



# HIV Surveillance Summary, Georgia, 2011

HIV/AIDS EPIDEMIOLOGY SECTION  
EPIDEMIOLOGY PROGRAM  
DIVISION of HEALTH PROTECTION  
GEORGIA DEPARTMENT of PUBLIC HEALTH



This **HIV Surveillance Summary, Georgia, 2011** is published by the Georgia Department of Public Health (DPH), HIV/AIDS Epidemiology Program (HAEP), 2 Peachtree Street, Atlanta Georgia 30303. Data are presented from known diagnoses and laboratory reports entered into the Georgia Enhanced HIV/AIDS Reporting System (eHARS). All data are provisional.

The *HIV Surveillance Summary, Georgia, 2011* is not copyrighted and may be used and reproduced without permission. Citation of the source is, however, appreciated.

**SUGGESTED CITATION** | Georgia Department of Public Health, HIV/AIDS Epidemiology Program *HIV Surveillance Summary, Georgia, 2011*, <https://dph.georgia.gov/data-fact-sheet-summaries>, Published March 2014, [Accessed date]

**ACKNOWLEDGEMENTS** | Publication of this report was made possible with the contributions of the Georgia DPH HAEP Core HIV surveillance staff, HIV Case Report Forms submitted by Georgia health care facility staff, HIV infection-related laboratory test results transmitted by laboratory facilities in Georgia, data matches with other public health programs, and the ongoing efforts of multiple individuals from public and private sector organizations dedicated to improving surveillance, prevention, testing, and care of persons living with HIV infection.

Georgia HIV Core Surveillance team contributors: Lauren Barrineau, Marguerite Camp, Raimi Ewetola, Thelma Fannin, Denise Hughes, Rodriques Lambert, Sheila Maxwell, Mildred McGainey, Latoya Moss, A. Eugene Pennisi, Deepali Rane, Akilah Spratling, and Eina Walker

This report was prepared by the following staff of the Georgia Department of Public Health: Deepali Rane, MBBS, MPH; Jane Kelly, MD; Cherie Drenzek, DVM, MS

# Table of Contents

<b>Executive Summary</b> .....	<b>2</b>
<b>Report Changes</b> .....	<b>2</b>
<b>Technical Notes</b> .....	<b>3</b>
<b>Definitions of Measures</b> .....	<b>4</b>
<b>Data Limitations</b> .....	<b>5</b>
<b>Highlights of Analyses</b> .....	<b>5</b>
<b>Table 1</b>   Distribution of the general population by race/ethnicity, Georgia, 2011 .....	<b>11</b>
<b>Table 2</b>   Diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by sex, age, race/ethnicity, Georgia, January 01, 2011 to December 31, 2011 .....	<b>12</b>
<b>Table 3</b>   Diagnoses of HIV infection and Stage 3 (AIDS) by transmission category and sex, Georgia, January 01, 2011 to December 31, 2011 .....	<b>13</b>
<b>Table 4</b>   Diagnoses of HIV infection and Stage 3 (AIDS) by public health district, Georgia, January 01, 2011 to December 31, 2011 .....	<b>14</b>
<b>Table 5</b>   Persons living with HIV infection and Stage 3 (AIDS) of HIV infection by sex, age, race/ethnicity, Georgia, as of December 31, 2011 .....	<b>15</b>
<b>Table 6</b>   Persons living with HIV infection and Stage 3 (AIDS) of HIV infection by transmission category and sex, Georgia, as of December 31, 2011 .....	<b>16</b>
<b>Table 7</b>   Persons living with HIV infection and Stage 3 (AIDS) of HIV infection by public health district, Georgia, as of December 31, 2011 .....	<b>17</b>
<b>Table 8</b>   Cumulative diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by sex, age, race/ethnicity, Georgia, as of December 31, 2011 .....	<b>18</b>
<b>Table 9</b>   Cumulative diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by transmission category and sex, Georgia, as of December 31, 2011 .....	<b>19</b>
<b>Table 10</b>   Cumulative diagnoses of HIV infection and Stage 3 (AIDS) by public health district, Georgia, as of December 31, 2011 .....	<b>20</b>
<b>Table 11</b>   Quantified estimates of unmet need for HIV primary care, Georgia, Atlanta EMA, Georgia non-EMA, 2011 .....	<b>21</b>
<b>Table 12</b>   Characteristics of estimates of unmet need for HIV primary care, Georgia, 2011 .....	<b>22</b>
<b>Table 13</b>   Characteristics of estimates of unmet need for HIV primary care, Atlanta EMA, Georgia, 2011 ..	<b>23</b>
<b>Table 14</b>   Characteristics of estimates of unmet need for HIV primary care, Georgia non-EMA, 2011 ....	<b>24</b>

# Executive Summary

Human immunodeficiency virus (HIV) damages specific cells of the immune system called CD4 cells. Untreated, HIV eventually overwhelms the immune system, resulting in a chronic life-threatening condition called acquired immune deficiency syndrome (AIDS). In this report, the term HIV infection refers to HIV diagnoses regardless of stage of disease; that is, HIV infection includes HIV (not AIDS) and AIDS. Based on the CD4 count (cells/ml), HIV infection is defined as Stage 1 (CD4 > 500), Stage 2 (CD4 200-499 cells/ml) and Stage 3 (AIDS) (< 200 cells/ml). There is no cure for HIV infection, but with antiretroviral therapy (ART), HIV infection can be controlled. Advances in HIV treatment with ART have led to improved quality of life and prolonged lifespan for people living with HIV. Further, achieving viral suppression with effective ART use reduces HIV transmission due to decreased levels of circulating virus.

HIV infection remains an important public health problem in the state of Georgia. As of December 31, 2011, the prevalence rate of HIV infection in Georgia (487 per 100,000) was almost twice that of the national rate (285 per 100,000 population, year-end, 2010<sup>1</sup>). In 2011, Georgia was ranked fifth highest in the nation for the total number of new diagnoses of HIV Infection among adults and adolescents<sup>2</sup>. There were 3,023 new diagnoses of HIV infection in 2011 in Georgia. The majority of these cases were among males (77%). The highest percentage of new HIV diagnoses was seen among those aged 30 to 39 years (23%) and the highest percentage of Stage 3 (AIDS) was among those aged 40-49 years (30%). Among all races/ethnicities, Black/non-Hispanics accounted for the majority of the diagnoses; 56% of new HIV infections and 70% of Stage 3 (AIDS).

Multiple imputation, a statistical approach, was used to assign a transmission category for all HIV cases among adults and adolescents in Georgia with no reported or identified risk factor. Sixty-

four percent (1,471) of new HIV infections among males in 2011 were attributed to male to male sexual (MSM) contact. Among women, 63% (427) of new HIV infections were attributed to heterosexual contact (HET).

As of December 31, 2011, there were 47,754 persons living with HIV infection in Georgia. Similar to the new diagnoses of HIV infection, the majority of prevalent cases occurred among Black/Non-Hispanic persons (65%) and males (74%). Seventy-two percent (25,430) of HIV cases among males were attributed to the MSM transmission category and 72% (8,597) of cases among females were attributed to heterosexual contact.

Every year, Georgia Department of Public Health (DPH) assesses the unmet primary care need among HIV cases in Atlanta Eligible Metropolitan Area or EMA (a defined geographic region with a high burden of AIDS cases in the most recent five years). During 2012, 43% of the 33,840 persons living with HIV disease in the Atlanta EMA had unmet need.

Monitoring the HIV/AIDS epidemic and understanding the burden of HIV infection in Georgia is essential for meeting the goals stated in the 2010 National HIV/AIDS Strategy to reduce HIV incidence, increase access to care, optimize health outcomes for persons living with HIV and reduce HIV-related health disparities<sup>3</sup>.

## Report Changes

Previously, the HIV/AIDS surveillance summaries from Georgia Department of Public Health (DPH) included data only from cases of HIV (not AIDS) and AIDS cases for which complete information was available for required data elements such as last name, date of birth, race/ethnicity, birth sex, vital status and HIV/AIDS diagnosis information. In recognition of the growing need for data to

<sup>1,2</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol.23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed [August, 2013]

<sup>3</sup> The White House Office of National AIDS Policy, National HIV/AIDS Strategy for the United States, Washington, DC: The White House, 2010

guide effective prevention program planning, it is necessary to provide an estimate closest to the absolute number of HIV infections in the state of Georgia. Hence, this report includes data on cases with incomplete and/or missing information on some required data elements. This report also differs from previous summaries in that it displays data as HIV infection and stage 3 (AIDS) to remain consistent with other HIV data sources such as the Centers for Disease Control and Prevention. HIV infection includes persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis; i.e., both HIV (not AIDS) and AIDS.

Concentrated solicitation of case reports by the Georgia DPH, HIV/AIDS Epidemiology Section surveillance staff since 2010 likely contributed to the rise in the number of reported cases of HIV infection in Georgia and consequently led to more accurate representation of the epidemic in Georgia than previously described. The increased prevalence should not necessarily be interpreted as an indication of increased HIV transmission. Additionally, it is likely that not everyone infected with HIV has been diagnosed so this report underestimates the true number of persons living with HIV infection in Georgia.

Recent improvements in the Georgia electronic laboratory reporting (ELR) system have also facilitated the use of laboratory-based measures (e.g., CD4 count, viral load) in estimating the unmet primary medical care needs of persons with a diagnosis of HIV infection in the state of Georgia.

Persons with a diagnosis of HIV infection with no reported and/or identified exposure to HIV through any of the routes listed in the hierarchy of transmission categories by the Centers for Disease Control and Prevention are classified as either 'no risk factor identified or no risk factor reported' (NIR/NRR). Georgia has a high proportion of NIR/NRR cases. In 2011, 69% of new diagnoses of HIV infection were reported with no or insufficient risk information to determine transmission category. Multiple imputation, a statistical approach, was used in this report to replace

each missing transmission category with a set of plausible values that represent the uncertainty about the true, but missing value. The methods were applied to HIV cases among the adult and adolescent population only and not to pediatric (age less than 13 years) HIV population of Georgia. To identify and reduce HIV related disparities in prevention and care, it is necessary to have the best available estimate for the distribution of known transmission categories among the HIV infected population of Georgia. Multiple imputation is considered by the Centers for Disease Control and Prevention to be the best method for re-distribution of missing data in large databases.<sup>4</sup>

### Technical Notes

Georgia statutes and regulations (O.C.G.A. §31-12-2(b))<sup>5</sup> require healthcare providers (such as nurses, nurse practitioners, doctors, physician assistants) and laboratories to report all cases of HIV infection and/or Stage 3 (AIDS) to the Georgia DPH within seven days of diagnosis. The information is used to monitor the HIV/AIDS epidemic in Georgia and guide program planning and evaluation. The data presented in the accompanying tables are based on confidential case reports collected through the Georgia DPH enhanced HIV/AIDS Reporting System (eHARS).

This report includes surveillance data through December 31, 2011 by diagnostic category for newly diagnosed cases, persons living with and cumulative cases of HIV infection and Stage 3 (AIDS). The data are displayed by date of diagnosis and are not adjusted for reporting delays or incomplete reporting. Persons residing in correctional facilities are included in this report and may inflate rates in certain geographic regions where there are large numbers of HIV-positive inmates. Tables depicting "Persons living with HIV infection and Stage 3 (AIDS)"

<sup>4</sup> 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.

<sup>5</sup> Department of Public Health, Rules and regulations 290-5-48.11 (2003); Official Code of Georgia Annotated (O.C.G.A.) § 31-22-9.2 (2011)

comprise persons with current residence in the state of Georgia based on current information available for them in the Georgia HIV/AIDS surveillance system regardless of where the persons were diagnosed. Persons represented in the “New Diagnoses” and “Cumulative” tables were diagnosed in the state of Georgia. Due to the difference in residency criteria and the influx of cases to Georgia, the number of persons living with HIV infection in Georgia may be higher in some sub-categories than cumulative HIV infections.

Unlike name-based AIDS reporting which began in the early 1980s, name-based HIV reporting did not begin in Georgia until December 31, 2003. Since the HIV surveillance systems is still relatively new in Georgia, and there are known delays with case reporting, we expect that numbers of HIV diagnoses will continue to increase as additional case reports are received.

## Definitions of Measures

**NEW DIAGNOSES** of HIV infection and/or Stage 3 (AIDS) are cases who were diagnosed between January 01, 2011 to December 31, 2011 and reported to the Georgia DPH.

**PERSONS LIVING WITH** a diagnosis of HIV infection and /or Stage 3 (AIDS) are cases who were diagnosed and alive as of December 31, 2011.

**CUMULATIVE DIAGNOSES** of HIV infection and Stage 3 (AIDS) of HIV infection are cases who were reported to the Georgia DPH and diagnosed as of December 31, 2011 and include persons living and deceased.

**TRANSMISSION CATEGORIES** presented in this report follow the standards created by the Centers for Disease Control and Prevention (CDC)<sup>6</sup> and have been used for many years. According to the CDC, *transmission category* is the term for the classification of cases that summarizes a person’s possible HIV risk factors. The summary classification results

from selecting, from the presumed hierarchical order of probability, the one risk factor most likely to have been responsible for transmission. For surveillance purposes, cases HIV and AIDS are counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV infection are classified in the transmission category according to the behavior that is most likely to have resulted in transmission. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category. Persons whose transmission category is classified as *heterosexual contact* are persons who report heterosexual contact specifically with a person known to have, or be at high risk for, HIV infection (e.g., an injection drug user/IDU). The term *high-risk* is not included in the transmission category label for *heterosexual contact* in the tables because heterosexual contact itself is the risk factor most likely to have been responsible for transmission. However, the Table 3 footnote regarding this category clarifies how the data are defined: “heterosexual contact with a person known to have, or to be at high risk for, HIV infection.” Cases among persons with no reported exposure to HIV through any of the routes listed in the hierarchy of transmission categories are classified as either no risk factor identified or reported (NIR/NRR).

**CURRENT RESIDENCE** is used to determine the number of persons living with HIV infection in Georgia. Current address is determined using the date of the most recently entered residential address into the Georgia eHARS.

**VITAL STATUS:** Persons are assumed to be alive unless otherwise documented or reported. The Georgia DPH performs an annual match of the eHARS database with Georgia Vital Records, the National Death Index, and the Social Security Death Index to ascertain vital status and identify any cases deceased from an HIV-related cause yet not otherwise reported.

**RATES:** Denominators for population rates are based on the 2011 estimates of the resident population retrieved from the Georgia

<sup>6</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol.23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed [August, 2013]

Department of Public Health, Office of Health Indicators for Planning (OHIP). Rates are per 100,000 population. Rates based on estimated case numbers less than 12 should be interpreted with caution because these rates have relative standard errors greater than 30% and are considered unreliable.

**REPORTING PERIOD:** Case numbers are based on data entered through June 30, 2013, and are not adjusted for reporting delays.

**UNMET NEED:** Unmet need for care is the absence of certain components of HIV primary medical care. In this report, unmet need for HIV primary medical care was defined as no evidence of a viral load or CD4 laboratory test between January 01, 2011 to December 31, 2011 among HIV positive persons reported to the Georgia eHARS.

**PERCENTAGES:** Total percentages may not add up to 100% due to rounding and represent the percentage of the total.

### Data Limitations

Complete and timely reporting of HIV infections to the Georgia DPH is critical for monitoring the HIV epidemic. Delays and incomplete reporting lead to an underestimation of the impact of HIV in the state of Georgia. Data in this report are not adjusted for reporting delays. Although multiple imputation methods were used to assign a known risk category to cases with missing information, a proportion of cases remain without any identified and /or reported risk factor. In addition, populations for which data are missing (e.g birth sex, race, transmission category, geographic location) may be fundamentally different. All registered laboratories are also mandated by state law to report laboratory results on any HIV-related laboratory test to the Georgia DPH. However, some facilities may not comply or send only some test results and not others. Missing laboratory data limit accurate estimation of unmet need for the state of Georgia and the Atlanta EMA.

### Highlights of Analyses

#### TABLE 1: ESTIMATES AND DISTRIBUTION OF THE GENERAL POPULATION BY RACE/ETHNICITY, GEORGIA, 2011

- There were an estimated 9,815,210 persons living in Georgia in 2011
- Of these individuals, the majority were White, Non-Hispanic (56%)
- The largest minority group in the state was Black, Non-Hispanic (30%)
- Individuals who were Hispanic/Latino comprised 9% of the state's population.

The smallest racial/ethnic groups in the state were Asian, Non-Hispanic (3%); American Indian/Alaskan Native, Non-Hispanic (<1%); Native Hawaiian/Pacific Islander, Non-Hispanic (<1%); and Multiracial/Other, Non-Hispanic (2%).

#### TABLES 2 TO 4: NEW DIAGNOSES OF HIV INFECTION, GEORGIA, JANUARY 01 TO DECEMBER 31, 2011

There were 3,023 persons with new diagnoses of HIV infection in Georgia during 2011.

- The majority of the new HIV diagnoses were among males (77%).
- Persons aged 30-39 years at the time of diagnosis represented the largest age group (23%) for new diagnoses of HIV infection in Georgia during 2011.
- There were racial/ethnic disparities among persons with new diagnoses of HIV infection in Georgia in 2011.
  - Black/Non-Hispanics accounted for 56% of new HIV infection diagnoses and comprised 30% of Georgia's population.
  - White/Non-Hispanics accounted for 10% of new HIV infection diagnoses and comprised 56% of Georgia's population.
  - Hispanics/Latinos of all races accounted for 5% of new diagnoses of HIV infection and comprised 9% of Georgia's population.
- The number of cases and proportions stratified by transmission category are shown for both unadjusted and adjusted after multiple imputation.

- Using multiple imputation, 64% of HIV infections diagnosed in 2011 among males in Georgia were attributed to the MSM transmission category.
- Among women, 63% of HIV infections diagnosed in 2011 were attributed to heterosexual contact.
- The overall state rate for new diagnoses of HIV infection in 2011 was 31 cases per 100,000 population. In 2011, several Health Districts had newly-diagnosed HIV infection rates that exceeded the overall state rate: Fulton (79 per 100,000), Clayton (79 per 100,000), DeKalb (79 per 100,000).

**TABLES 2 TO 4: NEW DIAGNOSES OF STAGE 3 (AIDS), GEORGIA, JANUARY 01 TO DECEMBER 31, 2011**

There were 1,479 persons with new diagnoses of Stage 3 (AIDS) in Georgia during 2011.

- The majority of the new diagnoses with Stage 3 (AIDS) were among males (73%).
- Persons aged 40-49 years at the time of diagnosis represented the largest age group (30%) for new diagnoses of Stage 3 (AIDS) in Georgia during 2011.
- There were racial/ethnic disparities among persons with new diagnoses of Stage 3 (AIDS) in Georgia in 2011.
  - Black/Non-Hispanics accounted for 70% of new Stage 3 (AIDS) diagnoses and comprised 30% of Georgia's population.
  - White/Non-Hispanics accounted for 13% of new Stage 3 (AIDS) diagnoses and comprised 56% of Georgia's population.
  - Hispanics/Latinos of all races accounted for 5% of new diagnoses of Stage 3 (AIDS) and comprised 9% of Georgia's population.
- Among males, 74% of new Stage 3 (AIDS) diagnoses were attributed to the MSM transmission category.
- Among females, 76% of new Stage 3 (AIDS) diagnoses were attributed to the heterosexual contact transmission category.

- The overall state rate for new diagnoses of Stage 3 (AIDS) in 2011 was 15 cases per 100,000 population. In 2011, several Health Districts had new diagnoses of Stage 3 (AIDS) rates that exceeded the overall state rate: Clayton (43 per 100,000), DeKalb (41 per 100,000), Fulton (40 per 100,000), East Central (16 per 100,000) and South (16 per 100,000).

**TABLES 5 TO 7: PERSONS LIVING WITH HIV INFECTION, GEORGIA, AS OF DECEMBER 31, 2011**

- There were 47,754 persons living with HIV infection in Georgia as of December 31, 2011.
- The majority of persons living with HIV infection were male (74%).
- The largest age category for persons living with HIV in Georgia was 40-49 years (34%).
- There were racial/ethnic disparities among persons living with HIV infection in Georgia in 2011.
  - Black/Non-Hispanics accounted for 65% of persons living with HIV infection and comprised 30% of Georgia's population.
  - White/Non-Hispanics accounted for 20% of persons living with HIV infection and comprised 56% of Georgia's population.
  - Hispanic/Latinos of all races accounted for 5% of persons living with HIV infection and comprised 9% of Georgia's population.
- Among males living with HIV infection in Georgia, 72% of cases were attributed to the MSM transmission category.
- Among females living with HIV infection in Georgia, 72% of cases were attributed to the heterosexual contact transmission category.
- The overall state prevalence rate for HIV infection in 2011 was 487 cases per 100,000 population. Three Health Districts had HIV prevalence rates that exceeded the overall state rate in 2011: Fulton (1463 per 100,000), DeKalb (1040 per 100,000) and Clayton (642 per 100,000).



**TABLES 5 TO 7: PERSONS LIVING WITH STAGE 3 (AIDS), GEORGIA, AS OF DECEMBER 31, 2011**

- There were 26,109 persons living with Stage 3 (AIDS) in Georgia as of December 31, 2011.
- The majority of persons living with Stage 3 (AIDS) of HIV infection were male (76%).
- The largest age category of persons living with Stage 3 (AIDS) in Georgia was 40-49 years (38%).
- There were racial/ethnic disparities among persons living with Stage 3 (AIDS) in Georgia in 2011
  - Black/Non-Hispanics accounted for 67% of persons living with Stage 3 (AIDS) and comprised 30% of Georgia's population.
  - White/Non-Hispanics accounted for 21% of persons living with Stage 3 (AIDS) and comprised 56% of Georgia's population.<sup>2</sup>
  - Hispanic/Latinos of all races accounted for 5% of persons living with Stage 3 (AIDS) and comprised 9% of Georgia's population.
- Among males living with Stage 3 (AIDS), 71% of cases were attributed to the MSM transmission category.
- Among females living with Stage 3 (AIDS), 74% of cases were attributed to the heterosexual contact transmission category.
- The overall state prevalence rate for Stage 3 (AIDS) in 2011 was 266 cases per 100,000 population. Three Public Health Districts had HIV prevalence rates that exceeded the overall state rate in 2011: Fulton (838 per 100,000), DeKalb (568 per 100,000) and Clayton (346 per 100,000)

**TABLE 8 TO 10: CUMULATIVE DIAGNOSES OF HIV INFECTION, GEORGIA, AS OF DECEMBER 31, 2011**

- There were 61,975 cumulative diagnoses of HIV infection in Georgia as of December 31, 2011.
- The majority (76%) of cumulative HIV cases were among males.
- The largest age category at diagnosis for cumulative cases of HIV infection in Georgia was 30-39 years (36%).

- There were racial/ethnic disparities among cumulative HIV infections in Georgia in 2011.
  - Black/Non-Hispanics accounted for 65% of cumulative HIV infections
  - White/Non-Hispanics accounted for 24% of cumulative HIV infections
  - Hispanic/Latinos of all races accounted for 4% of cumulative HIV infections
- Among male adult/adolescents, 69% of cumulative cases were attributed to the MSM transmission category.
- Among female adult/adolescents, 71% of cases were attributed to the heterosexual contact transmission category.
- The highest cumulative numbers of diagnoses of HIV infection in Georgia were in the Fulton (20,706) and DeKalb (10,377) Health Districts.

**TABLE 8 TO 10: CUMULATIVE DIAGNOSES OF STAGE 3 (AIDS), GEORGIA, AS OF DECEMBER 31, 2011**

- There were 41,090 cumulative diagnoses of Stage 3 (AIDS) in Georgia as of December 31, 2011.
- The majority of these cumulative Stage 3 (AIDS) cases were male (78%)
- The largest age category at diagnosis for cumulative cases of Stage 3 (AIDS) in Georgia was 30-39 years (40%)
- There were racial/ethnic disparities among cumulative Stage 3 (AIDS) cases in Georgia in 2011.
  - Black/Non-Hispanics accounted for 66% of cumulative Stage 3 (AIDS) cases
  - White/Non-Hispanics accounted for 27% were of cumulative Stage 3 (AIDS) cases
  - Hispanic/Latinos of all races accounted for 4% of all Stage 3 (AIDS) cases
- Among male adult/adolescents, 67% of cumulative Stage 3 (AIDS) cases were attributed to the MSM transmission category.
- Among female adult/adolescents, 70% of cumulative Stage 3 (AIDS) cases were attributed to the heterosexual contact transmission category.

- The highest cumulative numbers of diagnoses of Stage 3 (AIDS) in Georgia were in the Fulton (15,397) and DeKalb (6,572) Health Districts.

**TABLE 11 AND 12: UNMET NEED BY HIV/AIDS STATUS AND GEOGRAPHIC LOCATION, GEORGIA, 2011**

**UNMET NEED:** Antiretroviral therapy is recommended for persons with HIV infection to reduce the risk of disease progression and transmission of HIV<sup>7</sup>. In 2011, this recommendation varied by pretreatment CD4 T-cell count (CD4 count) and by transmission risks. The CD4 count serves as the major laboratory indicator of immune function among HIV infected persons. It is used to determine the need for ART initiation, decisions regarding prophylaxis for opportunistic infections and monitoring therapeutic response. Plasma HIV-RNA (viral load or VL) is the most important indicator of response to ART. Guidelines developed by the Department of Health and Human Services for the use of antiretroviral agents in HIV-1 infected adults and adolescents recommend ongoing monitoring of CD4 count and VL. The guidelines recommend CD4 count measurement every 3-6 months for individual not prescribed ART. After ART initiation, in clinically stable patients with suppressed viral load (<200 copies/ml), the guidelines recommend monitoring CD4 count every 6-12 months. Similarly, the guidelines recommend VL measurement every 3-4 months initially, and in clinically stable ART-adherent patients, every 6 months. Monitoring of CD4 count, VL testing and ART are considered essential components of HIV primary medical care by the HIV/AIDS Bureau (HAB), Health Resources and Service Administration (HRSA).

HAB/HRSA aims to provide for the underserved in response to the HIV/AIDS epidemic's growing impact among underserved minority and

<sup>7</sup> Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Section accessed [2 October, 2013] It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the AIDSinfo website (<http://aidsinfo.nih.gov>).

hard-to-reach populations through the Ryan White HIV/AIDS Program. The Program works with cities, state and local community based organizations to provide HIV- related services to those who do not have sufficient health care coverage and/or financial resources. Part A of the Ryan White CARE Act specifically provides assistance to Eligible Metropolitan Areas (EMA) of a state. To qualify for an EMA status, an area must have reported at least 2000 AIDS cases in the most recent five years and have a population of at least 50,000. Atlanta's Eligible Metropolitan Area consists of 20 counties surrounding the city of Atlanta. It includes Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties. In keeping with the principle of providing for the underserved, jurisdictions annually assess the demographics of HIV/AIDS cases throughout the state, territory, or Eligible Metropolitan Area. This information is used to develop and adapt care systems to respond to the primary medical care needs of emerging populations. Continued **Ryan White CARE Act** funding requires jurisdictions to identify people living with HIV disease who know their status but are not receiving regular HIV related primary care and supportive services through Ryan White CARE Act programs and other sources.

HRSA defines an individual with HIV or AIDS as having an unmet need for care if he or she is living with HIV/AIDS, is aware of his or her HIV status, and is not receiving any of the following three components of HIV primary medical care during a 12-month time frame: (1) VL testing; (2) CD4 count; or, (3) provision of ART. The Georgia DPH assesses the unmet need by HIV/AIDS status and geographic location annually based on a framework developed by University of California, San Francisco<sup>8</sup>. At this time, there is no way to determine whether HIV positive cases reported to the Georgia eHARS are aware of their status. Hence for the purpose of unmet need analysis, all cases reported to Georgia DPH are assumed

<sup>8</sup> A Practical Guide to Measuring Unmet Need for HIV Related Primary Medical Care: Using the Unmet Need Framework. [Fty://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf](http://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf) [Accessed September 2013]

to be aware of their status. Information on provision of ART on cases reported to Georgia eHARS is also not available. Unmet need for HIV primary medical care is therefore defined in Georgia as having no evidence of either: (1) viral load (VL) testing; or, (2) CD4 count during a specified 12 month period. This report provides data on unmet need for HIV primary medical care for the state of Georgia, Atlanta Eligible Metropolitan Area (EMA), and the Georgia non-EMA during January 01, 2011 to December 31, 2011 based on current residence of Georgia and/or counties. Cases with unknown information on current residence by zip code or county but residing in Georgia were assumed to be currently living in the Georgia non-EMA. Hence the unmet need of the Georgia non-EMA may be overestimated compared to the Atlanta EMA and/or Georgia statewide. Data are provided for cases living with a diagnosis of HIV (not AIDS) and AIDS. Data are provided for cases living with a diagnosis of HIV (not AIDS) and AIDS.

**UNMET NEED FOR PERSONS LIVING WITH HIV/AIDS, GEORGIA, ATLANTA EMA AND GEORGIA NON-EMA, JANUARY 01 TO DECEMBER 31, 2011:**

- Persons living with AIDS had a higher number of cases with unmet need as compared to persons living with HIV (not AIDS) in all three geographic locations; Georgia statewide, the Atlanta EMA, and the Georgia non-EMA.
- The highest number of cases with unmet need among persons living with HIV disease (i.e., HIV (not AIDS) and AIDS) was seen in the Atlanta EMA (12,285), although the highest percentage of unmet need was seen among persons living with HIV disease in the Georgia non-EMA (50%)

**UNMET NEED FOR PERSONS LIVING WITH HIV (NOT AIDS), GEORGIA, JANUARY 01 TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (47%) than females (46%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), the highest percentage of unmet need (51%) was in the

25-29 and 30-34 years age groups.

- There were racial/ethnic disparities among individuals with unmet need in Georgia in 2011.
  - Unmet need was found for 51% of Black/Non-Hispanics, 51% of Hispanic/Latinos, and 44% of White/Non-Hispanics living with HIV (not AIDS)
- IDU had the highest percentage (57%) of unmet need by transmission category

**UNMET NEED FOR PERSONS LIVING WITH AIDS, GEORGIA, JANUARY 01 TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (45%) than females (40%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), those age 65 years and older had the highest percentage of unmet need at 60%.
- There were racial /ethnic disparities among individuals with unmet need in Georgia in 2011.
  - Unmet need was found for 54% of White/Non-Hispanics, 50% of Hispanic/Latinos and 43% of Black/Non-Hispanics living with AIDS
- IDU had the highest percentage (60%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH HIV (NOT AIDS), ATLANTA EMA, GEORGIA, JANUARY 01 TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (43%) than females (42%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS), the 25-29 age group had the highest percent of unmet need at 47%.
- There were racial /ethnic disparities among individuals with unmet need in the Atlanta EMA, Georgia in 2011.
  - Unmet need was found for 48% of Black/Non-Hispanics, 47% of Hispanic/Latinos and 38% of White/Non-Hispanics living

with HIV (not AIDS)

- IDU had the highest percentage (55%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH AIDS, ATLANTA EMA, GEORGIA, JANUARY 01 TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (44%) than females (39%).
- Among adults and adolescents (13 years and older) living with AIDS, those aged 65 years and older had the highest percent of unmet need at 62%.
- There were racial /ethnic disparities among individuals with unmet need in the Atlanta EMA in 2011.
  - Unmet need was found for 49% of White/ Non-Hispanics, 48% of Hispanic/Latinos and 43% of Black/Non-Hispanics living with AIDS.
- IDU had the highest percentage (60%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH HIV (NOT AIDS), GEORGIA NON-EMA, JANUARY 01 TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (55%) than females (51%).
- Among adults and adolescents (13 years and older) living with HIV (not AIDS) the 30-34 years age group had the highest percent of unmet need at 60%.
- There were racial /ethnic disparities among individuals with unmet need in the Georgia non-EMA in 2011.
  - Unmet need was found among 58% of Hispanic/Latinos, 54% of Black/ Non-Hispanics and 53% of White/ Non-Hispanics living with HIV (not AIDS).
- IDU had the highest percentage (59%) of unmet need by transmission category.

**UNMET NEED FOR PERSONS LIVING WITH AIDS, ATLANTA EMA AND GEORGIA NON-EMA, JANUARY 01**

**TO DECEMBER 31, 2011:**

- Males had a higher percentage of unmet need (48%) than females (42%).
- Among adults and adolescents (13 years and older) living with AIDS, those aged of 65 years and older had the highest percentage of unmet need at 56%.
- There were racial/ethnic disparities among individuals with unmet need in the Georgia non- EMA in 2011.
  - Unmet need was found for 53% of Hispanic/ Latinos, 51% of White/Non-Hispanics and 44% of Black/Non-Hispanics living with AIDS.
- IDU had the highest percentage (59%) of unmet need by transmission category.

**Table 1 | Distribution of the General Population<sup>1</sup> by Race/Ethnicity, Georgia, 2011**

<b>Race/Ethnicity</b>	<b>Number<sup>1</sup> (%)</b>
<b>White, Non-Hispanic</b>	<b>5,450,015(56)</b>
<b>Black, Non-Hispanic</b>	<b>2,967,493(30)</b>
<b>Hispanic / Latino, Any Race</b>	<b>892,010(9)</b>
<b>Asian, Non-Hispanic</b>	<b>327,613(3)</b>
<b>American Indian / Alaskan Native, Non-Hispanic</b>	<b>22,464(&lt;1)</b>
<b>Native Hawaiian / Pacific Islander, Non-Hispanic</b>	<b>5,894(&lt;1)</b>
<b>Multiracial / Other, Non-Hispanic</b>	<b>149,721(2)</b>
<b>Total</b>	<b>9,815,210</b>

<sup>1</sup> Population estimates are based on data obtained from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

**Table 2 | Diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by sex, age, race/ethnicity, Georgia, January 01, 2011 to December 31, 2011**

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent <sup>1</sup>	Count	Percent
Male	2,325	77%	1,073	73%
Female	681	23%	395	27%
Unknown	17	<1%	11	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	17	<1%	0	0
13-19	142	5%	29	2%
20-24	543	18%	142	10%
25-29	454	15%	195	13%
30-39	689	23%	371	25%
40-49	652	22%	447	30%
50-59	402	13%	230	16%
60+	124	4%	65	4%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	1,699	56%	1,036	70%
White/Non-Hispanic	295	10%	195	13%
Hispanic/Latino, Any Race	154	5%	77	5%
American Indian/Alaska Native	1	<1%	0	0
Asian/Native Hawaiian/Pacific Islander	20	<1%	6	<1%
Multiple races	47	2%	40	3%
Unknown	807	27%	125	8%
<b>Total</b>	<b>3,023</b>		<b>1,479</b>	

<sup>1</sup> Total percentages may not add up to 100% due rounding and represent the percentage of the total

**Table 3 | Diagnoses of HIV infection and Stage 3 (AIDS) by sex and transmission category<sup>1</sup>, Georgia, January 01, 2011 to December 31, 2011**

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted <sup>2</sup> Estimates		Unadjusted Estimates		Adjusted Estimates	
	Count	Percent <sup>3</sup>	Count	Percent	Count	Percent	Count	Percent
<b>Male adult or adolescent</b>								
MSM <sup>4</sup>	775	33%	1,471	64%	455	42%	789	74%
IDU <sup>5</sup>	20	1%	73	3%	29	3%	69	6%
MSM & IDU <sup>6</sup>	12	1%	39	2%	19	2%	38	4%
Heterosexual <sup>7</sup>	34	1%	108	5%	29	3%	88	8%
Other <sup>8</sup>	1,475	64%	625	27%	539	50%	87	8%
<b>Subtotal</b>	<b>2,316</b>		<b>2,316</b>		<b>1,071</b>		<b>1,071</b>	
<b>Female adult or adolescent</b>								
IDU	19	3%	83	12%	17	4%	64	16%
Heterosexual	54	8%	427	63%	54	14%	296	76%
Other <sup>9</sup>	601	89%	164	24%	319	82%	30	8%
<b>Subtotal</b>	<b>674</b>		<b>674</b>		<b>390</b>		<b>390</b>	
<b>Child (&lt;13 years at diagnosis)</b>								
Perinatal <sup>10</sup>	8	47%			3	38%		
Other <sup>11</sup>	9	53%			5	63%		
<b>Subtotal</b>	<b>17</b>				<b>8</b>			
<b>Total</b>	<b>3,023</b>				<b>1,479</b>			

<sup>1</sup> New diagnoses of HIV infection with no information on birth sex and date of birth were excluded from the table, so subtotals may not add up to the totals

<sup>2</sup> Adjusted estimates resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

<sup>3</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

<sup>4</sup> MSM: Male-to-male sexual contact

<sup>5</sup> IDU: Injection drug use

<sup>6</sup> MSM & IDU: Male-to-male sexual contact and injection drug use

<sup>7</sup> Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and /or person with AIDS or documented HIV

<sup>8</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>9</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>10</sup> Perinatal: Includes cases born to HIV/AIDS positive mother

<sup>11</sup> Includes hemophilia, blood transfusion and risk factor not reported

**Table 4 | Diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by Public Health District of residence at diagnosis, Georgia, 2011**

Public Health Districts	HIV infection		Stage 3 (AIDS)	
	Count	Rate <sup>1</sup>	Count	Rate
1-1 Northwest (Rome)	48	7	24	4
1-2 North Georgia (Dalton)	29	7	10	2
2 North (Gainesville)	37	6	26	4
3-1 Cobb-Douglas	200	24	94	11
3-2 Fulton	754	79	384	40
3-3 Clayton (Jonesboro)	207	79	113	43
3-4 East Metro (Lawrenceville)	156	15	52	5
3-5 DeKalb	552	79	287	41
4 LaGrange	117	14	53	7
5-1 South Central (Dublin)	28	18	9	6
5-2 North Central (Macon)	108	21	72	14
6 East Central (Augusta)	106	23	74	16
7 West Central (Columbus)	115	31	47	13
8-1 South (Valdosta)	79	31	41	16
8-2 Southwest (Albany)	106	30	36	10
9-1 Coastal (Savannah)	144	25	81	14
9-2 Southeast (Waycross)	59	16	25	7
10 Northeast (Athens)	50	11	31	7
Unknown Health District	128		20	
<b>Total</b>	<b>3,023</b>	<b>31</b>	<b>1,479</b>	<b>15</b>

<sup>1</sup> Rates are calculated as number of cases per 100,000 population and are based on population data retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)



**Table 5 | Persons living with a diagnoses of HIV infection and Stage 3 (AIDS) of HIV infection by sex, age and race/ethnicity, Georgia, as of December 31, 2011**

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent <sup>1</sup>	Count	Percent
Male	35,410	74%	19,805	76%
Female	12,067	25%	6,214	24%
Unknown	277	<1%	90	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	181	<1%	20	<1%
13-19	409	<1%	127	<1%
20-24	2,126	4%	523	2%
25-29	3,793	8%	1,196	5%
30-39	9,778	20%	4,495	17%
40-49	16,214	34%	9,827	38%
50-59	11,228	24%	7,246	28%
60+	4,001	8%	2,673	10%
Missing	24	<1%	2	<1%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	30,937	65%	17,436	67%
White/Non-Hispanic	9,539	20%	5,608	21%
Hispanic/Latino, Any Race	2,338	5%	1,360	5%
American Indian/Alaska Native	26	<1%	13	<1%
Asian/Native Hawaiian/Pacific Islander	171	<1%	75	<1%
Multiple races	1,257	3%	787	3%
Unknown	3,486	7%	830	3%
<b>Total</b>	<b>47,754</b>		<b>26,109</b>	

<sup>1</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the total

**Table 6 | Persons living with a diagnosis of HIV Infection and Stage 3 (AIDS) by sex and transmission category<sup>1</sup>, Georgia as of December 31, 2011**

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted Estimates <sup>2</sup>		Unadjusted Estimates		Adjusted Estimates	
	Count	Percent <sup>3</sup>	Count	Percent	Count	Percent	Count	Percent
<b>Male adult or adolescent</b>								
MSM	17,782	50%	25,430	72%	10,531	53%	13,964	71%
IDU	1,763	5%	2,635	7%	1,370	7%	1,954	10%
MSM & IDU	1,504	4%	2,049	6%	1,079	5%	1,357	7%
Heterosexual	1,602	5%	2,482	7%	1,177	6%	1,786	9%
Other <sup>4</sup>	12,645	36%	2,700	8%	5,562	29%	659	4%
<b>Subtotal</b>	<b>35,296</b>		<b>35,296</b>		<b>19,719</b>		<b>19,720</b>	
<b>Female adult or adolescent</b>								
IDU	1,075	9%	2,502	21%	733	12%	1,426	23%
Heterosexual	3,079	26%	8,597	72%	1,963	31%	4,510	74%
Other <sup>5</sup>	7,823	65%	878	7%	3,409	57%	169	3%
<b>Subtotal</b>	<b>11,977</b>		<b>11,977</b>		<b>6,105</b>		<b>6,105</b>	
<b>Child (&lt;13 years at diagnosis)</b>								
Perinatal	111	54%			221	86%		
Other <sup>6</sup>	94	46%			36	14%		
<b>Subtotal</b>	<b>205</b>				<b>257</b>			
<b>Total</b>	<b>47,754</b>				<b>26,109</b>			

<sup>1</sup> Persons living with HIV infection and Stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table, so subtotals may not add up to the totals

<sup>2</sup> Adjusted estimated resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

<sup>3</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

<sup>4</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>5</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>6</sup> Includes hemophilia, blood transfusion and risk factor not reported

**Table 7 | Persons living with a diagnosis of HIV Infection and Stage 3 (AIDS) of HIV infection by Public Health District of residence at diagnosis, Georgia, 2011**

Public Health Districts	HIV infection		Stage 3 (AIDS)	
	Count	Rate <sup>1</sup>	Count	Rate
1-1 Northwest (Rome)	768	120	446	70
1-2 North Georgia (Dalton)	483	109	266	60
2 North (Gainesville)	564	90	302	48
3-1 Cobb-Douglas	2,782	335	1,483	178
3-2 Fulton	13,890	1,463	7,962	838
3-3 Clayton (Jonesboro)	1,678	642	906	346
3-4 East Metro (Lawrenceville)	2,758	273	1,459	144
3-5 DeKalb	7,280	1,040	3,978	568
4 LaGrange	1,447	179	823	102
5-1 South Central (Dublin)	608	395	294	191
5-2 North Central (Macon)	1,739	332	953	182
6 East Central (Augusta)	2,011	433	1,143	246
7 West Central (Columbus)	1,516	405	730	195
8-1 South (Valdosta)	945	368	464	181
8-2 Southwest (Albany)	1,276	358	706	198
9-1 Coastal (Savannah)	2,404	414	1,393	240
9-2 Southeast (Waycross)	1,031	280	566	154
10 Northeast (Athens)	714	154	413	89
Unknown Health District	3,860		1,822	
<b>Total</b>	<b>47,754</b>	<b>487</b>	<b>26,109</b>	<b>266</b>

<sup>1</sup> Rates are calculated as number of cases per 100,000 population and are based on population data retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

**Table 8 | Cumulative diagnoses with HIV Infection and Stage 3 (AIDS) of HIV infection by sex, age, race/ethnicity, Georgia, as of December 31, 2011**

	HIV infection		Stage 3 (AIDS)	
Sex	Count	Percent	Count	Percent
Male	47,316	76%	32,249	78%
Female	14,446	23%	8,768	21%
Unknown	213	<1%	73	<1%
Age at Diagnosis (years)	Count	Percent	Count	Percent
<13	560	<1%	243	<1%
13-19	1,883	3%	414	1%
20-24	6,684	11%	2,206	5%
25-29	9,842	16%	5,527	13%
30=39	22,143	36%	16,366	40%
40-49	14,038	23%	11,197	27%
50-59	5,185	8%	3,886	9%
60+	1,620	3%	1,249	3%
Missing	20	<1%	2	<1%
Race/Ethnicity	Count	Percent	Count	Percent
Black/Non-Hispanic	40,490	65%	27,018	66%
White/Non-Hispanic	14,904	24%	11,019	27%
Hispanic/Latino, Any Race	2,382	4%	1,482	4%
American Indian/Alaska Native	29	<1%	18	<1%
Asian/Native Hawaiian/Pacific Islander	179	<1%	96	<1%
Multiple races	1,255	2%	808	2%
Unknown	2,736	4%	649	2%
<b>Total</b>	<b>61,975</b>		<b>41,090</b>	

**Table 9 | Cumulative diagnoses of HIV Infection and Stage 3 (AIDS) of HIV infection by sex and transmission category<sup>1</sup>, Georgia as of December 31, 2011**

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted Estimates <sup>2</sup>		Unadjusted Estimates		Adjusted Estimates	
Male adult or adolescent	Count	Percent <sup>3</sup>	Count	Percent	Count	Percent	Count	Percent
MSM	24,024	51%	32,620	69%	17,334	54%	21,605	67%
IDU	4,074	9%	5,418	12%	3,596	11%	4,587	14%
MSM & IDU	2,397	5%	3,046	6%	1,926	6%	2,294	7%
Heterosexual	2,512	5%	3,764	8%	2,038	6%	2,952	9%
Other <sup>4</sup>	14,024	30%	2,183	5%	7,208	22%	664	2%
<b>Subtotal</b>	<b>47,031</b>		<b>47,031</b>		<b>32,102</b>		<b>32,102</b>	
Female adult or adolescent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
IDU	1,801	13%	3,489	25%	1,432	17%	2,364	27%
Heterosexual	4,069	29%	10,078	71%	3,016	35%	6,067	70%
Other <sup>5</sup>	8,289	59%	592	4%	4,170	48%	187	2%
<b>Subtotal</b>	<b>14,159</b>		<b>14,159</b>		<b>8,618</b>		<b>8,618</b>	
Child (<13 years at diagnosis)	Count	Percent			Count	Percent		
Perinatal	430	77%			259	88%		
Other <sup>6</sup>	132	23%			37	13%		
<b>Subtotal</b>	<b>562</b>				<b>296</b>			
<b>Total</b>	<b>61,975</b>				<b>41,090</b>			

<sup>1</sup> Cumulative cases with no information on birth sex and date of birth were excluded from the table, so subtotals may not add up to the totals

<sup>2</sup> Estimated numbers resulted from multiple imputation, a statistical adjustment that accounted for missing risk factor information but not for incomplete reporting

<sup>3</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal

<sup>4</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>5</sup> Includes hemophilia, blood transfusion, perinatal exposure and risk factor not reported

<sup>6</sup> Includes hemophilia, blood transfusion and risk factor not reported

**Table 10 | Cumulative diagnoses with HIV infection and Stage 3 (AIDS) of HIV Infection by Public Health District of residence at diagnosis, Georgia, as of December 31, 2011**

Public Health Districts	HIV infection	Stage 3 (AIDS)
	Count	Count
1-1 Northwest (Rome)	953	595
1-2 North Georgia (Dalton)	630	391
2 North (Gainesville)	659	431
3-1 Cobb-Douglas	3,117	1,940
3-2 Fulton	20,706	15,397
3-3 Clayton (Jonesboro)	2,364	1,384
3-4 East Metro (Lawrenceville)	2,489	1,494
3-5 DeKalb	10,377	6,572
4 LaGrange	2,073	1,267
5-1 South Central (Dublin)	698	378
5-2 North Central (Macon)	2,663	1,670
6 East Central (Augusta)	2,937	2,009
7 West Central (Columbus)	2,209	1,358
8-1 South (Valdosta)	1,253	701
8-2 Southwest (Albany)	2,151	1,466
9-1 Coastal (Savannah)	3,443	2,296
9-2 Southeast (Waycross)	1,281	831
10 Northeast (Athens)	990	680
Unknown Health District	982	230
<b>Total</b>	<b>61,975</b>	<b>41,090</b>

**Table 11 | Quantified Estimate of Unmet Need for HIV Primary Care, Georgia, Atlanta EMA<sup>1</sup>, Georgia non-EMA, 2011**

		Population		Atlanta EMA <sup>1</sup>		Georgia non-EMA	
Row	Population	Cases		Cases		Cases	
Row A.	Number of persons living with AIDS (PLWA) as of 12/31/2011	25,709		16,625		9,084	
Row B.	Number of persons living with HIV (PLWH)/not AIDS as of 12/31/2011	19,818		12,058		7,760	
<b>Row C.</b>	<b>Total number of persons living with HIV Disease as of 12/31/2011</b>	<b>45,527</b>		<b>28,683</b>		<b>16,844</b>	
Care Patterns		Cases		Cases		Cases	
Row D.	Number of persons living with AIDS (PLWA) who received the specified HIV primary medical care during the 12-month period, 01/01/2011 to 12/31/2011	14,394		9,483		4,911	
Row E.	Number of persons living with HIV (PLWH)/not AIDS who received the specified HIV primary medical care during the 12-month period, 01/01/2011 to 12/31/2011	10,506		6,915		3,591	
<b>Row F.</b>	<b>Total number of persons living with HIV Disease who received the specified HIV primary medical care during the 12-month period, 01/01/2011 to 12/31/2011</b>	<b>24,900</b>		<b>16,398</b>		<b>8,502</b>	
Calculated Results		Cases	Percent	Cases	Percent	Cases	Percent
Row G.	Number of persons living with AIDS (PLWA) who did not receive the specified HIV primary medical care during the 12-month period 01/01/2011 to 12/31/2011	11,315	44	7,142	43	4,173	46
Row H.	Number of persons living with HIV (PLWH)/not AIDS who did not receive the specified HIV primary medical care during the 12-month period 01/01/2011 to 12/31/2011	9,312	47	5,143	43	4,169	54
<b>Row I.</b>	<b>Total number of persons living with HIV disease who did not receive the specified HIV primary medical care during the 12-month period 01/01/2011 to 12/31/2011</b>	<b>20,627</b>	<b>45</b>	<b>12,285</b>	<b>43</b>	<b>8,342</b>	<b>50</b>

<sup>1</sup> EMA stands for Eligible Metropolitan Area

**Table 12 | Characteristics of estimates of unmet need for HIV primary care, Georgia, January 01, 2011 to December 31, 2011**

	HIV (not AIDS)		AIDS		Total	
Sex	Count	Percent <sup>1</sup>	Count	Percent	Count	Percent
Male	6,750	47	8,827	45	15,577	46
Female	2,551	46	2,486	40	5,037	43
<b>Subtotal<sup>2</sup></b>	<b>9,301</b>		<b>11,313</b>		<b>20,614</b>	
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	<5	<5	<5	<5	<5	<5
2-12	85	63	6	30	91	59
13-17	38	35	13	25	51	31
18-24	721	45	143	25	864	40
25-29	1,175	51	371	32	1,546	44
30-34	1,255	51	669	37	1,924	45
35-39	1,141	49	978	38	2,119	44
40-44	1,332	46	1,723	41	3,055	43
45-49	1,328	44	2,460	45	3,788	44
50-54	1,026	44	2,030	46	3,056	46
55-59	630	45	1,399	50	2,029	48
60-64	327	46	856	55	1,183	52
65+	228	45	664	60	892	55
<b>Subtotal</b>	<b>9,286</b>		<b>11,312</b>		<b>20,598</b>	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non Hispanic	6,554	51	7,554	43	14,108	47
White/Non Hispanic	1,703	44	2,791	50	4,494	47
Hispanic/Latino, Any Race	448	51	646	50	1,094	50
Other <sup>3</sup>	199	40	229	30	428	34
Unknown	408	24	95	15	503	22
<b>Subtotal</b>	<b>9,312</b>		<b>11,315</b>		<b>20,627</b>	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	3,187	47	4,837	47	8,024	47
IDU	391	57	1,224	60	1,615	59
MSM&IDU	186	48	548	53	734	51
Heterosexual	657	43	1,478	47	2,135	46
Other <sup>4</sup>	86	41	117	47	203	44
NIR/NRR <sup>5</sup>	4,805	47	3,111	35	7,916	41
<b>Subtotal</b>	<b>9,312</b>		<b>11,315</b>		<b>20,627</b>	

<sup>1</sup> Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

<sup>2</sup> Subtotals may not be equal due to missing information for sex and age

<sup>3</sup> Other includes Non-Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

<sup>4</sup> Includes hemophilia, blood transfusion, transplant and pediatric transmission

<sup>5</sup> NIR/NRR includes cases with 'no identified risk or no risk reported'



**Table 13 | Characteristics of estimates of unmet need for HIV primary care, Atlanta EMA<sup>1</sup>, Georgia, January 01, to December 31, 2011**

	HIV (not AIDS)		AIDS		Total	
Sex	Count	Percent <sup>2</sup>	Count	Percent	Count	Percent
Male	3,963	43	5,842	44	9,805	44
Female	1,176	42	1,299	39	2,475	40
<b>Subtotal<sup>3</sup></b>	<b>5,139</b>		<b>7,141</b>		<b>12,280</b>	
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	<5	<5	<5	<5	<5	<5
2-12	24	41	6	40	30	41
13-17	24	33	8	22	32	29
18-24	424	43	77	22	501	38
25-29	688	47	218	28	906	40
30-34	718	46	411	34	1,129	41
35-39	623	43	592	36	1,215	39
40-44	739	41	1,071	39	1,810	40
45-49	750	40	1,592	44	2,342	43
50-54	540	41	1,316	46	1,856	45
55-59	320	40	889	50	1,209	47
60-64	164	40	566	58	730	53
65+	116	43	394	62	510	56
<b>Subtotal</b>	<b>5,130</b>		<b>7,140</b>		<b>12,270</b>	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non Hispanic	3,669	48	4,778	43	8,447	45
White/Non Hispanic	848	38	1,732	49	2,580	45
Hispanic/Latino, Any Race	289	47	431	48	720	48
Other <sup>4</sup>	132	38	158	29	290	32
Unknown	205	16	43	9	248	14
<b>Subtotal</b>	<b>5,143</b>		<b>7,142</b>		<b>12,285</b>	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	2,088	44	3,463	46	5,551	45
IDU	210	55	791	60	1,001	59
MSM&IDU	142	51	416	54	558	53
Heterosexual	258	42	667	48	925	46
Other <sup>5</sup>	51	38	69	46	120	42
NIR/NRR <sup>6</sup>	2,394	40	1,736	32	4,130	36
<b>Subtotal</b>	<b>5,143</b>		<b>7,142</b>		<b>12,285</b>	

<sup>1</sup> Atlanta EMA stands for Atlanta Eligible Metropolitan Area

<sup>2</sup> Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

<sup>3</sup> Subtotals may not be equal due to missing information for sex and age

<sup>4</sup> Other includes Non-Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

<sup>5</sup> Includes hemophilia, blood transfusion, transplant and pediatric transmission

<sup>6</sup> NIR/NRR, includes cases with 'no identified risk or no risk reported'

**Table 14 | Characteristics of estimates of unmet need for HIV primary care, Georgia non-EMA, 2011**

	HIV (not AIDS)		AIDS		Total	
Sex	Count	Percent <sup>1</sup>	Count	Percent	Count	Percent
Male	2,787	55	2,985	48	5,772	51
Female	1,375	51	1,187	42	2,562	47
<b>Subtotal<sup>2</sup></b>	<b>4,162</b>		<b>4,172</b>		<b>8,334</b>	
Age in years	Count	Percent	Count	Percent	Count	Percent
<2	<5	<5	<5	<5	<5	<5
2-12	61	81	0	0	61	76
13-17	14	38	5	31	9	36
18-24	297	47	66	32	363	43
25-29	487	57	153	38	640	51
30-34	537	60	258	43	795	53
35-39	518	59	386	43	904	51
40-44	593	55	652	45	1,245	49
45-49	578	50	868	46	1,446	48
50-54	486	49	714	46	1,200	47
55-59	310	52	510	49	820	50
60-64	163	53	290	50	453	51
65+	112	47	270	56	382	53
<b>Subtotal</b>	<b>4,156</b>		<b>4,172</b>		<b>8,318</b>	
Race/Ethnicity	Count	Percent	Count	Percent	Count	Percent
Black/Non Hispanic	2,885	54	2,776	44	5,661	49
White/Non Hispanic	855	53	1,059	51	1,914	52
Hispanic/Latino, Any Race	159	58	215	53	374	55
Other <sup>3</sup>	67	45	71	34	138	39
Unknown	203	45	52	30	255	41
<b>Subtotal</b>	<b>4,169</b>		<b>4,173</b>		<b>8,342</b>	
Transmission Category	Count	Percent	Count	Percent	Count	Percent
MSM	1,099	55	1,374	49	2,473	52
IDU	181	59	433	59	614	59
MSM&IDU	44	37	132	49	176	46
Heterosexual	399	44	811	46	1,210	46
Other <sup>4</sup>	35	46	48	48	83	47
NIR/NRR <sup>5</sup>	2,411	55	1,375	40	3,786	48
<b>Subtotal</b>	<b>4,169</b>		<b>4,173</b>		<b>8,342</b>	

<sup>1</sup> Percentages are row percentages. The denominators for these percents are persons living with HIV disease in the specified group.

<sup>2</sup> Subtotals may not be equal due to missing information

<sup>3</sup> Other includes non Hispanic Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial

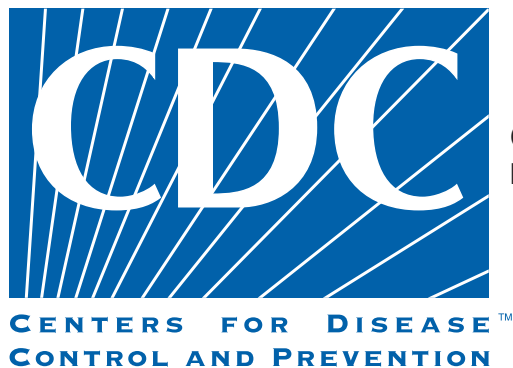
<sup>4</sup> Includes hemophilia, blood transfusion, transplant and pediatric transmission

<sup>5</sup> NIR/NRR includes cases with 'no identified or no reported risk'

## HIV/AIDS Resources:



**Georgia Department of Public Health**  
<http://dph.georgia.gov/what-hiv-and-aids>



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



**AIDS Vu**  
<http://aidsvu.org/>

### Reporting

- All health care providers diagnosing and/or providing care to a patient with HIV are required by Georgia law (O.C.G.A. §31-12-1) to report HIV infection using the HIV/AIDS Case Report Form
- 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



**FOR MORE INFORMATION CONTACT:**

Georgia Department of Public Health

HIV/AIDS Epidemiology Program

<https://dph.georgia.gov/hiv-care-continuum>