

HIV/AIDS

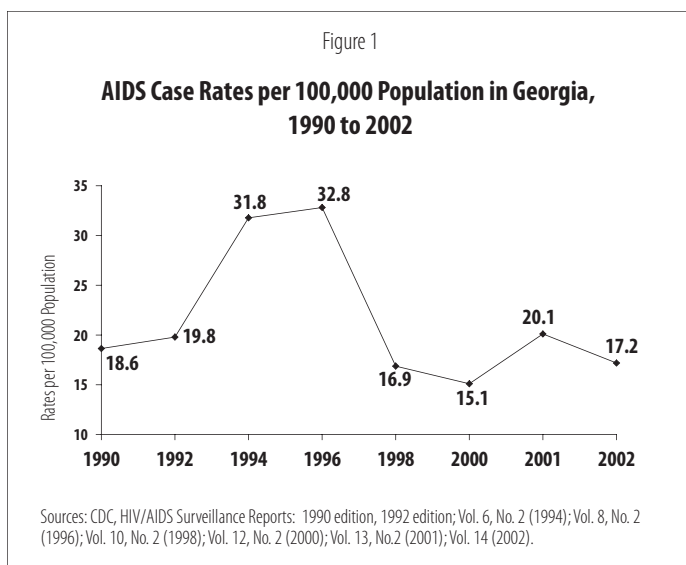
The impact of the HIV/AIDS epidemic in the U.S. has disproportionately affected Georgia and other southern states. Through December 2002, more than 26,000 cases of AIDS - the most advanced stage of HIV disease - were reported in Georgia,¹ accounting for over 13,000 deaths to date.²

Advances in the treatment of HIV disease have substantially reduced AIDS-related mortality and have led to an increasing number of people who are living with HIV/AIDS. Nonetheless, it is estimated that approximately one-quarter of those with HIV/AIDS (and as many as one-third) are unaware that they are infected, and 42% to 59% are not receiving regular HIV care.³ Georgia, along with other states, still faces major challenges in confronting the HIV/AIDS epidemic.

AIDS in Georgia

According to several key indicators, HIV/AIDS has affected Georgia more than most states.

- Georgia has the 8th highest number of AIDS cases ever reported in any state¹ and recent data reflect a continuing impact on the state. The state ranked 8th in the nation in number of new AIDS cases in 2002 - 1,471 cases.¹
- The reported AIDS case rate in Georgia is 17.2 cases per 100,000 population, 9th highest in the U.S. and higher than the U.S. average of 14.8 cases per 100,000 population (not accounting for the territories). Georgia's reported AIDS case rate is 7th highest in the South. The highest rate in the South (and the U.S.) is 162.4 per 100,000, for the District of Columbia, followed by Maryland at 34.0.¹
- As with most states, Georgia's reported AIDS case rate per 100,000 sharply declined after 1996; however, rates in Georgia have begun to increase again since 2000 (Figure 1).



- At the end of 2002, an estimated 12,683 people in Georgia were living with AIDS. This is the 8th largest state population of people living with AIDS in the U.S.¹
- As of December 2002, Georgia had reported 13,761 deaths among persons with AIDS.²

Atlanta

While AIDS affects all regions of Georgia, the metropolitan region of Atlanta stands out as one of the most severely affected metropolitan areas of the country.

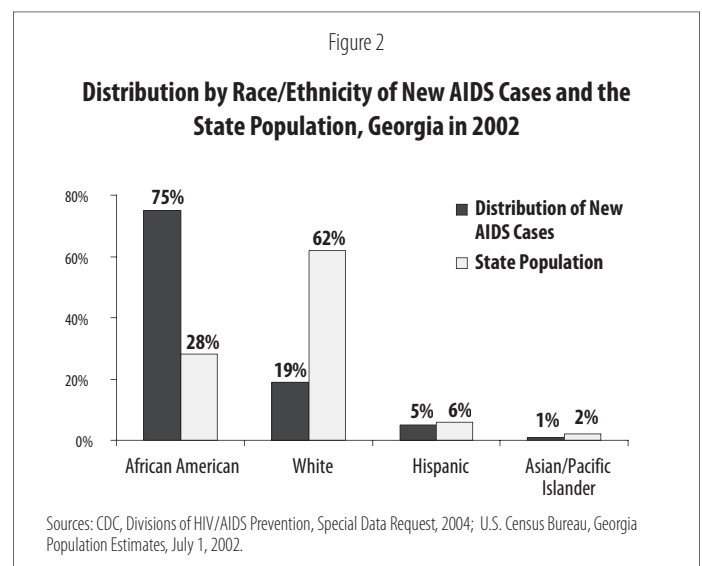
- In Atlanta alone, 1,011 new AIDS cases were reported in 2002, the 8th highest number of AIDS cases reported in any large U.S. metropolitan area (with a population of 500,000 or more).⁴ Atlanta's rate of AIDS cases per 100,000 population was 23.0 in 2002, higher than all but 19 other large U.S. metropolitan areas.⁴
- At the end of 2001, 8,292 people were estimated to be living with AIDS in Atlanta, also the 8th highest number among all large metropolitan areas in the U.S.⁵

Impact of AIDS on Georgia's Sub-Populations

AIDS has disproportionately affected certain population groups within Georgia.

African Americans are one of the populations most affected by the HIV/AIDS epidemic both in Georgia and nationally.

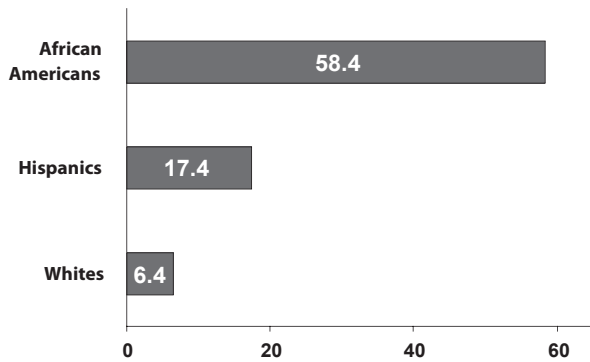
- African Americans accounted for three-quarters (75%) of AIDS cases reported in Georgia in 2002,² but only 28% of the state's population⁶ (Figure 2). Nationally, African Americans account for half (50%) of all new AIDS cases,² but only 12% of the population.⁶



- Among people estimated to be living with AIDS in Georgia, 69% are African American, 28% are white and 3% are Hispanic.²
- The rate of AIDS cases in Georgia is much higher among African Americans compared to other racial/ethnic groups, at 58.4 cases per 100,000 (Figure 3).²

Figure 3

AIDS Case Rate per 100,000 Population in Georgia, by Race/Ethnicity, 2002



Source: CDC, Divisions of HIV/AIDS Prevention, Special Data Request, July 2004.
Note: Among adults and adolescents only.

Men who have sex with men (MSM) account for about half of cumulative AIDS cases reported among adults and adolescents in Georgia (48%),⁷ a decline from national measures during the early years of the epidemic. Nonetheless, MSM are at a significantly greater risk for HIV infection than other groups. Comparatively, transmission by heterosexual sex accounts for an estimated 13% of all cases ever reported in Georgia among both men and women, and injection drug use accounts for an estimated 18% of all reported cases.⁷

Women represent a growing proportion of AIDS cases in Georgia. In 1993, women made up 15% of adolescent and adult reported AIDS cases,⁸ but have since jumped to account for 26% of cases in 2001.⁹ The rate of AIDS cases among women is about the same in Georgia (10.4 per 100,000 adult and adolescent women) as the U.S. average (9.0 per 100,000 adult and adolescent women) in 2002.²

HIV Infection and Testing

The incidence of HIV infection is an important measure in determining the status of the HIV/AIDS epidemic, especially since many are living longer with HIV infection before progressing to an AIDS diagnosis. In contrast to AIDS, HIV infection data help to reveal more current HIV transmission trends. Georgia recently implemented a name-based system for reporting HIV infections, which will allow researchers to obtain more information about HIV transmission patterns in the future.

HIV testing is important for prevention and treatment efforts.

- Georgia has the 6th highest HIV testing rate in the U.S., with 55% of people ages 18 to 64 reporting that they have ever received an HIV test. The District of Columbia has the highest testing rate in the South (and the U.S.) at 65%, followed by Florida at 57%.¹⁰
- The HIV testing rate in Georgia among those ages 18 to 64 tested during the past year was 10th highest compared to other states, at 33% of the non-elderly adult population.¹⁰

Coverage for HIV/AIDS Care

Health insurance coverage for HIV-positive individuals is critical given the need for high-cost medications and treatment and the importance of access to care for those with HIV. Individuals in need of HIV-related care receive coverage through a variety of sources, including Medicaid, Medicare, private insurance, and public programs like the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, including its AIDS Drug Assistance Program (ADAP).¹¹

Medicaid, a jointly-funded state and federal program, is the largest source of public financing for HIV/AIDS care and is estimated to cover more than half of those living with AIDS nationally. In addition to meeting financial criteria, low-income individuals must be “categorically eligible” to qualify for Medicaid. One qualifying category is the “disabled”, the category by which most adults with HIV/AIDS who are on Medicaid become eligible for the program.¹¹

- Medicaid covers therapies that can prevent the onset of disabling symptoms of HIV disease, however most individuals with HIV must already be severely disabled to become eligible for the program – too late for preventive care.
- To help insure individuals with high medical costs, a Medicaid “Medically Needy” program in Georgia covers those who “spend down” on medical payments when they reach qualifying income levels. However, budget cuts have jeopardized Georgia’s medically needy program.¹²
- To qualify for Medicaid as disabled, individuals typically must be so severely disabled that they are unable to work. Special Medicaid 1115 waivers have been created to extend insurance coverage to those who need HIV/AIDS care but may not yet qualify as disabled. Georgia has submitted a proposal for such a waiver which is under review by the Centers for Medicare and Medicaid Services, the federal agency that oversees Medicaid.¹³

The Ryan White CARE Act provides federal funding to develop and operate systems to provide HIV-related care to cities, states, and other public and private non-profit entities. ADAPs, programs that provide HIV-related prescription drugs to people with HIV/AIDS who have limited or no prescription drug coverage, are included as part of Title II of the CARE Act and provide assistance with drug therapy to over 3,600 low-income or uninsured clients in Georgia in the month of June 2003 alone.¹⁴ In FY 2003, federal and state ADAP funds in Georgia totaled \$38.8 million; of this, \$25.5 million were federal funds specifically allocated to Georgia’s ADAP.¹⁴

- To qualify for the state ADAP, individuals in Georgia must fall below 300% of federal poverty and have either a CD4 count under 500 or a viral load over 20,000.¹⁴
- Georgia’s ADAP formulary covers 50 drugs. Louisiana covers the fewest drugs in the South at 22, while Delaware covers the most at 222. Nationally, ADAPs range from covering 18 drugs in Colorado to 474 in New York.¹⁴

References

- ¹ CDC, *HIV/AIDS Surveillance Report*, Vol. 14. Rankings among states do not include U.S. territories.
- ² CDC, Special Data Request, 2004. Rankings among states do not include U.S. territories, which may slightly affect Georgia’s ranking.
- ³ Fleming, P., et al. *HIV Prevalence in the United States*, Abstract #11, Oral Abstract Session 5, 9th Conference on Retroviruses and Opportunistic Infections, 2002.
- ⁴ CDC, *HIV/AIDS Surveillance Report*, Vol. 14, Addendum, Table A5.
- ⁵ CDC, *HIV/AIDS Surveillance Report*, Vol. 9, No. 2.
- ⁶ Census Bureau, State and U.S. Population Estimates, July 1, 2002.
- ⁷ Centers for Disease Control and Prevention, AIDS Public Information Data Set, 2001.
- ⁸ CDC, *HIV/AIDS Surveillance Report*, Vol. 5, No.4. Pediatric cases not included, which account for fewer than 1% of total cases.
- ⁹ CDC, *HIV/AIDS Surveillance Report*, Vol. 13, No. 2.
- ¹⁰ CDC, *MMWR*, Vol. 52, No. 23, 2003. Rankings among states do not account for territories, which may slightly impact Georgia’s ranking.
- ¹¹ Kaiser Family Foundation, *Financing HIV/AIDS Care: A Quilt with Many Holes*, 2004.
- ¹² State of Georgia Press Release from the Office of the Governor, June 21, 2004.
- ¹³ Personal communication with CMS, 2004.
- ¹⁴ Kaiser Family Foundation, *National ADAP Monitoring Project Annual Report*, 2004.

Additional copies of this publication (#7199) are available on the Kaiser Family Foundation website at www.kff.org. Most data available on State Health Facts Online at www.statehealthfacts.kff.org.