



HIV Surveillance Summary, Georgia, 2012

HIV/AIDS EPIDEMIOLOGY SECTION
EPIDEMIOLOGY PROGRAM
DIVISION of HEALTH PROTECTION
GEORGIA DEPARTMENT of PUBLIC HEALTH



This **HIV Surveillance Summary, Georgia, 2012** is published by the Georgia Department of Public Health (DPH), HIV/AIDS Epidemiology Program (HAEP), 2 Peachtree Street, Atlanta Georgia 30303. Data are presented from known diagnoses and laboratory reports entered into the Georgia Enhanced HIV/AIDS Reporting System (eHARS). All data are provisional.

The *HIV Surveillance Summary, Georgia, 2012* is not copyrighted and may be used and reproduced without permission. Citation of the source is, however, appreciated.

SUGGESTED CITATION | Georgia Department of Public Health, HIV/AIDS Epidemiology Program *HIV Surveillance Summary, Georgia, 2012*, <https://dph.georgia.gov/data-fact-sheet-summaries>, Published March 2014, [Accessed date]

ACKNOWLEDGEMENTS | Publication of this report was made possible with the contributions of the Georgia DPH HAEP Core HIV surveillance staff, HIV Case Report Forms submitted by Georgia health care facility staff, HIV infection-related laboratory test results transmitted by laboratory facilities in Georgia, data matches with other public health programs, and the ongoing efforts of multiple individuals from public and private sector organizations dedicated to improving surveillance, prevention, testing, and care of persons living with HIV infection.

Georgia HIV Core Surveillance team contributors: Lauren Barrineau, Marguerite Camp, Raimi Ewetola, Thelma Fannin, Denise Hughes, Rodriques Lambert, Sheila Maxwell, Mildred McGainey, Latoya Moss, A. Eugene Pennisi, Deepali Rane, Akilah Spratling, and Eina Walker

This report was prepared by the following staff of the Georgia Department of Public Health: Deepali Rane, MBBS, MPH; Jane Kelly, MD; Cherie Drenzek, DVM, MS

Table of Contents

Executive Summary	2
Report Changes	2
Technical Notes	3
Definitions of Measures	4
Data Limitations	5
Highlights of Analyses	5
Table 1 Distribution of the general population by race/ethnicity, Georgia, 2012	11
Table 2 Diagnoses of HIV infection and Stage 3 (AIDS) by sex, age, race/ethnicity, Georgia, January 01, 2012 to December 31, 2012	12
Table 3 Diagnoses of HIV infection and Stage 3, AIDS by transmission category and sex, Georgia, January 01, 2012 to December 31, 2012	13
Table 4 Diagnoses of HIV infection and Stage 3 (AIDS) by public health district, Georgia, January 01, 2012 to December 31, 2012	14
Table 5 Persons living with HIV infection and Stage 3 (AIDS) by sex, age, race/ethnicity, Georgia, through December 31, 2012	15
Table 6 Persons living with HIV infection and Stage 3 (AIDS) by transmission category and sex, Georgia, through December 31, 2012	16
Table 7 Persons living with HIV infection and Stage 3 (AIDS) by public health district, Georgia, as of December 31, 2012	17
Table 8 Cumulative diagnoses of HIV infection and Stage 3 (AIDS) by sex, age, race/ethnicity, Georgia, as of December 31, 2012	18
Table 9 Cumulative diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by transmission category and sex, Georgia, as of December 31, 2012	19
Table 10 Cumulative diagnoses of HIV infection and Stage 3 (AIDS) by public health district, Georgia, as of December 31, 2012	20
Table 11 Quantified estimates of unmet need for HIV primary care, Georgia, Atlanta EMA, Georgia non-EMA, 2012	21
Table 12 Characteristics of estimates of unmet need for HIV primary care, Georgia, 2012	22
Table 13 Characteristics of estimates of unmet need for HIV primary care, Atlanta EMA, Georgia, 2012 ..	23
Table 14 Characteristics of estimates of unmet need for HIV primary care, Georgia non-EMA, 2012	24

Executive Summary

Human immunodeficiency virus (HIV) damages specific cells of the immune system called CD4 cells. Untreated, HIV eventually overwhelms the immune system, resulting in a chronic life-threatening condition called acquired immune deficiency syndrome (AIDS). In this report, the term HIV infection refers to HIV diagnoses regardless of stage of disease; that is, HIV infection includes HIV (not AIDS) and AIDS. Based on the CD4 count (cells/ml), HIV infection is defined as Stage 1 (CD4 > 500), Stage 2 (CD4 200-499 cells/ml) and Stage 3 (AIDS) (< 200 cells/ml). There is no cure for HIV infection, but with antiretroviral therapy (ART), HIV infection can be controlled. Advances in HIV treatment with ART have led to improved quality of life and prolonged lifespan for people living with HIV. Further, achieving viral suppression with effective ART use reduces HIV transmission due to decreased levels of circulating virus.

HIV infection remains an important public health problem in the state of Georgia. As of December 31, 2012, the prevalence rate of HIV infection in Georgia (508 per 100,000) was almost twice the national rate (285 per 100,000 population, year-end, 2010¹). In 2011, Georgia was ranked fifth highest in the nation for the total number of new diagnoses of HIV infection among adults and adolescents.² There were 2,911 new diagnoses of HIV infection in 2012 in Georgia. The majority of these cases were among males (78%). The highest percentage of new HIV diagnoses was seen among those aged 40 to 49 years (23%), and the highest percentage of Stage 3 (AIDS) was among those aged 30-39 years (28%). Among all races/ethnicities, Black/non-Hispanics accounted for the majority of the diagnoses; 55% of new HIV infections and 70% of Stage 3 (AIDS).

Multiple imputation, a statistical approach, was used to assign a transmission category for all HIV cases among adults and adolescents in Georgia with no reported or identified risk factors.

^{1,2} Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol.23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed [August, 2013]

Sixty-three percent (1,423) of new HIV infections among males in 2012 were attributed to male to male sexual (MSM) contact. Among women, 61% (387) of new HIV infections were attributed to heterosexual contact (HET).

As of December 31, 2012, there were 50,436 persons living with HIV infection in Georgia. Similar to the new diagnoses of HIV infection, the majority of prevalent cases occurred among Black/Non-Hispanic persons (64%) and males (74%). Seventy-two percent (26,735) of HIV cases among males were attributed to the MSM transmission category and 72% (8,929) of cases among females were attributed to heterosexual contact.

Every year, Georgia Department of Public Health (DPH) assesses the unmet need for HIV primary care in the Atlanta Eligible Metropolitan Area or EMA (a defined geographic region with a high burden of AIDS cases in the most recent five years). During 2012, 43% of the 33,840 persons living with HIV disease in the Atlanta EMA had unmet needs.

Monitoring the HIV/AIDS epidemic and understanding the burden of HIV infection in Georgia is essential for meeting the goals stated in the 2010 National HIV/AIDS Strategy to reduce HIV incidence, increase access to care, and optimize health outcomes for persons living with HIV and reduce HIV-related health disparities³.

Report Changes

Previously, the HIV/AIDS surveillance summaries from Georgia Department of Public Health (DPH) included data only from cases of HIV (not AIDS) and AIDS cases for which complete information was available for required data elements such as last name, date of birth, race/ethnicity, birth sex, vital status and HIV/AIDS diagnosis information. In recognition of the growing need for data to

³ The White House Office of National AIDS Policy, National HIV/AIDS Strategy for the United States, Washington, DC: The White House, 2010

guide effective prevention program planning, it is necessary to provide an estimate closest to the absolute number of HIV infections in the state of Georgia. Hence, this report includes data on cases with incomplete and/or missing information on some required data elements. This report also differs from previous summaries in that it displays data as HIV infection and Stage 3 (AIDS) to remain consistent with other HIV data sources such as the Centers for Disease Control and Prevention. HIV infection includes persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis; i.e., both HIV (not AIDS) and AIDS.

Concentrated solicitation of case reports by the Georgia DPH, HIV/AIDS Epidemiology Section surveillance staff since 2010 likely contributed to the rise in the number of reported cases of HIV infection in Georgia and consequently led to more accurate representation of the epidemic in Georgia than previously described. The increased prevalence should not necessarily be interpreted as an indication of increased HIV transmission. Additionally, it is likely that not everyone infected with HIV has been diagnosed, so this report underestimates the true number of persons living with HIV infection in Georgia.

Recent improvements in the Georgia electronic laboratory reporting (ELR) system have also facilitated the use of laboratory-based measures (e.g., CD4 count, viral load) in estimating the unmet primary medical care needs of persons with a diagnosis of HIV infection in the state of Georgia.

Persons with a diagnosis of HIV infection with no reported and/or identified exposure to HIV through any of the routes listed in the hierarchy of transmission categories by the Centers for Disease Control and Prevention are classified as either 'no risk factor identified or no risk factor reported' (NIR/NRR). Georgia has a high proportion of NIR/NRR cases. In 2012, 71% of new diagnoses of HIV infection were reported with no or insufficient risk information to determine transmission category. Multiple imputation, a statistical approach, was used in this report to replace each missing

transmission category with a set of plausible values that represent the uncertainty about the true, but missing value. The methods were applied to HIV cases among the adult and adolescent population only and not to the pediatric (age less than 13 years) population of Georgia. To identify and reduce HIV-related disparities in prevention and care, it is necessary to have the best available estimate for the distribution of known transmission categories among the HIV-infected population of Georgia. Multiple imputation is considered by the Centers for Disease Control and Prevention to be the best method for re-distribution of missing data in large databases.⁴

Technical Notes

Georgia statutes and regulations (O.C.G.A. §31-12-2(b))⁵ require healthcare providers (such as nurses, nurse practitioners, doctors, physician assistants) and laboratories to report all cases of HIV infection and/or Stage 3 (AIDS) to the Georgia DPH within seven days of diagnosis. The information is used to monitor the HIV/AIDS epidemic in Georgia and guide program planning and evaluation. The data presented in the accompanying tables are based on confidential case reports collected through the Georgia DPH enhanced HIV/AIDS Reporting System (eHARS).

This report includes surveillance data through December 31, 2012 by diagnostic category for newly diagnosed cases, persons living with and cumulative cases of HIV infection and Stage 3 (AIDS). The data are displayed by date of diagnosis and are not adjusted for reporting delays or incomplete reporting. Persons residing in correctional facilities are included in this report and may inflate rates in certain geographic regions where there are large numbers of HIV-positive inmates. Tables depicting "Persons living with HIV infection and Stage 3 (AIDS)" comprise persons with current residence in the state of Georgia

⁴ Harrison KM, Kajese T, Hall HI, Song R. Risk factor redistribution of the national HIV/AIDS surveillance data: an alternative approach. *Public Health Rep* 2008;123:618–27.

⁵ Department of Public Health, Rules and regulations 290-5-48.11 (2003); Official Code of Georgia Annotated (O.C.G.A.) § 31-22-9.2 (2011)

based on current information available for them in the Georgia HIV/AIDS surveillance system regardless of where the persons were diagnosed. Persons represented in the “New Diagnoses” and “Cumulative” tables were diagnosed in the state of Georgia. Due to the difference in residency criteria and the influx of cases to Georgia, the number of persons living with HIV infection in Georgia may be higher in some sub-categories than cumulative HIV infections.

Unlike name-based AIDS reporting which began in the early 1980s, name-based HIV reporting did not begin in Georgia until December 31, 2003. Since the HIV surveillance systems is still relatively new in Georgia, and there are known delays with case reporting, we expect that numbers of HIV diagnoses will continue to increase as additional case reports are received.

Definitions of Measures

NEW DIAGNOSES of HIV infection and/or Stage 3 (AIDS) are cases who were diagnosed between January 01, 2012 to December 31, 2012 and reported to the Georgia DPH.

PERSONS LIVING WITH a diagnosis of HIV infection and /or Stage 3 (AIDS) are cases who were diagnosed and alive as of December 31, 2012.

CUMULATIVE DIAGNOSES of HIV infection and Stage 3 (AIDS) are cases who were reported to the Georgia DPH and diagnosed as of December 31, 2012 and include persons living and deceased.

TRANSMISSION CATEGORIES presented in this report follow the standards created by the Centers for Disease Control and Prevention (CDC)⁶ and have been used for many years. According to the CDC, transmission category is the term for the classification of cases that summarizes a person’s possible HIV risk factors. The summary classification results from selecting,

from the presumed hierarchical order of probability, the one risk factor most likely to have been responsible for transmission. For surveillance purposes, HIV and AIDS cases are counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV infection are classified in the transmission category according to the behavior that is most likely to have resulted in transmission. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category. Persons whose transmission category is classified as heterosexual contact are persons who report heterosexual contact specifically with a person known to have, or be at high risk for, HIV infection (e.g., an injection drug user/IDU). The term high-risk is not included in the transmission category label for heterosexual contact in the tables because heterosexual contact itself is the risk factor most likely to have been responsible for transmission. However, the Table 3 footnote regarding this category clarifies how the data are defined: “heterosexual contact with a person known to have, or to be at high risk for, HIV infection”. Cases among persons with no reported exposure to HIV through any of the routes listed in the hierarchy of transmission categories are classified as either no risk factor identified or reported (NIR/NRR)

CURRENT RESIDENCE is used to determine the number of persons living with HIV infection in Georgia. Current address is determined using the date of the most recently-entered residential address into the Georgia eHARS.

VITAL STATUS: Persons are assumed to be alive unless otherwise documented or reported. The Georgia DPH performs an annual match of the eHARS database with Georgia Vital Records, the National Death Index and the Social Security Death Index to ascertain vital status and identify any cases deceased from an HIV-related cause yet not otherwise reported.

⁶ Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol.23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed [August, 2013]

RATES: Denominators for population rates are based on the 2012 estimates of the resident population retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). Rates are per 100,000 population. Rates based on estimated case numbers less than 12 should be interpreted with caution because these rates have relative standard errors greater than 30% and are considered unreliable.

REPORTING PERIOD: Case numbers are based on data entered through June 30, 2013, and are not adjusted for reporting delays.

UNMET NEED: Unmet need for care is the absence of certain components of HIV primary medical care. In this report, unmet need for HIV primary medical care was defined as no evidence of a viral load or CD4 laboratory test between January 01, 2012 to December 31, 2012 among HIV positive persons reported to the Georgia eHARS.

PERCENTAGES: Total percentages may not add up to 100% due to rounding and represent the percentage of the total.

Data Limitations

Complete and timely reporting of HIV infections to the Georgia DPH is critical for monitoring the HIV epidemic. Delays and incomplete reporting lead to underestimation of the impact of HIV in Georgia. Data in this report are not adjusted for reporting delays. Although multiple imputation methods were used to assign a known risk category to cases with missing information, a proportion of cases remain without any identified and /or reported risk factor. In addition, populations for which data are missing (e.g. birth sex, race, transmission category, geographic location) may be fundamentally different. All registered laboratories are also mandated by state law to report laboratory results on any HIV-related laboratory test to the Georgia DPH. However, some facilities may not comply or send only some test results and not others. Missing laboratory data may limit accurate estimation of unmet need for the state of Georgia and the Atlanta EMA.

Highlights of Analyses

TABLE 1: ESTIMATES AND DISTRIBUTION OF THE GENERAL POPULATION BY RACE/ETHNICITY, GEORGIA, 2012

- There were an estimated 9,919,945 persons living in Georgia in 2012
- Of these individuals, the majority were White, Non-Hispanic (55%)
- The largest minority group in the state was Black, Non-Hispanic (30%)
- Individuals who were Hispanic/Latino comprised 9% of the state's population.

The smallest racial/ethnic groups in the state were Asian, Non-Hispanic (3%); American Indian/Alaskan Native, Non-Hispanic (<1%); Native Hawaiian/Pacific Islander, Non-Hispanic (<1%); and Multiracial/Other, Non-Hispanic (2%).

TABLES 2 TO 4: NEW DIAGNOSES OF HIV INFECTION, GEORGIA, JANUARY 01, 2012 TO DECEMBER 31, 2012

There were 2,911 persons with new diagnoses of HIV infection in Georgia during 2012.

- The majority of the new HIV diagnoses were among males (78%).
- Persons aged 40-49 years at the time of diagnosis represented the largest age group (23%) for new diagnoses of HIV infection in Georgia during 2012.
- There were racial/ethnic disparities among persons with new diagnoses of HIV infection in Georgia in 2012.
 - Black/Non-Hispanics accounted for 55% of new HIV infection diagnoses and comprised 30% of Georgia's population.
 - White/Non-Hispanics accounted for 11% of new HIV infection diagnoses and comprised 55% of Georgia's population.
 - Hispanics/Latinos of all races accounted for 4% of new diagnoses of HIV infection and comprised 9% of Georgia's population.
- The number of cases and proportions stratified by transmission category are shown for both unadjusted and adjusted after multiple imputation.

- Using multiple imputation, 63% of HIV infections diagnosed in 2012 among males in Georgia were attributed to the MSM transmission category.
- Among women, 61% of HIV infections diagnosed in 2012 were attributed to heterosexual contact.
- The overall state rate for new diagnoses of HIV infection in 2012 was 29 cases per 100,000 population. In 2012, several Health Districts had newly diagnosed HIV infection rates that exceeded the overall state rate: DeKalb (75 per 100,000), Fulton (69 per 100,000) and Clayton (69 per 100,000).

TABLES 2 TO 4: NEW DIAGNOSES OF STAGE 3 (AIDS), GEORGIA, JANUARY 01 TO DECEMBER 31, 2012

There were 1,370 persons with new diagnoses of Stage 3 (AIDS) in Georgia during 2012.

- The majority of the new diagnoses with Stage 3 (AIDS) were among males (76%).
- Persons aged 30-39 years at the time of diagnosis represented the largest age group (28%) for new diagnoses of Stage 3 (AIDS) in Georgia during 2012.
- There were racial/ethnic disparities among persons with new diagnoses of Stage 3 (AIDS) in Georgia in 2012.
 - Black/Non-Hispanics accounted for 70% of new Stage 3 (AIDS) diagnoses and comprised 30% of Georgia's population.
 - White/Non-Hispanics accounted for 11% of new Stage 3 (AIDS) diagnoses and comprised 55% of Georgia's population.
 - Hispanics/Latinos of all races accounted for 5% of new diagnoses of Stage 3 (AIDS) and comprised 9% of Georgia's population.
- Among males, 76% of new Stage 3 (AIDS) diagnoses were attributed to the MSM transmission category.
- Among females, 74% of new Stage 3 (AIDS) diagnoses were attributed to the heterosexual contact transmission category.

- The overall state rate for new diagnoses of Stage 3 (AIDS) in 2012 was 14 cases per 100,000 population. In 2012, several Health Districts had new diagnoses of Stage 3 (AIDS) rates that exceeded the overall state rate: DeKalb (39 per 100,000), Fulton (37 per 100,000), Clayton (37 per 100,000), South (16 per 100,000) and East Central (15 per 100,000).

TABLES 5 TO 7: PERSONS LIVING WITH HIV INFECTION, GEORGIA, AS OF DECEMBER 31, 2012

- There were 50,436 persons living with HIV infection in Georgia as of December 31, 2012.
- The majority of persons living with HIV infection were male (74%).
- The largest age category for persons living with HIV in Georgia was 40-49 years (32%).
- There were racial/ethnic disparities among persons living with HIV infection in Georgia in 2012.
 - Black/Non-Hispanics accounted for 64% of persons living with HIV infection and comprised 30% of Georgia's population.
 - White/Non-Hispanics accounted for 19% of persons living with HIV infection and comprised 55% of Georgia's population.
 - Hispanic/Latinos of all races accounted for 5% of persons living with HIV infection and comprised 9% of Georgia's population.
- Among males living with HIV infection in Georgia, 72% of cases were attributed to the MSM transmission category.
- Among females living with HIV infection in Georgia, 72% of cases were attributed to the heterosexual contact transmission category.
- The overall state prevalence rate for HIV infection in 2012 was 508 cases per 100,000 population. Three Health Districts had HIV prevalence rates that exceeded the overall state rate in 2012: Fulton (1489 per 100,000), DeKalb (1093 per 100,000) and Clayton (684 per 100,000).

TABLES 5 TO 7: PERSONS LIVING WITH STAGE 3 (AIDS), GEORGIA, AS OF DECEMBER 31, 2012

- There were 27,218 persons living with Stage 3 (AIDS) in Georgia as of December 31, 2012.
- The majority of persons living with Stage 3 (AIDS) were male (76%).
- The largest age category of persons living with Stage 3 (AIDS) in Georgia was 40-49 years (35%).
- There were racial/ethnic disparities among persons living with Stage 3 (AIDS) in Georgia in 2011
 - Black/Non-Hispanics accounted for 67% of persons living with Stage 3 (AIDS) and comprised 30% of Georgia’s population.
 - White/Non-Hispanics accounted for 21% of persons living with Stage 3 (AIDS) and comprised 55% of Georgia’s population.²
 - Hispanic/Latinos of all races accounted for 5% of persons living with Stage 3 (AIDS) and comprised 9% of Georgia’s population.
- Among males living with Stage 3 (AIDS), 71% of cases were attributed to the MSM transmission category.
- Among females living with Stage 3 (AIDS), 74% of cases were attributed to the heterosexual contact transmission category.
- The overall state prevalence rate for Stage 3 (AIDS) in 2011 was 274 cases per 100,000 population. Two Health Districts had HIV prevalence rates that exceeded the overall state rate in 2012: Fulton (844 per 100,000), Clayton (365 per 100,000) and DeKalb (592 per 100,000).

TABLE 8 TO 10: CUMULATIVE DIAGNOSES OF HIV INFECTION, GEORGIA, AS OF DECEMBER 31, 2012

- There were 64,886 cumulative diagnoses of HIV infection in Georgia as of December 31, 2012.
- The majority (76%) of cumulative HIV cases were male.
- The largest age category at diagnosis for cumulative cases of HIV infection in Georgia was 30-39 years (35%).

- There were racial/ethnic disparities among cumulative HIV infections in Georgia in 2012.
 - Black/Non-Hispanics accounted for 65% of cumulative HIV infections
 - White/Non-Hispanics accounted for 23% of cumulative HIV infections
 - Hispanic/Latinos of all races accounted for 4% of cumulative HIV infections
- Among male adult/adolescents, 69% of cumulative cases were attributed to the MSM transmission category.
- Among female adult/adolescents, 71% of cases were attributed to the heterosexual contact transmission category.
- The highest cumulative numbers of diagnoses of HIV infection in Georgia were in the Fulton (21,385) and DeKalb (10,907) Health Districts.

TABLE 8 TO 10: CUMULATIVE DIAGNOSES OF STAGE 3 (AIDS), GEORGIA, AS OF DECEMBER 31, 2012

- There were 42,460 cumulative diagnoses of Stage 3 (AIDS) in Georgia as of December 31, 2012.
- The majority of these cumulative Stage 3 (AIDS) cases were male (78%)
- The largest age category at diagnosis for cumulative cases of Stage 3 (AIDS) in Georgia was 30-39 years (39%).
- There were racial/ethnic disparities among cumulative Stage 3 (AIDS) cases in Georgia in 2012.
 - Black/Non-Hispanics accounted for 66% of cumulative Stage 3 (AIDS) cases
 - White/Non-Hispanics accounted for 26% were of cumulative Stage 3 (AIDS) cases
 - Hispanic/Latinos of all races accounted for 4% of all Stage 3 (AIDS) cases
- Among male adult/adolescents, 68% of cumulative stage 3 (AIDS) cases were attributed to the MSM transmission category.
- Among female adults/adolescents, 71% of cumulative Stage 3 (AIDS) cases were attributed to the heterosexual contact transmission category.

- The highest cumulative numbers of diagnoses of Stage 3 (AIDS) in Georgia were in the Fulton (15,762) and DeKalb (6,851) Health Districts.

TABLE 11 AND 12: UNMET NEED BY HIV/AIDS STATUS AND GEOGRAPHIC LOCATION, GEORGIA, 2012

UNMET NEED: Antiretroviral therapy is recommended for persons with HIV infection to reduce the risk of disease progression and transmission of HIV.⁷ In 2011, this recommendation varied by pretreatment CD4 T-cell count (CD4 count) and by transmission risks. The CD4 count serves as the major laboratory indicator of immune function among HIV infected persons. It is used to determine the need for ART initiation, decisions regarding prophylaxis for opportunistic infections, and monitoring therapeutic response. Plasma HIV-1 RNA (viral load or VL) is the most important indicator of response to ART. The Guidelines developed by the Department of Health and Human Services for the use of antiretroviral agents in HIV-1 infected adults and adolescents recommend ongoing monitoring of CD4 count and VL. The Guidelines recommend CD4 count measurement every 3-6 months for individuals not prescribed ART. After ART initiation, in clinically stable patients with suppressed viral load (<200 copies /ml), the guidelines recommend monitoring CD4 count every 6-12 months. Similarly, the guidelines recommend VL measurement every 3-4 months initially, and in clinically stable ART-adherent patients, every 6 months. Monitoring of CD4 count, VL testing and ART are considered essential components of HIV primary medical care by the HIV/AIDS Bureau (HAB), Health Resources and Service Administration (HRSA).

HAB/HRSA aims to provide for the underserved in response to the HIV/AIDS epidemic's growing impact among underserved minority and hard-to-reach populations through the Ryan

⁷ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Section accessed [2 October, 2013] It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the AIDSinfo website (<http://aidsinfo.nih.gov>).

White HIV/AIDS Program. The Program works with cities, state and local community-based organizations to provide HIV related services to those who do not have sufficient health care coverage and/or financial resources. Part A of the Ryan White CARE Act specifically provides assistance to Eligible Metropolitan Areas (EMA) of a state. To qualify for an EMA status, an area must have reported at least 2000 AIDS cases in the most recent five years and have a population of at least 50,000. Atlanta's Eligible Metropolitan Area consists of 20 counties surrounding the city of Atlanta. It includes Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties. In keeping with the principle of providing for the underserved, jurisdictions annually assess the demographics of HIV/AIDS cases throughout the state, territory or Eligible Metropolitan Area. This information is used to develop and adapt care systems to respond to the primary medical care needs of emerging populations. Continued Ryan White CARE Act funding requires jurisdictions to identify people living with HIV disease who know their status but are not receiving regular HIV related primary care and supportive services through Ryan White CARE Act programs and other sources.

HRSA defines an individual with HIV or AIDS as having an unmet need for care if he or she is living with HIV/AIDS, is aware of his or her HIV status, and is not receiving any of the following three components of HIV primary medical care during a 12-month time frame: (1) VL testing; (2) CD4 count; or, (3) provision of ART. The Georgia DPH assesses the unmet need by HIV/AIDS status and geographic location annually based on a framework developed by University of California, San Francisco⁸. At this time, there is no way to determine whether HIV positive cases reported to the Georgia eHARS are aware of their status. Hence for the purpose of unmet need analysis, all cases reported to Georgia DPH are assumed to be aware of their status. Information on provision

⁸ A Practical Guide to Measuring Unmet Need for HIV Related Primary Medical Care: Using the Unmet Need Framework. [Fty://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf](http://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf) [Accessed September 2013]

of ART on cases reported to Georgia eHARS is also not available. Unmet need for HIV primary medical care is, therefore, defined in Georgia as having no evidence of either: (1) viral load (VL) testing; or, (2) CD4 count during a specified 12 month period. This report provides data on unmet need for HIV primary medical care for the state of Georgia, Atlanta Eligible Metropolitan Area (EMA) and the Georgia non-EMA during January 01, 2012 to December 31, 2012 based on current residence of Georgia and/or counties. Cases with unknown information on current residence by zip code or county but residing in Georgia were assumed to be currently living in the Georgia-non EMA. Hence the unmet need of the Georgia non-EMA may be overestimated compared to Atlanta EMA and/or Georgia statewide. Data are provided for cases living with a diagnosis of HIV (not AIDS) and AIDS. Data are provided for cases living with a diagnosis of HIV (not AIDS) and AIDS.

UNMET NEED FOR PERSONS LIVING WITH HIV/AIDS, GEORGIA, ATLANTA EMA AND GEORGIA NON-EMA, JANUARY 01, 2012 TO DECEMBER 31, 2012:

- Persons living with AIDS had a higher number of cases with unmet need as compared to persons living with HIV (not AIDS) in all three geographic locations; Georgia statewide, the Atlanta EMA, and the Georgia non-EMA .
- The highest number of cases with unmet need among persons living with HIV disease (i.e., HIV (not AIDS) and AIDS) was seen in the Atlanta EMA (14,691), although the highest percentage of unmet need was seen among persons living with HIV disease in the Georgia non-EMA (47%).

UNMET NEED FOR PERSONS LIVING WITH HIV (NOT AIDS), GEORGIA, JANUARY 01, 2012 TO DECEMBER 31, 2012:

- Females had a higher percentage of unmet need (48%) than males (47%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), the highest percentage of unmet need was in the 25-29 years age group (54%).

- There were racial/ethnic disparities among individuals with unmet need in Georgia in 2012.
 - Unmet need was found for 51% of Black/Non-Hispanics, 50% of Hispanic/Latinos and 41% of White/Non-Hispanics living with HIV (not AIDS)
- IDU had the highest percentage (53%) of unmet need by transmission category.

UNMET NEED FOR PERSONS LIVING WITH AIDS, GEORGIA, JANUARY 01, 2012 TO DECEMBER 31, 2012:

- Males had a higher percentage of unmet need (43%) than females (39%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), those age 65 years and older had the highest percentage of unmet need at 59%.
- There were racial/ethnic disparities among individuals with unmet need in Georgia in 2012.
 - Unmet need was found for 48% of Hispanic/Latinos, 47% of White/Non-Hispanics, and 41% of Black/Non-Hispanics living with AIDS
- Injection drug users (IDU) had the highest percentage (58%) of unmet need by transmission category.

UNMET NEED FOR PERSONS LIVING WITH HIV (NOT AIDS), ATLANTA EMA, GEORGIA, JANUARY 01, 2012 TO DECEMBER 31, 2012:

- Females had a higher percentage of unmet need (47%) than males (45%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), the 25-29 age group had the highest percent of unmet need at 53%.
- There were racial/ethnic disparities among individuals with unmet need in the Atlanta EMA in 2012.
 - Unmet need was found for 50% of Black/Non-Hispanics, 48% of Hispanic/Latinos and 38% of White/Non-Hispanics living with HIV (not AIDS)
- IDU had the highest percentage (56%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH AIDS,
ATLANTA EMA, GEORGIA, JANUARY 01 TO
DECEMBER 31, 2012:**

- Males had a higher percentage of unmet need (42%) than females (38%).
- Among adults and adolescents (13 years and older) living with AIDS, those aged 65 years and older had the highest percent of unmet need at 60%.
- There were racial/ethnic disparities among individuals with unmet need in the Atlanta EMA in 2012.
 - Unmet need was 47% among both Hispanic/Latinos and White/Non-Hispanics and 41% of Black/Non-Hispanics living with AIDS
- IDU had the highest percentage (60%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH HIV
(NOT AIDS), GEORGIA NON-EMA, JANUARY 01
TO DECEMBER 31, 2012:**

- Males had a higher percentage of unmet need (53%) than females (50%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), age groups 30-34 years and 35-39 years had the highest percent of unmet need at 57%.
- There were racial /ethnic disparities among individuals with unmet need in the Georgia non-EMA in 2012.
 - Unmet need was found among 55% of both Black/Non-Hispanics and Hispanic/Latinos and 46% of White/Non-Hispanics.
- IDU had the highest percentage (50%) of unmet need by 'known' transmission category.

**UNMET NEED FOR PERSONS LIVING WITH AIDS,
ATLANTA EMA AND GEORGIA NON-EMA,
JANUARY 01 TO DECEMBER 31, 2012:**

- Females had a higher percentage of unmet need (40%) than males (38%).
- Among adults and adolescents (13 years and older) living with AIDS, those aged 65 years and older had the highest percentage of unmet need at 56%.
- There were racial/ethnic disparities among individuals with unmet need in the Georgia non- EMA in 2012.
 - Unmet need was found for 49% of Hispanic/Latinos, 47% of White/Non-Hispanics and 41% of Black/Non-Hispanics.
- IDU had the highest percentage (55%) of unmet need by 'known' transmission category.

Table 1 | Distribution of the General Population by Race/Ethnicity, Georgia, 2012

Race/Ethnicity	Number¹ (%)
White, Non-Hispanic	5,469,942(55)
Black, Non-Hispanic	3,012,104(30)
Hispanic / Latino, Any Race	909,902(9)
Asian, Non-Hispanic	344,208(3)
American Indian / Alaskan Native, Non-Hispanic	22,543(<1)
Native Hawaiian / Pacific Islander, Non-Hispanic	5,865(<1)
Multiracial / Other, Non-Hispanic	155,381(2)
Total	9,919,945

¹ Population estimates are based on data obtained from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

Table 2 | Diagnoses of HIV infection and Stage 3 (AIDS) by sex, age and race/ethnicity, Georgia, January 01, 2012 to December 31, 2012

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent ¹	Count	Percent
Male	2,263	78%	1,040	76%
Female	645	22%	325	24%
Unknown	3	<1%	5	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	18	<1%	0	0%
13-19	130	4%	15	1%
20-24	513	18%	137	10%
25-29	462	16%	201	15%
30-39	632	22%	380	28%
40-49	656	23%	343	25%
50-59	390	13%	232	17%
60+	110	4%	62	5%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	1,590	55%	963	70%
White/Non-Hispanic	307	11%	155	11%
Hispanic/Latino, Any Race	109	4%	64	5%
American Indian/Alaska Native	6	<1%	0	0%
Asian/Native Hawaiian/Pacific Islander	16	<1%	8	<1%
Multiple races	36	1%	44	3%
Unknown	847	29%	136	10%
Total	2,911		1,370	

¹ Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

Table 3 | Diagnoses¹ of HIV Infection and Stage 3 (AIDS) by sex and transmission category, Georgia, January 01, 2012 to December 31, 2012

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted ² Estimates		Unadjusted Estimates		Adjusted Estimates	
	Count	Percent ³	Count	Percent	Count	Percent	Count	Percent
Male adult or adolescent								
MSM ⁴	713	32%	1,423	63%	435	42%	784	76%
IDU ⁵	8	0%	53	2%	13	1%	47	5%
MSM & IDU ⁶	16	1%	42	2%	15	1%	33	3%
Heterosexual ⁷	25	1%	92	4%	26	3%	76	7%
Other ⁸	1,494	66%	646	29%	547	53%	96	9%
Subtotal	2,256	2,256			1,036		1,036	
Female adult or adolescent								
IDU	6	1%	60	9%	15	5%	49	15%
Heterosexual	49	8%	387	61%	44	14%	239	74%
Other ⁹	579	91%	186	29%	262	82%	34	11%
Subtotal	634		633		321		322	
Child (<13 years at diagnosis)								
Perinatal ¹⁰	9	50%			3	38%		
Other ¹¹	9	50%			5	63%		
Subtotal	18				8			
Total	2,908				1,365			

¹ New diagnoses of HIV infection and stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table; subtotals may not add up to the totals

² Adjusted estimates resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

³ Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

⁴ MSM: Male-to-male sexual contact

⁵ IDU: Injection drug use

⁶ MSM & IDU: Male-to-male sexual contact and injection drug use

⁷ Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and /or person with AIDS or documented HIV

⁸ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

⁹ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

¹⁰ Perinatal: Includes cases born to HIV/AIDS positive mother

¹¹ Includes hemophilia, blood transfusion and risk factor not reported

Table 4 | Diagnoses of HIV infection and Stage 3 (AIDS) by Public Health District of residence at diagnosis, Georgia, January 01, 2012 to December 31, 2012

Public Health Districts	HIV infection		Stage 3 (AIDS)	
	Count	Rate ¹	Count	Rate
1-1 Northwest (Rome)	40	6	18	3
1-2 North Georgia (Dalton)	34	8	11	2
2 North (Gainesville)	35	5	20	3
3-1 Cobb-Douglas	194	23	95	11
3-2 Fulton	679	69	365	37
3-3 Clayton (Jonesboro)	184	69	98	37
3-4 East Metro (Lawrenceville)	142	14	57	6
3-5 DeKalb	530	75	279	39
4 LaGrange	99	12	47	6
5-1 South Central (Dublin)	41	27	18	12
5-2 North Central (Macon)	96	18	48	9
6 East Central (Augusta)	109	23	72	15
7 West Central (Columbus)	101	27	29	8
8-1 South (Valdosta)	63	25	41	16
8-2 Southwest (Albany)	100	28	38	11
9-1 Coastal (Savannah)	123	21	64	11
9-2 Southeast (Waycross)	75	20	24	7
10 Northeast (Athens)	48	10	26	6
Unknown Health District	218		20	
Total	2,911	29	1,370	14

¹ Crude rates are per 100,000 population and are not adjusted for significant factors such as age, sex, and race/ethnicity which might influence the rate. Population denominators used to calculate the rates were retrieved from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

Table 5 | Persons living with diagnosed HIV infection and Stage 3 (AIDS) by sex, age and race/ethnicity, Georgia through December 31, 2012

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent	Count	Percent
Male	37,516	74%	20,657	76%
Female	12,640	25%	6,466	24%
Unknown	280	<1%	95	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	182	<1%	14	<1%
13-19	378	<1%	104	<1%
20-24	2,176	4%	531	2%
25-29	4,017	8%	1,240	5%
30-39	10,081	20%	4,543	17%
40-49	16,241	32%	9,626	35%
50-59	12,601	25%	8,044	30%
60+	4,736	9%	3,114	11%
Missing	24	<1%	2	<1%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	32,320	64%	18,205	67%
White/Non-Hispanic	9,793	19%	5,712	21%
Hispanic/Latino, Any Race	2,436	5%	1,415	5%
American Indian/Alaska Native	33	<1%	13	<1%
Asian/Native Hawaiian/Pacific Islander	187	<1%	83	<1%
Multiple races	1,286	3%	826	3%
Unknown	4,381	9%	964	4%
Total	50,436		27,218	

Table 6 | Persons living¹ with a diagnosis of HIV Infection and Stage 3 (AIDS) by sex and transmission category, Georgia, through December 31, 2012

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted ² Estimates		Unadjusted Estimates		Adjusted Estimates	
	Count	Percent ³	Count	Percent	Count	Percent	Count	Percent
Male adult or adolescent								
MSM	18,435	49%	26,735	72%	10,900	53%	14,633	71%
IDU	1,751	5%	2,652	7%	1,365	7%	1,971	10%
MSM & IDU	1,508	4%	2,074	6%	1,084	5%	1,376	7%
Heterosexual	1,616	4%	2,548	7%	1,187	6%	1,833	9%
Other ⁴	13,945	37%	3,246	9%	6,031	29%	754	4%
Subtotal	37,255		37,255		20,567		20,567	
Female adult or adolescent								
IDU	1,067	9%	2,537	21%	736	12%	1,453	23%
Heterosexual	3,112	25%	8,929	72%	1,995	31%	4,699	74%
Other ⁵	8,194	66%	907		3,623	57%	202	3%
Subtotal	12,373		12,373		6,354		6,354	
Child (<13 years at diagnosis)								
Perinatal	361	70%			161	80%		
Other ⁶	153	30%			40	20%		
Subtotal	514				201			
Total	50,142				47,689			

¹ Persons living with HIV infection and Stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table; subtotals may not add up to the totals

² Adjusted estimates resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

³ Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

⁴ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

⁵ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

⁶ Includes hemophilia, blood transfusion, and risk factor not reported

Table 7 | Persons living with a diagnoses of HIV infection and Stage 3 (AIDS) by Public Health District of residence at diagnosis, Georgia, through December 31, 2012

Public Health Districts	HIV infection		Stage 3 (AIDS)	
	Count	Rate ¹	Count	Rate
1-1 Northwest (Rome)	799	124	460	72
1-2 North Georgia (Dalton)	510	115	269	60
2 North (Gainesville)	596	94	316	50
3-1 Cobb-Douglas	2,969	353	1,565	186
3-2 Fulton	14,561	1489	8,253	844
3-3 Clayton (Jonesboro)	1,818	684	971	365
3-4 East Metro (Lawrenceville)	2,915	283	1,515	147
3-5 DeKalb	7,731	1093	4,184	592
4 LaGrange	1,536	190	850	105
5-1 South Central (Dublin)	649	424	309	202
5-2 North Central (Macon)	1,823	346	979	186
6 East Central (Augusta)	2,109	449	1,207	257
7 West Central (Columbus)	1,603	424	749	198
8-1 South (Valdosta)	1,017	396	501	195
8-2 Southwest (Albany)	1,352	379	732	205
9-1 Coastal (Savannah)	2,521	427	1,442	245
9-2 Southeast (Waycross)	1,120	305	581	158
10 Northeast (Athens)	751	161	426	92
Unknown Health District	4,056		1,909	
Total	50,436	508	27,218	274

¹ Crude rates are per 100,000 population and are not adjusted for significant factors such as age, sex, and race/ethnicity which might influence the rate. Population denominators used to calculate the rates were retrieved from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

Table 8 | Cumulative cases of diagnosed HIV Infection and Stage 3 (AIDS), Georgia as of December 31, 2012

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent ¹	Count	Percent
Male	49,579	76%	33,289	78%
Female	15,091	23%	9,093	21%
Unknown	216	<1%	78	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	578	<1%	243	<1%
13-19	2,013	3%	429	1%
20-24	7,197	11%	2,343	6%
25-29	10,304	16%	5,728	13%
30-39	22,775	35%	16,746	39%
40-49	14,694	23%	11,540	27%
50-59	5,575	9%	4,118	10%
60+	1,730	3%	1,311	3%
Missing	20	<1%	2	<1%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	42,080	65%	27,981	66%
White/Non-Hispanic	15,211	23%	11,174	26%
Hispanic/Latino, Any Race	2,491	4%	1,546	4%
American Indian/Alaska Native	35	<1%	18	<1%
Asian/Native Hawaiian/Pacific Islander	195	<1%	104	<1%
Multiple races	1,291	2%	852	2%
Unknown	3,583	6%	785	2%
Total	64,886		42,460	

Table 9 | Cumulative¹ diagnoses of HIV Infection and Stage 3 (AIDS) of HIV infection by sex and transmission category, Georgia, as of December 31, 2012

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted ² Estimates		Unadjusted Estimates		Adjusted Estimates	
Male adult or adolescent	Count	Percent ³	Count	Percent	Count	Percent	Count	Percent
MSM	24,737	50%	34,043	69%	17,769	54%	22,389	68%
IDU	4,082	8%	5,471	11%	3,609	11%	4,634	14%
MSM & IDU	2,413	5%	3,088	6%	1,941	6%	2,326	7%
Heterosexual	2,537	5%	3,856	8%	2,064	6%	3,029	9%
Other ⁴	15,518	31%	2,829	6%	7,755	23%	760	2%
Subtotal	49,287		49,287		33,138		33,138	
Female adult or adolescent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
IDU	1,807	12%	3,550	24%	1,447	16%	2,413	27%
Heterosexual	4,118	28%	10,465	71%	3,060	34%	6,305	71%
Other ⁵	8,868	60%	778	5%	4,432	50%	221	2%
Subtotal	14,793	100%	14,793		8,939		8,939	
Child (<13 years at diagnosis)	Count	Percent			Count	Percent		
Perinatal	437	76%			262	86%		
Other ⁶	141	24%			42	14%		
Subtotal	578				304			
Total	64,658				42,381			

¹ Cumulative numbers of HIV infection and Stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table; subtotals may not add up to the totals

² Adjusted estimates resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

³ Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

⁴ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

⁵ Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

⁶ Includes hemophilia, blood transfusion, and risk factor not reported

Table 10 | Cumulative cases diagnosed with HIV Infection and Stage 3 (AIDS) by Public Health District of residence at diagnosis, Georgia, through December 31, 2012

Public Health Districts	HIV infection	Stage 3 (AIDS)
	Count	Count
1-1 Northwest (Rome)	993	613
1-2 North Georgia (Dalton)	664	402
2 North (Gainesville)	694	451
3-1 Cobb-Douglas	3,311	2,035
3-2 Fulton	21,385	15,762
3-3 Clayton (Jonesboro)	2,548	1,482
3-4 East Metro (Lawrenceville)	2,631	1,551
3-5 DeKalb	10,907	6,851
4 LaGrange	2,172	1,314
5-1 South Central (Dublin)	739	396
5-2 North Central (Macon)	2,759	1,718
6 East Central (Augusta)	3,046	2,081
7 West Central (Columbus)	2,310	1,387
8-1 South (Valdosta)	1,316	742
8-2 Southwest (Albany)	2,251	1,504
9-1 Coastal (Savannah)	3,566	2,360
9-2 Southeast (Waycross)	1,356	855
10 Northeast (Athens)	1,038	706
Unknown Health District	1,200	250
Total	64,886	42,460

Table 11 | Quantified estimates of unmet need for HIV primary care, Georgia, Atlanta EMA and Georgia non-EMA, 2012

		Population		Atlanta EMA ¹		Georgia non-EMA	
Row	Population	Cases		Cases		Cases	
Row A.	Number of persons living with AIDS (PLWA) as of 12/31/2012	26,862		18,643		8,219	
Row B.	Number of persons living with HIV (PLWH)/not AIDS as of 12/31/2012	22,492		15,197		7,295	
Row C.	Total number of persons living with HIV Disease as of 12/31/2012	49,354		33,840		15,514	
Care Patterns		Cases		Cases		Cases	
Row D.	Number of persons living with AIDS (PLWA) who received the specified HIV primary medical care during the 12-month period, 01/01/2012 to 12/31/2012	15,627		10,916		4,711	
Row E.	Number of persons living with HIV (PLWH)/not AIDS who received the specified HIV primary medical care during the 12-month period, 01/01/2012 to 12/31/2012	11,744		8,233		3,511	
Row F.	Total number of persons living with HIV disease who received the specified HIV primary medical care during the 12-month period, 01/01/2012 to 12/31/2012	27,371		19,149		8,222	
Calculated Results		Cases	Percent	Cases	Percent	Cases	Percent
Row G.	Number of persons living with AIDS (PLWA) who did not receive the specified HIV primary medical care during the 12-month period, 01/01/2012 to 12/31/2012	11,235	42	7,727	41	3,508	43
Row H.	Number of persons living with HIV (PLWH)/not AIDS who did not receive the specified HIV primary medical care during the 12-month period, 01/01/2011 to 12/31/2011	10,748	48	6,964	46	3,784	52
Row I.	Total number of persons living with HIV Disease who did not receive the specified HIV primary medical care during the 12 month period, 01/01/2012 to 12/31/2012	21,983	45	14,691	43	7,292	47

¹ EMA stands for Eligible Metropolitan Area

Table 12 | Characteristics of estimates of unmet need for HIV primary care, Georgia, January 01, 2012 to December 31, 2012

	HIV (not AIDS)		AIDS		Total	
Gender	Count	Percent ¹	Count	Percent	Count	Percent
Male	7,741	47%	8,710	43%	16,451	45%
Female	2,888	48%	2,474	39%	5,362	44%
Subtotal²	10,629		11,184		21,813	
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	7	39%	<5	<5%	<5	<5%
2-12	78	62%	<5	0%	82	59%
13-17	29	28%	10	21%	39	26%
18-24	830	47%	143	25%	973	42%
25-29	1440	54%	352	29%	1,792	46%
30-34	1509	53%	640	34%	2,149	46%
35-39	1310	51%	919	35%	2,229	43%
40-44	1467	47%	1,545	39%	3,012	42%
45-49	1404	43%	2,355	42%	3,759	43%
50-54	1187	43%	2,098	44%	3,285	44%
55-59	754	45%	1,502	48%	2,256	47%
60-64	402	44%	885	51%	1,287	49%
65+	310	47%	780	59%	1,090	55%
Subtotal	10,727		11,229		21,874	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non-Hispanic	6,940	51%	7,385	41%	14,325	45%
White/Non-Hispanic	1,620	41%	2,642	47%	4,262	44%
Hispanic/Latino, Any Race	494	50%	676	48%	1,170	49%
Other ³	202	36%	210	23%	412	28%
Unknown	1,492	45%	322	34%	1,814	43%
Subtotal	10,748		11,235		21,983	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	3,168	43%	4,536	42%	7,704	43%
IDU	370	53%	1,208	58%	1,578	57%
MSM&IDU	185	45%	541	50%	726	49%
Heterosexual	692	46%	1,439	46%	2,131	46%
Other ⁴	79	36%	106	42%	185	39%
NIR/NRR ⁵	6,254	51%	3,405	36%	9,659	44%
Subtotal	10,748		11,235		21,983	

¹ Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

² Subtotals may not be equal due to missing information

³ Other includes non Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

⁴ Includes hemophilia, blood transfusion, transplant and pediatric transmission

⁵ NIR/NRR includes cases with 'no identified or no reported risk'

Table 13 | Characteristics of estimates of unmet need for HIV primary care, Atlanta EMA, Georgia, January 01, 2012 to December 31, 2012

	HIV (not AIDS)		AIDS		Total	
Gender	Count	Percent ¹	Count	Percent	Count	Percent
Male	5,285	45%	6,252	42%	11,537	44%
Female	1584	47%	1,438	38%	3,022	42%
Subtotal²	6,869		7,690		14,559	
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	6	43%	<5	<5%	<5	<5%
2-12	23	38%	<5	0%	27	38%
13-17	18	26%	8	45%	26	25%
18-24	523	46%	90	24%	613	40%
25-29	987	53%	245	28%	1,232	45%
30-34	1,046	52%	475	34%	1,521	44%
35-39	887	49%	633	34%	1,520	42%
40-44	980	44%	1,056	38%	2,036	41%
45-49	888	40%	1,661	42%	2,549	42%
50-54	736	42%	1,457	44%	2,193	43%
55-59	447	42%	1005	48%	1,452	46%
60-64	247	44%	607	54%	854	50%
65+	161	41%	485	60%	646	54%
Subtotal	6,949		7,722		14,673	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non Hispanic	4,594	50%	5,067	41%	9,661	45%
White/Non Hispanic	975	38%	1814	47%	2,789	43%
Hispanic/Latino, Any Race	342	48%	481	47%	823	47%
Other ³	145	35%	148	22%	293	27%
Unknown	908	38%	217	29%	1125	36%
Subtotal	6,964		7,727		14,691	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	2,407	43%	3,510	42%	5,917	42%
IDU	221	56%	798	60%	1019	59%
MSM&IDU	142	48%	415	51%	557	51%
Heterosexual	324	47%	682	44%	1006	45%
Other ⁴	55	35%	66	41%	121	38%
NIR/NRR ⁵	3,815	48%	2,256	35%	6,071	42%
Subtotal	6,964		7,727		14,691	

¹ Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

² Subtotals may not be equal due to missing information

³ Other includes non Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

⁴ Includes hemophilia, blood transfusion, transplant and pediatric transmission

⁵ NIR/NRR includes cases with 'no identified or no reported risk'

Table 14 | Characteristics of estimates of unmet need for HIV primary care, Georgia non-EMA, 2012

	HIV (not AIDS)		AIDS		Total	
Gender	Count	Percent ¹	Count	Percent	Count	Percent
Male	2,456	53%	2,158	38%	4,914	48%
Female	1,304	50%	1,036	40%	2,340	45%
Subtotal²	3,760		3,194		7,254	%
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	<5	NA	<5	NA	<5	NA
2-12	55	85%	<5	NA	<5	NA
13-17	11	32%	2	17%	13	28%
18-24	307	50%	53	26%	360	44%
25-29	453	55%	107	31%	560	48%
30-34	463	57%	165	34%	628	49%
35-39	423	57%	286	39%	709	47%
40-44	487	52%	489	42%	976	46%
45-49	516	48%	694	43%	1,210	45%
50-54	451	46%	641	43%	1,092	45%
55-59	307	49%	497	49%	804	49%
60-64	155	45%	278	46%	433	46%
65+	149	56%	295	56%	444	56%
Subtotal	3,777		3,507		7,229	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non Hispanic	2,346	55%	2,318	41%	4,664	46%
White/Non Hispanic	645	46%	828	47%	1,473	47%
Hispanic/Latino, Any Race	152	55%	195	49%	347	52%
Other ³	57	37%	62	27%	119	31%
Unknown	584	65%	105	49%	689	62%
Subtotal	3,784		3,508		7,292	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	761	45%	1,026	42%	1,787	43%
IDU	149	50%	410	55%	559	54%
MSM&IDU	43	38%	126	47%	169	44%
Heterosexual	368	44%	757	48%	1,125	47%
Other ⁴	24	36%	40	45%	64	41%
NIR/NRR ⁵	2,439	57%	1,149	37%	3,588	48%
Subtotal	3,784		3,508		7,292	

¹ Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

² Subtotals may not be equal due to missing information

³ Other includes non Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

⁴ Includes hemophilia, blood transfusion, transplant and pediatric transmission

⁵ NIR/NRR includes cases with 'no identified or no reported risk'

HIV/AIDS Resources:



Georgia Department of Public Health
<http://dph.georgia.gov/what-hiv-and-aids>



Centers for Disease Control and Prevention
<http://www.cdc.gov/hiv/>



AIDS Vu
<http://aidsvu.org/>

Reporting

- All health care providers diagnosing and/or providing care to a patient with HIV are required by Georgia law (O.C.G.A. §31-12-1) to report HIV infection using the HIV/AIDS Case Report Form
- Case report forms should be completed within seven (7) days of diagnosing a patient with HIV and/or AIDS or within seven (7) days of assuming care of an HIV positive patient who is new to the provider, regardless of whether the patient has previously received care elsewhere
- Adult and Pediatric case report forms are available at <http://dph.georgia.gov/reporting-forms-data-requests>
- For more questions on HIV case reporting in Georgia please contact the HIV Surveillance Coordinator at 1-800-827-9769



FOR MORE INFORMATION CONTACT:

Georgia Department of Public Health

HIV/AIDS Epidemiology Program

<https://dph.georgia.gov/hiv-care-continuum>