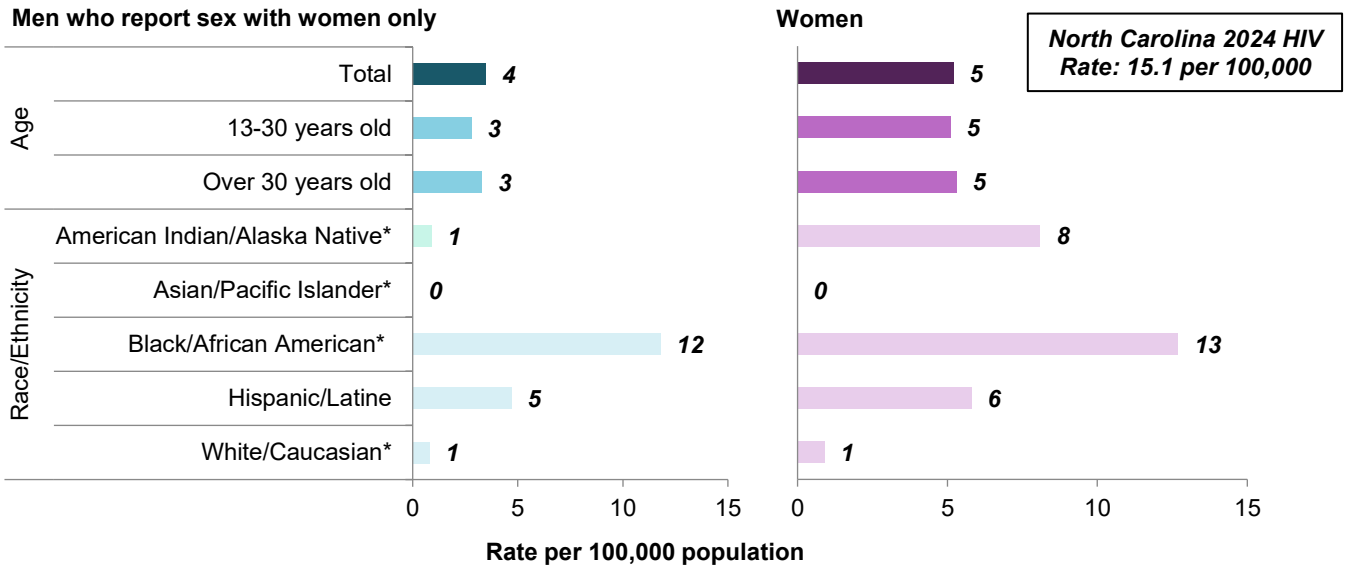
Health Equity and HIV in North Carolina, 2024: Heterosexual Men, Women, and People Who Inject Drugs

Black/African American men and women experience higher rates^ of newly diagnosed HIV in North Carolina than other race/ethnic groups.

HIV Rates for Heterosexual Men^ and Women^^ in 2024



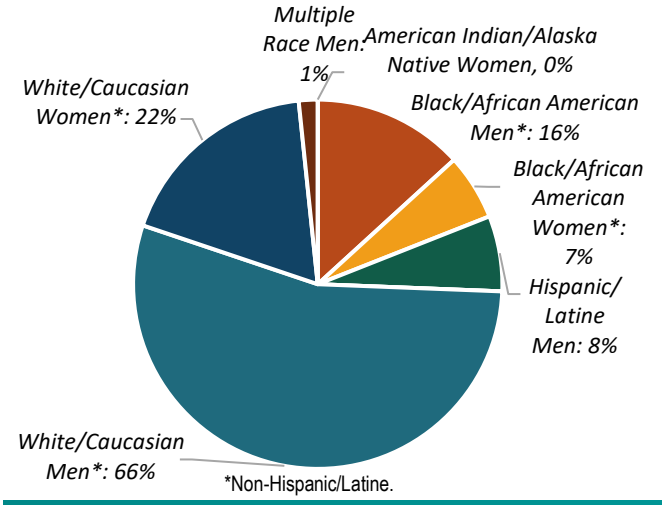
^Rates among heterosexual men are based on an estimated population in North Carolina. Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. https://publichealth.jmir.org/2016/1/e14/. Multiple race are not included due to the lack of overall population data for North Carolina.

^^Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group.

*Non-Hispanic/Latine.

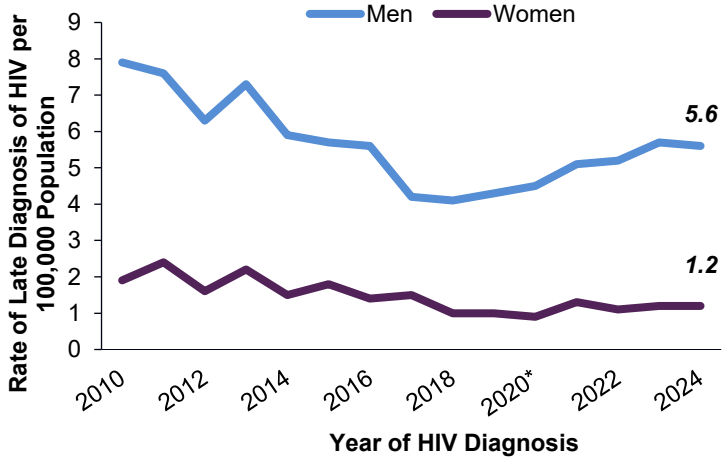
6% of people with newly diagnosed HIV in 2024 reported injecting drugs.

Gender and Race/Ethnicity of People Newly Diagnosed with HIV and Reporting Injection Drug Use



Diagnoses with late stage HIV infection have increased in men

Late HIV Diagnosis^ Rates by Gender, 2010-2024*



^Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

^Diagnosed on the same day or within 6 months.

Contact Us:
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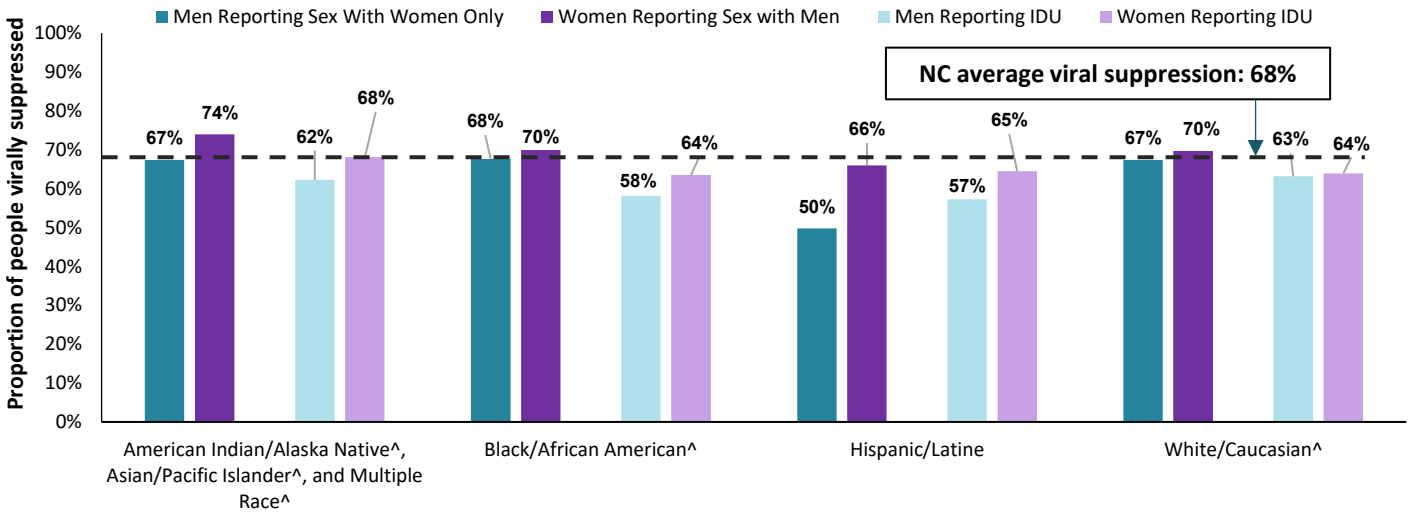
Created by the HIV/STD/Hepatitis Surveillance Unit
9/23/2025

Heath Equity and HIV in North Carolina, 2024: Heterosexual Men, Women, and People Who Inject Drugs

Viral Suppression Among Men* and Women Reporting Heterosexual Sex and People Reporting Injection Drug Use, 2024



People over the age of 13 diagnosed with HIV in NC through 2024 and living in NC at the end of 2024.
Virally suppressed is defined as the last viral load in 2020 with a value of <200 copies/ml.
*Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group.
^Non-Hispanic/Latine.

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 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 1, 2025).

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