



# Massachusetts HIV/AIDS Data Fact Sheet

## Who is being concurrently diagnosed?

### Introduction

Progression from HIV infection to an AIDS diagnosis often takes an extended period of time, an average of six to ten years in the absence of antiretroviral therapy.<sup>i</sup> Individuals who are reported with HIV infection and AIDS near to the same time represent a population who may have first learned about their HIV infection and/or entered care late in the course of disease.

Concurrent diagnosis, diagnosis with both HIV infection and AIDS within two months, is likely to occur in people who have been infected for some time prior to learning of their status and are therefore late to access HIV-related care and support. 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. Information about concurrent diagnosis in Massachusetts was explored in greater depth in a 2009 MDPH Office of HIV/AIDS report “Concurrent Dilemmas: Lateness to care as a challenge to both prevention and treatment.”<sup>ii</sup> <http://www.mass.gov/eohhs/docs/dph/aids/lateness-to-care.pdf>

The factor most associated with concurrent diagnosis in past years has been place of birth. However, for the first time, in recent years, 2008 to 2010, the proportion of people concurrently diagnosed is similar for all places 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. Please note that while people born outside the US may have acquired HIV infection while living in Massachusetts, others may have learned of their HIV status in their country of origin and subsequently moved to Massachusetts, where they were then reported as “new” diagnoses. As a result, the proportion of non-US born persons concurrently diagnosed may be overestimated, being a function of limited HIV care opportunities abroad as well as missed opportunities to identify HIV infection in Massachusetts.

Another factor which no longer appears to be associated with concurrent diagnosis in recent years is race/ethnicity. Thirty-three percent of black (non-Hispanic) individuals and 30% of

both Hispanic/Latino and white (non-Hispanic) individuals were concurrently diagnosed within the years 2008 to 2010. However, members of some racial/ethnic groups with concurrent diagnosis remain more likely to have been born outside of the US than others. Fifty-two percent of black (non-Hispanic) individuals and 39% of Hispanic/Latino individuals concurrently diagnosed within the three-year period 2008 to 2010 were non-US born, compared to 8% of concurrently diagnosed white (non-Hispanic) individuals. Differences also exist by age and sex, with older individuals and men having higher proportions of concurrent diagnoses.

The following summary describes concurrent HIV infection diagnosis and AIDS among those recently diagnosed in Massachusetts in more depth.

### General Statistics:

- Within the three-year period 2008 to 2010, 626 people were diagnosed with HIV infection and AIDS within two months, representing 31% of the 1,994 diagnoses of HIV infection during this time period.<sup>ii</sup>

### Concurrent Diagnoses by Gender:

- Among people reported with HIV infection, 33% of males and 28% of females were concurrently diagnosed within the three-year period 2008 to 2010.

### Concurrent Diagnoses by Race/Ethnicity:

- Among people reported with HIV infection, 34% of Asian/Pacific Islanders, 33% of black (non-Hispanic) individuals, and 30% of both Hispanic/Latino and white (non-Hispanic) individuals were concurrently diagnosed during the three-year period 2008 to 2010.

### Concurrent Diagnoses by Race/Ethnicity and Gender:

- Among all males diagnosed with HIV infection, 35% percent of both Asian/Pacific Islander and black (non-Hispanic) males, 32% of Hispanic/Latino males, and 31% of white (non-Hispanic) males were concurrently diagnosed within the three-year period 2008 to 2010.





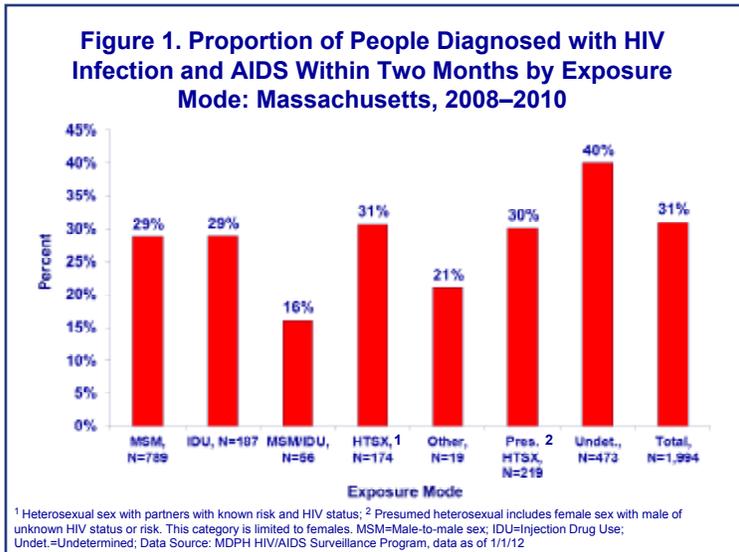
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- Among all females diagnosed with HIV infection, 31% of black (non-Hispanic), 25% percent of Hispanic/Latina and 24% of white (non-Hispanic) females were concurrently diagnosed with AIDS during the three-year period 2008 to 2010.

### Concurrent Diagnoses by Exposure Mode:

- Among all people diagnosed with HIV infection, those with undetermined HIV exposure mode have a higher proportion of concurrent diagnosis than people exposed through other modes.<sup>iii</sup>

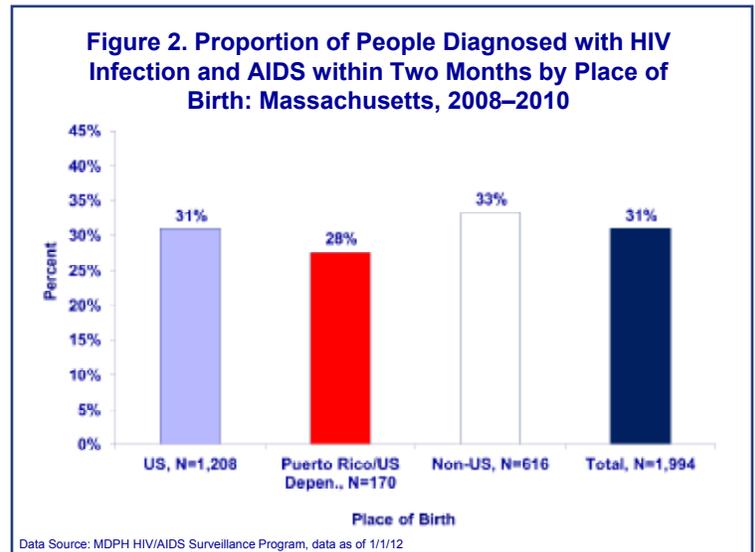


### Concurrent Diagnoses by Age Category:

- Among age categories, the highest proportion of concurrent diagnosis was among people who were aged 60 years old and older at 56%.

### Concurrent Diagnoses by Place of Birth:

- For the first time in recent years (2008 to 2010), the proportion of people concurrently diagnosed is similar for all places 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.



### Data Sources

HIV/AIDS Case Data: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program, all data as of 1/1/12

<sup>i</sup> U.S. Department of Health and Human Services

Health Resources and Services Administration, HIV/AIDS Bureau, Guide for HIV/AIDS Clinical Care, Section 2, Testing and Assessment, Risk of HIV Progression/Indications for ART, Published January 2011, [http://hab.hrsa.gov/deliverhivaids/care/clinicalguide11/cg-207\\_progression\\_risk.html](http://hab.hrsa.gov/deliverhivaids/care/clinicalguide11/cg-207_progression_risk.html)

<sup>ii</sup> 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.

<sup>iii</sup> 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



For detailed data tables and technical notes see Appendix  
 Massachusetts Department of Public Health Office of HIV/AIDS  
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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-nine percent of females living with HIV/AIDS and 41% of recent HIV diagnoses among females 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.



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