



# Massachusetts HIV/AIDS Data Fact Sheet

## Who is being concurrently diagnosed?

### Overview

Progression from HIV infection to an AIDS diagnosis often takes an extended period of time (as much as 6 to 10 years in the absence of antiretroviral therapy). 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 has also been 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."

The factor most associated with concurrent diagnosis is place of birth. Among people born outside the US, who were diagnosed with HIV infection in Massachusetts between 2007 and 2009, 37% were concurrently diagnosed; compared to 30% of people born in the US, and 33% of people born in Puerto Rico or other US 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 to the local surveillance system 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 among non-US born people living in Massachusetts.

Additionally, 33% of black (non-Hispanic) individuals and 37% of Hispanic/Latino individuals with HIV infection were concurrently diagnosed, compared to 29% of white (non-Hispanic) individuals. However, members of some racial/ethnic groups are more likely to have been born outside of the US than are others. Fifty-eight percent of black (non-Hispanic) individuals and 40% of

Hispanic/Latino individuals concurrently diagnosed within the three-year period 2007 to 2009 were non-US born, compared to 8% of white (non-Hispanic) individuals concurrently diagnosed. 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 2007 to 2009, 592 people were diagnosed with HIV infection and AIDS within two months, representing 32% of the 1,822 diagnoses of HIV infection during this time period.<sup>i</sup>

### Concurrent Diagnoses by Gender:

- Thirty-four percent of males and 29% of females were concurrently diagnosed within the three-year period 2007 to 2009.

### Concurrent Diagnoses by Race/Ethnicity:

- Thirty-seven percent of Hispanic/Latino, 34% of Asian/Pacific Islander, 33% of black (non-Hispanic), and 29% of white (non-Hispanic) individuals were concurrently diagnosed during the three-year period 2007 to 2009.

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

- Among all males diagnosed with HIV infection, 40% percent of Hispanic/Latino, 39% of Asian/Pacific Islander and 35% of black (non-Hispanic) males were concurrently diagnosed within the three-year period 2007 to 2009 compared to 30% of white (non-Hispanic) males.
- Among all females diagnosed with HIV infection, 30% of black (non-Hispanic), 29% percent of Hispanic/Latina and 27% of white (non-Hispanic) females were concurrently diagnosed with AIDS during the three-year period 2007 to 2009.

### Concurrent Diagnoses by Exposure Mode:

- Among all people diagnosed with HIV infection, those with no identified risk for HIV exposure have a higher proportion of concurrent diagnosis than people exposed through other modes.<sup>ii</sup>

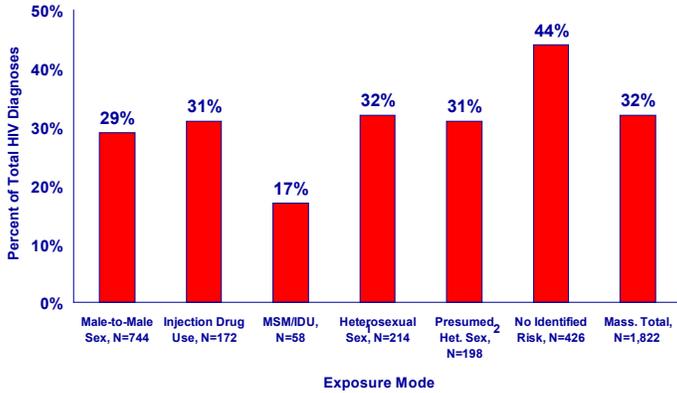




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**Figure 1. Proportion of People Diagnosed with HIV Infection and AIDS Within Two Months by Exposure Mode: Massachusetts, 2007–2009**



<sup>1</sup> Heterosexual sex with partners with known risk and HIV status  
<sup>2</sup> Includes female sex with male of unknown HIV status or risk. This category is limited to females.  
 Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/11

### Data Sources

HIV/AIDS Case Data: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program; All Data as of 1/1/11

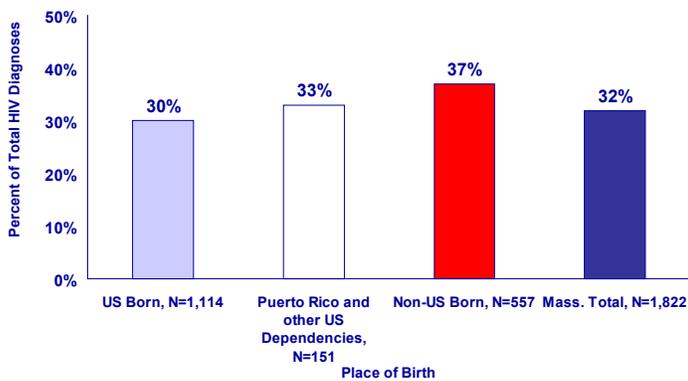
<sup>i</sup> Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH), Bureau of Infectious Diseases, HIV/AIDS fact sheets, epidemiologic reports and other HIV data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed while residing in another 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.

<sup>ii</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 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.

### Concurrent Diagnoses by Place of Birth:

- Among people born outside the US who were diagnosed with HIV infection in Massachusetts between 2007 and 2009, 37% were concurrently diagnosed, compared to 30% of people born in the US and 33% of people born in Puerto Rico or other US dependencies.

**Figure 2. Proportion of People Diagnosed with HIV Infection and AIDS within Two Months by Place of Birth: Massachusetts, 2007–2009**



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

### 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 54%.



For detailed data tables and technical notes see Appendix  
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