May 2023

HIV among Hispanic/Latino Populations in Georgia

AN EPIDEMIOLOGIC PROFILE

GEORGIA DEPARTMENT OF PUBLIC HEALTH

CONTENTS

INTRODUCTION

BACKGROUND, TECHNICAL NOTES, AND DEFINITIONS

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BACKGROUND

Annual HIV diagnoses in Georgia have decreased steadily over the past 10 years[1], however, declines in diagnosis rates did not occur within all groups. Among Hispanic/Latino men, diagnosis rates increased 13% between 2010-2019, which contrasts with the decreasing rates seen among Black and White men during the same timeframe. Although less than 10% of HIV diagnoses in Georgia occur among the Hispanic/Latino population (as of 2020), this increasing trend warrants further exploration to better understand the nuances of the Hispanic/Latino HIV epidemic in Georgia.

The aim of this epidemiologic profile is to describe the HIV surveillance data for Hispanic/Latino populations in Georgia who are newly diagnosed with HIV **(Section 1: Incidence)**, living with HIV **(Section 2: Prevalence)**, and receiving HIV care **(Section 3: HIV Care Continuum)**. The profile will compare HIV among Hispanic/Latino populations to Black and White populations, the three top racial/ethnic groups living with HIV in the state **(Section 4: Race/Ethnicity Comparison)**. Additionally, the profile will compare Georgia's Hispanic/Latino HIV epidemic to other states that have high HIV rates among Hispanic/Latino populations **(Section 5: National Comparison)**. Finally, the profile will present demographic data on Hispanic/Latino populations using census data **(Section 6: Demographics)**. Additional tables and figures are available in the appendix **(Section 7: Appendix)** and resources are available for medical staff, patients, and researchers **(Section 8: Resources)**.

The profile will provide information on the HIV epidemic among Hispanics/Latinos in Georgia to researchers, healthcare providers, and other partners so that they can better meet the needs of Hispanic/Latino populations when working to prevent the spread of HIV and improve access to high-quality HIV care.

TECHNICAL NOTES

The HIV data used to create this epidemiologic profile came from Georgia DPH's enhanced HIV Reporting System (eHARS), which compiles all HIV case reports. The population-level data that was used to form the denominator for rates is from Georgia's Online Analytical Statistical Information System (OASIS), which was based on 2010 census population projected estimates (https://oasis.state.ga.us/oasis/webquery/qryPopulation.aspx). While eHARS is the most comprehensive repository of data on people living with HIV in Georgia available, it has several limitations. eHARS data only includes patients who are diagnosed with HIV, and therefore does not include information on those unaware of their diagnosis. The data in this profile is restricted to adolescents and adults only (ages 13+) because pediatric cases of HIV are very rare.

There are also instances when data on race/ethnicity may be imperfect because it is either missing or misrepresented if a patient does not believe they identify with any of the available race/ethnicity choices

[1] Georgia Department of Public Health, Georgia HIV Surveillance Data. 2021 Integrated Epi Profile of Georgia. https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-hiv-surveillance-data, Accessed: October 2022.

on an intake form. This latter scenario can be especially prevalent among the Hispanic/Latino community, in which some individuals may prefer indicating their heritage or birth country, such as "Mexican" or "Venezuelan," instead of "Hispanic/Latino." Such instances have been documented by the Pew Research Center, which found that, one in ten American adults with Hispanic ancestry do not identify with having Hispanic ethnicity and half of those who did identify as Hispanic identified themselves based on their country of origin/heritage[2]. These factors may result in an underestimate of HIV in the Hispanic/Latino population presented in this profile.

Information on HIV transmission category is missing for one quarter of people living with HIV. Multiple imputation, a statistical approach, is used to replace each missing transmission category with a set of plausible values that represent the uncertainty about the true, but missing, values. Multiple imputation is considered by the Centers for Disease Control and Prevention (CDC) to be the best method for redistribution of missing data in large databases. Transmission category is shown after multiple imputation in this report. Individuals with missing information on their race/ethnicity are not assigned a risk through multiple imputation (for more information, see the CDC's technical notes on multiple imputation: https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-33/content/technical-notes.html.

Persons for whom the current identity box "transgender" was checked on the case report form are classified as transgender. This information is incomplete in some case report forms, so the numbers reported here are most likely an underestimate. Current identity fields which include the options of "transgender – female to male" and "transgender male to female", were added to the case report form in 2007, thus prevalent counts of HIV among transgender persons may be incomplete for persons diagnosed prior to 2007. For data presented at the Public Health District, county, or EMA[3] (Eligible Metropolitan Area) level, all cells with values between 1 and 4 observations are censored in accordance with the Georgia Department of Public Health HIV Surveillance Security and Confidentiality Guidelines (https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section).

This profile focuses on 2020 data, which was the most recent and complete data available at the time of production. However, in 2020, diagnoses sharply decreased likely because of the COVID-19 pandemic and resulting disruptions in the medical system.

DEFINITIONS

HISPANIC/LATINO refers to patients that have "Hispanic/Latino" listed under ethnicity in their eHARS record and have any other race listed or no race listed. Although this report describes Hispanics/Latinos as a single group, GDPH recognizes that this is a diverse group of people who are directly from or who have heritage from over a dozen countries. Unfortunately, approximately 40% of patients do not have information in their eHARS record on country of birth. This report presents the available data on country of birth, but does not include an in-depth analysis by country of birth due to the high level of missing data.

[2] Hugo, L., Gonzalez-Barrerra, A., & Lopez, G. (2017, December 20). *Hispanic Identity Fades Across Generations as Immigrant Connections Fall Away*. Pew Research Center. Retrieved February 10, 2023, from https://www.pewresearch.org/hispanic/2017/12/20/hispanic-identity-fades-across-generations-as-immigrant-connections-fall-away/

[3] The 20 Atlanta EMA (Eligible Metropolitan Area) counties that are eligible for Ryan White HIV/AID Program Part A Grants are: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

HIV DIAGNOSES indicate individuals who were diagnosed with HIV between January 1 and December 31 of the year indicated, who had an address in Georgia at the time of HIV diagnosis available in eHARS, and whose diagnosis was reported to the Georgia Department of Public Health by December 31 of the following year regardless of stage at diagnosis. This group includes persons whose initial diagnosis was Stage 3 (AIDS).

LATE HIV DIAGNOSES are the subset of HIV diagnoses who are found to be Stage 3 (AIDS) within 12 months of HIV diagnosis date. Such persons are termed late diagnoses because their advanced stage at diagnosis indicates that they were most likely infected for many years before diagnosis.

PERSONS LIVING WITH HIV INFECTION are persons diagnosed by December 31 of the reporting year who are not known to be deceased, and for whom the most recent address available is in Georgia.

PERSONS LIVING WITH HIV, EVER STAGE 3 are persons diagnosed by December 31 of the reporting year, who are not known to be deceased, for whom the most recent address available is in Georgia, and who met the case definition for Stage 3 (AIDS) at some point.

TRANSMISSION CATEGORIES presented in this report follow the standards created by the CDC and have been used for many years. According to the CDC, transmission category is the term for the classification of cases that summarizes a person's possible HIV risk factors. The summary classification results from selecting the one most likely risk factor to have been responsible for HIV transmission from the presumed hierarchical order of probability. For surveillance purposes, HIV and AIDS cases are counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV infection are classified in the transmission category according to the behavior that is most likely to have resulted in transmission. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category. Persons whose transmission category is classified as heterosexual contact are persons who report heterosexual contact specifically with a person known to have or be at high risk for HIV infection (e.g., an injection drug user/IDU).

CURRENT RESIDENCE is determined using the date of the most recently-entered residential address as of the reporting year in eHARS. This report presents current residence at the county, public health district, and state levels.

VITAL STATUS is assigned as alive unless it is otherwise documented or reported that the person is dead. Georgia DPH performs an annual match of the eHARS database with the Georgia Vital Records death data, the National Death Index and the Social Security Death Index to ascertain vital status.

RATES are based on estimates of the Georgia resident population retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), OASIS. Rates are per 100,000 population in the race/ethnicity category specified. Rates and percentages are not presented for case numbers less than 12 because these rates have relative standard errors greater than 30% and are considered unreliable.

PERCENTAGES in this report may not add up to 100% due to rounding.

COUNTS in the gender, race/ethnicity, and age categories may not add up to the overall totals due to a small number of individuals with missing information in their eHARS record.

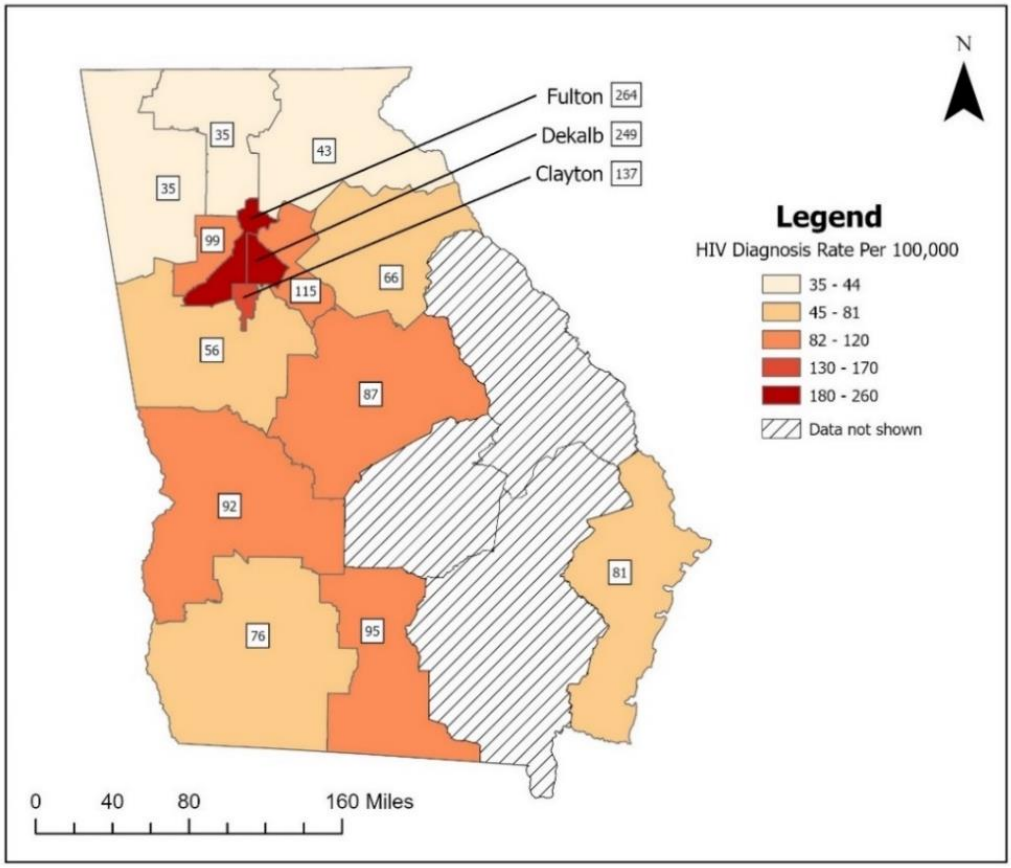
SECTION 1: INCIDENCE

HIV DIAGNOSES AMONG HISPANIC/LATINO ADOLESCENTS AND ADULTS, GEORGIA, 2014-2020

In 2020, Hispanic/Latino individuals accounted for **9%**[4] **of all new HIV diagnoses** in Georgia (n=177) (Table 1.1). Of those diagnoses, **86% were among males**, **40% were among people ages 25-34**, **79% were transmitted due to male-to-male sexual contact**, and **80% occurred in the Eligible Metropolitan Area (EMA)**[5].

Diagnoses were lower in 2020 compared to 2019 (Appendix Table A1). This is likely due to healthcare disruptions caused by the COVID-19 pandemic.

Figure 1.1. HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by public health district, 2017-2020 diagnoses combined (per 100,000 people)



Note: Rates displayed are per 100,000 Hispanic/Latino people in 2020 living in the public health district. HIV diagnosis rates for the South Central (Dublin) and East Central (Augusta) Public Health Districts were excluded due to small case counts that resulted in unstable rates. The HIV diagnosis rate for the Southeast (Waycross) Public Health District was excluded from this map because of the influx of cases reported from a newly opened correctional facility that were likely previously diagnosed out of state.

[4] Georgia Department of Public Health, HIV Epidemiology Section. 2020 GA HIV Surveillance Summary. https://dph.georgia.gov/document/document/ga-hiv-surveillance-summary-2020/download, Accessed November 2022

[5] The EMA (Eligible Metropolitan Area) consists of 20 counties that are eligible for Ryan White HIV/AIDS Part A grants: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

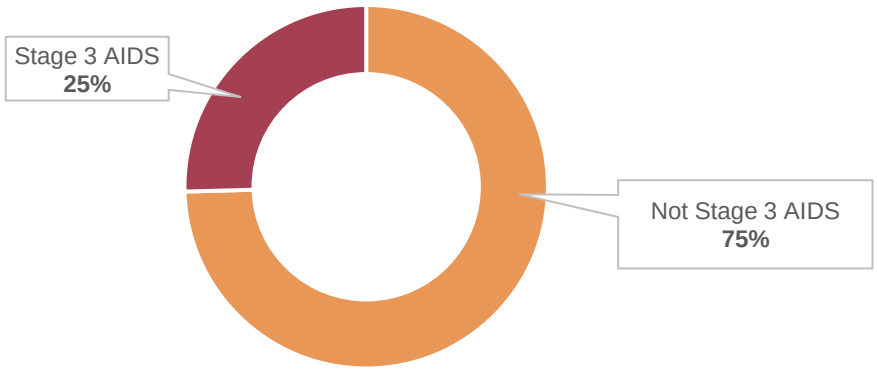
Table 1.1. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by geographic region, 2020

	Georgia Overall		EMA*		Non-EMA	
	No.	%	No.	%	No.	%
Total	177	100%	142	100%	35	100%
Gender Identity						
Cisgender Male	153	86%	124	87%	29	83%
Cisgender Female	19	11%	13	9%	6	17%
Transgender Persons	5	3%	5	4%	0	0%
Age Group						
13-24	46	26%	34	24%	12	34%
25-34	70	40%	59	42%	11	31%
35-44	38	21%	31	22%	7	20%
45-54	19	11%	14	10%	5	14%
55 and older	4	2%	<5	---	0	0%
Transmission Category						
Male-to-male sexual contact (MMSC)	141	79%	115	81%	25	72%
Injection drug use (IDU)	1	1%	<5	---	<5	---
MMSC & IDU	3	2%	<5	---	<5	---
Heterosexual contact	32	18%	24	17%	8	22%

*The EMA (Eligible Metropolitan Area) consists of 20 counties that are eligible for Ryan White HIV/AIDS Part A grants: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton. The non-EMA refers to all other counties in Georgia.

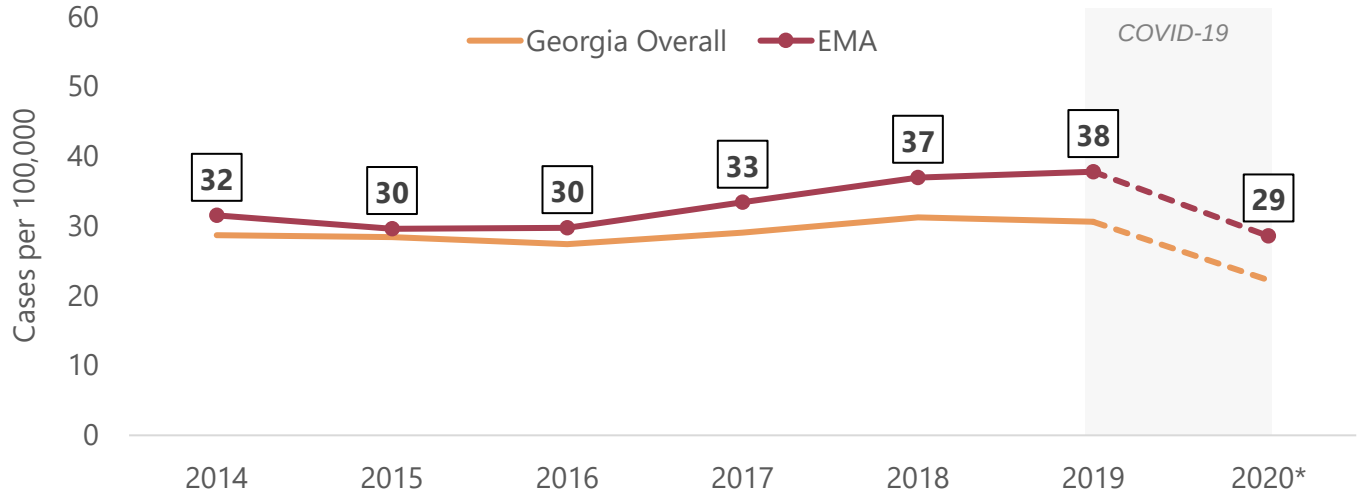
In 2020, **1 out of 4 HIV diagnoses** in the Hispanic/Latino population (45/177) **were late diagnoses (i.e., Stage 3 AIDS within 12 months)** (Figure 1.2). Demographic characteristics of those with a stage 3 diagnosis are available in Appendix Table A2.

Figure 1.2. Proportion of HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia that were late diagnoses (Stage 3 AIDS), 2020



Among Hispanic/Latino populations, diagnosis rates **increased more in the EMA** (+20% between 2014-2019) than in the state overall, while controlling for population growth (Figure 1.3).

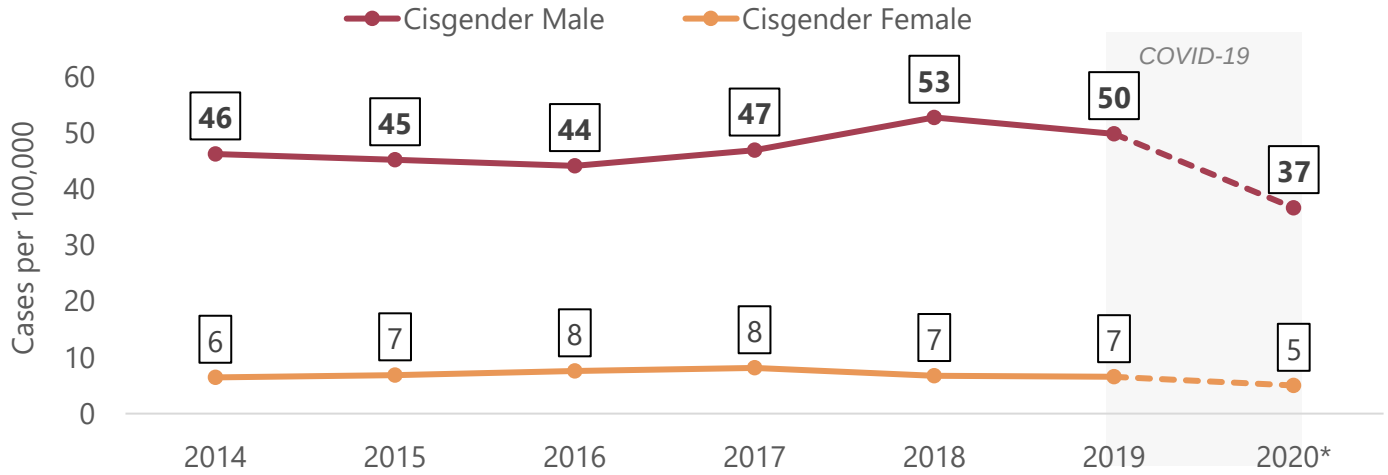
Figure 1.3. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by geographic region (cases per 100,000), 2014-2020



Note: See Appendix Table A5 for additional data details.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

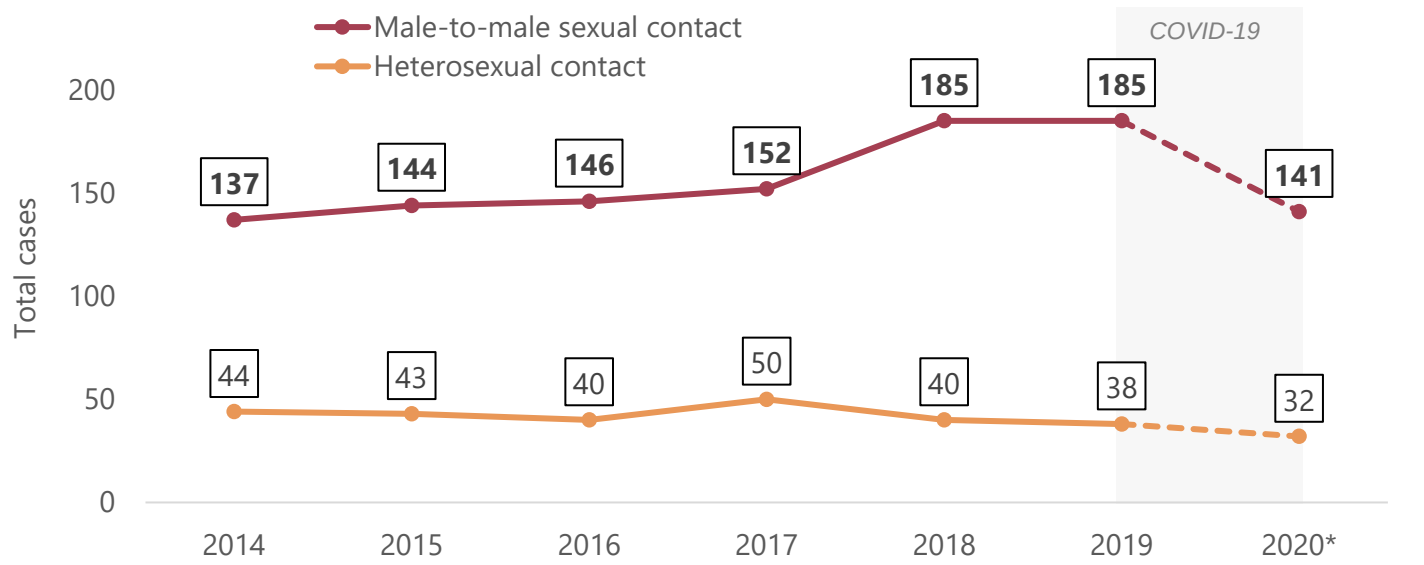
HIV diagnosis rate increases were concentrated in **the cisgender male population** (Figure 1.4) and among **men who have sex with men** (Figure 1.5).

Figure 1.4. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by gender (per 100,000 people), 2014-2020



Note: Only cisgender males and cisgender females are included in this chart because census data was only available for these two groups, which informed the rate denominator. See Appendix Table A3 and A5 for additional data details. 2020 data describing transgender populations is available in Appendix Table A4 and A5.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

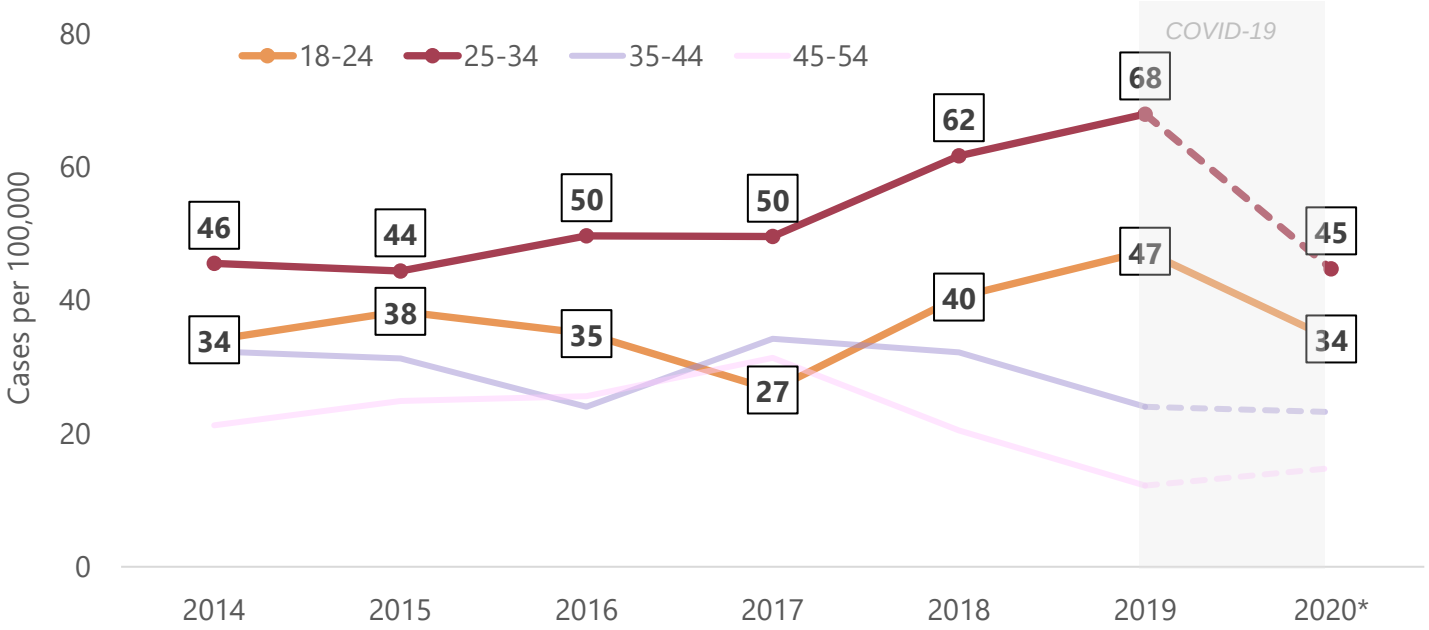
Figure 1.5. Annual HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by transmission category (case count), 2014-2020



Note: Two additional transmission categories (injection drug use and male-to-male sexual contact/injection drug use) are not displayed on this graph because both had case counts of <10 for all years. See Appendix Table A5 for additional data details.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

Among Hispanic/Latino populations, diagnosis rates **increased most in younger age groups** (ages 18-24 and 25-34 years) (Figure 1.6).

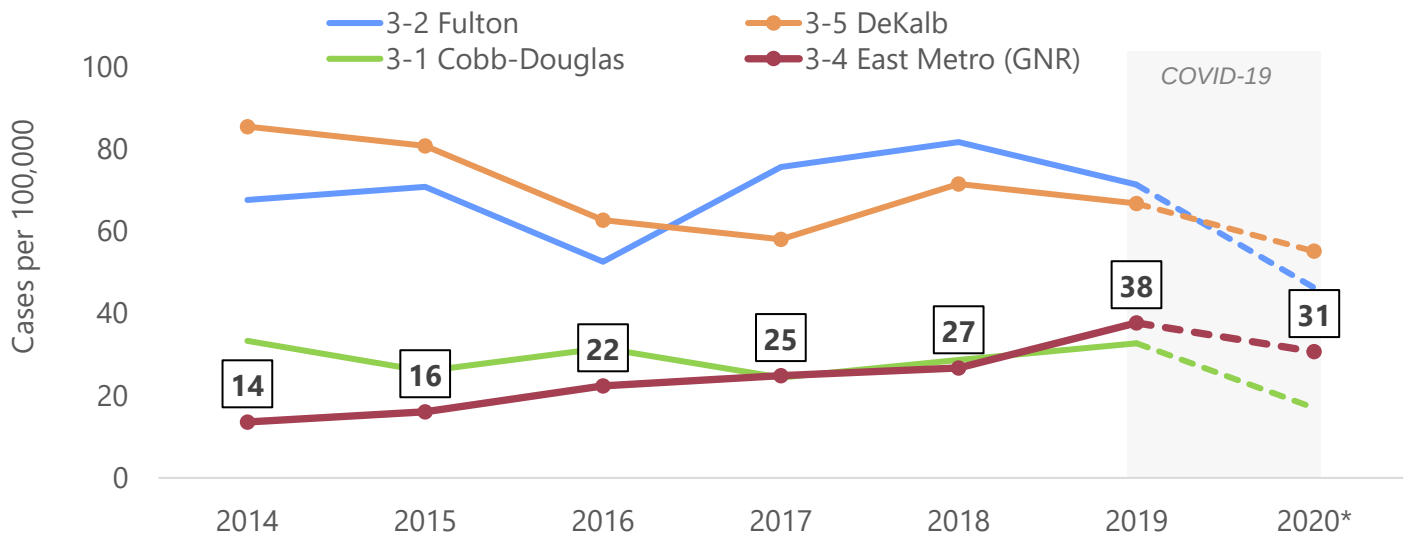
Figure 1.6. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in Georgia by age (per 100,000 people), 2014-2020



Note: This table does not include data for individuals ages 13-17 and 55+ due to small counts that led to unstable rates. See Appendix Table A5 for additional data details.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

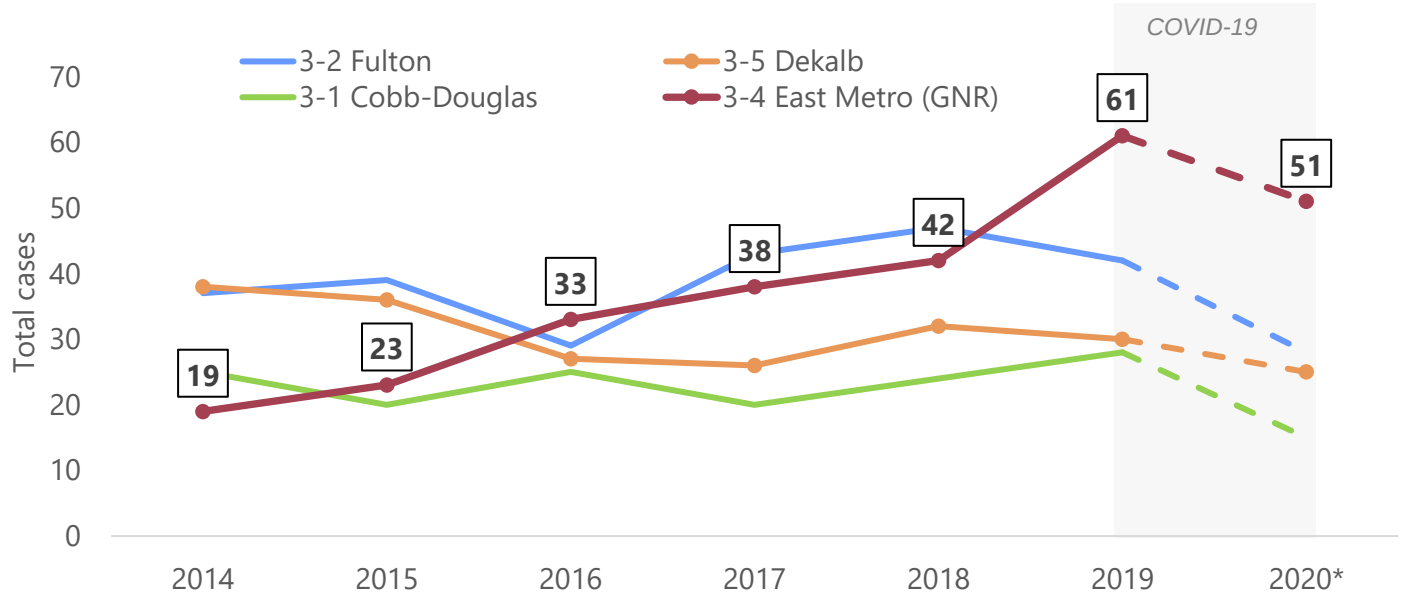
Diagnosis rates are highest in the Fulton and DeKalb Public Health Districts but are steadily increasing in **East Metro (GNR)** (Figure 1.7). Total cases are highest in East Metro (GNR) (Figure 1.8).

Figure 1.7. Annual HIV diagnosis rates among Hispanic/Latino adolescents and adults in the four Georgia public health districts with the most diagnoses, 2014-2020



Note: See Appendix Table A5 for additional data details.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

Figure 1.8. Annual HIV diagnoses (case count) among Hispanic/Latino adolescents and adults in the four Georgia public health districts with the most diagnoses, 2014-2020



Note: See Appendix Table A5 for additional data details.
*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

Additional Related Tables in the Appendix

- Table A1. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by geographic region, 2019
- Table A2. Late HIV diagnoses (Stage 3 [AIDS] within 12 months) and all HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2016-2020 combined
- Table A3. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by gender identity (cisgender males and cisgender females only), 2020
- Table A4. HIV diagnoses among transgender Hispanic/Latino adolescents and adults in Georgia, 2020
- Table A5. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2014-2020

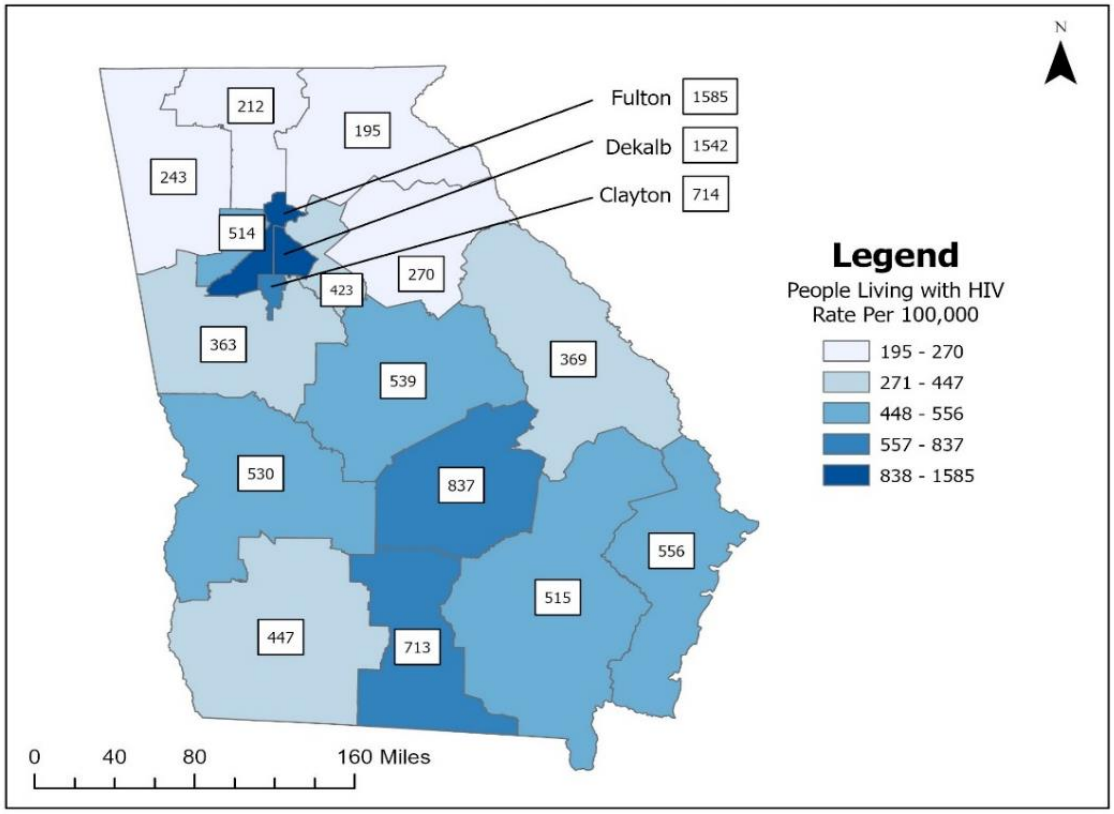
SECTION 2: PREVALENCE

HISPANIC/LATINO ADOLESCENTS AND ADULTS LIVING WITH HIV IN GEORGIA, 2020

In 2020, Hispanic/Latino people made up **8% of people living with HIV (PLWH) in Georgia** (4,508 Hispanic/Latino people total, or a rate of 567 people per 100,000 population). Of those individuals, **80% were cisgender males**, **28% were between the ages of 35-44 years old**, **66% had a transmission category of male-to-male sexual contact** and **74% lived in the Eligible Metropolitan Area (EMA)[6]** (Appendix Table B1).

Rates were **highest** in the **Fulton** and **Dekalb** Public Health Districts (Figure 2.1). Public health districts that surround the metro Atlanta area (e.g. Clayton and Cobb-Douglas) also had high rates, as did public health districts in the south central area (e.g. Dublin and Valdosta) (Figure 2.1, Appendix Table B1).

Figure 2.1. Hispanic/Latino adolescents and adults living with HIV in Georgia by public health district, 2020 (cases per 100,000 people)



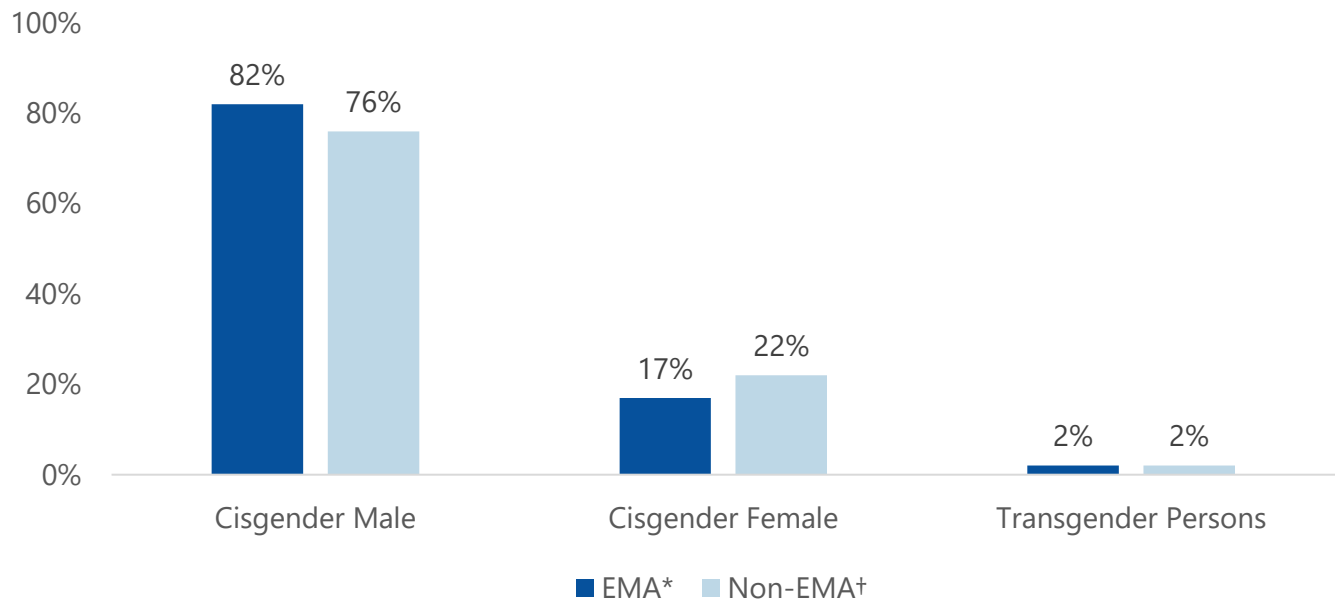
Note: Rates displayed are per 100,000 Hispanic/Latino people living in the public health district for 2020.
See Appendix Table B1 for additional data regarding rates, counts, and percentages for public health districts, gender identity, age groups, and transmission categories.
See Appendix Table B2 for additional data on Hispanic/Latino PLWH and those who have ever had Stage 3 (AIDS) for the EMA and non-EMA.
Source: Online Analytical Statistical Information System (OASIS), Population Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/gis/TrendableMaps/agsPopTrend.aspx Date Accessed: October 2022

[6] The EMA (Eligible Metropolitan Area) consists of 20 counties that are eligible for Ryan White HIV/AIDS Part A grants: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

In 2020, **cisgender males made up a higher proportion** of Hispanic/Latino PLWH **in the EMA** (82%) compared to those living in the non-Eligible Metropolitan Area (non-EMA) (76%) (Figure 2.2).

In contrast, **cisgender females accounted for a higher proportion** of Hispanic/Latino PLWH **in the non-EMA** (22%) compared to those living in the EMA (17%) (Figure 2.2, Appendix Table B2).

Figure 2.2. Hispanic/Latino adolescents and adults living with HIV in Georgia, by geographic region and gender, 2020

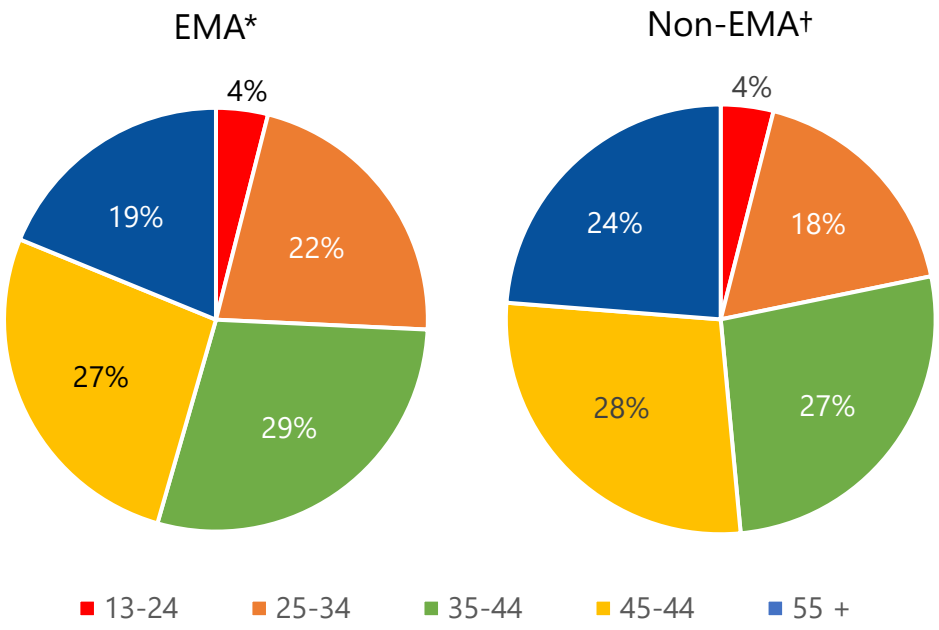


Note: *The EMA "Eligible Metropolitan Area" is defined as 20 counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.
† The non-EMA "Non-Eligible Metropolitan Area" is defined as counties that are not eligible for Ryan White HIV/AIDS Park A grants. These counties consist of those not included in the EMA.
See Appendix Table B2 for additional data on Hispanic/Latino PLWH and those who have ever had Stage 3 (AIDS) for the EMA and non-EMA.
See Appendix Table B3 and Table B4 for additional data on Hispanic/Latino PLWH and those who have ever had Stage 3 (AIDS) by gender identity.

In 2020, most Hispanic/Latino PLWH in Georgia **were 35 years old or older** (75%) (Appendix Table B1)**.**

Hispanic/Latino PLWH who lived in **the EMA were slightly younger** (26% were <35 years old) compared to those living in the non-EMA (22% were <35 years old) (Figure 2.3, Appendix Table B2).

Figure 2.3. Hispanic/Latino adolescents and adults living with HIV in Georgia, by geographic region and age group, 2020



Note: See Appendix Table B2 for additional data on Hispanic/Latino PLWH and those who have ever had Stage 3 (AIDS) for the EMA and non-EMA

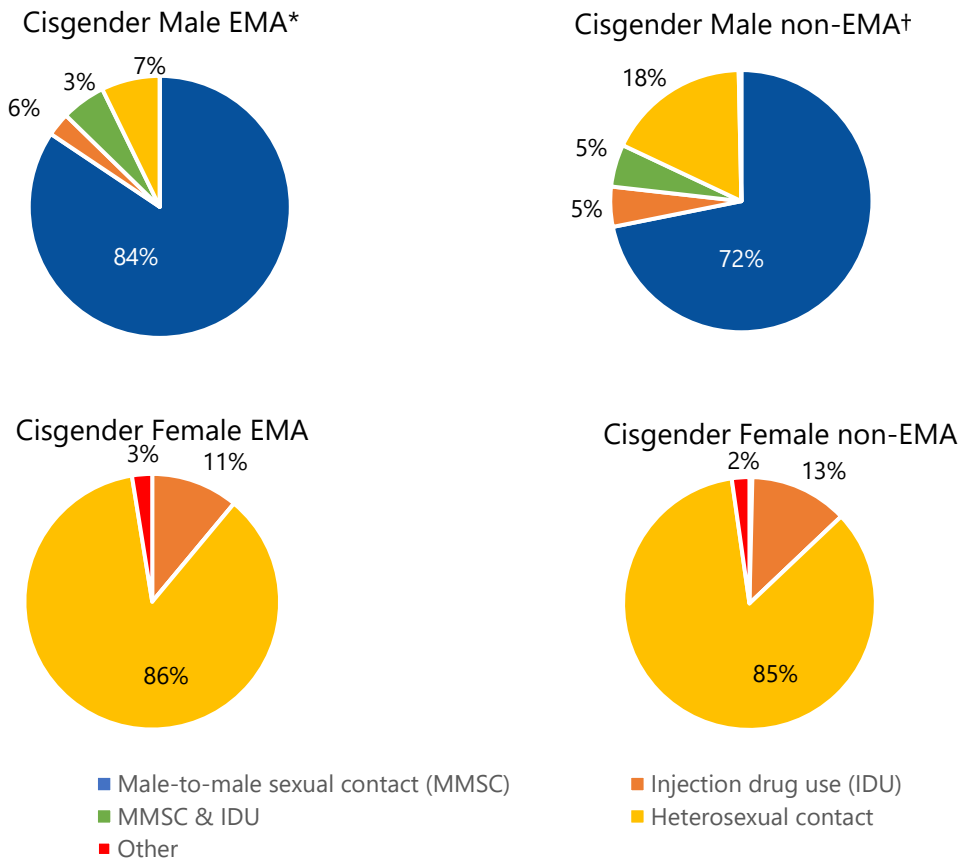
*The EMA "Eligible Metropolitan Area" is defined as 20 counties that are eligible for Ryan White HIV Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

† The non-EMA "Non-Eligible Metropolitan Area" is defined as counties that are not eligible for Ryan White HIV/AIDS Park A grants. These counties consist of those not included in the EMA.

In 2020, **male-to-male sexual contact was the most common transmission category for Hispanic/Latino PLWH** in Georgia (66%) (Appendix Table B1).

Male-to-male sexual contact was a more common transmission category among Hispanic/Latino cisgender males living in **the EMA** (84%) compared to cisgender males living in the non-EMA (72%) (Figure 2.4, Appendix Table B5). **Heterosexual contact was a more common transmission category among Hispanics/Latinos living in the non-EMA** (32%) compared to Hispanics/Latinos living in the EMA (20%) (Appendix Table B2).

Figure 2.4. Hispanic/Latino adolescents and adults living with HIV in Georgia, by geographic region and transmission category, 2020 (cisgender males and cisgender females only)



Note: See Appendix Table B2 for additional data on PLWH and those who have ever had Stage 3 (AIDS) for the EMA and non-EMA. See Appendix Table B3 and B4 for additional data on PLWH by gender identity. See Appendix Table B5 for additional data on transmission category by region for cisgender males and cisgender females. Appendix Table B6 for data regarding the MMSC transmission category, by age group and public health district.

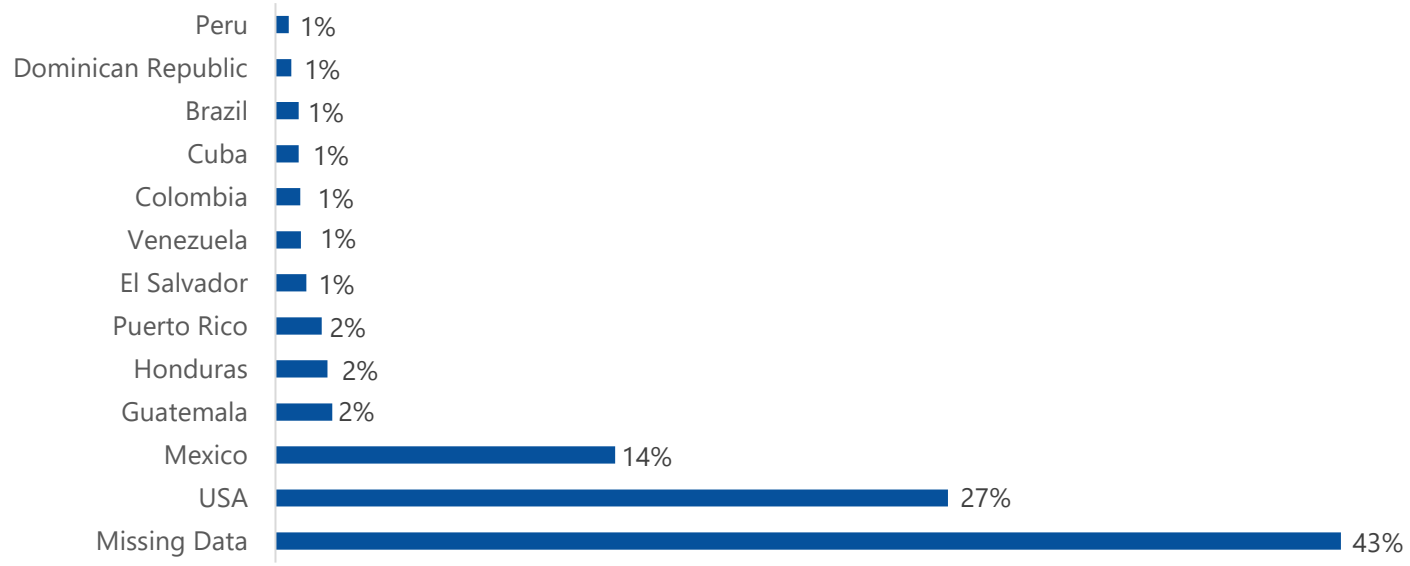
*The EMA "Eligible Metropolitan Area" is defined as 20 counties that are eligible for Ryan White HIV Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

† The non-EMA "Non-Eligible Metropolitan Area" is defined as counties that are not eligible for Ryan White HIV/AIDS Park A grants. These counties consist of those not included in the EMA.

In 2020, information on country of birth was available for **57% of Hispanic/Latino PLWH**.

27% of Hispanic/Latino PLWH in Georgia were born in the United States, followed by **Mexico** (14%), **Guatemala** (2%), **Honduras** (2%), **and Puerto Rico** (2%). Other common countries included El Salvador, Venezuela, Colombia, Cuba, Brazil, Dominican Republic, and Peru (each with a proportion of 1% or less) (Figure 2.5).

Figure 2.5. Percentage of country of birth among Hispanic/Latino adolescents and adults living with HIV in Georgia, 2020



Note: Although Puerto Rico is a United States territory, it is classified separately in the Enhanced HIV/AIDS Reporting System in Georgia for the "Country of Birth" variable and is therefore reported separately in this report. Countries with less than one percent are not displayed in this figure.

Additional Related Tables in the Appendix

- Table B1. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020
- Table B2. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, by geographic region, 2020
- Table B3. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia by gender identity (cisgender males and cisgender females only), 2020
- Table B4. Transgender Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020
- Table B5. Hispanic/Latino adolescents and adults who are living with HIV in Georgia by transmission category and geographic region, 2020 (cisgender males and cisgender females only)
- Table B6. Hispanic/Latino men who have sex with men, who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020

SECTION 3: HIV CARE CONTINUUM

HIV CARE CONTINUUM MEASURES AMONG HISPANIC/LATINO ADOLESCENTS AND ADULTS, GEORGIA, 2014-2020

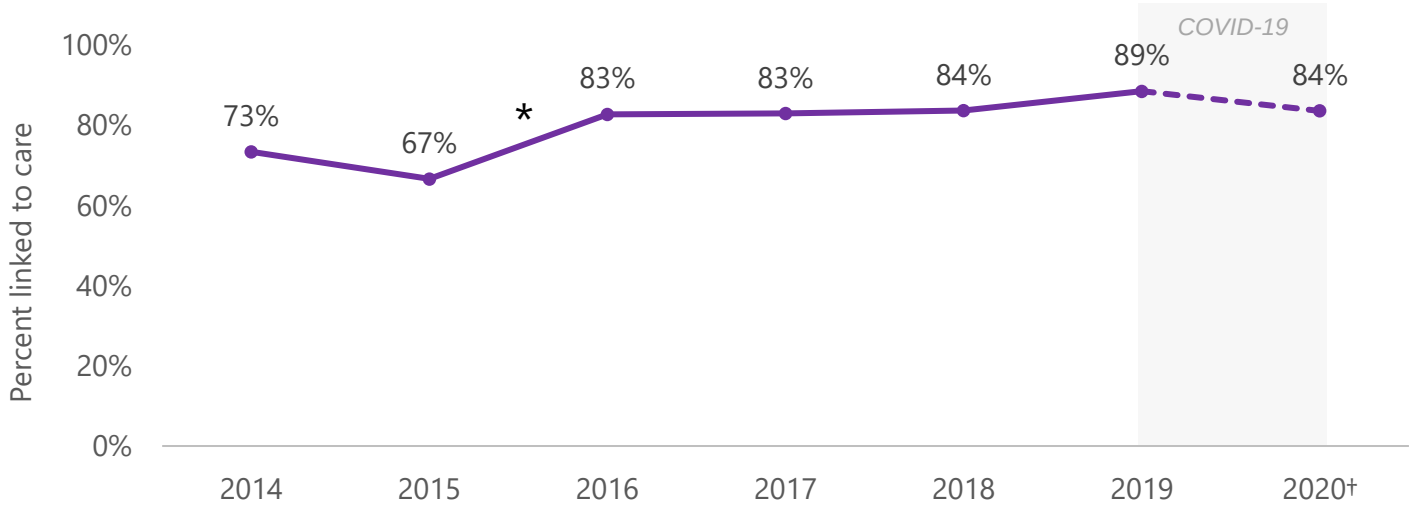
HIV care continuum measures

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

Among Hispanic/Latino populations, **attainment of all five care continuum measures increased between 2014—2019** (Figures 3.1 and 3.2), suggesting that access to and usage of HIV care is improving in Georgia.

Figure 3.1. Annual linkage to care among Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia, 2014—2020

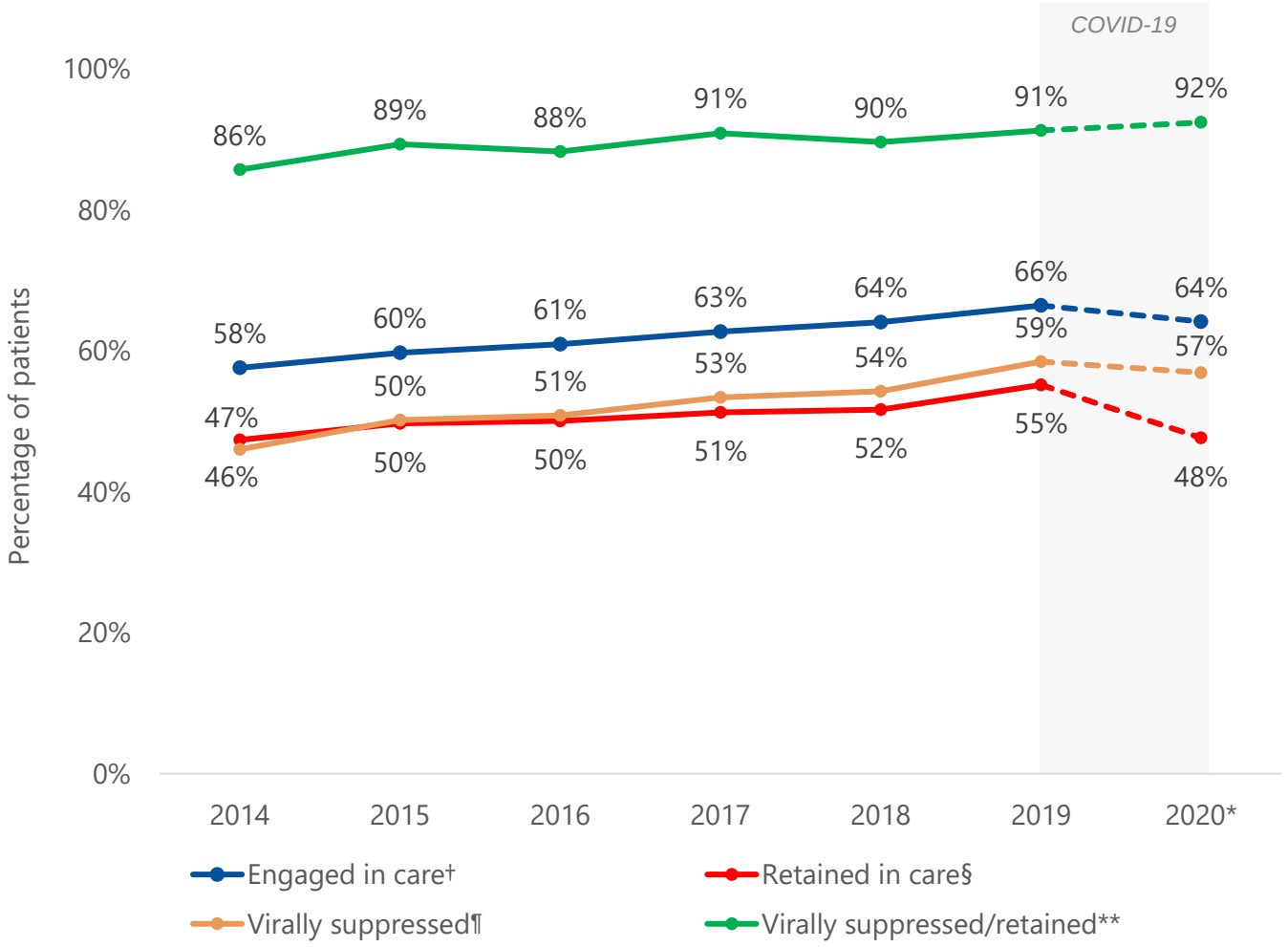


Note: "Linked to care" consists of those who were diagnosed in the year referenced and were linked to care within three months (for years: 2014-2015) or within one month (for years: 2016-2020) of their diagnosis as indicated by having ≥1 CD4/VL test. See Appendix Table C1 for additional care continuum data on Hispanics/Latinos newly diagnosed with HIV by year.

*The CDC benchmark for linkage to care changed from three months to one month during 2015, which caused an increase in the percentage of patients meeting the threshold (Hall HI, Tang T, Johnson AS, Espinoza L, Harris N, McCray E. Timing of Linkage to Care After HIV Diagnosis and Time to Viral Suppression. J Acquir Immune Defic Syndr. 2016 Jun 1;72(2):e57-60. doi: 10.1097/QAI.0000000000000989. PMID: 26977745; PMCID: PMC8666969).

†Decreases in linkage to care in 2020 likely reflect decreased access to and/or utilization of care.

Figure 3.2. Annual HIV care continuum measures among Hispanic/Latino adolescents and adults living with HIV in Georgia, 2014—2020



Note: "Engaged in care," "retained in care," "virally suppressed," and "virally suppressed among those retained" consists of those who were diagnosed by 12/31 of the previous year and living as of 12/31 of the reporting year, with lab evidence of being engaged, retained, suppressed, suppressed/retained in the reporting year. See Appendix Table C2 for additional care continuum data on Hispanics/Latinos living with HIV by year.

*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 these data.

†Engagement in care: ≥1 CD4/viral load test during the year

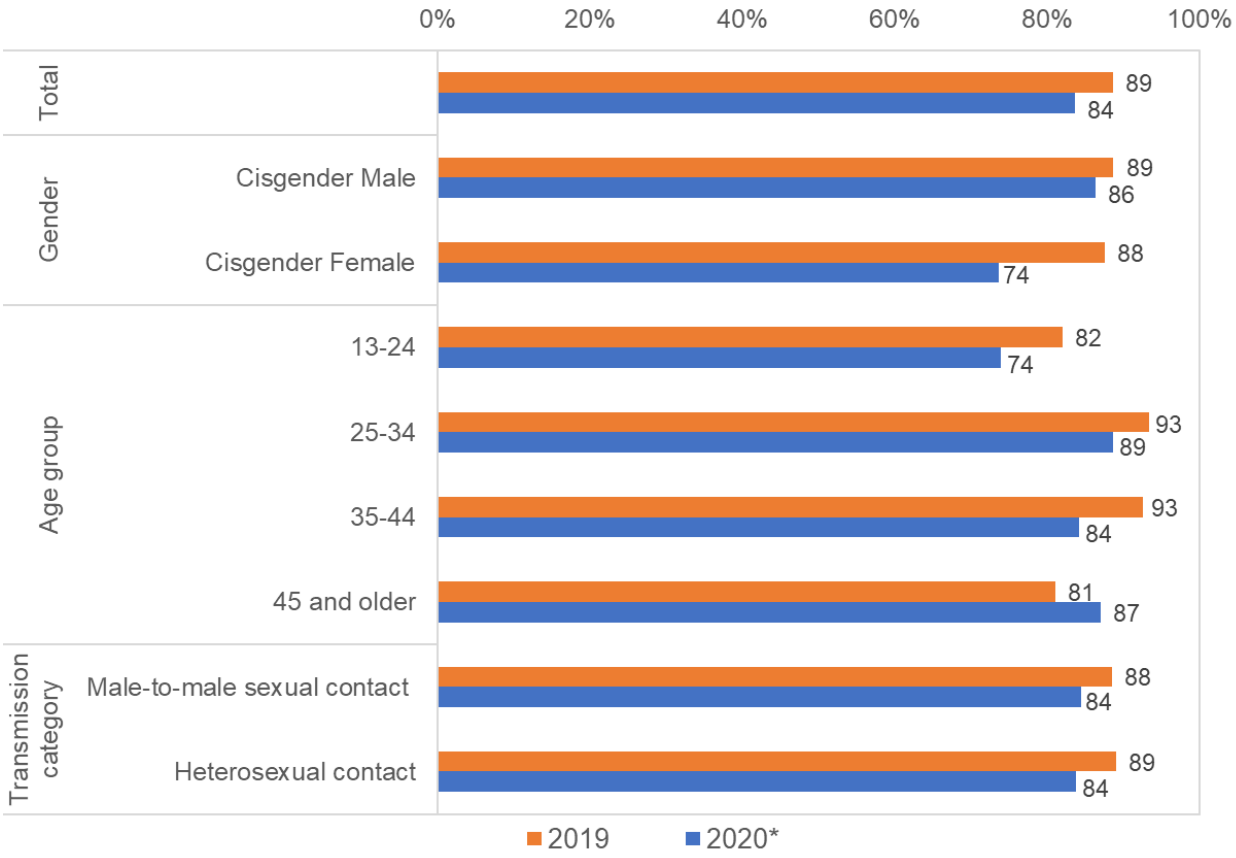
§Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

¶Virally suppressed: last viral load test ≤ 200 copies/ml during the year

**Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

There was a **slight drop in linkage to care between 2019 and 2020 for Hispanics/Latinos newly diagnosed with HIV in Georgia (89% vs 84%)**. This drop is likely due to healthcare disruptions during the Covid-19 pandemic. Noticeable differences in linkage to care from 2019 to 2020 occurred among **cisgender females (88% vs 74%**) and those who were **13—24 years old (82% vs 74%)** (Figure 3.3).

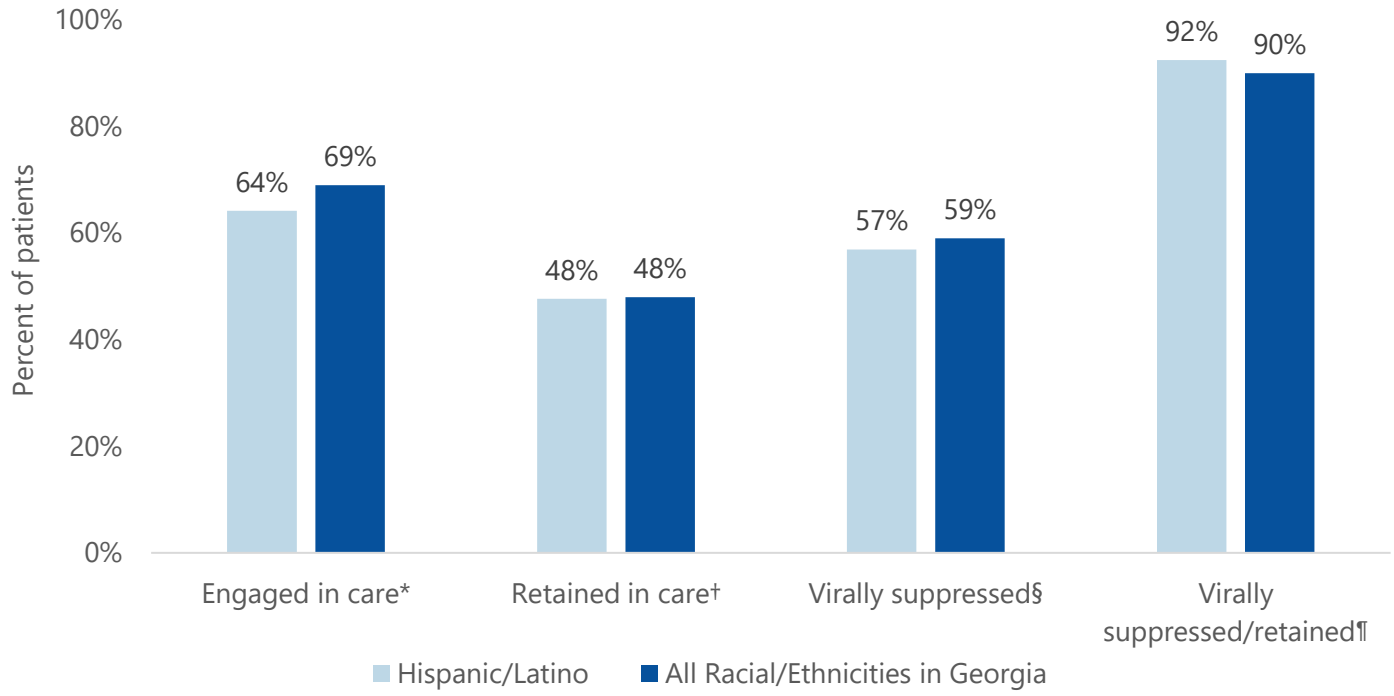
Figure 3.3. Percentage of Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia who were linked to care within 30 days of diagnosis by demographic characteristics, 2019—2020



Note: Linkage to care in 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis**.** Figure 3 does not include data for transgender persons or three transmission categories (injection drug use (IDU), male-to-male sexual contact (MMSC), or IDU/MMSC) due to having small denominators that amplified their percentages. For the same reasoning, age groups 45-54 and 55+ were combined into one age category for this figure.
See Appendix Table C3 for additional care continuum data on Hispanics/Latinos newly diagnosed with HIV in 2019.
See Appendix Table C4 for additional care continuum data on Hispanics/Latinos newly diagnosed with HIV in 2020.
*Decreases in linkage to care in 2020 likely reflect decreased access to and/or utilization of care.

In 2020, **Hispanic/Latino adolescents and adults living with HIV had lower attainment of engagement in care (64%) (Figure 3.4) compared to all persons living with HIV in Georgia (69%)**[7]. Retention in care (48%) and viral suppression (57%) among Hispanics/Latinos were comparable to the rest of the population (48% and 59%, respectively). Among Hispanics/Latinos who were retained in care, viral suppression was slightly higher (92%) compared to all persons living with HIV in Georgia (90%).

Figure 3.4. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia, 2020



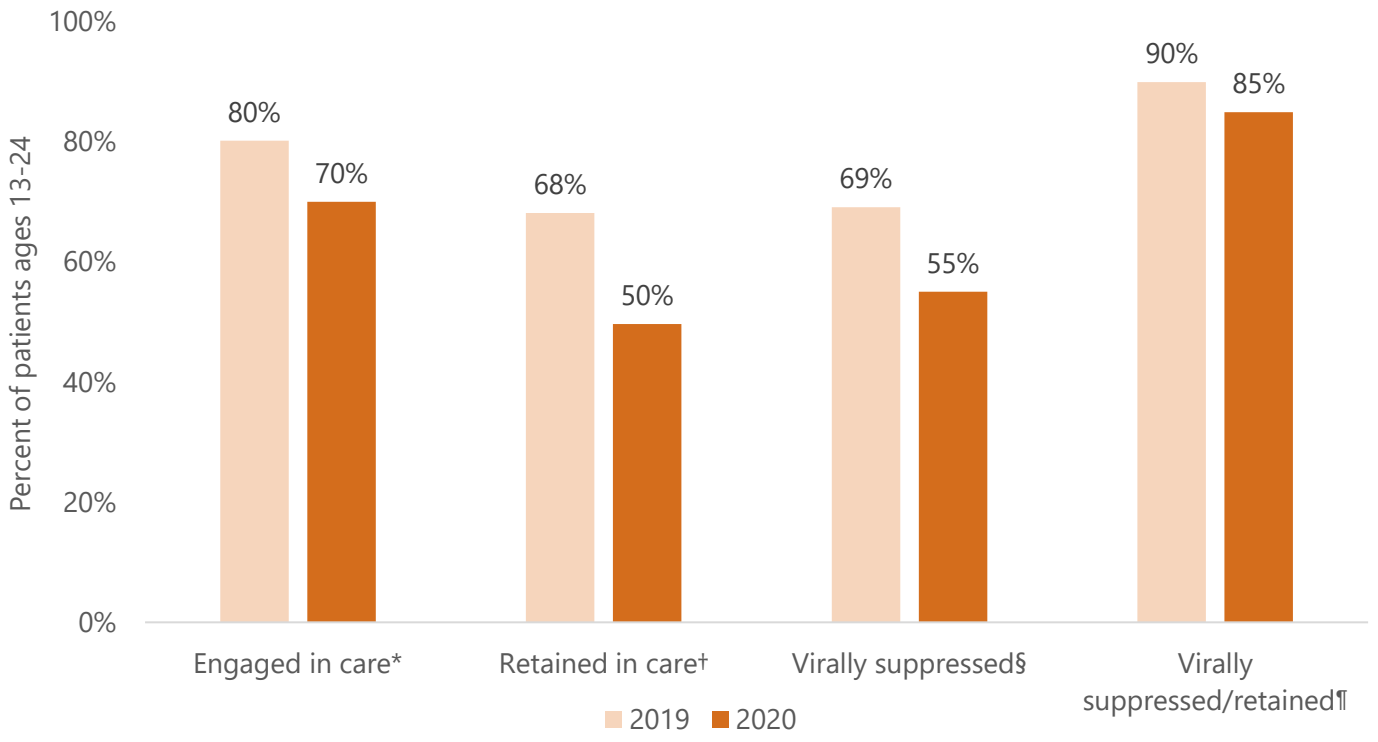
Note: "Engaged in care," "Retained in care," "Virally suppressed," and "Virally suppressed among those retained" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged/retained/suppressed in 2020. See Appendix Table C6 for additional care continuum data on Hispanics/Latinos living with HIV in 2020.
*Engagement in care: ≥1 CD4/viral load test during the year
†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart
§Virally suppressed: last viral load test ≤ 200 copies/ml during the year
¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

[7]Georgia Department of Public Health, HIV Epidemiology Section *HIV Care Continuum Update: Persons Living with HIV, and Persons Diagnosed with HIV, 2020*. https://dph.georgia.gov/document/fact-sheets/hiv-epi-2020-care-continuum-update/download Accessed: October 2022.

HIV care continuum attainment for Hispanics/Latinos living with HIV in Georgia were similar in the years 2019 and 2020, **except in the 13—24-year-old age group**. In this **age group**, there were noticeable differences between 2019 and 2020 for engagement in care (80% vs 70%), retention in care (68% vs 50%), and viral suppression (69% vs 55%) (Figure 3.5).

Care continuum measures for 2020 are presented by gender (Figure C7), age group (Figure C8), and transmission category (Figure C9) in the appendix.

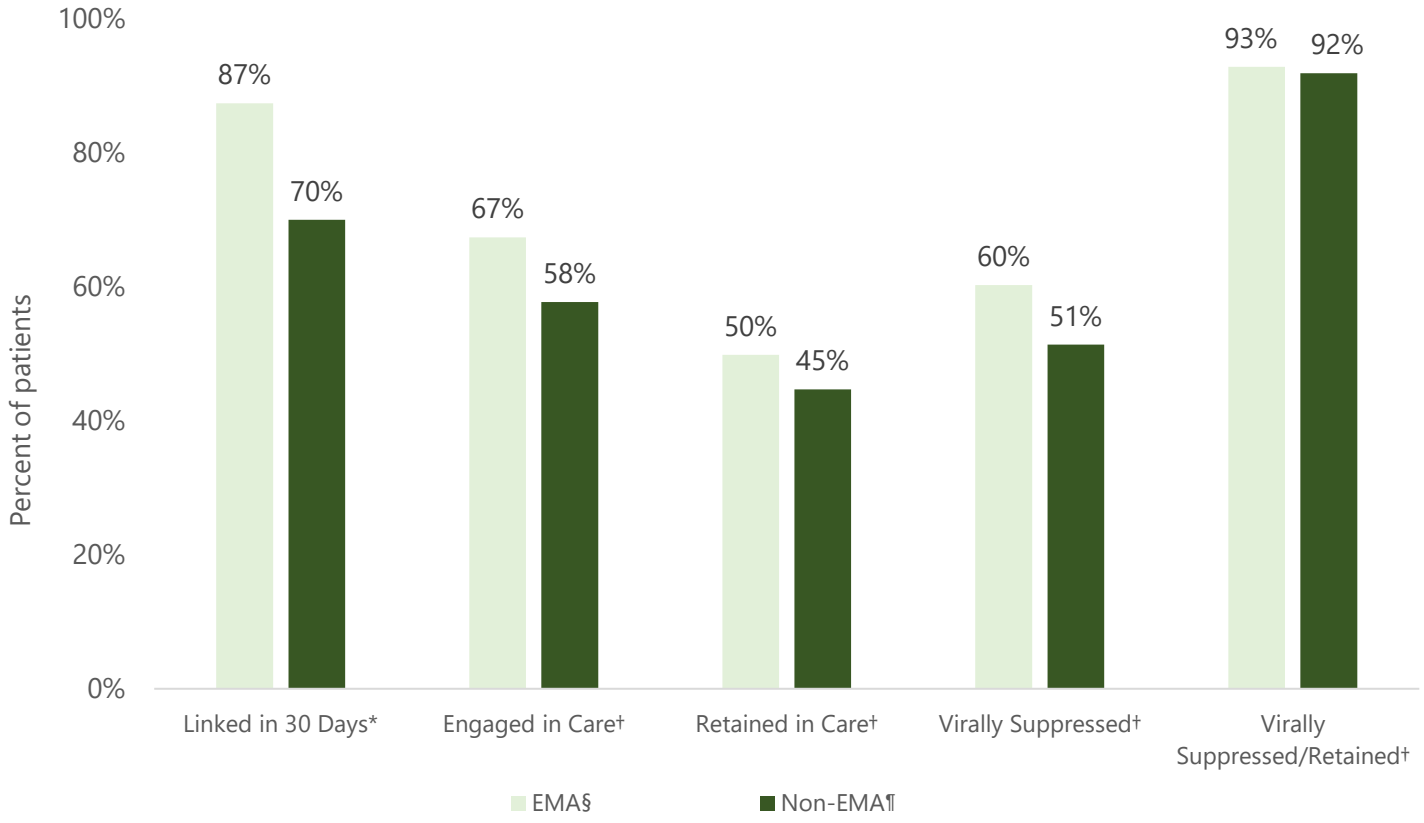
Figure 3.5. Hispanics/Latinos ages 13—24 living with HIV in Georgia, HIV care continuum measures, 2019—2020



Note: "Engaged in care," "retained in care," "virally suppressed," and "virally suppressed among those retained" consists of those who were diagnosed by 12/31 of the previous year and living as of 12/31 of the reporting year, with lab evidence of being engaged, retained, suppressed, suppressed/retained in the reporting year
See Appendix Table C5 and C6 for additional care continuum data on Hispanics/Latinos living with HIV in 2019 and 2020 respectively.
*Engagement in care: ≥1 CD4/viral load test during the year
†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart
§Virally suppressed: last viral load test ≤ 200 copies/ml during the year
¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

In 2020, all five care continuum measures were **higher for Hispanics/Latinos living in the Eligible Metropolitan Area compared to those living in the non-Eligible Metropolitan Area** (Figure 3.6). These same findings in care continuum measures by geographic region, also occurred in 2019 (Appendix Table C10).

Figure 3.6. HIV care continuum measures for Hispanic/Latino adolescents and adults in Georgia by geographic region, 2020



Note: See Appendix Table C10 and C11 for additional care continuum data on Hispanics/Latinos by geography in 2019 and 2020, respectively. "Engaged in care," "Retained in care," "Virally suppressed," and "Virally suppressed among those retained" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged/retained/suppressed in 2020. "Linked in 30 days" consists of those diagnosed in 2020 who were linked to care within 30 days of their diagnosis. 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.

*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" in 2020 is all Hispanic/Latino patients living with HIV as of the end of 2020.

§ The EMA "Eligible Metropolitan Area" is defined as 20 counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

¶ The Non-EMA "Non-Eligible Metropolitan Area" is defined as counties that are not eligible for Ryan White HIV/AIDS Park A grants. These counties consist of those not included in the EMA.

Additional Related Tables in the Appendix

- Table C1. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia, 2014-2020
- Table C2. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia, 2014-2020
- Table C3. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia by demographic characteristics, 2019
- Table C4. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia by demographic characteristics, 2020
- Table C5. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2019
- Table C6. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2020
- Figure C7. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by gender, 2020
- Figure C8. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by age group, 2020
- Figure C9. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by transmission category, 2020
- Table C10. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed or living with HIV in Georgia by geographic region, 2019
- Table C11. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed or living with HIV in Georgia by geographic region, 2020

SECTION 4: RACE/ETHNICITY COMPARISON

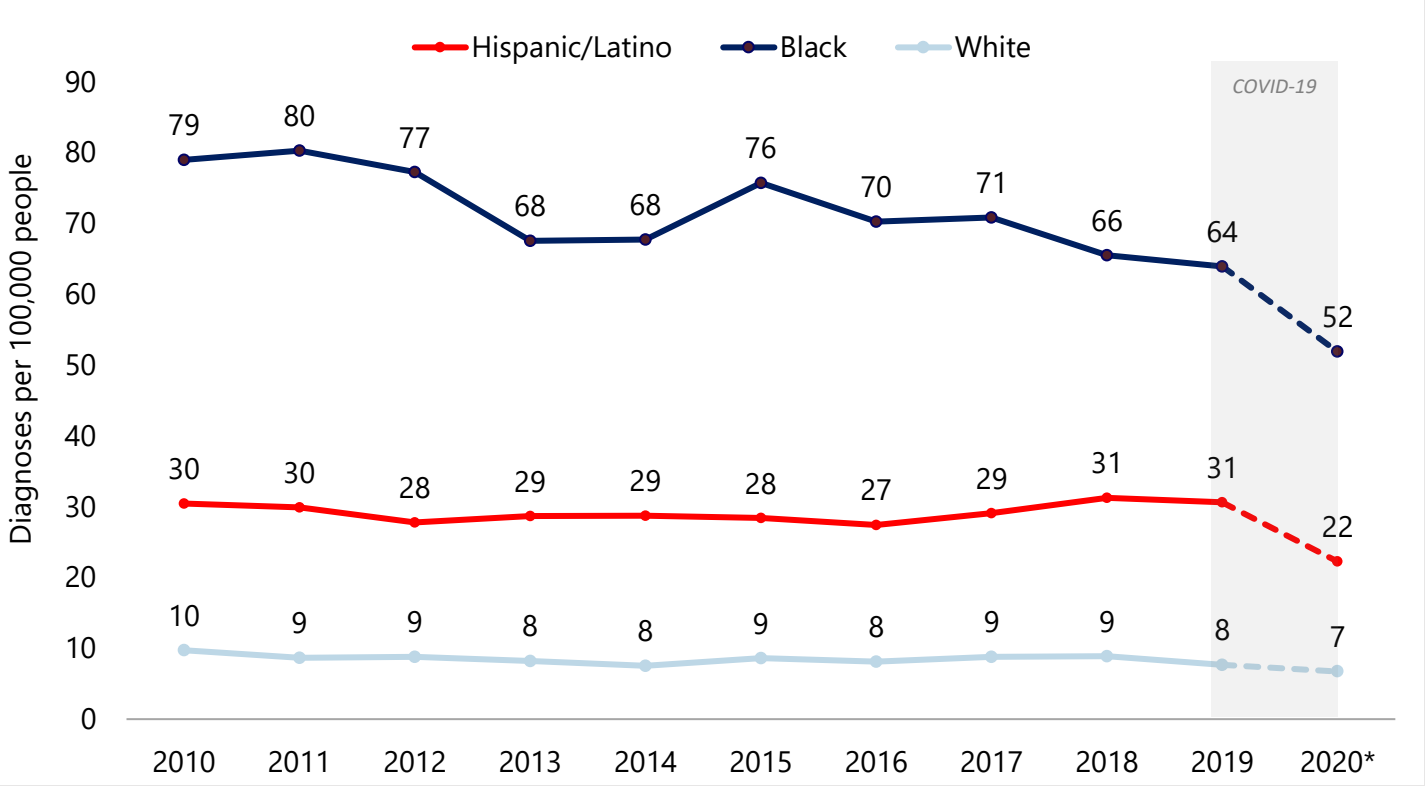
COMPARISON BY RACE/ETHNICITY:

HIV IN GEORGIA AMONG HISPANIC/LATINO, BLACK, AND WHITE POPULATIONS, 2010-2020

Between 2016-2019, **HIV diagnosis rates increased among Hispanic/Latino populations (+15%)**, while rates decreased among Black populations (-9%) and remained at a low level among White populations (Figure 4.1).

From 2019-2020, diagnoses decreased among all three groups, likely due to the decreased access to reportable HIV testing and care services[8]. Alternatives to in-person care such as telehealth were available to many people who were able to continue to access HIV care without routine laboratory testing. 2020 care continuum data should be interpreted with caution because of missing care lab information.

Figure 4.1. HIV diagnosis rates in Georgia by race/ethnicity (per 100,000 people), 2010-2020



*Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections (Viguerie et al., 2023).
Source: Appendix Table D1 for additional data on diagnosis counts and percentage of total diagnoses.

[8] Viguerie A, Song R, Johnson AS, Lyles CM, Hernandez A, Farnham PG. Isolating the Effect of COVID-19-Related Disruptions on HIV Diagnoses in the United States in 2020. J Acquir Immune Defic Syndr. 2023 Apr 1;92(4):293-299.

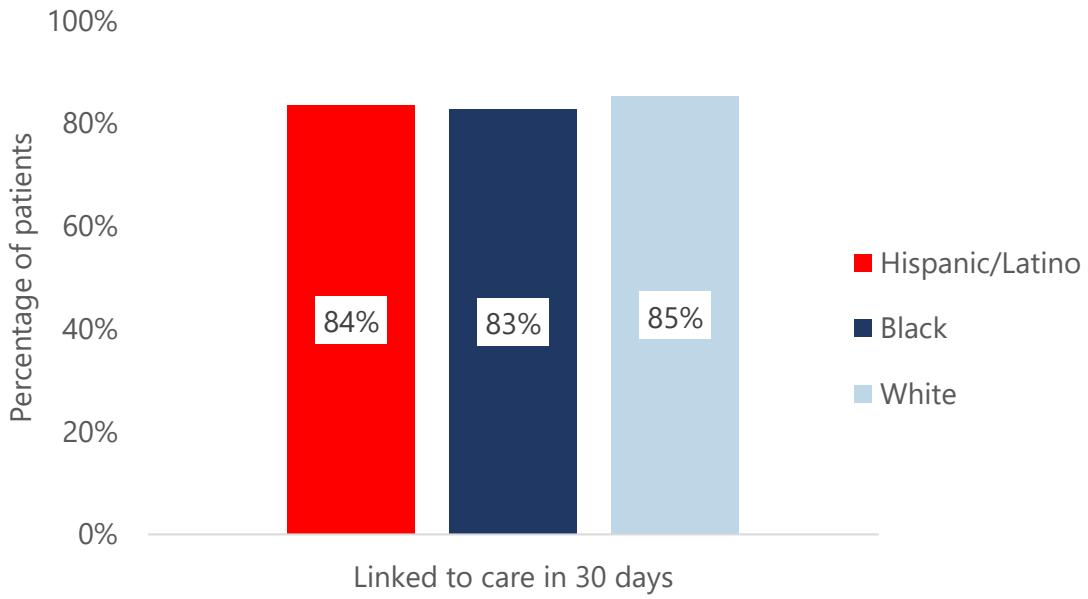
HIV Care Continuum Measures by Race/Ethnicity

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

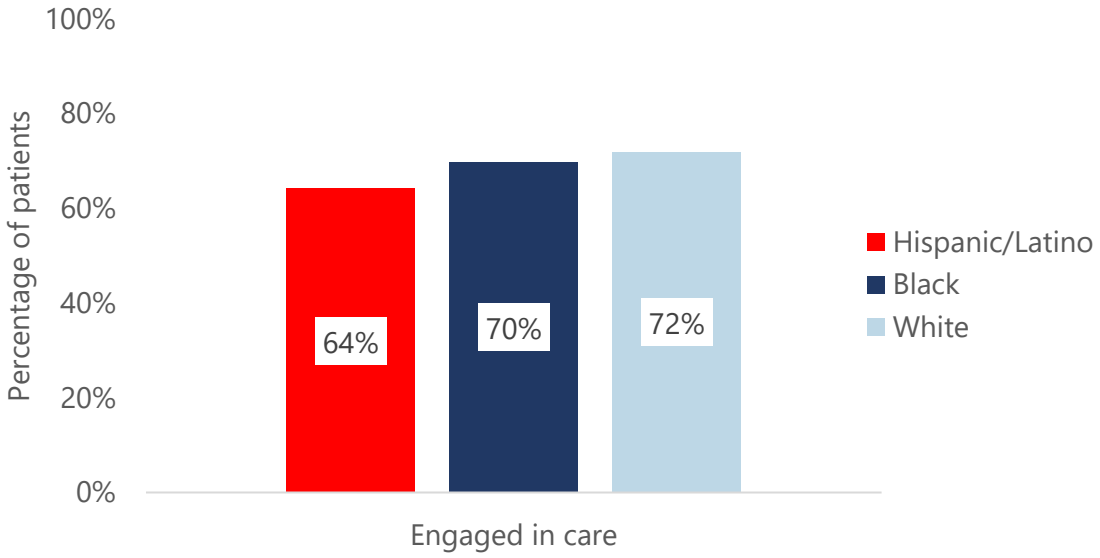
In 2020, **linkage to care** within one month of diagnosis **was comparable** for Hispanic/Latinos, Blacks, and Whites (Figure 4.2)**, but among people living with HIV, a lower proportion of Hispanic/Latinos were engaged in care than Blacks or Whites** (Figure 4.3).

Figure 4.2. Adolescents and adults newly diagnosed with HIV in Georgia who were linked to care within 30 days of diagnosis by race/ethnicity, 2020



Note: "Linked to care in 30 days" consists of those diagnosed in 2020 and were linked to care within 30 days of diagnosis. See appendix Table D2 for additional care continuum data on people newly diagnosed with HIV by race/ethnicity.

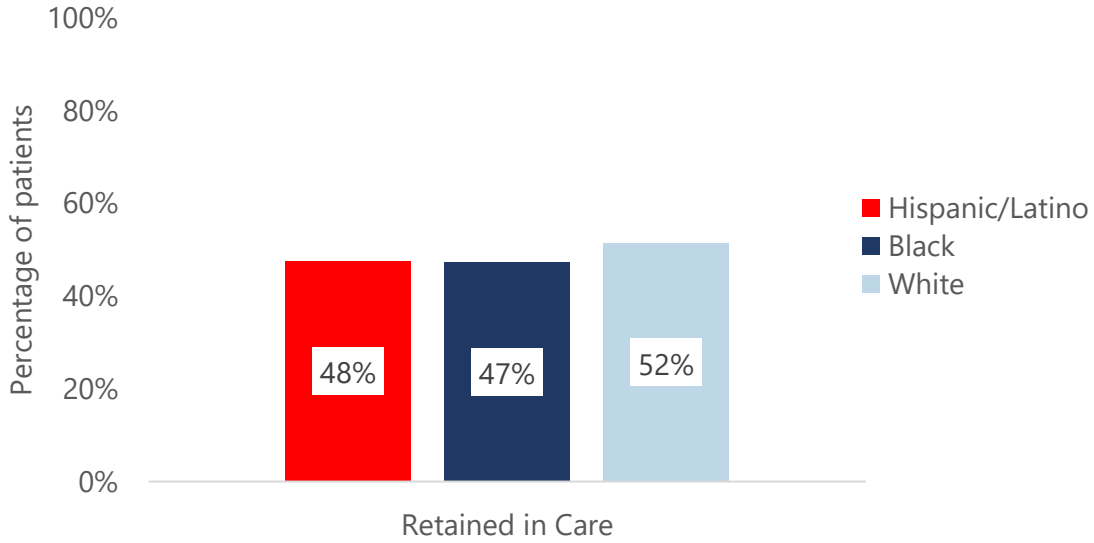
Figure 4.3. Adolescents and adults living with HIV in Georgia who were engaged in care by race/ethnicity, 2020



Note: "Engaged in care" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged in 2020. See appendix Table D3 for additional care continuum data on people living with HIV by race/ethnicity.

There was **a noticeable drop in retention in care between 2019[9] and 2020 for Hispanics/Latinos** (55% vs. 48%), Blacks (55% vs. 47%), and Whites (58% vs. 52%) (Figure 4.4) as a result of COVID-19 changes in care.

Figure 4.4. Adolescents and adults living with HIV in Georgia who were retained in care by race/ethnicity, 2020

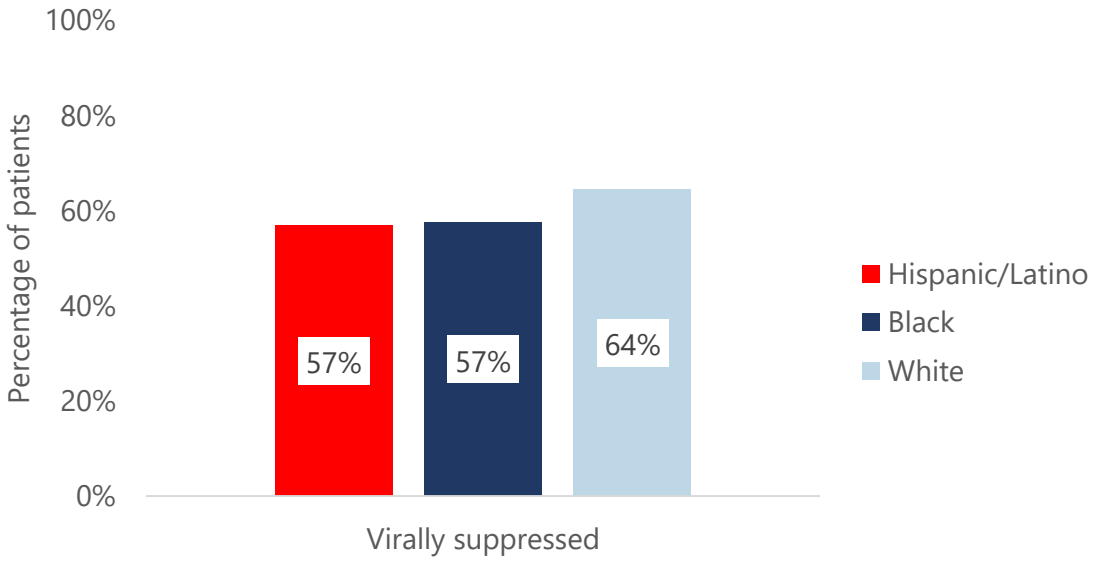


Note: "Retained in care" consists of those diagnosed in 2019 or earlier with lab evidence of being retained in 2020. See appendix Table D3 for additional care continuum data on people living with HIV by race/ethnicity.

[9] Georgia Department of Public Health, HIV Epidemiology Section *HIV Care Continuum, 2019, Georgia - Slides*. https://dph.georgia.gov/document/document/georgia-hiv-care-continuum-update-persons-living-hiv-and-persons-diagnosed-hiv/download, Accessed: October 2022.

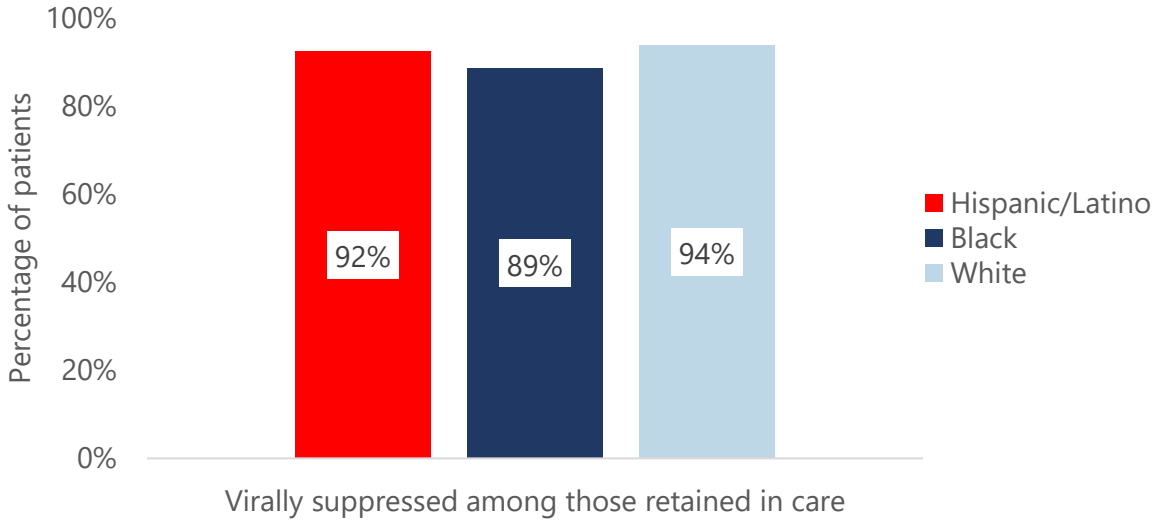
Viral suppression among Hispanic/Latino populations was **the same as Black populations** (57%), but **lower than White Populations** (64%) (Figure 4.5). However, among those retained in care, viral suppression among Hispanics/Latinos (92%) was higher than Black populations (89%), but lower than Whites (94%) (Figure 4.6).

Figure 4.5. Adolescents and adults living with HIV in Georgia who were virally suppressed by race/ethnicity, 2020



Note: "Virally suppressed" consists of those diagnosed in 2019 or earlier with lab evidence of being virally suppressed in 2020. See appendix Table D3 for additional care continuum data on people living with HIV by race/ethnicity.

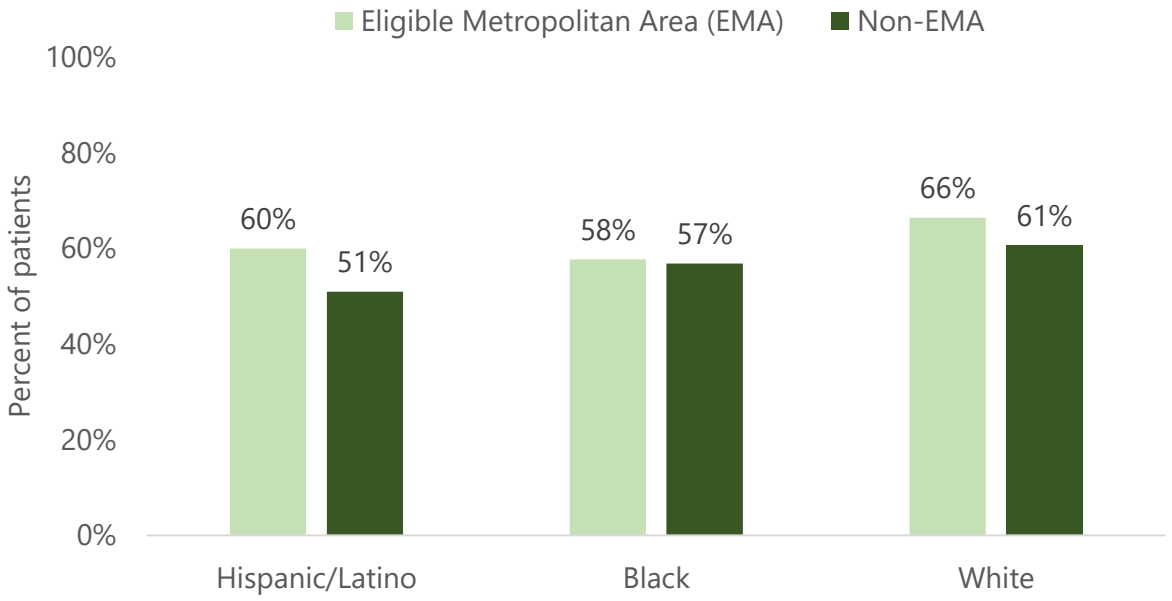
Figure 4.6. Adolescents and adults living with HIV in Georgia who were virally suppressed among those retained in care by race/ethnicity, 2020



Note: "Virally suppressed among retained" consists of those diagnosed in 2019 or earlier with lab evidence of being virally suppressed in 2020 among those who were retained in care in 2020. See appendix Table D3 for additional care continuum data on people living with HIV by race/ethnicity.

Geographic Differences: **Hispanic/Latino individuals who lived in the non-Eligible Metropolitan Area**[10] (EMA) (i.e., counties not in metro Atlanta) had **the lowest levels of engagement in care** (58%) **and retention in care** (45%) compared to all other racial/ethnic groups living in the EMA or non-EMA (Appendix Table D5). This likely explains why Hispanics/Latinos living in the non-EMA also had **the lowest levels of viral suppression** compared to all other groups (Figure 4.7).

Figure 4.7. Adolescents and adults living with HIV in Georgia who were virally suppressed by race/ethnicity and geography region, 2020



Note: "Virally suppressed" consists of those diagnosed in 2019 or earlier with lab evidence of being virally suppressed in 2020. Hispanic/Latino patients 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. See appendix Tables D4 & D5 for additional care continuum data by race/ethnicity and by geographic region.

Additional Related Tables in the Appendix

- Table D1. HIV diagnoses among adolescents and adults in Georgia by race/ethnicity, 2010-2020
- Table D2. HIV care continuum: People newly diagnosed with HIV by race/ethnicity in Georgia, 2020
- Table D3. HIV care continuum: People living with HIV by race/ethnicity in Georgia, 2020
- Table D4. HIV care continuum: People newly diagnosed with HIV by race/ethnicity and by geographic region in Georgia, 2020
- Table D5. HIV care continuum: People living with HIV by race/ethnicity and by geographic region in Georgia, 2020

[10] The EMA (Eligible Metropolitan Area) consists of 20 counties that are eligible for Ryan White HIV/AIDS Part A grants: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton. The non-EMA refers to all other counties in Georgia.

SECTION 5: NATIONAL COMPARISON

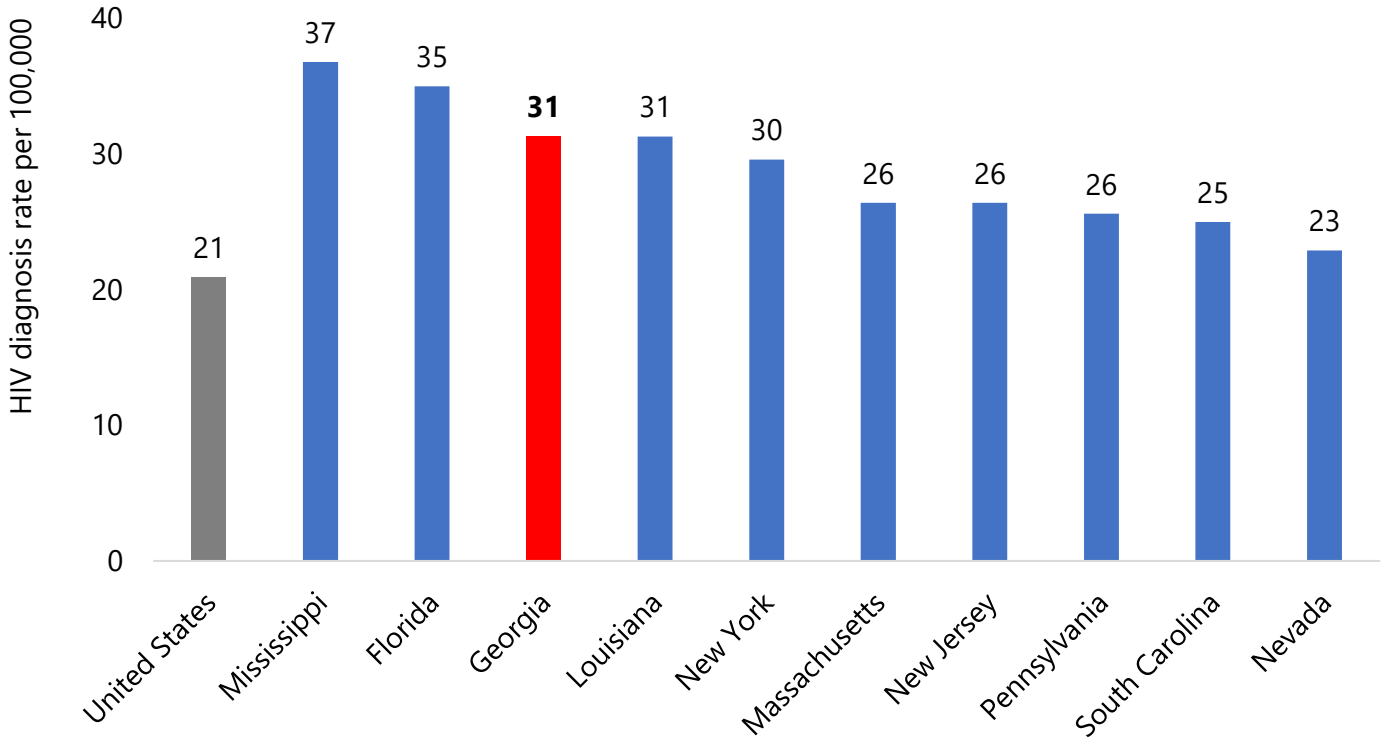
HIV DIAGNOSIS RATES & CENSUS DATA AMONG HISPANIC/LATINO POPULATIONS IN 10 STATES, 2018 & 2020

How does the HIV epidemic among Hispanic/Latino populations in Georgia compare to other states?

This section displays HIV diagnosis rates and census data for Hispanic/Latino populations in Georgia and 9 other states. The 10 comparison states selected have the highest HIV diagnosis rates in the nation among their Hispanic/Latino populations.

Georgia had the 3rd highest HIV diagnosis rate among Hispanics/Latinos in the US in 2018 (31 diagnoses/100,000 Hispanic/Latino individuals) (Figure 5.1). However, Georgia had a comparatively lower number of Hispanic/Latino individuals living in the state (~1 million) that accounted for a smaller proportion of total population (10%) in 2020 (Table 5.1).

Figure 5.1. HIV diagnoses rates among Hispanic/Latino populations in the United States and the top 10 states, 2018



Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. HIV Surveillance by Race/Ethnicity 2018. https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-race-ethnicity-2018.pdf, Accessed: August 2022.

Table 5.1. Population census data in the United States and 10 states, 2020

Area of residence	Total population, all races/ethnicities (count)	Hispanic/Latino population (count)	Hispanic/Latino population (percentage of total population)
United States	331,449,281	61,318,117	18.5%
Mississippi	2,961,279	103,645	3.5%
Florida	21,538,187	5,686,081	26.4%
Georgia	**10,711,908**	**1,060,479**	**9.9%**
Louisiana	4,657,757	260,834	5.6%
New York	20,201,249	3,898,841	19.3%
Massachusetts	7,029,917	899,829	12.8%
New Jersey	9,288,994	1,941,400	20.9%
Pennsylvania	13,002,700	1,014,211	7.8%
South Carolina	5,118,425	327,579	6.4%
Nevada	3,104,614	928,279	29.9%

Source: United States Census Bureau. QuickFacts United States, 2021. https://www.census.gov/quickfacts/fact/table/US/RHI725219, accessed: August 2022.

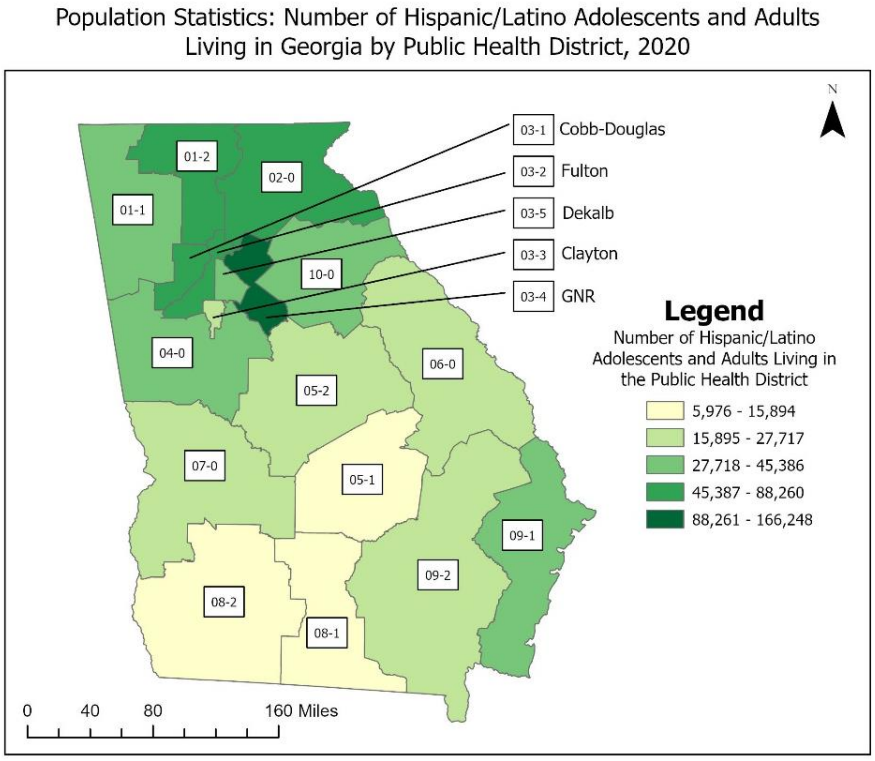
SECTION 6: DEMOGRAPHICS

DEMOGRAPHIC CHARACTERISTICS OF HISPANIC/LATINO ADOLESCENTS AND ADULTS, GEORGIA, 2014-2020

In 2020, Hispanic/Latino populations (~796,000 adolescents and adults) accounted for **9% of Georgia's overall population** (Appendix Table F1). The **East Metro Public Health District had the largest Hispanic/Latino population** (21% of the Georgia Hispanic/Latino population, and 18% of that District's population), followed by Cobb-Douglas, Gainesville, Fulton, and Dalton (Figure 6.1, Appendix Table F2).

Between 2014-2020, the Hispanic/Latino population had the fastest growth **(+19%)** compared to the Black (+12%) and White (+2%) populations in Georgia (Figure 6.3).

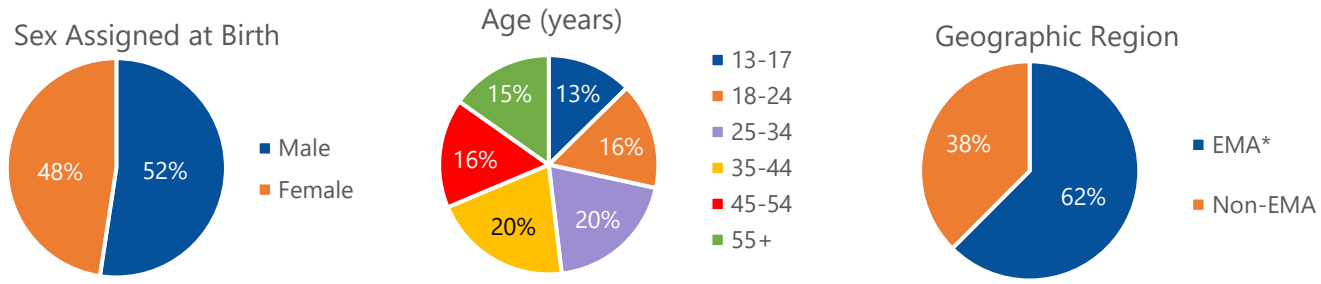
Figure 6.1. Population statistics: Hispanic/Latino adolescents and adults living in Georgia by public health district (counts), 2020



Public Health District	Population Count
01-1 Northwest (Rome)	42,317
01-2 North Georgia (Dalton)	59,863
02-0 North (Gainesville)	77,040
03-1 Cobb-Douglas	88,260
03-2 Fulton	60,578
03-3 Clayton (Jonesboro)	27,717
03-4 East Metro	166,248
03-5 DeKalb	45,386
04-0 LaGrange	42,748
05-1 South Central (Dublin)	5,976
05-2 North Central (Macon)	18,367
06-0 East Central (Augusta)	20,601
07-0 West Central	20,753
08-1 South (Valdosta)	13,749
08-2 Southwest (Albany)	15,894
09-1 Coastal (Savannah)	34,503
09-2 Southeast (Waycross)	22,342
10-0 Northeast (Athens)	33,342

Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

Figure 6.2. Demographic characteristics of Hispanic/Latino adolescents and adults in Georgia, 2020

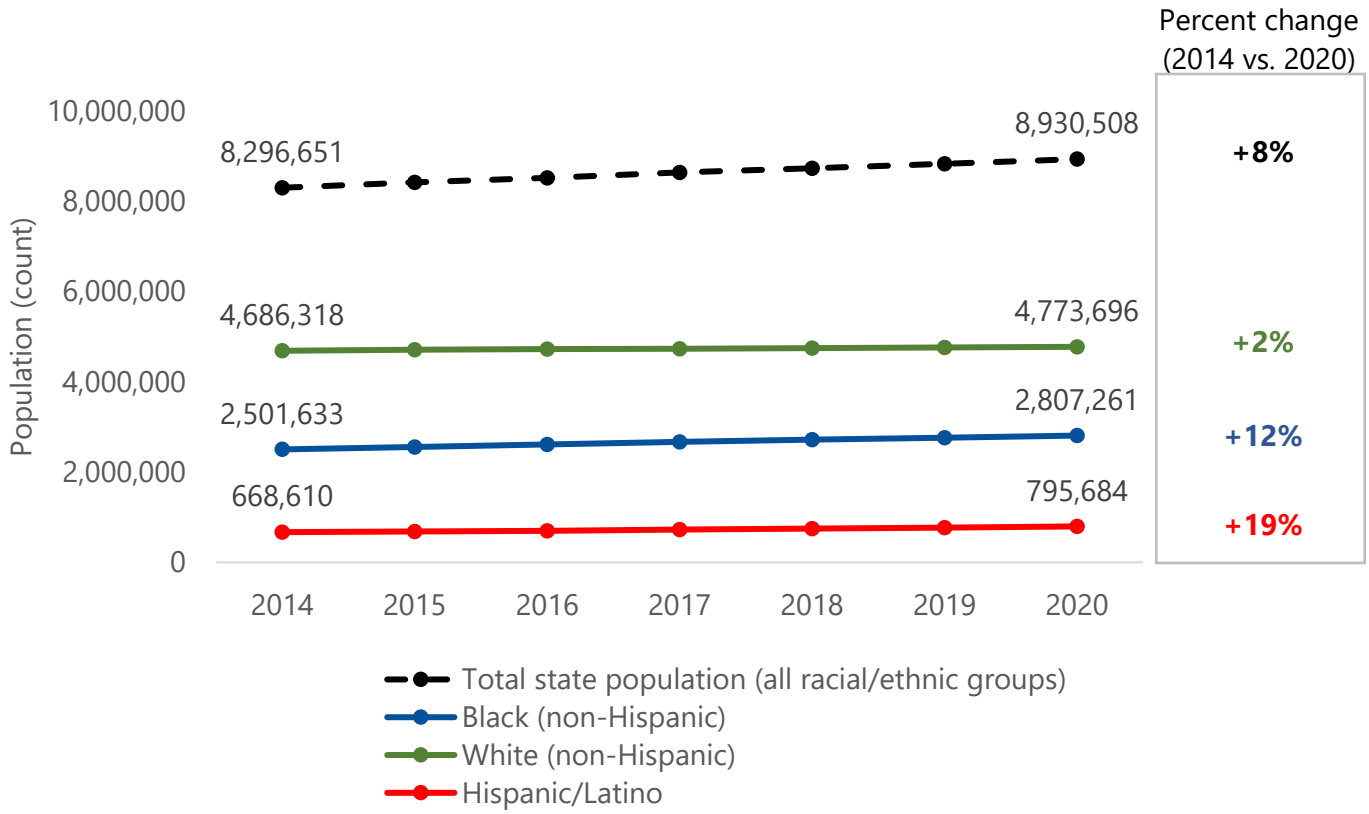


Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

Note: See Appendix Table F2 for additional data.

* The EMA (Eligible Metropolitan Area) consists of 20 counties that are eligible for Ryan White HIV/AIDS Part A grants: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton. The non-EMA refers to all other counties in Georgia.

Figure 6.3. Population data by race/ethnicity, Georgia 2014-2020



Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

Note: See Appendix Table F1 for additional data.

Additional Related Tables in the Appendix

- Table F1. Population statistics by race/ethnicity in Georgia, 2014 & 2020
- Table F2. Demographic characteristics of Hispanic/Latino adolescents and adults in Georgia, 2014 & 2020
- Figure F3. Change in number of Hispanic/Latino adolescents and adults living in Georgia by public health district between 2017 & 2020

SECTION 7: APPENDIX

ADDITIONAL TABLES & FIGURES

[Note: Only 2019 data is displayed in this table for reference purposes to show recent demographic statistics prior to the COVID-19 pandemic]

Table A1. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by geographic region, 2019

	Georgia Overall		Eligible Metropolitan Area* (EMA)		Non-EMA	
	No.	**%**	**No.**	**%**	**No.**	**%**
Total	236	100%	182	100%	54	100%
Gender Identity						
Cisgender Male	202	86%	159	87%	43	80%
Cisgender Female	24	10%	16	9%	8	15%
Transgender Persons	10	4%	7	4%	<5	---
Age Group						
13-24	60	25%	51	28%	9	17%
25-34	106	45%	82	45%	24	44%
35-44	39	17%	32	18%	7	13%
45-54	15	6%	8	4%	7	13%
55 and older	16	7%	9	5%	7	13%
Transmission Category						
Male-to-male sexual contact (MMSC)	185	79%	148	81%	38	70%
Injection drug use (IDU)	5	2%	<5	---	<5	---
MMSC & IDU	8	3%	6	3%	<5	---
Heterosexual contact	38	16%	25	14%	13	23%

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Table A2. Late HIV diagnoses (Stage 3 [AIDS] within 12 months) and all HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2016-2020 combined

	Late HIV Diagnoses	All HIV Diagnoses	
	No.	No.	Row %
Total	255	1051	24%
Gender Identity			
Cisgender Male	230	908	25%
Cisgender Female	20	120	17%
Transgender Persons	5	23	22%
Age Group			
13-24	19	226	8%
25-34	89	426	21%
35-44	72	222	32%
45-54	48	120	40%
55 and older	27	57	47%
Transmission Category			
Male-to-male sexual contact (MMSC)	172	809	21%
Injection drug use (IDU)	7	20	35%
MMSC & IDU	8	23	35%
Heterosexual contact	68	200	34%
Region			
Eligible Metropolitan Area* (EMA)	181	779	23%
Non-EMA	74	272	27%

Note: See Table C10 for linkage to care data by geographic region.

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Table A3. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia by gender identity (cisgender males and cisgender females only), 2020

	Cisgender Male		Cisgender Female	
	No.	**%**	**No.**	**%**
Total	153	100%	19	100%
Age group				
13-24	40	26%	6	32%
25-34	59	39%	7	37%
35-44	34	22%	4	21%
45-54	17	11%	1	5%
55 and older	3	2%	1	5%
Transmission Category				
Male-to-male sexual contact (MMSC)	136	89%	0	0%
Injection drug use (IDU)	0	0%	1	5%
MMSC & IDU	3	2%	0	0%
Heterosexual contact	14	9%	18	95%

Table A4. HIV diagnoses among transgender Hispanic/Latino adolescents and adults in Georgia, 2020

	Transgender Persons	
	No.	**%**
Total	5	100%
Age group		
13-24	0	0%
25-34	4	80%
35 and older	1	20%
Transmission category		
Sexual contact	5	100%

Table A5. HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2014-2020

	2014			2015		
	No.	%	Per 100,000	No.	%	Per 100,000
Total	192	100%	29	195	100%	28
Gender Identity						
Cisgender Male	166	86%	46	166	85%	45
Cisgender Female	20	10%	6	22	11%	7
Transgender Persons	6	3%	---	7	4%	---
Age Group						
13-17	1	1%	---	0	0%	0
18-24	36	19%	34	41	21%	38
25-34	74	39%	46	70	36%	44
35-44	49	26%	32	49	25%	31
45-54	20	10%	21	25	13%	25
55 and older	12	6%	16	10	5%	---
Transmission Category						
Male-to-male sexual contact (MMSC)	137	71%	---	144	74%	---
Injection drug use (IDU)	4	2%	---	3	2%	---
MMSC & IDU	7	3%	---	5	2%	---
Heterosexual contact	44	23%	---	43	22%	---
Top 4 health districts (per counts in 2019)						
3-1 Cobb-Douglas	25	13%	33	20	10%	26
3-2 Fulton	37	19%	68	39	20%	71
3-4 East Metro (GNR)	19	10%	14	23	12%	16
3-5 DeKalb	38	20%	85	36	18%	81
Region						
Eligible Metropolitan Area* (EMA)	132	69%	32	127	69%	30
Non-EMA	60	31%	24	58	31%	22

Note: Rates per 100,000 Hispanic/Latino individuals are not displayed when corresponding counts are <12 and when denominator data is not available through the Georgia OASIS.

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Table A5 (continued). HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2014-2020

	2016			2017		
	No.	%	Per 100,000	No.	%	Per 100,000
Total	192	100%	27	212	100%	29
Gender Identity						
Cisgender Male	164	85%	44	181	85%	47
Cisgender Female	25	13%	8	28	13%	8
Transgender Persons	3	2%	---	3	1%	---
Age Group						
13-17	1	1%	---	2	1%	---
18-24	38	20%	35	30	14%	27
25-34	76	40%	50	78	37%	50
35-44	38	20%	24	55	26%	34
45-54	27	14%	26	35	17%	31
55 and older	12	6%	13	12	6%	12
Transmission Category*						
Male-to-male sexual contact (MMSC)	146	76%	---	152	71%	---
Injection drug use (IDU)	4	2%	---	5	2%	---
MMSC & IDU	2	1%	---	6	3%	---
Heterosexual contact	40	21%	---	50	24%	---
Top 4 health districts (per counts in 2019)						
3-1 Cobb-Douglas	25	13%	32	20	9%	24
3-2 Fulton	29	15%	53	43	20%	76
3-4 East Metro (GNR)	33	17%	22	38	18%	25
3-5 DeKalb	27	14%	63	26	12%	58
Region						
Eligible Metropolitan Area† (EMA)	130	68%	30	152	72%	33
Non-EMA	62	32%	24	60	28%	22

Note: Rates per 100,000 Hispanic/Latino individuals are not displayed when corresponding counts are <12 and when denominator data is not available through the Georgia OASIS.

*Counts may not add up to totals due to multiple imputation process.

† Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Table A5 (continued). HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2014-2020

	2018			2019		
	No.	%	Per 100,000	No.	%	Per 100,000
Total	234	100%	31	236	100%	31
Gender Identity						
Cisgender Male	208	89%	53	202	86%	50
Cisgender Female	24	10%	7	24	10%	7
Transgender Persons	2	1%	---	10	4%	---
Age Group						
13-17	2	1%	---	3	1%	---
18-24	47	20%	40	57	24%	47
25-34	96	41%	62	106	45%	68
35-44	52	22%	32	39	17%	24
45-54	24	10%	20	15	6%	12
55 and older	13	6%	12	16	7%	14
Transmission Category						
Male-to-male sexual contact (MMSC)	185	79%	---	185	79%	---
Injection drug use (IDU)	5	2%	---	5	2%	---
MMSC & IDU	4	2%	---	8	3%	---
Heterosexual contact	40	17%	---	38	16%	---
Top 4 health districts (per counts in 2019)						
3-1 Cobb-Douglas	24	10%	29	28	12%	33
3-2 Fulton	47	20%	82	42	18%	71
3-4 East Metro (GNR)	42	18%	27	61	26%	38
3-5 DeKalb	32	14%	72	30	13%	67
Region						
Eligible Metropolitan Area* (EMA)	173	74%	37	182	77%	38
Non-EMA	61	26%	22	54	23%	19

Note: Rates per 100,000 Hispanic/Latino individuals are not displayed when corresponding counts are <12 and when denominator data is not available through the Georgia OASIS.

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

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Table A5 (continued). HIV diagnoses among Hispanic/Latino adolescents and adults in Georgia, 2014-2020

	2020		
	No.	%	Per 100,000
Total	177	100%	22
Gender Identity			
Cisgender Male	153	86%	37
Cisgender Female	19	11%	5
Transgender Persons	5	3%	---
Age Group			
13-17	3	2%	---
18-24	43	24%	34
25-34	70	40%	45
35-44	38	21%	23
45-54	19	11%	15
55 and older	4	2%	---
Transmission Category			
Male-to-male sexual contact (MMSC)	141	79%	---
Injection drug use (IDU)	1	1%	---
MMSC & IDU	3	2%	---
Heterosexual contact	32	18%	---
Top 4 health districts (per counts in 2019)			
3-1 Cobb-Douglas	15	8%	17
3-2 Fulton	28	16%	46
3-4 East Metro (GNR)	51	29%	31
3-5 DeKalb	25	14%	55
Region			
Eligible Metropolitan Area* (EMA)	142	80%	29
Non-EMA	35	20%	12

Note: Rates per 100,000 Hispanic/Latino individuals are not displayed when corresponding counts are <12 and when denominator data is not available through the Georgia OASIS.

Decreases in diagnosis rates for 2020 likely reflect decreased access to reportable HIV testing and care services and may not reflect actual decreases in new HIV infections.

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

Table B1. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020

	PLWH			Ever Stage 3 (AIDS)*	
	No.	**%**	**Per 100,000**	**No.**	**%**
Total	4508	100%	567	2239	100%
Gender Identity					
Cisgender Male	3612	80%	866	1798	80%
Cisgender Female	819	18%	216	400	18%
Transgender Persons	73	2%	---	39	2%
Unknown	4	0%	---	2	0%
Age Group					
13-24	175	4%	77	20	1%
25-34	926	21%	591	263	12%
35-44	1265	28%	773	571	26%
45-54	1220	27%	951	751	34%
55 and older	922	20%	762	634	28%
Transmission Category[†]					
Male-to-male sexual contact (MMSC)	2988	66%	---	1380	62%
Injection drug use (IDU)	218	5%	---	149	7%
MMSC & IDU	197	4%	---	117	5%
Heterosexual contact	1063	24%	---	579	26%
Other	38	1%	---	13	1%
Region					
Eligible Metropolitan Area[§] (EMA)	3315	74%	---	1624	73%
Non-EMA	1193	26%	---	615	27%
Public Health District					
1-1 Northwest (Rome)	103	2%	243	56	3%
1-2 North Georgia (Dalton)	127	3%	212	75	3%
2 North (Gainesville)	150	3%	195	84	4%
3-1 Cobb-Douglas	454	10%	514	220	10%
3-2 Fulton	960	21%	1585	454	20%
3-3 Clayton (Jonesboro)	198	4%	714	91	4%
3-4 East Metro (Lawrenceville)	703	16%	423	335	15%
3-5 DeKalb	700	16%	1542	359	16%
4 LaGrange	155	3%	363	88	4%
5-1 South Central (Dublin)	50	1%	837	23	1%
5-2 North Central (Macon)	99	2%	539	51	2%
6 East Central (Augusta)	76	2%	369	48	2%
7 West Central (Columbus)	110	2%	530	61	3%
8-1 South (Valdosta)	98	2%	713	48	2%
8-2 Southwest (Albany)	71	2%	447	36	2%
9-1 Coastal (Savannah)	192	4%	556	90	4%
9-2 Southeast (Waycross)	115	3%	515	62	3%
10 Northeast (Athens)	90	2%	270	39	2%

Notes: Rates per 100,000 Hispanic/Latino individuals are not displayed when corresponding counts are <12 and when denominator data is not available through the Georgia OASIS.

Source: Online Analytical Statistical Information System (OASIS), Population Mapping, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: October 2022

*Individual has ever had an AIDS diagnosis.

[†]A small number of cases did not have enough information to calculate imputed transmission category and are excluded.
[§]Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

Table B2. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, by geographic region, 2020

	Eligible Metropolitan Area (EMA)*				Non-EMA			
	PLWH		Ever Stage 3 (AIDS) †		PLWH		Ever Stage 3 (AIDS)	
	No.	%	No.	%	No.	%	No.	%
Total	3315	100%	1624	100%	1193	100%	615	100%
Gender Identity								
Cisgender Male	2706	82%	1319	81%	906	76%	479	78%
Cisgender Female	552	17%	274	17%	267	22%	126	20%
Transgender Persons	54	2%	30	2%	19	2%	9	1%
Unknown	<5	---	<5	---	<5	---	<5	---
Age Group								
13-24	131	4%	14	1%	44	4%	6	1%
25-34	713	22%	192	12%	213	18%	71	12%
35-44	947	29%	425	26%	318	27%	146	24%
45-54	884	27%	549	34%	336	28%	202	33%
55 and older	640	19%	444	27%	282	24%	190	31%
Transmission Category§								
Male-to-male sexual contact (MMSC)	2319	70%	1062	65%	669	56%	318	52%
Injection drug use (IDU)	139	4%	98	6%	79	7%	51	8%
MMSC & IDU	149	5%	89	5%	48	4%	28	5%
Heterosexual contact	676	20%	365	23%	388	32%	214	35%
Other	29	1%	9	1%	9	1%	<5	---

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

† Individual has ever had an AIDS diagnosis.

§A small number of cases did not have enough information to calculate imputed transmission category and are therefore excluded from this category.

Table B3. Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia by gender identity (cisgender males and cisgender females only), 2020

	Cisgender Male				Cisgender Female			
	PLWH		Ever Stage 3 (AIDS)*		PLWH		Ever Stage 3 (AIDS)	
	No.	%	No.	%	No.	%	No.	%
Total	3612	100%	1798	100%	819	100%	400	100%
Age Group								
13-24	139	4%	16	1%	28	3%	2	1%
25-34	794	22%	212	12%	107	13%	37	9%
35-44	1001	28%	457	25%	239	29%	101	25%
45-54	968	27%	609	34%	236	29%	132	33%
55 and older	710	20%	504	28%	209	26%	128	32%
Transmission category[§]								
Male-to-male sexual contact (MMSC)	2923	81%	1346	75%	2[†]	0%	1[†]	0%
Injection drug use (IDU)	123	3%	92	5%	94	12%	55	14%
MMSC & IDU	195	5%	115	6%				
Heterosexual contact	354	10%	241	13%	703	86%	336	84%
Other	17	0%	4	0%	20	2%	8	2%

*Individual has ever had an AIDS diagnosis.

[†]These individuals were likely misclassified as "Cisgender female".

[§]A small number of cases did not have enough information to calculate imputed transmission category and are therefore excluded from this category.

Table B4. Transgender Hispanic/Latino adolescents and adults who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020

	Transgender Persons			
	PLWH		Ever Stage 3 (AIDS)*	
	No.	%	No.	%
Total	73	100%	39	100%
Age Group				
13-24	7	10%	1	3%
25-34	25	34%	14	36%
35-44	24	33%	13	33%
45-54	14	19%	9	23%
55 and older	3	4%	2	5%
Transmission category				
Sexual Contact	69	96%	36	92%
Injection drug use & sexual contact	2	3%	2	5%
Other	1	1%	1	3%

*Individual has ever had an AIDS diagnosis.

Table B5. Hispanic/Latino adolescents and adults who are living with HIV in Georgia by transmission category and geographic region, 2020 (cisgender males and cisgender females only)

	Eligible Metropolitan Area* (EMA)				Non-EMA			
	Cisgender Male		Cisgender Female		Cisgender Male		Cisgender Female	
	No.	%	No.	%	No.	%	No.	%
Total	2706	100%	552	100%	906	100%	267	100%
Transmission Category[†]								
Male-to-male sexual contact (MMSC)	2272	84%	0	0%	651	72%	0	0%
Injection drug use (IDU)	78	3%	61	11%	45	5%	34	13%
MMSC & IDU	147	5%	0	0%	47	5%	0	0%
Heterosexual contact	194	7%	476	86%	160	18%	227	85%
Other	14	1%	15	3%	<5	---	7	2%

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

[†]A small number of cases did not have enough information to calculate imputed transmission category and are therefore excluded from this category.

Transgender persons are not displayed due to small numbers of transmission categories among the two displayed regions.

Table B6. Hispanic/Latino men who have sex with men, who are living with HIV and who have ever had Stage 3 (AIDS) in Georgia, 2020

	PLWH		Ever Stage 3 (AIDS)*	
	No.	**%**	**No.**	**%**
Total	2988	100%	1380	100%
Age Group				
13-24	122	4%	12	1%
25-34	740	25%	193	14%
35-44	864	29%	371	27%
45-54	786	26%	476	35%
55 and older	476	16%	329	24%
District				
1-1 Northwest (Rome)	60	2%	32	2%
1-2 North Georgia (Dalton)	80	3%	45	3%
2 North (Gainesville)	87	3%	47	3%
3-1 Cobb-Douglas	293	10%	133	10%
3-2 Fulton	748	25%	328	24%
3-3 Clayton (Jonesboro)	120	4%	53	4%
3-4 East Metro (Lawrenceville)	457	15%	198	14%
3-5 DeKalb	521	17%	256	19%
4 LaGrange	93	3%	52	4%
5-1 South Central (Dublin)	33	1%	16	1%
5-2 North Central (Macon)	55	2%	28	2%
6 East Central (Augusta)	39	1%	22	2%
7 West Central (Columbus)	69	2%	38	3%
8-1 South (Valdosta)	44	1%	18	1%
8-2 Southwest (Albany)	25	1%	10	1%
9-1 Coastal (Savannah)	102	3%	39	3%
9-2 Southeast (Waycross)	68	2%	34	2%
10 Northeast (Athens)	61	2%	23	2%

*Individual has ever had an AIDS diagnosis.

Table C1. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia, 2014-2020

	2014		2015		2016		2017		2018		2019		2020	
Continuum Measure	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Linked to care*	141	73%	130	67%	159	83%	176	83%	196	84%	210	89%	148	84%

Note: "Linked to care" consists of those who were diagnosed in the year referenced and were linked to care within three months (for years: 2014-2015) or within one month (for years: 2016-2020) of their diagnosis as indicated by having ≥1 CD4/VL test.

Table C2. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia, 2014-2020

	2014		2015		2016		2017		2018		2019		2020	
Continuum Measure	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Engagement in Care*	2056	58%	2191	60%	2318	61%	2460	63%	2670	64%	2748	66%	2784	64%
Retention in Care†	1691	47%	1822	50%	1903	50%	2010	51%	2153	52%	2282	55%	2067	48%
Virally Suppressed§	1643	46%	1840	50%	1933	51%	2093	53%	2261	54%	2418	59%	2469	57%
Virally Suppress/Retained¶	1450	86%	1629	89%	1681	88%	1828	91%	1931	90%	2084	91%	1911	92%

*Engagement in care: ≥1 CD4/viral load test during the year

†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

§Virally suppressed: last viral load test ≤ 200 copies/ml during the year

¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

[Note: Only 2019 data is displayed in this table for reference purposes to show recent demographic statistics prior to the COVID-19 pandemic]

Table C3. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia by demographic characteristics, 2019

Continuum measure		Patients Who Met Measure	
		No.	**%**
Linked to care within 30 days of diagnosis*	**Total**	**210**	89%
	Gender Identity		
	Cisgender Male	180	89%
	Cisgender Female	21	88%
	Transgender Persons	9	90%
	Age Group		
	13-24	50	82%
	25-34	99	93%
	35-44	37	93%
	45-54	25	81%
	55 and older	12	75%
	Transmission Category		
	Male-to-male sexual contact	164	88%
	Injection drug use (IDU)	5	96%
	MMSC & IDU	6	83%
	Heterosexual Contact	35	89%

Note: Total number of newly diagnosed individuals in Appendix table A1.

*Linkage to HIV care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

Table C4. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed with HIV in Georgia by demographic characteristics, 2020

Continuum measure		Patients Who Met Measure	
		No.	%
Linked to care within 30 days of diagnosis*	**Total**	148	84%
	Gender Identity		
	Cisgender Male	132	86%
	Cisgender Female	14	74%
	Transgender Persons	2	40%
	Age Group		
	13-24	34	74%
	25-34	62	89%
	35-44	32	84%
	45-54	16	87%
	55 and older	4	100%
	Transmission Category		
	Male-to-male sexual contact	119	84%
	Injection drug use (IDU)	1	57%
	MMSC & IDU	2	57%
	Heterosexual Contact	27	84%

Note: Total number of newly diagnosed individuals in Appendix table A2.

*Linkage to HIV care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

[Note: Only 2019 data is displayed in this table for reference purposes to show recent demographic statistics prior to the COVID-19 pandemic]

Table C5. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2019

Continuum Measure		Patients Who Met Measure	
		No.	**%**
Engaged in Care*	**Total**	2748	66%
	Gender Identity		
	Cisgender Male	2154	65%
	Cisgender Female	551	71%
	Transgender Persons	43	75%
	Age Group		
	13-24	93	80%
	25-34	583	73%
	35-44	761	63%
	45-54	769	65%
	55 and older	542	65%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1788	67%
	Injection Drug Use (IDU)	139	63%
	MMSC & IDU	136	70%
	Heterosexual Contact	657	66%
Retained in Care†	**Total**	2282	55%
	Gender Identity		
	Cisgender Male	1786	54%
	Cisgender Female	459	59%
	Transgender Persons	37	65%
	Age Group		
	13-24	79	68%
	25-34	449	56%
	35-44	646	54%
	45-54	653	55%
	55 and older	456	55%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1483	55%
	Injection Drug Use (IDU)	115	52%
	MMSC & IDU	103	53%
	Heterosexual Contact	557	56%
Virally Suppressed§	**Total**	2418	59%
	Gender Identity		
	Cisgender Male	1901	58%
	Cisgender Female	482	62%
	Transgender Persons	36	63%
	Age Group		
	13-24	80	69%
	25-34	483	60%

[Note: Only 2019 data is displayed in this table for reference purposes to show recent demographic statistics prior to the COVID-19 pandemic]

Table C5. (continued) HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2019

Continuum Measure		Patients Who Met Measure	
		No.	%
Virally Suppressed[§] (continued)	**Age Group**		
	35-44	668	56%
	45-54	685	58%
	55 and older	502	60%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1577	59%
	Injection Drug Use (IDU)	124	56%
	MMSC & IDU	115	59%
	Heterosexual Contact	580	59%
Virally Suppressed/Retained[¶]	**Total**	2084	91%
	Gender Identity		
	Cisgender Male	1634	91%
	Cisgender Female	419	91%
	Transgender Persons	32	86%
	Age Group		
	13-24	71	90%
	25-34	388	86%
	35-44	594	92%
	45-54	599	92%
	55 and older	433	95%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1359	92%
	Injection Drug Use (IDU)	105	91%
	MMSC & IDU	93	90%
	Heterosexual Contact	508	91%

*Engagement in care: ≥1 CD4/viral load test during the year

[†]Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

[§]Virally suppressed: last viral load test ≤ 200 copies/ml during the year

[¶]Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Table C6. HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2020

Continuum Measure		Patients Who Met Measure	
		No.	%
Engaged in Care*	**Total**	2784	64%
	Gender Identity		
	Cisgender Male	1659	63%
	Cisgender Female	540	67%
	Transgender Persons	51	75%
	Age Group		
	13-24	93	70%
	25-34	605	71%
	35-44	759	62%
	45-54	749	62%
	55 and older	577	63%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1851	65%
	Injection Drug Use (IDU)	124	57%
	MMSC & IDU	124	64%
	Heterosexual Contact	656	64%
Retained in Care†	**Total**	2067	48%
	Gender Identity		
	Cisgender Male	1659	48%
	Cisgender Female	369	46%
	Transgender Persons	40	59%
	Age Group		
	13-24	66	50%
	25-34	452	53%
	35-44	582	47%
	45-54	552	46%
	55 and older	416	45%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1398	49%
	Injection Drug Use (IDU)	82	38%
	MMSC & IDU	92	48%
	Heterosexual Contact	470	46%
Virally Suppressed§	**Total**	2469	57%
	Gender Identity		
	Cisgender Male	1963	57%
	Cisgender Female	464	58%
	Transgender Persons	42	62%
	Age Group		
	13-24	73	55%
	25-34	516	60%

Table C6. (continued) HIV care continuum: Hispanic/Latino adolescents and adults living with HIV in Georgia by demographic characteristics, 2020

Continuum Measure		Patients Who Met Measure	
		No.	%
Virally Suppressed[§] (continued)	**Age Group**		
	35-44	690	56%
	45-54	677	56%
	55 and older	513	56%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1659	58%
	Injection Drug Use (IDU)	109	50%
	MMSC & IDU	103	54%
	Heterosexual Contact	576	56%
Virally Suppressed/Retained[¶]	**Total**	1911	92%
	Gender Identity		
	Cisgender Male	1547	93%
	Cisgender Female	331	90%
	Transgender Persons	34	85%
	Age Group		
	13-24	56	85%
	25-34	398	88%
	35-44	547	94%
	45-54	522	95%
	55 and older	389	94%
	Transmission Category		
	Male-to-male sexual contact (MMSC)	1307	93%
	Injection Drug Use (IDU)	77	93%
	MMSC & IDU	80	87%
	Heterosexual Contact	428	91%

Note: Total number of newly diagnosed individuals in Appendix table B1.

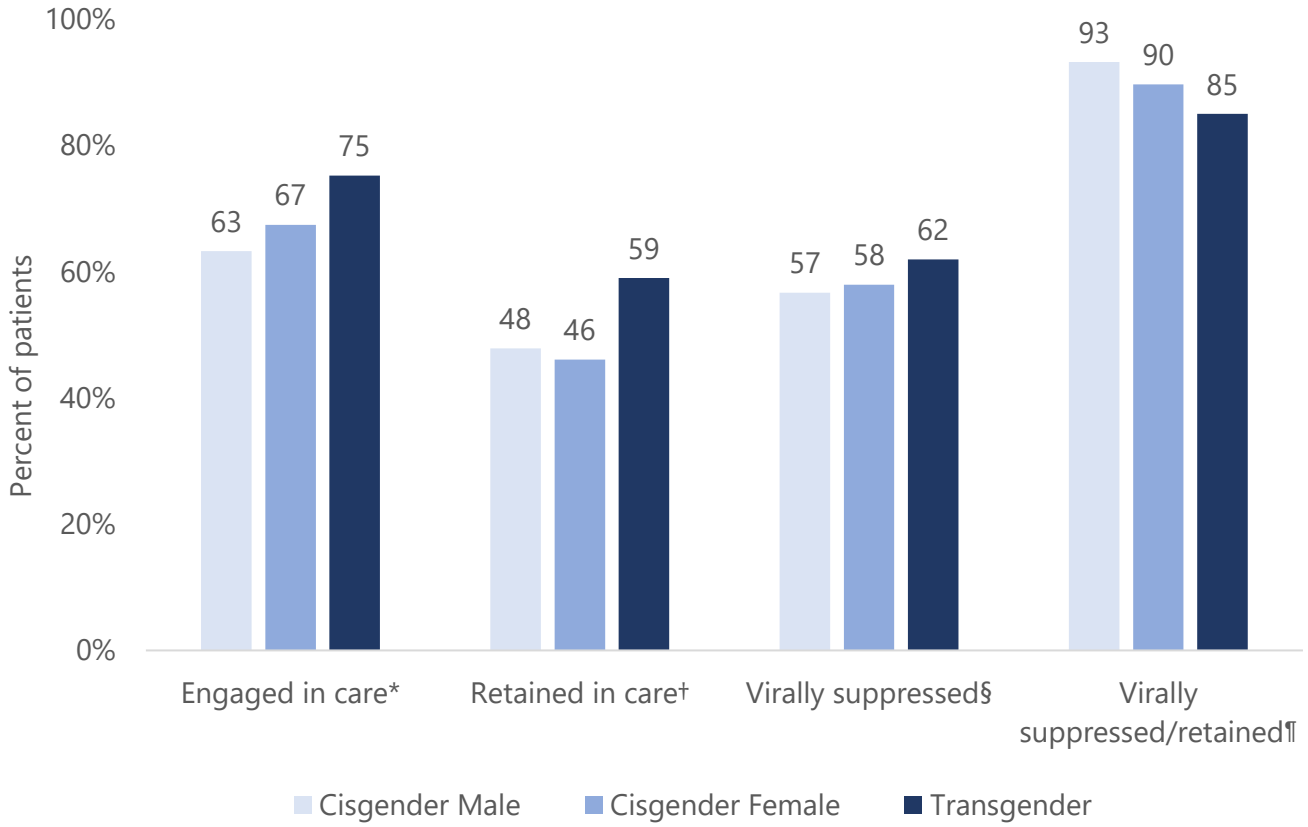
*Engagement in care: ≥1 CD4/viral load test during the year

[†]Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

[§]Virally suppressed: last viral load test ≤ 200 copies/ml during the year

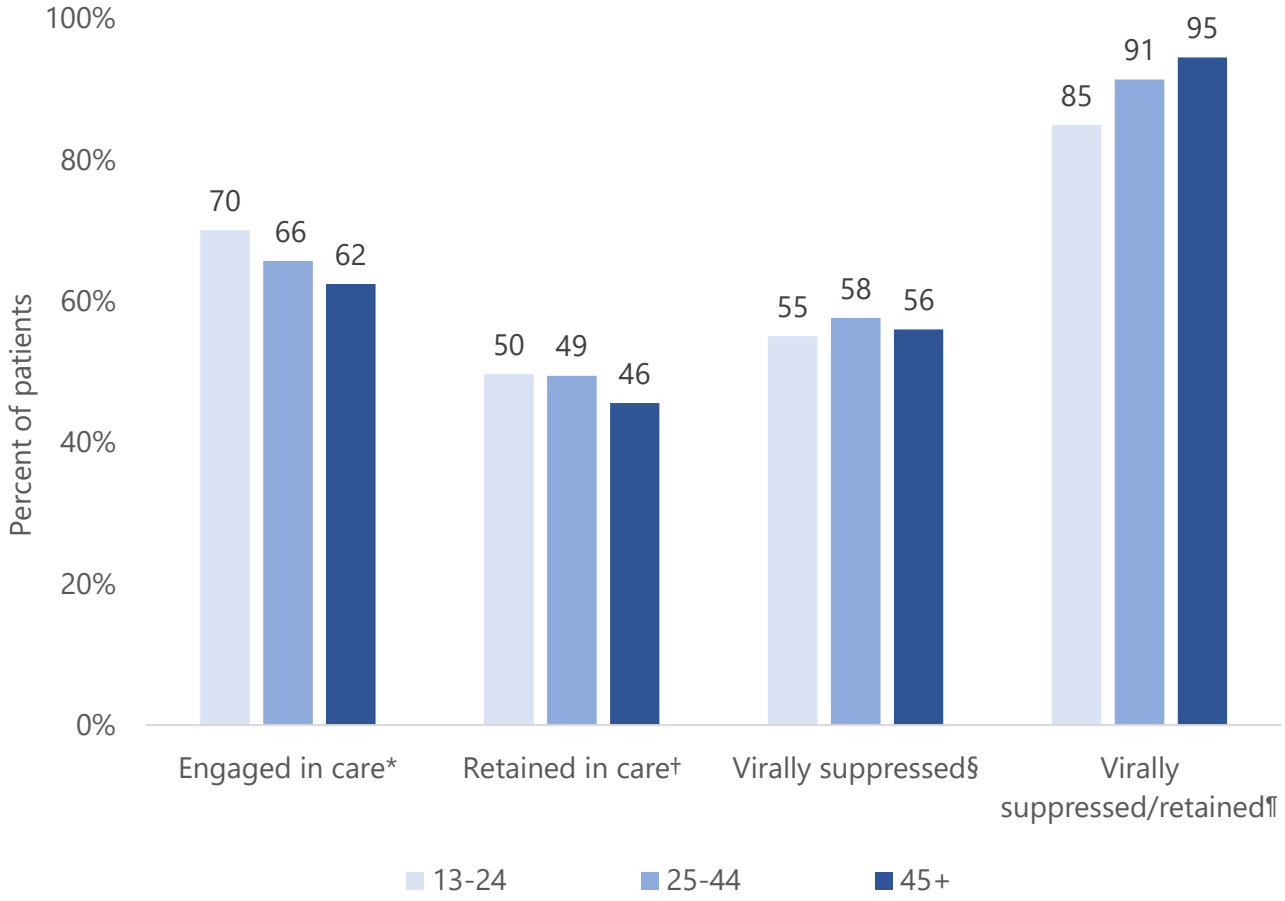
[¶]Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Figure C7. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by gender, 2020



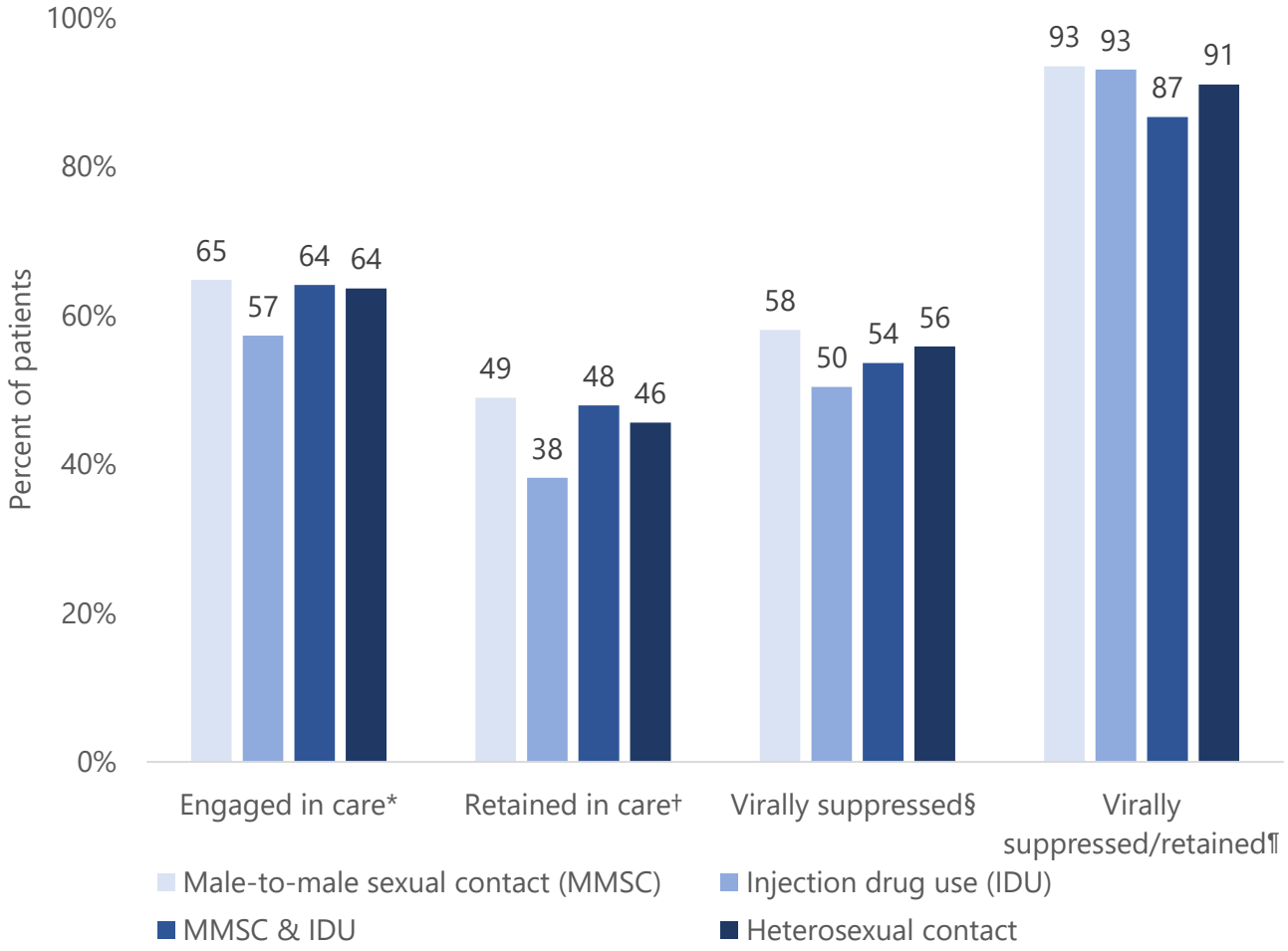
Note: "Engaged in care," "Retained in care," "Virally suppressed," and "Virally suppressed among those retained" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged/retained/suppressed in 2020.
*Engagement in care: ≥1 CD4/viral load test during the year
†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart
§Virally suppressed: last viral load test ≤ 200 copies/ml during the year
¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Figure C8. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by age group, 2020



Note: "Engaged in care," "Retained in care," "Virally suppressed," and "Virally suppressed among those retained" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged/retained/suppressed in 2020.
*Engagement in care: ≥1 CD4/viral load test during the year
†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart
§Virally suppressed: last viral load test ≤ 200 copies/ml during the year
¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Figure C9. HIV care continuum measures for Hispanic/Latino adolescents and adults living with HIV in Georgia by transmission category, 2020



Note: "Engaged in care," "Retained in care," "Virally suppressed," and "Virally suppressed among those retained" consists of those diagnosed in 2019 or earlier with lab evidence of being engaged/retained/suppressed in 2020.
*Engagement in care: ≥1 CD4/viral load test during the year
†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart
§Virally suppressed: last viral load test ≤ 200 copies/ml during the year
¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

[Note: Only 2019 data is displayed in this table for reference purposes to show recent demographic statistics prior to the COVID-19 pandemic]

Table C10. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed or living with HIV in Georgia by geographic region, 2019

Continuum Measure	Region	Patients Who Met Measure	
		No.	%
Linked to care within 30 days of diagnosis[†]	Eligible Metropolitan Area* (EMA)	164	90%
	Non-EMA	45	83%
Engaged in Care[§]	EMA	2063	69%
	Non-EMA	668	61%
Retained in Care[¶]	EMA	1711	57%
	Non-EMA	572	51%
Virally Suppressed**	EMA	1853	62%
	Non-EMA	566	50%
Virally Suppressed/Retained[††]	EMA	1593	93%
	Non-EMA	492	86%

*Metro Atlanta is defined as 20 EMA (Eligible Metropolitan Area) counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

[†]Linkage to HIV care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

[§]Engagement in care: ≥1 CD4/viral load test during the year

[¶]Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

**Virally suppressed: last viral load test ≤ 200 copies/ml during the year

[††]Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

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

Table C11. HIV care continuum: Hispanic/Latino adolescents and adults newly diagnosed or living with HIV in Georgia by geographic region, 2020

Continuum Measure	Region	Patients Who Met Measure	
		No.	%
Linked to care within 30 days of diagnosis[†]	Eligible Metropolitan Area* (EMA)	118	87%
	Non-EMA	28	70%
Engaged in Care[§]	EMA	2133	67%
	Non-EMA	589	58%
Retained in Care[¶]	EMA	1578	50%
	Non-EMA	456	45%
Virally Suppressed**	EMA	1908	60%
	Non-EMA	524	51%
Virally Suppressed/Retained[††]	EMA	1465	93%
	Non-EMA	419	92%

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

[†]Linkage to HIV care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

[§]Engagement in care: ≥1 CD4/viral load test during the year

[¶]Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

**Virally suppressed: last viral load test ≤ 200 copies/ml during the year

[††]Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

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

Table D1. HIV diagnoses among adolescents and adults in Georgia by race/ethnicity, 2010-2020

Year	Race/Ethnicity	No.	%*	Per 100,000
2010	Black	1843	68%	79
	White	447	17%	10
	Hispanic/Latino	186	7%	30
2011	Black	1907	70%	80
	White	401	15%	9
	Hispanic/Latino	189	7%	30
2012	Black	1867	69%	77
	White	410	15%	9
	Hispanic/Latino	179	7%	28
2013	Black	1657	69%	68
	White	384	16%	8
	Hispanic/Latino	187	8%	29
2014	Black	1694	70%	68
	White	353	15%	8
	Hispanic/Latino	192	8%	29
2015	Black	1934	72%	76
	White	406	15%	9
	Hispanic/Latino	195	7%	28
2016	Black	1833	71%	70
	White	383	15%	8
	Hispanic/Latino	192	7%	27
2017	Black	1890	71%	71
	White	417	16%	9
	Hispanic/Latino	212	8%	29
2018	Black	1780	70%	66
	White	421	17%	9
	Hispanic/Latino	234	9%	31
2019	Black	1766	72%	64
	White	365	15%	8
	Hispanic/Latino	236	10%	31
2020	Black	1456	72%	52
	White	321	16%	7
	Hispanic/Latino	177	9%	22

*Percentages do not sum to 100% because other race/ethnicity groups are excluded from this table due to small counts. Percentages shown are percent of total Georgia cases (i.e. all races/ethnicities).

Table D2. HIV care continuum: People newly diagnosed with HIV by race/ethnicity in Georgia, 2020

Continuum Measure		% of patients who met the measure
Linked to care within 30 days of diagnosis*	Georgia Overall	83%
	Race/Ethnicity	
	Black	83%
	White	85%
	Hispanic/Latino	84%

*Linkage to HIV care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

Table D3. HIV care continuum: People living with HIV by race/ethnicity in Georgia, 2020

Continuum Measure		% of patients who met the measure
Engaged in care*	Georgia Overall	69%
	Race/Ethnicity	
	Black	70%
	White	72%
	Hispanic/Latino	64%
Retained in care†	Georgia Overall	48%
	Race/Ethnicity	
	Black	47%
	White	52%
	Hispanic/Latino	48%
Virally suppressed§	Georgia Overall	59%
	Race/Ethnicity	
	Black	57%
	White	64%
	Hispanic/Latino	57%
Virally suppressed/ retained¶	Georgia Overall	90%
	Race/Ethnicity	
	Black	89%
	White	94%
	Hispanic/Latino	92%

*Engagement in care: ≥1 CD4/viral load test during the year

†Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

§ Virally suppressed: last viral load test ≤ 200 copies/ml during the year

¶Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Table D4. HIV care continuum: People newly diagnosed with HIV by race/ethnicity and by geographic region in Georgia, 2020

Continuum Measure	Race/Ethnicity	Eligible Metropolitan Area (EMA)* % of patients who met the measure	Non-EMA % of patients who met the measure
Linked to care within 30 days of diagnosis[†]	Black	83%	83%
	White	85%	85%
	Hispanic/Latino	86%	74%

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

[†]Linkage to HIV/AIDS care within 30 days of diagnosis: ≥1 CD4/viral load test within 30 days of diagnosis

Table D5. HIV care continuum: People living with HIV by race/ethnicity and by geographic region in Georgia, 2020

Continuum Measure	Race/Ethnicity	Eligible Metropolitan Area (EMA)* % of patients who met the measure	Non-EMA % of patients who met the measure
Engaged in care[†]	Black	70%	71%
	White	73%	71%
	Hispanic/Latino	67%	58%
Retained in care[§]	Black	46%	51%
	White	52%	51%
	Hispanic/Latino	50%	45%
Virally suppressed[¶]	Black	58%	57%
	White	66%	61%
	Hispanic/Latino	60%	51%
Virally suppressed/ Retained**	Black	89%	87%
	White	95%	91%
	Hispanic/Latino	93%	92%

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

[†]Engagement in care: ≥1 CD4/viral load test during the year

[§] Retention in care: ≥2 CD4/viral load tests during the year at least 3 months apart

[¶]Virally suppressed: last viral load test ≤ 200 copies/ml during the year

**Virally suppressed among those retained in care: last viral load test ≤ 200 copies/ml during the year among those who had ≥2 CD4/ viral load tests during the year at least 3 months apart

Exclusions: Hispanic/Latino 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.

Table F1. Population statistics by race/ethnicity in Georgia, 2014 & 2020

	2014		2020		Change between 2014-2020	
	No.	**%**	**No.**	**%**	**No.**	**%**
Total Population (all races/ethnicities)	8,296,651	100%	8,930,508	100%	633,857	+8%
Hispanic/Latino	668,610	8%	795,684	9%	127,074	+19%
Black (non-Hispanic)	2,501,633	30%	2,807,261	31%	305,628	+12%
White (non-Hispanic)	4,686,318	56%	4,773,696	54%	87,378	+2%

Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

Note: Percentages and counts for Black, White, and Hispanic/Latino rows do not add up to the Total Population row because other race/ethnicity groups are not included in this chart.

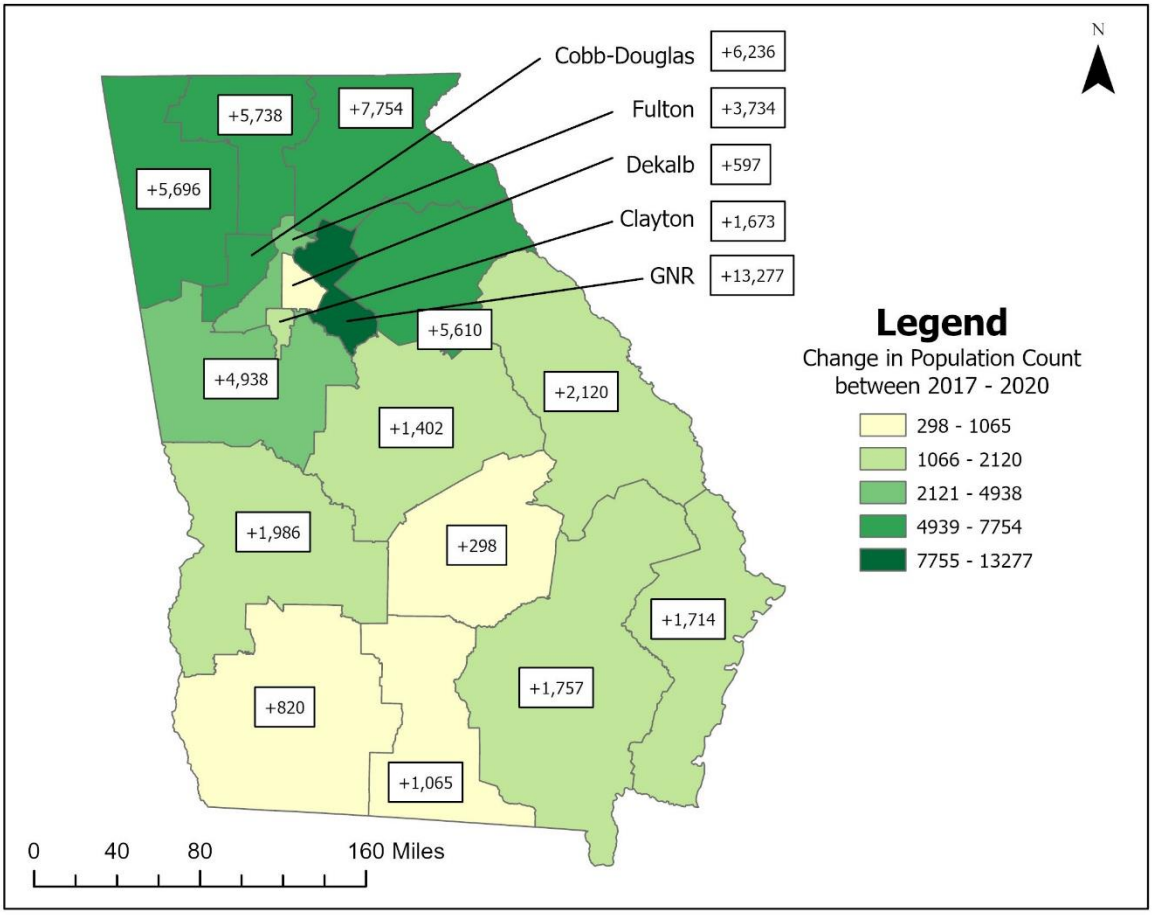
Table F2. Demographic characteristics of Hispanic/Latino adolescents and adults in Georgia, 2014 & 2020

	2014		2020	
	No.	**%**	**No.**	**%**
Total	668,610	100%	795,684	100%
Sex Assigned at Birth				
Male	358,767	54%	416,977	52%
Female	309,843	46%	378,707	48%
Age Group				
13-17	78,428	12%	100,436	13%
18-24	105,655	16%	125,732	16%
25-34	162,527	24%	156,615	20%
35-44	151,506	23%	163,590	20%
45-54	94,246	14%	128,320	16%
55 and older	76,248	11%	120,991	15%
District				
1-1 Northwest (Rome)	32,112	5%	42,317	5%
1-2 North Georgia (Dalton)	48,126	7%	59,863	8%
2 North (Gainesville)	61,664	9%	77,040	10%
3-1 Cobb-Douglas	75,043	11%	88,260	11%
3-2 Fulton	54,732	8%	60,578	8%
3-3 Clayton (Jonesboro)	24,154	4%	27,717	3%
3-4 East Metro (Lawrenceville)	139,762	21%	166,248	21%
3-5 DeKalb	44,476	7%	45,386	6%
4 LaGrange	33,818	5%	42,748	5%
5-1 South Central (Dublin)	5,581	1%	5,976	1%
5-2 North Central (Macon)	15,977	2%	18,367	2%
6 East Central (Augusta)	16,461	2%	20,601	3%
7 West Central (Columbus)	18,667	3%	20,753	3%
8-1 South (Valdosta)	11,783	2%	13,749	2%
8-2 Southwest (Albany)	14,058	2%	15,894	2%
9-1 Coastal (Savannah)	29,541	4%	34,503	4%
9-2 Southeast (Waycross)	18,834	3%	22,342	3%
10 Northeast (Athens)	23,821	4%	33,342	4%
Region				
Eligible Metropolitan Area* (EMA)	418,777	63%	497,209	62%
Non-EMA	249833	37%	298475	38%

Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

*Eligible Metropolitan Area is defined as 20 EMA counties that are eligible for Ryan White HIV/AIDS Part A grants. These consist of the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.

Figure F3. Change in number of Hispanic/Latino adolescents and adults living in Georgia by public health district between 2017 & 2020



Source: Online Analytical Statistical Information System (OASIS), Population Characteristics, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). https://oasis.state.ga.us/. Date Accessed: September 2022

SECTION 8: RESOURCES

INFORMATION ON THE GEORGIA DEPARTMENT OF PUBLIC HEALTH'S HIV EPIDEMIOLOGY SECTION & RESOURCES

Information on the Georgia Department of Public Health's HIV Epidemiology Section

Please see the HIV Epidemiology Section website for more information on how Georgia DPH conducts HIV surveillance and manages the state HIV surveillance system. Georgia DPH leads routine surveillance and research activities to describe and monitor the HIV epidemic in Georgia, guide data-driven planning and resource allocation, and evaluate the effectiveness and impact of prevention programs and treatment services. The below surveillance activities and projects are authorized under Georgia Surveillance Law (O.C.G.A. §31-12-2(b)) to conduct notifiable disease surveillance of HIV; all listed activities are secure and confidential:

- HIV Case Surveillance
- Perinatal Exposure Surveillance
- HIV Care Continuum
- Georgia Medical Monitoring Project (MMP)
- Georgia HIV Behavioral Surveillance (NHBS)

Recommended Resources

All stakeholders are welcome to use any of the resources listed below, which are organized into three groups to guide stakeholders in finding the information that may be most relevant for them.

For Medical Staff:

- All healthcare providers diagnosing patients with HIV for the first time or healthcare providers who are assuming care of a patient with HIV must report the case via an Adult Case Report Form by mail or electronically within seven days of diagnoses or assuming care. All certified and licensed Georgia laboratories must report lab test results indicative of HIV infection within seven days. To view how to report a case, please see HIV Case Reporting.
- For a detailed reference guide on the HIV testing algorithm, please see "Laboratory Testing for the Diagnosis of HIV Infection".
- Under certain eligibility requirements, newly diagnosed patients or patients who are reestablishing HIV care may seek treatment at no cost with the Ryan White Program.
- CDC and Medscape Education have partnered to provide a continuing medical education program, "HIV Testing, Prevention, and Treatment: A Stepwise Approach" in efforts to optimize care for people living with HIV.
- For information on how to prepare your facility for HIV testing services, please view "Consolidated Guidelines on HIV Testing Services" provided by the World Health Organization (WHO).

For Researchers:

- To submit a data request for Georgia DPH HIV epidemiology data, please see PHIP Data Request.
- To view the latest and archived HIV data for the state of Georgia please see Georgia HIV Surveillance Data.
- To explore how HIV affects the residents of Georgia in a more comprehensive manner, including the burden of the disease, social and behavioral characteristics of those living with the disease, and changes in population groups of those living with the disease, please visit our Integrated HIV Epidemiological Profile.

For Patients:

- To find a near-by location that offers low-cost/free HIV testing services, please see CDC- Get Tested, to enter a zip code and find a site.

- To order a free OraQuik HIV self-testing kit, please visit GACAPUS or Take Me Home, for instructions on how to order a free test.
- To obtain free PrEP, a medication that prevents HIV infection, please see Ready, Set, PrEP, to determine qualifications to enroll in the program.
- For information on how HIV affects the Hispanic/Latino community please see the CDC Factsheet, "HIV and Hispanic/Latino People" (English version) or the CDC Factsheet "El VIH y los hispanos o latinos" (Spanish version).
- For information regarding basic concepts of HIV such as transmission, living with HIV, prevention, and Covid-19 and HIV, please see CDC "HIV Basics" or CDC "Informacion basica sobre el VIH".

Additional Readings on the HIV Epidemic Among Hispanics/Latinos

- For prevention strategies specific for Hispanic/Latino who identify as gay or bisexual, please see CDC "HIV Prevention for Hispanic/Latino Gay and Bisexual Men".
- For insight on how topics such as stigma, immigration, and cultural factors impact Hispanics/Latinos and HIV rates, please see "A critical review and commentary on the challenges in engaging HIV-infected Latinos in the continuum of HIV care".
- Please visit the National Hispanic Medical Association to gain insight on how COVID-19 and HIV currently affects the everyday lives of Hispanics/Latinos.
- To gain insight on how Hispanics/Latinos understand and utilize PrEP referrals, please see "HIV Preexposure Prophylaxis Awareness and Referral to Providers Among Hispanic/Latino Persons – United States, 2019", published in Morbidity and Mortality Weekly Report (MMWR).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