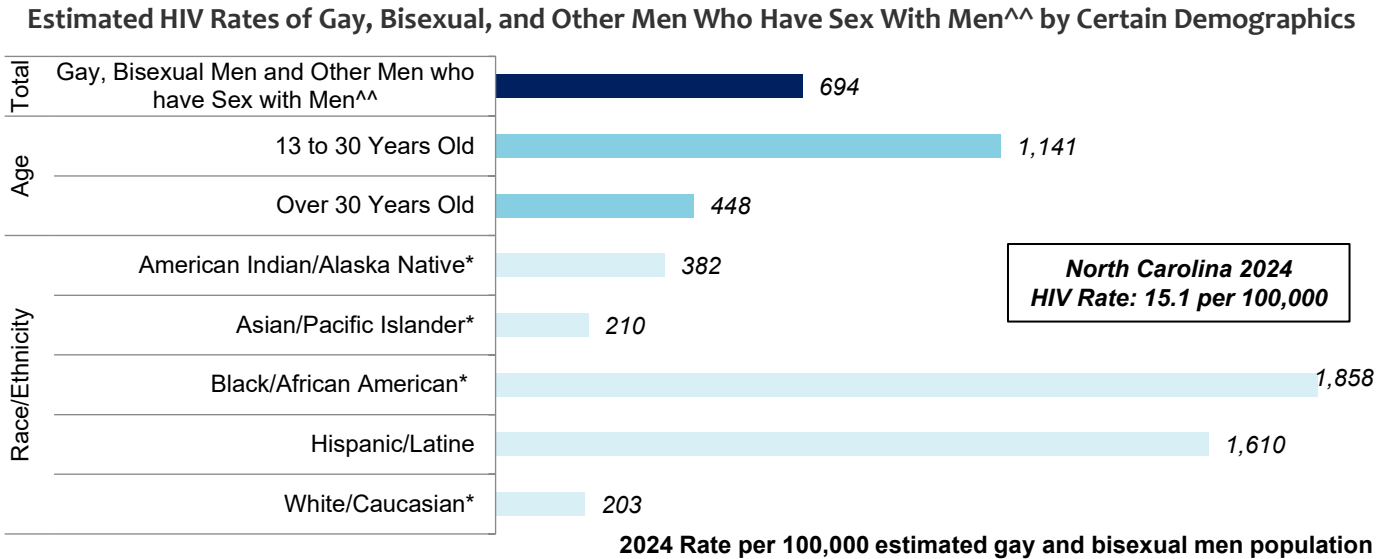




Health Equity and HIV in North Carolina, 2024: Gay, Bisexual, and Other Men Who Have Sex With Men



HIV diagnosis rates are highest among North Carolina men of color who report sex with men.



^^GBOSMSM. People who were classified as men who report both sex with men and injection drug use were included in our People Who Inject Drugs Health Equity Fact Sheet. Estimated populations based on a formula by Grey et al. <https://publichealth.jmir.org/2016/1/e14/>.
*Non-Hispanic/Latine.

5 out of 10 people living with HIV in North Carolina are
gay, bisexual, or other men who have sex with men.



- HIV diagnosis rates are much higher for young gay and bisexual men of color than among other North Carolina residents.
- Once in care, the disparity in health outcomes is much smaller, demonstrating that access to care, supported by programs such as Ryan White and HIV Medication Assistance Program (HMAP), reduces disparities.
- Treatment leads to viral suppression; people virally suppressed cannot sexually transmit HIV to others.

Get real, get tested!

An estimated 69% of those unaware of their HIV status are gay, bisexual, and other men who have sex with men.



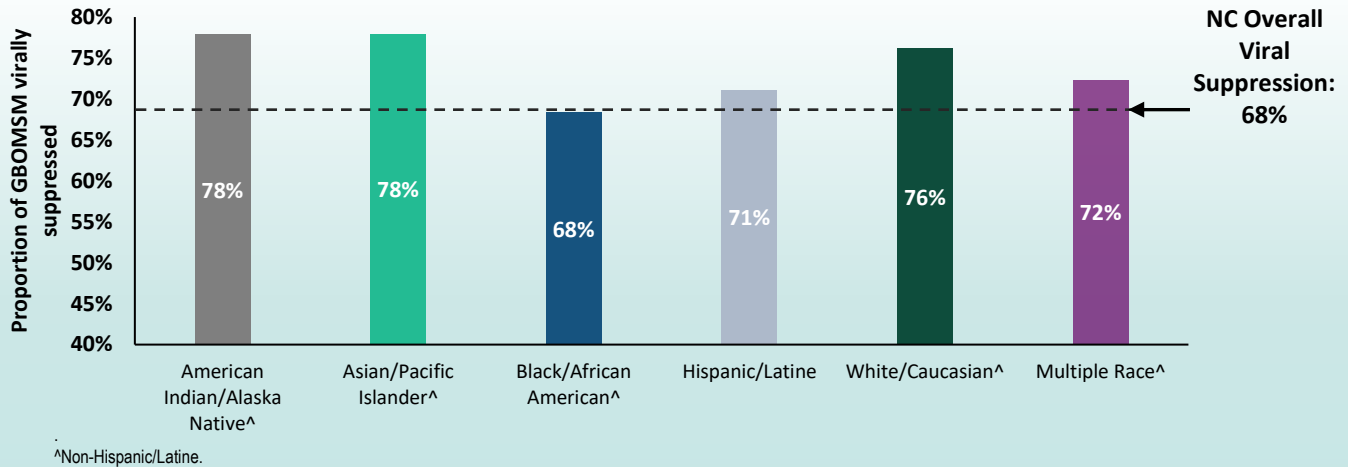


Health Equity and HIV in North Carolina, 2024: Gay, Bisexual, and Other Men Who Have Sex With Men



Black and Hispanic gay, bisexual and other men who have sex with men have lower viral suppression than other GBOMSM in 2024 in North Carolina.

Disparities in viral suppression are smaller than disparities in diagnosis rates.



Once a person is receiving treatment and is virally suppressed, HIV cannot be sexually transmitted to others.

Here's what North Carolina is doing about health disparities:

- Including people who live with HIV in planning and policy development is a core priority of the Communicable Disease Branch.
- North Carolina developed an [Ending the Epidemic \(ETE\) Plan](#). All funded agencies and health departments are encouraged to utilize the plan as a blueprint.
- Promoting cultural humility across the state through required quarterly trainings for all partnered local health departments and community-based organizations staff who work with the Communicable Disease Branch's HIV prevention and care programs.
- Working to strengthen relationships with community groups supporting Latine persons living with HIV and applying for grants to support these efforts.
- Integrating substance abuse treatment services with HIV and sexually transmitted disease (STD) care by providing HIV and STD testing in substance abuse treatment settings.
- Providing support to syringe service programs to protect users from the transmission of blood borne pathogens through shared injection works.
- Recognizing the importance of syndemics (linked disease transmission, such as HIV and syphilis among gay, bisexual, and other men who have sex with men) to ensure that prevention and care activities identify all opportunities for diagnosis and treatment of the syndemic diseases.

What CLINICIANS can do

Structural factors, such as the environment in which people live, housing, wealth/poverty, and education, affect health. Providers should consider these structural factors in their understanding of patient disease and interaction with care. Make sure you and your staff are delivering culturally competent services.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 1, 2025) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2025).

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