# HIV Surveillance Fact Sheet, Georgia, 2016

- There were 2,593 persons in Georgia diagnosed with HIV in 2016, for a rate of 30.5 per 100,000 population age 13 and older.
- There were 1,158 diagnoses of stage 3 (AIDS) in Georgia during 2016. These are persons diagnosed with AIDS at initial diagnosis and persons who were previously diagnosed with HIV who were then diagnosed with AIDS in 2016.
- 79% (2,037) of those diagnosed with HIV infection during 2016 were male, 19% (524) female, 1% transgender.
- In 2016, 20% of persons diagnosed with HIV statewide were diagnosed with AIDS within 12 months, which is considered a late HIV diagnosis. Late testing results in missed opportunities for prevention and treatment of HIV infection and emphasizes the need for earlier testing, linkage, and retention in care for persons living with HIV infection.
- Since the advent of highly active antiretroviral therapy in the mid-1990's, deaths due to HIV have declined substantially. There were 785 deaths among persons with HIV in Georgia during 2016. Approximately half of those deaths were HIV-related, and the other half were not.

Figure 1: HIV Diagnoses by Year, 2010-2016, Georgia

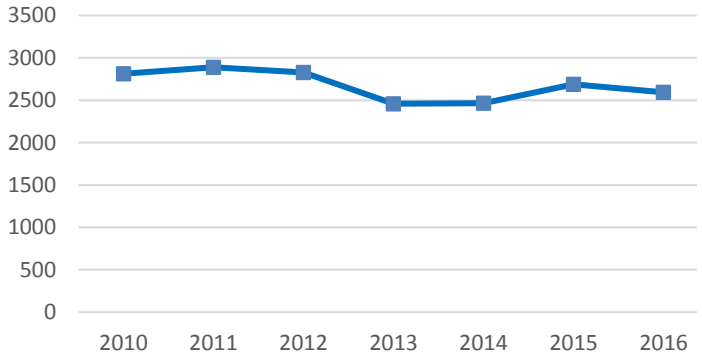
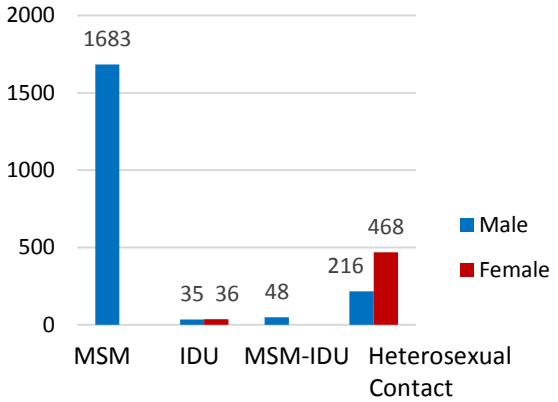



Figure 2: Diagnoses by Transmission Category and Sex, Georgia 2016




Georgia Department of Public Health

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- Among males, 1,683 HIV diagnoses (83%) were attributed to male to male (MSM) sexual contact (Figure 2).
- Among females, 468 HIV diagnoses (89%) were attributed to heterosexual contact (Figure 2)
- The highest number of HIV diagnoses occurred among males 20-29 years of age, while diagnoses among women were more equally distributed across age groups (Figure 3a and b).
- Among transgender persons, 94% of cases were attributed to sexual contact, and 3% to injection drug use.
- 1,846 new diagnoses of HIV infection (71%) were among Blacks (Figure 4), and the rate of diagnosis was highest among Blacks (Table 1).
- 36 infants were born with perinatal HIV infection between 2010 and 2016 (Figure 5); of these 20 were born in the Atlanta MSA, and 16 outside of Atlanta

Figure 3a: HIV Diagnoses by Age, Males, Georgia, 2016

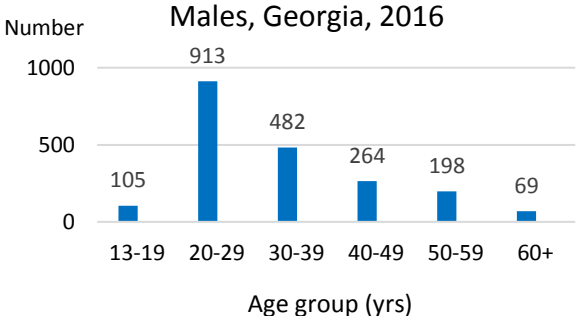



Figure 3b: Diagnoses by Age, Females, Georgia 2016

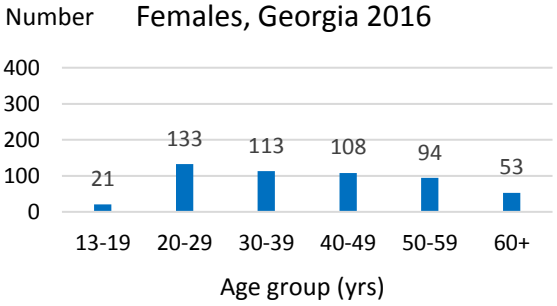



Figure 4: HIV Diagnoses by Race/Ethnicity, Georgia, 2016

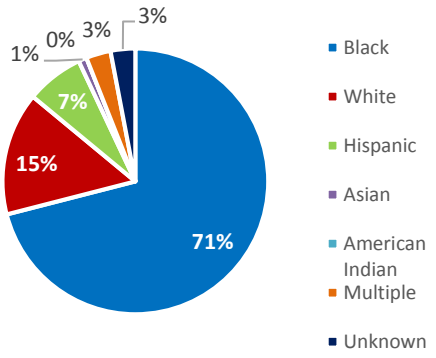
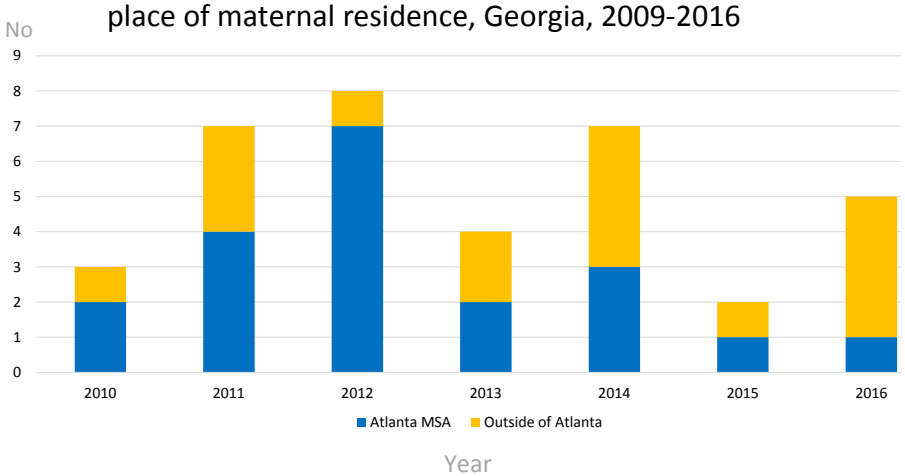



Table 1: HIV diagnosis rate per 100,000 population, 13 years and older, by race/ethnicity, Georgia, 2016

| | Male | Female |
|---|---|---|
| Black | 119.2 | 27.5 |
| Hispanic | 42.6 | 7.0 |
| White | 13.6 | 3.0 |
| Asian | 12.2 | 3.9 |
| American Indian | 20.2 | 9.9 |

Figure 5: Perinatal HIV infections, by year of birth and by place of maternal residence, Georgia, 2009-2016



# HIV Surveillance Fact Sheet, Georgia, 2016

## Persons living with HIV (PLWH)

- The number of persons living with HIV in Georgia has steadily increased as a result of effective treatment (Figure 6)
- As of December 31, 2016, there were 56,789 persons living with HIV. Of these 42,778 were male, 13,447 female and 480 transgender. Forty percent were 40 years and older. Fifty three percent (30,072) had stage 3 disease, or AIDS.
- Among the 18 Public Health Districts in Georgia, Fulton and DeKalb had the highest numbers and rates of persons diagnosed with, and living with HIV infection (Table 2 and Figures 8 a and b).
- 69% (39,347) of persons living with HIV infection in 2016 resided in the Atlanta, Metropolitan Statistical Area (MSA).

Figure 6: Persons living with HIV by Year, Georgia 2010-2016

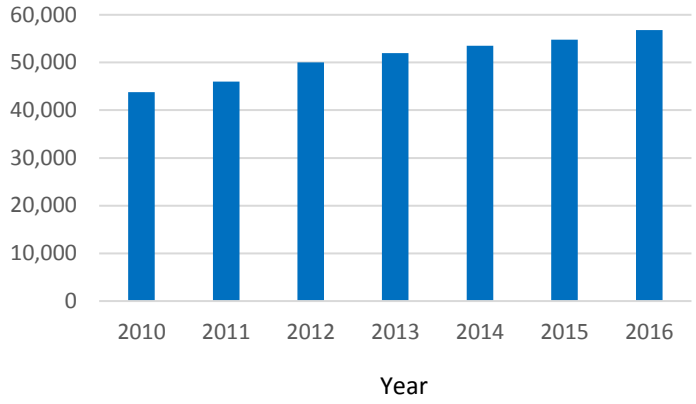



Figure 7: PLHW by Age Group, Georgia 2016

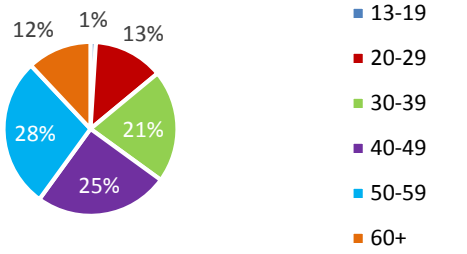



**Table 2 Number and Rates of HIV Diagnoses and People Living with HIV Infection, Georgia, through December 31, 2016**

| | HIV Diagnoses | | PLWH | |
|---|---|---|---|---|
| Public Health District | Count | Rate | Count | Rate* |
| 1-1 Northwest (Rome) | 29 | 4.4 | 994 | 150.8 |
| 1-2 North Georgia (Dalton) | 29 | 6.2 | 658 | 139.7 |
| 2 North (Gainesville) | 45 | 6.5 | 784 | 113.8 |
| 3-1 Cobb-Douglas | 181 | 20.3 | 3,843 | 431.6 |
| 3-2 Fulton | 601 | 58.7 | 16,424 | 1605.0 |
| 3-3 Clayton (Jonesboro) | 90 | 32.2 | 2,463 | 881.3 |
| 3-4 East Metro (Lawrenceville) | 192 | 17.4 | 3,897 | 353.2 |
| 3-5 DeKalb | 360 | 48.6 | 9,537 | 1288.2 |
| 4 LaGrange | 111 | 13.2 | 1,999 | 236.8 |
| 5-1 South Central (Dublin) | 29 | 19.3 | 628 | 418.1 |
| 5-2 North Central (Macon) | 116 | 22.0 | 2,141 | 406.7 |
| 6 East Central (Augusta) | 87 | 18.0 | 2,224 | 461.0 |
| 7 West Central (Columbus) | 97 | 26.1 | 1,728 | 465.5 |
| 8-1 South (Valdosta) | 59 | 23.0 | 1,119 | 436.5 |
| 8-2 Southwest (Albany) | 97 | 27.9 | 1,714 | 492.1 |
| 9-1 Coastal (Savannah) | 130 | 21.1 | 2,682 | 435.1 |
| 9-2 Southeast (Waycross) | 43 | 11.7 | 1,206 | 328.4 |
| 10 Northeast (Athens) | 43 | 8.8 | 942 | 191.7 |
| Unknown Health District | 254 | -- | 1,806 | -- |
| Total | 2,593 | 25.2 | 56,789 | 550.8 |

*Rate per 100,000 population

Figure 8a: HIV Diagnosis Rate by District, 2016

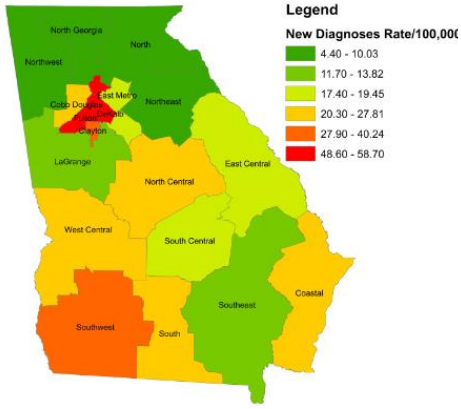
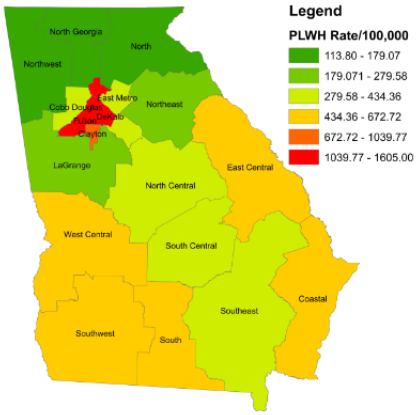



Figure 8b: HIV Prevalence Rate by District, 2016



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## Technical Notes

The number of persons living with HIV infection is based on current residence in the state of Georgia regardless of state of diagnosis. The number of cases with new diagnosis of HIV infection is based on residence at diagnosis in the state of Georgia.

Rates measure the overall frequency which has not been adjusted for factors (e.g. age, sex, race/ethnicity that might have influenced the rate.

Population denominators used to compute the rates for Public Health Districts and state of Georgia were based on the 2016 population estimates from Georgia DPH, Office of Health Indicators and Planning.

Data reflect cases entered into the enhanced HIV/AIDS Reporting Surveillance (eHARS) database as of December 31, 2016.

Data are not adjusted for reporting delays and include incarcerated cases that may artificially inflate the number of cases in a given location.

Cases with missing information in fields such as date of birth, race/ethnicity and gender are included in the analysis.

Multiple imputation, a statistical approach, was used to replace each missing transmission category with a set of plausible values that represent uncertainty about the true but missing value.

## HIV/AIDS Surveillance

Georgia DPH began collecting name-based data on AIDS cases in the early 1980s. Name based reporting of HIV (not AIDS) to DPH was mandated by Georgia law beginning on December 31, 2003. Complete and timely reporting of HIV infections by clinical providers and laboratories is critical for monitoring the epidemic and ensuring adequate funding for prevention and care services in Georgia. Incomplete reporting leads to under-estimation of the impact of HIV in Georgia and limits funding for services among HIV populations.

## HIV Reporting

All health care providers diagnosing and/or providing care to a patient with HIV are obligated 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

The *HIV Surveillance Fact Sheet* is published by the Core Surveillance Unit, HIV/AIDS Epidemiology Section, Epidemiology Program, Division of Health Protection, Georgia Department of Public Health. 