



Massachusetts HIV/AIDS Data Fact Sheet

People Born Outside the U.S.

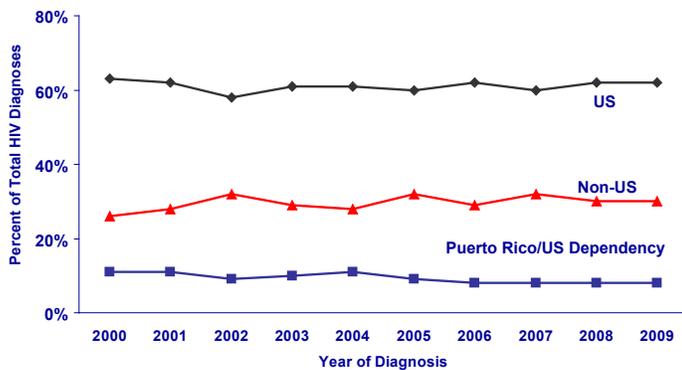
Introduction

Immigrants and refugees, people born outside the United States (US) and its territories, comprise 14.3% (N=943,335) of the population of Massachusetts.ⁱ The immigrant and refugee population of Massachusetts is very diverse with almost every country in the world represented. People born outside the US and living with HIV/AIDS in Massachusetts are also a very diverse group (114 countries represented) and are predominantly people of color (89%). They accounted for 22% of people living with HIV/AIDS as of December 31, 2010 and their proportional representation has increased over the past ten years.

General Statistics:

- Within the three-year period 2007 to 2009, 557 people born outside the United States were reported to be diagnosed with HIV infection, representing 31% of reported HIV diagnoses in Massachusetts during that time period.ⁱⁱ
- From 2000 to 2002, the proportion of people born outside the US among those diagnosed with HIV infection increased from 26% to 32%. From 2003 to 2009, the proportion of people born outside the US among those diagnosed with HIV infection remained between 28% and 32%.

Figure 1. Percentage Distribution of People Diagnosed with HIV Infection by Place of Birth and Year of Diagnosis: Massachusetts, 2000–2009



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/11

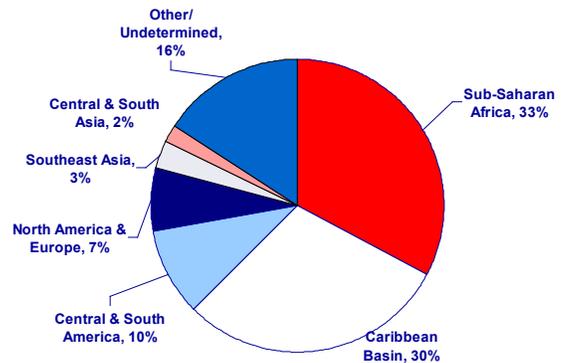
- From 2000 to 2009, the proportion of individuals born outside the US among females diagnosed with HIV infection increased from 37% to 46%.

- From 2000 to 2009, the proportion of individuals born outside the US among males diagnosed with HIV infection ranged from 21% to 27%.
- As of December 31, 2010, there were 3,862 people known to be living with HIV/AIDS in Massachusetts who were born outside the United States, accounting for 22% of people living with HIV/AIDS in Massachusetts.

World Region and Country of Origin:

- People born outside the United States and diagnosed with HIV infection in Massachusetts within the three-year period 2007 to 2009 were primarily from Sub-Saharan Africa (33%), the Caribbean Basin (30%), and Central and South America (10%).

Figure 2. People Born Outside the US and Diagnosed with HIV Infection in Massachusetts Within the Years 2007 to 2009 by World Region of Origin



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11

- Gender differences were evident among people born outside the US and diagnosed with HIV infection. Specifically, 46% of females were from Sub-Saharan Africa compared to 24% of males; 35% of females were from the Caribbean Basin compared to 26% of males; and 5% of females born outside the US were from Central and South America compared to 13% of males.





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In the three-year period 2007 to 2009, the countries of birth from which the largest proportion of non-US born people with HIV infection diagnoses were drawn were the following:

- Haiti 18.7% (N=104)
- Brazil 10.6% (N=59)
- Dominican Republic 7.5% (N=42)
- Uganda 7.0% (N=39)
- Cape Verde 6.5% (N=36)

Regional Distribution:

- The Metro West and Northeast Health Service Regions (HSR)ⁱⁱⁱ had the largest proportion (43%) of people recently diagnosed with HIV infection who were born outside the United States. In all regions except the Western HSR, people born outside the United States comprised more than one-quarter of all recent diagnoses. The Metro West (34%), Northeast (29%) and Boston (25%) HSRs had the highest proportions of non-US born people living with HIV/AIDS as of December 31, 2010.

Among cities and towns with over 20 people diagnosed with HIV infection within the three-year period 2007 to 2009, the following have the highest proportions of diagnoses among non-US born people (N is the number of people born outside the United States diagnosed with HIV infection):

- Everett 83.3% (N=20)
- Framingham 76.7% (N=23)
- Brockton 67.2% (N=39)
- Malden 63.3% (N=19)
- Waltham 57.1% (N=16)
- Lowell 55.6% (N=25)
- Medford 54.5% (N=12)
- Somerville 52.6% (N=20)
- Quincy 50.0% (N=11)
- Lynn 47.4% (N=18)

Gender:

- Forty percent of non-US born people recently diagnosed with HIV infection were female, compared to 18% of those born in the United States and 34% of those born in Puerto Rico and other US dependencies (commonwealths, territories and other entities that are supported and governed by the United States).

- Among non-US born people living with HIV/AIDS, 42% are female compared to 24% of those born in the United States and 33% of those born in Puerto Rico and other US dependencies.

Race and Ethnicity:

- Among non-US born people diagnosed with HIV infection within the three-year period 2007 to 2009, 10% were white (non-Hispanic), 57% were black (non-Hispanic), 26% were Hispanic/Latino, and 6% were Asian/Pacific Islander.
- Similarly, among non-US born people living with HIV/AIDS, 11% are white (non-Hispanic), 58% are black (non-Hispanic), 25% are Hispanic/Latino, and 5% are Asian/Pacific Islander.
- Seventy-six percent of non-US born females recently diagnosed with HIV infection were black (non-Hispanic), 17% were Hispanic/Latina and 4% were white (non-Hispanic) compared to 45%, 32% and 18% of non-US born males respectively.

Exposure Mode:

- Thirty-five percent of non-US born people diagnosed with HIV infection within the years 2007 to 2009 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),^{iv} 22% through male-to-male sex (MSM), 18% through heterosexual sex and 2% through injection drug use.
- The proportion of recent HIV infection diagnoses with undetermined exposure mode is lower among people born in the US (18%) and Puerto Rico/US dependencies (22%) compared to people born outside the US (35%). This reflects challenges in ascertaining behavioral risk information about non-US born individuals, particularly among males. Fifty-one percent of non-US born males were recently diagnosed with undetermined HIV infection risk compared to 10% of non-US born females.

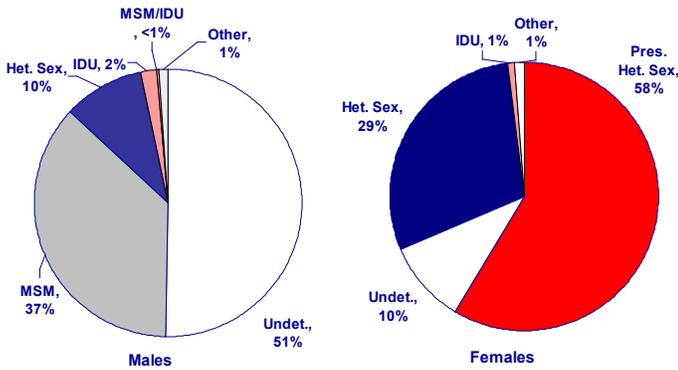




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Figure 3. People Born Outside the US and Diagnosed with HIV Infection by Gender and Mode of Exposure: Massachusetts, 2007–2009



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 1/1/11

- Among non-US born people living with HIV/AIDS as of December 31, 2010, the distribution of exposure modes is similar to that among non-US born individuals recently diagnosed with HIV infection. Thirty percent were classified with undetermined risk for HIV exposure, 22% were exposed to HIV through presumed heterosexual sex (female having sex with male of unknown HIV status and risk), 22% heterosexual sex, 21% male-to-male sex, and 4% injection drug use.

People Diagnosed with HIV Infection and AIDS within Two Months:

People who were diagnosed with AIDS within two months of their HIV diagnosis (concurrent diagnosis) represent a population that may have first learned about their HIV status and/or entered care late in the progression of HIV disease. It is likely that people who are concurrently diagnosed with HIV and AIDS have been unaware of their HIV infection for a longer period of time compared to those without a concurrent diagnosis.

- Thirty-seven percent of people born outside the US who were diagnosed with HIV infection within the three-year period 2007 to 2009 were concurrently diagnosed, compared to 30% of people born in the US and 33% of people born in Puerto Rico and other US Dependencies.

Mortality with HIV/AIDS:

- From 2000 to 2009, the proportion of deaths among people who were non-US born remained between 6% and 12% of all people 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, 2011

ⁱ U.S. Census Bureau, 2009 American Community Survey, accessed at <http://www.uscensus2010data.com/25-massachusetts-household-education-immigration-demographics> on 12/22/11

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 that were first diagnosed while residing in another state before being reported in Massachusetts. As of January 1, 2011, this resulted in the removal of 2,297 HIV/AIDS cases, of which 739 have died and 1,558 were living. These persons living with HIV/AIDS may currently reside and receive care in the Commonwealth. The total number of persons living in Massachusetts 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/dph/aids/research/profile2005/app5_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} 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 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.



For detailed data tables and technical notes see Appendix
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