
Georgia Medical Monitoring Project Surveillance Summary, 2015-2017

Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection, Georgia Medical Monitoring Project, 2015-2017

**HIV/AIDS Epidemiology Section
Epidemiology Program
Division of Health Protection
Georgia Department of Public Health**



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COMMENTARY

At year-end 2017, an estimated 58,808 persons in Georgia were living with diagnosed HIV infection [1]. In 2017, the number of new HIV diagnoses in Georgia was 2,698 [1]. Although the National HIV Surveillance System (NHSS) collects information about persons with diagnosed HIV infection [2], other surveillance systems provide more detailed information about care seeking, health care use, use of ancillary services, and other behaviors [3]. In 2005, in response to an Institute of Medicine report outlining the need for representative data on persons living with HIV [4], the Centers for Disease Control and Prevention (CDC) implemented the Medical Monitoring Project (MMP), which from 2009 to 2014 collected data from a 3-stage probability sample of persons receiving HIV medical care [5]. In 2015, in response to recommendations stemming from an Institute of Medicine review of national HIV data systems [6], MMP sampling and weighting methods were revised to include all persons with diagnosed HIV infection regardless of HIV care status.

MMP is a cross-sectional, nationally representative, complex sample survey that assesses the clinical and behavioral characteristics of adults with diagnosed HIV infection in the United States and Puerto Rico. The MMP samples in cycle years 2015-2017 were selected in 2 consecutive stages: (1) United States and dependent areas and (2) adults aged ≥ 18 years with diagnosed HIV infection reported to NHSS as of December 31, the year prior to the cycle year (ex: December 31, 2014 for the 2015 cycle). Georgia is one of a total of 23 project areas from 16 states and Puerto Rico which were funded to conduct data collection for MMP during the 2015, 2016, and 2017 cycles. This report is first to publish the Georgia MMP data collected by using the revised 2-stage sampling method.

This report presents unweighted frequencies and weighted prevalence estimates with 95% confidence intervals for selected characteristics. The estimates describe the characteristics of adults with diagnosed

HIV infection who lived in Georgia as of the sampling date for the cycle year in which they participated in the Georgia MMP, hereafter referred to as *persons with diagnosed HIV* or *persons*. The period referenced is the 12 months before the participants' interviews and medical record abstractions unless otherwise noted.

Statistical software (SAS, version 9.4) was used for analysis of weighted data [7]. Data are not reported for estimates with a coefficient of variation ≥ 0.30 . Values with an absolute confidence interval width ≥ 0.30 , and values with an absolute confidence interval width between 0.05 and 0.30 and a relative confidence interval width $>130\%$ are marked with an asterisk and should be interpreted with caution. No statistical tests were performed. Additional information on MMP is available at <https://www.cdc.gov/hiv/statistics/systems/mmp/index.html>.

HIGHLIGHTS OF ANALYSES

Response Rates

In total, 1528 persons considered to be residents of Georgia were sampled from NHSS for cycle years 2015-2017, and 582 participated (Table 1). Adjusted for eligibility, the response rates were 33% (2015), 43% (2016), and 45% (2017).

Sociodemographic Characteristics

An estimated 75% of persons were male and 24% were female (Table 2). Nearly half (46%) identified themselves as heterosexual or straight; 42% as lesbian or gay; 11% as bisexual; and 2% as another sexual orientation. An estimated 69% were black or African American, 21% were white, and 5% were Hispanic or Latino. Two-thirds (67%) were aged at least 40 years, and 52% had received an HIV diagnosis at least 10 years earlier. Over half (62%) had more than a high school education and 96% were born in a U.S. state or territory. The estimated prevalence of homelessness among all persons with diagnosed HIV was 8%. An estimated 98%

had health insurance or coverage for antiretroviral therapy (ART) medications: 42% had coverage through the Ryan White HIV/AIDS Program, 30% had Medicaid, 38% had private health insurance, and 30% had Medicare. An estimated 40% had a disability, 47% were unemployed, and 39% had household incomes at or below the federal poverty threshold. An estimated 21% received Supplemental Security Income (SSI) and 27% received Social Security Disability Insurance (SSDI).

Clinical Characteristics

According to the CDC stage of disease classification for HIV infection [8], an estimated 53% of persons had ever had stage 3 (AIDS) disease (Table 3). An estimated 11% of persons had a geometric mean CD4 T-lymphocyte (CD4) count of 0–199 cells/ μ L. The estimated average geometric mean CD4 count among all persons was 563 cells/ μ L, and the median geometric mean CD4 count was 535 cells/ μ L (range: 3– 2,124) (data not shown in table).

An estimated 69% of persons had an undetectable (<200 copies/mL) viral load at the most recent measurement, while 60% had undetectable viral loads at all measurements during the past 12 months (sustained viral suppression).

Use of Health Care Services

Overall, 97% had received outpatient HIV care during the past 12 months, and 99% had received outpatient HIV care during the past 24 months (Table 4). An estimated 80% were retained in care during the past 12 months, while 61% were retained in care during the past 24 months. An estimated 91% of persons had an ART prescription documented in the medical record during the 12 months before the interview. Of persons who met the clinical criteria for *Pneumocystis* pneumonia (PCP) prophylaxis, 38% had a prescription for PCP prophylaxis documented in the medical record.

Among sexually active persons, an estimated 53% were tested for gonorrhea, 52% for chlamydia, 67% for

syphilis, and 48% for all 3 sexually transmitted diseases (STDs) (Table 5).

An estimated 44% of persons were seen in an emergency department at least once, and 4% were seen at least 5 times (Table 6). An estimated 21% of persons were admitted to a hospital for an illness at least once.

Self-reported ART Medication Use and Adherence

An estimated 91% of persons were currently taking ART based on self-report (Table 7). Among the estimated 3% of persons without a history of ART use, 74%* had never taken ART because a health care provider advised a delay in treatment. Among the estimated 6% of persons with a history of ART use who were not currently taking ART, 46% were not taking ART due to money or insurance problems.

Among persons taking ART, 59% took all of their ART doses in the past 30 days (Table 8). Among persons taking ART, 66% had never been troubled by ART side effects during the past 30 days; 18% had rarely been troubled. The most common reasons given for not taking one's most recently missed ART dose were forgetting (36%) and a change in one's daily routine or being out of town (28%).

Clinical Characteristics by Subgroups

The estimated prevalence of ART prescription documented in a medical record was 85% among males and 82% among females (Table 9). An estimated 84% of blacks or African Americans were prescribed ART, compared with 82%* of Hispanics or Latinos and 86% of whites. The estimated prevalence of ART prescription was 76% among persons aged 18 to 29 years and 88% among those aged 50 years or older.

The estimated prevalence of sustained viral suppression was 61% among males and 56% among females. An estimated 57% of blacks or African Americans had sustained viral suppression, compared with 50%* of Hispanics or Latinos and 71% of whites. The estimated prevalence of sustained viral suppression was 35%

among persons aged 18 to 29 years and 69% among those aged 50 years or older.

Depression and Substance Use

The estimated prevalence of major or other depression in the past 2 weeks based on the Patient Health Questionnaire (PHQ-8) algorithm [9] was 20%, including 10% with major depression (Table 10). Based on the total PHQ-8 symptom score (see the appendix), an estimated 17% of persons had moderate or severe depression. The estimated prevalence of mild, moderate, or severe anxiety in the past 2 weeks based on the Generalized Anxiety Disorder Scale (GAD-7) [10] was 23%, including 8% with severe anxiety.

The estimated prevalence of current smoking was 37%: 29% of persons smoked daily, and 4% less than monthly (Table 11). The estimated prevalence of alcohol use was 65%: 6% of persons drank alcohol daily, 20% weekly, 13% monthly, and 27% less than monthly (Table 12). An estimated 14% of persons engaged in binge drinking during the past 30 days.

An estimated 30% of persons used noninjection drugs for nonmedical purposes (Table 13). In total, an estimated 27% used marijuana, 5% used poppers (amyl nitrite), 5% used cocaine, 3% used methamphetamines, and 3% used prescription opioids. An estimated 2% of persons used injection drugs for nonmedical purposes (Table 14).

Gynecologic and Reproductive Health

Among females, 76% reported receiving a Papanicolaou (Pap) test (Table 15). An estimated 27% of females reported being pregnant at least once since testing positive for HIV infection.

Sexual Behavior

An estimated 38% of men had receptive anal sex with men, 38% had insertive anal sex with men, and 21% had vaginal sex (Table 16). An estimated 32% of men did not

have vaginal or anal sex. Among women, 55% had vaginal sex, and 45% did not have vaginal or anal sex.

Among men who had sex with men, an estimated 9% engaged in high-risk sex, compared with 10% of women

who had sex with men (Table 17). In terms of prevention strategies among sexually active persons, an estimated 56% of men who had sex with men engaged in sex while sustainably virally suppressed, 71% had condom-protected sex, and 69% had sex with an HIV-positive partner. Among sexually active men who had sex only with women, 61% engaged in sex while sustainably virally suppressed, 74% had condom-protected sex, and 26% had sex with an HIV-positive partner. Among sexually active women who had sex with men, 52% engaged in sex while sustainably virally suppressed, 65% had condom-protected sex, and 30% had sex with an HIV-positive partner.

Met and Unmet Need for Ancillary Services

An estimated 50% of persons received dental care; 43% received HIV case management services; 42% received medicine through the AIDS Drug Assistance Program (ADAP); and 39% received services through the Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Table 18). An estimated 31% of persons had unmet needs for dental care; 16% for SNAP or WIC; 14% for shelter or housing services; 12% for meal or food services; 11% for mental health services; 11% for HIV case management services; 11% for transportation assistance; 8% for HIV peer group support; and 5% for patient navigation services.

Intimate Partner Violence and Sexual Violence

An estimated 24% of persons had ever been physically hurt by a romantic or sexual partner, including 3% who experienced this in the past 12 months (Table 19). An estimated 14% of persons had ever been threatened with harm or physically forced to have unwanted sex.

Prevention Activities

An estimated 52% of persons received counseling from a physician, nurse, or other health care worker about HIV and STD risk reduction; 29% had a one-on-one conversation with an outreach worker, a counselor, or a prevention program worker about prevention; and 12% participated in a small-group session (excluding discussions with friends) to discuss the prevention of HIV and other STDs (Table 20). An estimated 47% of persons received free condoms from various organizations.

Division of HIV/AIDS Prevention National Indicators

The estimated prevalence of homelessness among persons who received outpatient HIV care in the past 12 months was 8% (Table 21). The median HIV stigma score (see the appendix) among all persons was 38. An estimated 8% of persons engaged in high-risk sex.

TECHNICAL NOTES

POPULATION OF INFERENCE

For the 2015, 2016, and 2017 Medical Monitoring Project (MMP) data collection cycles (data collected June 1, 2015-May 31, 2016; June 1, 2016–May 31, 2017; and June 1, 2017-May 31, 2018, respectively), the population of inference was adults with diagnosed HIV (aged ≥ 18 years) living in Georgia as of December 31st of the year prior to the start of the data collection cycle.

DATA COLLECTION

Persons with diagnosed HIV were sampled for MMP using data from the National HIV Surveillance System (NHSS). Sampled persons were recruited to participate in person, by telephone, or by mail. To be eligible for MMP, the person had to be, as of December 31 of the year prior to the data collection cycle: living with diagnosed HIV infection, aged ≥ 18 years, and residing in Georgia.

A trained interviewer conducted either a computer-assisted telephone interview or an in-person interview. Persons who agreed to participate were interviewed over the telephone or in a private location (e.g., at home or in a

clinic). The interview (approximately 45 minutes) included questions about demographics, health care use, met and unmet needs for ancillary services, sexual behavior, depression and anxiety, gynecologic and reproductive history (females only), drug and alcohol use, and use of prevention services. Participants were given a token of appreciation of \$50 (2015 cycle) or \$75 (2016 and 2017 cycles) in cash or the equivalent for participation.

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TABLES

Table 1. Response rate by cycle year—Medical Monitoring Project, Georgia, 2015-2017

Cycle Year	No. Sampled	No. Participating	Response Rate (%)^a
2015	519	164	33.3
2016	511	207	43.2
2017	498	211	45.2

Note. Percentages might not sum to 100 because of rounding.

^a Response rates are adjusted for eligibility.

Table 2. Characteristics of participants and estimated percentages of persons living with diagnosed HIV infection by selected characteristics—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Gender			
Male	417	75.0	71.4–78.7
Female	156	23.8	20.2–27.4
Transgender ^d	8	-	-
Sexual orientation			
Lesbian or gay	222	41.7	37.3–46.0
Heterosexual or straight	280	45.5	41.2–49.9
Bisexual	58	10.7	7.9–13.4
Other sexual orientation	12	2.1	0.9–3.3
Race/ethnicity			
American Indian/Alaska Native	2	-	-
Asian	1	-	-
Black/African American	419	69.4	65.3–73.5
Hispanic/Latino ^e	26	4.9	2.9–6.8
Native Hawaiian/Other Pacific Islander	1	-	-
White	106	21.2	17.4–24.9
Multiple races	27	4.0	2.4–5.5
Age at time of interview (yr)			
18–24	12	2.4	1.0–3.7
25–29	47	8.3	5.9–10.7
30–34	56	10.6	7.8–13.3
35–39	58	11.8	8.8–14.8
40–44	59	9.8	7.3–12.4
45–49	74	12.6	9.8–15.4
50–54	114	18.0	14.8–21.3
55–59	95	15.1	12.1–18.1
60–64	31	5.1	3.2–6.9
≥65	36	6.3	4.2–8.4
Education			
Less than high school	89	13.4	10.6–16.2
High school diploma or GED	145	24.8	21.0–28.5
More than high school	340	61.8	57.7–66.0
Country or territory of birth			
United States or U.S. territory	549	95.5	93.7–97.3
Foreign born	24	4.5	2.7–6.3
Time since HIV diagnosis (yr)			
<5	100	18.2	14.7–21.6
5–9	161	29.6	25.6–33.7
≥10	317	52.2	47.8–56.6
Homeless at any time, past 12 months^f			
Yes	43	7.5	5.2–9.7
No	531	92.5	90.3–94.8
Incarcerated > 24 hours, past 12 months			
Yes	34	5.4	3.6–7.2
No	540	94.6	92.8–96.4
Health insurance or coverage for antiretroviral medications, past 12 months^g			

Yes	563	97.7	96.1–99.3
No	9	-	-
Type of health insurance or coverage for antiretroviral medications, past 12 months			
Ryan White			
Yes	245	41.6	37.3–45.9
No	320	58.4	54.1–62.7
Medicaid			
Yes	182	29.8	25.9–33.8
No	390	70.2	66.2–74.1
Private health insurance			
Yes	210	38.3	34.0–42.6
No	355	61.7	57.4–66.0
Medicare			
Yes	179	30.2	26.3–34.2
No	389	69.8	65.8–73.7
Other public insurance			
Yes	21	3.6	2.0–5.2
No	543	96.4	94.8–98.0
Tricare/CHAMPUS or Veterans Administration			
Yes	22	4.2	2.3–6.0
No	540	95.8	94.0–97.7
Insurance type unknown^h			
Yes	5	-	-
No	560	98.9	98.0–99.9
Any disabilityⁱ			
Yes	236	39.9	35.7–44.2
No	338	60.1	55.8–64.3
Received Supplemental Security Income (SSI), past 12 months			
Yes	131	21.0	17.6–24.5
No	438	79.0	75.5–82.4
Received Social Security Disability Insurance (SSDI), past 12 months			
Yes	157	26.7	22.8–30.5
No	411	73.3	69.5–77.2
Went without food due to lack of money, past 12 months			
Yes	104	18.8	15.4–22.2
No	470	81.2	77.8–84.6
Employment status^j			
Employed	232	41.7	37.4–46.0
Unemployed	275	47.0	42.7–51.4
Student	13	2.4	1.1–3.8
Retired	54	8.8	6.4–11.2
Combined yearly household income (US\$)^k			
0–19,999	271	48.8	44.3–53.2
20,000–39,999	134	24.2	20.4–28.1
40,000–74,999	81	14.9	11.7–18.0
≥75,000	58	12.1	9.0–15.2
Poverty guidelines^l			
Above poverty threshold	325	61.1	56.8–65.5
At or below poverty threshold	219	38.9	34.5–43.2
Total	582	100	

Abbreviations: CI, confidence interval; GED, general educational development; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; US\$, U.S. dollar; HHS, Department of Health and Human Services [footnotes only].

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , “don’t know” responses, and skipped (missing) responses. Values with an absolute confidence interval width ≥ 0.30 and values with an absolute confidence interval width of between 0.05 and 0.30 and a relative confidence interval width $>130\%$ are marked with an asterisk and should be interpreted with caution.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Persons were classified as transgender if sex at birth and gender reported by the persons were different, or if the person chose transgender in response to the question about self-identified gender.

^e Hispanics or Latinos might be of any race. Persons are classified in only 1 race/ethnicity category.

^f Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

^g Persons could select more than 1 response for health insurance or coverage for antiretroviral medications.

^h Unknown insurance type means that the person had insurance or coverage for antiretroviral medications, but the type of insurance or coverage could not be determined.

ⁱ Includes physical, mental, and emotional disabilities.

^j Employed includes employed for wages, self-employed, or homemaker.

^k Income from all sources, before taxes, in the last calendar year.

^l Poverty guidelines as defined by HHS; the 2014 guidelines were used for persons interviewed in 2015 and the 2015 guidelines were used for persons interviewed in 2016. More information regarding the HHS poverty guidelines can be found at <http://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty>.

Table 3. Stage of disease, CD4 counts, and viral suppression during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
HIV infection stage 3 (AIDS)^d			
Yes	338	53.4	49.0–57.8
No	240	46.6	42.2–51.0
Geometric mean CD4 count (cells/μL)			
0–199	58	11.4	8.5–14.4
200–349	78	16.4	12.9–19.9
350–499	81	16.2	12.8–19.6
≥500	263	56.0	51.3–60.7
Lowest CD4 count (cells/μL), past 12 months			
0–49	27	5.5	3.4–7.7
50–199	51	10.1	7.3–12.8
200–349	94	19.3	15.6–23.0
350–499	91	17.7	14.2–21.3
≥500	224	47.3	42.6–52.1
Viral suppression			
Most recent viral load documented undetectable or <200 copies/mL	403	68.6	64.5–72.7
Most recent viral load documented detectable, ≥200 copies/mL, or missing/unknown	179	31.4	27.3–35.5
Durable viral suppression			
All viral load measurements documented undetectable or <200 copies/mL	356	60.3	56.0–64.5
Any viral load ≥200 copies/mL or missing/unknown	226	39.7	35.5–44.0
Total	582	100	

Abbreviations: CD4, CD4 T-lymphocyte count (cells/μL); CI, confidence interval; CDC, the Centers for Disease Control and Prevention [footnotes only].

Source of stage of disease information: CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. *MMWR* 2008;57(RR-10):1–12.

Note. CD4 counts and viral load measurements are from medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d HIV infection, stage 3 (AIDS): Documentation of an AIDS-defining condition or either a CD4 count of <200 cells/μL or a CD4 percentage of total lymphocytes of <14. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for a stage 3 (AIDS) classification.

Table 4. Access to, and quality of, care—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Ever received outpatient HIV care^d			
Yes	578	99.2	98.5–100.0
No	4	-	-
Received outpatient HIV care, past 12 months^d			
Yes	568	97.3	95.6–99.0
No	11	-	-
Received outpatient HIV care, past 24 months^d			
Yes	573	98.9	97.9–99.9
No	6	-	-
Retained in care, past 12 months^e			
Yes	453	79.8	76.2–83.4
No	110	20.2	16.6–23.8
Retained in care, past 24 months^e			
Yes	340	60.6	56.3–64.9
No	222	39.4	35.1–43.7
Prescribed ART, past 12 months^f			
Yes	496	90.7	87.9–93.5
No	47	9.3	6.5–12.1
Prescribed PCP prophylaxis, past 12 months^g			
Yes	29	38.3	26.8–49.9
No	46	61.7	50.1–73.2
Prescribed MAC prophylaxis, past 12 months^h			
Yes	5	-	-
No	21	81.0	65.4–96.6
Received influenza vaccination, past 12 months			
Yes	457	78.7	75.0–82.4
No	114	21.3	17.6–25.0
Total	582	100	

Abbreviation: CI, confidence interval; ART, antiretroviral therapy; PCP, *Pneumocystis pneumonia*; MAC, *Mycobacterium avium* complex; CD4, CD4 T-lymphocyte count (cells/ μ L) [footnotes only].

Note. CD4 counts, viral load measurements, prophylaxes, and vaccinations are from medical record abstraction. Measurement period is the 12 months before the interview unless otherwise noted.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Outpatient HIV care was defined as any documentation 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.

^e Two elements of outpatient HIV care at least 90 days apart in each 12 month period.

^f ART prescription documented in medical record; persons with no medical record abstraction were considered to have no documentation of ART prescription.

^g Among persons with CD4 cell count < 200 cells/ μ L.

^h Among persons with CD4 cell count < 50 cells/ μ L.

**Table 5. Sexually transmitted disease testing during the 12 months before the interview, by sexual activity—
Medical Monitoring Project, Georgia, 2015-2017**

	Total population			Sexually active ^a persons only		
	No. ^b	% ^c	95% CI ^d	No. ^b	% ^c	95% CI ^d
Gonorrhea^e						
Yes, received test	247	46.3	41.8–50.7	173	52.5	46.8–58.2
No test documented	294	53.7	49.3–58.2	160	47.5	41.8–53.2
Chlamydia^f						
Yes, received test	246	46.1	41.6–50.6	172	52.2	46.6–57.9
No test documented	295	53.9	49.4–58.4	161	47.8	42.1–53.4
Syphilis^g						
Yes, received test	344	64.2	59.9–68.5	224	67.4	62.1–72.7
No test documented	197	35.8	31.5–40.1	109	32.6	27.3–37.9
Gonorrhea, chlamydia, and syphilis						
Yes, received all 3 tests	217	41.1	36.6–45.5	157	47.7	42.1–53.4
All 3 tests not documented	324	58.9	54.5–63.4	176	52.3	46.6–57.9
Total	582	100		363	100	

Abbreviation: CI, confidence interval; EIA, enzyme immunoassay [footnotes only]; NAAT, nucleic acid amplification test [footnotes only].

Note. Information on laboratory testing for sexually transmitted diseases was based on medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , “don’t know” responses, and skipped (missing) responses.

^a Sexual activity was reported in the interview component of the Medical Monitoring Project and was defined as anal or vaginal intercourse.

^b Numbers are unweighted.

^c Percentages are weighted percentages.

^d CIs incorporate weighted percentages

^e Testing for *Neisseria gonorrhoeae* was defined as documentation of a result from culture, gram stain, enzyme immunoassay (EIA), nucleic acid amplification test (NAAT), or nucleic acid probe.

^f *Chlamydia trachomatis* testing was defined as a result from culture, direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.

^g Syphilis testing was defined as a result from nontreponemal syphilis tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal syphilis tests (*Treponema pallidum* hemagglutination assay [TPHA], *T.pallidum* particle agglutination [TP-PA], microhemagglutination assay for antibody to *T.pallidum* [MHA-TP], fluorescent treponemal antibody absorbed [FTA-ABS] tests), or dark-field microscopy.

Table 6. Emergency department and hospital admission during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Number of visits to emergency department			
0	325	56.3	51.9–60.7
1	123	22.5	18.8–26.3
2–4	102	17.5	14.2–20.9
≥5	20	3.6	2.0–5.3
Number of hospital admissions			
0	451	78.8	75.2–82.4
1	83	15.0	11.8–18.1
2–4	27	5.0	3.0–6.9
≥5	9	-	-
Total	582	100	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 7. Antiretroviral therapy (ART) use—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Ever taken ART			
Yes	559	97.1	95.5–98.8
No	13	2.9	1.2–4.5
Currently taking ART			
Yes	526	91.0	88.3–93.7
No	46	9.0	6.3–11.7
Reasons for not currently taking ART, among those persons with a history of ART use^d			
Health care provider never discussed restarting ART with participant			
Yes	5	-	-
No	28	78.9*	61.1–96.6
Money or insurance problems			
Yes	13	45.8*	26.9–64.8
No	20	54.2*	35.2–73.1
Person doesn't believe he/she needs ART			
Yes	8	-	-
No	25	70.3*	51.8–88.8
Person thinks ART would make him/her feel sick or harm him/ her			
Yes	8	-	-
No	25	74.8*	58.9–90.8
Person decided not to take ART for some other reason			
Yes	13	36.1*	18.5–53.7
No	20	63.9*	46.3–81.5
Total	582	100	

Abbreviations: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses. Values with an absolute confidence interval width ≥ 0.30 and values with an absolute confidence interval width of between 0.05 and 0.30 and a relative confidence interval width $>130\%$ are marked with an asterisk and should be interpreted with caution.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Persons could select more than 1 response for reasons not taking ART.

Table 8. Antiretroviral therapy (ART) adherence among persons taking ART—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
ART adherence in the past 30 days			
How many days did you miss at least 1 dose of any of your HIV medicines?			
0	309	58.8	54.3–63.3
1–2	132	25.0	21.0–29.0
3–5	59	11.6	8.6–14.5
6–10	12	2.1	0.9–3.4
11+	13	2.5	1.1–3.8
How well did you do at taking your HIV medicines in the way you were supposed to?			
Very poor	7	-	-
Poor	9	-	-
Fair	23	4.2	2.4–6.1
Good	72	13.8	10.6–17.0
Very good	154	28.9	24.8–33.0
Excellent	261	50.2	45.7–54.8
How often did you take your HIV medicines in the way you were supposed to?			
Never	5	-	-
Rarely	6	-	-
Sometimes	11	-	-
Usually	25	4.4	2.6–6.2
Almost always	136	26.3	22.3–30.4
Always	343	65.2	60.9–69.5
How often were you troubled by ART side effects?			
Never	352	66.3	61.9–70.6
Rarely	89	17.7	14.2–21.2
About half the time	37	7.2	4.8–9.6
Most of the time	20	3.8	2.1–5.6
Always	23	5.0	2.9–7.1
Reasons for last missed ART dose^d			
Had a problem getting a prescription, a refill, insurance coverage, or paying for HIV medicines			
Yes	133	26.1	22.1–30.1
No	387	73.9	69.9–77.9
In the hospital or too sick to take HIV medicines			
Yes	32	5.6	3.6–7.5
No	488	94.4	92.5–96.4
Fell asleep early or overslept			
Yes	129	24.6	20.6–28.5
No	390	75.4	71.5–79.4
Change in your daily routine or were out of town			
Yes	144	28.3	24.2–32.5
No	376	71.7	67.5–75.8
Had side effects from your HIV medicines			
Yes	43	8.8	6.2–11.4
No	476	91.2	88.6–93.8
Felt depressed or overwhelmed			
Yes	59	11.5	8.6–14.4
No	461	88.5	85.6–91.4

Was drinking or using drugs			
Yes	25	4.8	2.9–6.8
No	495	95.2	93.2–97.1
Forgot to take HIV medicines			
Yes	183	36.2	31.8–40.7
No	337	63.8	59.3–68.2
Did not feel like taking HIV medicines			
Yes	41	7.3	5.0–9.6
No	480	92.7	90.4–95.0
Total	526	100	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Persons could report more than 1 reason for last missed dose.

Table 9. Antiretroviral therapy (ART) prescription, ART dose adherence, durable viral suppression, and geometric mean CD4 count by subgroups—Medical Monitoring Project, Georgia, 2015-2017

	Prescription of ART			ART dose adherence ^a			Sustained viral suppression ^b			Geometric mean CD4 count		
	No. ^c	Row % ^d	95% CI ^e	No. ^c	Row % ^d	95% CI ^e	No. ^c	Row % ^d	95% CI ^e	No. ^c	Row % ^d	95% CI ^e
Gender												
Male	359	85.4	81.7–89.1	225	59.4	54.2–64.6	260	61.4	56.4–66.4	304	90.2	87.2–93.3
Female	129	81.5	74.5–88.4	82	59.3	50.3–68.3	90	56.0	47.4–64.6	112	84.2	76.9–91.4
Transgender ^f	7	93.7	81.1–100.0	2	-	-	6	80.5*	54.0–100.0	5	71.8*	38.5–100.0
Sexual orientation												
Lesbian or gay	187	83.7	78.4–89.0	119	60.2	53.1–67.3	130	58.1	51.2–65.0	152	90.5	86.3–94.8
Heterosexual or straight	236	83.1	78.2–88.0	156	59.7	53.2–66.2	177	62.0	55.9–68.2	209	87.2	82.6–91.8
Bisexual	52	89.8	81.4–98.2	29	55.1	41.1–69.1	37	62.6	49.2–76.0	43	89.3	80.3–98.3
Other sexual orientation	12	100.0	100.0–100.0	4	-	-	8	67.5*	40.8–94.1	9	74.6*	49.7–99.6
Race/ethnicity												
American Indian/Alaska Native	1	-	-	2	-	-	2	-	-	1	-	-
Asian	1	-	-	0	-	-	0	-	-	1	-	-
Black/African American	355	83.6	79.6–87.5	207	55.2	49.8–60.5	247	56.9	51.8–62.0	300	86.6	82.8–90.4
Hispanic/Latino ^g	21	82.2*	67.2–97.3	14	50.7*	29.6–71.8	13	50.2*	29.5–70.8	19	94.5	84.0–100.0
Native Hawaiian/Other Pacific Islander	1	-	-	1	-	-	1	-	-	1	-	-
White	90	85.6	78.3–92.9	66	68.4	58.7–78.1	74	71.0	61.8–80.2	76	93.5	88.4–98.7
Multiple races	27	100.0	100.0–100.0	19	75.9*	59.4–92.5	19	71.3*	53.3–89.2	24	90.9	80.7–100.0
Age at time of interview (yr)												
18–29	44	75.7	64.2–87.2	21	43.9	29.3–58.5	20	34.5	21.8–47.2	36	87.0	77.1–96.9
30–39	97	84.7	77.4–92.0	51	47.7	37.5–57.9	65	55.3	45.5–65.0	83	86.3	79.1–93.6
40–49	111	81.4	74.0–88.8	67	61.5	52.2–70.8	82	59.9	50.8–68.9	92	88.2	81.8–94.6
≥50	244	88.2	84.1–92.4	170	66.0	59.9–72.2	189	69.1	63.3–74.9	211	90.1	86.3–94.0
Total	496	84.6	81.3–87.8	309	58.8	54.3–63.3	356	60.3	56.0–64.5	422	88.6	85.6–91.5

Abbreviations: CD4, CD4 T-lymphocyte count (cells/ μ L); CI, confidence interval. *Note.* Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥ 0.30 , “don’t know” responses, and skipped (missing) responses. Values with a denominator sample size <30 , values with an absolute confidence interval width ≥ 0.30 , and values with an absolute confidence interval width of between 0.05 and 0.30 and a relative confidence interval width $>130\%$ are marked with an asterisk and should be interpreted with caution.

^a In past 30 days, 100% adherence to ART doses.

^b All viral load measurements in the 12 months preceding the interview documented undetectable or <200 copies/mL.

^c Numbers are unweighted.

^d Percentages are weighted percentages.

^e CIs incorporate weighted percentages.

^f Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose transgender in response to the question about self-identified gender.

§ Hispanics or Latinos might be of any race. Persons are classified in only 1 race/ethnicity category.

Table 10. Depression and anxiety during the 2 weeks before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Depression based on DSM-IV criteria^d			
No depression	460	80.0	76.5–83.5
Other depression	57	9.9	7.3–12.5
Major depression	55	10.1	7.4–12.8
Moderate or severe depression (PHQ-8 score ≥10)			
Yes	94	17.1	13.8–20.5
No	478	82.9	79.5–86.2
Anxiety^e			
No anxiety	440	76.7	73.0–80.3
Mild anxiety	32	5.7	3.6–7.7
Moderate anxiety	55	9.6	7.1–12.1
Severe anxiety	46	8.1	5.7–10.5
Total	582	100	

Abbreviation: CI, confidence interval; DSM-IV, *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition; PHQ-8, Patient Health Questionnaire.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Responses to the items on the PHQ-8 were used to define "major depression" and "other depression," according to criteria from the DSM-IV. "Major depression" was defined as having at least 5 symptoms of depression; "other depression" was defined as having 2–4 symptoms of depression.

^e Responses to the Generalized Anxiety Disorder Scale (GAD-7) were used to define "mild anxiety," "moderate anxiety" and "severe anxiety," according to criteria from the DSM-IV. "Severe anxiety" was defined as having a score of ≥15; "moderate anxiety" was defined as having a score of <15 and ≥10; and "mild anxiety" was defined as having a score of <10 and ≥5.

Table 11. Tobacco and electronic cigarette use—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Smoked ≥100 cigarettes (lifetime)			
Yes	290	51.9	47.5–56.2
No	282	48.1	43.8–52.5
Cigarette smoking status			
Never smoked	282	48.1	43.8–52.5
Former smoker	86	15.2	12.0–18.3
Current smoker	204	36.7	32.5–41.0
Frequency of current cigarette smoking			
Never	368	63.3	59.0–67.5
Daily	166	29.4	25.4–33.4
Weekly	13	-	-
Monthly	6	-	-
Less than monthly	19	3.5	1.9–5.0
Smoked ≥50 cigars, cigarillos, or little filtered cigars (lifetime)			
Yes	102	17.4	14.2–20.7
No	471	82.6	79.3–85.8
Cigars, cigarillos, or little filtered cigars smoking status			
Never smoked	471	82.6	79.3–85.8
Former smoker	48	7.7	5.5–9.9
Current smoker	54	9.8	7.2–12.4
Frequency of current cigars, cigarillos, or little filtered cigars smoking			
Never	519	90.2	87.6–92.8
Daily	11	-	-
Some days	18	3.2	1.6–4.8
Rarely	25	4.6	2.7–6.4
Electronic cigarette smoking status			
Never used electronic cigarettes	408	71.0	67.0–75.0
Used electronic cigarettes, but not in the past 30 days	124	21.8	18.3–25.4
Used electronic cigarettes in the past 30 days	40	7.2	4.8–9.5
Total	582	100	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 12. Alcohol use during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Any alcohol use^d			
Yes	362	65.2	61.0–69.3
No	210	34.8	30.7–39.0
Frequency of alcohol use			
Daily	35	6.0	4.0–8.1
Weekly	114	19.8	16.4–23.3
Monthly	71	12.7	9.7–15.7
Less than monthly	142	26.6	22.7–30.5
Never	210	34.8	30.7–39.0
Binge drinking past 30 days^e			
Yes	82	14.2	11.2–17.2
No	489	85.8	82.8–88.8
Total	582	100	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Persons who drank at least 1 alcoholic beverage during the 12 months before the interview. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

^e Persons who drank ≥ 5 alcoholic beverages in a single sitting (≥ 4 for women) during the 30 days before the interview.

Table 13. Noninjection drug use during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Use of any noninjection drugs^d			
Yes	165	29.9	25.9–33.9
No	407	70.1	66.1–74.1
Noninjection drugs^d used			
Marijuana			
Yes	151	27.3	23.4–31.2
No	421	72.7	68.8–76.6
Crack			
Yes	12	1.8	0.8–2.9
No	560	98.2	97.1–99.2
Cocaine that is smoked or snorted			
Yes	26	4.7	2.8–6.5
No	546	95.3	93.5–97.2
Methamphetamine (e.g., crystal meth, tina, crank, ice)			
Yes	15	2.8	1.4–4.2
No	557	97.2	95.8–98.6
Amphetamine (e.g., speed, bennies, uppers)			
Yes	5	-	-
No	567	98.9	97.9–99.9
Club drugs (e.g., Ecstasy or X, ketamine or Special K, GHB or Liquid Ecstasy)			
Yes	12	2.3	1.0–3.7
No	560	97.7	96.3–99.0
Amyl nitrite (poppers)			
Yes	24	5.0	2.9–7.0
No	548	95.0	93.0–97.1
Prescription opioids (e.g., oxycodone, hydrocodone, Vicodin, Percocet)^e			
Yes	16	3.0	1.5–4.6
No	556	97.0	95.4–98.5
Prescription tranquilizers (e.g., Valium, Ativan, Xanax, downers, nerve pills)^e			
Yes	12	2.2	0.9–3.5
No	560	97.8	96.5–99.1
Total	582	100	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services or the Centers for Disease Control and Prevention.

Abbreviations: CI, confidence interval; GHB, gamma hydroxybutyrate.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Includes all drugs that were not injected (i.e., administered by any route other than injection), including legal drugs that were not used for medical purposes.

^e That was not prescribed or was prescribed but taken more than directed.

Table 14. Injection drug use during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Use of any injection drugs			
Yes	8	1.6*	0.5-2.8
No	564	98.4	97.2–99.5
Injection drugs used			
Cocaine			
Yes	3	-	-
No	569	99.5	98.9–100.0
Heroin			
Yes	1	-	-
No	571	99.8	99.4–100.0
Heroin and cocaine (speedball)			
No	572	100.0	100.0–100.0
Methamphetamine (e.g., crystal meth, tina, crank, ice)			
Yes	7	-	-
No	565	98.5	97.4–99.6
Amphetamine (e.g., speed, bennies, uppers)			
Yes	2	-	-
No	570	99.6	99.0–100.0
Prescription opioids (e.g., oxycontin, oxycodone, hydrocodone)			
No	572	100.0	100.0–100.0
Total	582	100	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services or the Centers for Disease Control and Prevention.

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

*CV=0.36

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 15. Gynecological care and reproductive health among women—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Papanicolaou (Pap) test, past 12 months			
Yes	116	76.2	68.8–83.7
No	35	23.8	16.3–31.2
Pregnant since HIV diagnosis			
Yes	38	27.2	19.2–35.2
No	112	72.8	64.8–80.8
Total	156	100	

Abbreviation: CI, confidence interval.

Note. Measures are self-reported. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 16. Sexual behavior during the 12 months before the interview among cisgender men and women—Medical Monitoring Project, Georgia, 2015-2017

Behavior	Men			Women		
	No. ^a	% ^b	95% CI ^c	No. ^a	% ^b	95% CI ^c
Engaged in anal sex with men						
Receptive						
Yes	153	38.2	33.2–43.2	3	-	-
No	255	61.8	56.8–66.8	148	97.8	95.3–100.0
Insertive						
Yes	152	38.4	33.4–43.5	-	-	-
No	256	61.6	56.5–66.6	-	-	-
Engaged in anal sex with women						
Yes	8	-	-	-	-	-
No	408	98.3	97.1–99.5	-	-	-
Engaged in vaginal sex						
Yes	88	21.2	17.1–25.3	80	54.5	45.9–63.1
No	322	78.8	74.7–82.9	72	45.5	36.9–54.1
Engaged in vaginal or anal sex						
Yes	277	68.2	63.4–73.0	80	54.5	45.9–63.1
No	132	31.8	27.0–36.6	72	45.5	36.9–54.1
Number of vaginal or anal sex partners among						
MSM^d						
Mean	4			-		
Median	2			-		
Range	1–70			-		
MSW^e						
Mean	2			-		
Median	1			-		
Range	1–15			-		
WSM^f						
Mean	-			1		
Median	-			1		
Range	-			1–4		
Total	417	100		156	100	

Abbreviations: CI, confidence interval; MSM, men who had sex with men; MSW, men who had sex only with women; WSM, women who had sex with men.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Among men who had anal sex with men in the 12 months before the interview.

^e Among men who had vaginal or anal sex only with women in the 12 months before the interview.

^f Among women who had vaginal or anal sex with men in the 12 months before the interview.

Table 17. Sexual behavior during the 12 months before the interview among men who had sex with men (MSM), men who had sex only with women (MSW), and women who had sex with men (WSM)—Medical Monitoring Project, Georgia, 2015-2017

Behavior	MSM			MSW			WSM		
	No. ^a	% ^b	95% CI ^c	No. ^a	% ^b	95% CI ^c	No. ^a	% ^b	95% CI ^c
Engaged in any high-risk sex^d									
Yes	27	9.3	5.8–12.8	4	-	-	13	10.3	4.4–16.2
No	249	90.7	87.2–94.2	127	96.1	92.2–99.9	134	89.7	83.8–95.6
Engaged in any high-risk sex among sexually active persons^d									
Yes	27	12.9	8.2–17.7	4	-	-	13	18.4	8.4–28.4
No	174	87.1	82.3–91.8	71	93.4	87.0–99.8	67	81.6	71.6–91.6
Percentages of sexually-active persons who used a prevention strategy with at least 1 partner									
Sex while sustainably virally suppressed^e									
Yes	114	55.8	48.5–63.0	47	61.3	49.6–72.9	44	51.8	39.7–64.0
No	88	44.2	37.0–51.5	28	38.7	27.1–50.4	36	48.2	36.0–60.3
Condom-protected sex^f									
Yes	141	70.9	64.3–77.4	56	74.3	63.8–84.7	54	64.5	52.1–76.8
No	60	29.1	22.6–35.7	19	25.7	15.3–36.2	25	35.5	23.2–47.9
Condomless sex with a partner on PrEP^g									
Yes	11	-	-	1	-	-	-	-	-
No	191	95.1	92.1–98.0	73	99.0	97.1–100.0	-	-	-
Sex with an HIV positive partner^h									
Yes	137	69.3	62.7–75.9	20	25.8	15.6–36.0	25	30.4	19.2–41.6
No	65	30.7	24.1–37.3	55	74.2	64.0–84.4	55	69.6	58.4–80.8
Total	277	100		131	100		149	100	

Abbreviations: CI, confidence interval; PrEP, preexposure prophylaxis.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Persons who reported no anal, vaginal or oral sex in the 12 months before the interview were categorized according to self-reported sexual orientation. This table does not include information on women who had sex with women only, women who had sex with transgender persons only, or men who had sex with transgender persons only.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Vaginal or anal sex with at least 1 HIV-negative or unknown status partner while not sustainably virally suppressed, a condom was not used, and the partner was not on PrEP. PrEP use was only measured among the 5 most recent partners.

^e HIV viral load <200 copies/mL documented in the medical record at every measure in the past 12 months before the interview.

^f Condoms were consistently used with at least 1 vaginal or anal sex partner.

^g At least 1 HIV-negative condomless-sex partner was on PrEP. PrEP use was only measured among the 5 most recent partners and was reported by the HIV-positive partner.

^h Sex with at least 1 HIV-positive partner.

Table 18. Met and unmet needs for ancillary services during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	Persons who received services			Persons who needed but did not receive services by time of interview		
	No. ^a	% ^b	95% CI ^c	No. ^a	% ^b	95% CI ^c
Dental care						
Yes	287	50.0	45.6–54.3	174	30.5	26.4–34.5
No	286	50.0	45.7–54.4	399	69.5	65.5–73.6
HIV case management services						
Yes	251	43.3	38.9–47.6	61	11.1	8.2–14.0
No	320	56.7	52.4–61.1	510	88.9	86.0–91.8
Medicine through ADAP						
Yes	245	41.6	37.3–45.9	20	3.7	1.9–5.5
No	320	58.4	54.1–62.7	545	96.3	94.5–98.1
Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)						
Yes	229	39.3	35.1–43.6	94	16.4	13.2–19.5
No	344	60.7	56.4–64.9	479	83.6	80.5–86.8
Professional help remembering to take HIV medicines on time or correctly (adherence support services)						
Yes	196	32.6	28.6–36.7	3	-	-
No	372	67.4	63.3–71.4	565	99.6	99.1–100.0
Mental health services						
Yes	150	25.7	22.0–29.4	59	10.6	7.8–13.4
No	422	74.3	70.6–78.0	513	89.4	86.6–92.2
Meal or food services^d						
Yes	104	17.1	14.0–20.3	66	12.0	9.1–14.9
No	469	82.9	79.7–86.0	507	88.0	85.1–90.9
Transportation assistance						
Yes	96	15.8	12.7–19.0	62	10.6	7.9–13.3
No	476	84.2	81.0–87.3	510	89.4	86.7–92.1
HIV peer group support						
Yes	59	9.1	6.8–11.5	47	8.0	5.7–10.4
No	511	90.9	88.5–93.2	523	92.0	89.6–94.3
Patient navigation services						
Yes	51	8.2	5.9–10.5	30	5.1	3.2–7.1
No	519	91.8	89.5–94.1	540	94.9	92.9–96.8
Shelter or housing services						
Yes	45	7.7	5.4–10.0	83	13.8	10.9–16.8
No	527	92.3	90.0–94.6	489	86.2	83.2–89.1
Drug or alcohol counseling or treatment						
Yes	28	4.5	2.8–6.3	16	2.8	1.4–4.2
No	545	95.5	93.7–97.2	557	97.2	95.8–98.6
Domestic violence services						
Yes	2	-	-	2	-	-
No	571	99.5	98.9–100.0	571	99.7	99.3–100.0
Interpreter services						
Yes	2	-	-	1	-	-
No	572	99.7	99.2–100.0	573	99.8	99.5–100.0

Total

582

100

582

100

Abbreviations: CI, confidence interval; ADAP, AIDS Drug Assistance Program.

Note. Persons could report receiving or needing more than 1 service. Numbers might not add to total because of missing data.

Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses. Values with an absolute confidence interval width ≥ 0.30 and values with an absolute confidence interval width of between 0.05 and 0.30 and a relative confidence interval width $>130\%$ are marked with an asterisk and should be interpreted with caution.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Includes services such as soup kitchens, food pantries, food banks, church dinners, or food delivery services.

Table 19. Intimate partner violence and sexual violence—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
Was ever slapped, punched, shoved, kicked, choked or otherwise physically hurt by a romantic or sexual partner			
Yes	141	24.4	20.7–28.1
No	426	75.6	71.9–79.3
Was slapped, punched, shoved, kicked, choked or otherwise physically hurt by a romantic or sexual partner, past 12 months			
Yes	18	3.1	1.7–4.6
No	549	96.9	95.4–98.3
Was ever threatened with harm or physically forced to have unwanted vaginal, anal, or oral sex			
Yes	77	14.2	11.1–17.3
No	493	85.8	82.7–88.9
Was threatened with harm or physically forced to have unwanted vaginal, anal, or oral sex, past 12 months			
Yes	4	-	-
No	566	99.2	98.4–100.0
Total	582	100	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 20. Prevention services received during the 12 months before the interview—Medical Monitoring Project, Georgia, 2015-2017

	No. ^a	% ^b	95% CI ^c
One-on-one HIV/STD risk-reduction conversation with physician, nurse, or other health care worker			
Yes	298	51.5	47.2–55.9
No	274	48.5	44.1–52.8
One-on-one HIV/STD risk-reduction conversation with outreach worker, counselor, or prevention program worker			
Yes	166	28.8	24.8–32.7
No	405	71.2	67.3–75.2
Attended an organized HIV/STD risk-reduction session involving a small group of people			
Yes	73	12.1	9.3–14.9
No	499	87.9	85.1–90.7
Received free condoms			
Yes	275	47.3	42.9–51.6
No	298	52.7	48.4–57.1
Total	582	100	

Abbreviation: CI, confidence interval.

Note. Persons could report receiving more than 1 prevention service.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 21. National indicators: homelessness, HIV stigma, and high-risk sex—Medical Monitoring Project, Georgia, 2015-2017

	Homeless in the 12 months preceding the interview among persons receiving HIV care in the past 12 months ^a			HIV stigma ^b		Engaged in any high-risk sex ^c			
	No. ^d	Row % ^e	95% CI ^f	No. ^d	Row median	Interquartile range	No. ^d	Row % ^e	95% CI ^f
Gender									
Male	33	8.0	5.3–10.7	404	34.8	21.0–52.5	31	7.6	4.9–10.2
Female	8	-	-	146	45.1	31.7–60.0	13	9.9	4.3–15.6
Transgender ^g	0	-	-	8	50.7*	43.4–55.1	1	-	-
Sexual orientation									
Lesbian or gay	15	6.6	3.2–9.9	218	33.7	20.7–48.0	23	10.0	6.0–14.0
Heterosexual or straight	17	7.1	3.7–10.5	269	41.4	26.0–56.2	16	6.8	3.3–10.2
Bisexual	8	-	-	58	38.4	20.7–58.8	5	-	-
Other sexual orientation	2	-	-	12	51.3*	31.5–57.8	1	-	-
Race/ethnicity									
American Indian/Alaska Native	0	-	-	2	-	-	0	-	-
Asian	0	-	-	1	-	-	0	-	-
Black/African American	35	9.5	6.4–12.6	401	37.8	22.8–54.9	27	7.0	4.3–9.7
Hispanic/Latino ^h	3	-	-	26	35.0*	13.9–54.3	4	-	-
Native Hawaiian/Other Pacific Islander	0	-	-	1	-	-	0	-	-
White	1	-	-	101	39.1	24.8–51.9	11	-	-
Multiple races	3	-	-	27	40.3*	20.9–60.8	3	-	-
Age at time of interview (yr)									
18–29	7	-	-	58	38.0	22.1–55.9	13	21.6	10.8–32.4
30–39	15	12.4	6.3–18.4	109	40.3	31.1–58.1	14	12.3	6.0–18.6
40–49	5	-	-	127	37.0	22.0–54.0	7	-	-
≥50	15	6.2	3.0–9.3	265	36.9	20.1–53.3	11	-	-
Total	42	7.7	5.4–10.0	559	38.1	23.1–54.4	45	8.2	5.8–10.6

Abbreviation: CI, confidence interval; PrEP, preexposure prophylaxis [footnotes only].

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥ 0.30 , “don’t know” responses, and skipped (missing) responses. Values with a denominator sample size <30 are marked with an asterisk and should be interpreted with caution.

^a Living on the street, in a shelter, in a single-room-occupancy hotel, or in a car.

^b Ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people living with HIV.

^c Vaginal or anal sex with at least 1 HIV-negative or unknown status partner while not sustainably virally suppressed, a condom was not used, and the partner was not on PrEP. PrEP use was only measured among the 5 most recent partners.

^d Numbers are unweighted.

^e Percentages are weighted percentages.

^f CIs incorporate weighted percentages.

^g Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose transgender in response to the question about self-identified gender.

^h Hispanics or Latinos might be of any race. Persons are classified in only 1 race/ethnicity category.

Appendix: Methods and Definitions

METHODS

The Medical Monitoring Project (MMP) uses a stratified, 2-stage sampling design. States were sampled first, with probability proportional to size (PPS). All 50 states, the District of Columbia, and Puerto Rico (defined as primary sampling units [PSUs]) were eligible for selection. From these 52 PSUs, 20 were selected by using PPS sampling based on AIDS prevalence at the end of 2002. According to the PPS sampling method, states with a higher AIDS prevalence had a higher probability of selection, and those with a lower AIDS prevalence had a lower probability of selection [1]. Six municipal jurisdictions receive separate funding for HIV surveillance (Chicago, Illinois; Houston, Texas; Los Angeles County, California; New York City, New York; Philadelphia, Pennsylvania; and San Francisco, California); these areas were included with the state for first-stage sampling and constituted a city-state unit. If a state included a city with independent HIV surveillance authority (e.g., Texas, which includes Houston), selection of the state included selection of the city (i.e., city-state units were selected together). In 2004, 19 states (including the 6 separately funded areas within those states) and Puerto Rico were selected from the 52 PSUs, resulting in 26 MMP project areas. Because of funding constraints for the 2009 data collection cycle, 3 project areas (Maryland, Massachusetts, and South Carolina) were randomly selected to discontinue participation in MMP, and the total number of MMP areas was reduced to 23. An analysis carried out in 2014 found that the original measure of size with which states were originally sampled (i.e., AIDS prevalence in 2002) was still a reasonable proxy for the distribution of HIV prevalence in 2010 (the most recent year for which prevalence estimates were available at the time). Consequently, we concluded that the selected sample of states was still sufficiently representative of the

population of persons with diagnosed HIV and that selecting a new sample for the 2015 and subsequent

data collection cycles was unwarranted. In addition, the change in the sampling frame and the availability of national totals from the National HIV Surveillance System (NHSS) presented new options for calibrating weights, further lessening the need for any adjustments to the sample of states. At the second stage, persons with a reported diagnosis in NHSS were sampled after the selection of the states. The sampling frame was the national case surveillance data set containing records submitted to the Centers for Disease Control and Prevention (CDC) as of December 31, the year prior to the data collection cycle. This national data set was divided into 24 separate frame files according to the most recently reported residence information, with 1 frame for each of the 23 project areas and 1 residual file for all non-MMP project areas. Individuals were eligible for sampling if their vital status was alive, they were aged ≥ 18 years, and they were residents of the United States. Records in the NHSS are deidentified (under provisions of CDC's Assurance of Confidentiality) and include only limited information about where the person currently resides, lacking the more exact address information contained in local case surveillance systems. CDC staff drew simple random samples from the 23 project area frame files, and project area staff then linked their samples to local case surveillance systems and extracted contact information for use in locating sampled persons, whom they then attempted to recruit.

Nonresponse Analysis and Weighting

Data used to generate national estimates were weighted for the probability of selection based upon known probabilities of selection of states and individuals within states. In addition, data were weighted to adjust for nonresponse by using predictors of response, including sex, race/ethnicity, age of most recent contact information, transmission category, and the person's receipt of care as documented by lab-

oratory test results in NHSS records. In 2016, frame data extracted from NHSS provided information for all sampled persons in MMP, regardless of response to the interview or from the medical record abstraction. These data provided descriptive information about all sampled persons for assessing how person characteristics were associated with nonresponse and were the source of data used for nonresponse analysis and weighting.

Eligibility and Response Classifications

Persons were eligible for participation if, as of the sampling date, they had received a diagnosis of HIV, were aged ≥ 18 years, alive, and a resident of an MMP project area. Sampled persons were presumed to be eligible based on their information in NHSS unless data from another source contradicted this status. Persons were classified into 4 categories: (1) eligible respondents, (2) contacted nonrespondents, (3) nonrespondents who were not contacted, and (4) ineligible persons. These categories were used in calculating final response rates and contact rates in accordance with standard formulas [2].

Weighting Overview

For the 2015-2017 MMP cycles, sets of weights at the national level of analysis were produced independently of the local levels of analysis. Base weights were applied, and statistical adjustments were then made for multiplicity and nonresponse at the person level. These nonresponse adjustments distributed the base weights of nonresponding persons to responding persons, so that the sum of the adjusted weights equaled the sum of the base weights. After adjusting for nonresponse, the weights were then poststratified to population totals from the NHSS frame. Extreme weights were trimmed and the weights were adjusted to the same population totals. For the weighting process, an updated sampling frame was created by returning to the source of surveillance records approximately a year later, during which time additional information may have become available for persons reported to NHSS and additional diagnoses may have been reported. This

updated frame added to the frame all records that would have been eligible if their information had met the inclusion criteria; primarily, these were diagnoses that occurred during the year prior to the MMP sampling date (for the 2016 cycle, December 31, 2015), but had not yet been reported on the date the initial sample was drawn. Additionally, some persons were found to have had multiple records pertaining to them at the time of sampling, which were later identified as duplicate records. In some cases, updated information indicated that a person originally judged eligible and included on the original frame was ineligible.

Adjustments for unequal selection probabilities

The base weight was the inverse probability of selection for the person, which varied by project area. A person who was sampled from one jurisdiction, but lived in another area at the time of sampling, retained the original base weight. Prior to weighting, such cross-jurisdictional records were grouped with their project area of residence at the time of sampling. This moving of records had no effect on the national weights, but did affect the project area weight totals, increasing some slightly while decreasing others.

Adjustments for multiplicity

A multiplicity factor was applied to the person weight for persons with records found to be present more than once when the original frame was compared to the updated frame. This factor, which accounts for some persons' multiple opportunities for being sampled, was capped at 2.0 and was applicable for only 56 persons.

Adjustments for nonresponse

A nonresponse adjustment factor was then applied to the base weight. This factor makes use of information available for every sampled case from the NHSS frame data: personal demographics, HIV exposure category, laboratory data, and diagnosis data. Definitions of weighting classes were based on variables that were determined in bivariate analyses to be significantly related to response at the national or project area level.

For the national adjustment factor, weighting classes were based on variables related to response: sex at birth, age of most recent contact information, and the person's frequency of receipt of care (as indicated by NHSS records). For local project area data, the factors used for this adjustment varied, depending on the results of bivariate analyses. Within weighting classes, the adjustment for nonresponse was the ratio of the sum of the multiplicity-adjusted base weights for eligible sampled cases to the sum of these weights for eligible respondents.

Poststratification

The updated sampling frame provided information on the size and characteristics of the population with diagnosed HIV, which was used for poststratification to known distributions. A count of records on this updated frame provided an updated total population size estimate. Poststratifying to this total forced the sample-based estimate of population size to conform and corrected for late reports. This adjustment was performed within classes defined by key demographics (age, race/ethnicity, and gender), so that the weight sum was preserved in each class.

Trimming

After poststratification, the need for trimming the adjusted weights, so as not to inflate variance, was assessed. Where the design effect due to weighting (measured as $1 + CV^2$, where CV is the coefficient of variation of the weights) exceeded 1.75, we capped the weights at the median weight plus 4 times the interquartile range of the weights, then redistributed the excess to preserve the weight total. This was implemented in 4 project areas, but was not needed for national weights. The effect of other weighting adjustments, however, reduced weight totals through the exclusion of sampled persons found to be ineligible, while approximately maintaining the proportional distributions of the factors used in the poststratification.

Design variables and variance estimation

Nationally, design variables indicating strata and cluster membership for each participating person accounted for the sample design. Many states were sampled with certainty, because of their higher AIDS prevalence, and each of these was defined as its own stratum. Elsewhere, strata were created by grouping 2 to 3 states (PSUs in the stratified PPS design) that had similar selection probabilities. Multiple project areas within certainty states were effectively substrata, and each project area remained its own stratum. For certainty PSUs, the participant was the cluster. For the strata composed of noncertainty states, the state was the cluster. For local estimates, variance estimation was conditional on the initial sampling of states as PSUs, meaning that this stage of sampling was ignored. Participants were treated as having come from a simple random sample with replacement, although the various adjustment factors induced unequal weights.

DEFINITIONS

Sociodemographic Characteristics

- **Gender:** Categories were male, female, and transgender. Participants were classified as transgender if reported sex at birth and current gender as reported by the participant were not the same or if the participant answered "transgender" to the inter-view question regarding self-identified gender.
- **Health insurance, including coverage for antiretroviral therapy (ART) medications:** Participants were asked whether they had health insurance or coverage for ART medications during the 12 months before the interview. Responses to these questions were combined and categorized as private health insurance, Medicaid, Medicare, Ryan White HIV/AIDS Program, Tricare/ CHAMPUS and Veterans Administration coverage, insurance classified as other public health insurance, and unknown insurance. Participants could select more than 1 response for health insurance, including coverage for ART medications.

- **Federal poverty guidelines:** Participants were asked about their combined monthly or yearly household income (in US\$) from all sources during the 12 months before the interview. The number of persons meeting the current federal poverty threshold was determined by using the U.S. Department of Health and Human Services poverty guidelines that corresponded to the calendar year for which income was asked. These guidelines are issued yearly for the 48 contiguous states and Washington, D.C., and are an indicator used for determining eligibility for many federal and state programs. The 2015 guidelines [3] were used for participants interviewed in 2016, and the 2016 guidelines [4] were used for persons interviewed in 2017. Because the poverty guidelines are not defined for the territory of Puerto Rico, the guidelines for the contiguous states and Washington, D.C., were used for this jurisdiction. Participants were asked to specify the range of their income, and household income was assumed to be the midpoint of the income range.

Clinical Characteristics

- **CDC stage of disease classification for HIV infection:** Defined according to CDC's 2014 revised surveillance case definition for HIV infection [5]. Information from NHSS was used to determine the most advanced HIV disease stage ever reached by participants.

Use of Health Care Services

- **Outpatient HIV medical care:** Defined as documentation of any 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. All were measured through documentation in the person's medical record; an encounter with an HIV care provider was also measured based on interview self-report. Persons were considered to be retained in care if they had 2 elements of outpatient HIV care at least 90 days apart in each 12-month period reviewed.
- **ART prescription:** Defined as a prescription in the medical record, during the 12 months before the interview, of any of the following medications: abacavir, amprenavir, atazanavir, cobicistat, darunavir, delavirdine, didanosine, dolutegravir, efavirenz,

elvitagravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, lopinavir/ritonavir, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir alafenamide, tenofovir disoproxil fumarate, tipranavir, or zidovudine. Persons with no medical record abstraction were considered to have no documentation of ART prescription.

- ***Pneumocystis pneumonia (PCP) prophylaxis:*** Defined as documentation in the medical record that prophylaxis for PCP was prescribed among persons with a CD4 count of <200 cells/ μ L in the 12 months before the interview [6]. Persons prescribed regimens typically given as PCP prophylaxis (trimethoprim-sulfamethoxazole, dapsone with or without pyrimethamine and leucovorin, aerosolized pentamidine, and atovaquone) were not presumptively categorized as having received PCP prophylaxis unless this was specifically stated in the medical record or no length of time was specified for the course of treatment.

- ***Mycobacterium avium complex (MAC) prophylaxis:*** Defined as documentation in the medical record that prophylaxis for MAC disease was prescribed among persons with a CD4 count of <50 cells/ μ L in the 12 months before the interview [6]. Persons prescribed regimens typically given as MAC prophylaxis (azithromycin with or without ethambutol and/or rifabutin, clarithromycin with or without ethambutol and/or rifabutin, and rifabutin with or without azithromycin or azithromycin along with ethambutol) were not presumptively categorized as having received MAC prophylaxis unless this was specifically stated in the medical record or no length of time was specified for the course of treatment.

- **Influenza vaccination:** Participants were asked whether they had received seasonal influenza vaccine during the 12 months before the interview.

- ***Neisseria gonorrhoeae* testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture, Gram stain, enzyme immunoassay (EIA), nucleic acid amplification test (NAAT), or nucleic acid probe.

- **Chlamydia trachomatis testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.

- **Syphilis testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from nontreponemal serologic tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal serologic tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], microhemagglutination assay for antibodies to *T. pallidum* [MHA-TP], Chemiluminescence Immunoassay [CIA], fluorescent treponemal antibody absorption [FTA-ABS] tests), polymerase chain reactions (PCR), or dark-field microscopy.

Self-reported ART Medication Use and Adherence

- **ART adherence:** Participants were asked about their adherence to ART in the 30 days before the interview using questions from a 3-item scale developed by Wilson and colleagues [7]. Participants were asked about how many days they missed at least 1 dose of their HIV medicines, how often they took their HIV medicines in the way they were supposed to, and how good a job they did at taking their HIV medicines in the way they were supposed to during the 30 days before the interview.

Depression and Substance Use

- **Depression:** Participants were asked questions from the Patient Health Questionnaire (PHQ-8), an 8-item scale used to measure frequency of depressed mood in the preceding 2 weeks [8]. The PHQ-8 has the following question: “Over the last 2 weeks, how often have you been bothered by any of the following problems?” The respondent is then asked about the following problems: (1) little interest or pleasure in doing things (anhedonia); (2) feeling down, depressed, or hopeless; (3) trouble falling/staying asleep, or sleeping too much; (4) feeling tired or having little energy; (5) poor appetite or overeating; (6) feeling bad about yourself or that you are a failure or have let yourself or your family down; (7) trouble concentrating on things, such as reading the

newspaper or watching television; and (8) moving or speaking so slowly that other people could have noticed, or being fidgety or restless or moving around a lot more than usual. Response categories were “not at all,” “several days,” “more than half the days,” and “nearly every day,” with points (0–3) assigned to each response category, respectively. The PHQ-8 responses were scored by using 2 methods. Method 1: an algorithm involving criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV-TR) [9], for diagnosing major depression was used to classify adults with diagnosed HIV as having major depression, other depression, or no depression. To meet the criteria for major depression, a participant must have experienced 5 or more symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness. For other depression, a participant must have experienced 2 to 4 symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness. Method 2: scores for each response category were summed to produce a total score between 0 and 24 points. Current depression of moderate or severe intensity was defined as a total score of ≥ 10 .

- **Anxiety:** Participants were asked questions from the Generalized Anxiety Disorder Scale (GAD-7), a 7-item scale used to screen for and measure the severity of generalized anxiety disorder [10]. The GAD-7 has the following question: “Over the last 2 weeks, how often have you been bothered by any of the following problems?” The respondent is then asked about the following problems: (1) feeling nervous, anxious, or on edge; (2) not being able to stop or control worrying; (3) worrying too much about different things; (4) trouble relaxing; (5) being so restless that it is hard to sit still; (6) becoming easily annoyed or irritable; and (7) feeling afraid as if something awful might happen. Responses were scored according to criteria from the DSM-IV-TR [9]. Response categories were “not at all,” “several days,” “more than half the days,” and “nearly every day,” with points (0–3) assigned to each response category, respectively. Scores for each response

category were summed to produce a total score between 0 and 21 points. “Severe anxiety” was defined as having a score of ≥ 15 ; “moderate anxiety” was defined as having a score of 10–14; and “mild anxiety” was defined as having a score of 5–9.

- **Alcohol use:** Participants were asked about alcohol use during the 30 days and the 12 months before the interview. A drink was defined as 12 ounces of beer, a 5-ounce glass of wine, or a 1.5-ounce shot of liquor.

- **Binge drinking:** Defined as ≥ 5 drinks in a single sitting for men and ≥ 4 drinks in a single sitting for women in the past 30 days.

Sexual Behavior

- **Prevention modalities:** Reported behaviors that decrease the likelihood of HIV transmission to a sexual partner, including
 - Sex while sustainably virally suppressed: Vaginal or anal sex and the person’s HIV viral load was documented in the medical record as < 200 copies/mL at every measure in the past 12 months before the interview.
 - Condom-protected sex: Condoms were consistently used with at least 1 vaginal or anal sex partner.
 - Condomless sex with a partner on preexposure prophylaxis (PrEP): At least 1 HIV-negative condomless-sex partner was on PrEP. PrEP use was only measured among the 5 most recent partners and was reported by the HIV-positive partner.
 - Sex with an HIV-positive partner: Vaginal or anal sex with at least 1 HIV-positive partner.

- **High-risk sex:** Vaginal or anal sex with at least 1 HIV-negative or unknown status partner while not sustainably virally suppressed, when a condom was not used, and the partner was not known to be taking PrEP.

Met and Unmet Needs for Ancillary Services

- **Met need:** Defined as an ancillary service (e.g., HIV case management service, dental care, mental health

service) received during the 12 months before the interview.

- **Unmet need:** Defined as an ancillary service that the participant reported as needed, but not received, during the 12 months before the interview.

Division of HIV/AIDS Prevention National Indicators

Measures in this section are used by CDC’s Division of HIV/AIDS Prevention for national monitoring and evaluation purposes.

- **Homelessness among persons receiving HIV care:** Defined as living on the street, in a shelter, in a single-room-occupancy hotel, or in a car at any time during the 12 months before the interview among person who received any outpatient HIV medical care in the 12 months before the interview.

- **HIV stigma:** Defined as the median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people with HIV [11].

- **High-risk sex:** See “Sexual Behavior” section.

ETHICS STATEMENT

In accordance with guidelines for defining public health research [12], CDC determined MMP was public health surveillance used for disease control, program, or policy purposes. Local institutional review board approval was obtained at participating states and territories when required. Informed consent was obtained from all interviewed participants.

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HIV/AIDS RESOURCES:



Georgia CAPUS Resource Hub
<https://www.gacapus.com/r/>



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



Medical Monitoring Project
<https://www.cdc.gov/hiv/statistics/systems/medical-monitoring-project/index.html>



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