

Trends in HIV Diagnoses in Georgia: 2010-2016

This fact sheet describes trends in HIV diagnoses in Georgia between 2010 and 2016 by sex, transmission category, race/ethnicity and age. The figures in this report are based on HIV cases diagnosed through December 31, 2016, and reported through December 2017.

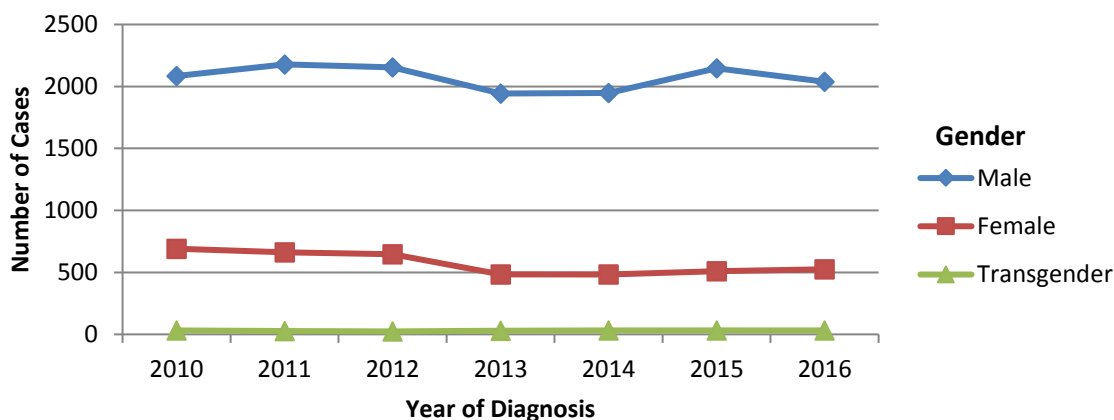
Technical Notes

Overall, approximately 30% of Georgia HIV cases are missing risk information. Multiple imputation (MI) is used in this report to assign a risk to each person. MI is a statistical approach in which each missing transmission category with a set of plausible values that represent the uncertainty about the true, but missing, value.¹

Transmission categories presented here follow the standards created by the Centers for Disease Control and Prevention (CDC). Transmission category is the term for the classification of cases that summarizes a person’s possible HIV risk factors. The summary classification results from selecting the one most likely risk factor to have been responsible for HIV transmission from the presumed hierarchical order of probability. For more information, see [HIV Surveillance Summary, Georgia 2016](#).

1. Harrison KM, Kajese T, Hall HI, Song R. Risk factor redistribution of the national HIV/AIDS surveillance data: an alternative approach. *Public Health Rep* 2008;123:618–27.

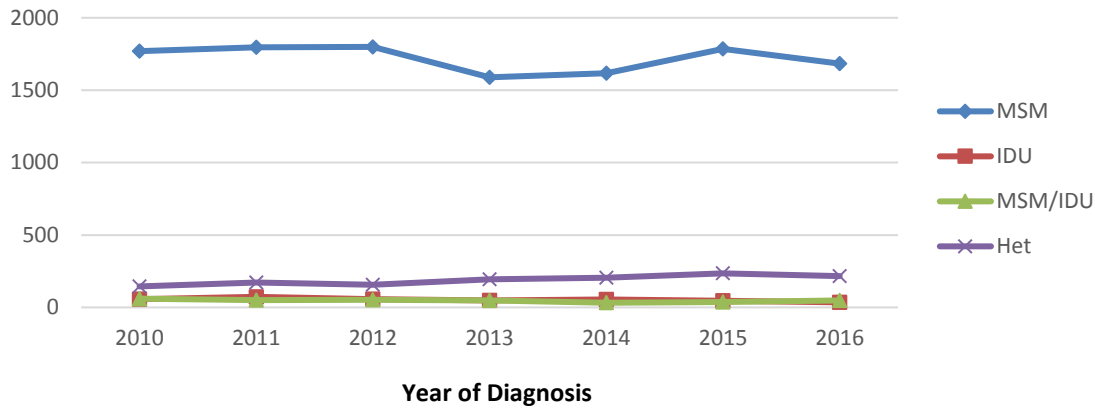
HIV Diagnoses by Gender, Georgia, 2010-2016



Since 2010, the annual number of diagnoses among men has remained fairly stable, and has declined among women. The number of diagnoses among transgender persons is low, with 20-30 per year since 2010. This low figure reflects limitations of surveillance data in ascertainment of transgender status, which depends upon information reported by providers.

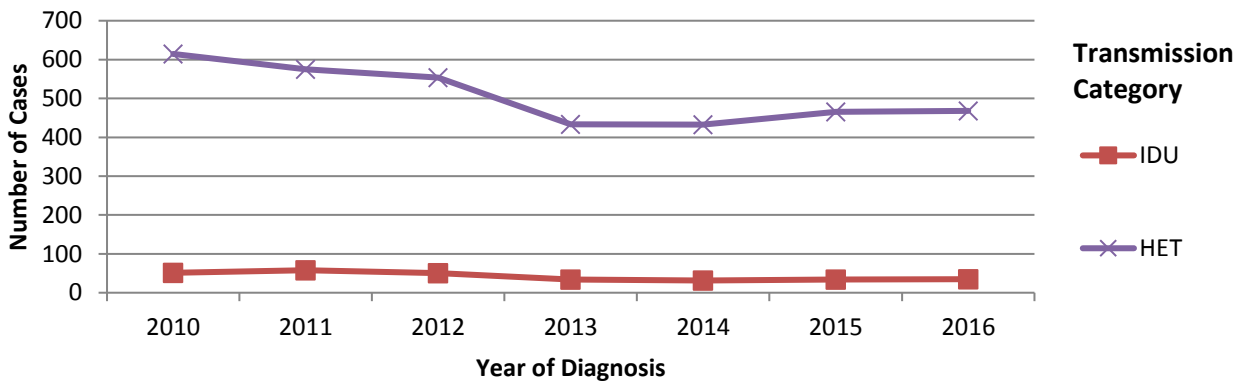


HIV Diagnoses among Males, by Transmission Category, Georgia, 2010-2016



Among males, men who have sex with men (MSM) have consistently accounted for the great majority of newly diagnosed HIV cases. Diagnoses among MSM have remained fairly stable since 2010. The annual number of new diagnoses among heterosexual contacts (HET) has increased slightly since 2012, while the number among persons with a history of injection drug use (IDU) and among MSM/IDU has declined.

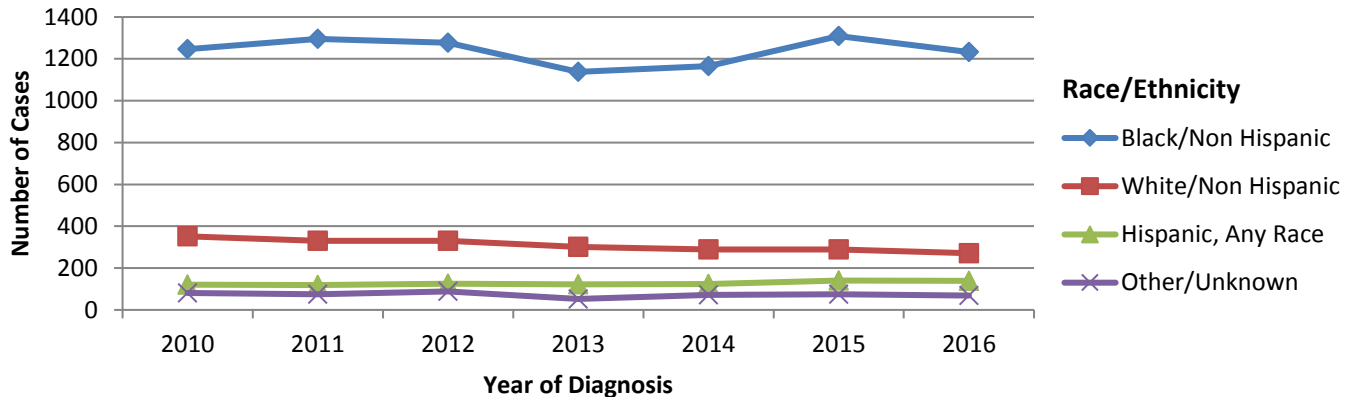
HIV Diagnoses among Females, by Transmission Category, Georgia, 2010-2016



Among females, women infected through heterosexual contact have consistently accounted for the majority of new diagnoses. The number of annual cases has declined for both heterosexual contacts and for IDU.

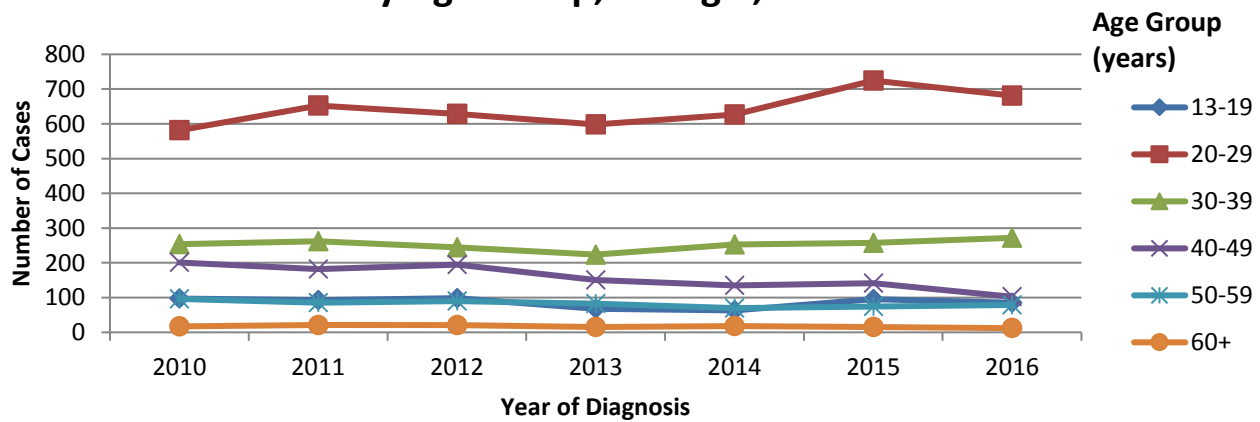
TRENDS IN HIV DIAGNOSES IN GEORGIA: 2010-2016

HIV Diagnoses among MSM, by Race/Ethnicity, Georgia, 2010-2016

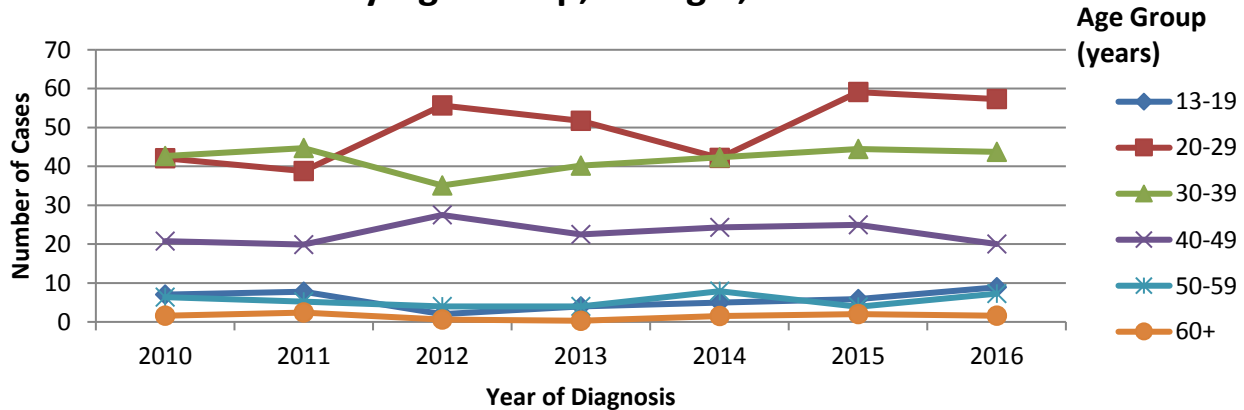


Between 2010 and 2016, the annual number of new HIV diagnoses has remained fairly stable for Black MSM, it has increased for Hispanic MSM, and declined for White MSM.

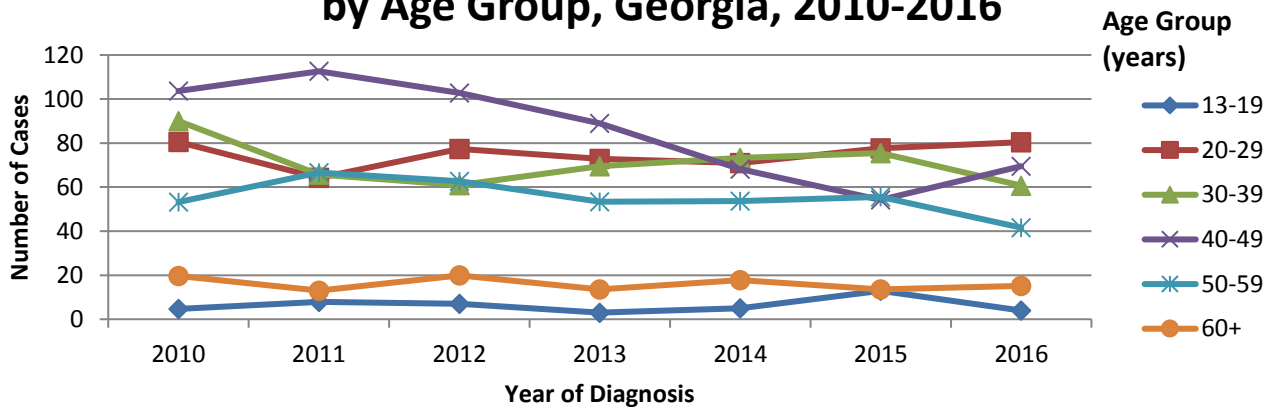
HIV Diagnoses among Black MSM, by Age Group, Georgia, 2010-2016



HIV Diagnoses among Hispanic MSM, by Age Group, Georgia, 2010-2016

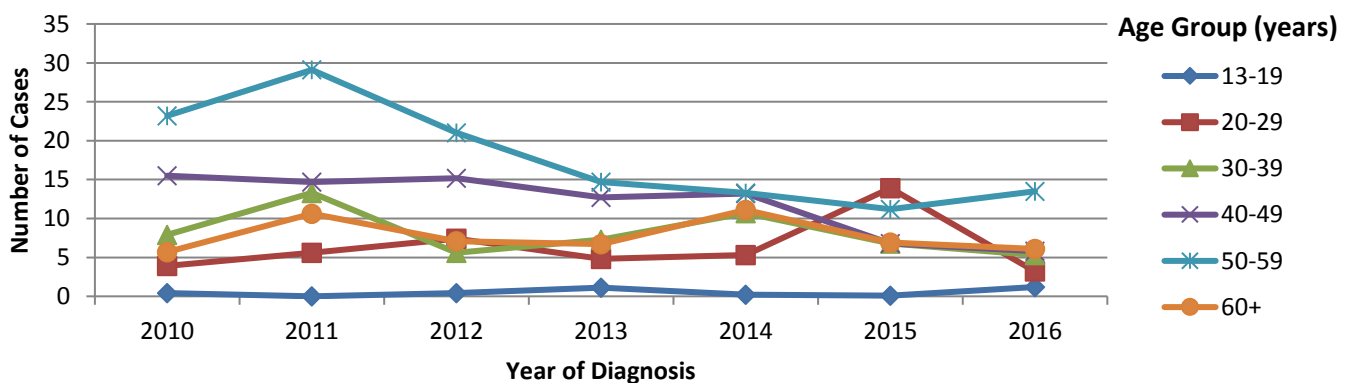


HIV Diagnoses among White MSM, by Age Group, Georgia, 2010-2016

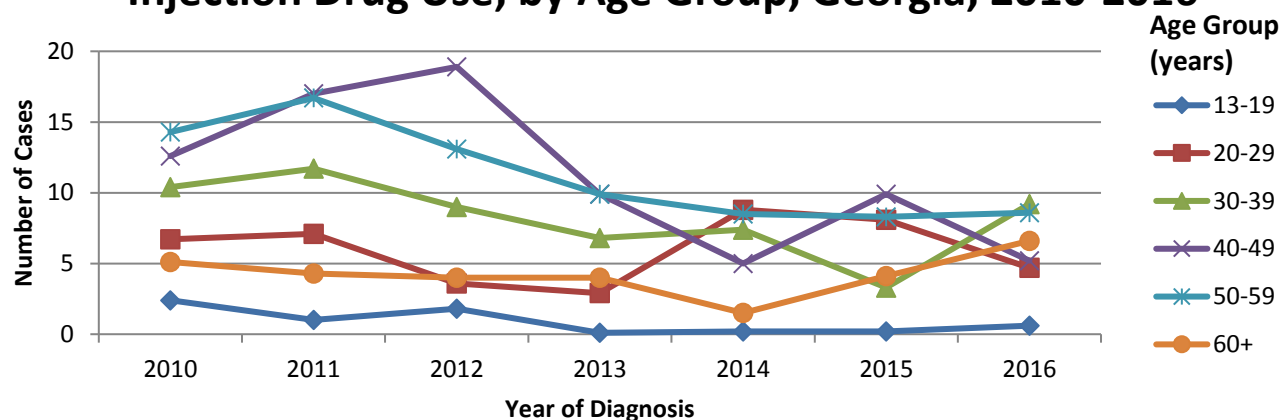


Among Black MSM aged 20 to 29 years, annual new HIV diagnoses increased between 2010 and 2016. During the same time, diagnoses remained stable for men aged 30-39 years, and declined for men aged 40-59 years. Among Hispanic MSM, the annual number of new HIV diagnoses increased for men aged 20-29 years between 2012 and 2016, and remained fairly stable in other age groups. Among White MSM, new diagnoses declined between 2010 and 2016 among men age 40-49, and remained fairly stable among other age groups.

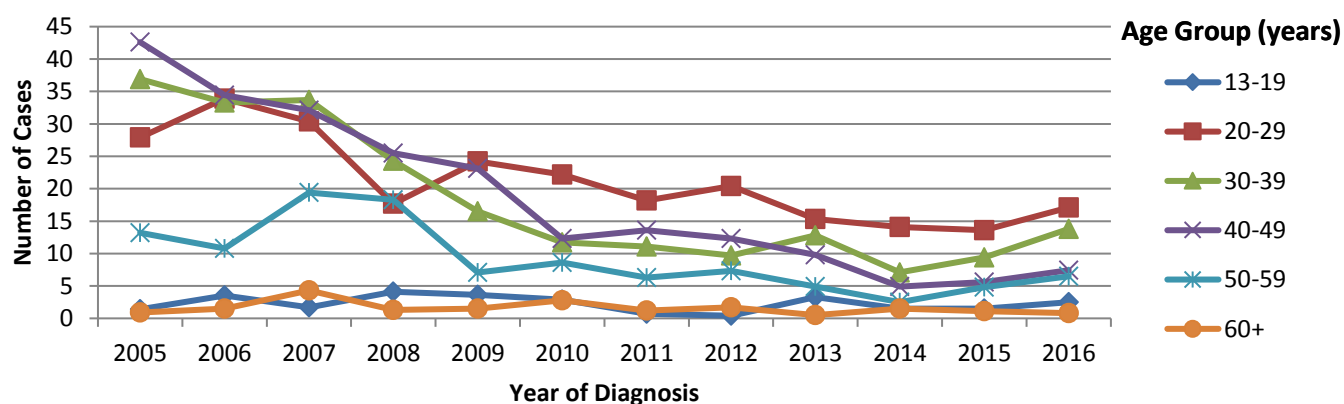
HIV Diagnoses among Males with a History of Injection Drug Use, by Age Group, Georgia, 2010-2016



HIV Diagnoses among Females with a History of Injection Drug Use, by Age Group, Georgia, 2010-2016

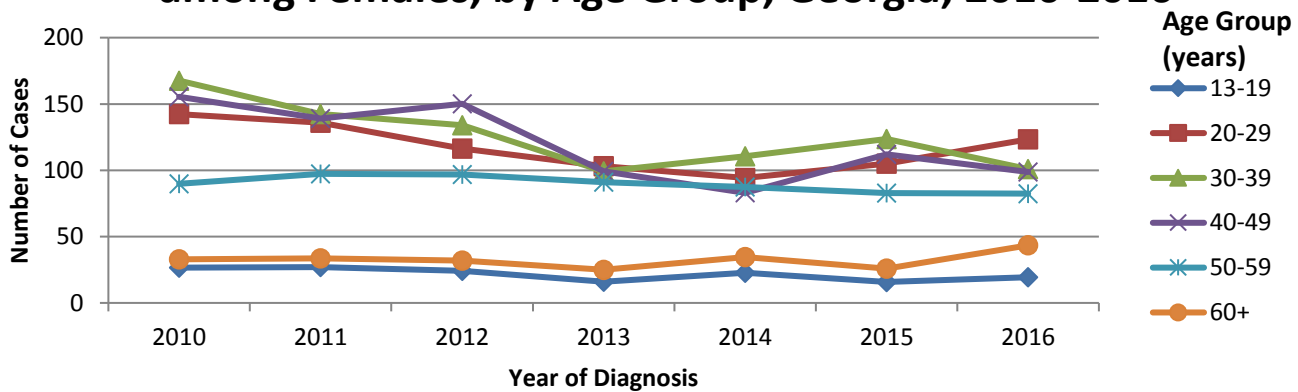


HIV Diagnoses among MSM with a History of Injection Drug Use, by Age Group, Georgia, 2010-2016

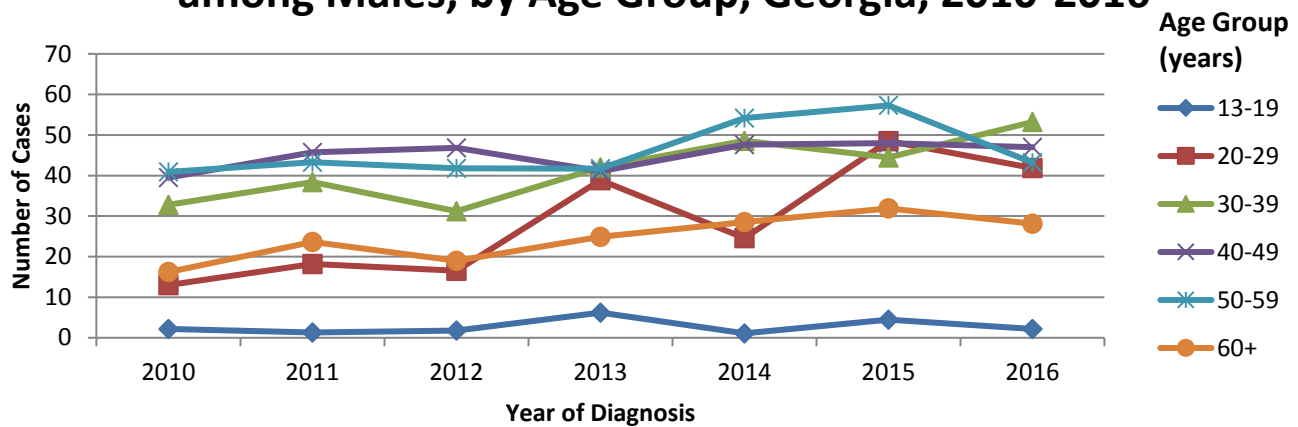


The annual number of HIV diagnoses among heterosexual men and among women with a history of drug injection declined overall between 2010 and 2016. The number of HIV diagnoses among men and women aged 20-29 years shows some increases in 2014-2016, but given the small number of diagnoses, it is too early to determine if this represents a true increase. Diagnoses of hepatitis C among persons aged less than 30 years, an early indicator of unsafe injection practices, have also increased (based on unpublished data reported through the State Electronic Notifiable Disease Surveillance System (SendSS)). The annual number of HIV diagnoses among MSM who have a history of drug injection declined overall between 2010 and 2016, but small increases were observed between 2014 and 2016.

HIV Diagnoses Attributed to Heterosexual Contact among Females, by Age Group, Georgia, 2010-2016



HIV Diagnoses Attributed to Heterosexual Contact among Males, by Age Group, Georgia, 2010-2016



The annual number of new HIV diagnoses has declined among women aged 20-49 years with infection attributed to heterosexual transmission, and has remained fairly stable for women 50 years and older. Among men, the annual number of new HIV diagnoses was fairly stable by age, with some increases observed between 2012 and 2015 in men aged 20-29 years. Given that the same increase was not seen in women, this increase is most likely an artifact related to incorrect application of the surveillance definition for heterosexual contact, potentially as a result of new data sources utilized starting 2013 to ascertain transmission category.

HIV/AIDS Surveillance

Georgia DPH began collecting name based data on AIDS cases in the early 1980's. Name based reporting of HIV (not AIDS) to DPH was mandated by Georgia law beginning on December 31, 2004. Complete and timely reporting of HIV infections by clinical providers and laboratories is critical for monitoring the epidemic and ensuring adequate funding for prevention and care services in Georgia. Race, sex and especially transmission category information are missing for a large number of HIV case report forms submitted in Georgia. In 2013, 71% of new cases with HIV infection among adults and adolescents had no information on their transmission category. Incomplete reporting leads to under-estimation of the impact of HIV in Georgia and limits funding for services among HIV populations.

HIV Reporting

All health care providers diagnosing and/or providing care to a patient with HIV are obligated by Georgia law (O.C.G.A. §31-12-1) to report HIV infection using the HIV/AIDS Case Report Form to the Georgia Department of Public Health. Case report forms should be completed within seven (7) days of diagnosing a patient with HIV and/or AIDS or within seven (7) days of assuming care of an HIV positive patient who is new to the provider, regardless of whether the patient has previously received care elsewhere.

Adult and Pediatric case report forms are available at
<http://dph.georgia.gov/reporting-forms-data-requests>

For more questions on HIV case reporting in Georgia please contact the HIV Surveillance Coordinator at 1-800-827-9769

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