

Georgia HIV Epidemiologic profile—2020 Addendum

The most recently published Georgia HIV Epidemiologic profile covers 2015-2019; this short document describes data for 2020, and provides a cluster detection update.

Diagnoses

The most important trend observed in 2020 was a sizeable decrease in HIV diagnoses, from 2,456 in 2019 to 2,041 in 2020 (17% decrease). This pattern was observed across the country and directly related to the COVID-19 pandemic which resulted in reductions in testing services, particularly at health departments whose staff were actively engaged in COVID-19 response, as well as reduction in people accessing care because of concerns related to transmission of COVID-19 in healthcare settings, and implementation of telehealth which likely reduced bloodwork performed.

Decreases in diagnoses were slightly larger for some demographic subgroups, in particular persons 13-24 who accounted for 26% of diagnosed persons in 2019, compared with only 23% in 2020.

The clinical setting with the largest decrease in diagnoses was health department clinics: the percent of diagnoses made at health department clinics decreased from 12% in 2019 to 9% in 2020; the only other setting with a marked decrease in diagnoses was blood banks which accounted for 3% of diagnoses in 2019 compared with 1.5% in 2020 (a small proportion of overall diagnoses, but large decrease as few blood drives were held in 2020).

Work is underway to determine to what extent diagnoses in 2021 are making up for the missed diagnoses in 2020 (“catch up”), and which groups are experiencing the largest ongoing gaps in diagnoses.

People with HIV

The number of people with HIV increased from 58,594 in 2019 to 59,949 in 2020. There were no meaningful changes in the distribution of people with HIV by demographic characteristics.

HIV Care Continuum

Overall, the HIV Care Continuum changed little between 2019 and 2020. The most notable changes were a small decrease in the proportion of persons receiving any HIV care (using proxy measure of at least one CD4/VL test): 69% in 2020 compared with 71% in 2019, and a larger decrease in the proportion that had 2 or more lab visits (“retained in care”): 48% in 2020 compared with 55% in 2019. The percent virally suppressed remained stable at 59% and the percent suppressed among those in care increased from 88% in 2019 to 90% in 2020.

The reduction in persons retained in care is likely due in some part to increased use of telehealth services and temporary foregoing of lab tests for stable patients. An examination of patients returning to care in 2021 and 2022 after an apparent “gap” in care shows a substantial portion virally suppressed at return to care, evidently still taking ART.

The decrease in percent receiving any care was greater for persons 20-29 than other age groups (73% in 2019 compared with 70% in 2020), and the decrease in percent retained in care was greater for women than for men (46% retained in 2020 compared with 55% in 2019).

Deaths

There was an increase in deaths among people with HIV in 2020 due to COVID-19 deaths. There were 840 deaths among people with HIV in 2020 compared with 760 in 2019.

STIs

The most notable change in STI diagnoses in 2020 was a decrease in Chlamydia diagnoses (579/100,000 in 2020 compared with 640/100,000 population in 2019). Gonorrhea and P&S syphilis remained fairly stable (GC 200/100,000 in 2019 and 2017 in 2020, P&S syphilis 16.6/100,000 in 2019 and 16.4 in 2020). A large portion of chlamydia diagnoses occur during routine screening of young women, which was less likely to occur in 2020 as many routine visits were postponed because of covid-19.

HIV Cluster Detection and Response update

Until recently, the majority of priority clusters (defined as having 4 or more diagnoses in the last 12 months) were comprised of Black MSM under 30 years of age. In 2021 several clusters appeared that involved Hispanic men in metro Atlanta, one of which has become the largest cluster in Georgia with 45 members. Detection of these clusters coincided with an increase in diagnoses among Hispanic men.

Table 1: Priority clusters as of July 2022, sorted by number of diagnoses in the last 12 months

| Cluster ID | Cluster count | Diagnoses in past 12 months | Percent H/L | IDU or MSM/IDU count | Predominant membership | Comment |
|------------|---------------|-----------------------------|-------------|----------------------|--------------------------------------|--|
| 680.1 | 45 | 11 | 37.8 | 5 | Hispanic/Latino and White MSM, metro | |
| 130.5 | 7 | 6 | . | . | Young Black MSM, metro | |
| 1233.1 | 14 | 6 | . | . | Young Black MSM, metro | |
| 1733.1 | 9 | 6 | . | . | Young Black women, half metro | |
| 1091.2 | 15 | 5 | 93.3 | . | Young Hispanic/Latino MSM, metro | |
| 1171.2 | 6 | 5 | 33.3 | . | Hispanic/Latino and Black MSM, metro | |
| 1198.1 | 5 | 5 | . | . | Black MSM, metro | |
| 1381.1 | 7 | 5 | . | . | Young White MSM, non-metro | |
| 1534.2 | 8 | 4 | . | . | Young Black MSM, metro | |
| 1838.1 | 4 | 2 | 100.0 | 1 | Hispanic/Latino men and women, metro | Priority because of Hispanic/Latino membership |
| 23.28 | 5 | 0 | 80.0 | . | Older Hispanic/Latino MSM, metro | " |
| 680.2 | 7 | 0 | 71.4 | . | Young Hispanic/Latino MSM, metro | " |

An investigation that involved interviews of providers serving Hispanic men (both primary care and HIV care providers), and of Hispanic gay and bisexual men in metro Atlanta was launched in spring 2022 to better understand factors driving the increase in diagnoses among Hispanic men. Barriers identified included need for culturally and linguistically appropriate services, need for establishing partnerships with CBOs and providers serving Latino/Hispanic populations, need for dissemination of culturally concordant information on HIV prevention and treatment in Spanish and physical and online venues, and expansion of LGBTQ-friendly comprehensive services.