



Fast Facts

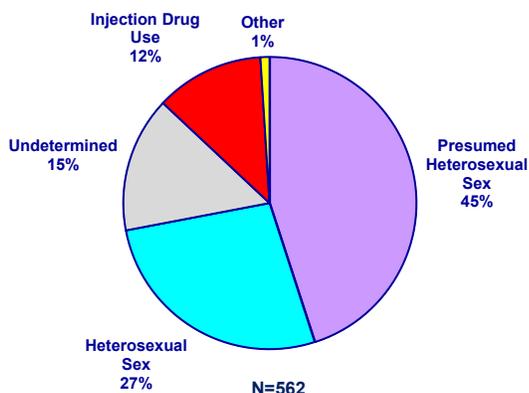
- Only 177 women were diagnosed with HIV infection in Massachusetts in 2012.
- HIV infection disproportionately affects black women and Latinas.
- Nearly three-quarters of black women recently diagnosed with HIV infection were born outside of the US.

Introduction

Currently, 27% (N=562) of people diagnosed and reported with HIV infection within the years 2010 to 2012 and 29% (5,485) of people known to be living with HIV/AIDS in Massachusetts as of December 31, 2013 are women.ⁱ These totals refer to individuals who were born female; there are an additional 35 transgendered individuals living with HIV/AIDS who were born male but currently identify as women. From 2003 to 2012, the annual number of women diagnosed with HIV infection decreased by 43% (from 309 to 177), compared to a 20% decrease among men.ⁱⁱ

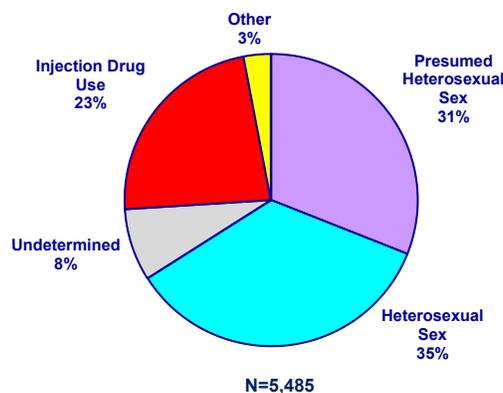
Reported Risk:

Figure 1. Women Diagnosed with HIV Infection from 2010–2012 by Reported Risk: Massachusetts



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

Figure 2. Women Living with HIV/AIDS by Reported Risk: Massachusetts, 12/31/14

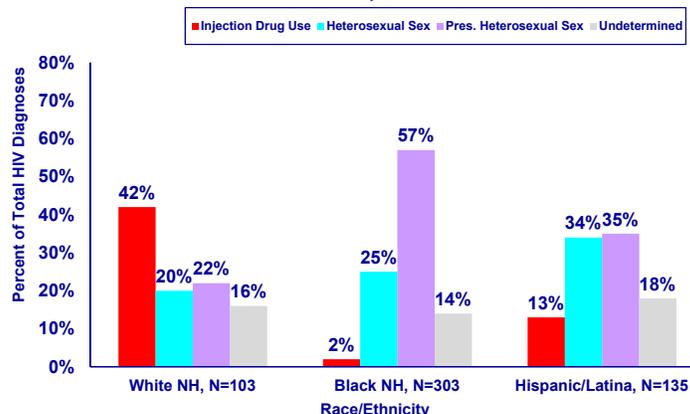


Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

Reported Risk and Race/Ethnicity:

- While the predominant reported risk among white (non-Hispanic) women diagnosed with HIV infection within the years 2010 to 2012 was injection drug use (42%), the predominant reported risk among black (non-Hispanic) women was heterosexual sex with partners of unknown risk and HIV status (presumed heterosexual) (57%).ⁱⁱⁱ
- Among Hispanic/Latina women, presumed heterosexual sex (female having sex with a male of unknown risk and/or HIV status) and heterosexual sex (with partners with known risk and/or HIV status) accounted for reported risk among 35% and 34%, respectively of women recently diagnosed with HIV infection.

Figure 3. Women Diagnosed with HIV Infection by Race/Ethnicity and Reported Risk: Massachusetts, 2010–2012



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

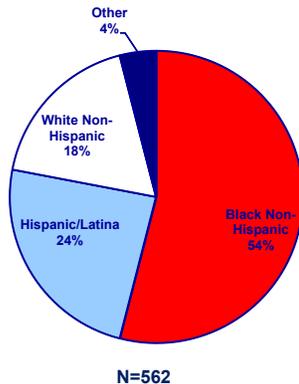




Women

Race and Ethnicity:

Figure 4. Women Diagnosed with HIV Infection from 2010–2012 by Race/Ethnicity: Massachusetts



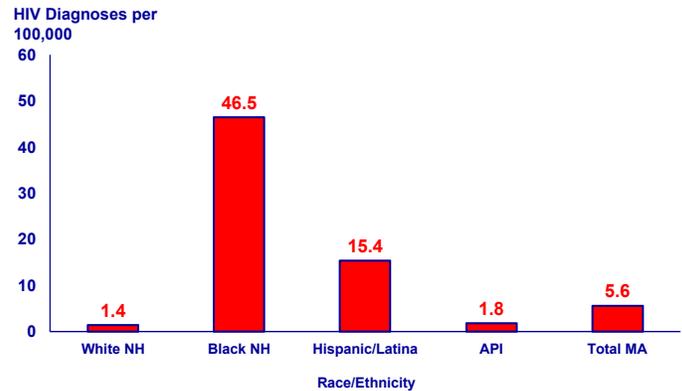
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

- Among women with recent HIV infection diagnoses, 54% are black (non-Hispanic), compared to 24% of men. Twenty-four percent of women and 26% of men are Hispanic/Latino/a.
- Similarly, among people living with HIV/AIDS, 46% of women are black (non-Hispanic), compared to 24% of men; and 27% are Hispanic/Latina, compared to 23% of men.

Disparate Impact:

- The age-adjusted average annual rate of HIV diagnosis from 2010 to 2012 among black (non-Hispanic) women (46.5 per 100,000) is 33 times greater, and among Hispanic/Latina women (15.4 per 100,000) is 11 times greater than for white (non-Hispanic) women (1.4 per 100,000).

Figure 5. Age-Adjusted Rate of HIV Infection Diagnosis per 100,000¹ Population Among Women by Race/Ethnicity: Average Annual Rate 2010–2012, Massachusetts



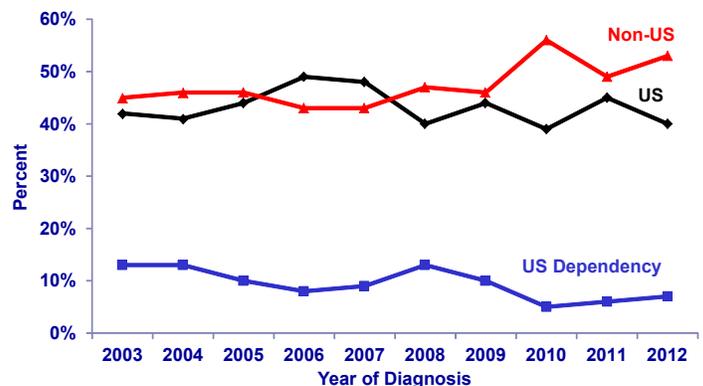
¹ Population sizes are from the Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010; all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic, API = Asian/Pacific Islander, AI/AN = American Indian/Alaska Native. Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

- Similarly, with age-adjusted prevalence rates of 1,181.8 and 573.9 cases per 100,000, black (non-Hispanic) and Hispanic/Latina women are living with HIV/AIDS at rates 26 and 13 times that of white (non-Hispanic) women (45.4 per 100,000).

Place of Birth:

- Fifty-three percent of women diagnosed with HIV infection within the three-year period 2010 to 2012 were born outside the US, compared to 26% of men. Similarly, 35% of women living with HIV/AIDS were born outside the US, compared to 20% of men.

Figure 6. Percentage Distribution of Women Diagnosed with HIV Infection by Place of Birth and Year of Diagnosis: Massachusetts, 2003–2012



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



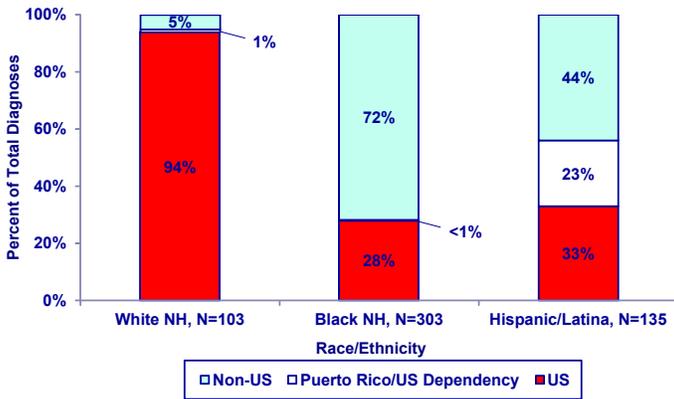
For detailed data tables and technical notes see Appendix
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Women

Figure 7. Women Diagnosed with HIV Infection Within the Years 2010–2012 by Race/Ethnicity and Place of Birth: Massachusetts



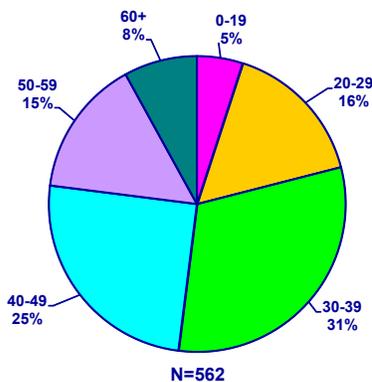
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14 NH = Non-Hispanic

- Black (non-Hispanic) women born outside the U.S. comprise 40% of all Massachusetts women diagnosed with HIV infection within the three-year period 2010 to 2012.

Age at HIV Diagnosis:

- The majority (56%) of women diagnosed with HIV infection within the three-year period 2010 to 2012 were between the ages of 30 and 49 years of age.

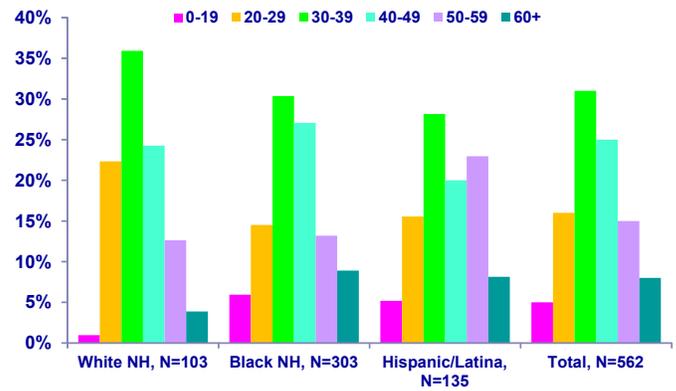
Figure 8. Women Diagnosed with HIV Infection Within the Years 2010–2012 by Age at Diagnosis: Massachusetts



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

- Six percent of black (non-Hispanic) and 5% of Hispanic/Latina women recently diagnosed with HIV infection were 19 years old or younger compared to 15 of white (non-Hispanic) women.

Figure 9. Women Diagnosed with HIV Infection Within the Years 2010–2012 by Age at Diagnosis and Race/Ethnicity: Massachusetts



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

Regional Distribution:

- Among Health Service Regions (HSRs),^{iv} the Central HSR has the largest proportion of women among those diagnosed with HIV infection within the three-year period 2010 to 2012 at 37%, and among people living with HIV/AIDS at 38%.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2010 to 2012, the following have the highest proportions of women (NOTE: N indicates number of women reported as diagnosed with HIV infection):

• Brockton	52%	(N=38)
• Malden	52%	(N=13)
• Framingham	50%	(N=10)
• Lawrence	42%	(N=24)
• Lowell	41%	(N=24)
• Waltham	39%	(N=12)
• Worcester	36%	(N=33)
• Springfield	35%	(N=39)
• Everett	33%	(N=8)
• Lynn	33%	(N=17)





Women at Risk of HIV Infection

Behavioral Risk Factors: According to behavioral surveys, women in Massachusetts are engaged in behaviors that place them at risk for HIV infection.

- Among 1,426 sexually active female respondents (age 18–64) to the 2012 Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS), 81% reported that they did not use a condom at their last sexual encounter. Of these, the most common reason reported for not using a condom was being in a monogamous relationship (63%), followed by using another form of birth control (21%).
- Among high school-aged female respondents to the 2013 Massachusetts Youth Risk Behavior Survey (YRBS), 1% reported ever using a needle to inject drugs; among those who reported sexual intercourse in the three months before the survey, 51% reported condom use at last intercourse; 18% reported substance use prior to last intercourse.

Data Sources

HIV/AIDS Case Data: MDPH HIV/AIDS Surveillance Program; data as of January 1, 2014

BRFSS Data: Massachusetts Department of Public Health, Bureau of Center for Health Information, Statistics, Research and Evaluation, Behavioral Risk Factor Surveillance System

YRBS Data: Massachusetts Department of Elementary and Secondary Education, 2013 Youth Risk Behavior Survey Results

ⁱ Please note “women” and “men” are used for stylistic reasons to describe female and male populations diagnosed with HIV infection that include a small number of girls and boys (N=26 children living with HIV/AIDS under age 13 as of 1/1/14).

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 The category of presumed heterosexual is used exclusively for women, to define HIV reported risk in cases when sex with men is the only reported risk factor for HIV infection.

^{iv} 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.

