

## B. SUMMARY REPORT: ARAB AMERICANS AND HIV/AIDS IN MICHIGAN

Loretta Davis-Satterla, MSA

*Ethn Dis.* 2007;17[Suppl 3]:S3-94–S3-95

**Key Words:** Michigan, HIV/AIDS, Arab Americans

### INTRODUCTION

The Michigan Department of Community Health (MDCH) estimates that there are 16,200 people living with HIV/AIDS in Michigan. This is extrapolated from the total of 12,182 cases that were reported as of April 1, 2006. Approximately 25%–30% are unaware of their HIV infection. These individuals are either undiagnosed or have been tested for HIV but have not received their results. Michigan is ranked 17 among the US states for the total number of HIV/AIDS cases.

New diagnoses in Michigan have been statistically level since 1998, with approximately 900 new cases diagnosed annually. Risk behaviors for new HIV diagnoses in 2004 were categorized as: men who have sex with men (MSM)<sup>a</sup> - 57%; heterosexuals<sup>b</sup>-25%; injecting drug users (IDU)-12%; no identified risk<sup>c</sup>-10%; MSM/IDU-4%; and other,<sup>d</sup>-1%.

New treatments for HIV disease have meant dramatic decreases in AIDS-related deaths since 1995. This fact combined with level rates of new diagnoses means that the overall number of people living with HIV continues to rise. This trend in Michigan mirrors

the national trend of level of infection, decreased death rates, and increased prevalence.

The Detroit metropolitan area, which includes the city of Detroit and the counties of Oakland, Macomb, Monroe, St. Clair, Lapeer, and Wayne, carries much of the burden of HIV disease in Michigan. Both the highest number of HIV infections and highest concentration of infection are found in the Detroit metropolitan area. Two-thirds of those living with HIV or AIDS reside in the Detroit area, which has only 45% of Michigan's total population. MDCH estimates that 11,200 residents are living with HIV/AIDS and around 600 cases are newly diagnosed annually.

### METHODS

Understanding the scope of the disease in the Arab American community is challenging. Because people of Arab descent are not a federally recognized racial/ethnic group, HIV/AIDS surveillance data specific to the population have not been readily available. At the request of ACCESS, MDCH began to explore ways to review the scope of the disease in the Arab American community. One of the first steps was to conduct a special analysis of existing surveillance data.

A second important step in understanding the situation was to add a question about Arab ethnicity on the HIV/AIDS Case Report form. The State of Michigan has collected this data since 2001. Michigan is one of the few jurisdictions to collect this data in the United States. However, important to note is that this data has a number of significant limitations, and the numbers of HIV-positive people of Arab descent are likely under-reported. As stated

---

<sup>a</sup> Men who have sex with men (MSM) is inclusive of all men who have sex with men. These men may or may not also have sex with women.

<sup>b</sup> Heterosexual risk includes individuals whose heterosexual partners are known to be HIV-infected or at high risk for HIV (an injecting drug user, an HIV-positive blood recipient, or, for women, a man who is behaviorally bisexual).

<sup>c</sup> No identified risk includes cases for which there has been no risk consistent with the categories of MSM, IDU, high-risk heterosexual, or blood recipient.

<sup>d</sup> Other risk includes transmission from blood products and perinatal exposure.

---

From the Division of Health, Wellness & Disease Control, Michigan Department of Community Health, Lansing, Michigan.

earlier, the initial analysis of historic data depended on identification of names and confirmation of Arab ethnicity, which may not have identified all persons of Arab descent. Data collected via the amended HIV/AIDS Case Report form may be incomplete because of the newness of the variable and interviewer unfamiliarity. Case Report data also depends on how clients self-identify and how they disclose information on race/ethnicity to the interviewer.

## RESULTS

As a result of the data review, 58 individuals with Arab surnames were identified, with 32 confirmed as being of Arab descent. Combining that information with the Case Report data, 54 confidentially reported cases of persons of Arabic descent living with HIV/AIDS in Michigan were derived. One-third have been diagnosed with HIV, and two-thirds have been diagnosed with AIDS. Of these cases, the majority (85%) are in Detroit-area counties: Wayne, including the city of Detroit (48%); Oakland (22%); Macomb (13%); and St. Clair (2%). Other cases are in other Michigan counties, including 2% in each of Ingham, Kalamazoo, Kent, and Ottawa counties. The remaining 6% are in other counties.

In addition to confidentially reported cases, six new cases have been identified through anonymous testing since April 1, 2004. Five of these were in the Detroit metro area. The reported risk behavior for all six was MSM.

## DISCUSSION

Of the confidentially reported cases of persons of Arab descent living with HIV/AIDS, 80% (43) are male and 20% (11) are female. This is comparable to statewide data, which has 74% male and 26% female cases. Age at diagnosis for Arab cases is also similar to the age distribution for all cases in Michigan, with 6% (3) ages 0–19; 24% (13) ages 20–29; 37% (20) ages 30–39; 20% (11) ages 40–49; 11% (6) ages 50 and older; and one with an unknown age at diagnosis.

The distribution of cases across risk behavior is similar for Arab and statewide data, but with a smaller proportion of IDU risk among Arab HIV/AIDS cases. Among the 11 Arab females, more than half were infected heterosexually, and 27% had no identified risk. For non-Arab Michigan females, 40% were infected heterosexually, 22% were IDU, and 34% had no identified risk. Of the 43 Arab male cases, two-thirds were attributed to MSM (60% MSM and 5% MSM/IDU), 19% no identified risk, 7% IDU, 5% heterosexual, and 5% blood recipient. For non-Arab Michigan males, two-thirds were attributed to MSM (60% MSM and 6% MSM/IDU), 17% no identified risk, 10% IDU, 5% heterosexual, and 2% blood recipient/perinatal.

Of the 64 Arab cases in the MDCH database (including both living and deceased cases), 47 have AIDS diagnoses. Of these, 25 were diagnosed with AIDS within two months of their initial HIV diagnosis. Of these 25, 20 (31% of all cases) were diagnosed with HIV and AIDS at the same time. These data show that about one-third of all diagnoses were simultaneous AIDS and

HIV diagnoses, which indicate missed opportunities for treatment and better health outcomes, as well as missed prevention opportunities.

MDCH's Division of Health, Wellness, and Disease Control responds to the HIV/AIDS epidemic and sexually transmitted diseases (STD) on multiple fronts, using prevention, education, and care programs to effect a decrease in HIV/AIDS-STD morbidity and mortality. Michigan's HIV/AIDS care-related programs include the AIDS Drug Assistance Program, Michigan Dental Program, provider education, primary medical care, mental health and substance abuse services, case management, and supportive services, including transportation, emergency financial aid, food banks, client/legal advocacy, and psychosocial support. Michigan's HIV/AIDS prevention-related programs include HIV counseling, testing, and referral to ensure that individuals learn their serostatus (400 sites statewide); partner counseling and referral programs at local health departments to facilitate early notification of HIV exposure to at-risk populations; and evidence-based primary prevention programming at 20 community organizations targeting both people of unknown status and people living with HIV/AIDS.

## RESOURCES

For more information on HIV/AIDS statistics, visit the Bureau of Epidemiology, Michigan Department of Community Health at <http://www.michigan.gov/mdch>. Last accessed: 04/09/07.