

2023

GEORGIA HIV CARE CONTINUUM: PERSONS WITH HIV & NEWLY DIAGNOSED WITH HIV



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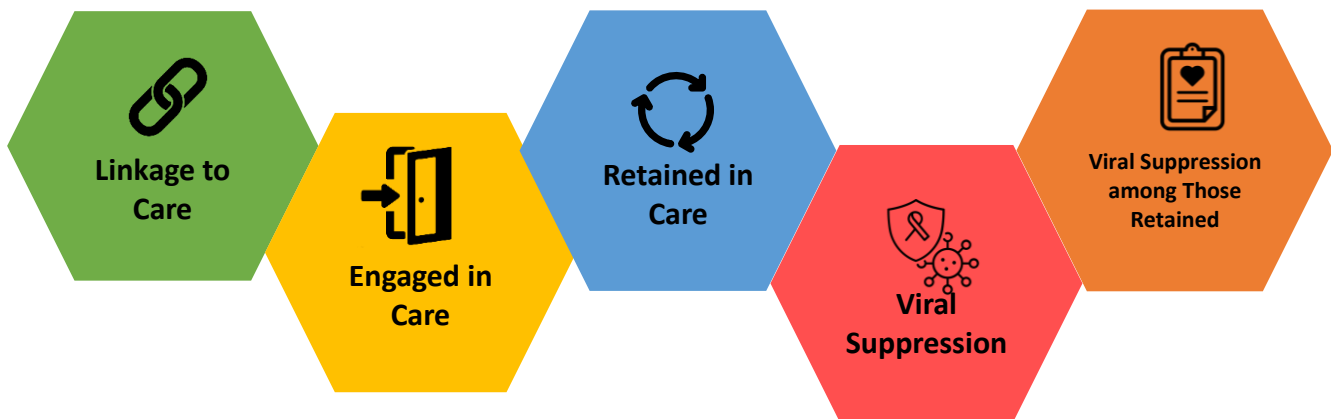
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WHAT IS THE HIV CARE CONTINUUM?

The HIV Care Continuum describes the proportion of persons with HIV (PWH) and newly diagnosed with HIV who are receiving HIV care and who have achieved viral suppression. It is based on reported CD4 counts and viral load tests, which are utilized as proxy measures for receipt of HIV care. The HIV Care Continuum provides a means of monitoring progress toward the achievement of objectives outlined in the National HIV/AIDS Strategy for the United States, released by the White House in July 2010, and updated in 2023¹.

The HIV Care Continuum measures² are:

- **Linkage to care:** The percent of people who are seen for HIV care within one month of diagnosis
- **Engaged in care:** Engaged in care is a measure of minimal commitment to continued care with at least one HIV care visit in a year
- **Retained in care:** Retention in care more closely reflects the recommended standard of care with at least two HIV care visits at least three months apart in a year
- **Viral suppression:** A viral load (VL) of <200 copies/ml is considered virally suppressed. Viral suppression is important for helping patients live long and healthy lives, and for preventing forward transmission²
- **Viral suppression among those retained:** A VL <200 copies/ml among those who are retained in care



The HIV Care Continuum measures in Georgia are calculated for two populations:

1. People with HIV in the given year (and diagnosed the prior year or earlier)
 - a. Note: Linkage to care is not presented for this population
2. People newly diagnosed with HIV in the given year

¹The White House. 2023. National HIV/AIDS Strategy 2023 Interim Action Report. Washington, DC. <https://files.hiv.gov/s3fs-public/2023-12/National-HIV-AIDS-Strategy-2023-Interim-Action-Report.pdf> Last Updated December 2023. [Accessed: March 12th, 2025]

¹U.S Department of Health and Human Services. *What Is the HIV Care Continuum?* <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum> Last Updated October 2022. [Accessed: March 20th, 2025]

²The Centers for Disease Control and Prevention. Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV https://www.cdc.gov/hivpartners/php/hiv-treatment/?CDC_AAref_Val=https://www.cdc.gov/hiv/risk/art/evidence-of-hiv-treatment.html, Last Reviewed June 2022. [Accessed: March 12th, 2025]



TECHNICAL NOTES

Missing laboratory data: Missing laboratory data may result in underestimating HIV Care Continuum outcomes.

Small sub-populations: The number of individuals (n) in some sub-populations is small. Use caution in interpretation. Data is not displayed for subpopulations with fewer than 10 individuals.

Comparison of the HIV Care Continuum in Georgia to other geographical areas: Methodology for the Care Continuum and completeness of HIV data varies among jurisdictions, thus limiting direct comparisons with other states and jurisdictions or the national Care Continuum.

Individual percentage of values: Each bar in the continuum is independent of those preceding it; all percentages are of the total number of persons (n) diagnosed with HIV in each category.

HIV surveillance during the COVID-19 pandemic: 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 attainment of some care measures for people with and newly diagnosed with HIV decreased from 2019 to 2020, at least in part because changes in health care seeking patterns but returned to pre-COVID-19 levels after 2021 (i.e., 2021–2023).

PERSONS WITH HIV, 2023





METHODS: PERSONS WITH HIV, CARE CONTINUUM, 2023

Population parameters:

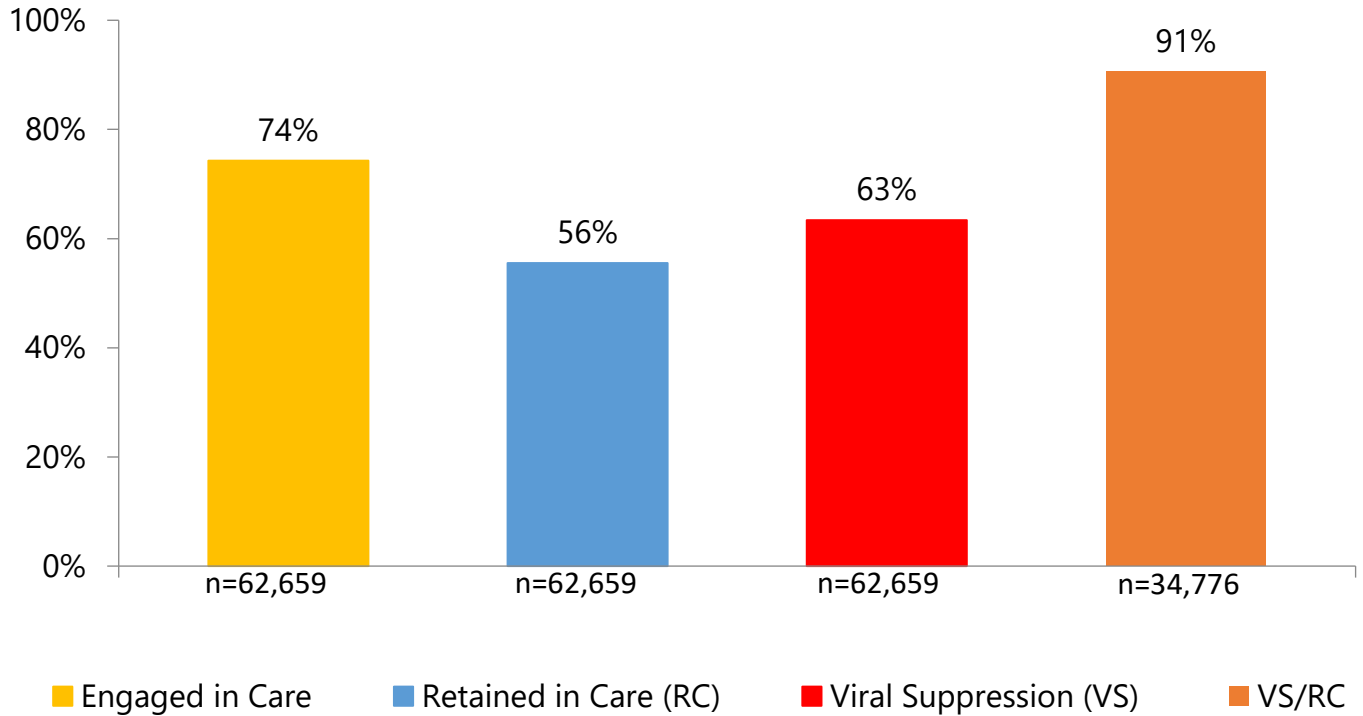
- Adults and adolescents ages ≥ 13 years
- Diagnosed with HIV by 12/31/2022, and alive as of 12/31/2023
- Last address of residence in 2023 was in Georgia

Care Continuum definitions:

- **Engaged in care:** \geq one CD4 or viral load (VL) test in 2023
- **Retained in care:** \geq two CD4 or VL tests at least three months apart in 2023
- **Viral suppression:** Most recent VL in 2023 was <200 copies/ml
- **Viral suppression among those retained in care:** Most recent VL in 2023 was <200 copies/ml among those with \geq two CD4 or viral load (VL) tests at least three months apart in 2023

FIGURE 1. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, GEORGIA, 2023

Care continuum measures among individuals with HIV in 2023 were very similar to 2022. In 2023, 74% of individuals were engaged in care (compared to 73% in 2022), 56% were retained in care (compared to 54% in 2022), and 63% were virally suppressed (compared to 61% in 2022). Among those retained in care, 91% were virally suppressed in 2023 (compared to 89% in 2022).



Adults and adolescents: \geq age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia

Engaged in care: \geq one CD4 or viral load (VL) test in 2023

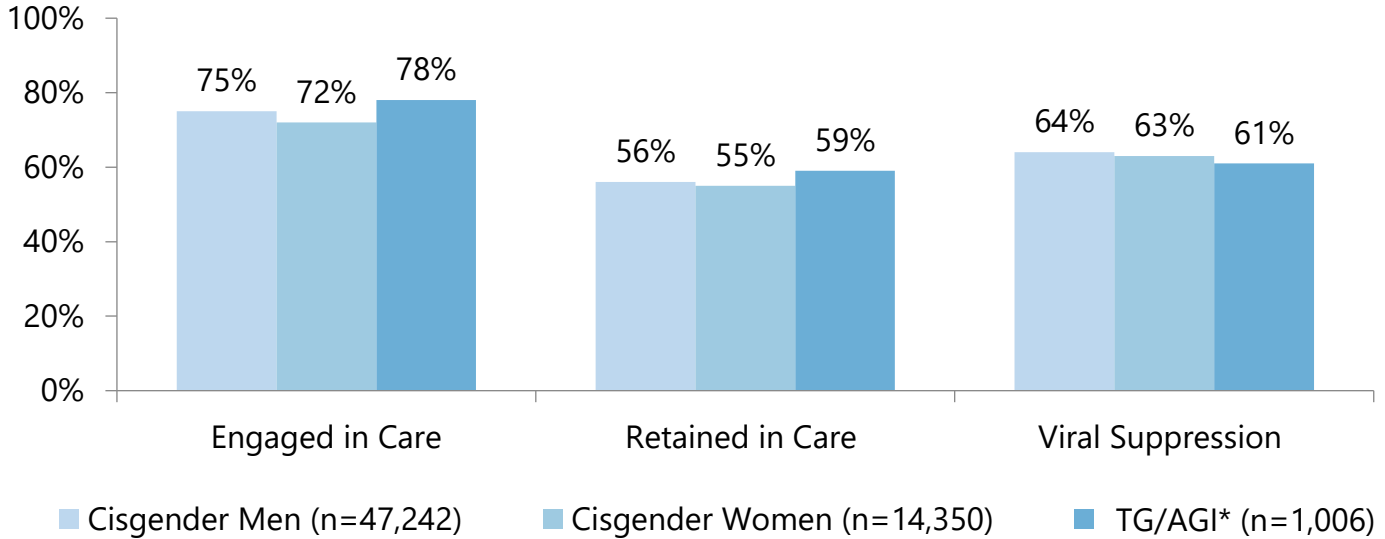
Retained in care: \geq two CD4 or VL tests at least three months apart in 2023

Viral suppression: VL < 200 copies/ml on most recent VL test in 2023

VS/RC: Viral suppression among those retained in care - most recent VL test in 2023 was < 200 copies/ml among those with \geq two CD4 or VL tests at least three months apart in 2023

FIGURE 2A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY GENDER IDENTITY, GEORGIA, 2023

In 2023, engagement in care (EC), retention in care (RC), and viral suppression were relatively similar for cisgender men and women.



Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia

TG/AGI: Transgender or Additional Gender Identity

Engaged in care: ≥ one CD4 or viral load (VL) test in 2023

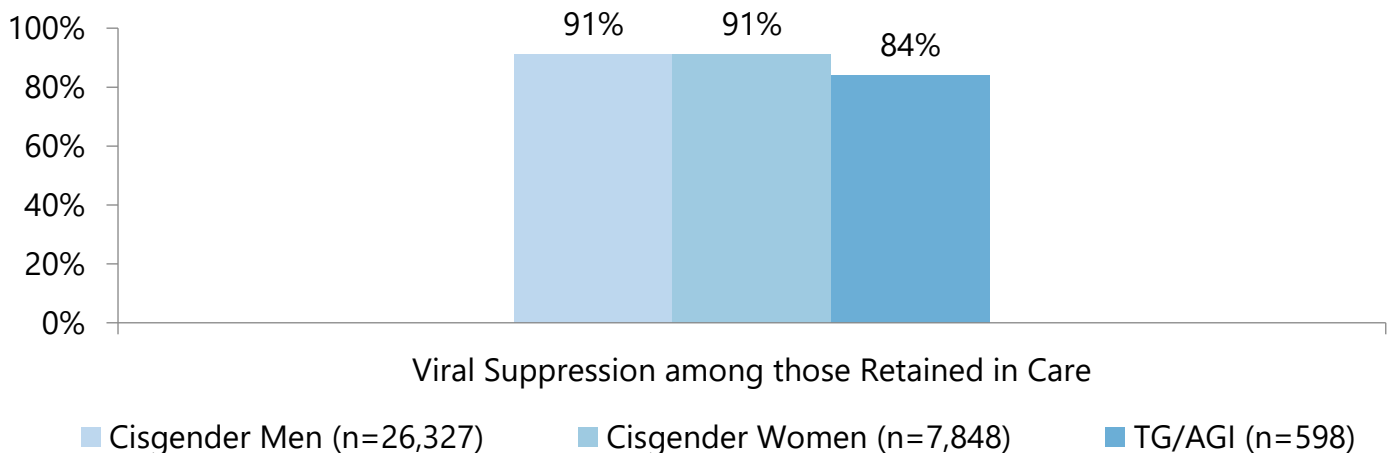
Retained in care: ≥ two CD4 or VL tests at least three months apart in 2023

Viral suppression: VL <200 copies/ml on most recent VL test in 2023

*Care continuum measures may be higher among TG/AGI patients who receive HIV care due to the better documentation of gender identity status in their medical records.

FIGURE 2B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY GENDER IDENTITY, GEORGIA, 2023

In 2023, viral suppression among those retained in care was lower among transgender or persons with an additional gender identity compared to cisgender men and women.



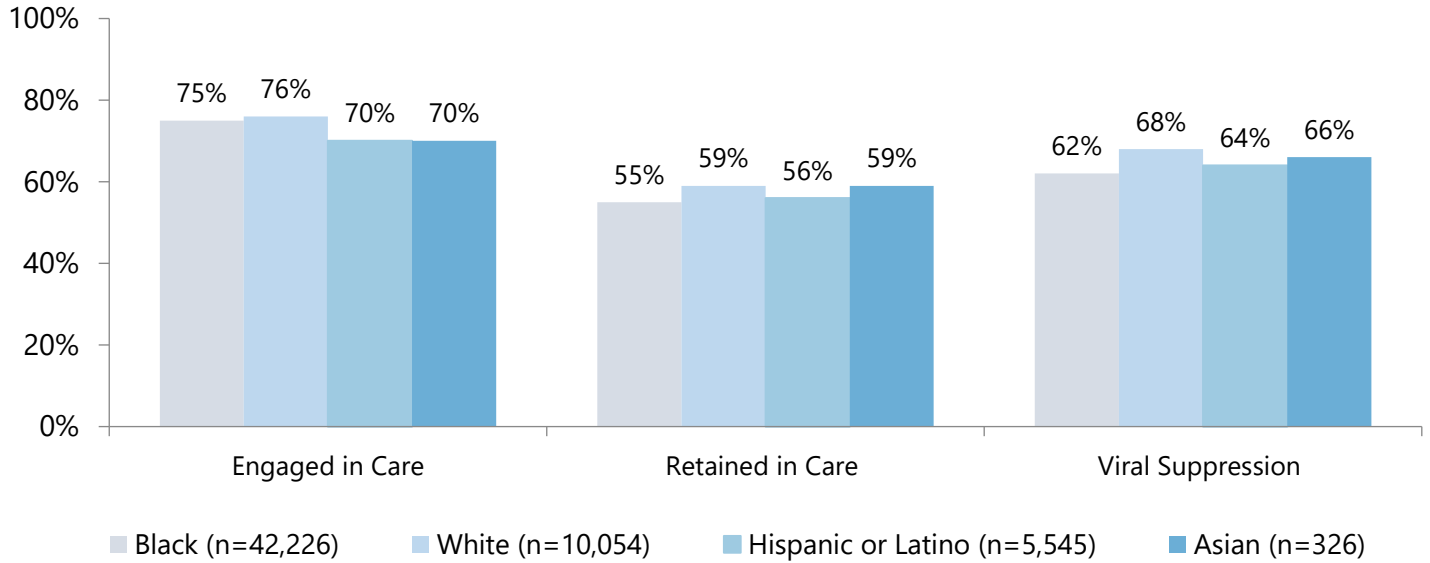
Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia

TG/AGI: Transgender or Additional Gender Identity

Viral suppression among those retained in care: Most recent viral load (VL) test in 2023 was <200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023

FIGURE 3A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY RACE AND ETHNICITY, GEORGIA, 2023

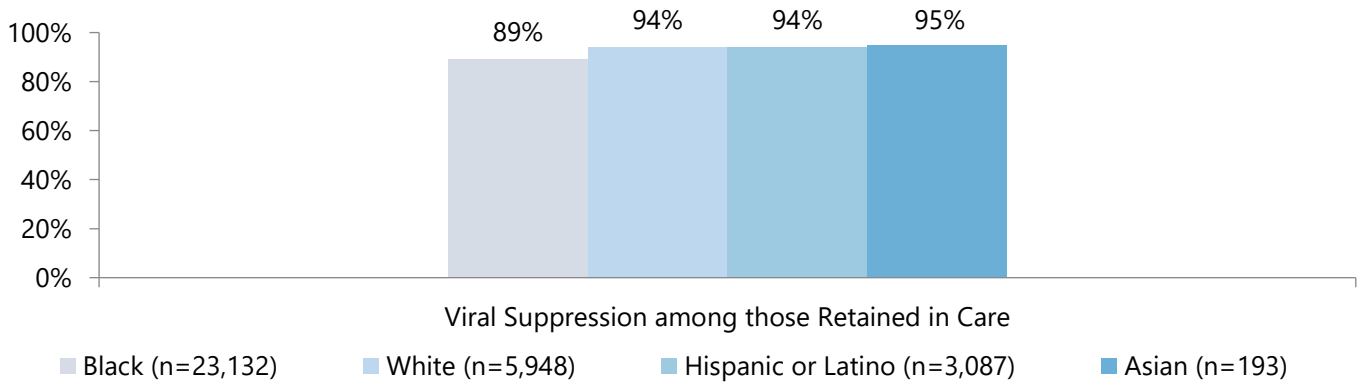
In 2023, engagement in care was higher among White (76%) and Black (75%) individuals compared to Hispanic or Latino and Asian individuals (both 70%). Black individuals had lower viral suppression (62%) compared to White individuals (68%).



Data for American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander are not displayed due to denominators being <20. Black or African American and White populations are non-Hispanic; Hispanics or Latinos may be of any race
 Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia
 Engaged in care: ≥ one CD4 or viral load (VL) test in 2023
 Retained in care: ≥ two CD4 or VL tests at least three months apart in 2023
 Viral suppression: VL<200 copies/ml on most recent VL test in 2023

FIGURE 3B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY RACE AND ETHNICITY, GEORGIA, 2023

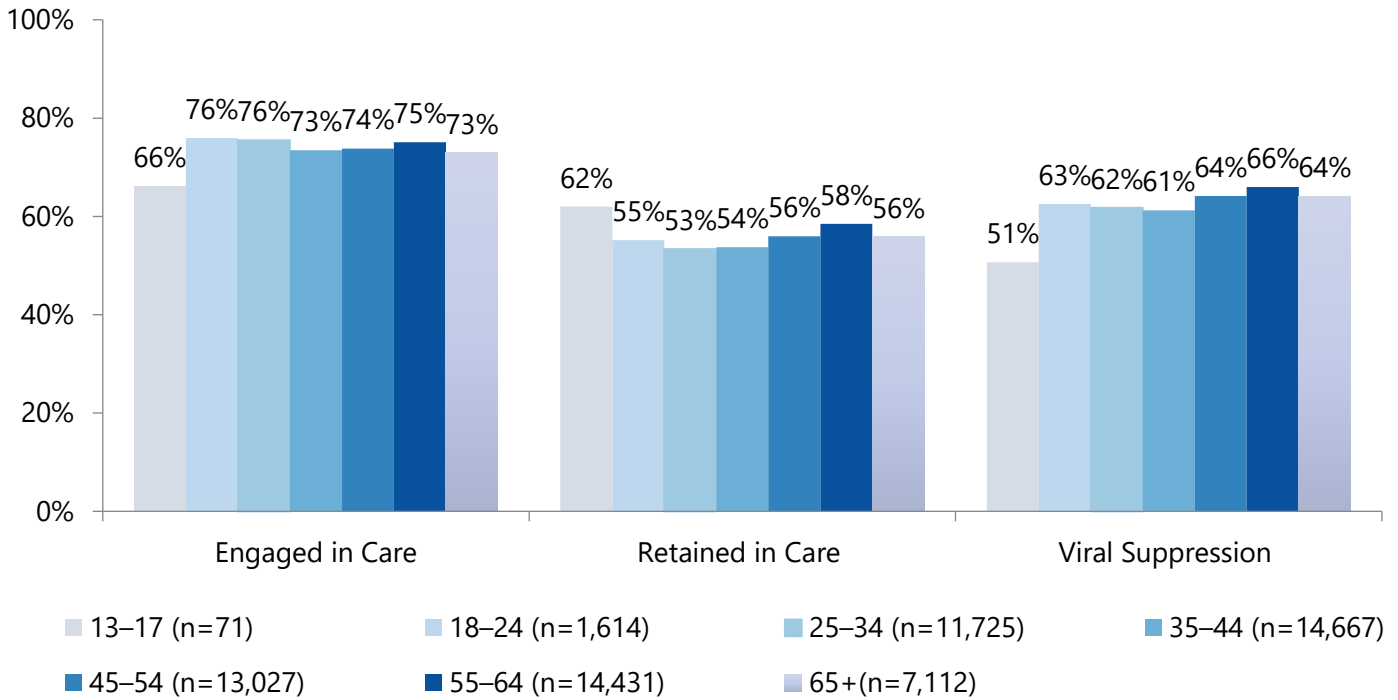
In 2023, viral suppression among those retained in care was slightly lower among Black individuals compared to all other racial and ethnic groups.



Data for American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander are not displayed due to denominators being <20. Black or African American and White populations are non-Hispanic; Hispanics or Latinos may be of any race
 Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia
 Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was <200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023

FIGURE 4A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY CURRENT AGE (IN YEARS), GEORGIA, 2023

In 2023, engagement in care and viral suppression was lower among those aged 13–17 years old compared to all other age groups. However, 13–17-year-olds had higher retention in care compared to several other age groups.



Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia

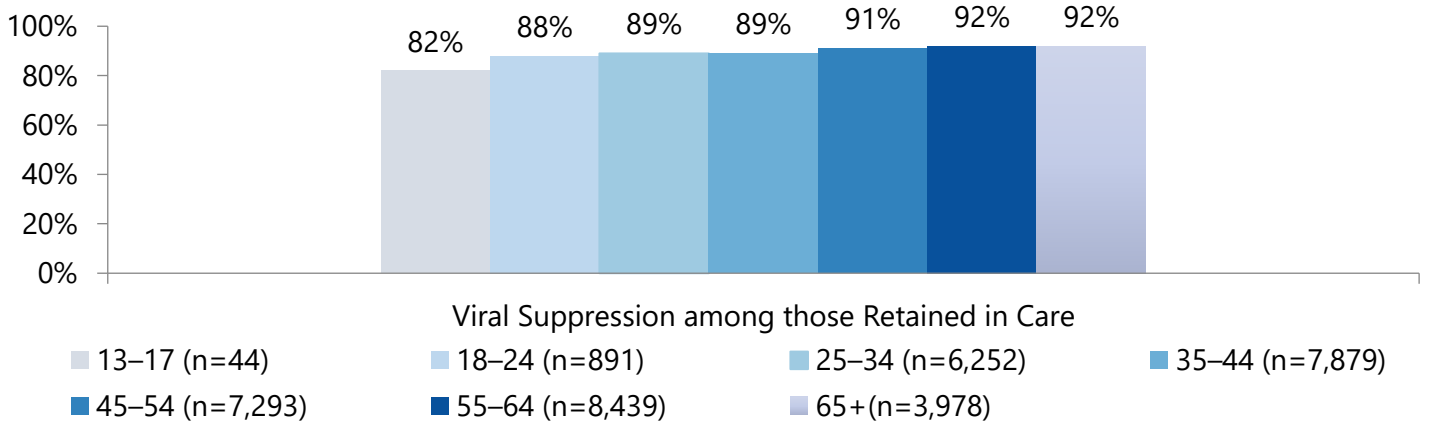
Engaged in care: ≥ one CD4 or viral load (VL) test in 2023

Retained in care: ≥ two CD4 or VL tests at least three months apart in 2023

Viral suppression: VL <200 copies/ml on most recent VL test in 2023

FIGURE 4B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV, BY CURRENT AGE (IN YEARS), GEORGIA, 2023

In 2023, viral suppression among those retained in care was lower among those aged 13–17-years old compared to other age groups.

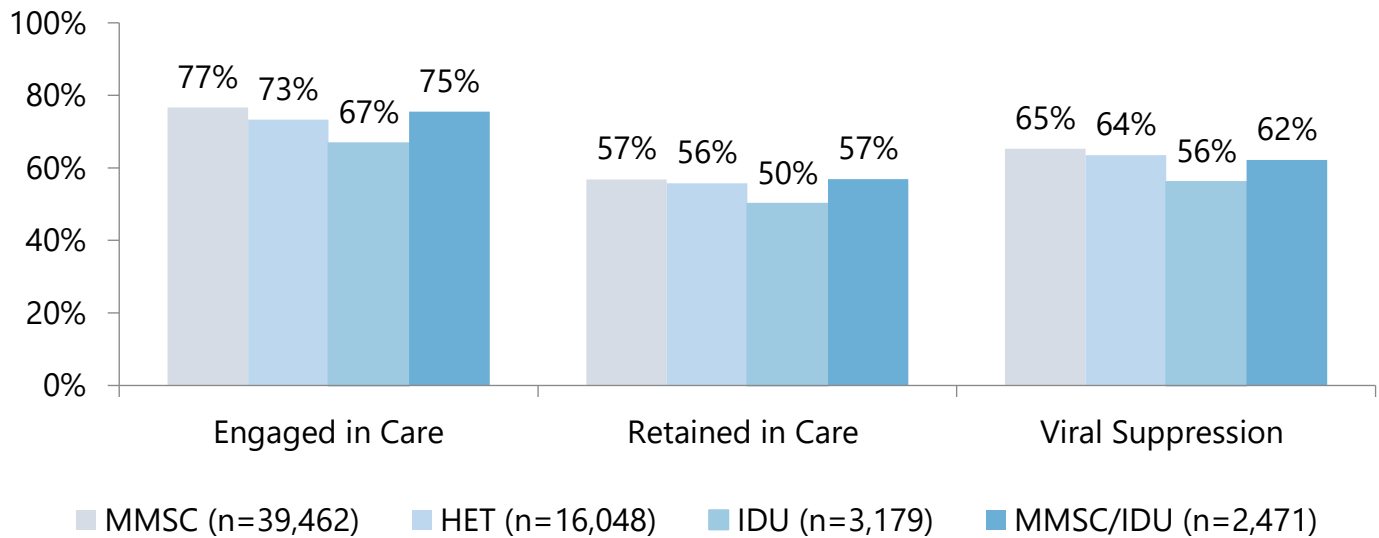


Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia

Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was <200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023.

FIGURE 5A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV BY TRANSMISSION CATEGORY, GEORGIA, 2023

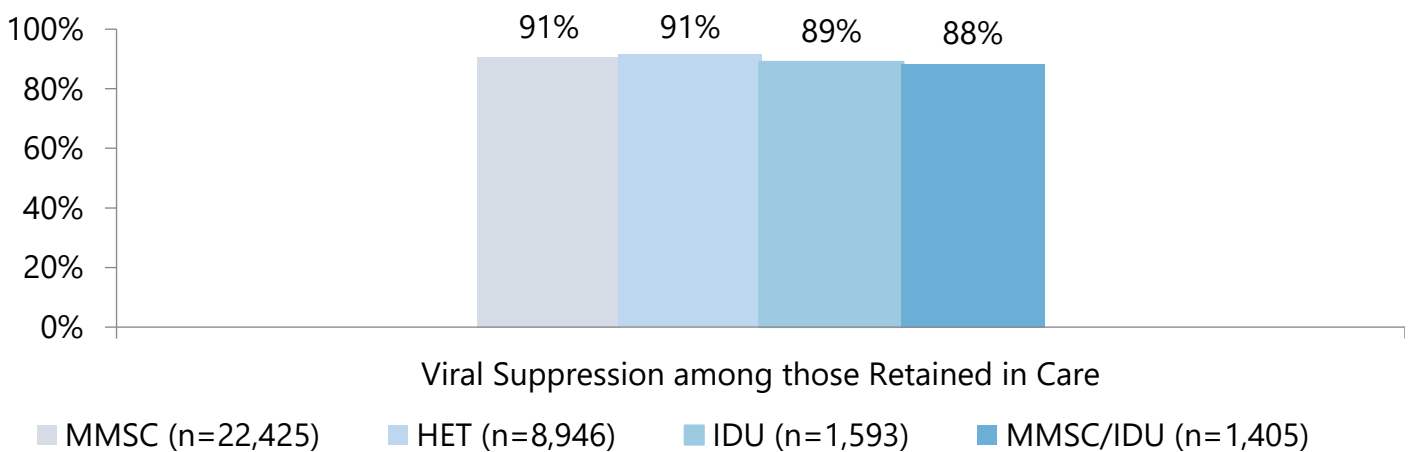
In 2023, engagement in care, retention in care, and viral suppression were consistently lower among individuals with an HIV transmission category of injection drug usage compared to other transmission categories.



Note about calculating transmission category: Multiple imputation was used to assign transmission category where missing
 MMSC: Male-to-male sexual contact; IDU: Injection drug use; HET: Heterosexual contact
 Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia
 Engaged in care: ≥ one CD4 or viral load (VL) test in 2023
 Retained in care: ≥ two CD4 or VL tests at least three months apart in 2023
 Viral suppression: VL <200 copies/ml on most recent VL test in 2023

FIGURE 5B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS WITH HIV BY TRANSMISSION CATEGORY, GEORGIA, 2023

In 2023, viral suppression among those retained in care was similar among individuals with different HIV transmission categories.



Note about calculating transmission category: Multiple imputation was used to assign transmission category where missing
 MMSC: Male-to-male sexual contact; IDU: Injection drug use; HET: Heterosexual contact
 Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia
 Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was <200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023.

PERSONS NEWLY
DIAGNOSED WITH HIV,
2023





METHODS: PERSONS NEWLY DIAGNOSED WITH HIV, CARE CONTINUUM, 2023

Population parameters:

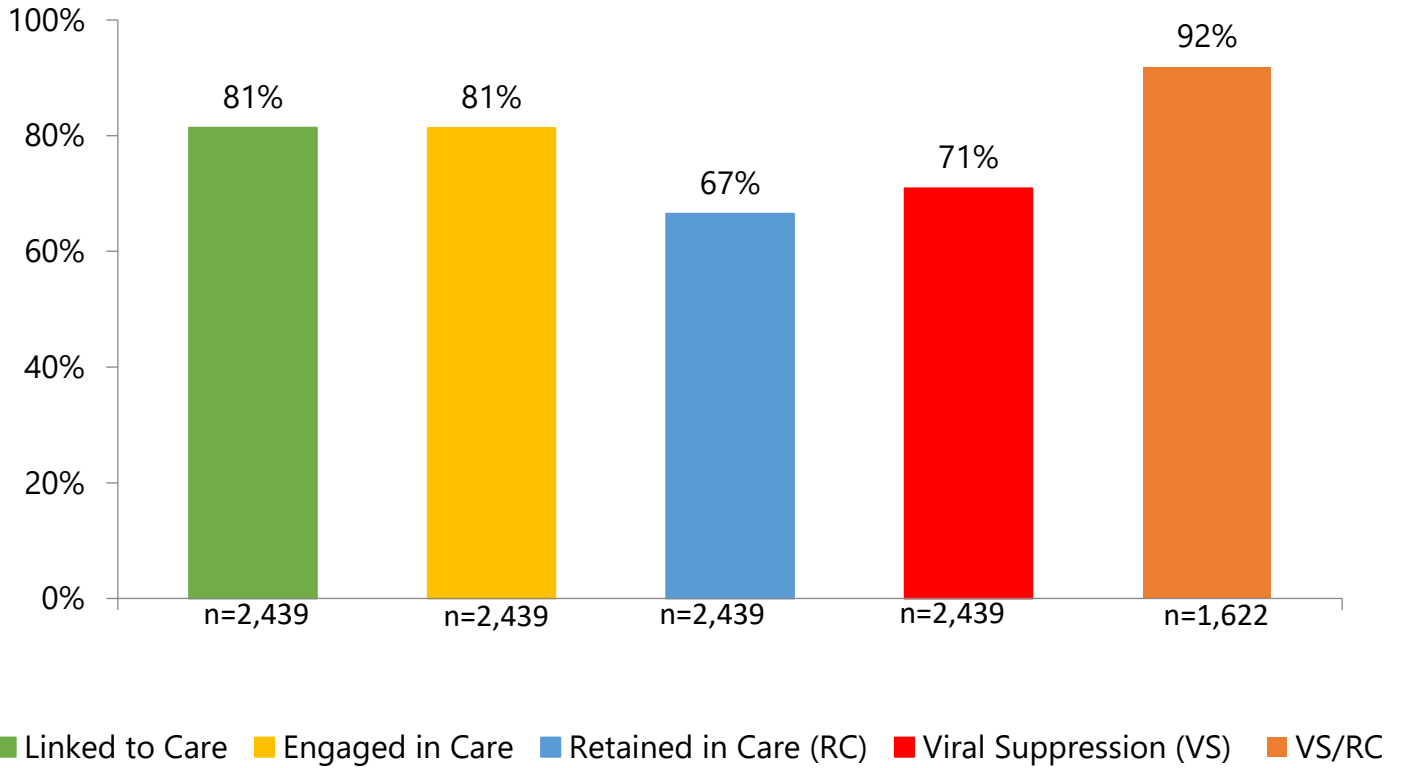
- Adults and adolescents ages ≥ 13 years
- Diagnosed with HIV in 2023, living as of 12/31/2024
- Address at HIV diagnosis in Georgia

Care Continuum definitions:

- **Linked to care:** CD4 or viral load (VL) test within 30 days of diagnosis date, including the day of diagnosis
- **Engaged in care:** \geq one CD4 or VL test during the time period spanning 30 days to 13 months after diagnosis date
- **Retained in care:** \geq two CD4 or VL test at least three months apart during the time period spanning 30 days to 13 months after diagnosis date
- **Viral suppression:** Most recent VL test was <200 copies/ml during the time period spanning 30 days to 13 months after diagnosis date
- **Viral suppression among those retained in care:** Most recent VL test in 2023 was <200 copies/ml among those with \geq two CD4 or viral load (VL) tests at least three months apart in 2023

FIGURE 6. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV, GEORGIA, 2023

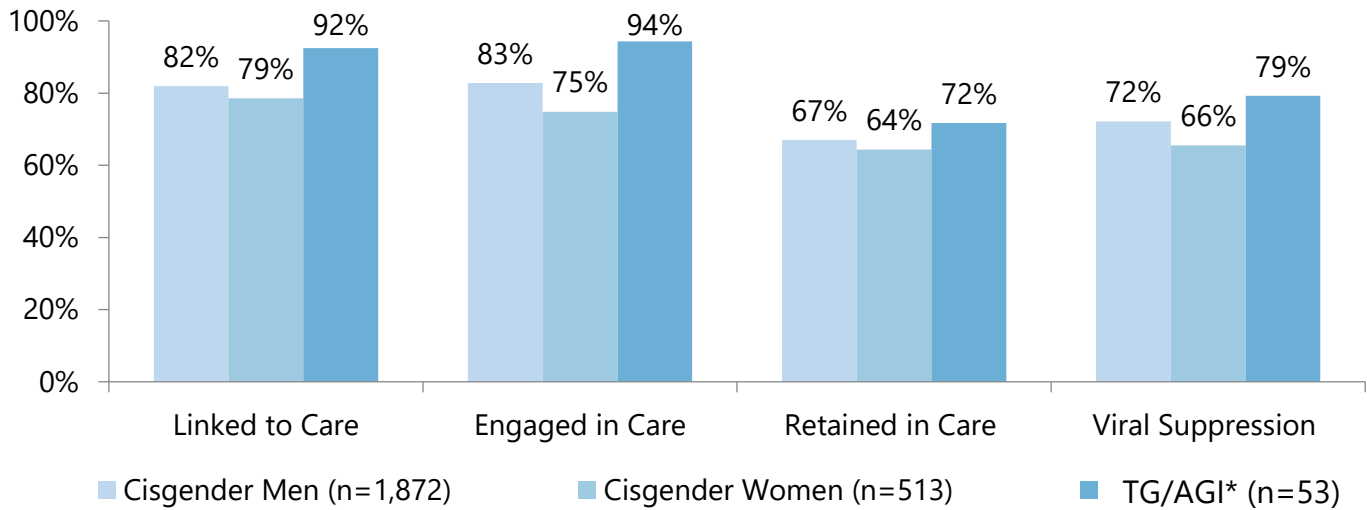
Care continuum measures among individuals newly diagnosed with HIV in 2023 were very similar to 2022. In 2023, 81% of individuals were linked to care (compared to 81% in 2022), 81% of individuals were engaged in care (compared to 81% in 2022), 67% were retained in care (compared to 66% in 2022), and 71% were virally suppressed (compared to 69% in 2022). Among those retained in care, 92% were virally suppressed in 2023 (compared to 91% in 2022).



Adults and adolescents: \geq age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024
 Address at HIV diagnosis within Georgia
 Linked to care: CD4 or viral load (VL) test within 30 days of diagnosis
 Engaged in care: \geq one CD4 or VL test during 30 days to 13 months after diagnosis
 Retained in care: \geq two CD4 or VL test at least three months apart during 30 days to 13 months after diagnosis
 Viral suppression: VL < 200 copies/ml on most recent VL test during 30 days to 13 months after diagnosis
 Viral suppression among those retained in care: Most recent VL test in 2023 was < 200 copies/ml among those with \geq two CD4 or VL tests at least three months apart in 2023

FIGURE 7A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY GENDER IDENTITY, GEORGIA, 2023

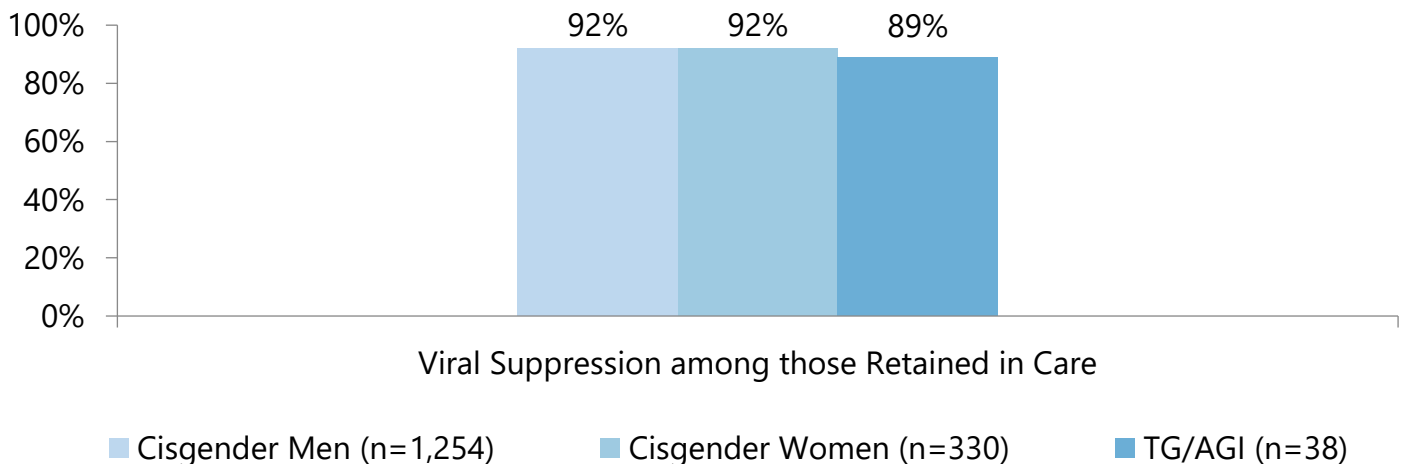
In 2023, care continuum measures among individuals newly diagnosed with HIV were higher among transgender or persons with an additional gender identity (TG/AGI) compared to cisgender men and cisgender women.



Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024; Address at HIV diagnosis within Georgia.
 TG/AGI: Transgender or Persons with an Additional Gender Identity
 Linked to care: CD4 or viral load (VL) test within 30 days of diagnosis
 Engaged in care: ≥ one CD4 or VL test during 30 days to 13 months after diagnosis
 Retained in care: ≥ two CD4 or VL test at least three months apart during 30 days to 13 months after diagnosis
 Viral suppression: VL < 200 copies/ml on most recent VL test during 30 days to 13 months after diagnosis
 *Care continuum measures may be higher among TG/AGI patients who receive HIV care due to the better documentation of gender identity status in their medical records.

FIGURE 7B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY GENDER IDENTITY, GEORGIA, 2023

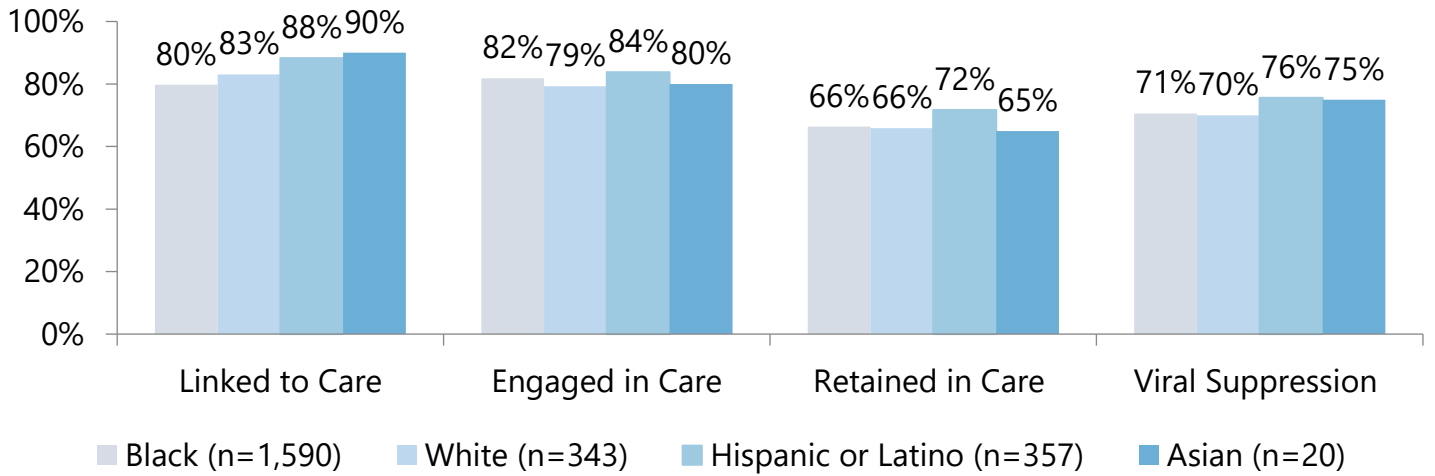
In 2023, viral suppression among those retained in care was similar among all gender identities for individuals newly diagnosed with HIV.



TG/AGI: Transgender or Persons with an Additional Gender Identity
 Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024
 Address at HIV diagnosis within Georgia
 Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was < 200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023

FIGURE 8A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY RACE AND ETHNICITY, GEORGIA, 2023

In 2023, Black and White individuals had lower linkage to care and viral suppression measures compared to Hispanic or Latino and Asian individuals newly diagnosed with HIV.



Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024

Address at HIV diagnosis within Georgia

Black or African American and White populations are non-Hispanic; Hispanics or Latinos may be of any race

Data for American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander are not displayed due to denominators being <20

Linked to care: CD4 or viral load (VL) within 30 days of diagnosis

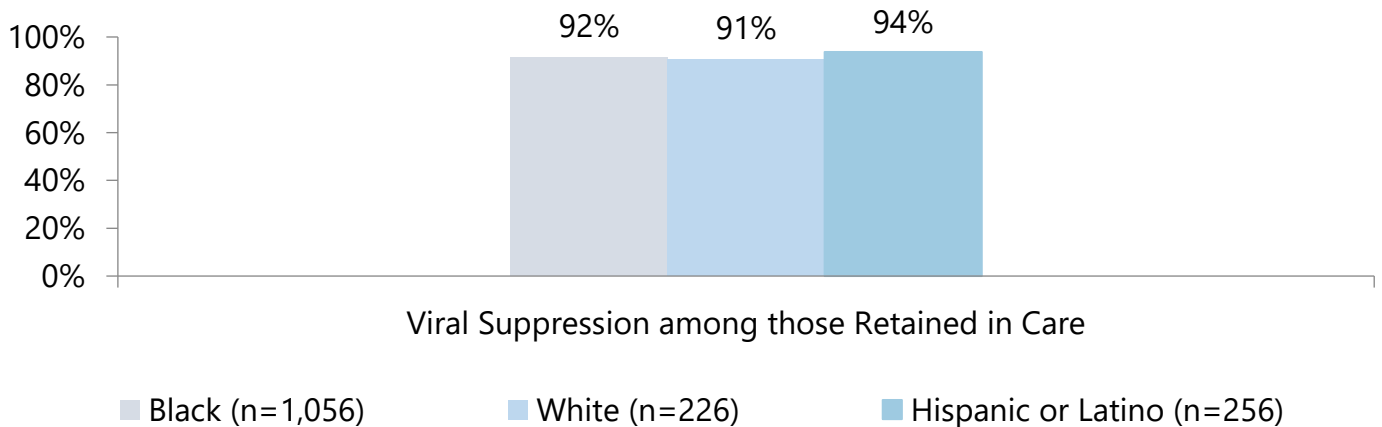
Engaged in care: ≥ one CD4 or VL test during 30 days to 13 months after diagnosis

Retained in care: ≥ two CD4 or VL test at least three months apart during 30 days to 13 months after diagnosis

Viral suppression: VL <200 copies/ml on most recent VL test during 30 days to 13 months after diagnosis

FIGURE 8B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY RACE AND ETHNICITY, GEORGIA, 2023

In 2023, viral suppression among those retained in care was similar among Black, White, and Hispanic or Latino individuals newly diagnosed with HIV.



Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024

Address at HIV diagnosis within Georgia

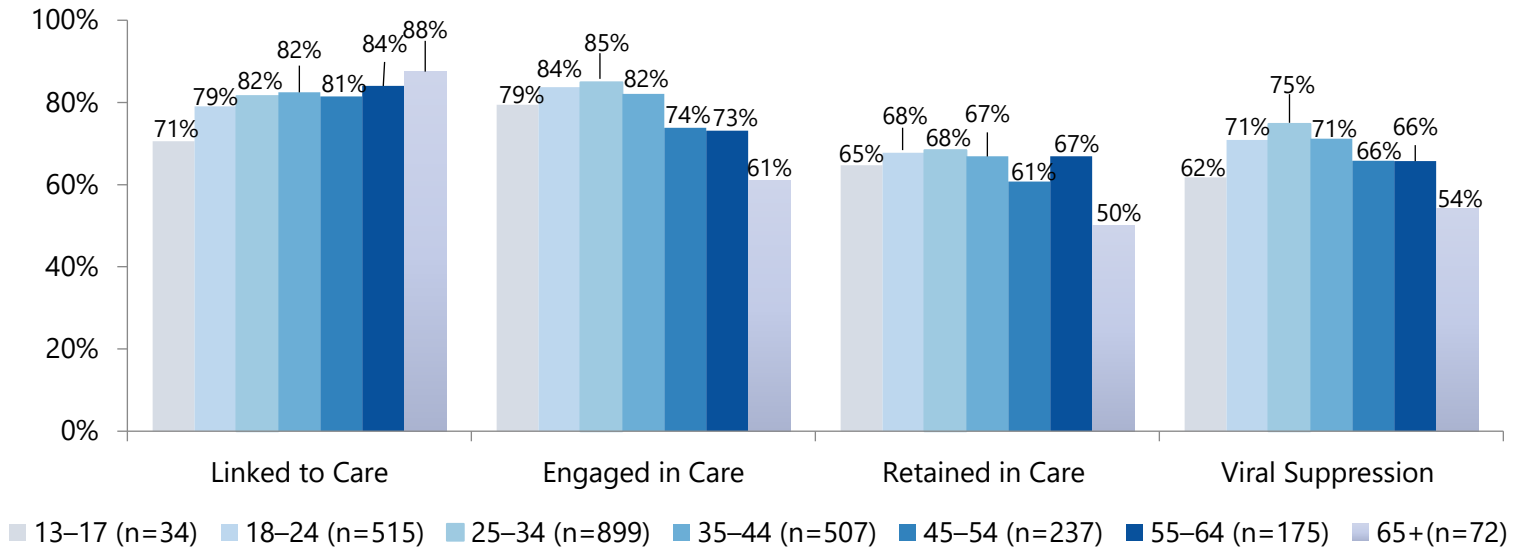
Black or African American and White populations are non-Hispanic; Hispanics or Latinos may be of any race

Data for Asian, American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander are not displayed due to denominators being <20

Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was <200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023

FIGURE 9A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY AGE AT DIAGNOSIS (IN YEARS), GEORGIA, 2023

In 2023, among individuals newly diagnosed with HIV, linkage to care was lowest among those aged 13–17 and highest among those aged 65+. However, all other care continuum measures were lower among individuals aged 65+ compared to other age groups.



Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024

Address at HIV diagnosis within Georgia

Linked to care: CD4 or viral load (VL) within 30 days of diagnosis

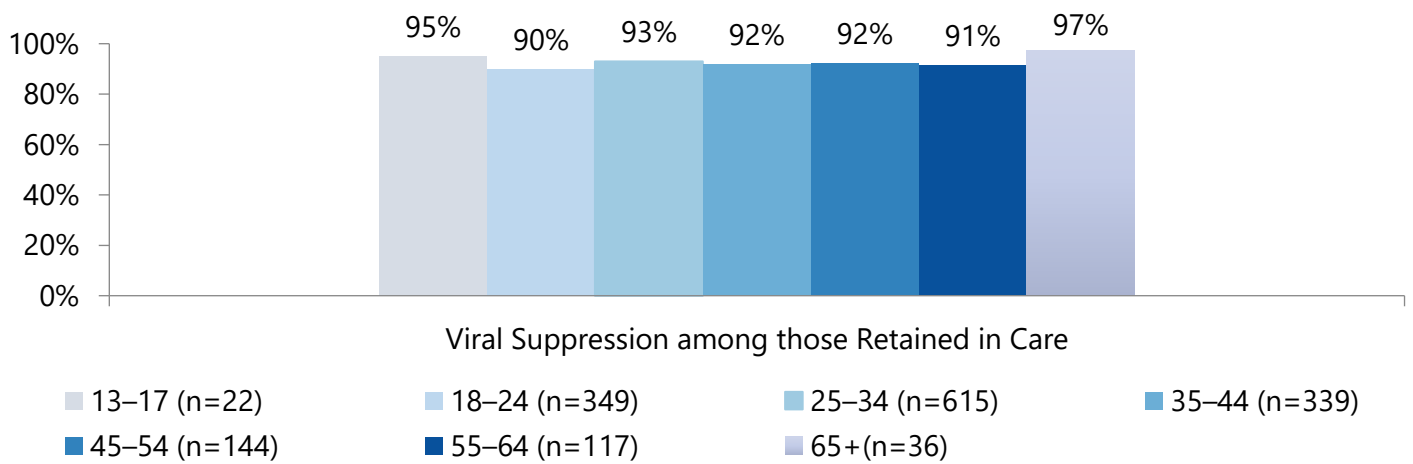
Engaged in care: ≥ one CD4 or VL test during 30 days to 13 months after diagnosis

Retained in care: ≥ two CD4 or VL tests at least three months apart during 30 days to 13 months after diagnosis

Viral suppression: VL < 200 copies/ml on most recent VL test during 30 days to 13 months after diagnosis

FIGURE 9B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY AGE AT DIAGNOSIS (IN YEARS), GEORGIA, 2023

In 2023, viral suppression among those newly diagnosed in 2023 who were retained in care was similar among those aged 18–64, and higher among those aged 13–17 and 65+.



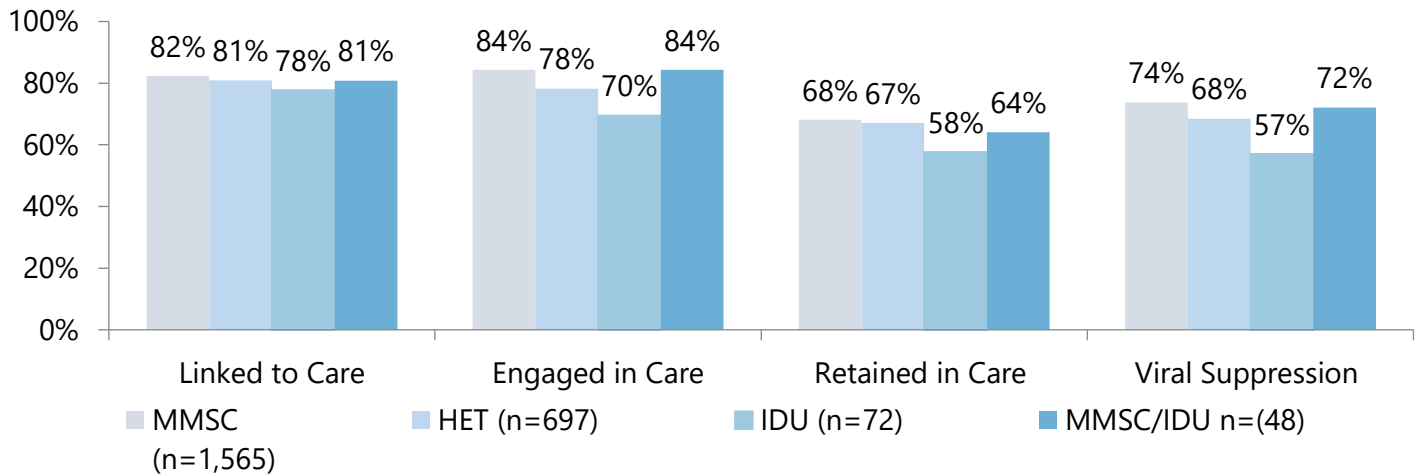
Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024

Address at HIV diagnosis within Georgia

Viral suppression among those retained in care: Most recent viral load (VL) in 2022 was < 200 copies/ml among those with ≥ two CD4 or VL tests at least three months apart in 2023

FIGURE 10A. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY, GEORGIA, 2023

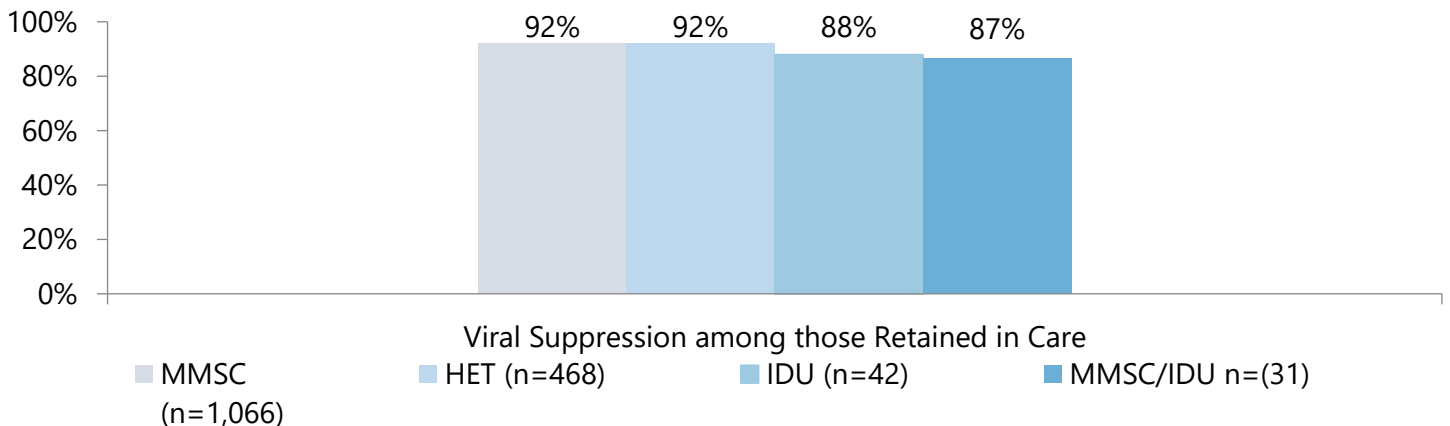
Among individuals newly diagnosed with HIV in 2023, care continuum measures were lowest among those with a transmission category of injection drug use compared to other groups.



Note: Multiple imputation was used to assign transmission category where missing.
 MMSC: Male-to-male sexual contact; HET: Heterosexual contact; IDU: Injection drug use
 Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024
 Address at HIV diagnosis within Georgia
 Linked to care: CD4 or viral load (VL) within 30 days of diagnosis
 Engaged in care: ≥ one CD4 or VL test during 30 days to 13 months after diagnosis
 Retained in care: ≥ two CD4 or VL tests at least three months apart during 30 days to 13 months after diagnosis
 Viral suppression: VL < 200 copies/ml on most recent VL test during 30 days to 13 months after diagnosis

FIGURE 10B. CARE CONTINUUM MEASURES AMONG ADULTS AND ADOLESCENTS NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY, GEORGIA, 2023

Viral suppression among those retained in care was higher among individuals with a transmission category of male-to-male sexual contact (MMSC) compared to individuals with a transmission category of MMSC and injection drug use, for persons newly diagnosed with HIV in 2023.



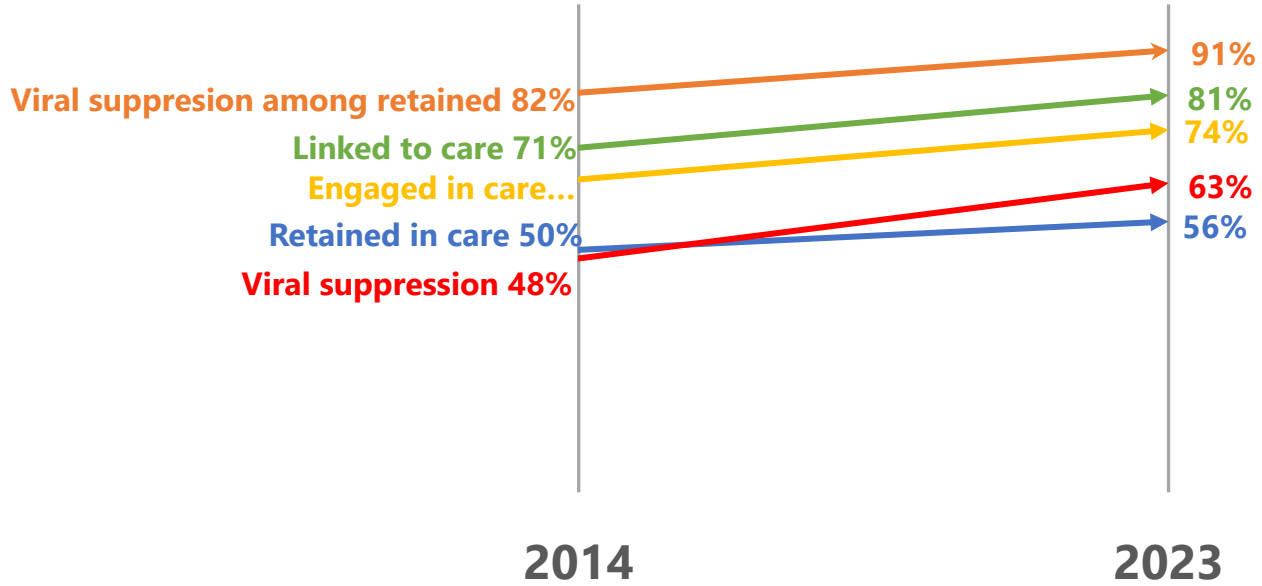
Note: Multiple imputation was used to assign transmission category where missing.
 MMSC: Male-to-male sexual contact; IDU: Injection drug use; HET: Heterosexual contact
 Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024
 Address at HIV diagnosis within Georgia
 Viral suppression among those retained in care: Most recent viral load (VL) in 2023 was < 200 copies/ml among those with ≥ two CD4 or viral load tests at least three months apart in 2023

CARE CONTINUUM
MEASURES OVERTIME,
2014–2023




FIGURE 11. CARE CONTINUUM MEASURES OVERTIME AMONG ADULTS AND ADOLESCENTS WITH HIV AND NEWLY DIAGNOSED WITH HIV, GEORGIA, 2014–2023

Between 2014–2023, all care continuum measures increased in Georgia. The largest increase was for viral suppression, which increased by 15 percentage points from 2014 (48% of people with HIV were virally suppressed) to 2023 (63% of people with HIV were virally suppressed).



Engaged in care, retained in care, viral suppression and viral suppression among retained: Adults and adolescents: ≥ age 13, diagnosed by 12/31/2022, living as of 12/31/2023, with a current address in Georgia
 Engaged in care: ≥ one CD4 or viral load (VL) test in 2023
 Retained in care: ≥ two CD4 or VL tests at least three months apart in 2023
 Viral suppression: Most recent VL in 2022 was <200 copies/ml
 Viral suppression among those retained in care: Most recent VL in 2023 was <200 copies/ml among those with ≥ two CD4 or viral load (VL) tests at least three months apart in 2023
 Linked to care: Adults and adolescents: ≥ age 13, diagnosed 01/01/23–12/31/23, living as of 12/31/2024 who had a CD4 or viral load (VL) within 30 days of diagnosis



SUPPLEMENTARY INFORMATION

Additional data on HIV in Georgia:

Georgia Department of Public Health HIV Epidemiology Unit's Main Website: <https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit>

- Prior year HIV Care Continuum Reports/Slides are available: <https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum>
- Other resources available include surveillance summary reports, trends overtime, fact sheets, special reports, and presentations: <https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum>
- Centers for Disease Control and Prevention, Division of HIV Prevention: <https://www.cdc.gov/hiv/default.html>
- AIDS Vu: <https://aidsvu.org/>

Reporting:

All health care providers diagnosing and/or providing care to a patient with HIV are required by Georgia law (O.C.G.A. §31-12-1) to report HIV infection using the HIV/AIDS Case Report Form.

Case report forms should be completed within seven (7) days of diagnosing a patient with HIV and/or AIDS or within seven (7) days of assuming care of an HIV positive patient who is new to the provider, regardless of whether the patient has previously received care elsewhere.

Adult and Pediatric case report forms are available at <https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-reporting>

For more questions on HIV case reporting in Georgia please contact the HIV Surveillance Coordinator at 1-800-827-9769 (no faxing permitted). eFax: 404-506-9297

Requesting data:

To request data, please visit <http://dph.georgia.gov/phip-data-request> to create a PHIP data request account and login.

