2014–2022

HIV DIAGNOSIS TRENDS IN GEORGIA

GEORGIA DEPARTMENT OF PUBLIC HEALTH

The **2014–2022 HIV Diagnosis Trends in Georgia Report** is published by the Georgia Department of Public Health (DPH), Division of Epidemiology, HIV Epidemiology Section, 200 Piedmont Avenue SE, West Tower Floor 10, Atlanta, GA 30334. Data are presented from known diagnoses and laboratory reports entered into the Georgia Enhanced HIV/AIDS Reporting System (eHARS). All data are provisional.

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TABLE OF CONTENTS

METHODS & DEFINITIONS **4**

HIV SURVEILLANCE DURING THE COVID-19 PANDEMIC **5**

TRENDS BY GEOGRAPHIC AREA **6**
- **FIGURE 1. NEW HIV DIAGNOSIS COUNTS, GEORGIA, 2014–2022** 7
- **FIGURE 2. NEW HIV DIAGNOSIS RATES, GEORGIA, 2014–2022** 7
- **FIGURE 3. NEW HIV DIAGNOSIS COUNTS BY THE ELIGIBLE METROPOLITAN AREA, GEORGIA, 2018–2022** 8
- **FIGURE 4. NEW HIV DIAGNOSIS RATES BY THE ELIGIBLE METROPOLITAN AREA, GEORGIA, 2018–2022** 8
- **FIGURE 5. NEW HIV DIAGNOSIS RATES IN THE FOUR EHE COUNTIES, GEORGIA, 2018–2022** 9

TRENDS BY DEMOGRAPHIC CHARACTERISTICS **10**
- **FIGURE 6. NEW HIV DIAGNOSIS RATES BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2022** 11
- **FIGURE 7. NEW HIV DIAGNOSIS COUNTS BY GENDER IDENTITY, GEORGIA, 2014–2022** 11
- **FIGURE 8. NEW HIV DIAGNOSIS COUNTS BY RACE/ETHNICITY, GEORGIA, 2014–2022** 12
- **FIGURE 9. NEW HIV DIAGNOSIS RATES BY RACE/ETHNICITY, GEORGIA, 2014–2022** 12
- **FIGURE 10. NEW HIV DIAGNOSIS RATES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 13
- **FIGURE 11. NEW HIV DIAGNOSIS COUNTS BY HIV TRANSMISSION CATEGORY, GEORGIA, 2014–2022** 13

Trends BY SPECIAL POPULATIONS **14**
- **FIGURE 12. NEW HIV DIAGNOSIS COUNTS AMONG MSM BY RACE/ETHNICITY, GEORGIA, 2014–2022** 15
- **FIGURE 13. NEW HIV DIAGNOSIS COUNTS AMONG MSM BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 15
- **FIGURE 14. NEW HIV DIAGNOSIS COUNTS AMONG BLACK MSM BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 16
- **FIGURE 15. NEW HIV DIAGNOSIS COUNTS AMONG HISPANIC/LATINO MSM BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 16
- **FIGURE 16. NEW HIV DIAGNOSIS RATES AMONG FEMALES BY RACE/ETHNICITY, GEORGIA, 2014–2022** 17
- **FIGURE 17. NEW HIV DIAGNOSIS RATES AMONG FEMALES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 17
- **FIGURE 18. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER/ADDITIONAL GENDER IDENTITY POPULATIONS BY RACE/ETHNICITY, GEORGIA, 2014–2022** 18
- **FIGURE 19. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER/ADDITIONAL GENDER IDENTITY INDIVIDUALS BY AGE GROUPS (IN YEARS) GEORGIA, 2014–2022** 18
- **FIGURE 20. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK CISGENDER MEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 19
- **FIGURE 21. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 19
- **FIGURE 22. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU BY RACE/ETHNICITY, GEORGIA, 2014–2022** 20
- **FIGURE 23. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022** 20

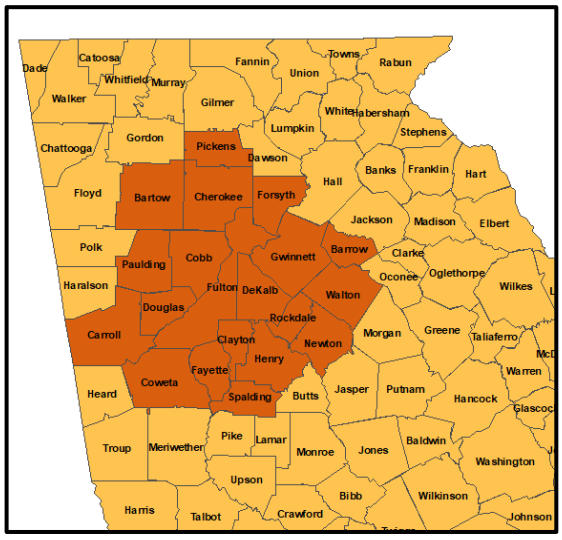
SUPPLEMENTARY INFORMATION **21**

Notes – MSM: Men who have sex with men
EHE: Ending the HIV Epidemic in the U.S initiative
IDU: Injection drug use

METHODS & DEFINITIONS

- Figures are based on data reported through December 31, 2023 for adolescents and adults aged 13+ years who were newly diagnosed with HIV between January 1, 2014 through December 31, 2022.
- Multiple imputation[1], a statistical method used to assign probable values to cases with missing transmission categories, was used in instances when transmission data was missing. Transmission categories include:
    - MMSC = Male-to-male sexual contact
    - IDU = Injection drug use
    - MMSC/IDU = Male-to-male sexual contact and injection drug use
    - HET = Heterosexual contact with a person known to have, or to be at high risk for HIV infection
- Rates are based on estimates of the Georgia resident population retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), OASIS. Rates are per 100,000 population in the specified categories.
- Rates are not presented for populations with fewer than 12 cases because these rates are considered unreliable.
- Counts are not presented for populations with five or less cumulative new diagnosis. Total case counts for all demographic populations can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage (https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance).
- Missingness for the county variable was comparably higher prior to 2017 than in 2018–2022 and is therefore not displayed in figures with a geographic level smaller than the entire state of Georgia.
- The Atlanta EMA (Eligible Metropolitan Area) consists of counties that are eligible for Ryan White HIV/AIDS Part A grants. These counties consist of: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

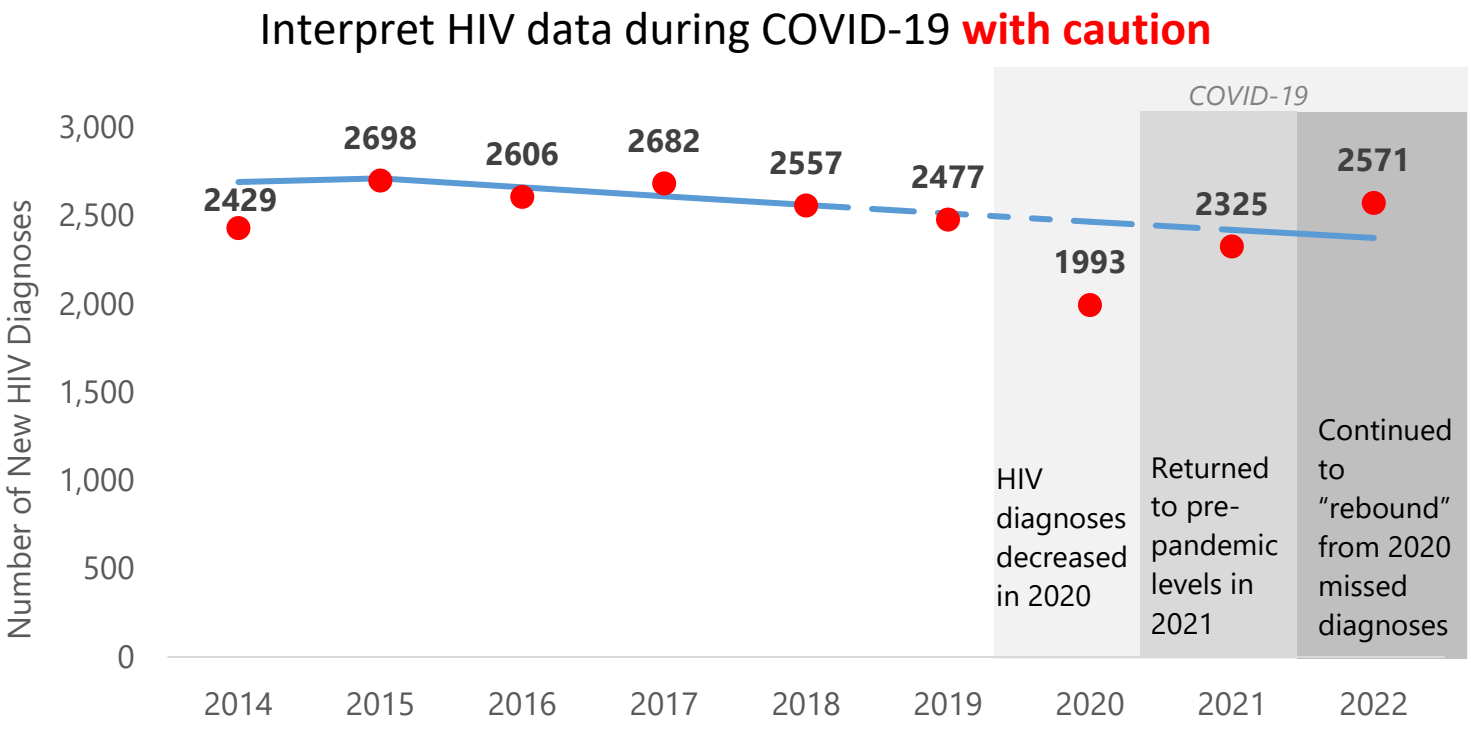
Map of Atlanta EMA Counties



[1]Centers for Disease Control and Prevention. Diagnoses of HIV Infection in the United States and Dependent Areas 2021: Technical Notes. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-34/content/technical-notes.html#:~:text=Multiple%20imputation%20is%20used%20to,Duplicates. Updated March 2023. Accessed January 5th, 2024.

HIV SURVEILLANCE DURING THE COVID-19 PANDEMIC

- After the COVID-19 pandemic was declared a national and state emergency in March 2020, access to healthcare services, including HIV testing, prevention, and care-related services, became reduced or temporarily suspended.[1]
- The number of people diagnosed with HIV decreased in 2020, in part because of decreased testing availability and changes in healthcare seeking patterns but returned to pre-pandemic levels in 2021.[2] Therefore, 2020 HIV surveillance data should be interpreted with caution (see below figure).
- In 2022, HIV diagnoses were slightly higher than pre-pandemic levels, which may indicate increased healthcare availability and healthcare seeking behaviors since the 2020 COVID-19-related disruptions.



[1] Centers for Disease Control and Prevention. "COVID-19 disruptions in HIV testing and prevention highlight need for innovation and investment before the next public health emergency". Accessed May 8th, 2024 https://www.cdc.gov/media/releases/2022/s1201-HIV-COVID-19.html

[2] More information on the impact of COVID-19-related healthcare disruptions on HIV diagnosis trends in Georgia is available here: https://dph.georgia.gov/document/document/hivepi2021conferencethelingeringimpactofcovid-19disruptionsonhivdiagnosesingapdf/download

TRENDS BY GEOGRAPHIC AREA

FIGURE 1. NEW HIV DIAGNOSIS COUNTS, GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis counts decreased an average of 2% per year.

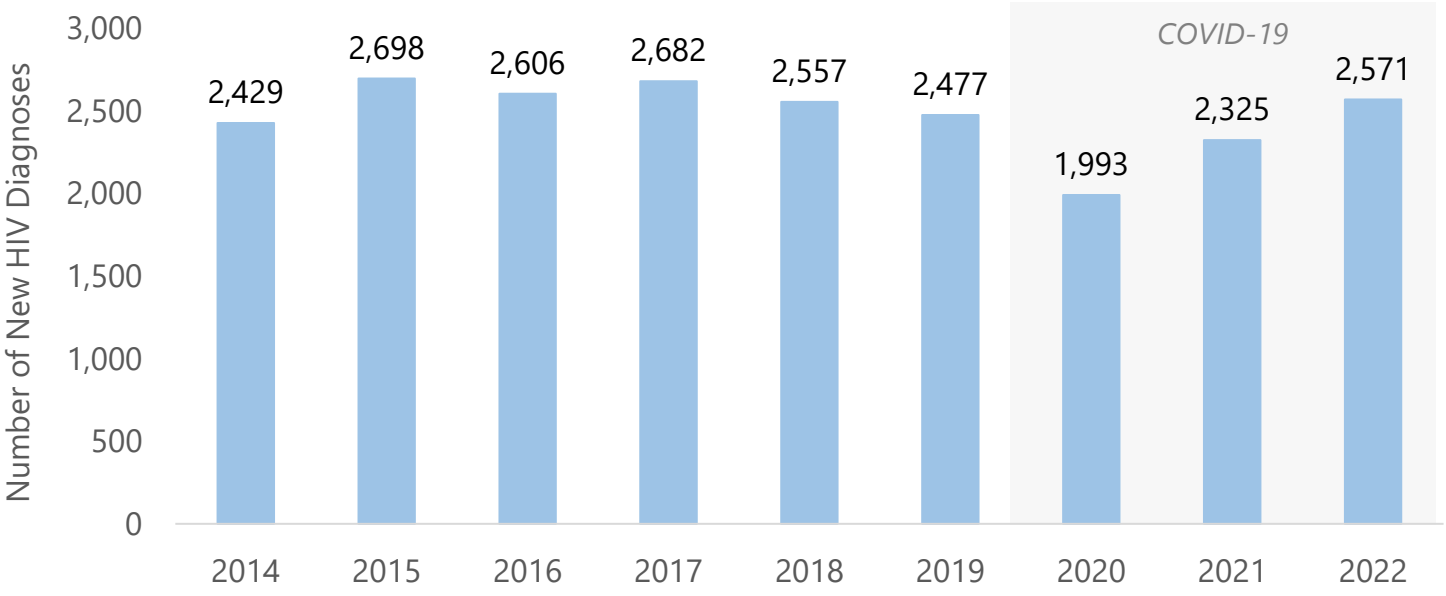


FIGURE 2. NEW HIV DIAGNOSIS RATES, GEORGIA, 2014–2022

New HIV diagnosis rates are decreasing in Georgia. Between 2014–2022, there was a 3% decrease in the rate of HIV diagnoses in Georgia.

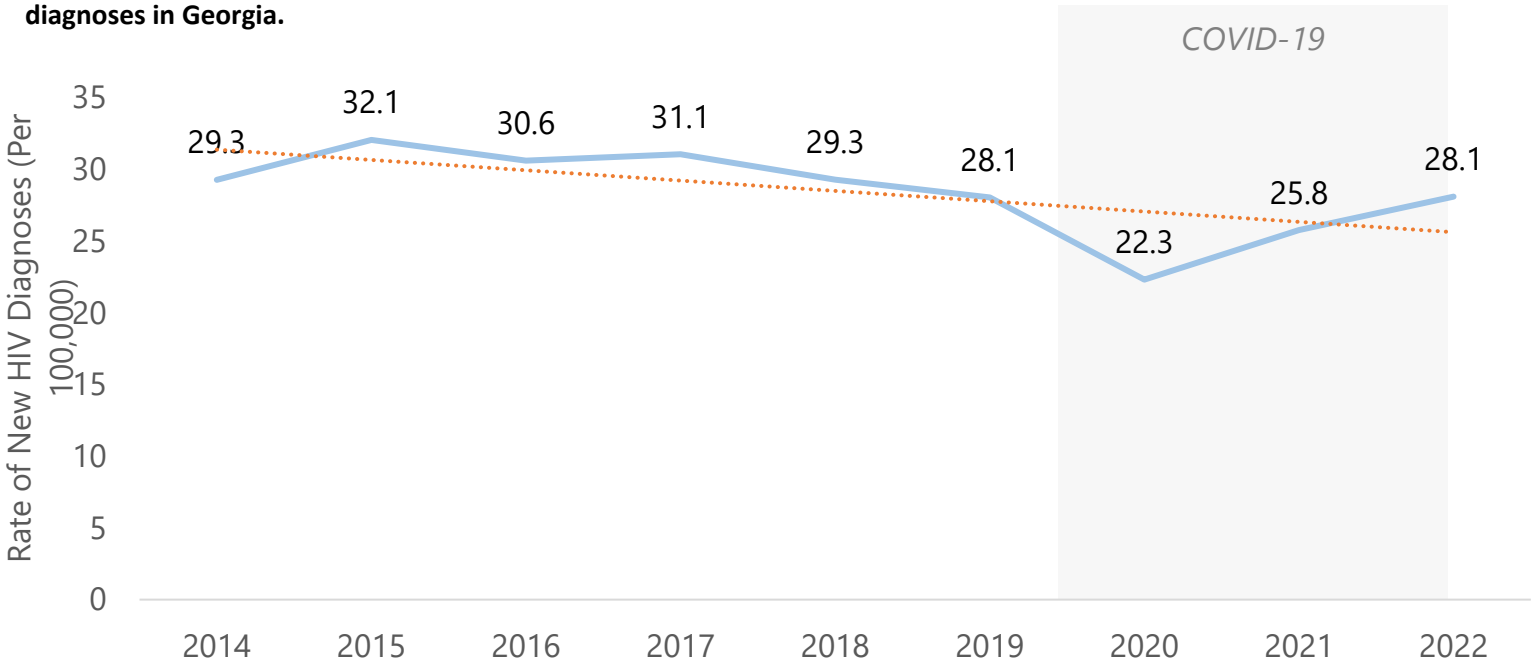
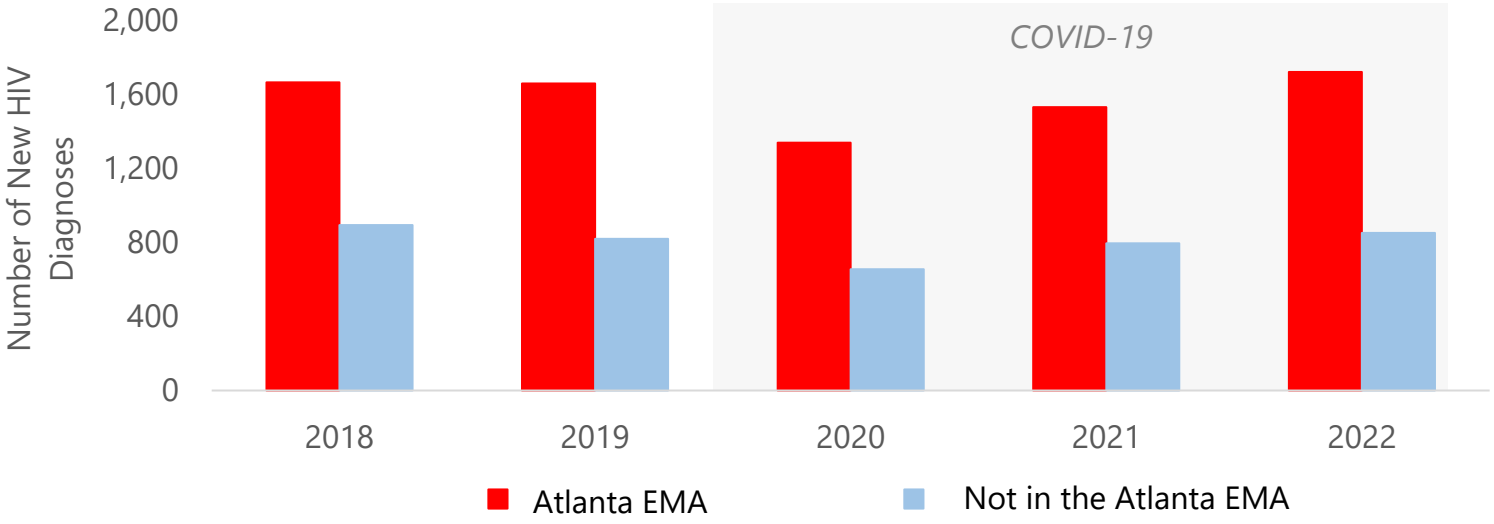


FIGURE 3. NEW HIV DIAGNOSIS COUNTS BY THE ELIGIBLE METROPOLITAN AREA*, GEORGIA, 2018–2022†

From 2018–2022, the number of new HIV diagnoses were higher in the Atlanta EMA compared to new diagnoses not in the Atlanta EMA.

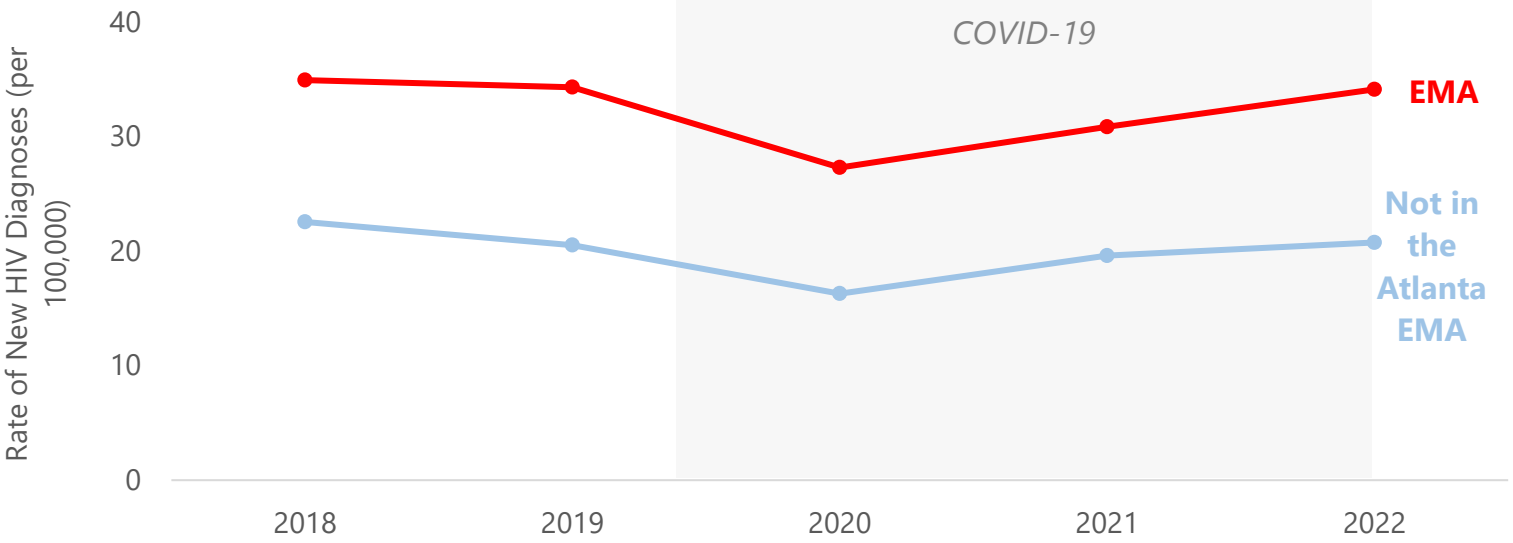


*Eligible Metropolitan Area are counties that are eligible for Ryan White HIV/AIDS Part A grants; such counties consist of: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

†Missingness for the county variable was comparably higher from 2015–2017 than 2018–2022 and is therefore not displayed in this figure.

FIGURE 4. NEW HIV DIAGNOSIS RATES BY THE ELIGIBLE METROPOLITAN AREA*, GEORGIA, 2018–2022†

From 2018–2022, the rate of new HIV diagnoses were higher in the Atlanta EMA compared to areas not in the Atlanta EMA.

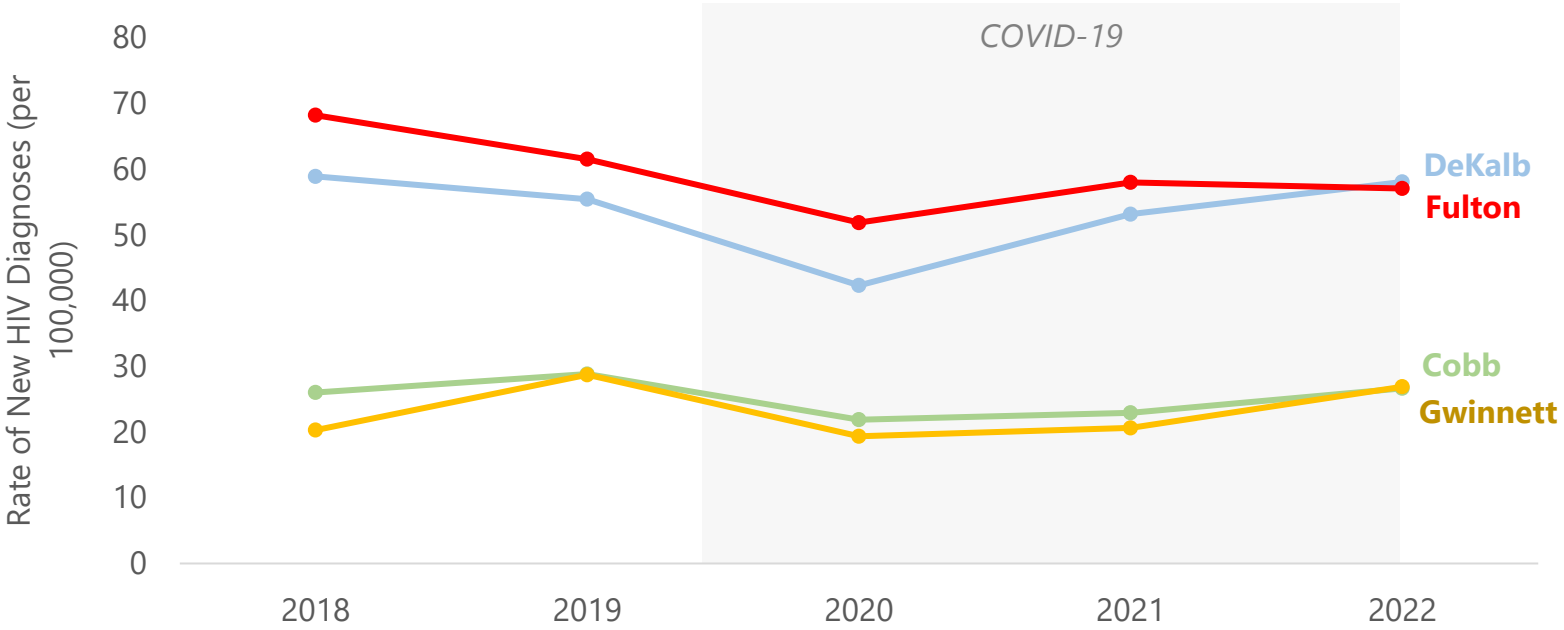


*Eligible Metropolitan Area are counties that are eligible for Ryan White HIV/AIDS Part A grants; such counties consist of: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

†Missingness for the county variable was comparably higher from 2015–2017 than 2018–2022 and is therefore not displayed in this figure.

FIGURE 5. NEW HIV DIAGNOSIS RATES IN THE FOUR EHE COUNTIES*, GEORGIA, 2018–2022†

From 2018–2022, the rate of new HIV diagnoses were consistently higher in Fulton and DeKalb counties compared to Gwinnett and Cobb counties.



*Priority regional counties were selected the Ending the HIV Epidemic in the U.S initiative as set by the Office of Infectious Disease and HIV/AIDS Policy, U.S. Department of Health & Human Services[3]

†Missingness for the county variable was comparably higher in 2015–2017 compared to 2018–2022 and is therefore not displayed in this graph.

[3] Office of Infectious Disease and HIV/AIDS Policy, U.S. Department of Health & Human Services. EHE Priority Jurisdictions https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one/ Updated December 2023. Accessed February 25th, 2024.

TRENDS BY DEMOGRAPHIC CHARACTERISTICS

FIGURE 6. NEW HIV DIAGNOSIS RATES BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis rates were consistently higher among males compared to females.

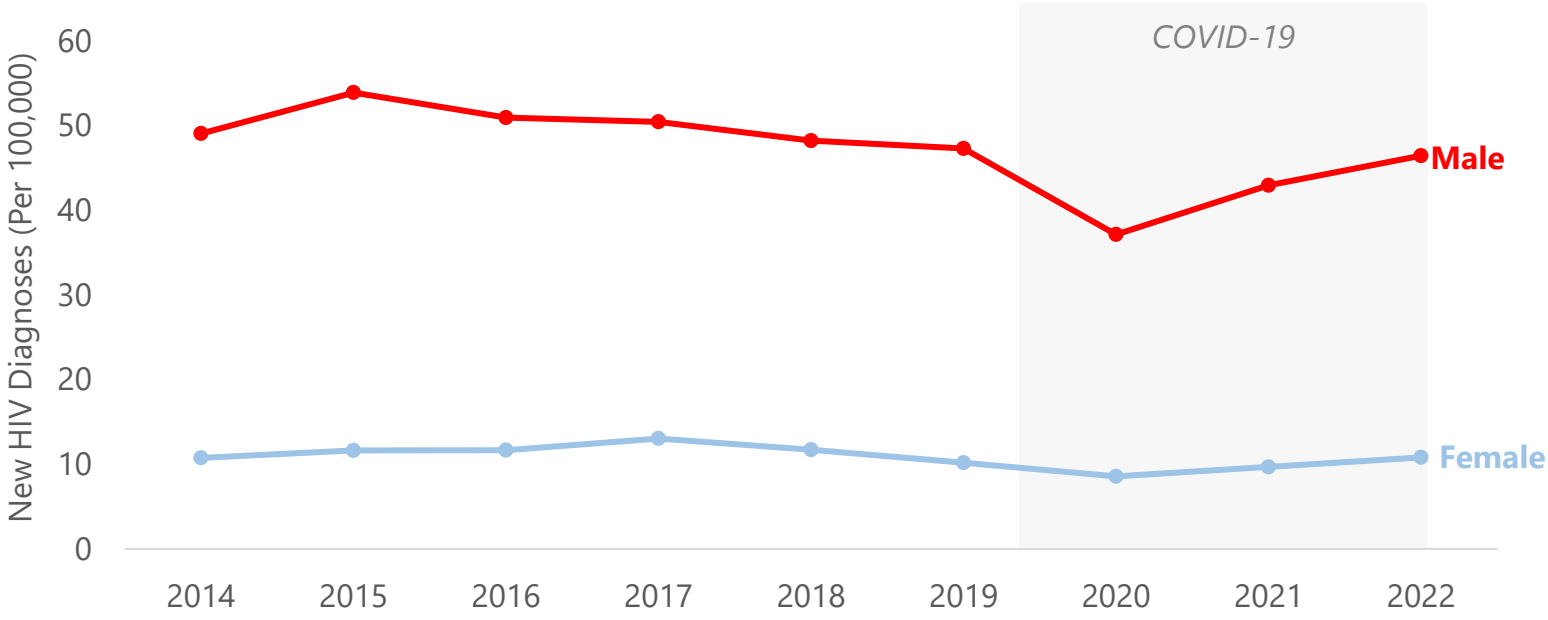


FIGURE 7. NEW HIV DIAGNOSIS COUNTS BY GENDER IDENTITY, GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis rates were consistently higher among cisgender men compared to other groups.

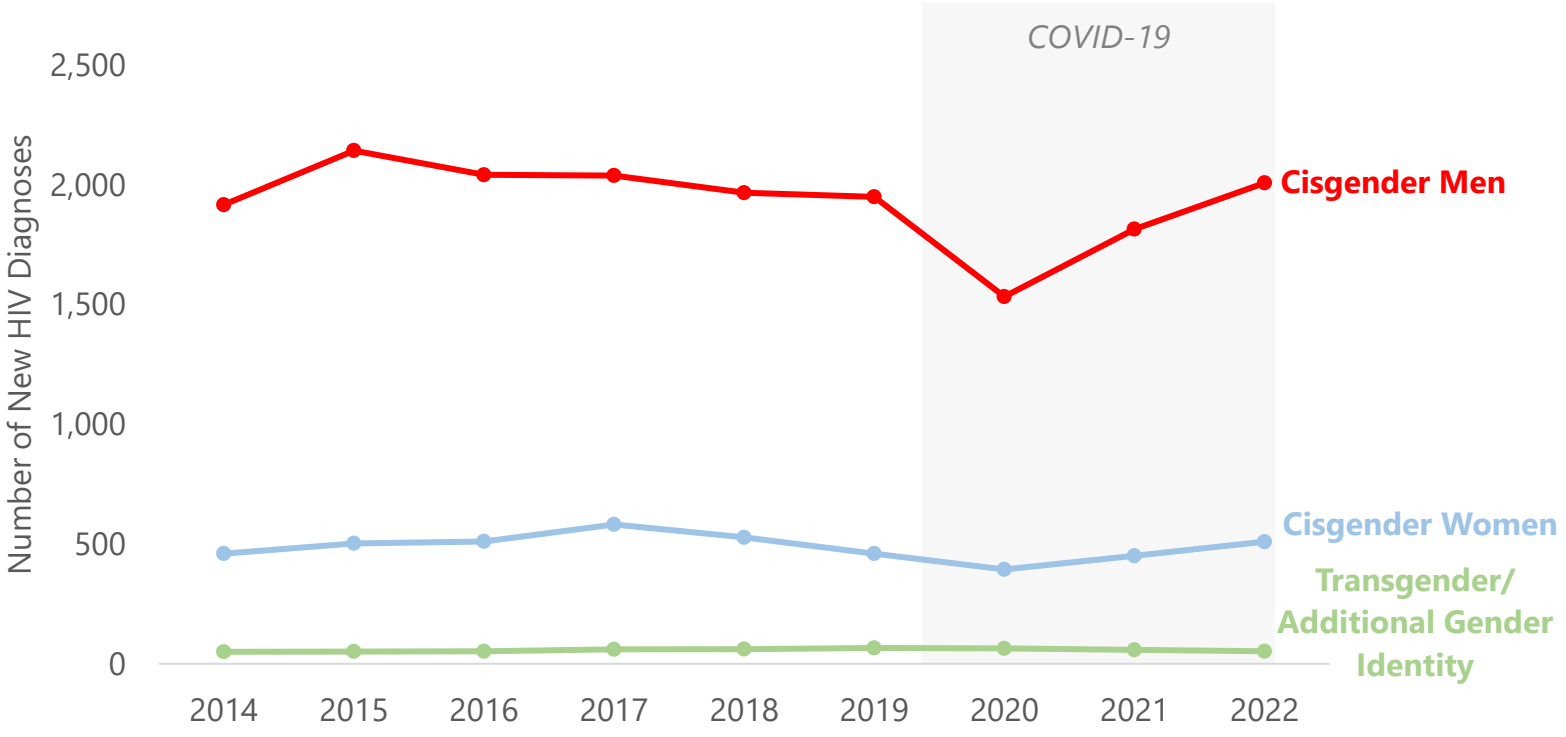
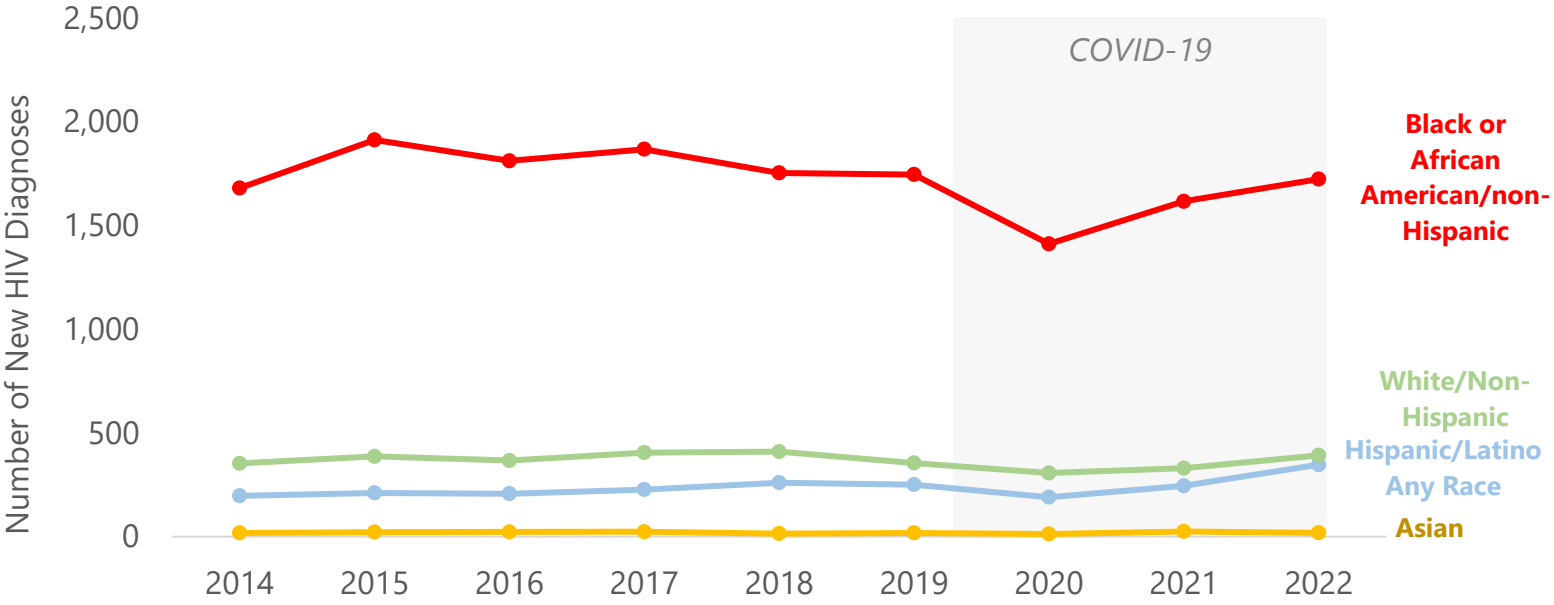


FIGURE 8. NEW HIV DIAGNOSIS COUNTS BY RACE/ETHNICITY, GEORGIA, 2014–2022

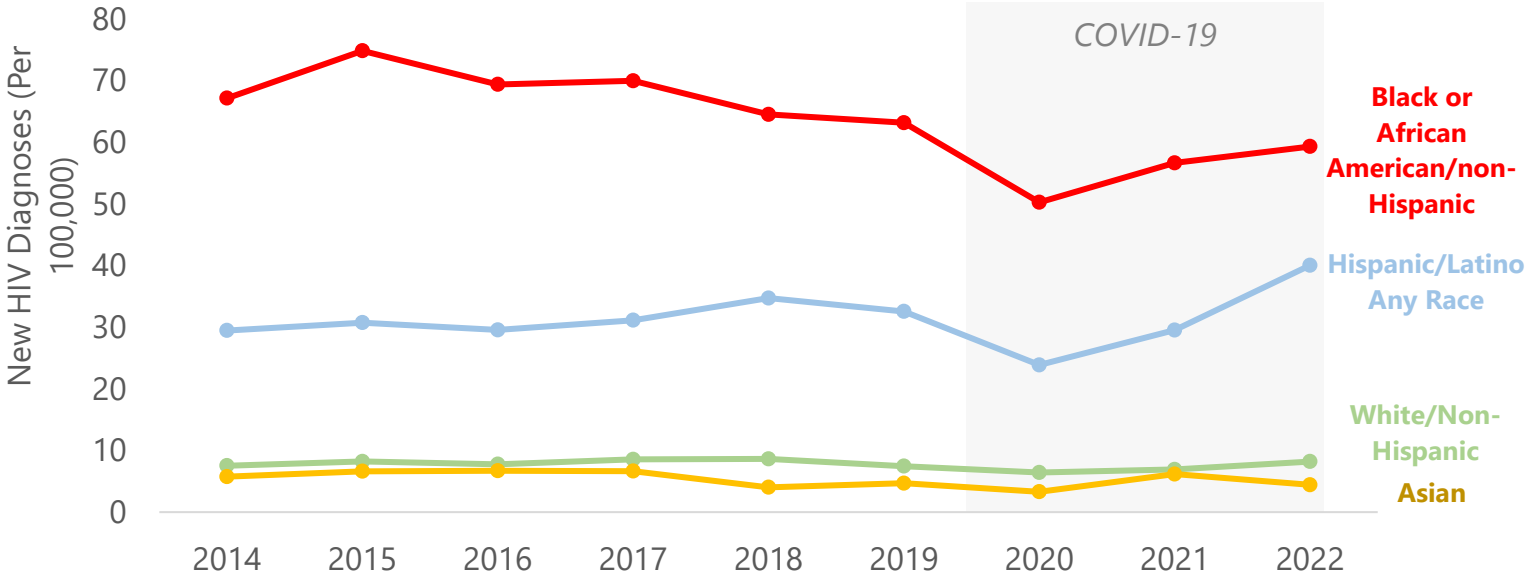
Between 2014–2022, HIV diagnosis counts were consistently higher among Black/African American populations compared to other groups.



Note: The cumulative count of new HIV diagnoses among those who were American Indian/Alaska Native or Native Hawaiian/Pacific Islander was less than five in each reported year; therefore, counts are not shown in this figure. Total counts for all racial/ethnic groups, can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 9. NEW HIV DIAGNOSIS RATES BY RACE/ETHNICITY, GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis rates were consistently highest among Black/African American populations compared to other groups. HIV diagnosis rates are increasing in Hispanic/Latino populations, but decreasing or remaining at low levels in all other groups.



Note: The cumulative count of new HIV diagnoses among those who were American Indian/Alaska Native or Native Hawaiian/Pacific Islander was less than 12 in each reported year; therefore, rates are not shown in this figure. Total counts for all racial/ethnic groups, can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 10. NEW HIV DIAGNOSIS RATES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis rates were highest among individuals ages 18–24 and 25–34.

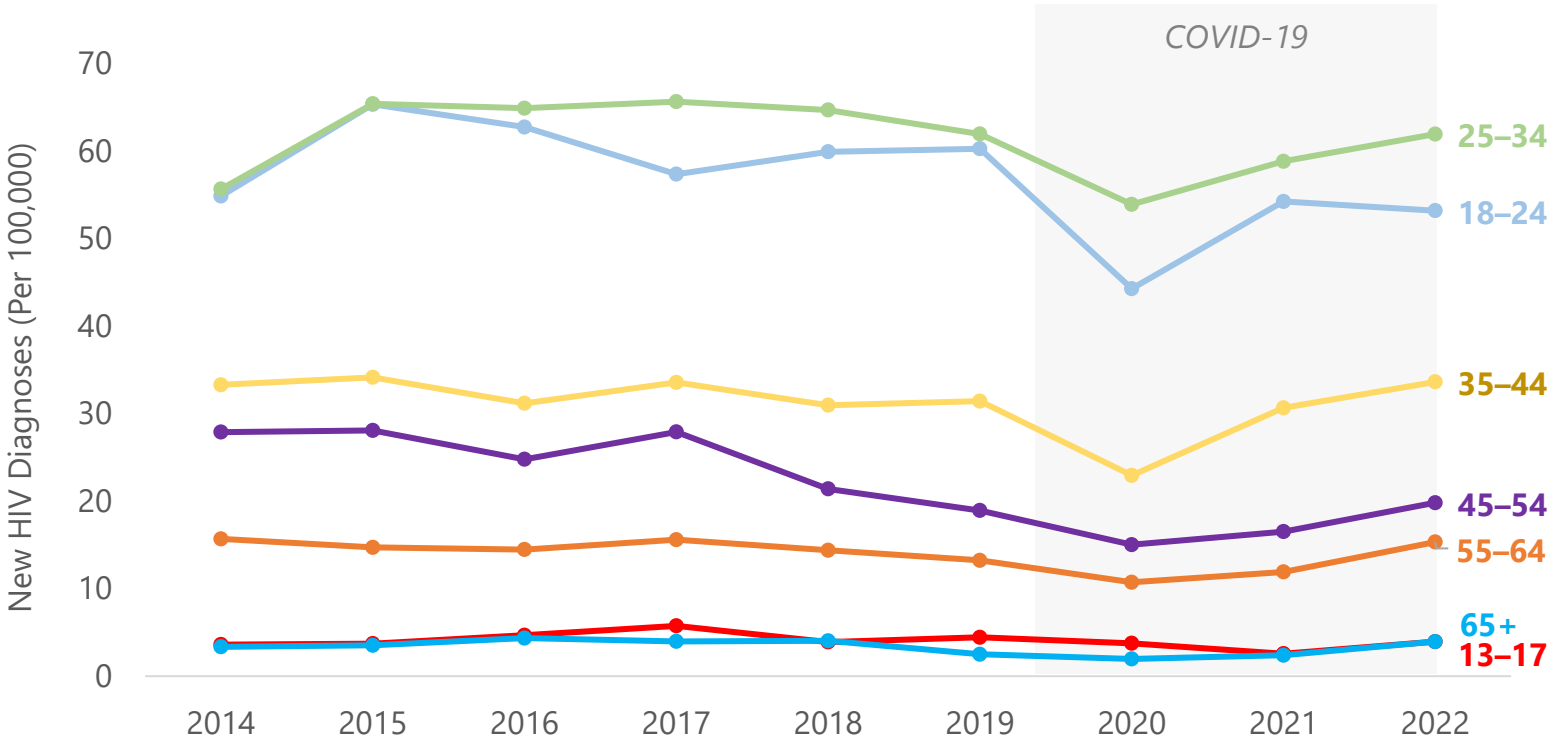
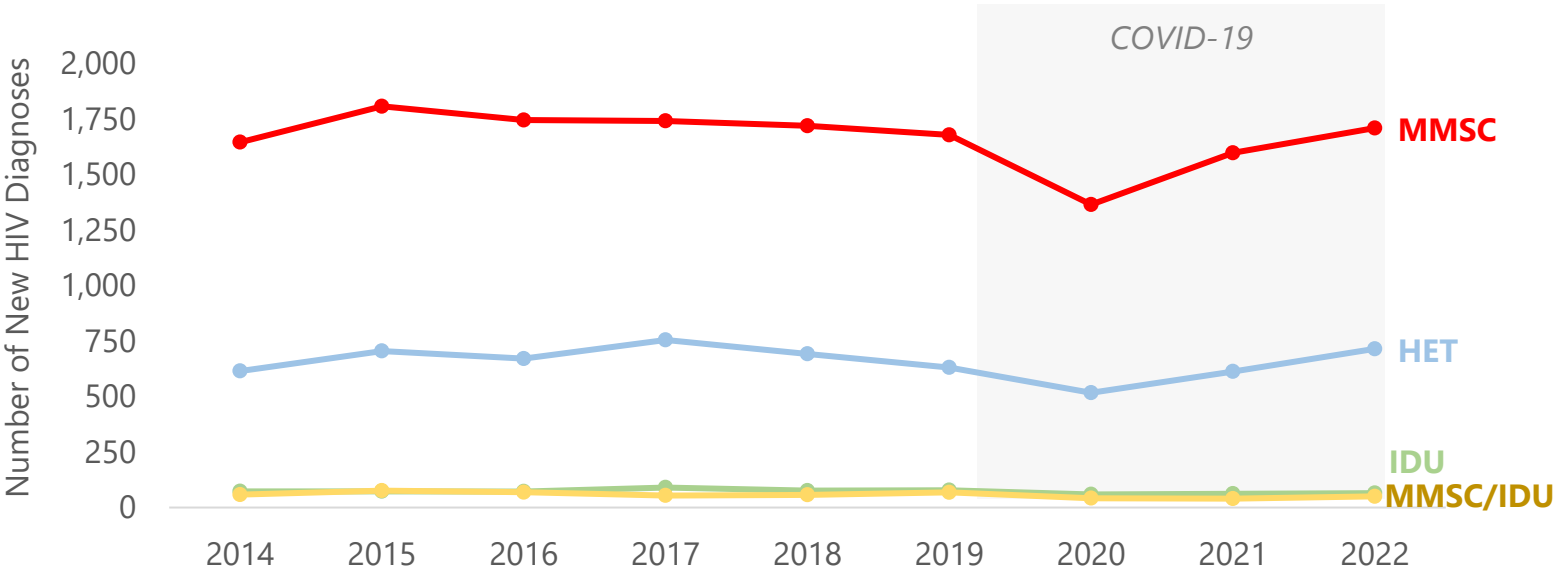


FIGURE 11. NEW HIV DIAGNOSIS COUNTS BY HIV TRANSMISSION CATEGORY*, GEORGIA, 2014–2022

Between 2014–2022, HIV diagnosis rates were consistently highest among individuals with an HIV transmission category of male-to-male sexual contact, followed by heterosexual contact. Only a small proportion of HIV diagnoses were attributed to injection drug use overtime.

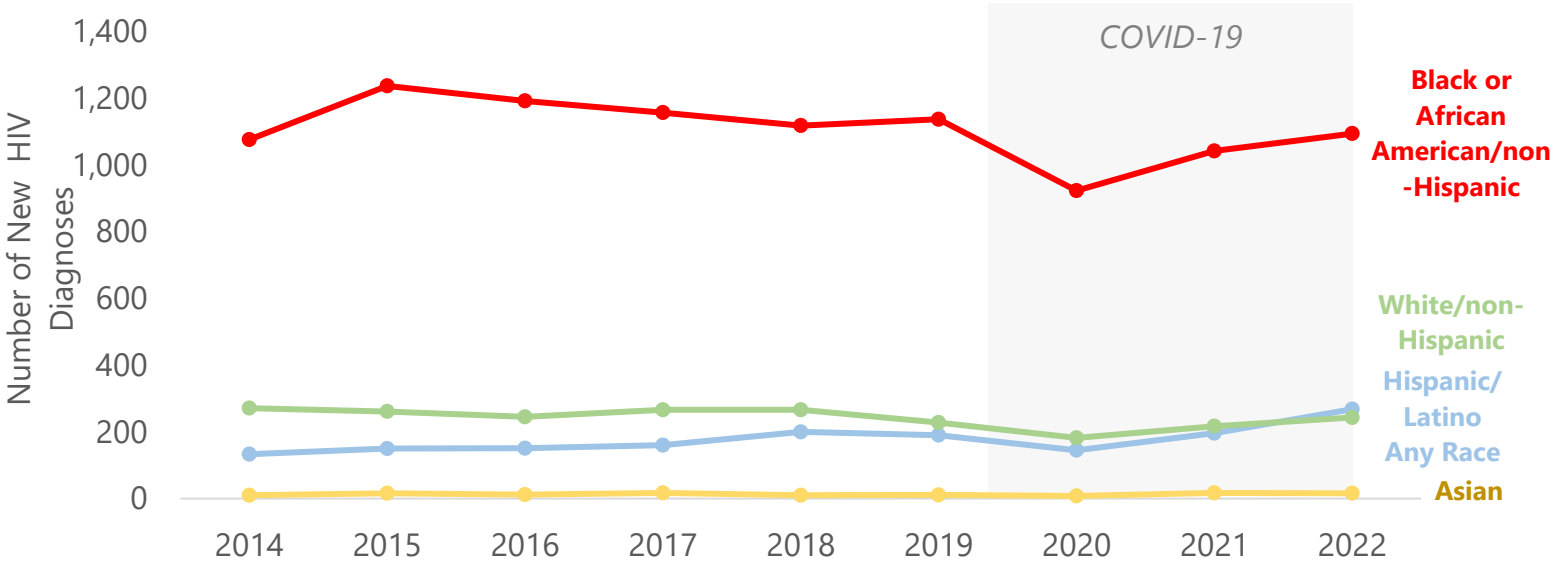


*HIV transmission category is adjusted for missing risk using multiple imputation methods
MMSC: Male-to-male sexual contact; HET: Heterosexual contact; IDU: Injection drug use
Note: The rate of transmission categories such as Perinatal, Other/Pediatric, and Adult Other are not displayed due to less than five cases being documented in each reported year.

TRENDS BY SPECIAL POPULATIONS

FIGURE 12. NEW HIV DIAGNOSIS COUNTS AMONG MSM* BY RACE/ETHNICITY, GEORGIA, 2014–2022

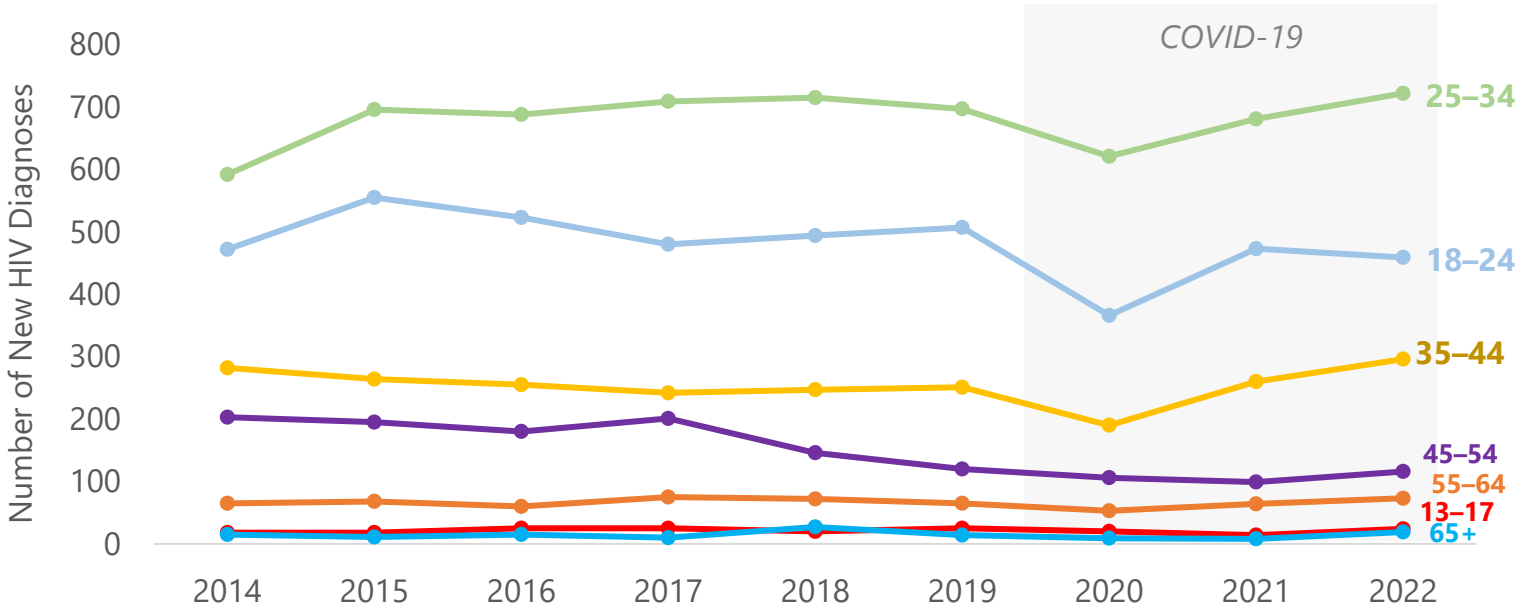
Between 2014–2022, HIV diagnosis counts were consistently highest among Black/African American MSM.



*MSM: Men who have sex with men (i.e. individuals with an HIV transmission category of male-to-male sexual contact)
Note: The cumulative count of new HIV diagnoses among MSM who were American Indian/Alaska Native or Native Hawaiian/Pacific Islander was less than five in each reported year; therefore, counts are not shown in this figure. Total counts for all racial/ethnic groups, can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 13. NEW HIV DIAGNOSIS COUNTS AMONG MSM* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

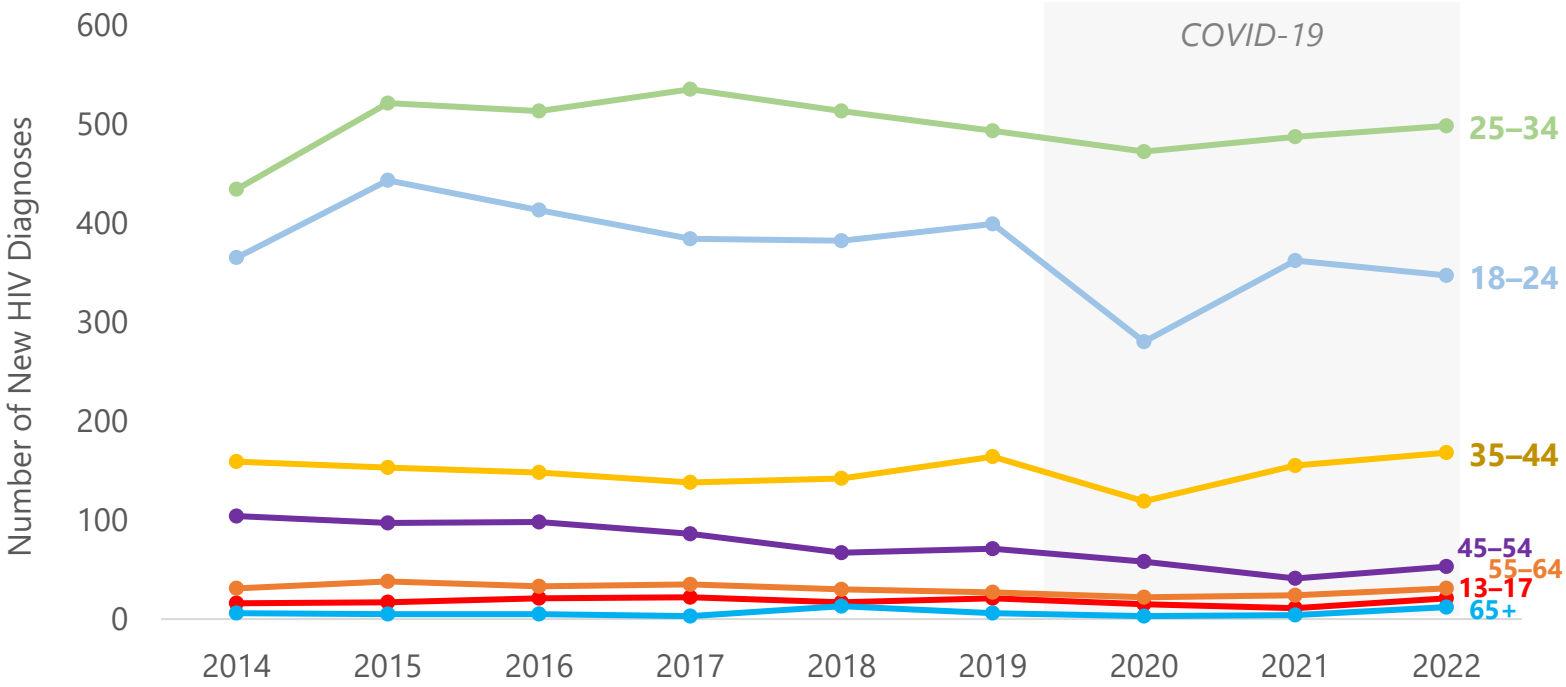
Between 2014–2022, among MSM, HIV diagnosis counts were highest among MSM ages 25–34 and 18–24.



* MSM: Men who have sex with men (i.e. individuals with an HIV transmission category of male-to-male sexual contact)

FIGURE 14. NEW HIV DIAGNOSIS COUNTS AMONG BLACK MSM* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

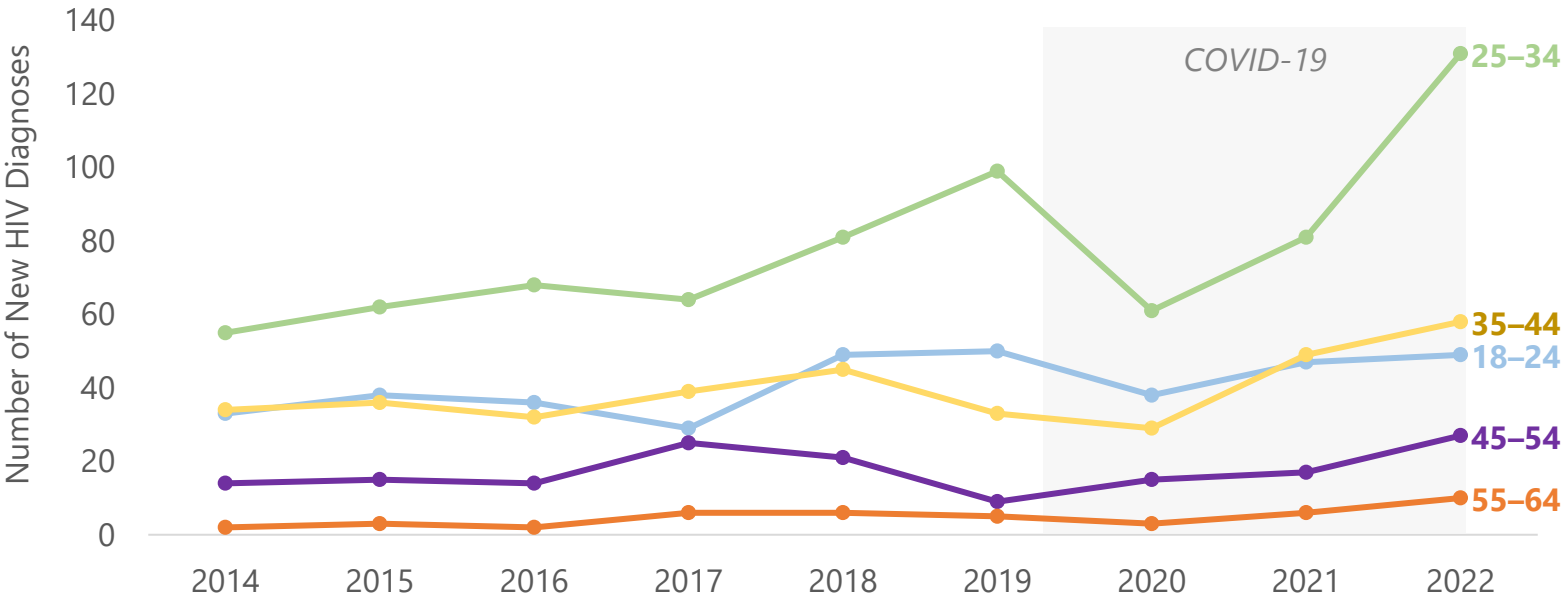
Between 2014–2022, among Black/African American MSM, HIV diagnosis counts were highest for those ages 25–34 and 18–24.



*MSM: Men who have sex with men (i.e. individuals with an HIV transmission category of male-to-male sexual contact)

FIGURE 15. NEW HIV DIAGNOSIS COUNTS AMONG HISPANIC/LATINO MSM* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

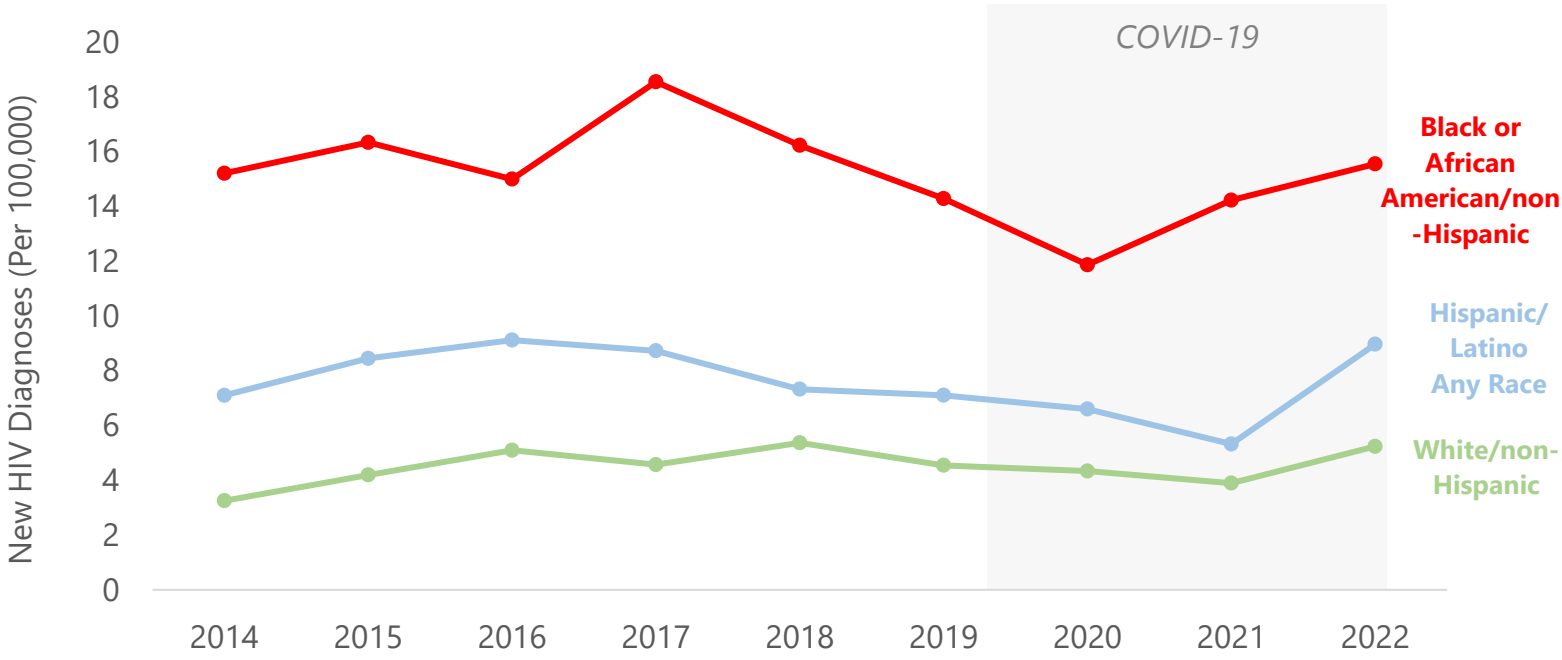
Between 2014–2022, among Hispanic/Latino MSM, HIV diagnosis counts were increasing most notably among those ages 25–34.



*MSM: Men who have sex with men (i.e. individuals with an HIV transmission category of male-to-male sexual contact)
Note: The count of new HIV diagnoses among Hispanic/Latino MSM who were between the years of 13–17 or 65+ was five or less in each reported year; therefore, counts are not shown in this figure. Total counts can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 16. NEW HIV DIAGNOSIS RATES AMONG FEMALES BY RACE/ETHNICITY, GEORGIA, 2014–2022

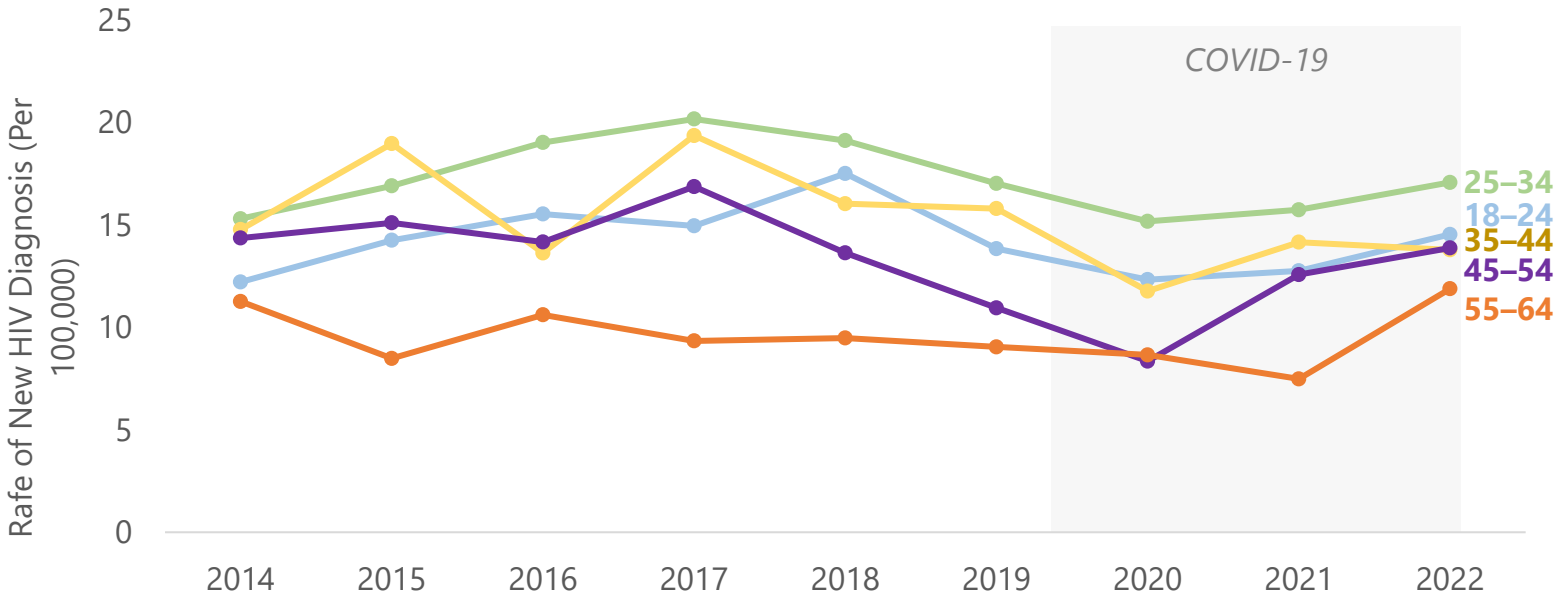
Between 2014–2022, Black/African American females consistently had the highest HIV diagnosis rates.



Note: The cumulative count of new HIV diagnoses among females who were Asian or Native Hawaiian/Pacific Islander was less than 12 for each reported year; therefore, rates are not shown in this figure.

FIGURE 17. NEW HIV DIAGNOSIS RATES AMONG FEMALES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

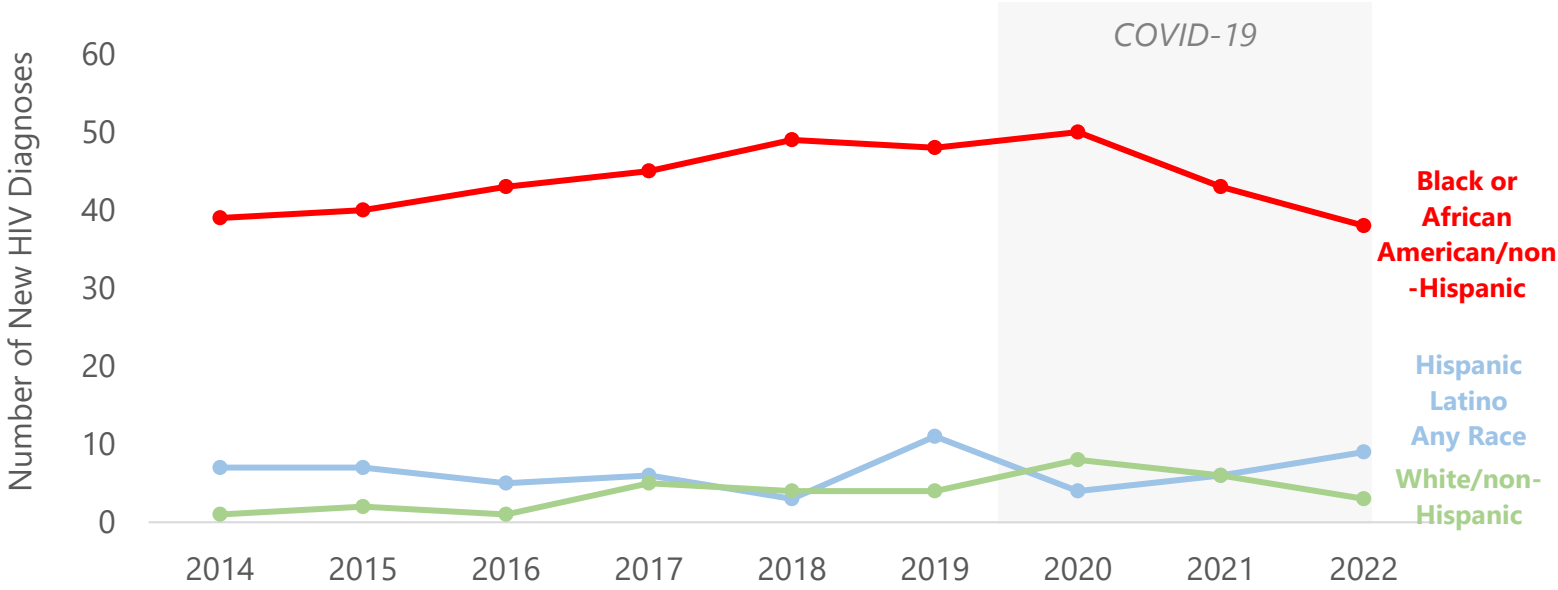
Between 2014–2022, females were diagnosed with HIV across a broad age range (18–64). This is much broader than the overarching population diagnosed with HIV (see Figure 10 for comparison).



Note: The count of new HIV diagnoses among females who were between the ages of 13-17 years and 65+ years was less than 12 in some reported years; therefore, rates are not shown in this figure.

FIGURE 18. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER/ADDITIONAL GENDER IDENTITY POPULATIONS BY RACE/ETHNICITY, GEORGIA, 2014–2022

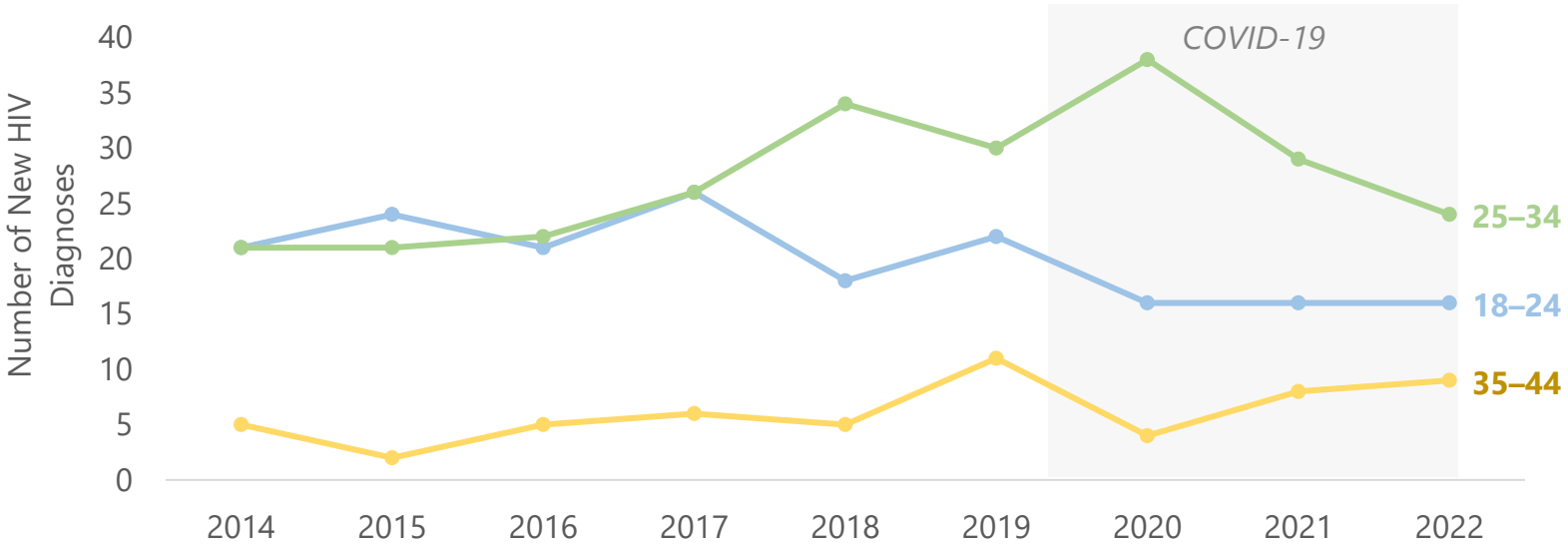
Between 2014–2022, Black/African American transgender/additional gender identity populations consistently had the highest number of HIV diagnoses compared to other racial/ethnic groups.



Note: The cumulative count of new HIV diagnoses among transgender/additional gender identity populations who were Asian, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander was five or less in each reported year; therefore, case counts are not shown in this figure. Total case counts for all racial/ethnic groups among transgender/additional gender identity populations can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 19. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER/ADDITIONAL GENDER IDENTITY INDIVIDUALS BY AGE GROUPS (IN YEARS) GEORGIA, 2014–2022

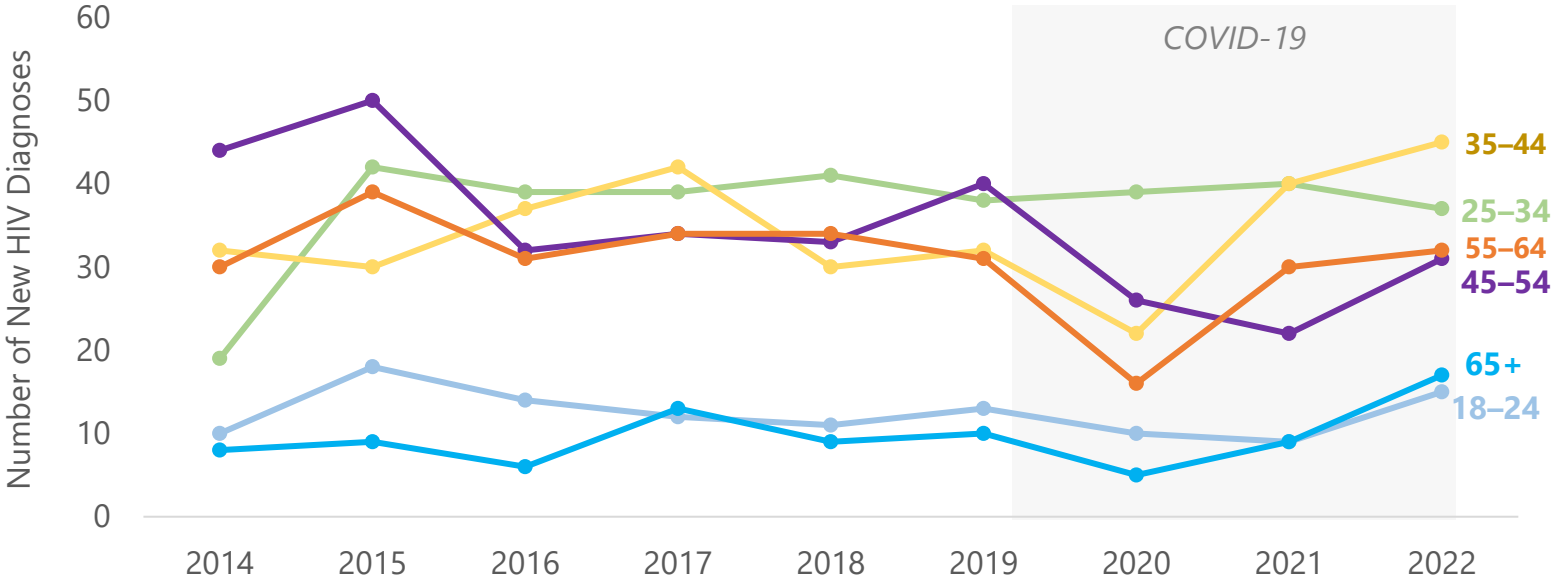
Between 2014–2022, among transgender/additional gender identity populations, HIV diagnosis counts were highest among those ages 25–34 and 18–24.



Note: The cumulative count of new HIV diagnoses among transgender/additional gender identity populations who were 13–17 or 45+ was five or less in each reported year; therefore, case counts are not shown in this figure. Total case counts for transgender/additional gender identity populations can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 20. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK CISGENDER MEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

Between 2014–2022, among Black/African American cisgender men (heterosexual contact), most HIV diagnoses occurred among those ages 25–64.



Note: The cumulative total of new HIV diagnoses attributed to heterosexual contact among black cisgender males ages 13–17 was less than five from 2014–2022; therefore, case counts are not shown in this figure. Total case counts for all age groups can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 21. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

Between 2014–2022, Black/African American cisgender women were diagnosed with HIV across a broad age range (18–64). This is much broader than the overarching population diagnosed with HIV (see Figure 10 for comparison).

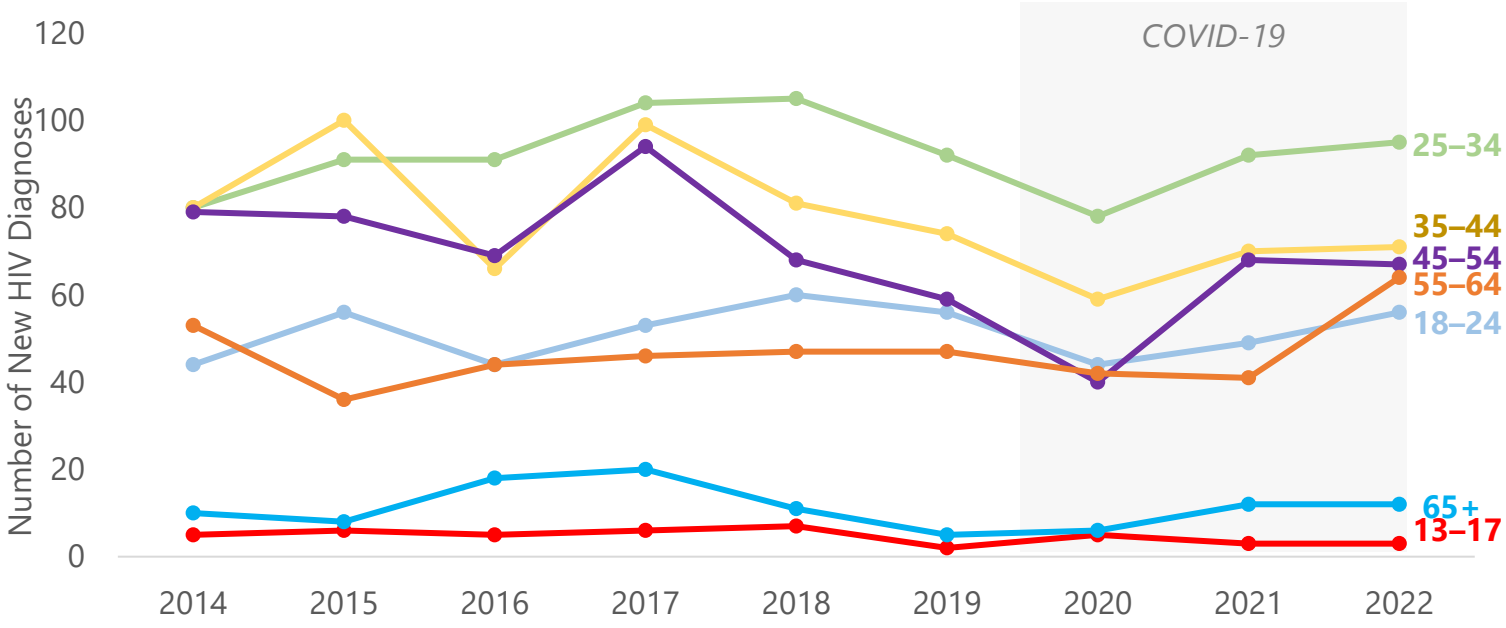
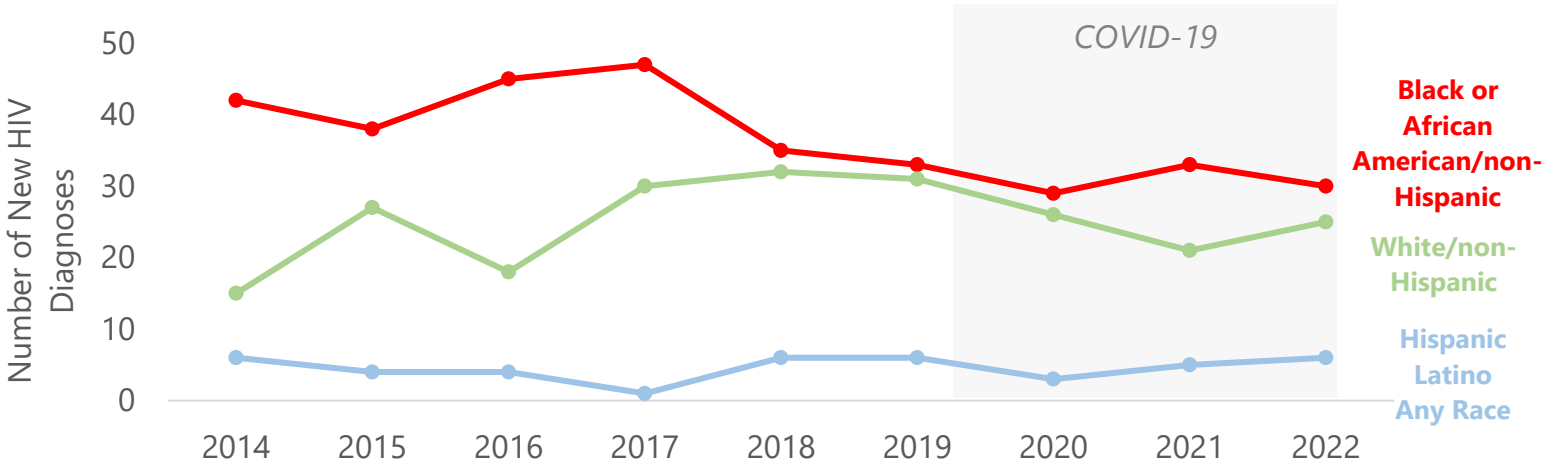


FIGURE 22. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU* BY RACE/ETHNICITY, GEORGIA, 2014–2022

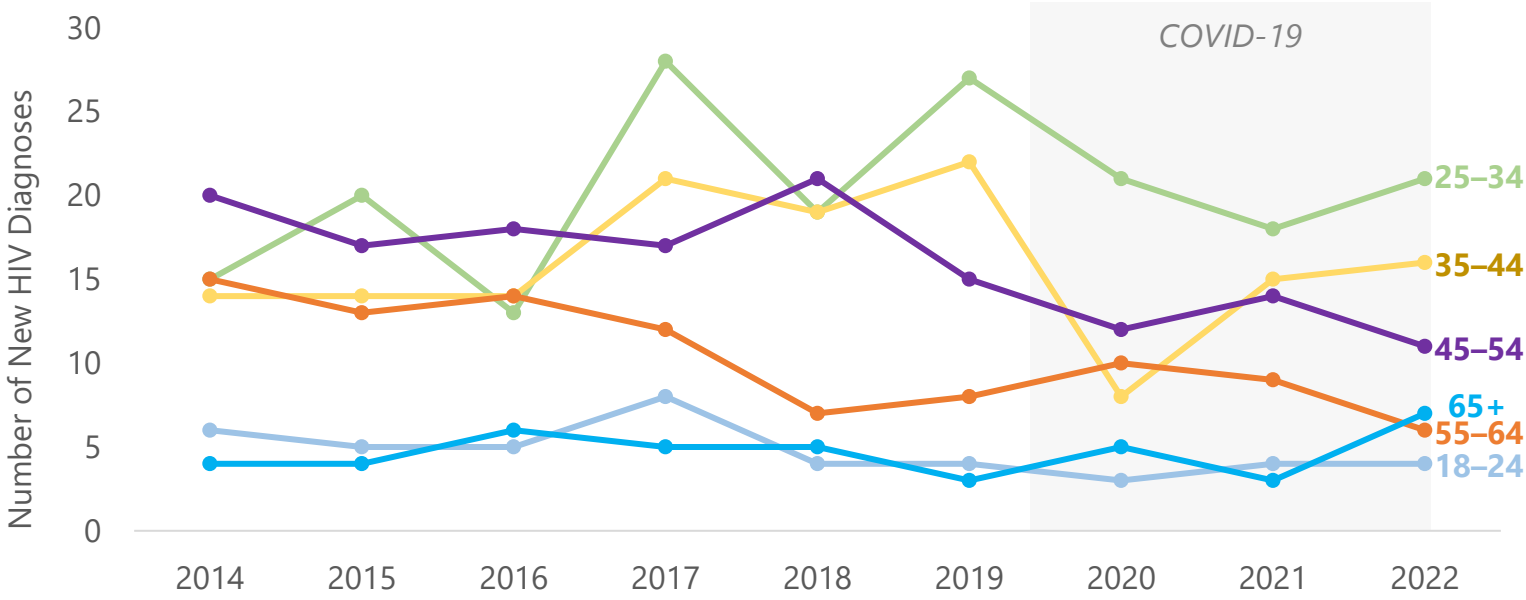
Between 2014–2022, Black/African American and White populations accounted for most HIV diagnoses attributed to IDU. White populations accounted for a much larger proportion of HIV diagnoses attributed to IDU compared to HIV diagnoses of any transmission category (see Figure 8 for comparison).



*IDU: Injection drug use
Note: The cumulative count of new HIV diagnoses among IDU who were Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander was less than five from 2014–2022; therefore, case counts are not shown in this figure. Total case counts for transmission categories by racial/ethnic groups can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

FIGURE 23. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2022

Between 2014–2022, people with an HIV diagnosis attributed to IDU were diagnosed across a broad age range and most commonly between ages 25–34.



*IDU: Injection drug use
Note: The cumulative count of new HIV diagnoses among IDU who were between 13-17 years was less than five from 2014–2022; therefore, case counts are not shown in this figure. Total case counts transmission categories among all age groups can be found in the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance*

SUPPLEMENTARY INFORMATION

Additional data on HIV in Georgia:
Georgia Department of Public Health HIV Epidemiology Section's Main Website:
https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section

- Prior year HIV Trends in Georgia Reports/Slides are available under "HIV Case Surveillance Data Archive": https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance
- Other resources available include surveillance summary reports, HIV care continuum reports, fact sheets, special reports, and presentations: https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance

Centers for Disease Control and Prevention, Division of HIV Prevention: https://www.cdc.gov/hiv/default.html
AIDSVu: https://aidsvu.org/

Reporting:
All health care providers diagnosing and/or providing care to a patient with HIV are required 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.
Adult and Pediatric case report forms are available at https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-reporting
For more questions on HIV case reporting in Georgia please contact the HIV Surveillance Coordinator at 1-800-827-9769 (no faxing permitted). eFax: 404-506-9297

Requesting data:
To request data, please visit http://dph.georgia.gov/phip-data-request to create a PHIP data request account and login.

Please direct question to:
Jenna Gettings, DVM, MPH
Director
HIV Epidemiology Section
jenna.gettings@dph.ga.gov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