4/15/25

Demographic and Clinical Characteristics of Selected Subgroups of Persons with Diagnosed HIV Infection

Georgia Medical Monitoring Project, 2015–2022

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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COMMENTARY

The purpose of this report is to describe selected demographic and clinical characteristics of Black males, White males, and Black females, three groups surveyed that account for 87% of the Medical Monitoring Project (MMP) participants and approximately 80% of persons with HIV in Georgia. Findings are also stratified by location both for residents of the Atlanta Metropolitan Statistical Area (MSA) and for persons residing in other parts of the state (referred to as Atlanta and non-Atlanta residents). This report uses MMP data from the 2015 through 2022 cycles (i.e., June 2015–May 2022).

The Georgia MMP is a Centers for Disease Control and Prevention (CDC)-funded surveillance project aimed at assessing the clinical and behavioral characteristics of people with HIV (PWH) in Georgia. Every year, 500 PWH are randomly sampled from the Georgia HIV Surveillance Registry and are assigned to the MMP team at the Georgia Department of Public Health (GDPH) to be contacted to determine eligibility and interest in being interviewed. In addition, a medical record abstraction is performed with the participant's consent in order to gather the clinical data as part of the project. MMP methods are described in greater detail in the 2015–2022 Georgia MMP Surveillance Report which can be found at: https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-hiv-surveillance-data.

Technical Notes:

Of the 4,000 total PWH sampled during the 2015 to 2022 data cycles, 1,532 (38%) agreed to an interview and medical record abstraction. Data are weighted to take into account the sampling scheme; all percentages presented are weighted percentages. Most of the information shown in the tables, including gender and race and ethnicity, is from the interview, but the following pieces of information are from the chart abstractions (either in tandem with interview information or solely): viral suppression status, retention in HIV care, CD4 counts, and sexually transmitted infection (STI) testing. Participants are categorized as Atlanta MSA or non-Atlanta MSA residents based on the location of the clinic where they primarily received HIV care at the time of interview. Location of care was available for approximately 90% of participants in this analysis. Because MMP is drawn from the HIV surveillance registry, it is not restricted to persons who are in care. Persons who are not in care are, however, hard to reach and may be underrepresented among respondents. Thus, estimates of retention in care and viral suppression may be overestimated.

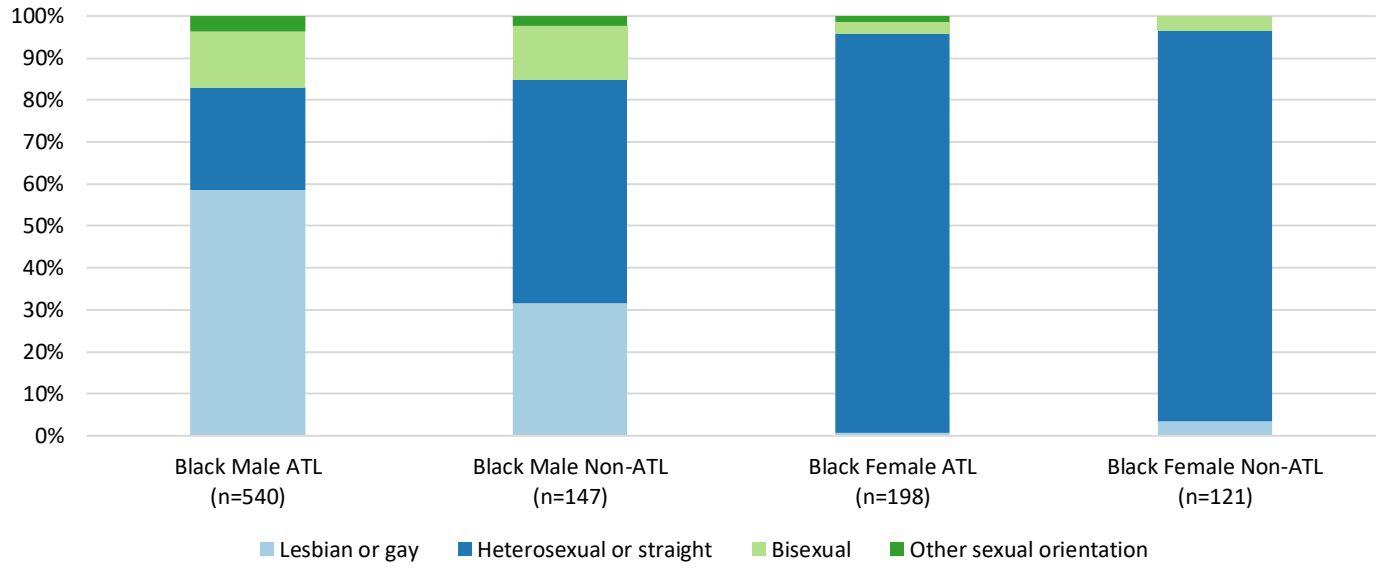
All figures that present notable differences between Atlanta residents and non-Atlanta residents are restricted to Black men and women due to the relatively small number of White male PWH residing outside of the Atlanta MSA.

TABLE 1. SELECTED DEMOGRAPHICS OF PEOPLE WITH HIV, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
Sexual preference						
Lesbian or gay	53.8	401	74.6	155	1.6	5*
Heterosexual or straight	29.9	242	13.4	29	94.6	316
Bisexual	13.0	97	11.0	24	2.9	9*
Other sexual orientation	3.3	26	0.9	3*	0.9	3*
Age at interview						
18–29 years	15.3	109	3.2	8*	8.5	26
30–39 years	24.3	184	11.4	24	17.2	48
40–49 years	20.8	160	15.7	35	25.2	83
≥50 years	39.6	323	69.8	147	49.2	181
Time since HIV diagnosis						
<5 years	21.1	161	13.1	26	14.4	47
5–9 years	23.7	181	12.1	25	24.8	79
≥10 years	55.2	434	74.8	163	60.8	212
Education level						
Less than high school	10.8	86	5.5	11*	26.1	92
High school diploma or GED	26.6	197	12.6	29	30.6	100
More than high school	62.6	488	81.9	172	43.3	143
Any disability						
Yes, has any disability	31.3	244	39.1	79	54.7	187
Currently employed						
Yes, currently employed	60.2	455	66.9	142	43.4	146
Yearly income						
$0–$19,999	41.5	293	27.2	55	62.3	189
$20,000–$39,999	26.2	186	23.0	44	21.3	66
$40,000–$74,999	23.6	164	25.7	52	11.7	31
≥ $75,000	8.8	66	24.1	49	4.6	12

*: A count with an asterisk indicates a corresponding percentage with a coefficient of variation ≥0.30 and should be interpreted with caution.
Counts may not add up to the reported number of participants (n) due to missing information
All percentages shown are weighted percentages

FIGURE 1: SEXUAL PREFERENCE, GEORGIA MMP 2015–2022



Overall, approximately half of Black men and three quarters of White men reported being gay, while almost all Black women reported being heterosexual (Table 1). Among Black men, the majority of Atlanta residents identified as gay while the majority of non-Atlanta residents identified as heterosexual (Figure 1). Due to few people with HIV identifying as such, approximate percentages shown for "Other sexual orientation" across all groups and all orientations except "Heterosexual, or straight" for Black females should be interpreted with caution.

Age at time of interview:

Across all groups, there were a higher number of older people with HIV than younger people with HIV (Table 1). The largest sub-group across all groups was the ≥50 years sub-group.

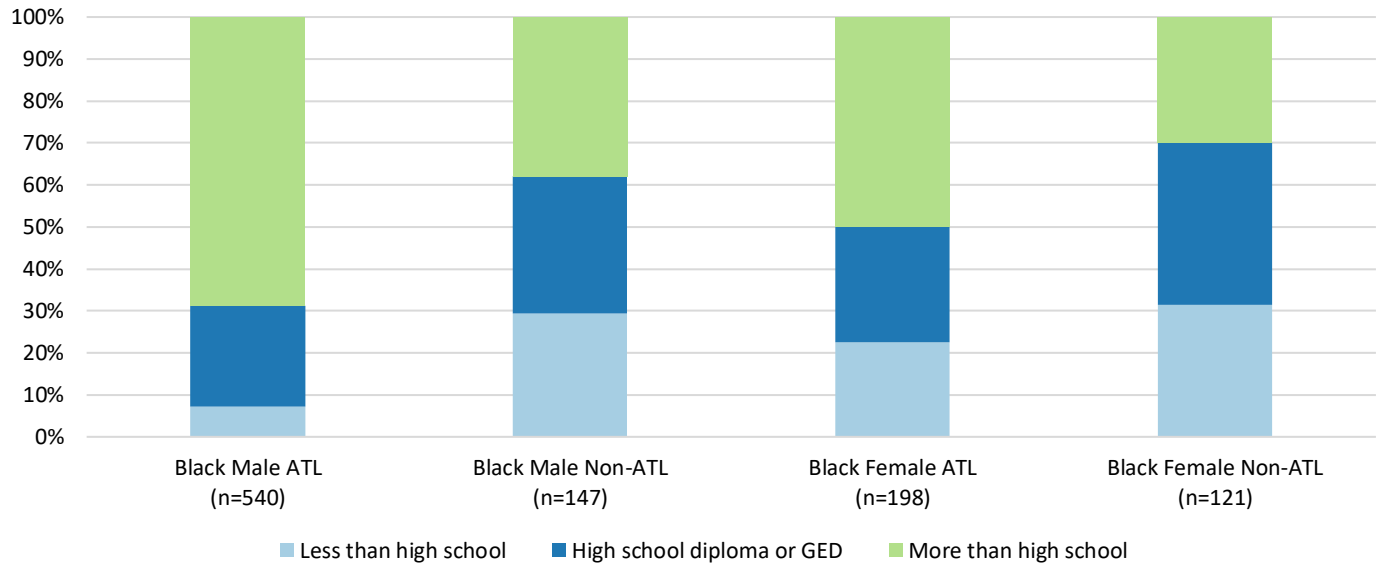
There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Time since HIV diagnosis:

Overall, approximately 55% of Black men and three quarters of White men were diagnosed more than ten years ago (Table 1). 61% of Black women were diagnosed more than ten years ago.

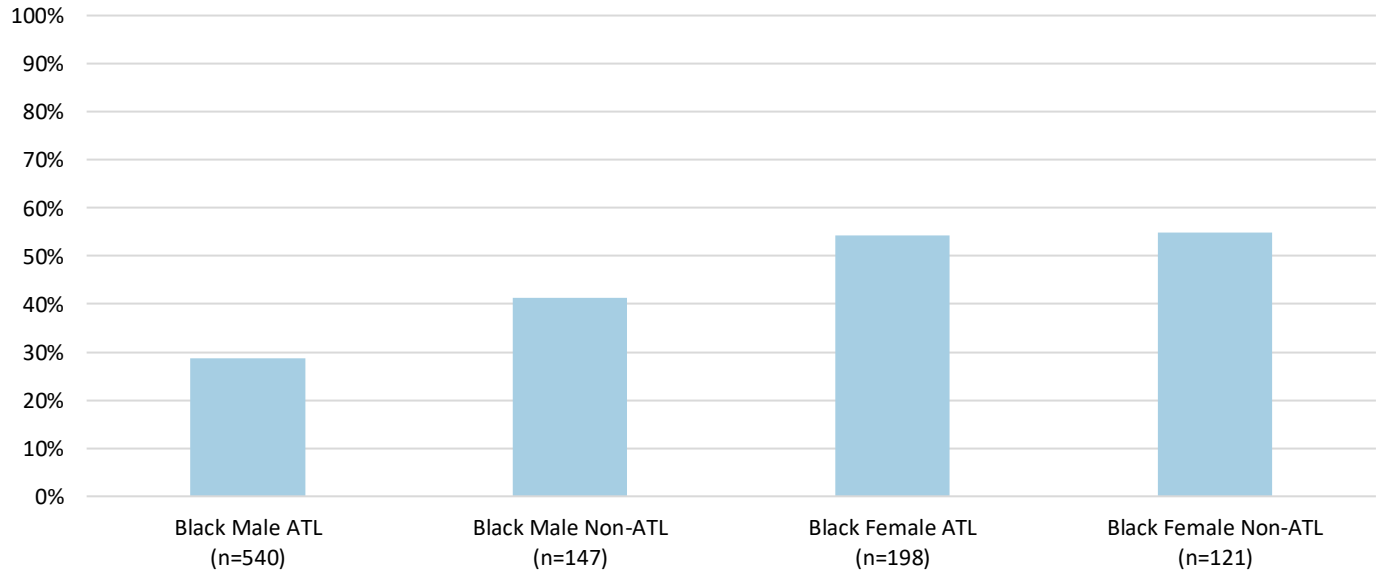
There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

FIGURE 2: EDUCATION LEVEL, GEORGIA MMP 2015–2022



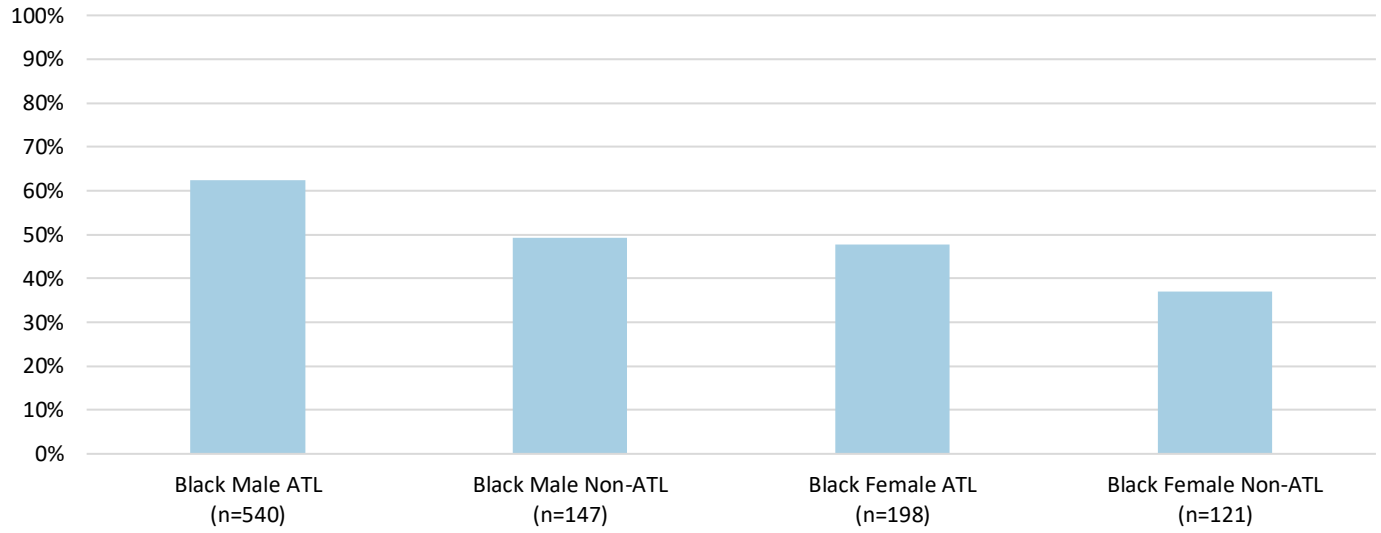
Overall, approximately 63% of Black males and 82% of White males had completed further education past a high school diploma or GED (Table 1). Among Black females, only about 43% of Black females had completed further education. Educational attainment was lower among non-Atlanta residents than Atlanta residents, regardless of race or gender (Figure 2). Of interest, about 7% of Black males living in Atlanta had less than a high school education, while 29% of Black males living outside of the Atlanta area had less than a high school education.

FIGURE 3: ANY DISABILITY, GEORGIA MMP 2015–2022



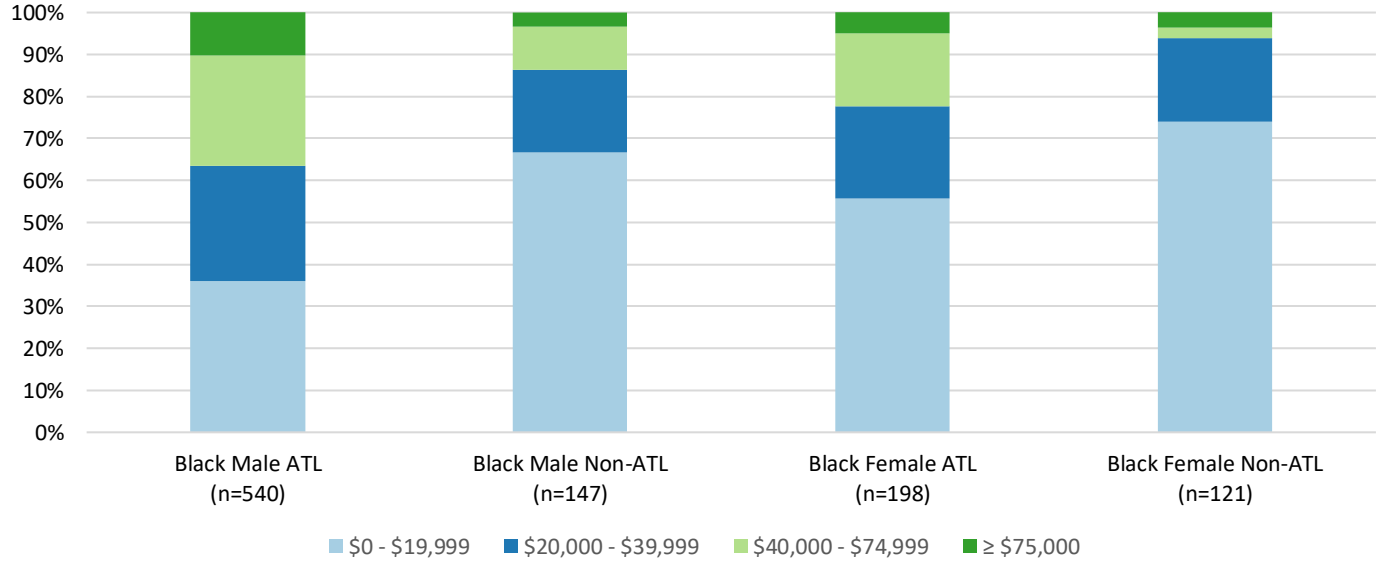
Overall, about 31% of Black males and 39% of White males self-reported that they had a disability. Over half of Black females self-reported a disability (Table 1). A higher percentage of Black male non-Atlanta residents self-reported disabilities compared to Black male Atlanta residents (Figure 3). This same magnitude of difference was not observed when comparing between Black female Atlanta residents and non-residents.

FIGURE 4: CURRENTLY EMPLOYED, GEORGIA MMP 2015–2022



Overall, approximately 61% of Black males and 69% White males reported that they were currently employed. Only approximately 43% of Black females reported that they were currently employed (Table 1). Among Black males, current employment was higher among Atlanta residents than non-Atlanta residents. Similarly, current employment was higher among Black female Atlanta residents than non-Atlanta residents. (Figure 4).

FIGURE 5: YEARLY INCOME, GEORGIA MMP 2015–2022



Across both groups of Black male and females, the largest sub-group was those earning between $0–$19,999. The majority of Black females earned below $20,000 (Table 1). Yearly income was lower on average for non-Atlanta residents compared to Atlanta residents, especially among Black females (Figure 5). Approximate percentages shown for Black women for the two highest income levels ($40,000–$74999 and ≥$75,000) and the percentages shown for Black male non-Atlanta residents for the highest income level (≥$75,000) should be interpreted with caution due low response rate.

TABLE 2. HEALTH PROVIDER AND PUBLIC ASSISTANCE PROGRAM USE BY PEOPLE WITH HIV, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
Type of health insurance or coverage[1] for antiretroviral therapy, past 12 months						
Ryan White/ADAP[2]	45.7	364	35.1	78	40.6	138
Medicaid	23.5	187	14.1	27	56.5	182
Private health insurance	43.1	325	55.9	120	29.7	92
Medicare	22.6	178	38.3	76	30.0	108
Care at a Ryan White facility in the past 12 months						
Yes	72.4	533	53.2	111	79.5	263
Received SSI[3] in the past 12 months						
Yes, received SSI	16.4	118	13.8	23	32.0	93
Received SSDI[4] in the past 12 months						
Yes, received SSDI	20.2	141	26.2	46	28.3	84
Went without food in the past 12 months						
Yes, went without food	21.6	155	11.9	25	14.1	51

Counts may not add up to the reported number of participants (n) due to missing information

All percentages shown are weighted percentages

1: Types of health insurance are not mutually exclusive, and people with HIV may report multiple types of health insurance or coverage

2: AIDS Drug Assistance Program

3: SSI: Supplemental Security Income

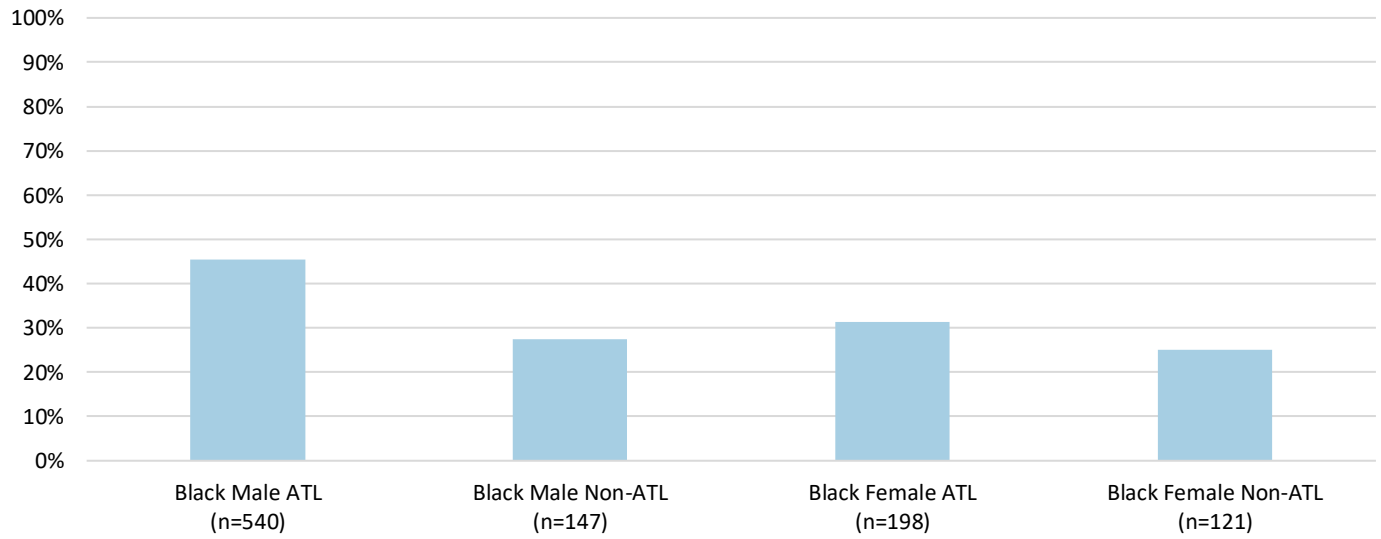
4: SSDI: Social Security Disability Insurance

Type of health insurance or coverage for antiretroviral therapy (ART), past 12 months

About 35% of all White males compared to 45% of Black males reported utilizing Ryan White/ADAP coverage for their ART and HIV care. For Black females, approximately 41% reported utilizing Ryan White/ADAP coverage. About 57% of Black females with HIV reported having Medicaid coverage, compared to 24% of Black males and approximately 14% of White males. About 40% of White males reported being covered under Medicare compared to 23% of Black males and 30% of Black females.

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

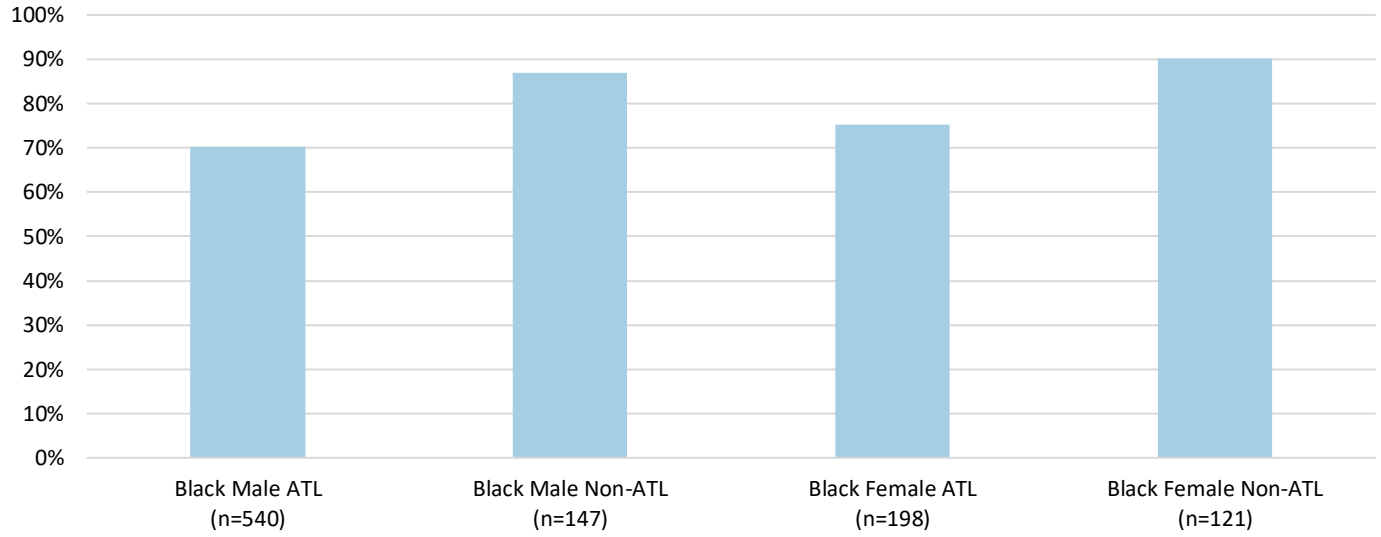
FIGURE 6: PRIVATE HEALTH INSURANCE, GEORGIA MMP 2015–2022



Approximately 43% of Black males and 56% of White males carried some form of private insurance. Only about 30% of Black females carried private insurance (Table 2). 27% of non-Atlanta Black male residents were reported having private insurance compared to 46% of Atlanta Black male residents. About 31% of Atlanta Black female residents carried private insurance while a quarter of non-Atlanta Black female residents carried private insurance.

A higher percentage of black men living within the Atlanta MSA had private health insurance compared to black men living outside the Atlanta MSA, whereas when comparing to Black women the difference between the Atlanta MSA and outside the Atlanta MSA was not as large.

FIGURE 7: RECEIVED CARE AT A RYAN WHITE FACILITY IN THE PAST 12 MONTHS, GEORGIA MMP 2015–2022



A higher proportion of Black males and females received care at Ryan White facilities in the past 12 months compared with White males (Table 2). A higher proportion of Black non-Atlanta residents compared to Black Atlanta residents received care at Ryan White clinics, regardless of gender (Figure 7).

Received Supplemental Security Income (SSI) in the past 12 months:

Most people with HIV, regardless of race or gender, did not receive SSI (Table 2). A higher proportion of Black females received SSI compared to Black and White males, but overall usage remained low (32%).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Received Social Security Disability Insurance (SSDI) in the past 12 months:

About 20% of Black males received SSDI benefits in the past 12 months; about a quarter of White males and 28% of Black females received SSDI benefits in the past 12 months (Table 2).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Went without food in the past 12 months:

Most people with HIV, regardless of race or gender, reported that they did not go without food in the past 12 months (Table 2). A higher proportion of Black males (22%) went without food compared to Black females (14%) and White males (12%).

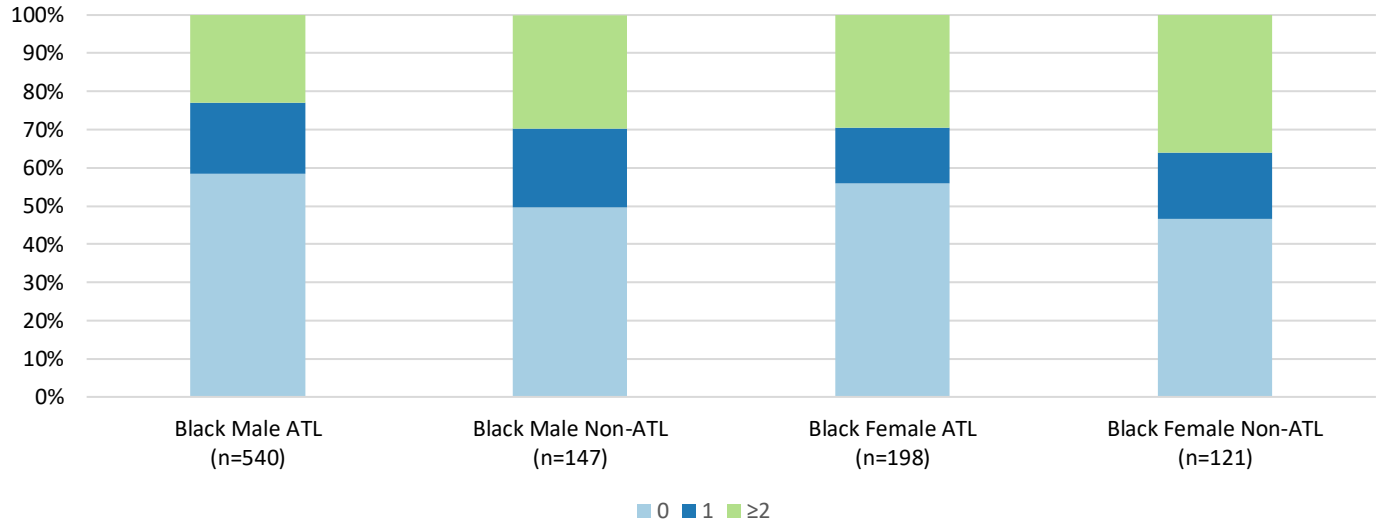
There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

TABLE 3. HOSPITAL AND EMERGENCY DEPARTMENT USE BY PEOPLE WITH HIV IN THE PAST TWELVE MONTHS, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
Number of visits to the emergency department						
0	57.6	446	58.9	130	52.1	171
1	19.2	148	28.8	56	15.6	53
≥2	23.2	176	12.3	26	32.3	106
Number of hospital admissions						
0	81.2	625	81.1	173	75.7	247
1	11.8	92	14.8	30	16.7	58
≥2	7.0	53	4.1	9*	7.6	25

*: A count with an asterisk indicates a corresponding percentage with a coefficient of variation ≥0.30 and should be interpreted with caution.
Counts may not add up to the reported number of participants (n) due to missing information
All percentages shown are weighted percentages

FIGURE 8: NUMBER OF EMERGENCY DEPARTMENT VISITS, GEORGIA MMP 2015–2022



Around 44% of people used emergency room services. Approximately half of Black females visited the Emergency Department (ED) at least once compared to about 40% of Black males or White males (Table 3). The proportion of Black people with HIV living outside of Atlanta who visited the ER two or more times was higher compared with Black people with HIV that were Atlanta residents (Figure 8). This also applies to the proportion who visited the ER only once to a lesser extent.

Number of Hospital Admissions:

Approximately 20% of Black males and White males, and a quarter of Black females had one or more hospital admissions during the previous 12 months.

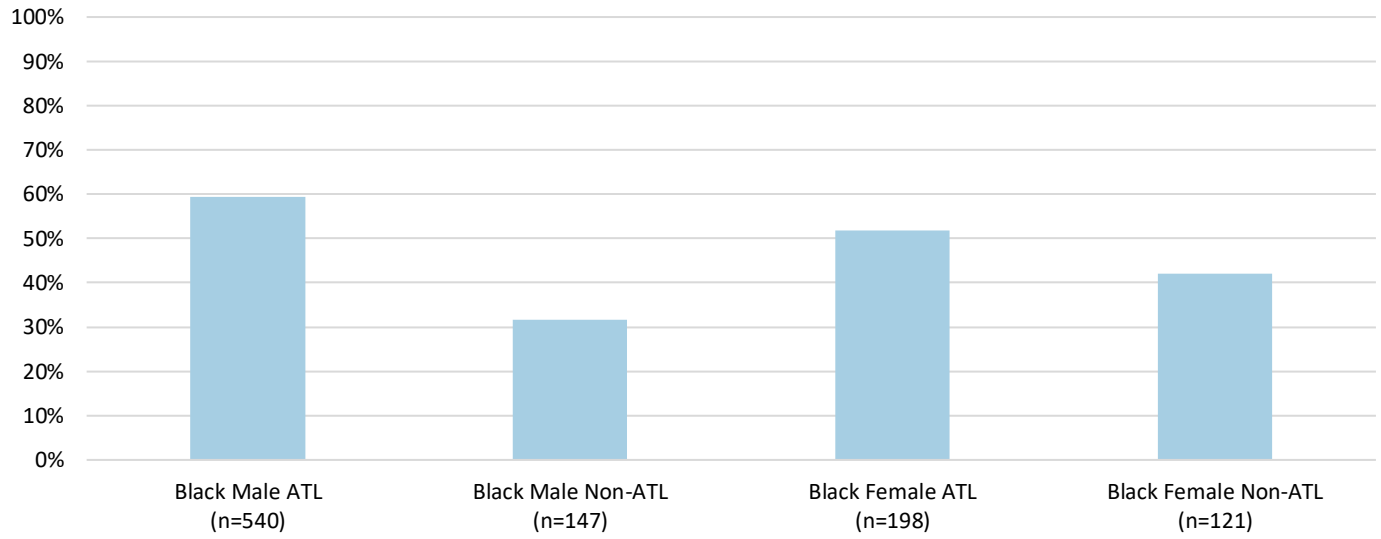
There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

TABLE 4. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING IN THE PAST TWELVE MONTHS AMONG PEOPLE WITH HIV, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
Screened for gonorrhea						
Yes, screened	52.0	372	41.3	79	47.0	151
Screened for chlamydia						
Yes, screened	51.5	370	41.3	79	47.0	151
Screened for syphilis						
Yes, screened	68.3	494	65.9	127	59.3	191
Screened for all three STIs						
Yes, screened	47.0	335	40.0	76	40.2	127

Counts may not add up to the reported number of participants (n) due to missing information
All percentages shown are weighted percentages

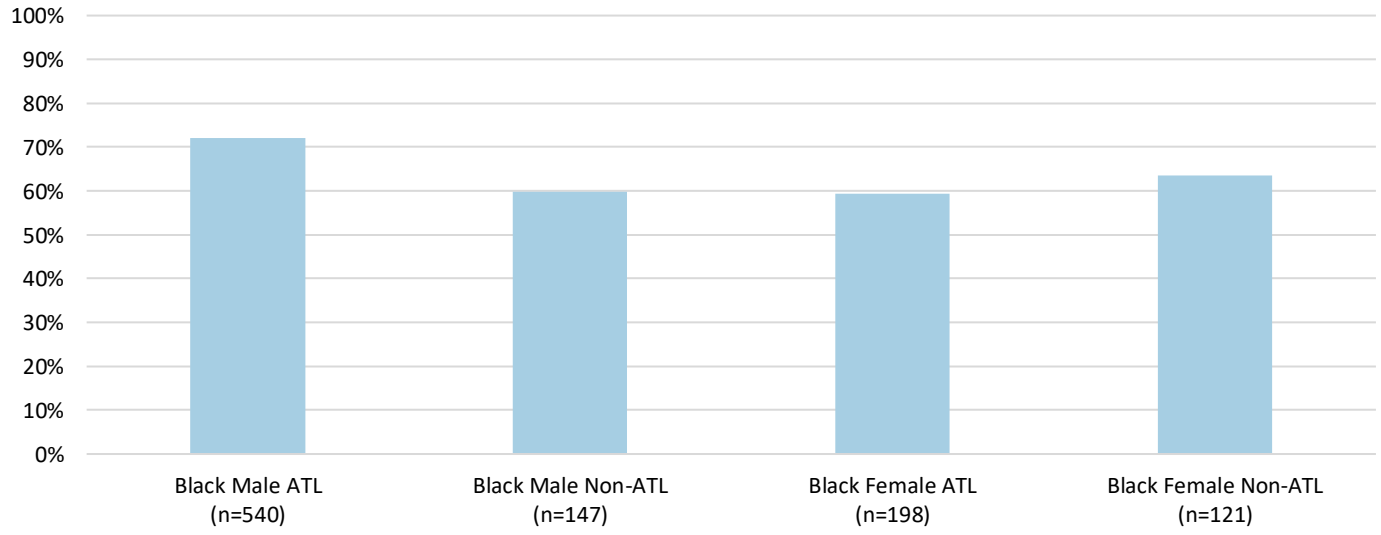
FIGURE 9: SCREENED FOR GONORRHEA AND CHLAMYDIA, GEORGIA MMP 2015–2022



Only about 41% of White males were screened for gonorrhea and chlamydia compared to 52% of Black males and 47% of Black females (Table 4). Screening rates for gonorrhea and chlamydia were lower across both Black males and Black females for non-Atlanta residents compared to Atlanta residents (Figure 9).
There were no meaningful differences in proportion tested when comparing sexually active participants (not shown).

Note: This difference seen in screening rates are likely due to age distribution across each subgroup.

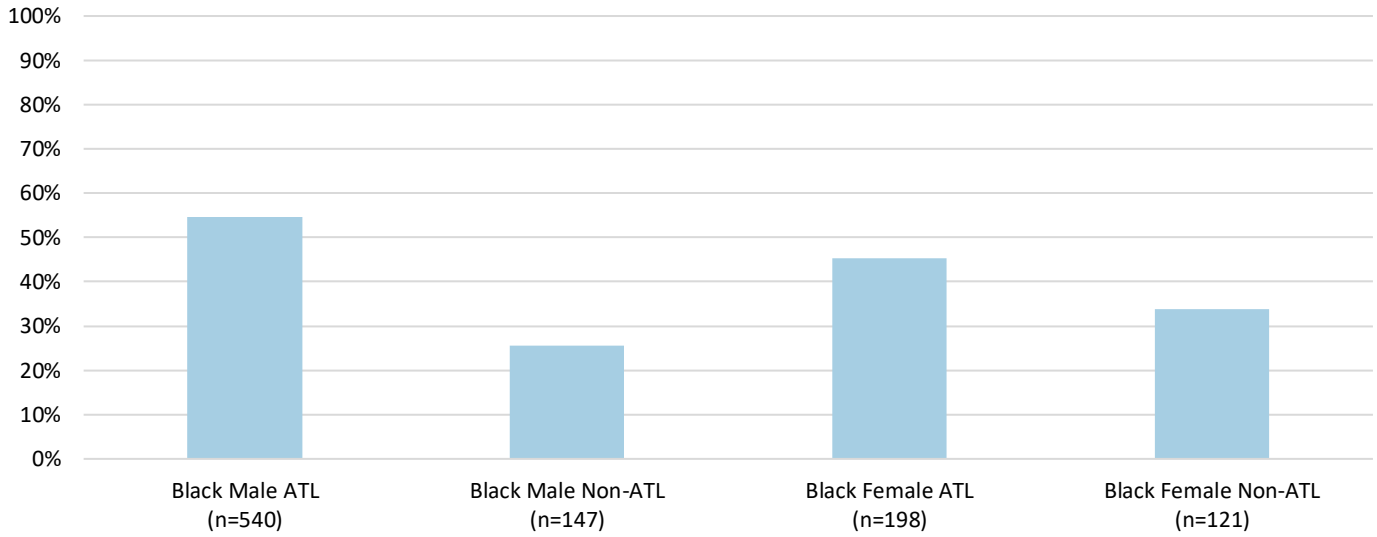
FIGURE 10: SCREENED FOR SYPHILIS, GEORGIA MMP 2015–2022



Screening for syphilis was higher than testing for gonorrhea and chlamydia: about two thirds of Black males and White males were tested for syphilis and about 60% of Black females were tested (Table 4). There was no difference when restricting to those reporting sexual activity (not shown). Screening for syphilis was lower

among Black males outside of Atlanta compared to Atlanta residents while the reverse trend was observed among Black females comparing syphilis screening (Figure 10).

FIGURE 11: SCREENED FOR ALL THREE STI, GEORGIA MMP 2015–2022



Screening for all three STIs follows the same pattern observed in screening for gonorrhea and chlamydia. There was a lower percentage of non-Atlanta residents being tested for all three STIs compared to Atlanta residents (Figure 11), and there was no noteworthy difference in proportion among those reporting sexual activity (not shown).

TABLE 5. HIV STATUS, SUPPRESSION, AND CARE RETENTION AMONG PEOPLE WITH HIV, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
HIV infection- Stage 3 (AIDS)[1]						
AIDS (Stage 3 infection)	52.2	426	50.5	112	59.1	210
Ever taken ART						
Yes, taken ART	98.1	754	98.9	210	98.6	330
Currently taking ART						
Yes, taking ART	94.0	713	94.4	200	95.1	315
Lowest CD4 count in the past 12 months						
<200 cells/μL	11.3	77	5.3	11	12.9	36
200–499 cells/μL	35.1	220	36.8	66	30.1	90
≥500 cells/μL	53.6	332	57.9	92	56.9	164
Viral suppression[2]						
Most recent viral load test result <200/mL	67.4	531	77.2	164	68.7	240
Durable viral suppression[3]						
All viral load test results <200 copies/mL	57.2	459	73.8	156	61.0	213
Retained in care[4], past 12 months						
Yes	78.7	597	78.7	162	83.7	283
Retained in care, past 24 months						
Yes	60.0	428	65.4	133	67.6	225

1: HIV infection- Stage 3 at time of interview

2: Viral suppression defined as HIV viral load of less than 200 count/mL of blood, using nucleic acid testing (NAT)

3: Durable viral suppression defined as all viral load tests performed being less than 200 count/mL during the past 12 months before the interview. Quantity of tests are not considered.

4: Retention in care was defined as at least two elements of outpatient HIV care at least 90 days apart in each 12-month period. Outpatient HIV care was defined as any documentation in the medical record of the following: encounter with an HIV care provider, viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis.

Counts may not add up to the reported number of participants (n) due to missing information

All percentages shown are weighted percentages

HIV Infection Stage 3 (AIDS):

Approximately half of Black males and White males had Stage 3 HIV (AIDS) at the time of interview. For Black females, about 60% had Stage 3 HIV (Table 5).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Ever taken and currently taking ART:

Almost all people with HIV had ever taken some form of ART (Table 5), and the vast majority were on ART at the time of their interview.

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Lowest CD4 count in the past 12 months:

Overall, about a majority of people with HIV across all groups had CD4 counts ≥500 cells/μL, and less than 13% had a CD4 count of <200 cells/μL (Table 5). About 5% of White males had a CD4 count of <200 cells/μL, while approximately 13% of Black males and females both had a CD4 count of <200 cells/μL.

The proportion that had counts of <200 cells/μL was not different for Black Atlanta and non-Atlanta residents (These data are not presented in figures).

Viral suppression:

Viral suppression was achieved by approximately two-thirds of Black males and females and 78% of White males in their most recent viral load test (Table 5).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Durable viral suppression for the past 12 months:

The proportion of persons with HIV achieving durable viral suppression (all viral load tests <200 copies/mL in the past 12 months) was lower than those achieving recent viral suppression. Approximately 60% of Black females and males had viral loads of <200 copies/mL at every test in the past 12 months compared with almost three-quarters of White males (Table 5).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Retained in Care for the Past 12/24 Months:

Retention in care *was defined as at least two elements of outpatient HIV care at least 90 days apart in each 12-month period. Outpatient HIV care was defined as any documentation in the medical record of the following: encounter with an HIV care provider, viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis.*

For the past 12 months, most people with HIV were retained in care. About 80% across all three groups observed were retained in care (Table 5).

When expanding the observation period to the past 24 months, only approximately 60% of Black males, 65% of White males, and 68% of Black females were retained in care (Table 5).

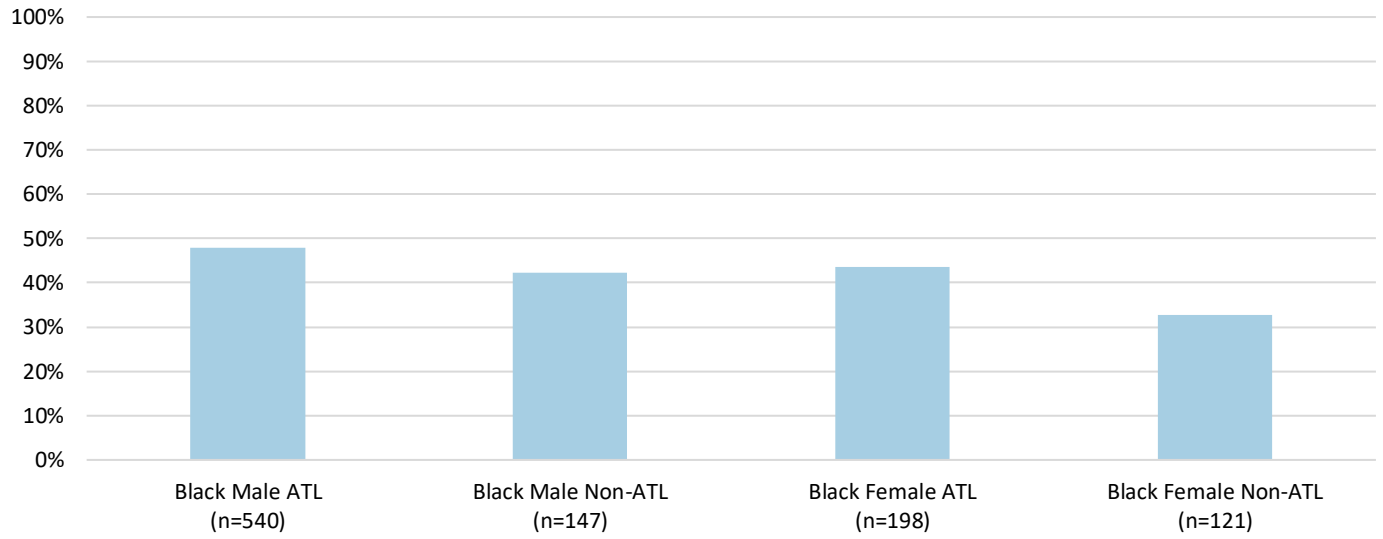
There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for both measurements (both past 12 months and past 24 months) (These data are not presented in figures).

TABLE 6. ART ADHERENCE AMONG PEOPLE WITH HIV, GEORGIA MMP, 2015–2022

	Black Males n=776		White Males n=214		Black Females n=338	
	wt'd %	n	wt'd %	n	wt'd %	n
In the past 30 days:						
Question: How many days did you miss at least 1 dose of any of your HIV medicine(s)?						
0	53.7	384	69.6	139	61.0	193
≥1	46.3	328	30.4	61	39.0	121
Question: How well did you do at taking your HIV medicine(s) in the way you were supposed to?						
Very poor	0.9	7*	0.0	0	1.0	3*
Poor	2.5	17	0.9	1*	1.7	6*
Fair	5.7	38	1.1	3*	4.5	15
Good	12.6	92	9.7	17	14.8	46
Very good	28.7	205	27.9	56	25.6	81
Excellent	49.7	354	60.4	123	52.4	164
Question: How often did you take your HIV medicine(s) in the way you were supposed to?						
Never	0.7	5*	0.0	0	0.6	2*
Rarely	0.6	4*	0.0	0	2.2	6*
Sometimes	2.1	17	0.9	1*	2.0	8*
Usually	4.9	35	4.1	6*	3.4	12
Almost always	28.0	199	29.0	58	25.9	77
Always	63.7	453	66.1	135	65.9	210
Question: How often were you troubled by ART side effects?						
Never	75.3	531	71.0	142	70.4	225
Rarely	12.2	93	16.0	31	17.2	46
About half the time	6.3	42	6.8	13	5.1	17
Most of the time	2.9	23	2.0	5*	4.5	14
Always	3.2	21	4.2	8*	2.7	8*

Counts may not add up to the reported number of participants (n) due to missing information
All percentages shown are weighted percentages

FIGURE 12: MISSED AT LEAST ONE DOSE OF ART IN PAST 30 DAYS, GEORGIA MMP 2015–2022



About 39% of Black females and 29% of White males reported missing doses of their HIV medication on at least one day in the past 30 days while about 46% of Black males reported missing at least one dose (Table 6). 43% of Black women living in ATL reported missing at least one day in the past 30 days compared to 33% of Black women non-ATL residents (Figure 12).

ART Adherence in the past 30 days:

When asked how well they take their HIV medication as they are supposed to, about three-quarters of Black males and females and approximately 88% of White males reported "Very Good" or "Excellent". When asked how often they took their HIV medication correctly, at least 90% of people with HIV reported "Almost Always" or "Always" (Table 6).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

Overall, about 87% of all people with HIV reported "Never" or "Rarely" being troubled by side effects. About 13% of people with HIV reported having side effects more than rarely, with approximately 3% of all people with HIV reporting always having side effects to their ART. (Table 6).

There were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement (These data are not presented in figures).

TABLE 7. REASONS FOR MISSING LAST ART DOSE AMONG PEOPLE WITH HIV WHO INDICATED MISSING LAST ART DOSE IN THE PAST THIRTY DAYS, GEORGIA MMP, 2015–2022

	Black Males n=328		White Males n=61		Black Females n=143	
	wt'd %	n	wt'd %	n	wt'd %	n
Reason for last missed dose:						
Change in your daily routine or were out of town						
Yes	48.4	163	47.6	29	36.0	50
Fell asleep or overslept						
Yes	40.5	133	42.0	26	47.6	67
Forgot to take HIV medicines						
Yes	68.9	224	63.6	37	59.6	82
Had a problem getting a prescription, a refill, insurance coverage, or paying for HIV medicine(s)						
Yes	27.4	87	8.7	5*	18.2	27
Felt depressed or overwhelmed						
Yes	15.3	49	14.4	7*	14.8	24
Had side effects from your HIV medicine(s)						
Yes	9.2	29	7.6	5*	14.0	18
Number of reasons[1] given for missing last ART dose						
0 reasons[2]	2.8	10*	5.6	3*	4.7	9*
1 reason	34.4	115	32.6	22	41.8	59
2-3 reasons	51.4	163	56.3	33	43.1	60
4-6 reasons	11.5	40	5.4	3*	10.4	15

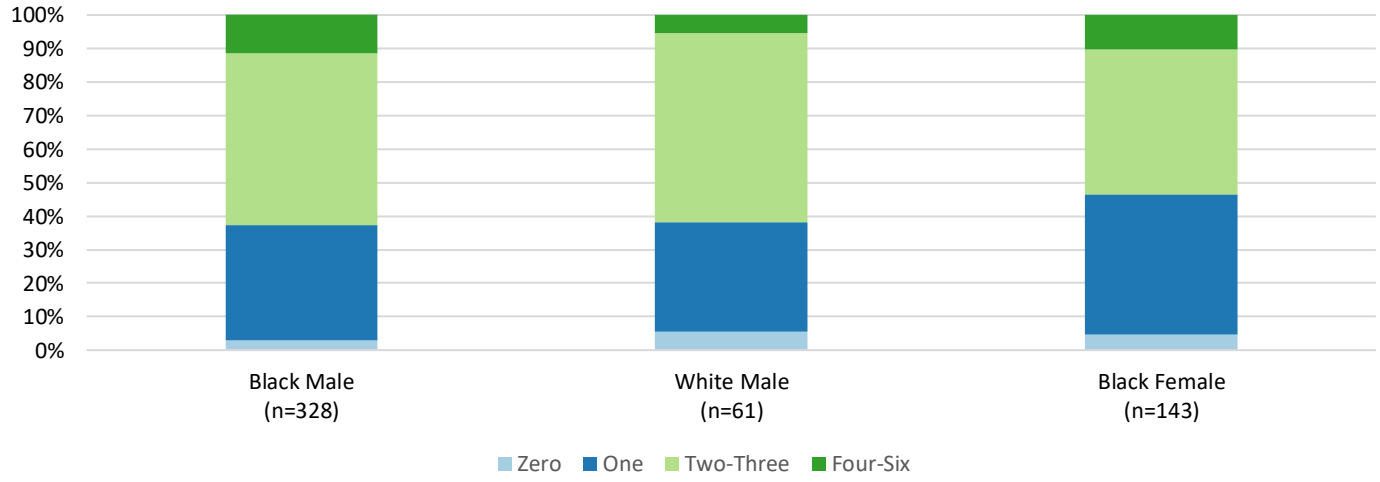
*: A count with an asterisk indicates a corresponding percentage with a coefficient of variation ≥0.30 and should be interpreted with caution.
1: Six responses were chosen but do not cover all possible responses to reasons why missed ART. Several reasons were skipped due to overall low response rates
2: This response is possible if participant does not give a confirmatory response to any of the six highlighted questions; another reason can be one of the reasons why ART was missed was not one of the six reasons highlighted in this table.
Counts may not add up to the reported number of participants (n) due to missing information
All percentages shown are weighted percentages

Reason(s) for missing last ART dose among those who missed their last dose, past 30 days:

The most common reasons for missing their last ART dose included changes in daily routine, falling asleep too early or oversleeping, and forgetting to take their medication. About 9% of Black males and 8% of White males reported issues with side effects related to their ART medication, while 14% of Black females reported side effects. About 15% of all people with HIV reported feeling depressed or overwhelmed. A higher proportion of Black males (28%) and females (14%) than White males (9%) reported issues with ART medication prescriptions (Table 7).

Either there were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement or the number of confirmatory responses was too small given this selection of participants to accurately describe the population by Atlanta metropolitan status (These data are not presented in figures).

FIGURE 13: NUMBER OF REASONS GIVEN FOR MISSING LAST ART DOSE IN THE PAST THIRTY DAYS, GEORGIA MMP 2015–2022



An overwhelming majority of people with HIV who had missed doses of HIV medication on at least one day answered yes to at least one reason for missing their ART dose. About 42% of Black females, and a third of both Black and White males reported only one reason why they missed their last ART dose. The majority of males responded having 2-3 reasons why they missed their last ART dose, with 51% of Black males and 57% of White males responding as such. 43% of Black females reported 2-3 reasons. A higher proportion of Black people with HIV on average reported having 4-6 reasons why they missed their last ART dose compared to the proportion of White people with HIV (Table 7, Figure 13).

Either there were no noteworthy large differences comparing Black Atlanta residents and non-Atlanta residents for this measurement or the number of confirmatory responses was too small given this selection of participants to accurately describe the population by Atlanta metropolitan status (These data are not presented in figures).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