



Persons Born Outside the U.S.

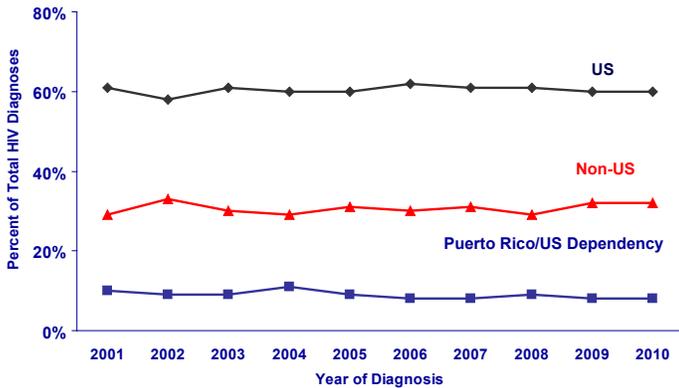
Introduction

Persons born outside the United States (US) and its territories (immigrants and refugees), comprise 14.9% (N=983,389) of the population of Massachusetts.ⁱ The immigrant and refugee population of Massachusetts is a very diverse group (114 countries represented) and predominantly persons of color (89%). Non-US born individuals accounted for 23% (N=4,174) of persons living with HIV/AIDS in Massachusetts as of December 31, 2011 and their proportional representation has increased over the past ten years.

General Statistics:

- Within the three-year period 2008 to 2010, 616 persons born outside the United States were reported diagnosed with HIV infection, representing 31% of reported HIV diagnoses in Massachusetts during that time period.ⁱⁱ
- From 2001 to 2010, the proportion of persons born outside the US among those diagnosed with HIV infection remained between 29% and 33%.

Figure 1. Percentage Distribution of People Diagnosed with HIV Infection by Place of Birth and Year of Diagnosis: Massachusetts, 2001–2010



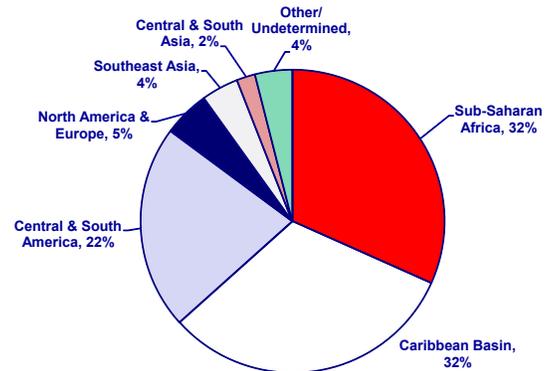
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/12

- From 2001 to 2010, the proportion of females born outside the US among females diagnosed with HIV infection increased from 37% to 52%.
- From 2001 to 2010, the proportion of males born outside the US among males diagnosed with HIV infection ranged from 22% to 28%.

World Region and Country of Origin:

- Persons born outside the United States and diagnosed with HIV infection in Massachusetts, within the three-year period 2008 to 2010, were primarily from Sub-Saharan Africa (32%), the Caribbean Basin (32%), and Central and South America (22%).

Figure 2. People Born Outside the US and Diagnosed with HIV Infection in Massachusetts Within the Years 2008 to 2010 by World Region of Origin



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/12

- Gender differences were evident among persons born outside the US and diagnosed with HIV infection. Specifically, 48% of females were from Sub-Saharan Africa compared to 20% of males; 38% of females were from the Caribbean Basin compared to 27% of males; and 11% of females born outside the US were from Central and South America compared to 30% of males.

Combined, the following five countries represent the country of birth for 50% of non-US born individuals diagnosed with HIV infection in Massachusetts within the three-year period 2008 to 2010 (N is the number of non-US born individuals diagnosed with HIV infection):

• Haiti	20.3%	(N=125)
• Brazil	9.4%	(N=58)
• Dominican Republic	8.6%	(N=53)
• Cape Verde	6.2%	(N=38)
• Uganda	5.5%	(N=34)





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Regional Distribution:

- The Metro West and Northeast Health Service Regions (HSR)ⁱⁱⁱ had the largest proportion (41%) of people recently diagnosed with HIV infection who were born outside the United States. In all regions except the Western HSR, persons born outside the United States comprised more than one-quarter of all recent diagnoses. The Metro West (35%), Northeast (30%) and Boston (26%) HSRs had the highest proportions of non-US born persons living with HIV/AIDS as of December 31, 2011.

Among cities and towns with over 20 persons diagnosed with HIV infection within the three-year period 2008 to 2010, the following have the highest proportions of diagnoses among non-US born persons (N is the number of persons born outside the United States diagnosed with HIV infection):

• Malden	71%	(N=24)
• Framingham	70%	(N=16)
• Brockton	62%	(N=39)
• Everett	58%	(N=14)
• Waltham	54%	(N=20)
• Quincy	52%	(N=11)
• Lynn	50%	(N=21)
• Somerville	45%	(N=15)
• Lawrence	45%	(N=23)
• Lowell	44%	(N=26)

Gender:

- Forty-two percent of non-US born persons recently diagnosed with HIV infection were female, compared to 18% of those born in the United States and 36% of those born in Puerto Rico and other US dependencies.^{iv}
- Among non-US born persons living with HIV/AIDS, 41% are female compared to 24% of those born in the United States and 34% of those born in Puerto Rico and other US dependencies.

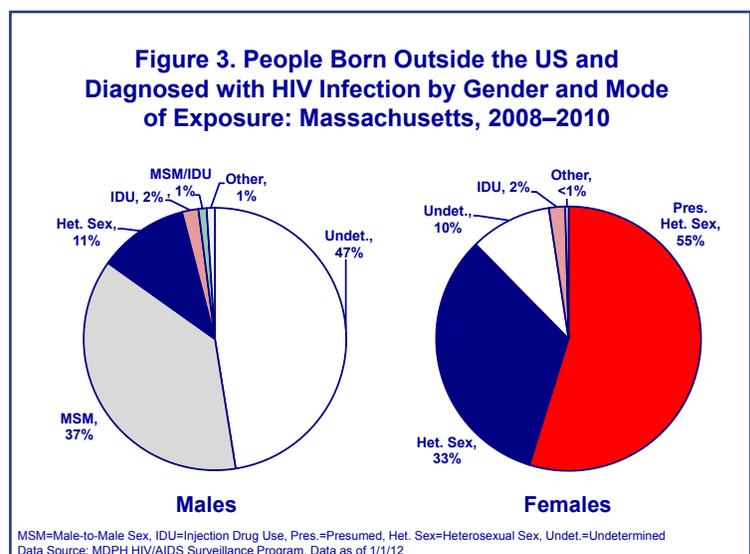
Race and Ethnicity:

- Among non-US born persons diagnosed with HIV infection within the three-year period 2008 to 2010, 10% were white (non-Hispanic), 55% were black (non-Hispanic), 28% were Hispanic/Latino, and 7% were Asian/Pacific Islander.

- Similarly, among non-US born persons living with HIV/AIDS, 11% are white (non-Hispanic), 57% are black (non-Hispanic), 26% are Hispanic/Latino, and 5% are Asian/Pacific Islander.
- Seventy-seven percent of non-US born females recently diagnosed with HIV infection were black (non-Hispanic), 18% were Hispanic/Latina, 2% were white (non-Hispanic), and 2% were Asian/Pacific Islander compared to 39%, 35%, 16%, and 10% of non-US born males respectively.

Exposure Mode:

- Thirty-one percent of non-US born persons diagnosed with HIV infection within the years 2008 to 2010 were classified with undetermined risk for HIV infection, 23% as exposed through presumed heterosexual sex (female having sex with male of unknown HIV status and risk),^v 21% through male-to-male sex (MSM), 20% through heterosexual sex and 2% through injection drug use.
- The proportion of recent HIV infection diagnoses with undetermined exposure mode is lower among persons born in the US (21%) and Puerto Rico/US dependencies (18%) compared to persons born outside the US (31%). This reflects challenges in ascertaining behavioral risk information about non-US born individuals, particularly males. Forty-seven percent of recently diagnosed non-US born males had undetermined HIV infection risk compared to 10% of non-US born females.



For detailed data tables and technical notes see Appendix
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- Among non-US born persons living with HIV/AIDS as of December 31, 2011, the distribution of exposure modes is similar to that among non-US born individuals recently diagnosed with HIV infection. Twenty-nine percent were classified with undetermined risk for HIV exposure, 21% were exposed to HIV through presumed heterosexual sex (female having sex with male of unknown HIV status and risk), 23% heterosexual sex, 21% male-to-male sex, and 4% injection drug use.

Persons Diagnosed with HIV Infection and AIDS within Two Months:

“Concurrent diagnosis”, diagnosis with both HIV infection and AIDS within two months, likely occurs in persons who have been infected with HIV for some time prior to learning of their status, and are therefore late to access HIV-related care and treatment. As such, concurrently diagnosed individuals may not experience the full benefits of these services, including improved health, better quality of life, longer survival, and reduction in the likelihood of transmitting HIV to others.

- For the first time in recent years, the proportion of people concurrently diagnosed is similar for all regions of birth: 33% in persons born outside the US, 31% in those born in the US and 28% in those born in Puerto Rico/US Dependencies. In prior years, the proportion of concurrent diagnoses had been much higher among those born outside the U.S. compared to those born in the U.S. or its dependencies.

Mortality with HIV/AIDS:

- From 2001 to 2010, the proportion of deaths among persons who were non-US born remained between 7% and 12% of all persons dying with HIV/AIDS.

Data Sources:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2012

ⁱ U.S. Census Bureau, 2011 American Community Survey 1-year estimates, place of birth by nativity and citizenship status, accessed at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> on 10/29/12

ⁱⁱ Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH), Bureau of Infectious Diseases, HIV/AIDS fact sheets, epidemiologic reports and other HIV data presentations have been updated to remove all HIV/AIDS cases who were first diagnosed in another state before being reported in Massachusetts. As of January 1, 2012, this resulted in the removal of 2,924 HIV/AIDS cases, of which 808 have died and 2,116 were living. These persons living with HIV/AIDS may still continue to reside and receive care in the Commonwealth. The total number of persons living with HIV/AIDS, irrespective of location of diagnosis, is the basis for MDPH service planning. This change is partially a result of increased activities required by the Centers for Disease Control and Prevention (CDC) for de-duplication among states in an effort to identify cases that are counted multiple times in the National HIV/AIDS surveillance system. The cases are assigned to the state that reports the earliest date of AIDS diagnosis if available. If the case has not progressed to AIDS, the case is assigned to the state with the earliest HIV diagnosis date. Please note that all previous HIV/AIDS fact sheets, data reports and presentations include cases that may have been first diagnosed in another state.

ⁱⁱⁱ HSRs are regions defined geographically to facilitate targeted health service planning. See Epidemiologic Profile General Appendices, Health Service Region Maps, available at <http://www.mass.gov/eohhs/docs/dph/aids/2006-profiles/app-hrs-maps.pdf> for configuration of health service regions. Reflects the health service region of a person's residence at the time of report (not necessarily current residence).

^{iv} US dependencies are commonwealths, territories and other entities that are supported and governed by the United States.

^v Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH) HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to eliminate the presumed heterosexual exposure mode category for males; those cases have been reassigned to the no identified risk (NIR) exposure mode category. The presumed heterosexual exposure mode category was used with the intention of identifying HIV exposure mode for females when sex with males is the only reported risk factor, there is no evidence of current or past injection drug use (IDU), and behavioral risk and HIV status information about male sexual partners are unknown. Twenty-seven percent of females living with HIV/AIDS and 40% of recent female HIV diagnoses are reported in the presumed heterosexual exposure mode category. The application of the presumed heterosexual exposure mode category to males is overly inclusive in that female to male HIV transmission is biologically less probable, and there are alternate exposure modes that are possible for males, including sex with other men (MSM) or IDU. The CDC reports males diagnosed with HIV/AIDS who report sex with females as their only risk factor, without corresponding partner risk or HIV status information, in the NIR exposure mode category. This revision to report presumed heterosexual male HIV/AIDS cases as NIR will bring Massachusetts HIV/AIDS case reporting for males in alignment with CDC standards. The MDPH will maintain presumed heterosexual and heterosexual exposure mode categories for females.



For detailed data tables and technical notes see Appendix
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