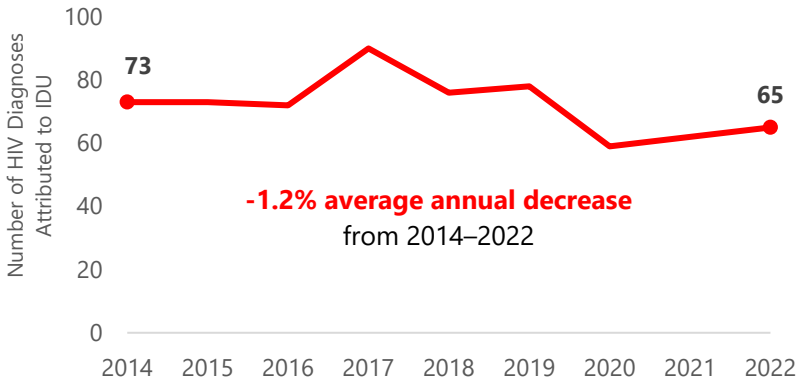
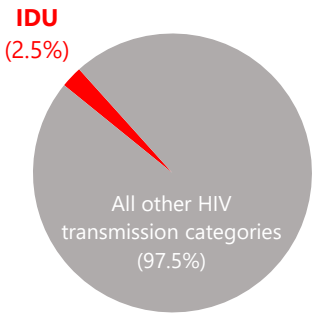
HIV among People Who Inject Drugs, Georgia, 2014–2022
Data Summary Fact Sheet

There is **no apparent increase** in new HIV diagnoses attributed to injection drug use (IDU), but **rapid HIV outbreaks are a concern among people who inject drugs.** Monitoring HIV attributed to IDU is important as drug overdoses are increasing in Georgia.

People with a New HIV Diagnosis Attributed to IDU (Incidence)

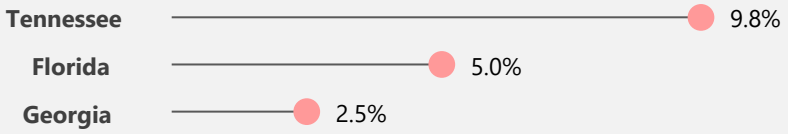
In 2022, there were **65 people diagnosed with HIV** whose diagnosis was attributed to **IDU** in Georgia.





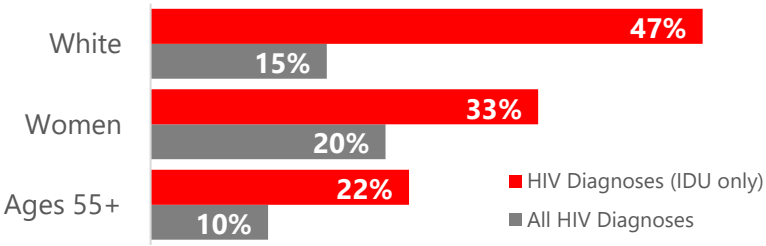
2.5% of all people newly diagnosed with HIV in 2022 in Georgia **had a diagnosis attributed to IDU.**

Several states near Georgia have a **higher percentage** of HIV diagnoses attributed to IDU in 2021*



*Note: 2021 was the most recent data available for some states.

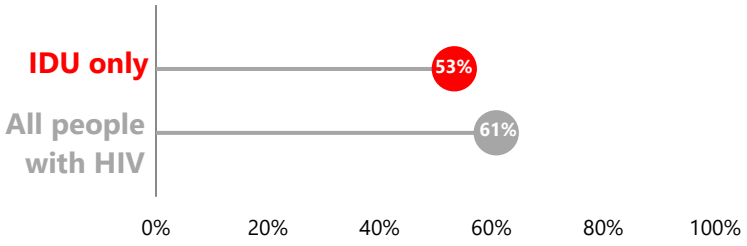
People diagnosed with HIV that was attributed to IDU more frequently identified as **White**, **women**, and **ages 55+ compared to all people with an HIV diagnosis** in 2022 in GA.



People with HIV Attributed to IDU (Prevalence)

In 2022, there were **3,366 people with HIV** whose initial diagnosis was attributed to **IDU** in Georgia.

In 2022, **people with HIV attributed to IDU had lower viral suppression** compared to all people with HIV in Georgia.



Note: This fact sheet does not include individuals whose HIV transmission category was MMSC/IDU.

Suggested citation:
Georgia Department of Public Health, HIV among People Who Inject Drugs, Georgia, 2014–2022 Data Summary Fact Sheet, https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance, Published September 2024, [Accessed: date]

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

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-hivaids-epidemiology-section/hivaids-case-surveillance