

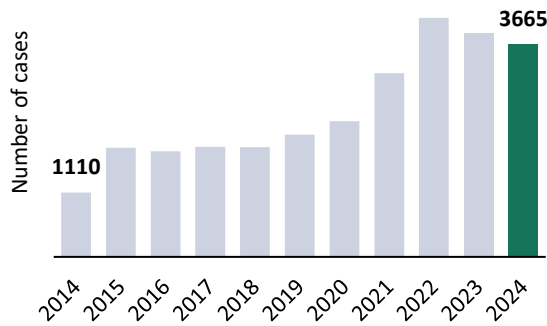


Syphilis in North Carolina, 2024

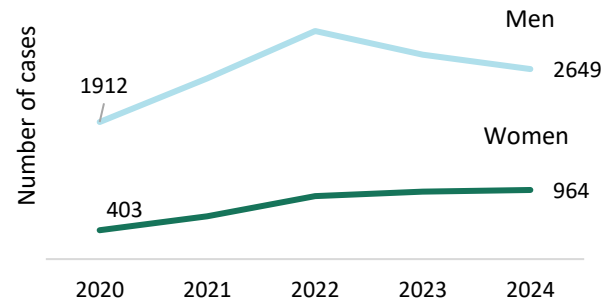


Syphilis has started to decline in North Carolina

Early* syphilis cases increased **230%** compared to 2014; however, cases **declined** compared to our peak in 2022.

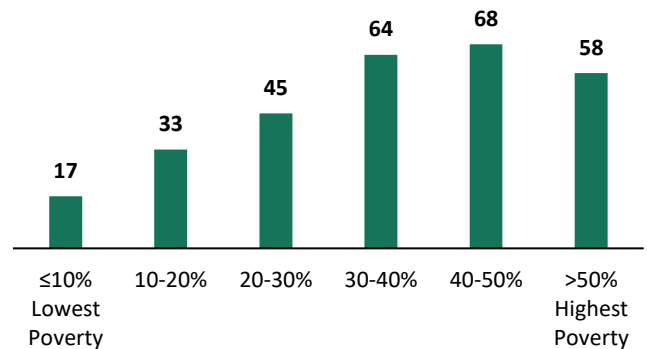


Nearly **3 of 4** people with early syphilis were **men (72%)**. Syphilis was **level in women and declined among men in 2024**.



People living in impoverished areas often have less access to resources, including health resources. This can make it difficult to access health care and increase the potential for disease transmission.

Rate of Early Syphilis per 100,000 population



Proportion of Census Tract Living in Poverty

Most people with early syphilis did not identify as Hispanic/Latine; however, there was a greater increase in syphilis among Hispanic/Latine people compared to 2020 (155% increase) than non-Hispanic/non-Latine people (51%).

Gay, bisexual, and other men who have sex with men (GBMSM) experience higher rates of syphilis than other groups in NC and nationally. In NC in 2024, the estimated[†] rate of early syphilis among GBMSM was 953 per 100,000 compared to 20 among men who report sex with women only and 20 among women.

In 2024, 37% of men and 3% of women diagnosed with syphilis were coinfecting with HIV.

More information: <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts>

*Syphilis acquired in the past year (primary, secondary and early latent syphilis)

†Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016.

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

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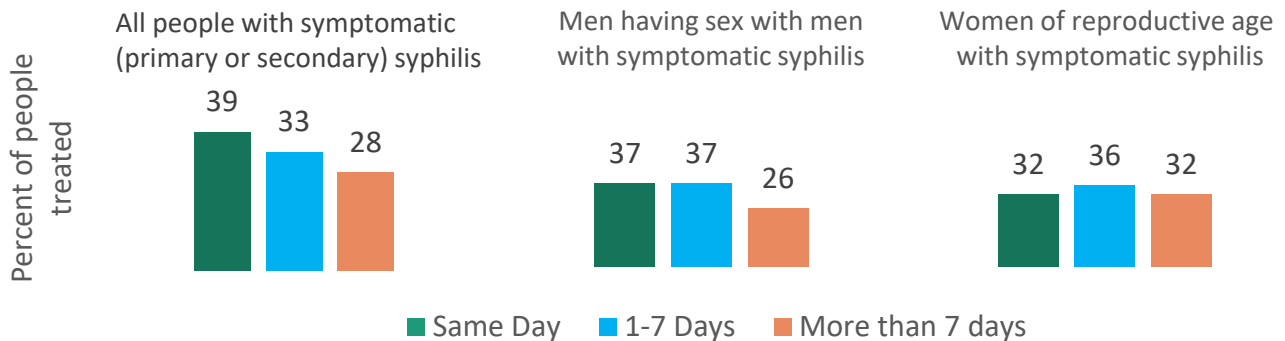
Prepared by the HIV/STD/Hepatitis Surveillance Unit
9/10/2025



Syphilis in North Carolina, 2024



Many people with symptoms of syphilis receive delayed treatment Rapid treatment decreases transmission of disease



What CLINICIANS can do

- Follow the [CDC STI Treatment Guidelines](#): People with [signs or symptoms](#) of syphilis or exposure to syphilis should be treated immediately, without waiting for laboratory results.
- Discuss [sexual history](#) with all patients to identify STI risk factors and screen sexually active and at-risk patients for syphilis and other STIs, including HIV. Discuss [PrEP for HIV](#) with people diagnosed with syphilis.
- Screen pregnant women for syphilis at their first prenatal visit, between 28-30 weeks gestation, and at delivery. This is required by [NC Public Health Law](#).
 - Newborns who have syphilis at birth may not exhibit any signs of infection until months or years after delivery, so maternal testing at delivery is critical.
 - The increase in syphilis infections among women has also been associated with an increase in congenital syphilis (>1100% increase in 2023 compared to 2013).
- Let people diagnosed with syphilis know that they may be contacted by a public health advisor to ensure their sex partner(s) are tested and treated. [NC DHHS public health outreach explainer](#)
- Report all new syphilis infections to your [Local Health Department](#) within 24 hours of diagnosis using the [NC Disease Report Form \(Part 1\)](#).
- For more resources, visit the [National Coalition for Sexual Health Compendium](#).
- Doxy PEP is a new approach to addressing STI prevention and has demonstrated benefit in reducing STI incidence (e.g., syphilis, chlamydia, and gonorrhea). For more information: [Preventing STIs with Doxy PEP](#).

What YOU can do

- Discuss your sexual history with your healthcare provider and get tested regularly for syphilis and other STIs: **getting tested is high-quality healthcare.**
- If you have had a change in your vision or hearing and are sexually active, mention syphilis to your clinician.
- If diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment. You can notify your partners directly or [anonymously](https://tellyourpartner.org/) (<https://tellyourpartner.org/>).

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)