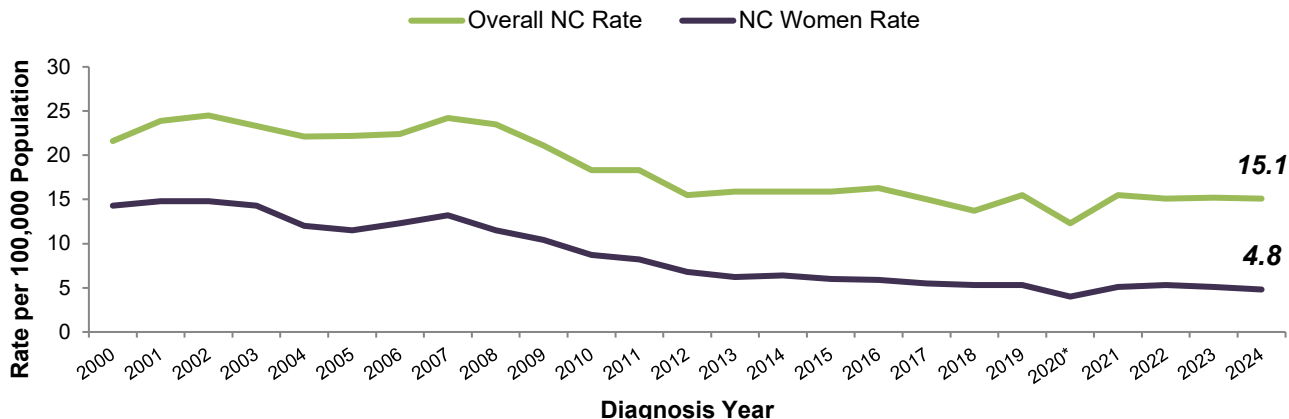




HIV and Women in North Carolina, 2024



New HIV diagnoses among women have remained stable over the past few years.

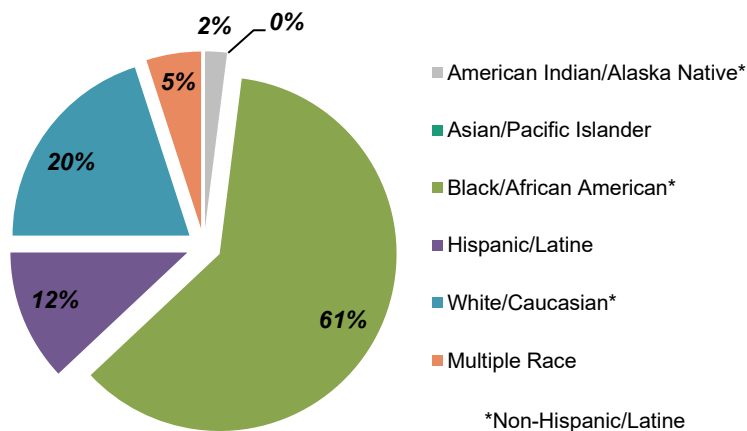


*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

In 2024, among women newly diagnosed with HIV:

- Women were 17% (229) of the 1,391 people newly diagnosed with HIV (rate: 4.8 per 100,000 population).
- 49% of women newly diagnosed with HIV reported only heterosexual contact; 8% reported exposure through injecting drug use.
- 45% of women newly diagnosed with HIV were over the age of 40.
- Women were 25% (9,836) of the 38,614 people diagnosed and living with HIV infection in North Carolina (rate: 177.6 per 100,000 population).
- 157 (69%) of women had late-stage HIV (diagnosed with Stage 3 [AIDS] within six months of their HIV diagnosis). The rate of women diagnosed with late-stage HIV has remained stable over the past few years, at 3.3 per 100,000 women in North Carolina. The majority of these delayed diagnoses were among Black/African American women (96; 61%).

More than half of women newly diagnosed with HIV are Black/African American women.



*Non-Hispanic/Latine

Perinatal Transmission of HIV

- 150 (66%) new diagnoses of HIV among women occurred in women of child-bearing age (15 to 44 years).
- Perinatal transmission has decreased since 2007, when new HIV testing statutes were implemented.
- In 2024, there were **three** reported cases of transmission of HIV from mother to baby at birth (perinatal transmission) in North Carolina.



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

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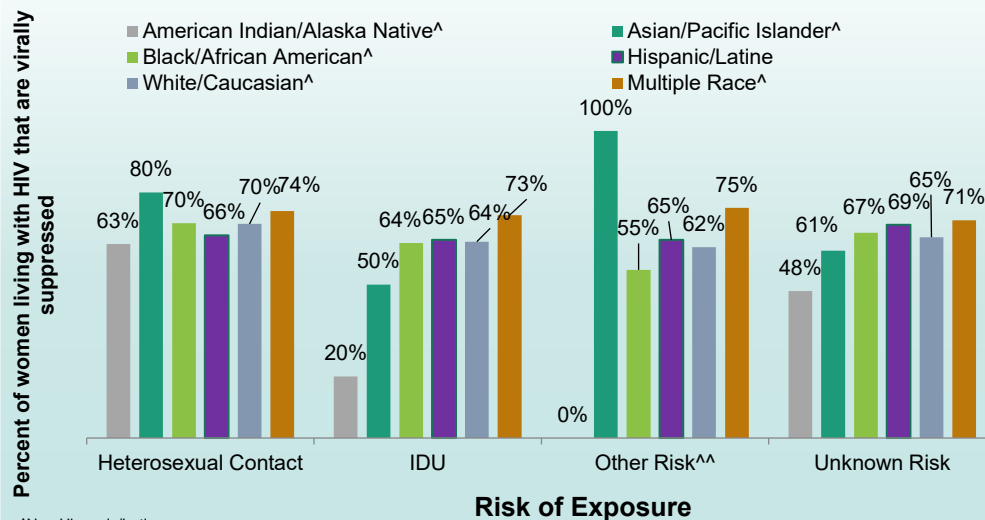
HIV and Women in North Carolina, 2024



What is North Carolina doing to decrease HIV?

- North Carolina developed an HIV Ending the Epidemic (ETE) Plan. All funded agencies and health departments are encouraged to utilize the plan as a blueprint. Visit <https://epi.dph.ncdhhs.gov/cd/stds/program.html#ete> to see the state's ETE Plan.
- North Carolina provides funds for HIV testing, linkage to care, and evidence-based risk reduction programs. These activities are oriented toward support for the communities most affected by HIV.
- Local health departments and other providers are offering Pre-Exposure Prophylaxis (PrEP) for HIV. For more information about PrEP, visit <https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers> or <https://pleaseprepme.org/>.

Viral Suppression Among Women by Race/Ethnicity and HIV Exposure, 2024



- Being virally suppressed (viral load < 200 copies/mL) prevents sexual transmission of HIV to others.
- Overall, 68% of women diagnosed and living with HIV in NC were virally suppressed in 2024.
- Barriers to care and achieving viral suppression include lack of transportation, lack of family support, social stigma, and the complexity of accessing health insurance.

What CLINICIANS can do

All pregnant women should be tested for HIV and syphilis at their first prenatal visit and during the third trimester in order to prevent mother-to-child transmission. A third syphilis test should be done at delivery. Women with no prenatal care should be tested at delivery for both HIV and syphilis (<https://www.cdc.gov/pregnancy-hiv-std-tb-hepatitis/php/screening/index.html>).

If you are a care provider, educate yourself about PrEP (<https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers> or <https://pleaseprepme.org/>). Ensure that you receive regular cultural competency training in order to better meet the needs of your patient population.

What YOU can do

If you have HIV, seek treatment: you deserve a long and happy life!

For treatment help, visit the North Carolina HIV Medication Assistance Program (HMAP) website: <https://epi.publichealth.nc.gov/cd/hiv/hmap.html>

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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