



# Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences

## Massachusetts HIV Epidemiologic Profile: Data as of 1/1/2022 Population Report: Adolescents and Young Adults

### Suggested citation:

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### Questions about this report

Tel: (617) 983-6560

### To reach the Reporting and Partner Services Line<sup>i</sup>

Tel: (617) 983-6999

### To speak to the on-call epidemiologist

Tel: (617) 983-6800

### Questions about infectious disease reporting

Tel: (617) 983-6801

### Requests for additional data

<https://www.mass.gov/lists/infectious-disease-data-reports-and-requests>

### Slide sets for HIV Epidemiologic Profile Reports

<https://www.mass.gov/lists/hivaids-epidemiologic-profiles>

<sup>i</sup> Providers may use this number to report individuals newly diagnosed with a notifiable sexually transmitted infection, including HIV, or request partner services. Partner services is a free and confidential service for individuals recently diagnosed with a priority infection. The client-centered program offers counseling, linkage to other health and social services, anonymous notification of partners who were exposed and assistance with getting testing and treatment. For more information, see: <https://www.mass.gov/service-details/partner-services-program-information-for-healthcare-providers>

# ADOLESCENTS AND YOUNG ADULTS

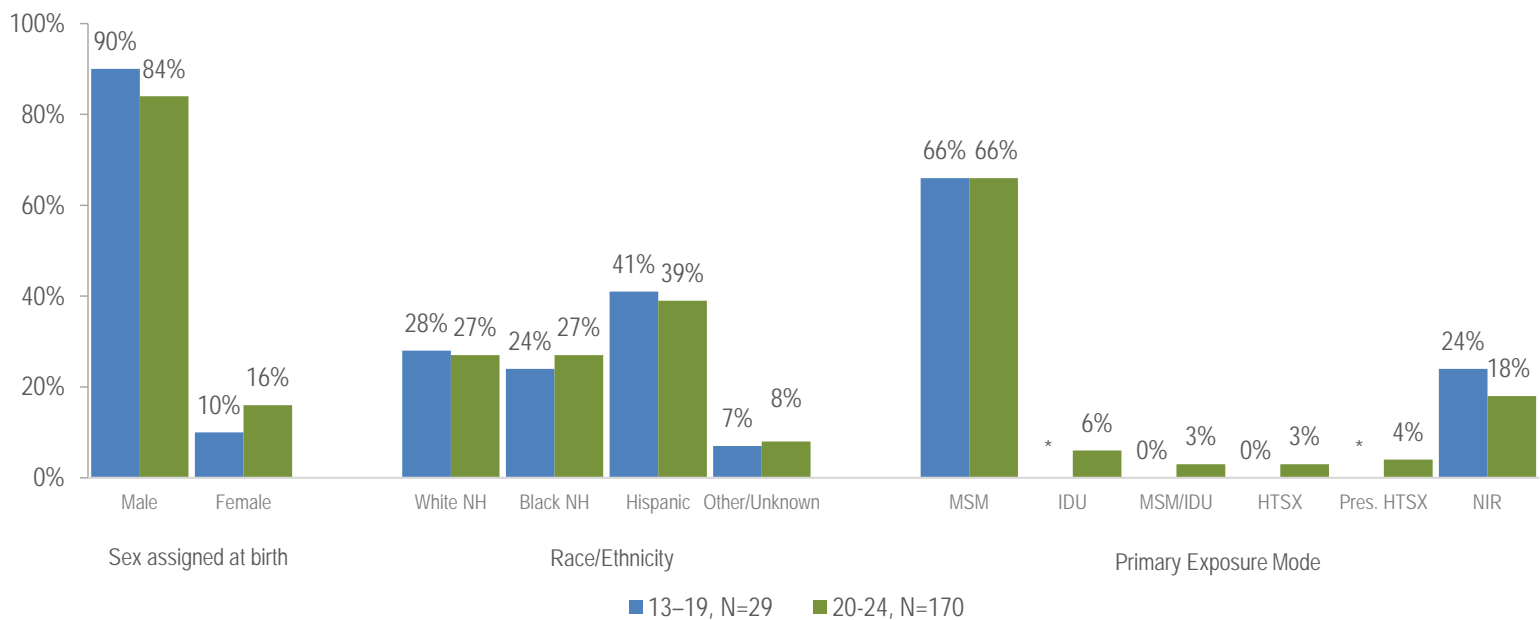
## ADOLESCENTS AND YOUNG ADULTS AT A GLANCE

**N=199\*** **12%** of 1,635 new HIV diagnoses from 2018–2020 were among adolescents and young adults

**N=347\*** **2%** of 23,368 persons living with HIV infection in MA as of 12/31/2020 were adolescents and young adults

**KEY FINDING:** Nationally, from 2018 to 2020, 26% of HIV infections were diagnosed among adolescents and young adults (aged 13 to 24 years),<sup>i</sup> compared to 12% in Massachusetts.

**FIGURE 1.** Individuals diagnosed with HIV infection at age 13–19 years vs. 20–24 years by sex assigned at birth, race/ethnicity, and exposure mode, Massachusetts 2018–2020



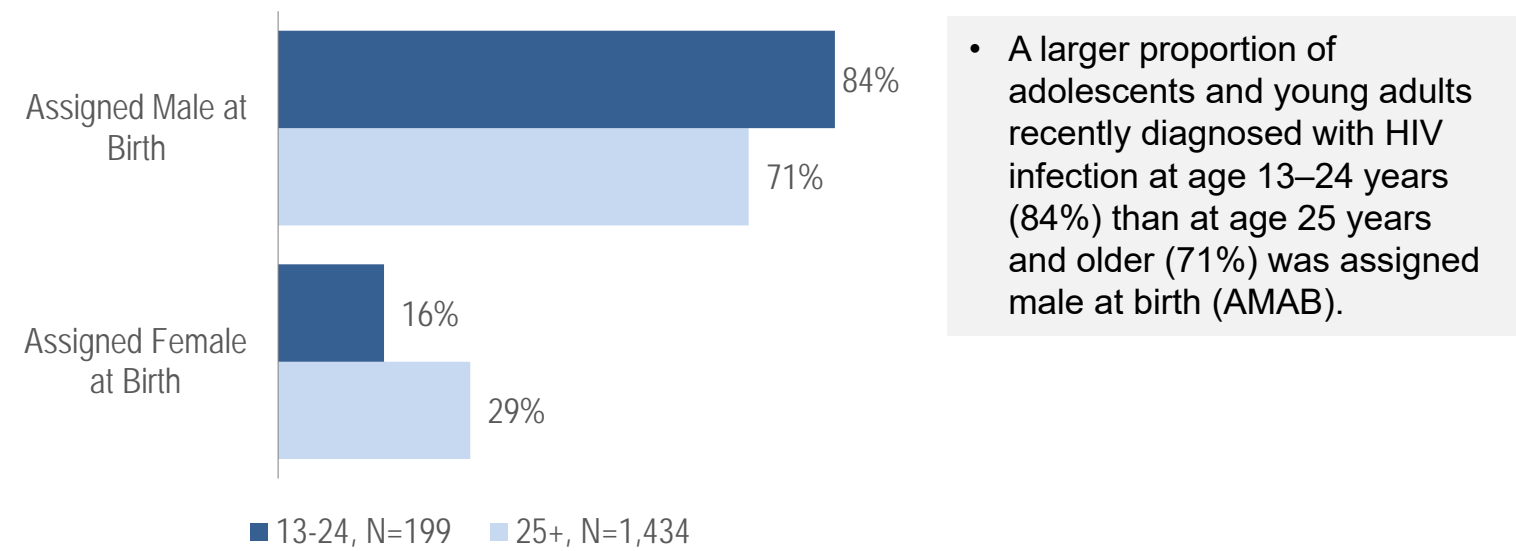
- Among adolescents and young adults (aged 13–24 years) recently diagnosed with HIV infection (2018–2020), 85% (N=170) were 20 to 24 years of age and 15% (N=29) were 13 to 19 years of age. Additionally, 4% (N=8) were considered minors (under 18 years of age) and 96% (N=191) were 18 years of age or older.
- A larger proportion of youth diagnosed with HIV infection at age 13–19 years than at age 20–24 years was assigned male at birth (90% vs. 84%), and a smaller proportion was assigned female at birth (10% vs. 16%).
- The distribution by race/ethnicity was similar for youth recently diagnosed with HIV infection at age 13–19 years and those diagnosed at age 20–24 years.
- The proportion of youth recently diagnosed with HIV infection at age 13–19 years with no identified risk for HIV exposure mode (24%) was greater than that among youth diagnosed at age 20–24 years (18%).

\*Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment, and surveillance in the interpretation of 2020 data

<sup>i</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol. 33. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html> Published May 2022. Accessed [12/18/22].

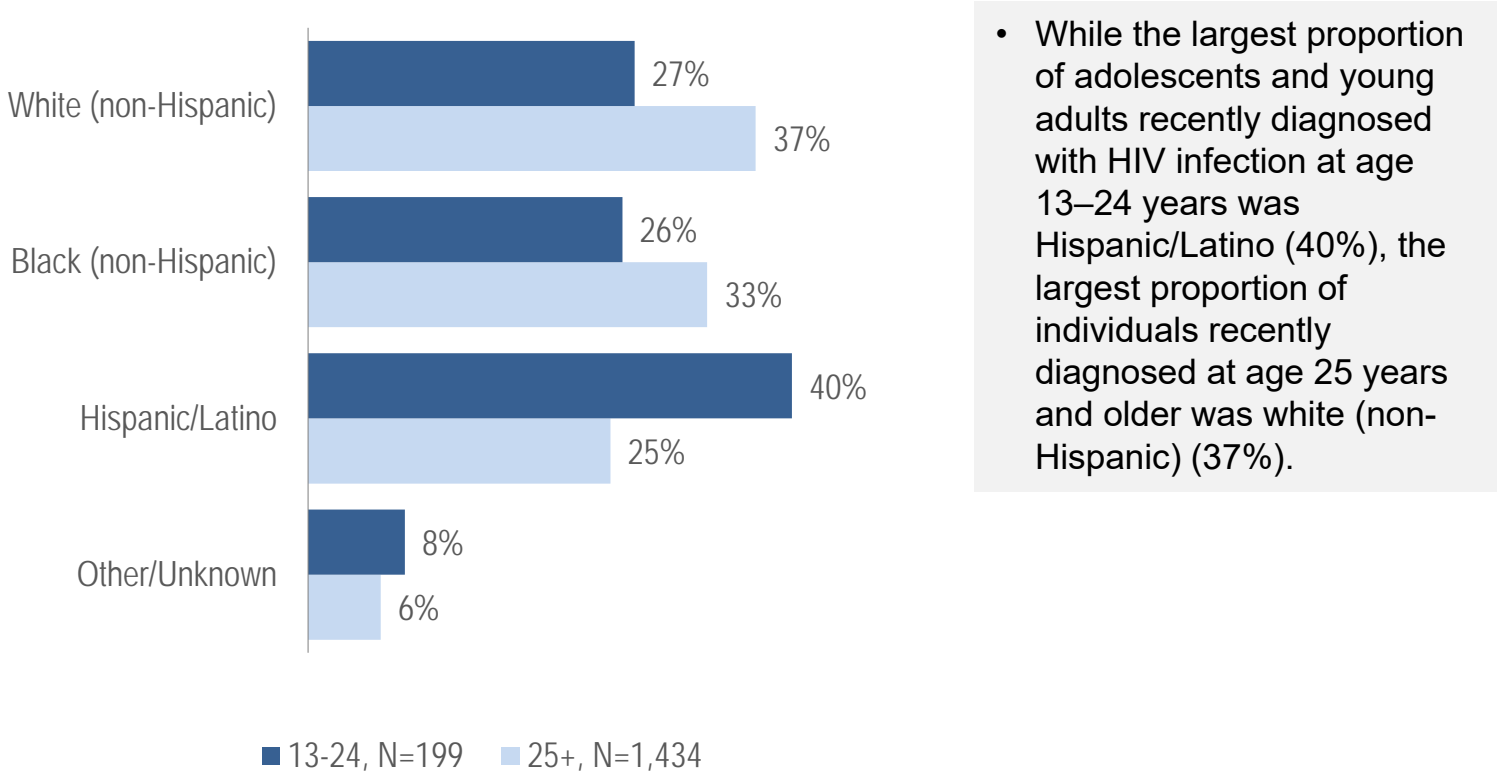
SEX ASSIGNED AT BIRTH

FIGURE 2. HIV infection diagnoses by age at HIV diagnosis and sex assigned at birth, Massachusetts 2018–2020\*



RACE/ETHNICITY

FIGURE 3. HIV infection diagnoses by age at HIV diagnosis and race/ethnicity, Massachusetts 2018–2020

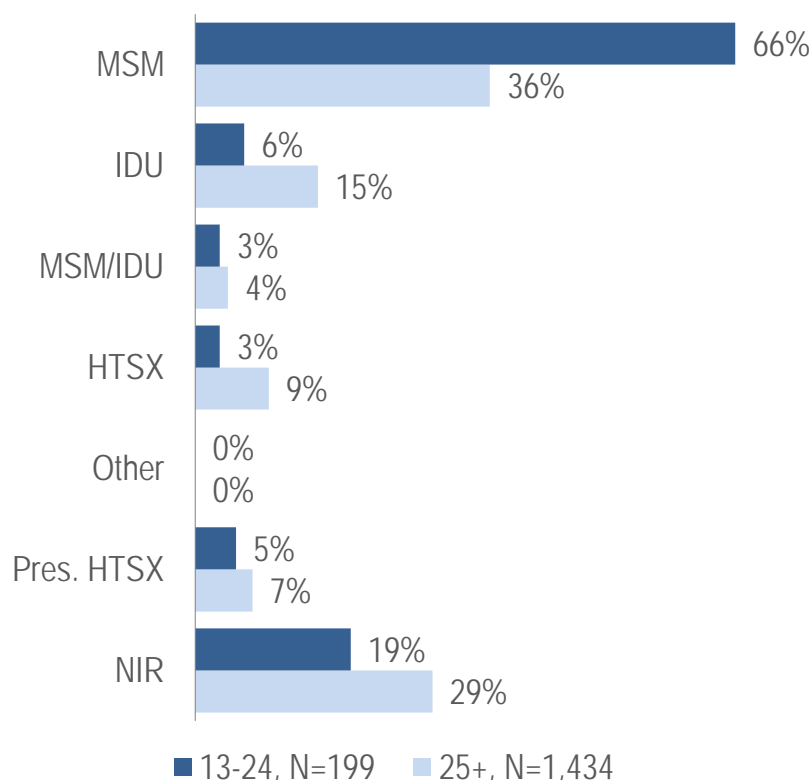


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# ADOLESCENTS AND YOUNG ADULTS

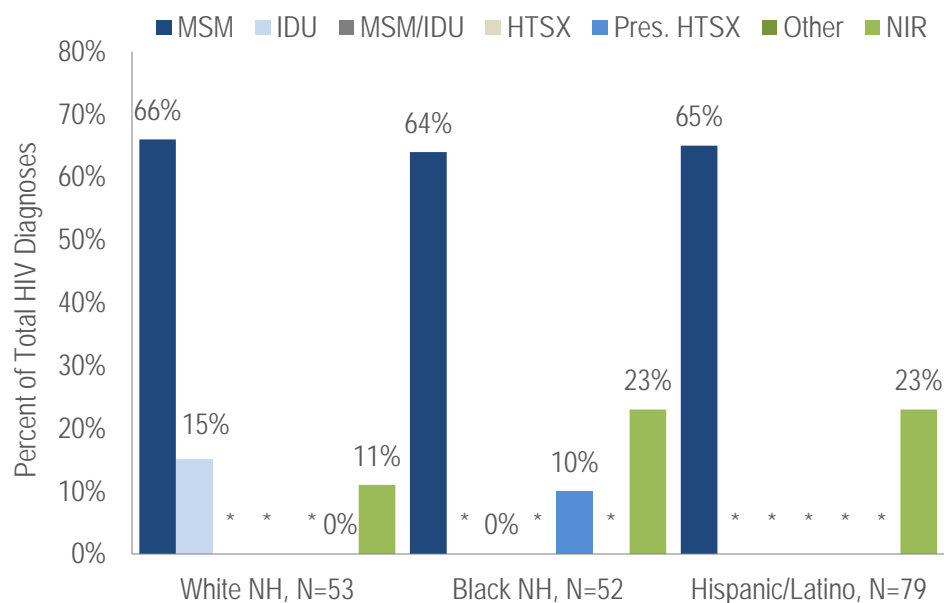
## EXPOSURE MODE

**FIGURE 4.** HIV infection diagnoses by age at HIV diagnosis and exposure mode, Massachusetts 2018–2020\*\*



MSM=male-to-male sex; IDU= injection drug use; HTSX=heterosexual sex; Pres. HTSX=presumed heterosexual exposure, includes individuals assigned female at birth with a negative history of injection drug use who report having sex with an individual that identifies as male of unknown HIV status and risk; NIR=no identified risk

**FIGURE 5.** HIV infection diagnoses among individuals aged 13–24 years by race/ethnicity and exposure mode, Massachusetts 2018–2020



\* Values less than five are suppressed for populations less than 50,000 or for populations of unknown size. Percentages do not add up to 100% due to suppressed values.

\*\*Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment, and surveillance in the interpretation of 2020 data

### KEY FINDING

- A larger proportion of individuals recently diagnosed with HIV infection at age 13–24 years (66%) than at age 25 years and older (36%) had MSM exposure mode.

### KEY FINDING

- A larger proportion of individuals AMAB recently diagnosed with HIV infection at age 13–24 years (78%, N=131/168) than at age 25 years and older (51%, N=514/1,019) had MSM exposure mode.

- The proportion of adolescents and young adults (aged 13–24 years) recently diagnosed with MSM exposure mode was 66% among white (non-Hispanic) youth, 65% among Hispanic/Latino youth, and 64% among black (non-Hispanic) youth.
- IDU was the exposure mode for a larger proportion of adolescents and young adults (aged 13–24 years) recently diagnosed with HIV among white (non-Hispanic) youth (15%) than among other race/ethnicities.

# ADOLESCENTS AND YOUNG ADULTS

## AREA OF RESIDENCE

**TABLE 1.** Massachusetts cities/towns<sup>i</sup> with the highest percentage of HIV diagnoses among adolescents and young adults (13–24 years old), 2018–2020

	HIV Diagnoses Among 13–24 Year-Olds (N)	HIV Diagnoses Among 13–24 Year-Olds as Percent of Total HIV Diagnoses in City/Town(%)
Massachusetts Total	199	12%
Top Cities/Towns		
Waltham	6	26%
Framingham	5	22%
Springfield	15	21%
Lynn	8	19%
Worcester	14	15%
Everett	5	15%
All Other Cities/Towns <sup>ii</sup>	146	11%

<sup>i</sup> City/town is based on residence at HIV infection diagnosis.

<sup>ii</sup> All Other Cities/Towns includes individuals diagnosed in a correctional facility

- Among cities and towns with at least 20 reported HIV diagnoses in 2018–2020 and at least 5 diagnoses among 13–24 year-olds, Waltham, Framingham, and Springfield had the largest proportions of HIV infections diagnosed among adolescents and young adults (aged 13–24 years old). Each had at least 20% of new HIV infections diagnosed between the ages of 13 and 24 years.

## INFORMATION FROM ADDITIONAL DATA SOURCES

**Massachusetts Youth Risk Behavior Survey (YRBS):** An anonymous survey of public high school students conducted every odd year that collects data on health-related behaviors that may threaten the health and safety of young people.

### Sexual behaviors

- Respondents to the 2019 Massachusetts YRBS reported the following rates of sexual behaviors:
  - ever having sexual intercourse: 36.9% (95% Confidence Interval [CI]: 32.8%–41.3%, n=1,946);
  - sexual intercourse in the past three months: 26.9% (95% CI: 23.6%–30.4% n=1,943);
  - condom use at last intercourse: 51.4% (95% CI: 45.3%–57.4%, n=427);
  - alcohol or drug use at last intercourse: 23.4% (95% CI: 19.5%–27.9%, n=434);
  - having four or more lifetime sexual partners: 7.8% (95% CI: 6.3%–9.5%, n=1,938); and
  - sexual intercourse before age 13: 2.5% (95% CI: 1.7%–3.4%, n=1,951).

### Drug use

*Both injection and non-injection substance use have been documented to increase risk for HIV and hepatitis C virus infection.*

- Respondents to the 2019 Massachusetts YRBS reported the following rates of drug use:
  - ever using marijuana: 41.9% (95% CI: 37.5%–46.4%, n=1,917);
  - ever using cocaine: 3.7% (95% CI: 2.8%–5.0%, n=1,937);
  - ever using ecstasy 3.4% (95% CI: 2.4%–4.9%, n=1,933);
  - ever using methamphetamines: 2.2% (95% CI: 1.4%–3.5%, n=2,162); and
  - ever using heroin: 1.9% (95% CI: 1.2%–3.0%, n=2,152).

Data Source for Youth Risk Behavior Survey Data: Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed on [9/2/2020] CDC, Accessed at Youth Online, <https://nccd.cdc.gov/Youthonline/App/Default.aspx>.

\*Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment, and surveillance in the interpretation of 2020 data

HIV Surveillance Data Source: MDPH Bureau of Infectious Disease and Laboratory Sciences, data are current as of 1/1/2020 and may be subject to change