

HIV Epidemiology Surveillance Summary

Georgia, 2022

Georgia DPH, Division of Epidemiology, HIV Epidemiology Section / August 2024

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This presentation provides a 30-minute overview of the key findings from Georgia's HIV epidemiology surveillance data in 2022, which is the most recent and finalized data to date.

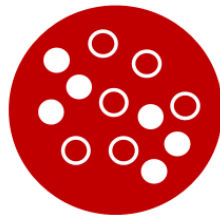
HIV Epidemiology Section Areas

Core HIV Surveillance Epidemiology



All people with HIV and people newly diagnosed with HIV in GA (trends, care continuum measures)

Molecular Cluster Detection



Cases with an HIV genotype reported, identifying rapid and related outbreaks

Perinatal Surveillance Epidemiology



Monitoring perinatal exposures and vertical transmission by medical record abstraction

Medical Monitoring Project



Survey of people with HIV through interviews and medical record abstraction (n~250/year)

Georgia HIV Behavioral Surveillance



Survey of individuals at potential exposure to HIV. Populations of focus vary (n~500/cycle)

Georgia DPH's HIV Epidemiology Section has five areas through which we collect and analyze HIV data: core HIV surveillance epidemiology, molecular cluster detection, perinatal surveillance epidemiology, the medical monitoring project, and the Georgia HIV behavioral surveillance survey.

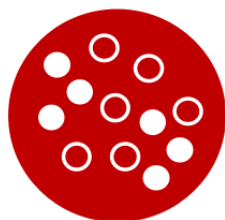
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Survey of individuals at potential exposure to HIV. Populations of focus vary (n~500/cycle)

Today's presentation focuses on our core HIV surveillance data, which consists of data on all people with HIV and people newly diagnosed with HIV in Georgia.

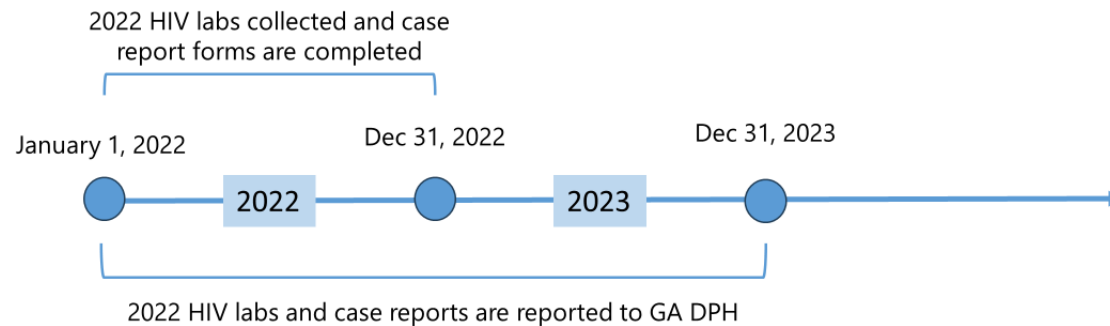
Overview

- New HIV diagnoses (HIV incidence)
- People with HIV (HIV prevalence)
- HIV care continuum measures
- Spotlight on health disparities
- National comparison
- Key takeaways
- Additional resources available on website

During today's presentation, we'll discuss key data findings related to the following topics: New HIV diagnoses (or HIV incidence), people with HIV (or HIV prevalence), HIV care continuum measures, a spotlight on health disparities, national comparison, key takeaways, and where you can find additional resources on our website.

Why is 2022 the most recent data available?

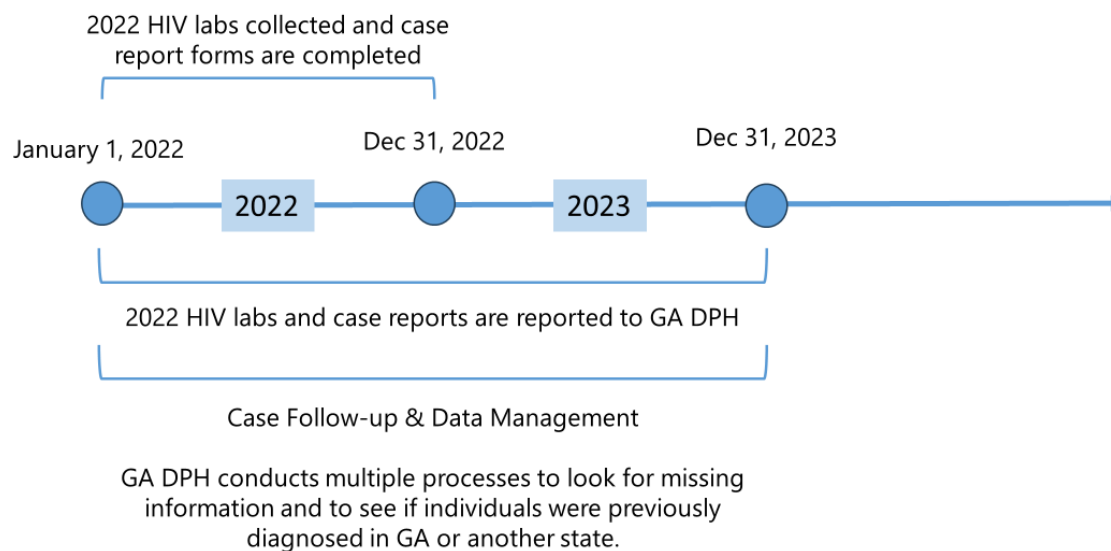
Timeline for Finalizing the 2022 HIV Core Surveillance Data



Why is 2022 the most recent data we have available to share? On this slide we display a timeline of the steps involved for finalizing the HIV core surveillance data in Georgia. Many other states have a similar looking timeframe. Here we use 2022 as an example, but this process is occurring for each calendar year. In this example, HIV labs are collected and case report forms are completed by healthcare providers from January 1, 2022 – December 31, 2022. During that year and into the following year, these labs and case reports are reported to GA DPH, which is required by state law.

Why is 2022 the most recent data available?

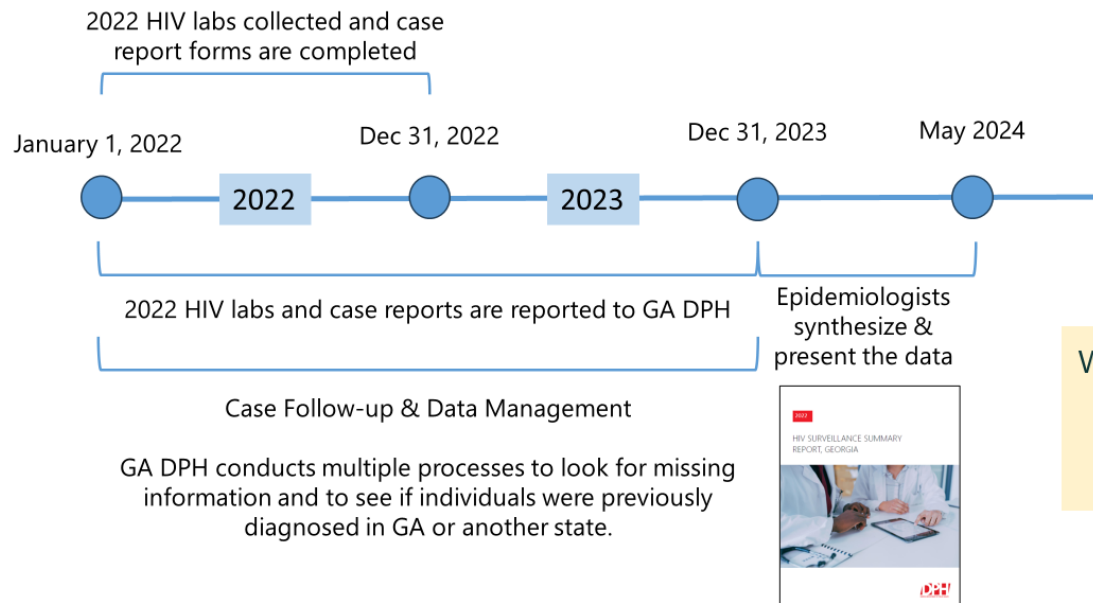
Timeline for Finalizing the 2022 HIV Core Surveillance Data



During this time, our case follow-up and data management teams conduct multiple processes to look for missing information and to see if individuals were previously diagnosed in GA or another state. This helps us ensure we are not double counting anyone when reporting on the number of new HIV diagnoses.

Why is 2022 the most recent data available?

Timeline for Finalizing the 2022 HIV Core Surveillance Data



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At the beginning of 2024, our epidemiologists synthesize and present the data. We recognize that the data we're discussing today is from 2 years ago, which is not ideal. We want to let you all know that we are working on implementing efficiencies that will hopefully shorten some of this timeframe.



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

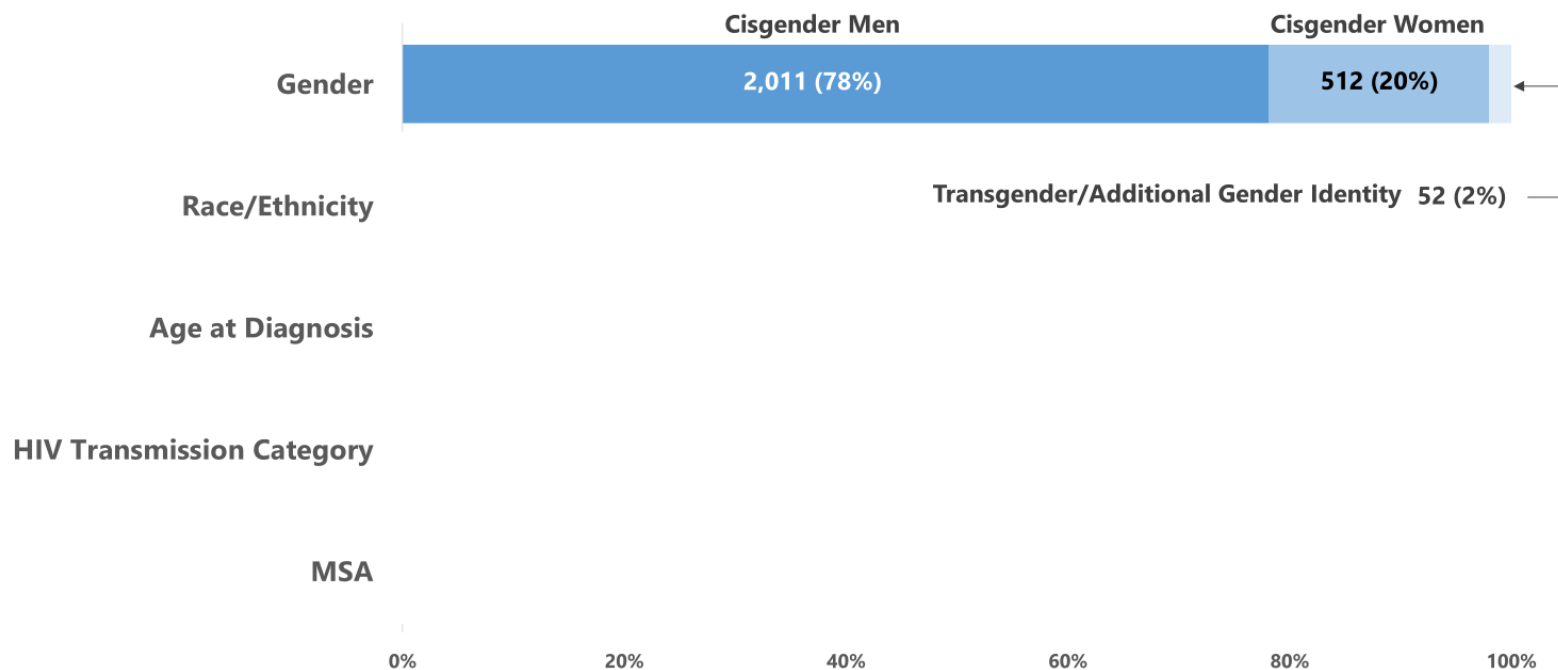
National Comparison

Key Takeaways

Additional Resources Available on Website

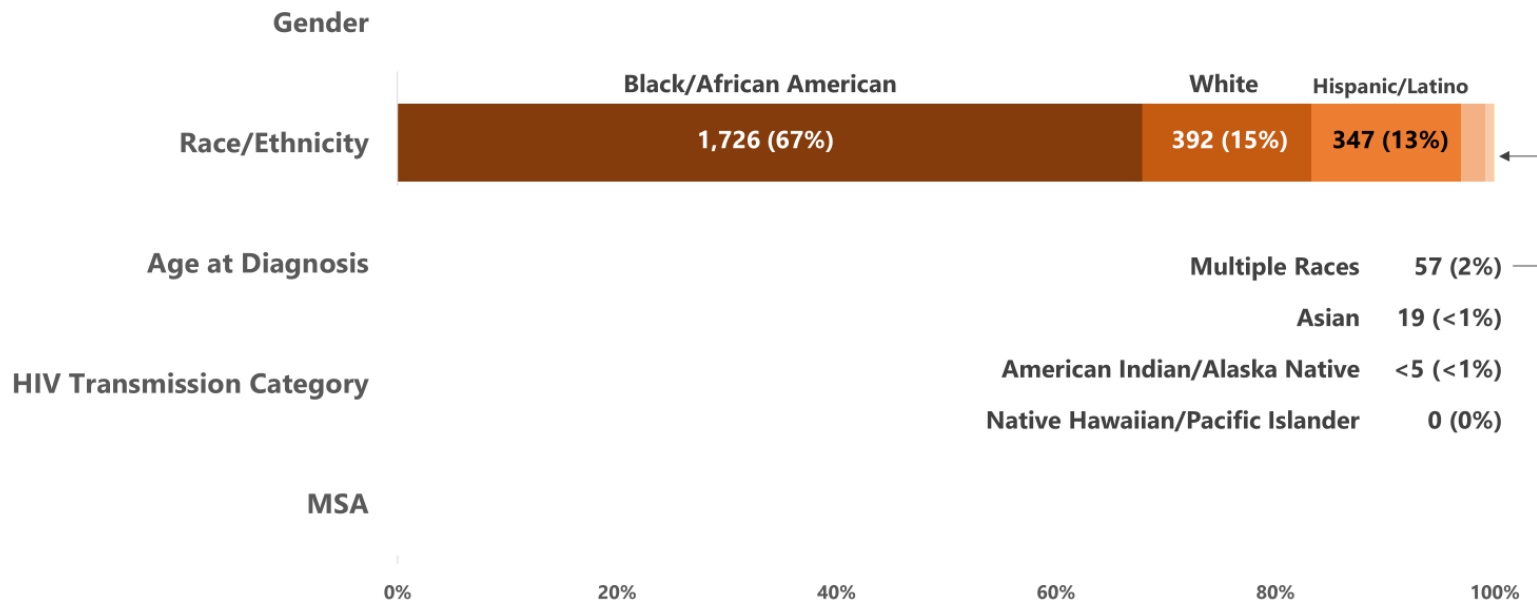
Let's begin by discussing new HIV diagnoses or HIV incidence.

2,575 new HIV diagnoses in Georgia in 2022



Starting off with demographic characteristics: 2,575 people were newly diagnosed with HIV in Georgia in 2022. Of those, 78% occurred among cisgender men and 20% among cisgender women. By cisgender, I mean individuals whose gender identity is the same as the sex they were assigned at birth. 2% of new diagnoses were among people who identify as transgender or an additional gender identity.

2,575 new HIV diagnoses in Georgia in 2022

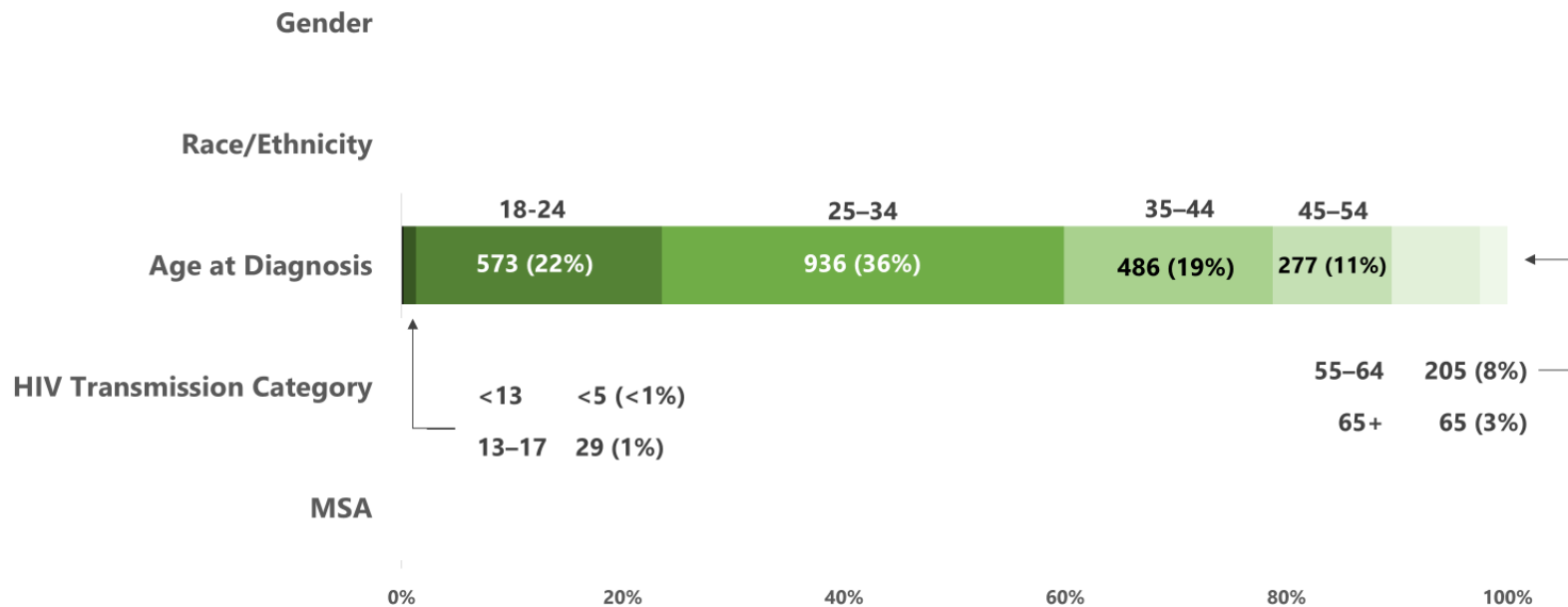


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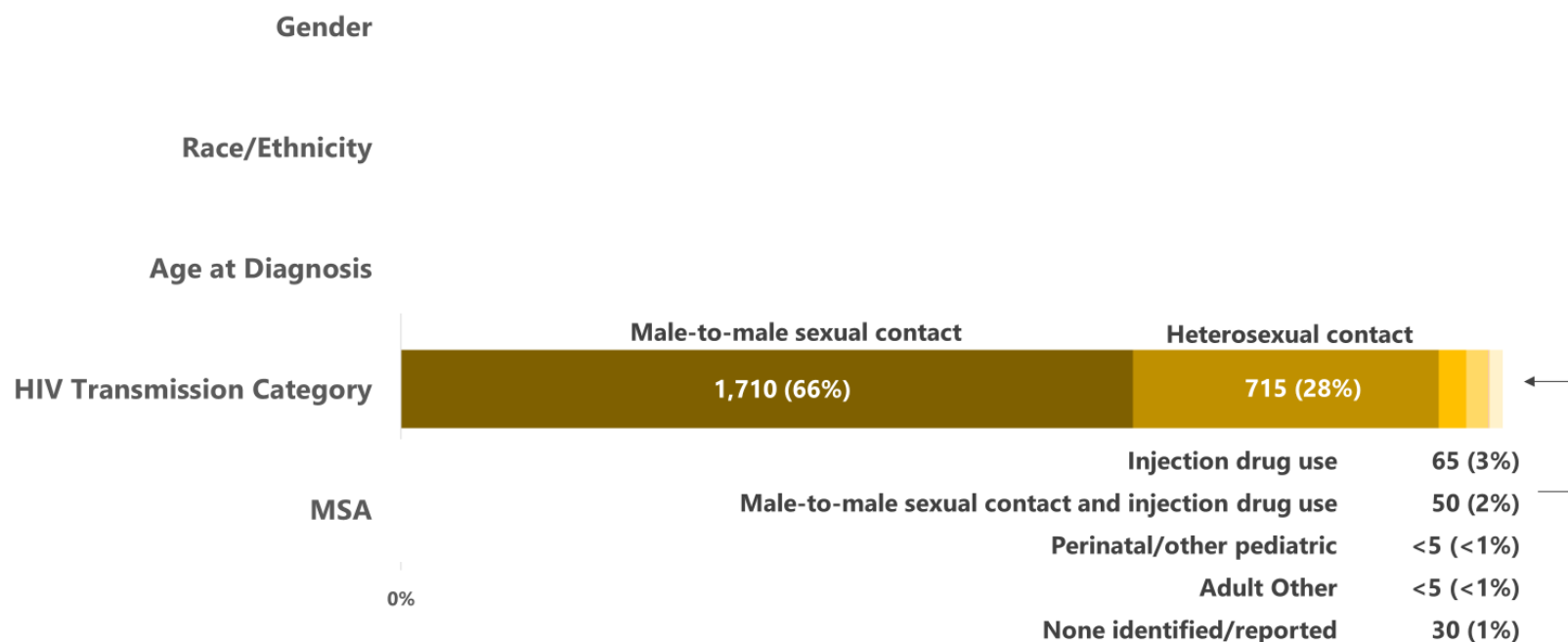
67% of new diagnoses occurred among Black/African American individuals, 15% among White individuals, and 13% among Hispanic/Latino individuals. 2% of new diagnoses were among those reporting multiple races, while the remaining groups represented <1%.

2,575 new HIV diagnoses in Georgia in 2022



36% of new diagnoses occurred among people ages 25-34 and 22% occurred among people ages 18-24.

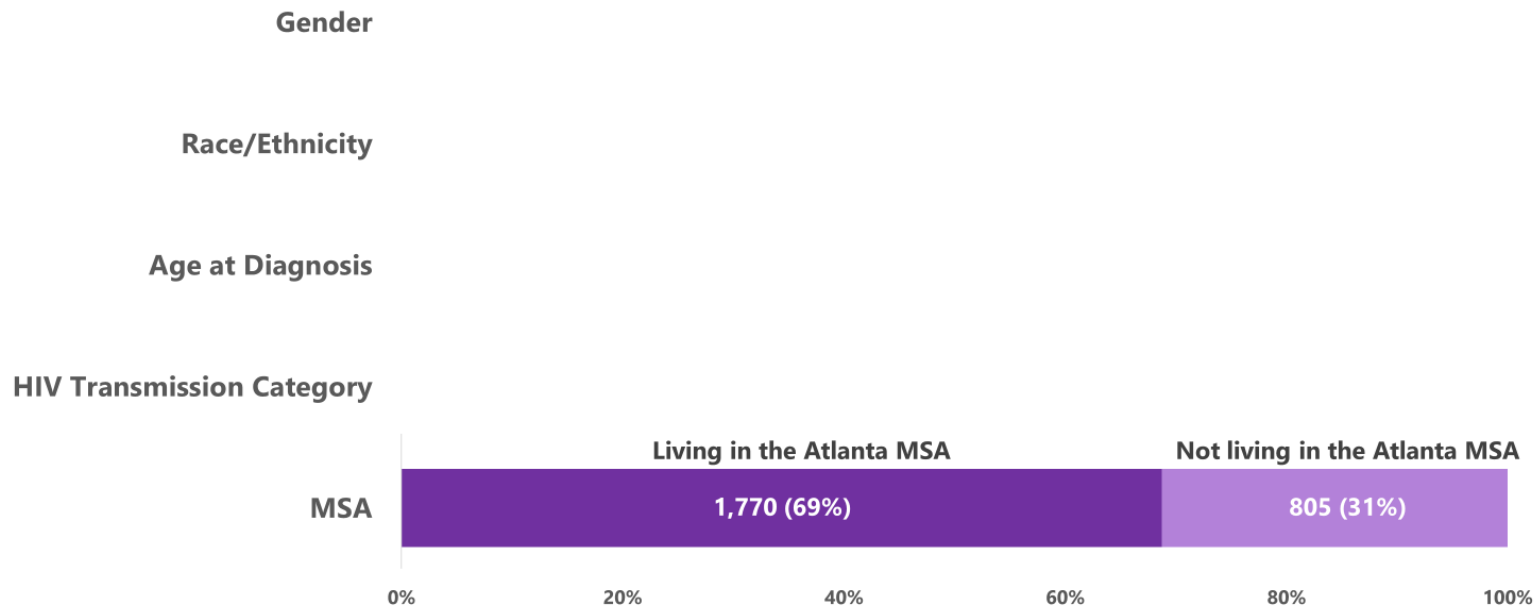
2,575 new HIV diagnoses in Georgia in 2022



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The most common HIV transmission category was male-to-male sexual contact (66% of new diagnoses attributed), followed by heterosexual contact (28%). Injection drug use only accounted for 3% of HIV diagnoses.

2,575 new HIV diagnoses in Georgia in 2022



Metropolitan Statistical Area (MSA): Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, Walton

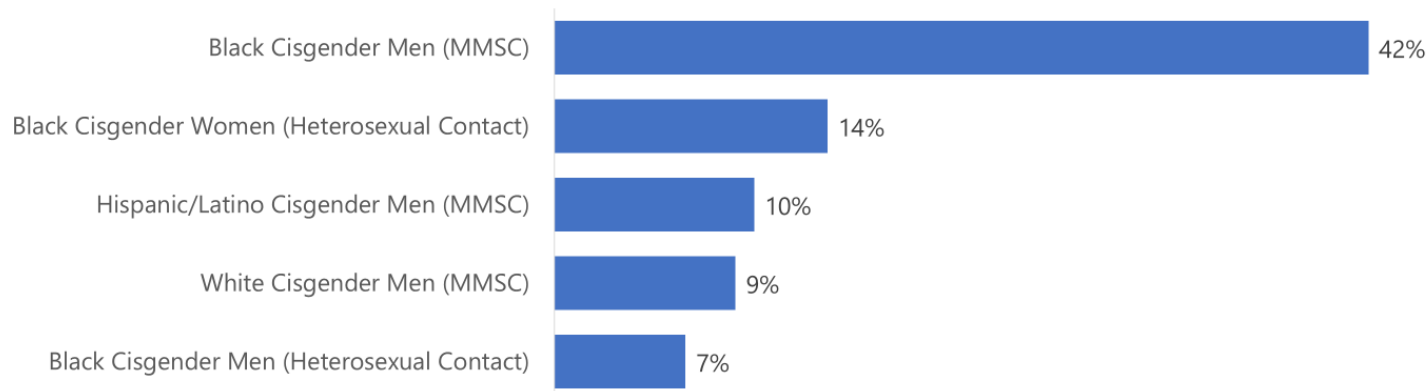
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69% of new diagnoses occurred among residents living in the Atlanta MSA (or the metropolitan statistical area, which is a group of 29 counties surrounding Atlanta). The remaining 31% of people were living in a county that was not part of the Atlanta MSA.

Which groups accounted for the most HIV diagnoses in 2022?

Black cisgender men (male-to-male-sexual contact) accounted for the most HIV diagnoses in 2022.

They were followed by Black cisgender women (heterosexual contact), Hispanic/Latino cisgender men (MMSC), White cisgender men (MMSC), and Black cisgender men (heterosexual contact).



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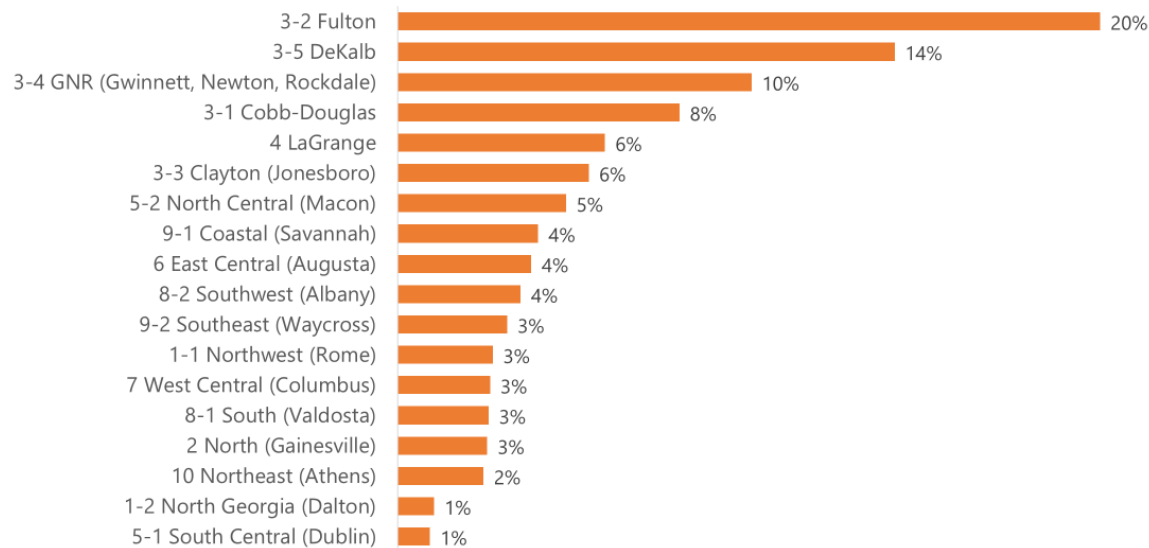
Note: Information in parentheses represents the associated HIV transmission category.

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We also looked at several of these demographic categories combined to display which groups accounted for the most HIV diagnoses in 2022. In this figure we display the top five groups. We saw that Black cisgender men with an HIV diagnosis attributed to male-to-male sexual contact or (MMSC) accounted for the most new HIV diagnoses, making up 42% of total diagnoses (as you can see in the top blue bar). Following them were Black cisgender women with an HIV diagnosis attributed to heterosexual contact (at 14%), Hispanic/Latino cisgender men MMSC (10%), White cisgender men MMSC (9%), and Black cisgender men heterosexual contact (7%).

Which groups accounted for the most HIV diagnoses in 2022?

Public Health Districts with the most HIV diagnoses (counts) in 2022 were **Fulton, DeKalb, and GNR (Gwinnett, Newton, and Rockdale)** (all in the metro Atlanta area).

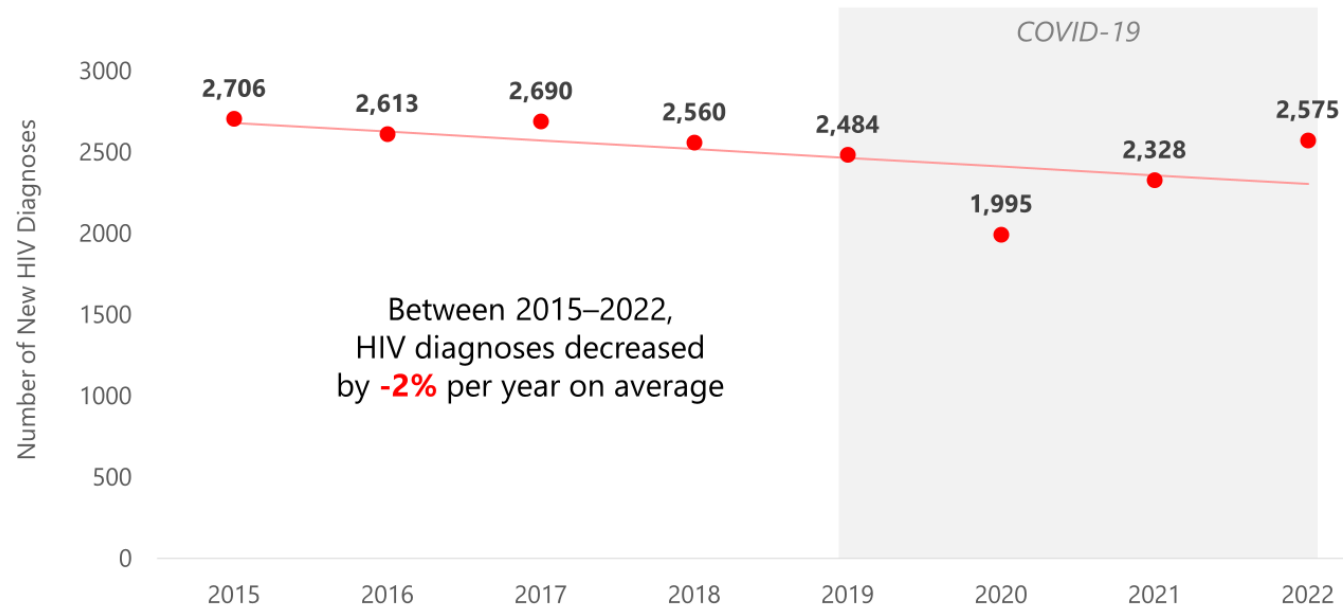


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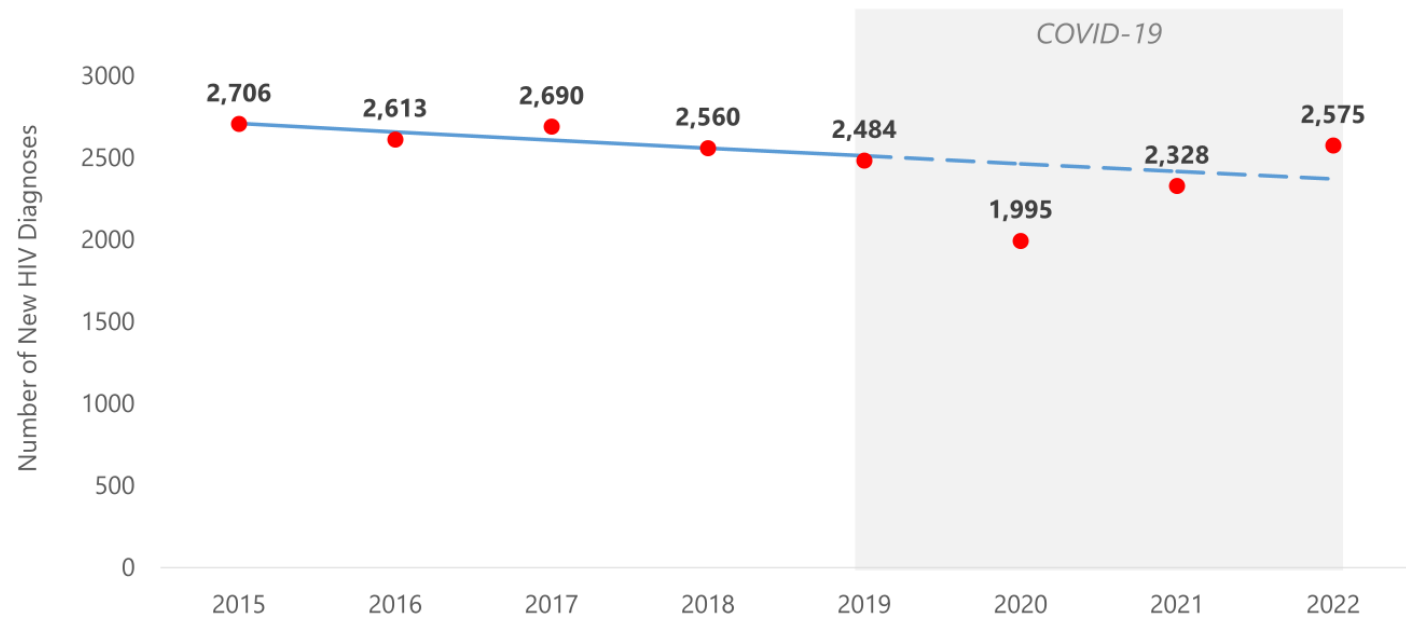
When focusing on geography, we can see that the public health districts with the most HIV diagnoses in 2022 were Fulton, DeKalb, and GNR (Gwinnett, Newton, and Rockdale), which are all in the metro Atlanta area.

New HIV diagnoses are **decreasing** in Georgia



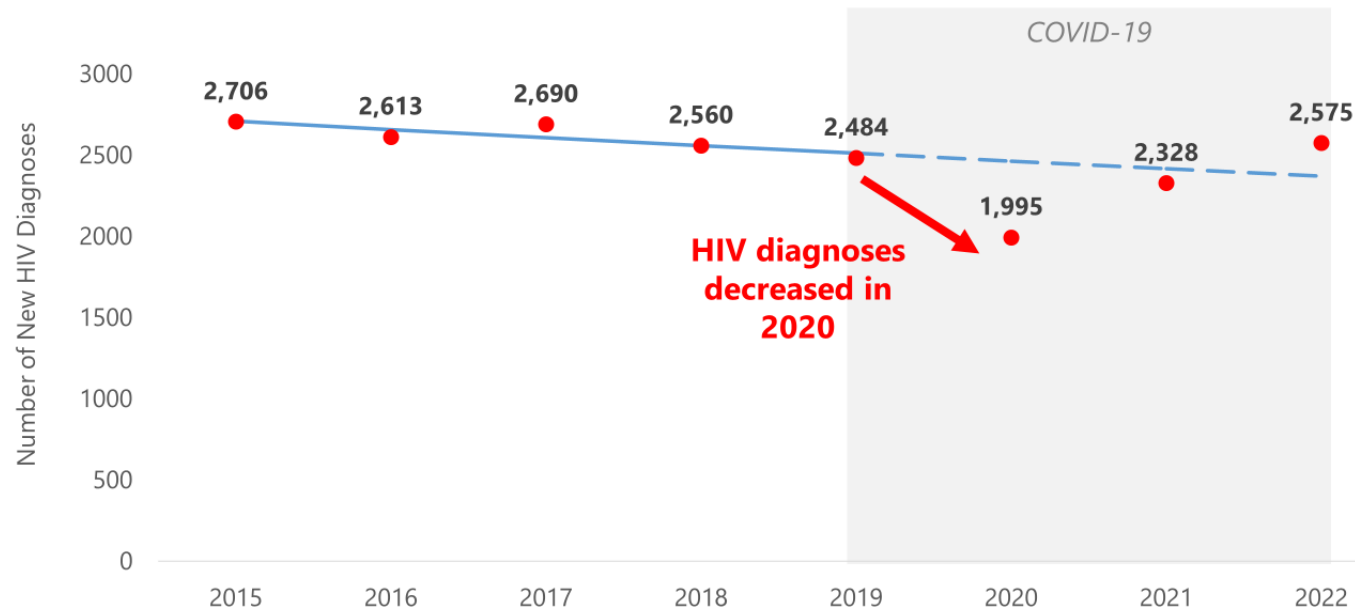
New HIV diagnoses are decreasing in Georgia. Between 2015-2022, HIV diagnoses decreased by -2% per year on average.

Interpret HIV data during COVID-19 **with caution**



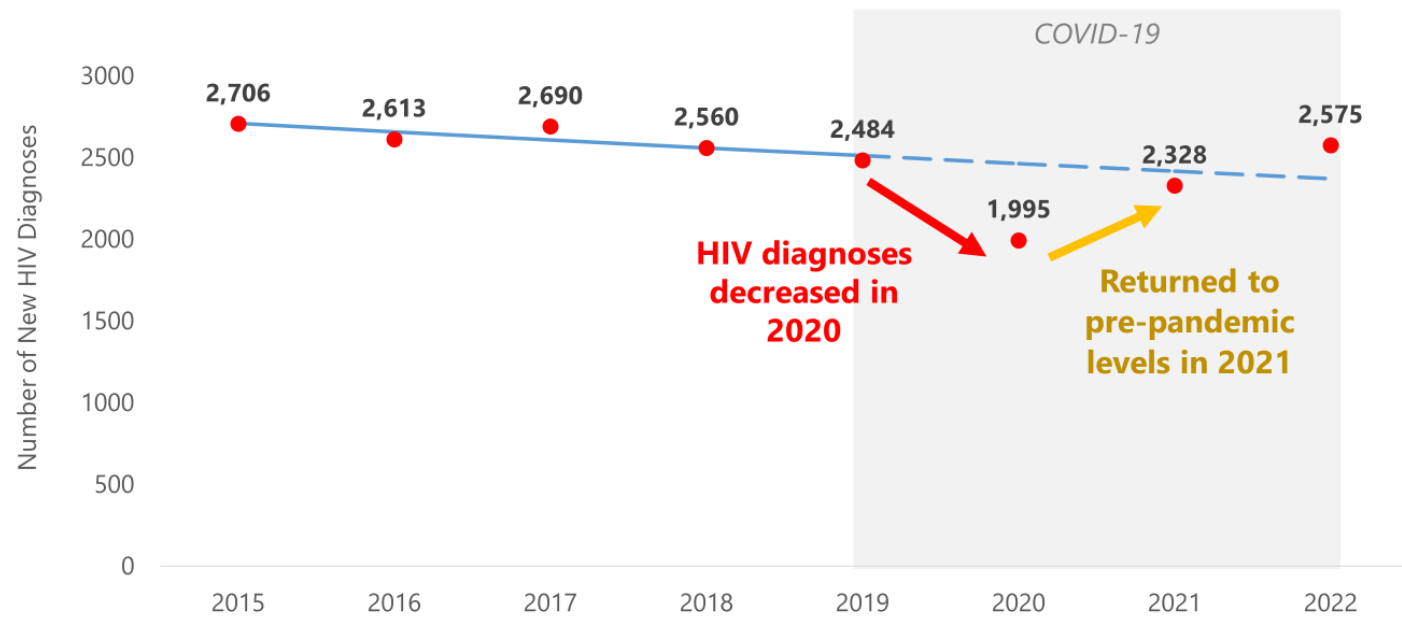
It's important to interpret HIV data during the COVID-19 pandemic with caution, which is why we're placing a grey box on all trend slides. To interpret HIV diagnosis trends, we first determined pre-pandemic data trends (meaning 2015-2019, shown with the solid blue line), and projected it forward (shown with the dashed blue line) to estimate how many HIV diagnoses we would have seen each year if there was no pandemic. The red dots shown are the actual number of HIV diagnoses that occurred.

Interpret HIV data during COVID-19 **with caution**



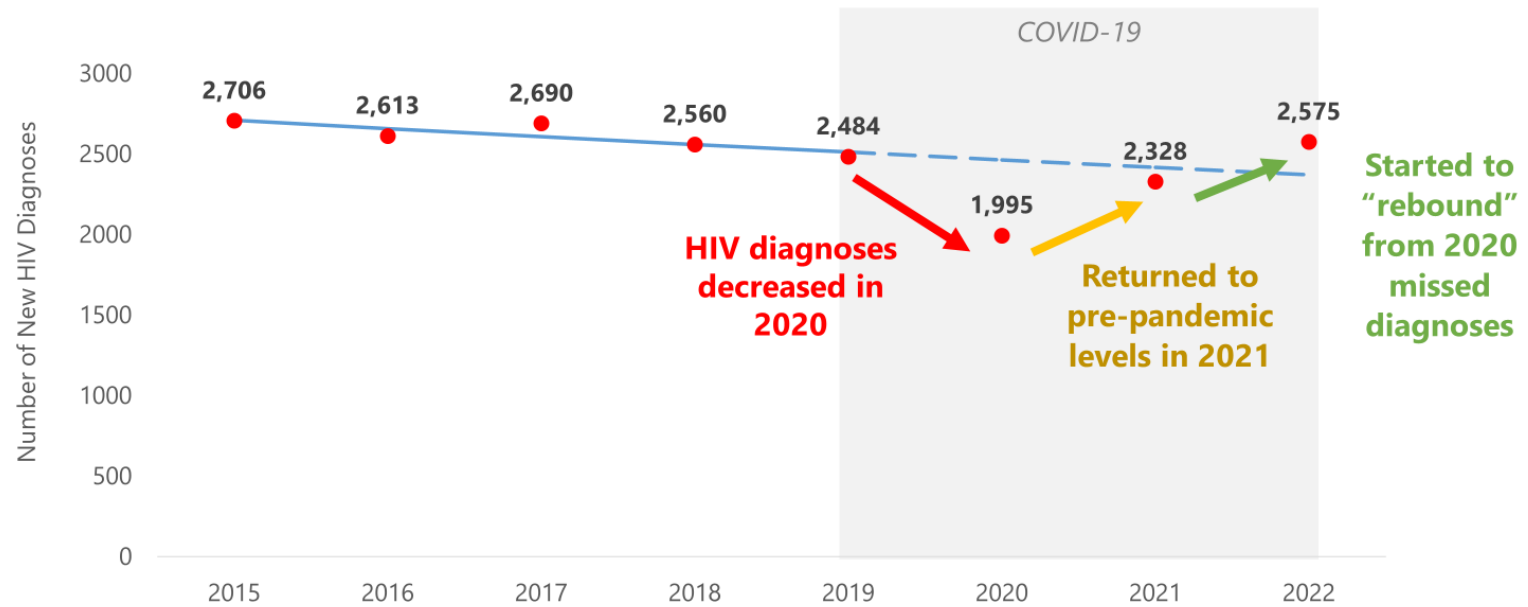
Through this type of analysis, we saw that in 2020, the actual number of HIV diagnoses were nearly 20% lower than estimated given pre-pandemic trends (this means there were 462 fewer HIV diagnoses in 2020 compared to what we expected to see).

Interpret HIV data during COVID-19 **with caution**



In 2021, HIV diagnoses returned to estimated levels, but did not fully rebound to make up for the gap of missed diagnoses in 2020.

Interpret HIV data during COVID-19 **with caution**



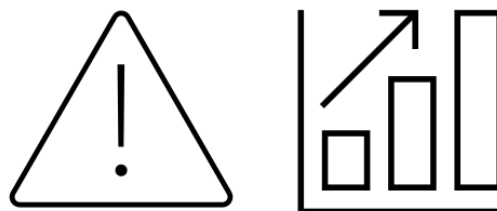
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As of 2022, we are starting to see a "rebound" from the 2020 missed diagnoses, but it has not fully made up for the 2020 diagnoses gap.

Disclaimers about Trend Data

- **It is important to continuously monitor updated trend information.** Trend data and interpretations may change overtime as more recent data becomes available.
- **Trends can be difficult to interpret when counts are small.** In some cases, we may not present trend data for populations with very small counts due to the uncertainty about whether trends are impacted by random chance.

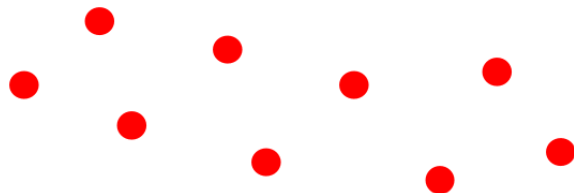


We want to remind the group that it is important to continuously monitor updated trend information because trend data and interpretations may change overtime as more recent data becomes available. We would also like to note that trends can be difficult to interpret when counts are small. Therefore, in some cases, we may not present trend data for populations with very small counts due to the uncertainty about whether trends are impacted by random chance.

Counts vs. Rates

Counts

Number of HIV diagnoses



2,575 people

were newly diagnosed with HIV
in 2022

In the past few slides I've been talking about count data, but in the next few slides I'll be discussing rates. As a reminder, when I refer to counts, I'm talking about number of HIV diagnoses.

Counts vs. Rates

Counts

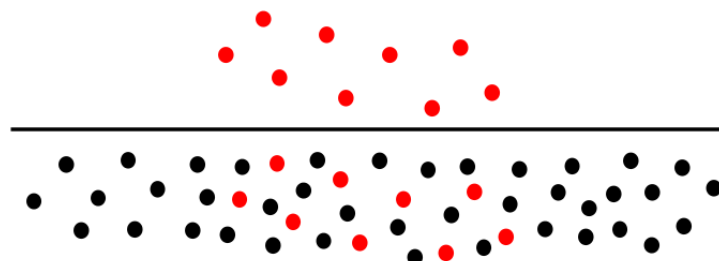
Number of HIV diagnoses



2,575 people
were newly diagnosed with HIV
in 2022

Rates

$$\frac{\text{Number of HIV diagnoses}}{\text{Total people in the population}} \times 100,000$$



$$\frac{2,575 \text{ HIV diagnoses}}{10.9 \text{ million Georgia residents}} \times 100,000 =$$

23.6 HIV diagnosis rate

When talking about rates, this is referring to the number of HIV diagnoses divided by the total number of people in the population (with and without HIV) times 100,000. In this example, if we take our 2,575 HIV diagnoses divided by ~11 million Georgia residents times 100,000, we get an HIV diagnosis rate of 23.6.

Counts vs. Rates

23.6 HIV diagnosis rate:

For every 100,000 people, ~24 have a new HIV diagnosis

Imagine a
stadium with
100,000 people



Photo by click from Noun Project

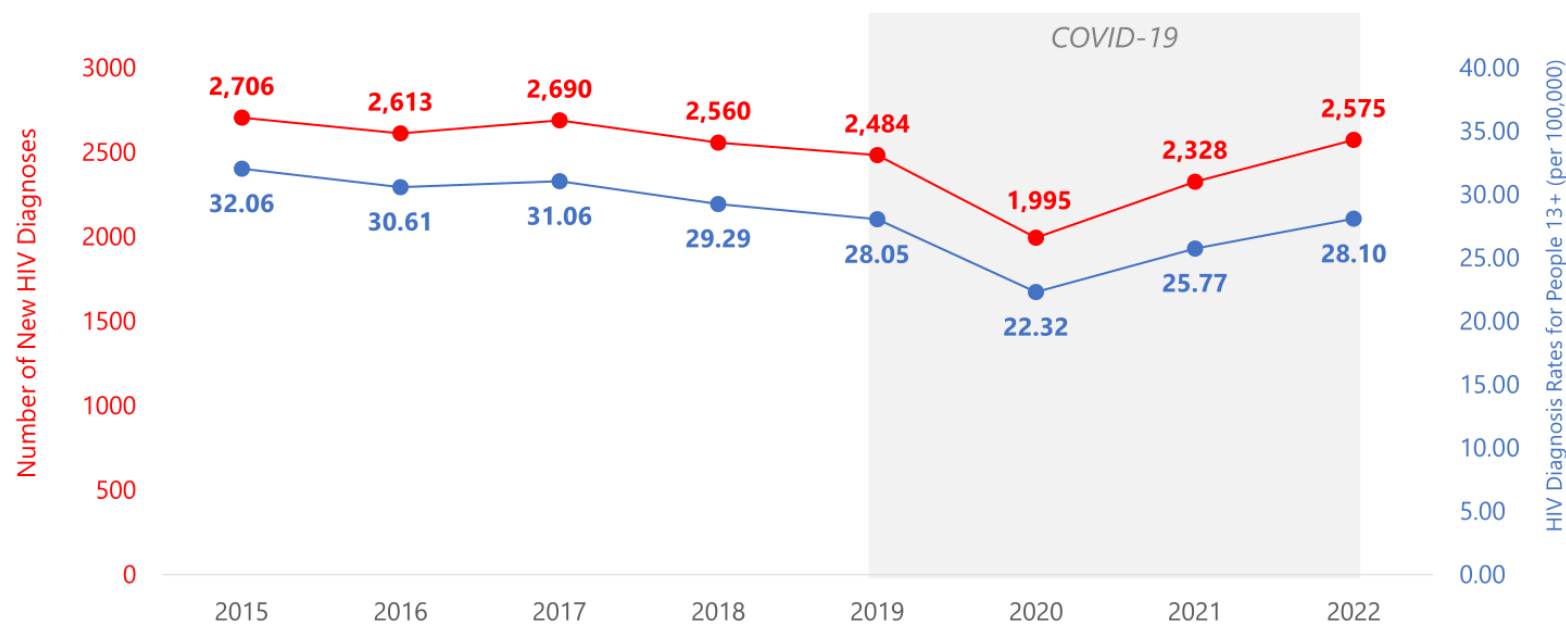
Photo credit: Walking down the Panathenaic Stadium by click from <https://thenounproject.com/photo/walking-down-the-panathenaic-stadium-5zMJX0/> target="_blank" title="Walking down the Panathenaic Stadium Photo">Noun Project (CC BY-NC-ND 2.0)

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Another way of visualizing a rate is to imagine a stadium, which can seat 100,000 people and thinking about 24 of those people having an HIV diagnosis. Rates are beneficial to look at because they describe density of cases and help us compare groups that have different population sizes. Rates also helps us understand trends while taking population growth into account. If we see rates increasing, this signals to us that transmission is increasing regardless of population growth.

Counts vs. Rates



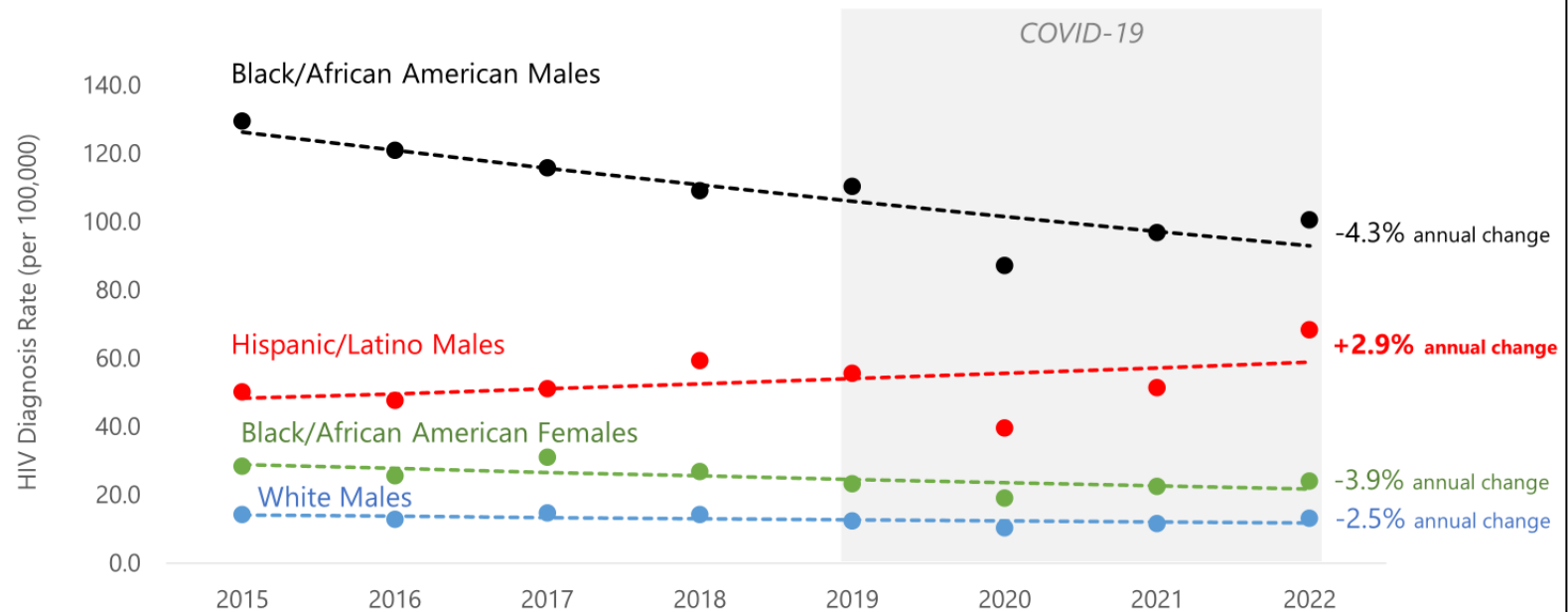
*Rates displayed are for individuals ages 13+

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Here are the HIV diagnosis rates in Georgia between 2015–2022 (shown in blue) for individuals ages 13+. You can see that the rates mirror the same pattern as the diagnosis counts (shown in red). In the next few slides, I'll highlight trends of note for specific populations.

HIV diagnosis rates are **increasing among Hispanic/Latino males**



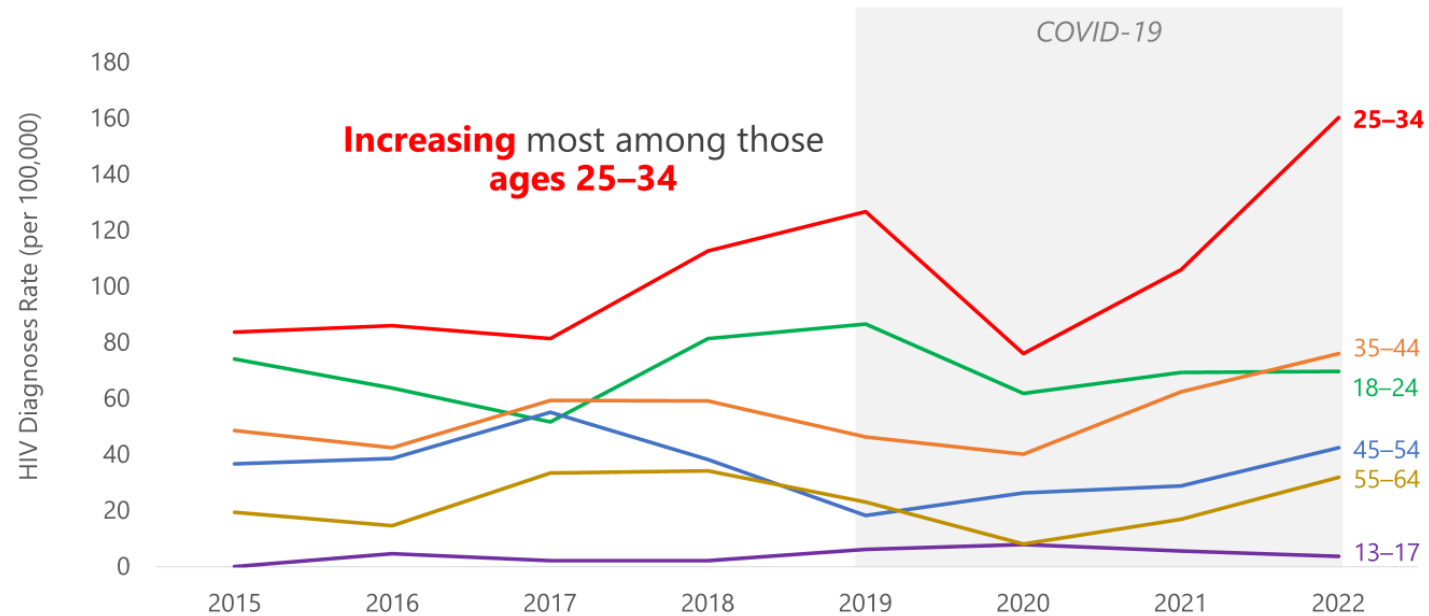
*Rates displayed are for individuals ages 13+

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When looking at trends of the top four populations with the most HIV diagnoses in Georgia, we can see that rates are only increasing among Hispanic/Latino males. Rates are decreasing among Black/African American males, Black/African American females, and White males. However, it's important to note that Black/African American males continue to have the highest rate of new HIV diagnoses in Georgia at ~100 new diagnoses per 100,000 people in this population.

HIV diagnosis rates among Hispanic/Latino males



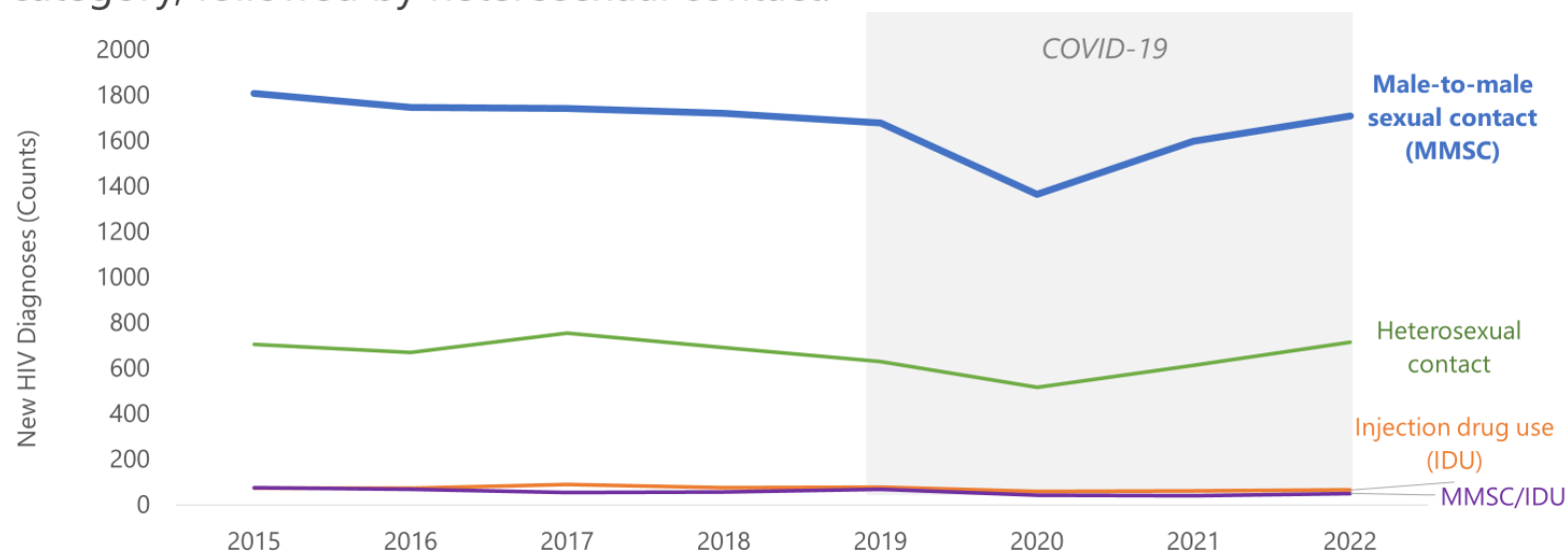
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For HIV diagnosis rates among Hispanic/Latino males, we see that rates are increasing most among those ages 25-34 (in red).

HIV Transmission Category

Male-to-male sexual contact remains **the most common** HIV transmission category, followed by heterosexual contact.



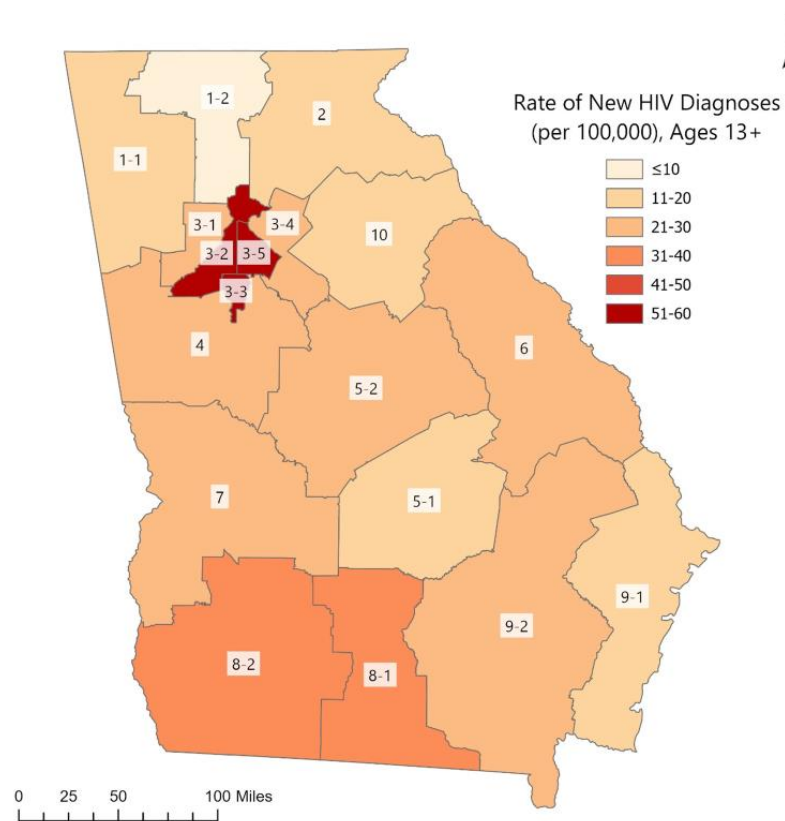
Note: Counts are displayed on this slide because population counts, which are needed for rates, are not available for all groups.

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Now turning to HIV transmission category, which is the most likely type of exposure that the HIV infection was attributed to, we find that male-to-male sexual contact remains the most common HIV transmission category, followed by heterosexual contact. We are not seeing any increases at this time for infections attributed to injection drug use, but are keeping a close eye on the data for this population.

In 2022, HIV diagnosis rates were highest in **Fulton, DeKalb, and Clayton**.



When looking at rates by public health district, in 2022, HIV diagnosis rates were highest in Fulton, DeKalb, and Clayton.



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

National Comparison

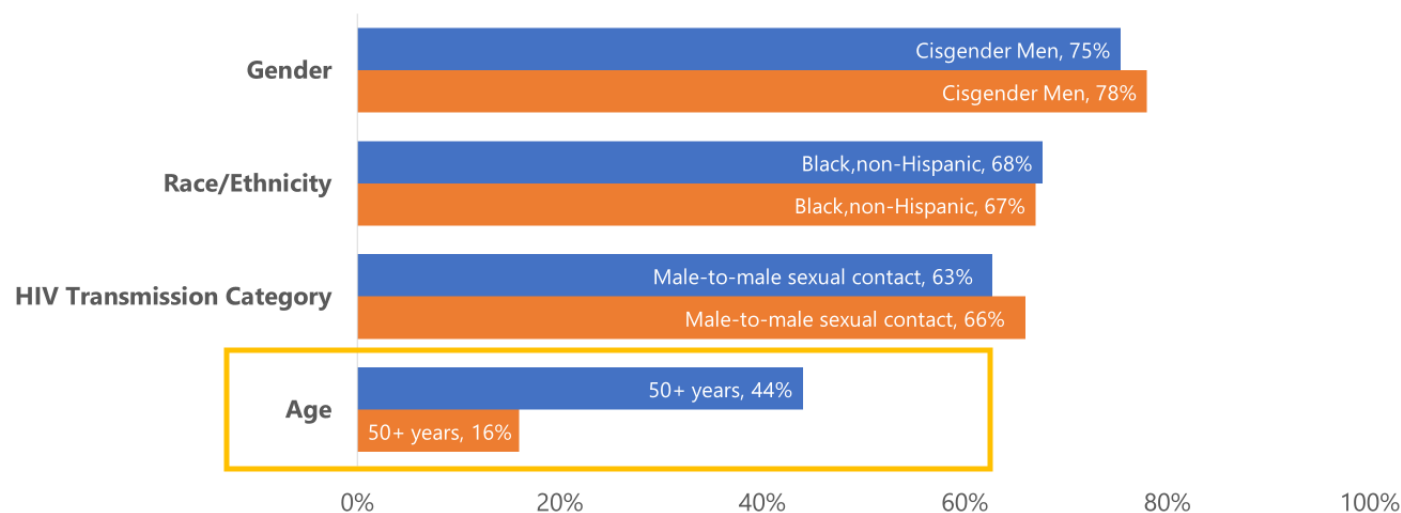
Key Takeaways

Additional Resources Available on Website

Next we'll summarize data on people with HIV or HIV prevalence.

63,984 people with HIV in Georgia in 2022

Demographics are similar between **people with HIV** and those **newly diagnosed with HIV**, except for age



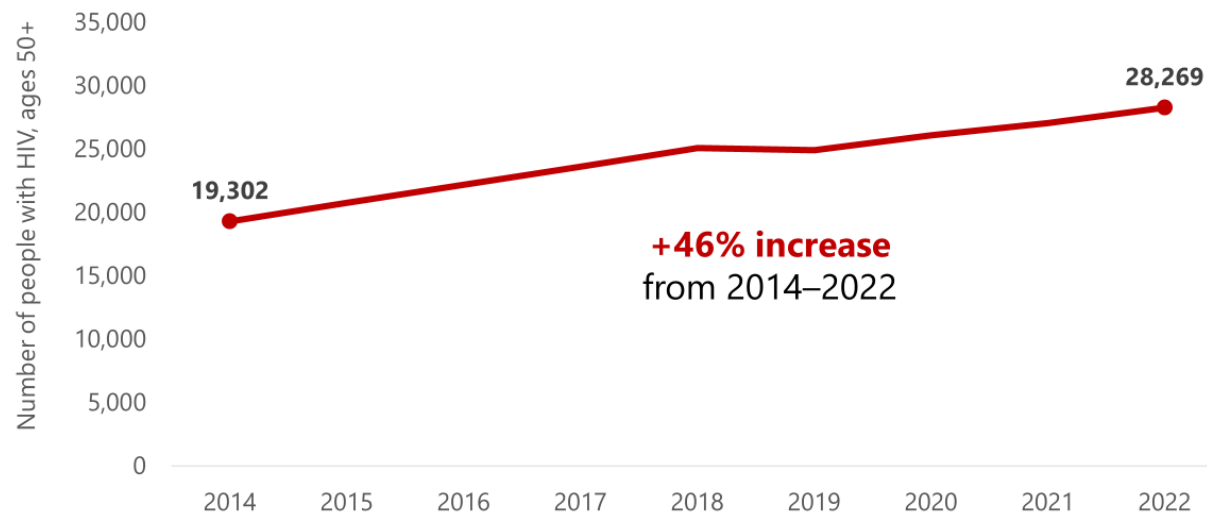
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In 2022, there were 63,984 people with HIV in Georgia. Demographic characteristics are very similar between people with HIV (shown in blue) and those newly diagnosed with HIV (shown in orange), except for age. Individuals ages 50+ account for 44% of people with HIV compared to only 16% of people newly diagnosed with HIV.

People Ages 50+ with HIV in Georgia

Thanks to **effective HIV treatments** that allow people to live longer, healthier lives, the number of people ages 50+ with HIV is **increasing** in Georgia.



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Thanks to effective HIV treatments that allow people to live longer, healthier lives, the number of people ages 50+ with HIV is increasing in Georgia.



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

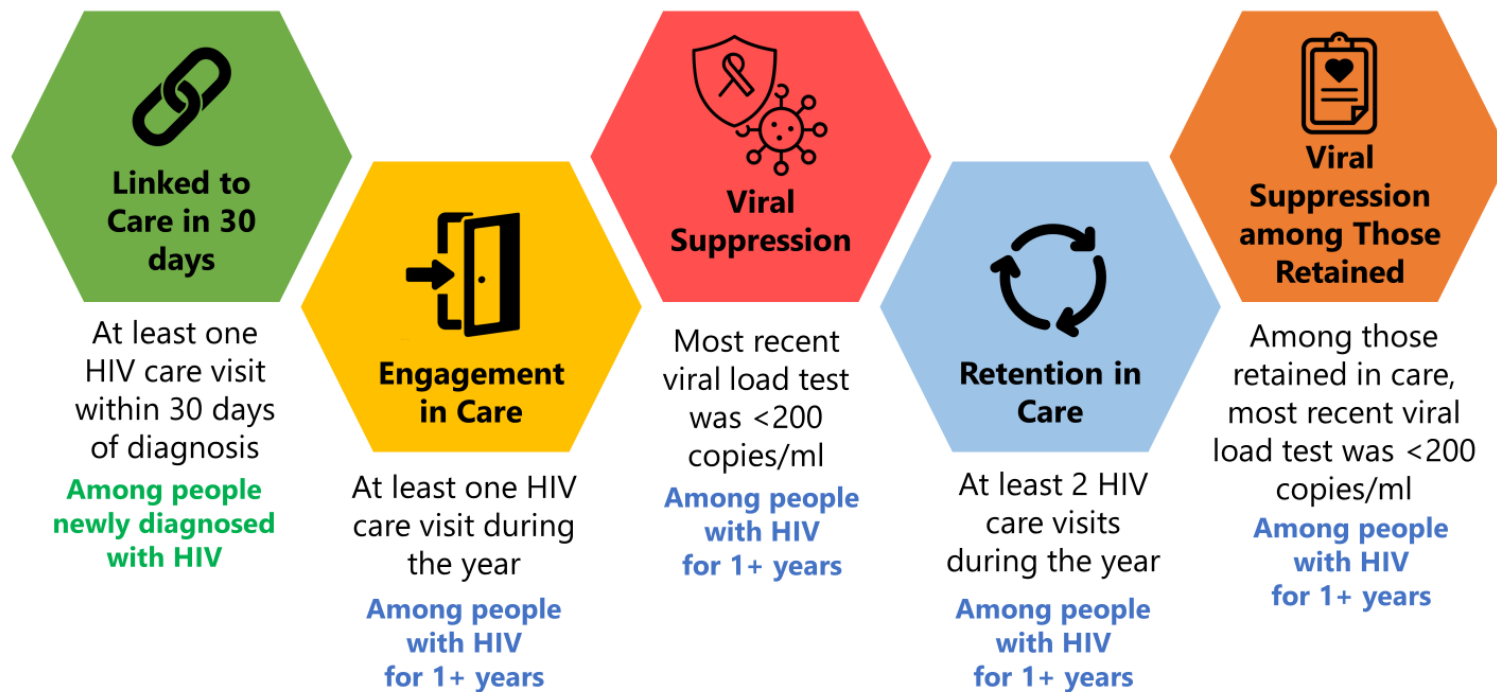
National Comparison

Key Takeaways

Additional Resources Available on Website

Next we will discuss our HIV care continuum measures.

HIV Care Continuum Measures



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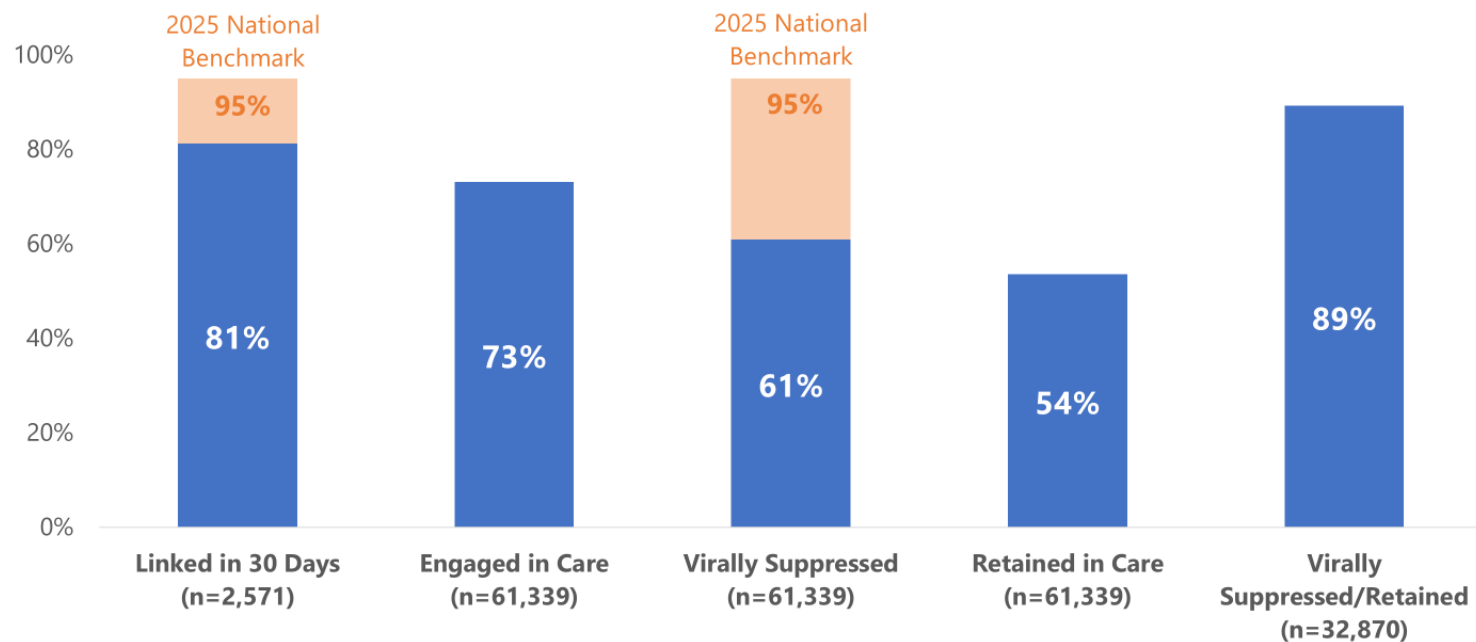
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We use five HIV care continuum measures to understand how frequently people with HIV are able to access and use HIV care services. We use CD4/HIV Viral Load tests as a proxy for an HIV care visit. The five measures, going from left to right are:

Linked 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 viral load 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 in care.

We present the linked to care measure 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.

HIV Care Continuum Measures, Georgia, 2022



2022-2025 National HIV Benchmarks: <https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>

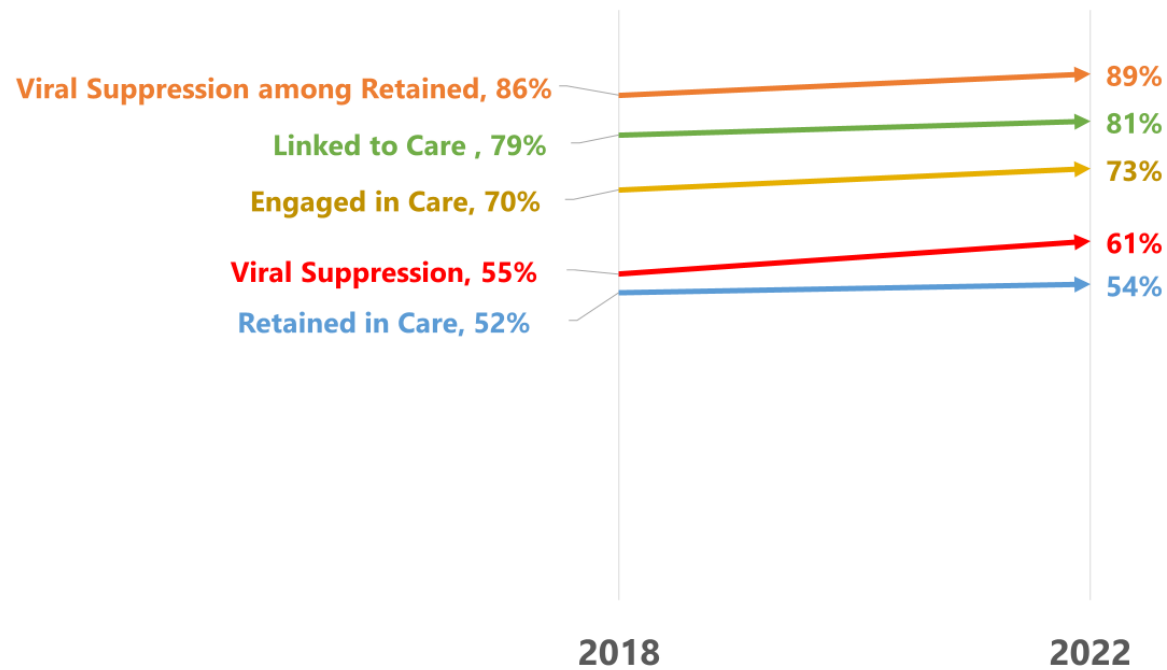
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In 2022: 81% of people newly diagnosed with HIV were linked to care in 30 days; 73% of people with HIV were engaged in care; 61% were virally suppressed; 54% were retained in care; and 89% were virally suppressed among those retained in care.

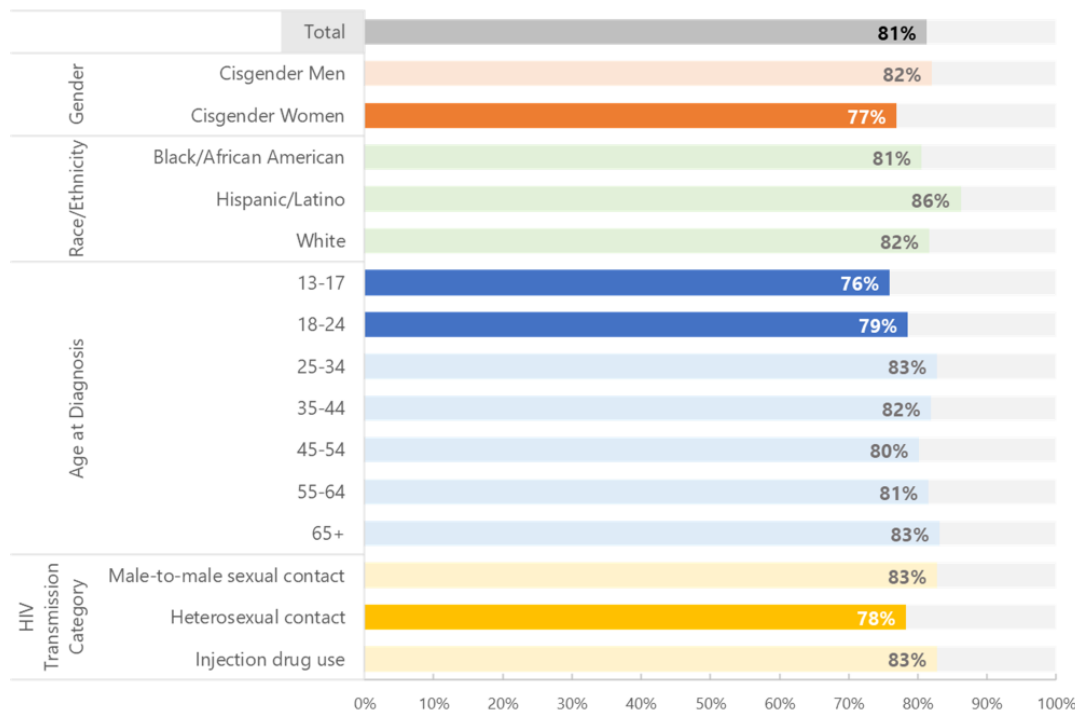
The 2025 national HIV benchmarks are for 95% of people newly diagnosed with HIV to be linked to care in 30 days and 95% of people with HIV to be virally suppressed. Here you can see how Georgia compares to those goals, which are indicated in orange.

All HIV care continuum measures **improved** between 2018–2022.



All HIV care continuum measures improved between 2018-2022 in Georgia.

Linkage to Care in 30 Days

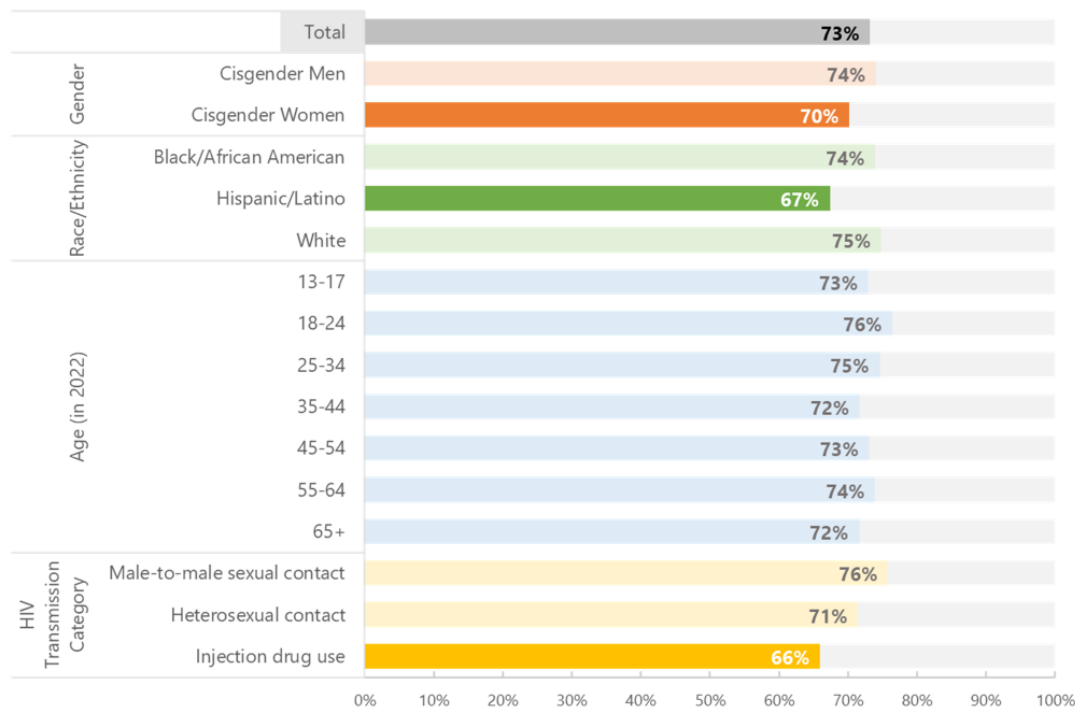


At least one
HIV care visit
within 30 days
of diagnosis

To orient you, here we show the total percentage of people in Georgia who were linked to care in 30 days at the top using the grey bar. Below it, we display linkage by gender identity, race/ethnicity, age group, and HIV transmission category so that we see how each group compares to the total percentage for Georgia in 2022. Rows are bolded with a darker color if they are below the total percentage by at least 2 percentage points.

For linkage to care in 30 days, we saw that cisgender women, individuals ages 13-24, and those with an HIV transmission category of heterosexual contact had lower linkage to care than the overarching population at 81%.

Engagement in Care

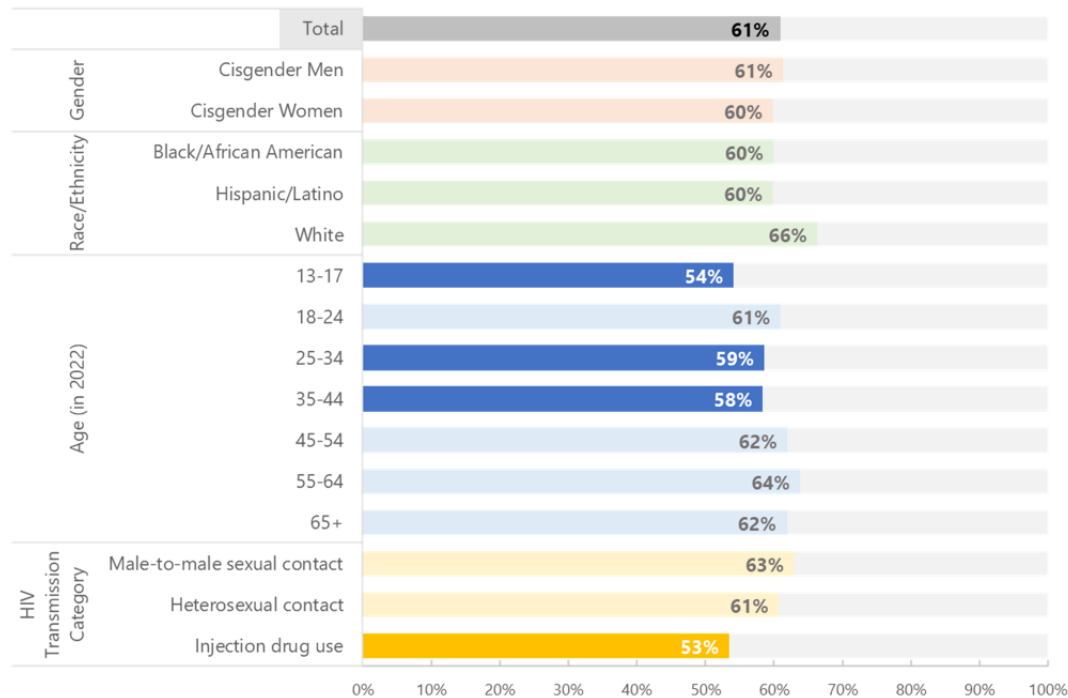


**Engagement
in Care**

At least one HIV
care visit during
the year

For engagement in care, cisgender women, Hispanic/Latino individuals, and those with an HIV transmission category of injection drug use had lower engagement than the overarching population at 73%.

Viral Suppression

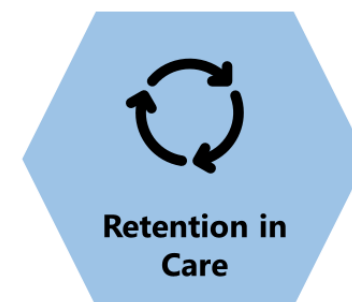
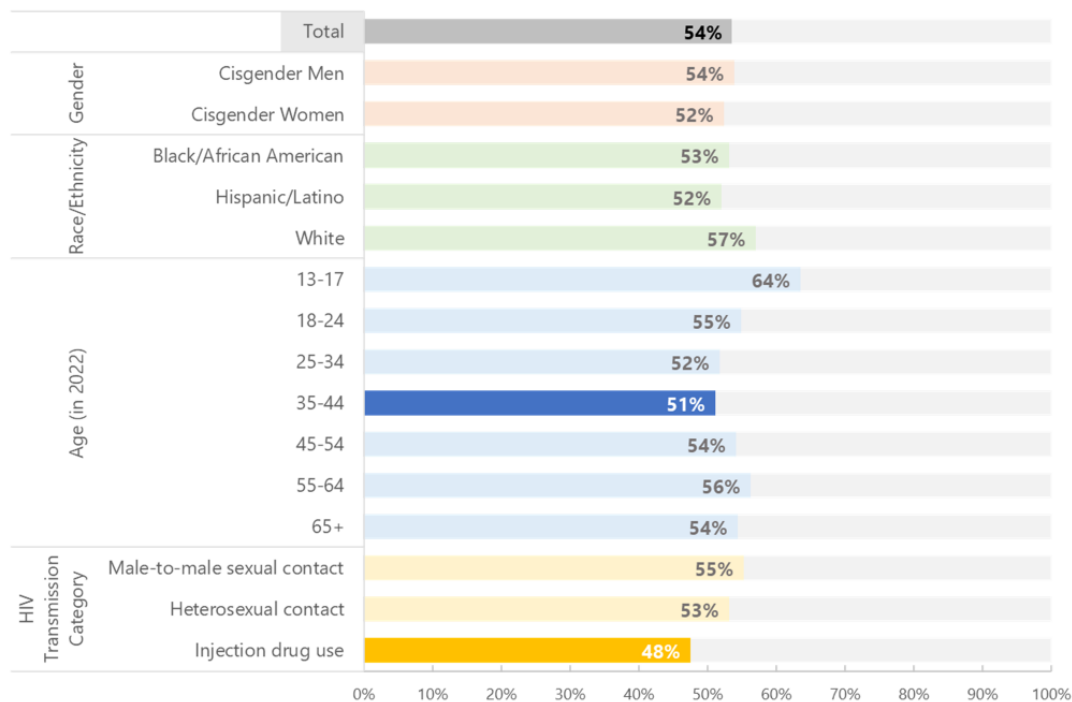


**Viral
Suppression**

Most recent
viral load test
was <200
copies/ml

For viral suppression, individuals ages 13-17 and 25-44, and those with an HIV transmission category of injection drug use had lower viral suppression compared to the overarching population at 61%.

Retention in Care

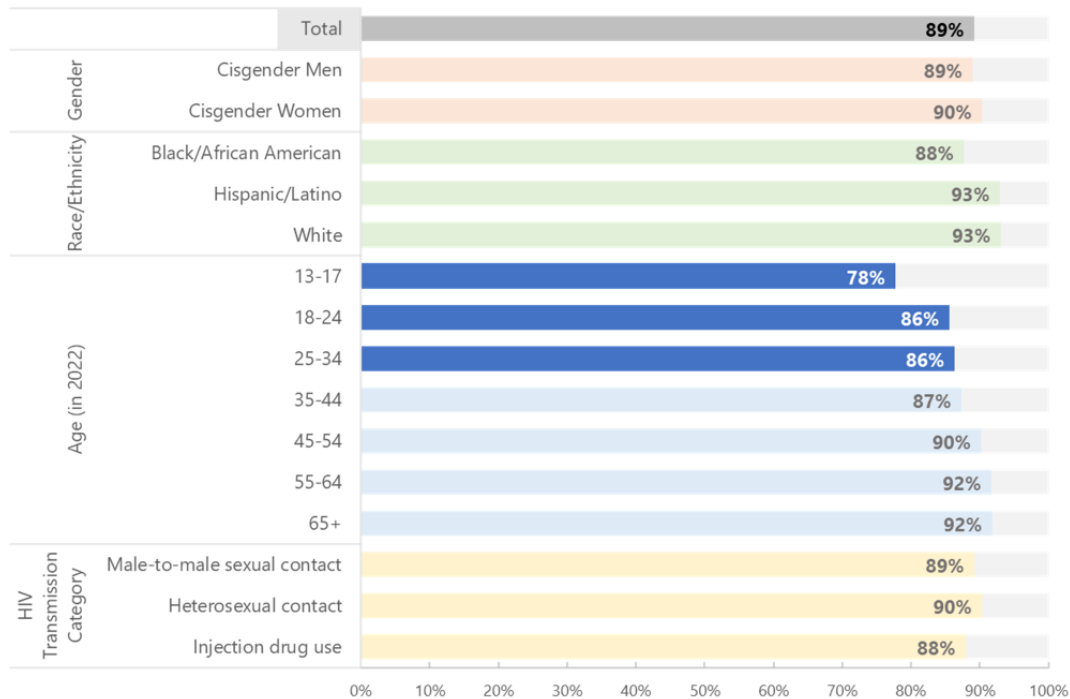


**Retention in
Care**

At least 2 HIV
care visits
during the
year

For retention in care, individuals ages 35-44, and those with an HIV transmission category of injection drug use had lower retention than the overarching population at 54%.

Viral Suppression among those Retained in Care



Viral Suppression among Those Retained

Among those retained in care, most recent viral load test was <200 copies/ml

Finally, for viral suppression among those retained in care, individuals ages 13-34 had lower viral suppression than the overarching population that was retained in care at 89%.



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

National Comparison

Key Takeaways

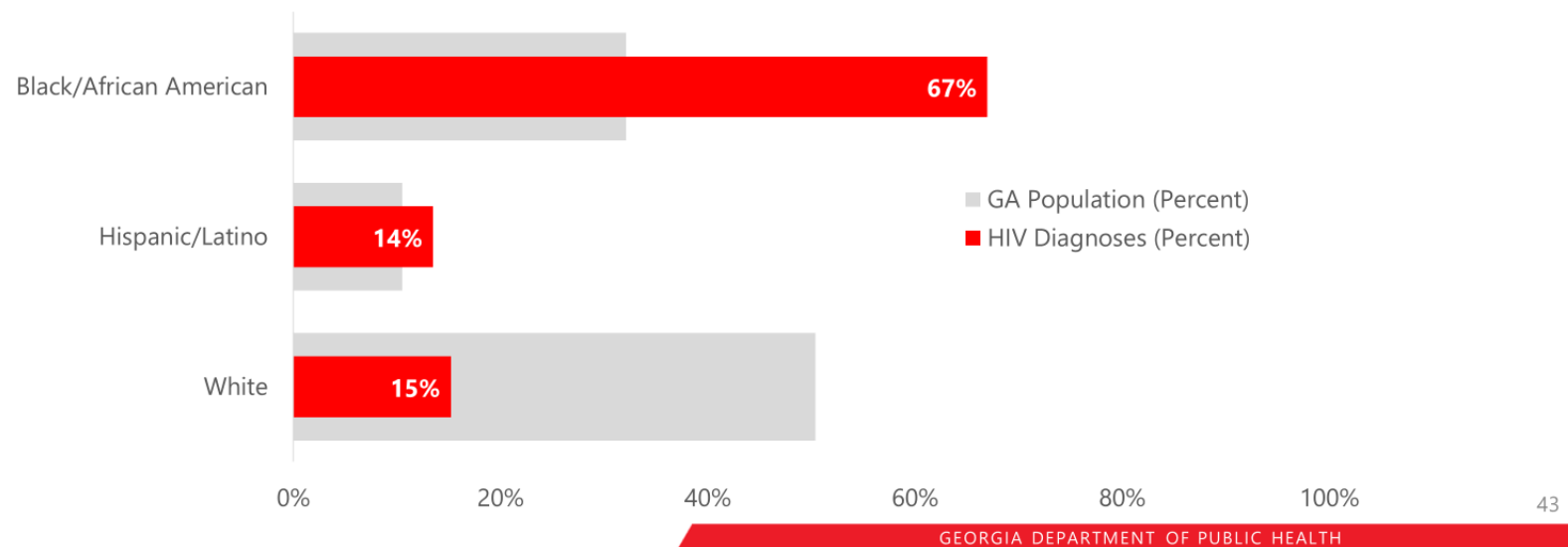
Additional Resources Available on Website

In the next several slides we will provide an overview of the health disparities we're seeing in Georgia that relate to new HIV diagnoses. Unfortunately, there are large health disparities among those diagnosed with HIV both in Georgia and nationally.

Health Disparities: By Race/Ethnicity

Black/African American individuals account for **67% of HIV diagnoses**, but **only 32% of the state's population**.

Percent of HIV diagnoses by race/ethnicity compared to Georgia population, 2022



When looking at health disparities by race/ethnicity, we see that Black/African American individuals account for 67% of HIV diagnoses (shown in red), but only 32% of the state's population (shown in grey).

Health Disparities among Males: By Race/Ethnicity

New HIV diagnosis rates among **Black males are 7.5x higher** compared to **White males**.



For your reference, in this figure, one icon represents 10 individuals to display the rate.

Here we find that new HIV diagnosis rates among Black males are 7.5x higher compared to White males.

Health Disparities among Males: By Race/Ethnicity

New HIV diagnosis rates among **Hispanic/Latino males are 5x higher** compared to **White males**.

Black/African American Males
(Rate: 82 per 100,000)




Hispanic/Latino Males
(Rate: 52 per 100,000)



White Males
(Rate: 11 per 100,000)

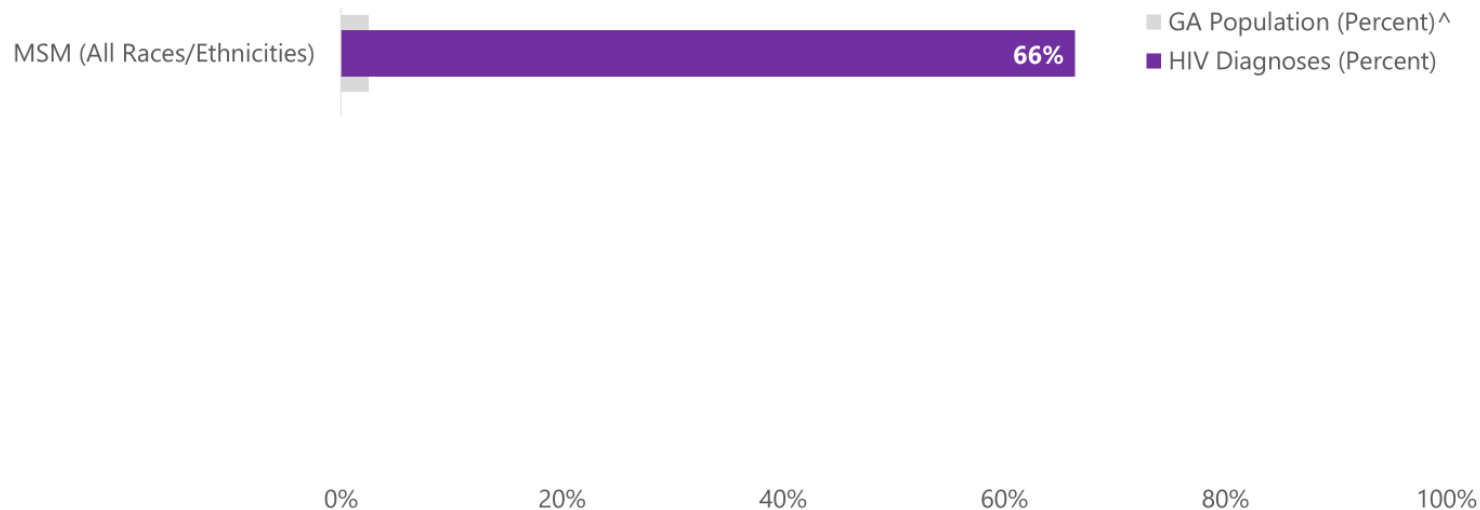


 = 10 people

New HIV diagnosis rates among Hispanic/Latino males are 5x higher compared to White males.

Health Disparities: MSM

Gay, bisexual, and other men who have sex with men account for **66% of HIV diagnoses**, but **only 2.5% of the state's population**.



^Estimates of MSM GA population come from the Georgia Behavioral Risk Factor Surveillance System (GA-BRFSS); Data Years: 2015-2022 Combined (Excludes 2018); Adults ages 18 and older unless otherwise stated.

*MSM population estimates are not available for Hispanic/Latino MSM with most recent BRFSS data available.

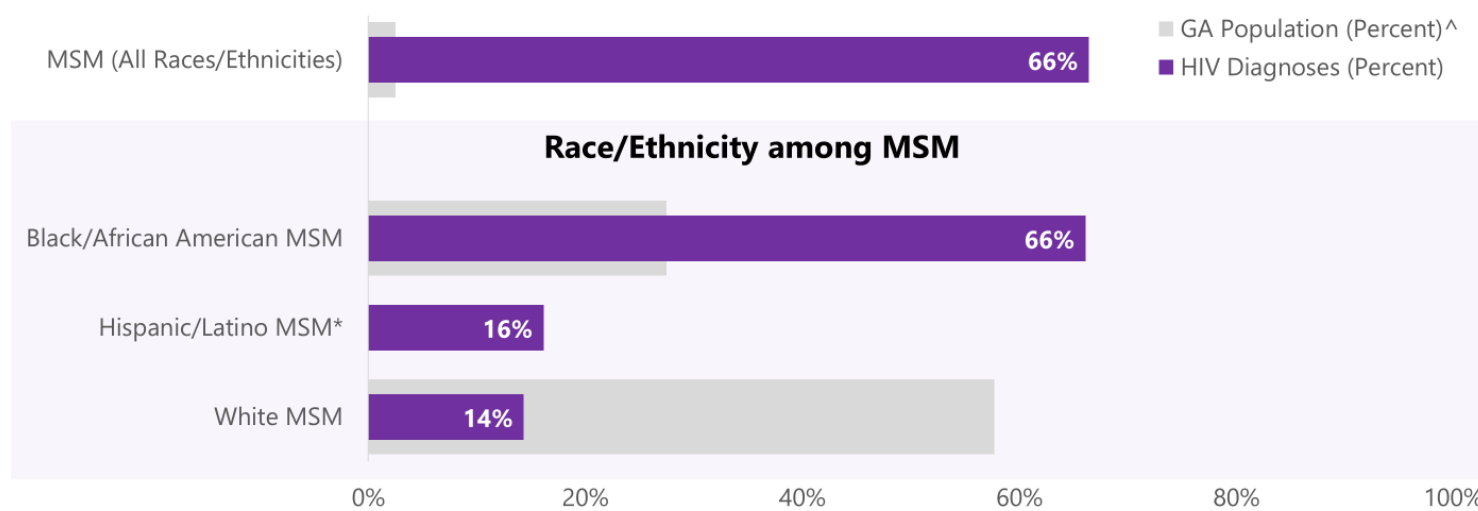
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When focusing on gay, bisexual, and other men who have sex with men, which we abbreviate here as "MSM", we see that they account for 66% of HIV diagnoses, but only 2.5% of the state's population.

Health Disparities: MSM

Gay, bisexual, and other men who have sex with men account for **66% of HIV diagnoses**, but **only 2.5% of the state's population**.



^Estimates of MSM GA population come from the Georgia Behavioral Risk Factor Surveillance System (GA-BRFSS); Data Years: 2015-2022 Combined (Excludes 2018); Adults ages 18 and older unless otherwise stated.

*MSM population estimates are not available for Hispanic/Latino MSM with most recent BRFSS data available.

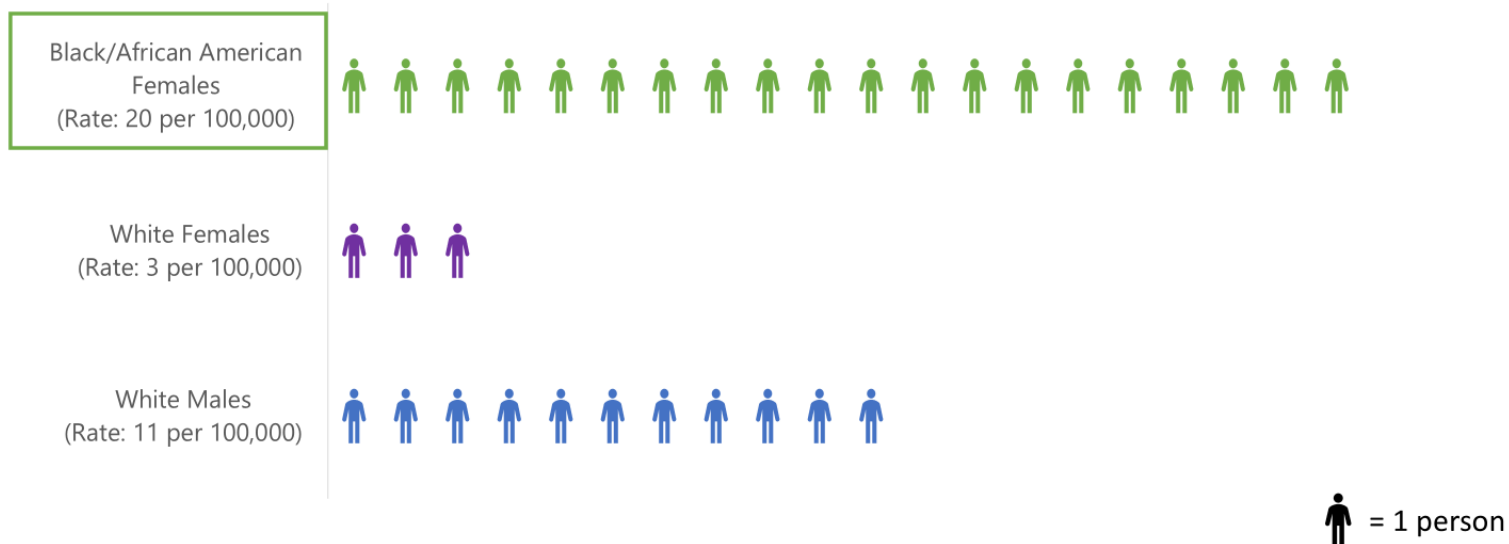
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The racial/ethnic disparities within the MSM population are very similar to what we see in the overarching population with Black/African American MSM accounting for a much larger proportion of HIV diagnoses compared to their population makeup.

Health Disparities: Black Females

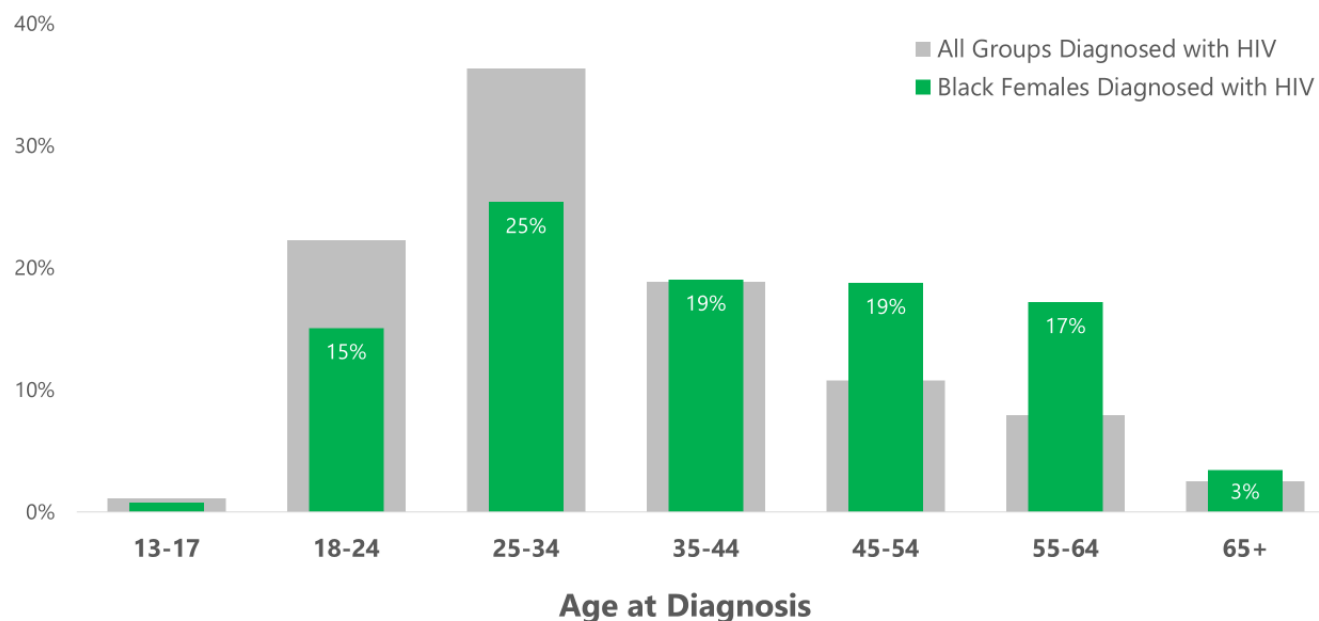
New HIV diagnosis rates among **Black females are 7x higher** than **White females** and **2x higher** than **White males**.



For your reference, in this figure, we've change the scale to more clearly display the rate. So here, one icon is representing 1 individual. Here we see that new HIV diagnosis rates among Black females are 7x higher than White females and 2x higher than White males.

Health Disparities: Black Females

Black females are diagnosed with HIV across a **broader age range (18–64)**.



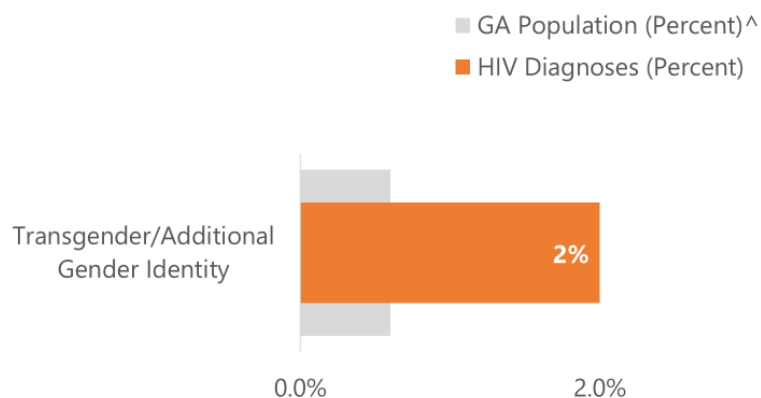
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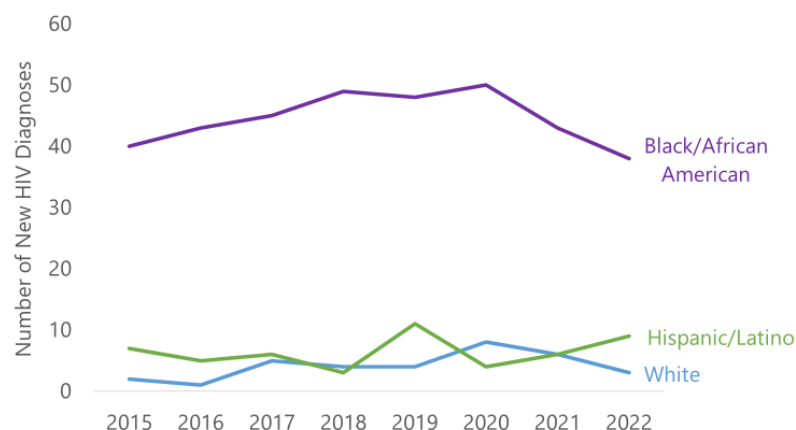
We also want to highlight that Black females are diagnosed with HIV across a broader age range (ages 18–64), shown in green, compared to all groups diagnosed with HIV (shown in grey), who are more often diagnosed in their 20s and 30s.

Health Disparities: Transgender/Additional Gender Identity

This group accounts for 2% of HIV diagnoses, but 0.6% of the population.



Racial/ethnic disparities persist overtime within this group.



^Estimates of the Transgender/Additional Gender Identity GA population come from the Georgia Behavioral Risk Factor Surveillance System (GA-BRFSS); Data Years: 2015-2022 Combined (Excludes 2018); Adults ages 18 and older unless otherwise stated.

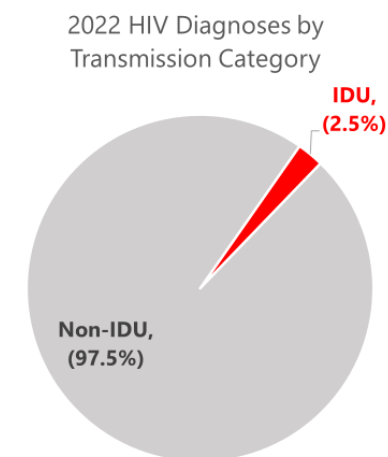
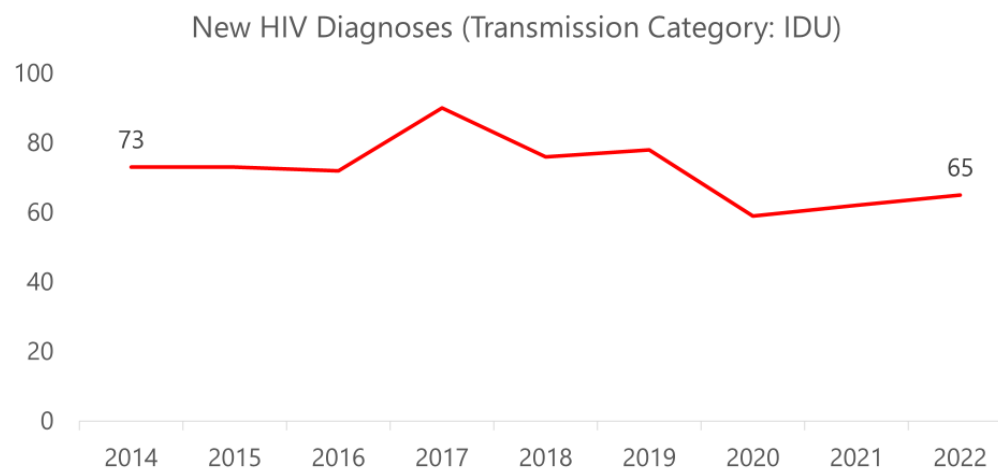
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Individuals who identify as transgender or an additional gender identity are also disproportionately impacted by HIV. This group accounts for 2% of HIV diagnoses, but only 0.6% of the state's population (as you can see on the left). Racial/ethnic disparities persist overtime within this group (as shown on the right) with Black/African American individuals consistently having the highest number of HIV diagnoses.

Health Disparities: Injection Drug Use

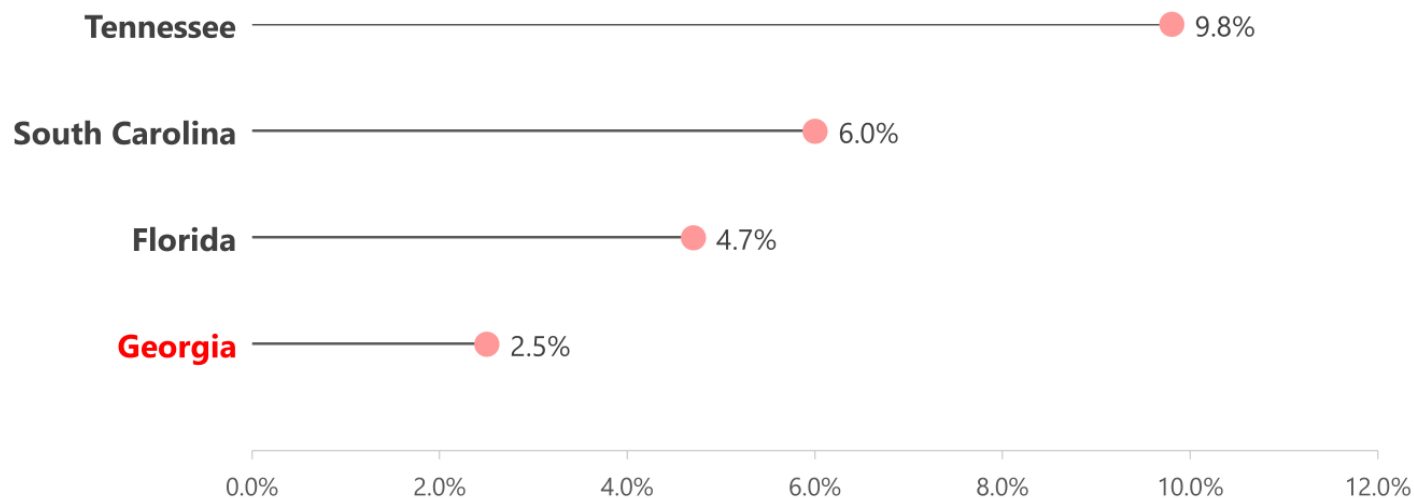
There is **no apparent increase** in new HIV diagnoses attributed to injection drug use (IDU), but **rapid HIV outbreaks are a concern among people who inject drugs.**



As I mentioned earlier, there is no apparent increase in new HIV diagnoses attributed to injection drug use (IDU) and these cases make up about 3% of all diagnoses. However, rapid HIV outbreaks are a concern among people who inject drugs, and hospitalization and mortality attributed to drug overdose are increasing in GA. It is also concerning that this group has lower levels of viral suppression compared to the overall population.

Health Disparities: Injection Drug Use

Surrounding states have a higher proportion of HIV diagnoses attributed to IDU.



Source: (AIDSVu, % of cases IDU, 2021) https://map.aidsvu.org/nd/state/prop/transmission_idu/none/usa?geoContext=south

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Additionally, surrounding states have a higher proportion of new HIV diagnoses attributed to IDU (as you can see here with Tennessee, South Carolina, and Florida), so this is happening more often in our region.

HIV and Co-occurring Health Conditions

Syndemic = 2+ epidemics occur synergistically

“Interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction”

(2017 Singer et al. “Syndemics and the biosocial conception of health”)

Finally, we are working on new analyses related to HIV and co-occurring health conditions.

We will be exploring this topic through the lens of a syndemic model, which is when two or more epidemics occur synergistically.

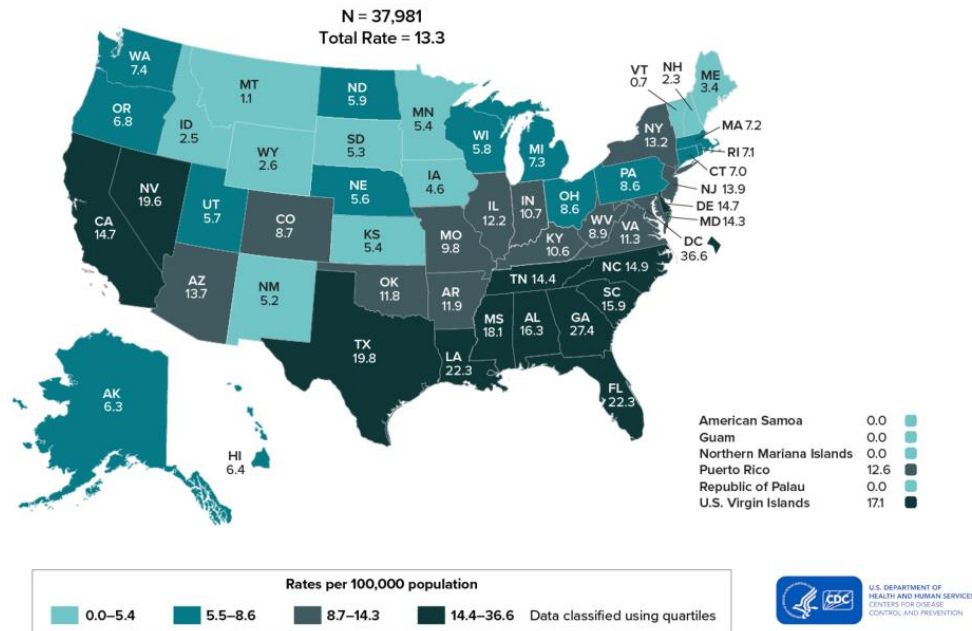
For those who are new to the topic of syndemics, we want to briefly introduce it by sharing a quote from a 2017 Lancet paper which describes the concept as “Interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction”.

Our hope is to present at future meetings information on syndemics that relate to HIV co-occurring with STDs, Hepatitis, Mpox, and possibly other health conditions.

- 
- New HIV Diagnoses (HIV Incidence)
 - People with HIV (HIV Prevalence)
 - HIV Care Continuum Measures
 - Spotlight on Health Disparities
 - National Comparison**
 - Key Takeaways
 - Additional Resources Available on Website

Now that we've covered a lot of data at the state level, let's talk about where Georgia fits into the national picture.

Georgia had the **2nd highest** HIV diagnosis rate in the US* in 2022.



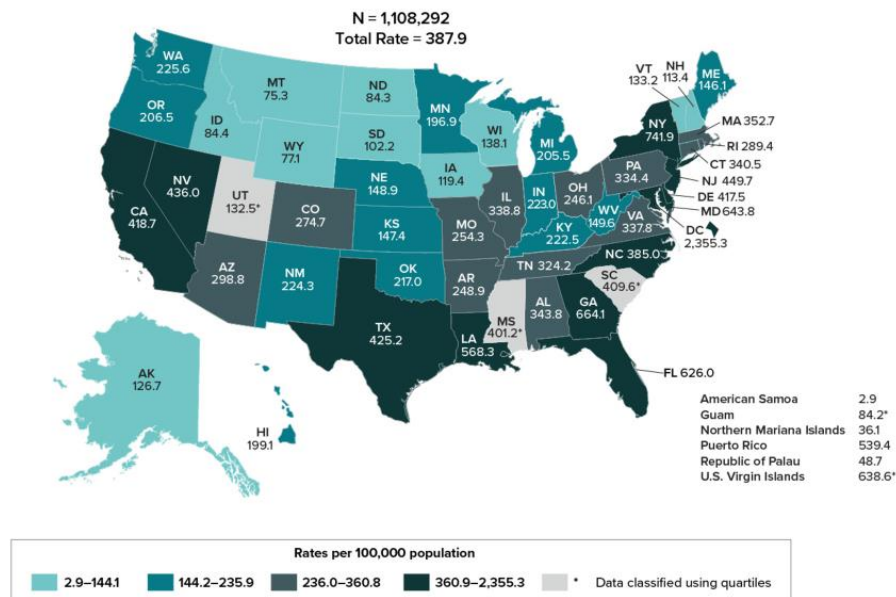
*Washington, DC has the highest rate.

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Georgia had the 2nd highest HIV diagnosis rate in the US in 2022. We've had the second highest rate for the past 5 years.
Source: <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>

Georgia had the **3rd highest** rate of people with HIV (prevalence) in the US* in 2022.



Note. Data for the year 2022 are preliminary and based on deaths reported to CDC as of December 2023. Data are based on address of residence as of December 2022 (i.e., most recent known address). Asterisk (*) indicates incomplete ascertainment of deaths.



*Washington, DC and New York had higher rates.

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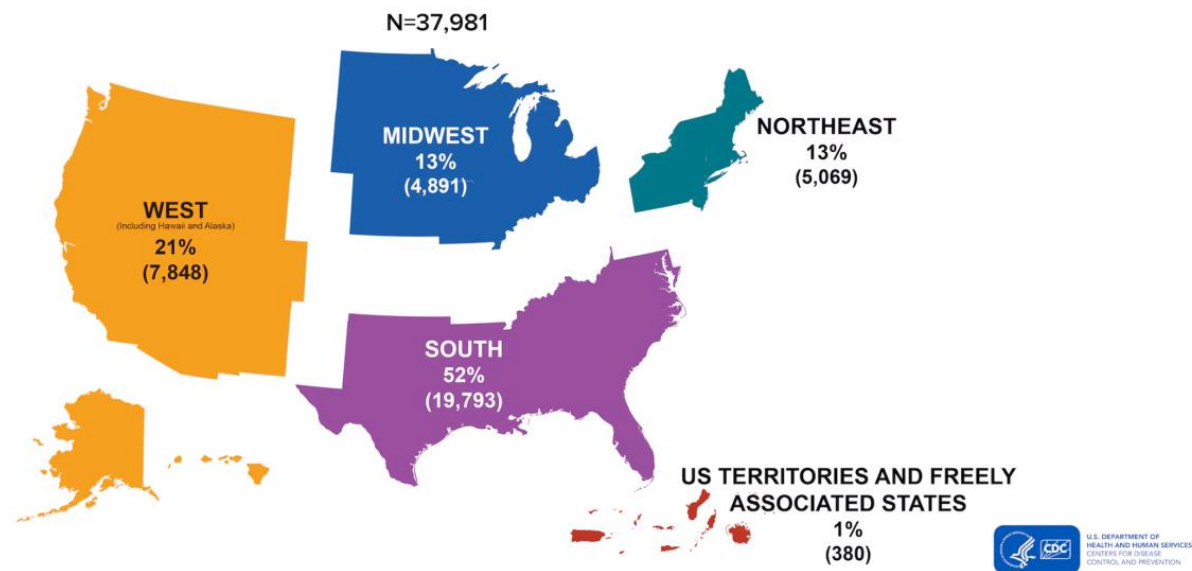
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Georgia had the 3rd highest rate of people with HIV (prevalence) in the US* in 2022. We've been in the top 5 for the past 5 years.

Source: <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>

HIV is **more concentrated** in the Southern United States.

The South accounted for more than half (52%) of HIV diagnoses in 2022.



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HIV is more concentrated in the Southern United States compared to other regions. In 2022, the south accounted for more than half of HIV diagnoses in the US, but only has ~38% of the US population.

Source: <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

National Comparison

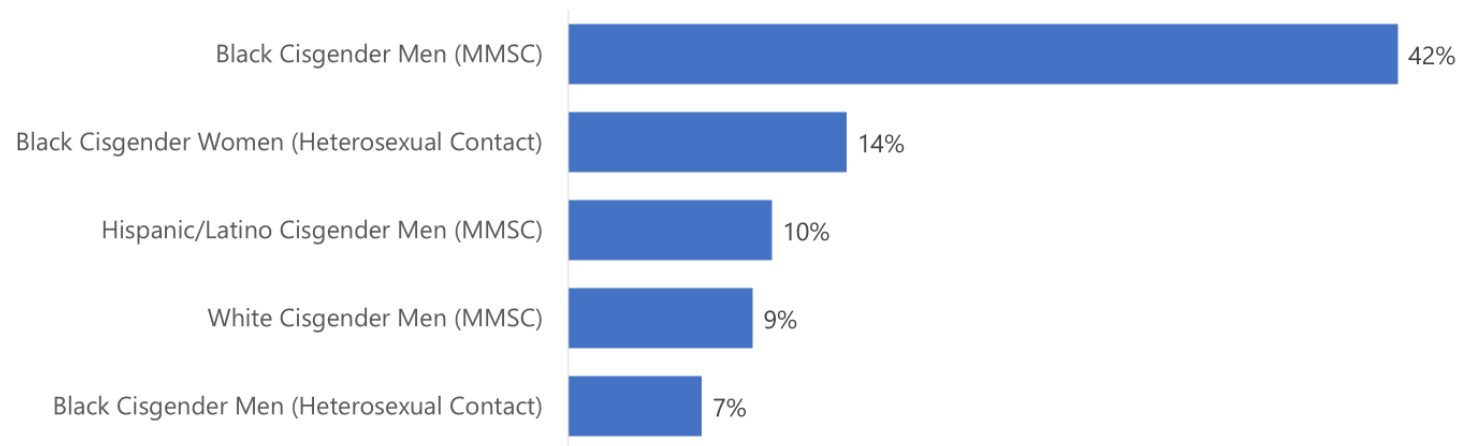
Key Takeaways

Additional Resources Available on Website

Here are the 5 key takeaways from today's presentation.

1. Black cisgender men (male-to-male-sexual contact) accounted for the most HIV diagnoses in 2022, followed by:

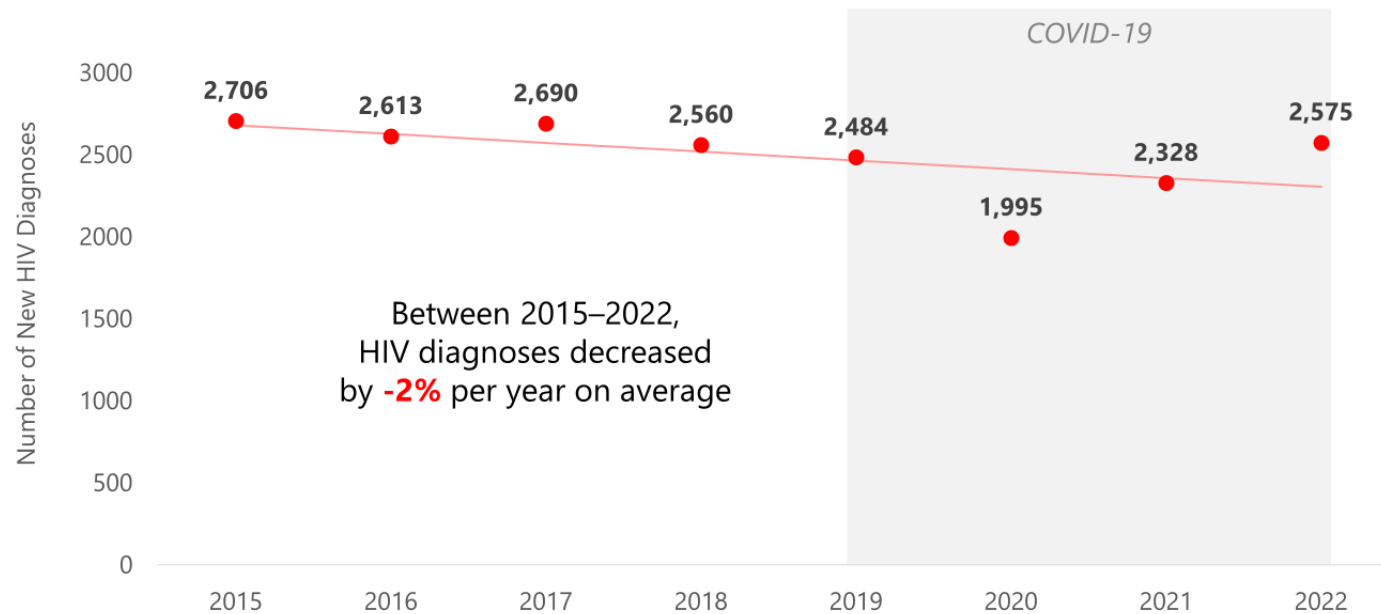
- Black cisgender women (heterosexual contact)
- Hispanic/Latino cisgender men (MMSC)
- White cisgender men (MMSC)
- Black cisgender men (heterosexual contact)



Note: Information in parentheses represents the associated HIV transmission category.

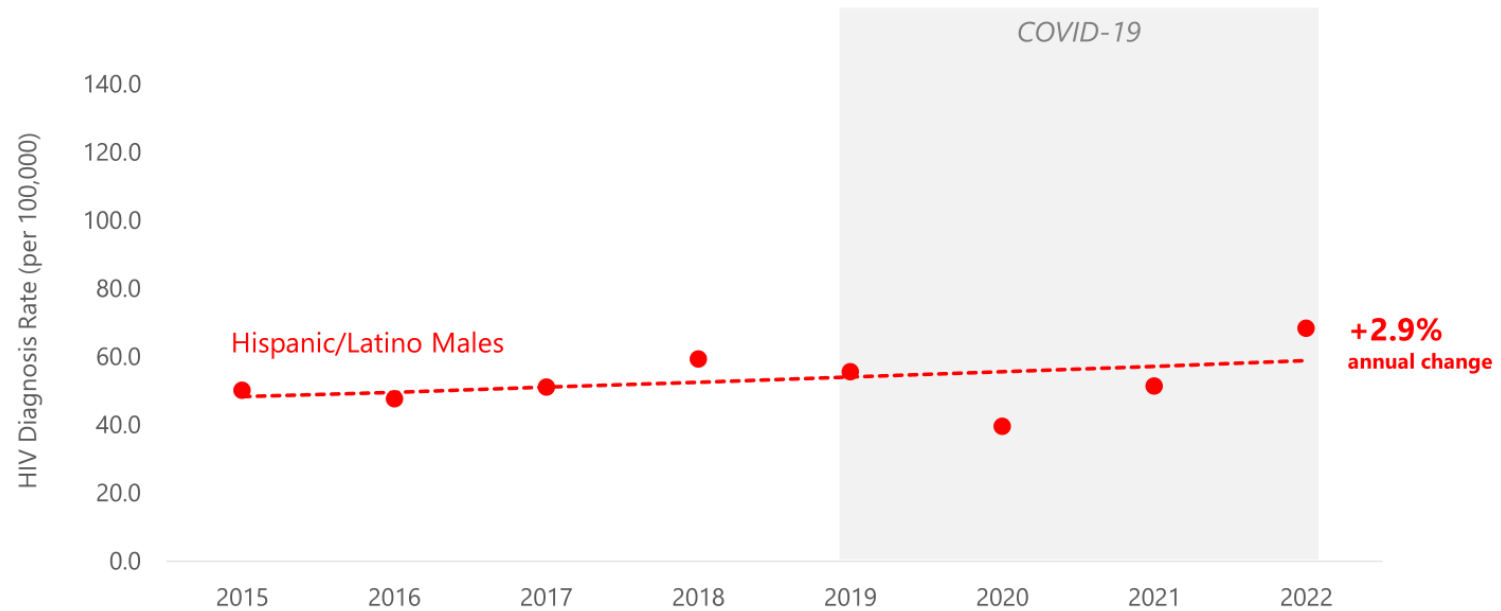
1. Black cisgender men (whose HIV diagnosis was attributed to male-to-male-sexual contact) accounted for the most HIV diagnoses in 2022, followed by: Black cisgender women (with heterosexual contact), Hispanic/Latino cisgender men (with MMSC), White cisgender men (with MMSC), and Black cisgender men (with heterosexual contact).

2. New HIV diagnoses are **decreasing** in Georgia.



2. New HIV diagnoses are decreasing in Georgia. Between 2015-2022, HIV diagnoses decreased by -2% per year on average.

3. HIV diagnosis rates are **increasing** among Hispanic/Latino males.



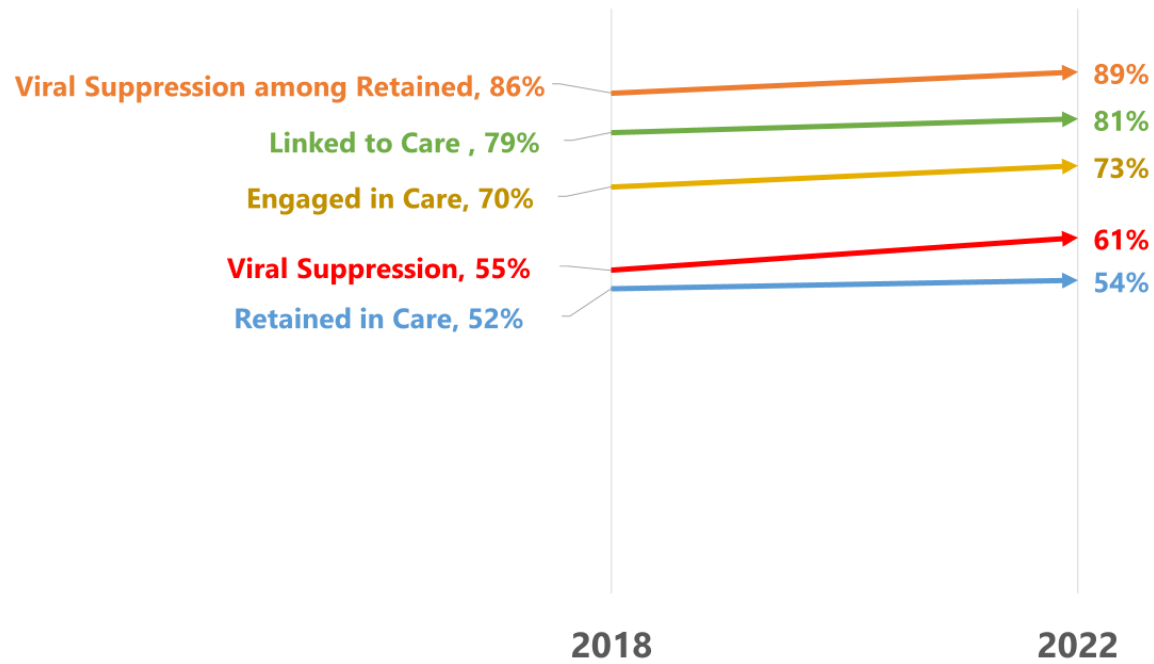
*Rates displayed are for individuals ages 13+

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3. HIV diagnosis rates are increasing among Hispanic/Latino males. However, it's important to remember that Black/African American males continue to have the highest HIV diagnosis rate at 100 diagnoses per 100,000 individuals.

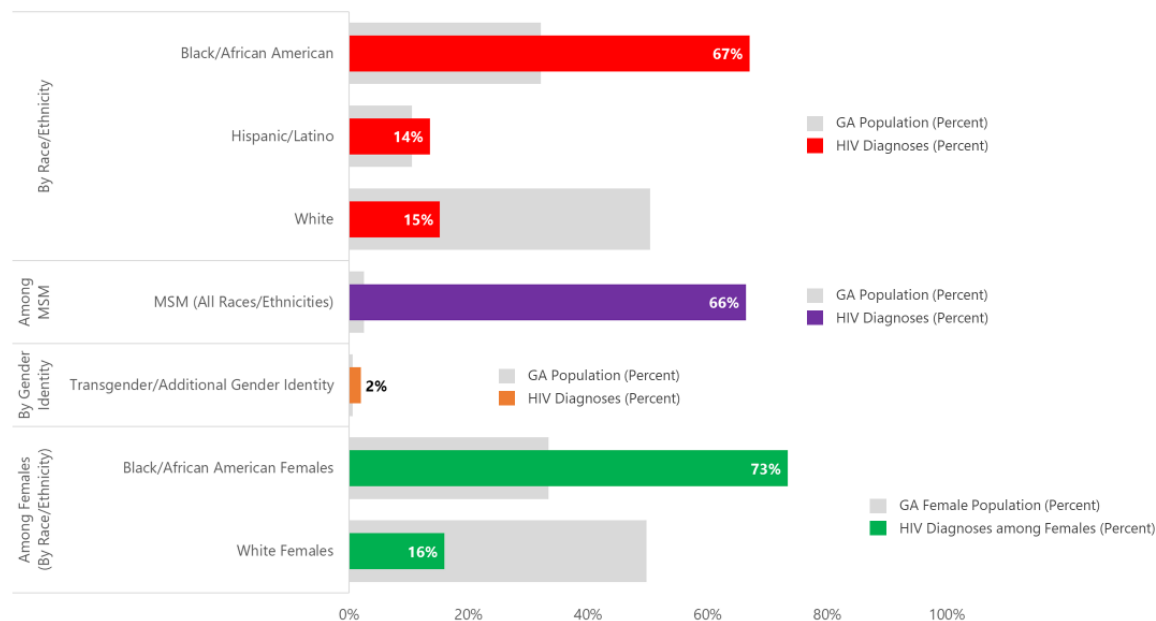
4. All HIV care continuum measures **improved** between 2018–2022.



4. All HIV care continuum measures improved between 2018–2022. However, we still have a ways to go to meet the 2025 national benchmarks for linkage to care and viral suppression (which are both set at 95%).

5. Several health disparities persist in Georgia for HIV diagnoses.

This is especially true among Black/African American individuals, MSM, Transgender/Additional Gender Identity individuals, and Black/African American females.



5. Finally, several health disparities persist in Georgia that are related to HIV. This is especially true among Black/African American individuals, MSM, and Transgender/Additional Gender Identity individuals who account for a much larger proportion of HIV diagnoses compared to their proportion of the Georgia population. Similarly, among all females, Black females account for a much larger proportion of HIV diagnoses when compared to White females.



New HIV Diagnoses (HIV Incidence)

People with HIV (HIV Prevalence)

HIV Care Continuum Measures

Spotlight on Health Disparities

National Comparison

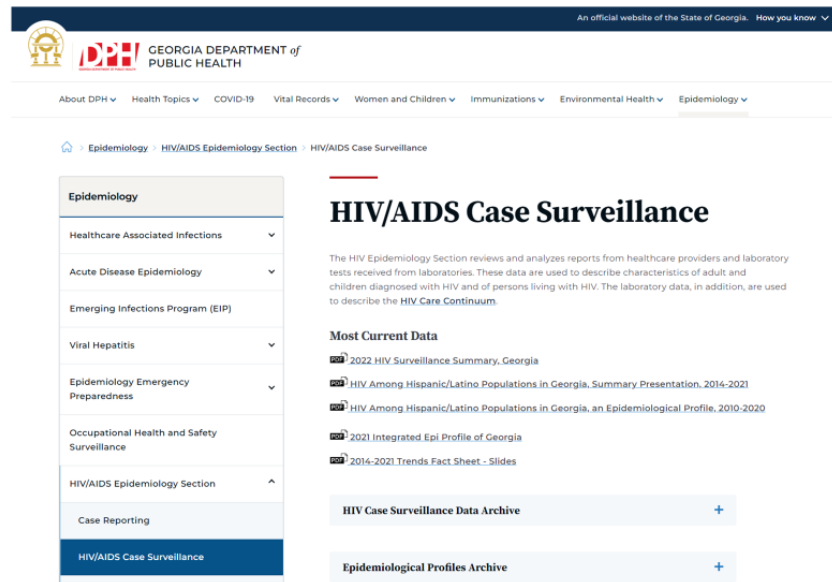
Key Takeaways

Additional Resources Available on Website

If you are interested in seeing more data, you can find additional resources on our website.

Visit our website for more data!

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



HIV Annual Reporting Materials:

- 2022 Annual HIV Surveillance Report (**available now**)
- 2022 Fact Sheet (**available now**)
- 2022 Care Continuum Report (**available now**)
- 2014–2022 Trends Report (**available now**)
- 2022 Summary Presentation (*coming soon*)
- Fact Sheets on Special Populations (*coming soon*)

Historic data and conference presentations are also available on the website.

STD data is available on OASIS: oasis.state.ga.us

We are publishing the following materials on our website as part of our annual reporting for 2022. Historic data and conference presentations are also available on our website. If you're interested in STD data, it can be found on the OASIS website.

Questions

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That concludes our 2022 HIV surveillance summary presentation. If you have follow-up questions, you can reach out to our team by contacting our director, Dr. Jenna Gettings.