

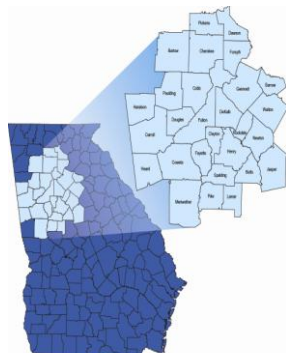
Fact Sheet: HIV Surveillance, Georgia, 2012

Human immunodeficiency virus (HIV) can lead to acquired immunodeficiency syndrome (AIDS). Unlike some other viruses, the human body cannot develop an effective immune response to HIV. Once a person has been infected with HIV; there is treatment but no cure. HIV impairs the immune system by destroying specific immune system cells, called CD4 cells. Based on the CD4 count (cells/ml), HIV infection is classified as stage 1 (CD4 count ≥ 500), stage 2 (200-499) and stage 3, AIDS (<200). In Stage 3 disease, or AIDS, the individual is susceptible to infections and tumors. HIV is spread by contact with infected bodily fluids such as blood, semen, vaginal fluids, and breast milk. The HIV/AIDS Epidemiology Section, Georgia Department of Public Health (DPH) is authorized under Georgia law (O.C.G.A. §31-12-1) to conduct notifiable disease surveillance for HIV (not AIDS) and AIDS^s. HIV infection includes both HIV (not AIDS) and AIDS cases regardless of the stage of disease.

Persons Living with HIV infection and Stage 3 (AIDS), Georgia, through December 31, 2012

- Georgia was ranked sixth highest in the nation for total number of adults and adolescents living with HIV infection in 2010¹
- As of December 31, 2012, the total number of persons living with HIV infection in Georgia was 50,436 (Table 1)
- This represents an increase in HIV prevalence of 53% from 2005 (Figure 2)
- Of these, 45% (23,218) had HIV (not AIDS) and 55% (27,218) had stage 3 disease, or AIDS (Table 1)
- Among the 18 Public Health Districts of Georgia, Fulton and DeKalb had the highest numbers and rates of persons living with HIV infection and stage 3, AIDS through 2012 (Table 1)
- Almost two-thirds (32,391/50,436 or 64%) of persons living with HIV infection in 2012 resided in the Atlanta, Metropolitan Statistical Area (MSA) (Figure 1)

Figure 1: Persons living with HIV infection Atlanta MSA vs. Georgia non-MSA, through December 31, 2012



Atlanta MSA: 32,391
Georgia non-MSA: 18,045
Total: 50,436

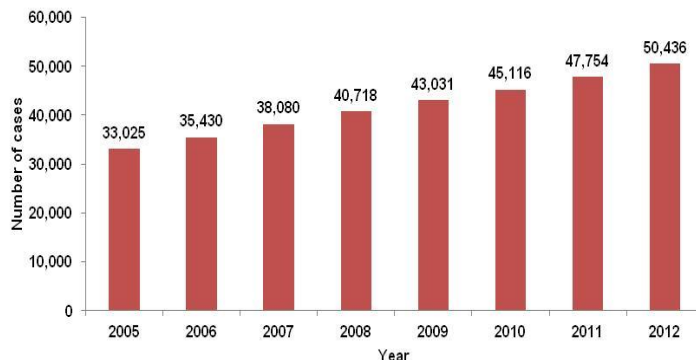
Atlanta MSA Counties:
 Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, Walton



Public Health Districts	HIV Infection		Stage 3 (AIDS)	
	No.	Crude Rate*	No.	Crude Rate
1-1 Northwest (Rome)	799	124	460	72
1-2 North Georgia (Dalton)	510	115	269	60
2 North (Gainesville)	596	94	316	50
3-1 Cobb-Douglas	2,969	353	1,565	186
3-2 Fulton	14,561	1,489	8,253	844
3-3 Clayton (Jonesboro)	1,818	684	971	365
3-4 East Metro	2,915	283	1,515	147
3-5 DeKalb	7,731	1,093	4,184	592
4 LaGrange	1,536	190	850	105
5-1 South Central (Dublin)	649	424	309	202
5-2 North Central (Macon)	1,823	346	979	186
6 East Central (Augusta)	2,109	449	1,207	257
7 West Central (Columbus)	1,603	424	749	198
8-1 South (Valdosta)	1,017	396	501	195
8-2 Southwest (Albany)	1,352	379	732	205
9-1 Coastal (Savannah)	2,521	427	1,442	245
9-2 Southeast (Waycross)	1,120	305	581	158
10 Northeast (Athens)	751	161	426	92
Unknown Health District	4,056	.	1,909	.
Total	50,436	508	27,218	274

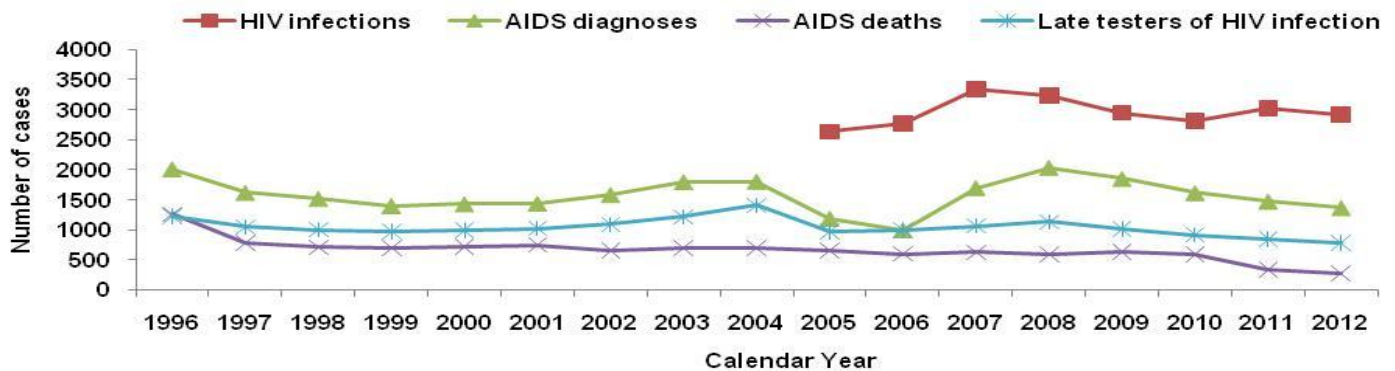
*Crude rates are per 100,000 population

Figure 2: Persons living with HIV infection, 2005 to 2012



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Figure 3: New diagnoses of HIV infection, Stage 3 (AIDS), AIDS deaths and late testers* of HIV infection, Georgia, 1996 to 2012

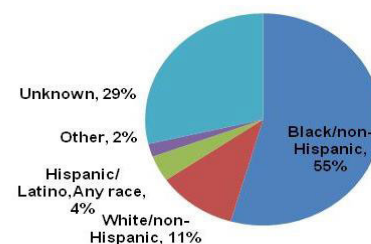


*Late testers = persons diagnosed with AIDS within one year of HIV diagnosis

New Diagnosis of HIV infection and Stage 3 (AIDS), Georgia, 2012

- Georgia was fourth highest in the nation for the total number of new diagnoses of HIV infection in 2011¹
- The number of new diagnoses of HIV infection per year varied from 2005 to 2012. There were 2,911 new HIV diagnoses in 2012 in Georgia; a decrease of 4 % from 2011 (3,023) (Figure 3).
- The number of annual AIDS diagnoses in Georgia continues to decrease steadily since 2008, including a 7% decrease from 2011[1,479] to 2012[1,370] (Figure 3).
- The number of new diagnoses of AIDS in Georgia decreased to its lowest point in 2006 then sharply increased in 2007-2008. This may reflect decreased reporting of CD4 counts by laboratories during 2005-2006. The 14% increase from 2006 to 2008 in the number of apparent late testers of HIV infection (i.e. those diagnosed with AIDS within one year of HIV diagnosis) could reflect a change in HIV testing practices or represent missing laboratory data in 2005-2006 (Figure 3).
- In 2012, in Georgia, persons testing late for HIV infection accounted for 57% of new AIDS diagnoses (Figure 3). Late testing results in missed opportunities for prevention and treatment of HIV infection and emphasizes the need for earlier testing, linkage and retention in care for persons living with HIV infection
- Since the advent of highly active antiretroviral therapy in the mid nineties, deaths due to AIDS declined by 53% from 1,533 deaths in the year 1995 to 723 deaths in the year 2000 in Georgia. There were 277 deaths among persons with AIDS in Georgia in 2012 (Figure 3).
- Seventy-eight percent (2,263) of those diagnosed with HIV infection in Georgia during 2012 were male and 22% (645) were female. Three new cases of HIV infection with missing information on gender were excluded from Figures 5 and 6.
- Fifty-five percent (1,590) of new diagnoses of HIV infection in Georgia were among Black/Non-Hispanic. Twenty-nine percent (847) of the new HIV infections lacked information on race/ethnicity (Figure 3).
- The highest number of new HIV infections in Georgia during 2012 occurred in persons 30-39 and 40-49 years of age for both males and females (Figure 5).
- In 2012, among all male adults and adolescents 63% (1,423) with HIV infections and 76 % (784) with stage 3 disease, or AIDS were seen among men who have sex with men (Figure 6, 7)
- Among female adults and adolescents, heterosexual contact accounted for 61% (387) of new HIV infections and 74% (239) of new AIDS diagnoses in 2012 in Georgia (Figure 6). Cases with missing information on date of birth and gender were excluded from Figures 6 and 7.

Figure 4: New diagnoses of HIV infection by race/ethnicity, Georgia, 2012



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Figure 5: New diagnoses of HIV infection by sex and age (in years), Georgia, 2012

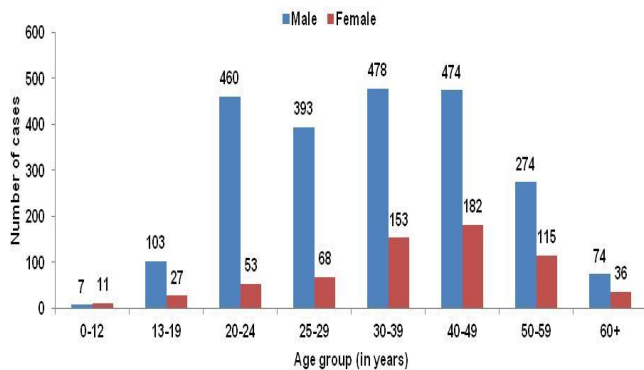


Figure 6: New diagnoses of HIV infection by sex and transmission category among adults and adolescents (13 years and older), Georgia, 2012

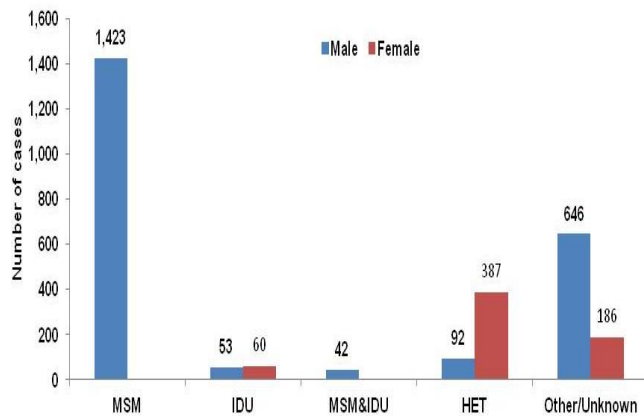
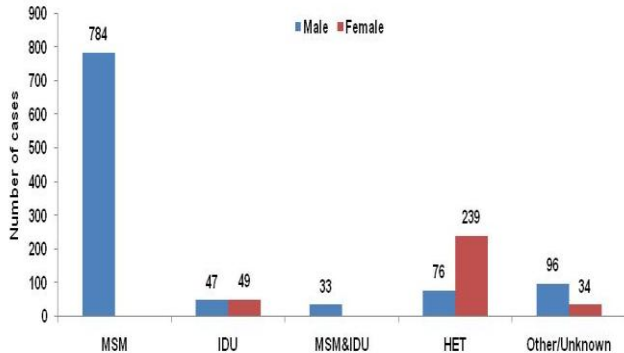


Figure 7: New diagnoses of Stage 3 (AIDS) by sex and transmission category among adults and adolescents (13 years and older), Georgia, 2012



KEY MSM: Male to male sexual contact, IDU: Injection Drug Use, HET: Heterosexual contact with a person known to have, or be at high risk for, HIV infection, Other/Unknown: includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified

Technical Notes

- Persons living with HIV infection are based on current residence in the state of Georgia regardless of state of diagnosis. Cases with new diagnosis of HIV infection are based on residence at diagnosis in the state of Georgia.
- Crude rates measure the overall frequency which has not been adjusted for significant factors (e.g. age, sex, race/ethnicity etc) which might have influenced the rate.
- Population denominators used to compute the rates for Public Health Districts and state of Georgia were based on the 2012 population estimates from Georgia DPH, Office of Health Indicators and Planning.
- Numbers are based on data entered into the enhanced HIV/AIDS Reporting Surveillance (eHARS) database as of June 30, 2013.
- Data are not adjusted for reporting delays and include incarcerated cases that may artificially inflate the number of cases in a given location.
- Cases with missing information in required fields such as date of birth, race/ethnicity and gender were also included in the analyses.
- Multiple imputation (MI), a statistical approach, was used to replace each missing transmission category with a set of plausible values that represent uncertainty about the true but missing value. MI methods were not applied to pediatric cases (less than 13 years) in Georgia.

References

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

§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, 2003
- 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 2012, 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 in HIV populations.

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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.
- 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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This report was prepared by Deepali Rane, MBBS, MPH; Jane Kelly, MD; Cherie Drenzek, DVM, MS.