

# HIV Trends

## New diagnoses 2015-2024

Data as of September 2025



The HIV Trend Report includes persons diagnosed with HIV while living in Michigan. This slide set highlights key HIV diagnosis trends over the past 10 years and is meant to guide care and prevention strategies. Changes in short term trends - such as an outbreak - are monitored by the MDHHS [Network Detection and Response](#) team monthly.

To view the tables used to create this slide set, confidence intervals, and other geographic and demographic breakdowns, please see the HIV Trends Tables. When available, census data are used to calculate rates of new diagnoses. Using rates (rather than counts) when comparing regions, demographic groups, or changes over time is critical. For further explanation, see our 5 minute [Epidemiology 101 video](#).

Negative binomial regression and Poisson distributions are utilized to determine statistically significant changes in new diagnoses over the preceding 10 years. For simplicity, statistically significant changes ( $p < 0.05$ ) are referred to as “significant” increases or decreases. Important trends where  $0.05 \leq p \leq 0.1$  are referred to as “marginally significant”. Often non-significant trends that visually appear significant are due to large variability year to year. When something is “significant” it means we are 95% sure the upward or downward trend is real.

# Overview 2015-2024



Overall, diagnoses continue to decrease among most **priority populations (in bold)** across the state.

## Decreased diagnoses

- **Detroit LHD jurisdiction** (slide 8)
- Oakland Co. (slide 9)
- Washtenaw Co. (slide 10)
- **Black/AA persons** (slide 19)
- **Persons 20-29 years old** (slide 22)
- **Black/AA men 20-39 years old** (slide 23)
- **Men who have sex with men** (slide 26)

## Additional populations of interest

- Kent Co. (slides 10 & 11)
- Persons of Hispanic/Latino decent (slide 20)
- Subgroups of PWID (slides 27 & 28)

## Increased diagnoses

- Western Lower Peninsula including Grand Traverse Region, Central West, Barry-Eaton, and Southwest boarder (slides 12-16)
- **Persons 30-39 years old** (slide 22)
- Undisclosed reason for transmission (a.k.a risk, slide 25).

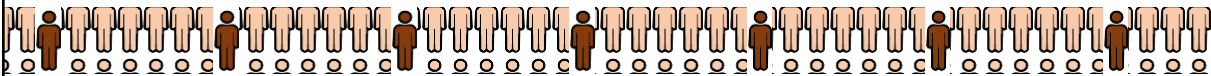
## Acronyms

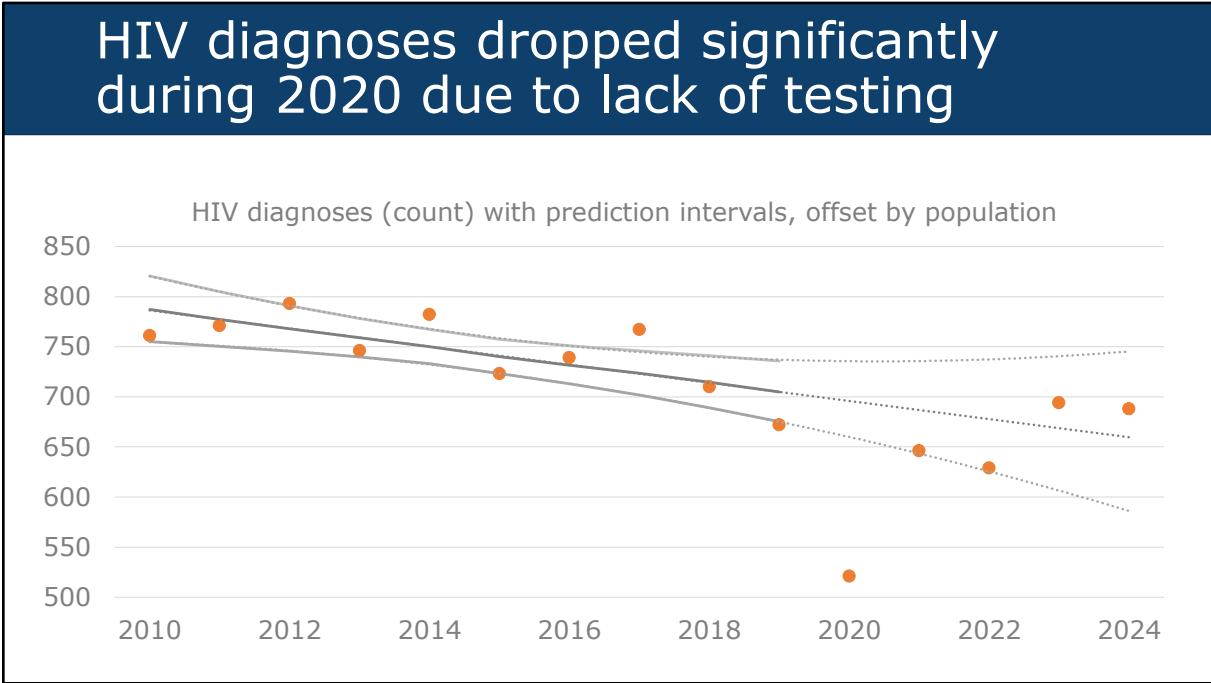
Black/AA: Black/African American  
LHD: Local Health Department  
MSM: Men who have sex with men  
PWH: Persons with HIV  
PWID: Persons who inject drugs

## Notes

- Trendlines and significance testing do not include 2020 diagnoses. Further information is on the next slide.
- Trends are a measure of new diagnoses, not recent transmissions. Historically, new diagnoses were a consistent proxy for recent transmissions. This may still be the case, but the drop in testing during 2020 has made the relationship questionable.

CDC estimates 1 in 7 PWH are not diagnosed.





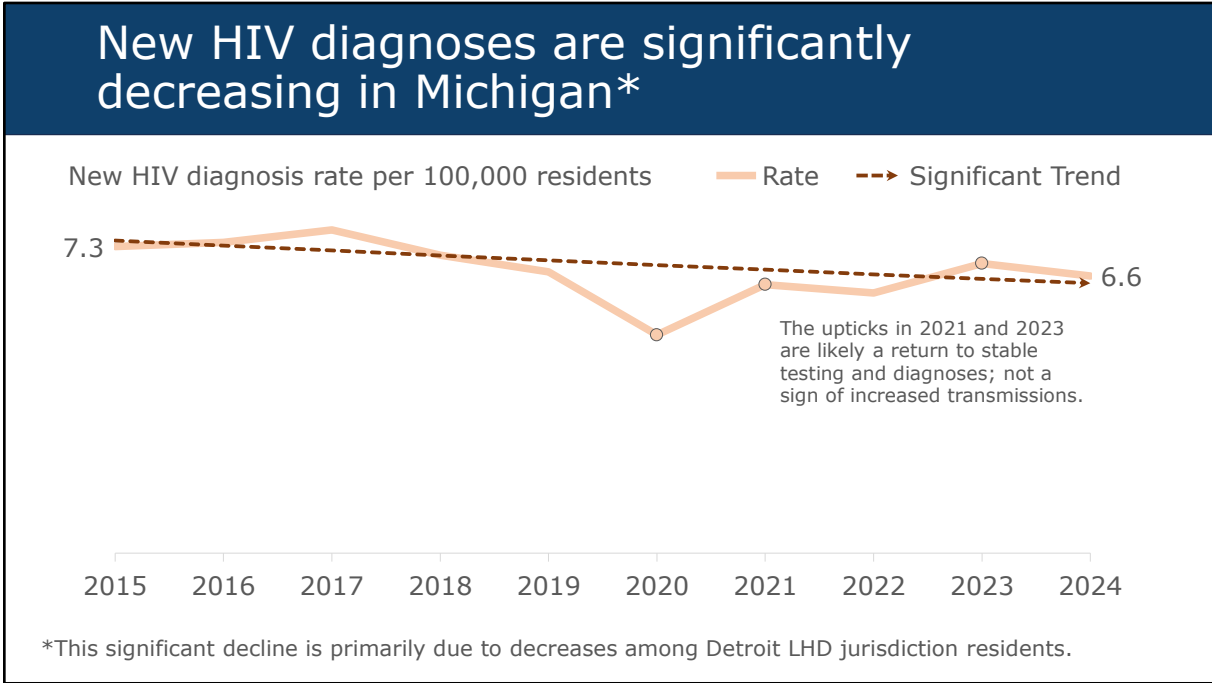
Given the 2010-2019 trend (grey line with prediction intervals), new diagnoses during 2020 were 25% lower than expected. The magnitude of this drop was most likely due to lack of testing, not a decrease in actual transmissions. STI’s, specifically Syphilis diagnoses among men who have sex with men, did not decline during 2020 or 2021 – a relatively good proxy for HIV transmissions.

Due to COVID-19, the Stay Home Stay Safe (SHSS) order from March 23 – June 1 closed all non-essential businesses, including many HIV testing sites. Post SHSS, Local Health Departments (LHD’s) and Community Based Organizations (CBO’s) switched from walk-in HIV testing to testing by appointment only which greatly reduced testing volume. Most diagnoses during 2020 occurred in primary care settings or in Emergency Departments.

Nationally, high diagnosis counts were observed post-2020 – balancing out the 2020 drop ([AtlasPlus](#)). If the 2010-2019 trend is an accurate representation of incidence post-2020, a deficit of diagnoses from 2020 remains. However, if the trend shifted and the trajectory seen between 2015-2022 (excluding 2020) is correct, the HIV diagnoses missed in Michigan during 2020 were likely identified in 2023-2024. There is evidence to support both conclusions, and BHSP will continue to monitor shifting trends and reduce the number of undiagnosed PWH.

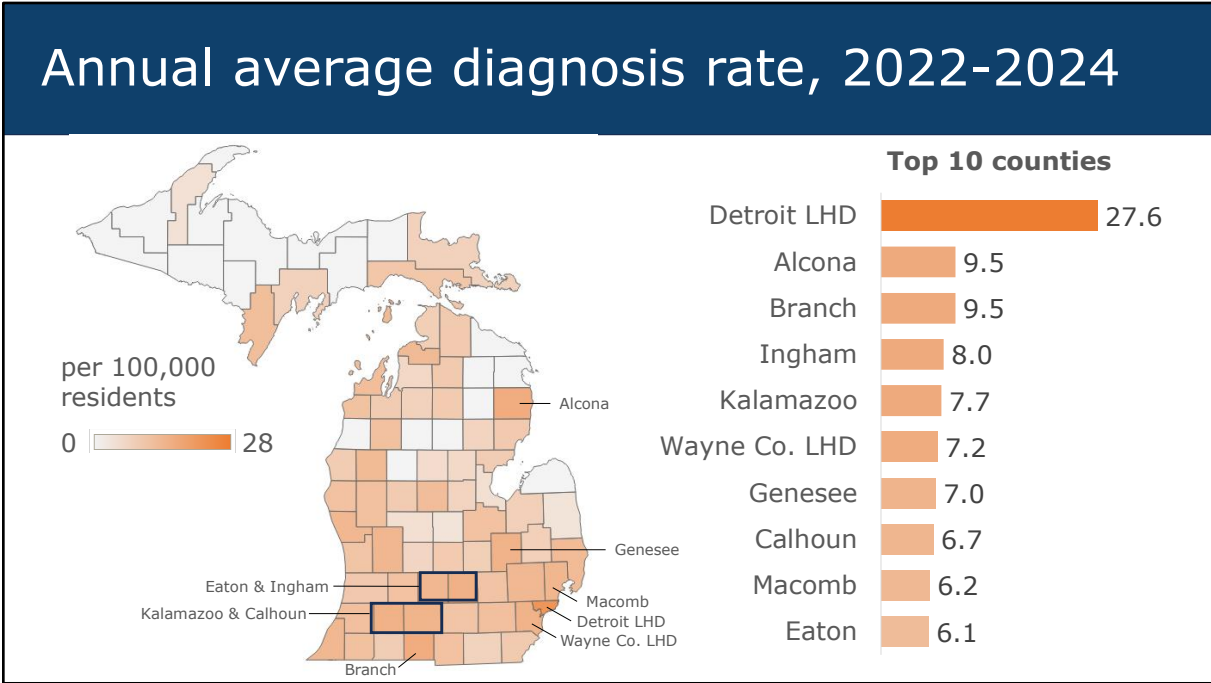
# Geographic Trends





The rate of new diagnoses significantly declined among Michigan residents by 1.6% per year. This significant decline is due to decreases among Detroit LHD jurisdiction residents (see slide 8).

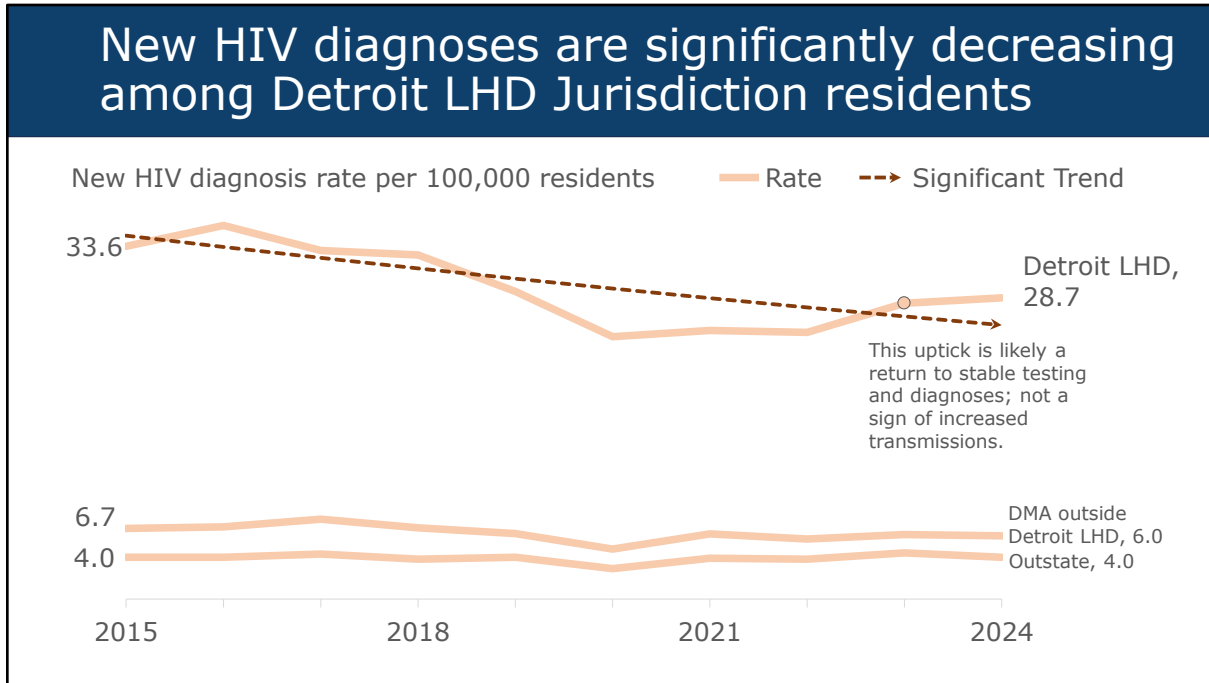
Brown trendlines indicate a significant change ( $p < 0.05$ ) while an absence of a trendline indicates changes not significantly different from zero.



The **Detroit Local Health Department (LHD)** jurisdiction includes persons living in the cities of Detroit, Highland Park, Hamtramck, Harper Woods, or the Grosse Pointes. The **Wayne Co. LHD** includes person living in Wayne County outside the Detroit LHD.

**Alcona County** experienced 3 diagnoses in 2024. This will be monitored for additional HIV transmissions. Prior to 2024, 4 Alcona County residents were diagnosed with HIV during the entire decade of the 1990’s, and an additional resident was diagnosed in 2007. These three diagnoses in 2024 are the first since then.

Further information regarding **Branch County** is included on slides 12 and 16.



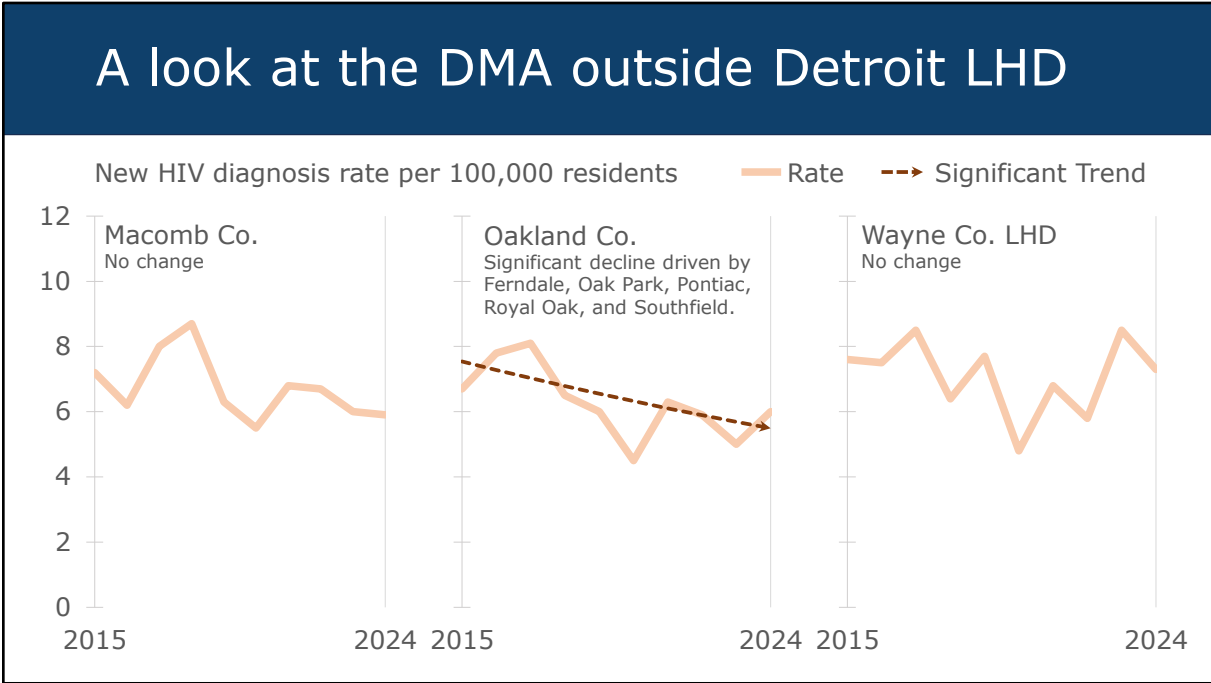
The **Detroit Local Health Department (DLHD)** jurisdiction includes persons living in the cities of Detroit, Highland Park, Hamtramck, Harper Woods, or the Grosse Pointes.

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

**Outstate** includes persons living in Michigan outside the DMA.

The rate of new diagnoses significantly declined among residents of the Detroit LHD jurisdiction by 3.1% per year. This caused significant declines in the DMA (2.6% per year) and the state of Michigan (1.6% per year) as a whole, but those significant decreases disappear when the DLHD jurisdiction is excluded.

Brown trendlines indicate a significant change ( $p < 0.05$ ) while an absence of a trendline indicates changes not significantly different from zero.



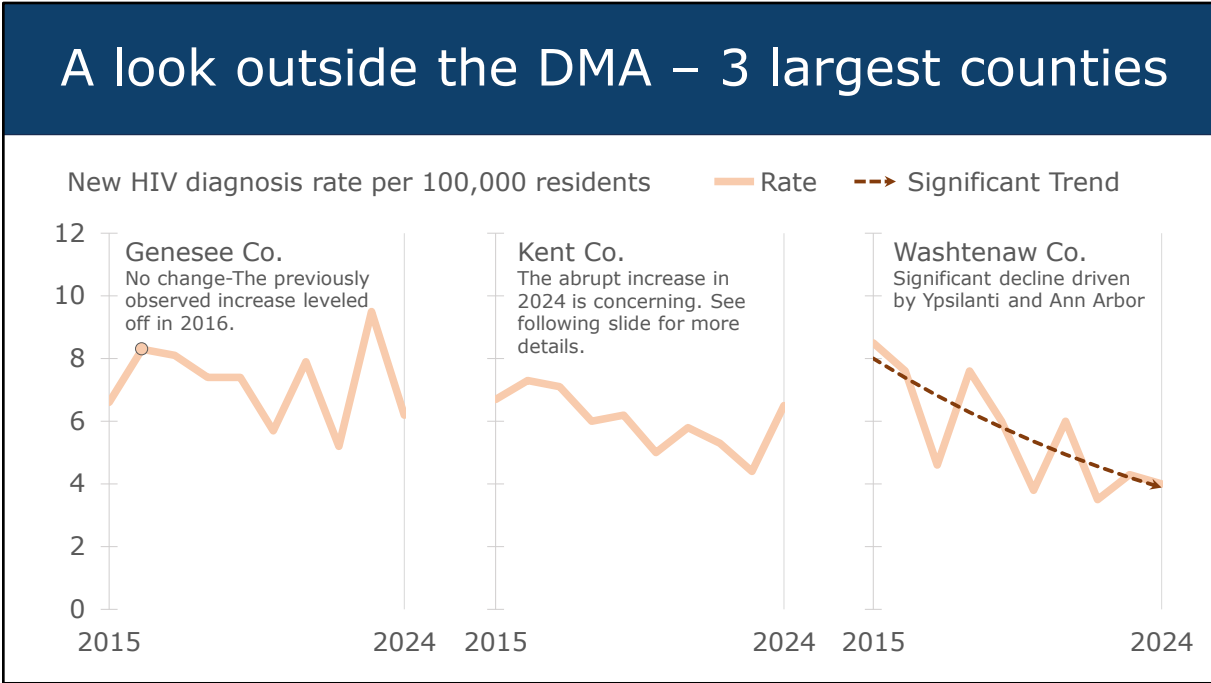
NOTE: The y-axis scale is the same for all graphs.

The **Detroit Local Health Department (LHD)** jurisdiction includes persons living in the cities of Detroit, Highland Park, Hamtramck, Harper Woods, or the Grosse Pointes.

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- No change in **Macomb** County.
- **Oakland** County significantly decreased by 3.5% per year.
- **Wayne Co. LHD** (Wayne Co. outside the Detroit LHD jurisdiction) was declining significantly pre-2020. This year, the decline was not significant due to the high diagnosis rates in 2023 and 2024. It is possible the number of diagnoses in 2023 and 2024 made up for those missed in 2020. Next year should give a clearer picture of Wayne LHD’s post-2020 trend.
- No significant changes were observed among Lapeer, Monroe, or St. Clair Counties.

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NOTE: The y-axis scale is the same for all graphs.

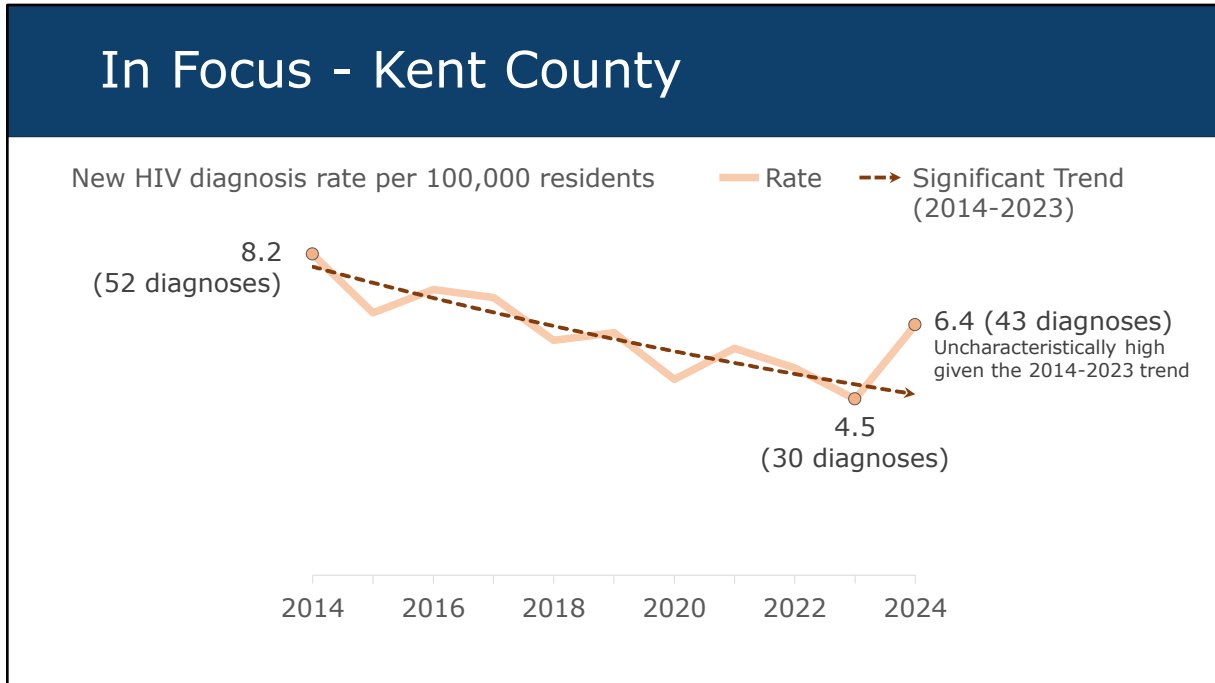
**DMA** is the Detroit Metro Area and includes Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne (including Detroit) counties.

**Genesee** County experienced significant increases within and outside of Flint until 2016. Since then, the diagnosis rate has been relatively stable (i.e. higher than historic rates but not increasing further).

Historically, new diagnoses among **Kent** County residents consistently decrease; the abrupt increase in 2024 is concerning.

Diagnoses decreased significantly for **Washtenaw** County residents by 7.7% per year.

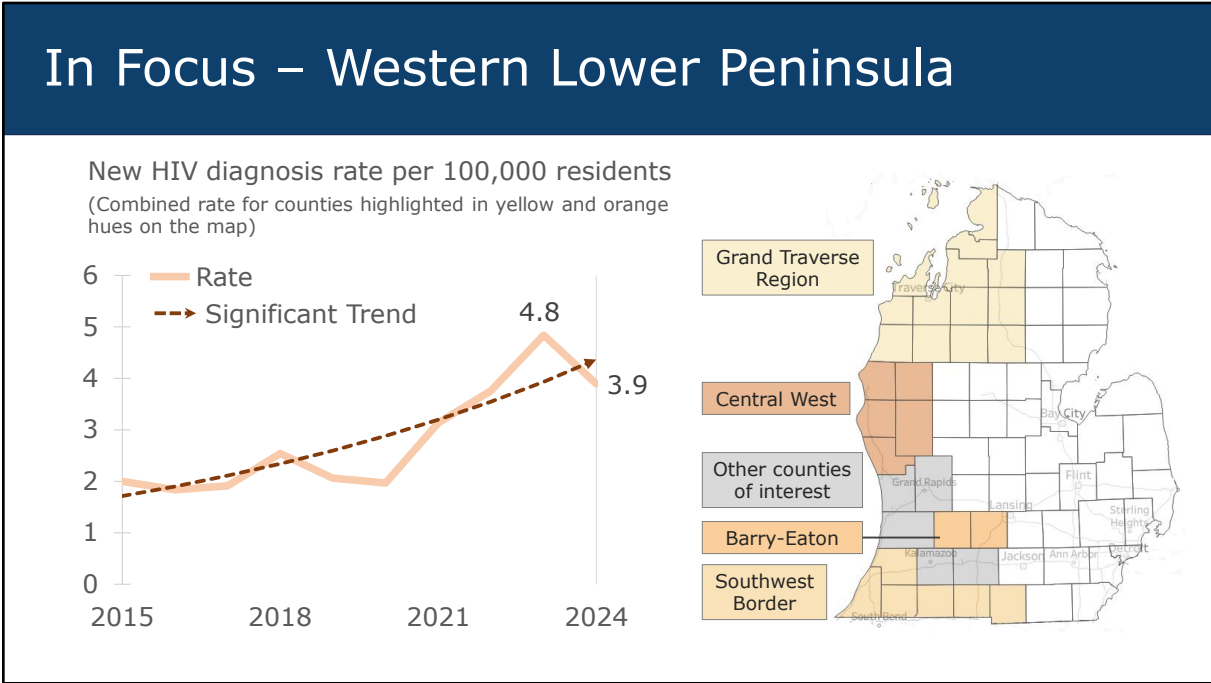
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There is uncertainty around the validity of the 2024 increase. It is *possible* that delayed or missing previous diagnostic information could falsely give the impression of increased new diagnoses\*. *However*, the two SHiNe networks (indicating rapid and recent HIV transmission) including Kent Co. residents were identified during the first half of 2025. Since 2018, only two SHiNe networks have been identified previously. Therefore, MDHHS is collaborating with community partners and LHDs to establish regional response groups and coordinate interventions.

Each summer, Kent County and the mid-to-southwestern region of Michigan routinely alert to SHiNe or time-space networks, often linked to increased seasonal activities in summer months. In 2025, however, increases began earlier. Our April analysis identified the first time-space network, with diagnoses from January–March, along with a simultaneous increase just south of Kent County.

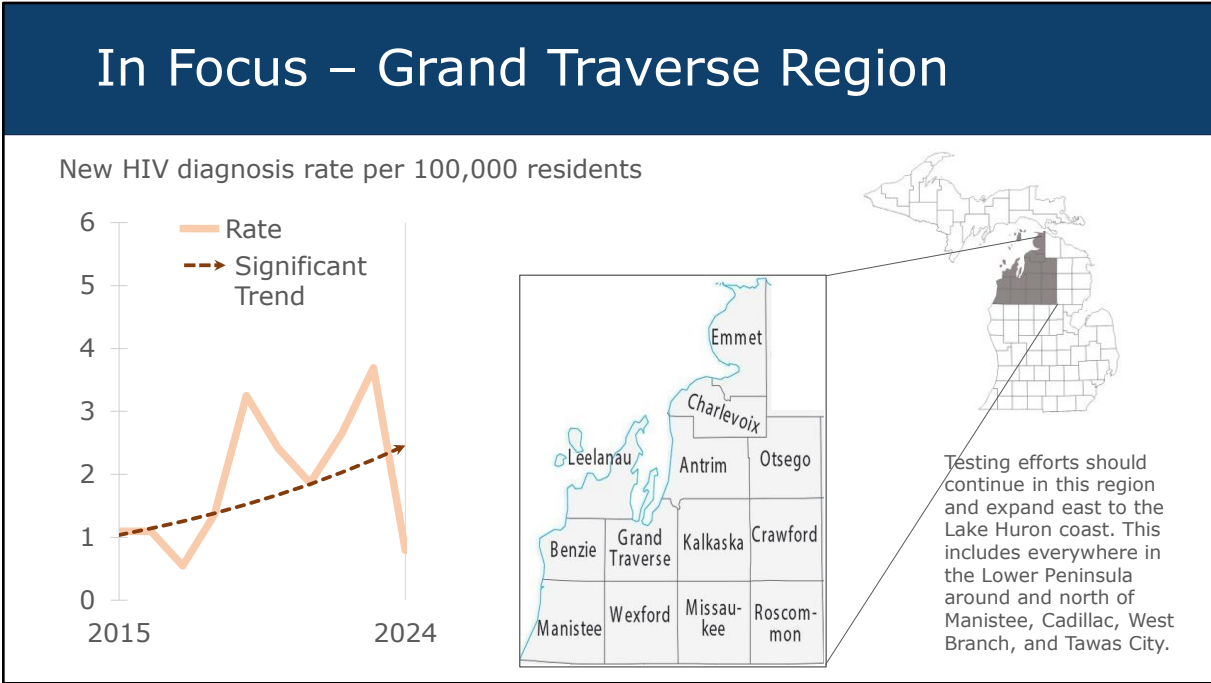
\*An additional short report regarding this topic and how it impacts trend analysis for Hispanic and Latino persons is expected to be published by the end of the year.



HIV diagnoses among residents of the labeled regions (yellow and orange hues on the map to the right) have significantly increased over the past decade. Networks were frequently identified in these areas during recent years. Specific information for each region is on the following slides.

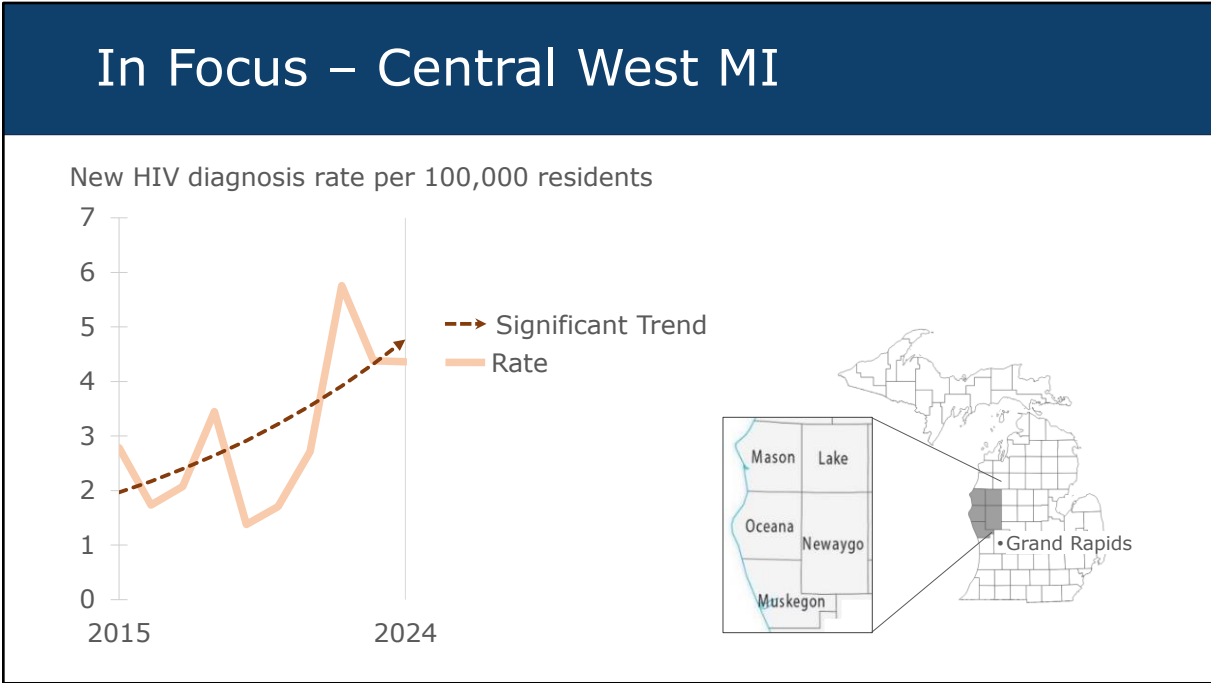
Kent County is highlighted in grey. Details are provided on the previous slide. Other counties in grey (Allegan, Ottawa, Kalamazoo, and Calhoun) did not reach statistically significant increases on this year’s report, they were identified as areas with increasing diagnoses within the last two years and had or currently have ongoing networks that are being addressed.

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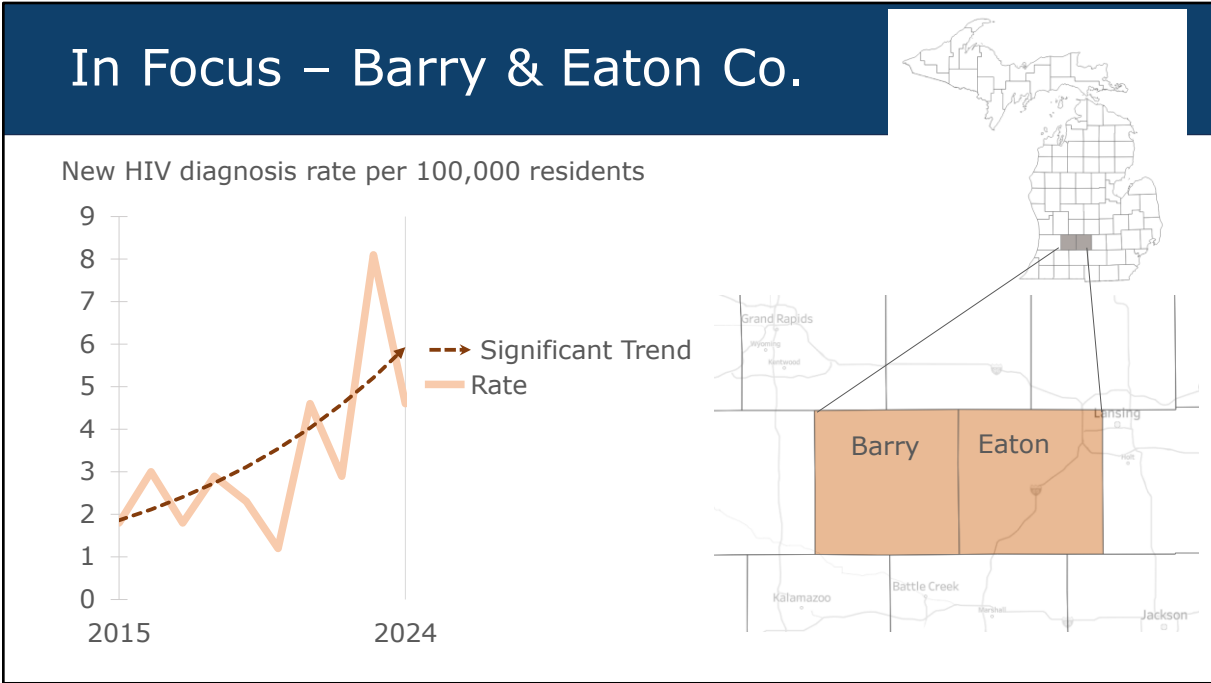
The HIV diagnosis rate in this region has increased by 10.1% per year since 2015. The first indication occurred in 2018 when an oddly high number of new diagnoses were identified in Kalkaska County. Since then, the region was identified several more times through morbidity monitoring and network detection. These new diagnoses are predominately older (over 35 years old) heterosexual-presenting individuals who are being diagnosed in a hospital setting at stage 3. In-Depth Interviews with network members revealed several individuals participated in consensual non-monogamy. BHSP has encouraged and supported increased HIV prevention efforts and resources in the region, however given the low number of diagnoses during 2024, many individuals likely remain undiagnosed.

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The HIV diagnosis rate in the region increased 10.3% per year. While the majority of persons newly diagnosed with HIV in this region reside in Muskegon County (70% since 2022), the other counties account for a larger share since 2022 (30% rather than the historic 17%).

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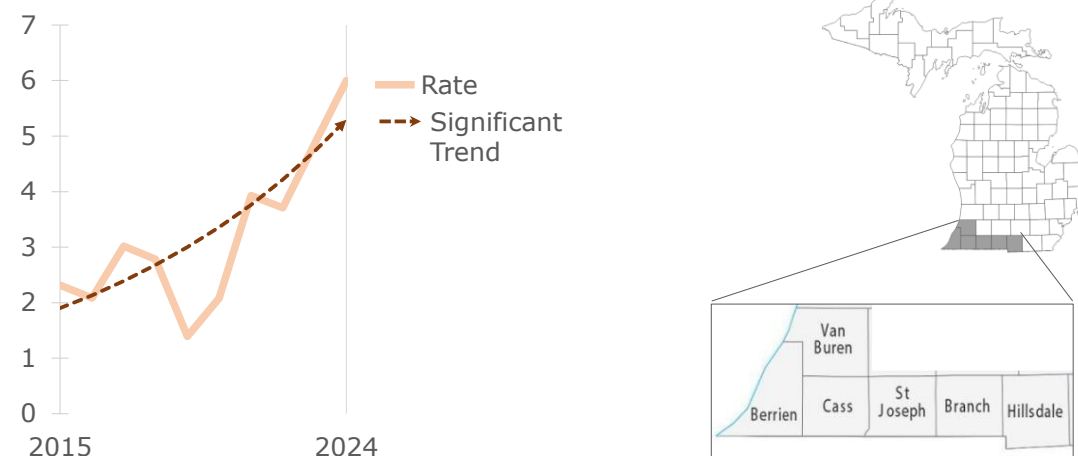
Barry and Eaton Counties are located between several major cities (Grant Rapids, Lansing, Kalamazoo, Battle Creek, and Jackson). The HIV diagnosis rate increased by 13.7% per year since 2015. Half of the individuals diagnosed since 2021 live in the city of Lansing (Eaton Co.), but HIV diagnoses are increasing among residents of both Barry and Eaton Counties outside Lansing.

Additionally, MDHHS staff identified a Time-Space (TS) alert in Q4 of 2021 that was focused in the Lansing area. This network was highly interconnected with multiple network members naming other network members during Partner Service interviews. This pattern of connection was supported by the identification of a SHiNe network in the next quarter (Q2 2023) that included all the TS network members.

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## In Focus – Southwest Border

New HIV diagnosis rate per 100,000 residents



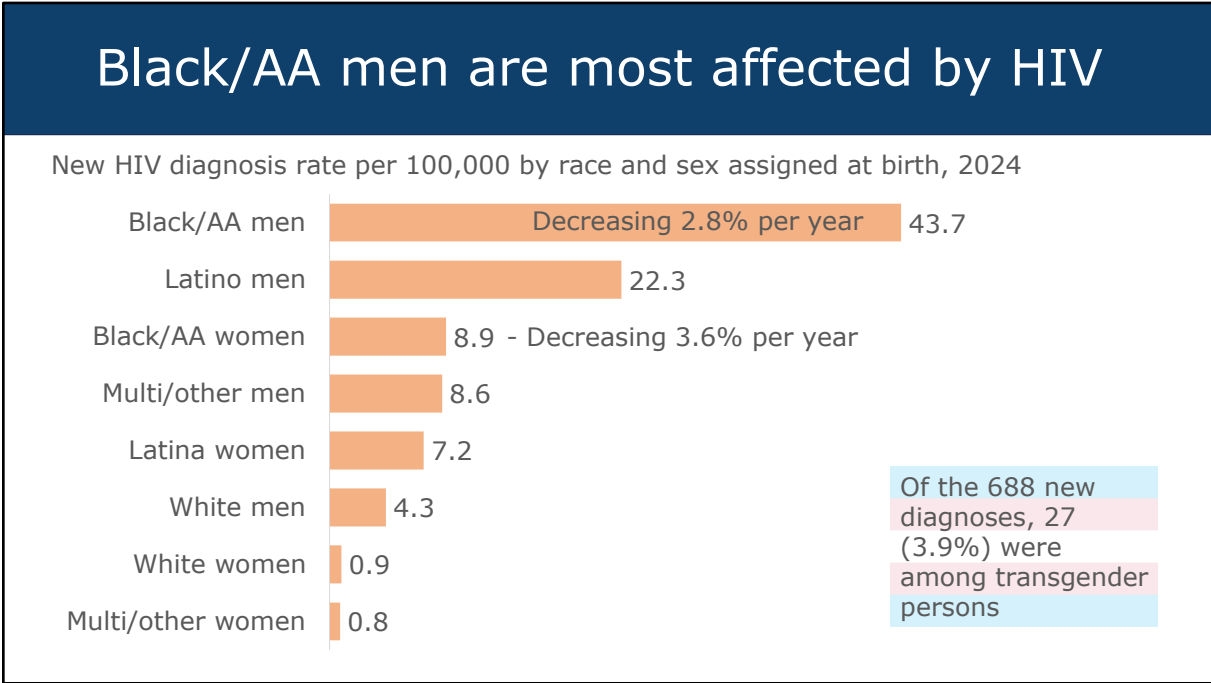
- **Berrien County:** While the 10-year trend was not statistically significant, the diagnosis rate in 2024 (9.2 diagnoses per 100,000) was more than double the average rate of the previous 9 years (3.8). Similar to Kent Co. the sudden increase is concerning.
- **Van Buren-Cass:** Diagnoses have increased though the trend is not statistically significant.
- **Branch-Hillsdale-St. Joseph LHD** had a significant increase of 19.7% per year since 2015. Branch County also contains a PWID network that is being addressed by the Network Detection and Response team.

This region is also located within the larger Prosperity Region 8 where a Time-space network was identified in January 2025. Branch, St. Joseph, Van Buren, and Cass counties contain network members that are associated with injection drug use.

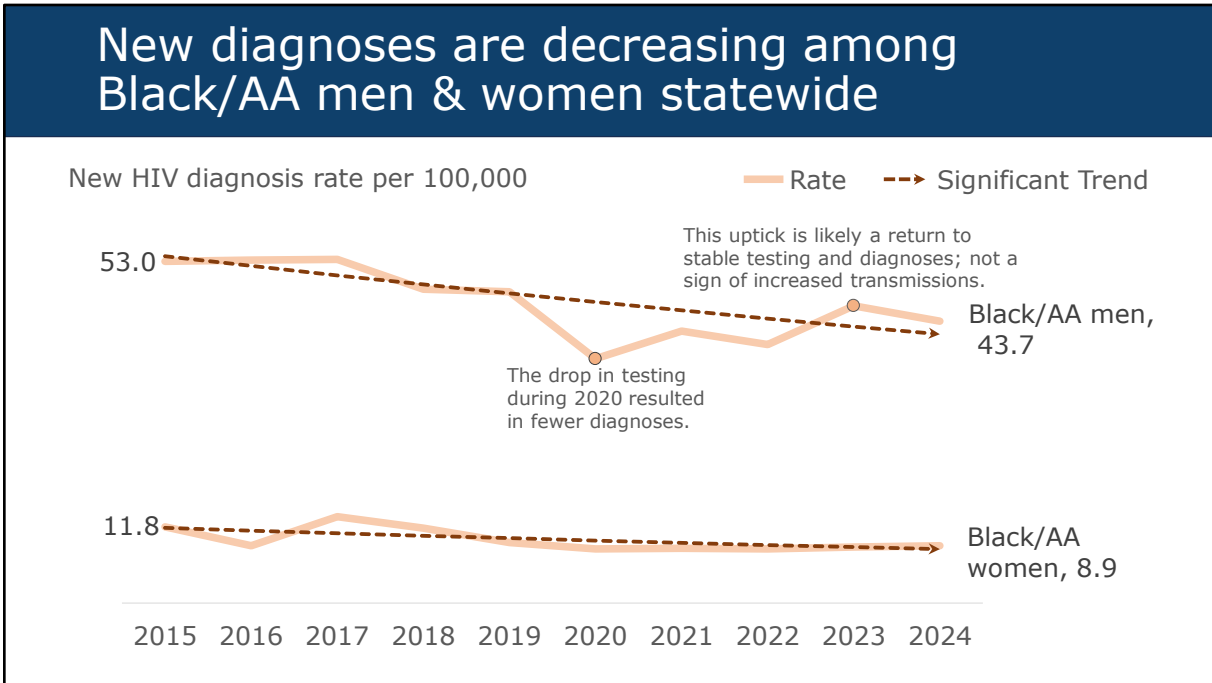
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# Demographic Trends



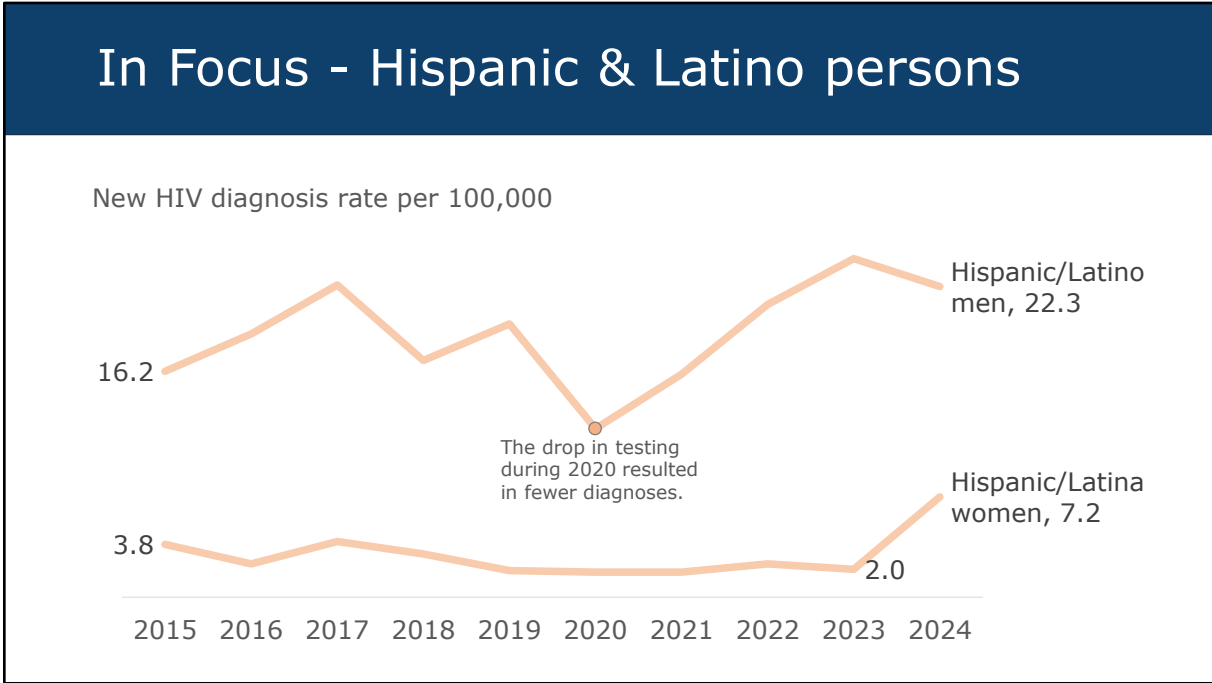


Statistically significant changes between 2015-2024 are noted on the chart.



- The new diagnosis rate among Black/AA men significantly decreased by 2.8% per year. Decreases were observed statewide.
- The new diagnosis rate among Black/AA women significantly decreased by 3.6% per year. Decreases were observed statewide.

Brown trendlines indicate a significant change ( $p < 0.05$ ) while an absence of a trendline indicates changes not significantly different from zero.



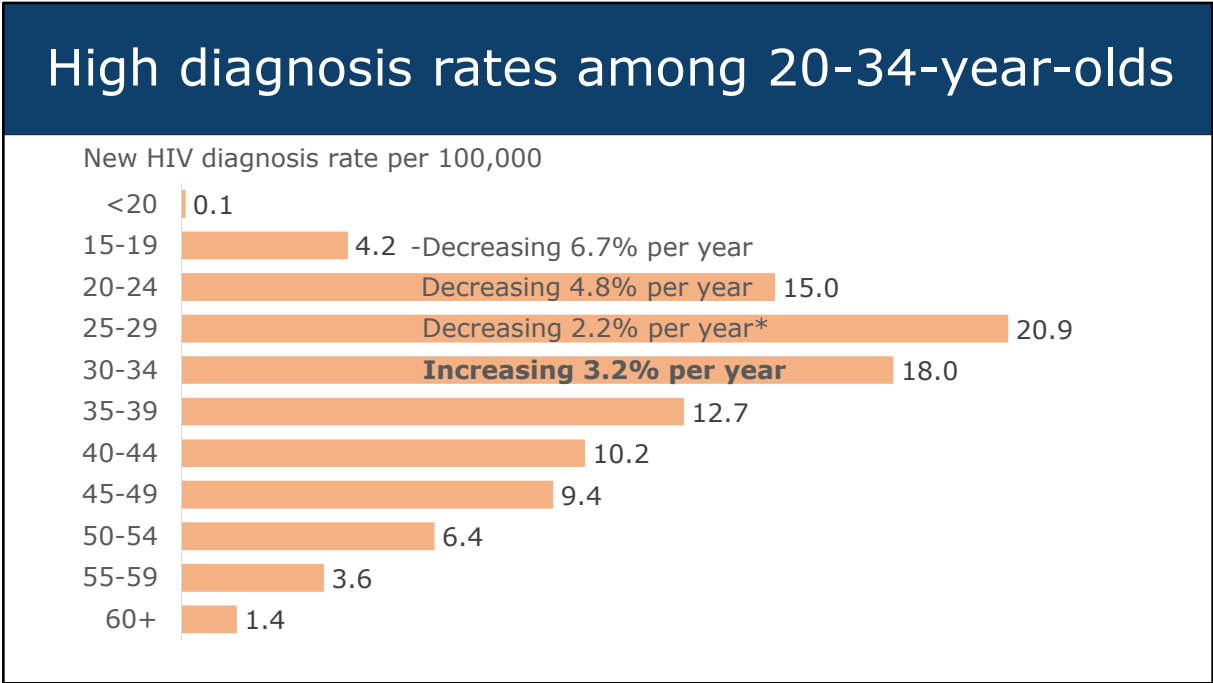
Additional short report for Hispanic and Latino persons is expected to be published by the end of the year exploring this uncertainty.

Hispanic/Latino men:

- **Based on current information** the new diagnosis rate among Hispanic/Latino men did not significantly increase between 2015 and 2024. The steepness after 2020 is partially a return to stable testing and likely reflects a delay in initial diagnostic reporting from other states – a common issue with Hispanic and Latino persons.
- While new diagnoses among Michigan Hispanic/Latino residents may not be increasing, the overall Hispanic/Latino population is rapidly increasing in Michigan; increasing the prevalence of Hispanic/Latino persons with HIV in Michigan. This will be explored further in the forthcoming short report.

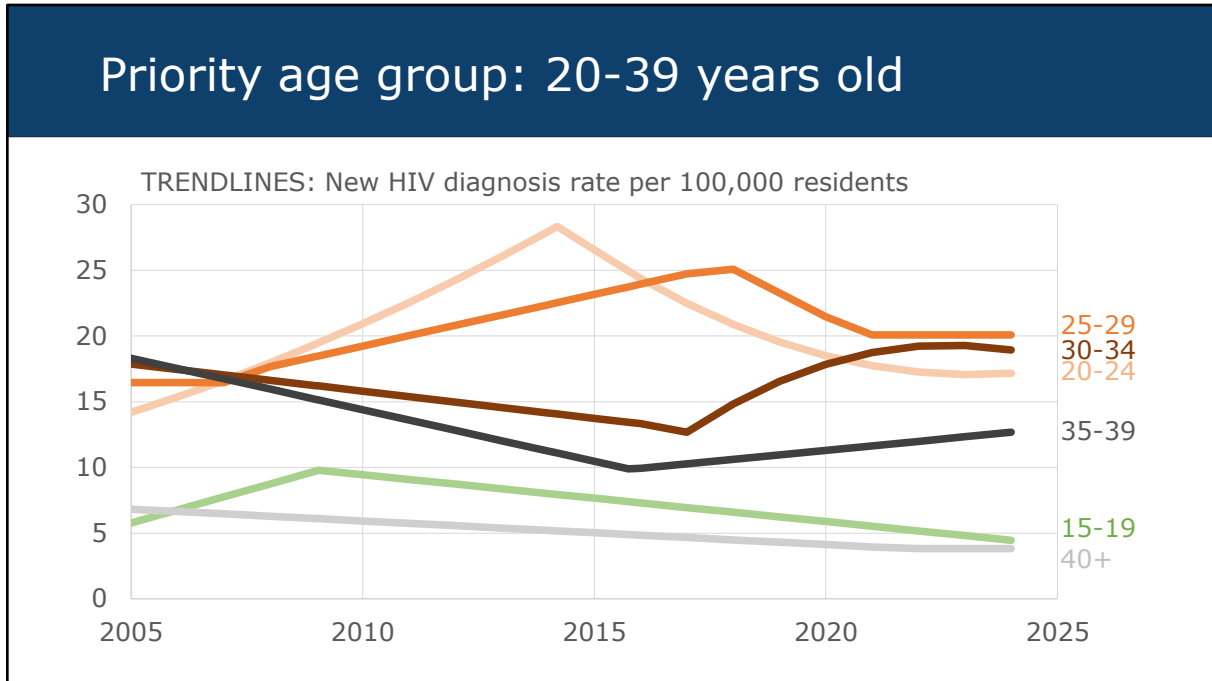
Hispanic/Latina women:

- **Based on current information** the new diagnosis rate among Hispanic/Latina women did not significantly change over the 10-year period, however the sharp increase in 2024 is concerning. New diagnoses are occurring statewide.



Statistically significant changes between 2015-2024 are noted on the chart.

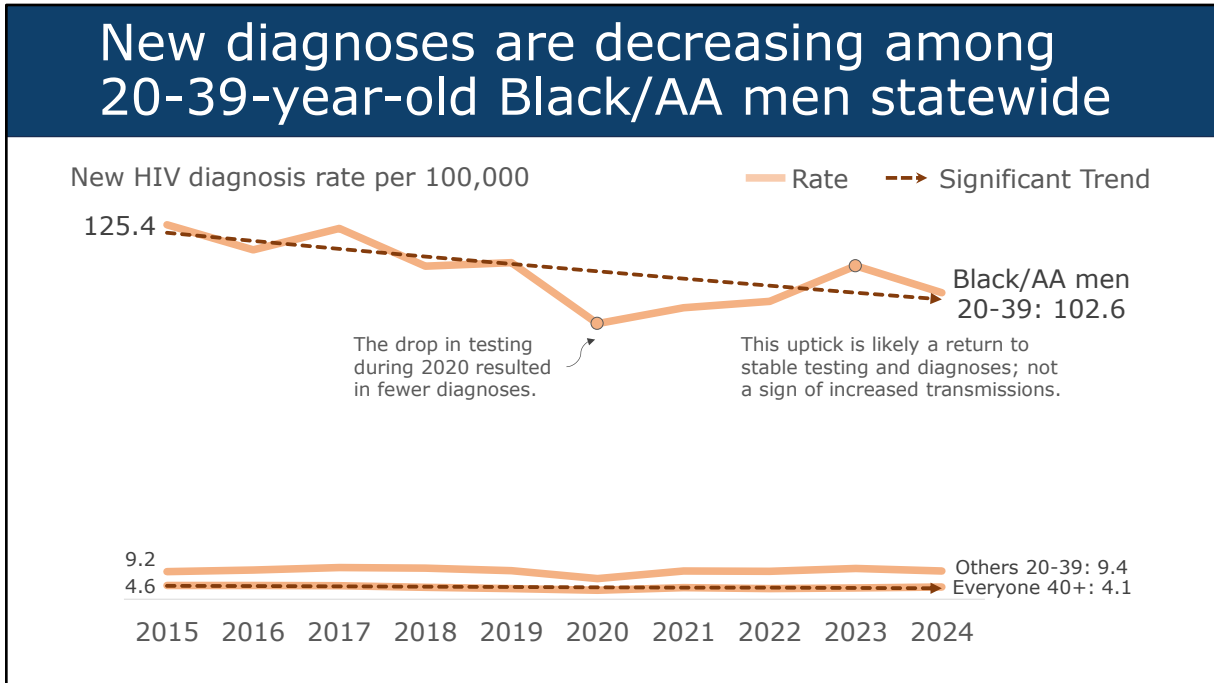
\*Marginally significant (p=0.07) due to recent plateau (see next slide)



Over the past two decades trends among multiple age groups have changed.

- **15–19-year-olds:** Before 2000, HIV was virtually non-existent in this group. Diagnoses steadily rose from 2000-2008 and have slowly declined since.
- **20–24-year-olds:** new diagnoses rose 2000-2014. Since 2014, new diagnoses steadily declined and plateaued in recent years. This group remains an age group of concern given the high diagnosis rate.
- **25–29-year-olds:** new diagnoses rose 2007- 2017, then began declining in 2018 and has plateaued in recent years. This group remains an age group of concern given the high diagnosis rate.
- **30–34-year-olds:** new diagnoses consistently decreased 2000-2016 before rising sharply. This age group appears to be a group of concern again after nearly two decades of improvement.
- **35–39-year-olds:** In 2023, the rate of new diagnoses among 35–39-year-olds increased 40% compared to the previous year and remained elevated in 2024. The new diagnosis rate for this age group may have began rising around 2017.
- **40+ year-olds** have declined steadily since 2000.

Those in bold indicate changes of the past 10 years that were statistically significant. A 20-year overview is shown as it better depicts long-term trends.

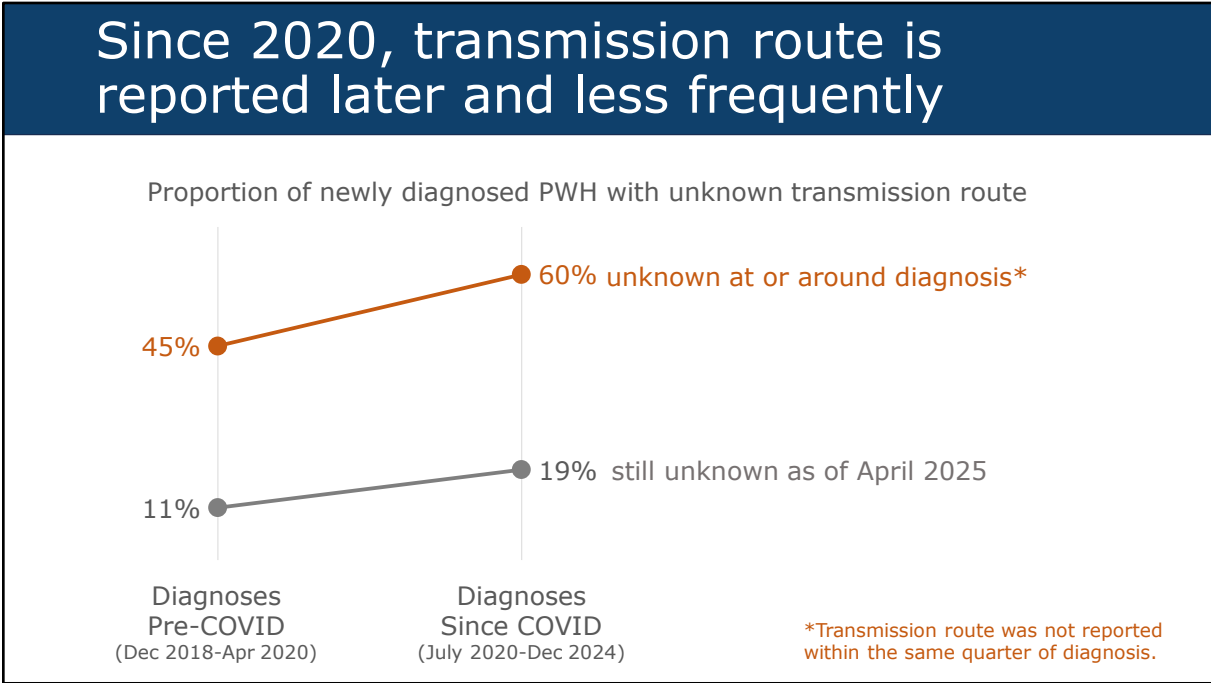


- The new diagnosis rate among 20–39-year-old Black/AA men significantly decreased by 2.2% per year. Decreases were observed statewide.
- No significant change among others 20-39 years old. This includes all individuals 20-39 years old *except* for Black men.
- The new diagnosis rate among persons aged 40+ years significantly decreased by 2.2% per year. Decreases were observed statewide.

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# Transmission Route Trends



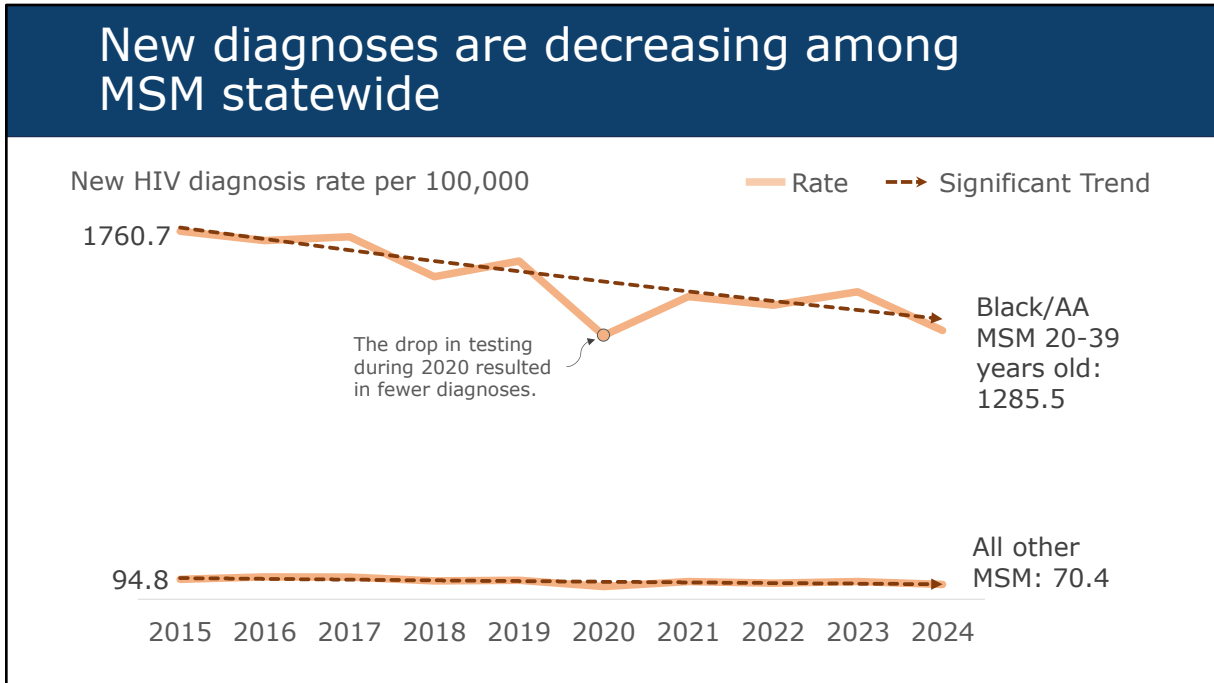


Before 2020, the likely reason for HIV transmission (a.k.a transmission route; previously known as risk) was monitored for changes. Unfortunately, since 2020, newly diagnosed individuals are disclosing risk less often to providers and health department staff at diagnosis. Before 2020, most risk info was disclosed at this time or during initial care linkage activities or partner services interviews. Now, risk is often reported once someone is established in HIV care, creating a lag. This greatly hinders real-time morbidity monitoring and response efforts.

Transmission route was not reported within the same quarter of diagnosis for those in the “unknown at or around diagnosis” group. This typically includes risks reported by the diagnosing provider, surveillance staff, PS, DIS, or EIS. This has two public health-related implications:

- 1) It demonstrates the weakness of risk-based testing.
- 2) Early identification of transmission route is critical for successful network detection, especially among PWID.

A high proportion of unknown transmission routes years after diagnosis reduces BHSP’s ability to identify long-term shifts, especially among PWIDs and heterosexual men as these transmission routes are less common than sex with men.

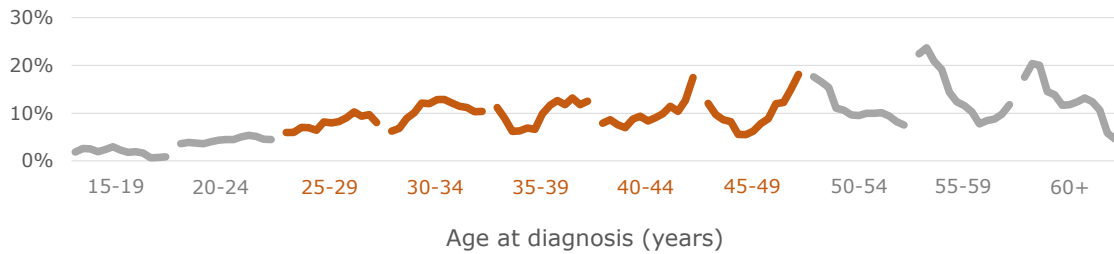


- The new diagnosis rate among 20–39-year-old Black/AA MSM significantly decreased by 3.1% per year. Decreases were observed statewide.
- The new diagnosis rate among all other MSM significantly decreased by 3.5% per year. Decreases were observed statewide.

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## HIV transmission via intravenous drug use is increasing for persons 25-49 years of age

Proportion of newly diagnosed PWH who reported intravenous drug use, 2010-2022.



Includes PWH with a known, non-perinatal transmission route (i.e. HIV transmission occurred via sex or intravenous drug use). Lines represent a 5-year rolling average.

Each line is a 5-yr rolling average centered on years 2010 to 2022. The left-most point for each age group includes diagnoses between 2008-2012. The second point includes 2009-2013 and so on. The right-most point includes 2020-2024.

Lines in brown highlight age groups where an increase is observed. For example: intravenous drug use accounted for 8% of new diagnoses among 40-44 year olds between 2008-2012. That figure rose to 17% during 2020-2024.

## Changing HIV diagnosis trends among PWID In Southeast Michigan, April 2024 to January 2025



Shifting PWID trends from white suburban diagnoses to **Black urban and suburban diagnoses.**



The average number of new diagnoses among PWIDs in Wayne County (including Detroit) doubled from **8 to 16 per year.**



Of PWIDs, the proportion of diagnoses among Black individuals grew from **25% to 44%.**



Of PWIDs, the proportion of diagnoses among Detroit residents has grown from **25% to 55%.**

In January 2025, a modest increase in HIV diagnoses among people who inject drugs (PWID) was observed in Prosperity Region 10 (Wayne, Macomb, and Oakland Counties), particularly in Wayne County and Detroit.

What distinguished this increase was a demographic shift from predominantly suburban white individuals to Black urban residents. Although the overall number of new diagnoses was small, the shift was notable.

Interpretation is further complicated by underreporting of injection drug use (IDU) as a transmission route, which limits complete ascertainment of IDU-related cases.



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

