

## HIV Surveillance Fact Sheet Georgia, 2019

- There were 2,504 persons in Georgia diagnosed with HIV in 2019, for a rate of 28.4 per 100,000 population age 13 and older.
- There were 1,091 diagnoses of stage 3 (AIDS) in Georgia during 2019. These are persons diagnosed with AIDS at initial diagnosis and persons who were previously diagnosed with HIV who were then diagnosed with AIDS in 2019.
- 79% (1,976) of those diagnosed with HIV infection during 2019 were male, 19% (484) female, 2% (44) transgender.
- In 2019, 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 760 deaths among persons with HIV in Georgia during 2019. Approximately half of those deaths were HIV-related, and the other half were not.

Figure 1: HIV Diagnoses by Gender and Year, 2011-2019, Georgia

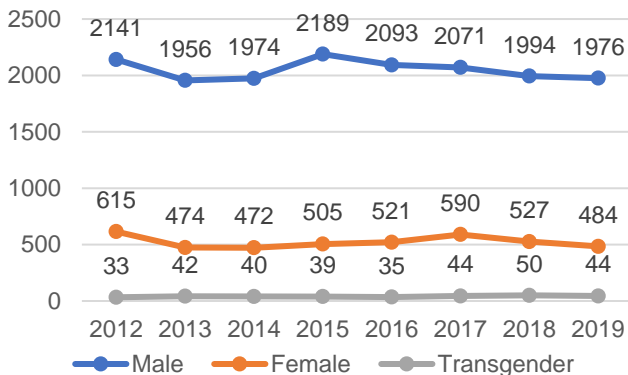
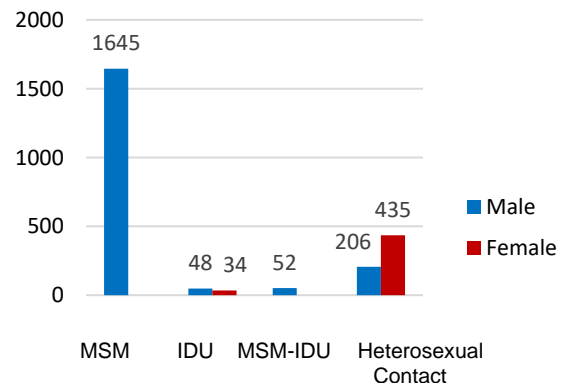


Figure 2: Diagnoses by Transmission Category and Sex, Georgia 2019



- Among males, 1,645 HIV diagnoses (83%) were attributed to male to male (MSM) sexual contact (Figure 2).
- Among females, 502 HIV diagnoses (90%) were attributed to heterosexual contact (Figure 2)
- The highest number of HIV diagnoses among males occurred among those 20-29 years of age, while diagnoses among women were more equally distributed across age groups (Figure 3a and b).
- Among transgender persons, all cases were attributed to sexual contact.
- 1,785 new diagnoses of HIV infection (71%) were among Blacks (Figure 4), and the rate of diagnosis was highest among Blacks (Table 1).
- 43 infants were born with perinatal HIV infection between 2010 and 2019 (Figure 5); of these 23 were born in the Atlanta MSA, and 20 outside of Atlanta

Figure 3a: HIV Diagnoses by Age, Males, Georgia, 2019

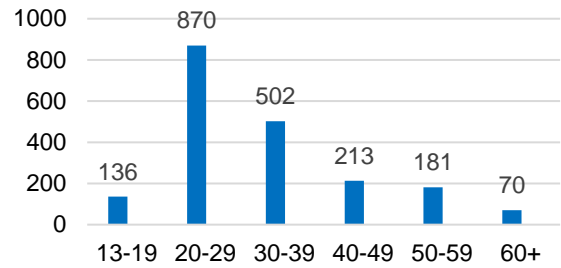


Figure 3b: Diagnoses by Age, Females, Georgia 2019

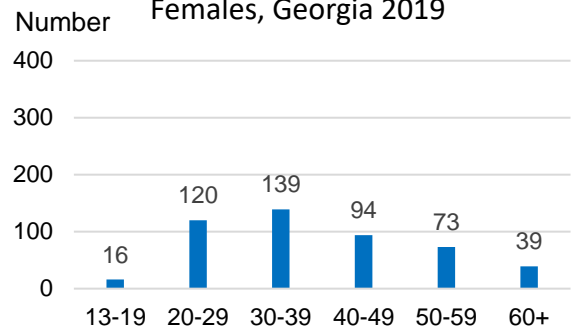


Figure 4: HIV Diagnoses by Race/Ethnicity, Georgia, 2019

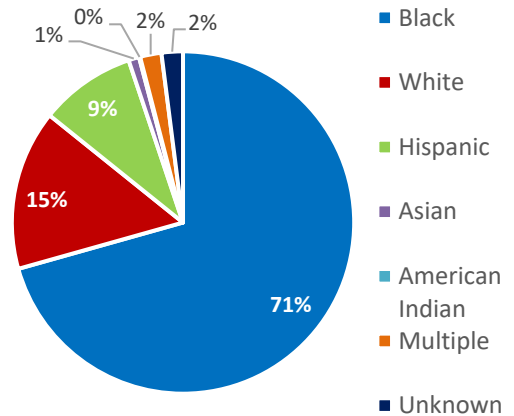
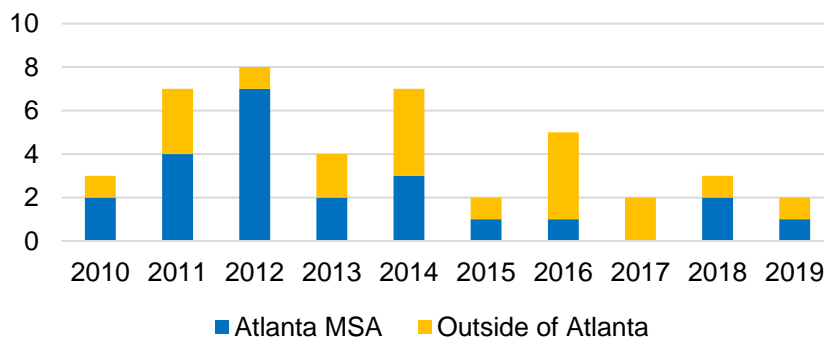


Table 1: HIV diagnosis rate per 100,000 population, 13 years and older, by race/ethnicity, Georgia, 2019

	Male	Female
Black	109.7	24.3
Hispanic	49.9	6.8
White	13.0	2.8
Asian	8.6	3.0
American Indian	9.8	0

Figure 5: Perinatal HIV infections, by year of birth and by place of maternal residence, Georgia, 2010-2019



## 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, 2019, there were 58,594 persons living with HIV. Of these 44,092 (75%) were male, 13,875 (24%) female and 627 (1%) transgender. Forty three percent were 50 years and older. Fifty one percent (29,726) had ever met criteria for 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).
- 70% (41,115) of persons living with HIV infection in 2019 resided in the Atlanta, Metropolitan Statistical Area (MSA).

Figure 6: Persons living with HIV by Year, Georgia 2012-2019

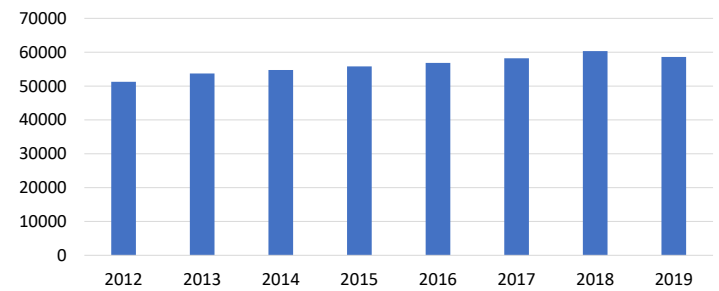


Figure 7: PLWH by Age Group, Georgia 2019

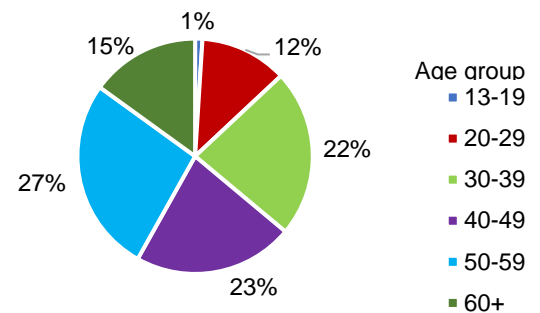


Figure 8a: HIV Diagnosis Rate by District, 2019

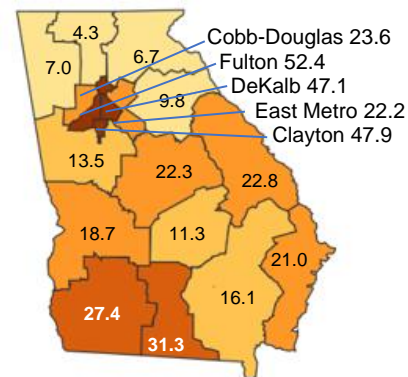


Figure 8b: HIV Prevalence Rate by District, 2019

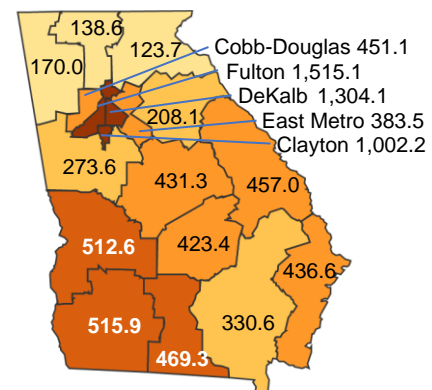


Table 2: Number and rate of HIV Diagnoses in 2019, and People living with HIV infection, Georgia, through December 31, 2019

Public Health District	HIV Diagnoses		PLWH	
	Count	Rate*	Count	Rate*
1-1 Northwest (Rome)	48	7.0	1,162	170.0
1-2 North Georgia (Dalton)	21	4.3	684	138.6
2 North (Gainesville)	49	6.7	907	123.7
3-1 Cobb-Douglas	214	23.6	4,088	451.0
3-2 Fulton	557	52.4	16,120	1,515.1
3-3 Clayton (Jonesboro)	140	47.9	2,929	1,002.2
3-4 East Metro (Lawrenceville)	253	22.2	4,368	383.5
3-5 DeKalb	358	47.1	9,902	1,304.1
4 LaGrange	118	13.5	2,398	273.6
5-1 South Central (Dublin)	17	11.3	636	423.4
5-2 North Central (Macon)	119	22.3	2,305	431.3
6 East Central (Augusta)	112	22.8	2,244	457.0
7 West Central (Columbus)	69	18.7	1,892	512.6
8-1 South (Valdosta)	81	31.3	1,214	469.3
8-2 Southwest (Albany)	94	27.4	1,769	515.9
9-1 Coastal (Savannah)	132	21.0	2,745	436.6
9-2 Southeast (Waycross)	60	16.1	1,235	330.6
10 Northeast (Athens)	51	9.8	1,085	208.1
Unknown Health District	12		1,034	
<b>Total</b>	<b>2,504</b>		<b>58,594</b>	

\*per 100,000 population

## 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 2019 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, 2019.

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.

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## 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