2007 Georgia Data Summary: HIV/AIDS SURVEILLANCE



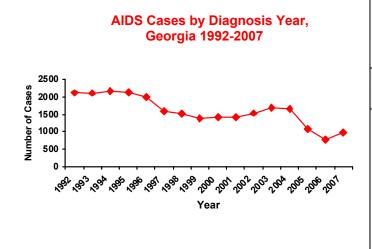
MSA: 21,354 cases

Non-MSA: 12,245 cases

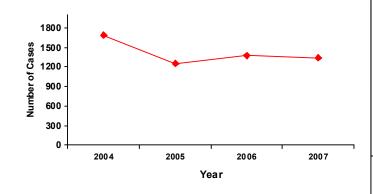
HIV (Human Immunodeficiency Virus) is a virus that weakens the immune system and can cause **AIDS** (Acquired Immune Deficiency Syndrome). **HIV** is transmitted from one person to another by infected blood, semen, vaginal fluids, and breast milk. Georgia law requires that diagnosed HIV/AIDS cases are reported to the Division of Public Health.

HIV and AIDS in Georgia

- Georgia ranked 8th highest in the nation for its reported rate of AIDS cases per 100,000 population in 2006.
- In 2007, the number of persons living with HIV/AIDS in Georgia was 33,599. Approximately 39% of these persons had HIV (non AIDS) and approximately 61% had AIDS.
- In 2007, 64% of Georgians living with HIV/AIDS resided in the Atlanta Metropolitan Statistical Area (MSA).
- Other geographic regions outside the Atlanta MSA with high HIV/AIDS morbidity include the North Central, East Central, and Coastal Public Health Districts.
- Better treatment options are allowing Georgia citizens living with HIV/AIDS to lead longer and healthier lives.







Persons Living with HIV/AIDS in Atlanta MSA* vs. Non-Atlanta MSA, 2007

*MSA counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spaulding, & Walton

Numbers and Rates of Persons Living with HIV/AIDS by Public Health District, Georgia 2007

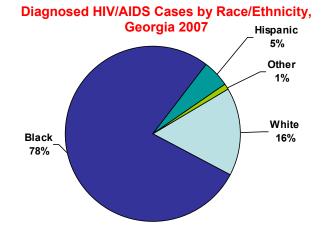
	HIV		AIDS	
Public Health District	#	Crude Rate	#	Crude Rate
1-1 Northwest (Rome)	254	42.4	353	59.0
1-2 North Georgia (Dalton)	173	42.2	233	56.8
2 North (Gainesville)	168	29.4	236	41.3
3-1 Cobb-Douglas	796	99.6	1,049	131.3
3-2 Fulton	3,090	321.96	321.9 6,812	
3-3 Clayton County (Morrow)	579	213.5	747	275.4
3-4 East Metro (Lawrenceville)	651	70.1	850	91.5
3-5 DeKalb	2,259	312.2 3	312.2 3,274	
4 LaGrange	410	54.5	576	76.6
5-1 South Central (Dublin)	294	204.6	241	167.7
5-2 North Central (Macon)	687	137.2	872	174.1
6 East Central (Augusta)	744	169.6	1,059	241.4
7 West Central (Columbus)	499	139.2	641	178.8
8-1 South (Valdosta)	374	156.9	422	177.0
8-2 Southwest (Albany)	458	125.5	702	192.3
9-1 Coastal (Savannah/Brunswick)	732	139.7	1,155	220.4
9-2 Southeast (Waycross)	351	102.6	501	146.5
10 Northeast (Athens)	224	51.1	363	82.8
Other GA Residents	362		408	
Total	13,105	140.0	20,494	218.9

Note: Rates are per 100,000 population.

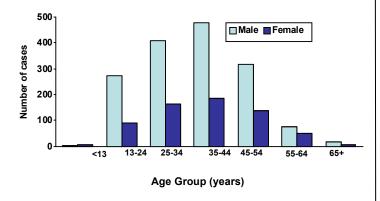
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Risk Groups and Disparities

- Seventy-eight percent of HIV (non-AIDS) cases diagnosed in 2007 were among African Americans, who make up only 30% of Georgia's population.
- Of the HIV cases reported with CDC-defined risk information in 2007, 73% were among men who have sex with men (MSM).
- Young MSM 15-24 years of age accounted for 22% of newly diagnosed HIV cases in 2007.
- Young Black MSM 15-24 years of age comprised 24% of HIV cases diagnosed among MSM in 2007. Their White counterparts accounted for only 3%.



Diagnosed HIV/AIDS Cases by Age Group and Sex, Georgia 2007

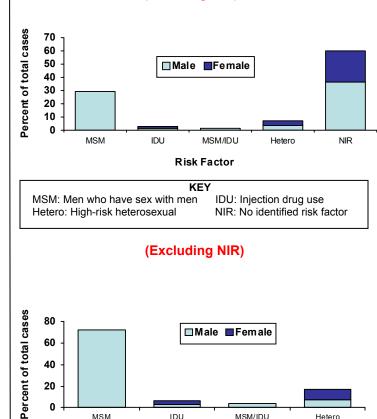


DATA SOURCE:

Georgia's HIV/AIDS Reporting System (eHARS), 2008. Numbers are based on cases reported through August 2008 and have not been adjusted for reporting delays.

Diagnosed HIV/AIDS Cases by Risk Factor & Sex, Georgia 2007

(Including NIR)



Surveillance and Reporting

 Georgia's HIV/AIDS Epidemiology Team is responsible for collecting HIV/AIDS surveillance data and for monitoring the epidemic in Georgia.

Risk Factor

- Georgia began collecting AIDS case reports in the early 1980s. HIV (non-AIDS) reporting was mandated in Georgia on December 31, 2003.
- By law, health care providers are required to submit a confidential HIV/AIDS case report for patients whom they are diagnosing and/or providing HIV/AIDS care, and laboratories are required to report positive HIV-related laboratory tests.
- Of HIV cases diagnosed in 2007, 83% of female and 52% of male cases were reported to the state without a CDC-defined HIV risk factor.
- Complete and timely reporting of HIV/AIDS cases by health care providers is critical for monitoring the epidemic in Georgia. It is also essential for ensuring that Georgia receives federal funding for public sector HIV care and treatment services since funding is directly linked to reporting.

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