

#### New HIV diagnoses slightly decreased in 2023 and are returning to pre-pandemic trends.

In 2023, there were 2,442 people newly diagnosed with HIV in Georgia (rate: for every 100,000 people in Georgia, 22 had a new HIV diagnosis in 2023). This is slightly lower than the number of people newly diagnosed with HIV in 2022 (2,546 HIV diagnoses). HIV diagnosis rates decreased by an average of -2% per year from 2014–2023. There was an initial drop in HIV diagnoses in 2020 due to COVID-19-related healthcare disruptions but counts appear to be returning to pre-pandemic levels<sup>1</sup>.



Note: Counts displayed in the figure include people of all ages and displayed include people ages 13 and older. <sup>1</sup>More information on the impact of COVID-19-related healthcare disruptions on HIV diagnosis trends in Georgia is available here: <u>https://dph.georgia.gov/document/document/hivepi2021conferencethelingeringimpactofcovid-19disruptionsonhivdiagnosesingapdf/download</u>

# Black or African American cisgender men with male-to-male sexual contact continue to account for the most HIV diagnoses (40% of diagnoses in 2023).

They were followed by Black or African American cisgender women (with an HIV infection attributed to heterosexual contact), Hispanic or Latino cisgender men (MMSC), White cisgender men (MMSC), and Black cisgender men (heterosexual contact).



Top Five Groups with an HIV Diagnosis in Georgia, 2023

Note: Information in parentheses represents the attributed HIV transmission category. MMSC = male-to-male sexual contact.

# <u>Trends</u>: Within the top five groups, HIV diagnosis counts increased among Hispanic or Latino cisgender men (MMSC) (+7.1% per year on average).

HIV diagnoses decreased among White men (MMSC) (AAPC: -3.1%) and slightly decreased among Black or African American men (MMSC) (AAPC: -1.7%). Diagnoses were relatively stable among Black or African American women (heterosexual contact) (AAPC: -1.0%) and Black or African American men (heterosexual contact) (AAPC: -1.0%) and Black or African American men (heterosexual contact) (AAPC: -0.4%).



Note: AAPC = Average Annual Percent Change between 2014–2023; MMSC = male-to-male sexual contact. Rates are not presented in this figure because census estimates are not available by HIV transmission category (ex., MMSC). HIV diagnosis rates among Hispanic or Latino males are increasing (+2.6% AAPC), indicating that increasing counts are not solely due to population growth.

## Metro Atlanta Districts continue to have the highest HIV diagnosis rates. Potential increases were seen in the Northwest (1-1) and GNR (3-4) Districts.

Public Health Districts with the highest rates of new HIV diagnoses were Districts 3-2, 3-3, and 3-5. New HIV diagnoses are potentially increasing in Districts 1-1 and 3-4 and decreasing in 3-2 and 3-5.



Note: The above table and figure are calculated for individuals ages 13 and older. \*An increase in new HIV diagnoses is potentially occurring (statistically significant at the 0.05 level). \*A decrease is potentially occurring (statistically significant at the 0.05 level). *Unstable*: Annual percent change estimates for District 5-1 and District 7 were censored because these estimates are unstable due to small counts (District 5-1) or large differences in annual counts (District 7). Interpretation notes for specific health districts: Increases in District 9-2 may be attributed to the opening of an ICE facility in 2018. Increases in District 10 may be the result of a rebound from excess missed diagnoses in 2020 due to COVID-related healthcare disruptions. Increases in District 3-4 are primarily driven by increasing rates among Hispanic/Latino individuals. District 3-4 has the

largest Hispanic/Latino population in the state and has recently experienced more population growth within this group. Rates are adjusted for population size; thus, increases in District 3-4 are not solely due to population growth.

### The number of people ages 50+ with HIV in Georgia continues to grow, thanks to effective treatments that help people live longer, healthier lives.

In 2023, there were 65,195 people of all ages with HIV in Georgia (rate: for every 100,000 people in Georgia, 591 people had HIV in 2023). Among them, 44% were ages 50+ (n=28,818) (rate: for every 100,000 people ages 50+ in Georgia, 766 people ages 50+ had HIV in 2023).



## <u>HIV Care Continuum Measures</u>: All care continuum measures increased or remained stable in Georgia between 2019–2023.

The largest increases were seen for viral suppression and viral suppression among those retained in care (both increased by 3 percentage points). However, viral suppression and linkage to care in Georgia remained below the national benchmarks<sup>1</sup> of 95% (i.e., the goal is that 95% of people with HIV are virally suppressed and 95% of people newly diagnosed with HIV are linked to HIV care within 30 days).



Note: The denominator for "Linkage to Care" (linked to HIV care within 30 days of diagnosis) is all people who were newly diagnosed with HIV in Georgia during the given year. The denominator for "Engaged in Care" (had  $\geq$  1 HIV care visit in the given year), "Retained in Care" (had  $\geq$  2 HIV care visits at least 3 months apart in the given year), "Virally Suppressed" (most recent viral load sample was <200 copies/ml in the given year) is all people diagnosed with HIV before the start of the given year. The denominator for "Viral Suppression among Retained" (most recent viral load sample was <200 copies/ml in the given year) is all those who were retained in HIV care in the given year.

**More Information:** For additional data, including the 2023 HIV Surveillance Summary Report and data by county, please visit <u>https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit/hiv-case-surveillance-and-care-continuum</u>. If you have further questions, please contact Dr. Jenna Gettings, Director of the Viral Hepatitis, HIV, and STI Epidemiology Section (<u>Jenna.Gettings@dph.ga.gov</u>).

Fact sheet created 05/19/25.

<sup>&</sup>lt;sup>1</sup> 2022-2025 National HIV Benchmarks: https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf