HIV Epidemiologic Profile for Georgia, and for the 4 "Ending the HIV Epidemic" Jurisdictions

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HIV/AIDS Epidemiology Section
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Executive Summary

The purpose of this document is to provide a comprehensive overview of HIV in Georgia, including the burden of disease, changes in population groups affected over the past 10 years, social and behavioral characteristics of people living with HIV/AIDS (PLWHA) as well as those who are members of groups with increased risk of acquiring HIV. The document also provides information for the 4 *Ending the HIV Epidemic* jurisdictions: Cobb, DeKalb, Fulton and Gwinnett counties.

The number of PLWHA in Georgia has increased over time, reaching 58,615 as of the end of 2019, of whom approximately 70% live in the Atlanta metropolitan area. The increasing number of PLWHA reflects the impact of effective treatment, and goes hand in hand with an aging population of PLWHA, 43% of whom are 50 and older. An estimated 15 to 18% of people living with HIV are undiagnosed. The number of people diagnosed each year has declined from 2,807 in 2010 to 2,495 in 2019. The rate of diagnosis has declined from 55.5/100,000 to 46.4/100,000 among men and from 17.2/100,000 to 10.4/100,000 among women during that time.

The four contiguous counties funded under *Ending The HIV Epidemic* are the 4 counties with the highest number of people diagnosed with HIV annually in Georgia. The total population in these 4 counties account for 59% of the total Atlanta MSA population. Of PLWHA in Atlanta MSA, 80% reside in these 4 counties. Although the overall characteristics of persons diagnosed and PLWHA in those counties are similar, trends over time differ, with decreases in the rate of diagnosis in DeKalb and Fulton counties, and stable or increasing rates in Cobb and Gwinnett counties.

Over the last 10 years, HIV has become increasingly concentrated among men, and among men who have sex with men (MSM) specifically. Racial/ethnic disparities have increased among men with the highest rates of HIV among Black men, followed by Hispanic men. HIV rates remain highest among Black women, followed by Hispanic women. HIV diagnoses have decreased more among Black and Hispanic women than among White women. The rate of HIV among transgender women of low socioeconomic status is high, as shown by the 2019 National HIV Behavior Survey (NHBS) Trans survey conducted in Atlanta.

Although the number of Hispanic MSM diagnosed annually has been increasing gradually for some time, the rate of increase appears to have accelerated since 2018. This increase is mostly seen in men in their twenties and thirties and warrants attention. Hispanic men are a heterogeneous group with a variety of potential barriers to prevention and care.

After many years of declining diagnoses among people who inject drugs (PWID), the number diagnosed annually has begun to creep up. The increase is noted particularly among people in their thirties. Data collected through the Georgia NHBS show high rates of unsafe injection practices among young PWID, and high self-reported rates of Hepatitis C. Although the prevalence of HIV among young PWID interviewed through NHBS is low, these data demonstrate the potential for transmission of HIV once introduced into those networks.

The increasing rate of syphilis among MSM, and the high rate of HIV co-infection highlights risk of ongoing transmission given the importance of syphilis in facilitating acquisition of HIV. Rates of gonorrhea, too, have been increasing disproportionately among men. Increases in condomless sex are likely tied to changing norms related to pre-exposure prophylaxis (PrEP) and Treatment as Prevention.

While use of PrEP has increased both in the Atlanta area and outside of it, use remains sub-optimal. Based on data from the Georgia NHBS, rates are particularly low among Black MSM, and are thought to be low for Hispanic MSM too. Data for the latter, however, are limited.

High rates of viral suppression are observed among PLWHA who are in care, and based on data from the Medical Monitoring project (MMP), the proportion of PLWHA reporting risky sexual behaviors is small (though a limitation of the data is that those interviewed are mostly in care). The percent out of care is difficult to ascertain with precision, but regardless of the absolute percent of PLWHA who are out of care, there are differences in the percent achieving viral suppression by age and race/ethnicity. This highlights the importance of ongoing efforts to retain and re-engage in care.

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Introduction

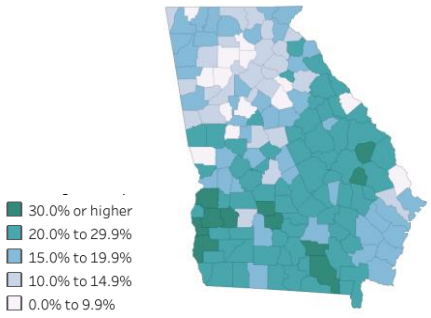
The purpose of this document is to provide a comprehensive overview of HIV in Georgia (Part 1), and for the 4 *Ending the HIV Epidemic* (EHE) jurisdictions: Cobb, DeKalb, Fulton and Gwinnett counties (Part 2). It covers the burden of disease, changes in population groups affected, social and behavioral characteristics of people living with HIV/AIDS (PLWHA) as well as those who are members of groups with increased risk of acquiring HIV. The report includes data from the HIV Surveillance Registry, as well as more in-depth information from the Medical Monitoring Project (interviews of PLWHA) and the Georgia NHBS (interviews of persons at risk for HIV). Finally, it includes information on co-morbidities that increase risk of acquiring HIV (sexually transmitted infections [STIs]), or that are indicators of increased risk of unsafe behaviors associated with HIV transmission (Hepatitis C). For HIV case surveillance data (diagnoses, prevalence and care continuum), detailed tables showing data for the state overall, and for the Atlanta Eligible Metropolitan Area (EMA) and the rest of the state (non-EMA), by demographic characteristics, and detailed graphs showing trends in diagnoses by transmission group and age are included in the Appendices (see Appendix A for map of EMA counties). Additionally, detailed tables and figures showing care continuum and STI data for the 4 EHE jurisdictions are also included in the Appendices.

Part 1. HIV Epidemiologic Profile, Georgia

Section 1: Selected Georgia Demographics

Poverty is a major social determinant of health, and the percent of the population living in poverty varies across the state, with higher rates of poverty outside of metro Atlanta than in metro Atlanta. Poverty is closely intertwined with race/ethnicity. Overall, 13.3% of Georgia residents lived in poverty in 2019, but the percent varies markedly by race/ethnicity, with poverty rates that are over twice as high for Blacks and Hispanics than for Whites. The poorest counties in the state are also those with the highest Black population.

Figure 1. Percent of the population living in poverty by county, Georgia 2015-2018



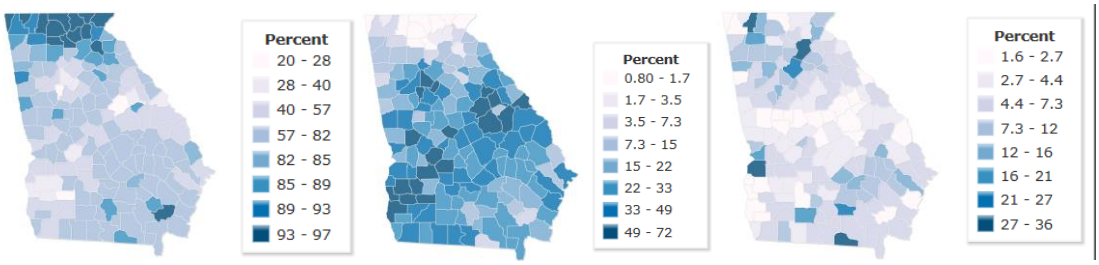
Source: American Community Survey 2015-2018

The population of Georgia is diverse in terms of race/ethnicity. In 2019, Whites, Blacks, and Hispanics accounted for 52, 32, and 10% of the state's population, respectively. Asians, American Indian (AI)/Alaska Native (AN), and Pacific Islanders each account for 4, 0.2, and 0.1% of the population, respectively. Between 2010 and 2019, the percent of the population that is non-White has increased. Among persons 13 and older, the White population has increased by 4%, while the Black and Hispanic populations have increased by 18% and 26%, respectively. Additionally, the Asian population has increased by 47% and the American Indian population by 18% (subject to change once 2020 census data are published).

Whites account for a higher percent of the population in the northern part of the state, while Blacks account for a higher percent of people residing in the area extending from the Albany area to the Augusta area, and in core counties of metro Atlanta; counties with more Hispanics are in the northern and southeastern parts of the state. The counties with the highest number of Asians are Gwinnett, Fulton, DeKalb, and Cobb counties, and those same counties also have the highest number of AI/AN residents. Overall, a lower percent of the population of the Atlanta EMA area is White (45%), compared with the rest of the state, and a higher percent is Black (35%), Hispanic (11%), and Asian (6.4%).

Figure 2. Percent of population by race/ethnicity by county

Whites Blacks Hispanics



Source: American Community Survey 2015-2018

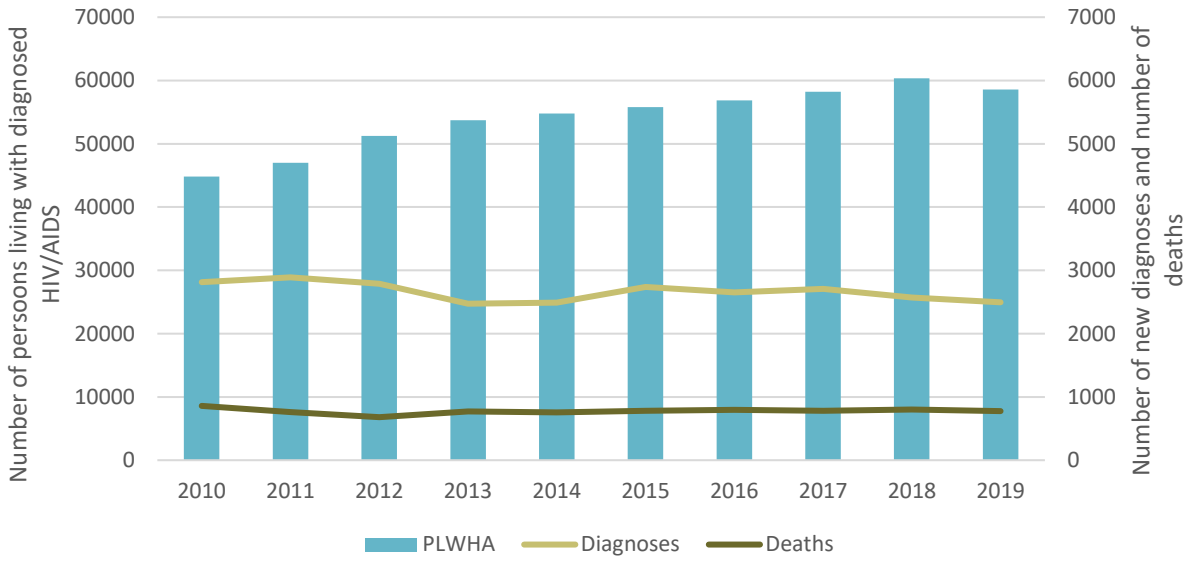
Men who have sex with men have been disproportionately affected by HIV since the beginning of the epidemic. The proportion of men who are MSM varies geographically, a factor that needs to be taken into account when examining HIV surveillance data. In Georgia, it is estimated that 3.7% of men experienced male-male sexual activity in the last 5 years, with 6.6% in the 4 core Atlanta counties (Cobb, DeKalb, Fulton and Gwinnett) and 2.3% in the rest of the state (source: Emory's Coalition for Applied Modeling for Prevention Small area estimates of MSM population sizes CAMPmodeling.org).

Section 2: People Living with HIV/AIDS (PLWHA)

As of the end of 2019, there were 58,615 people living with diagnosed HIV in Georgia. During the past 5 years, approximately 2,500 people were diagnosed each year and 750 to 800 PLWHA died (Figure 3). As a result of effective treatment, the number of people living with HIV has steadily risen.

The slight decline in the number of PLWHA between 2018 and 2019 is related to an effort to de-duplicate PWLHA across states that is focused on persons who may have left Georgia many years ago, in contrast to ongoing de-duplication activities that don't always capture this older group.

Figure 3: Number of PLWHA, diagnoses, and deaths among PLWHA by year, 2012-2019, Georgia

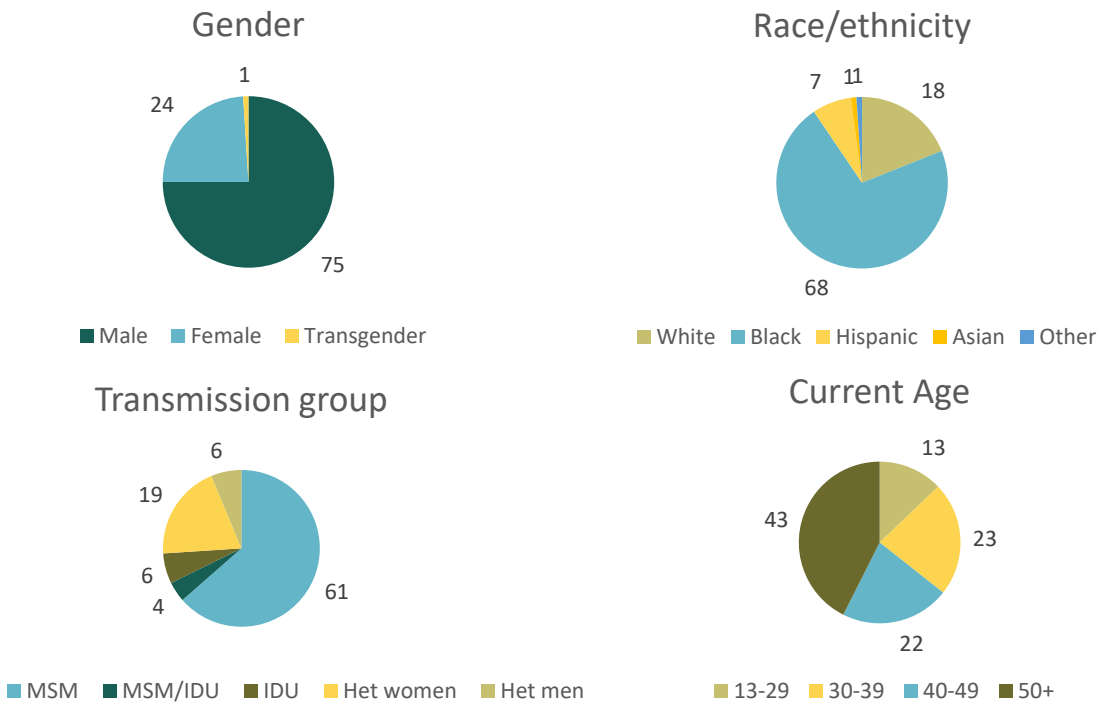


Additionally, an estimated 10,500 undiagnosed people living with HIV are not included in these figures.

Characteristics of PLWHA

As of the end of 2019, the majority of PLWHA were male (75%), men who have sex with men (61%), Black (68%), and 40 years of age and older (65%). Transgender persons account for 1% of PLHWA. Overall 69% of PLWHA reside in the Atlanta EMA. Compared to PLWHA in the Atlanta EMA, a higher percent of those who live outside of the EMA are women (32%), and a higher percent are heterosexual contacts (36%) .

Figure 4. PLWHA by selected demographic characteristics, Georgia, 2019



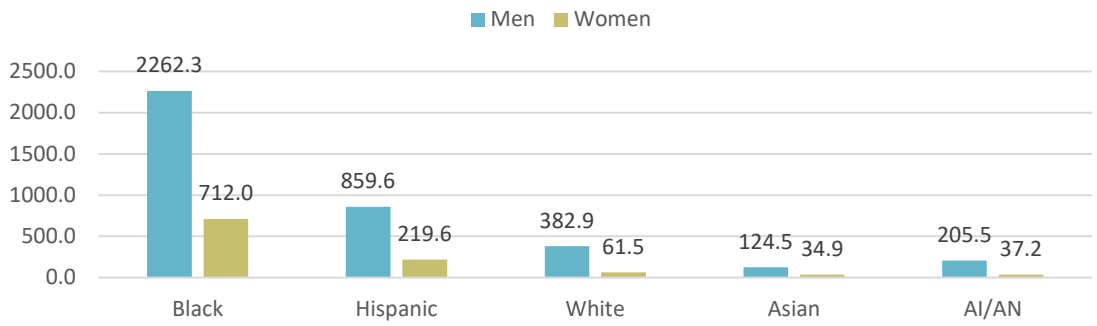
For detailed data on PLWHA by demographic group and for Georgia, the Atlanta EMA and the non-EMA, see Table 1, Appendix B. Among White men, 80% are MSM, both in the Atlanta EMA and in the rest of the state. Among Black and Hispanic men, the majority are MSM, but a higher percent of men outside of Atlanta EMA reported heterosexual risk, compared with men in the Atlanta EMA (17 and 18% of non-EMA Hispanic and Black men compared with 7% each in the EMA). Among women, the great majority acquired HIV through heterosexual contact, but a higher percent of White women have a history of injection drug use (24%), compared with Black and Hispanic women (10% and 11%, respectively); this pattern is seen both within the Atlanta EMA and in the rest of the state.

For detailed data by transmission category and race/ethnicity on PLWHA for Georgia, Atlanta EMA and the non-EMA, see Table 2, Appendix B.

Disparities by Race/ethnicity

Blacks and Hispanics are disproportionately affected by HIV in Georgia, both among men and women. The rate among Black men is 5.9 times higher than among White men and 2.2 times higher among Hispanic men than among White men. The rate among Black women is 11.4 times higher than among White women, and it is 3.5 times higher among Hispanic women than White women.

Figure 5. Rate of HIV among men and women by race/ethnicity per 100,000 population, Georgia, 2019

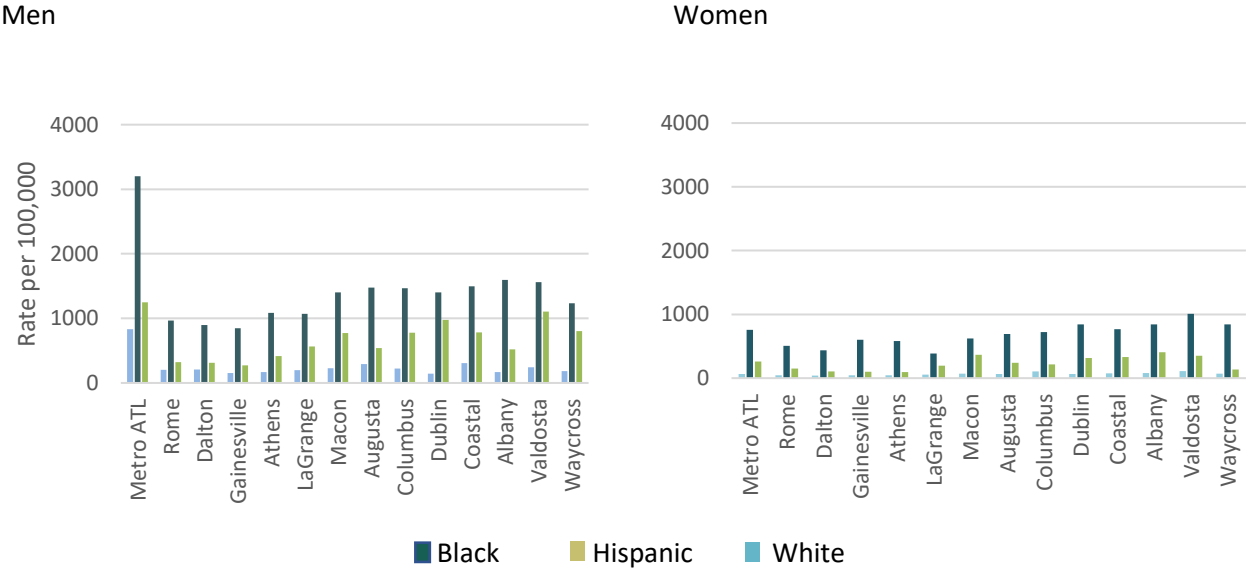


Population data: Georgia OASIS, among people 13 and older

Geographical variation

The rate of PLWHA per 100,000 is higher in metro Atlanta and in the southern part of the state for men and for women. Racial/ethnic disparities are observed for men and for women in every district. The especially high rate of HIV among men in metro Atlanta can be attributed to the higher percent of men who are MSM. As a result, the ratio of men to women living with HIV is higher in metro Atlanta, at over 3:1, compared with the rest of the state where it is closer to 2:1.

Figure 6. HIV prevalence per 100,000 population by sex by district and race/ethnicity, 2019, Georgia



Information on characteristics of diagnosed persons and PLWHA in each District are available in the Annual HIV Surveillance Summary available at https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-hiv-surveillance-data

Supplemental demographic information

More in-depth data are available from a random sample of PLWHA interviewed for the Georgia Medical Monitoring Project (https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/georgia-medical-monitoring-project-mmp). The following data were collected during 2015-2018.

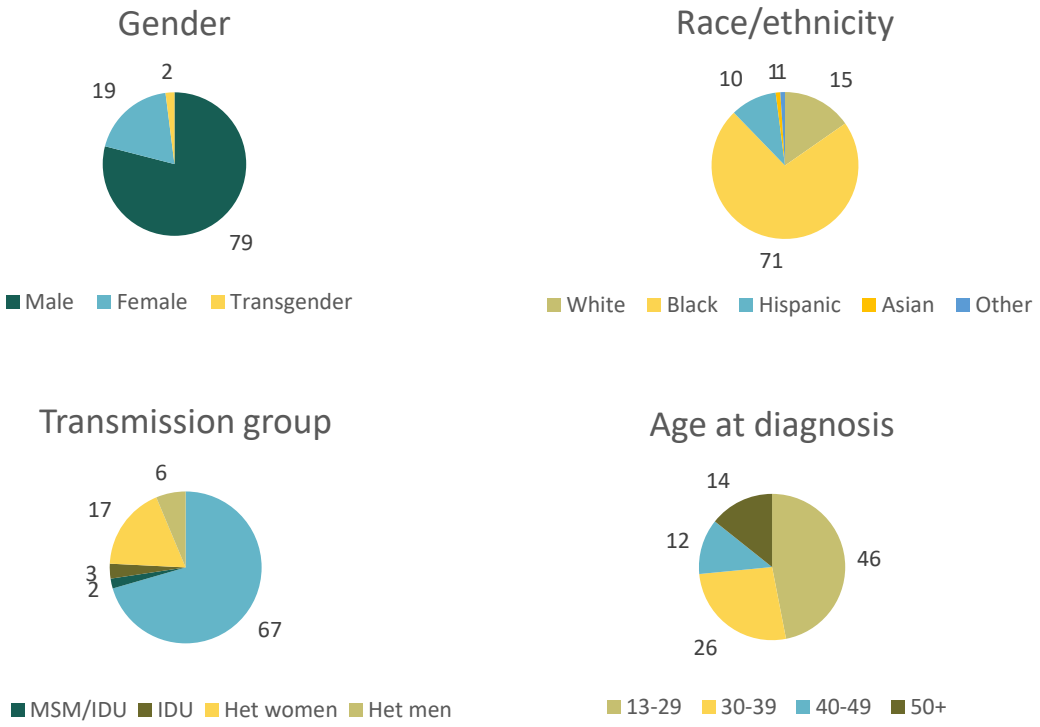
There are substantial differences for socioeconomic indicators for Black men, White men, and Black women, 3 groups that accounted for 87% of the people interviewed (the number of Hispanic people interviewed was too small to provide stable estimates). Among Black women, 62% had an income below $20,000, compared with 44% of Black men and 30% of White men. A lower percent of Black women had completed high school/GED (73%) compared with 89% of Black men and 95% of White men, and a lower percent were employed (40% compared with 56% of Black Men and 73% of White men). Among Black men outside of the Atlanta EMA, a higher percent had an income below $20,000 per year (70% vs 38%); for Black women, income and employment didn't differ whether in the EMA or outside of it.

Section 3: People Diagnosed with HIV

Characteristics of people diagnosed in 2019

Among people diagnosed in Georgia in 2019, 79% were male, 71% were Black, 10% were Hispanic, 67% were MSM, and 47% were age 30 or less at diagnosis. Persons diagnosed with HIV provide a more recent snap shot of the epidemic than do PLWH because they acquired HIV more recently. Compared with PLWHA, a higher percent of people diagnosed in 2019 were male, MSM, and Black and Hispanic. They were also substantially younger.

Figure 7. People diagnosed with HIV by gender, race/ethnicity, transmission group, and age at diagnosis Georgia, 2019



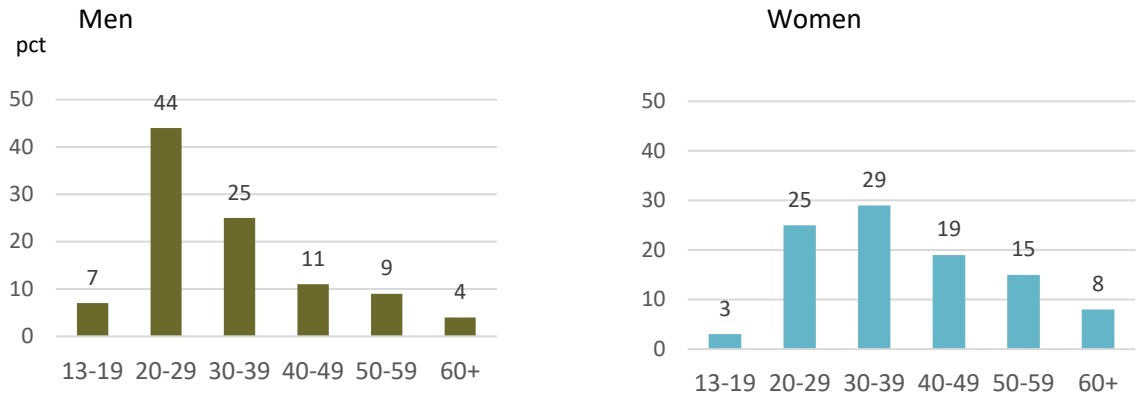
Compared to people residing in the Atlanta EMA, a higher percent of people residing outside of the EMA were women (23% compared with 17%), and a lower percent were MSM. Among Black men, 19% of men residing outside of the Atlanta EMA reported heterosexual contact, compared with 10% for those residing in the Atlanta EMA.

For detailed data on diagnosed people by demographic group for Georgia, Atlanta EMA and the non-EMA, see Table 3, Appendix B and Table 4, Appendix B.

Age at diagnosis:

Women tend to be diagnosed with HIV at an older age then men. Among males, 51% were less than 30 years of age at diagnosis, while among women only 28% were.

Figure 8. Percent diagnosed by age group by sex, Georgia, 2019

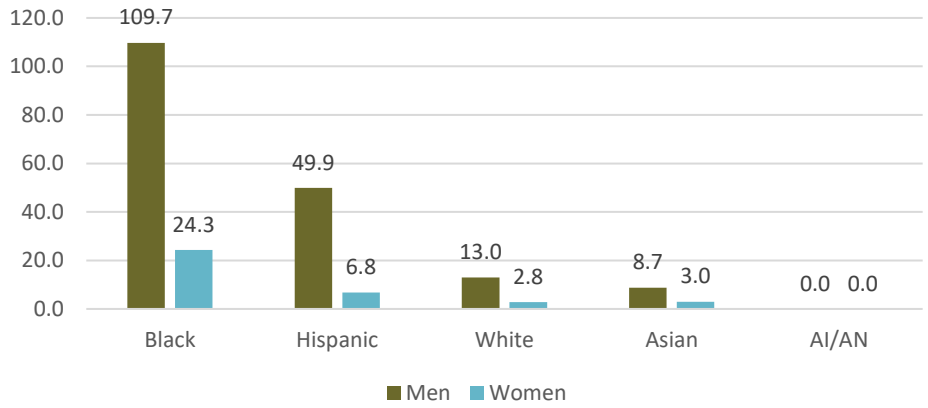


Among MSM, 61% of Black men and 51% of Hispanic men were diagnosed under age 30, compared with 36% of White men.

Disparities by race/ethnicity

Disparities similar to those seen among PLWH are observed for people diagnosed with HIV. Reflecting changes over time, the rate for Black men is 8.3 times higher than among White men, and 3.8 times higher for Hispanic men compared with White men. The rate among Black women is 8.7 times higher than among White women, and it is 2.4 times higher among Hispanic women than White women.

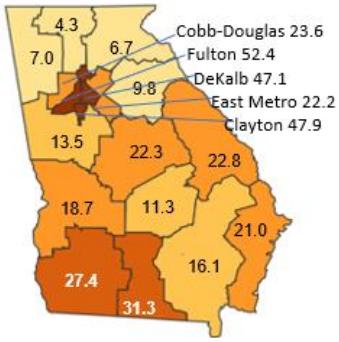
Figure 9. Rate of diagnosis among men and women by race/ethnicity per 100,000 population, Georgia, 2019



Geographical variation

Diagnosis rates are highest in Fulton, DeKalb and Clayton Counties, and are lower in the northern part of the state than anywhere else. This pattern parallels that seen for PLWHA.

Figure 10. HIV diagnosis rate by District and race/ethnicity, Georgia, 2019



Late diagnoses

Overall, 19% of newly diagnosed people, or about one in five, were diagnosed late, meaning that they had a CD4 count <200 within 3 months of their diagnosis. A higher percent of heterosexual contacts than MSM (26% compared with 17%) and people aged 40 or higher compared with people under 40 (31% compared with 15%) were diagnosed late. The percent tested late was slightly higher outside of the Atlanta EMA, and the same patterns by transmission group and age are seen both in the Atlanta EMA and in the rest of the state.

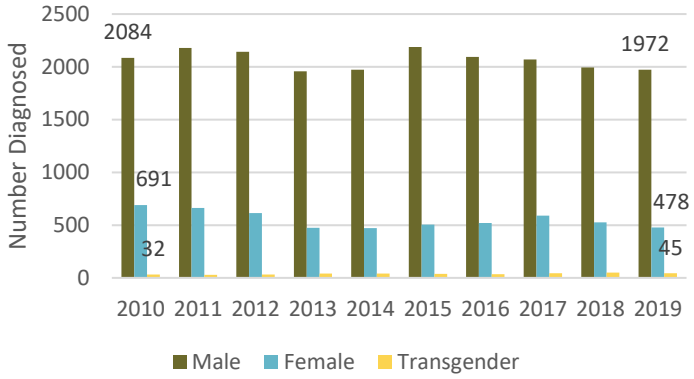
For detailed data by demographic group for Georgia, Atlanta EMA and the non-EMA, see Table 5, Appendix B.

Trends over time: diagnoses by gender, risk and age group

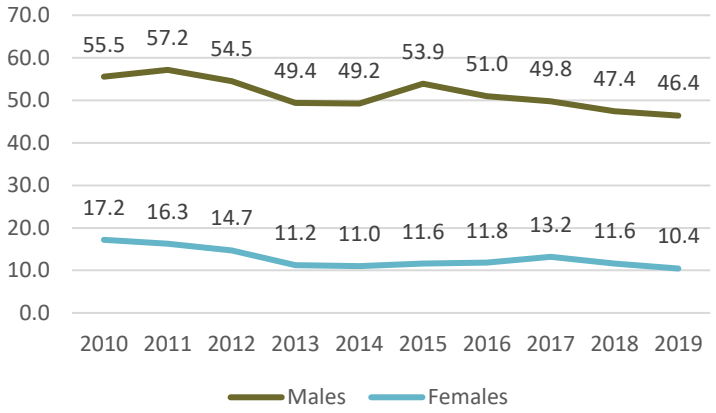
The number and rate of diagnoses has declined more among women than among men: between 2010 and 2019, the rate of diagnosis decreased by 16.3% for men and 9.5% for women. The number has increased among transgender persons, potentially as a result of better ascertainment of transgender status.

Figure 11. Diagnoses by gender and rates per 100,000 population by sex, 2010-2019, Georgia

Number diagnosed



Rate of diagnosis per 100,0000



Between 2010 and 2019, the rate of diagnosis decreased more for White men than for Black men, and it increased for Hispanic men; during that same time period, the rate of diagnosis decreased more for Black and Hispanic women than it did for White women.

For graphs showing diagnoses by race/ethnicity and sex in Atlanta EMA and Georgia non-EMA over time, see Figure 2 in Appendix A.

Table 1. Rate of diagnosis in 2010 and 2019 by sex and race/ethnicity and percent change, Georgia

Sex	Race/ethnicity	2010		2019		Percent change in rate/100,000
		No. diagnosed	Rate/100,000	No. diagnosed	Rate/100,000	
Men	Black	1,352	126.4	1,403	110.9	-12.3%
	White	363	16.2	297	12.8	-21.0%
	Hispanic	155	46.1	211	52.1	+13.0%
Women	Black	487	38.5	352	23.5	-39.0%
	White	76	3.2	68	2.8	-12.5%
	Hispanic	34	12.4	26	7.1	-43.0%

The number of MSM diagnosed annually has remained fairly stable among Black men, while it has increased for Hispanic men and decreased for White men (Figure 12). Among Black MSM, diagnoses remain highest among men in their twenties, with no overall change in number of diagnoses between 2012 and 2019, but a decline since 2015. There has been a gradual increase among men in their thirties in contrast to a decline in men in their forties. Among Hispanic MSM, the number diagnosed annually has increased over time, with a more marked increase starting in 2018. The increase is most marked among Hispanic MSM in their twenties and thirties.

For detailed graphs showing number of MSM diagnosed by race/ethnicity and age group and by year, see Figures 3-5 in Appendix A.

Figure 12. HIV diagnoses among MSM by race/ethnicity, Georgia, by year, 2010-2019

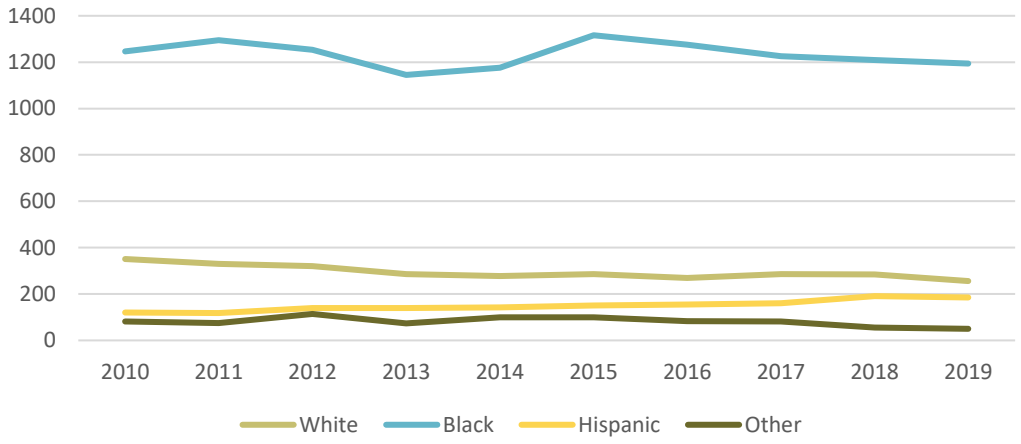
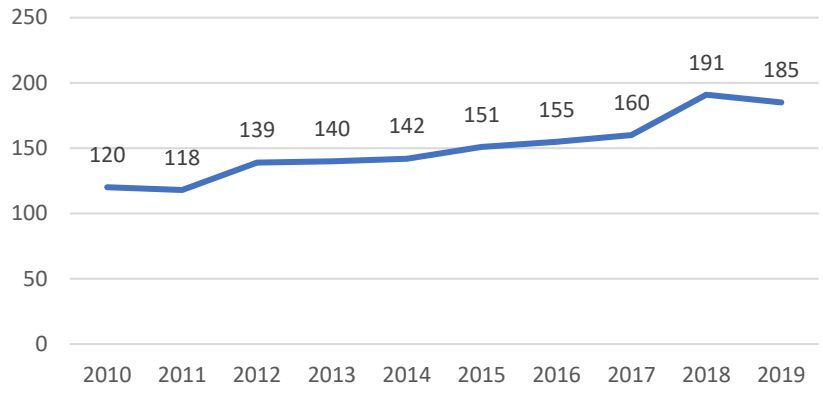
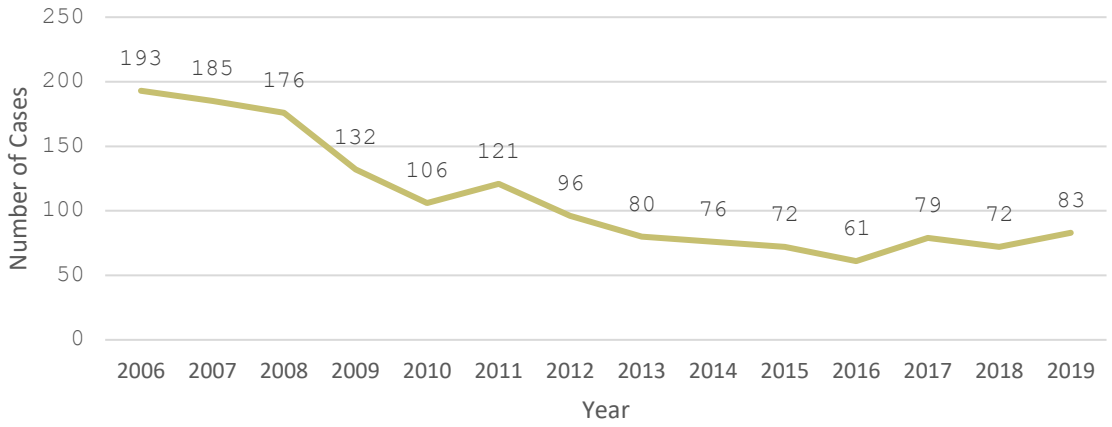


Figure 13. HIV diagnoses among Hispanic MSM, Georgia, by year, 2010-2019



The longstanding decline in diagnoses among people who inject, or have injected drugs has ended and the number of persons diagnosed is slowly increasing. The increase is most marked among people in their thirties.

Figure 14. HIV diagnoses among people who inject drugs, 2006-2019, Georgia

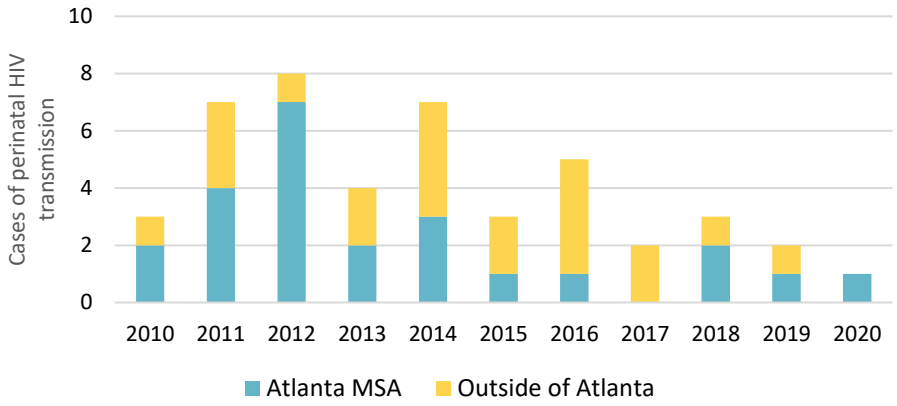


For a detailed graph showing number of PWID diagnosed by year and by age group, see Figure 6 in Appendix A.

Perinatal transmission

The number of infants acquiring HIV perinatally has decreased since 2012; during the last 5 years, 2016-2020, of 13 infants with perinatally acquired HIV, 8 were born to mothers who resided outside of the Atlanta MSA. Overall, 50% of women of childbearing age live outside of the Atlanta MSA.

Figure 15. Infants with perinatally acquired HIV, by year of birth and mother's residence, Georgia, 2010-2020



A detailed review of perinatal exposure surveillance data available at (https://dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/perinatal-exposure-surveillance)

Recent perinatal infections have been tied to lack of maternal HIV care in pregnancy, maternal medication adherence challenges, mothers not diagnosed as a result of lack of prenatal care or lack of 3rd trimester testing, and primary infection during pregnancy.

Section 4: HIV Care Continuum

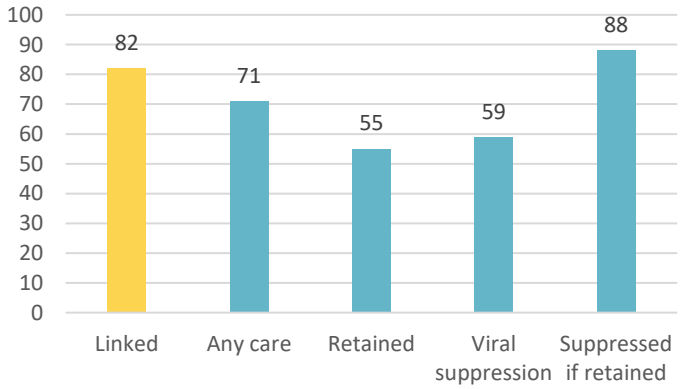
Receipt of effective HIV care prevents complications of HIV infection and prevents transmission. The extent to which PLWH are receiving care and achieving viral suppression is monitored using HIV care labs, CD4 and viral load tests, reported by laboratories to HIV Surveillance.

Definitions:

- Any care: People who have had at least one CD4 or viral load test during the 12 month period.
- Retained in care: People who have 2 tests at least 3 months apart during the 12 month period
- Virally suppressed: People whose last viral load during the 12 month period was <200 copies/ml
- Suppressed if retained: Those with last viral load <200 copies/ml among those retained
- Linked to care: a CD4 or viral load test within 30 days of diagnosis
- The first 4 measures are assessed among those diagnosed by the end of 2018 and living through the end of 2019. Linked to care is measured among those diagnosed in 2019.

Overall, 71% of PLWH received at least some HIV care in 2019, and 55% were considered to be in regular care based on having lab tests done on at least two different occasions at least three months apart. Fifty nine percent were virally suppressed, higher than the percent retained because long standing stable patients may only see their HIV care provider once a year. Viral suppression among those retained in care has increased from 82% in 2014 and 88% in 2019.

Figure 16. HIV Care Continuum, Georgia, 2019



Care continuum by demographic characteristics

There are some differences between groups in terms of percent of PLWH who are accessing care, in regular care and achieving viral suppression. The most consistent differences are those by race/ethnicity. There is a difference of approximately 10 percentage points between Blacks and Whites and between Hispanics and Whites in achieving viral suppression. Among those retained in care, 86% of

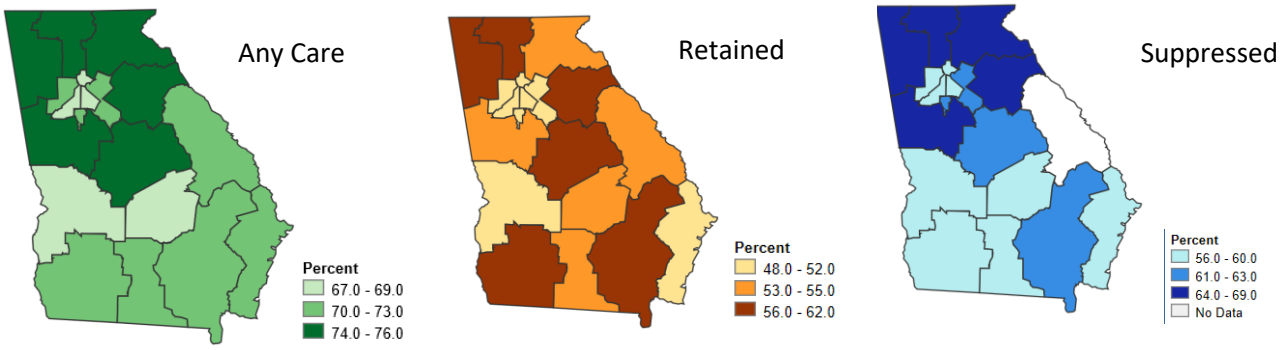
Blacks, 91% of Hispanics, and 94% of Whites were suppressed. This pattern is observed both in the Atlanta EMA and in the non-EMA.There are also differences by age, with a lower percent of young people achieving viral suppression within the Atlanta EMA. This trend is not as pronounced outside of the EMA.

For detailed care continuum data by demographic group for Georgia, Atlanta EMA and non-EMA, see Tables 6-10 in Appendix B.

Care Continuum by Geography

Although there are no overall differences in care continuum outcomes between the Atlanta EMA and Georgia excluding the EMA, there are differences by District. In general, a higher percent of PLWH achieve viral suppression in the northern compared with the southern part of the state. Care continuum outcomes in Cobb/Douglas, DeKalb, and Fulton Districts tend to be lower than in the Districts surrounding them.

Figure 17. Retention in care, viral suppression, and suppression if retained, by District, Georgia, 2019



*Viral load tests missing from a major facility in District 6, Augusta

Limitations of the HIV care continuum: The care continuum most likely underestimates the proportion of persons retained and virally suppressed. Because the denominator is all persons living with HIV, and some of those persons may no longer be living in Georgia (despite best attempts to conduct de-duplication efforts across states and to conduct ascertainment of deaths), the denominator is inflated. As a result, the proportion retained and suppressed may appear smaller than it truly is. Although the absolute proportion in care is in question, differences in percent retained and suppressed between groups likely are real differences.

Section 5: Deaths

The number of deaths has declined over time, and a decreasing portion of deaths among PLWH are directly attributable to HIV. As PLWH age, leading causes of death in the general population are increasingly common. In 2019, approximately 35% of deaths were attributed to HIV. It should be noted that this is based on information on death certificates, which may be incorrectly completed.

Figure 18: HIV and non-HIV-related deaths among PLWHA over time

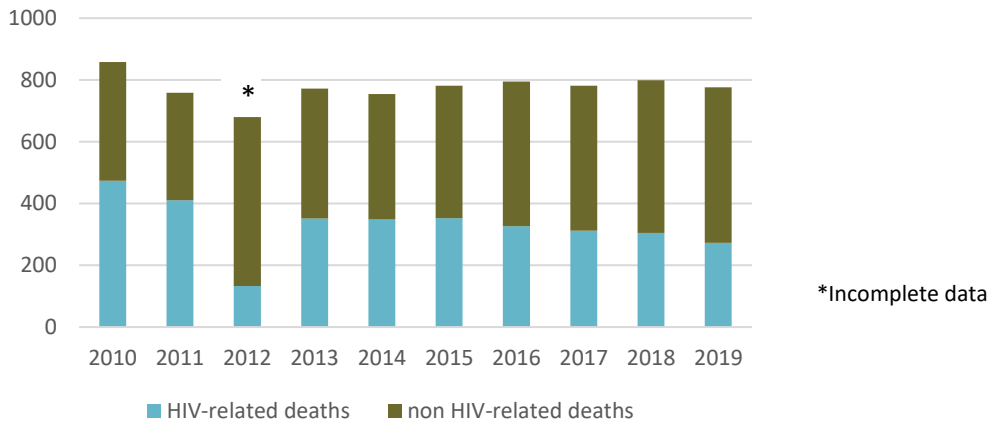


Table 2. Deaths among PLWHA by selected characteristics, Georgia, 2019

	N	%
Male	561	74.8
Female	187	24.9
Transgender	1	<1.0
White	152	20.3
Black/African American (AA)	518	69.1
Hispanic	34	4.5
Asian	1	<1.0
Other	44	5.9
13-19 years	0	0
20-29 years	34	4.5
30-39 years	88	11.7
40-49 years	125	16.7
50-59 years	228	30.4
60-69 years	189	25.2
70+ years	86	11.5

Section 6: Sexual and drug-related behaviors of PLWH, Georgia MMP

The Medical Monitoring Project (MMP) provides information about the demographic characteristics of PLWH in care. The MMP is a surveillance system through which behavioral and clinical information is collected via interviews and chart abstractions for a representative sample of PLWH receiving HIV care in Georgia.

Use of non-injection drugs was most common among MSM (Table 3). Among MSM, Men who have sex with women (MSW) and women, marijuana was by far the most commonly used drug. Use of party drugs and poppers, as well as methamphetamine, was almost exclusively reported by MSM. Injection drug use was very uncommon overall; binge drinking was about twice as high among men than among women. Five to ten percent of each of the three groups reported high-risk sex, with the highest proportion among MSM (9%) (Table 4)

Table 3. Drug use among MSM, Men who have sex with women and women who have sex with men, MMP, Georgia 2015-2018.

	MSM (364) Weighted percent	MSW (160) Weighted percent	Women (195) Weighted percent
Use of any non-injection drugs	42.9%	22.8%	15.2%
Marijuana	38.1%	21.6%	13.0%
Cocaine or crack	8.9%	7.8%	5.3%
Methamphetamine/amphet	7.1%	0	0
Club drugs/Poppers	16.4%	<1%	<1%
Tranquilizers/painkillers	3.9%	2.5%	3.7%
Use of injection drugs	2.6%	1.3%	0
Binge drinking	16.8%	16.2%	8.9%

Table 4. High risk sexual behavior among MSM, Men who have sex with women and women who have sex with men, MMP, Georgia 2015-2018.

	MSM 364	MSW 160	Women 195
Sexually active in last 12 months	271 (75%)	93 (58%)	110 (56%)
Engaged in high-risk sex	32	8	14
Percent of sexually active engaged in high-risk sex	12%	9%	13%
Percent of **total** engaged in high-risk sex	9%	5%	7%

Section 7: Sexual and drug use behaviors among people at high risk for HIV

This section summarizes relevant information collected through the Georgia National HIV Behavior Survey (Georgia NHBS). National HIV Behavior Surveillance (NHBS) data are used to describe socio-economic status and risk behaviors of populations at high risk of HIV: MSM, IDU, and high-risk heterosexuals. The NHBS recruit MSM from venues frequented by MSM (venue-based sampling in Atlanta), and offers them an incentive to complete the interview and be tested for HIV. Respondent-driven sampling is used to recruit people who inject drugs, high-risk heterosexuals, defined as people who live in zip codes with a high rate of poverty, and transwomen, and they too are offered an incentive. The interviews are conducted every Fall, with a different population targeted each time in rotation over a three-year cycle. Different participants are interviewed during each data collection period.

MSM, 2017 cycle

In 2017, more than a third (38%) of participants were 18-29, and a little over a third (36%) were 30-39. Sixty percent were black, and most were residents of Fulton County (61%), followed by DeKalb County (16%).

Among the 387 participants who did not report a previous positive test result, 66% reported condomless anal sex in the past 12 months and 35% reported condomless anal sex with their most recent sexual partner. Additionally, 32% of participants did not know their last sexual partner's HIV status, 41% reported being in a concurrent sexual relationship (Figure 19).

Awareness of PrEP was high, however, current use was low. Furthermore, the percent of Black MSM using PrEP currently or ever was less than half that of White men (Figure 20).

Overall, 165/513 (32%) tested HIV positive, with 38% of Black MSM and 15% of White MSM testing HIV positive.

Figure 19. Last sexual partnership characteristics, Georgia NHBS MSM Survey, 2017

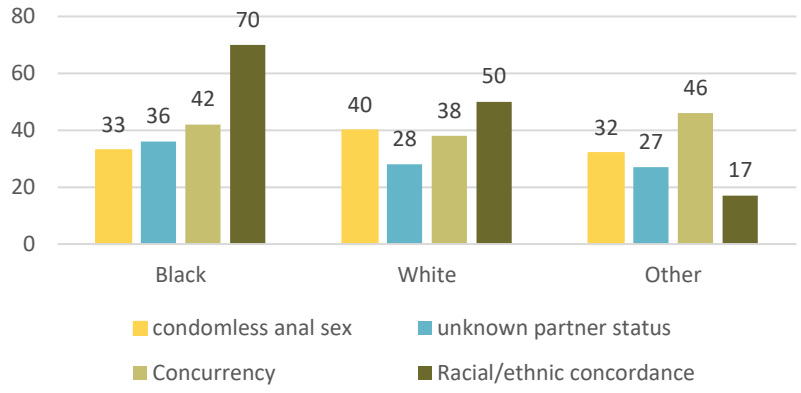
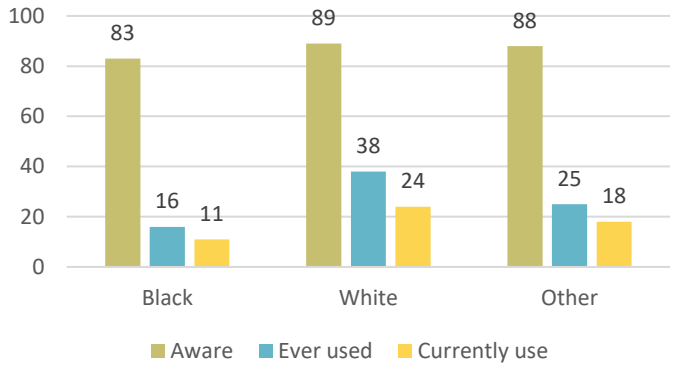
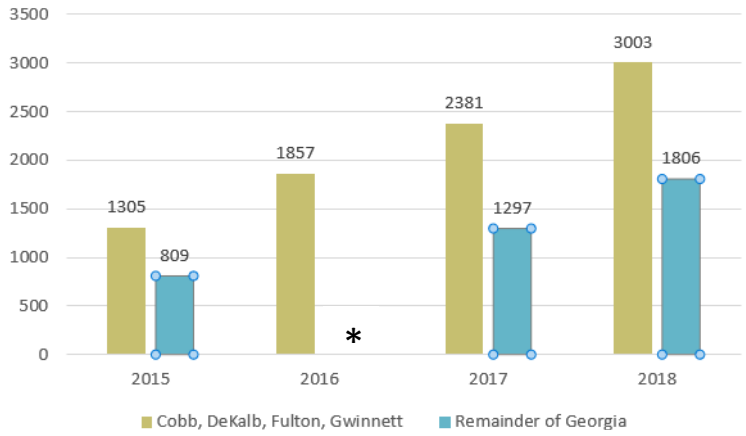


Figure 20. PrEP Awareness and use, Georgia NHBS MSM Survey 2017



Data on PrEP use are available from the AIDSVu website (https://aidsvu.org/resources/#/). Information on race/ethnicity is not available, but data are available by county. PrEP use increased substantially both in the 4 core metro Atlanta counties and in the rest of the state between 2015 and 2018 (most recent year for which data are available) (Figure 21).

Figure 21. PrEP prescriptions 2015-2018, Georgia



*Missing data

Source: AIDSVu.org

Persons who inject drugs, 2018 cycle

Of the 382 participants in 2018, 38% were less than 40 years of age, 54% were Black and 32% White, 27% has less than a high school education and 36% had completed high school or a GED, and 45% had an income <$10,000 per year. Overall, 74% were homeless at some point in the previous 12 months, and 45% had been arrested or detained in the past 12 months.

The most commonly injected drugs were speedball (45%) and heroin (42%). Methamphetamine injection was reported by 10% and painkillers by 1%. Although most participants were 40 and older (62%), a special effort was made to reach out to younger persons who inject drugs. More participants age 18-35 reported sharing syringes and other equipment, compared with people over 35 (Figure 22).

Sexual risk is common among PWID, both men and women, and women are especially likely to have a last partner who is a PWID (Figure 23).

Overall, 42 of 377 (11%) tested HIV positive; 88% of those testing positive were 36 years of age or older.

Figure 22. Frequency of injection equipment sharing in the past 12 months, Georgia NHBS PWID Survey, 2018

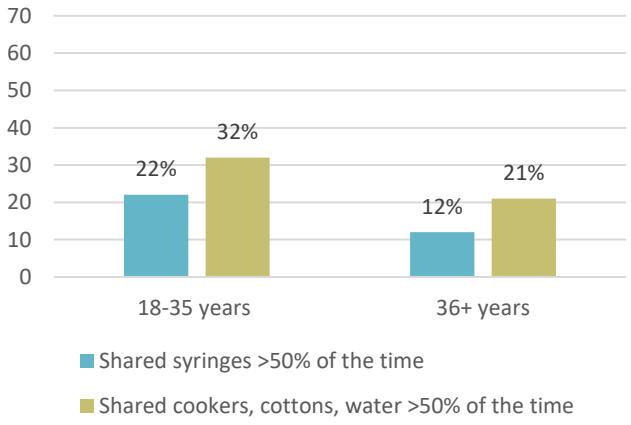
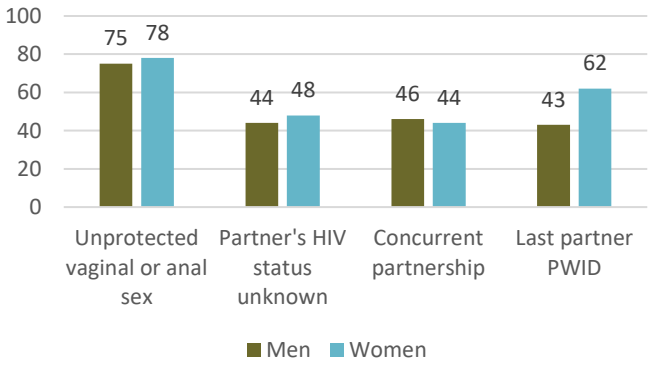


Figure 23. Last partner characteristics among sexually active PWID, Georgia NHBS PWID Survey, 2018



High risk heterosexuals, 2016 cycle

In 2016, 63% of respondents were women, 55% were under 40 years of age, 97% were Black, 33% had less than high school education and 47% had high school/GED. During the past 12 months, 25% had been homeless at some point and 1% had been arrested or detained. Fifty one percent had health insurance at the time of interview. Overall, condomless sex was very common, as were concurrent partnerships and up to two thirds did not know their last sexual partner's HIV status. Exchange sex was particularly common among people 40 and older. Nine percent of men and 12% of women reported being diagnosed with chlamydia, gonorrhea or syphilis in the past 12 months. Overall, eight of 590 tested HIV positive. Forty six percent reported an HIV test in the last 12 months (the percent testing positive has been consistently low).

Figure 24. Characteristics of last sexual partnership by gender, Georgia NHBS HET Survey, 2016

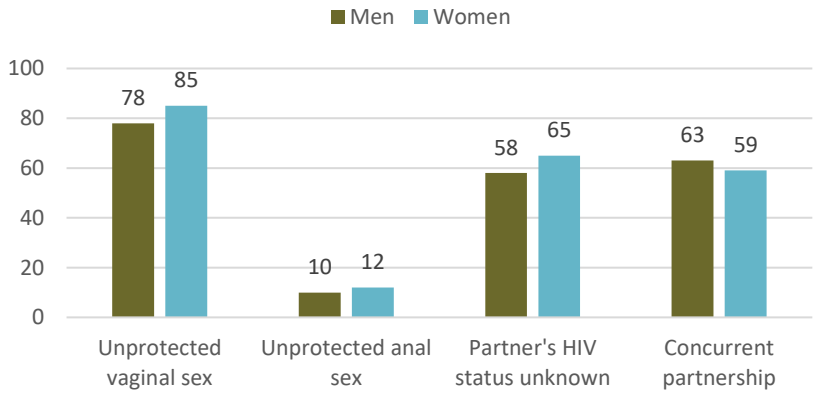
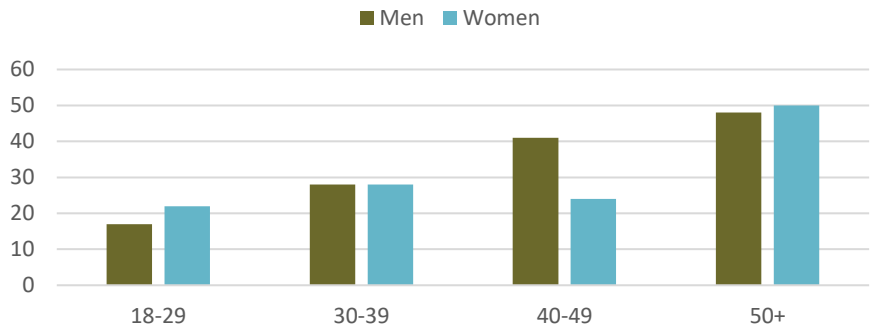


Figure 25. Any exchange sex in past 12 months, by age and gender, Georgia NHBS HET survey, 2016



Transgender women, 2019 cycle

Transgender women were interviewed for the first time in 2020. A total of 144 women were interviewed through respondent-driven sampling. Of these, 29% were aged 29 or less, and 39% 30-39 years old. 64% were Black, 14% Hispanic, and 8% White. 56% had completed high school or a GED and 35% had completed some college. Sixty percent had an annual income below $13,000, and 58% were uninsured.

A little over half of the participants, 54%, were HIV positive. The high positivity rate partly reflects the actual rate of HIV among transgender women of lower socioeconomic status. It also likely is a function of the recruiting process whereby several of the “seeds” responsible for recruiting participants were associated with AIDS Services Organizations.

Among the transgender women who were HIV-negative, awareness of PrEP was high at 92%, but current use was only 23%; seventy eight percent had had an HIV test in the last 12 months.

Analyses pertaining to sexual behaviors are still underway.

Section 8: Sexually transmitted infections

Incidence of STIs is a proxy measure for risky sexual behaviors and bacterial STIs can facilitate transmission of HIV. The rates of Chlamydia and Gonorrhea are highest among persons less than 30 years of age, while primary and secondary (P&S) Syphilis rates are highest among people 20-39 (Figure 26). Rates of these three STIs are substantially higher among Blacks than among Hispanics and Whites (Figure 27). Chlamydia disproportionately affects women, while the great majority of P&S syphilis diagnoses are among men, an estimated 85% of whom are MSM, and the rate of diagnosis of Gonorrhea is now almost double among men compared with women (Figure 28). Almost half (44%) of people diagnosed with P&S syphilis were also HIV-positive, and 9% of those with Gonorrhea were (only 2% of those with chlamydia).

Figure 26. P&S Syphilis, Gonorrhea, and Chlamydia rate per 100,000, by age group, Georgia, 2019

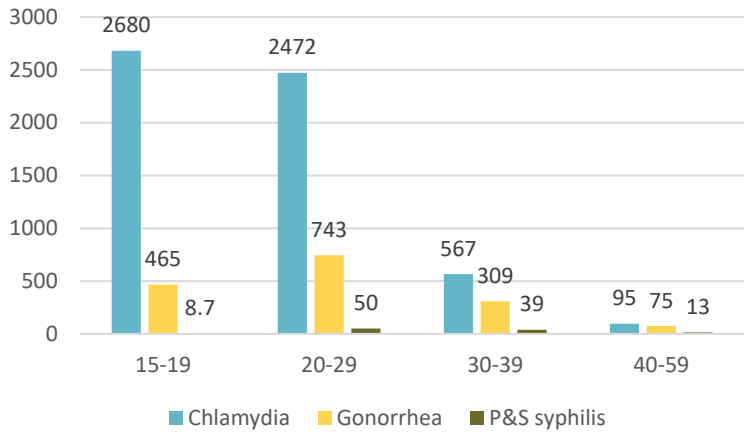


Figure 27. P&S Syphilis, Gonorrhea, and Chlamydia rate per 100,000, by race/ethnicity, Georgia, 2019

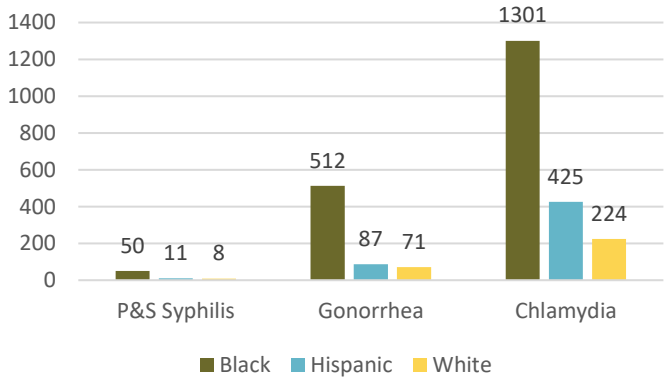
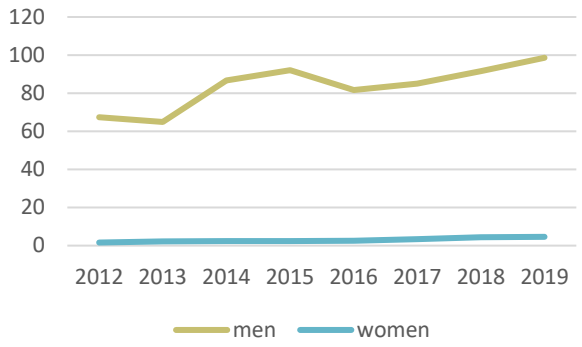
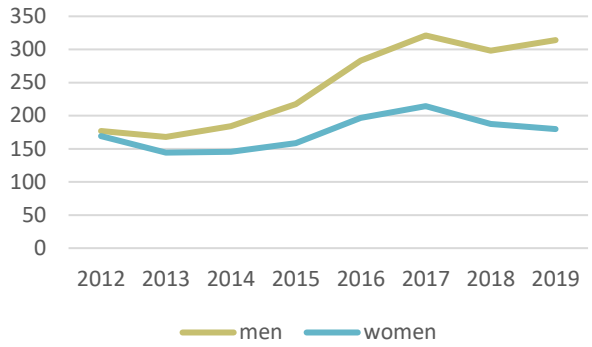


Figure 28. STI rates per 100,000 by gender, Georgia, 2012-2019

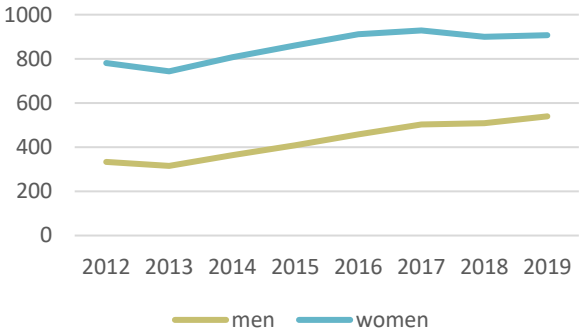
Syphilis



Gonorrhea



Chlamydia

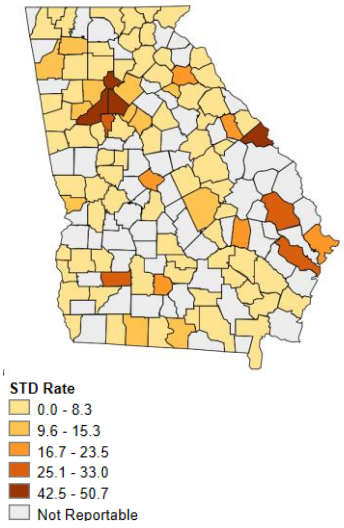


Geographical variation

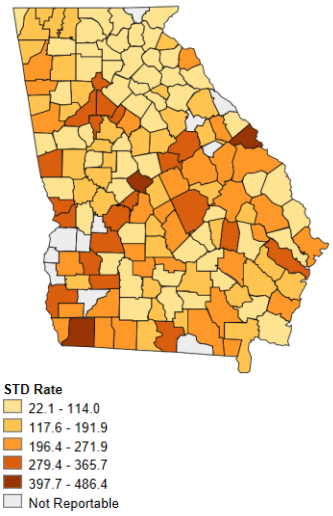
The rate of diagnosis of P&S syphilis is much higher in Fulton, DeKalb and Clayton counties than almost anywhere in the state. In 2019, 53% of Georgia P&S syphilis diagnoses occurred in residents of those 3 counties. In contrast, Gonorrhea and Chlamydia are more geographically dispersed, with the highest rates in those 3 counties, but also in counties in the southern part of the state, particularly for Chlamydia.

Figure 29. STI rates per 100,000 population by county, Georgia, 2019

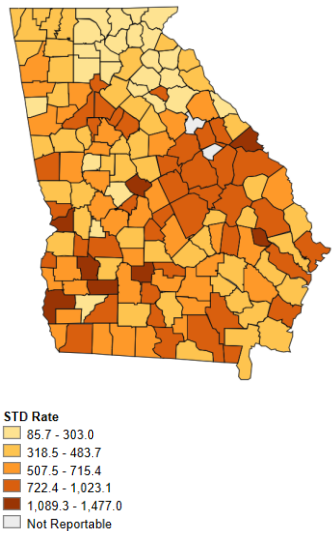
P&S Syphilis



Gonorrhea



Chlamydia

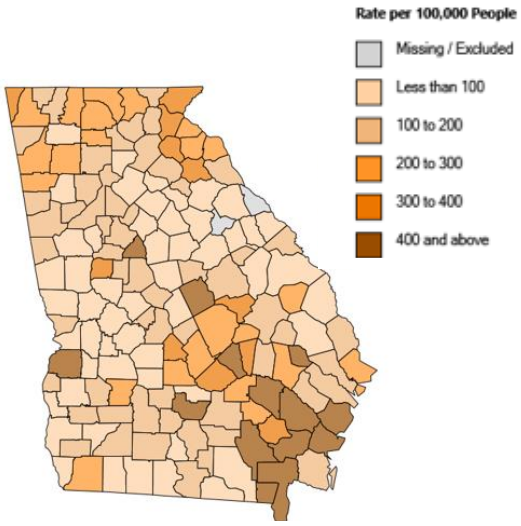


Section 9: Hepatitis C

Diagnoses of hepatitis C have been steadily increasing in Georgia, at least in part as a result of improved surveillance and increased testing efforts. Because of the chronic nature of hepatitis C virus (HCV) infection, diagnoses provide limited information about incidence. Diagnoses in persons under age 40 are a better indicator of recent infection and have also been increasing over the last five years.

The maps (Figure 30) show the geographic distribution of HCV for all ages as well as young adults aged 30 years and younger. Areas outside of the major urban centers had higher rates of HCV, specifically North and Southeast Georgia. A high proportion of hepatitis C cases for which risk information was obtained in the young adult population were found to have a current or past history of injection drug use. Among the PWID interviewed as part of the NHBS in Georgia, almost half of those 35 and older and one third of those under 35 reported testing positive for hepatitis C.

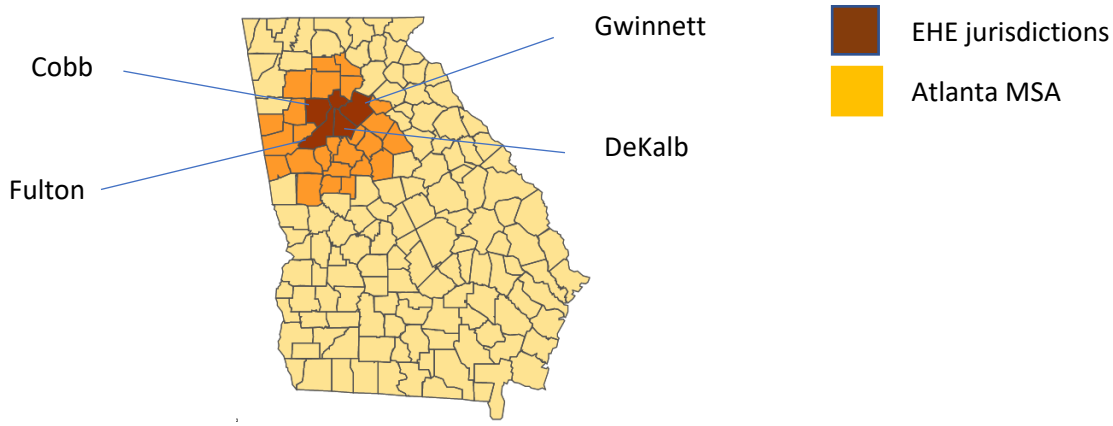
Figure 30. Confirmed HCV Infections in those 40 Years of Age and Younger, rates per 100,000, GA, 2015-2019



Part 2. HIV Epidemiologic Profile, Ending the HIV Epidemic jurisdictions

Section 1: Selected demographics

The 4 Georgia EHE jurisdictions, Cobb, DeKalb, Fulton, and Gwinnett counties, make up 61% of the population of the Atlanta MSA and 33% of the statewide population.



These 4 counties are diverse in terms of SES and race/ethnicity. A higher percent of the population lives in poverty in Fulton and DeKalb counties compared with Cobb and Gwinnett counties, and the widest disparities in poverty between racial/ethnic group are observed in Fulton county. A higher percent of Hispanics live in poverty than any other group, with the exception of Blacks in Fulton County.

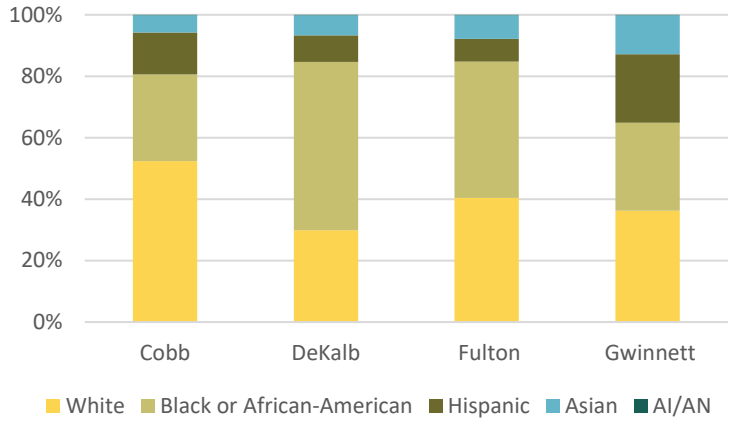
Table 1. Percent of the population living in poverty in the 4 EHE counties, overall and by race/ethnicity

	Cobb	DeKalb	Fulton	Gwinnett
All	9.1	15.1	14.4	10.7
White	7.4	8.9	6.8	8.5
Black	10.8	17.4	22.4	11.0
Hispanic	18.5	25.1	18.5	19.1
Asian	5.3	19.8	8.7	9.6

Source: American Community Survey, 2015-2019

The racial/ethnic make up of the 4 EHE counties varies, with a higher percent of the population being Black in DeKalb county, and a higher percent of the population being Hispanic and Asian in Gwinnett County. Since 2010, Gwinnett and Fulton counties have experienced the most growth (15 and 14%, respectively), and the subgroups with the greatest growth are Blacks and Hispanics in Gwinnett county (40% and 25%, respectively).

Figure 1. Racial/ethnic population distribution by Georgia EHE jurisdiction, 2019



Section 2: People living with HIV/AIDS

Characteristics of PLWHA

PLWHA living in the 4 Georgia EHE jurisdictions accounted for 59% of PLWHA statewide as of the end of 2019. Most PLWHA were men, ranging from 73% in Gwinnett to 83% in Fulton County; most were Black, ranging from 58% in Gwinnett to 72% in Fulton County. The jurisdiction with the highest proportion of Hispanic PLWHA cases was Gwinnett, with 17%. About 40% of PLWHA were 50 and older with little variation across counties. The proportion of PLWHA who were MSM ranged from 61% in Gwinnett to 71% in Fulton; the proportion of PLWHA who contracted HIV through heterosexual contact ranged from 17% in Fulton to 28% in Gwinnett.

Table 2. PLWHA by demographics and Georgia EHE jurisdiction, as of 12/31/2019

	Cobb County (3,452)		DeKalb County (9,889)		Fulton County (16,106)		Gwinnett County (3,551)	
	N	%	N	%	N	%	N	%
Male	2,669	77	7,912	80	13,370	83	2,594	73
Female	727	21	1,843	19	2,518	16	915	26
Transgender	49	1	123	1	200	1	37	1
White	761	22	1,571	16	2,532	16	597	17
Black/AA	2,076	60	7,000	71	11,619	72	2,042	58
Hispanic	378	11	703	7	922	6	611	17
Asian	16	<1	69	<1	48	<1	64	2
AI/AN	0	--	<5	--	9	<1	0	--
MSM	2,263	66	6,881	70	11,437	71	2,181	61
IDU	175	5	407	4	833	5	161	5
MSM/IDU	138	4	378	4	733	5	100	3
Heterosexual	800	23	2,042	21	2,793	17	1,001	28
13-19 years	11	<1	50	<1	54	<1	20	<1
20-29 years	452	13	1,123	11	1,769	11	464	13
30-39 years	887	26	2,352	24	3,954	25	826	23
40-49 years	787	23	2,178	22	3,556	22	874	25
50-59 years	883	26	2,693	27	4,219	26	944	27
60+ years	432	13	1,493	15	2,554	16	423	12

Among Black, White and Hispanic men, over 80% were MSM (Table 3); a higher percent of Black and Hispanic men were in the hererosexual contact transmission group. The majority of women were in the heterosexual contact transmission group, but a higher percent of White women were PWID compared with Black and Hispanic women.

Table 3. PLWHA by sex, race/ethnicity and transmission group, by Georgia EHE jurisdiction, as of 12/31/2019

	Cobb County (3,452)		DeKalb County (9,889)		Fulton County (16,106)		Gwinnett County (3,551)	
	N	%	N	%	N	%	N	%
White Male								
MSM	590	88	1,351	90	2,170	90	448	87
IDU	16	2	17	1	32	1	13	3
MSM/IDU	44	7	99	7	167	7	32	6
Heterosexual	19	3	25	2	31	1	19	4
Black/AA Male								
MSM	1,274	83	4,555	85	7,754	83	1,163	83
IDU	59	4	180	3	437	5	51	4
MSM/IDU	61	4	209	4	461	5	43	3
Heterosexual	135	9	367	7	597	6	127	9
Hispanic Male								
MSM	239	81	515	86	703	87	385	82
IDU	9	3	15	3	17	2	13	3
MSM/IDU	17	6	37	6	42	5	20	4
Heterosexual	31	10	27	5	39	5	53	11
White Female								
IDU	23	27	17	24	35	28	19	23
Heterosexual	59	69	53	75	87	70	62	77
Black/AA Female								
IDU	49	10	147	9	269	12	45	7
Heterosexual	448	89	1,385	88	1,850	86	555	90
Hispanic Female								
IDU	7	9	13	15	11	11	10	7
Heterosexual	68	91	72	81	86	83	125	92

Disparities by Race/ethnicity

The rate of PLWHA per 100,000 population is highest among Blacks, followed by Hispanics, across jurisdictions (Figures 2 and 3). Within each racial/ethnic group, rates are higher in Fulton and DeKalb

counties than in Cobb and Gwinnett counties. Racial/ethnic disparities are greater for women than for men.

Figure 2. HIV prevalence among men per 100,000 population by race/ethnicity and by Georgia EHE jurisdiction, 2019

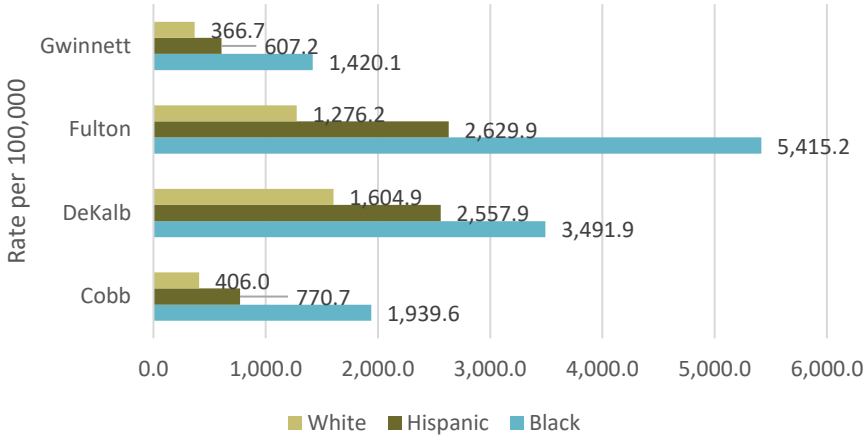
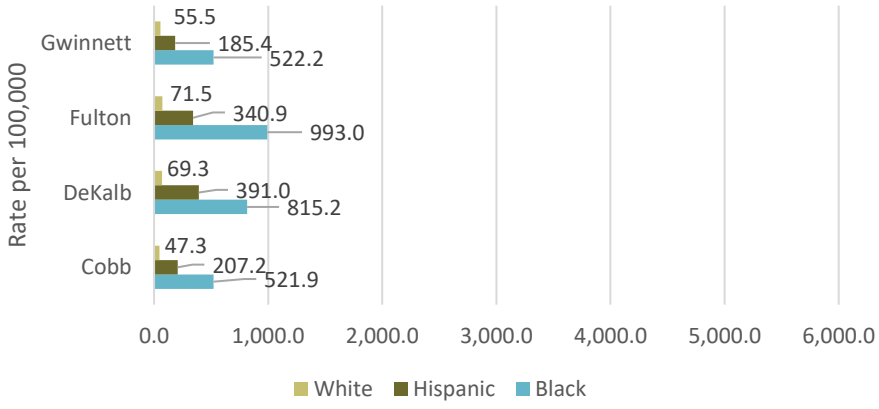


Figure 3. HIV prevalence among women per 100,000 population by race/ethnicity and by Georgia EHE jurisdiction, 2019



Section 3: People diagnosed with HIV

Characteristics of persons diagnosed in 2019

Most people diagnosed in 2019 were men, and most were Black. The highest percent of new diagnoses among Hispanics was in Gwinnett County, 27%. Most were MSM, and about two thirds were between the ages of 20 and 39.

Table 4: Persons diagnosed by demographic characteristics by Georgia EHE jurisdiction, 2019

	Cobb County (182)		DeKalb County (359)		Fulton County (556)		Gwinnett County (214)	
	N	%	N	%	N	%	N	%
Male	147	80.8	274	76.3	471	84.7	171	79.9
Female	30	16.5	71	19.8	79	14.2	42	19.6
Transgender	5	2.7	14	3.9	6	1.0	<5	--
White	30	16.5	30	8.4	67	12.0	22	10.3
Black/AA	123	67.6	289	80.5	421	75.7	124	57.9
Hispanic	27	14.8	30	8.4	42	7.6	58	27.1
AI/AN	0	0	0	0	<5	--	0	0
Asian	0	0	<5	--	<5	--	5	2.3
MSM	132	72.5	257	71.6	410	73.70	149	69.6
IDU	<5	--	6	1.7	15	2.7	8	3.7
MSM/IDU	<5	--	<5	--	14	2.4	<5	--
Heterosexual	34	23.6	89	24.8	109	19.6	50	23.4
13-19 years	<5	--	9	2.5	13	2.3	11	5.1
20-24 years	42	23.1	80	22.3	109	18.6	55	25.7
25-44 years	110	60.4	212	59.1	340	61.2	111	51.9
45-59 years	25	13.7	42	11.7	74	13.3	31	14.5
60+ years	<5	--	13	3.6	19	3.4	6	2.8

Late diagnoses

Overall, approximately one in five newly diagnosed persons was diagnosed late, i.e. was diagnosed with AIDS within 3 months of HIV diagnosis. The proportion diagnosed late varied little across EHE counties, ranging from 16.8% in Fulton county to 19.2% in Cobb County. Overall, a higher percent of Blacks and Hispanics, and those who acquired HIV through heterosexual contact were diagnosed late. The proportion diagnosed late increased with age.

Table 5. Percent diagnosed late (Stage 3 within 3 months of diagnosis), by Georgia EHE jurisdiction, 2019

	Fulton		DeKalb		Cobb		Gwinnett	
	n	%	n	%	n	%	n	%
Overall	93	16.8	61	17.1	35	19.2	39	18.2
Gender								
Male	77	16.4	47	17.2	25	17.0	29	17.1
Female	15	19.2	12	17.4	5	16.7	10	23.8
Transgender	<5	--	<5	--	<5	--	0	0.0
Race								
White	8	11.9	5	16.7	<5	--	<5	--
Black/African American	76	18.1	49	17.1	22	17.9	22	17.7
Hispanic/Latino	6	14.3	6	20.0	5	18.5	12	20.7
Asian	<5	--	0	0.0	0	0.0	<5	--
Age								
13-19	<5	--	<5	--	0	0.0	0	0.0
20-29	26	10.5	14	9.7	7	8.5	7	8.6
30-39	30	20.4	20	18.5	9	17.0	16	25.0
40-49	17	26.6	12	24.5	6	31.6	7	26.9
50-59	12	25.0	8	38.1	9	45.0	8	40.0
60+	0	0.0	<5	--	<5	--	<5	--
Transmission Group								
Male-to-male sexual contact (MSM)	62	15.0	43	16.9	19	14.7	21	14.1
Injection drug use (IDU)	<5	--	<5	--	<5	--	<5	--
MSM/IDU	<5	--	<5	--	0	0.0	<5	--
Heterosexual contact	25	22.8	17	18.8	11	26.6	16	30.8

Diagnoses over time

Between 2014 and 2019, the number of people diagnosed each year and the rate of diagnosis has declined in Fulton and DeKalb counties and increased in Cobb and Gwinnett counties (Figures 4 and 5)

Figure 4. Number of HIV diagnoses by year by Georgia EHE jurisdiction, 2014-2019

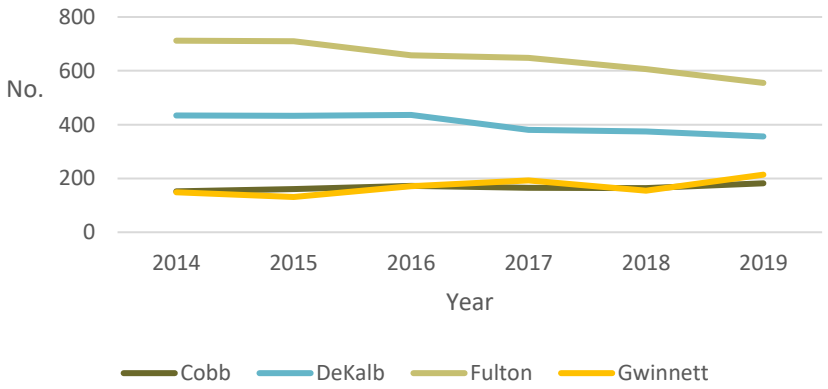
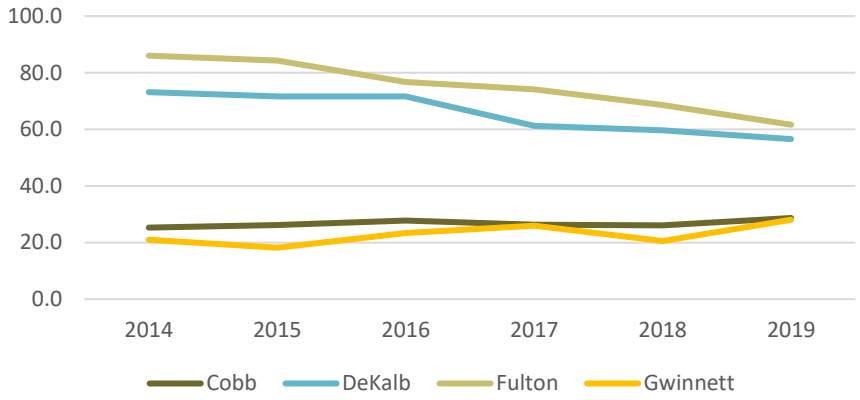


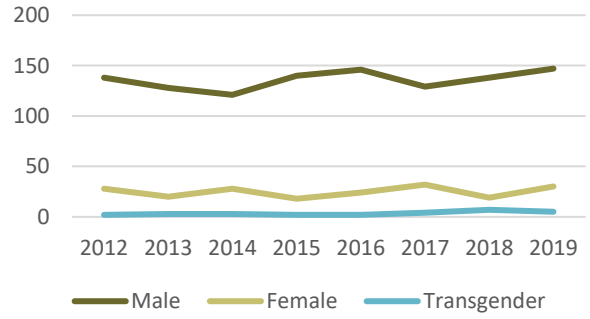
Figure 5. Rate of diagnosis per 100,000 by Georgia EHE jurisdiction, 2014-2019



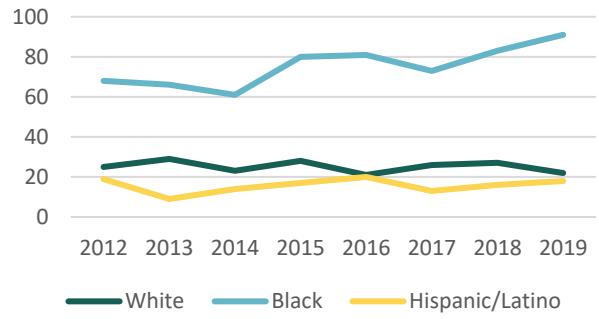
Trends in annual diagnoses by county and gender, and by race/ethnicity among MSM vary among the EHE jursidictions (Figure 6). Since 2012, diagnoses in men have declined in Fulton and DeKalb counties while they have remaned stable in Cobb county and have increased in Gwinnett county. Among MSM, diagnoses have decreased among Black men in Fulton County since 2012 and declined in Black MSM in DeKalb county since 2015, while they have increased among Black MSM in Cobb and Gwinnett counties. Diagnoses in Hispanic men have increased in Gwinnett county. Diagnoses have declined among White MSM in DeKalb and Fulton counties and remained stable in Cobb and Gwinnett counties.

Figure 6. Diagnoses by gender and by race/ethnicity among MSM, by Georgia EHE jurisdiction, 2012-2019

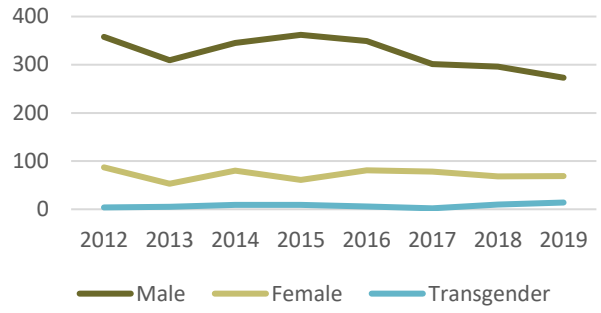
Cobb County, number diagnosed by gender



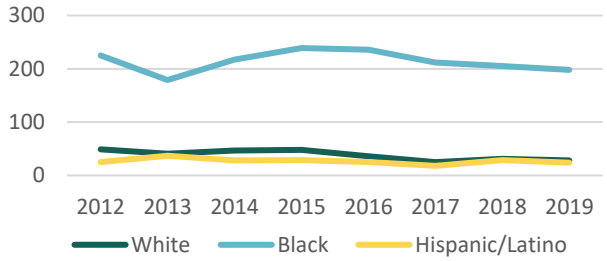
Cobb County, MSM diagnosed by race/ethnicity



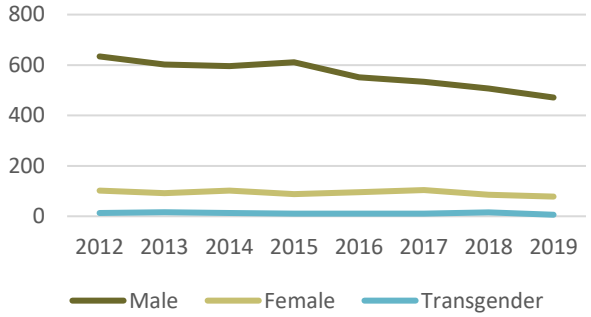
DeKalb County, number diagnosed by gender



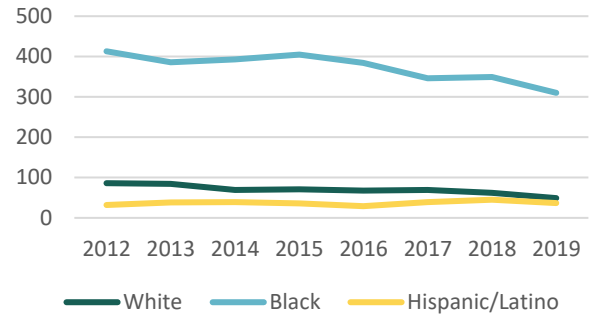
DeKalb County, MSM diagnosed by race/ethnicity



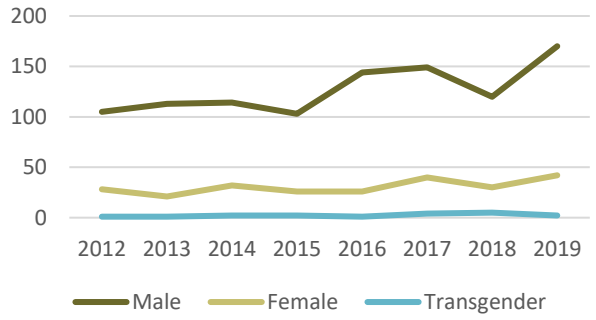
Fulton County, number diagnosed by gender



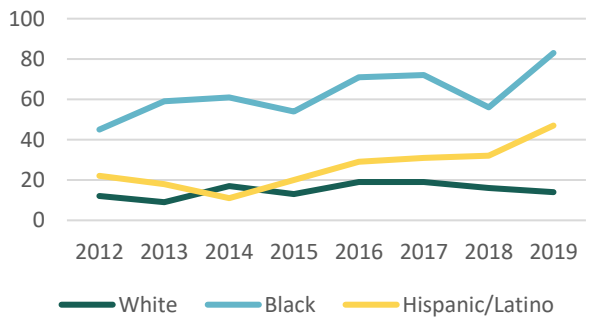
Fulton County, MSM diagnosed by race/ethnicity



Gwinnett County, number diagnosed by gender



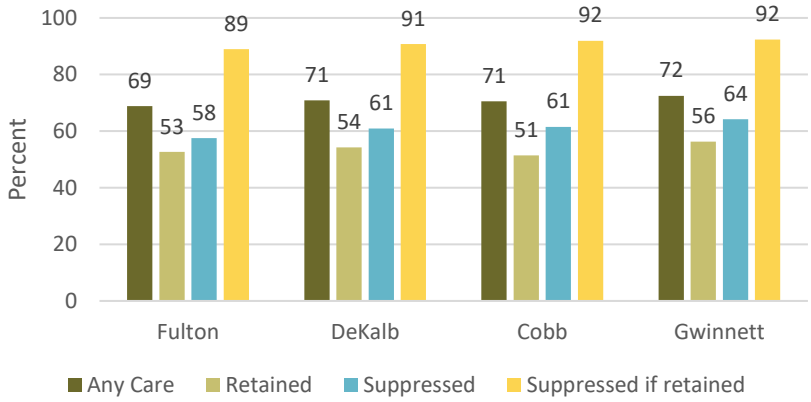
Gwinnett County, MSM diagnosed by race/ethnicity



Section 4: HIV Care continuum

Overall, about 70% of PLWHA had evidence of receipt of any HIV care in 2019, and 58 to 64% were virally suppressed. About 90% or more of those retained in care were virally suppressed. The overall percent virally suppressed is higher than the percent retained in care because some PLWHA with longstanding well-controlled HIV only have annual visits.

Figure 7. HIV Care Continuum by Georgia EHE jurisdiction, 2019



For Definitions see page 20

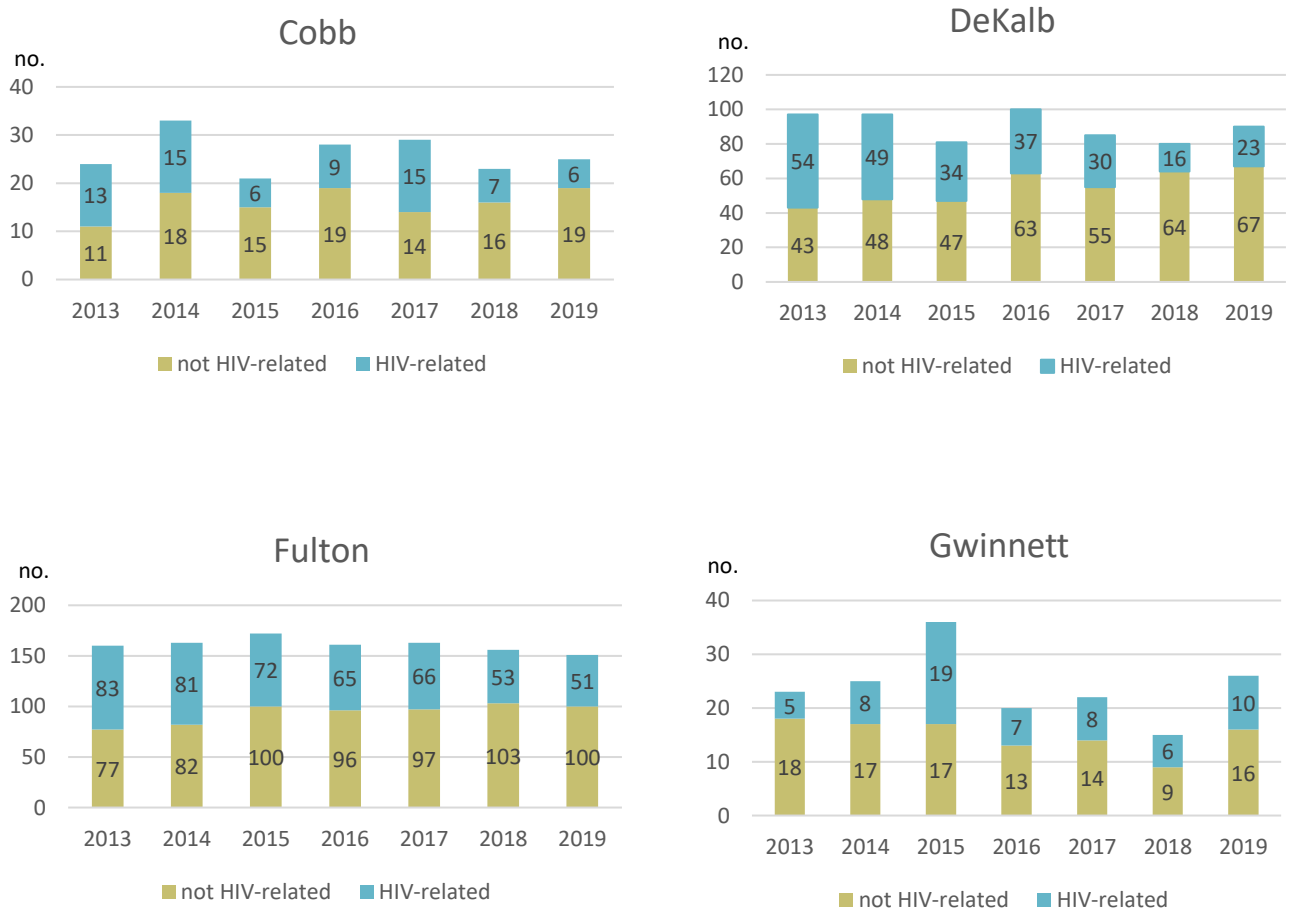
Patterns were similar across jurisdictions. Among all PLWHA, the proportion virally suppressed was lower for women than men, for Blacks and Hispanics than for Whites, and for PWID compared with others. Among those retained in care, there was no substantial difference by gender, by age with higher suppression in older persons, and by race ethnicity with a substantial difference between Blacks and Whites. Hispanic suppression rates were intermediate between Blacks and Whites.

For detailed tables of the HIV Care contiunuum by demographic characteristics and by Georgia EHE jurisdiction, see Tables 11-15 in Appendix B.

Section 5: Deaths

As with statewide deaths, the number of deaths among PLWHA has declined over time, and a decreasing portion of deaths among PLWHA are directly attributable to HIV.

Figure 8. HIV and non-HIV-related deaths among PLWHA, Georgia EHE jurisdictions, 2013-2019



Section 6: Sexual and drug use behaviors among people at high risk for HIV

The Georgia National HIV Behavior Survey (Georgia NHBS) collects data on socio-economic status and risk behaviors in populations overburdened with HIV, specifically MSM, PWID heterosexual persons who live in low income zip codes, and transgender women. The participants from the MSM, PWID, Trans surveys must reside in metro Atlanta to be eligible, and those from the high risk heterosexual cycle must reside in specific zip codes to be eligible. A high proportion of participants for all 4 of the surveys reside in Fulton County. Please see Part 1, Section 7 for a summary of key findings.

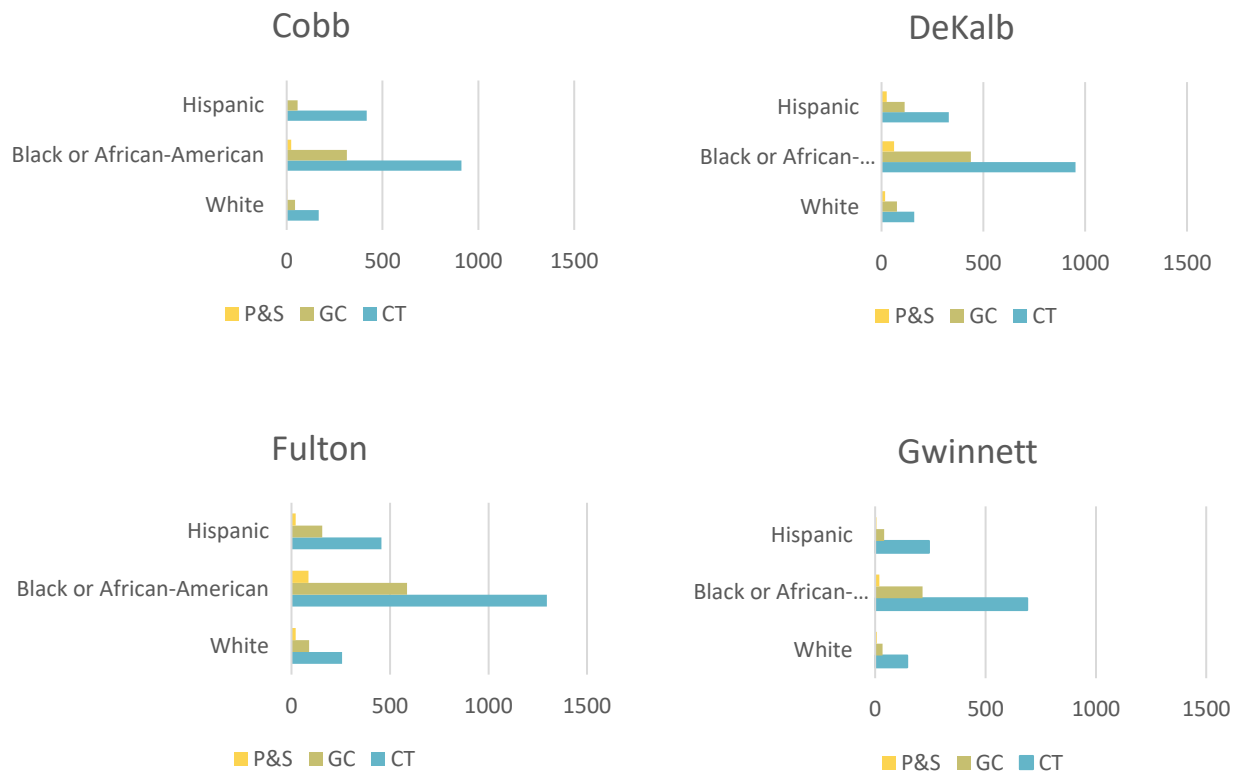
Section 7: Sexually transmitted infections

The rate of sexually transmitted infections (STIs) varies across the 4 EHE jurisdictions, with P&S Syphilis rates in men approximately 4 times higher in DeKalb and Fulton counties compared with Cobb and Gwinnett counties (Table 7). Differences for Gonorrhea and Chlamydia exist as well, though are not quite as large. While incidence rates vary across counties, the magnitude of disparities by race/ethnicity is fairly constant across counties (Figure 9). For graphs showing STI diagnoses by gender and by EHE jurisdiction, 2010-2019, please see Figures 7-9 in Appendix A.

Table 7. Rate of STI diagnoses by sex and Georgia EHE jurisdiction, 2019

		Cobb	DeKalb	Fulton	Gwinnett
Chlamydia	Male	478.8	813.5	1110.3	398.9
	Female	774.6	1067.7	1253.0	737.3
Gonorrhea	Male	231.8	565.5	682.6	175.8
	Female	106.6	226.6	212.7	88.3
Syphilis	Male	23.4	103.9	122.1	24.9
	Female	*	8.8	6.1	2.6

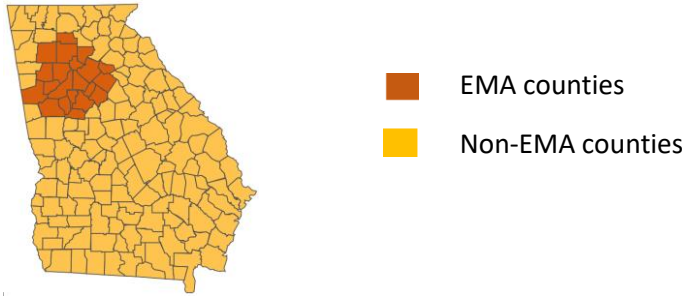
Figure 9. Rate of diagnosis per 100,000 population for primary and secondary syphilis, gonorrhea, and chlamydia by race/ethnicity, Georgia EHE jurisdictions, 2019



Appendices

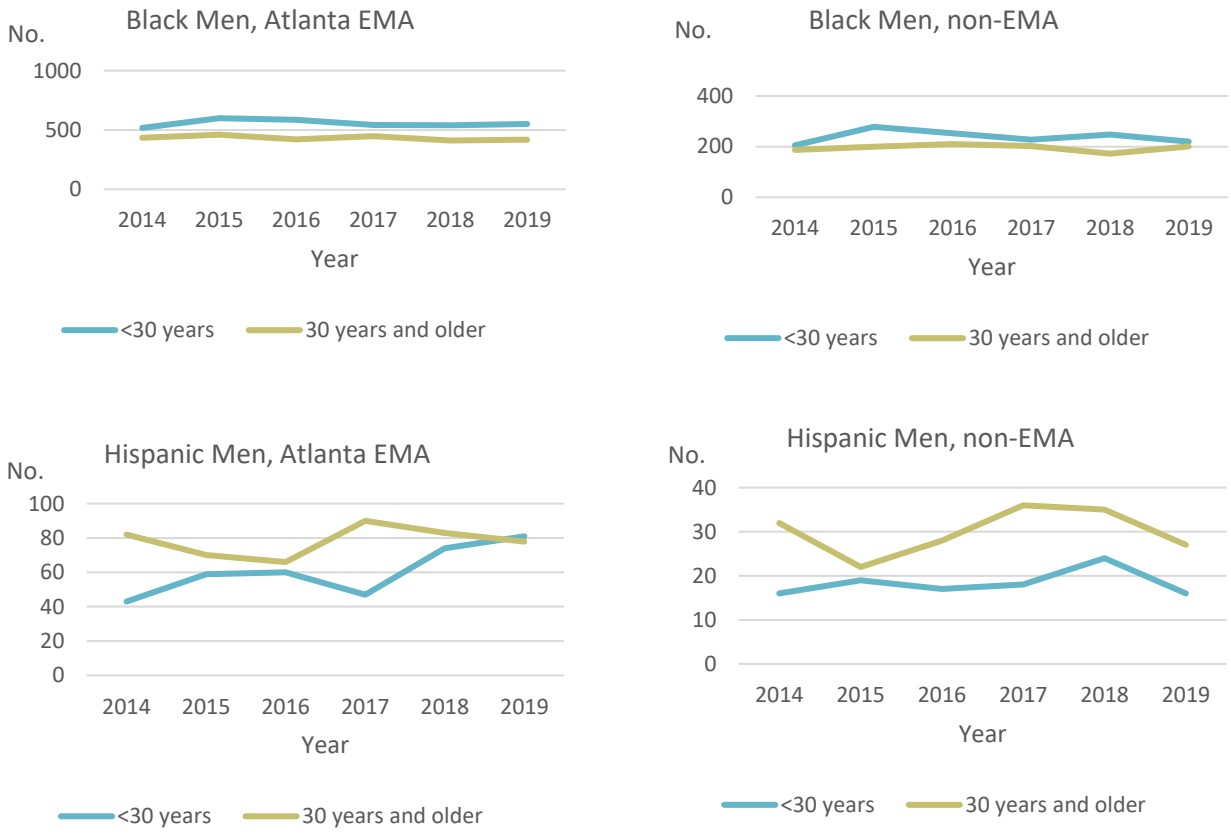
Appendix A: Supplemental Figures

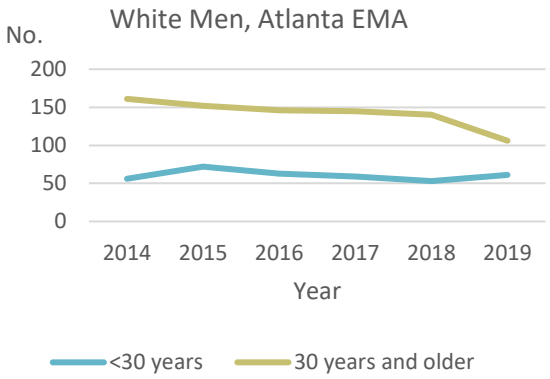
Figure 1: EMA and non-EMA countes, Georgia

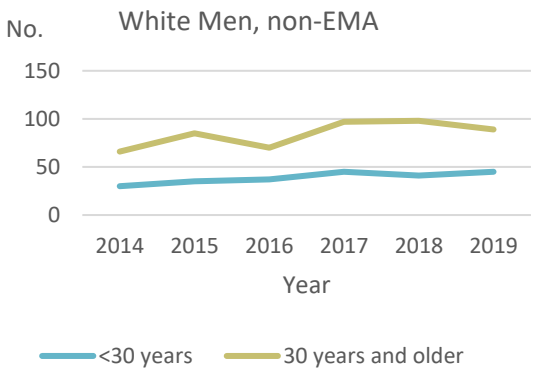


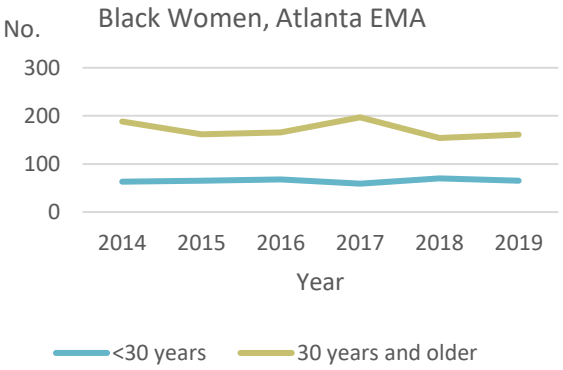
EMA counties: Barrow, Bartow, Carroll, Cherokee, Cobb, Coweta, Clayton, DeKalb, Douglas, Fulton, Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spaulding, Walton.

Figure 2: HIV diagnoses among Black, Hispanic and White men and Black women, by age group and by EMA and non-EMA, 2014-2019




White Men, Atlanta EMA
No.
200
150
100
50
0
2014
2015
2016
2017
2018
2019
Year
<30 years
30 years and older


White Men, non-EMA
No.
150
100
50
0
2014
2015
2016
2017
2018
2019
Year
<30 years
30 years and older


Black Women, Atlanta EMA
No.
300
200
100
0
2014
2015
2016
2017
2018
2019
Year
<30 years
30 years and older

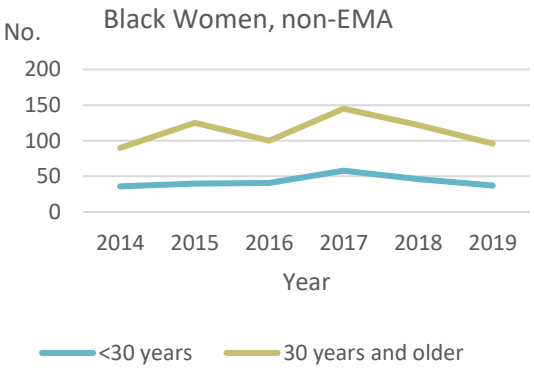
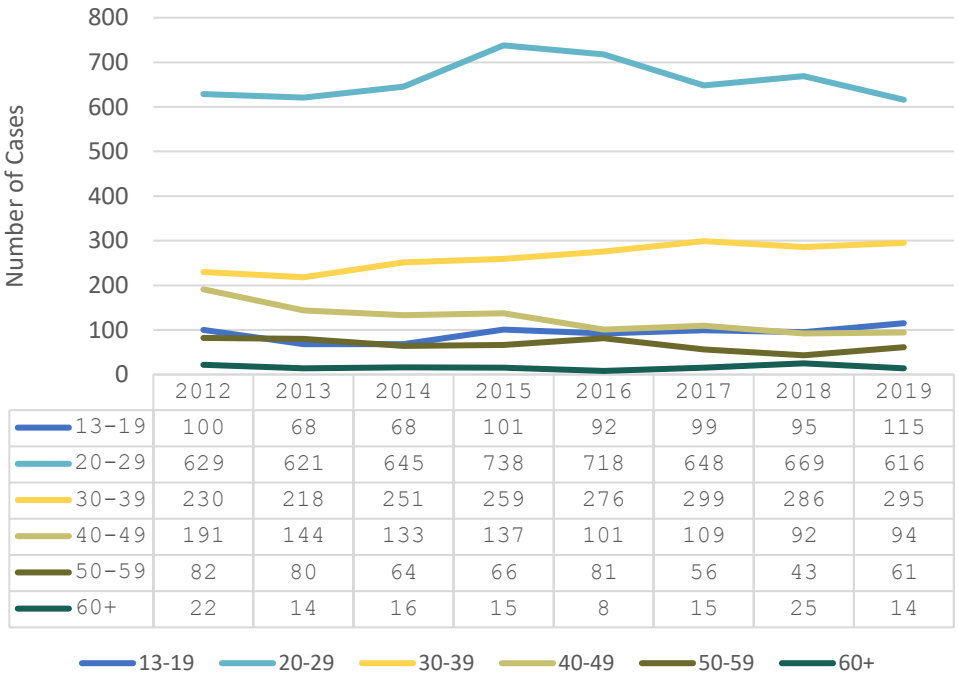
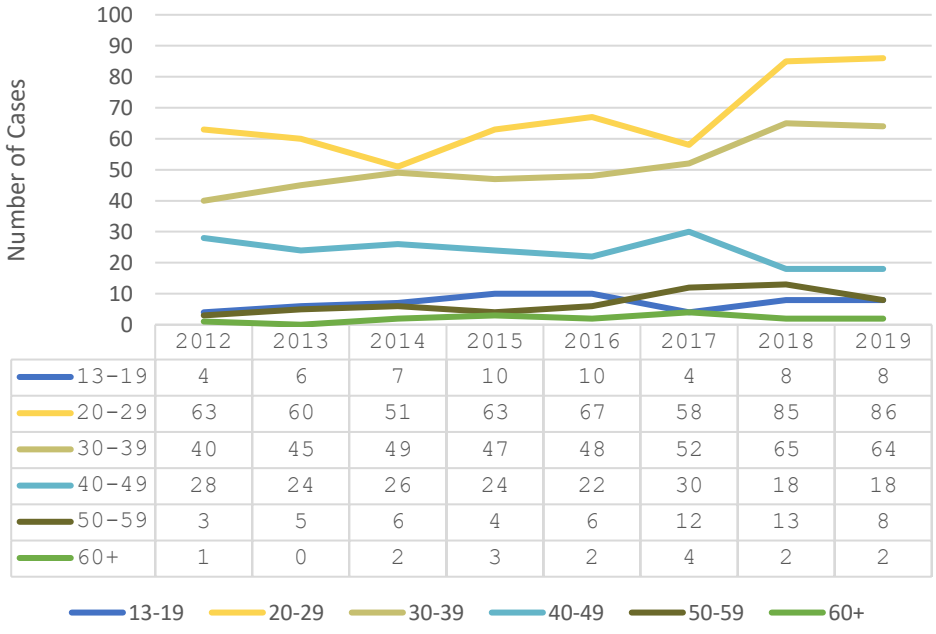

Black Women, non-EMA
No.
200
150
100
50
0
2014
2015
2016
2017
2018
2019
Year
<30 years
30 years and older

Figure 3. HIV diagnoses among Black MSM by age group, 2012-2019, Georgia



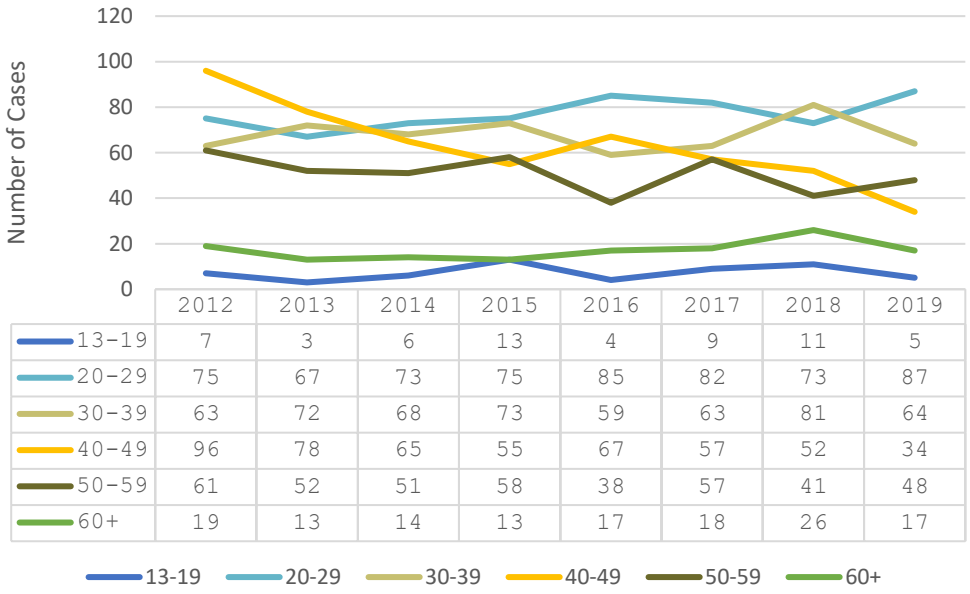
	2012	2013	2014	2015	2016	2017	2018	2019
13-19	100	68	68	101	92	99	95	115
20-29	629	621	645	738	718	648	669	616
30-39	230	218	251	259	276	299	286	295
40-49	191	144	133	137	101	109	92	94
50-59	82	80	64	66	81	56	43	61
60+	22	14	16	15	8	15	25	14

Figure 4. HIV diagnoses among Hispanic MSM by age group, 2012-2019, Georgia



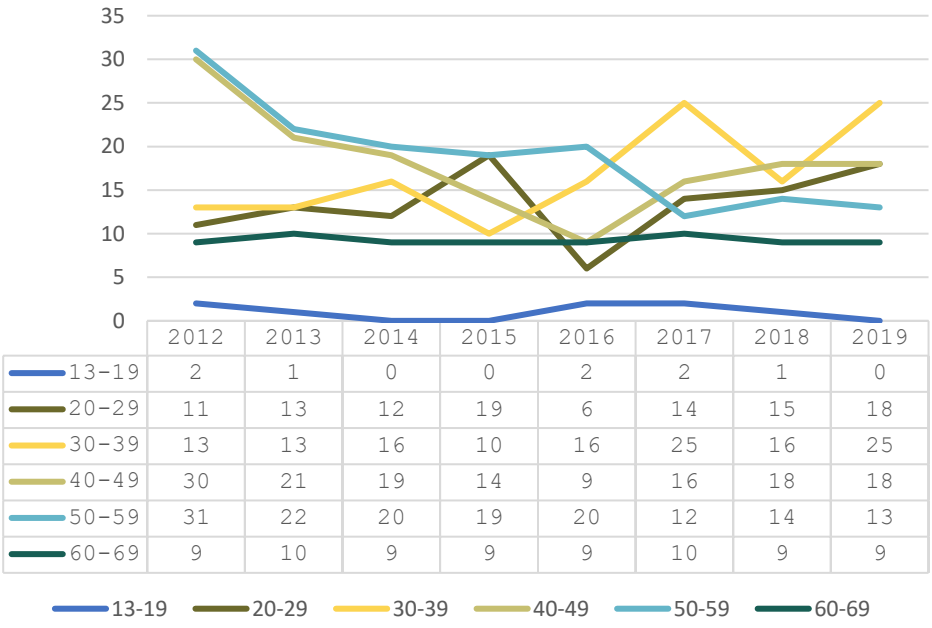
	2012	2013	2014	2015	2016	2017	2018	2019
13-19	4	6	7	10	10	4	8	8
20-29	63	60	51	63	67	58	85	86
30-39	40	45	49	47	48	52	65	64
40-49	28	24	26	24	22	30	18	18
50-59	3	5	6	4	6	12	13	8
60+	1	0	2	3	2	4	2	2

Figure 5. HIV Diagnoses among White MSM by age group, 2012-2019, Georgia



	2012	2013	2014	2015	2016	2017	2018	2019
13-19	7	3	6	13	4	9	11	5
20-29	75	67	73	75	85	82	73	87
30-39	63	72	68	73	59	63	81	64
40-49	96	78	65	55	67	57	52	34
50-59	61	52	51	58	38	57	41	48
60+	19	13	14	13	17	18	26	17

Figure 6. HIV Diagnoses among people who inject drugs by age group, 2012-2019, Georgia



	2012	2013	2014	2015	2016	2017	2018	2019
13-19	2	1	0	0	2	2	1	0
20-29	11	13	12	19	6	14	15	18
30-39	13	13	16	10	16	25	16	25
40-49	30	21	19	14	9	16	18	18
50-59	31	22	20	19	20	12	14	13
60-69	9	10	9	9	9	10	9	9

Figure 7. Chlamydia rates by sex and Georgia EHE jurisdiction, 2010-2019

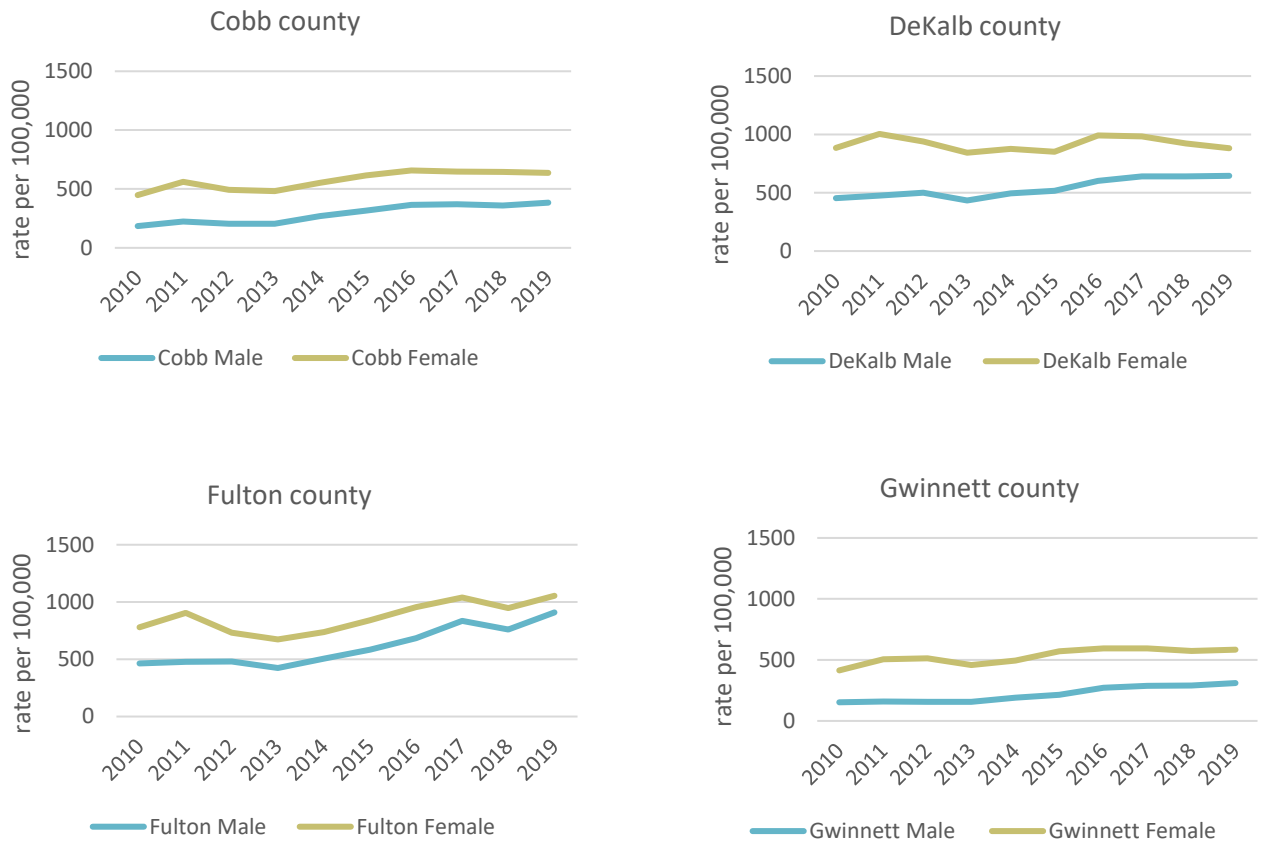


Figure 8. Gonorrhea rates by sex and Georgia EHE jurisdiction, 2010-2019

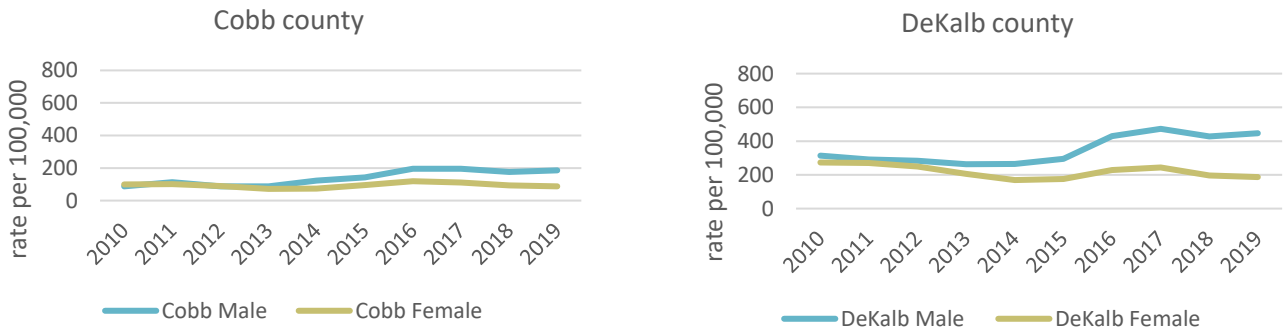


Figure 9. P&S syphilis rates by sex and Georgia EHE jurisdiction, 2010-2019

Appendix B: Supplemental Tables

Table 1: PLWHA by demographic characteristics, Georgia, EMA and non-EMA, 2019

	Georgia 58,615		EMA 40,762		Non-EMA 17,853	
	N	%	N	%	N	%
Male	44,084	75	32,086	79	11,998	67
Female	13,840	24	8,140	19	5,700	32
Transgender	627	1	493	1	134	1
White	10,431	18	6,845	17	3,586	20
Black/AA	39,773	68	28,008	69	11,765	66
Hispanic	4,347	7	3,165	8	1,182	7
Asian	281	<1	238	1	43	<1
AI/AN	24	<1	17	<1	7	<1
NH/PI	16	<1	12	<1	<5	<1
Multiple races	2,782	5	1,927	5	855	5
MSM	35,996	61	27,338	67	8,658	48
IDU	3442	6	2,009	5	1,433	8
MSM/IDU	2,333	4	1,628	4	705	4
Heterosexual	15,325	26	8,902	22	6,423	36
13-19 years	331	1	197	<1	134	1
20-29 years	7,041	12	4,953	12	2,088	12
30-39 years	13,286	23	9,762	24	3,524	20
40-49 years	12,780	22	9,067	22	3,713	21
50-59 years	15,739	27	10,775	26	4,964	28
60+ years	9,438	16	6,008	15	3,430	19

Table 2. Transmission Category by Race/Ethnicity and Sex for People living with HIV, Georgia, 2019

	Georgia (58,615)		EMA (40,762)		Non-EMA (17,853)	
	N	%	N	%	N	%
White Male						
MSM	7,648	86	5,485	88	2,163	80
IDU	244	3	125	2	119	4
MSM/IDU	691	8	435	7	256	9
Heterosexual	275	3	139	2	136	5
Black/AA Male						
MSM	22,988	80	17,732	84	5,256	70
IDU	1,336	5	858	4	478	6
MSM/IDU	1,227	4	901	4	326	4
Heterosexual	2,889	10	1,561	7	1,328	18
Hispanic Male						
MSM	2,790	80	2,156	84	634	70
IDU	129	4	77	3	52	6
MSM/IDU	201	6	146	6	55	6
Heterosexual	338	10	184	7	154	17
White Female						
IDU	355	24	148	24	207	24
Heterosexual	1,116	75	462	74	654	75
Black/AA Female						
IDU	1,102	10	637	10	465	11
Heterosexual	9,300	87	5,657	88	3,643	87
Hispanic Female						
IDU	92	11	61	11	31	12
Heterosexual	688	86	464	86	224	85

Table 3. HIV Diagnoses by Selected Characteristics, Georgia, 2019

	Georgia (2,496)		EMA (1,664)		Non-EMA (832)	
	N	%	N	%	N	%
Male	1,972	79	1,343	81	629	76
Female	478	19	286	17	192	23
Transgender	45	2	35	2	10	1
White	372	15	196	12	176	21
Black/African American (AA)	1,778	71	1,218	73	560	67
Hispanic	237	10	183	11	54	6
Asian	19	1	15	1	<5	--
American Indian/Alaska Native (AI/AN)	<5	--	<5	--	<5	--
Multiple races	57	2	36	2	21	3
Men who have sex with men (MSM)	1,684	67	1,191	72	493	59
Injection drug users (IDU)	83	3	44	3	39	5
MSM/IDU	52	2	32	2	19	2
Heterosexual	645	26	382	23	263	32
13-19 years	152	6	100	6	52	6
20-29 years	1012	41	712	43	300	36
30-39 years	659	26	453	27	206	25
40-49 years	311	12	198	12	113	14
50-59 years	256	10	147	9	109	13
60+ years	106	4	54	3	52	6

Table 4. HIV Diagnoses, Transmission Category by Race/Ethnicity and Sex, Georgia, 2019

	Georgia (2,496)		EMA (1,664)		Non-EMA (832)	
	N	%	N	%	N	%
White Male						
MSM	253	84	140	84	112	84
IDU	16	5	<5	--	11	8
MSM/IDU	18	6	12	7	5	4
Heterosexual	15	5	10	6	5	4
Black/AA Male						
MSM	1,165	84	844	87	321	76
IDU	24	2	14	1	10	2
MSM/IDU	22	2	11	1	11	3
Heterosexual	174	13	95	10	79	19
Hispanic Male						
MSM	177	88	142	89	35	82
IDU	<5	--	<5	--	<5	--
MSM/IDU	7	4	6	4	<5	--
Heterosexual	14	7	10	6	<5	--
White Female						
IDU	14	21	7	24	8	20
Heterosexual	53	79	20	76	32	80
Black/AA Female						
IDU	16	5	10	4	6	5
Heterosexual	343	95	216	96	127	95
Hispanic Female						
IDU	<5	--	<5	--	<5	--
Heterosexual	25	93	16	92	8	95

Table 5. Proportion diagnosed as stage 3 (AIDS) within 3 months of HIV diagnosis, Georgia, 2019

	Georgia (%)	EMA (%)	Non-EMA (%)
Male	19	18	21
Female	21	19	22
White	18	15	21
Black/AA	20	19	22
Hispanic	18	17	19
Asian	--	--	--
AI/AN	--	--	--
Multiracial	21	22	--
MSM	17	16	18
IDU	20	14	28
MSM/IDU	16	18	--
Heterosexual	26	25	29
13-19 years	8	11	--
20-29 years	11	11	12
30-39 years	22	22	23
40-49 years	28	27	30
50-59 years	35	32	39
60+ years	29	28	31

Table 6. Proportion linked to care within 30 days of HIV diagnosis, Georgia, 2019

	Georgia %	EMA %	Non-EMA %
Male	83	85	80
Female	80	80	80
White	83	87	79
Black/AA	82	83	79
Hispanic	89	90	85
Asian	89	87	--
AI/AN	--	--	--
Multiracial	89	92	86
MSM	84	85	80
IDU	76	75	76
MSM/IDU	82	87	74
Heterosexual	82	83	82
13-19 years	78	77	79
20-29 years	81	83	79
30-39 years	82	84	80
40-49 years	80	82	78
50-59 years	79	76	89
60+ years	76	78	81

Table 7. HIV Care Continuum, Georgia 2019

		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(42,372)	71	55	60	89
Females	(13,423)	70	55	58	87
Transgender	(589)	75	61	58	84
White	(10,115)	73	58	66	94
Black/AA	(38,225)	71	55	58	86
Hispanic	(4,133)	66	55	58	91
Asian	(263)	70	59	66	96
AI/AN	(23)	61	52	57	92
Multiracial	(2735)	83	66	71	90
13-19 years	(237)	64	52	48	82
20-29 years	(6,164)	76	56	57	82
30-39 years	(12,689)	71	53	56	85
40-49 years	(12,501)	70	54	59	89
50-59 years	(15,513)	71	57	62	91
60+ years	(9,334)	68	55	60	92
MSM	(34,543)	73	56	61	89
IDU	(3,356)	64	50	52	87
IDU/MSM	(2,284)	70	55	57	87
Heterosexual	(14,766)	71	56	59	88

Table 8. HIV Care Continuum, EMA, Georgia, 2019

		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(30,911)	71	55	61	91
Females	(7,892)	69	53	59	89
Transgender	(463)	73	59	59	87
White	(6,680)	73	58	68	96
Black/AA	(26,937)	71	53	59	88
Hispanic	(3,002)	68	57	61	93
Asian	(224)	71	59	67	98
AI/AN	(16)	--	--	--	--
Multiracial	(1,898)	82	63	71	91
13-19 years	(136)	82	68	63	84
20-29 years	(4,342)	77	56	59	84
30-39 years	(9,341)	72	53	58	86
40-49 years	(8,887)	71	54	61	91
50-59 years	(10,648)	70	55	63	94
60+ years	(5,956)	66	52	61	96
MSM	(26,300)	73	56	63	91
IDU	(1,961)	60	46	50	89
IDU/MSM	(1,600)	68	53	57	88
Heterosexual	(8,571)	70	53	60	91

Table 9. HIV Care Continuum, non-EMA, Georgia, 2019

		Engaged %	Retained %	Virally Suppressed %	VS among Retained %
Males	(11,515)	69	53	54	84
Females	(5,548)	71	55	56	84
White	(3,468)	71	55	59	89
Black/AA	(11,333)	72	55	55	82
Hispanic	(1,117)	60	48	49	85
Asian	(39)	67	51	59	85
AI/AN	(7)	--	--	--	--
Multiracial	(808)	85	67	70	86
13-19 years	(100)	38	29	27	79
20-29 years	(1,815)	72	53	52	79
30-39 years	(3,342)	67	50	51	83
40-49 years	(3,619)	67	51	53	84
50-59 years	(4,896)	72	57	58	85
60+ years	(3,432)	72	55	59	87
MSM	(8,265)	71	54	56	85
IDU	(1,413)	68	51	53	83
IDU/MSM	(690)	73	55	57	83
Heterosexual	(6,213)	72	57	57	84

Table 10. HIV Care Continuum among MSM, by Race/Ethnicity, Georgia, 2019

		Engaged %	Retained %	Virally Suppressed %	Suppressed among Retained %
Georgia					
White	(7,458)	75	59	69	95
Black/AA	(22,409)	72	54	59	86
Hispanic	(2,692)	66	55	58	92
EMA					
White	(4,542)	75	60	71	97
Black/AA	(13,271)	72	54	60	89
Hispanic	(1,692)	68	57	61	93
Georgia non-EMA					
White	(2,917)	74	58	65	92
Black/AA	(9,138)	73	55	56	83
Hispanic	(1,001)	62	51	54	89

Table 11. HIV care continuum for PLWH by Georgia EHE jurisdiction, 2019: Persons receiving any care

	Fulton (15,631)		DeKalb (9,573)		Cobb (3,296)		Gwinnett (3,372)	
	n	%	n	**%**			n	**%**
Overall								
Engaged in care	10,755	68.8	6,789	70.9	2,325	70.54	2,443	72.5
Gender								
Male	9,020	69.6	5,456	71.1	1,817	71.47	1,819	74.1
Female	1,594	64.9	1,246	69.9	473	67.48	597	68.1
Transgender	141	72.4	85	77.2	33	71.74	27	75.0
Race								
White	1,730	69.8	1,131	73.2	548	74.36	420	72.4
Black/African American	7,756	68.9	4,787	70.9	1,381	69.93	1,419	73.2
Hispanic/Latino	588	66.6	449	66.2	233	66.08	406	72.4
Asian	28	63.6	48	72.6	10	62.5	45	76.3
Age								
13-19	29	83.0	29	76.2	8	89.89	9	89.8
20-29	1,181	75.2	775	78.7	387	75.48	400	78.6
30-39	2,702	71.0	1,652	72.9	837	71.1	770	75.1
40-49	2,446	69.8	1,491	69.8	770	69.1	852	68.8
50-59	2,814	67.3	1,862	69.7	867	70.35	924	73.7
60+	1,583	62.3	981	66.1	428	67.52	418	66.0
Transmission group								
MSM	7,919	71.4	4,847	72.8	2,154	73.26	2,05	76.3
Injection drug use	448	54.8	231	57.8	172	61.05	154	64.5
MSM/IDU	482	66.9	256	68.3	136	66.2	98	71.7
Heterosexual contact	1,786	66.0	1,378	70.1	760	68.04	956	69.7

Table 12. HIV care continuum for PLWH by Georgia EHE jurisdiction, 2019: Persons retained in care

	Fulton (15,631)		DeKalb (9,573)		Cobb (3,296)		Gwinnett (3,372)	
	n	%	n	%	n	%	n	%
Overall								
Retained in care	8,225	52.6	5,192	54.2	1,696	51.5	1,899	56.3
Gender								
Male	6,883	53.1	4,173	54.4	1,333	52.4	1,414	57.6
Female	1,224	49.8	951	53.3	336	47.9	463	52.8
Transgender	118	60.5	68	61.8	25	54.4	23	63.9
Race								
White	1,368	55.2	908	58.8	412	55.9	331	57.1
Black/African American	5,855	52.0	3,576	53.0	977	49.5	1,079	55.6
Hispanic/Latino	492	55.7	371	54.7	185	52.5	342	61.0
Asian	22	50	42	63.5	9	56.3	38	64.4
Age								
13-19	25	71.6	24	63.0	<5	44.9	8	80.6
20-29	867	55.2	569	57.7	387	52.2	400	60.4
30-39	1,992	52.3	1,220	53.8	837	50.9	770	56.1
40-49	2,240	53.5	1,153	54.0	770	49.6	852	54.7
50-59	1,258	49.6	1,446	54.1	867	52.4	924	57.6
60+			781	52.6	428	53.5	418	52.8
Transmission group	6,028	54.4						
MSM	352	43.1	3,720	55.9	2,154	53.5	2,058	59.1
Injection drug use	384	53.4	168	42.0	172	44.1	154	47.9
MSM/IDU	1,370	50.6	193	51.6	136	52.8	98	56.8
Heterosexual contact	6,883	53.1	1054	53.6	760	49.2	956	54.7

Table 13. HIV care continuum for PLWH by Georgia EHE jurisdiction, 2019: Persons virally suppressed

	Fulton (15,631)		DeKalb (9,573)		Cobb (3,296)		Gwinnett (3,372)	
	n	%	n	%	n	%	n	%
Overall								
Suppressed	8,992	57.5	5,834	60.9	2,026	61.5	2,164	64.2
Gender								
Male	7,597	58.6	4,697	61.2	1,584	62.3	1,607	65.5
Female	1,282	52.2	1,066	59.8	414	59.1	535	61.1
Transgender	113	58.0	70	63.6	26	56.5	22	61.1
Race								
White	1,610	65.0	1,063	68.8	515	69.9	397	68.4
Black/African American	6,284	55.8	3,998	59.3	1,154	58.4	1,214	62.6
Hispanic/Latino	510	57.9	400	59.0	216	61.3	374	66.7
Asian	26	59.1	48	72.7	9	56.3	43	72.9
Age								
13-19	16	45.9	25	65.7	7	78.7	7	70.4
20-29	871	55.5	581	59.0	387	60.0	400	63.2
30-39	2,091	55.0	1,309	57.8	837	57.7	770	63.3
40-49	2,084	59.5	1,298	60.8	770	61.8	852	60.9
50-59	2,481	59.3	1,695	63.5	867	64.8	924	69.4
60+	1,449	57.1	927	62.6	428	62.4	418	61.7
Transmission group								
MSM	6,686	60.3	4,174	62.8	2,154	64.2	2,058	67.4
Injection drug use	367	45.0	195	48.8	172	52.2	154	55.9
MSM/IDU	390	54.1	215	57.4	136	55.0	98	58.1
Heterosexual contact	1,461	54.0	1,191	60.6	760	59.8	956	63.4

Table 14. HIV care continuum for PLWH by Georgia EHE jurisdiction, 2019: Persons virally suppressed among retained in care

	Fulton (8,225)		DeKalb (5,192)		Cobb (1,696)		Gwinnett (1,889)	
	n	%	n	%	n	%	n	%
Overall								
Suppressed if retained	7,312	88.9	4,710	90.7	1,558	91.9	1,754	92.3
Gender								
Male	6,157	89.5	3,787	90.8	1,226	92.0	1,307	92.4
Female	1,054	86.1	862	90.7	308	91.7	427	92.3
Transgender	101	85.6	61	89.7	22	88.0	20	87.0
Race								
White	1,319	96.4	886	97.6	394	95.6	323	97.4
Black/African American	5,079	86.8	3,165	88.5	876	89.7	973	90.2
Hispanic/Latino	447	90.9	342	92.2	178	96.2	322	94.2
Asian	21	95.5	42	100.0	9	100.0	37	97.4
Age								
13-19	15	60.0	23	95.8	<5	100.0	7	87.3
20-29	704	81.2	472	83.0	181	89.6	207	85.7
30-39	1,674	84.0	1,043	85.5	370	86.9	388	89.8
40-49	1,659	90.1	1,053	91.3	356	93.2	426	91.4
50-59	2,059	91.9	1,363	94.3	433	95.4	513	96.4
60+	1,201	95.5	757	97.0	215	93.9	214	96.8
	6,157		3,787		1,226		1,307	
Transmission group	1,054		862		308		427	
MSM	101	89.5	61	91.0	22	92.5	20	92.5
Injection drug use		87.2		86.8		91.0		92.5
MSM/IDU		86.1		89.0		86.7		86.2
Heterosexual contact	1,319	88.2	886	91.3	394	92.0	323	93.6