HIV/AIDS among Hispanic/Latino Populations in Georgia

Epidemiologic Profile Summary, 2014-2020

BACKGROUND

CONTEXT

Annual HIV diagnoses in Georgia have decreased steadily over the past 10 years[1], however, declines in diagnosis rates did not occur for all groups. Among Hispanic/Latino men, the rate of HIV diagnosis increased by 13% between 2010-2019, a contrast to decreasing rates seen among Black and White men.

DATA REPORTING
Georgia state law requires healthcare providers and laboratories to report all cases of HIV/AIDS to the Georgia Department of Public Health, which monitors the epidemic.

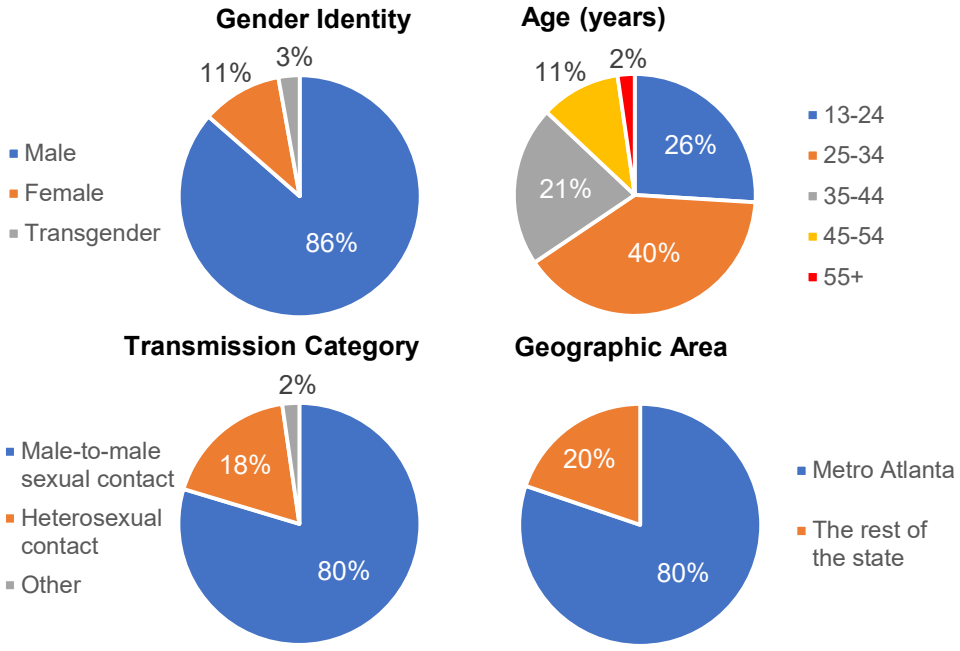
PURPOSE OF THE EPIDEMIOLOGIC PROFILE

This profile presents detailed data on Hispanic/Latino populations in Georgia who were newly diagnosed or living with HIV/AIDS. It includes data comparing Hispanic/Latino, Black, and White populations, three groups that make up 93% of people living with HIV/AIDS in Georgia. The profile aims to provide key data to healthcare and service providers, community groups, patients, researchers, and other stakeholders, which can be used to inform the design of HIV prevention and care activities focused on Hispanic/Latino populations.

DEMOGRAPHICS

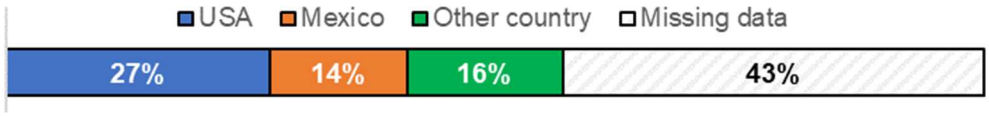
In 2020, Hispanic/Latino individuals accounted for **9% of all new HIV diagnoses** (n=177) and **8% of people living with HIV/AIDS** (n=4,508) in Georgia. Fifty-seven percent of Hispanic/Latino people living with HIV/AIDS had information on their country of birth in their HIV surveillance record, and of those, most were born in the **United States** and **Mexico**, followed by Guatemala, Honduras, Puerto Rico, and El Salvador.

Figure 1. Demographic information of Hispanic/Latino populations diagnosed with HIV in 2020 by gender identity, age, HIV transmission category, and geographic area (n=177)



[1] Georgia Department of Public Health, HIV/AIDS Epidemiology Section *HIV Epidemiologic Profile, Georgia, 2021* *https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-hiv-surveillance-data, Published September 2021*

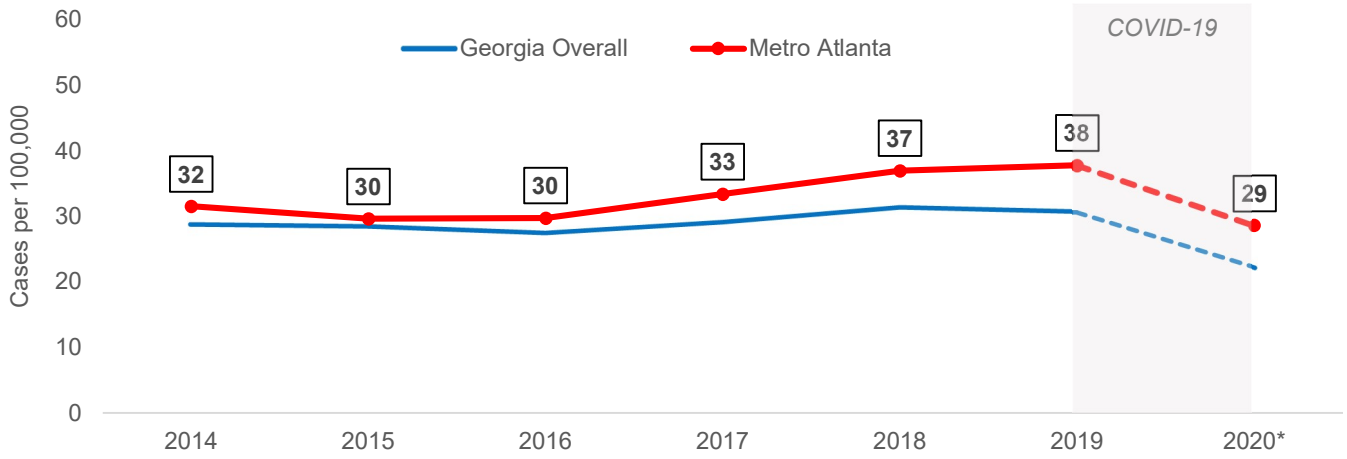
Figure 2. Country of birth among Hispanic/Latino adolescents and adults living with HIV/AIDS in Georgia, 2020 (n=4,508)



HIV DIAGNOSIS TRENDS: 2014 – 2020

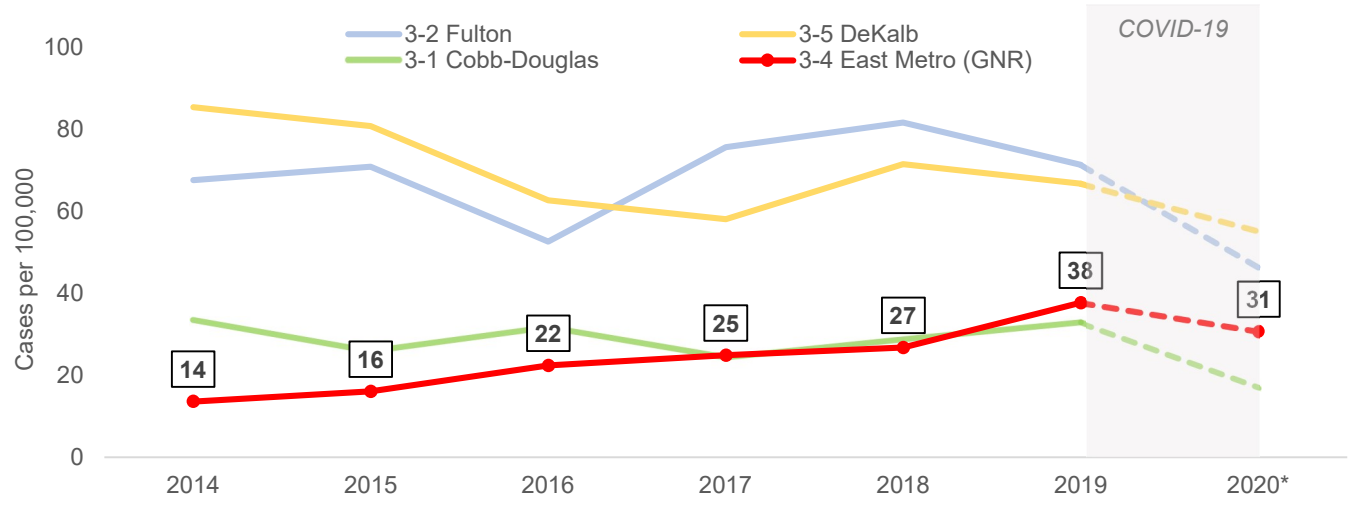
The rate of diagnosis **increased more in metro Atlanta** than in the state overall.

Figure 3. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by geographic region, 2014-2020



The rate of diagnosis is highest in Fulton and DeKalb Public Health Districts, but has steadily increased in the **East Metro (GNR)** Public Health District

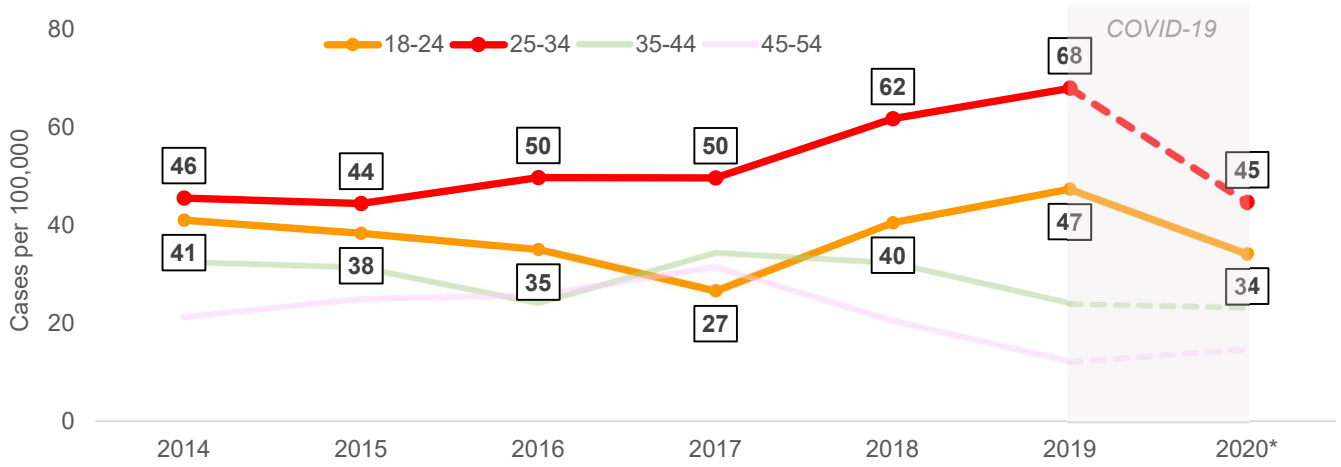
Figure 4. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in the 4 Georgia Health Districts with the most diagnoses, 2014-2020



**Note: Decreases in incidence rates for 2020 likely reflect decreased access to and/or utilization of HIV testing services.*

Among Hispanic/Latino adolescents and adults, diagnosis rates increased most in **younger age groups** (ages 18-24 and 25-34 years).

Figure 5. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by age group, 2014-2020



**Note: Decreases in incidence rates for 2020 likely reflect decreased access to and/or utilization of HIV testing services. Figure 5 does not include data for individuals ages 13-17 and 55+ due to small counts that led to unstable rates.*

COMPARISON TO OTHER RACIAL/ETHNIC GROUPS

In contrast to increases observed in the Hispanic/Latino population, **diagnoses decreased for Black and White** populations**.** The increase among Hispanics/Latino populations was driven by increases seen among Hispanic/Latino men.

Table 1. HIV diagnosis rates in Georgia by sex and race/ethnicity (rate per 100,000), 2010-2019

Sex	Race/ethnicity	2010 rate	2019 rate	Percent change in rate/100,000
Men	Hispanic	46.1	52.1	+ 13.0%
	Black	126.4	110.9	- 12.3%
	White	16.2	12.8	- 21.0%
Women	Hispanic	12.4	7.1	- 43.0%
	Black	38.5	23.5	- 39.0%
	White	3.2	2.8	- 12.5%

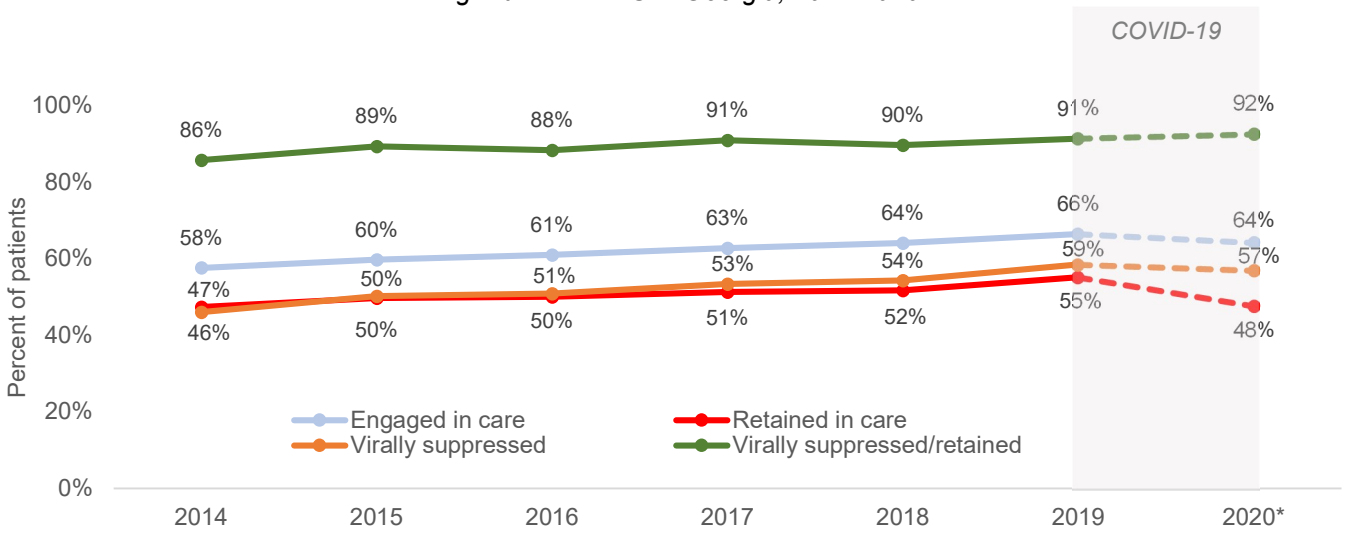
HIV CARE CONTINUUM MEASURES

Receipt of effective HIV care is critical for both a patient's health and preventing forward transmission. HIV care labs (CD4 and viral load tests) serve as a proxy for HIV care visits and achievement of viral suppression. The care continuum measures that approximate care received are summarized below:

- Linkage to care: ≥1 CD4/viral load [VL] test within 30 days of diagnosis
- Engagement in care: ≥1 CD4/VL test during the year
- Retention in care: ≥2 CD4/VL tests during the year at least 3 months apart
- Viral suppression: last VL test ≤ 200 copies/ml during the year
- Viral suppression among those retained in care: last VL test ≤ 200 copies/ml during the year among those who had ≥2 CD4/VL tests during the year at least 3 months apart

Trends over time: Among Hispanic/Latino populations living with HIV/AIDS, attainment of four care continuum measures increased between 2014-2019, suggesting that access to and usage of HIV/AIDS care is improving.

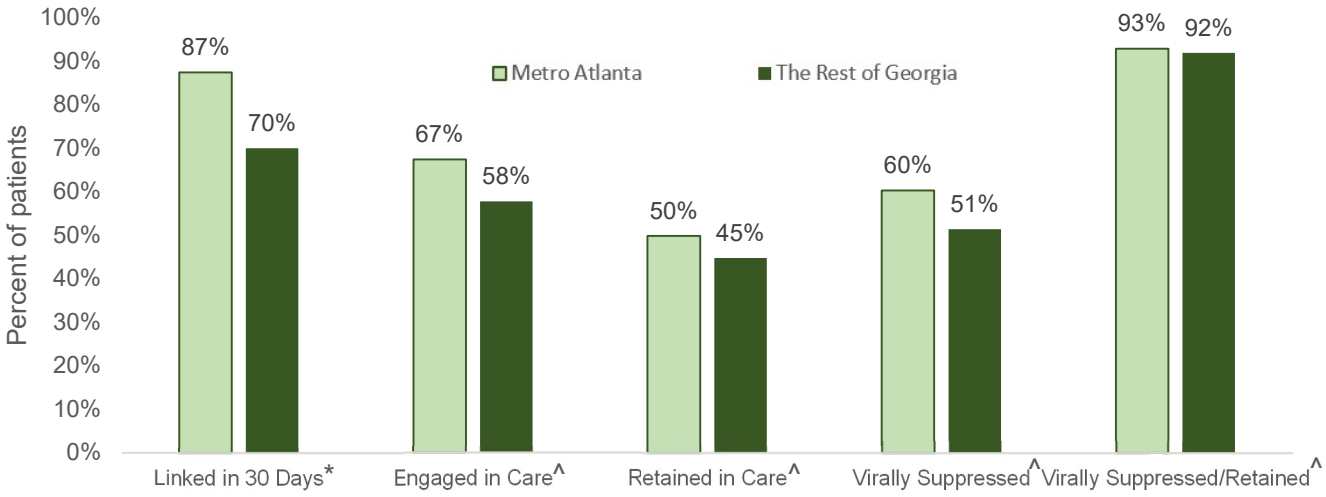
Figure 6. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV/AIDS in Georgia, 2014-2020



**Note: Decreases in engagement in care, retention in care, and viral suppression in 2020 likely reflect decreased access to and/or utilization of care. Patients may have used other care options during the COVID-19 pandemic, such as telemedicine, that are not reflected in this data.*

Geographic differences: For all five care continuum measures, level of care was higher for Hispanics/Latinos living in metro Atlanta compared to those living in the rest of the state.

Figure 7. HIV care continuum measures for Hispanic/Latino adolescents and adults in Georgia by geographic area, 2020



** The denominator for "linked to care" is all Hispanic/Latino patients newly diagnosed with HIV in 2020.*
^ The denominator for "engaged in care," "retained in care," "virally suppressed," and "virally suppressed among those retained" is all Hispanic/Latino patients living with HIV/AIDS as of the end of 2019.
Exclusions: Patients diagnosed in the East Central (Augusta) Public Health District were excluded from this analysis because viral load tests conducted at a large facility are not reported to Georgia DPH; patients whose last lab was at an Immigration Customs Enforcement Center were excluded from this analysis because it is uncertain whether these patients are still living in Georgia.
Geographic definitions: Metro Atlanta is defined as the following EMA counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Race/ethnicity comparison: In 2020, **levels of engagement in care were lower** for Hispanic/Latino individuals living with HIV/AIDS compared to Black and White individuals. Viral suppression levels for Hispanics/Latinos were similar to Blacks, but lower than Whites. Among those retained in care, viral suppression was higher for Hispanics/Latinos than Blacks. **Linkage to care was comparable** among all three groups.

Figure 8. HIV care continuum measures for adolescents and adults living with HIV/AIDS in Georgia by race/ethnicity, 2020 (n=54,023)

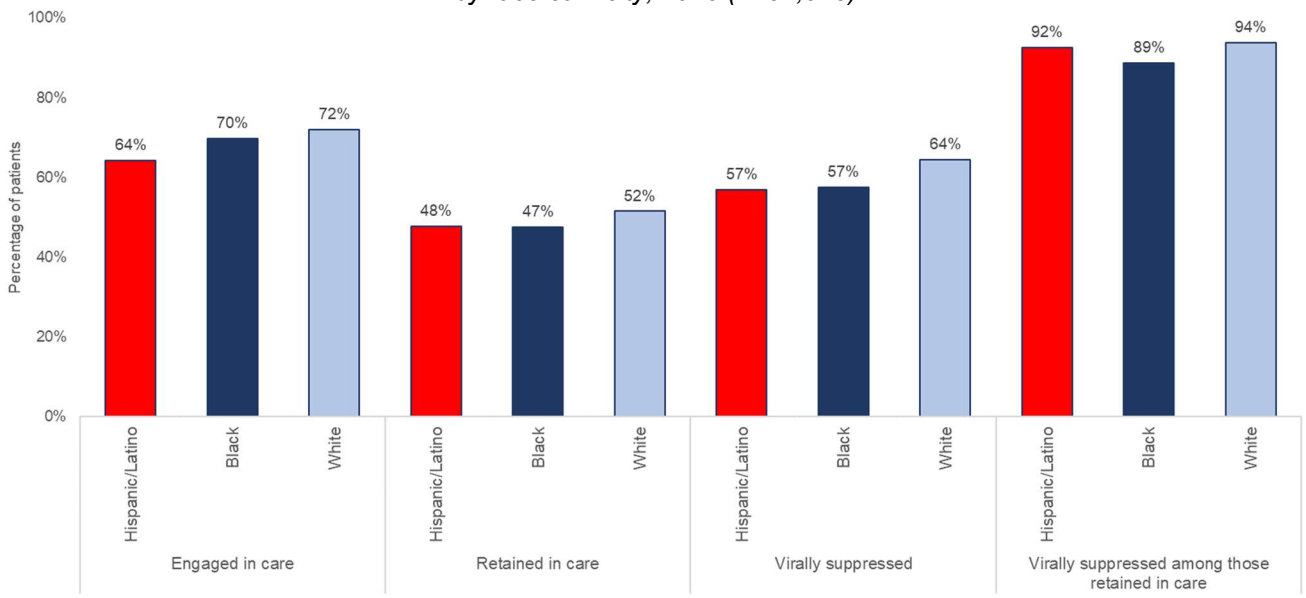
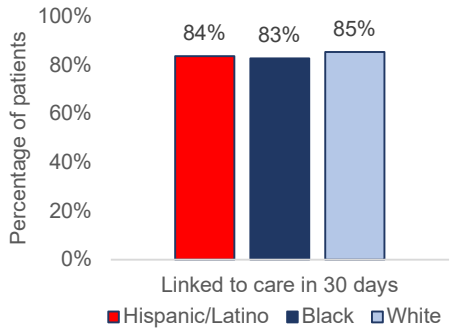


Figure 9. Newly diagnosed adolescents and adults in Georgia who were linked to HIV/AIDS care within 30 days of diagnosis by race/ethnicity, 2020 (n=2,016)



Population Trends by Race/Ethnicity

Between 2010-2020, Hispanic/Latino populations had **faster population growth (+19%)** compared to Black (+12%) and White (+2%) populations in Georgia.

Table 2. Population statistics in Georgia by race/ethnicity, 2010-2020[1]

	2010 population	2020 population	Count increase	Percentage increase
Hispanic/Latino	610,959	795,684	+184,725	+19%
Black (non-Hispanic)	2,333,818	2,807,261	+473,443	+12%
White (non-Hispanic)	4,595,021	4,773,696	+178,675	+2%

[1]*Data source: Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/*

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Additional Georgia case surveillance data: https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance
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