

# Winnable Battles - HIV

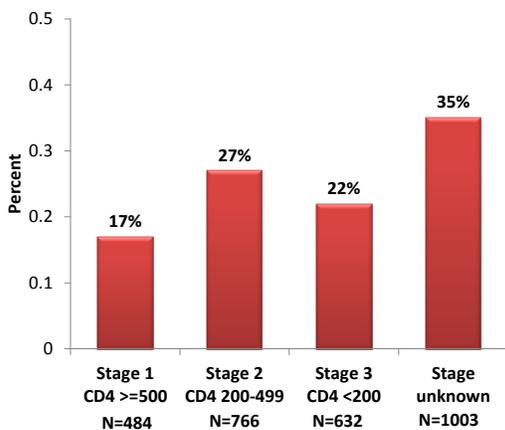
## Key Actions – Increase HIV Testing

- Promote routine HIV testing for all persons age 13-64 in Georgia
- Increase HIV testing among persons at increased risk
- Identify HIV infection at earlier stage of disease
- Improve surveillance ascertainment of CD4 measurement
- Decrease the proportion of people with late HIV testing (first CD4 count <200 at or within 12 months of diagnosis)
- Decrease disparities in late HIV testing by sex, age, race/ethnicity, and transmission category

## Target

Indicator	2011 Baseline	2015 Target
Number of new HIV diagnoses	3023	3325 (10% increase)
Proportion of new diagnoses who are late testers	22%	18% (20% decrease)
Proportion missing CD4 within 12 months of diagnosis	35%	28% (20% decrease)
Disparities in proportion with late testing by sex, age, race/ethnicity, and transmission category	Varies	Decrease disparity by 10% in each category

Percent of adults and adolescents by stage of disease (earliest CD4 count within 12 months of HIV diagnosis), Georgia, 2011

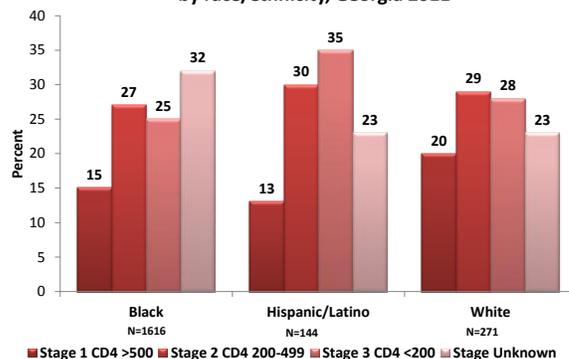


*Increased routine and targeted testing will lead to:*

- 🚫 Increase in new diagnoses
- 🚫 Increase the number of people who know their HIV status
- 🚫 Decrease percentage of late testers

*Late diagnosis of HIV infection contributes to poorer outcomes for infected individuals and impedes HIV prevention efforts.*

Percent of adults and adolescents by stage of disease (earliest CD4 count within 12 months of HIV diagnosis) by race/ethnicity, Georgia 2011



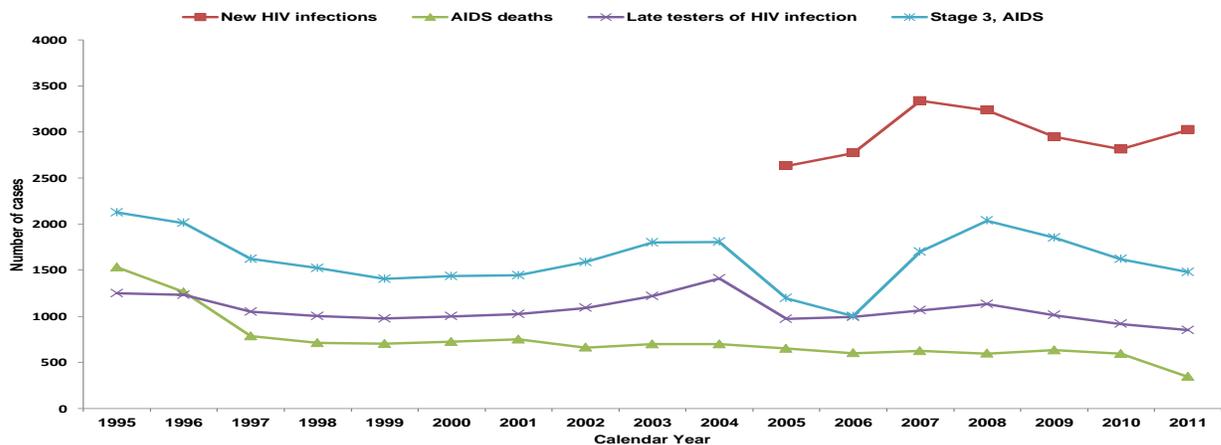
## Key Actions – Decrease HIV Mortality

- Prevent progression of HIV to AIDS
- Prevent HIV-related deaths
- Improve survival after HIV diagnosis

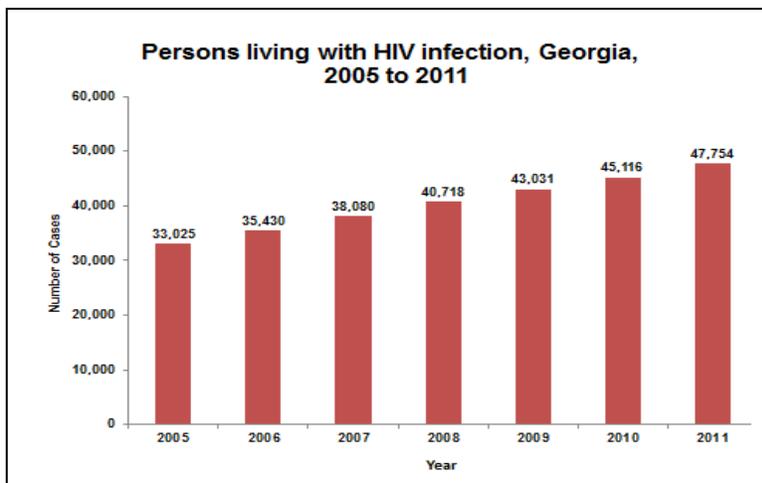
## Target

Indicator	2011 Baseline	2015 Target
Number of new AIDS diagnoses	1479	1184 (20% decrease)
Number of AIDS deaths	343	275 (20% decrease)
Percent 36 month survival after HIV diagnosis	92%*	95%
*Survival analysis for HIV diagnoses 2004-2008		

**New diagnoses of HIV infection, Stage 3 AIDS cases, AIDS deaths and late testers\* of HIV infection, Georgia, 1995 to 2011**



\*Late testers = persons diagnosed with Stage3, AIDS within one year of HIV diagnosis



**Increased HIV prevalence (number of people living with HIV) is a goal: as people live longer with HIV, prevalence will increase until we achieve zero transmission and zero new cases.**

*Earlier diagnosis provides opportunity for interventions for viral suppression:*

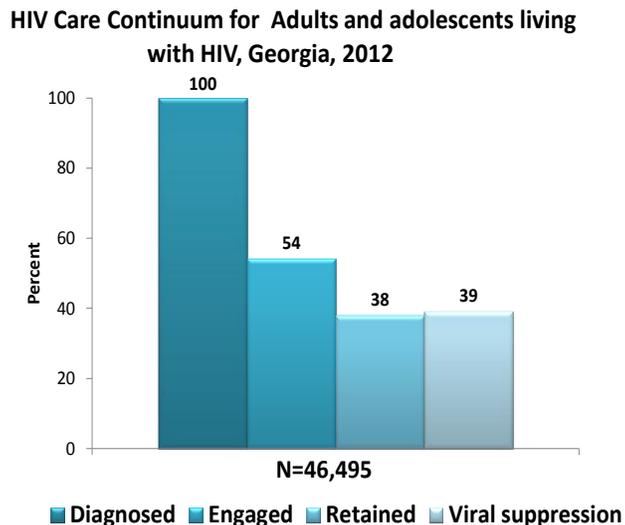
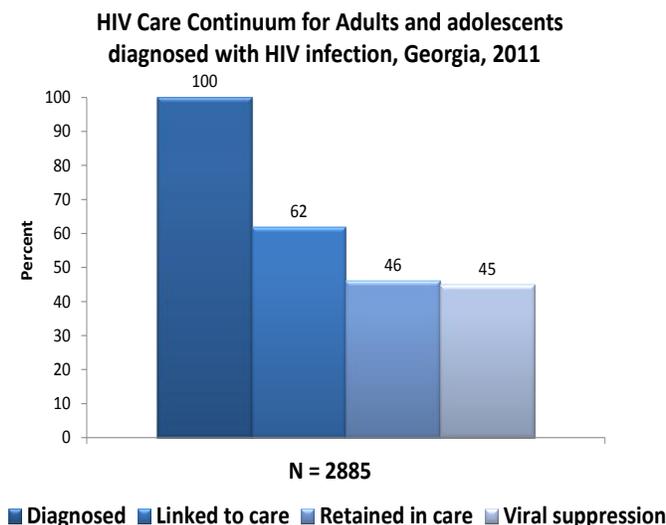
- Benefits the individual with reduction in AIDS-related deaths
- Benefit to the community with reduction in HIV transmission

# WINNABLE BATTLES - HIV

## Key Actions: Treatment as Prevention

- Improve linkage and retention in care for new diagnoses
- Improve retention in care for the prevalent population
- Increase viral suppression for new diagnoses and prevalent population
- Decrease time to viral suppression for new diagnoses

Indicator	2011 Baseline	2015 Target
Percent linked to care w/in 3 months of HIV diagnosis	62%	68% (10% increase)
Percent retained in care among new diagnoses	46%	51% (10% increase)
Percent retained in care among prevalent population	38%	42% (10% increase)
Percent with viral load <200 among new diagnoses	45%	50% (10% increase)
Percent with viral load <200 among prevalent population	39%	43% (10% increase)
Disparities in percent linked, retained and virally suppressed by sex, age, race/ethnicity, and transmission category	Varies	Reduce disparities 10%



*Initiatives by GA DPH promoting improved linkage, engagement and retention in care and viral suppression include:*

- 🚫 *Minority AIDS Initiative*
- 🚫 *Care and Prevention in the US (CAPUS)*
- 🚫 *Health Information Exchange (HIE)*
- 🚫 *Ryan White Program Part B*
- 🚫 *AIDS Drug Assistance Program (ADAP)*
- 🚫 *Georgia's Test Link and Care (TLC) Initiative*
- 🚫 *Minority AIDS Initiative – Targeted Capacity Expansion (MAI-TCE)*

# WINNABLE BATTLES - HIV

## KEY ACCOMPLISHMENTS

### Improved HIV surveillance

Name-based HIV reporting began in Georgia in 2004. In less than 10 years, Georgia Department of Public Health has established a robust surveillance system that can provide data for decision-making:

- 🚫 Trends over time in HIV transmission
- 🚫 Survival analysis
- 🚫 Stage of disease at diagnosis and late tester calculation
- 🚫 HIV Care Continuum stratified by sex, age, race/ethnicity, transmission category, and geographic location
- 🚫 Community viral load estimation

### Data are used to:

- 🚫 Identify opportunities for high-impact prevention among demographic groups and locations with highest HIV risk
- 🚫 Monitor program effectiveness in outreach for prevention, testing, and treatment
- 🚫 Optimize targeted testing guided by demographic and geographic data on HIV prevalence, late diagnoses and poor viral suppression
- 🚫 Pinpoint needs along the Care Continuum to address specific issues such as access to care, retention in care and ART adherence

### Getting the word out:

- 🚫 GA DPH has created slide sets, fact sheets and surveillance reports to provide stakeholders with data for decision-making
- 🚫 Program Collaboration and Service Integration with Sexually Transmitted Disease, Hepatitis, and Tuberculosis has resulted in cross-cutting teamwork with analyses, outreach, and presentations
- 🚫 Examples include an HIV Care Continuum workshop at the 2013 MSM Symposium, collaboration in the statewide Bad Bugs Think Tank, TB/HIV co-infection analysis and development of Winnable Battles Fact Sheets

### New programs offer new opportunities:

- 🚫 Care and Prevention in the US (CAPUS) supports multiple aspects of HIV prevention and care: reducing stigma, using data for more targeted testing, improving linkage to care, re-engaging the post-incarceration population in care, and creation of a Resource Hub for health care providers, case managers and people living with HIV
- 🚫 Health Information Exchange (HIE) creates a partnership between the GA DPH HIV Surveillance and clinical care providers to re-engage persons living with HIV who are out of care
- 🚫 Partnership with Emory University to develop [www.AIDSVu.org](http://www.AIDSVu.org), a geocoded “heat map” of HIV prevalence for Georgia by county and Care Continuum for Metro Atlanta by zip code stratified by sex, age and race/ethnicity
- 🚫 Minority AIDS Initiative – Targeted Capacity Expansion allows for the development and expansion of culturally competent and effective integrated behavioral health and primary care networks which includes HIV services within racial and ethnic minority communities most impacted by HIV/AIDS
- 🚫 Increased collaboration with clinical partners and community based organizations to reach specific populations

### Teamwork with existing programs:

- 🚫 Cross-collaboration with the Medical Monitoring Project, National HIV Behavioral Surveillance Study, and OASIS to do longitudinal analyses, create interactive data platforms, and provide an evidence-base to meet the needs of local and state partners, and the community of persons at risk for, living with, and affected by HIV

### For more information on Winnable

**Battles, visit** <http://www.cdc.gov/winnablebattles/>

### Suggested citation:

Georgia Department of Public Health  
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<http://dph.georgia.gov/data-fact-sheet-summaries>.

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