HIV EPIDEMIOLOGIC PROFILE, GEORGIA

Excerpted from the Georgia Integrated HIV Care and Prevention Plan

August 2016

This report summarizes HIV surveillance and other related data for Georgia. It was written in Spring and Summer 2016, based on data reported through the end of 2015. HIV data are presented for persons diagnosed through 2014 to allow for delays in reporting and case follow up activities. HIV surveillance data are presented for Georgia as a whole, for Fulton and DeKalb counties, for the Ryan White Part A EMA (Eligible metropolitan area, defined as Bartow, Paulding, Carroll, Coweta, Fayette, Spalding, Henry, Newton, Rockdale, Gwinnett, Walton, Barrow, Forsyth, Cherokee, Pickens, DeKalb, Fulton, Clayton, Cobb and Douglas counties), and for Ryan White Part B (Georgia excluding the EMA). Although Fulton and DeKalb counties are part of the Atlanta EMA, they are shown separately because they received HIV Prevention funding directly from CDC during 2012-2017.

New diagnoses and persons living with HIV, 2014

In 2014 there were 2,640 new HIV diagnoses, and 53,230 persons living with HIV (PLWH) in Georgia. The Atlanta EMA accounted for 66% of new diagnoses and 69% of PLWH. Fulton and DeKalb Counties accounted for 63% of new diagnoses and 68% of PLWH in the EMA, and 42% of new diagnoses and 45% of PLWH in Georgia.

Overall, approximately 80% of new diagnoses of PLWH were among males, and approximately two-thirds were among Blacks/African Americans (Tables 1 and 3). Among men, over 80% of new diagnoses were attributed to male-male sex; among women the great majority of new diagnoses and PLWH were attributed to heterosexual contact (Table 2 and 4). A higher percent of new HIV diagnoses among White women was attributed to injection drug use than among Black/African American or Hispanic women. Almost two-thirds of new diagnoses in 2014 were among persons less than 40 years of age; almost two-thirds of PLWH were 40 years of age and older (Tables 1 and 3). In 2014, 9 transgender persons were diagnosed with HIV, and 148 transgender persons were living with HIV (these figures may be low as they rely on providers indicating transgender status on the HIV case report form).

Overall patterns were similar in the EMA and outside the EMA; however, women accounted for a higher proportion of new diagnoses and of PLWH outside of the EMA than in the EMA (Tables 1 and 3). Among males, heterosexual contact accounted for a higher percent of new diagnoses and of PLWH outside the EMA than in the EMA, particularly among Black/African American and Hispanic men (Tables 2 and 4).

Table 1. New HIV Diagnoses by Selected Characteristics, Georgia, 2014								
	Georgia (2,640)		Fulton/DeKalb counties (1,096)		Atlanta EMA (1,738)		Georgia excluding EMA (902)	
	N	%	N	%	N	%	N	%
Male	2,111	80	925	84	1,410	81	701	77
Female	521	20	169	15	322	19	199	22
Transgender	11	<1	7	<1	10	<1	1	<1
White	356	13	113	10	216	12	140	16
Black/African American (AA)	1,719	65	759	69	1,119	64	600	67
Hispanic	139	5	60	5	107	6	33	4
Asian	17	<1	9	<1	11	<1	6	<1
American Indian/Alaska Native(AI/AN)	<5	--	<5	--	<5	--	<5	--
Multiple races	45	2	19	2	29	2	16	2
Unknown	360	14	135	12	253	15	107	10
Men who have sex with men (MSM)	1,586	60	714	65	1,070	62	516	57
Injection drug users (IDU)	89	3	26	2	51	3	39	4
MSM/IDU	42	2	20	2	29	2	14	2
Heterosexual	554	21	198	18	329	19	226	27
13-19 years	101	4	36	3	64	4	37	4
20-29 years	968	37	407	37	637	37	331	37
30-39 years	636	24	281	26	439	25	197	22
40-49 years	469	19	213	19	310	18	159	18
50-59 years	335	13	128	12	215	12	120	13
60+ years	122	5	29	3	66	4	56	6

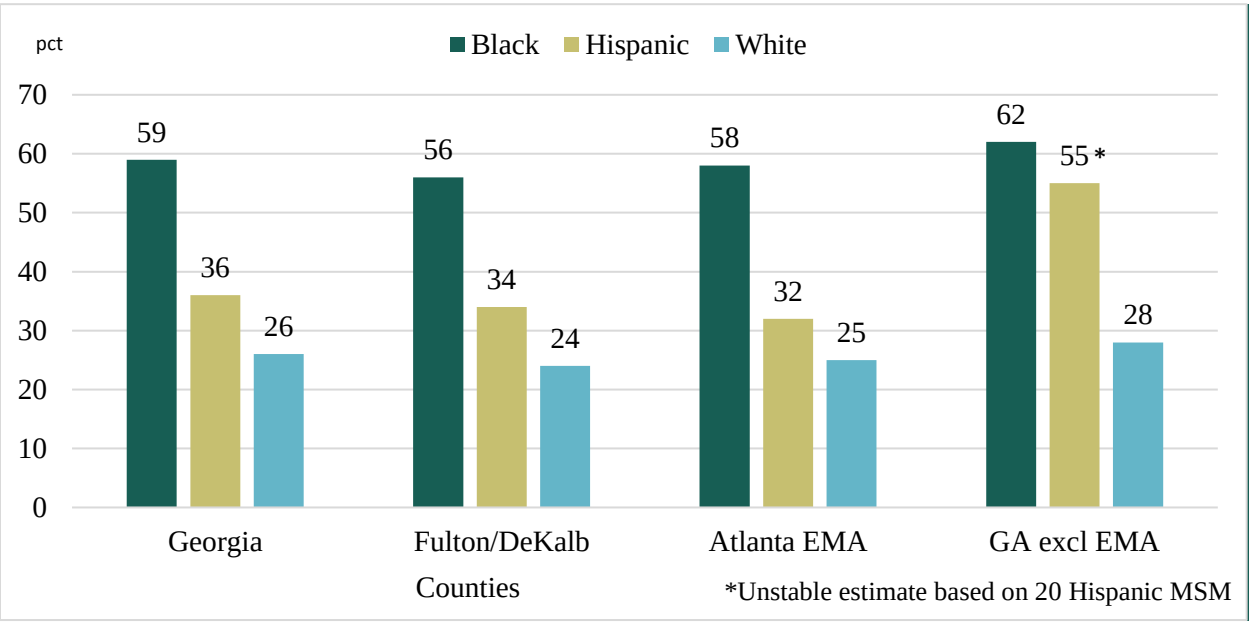
Table 2. New HIV Diagnoses, Transmission Category by Race/Ethnicity and Sex, Georgia, 2014								
	Georgia (2,640)		Fulton/DeKalb counties (1,096)		Atlanta EMA (1,738)		Georgia excluding EMA (902)	
	N	%	N	%	N	%	N	%
White Male								
MSM	273	91	98	92	175	92	98	88
IDU	8	3	<5	--	<5	--	5	5
MSM/IDU	12	4	5	5	8	4	<5	--
Heterosexual	7	2	<5	--	<5	--	<5	--
Black/AA Male								
MSM	1,164	86	543	87	783	87	380	84
IDU	45	3	14	3	26	3	18	4
MSM/IDU	25	2	13	2	17	2	8	2
Heterosexual	121	9	53	8	75	8	47	10
Hispanic Male								
MSM	98	81	53	94	78	83	20	76
IDU	5	4	<5	--	<5	--	<5	--
MSM/IDU	<5	--	<5	--	<5	--	<5	--
Heterosexual	14	12	<5	--	10	11	<5	--
White Female								
IDU	9	18	<5	--	5	17	5	15
Heterosexual	45	82	6	80	21	82	23	83
Black/AA Female								
IDU	18	5	6	5	11	5	7	5
Heterosexual	338	93	128	95	200	93	138	94
Hispanic Female								
IDU	<5	--	<5	--	<5	--	<5	--
Heterosexual	17	87	<5	--	11	85	5	90

Table 3. Persons living with HIV by Selected Characteristics, Georgia, 2014								
	Georgia (53,218)		Fulton/DeKalb counties (24,997)		Atlanta EMA (36,923)		Georgia excluding EMA (16,295)	
	N	%	N	%	N	%	N	%
Male	40,412	75	20,606	82	29,266	79	10,886	67
Female	12,974	24	4,336	17	7,588	21	5,386	33
Transgender	157	<1	99	<1	132	<1	25	<1
White	10,377	19	4,495	18	7,036	19	3,341	21
Black/AA	35,346	66	17,265	69	24,470	66	10,876	67
Hispanic	3,043	6	1,223	5	2,238	6	805	5
Asian	201	<1	94	<1	171	<1	30	<1
AI/AN	29	<1	10	<1	17	<1	12	<1
Native Hawaiian/other Pacific islander (NH/PI)	17	<1	11	<1	16	<1	<5	--
Multiple races	1,804	3	873	3	1,301	4	503	3
Unknown	2,401	5	1,026	4	1,674	5	727	4
MSM	30,840	58	16,592	66	23,331	63	7,059	46
IDU	3,969	7	1,532	6	2,337	6	1,632	10
MSM/IDU	2,331	4	1,263	5	1,734	5	597	4
Heterosexual	13,007	24	4,361	17	7,439	20	5,568	34
13-19 years	329	<1	120	<1	229	<1	100	<1
20-29 years	6,862	13	3,148	13	4,768	13	2,094	13
30-39 years	10,969	21	5,414	22	7,998	22	2,971	18
40-49 years	15,260	29	7,244	29	10,831	29	4,429	27
50-59 years	14,180	27	6,641	27	9,556	26	4,624	28
60+ years	5,435	10	2,377	10	3,431	9	2,004	12

Table 4. Transmission Category by Race/Ethnicity and Sex for Persons living with HIV, Georgia, 2014								
	Georgia (53,218)		Fulton/DeKalb counties (24,997)		Atlanta EMA (36,923)		Georgia excluding EMA (16,295)	
	N	%	N	%	N	%	N	%
White Male								
MSM	7,751	87	3,858	90	5,686	88	2,065	82
IDU	268	3	58	1	142	2	126	5
MSM/IDU	684	8	309	7	482	8	201	8
Heterosexual	190	2	38	<1	88	1	102	4
Black/AA Male								
MSM	19,863	78	11,101	82	15,111	82	4,725	69
IDU	1,766	7	825	6	1,121	6	645	9
MSM/IDU	1,373	5	820	6	1,036	6	337	5
Heterosexual	2,167	9	742	5	1,107	6	1,061	15
Hispanic Male								
MSM	1,913	79	904	86	1,503	83	410	68
IDU	119	5	34	3	70	4	49	8
MSM/IDU	137	6	61	6	110	6	27	4
Heterosexual	235	10	46	4	121	7	113	19
White Female								
IDU	340	24	65	30	152	25	187	23
Heterosexual	1,046	74	147	68	433	72	613	75
Black/AA female								
IDU	1,250	13	476	13	709	12	541	14
Heterosexual	8,375	85	3,101	85	5,045	85	3,330	84
Hispanic female								
IDU	77	12	25	15	53	13	25	12
Heterosexual	530	85	140	82	355	85	175	86

Marked differences in age at diagnosis were observed among MSM by race/ethnicity. Almost 60% of Black/African American MSM were less than 30 years of age at diagnosis, compared with 25-35% of Hispanic and White men. This pattern was observed both in the EMA and outside of it (Figure 1).

Figure 1. New Diagnoses among MSM: Percent <30 Years of Age by Race/Ethnicity, 2014



Overall, 23% of persons diagnosed in 2014 were diagnosed with Stage 3 disease (AIDS) within 3 months of their HIV diagnosis (Table 5). A higher proportion of Hispanics than Whites or Blacks/African Americans were diagnosed late. Late diagnoses were more common among persons 40 years of age and older, among injection drug users, among heterosexual contacts, and among Hispanics.

Table 5. Proportion diagnosed as stage 3 (AIDS) within 3 months of HIV diagnosis, Georgia, 2014				
	Georgia (%)	Fulton/DeKalb (%) counties	Atlanta EMA (%)	Georgia excl. EMA (%)
Male	23	21	23	23
Female	22	18	21	25
White	20	18	20	20
Black/AA	23	21	22	25
Hispanic	31	32	34	25
Asian	--*	--	--	--
AI/AN	--	--	--	--
Multiracial	--	--	--	--
MSM	22	21	22	22
IDU	29	27	27	33
MSM/IDU	20	--	19	--
Heterosexual	26	21	25	28
13-19 years	11	--	11	--
20-29 years	14	14	14	14
30-39 years	27	27	27	28
40-49 years	30	23	29	31
50-59 years	30	26	27	35
60+ years	32	24	33	30

In Georgia, Blacks/African Americans bear the highest burden of HIV; the rate of new diagnoses and of HIV prevalence in Blacks/African Americans is 8.5 and 6 times higher, respectively, than among Whites; rates among Hispanics are 2.2 and 1.7 times higher (Table 6).

Table 6. New HIV diagnoses and HIV prevalence by sex and race/ethnicity per 100,000 population, Georgia, 2014			
	Population Size	New diagnoses	Prevalence
Black/AA	3,098,214	55.5	1140
Hispanic	935,279	15.0	325
White	5,487,103	6.5	189
Asian	378,945	4.5	53
American Indian	23,286	--*	124

*number too small to provide estimate

Rates of new diagnosis and prevalence rates also varied substantially by region of the state. For men, rates were highest in Metro Atlanta, followed by the southern part of the state and are

lowest in the northern part of the state (Figures 2a. and 2b.); the difference in rates between Metro Atlanta and other areas was greatest for Whites, followed by Blacks/African Americans, and smallest for Hispanics. For women, rates were highest in the southern part of the state, followed by Metro Atlanta (Figures 3a. and 3b.). Metro Atlanta includes five Health Districts: Clayton, Cobb, DeKalb, Fulton and Gwinnett.

Figure 2a. HIV Prevalence Rate among Men by Race/Ethnicity and Health District per 100,000 Population, Georgia, 2014

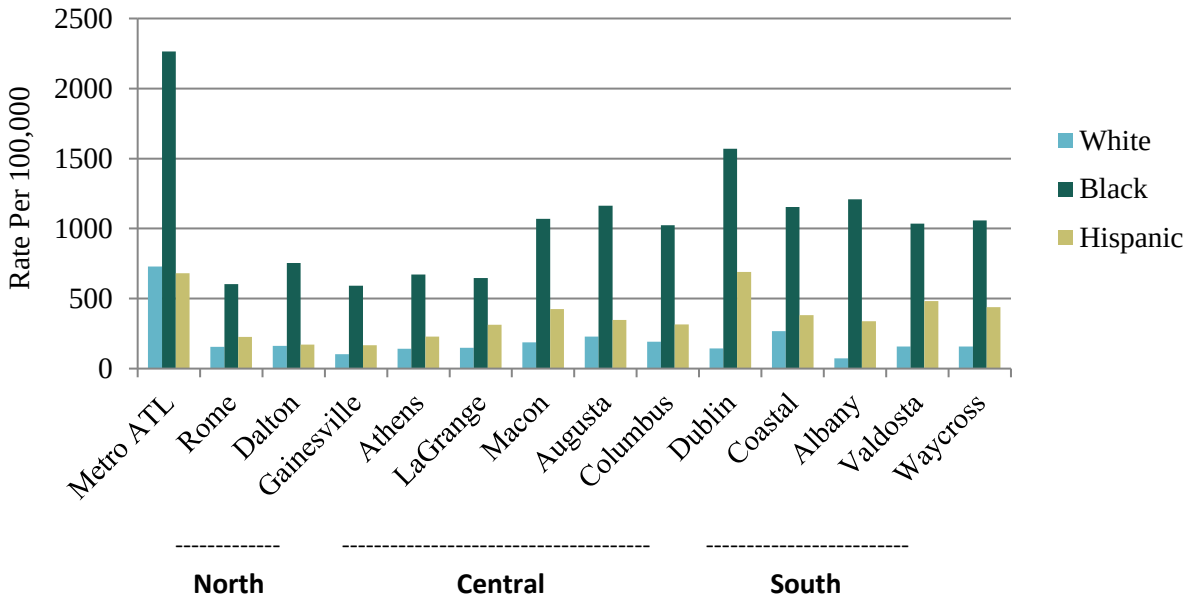


Figure 2b. New HIV diagnosis Rate among Men by Race/Ethnicity and the Health District per 100,000 Population, Georgia, 2014

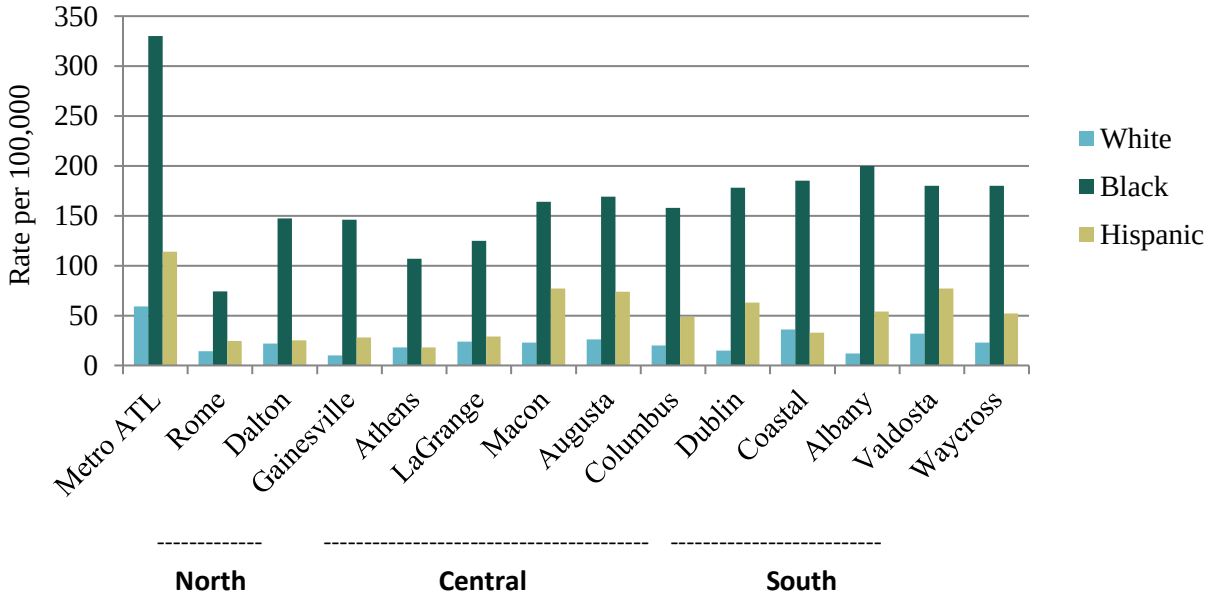


Figure 3a. HIV Prevalence Rate among Women by Race/Ethnicity and Health District per 100,000 Population, Georgia, 2014

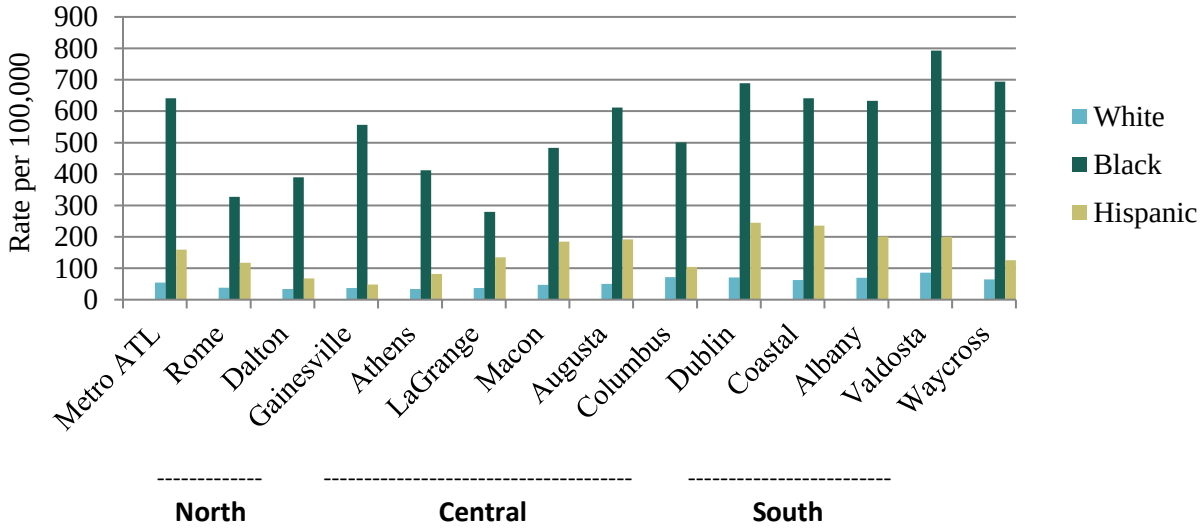
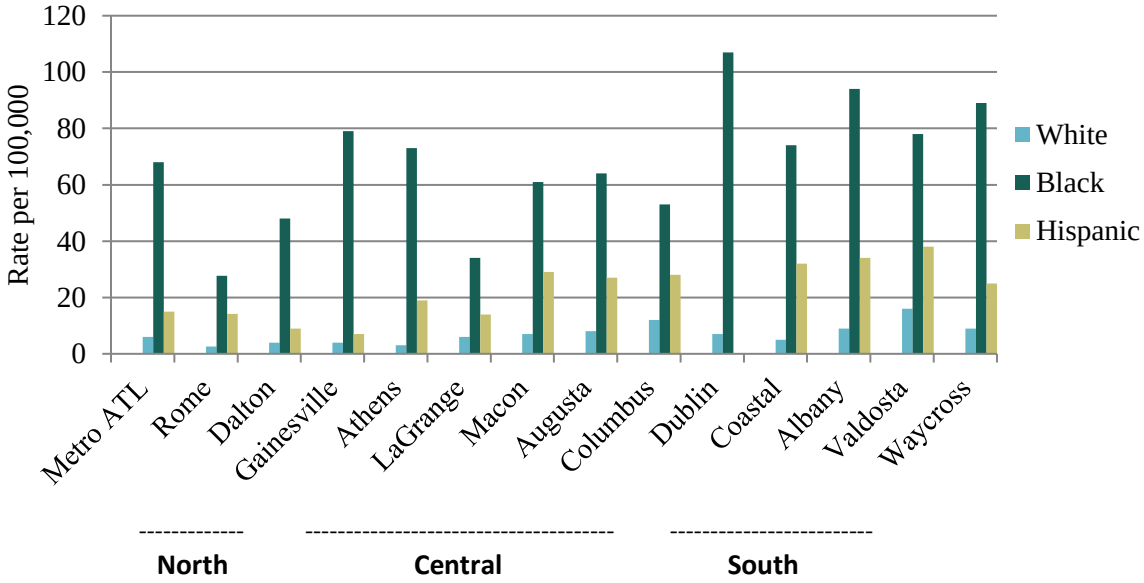


Figure 3b. New HIV Diagnosis Rate among Women by Race/Ethnicity and Health District per 100,000 Population, Georgia, 2014



The especially high rates of HIV among men in metro Atlanta likely reflect relatively more MSM in metro Atlanta compared with other parts of the state. Women account for a higher proportion of cases outside of Atlanta than in Atlanta, potentially reflecting higher rates of bisexual behavior among men who have sex with men outside of Atlanta.

Trends over time

The annual number of HIV diagnoses in Georgia has been fairly stable between 2006 and 2014. This overall trend masks the dramatic increase in HIV diagnoses among Black/African American MSM age 20-29 years between 2005 and 2011 (Figure 4a). While new diagnoses increased in this age group, the number declined among men aged 30-49 years and was stable among men 50 and older. Among White MSM, new diagnoses declined among men aged 30-49 years and were stable among men aged 20-29 years and among men 50 and older (Figure 4b). Among Black/African American women, new diagnoses declined among women aged 15-49years and were fairly stable among women 50 and older (Figure 5). For White and Hispanic women and for Hispanic men, trends by age group were difficult to interpret due to small numbers.

Figure 4a. New HIV diagnoses among Black/African American MSM, Georgia, 2005-2013

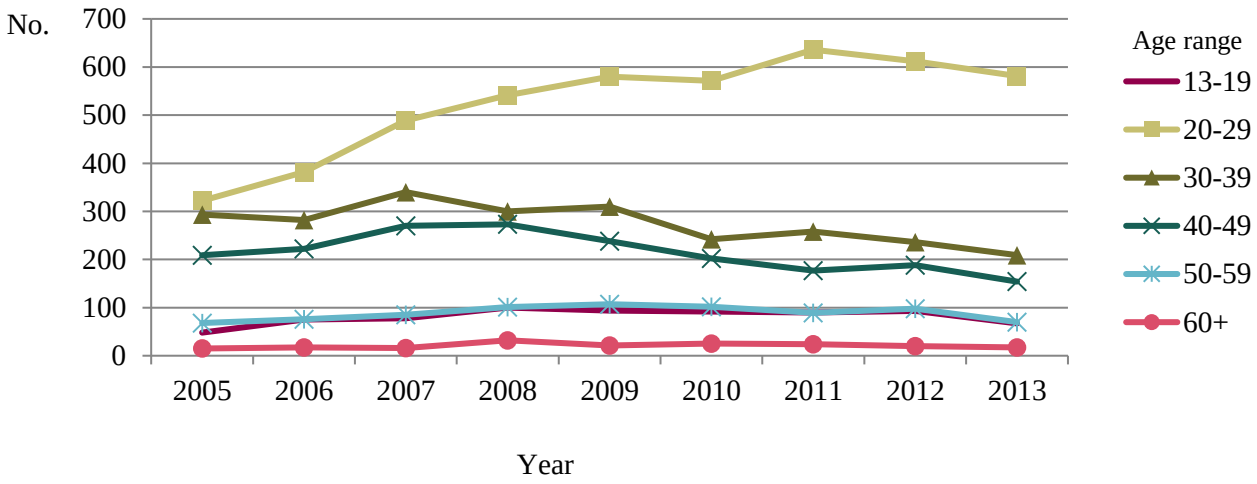


Figure 4b. New HIV diagnoses among White MSM, Georgia, 2005-2013

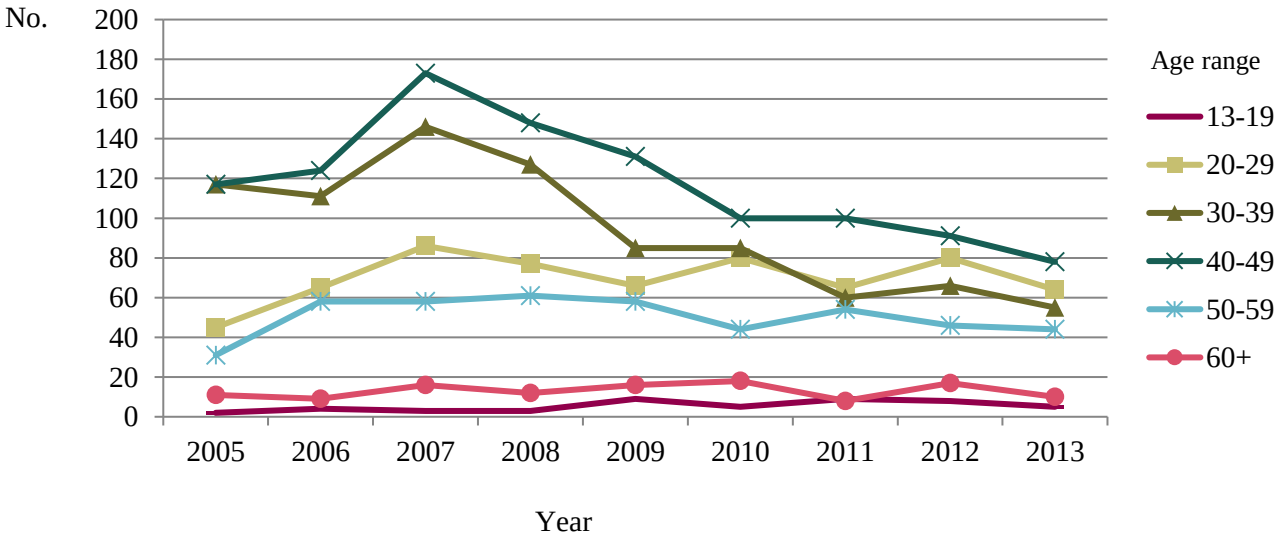
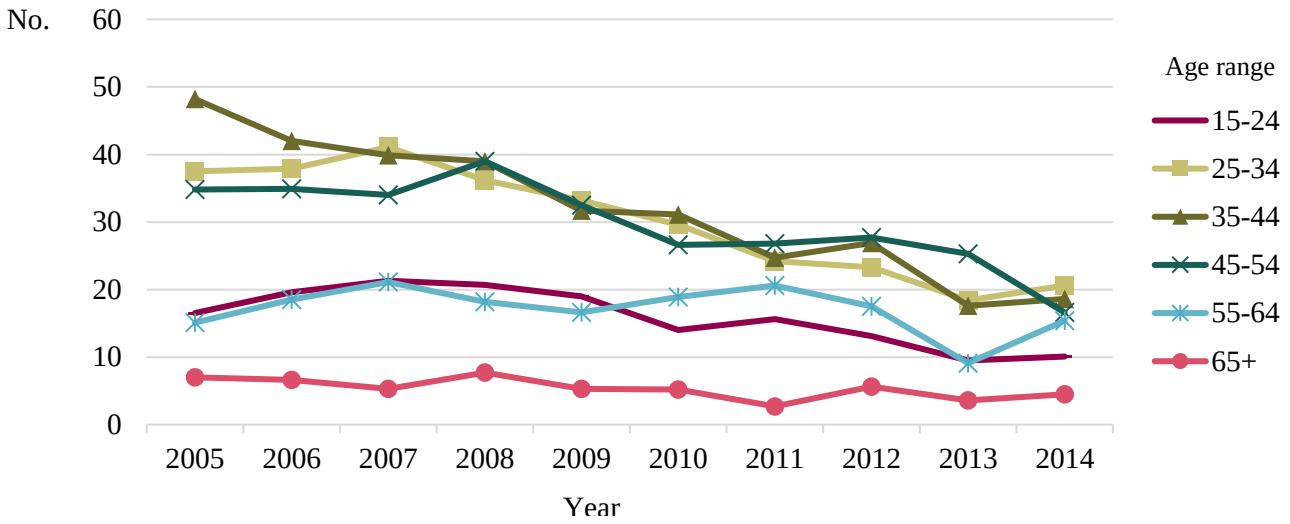


Figure 5. New HIV diagnoses among Women by Age at Diagnosis, Georgia, 2005-2014



Overall an increasing proportion of new diagnoses have been among Black/African American MSM, and a smaller proportion among women. This is illustrated by differences in breakdown of new diagnoses compared to the breakdown of PLWH, a group reflecting older transmission patterns. Black/African American MSM account for 44% of new diagnoses and 37% of PLWH; women account for 20% of new diagnoses and 24% of PLWH.

Among Black/African American men, new diagnoses among men less than 30 years of age outnumbered those among men 30 and older starting in 2010 within the Atlanta EMA and starting in 2011 outside of the EMA. Both in the EMA and outside, new diagnoses have declined in men 30 and older (Figures 6a and 6b). Among White men, the number of new diagnoses declined in men 30 and older and remained stable in men under 30 in the EMA; outside of the EMA new diagnoses were stable in both groups (Figures 7a and 7b). Among Hispanics, new diagnoses were fairly stable in men under and over 30, both in the EMA and outside of it (Figures 8a and 8b).

Figure 6a. New HIV Diagnoses among Black/African American Men, by Age at Diagnosis, Atlanta EMA, 2006-2014

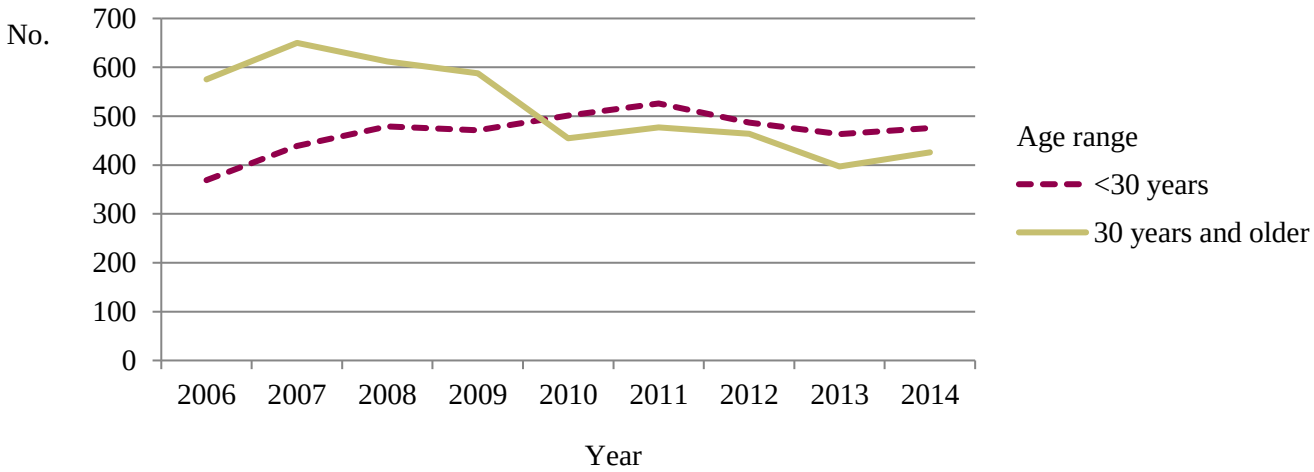


Figure 6b. New HIV diagnoses among Black/African American Men, by Age at Diagnosis, Georgia outside the EMA, 2006-2014

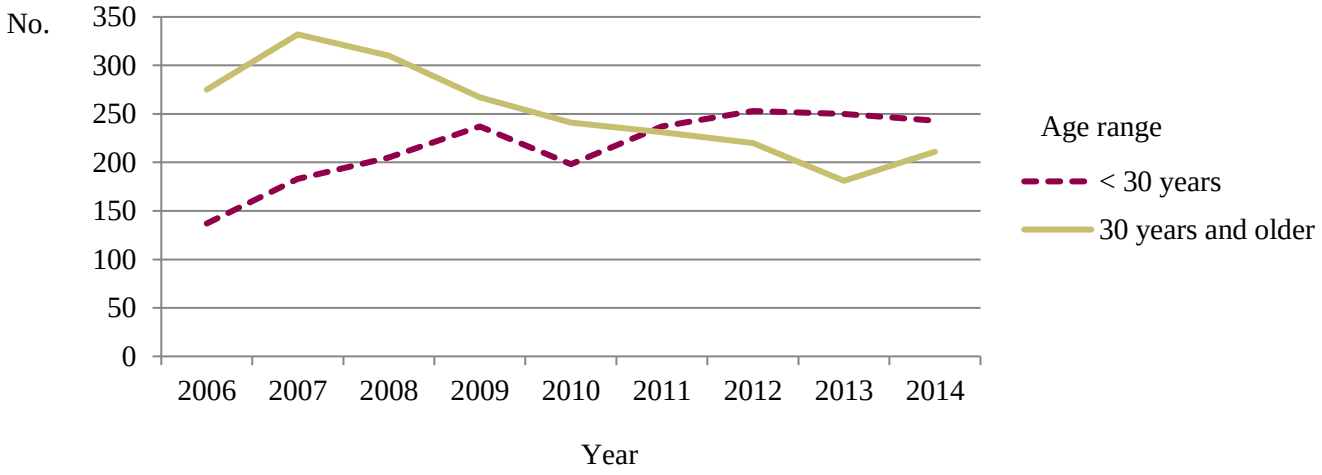


Figure 7a. New HIV Diagnoses among White Men, by Age at Diagnosis, Atlanta EMA, 2010-2014

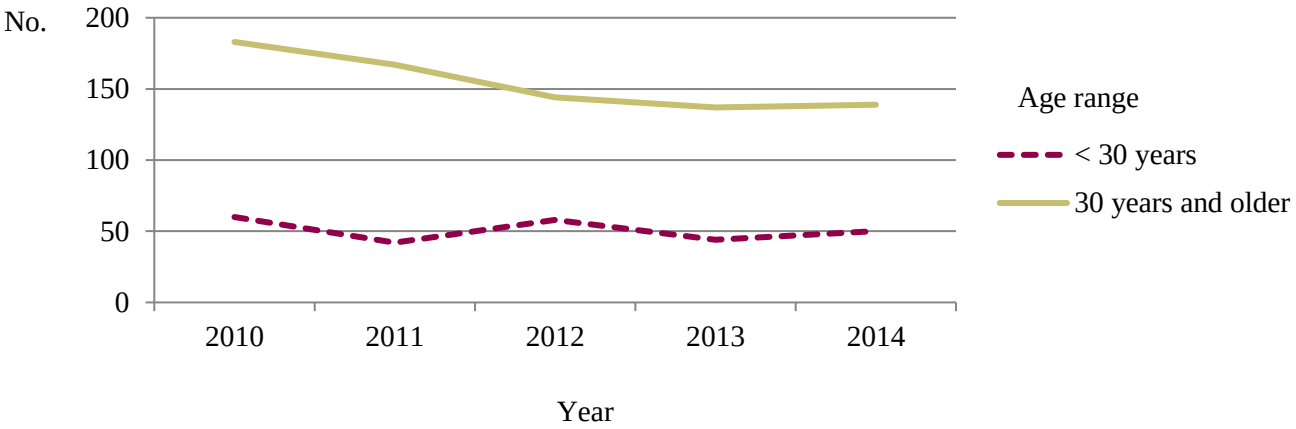


Figure 7b. New HIV diagnoses among White Men by Age at diagnosis, Georgia outside the EMA, 2010-2014

Figure 8a. New HIV Diagnoses among Hispanic Men by Age at Diagnosis, Atlanta EMA, 2010-2014

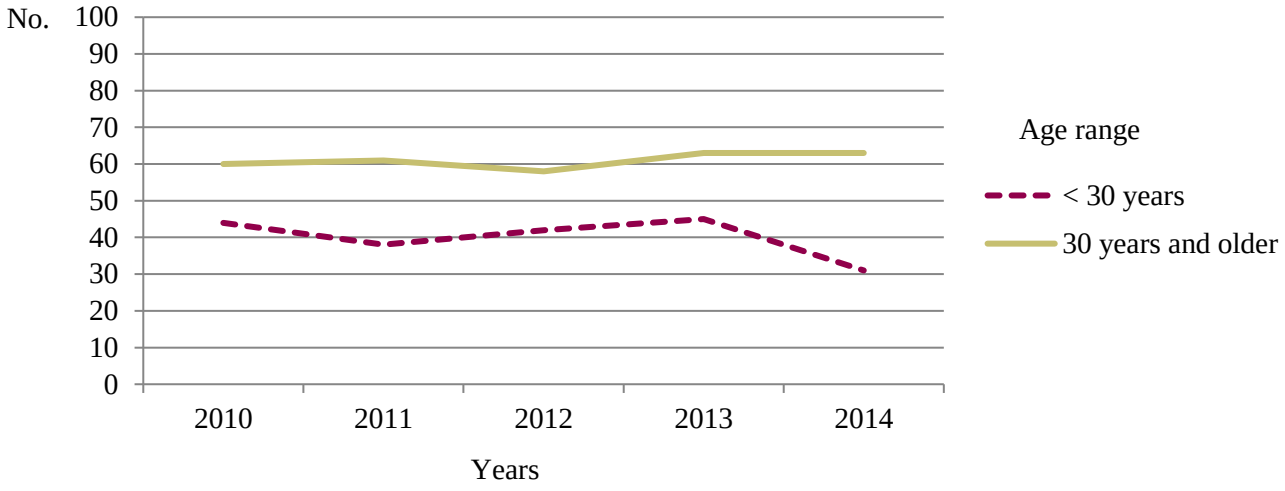
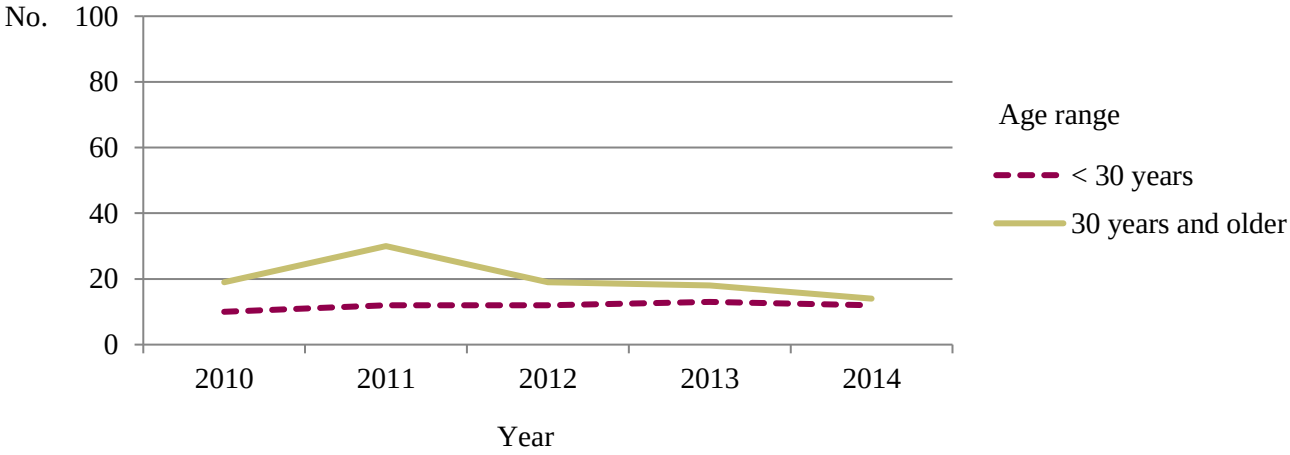


Figure 8b. New HIV Diagnoses among Hispanic Men by Age at Diagnosis, Georgia outside of the EMA, 2010-2014



Among Black/African American women, new diagnoses declined in the EMA and outside of it, both for women over and under 30 years of age (Figures 9a and 9b). For White and Hispanic women trends are difficult to interpret due to small numbers.

Figure 9a. New HIV Diagnoses among Black/African American Women by Age at Diagnosis, Atlanta EMA, 2010-2014

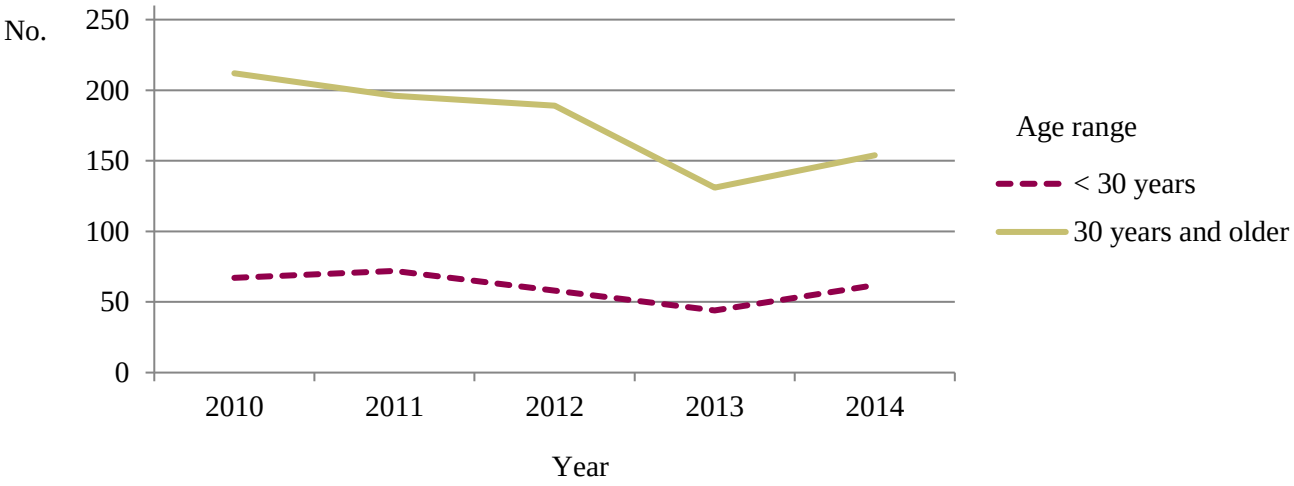
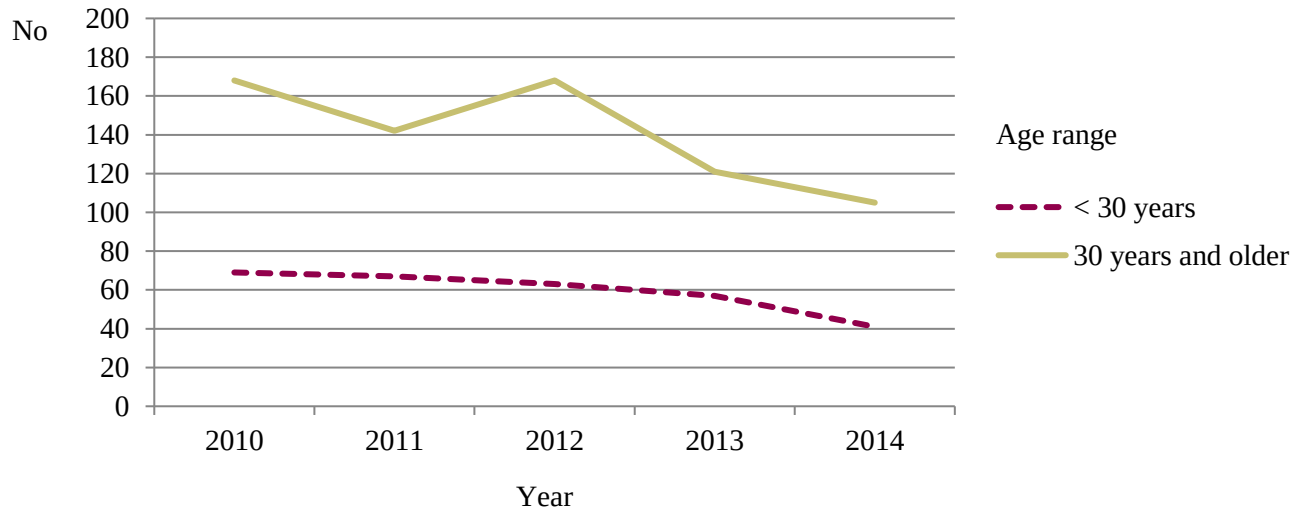


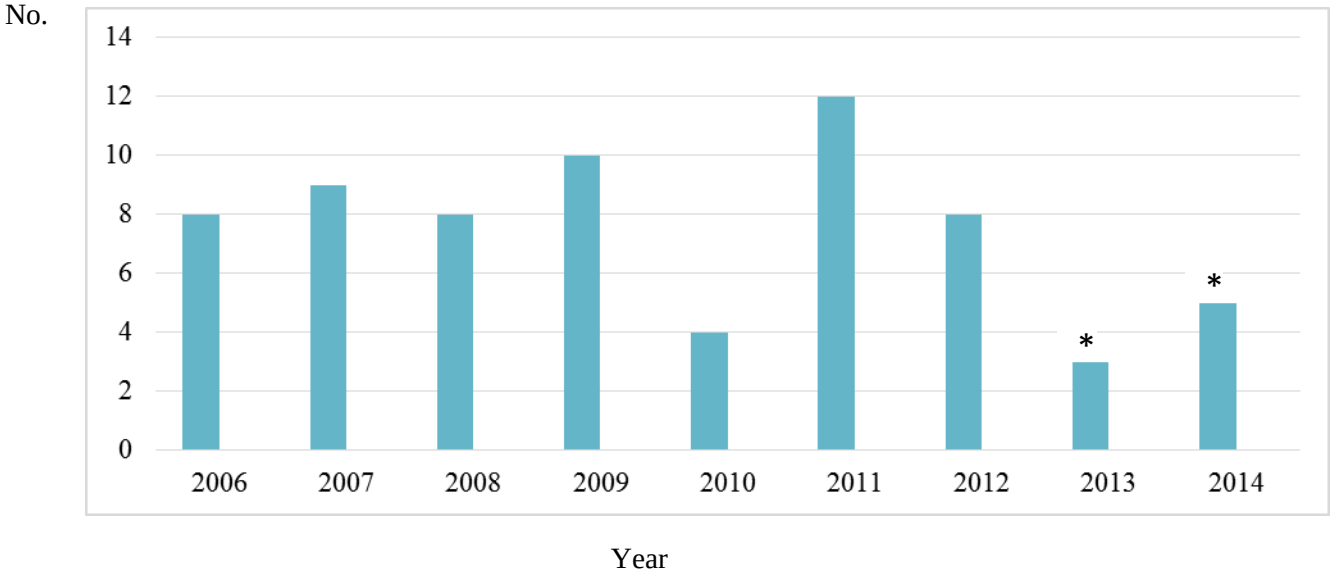
Figure 9b. New HIV Diagnoses among Black/African American Women by Age at Diagnosis, Georgia outside of the EMA, 2010-2014



The shift towards a higher proportion of new diagnoses being among Black/African American MSM has been particularly pronounced outside of the EMA, where Black/African American MSM account for 42% of new diagnoses and 29% of PLWH, and women account for 22% of new diagnoses and 33% of PLWH. In the EMA, Black/African American MSM account for 45% of new diagnoses and 41% of PLWH, and women account for 21% of PLWH and 19% of new diagnoses.

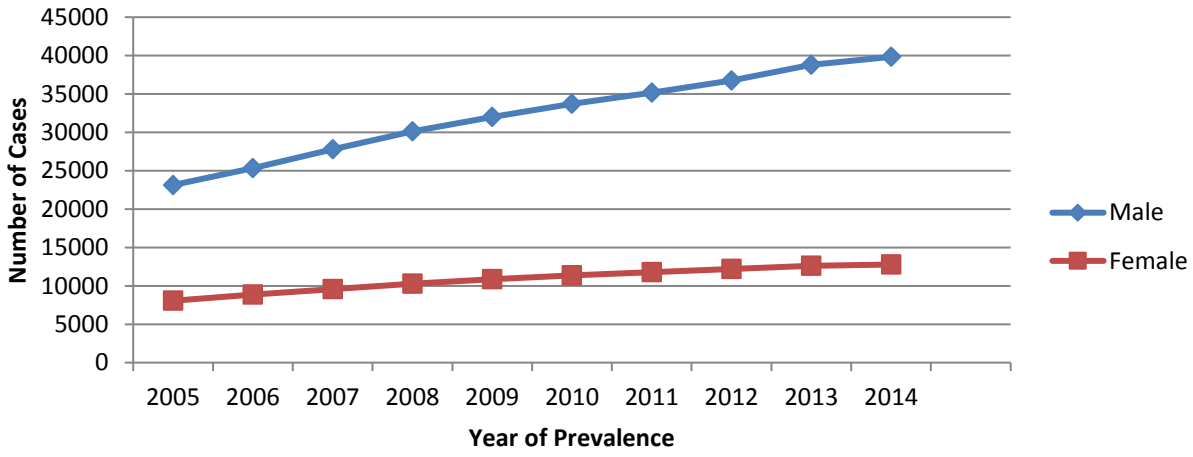
The number of perinatally-infected infants born each year between 2006 and 2014 has ranged from 4 to 12 (Figure 10). Approximately two-thirds are born in the Atlanta metro area.

Figure 10. Perinatally-acquired HIV by year of birth, Georgia, 2006-2014



Overall, HIV prevalence has increased in all groups as a result of declines
HIV prevalence for Georgia has steadily increased over time. In 2005 there were 31,220 PLWH, compared with 53,230 in 2014.

Figure 11. HIV Prevalence by Sex, Georgia, 2005-2014



Behavioral surveillance data:

Georgia National HIV Behavioral Surveillance (NHBS) data are used to describe socio-economic status and risk behaviors of populations at high risk of HIV: MSM, IDU, and high risk heterosexuals. The NHBS recruit MSM from venues frequented by MSM (venue-based sampling in Atlanta), and offers them an incentive to complete the interview and be tested for HIV. Respondent-driven sampling is used to recruit IDU and high risk heterosexuals, and they too are offered an incentive. The interviews are conducted every Fall, with a different population targeted each time in rotation over a three-year cycle. Different participants are interviewed during each data collection period. Demographic characteristics of IDU and high risk heterosexuals are shown in Table 9a.

Table 9a. Socio-demographic characteristics of persons at risk for HIV: People who inject drugs (PWID) and High Risk Heterosexuals, Georgia NHBS

	IDU (2012)[1] (n=561) %	High Risk Heterosexual [1,2] (2010 and 2013) (n=840) %
Age Range (years)		
18-29	2	33
30-39	11	19
40-49	30	24
50+	57	23
Race/ethnicity		
White	11	1
Black/AA	87	97
Hispanic	1	2
Education		
BA or more	2	2
2 yr. college	25	18
HS/GED	40	45
<HS	34	35
Annual Income		
<$20,000	85	84
$20,000-49,999	11	13
$50,000-74,000	3	2

[1] Respondent driven sampling

[2]Recruited from low income census tracts

MSM were recruited and interviewed in the fall of 2014 from venues frequented by MSM. Demographic characteristics of the respondents are shown in Table 9b. Characteristics of Black/African American and White MSM are shown separately given the large age difference between the two (46% of Black/African American MSM vs 27% of White MSM were under 30). A lower proportion of Black/African American MSM had completed college, and a high proportion had an annual income of less than $20,000.

Table 9b. Socio-demographic characteristics of persons at risk for HIV: Men who have sex with men (MSM), Georgia NHBS[1]

	MSM (2014)	
	Black/AA (n=198) **%**	**White (n=132)** **%**
Age group (yrs)		
18-29	46*	27
30+	54	73
Education		
BA or more	42	64
2 yr. college	32	22
High school or less	27	14
Income		
<20,000	30	13
20,000-39,000	32	19
40,000-74,000	26	36
75,000+	13	33

[1]Venue-based sampling with effort to recruit young Black/African American MSM

*An effort was made to recruit young Black/African American MSM, accounting for the higher proportion of 18-29 in the Black/African American MSM sample

Overall, among those self-reporting negative HIV status, 21% reported condomless anal sex, 39% reported sex with a partner of unknown status, and 40% reported 5 or more sexual partners in the last 12 months. There were no major differences in risk behaviors between Black/African American and White MSM with the exception that a higher proportion of White MSM reported 5 or more partners (54% versus 32%).

Thirty-three percent of Black/African American MSM and 23% of White MSM responded "very likely" or "somewhat likely" to "what is your gut feeling about how likely you are to get infected with HIV?" Among men less than 30 years old, there was no difference between Blacks/African Americans and Whites (33% and 36% respectively), while there was a marked difference among Black/African American and White men 30 and older (33% and 17%, respectively). Awareness of pre-exposure prophylaxis (PrEP) was substantially lower among Black/African American MSM than White MSM (43% and 66%, respectively). Overall 66% of MSM had an HIV test in the last 12 months; 9% of Black/African American MSM and 3% of White MSM reported never having had an HIV test.

Persons Who Inject Drugs (Injection Drug Use): A total of 561 persons who inject drugs (PWID) were interviewed in fall 2012. More than half of the respondents were 50 years of age and older, and the majority were Black/African American. Only 2% had completed college, 34% had not completed high school, and 85% reported annual incomes under $20,000.

Heroin was the most commonly-reported often-used drug (60%), followed by speedball (heroin and cocaine) (29%) and cocaine (9%). Twenty-nine percent reported using needles someone had already injected with, and 10% reported using needles someone else had already injected with half of the time or more. Forty-eight percent reported being tested for HIV in the last 12 months, and 8% reported having never been tested.

PWID were interviewed in Fall 2015, with an emphasis on reaching young PWID. Compared with persons older than 35 years of age, a higher proportion of persons under 30 was White, and a higher proportion was previously addicted to prescription painkillers. Among PWID 18 to 35 years of age, 27% reported being hepatitis C (HCV) positive and 23% had never been tested for HCV; 23% reported using a needle after someone else half of the time or more in the past 12 months, and 35% reported sharing other injection equipment (spoon, cotton, water).

High Risk Heterosexuals: High risk heterosexuals recruited from high poverty census tracts in Atlanta were interviewed in 2010 and 2013. A total of 840 persons were interviewed in both 2010 and 2013 cycles combined. One-third of respondents were 18-29 years of age; the remainder was evenly divided between the age ranges of 30-39, 40-49 and 50+. The great majority were Black/African American. Only 2% had completed college, 35% had not completed high school, and 84% reported annual income under $20,000.

Seventy-one percent of males and 81% of females reported no condom use during their last sex encounter and over half reported not knowing their last sex partner's HIV status. Eighty- five percent had ever been tested for HIV and 40% were tested in the last 12 months.

Demographic characteristics and risk behaviors among PLWH in care: the Medical Monitoring Project (MMP) provides information about the demographic characteristics of PLWH in care. The MMP is a surveillance system through which behavioral and clinical information is collected via interviews and chart abstractions for a representative sample of PLWH receiving HIV care in Georgia.

MMP data for Georgia aggregated from 2009 to 2013 provide information on risk behaviors of PLWH in care. Overall, the sample was fairly representative in terms of distribution by gender, race, and transmission category (Table 10). Forty-four percent of the sample had a high school education or less, and 57% reported annual income under $20,000. For 38% SSI or SSDI was the primary source of financial support and 42% were below the poverty line. Thirty-nine percent reported receiving Ryan White support for ART, 30% reported support from private insurance, and 27% reported support from Medicare and Medicaid, respectively.

Table 10. Socio-demographic characteristics of persons in HIV care,- Georgia MMP, 2009-2013 (n=795)	
Gender	%
Male	71
Female	28
Transgender	1
Age Groups	
18-29	9
30-39	19
40-49	35
50+	35
Race/ethnicity	
White	21

Table 10. Socio-demographic characteristics of persons in HIV care,- Georgia MMP, 2009-2013 (n=795)	
Black/AA	69
Hispanic	5
Education	
>HS	56
HS/GED	28
<HS	16
Annual Income	
<$20,000	57
$20,000-49,999	20
$50,000-74,000	11
Homeless at some point in last 12 months	9
Incarcerated >24 hours last 12 months	6
Insurance for antiretroviral medicine	
Medicaid	27
Ryan White	39
Private	30
Medicare	27
Primary source of financial support past 12 months	
Social Security Supplemental Income (SSI), Social Security Disability insurance (SSDI)	38
Salary or wages	41

Table 10. Socio-demographic characteristics of persons in HIV care,- Georgia MMP, 2009-2013 (n=795)	
Family, partner, or friends	12
Other	8
Poverty Guidelines	
Above	58
Below	42

Thirty-six percent reported no sexual activity in the last 12 months (22% of MSM, 56% of men who have sex with women [MSW], and 45% of women who have sex with men [WSM]). Among MSM, 12% reported unprotected anal sex with a partner of unknown or negative status in the last 12 months. Among MSW, 3% reported unprotected vaginal sex with women of unknown or negative status, and 15% of WSM reported unprotected vaginal sex with men of unknown of negative status.

Only 9 of 795 reported injection drug use in the last 12 months; 22% reported non injection drug use (the vast majority marijuana).

PLWH in care have lower rates of risky behaviors than PLWH who are not in care. Furthermore, a substantial proportion of PLWH in care are virally suppressed and therefore at very low risk of transmitting HIV. Data from the MMP do not provide information about transmission risk from HIV infected persons who are not in care.

Sexually transmitted infections (STI): Incidence of STIs is a proxy measure for risky sexual behaviors and bacterial STDs can facilitate transmission of HIV. Syphilis, Gonorrhea, and Chlamydia rates in Georgia are among the highest in the U.S. The great majority of primary and secondary (P&S) syphilis occur among males (MSM), among Blacks/African Americans, and among persons 20-29 years of age. Women account for approximately half of gonorrhea diagnoses, and for approximately three quarters of chlamydia diagnoses. Blacks/African Americans and persons 15-25 years of age account for the majority of both chlamydia and gonorrhea diagnoses. While P&S syphilis occurs throughout the state, it is most concentrated in metro Atlanta. Gonorrhea and Chlamydia are more spread throughout the state. In 2013, rates of Syphilis ranged by Health District from 0.9-39.6 per 100,000 with an overall rate of 10.5 per 100,000; Gonorrhea rates ranged by Health District from 38-268 per 100,000 with an overall rate of 105 per 100,000, and Chlamydia ranged from 171-732 per 100,000 with an overall rate

of 474 per 100,000. P&S syphilis increased between 2009 and 2013Among 1,311 persons diagnosed with P&S syphilis in 2014, 893 (68%) had also been diagnosed with HIV.

Tuberculosis: TB patients need to be tested for HIV because TB treatment may change when antiretroviral therapy for HIV infection is given, and because active TB often accelerates the natural progression of HIV infection. In Georgia in 2014, HIV status was reported for 93% of TB cases overall, and 98% of TB cases 25-44 years of age. Among 311 TB cases with known HIV status in 2014, 37 (12%) were HIV positive.

In 2014, a large TB outbreak occurred in Fulton County, with 43 TB cases reported among homeless persons; of these 16 (37%) were HIV infected. In 2013, only 3 homeless TB cases were reported in Fulton County, none were HIV infected. The background rate of HIV infection among TB cases in Fulton County in 2014 was 28%, indicating that persons with HIV infection were particularly vulnerable to the outbreak in 2014.

Hepatitis C: Diagnoses of hepatitis C have been steadily increasing in Georgia over the last five years, most likely as a result of improved surveillance and increased testing efforts. Because of the chronic nature of hepatitis C infection, diagnoses provide limited information about incidence. Diagnoses in persons 30 and under are a better indicator of recent infection and have also been increasing over the last five years. Georgia has observed a 230% increase in reported hepatitis C infections since 2010. Less than half of the reported HCV infections in this young adult population were confirmed with HCV PCR testing.

The maps (Figures 14 and 15) show the geographic distribution of HCV for all ages as well as young adults aged 30 years and younger. Areas outside of the major urban centers had higher rates of HCV, specifically North and Southeast Georgia. A high proportion of hepatitis C cases for which risk information was obtained in the young adult population were found to have a current or past history of injection drug use. Among the PWID interviewed as part of the NHBS in Georgia, almost half of those 35 and older reported testing positive for hepatitis C and one-third of those 35 and younger.

Figure 12. Total Reported and Confirmed Hepatitis C Infections, All Ages, Georgia, 2010-2015

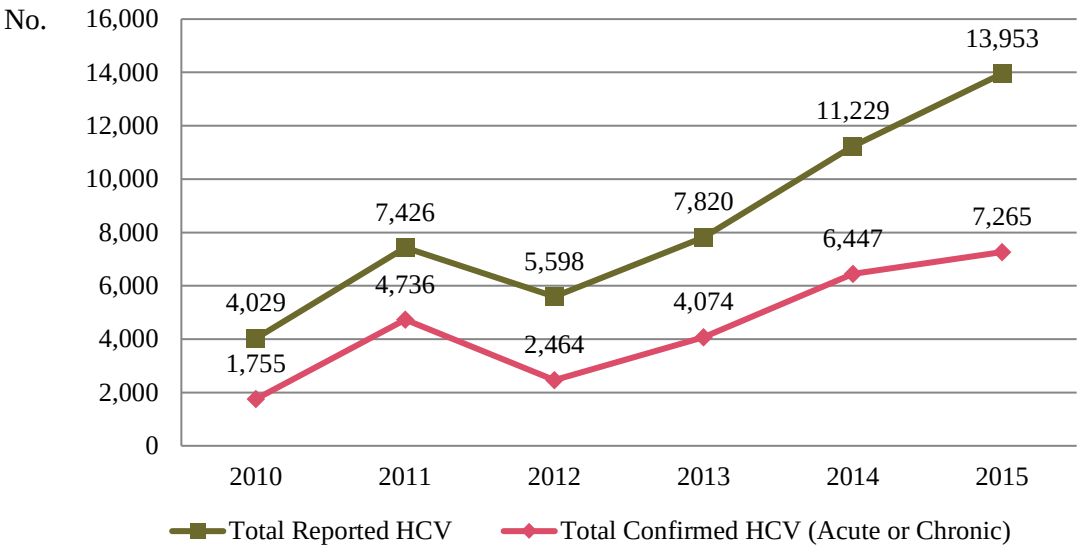


Figure 13. Total Reported and Confirmed Hepatitis C Infections, Ages 30 Years and Younger, Georgia, 2010-2014

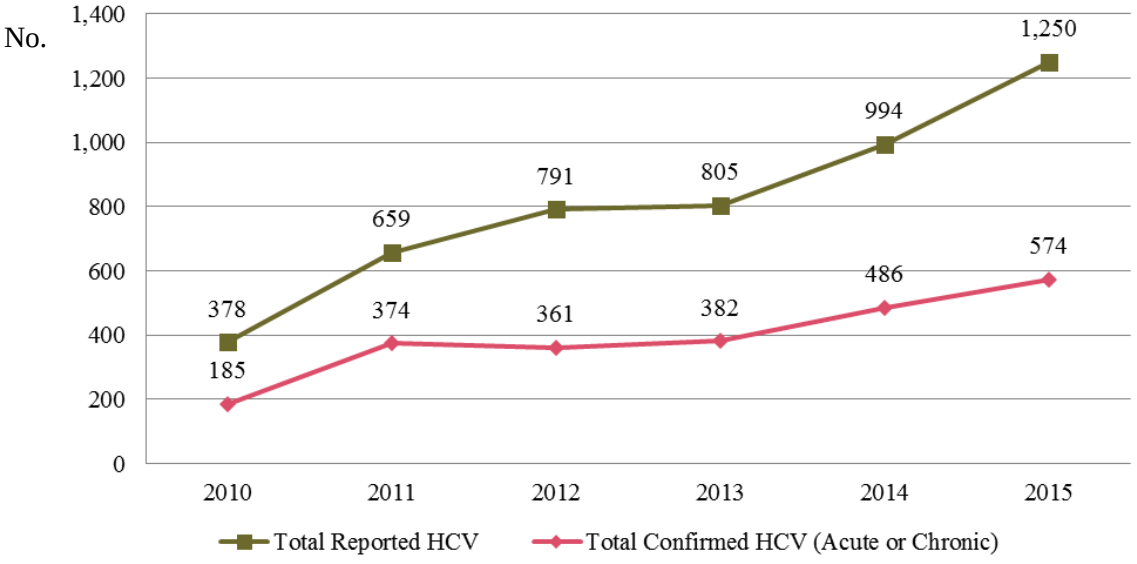


Figure 14. Rates of Reported* HCV, All Ages, Cumulative, Georgia, 2010-2015

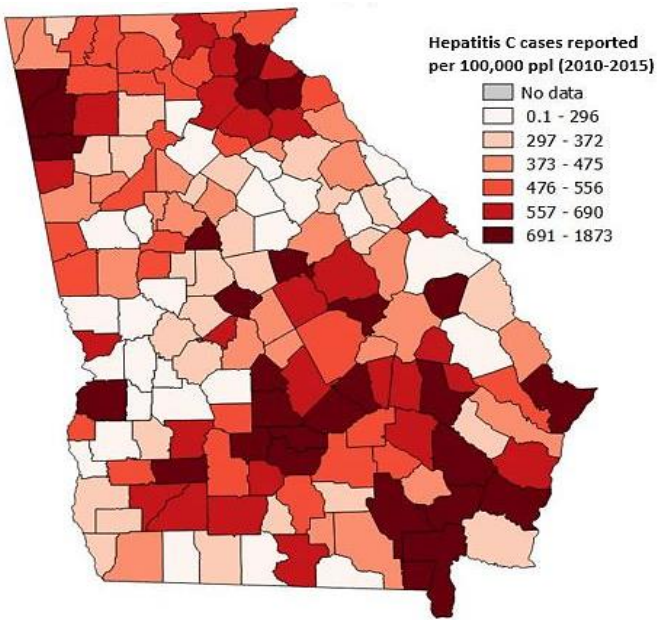


Figure 15. Rate of Total Reported* HCV, Ages 30 Years and Younger, Cumulative, Georgia, 2010-2015

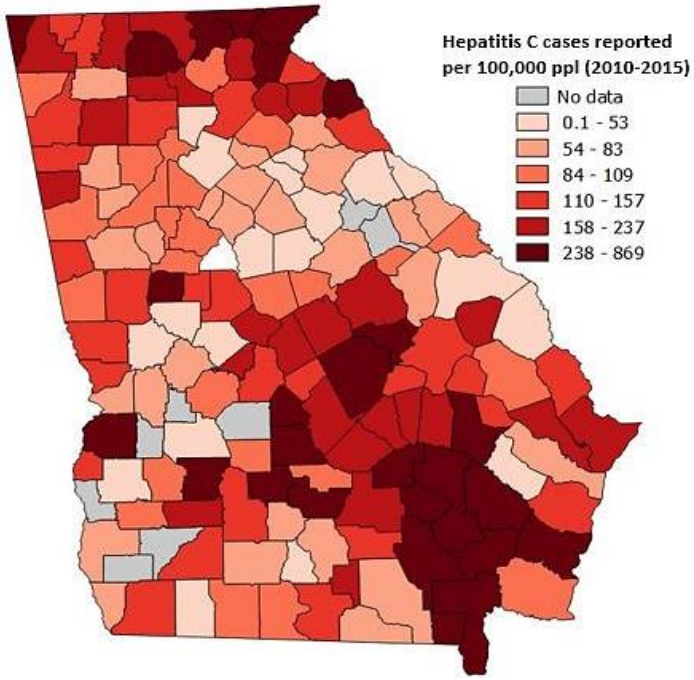
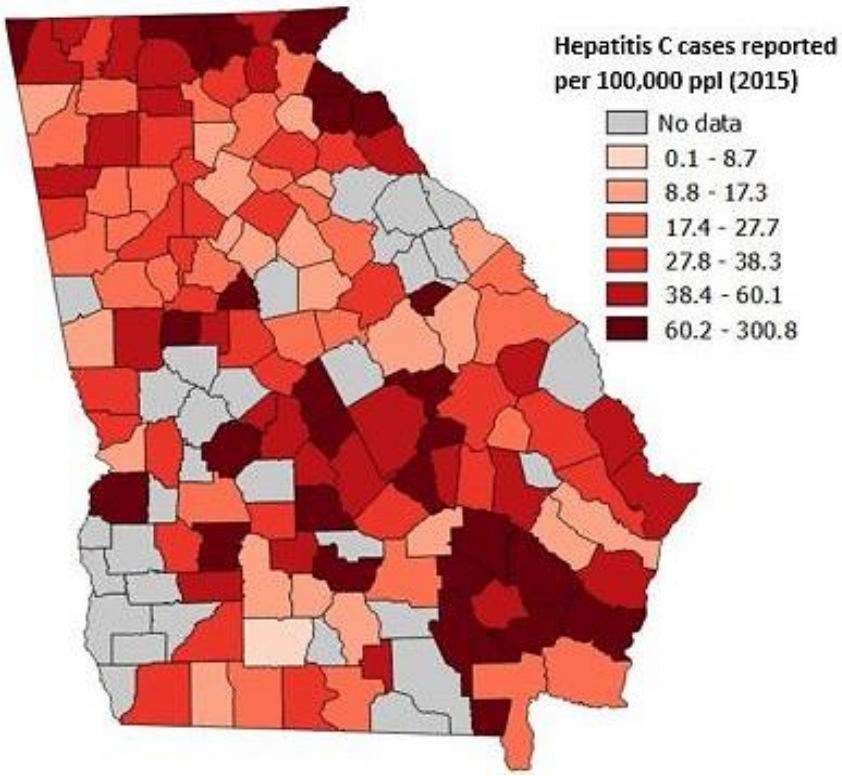


Figure 16. Rate of Total Reported* HCV, Ages 30 Years and Younger, Georgia, 2015



HIV Care Continuum

The 2014 HIV Care Continuum for Georgia was calculated for persons diagnosed as of the end of 2013 and living (i.e. not known to be dead) as of the end of 2014. Persons are considered to be **engaged** in care if they have at least one CD4 or viral load (VL) during 2014; they are considered **retained** if they had 2 or more CD4/VL at least 3 months apart in 2014; and **virally suppressed** if the last viral load test in 2014 was <200 copies/ml. Timely linkage to care was assessed among persons diagnosed in 2014, with a CD4 or VL within one month of diagnosis. **Linkage to care** was calculated by including or excluding CD4 counts and viral load tests done on the same day as confirmatory diagnostic tests. It is unclear whether labs done on blood drawn on the same day as diagnosis represent true linkage to care.

Overall, among persons diagnosed in 2014, 52% were linked to care within 30 days when same day labs were excluded and 74% when same day labs were included (Table 13). Within the EMA, when same day labs are excluded, the proportion linked to care within 30 days was lower for Blacks/African Americans and Hispanics, for persons 20-29 years of age, and for IDU and MSM/IDU; outside of the EMA, the proportion linked in a timely manner was lower for males, for Blacks/African Americans and Hispanics, and for MSM and MSM/IDU. Patterns were similar when same day labs were included. The number diagnosed in 2014 was too small to provide a measure of linkage to care.

Among PLWH in Georgia in 2014 60% were engaged, 48% were retained, 46% were virally suppressed and among those retained in care, 81% were virally suppressed. Proportion engaged, retained, virally suppressed, and suppressed if retained for the state overall, and for persons inside and outside of the EMA, as well as for residents of Fulton/DeKalb Counties are shown in Tables 14-17 by sex, race/ethnicity, age group and transmission category. Across most categories, the proportion achieving viral suppression was higher in the EMA than outside. Both in and outside of the EMA, a lower proportion of Blacks, and persons 20-29 years of age achieved viral suppression, both overall, and among persons retained in care. Among MSM (Table 18) a lower proportion of both Black and Hispanic men achieved viral suppression, and a lower proportion achieved viral suppression outside of the EMA compared to the EMA. Among 143 transgender PLWH in Georgia (the majority of whom were within the EMA), 64% were engaged, 52% retained, and 45% virally suppressed, and among those retained in care, 80% were virally suppressed.

The Care Continuum outcomes varied by geographic region, with the proportion engaged, retained and virally suppressed highest in northern Georgia, and lowest in southern Georgia (Figure 16). Although engagement and retention were slightly lower in the southern Health Districts, viral suppression was markedly lower, with a 13 percentage point gap between viral suppression in the Health Districts in the north and the south of Georgia. Figure 17 shows the proportion retained and virally suppressed among persons with at least one Ryan White care visit in 2014. Retention was slightly lower for Part A than for Part B, but viral suppression Was higher, consistent with data shown in Tables 17 and 18. The reasons for these differences are not well understood.

Limitations of the HIV care continuum: The care continuum most likely underestimates the proportion of persons retained and virally suppressed. Because the denominator is all persons living with HIV, and some of those persons may no longer be living in Georgia (despite best attempts to conduct de-duplication efforts across states and to conduct ascertainment of deaths) the denominator is inflated. As a result, the proportion retained and suppressed may appear smaller than it truly is. Although the absolute proportion in care is in question, differences in percent retained and suppressed between groups likely are real differences.

Table 13. Proportion linked to care within 30 days of HIV diagnosis, excluding (A) and including (B) same day labs, Georgia, 2014*

	Georgia		Fulton/DeKalb (subset of EMA)		Atlanta EMA		GA excl. EMA	
	A	B	A	B	A	B	A	B
Male	52	75	55	76	54	77	47	71
Female	55	76	63	79	56	77	54	75
White	60	83	66	87	64	85	53	81
Black/AA	51	82	53	73	52	74	48	68
Hispanic	60	73	69	75	60	74	59	72
Asian	71	88	78	89	82	--	--	83
AI/AN	--	--	--	--	--	--	--	--
Multiracial	56	71	53	74	52	72	63	69
MSM	52	--	55	74	54	75	47	68
IDU	55	--	53	74	51	76	60	78
MSM/IDU	46	--	49	69	49	74	--	65
Heterosexual	55	--	62	79	57	77	53	74
13-19 years	56	68	64	72	64	73	43	59
20-29 years	47	69	50	72	49	72	45	64
30-39 years	54	80	58	79	55	79	54	79
40-49 years	55	79	54	79	57	76	53	77
50-59 years	57	79	72	87	65	87	43	78
60+ years	56	79	62	83	55	83	57	79

* Linkage to care can be calculated by including or excluding CD4 counts and viral load tests done on the same day as confirmatory diagnostic tests. It is unclear whether labs done on blood drawn on the same day as diagnosis represent true linkage to care.

Table 14. HIV Care Continuum, Georgia, 2014					
		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(37,535)	61	47	45	82
Females	(12,293)	63	50	45	78
Transgender	(143)	64	52	45	80
White	(9,900)	62	50	52	88
Black/AA	(33,188)	61	47	43	77
Hispanic	(2,859)	57	48	46	84
Asian	(183)	65	52	55	92
AI/AN	(23)	39	35	39	--
Multiracial	(1,739)	78	64	59	81
13-19 years	(243)	72	58	52	78
20-29 years	(5,700)	61	43	36	68
30-39 years	(10,212)	70	45	42	77
40-49 years	(14,681)	62	48	47	82
50-59 years	(13,796)	62	50	49	85
60+ years	(5,290)	59	49	48	86
MSM	(28,924)	62	48	47	82
IDU	(3,873)	55	43	40	79
IDU/MSM	(2,279)	57	46	41	78
Heterosexual	(12,338)	64	51	46	78

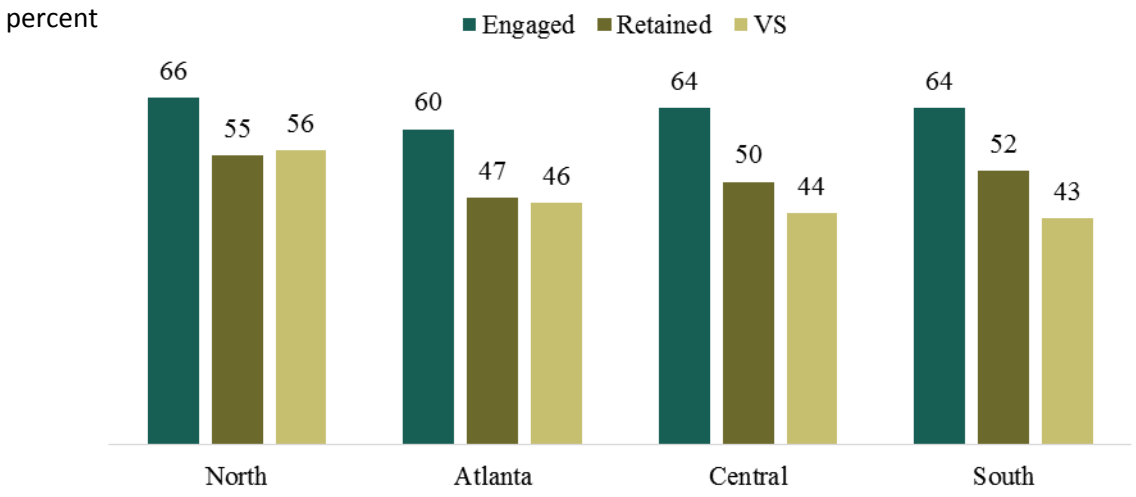
Table 15. HIV Care Continuum, Fulton/DeKalb Counties, Georgia, 2014					
		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(19,382)	59	46	45	83
Females	(4,103)	61	48	43	78
White	(4,322)	60	49	52	91
Black/AA	(16,238)	59	45	42	78
Hispanic	(1,142)	58	48	44	82
Asian	(84)	76	62	65	94
AI/AN	(<5)	--	--	--	--
Multiracial	(842)	75	62	58	83
13-19 years	(88)	72	58	55	82
20-29 years	(2,622)	62	43	35	66
30-39 years	(5,029)	60	45	41	76
40-49 years	(6,966)	60	47	47	84
50-59 years	(6,460)	58	48	47	86
60+ years	(2,333)	55	46	47	89
MSM	(15,640)	61	47	46	82
IDU	(797)	49	39	36	81
IDU/MSM	(1,237)	54	44	39	79
Heterosexual	(4,102)	62	49	44	78

Table 16. HIV Care Continuum, EMA, Georgia, 2014					
		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(27,375)	60	47	47	84
Females	(7,145)	62	49	47	81
Transgender	(132)	64	54	45	78
White	(6,729)	63	51	54	91
Black/AA	(22,966)	60	46	44	80
Hispanic	(2,095)	58	49	47	85
Asian	(157)	69	55	59	92
AI/AN	(13)	--	--	--	--
Multiracial	(1,255)	77	63	60	83
13-19 years	(171)	75	61	57	81
20-29 years	(3,951)	62	43	37	68
30-39 years	(17,427)	61	45	43	78
40-49 years	(10,423)	62	48	49	85
50-59 years	(9,279)	57	49	50	88
60+ years	(3,342)	57	48	49	90
MSM	(21,930)	62	48	48	84
IDU	(2,277)	52	41	40	82
IDU/MSM	(1,698)	56	45	42	80
Heterosexual	(7,014)	63	49	47	81

Table 17. HIV Care Continuum, Georgia excluding EMA, Georgia, 2014					
		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(10,160)	61	48	42	77
Females	(5,148)	63	51	43	74
White	(3,171)	61	49	47	82
Black/AA	(10,222)	64	51	42	73
Hispanic	(764)	55	46	42	82
Asian	(26)	--	--	--	--
AI/AN	(10)	--	--	--	--
Multiracial	(484)	80	66	58	78
13-19 years	(72)	64	53	39	71
20-29 years	(1,749)	60	44	34	66
30-39 years	(2,785)	58	45	38	74
40-49 years	(4,258)	63	50	43	74
50-59 years	(4,517)	63	52	46	79
60+ years	(1,948)	62	51	47	80
MSM	(6,933)	63	50	44	77
IDU	(1,595)	59	47	40	75
IDU/MSM	(582)	61	47	41	74
Heterosexual	(5,324)	65	53	44	74

Table 18. HIV Care Continuum among MSM, by Race/Ethnicity, Georgia, 2014					
		Engaged %	Retained %	Virally Suppressed %	Suppressed among Retained %
Georgia					
White	(7,408)	64	52	54	90
Black/AA	(18,466)	61	46	43	78
Hispanic	(1,794)	58	48	46	84
Fulton/DeKalb					
White	(3,719)	62	50	54	92
Black/AA	(10,379)	60	45	42	78
Hispanic	(839)	60	49	46	82
Atlanta EMA (subset of EMA)					
White	(5,449)	64	52	56	92
Black/AA	(14,087)	51	45	43	79
Hispanic	(1,405)	59	49	48	85
Georgia excluding EMA					
White	(1,959)	63	51	49	83
Black/AA	(4,379)	63	49	41	74
Hispanic	(388)	53	43	41	82

Figure 17. HIV Care Continuum by Region, Georgia, 2014



North: Rome, Dalton, and Gainesville
Atlanta: Fulton, Cobb-Douglas, Gwinnett, DeKalb and Clayton
Central: LaGrange, Macon-Athens, Columbus, Dublin and Augusta
South: Albany, Valdosta, Waycross, and Coastal

Figure 18. Care Continuum for persons with HIV having at least one medical visit, Ryan White Part A and Part B, 2014