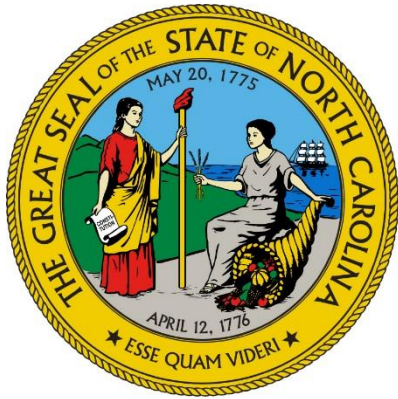




NC Department of Health and Human Services

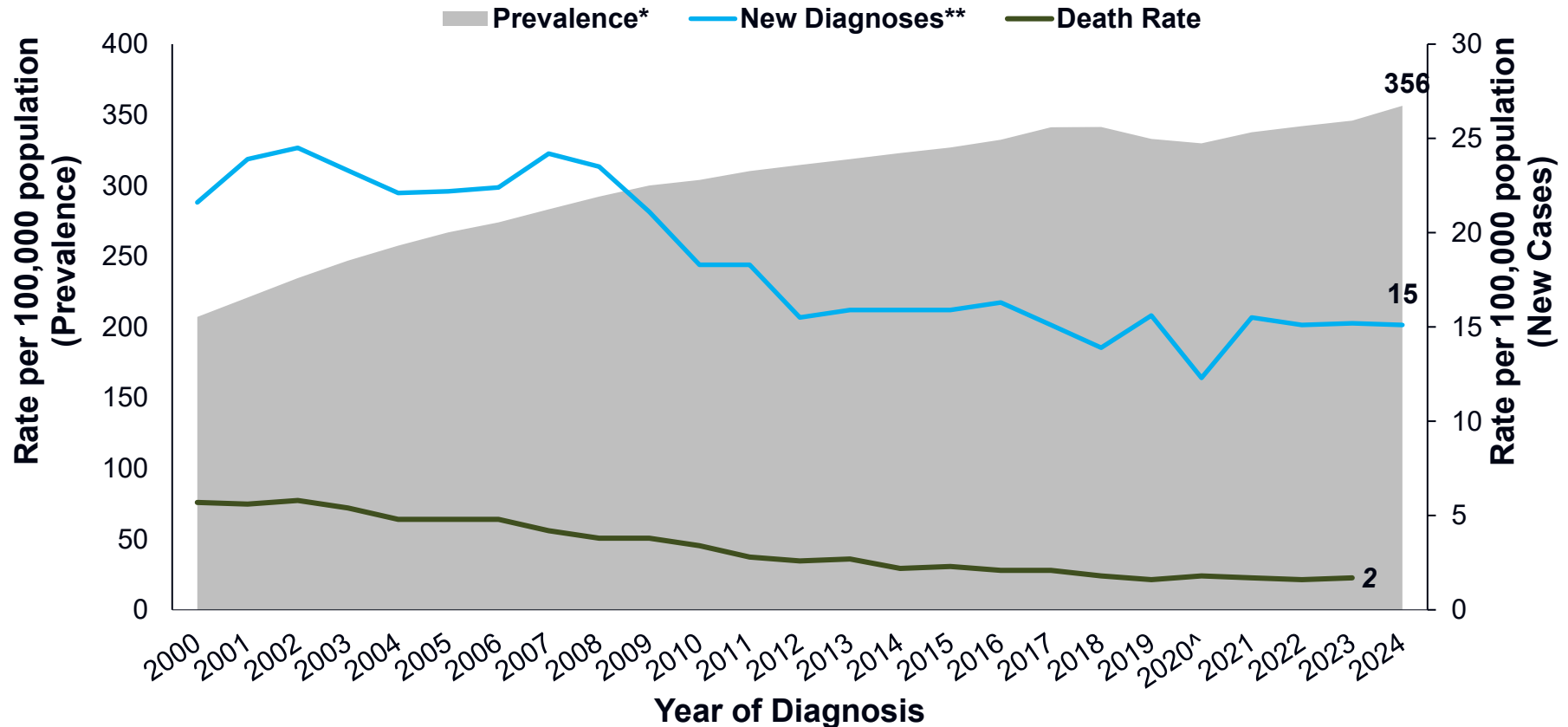
HIV Epidemiology in North Carolina 2024

**Division of Public Health/Epidemiology
Section/Communicable Disease Branch
HIV/STD/Viral Hepatitis Surveillance Unit**

September 2025

HIV in North Carolina

North Carolina HIV Rates by Year of Diagnosis, 2000-2024



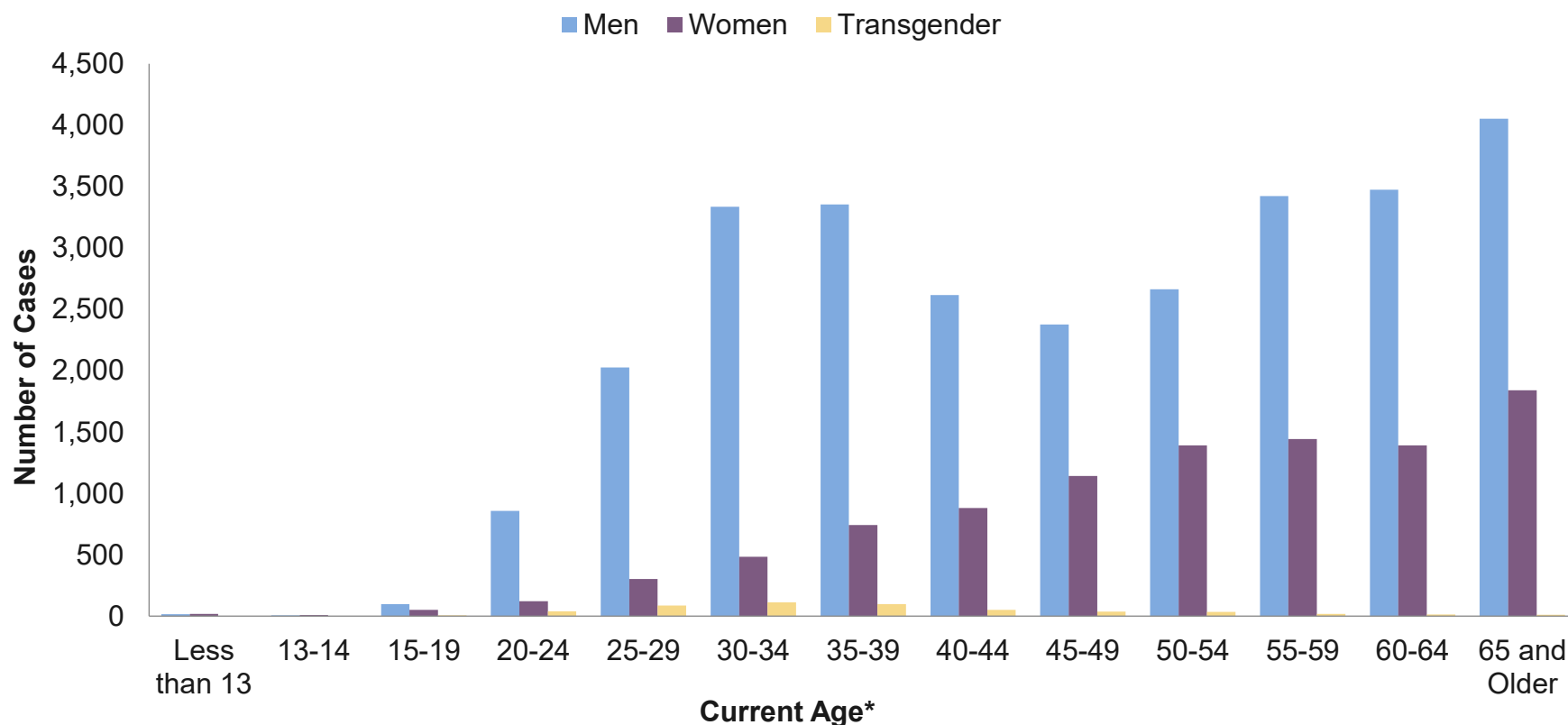
^Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

*Based on most recent address in eHARS as of December 31 of the given year.

**New cases are only among adults and adolescents (13 years and older).

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025) and North Carolina Vital Statistics, Volume 2: Leading Causes of Death 2023.

Age Distribution of People Diagnosed with HIV and Living in NC* by Gender** in 2024

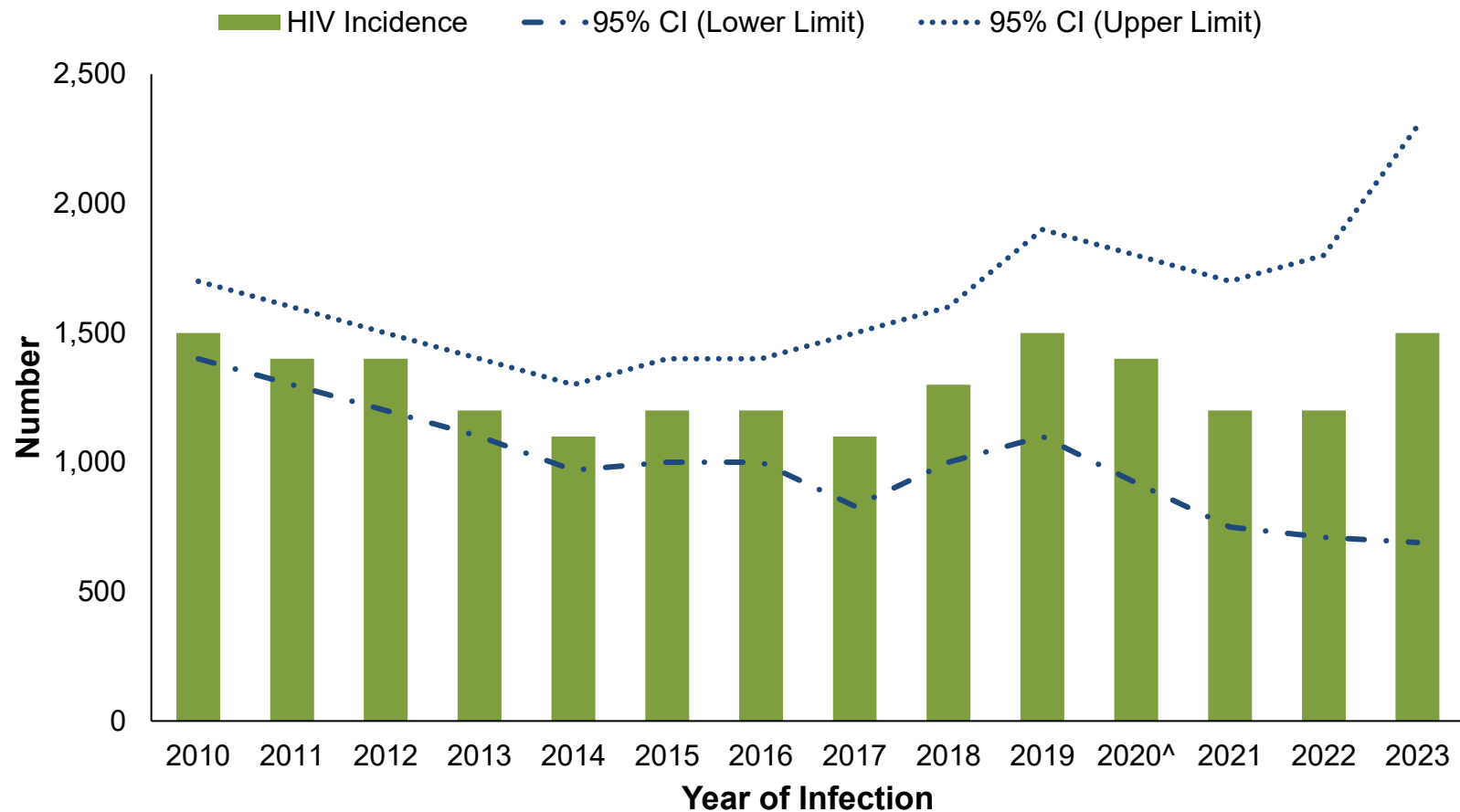


*Based on most recent address or age in eHARS as of December 31 of the given year.

**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.

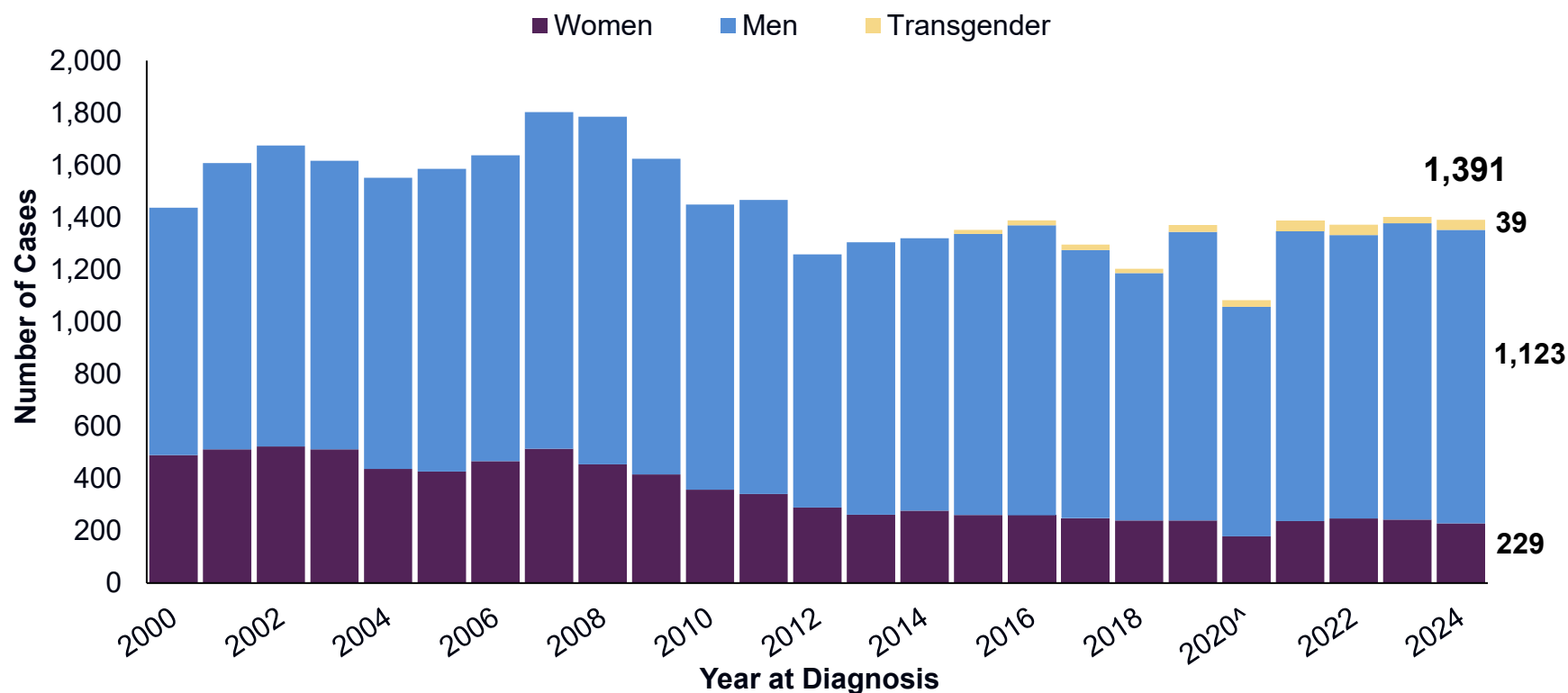
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Estimated HIV Incidence in NC, 2010-2023^



Estimated incidence using CDC's "CD4 Model" SAS code from May 2025; this model rounds numbers to nearest 100 to indicate the model is estimating.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of May 2025).

Newly Diagnosed HIV among Adult and Adolescents (13 years and older) by Gender*, 2000-2024

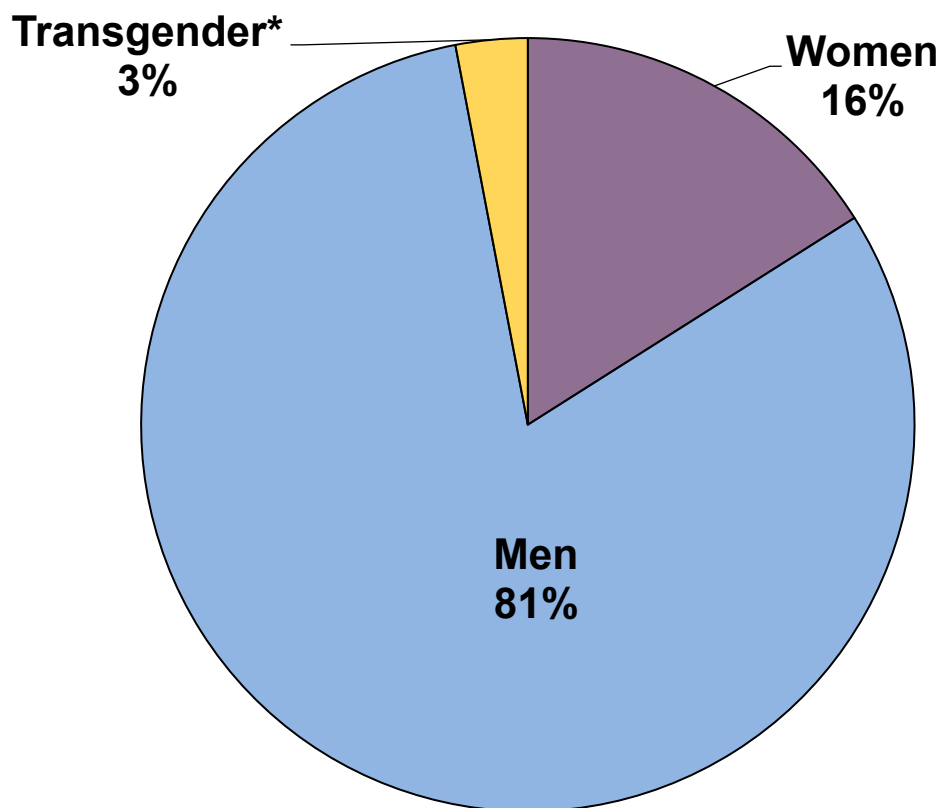


^aNote: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

^{*}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.

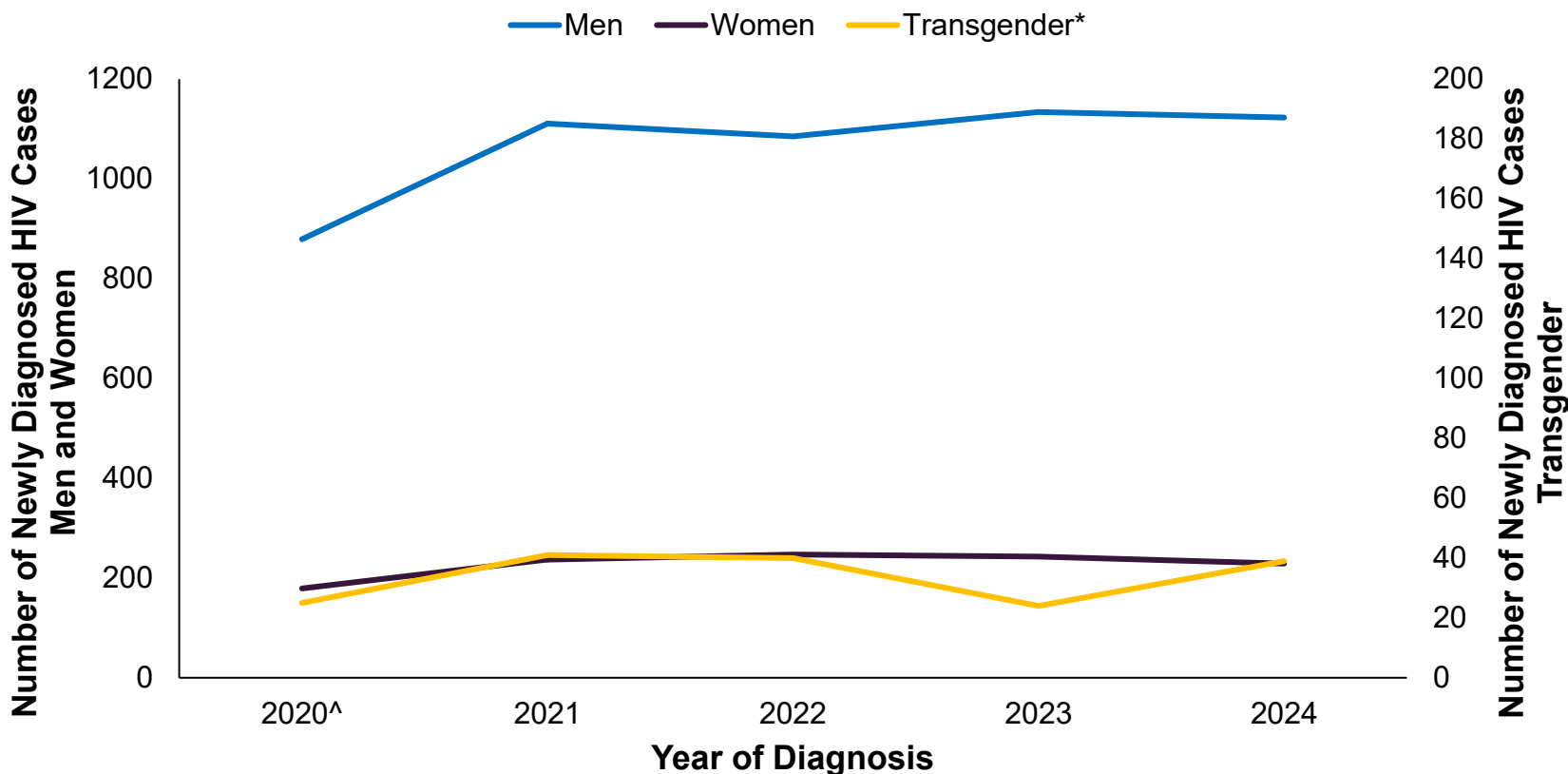
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2025).

Gender Distribution* of Newly Diagnosed HIV among Adult/Adolescent (13 years and older), 2024



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

Gender Distribution* of Newly Diagnosed HIV among Adult/Adolescent (13 years and older), 2020-2024

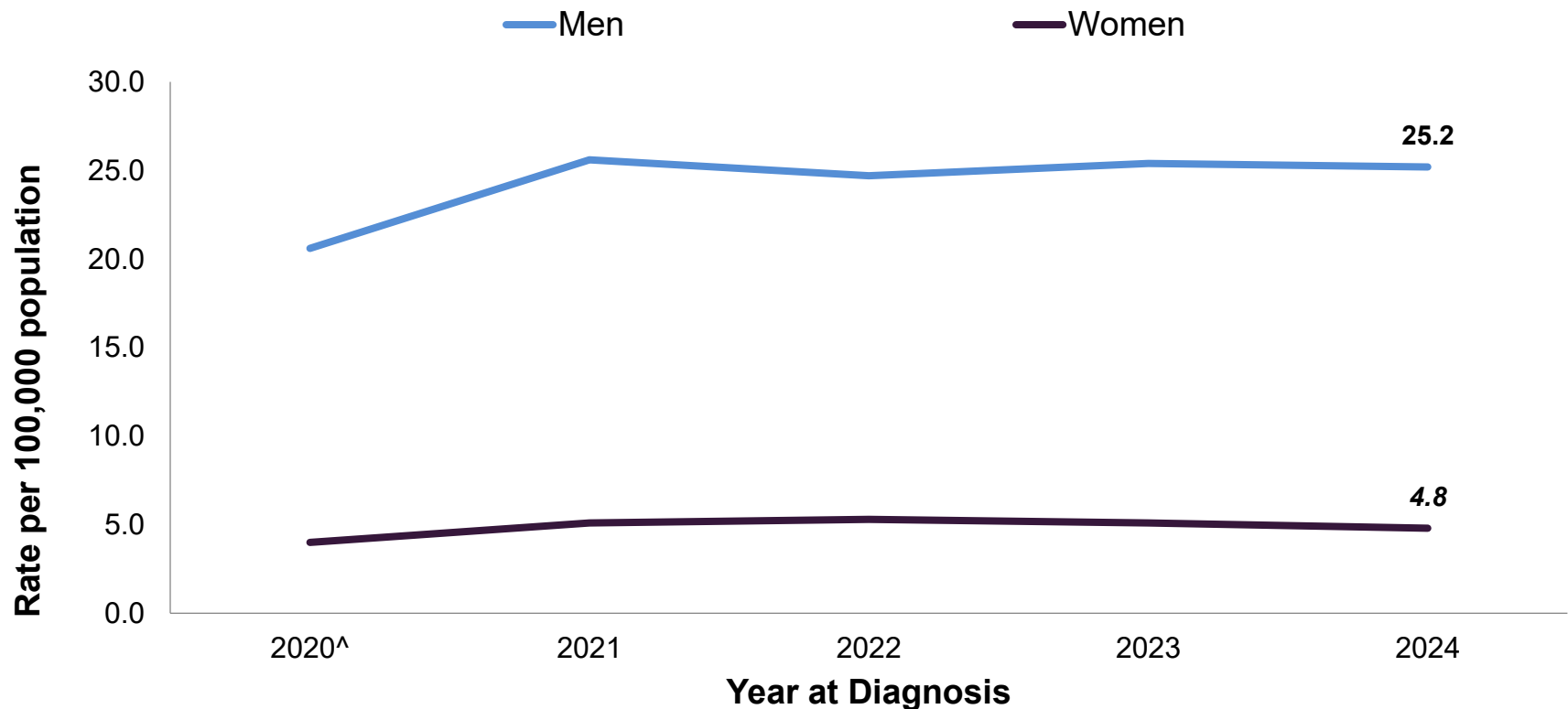


[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

*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, and completeness is improving over time; this may contribute to the appearance of an increase..

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

Newly Diagnosed HIV Rates among Adult/Adolescent (13 years and older) by Gender*, 2020-2024

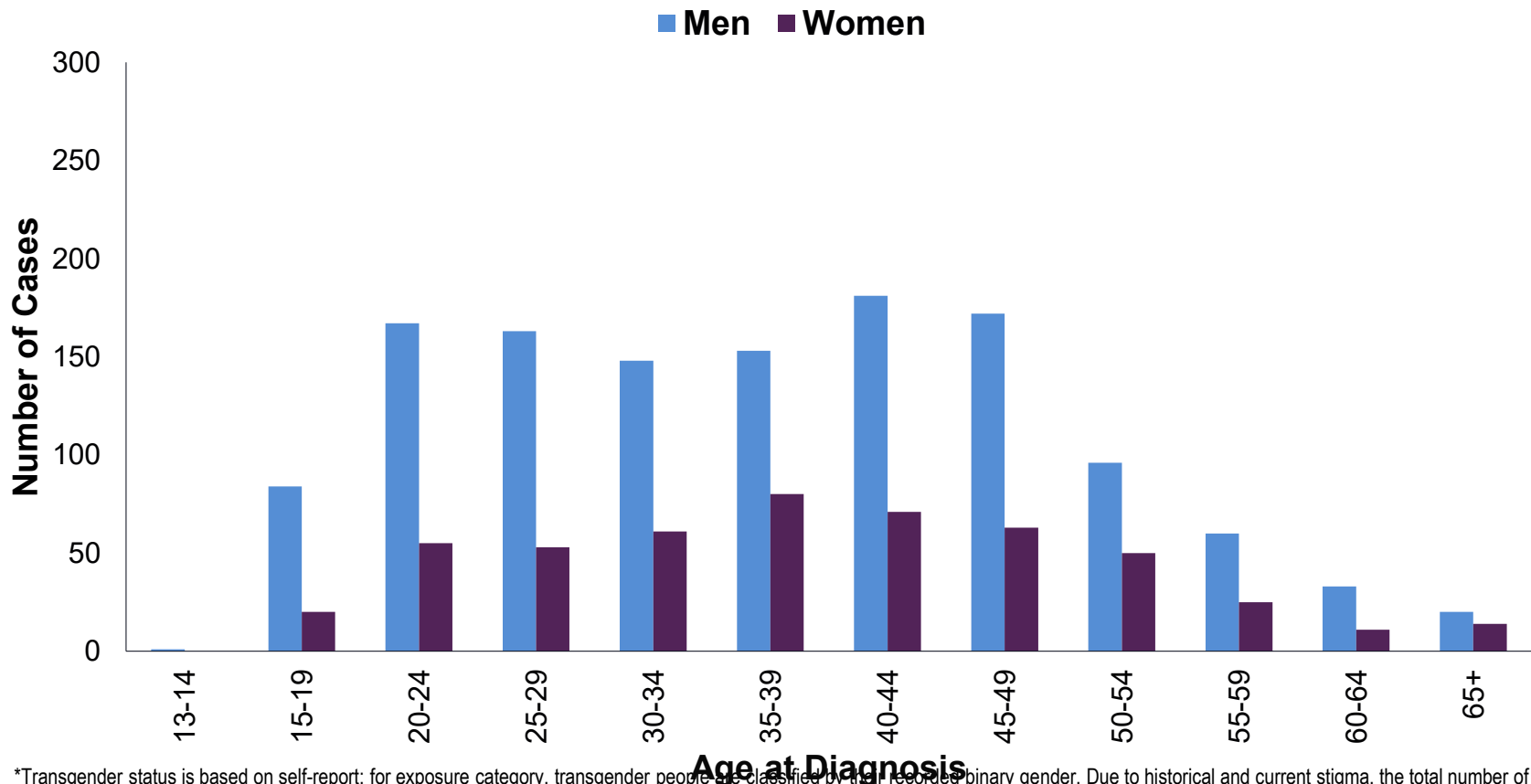


^aNote: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

^{*}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.

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

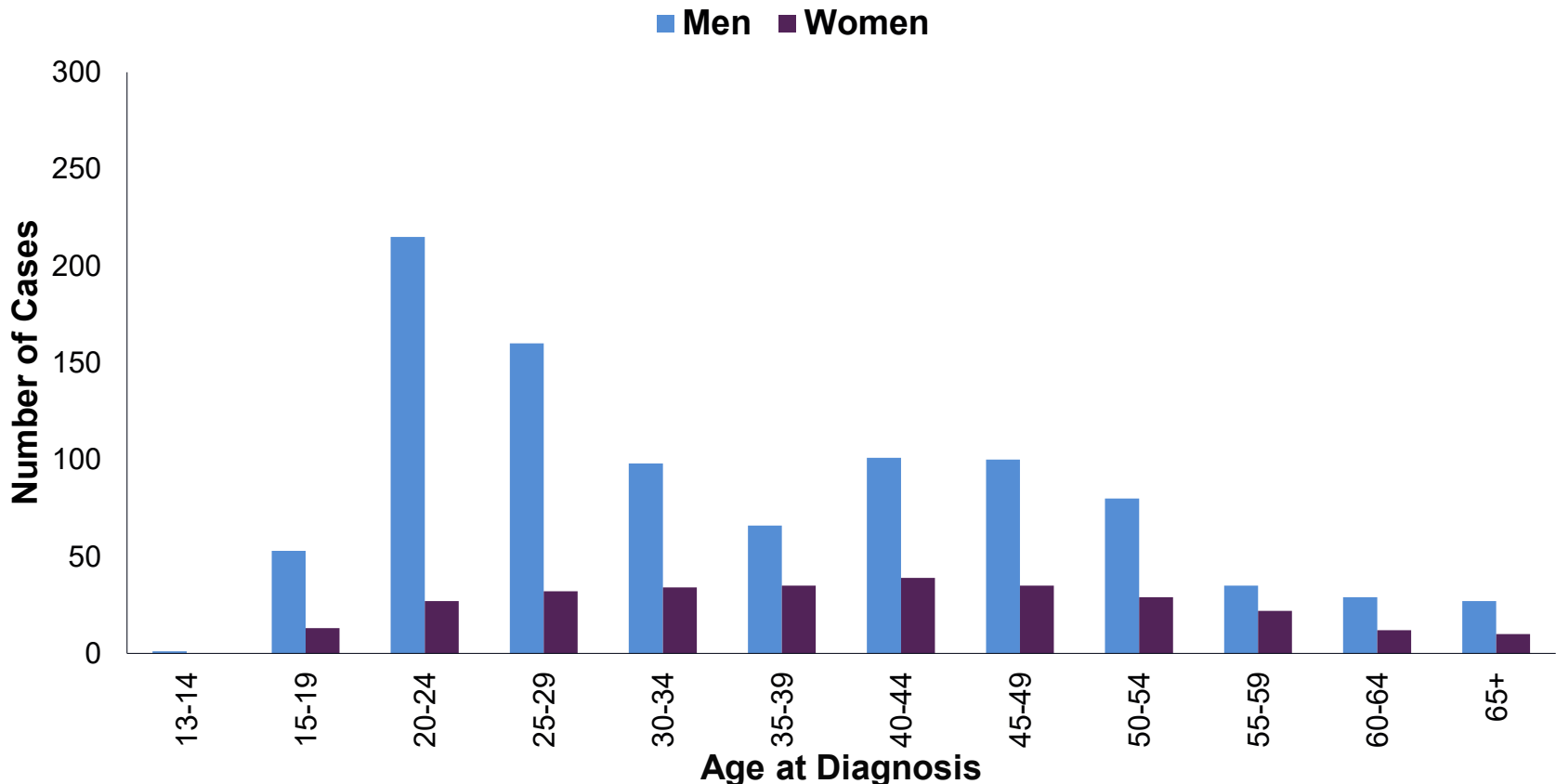
Age Distribution of Newly Diagnosed HIV among Adult/Adolescent (13 years and older) by Gender*, 2007



*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.

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

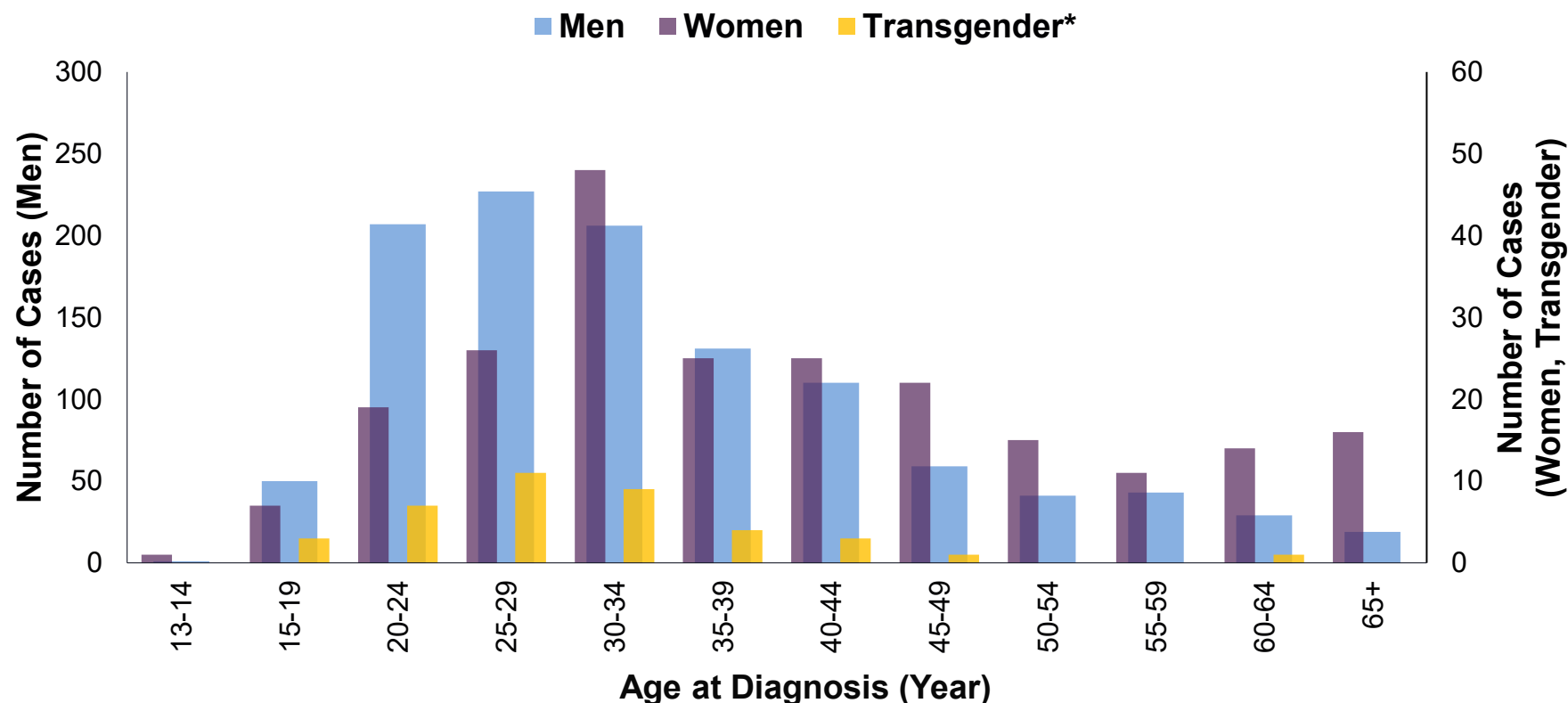
Age Distribution of Newly Diagnosed HIV among Adult/Adolescent (13 years and older) by Gender*, 2012



*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.

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

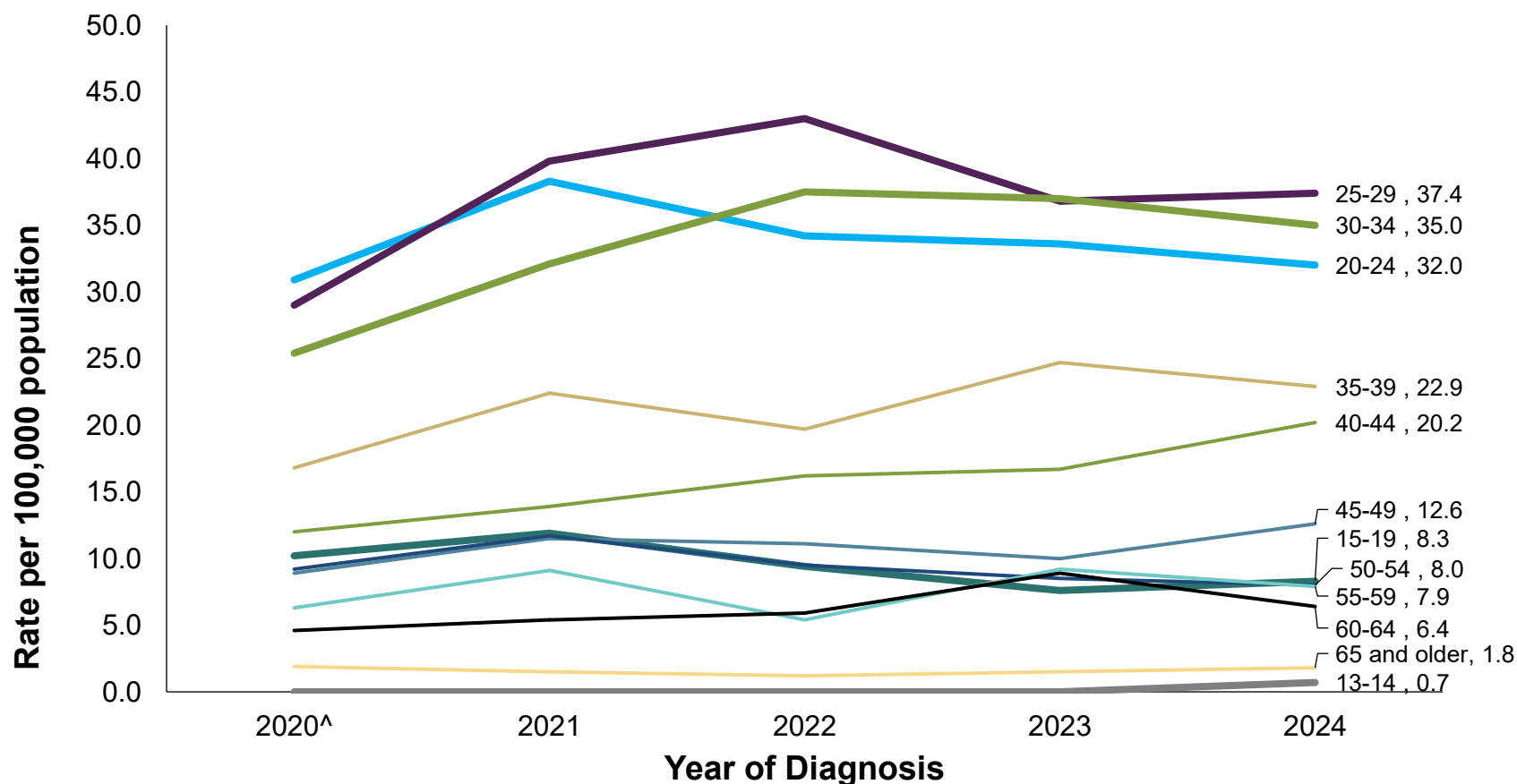
Age Distribution of Newly Diagnosed HIV among Adult/Adolescent (13 years and older) by Gender*, 2024



*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.

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

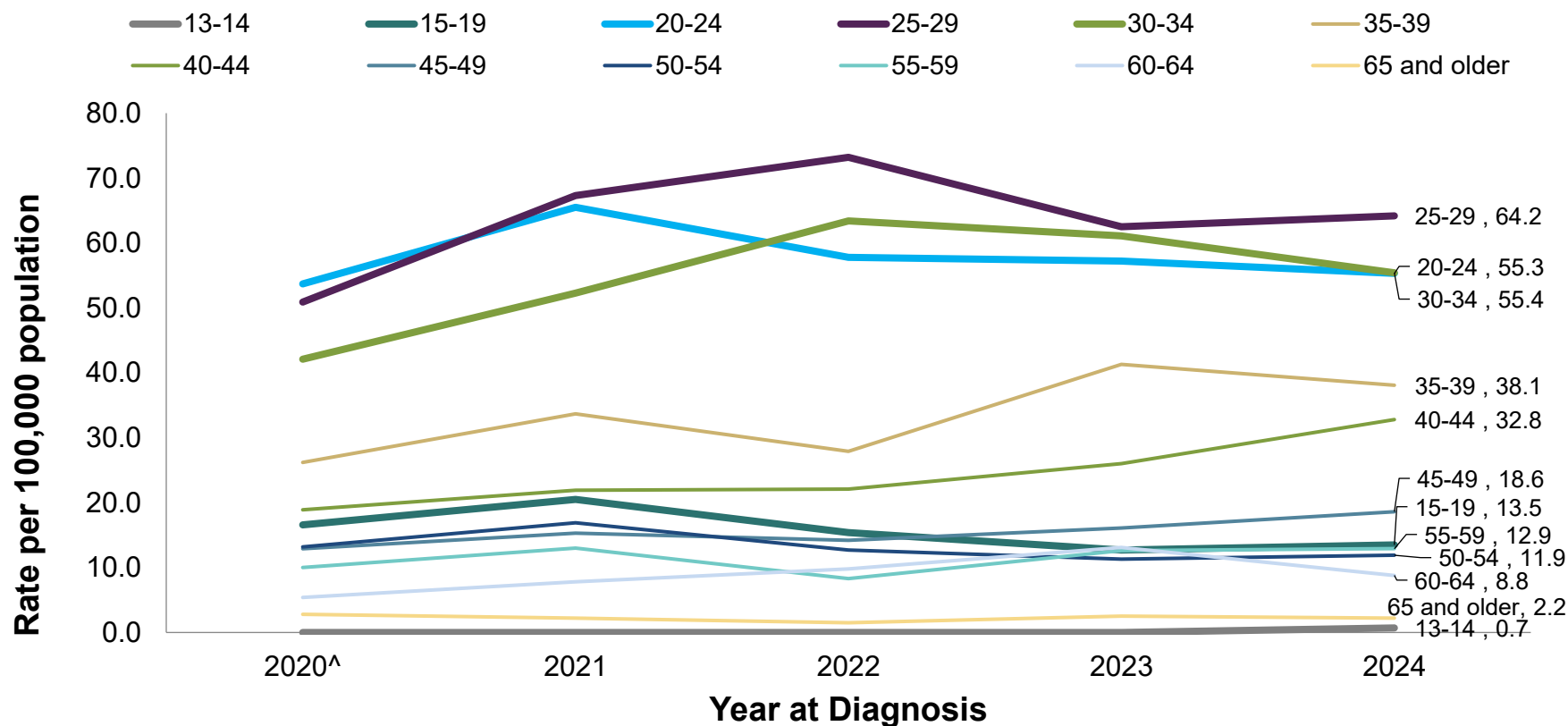
Newly Diagnosed HIV Rates among Adult/Adolescent (13 years and older) by Age at Diagnosis, 2020-2024



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

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

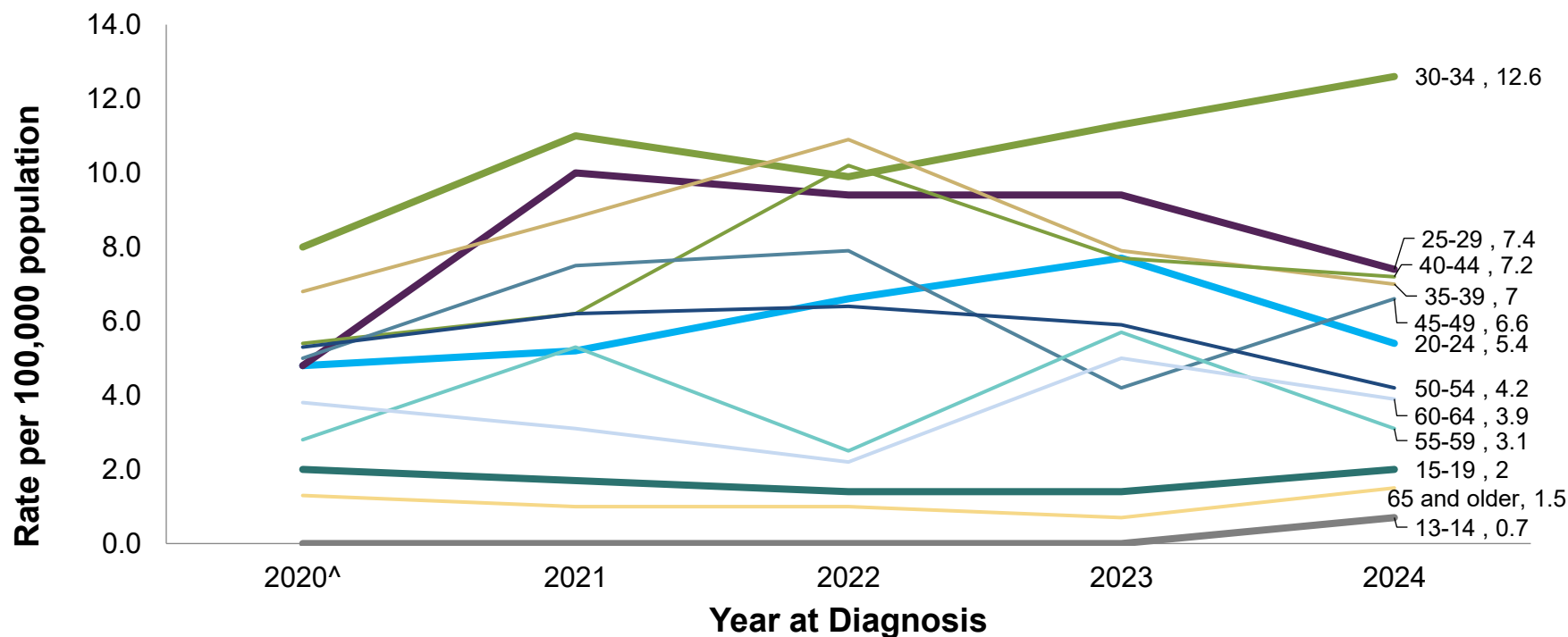
Newly Diagnosed HIV Rates among Adult/Adolescent (13 years and older) Men by Age at Diagnosis, 2020-2024



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

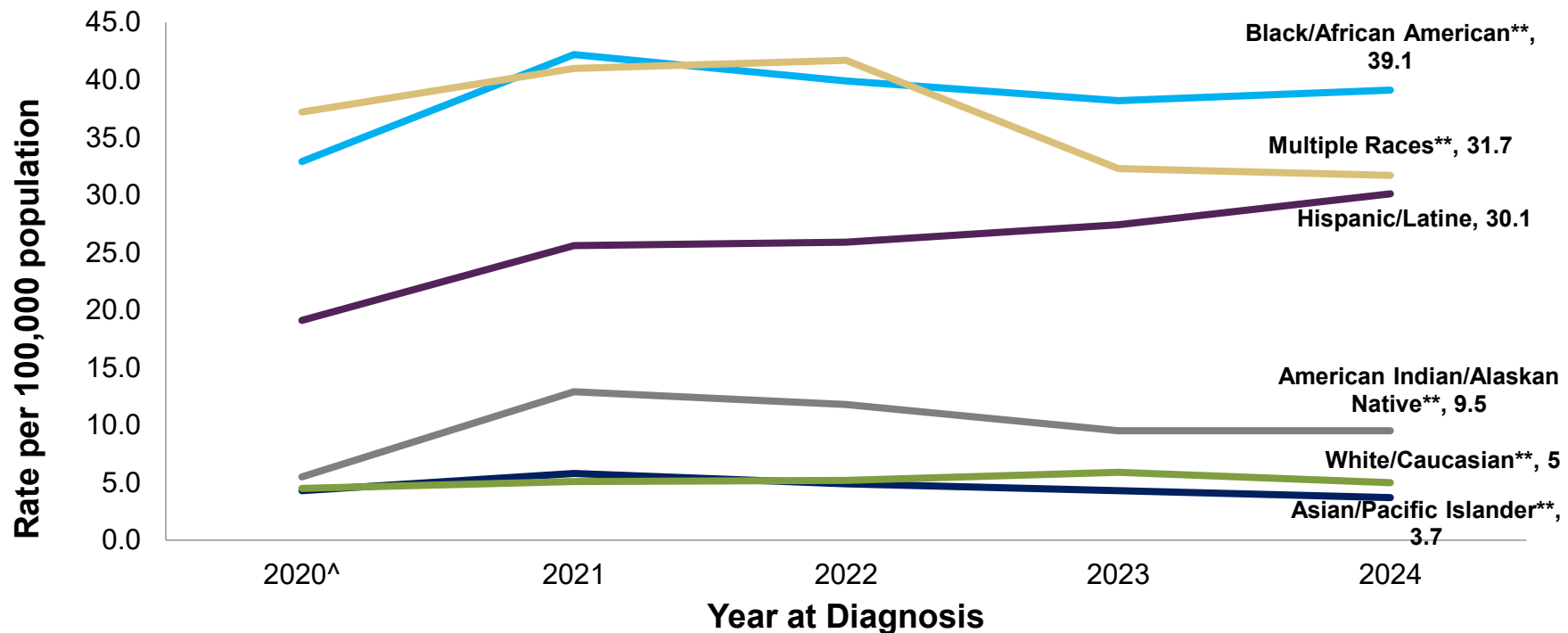
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2025).

Newly Diagnosed HIV Rates among Adult/Adolescent (13 years and older) Women by Age at Diagnosis, 2020-2024



[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Newly Diagnosed HIV Rates among Adult/Adolescent (13 years and older) by Race/Ethnicity, 2020-2024

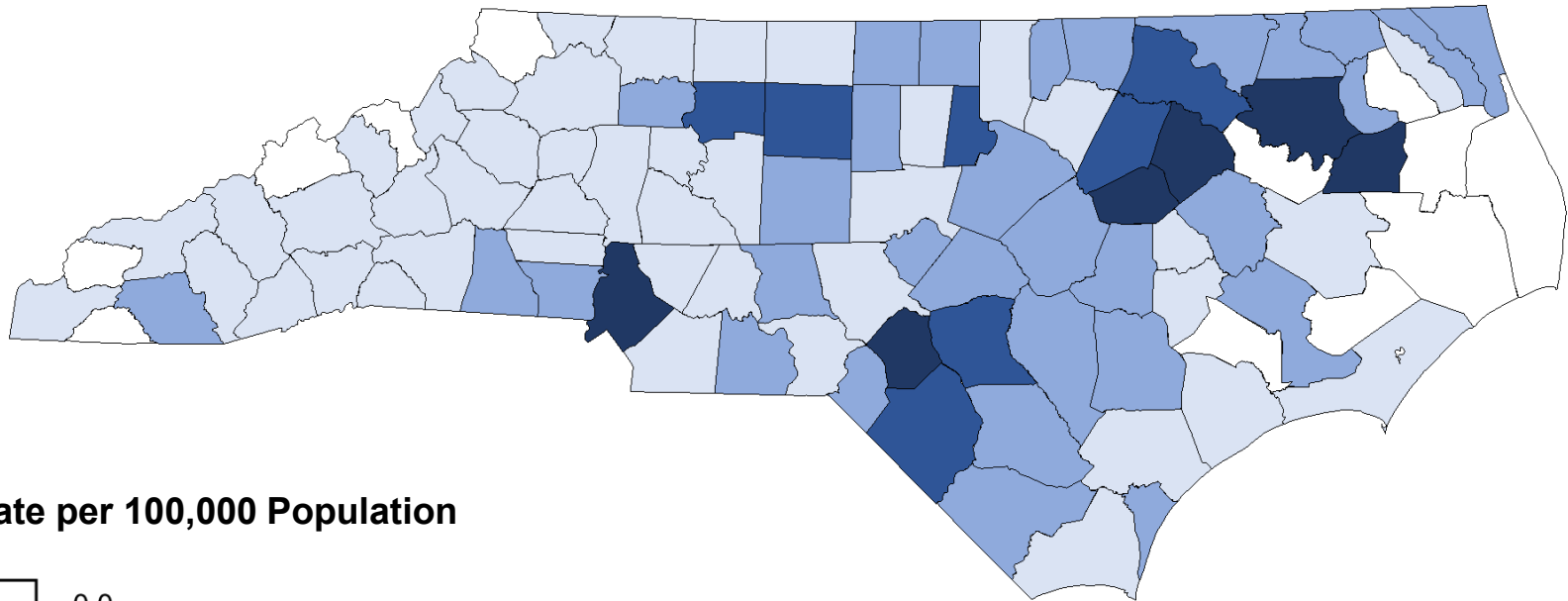


[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

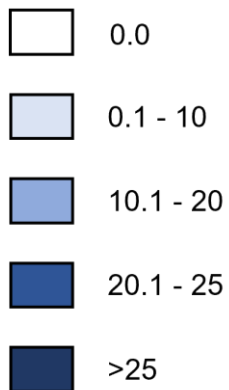
*Non-Hispanic/LatinX.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Newly Diagnosed HIV Rates by County, 2024



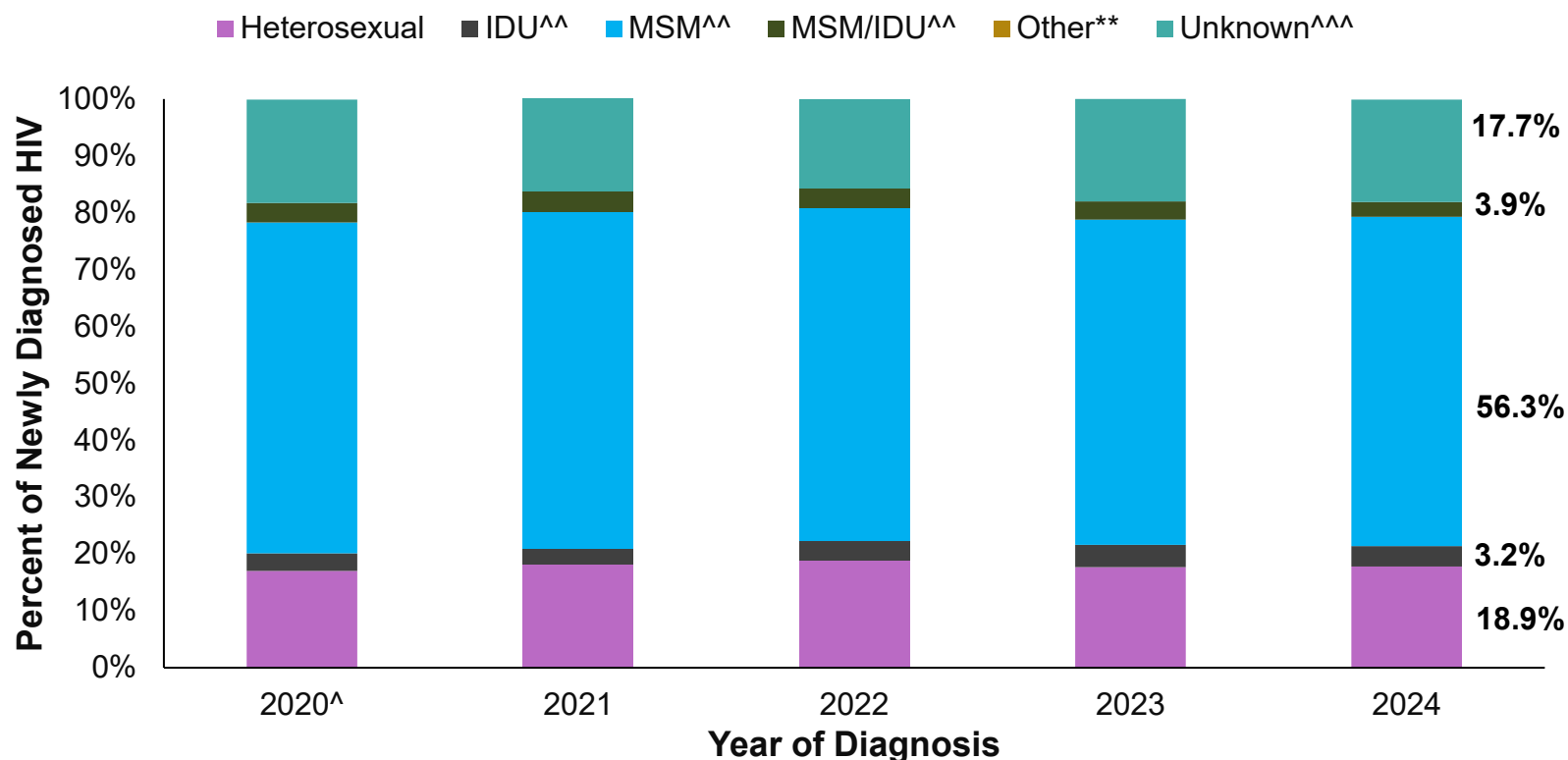
Rate per 100,000 Population



Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

HIV Exposure (Hierarchical Risk)

Newly Diagnosed HIV Hierarchical Risk^{^^} among Adults and Adolescents in NC 2020-2024



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

^{^^}Risk was assigned to each case based on the reported risk that was most likely to have resulted in HIV transmission. While people may have reported more than one behavior that can transmit HIV, each person is only classified with one risk in this chart.

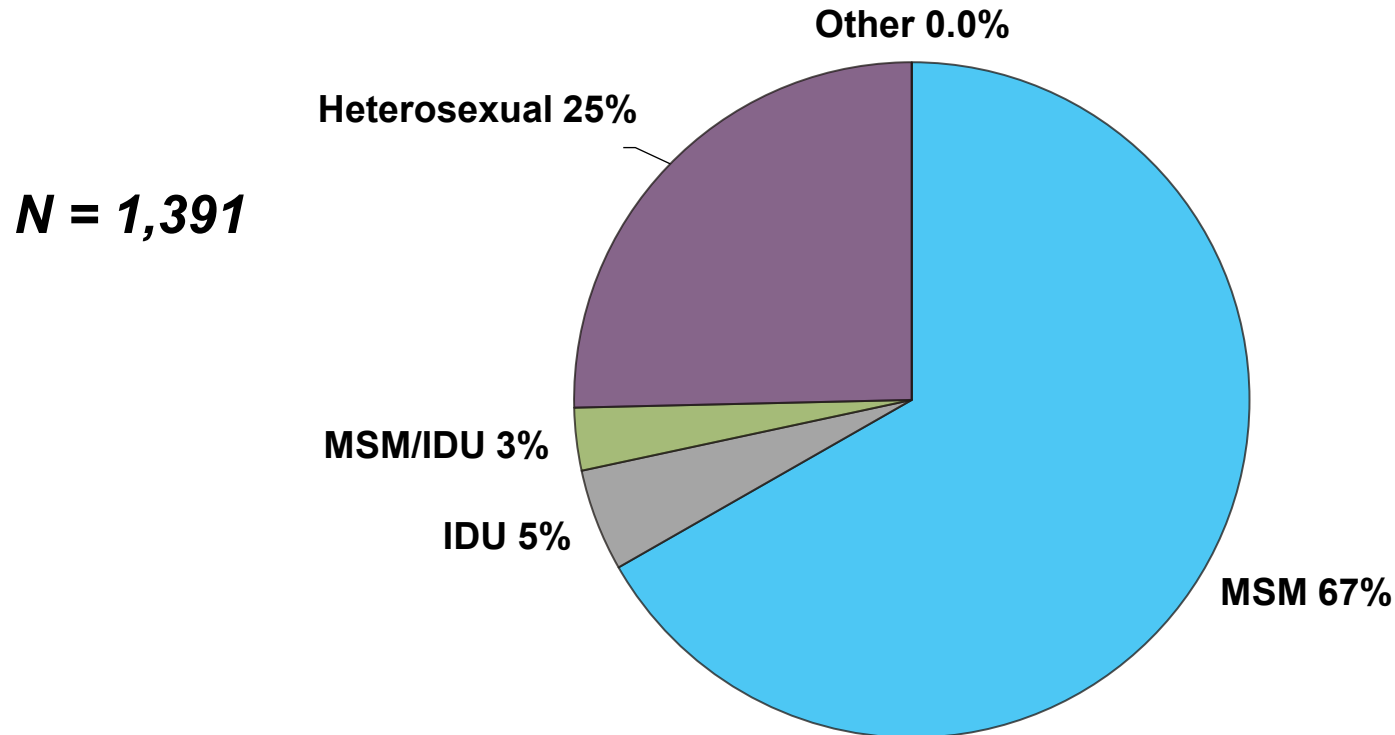
^{^^}IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

^{**}Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

^{^^^}Unknown risk is defined as individuals classified as no identified risk (NIR) and no reported risk (NRR) individuals.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Newly Diagnosed HIV Hierarchical Risk^{^^} (Redistributed*) among Adults and Adolescents in NC, 2024



^{^^}Risk was assigned to each case based on the reported risk that was most likely to have resulted in HIV transmission. While people may have reported more than one behavior that can transmit HIV, each person is only classified with one risk in this chart.

*Unknown risk has been redistributed.

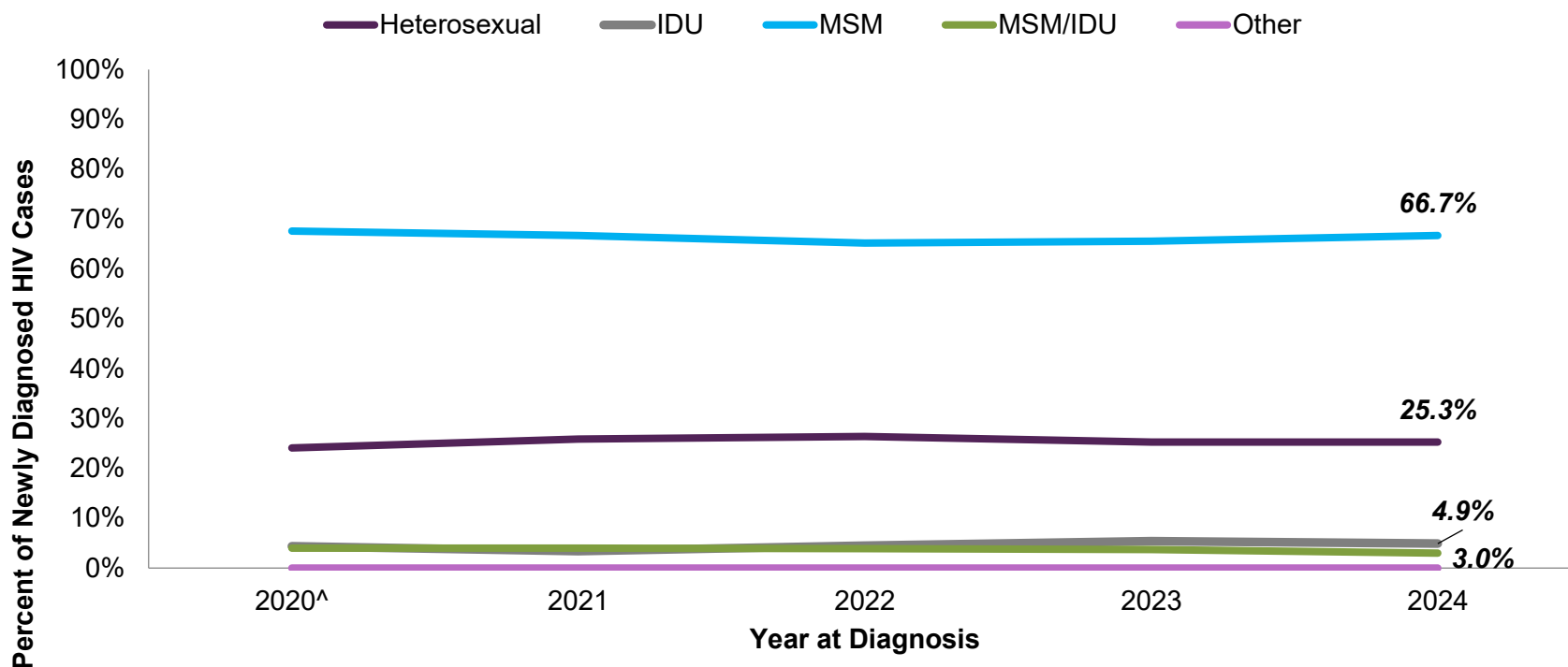
^{*}Heterosexual-all is defined as a person who does not report IDU or MSM but does report sexual contact with a partner of opposite sex, who is IDU, MSM, or known HIV-positive status. Also, if a person is a victim of sexual assault, exchanges sex for drugs/money, has had a recent STD or has sexual contact while using drugs, they are classified as high risk. It also includes individuals classified as people who reports sex with an opposite sex partner and does not report IDU, MSM, or any other potential "high risk" behaviors.

^{^^}IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

^{**}Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Proportion of Newly Diagnosed HIV Hierarchical Risk^^ (Redistributed*) among Adults and Adolescents in NC, 2020-2024



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

^{^^}Risk was assigned to each case based on the reported risk that was most likely to have resulted in HIV transmission. While people may have reported more than one behavior that can transmit HIV, each person is only classified with one risk in this chart.

*Unknown risk has been redistributed.

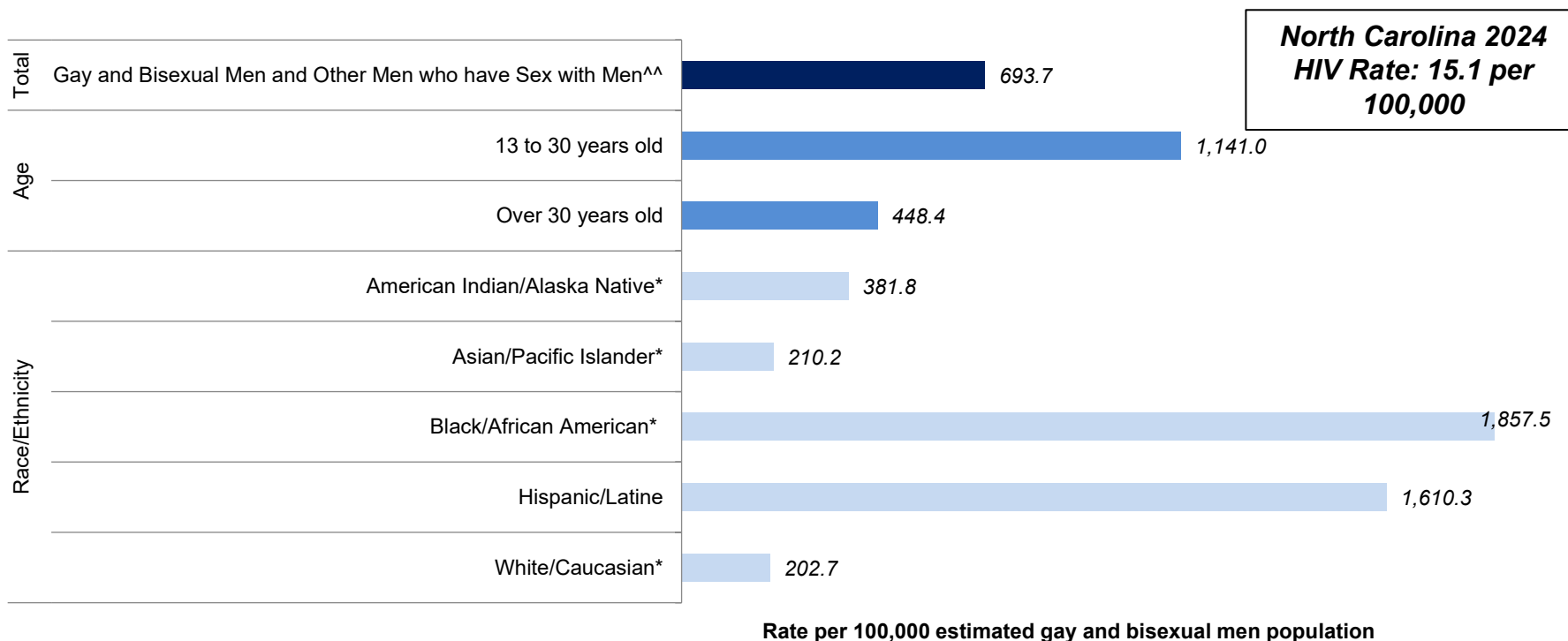
[†]Heterosexual-all is defined as a person who does not report IDU or MSM, but does report sexual contact with a partner of opposite sex, who is IDU, MSM, or known HIV-positive status. Also, if a person is a victim of sexual assault, exchanges sex for drugs/money, has had a recent STD or has sexual contact while using drugs, they are classified as high risk. It also includes individuals classified as people who reports sex with an opposite sex partner and does not report IDU, MSM, or any other potential "high risk" behaviors.

^{^^}IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

^{††}Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Estimated HIV Infection Rates among Newly Diagnosed Adult and Adolescents (13 years and older) Gay and Bisexual Men and Other Men who have Sex with Other Men^ in North Carolina 2024



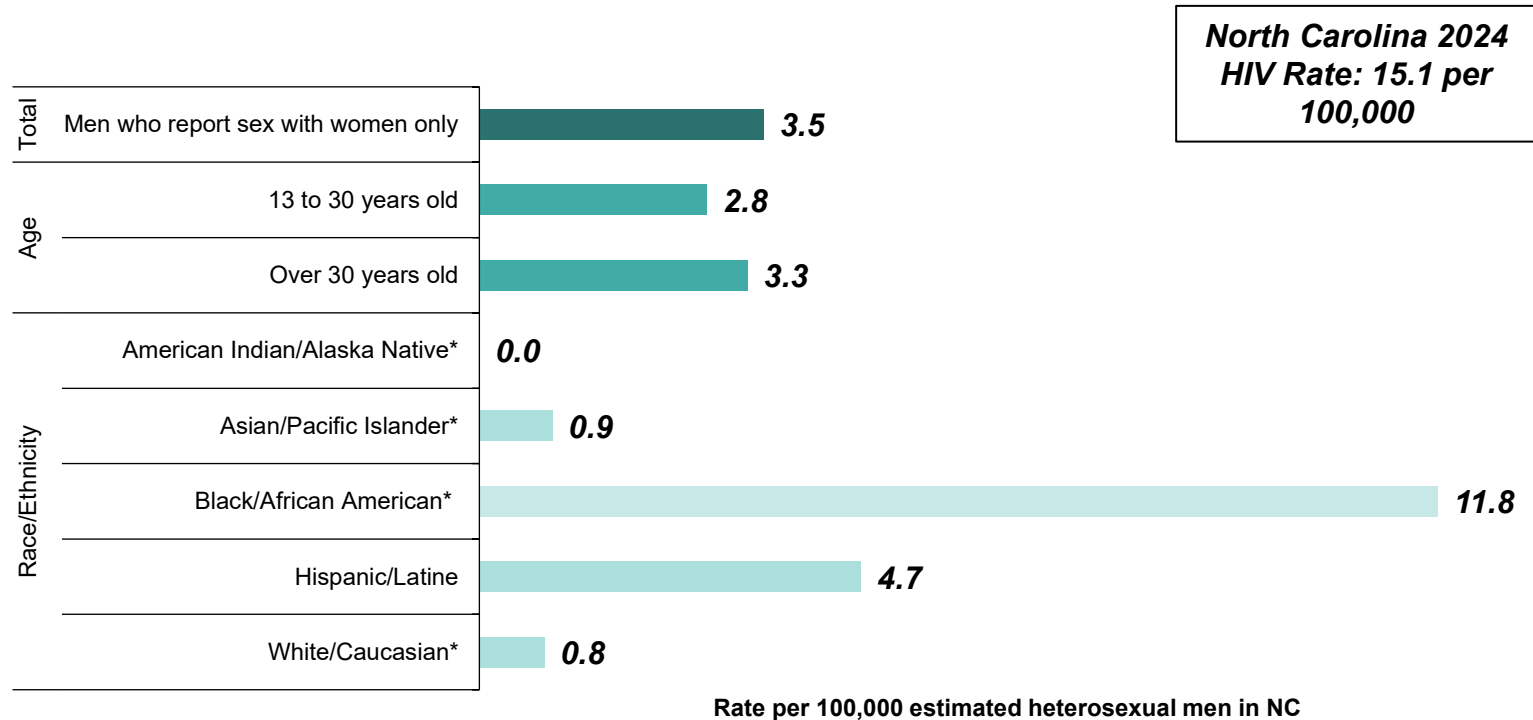
^Unknown risk has been redistributed. People who were classified as MSM and IDU were excluded.

^^Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/>

*Non-Hispanic/Latine.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Estimated HIV Infection Rates among Newly Diagnosed Adult and Adolescents (13 years and older) Heterosexual Men[^] in North Carolina 2024



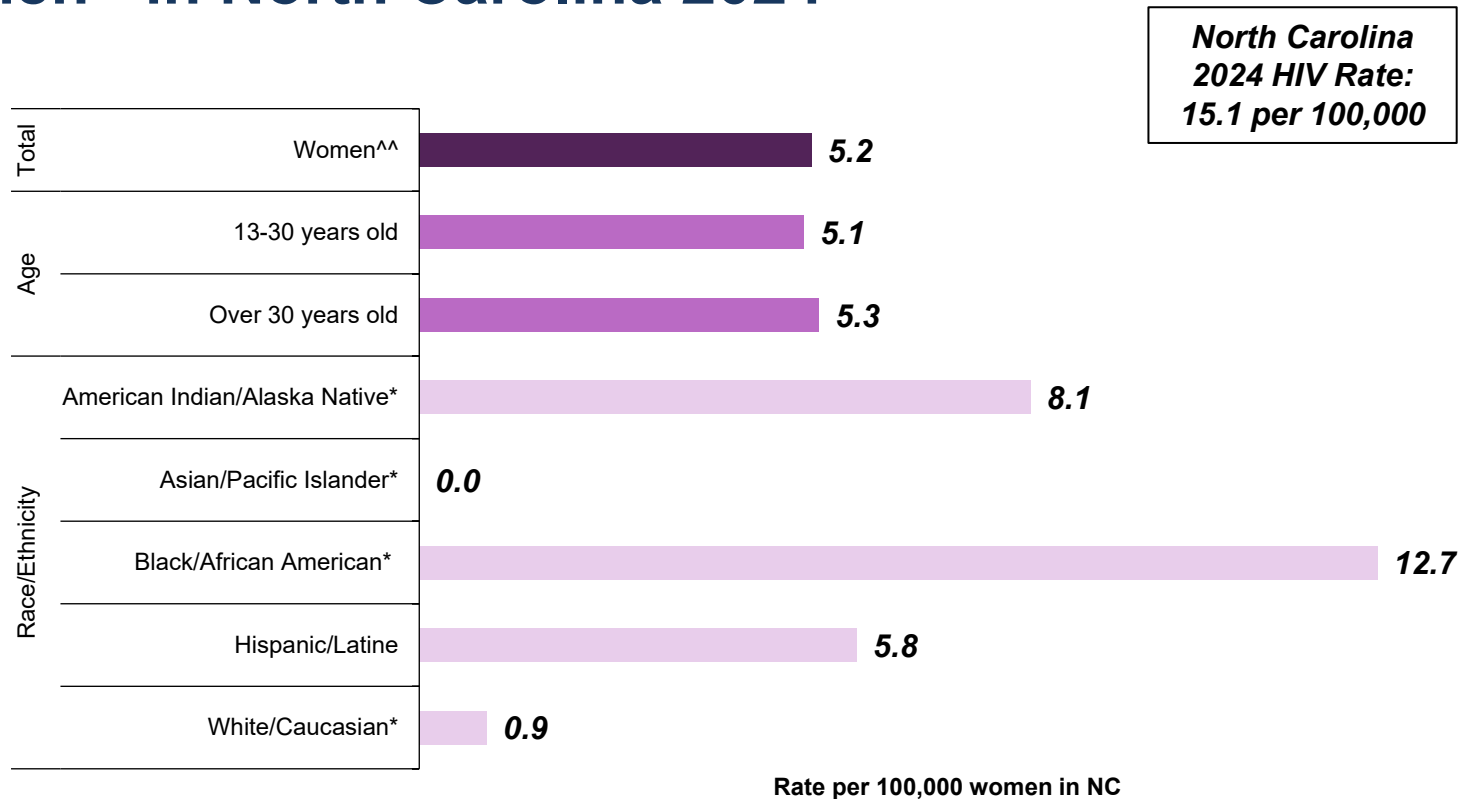
[^]Unknown risk has been redistributed. People who were classified as MSM and IDU were excluded.

^{^^}Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/>

*Non-Hispanic/Latine.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

HIV Infection Rates among Newly Diagnosed Adult and Adolescents (13 years and older) Heterosexual Women[^] in North Carolina 2024



[^]Unknown risk has been redistributed. People who were classified as MSM and IDU were excluded.

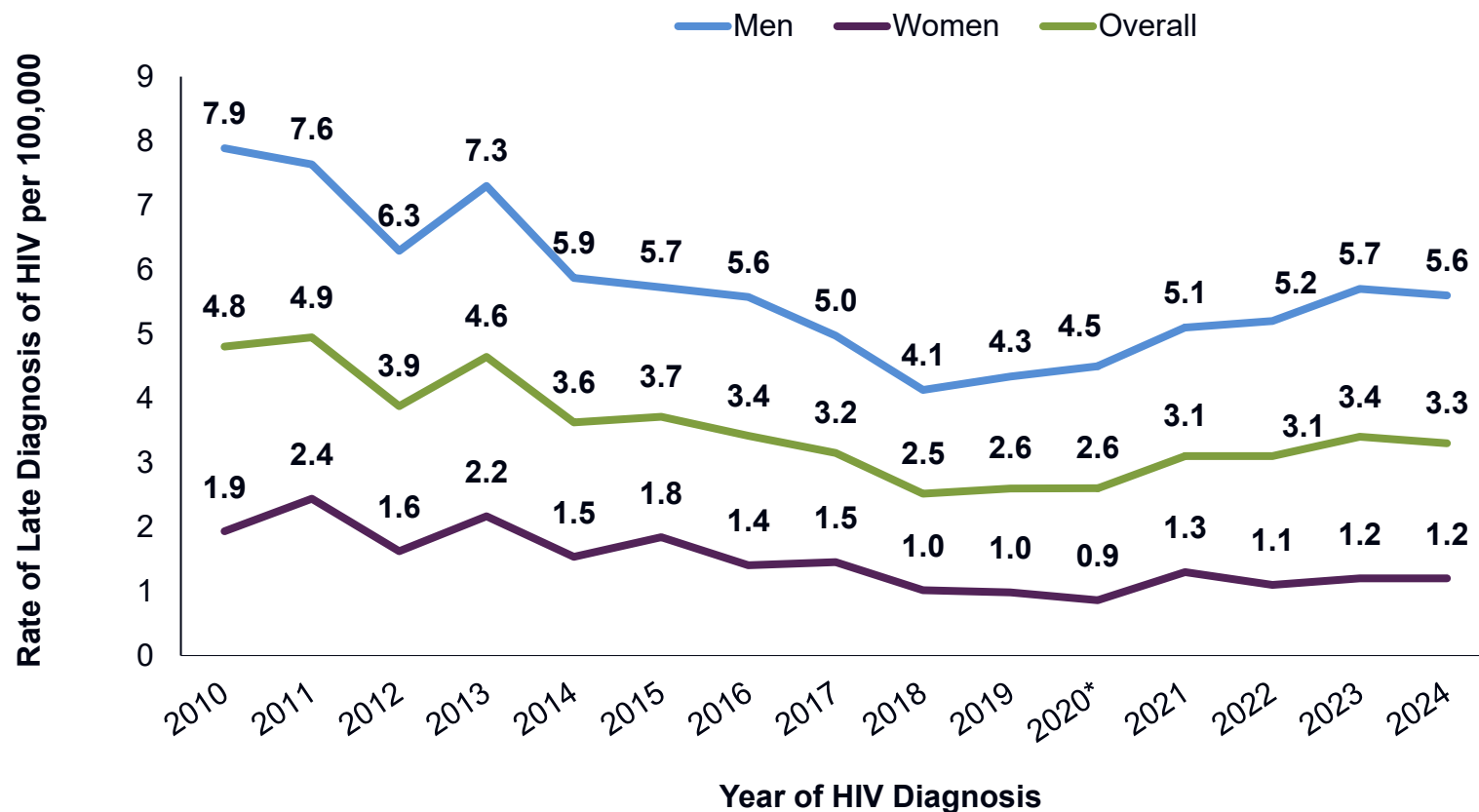
^{^^}Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/>

*Non-Hispanic/Latine.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

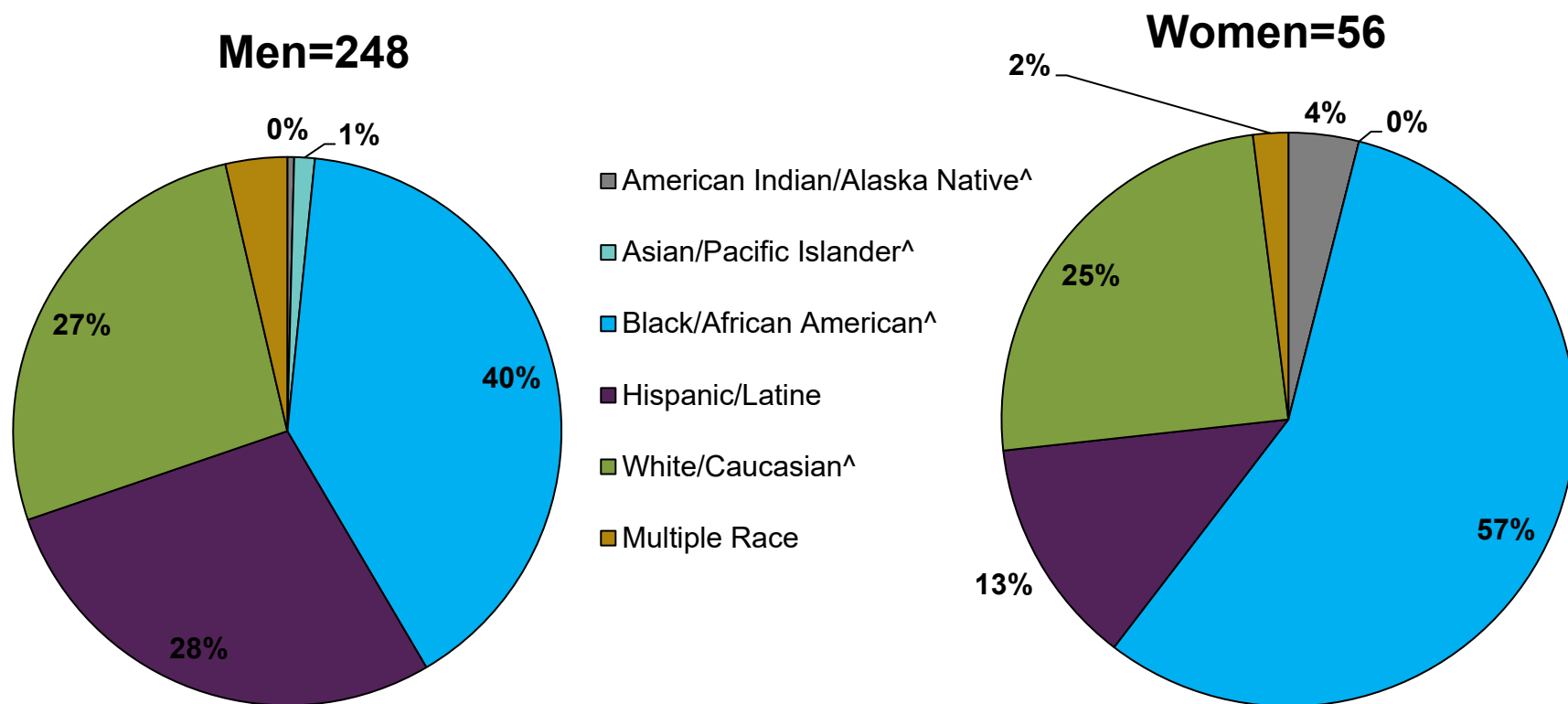
Late Diagnosis of HIV (HIV and AIDS within 6 months)

Rate of Late Diagnoses of HIV by Gender, 2010-2024



*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

Proportion of Late Diagnosed HIV by Gender and Race/Ethnicity, 2024



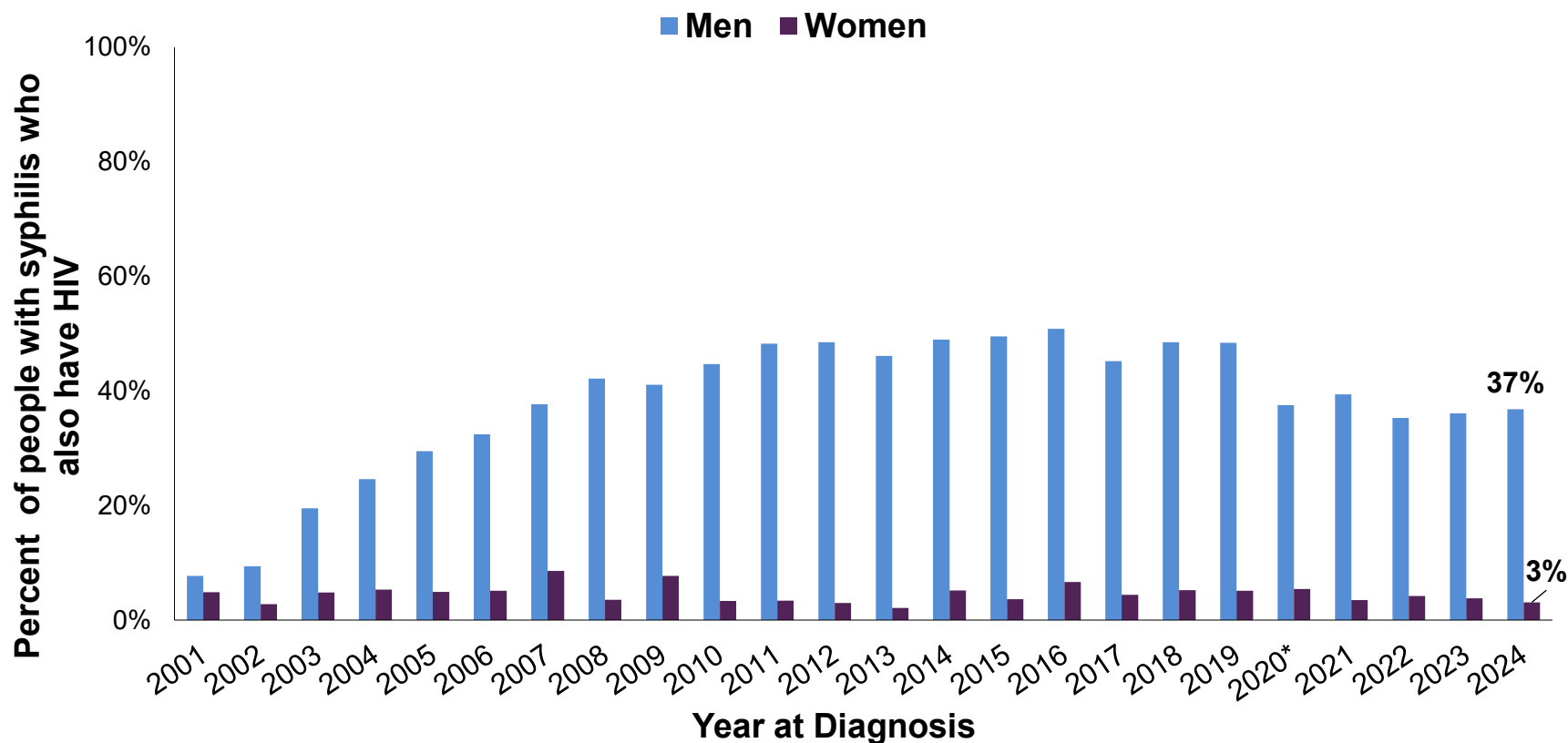
^Non-Hispanic/Latine.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

HIV Comorbidities

People with Syphilis also Living with HIV

People with Early Syphilis[^] also Living with HIV^{^^} by Gender, 2001-2024



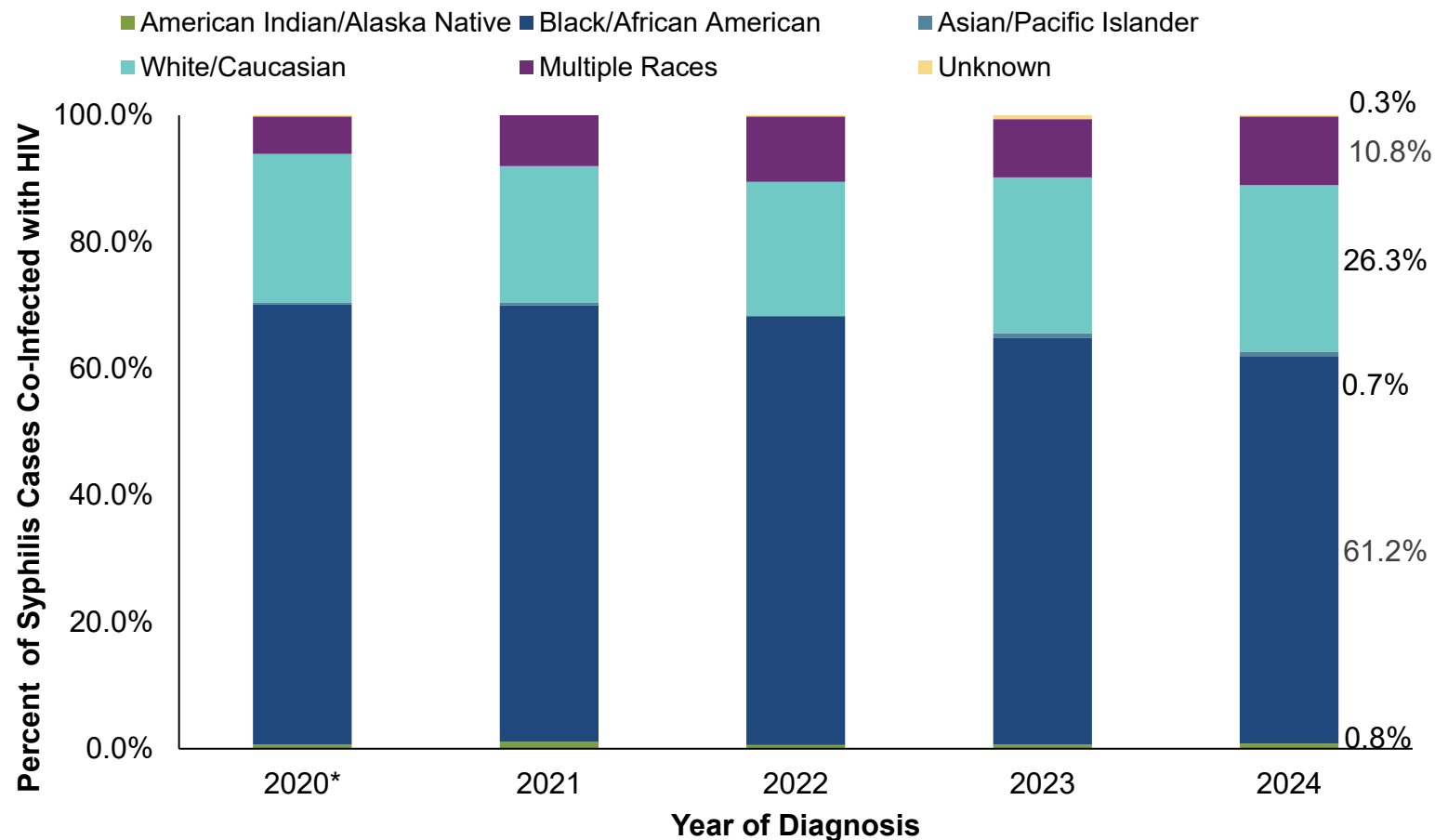
[^]Early syphilis is defined as having primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

^{^^}HIV diagnosed prior to OR within 30 days of syphilis diagnosis.

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

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025) and enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

People with Early Syphilis[^] also Living with HIV^{^^} by Race 2020-2024



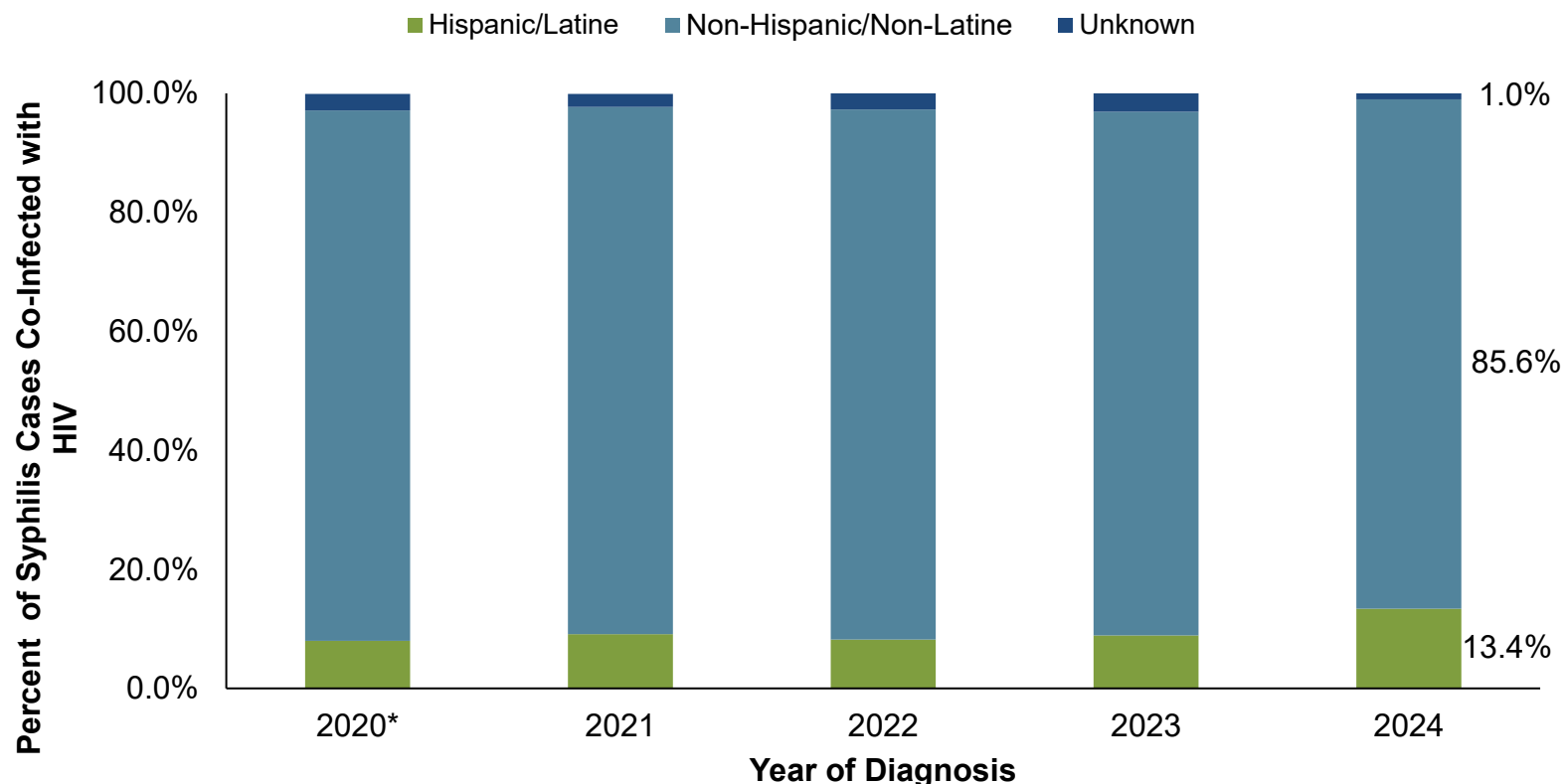
[^]Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

^{^^}HIV diagnosed prior to OR within 30 days of syphilis diagnosis.

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

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025).

People with Early Syphilis[^] also Living with HIV^{^^} by Ethnicity 2020-2024



[^]Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

^{^^}HIV diagnosed prior to OR within 30 days of syphilis diagnosis.

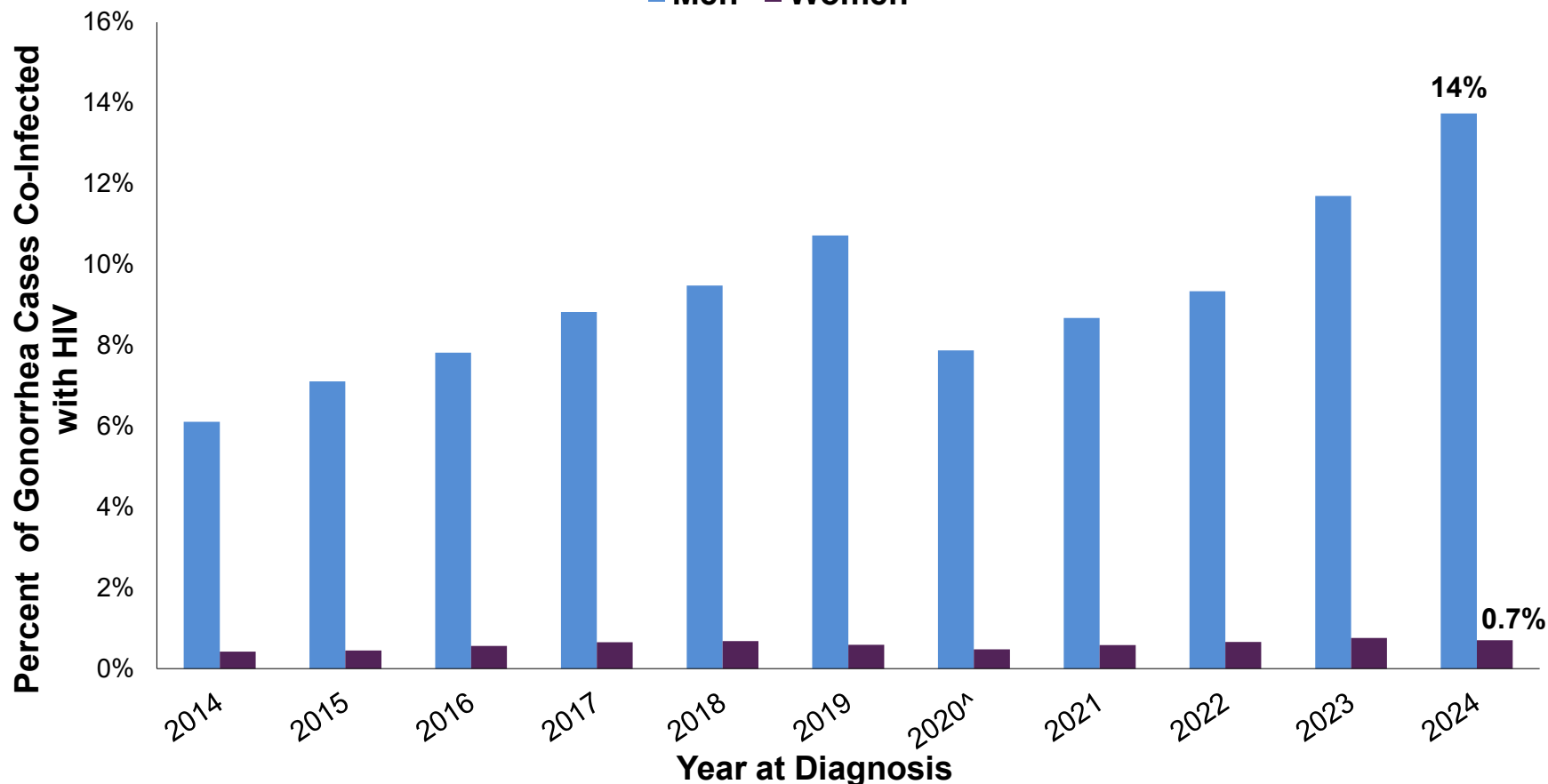
*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025).

People with Gonorrhea also Living with HIV

People with Gonorrhea also Living with HIV^^ by Gender, 2014-2024

■ Men ■ Women

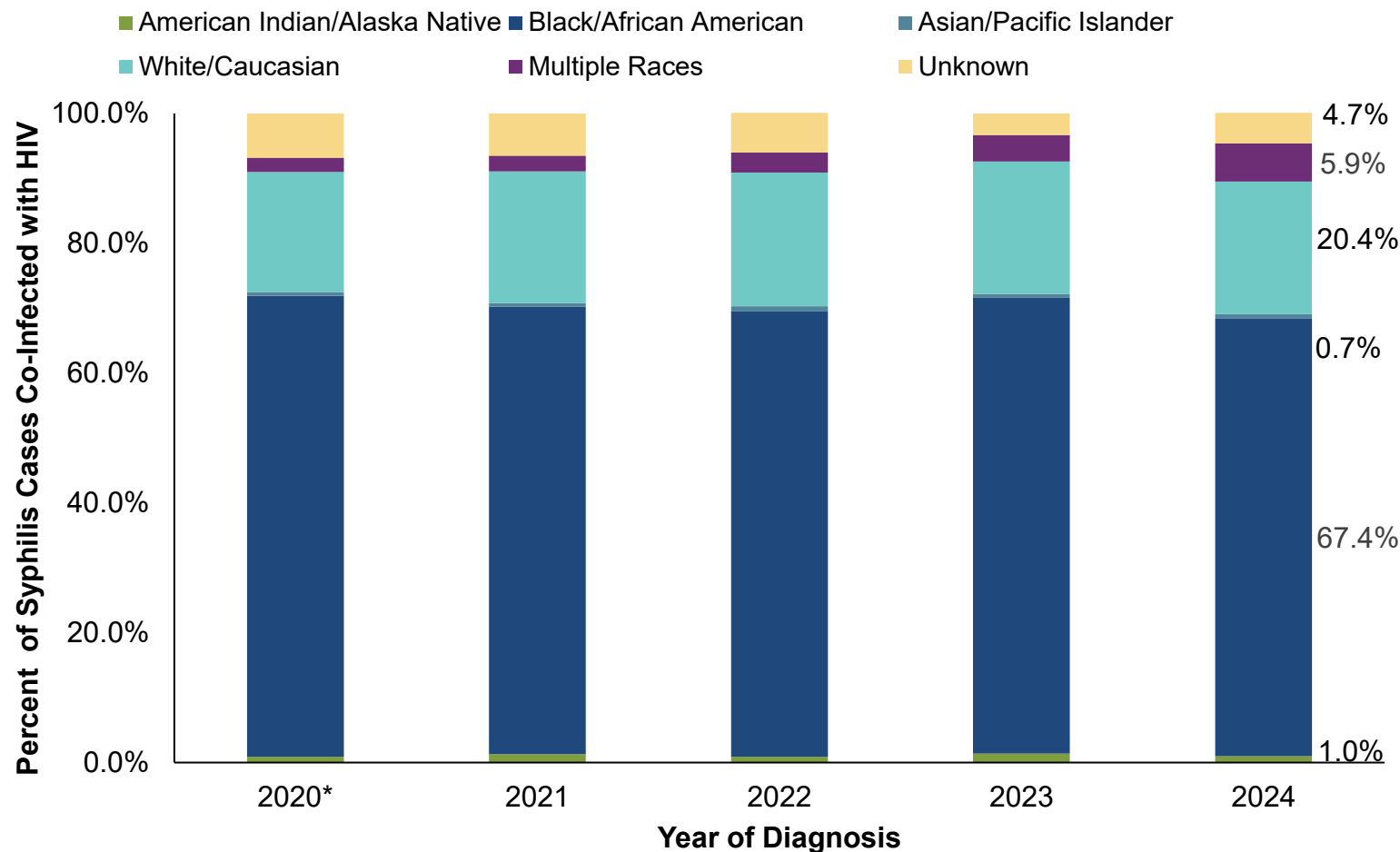


^^HIV diagnosed prior to OR within 30 days of gonorrhea diagnosis.

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

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025) and enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2025).

People with Gonorrhea also Living with HIV^^ by Race 2020-2024

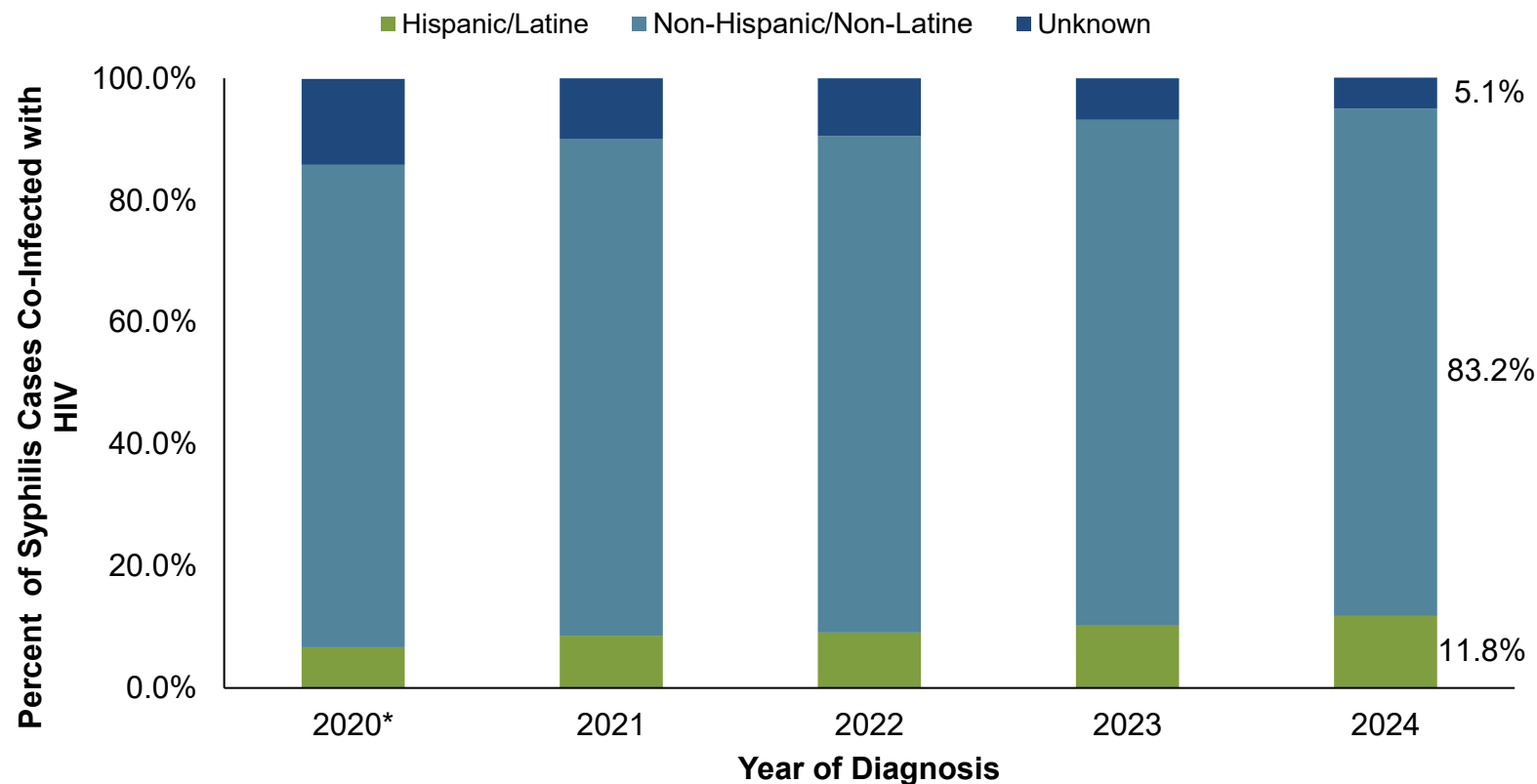


^^HIV diagnosed prior to OR within 30 days of gonorrhea diagnosis.

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

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025).

People with Gonorrhea also Living with HIV^^ by Ethnicity 2020-2024



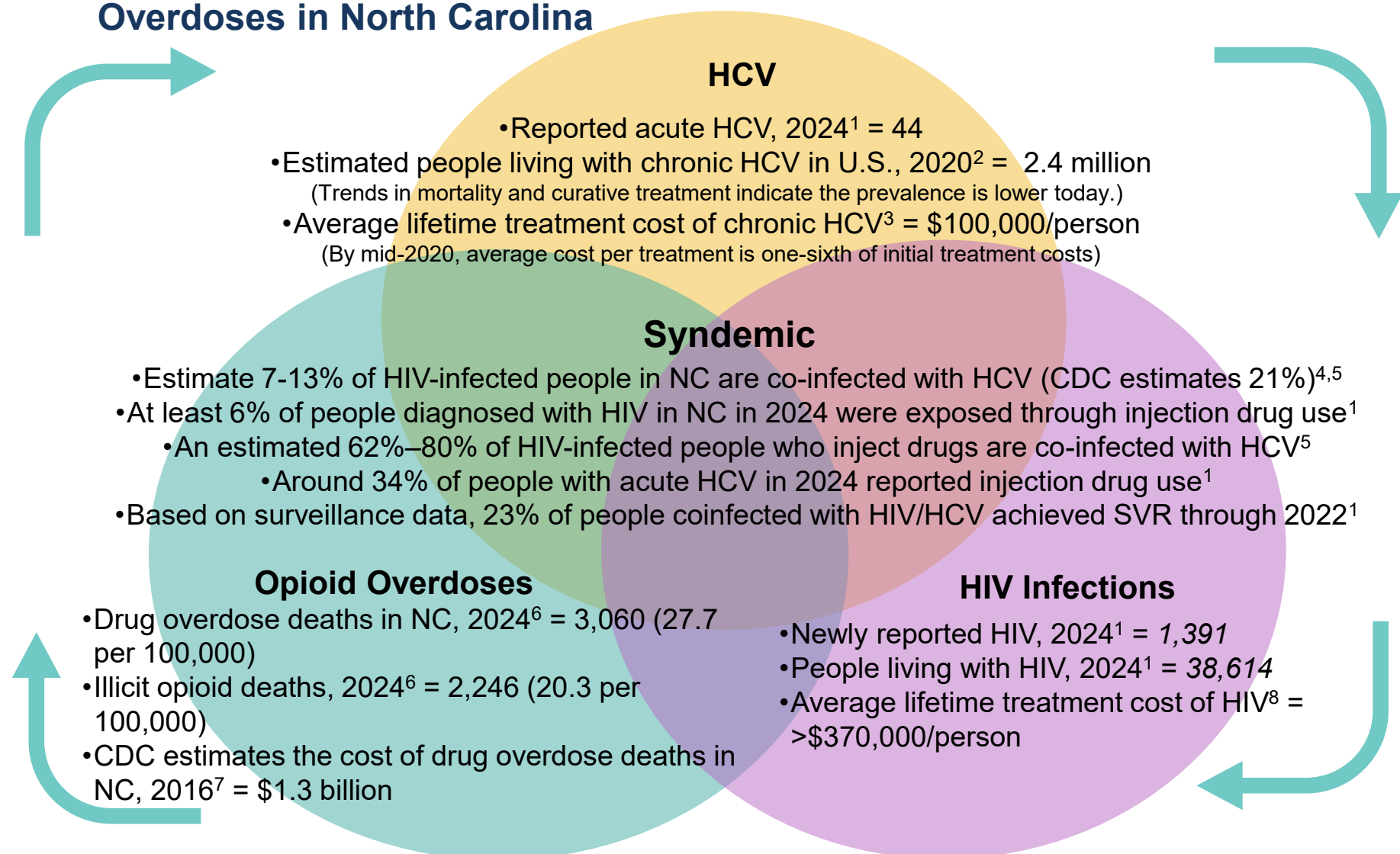
^^HIV diagnosed prior to OR within 30 days of gonorrhea diagnosis.

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

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025).

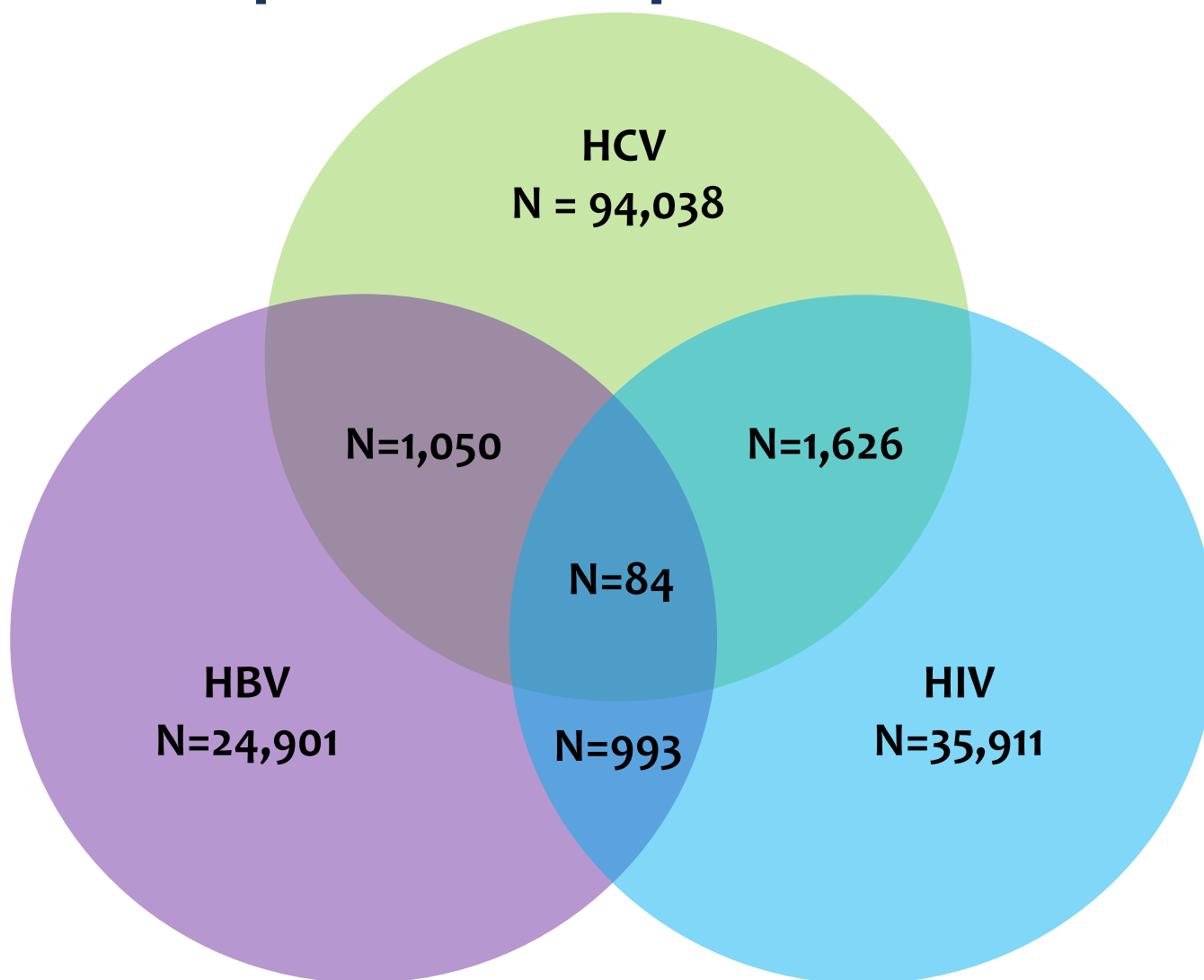
Hepatitis Coinfection with HIV

Conquering the Syndemic: The Impact of HCV, HIV, and Opioid Overdoses in North Carolina



¹NC HIV/STD/Hepatitis Annual Surveillance Report, 2024; ²CDC Surveillance for Viral Hepatitis (<https://www.cdc.gov/hepatitis-c/hcp/clinical-overview/index.html>); ³In the absence of liver transplant (National Viral Hepatitis Roundtable and Center for Health Law and Policy Innovation of Harvard Law School <https://stateofhepc.org/wp-content/uploads/2023/02/State-of-Hep-C-Treatment-Costs-Fact-Sheet.pdf>); ⁴Based on estimates from NC Ryan White CAREWare and the Medical Monitoring Project in NC; ⁵People Coinfected with HIV and Viral Hepatitis <https://www.cdc.gov/hepatitis/populations/hiv.htm>; ⁶Opioid and Substance Use Action Plan Data Dashboard <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>; ⁷<https://www.ncdhhs.gov/prescription-fact-sheet-sec-final-03-07-17/download>; ⁸Bingham A, Shrestha R, Khurana N, et al. Estimated lifetime HIV-related medical costs in the United States. Special Issue of Sex Transm Dis 2021

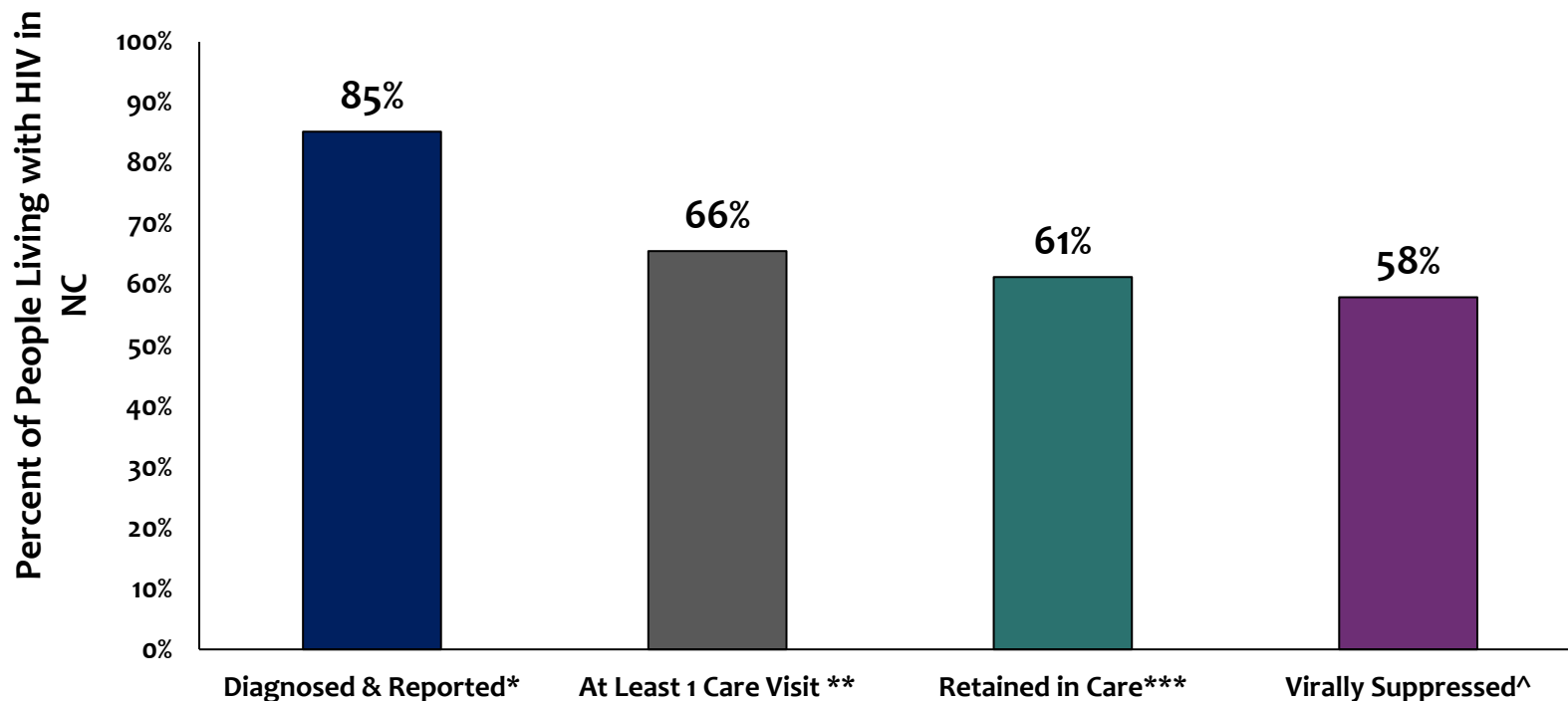
2024 HIV/Hepatitis B/Hepatitis C Coinfection



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 2025) and enhanced HIV/AIDS Reporting System (NC EDSS) (data as of July 2025).

North Carolina HIV Continuum of Care

North Carolina HIV Continuum of Care 2024, Estimated Incidence Denominator



*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. Estimated proportion living in NC and undiagnosed is from 2023.

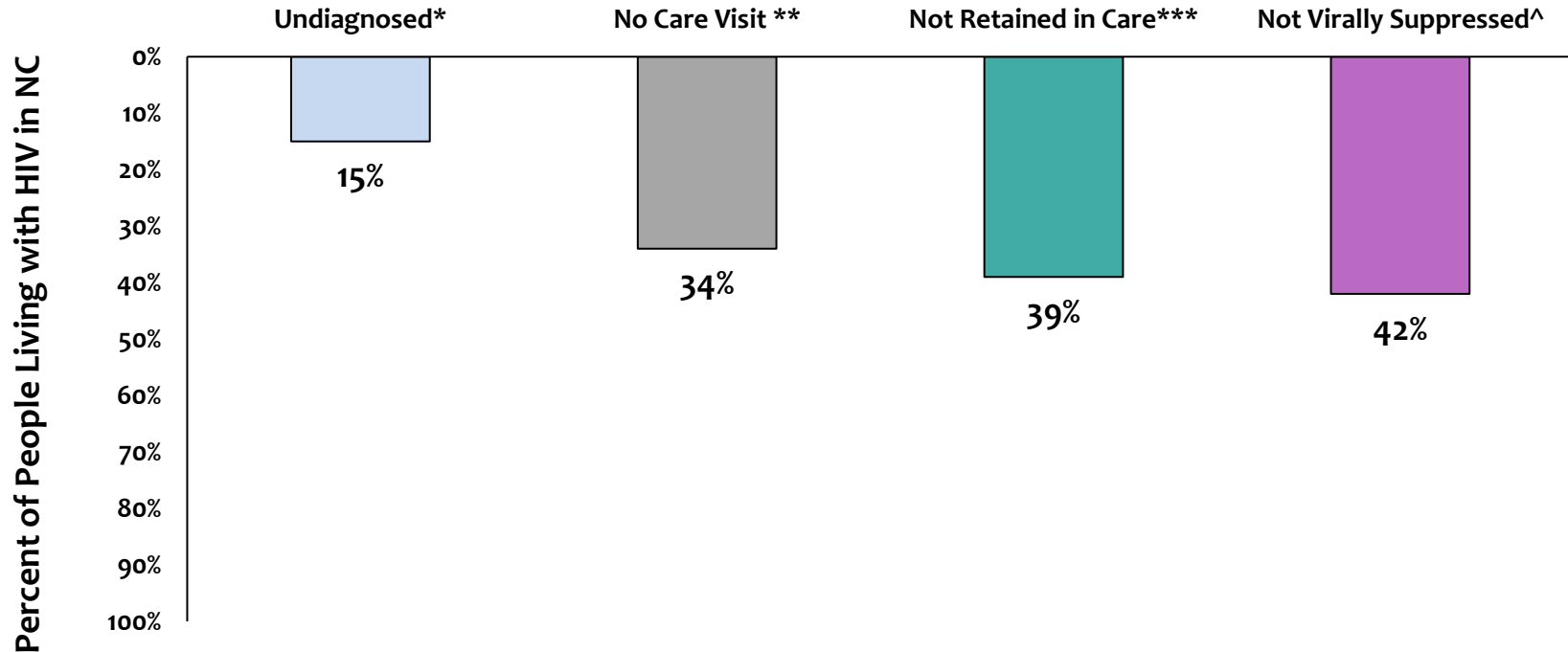
**At least 1 care marker (CD4 or VL test, HMAP dispense, or Medicaid claim) in the given calendar year.

*** 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.

^Last viral load during the given calendar year <200 copies/ml.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (August 2025) and NC ECHO (August 2025).

Upside Down HIV Continuum of Care 2024



*People ≥ 13 years of age estimated to have HIV but not be 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. Estimated proportion living in NC and undiagnosed is from 2023.

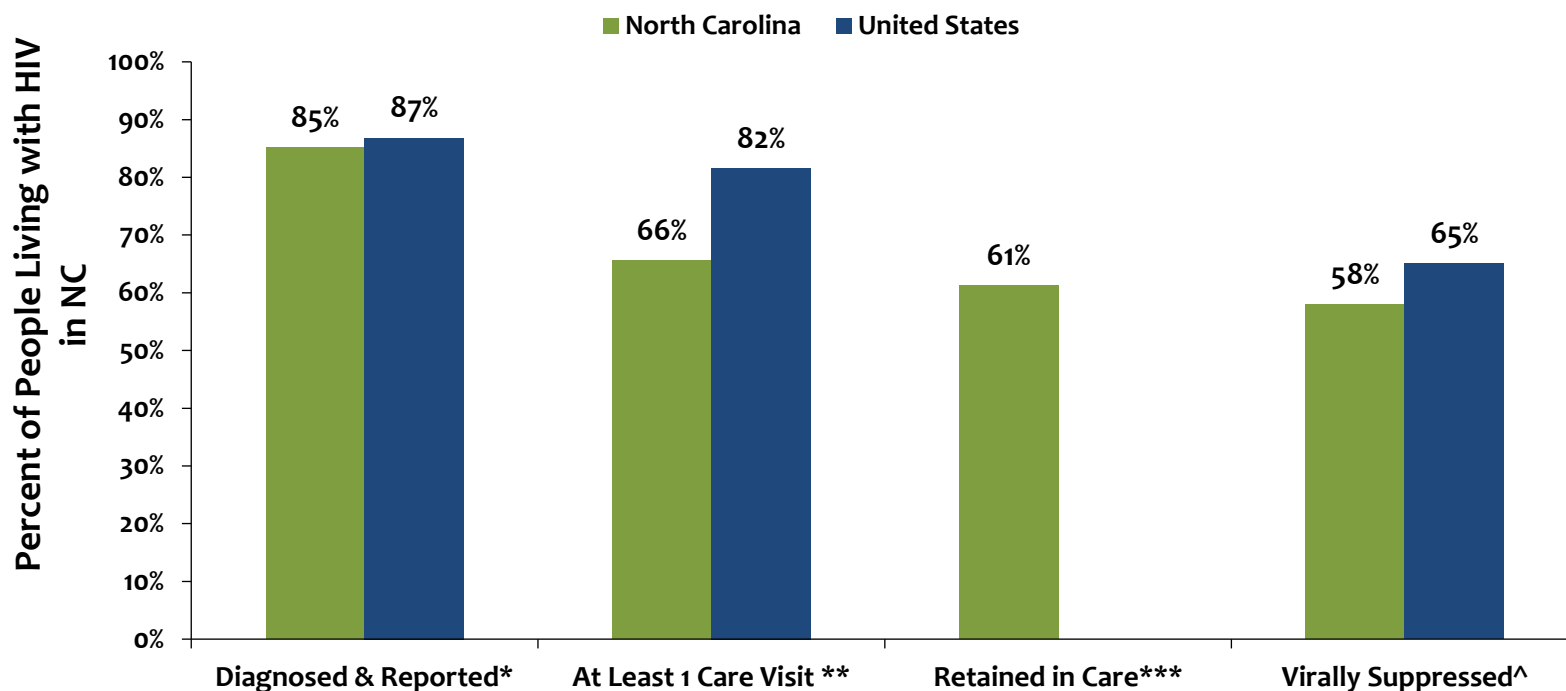
**People without at least 1 care marker (CD4 or VL test, HMAP dispense, or Medicaid claim) in the given calendar year.

***People neither virally suppressed within 12 months nor 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.

^Last viral load during the given calendar year was more than 200 copies/ml.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (August 2025) and NC ECHO (August 2025).

HIV Continuum of Care: North Carolina (2024) and the United States (2022)



*NC data: People living with HIV in NC 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. Estimated proportion living in NC and undiagnosed is from 2022.

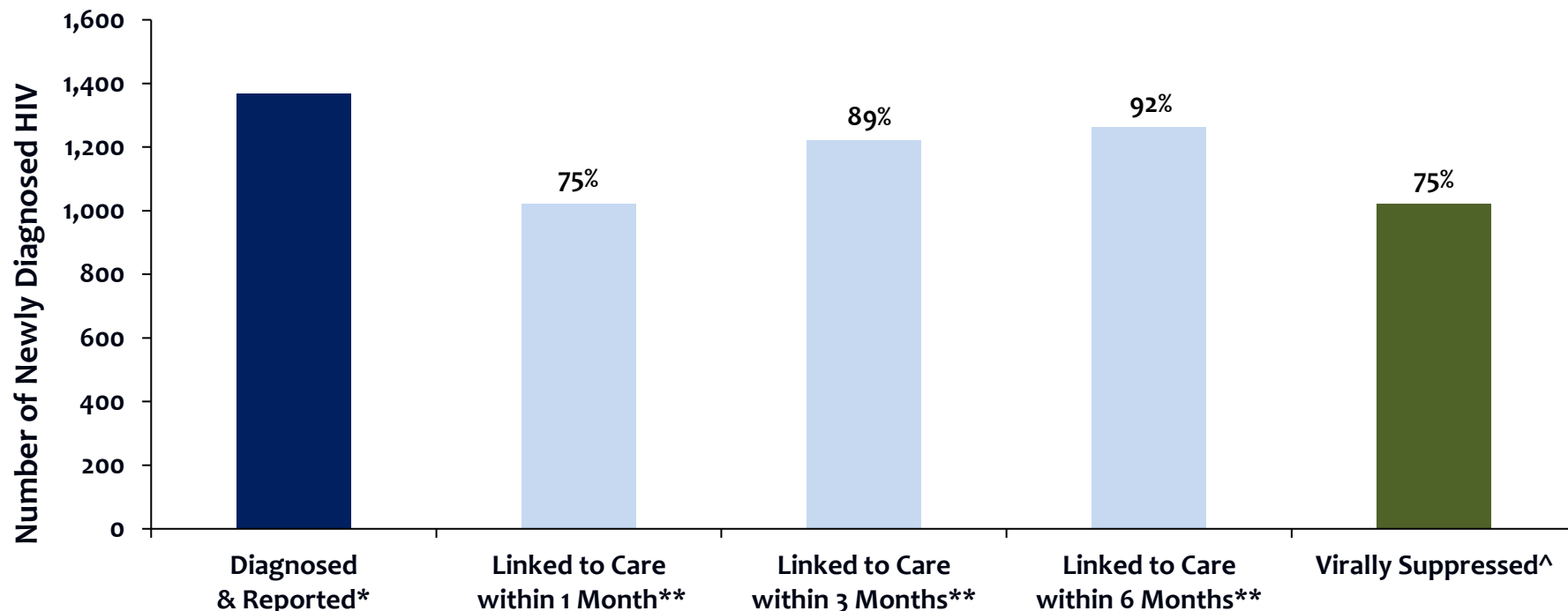
**At least 1 care marker (CD4 or VL test, HMAP dispense, or Medicaid claim) in the given calendar year; US number is people linked to care within 1 month

*** 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.

^Last viral load during the given calendar year <200 copies/ml.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (August 2025), NC ECHO (August 2025). Most recent national data is from 2022 (diagnosed, virally suppressed, at least one care visit) (<https://ahead.hiv.gov/> accessed 7-10-2025).

2024 North Carolina Newly Diagnosed HIV Continuum of Care



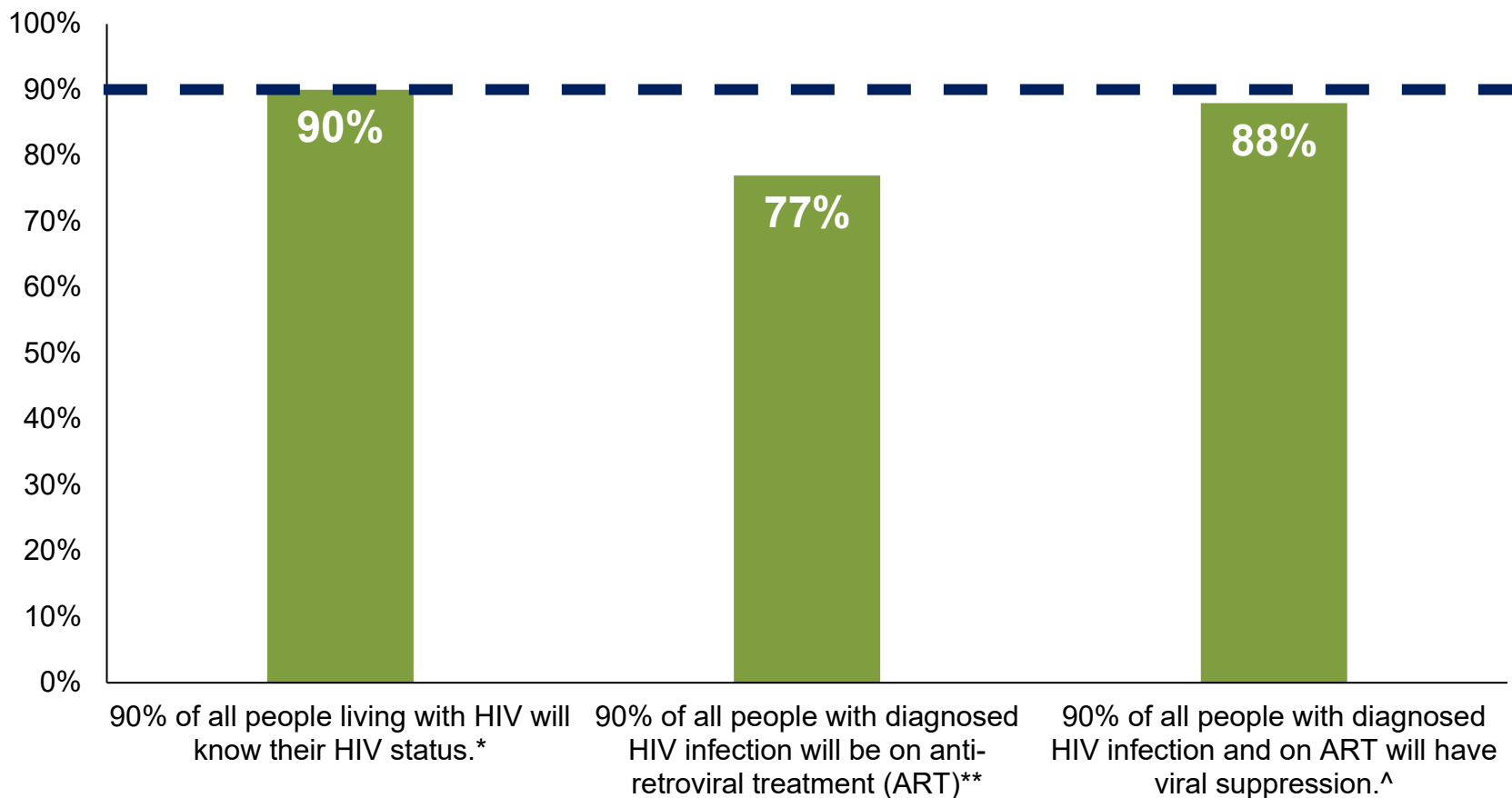
*People ≥ 13 years of age and diagnosed in and living through December 31 of each calendar year. Data includes labs and services from CAREWare (all Ryan White services excluding Part A), HIV Medication Assistance Program (HMAP), and Medicaid data sources. Data are preliminary (do not include vital records or national death matches).

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

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

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (August 2025) and NC ECHO (August 2025).

90-90-90 Status in 2024: North Carolina



*People ≥ 13 years of age and diagnosed in 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 are preliminary (do not include vital records or national death matches).

**received ARTs is based on the number of people with a viral load or CD4 test in a given year (assumes lab tests imply receipt of ARTs)

^Last viral load during the year <200 copies/ml.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (August 2025) and NC ECHO (August 2025).