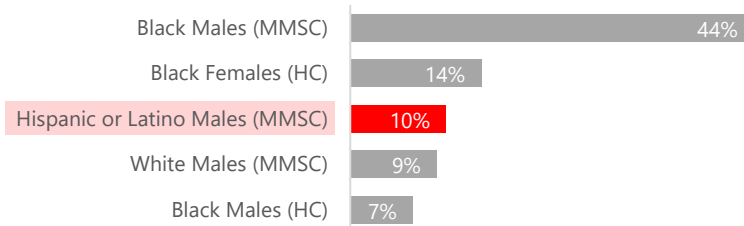


**HIV diagnoses are increasing** among Hispanic or Latino individuals in Georgia. Within this group, most diagnoses (68%) occur among gay, bisexual, and other men who have sex with men (MSM<sup>1</sup>) ages 18–44. It is unprecedented to see this increase given that HIV diagnoses in the state have been decreasing for years.

<sup>1</sup>The MSM population is approximated based on individuals with an HIV transmission category of male-to-male sexual contact (MMSC).

### Top 5 Populations with an HIV Diagnosis, GA, 2022



Among all people newly diagnosed in 2022, **Hispanic or Latino MSM** were the **third largest group** with an HIV diagnosis in GA.

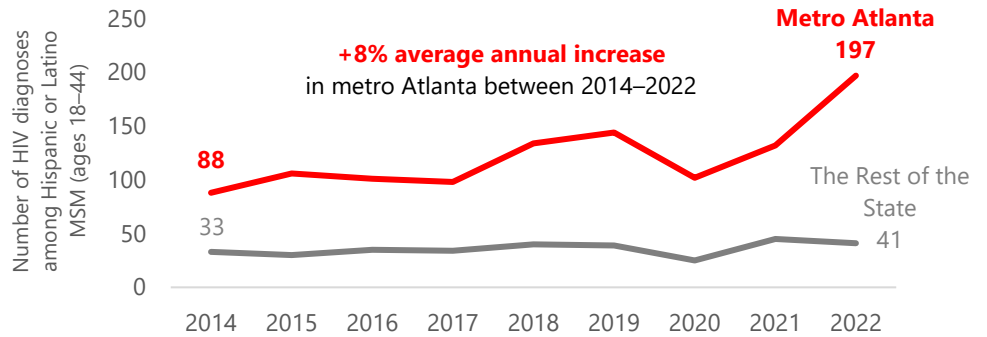
*Note:* Text in parentheses represents the HIV transmission category. MMSC: Male-to-male sexual contact; HC: Heterosexual contact.

### New HIV Diagnoses among Hispanic or Latino MSM Ages 18–44 (Incidence)

In 2022, there were **238** Hispanic or Latino MSM ages 18–44 **newly diagnosed with HIV** in GA.

HIV diagnoses **increased the most in metro Atlanta\*** compared to the rest of the state among Hispanic or Latino MSM (ages 18–44).

\*Metro Atlanta is defined as the 20-county EMA



**New HIV diagnosis rates among Hispanic or Latino males were 5x higher** compared to **White males** for those ages 18–44.

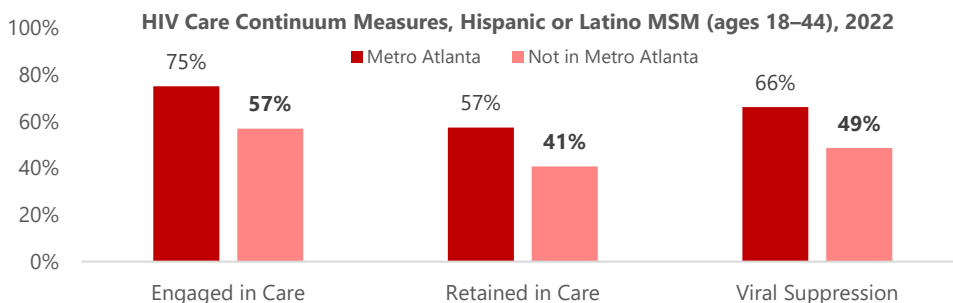
However, Black or African American males continue to have the highest HIV diagnosis rate in Georgia.



*Note:* Rates are calculated for males because population counts are unavailable for MSM through the US census.

### Hispanic or Latino MSM Ages 18–44 with HIV (Prevalence)

In 2022, there were **2,165** Hispanic or Latino MSM (ages 18–44) **with HIV** in Georgia (3% of total).



Engagement in HIV care, retention in care, and viral suppression **were lower** among Hispanic or Latino MSM (ages 18–44) **living in the rest of the state** compared to **metro Atlanta**.

**Suggested citation:**

Georgia Department of Public Health, HIV among Hispanic or Latino MSM (ages 18–44), Georgia Data Summary Fact Sheet, 2014–2022, <https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-surveillance>, Published September 2024, [Accessed: date]

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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>