

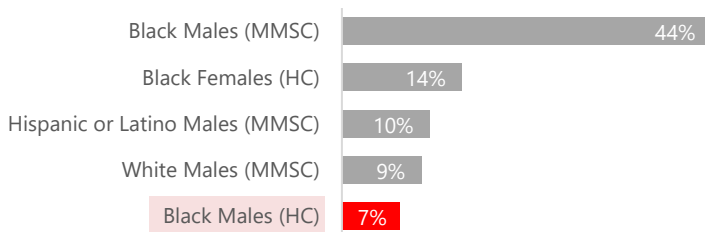


HIV among Black Males (Heterosexual) Ages 25–64

Data Summary Fact Sheet, Georgia, 2014–2022

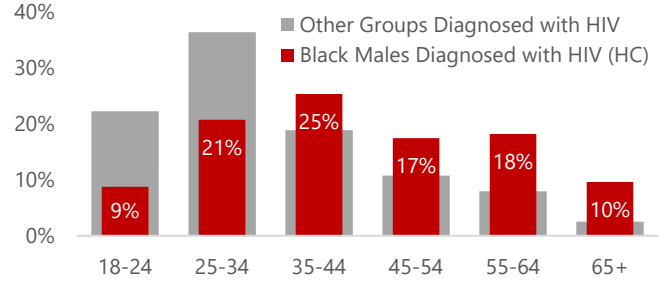
Black or African American males with an HIV infection attributed to heterosexual contact are the **fifth largest group with an HIV diagnosis** in GA. Most Black males (with heterosexual contact) are diagnosed across a **wider age range** (25–64) compared to other groups.

Top 5 Populations with an HIV Diagnosis, 2022



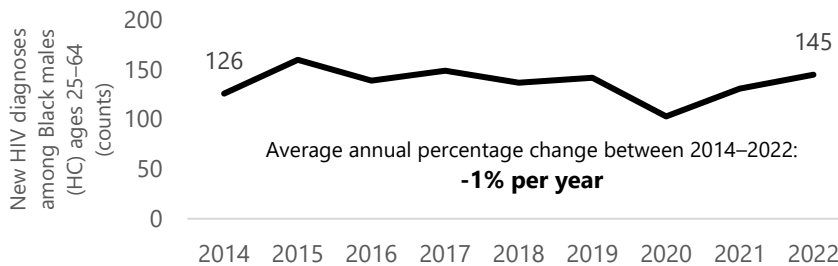
Note: Text in parentheses represents the HIV transmission category. MMSC: Male-to-male sexual contact; HC: Heterosexual contact.

Age at Diagnosis, 2022



New HIV Diagnoses among Black Males (Heterosexual Contact) Ages 25–64 (Incidence)

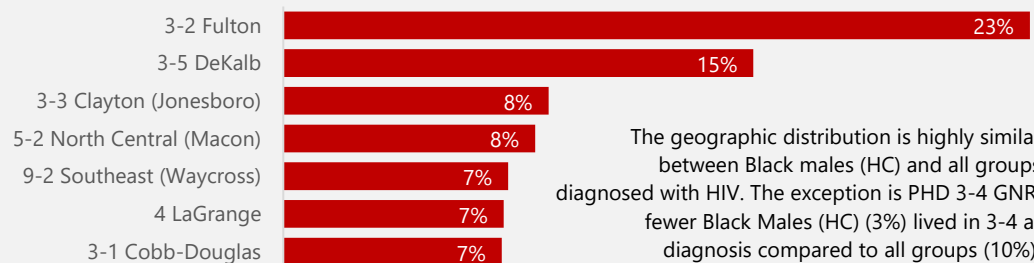
Among Black males newly diagnosed with HIV, 13% had a transmission category attributed to heterosexual contact. In 2022, there were **145** Black males (heterosexual contact) ages 25–64 **newly diagnosed with HIV**.



New HIV diagnoses among Black males (heterosexual contact) ages 25–64 years old **remained stable** between 2014–2022.

Top 7 District of Residence among Black Males (HC) Ages 25–64 Diagnosed with HIV

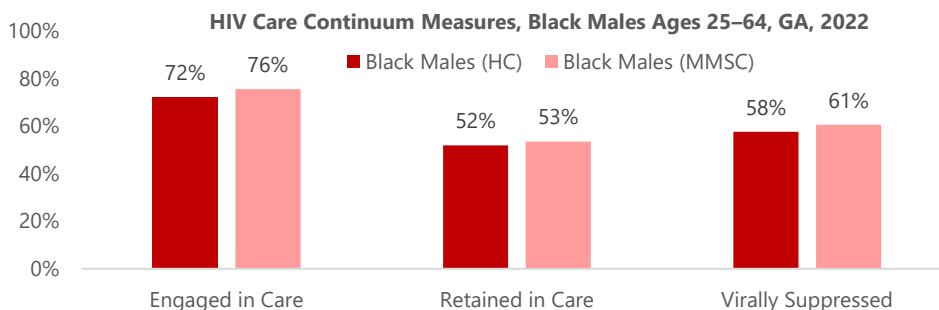
In 2022, **75%** of Black males (heterosexual contact) ages 25–64 newly diagnosed with HIV **lived in 7 Public Health Districts (PHD)** in Georgia.



The geographic distribution is highly similar between Black males (HC) and all groups diagnosed with HIV. The exception is PHD 3-4 GNR: fewer Black Males (HC) (3%) lived in 3-4 at diagnosis compared to all groups (10%).

Black Males (Heterosexual Contact) Ages 25–64 with HIV (Prevalence)

In 2022, there were **2,374** Black males (heterosexual contact) ages 25–64 **with HIV** in Georgia (4% of total).



Engagement in HIV care, retention in care, and viral suppression were **very similar** between Black males ages 25–64 with **heterosexual contact** compared to those with **male-to-male sexual contact**.

Suggested citation:

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Data interpretation notes:

- **Data collection and reporting:** Data are presented from known diagnoses and laboratory reports entered into the Georgia Enhanced HIV/AIDS Reporting System (eHARS). Georgia statutes and regulations (O.C.G.A. §31-12-2(b)) require healthcare providers and laboratories licensed in the state of Georgia to report all cases of HIV infection and/or Stage 3 (AIDS) or HIV-related laboratory test results to GA DPH within seven days. This information is used to monitor the HIV epidemic in Georgia and guide program planning and evaluation. The data presented in this fact sheet are based on confidential case reports collected through eHARS.
- **Transmission category:** HIV transmission category is determined based on a hierarchy of factors most likely responsible for HIV transmission. Data have been statistically adjusted to account for missing transmission category. Although HIV transmission category can be related to sexual orientation, they are not the same.
- **Race and ethnicity:** Hispanic or Latino individuals referenced can be of any race.
- **Care continuum measures:** GA DPH uses five HIV care continuum measures to understand how frequently people with HIV are able to access and use HIV care services. GA DPH uses CD4/HIV Viral Load (VL) tests as a proxy for an HIV care visit. The five measures are: linkage to care in 30 days (at least one HIV care visit within 30 days of diagnosis); engagement in care (at least one HIV care visit during the year); viral suppression (most recent VL test during the year was <200 copies/milliliter in the blood sample); retention in care (at least 2 HIV care visits at least 90 days apart during the year); viral suppression among those retained (a VL <200 copies/ml among those who are retained in care). The linkage to care measure is calculated for people newly diagnosed with HIV and the four other measures are presented for people with HIV who have been diagnosed for at least 1 year.
- **Impact of COVID-19:** Interpreting data in 2020, 2021, and 2022: 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. The number of people diagnosed with HIV decreased in 2020 (i.e., excess missed diagnoses), at least in part because of decreased testing availability and changes in health care seeking patterns, but returned to pre-COVID-19 levels in 2021 and 2022. However, given that 2021 and 2022 diagnoses did not rebound to make up for 2020 excess missed diagnoses, this suggests that many individuals may still be undiagnosed due COVID-19-related healthcare disruptions.

Georgia's 2022 surveillance summary fact sheet is available here:

<https://dph.georgia.gov/document/document/hivepi2022gahivsurveillancefactsheet20240416pdf/download>

Additional data and information on Georgia's HIV case surveillance is available here:

<https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-surveillance>