



Massachusetts HIV/AIDS Data Fact Sheet

Men Who Have Sex with Men

Introduction

The HIV/AIDS epidemic was first recognized among men who have sex with men (MSM). Male-to-male sex remains the predominant reported mode of exposure in all Health Service Regions of Massachusetts. Overall, from 2002 to 2011, the proportion of all HIV infection diagnoses with male-to-male sex as an exposure mode ranged from a low of 30% in 2002 to a high of 44% in 2009. Among males, the proportion of HIV infection diagnoses with male-to-male sex as the reported exposure mode increased from 45% in 2002 to 52% in 2011. From 2002 to 2011, while the overall number of HIV diagnoses in Massachusetts declined by 37%, the number of HIV diagnoses attributed to male-to-male sex declined by only 22%, and ranged from a high of 332 in 2005 to a low of 247 in 2011.ⁱ

General Statistics:

- Within the three-year period 2009 to 2011, 808 of the 1,979 individuals diagnosed with HIV infection in Massachusetts were exposed through male-to-male sex, accounting for 41% of all cases and 56% of HIV infections among men (N=1,447). An additional 53 men were reported to have been exposed through male-to-male sex and injection drug use (MSM/IDU), accounting for 3% of all cases and 4% of HIV infections among men.
- On December 31, 2012, 6,720 of 18,459 people living with HIV/AIDS had HIV exposure attributed to male-to-male sex, representing 36% of all people living with HIV/AIDS in Massachusetts and 51% of men living with HIV/AIDS (N=13,144). An additional 627 MSM living with HIV/AIDS were reported to have also used injection drugs, accounting for 3% of all people living with HIV/AIDS and 5% of men.

Regional Distribution:

- Male-to-male sex was the most frequently reported exposure mode among people diagnosed with HIV infection within the years 2009 to 2011 in all Health Service Regionsⁱⁱ, accounting for 47% of exposures in both the Boston and Metro West HSRs, 42% in the Southeast HSR, 39% in the Western HSR, 33% in the Northeast HSR, and 31% in the Central HSR.

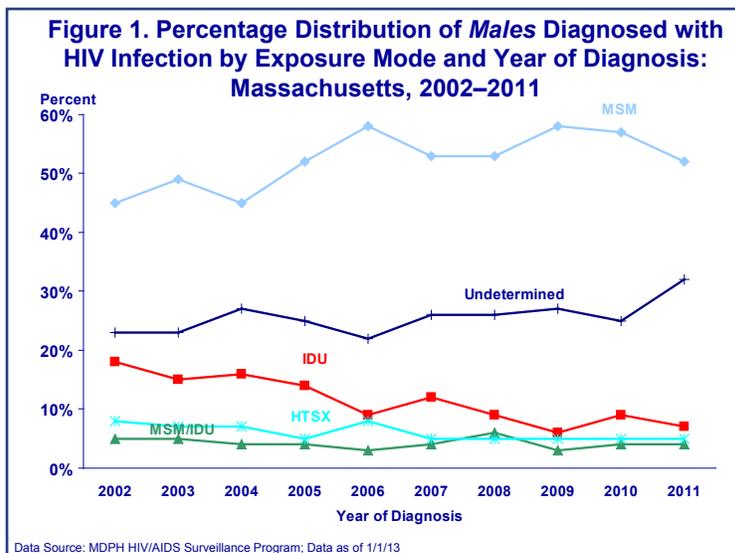
- Among those living with HIV/AIDS, male-to-male sex was the most frequently reported mode of exposure in the Boston (48%), Metro West (40%), Southeast (39%) and Northeast (31%) Health Service Regions.

In cities with over 20 people diagnosed with HIV infection within the three-year period 2009 to 2011, the following have the highest proportions of persons whose HIV infection was attributed to male-to-male sex (N=number of HIV-infected men reported as MSM exposure mode, not including those with an additional history of injection drug use):

• Provincetown	91%	(N=31)
• Quincy	57%	(N=12)
• Cambridge	51%	(N=25)
• Somerville	50%	(N=14)
• Medford	48%	(N=11)
• Boston	47%	(N=262)
• Waltham	39%	(N=14)
• Everett	36%	(N=8)
• New Bedford	36%	(N=13)
• Malden	36%	(N=9)

Diagnosis of HIV Infection over Time:

- The proportion of men diagnosed with HIV infection who were reported with an exposure mode of male-to-male sex increased from 45% in 2002 to 52% in 2011.ⁱⁱⁱ





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Race/Ethnicity:

- The distribution of race/ethnicity among MSM diagnosed with HIV infection within the three-year period 2009 to 2011 was:
 - 64% white (non-Hispanic)
 - 15% black (non-Hispanic)
 - 17% Hispanic/Latino
 - 4% other
- The distribution of race/ethnicity among MSM living with HIV/AIDS is similar to that among MSM recently diagnosed with HIV infection: 70% percent are white (non-Hispanic), 13% are black (non-Hispanic), 14% are Hispanic/Latino and 3% are of other race/ethnicity.

Age at HIV Diagnosis:

- Among males diagnosed with HIV infection during adolescence and young adulthood (13–24 years) within the three-year period 2009 to 2011, male-to-male sex was the most frequently reported mode of exposure at 78% (N=137). MSM/IDU accounted for an additional 5% (N=9) of exposures in this age group. Among males diagnosed with HIV infection aged 25 years or older, male-to-male sex accounted for 53% (N=671) of exposures during this time period.
- Among adolescent males recently diagnosed with HIV infection, 80% (N=51) of white (non-Hispanic), 74% (N=42) of black (non-Hispanic), and 76% (N=34) of Hispanic/Latino adolescent males reported with HIV diagnoses had infection attributed to male-to-male sex.
- One percent of MSM recently diagnosed with HIV infection were between the ages of 13 and 19 years. An additional 22% were diagnosed in their 20s, 23% in their 30s, 37% in their 40s, 13% in their 50s, and 5% were 60 years or older.

Place of Birth:

- The distribution of place of birth of MSM diagnosed with HIV infection within the three-year period 2009 to 2011 was:
 - 79% United States
 - 3% Puerto Rico or another US dependency
 - 17% Outside the US and territories

- The distribution of place of birth among MSM living with HIV/AIDS was similar to that among MSM recently diagnosed with HIV infection: 83% percent were born in the US, 3% were born in Puerto Rico or another US dependency, and 14% were born outside of the US.
- The distribution of place of birth varies by race/ethnicity among MSM diagnosed with HIV infection. Thirty-eight percent of Hispanic/Latino MSM diagnosed with HIV infection within the three-year period 2009 to 2011 were born outside the US and 16% were born in Puerto Rico or another US Dependency, compared to 15% and none, respectively, of black (non-Hispanic) MSM, and 8% and <1% of white (non-Hispanic) MSM, respectively.

Risk of HIV Infection:

Behavioral Risk: According to behavioral surveys, MSM in Massachusetts engage in behaviors that place them at risk for HIV infection. *Please note the data in this section should be interpreted with caution due to small sample sizes and wide confidence intervals.*

- From 2001 to 2010, the proportion of male respondents to the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) reporting sex with males in the previous 12 months ranged from 4% to 9%.
- In 2011, 5% of male respondents to the BRFSS reported sex with males in the previous 12 months.^{iv}
- Fifty-nine percent [32.0 - 86.0] of respondents to the 2011 BRFSS who reported male-to-male sex reported condom use at last sexual encounter, compared to 24% [18.4 - 29.7] of male respondents with exclusively female sex partners.
- Fifty-three percent [22.8 - 82.6] of respondents to the 2011 BRFSS who reported male-to-male sex reported two or more sex partners in the past year, compared to 17% [10.9 - 23.4] of male respondents with exclusively female sex partners.
- From 2001 to 2010, the average proportion of BRFSS respondents reporting male-to-male sex who used a condom at last sexual encounter was 42% and ranged from 31% to 56%, with no consistent trends [small numbers].



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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- From 1997 to 2011, the proportion of sexually active male high-school aged respondents to the Massachusetts Youth Risk Behavior Survey (YRBS) reporting male to male sex at any point in their lifetime ranged from 5% to 8%, with no consistent trend.
- Among respondents to the 2011 YRBS reporting male-to-male sex:
 - 44% used a condom at last intercourse, compared to 66% of males reporting only female partners;
 - 56% reported alcohol/drug use at last intercourse, compared to 27% of males reporting only female partners;
 - 37% reported having four or more lifetime sexual partners, compared to 22% of males reporting only female partners;
 - 5% reported having ever been diagnosed with an STD, compared to 2% of males reporting only female partners; and
 - 19% reported having sexual intercourse before age 13, compared to 10% of males reporting only female partners.^v

Syphilis Incidence: Recent outbreaks of syphilis among MSM in Massachusetts are an indicator of unprotected sex and elevated risk for HIV infection.

- The number of reported cases of infectious syphilis in self-identified MSM more than tripled during the eleven-year period from 2002 (N=117) to 2012 (N=404).
- The proportion of self-identified MSM among reported infectious syphilis cases increased from 56% in 2002 to 75% in 2012.
- From 2002 to 2012, the proportion of reported infectious syphilis cases among self-identified MSM who were also diagnosed with HIV infection ranged from 38% to 52%.

HIV-Related Morbidity and Mortality among Men Who Have Sex with Men:

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

- The proportion of MSM among reported AIDS diagnoses ranged from 25% to 34% from 2002 to 2011.

Mortality with HIV/AIDS

- From 2002 to 2011, the proportion of MSM among people with HIV/AIDS who died remained fairly stable between 15% and 22%.

Data Sources:

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

Behavioral Risk Factor Surveillance Survey Data: MDPH Bureau of Health Statistics, Research and Evaluation, Behavioral Risk Factor Surveillance System

Youth Risk Behavior Survey Data: Massachusetts Department of Elementary and Secondary Education, Youth Risk Behavior Survey

Syphilis Data: MDPH Division of Sexually Transmitted Disease Prevention

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 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.

ⁱⁱⁱ 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.

^{iv} 2011 data are presented separately because new weighting methodology (raking weight) implemented by CDC in 2011 makes this year not comparable with previous years. These statistics should be interpreted with caution due to small sample sizes (see detailed data tables for sample size by question).

^v BRFSS and YRBS statistics for MSM should be interpreted with caution due to small sample sizes and wide confidence intervals(see detailed data tables for sample size by question).



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