HIV Trends
New diagnoses 2016-2025

Data as of July 2026

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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 $0.05 \leq p \leq 0.1$ may be 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 2016-2025

Priority populations in bold

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Decreased diagnoses

- **Detroit HD jurisdiction** (slide 19)
- Macomb Co. & Oakland Co. (slide 21)
- Washtenaw Co. (slide 22)
- **Black/AA persons** (slide 31)
- **Persons 20-29 years old** (slide 35)

Additional populations of interest

- **Black/AA men 20-39 years old** (slide 36) experience no significant trend
- **Men who have sex with men** cannot be measured due to the lack of transmission route reporting (see slides 38 & 39)

Increased diagnoses

- Northern & Western Lower Peninsula including Kent Co. (slides 23-28)
- Latina women (slide 32 & 33)
- **Persons 30-39 years old** (slide 35)
- Undisclosed reason for transmission (a.k.a risk, slide 38).

Acronyms

Black/AA: Black/African American

HD: Health Department

MSM: Men who have sex with men

PWH: Persons with HIV

PWID: Persons who inject drugs

Notes and explanations

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Regional names

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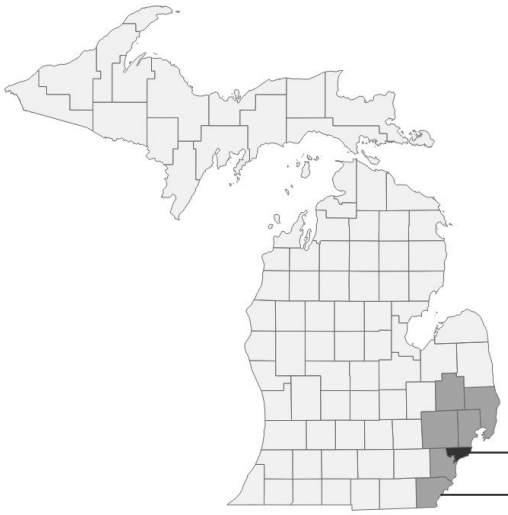

Outstate refers to all of Michigan outside the Detroit Eligible Metropolitan Area (DEMA).

Detroit Health Department (DHD) Jurisdiction includes the cities of Detroit, Highland Park, Hamtramck, Harper Woods, and the Grosse Pointes.

The **DEMA** includes Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne Counties (including DHD). Note: Wayne County, outside of the DHD is under the jurisdiction of the **Wayne Co. HD** and is referred to as such.

Notes

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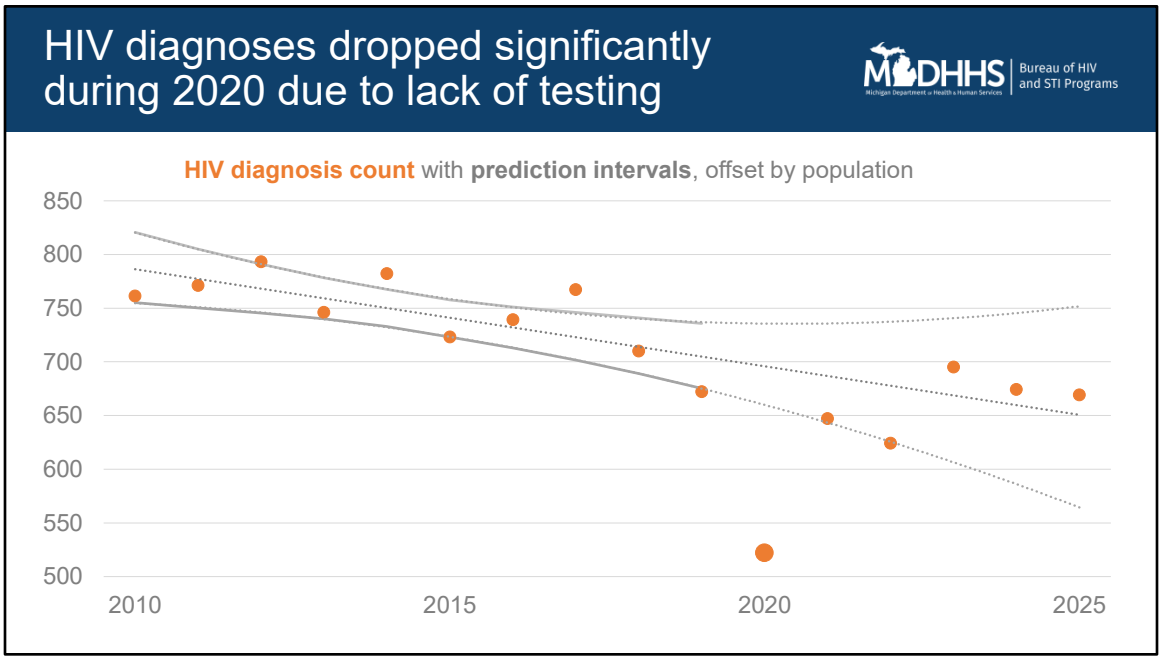
- Trendlines and significance testing do not include 2020 diagnoses. Further information is on the next slide.
- Trends are a measure of new diagnoses, not recent transmissions. Historically, new diagnoses were a consistent proxy for recent transmissions. This may still be the case, but the drop in testing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

  It's important to keep in mind this report does not account for new, undiagnosed transmissions, and CDC estimates 1 in 7 people living with HIV (PWH) are undiagnosed.
- In order to aid interpretation, 95% Confidence Intervals (95CI) are included. Explanations of how to interpret 95CI begin on slide 9.



The top and bottom dotted lines are prediction intervals. They indicate the range of diagnoses expected 95% of the time under normal circumstances given the 2010-2019 trend (grey dotted line in the middle). New diagnoses during 2020 were significantly lower than expected by 25%. The magnitude of this drop was most likely due to lack of testing, not a decrease in actual transmissions. STIs, 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, 2020, closed all non-essential businesses, including many HIV testing sites. Post SHSS, Health Departments (HDs) and Community Based Organizations (CBOs) 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, 2020 diagnoses only decreased 16% and 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.

What's a rate and why use it?

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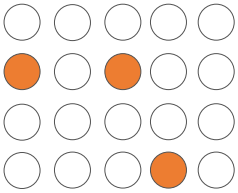
There are two populations (population 1 and population 2). Both have three individuals affected by an illness. The counts of illness in both populations are the same.

Population 1

20 people total, 3 with illness



Population 2

5 people total, 3 with illness

Both populations have the same **count** of people with illness (3), but **rates account for the total population size**:

Population 1 **rate** is 3/20 = **15%**

Population 2 **rate** is 3/5 = **60%**

Even though both populations have 3 affected people, population 2 is much more affected. Population 2 carries a heavier burden. Additionally, if the illness is communicable (it spreads from person to person) more transmissions will occur among population 2 without treatment and prevention resources.

Rates are hard to visualize

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When displaying rates, 100,000 is often used as the standard population size (not the simple percent used in the example on the previous slide). In Michigan, there are approximately 10 million residents, and every year around 700 are diagnosed with HIV. Written as a rate, this would be 700 new diagnoses per 10 million residents *or* **7 new diagnoses per 100,000 residents**.

Rates are hard to visualize. The University of Michigan stadium holds ~100,000 people. Imagine, each year, 7 individuals from a crowd this size are newly diagnosed.

This is the statewide total rate. Some populations within the state have lower rates; some are significantly higher.

How to interpret trend charts with confidence intervals

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The dots show the annual HIV diagnosis rate per 100,000 Michiganders

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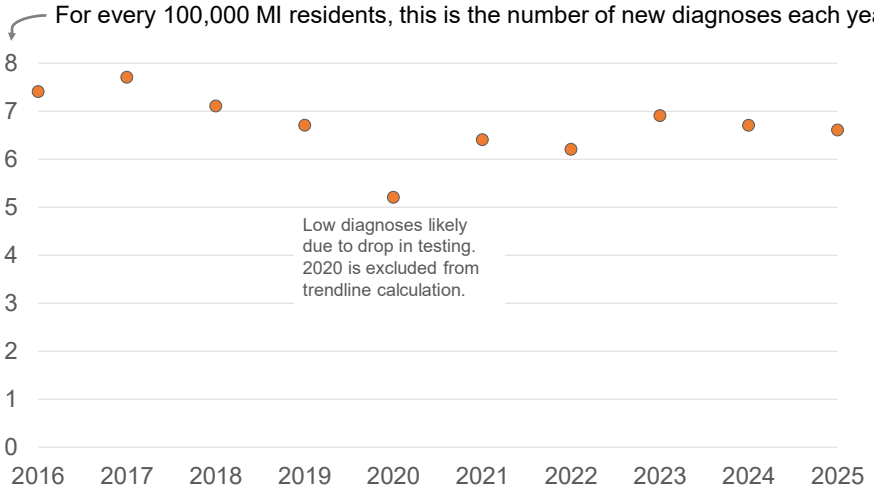

Defining a trendline

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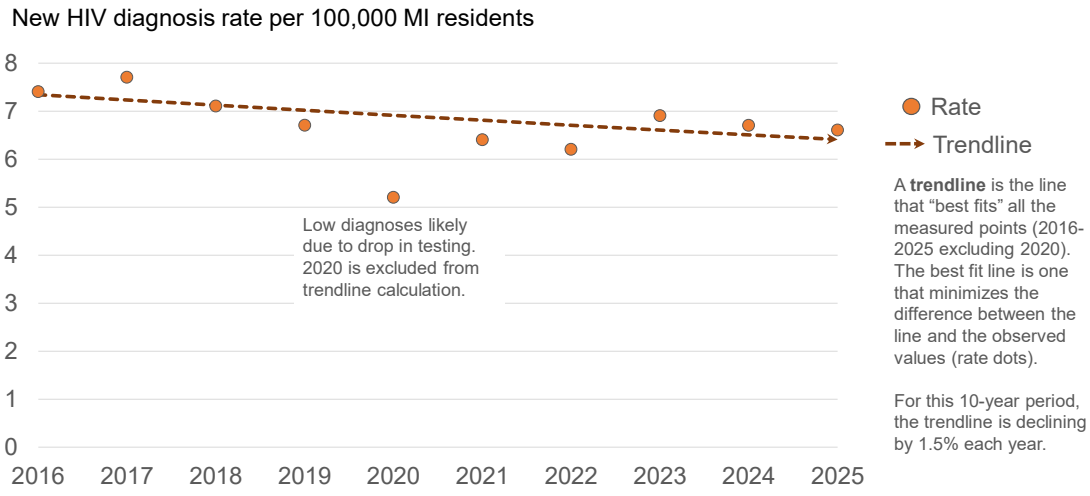

A **trendline** is the line that "best fits" all the measured points (2016-2025 excluding 2020). The best fit line is one that minimizes the difference between the line and the observed values (rate dots).

For this 10-year period, the trendline is declining by 1.5% each year.

Defining the 95% confidence interval

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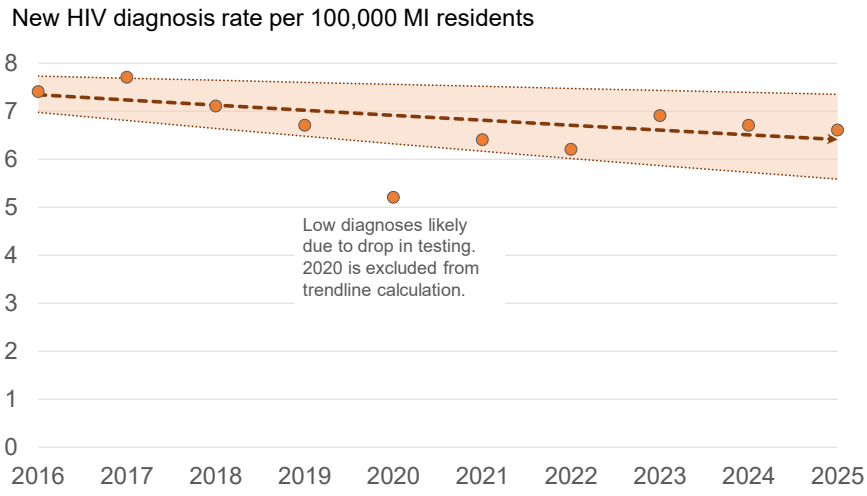

However, it's impossible to know *exactly* the direction of the trendline. The trendline is our best estimate based on what we know, but the **95% CI (confidence interval)** is a range which takes the year-to-year variability into account and captures the true trend 95% of the time.

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What makes a trend statistically significant?

When we're 95% sure the trend is not a flat line (i.e. statistically different than zero)

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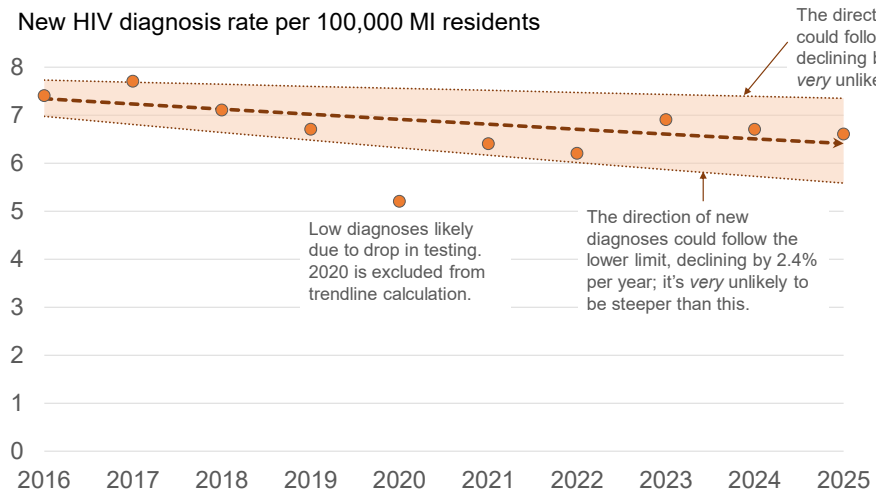

The true trend of HIV diagnoses is most likely somewhere in the orange area (the 95% CI).

Because *both* the upper and lower limits (the top and bottom edge of the CI) **are declining, this trend is deemed statistically significant** meaning we're 95% sure the trend is not flat, and in this case, it's declining.

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A population has “no trend” when the 95% CI includes a flat line

(i.e. the upper limit is increasing, and the lower limit is decreasing)

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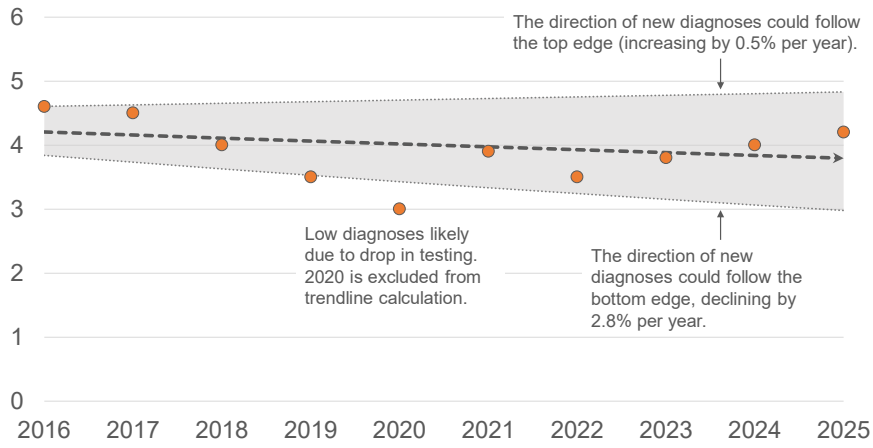
New HIV diagnosis rate per 100,000 MI residents 40 years of age and older

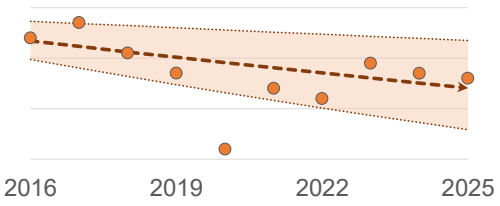


Rate

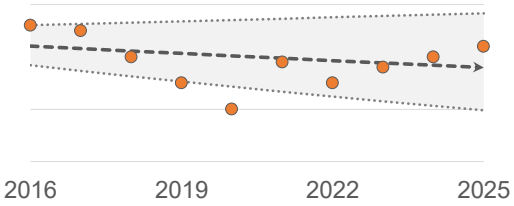
Trend & CI

The best fit trendline is decreasing by 1.1% per year given the number of diagnoses reported. However, in this population the upper limit of the 95% CI is increasing (a positive value) and the lower limit is decreasing (a negative value). The 95%CI includes zero (a flat line; no trend). Therefore, it’s reported that **new diagnoses among PWH 40+ years old did not change, 2016-2025.**

Significant trends are displayed with **brown trendlines** and **orange confidence intervals**



Populations with no trend are displayed with **grey trendlines and confidence intervals**



Geographic Trends

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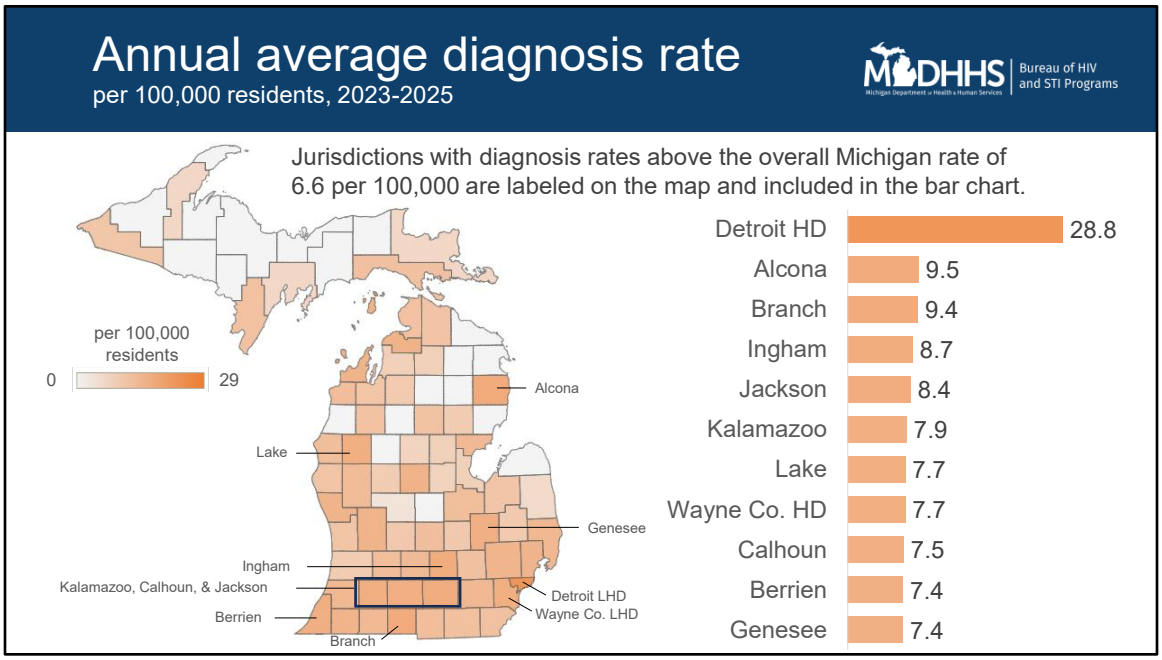
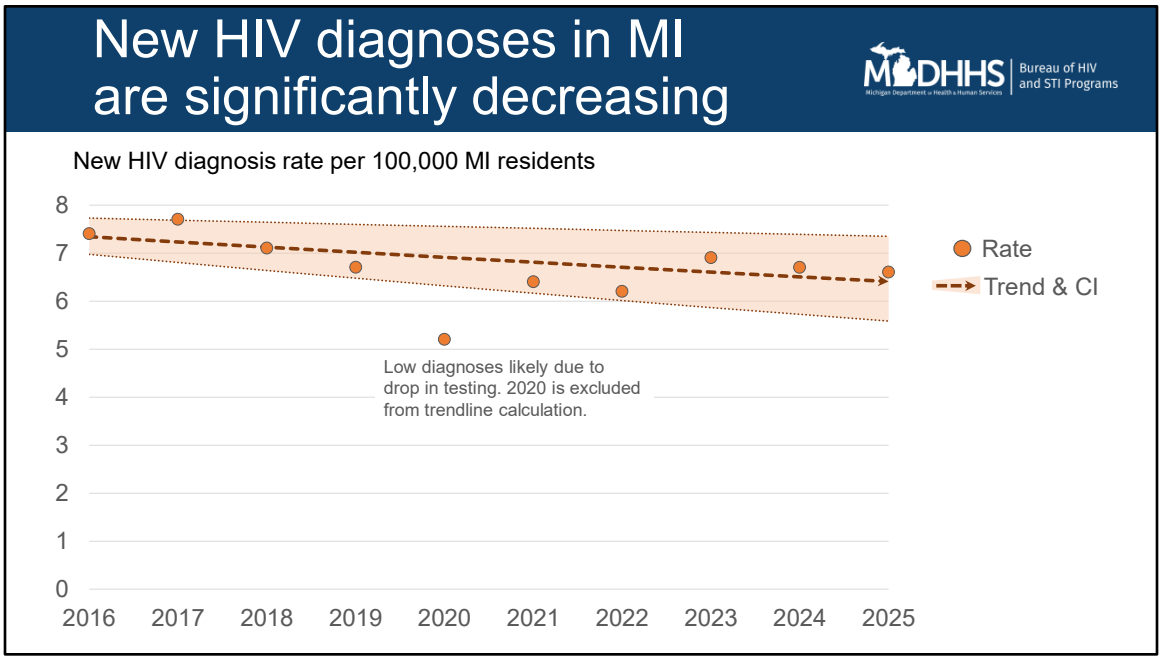


A change from previous reports: Geographic areas (state, region, county) **include incarcerated persons**. These individuals are included in the census data (the denominator when calculating rates), so they are no longer separated out in the numerator. 18 (45%) of the 40 **Jackson Co** diagnoses were among incarcerated persons.

Alcona County experienced 3 diagnoses in 2024. Because only ~10,500 people live in that county, three diagnoses is a relatively large number (see slide 7 explaining rates). There were no new diagnoses in 2023, 2025 or during 2026 as of July 1, 2026. Similarly, with ~13,000 residents (including incarcerated populations), the three diagnoses among **Lake Co** residents resulted in a high rate. However, of the three, one was incarcerated and one reported a P.O. box (and may not actually live in Lake County).

Further information regarding **the other counties listed** are included on upcoming slides.

Notes: the colors of the map are log transformed in order to see variation among counties outside of the **Detroit HD** (DHD). The DHD includes persons living in the cities of Detroit, Highland Park, Hamtramck, Harper Woods, or the Grosse Pointes. The **Wayne Co. HD** includes person living in Wayne County outside the Detroit HD.



The rate of new diagnoses significantly declined among Michigan residents by 1.5% per year.

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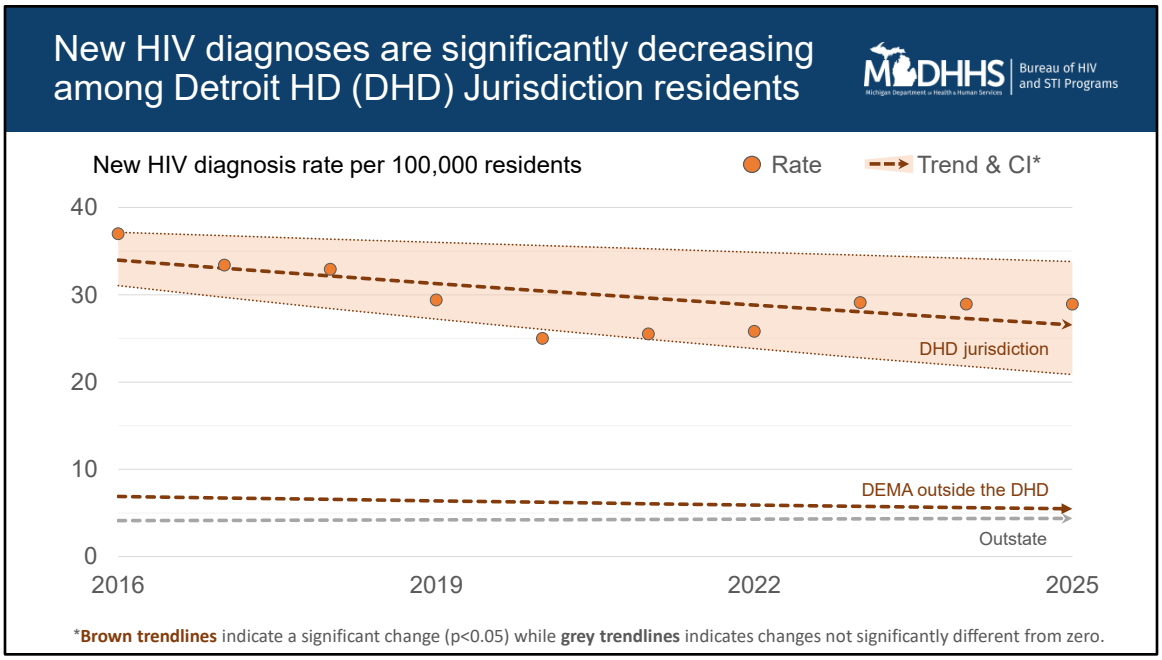
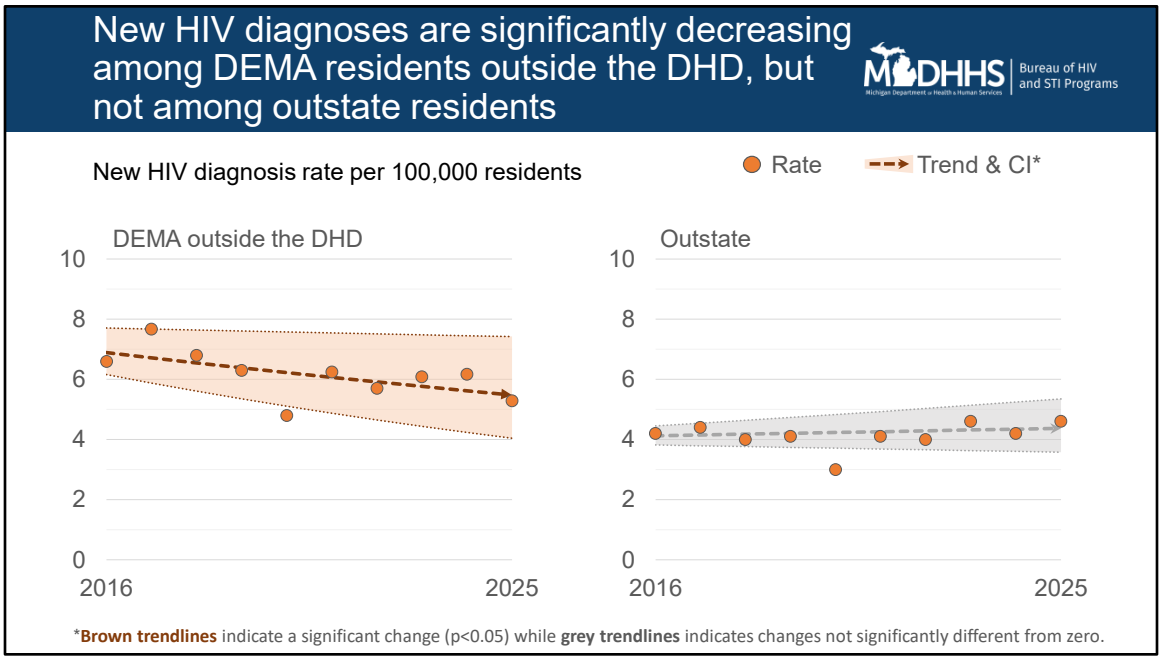


The DHD jurisdiction includes persons living in the cities of Detroit, Highland Park, Hamtramck, Harper Woods, or the Grosse Pointes. The rate of new diagnoses significantly declined among residents by 2.7% per year (95% CI: -1.0%, -4.3%).

DEMA is the Detroit Eligible Metro Area and includes Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne counties. Here, the DHD jurisdiction is excluded to show the difference in rates inside verse outside the DHD. The rate declined by 2.5% per year (95% CI: -0.4%, -4.6%). When DHD is included, the decline for the DEMA overall is 2.7% per year (95% CI: -1.6%, -3.7%).

Outstate includes persons living in Michigan outside the DEMA. No significant trend occurred.

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



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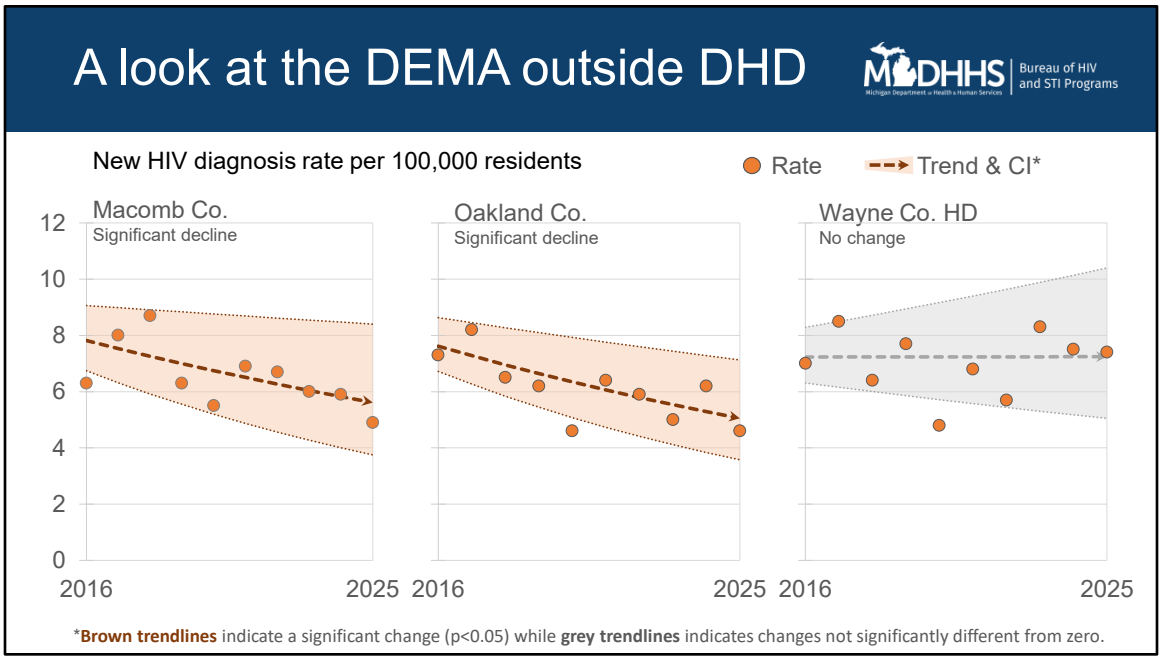
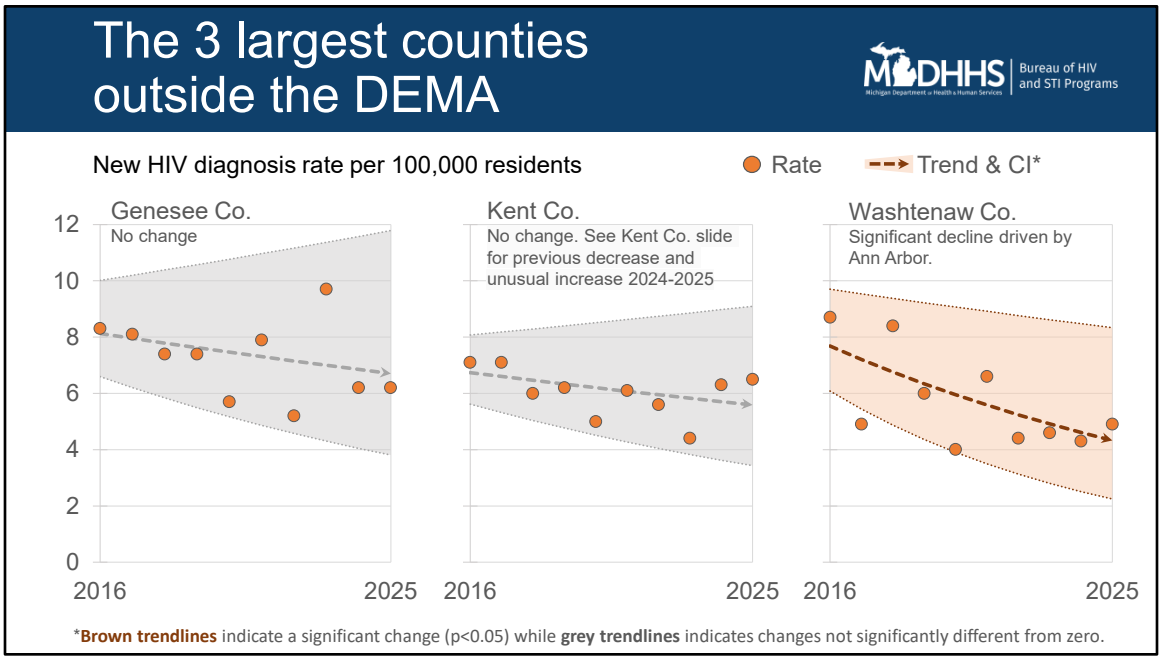


NOTE: The y-axis scale is the same for all graphs.

- **Macomb** County significantly decreased by 3.6% per year.
- **Oakland** County significantly decreased by 4.5% per year.
- **Wayne Co. HD** (Wayne Co. outside the DHD) had no significant change.
- Additionally, no significant changes were observed among Lapeer, Monroe, or St. Clair Counties.

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



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

- **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 decreased; the abrupt increase in 2024 is concerning.
- Diagnoses decreased significantly for **Washtenaw** County residents by 6.2% per year.

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

In Focus: Northern & Western Lower Peninsula

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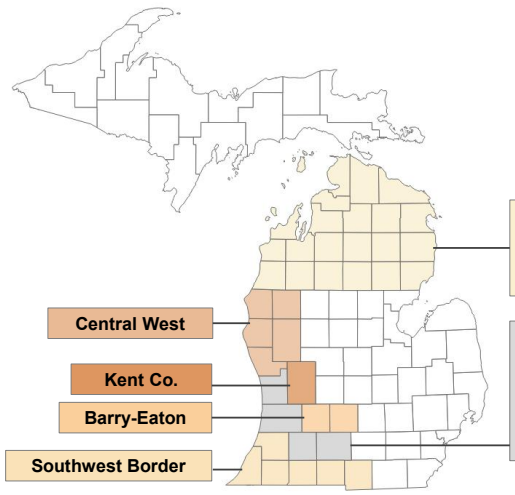
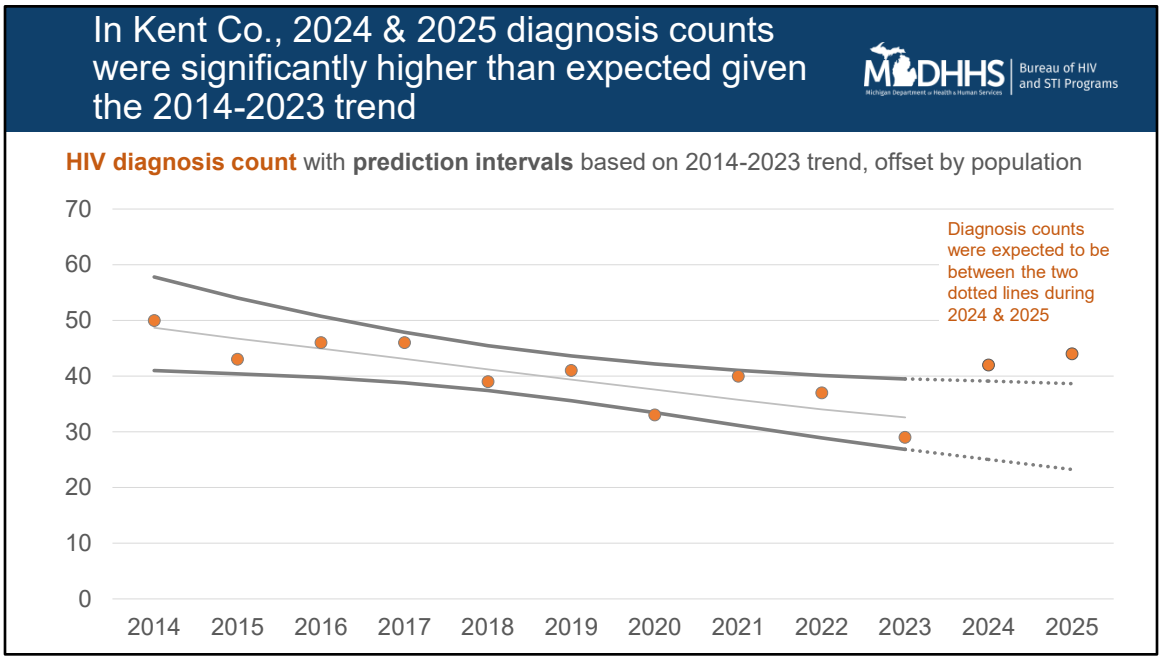


HIV diagnoses among residents of the labeled regions (yellow and orange hues on the map) have significantly increased during recent years and networks were frequently identified in these areas. Specific information for each region are on subsequent slides.

Norther Lower Peninsula
Previously the western side of this region was highlighted under the name "Grand Traverse Region", but the area of concern has expanded east.

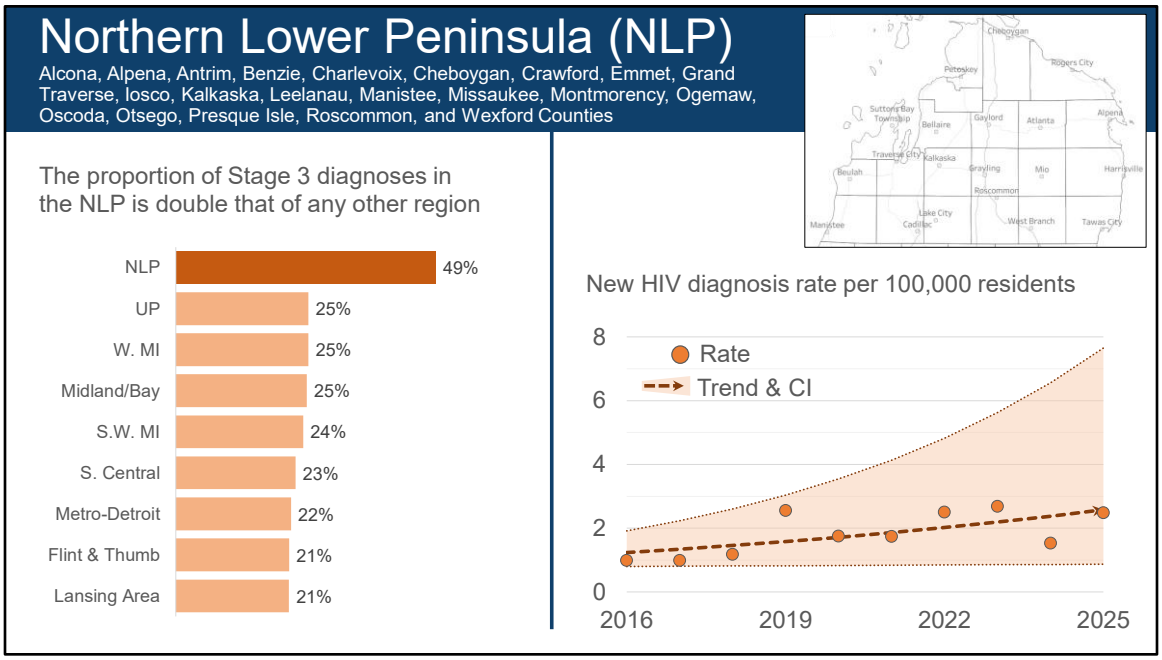
Other counties in grey (**Allegan, Ottawa, Kalamazoo**, and **Calhoun**) did not reach statistically significant increases on this year's report, however, they did experience statistically significant increases and/or expanding HIV networks at some point during the last three years. They are highlighted here to demonstrate the contiguous block of counties of interest during recent years.



The number of diagnoses during 2024 and 2025 were unusually high. Prediction intervals are different than confidence intervals. The lines above and below the trendline indicate the range of diagnoses expected 95% of the time at a future date. Given the 2014-2023 trend, the expected upper limit of 39.7 diagnoses during 2024 and 2025 is shown with the dotted line. During 2024, 42 individuals were diagnosed and 44 during 2025. Note: this trend analysis includes 2020 to ensure higher diagnosis numbers post-2020 are not a rebound from low diagnoses during 2020.

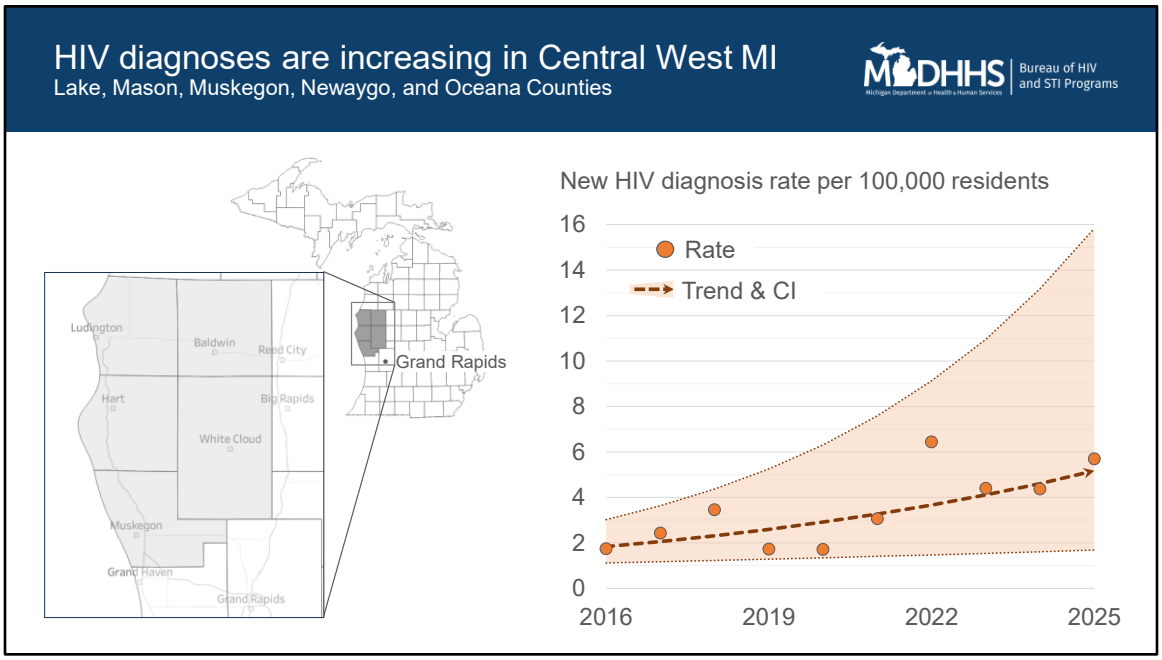
Additionally, two Shared HIV Networks (SHiNe), indicating rapid and recent HIV transmission and including Kent Co. residents, were identified during the first half of 2025. Between 2018 and 2024, only two SHiNe networks had been identified. MDHHS is collaborating with community partners and HDs to establish regional response groups and coordinate interventions.

Each summer, Kent Co. 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. The April analysis identified the first time-space network, with diagnoses from January–March, along with a simultaneous increase just south of Kent Co..



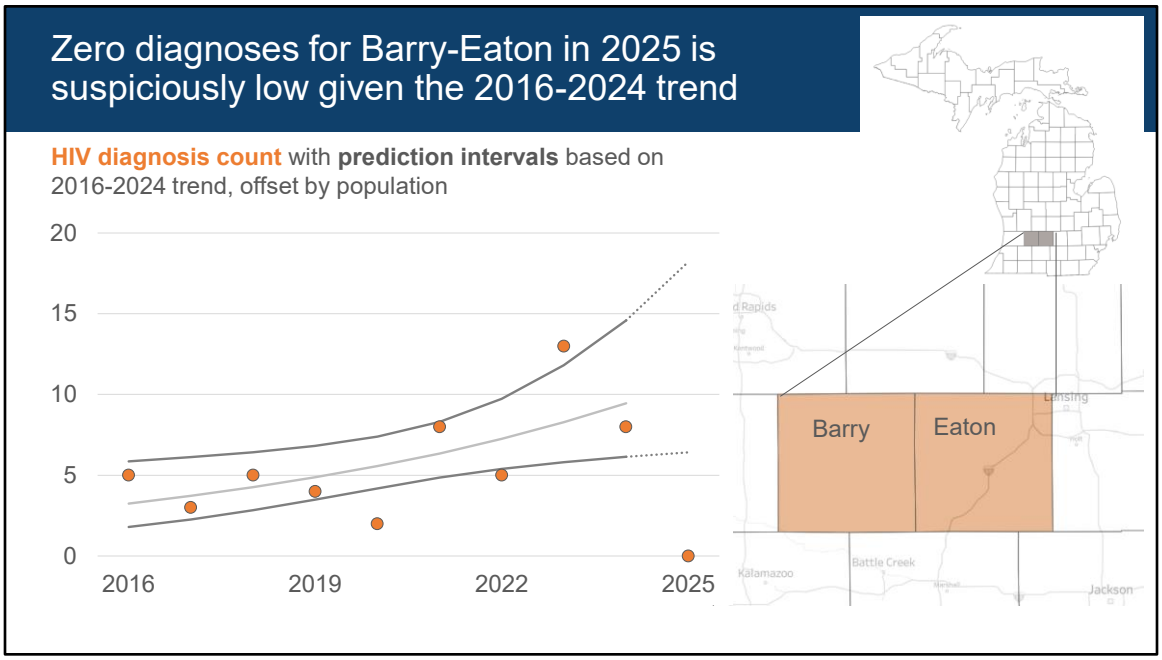
The HIV diagnosis rate in this region has significantly increased by 8.5% per year (95CI: 1.0%, 16.6%) . The first indication occurred in 2018 when an oddly high number of new diagnoses were identified in Kalkaska County. Since then, the region was identified several more times through morbidity monitoring 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 high proportion of stage 3 diagnoses (those who progress to stage 3 within 90 days of initial diagnosis o those with a known stage, an indication of living undiagnosed with HIV for 5-10 years), a large proportion likely remains undiagnosed.

Regions listed aside from NLP and the UP: **W. MI** (Mason, Lake, Oceana, Osceola, Newaygo, Mecosta, Muskegon, Ottawa, Kent, Montcalm, Ionia, Allegan, Barry), **Midland/Bay** (Claire, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot, Saginaw), **S.W. MI** (Van Buren, Kalamazoo, Calhoun, Berrien, Cass, St. Joseph, Branch) **S. Central** (Livingston, Jackson, Washtenaw, Hillsdale, Lenawee, Monroe), **Metro-Detroit** (Macomb, Oakland, Wayne), **Flint & Thumb** (Huron, Tuscola, Sanilac, Shiawassee, Genesee, Lapeer, St. Clair), and **Lansing Area** (Clinton, Eaton, Ingham).



The HIV diagnosis rate in the region increased 12.2% per year (95CI: 4.7,% 20.2%). While the majority of persons newly diagnosed with HIV in this region reside in Muskegon County (69% since 2022), the other counties and area outside the city of Muskegon account for a larger share since 2022 (31% rather than the historic 22%).

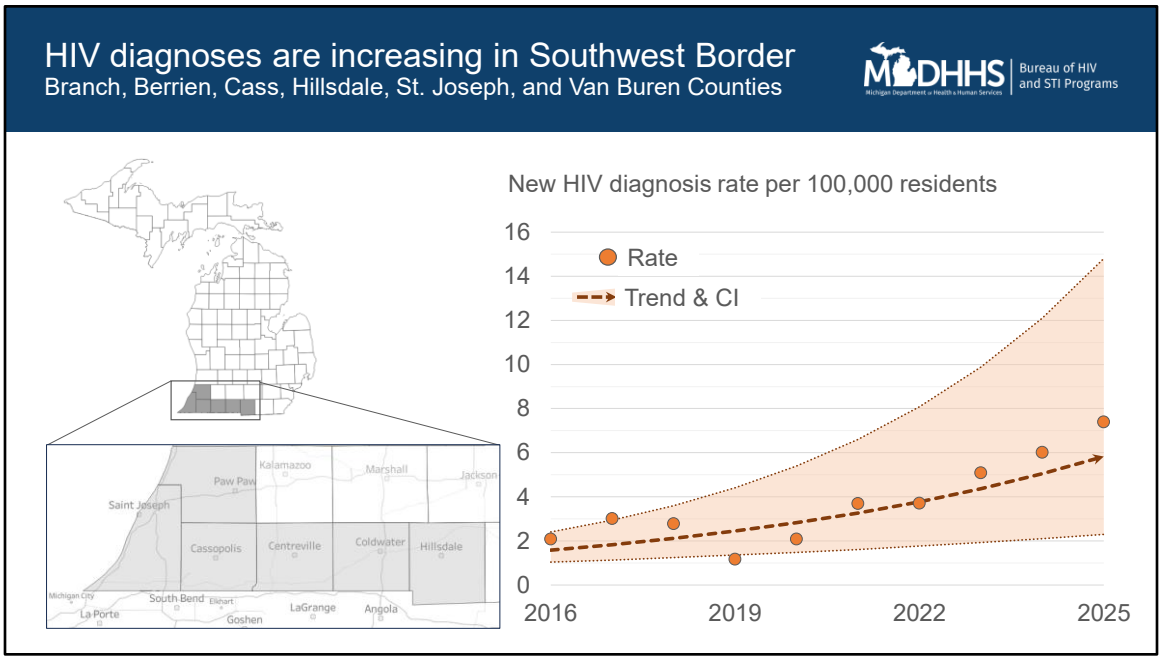
Note, these counties are a subset of all counties included on the previous slide under the group W. MI



Zero diagnoses during 2025 is unexpectedly low. Prediction intervals are different than confidence intervals. The lines above and below the trendline indicate the range of diagnoses expected 95% of the time during 2025 given the 2016-2024 trend (the expected lower limit of 6.4 diagnoses is shown with the dotted line). Note: this trend analysis includes 2020 to ensure higher diagnosis numbers post-2020 are not a rebound from low diagnoses during 2020.

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 2015-2024. Half of the individuals diagnosed since 2021 live in the city of Lansing (Eaton Co.), but HIV diagnoses were increasing among residents of both Barry and Eaton Counties outside Lansing.

Diagnosis rates in the city of Lansing (any county) did not change during this timeframe. However, MDHHS staff identified a time-space 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 time-space network members.



Overall, diagnosis rates in this region rose from 1.7 per 100,000 during 2016 to 5.7 per 100,000 during 2025, a 12.2% increase per year (95CI: 4.7%, 20.2%).
Three health department jurisdictions make up this region and diagnosis rates significantly increased in all three.

- **Berrien County**: Diagnosis rates rose from 3.2 per 100,000 during 2016 to 9.2 per 100,000 during 2025, a 12.8% increase per year (95CI: 3.1%, 23.3%).
- **Van Buren-Cass**: Diagnosis rates rose from 2.7 per 100,000 during 2016 to 7.0 per 100,000 during 2025, a 15.8% increase per year (95CI: 3.1%, 30.2%).
- **Branch-Hillsdale-St. Joseph LHD** Diagnosis rates rose from 0.7 per 100,000 during 2016 to 5.9 per 100,000 during 2025, a 19.6% increase per year (95CI: 7.6%, 32.9%). 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.

Demographic Trends

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Black/AA men are most affected by HIV

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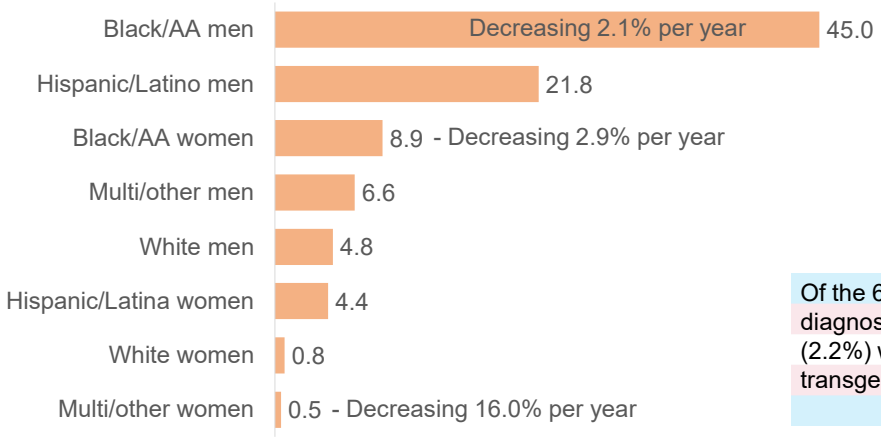
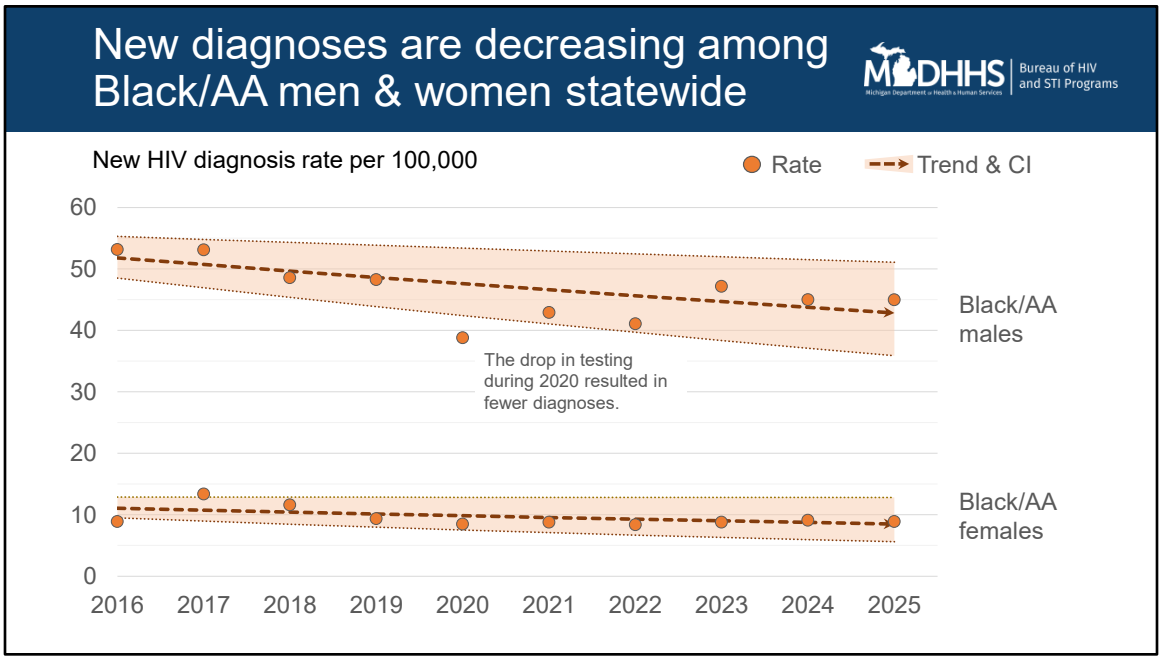
New HIV diagnosis rate per 100,000 by race and sex assigned at birth, 2025

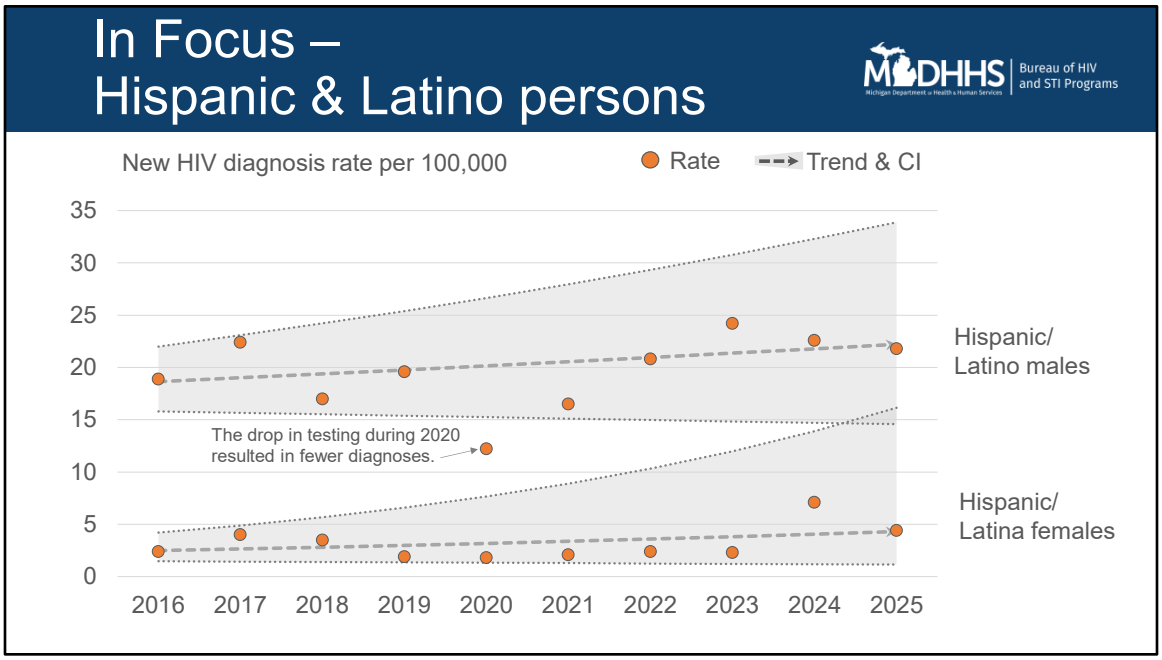


Of the 669 new diagnoses, 15 (2.2%) were among transgender persons

Statistically significant changes between 2016-2025 are noted on the chart.



- The new diagnosis rate among Black/AA men significantly decreased by 2.1% per year. Decreases were observed statewide.
- The new diagnosis rate among Black/AA women significantly decreased by 2.9% per year. Decreases were observed statewide.



A Hispanic/Latino trends overview is available on the website and will be updated this year.

Hispanic/Latino men:

- **Based on current information** the new diagnosis rate among Hispanic/Latino men did not significantly increase between 2016 and 2025. 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. See the Hispanic & Latino Report from 2025

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. See the next slide and the Hispanic & Latino Report from 2025. The new diagnoses among this population are occurring statewide.

HIV Diagnoses among Hispanic/Latina women during 2024 & 2025 were significantly higher than expected given the 2010-2023 trend

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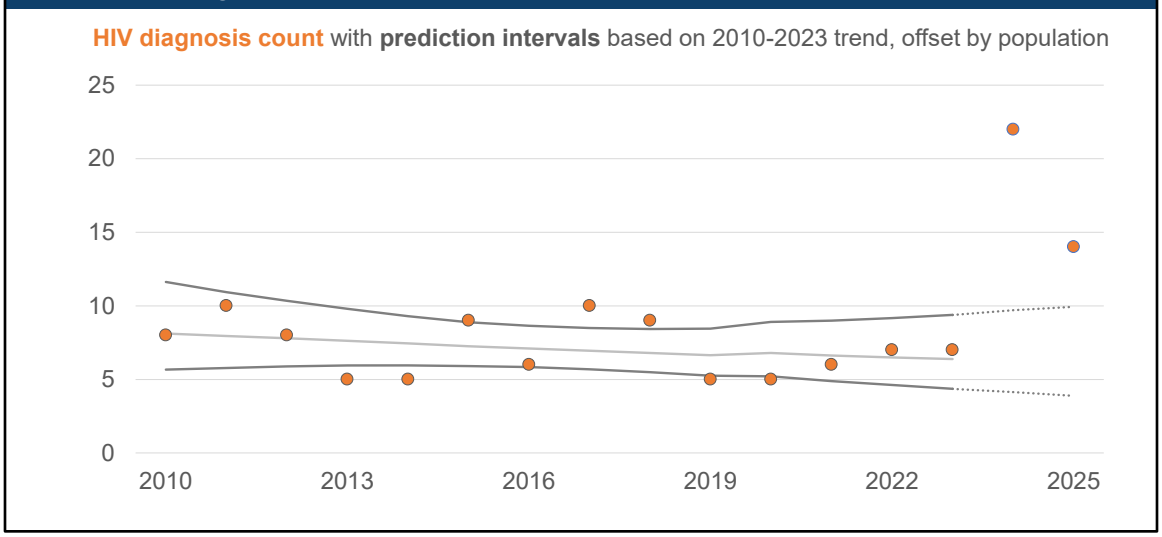
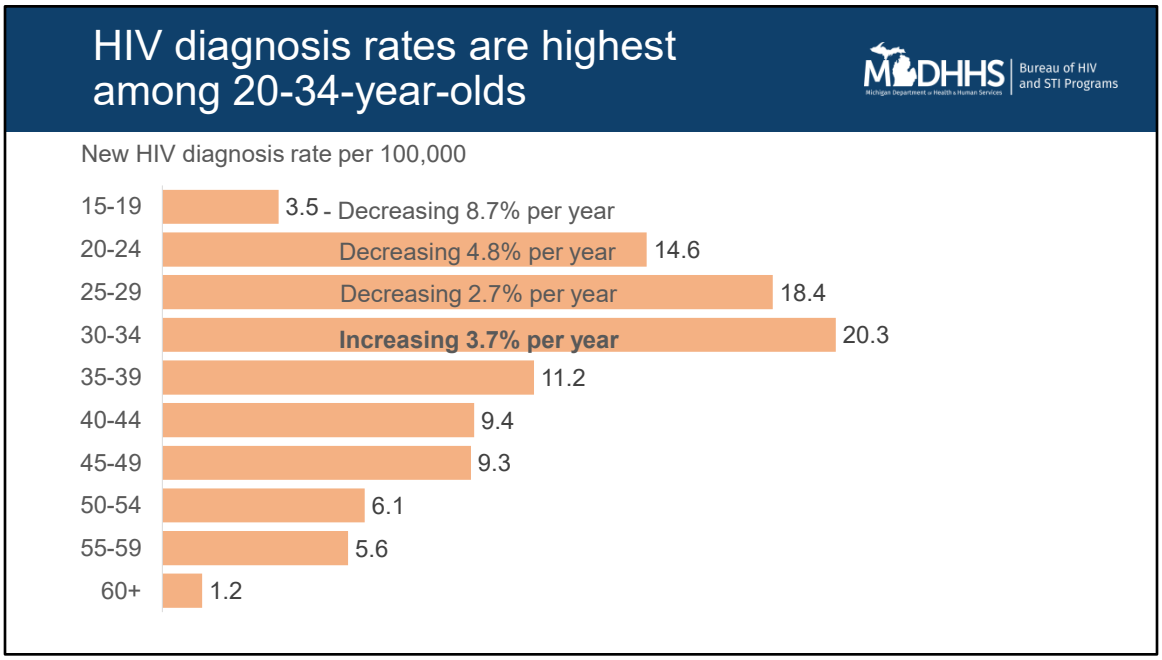
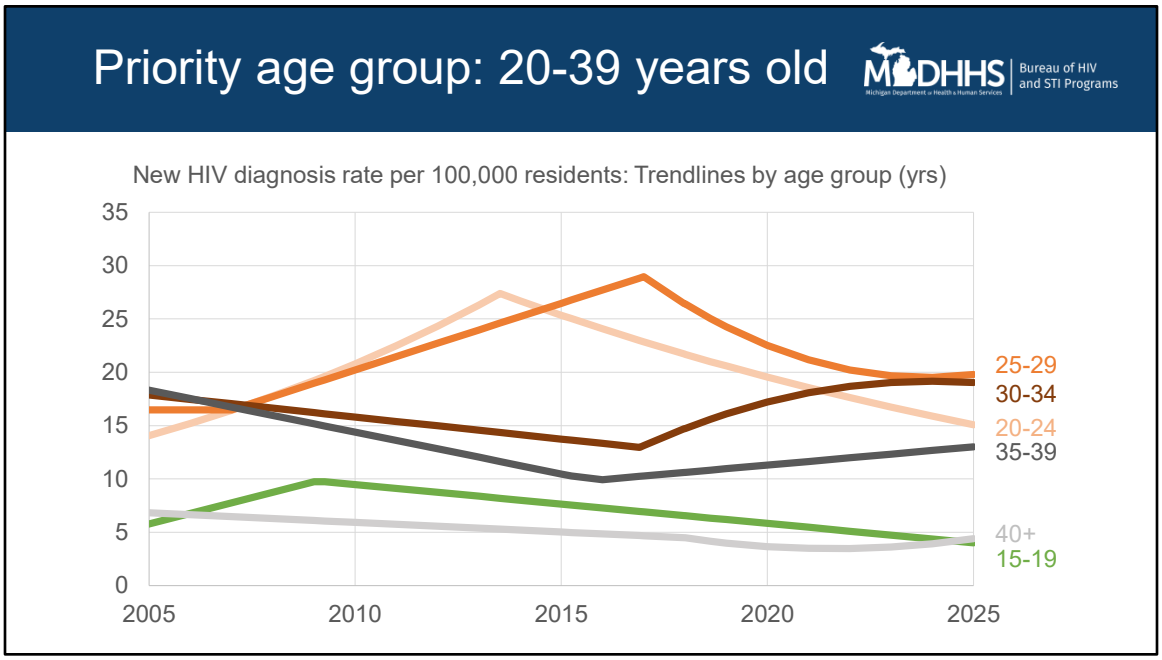


The number of diagnoses during 2024 and 2025 were unusually high. Prediction intervals are different than confidence intervals. The lines above and below the trendline indicate the range of diagnoses expected 95% of the time during 2024 and 2025 given the 2010-2023 trend (the expected upper limit of 9.7-9.9 diagnoses is shown with the dotted line). During 2024, 22 individuals were diagnosed and 14 during 2025. Note: this trend analysis includes 2020 to ensure higher diagnosis numbers post-2020 are not a rebound from low diagnoses during 2020. The slight wobble in the prediction lines at year 2020 is normal, especially for smaller populations. Decadal census numbers reset populations estimates and may appear as a large jump compared to the community survey estimates from the previous year. Because the prediction intervals are offset by population size, this bump appears.

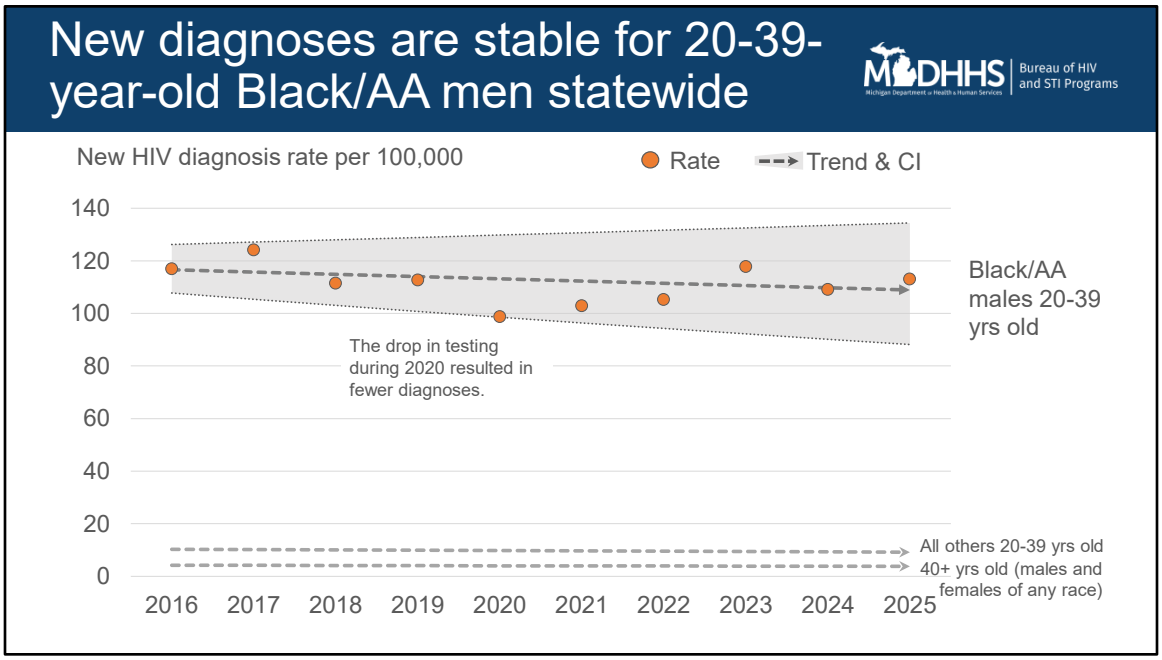


Statistically significant changes between 2016-2025 are noted on the chart.



Over the past two decades trends among multiple age groups have changed. Age groups in bold indicate a statistically significant trend over the last 10 years.

- **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. 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 after 2017, 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 during 2018 and 2019. The interruptions during 2020 broke the trend, and since 2021, the rate of new diagnoses among this age group has continued to increase at a slower rate. The previous 10 years are assessed for this report, and a statistically significant trend was observed. This age group appears to be a group of concern again after nearly two decades of improvement.
- 35–39-year-olds: Similar to 30-34-year-olds, the rate of new diagnoses changed trajectories around 2015. After years of declining diagnosis rates, diagnoses among this age group have either leveled off or began slowing increasing. The annual diagnosis rate is too variable to conclude diagnoses are statistically increasing. At this time, BHSP will continue to monitor this group.
- 40+ year-olds: The new diagnosis rate declined steadily between 2000 and 2019 and has leveled off in recent years.



New diagnoses did not significantly change over the last 10 years for any of the groups displayed.

- The new diagnosis rate among 20–39-year-old Black/AA men was declining, dropped during 2020 likely due to testing interruptions, and has climbed in recent years. It's *likely* the increase in recent years is a sign of a return to stable testing; making up for those missing in 2020 rather than a true increase. MDHHS will continue to monitor trends for this priority population as the rate of new diagnoses is 12 times higher compared to all other 20-39-year-olds.
- No significant change among other 20-39 years old. This includes all individuals 20-39 years old *except* for Black men.
- No significant change among persons aged 40+ years.

Transmission Route Trends

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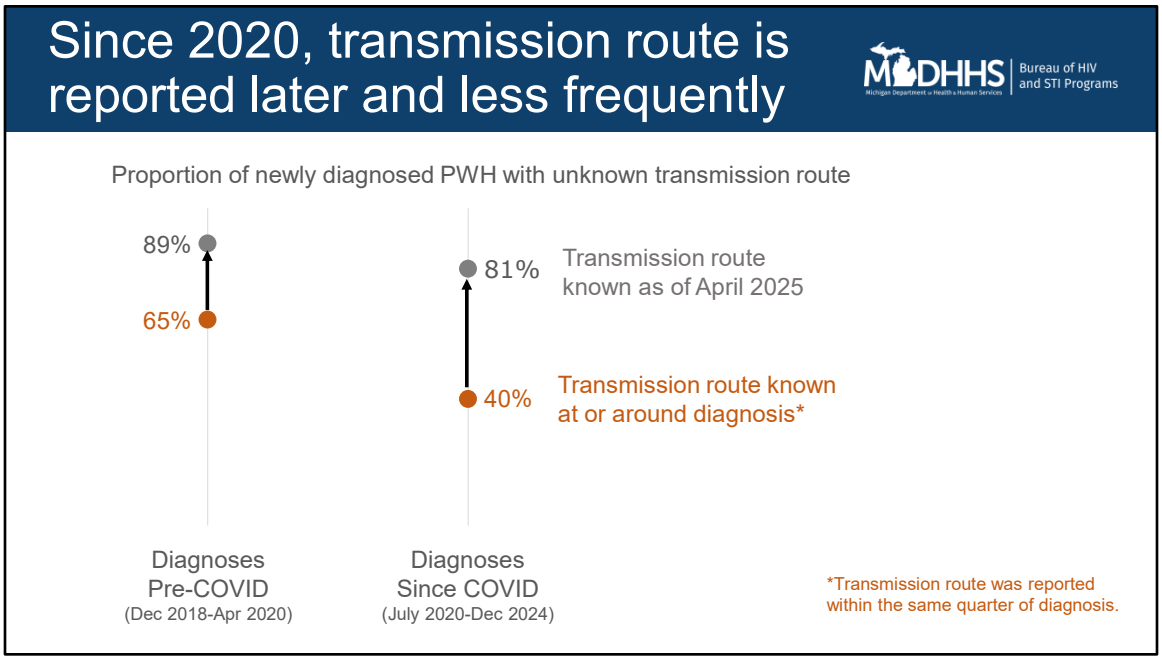

Before 2020, the likely reason for HIV transmission (a.k.a transmission route; previously known as risk) was monitored for changes. Unfortunately, since 2020, newly diagnosed individuals are disclosing risk less often to providers and health department staff at diagnosis. Before 2020, most risk info 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 reported within the same quarter of diagnosis for those in the "transmission route known at or around diagnosis" group. This typically includes risks reported by the diagnosing provider, surveillance staff, partner services (PS), Disease Intervention Specialist (DIS), or Early Intervention Services (EIS). With on 4 in 10 newly diagnosed individuals falling into thie group, there are two public health-related implications:

1) It demonstrates the weakness of risk-based testing. No one can effectively test based on transmission route if less than half of transmissions routes are known even after diagnosis.
2) Early identification of transmission route is critical for successful network detection, especially among people who inject drugs (PWID). The lag in transmission route reporting hinders network detection and response interventions.

A continued 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.

Most new diagnoses are among MSM

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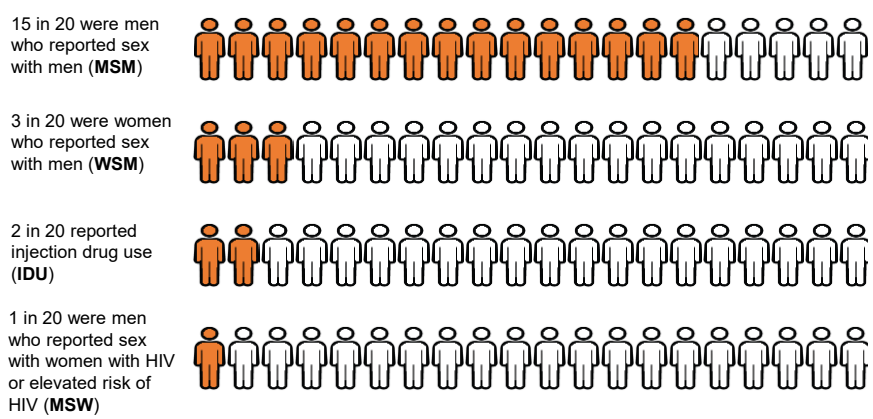
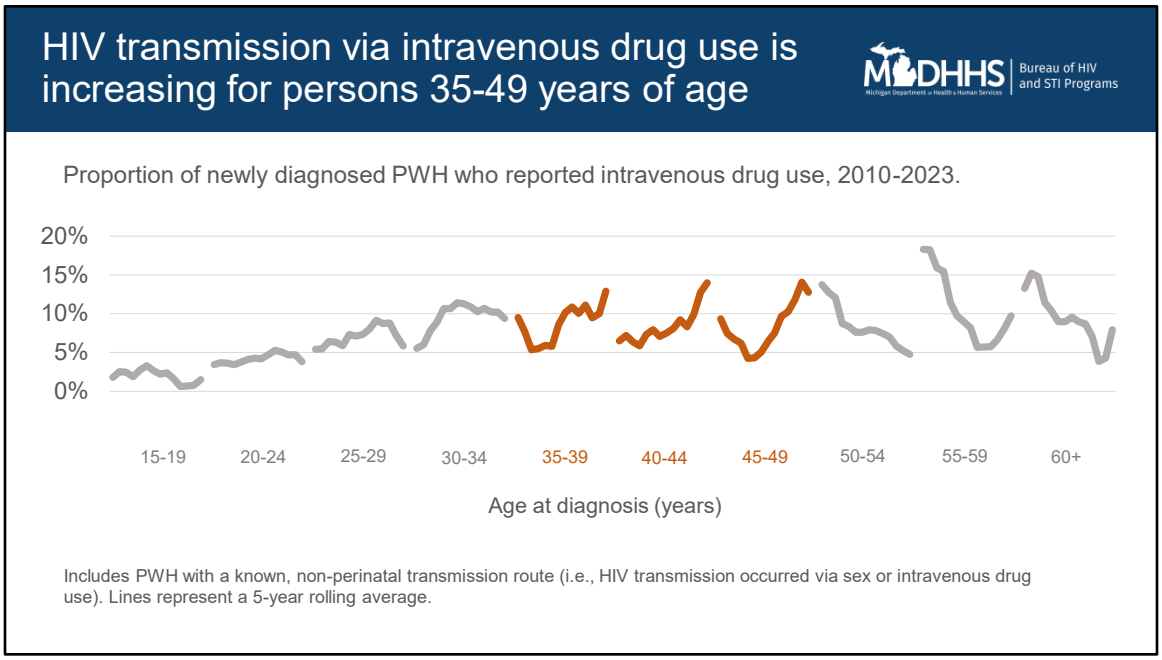
Of newly diagnosed individuals with a reported transmission route



Since 2020, transmission route was **unknown** for 1 in 5 newly diagnosed individuals. They are not included on the chart to the left.

Transmission categories are *not* mutually exclusive. Persons who report MSM and injection drug use are included in both rows. Not included in the slide are perinatal transmissions. Michigan averages approximately 1 per year (0.2% of all diagnoses). See BHSP Key Terms, Definitions and Notes for transmission route definitions.



Each line is a 5-yr rolling average centered on years 2010 to 2022. The left-most point for each region includes diagnoses between 2008-2012. The second point includes 2009-2013 and so on. The right-most point includes 2021-2025.

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 14% during 2021-2025.

HIV transmission via intravenous drug use is increasing in Central and Western MI

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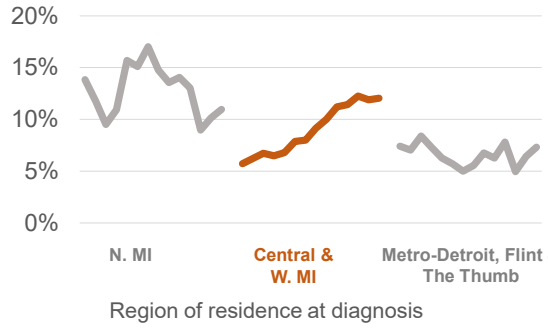
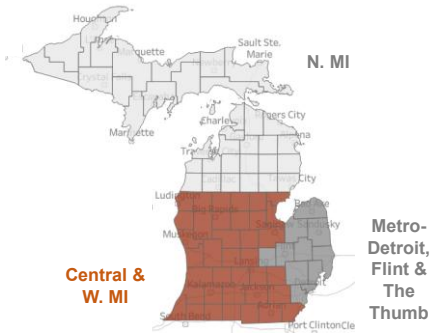
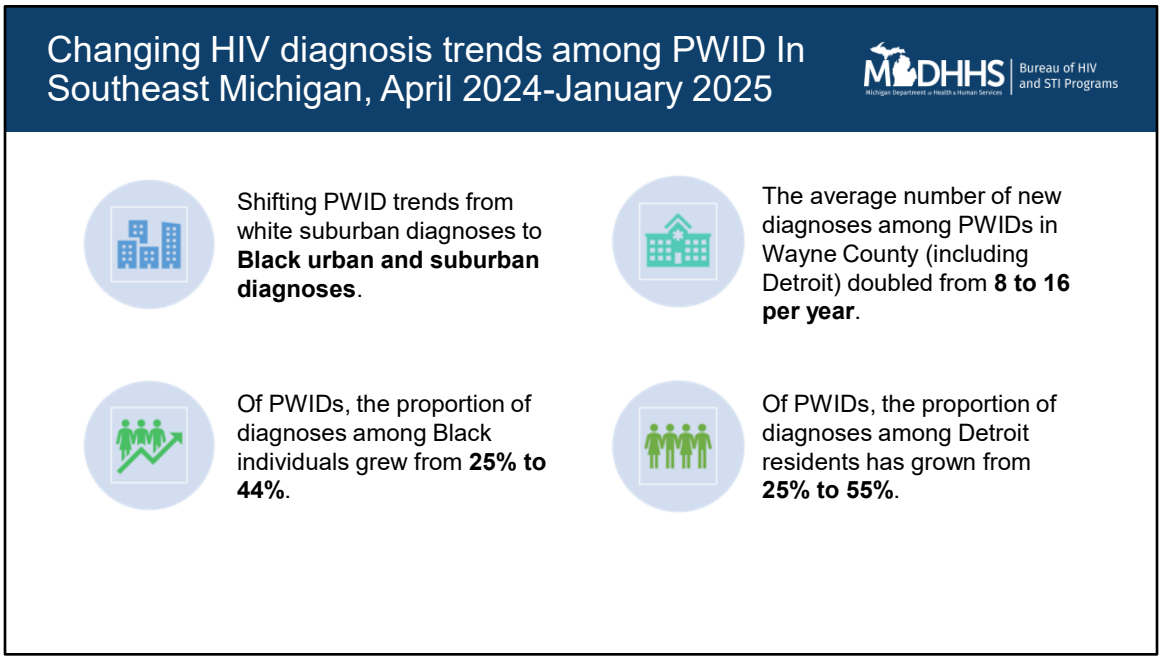
Proportion of newly diagnosed PWH who reported intravenous drug use, 2010-2025.





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. 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 region includes diagnoses between 2008-2012. The second point includes 2009-2013 and so on. The right-most point includes 2021-2025. Regions with similar trends (or lack of trends) and similar proportions of PWIDs were combined for interpretation ease. Northern Michigan has a higher proportion of PWIDs among newly diagnosed persons with a known transmission route compared to Metro-Detroit, Flint and The Thumb, but that proportion is not changing in either region. In Central and Western MI, the proportion of PWIDs among newly diagnosed persons doubled in 12 years from 6% during 2008-2012 to 12% during 2019-2023. It has remained at 12%.



In January 2025, a modest increase in HIV diagnoses among people who inject drugs (PWID) was observed in Propserity 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.

SHOARS
STI/HIV Operations and Resource System

For STI or HIV Data Requests or Technical Assistance, visit www.Michigan.gov/SHOARS

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