



Massachusetts HIV/AIDS Data Fact Sheet

Adolescents and Young Adults

Fast Facts

- 13% of all recent HIV diagnoses are among persons aged 13-24 years old.
- This proportion of newly diagnosed infections among younger individuals is lower than the national average.
- 79% of adolescent and young adult men recently diagnosed with HIV infection were men who have sex with men.

Introduction

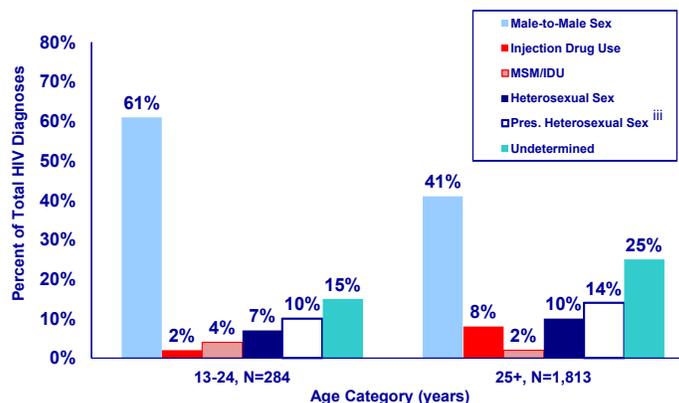
Thirteen percent (N=284) of people diagnosed and reported with HIV infection in Massachusetts between 2011 and 2013ⁱ were 13–24 years old compared to 21% nationally, but this is up from 8% in 2004.ⁱⁱ From 2004 to 2013, while the overall number of HIV diagnoses in Massachusetts declined by 24%, the number of 13–24 year olds diagnosed with HIV infection increased by 22% from 2004 (N=76) to 2013 (N=93).

Compared to older adults diagnosed with HIV infection, adolescents and young adults differ with respect to reported risk and gender. Male-to-male sex accounts for a greater proportion of recent diagnoses among male adolescents and young adults (79%) than among men 25 years old and older (56%). Women account for 23% of adolescents and young adults recently diagnosed with HIV infection, compared to 27% of people diagnosed at age 25 years and older.

Reported Risk:

- Male-to-male sex accounted for 61% of recent HIV infection diagnoses among youth age 13–24 years (Figure 1).

Figure 1. People Diagnosed with HIV Infection Within the Years 2011 to 2013 by Age at HIV Diagnosis and Reported Risk: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

- Fifty-one percent (N=188) of the 370 people currently 13–24 years old living with HIV/AIDS were born to HIV-infected mothers and were exposed at or around birth.
- Of the 188 individuals living with HIV/AIDS who were 13–24 years old on December 31, 2014 and infected at birth:
 - Fifty-two percent are young men and 48% are young women.
 - Forty-two percent are black (non-Hispanic), 31% are Hispanic/Latino, and 24% are white (non-Hispanic).

Reported Risk and Gender:

- A larger proportion of adolescent and young women diagnosed with HIV infection within the three-year period 2011 to 2013 were reported with an undetermined risk compared to women age 25 years old and older (22% vs. 15%).

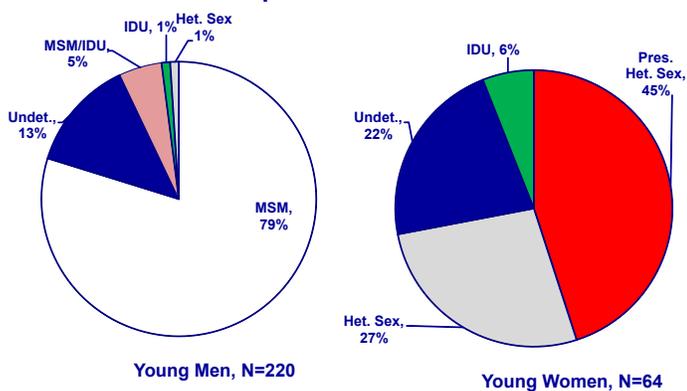




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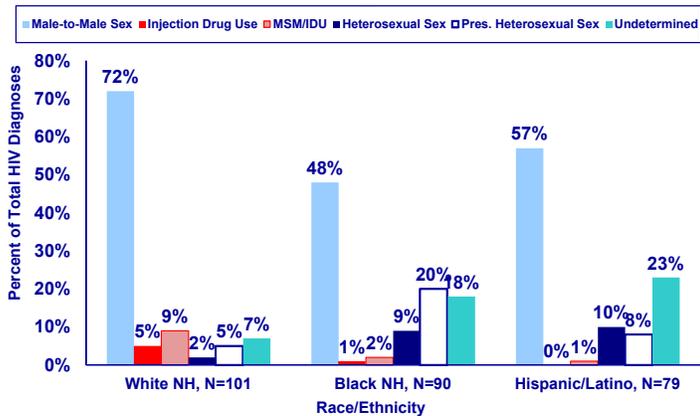
Figure 2. Adolescents and Young Adults Diagnosed with HIV Infection Within the Years 2011 to 2013 by Gender and Reported Risk: Massachusetts



MSM=Male-to-Male Sex, IDU=Injection Drug Use, Pres.=Presumed, Het. Sex=Heterosexual Sex, Undet.=Undetermined
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

Reported Risk and Race/Ethnicity:

Figure 3. People Diagnosed with HIV Infection Between 13–24 Years of Age, Race/Ethnicity by Reported Risk: Massachusetts, 2011–2013



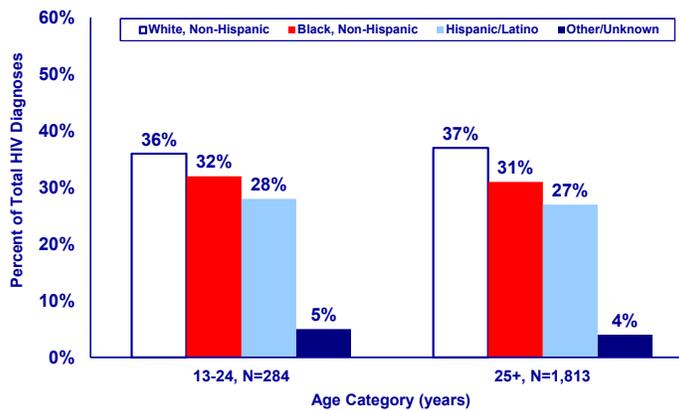
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

- Injection drug use accounted for 5% of reported risk among white (non-Hispanic) youth age 13-24 years, 1% among black (non-Hispanic) youth and no diagnoses among Hispanic/Latino youth with recently diagnosed HIV infection.
- The largest proportion of recent HIV diagnoses with undetermined risk was among Hispanic/Latino youth at 23%, followed by black (non-Hispanic) youth at 18%, and white (non-Hispanic) youth at 7%.

Race and Ethnicity, Age Comparison:

- The racial/ethnic distribution of adolescents and young adults diagnosed with HIV infection within the three-year period 2011 to 2013 is very similar to that of people diagnosed at age 25 years or older.

Figure 4. People Diagnosed with HIV Infection Within the Years 2011 to 2013 by Age at HIV Diagnosis and Race/Ethnicity: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

- Among youth living with HIV/AIDS who were 13 to 24 years of age on December 31, 2014, 38% were black (non-Hispanic), compared to 30% of people age 25 years or older living with HIV/AIDS, and 35% were Hispanic/Latino, compared to 24% of people age 25 years or older living with HIV/AIDS.

Gender, Age Comparison:

- Among youth age 13–24 years recently diagnosed with HIV infection, 77% were young men, compared to 73% of those diagnosed at age 25 years and older.



For detailed data tables and technical notes see Appendix
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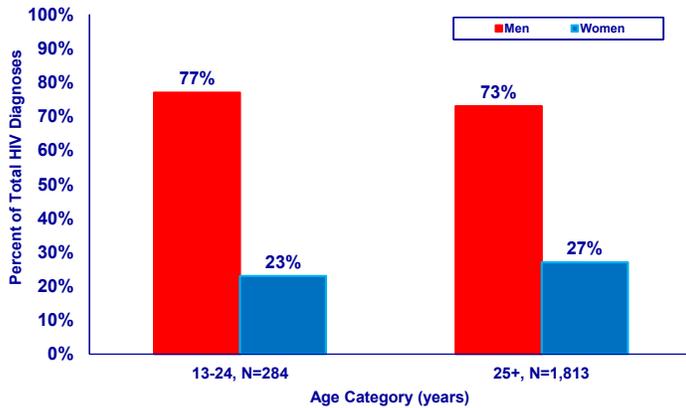




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Figure 5. People Diagnosed with HIV Infection Within the Years 2011 to 2013 by Age at HIV Diagnosis and Gender: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

Regional Distribution:

- The Western, Boston, and Central HSR^{iv} have the highest percent of adolescents and young adults diagnosed with HIV infection within the three-year period 2011 to 2013 at 16% each.
- Among cities with at least 5 people diagnosed with HIV infection at ages 13–24 years within the three-year period 2011 to 2013, the following have the largest proportions of people diagnosed with HIV infection at ages 13–24 years (N=number of HIV infection diagnoses at ages 13–24 years):

• Holyoke	(N=7)	21%
• Boston	(N=93)	16%
• Worcester	(N=13)	16%
• Lynn	(N=8)	16%
• Springfield	(N=19)	15%
• Massachusetts	(N=284)	13%

- Within the three-year period 2011 to 2013, the City of Boston had the largest number of people diagnosed with HIV infection between the ages of 13–24 years (N=93), accounting for 33% of all HIV diagnoses made in this age group in Massachusetts.

Adolescents at Risk of HIV Infection:

Behavioral Risk Factors: According to school-based behavioral surveys, adolescents in Massachusetts are engaging in behaviors that may place them at risk for HIV infection.

- There has been little change in the following reported sexual behaviors between 2003 and 2013:
 - condom use at last intercourse (57% in 2003 and 58% in 2013),
 - ever had sexual intercourse (41% in 2003 and 38% in 2013),
 - sexual intercourse before age 13 (5% in 2003 and 3% in 2013),
 - four or more lifetime sexual partners (10% in 2003 and 9% in 2013),
 - sexual intercourse in the past three months (30% in 2003 and 28% in 2013),
 - alcohol or drug use at last intercourse (25% in 2003 and 24% in 2013),
 - ever been or gotten someone pregnant (4% in 2003 and 3% in 2013), and
 - ever had sexual contact against their will (10% in 2003 and 9% in 2013).
- In addition to infection risks associated with sharing injection equipment, both injection and non-injection substance use has been documented to enhance sexual risk for HIV infection and hepatitis C. Among 2,718 high school-aged respondents to the 2013 Massachusetts Youth Risk Behavior Survey (MYRBS), 4% reported ever using cocaine, 1% reported ever using heroin and 1% reported ever using a needle to inject drugs.^v

Data Sources

HIV/AIDS Case Data: MDPH HIV/AIDS Surveillance Program, Data as of January 1, 2015

ⁱ Effective January 1, 2011, the Massachusetts Department of Public Health, HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed in another state before being reported in Massachusetts.

ⁱⁱ National estimate of 21% refers to the most recently available three-year period: 2011-2013; Centers for Disease Control and Prevention. HIV Surveillance Report, 2013; vol. 25. http://www.cdc.gov/hiv/library/reports/surveillance/2013/surveillance_Report_vol_25.html February 2013. Accessed [6/5/15].

ⁱⁱⁱ The category of presumed heterosexual is used exclusively for women, to define HIV reported risk in cases when sex with men is the only reported risk factor for HIV infection.

^{iv} 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/eohhs/docs/dph/aids/2006-profiles/app-hrs-maps.pdf> for configuration of health service regions.

^v 2013 behavioral risk data are from the 2013 Massachusetts Youth Risk Behavior Survey, for more information see: Massachusetts Department of Elementary and Secondary Education, Massachusetts Department of Public Health. Health and Risk Behaviors of Massachusetts Youth 2013. May 2014, <http://www.doe.mass.edu/cnp/hprograms/yrbs/2013report.pdf>



For detailed data tables and technical notes see Appendix
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