HIV Surveillance Highlights Fact Sheet, Georgia, 2022
HIV Incidence, Prevalence, and Care Continuum Measures

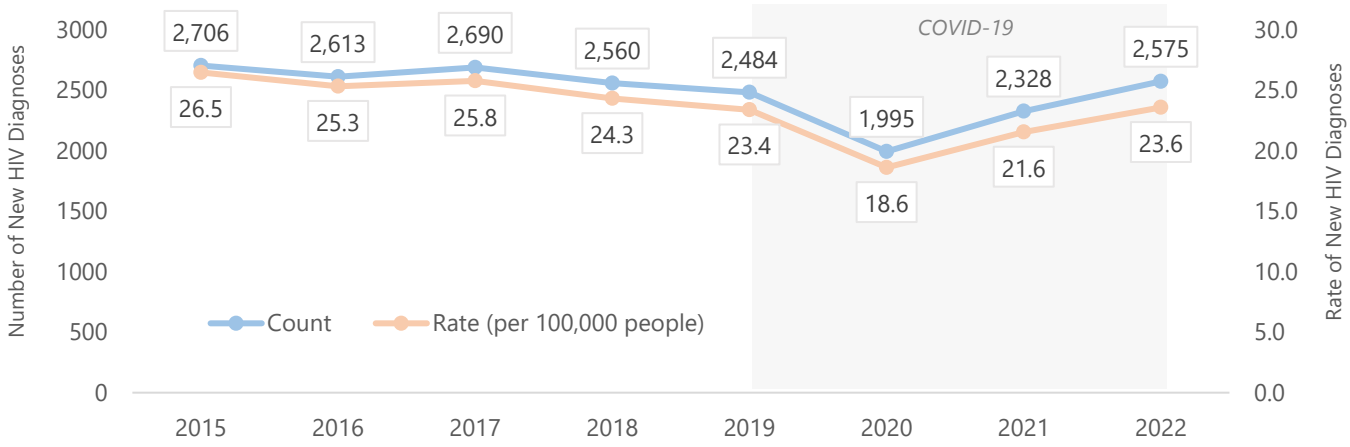
GEORGIA DEPARTMENT OF PUBLIC HEALTH

New HIV Diagnoses (HIV Incidence)

There were 2,575 people newly diagnosed with HIV in 2022 in Georgia.
(Rate: For every 100,00 people in Georgia, 24 had a new HIV diagnosis in 2022)

Trends: HIV diagnosis rates in Georgia decreased by an average of -2% per year from 2015–2022 (Figure 1). From 2019–2020, the rate dropped by 20% in part due to COVID-19-related healthcare disruptions. Rates returned to pre-pandemic levels in 2021 and continued to rebound in 2022[1].

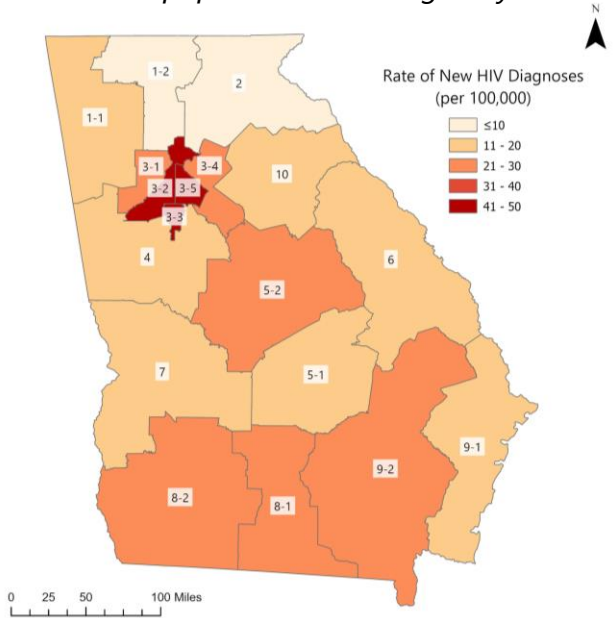
Figure 1. New HIV diagnoses by counts and rates per 100,000 population, Georgia, 2015–2022



Public Health Districts with the highest rates of new HIV diagnoses were Fulton (48.9), DeKalb (48.8), and Clayton (48.2) (Figure 2). Most people newly diagnosed identified as cisgender male (78%), Black/non-Hispanic (67%), men-who-have-sex-with-men (66%), and ages 20–39 (66%).

Figure 2. New HIV diagnosis rate per 100,000 population in Georgia, by Public Health District, 2022

Geographic Area	Count	Rate
State Total	2575	23.6
1-1 Northwest	71	10.1
1-2 North Georgia	27	5.2
2 North	67	8.6
3-1 Cobb-Douglas	211	23.0
3-2 Fulton	526	48.9
3-3 Clayton	143	48.2
3-4 GNR	265	22.3
3-5 DeKalb	372	48.8
4 Lagrange	155	17.0
5-1 South Central	24	16.6
5-2 North Central	126	22.8
6 East Central	100	19.9
7 West Central	69	19.0
8-1 South	68	26.0
8-2 Southwest	92	26.5
9-1 Coastal	105	16.0
9-2 Southeast	82	21.8
10 Northeast	64	11.5

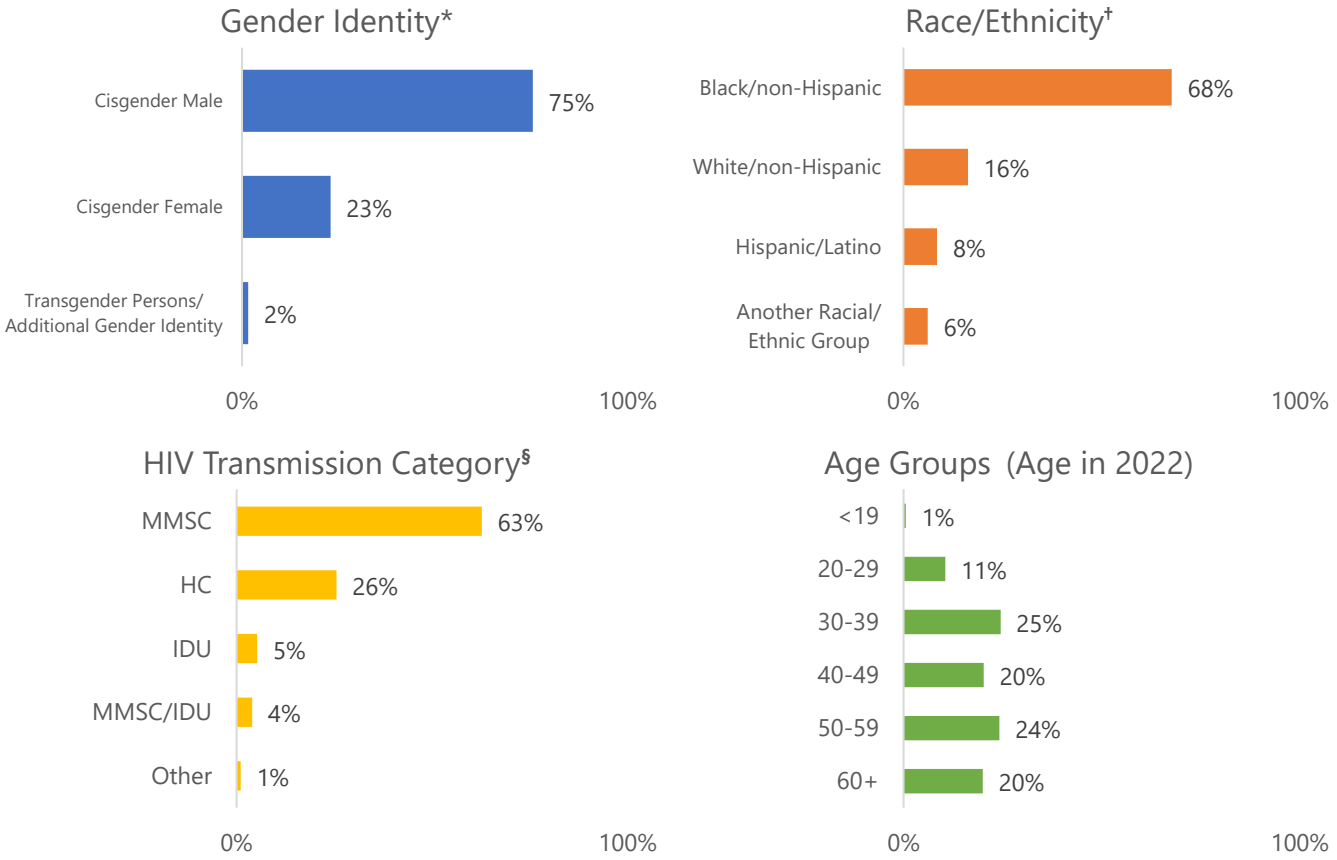


[1]More information on the impact of COVID-19-related healthcare disruptions on HIV diagnosis trends in Georgia is available here: https://dph.georgia.gov/document/document/hivepi2021conferencethelingeringimpactofcovid-19disruptionsonhivdiagnosesingapdf/download

There were 63,984 people with HIV in 2022 in Georgia.
(Rate: For every 100,00 people in Georgia, 586 people had HIV in 2022)

Public Health Districts with the highest rates of people with HIV were Fulton (1,579.6), DeKalb (1,339.6), and Clayton (1,132.0). In 2022, most people with HIV were cisgender male (75%), non-Hispanic Black (68%), men-who-have-sex-with-men (63%), and ages 30+ (89%) (Figure 3).

Figure 3. Demographic characteristics of people with HIV, Georgia, 2022 (n=63,984)



Note: *Gender identity refers to how a person identifies, which is a separate characteristic than their sex assigned at birth. Additional Gender Identity refers to a person who does not identify as cisgender male, cisgender female, or transgender and has "additional gender identity" indicated in their eHARS[2] record. †Racial/ethnic groups who are a part of the "Another Racial/Ethnic Group" category include Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Multiple Races. Stratified data on these groups is available in the 2022 Surveillance Summary Report. §MMSC=Male-To-Male Sexual Contact; HC=Heterosexual Contact; IDU=Injection Drug Use.

Spotlight on Health Disparities

Total population: HIV rates were 2 to 7 times higher among Black populations with HIV (1,237/100,000) compared to Hispanic/Latino (475) and White (189) populations with HIV.

Female population: Among females with HIV, HIV rates were 3 to 11 times higher among Black females (602/100,000) compared to Hispanic/Latina females (172) and White females (54).

[2]eHARS (Enhanced HIV/AIDS Reporting System) is an online tool that health departments use to securely store reported HIV data.

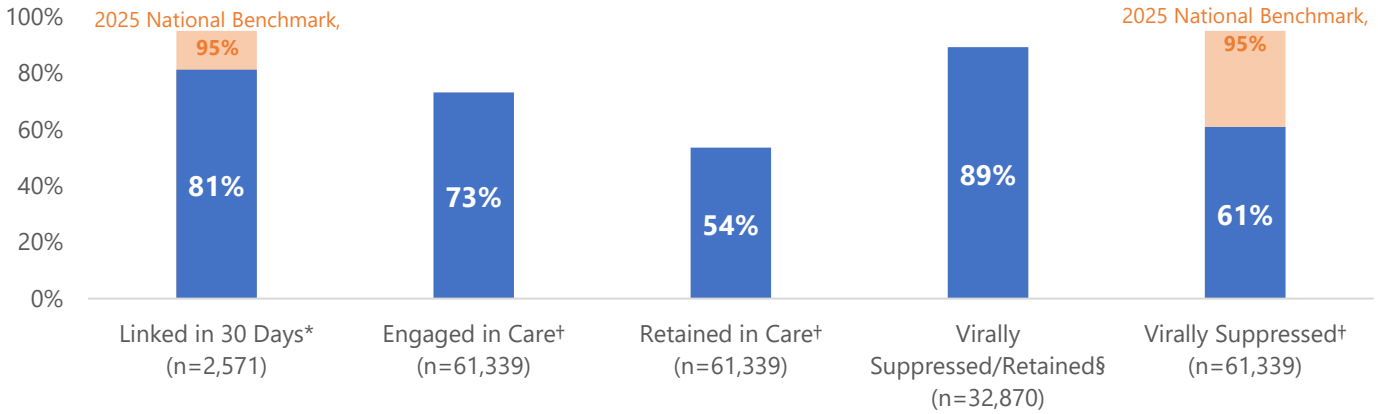
HIV Care Continuum Measures

The HIV care continuum measures approximate access to and use of HIV care services by using CD4 counts and viral load laboratory tests (VL) as proxies for HIV care visits.

Among **people newly diagnosed with HIV*** by the end of 2022, 81% were linked to care within 30 days of diagnosis (Figure 4). Among **people with HIV†** in 2022, 73% were engaged in care, 54% were retained in care, and 61% were virally suppressed. Among those who were retained in care, 89% were virally suppressed.

Spotlight on disparities: Black (60%) and Hispanic/Latino (60%) populations had lower viral suppression compared to White populations (66%). People ages 13-19 (54%) and those with an HIV transmission category of IDU (53%) had lower than average viral suppression (61%).

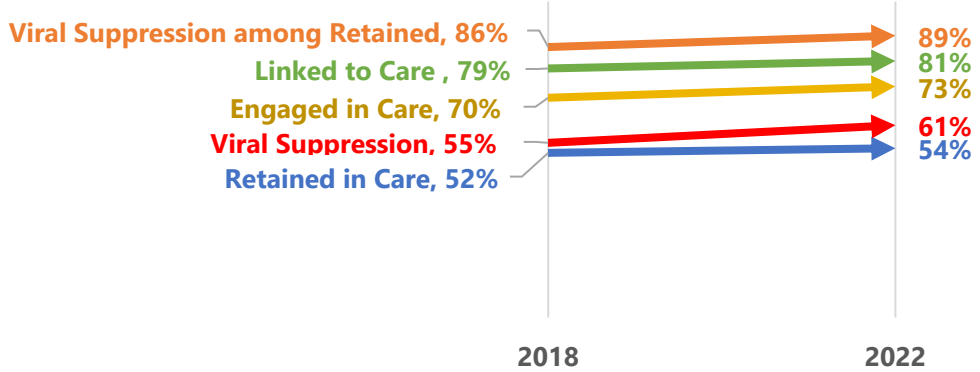
Figure 4. HIV care continuum measures among Georgians, 2022



Note: *The denominator for "Linked in 30 days" is all people who were newly diagnosed with HIV in Georgia in 2022, living as of 12/31/2023, and whose address at HIV diagnosis was in Georgia (n=2,571). †The denominator for "Engaged in Care" (had ≥ 1 HIV care visit in 2022), "Retained in Care" (had ≥ 2 HIV care visits at least 3 months apart in 2022), "Virally Suppressed" (most recent VL sample was <200 copies/ml in 2022) is all people diagnosed with HIV by the end of 2021 or earlier, and living as of 2022, with a last address of residence in 2022 being in Georgia (n=61,339). §The denominator for virally suppressed/retained is all those who were retained in HIV care in 2022 (n=32,870). 2022-2025 National HIV Benchmarks: https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf

All HIV care continuum measures **improved** between 2018–2022 (Figure 5).

Figure 5. HIV care continuum measures among Georgians, 2018–2022



For additional data, including data by county, please visit Georgia DPH's HIV Epidemiology Section Website: https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section
For questions, please contact Dr. Jenna Gettings, HIV Epidemiology Director (Jenna.Gettings@dph.ga.gov)