



Persons Born Outside the U.S.

Introduction

While only 15% (N=995,692) of the Massachusetts population were born outside the United States (US) and its territories,ⁱ 24% of people living with HIV/AIDS and 32% of those recently diagnosed with HIV infection are non-US born. The HIV positive immigrant and refugee population of Massachusetts is a very diverse group (133 countries represented) and consists predominantly of persons of color (89%).

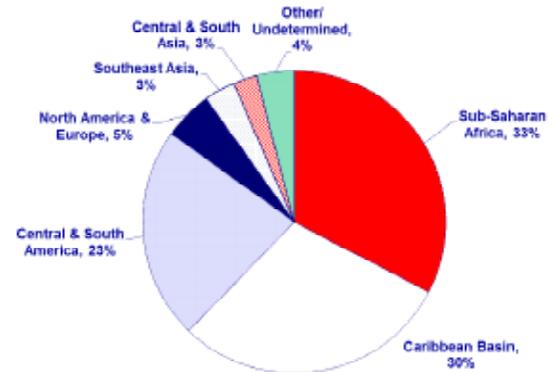
General Statistics:

- Within the three-year period 2009 to 2011, 632 persons born outside the United States were reported as diagnosed with HIV infection, representing 32% of reported HIV diagnoses in Massachusetts during that time period.ⁱⁱ
- From 2002 to 2011, the proportion of persons born outside the US among those diagnosed with HIV infection remained between 29% and 33%.

World Region and Country of Origin:

- Persons born outside the United States and diagnosed with HIV infection in Massachusetts, within the three-year period 2009 to 2011, were primarily from Sub-Saharan Africa (33%), the Caribbean Basin (30%), and Central and South America (23%).

Figure 2. People Born Outside the US and Diagnosed with HIV Infection in Massachusetts Within the Years 2009 to 2011 by World Region of Origin



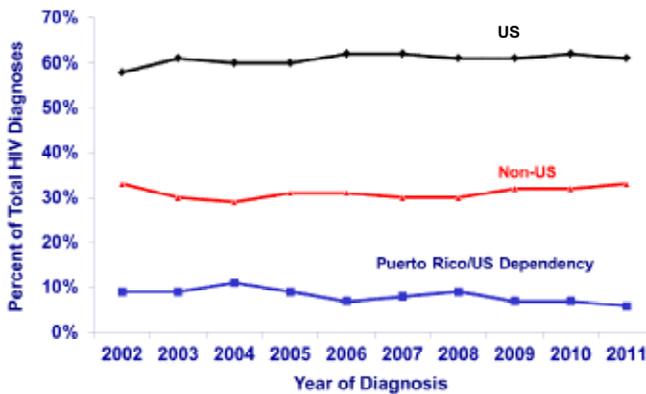
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13

- Gender differences were evident among persons born outside the US and diagnosed with HIV infection. Specifically, 50% of females were from Sub-Saharan Africa compared to 20% of males; 36% of females were from the Caribbean Basin compared to 25% of males; and 9% of females born outside the US were from Central and South America compared to 33% of males.

Combined, the following five countries represent the country of birth for 48% of non-US born individuals diagnosed with HIV infection in Massachusetts within the three-year period 2009 to 2011 (N is the number of non-US born individuals diagnosed with HIV infection):

| | | |
|----------------------|-----|---------|
| • Haiti | 18% | (N=111) |
| • Brazil | 9% | (N=60) |
| • Dominican Republic | 9% | (N=57) |
| • Cape Verde | 6% | (N=40) |
| • Uganda | 6% | (N=36) |
| • Waltham | 31% | (N=11) |
| • Chelsea | 30% | (N=7) |

Figure 1. Percentage Distribution of People Diagnosed with HIV Infection by Place of Birth and Year of Diagnosis: Massachusetts, 2002–2011



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/13

- The proportion of females born outside the US among females diagnosed with HIV infection ranged from 42% to 48% during the ten-year period 2002 to 2011; except for 2010 when it reached 54%.
- From 2002 to 2011, the proportion of males born outside the US among males diagnosed with HIV infection ranged from 22% to 28%.





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Regional Distribution:

- The Metro West and Northeast Health Service Regions (HSR)ⁱⁱⁱ had the largest proportion (43% and 42%, respectively) of people recently diagnosed with HIV infection who were born outside the United States. In all regions except the Western HSR, persons born outside the United States comprised more than one-quarter of all recent diagnoses. The Metro West (36%), Northeast (31%) and Boston (26%) HSRs had the highest proportions of non-US born persons living with HIV/AIDS as of December 31, 2012.

Among cities and towns with over 20 persons diagnosed 2009 to 2011, the following have the highest proportions of diagnoses among non-US born persons (N is the number of persons born outside the United States diagnosed with HIV infection):

- Framingham 67% (N=16)
- Brockton 65% (N=40)
- Everett 59% (N=13)
- Somerville 57% (N=16)
- Lynn 57% (N=26)
- Malden 56% (N=14)
- Waltham 56% (N=20)
- Lawrence 55% (N=30)
- Chelsea 48% (N=11)
- Medford 48% (N=11)

Gender:

- Forty-two percent of non-US born persons recently diagnosed with HIV infection were female, compared to 19% of those born in the United States and 30% of those born in Puerto Rico and other US dependencies.^{iv}
- Among non-US born persons living with HIV/AIDS, 41% are female compared to 23% of those born in the United States and 34% of those born in Puerto Rico and other US dependencies.

Race and Ethnicity:

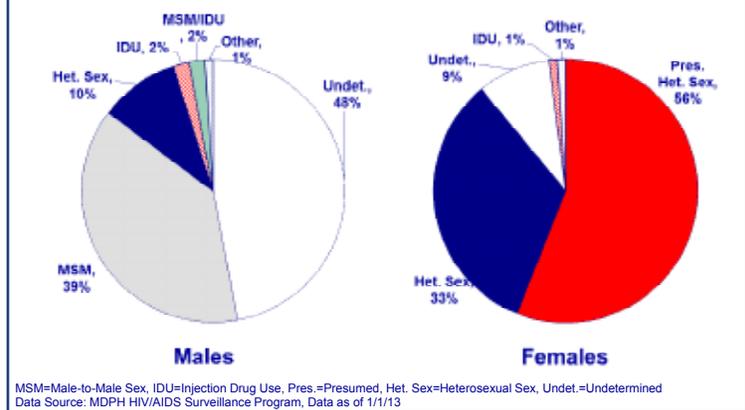
- Among non-US born persons diagnosed with HIV infection within the three-year period 2009 to 2011, 9% were white (non-Hispanic), 53% were black (non-Hispanic), 30% were Hispanic/Latino, and 7% were Asian/Pacific Islander.

- Similarly, among non-US born persons living with HIV/AIDS, 11% are white (non-Hispanic), 57% are black (non-Hispanic), 26% are Hispanic/Latino, and 5% are Asian/Pacific Islander.
- Seventy-four percent of non-US born females recently diagnosed with HIV infection were black (non-Hispanic), 20% were Hispanic/Latina, 2% were white (non-Hispanic), and 3% were Asian/Pacific Islander compared to 38%, 37%, 15%, and 10% of non-US born males respectively.

Exposure Mode:

- Thirty-one percent of non-US born persons diagnosed with HIV infection within the years 2009 to 2011 were classified with undetermined risk for HIV infection, 24% as exposed through presumed heterosexual sex (female having sex with male of unknown HIV status and risk),^v 22% through male-to-male sex (MSM), 20% through heterosexual sex, 1% through injection drug use (IDU), and 1% through MSM/IDU.
- The proportion of recent HIV infection diagnoses with undetermined exposure mode is lower among persons born in the US (21%) and Puerto Rico/US dependencies (21%) compared to persons born outside the US (31%). This reflects challenges in ascertaining behavioral risk information about non-US born individuals, particularly males.

Figure 3. People Born Outside the US and Diagnosed with HIV Infection by Gender and Mode of Exposure: Massachusetts, 2009–2011





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- Forty-eight percent of recently diagnosed non-US born males had undetermined HIV infection risk compared 21% of US born males and 24% of males born in Puerto Rico/US Dependencies. Nine percent of non-US born females had undetermined HIV infection risk compared to 22% of US born females and 13% of females born in Puerto Rico/US Dependencies.
- Among non-US born persons living with HIV/AIDS as of December 31, 2012, the distribution of exposure modes is similar to that among non-US born individuals recently diagnosed with HIV infection. Twenty-nine percent were classified with undetermined risk for HIV exposure, 23% heterosexual sex, 21% were exposed to HIV through presumed heterosexual sex (female having sex with male of unknown HIV status and risk), 21% male-to-male sex, 4% injection drug use, and 1% MSM/IDU.

Persons Diagnosed with HIV Infection and AIDS within Two Months:

“Concurrent diagnosis”, diagnosis with both HIV infection and AIDS within two months, likely occurs in persons who have been infected with HIV 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.

- Among people born outside the US who were diagnosed with HIV infection in Massachusetts between 2009 and 2011, 36% were concurrently diagnosed, compared to 30% of people born in the US and 27% of people born in Puerto Rico or other US dependencies.

HIV-Related Morbidity and Mortality:

AIDS Diagnoses: An AIDS diagnosis signifies disease progression and may be an indicator of late HIV diagnosis, delayed entry into medical care, treatment failure or limited access to medical care.

- The proportion of non-US born among reported AIDS diagnoses ranged from 22% to 29% from 2002 to 2010 and then reached a high of 36% in 2011.

Mortality with HIV/AIDS

- From 2002 to 2011, the proportion of deaths among persons who were non-US born remained between 8% and 12% of all persons dying with HIV/AIDS.
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Data Sources:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2013

ⁱ U.S. Census Bureau, 2012 American Community Survey 1-year estimates, Selected Population Profile In The United States, S0201, accessed at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> on 10/17/13

ⁱⁱ 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.

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

^{iv} US dependencies are commonwealths, territories and other entities that are supported and governed by the United States.

^v The category of presumed heterosexual is used exclusively for females, to define HIV exposure mode in cases when sex with males is the only reported risk factor for HIV infection.