



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

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GOVERNOR

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To: Readers of the Michigan HIV/AIDS Statistics
From: HIV/STD/Viral Hepatitis/TB Epidemiology Section
Date: Spring 2009
Subject: April 1, 2009 Michigan HIV/AIDS Surveillance Statistics
GO TO: www.michigan.gov/hivstd

QUARTERLY STATISTICS

The April 2009 HIV/AIDS statistics for the State of Michigan have been posted on the MDCH website and can be accessed at the address above or directly by clicking on this link:

http://www.michigan.gov/documents/mdch/Apr_2009_275855_7.pdf

CHANGES - MODE OF TRANSMISSION

Last quarter we introduced Table 2- Risk Transmission and Exposure Categories for HIV on Prevalent HIV/AIDS Cases by Sex. The purpose of this table is to display more of the information on risk factors that is reported on the case report form. The goal is to provide more detailed information to inform prevention programs. We appeal to you to complete the entire Section VII – Patient History – of the Michigan Adult Case Report Form (DCH Form #1355) so that we can display more accurate information. Specifically, please provide a Yes, No, or Unknown answer to each question and do not leave any question blank (guidelines for these below). The more complete the information sent to us by reporters the more information we can present in the quarterly statistics and other analyses.

- **Yes** indicates that there was sufficient documented evidence that the behavior/risk factor occurred
- **No** indicates that there was sufficient documented evidence that the behavior/risk factor did not occur
- **Unknown** indicates that there was no or insufficient documented evidence for or against (supporting or denying) the occurrence of the behavior/risk factor.

When we say, “sufficient documented evidence” we are referring to the medical record, **however**, we do not require risk information be documented in the medical record in order to indicate that a particular behavior occurred. If you know the patient and know that a particular behavior did or did not occur, please check the appropriate Yes/No box on the case report form.

Our goal in collecting these data is to make our statistical reports as useful for you as possible. Your participation in providing complete information increases our ability to do this.

BEHAVIORAL SURVEILLANCE DATA FOR INJECTING DRUG USERS

Detroit participated in the National HIV Behavioral Surveillance (NHBS) for the IDU cycle during 2005-2006. Data from the national database were recently released in the April 10, 2009 MMWR (<http://cdc.gov/mmwr/preview/mmwrhtml/mm5813a1.htm>).

We anticipate releasing data about the IDUs interviewed in the Detroit area by the time the Summer Quarterly Statistical Report is published. An initial presentation of these data will take place next month and you are invited to attend. Melissa Reznar, our past Data Manager, is continuing to work with us to analyze the behavioral data. She will be presenting the Detroit IDU data on Thursday May 14, 2009 in Lansing at the Capitol View Building, 201 Townsend in the first floor Conference Room A from 11:30 am to 1:00 pm.

MICHIGAN BEHAVIORAL RISK FACTOR SURVEY (BRFS)

Enclosed with this email are preliminary HIV testing data from the Michigan Behavioral Risk Factor Survey. The Michigan Behavioral Risk Factor Survey (BRFS) is an annual, statewide telephone survey of Michigan adults aged 18 years and older that is conducted through a collaborative effort among the Behavioral Surveillance Branch (BSB) of the Centers for Disease Control and Prevention, the Michigan State University Institute for Public Policy and Social Research (IPPSR), and the Michigan Department of Community Health. Michigan BRFS data contribute to the national Behavioral Risk Factor Surveillance System that is managed by BSB. The entire report can be viewed on the State of Michigan website -- www.michigan.gov/brfs, and click on Annual Tables.

Black respondents were almost twice as likely to have been tested for HIV compared to White respondents.

STAFF CHANGES

Some surveillance responsibilities are shifting among staff. Michael Kucab will be coordinating the implementation of the Hepatitis Body Art Legislation, and thus Dr. Kim Kirkey (who currently manages Hepatitis C Surveillance) will be the contact for Out-State Pediatric HIV Surveillance. Michael will be retaining his Adult HIV Surveillance sites. Congratulations to Michael and welcome to Kim.

As we announced last quarter, our Section Manager Garry Goza retired late last year. Karen MacMaster has been hired to take this position and she starts in late May. Karen started her career with MDCH as a microbiologist with the Bureau of Laboratories. She also worked with Epi Lab Capacity and then with Bioterrorism Surveillance as a Section Manager. She then went to Office of Public Health Preparedness as a Section Manager and is currently a Departmental Manager with the Michigan State Police. She has a Master of Public Administration – Healthcare and we look forward to her leadership in our Section.

We have a new Coordinator for our Medical Monitoring Project (MMP). After working for the program as an interviewer/abstractor we welcome Meosia Lee Turner in her new position of MMP Coordinator. You can contact her at turnerm@michigan.gov or 313 876 0072.

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