Georgia Medical Monitoring Project, 2015-2018

Demographic and Clinical Characteristics of Selected Subgroups of Persons with Diagnosed HIV Infection, Georgia Medical Monitoring Project, 2015-2018

HIV/AIDS Epidemiology Section

Epidemiology Program

Division of Health Protection

Georgia Department of Public Health

GEORGIA DEPARTMENT OF PUBLIC HEALTH

The **Georgia Medical Monitoring Project: Demographic and Clinical Characteristics of Selected Subgroups of Persons with Diagnosed HIV Infection, 2015-2018** is published by the Georgia Department of Public Health (DPH), HIV/AIDS Epidemiology Section (HAES0, 2 Peachtree Street NW, Atlanta, Georgia, 30303.

SUGGESTED CITATION: Georgia Department of Public Health, HIV/AIDS Epidemiology Section *Medical Monitoring Project*: *Demographic and Clinical Characteristics of Selected Subgroups of Persons with Diagnosed HIV Infection, Georgia Medical Monitoring Project, 2015-2018*, https://dph.georgia.gov/georgia-medical-monitoring-project-mmp, *Published 10/17/2020, [Accessed: date]*

ACKNOWLEDGEMENTS: Publication of this report was made possible with the contributions of the Georgia Medical Monitoring Project (MMP) Team, the national MMP staff at the Centers for Disease Control and Prevention (CDC), assistance from HIV care facilities, and the cooperation of participants.

Georgia MMP Team: Natalie Lucas, MPH; Kiswana Branch, MPH; LaShanna Daniels; Melissa Gousse, MPH; Timothy Lockhart, MPH, Shaunta Rutherford MPH, PhD; and Stephen Ray, MSPH.

The report was prepared using code provided by CDC to replicate the national report, and the text is based on the national report: *Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2018 Cycle (June 2018–May 2019*). *HIV Surveillance Special Report 25.* https://www.cdc.gov/hiv/library/reports/ hiv-surveillance.html. Published May 2020. Accessed 09/01/2020.

This report was prepared by the following staff of the Georgia Department of Public Health: Stephen Ray, MSPH; Pascale Wortley, MD, MPH; Cherie Drenzek, DVM, MS.

The purpose of this report is to describe selected demographic and clinical characteristics of Black males, White males, and Black females, three groups that account for 87% of the Medical Monitoring Project (MMP) participants and approximately 83% of persons living with HIV/AIDS (PLWHA) in Georgia. Findings are also stratified by location both for residents of the Atlanta Metropolitan Statistical Area (MSA), where approximately two thirds of PLWHA in Georgia live, and for persons residing in other parts of the state (referred to as Atlanta and non-Atlanta residents). This report uses MMP data from the 2015 through 2018 cycles (i.e., June 2015-May 2019).

The Georgia MMP is a Centers for Disease Control and Prevention (CDC)-funded surveillance project aimed at assessing the clinical and behavioral characteristics of PLWHA in Georgia. Every year, 500 PLWHA are randomly sampled from the Georgia HIV Surveillance Registry and are assigned to the MMP team at the Georgia Department of Public Health (GDPH) to be contacted to determine eligibility and interest in being interviewed. In addition, a medical record abstraction is performed with the participant's consent in order to gather the clinical data as part of the project. MMP methods are described in greater detail in the 2015-2017 Georgia MMP Surveillance Report which can be found at: https://dph.georgia.gov/georgia-medical-monitoring-project-mmp#MMPCurrentData.

Technical Notes:

Of the 2,000 total PLWHA sampled during the 2015 to 2018 data cycles, 784 agreed to an interview and medical record abstraction. Data are weighted to take into account the sampling scheme; all percentages presented are weighted percentages. Most of the information shown in the tables, including gender and race/ethnicity, is from the interview, but the following pieces of information are from the chart abstractions (either in tandem with interview information or solely): viral suppression status, retention in HIV care, CD4 counts, and sexually transmitted infection (STI) testing. Participants are categorized as Atlanta MSA or non-Atlanta MSA residents based on the location of the clinic where they primarily received HIV care at the time of interview. Location of care was available for approximately 80% of participants in this analysis. Because MMP is drawn from the HIV surveillance registry, it is not restricted to persons who are in care. Persons who are not in care are, however, hard to reach and may be underrepresented among respondents. Thus, estimates of retention in care and viral suppression may be overestimated.

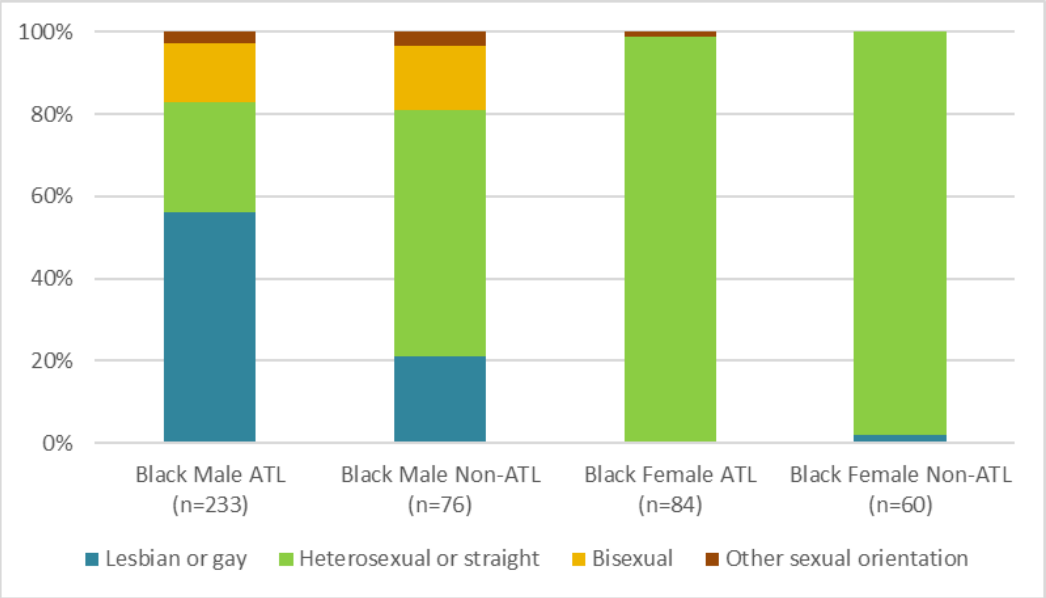
All figures that present notable differences between Atlanta residents and non-Atlanta residents are restricted to Black men and women due to the relative small number of White male PLWHA residing outside of the Atlanta MSA.

Table 1: Selected Demographics of PLWHA - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378		n=110		n=171	
	wt'd %	n	wt'd %	n	wt'd %	n
Sexual Preference						
Lesbian or gay	47.8	175	75.9	78	1.6	3*
Heterosexual or straight	34.7	134	13.6	16	96.7	161
Bisexual	14.9	53	9.7	12	1.1	2*
Other sexual orientation	2.6	10*	0.8	1*	0.6	1*
Age at Interview						
18-29 years	14.8	55	3.7	5*	10.9	16
30-39 years	23.6	88	12.1	12	16.8	21
40-49 years	22.4	78	17.0	20	26.6	45
50+ years	39.2	157	67.3	73	45.7	89
Time Since HIV Diagnosis						
<5 years	22.3	84	12.3	13	20.1	31
5-9 years	24.4	94	13.4	14	30.0	48
10+ years	53.3	200	74.2	83	49.9	92
Education Level						
Less than High School	11.0	44	4.6	5*	26.0	48
High School Diploma or GED	26.3	94	15.4	19	30.8	49
More than high school	62.7	237	80.0	84	43.2	71
Any Disability						
Yes, has any disability	30.4	119	40.1	41	51.8	91
Currently Employed						
Yes, currently employed	55.7	165	70.3	76	39.6	69
Yearly Income						
$0 - $19,999	44.0	155	30.0	30	69.9	104
$20,000 - $39,999	26.4	95	26.6	27	19.2	32
$40,000 - $74,999	19.7	69	19.3	22	6.8	10*
$75,000+	9.8	37	24.2	25	4.1	5*

A count with an asterisk indicates a corresponding unstable percentage with a coefficient of variation ≥0.30 and should be interpreted with caution

Counts may not add up to the reported number (n) due to missing information

Figure 1: Sexual Preference - Medical Monitoring Project, Georgia, 2015-2018



Overall, approximately half of Black men and three quarters of White men reported being gay, while almost all Black women reported being heterosexual (Table 1). Among Black men, the majority of Atlanta residents identified as gay while the majority of non-Atlanta residents identified as heterosexual (Figure 1). Due to few PLWHA identifying as such, approximate percentages shown for "Other sexual orientation" across all groups and all orientations except "Heterosexual, or straight" for Black females should be interpreted with caution.

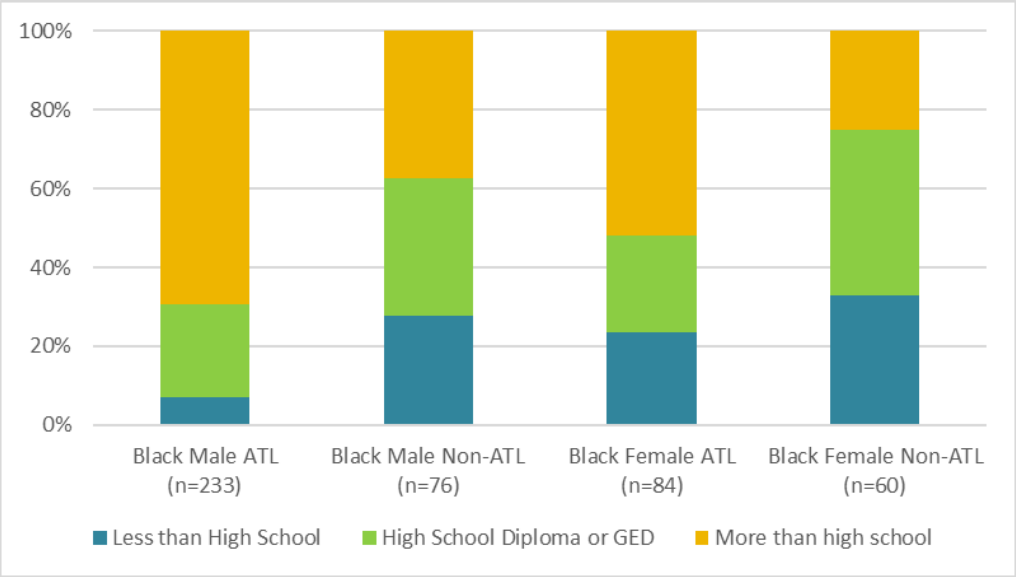
Age at Time of Interview:

Across all groups, there were a higher number of older PLWHA than younger PLWHA (Table 1). The largest sub-group for every group was the 50+ year age category. There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Time Since HIV Diagnosis:

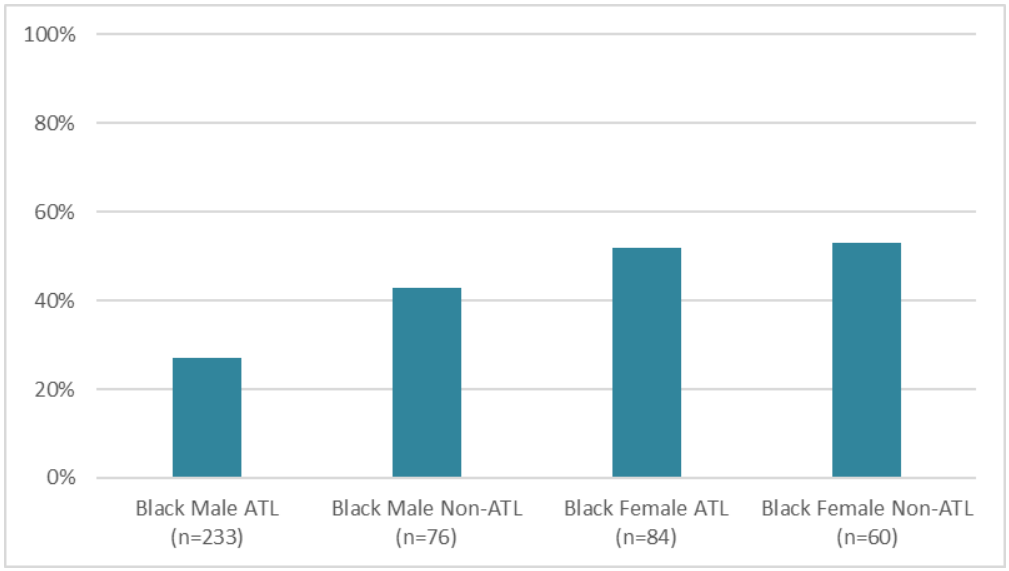
Overall, approximately half of Black men and women and three quarters of White men were diagnosed more than ten years ago (Table 1). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Figure 2: Education Level - Medical Monitoring Project, Georgia, 2015-2018



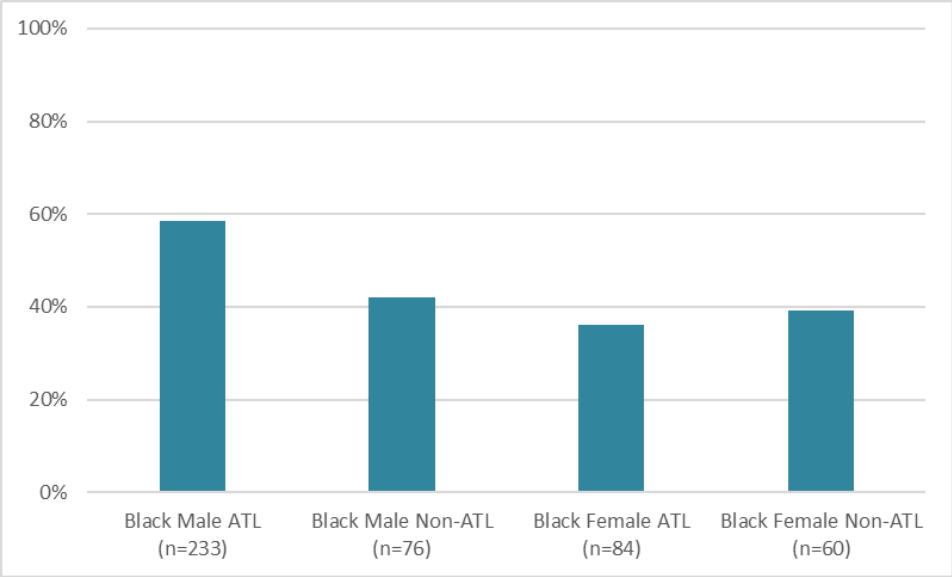
Overall, approximately 60% of Black males and 80% of White males had pursued further education past a high school diploma or GED (Table 1). Among Black females, only about 40% of Black females had pursued further education. Educational attainment was lower among non-Atlanta residents than Atlanta residents (Figure 2).

Figure 3: Any Disability - Medical Monitoring Project, Georgia, 2015-2018



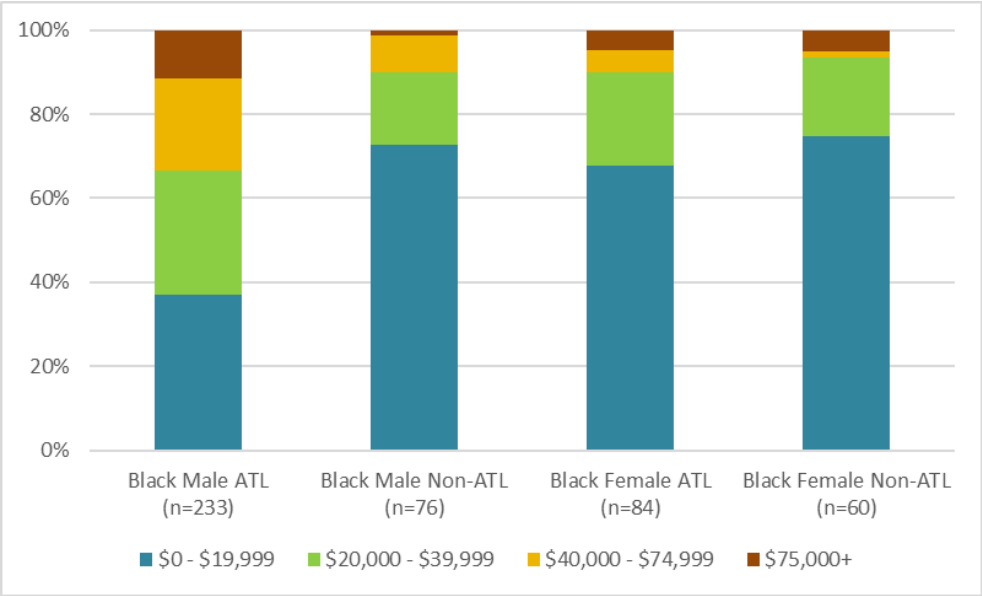
Overall, about a third of Black males and 40% of White males self-reported that they had a disability. Over half of Black females self-reported a disability (Table 1). A higher percentage of Black male non-Atlanta residents self-reported disabilities compared to Black male Atlanta residents (Figure 3).

Figure 4: Currently Employed– Medical Monitoring Project, Georgia, 2015-2018



Overall, approximately 55% of Black males and 70% White males reported that they were currently employed. Only approximately 40% of Black females reported that they were currently employed (Table 1). Among Black male PLWHA, current employment was higher among Atlanta residents than non-Atlanta residents. Current employment remained similar for Black females (Figure 4).

Figure 5: Yearly Income – Medical Monitoring Project, Georgia, 2015-2018



Across both Black male and females, the largest sub-group was those earning between $0-$19,999. The majority of Black females earned below $20,000 (Table 1). Yearly income was lower on average for non-Atlanta residents compared to Atlanta residents, especially among Black males (Figure 5)**.** Approximate percentages shown for Black women and Black male non-Atlanta residents for the two highest income levels should be interpreted with caution.

Table 2: Health Provider and Public Assistance Program Usage by PLWHA - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378 wt'd %	n	n=110 wt'd %	n	n=171 wt'd %	n
Type of Health Insurance or Coverage[1] for Antiretroviral Therapy, past 12 months						
Ryan White/ADAP[2]	43.3	171	33.0	37	41.6	71
Medicaid	24.6	96	16.3	15	52.9	86
Private Health Insurance	40.9	155	52.3	58	24.3	39
Medicare	23.7	93	41.5	43	34.1	60
Care at a Ryan White Facility in the past 12 months						
Yes	71.1	250	48.7	52	78.0	127
Received SSI[3] in the past 12 months						
Yes, received SSI	20.3	79	15.5	15	29.4	52
Received SSDI[4] in past 12 months						
Yes, received SSDI	19.7	75	30.0	30	36.0	59
Went without food in the past 12 months						
Yes, went without food	19.5	67	15.4	16	19.2	33

Counts may not add up to the reported number (n) due to missing information

1: Types of health insurance are not mutually exclusive, and PLWHA may have more than one coverage type

2: ADAP - AIDS Drug Assistance Program

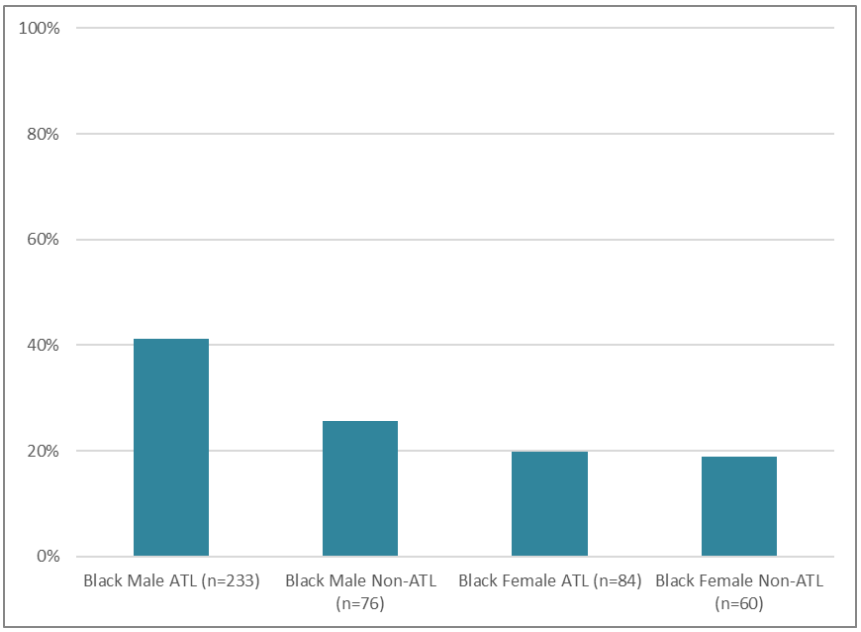
3: SSI - Supplemental Security Income

4: SSDI - Social Security Disability Insurance

Type of Health Insurance or Coverage for Antiretroviral Therapy (ART), past 12 months

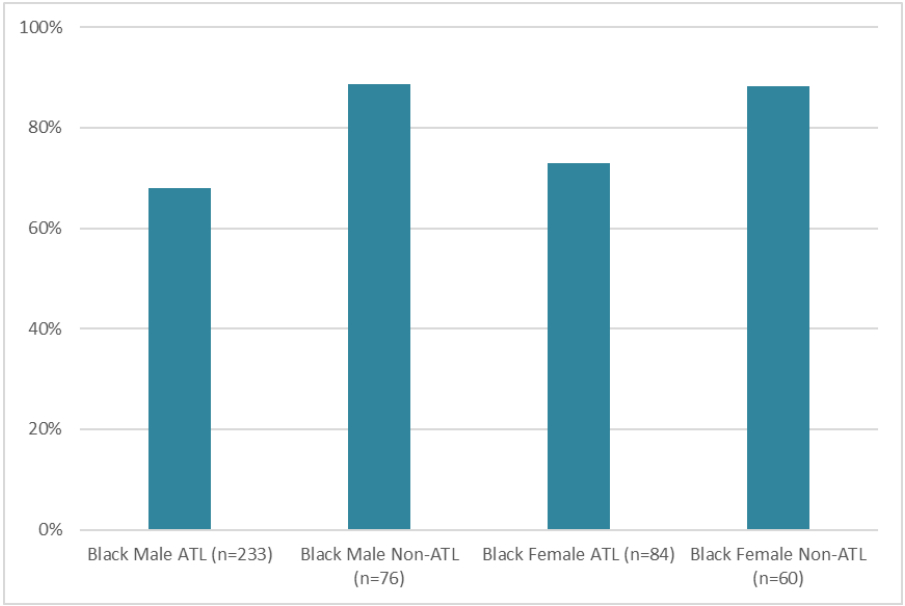
At least a third of all White males and about 40% of Black males and females reported utilizing Ryan White/ADAP coverage for their ART and HIV care. About half of Black female PLWHA reported having Medicaid coverage, compared to a quarter of Black males and approximately 15% of White males. Forty percent of White males reported being covered under Medicare compared to a quarter of Black males and a third of Black females. There were no notable differences between Atlanta residents and non-Atlanta residents in regard to Medicaid, Medicare, and Ryan White/ADAP coverage. These data are not presented in tables and figures.

Figure 6: Private Health Insurance – Medical Monitoring Project, Georgia, 2015-2018



Approximately 40% of Black males and 50% of White males carried some form of private insurance. Only about a quarter of Black females carried private insurance (Table 2). Non-Atlanta Black male residents were less likely to have private insurance compared to Atlanta Black male residents. Black females had similar rates of private insurance coverage regardless of geographic location (Figure 6). Approximate percentages shown for Black female non-Atlanta residents should be interpreted with caution due to low response rate.

Figure 7: Received Care at a Ryan White Facility in the Past 12 Months – Medical Monitoring Project, Georgia, 2015-2018



A higher proportion of Black males and females received care at Ryan White facilities in the past 12 months compared with White males (Table 2). A higher proportion of Black non-Atlanta residents compared to Black Atlanta residents received care at Ryan White clinics, regardless of gender (Figure 7).

Received Supplemental Security Income (SSI) in the past 12 months:

Most PLWHA, regardless of race or gender, did not utilize SSI (Table 2). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Received Social Security Disability Insurance (SSDI) in the past 12 months:

About 20% of Black and 30% of White males received SSDI benefits in the past 12 months; in contrast about 40% of Black females received SSDI benefits in the past 12 months (Table 2). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Went without food in the past 12 months:

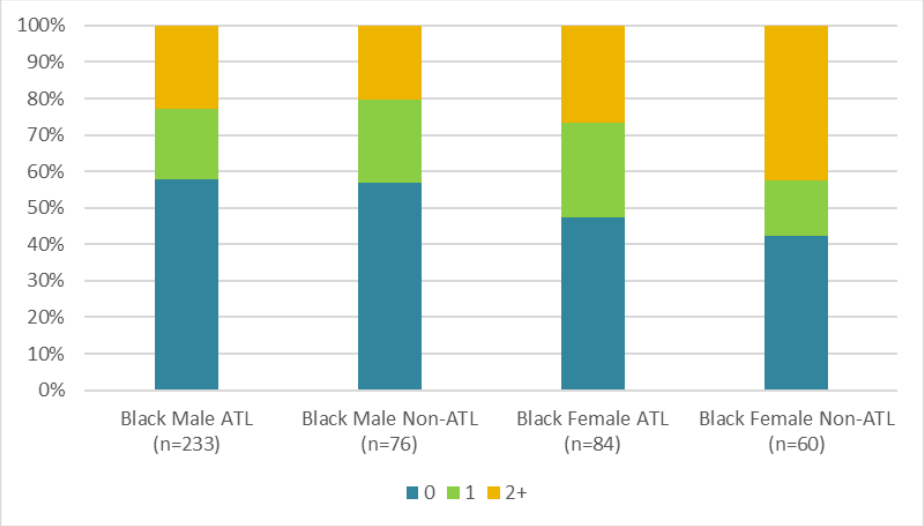
Most PLWHA, regardless of race or gender, reported that they did not go without food in the past 12 months (Table 2). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Table 3: Hospital and Emergency Department Usage by PLWHA in the Past 12 Months - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378		n=110		n=171	
	wt'd %	n	wt'd %	n	wt'd %	n
# Visits to Emergency Department						
0	58.7	223	56.1	64	45.5	77
1	19.9	75	28.5	29	19.5	32
2+	21.4	76	15.4	15	35.0	56
# of Hospital Admissions						
0	79.9	300	81.3	89	67.7	114
1	13.8	50	16.0	16	20.5	34
2+	6.3	24	2.7	3*	11.8	17

A count with an asterisk indicates a corresponding unstable percentage with a coefficient of variation ≥0.30 and should be interpreted with caution

Counts may not add up to the reported number (n) due to missing information

Figure 8: Number of Emergency Department Visits – Medical Monitoring Project, Georgia, 2015-2018



Around half of PLWHA used ER services. Approximately half of Black females visited the Emergency Department (ED) at least once compared to about 40% of Black males or White males (Table 3). The proportion of Black female living outside of Atlanta who visited the ER two or more times was higher compared with Black females that were Atlanta residents (Figure 8). Approximate percentages shown for Black female non-Atlanta residents indicating solely one visit to the ED should be interpreted with caution due to low response rate.

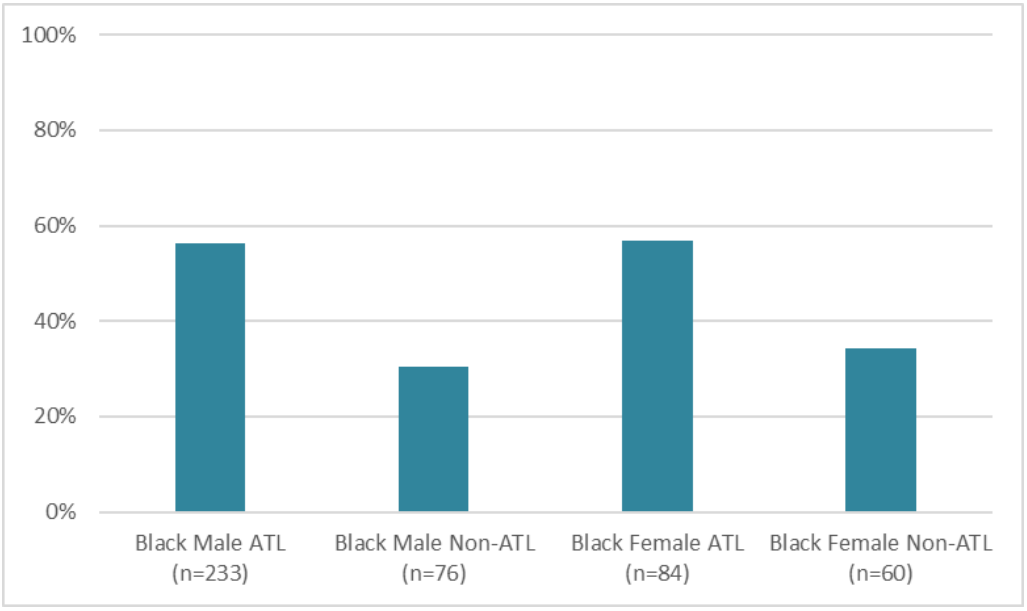
Number of Hospital Admissions:

Approximately 20% of Black males and White males and about one third of Black females had a hospital admission during the previous 12 months. There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Table 4: Sexually Transmitted Infection (STI) Testing in the Past 12 Months among PLWHA - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378 wt'd %	n	n=110 wt'd %	n	n=171 wt'd %	n
Tested for Gonorrhea						
Yes, tested	46.5	166	36.0	32	45.1	72
Tested for Chlamydia						
Yes, tested	46.3	165	36.0	32	45.1	72
Tested for Syphilis						
Yes, tested	64.4	234	67.0	65	57.4	90
Tested for all three						
Yes, tested (all three)	42.2	151	36.0	32	36.0	55

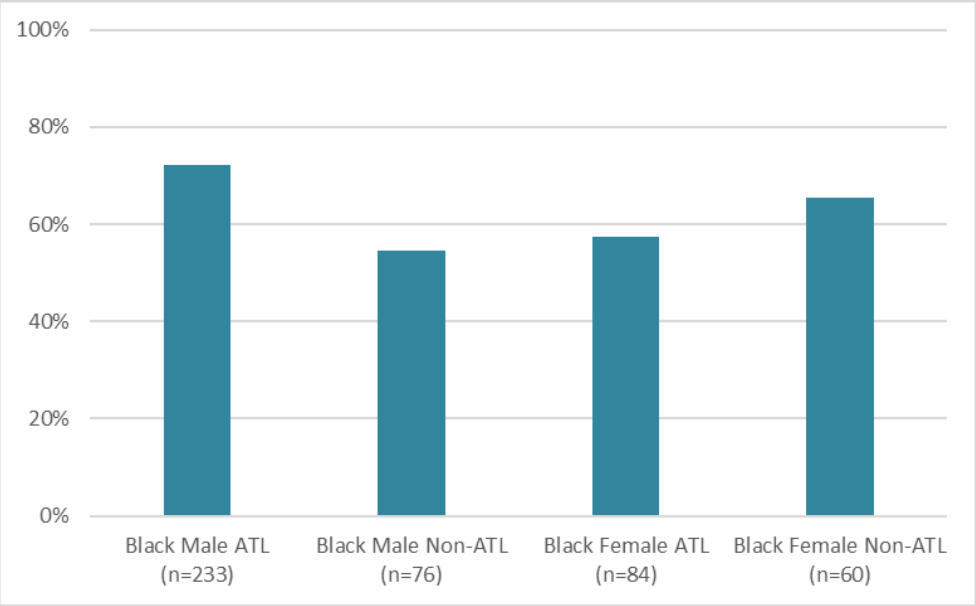
Counts may not add up to the reported number (n) due to missing information

Figure 9: Tested for Gonorrhea/Chlamydia – Medical Monitoring Project, Georgia, 2015-2018



Only about 35% of White males were tested for gonorrhea and chlamydia compared to 45% of Black males and females (Table 4). The proportion tested was only slightly higher (1-4 percentage points) when restricting to those reporting sexual activity (not shown). Testing rates for gonorrhea and chlamydia were lower across both Black males and Black females for non-Atlanta residents compared to Atlanta residents (Figure 9).

Figure 10: Tested for Syphilis – Medical Monitoring Project, Georgia, 2015-2018



Testing for syphilis was higher than testing for gonorrhea and chlamydia: about 65% of Black males and White males were tested for syphilis and about 55% of Black females were tested (Table 4). There was no difference when restricting to those reporting sexual activity (not shown). Testing for syphilis was slightly lower among Black males outside of Atlanta compared to Atlanta residents (Figure 10).

Tested for all three STIs:

Testing for all three STIs follows the same pattern seen in testing for gonorrhea and chlamydia. There was a lower percentage of non-Atlanta residents being tested for all three STIs compared to Atlanta residents, and there was no major difference in proportion among those reporting sexual activity (not shown). These data are not presented in tables and figures.

Table 5: HIV Status, Suppression, and Care Retention among PWLHA - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378 wt'd %	n	n=110 wt'd %	n	n=171 wt'd %	n
HIV Infection Stage 3 (AIDS)						
AIDS (Stage 3 HIV Infection)	52.5	212	47.9	56	63.2	114
Ever taken ART						
Yes, taken ART	96.2	363	100.0	108	97.7	165
Currently taking ART						
Yes, taking ART	90.6	343	94.9	103	91.8	156
Lowest CD4 count in the past 12 months						
<200 cells/µL	15.1	50	7.0	8*	15.6	20
200-499 cells/µL	34.3	109	39.7	36	34.5	55
500+ cells/µL	50.6	152	53.3	46	49.9	71
Viral Suppression						
Most recent viral load <200 copies/mL	66.4	258	79.7	86	64.6	116
Durable Viral Suppression in the past 12 months						
All viral loads < 200 copies/mL	56.9	223	77.3	83	56.7	101
Retained in care, past 12 months						
Yes	76.6	291	84.3	88	80.1	137
Retained in care, past 24 months						
Yes	54.9	204	65.6	68	65.9	108

A count with an asterisk indicates a corresponding unstable percentage with a coefficient of variation ≥0.30 and should be interpreted with caution

Counts may not add up to the reported number (n) due to missing information

HIV Infection Stage 3 (AIDS):

Approximately 50% of Black males and White males had AIDS at the time of interview. For Black females, about 65% had AIDS (Table 5). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Ever taken and currently taking ART:

Almost all PLWHA had ever taken some form of ART (Table 5), and the vast majority were on ART at the time of their interview. There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Lowest CD4 count in the past 12 months:

Overall, about 50% of PLWHA across all groups had CD4 counts ≥500 cells/µL, and less than 20% had a CD4 count of <200 cells/µL (Table 5). The proportion that had counts of <200 cells/µL was not different for Atlanta and non-Atlanta residents. These data are not presented in tables and figures.

Viral Suppression:

Viral suppression was achieved by approximately three quarters of Black males and females and 80% of White males in their most recent viral load test (Table 5). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Durable Viral Suppression for the Past 12 Months:

The proportion achieving durable viral suppression (all viral load tests <200 copies/mL in the past 12 months) was lower than those achieving recent viral suppression. Around 55% of Black females and males had viral loads of <200 copies/mL at every test in the past 12 months compared with 70% percent of White males (Table 5). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Retained in Care for the Past 12/24 Months:

Retention in care *was defined as at least two elements of outpatient HIV care at least 90 days apart in each 12-month period. Outpatient HIV care was defined as any documentation in the medical record 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.*

For the past 12 months, most PLWHA were retained in care. Three quarters of Black males were retained in care in the past 12 months compared with 85% of White males and 80% of Black females (Table 5).

When expanding the time period to the past 24 months, only approximately 60% of Black males and 65% of White males and Black females were retained in care (Table 5). There were no noteworthy differences between Atlanta residents and non-Atlanta residents for either retention in care for the past 12 or 24 months. These data are not presented in tables and figures.

Table 6: Antiretroviral Therapy (ART) Adherence among PLWHA - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=378		n=110		n=171	
	wt'd %	n	wt'd %	n	wt'd %	n
ART Adherence: past 30 days						
Question: How many days did you miss at least 1 dose of any of your HIV medicines?						
0	52.5	181	68.3	70	62.4	96
1+	47.5	162	31.7	33	37.6	59
Question: How well did you do at taking your HIV medicines in the way you were supposed to?						
Very Poor	1.1	4*	0.0	0*	2.3	3*
Poor	1.9	6*	0.0	0*	2.9	5*
Fair	5.9	19	2.0	3*	6.0	9*
Good	13.1	48	13.5	12	13.0	21
Very Good	29.2	101	23.2	24	24.5	39
Excellent	48.8	165	61.3	64	51.3	79
Question: How often did you take your HIV medicines in the way you were supposed to?						
Never	0.8	3*	0.0	0*	1.4	2*
Rarely	0.4	1*	0.0	0*	4.1	5*
Sometimes	2.1	8*	0.0	0*	2.6	5*
Usually	5.5	20	6.7	5*	2.6	5*
Almost Always	27.0	93	28.3	30	23.6	34
Always	64.2	218	65.0	68	65.7	105
Question: How often were you troubled by ART side effects?						
Never	69.7	242	65.6	68	66.0	105
Rarely	13.4	49	19.4	18	17.5	25
About Half the Time	8.7	25	7.8	8*	6.3	10*
Most of the Time	3.9	14	3.1	4*	6.3	9*
Always	4.3	13	4.2	4*	3.9	5*

A count with an asterisk indicates a corresponding unstable percentage with a coefficient of variation ≥0.30 and should be interpreted with caution

Counts may not add up to the reported number (n) due to missing information

ART Adherence in the Past 30 Days:

About a third of Black females and White males reported missing doses of their HIV medication on at least one day in the past 30 days while about half of Black males reported missing at least one dose (Table 6). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

When asked how well they take their HIV medication as they are supposed to, about three quarters of Black males and females and approximately 85% of White males reported "Very Good" or "Excellent". When asked how often they took their HIV medication correctly, about 90% of PLWHA reported "Almost Always" or "always" (Table 6). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Overall, about 85% of PLWHA reported never or rarely being troubled by side effects, and about 15% reported having side effects more than rarely. (Table 6). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Table 7: Reasons for Missing Last ART Dose among PLWHA who Indicated Missing Last ART Dose in the Past 30 Days - Medical Monitoring Project, Georgia, 2015-2018						
	Black Male		White Male		Black Female	
	n=162 wt'd %	n	n=33 wt'd %	n	n=59 wt'd %	n
Reason: last missed ART dose						
Change in your daily routine or were out of town						
Yes	33.3	110	34.3	33	24.2	31
Fell asleep early or overslept						
Yes	30.9	100	24.8	26	27.3	39
Forgot to take HIV medicines						
Yes	46.9	101	31.9	21	32.7	30
Had a problem getting a prescription, a refill, insurance coverage, or paying for HIV medicines						
Yes	29.7	74	15.9	14	24.7	27
Felt depressed or overwhelmed						
Yes	11.0	37	10.7	10*	12.3	17
Had side effects from your HIV medicines						
Yes	8.2	27	8.4	9*	12.2	14
Number of Reasons Given for Missing Last ART Dose						
No Reasons	7.0	10*	9.2	3*	7.1	5*
1 Reason	31.4	53	24.2	9*	43.6	26
2-3 Reasons	49.9	78	56.7	18	43.5	25
4-6 Reasons	11.8	21	9.8	3*	5.8	3*

A count with an asterisk indicates a corresponding unstable percentage with a coefficient of variation ≥0.30 and should be interpreted with caution

Counts may not add up to the reported number (n) due to missing information

Reasons for Missing Last ART Dose among Those who Missed their Last Dose, past 30 days:

The most common reasons for missing their last ART dose included changes in daily routine, falling asleep too early or oversleeping, and forgetting to take their medication. About 10% reported issues with side effects related to their ART medication, and 10% reported feeling depressed or overwhelmed. A higher proportion of Black males and females than White males reported issues with ART medication prescriptions (Table 7). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.

Number of Reasons Given for Missing Last ART Dose:

An overwhelming majority of PLWHA who had missed doses of HIV medication on at least one day answered yes to at least one reason for missing their ART dose. About 40% of Black females, a quarter of White males, and a third of Black males reported only one reason why they missed their last ART dose. About half of Black and White males and 40% of Black females gave 2-3 reasons (Table 7). There were no noteworthy differences between Atlanta residents and non-Atlanta residents. These data are not presented in tables and figures.