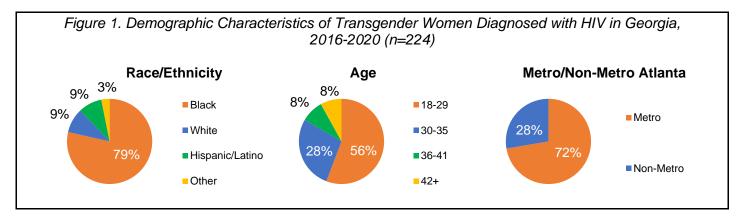
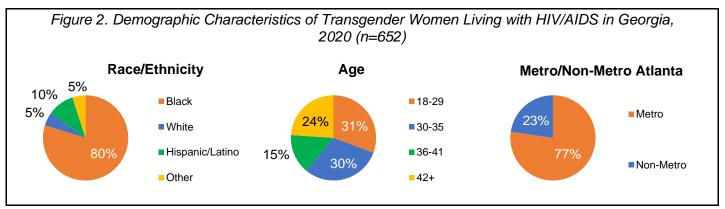


## HIV/AIDS Among Transgender Women in Georgia, 2016-2020

In 2020 in Georgia, 683 transgender people were known to be living with HIV/AIDS and 59 transgender people were newly diagnosed with HIV<sup>1</sup>. Of those diagnosed, 97% identified as transgender women<sup>2</sup>.

This fact sheet presents data on transgender women diagnosed with HIV between 2016-2020. Additionally, the fact sheet includes demographic information on transgender women living with HIV/AIDS in 2020. Finally, five care continuum measures, which approximate receipt of HIV/AIDS care, are compared between transgender women, cisgender men, and cisgender women to provide additional context.





Most transgender women diagnosed with HIV between 2016-2020 were Black (79%), ages 18-29 (56%), and living in Metro Atlanta (72%). For transgender women living with HIV/AIDS in Georgia in 2020, most were Black (80%), ages 18-35 (61%), and living in Metro Atlanta (77%).

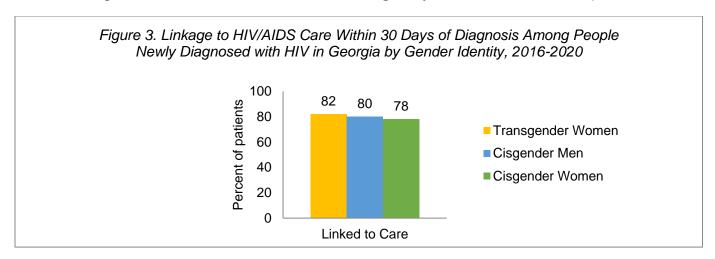
<sup>&</sup>lt;sup>1</sup> Georgia Department of Public Health, HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2020, https://dph.georgia.gov/data-fact-sheet-summaries, Published April 2022, Accessed: 07/27/2022

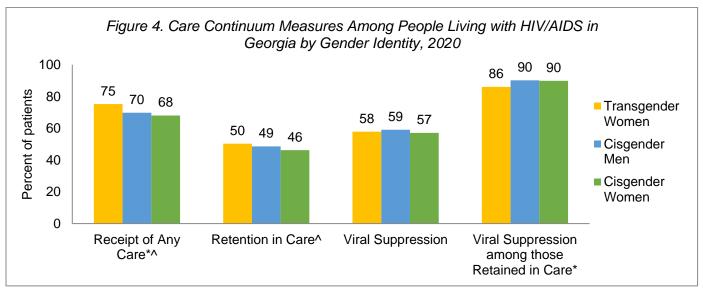
<sup>&</sup>lt;sup>2</sup> Persons for whom the current gender identity box "transgender male-to-female" was checked on a case report form are included in this data brief.



The HIV/AIDS care continuum measures below approximate receipt of HIV care, which 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 HIV care continuum measures are:

- Linkage to care: ≥1 CD4/viral load [VL] test within 30 days of diagnosis
- Receipt of any 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.





<sup>\*</sup>The proportion of cisgender men who met the measure was statistically different from the proportion of transgender women when using a chi-square test and p-value level of 0.05.

<sup>^</sup>The proportion of cisgender women who met the measure were statistically different from the proportion of transgender women when using a chi-square test and p-value level of 0.05.

The proportions linked to care within 30 days and virally suppressed were similar for transgender women, cisgender men, and cisgender women (Figures 3 and 4). Receipt of any care was higher for transgender women (75%) compared to the other two groups and retention in care was higher for transgender women (50%) compared to cisgender women (46%). However, viral suppression among those retained in care was lower for transgender women (86%) compared to cisgender men (90%).

## Notes about interpreting the data from this report:

Receipt of any care and retention in care may be higher among transgender women because patients who receive HIV/AIDS care may have better documentation of transgender status in their medical records. The high proportion of transgender women living with HIV/AIDS who are ages 18 to 35 years (61%) may be the result of less accurate ascertainment of transgender status for persons diagnosed before 2014. After 2014, efforts were implemented to better ascertain transgender status and work is currently underway to fill this gap.

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Additional epidemiologic data on transgender women & HIV/AIDS in Georgia: Georgia HIV Behavioral Surveillance (GHBS) Data Summary - Survey of Transgender Women in Metro Atlanta, 2019-2020: <a href="https://dph.georgia.gov/document/document/cycle-5-nhbs-2019-2020-trans/download">https://dph.georgia.gov/document/document/cycle-5-nhbs-2019-2020-trans/download</a>

## Additional Georgia HIV/AIDS case surveillance data:

https://dph.ga.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-surveillance