### Annual HIV Diagnoses

- **Massachusetts had the nation’s 21st-highest rate of new HIV diagnoses in 2017.**

<table>
<thead>
<tr>
<th>% Unaware of HIV infection†</th>
<th>Annual HIV Diagnoses</th>
<th>People with HIV‡</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14%</strong></td>
<td><strong>607</strong> new cases</td>
<td><strong>22,600</strong></td>
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</table>

86% of Massachusettsians with HIV are aware of their status, which means approximately **3,200 people** in Massachusetts aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%.

Massachusettsians with HIV will face an average lifetime cost of **$478,000** to treat their infection (2017 dollars).

Pre-exposure prophylaxis (PrEP) is a pill for those at high risk for HIV.

- **21,890** Massachusettsians at high risk for HIV could potentially benefit from PrEP.
- **3,803** Massachusettsians were prescribed PrEP in 2017.

Taken daily, it can block HIV.
CDC awarded $11M†† to Massachusetts health departments and community-based organizations for HIV prevention activities, including:

<table>
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<th>HIV Testing</th>
<th>HIV Diagnosis</th>
<th>Linkage to Care</th>
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<td><strong>47,181 HIV tests††† were provided in Massachusetts</strong></td>
<td><strong>118 Massachusettsans††† were newly diagnosed with HIV through CDC-funded HIV testing</strong></td>
<td><strong>102 Massachusettsans††† were linked to medical care within 90 days of HIV diagnosis</strong></td>
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</tbody>
</table>

CDC-funded HIV testing ensures people at risk know their HIV status. Awareness of HIV status allows people who are HIV-negative to choose prevention activities to avoid infection.

CDC-funded HIV testing makes people with HIV aware of their infection so they can take medicine to stay healthy and prevent transmission.

CDC-funded programs link people to medical care immediately after HIV diagnosis, so they can stay healthy and not transmit HIV to others.

Due to end of year data submission dates, those who were diagnosed and successfully linked to care during the last two weeks of the year may have been excluded from this calculation.

### What Can Be Done?

Major developments in HIV science, prevention, and treatment have produced a **once-in-a-generation opportunity to eliminate new HIV infections** in the United States — *including Massachusetts.*

**To End HIV:**

Use the **right practices** in the **right places** targeted to the **right people**

<table>
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<tr>
<th>Diagnose</th>
<th>Treat</th>
<th>Prevent</th>
<th>Respond</th>
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<td>All people with HIV as early as possible</td>
<td>People with HIV rapidly and effectively to reach sustained viral suppression</td>
<td>New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)</td>
<td>Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them</td>
</tr>
</tbody>
</table>

Dedicated people at all levels working together to end HIV

For more recent data, please visit [https://www.mass.gov/lists/hivaids-epidemiologic-profiles](https://www.mass.gov/lists/hivaids-epidemiologic-profiles)

†† FY 2018. ††† 2017 data.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention