

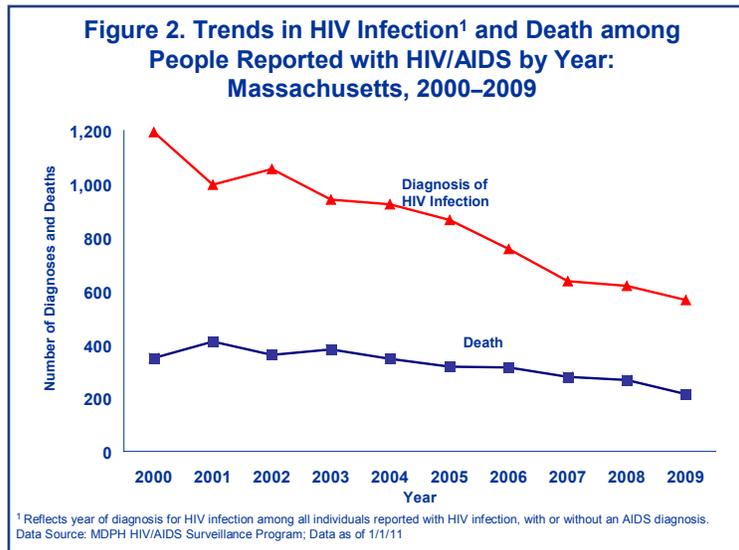
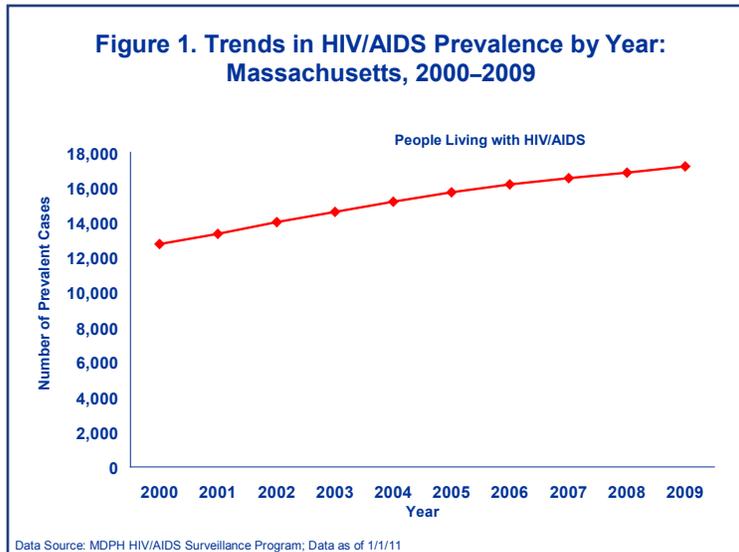


Massachusetts HIV/AIDS Data Fact Sheet

The Massachusetts HIV/AIDS Epidemic at a Glance

HIV/AIDS Trends from 2000 to 2009

Every year, there are more people living with HIV/AIDS in Massachusetts. In the past ten years, the number of people living with HIV/AIDS has increased annually as new HIV infection diagnoses exceeded the number of deaths among people reported with HIV/AIDS. From 2000 to 2009, the number of people living with HIV/AIDS increased by 35%.



General Statistics:

- As of December 31, 2010, a cumulative total of 29,977 individuals were diagnosed with an HIV infection and reported in Massachusetts, with or without an AIDS diagnosis.
 - 41% (N=12,356) have died and 59% (N=17,621) are living with HIV/AIDS
- As of December 31, 2010, there were 17,621 people living with HIV/AIDS who were diagnosed in Massachusetts. An additional 1,558 people living with HIV/AIDS in Massachusetts were first diagnosed in another state. ⁱ
- Including estimates of Massachusetts residents infected with HIV who do not yet know their status, who have not been reported, or who were first reported in another state, there are 25,000 – 27,000 individuals currently living with HIV/AIDS in the Commonwealth.
 - An estimated 21% of people with HIV infection do not know their status ⁱⁱ

Who is currently living with HIV/AIDS?

- Forty-four percent of people living with HIV/AIDS in Massachusetts are white (non-Hispanic), 29% are black (non-Hispanic), 25% are Hispanic/Latino, 1% are Asian/Pacific Islander, and less than 1% are of other/undetermined race/ethnicity. To illustrate racial and ethnic disparities, black (non-Hispanic) individuals make up 6% and Hispanic/Latino individuals 8% of the total Massachusetts population.
- Male-to-male sex and injection drug use are the leading reported exposure modes for HIV infection among all people living with HIV/AIDS, accounting for 35% and 22% of all exposures, respectively. ⁱⁱⁱ
- Among males living with HIV/AIDS, 51% are white (non-Hispanic), 23% are black (non-Hispanic) and 23% are Hispanic/Latino.
- Among females living with HIV/AIDS, 27% are white (non-Hispanic), 43% are black (non-Hispanic) and 28% are Hispanic/Latina.





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Who is experiencing differential impact from HIV/AIDS?

- With age-adjusted prevalence rates of 1,424 and 1,090 cases per 100,000, black (non-Hispanic) and Hispanic/Latino populations are affected by HIV/AIDS at levels ten and eight times that of white (non-Hispanic) individuals (136 per 100,000).
- With age-adjusted prevalence rates of 1,747 and 1,561 cases per 100,000, black (non-Hispanic) and Hispanic/Latino males are each affected by HIV/AIDS at levels eight and seven times that of white (non-Hispanic) males (230 per 100,000).
- With age-adjusted prevalence rates of 1,150 and 671 cases per 100,000 population, black (non-Hispanic) and Hispanic/Latina females are affected by HIV/AIDS at levels 24 and 14 times that of white (non-Hispanic) females (47 per 100,000).

Who is most at risk of HIV infection?

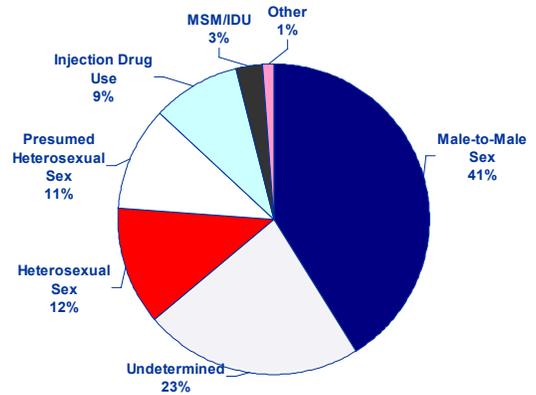
Trends in the distribution of HIV infection diagnoses from 2000 to 2009 are used to highlight populations at elevated risk of HIV infection. These trends, as well as the distribution of 1,822 people who were recently diagnosed with HIV infection within the three-year period 2007 to 2009, provide useful information for planning HIV prevention programs.

- The number of annual HIV diagnoses reported decreased from 1,193 in 2000 to 619 in 2008.
- As of January 1, 2011, 567 HIV diagnoses were reported for 2009. As Massachusetts providers who report HIV diagnoses are still transitioning from code to name-based reporting requirements (effective January 1, 2007), the 2009 HIV infection diagnosis data may be incomplete. The number of cases will continue to increase as additional cases are reported, lessening the apparent decline in the number of HIV infection diagnoses in recent years. Caution should be exercised when considering changes in trends for 2009 due to the potential for differential reporting by providers since the beginning of the new reporting system.
- From 2000 to 2003, the proportion of HIV infections diagnosed among males decreased from 70% to 68% while the proportion among females increased from 30% to 32%. From 2004 to 2009 the distribution of people diagnosed with HIV infection

by gender ranged from 71% to 75% male and 25% to 29% female.

- From 2000 to 2009, the proportion of HIV diagnoses ranged from 38% to 43% among white (non-Hispanic) individuals; from 30% to 35% among black (non-Hispanic) individuals; and from 22% to 26% among Hispanic/Latino individuals.
- From 2000 to 2009, the proportion of HIV diagnoses where injection drug use was the mode of exposure decreased from 22% to six percent.
- Among individuals recently diagnosed with HIV infection (within the three-year period 2007 to 2009), male-to-male sex was the leading reported exposure mode, accounting for 41% of diagnoses.

Figure 3. People Diagnosed with HIV Infection Within the Years 2007–2009 by Exposure Mode: Massachusetts



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

- Among males diagnosed with HIV infection, the proportion of HIV diagnoses with male-to-male sex as the primary reported exposure mode increased from 42% in 2000 to 56% in 2009.
- From 2000 to 2009, the proportion of HIV diagnoses among females exposed to HIV through sex with males of unknown risk and HIV status (presumed heterosexual sex) increased from 34% to 44%.
- 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%.



For detailed data tables and technical notes see Appendix
Massachusetts Department of Public Health Office of HIV/AIDS
 250 Washington St. 3rd Floor Boston, MA 02108
 617-624-5300 FAX 617-624-5399 www.mass.gov/dph/aids





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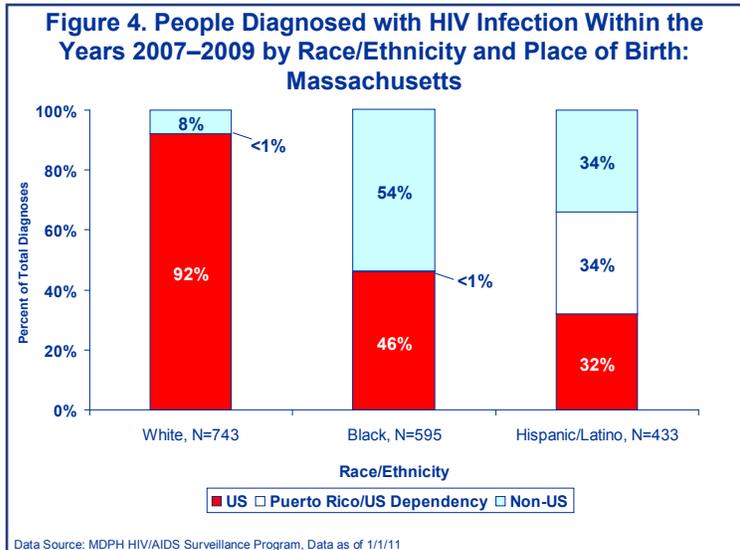
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- During the same time period the proportion of individuals born outside the US among females increased from 37% to 46%.
- Fifty-four percent of black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2007 to 2009 were born outside the US, compared to 34% of Hispanic/Latino individuals and 8% of white (non-Hispanic) individuals.

- Thirty-seven percent of people born outside the US who were diagnosed with HIV infection from 2007 to 2009 had AIDS when they were diagnosed (or were diagnosed with AIDS within two months), compared to 30% of people born in the US and 33% of people born in Puerto Rico and other US dependencies.

How have patterns of AIDS diagnoses changed over time?

- After reaching a plateau of incidence approaching 900 new diagnoses each year from 1997 to 1999, reported AIDS incidence declined from 2000 to 2009, when 340 cases of AIDS were reported.
- From 2000 to 2009, the proportion of newly diagnosed AIDS cases among white (non-Hispanic) individuals ranged from 35% to 43%. The proportion of AIDS cases among Hispanic/Latino individuals from 2000 to 2009 ranged from 23% to 27%. The proportion among black (non-Hispanic) individuals ranged from 30% to 35% from 2000 to 2009.
- For 10 years, from 1992 through 2003, the number of new AIDS diagnoses with injection drug use as the reported exposure mode surpassed the number of AIDS diagnoses with male-to-male sex as the reported exposure mode. From 2004 through 2009, the trend reversed with the number of new AIDS diagnoses with male-to-male sex as the reported exposure mode exceeding the number of those with injection drug use (157 in 2004 vs. 56 in 2009).



Who is being concurrently diagnosed?

Termed “concurrent diagnosis”, diagnosis with both HIV infection and AIDS within two months, likely occurs 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 treatment. 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.

- From 2007 to 2009, 592 people had AIDS when HIV infection was diagnosed (or were diagnosed with AIDS within two months), representing 32% of the 1,822 diagnoses of HIV infection during this time period.

Who is dying with HIV/AIDS and how has this changed over time?

- After reaching a peak of 1,212 in 1994 (data not shown), deaths among people reported with AIDS declined each year until 1998, when there were 332 deaths. (Deaths in people reported with HIV infection [non-AIDS]^{iv} are not available prior to 1999 because HIV infection was not a reportable condition before that time.)



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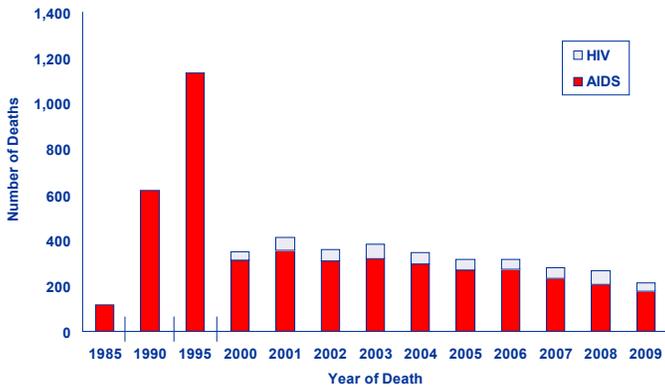




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Figure 5. Number of Deaths Among People Reported with HIV Infection and AIDS by Year of Death: Massachusetts, 1985–2009



Note: Death data for people with HIV who had not yet progressed to AIDS are not available before 1999 and therefore not included here. Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/11

- From 2003 to 2009, the annual number of deaths of people reported with HIV (non-AIDS)iv and AIDS declined to a low of 213 in 2009.
- From 2000 to 2009, the proportion of deaths among males reported with HIV/AIDS ranged from 65% to 75% and among females from 25% to 35%.
- From 2000 to 2009, the proportions of deaths among people reported with HIV/AIDS by race/ethnicity remained fairly stable with roughly half of deaths each year among white (non-Hispanic) individuals and roughly one quarter each among black (non-Hispanic) and Hispanic/Latino individuals.
- From 2000 to 2009, the distribution of deaths among people reported with HIV/AIDS by exposure mode remained fairly stable, with roughly half of deaths each year in people with a primary reported risk of injection drug use and 15% to 22% in people with a risk of male-to-male sex.
- From 2000 to 2009, the proportion of deaths among people reported with HIV/AIDS with a primary reported risk of heterosexual sex (with partners of known risk and/or HIV status) ranged from 6% to 12%; of presumed heterosexual sex (female reporting sex with male of unknown risk and HIV status) from 3% to 6%; of male-to-male sex and injection drug use (MSM/IDU) from 3% to 9%; and of other risks 1% to 3%.

Data Source

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

ⁱ 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 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 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.

ⁱⁱ Centers for Disease Control and Prevention. HIV Prevalence Estimates — United States, 2006. MMWR 2008;57:1073-1076

ⁱⁱⁱ 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.

^{iv} People with HIV infection (non-AIDS) refers to those who were reported with an HIV infection diagnosis and did not progress to AIDS before death.



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