

# Recent successes controlling HIV/AIDS in Massachusetts

Presentation to the Public Health Council

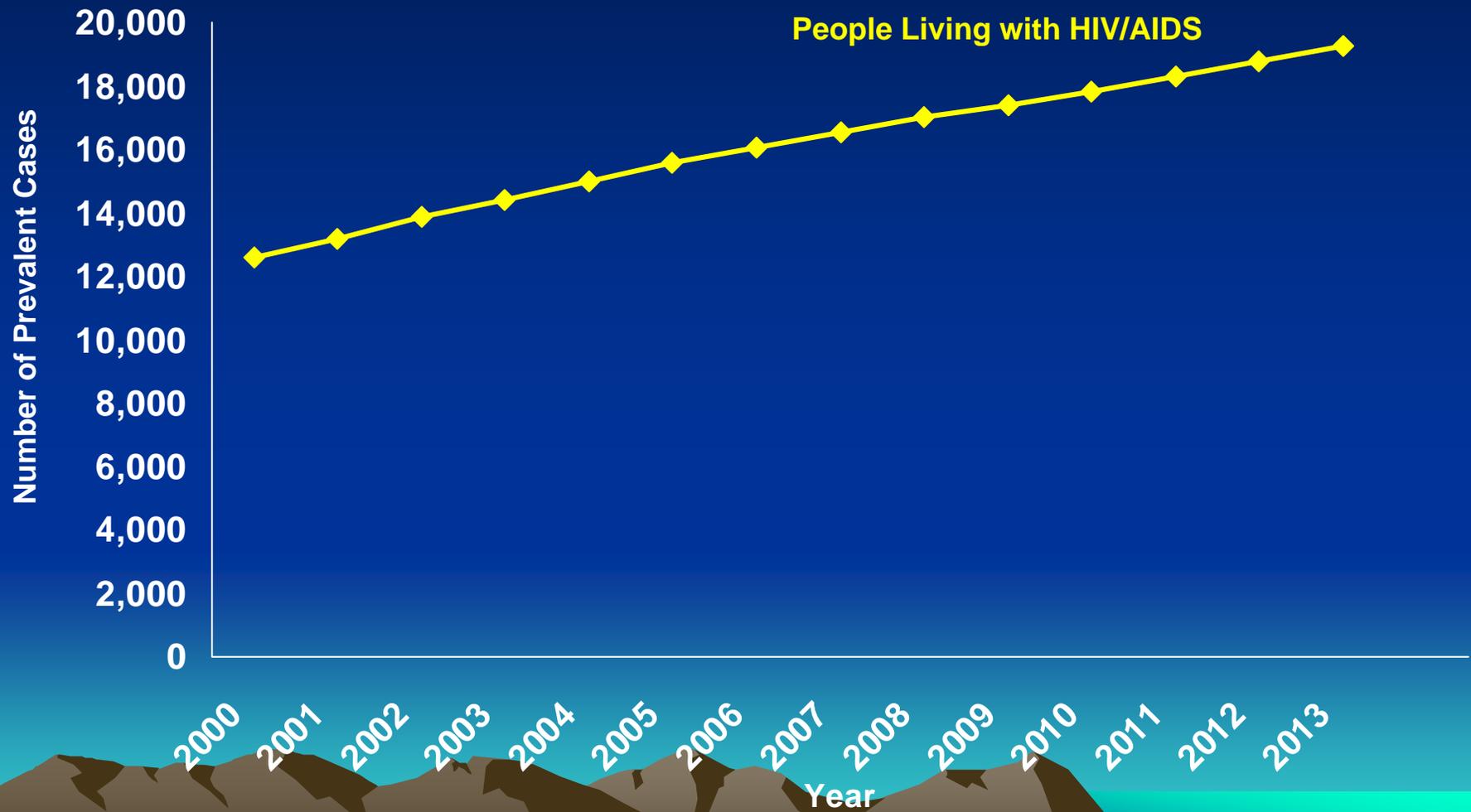


Kevin Cranston, MDiv  
Director, Bureau of Infectious Disease  
Massachusetts Department of Public Health  
April 8, 2015

# Massachusetts HIV/AIDS Epidemic at a Glance

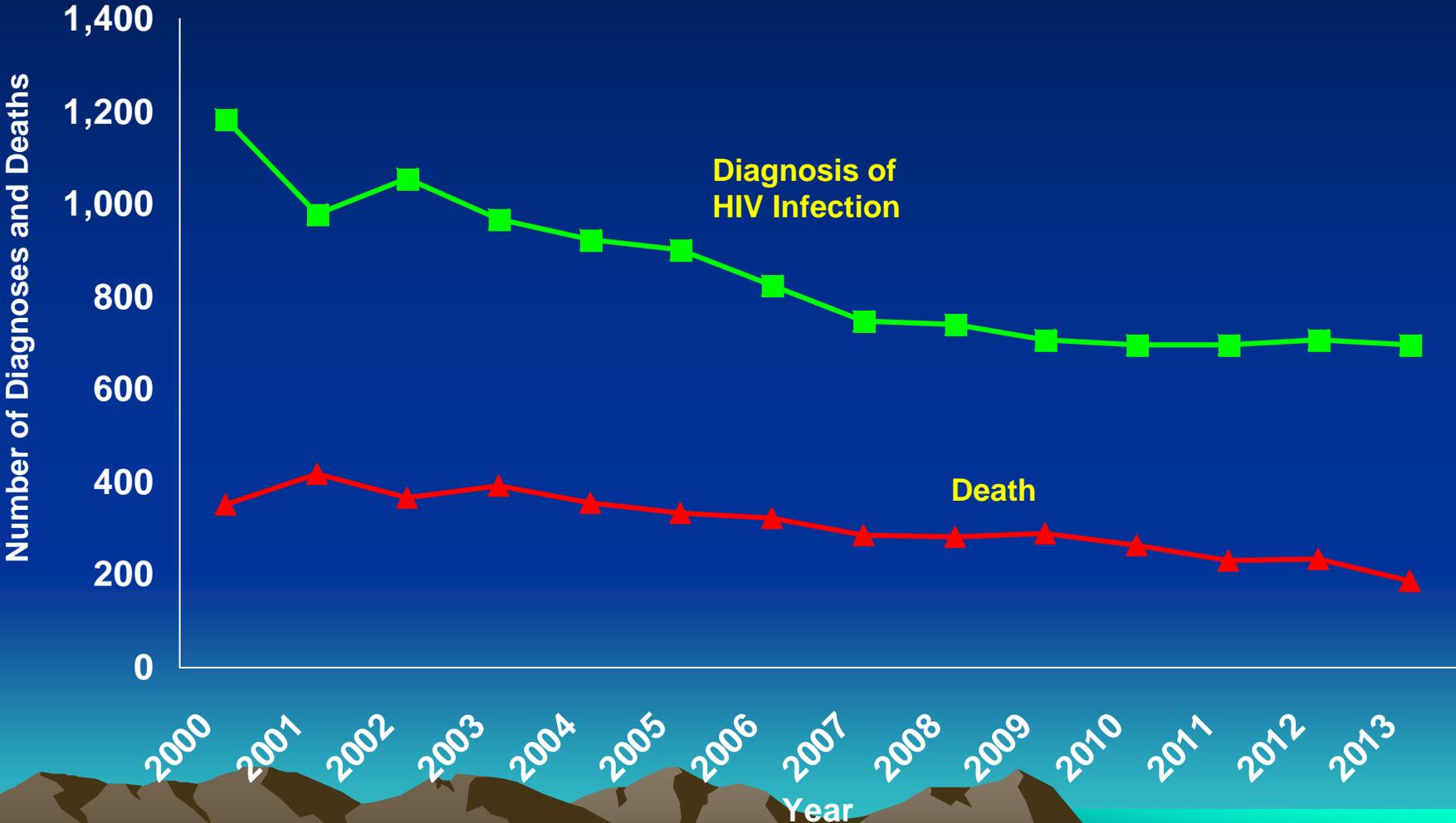
- As of January 1, 2015 a cumulative total of 33,165 individuals have been diagnosed and reported with HIV/AIDS in MA.
  - 19,737 MA residents are living with HIV/AIDS
  - 13,428 MA residents have died
  - An additional 3,380 MA residents living with HIV/AIDS were first diagnosed in another state
- 698 new diagnoses reported in 2013

## Trends in HIV/AIDS Prevalence by Year: Massachusetts, 2000–2013



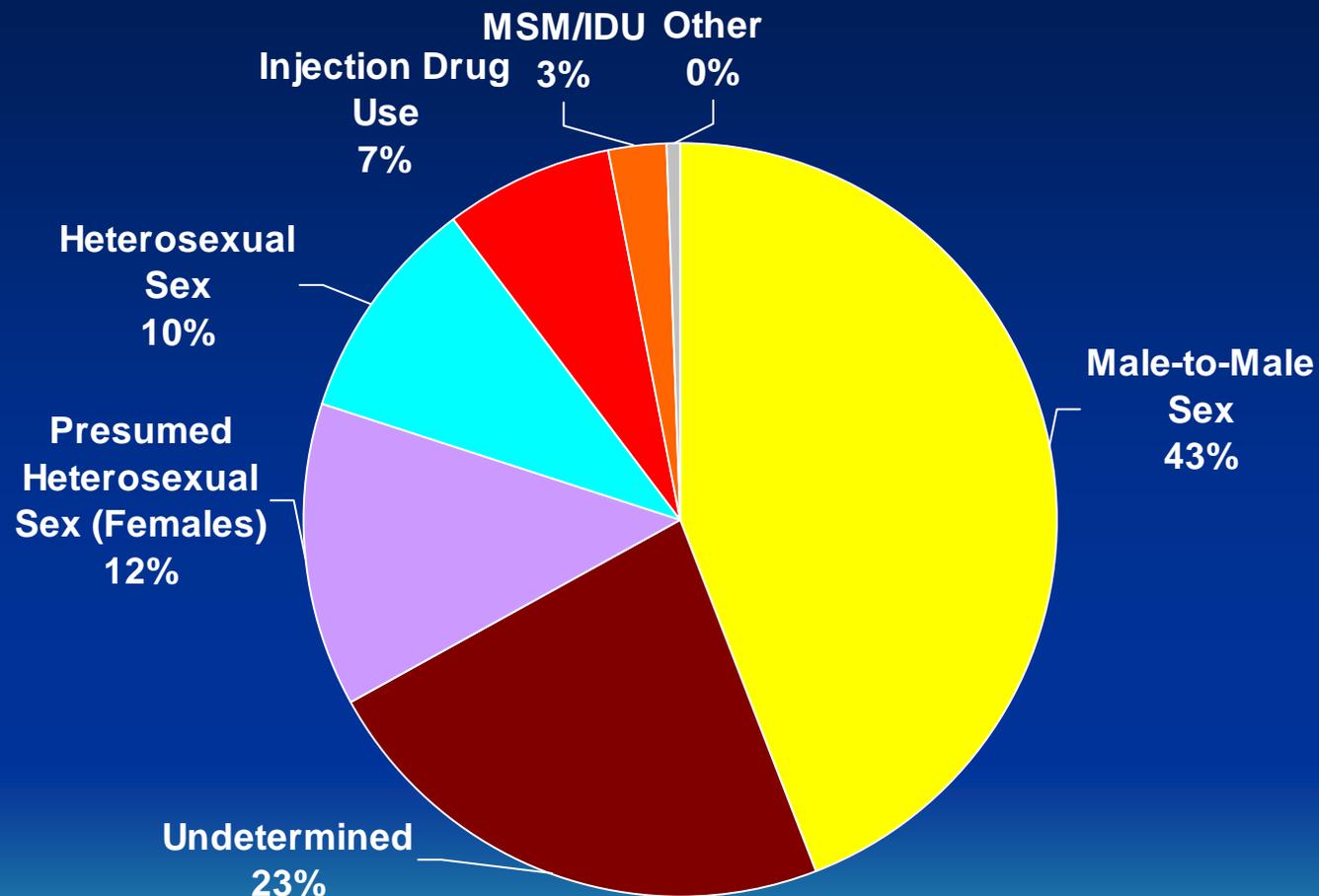
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/15

# Trends in HIV Infection and Death among People Reported with HIV/AIDS by Year: Massachusetts, 2000–2013



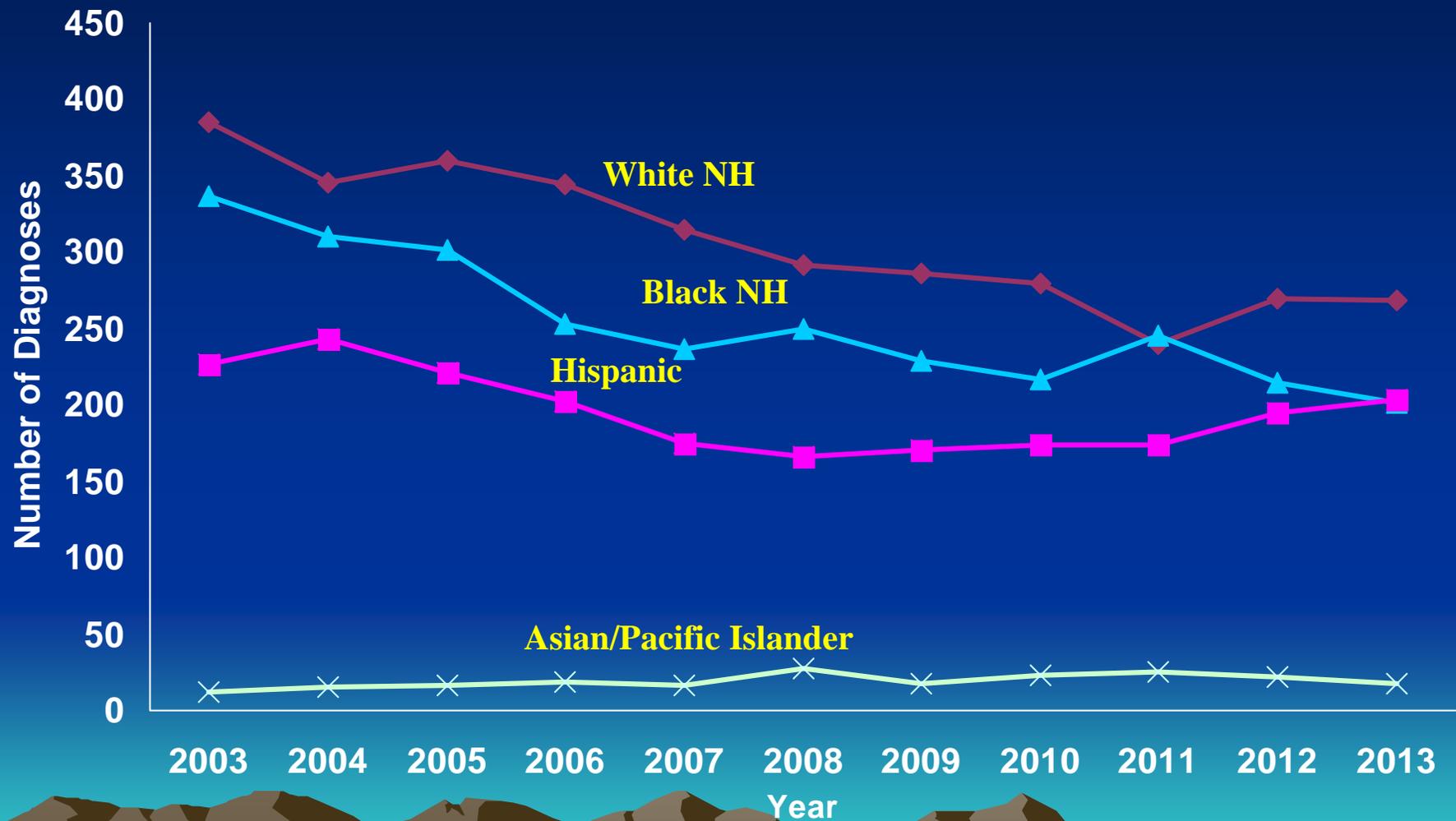
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/15

# People Diagnosed with HIV Infection by Exposure Mode: Massachusetts, 2011–2013



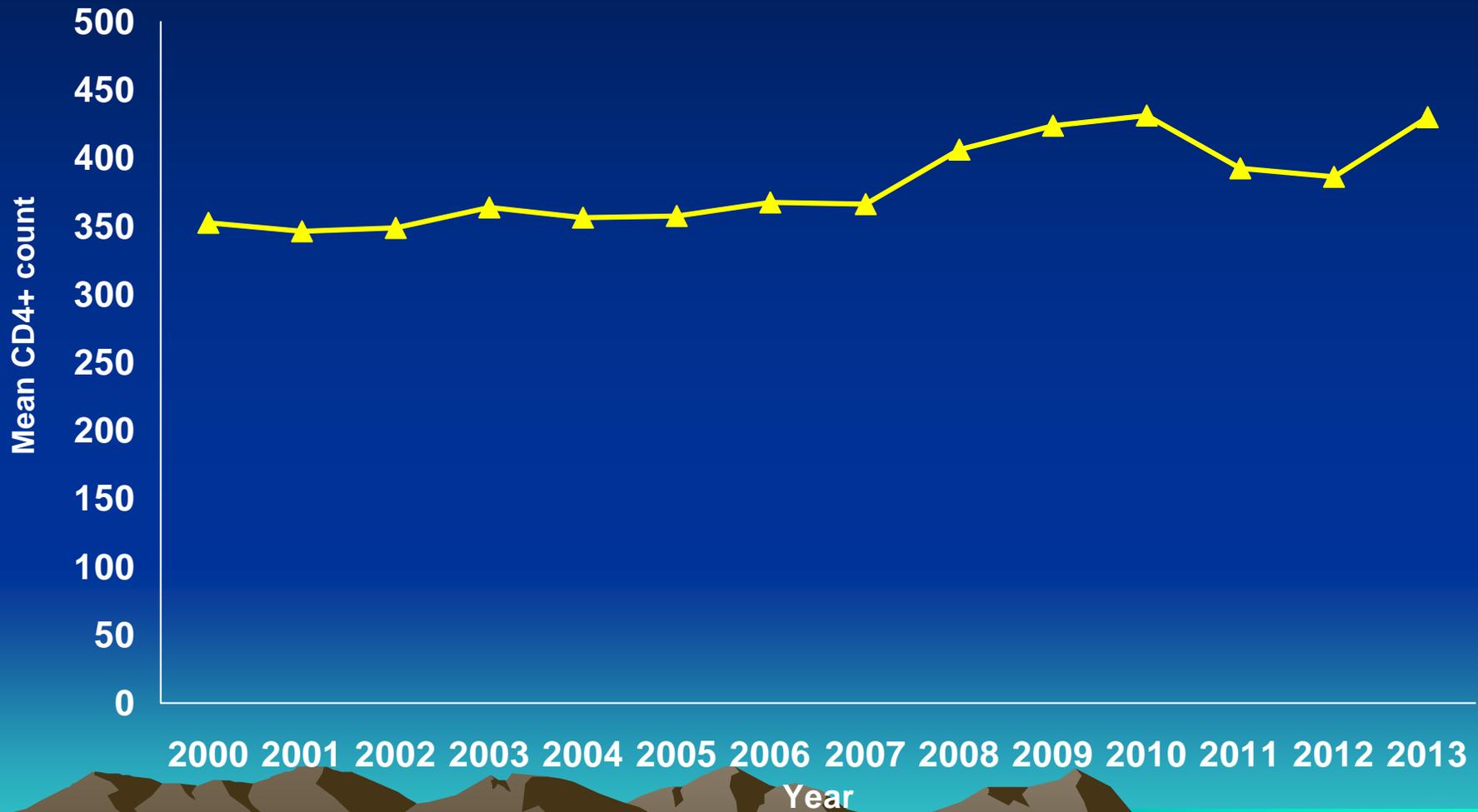
**N=2,104**

# People Diagnosed with HIV Infection by Race/Ethnicity and Year of Diagnosis<sup>1</sup>: Massachusetts, 2003–2013



<sup>1</sup> Reflects year of diagnosis for HIV infection among all individuals reported with HIV infection, with or without an AIDS diagnosis.  
Data Source: MDPH HIV/AIDS Surveillance Program; NH = Non-Hispanic; Data as of 1/1/15

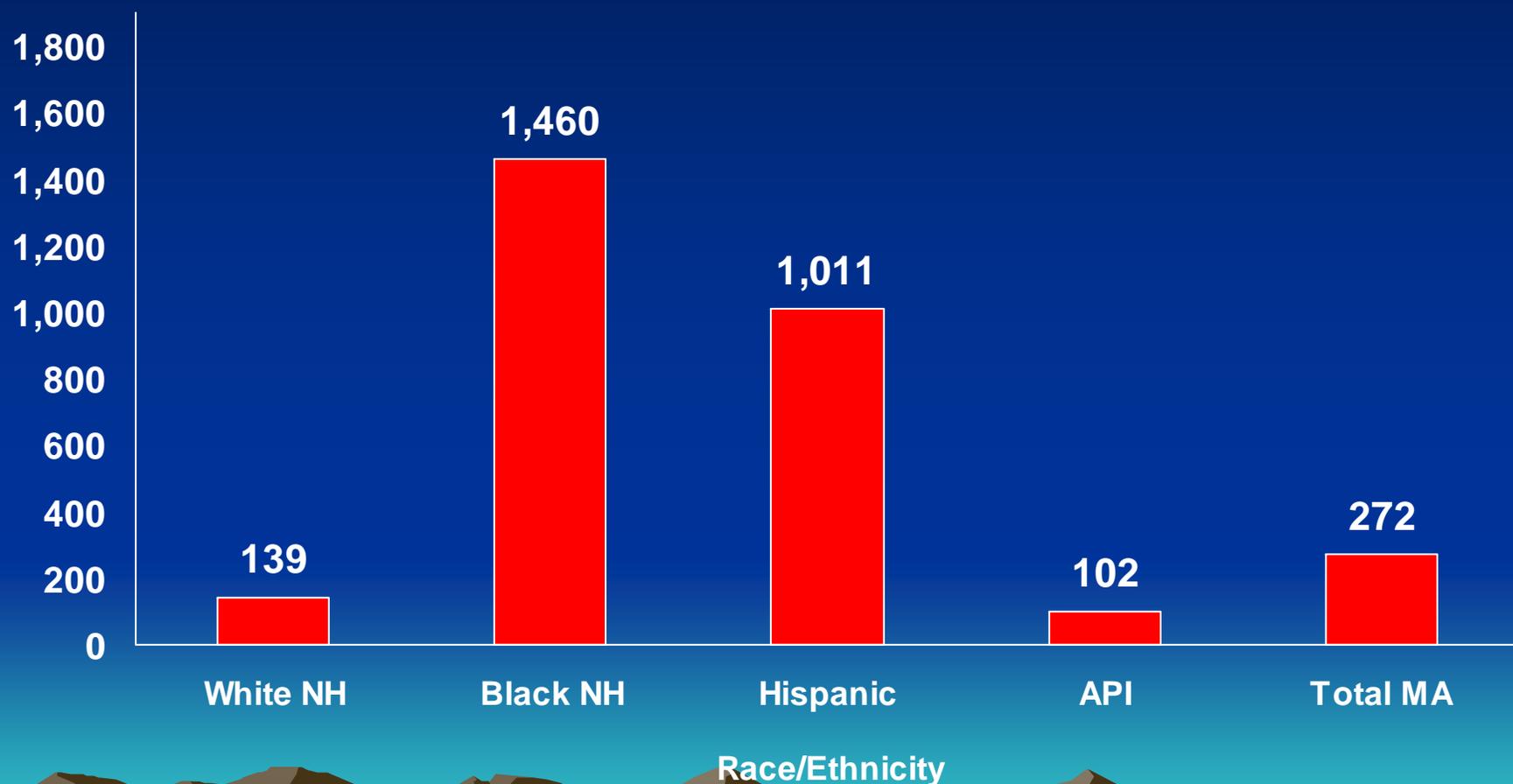
# Trends in Mean First-reported CD4+ T-lymphocyte Counts by Year: Massachusetts, 2000–2013



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/15

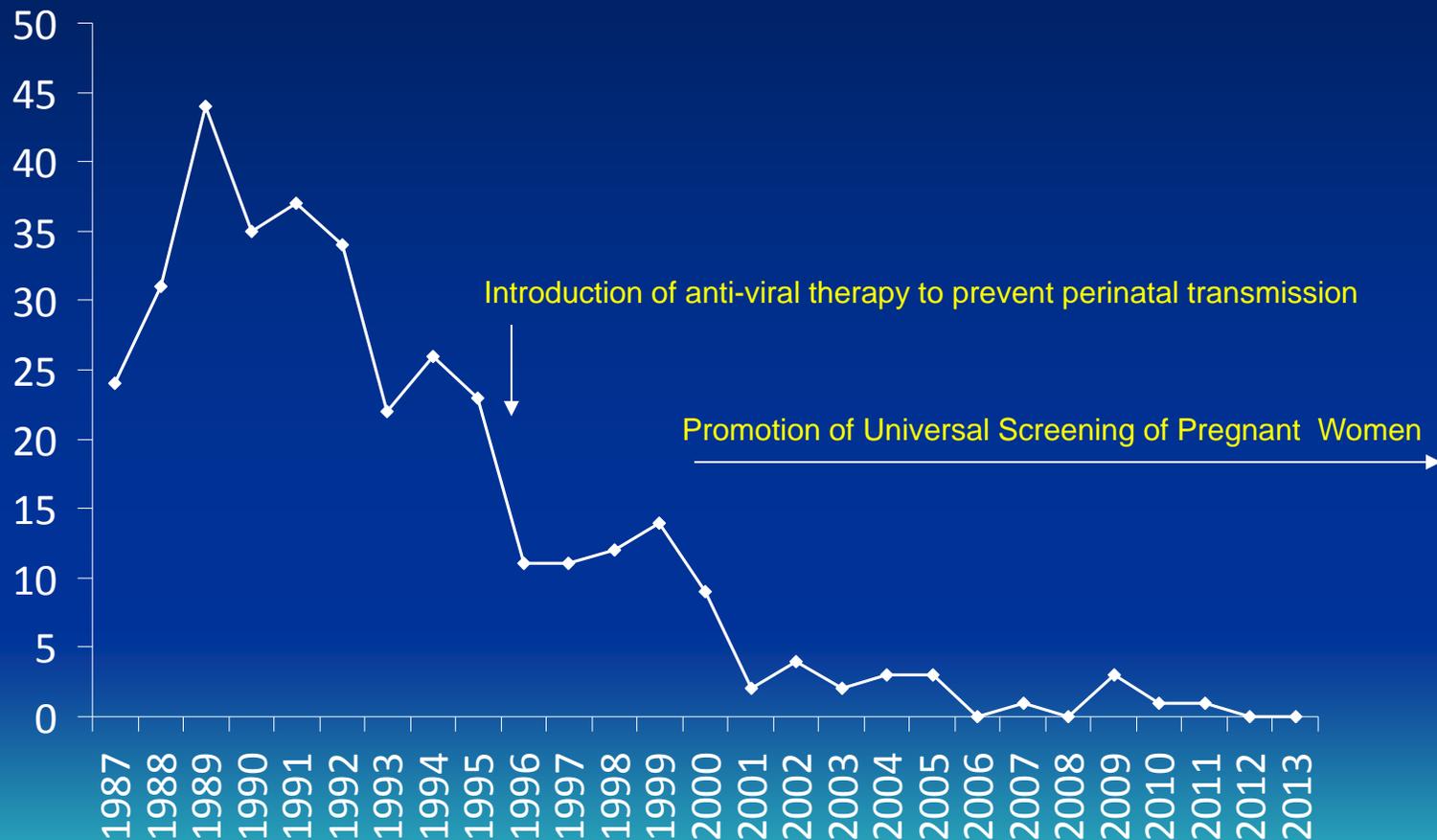
# Age-Adjusted HIV/AIDS Prevalence Rate per 100,000<sup>1</sup> Population by Race/Ethnicity: Massachusetts, January 1, 2015

Prevalence per  
100,000



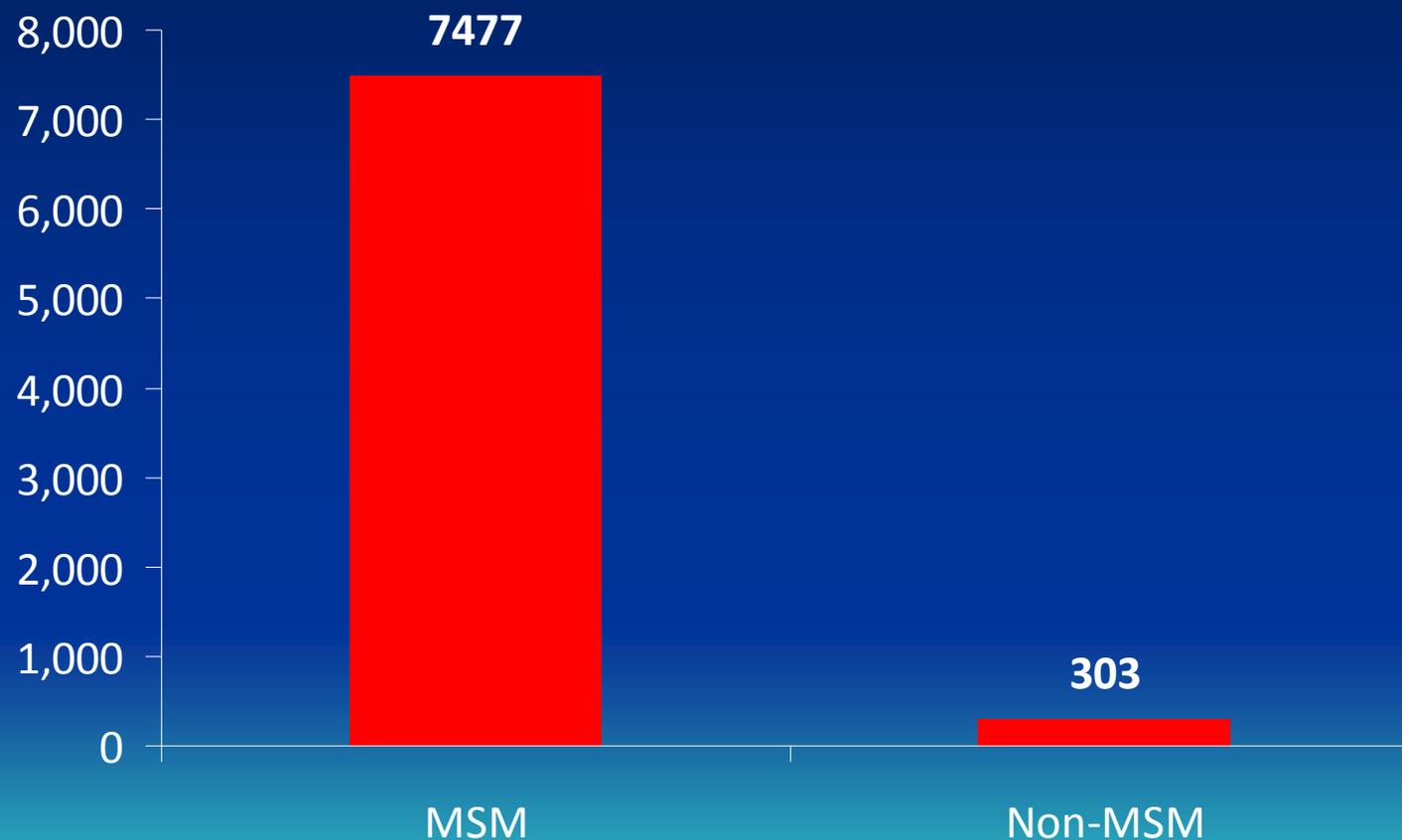
<sup>1</sup> Population sizes for rate calculations are based on year 2000 population estimates from the MDPH Center for Health Information, Statistics, Research and Evaluation; NH= Non-Hispanic, API = Asian/Pacific Islander; AI/AN = American Indian/Alaska Native; Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/15

# Identified Mother-to-Child Transmission of HIV Infection By Year of Birth, Massachusetts, 1985-2013



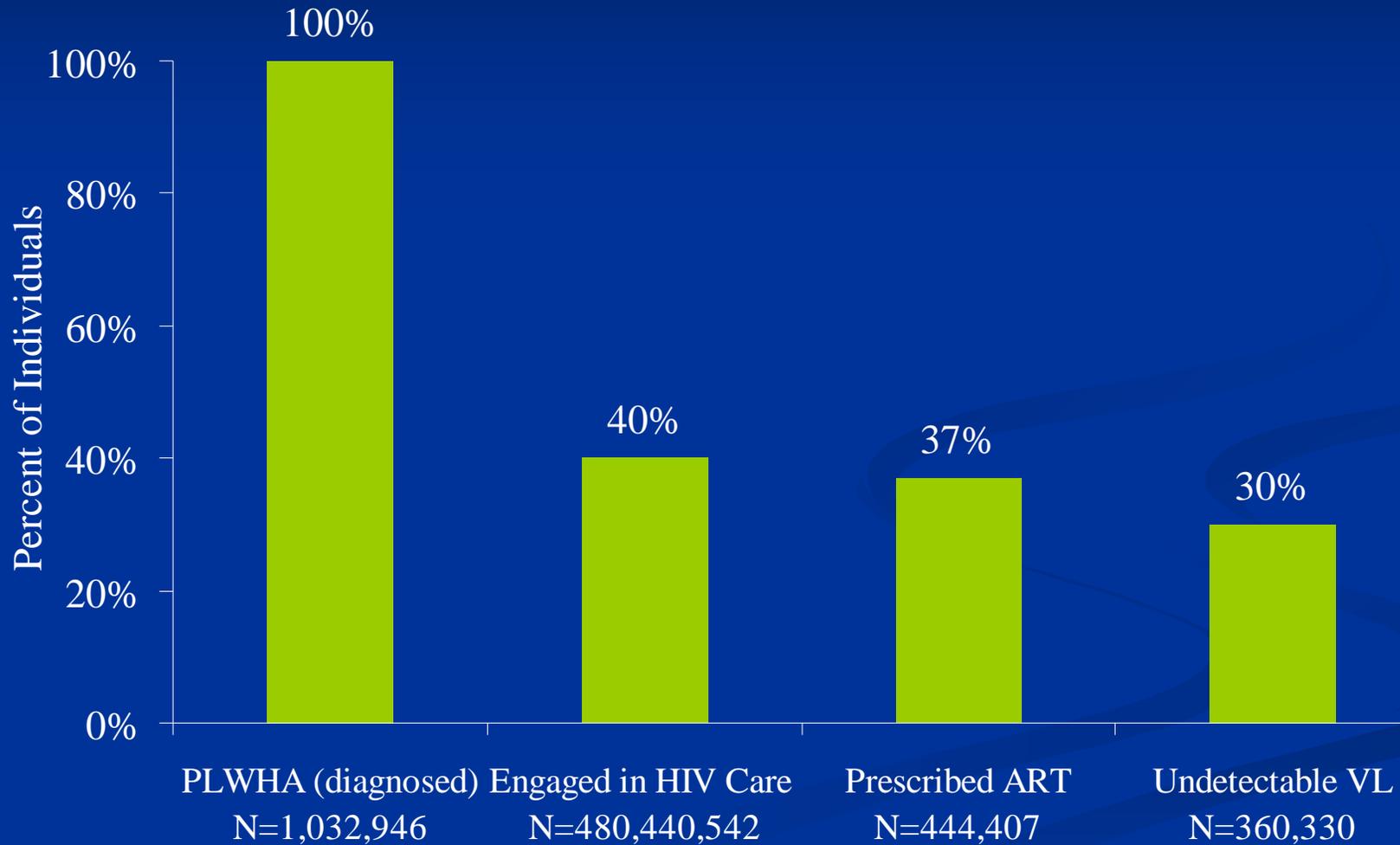
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

Estimated<sup>1</sup> HIV/AIDS Prevalence Rate per 100,000  
Population: MSM Compared to non-MSM (males only) Ages  
18–64 Years: Massachusetts, January 1, 2015



<sup>1</sup> Multiple source estimation method for MSM rate (BRFSS, 2010 US Census)  
NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

# Stages of HIV Care Among PLWHA in the United States<sup>1</sup>



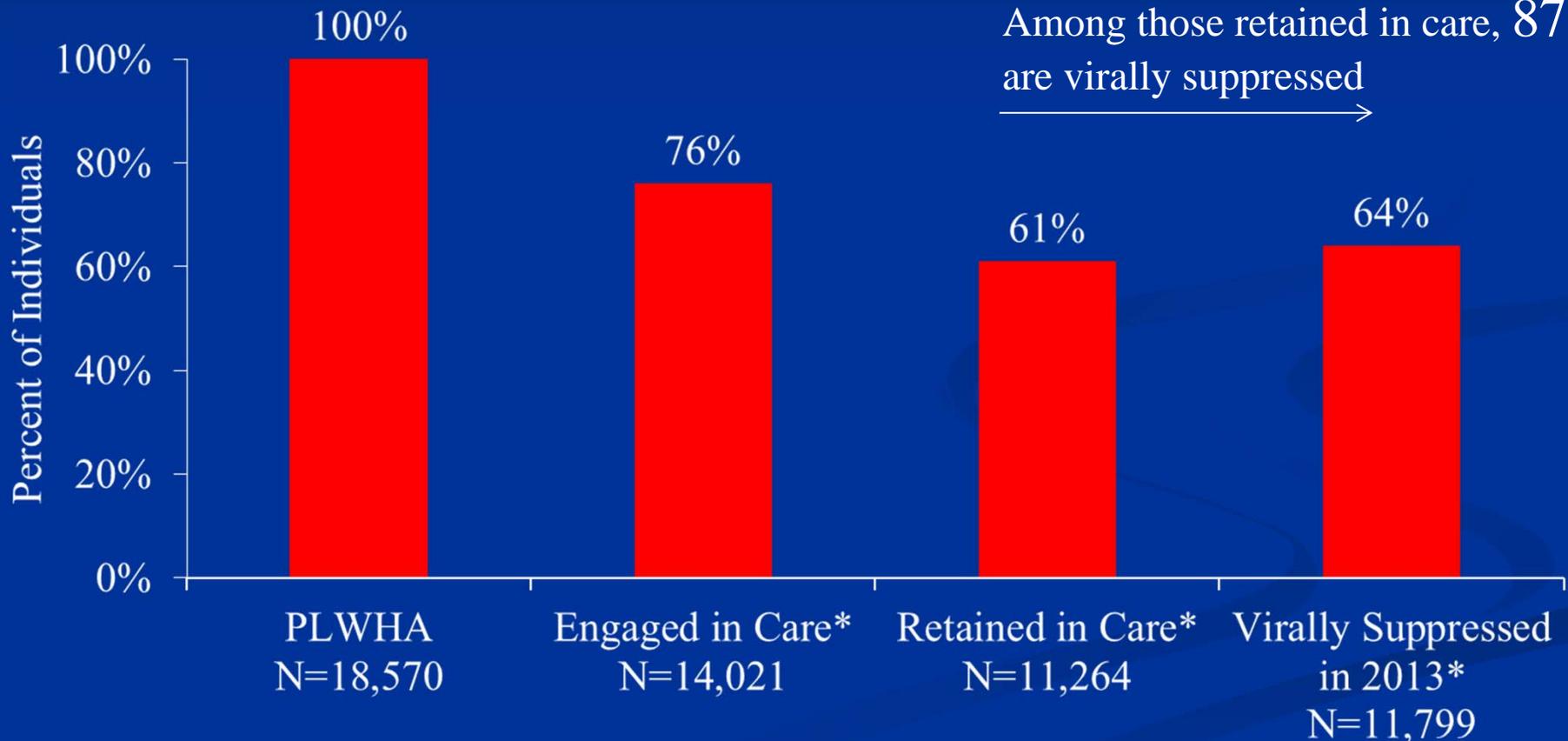
<sup>1</sup> Adapted from: Gardner et al. *Clin Infect Dis.* 2011; 52:793-800.

# Stages of HIV Care Among People Living with HIV/AIDS in Massachusetts<sup>1</sup>

Among those engaged in care, 84% are virally suppressed



Among those retained in care, 87% are virally suppressed



\* Lab received by MDPH

<sup>1</sup> Includes individuals diagnosed through 2012 and living in MA as of 12/31/13, based on last known address, regardless of state of diagnosis

• Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 1/1/14, lab data as of 8/27/14

# Factors supporting this success

- MA has a supportive social/political context for HIV prevention and care (e.g. support for needle exchange)
- DPH invests its HIV care resources in CHC system
- DPH funds a comprehensive clinic and CBO network; has built strong regional partnerships among providers
- DPH funds integrated system of HIV/STI/viral hepatitis screening and linkage to care programs
- DPH promoted 1115 waiver to expand Medicaid coverage for persons with HIV infection (non-AIDS)
- DPH maximizes the benefits of health care reform and HIV drug assistance resources to promote HIV care
- DPH innovates new uses of surveillance data to improve care

# Remaining challenges

- Need to improve upon our reductions in diagnoses and high viral suppression rates
- Persistent patterns of new diagnoses (MSM, communities of color, non-US born)
- Ongoing racial/ethnic disparities in incidence and prevalence of HIV/AIDS
- Remaining pockets individuals out of care
- Co-infection with STDs, viral hepatitis



# Acknowledgements

Dawn Fukuda, Director  
Office of HIV/AIDS  
Bureau of Infectious Disease  
617-624-5303  
[dawn.fukuda@state.ma.us](mailto:dawn.fukuda@state.ma.us)

Betsey John, Director  
HIV/STD Surveillance  
Bureau of Infectious Disease  
617-983-6570  
[betsey.john@state.ma.us](mailto:betsey.john@state.ma.us)



Thank you

[kevin.cranston@state.ma.us](mailto:kevin.cranston@state.ma.us)

