



# 2021 North Carolina HIV Surveillance Report

**HIV/STD/Hepatitis Surveillance Unit  
Division of Public Health  
North Carolina Department of Health and Human Services  
September 2021**



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<https://epi.publichealth.nc.gov/cd/stds/figures.html>

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**Special Notes:**

The portable document format or PDF version of this document contains hyperlinks to related topics in other sections of the document. To navigate to the related topic, click the hyperlink in the table of contents.

See the last page of this document for a map of North Carolina Regional Networks of Care and Prevention (RNCP) and regional surveillance designations.

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## Summary

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### Note for 2021 North Carolina HIV Surveillance Report

2020 data should be treated with caution due to reduced availability of testing and, in some settings, HIV care caused by the COVID-19 pandemic. For this reason, the 2020 data will be italicized on all of our surveillance tables throughout this report.

### HIV

- The newly diagnosed HIV infection case totals and rates discussed in this document are restricted to adults/adolescents to match the national standard for these data. Tables showing the total population currently residing in North Carolina and living with HIV infection do include the 0 to 13 age group.
- Total counts of HIV new diagnoses include all people initially diagnosed and currently residing in North Carolina, whether the person was initially diagnosed with HIV or with AIDS.
- As of December 31, 2021, the number of people diagnosed and living with HIV who reside in North Carolina (including those initially diagnosed in another state) was 35,632.
- In 2021, 1,400 people were newly diagnosed with HIV population, a rate of 15.7 per 100,000 adult and adolescent population (13 and older).
- The number of people newly categorized as having Stage 3 HIV (AIDS) has been stable for the past five years.
- There were no perinatal (mother-to-child) HIV transmissions documented in 2021.
- People aged 20 to 34 years old had the highest rate of newly diagnosed HIV in 2021 (36.9 per 100,000) and comprised 54.4% (N=781) of the newly diagnosed population.
- Among race/ethnicity groups, Black/African Americans represented 57.8% of all adult/adolescents newly diagnosed with HIV, with a rate of 43.5 per 100,000 adult/adolescent population.
- The highest rate (72.9 per 100,000) of newly diagnosed HIV infection was among adult/adolescent Black/African American men.
- For adults and adolescents newly diagnosed with HIV in 2021, the most likely route of transmission was male-male sex (reported by 57.1%), followed by heterosexual sex (18.5%), combined male-male sex and injection drug use (3.4% of cases), and injection drug use (IDU) (2.6%); the most likely route of transmission was unknown for 18.3% of people newly diagnosed with HIV in 2021.

# HIV IN NORTH CAROLINA

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## HIV Reporting in North Carolina

In North Carolina, the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are reportable by law within 24 hours to the North Carolina Department of Health and Human Services (North Carolina DHHS). Statewide surveillance information is collected by local health departments and state staff and sent to the North Carolina Division of Public Health.

The first acquired immunodeficiency syndrome (AIDS) case reported in North Carolina was in 1982.<sup>1</sup> In North Carolina, AIDS became a reportable disease in 1984, and a diagnosis of HIV infection was made reportable in the state in 1990.<sup>1</sup> State law requires reporting of HIV/AIDS as well as associated laboratory tests. Starting July 1, 2013, all viral loads and CD4+ T-lymphocyte (CD4) cell counts became reportable to the state. While the proportion of tests that are reported is increasing, reporting of these tests is still incomplete. Information on all reported cases of HIV and AIDS are collected from health care providers by health department staff. These case reports include demographic and clinical information for the patient, as well as questions regarding mode of exposure.

State public health staff determine whether potentially duplicative reports of HIV infection represent one person and, if so, that person's current residence. This is done through state data review and routine interstate duplicate review (RIDR).<sup>2</sup>

## Background

HIV is caused by a retrovirus named the human immunodeficiency virus (HIV) and is spread through certain body fluids. HIV weakens a person's immune system by destroying important immune cells, specifically CD4 T lymphocyte cells also known as T cells, that fight disease and infection. There is no effective cure for HIV, and since the human body cannot get rid of HIV completely, HIV is considered a life-long disease. However, with proper medical care, HIV can be treated by antiretroviral therapy (ART) and controlled.<sup>3,4</sup> When the disease is controlled and no virus is detectable in the bloodstream, HIV cannot be transmitted sexually. If untreated, HIV reduces the number of CD4 cells (T cells) in the body, damaging the immune system and making it hard for the body to fight infections.

## Stages of HIV

If left untreated, HIV typically progresses through three stages of disease. Treatment can slow or prevent progression from one stage to the next.<sup>4</sup>

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<sup>1</sup>Foust, E.M. (2013). North Carolina's response to HIV: new hope, new direction leading the way.

<sup>2</sup>Mitsch A., Tang, T., & Whitmore S. (2012, July). *Accurate monitoring of HIV in the United States - CDC's routine interstate duplicate review, 2005-2008*. Paper presented at the 19th International AIDS Conference, Washington, D.C.

<sup>3</sup>Centers for Disease Control and Prevention (CDC) (2018). *HIV Basics*. Accessed on June 25, 2019. Retrieved from <https://www.cdc.gov/hiv/basics/index.html>.



**Stage 1: Acute HIV Infection**

A few weeks after infection with HIV, people can experience flu-like symptoms that can last a few weeks. When people have acute HIV, they have a large amount of virus in their blood and are very contagious.<sup>4</sup> Most people with acute HIV are unaware they are infected because their symptoms may be mild or mistaken for other illnesses like the flu. The only way to detect an acute HIV infection is through an antigen/antibody test or nucleic acid test (NAT).<sup>4</sup>

North Carolina has had statewide screening for acute HIV infection (AHI) since 2002. In 2020, there were 66 acute HIV diagnoses, at a rate of 0.62 per 100,000 population, which made up 6.1% of the newly diagnosed HIV infections in the state.

**Stage 2: Clinical Latency/Chronic HIV**

HIV is still active during this stage, but viral replication is kept in check by the individual's immune system. Most people do not have symptoms during this stage. If someone is taking ART as prescribed, they may remain in this stage for the rest of their life. Even without treatment, this period can last a decade or longer, though some individuals progress through this stage faster.<sup>4</sup>

**Stage 3: AIDS**

At the end of Stage 2, a person's viral load starts to increase and the CD4 cell (T cell) count begins to decrease. As this happens, the person may begin to have symptoms as the virus levels increase in the body and the person progresses to Stage 3 (AIDS).<sup>4</sup> People with Stage 3 HIV infection have such badly damaged immune systems that they are extremely susceptible to opportunistic infections, such as Kaposi's sarcoma, *Pneumocystis jirovecii* (commonly known as pneumocystis pneumonia), cytomegalovirus, and tuberculosis. Without treatment, people with Stage 3 (AIDS) survive about three years. Common symptoms of Stage 3 (AIDS) include chills, fever, sweats, swollen lymph glands, and weight loss.<sup>4</sup> People are diagnosed with Stage 3 (AIDS) when their CD4 cell (T cell) count drops below 200 cells/mm or if they develop certain opportunistic infections. People with AIDS can have a high viral load and are very infectious.<sup>4</sup> Treatment can return a person from Stage 3 (AIDS) to a healthier state.

In North Carolina, there were 282 late diagnoses (i.e., a Stage 3 diagnosis within 6 months of an initial HIV diagnosis) in 2021, which made up 20.1% of new HIV diagnoses in the state. While the rate of late diagnoses of HIV decreased from 2010 to 2016 (from 4.8 per 100,000 population to 2.7 per 100,000), the rate was relatively stable from 2017 to 2020. In 2021, the rate of late diagnoses was higher than 2020, at 3.2 per 100,000.

**HIV Transmission and Risk**

HIV is transmitted by HIV-contaminated body fluids, such as blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk coming into contact with mucous membranes, damaged tissue, or is injected into the blood stream.<sup>4</sup> In the United States, HIV is mainly spread through sex (anal or vaginal) and by sharing HIV-contaminated needles, syringes, or other equipment used to prepare drugs for injection (e.g., rinse water). HIV can live in a used needle up to 42 days.<sup>5</sup> HIV can also be spread from an HIV-infected

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<sup>4</sup>Centers for Disease Control and Prevention (CDC) (2018). *HIV Transmission*. Accessed on June 25, 2019. Retrieved from <https://www.cdc.gov/hiv/basics/transmission.html>.

mother to her child during pregnancy, delivery, or less commonly, through breastfeeding. The estimated risk of acquiring HIV from an individual living with HIV, by exposure act can be accessed [here](#). Effective treatment for HIV can result in such low levels of virus that the person living with HIV cannot transmit it through sex and much less likely to be transmitted from mother-to-child during pregnancy, at birth, or sharing injection drug equipment. It is recommended that all pregnant women should be tested for HIV and start treatment immediately have decreased the number of babies born with HIV. Use of condoms also prevents the spread of HIV. Additionally, HIV negative individuals who are at high-risk for HIV can take medications that are highly effective at preventing the acquisition of HIV, both sexually and through the sharing of contaminated injection drug equipment. Information on preventive medication can be found online at [pleasepreme.org](http://pleasepreme.org) or <https://npin.cdc.gov/prelocator>.

## National Trends

The CDC estimates that 1.1 million people in the United States had HIV at the end of 2020, the most recent year for which this information is available.<sup>5</sup> In 2020, 30,692 people were newly diagnosed with HIV in the United States and six dependent areas, at a rate of 9.2 per 100,000 population.<sup>7</sup> From 2019 to 2020, new HIV diagnoses decreased by 17% in the United States, likely due to disruptions in clinical care services, patient hesitancy, and shortages in HIV testing during the COVID-19 pandemic.<sup>7</sup> The southern states had the highest rate among the United States regions, with a 2020 rate of 12.4 per 100,000 population.<sup>6</sup> Among adults and adolescents (aged 13 years or older), there were 30,635 people newly diagnosed with HIV, at a rate of 10.9 per 100,000, in 2020. In 2020, North Carolina's rate of newly diagnosed HIV among adults and adolescents (according to the CDC) was 12.0 per 100,000. North Carolina ranks 11<sup>th</sup> among all states and dependent areas for rate of newly diagnosed HIV.<sup>7</sup>

## Poverty and HIV in North Carolina

While the North Carolina surveillance data shows higher HIV rates in some racial and ethnic groups, factors such as poverty and large gaps in wealth distribution may be driving these differences.<sup>8</sup> People who cannot afford basic needs may also have trouble accessing quality sexual health services, and may have had experiences with the health system that discourage their accessing of testing and care.<sup>8</sup> For each person with newly diagnosed HIV in North Carolina in 2020, we calculated the proportion of the population living below the poverty line in their census tract of residence at the time of their diagnosis using 5-year (2015-2019) estimates from the American Community Survey. This calculation estimated the neighborhood poverty level experienced for people newly diagnosed with HIV in North Carolina. Figure 1 shows the rate of newly diagnosed HIV by census tract poverty rate. Figure 1 demonstrates that although people living at

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<sup>5</sup>Centers for Disease Control and Prevention (CDC) (2022). *Basic Statistics*. Updated August 2022. Accessed on September 23, 2022. Retrieved from <https://www.cdc.gov/hiv/basics/statistics.html>.

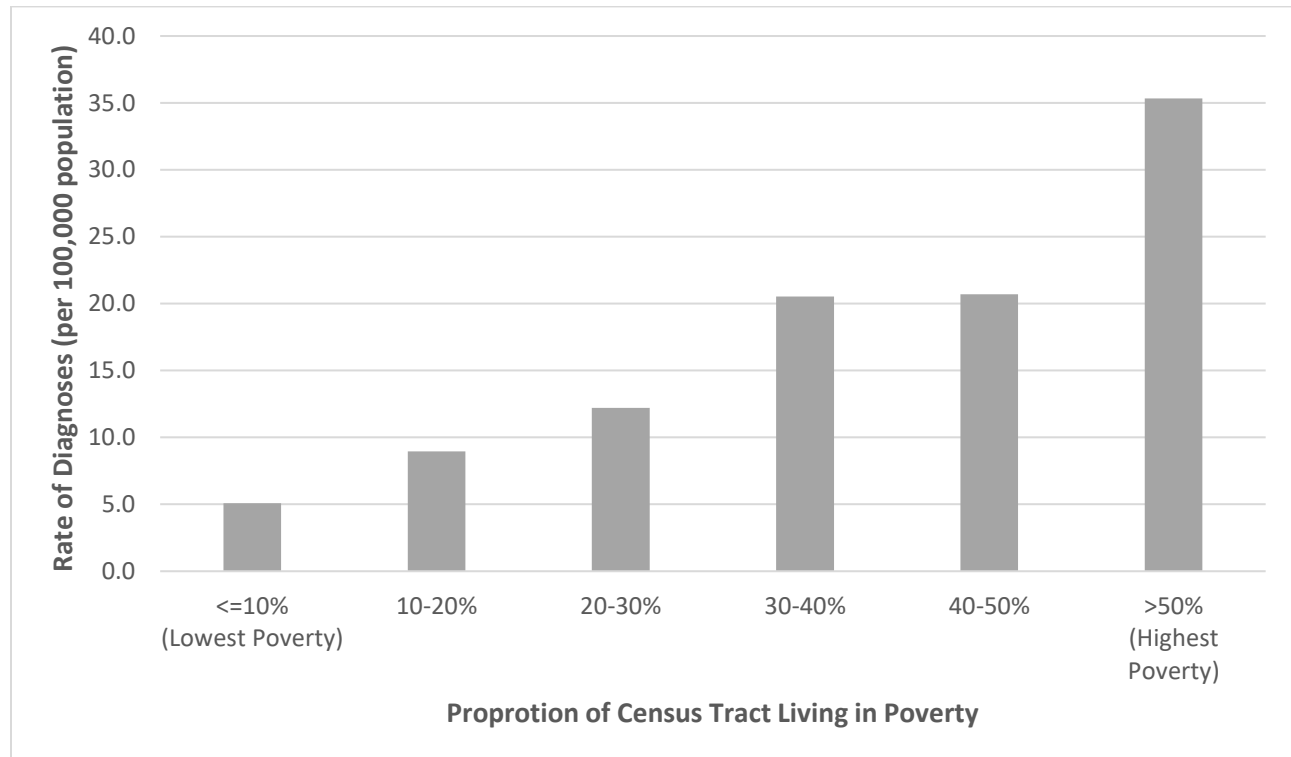
<sup>6</sup>Centers for Disease Control and Prevention (CDC)(2022). *HIV in the United States and Dependent Areas*. Accessed on September 23, 2022. Retrieved from <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>.

<sup>7</sup>Centers for Disease Control and Prevention (CDC) (2022). *HIV Surveillance Report, 2020*. Vol 33. Published May 2022. Accessed September 23, 2022. Retrieved from <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-33/index.html>.

<sup>8</sup>Centers for Disease Control and Prevention. (2017). *STD health equity*. Updated February 15, 2017. Accessed July 19, 2017. Retrieved from <https://www.cdc.gov/std/health-disparities/default.htm#ftn5>.

all levels of poverty get STIs, those living in census tracts with a higher proportion of residents residing below the federal poverty line are more likely to be diagnosed with HIV.

**Figure 1. People Newly Diagnosed with HIV in North Carolina by Poverty Indicator<sup>^</sup>, 2021**



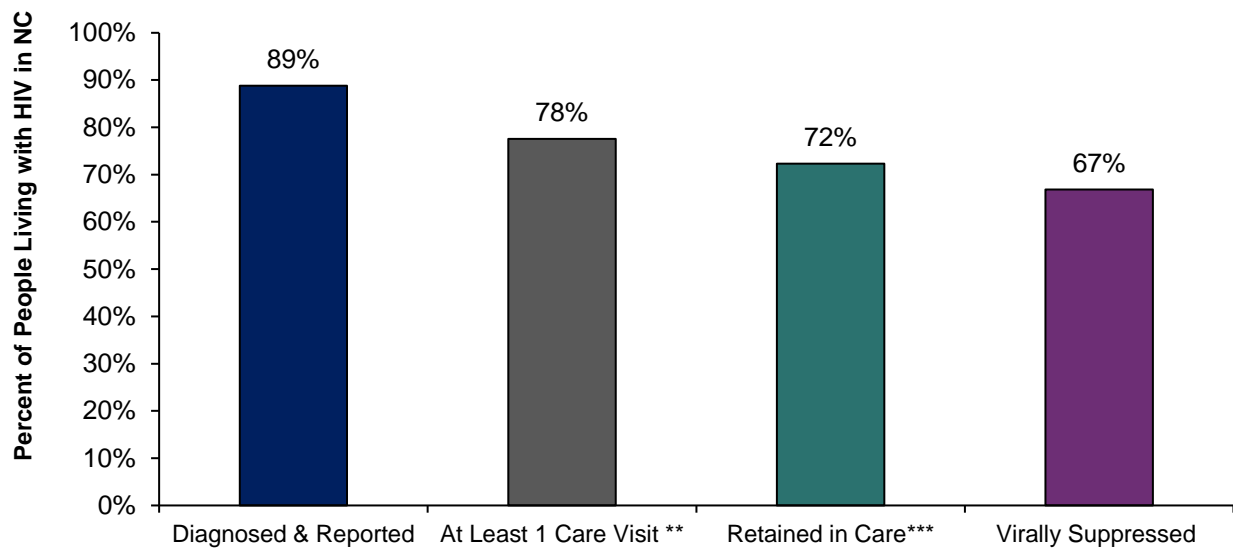
<sup>^</sup>Estimates of people living below the poverty line within a census tract and all population estimates obtained from the American Community Survey, 2016-2020, five-year estimate.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022), and 2016-2020 American Community Survey (ACS) five-year estimates (accessed from <https://www.data.census.gov>).

## HIV Continuum of Care in North Carolina

The estimated number of people living in North Carolina with HIV infection at the end of 2020 was 40,085 (most recent estimate, North Carolina Division of Public Health, unpublished data). Among these, a diagnosis record was available for 89%. The remaining estimated 11% had no diagnosis record; these people may be unaware that they are living with HIV. Among the people diagnosed and living with HIV through 2020, 67% were virally suppressed (viral load <200 copies/mL) (Figure 2). North Carolina's suppression rate is higher than the national rate: among US areas with complete laboratory reporting, 65.5% of people living with HIV are virally suppressed.<sup>12</sup> Among all people living with HIV in North Carolina, people receiving medical care were more likely to be virally suppressed; 86% of people receiving medical care in 2020 were virally suppressed. Of the people receiving Ryan White Part B services, 84% were virally suppressed in 2020. Overall, 85% of the HIV Medication Assistance Program (HMAP, formerly ADAP) recipients were virally suppressed in 2020.

<sup>12</sup>Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed October 19, 2022.

**Figure 2. North Carolina HIV Continuum of Care, 2021\* (People Diagnosed and Living through 2021)**

\*Note: Data are preliminary for 2021 (do not include vital records or national death matches). Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Estimated proportion living in NC and undiagnosed is from 2020.

\*\*At least 1 care marker (CD4 or VL test, HMAP dispense, or Medicaid claim) in the given calendar year.

\*\*\*Retained in care is defined as being virally suppressed within 12 months or having 2 or more care markers (CD4 or VL test, HMAP dispense, or Medicaid claim) at least 90 days apart in the given calendar year.

^Virally suppressed is defined as the last viral load during the given calendar year <200 copies/ml.

Legend: People ≥ 13 years of age and diagnosed and living through December 31 of each calendar year. Data includes labs and services from CAREWare (all Ryan White services excluding Part A), HIV Medication Assistance Program (HMAP), and Medicaid data sources.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (June 2022) and NC ECHO (July 2022).

## HIV Care in North Carolina

In the earliest days of the HIV epidemic, there were no treatments to combat the virus, and the care provided was primarily supportive and palliative therapy. Beginning in the 1990s, anti-retroviral treatment (ART) became available and with the subsequent advent of highly active ART, HIV-associated death rates decreased dramatically.

HIV treatment has continued to improve over the years, to the current situation in which HIV infection for someone on a well-maintained ART regimen is a manageable, chronic condition. In recent years, treatment has been a strong focus for HIV care and prevention efforts. In 2011, Cohen et al. published a landmark paper on the HPTN 052 study, in which the authors showed that in serodiscordant couples (i.e., one partner infected, the other partner uninfected) early treatment of the infected partner not only resulted in improved clinical outcomes for the partner living with HIV, but also greatly reduced the likelihood of HIV

transmission to the uninfected partner.<sup>9</sup> Based on this study and others, current HIV treatment guidelines recommend all HIV-infected individuals receive ART.<sup>10</sup>

Since publication of the HPTN 052 study, there has been a growing emphasis on projects seeking to ensure all people living with HIV get linked to and retained in HIV care or re-engaged if they have fallen out of care. People taking ARTs can reduce their HIV viral load to suppressed (<200 copies/mL) or undetectable (<20 copies/mL) levels and effectively have no risk of transmitting HIV to their HIV-negative sexual partners.<sup>11</sup>

There are programs in North Carolina that exist to help individuals living with HIV. The federally funded Ryan White HIV/AIDS Program (RWHAP) began in the early 1990s and today continues to be a source of HIV-related care and treatment for people who otherwise would be unable to afford care. Clinics and agencies providing services as a subrecipient of North Carolina's Part B funding adhere to service standards and participate in quality improvement activities. At the end of 2021, there were over 8,700 clients served by RWHAP Part B, receiving medical and support services across ten regional networks of care and prevention, (RNCP) representing 95 counties in North Carolina. More information about RWHAP can be found here: <https://epi.dph.ncdhhs.gov/cd/hiv/program.html>.

The HIV Medication Assistance Program (HMAP), formerly the AIDS Drug Assistance Program (ADAP) uses a combination of state and federal Ryan White funds to provide medications to low-income North Carolinians living with HIV in all 100 counties. At the end of 2021, there were 9,049 clients enrolled in HMAP in North Carolina. For more information about HMAP in North Carolina, visit: <https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>.

North Carolina also provides planning for HIV housing and housing-related services through the United States Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS Program, or HOPWA. Information about HOPWA can be found: <https://www.hudexchange.info/programs/hopwa/>.

## North Carolina Engagement in Care Database for HIV Outreach (NC ECHO)

The North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) was conceptualized in 2011 and developed as a component of North Carolina's Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) Special Projects of National Significance System Linkages demonstration project (SPNS Link). Collaborators include the NC Division of Public Health, Duke University, University of North Carolina-Chapel Hill, NC Information Technology Division, and the NC Division of Health Benefits (the NC LINK team). This secure, web-based system became operational in August 2016.

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<sup>9</sup>Cohen, M., Chen, Y., McCauley, M., Gamble, T., Hosseinipour, M., Kumarasamy, N., . . . , Fleming, T. (2011). Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *New England Journal of Medicine*. 365(6), 493-505. doi: 10.1056/NEJMoa1105243.

<sup>10</sup>Panel on Antiretroviral Guidelines for Adults and Adolescents (2021). Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents: Initiating antiretroviral therapy in treatment-naïve patients. Department of Health and Human Services (pp. E-1). Retrieved from <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>.

<sup>11</sup>Centers for Disease Control and Prevention (CDC) (2018). *HIV Treatment*. Accessed on June 25, 2019. Retrieved from <https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html>.

Employing probabilistic linkage methods to link common person records across five data systems, NC ECHO provides a comprehensive snapshot of person-level and population-wide HIV care patterns. The five data sources included in NC ECHO represent North Carolina's HIV surveillance programs (NC EDSS and eHARS), Ryan White Part B, C, and D HIV/AIDS Care Programs (CAREWare and HMAP), and Medicaid.

With monthly refreshes, NC ECHO is used to generate near real-time lists of NC PLWH who are out of care for linkage and re-engagement by state bridge counselors (SBCs). Additionally, extracts from the system are used to detect data gaps within the HIV surveillance system, to investigate patterns of record duplication, and to generate viral suppression outcome measures for administrative groups of interest, including HMAP, HOPWA, and Medicaid recipients.

Much work is being done in North Carolina to provide HIV-positive residents with care, treatment, and housing. Multiple ongoing efforts are designed to identify gaps and room for improvement in HIV care provided statewide. Now and in the future, North Carolina DHHS is focused on continuing to address the identified gaps in care, with the goal of ensuring availability of care for as many North Carolinians living with HIV infection as possible.

## Unmet HIV Medical Need

National resource and allocation planning activities require information about access to HIV medical services among HIV-affected communities to understand needs and monitor disparities. HRSA HAB requires that each Ryan White Part A and Part B program regularly estimate the need for medical services among populations of people with HIV. Central to this planning are estimates of people with HIV who do not receive HIV-related primary health care. Primary health care includes medical evaluation and clinical care that is consistent with US Public Health Service guidelines for the treatment of HIV/AIDS and includes access to ARTs and other drug therapies as well as treatment of opportunistic infections.<sup>13,14</sup>

Estimates of unmet need for HIV medical care are identified based on information reported to public health by laboratories and care providers for people living with HIV in North Carolina. Public health records are routinely matched to statewide Ryan White-funded care data (CAREWare), HIV Drug Assistance Program (HMAP), and Medicaid data sources to identify additional markers of care not provided through public health reporting.

### **Estimation Methodology**

Individuals receiving care or diagnosis for HIV or AIDS and known to be living in North Carolina are selected across a five-year measurement period (2017-2021). An individual with HIV is considered to have an unmet medical need when there is no evidence of any of the following three components of HIV primary health

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<sup>13</sup> Panel on Antiretroviral Guidelines for Adults and Adolescents. (2021). *Guidelines for the use of antiretroviral agents in adults and adolescents with HIV*. Department of Health and Human Services. Updated August 16, 2021. Accessed November 17, 2021. Retrieved from <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>.

<sup>14</sup> Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. (2021). *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*. Updated April 7, 2021. Accessed November 17, 2021. Retrieved from <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/whats-new-guidelines>.

care during a defined 12-month time frame: (1) viral load testing, (2) CD4 cell count, or (3) provision of ARV. Evidence of at least one of these three care markers in 2021 is classified as met HIV medical need.

### **Results**

In total, 85.3% of people living in North Carolina with HIV in North Carolina were estimated to have their HIV medical needs met in 2021. 14.7% were estimated to have unmet need. Table A presents the proportion of people living with HIV with unmet need by gender, age, race/ethnicity, and hierarchical risk of HIV exposure. People identified as transgender based on self-report have similar unmet need for HIV primary care (15.6%) as people identified as male or female. While the Black/African American population had the highest proportion of unmet need (15.2%), differences by race/ethnicity were small (13.0%-15.2%). The highest unmet need by age was in the 25- 34-year-old age group (18.5%).

Risk groups with the highest proportion of PLWH with unmet need include women who reported injection drug use (16.4%), men who reported injection drug use (18.4%), and people who are transgender who reported injection drug use and sex with men (53.8%). The Fayetteville (19.1%) and the Elizabeth City Regional Networks of Care and Prevention (RNCP) (17.6%) were the two regions with the highest estimated proportion of people with unmet need.

**Table A. “Unmet Need” for People Living with HIV in North Carolina with Care Markers in the Last Five Years**

Demographics	Percent “Unmet Need”
<b>Gender</b>	
Men	14.7%
Women	14.2%
Transgender <sup>a</sup>	15.6%
<b>Current Age</b>	
Less than 13	2.2%
13-24	14.9%
25-34	18.5%
35-44	17.4%
45-54	13.6%
55-64	12.2%
65 and older	12.2%
<b>Race/Ethnicity</b>	
American Indian/Alaska Native <sup>b</sup>	13.0%
Asian/Pacific Islander <sup>b</sup>	12.3%
Black/African American <sup>b</sup>	15.2%
Hispanic/LatinX	15.1%
White/Caucasian <sup>b</sup>	13.5%
Multiple Race	13.2%
<b>HIV Exposure-Women</b>	
Heterosexual	13.7%
IDU <sup>c</sup>	16.4%
Other	17.6%
Unknown	14.2%
<b>HIV Exposure-Men</b>	
Heterosexual	16.5%
IDU <sup>c</sup>	18.4%
MSM <sup>c</sup>	13.8%
MSM/IDU <sup>c</sup>	15.6%
Other	12.0%
Unknown	16.1%
<b>HIV Exposure-Transgender<sup>a</sup></b>	
Heterosexual	25.0%
IDU <sup>c</sup>	50.0%
MSM <sup>c</sup>	13.2%
MSM/IDU <sup>c</sup>	53.8%
Unknown	16.7%
<b>Regional Networks of Care and Prevention (RNCP)</b>	
Charlotte-TGA	15.1%
Region 1-Asheville	12.0%
Region 2-Hickory	9.1%
Region 3-Winston-Salem	12.8%
Region 4-Greensboro	13.9%
Region 5-Fayetteville	19.1%
Region 6-Raleigh	14.4%
Region 7-Wilmington	12.4%
Region 8-Wilson	9.8%
Region 9-Elizabeth City	17.6%
Region 10-Greenville	13.1%
<b>Subpopulations of Interest</b>	
Black/African American Women	13.6%
MSM <sup>c</sup> of Color	15.1%
Transgender	16.8%
People who inject drugs	17.8%

Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#). / <sup>a</sup>Non-Hispanic/LatinX. / <sup>c</sup>IDU-injection drug use; MSM-men who report sex with men. / Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of August 2022).



## HIV Prevention in North Carolina

In North Carolina, HIV testing is available at no charge to clients in all local health departments and in a number of community-based organizations (CBO). In addition, the North Carolina Department of Health and Human Services provides resources and technical support to community-based organizations, community health centers, health departments, and state and local correctional facilities to expand HIV testing in clinical and jail settings.

North Carolina receives funding from both state and federal sources to pay for a variety of programs, including HIV testing. Most of this funding comes from the CDC. North Carolina uses this funding to support health departments and CBOs that test the public for HIV. Increases in this funding have allowed for the expansion of HIV testing efforts.

In 2021, a total of 104,274 HIV tests were performed at the North Carolina State Laboratory of Public Health (NC SLPH), compared to 105,887 tests performed in 2020. This was a 1.5% reduction in tests from 2020. Testing performed by state-sponsored counseling and testing sites increased by 26% in 2021; a total of 23,290 HIV tests were performed in 2021 compared to 18,446 tests performed in 2020. Among tests performed by state-sponsored counseling and testing sites, 161 tests were confirmed positive (0.7%). Of the 161 positive tests, 66 were newly identified cases of HIV (0.3%). These state-sponsored counseling and testing sites HIV tests include those conducted by agencies partnering with NC DPH and reporting testing.

## Pre-Exposure Prophylaxis (PrEP) Coordinators

The North Carolina Communicable Disease Branch has implemented a statewide HIV Pre-Exposure Prophylaxis (PrEP) project. The primary goal of the PrEP Project is to work with the Communicable Disease Branch's HIV prevention partners to support access to PrEP services for eligible people at high risk for HIV, with a focus on men who have sex with men (MSM), particularly young Black/African American MSM. This partnership allows prevention partners to collaborate and develop relationships with the MSM communities to identify those at most risk for HIV and link them to qualified providers for PrEP. It also provides capacity building and technical assistance to increase the ability of providers in the regions to provide high quality, accessible PrEP services. The North Carolina Communicable Disease Branch also has convened a Statewide PrEP Advisory Committee composed of providers, consumers, academics and others interested in increasing PrEP access across NC. This body meets every other month and provides community input into our statewide PrEP plan.

In addition, The North Carolina Communicable Disease Branch supports a statewide PrEP Coordinator and four regional PrEP Coordinators to address the objectives below:

- Increase the awareness and availability of PrEP in their regions and statewide.
- Ensure that providers are aware of PrEP and make appropriate referrals and linkages to PrEP for clients who are appropriate for PrEP.
- Increase public awareness of PrEP regionally and statewide.
- Track clients referred to PrEP by Prevention funded agencies, verify PrEP initial appointments both regionally and statewide and undertake programmatic efforts to increase both of these numbers.

- Ensure that at least 50% of referred clients who start PrEP attend a medical appointment for PrEP annually in their regions and statewide.
- Provide clinical training, capacity building, and technical assistance to providers. Work to ensure collaborative relationships with clinical providers and prevention agencies across the region and provide them with ongoing support, technical assistance, and capacity building as needed.

## **Partner Notification, Counseling, and Referral Services**

In North Carolina, partner notification, counseling, and referral services for HIV and syphilis are performed by a specialized group within the North Carolina Department of Health and Human Services, known as the Field Services Unit. This unit strives to control the spread of HIV and STIs by:

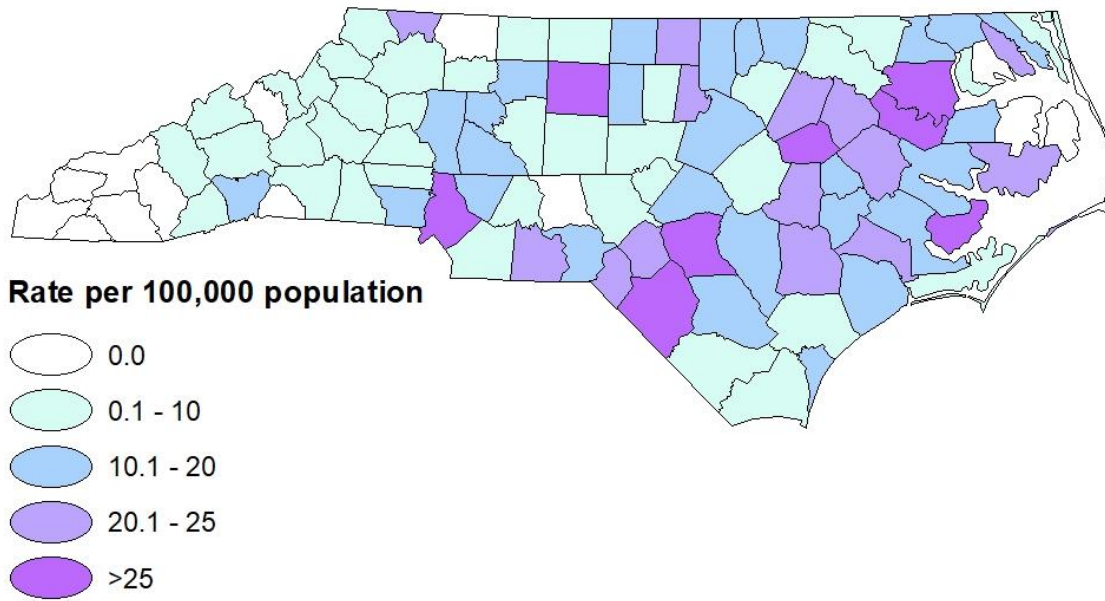
- 1) Interviewing all people newly diagnosed with HIV and early syphilis to link newly diagnosed individuals to care;
- 2) Ensuring the partners of people with HIV and early syphilis are notified of their exposure and ensuring that appropriate testing and treatment occur;
- 3) Counseling patients who are infected or exposed to HIV or STIs on how to reduce their risk of transmitting or acquiring other STIs;
- 4) Coordinating with local health departments and CBOs to offer prevention and control services for people at higher risk of being exposed to STIs; and
- 5) Providing education and outreach services to clinicians statewide and promoting adherence to the CDC's STI screening and treatment guidelines.

Disease Intervention Specialists (DIS) are the backbone of HIV and STI prevention and control. The DIS are highly skilled in case investigation, contact tracing, and other activities aimed at interrupting disease transmission networks. Additionally, this unit has 10 bridge counselors across the state who help people link to and stay in HIV care, as well as assist out-of-care HIV-positive individuals re-engage in HIV medical care. The Field Services Unit's work is highly sensitive and governed directly by several North Carolina public health laws and regulations (10A NCAC 41A.0202 & 10A NCAC 41A.0204).

## HIV Rate Map by County of Residence at Diagnosis, 2020

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**Figure 3. Newly Diagnosed HIV Rates in North Carolina by County of Residence at Diagnosis, 2021<sup>^</sup>**



<sup>^</sup> Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

## County Totals and Rates for HIV, 2021

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Table 1. Number of People Diagnosed with HIV and Residing in North Carolina by Most Recently Known County of Residence as of 12/31/2020..... 2

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**Table 1. Number of People Diagnosed with HIV<sup>a</sup> and Residing in North Carolina by Most Recently Known County<sup>b</sup> of Residence as of 12/31/2021**

County	Cases
Alamance	514
Alexander	35
Alleghany	7
Anson	70
Ashe	16
Avery	8
Beaufort	134
Bertie	92
Bladen	96
Brunswick	210
Buncombe	772
Burke	113
Cabarrus	510
Caldwell	95
Camden	7
Carteret	82
Caswell	59
Catawba	303
Chatham	130
Cherokee	45
Chowan	16
Clay	13
Cleveland	235
Columbus	166
Craven	228
Cumberland	1628
Currituck	23
Dare	37
Davidson	353
Davie	44
Duplin	134
Durham	1862
Edgecombe	289
Forsyth	1784
Franklin	160

County	Cases
Gaston	810
Gates	14
Graham	5
Granville	201
Greene	58
Guilford	2681
Halifax	181
Harnett	337
Haywood	82
Henderson	206
Hertford	71
Hoke	189
Hyde	8
Iredell	234
Jackson	41
Johnston	454
Jones	25
Lee	191
Lenoir	267
Lincoln	95
Macon	68
Madison	30
Martin	93
McDowell	33
Mecklenburg	6972
Mitchell	12
Montgomery	52
Moore	142
Nash	353
New Hanover	596
Northampton	69
Onslow	317
Orange	321
Pamlico	24
Pasquotank	104
Pender	107
Perquimans	20
Person	106

County	Cases
Pitt	780
Polk	27
Randolph	250
Richmond	164
Robeson	483
Rockingham	180
Rowan	363
Rutherford	74
Sampson	177
Scotland	126
Stanly	111
Stokes	49
Surry	89
Swain	11
Transylvania	45
Tyrrell	5
Union	324
Vance	196
Wake	3794
Warren	60
Washington	59
Watauga	40
Wayne	358
Wilkes	72
Wilson	407
Yadkin	42
Yancey	13
Unassigned <sup>c</sup>	1494
<b>North Carolina</b>	<b>35,632</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS) and inclusive of children <13.

<sup>b</sup>Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

<sup>c</sup>Unassigned includes cases with unknown county of current residence or cases currently living in long-term residence facilities, including prisons. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 2. Newly Diagnosed HIV<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
1	Martin	4	20.8	5	26.6	7	37.6	28.3
2	Scotland	9	31.2	9	31.8	6	21.1	28.0
3	Mecklenburg	275	29.7	209	22.5	278	29.6	27.3
4	Cumberland	69	25.2	60	22.0	82	30.0	25.7
5	Guilford	121	26.7	92	20.2	135	29.4	25.4
6	Wilson	14	20.4	18	27.3	18	27.3	25.0
7	Washington	3	30.0	3	31.8	1	10.7	24.2
8	Pitt	46	29.9	22	15.2	35	23.9	23.0
9	Robeson	26	24.3	18	18.8	24	25.1	22.7
10	Durham	68	24.8	51	18.5	61	21.9	21.7
11	Bertie	3	18.0	2	12.7	5	32.3	21.0
12	Pasquotank	7	20.8	6	17.5	7	20.2	19.5
13	Forsyth	81	25.3	39	12.2	64	19.7	19.1
14	Edgecombe	8	18.5	6	14.6	9	22.1	18.4
15	Nash	16	20.0	11	13.7	17	21.1	18.3
16	Warren	1	5.8	5	30.6	3	18.2	18.2
17	Hoke	5	11.4	8	19.3	9	21.2	17.3
18	Wayne	16	15.6	11	11.3	21	21.7	16.2
19	Beaufort	6	14.8	7	18.1	6	15.6	16.2
20	Vance	7	18.9	5	14.1	5	14.2	15.7
21	Gaston	33	17.5	26	13.6	30	15.4	15.5
22	Wake	137	14.8	134	14.2	162	16.8	15.3
23	Caswell	4	20.3	3	15.1	2	10.1	15.2
24	Lenoir	8	16.9	4	8.6	8	17.4	14.3
25	Alamance	23	16.1	13	9.0	26	17.7	14.3
26	Sampson	7	13.3	6	12.3	8	16.4	14.0
27	Richmond	5	13.4	4	11.2	6	16.8	13.8
28	Onslow	26	15.8	25	15.1	17	10.1	13.7
29	Halifax	5	11.7	9	21.8	3	7.3	13.6
30	Duplin	4	8.2	3	7.4	10	24.8	13.5
31	New Hanover	28	13.7	23	11.7	26	13.0	12.8
32	Granville	9	17.3	4	7.6	7	13.1	12.7
33	Harnett	20	18.1	8	7.4	12	10.8	12.1
34	Anson	2	10.0	1	5.3	4	21.1	12.1
35	Person	1	2.9	3	9.0	8	23.9	11.9
36	Pamlico	1	8.8	0	0.0	3	26.9	11.9
37	Lee	8	15.6	5	9.5	3	5.6	10.3
38	Bladen	3	10.6	2	7.9	3	11.8	10.1

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 2 (Continued). Newly Diagnosed HIV<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
39	Cabarrus	19	10.7	13	7.0	24	12.6	10.1
40	Northampton	4	23.3	0	0.0	1	6.6	10.0
41	Cleveland	10	12.1	7	8.3	8	9.5	10.0
42	Iredell	17	11.1	12	7.6	18	11.1	9.9
43	Rowan	13	10.8	10	8.1	13	10.3	9.7
44	Columbus	6	12.6	3	6.9	4	9.3	9.6
45	Greene	1	5.6	2	11.4	2	11.4	9.4
46	Davidson	14	9.8	14	9.8	12	8.3	9.3
47	Montgomery	1	4.3	5	22.8	0	0.0	9.0
48	Johnston	20	11.6	12	6.7	15	8.0	8.8
49	Hyde	0	0.0	0	0.0	1	24.9	8.3
50	Jones	0	0.0	0	0.0	2	24.8	8.3
51	Craven	7	8.1	3	3.5	11	12.9	8.2
52	Cherokee	5	19.6	1	3.9	0	0.0	7.9
53	Catawba	13	9.6	9	6.6	9	6.5	7.6
54	Gates	0	0.0	1	11.0	1	11.1	7.4
55	Yadkin	1	3.1	3	9.4	3	9.4	7.3
56	Randolph	12	9.9	6	4.9	8	6.5	7.1
57	Hertford	1	4.8	1	5.3	2	10.7	7.0
58	Buncombe	14	6.1	13	5.5	21	8.8	6.8
59	Alleghany	0	0.0	0	0.0	2	20.5	6.8
60	Carteret	0	0.0	6	10.0	6	9.9	6.6
61	Pender	2	3.8	5	9.8	3	5.7	6.4
62	Davie	1	2.7	1	2.7	5	13.4	6.3
63	Macon	2	6.4	4	12.4	0	0.0	6.3
64	Avery	0	0.0	2	12.5	1	6.2	6.2
65	Orange	10	7.8	10	7.7	4	3.1	6.2
66	Burke	4	5.1	4	5.2	6	7.8	6.0
67	Surry	6	9.8	5	8.2	0	0.0	6.0
68	Rockingham	9	11.5	3	3.8	2	2.5	6.0
69	Henderson	5	4.9	2	2.0	11	10.8	5.9
70	Moore	3	3.5	8	9.5	4	4.6	5.9
71	Union	14	7.1	10	5.1	9	4.4	5.5
72	Chatham	3	4.7	2	3.0	6	8.8	5.5
73	Currituck	1	4.2	1	4.2	2	8.0	5.5
74	Stokes	2	5.0	2	5.2	2	5.1	5.1
75	Franklin	2	3.4	2	3.4	5	8.2	5.0
76	Wilkes	3	5.1	4	7.0	1	1.8	4.6

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 2 (Continued). Newly Diagnosed HIV<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
77	Transylvania	0	0.0	2	6.8	2	6.8	4.5
78	Lincoln	2	2.7	3	4.0	5	6.5	4.4
79	Watauga	3	5.9	2	4.1	1	2.0	4.0
80	Polk	0	0.0	2	11.6	0	0.0	3.9
81	Caldwell	4	5.7	2	2.9	2	2.9	3.8
82	Brunswick	5	3.9	4	3.3	5	3.8	3.7
83	Haywood	2	3.7	2	3.7	2	3.7	3.7
84	Camden	0	0.0	0	0.0	1	11.0	3.7
85	Jackson	2	5.2	2	5.3	0	0.0	3.5
86	Stanly	2	3.8	1	1.9	2	3.7	3.1
87	Chowan	0	0.0	0	0.0	1	8.4	2.8
88	Mitchell	0	0.0	0	0.0	1	7.7	2.6
89	Mcdowell	2	5.1	0	0.0	1	2.6	2.6
90	Alexander	0	0.0	1	3.2	1	3.2	2.1
91	Rutherford	0	0.0	1	1.8	2	3.6	1.8
92	Madison	0	0.0	0	0.0	1	5.3	1.8
92	Ashe	0	0.0	0	0.0	1	4.2	1.4
92	Clay	0	0.0	0	0.0	0	0.0	0.0
92	Dare	0	0.0	0	0.0	0	0.0	0.0
92	Graham	0	0.0	0	0.0	0	0.0	0.0
92	Perquimans	0	0.0	0	0.0	0	0.0	0.0
92	Swain	0	0.0	0	0.0	0	0.0	0.0
92	Tyrrell	0	0.0	0	0.0	0	0.0	0.0
N/A	Unassigned <sup>d</sup>	22	--	13	--	17	--	--
	<b>North Carolina</b>	<b>1,378</b>	<b>15.6</b>	<b>1,081</b>	<b>12.3</b>	<b>1,400</b>	<b>15.7</b>	<b>14.5</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

<sup>d</sup>Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).



**Table 3. Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>
Alamance	23	16.7	20	14.3	23	16.1	13	9	26	17.7
Alexander	0	0	0	0	0	0	1	3.2	1	3.2
Alleghany	0	0	0	0	0	0	0	0	2	20.5
Anson	4	18.7	2	9.5	2	10	1	5.3	4	21.1
Ashe	0	0	0	0	0	0	0	0	1	4.2
Avery	0	0	0	0	0	0	2	12.5	1	6.2
Beaufort	5	12.4	6	14.8	6	14.8	7	18.1	6	15.6
Bertie	2	11.9	2	12	3	18	2	12.7	5	32.3
Bladen	4	14	4	14.1	3	10.6	2	7.9	3	11.8
Brunswick	9	7.7	8	6.5	5	3.9	4	3.3	5	3.8
Buncombe	19	8.5	12	5.3	14	6.1	13	5.5	21	8.8
Burke	5	6.4	4	5.1	4	5.1	4	5.2	6	7.8
Cabarrus	14	8.3	14	8.1	19	10.7	13	7	24	12.6
Caldwell	6	8.5	4	5.7	4	5.7	2	2.9	2	2.9
Camden	0	0	1	11.2	0	0	0	0	1	11
Carteret	1	1.7	2	3.3	0	0	6	10	6	9.9
Caswell	1	5.1	3	15.2	4	20.3	3	15.1	2	10.1
Catawba	7	5.3	16	11.9	13	9.6	9	6.6	9	6.5
Chatham	4	6.5	2	3.2	3	4.7	2	3	6	8.8
Cherokee	1	4.1	3	12	5	19.6	1	3.9	0	0
Chowan	0	0	0	0	0	0	0	0	1	8.4
Clay	0	0	0	0	0	0	0	0	0	0
Cleveland	13	15.8	7	8.5	10	12.1	7	8.3	8	9.5
Columbus	10	20.9	3	6.3	6	12.6	3	6.9	4	9.3
Craven	4	4.6	10	11.6	7	8.1	3	3.5	11	12.9
Cumberland	71	26.2	61	22.4	69	25.2	60	22	82	30
Currituck	0	0	0	0	1	4.2	1	4.2	2	8
Dare	2	6.4	3	9.4	0	0	0	0	0	0
Davidson	12	8.6	17	12	14	9.8	14	9.8	12	8.3
Davie	4	11.1	2	5.5	1	2.7	1	2.7	5	13.4
Duplin	6	12.3	6	12.3	4	8.2	3	7.4	10	24.8
Durham	66	25.1	61	22.7	68	24.8	51	18.5	61	21.9
Edgecombe	15	33.9	14	32	8	18.5	6	14.6	9	22.1
Forsyth	68	21.7	64	20.2	81	25.3	39	12.2	64	19.7
Franklin	6	10.7	4	7	2	3.4	2	3.4	5	8.2
Gaston	25	13.6	28	15	33	17.5	26	13.6	30	15.4
Gates	1	10.1	0	0	0	0	1	11	1	11.1
Graham	0	0	0	0	0	0	0	0	0	0
Granville	6	11.8	8	15.5	9	17.3	4	7.6	7	13.1

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 3 (Continued). Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>
Greene	3	16.7	0	0	1	5.6	2	11.4	2	11.4
Guilford	120	27	110	24.5	121	26.7	92	20.2	135	29.4
Halifax	10	22.9	4	9.3	5	11.7	9	21.8	3	7.3
Harnett	17	15.9	12	11	20	18.1	8	7.4	12	10.8
Haywood	3	5.6	5	9.2	2	3.7	2	3.7	2	3.7
Henderson	7	7	7	6.9	5	4.9	2	2	11	10.8
Hertford	2	9.7	5	24.1	1	4.8	1	5.3	2	10.7
Hoke	4	9.3	8	18.5	5	11.4	8	19.3	9	21.2
Hyde	0	0	0	0	0	0	0	0	1	24.9
Iredell	10	6.8	9	6	17	11.1	12	7.6	18	11.1
Jackson	3	7.9	0	0	2	5.2	2	5.3	0	0
Johnston	9	5.6	17	10.2	20	11.6	12	6.7	15	8
Jones	2	24.1	1	12	0	0	0	0	2	24.8
Lee	4	8	8	15.8	8	15.6	5	9.5	3	5.6
Lenoir	5	10.5	10	21.2	8	16.9	4	8.6	8	17.4
Lincoln	2	2.8	6	8.3	2	2.7	3	4	5	6.5
Macon	2	6.7	0	0	2	6.4	4	12.4	0	0
Madison	0	0	2	10.5	0	0	0	0	1	5.3
Martin	2	10.3	1	5.1	4	20.8	5	26.6	7	37.6
McDowell	0	0	0	0	2	5.1	0	0	1	2.6
Mecklenburg	272	30.5	244	26.9	275	29.7	209	22.5	278	29.6
Mitchell	0	0	0	0	0	0	0	0	1	7.7
Montgomery	3	13	0	0	1	4.3	5	22.8	0	0
Moore	1	1.2	5	6	3	3.5	8	9.5	4	4.6
Nash	11	13.8	10	12.5	16	20	11	13.7	17	21.1
New Hanover	34	17.2	23	11.4	28	13.7	23	11.7	26	13
Northampton	3	17.2	0	0	4	23.3	0	0	1	6.6
Onslow	18	11.4	10	6.3	26	15.8	25	15.1	17	10.1
Orange	5	4	11	8.6	10	7.8	10	7.7	4	3.1
Pamlico	1	8.9	0	0	1	8.8	0	0	3	26.9
Pasquotank	7	21.2	9	27	7	20.8	6	17.5	7	20.2
Pender	3	5.9	4	7.6	2	3.8	5	9.8	3	5.7
Perquimans	1	8.6	1	8.6	0	0	0	0	0	0
Person	4	11.9	5	14.8	1	2.9	3	9	8	23.9
Pitt	37	24.5	32	21	46	29.9	22	15.2	35	23.9
Polk	0	0	0	0	0	0	2	11.6	0	0
Randolph	8	6.6	4	3.3	12	9.9	6	4.9	8	6.5
Richmond	7	18.7	7	18.7	5	13.4	4	11.2	6	16.8
Robeson	19	17.5	18	16.7	26	24.3	18	18.8	24	25.1

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 3 (Continued). Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	<i>Cases</i>	<i>Rate<sup>b</sup></i>	Cases	Rate <sup>b</sup>
Rockingham	9	11.6	8	10.3	9	11.5	<i>3</i>	<i>3.8</i>	2	2.5
Rowan	14	11.8	12	10.1	13	10.8	<i>10</i>	<i>8.1</i>	13	10.3
Rutherford	5	8.8	1	1.7	0	0	<i>1</i>	<i>1.8</i>	2	3.6
Sampson	13	24.9	2	3.8	7	13.3	<i>6</i>	<i>12.3</i>	8	16.4
Scotland	4	13.7	3	10.4	9	31.2	<i>9</i>	<i>31.8</i>	6	21.1
Stanly	0	0	2	3.8	2	3.8	<i>1</i>	<i>1.9</i>	2	3.7
Stokes	1	2.5	2	5	2	5	<i>2</i>	<i>5.2</i>	2	5.1
Surry	0	0	2	3.3	6	9.8	<i>5</i>	<i>8.2</i>	0	0
Swain	0	0	0	0	0	0	<i>0</i>	<i>0</i>	0	0
Transylvania	1	3.3	2	6.6	0	0	<i>2</i>	<i>6.8</i>	2	6.8
Tyrrell	0	0	0	0	0	0	<i>0</i>	<i>0</i>	0	0
Union	15	7.9	18	9.3	14	7.1	<i>10</i>	<i>5.1</i>	9	4.4
Vance	6	16.3	8	21.5	7	18.9	<i>5</i>	<i>14.1</i>	5	14.2
Wake	124	14	113	12.5	137	14.8	<i>134</i>	<i>14.2</i>	162	16.8
Warren	1	5.8	3	17.4	1	5.8	<i>5</i>	<i>30.6</i>	3	18.2
Washington	1	9.8	3	29.8	3	30	<i>3</i>	<i>31.8</i>	1	10.7
Watauga	2	4	0	0	3	5.9	<i>2</i>	<i>4.1</i>	1	2
Wayne	16	15.7	12	11.7	16	15.6	<i>11</i>	<i>11.3</i>	21	21.7
Wilkes	2	3.4	3	5.1	3	5.1	<i>4</i>	<i>7</i>	1	1.8
Wilson	14	20.6	14	20.5	14	20.4	<i>18</i>	<i>27.3</i>	18	27.3
Yadkin	2	6.2	2	6.2	1	3.1	<i>3</i>	<i>9.4</i>	3	9.4
Yancey	0	0	0	0	0	0	<i>0</i>	<i>0</i>	0	0
Unassigned <sup>c</sup>	15	--	14	--	22	--	<i>13</i>	<i>--</i>	17	--
<b>North Carolina</b>	<b>1,298</b>	<b>15</b>	<b>1,203</b>	<b>13.7</b>	<b>1,378</b>	<b>15.6</b>	<b>1,081</b>	<b>12.3</b>	<b>1,400</b>	<b>15.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are expressed per 100,000 population.

<sup>c</sup>Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 4. Number of People Diagnosed with Stage 3 (AIDS)<sup>a</sup> and Residing in North Carolina by Most Recently Known County<sup>b</sup> of Residence as of 12/31/2021**

County	Cases	County	Cases	County	Cases
Alamance	201	Halifax	80	Sampson	84
Alexander	13	Harnett	170	Scotland	60
Alleghany	5	Haywood	49	Stanly	52
Anson	33	Henderson	109	Stokes	26
Ashe	3	Hertford	43	Surry	39
Avery	4	Hoke	95	Swain	6
Beaufort	67	Hyde	4	Transylvania	17
Bertie	53	Iredell	112	Tyrrell	3
Bladen	55	Jackson	17	Union	166
Brunswick	97	Johnston	242	Vance	90
Buncombe	382	Jones	14	Wake	1708
Burke	45	Lee	85	Warren	24
Cabarrus	216	Lenoir	135	Washington	37
Caldwell	51	Lincoln	42	Watauga	15
Camden	3	Macon	40	Wayne	173
Carteret	37	Madison	15	Wilkes	27
Caswell	20	Martin	53	Wilson	196
Catawba	149	McDowell	18	Yadkin	19
Chatham	51	Mecklenburg	2834	Yancey	8
Cherokee	22	Mitchell	8	Unassigned <sup>c</sup>	478
Chowan	7	Montgomery	31	<b>North Carolina</b>	<b>15,739</b>
Clay	5	Moore	82		
Cleveland	99	Nash	177		
Columbus	84	New Hanover	249		
Craven	103	Northampton	43		
Cumberland	715	Onslow	136		
Currituck	7	Orange	140		
Dare	14	Pamlico	13		
Davidson	153	Pasquotank	51		
Davie	16	Pender	54		
Duplin	79	Perquimans	11		
Durham	791	Person	45		
Edgecombe	159	Pitt	375		
Forsyth	774	Polk	9		
Franklin	78	Randolph	112		
Gaston	372	Richmond	100		
Gates	5	Robeson	240		
Graham	5	Rockingham	62		
Granville	98	Rowan	175		
Greene	37	Rutherford	44		
Guilford	958				

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels.

<sup>b</sup>Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

<sup>c</sup>Unassigned includes cases with unknown county of current residence or cases currently living in long-term residence facilities, including prisons.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 5. Newly Diagnosed Stage 3 (AIDS)<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
1	Washington	1	10.0	4	42.4	0	0.0	17.5
2	Edgecombe	9	20.8	8	19.5	3	7.4	15.9
3	Cumberland	40	14.6	42	15.4	46	16.8	15.6
4	Bertie	5	30.0	1	6.3	1	6.5	14.3
5	Martin	2	10.4	1	5.3	5	26.9	14.2
6	Robeson	15	14.0	12	12.5	15	15.7	14.1
7	Wilson	11	16.0	8	12.1	9	13.7	13.9
8	Scotland	3	10.4	2	7.1	5	17.6	11.7
9	Richmond	2	5.4	5	14.0	5	14.0	11.1
10	Durham	24	8.8	29	10.5	33	11.8	10.4
11	Hertford	2	9.7	3	16.0	1	5.4	10.3
12	Sampson	2	3.8	7	14.4	6	12.3	10.2
13	Hoke	5	11.4	3	7.2	5	11.8	10.2
14	Pitt	18	11.7	11	7.6	16	10.9	10.1
15	Forsyth	38	11.9	23	7.2	29	8.9	9.3
16	Lee	4	7.8	4	7.6	6	11.2	8.9
17	Bladen	4	14.2	2	7.9	1	3.9	8.6
18	Nash	6	7.5	7	8.7	7	8.7	8.3
19	Hyde	0	0.0	0	0.0	1	24.9	8.3
20	Mecklenburg	74	8.0	83	8.9	72	7.7	8.2
21	Greene	2	11.1	0	0.0	2	11.4	7.5
22	Vance	3	8.1	3	8.5	2	5.7	7.4
23	Columbus	5	10.5	3	6.9	2	4.7	7.4
24	Lenoir	3	6.3	5	10.8	2	4.3	7.1
25	Pasquotank	3	8.9	2	5.8	2	5.8	6.8
26	Alleghany	0	0.0	0	0.0	2	20.5	6.8
27	Duplin	2	4.1	2	4.9	4	9.9	6.3
28	Wake	44	4.7	58	6.2	74	7.7	6.2
29	Beaufort	1	2.5	2	5.2	4	10.4	6.0
30	Warren	2	11.6	1	6.1	0	0.0	5.9
31	Guilford	27	6.0	32	7.0	19	4.1	5.7
32	Halifax	2	4.7	2	4.8	3	7.3	5.6
33	Alamance	7	4.9	3	2.1	13	8.8	5.3
34	Yadkin	1	3.1	2	6.3	2	6.3	5.2
35	Macon	2	6.4	2	6.2	1	3.0	5.2
36	Mitchell	0	0.0	1	7.7	1	7.7	5.1

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new Stage 3 diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed Stage 3 (AIDS) in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 5 (Continued). Newly Diagnosed Stage 3 (AIDS)<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
37	Caswell	2	10.2	0	0.0	1	5.0	5.1
38	Moore	7	8.2	2	2.4	4	4.6	5.1
39	Granville	2	3.9	2	3.8	4	7.5	5.1
40	Person	0	0.0	2	6.0	3	9.0	5.0
41	Wayne	4	3.9	5	5.1	5	5.2	4.7
42	Davidson	5	3.5	12	8.4	3	2.1	4.6
43	Davie	2	5.5	0	0.0	3	8.0	4.5
44	Montgomery	1	4.3	1	4.6	1	4.5	4.5
45	Rowan	7	5.8	3	2.4	6	4.8	4.3
46	Currituck	1	4.2	2	8.4	0	0.0	4.2
47	Onslow	7	4.3	6	3.6	8	4.8	4.2
48	Iredell	13	8.5	2	1.3	4	2.5	4.1
49	Catawba	5	3.7	6	4.4	5	3.6	3.9
50	Craven	3	3.5	5	5.9	2	2.3	3.9
51	Gaston	10	5.3	6	3.1	5	2.6	3.7
52	Camden	0	0.0	0	0.0	1	11.0	3.7
53	Jackson	3	7.8	1	2.6	0	0.0	3.5
54	Stokes	2	5.0	1	2.6	1	2.6	3.4
55	Franklin	2	3.4	1	1.7	3	4.9	3.3
56	Johnston	4	2.3	7	3.9	7	3.7	3.3
57	Surry	2	3.3	4	6.6	0	0.0	3.3
58	Henderson	3	2.9	2	2.0	5	4.9	3.3
59	Buncombe	6	2.6	8	3.4	9	3.8	3.3
60	Harnett	6	5.4	4	3.7	0	0.0	3.0
61	Pamlico	0	0.0	0	0.0	1	9.0	3.0
62	Perquimans	1	8.5	0	0.0	0	0.0	2.8
63	Swain	0	0.0	0	0.0	1	8.5	2.8
64	Carteret	0	0.0	3	5.0	2	3.3	2.8
65	Randolph	4	3.3	4	3.3	2	1.6	2.7
66	Orange	4	3.1	5	3.9	1	0.8	2.6
67	Pender	0	0.0	2	3.9	2	3.8	2.6
68	Stanly	0	0.0	2	3.8	2	3.7	2.5
69	Transylvania	1	3.3	1	3.4	0	0.0	2.2
70	Burke	2	2.5	1	1.3	2	2.6	2.1
71	Rockingham	2	2.6	2	2.6	1	1.3	2.1
72	Alexander	0	0.0	1	3.2	1	3.2	2.1
73	Cleveland	2	2.4	2	2.4	1	1.2	2.0

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed AIDS (Stage 3) in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 5 (Continued). Newly Diagnosed Stage 3(AIDS)<sup>a</sup> Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order<sup>b</sup>, 2019-2021**

Rank <sup>b</sup>	County	2019 Cases	2019 Rate <sup>c</sup>	2020* Cases	2020* Rate <sup>c</sup>	2021 Cases	2021 Rate <sup>c</sup>	2019-2021 Average Rate <sup>b</sup>
74	New Hanover	5	2.5	3	1.5	4	2.0	2.0
75	Northampton	1	5.8	0	0.0	0	0.0	1.9
76	Caldwell	3	4.2	1	1.4	0	0.0	1.9
77	Union	4	2.0	5	2.5	2	1.0	1.8
78	Haywood	0	0.0	2	3.7	1	1.8	1.8
79	Cabarrus	3	1.7	5	2.7	2	1.0	1.8
80	Rutherford	0	0.0	2	3.6	1	1.8	1.8
81	Lincoln	3	4.1	1	1.3	0	0.0	1.8
82	Madison	0	0.0	0	0.0	1	5.3	1.8
83	Anson	1	5.0	0	0.0	0	0.0	1.7
84	Brunswick	2	1.6	2	1.6	2	1.5	1.6
85	Chatham	1	1.6	1	1.5	1	1.5	1.5
86	Wilkes	0	0.0	2	3.5	0	0.0	1.2
87	Dare	0	0.0	1	3.1	0	0.0	1.0
88	Watauga	1	2.0	0	0.0	0	0.0	0.7
89	Ashe	0	0.0	0	0.0	0	0.0	0.0
89	Avery	0	0.0	0	0.0	0	0.0	0.0
89	Cherokee	0	0.0	0	0.0	0	0.0	0.0
89	Chowan	0	0.0	0	0.0	0	0.0	0.0
89	Clay	0	0.0	0	0.0	0	0.0	0.0
89	Gates	0	0.0	0	0.0	0	0.0	0.0
89	Graham	0	0.0	0	0.0	0	0.0	0.0
89	Jones	0	0.0	0	0.0	0	0.0	0.0
89	Mcdowell	0	0.0	0	0.0	0	0.0	0.0
89	Polk	0	0.0	0	0.0	0	0.0	0.0
89	Tyrrell	0	0.0	0	0.0	0	0.0	0.0
N/A	Unassigned <sup>d</sup>	10	--	8	--	3	--	--
	<b>North Carolina</b>	<b>516</b>	<b>5.8</b>	<b>511</b>	<b>5.8</b>	<b>512</b>	<b>5.7</b>	<b>5.8</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rank is based on a three-year average rate per 100,000 population for newly diagnosed AIDS (Stage 3) in the county of interest.

<sup>c</sup>Rates are expressed per 100,000 population.

<sup>d</sup>Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 6. Newly Diagnosed Stage 3(AIDS)<sup>a</sup> Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>
Alamance	9	6.5	7	5.0	7	4.9	3	2.1	13	8.8
Alexander	1	3.1	0	0.0	0	0.0	1	3.2	1	3.2
Alleghany	0	0.0	0	0.0	0	0.0	0	0.0	2	20.5
Anson	1	4.7	2	9.5	1	5.0	0	0.0	0	0.0
Ashe	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Avery	0	0.0	1	6.4	0	0.0	0	0.0	0	0.0
Beaufort	2	4.9	1	2.5	1	2.5	2	5.2	4	10.4
Bertie	2	11.9	4	24.0	5	30.0	1	6.3	1	6.5
Bladen	4	14.0	2	7.0	4	14.2	2	7.9	1	3.9
Brunswick	4	3.4	2	1.6	2	1.6	2	1.6	2	1.5
Buncombe	14	6.3	6	2.7	6	2.6	8	3.4	9	3.8
Burke	1	1.3	1	1.3	2	2.5	1	1.3	2	2.6
Cabarrus	4	2.4	2	1.2	3	1.7	5	2.7	2	1.0
Caldwell	1	1.4	2	2.8	3	4.2	1	1.4	0	0.0
Camden	0	0.0	1	11.2	0	0.0	0	0.0	1	11.0
Carteret	1	1.7	1	1.6	0	0.0	3	5.0	2	3.3
Caswell	2	10.1	2	10.1	2	10.2	0	0.0	1	5.0
Catawba	2	1.5	6	4.5	5	3.7	6	4.4	5	3.6
Chatham	3	4.9	0	0.0	1	1.6	1	1.5	1	1.5
Cherokee	1	4.1	0	0.0	0	0.0	0	0.0	0	0.0
Chowan	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clay	1	10.3	0	0.0	0	0.0	0	0.0	0	0.0
Cleveland	5	6.1	4	4.9	2	2.4	2	2.4	1	1.2
Columbus	3	6.3	2	4.2	5	10.5	3	6.9	2	4.7
Craven	2	2.3	4	4.6	3	3.5	5	5.9	2	2.3
Cumberland	23	8.5	37	13.6	40	14.6	42	15.4	46	16.8
Currituck	0	0.0	0	0.0	1	4.2	2	8.4	0	0.0
Dare	0	0.0	1	3.1	0	0.0	1	3.1	0	0.0
Davidson	6	4.3	14	9.9	5	3.5	12	8.4	3	2.1
Davie	0	0.0	0	0.0	2	5.5	0	0.0	3	8.0
Duplin	5	10.3	3	6.1	2	4.1	2	4.9	4	9.9
Durham	33	12.6	31	11.6	24	8.8	29	10.5	33	11.8
Edgecombe	9	20.3	4	9.2	9	20.8	8	19.5	3	7.4
Forsyth	44	14.0	44	13.9	38	11.9	23	7.2	29	8.9
Franklin	2	3.6	3	5.2	2	3.4	1	1.7	3	4.9
Gaston	16	8.7	13	6.9	10	5.3	6	3.1	5	2.6
Gates	1	10.1	1	10.1	0	0.0	0	0.0	0	0.0
Graham	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).



**Table 6 (Continued). Newly Diagnosed Stage 3(AIDS)<sup>a</sup> Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases
Granville	5	9.8	5	9.7	2	3.9	2	3.8	4	7.5
Greene	2	11.1	2	11.1	2	11.1	0	0.0	2	11.4
Guilford	30	6.7	21	4.7	27	6.0	32	7.0	19	4.1
Halifax	4	9.2	0	0.0	2	4.7	2	4.8	3	7.3
Harnett	10	9.4	5	4.6	6	5.4	4	3.7	0	0.0
Haywood	2	3.8	1	1.8	0	0.0	2	3.7	1	1.8
Henderson	4	4.0	3	3.0	3	2.9	2	2.0	5	4.9
Hertford	1	4.8	1	4.8	2	9.7	3	16.0	1	5.4
Hoke	3	7.0	2	4.6	5	11.4	3	7.2	5	11.8
Hyde	0	0.0	0	0.0	0	0.0	0	0.0	1	24.9
Iredell	8	5.4	3	2.0	13	8.5	2	1.3	4	2.5
Jackson	1	2.6	0	0.0	3	7.8	1	2.6	0	0.0
Johnston	5	3.1	9	5.4	4	2.3	7	3.9	7	3.7
Jones	0	0.0	1	12.0	0	0.0	0	0.0	0	0.0
Lee	4	8.0	0	0.0	4	7.8	4	7.6	6	11.2
Lenoir	5	10.5	6	12.7	3	6.3	5	10.8	2	4.3
Lincoln	1	1.4	2	2.8	3	4.1	1	1.3	0	0.0
Macon	0	0.0	0	0.0	2	6.4	2	6.2	1	3.0
Madison	0	0.0	1	5.3	0	0.0	0	0.0	1	5.3
Martin	2	10.3	2	10.3	2	10.4	1	5.3	5	26.9
McDowell	1	2.6	0	0.0	0	0.0	0	0.0	0	0.0
Mecklenburg	91	10.2	55	6.1	74	8.0	83	8.9	72	7.7
Mitchell	0	0.0	0	0.0	0	0.0	1	7.7	1	7.7
Montgomery	1	4.3	0	0.0	1	4.3	1	4.6	1	4.5
Moore	1	1.2	1	1.2	7	8.2	2	2.4	4	4.6
Nash	8	10.1	7	8.8	6	7.5	7	8.7	7	8.7
New Hanover	8	4.0	5	2.5	5	2.5	3	1.5	4	2.0
Northampton	3	17.2	2	11.5	1	5.8	0	0.0	0	0.0
Onslow	7	4.4	6	3.8	7	4.3	6	3.6	8	4.8
Orange	2	1.6	3	2.3	4	3.1	5	3.9	1	0.8
Pamlico	0	0.0	0	0.0	0	0.0	0	0.0	1	9.0
Pasquotank	5	15.1	5	15.0	3	8.9	2	5.8	2	5.8
Pender	0	0.0	0	0.0	0	0.0	2	3.9	2	3.8
Perquimans	0	0.0	1	8.6	1	8.5	0	0.0	0	0.0
Person	1	3.0	3	8.9	0	0.0	2	6.0	3	9.0
Pitt	21	13.9	22	14.5	18	11.7	11	7.6	16	10.9
Polk	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 6 (Continued). Newly Diagnosed Stage 3(AIDS)<sup>a</sup> Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2017-2021**

County	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases
Randolph	4	3.3	5	4.1	4	3.3	4	3.3	2	1.6
Richmond	6	16.0	4	10.7	2	5.4	5	14.0	5	14.0
Robeson	9	8.3	11	10.2	15	14.0	12	12.5	15	15.7
Rockingham	3	3.9	5	6.4	2	2.6	2	2.6	1	1.3
Rowan	10	8.5	3	2.5	7	5.8	3	2.4	6	4.8
Rutherford	2	3.5	4	7.0	0	0.0	2	3.6	1	1.8
Sampson	5	9.6	4	7.6	2	3.8	7	14.4	6	12.3
Scotland	1	3.4	6	20.8	3	10.4	2	7.1	5	17.6
Stanly	0	0.0	3	5.7	0	0.0	2	3.8	2	3.7
Stokes	1	2.5	1	2.5	2	5.0	1	2.6	1	2.6
Surry	0	0.0	2	3.3	2	3.3	4	6.6	0	0.0
Swain	0	0.0	0	0.0	0	0.0	0	0.0	1	8.5
Transylvania	1	3.3	0	0.0	1	3.3	1	3.4	0	0.0
Tyrrell	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Union	8	4.2	2	1.0	4	2.0	5	2.5	2	1.0
Vance	3	8.1	4	10.8	3	8.1	3	8.5	2	5.7
Wake	63	7.1	59	6.5	44	4.7	58	6.2	74	7.7
Warren	3	17.4	0	0.0	2	11.6	1	6.1	0	0.0
Washington	0	0.0	1	9.9	1	10.0	4	42.4	0	0.0
Watauga	1	2.0	0	0.0	1	2.0	0	0.0	0	0.0
Wayne	8	7.9	10	9.8	4	3.9	5	5.1	5	5.2
Wilkes	2	3.4	2	3.4	0	0.0	2	3.5	0	0.0
Wilson	6	8.8	4	5.9	11	16.0	8	12.1	9	13.7
Yadkin	1	3.1	0	0.0	1	3.1	2	6.3	2	6.3
Yancey	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unassigned <sup>c</sup>	7	--	3	---	10	--	8	--	3	--
<b>North Carolina</b>	<b>582</b>	<b>6.7</b>	<b>508</b>	<b>5.8</b>	<b>516</b>	<b>5.8</b>	<b>511</b>	<b>5.8</b>	<b>512</b>	<b>5.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rates are expressed per 100,000 population.

<sup>c</sup>Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 7. HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2021**

County	Number Tested	Number Positive	% Positive	Number Newly Positive <sup>^</sup>	% New Positive
Alamance	325	4	1.2	4	1.2
Alexander	0	0	0.0	0	0.0
Alleghany	0	0	0.0	0	0.0
Anson	0	0	0.0	0	0.0
Ashe	0	0	0.0	0	0.0
Avery	0	0	0.0	0	0.0
Beaufort	41	1	2.4	0	0.0
Bertie	0	0	0.0	0	0.0
Bladen	0	0	0.0	0	0.0
Brunswick	0	0	0.0	0	0.0
Buncombe	686	1	0.1	1	0.1
Burke	0	0	0.0	0	0.0
Cabarrus	0	0	0.0	0	0.0
Caldwell	0	0	0.0	0	0.0
Camden	0	0	0.0	0	0.0
Carteret	0	0	0.0	0	0.0
Caswell	0	0	0.0	0	0.0
Catawba	464	2	0.4	1	0.2
Chatham	0	0	0.0	0	0.0
Cherokee	0	0	0.0	0	0.0
Chowan	0	0	0.0	0	0.0
Clay	0	0	0.0	0	0.0
Cleveland	0	0	0.0	0	0.0
Columbus	200	0	0.0	0	0.0
Craven	172	5	2.9	3	1.7
Cumberland	1,857	3	0.2	3	0.2
Currituck	0	0	0.0	0	0.0
Dare	0	0	0.0	0	0.0
Davidson	0	0	0.0	0	0.0
Davie	0	0	0.0	0	0.0
Duplin	0	0	0.0	0	0.0
Durham	2,353	12	0.5	3	0.1
Edgecombe	610	1	0.2	0	0.0
Forsyth	734	2	0.3	1	0.1
Franklin	0	0	0.0	0	0.0
Gaston	375	1	0.3	1	0.3
Gates	0	0	0.0	0	0.0
Graham	0	0	0.0	0	0.0
Granville	0	0	0.0	0	0.0
Greene	0	0	0.0	0	0.0
Guilford	3,632	57	1.6	22	0.6
Halifax	0	0	0.0	0	0.0
Harnett	189	1	0.5	1	0.5
Haywood	0	0	0.0	0	0.0
Henderson	0	0	0.0	0	0.0
Hertford	0	0	0.0	0	0.0

Continued

<sup>^</sup>New positives are defined as never been reported to surveillance.

Data Source: North Carolina Division of Public Health supported HIV testing data (HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers) (data as of September 2022).

**Table 7 (Continued). HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2021**

County	Number Tested	Number Positive	% Positive	Number Newly Positive <sup>^</sup>	% New Positive
Hoke	0	0	0.0	0	0.0
Hyde	0	0	0.0	0	0.0
Iredell	0	0	0.0	0	0.0
Jackson	0	0	0.0	0	0.0
Johnston	0	0	0.0	0	0.0
Jones	0	0	0.0	0	0.0
Lee	0	0	0.0	0	0.0
Lenoir	0	0	0.0	0	0.0
Lincoln	0	0	0.0	0	0.0
Macon	0	0	0.0	0	0.0
Madison	0	0	0.0	0	0.0
Martin	0	0	0.0	0	0.0
McDowell	0	0	0.0	0	0.0
Mecklenburg	2,026	14	0.7	7	0.3
Mitchell	0	0	0.0	0	0.0
Montgomery	0	0	0.0	0	0.0
Moore	0	0	0.0	0	0.0
Nash	110	2	1.8	1	0.9
New Hanover	1,072	2	0.2	1	0.1
Northampton	22	1	4.5	1	4.5
Onslow	0	0	0.0	0	0.0
Orange	129	1	0.8	1	0.8
Pamlico	0	0	0.0	0	0.0
Pasquotank	66	0	0.0	0	0.0
Pender	0	0	0.0	0	0.0
Perquimans	0	0	0.0	0	0.0
Person	0	0	0.0	0	0.0
Pitt	578	1	0.2	0	0.0
Polk	0	0	0.0	0	0.0
Randolph	0	0	0.0	0	0.0
Richmond	0	0	0.0	0	0.0
Robeson	724	0	0.0	0	0.0
Rockingham	0	0	0.0	0	0.0
Rowan	166	0	0.0	0	0.0
Rutherford	0	0	0.0	0	0.0
Sampson	0	0	0.0	0	0.0
Scotland	0	0	0.0	0	0.0
Stanly	0	0	0.0	0	0.0
Stokes	0	0	0.0	0	0.0
Surry	0	0	0.0	0	0.0
Swain	0	0	0.0	0	0.0
Transylvania	0	0	0.0	0	0.0

Continued

<sup>^</sup>New positives are defined as never been reported to surveillance.

Data Source: North Carolina Division of Public Health supported HIV testing data (HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers) (data as of September 2022).

**Table 7 (Continued). HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2021**

<b>County</b>	<b>Number Tested</b>	<b>Number Positive</b>	<b>% Positive</b>	<b>Number Newly Positive<sup>^</sup></b>	<b>% New Positive</b>
Tyrrell	0	0	0.0	0	0.0
Union	0	0	0.0	0	0.0
Vance	119	0	0.0	0	0.0
Wake	5,824	43	0.7	16	0.3
Warren	0	0	0.0	0	0.0
Washington	0	0	0.0	0	0.0
Watauga	0	0	0.0	0	0.0
Wayne	0	0	0.0	0	0.0
Wilkes	0	0	0.0	0	0.0
Wilson	823	9	1.1	0	0.0
Yadkin	0	0	0.0	0	0.0
Yancey	0	0	0.0	0	0.0
<b>North Carolina</b>	<b>23,297</b>	<b>163</b>	<b>0.70</b>	<b>67</b>	<b>0.29</b>

<sup>^</sup>New positives are defined as never been reported to surveillance.

Data Source: North Carolina Division of Public Health supported HIV testing data(HIV test events as entered into Evaluation Web by Prevention funded and rapid testing agencies. Data as of September 2022). ).

## Regional Networks of Care and Prevention (RNCP) in North Carolina Totals and Rates for HIV, 2021

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**Table 8. Number of People Diagnosed with HIV<sup>a</sup> Residing in North Carolina as of 12/31/2021, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence<sup>b</sup>**

Regional Networks of Care and Prevention (RNCP)	County	HIV Classification <sup>a</sup>		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Charlotte-Transitional Grant Area (TGA)	Anson	38	33	71
	Cabarrus	294	216	510
	Gaston	444	383	827
	Mecklenburg	4,146	2,839	6,985
	Union	158	166	324
	<b>Region Total</b>	<b>5,080</b>	<b>3,637</b>	<b>8,717</b>
Region 1	Avery	4	4	8
	Buncombe	391	383	774
	Cherokee	25	22	47
	Clay	9	6	15
	Cleveland	143	105	248
	Graham	0	5	5
	Haywood	34	50	84
	Henderson	98	110	208
	Jackson	25	17	42
	Macon	30	41	71
	Madison	15	15	30
	McDowell	15	18	33
	Mitchell	4	8	12
	Polk	18	9	27
	Rutherford	31	46	77
	Swain	5	8	13
Transylvania	28	17	45	
Yancey	6	8	14	
	<b>Region Total</b>	<b>881</b>	<b>872</b>	<b>1,753</b>
Region 2	Alexander	22	13	35
	Alleghany	2	5	7
	Ashe	13	4	17
	Burke	69	46	115
	Caldwell	44	51	95
	Catawba	154	149	303
	Lincoln	55	42	97
	Watauga	25	16	41
	Wilkes	45	27	72
	<b>Region Total</b>	<b>429</b>	<b>353</b>	<b>782</b>

Continued

<sup>a</sup>All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

<sup>b</sup>Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 8 (Continued). Number of People Diagnosed with HIV<sup>a</sup> Residing in North Carolina as of 12/31/2021, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence<sup>b</sup>**

Regional Network of Care and Prevention (RNCP)	County	HIV Classification <sup>a</sup>		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Region 3	Davidson	200	155	355
	Davie	28	18	46
	Forsyth	1,011	775	1,786
	Iredell	122	112	234
	Rowan	189	175	364
	Stokes	25	27	52
	Surry	50	39	89
	Yadkin	25	21	46
	<b>Region Total</b>	<b>1,650</b>	<b>1,322</b>	<b>2,972</b>
Region 4	Alamance	313	202	515
	Caswell	39	20	59
	Guilford	1,740	968	2,708
	Montgomery	21	31	52
	Randolph	140	113	253
	Rockingham	122	64	186
	Stanly	59	52	111
		<b>Region Total</b>	<b>2,434</b>	<b>1,450</b>
Region 5	Bladen	41	56	97
	Cumberland	914	717	1,631
	Harnett	167	170	337
	Hoke	94	95	189
	Moore	64	82	146
	Richmond	64	100	164
	Robeson	243	240	483
	Sampson	94	85	179
	Scotland	66	61	127
	<b>Region Total</b>	<b>1,747</b>	<b>1,606</b>	<b>3,353</b>
Region 6	Chatham	79	52	131
	Durham	1,075	797	1,872
	Franklin	82	78	160
	Granville	103	105	208
	Johnston	212	242	454
	Lee	106	85	191
	Orange	182	140	322
	Person	61	45	106
	Vance	108	92	200
	Wake	2,088	1,712	3,800
	Warren	41	26	67
	<b>Region Total</b>	<b>4,137</b>	<b>3,374</b>	<b>7,511</b>

Continued

<sup>a</sup>All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

<sup>b</sup>Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).



**Table 8 (Continued). Number of People Diagnosed with HIV<sup>a</sup> Residing in North Carolina as of 12/31/2021, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence<sup>b</sup>**

Regional Network of Care and Prevention (RNCP)	County	HIV Classification <sup>a</sup>		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Region 7	Brunswick	115	102	217
	Columbus	83	86	169
	Duplin	55	80	135
	New Hanover	348	250	598
	Onslow	185	138	323
	Pender	54	57	111
	<b>Region Total</b>	<b>840</b>	<b>713</b>	<b>1,553</b>
Region 8	Edgecombe	133	159	292
	Halifax	101	82	183
	Nash	176	177	353
	Northampton	27	44	71
	Wilson	211	196	407
	<b>Region Total</b>	<b>648</b>	<b>658</b>	<b>1,306</b>
Region 9	Bertie	39	53	92
	Camden	4	3	7
	Chowan	9	7	16
	Currituck	18	7	25
	Dare	23	14	37
	Gates	10	5	15
	Hertford	28	43	71
	Hyde	4	4	8
	Pasquotank	53	51	104
	Perquimans	9	12	21
	Tyrrell	2	3	5
	<b>Region Total</b>	<b>199</b>	<b>202</b>	<b>401</b>
Region 10	Beaufort	67	67	134
	Carteret	45	37	82
	Craven	126	103	229
	Greene	22	37	59
	Jones	11	14	25
	Lenoir	132	135	267
	Martin	40	53	93
	Pamlico	12	13	25
	Pitt	405	378	783
	Washington	22	37	59
Wayne	185	173	358	
	<b>Region Total</b>	<b>1,067</b>	<b>1047</b>	<b>2,114</b>
<b>Unassigned<sup>c</sup></b>		<b>781</b>	<b>505</b>	<b>1,286</b>
<b>North Carolina</b>		<b>19,893</b>	<b>15,739</b>	<b>35,632</b>

<sup>a</sup>All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

<sup>b</sup>Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

<sup>c</sup>Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 9. Number of People Diagnosed with HIV who Resided in Charlotte-Transitional Grant Area (TGA)<sup>a</sup> by Selected Demographics (Unknown Risk Redistributed) as of 12/31/2021**

Demographics	Charlotte, Transitional Grant Area			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	6,355	72.3	854.4	25,762	72.3	594.3
Women	2,268	26.0	282.7	9,483	26.6	205.9
Transgender	76	0.9	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	15	0.2	4.9	47	0.1	2.9
13-14	4	0.0	7.6	24	0.1	8.5
15-19	44	0.5	35.5	185	0.5	26.5
20-24	295	3.4	256.7	1,074	3.0	153.1
25-29	670	7.7	489.3	2,405	6.7	343.2
30-34	1,113	12.8	783.9	3,556	10.0	499.2
35-39	874	10.0	654.5	3,279	9.2	488.2
40-44	856	9.8	659.7	3,369	9.5	510.1
45-49	855	9.8	680.8	3,480	9.8	534.1
50-54	1,101	12.6	855.8	4,693	13.2	674.2
55-59	1,178	13.5	1,012.0	5,263	14.8	754.8
60-64	847	9.7	824.3	4,009	11.3	592.3
65 and older	865	9.9	362.2	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	17	0.2	335.3	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	64	0.7	79.3	267	0.7	91.5
Black/African American <sup>c</sup>	5,837	67	1,450.7	21,718	61.0	1,149.5
Hispanic/Latino	803	9.2	461.0	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	1,630	18.7	189.9	8,778	24.6	153.3
Multiple Race <sup>c</sup>	365	4.2	1,425.9	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	1	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>6,355</b>			<b>25,762</b>		
Heterosexual	757	11.8	104.9 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	250	3.9	--	1,397	5.4	--
MSM <sup>e,f</sup>	5,152	80.0	23,884.7 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	230	3.6	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	49	0.8	--	278	1.1	--
<b>Female</b>	<b>2,268</b>			<b>9,483</b>		
Heterosexual	1,951	86.0	283.7 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	243	10.7	--	1,323	14.0	--
Other Risks <sup>f</sup>	84	3.7	--	429	4.5	--
<b>Total</b>	<b>8,717</b>	<b>100.0</b>	<b>563.8</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Anson, Cabarrus, Gaston, Mecklenburg, and Union counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/LatinX.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide and regional rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for certain risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 10. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 1<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 1 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000 <sup>d</sup>	Cases	%	Rate per 100,000 <sup>d</sup>
<b>Gender<sup>b</sup></b>						
Men	1,400	79.9	357.1	25,762	72.3	594.3
Women	334	19.1	79.7	9,483	26.6	205.9
Transgender	19	1.1	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	0	0.0	0.0	47	0.1	2.9
13-14	2.0	0.1	9.5	24	0.1	8.5
15-19	4	0.2	7.6	185	0.5	26.5
20-24	34	1.9	66.6	1,074	3.0	153.1
25-29	57	3.3	107.7	2,405	6.7	343.2
30-34	128	7.3	227.5	3,556	10.0	499.2
35-39	148	8.4	274.1	3,279	9.2	488.2
40-44	133	7.6	243.2	3,369	9.5	510.1
45-49	169	9.6	307.3	3,480	9.8	534.1
50-54	251	14.3	411.4	4,693	13.2	674.2
55-59	322	18.4	496.8	5,263	14.8	754.8
60-64	240	13.7	346.9	4,009	11.3	592.3
65 and older	265	15.1	121.5	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	10	0.6	101.7	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	9	0.5	100.8	267	0.7	91.5
Black/African American <sup>c</sup>	411	23.4	887.0	21,718	61.0	1,149.5
Hispanic/Latino	118	6.7	266.7	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	1,133	64.6	164.2	8,778	24.6	153.3
Multiple Race <sup>c</sup>	72	4.1	612.7	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>1,400</b>			<b>25,762</b>		
Heterosexual	119	8.4	31.4 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	85	6.0	--	1,397	5.4	--
MSM <sup>e,f</sup>	1,084	76.4	9,538.8 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	121	8.5	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	9	0.7	--	278	1.1	--
<b>Female</b>	<b>334</b>			<b>9,483</b>		
Heterosexual	235	70.4	79.7 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	84	25.2	--	1,323	14.0	--
Other Risks <sup>f</sup>	15	4.3	--	429	4.5	--
<b>Total</b>	<b>1,753</b>	<b>100.0</b>	<b>216.2</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 11. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 2<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 2 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	604	77.2	229.1	25,762	72.3	594.3
Women	170	21.7	63.3	9,483	26.6	205.9
Transgender	8	1.0	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	0	0.0	0.0	47	0.1	2.9
13-14	2	0.3	13.2	24	0.1	8.5
15-19	2	0.3	5.1	185	0.5	26.5
20-24	14	1.8	34.2	1,074	3.0	153.1
25-29	40	5.1	111.9	2,405	6.7	343.2
30-34	72	9.2	203.6	3,556	10.0	499.2
35-39	73	9.3	217.8	3,279	9.2	488.2
40-44	71	9.1	201.0	3,369	9.5	510.1
45-49	75	9.6	196.2	3,480	9.8	534.1
50-54	103	13.2	235.9	4,693	13.2	674.2
55-59	132	16.9	287.4	5,263	14.8	754.8
60-64	102	13.0	227.0	4,009	11.3	592.3
65 and older	96	12.3	77.2	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	1	0.1	63.7	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	3	0.4	26.7	267	0.7	91.5
Black/African American <sup>c</sup>	156	19.9	525.1	21,718	61.0	1,149.5
Hispanic/Latino	63	8.1	181.6	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	520	66.5	116.0	8,778	24.6	153.3
Multiple Race <sup>c</sup>	39	5.0	593.6	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>604</b>			<b>25,762</b>		
Heterosexual	49	8.0	19.0 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	27	4.5	--	1,397	5.4	--
MSM <sup>e,f</sup>	462	75.9	6043.3 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	64	10.4	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	7	1.2	--	278	1.1	--
<b>Female</b>	<b>170</b>			<b>9,483</b>		
Heterosexual	119	69.7	64.4 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	45	26.4	--	1,323	14.0	--
Other Risks <sup>f</sup>	10	5.7	--	429	4.5	--
<b>Total</b>	<b>782</b>	<b>100.0</b>	<b>147.0</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, and Wilkes counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 12. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 3<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 3 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	2,083	70.1	464.8	25,762	72.3	594.3
Women	854	28.7	178.2	9,483	26.6	205.9
Transgender	35	1.2	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	3	0.1	1.8	47	0.1	2.9
13-14	6	0.2	19.7	24	0.1	8.5
15-19	16	0.5	22.3	185	0.5	26.5
20-24	81	2.7	122.9	1,074	3.0	153.1
25-29	178	6.0	265.2	2,405	6.7	343.2
30-34	255	8.6	374.3	3,556	10.0	499.2
35-39	232	7.8	361.0	3,279	9.2	488.2
40-44	285	9.6	439.0	3,369	9.5	510.1
45-49	275	9.3	405.7	3,480	9.8	534.1
50-54	432	14.5	560.5	4,693	13.2	674.2
55-59	479	16.1	608.5	5,263	14.8	754.8
60-64	362	12.2	483.2	4,009	11.3	592.3
65 and older	368	12.4	187.5	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	5	0.2	158.4	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	13	0.4	74.1	267	0.7	91.5
Black/African American <sup>c</sup>	1,657	55.8	1,146.1	21,718	61.0	1,149.5
Hispanic/Latino	318	10.7	375.0	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	886	29.8	133.3	8,778	24.6	153.3
Multiple Race <sup>c</sup>	93	3.1	747.3	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>2,083</b>			<b>25,762</b>		
Heterosexual	294	13.9	67.7 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	117	5.5	--	1,397	5.4	--
MSM <sup>e,f</sup>	1,562	73.9	12,021.5 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	110	5.2	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	30	1.4	--	278	1.1	--
<b>Female</b>	<b>854</b>			<b>9,483</b>		
Heterosexual	709	83.0	178.6 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	112	13.1	--	1,323	14.0	--
Other Risks <sup>f</sup>	38	4.4	--	429	4.5	--
<b>Total</b>	<b>2,972</b>	<b>100.0</b>	<b>320.5</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surry, and Yadkin counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 13. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 4<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 4 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	2,769	71.3	643.3	25,762	72.3	594.3
Women	1,063	27.4	225.1	9,483	26.6	205.9
Transgender	52	1.3	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	6	0.2	3.7	47	0.1	2.9
13-14	2	0.1	7.0	24	0.1	8.5
15-19	19	0.5	24.9	185	0.5	26.5
20-24	170	4.4	244.3	1,074	3.0	153.1
25-29	301	7.7	443.5	2,405	6.7	343.2
30-34	377	9.7	543.1	3,556	10.0	499.2
35-39	365	9.4	576.7	3,279	9.2	488.2
40-44	378	9.7	598.4	3,369	9.5	510.1
45-49	409	10.5	635.3	3,480	9.8	534.1
50-54	506	13.0	697.6	4,693	13.2	674.2
55-59	534	13.7	733.1	5,263	14.8	754.8
60-64	400	10.3	573.9	4,009	11.3	592.3
65 and older	417	10.7	225.6	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	6	0.2	146.3	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	36	0.9	119.4	267	0.7	91.5
Black/African American <sup>c</sup>	2,528	65.1	1,110.3	21,718	61.0	1,149.5
Hispanic/Latino	293	7.5	383.3	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	899	23.1	163.4	8,778	24.6	153.3
Multiple Race <sup>c</sup>	122	3.1	862.9	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>2,769</b>			<b>25,762</b>		
Heterosexual	406	14.4	97.2 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	134	4.8	--	1,397	5.4	--
MSM <sup>e,f</sup>	2,149	76.3	17,213.3 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	92	3.2	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	35	1.3	--	278	1.1	--
<b>Female</b>	<b>1,063</b>			<b>9,483</b>		
Heterosexual	896	84.3	225.7 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	121	11.4	--	1,323	14.0	--
Other Risks <sup>f</sup>	51	4.8	--	429	4.5	--
<b>Total</b>	<b>3,884</b>	<b>100.0</b>	<b>430.3</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, and Stanly counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 14. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 5<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 5 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	2,278	67.9	624.1	25,762	72.3	594.3
Women	1,045	31.2	273.4	9,483	26.6	205.9
Transgender	30	0.9	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	3	0.1	1.9	47	0.1	2.9
13-14	3	0.1	11.6	24	0.1	8.5
15-19	17	0.5	28.3	185	0.5	26.5
20-24	86	2.6	129.4	1,074	3.0	153.1
25-29	249	7.4	370.0	2,405	6.7	343.2
30-34	352	10.5	541.3	3,556	10.0	499.2
35-39	335	10.0	567.5	3,279	9.2	488.2
40-44	348	10.4	648.2	3,369	9.5	510.1
45-49	345	10.3	680.2	3,480	9.8	534.1
50-54	441	13.2	855.3	4,693	13.2	674.2
55-59	446	13.3	832.9	5,263	14.8	754.8
60-64	367	10.9	693.0	4,009	11.3	592.3
65 and older	361	10.8	255.9	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	138	4.1	245.4	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	17	0.5	125.9	267	0.7	91.5
Black/African American <sup>c</sup>	2,167	64.6	1,000.0	21,718	61.0	1,149.5
Hispanic/Latino	281	8.4	366.4	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	580	17.3	158.4	8,778	24.6	153.3
Multiple Race <sup>c</sup>	170	5.1	952.4	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>2,278</b>			<b>25,762</b>		
Heterosexual	419	18.2	118.2 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	123	5.3	--	1,397	5.4	--
MSM <sup>e,f</sup>	1,671	72.4	15787.3 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	73	3.2	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	21	0.9	--	278	1.1	--
<b>Female</b>	<b>1,045</b>			<b>9,483</b>		
Heterosexual	852	81.6	272.9 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	137	13.1	--	1,323	14.0	--
Other Risks <sup>f</sup>	56	5.3	--	429	4.5	--
<b>Total</b>	<b>3,353</b>	<b>100.0</b>	<b>448.7</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 15. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 6<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 6 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	5,496	73.2	604.3	25,762	72.3	594.3
Women	1,922	25.6	197.6	9,483	26.6	205.9
Transgender	93	1.2	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	15	0.2	4.3	47	0.1	2.9
13-14	4	0.1	6.6	24	0.1	8.5
15-19	54	0.7	34.9	185	0.5	26.5
20-24	211	2.8	146.1	1,074	3.0	153.1
25-29	484	6.4	314.5	2,405	6.7	343.2
30-34	699	9.3	431.1	3,556	10.0	499.2
35-39	705	9.4	451.7	3,279	9.2	488.2
40-44	691	9.2	447.4	3,369	9.5	510.1
45-49	750	10.0	504.4	3,480	9.8	534.1
50-54	1,019	13.6	670.5	4,693	13.2	674.2
55-59	1,143	15.2	800.5	5,263	14.8	754.8
60-64	838	11.2	641.6	4,009	11.3	592.3
65 and older	898	12.0	279.5	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	11	0.1	147.5	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	89	1.2	81.8	267	0.7	91.5
Black/African American <sup>c</sup>	4,644	61.8	1,104.1	21,718	61.0	1,149.5
Hispanic/Latino	845	11.3	448.6	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	1,673	22.3	148.7	8,778	24.6	153.3
Multiple Race <sup>c</sup>	249	3.3	772.5	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>5,496</b>			<b>25,762</b>		
Heterosexual	690	12.4	78.1 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	261	4.7	--	1,397	5.4	--
MSM <sup>e,f</sup>	4,334	77.7	16,429.6 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	227	4.1	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	66	1.2	--	278	1.1	--
<b>Female</b>	<b>1,922</b>			<b>9,483</b>		
Heterosexual	1,555	80.9	198.0 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	268	13.9	--	1,323	14.0	--
Other Risks <sup>f</sup>	110	5.7	--	429	4.5	--
<b>Total</b>	<b>7,511</b>	<b>100.0</b>	<b>399.0</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, and Warren counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).



**Table 16. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 7<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 7 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	1,111	71.5	347.5	25,762	72.3	594.3
Women	430	27.7	136.5	9,483	26.6	205.9
Transgender	12	0.8	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	0	0.0	0.0	47	0.1	2.9
13-14	0	0.0	0.0	24	0.1	8.5
15-19	8	0.5	17.0	185	0.5	26.5
20-24	42	2.7	60.3	1,074	3.0	153.1
25-29	97	6.2	193.2	2,405	6.7	343.2
30-34	136	8.8	291.7	3,556	10.0	499.2
35-39	135	8.7	306.2	3,279	9.2	488.2
40-44	135	8.7	328.9	3,369	9.5	510.1
45-49	129	8.3	332.3	3,480	9.8	534.1
50-54	200	12.9	488.2	4,693	13.2	674.2
55-59	251	16.2	552.5	5,263	14.8	754.8
60-64	192	12.4	379.2	4,009	11.3	592.3
65 and older	228	14.7	159.4	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	6	0.4	127.7	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	13	0.8	146.9	267	0.7	91.5
Black/African American <sup>c</sup>	737	47.5	818.8	21,718	61.0	1,149.5
Hispanic/Latino	158	10.2	311.5	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	586	37.7	125.0	8,778	24.6	153.3
Multiple Race <sup>c</sup>	53	3.4	448.4	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>1,111</b>			<b>25,762</b>		
Heterosexual	156	13.9	50.3 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	54	4.8	--	1,397	5.4	--
MSM <sup>e,f</sup>	844	75.2	9101.7 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	58	5.2	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	10	0.9	--	278	1.1	--
<b>Female</b>	<b>430</b>			<b>9,483</b>		
Heterosexual	351	81.6	136.8 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	70	16.3	--	1,323	14.0	--
Other Risks <sup>f</sup>	10	2.3	--	429	4.5	--
<b>Total</b>	<b>1,553</b>	<b>100.0</b>	<b>244.7</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Brunswick, Columbus, Duplin, New Hanover, Onslow, and Pender counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 17. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 8<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 8 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	894	68.5	777.1	25,762	72.3	594.3
Women	402	30.8	312.8	9,483	26.6	205.9
Transgender	10	0.8	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	0	0.0	0.0	47	0.1	2.9
13-14	0	0.0	0.0	24	0.1	8.5
15-19	5	0.4	27.5	185	0.5	26.5
20-24	54	4.1	322.3	1,074	3.0	153.1
25-29	105	8.0	613.9	2,405	6.7	343.2
30-34	108	8.3	635.3	3,556	10.0	499.2
35-39	105	8.0	668.9	3,279	9.2	488.2
40-44	118	9.0	737.9	3,369	9.5	510.1
45-49	118	9.0	718.2	3,480	9.8	534.1
50-54	151	11.6	820.4	4,693	13.2	674.2
55-59	197	15.1	954.2	5,263	14.8	754.8
60-64	157	12.0	756.5	4,009	11.3	592.3
65 and older	188	14.4	320.4	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	0	0.0	0.0	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	2	0.2	95.5	267	0.7	91.5
Black/African American <sup>c</sup>	1,049	80.3	936.2	21,718	61.0	1,149.5
Hispanic/Latino	46	3.5	306.5	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	140	10.7	128.5	8,778	24.6	153.3
Multiple Race <sup>c</sup>	69	5.3	2,477.6	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>894</b>			<b>25,762</b>		
Heterosexual	201	22.2	179.7 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	59	6.6	--	1,397	5.4	--
MSM <sup>e,f</sup>	610	67.5	18,278.2 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	25	2.8	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	9	1.0	--	278	1.1	--
<b>Female</b>	<b>402</b>			<b>9,483</b>		
Heterosexual	332	82.6	312.0 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	58	14.5	--	1,323	14.0	--
Other Risks <sup>f</sup>	11	2.8	--	429	4.5	--
<b>Total</b>	<b>1,306</b>	<b>100.0</b>	<b>536.2</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Edgecombe, Halifax, Nash, Northampton, and Wilson counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 18. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 9<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 9 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	279	69.6	321.5	25,762	72.3	594.3
Women	120	29.9	135.6	9,483	26.6	205.9
Transgender	2	0.5	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	0	0.0	0.0	47	0.1	2.9
13-14	0	0	0.0	24	0.1	8.5
15-19	0	0	0.0	185	0.5	26.5
20-24	9	2.2	84.3	1,074	3.0	153.1
25-29	25	6.2	222.1	2,405	6.7	343.2
30-34	30	7.5	245.0	3,556	10.0	499.2
35-39	37	9.2	298.7	3,279	9.2	488.2
40-44	34	8.5	284.5	3,369	9.5	510.1
45-49	22	5.5	191.3	3,480	9.8	534.1
50-54	53	13.2	409.1	4,693	13.2	674.2
55-59	72	18	473.1	5,263	14.8	754.8
60-64	60	15	363.2	4,009	11.3	592.3
65 and older	59	14.7	136.8	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	0	0.0	0.0	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	0	0	0.0	267	0.7	91.5
Black/African American <sup>c</sup>	271	67.6	575.6	21,718	61.0	1,149.5
Hispanic/Latino	18	4.5	226.1	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	96	23.9	83.6	8,778	24.6	153.3
Multiple Race <sup>c</sup>	16	4	615.6	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	--	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>279</b>			<b>25,762</b>		
Heterosexual	54	19.0	63.5 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	16	5.6	--	1,397	5.4	--
MSM <sup>e,f</sup>	189	67.1	7,491.8 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	19	6.9	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	4	1.3	--	278	1.1	--
<b>Female</b>	<b>120</b>			<b>9,483</b>		
Heterosexual	101	84.1	134.5 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	15	12.6	--	1,323	14.0	--
Other Risks <sup>f</sup>	4	2.9	--	429	4.5	--
<b>Total</b>	<b>401</b>	<b>100.0</b>	<b>228.8</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, and Tyrrell counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 19. Number of People Diagnosed with HIV<sup>a</sup> who Resided in Regional Network of Care and Prevention Region 10<sup>b</sup> by Selected Demographics (Unknown Risk<sup>c</sup> Redistributed) as of 12/31/2021**

Demographics	Region 10 <sup>b</sup>			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
<b>Gender<sup>b</sup></b>						
Men	1,424	67.4	546.8	25,762	72.3	594.3
Women	669	31.6	240.3	9,483	26.6	205.9
Transgender	21	1.0	--	387	1.1	--
<b>Current Age (Year)</b>						
Less than 13	5	0.1	5.4	47	0.1	2.9
13-14	1	0.0	6.1	24	0.1	8.5
15-19	15	0.7	36.0	185	0.5	26.5
20-24	59	2.8	115.9	1,074	3.0	153.1
25-29	145	6.9	358.5	2,405	6.7	343.2
30-34	206	9.7	540.7	3,556	10.0	499.2
35-39	187	8.8	522.0	3,279	9.2	488.2
40-44	207	9.8	582.9	3,369	9.5	510.1
45-49	208	9.8	605.0	3,480	9.8	534.1
50-54	253	12.0	679.2	4,693	13.2	674.2
55-59	286	13.5	698.5	5,263	14.8	754.8
60-64	249	11.8	568.0	4,009	11.3	592.3
65 and older	293	13.9	237.0	4,248	11.9	236.9
<b>Race/Ethnicity</b>						
American Indian/Alaska Native <sup>c</sup>	1	0.0	45.9	201	0.6	205.2
Asian/Pacific Islander <sup>c</sup>	16	0.8	196.4	267	0.7	91.5
Black/African American <sup>c</sup>	1,415	66.9	930.0	21,718	61.0	1,149.5
Hispanic/Latino	119	5.6	310.5	3,202	9.0	404.6
White/Caucasian <sup>c</sup>	394	18.6	119.6	8,778	24.6	153.3
Multiple Race <sup>c</sup>	169	8.0	1,981.7	1,463	4.1	999.9
Unknown/Unspecified <sup>c,d</sup>	0	0.0	0.0	3	0.0	--
<b>Exposure Category by Gender<sup>b,e,f</sup></b>						
<b>Male</b>	<b>1,424</b>			<b>25,762</b>		
Heterosexual	293	20.3	115.7 <sup>e</sup>	3,722	14.3	88.4 <sup>e</sup>
IDU <sup>e,f</sup>	100	6.9	--	1,397	5.4	--
MSM <sup>e,f</sup>	960	66.5	12710.1 <sup>e</sup>	19,533	74.8	15,539.2 <sup>e</sup>
MSM/IDU <sup>e,f</sup>	67	4.6	--	1,180	4.5	--
Other Risks <sup>e,f</sup>	25	1.7	--	278	1.1	--
<b>Female</b>	<b>669</b>			<b>9,483</b>		
Heterosexual	555	83.0	240.3 <sup>e</sup>	7,762	81.9	206.2 <sup>e</sup>
IDU <sup>f</sup>	80	12.0	--	1,323	14.0	--
Other Risks <sup>f</sup>	34	5.1	--	429	4.5	--
<b>Total</b>	<b>2,114</b>	<b>100.0</b>	<b>392.4</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Martin, Pamlico, Pitt, Washington, and Wayne counties.

<sup>b</sup>Transgender status is based on self-report; transgender people are also classified for exposure category by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to [Appendix A](#).

<sup>c</sup>Non-Hispanic/Latino.

<sup>d</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups.

<sup>e</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#).

<sup>f</sup>IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 20. Newly Diagnosed HIV<sup>a</sup> Annual Rates among Adults and Adolescents in North Carolina by Regional Networks of Care and Prevention (County of Residence at Diagnosis) by Year of Diagnosis, 2017-2021**

Regional Networks of Care and Prevention (Counties)	2017		2018		2019		2020*		2021	
	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>	Cases	Rate <sup>b</sup>
<b>Charlotte-Transitional Grant Area (TGA)</b> (Anson, Cabarrus, Gaston, Mecklenburg, and Union)	330	22.7	306	20.6	343	22.7	259	17	345	22.3
<b>Region 1</b> (Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey)	54	6.9	39	4.9	42	5.2	38	4.7	50	6.2
<b>Region 2</b> (Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, and Wilkes)	24	4.6	33	6.2	29	5.4	25	4.7	28	5.3
<b>Region 3</b> (Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surry, and Yadkin)	111	12.5	110	12.3	135	14.9	86	9.4	117	12.6
<b>Region 4</b> (Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, and Stanly)	164	18.7	147	16.6	172	19.3	123	13.7	175	19.4
<b>Region 5</b> (Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland)	140	18.5	120	15.7	147	19.2	123	16.6	154	20.6
<b>Region 6</b> (Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, and Warren)	235	13.5	240	13.5	266	14.6	233	12.7	279	14.8
<b>Region 7</b> (Brunswick, Columbus, Duplin, New Hanover, Onslow, and Pender)	80	12.9	54	8.5	71	11	63	10.2	65	10.2
<b>Region 8</b> (Edgecombe, Halifax, Nash, Northampton, and Wilson)	53	21	42	16.7	47	18.7	44	18	48	19.7
<b>Region 9</b> (Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, and Tyrrell)	15	8.6	21	11.9	12	6.8	11	6.4	20	11.4
<b>Region 10</b> (Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Martin, Pamlico, Pitt, Washington, and Wayne)	77	13.9	77	13.8	92	16.5	63	11.8	102	18.9
<b>Unassigned<sup>c</sup></b>	15	---	14	---	22	---	13	---	17	---
<b>North Carolina</b>	<b>1,298</b>	<b>15</b>	<b>1,203</b>	<b>13.7</b>	<b>1,378</b>	<b>15.6</b>	<b>1,081</b>	<b>12.3</b>	<b>1,400</b>	<b>15.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rate is expressed per 100,000 population.

<sup>c</sup>Unassigned includes cases diagnosed at a long-term care facility, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

## North Carolina State Totals and Rates of HIV by Selected Demographics, 2021

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**Table 21. Number of Infants with Perinatal HIV<sup>^</sup> by Year of Birth, 2012-2021**

<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020*</b>	<b>2021</b>
4	0	1	2	2	0	1	2	1	0

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>^</sup>Perinatal HIV is HIV diagnosed within the first year of life.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 22. Number of People Diagnosed with HIV<sup>a</sup> and Living in North Carolina as of 12/31/2021 by Selected Demographics (Unknown Risk<sup>b</sup> Redistributed)**

Demographics	Men			Women			Transgender <sup>c</sup>			Total		
	Cases	%	Rate <sup>d</sup>	Cases	%	Rate <sup>d</sup>	Cases	%	Rate <sup>d</sup>	Cases	%	Rate <sup>d</sup>
<b>Current Age (Year)</b>												
Less than 13	16	0.0	1.9	31	0.1	3.9	0	0.0	--	47	0.1	2.9
13-14	14	0.0	9.7	10	0.0	7.3	0	0.0	--	24	0.1	8.5
15-19	135	0.4	38.0	47	0.1	13.7	3	0.0	--	185	0.5	26.5
20-24	909	2.6	251.9	122	0.3	35.8	43	0.1	--	1,074	3.0	153.1
25-29	2033	5.7	578.5	304	0.9	87.0	68	0.2	--	2,405	6.7	343.2
30-34	2921	8.2	834.2	550	1.5	151.9	85	0.2	--	3,556	10.0	499.2
35-39	2494	7.0	755.3	735	2.1	215.2	50	0.1	--	3,279	9.2	488.2
40-44	2359	6.6	731.1	969	2.7	286.8	41	0.1	--	3,369	9.5	510.1
45-49	2229	6.3	698.1	1218	3.4	366.6	33	0.1	--	3,480	9.8	534.1
50-54	3176	8.9	927.4	1489	4.2	421.1	28	0.1	--	4,693	13.2	674.2
55-59	3747	10.5	1,105.5	1499	4.2	418.3	17	0.0	--	5,263	14.8	754.8
60-64	2812	7.9	870.6	1186	3.3	335.2	11	0.0	--	4,009	11.3	592.3
65 and older	2917	8.2	366.6	1323	3.7	132.6	8	0.0	--	4,248	11.9	236.9
<b>Race/Ethnicity</b>												
American Indian/Alaska Native <sup>e</sup>	147	0.4	263.2	52	0.1	86.7	2	0.6	--	201	0.6	173.5
Asian/Pacific Islander <sup>e</sup>	179	0.5	103.5	83	0.2	45.9	3	0.9	--	267	0.7	75.5
Black/African American <sup>e</sup>	14,561	40.9	1380.5	6,891	19.3	577.0	238	68.0	--	21,718	61	965.7
Hispanic/LatinX	2,532	7.1	456.5	617	1.7	117.8	50	14.3	--	3,202	9.0	297.0
White/Caucasian <sup>e</sup>	7,275	20.4	226.8	1,461	4.1	44.0	39	11.1	--	8,778	24.6	134.5
Multiple Races	1,066	3.0	970.8	378	1.1	326.1	18	5.1	--	1,463	4.1	648.1
Unknown <sup>f</sup>	2	0.0	--	1	0.0	--	0	0.0	--	3	0.0	--
<b>Total<sup>k</sup></b>	<b>25,762</b>	<b>100.0</b>	<b>499.6</b>	<b>9,483</b>	<b>100.0</b>	<b>175.8</b>	<b>387</b>	<b>100.0</b>	<b>--</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>
<b>Exposure Category<sup>c,g</sup></b>												
Heterosexual	3,722	14.3	88.4 <sup>g</sup>	7,750	81.4	168.2 <sup>g</sup>	--	--	--	11,472	32.2	130.1 <sup>g</sup>
IDU <sup>h</sup>	1,397	5.4	--	1,321	13.9	--	--	--	--	2,718	7.6	--
MSM <sup>h</sup>	19,533	74.8	15,539.2 <sup>g</sup>	--	--	--	--	--	--	19,533	54.9	15,539.2 <sup>g</sup>
MSM/IDU <sup>h</sup>	1,180	4.5	--	--	--	--	--	--	--	1,180	3.3	--
Other Risks <sup>i</sup>	278	1.1	--	450	4.7	--	--	--	--	728	2.0	--
<b>Total<sup>k</sup></b>	<b>26,111</b>	<b>100.0</b>	<b>506.4</b>	<b>9,521</b>	<b>100.0</b>	<b>176.5</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>35,632</b>	<b>100.0</b>	<b>337.7</b>

<sup>a</sup>All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS). <sup>b</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). <sup>c</sup>Transgender status is based on self-report; for exposure category, transgender people are classified by their recorded binary gender. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A. <sup>d</sup>Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data. <sup>e</sup>Non-Hispanic/LatinX. <sup>f</sup>Rates are not available due to the lack of overall population data for the unknown/unspecified groups. <sup>g</sup>Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grev et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population. Rates are not available by county or region. <sup>h</sup>IDU = injection drug use; MSM = men who have sex with men. <sup>i</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure. <sup>j</sup>Age and Race/Ethnicity overall totals include the separation of transgender people from men and women. However, for the exposure category, overall totals are based on the binary gender (male or female) recorded for all people newly diagnosed with HIV. Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).



**Table 23. Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults and Adolescents by Gender<sup>c</sup>, Age at Diagnosis, and Year of Diagnosis, 2017-2021**

Gender	Age at Diagnosis (Year)	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Men	13-14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	<i>0</i>	<i>0.0</i>	<i>0.0</i>	0	0.0	0.0
	15-19	66	6.4	19.1	65	6.9	18.6	77	6.9	21.9	<i>59</i>	<i>6.8</i>	<i>16.7</i>	76	6.8	21.4
	20-24	223	21.8	61.4	201	21.2	55.5	259	23.4	71.3	<i>189</i>	<i>21.6</i>	<i>53.3</i>	242	21.5	67.1
	25-29	247	24.1	68.9	206	21.7	56.2	268	24.2	72.2	<i>177</i>	<i>20.3</i>	<i>50.0</i>	237	21.1	67.4
	30-34	132	12.9	41.1	119	12.6	36.4	151	13.6	45.0	<i>144</i>	<i>16.5</i>	<i>42.6</i>	185	16.5	52.8
	35-39	94	9.2	29.6	86	9.1	26.8	98	8.8	30.3	<i>87</i>	<i>10.0</i>	<i>26.7</i>	115	10.2	34.8
	40-44	60	5.9	19.3	61	6.4	19.7	65	5.9	20.9	<i>59</i>	<i>6.8</i>	<i>18.7</i>	74	6.6	22.9
	45-49	55	5.4	16.1	54	5.7	15.9	52	4.7	15.5	<i>43</i>	<i>4.9</i>	<i>12.9</i>	50	4.5	15.7
	50-54	59	5.8	17.7	67	7.1	20.2	56	5.0	17.0	<i>44</i>	<i>5.0</i>	<i>13.2</i>	57	5.1	16.6
	55-59	43	4.2	13.0	41	4.3	12.3	39	3.5	11.6	<i>34</i>	<i>3.9</i>	<i>10.0</i>	45	4.0	13.3
	60-64	27	2.6	9.1	29	3.1	9.6	23	2.1	7.4	<i>17</i>	<i>1.9</i>	<i>5.4</i>	24	2.1	7.4
65 and older	19	1.9	2.7	19	2.0	2.6	21	1.9	2.7	<i>21</i>	<i>2.4</i>	<i>2.7</i>	18	1.6	2.3	
<b>Total</b>		1025	100.0	24.6	948	100.0	22.5	1109	100.0	26.0	<i>874</i>	<i>100.0</i>	<i>20.4</i>	1,123	100.0	25.9
Women	13-14	0	0.0	0.0	1	0.4	0.8	0	0.0	0.0	<i>0</i>	<i>0.0</i>	<i>0.0</i>	0	0.0	0.0
	15-19	8	3.2	2.4	12	5.0	3.6	7	2.9	2.1	<i>7</i>	<i>3.9</i>	<i>2.1</i>	6	2.5	1.8
	20-24	22	8.8	6.5	26	10.9	7.7	25	10.4	7.4	<i>16</i>	<i>8.8</i>	<i>4.8</i>	18	7.5	5.3
	25-29	29	11.6	8.1	25	10.5	6.9	26	10.8	7.1	<i>18</i>	<i>9.9</i>	<i>5.1</i>	37	15.4	10.6
	30-34	33	13.1	9.9	25	10.5	7.4	32	13.3	9.2	<i>29</i>	<i>16.0</i>	<i>8.3</i>	40	16.6	11.0
	35-39	31	12.4	9.3	34	14.3	10.1	30	12.4	8.8	<i>23</i>	<i>12.7</i>	<i>6.8</i>	30	12.4	8.8
	40-44	20	8.0	6.1	21	8.8	6.4	20	8.3	6.1	<i>18</i>	<i>9.9</i>	<i>5.4</i>	22	9.1	6.5
	45-49	30	12.0	8.4	25	10.5	7.0	22	9.1	6.2	<i>17</i>	<i>9.4</i>	<i>4.9</i>	25	10.4	7.5
	50-54	24	9.6	6.8	25	10.5	7.2	21	8.7	6.1	<i>17</i>	<i>9.4</i>	<i>4.9</i>	22	9.1	6.2
	55-59	24	9.6	6.7	20	8.4	5.5	27	11.2	7.4	<i>10</i>	<i>5.5</i>	<i>2.8</i>	19	7.9	5.3
	60-64	21	8.4	6.2	14	5.9	4.1	22	9.1	6.3	<i>13</i>	<i>7.2</i>	<i>3.8</i>	12	5.0	3.4
65 and older	9	3.6	1.0	10	4.2	1.1	9	3.7	0.9	<i>13</i>	<i>7.2</i>	<i>1.3</i>	10	4.1	1.0	
<b>Total</b>		251	100.0	5.6	238	100.0	5.3	241	100.0	5.3	<i>181</i>	<i>100.0</i>	<i>4.0</i>	241	100.0	5.2

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rate is expressed per 100,000 population.

<sup>c</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 23 (Continued). Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults and Adolescents by Gender<sup>c</sup>, Age at Diagnosis, and Year of Diagnosis, 2017-2021**

Gender	Age at Diagnosis (Year)	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	<i>Cases</i>	<i>%</i>	<i>Rate<sup>b</sup></i>	Cases	%	Rate <sup>b</sup>
Transgender <sup>c</sup>	13-14	0	0.0	---	0	0.0	---	0	0.0	---	<i>0</i>	<i>0.0</i>	---	0	0.0	---
	15-19	5	22.7	---	4	23.5	---	3	10.7	---	<i>4</i>	<i>15.4</i>	---	3	8.3	---
	20-24	6	27.3	---	6	35.3	---	11	39.3	---	<i>5</i>	<i>19.2</i>	---	11	30.6	---
	25-29	6	27.3	---	4	23.5	---	5	17.9	---	<i>9</i>	<i>34.6</i>	---	5	13.9	---
	30-34	1	4.5	---	2	11.8	---	3	10.7	---	<i>5</i>	<i>19.2</i>	---	6	16.7	---
	35-39	2	9.1	---	0	0.0	---	4	14.3	---	<i>3</i>	<i>11.5</i>	---	8	22.2	---
	40-44	0	0.0	---	1	5.9	---	1	3.6	---	<i>0</i>	<i>0.0</i>	---	0	0.0	---
	45-49	1	4.5	---	0	0.0	---	0	0.0	---	<i>0</i>	<i>0.0</i>	---	1	2.8	---
	50-54	0	0.0	---	0	0.0	---	1	3.6	---	<i>0</i>	<i>0.0</i>	---	2	5.6	---
	55-59	1	4.5	---	0	0.0	---	0	0.0	---	<i>0</i>	<i>0.0</i>	---	0	0.0	---
	60-64	0	0.0	---	0	0.0	---	0	0.0	---	<i>0</i>	<i>0.0</i>	---	0	0.0	---
	65 and older	0	0.0	---	0	0.0	---	0	0.0	---	<i>0</i>	<i>0.0</i>	---	0	0.0	---
<b>Total</b>		22	100.0	---	17	100.0	---	28	100.0	---	<i>26</i>	<i>100.0</i>	---	36	100.0	---
<b>Total</b>	13-14	0	0.0	0.0	1	0.0	0.4	0	0.0	0.0	<i>0</i>	<i>0.0</i>	<i>0.0</i>	0	0.0	0.0
	15-19	79	5.9	11.6	81	6.1	11.8	87	6.8	12.6	<i>70</i>	<i>6.3</i>	<i>10.1</i>	85	6.4	12.2
	20-24	251	22.1	35.9	233	19.4	33.3	295	19.5	42.0	<i>210</i>	<i>21.5</i>	<i>30.6</i>	271	19.3	38.6
	25-29	282	21.0	39.4	235	21.8	32.2	299	19.5	40.7	<i>204</i>	<i>21.6</i>	<i>28.9</i>	279	18.8	39.8
	30-34	166	12.5	25.4	146	12.8	22.0	186	12.2	27.2	<i>178</i>	<i>13.6</i>	<i>25.9</i>	231	16.3	32.4
	35-39	127	9.0	19.5	120	9.8	18.2	132	9.9	19.9	<i>113</i>	<i>9.5</i>	<i>17.0</i>	153	10.6	22.8
	40-44	80	7.1	12.6	83	6.2	13.0	86	6.9	13.4	<i>77</i>	<i>6.3</i>	<i>11.9</i>	96	7.2	14.5
	45-49	86	6.1	12.3	79	6.7	11.3	74	6.6	10.7	<i>60</i>	<i>5.4</i>	<i>8.9</i>	76	5.5	11.7
	50-54	83	6.4	12.1	92	6.3	13.5	78	7.6	11.5	<i>61</i>	<i>5.7</i>	<i>9.0</i>	81	5.6	11.6
	55-59	68	4.9	9.9	61	5.2	8.8	66	5.0	9.4	<i>44</i>	<i>4.8</i>	<i>6.3</i>	64	4.2	9.2
	60-64	48	2.7	7.6	43	3.6	6.6	45	3.6	6.8	<i>30</i>	<i>3.3</i>	<i>4.5</i>	36	2.9	5.3
	65 and older	28	2.2	1.7	29	2.2	1.7	30	2.4	1.7	<i>34</i>	<i>2.2</i>	<i>2.0</i>	28	3.3	1.6
<b>Total</b>		1298	100.0	15.0	1203	100.0	13.7	1378	100.0	15.6	<i>1081</i>	<i>100.0</i>	<i>12.3</i>	<b>1,400</b>	<b>100.0</b>	<b>15.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data.

<sup>c</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A. Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 24. Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults and Adolescents by Gender<sup>c</sup>, Race/Ethnicity, and Year of Diagnosis, 2017-2021**

Gender	Race/Ethnicity	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>Men</b>	American Indian/Alaska Native <sup>d</sup>	5	0.5	10.9	2	0.2	4.3	13	0.9	27.9	5	0.5	10.8	13	1.2	27.8
	Asian/Pacific Islander <sup>d</sup>	8	0.8	6.6	10	0.8	7.9	15	1.1	11.4	10	0.9	7.4	15	1.3	10.6
	Black/African American <sup>d</sup>	643	62.7	76.5	580	48.2	68.1	663	48.1	77	490	45.3	56.9	636	56.6	72.9
	Hispanic/LatinX	99	9.7	27.9	111	9.2	30.1	142	10.3	37.2	125	11.6	32	180	16.0	44.0
	White/Caucasian <sup>d</sup>	233	22.7	8.5	220	18.3	8	251	18.2	9	215	19.9	7.7	256	22.8	9.2
	Multiple Races <sup>d</sup>	37	3.6	64.8	25	2.1	41.7	25	1.8	39.7	29	2.7	44.5	23	2.0	33.2
	<b>Total</b>		1025	100.0	24.6	948	78.8	22.5	1109	80.5	26	874	80.9	20.4	1,123	100.0
<b>Women</b>	American Indian/Alaska Native <sup>d</sup>	1	0.4	2.0	4	0.3	7.9	4	0.3	7.8	1	0.1	2	1	0.4	2.0
	Asian/Pacific Islander <sup>d</sup>	3	1.2	2.3	1	0.1	0.7	3	0.2	2.1	2	0.2	1.4	2	0.8	1.3
	Black/African American <sup>d</sup>	176	70.1	17.8	157	13.1	15.7	165	12	16.3	117	10.8	11.7	160	66.4	15.7
	Hispanic/LatinX	18	7.2	5.5	14	1.2	4.1	15	1.1	4.2	16	1.5	4.4	29	12.0	7.6
	White/Caucasian <sup>d</sup>	47	18.7	1.6	53	4.4	1.8	46	3.3	1.6	38	3.5	1.3	45	18.7	1.5
	Multiple Races <sup>d</sup>	6	2.4	9.4	9	0.7	13.4	8	0.6	11.4	7	0.6	9.7	4	1.7	5.2
	<b>Total</b>		251	100.0	5.6	238	19.8	5.3	241	17.5	5.3	181	16.7	4	241	100.0
<b>Transgender<sup>c</sup></b>	American Indian/Alaska Native <sup>d</sup>	0	0.0	---	0	0	---	0	0	---	1	0.1	---	0	0.0	---
	Asian/Pacific Islander <sup>d</sup>	1	4.5	---	0	0	---	1	0.1	---	0	0	---	2	5.6	---
	Black/African American <sup>d</sup>	13	59.1	---	13	1.1	---	18	1.3	---	16	1.5	---	26	72.2	---
	Hispanic/LatinX	4	18.2	---	3	0.2	---	4	0.3	---	5	0.5	---	4	11.1	---
	White/Caucasian <sup>d</sup>	4	18.2	---	1	0.1	---	2	0.1	---	3	0.3	---	3	8.3	---
	Multiple Races <sup>d</sup>	0	0.0	---	0	0	---	3	0.2	---	1	0.1	---	1	2.8	---
	<b>Total</b>		22	100.0	---	17	1.4	---	28	2	---	26	2.4	---	36	100.0
<b>Total</b>	American Indian/Alaska Native <sup>d</sup>	6	0.8	6.2	6	0.5	6.2	17	1.2	17.4	7	0.6	7.2	14	0.6	14.3
	Asian/Pacific Islander <sup>d</sup>	12	1.4	4.7	11	0.9	4.2	19	1.4	6.9	12	1.1	4.3	19	1.1	6.5
	Black/African American <sup>d</sup>	832	61.3	45.5	750	62.3	40.5	846	61.4	45.1	623	57.6	33.4	822	57.8	43.5
	Hispanic/LatinX	121	10.5	17.8	128	10.6	18.1	161	11.7	21.9	146	13.5	19.4	213	13.3	26.9
	White/Caucasian <sup>d</sup>	284	23.3	5.0	274	22.8	4.8	299	21.7	5.2	256	23.7	4.5	304	24.1	5.3
	Multiple Races <sup>d</sup>	43	2.6	35.5	34	2.8	26.7	36	2.6	27	37	3.4	26.9	28	3.1	19.1
	<b>Total</b>		1298	100.0	15.0	1203	100	13.7	1378	100	15.6	1081	100	1298	1,400	100.0

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS). <sup>b</sup>Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data. <sup>c</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A. <sup>d</sup>Non-Hispanic/LatinX.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 25. Newly Diagnosed HIV<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adolescents (13-24 years old) by Gender<sup>c</sup>, Race/Ethnicity, and Year of Diagnosis, 2017-2021**

Gender	Race/Ethnicity	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>Men</b>	American Indian/Alaska Native <sup>d</sup>	2	0.7	18.2	1	0.4	9.3	4	1.2	37.5	<i>1</i>	<i>0.4</i>	<i>9.5</i>	2	0.6	20.6
	Asian/Pacific Islander <sup>d</sup>	1	0.3	3.7	1	0.4	3.6	6	1.8	21.0	<i>1</i>	<i>0.4</i>	<i>3.4</i>	5	1.6	18.2
	Black/African American <sup>d</sup>	224	77.2	107.4	184	68.4	89.0	233	69.1	113.3	<i>167</i>	<i>67.9</i>	<i>81.5</i>	222	69.8	114.6
	Hispanic/LatinX	23	7.9	21.6	35	13.0	31.3	39	11.6	33.3	<i>27</i>	<i>11.0</i>	<i>22.1</i>	46	14.5	36.0
	White/Caucasian <sup>d</sup>	31	10.7	6.3	41	15.2	8.4	48	14.2	9.8	<i>40</i>	<i>16.3</i>	<i>8.2</i>	35	11.0	7.4
	Multiple Races <sup>d</sup>	10	3	39.5	7	2.2	26.5	10	2.6	36.4	<i>11</i>	<i>3.9</i>	<i>38.8</i>	8	2.5	26.5
	<b>Total</b>	290	100.0	34.4	269	100.0	31.8	337	100.0	39.6	<i>246</i>	<i>100.0</i>	<i>28.8</i>	318	100.0	36.9
<b>Women</b>	American Indian/Alaska Native <sup>d</sup>	0	0.0	0.0	1	2.6	9.4	1	3.0	9.5	<i>0</i>	<i>0.0</i>	<i>0.0</i>	0	0.0	0.0
	Asian/Pacific Islander <sup>d</sup>	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	<i>0</i>	<i>0.0</i>	<i>0.0</i>	0	0.0	0.0
	Black/African American <sup>d</sup>	22	75.9	10.7	28	71.8	13.7	15	45.5	7.4	<i>16</i>	<i>72.7</i>	<i>7.8</i>	11	45.8	5.7
	Hispanic/LatinX	1	3.4	1.0	1	2.6	1.0	3	9.1	2.8	<i>1</i>	<i>4.5</i>	<i>0.9</i>	7	29.2	5.9
	White/Caucasian <sup>d</sup>	6	20.7	1.3	8	20.5	1.7	12	36.4	2.6	<i>3</i>	<i>13.6</i>	<i>0.7</i>	6	25.0	1.4
	Multiple Races <sup>d</sup>	0	0	0	1	0.3	3.8	3	0.8	11.1	<i>2</i>	<i>0.7</i>	<i>7.2</i>	0	0.0	0
	<b>Total</b>	29	100.0	3.6	39	100.0	4.8	33	100.0	4.1	<i>22</i>	<i>100.0</i>	<i>2.7</i>	24	100.0	2.9
<b>Transgender Total</b>	11	100.0	---	9	100.0	---	12	100.0	---	<i>9</i>	<i>100.0</i>	---	14	100.0	---	
<b>Total</b>	<b>330</b>	<b>100.0</b>	<b>20.1</b>	<b>317</b>	<b>100.0</b>	<b>19.2</b>	<b>382</b>	<b>100.0</b>	<b>23.0</b>	<b><i>277</i></b>	<b><i>100.0</i></b>	<b><i>16.6</i></b>	<b>356</b>	<b>100.0</b>	<b>21.2</b>	

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data.

<sup>c</sup>People that self-identify as transgender (either male to female or female to male) through self-report. Due to historical and current stigma, this is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, see [Appendix A](#). Data for transgender adolescents are not included in this table due to small numbers within each race/ethnicity category,

<sup>d</sup>Non-Hispanic/LatinX.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 26. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adults and Adolescents in North Carolina by Binary Gender<sup>c</sup>, 2017-2021**

Gender	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Male	Heterosexual	130	12.4	3.2 <sup>b</sup>	125	13.0	3.1 <sup>b</sup>	130	11.4	3.1 <sup>b</sup>	<i>93</i>	<i>10.4</i>	<i>2.2<sup>b</sup></i>	126	10.9	3.0 <sup>b</sup>
	IDU <sup>e</sup>	16	1.5	--	20	2.1	--	28	2.5	--	<i>19</i>	<i>2.1</i>	--	26	2.3	--
	MSM <sup>d</sup>	700	67.0	579.6 <sup>b</sup>	682	70.7	557.6 <sup>b</sup>	792	69.7	639.4 <sup>b</sup>	<i>618</i>	<i>69.1</i>	<i>498.5<sup>b</sup></i>	800	69.4	636.44 <sup>b</sup>
	MSM/IDU <sup>d</sup>	27	2.6	--	30	3.1	--	36	3.2	--	<i>34</i>	<i>3.8</i>	--	48	4.2	--
	Other Risks <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
	Unknown	172	16.5	--	107	11.1	--	151	13.3	--	<i>131</i>	<i>14.6</i>	--	152	13.2	--
<b>Total</b>		<b>1,045</b>	<b>100.0</b>	<b>25.1</b>	<b>964</b>	<b>100.0</b>	<b>22.9</b>	<b>1,137</b>	<b>100.0</b>	<b>26.6</b>	<b>895</b>	<b>100.0</b>	<b>20.9</b>	<b>1,152</b>	<b>100.0</b>	<b>26.6</b>
Female	Heterosexual	121	47.8	2.7 <sup>b</sup>	127	53.1	2.8 <sup>b</sup>	123	51.0	2.7 <sup>b</sup>	<i>95</i>	<i>51.1</i>	<i>2.1<sup>b</sup></i>	133	53.6	2.9 <sup>b</sup>
	IDU <sup>d</sup>	14	5.5	--	18	7.5	--	17	7.1	--	<i>17</i>	<i>9.1</i>	--	11	4.4	--
	Other Risks <sup>f</sup>	0	0.0	--	1	0.4	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
	Unknown	118	46.6	--	93	38.9	--	101	41.9	--	<i>74</i>	<i>39.8</i>	--	104	41.9	--
<b>Total</b>		<b>253</b>	<b>100.0</b>	<b>5.7</b>	<b>239</b>	<b>100.0</b>	<b>5.3</b>	<b>241</b>	<b>100.0</b>	<b>5.3</b>	<b>186</b>	<b>100.0</b>	<b>4.1</b>	<b>248</b>	<b>100.0</b>	<b>5.4</b>
Total	Heterosexual	251	20.8	2.9 <sup>b</sup>	252	20.9	2.9 <sup>b</sup>	253	18.4	2.9 <sup>b</sup>	<i>188</i>	<i>17.4</i>	<i>2.2<sup>b</sup></i>	259	18.5	2.9 <sup>b</sup>
	IDU <sup>d</sup>	30	2.4	--	38	2.3	--	45	3.0	--	<i>36</i>	<i>3.2</i>	--	37	2.6	--
	MSM <sup>d</sup>	700	57.9	579.6 <sup>b</sup>	682	53.8	557.6 <sup>b</sup>	792	56.5	639.4 <sup>b</sup>	<i>618</i>	<i>57.2</i>	<i>498.5<sup>b</sup></i>	800	57.1	636.4 <sup>b</sup>
	MSM/IDU <sup>d</sup>	27	2.6	--	30	2.0	--	36	2.6	--	<i>34</i>	<i>2.6</i>	--	48	3.4	--
	Other Risks <sup>e</sup>	0	0.1	--	1	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
	Unknown	290	16.2	--	200	22.3	--	252	16.9	--	<i>205</i>	<i>18.6</i>	--	256	18.3	--
<b>Total</b>		<b>1,298</b>	<b>100.0</b>	<b>15.0</b>	<b>1,203</b>	<b>100.0</b>	<b>13.7</b>	<b>1,378</b>	<b>100.0</b>	<b>15.6</b>	<b>1,081</b>	<b>100.0</b>	<b>12.3</b>	<b>1,400</b>	<b>100.0</b>	<b>15.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Transgender people are classified for exposure category by their recorded binary gender (male or female). For more information, refer to [Appendix A](#).

<sup>d</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>e</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 27. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adults and Adolescents in North Carolina by Binary Gender<sup>c</sup>, Hierarchical Risk of Exposure (Unknown Risk<sup>d</sup> Redistributed), and Year of Diagnosis, 2017-2021**

Gender <sup>c</sup>	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>Male</b>	Heterosexual	156	14.9	3.8 <sup>b</sup>	141	14.6	3.4 <sup>b</sup>	150	13.2	3.6 <sup>b</sup>	<i>109</i>	<i>12.2</i>	<i>2.6<sup>b</sup></i>	145	12.6	3.4 <sup>b</sup>
	IDU <sup>e</sup>	19	1.8	--	22	2.3	--	32	2.8	--	22	2.5	--	30	2.6	--
	MSM <sup>e</sup>	838	80.2	693.3 <sup>b</sup>	767	79.6	627.2 <sup>b</sup>	913	80.3	737.3 <sup>b</sup>	<i>724</i>	<i>80.9</i>	<i>584.0<sup>b</sup></i>	922	80.0	733.2 <sup>b</sup>
	MSM/IDU <sup>e</sup>	32	3.1	--	34	3.5	--	42	3.7	--	40	4.5	--	55	4.8	--
	Other Risks <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>1,045</b>	<b>100.0</b>	<b>27.5</b>	<b>964</b>	<b>100.0</b>	<b>22.9</b>	<b>1,137</b>	<b>100.0</b>	<b>26.6</b>	<b>895</b>	<b>100.0</b>	<b>20.9</b>	<b>1,152</b>	<b>100.0</b>	<b>26.6</b>
<b>Female</b>	Heterosexual	227	89.6	5.1 <sup>b</sup>	208	87.0	4.6 <sup>b</sup>	212	87.9	4.6 <sup>b</sup>	<i>158</i>	<i>84.8</i>	<i>3.5<sup>b</sup></i>	229	92.4	5.0 <sup>b</sup>
	IDU <sup>e</sup>	26	10.4	--	29	12.3	--	29	12.1	--	28	15.2	--	19	7.6	--
	Other Risks <sup>f</sup>	0	0.0	--	2	0.7	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>253</b>	<b>100.0</b>	<b>5.7</b>	<b>239</b>	<b>100.0</b>	<b>5.3</b>	<b>241</b>	<b>100.0</b>	<b>5.3</b>	<b>186</b>	<b>100.0</b>	<b>4.1</b>	<b>248</b>	<b>100.0</b>	<b>5.4</b>
<b>Total</b>	Heterosexual	382	29.5	4.5 <sup>b</sup>	349	29.0	4.0 <sup>b</sup>	362	26.2	4.1 <sup>b</sup>	<i>267</i>	<i>24.7</i>	<i>3.1<sup>b</sup></i>	374	26.7	4.2 <sup>b</sup>
	IDU <sup>e</sup>	45	3.5	--	52	4.3	--	62	4.5	--	50	4.7	--	49	3.5	--
	MSM <sup>e</sup>	838	64.6	693.3 <sup>b</sup>	767	63.8	627.2 <sup>b</sup>	913	66.3	737.3 <sup>b</sup>	<i>724</i>	<i>67.0</i>	<i>584.0<sup>b</sup></i>	922	65.8	733.2 <sup>b</sup>
	MSM/IDU <sup>e</sup>	32	2.5	--	34	2.8	--	42	3.0	--	40	3.7	--	55	3.9	--
	Other Risks <sup>f</sup>	0	0.0	--	2	0.1	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>1,298</b>	<b>100.0</b>	<b>15.0</b>	<b>1,203</b>	<b>100.0</b>	<b>13.7</b>	<b>1,378</b>	<b>100.0</b>	<b>15.6</b>	<b>1,081</b>	<b>100.0</b>	<b>12.3</b>	<b>1,400</b>	<b>100.0</b>	<b>15.7</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

<sup>d</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See [Appendix A](#) for more information.

<sup>e</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>f</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 28. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adult and Adolescent Males<sup>c</sup> in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk<sup>d</sup> Redistributed), and Year of Diagnosis, 2017-2021**

Race/Ethnicity	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>American Indian/Alaska Native<sup>e</sup></b>	Heterosexual	2	33.3	3.7 <sup>b</sup>	0	0.0	--	1	9.1	2.6 <sup>b</sup>	<i>0</i>	<i>0.0</i>	<i>--</i>	3	25.0	7.2 <sup>b</sup>
	IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>		0.0	--
	MSM <sup>f</sup>	3	66.7	250.9 <sup>b</sup>	2	100.0	149.5 <sup>b</sup>	12	90.9	875.8 <sup>b</sup>	6	100.0	445.5 <sup>b</sup>	10	75.0	718.4 <sup>b</sup>
	MSM/IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
<b>Total</b>		<b>5</b>	<b>100.0</b>	<b>10.9</b>	<b>2</b>	<b>100.0</b>	<b>4.3</b>	<b>13</b>	<b>100.0</b>	<b>12.9</b>	<b>6</b>	<b>100.0</b>	<b>12.9</b>	<b>13</b>	<b>100.0</b>	<b>27.8</b>
<b>Asian/Pacific Islander<sup>e</sup></b>	Heterosexual	1	12.5	1.0 <sup>b</sup>	2	16.7	1.3 <sup>b</sup>	0	0.0	--	3	28.6	2.2 <sup>b</sup>	1	7.1	0.9 <sup>b</sup>
	IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
	MSM <sup>f</sup>	8	87.5	223.4 <sup>b</sup>	8	83.3	214.9 <sup>b</sup>	16	100.0	419.6 <sup>b</sup>	7	71.4	182.3 <sup>b</sup>	16	92.9	386.3 <sup>b</sup>
	MSM/IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
<b>Total</b>		<b>9</b>	<b>100.0</b>	<b>7.4</b>	<b>10</b>	<b>100.0</b>	<b>7.5</b>	<b>16</b>	<b>100.0</b>	<b>12.2</b>	<b>10</b>	<b>100.0</b>	<b>7.4</b>	<b>17</b>	<b>100.0</b>	<b>12.1</b>
<b>Black/African American<sup>e</sup></b>	Heterosexual	105	16.1	12.9 <sup>b</sup>	98	16.2	11.9 <sup>b</sup>	102	14.9	12.2 <sup>b</sup>	71	14.0	8.4 <sup>b</sup>	86	13.2	10.1 <sup>b</sup>
	IDU <sup>f</sup>	7	1.1	--	10	1.7	--	9	1.4	--	6	1.1	--	6	0.9	--
	MSM <sup>f</sup>	529	80.8	2,172.3 <sup>b</sup>	490	80.8	1,986.2 <sup>b</sup>	558	82.0	2,234.8 <sup>b</sup>	416	82.8	1,665.9 <sup>b</sup>	548	83.9	2,168.7 <sup>b</sup>
	MSM/IDU <sup>f</sup>	13	2.0	--	8	1.3	--	12	1.7	--	10	2.1	--	13	2.0	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
<b>Total</b>		<b>655</b>	<b>100.0</b>	<b>77.9</b>	<b>607</b>	<b>100.0</b>	<b>69.7</b>	<b>681</b>	<b>100.0</b>	<b>79.1</b>	<b>503</b>	<b>100.0</b>	<b>58.4</b>	<b>653</b>	<b>100.0</b>	<b>74.8</b>
<b>Hispanic/LatinX</b>	Heterosexual	15	14.1	4.2 <sup>b</sup>	14	12.9	4.0 <sup>b</sup>	16	11.0	4.2 <sup>b</sup>	14	10.8	3.7 <sup>b</sup>	22	11.8	5.6 <sup>b</sup>
	IDU <sup>f</sup>	1	1.2	--	0	0.0	--	3	2.1	--	1	0.9	--	2	1.0	--
	MSM <sup>f</sup>	87	84.7	848.8 <sup>b</sup>	93	83.2	871.7 <sup>b</sup>	123	84.2	1,106.2 <sup>b</sup>	109	83.8	960.4 <sup>b</sup>	157	84.0	1,314.1 <sup>b</sup>
	MSM/IDU <sup>f</sup>	0	0.0	--	4	4.0	--	4	2.7	--	6	4.5	--	6	3.2	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	<i>--</i>	0	0.0	--
<b>Total</b>		<b>103</b>	<b>100.0</b>	<b>9.9</b>	<b>112</b>	<b>100.0</b>	<b>30.7</b>	<b>146</b>	<b>100.0</b>	<b>38.3</b>	<b>130</b>	<b>100.0</b>	<b>33.2</b>	<b>187</b>	<b>100.0</b>	<b>45.7</b>

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Male or female (binary) gender recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

<sup>d</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See [Appendix A](#) for more information.

<sup>e</sup>Non-Hispanic/LatinX.

<sup>f</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>g</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 28 (Continued). Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adult and Adolescent Males<sup>c</sup> in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk<sup>d</sup> Redistributed), and Year of Diagnosis, 2017-2021**

Race/Ethnicity	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>White/Caucasian<sup>e</sup></b>	Heterosexual	29	12.2	1.1 <sup>b</sup>	24	10.8	0.9 <sup>b</sup>	28	11.2	1.0 <sup>b</sup>	<i>19</i>	<i>8.8</i>	<i>0.7<sup>b</sup></i>	30	11.6	1.1 <sup>b</sup>
	IDU <sup>f</sup>	11	4.6	--	12	5.4	--	19	7.6	--	<i>14</i>	<i>6.6</i>	--	19	7.3	--
	MSM <sup>f</sup>	177	75.0	222.4 <sup>b</sup>	165	74.4	206.2 <sup>b</sup>	182	71.7	224.67 <sup>b</sup>	<i>159</i>	<i>73.6</i>	<i>197.6<sup>b</sup></i>	175	67.7	215.4 <sup>b</sup>
	MSM/IDU <sup>f</sup>	19	8.2	--	21	9.4	--	24	9.4	--	<i>24</i>	<i>11.0</i>	--	34	13.4	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>236</b>	<b>100.0</b>	<b>8.6</b>	<b>223</b>	<b>100.0</b>	<b>7.9</b>	<b>253</b>	<b>100.0</b>	<b>9.1</b>	<b><i>216</i></b>	<b><i>100.0</i></b>	<b><i>7.8</i></b>	<b>258</b>	<b>100.0</b>	<b>9.2</b>
<b>Multiple Race</b>	Heterosexual	4	12.1	8.1 <sup>b</sup>	4	18.2	7.7 <sup>b</sup>	3	11.1	5.1 <sup>b</sup>	<i>2</i>	<i>8.0</i>	<i>3.8<sup>b</sup></i>	3	12.5	4.5 <sup>b</sup>
	IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>1</i>	<i>4.0</i>	--	2	8.3	--
	MSM <sup>f</sup>	33	87.9	1,964.6 <sup>b</sup>	20	81.8	1,159.5 <sup>b</sup>	24	85.2	1,305.9 <sup>b</sup>	<i>26</i>	<i>88.0</i>	<i>1,398.1<sup>b</sup></i>	18	75.0	895.4 <sup>b</sup>
	MSM/IDU <sup>f</sup>	0	0.	--	0	0.	--	1	3.7	--	<i>0</i>	<i>0.0</i>	--	1	4.2	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>37</b>	<b>100.0</b>	<b>64.8</b>	<b>24</b>	<b>100.0</b>	<b>41.7</b>	<b>28</b>	<b>100.0</b>	<b>44.5</b>	<b><i>30</i></b>	<b><i>100.0</i></b>	<b><i>46.1</i></b>	<b>24</b>	<b>100.0</b>	<b>34.6</b>
<b>Total</b>		<b>1,045</b>	<b>100.0</b>	<b>25.1</b>	<b>964</b>	<b>100.0</b>	<b>22.9</b>	<b>1,137</b>	<b>100.0</b>	<b>26.6</b>	<b><i>895</i></b>	<b><i>100.0</i></b>	<b><i>20.9</i></b>	<b>1,152</b>	<b>100.0</b>	<b>26.6</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A: Technical Notes](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Male (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

<sup>d</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See [Appendix A](#) for more information.

<sup>e</sup>Non-Hispanic/LatinX.

<sup>f</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>g</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).



**Table 29. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adult and Adolescent Females<sup>c</sup> in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk<sup>d</sup> Redistributed), and Year of Diagnosis, 2017-2021**

Race/Ethnicity	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>American Indian/Alaska Native<sup>e</sup></b>	Heterosexual	--	--	--	4	100.0	7.5 <sup>b</sup>	4	100.0	7.4 <sup>b</sup>	--	--	--	--	--	--
	IDU <sup>f</sup>	--	--	--	0	0.0	--	0	0.0	--	--	--	--	--	--	--
	Other Risks <sup>g</sup>	--	--	--	0	0.0	--	0	0.0	--	--	--	--	--	--	--
<b>Total</b>		<b>1<sup>h</sup></b>	<b>100.0</b>	<b>1.9</b>	<b>4</b>	<b>100.0</b>	<b>7.5</b>	<b>4</b>	<b>100.0</b>	<b>7.4</b>	<b>1<sup>h</sup></b>	<b>100.0</b>	<b>1.8</b>	<b>1<sup>h</sup></b>	<b>100.0</b>	<b>2.0</b>
<b>Asian/Pacific Islander<sup>e</sup></b>	Heterosexual	3	100.0	2.3 <sup>b</sup>	1	100.0	0.7 <sup>b</sup>	3	100.0	2.0 <sup>b</sup>	2	100.0	1.3 <sup>b</sup>	1	50.0	0.7 <sup>b</sup>
	IDU <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	0.0	0	0.0	0.0	1	50.0	0.7
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
<b>Total</b>		<b>3</b>	<b>100.0</b>	<b>2.9</b>	<b>1</b>	<b>100.0</b>	<b>0.7</b>	<b>3</b>	<b>100.0</b>	<b>2.0</b>	<b>2</b>	<b>100.0</b>	<b>1.3</b>	<b>2</b>	<b>100.0</b>	<b>1.3</b>
<b>Black/African American<sup>e</sup></b>	Heterosexual	173	96.5	17.3 <sup>b</sup>	150	95.7	15.0 <sup>-b</sup>	158	95.7	15.6	111	92.4	11.1 <sup>b</sup>	167	100.0	16.4 <sup>b</sup>
	IDU <sup>f</sup>	6	3.6	--	5	3.2	--	7	4.2	--	9	7.5	--	0	0.0	--
	Other Risks <sup>g</sup>	0	0.0	--	2	1.3	--	0	0.0	--	0	0.0	--	0	0.0	--
<b>Total</b>		<b>178</b>	<b>100.0</b>	<b>17.4</b>	<b>157</b>	<b>100.0</b>	<b>15.4</b>	<b>165</b>	<b>100.0</b>	<b>16.6</b>	<b>121</b>	<b>100.0</b>	<b>11.5</b>	<b>167</b>	<b>100.0</b>	<b>16.4</b>
<b>Hispanic/LatinX</b>	Heterosexual	15	85.7	4.8 <sup>b</sup>	15	100.0	4.4 <sup>b</sup>	15	100.0	4.2 <sup>b</sup>	14	86.7	4.0 <sup>b</sup>	29	100.0	7.6 <sup>b</sup>
	IDU <sup>f</sup>	3	14.3	--	0	0.0	--	0	0.0	--	2	13.3	--	0	0.0	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--
<b>Total</b>		<b>18</b>	<b>100.0</b>	<b>6.8</b>	<b>15</b>	<b>100.0</b>	<b>4.4</b>	<b>15</b>	<b>100.0</b>	<b>4.2</b>	<b>16</b>	<b>100.0</b>	<b>4.1</b>	<b>29</b>	<b>100.0</b>	<b>7.6</b>
<b>White/Caucasian<sup>e</sup></b>	Heterosexual	35	73.7	1.6 <sup>b</sup>	38	71.1	1.3 <sup>b</sup>	26	56.7	0.9 <sup>b</sup>	24	59.3	0.8 <sup>b</sup>	34	74.3	1.1 <sup>b</sup>
	IDU <sup>f</sup>	13	26.3	--	15	28.9	--	20	43.3	--	16	40.7	--	12	25.7	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--
<b>Total</b>		<b>48</b>	<b>100.0</b>	<b>1.2</b>	<b>53</b>	<b>100.0</b>	<b>1.8</b>	<b>46</b>	<b>100.0</b>	<b>1.5</b>	<b>40</b>	<b>100.0</b>	<b>1.3</b>	<b>45</b>	<b>100.0</b>	<b>1.7</b>
<b>Multiple Race</b>	Heterosexual	5	100.0	8.0 <sup>b</sup>	3	33.3	4.3 <sup>b</sup>	8	100.0	10.2 <sup>b</sup>	7	100.0	9.5 <sup>b</sup>	1	100.0	1.7
	IDU <sup>f</sup>	0	0.0	--	6	67.7	--	0	0.0	--	0	0.0	--	0	0.0	--
	Other Risks <sup>g</sup>	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--
<b>Total</b>		<b>5</b>	<b>100.0</b>	<b>8.0</b>	<b>9</b>	<b>100.0</b>	<b>11.9</b>	<b>8</b>	<b>100.0</b>	<b>10.2</b>	<b>7</b>	<b>100.0</b>	<b>9.5</b>	<b>1</b>	<b>100.0</b>	<b>1.7</b>
<b>Total</b>		<b>253</b>	<b>100.0</b>	<b>5.7</b>	<b>239</b>	<b>100.0</b>	<b>5.3</b>	<b>241</b>	<b>100.0</b>	<b>5.3</b>	<b>186</b>	<b>100.0</b>	<b>4.1</b>	<b>248</b>	<b>100.0</b>	<b>5.4</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data are italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS). / <sup>b</sup>Rates are estimations based on both the adult/adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A: Technical Notes](#) for more information. Rates are expressed per 100,000 population. / <sup>c</sup>Female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender. / <sup>d</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See [Appendix A](#) for more information. / <sup>e</sup>Non-Hispanic/LatinX. / <sup>f</sup>IDU = injection drug use. / <sup>g</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure. / <sup>h</sup>Only case in this race/ethnicity category had "Unknown Risk" and could not be redistributed.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers. / Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 30. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adolescents (13-24 years old) in North Carolina by Binary Gender<sup>c</sup>, Hierarchical Risk of HIV Exposure, and Year of Diagnosis, 2017-2021**

Gender <sup>c</sup>	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Male	Heterosexual	24	8.1	2.9 <sup>b</sup>	10	3.6	1.2 <sup>b</sup>	22	6.3	2.7 <sup>b</sup>	9	3.5	1.1 <sup>b</sup>	16	4.8	1.9 <sup>b</sup>
	IDU <sup>d</sup>	0	0.0	--	0	0.0	--	1	0.3	--	2	0.8	--	1	0.3	--
	MSM <sup>d</sup>	248	83.2	1,014.0 <sup>b</sup>	244	88.4	994.8 <sup>b</sup>	300	85.7	1,215.6 <sup>b</sup>	225	87.9	913.4 <sup>b</sup>	282	85.5	1,129.8 <sup>b</sup>
	MSM/IDU <sup>d</sup>	2	0.7	--	6	2.2	--	9	2.6	--	6	2.3	--	10	2.8	--
	Other Risks <sup>e</sup>	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--
	Unknown <sup>f</sup>	24	8.1	--	16	5.8	--	18	5.1	--	14	5.5	--	21	5.9	--
<b>Total</b>		<b>298</b>	<b>100.0</b>	<b>35.3</b>	<b>276</b>	<b>100.0</b>	<b>32.6</b>	<b>350</b>	<b>100.0</b>	<b>41.1</b>	<b>256</b>	<b>100.0</b>	<b>30.1</b>	<b>330</b>	<b>100.0</b>	<b>38.3</b>
Female	Heterosexual	16	50.0	2.0 <sup>b</sup>	23	59.0	2.9 <sup>b</sup>	22	68.8	2.7	14	58.3	1.7 <sup>b</sup>	18	69.2	2.2 <sup>b</sup>
	IDU <sup>d</sup>	1	3.1	--	2	5.1	--	1	3.1	--	1	4.2	--	0	0.0	--
	Other Risks <sup>e</sup>	0	0.0	--	1	2.6	--	0	0.0	--	0	0.0	--	0	0.0	--
	Unknown <sup>f</sup>	15	46.3	--	13	33.3	--	9	28.1	--	9	37.5	--	8	30.8	--
<b>Total</b>		<b>32</b>	<b>100.0</b>	<b>4.0</b>	<b>39</b>	<b>100.0</b>	<b>4.8</b>	<b>32</b>	<b>100.0</b>	<b>4.0</b>	<b>24</b>	<b>100.0</b>	<b>3.0</b>	<b>26</b>	<b>100.0</b>	<b>3.2</b>
Total	Heterosexual	40	12.1	2.5 <sup>b</sup>	33	10.0	2.0 <sup>b</sup>	44	13.3	2.7 <sup>b</sup>	23	7.0	1.4 <sup>b</sup>	34	10.3	2.1 <sup>b</sup>
	IDU <sup>d</sup>	1	0.3	--	2	0.6	--	2	0.6	--	3	0.9	--	1	0.3	--
	MSM <sup>d</sup>	248	75.2	1,014.0 <sup>b</sup>	244	73.9	994.8 <sup>b</sup>	300	90.9	1,215.6 <sup>b</sup>	225	68.2	913.4 <sup>b</sup>	282	85.5	1,129.8 <sup>b</sup>
	MSM/IDU <sup>d</sup>	2	0.6	--	6	1.8	--	9	2.7	--	6	1.8	--	10	3.0	--
	Other Risks <sup>e</sup>	0	0.0	--	1	0.3	--	0	0.0	--	0	0.0	--	0	0.0	--
	Unknown <sup>f</sup>	39	11.8	--	29	8.8	--	27	8.2	--	23	7.0	--	29	8.8	--
<b>Total</b>		<b>330</b>	<b>100.0</b>	<b>20.1</b>	<b>315</b>	<b>100.0</b>	<b>19.1</b>	<b>382</b>	<b>100.0</b>	<b>23.0</b>	<b>280</b>	<b>100.0</b>	<b>16.9</b>	<b>356</b>	<b>100.0</b>	<b>21.2</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

<sup>d</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>e</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

<sup>f</sup>Unknown risk is defined as individuals classified as no identified risk (NIR) and no reported risk (NRR) individuals.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 31. Newly Diagnosed with HIV<sup>a</sup> Cases and Estimated Rates<sup>b</sup> among Adolescents (13-24 years old) in North Carolina by Binary Gender<sup>c</sup>, Hierarchical Risk of Exposure (Unknown Risk<sup>d</sup> Redistributed), and Year of Diagnosis, 2017-2021**

Gender <sup>c</sup>	Exposure Category	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Male	Heterosexual	26	9.0	3.2 <sup>b</sup>	11	3.8	1.3 <sup>b</sup>	23	6.4	2.7 <sup>b</sup>	<i>10</i>	<i>3.7</i>	<i>1.2<sup>b</sup></i>	17	5.2	2.0 <sup>b</sup>
	IDU <sup>e</sup>	0	0.0	--	0	0.0	--	1	0.3	--	<i>2</i>	<i>0.8</i>	--	1	0.3	--
	MSM <sup>e</sup>	270	90.5	1,102.8 <sup>b</sup>	259	93.9	1,056.0 <sup>b</sup>	316	90.6	1,280.9 <sup>b</sup>	<i>238</i>	<i>93.0</i>	<i>966.3<sup>b</sup></i>	301	91.3	1,206.6 <sup>b</sup>
	MSM/IDU <sup>e</sup>	2	0.7	--	6	2.3	--	9	2.7	--	<i>6</i>	<i>2.5</i>	--	11	3.2	--
	Other Risks <sup>f</sup>	0	0.0	--	0	0.0	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>298</b>	<b>100.0</b>	<b>35.3</b>	<b>276</b>	<b>100.0</b>	<b>32.6</b>	<b>350</b>	<b>100.0</b>	<b>41.3</b>	<b>256</b>	<b>100.0</b>	<b>30.1</b>	<b>330</b>	<b>100.0</b>	<b>38.3</b>
Female	Heterosexual	30	94.1	3.8 <sup>b</sup>	34	87.1	4.3 <sup>b</sup>	31	95.8	3.8 <sup>b</sup>	<i>22</i>	<i>93.3</i>	<i>2.8<sup>b</sup></i>	26	100.0	3.2 <sup>b</sup>
	IDU <sup>e</sup>	2	2.9	--	3	7.7	--	1	4.2	--	<i>2</i>	<i>6.7</i>	--	0	6.7	--
	Other Risks <sup>f</sup>	0	0.0	--	2	5.1	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>32</b>	<b>100.0</b>	<b>3.9</b>	<b>39</b>	<b>100.0</b>	<b>4.8</b>	<b>32</b>	<b>100.0</b>	<b>4.0</b>	<b>24</b>	<b>100.0</b>	<b>3.0</b>	<b>26</b>	<b>100.0</b>	<b>3.2</b>
Total	Heterosexual	56	17.0	3.5 <sup>b</sup>	45	14.2	2.8 <sup>b</sup>	54	14.1	3.3 <sup>b</sup>	<i>32</i>	<i>11.2</i>	<i>1.9<sup>b</sup></i>	43	12.7	2.5 <sup>b</sup>
	IDU <sup>e</sup>	2	0.5	--	3	0.8	--	2	0.6	--	<i>4</i>	<i>0.9</i>	--	1	0.3	--
	MSM <sup>e</sup>	270	69.3	1,102.8 <sup>b</sup>	259	67.1	1,056.0 <sup>b</sup>	316	81.3	1,280.9 <sup>b</sup>	<i>238</i>	<i>60.7</i>	<i>952.4<sup>b</sup></i>	301	85.5	1,129.8 <sup>b</sup>
	MSM/IDU <sup>e</sup>	2	0.6	--	6	1.6	--	10	2.5	--	<i>6</i>	<i>1.6</i>	--	11	3.0	--
	Other Risks <sup>f</sup>	0	0.0	--	2	0.4	--	0	0.0	--	<i>0</i>	<i>0.0</i>	--	0	0.0	--
<b>Total</b>		<b>330</b>	<b>100.0</b>	<b>20.1</b>	<b>315</b>	<b>100.0</b>	<b>19.1</b>	<b>382</b>	<b>100.0</b>	<b>23.1</b>	<b>280</b>	<b>100.0</b>	<b>16.9</b>	<b>356</b>	<b>100.0</b>	<b>21.2</b>

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

<sup>b</sup>Rates are estimations based on both the adolescent population (13 years and older) and data from [Grey et al. 2016](#). Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See [Appendix A](#) for more information. Rates are expressed per 100,000 population.

<sup>c</sup>Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

<sup>d</sup>Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See [Appendix A](#) for more information.

<sup>e</sup>IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

<sup>f</sup>Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022).

**Table 32. Newly Diagnosed Stage 3 (AIDS)<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults and Adolescents by Gender<sup>c</sup>, Age at Diagnosis, and Year of Diagnosis, 2017-2021**

Gender <sup>c</sup>	Age at Diagnosis (Year)	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Men	13-14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	15-19	5	0.9	1.4	6	1.2	1.7	1	0.2	0.3	4	0.8	1.1	8	1.6	2.2
	20-24	30	5.2	8.3	22	4.3	6.1	22	4.3	6.1	25	4.9	7.1	31	6.1	8.6
	25-29	65	11.2	18.1	58	11.4	15.8	66	12.8	17.8	56	11	15.8	45	8.8	12.8
	30-34	38	6.5	11.8	52	10.2	15.9	46	8.9	13.7	50	9.8	14.8	61	11.9	17.4
	35-39	43	7.4	13.5	39	7.7	12.1	42	8.1	13	47	9.2	14.4	50	9.8	15.1
	40-44	46	7.9	14.8	38	7.5	12.3	35	6.8	11.2	39	7.6	12.3	40	7.8	12.4
	45-49	49	8.4	14.4	29	5.7	8.5	36	7	10.7	43	8.4	12.9	31	6.1	9.7
	50-54	41	7	12.3	54	10.6	16.3	49	9.5	14.9	31	6.1	9.3	33	6.4	9.6
	55-59	35	6	10.6	30	5.9	9	38	7.4	11.3	42	8.2	12.3	35	6.8	10.3
	60-64	23	4	7.8	22	4.3	7.3	21	4.1	6.8	23	4.5	7.3	21	4.1	6.5
	65 and older	21	3.6	3	18	3.5	2.4	22	4.3	2.9	21	4.1	2.7	19	3.7	2.4
<b>Total</b>		396	68	9.5	368	72.4	8.7	378	73.3	8.9	381	74.6	8.9	374	73	8.6
Women	13-14	0	0	0	0	0	0	0	0	0	1	0.2	0.7	0	0	0
	15-19	2	0.3	0.6	2	0.4	0.6	0	0	0	0	0	0	0	0	0
	20-24	2	0.3	0.6	2	0.4	0.6	5	1	1.5	3	0.6	0.9	2	0.4	0.6
	25-29	13	2.2	3.6	8	1.6	2.2	5	1	1.4	6	1.2	1.7	12	2.3	3.4
	30-34	16	2.7	4.8	10	2	3	15	2.9	4.3	12	2.3	3.4	14	2.7	3.9
	35-39	28	4.8	8.4	14	2.8	4.1	20	3.9	5.9	17	3.3	5	21	4.1	6.1
	40-44	17	2.9	5.2	24	4.7	7.3	21	4.1	6.4	10	2	3	17	3.3	5
	45-49	28	4.8	7.9	21	4.1	5.9	19	3.7	5.4	14	2.7	4.1	14	2.7	4.2
	50-54	19	3.3	5.4	17	3.3	4.9	13	2.5	3.8	21	4.1	6.1	15	2.9	4.2
	55-59	24	4.1	6.7	13	2.6	3.6	16	3.1	4.4	8	1.6	2.2	11	2.1	3.1
	60-64	19	3.3	5.7	16	3.1	4.7	8	1.6	2.3	16	3.1	4.6	8	1.6	2.3
	65 and older	10	1.7	1.1	7	1.4	0.7	11	2.1	1.1	13	2.5	1.3	15	2.9	1.5
<b>Total</b>		178	30.6	4	134	26.4	3	133	25.8	2.9	121	23.7	2.7	129	25.2	2.8

Continued

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

<sup>b</sup>Rate is expressed per 100,000 population.

<sup>c</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 32 (Continued). Newly Diagnosed Stage 3 (AIDS)<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults and Adolescents by Gender, Age at Diagnosis, and Year of Diagnosis, 2017-2021**

Gender <sup>c</sup>	Age at Diagnosis (Year)	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
Transgender <sup>c</sup>	13-14	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	15-19	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	20-24	1	0.2	---	2	0.4	---	1	0.2	---	<i>2</i>	<i>0.4</i>	---	2	0.4	---
	25-29	3	0.5	---	1	0.2	---	0	0	---	<i>2</i>	<i>0.4</i>	---	0	0	---
	30-34	1	0.2	---	0	0	---	2	0.4	---	<i>3</i>	<i>0.6</i>	---	1	0.2	---
	35-39	3	0.5	---	2	0.4	---	0	0	---	<i>1</i>	<i>0.2</i>	---	2	0.4	---
	40-44	0	0	---	1	0.2	---	2	0.4	---	<i>1</i>	<i>0.2</i>	---	3	0.6	---
	45-49	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	50-54	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	1	0.2	---
	55-59	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	60-64	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	65 and older	0	0	---	0	0	---	0	0	---	<i>0</i>	<i>0</i>	---	0	0	---
	<b>Total</b>		8	1.4	---	6	1.2	---	5	1	---	<i>9</i>	<i>1.8</i>	---	9	1.8
<b>Total</b>	13-14	0	0	0	0	0	0	0	0	0	<i>1</i>	<i>0.2</i>	<i>0.4</i>	0	0	0
	15-19	7	1.2	1	8	1.6	1.2	1	0.2	0.1	<i>4</i>	<i>0.8</i>	<i>0.6</i>	8	1.6	1.1
	20-24	33	5.7	4.7	26	5.1	3.7	28	5.4	4	<i>30</i>	<i>5.9</i>	<i>4.4</i>	35	6.8	5
	25-29	81	13.9	11.3	67	13.2	9.2	71	13.8	9.7	<i>64</i>	<i>12.5</i>	<i>9.1</i>	57	11.1	8.1
	30-34	55	9.5	8.4	62	12.2	9.3	63	12.2	9.2	<i>65</i>	<i>12.7</i>	<i>9.4</i>	76	14.8	10.7
	35-39	74	12.7	11.4	55	10.8	8.4	62	12	9.4	<i>65</i>	<i>12.7</i>	<i>9.8</i>	73	14.3	10.9
	40-44	63	10.8	9.9	63	12.4	9.9	58	11.2	9	<i>50</i>	<i>9.8</i>	<i>7.7</i>	60	11.7	9.1
	45-49	77	13.2	11	50	9.8	7.2	55	10.7	8	<i>57</i>	<i>11.2</i>	<i>8.4</i>	45	8.8	6.9
	50-54	60	10.3	8.7	71	14	10.4	62	12	9.2	<i>52</i>	<i>10.2</i>	<i>7.7</i>	49	9.6	7
	55-59	59	10.1	8.6	43	8.5	6.2	54	10.5	7.7	<i>50</i>	<i>9.8</i>	<i>7.1</i>	46	9	6.6
	60-64	42	7.2	6.6	38	7.5	5.9	29	5.6	4.4	<i>39</i>	<i>7.6</i>	<i>5.9</i>	29	5.7	4.3
	65 and older	31	5.3	1.9	25	4.9	1.5	33	6.4	1.9	<i>34</i>	<i>6.7</i>	<i>2</i>	34	6.6	1.9
	<b>Total</b>		582	100	6.7	508	100	5.8	516	100	5.8	<i>511</i>	<i>100</i>	<i>5.8</i>	582	100

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

<sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina. <sup>c</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

**Table 33. Newly Diagnosed Stage 3 (AIDS)<sup>a</sup> Annual Rates<sup>b</sup> in North Carolina among Adults/Adolescents by Gender<sup>c</sup>, Race/Ethnicity, and Year of Diagnosis, 2017-2021**

Gender <sup>d</sup>	Race/Ethnicity	2017			2018			2019			2020*			2021		
		Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>	Cases	%	Rate <sup>b</sup>
<b>Men</b>	American Indian/Alaska Native <sup>c</sup>	1	0.2	2.2	1	0.2	2.2	3	0.6	6.4	1	0.2	2.2	5	1	10.7
	Asian/Pacific Islander <sup>c</sup>	2	0.3	1.6	5	1	4	0	0	0	2	0.4	1.5	4	0.8	2.8
	Black/African American <sup>c</sup>	240	41.2	28.6	239	47	28.1	237	45.9	27.5	207	40.5	24	205	40	23.5
	Hispanic/LatinX	32	5.5	9	32	6.3	8.7	38	7.4	10	56	11	14.3	49	9.6	12
	White/Caucasian <sup>c</sup>	101	17.4	3.7	78	15.4	2.8	89	17.2	3.2	103	20.2	3.7	96	18.8	3.4
	Multiple Races <sup>c</sup>	20	3.4	35	13	2.6	21.7	11	2.1	17.5	12	2.3	18.4	15	2.9	21.6
<b>Total</b>		396	68	9.5	368	72.4	8.7	378	73.3	8.9	381	74.6	8.9	374	73	8.6
<b>Women</b>	American Indian/Alaska Native <sup>c</sup>	1	0.2	2	0	0	0	1	0.2	2	2	0.4	4	1	0.2	2
	Asian/Pacific Islander <sup>c</sup>	0	0	0	0	0	0	1	0.2	0.7	1	0.2	0.7	0	0	0
	Black/African American <sup>c</sup>	131	22.5	13.3	95	18.7	9.5	102	19.8	10.1	80	15.7	8	92	18	9.1
	Hispanic/LatinX	6	1	1.8	7	1.4	2.1	9	1.7	2.5	8	1.6	2.2	11	2.1	2.9
	White/Caucasian <sup>c</sup>	32	5.5	1.1	21	4.1	0.7	16	3.1	0.5	20	3.9	0.7	20	3.9	0.7
	Multiple Races <sup>c</sup>	8	1.4	12.5	11	2.2	16.4	4	0.8	5.7	10	2	13.8	5	1	6.5
<b>Total</b>		178	30.6	4	134	26.4	3	133	25.8	2.9	121	23.7	2.7	129	25.2	2.8
<b>Transgender<sup>b,d</sup></b>	American Indian/Alaska Native <sup>c</sup>	0	0	---	0	0	---	0	0	---	1	0.2	---	0	0	---
	Asian/Pacific Islander <sup>c</sup>	1	0.2	---	0	0	---	0	0	---	0	0	---	0	0	---
	Black/African American <sup>c</sup>	5	0.9	---	3	0.6	---	4	0.8	---	6	1.2	---	7	1.4	---
	Hispanic/LatinX	1	0.2	---	1	0.2	---	1	0.2	---	2	0.4	---	1	0.2	---
	White/Caucasian <sup>c</sup>	1	0.2	---	0	0	---	0	0	---	0	0	---	0	0	---
	Multiple Races <sup>c</sup>	0	0	---	2	0.4	---	0	0	---	0	0	---	1	0.2	---
<b>Total</b>		8	1.4	---	6	1.2	---	5	1	---	9	1.8	---	9	1.8	---
<b>Total</b>	American Indian/Alaska Native <sup>c</sup>	2	0.3	2.1	1	0.2	1	4	0.8	4.1	4	0.8	4.1	6	1.2	6.1
	Asian/Pacific Islander <sup>c</sup>	3	0.5	1.2	5	1	1.9	1	0.2	0.4	3	0.6	1.1	4	0.8	1.4
	Black/African American <sup>c</sup>	376	64.6	20.6	337	66.3	18.2	343	66.5	18.3	293	57.3	15.7	304	59.4	16.1
	Hispanic/LatinX	39	6.7	5.7	40	7.9	5.6	48	9.3	6.5	66	12.9	8.8	61	11.9	7.7
	White/Caucasian <sup>c</sup>	134	23	2.4	99	19.5	1.7	105	20.3	1.8	123	24.1	2.2	116	22.7	2
	Multiple Races <sup>c</sup>	28	4.8	23.1	26	5.1	20.4	15	2.9	11.3	22	4.3	16	21	4.1	14.4
<b>Total</b>		582	100	6.7	508	100	5.8	516	100	5.8	511	100	5.8	512	100	5.7

\*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason. <sup>a</sup>Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina. <sup>b</sup>Rate is expressed per 100,000 population. Rate is not available for some populations due to the lack of population data. <sup>c</sup>Non-Hispanic/LatinX. <sup>d</sup>Transgender status is based on self-report. Due to historical and current stigma, the total number of transgender people is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, refer [Appendix A](#). Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2022).

## APPENDIX A: Technical Notes

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### About the Authors

North Carolina law requires that diagnoses of certain communicable diseases, including STIs, be reported to local health departments that in turn report the information to the state. The HIV/STD/Hepatitis Surveillance Unit is the designated recipient for STI and viral hepatitis B (HBV) and hepatitis C (HCV) morbidity reports at the state level. From these reports, the HIV/STD/Hepatitis Surveillance Unit is responsible for aggregating these reports and providing county, regional, and statewide information about STIs and viral HBV and HCV to others, including the CDC. The HIV/STD/Hepatitis Surveillance Unit is part of the Communicable Disease Branch within the North Carolina Division of Public Health.

### About the Content of This Report

This document, the *2021 North Carolina HIV Surveillance Report*, includes summary tables of surveillance reports and other information for all stages of HIV. In some instances, total numbers of reports may not agree between separate cross-tabulations due to missing values for some variables.

Some HIV infection (including Stage 3 [AIDS]) statistics are provided for the regional networks of care and prevention (RNCP), including the Charlotte transitional grant area (TGA), as displayed on the back cover. The 95 counties supported by the Ryan White Part B base program are grouped into 10 RNCP, while the remaining five counties make up the Charlotte TGA.

Rates are presented by race/ethnicity, age group, and gender for each disease. For the combined race/ethnicity category, we classified all cases with reported Hispanic ethnicity as Hispanic/LatinX, regardless of their race. Cases with non-Hispanic or unknown ethnicity were classified according to their reported race. Cases with a reported race of “other” were included in the unknown race category. Rates are also presented for counties across the state and are expressed as cases per 100,000 population. Beginning this year, rate denominators were estimated using the Census demographic population estimates for 2017-2021 from the Census Bureau's Population Estimates Program (PEP). More information about Census Population and Housing Estimates is available at the website <https://www.census.gov/programs-surveys/popest/data/special-tab/content.html>. Use of these population denominators enabled calculation of rates for the multiple race category.

Rates that are based on a small number of cases (generally fewer than 10) should be viewed with caution and are considered unreliable because these rates have large standard errors and can vary widely with small changes in case numbers. Data is suppressed in this document according to the North Carolina Division of Public Health Communicable Disease Branch data release guidelines, which were updated in March 2018. These data are suppressed for table cells with a population denominator less than 500.

## HIV Surveillance Data

### HIV Case Definition

In 2014, the CDC revised the existing surveillance case definitions for HIV. There are four stages of HIV infection (0, 1, 2, and 3). A person's age is no longer part of the stage of infection criteria.<sup>15</sup> HIV case reports represent people who have a confirmed diagnosis of HIV, regardless of the stage of infection. Stage 3 represents the traditional definition of AIDS. HIV infection is categorized as Stage 3 (AIDS) when the patient develops a CD4+ T-lymphocyte cell count (CD4) of less than 200 or an AIDS-defining condition (opportunistic infection), or a CD4 percentage of less than 14 if a CD4 cell count is not available.<sup>15</sup> In this document, the use of the term AIDS refers to Stage 3. AIDS remains the classification of the case for surveillance purposes, even if the CD4 cell count increases or opportunistic infection is resolved.

HIV cases are counted by the initial date of diagnosis of the HIV infection, whereas AIDS cases are counted by the date of diagnosis for the initial AIDS diagnosis. Most AIDS case reports represent people who were diagnosed with HIV infection in earlier years. However, in North Carolina, about one-fourth to one-third of new HIV diagnoses are in people who are initially diagnosed with HIV infection and AIDS at, or very near, the same time. **The two categories should never be combined to estimate an infected population, as the broad category of HIV infection includes AIDS cases, except when HIV (non-AIDS) is indicated.**

All HIV and AIDS totals and rates discussed in this report are restricted to adults and adolescents (at least 13 years of age) for comparability across states and with national data reported by the CDC. Before the 2016 surveillance report, the county-level tables included people who were under 13 years of age.

### Most Recently Known County of Residence

In previous versions of this report, the total number of people diagnosed and living in North Carolina with HIV were counted by the person's county of residence at diagnosis. Starting with the 2015 report, the HIV/STD/Hepatitis Surveillance Unit began to present a new geographic category called the "most recently known county of residence." This new category is based on the most recently known current address in the enhanced HIV/AIDS Reporting System (eHARS), which is the mechanism by which de-identified data is reported to the CDC. People whose most recently known state of residence is North Carolina are identified in this new category. Therefore, these tables include people diagnosed with HIV both in and outside North Carolina, but most recently known to be living here. People classified in the

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<sup>15</sup> Selik, R.M., Mokotoff, E.D., Branson, B., Owen, S.M., Whitmore, S., & Hall, H.I. Revised Surveillance Case Definition for HIV Infection-United States, 2014. *MMWR* 2014; 63(RR-3): pages 1-3.



“unassigned” category have a most recent address in a long-term care facility, including prisons. This category gives us a better way to examine the current burden for each county in North Carolina and will be used throughout the document (see Tables 1, 8 to 19, and 23). Data is no longer presented based on a person’s county of residence at diagnosis in the context of people diagnosed and living in North Carolina.

### **Gender and Binary Gender**

Data are presented based on gender (male, female, or transgender) and on binary gender (male or female) recorded for all people diagnosed and living with HIV at the time of diagnosis. This information is gathered from the following data systems: the enhanced HIV/AIDS Reporting System (eHARS), North Carolina Electronic Disease Surveillance System (NC EDSS), CAREWare (Ryan White Part B data), and HIV Medication Assistance Program (HMAP). All people living with HIV, including people that self-identify as transgender, have a binary gender (male or female) recorded. At this time, we can only assign a hierarchical transmission risk based on binary gender. Therefore, for tables that display exposure category, transgender people are included and classified according to their binary gender (either male or female). We are planning to report this using all genders in the next annual report. Due to historical and current stigma, the numbers of transgender people living with HIV in North Carolina presented in this report are likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system.

### **Estimation of Heterosexual and MSM Rates**

In previous versions of this report, rates for the exposure categories for HIV were not calculated due to the lack of population data for specific exposure groups. In 2016, Grey et al. published a paper called *“Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey.”*<sup>15</sup> They used data from the American Community Survey (ACS) 5-year summary file, from 2009 to 2013 to obtain the number of households of a male householder and male partner, and the total number of men aged 18 years and older for each county in the U.S. Grey et al. estimated that in North Carolina, an estimated 2.9% of the male population were men who report sex with men (MSM).

Estimated MSM rates were calculated using 2.9% of the male population in the state (older than 13 years of age). The estimated male heterosexual population was calculated by subtracting the overall male population, over the age of 13, by the estimated MSM population and used to calculate the estimated male heterosexual rate. The estimated female heterosexual rate was calculated using the overall female population over the age of 13 in the state. Rates for the other exposure groups (IDU, MSM/IDU, and other risks) were not calculated due to the lack of population data.

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<sup>15</sup>Grey et al. (2016). Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey. *JMIR Public Health Surveil.* 2016; 2(1): e14. doi:10.2196/publichealth.5365.

## **HIV Hierarchical “Risk of Exposure” Categories and Distribution**

For Tables 28 through 30 and Table 32, we have assigned a risk to cases with an unknown risk of exposure based on the distribution of the known risk data. Up to one-third of reported cases may be missing risk information; therefore, reassigning these cases to a risk group allows for a more complete picture of trends over time. Risk redistribution is only done for data at the state level.

The assignment of HIV exposure risk category (also referred to as mode of transmission by the CDC) to individual cases is hierarchical. The CDC has developed this hierarchy based on information about the epidemic during early investigations.<sup>16</sup> All possible exposure information is collected for each case and the exposure considered most likely to have transmitted HIV is assigned as the risk category for the case. This assignment does not mean that the HIV exposure is known to have occurred via the risk category assigned for a single case, but it implies that this was the most likely mode of exposure.

### **Hierarchical Categories**

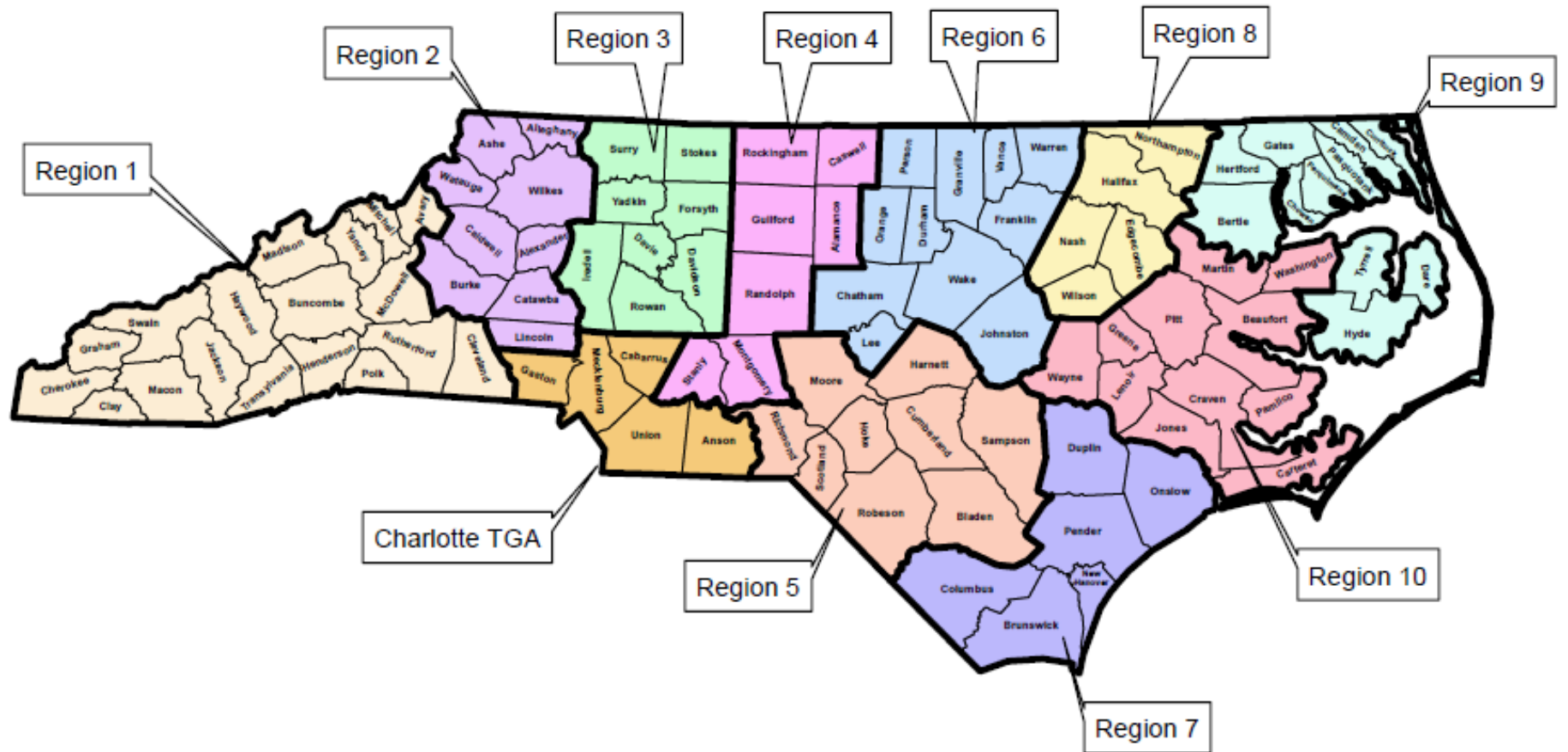
- Male-to-male sexual contact: men who have had sexual contact with men (i.e., homosexual contact) and men who have had sexual contact with both men and women (i.e., bisexual contact)
- Injection drug use (IDU): people who have injected non-prescription drugs
- Male-to-male sexual contact and injection drug use (male-to-male sexual contact and IDU): men who have had sexual contact with other men and injected non-prescription drugs
- Heterosexual contact: people who have ever had heterosexual contact with a person known to have, or to be at high risk for, HIV infection
- Perinatal: people infected through perinatal transmission but aged 13 years and older at time of diagnosis of HIV infection. Prevalence data and tables of death data includes persons infected through perinatal transmission but aged 13 years and older during the specified year or at death.
- Other: all other transmission categories (e.g., blood transfusion, hemophilia, risk factor not reported or not identified).

For example, if 20-in-100 male HIV cases do not have risk information (classified as “unknown risk”), proportions are calculated for the remaining HIV infection cases and the proportions are applied to those with unknown risk. Of the 80 male cases with risk, 60.0% (48/80) were MSM, 5.0% (4/80) were IDU, 2.5% (2/80) were MSM/IDU, and 32.5% (26/80) were heterosexual contact. These fractions are then applied to the 20 NIR cases. For example, MSM:  $(20) \times (.60) = 12$ ; thus 12 of the 20 NIR cases are reassigned to MSM, after the redistribution calculation. For heterosexual contact,  $(20) \times (.325) = 6.5$  or 7 (rounded). Therefore, 7-of-20 NIR cases are assigned to heterosexual contact, after the redistribution calculation. Actual reassignment accounts for the differences of racial/ethnic, age and gender distributions for each risk group.

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<sup>16</sup>Centers for Disease Control and Prevention (CDC)). <https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html>, website accessed 10/21/2022. .

# North Carolina Regional Networks of Care and Prevention Map



Prepared by HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch, Division of Public Health (August 2015).