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Georgia Medical Monitoring Project Surveillance Summary, 2018–2022

Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection, Georgia Medical Monitoring Project, 2018–2022

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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CONTENTS

COMMENTARY

At year-end 2022, an estimated 63,984 persons in Georgia were living with diagnosed HIV infection [1]. In 2022, the number of new HIV diagnoses in Georgia was 2,575 [1]. Although the National HIV Surveillance System (NHSS) collects information about persons with diagnosed HIV infection [2], other surveillance systems provide more detailed information about care seeking, health care use, use of ancillary services, and other behaviors [3]. In 2005, in response to an Institute of Medicine report outlining the need for representative data on persons living with HIV [4], the Centers for Disease Control and Prevention (CDC) implemented the Medical Monitoring Project (MMP), which from 2009 to 2014 collected data from a 3-stage probability sample of persons receiving HIV medical care [5]. In 2015, in response to recommendations stemming from an Institute of Medicine review of national HIV data systems [6], MMP sampling and weighting methods were revised to include all persons with diagnosed HIV infection regardless of HIV care status.

MMP is a cross-sectional, nationally representative, complex sample survey that assesses the clinical and behavioral characteristics of adults with diagnosed HIV infection in the United States and Puerto Rico. The MMP samples in cycle years 2015–2022 were selected in 2 consecutive stages: (1) United States and dependent areas and (2) adults aged ≥18 years with diagnosed HIV infection reported to NHSS as of December 31, the year prior to the cycle year (ex: December 31, 2014 for the 2015 cycle). Georgia is one of a total of 23 project areas (16 states, 6 local departments and Puerto Rico) which were funded to conduct data collection for MMP during the 2015–2022 cycles.

This report presents unweighted frequencies and weighted prevalence estimates with 95% confidence intervals for selected characteristics. The estimates describe the characteristics of adults with diagnosed HIV infection who lived in Georgia as of the sampling date for the cycle year in which they participated in the Georgia MMP, hereafter referred to as persons with diagnosed HIV or persons. The period referenced is the 12 months before the participants' interviews and medical record abstractions unless otherwise noted.

Statistical software (SAS, version 9.4) was used for analysis of weighted data [7]. Data are not reported for estimates with a coefficient of variation ≥0.30. Values with an absolute confidence interval width ≥0.30, and values with an absolute confidence interval width between 0.05 and 0.30 and a relative confidence interval width >130% are marked with an asterisk and should be interpreted with caution. No statistical tests were performed. Additional information on MMP is available at https://www.cdc.gov/hiv-data/mmp/index.html

HIGHLIGHTS OF ANALYSES

Scope of Analysis

Unless specified, highlights of analyses cover the cycle years of 2018 to 2022 to follow a 5-year period. Where applicable, data from 2015, 2016, and 2017 are not included in most highlights of analyses shown in this section of the report.

Response Rates
In total, 2,500 persons considered to be residents of Georgia were sampled from NHSS for cycle years 2018–2022, and 950 participated (Table 1). Adjusted for eligibility, the response rates were 36.6% (2018), 45.8% (2019), 39.7% (2020), 39.1% (2021) and 34.0% (2022).

Sociodemographic Characteristics
An estimated 74% of persons were male, 24% were female and about 2% were transgender (Table 2). Approximately 40% of persons identified themselves as heterosexual or straight; 47% as lesbian or gay; 10% as bisexual; and 3% as another sexual orientation. An estimated 73% were Black or African American, 16% were White, and 5% were Hispanic or Latino. Two-thirds (67%) were aged at least 40 years. Over half (63%) had more than a high school education and 95% were born in a U.S. state or territory. The estimated prevalence of homelessness among all persons with diagnosed HIV was 10%. About 23% of persons indicated that they had some form of housing instability. An estimated 98% had health insurance or coverage for antiretroviral therapy (ART) medications: 45% had coverage through the Ryan White HIV/AIDS Program, 29% had Medicaid, 44% had private health insurance, and 25% had Medicare. An estimated 40% had a disability, 39% were unemployed, and 29% had a household income below the federal poverty threshold. An estimated 17% received Supplemental Security Income (SSI) and 20% received Social Security Disability Insurance (SSDI).

Clinical Characteristics
According to the CDC stage of disease classification for HIV infection [8], an estimated 53% of persons had ever had stage 3 (AIDS) disease (Table 3). An estimated 6% of persons had a geometric mean CD4 T-lymphocyte (CD4) count of 0–199 cells/µL. The estimated average geometric mean CD4 count among all persons was 613 cells/µL, and the median geometric mean CD4 count was 582 cells/µL (range: 2– 2,124) (data not shown in table).

An estimated 70% of persons had an undetectable (<200 copies/mL) viral load at the most recent measurement, while 62% had undetectable viral loads at all measurements during the past 12 months (durable viral suppression).

Use of Health Care Services
Overall, 97% had received outpatient HIV care during the past 12 months, and 99% had received outpatient HIV care during the past 24 months (Table 4). An estimated 80% were retained in care during the past 12 months, while 61% were retained in care during the past 24 months. An estimated 83% of persons had an ART prescription documented in the medical record during the 12 months before the interview. Of persons who met the clinical criteria for *Pneumocystis* pneumonia (PCP) prophylaxis, 42% had a prescription for PCP prophylaxis documented in the medical record.

Among sexually active persons, an estimated 58% were tested for gonorrhea and chlamydia, 70% for syphilis, and 53% for all 3 sexually transmitted diseases (STDs) (Table 5).

An estimated 44% of persons were seen in an emergency department at least once, and 5% were seen at least 5 times (Table 6). An estimated 19% of persons were admitted to a hospital for an illness at least once.

Self-reported ART Medication Use and Adherence
An estimated 94% of persons were currently taking ART based on self-report (Table 7). Among the estimated 1% of persons without a history of ART use, 44%* had never taken ART because a health care provider advised a delay in treatment. Among the estimated 6% of persons with a history of ART use who were not

currently taking ART, 65% were not taking ART due to money or insurance problems. (* indicating percentage should be interpreted with caution)

Among persons taking ART, 58% took all of their ART doses in the past 30 days (Table 8). Among persons taking ART, 74% had never been troubled by ART side effects during the past 30 days; 14% had rarely been troubled. The most common reasons given for not taking ones most recently missed ART dose were forgetting (65%) and a change in one's daily routine or being out of town (46%).

Clinical Characteristics by Subgroups

The estimated prevalence of ART prescription documented in a medical record was 82% among males and 85% among females (Table 9a). An estimated 84% of Black or African Americans were prescribed ART, compared with 73%* of Hispanics or Latinos and 82% of Whites. The estimated prevalence of ART prescription was 80% among persons aged 18 to 29 years and 83% among those aged 50 years or older.

The estimated prevalence of durable viral suppression was 61% among males and 63% among females. An estimated 60% of Black or African Americans had durable viral suppression, compared with 61%* of Hispanics or Latinos and 73% of Whites. The estimated prevalence of durable viral suppression was 44% among persons aged 18 to 29 years and 72% among those aged 50 years or older.

Depression and Substance Use

The estimated prevalence of major or other depression in the past 2 weeks based on the Patient Health Questionnaire (PHQ-8) algorithm [9] was 16%, including 8% with major depression (Table 10). Based on the total PHQ-8 symptom score (see the appendix), an estimated 13% of persons had moderate or severe depression. The estimated prevalence of mild, moderate, or severe anxiety in the past 2 weeks based on the Generalized Anxiety Disorder Scale (GAD-7) [10] was 22%, including 8% with severe anxiety.

The estimated prevalence of current smoking was 26%: 21% of persons smoked daily, and 2% less than monthly (Table 11). The estimated prevalence of alcohol use was 69%: 7% of persons drank alcohol daily, 22% weekly, 11% monthly, and 30% less than monthly (Table 12). An estimated 17% of persons engaged in binge drinking during the past 30 days.

An estimated 41% of persons used noninjection drugs for nonmedical purposes (Table 13). In total, an estimated 35% used marijuana, 11% used poppers (amyl nitrite), 7% used cocaine, 6% used methamphetamines, and 4% used prescription opioids. Almost all persons did not use injection drugs for nonmedical purposes (Table 14).

Gynecologic and Reproductive Health

Among females, 89% reported receiving a Papanicolaou (Pap) test in the past three years (Table 15). An estimated 33% of females reported being pregnant at least once since testing positive for HIV infection.

Sexual Behavior

An estimated 54% of men had anal sex with men (Table 16). An estimated 28% of men did not have vaginal or anal sex. Among women, 53% had vaginal sex, and 43% did not have vaginal or anal sex. An estimated 8% of men who had sex with men and about 8% of women who had sex with men engaged in high-risk sex (Table 17). In terms of prevention strategies among sexually active persons, an estimated 62% of men who had sex with men engaged in sex while sustainably virally suppressed, 53% had condom-protected sex, and 64% had sex with an HIV-positive partner. Among sexually active men who had sex only with women, 62% engaged in sex while sustainably virally suppressed, 66% had condom-protected sex, and 24% had sex with an HIV-positive partner. Among sexually active women who had sex with men, 61% engaged in sex while

sustainably virally suppressed, 51% had condom-protected sex, and 28% had sex with an HIV-positive partner.

Met and Unmet Need for Ancillary Services

An estimated 51% of persons received dental care; 46% received HIV case management services; 45% received medicine through the AIDS Drug Assistance Program (ADAP); and 39% received services through the Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Table 18). Among persons with HIV who specifically needed each service but did not receive such service: an estimated 38% of persons had unmet needs for dental care; 28% for SNAP or WIC; 65% for shelter or housing services; 40% for meal or food services; 26% for mental health services; 18% for HIV case management services; 34% for transportation assistance; 40% for HIV peer group support; and 30% for patient navigation services.

Intimate Partner Violence and Sexual Violence

An estimated 28% of persons had ever been physically hurt by a romantic or sexual partner, including 5% who experienced this in the past 12 months (Table 19). An estimated 18% of persons had ever been threatened with harm or physically forced to have unwanted sex.

Prevention Activities

An estimated 54% of persons received counseling from a physician, nurse, or other health care worker about HIV and STD risk reduction, and 24% of persons had a one-on-one conversation with an outreach worker, a counselor, or a prevention program worker about prevention (Table 20). An estimated 45% of persons received free condoms from various organizations.

Division of HIV/AIDS Prevention National Indicators

Regarding beliefs about self-rated health, 73% of males rated themselves as having good or better health. For females, 61% rated themselves as having good or better health (Table 21a). Among those who identified as heterosexual or straight, 59% indicated having good or better health; while among those who identified as lesbian or gay, 78% indicated having good or better health. Among all MSM, 79% reported good health; Black or African American MSM, 80% reported good health; Hispanic or Latino MSM, 78%* reported good health; Black or African American cisgender women, 59% reported good health. The estimated prevalence of unstable housing or homelessness among persons who received outpatient HIV care in the past 12 months was 23% (Table 22a). The estimated prevalence of unemployment was 12%. The estimated prevalence of problems with hunger or food security was 19%. The median HIV stigma score (Table 23a) among all persons was 28.

TECHNICAL NOTES

POPULATION OF INFERENCE

For the 2015–2022 Medical Monitoring Project (MMP) data collection cycles (data collected June 1–May 31, each year), the population of inference was adults with diagnosed HIV (aged ≥18 years) living in Georgia as of December 31st of the year prior to the start of the data collection cycle.

DATA COLLECTION

Persons with diagnosed HIV were sampled for MMP using data from the National HIV Surveillance System (NHSS). Sampled persons were recruited to participate in person, by telephone, or by mail. To be eligible for MMP, the person had to be, as of December 31 of the year prior to the data collection cycle: living with diagnosed HIV infection, aged ≥18 years, and residing in Georgia.

A trained interviewer conducted either a computer-assisted telephone interview or an in-person interview. Persons who agreed to participate were interviewed over the telephone or in a private location (e.g., at home or in a clinic). The interview (approximately 45 minutes) included questions about demographics, health care use, met and unmet needs for ancillary services, sexual behavior, depression and anxiety, gynecologic and reproductive history (females only), drug and alcohol use, and use of prevention services.

Participants were given a token of appreciation of $50 (2015, 2018, 2019, 2020, 2021, and 2022 cycle) or $75 (2016 and 2017 cycles) in cash or the equivalent for participation.

REFERENCES

1. Georgia Department of Public Health, HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2022, https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-hiv-surveillance-data, Published March 2024, Accessed: 12/31/2024.
2. Nakashima AK, Fleming PL. HIV/AIDS surveillance in the United States, 1981–2001. *J Acquir Immune Defic Syndr* 2003;32(suppl 1):S68–S85.
3. McNaghten AD, Wolfe MI, Onorato I, et al. Improving the representativeness of behavioral and clinical surveillance for persons with HIV in the United States: the rationale for developing a population-based approach. *PLoS One* 2007;2(6):e550.
4. Institute of Medicine. *Measuring What Matters: Allocation, Planning and Quality Assessment for the Ryan White CARE Act*. Washington, DC: National Academies Press; 2004. https://www.nap.edu/read/ 10855. Published November 7, 2003. Accessed January 11, 2019.
5. CDC. *Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2022 Cycle (June 2022–May 2023). HIV Surveillance Special Report 36*. https://stacks.cdc.gov/view/cdc/159149 Published May 2024. Accessed 12/31/2024.
6. Institute of Medicine. *Monitoring HIV Care in the United States: Indicators and Data Systems*. Washington, DC: National Academies Press; 2012. doi:10.17226/13225.
7. SAS Institute Inc. SAS version 9.4. Cary, NC: SAS Institute; 2011.
8. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10. https://www.cdc.gov/mmwr/indrr_2014.html. Accessed January 11, 2019.
9. Kroenke K, Strine TW, Spitzer RL, et al. The PHQ-8 as a measure of current depression in the general population. *J Affect Disord* 2009;114(1–3):163–173.
10. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med* 2006;166(10):1092–1097.

TABLES

Table 1. Distribution of participants across project areas—Medical Monitoring Project, Georgia, 2018–2022

Project Area	No. sampled	No. participating	% participating[a]	% of total
Georgia	2,500	950	38.0	4.8

Note. Percentages might not sum to 100 because of rounding.

[a] Calculated by dividing number of participating respondents by the total number of persons sampled.

Table 2. Selected characteristics, including demographic characteristics, social determinants of health, and quality of life, among persons with diagnosed HIV infection—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Demographic characteristics			
Age at time of interview (years)			
18–24	32	3.4	2.2–4.7
25–29	74	8.6	6.5–10.6
30–34	110	12.1	9.9–14.4
35–39	88	9.2	7.2–11.2
40–44	100	10.5	8.5–12.6
45–49	96	10.1	8.0–12.2
50–54	146	14.8	12.4–17.2
55–59	143	14.2	11.9–16.5
60–64	84	9.1	7.0–11.1
≥65	77	7.9	6.1–9.7
Race/ethnicity			
American Indian/Alaska Native	--	--	--
Asian	--	--	--
Black/African American	712	72.9	69.8–76.1
Hispanic/Latino[d]	48	5.4	3.8–7.1
Native Hawaiian/other Pacific Islander	--	--	--
White	142	16.1	13.5–18.8
Multiple races	45	5.1	3.5–6.6
Gender			
Cisgender male	681	74.3	71.4–77.2
Cisgender female	250	23.8	21.0–26.6
Transgender[e]	18	1.8	0.9–2.8
Sexual Orientation			
Lesbian or gay	417	47.0	43.5–50.4
Heterosexual or straight	402	39.9	36.6–43.3
Bisexual	90	10.1	8.0–12.3
Other	32	3.0	1.9–4.0
Measures of housing instability			
Unstable housing at any time, past 12 months[f]			
Yes	200	20.6	17.8–23.3
No	746	79.4	76.7–82.2
Homeless at any time, past 12 months[g]			
Yes	95	9.7	7.7–11.8
No	853	90.3	88.2–92.3
Unstable housing or homelessness, past 12 months[h]			
Yes	219	22.5	19.7–25.4

No	727	77.5	74.6–80.3
Hunger/food insecurity[i]			
Yes	174	18.6	15.9–21.3
No	773	81.4	78.7–84.1
Employment status[j]			
Employed	475	51.7	48.3–55.1
Unemployed or unable to work	386	38.7	35.4–42.0
Student	18	2.3	1.1–3.5
Retired	68	7.3	5.5–9.2
Combined yearly household income (US$)[k]			
0–19,999	351	39.9	36.4–43.5
20,000–39,999	216	25.8	22.6–29.0
40,000–74,999	195	24.3	21.1–27.5
≥75,000	85	9.9	7.8–12.1
Poverty guidelines[l]			
<100% FPL	263	29.4	26.2–32.7
100–138% FPL	114	13.7	11.2–16.2
139–399% FPL	345	41.9	38.3–45.5
≥400% FPL	125	15.0	12.3–17.6
Received Supplemental Security Income (SSI), past 12 months			
Yes	161	17.2	14.5–19.8
No	772	82.8	80.2–85.5
Received Social Security Disability Insurance (SSDI), past 12 months			
Yes	185	19.7	17.0–22.5
No	747	80.3	77.5–83.0
Education			
Educational attainment			
Less than high school	130	13.1	10.8–15.4
High school diploma or GED	230	24.4	21.5–27.4
More than high school	588	62.5	59.1–65.8
Health-related factors			
Confidence in completing health forms			
Extremely	546	57.5	54.1–60.9
Quite a bit	164	17.0	14.5–19.6
Somewhat	130	14.5	12.0–17.0
A little bit	67	6.5	4.8–8.1
Not at all	41	4.5	3.0–5.9
Health insurance or coverage for care or medications (including Ryan White HIV/AIDS Program [RWHAP] assistance), past 12 months[n]			
Yes	925	97.5	96.2–98.7
No	19	2.5	1.3–3.8

Ryan White HIV/AIDS Program assistance			
Yes	444	45.0	41.6–48.5
No	489	55.0	51.5–58.4
Medicaid			
Yes	279	29.0	25.9–32.1
No	660	71.0	67.9–74.1
Private health insurance[o]			
Yes	401	44.2	40.8–47.7
No	534	55.8	52.3–59.2
Medicare			
Yes	229	24.7	21.7–27.7
No	701	75.3	72.3–78.3
Other public insurance[p]			
Yes	28	2.9	1.8–4.1
No	906	97.1	95.9–98.2
Tricare/CHAMPUS or Veterans Administration			
Yes	42	5.8	3.9–7.7
No	890	94.2	92.3–96.1
Insurance type unknown[q]			
Yes	--	--	--
No	927	99.4	98.9–99.9
Uninsured[r]			
Yes	202	20.2	17.6–22.9
No	742	79.8	77.1–82.4
Self-rated health			
Poor	54	5.5	3.9–7.1
Fair	229	24.2	21.3–27.2
Good	341	35.8	32.5–39.1
Very good	203	21.7	18.9–24.5
Excellent	121	12.8	10.5–15.1
Any disability[m]			
Yes	380	39.5	36.1–42.8
No	568	60.5	57.2–63.9
Social and community context			
Country or territory of birth			
US state or territory	900	94.8	93.3–96.3
Outside the US and its territories	48	5.2	3.7–6.7
Incarcerated >24 hours, past 12 months			
Yes	55	5.9	4.3–7.6
No	892	94.1	92.4–95.7
Total	***950***	***100***	

Abbreviations: CI, confidence interval; GED, general educational development; FPL, federal poverty level; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; US$, US dollar; HHS, Department of Health and Human Services [footnotes only].

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.
[b] Percentages are weighted percentages.
[c] CIs incorporate weighted percentages.
[d] Hispanics or Latinos can be of any race. Persons are classified in only 1 race/ethnicity category.
[e] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.
[f] Defined as moving in with others due to financial issues, moving 2 or more times, or being evicted at any time during the past 12 months.
[g] Defined as living on the street, in a shelter, in a single-room–occupancy hotel, or in a car at any time during the past 12 months.
[h] Defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted) or homelessness (living on the street, in a shelter, in a single-room–occupancy hotel, or in a car) at any time during the past 12 months.
[i] "Hunger/food insecurity" defined as going without food due to lack of money during the past 12 months.
[j] Employed includes employed for wages, self-employed, or homemaker.
[k] Income from all sources, before taxes, in the last calendar year.
[l] Poverty guidelines as defined by HHS; the 2021 guidelines were used for persons interviewed in 2022 and the 2022 guidelines were used for persons interviewed in 2023. More information regarding HHS poverty guidelines can be found at https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty.
[m] Includes physical, mental, and emotional disabilities.
[n] Persons could select more than 1 response for health insurance or coverage for care or medications (including antiretroviral medications).
[o] Defined as receiving health insurance through a person's employer or a family member's employer, or purchased through the Health Insurance Marketplace or directly from a health insurance company.
[p] Other public insurance included city, county, state, or other publicly funded insurance, not including Medicaid.
[q] Unknown insurance type means that the person had health insurance or coverage for care or medications (including antiretroviral medications), but the type of insurance or coverage could not be determined.
[r] Includes those who did not report having any insurance, or received RWHAP assistance only, without coverage through any other insurance categories.

Table 3. Time since HIV diagnosis, stage of disease, CD4 counts, and viral suppression during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Time since HIV diagnosis (years)[d]			
<5	141	15.5	12.9–18.0
5–9	210	23.3	20.3–26.2
≥10	599	61.3	57.9–64.7
HIV infection stage 3 (AIDS)[e]			
Yes	517	52.7	49.3–56.2
No	433	47.3	43.8–50.7
Geometric mean CD4 count (cells/µL)			
0–199	55	6.4	4.7–8.2
200–349	84	11.0	8.6–13.3
350–499	129	17.2	14.3–20.1
500+	499	65.4	61.8–69.0
Lowest CD4 count (cells/µL), past 12 months			
0–49	16	1.7	0.8–2.5
50–199	47	5.9	4.1–7.7
200–349	105	13.8	11.2–16.4
350–499	149	19.5	16.5–22.5
≥500	450	59.1	55.4–62.8
Viral suppression			
Most recent viral load documented undetectable or <200 copies/mL	678	70.0	66.8–73.2
Most recent viral load documented detectable, ≥200 copies/mL, or missing/unknown	272	30.0	26.8–33.2
Sustained viral suppression			
All viral load measurements documented undetectable or <200 copies/mL	598	61.6	58.2–65.0
Any viral load ≥200 copies/mL or missing/unknown –	352	38.4	35.0–41.8
Total	***950***	***100***	

Abbreviations: CD4, CD4 T-lymphocyte count (cells/µL); CI, confidence interval; CDC, Centers for Disease Control and Prevention [footnotes only].
Source of disease stage information: CDC. Revised surveillance case definition for HIV infection–United States, 2014. MMWR 2014;63(RR-03):1–10. https://www.cdc.gov/mmwr/indrr_2014.html. Accessed [XX].
Note. CD4 counts and viral load measurements are from medical record abstraction. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.
Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.
Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.
a Numbers are unweighted.
b Percentages are weighted percentages.
c CIs incorporate weighted percentages.
d Determined based on date of HIV diagnosis from the National HIV Surveillance System.
e HIV infection, stage 3 (AIDS): documentation of an AIDS-defining condition or either a CD4 count of <200 cells/µL or a CD4 percentage of total lymphocytes of <14. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for a stage 3 (AIDS) classification.

Table 4. Receipt of HIV care, ART prescription, PCP prophylaxis, and influenza vaccination among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Ever received outpatient HIV care[d]			
Yes	949	99.9	99.8–100.0
No	--	--	--
Received outpatient HIV care, past 12 months[d]			
Yes	927	96.7	95.2–98.1
No	23	3.3	1.9–4.8
Received outpatient HIV care, past 24 months[d]			
Yes	944	99.4	98.8–100.0
No	--	--	--
Retained in care, past 12 months[e]			
Yes	748	80.0	77.0–83.0
No	162	20.0	17.0–23.0
Retained in care, past 24 months[e]			
Yes	560	60.9	57.4–64.3
No	348	39.1	35.7–42.6
Missed ≥1 HIV care visits, past 12 months			
Yes	206	22.0	19.2–24.9
No	737	78.0	75.1–80.8
Prescribed ART, past 12 months[f]			
Yes	804	83.0	80.3–85.8
No	146	17.0	14.2–19.7
Prescribed PCP prophylaxis, past 12 months[g]			
Yes	26	42.3	29.0–55.6
No	36	57.7	44.4–71.0
Received influenza vaccination, past 12 months			
Yes	699	73.9	70.9–76.9
No	248	26.1	23.1–29.1
–	–		
Total	***950***	***100***	

Abbreviations: CI, confidence interval; ART, antiretroviral therapy; PCP, *Pneumocystis* pneumonia; MAC, *Mycobacterium avium* complex [footnotes only]; CD4, CD4 T-lymphocyte count (cells/µL) [footnotes only].

Note. CD4 counts, viral load measurements, and prophylaxes are from medical record abstraction. Influenza vaccination was obtained through interview. Measurement period is the 12 months before interview unless otherwise noted.

Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding. Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Outpatient HIV care was defined as any documentation of the following: encounter with an HIV care provider, viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis.

[e] Two elements of outpatient HIV care at least 90 days apart in each 12-month period.

[f] ART prescription documented in medical record; persons with no medical record abstraction were considered to have no documentation of ART prescription.

[g] Among persons with CD4 cell count <200 cells/µL.

Table 5. Sexually transmitted infection testing during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	Total population			Sexually active[a] persons only		
	No.[b]	col %[c]	95% CI[d]	No.[b]	col %[c]	95% CI[d]
Gonorrhea[e]						
Yes, received test	466	52.2	48.6–55.7	339	58.0	53.7–62.3
No test documented	422	47.8	44.3–51.4	241	42.0	37.7–46.3
Chlamydia[f]						
Yes, received test	465	51.9	48.4–55.4	339	57.7	53.4–62.1
No test documented	423	48.1	44.6–51.6	241	42.3	37.9–46.6
Syphilis[g]						
Yes, received test	599	67.2	63.8–70.5	415	70.4	66.4–74.5
No test documented	289	32.8	29.5–36.2	165	29.6	25.5–33.6
Gonorrhea, chlamydia, and syphilis						
Yes, received all 3 tests	422	47.4	43.9–51.0	311	53.0	48.6–57.4
Fewer than 3 tests documented	466	52.6	49.0–56.1	269	47.0	42.6–51.4
–						
Total	***950***	***100***		***615***	***100***	

Abbreviations: CI, confidence interval; DFA, direct fluorescent antibody [footnotes only]; EIA, enzyme immunoassay [footnotes only]; ELISA, enzyme-linked immunoassay [footnotes only]; FTA-ABS, fluorescent treponemal antibody absorbed [footnotes only]; MHA-TP, microhemagglutination assay for antibody to *Treponema pallidum* [footnotes only]; NAAT, nucleic acid amplification test [footnotes only]; RPR, rapid plasma reagin [footnotes only]; TP-PA, *T. pallidum* particle agglutination [footnotes only]; TPHA, *T. pallidum* hemagglutination assay [footnotes only]; VDRL, Venereal Disease Research Laboratory [footnotes only].

Note. Information on laboratory testing for sexually transmitted infections was based on medical record abstraction.

Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Sexual activity was reported in the interview component of the Medical Monitoring Project and was defined as anal or vaginal intercourse during the 12 months prior to interview.

[b] Numbers are unweighted.

[c] Percentages are weighted percentages.

[d] CIs incorporate weighted percentages.

[e] Testing for *Neisseria gonorrhoeae* was defined as documentation of a result from culture, DFA, gram stain, EIA or ELISA, NAAT, or nucleic acid probe performed on a specimen from any anatomical site for screening or diagnostic purposes.

[f] *Chlamydia trachomatis* testing was defined as a result from DFA, EIA or ELISA, NAAT, or nucleic acid probe performed on a specimen from any anatomical site for screening or diagnostic purposes.

[g] Syphilis testing was defined as a result from nontreponemal syphilis tests (RPR or VDRL), treponemal syphilis tests (TPHA, TP-PA, MHA-TP, or FTA-ABS tests), or dark-field microscopy performed for screening or diagnostic purposes.

Table 6. Emergency department visits and hospital admissions during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Number of visits to emergency department			
0	522	55.7	52.3–59.1
1	179	19.1	16.4–21.8
2–4	199	20.5	17.8–23.3
≥5	45	4.7	3.2–6.1
Number of hospital admissions			
0	761	81.2	78.5–83.9
1	113	11.5	9.3–13.7
2–4	65	6.7	4.9–8.4
≥5	--	--	--
–			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

Table 7. Antiretroviral therapy (ART) use and reasons for not taking ART among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Ever taken ART			
Yes	935	98.8	97.8–99.7
No	--	--	--
Currently taking ART			
Yes	895	93.7	91.9–95.6
No	49	6.3	4.4–8.1
Reasons for never taking ART[d]			
Health care provider said person should not start taking ART			
Yes	--	--	--
No	--	--	--
Person did not believe they needed ART			
Yes	--	--	--
No	--	--	--
Money or insurance problems			
Yes	--	--	--
No	5	71.1*	35.0–100.0
Person thinks ART would make them feel sick or harm them			
Yes	--	--	--
No	6	89.9	70.4–100.0
Health care provider never discussed taking ART with person			
Yes	--	--	--
No	7	100.0*	--
Reasons for not currently taking ART, among those persons with a history of ART used			
Money or insurance problems			
Yes	26	65.3*	49.4–81.2
No	14	34.7*	18.8–50.6
Health care provider never discussed restarting ART with person			
Yes	--	--	--
No	33	77.9	63.0–92.8
Person thinks ART would make them feel sick or harm them			
Yes	--	--	--
No	34	87.0	76.1–97.9

Person did not believe they needed ART			
Yes	--	--	--
No	37	92.2	83.6–100.0
Health care provider said person should not take ART			
Yes	--	--	--
No	31	91.6	79.8–100.0
_			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Persons could select more than 1 response for reasons not taking ART.

Table 8. Antiretroviral therapy (ART) adherence and reasons for missing ART doses among persons with diagnosed HIV taking ART—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
ART adherence in the past 30 days			
How many days did you miss at least 1 dose of any of your HIV medicines?			
0	522	58.1	54.6–61.6
1–2	253	28.1	24.9–31.2
3–5	72	8.5	6.5–10.5
6–10	28	3.2	1.9–4.4
≥11	18	2.2	1.1–3.2
How well did you do at taking your HIV medicines in the way you were supposed to?			
Very poor	--	--	--
Poor	18	2.0	1.0–3.0
Fair	36	4.3	2.7–5.8
Good	112	12.4	10.1–14.8
Very good	253	28.4	25.2–31.6
Excellent	471	52.4	48.9–55.9
How often did you take your HIV medicines in the way you were supposed to?			
Never	--	--	--
Rarely	--	--	--
Sometimes	17	1.7	0.8–2.7
Usually	37	4.4	2.8–5.9
Almost always	252	28.2	25.1–31.4
Always	580	64.6	61.3–68.0
How often were you troubled by ART side effects?			
Never	661	74.4	71.3–77.5
Rarely	121	13.7	11.3–16.2
About half of the time	52	6.4	4.5–8.2
Most of the time	30	3.1	1.9–4.2
Always	22	2.4	1.3–3.5
Reasons for last missed ART dose among persons who ever missed a dose[d]			
Forgot to take HIV medicines			
Yes	376	65.3	61.1–69.4
No	208	34.7	30.6–38.9
Change in your daily routine or were out of town			
Yes	267	46.1	41.7–50.5

No	317	53.9	49.5–58.3
Fell asleep early or overslept			
Yes	236	40.1	35.8–44.4
No	347	59.9	55.6–64.2
Had a problem getting a prescription or a refill for HIV medicines			
Yes	113	19.0	15.6–22.4
No	471	81.0	77.6–84.4
Felt depressed or overwhelmed			
Yes	79	13.8	10.7–16.9
No	505	86.2	83.1–89.3
Had side effects from your HIV medicines			
Yes	56	9.9	7.2–12.6
No	527	90.1	87.4–92.8
Was drinking or using drugs			
Yes	52	9.3	6.6–11.9
No	532	90.7	88.1–93.4
Did not feel like taking HIV medicines			
Yes	56	9.0	6.5–11.4
No	528	91.0	88.6–93.5
In the hospital or too sick to take HIV medicines			
Yes	49	7.7	5.5–10.0
No	535	92.3	90.0–94.5
Had a problem paying for HIV medicines			
Yes	42	6.3	4.4–8.2
No	542	93.7	91.8–95.6
_			
Total	***895***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Persons could report more than 1 reason for missed last dose.

Table 9a. Antiretroviral therapy (ART) prescription, ART dose adherence, sustained viral suppression, and geometric mean CD4 count among persons with diagnosed HIV, by selected demographic characteristics—Medical Monitoring Project, Georgia, 2018–2022

	Prescription of ART[a]			ART dose adherence[b]			Sustained viral suppression[c]			Geometric mean CD4 count ≥200[d]		
	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]
Gender												
Cisgender male	571	82.1	78.8–85.5	357	56.4	52.3–60.6	420	60.7	56.6–64.7	502	94.0	92.0–96.0
Cisgender female	215	84.9	80.0–89.8	154	63.1	56.6–69.6	163	63.4	56.9–69.8	192	91.8	87.9–95.7
Transgender[h]	17	94.1	83.0–100.0	11	60.7*	35.7–85.6	14	74.5*	51.2–97.7	17	100*	
Sexual orientation												
Lesbian or gay	345	80.9	76.6–85.3	211	55.3	50.0–60.7	253	59.8	54.6–64.9	310	94.9	92.4–97.5
Heterosexual or straight	345	84.7	80.7–88.6	246	64.2	59.1–69.3	264	63.9	58.8–69.0	300	91.9	89.0–94.8
Bisexual	76	82.5	72.9–92.1	42	44.6	33.3–56.0	54	57.8	46.4–69.2	67	94.1	89.3–99.0
Other	30	93.0	83.6–100.0	17	56.9*	39.3–74.4	21	66.9*	50.3–83.5	27	91.3	79.9–100.0
Race/ethnicity												
American Indian/Alaska Native	--	--	--	--	--	--	--	--	--	--	--	--
Asian	--	--	--	--	--	--	--	--	--	--	--	--
Black/African American	608	84.1	81.1–87.1	380	56.1	52.1–60.2	440	59.6	55.7–63.5	538	92.9	90.7–95.1
Hispanic/Latino[i]	37	72.8*	57.3–88.4	22	47.2*	31.0–63.5	30	61.2*	45.5–77.0	34	98.3	94.9–100.0
Native Hawaiian/other Pacific Islander	--	--	--	--	--	--	--	--	--	--	--	--
White	117	81.6	74.2–89.0	92	69.8	61.5–78.0	100	72.6	64.7–80.6	104	96.1	92.6–99.5
Multiple races	39	82.0	68.7–95.4	26	59.6*	43.5–75.8	26	54.4*	38.6–70.3	33	90.9	82.2–99.7
Age at time of interview (years)												
18–29	88	79.7	70.5–88.9	42	46.1	35.0–57.2	49	44.0	33.7–54.3	85	97.7	95.2–100.0
30–39	168	81.7	75.3–88.2	92	48.5	40.6–56.3	103	50.7	43.2–58.3	144	89.2	84.2–94.2
40–49	168	86.0	80.7–91.2	103	53.9	46.3–61.5	120	60.8	53.5–68.2	147	92.7	88.6–96.8
≥50	380	83.2	79.3–87.1	285	67.2	62.5–71.9	326	71.6	67.0–76.1	336	94.9	92.6–97.2
_												
Total	***804***	***83.0***	***80.3–85.8***	***522***	***58.1***	***54.6–61.6***	***598***	***61.6***	***58.2–65.0***	***712***	***93.6***	***91.8–95.3***

Abbreviations: ART, antiretroviral therapy; CD4, CD4 T-lymphocyte count (cells/μL); CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Prescription of ART was based on documentation in the medical record in the 12 months before interview.

[b] During the 30 days before interview, 100% adherence to ART doses.

[c] Defined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record in the past 12 months before interview.

[d] Geometric mean CD4 count was abstracted from medical records and based on the 12 months before interview.

[e] Numbers are unweighted.

[f] Percentages are weighted percentages.

[g] CIs incorporate weighted percentages.

[h] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

[i] Hispanics or Latinos can be of any race. Persons are classified in only 1 race/ethnicity category.

Table 9b. Antiretroviral therapy (ART) prescription, ART dose adherence, sustained viral suppression, and geometric mean CD4 count among persons with diagnosed HIV, by cycle year—Medical Monitoring Project, Georgia, 2015–2022

	Prescription of ART[a]			ART dose adherence[b]			Sustained viral suppression[c]			Geometric mean CD4 count ≥200[d]		
	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]	No.[e]	Row %[f]	95% CI[g]
Cycle year												
2015	140	84.9	79.0–90.9	85	57.8	49.0–66.6	90	53.8	45.5–62.0	120	90.9	86.0–95.9
2016	177	83.7	77.6–89.7	105	57.8	50.0–65.6	138	65.3	57.9–72.6	145	85.0	79.2–90.8
2017	179	85.1	80.1–90.0	119	60.6	53.6–67.5	128	61.4	54.6–68.1	157	89.8	85.3–94.4
2018	147	79.9	72.7–87.1	100	58.0	49.6–66.4	114	63.7	55.6–71.8	134	94.0	90.2–97.8
2019	184	78.3	70.9–85.7	110	57.6	49.9–65.2	134	55.9	48.2–63.6	160	89.0	84.0–93.9
2020	168	82.7	77.1–88.2	109	58.3	50.9–65.6	119	60.2	53.2–67.2	146	92.5	88.4–96.6
2021	163	86.5	81.5–91.5	110	58.9	51.4–66.3	132	69.1	62.3–75.9	148	95.7	92.4–98.9
2022	142	87.2	81.8–92.7	93	57.8	49.5–66.0	99	58.9	50.9–67.0	124	96.2	92.4–100.0
–												
Total	***804***	***83.0***	***80.3–85.8***	***522***	***58.1***	***54.6–61.6***	***598***	***61.6***	***58.2–65.0***	***712***	***93.6***	***91.8–95.3***

Abbreviations: ART, antiretroviral therapy; CD4, CD4 T-lymphocyte count (cells/µL); CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Prescription of ART was based on documentation in the medical record in the 12 months before interview.

[b] During the 30 days before interview, 100% adherence to ART doses.

[c] Defined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record in the past 12 months before interview.

[d] Geometric mean CD4 count was abstracted from medical records and based on the 12 months before interview.

[e] Numbers are unweighted.

[f] Percentages are weighted percentages.

[g] CIs incorporate weighted percentages.

Table 10. Symptoms of depression and generalized anxiety disorder during the 2 weeks before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Symptoms of depression, based on DSM-IV criteria[d]			
No depression	783	84.1	81.6–86.6
Major depression	77	8.4	6.5–10.4
Other depression	74	7.5	5.7–9.2
Symptoms of moderate or severe depression (PHQ-8 score ≥10)			
Yes	119	12.9	10.6–15.2
No	816	87.1	84.8–89.4
Symptoms of generalized anxiety disorder[e]			
No anxiety	731	77.9	75.0–80.8
Mild anxiety	53	5.9	4.2–7.5
Moderate anxiety	75	8.2	6.3–10.1
Severe anxiety	74	8.0	6.1–9.9
_			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

Table 11. Tobacco and electronic cigarette or other vaping device use among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Smoked ≥100 cigarettes (lifetime)			
No	509	54.6	51.2–58.1
Yes	426	45.4	41.9–48.8
Cigarette smoking status			
Current smoker	250	26.4	23.3–29.4
Former smoker	176	19.0	16.3–21.8
Never smoked	509	54.6	51.2–58.1
Frequency of current cigarette smoking			
Daily	202	21.3	18.5–24.2
Weekly	27	2.9	1.8–4.1
Monthly	--	--	--
Less than monthly	15	1.6	0.8–2.5
Never	685	73.6	70.6–76.7
Smoked ≥50 cigars, cigarillos, or little filtered cigars (lifetime)			
Yes	166	18.3	15.5–21.0
No	770	81.7	79.0–84.5
Cigars, cigarillos, or little filtered cigars smoking status			
Current smoker	98	10.6	8.4–12.7
Former smoker	68	7.7	5.7–9.7
Never smoked	770	81.7	79.0–84.5
Frequency of current cigars, cigarillos, or little filtered cigars smoking			
Daily	31	3.7	2.3–5.0
Some days	35	3.8	2.4–5.1
Rarely	32	3.1	2.0–4.2
Never	838	89.4	87.3–91.6
Electronic cigarette (2018–2020)			
Used in the past 30 days	35	5.9	3.9–8.0
Used, but not in the past 30 days	129	22.4	18.6–26.2
Never used	421	71.7	67.6–75.7
Electronic cigarette or other vaping device smoking status (2021–2022)[d]			
Used in the past 30 days	58	18.0	13.6–22.3
Used, but not in the past 30 days	52	15.5	11.5–19.5
Never used	242	66.5	61.3–71.8
_			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Includes nicotine, tobacco, marijuana, flavoring, or any other substances.

Table 12. Alcohol use during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Any alcohol use[d]			
Yes	636	68.5	65.3–71.7
No	301	31.5	28.3–34.7
Frequency of alcohol use			
Daily	59	6.6	4.8–8.3
Weekly	194	21.6	18.7–24.4
Monthly	106	10.8	8.7–12.9
Less than monthly	277	29.6	26.5–32.8
Never	301	31.5	28.3–34.7
Binge drinking, past 30 days[e]			
Yes	149	17.3	14.6–20.0
No	782	82.7	80.0–85.4
_	_		
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Persons who drank ≥1 alcoholic beverage during the 12 months before interview. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

[e] Persons who drank ≥5 alcoholic beverages in a single sitting (≥4 for women) during the 30 days before interview.

Table 13. Noninjection drug use during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Use of any noninjection drugs[d]			
Yes	371	41.1	37.7–44.5
No	565	58.9	55.5–62.3
Noninjection drugs used[d]			
Marijuana[e]			
Yes	317	34.8	31.5–38.1
No	618	65.2	61.9–68.5
Amyl nitrite (poppers)			
Yes	97	11.4	9.1–13.6
No	839	88.6	86.4–90.9
Cocaine that is smoked or snorted			
Yes	63	6.7	5.0–8.4
No	873	93.3	91.6–95.0
Methamphetamine (e.g., crystal meth, tina, crank, ice)			
Yes	48	5.8	4.1–7.5
No	888	94.2	92.5–95.9
Club drugs (e.g., Ecstasy or X, ketamine or Special K, GHB or Liquid Ecstasy)			
Yes	39	4.9	3.3–6.5
No	897	95.1	93.5–96.7
Prescription opioids (e.g., oxycodone, hydrocodone, Vicodin, Percocet)[f]			
Yes	35	3.6	2.3–4.9
No	901	96.4	95.1–97.7
Prescription tranquilizers (e.g., Valium, Ativan, Xanax, downers, nerve pills)[f]			
Yes	30	2.9	1.8–4.1
No	906	97.1	95.9–98.2
Crack			
Yes	29	2.9	1.8–4.0
No	907	97.1	96.0–98.2
Heroin or opium that is smoked or snorted			
Yes	--	--	--
No	930	99.5	99.1–99.9
Total	***950***	***100***	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services, the Centers for Disease Control and Prevention, or the Georgia Department of Public Health.
Abbreviations: CI, confidence interval; GHB, gamma hydroxybutyrate.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.
Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.
Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.
Persons could report taking >1 noninjection drug.
[a] Numbers are unweighted.
[b] Percentages are weighted percentages.
[c] CIs incorporate weighted percentages.
[d] Includes all drugs that were not injected (i.e., administered by any route other than injection), including legal drugs that were not used for medical purposes.
[e] Includes vaping marijuana for 2021-2022.
[f] Not prescribed or prescribed but taken more than directed.

Table 14. Injection drug use during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Use of any injection drugs			
Yes	--	--	--
No	924	98.4	97.5–99.4
Injection drugs used			
Methamphetamine (e.g., crystal meth, tina, crank, ice)			
Yes	--	--	--
No	925	98.5	97.6–99.5
Heroin			
Yes	--	--	--
No	933	99.7	99.4–100.0
Prescription opioids (e.g., OxyContin, oxycodone, hydrocodone)			
Yes	--	--	--
No	934	99.9	99.7–100.0
Cocaine			
Yes	--	--	--
No	935	99.9	99.8–100.0
Heroin and cocaine (speedball)			
Yes	--	--	--
No	935	99.9	99.8–100.0
Total	***950***	***100***	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services, the Centers for Disease Control and Prevention, or the Georgia Department of Public Health.
Abbreviation: CI, confidence interval.
Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.
Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.
Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.
Persons could report taking >1 injection drug.
[a] Numbers are unweighted.
[b] Percentages are weighted percentages.
[c] CIs incorporate weighted percentages.

Table 15. Receipt of Papanicolaou testing and pregnancy since HIV diagnosis among cisgender women with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Papanicolaou (Pap) test, past 3 years[d]			
Yes	215	88.8	84.8–92.9
No	29	11.2	7.1–15.2
Pregnant since HIV diagnosis			
Yes	75	32.5	26.1–38.8
No	169	67.5	61.2–73.9
_			
Total	***250***	***100***	

Abbreviation: CI, confidence interval.

Note. Measures are self-reported. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Or since HIV diagnosis for women with a diagnosis within the past 3 years.

Table 16. Sexual behavior during the 12 months before interview among cisgender men and cisgender women with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	Cisgender men			Cisgender women		
Behavior	**No.[a]**	**%[b]**	**95% CI[c]**	**No.[a]**	**%[b]**	**95% CI[c]**
Engaged in vaginal or anal sex						
Yes	468	72.5	68.9–76.2	133	56.9	50.3–63.5
No	186	27.5	23.8–31.1	109	43.1	36.5–49.7
Engaged in vaginal sex						
Yes	47	19.2	14.0–24.3	47	52.7	42.3–63.0
No	197	80.8	75.7–86.0	47	47.3	37.0–57.7
Engaged in anal sex with cisgender men						
Yes	360	54.2	50.1–58.3	--	--	--
No	316	45.8	41.7–49.9	89	94.9	90.0–99.8
Engaged in anal sex with cisgender women						
Yes	--	--	--	–	–	–
No	667	98.2	97.1–99.4	–	–	–
Number of vaginal or anal sex partners among sexually active persons						
MSM[d]						
Mean	6			–		
Median	2			–		
Range	1–122			–		
MSW[e]						
Mean	2			–		
Median	1			–		
Range	1–25			–		
WSM[f]						
Mean	–			1		
Median	–			1		

Range	–		1–10	
–				
Total	***681***	***100***	***250***	***100***

Abbreviations: CI, confidence interval; N/A, not applicable; MSM, cisgender men who had sex with cisgender men; MSW, cisgender men who had sex only with cisgender women; WSM, cisgender women who had sex with cisgender men.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Cisgender men who had anal sex with cisgender men in the 12 months before interview.

[e] Cisgender men who had vaginal or anal sex only with cisgender women in the 12 months before interview.

[f] Cisgender women who had vaginal or anal sex with cisgender men in the 12 months before interview.

Table 17. Sexual behavior during the 12 months before interview among cisgender men who had sex with cisgender men (MSM), cisgender men who had sex only with cisgender women (MSW), and cisgender women who had sex with cisgender men (WSM), with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	MSM			MSW			WSM		
	No.[a]	col %[b]	95% CI[c]	No.[a]	col %[b]	95% CI[c]	No.[a]	col %[b]	95% CI[c]
Engaged in any sex without using an HIV prevention strategy, among all persons[d]									
Yes	38	8.3	5.6–11.1	14	9.4	4.3–14.5	16	7.6	3.9–11.3
No	452	91.7	88.9–94.4	147	90.6	85.5–95.7	226	92.4	88.7–96.1
Engaged in any sex without using an HIV prevention strategy, among sexually active persons[d]									
Yes	38	11.3	7.6–14.9	14	14.0	6.7–21.4	16	13.4	7.1–19.7
No	322	88.7	85.1–92.4	91	86.0	78.6–93.3	117	86.6	80.3–92.9
Percentages of sexually active persons who used an HIV prevention strategy with at least 1 partner									
Sex while having sustained viral suppression[e]									
Yes	225	61.9	56.4–67.4	66	61.5	51.6–71.5	85	61.0	52.0–70.0
No	136	38.1	32.6–43.6	40	38.5	28.5–48.4	48	39.0	30.0–48.0
Condom-protected sex[f]									
Yes	69	52.6	43.8–61.3	27	66.3	51.8–80.8	25	50.7	36.1–65.4
No	66	47.4	38.7–56.2	15	33.7	19.2–48.2	22	49.3	34.6–63.9
Condomless sex with a partner on PrEP[g]									
Yes	61	17.7	13.4–22.0	--	--	--	--	--	--
No	300	82.3	78.0–86.6	105	99.0	96.9–100.0	128	95.0	90.6–99.5

Sex with a partner with HIV[h]									
Yes	238	63.8	58.4–69.3	30	24.4	16.3–32.5	35	28.0	19.6–36.4
No	123	36.2	30.7–41.6	76	75.6	67.5–83.7	98	72.0	63.6–80.4
_									
Total	***504***	***100***		***164***	***100***		***245***	***100***	

Abbreviations: CI, confidence interval; MSM, cisgender men who had sex with cisgender men; MSW, cisgender men who had sex only with cisgender women; WSM, cisgender women who had sex with cisgender men; PrEP, preexposure prophylaxis.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Persons who reported no anal, vaginal, or oral sex in the 12 months before interview were categorized according to self-reported sexual orientation. This table does not include information on cisgender women who had sex with cisgender women only, cisgender women who had sex with transgender persons only, or cisgender men who had sex with transgender persons only.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Vaginal or anal sex with at least 1 partner with an HIV-negative or unknown status while not having sustained viral suppression (defined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record in the past 12 months before interview), a condom was not used, and the partner was not on PrEP. PrEP use was only measured among the 5 most recent sex partners.

[e] Defined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record in the past 12 months before interview.

[f] Condoms were consistently used with at least 1 vaginal or anal sex partner.

[g] At least 1 condomless-sex partner without HIV was on PrEP. PrEP use was only measured among the 5 most recent partners and was reported by the partner with HIV.

[h] Sex with at least 1 partner with HIV.

Table 18. Met and unmet needs for HIV ancillary services during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	Among all persons with diagnosed HIV			Among persons with diagnosed HIV who had a need for the service		
		Received services			*Need, did not receive services*	
	No.[a]	**col %[b]**	**95% CI[c]**	**No.[a]**	**col %[b]**	**95% CI[c]**
HIV support services						
HIV case management services						
Yes	456	46.3	42.8–49.7	87	17.1	13.6–20.7
No	478	53.7	50.3–57.2	456	82.9	79.3–86.4
Medicine through ADAP						
Yes	444	45.4	41.9–48.8	37	8.9	6.0–11.9
No	482	54.6	51.2–58.1	444	91.1	88.1–94.0
Professional help remembering to take HIV medicines on time or correctly (adherence support services)						
Yes	339	34.4	31.2–37.6	--	--	--
No	598	65.6	62.4–68.8	339	98.6	97.4–99.9
Patient navigation services						
Yes	137	12.9	10.7–15.0	48	29.7	22.4–37.1
No	798	87.1	85.0–89.3	137	70.3	62.9–77.6
HIV peer group support						
Yes	118	11.6	9.5–13.7	76	40.4	32.9–47.8
No	817	88.4	86.3–90.5	118	59.6	52.2–67.1
Non-HIV medical services						
Dental care						
Yes	470	50.6	47.2–54.1	298	38.2	34.5–41.9
No	466	49.4	45.9–52.8	470	61.8	58.1–65.5
Mental health services						
Yes	241	25.6	22.5–28.6	89	26.0	21.0–31.0

No	694	74.4	71.4–77.5	241	74.0	69.0–79.0
Drug or alcohol counseling or treatment						
Yes	44	4.8	3.3–6.2	22	34.9	22.5–47.3
No	892	95.2	93.8–96.7	44	65.1	52.7–77.5
Domestic violence services						
Yes	--	--	--	10	42.9*	20.5–65.2
No	924	98.4	97.4–99.4	13	57.1*	34.8–79.5
Subsistence services						
SNAP or WIC						
Yes	381	39.0	35.7–42.3	131	27.1	22.9–31.3
No	556	61.0	57.7–64.3	381	72.9	68.7–77.1
Transportation assistance						
Yes	190	19.1	16.5–21.8	89	33.5	27.4–39.5
No	747	80.9	78.2–83.5	190	66.5	60.5–72.6
Meal or food services[d]						
Yes	157	15.7	13.3–18.1	97	39.1	32.6–45.5
No	780	84.3	81.9–86.7	157	60.9	54.5–67.4
Shelter or housing services						
Yes	90	8.4	6.6–10.2	147	65.2	58.9–71.5
No	847	91.6	89.8–93.4	90	34.8	28.5–41.1
_						
Total	***950***	***100***		***950***	***100***	

Abbreviations: CI, confidence interval; ADAP, AIDS Drug Assistance Program; SNAP, Supplemental Nutrition Assistance Program; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

Note. Persons could report receiving or needing more than 1 service. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

[d] Includes services such as soup kitchens, food pantries, food banks, church dinners, or food delivery services.

Table 19. Prevalence of physical violence by an intimate partner and forced sex among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Was ever slapped, punched, shoved, kicked, choked, or otherwise physically hurt by a romantic or sexual partner			
Yes	259	28.4	25.2–31.5
No	670	71.6	68.5–74.8
Was slapped, punched, shoved, kicked, choked, or otherwise physically hurt by a romantic or sexual partner, past 12 months			
Yes	46	5.2	3.6–6.8
No	882	94.8	93.2–96.4
Was ever threatened with harm or physically forced to have unwanted vaginal, anal, or oral sex			
Yes	168	18.4	15.6–21.1
No	760	81.6	78.9–84.4
Was threatened with harm or physically forced to have unwanted vaginal, anal, or oral sex, past 12 months			
Yes	--	--	--
No	916	98.9	98.2–99.6
_			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

Table 20. Prevention services received during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	%[b]	95% CI[c]
Talked to a physician, nurse, or other health care worker about how to prevent HIV or other STDs			
Yes	508	53.7	50.3–57.0
No	431	46.3	43.0–49.7
Talked to an outreach worker, counselor, or prevention program worker about how to prevent HIV or other STDs			
Yes	238	23.6	20.8–26.5
No	702	76.4	73.5–79.2
Received free condoms, not counting those given by a friend, relative, or sex partner			
Yes	423	45.1	41.7–48.5
No	517	54.9	51.5–58.3
_			
Total	***950***	***100***	

Abbreviation: CI, confidence interval.

Note. Persons could report receiving more than 1 prevention service.

Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] CIs incorporate weighted percentages.

Table 21a. National HIV/AIDS Strategy indicators: Self-rated health and unmet needs for mental health services during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	Good or better self-rated health[a]			Unmet needs for mental health services among persons who needed mental health services[b]		
	No.[c]	Row %[d]	95% CI[e]	No.[c]	Row %[d]	95% CI[e]
Gender						
Cisgender male	500	73.0	69.3–76.6	59	25.3	19.3–31.3
Cisgender female	150	60.9	54.5–67.3	28	28.6	19.2–38.1
Transgender[f]	14	82.3*	64.9–99.8	--	--	--
Sexual orientation						
Lesbian or gay	330	78.0	73.6–82.4	36	23.9	16.5–31.4
Heterosexual or straight	240	59.2	54.1–64.3	35	27.5	19.4–35.6
Bisexual	68	77.2	67.6–86.8	12	27.4	12.7–42.0
Other	22	71.0*	55.2–86.8	--	--	--
Race/ethnicity						
American Indian/Alaska Native	--	--	--	0	0	N/A
Asian	--	--	--	0	0	N/A
Black/African American	500	70.3	66.7–73.9	66	27.8	21.7–33.9
Hispanic/Latino[g]	33	71.5	58.0–85.1	--	--	--
Native Hawaiian/other Pacific Islander	0	0	N/A	0	0	N/A
White	104	74.4	66.6–82.2	13	26.5	13.7–39.4
Multiple races	25	52.8*	37.0–68.7	--	--	--
Age at time of interview (years)						
18–24	29	87.3	73.3–100.0	--	--	--
25–34	145	78.6	72.0–85.1	22	30.2	18.6–41.8
35–44	131	68.8	61.5–76.0	20	28.9	17.6–40.2
45–54	172	72.6	66.7–78.5	19	22.5	12.9–32.2
55–64	147	64.5	57.7–71.3	17	19.9	11.0–28.8
≥65	41	54.7	43.0–66.4	--	--	--
National HIV/AIDS Strategy priority populations[h]						
All MSM[i]	399	78.4	74.5–82.4	46	24.8	18.0–31.5
Black/African American MSM[i]	280	80.1	75.4–84.8	31	24.8	16.5–33.0
Hispanic/Latino MSM[g,i]	21	77.8*	61.1–94.6	--	--	--
American Indian/Alaska Native MSM[i]	--	--	--	0	0	N/A
Persons aged 18-24 years[j]	29	87.3	73.3–100.0	5	62.7*	28.0–97.5

People who inject drugs[k]	--	--	--	--	--	--
Black/African American cisgender women	122	59.3	52.2–66.4	22	32.1	20.7–43.6
Transgender women[l]	14	82.3*	64.9–99.8	--	--	--
_						
Total	***665***	***70.3***	***67.1–73.4***	***89***	***26.0***	***21.0–31.0***

Abbreviations: CI, confidence interval; MSM, men who have sex with men.

Note: Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] "Good or better self-rated health" defined as rating one's health as good, very good, or excellent (as opposed to poor or fair) at the time of interview.

[b] "Unmet need for mental health services from a mental health professional" defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months.

[c] Numbers are unweighted.

[d] Percentages are weighted percentages.

[e] CIs incorporate weighted percentages.

[f] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

[g] Hispanics or Latinos can be of any race. Persons are classified in only 1 race/ethnicity category.

[h] The National HIV/AIDS Strategy defines priority populations as populations that are disproportionately affected by HIV, and recommends that public health resources be delivered to priority populations for the greatest public health impact. For more information: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/

[i] Cisgender men who had anal sex with cisgender men in the 12 months before interview.

[j] Priority population for youths includes persons aged 13-24 years; however, data from MMP are only available and presented for persons aged 18-24 years.

[k] Defined as people who injected drugs in the past 12 months.

[l] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

Table 21b. National HIV/AIDS Strategy indicators: Self-rated health and unmet needs for mental health services during the 12 months before interview among persons with diagnosed HIV, by cycle year—Medical Monitoring Project, Georgia, 2015–2022

	Good or better self-rated health[a]			Unmet needs for mental health services among persons who needed mental health services[b]		
	No.[c]	Row %[d]	95% CI[e]	No.[c]	Row %[d]	95% CI[e]
Cycle year						
2015	N/A	N/A	N/A	22	27.9	16.9–39.0
2016	N/A	N/A	N/A	16	26.0	14.4–37.6
2017	N/A	N/A	N/A	21	34.6	22.4–46.8
2018	132	76.0	68.9–83.1	12	18.8	8.2–29.4
2019	153	66.9	59.4–74.4	27	30.4	19.7–41.1
2020	147	72.9	66.5–79.3	19	32.2	19.8–44.6
2021	126	68.6	62.0–75.3	23	33.5	22.1–44.8
2022	107	67.4	59.9–75.0	--	--	--

Abbreviations: CI, confidence interval.

Note: Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] "Good or better self-rated health" defined as rating one's health as good, very good, or excellent (as opposed to poor or fair) at the time of interview.

[b] "Unmet need for mental health services from a mental health professional" defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months.

[c] Numbers are unweighted.

[d] Percentages are weighted percentages.

[e] CIs incorporate weighted percentages.

Table 22a. National HIV/AIDS Strategy indicators: Unstable housing or homelessness, unemployment, and hunger/food insecurity during the 12 months before interview among persons with diagnosed HIV, overall and by demographic characteristics—Medical Monitoring Project, Georgia, 2018–2022

	Unstable housing or homelessness[a]			Unemployment[b]			Hunger/Food insecurity[c]		
	No.[d]	Row %[e]	95% CI[f]	No.[d]	Row %[e]	95% CI[f]	No.[d]	Row %[e]	95% CI[f]
Gender									
Cisgender male	152	21.7	18.4–25.1	95	12.3	9.9–14.8	134	20.2	16.9–23.5
Cisgender female	59	23.3	17.7–28.9	30	12.6	8.2–17.1	36	13.1	8.8–17.3
Transgender[g]	8	44.3*	19.2–69.3	--	--	--	--	--	--
Sexual orientation									
Lesbian or gay	82	19.0	15.0–23.0	64	13.6	10.3–16.9	69	17.9	13.8–22.0
Heterosexual or straight	96	23.8	19.4–28.3	47	11.6	8.3–14.9	69	16.8	12.9–20.7
Bisexual	26	27.5	17.6–37.5	--	--	--	23	23.7	14.2–33.1
Other	11	32.9*	16.3–49.6	--	--	--	12	37.3*	20.1–54.4
Race/ethnicity									
American Indian/Alaska Native	--	--	--	0	0	N/A	--	--	--
Asian	0	0	N/A	0	0	N/A	0	0	N/A
Black/African American	171	24.1	20.7–27.5	102	13.3	10.8–15.9	138	19.8	16.6–22.9
Hispanic/Latino[h]	15	30.3	16.5–44.1	--	--	--	--	--	--
Native Hawaiian/other Pacific Islander	0	0	N/A	0	0	N/A	0	0	N/A
White	15	9.6	4.7–14.5	14	9.1	4.2–13.9	--	--	--
Multiple races	17	31.8	17.8–45.9	--	--	--	12	28.4	13.7–43.1
Age at time of interview (years)									
18–24	17	53.5*	34.7–72.3	10	31.9*	14.3–49.4	12	41.5*	22.6–60.3
25–34	69	37.1	29.5–44.6	36	17.3	11.7–22.9	47	25.8	18.9–32.8
35–44	53	26.5	19.8–33.1	29	14.2	9.2–19.3	36	17.6	11.9–23.3
45–54	38	14.9	10.3–19.5	28	11.0	7.0–15.1	46	19.9	14.3–25.6
55–64	33	14.0	9.2–18.8	22	8.3	4.9–11.7	24	10.4	6.3–14.6
≥65	--	--	--	--	--	--	--	--	--
National HIV/AIDS Strategy priority populations[i]									
All MSM[j]	106	20.4	16.6–24.2	71	12.4	9.5–15.3	93	19.5	15.7–23.4

Black/African American MSM[j]	83	24.3	19.3–29.2	55	14.3	10.6–18.1	77	23.4	18.5–28.3
Hispanic/Latino MSM[h,j]	--	--	--	--	--	--	--	--	--
American Indian/Alaska Native MSM[j]	--	--	--	0	N/A	N/A	--	--	--
Persons aged 18-24 years[k]	17	53.5*	34.7–72.3	10	31.9*	14.3–49.4	12	41.5*	22.6–60.3
People who inject drugs[l]	--	--	--	--	--	--	--	--	--
Black/African American cisgender women	44	20.9	15.0–26.8	26	12.8	7.9–17.7	26	11.7	7.2–16.2
Transgender women[m]	8	44.3*	19.2–69.3	--	--	--	--	--	--
_									
Total	***219***	***22.5***	***19.7–25.4***	***126***	***12.3***	***10.2–14.4***	***174***	***18.6***	***15.9–21.3***

Abbreviations: CI, confidence interval; MSM, men who have sex with men.

Note: Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] "Unstable housing or homelessness" defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted at any time) or homelessness (living on the street, in a shelter, in a single-room–occupancy hotel, or in a car at any time) during the past 12 months.

[b] Unemployed persons included those who reported being unemployed at the time of the interview, excluding persons who were unable to work.

[c] "Hunger/food insecurity" defined as going without food due to lack of money during the past 12 months.

[d] Numbers are unweighted.

[e] Percentages are weighted percentages.

[f] CIs incorporate weighted percentages.

[g] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

[h] Hispanics or Latinos can be of any race. Persons are classified in only 1 race/ethnicity category.

[i] The National HIV/AIDS Strategy defines priority populations as populations that are disproportionately affected by HIV, and recommends that public health resources be delivered to priority populations for the greatest public health impact. For more information: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/

[j] Cisgender men who had anal sex with cisgender men in the 12 months before interview.

[k] Priority population for youths includes persons aged 13-24 years; however, data from MMP are only available and presented for persons aged 18-24 years.

[l] Defined as people who injected drugs in the past 12 months.

[m] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

Table 22b. National HIV/AIDS Strategy indicators: Unstable housing or homelessness, unemployment, hunger/food insecurity during the 12 months before interview among persons with diagnosed HIV, by cycle year—Medical Monitoring Project, Georgia, 2015–2022

	Unstable housing or homelessness[a]			Unemployment[b]			Hunger/Food insecurity[c]		
	No.[d]	Row %[e]	95% CI[f]	No.[d]	Row %[e]	95% CI[f]	No.[d]	Row %[e]	95% CI[f]
Cycle year									
2015	--	--	--	26	20.0	12.9–27.1	39	24.8	17.5–32.1
2016	--	--	--	40	18.0	12.5–23.5	32	16.4	10.9–21.9
2017	--	--	--	31	15.1	10.1–20.0	33	16.0	10.9–21.0
2018	40	18.1	12.3–23.8	21	10.2	5.7–14.6	37	20.2	13.5–26.9
2019	56	25.4	18.8–31.9	29	11.2	7.1–15.3	42	18.7	12.8–24.5
2020	55	27.0	20.6–33.3	38	18.1	12.7–23.5	40	18.4	13.1–23.7
2021	35	19.6	13.7–25.6	22	12.7	7.6–17.8	23	13.2	8.1–18.4
2022	33	22.4	15.3–29.5	16	9.3	4.7–14.0	32	22.3	15.3–29.4

Abbreviations: CI, confidence interval.

Note: Numbers might not add to total because of "don't know" and skipped (missing) responses. Percentages might not sum to 100 because of rounding.

Excluded are estimates with a coefficient of variation ≥0.30 and those based on a denominator sample size <30.

Estimates with an absolute CI width ≥30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

[a] "Unstable housing or homelessness" defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted at any time) or homelessness (living on the street, in a shelter, in a single-room–occupancy hotel, or in a car at any time) during the past 12 months.

[b] Unemployed persons included those who reported being unemployed at the time of the interview, excluding persons who were unable to work.

[c] "Hunger/food insecurity" defined as going without food due to lack of money during the past 12 months.

[d] Numbers are unweighted.

[e] Percentages are weighted percentages.

[f] CIs incorporate weighted percentages.

Table 23a. National HIV/AIDS Strategy indicators: Median HIV stigma scores during the 12 months before interview among persons with diagnosed HIV—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	Median[b]	95% CI[c]
Gender			
Cisgender male	651	26.2	24.7–27.8
Cisgender female	234	35.6	31.7–39.5
Transgender[d]	18	30.2*	4.6–55.9
Sexual orientation			
Lesbian or gay	405	24.8	22.8–26.8
Heterosexual or straight	377	33.2	30.1–36.2
Bisexual	85	26.7	23.3–30.2
Other	31	24.9	16.2–33.7
Race/ethnicity			
American Indian/Alaska Native	--	--	--
Asian	--	--	--
Black/African American	681	28.6	26.6–30.6
Hispanic/Latino[e]	42	29.5	15.9–43.0
Native Hawaiian/other Pacific Islander	0	N/A	N/A
White	137	25.6	22.4–28.8
Multiple races	41	34.2	21.0–47.4
Age at time of interview (years)			
18–24	32	33.8	22.3–45.3
25–34	174	30.0	26.2–33.7
35–44	183	32.6	28.4–36.7
45–54	229	25.2	23.3–27.1
55–64	215	27.2	23.9–30.6
≥65	71	25.7	20.7–30.6
National HIV/AIDS Strategy priority populations[f]			
All MSM[g]	487	25.2	23.7–26.7
Black/African American MSM[g]	336	25.1	23.3–26.9
Hispanic/Latino MSM[e,g]	23	23.8*	6.3–41.2
American Indian/Alaska Native MSM[g]	--	--	--
Persons aged 18-24 years[h]	32	33.8	22.3–45.3
People who inject drugs[i]	12	19.7*	12.7–26.6
Black/African American cisgender women	195	36.8	32.6–41.0
Transgender women[j]	18	30.2*	4.6–55.9
Total	***904***	***28.0***	***26.3–29.7***

Abbreviations: CI, confidence interval; MSM, men who have sex with men.

Note: "Median HIV stigma score" defined as the weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about people living with HIV, measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico. The HIV stigma scale used for this indicator is available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2001277/table/T1/?report=objectonly [Wright K, Naar-King S, Lam P, Templin T, Frey M. Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. J Adolesc Health 2007;40(1):96–98].

Numbers might not add to total because of "don't know" and skipped (missing) responses.

Excluded are estimates with a denominator sample size <30.

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.
[c] CIs incorporate weighted percentages.
[d] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.
[e] Hispanics or Latinos can be of any race. Persons are classified in only 1 race/ethnicity category.
[f] The National HIV/AIDS Strategy defines priority populations as populations that are disproportionately affected by HIV, and recommends that public health resources be delivered to priority populations for the greatest public health impact. For more information: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/
[g] Cisgender men who had anal sex with cisgender men in the 12 months before interview.
[h] Priority population for youths includes persons aged 13-24 years; however, data from MMP are only available and presented for persons aged 18-24 years.
[i] Defined as people who injected drugs in the past 12 months.
[j] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose “transgender” in response to the question about self-identified gender.

Table 23b. National HIV/AIDS Strategy indicators: Median HIV stigma scores during the 12 months before interview among persons with diagnosed HIV, by cycle year—Medical Monitoring Project, Georgia, 2018–2022

	No.[a]	Median[b]	95% CI[c]
Cycle year			
2018	169	28.4	23.2–33.6
2019	209	30.4	26.4–34.3
2020	192	27.7	23.6–31.9
2021	182	28.5	25.1–31.9
2022	152	26.1	23.7–28.4

Abbreviations: CI, confidence interval.

Note: "Median HIV stigma score" defined as the weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about people living with HIV, measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico. The HIV stigma scale used for this indicator is available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2001277/table/T1/?report=objectonly [Wright K, Naar-King S, Lam P, Templin T, Frey M. Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. J Adolesc Health 2007;40(1):96–98]. HIV stigma estimates are not available prior to 2018 cycle year.

Numbers might not add to total because of "don't know" and skipped (missing) responses.

Excluded are estimates based on a denominator sample size <30.

[a] Numbers are unweighted.

[b] Medians are weighted medians.

[c] CIs incorporate weights.

APPENDIX: METHODS AND DEFINITIONS

METHODS

The Medical Monitoring Project (MMP) uses a stratified, 2-stage sampling design. States were sampled first, with probability proportional to size (PPS). All 50 states, the District of Columbia, and Puerto Rico (defined as primary sampling units [PSUs]) were eligible for selection. From these 52 PSUs, 20 were selected by using PPS sampling based on AIDS prevalence at the end of 2002. According to the PPS sampling method, states with a higher AIDS prevalence had a higher probability of selection, and those with a lower AIDS prevalence had a lower probability of selection [1]. Six municipal jurisdictions receive separate funding for HIV surveillance (Chicago, Illinois; Houston, Texas; Los Angeles County, California; New York City, New York; Philadelphia, Pennsylvania; and San Francisco, California); these areas were included with the state for first-stage sampling and constituted a city-state unit. If a state included a city with independent HIV surveillance authority (e.g., Texas, which includes Houston), selection of the state included selection of the city (i.e., city-state units were selected together). In 2004, 19 states (including the 6 separately funded areas within those states) and Puerto Rico were selected from the 52 PSUs, resulting in 26 MMP project areas. Because of funding constraints for the 2009 data collection cycle, 3 project areas (Maryland, Massachusetts, and South Carolina) were randomly selected to discontinue participation in MMP, and the total number of MMP areas was reduced to 23. An analysis carried out in 2014 found that the original measure of size with which states were originally sampled (i.e., AIDS prevalence in 2002) was still a reasonable proxy for the distribution of HIV prevalence in 2010 (the most recent year for which prevalence estimates were available at the time). Consequently, we concluded that the selected sample of states was still sufficiently representative of the population of persons with diagnosed HIV and that selecting a new sample for the 2015 and subsequent data collection cycles was unwarranted. In addition, the change in the sampling frame and the availability of national totals from the National HIV Surveillance System (NHSS) presented new options for calibrating weights, further lessening the need for any adjustments to the sample of states. At the second stage, persons with a reported diagnosis in NHSS were sampled after the selection of the states. The sampling frame was the national case surveillance data set containing records submitted to the Centers for Disease Control and Prevention (CDC) as of December 31, the year prior to the data collection cycle. This national data set was divided into 24 separate frame files according to the most recently reported residence information, with 1 frame for each of the 23 project areas and 1 residual file for all non-MMP project areas. Individuals were eligible for sampling if their vital status was alive, they were aged ≥18 years, and they were residents of the United States. Records in the NHSS are deidentified (under provisions of CDC's Assurance of Confidentiality) and include only limited information about where the person currently resides, lacking the more exact address information contained in local case surveillance systems. CDC staff drew simple random samples from the 23 project area frame files, and project area staff then linked their samples to local case surveillance systems and extracted contact information for use in locating sampled persons, whom they then attempted to recruit.

Nonresponse Analysis and Weighting

Data used to generate national estimates were weighted for the probability of selection based upon known probabilities of selection of states and individuals within states. In addition, data were weighted to adjust for

nonresponse by using predictors of response, including sex, race/ethnicity, age of most recent contact information, transmission category, and the person's receipt of care as documented by lab-oratory test results in NHSS records. In 2016, frame data extracted from NHSS provided information for all sampled persons in MMP, regardless of response to the interview or from the medical record abstraction. These data provided descriptive information about all sampled persons for assessing how person characteristics were associated with nonresponse and were the source of data used for nonresponse analysis and weighting

Eligibility and Response Classifications

Persons were eligible for participation if, as of the sampling date, they had received a diagnosis of HIV, were aged ≥18 years, alive, and a resident of an MMP project area. Sampled persons were presumed to be eligible based on their information in NHSS unless data from another source contradicted this status. Persons were classified into 4 categories: (1) eligible respondents, (2) contacted nonrespondents, (3) nonrespondents who were not contacted, and (4) ineligible persons. These categories were used in calculating final response rates and contact rates in accordance with standard formulas [2].

Weighting Overview

For the 2015–2022 MMP cycles, sets of weights at the national level of analysis were produced independently of the local levels of analysis. Base weights were applied, and statistical adjustments were then made for multiplicity and nonresponse at the person level. These nonresponse adjustments distributed the base weights of nonresponding persons to responding persons, so that the sum of the adjusted weights equaled the sum of the base weights. After adjusting for nonresponse, the weights were then poststratified to population totals from the NHSS frame. Extreme weights were trimmed and the weights were adjusted to the same population totals. For the weighting process, an updated sampling frame was created by returning to the source of surveillance records approximately a year later, during which time additional information may have become available for persons reported to NHSS and additional diagnoses may have been reported. This updated frame added to the frame all records that would have been eligible if their information had met the inclusion criteria; primarily, these were diagnoses that occurred during the year prior to the MMP sampling date (for the 2022 cycle, December 31, 2021), but had not yet been reported on the date the initial sample was drawn. Additionally, some persons were found to have had multiple records pertaining to them at the time of sampling, which were later identified as duplicate records. In some cases, updated information indicated that a person originally judged eligible and included on the original frame was ineligible.

Adjustments for unequal selection probabilities

The base weight was the inverse probability of selection for the person, which varied by project area. A person who was sampled from one jurisdiction but lived in another area at the time of sampling, retained the original base weight. Prior to weighting, such cross-jurisdictional records were grouped with their project area of residence at the time of sampling. This moving of records had no effect on the national weights, but did affect the project area weight totals, increasing some slightly while decreasing others.

Adjustments for nonresponse

A nonresponse adjustment factor was then applied to the base weight. This factor makes use of information available for every sampled case from the NHSS frame data: personal demographics, HIV exposure category, laboratory data, and diagnosis data. Definitions of weighting classes were based on variables that were determined in bivariate analyses to be significantly related to response at the national or project area level. For the national adjustment factor, weighting classes were based on variables related to response: sex at birth, age of most recent contact information, and the person's frequency of receipt of care (as indicated by NHSS records). For local project area data, the factors used for this adjustment varied, depending on the results of bivariate analyses. Within weighting classes, the adjustment for nonresponse was the ratio of the

sum of the multiplicity-adjusted base weights for eligible sampled cases to the sum of these weights for eligible respondents.

Poststratification

The updated sampling frame provided information on the size and characteristics of the population with diagnosed HIV, which was used for poststratification to known distributions. A count of records on this updated frame provided an updated total population size estimate. Poststratifying to this total forced the sample-based estimate of population size to conform and corrected for late reports. This adjustment was performed within classes defined by key demographics (age, race/ethnicity, and gender), so that the weight sum was preserved in each class.

Trimming

After poststratification, the need for trimming the adjusted weights, so as not to inflate variance, was assessed. Where the design effect due to weighting (measured as $1 + CV^2$, where CV is the coefficient of variation of the weights) exceeded 1.75, we capped the weights at the median weight plus 4 times the interquartile range of the weights, then redistributed the excess to preserve the weight total. This was implemented in 4 project areas, but was not needed for national weights. The effect of other weighting adjustments, however, reduced weight totals through the exclusion of sampled persons found to be ineligible, while approximately maintaining the proportional distributions of the factors used in the poststratification.

Design variables and variance estimation

Nationally, design variables indicating strata and cluster membership for each participating person accounted for the sample design. Many states were sampled with certainty, because of their higher AIDS prevalence, and each of these was defined as its own stratum. Elsewhere, strata were created by grouping 2 to 3 states (PSUs in the stratified PPS design) that had similar selection probabilities. Multiple project areas within certainty states were effectively substrata, and each project area remained its own stratum. For certainty PSUs, the participant was the cluster. For the strata composed of noncertainty states, the state was the cluster. For local estimates, variance estimation was conditional on the initial sampling of states as PSUs, meaning that this stage of sampling was ignored. Participants were treated as having come from a simple random sample with replacement, although the various adjustment factors induced unequal weights.

DEFINITIONS

Sociodemographic Characteristics

- **Gender:** Categories were male, female, and transgender. Participants were classified as transgender if reported sex at birth and current gender as reported by the participant were not the same or if the participant answered "transgender" to the inter-view question regarding self-identified gender.
- **Health insurance, including coverage for antiretroviral therapy (ART) medications:** Participants were asked whether they had health insurance or coverage for ART medications during the 12 months before the interview. Responses to these questions were combined and categorized as private health insurance, Medicaid, Medicare, Ryan White HIV/AIDS Program, Tricare/ CHAMPUS and Veterans Administration coverage, insurance classified as other public health insurance, and unknown insurance. Participants could select more than 1 response for health insurance, including coverage for ART medications.
- **Federal poverty guidelines:** Participants were asked about their combined monthly or yearly household income (in US$) from all sources during the 12 months before the interview. The number of persons meeting the current federal poverty threshold was determined by using the U.S. Department of Health and Human Services poverty

guidelines that corresponded to the calendar year for which income was asked. These guidelines are issued yearly for the 48 contiguous states and Washington, D.C., and are an indicator used for determining eligibility for many federal and state programs. The 2021 guidelines [3] were used for participants interviewed in 2022, and the 2022 guidelines [4] were used for persons interviewed in 2023. Because the poverty guidelines are not defined for the territory of Puerto Rico, the guidelines for the contiguous states and Washington, D.C., were used for this jurisdiction. Participants were asked to specify the range of their income, and household income was assumed to be the midpoint of the income range.

Clinical Characteristics

- **CDC stage of disease classification for HIV infection:** Defined according to CDC's 2014 revised surveillance case definition for HIV infection [5]. Information from NHSS was used to determine the most advanced HIV disease stage ever reached by participants.

Use of Health Care Services

- **Outpatient HIV medical care:** Defined as documentation of any of the following: encounter with an HIV care provider, viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis. All were measured through documentation in the person's medical record; an encounter with an HIV care provider was also measured based on interview self-report. Persons were considered to be retained in care if they had 2 elements of outpatient HIV care at least 90 days apart in each 12-month period reviewed.
- **ART prescription:** Defined as a prescription in the medical record, during the 12 months before the interview, of any of the following medications: abacavir, amprenavir, atazanavir, cobicistat, darunavir, delavirdine, didanosine, dolutegravir, efavirenz, elvitagravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, lopinavir/ritonavir, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir alafenamide, tenofovir disoproxil fumarate, tipranavir, or zidovudine. Persons with no medical record abstraction were considered to have no documentation of ART prescription.
- ***Pneumocystis* pneumonia (PCP) prophylaxis:** Defined as documentation in the medical record that prophylaxis for PCP was prescribed among persons with a CD4 count of <200 cells/µL in the 12 months before the interview [6]. Persons prescribed regimens typically given as PCP prophylaxis (trimethoprim-sulfamethoxazole, dapsone with or without pyrimethamine and leucovorin, aerosolized pentamidine, and atovaquone) were not presumptively categorized as having received PCP prophylaxis unless this was specifically stated in the medical record or no length of time was specified for the course of treatment.
- ***Mycobacterium avium* complex (MAC) prophylaxis:** Defined as documentation in the medical record that prophylaxis for MAC disease was prescribed among persons with a CD4 count of <50 cells/µL in the 12 months before the interview [6]. Persons prescribed regimens typically given as MAC prophylaxis (azithromycin with or without ethambutol and/or rifabutin, clarithromycin with or without ethambutol and/or rifabutin, and rifabutin with or without azithromycin or azithromycin along with ethambutol) were not presumptively categorized as having received MAC prophylaxis unless this was specifically stated in the medical record or no length of time was specified for the course of treatment.
- **Influenza vaccination:** Participants were asked whether they had received seasonal influenza vaccine during the 12 months before the interview.
- ***Neisseria gonorrhoeae* testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture, Gram stain, enzyme immunoassay (EIA), nucleic acid amplification test (NAAT), or nucleic acid probe.

- ***Chlamydia trachomatis* testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.
- **Syphilis testing:** Defined as documentation in the medical record, during the 12 months before the interview, of a result from nontreponemal serologic tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal serologic tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], microhemagglutination assay for antibodies to *T. pallidum* [MHA-TP], Chemiluminescence Immunoassay [CIA], fluorescent treponemal antibody absorption [FTA-ABS] tests), polymerase chain reactions (PCR), or dark-field microscopy.

Self-reported ART Medication Use and Adherence

- **ART adherence:** Participants were asked about their adherence to ART in the 30 days before the interview using questions from a 3-item scale developed by Wilson and colleagues [7]. Participants were asked about how many days they missed at least 1 dose of their HIV medicines, how often they took their HIV medicines in the way they were supposed to, and how good a job they did at taking their HIV medicines in the way they were supposed to during the 30 days before the interview.

Depression and Substance Use

- **Depression:** Participants were asked questions from the Patient Health Questionnaire (PHQ-8), an 8-item scale used to measure frequency of depressed mood in the preceding 2 weeks [8]. The PHQ-8 has the following question: “Over the last 2 weeks, how often have you been bothered by any of the following problems?” The respondent is then asked about the following problems: (1) little interest or pleasure in doing things (anhedonia); (2) feeling down, depressed, or hopeless; (3) trouble falling/staying asleep, or sleeping too much; (4) feeling tired or having little energy; (5) poor appetite or overeating; (6) feeling bad about yourself or that you are a failure or have let yourself or your family down; (7) trouble concentrating on things, such as reading the newspaper or watching television; and (8) moving or speaking so slowly that other people could have noticed, or being fidgety or restless or moving around a lot more than usual. Response categories were “not at all,” “several days,” “more than half the days,” and “nearly every day,” with points (0–3) assigned to each response category, respectively. The PHQ-8 responses were scored by using 2 methods. Method 1: an algorithm involving criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV-TR) [9], for diagnosing major depression was used to classify adults with diagnosed HIV as having major depression, other depression, or no depression. To meet the criteria for major depression, a participant must have experienced 5 or more symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness. For other depression, a participant must have experienced 2 to 4 symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness. Method 2: scores for each response category were summed to produce a total score between 0 and 24 points. Current depression of moderate or severe intensity was defined as a total score of ≥10.
- **Anxiety:** Participants were asked questions from the Generalized Anxiety Disorder Scale (GAD-7), a 7-item scale used to screen for and measure the severity of generalized anxiety disorder [10]. The GAD-7 has the following question: “Over the last 2 weeks, how often have you been bothered by any of the following problems?” The respondent is then asked about the following problems: (1) feeling nervous, anxious, or on edge; (2) not being able to stop or control worrying; (3) worrying too much about different things; (4) trouble relaxing; (5) being so restless that it is hard to sit still; (6) becoming easily annoyed or irritable; and (7) feeling afraid as if something awful might happen. Responses were scored according to criteria from the DSM-IV-TR [9]. Response categories were “not at all,” “several days,” “more than half the days,” and “nearly every day,” with points (0–3) assigned to

each response category, respectively. Scores for each response category were summed to produce a total score between 0 and 21 points. “Severe anxiety” was defined as having a score of ≥15; “moderate anxiety” was defined as having a score of 10–14; and “mild anxiety” was defined as having a score of 5–9.

- **Alcohol use:** Participants were asked about alcohol use during the 30 days and the 12 months before the interview. A drink was defined as 12 ounces of beer, a 5-ounce glass of wine, or a 1.5- ounce shot of liquor.
- **Binge drinking:** Defined as ≥5 drinks in a single sitting for men and ≥4 drinks in a single sitting for women in the past 30 days.

Sexual Behavior

- **Prevention modalities:** Reported behaviors that decrease the likelihood of HIV transmission to a sexual partner, including
    - Sex while sustainably virally suppressed: Vaginal or anal sex and the person’s HIV viral load was documented in the medical record as <200 copies/mL at every measure in the past 12 months before the interview.
    - Condom-protected sex: Condoms were consistently used with at least 1 vaginal or anal sex partner.
    - Condomless sex with a partner on preexposure prophylaxis (PrEP): At least 1 HIV-negative condomless-sex partner was on PrEP. PrEP use was only measured among the 5 most recent partners and was reported by the HIV-positive partner.
    - Sex with an HIV-positive partner: Vaginal or anal sex with at least 1 HIV-positive partner.
- **High-risk sex:** Vaginal or anal sex with at least 1 HIV-negative or unknown status partner while not sustainably virally suppressed, when a condom was not used, and the partner was not known to be taking PrEP.

Met and Unmet Needs for Ancillary Services

- **Met need:** Defined as an ancillary service (e.g., HIV case management service, dental care, mental health service) received during the 12 months before the interview.
- **Unmet need:** Defined as an ancillary service that the participant reported as needed, but not received, during the 12 months before the interview.

Division of HIV/AIDS Prevention National Indicators

Measures in this section are used by CDC’s Division of HIV/AIDS Prevention for national monitoring and evaluation purposes.

- **Unstable housing or homelessness:** Persons were considered to have experienced unstable housing if they reported moving in with others due to financial issues, moving two or more times, or being evicted at any time during the past 12 months. Persons were considered to have experienced unstable housing or homelessness if they reported living on the street, in a shelter, in a single-room-occupancy hotel, or in a car during the past 12 months. Persons were considered to have experienced unstable housing or homelessness if they reported any form of unstable housing or homelessness during the past 12 months. The NHAS 2025 goal for unstable housing or homeless among PWH is 11%.
- **Self-rated health:** Self-rated health is assessed by using a single question that captures the respondent’s general health at the time of interview and a Likert-type scale with the following responses: poor, fair, good, very good, or excellent. Self-rated health was dichotomized as good or better health (i.e., good, very good, or excellent) versus less than good health (i.e. poor, fair). The NHAS 2025 goal for self-rated health among PWH is 95%.
- **Unemployment:** Unemployed persons included those who reported being unemployed at the time of interview, excluding persons who are unable to work. The NHAS 2025 goal for unemployment among PWH is 8%.

- **Hunger/food insecurity:** Persons who reported being hungry and not eating because they did not have enough money for food during the past 12 months were considered to be food insecure. The NHAS 2025 goal for hunger/food security among PWH is 11%.
- **Unmet needs for mental health services from a mental health professional among persons with diagnosed HIV who reported an unmet or met need for services from a mental health professional**: This measure was assessed through two questions. First, participants were asked if they saw or talked to a mental health professional (e.g., psychologist, psychiatrist, psychiatric nurse, or clinical social worker) about their health during the past 12 months. Next, they were asked if they needed to see or talk to a mental health professional about their health. The denominator represents people who needed mental health services (i.e., those with a met or unmet need), and was defined as those who received services (met need) and those who needed, but did not receive, services (unmet need). The numerator represents those who needed, but did not receive, services (unmet need). The NHAS 2025 goal for unmet needs for mental health services among those who needed services is 12% among PWH.
- **HIV stigma:** Defined as the median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people with HIV [11].

ETHICS STATEMENT

In accordance with guidelines for defining public health research [12], CDC determined MMP was public health surveillance used for disease control, pro-gram, or policy purposes. Local institutional review board approval was obtained at participating states and territories when required. Informed consent was obtained from all interviewed participants.

REFERENCES

1. Frankel MR, McNaghten A, Shapiro MF, et al. A prob-ability sample for monitoring the HIV-infected population in care in the U.S. and in selected states. *Open AIDS J* 2012;6:67–76. doi:10.2174/1874613601206010067.
2. The American Association for Public Opinion Research. Standard Definitions: Final dispositions of case codes and outcome rates for surveys. 9th ed. https://www.aapor.org/Standards-Ethics/Standard-Definitions-(1).aspx. Revised 2016. Accessed January 11, 2019.
3. U.S. Department of Health and Human Services. 2021 Poverty guidelines. https://aspe.hhs.gov/2021-poverty-guidelines. Published 2021. Accessed December 31, 2024.
4. U.S. Department of Health and Human Services. Computations for the 2023 Annual Update of the HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2023-poverty-guidelines-computations Published 2023. Accessed December 31, 2024.
5. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10. https://www.cdc.gov/mmwr/indrr_2014.html. Accessed January 11, 2019.
6. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in adults and adolescents living with HIV. https://go.usa.gov/vdGA. Updated October 25, 2018. Accessed January 11, 2019.
7. Wilson IB, Lee Y, Michaud J, Fowler FJ Jr, Rogers WH. Validation of a new three-item self-report measure for medication adherence. *AIDS Behav* 2016;20(11):2700–2708.
8. Kroenke K, Strine TW, Spitzer RL, et al. The PHQ-8 as a measure of current depression in the general population. *J Affect Disord* 2009;114(1–3):163–173. doi:10.1016/j.jad.2008.06.026.

9. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*. 4th ed. Washington, DC: American Psychiatric Association; 2000.
10. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med* 2006;166(10):1092–1097.
11. Wright K, Naar-King S, Lam P, Templin T, Frey M. Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. *J Adolesc Health* 2007;40(1):96–98. doi:10.1016/j.jadohealth.2006.08.001.
12. CDC. Distinguishing public health research and public health nonresearch. https://go.usa.gov/vdwz. Published July 2010. Accessed January 11, 2019.

HIV/AIDS RESOURCES

Georgia HIV/AIDS Care & Prevention
https://dph.georgia.gov/georgia-hivaids-care-prevention

Georgia Department of Public Health – HIV Surveillance
http://dph.georgia.gov/what-hiv-and-aids

Medical Monitoring Project
https://www.cdc.gov/hiv-data/mmp/index.html

Centers for Disease Control and Prevention
http://www.cdc.gov/hiv/


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