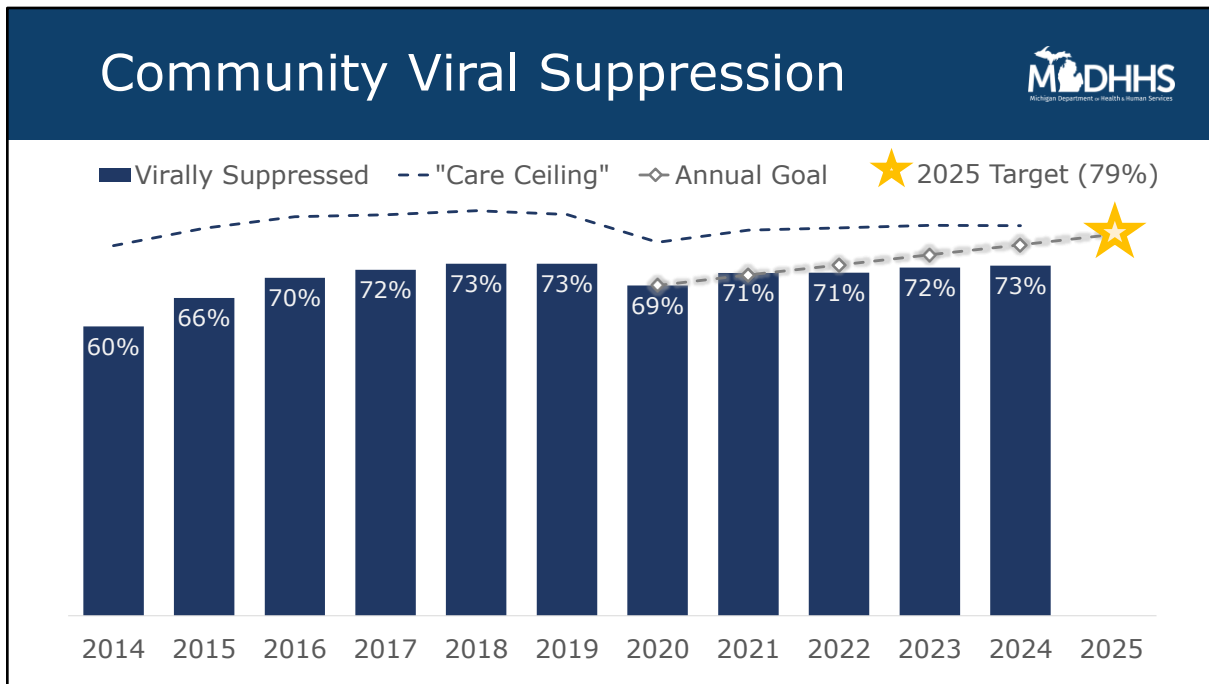




There are two ways to think about viral suppression, and each is useful for different purposes. Community viral suppression is the proportion of all diagnosed PWH who are virally suppressed (**VS divided by diagnosed PWH**). High community viral suppression indicates high treatment adherence and low transmission risk at the community level. Community viral suppression, however, cannot convey which populations struggle to reach VS even after being established in care. Viral suppression of those in care (**VS divided by those In Care**) does indicate which populations struggle to reach VS after care is established.

Because improved prognosis and transmission reduction at the community level are overarching goals, community viral suppression is the more commonly used indicator. VS of those in care should be used sparingly to determine priority populations for treatment adherence interventions and programs.

The good news is, in Michigan, once an individual is in care, the majority reach VS. The best way to increase community viral suppression in the state, is to focus on increasing the proportion in care (In Care/PWH).



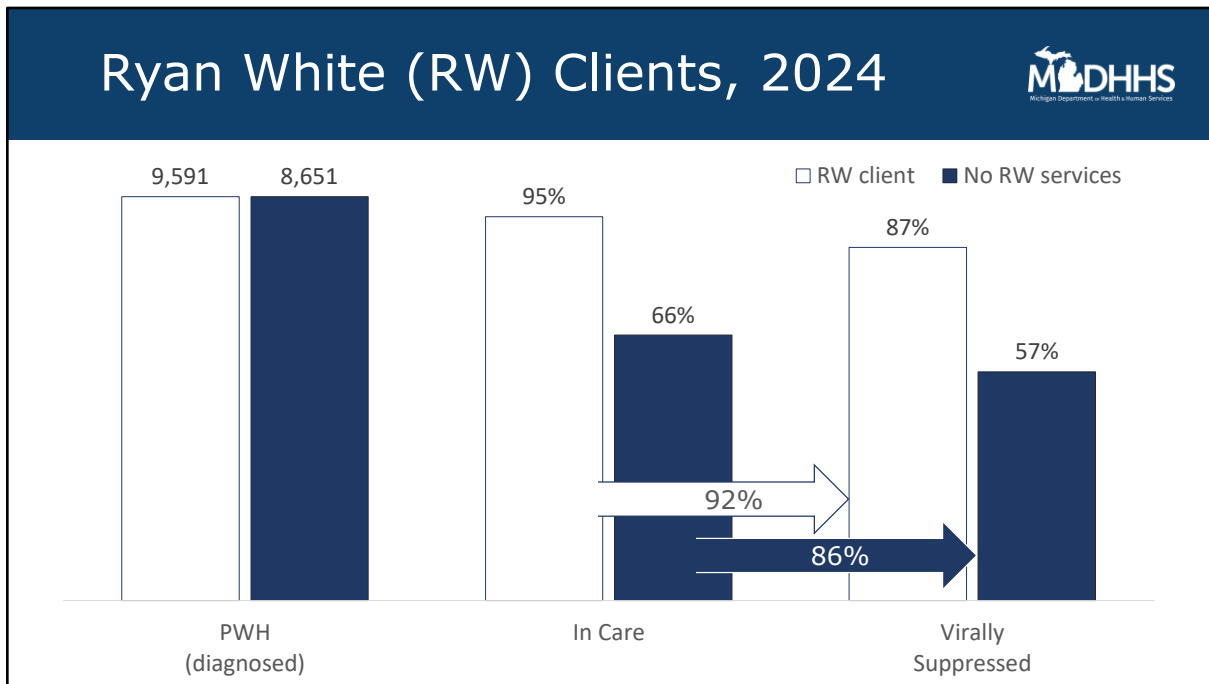
A person cannot be virally suppressed if they are not in care, so viral suppression can never exceed the proportion in care (i.e. the “care ceiling”). In Michigan, the target is to increase the proportion of PWH who are virally suppressed (viral load <200 copies/mL) from 69% in 2020 to 90% in 2030. Therefore, the midpoint target is 79% by 2025. During 2022, Michigan fell behind the annual community viral suppression goal. To reach this goal, the proportion in care must rise. Engaging and retaining PWH in care should be the primary focus of HIV care programs. Viral suppression will follow.

Note: The 2025 Target is derived from Ending the Epidemic and UNAIDS Fast-Track 95-95-95 goal: by 2030, 95% of PWH are aware of their status, 95% of diagnosed PWH are in care, and 95% of person in care are virally suppressed. In Michigan during 2021, 89% of persons in care were virally suppressed (on track for the 3<sup>rd</sup> 95 of the 95-95-95 goal). This is an update from the 2020 90-90-90 goal. Baseline for Ending the Epidemic strategies in the U.S. is 2017 (not 2020). However, we chose to shift the baseline to 2020 so the annual goals indicate how well we’re recovering. Maintaining annual goals from 2017 only tells us what we already know – COVID-19 set us back.

# Ryan White Care Continuums

Includes persons who received at least one  
Ryan White (RW) service during the given year.



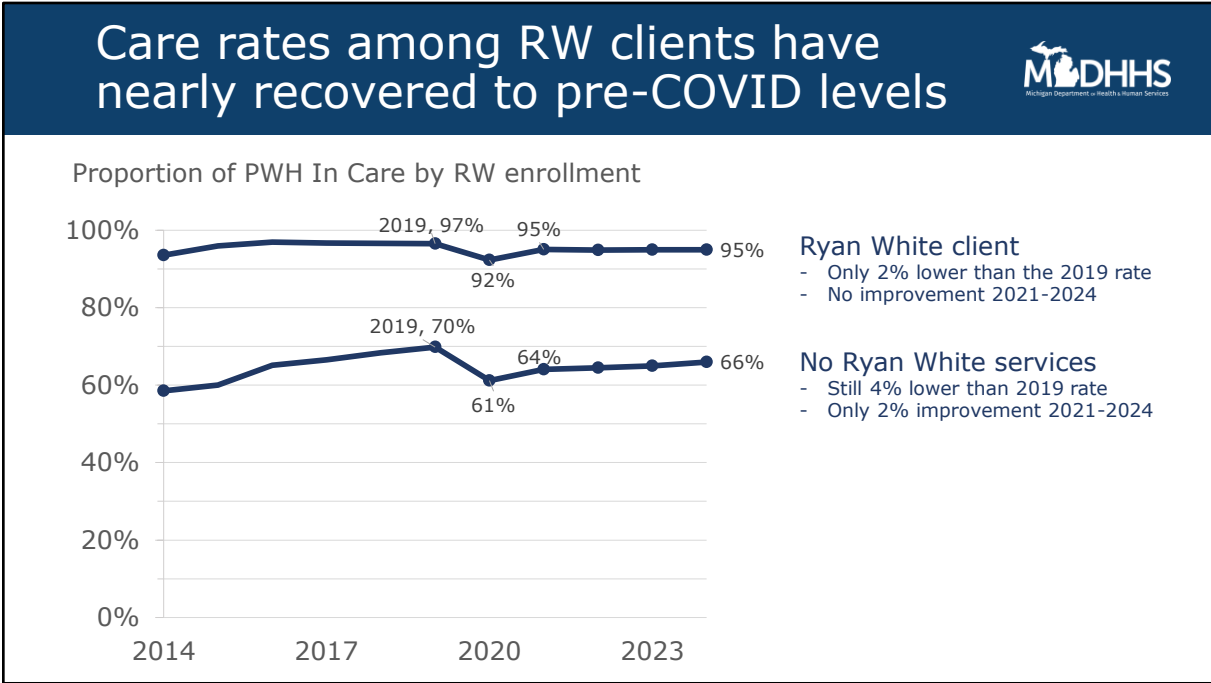


**RW clients** are individuals who received at least one RW funded service during the given year.

The largest care disparity is between those enrolled and not enrolled in Ryan White (RW). **Care programs should focus on engaging and retaining all eligible PWH in RW.** Of Medical Monitoring Project (MMP) participants 2015-2019, 89-97% were eligible for RW, but only 72% received a service during the year of their MMP interview. Of all PWH, only 50% receive services each year, but an additional 15-25% are likely eligible based on previous enrollment status. Of the previously enrolled out of care PWH, 84% were in care when they were enrolled in RW.

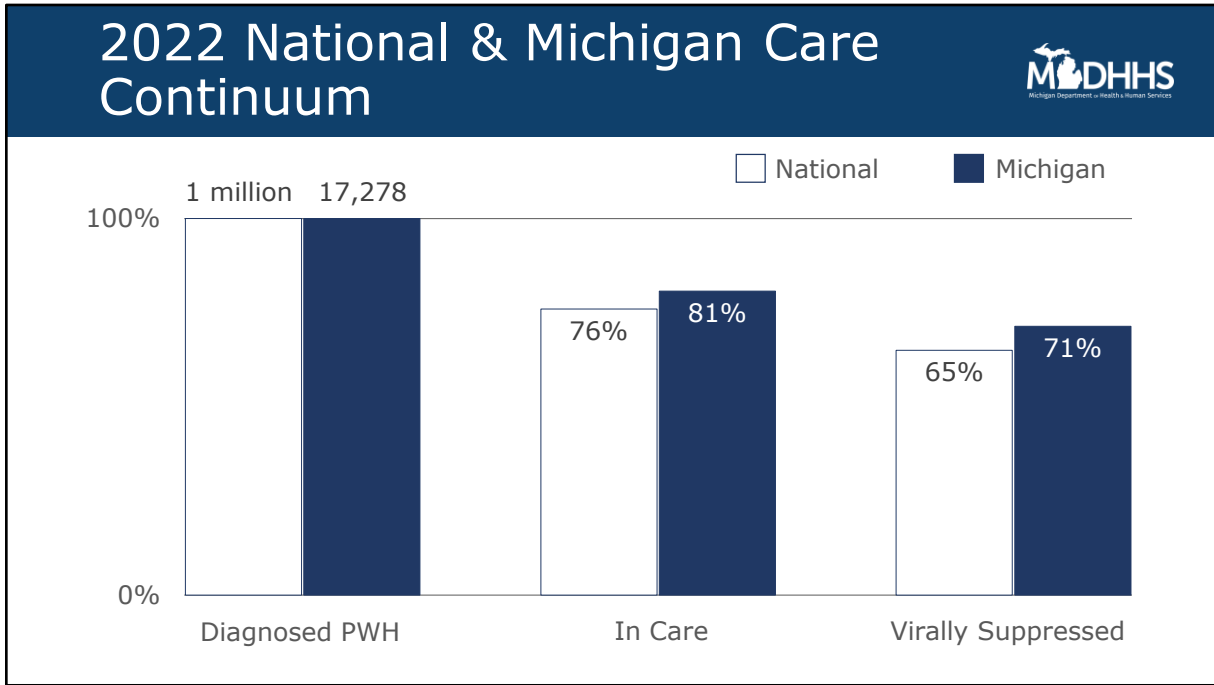
The second 95 of the Ending the Epidemic and UNAIDS Fast-Track 95-95-95 goal (95% of diagnosed PWH are in care) has been achieved among Ryan White (RW) clients. RW programs need to focus on retaining persons in RW care and improving viral suppression among their clients.

The viral suppression (VS) disparity is mainly due to this care disparity (anyone not in care is considered not VS). However, additional disparities exist. The viral suppression rate of those in care has been diverging since 2019. In 2019, 90% of RW clients in care were VS compared to 86% of non-RW clients. In 2024, VS among RW clients in care rose to 92% while the proportion among PWH not receiving RW remained the same (86%).



# National Comparison





Compared to PWH nationally, Michigan residents experience better care outcomes.



For STI or HIV Data Requests or  
Technical Assistance, visit  
[Michigan.gov/SHOARS](https://Michigan.gov/SHOARS).

