North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2022, No. 1

HIV/STD Surveillance Unit

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ANNOUNCEMENTS:

Readers should consider the data in this report to be *preliminary*. These data represent reports for short time periods and changes noted from quarter to quarter may not be meaningful. *For the first quarter of 2022, Gonorrhea cases are approximately 18% underestimated;* Some cases listed in this report are considered presumptive; their status may change as case investigation continues.

If you have questions or comments, please contact us at the address or phone number above.

About the authors

North Carolina law requires that diagnoses of certain communicable diseases, including sexually transmitted diseases (STDs), be reported to local health departments that in turn report the information to the state. The HIV/STD Surveillance Unit (HSSU) is the designated recipient for STD morbidity reports at the state level and is responsible for aggregating reports and providing statewide information about these diseases to others, including the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The HSSU is part of the Communicable Disease Branch within the North Carolina Division of Public Health.

About the contents of this report

The *North Carolina HIV/STD Surveillance Report: Vol. 2022, No. 1* presents statistics and trends of sexually transmitted diseases (including HIV and AIDS) in North Carolina from January 1 through March 31, 2022. All reports are presented by the **date of diagnosis**. This report is intended as a reference document for local health departments, program managers, health planners, researchers and others who are concerned with the public health implications of these diseases. **The information in this quarterly report is meant to be brief and provide limited data on these diseases throughout the year. More detailed and complete information will continue to be available in annual publications.** This report and our annual publications are available on our website (https://epi.dph.ncdhhs.gov/cd/stds/figures.html). The CDC maintains data about these diseases for the United States; national information is available from its website (http://www.cdc.gov/hiv/library/reports/surveillance/).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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North Carolina Public Health

HIV Infection Surveillance Data

Human immunodeficiency virus (HIV) infection case reports represents all new diagnoses with HIV in North Carolina regardless of the stage of the disease (including acquired immunodeficiency syndrome [AIDS]). Most persons are reported with only an HIV infection, but some persons are reported with a concurrent diagnosis of AIDS (an AIDS diagnosis within six months of the initial HIV infection diagnosis). In North Carolina, about one-quarter of the new HIV infection reports represent persons who are diagnosed with HIV infection and AIDS at the same time. ***AIDS case reports***, by contrast, represent only persons with HIV infection who have progressed to this later, more life threatening, stage of disease. For these reasons, HIV infection reports and AIDS case reports should be considered separately. The two categories should never be combined to estimate an infected population, as the broad group of HIV disease includes AIDS cases, and combining the two categories would therefore double-count the AIDS cases. ***HIV infection and AIDS cases are both presented by date of diagnosis in this publication.*** This gives a preliminary look at HIV infection surveillance for 2022. Also, HIV and AIDS cases diagnosed from long-term care institutions, such as prisons, are not included in county totals, but are listed under “Unassigned” county.

Chlamydia Surveillance Data

Chlamydia case reports represent persons who have a laboratory-confirmed chlamydial infection. It is important to note that chlamydial infection is often asymptomatic in both males and females, and most cases are detected through screening. The disease can cause serious complications in females (such as infertility), and a number of screening programs are in place to detect infection in young women. There are no comparable screening programs for young men. For this reason, chlamydia case reports are always highly biased with respect to gender. Changes in the number of reported cases may be due to changes in screening practices. Increases in morbidity totals since 2008 are likely to be the result of enhancements in laboratory reporting. Chlamydia infections are presented by **date of diagnosis** in this publication.

Gonorrhea Surveillance Data

Gonorrhea case reports represent persons who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. Others are detected through screening, but to a far lesser degree than chlamydia cases. Gonorrhea can cause serious complications for females (such as infertility),, and a number of screening programs exist targeting this population. There is less screening of males but since they are more likely to have symptoms that would bring them to the STD clinic, gender bias in gonorrhea reporting is not likely to be large. Public clinics and health departments may do a better job of conducting such screening programs and reporting cases, causing the reported cases to be biased toward those attending public clinics. Gonorrhea infections are presented by **date of diagnosis** in this publication.

Syphilis Surveillance Data

Syphilis cases are reported by stage of infection, which is determined through a combination of laboratory testing and patient interviews. Primary and secondary syphilis have very specific symptoms associated with them, so misclassification of these stages is highly unlikely. Early latent syphilis is asymptomatic but can be staged with confirmation that the person has been infected for less than a year. Together these three stages that occur within the first year of infection are called “early syphilis.” This report includes only early syphilis cases, though other later stages are reported to HSSU. Because North Carolina performs patient interviews, partner notification, and contact tracing on all early syphilis cases, the quality of the early latent case data is also quite good. Screening programs are more likely to detect asymptomatic cases, which may introduce some bias in the early latent case reports toward screened populations (pregnant women, jail inmates, others). But, thorough contact tracing further aids in case detection and reduces these biases. Syphilis infections are presented by **date of diagnosis** in this publication.

For more information

The data descriptions provided on this page are succinct. For a more detailed discussion of the content, strengths, and weaknesses of STD and HIV surveillance data, please see Appendix B in the *Epidemiologic Profile for HIV/STD Prevention & Care Planning, December 2013*. This report can be found on our website https://epi.dph.ncdhhs.gov/cd/stds/figures.html.

Table 1. North Carolina Newly Diagnosed Chlamydia Infections by Gender and Age, 2022

Gender	Age Group	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	Unknown	2	0.0							2	0.0
	0-9	1	0.0							1	0.0
	10-14	11	0.1							11	0.1
	15-19	876	5.8							876	5.8
	20-24	1,910	12.6							1,910	12.6
	25-29	997	6.6							997	6.6
	30-34	602	4.0							602	4.0
	35-39	282	1.9							282	1.9
	40-44	156	1.0							156	1.0
	45-54	152	1.0							152	1.0
	55-64	69	0.5							69	0.5
	65+	16	0.1							16	0.1
	Total	5,074	33.5							5,074	33.5
Female	Unknown	1	0.0							1	0.0
	0-9	0	0.0							0	0.0
	10-14	85	0.6							85	0.6
	15-19	2,850	18.8							2,850	18.8
	20-24	3,904	25.7							3,904	25.7
	25-29	1,752	11.6							1,752	11.6
	30-34	815	5.4							815	5.4
	35-39	353	2.3							353	2.3
	40-44	172	1.1							172	1.1
	45-54	117	0.8							117	0.8
	55-64	33	0.2							33	0.2
	65+	7	0.0							7	0.0
	Total	10,089	66.5							10,089	66.5
Total	Unknown	3	0.0							3	0.0
	0-9	1	0.0							1	0.0
	10-14	96	0.6							96	0.6
	15-19	3,726	24.6							3,726	24.6
	20-24	5,814	38.3							5,814	38.3
	25-29	2,749	18.1							2,749	18.1
	30-34	1,417	9.3							1,417	9.3
	35-39	635	4.2							635	4.2
	40-44	328	2.2							328	2.2
	45-54	269	1.8							269	1.8
	55-64	102	0.7							102	0.7
	65+	23	0.2							23	0.2
	Total	15,163	100.0							15,163	100.0

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 2. North Carolina Newly Diagnosed Chlamydia Infections by Gender and Race/Ethnicity, 2022

Gender	Race/Ethnicity	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	American Indian/Alaska Native[a]	31	0.2							31	0.2
	Asian/Pacific Islander[a]	34	0.2							34	0.2
	Black/African American[a]	1,746	11.5							1,746	11.5
	Hispanic/Latino	466	3.1							466	3.1
	White/Caucasian[a]	637	4.2							637	4.2
	Multiple Race	26	0.2							26	0.2
	Unknown	2,134	14.1							2,134	14.1
	Total	5,074	33.5							5,074	33.5
Female	American Indian/Alaska Native[a]	122	0.8							122	0.8
	Asian/Pacific Islander[a]	64	0.4							64	0.4
	Black/African American[a]	3,022	19.9							3,022	19.9
	Hispanic/Latino	1,162	7.7							1,162	7.7
	White/Caucasian[a]	1,606	10.6							1,606	10.6
	Multiple Race	54	0.4							54	0.4
	Unknown	4,059	26.8							4,059	26.8
	Total	10,089	66.5							10,089	66.5
Total	American Indian/Alaska Native[a]	153	1.0							153	1.0
	Asian/Pacific Islander[a]	98	0.6							98	0.6
	Black/African American[a]	4,768	31.4							4,768	31.4
	Hispanic/Latino	1,628	10.7							1,628	10.7
	White/Caucasian[a]	2,243	14.8							2,243	14.8
	Multiple Race	80	0.5							80	0.5
	Unknown	6,193	40.8							6,193	40.8
	Total	15,163	100.0							15,163	100.0

[a]Non-Hispanic/Latino.

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 3. North Carolina Newly Diagnosed Gonorrhea Infections by Gender and Age, 2022

Gender	Age Group	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	Unknown	0	0.0							0	0.0
	0-9	1	0.0							1	0.0
	10-14	5	0.1							5	0.1
	15-19	337	6.3							337	6.3
	20-24	812	15.2							812	15.2
	25-29	593	11.1							593	11.1
	30-34	480	9.0							480	9.0
	35-39	234	4.4							234	4.4
	40-44	164	3.1							164	3.1
	45-54	147	2.8							147	2.8
	55-64	80	1.5							80	1.5
	65+	22	0.4							22	0.4
	Total	2,875	53.9							2,875	53.9
Female	Unknown	0	0.0							0	0.0
	0-9	0	0.0							0	0.0
	10-14	20	0.4							20	0.4
	15-19	554	10.4							554	10.4
	20-24	811	15.2							811	15.2
	25-29	505	9.5							505	9.5
	30-34	246	4.6							246	4.6
	35-39	162	3.0							162	3.0
	40-44	86	1.6							86	1.6
	45-54	57	1.1							57	1.1
	55-64	14	0.3							14	0.3
	65+	3	0.1							3	0.1
	Total	2,458	46.1							2,458	46.1
Total	Unknown	0	0.0							0	0.0
	0-9	1	0.0							1	0.0
	10-14	25	0.5							25	0.5
	15-19	891	16.7							891	16.7
	20-24	1,623	30.4							1,623	30.4
	25-29	1,098	20.6							1,098	20.6
	30-34	726	13.6							726	13.6
	35-39	396	7.4							396	7.4
	40-44	250	4.7							250	4.7
	45-54	204	3.8							204	3.8
	55-64	94	1.8							94	1.8
	65+	25	0.5							25	0.5
	Total	5,333	100.0							5,333	100.0

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 4. North Carolina Newly Diagnosed Gonorrhea Infections by Gender and Race/Ethnicity, 2022

Gender	Race/Ethnicity	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	American Indian/Alaska Native[a]	23	0.4							23	0.4
	Asian/Pacific Islander[a]	12	0.2							12	0.2
	Black/African American[a]	1,388	26.0							1,388	26.0
	Hispanic/Latino	185	3.5							185	3.5
	White/Caucasian[a]	322	6.0							322	6.0
	Multiple Race	24	0.5							24	0.5
	Unknown	921	17.3							921	17.3
	Total	2,875	53.9							2,875	53.9
Female	American Indian/Alaska Native[a]	50	0.9							50	0.9
	Asian/Pacific Islander[a]	8	0.2							8	0.2
	Black/African American[a]	1,047	19.6							1,047	19.6
	Hispanic/Latino	125	2.3							125	2.3
	White/Caucasian[a]	363	6.8							363	6.8
	Multiple Race	24	0.5							24	0.5
	Unknown	841	15.8							841	15.8
	Total	2,458	46.1							2,458	46.1
Total	American Indian/Alaska Native[a]	73	1.4							73	1.4
	Asian/Pacific Islander[a]	20	0.4							20	0.4
	Black/African American[a]	2,435	45.7							2,435	45.7
	Hispanic/Latino	310	5.8							310	5.8
	White/Caucasian[a]	685	12.8							685	12.8
	Multiple Race	48	0.9							48	0.9
	Unknown	1,762	33.0							1,762	33.0
	Total	5,333	100.0							5,333	100.0

[a]Non-Hispanic/Latino.

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 5. North Carolina Newly Diagnosed Early Syphilis (Primary, Secondary, and Early Latent) Infections by Gender and Age, 2022

Gender	Age Group	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	Unknown	0	0.0							0	0.0
	0-9	0	0.0							0	0.0
	10-14	0	0.0							0	0.0
	15-19	21	2.1							21	2.1
	20-24	126	12.8							126	12.8
	25-29	169	17.2							169	17.2
	30-34	142	14.4							142	14.4
	35-39	94	9.6							94	9.6
	40-44	60	6.1							60	6.1
	45-54	105	10.7							105	10.7
	55-64	56	5.7							56	5.7
	65+	15	1.5							15	1.5
	Total	788	80.1							788	80.1
Female	Unknown	0	0.0							0	0.0
	0-9	0	0.0							0	0.0
	10-14	1	0.1							1	0.1
	15-19	14	1.4							14	1.4
	20-24	35	3.6							35	3.6
	25-29	37	3.8							37	3.8
	30-34	41	4.2							41	4.2
	35-39	23	2.3							23	2.3
	40-44	18	1.8							18	1.8
	45-54	11	1.1							11	1.1
	55-64	15	1.5							15	1.5
	65+	1	0.1							1	0.1
	Total	196	19.9							196	19.9
Total	Unknown	0	0.0							0	0.0
	0-9	0	0.0							0	0.0
	10-14	1	0.1							1	0.1
	15-19	35	3.6							35	3.6
	20-24	161	16.4							161	16.4
	25-29	206	20.9							206	20.9
	30-34	183	18.6							183	18.6
	35-39	117	11.9							117	11.9
	40-44	78	7.9							78	7.9
	45-54	116	11.8							116	11.8
	55-64	71	7.2							71	7.2
	65+	16	1.6							16	1.6
	Total	984	100.0							984	100.0

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 6. North Carolina Newly Diagnosed Early Syphilis (Primary, Secondary, and Early Latent) Infections by Gender and Race/Ethnicity, 2022

Gender	Race/Ethnicity	1st Qtr (Jan - Mar)		2nd Qtr (Apr - Jun)		3rd Qtr (July - Sept)		4th Qtr (Oct - Dec)		2022 Total	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	American Indian/Alaska Native[a]	7	0.7							7	0.7
	Asian/Pacific Islander[a]	9	0.9							9	0.9
	Black/African American[a]	432	43.9							432	43.9
	Hispanic/Latino	101	10.3							101	10.3
	White/Caucasian[a]	188	19.1							188	19.1
	Multiple Race	27	2.7							27	2.7
	Unknown	24	2.4							24	2.4
	Total	788	80.1							788	80.1
Female	American Indian/Alaska Native[a]	3	0.3							3	0.3
	Asian/Pacific Islander[a]	n/a	0.0							n/a	0.0
	Black/African American[a]	88	8.9							88	8.9
	Hispanic/Latino	21	2.1							21	2.1
	White/Caucasian[a]	70	7.1							70	7.1
	Multiple Race	8	0.8							8	0.8
	Unknown	6	0.6							6	0.6
	Total	196	19.9							196	19.9
Total[c]	American Indian/Alaska Native[a]	10	1.0							10	1.0
	Asian/Pacific Islander[a]	9	0.9							9	0.9
	Black/African American[a]	520	52.8							520	52.8
	Hispanic/Latino	122	12.4							122	12.4
	White/Caucasian[a]	258	26.2							258	26.2
	Multiple Race	35	3.6							35	3.6
	Unknown	30	3.0							30	3.0
	Total	984	100.0							984	100.0

[a]Non-Hispanic/Latino.

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 7. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary, and Early Latent) Infections by County of Residence at Time of Diagnosis, 2020-2022

COUNTY	CHLAMYDIA			GONORRHEA			P. & S. SYPHILIS			E. L. SYPHILIS		
	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar
ALAMANCE	243	247	205	61	99	84	7	7	15	6	2	15
ALEXANDER	28	24	21	12	10	2	1	0	1	0	0	0
ALLEGHANY	2	4	1	1	1	0	0	0	0	0	0	0
ANSON	57	51	44	20	25	23	0	0	2	0	1	1
ASHE	14	25	7	5	7	0	0	1	1	0	0	0
AVERY	14	7	6	2	0	1	0	0	0	0	0	0
BEAUFORT	85	73	58	33	29	19	0	1	1	0	0	0
BERTIE	40	28	44	12	15	13	0	0	4	0	1	2
BLADEN	45	35	44	27	28	14	0	1	1	1	0	2
BRUNSWICK	109	105	96	25	35	21	0	3	1	2	0	4
BUNCOMBE	338	260	251	155	112	95	2	6	9	5	4	6
BURKE	74	95	55	38	27	8	1	2	6	0	2	1
CABARRUS	322	335	297	92	95	97	3	6	5	2	1	5
CALDWELL	83	66	78	44	28	14	0	2	4	0	0	2
CAMDEN	7	7	2	1	1	2	0	0	0	0	0	0
CARTERET	60	37	41	16	12	7	1	0	2	0	1	2
CASWELL	29	17	29	7	18	10	0	1	2	0	1	0
CATAWBA	176	189	163	50	60	53	6	2	8	0	3	7
CHATHAM	44	51	64	12	9	11	0	1	0	0	0	0
CHEROKEE	14	7	11	5	5	0	0	0	0	0	0	0
CHOWAN	23	21	18	5	13	6	0	1	0	0	0	0
CLAY	2	6	6	6	0	0	1	0	0	0	0	0
CLEVELAND	171	206	160	67	73	62	1	2	7	2	1	8
COLUMBUS	66	88	73	20	44	26	0	1	3	0	1	3
CRAVEN	183	147	92	59	54	24	1	1	2	2	1	2
CUMBERLAND	1,120	1,042	999	412	435	352	9	18	27	22	8	20
CURRITUCK	12	12	4	5	7	0	0	0	0	0	1	0
DARE	19	12	21	6	2	3	0	0	1	0	0	0
DAVIDSON	174	199	188	89	104	76	3	4	3	3	2	8
DAVIE	40	29	6	9	10	2	0	0	2	0	0	1
DUPLIN	89	102	94	26	26	23	1	2	2	1	0	1
DURHAM	713	585	635	315	281	215	28	23	45	21	16	22
EDGECOMBE	174	138	169	97	69	77	1	1	7	2	1	5
FORSYTH	832	728	344	341	470	138	12	17	17	8	4	17
FRANKLIN	79	80	47	33	34	21	2	0	2	2	1	2
GASTON	392	404	348	160	182	141	9	8	8	8	5	9
GATES	13	10	0	3	2	0	0	0	0	0	0	0
GRAHAM	9	2	2	0	1	0	0	0	0	0	0	0
GRANVILLE	94	74	78	42	38	40	1	0	1	0	1	1
GREENE	43	27	27	19	14	12	0	1	1	0	3	2
GUILFORD	1,237	1,142	1,022	505	586	387	19	45	41	22	30	37
HALIFAX	133	132	118	46	80	31	7	2	0	1	1	1
HARNETT	172	207	180	68	85	44	0	4	5	2	2	8
HAYWOOD	41	41	36	25	15	5	0	1	2	0	0	2
HENDERSON	93	69	72	43	30	20	2	2	3	1	2	1
HERTFORD	74	49	37	15	18	8	0	0	0	1	0	2
HOKE	102	127	115	42	48	51	0	2	8	1	2	5
HYDE	4	3	4	0	2	0	0	0	0	0	0	0
IREDELL	158	187	161	80	85	68	2	5	4	4	1	2
JACKSON	56	67	58	12	12	8	0	0	1	0	0	0
JOHNSTON	240	231	227	88	85	90	4	12	8	4	8	4
JONES	11	11	10	3	6	6	0	0	0	0	0	0

Continued

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 7 (Continued). North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary, and Early Latent) Infections by County of Residence at Time of Diagnosis, 2020-2022

COUNTY	CHLAMYDIA			GONORRHEA			P. & S. SYPHILIS			E. L. SYPHILIS		
	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar
LEE	86	77	90	29	30	30	3	1	1	1	1	3
LENOIR	158	141	163	61	73	56	2	0	2	1	1	7
LINCOLN	93	63	71	30	16	20	2	4	2	2	0	2
MACON	14	28	16	7	8	4	0	1	0	0	0	0
MADISON	14	17	14	7	5	4	0	1	0	0	0	0
MARTIN	35	35	46	14	25	12	1	1	0	3	0	0
MCDOWELL	45	31	31	16	17	13	3	1	9	1	1	3
MECKLENBURG	2,537	2,520	2,420	975	1,183	958	84	97	100	71	85	83
MITCHELL	11	6	4	0	3	3	0	0	0	0	0	0
MONTGOMERY	24	31	31	9	21	12	0	1	0	1	1	0
MOORE	93	111	97	21	44	27	2	1	0	0	0	3
NASH	173	166	171	130	101	82	5	2	8	4	2	4
NEW HANOVER	293	333	269	78	91	65	3	7	14	4	4	5
NORTHAMPTON	36	37	6	13	17	3	0	1	2	0	0	0
ONSLOW	622	538	458	125	109	124	5	2	3	7	5	6
ORANGE	186	175	190	45	34	54	7	3	7	4	0	4
PAMLICO	10	10	5	8	4	3	0	0	0	0	0	0
PASQUOTANK	91	59	55	22	39	17	0	1	0	1	0	0
PENDER	49	35	37	16	10	12	0	2	0	0	0	1
PERQUIMANS	15	12	6	4	5	9	0	0	0	0	0	0
PERSON	67	80	54	14	34	24	2	0	2	2	1	0
PITT	548	482	533	193	202	208	2	9	17	4	3	15
POLK	14	12	11	2	5	3	1	0	0	0	0	0
RANDOLPH	168	138	136	33	50	36	0	1	4	2	0	8
RICHMOND	113	105	51	39	58	17	1	0	4	0	0	1
ROBESON	336	359	311	159	187	155	2	1	15	1	4	9
ROCKINGHAM	98	98	99	41	43	31	2	3	1	1	1	1
ROWAN	202	196	201	79	77	64	3	3	8	1	2	8
RUTHERFORD	68	73	45	33	36	38	0	0	4	0	1	2
SAMPSON	89	72	96	26	27	27	1	2	3	3	1	2
SCOTLAND	91	63	82	24	24	38	0	2	0	2	1	0
STANLY	65	65	53	20	25	18	0	0	1	1	0	0
STOKES	22	36	15	10	9	8	0	3	1	0	0	0
SURRY	44	51	57	21	28	15	0	0	3	0	0	0
SWAIN	19	14	13	9	8	7	0	0	0	0	0	0
TRANSYLVANIA	31	18	14	4	5	4	0	1	0	0	1	0
TYRRELL	2	1	2	0	0	3	0	0	0	0	0	0
UNION	250	259	238	63	89	62	2	1	4	6	2	5
VANCE	118	95	121	56	55	84	4	3	5	1	2	0
WAKE	1,638	1,379	1,329	496	601	361	45	58	41	35	41	51
WARREN	27	22	26	12	14	8	0	1	3	0	0	1
WASHINGTON	19	17	27	5	6	11	0	0	0	1	0	0
WATAUGA	68	30	95	11	2	10	0	2	0	0	0	1
WAYNE	223	250	211	73	103	61	7	2	5	4	1	2
WILKES	59	34	36	9	28	16	0	4	0	0	0	2
WILSON	207	207	230	107	112	95	3	4	2	3	7	10
YADKIN	31	21	24	2	8	11	1	1	1	0	0	1
YANCEY	10	7	5	1	2	0	0	0	0	0	0	0
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	17,565	16,450	15,163	6,411	7,200	5,333	317	412	534	290	275	450

Data Source: North Carolina Electronic Disease Surveillance System (data as of June 6, 2022).

Table 8. North Carolina Newly Diagnosed HIV Infections by County of Residence at Time of Diagnosis, 2020-2022

COUNTY	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar
ALAMANCE	2	5	2
ALEXANDER	0	0	0
ALLEGHANY	0	1	0
ANSON	0	0	2
ASHE	0	0	0
AVERY	1	0	0
BEAUFORT	2	1	4
BERTIE	2	0	1
BLADEN	0	2	0
BRUNSWICK	0	1	1
BUNCOMBE	2	1	8
BURKE	2	2	1
CABARRUS	3	7	7
CALDWELL	0	0	2
CAMDEN	0	0	0
CARTERET	2	0	0
CASWELL	0	1	1
CATAWBA	2	1	5
CHATHAM	0	2	2
CHEROKEE	1	0	0
CHOWAN	0	0	0
CLAY	0	0	0
CLEVELAND	2	2	3
COLUMBUS	1	0	1
CRAVEN	0	3	4
CUMBERLAND	15	17	14
CURRITUCK	1	0	0
DARE	0	0	3
DAVIDSON	5	0	5
DAVIE	0	2	0
DUPLIN	0	2	1
DURHAM	13	11	18
EDGECOMBE	2	4	3
FORSYTH	12	15	17
FRANKLIN	0	3	2
GASTON	9	7	3
GATES	0	1	0
GRAHAM	0	0	0
GRANVILLE	0	0	1
GREENE	1	1	0
GUILFORD	29	34	37
HALIFAX	4	1	1
HARNETT	2	2	2
HAYWOOD	1	1	1
HENDERSON	1	6	1
HERTFORD	1	1	0
HOKE	4	3	5
HYDE	0	0	0
IREDELL	5	2	4
JACKSON	0	0	0
JOHNSTON	5	2	6
JONES	0	0	0
LEE	1	0	1
LENOIR	2	0	2
LINCOLN	2	0	0
MACON	4	0	0
MADISON	0	0	0
MARTIN	2	3	5
MCDOWELL	0	0	0
MECKLENBURG	43	78	69
MITCHELL	0	1	0
MONTGOMERY	1	0	0
MOORE	1	1	1
NASH	3	3	8
NEW HANOVER	2	9	5
NORTHAMPTON	0	0	1
ONSLOW	6	0	5
ORANGE	1	3	1
PAMLICO	0	1	0
PASQUOTANK	4	0	0
PENDER	0	2	0
PERQUIMANS	0	0	0
PERSON	0	1	0
PITT	5	6	12
POLK	0	0	0
RANDOLPH	1	3	4
RICHMOND	0	1	1
ROBESON	4	1	6
ROCKINGHAM	1	0	1
ROWAN	0	5	2
RUTHERFORD	0	1	0
SAMPSON	2	2	3
SCOTLAND	4	2	2
STANLY	1	1	1
STOKES	0	0	0
SURRY	2	0	0
SWAIN	0	0	0
TRANSYLVANIA	0	1	0
TYRRELL	0	0	0
UNION	3	0	5
VANCE	2	4	4
WAKE	41	39	51
WARREN	1	1	0
WASHINGTON	1	0	1
WATAUGA	0	0	0
WAYNE	3	5	3
WILKES	2	0	0
WILSON	6	1	2
YADKIN	2	0	0
YANCEY	0	0	0
UNASSIGNED*	3	4	11
TOTAL	288	323	375

* Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at a long-term care facility such as prison.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 6, 2022).

Table 9. North Carolina Newly Diagnosed AIDS (HIV Infection Stage 3) Cases by County of Residence at Time of Diagnosis, 2020-2022

COUNTY	2020 Jan-Mar	2021 Jan-Mar	2022 Jan-Mar
ALAMANCE	0	4	2
ALEXANDER	0	1	0
ALLEGHANY	0	0	0
ANSON	0	0	0
ASHE	0	0	0
AVERY	0	0	0
BEAUFORT	0	1	3
BERTIE	1	0	0
BLADEN	1	0	0
BRUNSWICK	0	1	0
BUNCOMBE	2	0	4
BURKE	0	1	0
CABARRUS	0	0	3
CALDWELL	1	0	0
CAMDEN	0	0	0
CARTERET	1	0	1
CASWELL	0	0	1
CATAWBA	2	1	1
CHATHAM	0	0	0
CHEROKEE	0	0	1
CHOWAN	0	0	0
CLAY	0	0	0
CLEVELAND	1	1	1
COLUMBUS	1	0	2
CRAVEN	1	1	1
CUMBERLAND	16	11	6
CURRITUCK	0	0	0
DARE	0	0	1
DAVIDSON	2	1	2
DAVIE	0	1	0
DUPLIN	1	1	1
DURHAM	6	11	5
EDGECOMBE	3	2	6
FORSYTH	5	9	7
FRANKLIN	1	1	2
GASTON	2	1	1
GATES	0	0	0
GRAHAM	0	0	0
GRANVILLE	0	1	1
GREENE	0	1	0
GUILFORD	9	8	7
HALIFAX	1	2	0
HARNETT	3	0	0
HAYWOOD	1	0	0
HENDERSON	0	1	0
HERTFORD	3	1	0
HOKE	1	2	3
HYDE	0	0	0
IREDELL	3	0	0
JACKSON	0	0	0
JOHNSTON	4	1	1
JONES	0	0	0
LEE	0	1	0
LENOIR	1	0	0
LINCOLN	0	0	0
MACON	1	1	0
MADISON	0	0	0
MARTIN	1	2	3
MCDOWELL	0	0	1
MECKLENBURG	20	16	22
MITCHELL	1	1	0
MONTGOMERY	0	1	0
MOORE	1	2	0
NASH	0	2	2
NEW HANOVER	1	2	1
NORTHAMPTON	0	0	0
ONSLOW	3	2	1
ORANGE	0	0	0
PAMLICO	0	0	1
PASQUOTANK	2	0	1
PENDER	1	2	1
PERQUIMANS	0	0	0
PERSON	1	1	1
PITT	4	4	2
POLK	0	0	0
RANDOLPH	0	0	1
RICHMOND	1	1	1
ROBESON	2	3	1
ROCKINGHAM	0	0	0
ROWAN	1	0	1
RUTHERFORD	1	1	0
SAMPSON	2	2	1
SCOTLAND	0	2	1
STANLY	0	2	0
STOKES	0	0	0
SURRY	2	0	0
SWAIN	0	0	0
TRANSYLVANIA	0	0	0
TYRRELL	0	0	0
UNION	3	1	3
VANCE	1	2	2
WAKE	13	17	13
WARREN	0	0	3
WASHINGTON	1	0	1
WATAUGA	0	0	0
WAYNE	2	2	2
WILKES	0	0	0
WILSON	3	1	0
YADKIN	1	0	0
YANCEY	0	0	0
UNASSIGNED*	2	0	0
TOTAL	144	137	129

* Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at a long-term care facility such as prison.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 6, 2022).