2014–2023

HIV DIAGNOSIS TRENDS IN GEORGIA

GEORGIA DEPARTMENT OF PUBLIC HEALTH

The **2014–2023 HIV Diagnosis Trends in Georgia Report** is published by the Georgia Department of Public Health (DPH), Division of Epidemiology, HIV Epidemiology Unit, 200 Piedmont Avenue SE, West Tower, Floor 10, Atlanta, GA 30334. Data are presented from known diagnoses and laboratory reports entered in the Georgia Enhanced HIV/AIDS Reporting System (eHARS). All data are provisional.

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This report was prepared by the following staff from the Georgia Department of Public Health: Jose Adame, MPH; Nellie Garlow, MPH; Jenna Gettings, DVM, MPH; Cherie Drenzek, DVM, MS. Please direct all inquiries to Dr. Jenna Gettings (*Jenna.Gettings@dph.ga.gov*).

Georgia HIV Core Surveillance Team contributors: Lauren Barrineau-Vejjajiva, Thelma Fannin, LaTosha Johnson, LaToya Lemons, Daniel Mauck, Mildred McGainey, Kim Norris, Rama Namballa, Doris Pearson, Courtney Philpot, A. Eugene Pennisi, Sylve Jones, Akilah Spratling, Gerrianna Williams, Kimberly Booker, and Erica Williams.

TABLE OF CONTENTS

METHODS & DEFINITIONS **4**

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

TRENDS BY GEOGRAPHIC AREA (BY COUNTS AND RATES) **6**
- **FIGURE 1A. NEW HIV DIAGNOSIS COUNTS, GEORGIA, 2014–2023** 7
- **FIGURE 1B. NEW HIV DIAGNOSIS RATES, GEORGIA, 2014–2023** 7
- **FIGURE 2A. NEW HIV DIAGNOSIS COUNTS BY THE ELIGIBLE METROPOLITAN AREA (EMA), GEORGIA, 2018–2023** 8
- **FIGURE 2B. NEW HIV DIAGNOSIS RATES BY THE ELIGIBLE METROPOLITAN AREA (EMA), GEORGIA, 2018–2023†** 8
- **FIGURE 3A. NEW HIV DIAGNOSIS COUNTS IN THE FOUR EHE* COUNTIES, GEORGIA, 2018–2023** 9
- **FIGURE 3B. NEW HIV DIAGNOSIS RATES IN THE FOUR EHE* COUNTIES, GEORGIA, 2018–2023** 9

TRENDS BY DEMOGRAPHIC CHARACTERISTICS (BY COUNTS AND RATES) **10**
- **FIGURE 4A. NEW HIV DIAGNOSIS COUNTS BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2023** 11
- **FIGURE 4B. NEW HIV DIAGNOSIS RATES BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2023** 11
- **FIGURE 5. NEW HIV DIAGNOSIS COUNTS BY GENDER IDENTITY, GEORGIA, 2014–2023** 12
- **FIGURE 6A. NEW HIV DIAGNOSIS COUNTS BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 12
- **FIGURE 6B. NEW HIV DIAGNOSIS RATES BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 13
- **FIGURE 7A. NEW HIV DIAGNOSIS COUNTS BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 13
- **FIGURE 7B. NEW HIV DIAGNOSIS RATES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 14
- **FIGURE 8. NEW HIV DIAGNOSIS COUNTS BY HIV TRANSMISSION CATEGORY, GEORGIA, 2014–2023** 14

TRENDS BY SPECIAL POPULATIONS (BY COUNTS) **15**
- **FIGURE 9. AVERAGE NUMBER OF NEW HIV DIAGNOSES BEFORE AND AFTER THE COVID-19 PANDEMIC AND AVERAGE ANNUAL PERCENTAGE CHANGE OVERTIME, GEORGIA, 2014–2023** 16
- **FIGURE 10. NEW HIV DIAGNOSIS COUNTS AMONG MALES WITH A TRANSMISSION CATEGORY OF MMSC† BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 17
- **FIGURE 11. NEW HIV DIAGNOSIS COUNTS AMONG MALES WITH A TRANSMISSION CATEGORY OF MMSC† BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 17
- **FIGURE 12. NEW HIV DIAGNOSIS COUNTS AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC MALES WITH A TRANSMISSION CATEGORY OF MMSC† BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 18
- **FIGURE 13. NEW HIV DIAGNOSIS COUNTS AMONG HISPANIC OR LATINO (OF ANY RACE) MALES WITH A TRANSMISSION CATEGORY OF MMSC† BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 18
- **FIGURE 14. NEW HIV DIAGNOSIS COUNTS AMONG CISGENDER WOMEN BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 19
- **FIGURE 15. NEW HIV DIAGNOSIS COUNTS AMONG CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 19
- **FIGURE 16. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER PERSONS AND PERSONS WITH AN ADDITIONAL GENDER IDENTITY BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 20
- **FIGURE 17. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER PERSONS AND PERSONS WITH AN ADDITIONAL GENDER IDENTITY BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 20
- **FIGURE 18. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC, CISGENDER MEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 21
- **FIGURE 19. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC, CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 21
- **FIGURE 20. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU§ BY RACE AND ETHNICITY, GEORGIA, 2014–2023** 22
- **FIGURE 21. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU§ BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023** 22

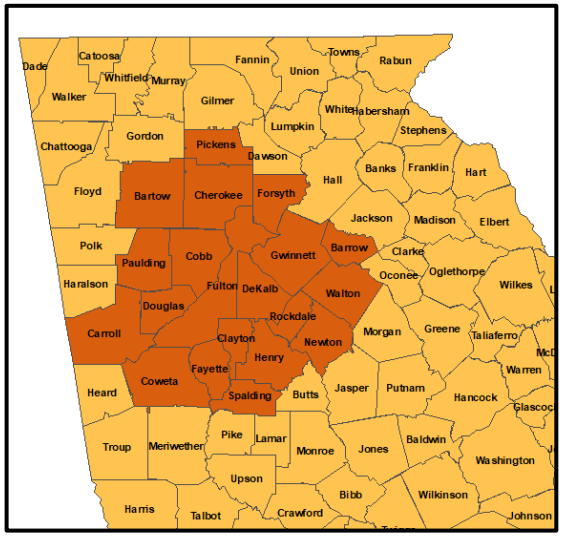
SUPPLEMENTARY INFORMATION **23**

*Ending the HIV Epidemic in the U.S initiative
†Male-to-male sexual contact
§ Injection Drug User

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, 2023.
- 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 calculated for figures and tables that include data on HIV transmission category and gender identity because census population denominator estimates are not available for these populations.
- 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 at 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 2018–2023 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

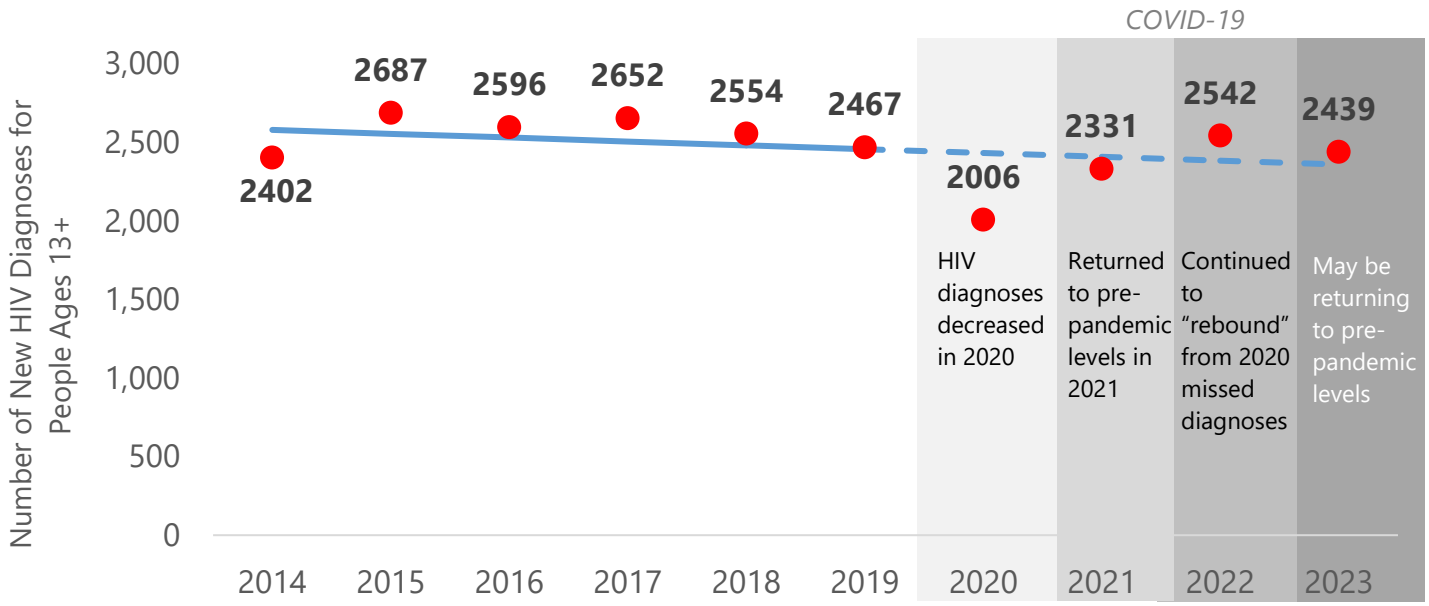


[1]Centers for Disease Control and Prevention. Diagnoses of HIV Infection in the United States and Dependent Areas 2021: Technical Notes. https://stacks.cdc.gov/view/cdc/149071 . Updated May 2023. Accessed March 10th, 2025.

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 the figure below).
- 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.
- HIV diagnoses in 2023 were comparable to pre-pandemic levels, but more data is needed to understand if the impacts on HIV diagnoses from the COVID-19 pandemic have stabilized.

Interpret HIV data during COVID-19 **with caution.**



[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 March 17th, 2025, 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 (BY COUNTS AND RATES)

FIGURE 1A. NEW HIV DIAGNOSIS COUNTS, GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis counts decreased by -1% per year on average.

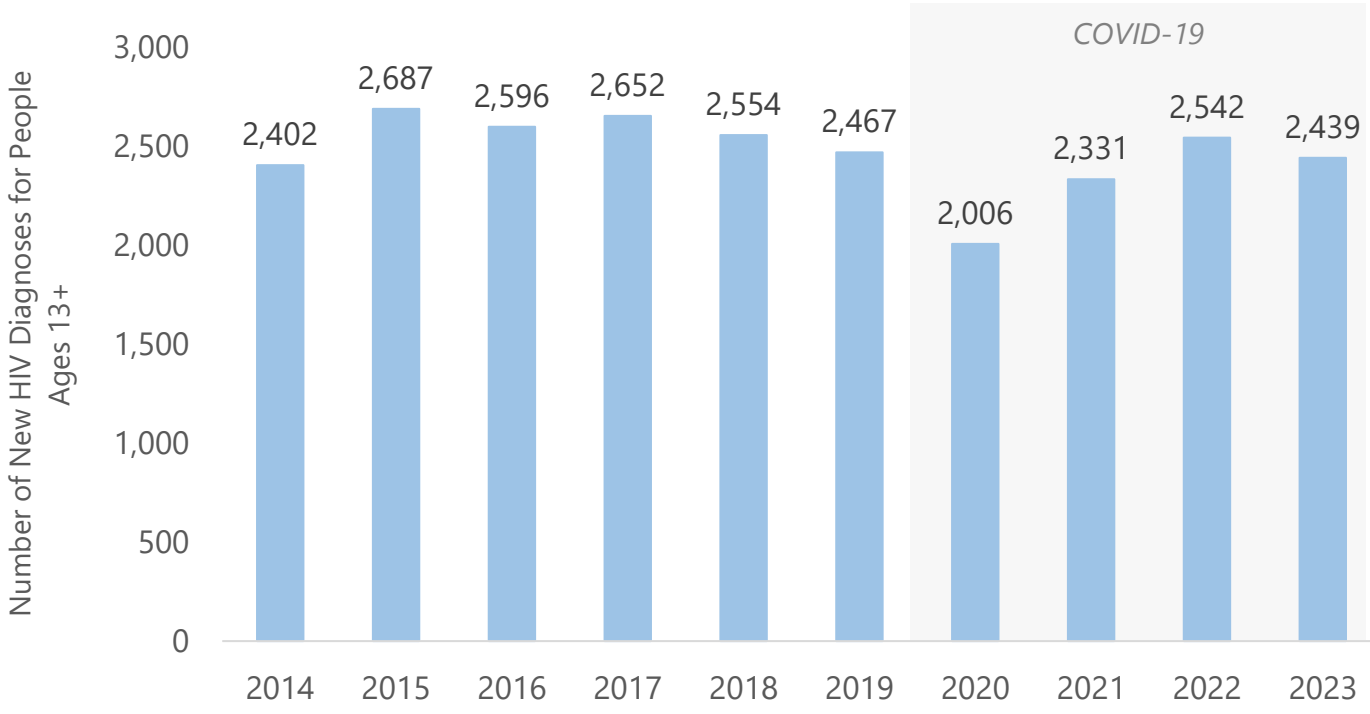


FIGURE 1B. NEW HIV DIAGNOSIS RATES, GEORGIA, 2014–2023

Between 2014–2023, the average annual rate change of new HIV diagnoses decreased by -3%, indicating a continuing decrease in new HIV diagnoses in Georgia.

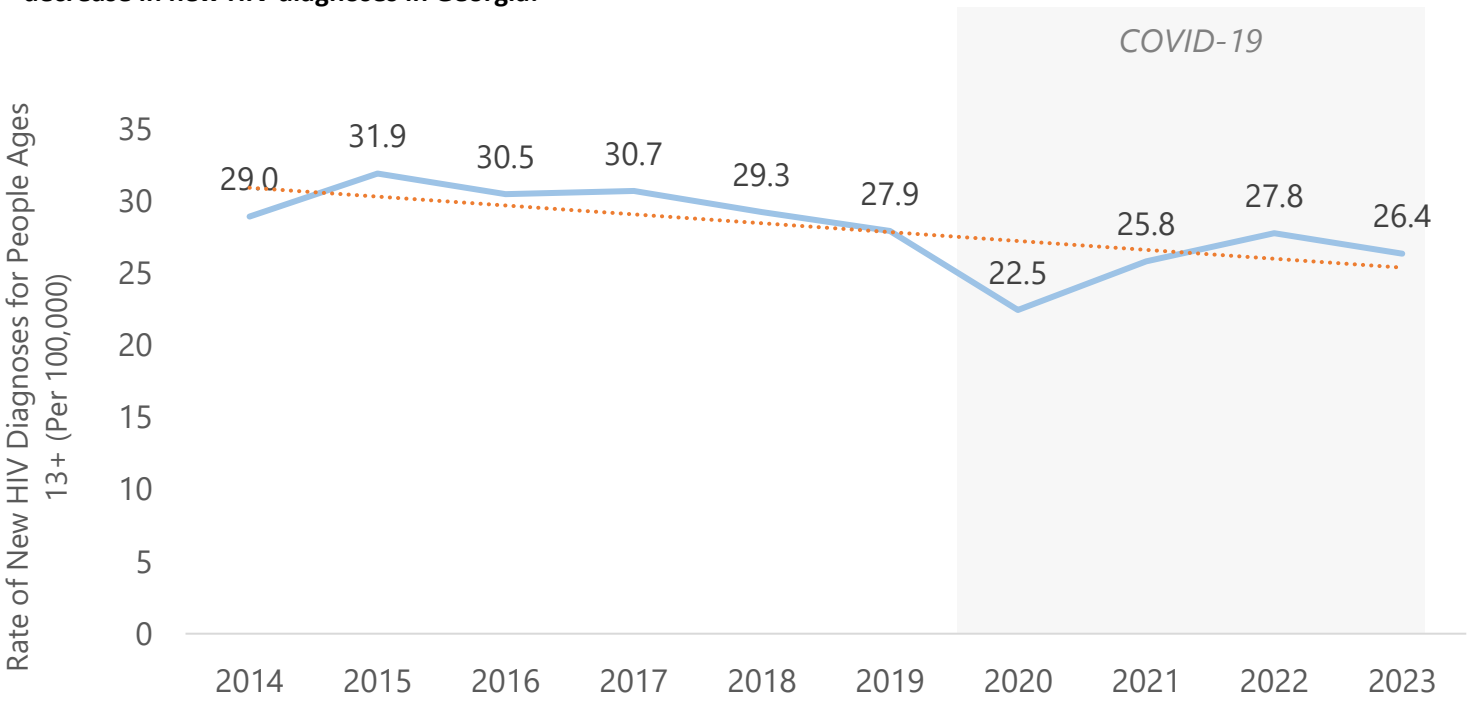
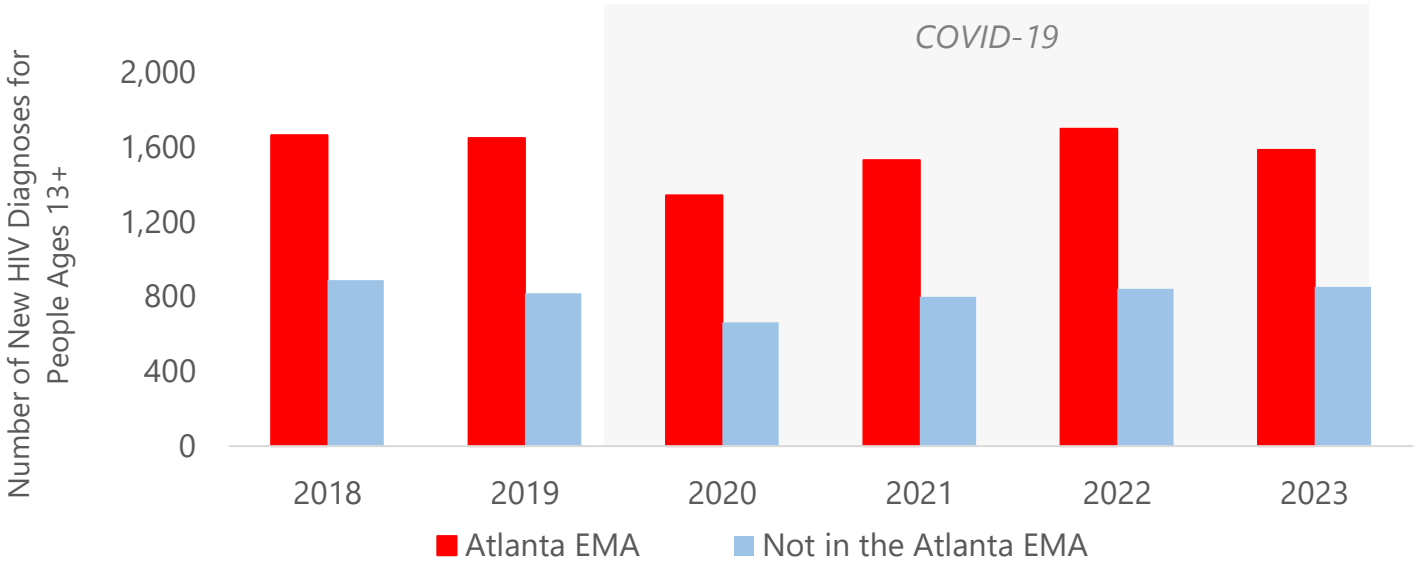


FIGURE 2A. NEW HIV DIAGNOSIS COUNTS BY THE ELIGIBLE METROPOLITAN AREA (EMA)*, GEORGIA, 2018–2023†

From 2018–2023, the number of new HIV diagnoses was higher in the Atlanta EMA compared to new diagnoses not in the Atlanta EMA.

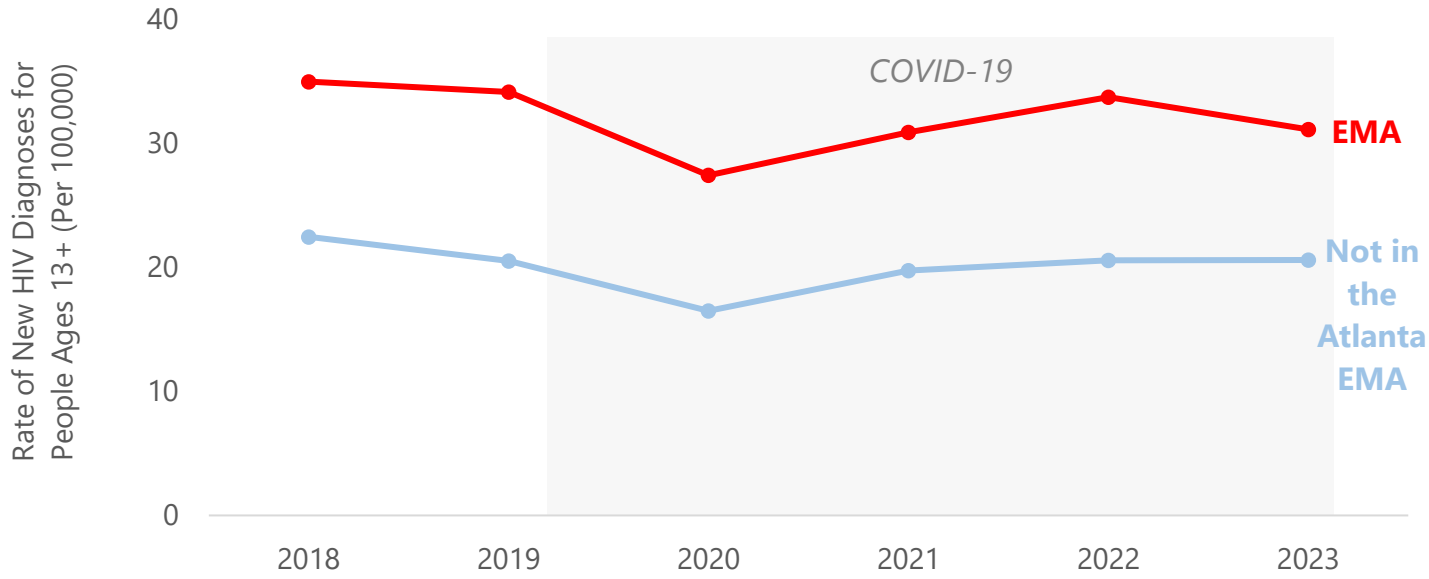


*Eligible Metropolitan Areas are counties that are eligible for Ryan White HIV/AIDS Part A grants; such counties consist of: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

†Missingness for the county variable was comparably higher from 2015–2017 than 2018–2023 and is therefore not displayed in this figure.

FIGURE 2B. NEW HIV DIAGNOSIS RATES BY THE ELIGIBLE METROPOLITAN AREA (EMA)*, GEORGIA, 2018–2023†

From 2018–2023, the rates of new HIV diagnoses were higher in the Atlanta EMA compared to areas not in the Atlanta EMA.

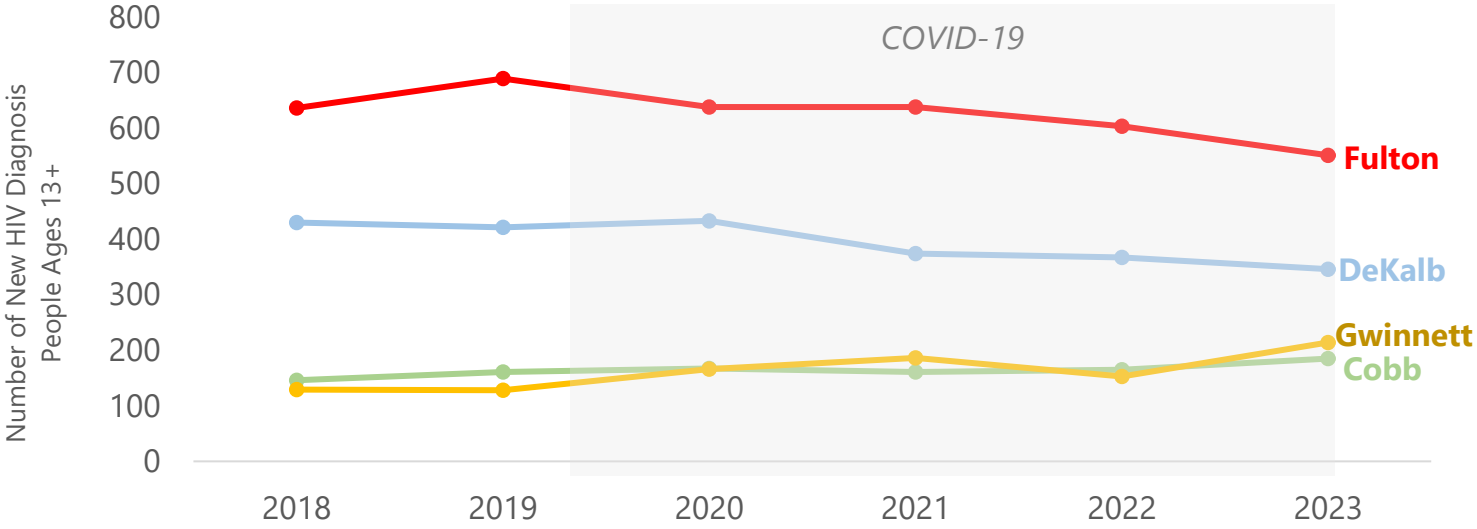


*Eligible Metropolitan Areas are counties that are eligible for Ryan White HIV/AIDS Part A grants; such counties consist of: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

†Missingness for the county variable was comparably higher from 2015–2017 than 2018–2023 and is therefore not displayed in this figure.

FIGURE 3A. NEW HIV DIAGNOSIS COUNTS IN THE FOUR EHE* COUNTIES, GEORGIA, 2018–2023†

From 2018–2023, the number of new HIV diagnosis counts were higher in Fulton and DeKalb counties. An increase in number of new HIV diagnosis counts has increased in Gwinnett County over time.

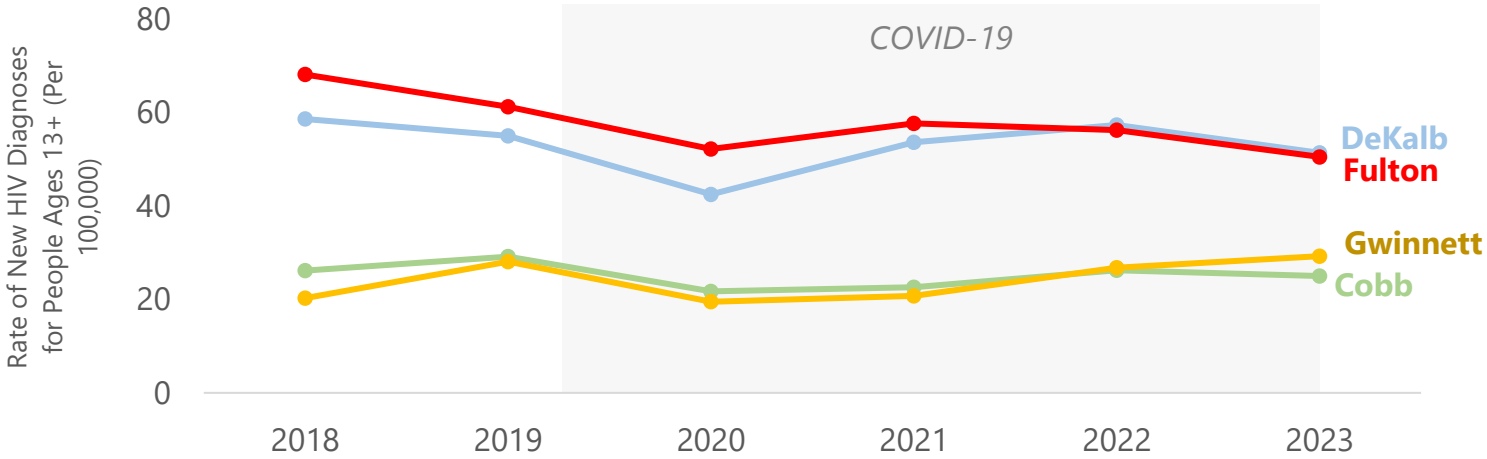


Priority regional counties were selected by the *Ending the HIV Epidemic in the U.S initiative as set by the Office of Infectious Disease and HIV/AIDS Policy, U.S. Department of Health & Human Services[3]

†Missingness for the county variable was comparably higher from 2015–2017 compared to 2018–2023 and is therefore not displayed in this graph.

FIGURE 3B. NEW HIV DIAGNOSIS RATES IN THE FOUR EHE* COUNTIES, GEORGIA, 2018–2023†

From 2018–2023, the rates of new HIV diagnoses were consistently higher in DeKalb and Fulton counties, but the rates in these two counties appears to be decreasing (-1.0% and -4.8% AAPC§, respectively). Gwinnett County has seen an increase in the rate of new HIV diagnoses over time (+4.9% AAPC).



Priority regional counties were selected by 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 from 2015–2017 compared to 2018–2023 and is therefore not displayed in this graph.

§ Average Annual Percent Change

[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 February 2025. Accessed March 14th, 2025.

TRENDS BY DEMOGRAPHIC CHARACTERISTICS (BY COUNTS AND RATES)

FIGURE 4A. NEW HIV DIAGNOSIS COUNTS BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis counts were consistently higher among males compared to females.

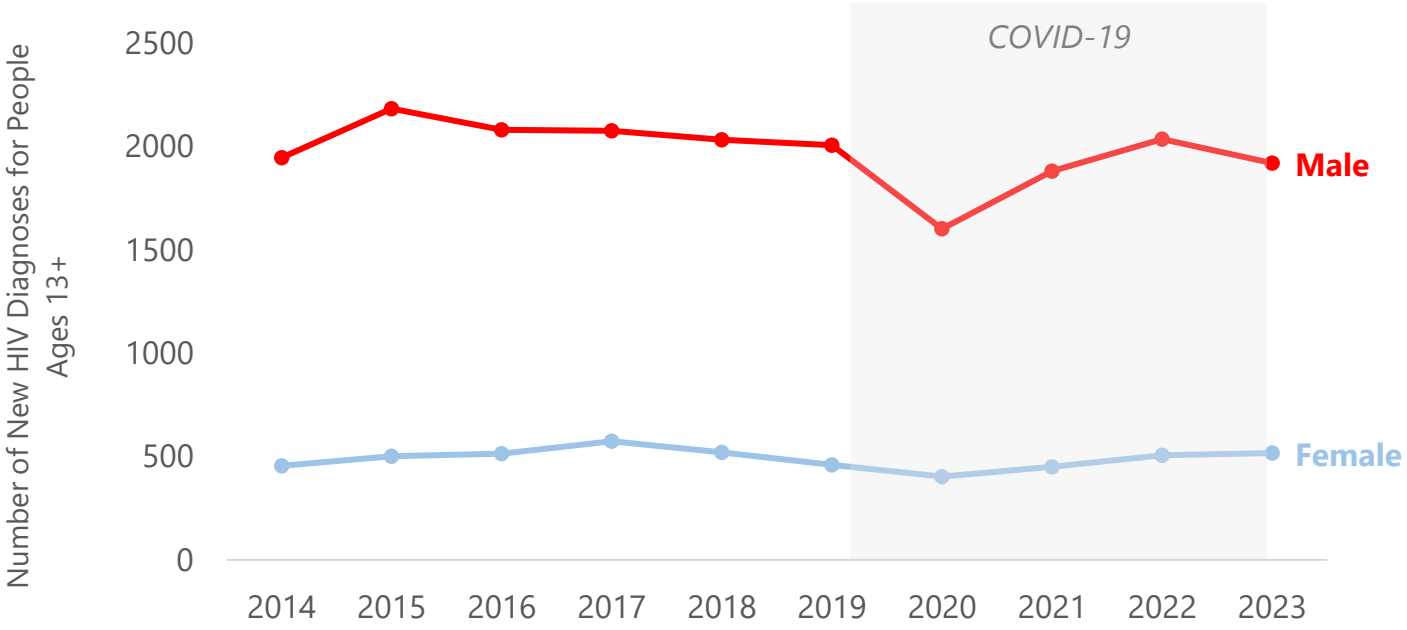


FIGURE 4B. NEW HIV DIAGNOSIS RATES BY SEX ASSIGNED AT BIRTH, GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis rates were consistently higher among males compared to females.

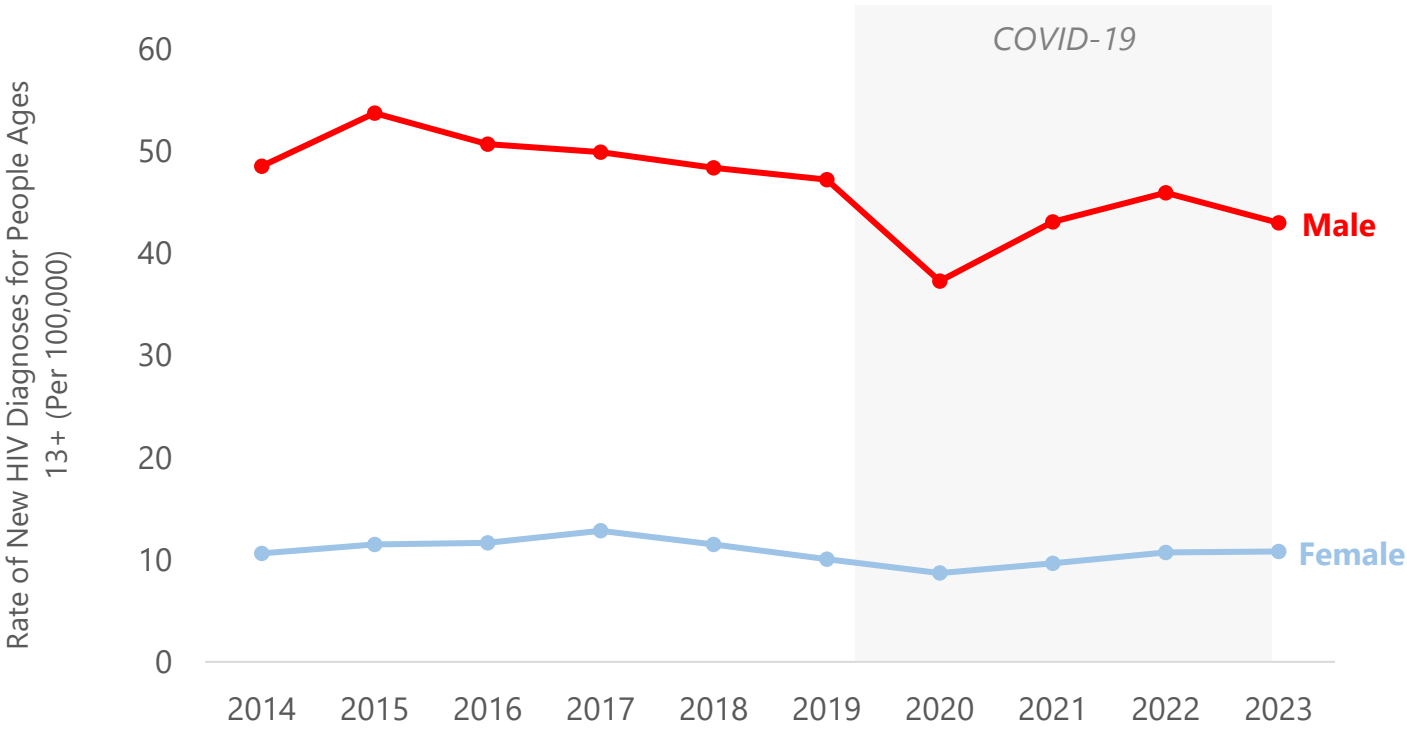
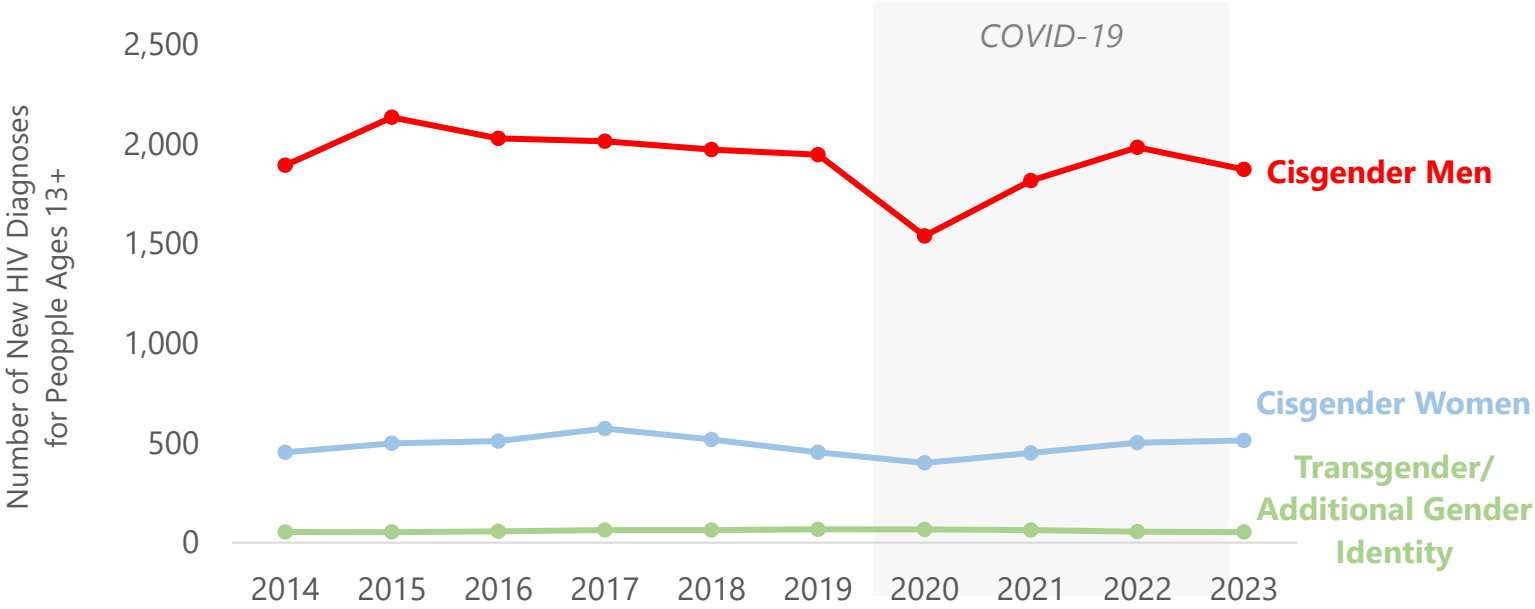


FIGURE 5. NEW HIV DIAGNOSIS COUNTS BY GENDER IDENTITY, GEORGIA, 2014–2023

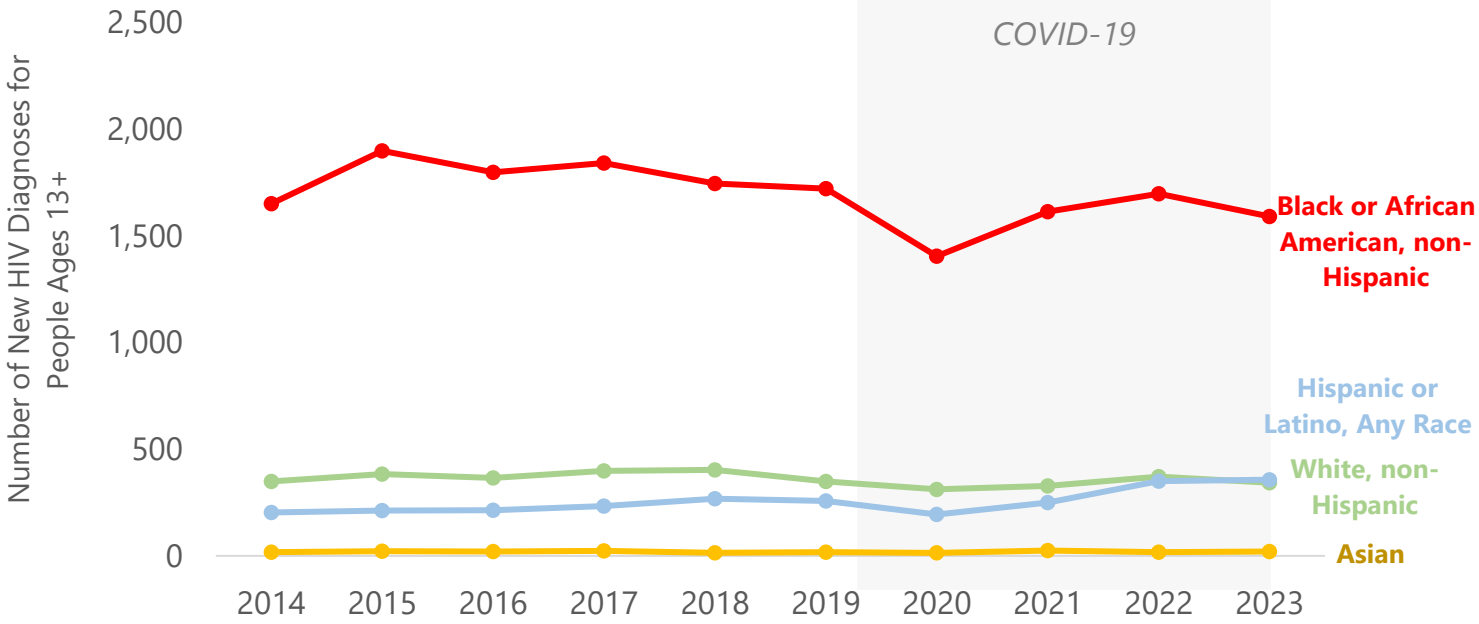
Between 2014–2023, new HIV diagnosis counts were consistently higher among cisgender men compared to other gender identities.



Note: New HIV diagnoses by gender identity cannot be displayed by rates because denominator data is not available to calculate rates. See methods & definitions section for more information].

FIGURE 6A. NEW HIV DIAGNOSIS COUNTS BY RACE AND ETHNICITY, GEORGIA, 2014–2023

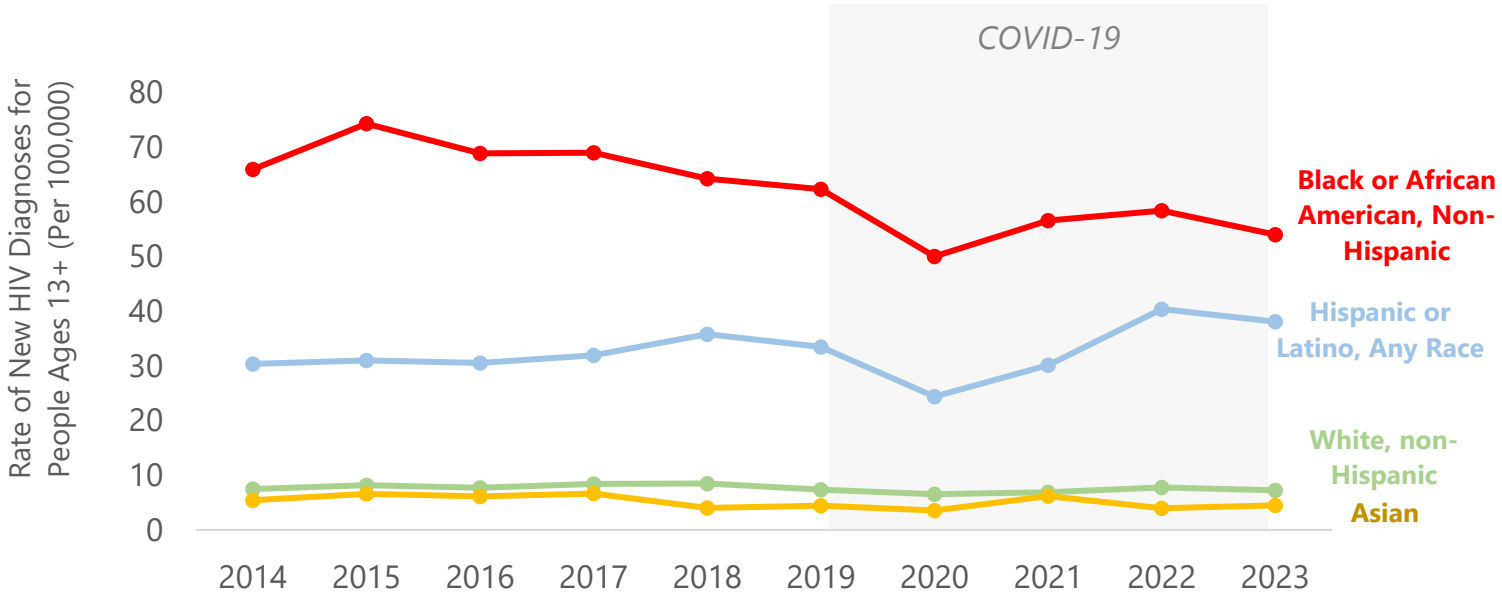
Between 2014–2023, new HIV diagnosis counts were consistently higher among Black or African American, non-Hispanic individuals compared to individuals of another race and ethnicity.



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

FIGURE 6B. NEW HIV DIAGNOSIS RATES BY RACE AND ETHNICITY, GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis rates were consistently higher among Black or African American, non-Hispanic individuals. HIV diagnosis rates increased among individuals who were Hispanic or Latino (of any race), but remained at stable levels among White, non-Hispanic and Asian individuals.



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

FIGURE 7A. NEW HIV DIAGNOSIS COUNTS BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis counts were consistently higher among individuals aged 25–34.

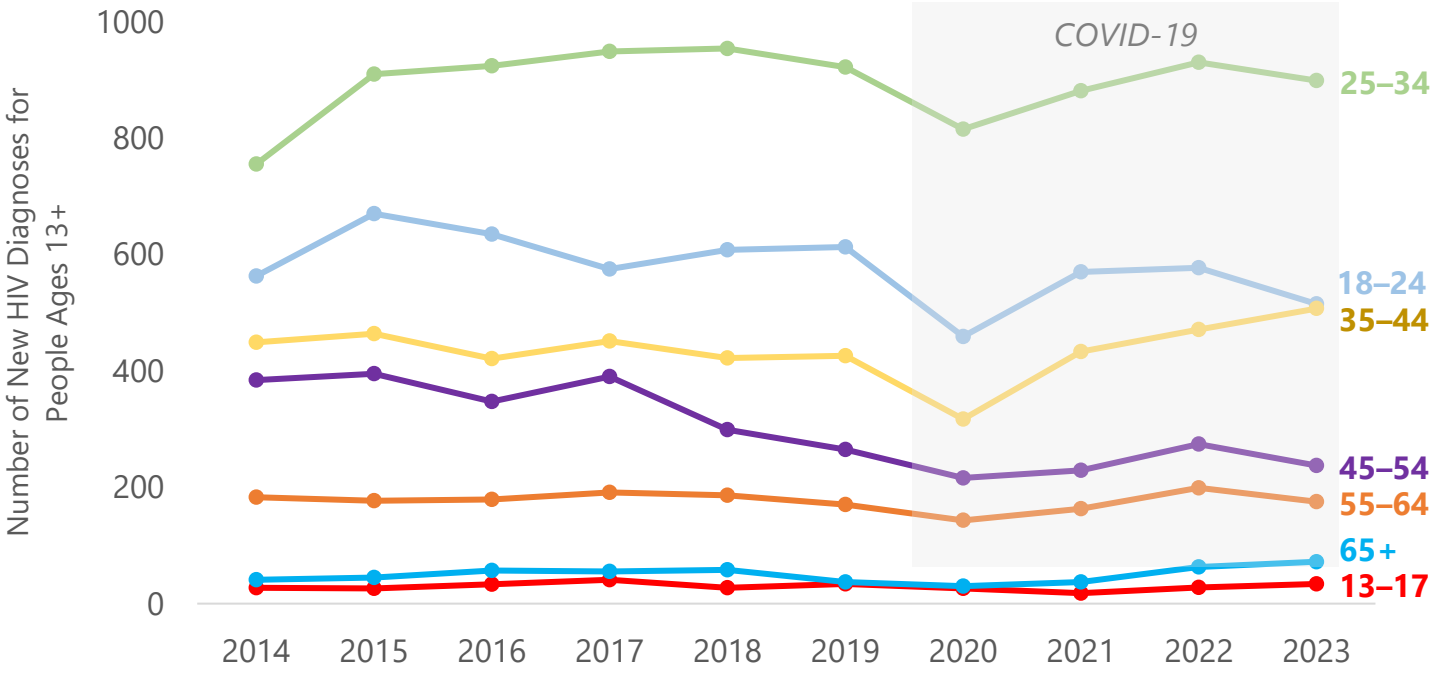


FIGURE 7B. NEW HIV DIAGNOSIS RATES BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis rates were highest among individuals aged 25–34 and 18–24.

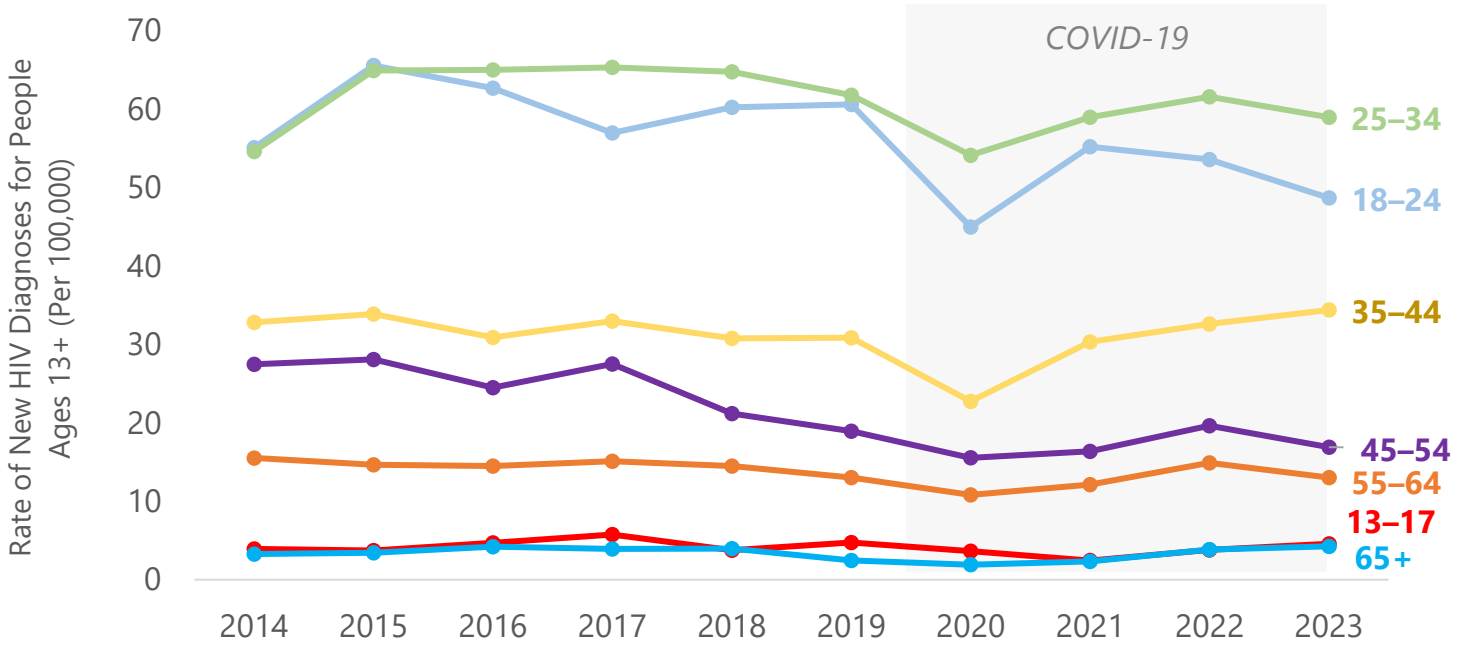
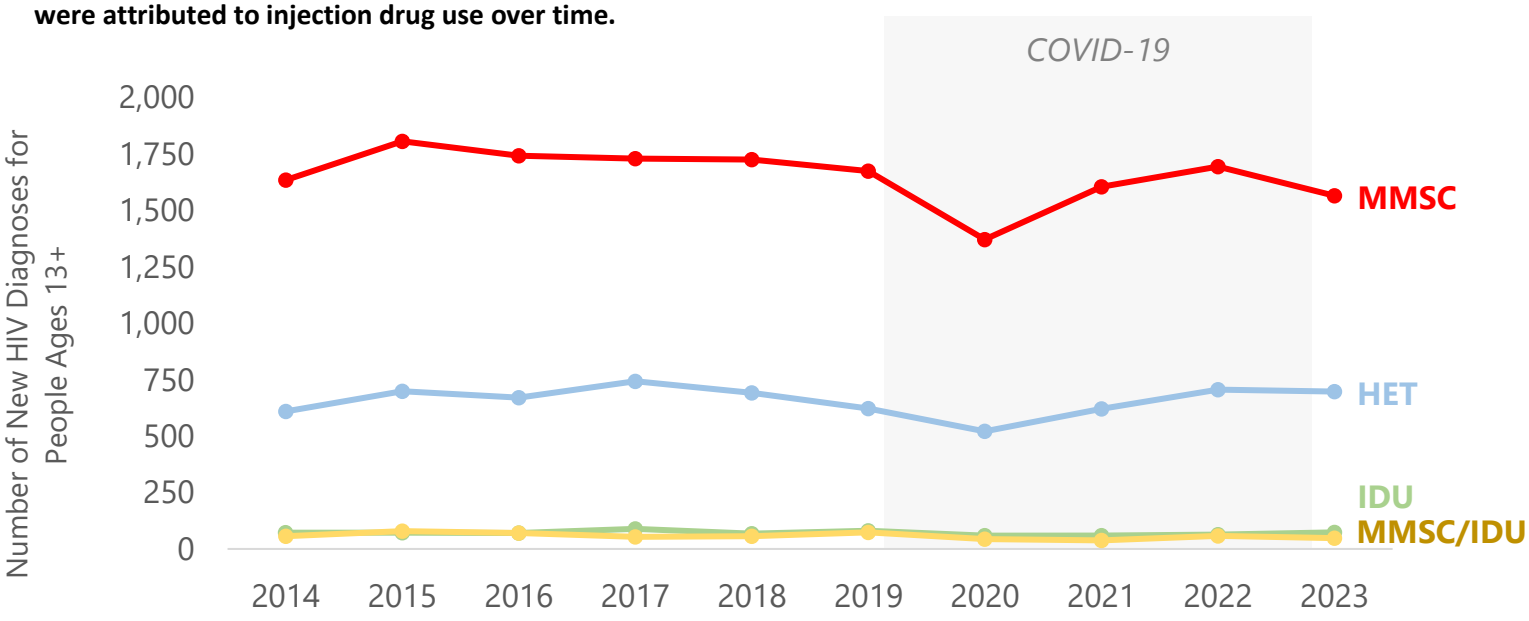


FIGURE 8. NEW HIV DIAGNOSIS COUNTS BY HIV TRANSMISSION CATEGORY*, GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis counts were consistently higher among individuals with an HIV transmission category of male-to-male sexual contact, followed by heterosexual contact. A small proportion of new HIV diagnoses were attributed to injection drug use over time.

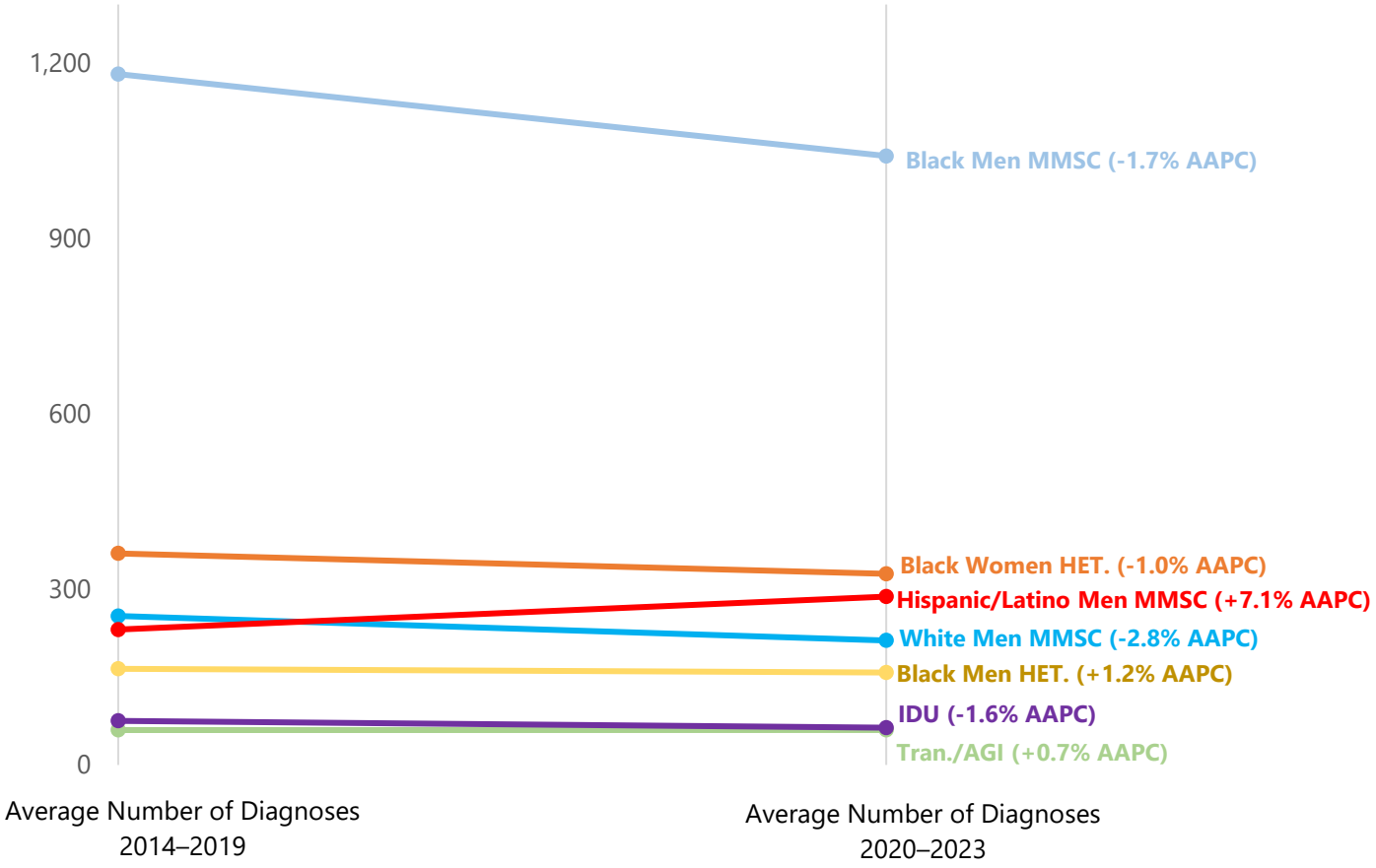


*HIV transmission category is adjusted for missing risk using multiple imputation methods
MMSC: Male-to-male sexual contact; HET: Heterosexual contact; IDU: Injection drug use
Note: The rate of transmission for categories such as perinatal, other pediatric, and adult other are not displayed due to less than five cases being documented in each reported year. New HIV diagnoses by HIV transmission category cannot be displayed by rates because denominator data is not available to calculate rates. See methods & definitions section for more information.

TRENDS BY SPECIAL POPULATIONS (BY COUNTS)

FIGURE 9. AVERAGE NUMBER OF NEW HIV DIAGNOSES BEFORE AND AFTER THE COVID-19 PANDEMIC AND AVERAGE ANNUAL PERCENTAGE CHANGE OVERTIME, GEORGIA, 2014–2023

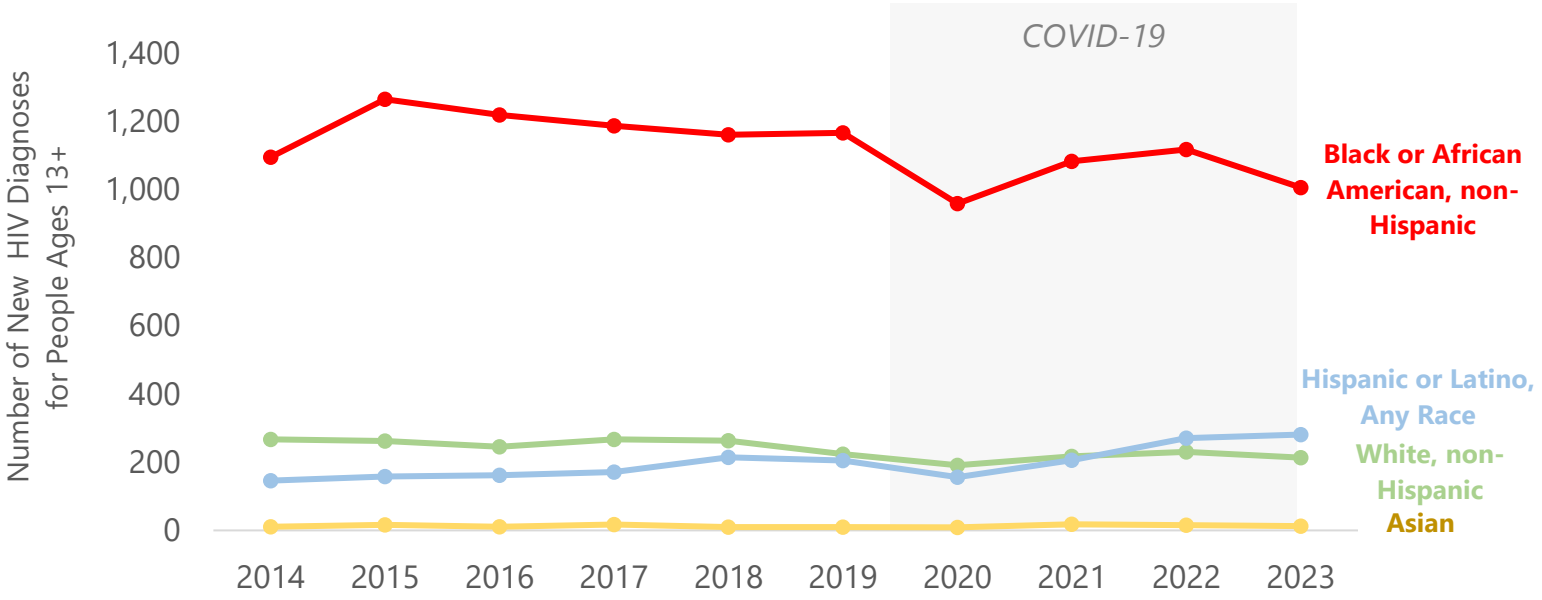
Among populations aged 13+, Black or African American, non-Hispanic men, with an HIV transmission category of male-to-male sexual contact (MMSC) continue to have the highest new HIV diagnosis counts in Georgia. New HIV diagnosis among Hispanic or Latino men with a transmission category of MMSC are increasing (+7.1% average annual percentage change).



AAPC: Average Annual Percent Change
MMSC: Male-to-male sexual contact; HET: Heterosexual contact; IDU: Injection Drug Use
Tran./AGI: Transgender or persons with an additional gender identity
Black or African American and White populations are non-Hispanic. Hispanic or Latinos may be of any race.

FIGURE 10. NEW HIV DIAGNOSIS COUNTS AMONG MALES WITH A TRANSMISSION CATEGORY OF MMSC* BY RACE AND ETHNICITY, GEORGIA, 2014–2023

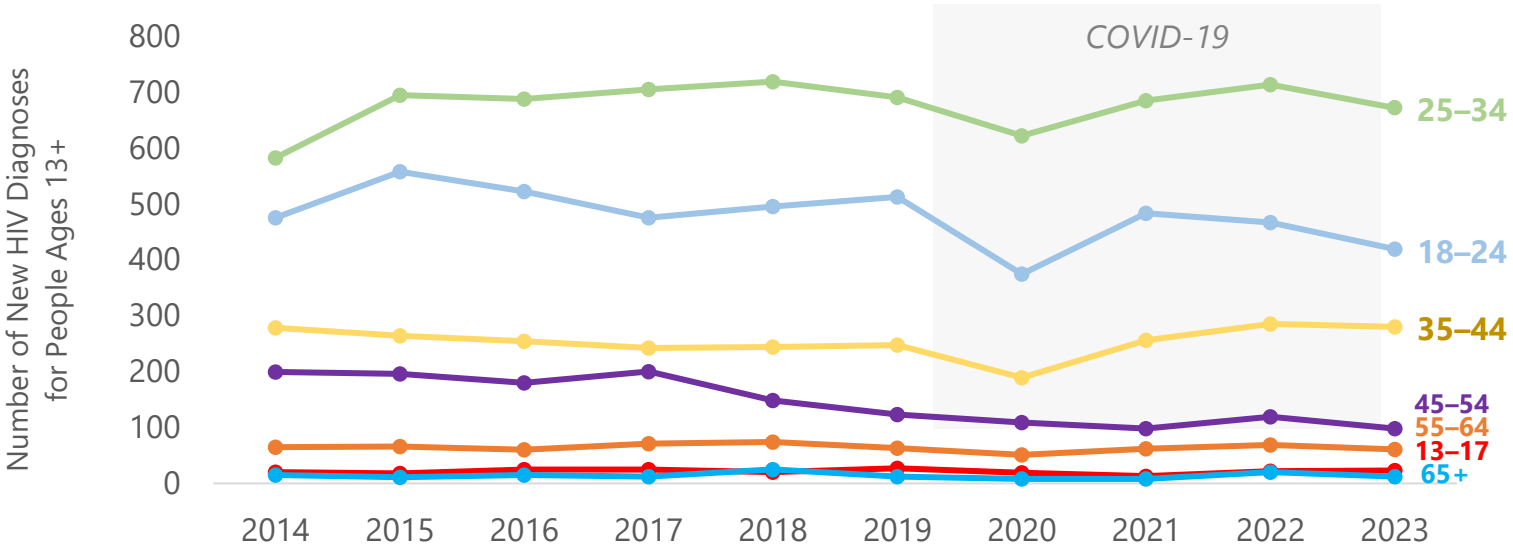
Between 2014–2023, among males with an HIV transmission category of MMSC, new diagnosis counts were consistently higher among those who were Black or African American, non-Hispanic. The count of new HIV diagnoses among males who were Hispanic or Latino (of any race) has increased over time.



*Male to male sexual contact
Note: The cumulative count of new HIV diagnoses among males with a transmission category of MMSC who were American Indian, Alaska Native, Native Hawaiian, or Pacific Islander was less than five in each reported year; therefore, counts are not shown in this figure. Total counts for all racial and ethnic groups, can be found at the GA Department of Public Health HIV Epidemiology Surveillance webpage https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum

FIGURE 11. NEW HIV DIAGNOSIS COUNTS AMONG MALES WITH A TRANSMISSION CATEGORY OF MMSC* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

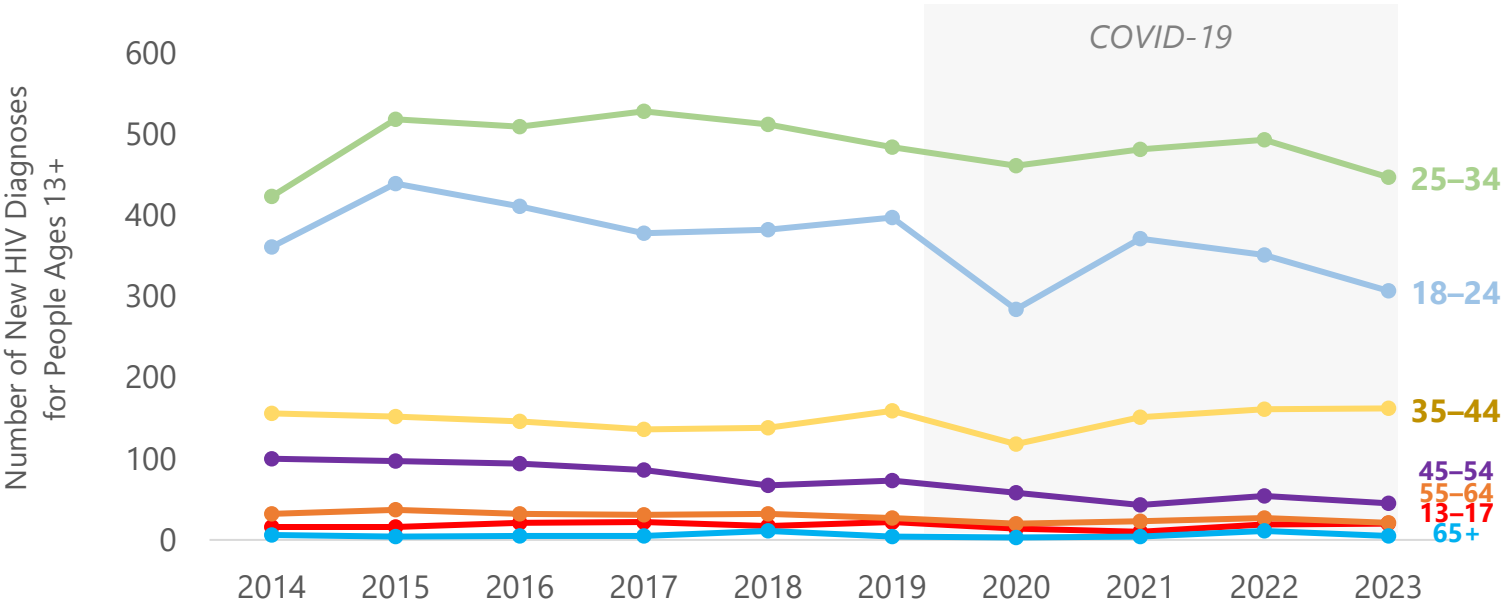
Between 2014–2023, among males with an HIV transmission category of male-to-male sexual contact, new diagnosis counts were highest among those aged 25–34 and 18–24.



* Male to male sexual contact

FIGURE 12. NEW HIV DIAGNOSIS COUNTS AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC MALES WITH A TRANSMISSION CATEGORY OF MMSC* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

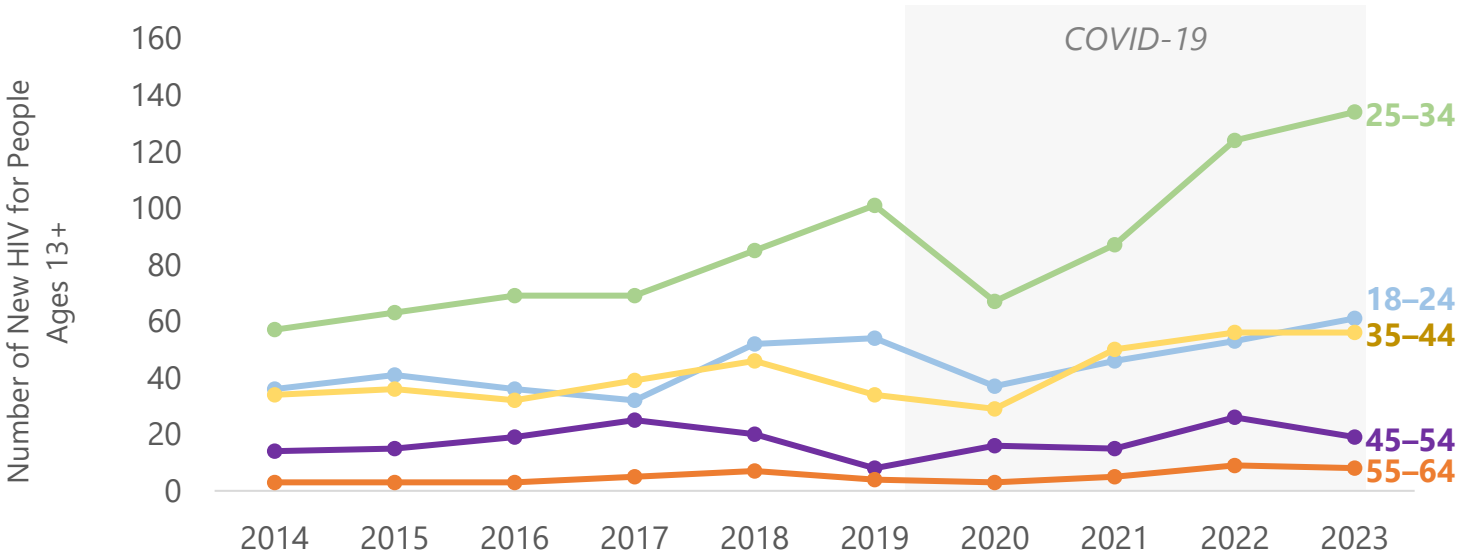
Between 2014–2023, among Black or African American, non-Hispanic males with an HIV transmission category of MMSC, new diagnosis counts were highest among those aged 25–34 and 18–24.



*Male-to-male sexual contact

FIGURE 13. NEW HIV DIAGNOSIS COUNTS AMONG HISPANIC OR LATINO (OF ANY RACE) MALES WITH A TRANSMISSION CATEGORY OF MMSC* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

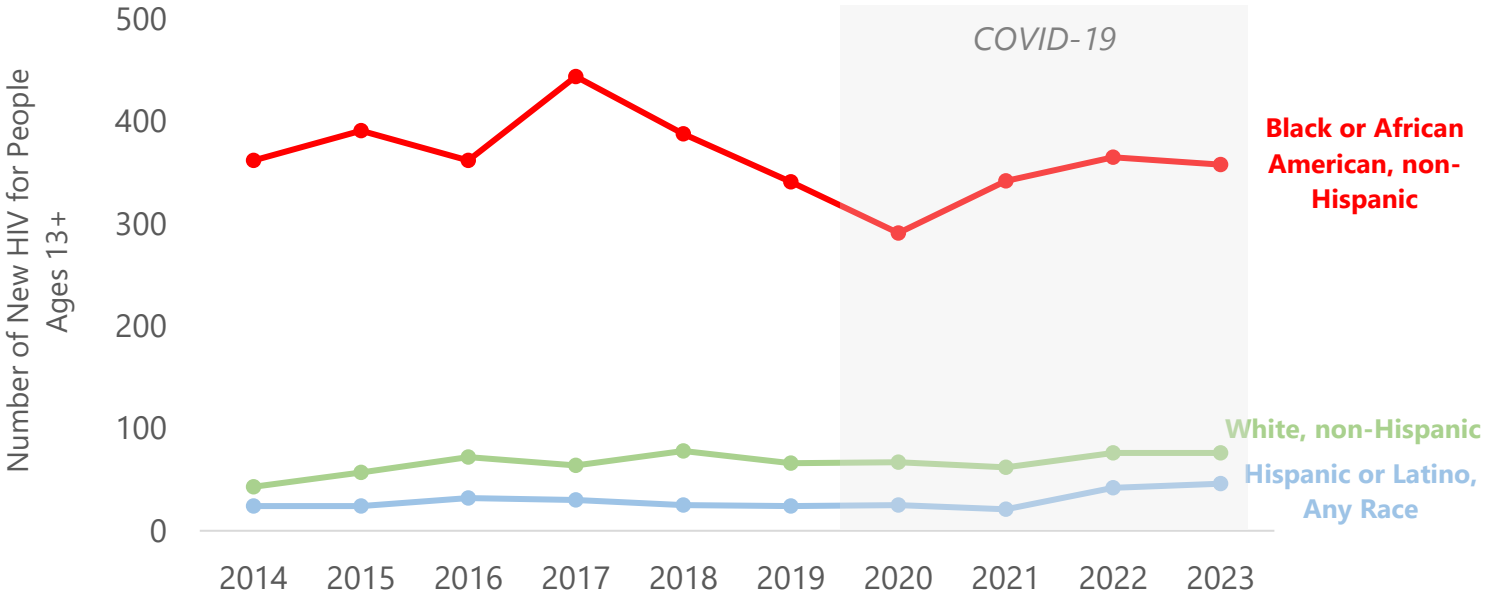
Between 2014–2023, among Hispanic or Latino (of any race) males with a transmission category of MMSC, new HIV diagnosis counts were increasing most notably among those aged 25–34.



*Male-to-male sexual contact.
Note: The count of new HIV diagnoses among males with a transmission category of MMSC who were Hispanic or Latino (of any race) aged 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 at the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum*

FIGURE 14. NEW HIV DIAGNOSIS COUNTS AMONG CISGENDER WOMEN BY RACE AND ETHNICITY, GEORGIA, 2014–2023

Between 2014–2023, Black or African American, non-Hispanic cisgender women had the highest counts of new HIV diagnoses compared to cisgender women who were of another race and ethnicity.



Note: The counts of new HIV diagnoses among cisgender women who were Asian, Native Hawaiian, or Pacific Islander was less than five in some reported years; therefore, counts are not shown in this figure.

FIGURE 15. NEW HIV DIAGNOSIS COUNTS AMONG CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, most cisgender women were diagnosed with HIV across a broad age range (18–64). This is broader than the overarching population diagnosed with HIV who are most often diagnosed in their 20s or 30s (see Figure 11 for comparison).

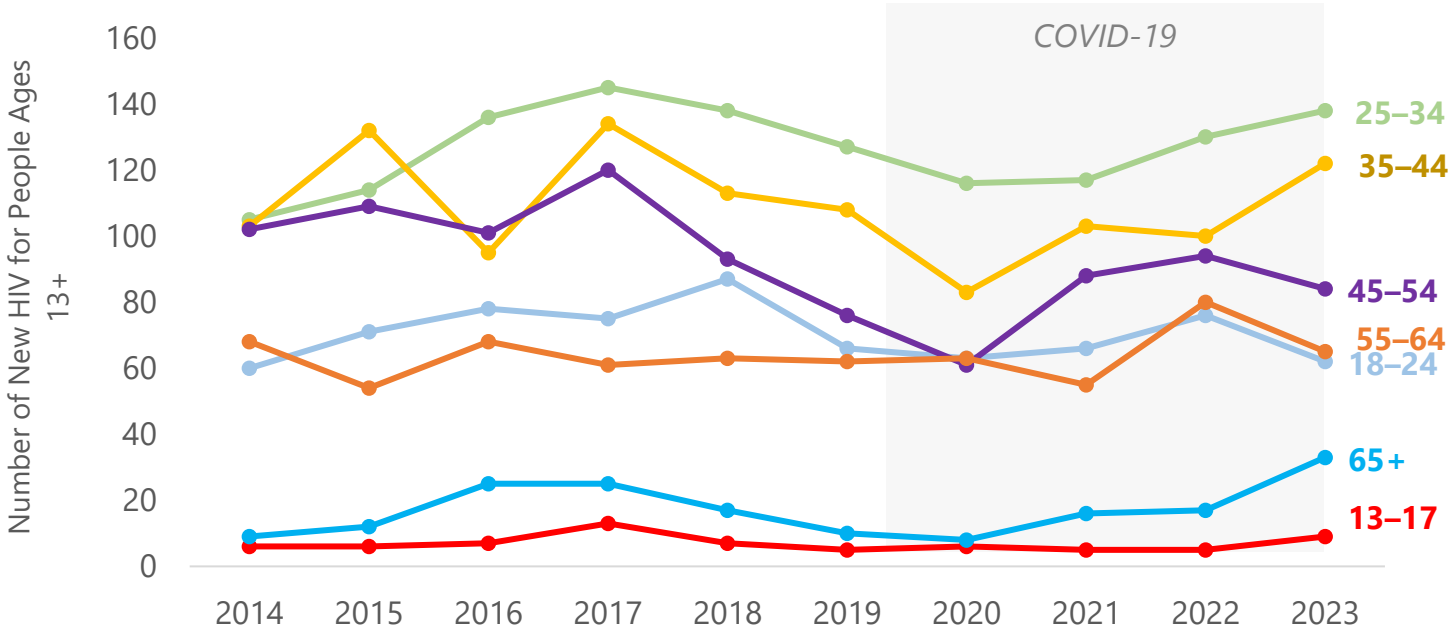
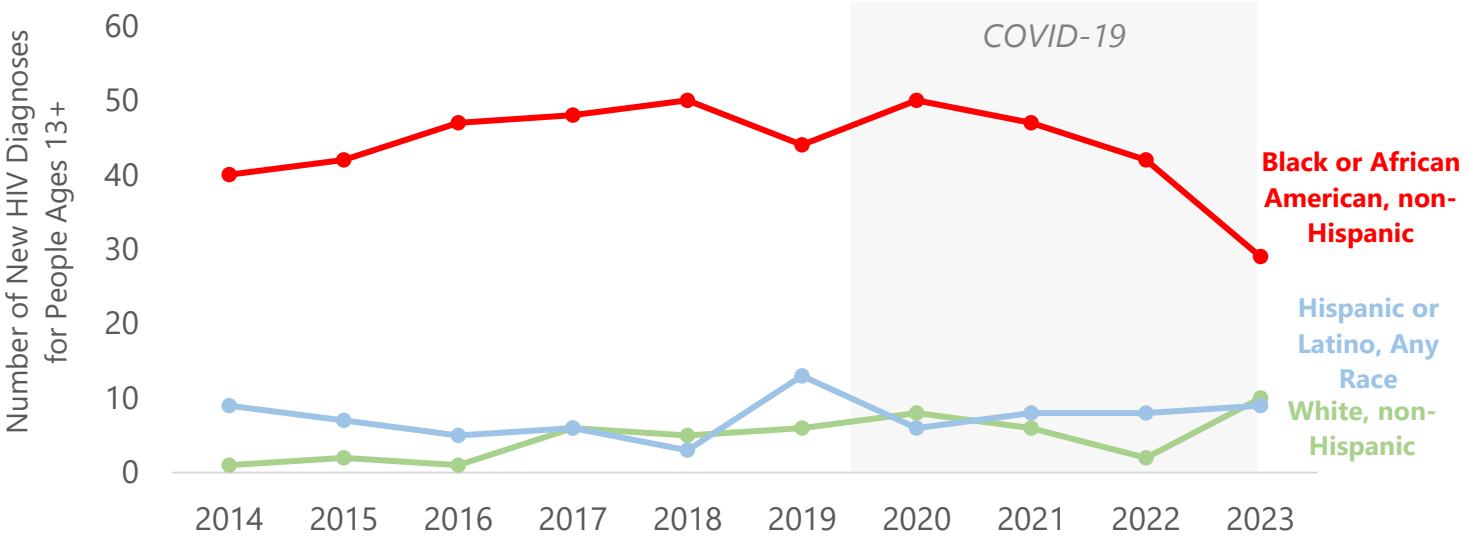


FIGURE 16. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER PERSONS AND PERSONS WITH AN ADDITIONAL GENDER IDENTITY BY RACE AND ETHNICITY, GEORGIA, 2014–2023

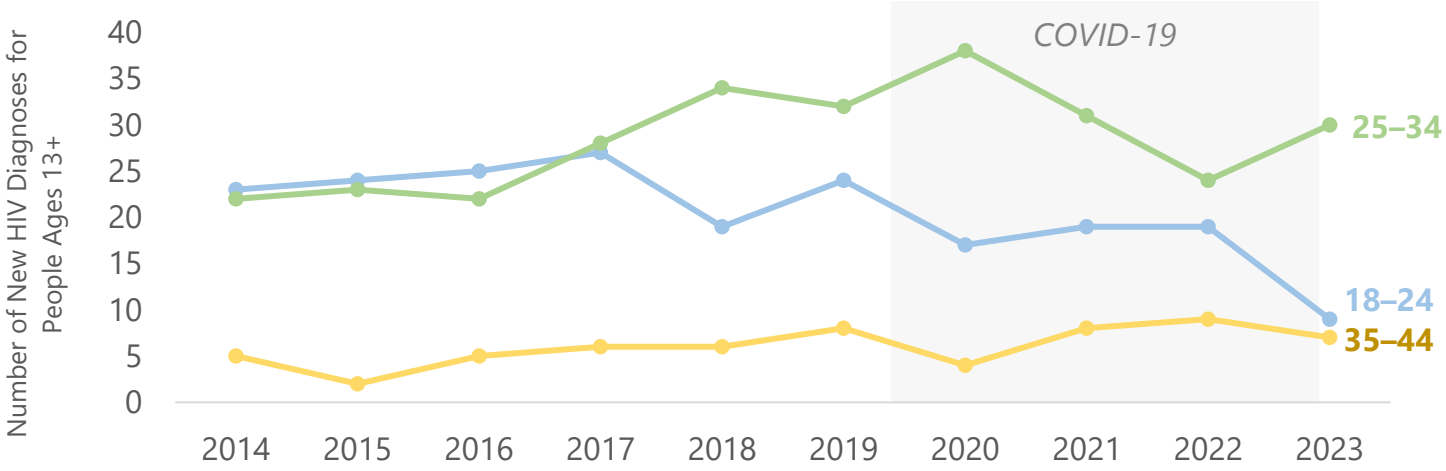
Between 2014–2023, Black or African American, non-Hispanic transgender persons and persons with an additional gender identity consistently had the highest number of new HIV diagnoses compared to persons who were of another race and ethnicity.



Note: The cumulative count of new HIV diagnoses among transgender or additional gender identity individuals who were Asian, American Indian, Alaska Native, Native Hawaiian, or 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 and ethnic groups among transgender and additional gender identity populations can be found at the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum*

FIGURE 17. NEW HIV DIAGNOSIS COUNTS AMONG TRANSGENDER PERSONS AND PERSONS WITH AN ADDITIONAL GENDER IDENTITY BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

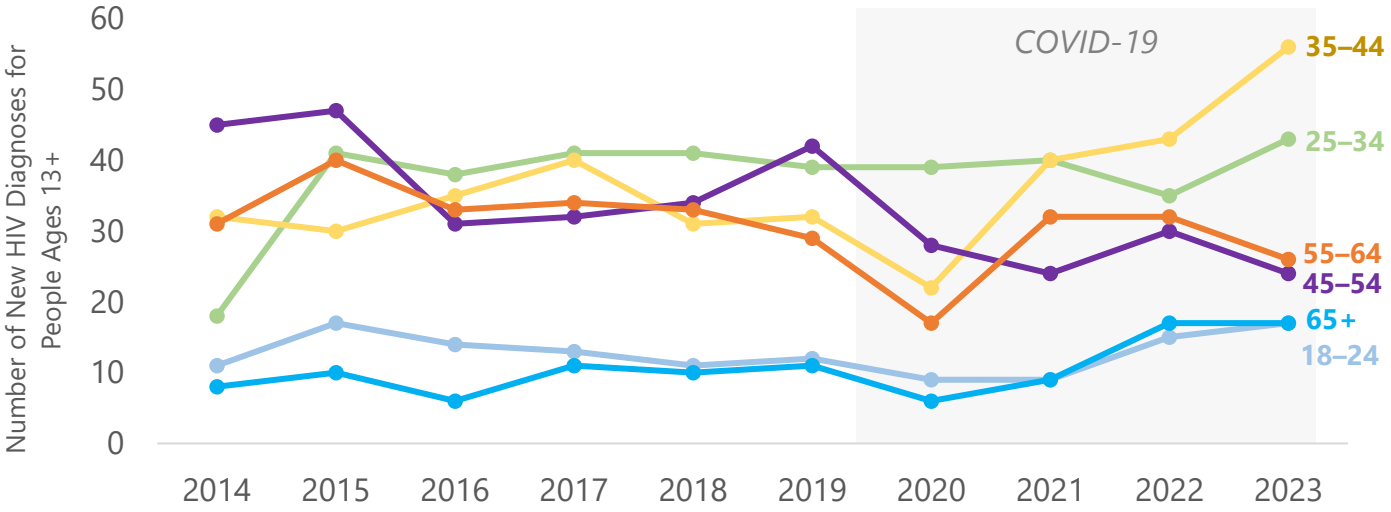
Between 2014–2023, among transgender persons and persons with an additional gender identity, new HIV diagnosis counts were highest among those aged 25–34 and 18–24.



Note: The cumulative count of new HIV diagnoses among transgender or additional gender identity individuals 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 at the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum*

FIGURE 18. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC, CISGENDER MEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, the number of new HIV diagnoses among cisgender men who were Black or African American, non-Hispanic, with an HIV transmission category of heterosexual contact, was highest among those aged 35–44.



Note: The cumulative total of new HIV diagnoses attributed to heterosexual contact among Black or African American, non-Hispanic, cisgender men aged 13–17 was less than five from 2014–2023, therefore, case counts are not shown in this figure. Total case counts for all age groups can be found at the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum*

FIGURE 19. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO HETEROSEXUAL CONTACT AMONG BLACK OR AFRICAN AMERICAN, NON-HISPANIC, CISGENDER WOMEN BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, new HIV diagnosis counts occurred among a broad range of ages among cisgender women who were Black or African American, non-Hispanic, with an HIV transmission category of heterosexual contact. This is a broader age range than the overarching population diagnosed with HIV (see Figure 11 for comparison).

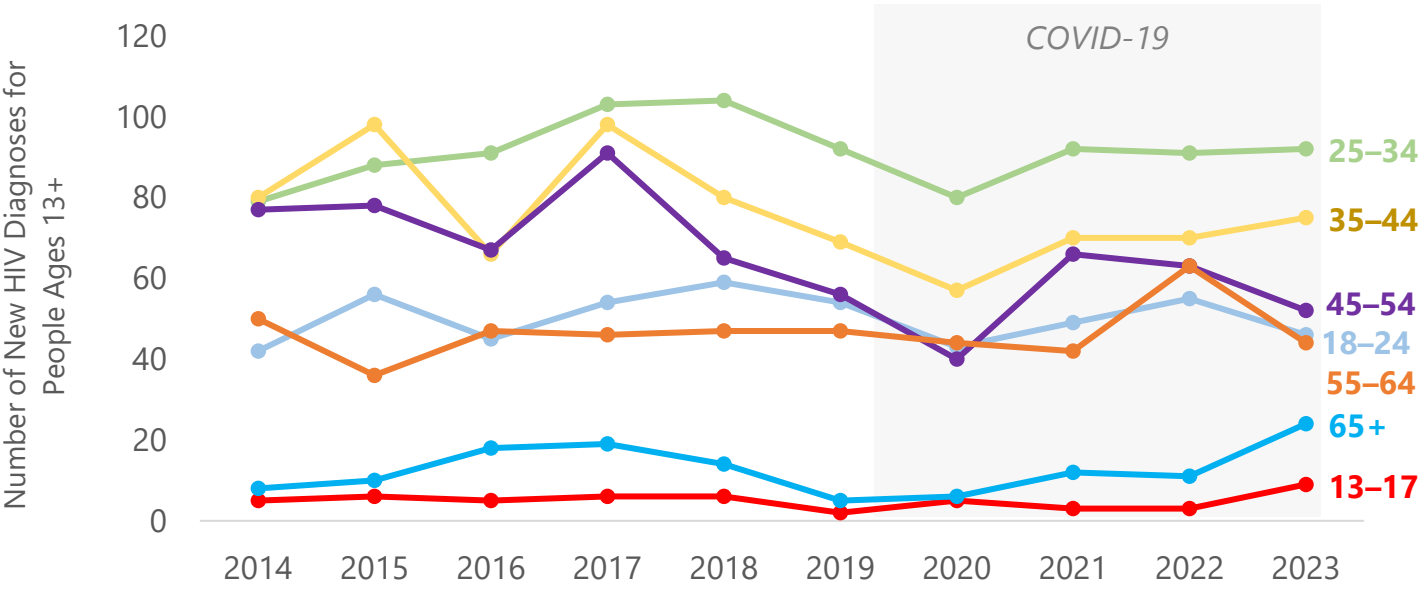
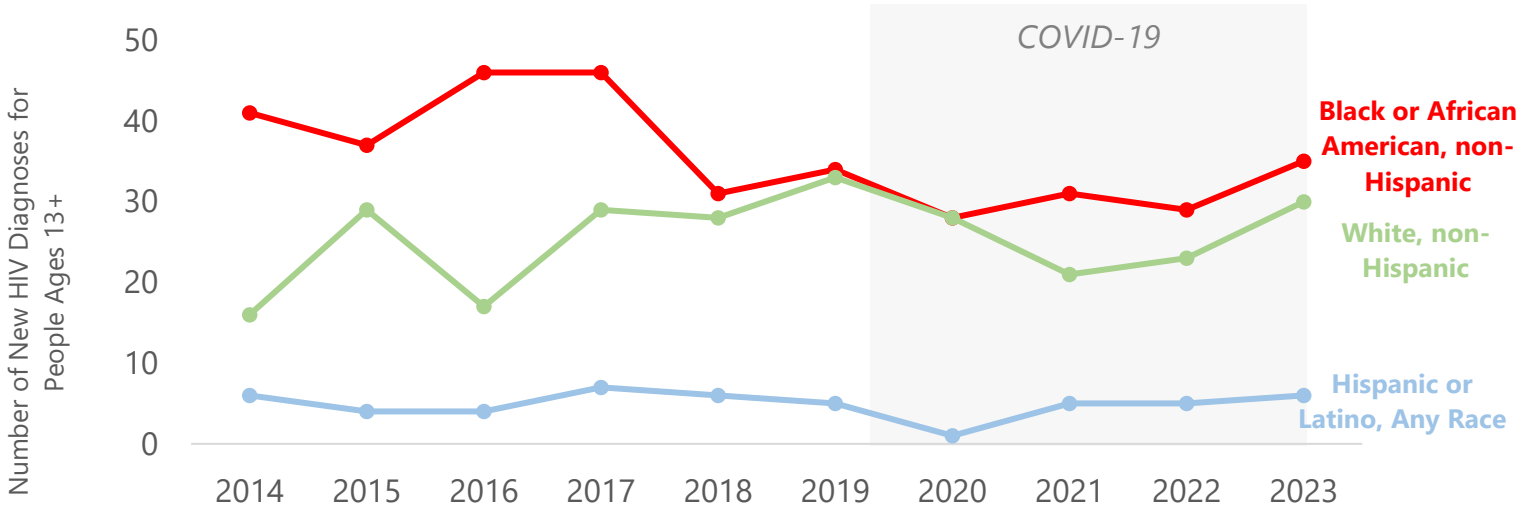


FIGURE 20. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU* BY RACE AND ETHNICITY, GEORGIA, 2014–2023

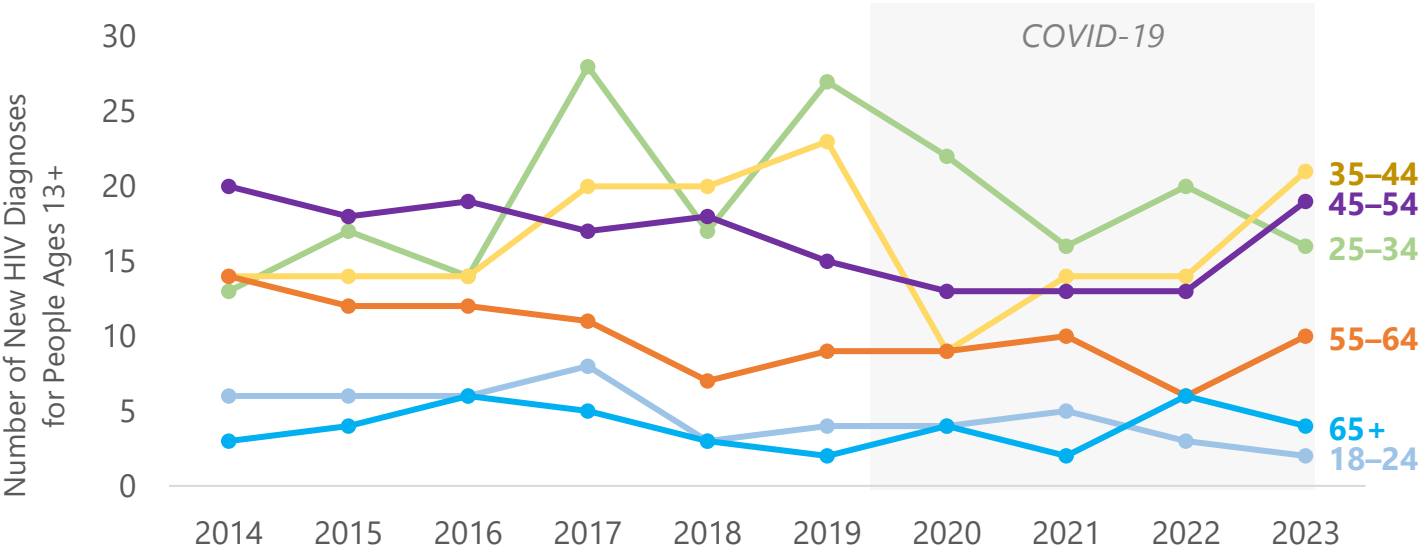
Between 2014–2023, individuals who were Black or African American, non-Hispanic or White, non-Hispanic accounted for most of the new HIV diagnoses attributed to IDU compared to individuals of another race and ethnicity.



*IDU: Injection drug use
Note: The cumulative count of new HIV diagnoses attributed to IDU who were Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander was less than five from 2014–2023; therefore, case counts are not shown in this figure. Total case counts for transmission categories by all racial and ethnic groups can be found at the GA Department of Public Health HIV Epidemiology Surveillance webpage https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum

FIGURE 21. NEW HIV DIAGNOSIS COUNTS ATTRIBUTED TO IDU* BY AGE GROUPS (IN YEARS), GEORGIA, 2014–2023

Between 2014–2023, individuals with an HIV diagnosis attributed to IDU were diagnosed across a broad age range.



*IDU: Injection drug use
Note: The cumulative count of new HIV diagnoses attributed to IDU who were between 13–17 years was less than five from 2014–2023, therefore, case counts are not shown in this figure. Total case counts transmission categories among all age groups can be found at the GA Department of Public Health HIV Epidemiology Surveillance webpage *https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum*

SUPPLEMENTARY INFORMATION

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

- 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 log in.

Please direct all inquiries to:
Jenna Gettings, DVM, MPH
Director
Viral Hepatitis, HIV, and STI Epidemiology Section (VHHSES)
jenna.gettings@dph.ga.gov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