

2021–2023 Summary

HIV Network Detection and Response in Georgia

Annual Data Report



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EXECUTIVE SUMMARY

Molecular HIV networks can tell us about **recent** and **rapid** HIV transmission. Networks can have a **transmission rate 8 to 11 times higher** than the national rate.

Network Detection and Response (NDR) analyses help GA DPH **prioritize resources** where HIV is spreading quickly, which allows for early intervention to **prevent further spread**.

Network Detection and Response (NDR) Activities in Georgia

The HIV Epidemiology Unit at the Georgia Department of Public Health (GA DPH) has been conducting HIV network detection and response (NDR) work since 2018. NDR can tell us about recent and rapid HIV transmission, and includes:

- **Molecular network detection**, which consists of groups or “networks” of individuals who have very similar strains of HIV virus, and
- **Time-space alerts**, which consist of an increase in diagnoses in the past 12 months compared to the 3-year average (“time”) occurring in the same county at diagnosis (“space”)

Key Data Takeaways

- **How many HIV molecular networks are there in Georgia?** 16 molecular networks of interest (NOI, ≥ 4 diagnoses in the past 12 months) were detected between 2021 and 2023 in Georgia.
- **Which groups are most impacted by recent and rapid transmission of HIV in Georgia?** A higher percentage of molecular NOI members were assigned male sex at birth, Hispanic or Latino (any race), 18–24 years old at diagnosis, and had an HIV diagnosis attributed to male-to-male sexual contact (MMSC) compared to all individuals diagnosed with HIV (part of or not part of a network). Many of the time-space alerts in Georgia were among those with an HIV diagnosis attributed to injection drug use (IDU) and MMSC/IDU.
- **Where are HIV molecular networks occurring in Georgia?** Most public health districts had at least one resident who was part of a molecular NOI. The public health district with the greatest number of molecular NOI members was 3-4 (Gwinnett, Newton, and Rockdale Counties).

Molecular network detection and time-space alerts create an opportunity to **identify gaps in HIV prevention and care services** that may not be detected through other efforts.



INTRODUCTION

History of Network Detection and Response (NDR)
Epidemiology in Georgia

NDR Basics: Molecular Network Detection, Time-Space Alerts, Other Types of Alerts, Routine NDR Activities, Data Security, Limitations, and the Importance of Detecting Networks

INTRODUCTION

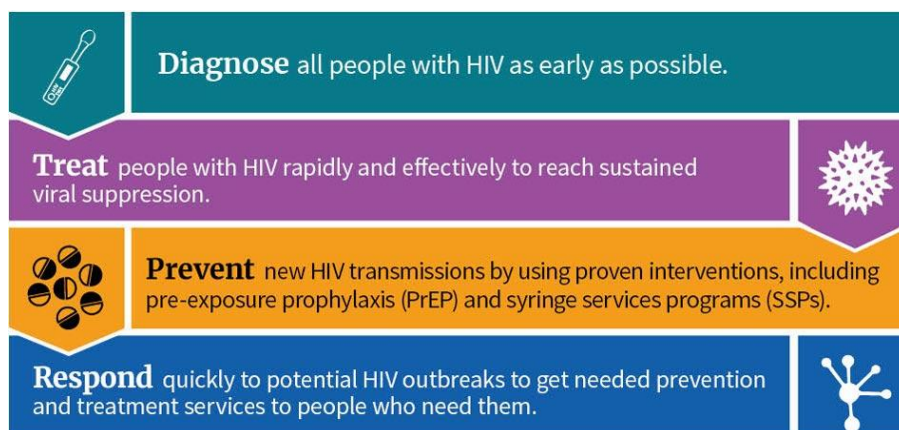
HISTORY OF NETWORK DETECTION AND RESPONSE (NDR) EPIDEMIOLOGY IN GEORGIA

Network Detection and Response (NDR), previously known as Cluster Detection and Response (CDR), is the Georgia Department of Public Health's (GA DPH) laboratory and epidemiological approach to help identify communities affected by recent and rapid transmission of HIV. GA DPH previously used the term "cluster" to align with CDC terminology but began using the term "network" after receiving feedback from the Georgia Cluster Detection and Response Community Advisory Board in 2025 that the term "network" was preferred because it was less stigmatizing compared to the term "cluster."

The HIV Epidemiology Unit at the Georgia Department of Public Health (GA DPH) has been conducting HIV network detection and response (NDR), which consists of molecular network detection and time-space alerts, since 2018.

- To conduct **molecular network detection**, GA DPH utilizes HIV data, including information about the specific virus strain that is captured through drug resistance testing, to understand which individuals have very similar strains of HIV virus and are likely part of a transmission network, also referred to as a "network".
- To conduct **time-space alerts**, GA DPH utilizes data on new HIV diagnoses to detect increasing diagnoses ("time") occurring in the same county at diagnosis ("space").

HIV NDR falls under the respond pillar of the Ending the HIV Epidemic (EHE) initiative¹ and aims to respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them the most.



The above image displays the four key strategies of the EHE initiative, including the respond pillar.

¹ <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

NDR BASICS: MOLECULAR NETWORK DETECTION

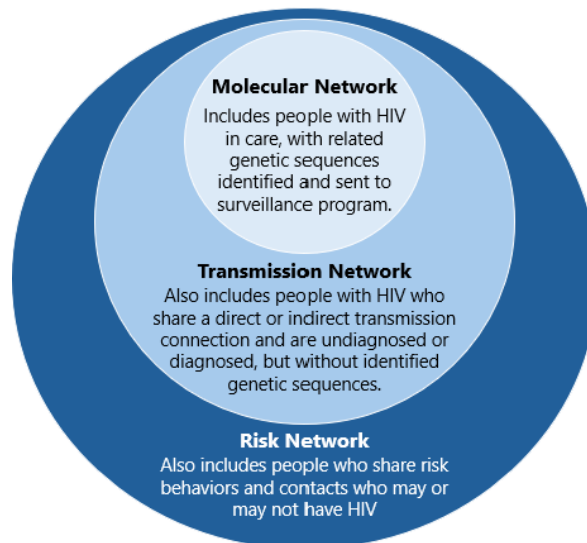
NDR consists of two domains: molecular network detection and time-space alerts.

Molecular network detection: The genetic sequence of the HIV virus in a person is used in molecular HIV network detection. Like most viruses, the HIV virus changes over time, and it evolves a little differently in each person.

When a person is diagnosed with HIV and enters medical care, HIV drug resistance testing is recommended to guide their initial antiretroviral therapy (ART) medication. Drug resistance testing should also be performed when changing medications, when ART fails to suppress the viral load to undetectable levels, or when the viral load has not gone down as much as it should after starting ART². As part of drug resistance testing, a specimen is sent to the laboratory, which generates a genetic sequence of the HIV virus.

Reporting data and detecting molecular networks: Laboratories are required by law³ to report HIV genetic sequences to GA DPH, in addition to other HIV lab results for individuals newly diagnosed with HIV or living with HIV. GA DPH uses HIV genetic sequences collected from newly diagnosed individuals to detect molecular HIV networks by utilizing a web-based bioinformatics tool called Secure HIV-TRACE⁴ (HIV TRANSMISSION Cluster Engine), which was developed by CDC, University of California-San Diego, and Temple University. Individuals newly diagnosed with HIV are considered to be part of the same molecular network if their HIV viral genome sequences are highly similar to one or more other HIV viral genome sequences (5 or less different nucleotides per 1,000 nucleotides). Based on evolution of HIV, these transmission events likely occurred in the past 3 years.

It is important to remember that **molecular networks** are a subset of a larger **transmission network** (individuals who are undiagnosed or do not have a sequence). Both molecular networks and transmission networks are subsets of the larger risk network (individuals who share risk behaviors but may or may not have HIV).



² Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV, <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/laboratory-testing-drug-resistance?view=full>.

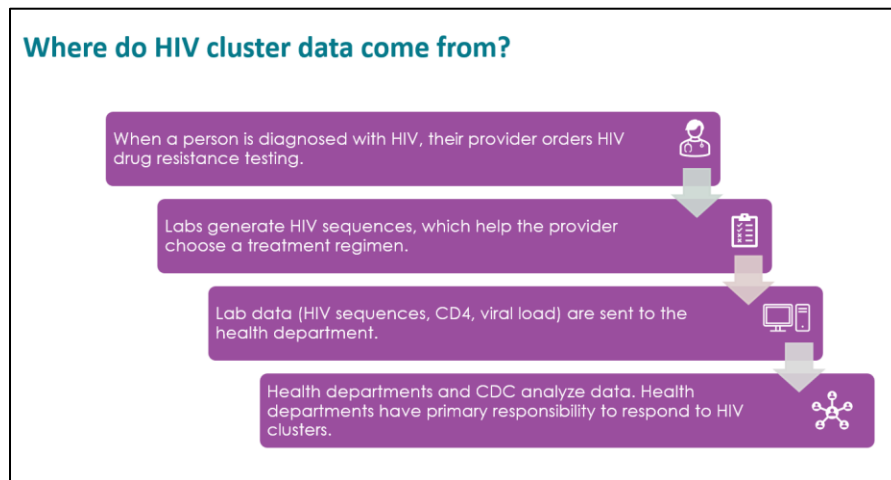
³ O.C.G.A. § 31-12-2 (<https://dph.georgia.gov/document/document/ocga-31-12-2/download>)

⁴ Identifying clusters of recent and rapid HIV transmission through analysis of molecular surveillance data, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6231979/>.

The above image displays molecular networks, transmission networks, and risk networks.

Recurring work at GA DPH: Each month, the GA DPH HIV Epidemiology Unit examines the genetic sequence data to look for networks that resulted from HIV transmission in the past three years. Epidemiologists examine current networks to see if they are growing or to see if new networks are appearing. HIV data are always stored securely and held strictly confidential⁵.

- Networks of Interest: In Georgia, molecular HIV networks with 4 or more new diagnoses in the past 12 months are prioritized for review and response to reduce HIV transmission (see the "[Overview of Molecular Networks and Networks of Interest](#)" section for more information on networks of interest). Georgia decided to set networks of interest at 4 (instead of 5, the national standard) so that GA DPH would be alerted to growing networks sooner. When a network is designated as a network of interest, GA DPH alerts local health departments, closely monitors the network, and collaborates with local health departments to determine if a response should be initiated.
- National or cross-jurisdictional networks: CDC analyzes network data quarterly and may let GA DPH know about priority networks meeting the national definition (5 or more new diagnoses in the past 12 months) or cross-jurisdictional networks.



The above image displays the steps involved in collecting, reporting, and analyzing HIV genetic sequence data.

What molecular network detection **can** do:

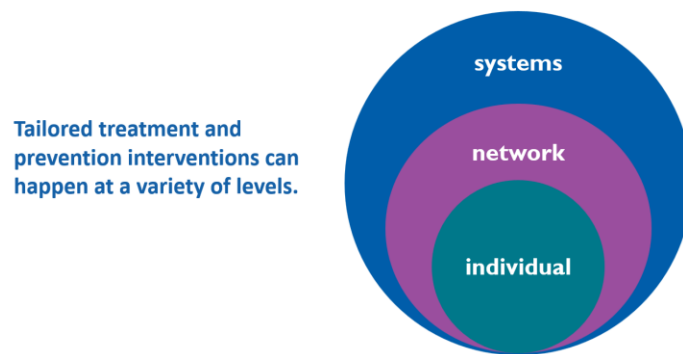
- The rapid evolution of HIV can be used to help understand where HIV is being transmitted rapidly. **Molecular HIV networks can tell public health practitioners about recent and rapid transmission and can have a transmission rate 8 to 11 times higher than the national rate⁶.**
- Molecular HIV networks can also help public health practitioners understand where there may be gaps in services, which can inform HIV care and prevention service planning.
- Molecular network detection can help us understand the profile of the larger transmission network (individuals who are undiagnosed or do not have a sequence) and risk network (individuals who share risk behaviors but may or may not have HIV), meaning that interventions can be designed to positively impact more people than only those in the molecular network.

⁵ GA DPH, HIV Security and Confidentiality Guidelines <https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit>

⁶ CDC, Cluster detection and response guidance for health departments. <https://www.cdc.gov/hivpartners/php/cdr/health-department-guidance.html>

When responding to networks, public health organizations can implement interventions at the individual, network, and systems level (see figure below).

- **Individual-level response interventions** include linkage or relinkage to care, partner services, social services (e.g., transportation or housing) and other health care referrals (e.g., behavioral health or dental care).
- **Network-level interventions** aim to reach the network of people experiencing rapid HIV transmission to offer preventive services or additional support. This could also include partner services that are focused on follow-up with network members, partner retesting, or expanded testing and PrEP aimed at reaching additional network members, for example.
- **Systems-level interventions** focus on structural changes that are often related to programs or policies and social determinants of health. Examples of interventions could include opt-out emergency department HIV testing, improving transportation or housing services, or tailoring programs to be more culturally competent.



The above image displays the steps involved in collecting, reporting, and analyzing HIV genetic sequence data.

What molecular network detection **cannot** do:

- Molecular network detection cannot determine a direct HIV transmission link between people.
- Molecular network detection cannot tell the direction of HIV transmission between network members.
- Molecular network detection does not contain information about the person's genetic makeup (it only contains information on the genetic makeup of the HIV strain).

NDR BASICS: TIME-SPACE ALERTS

Time-space alerts: The GA DPH HIV Epidemiology Unit analyzes data on the number of new HIV diagnoses occurring in a given time period and place (time-space analysis). Alerts occur when counties have an increase in diagnoses in the past year⁷ that is above the prior 3-year average*. Alerts can be affected by fewer diagnoses that occurred during the COVID-19 pandemic⁸. Time-space analyses are particularly useful for detecting increasing diagnoses among people who inject drugs and in areas with smaller populations or lower rates of HIV.

⁷ Data for analyses are based on an individual's diagnosis date and their county of residence at diagnosis.

*Two standard deviations and 2 diagnoses above the prior 3-year average.

⁸ GA DPH, The Lingering Impact of COVID-19 Disruptions on HIV Diagnoses: Lower than Expected Rebound in Identifying New Diagnoses, Georgia, 2021.

<https://dph.georgia.gov/document/document/hivepi2021conferencethelingerimpactofcovid-19disruptionsonhivdiagnosesingapdf/download>

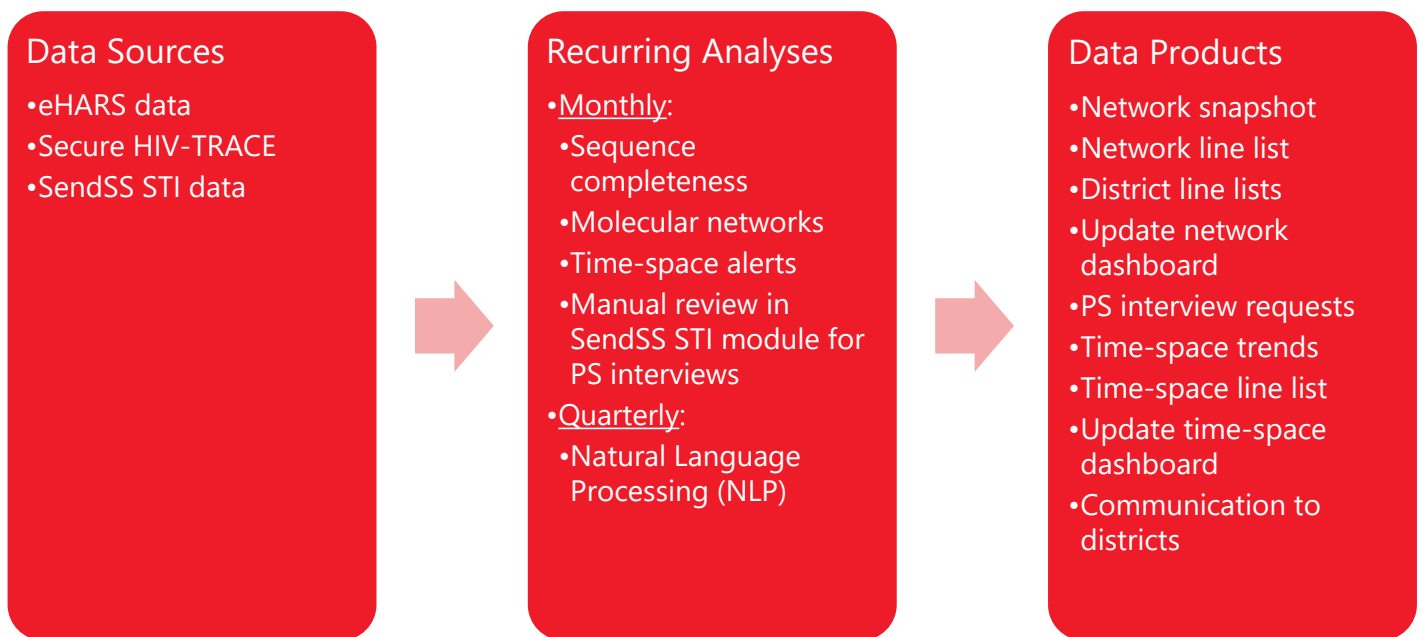
NDR BASICS: OTHER TYPES OF ALERTS

In addition to molecular network detection and time-space alerts, GA DPH detects networks and outbreaks when **healthcare providers, community members, or community-based organization staff** notice an increase in the number of people newly diagnosed with HIV and report it to the health department. These groups can provide important information that may not be detected through routine public health monitoring and can result in further investigation. They also can provide critical information on facilitators and barriers to HIV care and prevention services that the group experiencing the increase may be facing.

Partner Services staff are another important group that can alert the health department when they notice increases in HIV diagnoses through their follow-up work with clients and their partners. They may learn about increases through conversations with clients and their partners that may not be detected through routine public health monitoring activities.

NDR BASICS: ROUTINE NDR ACTIVITIES

The below figure demonstrates the data sources, recurring analyses, and data products that are part of routine NDR activities at GA DPH (molecular network detection and time-space alerts).



NDR BASICS: DATA SECURITY

The HIV Epidemiology Unit is authorized under [Georgia Surveillance Law \(O.C.G.A. §31-12-2\)](#) to conduct [notifiable disease surveillance](#) of HIV. Public health surveillance activities are permitted under the [HIPAA Privacy Rule](#). Georgia has a dual reporting system that legally requires HIV reporting by both healthcare providers and laboratories ([O.C.G.A. §31-12-2\(b\)](#)).

Molecular data is sensitive and receives additional protections compared to other HIV surveillance data. It is used for public health purposes, and not for criminal enforcement. GA DPH does not generate phylogenetic trees that show relationships between individuals' viruses, and sequence data is not released to public databases.

When network-related data is shared internally or externally during a response, data sharing is limited to the minimum information necessary and GA DPH security and confidentiality guidelines are followed. Additionally, no identifiable information will be shared in public communications. Steps are taken to reduce the risk of re-identification of individual cases including censoring counts between 1 and 4 and rates where the numerator is less than 12, aggregating data into larger groups, and limiting geographic detail for areas with a population less than 500.

Security and Confidentiality

All information collected by the HIV Epidemiology Unit is held strictly confidential. The Unit is physically located in an access-controlled building, and all paper reports are stored in locked cabinets that can only be accessed by authorized State HIV Epidemiology Unit staff. Electronic data are stored on a virtual privacy network that requires double key encryption for access. HIV Epidemiology Unit staff abide by strict federal guidelines that prohibit intentional disclosure of HIV data and limit risk of accidental disclosure of confidential data. Furthermore, Georgia law prohibits disclosure of identifiable information. All employees sign a confidentiality statement, and any unauthorized disclosures or breaches can result in criminal prosecution charges.

NDR BASICS: LIMITATIONS

Limitations of molecular network detection:

Sequence completeness impacts detection of molecular networks. About 40% of people newly diagnosed with HIV do not have a sequence. This means GA DPH may not know the full scope of the networks. Common reasons why all cases do not have a sequence may include a drug resistance test was not ordered due to provider preferences or health system policies, issues with specimens (such as low quality or low levels of virus), or delays in lab reporting of sequences to GA DPH.

Limitations of time-space alerts:

While time-space analyses are an important tool for detecting networks, especially among people who inject drugs and other small populations, this method will sometimes identify increases that are a result of increased testing, population growth, or improved access to care, and not necessarily increased HIV transmission. Therefore, it is important to consider local context and other network detection findings when interpreting results. Additionally, risk category and county at diagnosis need to be assigned to a case for time-space analysis.

NDR BASICS: THE IMPORTANCE OF DETECTING NETWORKS

When HIV molecular networks or increasing HIV diagnoses are detected, this can indicate that HIV prevention and care services are not successfully reaching the populations that need them the most. Recognizing these gaps can allow public health departments and partner groups to add or modify services to better meet needs.

Molecular network detection and time-space alerts create an opportunity to identify gaps in HIV prevention and care services that may not be detected through other efforts.



MOLECULAR NETWORK DETECTION DATA SUMMARY

Overview of Molecular Networks and Networks of Interest

Summary of Demographic Characteristics

Sequence Completeness Summary

OVERVIEW OF MOLECULAR NETWORKS AND NETWORKS OF INTEREST

Many more molecular networks are identified than are prioritized for public health monitoring and action. To ensure the effective use of resources and capacity, only networks that meet the current threshold of 4 or more diagnoses in the past 12 months are prioritized for a response. As such, networks of less than 4 members that remain under the threshold may be monitored for extended periods of time with no additional action. The national standard is 5 or more diagnoses, but Georgia selected 4 to be alerted to growing networks earlier. Since about 40% of cases do not have a sequence, GA DPH may not know the full scope of molecular networks.

Between 2021 and 2023 in Georgia, 16 molecular networks were identified as a network of interest, meaning that the network had 4 or more diagnoses in the past 12 months, or had a high percentage of members with demographic characteristics of special focus.

Network of Interest Criteria:

- GA DPH categorizes networks of interest into Tier 1a and 1b:
 - **Tier 1a:** The network has had 4 or more diagnoses in the past 12 months and is actively growing in the current reporting month.
 - **Tier 1b:** The network has had 4 or more diagnoses in the past 12 months but is not actively growing in the current reporting month.
- GA DPH can also prioritize a network if it has a high percentage of demographic characteristics of special focus, e.g.,:
 - Hispanic/Latino due to increasing trends in diagnoses in GA
 - Infections attributed to injection drug use due to increased risk of transmission
 - Women due to increased risk of perinatal transmission
 - Young individuals due to high representation in molecular networks
 - Low percent virally suppressed due to increased risk of transmission when not suppressed

Summary of Number of Networks and Number of Network Members

The table below summarizes the number of individuals that are members of networks at different levels.

Table 1. Network type, number of networks, and number of network members in Georgia, 2021–2023.

Note: There is some overlap among networks of special focus with the Tier 1a/Tier 1b networks of interest.

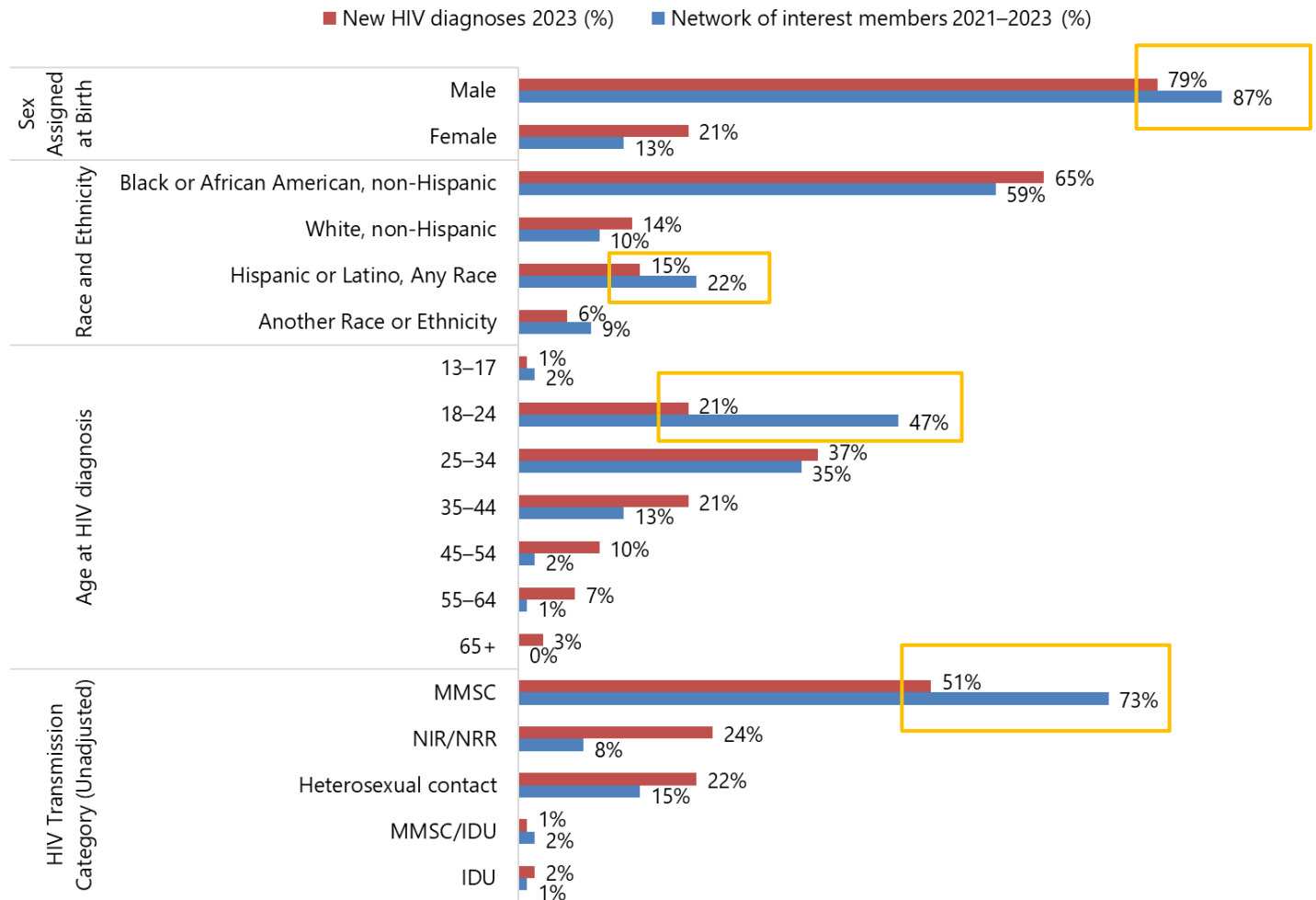
Type of Network	Number of Networks	Number of Network Members
All Networks of Interest	16	174
Tier 1a Networks	8	124
Tier 1b Networks	6	42
Networks with High Percent of Demographics Characteristics of Special Focus	6	76

SUMMARY OF DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristics of Individuals Identified as Part of a Molecular HIV Network, 2021–2023

As of February 2024, **174** network of interest members were diagnosed with HIV in Georgia between 2021 and 2023. Compared to all HIV diagnoses in 2023 (those part of or not part of a network, n=2,442, shown in red below), a **higher percentage of network members** (shown in blue below) **were assigned male sex at birth**, were **Hispanic or Latino**, were **18–24 years old** at HIV diagnosis, and had an HIV diagnosis attributed to **male-to-male sexual contact** (MMSC, Figure 1).

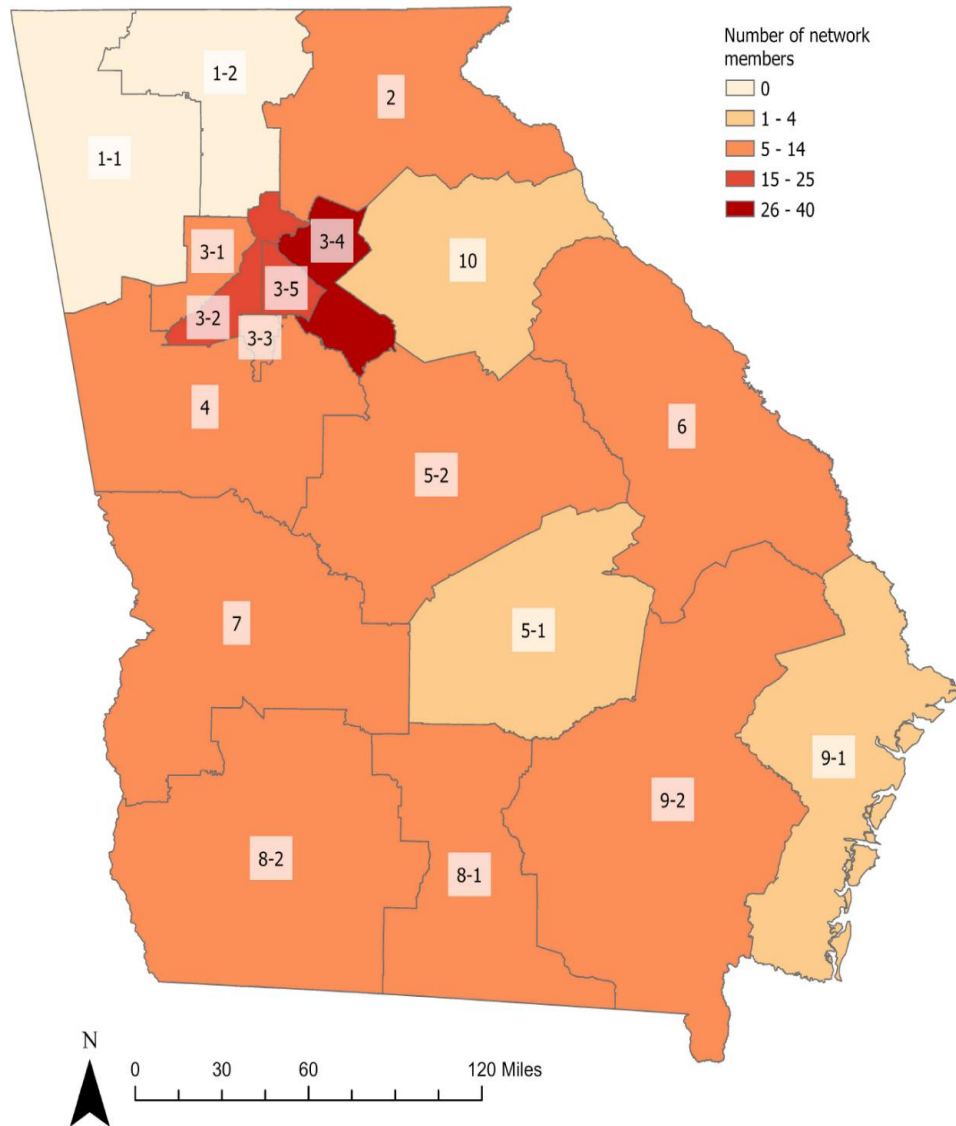
Figure 1. Demographic comparison between molecular network of interest members in 2021–2023 and new HIV diagnoses in 2023, all networks, Georgia.



Note: MMSC=male-to-male sexual contact, NIR/NRR=no identified risk/no reported risk, IDU=injection drug use.

Geography: The **highest number** of network members were in **Public Health District 3-4** (Gwinnett, Newton, and Rockdale Counties, Figure 2). Public Health District 3-4 had the third highest percentage of new HIV diagnoses in 2023 (12%, see Table 34 in the 2023 HIV Surveillance Summary Report at <https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum>).

Figure 2. Network members from molecular networks of interest by public health district in Georgia, 2021–2023.



Note: Addresses are based on residence at HIV diagnosis.

SEQUENCE COMPLETENESS SUMMARY

The GA DPH HIV Epidemiology Unit examines sequence completeness, defined as the proportion of new diagnoses with a sequence, monthly. This helps identify laboratory reporting issues and monitor progress towards benchmarks from CDC. GA DPH and the CDC assess sequence completeness one year after diagnoses occur (e.g., sequences for 2023 diagnoses are assessed at end of 2024). In an analysis using national data from 2021 to 2023, 52% of HIV diagnoses had sequences available⁹. Common reasons why all cases do not have a

⁹ Nationwide Implementation of HIV Molecular Cluster Detection by Centers for Disease Control and Prevention and State and Local Health Departments, United States, <https://pmc.ncbi.nlm.nih.gov/articles/PMC12078553/>

sequence may include a drug resistance test was not ordered due to provider preferences or health system policies, issues with specimens (such as low quality or low levels of virus), or delays in lab reporting of sequences to GA DPH.

Sequence completeness has **remained stable** since 2021 in Georgia (Table 2). GA DPH **met** the CDC’s 60% sequence benchmark from 2021 to 2023. A **slightly lower percentage of females, another race or ethnicity individuals, older persons**, and individuals with an HIV diagnosed attributed to **NIR/NRR** had a sequence (Figure 3). Sequence completeness **varied** by public health district. The percentage of 2023 diagnoses with a sequence ranged from about **50%** to about **80%** among the 18 public health districts in Georgia (Table 3).

Table 2. Sequence completeness among all individuals newly diagnosed with HIV between 2021 and 2023, GA.

	Diagnosis Year		
	2021	2022	2023
Percent of people with a sequence	62%	60%	60%

Figure 3. Demographic characteristics of individuals diagnosed with HIV in 2023 with a sequence (row %), GA.

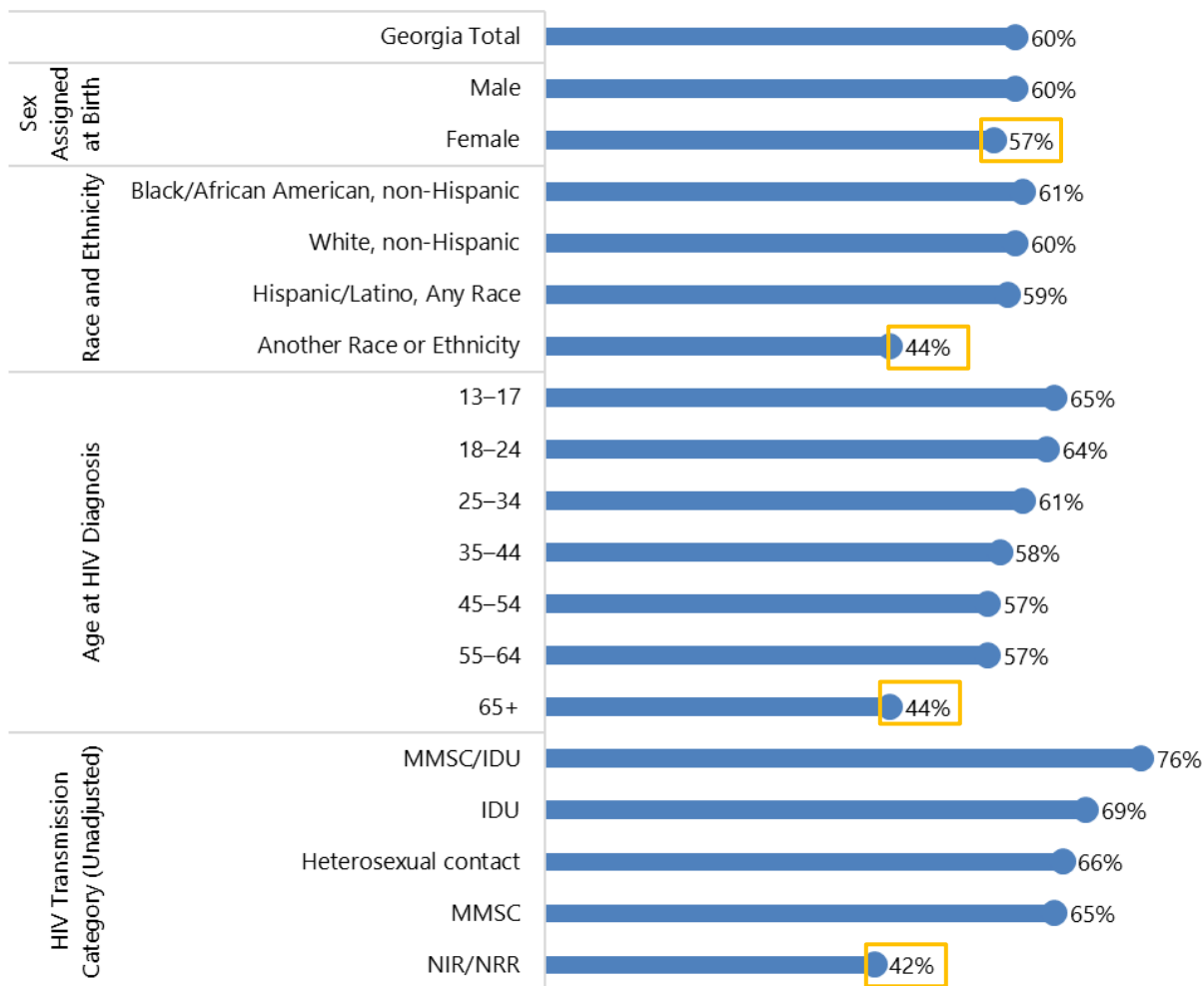


Table 3. Sequence completeness by public health district for all 2023 HIV diagnoses, GA

	Number of individuals with an HIV diagnosis	Percent of individuals with a sequence
Georgia Total	2,442	60%
9-2, Southeast (Waycross)	56	77%
1-1, Northwest (Rome)	59	71%
7, West Central (Columbus)	94	71%
2, North (Gainesville)	53	70%
8-1, South (Valdosta)	47	68%
4, LaGrange	124	66%
10, Northeast (Athens)	83	65%
5-1, South Central (Dublin)	16	62%
3-1, Cobb-Douglas	193	61%
3-3, Clayton (Jonesboro)	130	61%
5-2, North Central (Macon)	119	60%
3-2, Fulton	430	60%
3-4, GNR (Lawrenceville)	242	60%
3-5, DeKalb	297	60%
9-1, Coastal (Savannah)	111	59%
8-2, Southwest (Albany)	67	55%
1-2, North Georgia (Dalton)	31	52%
6, East Central (Augusta)	90	50%
Diagnosed outside of GA	105	49%



TIME-SPACE ANALYSIS DATA SUMMARY

Overview of Time-Space Analyses and Alerts

OVERVIEW OF TIME-SPACE ANALYSES AND ALERTS

GA DPH conducts time-space analyses monthly to detect counties that have had an increase in diagnoses in the past year that's above the 3-year average. GA DPH currently monitors potential increases in new diagnoses for the following types of time-space alerts:

- IDU: injection drug use only (the HIV transmission category)
- MMSC/IDU: male-to-male sexual contact and injection drug use
- IDU + MMSC/IDU: a combination of injection drug use and male-to-male sexual contact and injection drug use

Special focus is placed on IDU time-space alerts because rapid HIV outbreaks are a concern among people who inject drugs. Additionally, in Georgia, this group is known to consistently have lower viral suppression compared to other groups. GA DPH may monitor other special populations in the future as part of time-space alerts.

Many of GA DPH's time-space alerts have been **IDU + MMSC/IDU alerts** (Table 4).

Table 4. All Time-Space Alerts by type, number of alerts, and number of individuals that were part of the alerts, 2021–2023, GA.

Type of Time-Space Alerts	Number of Time-Space Alerts	Number of Individuals
IDU	3	27
MMSC/IDU	2	8
IDU + MMSC/IDU	7	56

Note: Time-space alerts were not run from June 2021 to July 2022 due to a shifted focus on HIV network response activities.

Gwinnett County had the largest time-space alert with 19 individuals total (Table 5).

Table 5. All Time-Space Alerts by county at diagnosis and type of alert, 2021–2023, GA.

County at Diagnosis	Type of Time-Space Alert	Month First Detected	Diagnoses in the Alert (Total)	Diagnoses in Past 12 Months	Average Diagnoses over Prior 3 Years
Gwinnett County	IDU + MMSC/IDU	January 2024 ⁺	19	9	<5
Gwinnett County [*]	IDU	January 2021	12	6	<5
Gwinnett County [*]	IDU	January 2024	12	6	<5
Muscogee County	IDU + MMSC/IDU	November 2022	11	<5	<5
Houston County	IDU + MMSC/IDU	May 2023	9	<5	<5
Richmond County	IDU + MMSC/IDU	September 2022	7	<5	<5
Butts County	IDU + MMSC/IDU	May 2023	5	<5	<5
Clayton County	MMSC/IDU	July 2022	<5	<5	<5
Muscogee County	MMSC/IDU	June 2023	<5	<5	<5
Polk County	IDU + MMSC/IDU	November 2023	<5	<5	<5
Floyd County	IDU + MMSC/IDU	January 2024	<5	<5	<5
Floyd County	IDU	January 2024	<5	<5	0

^{*}Five of the same individuals were in these two alerts.

⁺December 2023 analysis was run in January 2024.

All counts <5 are censored in accordance with GA DPH HIV Surveillance Security and Confidentiality Guidelines.



RESOURCES

ADDITIONAL INFORMATION

The below resources provide additional information and data related to HIV network detection and response efforts in Georgia and nationally, as well as information on NDR basics.

Georgia DPH HIV Network Detection and Response Website

<https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-network-detection-and-response>

Georgia DPH HIV Case Surveillance Website

<https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum>

CDC HIV Cluster and Outbreak Detection and Response Guidance

<https://www.cdc.gov/hivpartners/php/cdr/health-department-guidance.html>

CDC Science Brief on CDR

<https://www.cdc.gov/hivpartners/php/cdr/science-brief.html>

NASTAD Video Series on CDR Basics

<https://nastad.org/southern-region-cdr-video-series>

