



Massachusetts HIV/AIDS Data Fact Sheet

Men Who Have Sex with Men

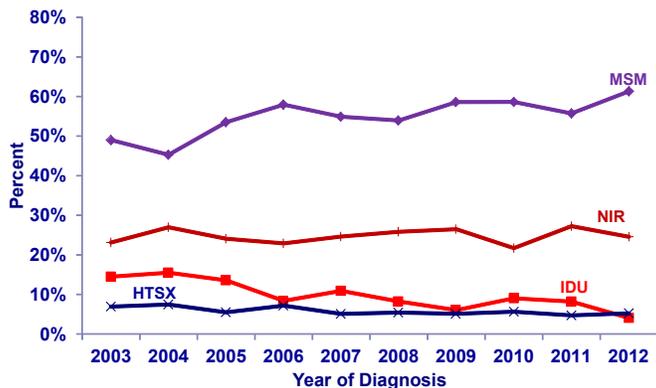
Fast Facts

- MSM remain the predominant population at risk for HIV infection in the state at 46% of all new infections in 2012.
- The estimated rate of new HIV infection in MSM is 34 times that in non-MSM.

Introduction

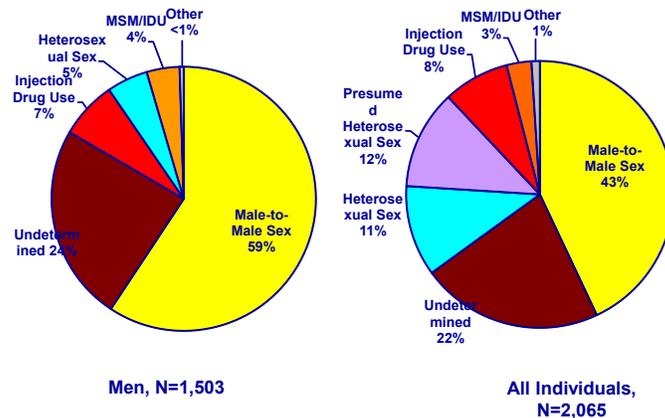
Male-to-male sex remains the predominant reported risk in all Health Service Regions of Massachusetts. Overall, from 2003 to 2012, the proportion of all HIV infection diagnoses with male-to-male sex as the reported risk increased from 33% in 2003 to 46% in 2012. Among men, the proportion of HIV infection diagnoses with male-to-male sex as the reported risk increased from 49% in 2003 to 61% in 2012. From 2003 to 2012, while the overall number of HIV diagnoses in Massachusetts declined by 41%, the number of HIV diagnoses attributed to male-to-male sex remained fairly level with a decrease of less than 1% (from 318 to 317).¹

Figure 1. Percentage Distribution of Men Diagnosed with HIV Infection by Selected Reported Risk and Year of Diagnosis: Massachusetts, 2003–2012



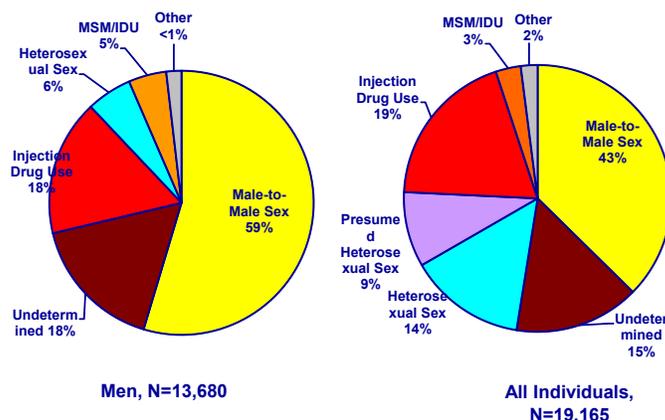
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/14

Figure 2. All Individuals and Men Diagnosed with HIV Infection Within the Years 2010–2012 by Reported Risk: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

Figure 3. All Individuals and Men Living with HIV/AIDS on 12/31/14 by Reported Risk: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

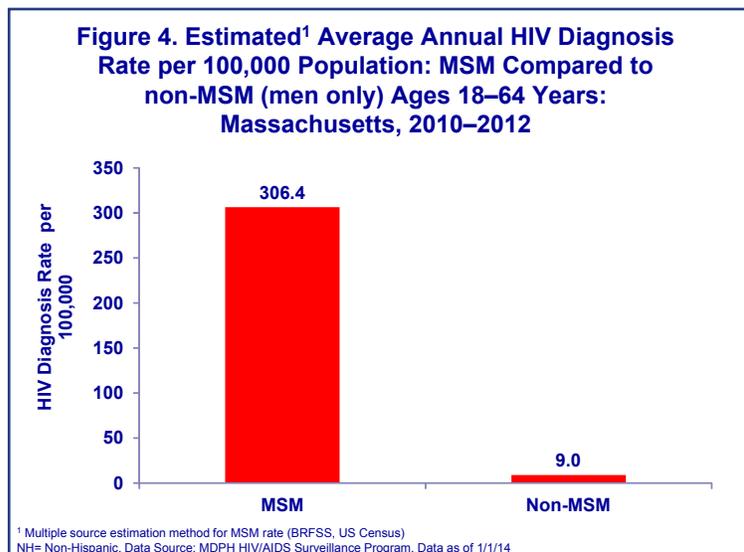




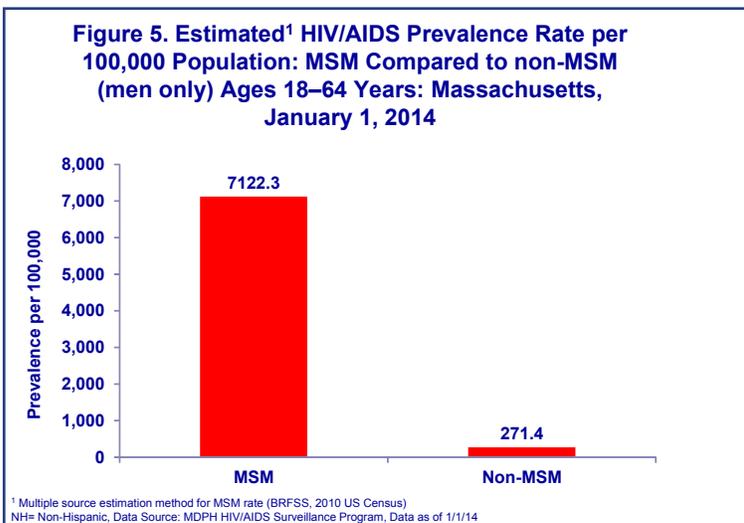
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Disparate Impact:

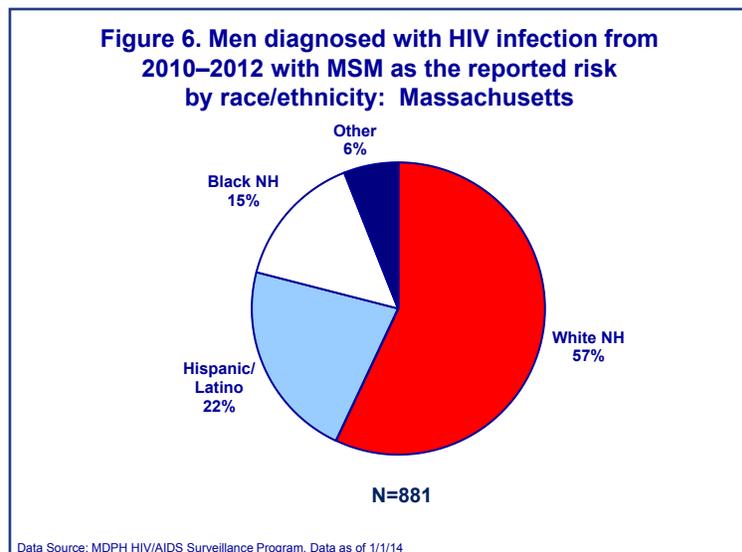


- At 306.4 cases per 100,000 population, the estimated average annual rate of HIV diagnosis from 2010 to 2012 among MSM (ages 18–64) is 34 times the rate of infection in non-MSM men (9.0 per 100,000).ⁱⁱ



- At 7,122.3 cases per 100,000 population, the estimated HIV/AIDS prevalence rate among MSM (ages 18–64) is 26 times the rate of non-MSM men (271.4 per 100,000).ⁱⁱ

Race/Ethnicity:



Place of Birth:

- The distribution of place of birth of MSM diagnosed with HIV infection within the three-year period 2010 to 2012 was:
 - 76% United States
 - 4% Puerto Rico or another US dependency
 - 19% 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: 82% 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. Forty-one percent of Hispanic/Latino MSM diagnosed with HIV infection within the three-year period 2010 to 2012 were born outside the US and 21% were born in Puerto Rico or another US dependency, compared to 19% of black (non-Hispanic) MSM born outside the US and none in Puerto Rico or other US dependency, and 9% of white (non-Hispanic) MSM born outside the US and none in Puerto Rico or other US dependency.



For detailed data tables and technical notes see Appendix
 Massachusetts Department of Public Health Office of HIV/AIDS
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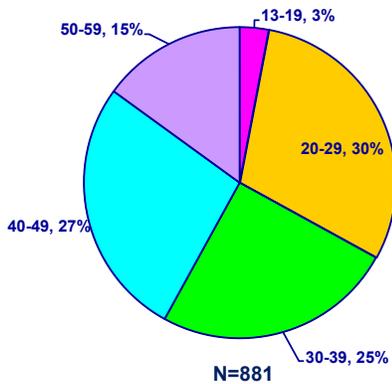
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Age at HIV Diagnosis:

- Among men diagnosed with HIV infection during adolescence and young adulthood (13–24 years), within the three-year period 2010 to 2012, male-to-male sex was the most frequently reported mode of exposure at 77% (N=153). Among men diagnosed with HIV infection aged 25 years or older, male-to-male sex accounted for 56% (N=728) of exposures during this time period.
- Eighty percent (N=57) of white (non-Hispanic), 71% (N=41) of black (non-Hispanic), and 75% (N=44) of Hispanic/Latino adolescent and young adult men recently reported with HIV diagnoses had infection attributed to male-to-male sex.

Figure 7. Men diagnosed with HIV infection from 2010–2012 with MSM as the reported risk by age at diagnosis: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

Regional Distribution:

- Male-to-male sex accounted for 50% of HIV infection diagnoses in the Boston Health Service Region (HSR)ⁱⁱⁱ, 47% in the Metro West HSR, 44% in the Southeast HSR, 40% in the Western HSR, 36% in the Northeast HSR, and 33% 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 (41%), Southeast (40%) and Northeast (32%) Health Service Regions.

In cities with over 20 people diagnosed with HIV infection within the three-year period 2010 to 2012, 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 risk, not including those with an additional history of injection drug use):

- Provincetown 85% (N=23)
- Cambridge 57% (N=27)
- Quincy 56% (N=15)
- Fall River 50% (N=12)
- Boston 50% (N=285)
- Malden 44% (N=11)
- Everett 42% (N=10)
- Medford 41% (N=9)
- Somerville 41% (N=13)
- New Bedford 34% (N=14)

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.*

- In 2013, 4.4% of male respondents to the BRFSS (N=1,702) reported sex with men in the previous 12 months.
- Forty percent of respondents to the 2012 and 2013 BRFSS who reported male-to-male sex reported condom use at last sexual encounter, compared to 27% of male respondents with exclusively female sex partners.
- In 2013, 7% of sexually active male high-school aged respondents to the Massachusetts Youth Risk Behavior Survey (YRBS) reported male to male sex at any point in their lifetime.



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- Among respondents to the 2011 and 2013 YRBS reporting male-to-male sex:
 - 42% used a condom at last intercourse, compared to 67% of men reporting only female partners;
 - 42% reported alcohol/drug use at last intercourse, compared to 28% of men reporting only female partners;
 - 30% reported having four or more lifetime sexual partners, compared to 20% of men reporting only female partners;
 - 7% reported having ever been diagnosed with an STD, compared to 2% of men reporting only female partners; and
 - 15% reported having sexual intercourse before age 13, compared to 9% of men reporting only female partners.

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 ten-year period from 2004 (N=152) to 2013 (N=536).
- The proportion of self-identified MSM among reported infectious syphilis cases increased from 29% in 2004 to 76% in 2013.
- In 2013, 43% of infectious syphilis cases among self-identified MSM were also diagnosed with HIV infection.

Data Sources

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program; data as of January 1, 2014

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 Denominators for MSM rate calculations were estimated by applying the average proportion of men, ages 18-64 years, reporting same-sex partner (or opposite and same-sex partner) on the 2011 and 2012 Massachusetts BRFSS (4.9%) to the number of 18-64 year old men in Massachusetts as reported in the 2010 Census (2,064,804). See detailed data tables and technical notes for detailed calculations.

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.



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