EPIDEMIOLOGIC PROFILE

For HIV Prevention Community Planning In Georgia

2002

Georgia Department of Human Resources

Year 2002 Epidemiologic Profile for HIV Prevention Community Planning in Georgia

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HIGHLIGHTS

— As of December 2000, Georgia ranks 8th in the number of cumulative AIDS cases, 12th in the rate of AIDS, and 7th in the number of persons living with AIDS (CDC statistics).

— There are an estimated 8,200-15,300 adults/ adolescents diagnosed with HIV (non-AIDS) who are living in Georgia (CDC statistics).

— Since 1981, 24,406 cumulative AIDS cases have been reported in Georgia, and as of December 2001, 11,395 persons are living with AIDS.

— Men who have sex with men (MSM) represent the highest number of reported AIDS cases, but proportions of women, minorities, and heterosexuals are increasing.

— Of all reported AIDS cases, the proportion among African Americans has increased from 37% in 1987 to 77% in 2001.

— Although AIDS cases among Hispanics are relatively low, compared to African Americans and Whites, the number and proportion have been increasing in recent years.

— Among all pediatric AIDS cases (n=210), 46% of the mothers had an injection drug use (IDU) related mode of HIV transmission.

INTRODUCTION

Since the earliest days of the HIV/AIDS epidemic, Georgia has continually had a substantial number of reported cases of AIDS. In 2000, Georgia had the twelfth highest rate of AIDS among all states [CDC. HIV/AIDS Surveillance Report, 2000;12 (No. 2)]. Other parameters help put this finding into a better perspective. As of December 2000, Georgia had the eighth highest cumulative number of AIDS cases reported among the 50 states and the seventh highest number of persons living with AIDS. Additionally, Georgia has been among the top ten states for reported cases of syphilis, gonorrhea, and chlamydia in recent years. The characteristics of the AIDS epidemic in Georgia have gradually shifted since the 1980s from an epidemic mostly represented by whites, men who have sex with men (MSM), and persons residing in metropolitan Atlanta, to an epidemic in which African Americans are now the predominant race/ethnicity affected. Increasing proportions of women, persons infected through heterosexual contact, and persons residing in rural areas are represented as well.

In addition to AIDS surveillance, the Georgia Department of Human Resources (DHR), Division of Public Health has contracted with Emory University to conduct the Supplement to HIV/AIDS Surveillance (SHAS) Project at the Grady Health System in Atlanta. The Division of Public Health also conducts the Behavioral Risk Factor Surveillance System (BRFSS), HIV Counseling and Testing Program, and STD surveillance.

Most of the data presented in this report are primarily derived from 5 sources: 1) cases of AIDS or STDs reported through surveillance activities to DHR from throughout the state, 2) SHAS interviews of persons with AIDS at the Grady Health System, 3) BRFSS telephone interviews of persons throughout the state, and 4) the statewide HIV Counseling and Testing Program.

In addition to the presentation of data that is specific to HIV/AIDS, information from other databases, e.g., STDs, will be presented as important to understanding the HIV/AIDS epidemic, in part because STDs increase the risk of acquiring and spreading HIV and because STD-related information is frequently a good marker for HIV-related risks and for identifying priority populations. All persons reported to the STD surveillance system are considered at risk for HIV.

The AIDS and STD surveillance databases are based on case reports that are submitted by clinics, hospitals, and other providers. Although these surveillance systems are standardized, the reader is cautioned that the AIDS and STD surveillance databases, as with most surveillance databases, do not represent 100% complete reporting. Moreover, reporting from the public sector tends to be better than from the private sector. Therefore, the numbers presented in this document reflect an underestimate of the true number of cases in the state, so it cannot be said that these databases represent all persons in Georgia with a particular infection. Nevertheless, reporting is considered good overall and very useful for a variety of public health purposes. Additional caveats and limitations to the interpretation of data will be mentioned in the appropriate sections.

Before information from specific databases are presented, a brief overview of the demographics and socioeconomic status of Georgia residents will be given to provide an overall perspective of the statewide population for which the HIV/STD-related activities have been conducted. Additional information is provided for vital statistics.

DEMOGRAPHICS, SOCIOECONOMIC STATUS, AND VITAL STATISTICS

This section shows comparisons of characteristics for persons living in Georgia and the United States. The information also helps provide an overall context for the rest of the information contained in this Epidemiologic Profile. Table 1 is adapted from the Georgia 2001 State Health Profile" published by the CDC, and the other information in this section is adapted from the Georgia Division of Public Health website (www.dhr.state.ga.us).

In 1999, the total population in Georgia was 7,789,706 (5,373,666 White and 2,235,945 Black), and there were 126,494 livebirths. Of the 61,634 deaths (44,759 White and 16,732 Black), HIV infection based on ICD-10 codes B20.0-B24 was a cause of death for 771 persons (161 White and 607 Black). The total rate of HIV-related deaths was 10 (per 100,000 population): 3 for Whites and 27 for Blacks.

Table 1 Selected Characteristics, 1999: Georgia and the United States

	Georgia	United States
Population	7,788,240	272,690,813
Population density (persons/square mile)	134	77
Median age	34	36
Percent of population >= 65 years	10	13
Percent of population which is female	51	51
Racial population distribution		
Percent White	69	82
Percent Black	29	13
Percent Asian/Pacific Islander	2	4
Percent American Indian/Alaska Native	0.2	0.9
Ethnic population distribution		
Percent Hispanic	3	12
Percent of population below poverty level	13	12
Percent of school-aged children below poverty level	19	16
Percent of population aged >= 25 years with HS diploma	81	83

AIDS SURVEILLANCE

AIDS Surveillance: Caveats to the interpretation of data

To understand AIDS reporting data, it is important to note that AIDS represents a condition that occurs on average about 8 to 10 years after the initial HIV infection. Therefore, AIDS information is not representative of the front end of the epidemic. Currently in Georgia, there is not a standardized system of HIV surveillance to help in this regard. AIDS information should be further interpreted with caution because of the advances in HIV/AIDS medications over the last few years. Given the successes of newer HIV/AIDS medications, AIDS trends are now more likely to reflect persons who take these medications or have access to treatment, as opposed to representing how the epidemic is being spread.

Two main ways of presenting AIDS surveillance information are by year of report and year of diagnosis. As with many surveillance systems, there are reporting delays. Although an advantage of presenting data by year of report is that the numbers are likely to remain constant for recent years, data by year of diagnosis actually better reflect the timing of the disease, that is to say, when the diagnosis occurred. Hence, year of diagnosis reflects the epidemic better and will be used in this report. The analyses for this report were conducted on data provided as of January 23, 2002. Because of reporting delays and quality assurance activities, the numbers are expected to change somewhat over time; however, the interpretations of the trends and cumulative information are not likely to substantially change over time.

AIDS Surveillance: Statewide

Through December 31, 2001, 24,406 cumulative persons with AIDS have been reported in Georgia, of which 12,948 (53%) have died. Based on year of diagnosis, the epidemic in Georgia peaked in the mid-1990s; in 1994, there were 2,251 cases reported which was the highest number since the epidemic began (Chart 1). Since 1994, the number of cases has declined each year. The highest rate (i.e., number of cases per 100,000 population) of AIDS occurred in 1993 and 1994 when the rate was 32 cases per 100,000 population. Although the number of AIDS cases and rate have been declining, it cannot be said that the HIV/AIDS epidemic is waning. Without a more standardized HIV surveillance system in Georgia, it is hard to determine what the incidence of HIV is; however, evidence from some states which do conduct HIV reporting suggests that new cases of HIV are stable or possibly increasing for some groups of persons.

New treatments have been responsible for prolonging the lives of persons with AIDS, resulting in decreasing deaths each year since 1995 (Chart 2), and now there are more persons living with AIDS in Georgia than ever before (Chart 3). Through December 31, 2001, there are 11,395 persons living with AIDS in Georgia, including 9,079 (80%) males and 2,316 (20%) females. Of these 11,395 persons, 7,752 (68%) are African American, 3,288 (29%) are White, 312 (2.7%) are Hispanic, 25 (<1%) are Asian/Pacific Islander, and 10 (<1%) are American Indian/Alaska Native.

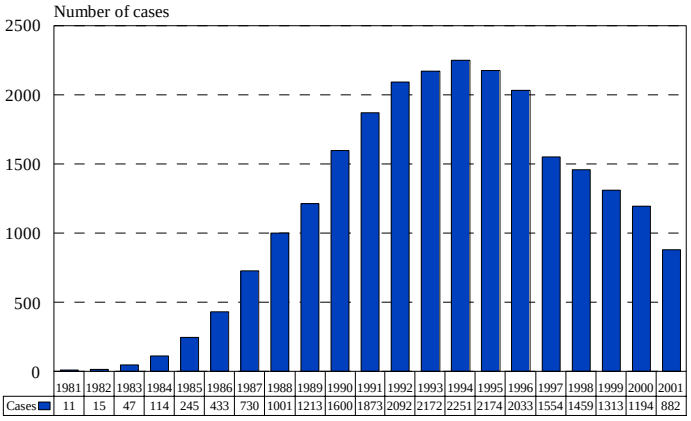
For cases diagnosed in 2000, AIDS rates per 100,000 population are shown in Table 2 by age group, sex, and race/ethnicity. The highest rates occur among persons 30-49 years of age, males, and minorities.

Table 2 AIDS rates by age group, sex, and race/ethnicity: Georgia, 2000

	Rate per 100,000	Cases diagnosed	Population
Age group			
0-12	0.2	3	1,578,449
13-19	1.9	16	832,321
20-29	15	188	1,233,946
30-39	35	475	1,356,241
40-49	29	353	1,227,790
>= 50	8.1	159	1,957,706
Total	15	1,194	8,186,453
Sex			
Male	22	878	4,027,113
Female	7.6	316	4,159,340
Total	15	1,194	8,186,453
Race/ethnicity			
White	4.1	220	5,327,281
African American	40	929	2,349,542
Hispanic	7.6	33	435,227
Asian/PI	2.3	4	177,416
Am. Ind./AN	9.2	2	21,737
Total	15	1,194	8,186,453

Chart 1

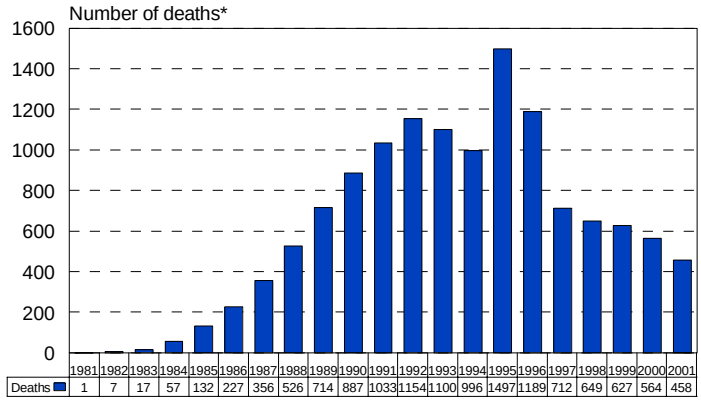
AIDS Cases by Year of Diagnosis
Georgia, 1981-2001



	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	11	15	47	114	245	433	730	1001	1213	1600	1873	2092	2172	2251	2174	2033	1554	1459	1313	1194	882

Chart 2

AIDS Deaths by Year
Georgia, 1981 - 2001

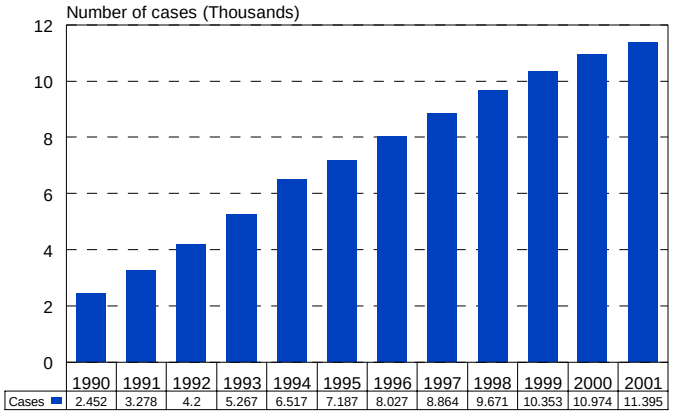


	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Deaths	1	7	17	57	132	227	356	526	714	887	1033	1154	1100	996	1497	1189	712	649	627	564	458

* Does not include cases with unknown dates of death

Chart 3

Persons Living with AIDS by Year
Georgia, 1990 - 2001



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	2.452	3.278	4.2	5.267	6.517	7.187	8.027	8.864	9.671	10.353	10.974	11.395

Table 3 shows the difference in the number of AIDS cases diagnosed in 1999 compared to 1994. For all of the variables and codings, there have been decreases which are consistent with the overall trend of decreasing cases in recent years. However, the smallest decreases were in females, persons at least 40 years old, minorities, and heterosexuals which suggests that the AIDS epidemic is not abating as much in these groups. Furthermore, because of effective medications that delay the AIDS diagnosis in HIV-infected persons, these groups may represent persons who are not able to access care and medications for their HIV infection as easily as the other groups. Other reasons for these differences could be adherence to medications, education, poverty, unawareness of their HIV risk, and interventions that may work for one group but not another.

Note that Asian/Pacific Islanders (3 diagnosed in 1994 and 4 diagnosed in 1999) and American Indian/Alaska Natives (4 diagnosed in 1994 and 2 diagnosed in 1998) are not presented below due to small numbers which result in percentage differences that cannot be interpreted similarly to the groups with larger numbers. According to an AIDS Alert entitled, "Are Native Americans Next Brush Fire in HIV Epidemic?" (source CDC News, CDC HIV/STD/TB Prevention News Update, 3/6/01 email), more than 2,000 cases of AIDS were diagnosed among Native Americans in the United States and its territories in 1999, representing nearly a 25% increase from 1997.

Table 3 Number of AIDS cases diagnosed in 1994 and 1999

	1994	1999	Percent decrease
State	2,251	1,313	42%
Age group			
<= 13	32	6	81%
13-19	15	7	53%
20-29	416	188	55%
30-39	1,080	543	50%
>= 40	708	569	20%
Sex			
Male	1,829	961	47%
Female	422	352	17%
Race/ethnicity			
White	761	233	69%
African American	1,450	1,044	28%
Hispanic	33	30	9%
Mode			
MSM	1,032	413	60%
IDU	465	166	64%
MSM & IDU	128	37	71%
Heterosexual	306	228	25%

Note: The number of persons reported without a risk increased from 247 in 1994 to 443 in 1999.

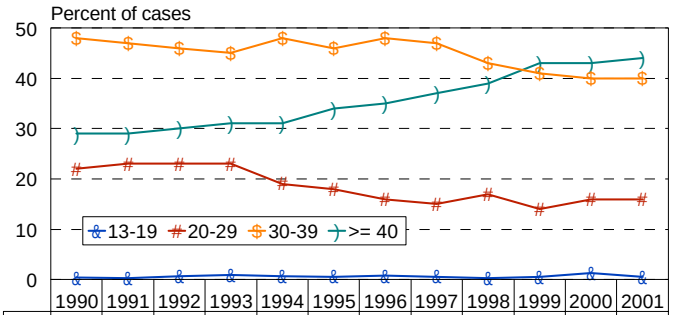
AIDS Surveillance: Age groups

Chart 4 shows trends for four age groups. Throughout the last decade, persons reported with AIDS who are at least 30 years old have each year accounted for the largest proportion of cases, and persons aged 13-19 have each year accounted for the lowest proportion. Of 148 cumulative AIDS cases among persons 13-19 years old, the mode of HIV transmission is listed as 39 (26%) for MSM, 9 (6%) for IDU, 3 (2%) for MSM-IDU, 14 (10%) for adult hemophiliacs, 46 (31%) for heterosexuals, 4 (3%) for transfusion/transplant recipients, and 33 (22%) unknown. The proportion of persons 30 to 39 years old was the highest each year from 1990 to 1998, and since 1999 persons 40-49 years old have had the highest proportion.

Chart 5 shows that the number of pediatric AIDS cases (persons less than 13 years old) by year of diagnosis has generally decreased since 1994. Of the 210 cumulative cases of pediatric AIDS reported through the end of 2001, 199 (95%) had mothers who were HIV-infected or at risk for HIV infection (Chart 6). Perinatal AIDS information can be found below in a separate section.

Chart 4

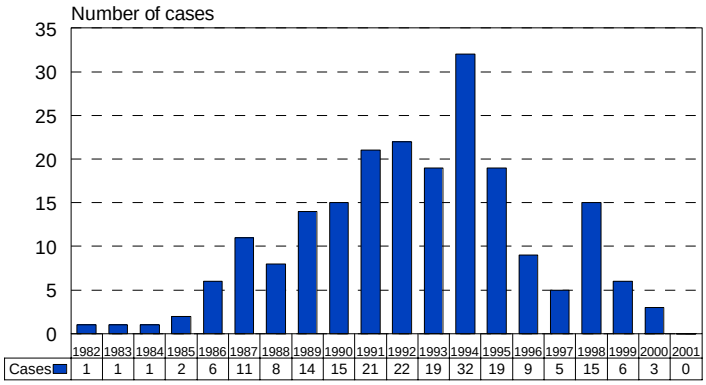
AIDS Cases by Age Group at Diagnosis and Year of Diagnosis
Georgia, 1990-2001



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
13-19	0.4	0.3	0.7	0.9	0.7	0.6	0.8	0.6	0.3	0.5	1.3	0.5
20-29	22	23	23	23	19	18	16	15	17	14	16	16
30-39	48	47	46	45	48	46	48	47	43	41	40	40
>= 40	29	29	30	31	31	34	35	37	39	43	43	44

Chart 5

Pediatric AIDS Cases by Year of Diagnosis
Georgia, 1982-2001

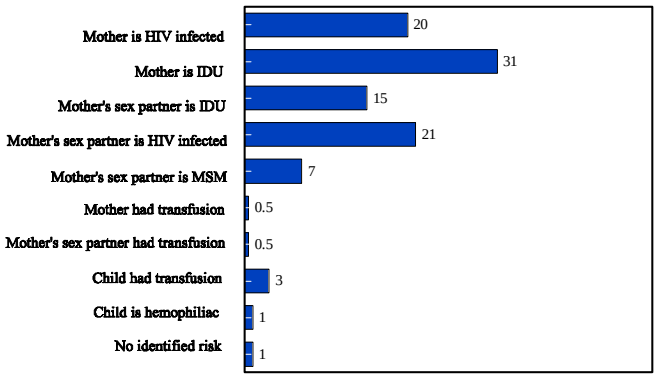


	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	1	1	1	2	6	11	8	14	15	21	22	19	32	19	9	5	15	6	3	0

Note: Of these 210 pediatric cases (i.e., <13 years old at diagnosis), 199 are perinatal.

Chart 6

Cumulative Pediatric AIDS Cases by Risk Category
Georgia, Reported 1982 - 2001



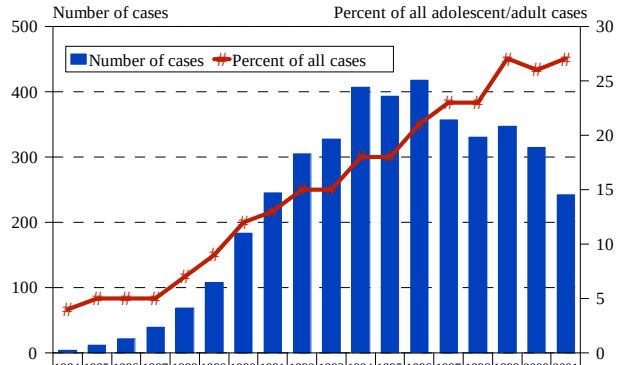
N=210 pediatric cases

AIDS Surveillance: Sex

Although the number of reported AIDS cases among women has decreased in recent years (Chart 7), the proportion of AIDS cases that are female has steadily increased since the 1980s, with the highest number of cases reported in 1996 (n=417). In 2001, females accounted for 27% of all cases reported in Georgia.

Chart 7

AIDS Cases in Adolescent/Adult Females by Year of Diagnosis
Georgia, 1984-2000



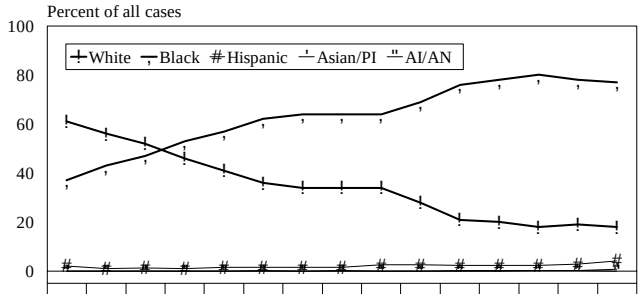
	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Number of cases	4	12	21	39	68	108	183	245	305	327	406	393	417	356	330	347	314	242
Percent of all cases	4	5	5	5	7	9	12	13	15	15	18	18	21	23	23	27	26	27

AIDS Surveillance: Race/ethnicity

Among all race/ethnicities, African Americans continue to carry the largest burden of an increased proportion of cases, increasing from 37% of the cases in 1987 to 77% of the cases in 2001 (Chart 8). Although the overall number and corresponding percentages of Hispanics reported with AIDS are much less than for African Americans or Whites, the proportion of cases in Hispanics has generally been larger in recent years compared to earlier years. Trends for other race/ethnicities are difficult to interpret due to small numbers and corresponding percentages.

Chart 8

AIDS Cases by Race/Ethnicity and Year of Diagnosis
Georgia, 1987-2001



	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
White	61	56	52	46	41	36	34	34	34	28	21	20	18	19	18
Black	37	43	47	53	57	62	64	64	64	69	76	78	80	78	77
Hispanic	2.2	1.1	1.4	1.1	1.7	1.7	1.6	1.5	2.6	2.5	2.3	2.4	2.3	2.8	4.3
Asian/PI	0.1	0.1	0.1	0	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	0.3	0.8
AI/AN	0	0	0.1	0	0	0	0.1	0.2	0	0.1	0.1	0	0.2	0.2	0

AIDS Surveillance: Modes of HIV transmission

The proportion of cases diagnosed among men who have sex with men (MSM) has decreased through the years, and the proportion among persons with heterosexual contact has increased. Because the no identified risk (NIR) category has increased through the years at the national and state levels, interpreting risk behavior trends has become more difficult. For example, the true proportion of persons reported with AIDS for a given mode such as MSM, IDU, and heterosexual is likely to be larger than current documentation shows. Although some NIRs from recent years will be resolved, it is likely that many NIRs will remain so. Some national data have been presented and published which redistribute the NIRs to make an estimate of the various modes based on previous NIRs being resolved, but adjusting for this unknown information in Georgia is currently not possible.

Given the current limitations of interpreting trends of mode of transmission data, cumulative data is helpful because it minimizes the influence of high NIR proportions in recent years. Of the 24,196 cumulative cases among adults and adolescents reported through the end of December 2001, 48% (n=11,596) are MSM, 18% (n=4,311) are IDU, 6% (n=1,331) are MSM and IDU, and 13% (n=3,213) are heterosexuals. Table 4 shows cumulative mode data by sex.

Table 4 Cumulative number and proportion of adolescent/adult AIDS cases by mode of HIV transmission and sex:1981-2001

	Males # Percent	Females # Percent	Total # Percent
MSM	11,596 (58%)	—- —-	11,596 (48%)
IDU	3,200 (16%)	1,111 (27%)	4,311 (18%)
MSM & IDU	1,331 (7%)	—- —-	1,331 (6%)
Heterosexual	1,378 (7%)	1,835 (45%)	3,213 (13%)
Other*	2,569 (13%)	1,176 (29%)	3,745 (16%)
Total	20,074 (100%)	4,122 (100%)	24,196 (100%)

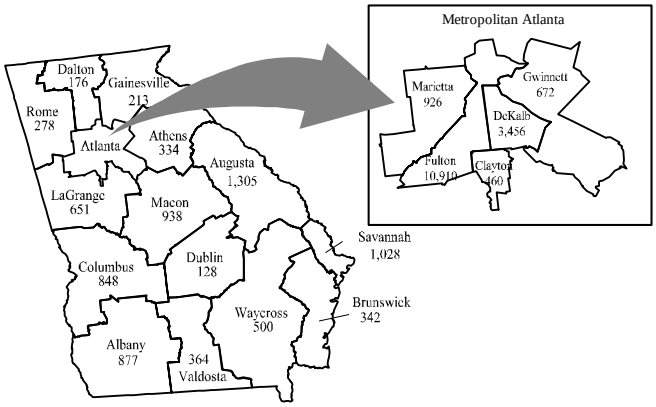
* represents mostly NIRs

AIDS Surveillance: Geographic breakdowns

The cumulative number of AIDS reported by each district is shown in Chart 9, with a substantial proportion of cases from districts outside of the metropolitan Atlanta area. The districts with the highest number of AIDS reported are Fulton (n=10,910), followed by DeKalb (n=3,456), Augusta (n=1,305), Savannah (n=1,028), Macon (n=938), Marietta (n=926), and Albany (n=877). Chart 10 shows the geographic distribution for districts in 8-county metropolitan Atlanta, districts which include a small metropolitan statistical area (MSA), and rural areas. Atlanta still accounts for the majority of reported AIDS cases; however, the other areas have had slight increases in proportions through the years. From 1990 to 2001, the proportion of cases from districts outside of Atlanta has increased from 27% to 33%. Charts 11 to 29 show trends from 1990 through 2001 for each district.

Chart 9

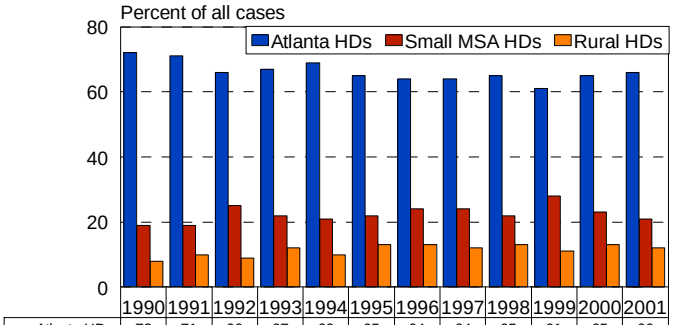
Cumulative AIDS Cases by Public Health District
Georgia, 1981 - 2001



N = 24,406 cases reported

Chart 10

AIDS Cases by Public Health District (HD) Groupings
Georgia, 1990-2001

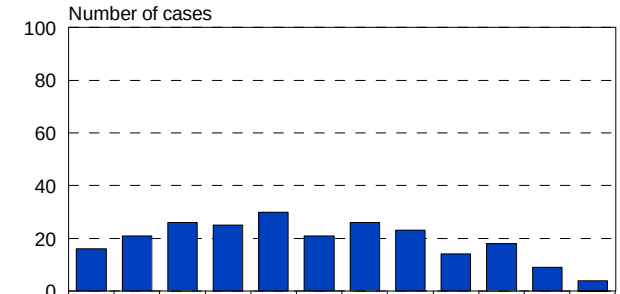


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Atlanta HDs	72	71	66	67	69	65	64	64	65	61	65	66
Small MSA HDs	19	19	25	22	21	22	24	24	22	28	23	21
Rural HDs	8	10	9	12	10	13	13	12	13	11	13	12

Note: 8-county metro Atlanta includes the Marietta, Fulton, Clayton, Gwinnett, and DeKalb districts. Districts that include a small metropolitan statistical area (MSA) are Albany, Athens, Augusta, Columbus, Macon, and Savannah.

Chart 11

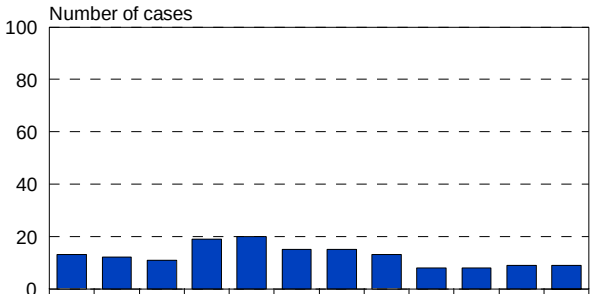
AIDS Cases by Year of Diagnosis
Rome (1-1) Health District, 1990-2001



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	16	21	26	25	30	21	26	23	14	18	9	4

Chart 12

AIDS Cases by Year of Diagnosis
Dalton (1-2) Health District, 1990 -2001



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	13	12	11	19	20	15	15	13	8	8	9	9

Chart 13

AIDS Cases by Year of Diagnosis
Gainesville (2-0) Health District, 1990 -2001

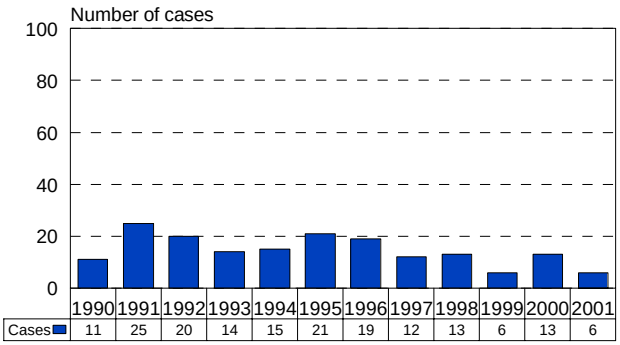


Chart 14

AIDS Cases by Year of Diagnosis
Marietta (3-1) Health District, 1990 -2001

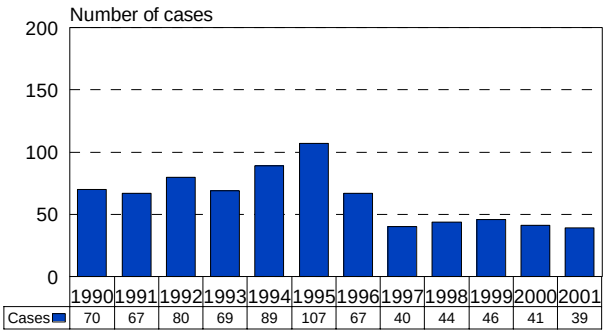


Chart 15

AIDS Cases by Year of Diagnosis
Fulton (3-2) Health District, 1990 -2001

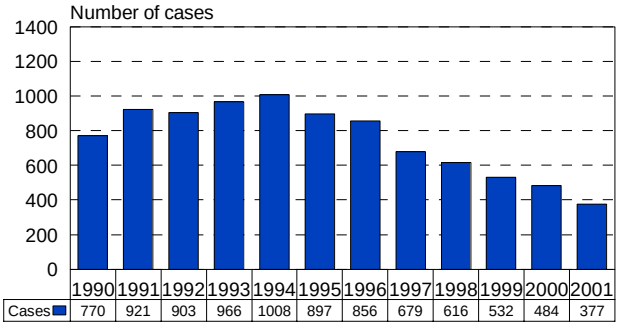


Chart 16

AIDS Cases by Year of Diagnosis
Clayton (3-3) Health District, 1990 -2001

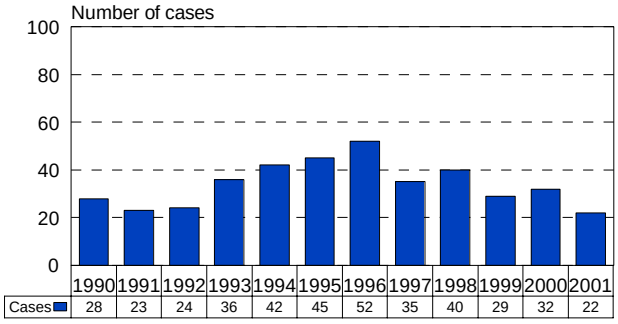


Chart 17

AIDS Cases by Year of Diagnosis
Gwinnett (3-4) Health District, 1990 -2001

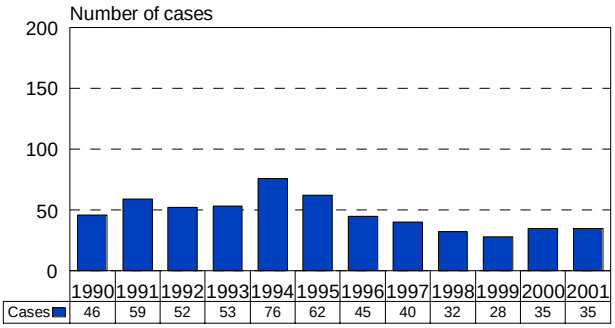


Chart 18

DeKalb (3-5) Health District, 1990 -2001

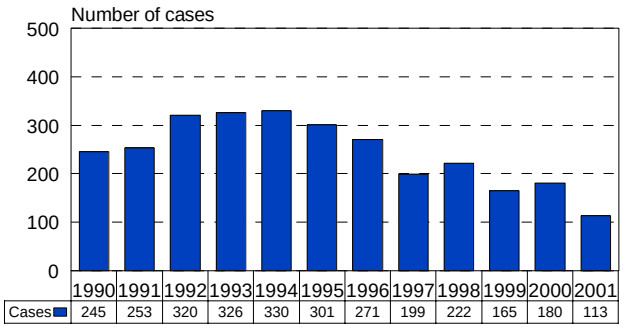


Chart 19

AIDS Cases by Year of Diagnosis
LaGrange (4-0) Health District, 1990 -2001

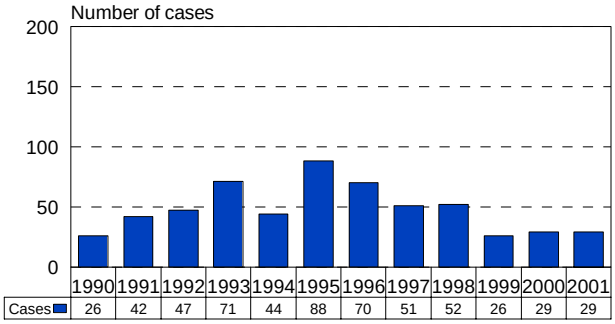


Chart 20

AIDS Cases by Year of Diagnosis
Dublin (5-1) Health District, 1990 -2001

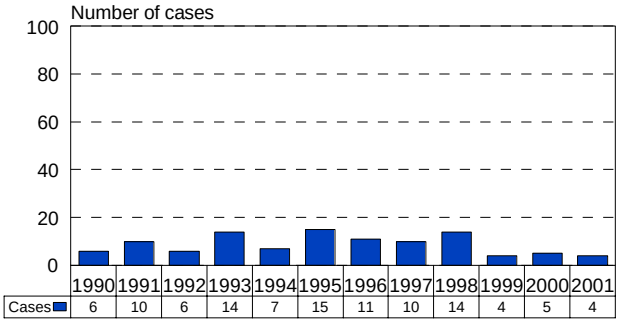


Chart 21

AIDS Cases by Year of Diagnosis
Macon (5-2) Health District, 1990 -2001

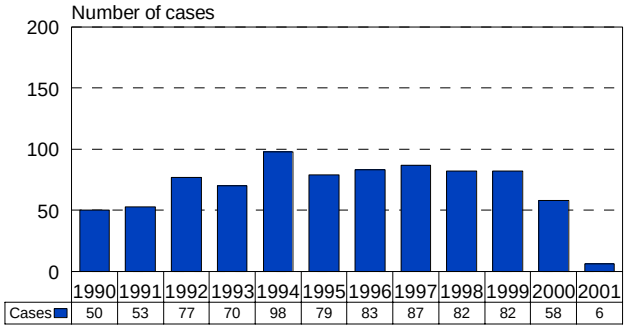


Chart 22

AIDS Cases by Year of Diagnosis
Augusta (6-0) Health District, 1990 -2001

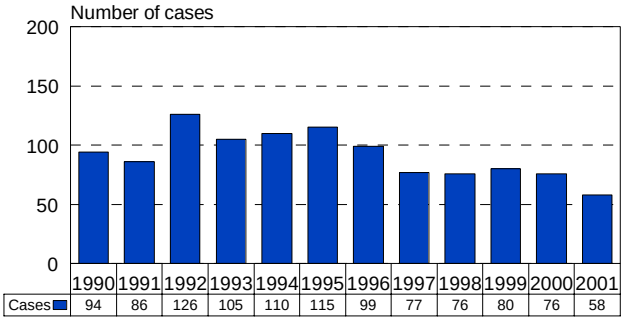


Chart 23

AIDS Cases by Year of Diagnosis
Columbus (7-0) Health District, 1990 -2001

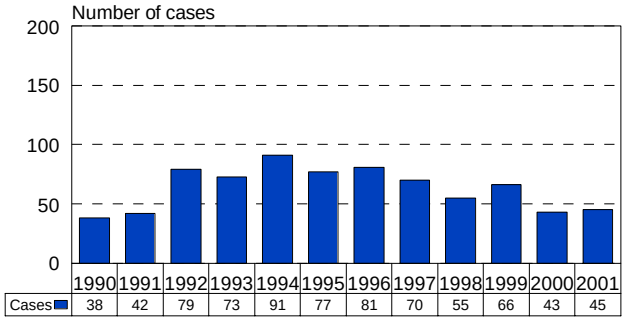


Chart 24

AIDS Cases by Year of Diagnosis
Valdosta (8-1) Health District, 1990 -2001

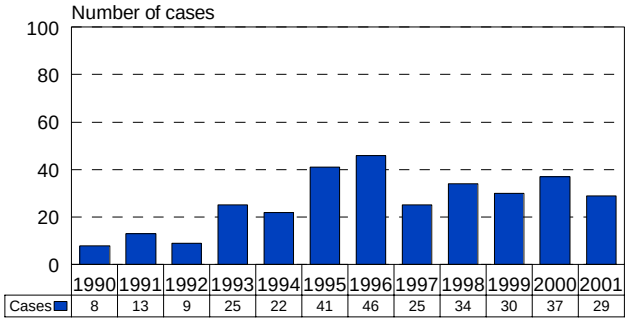


Chart 25

AIDS Cases by Year of Diagnosis
Albany (8-2) Health District, 1990 -2001

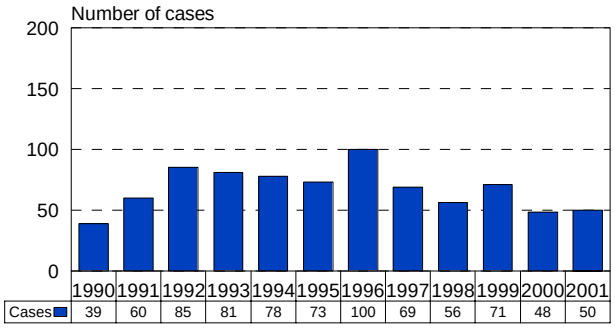


Chart 26

AIDS Cases by Year of Diagnosis
Savannah (9-1) Health District, 1990 -2001

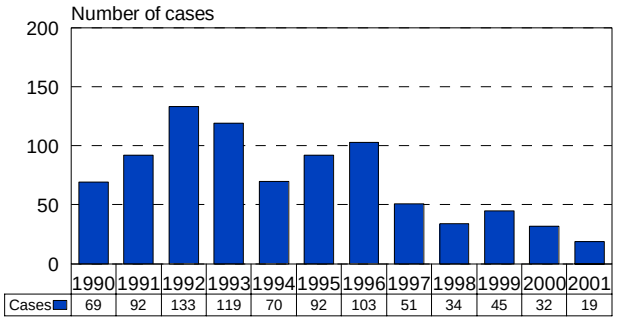


Chart 27

AIDS Cases by Year of Diagnosis
Waycross (9-2) Health District, 1990 -2001

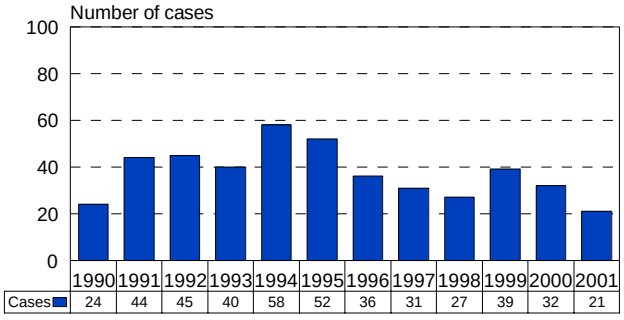


Chart 28

AIDS Cases by Year of Diagnosis
Brunswick (9-3) Health District, 1990 -2001

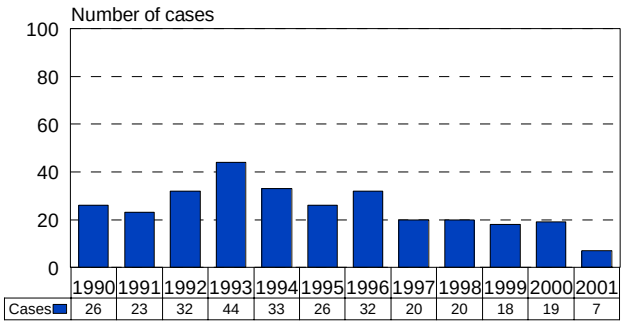
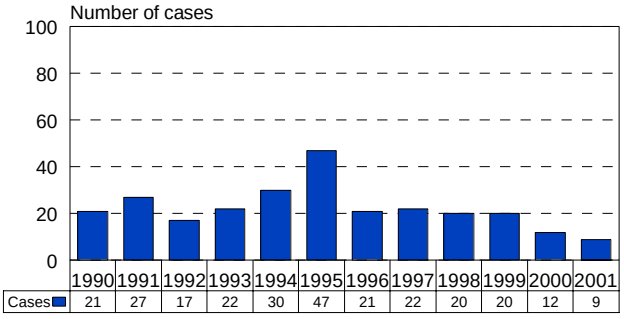


Chart 29

AIDS Cases by Year of Diagnosis
Athens (10-0) Health District, 1990 -2001



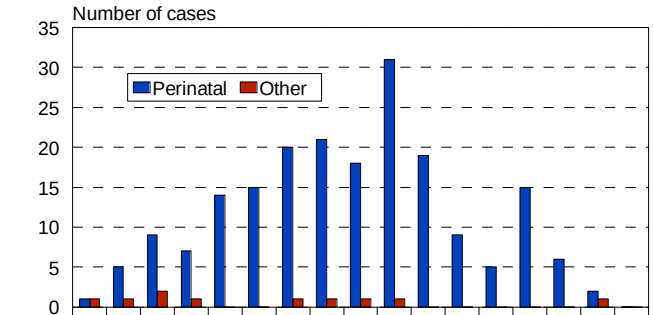
AIDS Surveillance: Perinatal

Charts 30 to 34 illustrate information for the 199 perinatal (versus pediatric) cases with the number of cases decreasing since the mid-1990s. Charts 31 and 32 show demographic information and the HIV risk of the mother. Because 19% of the mothers were diagnosed with HIV/AIDS after delivery or the status of the mother is unknown, these cases likely represent missed opportunities for perinatal HIV transmission (Chart 33). Chart 34 shows the number of cumulative perinatal cases by district.

Chart 30

Georgia Pediatric AIDS Cases by Year of Diagnosis

by type of HIV transmission and year



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Perinatal	1	5	9	7	14	15	20	21	18	31	19	9	5	15	6	2	0
Other	1	1	2	1	0	0	1	1	1	1	0	0	0	0	0	1	0

Chart 31

Cumulative Perinatal AIDS Cases

Georgia, 1982-2001

- Age at diagnosis: 67% (n=134) < 2 years
  21% (n= 42) 2- 4years
  12% (n= 23) 5-12 years
- Gender: 52% (n=103) female
  48% (n= 96) male
- Race/ethnicity: 79% (n=157) Black
  19% (n= 37) White
  2% (n= 4) Asian/PI
  1% (n= 1) AI/AN
- Living status: 48% (n= 96) living
  52% (n=103) deceased

Note: Of 210 cumulative pediatric cases (<13 years old at diagnosis), 199 are perinatal.

Chart 32

Cumulative Perinatal AIDS Cases
Georgia, 1982-2001

) Mother's HIV risk:

21% (n=41) Mother has HIV/AIDS
33% (n=65) Mother is injection drug user (IDU)
16% (n=32) Mother had sex with IDU
23% (n=45) Mother had sex with person with HIV/AIDS
7% (n=14) Mother had sex with bisexual male
1% (n= 1) Mother had transfusion
1% (n= 1) Mother had sex with HIV+ transfusion recipient

Chart 33

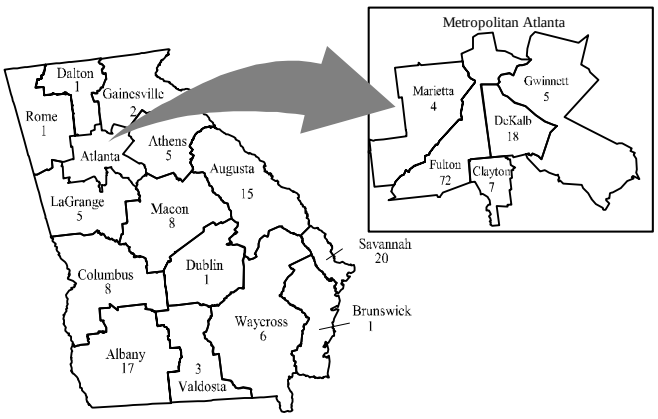
Cumulative Perinatal AIDS Cases
Georgia, 1982-2001

) History of mother's HIV/AIDS status:

8% (n=14) Mother diagnosed with HIV/AIDS before pregnancy
4% (n= 8) Mother diagnosed with HIV/AIDS during pregnancy
24% (n=44) Mother diagnosed before delivery, date unknown
1% (n= 1) Mother diagnosed with HIV/AIDS at delivery
9% (n=16) Mother diagnosed with HIV/AIDS after delivery
45% (n=84) Mother diagnosed with HIV/AIDS, date unknown
10% (n=18) HIV/AIDS status of mother unknown
1% (n= 2) Mother refused HIV testing

Chart 34

Cumulative Perinatal AIDS Cases by Public Health District
Georgia, 1982 - 2001



N = 199 cases reported

AIDS Surveillance: Corrections-related information

Compared to other states, Georgia has had among the highest rates of HIV/AIDS, STDs, and tuberculosis (TB) in recent years. Additionally, the state has also had among the highest rates of federal and state prisoners (Gilliard DK, Beck AJ. Prisoners in 1997. U.S. Department of Justice, Bureau of Justice Statistics. August, 1998). Although persons arrested for criminal offenses are at high risk for drug use, HIV/STDs, and TB, relatively little epidemiologic information exists for this population, hence the usefulness of the AIDS surveillance database to help understand this group of persons. Comparisons of persons diagnosed with AIDS in correctional facilities compared to those diagnosed with AIDS elsewhere are presented below. A limitation to the interpretation of these results is that these data are not likely to include all persons diagnosed with AIDS in correctional facilities, because reporting may not be complete from correctional facilities.

Of the 22,444 adolescents/adults reported with AIDS in Georgia through December 31, 2001, 498 (2%) were diagnosed with AIDS in a correctional facility. Of the 498, 125 (25%) were less than 30 years old, 403 (81%) were African American, 79 (16%) were White, and 16 (3.2%) were Hispanic. Table 5 shows mode of HIV transmission by sex.

Table 5 Cumulative number and proportion of adolescent/adult corrections-related AIDS cases by mode of HIV transmission and sex:1981-2001

	Males # Percent	Females # Percent	Total # Percent
MSM	115 (24%)	—- —-	115 (23%)
IDU	167 (36%)	11 (41%)	178 (36%)
MSM & IDU	50 (11%)	—- —-	50 (10%)
Heterosexual	65 (14%)	12 (44%)	77 (16%)
Other (mostly NIRs)	74 (16%)	4 (15%)	78 (16%)
Total	471 (100%)	27 (100%)	498 (100%)

HIV ESTIMATES

According to 2001 CDC statistics, there are an estimated 8,200 to 15,300 living adult/adolescents who are aware of their HIV (non-AIDS) diagnosis in Georgia. Table 6 shows estimates for age group, sex, race/ethnicity, and mode of HIV transmission. Although the data used were adjusted for reporting delays, deaths, and mode of transmission, the reader should be cautioned that all estimates have limitations. For example, these estimates are based on data from 25 states that have HIV reporting, so the data developed for these estimates may not be representative of the epidemic in Georgia.

Table 6 Estimates of living adult/adolescents who are aware of their HIV (non-AIDS) diagnosis in Georgia

	Minimum	Maximum
Age group		
13-19	25	46
20-29	1,173	2,188
30-36	2,476	4,621
37-44	2,698	5,034
>= 45	1,820	3,397
Sex		
Male	5,994	11,184
Female	2,206	4,116
Race/ethnicity		
White	2,181	4,070
African American	5,781	10,787
Hispanic	189	352
Asian/PI	8	15
Am. Ind./AN	8	15
Mode		
MSM	3,624	6,763
IDU	1,624	3,029
MSM & IDU	402	750
Hemo./Transfusion	74	138
Heterosexual	2,485	4,636
Total	8,200	15,300

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

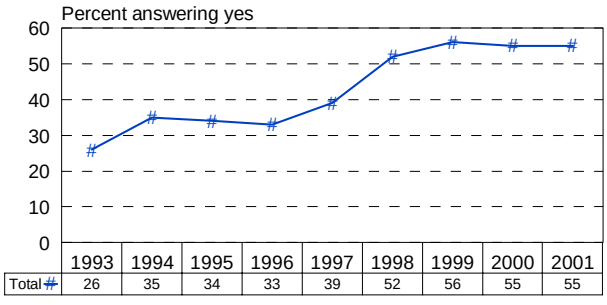
The Behavioral Risk Factor Surveillance System (BRFSS) is a yearly random telephone survey of about 2,000-4,000 persons in Georgia aged 18 years and older, who are asked a standardized set of health-related questions. Adults 18 to 64 years old are asked the questions specific to HIV/AIDS. Two caveats to the interpretation of these data are that BRFSS does not represent households without telephones and that persons could potentially be interviewed more than once (from year to year or even within one year). In 2000 and 2001, the sampling process was stratified by Public Health District populations to account for population differences among the districts. The data analyses were weighted so that age, sex, and race distributions would match the age, sex, and race distributions of the state population. For the 2001 questionnaire, several questions were dropped and several others were added. Thus, some trends are not available through 2001.

From 1998 to 2001, the proportion of persons who have ever been tested for HIV has generally been a little more than 50% (Chart 35). When asked about their self-perceived risk for becoming HIV-infected, the proportion of persons thinking that they were at medium or high risk has fluctuated from 11% in 1993 to 3.9% in 1996 to 6.6% in 2000 (Chart 36). Chart 37 shows the proportion of persons tested within the last 12 months who have received their results, and among those who have, whether they received counseling. The year 2000 results show that 88% of tested persons are receiving their HIV results, and among those receiving results, one-third are receiving counseling.

Chart 35

Georgia Behavioral Risk Factor Surveillance System

Have you ever had your blood tested for HIV/AIDS?



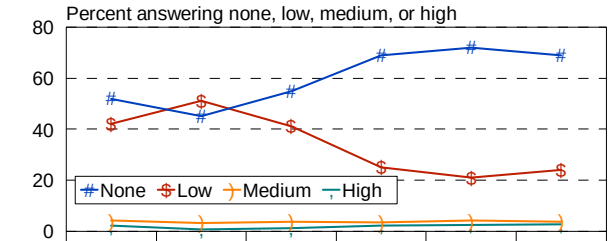
	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total #	26	35	34	33	39	52	56	55	55

Note: Data from 1998 to 2001 are exclusive of any tests related to blood donation. Data for prior years may include tests related to blood donation.

Georgia Behavioral Risk Factor Surveillance System

Self-perception of chances for becoming HIV-infected

Chart 36

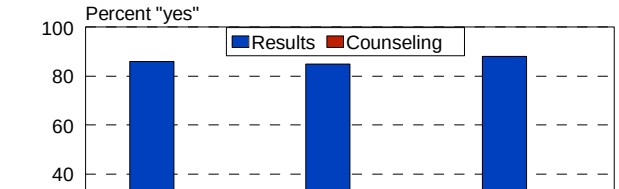


	1995	1996	1997	1998	1999	2000
None	52	45	55	69	72	69
Low	42	51	41	25	21	24
Medium	4.2	3.2	3.7	3.4	4.2	3.8
High	2.1	0.7	1.2	2.3	2.5	2.8

Georgia Behavioral Risk Factor Surveillance System

If tested for HIV within the last 12 months, did you receive the results?
If tested and received the results, did you receive counseling for the results?

Chart 37



	1998	1999	2000
Results	86	85	88
Counseling	26	30	33

Table 7 shows the frequency distribution and corresponding percentages in 2000 for several variables in the third column, marked "Total." Two points should be kept in mind when viewing the table. The "n's" are based on sample size, and percentages are weighted to age-, race-, sex-, and district population-specific distributions of Georgia residents aged 18 years and older. Each column adds to 100% for every variable. The first two columns allow comparisons to be made for these variables between persons perceiving themselves at risk for HIV and persons with no self-perceived risk.

Table 7 Self-Perceived HIV Risk of Persons Aged 18 to 64 Years Interviewed for the Georgia 2000 BRFSS Study

	Low/Medium/High n (weighted percent)	None n (weighted percent)	Total n (weighted percent)
Age group			
18-29	289 (32%)	458 (25%)	747 (27%)
30-39	322 (30%)	568 (23%)	890 (25%)
40-49	231 (20%)	593 (25%)	824 (24%)
50-64	178 (17%)	663 (27%)	841 (24%)
Sex			
Female	569 (47%)	1,451 (53%)	2,020 (51%)
Male	453 (53%)	847 (48%)	1,300 (49%)
Race			
White	635 (64%)	1,614 (70%)	2,249 (68%)
Black	349 (31%)	604 (25%)	953 (27%)
Other	35 (4%)	64 (4%)	99 (4%)
County of residence			
20-county Atlanta	375 (48%)	800 (46%)	1,175 (46%)
Rural	629 (52%)	1,466 (54%)	2,095 (54%)
Highest level of education			
< high school	91 (9%)	288 (13%)	379 (11%)
>= high school/GED	931 (91%)	2,005 (87%)	2,936 (89%)
Annual household income			
<$15,000	91 (7%)	208 (8%)	299 (8%)
>=$15,000	846 (93%)	1,818 (92%)	2,664 (92%)
Have you ever been tested for HIV, excluding blood donations?			
Yes	649 (64%)	1,126 (50%)	1,775 (55%)
No	344 (36%)	1,036 (50%)	1,380 (45%)

Table 7(continued) **Self-Perceived HIV Risk of Persons Aged 18 to 64 Years Interviewed for the Georgia 2000 BRFSS Study**

	Low/Medium/High n (weighted percent)	None n (weighted percent)	Total n (weighted percent)
Have you been tested for HIV within the last 12 months, excluding blood donations?			
Yes	252 (23%)	422 (21%)	674 (21%)
No	735 (77%)	1,714 (79%)	2,449 (79%)
If tested for HIV within the last 12 months, did you receive the results?			
Yes	224 (90%)	365 (87%)	589 (88%)
No	26 (10%)	48 (13%)	74 (12%)
If tested within the last 12 months and received results, did you receive counseling about the results?			
Yes	77 (39%)	124 (30%)	201 (33%)
No	147 (61%)	238 (70%)	385 (67%)

Table 8 shows the frequency distribution and corresponding percentages in 2001 for several variables related to sociodemographics and HIV testing. The same two points for Table 7 should be kept in mind when viewing this table.

Table 8 Characteristics of Persons Aged 18 to 64 Years Interviewed for the Georgia 2001 BRFSS Study

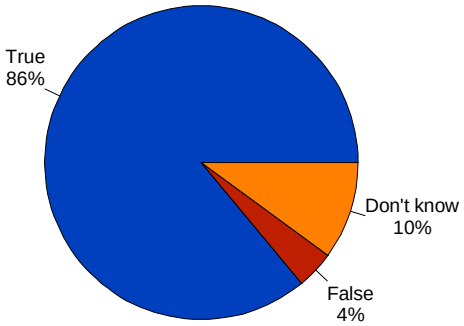
	Total n (weighted percent)
Age group	
18-29	802 (26%)
30-39	1,013 (26%)
40-49	991 (24%)
50-64	999 (24%)
Sex	
Female	1,497 (49%)
Male	2,351 (51%)
Race	
White	2,552 (64%)
Black	1,059 (29%)
Other	195 (7%)
County of residence	
20-county Atlanta	1,413 (48%)
Rural	2,368 (52%)
Highest level of education	
< high school	453 (12%)
>= high school/GED	3,388 (88%)
Annual household income	
<$15,000	348 (9%)
>=$15,000	3,028 (91%)
Have you ever been tested for HIV, excluding blood donations?	
Yes	2,021 (55%)
No	1,599 (45%)

Charts 38 to 40 show results from questions about medical treatment. It is interesting to note that only about half of all respondents knew that medical treatment is available to HIV-infected pregnant women to help prevent perinatal HIV transmission (Chart 40).

Chart 38

Georgia 2001 Behavioral Risk Factor Surveillance System

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

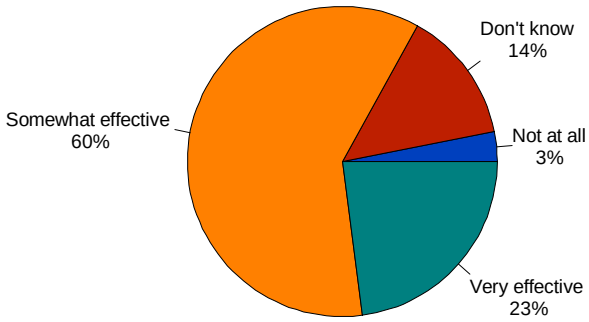


N = 3,769 respondents

Chart 39

Georgia 2001 Behavioral Risk Factor Surveillance System

How effective do you think these treatments are in helping persons with HIV to live longer?

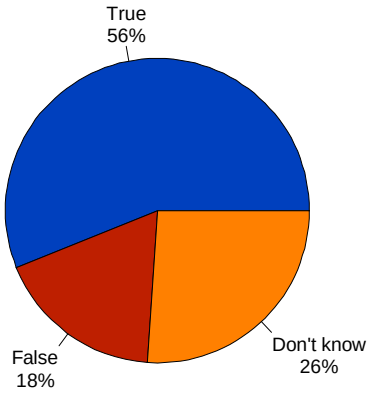


N = 3,243 respondents who answered "True" to the previous question about medical treatments helping HIV-infected persons live longer

Georgia 2001 Behavioral Risk Factor Surveillance System

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

Chart 40



N = 3,766 respondents

HIV COUNSELING AND TESTING PROGRAM

HIV Counseling and Testing Program: Services in Georgia

Information about the HIV Counseling and Testing System (HIV CTS) in Georgia is based on data submitted to the STD/HIV Section by public health and publicly funded testing programs throughout the state. In addition to county health departments and their satellite programs, publicly funded CTS sites include grant-in-aid funded drug treatment centers, community-based organizations, youth detention centers, county jails, hospitals, university student health clinics, and various outreach projects. Because reports submitted to the state contain no individual identifying information, data are representative of testing episodes, rather than of specific individuals tested.

In 2001, 82,031 individuals received HIV prevention counseling and testing at 342 publicly funded HIV CTS programs in Georgia. Of those clients tested, 1951, or 2.4%, tested positive.

Men who have sex with men (MSM), injection drug users (IDU), and heterosexual sex partners of people with HIV/AIDS still represent the highest risk behavior categories for HIV infection, but an STD diagnosis also appears to be a significant risk exposure for HIV infection, regardless of any other population characteristic or risk behavior.

More females than males are now being tested for HIV (57% versus 43%), but men represent over twice the number of positives identified (2.2:1). The positivity rate for males (3.8%) is almost three times higher than that for females (1.3%).

African Americans continue to bear the disproportionate burden of HIV infection in Georgia, comprising 79% of all positives identified through testing. The positivity rate for all African Americans tested in 2001 was 3.1%, nearly three times higher than that of either whites or Hispanics tested for HIV (1.2% and 1.5%).

Confidential HIV testing is the standard of care for all publicly funded CTS programs in Georgia. In 2001, 93% of all testing provided in public health program sites was done confidentially.

Confidential testing has aided providers in notifying clients of their test results. Post test counseling rates are improving statewide, with 88% of individuals testing positive receiving their results and appropriate referrals in 2001. This is an increase of 33% in returns over the previous year.

HIV Counseling and Testing Program: Racial and ethnic variations in HIV infection

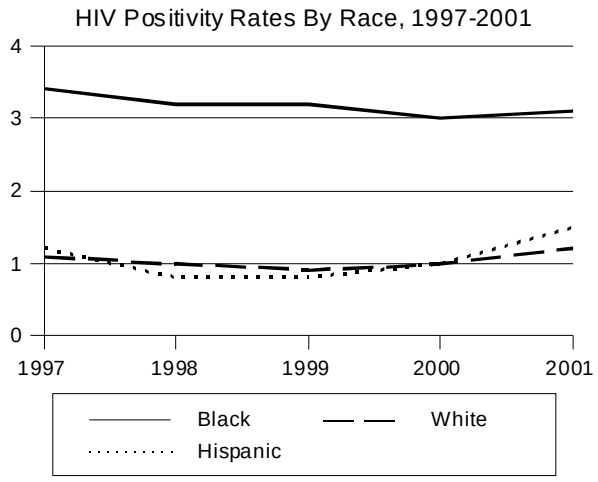
In Georgia, African Americans comprise about one third of the population and Hispanics just under two percent. The counseling and testing activities in Georgia's public health programs show that African Americans are disproportionately affected by HIV infection; these proportions and infection rates have remained relatively consistent over the last five years.

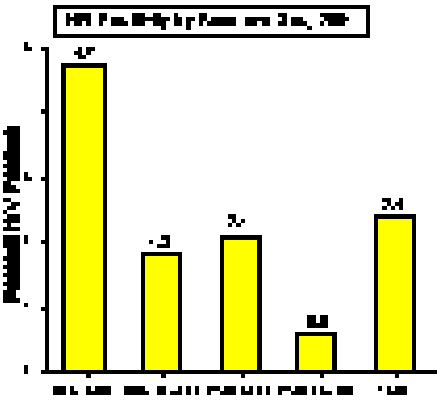
African Americans represent more than half of all tests provided, but nearly eighty percent of all positives identified. Five African American positive persons were identified for every one white individual who tested positive in 2001.

Seroprevalence rates for African Americans were almost three times higher than those for either whites or Hispanics (3.1% vs. 1.2% and 1.5%).

Relatively few Hispanics were tested for HIV or tested positive, but these small numbers were proportionately representative of the Hispanic population living or working in Georgia. Other ethnic and racial minorities did not test in numbers large enough to determine a functional seroprevalence rate.

The two figures below show HIV positivity rate by race/ethnicity





HIV Counseling and Testing Program: Demographics and risk factors in men

Men who have sex with men continue to represent one of the highest risk behaviors for HIV infection in males, with a positivity rate of 15.4% in 2001. A relatively small group of men tested disclosed both MSM and injection drug use as risk factors, and these individuals had a positivity rate of 18.0%. Men with these risk behaviors represent only 12% of all men tested, but 49% of all positives identified. Injecting drug users comprise 5% of all positives identified in males tested, and men with a former or current diagnosis of an STD as their primary risk factor represented 10% of all positives. All other heterosexual men tested positive at a rate of 2.0%, but those heterosexual men whose sex partners were at risk because of injection drug use or who had HIV/AIDS were almost twelve times more likely to test positive as those whose female sex partners were not at high risk for HIV infection (16.6 % vs. 1.4%).

African American men represented 77% of all positives identified in males in 2001, and tested positive at a rate twice as high as white men (4.7% vs. 2.1%). Positivity rates in Hispanic men, at 3.1%, have increased significantly over the previous year, but relatively few Hispanic men are screened for HIV, representing only 6% of males tested in public health programs. Seroprevalence rates for all men tested for HIV have been slightly variable over the past five years, but with no significant trends, regardless of race/ethnicity. Men over thirty are much more likely to test positive at higher rates than adolescents and young men ages 13 through 29 (5.4% vs. 2.1%).

HIV Counseling and Testing Program: Demographics and risk factors in women

The predominant route of HIV transmission for women in Georgia is heterosexual contact; 92% of all women tested in 2001 listed some form of sexual activity as their primary risk factor, and 90% of all positives were linked to these risk categories. However, for the small percentage of women tested who inject drugs, the risk is much higher for HIV infection. Female IDUs tested positive at a rate of 3.7%, almost three times the positivity rate for women who were exposed through sexual contact (1.3%). There are significant differences in risk exposure within the sexual transmission category, however. Women who have partners at risk, such as injection drug users or men who have sex with men, are almost nine times more likely to test positive than those women whose partners have no other risks for HIV (8.1% vs. 0.8%). Exchanging sex for drugs or money also represents a higher risk for HIV infection, with a seroprevalence rate of over four percent.

The overall positivity rate for white women is low (0.6%) and has seen no appreciable increase over the last five years. Black women test at rates significantly higher (1.8% in 2001); again, there is no clear trend indicating an increase in infection rates in recent years. As with men, women over thirty are testing positive at higher rates than teens and young women between ages 13 and 29 (2.5% vs. 0.7%).

HIV Counseling and Testing Program: HIV infection by risk behavior category

Men who have sex with men and injection drug users continue to be among the individuals most at risk for HIV infection, although they are the least likely to be tested for HIV in public health programs. In 2001, MSMs and IDUs accounted for only eight percent of all tests provided, but for 39% of all HIV positive results. However, positivity rates appear to be decreasing for these risk exposure categories. Men who have sex with men had a positivity rate of 15.5% in 2001, down from 16.6% in 1995. The positivity rate for injection drug users tested dropped over 60% since 1995 (4.7% in 2001 versus 11.9% in 1995). Other drug related exposure categories indicate some risk for HIV infection if an individual exchanges sex for drugs or money (which has been anecdotally associated with crack cocaine use). These individuals tested positive at a rate of 2.7% in 2001; however, this was a sharp decrease over previous years. Having sex while using non-injectable drugs is not as risky, with these individuals testing positive at a rate of 1.1% this year.

Seroprevalence rates for heterosexuals in general remain relatively low (1.0%) and stable over the last five years. However, if the sex partner is infected or at risk, the positivity rates for these heterosexuals increase dramatically. Sex partners of people with HIV/AIDS are testing positive at a rate of 21.2% in 2001; female sex partners of MSM at 3.3%; and partners of IDUs at 2.8%.

HIV Counseling and Testing Program: High morbidity health districts

In 2001, the state's ten highest-morbidity health districts reported a prevalence of HIV positive test results ranging from a little over 1% to 7%. There was a decrease in positivity rates in six of the top ten ranking health districts from the previous year, as well as a shift in district ranking. Table 9 shows district rankings for HIV positivity in 2000 and 2001.

Table 9

2000 Rank	Health District	Positivity Rate	2001 Rank	Health District	Positivity Rate
1	Fulton *	5.6%	1	DeKalb *	7.0%
2	DeKalb *	4.5	2	Fulton *	5.6
3	Columbus	3.6	3	Columbus	3.2
4	Marietta	2.2	4	Savannah	2.6
5	Savannah	2.1	5	Clayton	1.9
6	Clayton	1.9	6	Gwinnett	1.5
7	Gwinnett	1.8	7	Marietta	1.4
8	Dublin	1.5	8	Albany	1.3
9	Albany	1.4	9	Dalton	1.3
10	Athens	1.2	10	LaGrange	1.3

* Does not include contracted or alternative programs such as AID Atlanta, Grady Hospital, etc

SUPPLEMENT TO HIV/AIDS SURVEILLANCE (SHAS) PROJECT

SHAS is an extensive interview study, which takes about 50-60 minutes for each confidential interview and addresses socioeconomics, alcohol and drug use, sexual behavior, history of STDs and other diseases, maternal and child health, and access to social services. All interviews conducted at the Grady Health System were in persons with AIDS. One caveat to keep in mind with SHAS data is that persons are asked to recall events or conditions that may have occurred many years prior to the interview; hence, the accuracy of the recalled information may not be precise. A second caveat is that for many of the behaviors, it is not always known whether they occurred before or after HIV infection.

A new questionnaire was begun in November 2000. As a result of new and revised questions, many long term trends that have been described in the past are not currently possible, and information for 2000 and 2001 has been combined.

Charts 41 and 42 show the demographic information, socioeconomic status, and current insurance status of persons interviewed in 2000-2001. For these variables, the majority of persons are male (77%), African American (84%), have at least a high school education (69%), are unemployed (77%), live in a household which makes less than $10,000 per year (51%), and have health insurance (64%).

Chart 41

SHAS Project: Persons with AIDS at Grady Health System
287 completed interviews, 2000 - 2001

- Sex:
  - 77% (n=222) male
  - 23% (n= 65) female
- Race/Ethnicity:
  - 84% (n=240) African-American
  - 14% (n= 40) White
  - 2% (n= 7) Hispanic

Chart 42

SHAS Project: Persons with AIDS at Grady Health System
287 completed interviews,2000 - 2001

- Highest grade completed:
  - 31% (n= 89) < high school
  - 69% (n=198) >= high school
- Current employment:
  - 77% (n=222) no
  - 23% (n= 65) yes
- Household income in last year:
  - 51% (n=146) < $10,000
  - 48% (n=138) >= $10,000
- Current health insurance:
  - 33% (n= 96) no
  - 64% (n=183) yes

Table 10 shows substance use-related information from 287 persons completing interviews.

Table 10 Substance Use-Related Characteristics of 287 Persons Interviewed for the 2000-2001 SHAS Study

		Total / n (percent)
Have you ever used mind-altering substances other than alcohol?	Yes	241 (84%)
Have you ever used crack cocaine?	Yes	148 (52%)
Have you ever injected drugs with a needle?	Yes	66 (23%)
Possible alcoholism (defined by answering yes to at least 2 of the 4 CAGE* questions)	Yes	135 (47%)
Have you ever enrolled in a drug/alcohol treatment program?	Yes	123 (43%)
During the past year, did you try to enter a program but were unable to enroll?	Yes	26 (9%)

* Have you ever felt you should cut down on drinking? Have people annoyed you by criticizing your drinking? Have you ever felt bad or guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or rid yourself of a hangover?

Table 11 shows information related to sexual behavior and STDs from persons completing interviews.

Table 11 Sexual Behavior and STD-Related Characteristics of Persons Interviewed for the 2000-2001 SHAS Study

		Total / n (percent)
Has anyone ever given you money/drugs to have sex with them?	Yes	104 (36%)
Has anyone given you money/drugs to have sex in the past year?	Yes	25 (9%)
Have you ever paid money/given drugs to anyone to have sex with you?	Yes	77 (27%)
Have you paid money/given drugs to anyone for sex in the past year?	Yes	19 (7%)
Among those having had a steady sex partner in the past year, is the steady partner you last had sex with HIV-infected?	Yes	46 (42%)
Among those having had a steady sex partner in the past year, was a condom used during your last vaginal, oral and/or anal sex with your steady partner?	Yes	81 (74%)
Among those having had a casual partner in the past year, is the casual partner you last had sex with HIV-infected?	Yes	24 (23%)
Among those having had a casual partner in the past year, was a condom used during your last vaginal, oral and/or anal sex with your casual partner?	Yes	79 (76%)
At least one visit in the past year to a doctor or clinic for an STD	Yes	55 (19%)

Table 12 shows information related to antiretroviral medications from persons completing interviews.

Table 12 Antiretroviral Medication-Related Characteristics of Persons Interviewed for the 2000-2001 SHAS Study

		Total / n (percent)
Have you ever received antiretroviral drugs to treat your HIV infection?	Yes	250 (87%)
Among those on therapy, are medications always taken as prescribed?	Yes	141 (72%)

STD SURVEILLANCE

In 2001, there were 32,396 cases of chlamydia and 18,247 cases of gonorrhea reported to DHR (data were taken from the DHR website "www.ph.dhr.state.ga.us" on 3/27/02). Charts 43 and 44 show the number of cases in 2001 by age group and sex for gonorrhea and chlamydia, respectively. These findings represent a very large number of persons in Georgia with STDs who are also at risk for HIV, particularly young women.

Chart 43

Gonorrhea Cases by Age Group and Sex
Georgia, 2001

Age Group	Males	Females
10 - 19	1649	3673
20 - 29	4163	3988
30 - 39	1623	740
>= 40	966	273

Note: Data obtained 2/11/02 from www.ph.dhr.state.ga.us

Chart 44

Chlamydia Cases by Age Group and Sex
Georgia, 2001

Age Group	Males	Females
10 - 19	1398	11190
20 - 29	2799	12328
30 - 39	769	1623
>= 40	246	341

Note: Data obtained 2/11/02 from www.ph.dhr.state.ga.us

HEPATITIS A AMONG MEN WHO HAVE SEX WITH MEN IN ATLANTA

Although syphilis, chlamydia, gonorrhea, and HIV are commonly known as STDs, there are many infectious diseases that can be sexually transmitted. In the past ten years, there have been two hepatitis A outbreaks among men who have sex with men (MSM) in metropolitan Atlanta. Whereas the common mode of transmission for HIV and hepatitis B is exposure to semen or blood, the common mode of transmission for hepatitis A is fecal-oral exposure.

The Georgia notifiable disease surveillance system database (available at www.ph.dhr.ga.us) was used to describe trends of hepatitis A. As with most basic surveillance systems, there are no useful standardized MSM variables, so a surrogate marker was created. For persons 10 to 49 years old, the male to female ratio over time was examined to postulate disease and behavior changes among MSM.

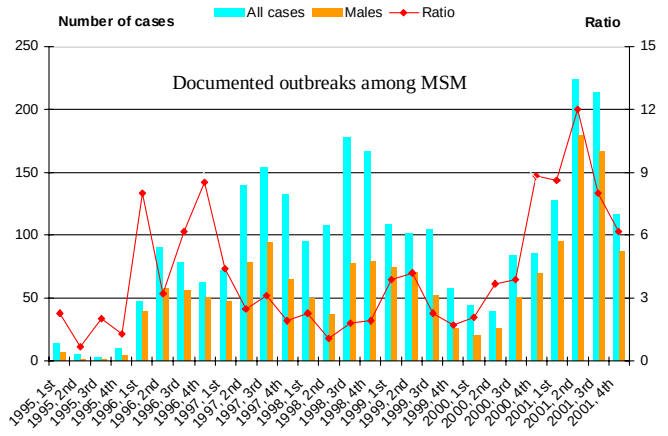
Chart 45 documents over time the total number of hepatitis A cases, the number of cases among adolescent/adult males, and the male to female ratio for persons 10 to 49 years old in 8-county metropolitan Atlanta. Also included are the years when two documented outbreaks occurred among MSM.

These data support the idea that education, counseling, and planning to prevent HIV and other STDs need to account for modes of transmission that vary for different diseases. Furthermore, it is interesting to note that the two outbreaks occurred when the male to female ratio was highest, suggesting that tracking this ratio over time may help efforts to describe the epidemiology of infectious diseases among MSM and provide early warnings of outbreaks and changes in behavior

Chart 45

Notifiable Disease Surveillance System: Atlant

Hepatitis A: all cases, adolescent/adult males, and M:F ratio* by quarter



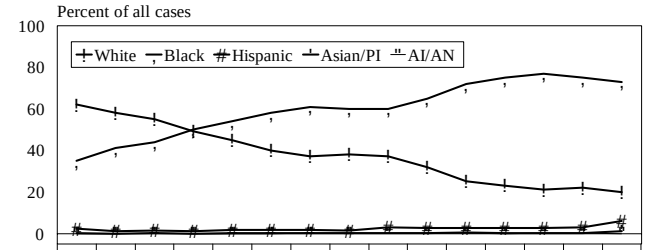
Ratio data for ages 10-49 to approximate years persons likely to be most sexually active

FOCUS ON MINORITIES

AIDS surveillance: Charts 46 and 47 show the proportion of cases specific to minority populations by year of diagnosis for males and females, respectively. For both trend charts, African Americans have represented the largest proportion of cases each year since 1990. See earlier sections for related information.

Chart 46

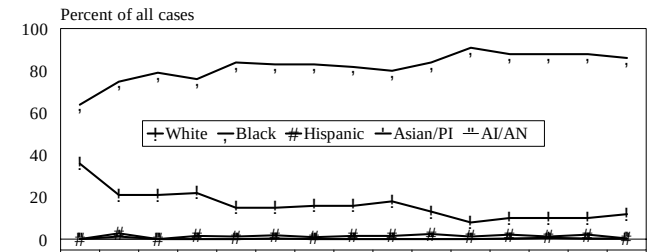
AIDS Cases in Males by Race/Ethnicity and Year of Diagnosis
Georgia, 1987-2001



	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
White	62	58	55	49	45	40	37	38	37	32	25	23	21	22	20
Black	35	41	44	50	54	58	61	60	60	65	72	75	77	75	73
Hispanic	2.3	1	1.5	1.1	1.7	1.7	1.7	1.4	2.8	2.6	2.6	2.6	2.6	3	6
Asian/PI	0.1	0	0.1	0	0.1	0.2	0.2	0.1	0.2	0.1	0.4	0.3	0.2	0.3	1
AI/AN	0	0	0.1	0	0	0	0.1	0.2	0.1	0.1	0.1	0	0.1	0.2	0

Chart 47

AIDS Cases in Females by Race/Ethnicity and Year of Diagnosi
Georgia, 1987-2001



	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
White	36	21	21	22	15	15	16	16	18	13	8	10	10	10	12
Black	64	75	79	76	84	83	83	82	80	84	91	88	88	88	86
Hispanic	0	2.8	0	1.6	1.2	1.9	0.9	1.7	1.7	2.4	1.4	2.1	1.4	2.2	0.4
Asian/PI	0	1.4	0	0	0	0.3	0	0.2	0	0.2	0	0.3	0.6	0.3	0.4
AI/AN	0	0	0	0	0	0	0.3	0	0	0	0	0	0.3	0	0

FOCUS ON HISPANIC/LATINO PERSONS

Through December, 2001, there have been 494 cumulative cases of AIDS in Georgia reported in Hispanic persons, of which 4 (1%) were pediatric cases (< 13 years old), 3 (1%) were aged 13-19, 124 (25%) were aged 20-29, 222 (45%) were 30-39, 108 (22%) were 40-49, and 33 (7%) were >= 50 years old. Of the 494, 179 (36%) have died. Table 13 below shows the mode of HIV transmission for males and females.

Table 13

	Male n percent	Female n percent	Total n percent
MSM	199 (47%)	——-	199 (40%)
IDU	68 (17%)	19 (29%)	87 (18%)
MSM & IDU	27 (6%)	——-	27 (6%)
Heterosexual	45 (11%)	34 (52%)	79 (16%)
No identifiable risk/other	89 (21%)	13 (20%)	102 (21%)
Total	428 (100%)	66 (100%)	494 (100%)

The information in Table 14 below shows the number of cases among Hispanics by year of diagnosis for the state and for 20-county metropolitan Atlanta.

Table 14

Year of diagnosis	State (number of cases and percent of all cases)	Metropolitan Atlanta (number of cases)
1990	18	15 (83%)
1991	31	18 (58%)
1992	36	23 (64%)
1993	35	32 (91%)
1994	33	23 (70%)
1995	56	44 (79%)
1996	52	36 (69%)
1997	36	26 (72%)
1998	36	21 (58%)
1999	30	23 (77%)
2000	33	26 (79%)
2001	38	32 (84%)

The information in Table 15 below shows Hispanic persons known to be living with AIDS in Georgia as of December 2001 by age group and sex.

Table 15

Age group (years)	Males	Females
< 13	2	0
13-19	3	0
20-29	72	14
30-39	121	16
40-49	52	14
> 50	17	1
Total	267	45

FOCUS ON ASIAN/PACIFIC ISLAND PERSONS

As of December 2001, there have been 46 Asian/Pacific Islanders reported with AIDS, of which 21 (46%) have died, 35 (76%) are from 20-county metropolitan Atlanta, and 36 (78%) are male. As of December, 2001, there are 25 persons with living AIDS in Georgia whose race/ethnicity is Asian/Pacific Islander, of whom 22 are male.

Tables 16 and 17 show the age group and mode of HIV transmission for these 46 persons.

Table 16

Age group (years)	Number (percent)
< 13	1 (2%)
13-19	0 (0%)
20-29	10 (22%)
30-39	20 (44%)
40-49	9 (20%)
> 50	6 (13%)

Table 17

HIV Mode	Number (percent)
MSM	16 (35%)
IDU	3 (7%)
MSM & IDU	2 (4%)
Heterosexual	5 (11%)
NIR/Other	20 (44%)

FOCUS ON AFRICAN AMERICAN WOMEN AGED >= 13 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 3,454 (14%) were African American women at least 13 years old. Of these 3,454, 821 (24%) were 13 to 29 years old at AIDS diagnosis, and 1,538 (45%) are known to be deceased. The primary modes of HIV transmission are shown below in Table 18.

Because 430 of the women acquired HIV through heterosexual contact with an IDU, 1,371 (941 + 430) or 40% of all of these women acquired HIV through IDU-related means. Chart 48 shows the number of cases reported by year of diagnosis. The information in Table 19 shows African American women (aged >=13 years) known to be living with AIDS in Georgia as of December 2001 by age group and geography.

Table 18

HIV Mode	Number (percent)
Heterosexual	1,520 (44%)
IDU	941 (27%)
Transfusion/transplant recipient	112 (3%)
NIR/Other	881 (26%)

Chart 48

AIDS Cases in African American Women, >= 13 Years Old
Georgia, 1983-2001

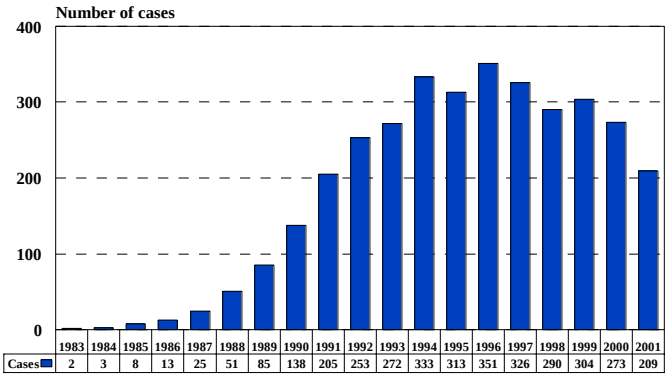


Table 19

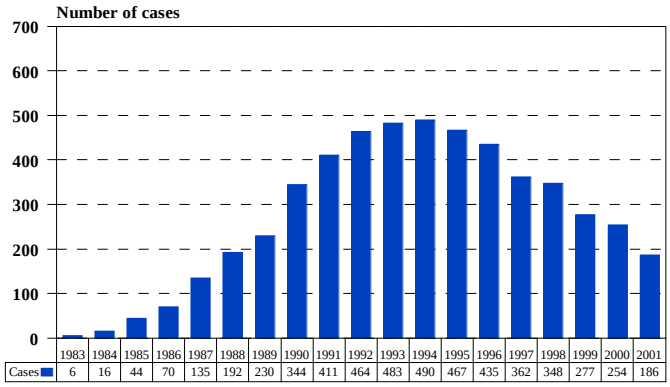
Age group (years)	State (number of cases)	20-county Atlanta (number of cases and percent of all cases)
13-19	35	22 (63%)
20-29	421	204 (49%)
30-39	808	473 (59%)
40-49	466	272 (58%)
> 50	175	103 (59%)
Total	1,905	1,074 (56%)

FOCUS ON AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN

Of the 24,406 persons with AIDS reported to DHR through December 2001, 5,217 (21%) were African American MSM. Of these 5,217, 1,447 (28%) are less than 29 years old, 2,634 (51%) are known to be deceased, and 745 (14%) were also reported with the IDU risk factor. Charts 49 and 50 show the number of cases reported by year and the number living with AIDS, respectively.

Chart 49

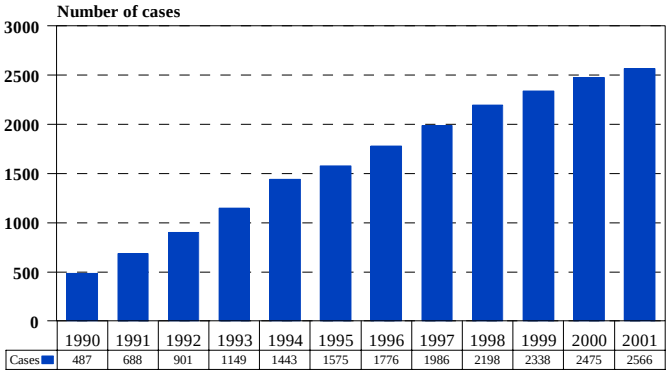
African American Men Who Have Sex With Men
AIDS cases in Georgia, 1983-2001



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	6	16	44	70	135	192	230	344	411	464	483	490	467	435	362	348	277	254	186

Chart 50

African American Men Who Have Sex With Men
Living with AIDS in Georgia, 1990-2001



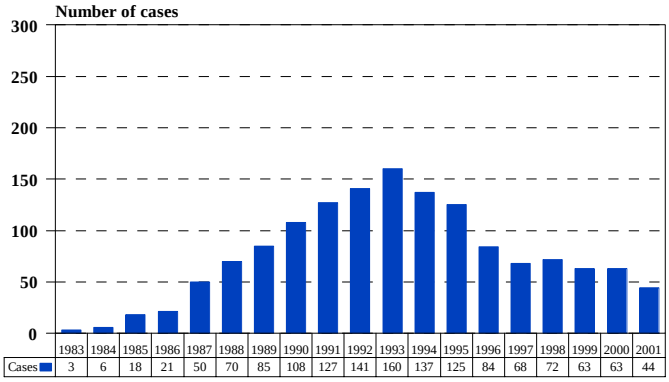
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	487	688	901	1149	1443	1575	1776	1986	2198	2338	2475	2566

FOCUS ON AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN AGED 13-29 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 1,447 (6%) were African American MSM aged 13 to 29 years old. Of these 1,447, 737 (51%) are known to be deceased, and 140 (10%) were also reported with the IDU risk factor. Charts 51 and 52 show the number of cases reported by year and the number living with AIDS, respectively.

African American Men Who Have Sex With Men, 13-29 Years
AIDS cases in Georgia, 1983-2001

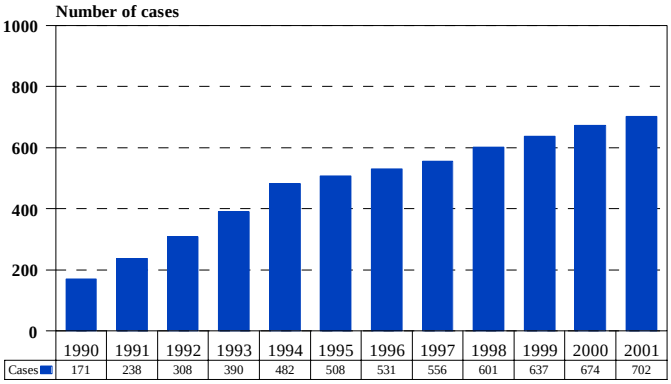
Chart 51



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	3	6	18	21	50	70	85	108	127	141	160	137	125	84	68	72	63	63	44

African American Men Who Have Sex With Men, 13-29 Years
Living with AIDS in Georgia, 1990-2001

Chart 52



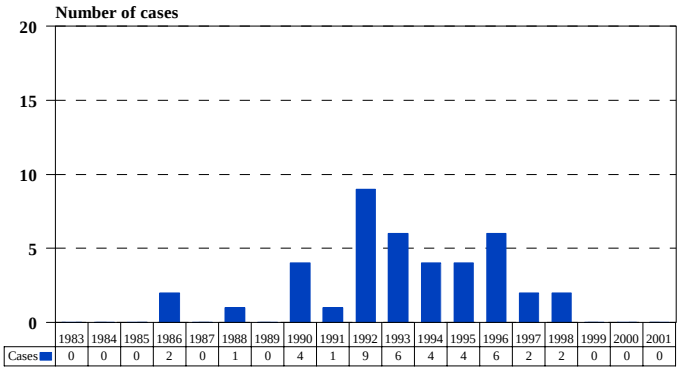
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	171	238	308	390	482	508	531	556	601	637	674	702

FOCUS ON AFRICAN AMERICAN HETEROSEXUALS AGED 13-19 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 41 (<1%) were African American heterosexuals aged 13 to 19 years old. Of these 41, 35 (85%) are female, and 21 (51%) are known to be deceased. Charts 53 and 54 show the number of cases reported by year and the number living with AIDS, respectively.

Chart 53

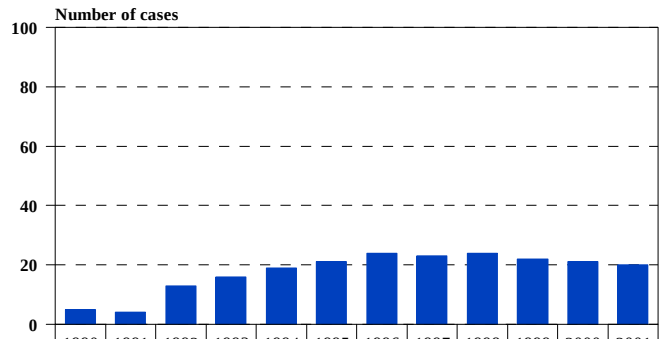
African American Heterosexuals, 13-19 Years
AIDS cases in Georgia, 1983-2001



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	0	0	0	2	0	1	0	4	1	9	6	4	4	6	2	2	0	0	0

Chart 54

African American Heterosexuals, 13-19 Years
Living with AIDS in Georgia, 1990-2001



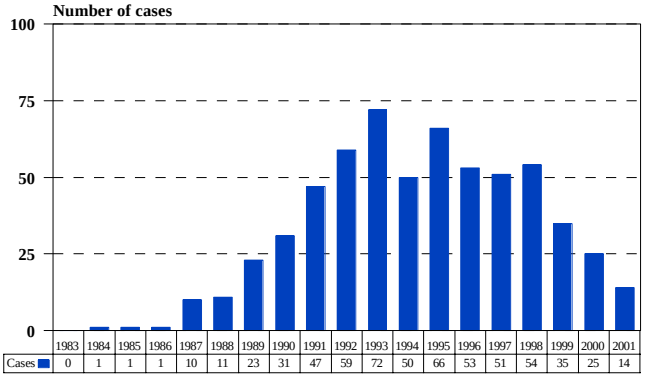
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	5	4	13	16	19	21	24	23	24	22	21	20

FOCUS ON AFRICAN AMERICAN HETEROSEXUALS AGED 20-29 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 606 (2.5%) were African American heterosexuals aged 20 to 29 years old. Of these 606, 413 (68%) are female, and 290 (48%) are known to be deceased. Charts 55 and 56 show the number of cases reported by year and the number living with AIDS, respectively.

Chart 55

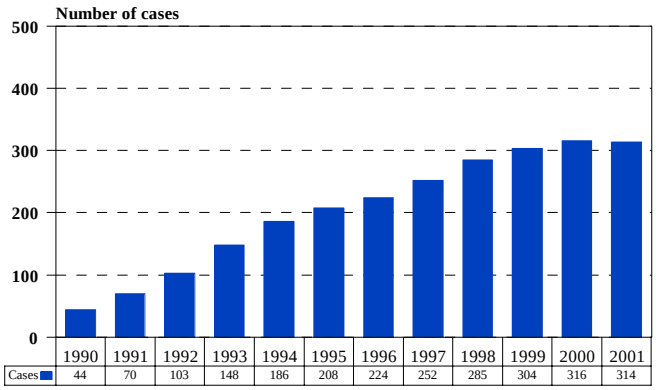
African American Heterosexuals, 20-29 Years
AIDS cases in Georgia, 1983-2001



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	0	1	1	1	10	11	23	31	47	59	72	50	66	53	51	54	35	25	14

Chart 56

African American Heterosexuals, 20-29 Years
Living with AIDS in Georgia, 1990-2001



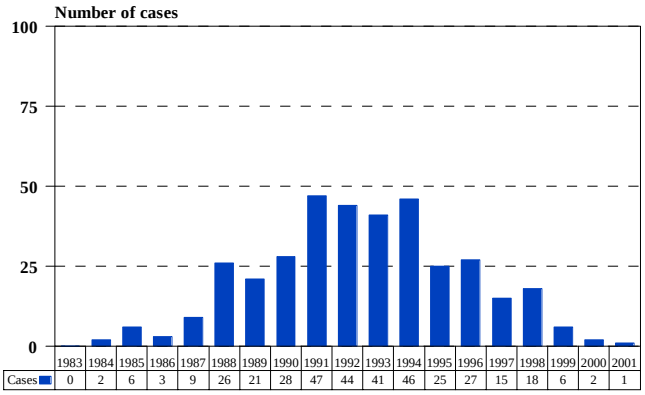
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	44	70	103	148	186	208	224	252	285	304	316	314

FOCUS ON AFRICAN AMERICAN INJECTION DRUG USERS AGED 20-29 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 368 (1.5%) were African American injection drug users aged 20 to 29 years old. Of these 368, 233 (63%) are male, and 220 (60%) are known to be deceased. Charts 57 and 58 show the number of cases reported by year and the number living with AIDS, respectively.

Chart 57

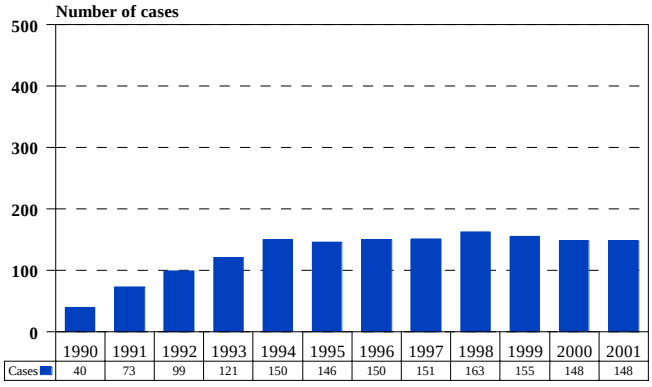
African American Injection Drug Users, 20-29 Years
AIDS cases in Georgia, 1983-2001



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	0	2	6	3	9	26	21	28	47	44	41	46	25	27	15	18	6	2	1

Chart 58

African American Injection Drug Users, 20-29 Years
Living with AIDS in Georgia, 1990-2001



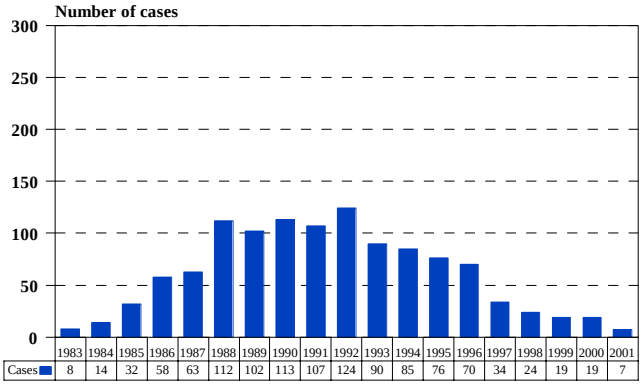
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	40	73	99	121	150	146	150	151	163	155	148	148

FOCUS ON WHITE MEN WHO HAVE SEX WITH MEN AGED 13-29 YEARS

Of the 24,406 persons with AIDS reported to DHR through December 2001, 1,159 (5%) were White MSM aged 13 to 29 years old. Of these 1,159, 137 (12%) were also reported with an HIV mode of IDU, and 702 (61%) are known to be deceased. Charts 59 and 60 show the number of cases reported by year and the number living with AIDS, respectively.

Chart 59

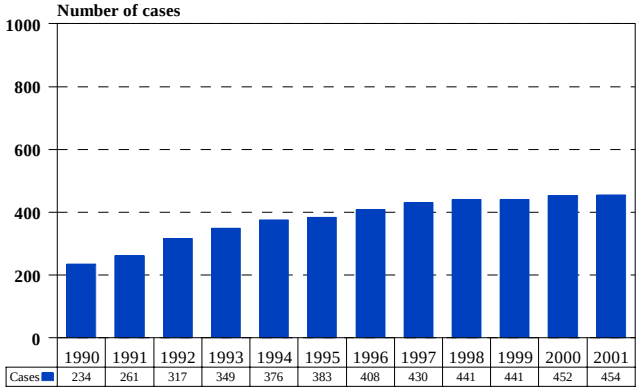
White Men Who Have Sex With Men, 13-29 Years
AIDS cases in Georgia, 1983-2001



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	8	14	32	58	63	112	102	113	107	124	90	85	76	70	34	24	19	19	7

Chart 60

White Men Who Have Sex With Men, Aged 13-29 Years
Living with AIDS in Georgia, 1990-2001



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cases	234	261	317	349	376	383	408	430	441	441	452	454

FOCUS ON WHITE MEN WHO HAVE SEX WITH MEN AGED 13-19 YEARS

There were 2 white MSM aged 13 to 19 years old, both of whom are now deceased.

FOCUS ON WHITE HETEROSEXUALS AGED 13-19 YEARS

There were 5 white heterosexuals aged 13 to 19 years old, all of whom were female, and 3 of whom are now deceased.