



Massachusetts HIV/AIDS Data Fact Sheet

Who is currently living with HIV/AIDS?

Overview

Since the beginning of the epidemic, the total number of people living with HIV/AIDS in Massachusetts, as reported to the HIV/AIDS Surveillance Program, has increased every year. In the past ten years, it has increased by 34%.

Among those currently known to be living with HIV/AIDS in Massachusetts, there is considerable diversity by gender, race/ethnicity and other demographic characteristics. For example, while just over half of males living with HIV/AIDS are white non-Hispanic (51%), the largest proportion of females living with HIV/AIDS are black non-Hispanic (44%). While half (50%) of males living with HIV/AIDS were exposed to HIV infection through male-to-male sex and 17% had undetermined risk, 35% of females were exposed through sex with males of known risk and/or HIV status (heterosexual), and 29% were exposed through sex with males of unknown risk and HIV status (presumed heterosexual).ⁱ Exposure resulting in HIV infection also varies by race/ethnicity. The predominant reported exposure mode among white (non-Hispanic) individuals living with HIV/AIDS is male-to-male sex (58%) and among Hispanic/Latino individuals is injection drug use (34%). Among black (non-Hispanic) individuals the largest proportion is reported with undetermined exposure mode (23%), followed by heterosexual sex (21%).

The profile of people living with HIV/AIDS also varies by geography. For example, the Western and Central Health Service Regions (HSR)ⁱⁱ have larger proportions of females living with HIV/AIDS compared to other regions, and a higher proportion of people exposed to HIV through injection drug use. The Boston, Metro West and Southeast regions have higher proportions of males exposed to HIV through male-to-male sex.

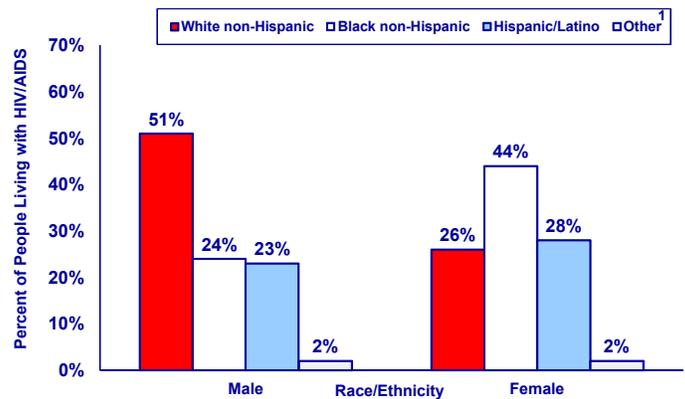
The following provides a summary of 18,170 people living with HIV/AIDS on December 31, 2011 who were first diagnosed and reported in Massachusetts. An additional 2,116 people living with HIV/AIDS in Massachusetts who were first diagnosed in another state but have received care in Massachusetts at some point during their HIV infection are not included.ⁱⁱⁱ

Gender and Race/Ethnicity:

- Seventy-one percent of people living with HIV/AIDS in Massachusetts are male and 29% are female.

- Forty-four percent of people living with HIV/AIDS in Massachusetts are white (non-Hispanic), 30% are black (non-Hispanic), 25% are Hispanic/Latino, 2% are Asian/Pacific Islander, and less than 1% are of other/undetermined race/ethnicity. Comparatively, black (non-Hispanic) individuals make up 6%, and Hispanic/Latino individuals 8% of the total Massachusetts population.

Figure 1. People Living with HIV/AIDS on December 31, 2011 by Gender and Race/Ethnicity: Massachusetts



¹ Other include Asian/Pacific Islander and American Indian/Alaska Native
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/12

- Among males living with HIV/AIDS, 51% are white (non-Hispanic), 24% are black (non-Hispanic) and 23% are Hispanic/Latino.
- Among females living with HIV/AIDS, 26% are white (non-Hispanic), 44% are black (non-Hispanic) and 28% are Hispanic/Latina.

Place of Birth, Race/Ethnicity and Gender:

- Twenty-three percent of people living with HIV/AIDS were born outside the US, 11% were born in Puerto Rico or another US Dependency and 66% were born in the US.
- Among people living with HIV/AIDS who are Asian/Pacific Islander, 75% were born outside the US, compared to 45% of black (non-Hispanic), 24% of Hispanic/Latino and 6% of white (non-Hispanic) individuals. An additional 44% percent of Hispanic/Latino individuals living with HIV/AIDS were born in Puerto Rico or another US Dependency, compared to less than one percent of both black (non-Hispanic) and white (non-Hispanic) individuals.





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- Thirty-three percent of females living with HIV/AIDS were born outside the US and an additional 13% were born in Puerto Rico or another US Dependency, compared to 19% and 10%, respectively, of males.

Current Age:

- As of December 31, 2011, 80% of people living with HIV/AIDS were age 40 years or older, 44% were age 50 years or older, and 11% were age 60 years or older.
- As of December 31, 2011, 1% of people living with HIV/AIDS were under age 19 years, 5% were in their 20s, 14% were in their 30s, 37% were in their 40s, 33% were in their 50s, and 11% were age 60 years or older.

Gender and Exposure Mode:

- Male-to-male sex and injection drug use are the leading reported exposure risks for HIV infection among all people living with HIV/AIDS, accounting for 36% and 21% of all exposures, respectively.
- Among males, male-to-male sex is the predominant exposure mode (50%), followed by injection drug use (20%). Exposure mode is undetermined for 17% of males living with HIV/AIDS and heterosexual sex accounts for 6%, MSM/IDU 5%, and other modes 2% of exposures.
- Among females, heterosexual sex (with males of known risk and/or HIV status) and sex with males of unknown risk and HIV status (presumed heterosexual) account for the most frequently reported exposure modes at 35% and 29%, respectively. Injection drug use accounts for 25%, other modes 4%, and exposure mode is undetermined in 8% of females living with HIV/AIDS.

Race/Ethnicity and Exposure Mode:

- Among white (non-Hispanic) people living with HIV/AIDS, male-to-male sex is the most frequently reported exposure mode, accounting for 58% of exposures.
- Among black (non-Hispanic) individuals, the largest proportion is reported with undetermined exposure mode (23%), followed by heterosexual sex (21%), presumed heterosexual sex (female reporting sex with male of unknown HIV status and risk, 18%), injection drug use (17%) and male-to-male sex (16%).

- Among Hispanic/Latino people living with HIV/AIDS, the predominant risk for HIV infection is injection drug use, which accounts for 34% of exposures.
- Among Asian/Pacific Islanders living with HIV/AIDS, the predominant risk for HIV infection is male-to-male sex, accounting for 43% of exposures.

Race/Ethnicity and Exposure Mode by Gender:

- Among white (non-Hispanic) males living with HIV/AIDS, male-to-male sex is the primary reported risk for HIV infection, accounting for 70% of exposures; for 9% exposure mode is undetermined.
- Exposure mode is undetermined in 34% of black (non-Hispanic) males living with HIV/AIDS. Among those with a reported risk, male-to-male sex is most frequently reported, accounting for 28% of all exposures, followed by injection drug use at 20% and heterosexual sex at 12% of reported exposures.
- Among Hispanic/Latino males living with HIV/AIDS, injection drug use is the leading reported risk for HIV infection, accounting for 38% of exposures, followed by male-to-male sex at 30%; for 18% exposure mode is undetermined.
- While the predominant exposure mode among white (non-Hispanic) females living with HIV/AIDS is injection drug use (45%), the predominant exposure mode among black (non-Hispanic) females is sex with males of unknown risk and HIV status (presumed heterosexual sex, 42%) and among Hispanic/Latina females is heterosexual sex with males of known risk and/or HIV status (42%).

Distribution by Health Service Region (HSR):

- Although 31% of people living with HIV/AIDS were living in the Boston Health Service Region at the time of report, just 13% of all Massachusetts residents were estimated to be living there in 2005.



For detailed data tables and technical notes see Appendix
 Massachusetts Department of Public Health Office of HIV/AIDS
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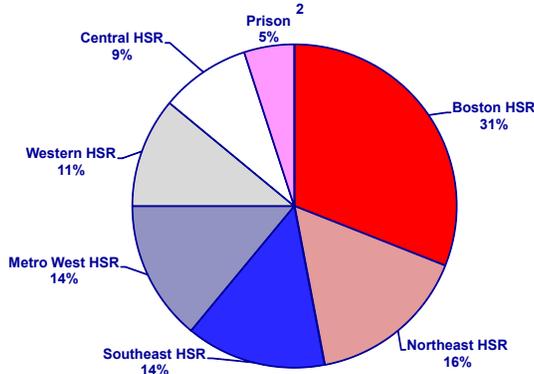




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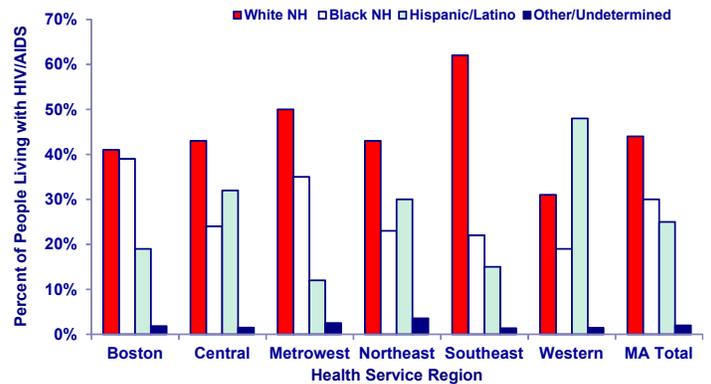
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Figure 2. People Living with HIV/AIDS on December 31, 2011 by Massachusetts Health Service Region¹



¹ Reflects the health service region of a person's residence at the time of report (not necessarily current residence)
² Prisons include persons who were diagnosed with HIV/AIDS while in a correctional facility. While prisons are not a region, the prison population is presented separately in this analysis because of its unique service planning needs.
 Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/12

Figure 3. People Living with HIV/AIDS on December 31, 2011 by Health Service Region¹ and Race/Ethnicity: Massachusetts



¹ Reflects the health service region of a person's residence at the time of report (not necessarily current residence)
 NH= Non-Hispanic; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/12

Distribution by Gender and Health Service Region (HSR):

- The Central and Western regions have a higher proportion of females among those living with HIV/AIDS compared with other regions at 38% and 37%, respectively.
- At 76%, the Boston region has the highest proportion of males among those living with HIV/AIDS.

Distribution by Race/Ethnicity and Health Service Region (HSR):

- The Boston HSR has the highest proportion (39%) of black (non-Hispanic) individuals among those living with HIV/AIDS, followed by the Metro West HSR (35%).
- White (non-Hispanic) individuals account for the largest proportion of people living with HIV/AIDS by race/ethnicity in the Boston, Central, Metro West, Northeast and Southeast HSR.
- The Western HSR has the highest proportion (48%) of Hispanic/Latino individuals among those living with HIV/AIDS, followed by the Central HSR (32%).

Distribution by Exposure mode and Health Service Region (HSR):

- Male-to-male sex is the exposure mode reported for the largest proportion of people living with HIV/AIDS in the Boston (47%), Metro West (39%), Southeast (39%), and Northeast (31%) regions.
- Injection drug use is the exposure mode reported for the largest proportion of people living with HIV/AIDS in the Western (30%) and Central (29%) regions.

Data Sources

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of 1/1/12

¹ 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



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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.

ⁱⁱ 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-nine percent of females living with HIV/AIDS and 41% 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.

ⁱⁱⁱ Reflects the health service region of a person's residence at the time of report (not necessarily current residence). 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/dph/aids/research/profile2005/app5_hrs_maps.pdf for configuration of health service regions.



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