2020 North Carolina HIV Surveillance Report

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Division of Public Health
North Carolina Department of Health and Human Services
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Special Notes:

The portable document format or PDF version of this document contains hyperlinks to related topics in other sections of the document. To navigate to the related topic, click the hyperlink in the table of contents.

See the last page of this document for a map of North Carolina Regional Networks of Care and Prevention (RNCP) and regional surveillance designations.

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Note for 2020 North Carolina HIV Surveillance Report

2020 data should be treated with caution due to reduced availability of testing and, in some settings, HIV care caused by the COVID-19 pandemic. For this reason, the 2020 data will be italicized on all of our surveillance tables throughout this report.

HIV

- The newly diagnosed HIV infection case totals and rates discussed in this document are restricted to adults/adolescents to match the national standard for these data. Tables showing the total population residing in North Carolina with HIV infection do include the 0 to 13 age group.
- Total counts of HIV include all people initially diagnosed in North Carolina, whether the person was initially diagnosed with HIV or with AIDS.
- As of December 31, 2020, the number of people living with HIV who reside in North Carolina (including those initially diagnosed in another state) was 34,963.
- In 2020, 1,079 new HIV diagnoses were reported among the adult and adolescent (over 13 years old) population, a rate of 12.0 per 100,000 population.
- The North Carolina rate of new Stage 3 (AIDS) diagnoses have been stable for the past five years.
- There were no perinatal (mother-to-child) HIV transmissions documented in 2020.
- People aged 20 to 34 years old had the highest rate of newly diagnosed HIV in 2020 (27.4 per 100,000) and comprised 54.4% (N=587) of the newly diagnosed population.
- Among race/ethnicity groups, Black/African Americans represented 57.8% of all adult/adolescents newly diagnosed with HIV, with a rate of 32.1 per 100,000 adult/adolescent population.
- The highest rate (55.0 per 100,000) of newly diagnosed HIV infection was among adult/adolescent Black/African American men.
- For adults and adolescents newly diagnosed with HIV in 2020, the most likely route of transmission was male-male sex (reported by 56.3%), followed by heterosexual sex (17.3%), injection drug use (IDU) (3.3%), and combined male-male sex and injection drug use (3.1% of cases); the most likely route of transmission was unknown for 20.0% of people newly diagnosed with HIV in 2020.

HIV IN NORTH CAROLINA

HIV Reporting in North Carolina

In North Carolina, the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are reportable by law within 24 hours to the North Carolina Department of Health and Human Services (North Carolina DHHS). Statewide surveillance information is collected by local health departments and state staff and sent to the North Carolina Division of Public Health.

The first acquired immunodeficiency syndrome (AIDS) case reported in North Carolina was in 1982.[1] In North Carolina, AIDS became a reportable disease in 1984, and a diagnosis of HIV infection was made reportable in the state in 1990.[1] State law requires reporting of HIV/AIDS as well as associated laboratory tests. Starting July 1, 2013, all viral load and CD4+ T-lymphocyte (CD4) cell counts became reportable to the state. While the proportion of tests that are reported is increasing, reporting of these tests is still incomplete. Information on all reported cases of HIV and AIDS are collected from health care providers by health department staff. These case reports include demographic and clinical information for the patient, as well as questions regarding mode of exposure.

Prior to 2012, HIV infection surveillance data were managed directly in the enhanced HIV/AIDS reporting system (eHARS), while the field investigation information, such as interviews and contact information, were managed through the Sexually Transmitted Disease Management Information System (STD*MIS). Starting in late 2012, HIV case report data (surveillance) and field investigations are entered into the North Carolina Electronic Disease Surveillance System (NC EDSS), the statewide disease reporting system, and then exported for reporting to the Centers for Disease Control and Prevention (CDC) into the eHARS.

State public health staff determine whether potentially duplicative reports of HIV infection represent one person and, if so, that person's residence at the time of diagnosis. This is done through state data review and routine interstate duplicate review (RIDR).[2]

Background of HIV

HIV is caused by a retrovirus named the human immunodeficiency virus (HIV) and is spread through certain body fluids. HIV weakens a person's immune system by destroying important immune cells, specifically CD4 T lymphocyte cells also known as T cells, that fight disease and infection. There is no effective cure for HIV, and since the human body cannot get rid of HIV completely, HIV is considered a life-long disease. However, with proper medical care, HIV can be treated by antiretroviral therapy (ART) and controlled.[3,4] When the disease is controlled and no virus is detectable in the bloodstream, HIV cannot be transmitted sexually. If

[1]Foust, E.M. (2013). North Carolina's response to HIV: new hope, new direction leading the way.
[2]Mitsch A., Tang, T., & Whitmore S. (2012, July). *Accurate monitoring of HIV in the United States - CDC's routine interstate duplicate review, 2005-2008.* Paper presented at the 19th International AIDS Conference, Washington, D.C.
[3]Centers for Disease Control and Prevention (CDC) (2018). *HIV Basics*. Accessed on June 25, 2019. Retrieved from https://www.cdc.gov/hiv/basics/index.html.

untreated, HIV reduces the number of CD4 cells (T cells) in the body, damaging the immune system and making it hard for the body to fight infections.

Stages of HIV

If left untreated, HIV typically progresses through three stages of disease. Treatment can slow or prevent progression from one stage to the next.[4]

Stage 1: Acute HIV Infection

A few weeks after infection with HIV, people can experience flu-like symptoms that can last a few weeks. When people have acute HIV, they have a large amount of virus in their blood and are very contagious.[4] Most people with acute HIV are unaware they are infected because their symptoms may be mild or mistaken for other illnesses like the flu. The only way to detect an acute HIV infection is through an antigen/antibody test or nucleic acid test (NAT).[4]

North Carolina has had statewide screening for acute HIV infection (AHI) since 2002. In 2020, there were 66 acute HIV diagnoses, at a rate of 0.62 per 100,000 population, which made up 6.1% of the newly diagnosed HIV infections in the state.

Stage 2: Clinical Latency/Chronic HIV

HIV is still active during this stage, but viral replication is kept in check by the individual's immune system. Most people do not have symptoms during this stage. If someone is taking ART as prescribed, they may remain in this stage for the rest of their life. Even without treatment, this period can last a decade or longer, though some individuals progress through this stage faster.[4]

Stage 3: AIDS

At the end of Stage 2, a person's viral load starts to increase and the CD4 cell (T cell) count begins to decrease. As this happens, the person may begin to have symptoms as the virus levels increase in the body and the person progresses to Stage 3 (AIDS).[4] People with Stage 3 HIV infection have such badly damaged immune systems that they are extremely susceptible to opportunistic infections, such as Kaposi's sarcoma, *Pneumocystis jirovecii* (commonly known as pneumocystis pneumonia), cytomegalovirus, and tuberculosis. Without treatment, people with Stage 3 (AIDS) survive about three years. Common symptoms of Stage 3 (AIDS) include chills, fever, sweats, swollen lymph glands, and weight loss.[4] People are diagnosed with Stage 3 (AIDS) when their CD4 cell (T cell) count drops below 200 cells/mm or if they develop certain opportunistic infections. People with AIDS can have a high viral load and are very infectious.[4] Treatment can return a person from Stage 3 (AIDS) to a healthier state.

In North Carolina, there were 223 late diagnoses (i.e., a Stage 3 diagnosis within 6 months of an initial HIV diagnosis) in 2020, which made up 20.7% of new HIV diagnoses in the state. While the rate of late diagnoses of HIV decreased from 2010 to 2016 (from 4.8 per 100,000 population to 2.7 per 100,000), the rate has been relatively stable since 2017. In 2020, the rate of late diagnoses was the same as 2019, at 2.5 per 100,000.

HIV Transmission and Risk

HIV is transmitted by HIV-contaminated body fluids, such as blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk coming into contact with mucous membranes, damaged tissue, or is injected into the blood stream.[4] In the United States, HIV is mainly spread through sex (anal or vaginal) and by sharing HIV-contaminated needles, syringes, or other equipment used to prepare drugs for injection (e.g., rinse water). HIV can live in a used needle up to 42 days.[5] While less common, HIV can also be spread from an HIV-infected mother to her child during pregnancy, delivery, or through breastfeeding. In very rare cases, HIV can be transmitted through oral sex. The estimated risk of acquiring HIV from an individual living with HIV, by exposure act can be accessed here. Effective treatment for HIV can result in such low levels of virus that the person living with HIV cannot transmit it through sex and much less likely to be transmitted from mother-to-child during pregnancy, at birth, or sharing injection drug equipment. It is recommended that all pregnant women should be tested for HIV and start treatment immediately have decreased the number of babies born with HIV. Use of condoms also prevents the spread of HIV. Additionally, HIV negative individuals who are at high-risk for HIV can take medications that are highly effective at preventing the acquisition of HIV, both sexually and through the sharing of contaminated injection drug equipment.

National Trends

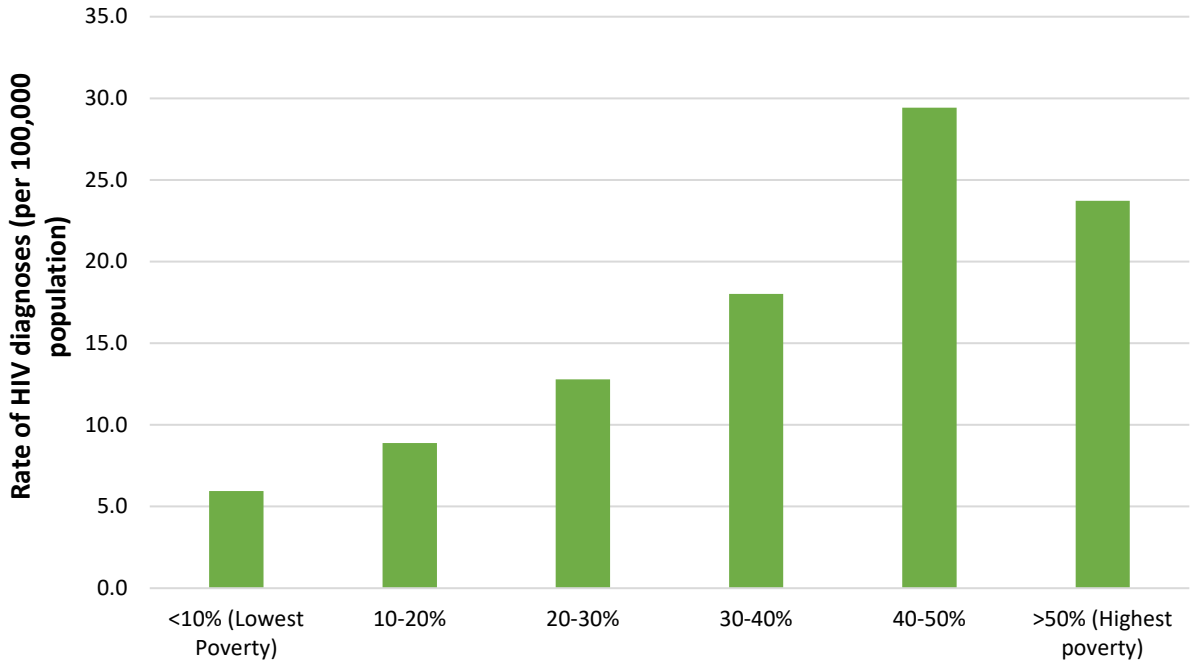
The CDC estimates that 1.2 million people in the United States had HIV at the end of 2019, the most recent year for which this information is available. Of those 1.2 million, the CDC estimates that 87% or a little over 1 million people are aware of their HIV status.[5] In 2019, 36,801 people were newly diagnosed with HIV in the United States and six dependent areas, at a rate of 11.8 per 100,000 population. From 2015 to 2019, new HIV diagnoses decreased by 9% in the United States. The southern states had the highest rate among the United States regions, with a 2019 rate of 15.2 per 100,000 population.[6] Among adults and adolescents (aged 13 years or older), there were 36,740 people newly diagnosed with HIV, at a rate of 13.2 per 100,000, in 2019. In 2019, North Carolina's rate of newly diagnosed HIV among adults and adolescents (according to the CDC) was 15.4 per 100,000. North Carolina ranks 11th among all states and dependent areas for rate of newly diagnosed HIV.[7]

[4]Centers for Disease Control and Prevention (CDC) (2018). *HIV Transmission*. Accessed on June 25, 2019. Retrieved from https://www.cdc.gov/hiv/basics/transmission.html.
[5]Centers for Disease Control and Prevention (CDC) (2021). *Basic Statistics*. Updated August 2021. Accessed on September 23, 2021. Retrieved from https://www.cdc.gov/hiv/basics/statistics.html.
[6]Centers for Disease Control and Prevention (CDC)(2021). *HIV in the United States and Dependent Areas.* Accessed on September 23, 2021. Retrieved from https://www.cdc.gov/hiv/statistics/overview/ataglance.html.
[7]Centers for Disease Control and Prevention (CDC) (2021). *HIV Surveillance Report, 2019*. Vol 32. Published May 2021. Accessed September 23, 2021. Retrieved from https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/index.html.

Poverty and HIV in North Carolina

While the North Carolina surveillance data shows higher HIV rates in some racial and ethnic groups, factors such as poverty and large gaps in wealth distribution may be driving these differences.[8] People who cannot afford basic needs may also have trouble accessing quality sexual health services, and may have had experiences with the health system that discourage their accessing of testing and care.[8] For each person with newly diagnosed HIV in North Carolina in 2020, we calculated the proportion of the population living below the poverty line in their census tract of residence at the time of their diagnosis using 5-year (2015-2019) estimates from the American Community Survey. This calculation estimated the neighborhood poverty level experienced for people newly diagnosed with HIV in North Carolina. Figure 1 shows the rate of newly diagnosed HIV by census tract poverty rate. Figure 1 demonstrates that although people living at all levels of poverty get STIs, those living in census tracts with a higher proportion of residents residing below the federal poverty line are more likely to be diagnosed with HIV.

Figure 1. People Newly Diagnosed with HIV in North Carolina by Poverty Indicator*, 2020^



^Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
[a]Estimates of people living below the poverty line within a census tract and all population estimates obtained from the American Community Survey, 2015-2019 5-year estimate.
Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and 2015-2019 American Community Survey (ACS) 5-year estimates (accessed from https://www.census.gov/programs-surveys/acs/).

[8]Centers for Disease Control and Prevention. (2017). STD health equity. Updated February 15, 2017. Accessed July 19, 2017. Retrieved from https://www.cdc.gov/std/health-disparities/default.htm#ftn5.

HIV Care in North Carolina

In the earliest days of the HIV epidemic, there were no treatments to combat the virus, and the care provided was primarily supportive and palliative therapy. Beginning in the 1990s, anti-retroviral treatment (ART) became available and with the subsequent advent of highly active ART, HIV-associated death rates decreased dramatically.

HIV treatment has continued to improve over the years, to the current situation in which HIV infection for someone on a well-maintained ART regimen is a manageable, chronic condition. In recent years, treatment has been a strong focus for HIV care and prevention efforts. In 2011, Cohen et al. published a landmark paper on the HPTN 052 study, in which the authors showed that in serodiscordant couples (i.e., one partner infected, the other partner uninfected) early treatment of the infected partner not only resulted in improved clinical outcomes for the infected partner, but also greatly reduced the likelihood of HIV transmission to the uninfected partner.[9] Based on this study and others, current HIV treatment guidelines recommend all HIV-infected individuals receive ART.[10]

Since publication of the HPTN 052 study, there has been a growing emphasis on projects seeking to ensure all people living with HIV get linked to and retained in HIV care or re-engaged if they have fallen out of care. People taking ARTs can reduce their HIV viral load to undetectable levels (<200 copies/mL) and effectively have no risk of transmitting HIV to their HIV-negative sexual partners.[11]

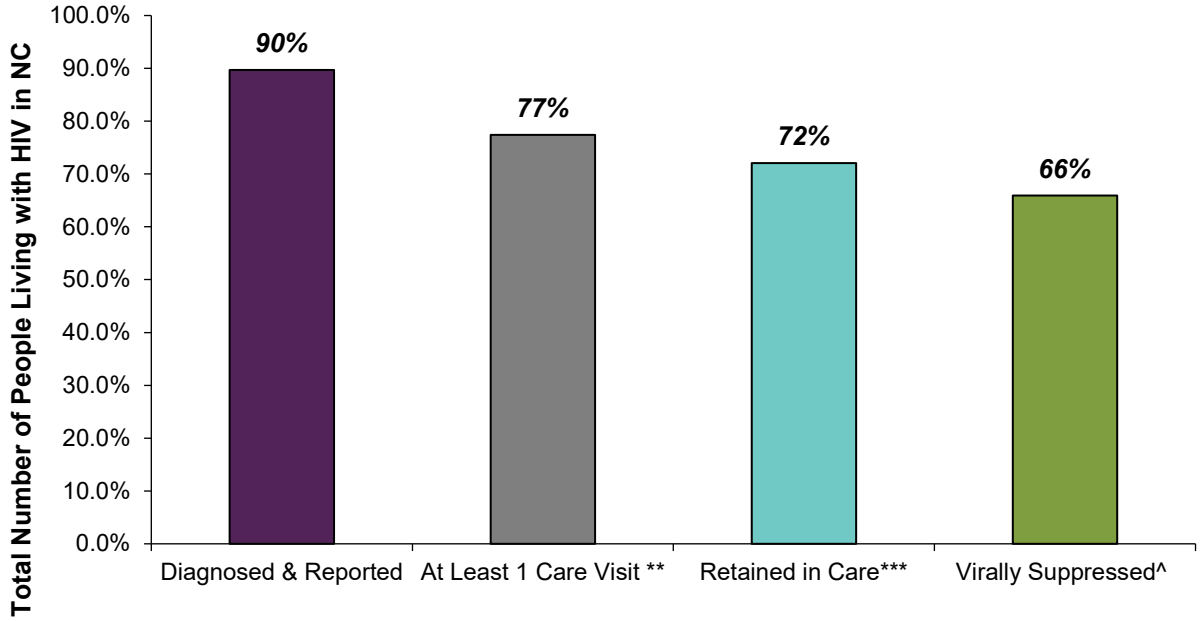
There are programs in North Carolina that exist to help individuals living with HIV. The federally funded Ryan White HIV/AIDS Program (RWHAP) began in the early 1990s and today continues to be a source of HIV-related care and treatment for people who otherwise would be unable to afford care. There were over 8,800 clients enrolled in RWHAP Part B services (funding directly to North Carolina, excludes the Charlotte area) at the end of 2020. More information about RWHAP can be found here: https://epi.dph.ncdhhs.gov/cd/hiv/program.html. The HIV Medication Assistance Program (HMAP), formerly the AIDS Drug Assistance Program (ADAP) uses a combination of state and federal funds to provide medications to low-income North Carolinians living with HIV. At the end of 2020, there were 9,050 clients enrolled in HMAP in North Carolina. For more information about HMAP in North Carolina, visit: https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html. North Carolina also provides planning for HIV housing and housing-related services through the United States Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS Program, or HOPWA. Information about HOPWA can be found: https://www.hudexchange.info/programs/hopwa/.

[9]Cohen, M., Chen, Y., McCauley, M., Gamble, T. Hosseinipour, M., Kumarasamy, N., . . ., Fleming, T. (2011). Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *New England Journal of Medicine*. *365*(6), 493-505. doi: 10.1056/NEJMoa1105243.
[10]Panel on Antiretroviral Guidelines for Adults and Adolescents (2021). Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents: Initiating antiretroviral therapy in treatment-naïve patients. Department of Health and Human Services (pp. E-1). Retrieved from https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf.
[11]Centers for Disease Control and Prevention (CDC) (2018). *HIV Treatment*. Accessed on June 25, 2019. Retrieved from https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html.

HIV Continuum of Care in North Carolina

The estimated number of people living in North Carolina with HIV infection at the end of 2020 was 38,900 (most recent estimate, North Carolina Division of Public Health, unpublished data). Among these, a diagnosis record was available for 90%. The remaining estimated 10% had no diagnosis record; these people may be unaware that they are living with HIV. Among the people diagnosed and living with HIV through 2020, 66% were virally suppressed (viral load <200 copies/mL) (Figure 2). North Carolina's suppression rate is higher than the national rate: among US areas with complete laboratory reporting, 61.5% of people living with HIV are virally suppressed.[12] Among all people living with HIV in North Carolina, people receiving medical care were more likely to be virally suppressed; 85% of people receiving medical care in 2020 were virally suppressed. Of the people receiving Ryan White Part B services, 82.6% were virally suppressed in 2020. Overall, 85.5% of the HIV Medication Assistance Program (HMAP, formerly ADAP) recipients were virally suppressed in 2020.

Figure 2. North Carolina HIV Continuum of Care, 2020* (People Diagnosed and Living through 2020)



*Note: Data are preliminary (do not include vital records or national death matches). Data for 2020 are preliminary (does not include state vital records or national death matches), and 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.
**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.
^Virally suppressed is defined as the last viral load during the given calendar year <200 copies/ml.
Legend: 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. The estimated number of people living with HIV in North Carolina in 2020 was 38,900 (based on CD4 model from CDC July 2021).
Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (June 28, 2021) and NC ECHO (July 2021).

[12]Centers for Disease Control and Prevention (2019). *Selected National HIV Prevention and Care Outcomes in the United States.* Updated July 2019. Accessed August 6, 2019. Retrieved from https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-national-hiv-care-outcomes.pdf.

North Carolina Engagement in Care Database for HIV Outreach (NC ECHO)

The North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) was conceptualized in 2011 and developed as a component of North Carolina's Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB). It was a part of their Special Projects of National Significance System Linkages demonstration project (SPNS Link). Collaborators include the NC Division of Public Health, Duke University, University of North Carolina-Chapel Hill, NC Information Technology Division, and the NC Division of Health Benefits (the NC LINK team). This secure, web-based system became operational in August 2016.

Employing probabilistic linkage methods to link common records across five data systems, NC ECHO provides a comprehensive snapshot of person-level and population-wide HIV care patterns. The five data sources included in NC ECHO represent North Carolina's HIV surveillance programs (NC EDSS and eHARS), Ryan White Part B, C, and D HIV/AIDS Care Programs (CAREWare and HMAP), and Medicaid.

With monthly refreshes, NC ECHO is used to generate near real-time lists of NC PLWH who are out of care for linkage and re-engagement by state bridge counselors (SBCs). Additionally, extracts from the system are used to detect data gaps within the HIV surveillance system, to investigate patterns of record duplication, and to generate viral suppression outcome measures for administrative groups of interest, including HMAP, HOPWA, and Medicaid recipients.

Much work is being done in North Carolina to provide HIV-positive residents with care, treatment, and housing. Multiple ongoing efforts are designed to identify gaps and room for improvement in HIV care provided statewide. Now and in the future, North Carolina DHHS is focused on continuing to address the identified gaps in care, with the goal of ensuring availability of care for as many North Carolinians living with HIV infection as possible.

Unmet HIV Medical Need

National resource and allocation planning activities require information about access to HIV medical services among HIV-affected communities to understand needs and monitor disparities. HRSA HAB requires that each Ryan White Part A and Part B program regularly estimate the need for medical services among populations of people with HIV. Central to this planning are estimates of people with HIV who do not receive HIV-related primary health care. Primary health care includes medical evaluation and clinical care that is consistent with US Public Health Service guidelines for the treatment of HIV/AIDS and includes access to ARTs and other drug therapies as well as treatment of opportunistic infections.[13,14]

[13] Panel on Antiretroviral Guidelines for Adults and Adolescents. (2021). *Guidelines for the use of antiretroviral agents in adults and adolescents with HIV.* Department of Health and Human Services. Updated August 16, 2021. Accessed November 17, 2021. Retrieved from https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf.

[14] Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. (2021). *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.* Updated April 7, 2021. Accessed November 17, 2021. Retrieved from https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/whats-new-guidelines.

With similar definitions to the HIV Care Continuum framework, an individual with HIV is considered to have an unmet medical care need when there is no evidence of any of the following three components of HIV primary health care during a defined 12-month time frame: (1) viral load testing, (2) CD4 cell count, or (3) provision of ARV. For purposes of the model, a person is considered to have HIV medical needs met with evidence of at least one of the three measured during the specified 12-month time frame.

Unmet Need Methodology Update

Estimates of unmet need for HIV medical care are identified based on information reported to public health by laboratories and care providers for people living with HIV in North Carolina. Public health records are routinely matched to statewide Ryan White-funded care data (CAREWare), HIV Drug Assistance Program (HMAP), and Medicaid data sources to identify additional markers of care not provided through public health reporting. In previous years, this analysis included everyone presumed living in North Carolina with HIV. This year, the analysis is restricted to individuals with diagnosis or care in the past five calendar years. Five-year estimates reflect a more accurate picture of care engagement on recent HIV outcomes.

Results

In total, 16.7% of people living in North Carolina with HIV were estimated to have unmet need, while 83.3% were estimated to have their HIV medical needs met during 2020. Table A presents the proportion of people living with HIV with unmet need by gender, age, race/ethnicity, and hierarchical risk of HIV exposure. People identified as transgender in our data have similar unmet need for HIV primary care (16.7%) as people identified as male or female. Transgender status is based on self-report. 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. While the Asian/Pacific Islander population had the highest proportion of unmet need (17.1%), the differences by race/ethnicity were small (15.6%-17.1%). The highest unmet need by age was in the 25- 34-year-old age group (21.4%).

Risk groups with the highest proportion of PLWH with unmet need include women who had unknown risk (16.9%), men who reported injection drug use (18.0%), and people who are transgender who reported injection drug use (33.3%). The Fayetteville Regional Network of Care and Prevention (RNCP) (21.4%) and the Charlotte-Transitional Grant Area (TGA) (17.6%) were the two regions with the highest proportion of people with unmet need.

Table A. "Unmet Need" for People Living with HIV in North Carolina with Care Markers in the Last Five Years

Demographics	Percent "Unmet Need"
Gender	
Men	16.6%
Women	16.5%
Transgender[a]	16.7%
Current Age	
Less than 13	5.7%
13-24	15.7%
25-34	21.4%
35-44	18.3%
45-54	15.8%
55-64	14.2%
65 and older	14.4%
Race/Ethnicity	
American Indian/Alaska Native[b]	15.6%
Asian/Pacific Islander[b]	17.1%
Black/African American[b]	16.8%
Hispanic/LatinX	16.8%
White/Caucasian[b]	16.6%
Multiple Race	15.6%
HIV Exposure-Women	
Heterosexual	15.8%
IDU[c]	17.6%
Other	11.1%
Unknown	16.9%
HIV Exposure-Men	
Heterosexual	16.4%
IDU[c]	18.0%
MSM[c]	16.0%
MSM/IDU[c]	17.0%
Other	16.0%
Unknown	17.8%
HIV Exposure-Transgender[a]	
Heterosexual	10.0%
IDU[c]	33.3%
MSM[c]	17.6%
MSM/IDU[c]	28.6%
Unknown	5.6%
Regional Networks of Care and Prevention (RNCP)	
Charlotte-TGA	17.6%
Region 1-Asheville	14.4%
Region 2-Hickory	11.4%
Region 3-Winston-Salem	15.4%
Region 4-Greensboro	14.7%
Region 5-Fayetteville	21.4%
Region 6-Raleigh	16.8%
Region 7-Wilmington	15.1%
Region 8-Wilson	12.1%
Region 9-Elizabeth City	17.0%
Region 10-Greenville	16.1%
Subpopulations of Interest	
Black/African American Women	16.1%
MSM[c] of Color	16.5%
Transgender	16.7%
People who inject drugs	17.9%

Transgender status is based on self-report. 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. For more information, refer to Appendix A. / [b]Non-Hispanic/LatinX. / [c]IDU-injection drug use; MSM-men who report sex with men. / Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of October 2021).

HIV Prevention in North Carolina

In North Carolina, HIV testing is available at no charge to clients in all local health departments and in a number of community-based organizations (CBO). In addition, the North Carolina Department of Health and Human Services provides resources and technical support to community-based organizations, community health centers, emergency departments, health departments, and state prisons to expand HIV testing in clinical and jail settings.

North Carolina receives funding from both state and federal sources to pay for a variety of programs, including HIV testing. Most of this funding comes from the CDC, but the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has also supplied funding for testing in substance abuse centers. North Carolina uses this funding to support health departments and CBOs that test the public for HIV. Increases in this funding have allowed for the expansion of HIV testing efforts.

In 2020, a total of 105,887 HIV tests were performed at the North Carolina State Laboratory of Public Health, compared to 168,495 tests performed in 2019. This was a 37% reduction in tests from 2019; much of the testing decrease can be attributable to reduced availability of testing due to the COVID-19 pandemic. Similarly, testing performed by state-sponsored counseling and testing sites decreased in 2020; a total of 18,449 HIV tests were performed in 2020 compared to 40,162 tests performed in 2019, a decrease of 54%. Among tests performed by state-sponsored counseling and testing sites, 141 tests were confirmed positive (0.76%). Of the 141 positive tests, 43 were newly identified cases of HIV (0.2%). These numbers include HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers.

Pre-Exposure Prophylaxis (PrEP) Coordinators

The North Carolina Communicable Disease Branch is supporting a statewide HIV Pre-Exposure Prophylaxis (PrEP) project. The primary goal of the PrEP Project is to work with the Communicable Disease Branch's HIV prevention partners to enable them to support access to PrEP services for eligible people at high risk for HIV, with a focus on men who have sex with men (MSM), particularly young Black/African American MSM. This partnership allows them to collaborate and develop relationships with the MSM communities to identify those at most risk for HIV and link them to qualified providers for PrEP. It also allows for capacity building and technical assistance to increase the ability of providers in the regions to provide high quality, accessible PrEP services.

During 2019, Communicable Disease Branch staff worked with the Center for Community Practice at the University of Rochester, the Denver Prevention Training Center, and the UCSF Capacity Building Assistance Partnership (CDC CRIS providers) to develop and convene two statewide PrEP Institutes in which over 120 providers, partners and state staff participated in discussion and presentations on PrEP in NC. A third day of statewide PrEP planning occurred allowing Communicable Disease Branch staff along with providers, partners and academicians to develop statewide PrEP plans and goals. This institute allowed thought

leaders and providers the opportunity to participate in training and discussion on how to increase PrEP access among high-risk communities across NC. North Carolina Communicable Disease Branch staff have also developed a Statewide PrEP Advisory Committee composed of providers, consumers, academics and others involved and interested is increasing PrEP access across NC. This body meets every other month and provides community input into our statewide PrEP plan.

In addition, North Carolina Communicable Disease Branch has hired a statewide PrEP Coordinator and funded three regional PrEP Coordinators to address the objectives below:

- Increase the awareness and availability of PrEP in their regions and statewide.
- Ensure that providers are aware of PrEP and make appropriate referrals and linkages to PrEP for clients who are appropriate for PrEP.
- Increase public awareness of PrEP regionally and statewide.
- Track PrEP referrals and verify PrEP initial appointments both regionally and statewide and undertake programmatic efforts to increase both of these numbers.
- Ensure that at least 80% of their clients who start PrEP attend four medical appointments for PrEP annually in their regions and statewide.
- Provide clinical training, capacity building, and technical assistance to providers. Work to ensure collaborative relationships with clinical providers and prevention agencies across the region and provide them with ongoing support, technical assistance, and capacity building as needed.

Partner Notification, Counseling, and Referral Services

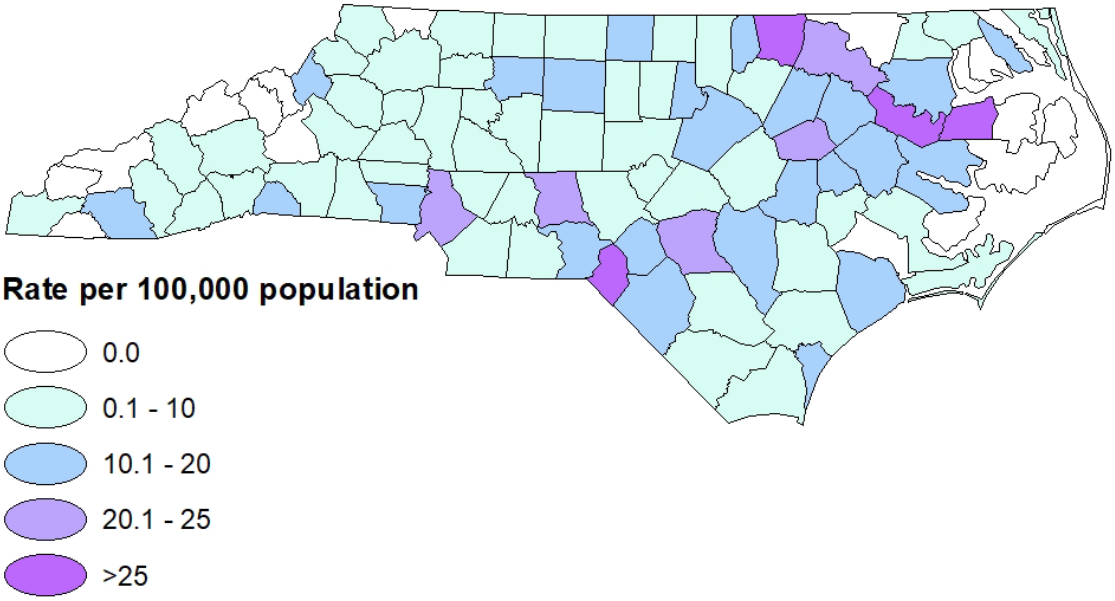
In North Carolina, partner notification, counseling, and referral services for HIV and syphilis are performed by a specialized group within the North Carolina Department of Health and Human Services, known as the Field Services Unit. This unit strives to control the spread of HIV and STIs by:

1) Interviewing all people newly diagnosed with HIV and early syphilis to link newly diagnosed individuals to care;
2) Ensuring the partners of people with HIV and early syphilis are notified of their exposure and ensuring that appropriate testing and treatment occur;
3) Counseling patients who are infected or exposed to HIV or STIs on how to reduce their risk of transmitting or acquiring other STIs;
4) Coordinating with local health departments and CBOs to offer prevention and control services for people at higher risk of being exposed to STIs; and
5) Providing education and outreach services to clinicians statewide and promoting adherence to the CDC's STI screening and treatment guidelines.

Disease Intervention Specialists (DIS) are the backbone of HIV and STI prevention and control. The DIS are highly skilled in case investigation, contact tracing, and other activities aimed at interrupting disease transmission networks. Additionally, this unit has 10 bridge counselors across the state who help people link to and stay in HIV care, as well as assist out-of-care HIV-positive individuals re-engage in HIV medical care. The Field Services Unit's work is highly sensitive and governed directly by several North Carolina public health laws and regulations (10A NCAC 41A.0202 & 10A NCAC 41A.0204).

HIV Rate Map by County of Residence at Diagnosis, 2020

Figure 3. Newly Diagnosed HIV Rates in North Carolina by County of Residence at Diagnosis, 2020^



^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 June 28, 2021).

County Totals and Rates for HIV, 2020

Table 1. Number of People Diagnosed with HIV[a] and Residing in North Carolina by Most Recently Known County[b] of Residence as of 12/31/2020*

County	Cases
Alamance	493
Alexander	29
Alleghany	4
Anson	73
Ashe	15
Avery	10
Beaufort	120
Bertie	93
Bladen	96
Brunswick	203
Buncombe	757
Burke	115
Cabarrus	462
Caldwell	99
Camden	8
Carteret	74
Caswell	58
Catawba	291
Chatham	126
Cherokee	44
Chowan	18
Clay	12
Cleveland	228
Columbus	167
Craven	231
Cumberland	1,572
Currituck	20
Dare	38
Davidson	345
Davie	41
Duplin	126
Durham	1,828
Edgecombe	280
Forsyth	1,730
Franklin	155

County	Cases
Gaston	789
Gates	13
Graham	3
Granville	183
Greene	59
Guilford	2,648
Halifax	171
Harnett	321
Haywood	82
Henderson	190
Hertford	70
Hoke	188
Hyde	11
Iredell	209
Jackson	47
Johnston	451
Jones	22
Lee	191
Lenoir	264
Lincoln	90
Macon	64
Madison	24
Martin	86
McDowell	33
Mecklenburg	6,862
Mitchell	10
Montgomery	46
Moore	149
Nash	356
New Hanover	605
Northampton	70
Onslow	317
Orange	320
Pamlico	16
Pasquotank	99
Pender	108
Perquimans	23
Person	96

County	Cases
Pitt	752
Polk	27
Randolph	239
Richmond	144
Robeson	479
Rockingham	187
Rowan	354
Rutherford	71
Sampson	179
Scotland	124
Stanly	105
Stokes	49
Surry	93
Swain	12
Transylvania	40
Tyrrell	7
Union	323
Vance	207
Wake	3,759
Warren	57
Washington	63
Watauga	40
Wayne	326
Wilkes	70
Wilson	394
Yadkin	37
Yancey	13
Unassigned[c]	1,565
North Carolina	**34,963**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS) and inclusive of children <13.

[b]Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

[c]Unassigned includes cases with unknown county of current residence or cases currently living in long-term residence facilities, including prisons.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 2. Newly Diagnosed HIV[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
1	Washington	3	29.8	3	30.0	*3*	*30.5*	*30.1*
2	Mecklenburg	246	27.1	272	29.4	*209*	*22.2*	*26.2*
3	Scotland	3	10.4	9	31.2	*9*	*31.3*	*24.3*
4	Guilford	109	24.3	122	26.9	*90*	*19.7*	*23.6*
5	Cumberland	61	22.4	69	25.2	*62*	*22.6*	*23.4*
6	Durham	62	23.1	68	24.8	*51*	*18.3*	*22.1*
7	Wilson	14	20.5	14	20.4	*17*	*24.7*	*21.9*
8	Pasquotank	10	30.0	7	20.8	*5*	*14.7*	*21.8*
9	Edgecombe	14	32.0	8	18.5	*6*	*14.0*	*21.5*
10	Pitt	32	21.0	46	29.9	*21*	*13.5*	*21.5*
11	Forsyth	64	20.2	82	25.6	*40*	*12.4*	*19.4*
12	Robeson	17	15.7	26	24.3	*18*	*16.8*	*18.9*
13	Vance	8	21.5	7	18.9	*5*	*13.4*	*17.9*
14	Warren	3	17.4	1	5.8	*5*	*29.2*	*17.4*
15	Martin	1	5.1	4	20.8	*5*	*26.4*	*17.4*
16	Caswell	3	15.2	4	20.3	*3*	*15.3*	*16.9*
17	Hoke	8	18.5	5	11.4	*8*	*18.0*	*16.0*
18	Nash	10	12.5	16	20.0	*12*	*14.9*	*15.8*
19	Beaufort	6	14.8	6	14.8	*7*	*17.2*	*15.6*
20	Lenoir	10	21.2	8	16.9	*4*	*8.5*	*15.5*
21	Gaston	28	15.0	32	16.9	*27*	*14.1*	*15.4*
22	Richmond	7	18.7	5	13.4	*4*	*10.8*	*14.3*
23	Halifax	4	9.3	5	11.7	*9*	*21.4*	*14.1*
24	Bertie	2	12.0	3	18.0	*2*	*12.1*	*14.0*
25	Lee	8	15.8	8	15.6	*5*	*9.7*	*13.7*
26	Wake	113	12.5	134	14.5	*133*	*14.0*	*13.7*
27	Alamance	20	14.3	24	16.8	*14*	*9.7*	*13.6*
28	Wayne	12	11.7	16	15.6	*11*	*10.7*	*12.7*
29	Granville	7	13.6	8	15.4	*4*	*7.7*	*12.2*
30	Onslow	10	6.3	27	16.4	*23*	*13.9*	*12.2*
31	New Hanover	23	11.4	28	13.7	*23*	*11.1*	*12.1*
32	Harnett	12	11.0	20	18.1	*7*	*6.3*	*11.8*
33	Cherokee	3	12.0	5	19.6	*1*	*3.9*	*11.8*
34	Hertford	5	24.1	1	4.8	*1*	*5.0*	*11.3*
35	Bladen	4	14.1	3	10.6	*2*	*7.1*	*10.6*
36	Davidson	17	12.0	14	9.8	*14*	*9.7*	*10.5*
37	Sampson	3	5.7	7	13.3	*6*	*11.4*	*10.2*
38	Rowan	12	10.1	13	10.8	*10*	*8.3*	*9.7*
39	Cleveland	7	8.5	10	12.1	*7*	*8.4*	*9.7*

Continued

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

[c]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 2 (Continued). Newly Diagnosed HIV[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
40	Johnston	16	9.6	21	12.2	*11*	*6.2*	*9.3*
41	Catawba	16	11.9	13	9.6	*8*	*5.9*	*9.2*
42	Rockingham	8	10.3	10	12.8	*3*	*3.8*	*9.0*
43	Duplin	6	12.3	4	8.2	*3*	*6.1*	*8.9*
44	Person	5	14.8	1	2.9	*3*	*8.8*	*8.8*
45	Montgomery	0	0.0	1	4.3	*5*	*21.5*	*8.6*
46	Columbus	3	6.3	6	12.6	*3*	*6.4*	*8.4*
47	Orange	11	8.6	10	7.8	*11*	*8.5*	*8.3*
48	Cabarrus	13	7.5	19	10.7	*12*	*6.6*	*8.3*
49	Iredell	9	6.0	17	11.1	*12*	*7.6*	*8.2*
50	Craven	10	11.6	8	9.3	*3*	*3.5*	*8.1*
51	Anson	2	9.5	2	10.0	*1*	*4.8*	*8.1*
52	Northampton	0	0.0	4	23.3	*0*	*0.0*	*7.8*
53	Union	18	9.3	14	7.1	*11*	*5.4*	*7.3*
54	Surry	2	3.3	6	9.8	*5*	*8.2*	*7.1*
55	Pender	4	7.6	2	3.8	*5*	*9.2*	*6.9*
56	Macon	0	0.0	2	6.4	*4*	*12.7*	*6.4*
57	Yadkin	2	6.2	1	3.1	*3*	*9.3*	*6.2*
58	Moore	5	6.0	3	3.5	*8*	*9.2*	*6.2*
59	Randolph	4	3.3	12	9.9	*6*	*4.9*	*6.0*
60	Wilkes	3	5.1	3	5.1	*4*	*6.8*	*5.7*
61	Greene	0	0.0	1	5.6	*2*	*11.1*	*5.6*
62	Buncombe	11	4.9	14	6.1	*13*	*5.7*	*5.6*
63	Haywood	5	9.2	2	3.7	*2*	*3.6*	*5.5*
64	Lincoln	7	9.7	2	2.7	*3*	*4.0*	*5.5*
65	Burke	4	5.1	4	5.1	*4*	*5.1*	*5.1*
66	Stokes	2	5.0	2	5.0	*2*	*5.0*	*5.0*
67	Henderson	8	7.9	5	4.9	*2*	*1.9*	*4.9*
68	Caldwell	4	5.7	4	5.7	*2*	*2.8*	*4.7*
69	Franklin	4	7.0	2	3.4	*2*	*3.3*	*4.5*
70	Brunswick	8	6.5	5	3.9	*4*	*3.0*	*4.5*
71	Transylvania	2	6.6	0	0.0	*2*	*6.5*	*4.4*
72	Carteret	2	3.3	0	0.0	*6*	*9.7*	*4.3*
73	Avery	0	0.0	0	0.0	*2*	*12.7*	*4.2*
74	Chatham	3	4.8	3	4.7	*2*	*3.0*	*4.2*
75	Jones	1	12.0	0	0.0	*0*	*0.0*	*4.0*
76	Camden	1	11.2	0	0.0	*0*	*0.0*	*3.7*
77	Davie	2	5.5	1	2.7	*1*	*2.7*	*3.6*

Continued

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

[c]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 2 (Continued). Newly Diagnosed HIV[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
78	Polk	0	0.0	0	0.0	*2*	*10.6*	*3.5*
79	Madison	2	10.5	0	0.0	*0*	*0.0*	*3.5*
80	Jackson	0	0.0	2	5.2	*2*	*5.1*	*3.4*
81	Gates	0	0.0	0	0.0	*1*	*10.0*	*3.3*
82	Watauga	0	0.0	3	5.9	*2*	*3.9*	*3.2*
83	Stanly	2	3.8	2	3.8	*1*	*1.9*	*3.1*
84	Pamlico	0	0.0	1	8.8	*0*	*0.0*	*2.9*
85	Perquimans	1	8.6	0	0.0	*0*	*0.0*	*2.9*
86	Currituck	0	0.0	1	4.2	*1*	*4.1*	*2.8*
87	Dare	2	6.3	0	0.0	*0*	*0.0*	*2.1*
88	McDowell	0	0.0	2	5.1	*0*	*0.0*	*1.7*
89	Ashe	0	0.0	0	0.0	*1*	*4.2*	*1.4*
90	Rutherford	1	1.7	0	0.0	*1*	*1.7*	*1.2*
91	Alexander	0	0.0	0	0.0	*1*	*3.1*	*1.0*
92	Alleghany	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Chowan	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Clay	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Graham	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Hyde	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Mitchell	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Swain	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Tyrrell	0	0.0	0	0.0	*0*	*0.0*	*0.0*
92	Yancey	0	0.0	0	0.0	*0*	*0.0*	*0.0*
N/A	Unassigned[d]	13	--	21	--	*14*	--	--
	North Carolina	**1,203**	**13.7**	**1,376**	**15.5**	***1,079***	***12.0***	***13.8***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed HIV infections in the county of interest.

[c]Rates are expressed per 100,000 population.

[d]Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 3. Newly Diagnosed HIV[a] Annual Rates[b] among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020*

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	*Cases*	*Rate[b]*
Alamance	18	13.3	22	16.0	20	14.3	24	16.8	*14*	*9.7*
Alexander	0	0.0	0	0.0	0	0.0	0	0.0	*1*	*3.1*
Alleghany	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Anson	5	23.0	4	18.7	2	9.5	2	10.0	*1*	*4.8*
Ashe	2	8.6	0	0.0	0	0.0	0	0.0	*1*	*4.2*
Avery	1	6.4	0	0.0	0	0.0	0	0.0	*2*	*12.7*
Beaufort	3	7.4	5	12.4	6	14.8	6	14.8	*7*	*17.2*
Bertie	4	23.6	2	11.9	2	12.0	3	18.0	*2*	*12.1*
Bladen	2	7.0	4	14.0	4	14.1	3	10.6	*2*	*7.1*
Brunswick	10	9.0	9	7.7	8	6.5	5	3.9	*4*	*3.0*
Buncombe	22	10.0	19	8.5	11	4.9	14	6.1	*13*	*5.7*
Burke	5	6.4	5	6.4	4	5.1	4	5.1	*4*	*5.1*
Cabarrus	24	14.6	14	8.3	13	7.5	19	10.7	*12*	*6.6*
Caldwell	4	5.7	6	8.5	4	5.7	4	5.7	*2*	*2.8*
Camden	1	11.4	0	0.0	1	11.2	0	0.0	*0*	*0.0*
Carteret	2	3.3	1	1.7	2	3.3	0	0.0	*6*	*9.7*
Caswell	2	10.1	1	5.1	3	15.2	4	20.3	*3*	*15.3*
Catawba	10	7.6	7	5.3	16	11.9	13	9.6	*8*	*5.9*
Chatham	3	5.0	4	6.5	3	4.8	3	4.7	*2*	*3.0*
Cherokee	2	8.2	1	4.1	3	12.0	5	19.6	*1*	*3.9*
Chowan	2	16.4	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Clay	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Cleveland	9	11.0	12	14.6	7	8.5	10	12.1	*7*	*8.4*
Columbus	2	4.2	9	18.8	3	6.3	6	12.6	*3*	*6.4*
Craven	9	10.4	4	4.6	10	11.6	8	9.3	*3*	*3.5*
Cumberland	65	23.9	70	25.9	61	22.4	69	25.2	*62*	*22.6*
Currituck	1	4.6	0	0.0	0	0.0	1	4.2	*1*	*4.1*
Dare	2	6.5	2	6.4	2	6.3	0	0.0	*0*	*0.0*
Davidson	11	7.9	11	7.9	17	12.0	14	9.8	*14*	*9.7*
Davie	2	5.6	4	11.1	2	5.5	1	2.7	*1*	*2.7*
Duplin	2	4.1	6	12.3	6	12.3	4	8.2	*3*	*6.1*
Durham	82	31.7	66	25.1	62	23.1	68	24.8	*51*	*18.3*
Edgecombe	10	22.4	14	31.6	14	32.0	8	18.5	*6*	*14.0*
Forsyth	81	26.2	66	21.0	64	20.2	82	25.6	*40*	*12.4*
Franklin	4	7.3	6	10.7	4	7.0	2	3.4	*2*	*3.3*
Gaston	19	10.5	25	13.6	28	15.0	32	16.9	*27*	*14.1*
Gates	1	10.1	0	0.0	0	0.0	0	0.0	*1*	*10.0*
Graham	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Granville	7	13.9	6	11.8	7	13.6	8	15.4	*4*	*7.7*

Continued

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 3 (Continued). Newly Diagnosed HIV[a] Annual Rates[b] among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020*

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	*Cases*	*Rate[b]*
Greene	1	5.6	3	16.7	0	0.0	1	5.6	*2*	*11.1*
Guilford	135	30.6	121	27.2	109	24.3	122	26.9	*90*	*19.7*
Halifax	5	11.3	10	22.9	4	9.3	5	11.7	*9*	*21.4*
Harnett	10	9.5	17	15.9	12	11.0	20	18.1	*7*	*6.3*
Haywood	1	1.9	3	5.6	5	9.2	2	3.7	*2*	*3.6*
Henderson	10	10.2	7	7.0	8	7.9	5	4.9	*2*	*1.9*
Hertford	1	4.8	2	9.7	5	24.1	1	4.8	*1*	*5.0*
Hoke	4	9.5	4	9.3	8	18.5	5	11.4	*8*	*18.0*
Hyde	1	20.9	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Iredell	5	3.5	10	6.8	9	6.0	17	11.1	*12*	*7.6*
Jackson	0	0.0	3	7.9	0	0.0	2	5.2	*2*	*5.1*
Johnston	13	8.3	9	5.6	16	9.6	21	12.2	*11*	*6.2*
Jones	0	0.0	2	24.1	1	12.0	0	0.0	*0*	*0.0*
Lee	5	10.2	4	8.0	8	15.8	8	15.6	*5*	*9.7*
Lenoir	6	12.5	5	10.5	10	21.2	8	16.9	*4*	*8.5*
Lincoln	3	4.3	2	2.8	7	9.7	2	2.7	*3*	*4.0*
Macon	2	6.7	1	3.3	0	0.0	2	6.4	*4*	*12.7*
Madison	2	10.7	0	0.0	2	10.5	0	0.0	*0*	*0.0*
Martin	3	15.2	2	10.3	1	5.1	4	20.8	*5*	*26.4*
McDowell	1	2.6	0	0.0	0	0.0	2	5.1	*0*	*0.0*
Mecklenburg	262	30.1	273	30.6	246	27.1	272	29.4	*209*	*22.2*
Mitchell	1	7.6	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Montgomery	0	0.0	3	13.0	0	0.0	1	4.3	*5*	*21.5*
Moore	6	7.4	1	1.2	5	6.0	3	3.5	*8*	*9.2*
Nash	17	21.4	11	13.8	10	12.5	16	20.0	*12*	*14.9*
New Hanover	25	12.9	34	17.2	23	11.4	28	13.7	*23*	*11.1*
Northampton	4	22.8	3	17.2	0	0.0	4	23.3	*0*	*0.0*
Onslow	22	14.1	18	11.4	10	6.3	27	16.4	*23*	*13.9*
Orange	10	8.1	5	4.0	11	8.6	10	7.8	*11*	*8.5*
Pamlico	0	0.0	1	8.9	0	0.0	1	8.8	*0*	*0.0*
Pasquotank	5	15.1	7	21.2	10	30.0	7	20.8	*5*	*14.7*
Pender	9	18.1	3	5.9	4	7.6	2	3.8	*5*	*9.2*
Perquimans	0	0.0	1	8.6	1	8.6	0	0.0	*0*	*0.0*
Person	6	17.9	4	11.9	5	14.8	1	2.9	*3*	*8.8*
Pitt	33	22.1	38	25.2	32	21.0	46	29.9	*21*	*13.5*
Polk	1	5.5	0	0.0	0	0.0	0	0.0	*2*	*10.6*
Randolph	10	8.3	8	6.6	4	3.3	12	9.9	*6*	*4.9*
Richmond	7	18.6	7	18.7	7	18.7	5	13.4	*4*	*10.8*
Robeson	19	17.4	19	17.5	17	15.7	26	24.3	*18*	*16.8*

Continued

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 3 (Continued). Newly Diagnosed HIV[a] Annual Rates[b] among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]
Rockingham	10	12.8	9	11.6	8	10.3	10	12.8	*3*	*3.8*
Rowan	20	17.0	15	12.7	12	10.1	13	10.8	*10*	*8.3*
Rutherford	3	5.3	5	8.8	1	1.7	0	0.0	*1*	*1.7*
Sampson	11	21.0	13	24.9	3	5.7	7	13.3	*6*	*11.4*
Scotland	3	10.2	4	13.7	3	10.4	9	31.2	*9*	*31.3*
Stanly	6	11.7	0	0.0	2	3.8	2	3.8	*1*	*1.9*
Stokes	2	5.0	1	2.5	2	5.0	2	5.0	*2*	*5.0*
Surry	3	4.9	0	0.0	2	3.3	6	9.8	*5*	*8.2*
Swain	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Transylvania	0	0.0	1	3.3	2	6.6	0	0.0	*2*	*6.5*
Tyrrell	2	57.9	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Union	22	11.9	15	7.9	18	9.3	14	7.1	*11*	*5.4*
Vance	9	24.3	6	16.3	8	21.5	7	18.9	*5*	*13.4*
Wake	168	19.4	127	14.3	113	12.5	134	14.5	*133*	*14.0*
Warren	1	5.8	1	5.8	3	17.4	1	5.8	*5*	*29.2*
Washington	2	19.3	1	9.8	3	29.8	3	30.0	*3*	*30.5*
Watauga	2	4.1	2	4.0	0	0.0	3	5.9	*2*	*3.9*
Wayne	11	10.7	16	15.7	12	11.7	16	15.6	*11*	*10.7*
Wilkes	4	6.8	2	3.4	3	5.1	3	5.1	*4*	*6.8*
Wilson	9	13.2	14	20.6	14	20.5	14	20.4	*17*	*24.7*
Yadkin	2	6.2	3	9.3	2	6.2	1	3.1	*3*	*9.3*
Yancey	1	6.5	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Unassigned[c]	23	--	15	--	13	--	21	--	*14*	--
North Carolina	**1,388**	**16.3**	**1,296**	**15.0**	**1,203**	**13.7**	**1,376**	**15.5**	***1,079***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are expressed per 100,000 population.

[c]Unassigned includes cases with unknown county of residence at diagnosis or cases that were diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 4. Number of People Diagnosed with Stage 3 (AIDS)[a] and Residing in North Carolina by Most Recently Known County[b] of Residence as of 12/31/2020*

County	Cases
Alamance	202
Alexander	12
Alleghany	3
Anson	36
Ashe	2
Avery	6
Beaufort	55
Bertie	53
Bladen	55
Brunswick	96
Buncombe	376
Burke	49
Cabarrus	198
Caldwell	51
Camden	3
Carteret	33
Caswell	16
Catawba	145
Chatham	50
Cherokee	22
Chowan	9
Clay	5
Cleveland	96
Columbus	85
Craven	114
Cumberland	678
Currituck	6
Dare	18
Davidson	155
Davie	17
Duplin	74
Durham	780
Edgecombe	150
Forsyth	758
Franklin	78
Gaston	374
Gates	5
Graham	3
Granville	87
Greene	34
Guilford	968
Halifax	75
Harnett	167
Haywood	51
Henderson	99
Hertford	42
Hoke	100
Hyde	5
Iredell	110
Jackson	20
Johnston	246
Jones	13
Lee	90
Lenoir	139
Lincoln	40
Macon	37
Madison	14
Martin	48
McDowell	20
Mecklenburg	2,821
Mitchell	6
Montgomery	28
Moore	84
Nash	182
New Hanover	249
Northampton	47
Onslow	139
Orange	133
Pamlico	6
Pasquotank	51
Pender	57
Perquimans	13
Person	42
Pitt	362
Polk	10
Randolph	105
Richmond	83
Robeson	243
Rockingham	64
Rowan	163
Rutherford	43
Sampson	86
Scotland	57
Stanly	52
Stokes	26
Surry	39
Swain	7
Transylvania	15
Tyrrell	4
Union	159
Vance	97
Wake	1,700
Warren	22
Washington	38
Watauga	15
Wayne	162
Wilkes	25
Wilson	203
Yadkin	15
Yancey	8
Unassigned[c]	657
North Carolina	**15,588**

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

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels.

[b]Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

[c]Unassigned includes cases with unknown county of current residence or cases currently living in long-term residence facilities, including prisons.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 5. Newly Diagnosed Stage 3 (AIDS)[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
1	Washington	1	9.9	1	10.0	*4*	*40.6*	*20.2*
2	Bertie	4	24.0	5	30.0	*1*	*6.1*	*20.0*
3	Edgecombe	4	9.2	9	20.8	*8*	*18.7*	*16.2*
4	Cumberland	37	13.6	40	14.6	*43*	*15.7*	*14.6*
5	Scotland	6	20.8	3	10.4	*2*	*7.0*	*12.7*
6	Robeson	11	10.2	15	14.0	*12*	*11.2*	*11.8*
7	Wilson	4	5.9	11	16.0	*8*	*11.6*	*11.2*
8	Pitt	22	14.5	18	11.7	*11*	*7.1*	*11.1*
9	Forsyth	45	14.2	38	11.9	*23*	*7.1*	*11.1*
10	Durham	31	11.6	24	8.8	*30*	*10.8*	*10.4*
11	Pasquotank	5	15.0	3	8.9	*2*	*5.9*	*9.9*
12	Lenoir	6	12.7	3	6.3	*5*	*10.6*	*9.9*
13	Richmond	4	10.7	2	5.4	*5*	*13.5*	*9.8*
14	Hertford	1	4.8	2	9.7	*3*	*14.9*	*9.8*
15	Bladen	2	7.0	4	14.2	*2*	*7.1*	*9.4*
16	Vance	4	10.8	3	8.1	*3*	*8.1*	*9.0*
17	Sampson	5	9.5	2	3.8	*7*	*13.4*	*8.9*
18	Martin	2	10.3	2	10.4	*1*	*5.3*	*8.7*
19	Nash	7	8.8	6	7.5	*7*	*8.7*	*8.3*
20	Mecklenburg	55	6.1	74	8.0	*84*	*8.9*	*7.7*
21	Hoke	2	4.6	5	11.4	*3*	*6.7*	*7.6*
22	Greene	2	11.1	2	11.1	*0*	*0.0*	*7.4*
23	Davidson	14	9.9	5	3.5	*12*	*8.3*	*7.3*
24	Columbus	2	4.2	5	10.5	*3*	*6.4*	*7.0*
25	Caswell	2	10.1	2	10.2	*0*	*0.0*	*6.8*
26	Wayne	10	9.8	4	3.9	*5*	*4.9*	*6.2*
27	Guilford	21	4.7	28	6.2	*31*	*6.8*	*5.9*
28	Warren	0	0.0	2	11.6	*1*	*5.8*	*5.8*
29	Granville	5	9.7	2	3.9	*2*	*3.8*	*5.8*
30	Wake	59	6.5	44	4.7	*58*	*6.1*	*5.8*
31	Northampton	2	11.5	1	5.8	*0*	*0.0*	*5.8*
32	Perquimans	1	8.6	1	8.5	*0*	*0.0*	*5.7*
33	Lee	0	0.0	4	7.8	*4*	*7.7*	*5.2*
34	Gaston	13	6.9	10	5.3	*6*	*3.1*	*5.1*
35	Person	3	8.9	0	0.0	*2*	*5.8*	*4.9*
36	Anson	2	9.5	1	5.0	*0*	*0.0*	*4.8*
37	Duplin	3	6.1	2	4.1	*2*	*4.1*	*4.8*

Continued

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new Stage 3 diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed Stage 3 (AIDS) in the county of interest.

[c]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 5 (Continued). Newly Diagnosed Stage 3 (AIDS)[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
38	Craven	4	4.6	3	3.5	*5*	*5.9*	*4.7*
39	Surry	2	3.3	2	3.3	*4*	*6.5*	*4.4*
40	Macon	0	0.0	2	6.4	*2*	*6.4*	*4.3*
41	Harnett	5	4.6	6	5.4	*3*	*2.7*	*4.2*
42	Alamance	7	5.0	7	4.9	*4*	*2.8*	*4.2*
43	Catawba	6	4.5	5	3.7	*6*	*4.4*	*4.2*
44	Currituck	0	0.0	1	4.2	*2*	*8.1*	*4.1*
45	Jones	1	12.0	0	0.0	*0*	*0.0*	*4.0*
46	Iredell	3	2.0	13	8.5	*2*	*1.3*	*3.9*
47	Moore	1	1.2	7	8.2	*2*	*2.3*	*3.9*
48	Onslow	6	3.8	7	4.3	*6*	*3.6*	*3.9*
49	Johnston	9	5.4	4	2.3	*7*	*3.9*	*3.9*
50	Rockingham	5	6.4	2	2.6	*2*	*2.5*	*3.8*
51	Camden	1	11.2	0	0.0	*0*	*0.0*	*3.7*
52	Rowan	3	2.5	7	5.8	*3*	*2.5*	*3.6*
53	Randolph	5	4.1	4	3.3	*4*	*3.3*	*3.6*
54	Rutherford	4	7.0	0	0.0	*2*	*3.5*	*3.5*
55	Jackson	0	0.0	3	7.8	*1*	*2.6*	*3.5*
56	Franklin	3	5.2	2	3.4	*1*	*1.6*	*3.4*
57	Gates	1	10.1	0	0.0	*0*	*0.0*	*3.4*
58	Stokes	1	2.5	2	5.0	*1*	*2.5*	*3.4*
59	Beaufort	1	2.5	1	2.5	*2*	*4.9*	*3.3*
60	Cleveland	4	4.9	2	2.4	*2*	*2.4*	*3.2*
61	Stanly	3	5.7	0	0.0	*2*	*3.7*	*3.1*
62	Halifax	0	0.0	2	4.7	*2*	*4.7*	*3.1*
63	Yadkin	0	0.0	1	3.1	*2*	*6.2*	*3.1*
64	Orange	3	2.3	4	3.1	*5*	*3.8*	*3.1*
65	Buncombe	6	2.7	6	2.6	*8*	*3.5*	*2.9*
66	Montgomery	0	0.0	1	4.3	*1*	*4.3*	*2.9*
67	Caldwell	2	2.8	3	4.2	*1*	*1.4*	*2.8*
68	Lincoln	2	2.8	3	4.1	*1*	*1.3*	*2.7*
69	Henderson	3	3.0	3	2.9	*2*	*1.9*	*2.6*
70	Mitchell	0	0.0	0	0.0	*1*	*7.7*	*2.6*
71	Wilkes	2	3.4	0	0.0	*2*	*3.4*	*2.3*
72	Transylvania	0	0.0	1	3.3	*1*	*3.2*	*2.2*
73	Carteret	1	1.6	0	0.0	*3*	*4.9*	*2.2*
74	New Hanover	5	2.5	5	2.5	*3*	*1.5*	*2.1*

Continued

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed AIDS (Stage 3) in the county of interest.

[c]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 5 (Continued). Newly Diagnosed Stage 3(AIDS)[a] Rates among Adults and Adolescents in North Carolina by County of Diagnosis, Year of Diagnosis, and Rank Order[b], 2018-2020*

Rank[b]	County	2018 Cases	2018 Rate[c]	2019 Cases	2019 Rate[c]	*2020* Cases*	*2020* Rate[c]*	*2018-2020* Average Rate[b]*
75	Avery	1	6.4	0	0.0	*0*	*0.0*	*2.1*
76	Cabarrus	2	1.2	3	1.7	*5*	*2.7*	*1.9*
77	Union	2	1.0	4	2.0	*5*	*2.5*	*1.8*
78	Haywood	1	1.8	0	0.0	*2*	*3.6*	*1.8*
79	Davie	0	0.0	2	5.5	*0*	*0.0*	*1.8*
80	Madison	1	5.3	0	0.0	*0*	*0.0*	*1.8*
81	Burke	1	1.3	2	2.5	*1*	*1.3*	*1.7*
82	Brunswick	2	1.6	2	1.6	*1*	*0.7*	*1.3*
83	Pender	0	0.0	0	0.0	*2*	*3.7*	*1.2*
84	Alexander	0	0.0	0	0.0	*1*	*3.1*	*1.0*
85	Chatham	0	0.0	1	1.6	*1*	*1.5*	*1.0*
86	Dare	0	0.0	0	0.0	*1*	*3.0*	*1.0*
87	Watauga	0	0.0	1	2.0	*0*	*0.0*	*0.7*
88	Alleghany	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Ashe	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Cherokee	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Chowan	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Clay	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Graham	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Hyde	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	McDowell	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Pamlico	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Polk	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Swain	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Tyrrell	0	0.0	0	0.0	*0*	*0.0*	*0.0*
89	Yancey	0	0.0	0	0.0	*0*	*0.0*	*0.0*
N/A	Unassigned[d]	3	--	10	--	*9*	--	--
	North Carolina	**509**	**5.8**	**517**	**8.5**	***513***	***5.7***	***5.8***

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rank is based on a three-year average rate per 100,000 population for newly diagnosed AIDS (Stage 3) in the county of interest.

[c]Rates are expressed per 100,000 population.

[d]Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 6. Newly Diagnosed Stage 3(AIDS)[a] Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020*

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	*Cases*	*Rate[b]*
Alamance	11	8.2	9	6.5	7	5.0	7	4.9	*4*	*2.8*
Alexander	3	9.4	1	3.1	0	0.0	0	0.0	*1*	*3.1*
Alleghany	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Anson	1	4.6	1	4.7	2	9.5	1	5.0	*0*	*0.0*
Ashe	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Avery	0	0.0	0	0.0	1	6.4	0	0.0	*0*	*0.0*
Beaufort	3	7.4	2	4.9	1	2.5	1	2.5	*2*	*4.9*
Bertie	3	17.7	2	11.9	4	24.0	5	30.0	*1*	*6.1*
Bladen	2	7.0	4	14.0	2	7.0	4	14.2	*2*	*7.1*
Brunswick	5	4.5	4	3.4	2	1.6	2	1.6	*1*	*0.7*
Buncombe	7	3.2	14	6.3	6	2.7	6	2.6	*8*	*3.5*
Burke	5	6.4	1	1.3	1	1.3	2	2.5	*1*	*1.3*
Cabarrus	11	6.7	4	2.4	2	1.2	3	1.7	*5*	*2.7*
Caldwell	5	7.1	1	1.4	2	2.8	3	4.2	*1*	*1.4*
Camden	1	11.4	0	0.0	1	11.2	0	0.0	*0*	*0.0*
Carteret	0	0.0	1	1.7	1	1.6	0	0.0	*3*	*4.9*
Caswell	0	0.0	2	10.1	2	10.1	2	10.2	*0*	*0.0*
Catawba	2	1.5	2	1.5	6	4.5	5	3.7	*6*	*4.4*
Chatham	2	3.4	3	4.9	0	0.0	1	1.6	*1*	*1.5*
Cherokee	1	4.1	1	4.1	0	0.0	0	0.0	*0*	*0.0*
Chowan	1	8.2	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Clay	0	0.0	1	10.3	0	0.0	0	0.0	*0*	*0.0*
Cleveland	9	11.0	5	6.1	4	4.9	2	2.4	*2*	*2.4*
Columbus	1	2.1	3	6.3	2	4.2	5	10.5	*3*	*6.4*
Craven	4	4.6	2	2.3	4	4.6	3	3.5	*5*	*5.9*
Cumberland	34	12.5	23	8.5	37	13.6	40	14.6	*43*	*15.7*
Currituck	0	0.0	0	0.0	0	0.0	1	4.2	*2*	*8.1*
Dare	0	0.0	0	0.0	0	0.0	0	0.0	*1*	*3.0*
Davidson	9	6.5	6	4.3	14	9.9	5	3.5	*12*	*8.3*
Davie	1	2.8	0	0.0	0	0.0	2	5.5	*0*	*0.0*
Duplin	1	2.0	5	10.3	3	6.1	2	4.1	*2*	*4.1*
Durham	32	12.4	33	12.6	31	11.6	24	8.8	*30*	*10.8*
Edgecombe	8	17.9	9	20.3	4	9.2	9	20.8	*8*	*18.7*
Forsyth	30	9.7	43	13.7	45	14.2	38	11.9	*23*	*7.1*
Franklin	1	1.8	2	3.6	3	5.2	2	3.4	*1*	*1.6*
Gaston	12	6.6	16	8.7	13	6.9	10	5.3	*6*	*3.1*
Gates	0	0.0	0	0.0	1	10.1	0	0.0	*0*	*0.0*
Graham	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*

Continued

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 6 (Continued). Newly Diagnosed Stage 3(AIDS)[a] Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020*

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Cases	Rate[b]	Cases	*Rate[b]*	*Cases*
Granville	5	9.9	5	9.8	5	9.7	2	3.9	*2*	*3.8*
Greene	0	0.0	2	11.1	2	11.1	2	11.1	*0*	*0.0*
Guilford	30	6.8	30	6.7	21	4.7	28	6.2	*31*	*6.8*
Halifax	2	4.5	4	9.2	0	0.0	2	4.7	*2*	*4.7*
Harnett	2	1.9	10	9.4	5	4.6	6	5.4	*3*	*2.7*
Haywood	0	0.0	2	3.8	1	1.8	0	0.0	*2*	*3.6*
Henderson	2	2.0	5	5.0	3	3.0	3	2.9	*2*	*1.9*
Hertford	1	4.8	1	4.8	1	4.8	2	9.7	*3*	*14.9*
Hoke	3	7.2	3	7.0	2	4.6	5	11.4	*3*	*6.7*
Hyde	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Iredell	3	2.1	8	5.4	3	2.0	13	8.5	*2*	*1.3*
Jackson	0	0.0	1	2.6	0	0.0	3	7.8	*1*	*2.6*
Johnston	8	5.1	5	3.1	9	5.4	4	2.3	*7*	*3.9*
Jones	0	0.0	0	0.0	1	12.0	0	0.0	*0*	*0.0*
Lee	6	12.2	4	8.0	0	0.0	4	7.8	*4*	*7.7*
Lenoir	7	14.5	5	10.5	6	12.7	3	6.3	*5*	*10.6*
Lincoln	1	1.4	1	1.4	2	2.8	3	4.1	*1*	*1.3*
Macon	1	3.4	0	0.0	0	0.0	2	6.4	*2*	*6.4*
Madison	0	0.0	0	0.0	1	5.3	0	0.0	*0*	*0.0*
Martin	2	10.1	2	10.3	2	10.3	2	10.4	*1*	*5.3*
McDowell	1	2.6	1	2.6	0	0.0	0	0.0	*0*	*0.0*
Mecklenburg	123	14.1	91	10.2	55	6.1	74	8.0	*84*	*8.9*
Mitchell	1	7.6	0	0.0	0	0.0	0	0.0	*1*	*7.7*
Montgomery	1	4.3	1	4.3	0	0.0	1	4.3	*1*	*4.3*
Moore	3	3.7	1	1.2	1	1.2	7	8.2	*2*	*2.3*
Nash	11	13.8	8	10.1	7	8.8	6	7.5	*7*	*8.7*
New Hanover	6	3.1	8	4.0	5	2.5	5	2.5	*3*	*1.5*
Northampton	3	17.1	3	17.2	2	11.5	1	5.8	*0*	*0.0*
Onslow	6	3.9	7	4.4	6	3.8	7	4.3	*6*	*3.6*
Orange	4	3.2	2	1.6	3	2.3	4	3.1	*5*	*3.8*
Pamlico	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Pasquotank	1	3.0	5	15.1	5	15.0	3	8.9	*2*	*5.9*
Pender	1	2.0	0	0.0	0	0.0	0	0.0	*2*	*3.7*
Perquimans	2	17.2	0	0.0	1	8.6	1	8.5	*0*	*0.0*
Person	1	3.0	1	3.0	3	8.9	0	0.0	*2*	*5.8*
Pitt	15	10.0	21	13.9	22	14.5	18	11.7	*11*	*7.1*
Polk	1	5.5	0	0.0	0	0.0	0	0.0	*0*	*0.0*

Continued

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rates are expressed per 100,000 population.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 6 (Continued). Newly Diagnosed Stage 3(AIDS)[a] Annual Rates among Adults and Adolescents in North Carolina by County of Diagnosis and Year of Diagnosis, 2016-2020*

County	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Cases	Rate[b]	Cases	*Rate[b]*	*Cases*
Randolph	2	1.7	4	3.3	5	4.1	4	3.3	*4*	*3.3*
Richmond	2	5.3	6	16.0	4	10.7	2	5.4	*5*	*13.5*
Robeson	14	12.8	9	8.3	11	10.2	15	14.0	*12*	*11.2*
Rockingham	1	1.3	3	3.9	5	6.4	2	2.6	*2*	*2.5*
Rowan	7	6.0	10	8.5	3	2.5	7	5.8	*3*	*2.5*
Rutherford	3	5.3	2	3.5	4	7.0	0	0.0	*2*	*3.5*
Sampson	2	3.8	5	9.6	5	9.5	2	3.8	*7*	*13.4*
Scotland	5	17.0	1	3.4	6	20.8	3	10.4	*2*	*7.0*
Stanly	3	5.8	0	0.0	3	5.7	0	0.0	*2*	*3.7*
Stokes	0	0.0	1	2.5	1	2.5	2	5.0	*1*	*2.5*
Surry	0	0.0	0	0.0	2	3.3	2	3.3	*4*	*6.5*
Swain	0	0.0	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Transylvania	0	0.0	1	3.3	0	0.0	1	3.3	*1*	*3.2*
Tyrrell	1	28.9	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Union	7	3.8	8	4.2	2	1.0	4	2.0	*5*	*2.5*
Vance	3	8.1	3	8.1	4	10.8	3	8.1	*3*	*8.1*
Wake	66	7.6	63	7.1	59	6.5	44	4.7	*58*	*6.1*
Warren	0	0.0	3	17.4	0	0.0	2	11.6	*1*	*5.8*
Washington	0	0.0	0	0.0	1	9.9	1	10.0	*4*	*40.6*
Watauga	0	0.0	1	2.0	0	0.0	1	2.0	*0*	*0.0*
Wayne	11	10.7	8	7.9	10	9.8	4	3.9	*5*	*4.9*
Wilkes	1	1.7	2	3.4	2	3.4	0	0.0	*2*	*3.4*
Wilson	8	11.8	6	8.8	4	5.9	11	16.0	*8*	*11.6*
Yadkin	1	3.1	1	3.1	0	0.0	1	3.1	*2*	*6.2*
Yancey	1	6.5	0	0.0	0	0.0	0	0.0	*0*	*0.0*
Unassigned[c]	4	--	7	---	3	--	10	--	*9*	--
North Carolina	**600**	**7.0**	**581**	**6.7**	**509**	**5.8**	**514**	**5.8**	***513***	***5.7***

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rates are expressed per 100,000 population.

[b]Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 7. HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2020*

County	Number Tested	Number Positive	% Positive	Number Newly Positive^	% New Positive
Alamance	*297*	*3*	*1.0*	*2*	*0.7*
Alexander	*0*	*0*	*0.0*	*0*	*0.0*
Alleghany	*0*	*0*	*0.0*	*0*	*0.0*
Anson	*0*	*0*	*0.0*	*0*	*0.0*
Ashe	*0*	*0*	*0.0*	*0*	*0.0*
Avery	*0*	*0*	*0.0*	*0*	*0.0*
Beaufort	*77*	*0*	*0.0*	*0*	*0.0*
Bertie	*0*	*0*	*0.0*	*0*	*0.0*
Bladen	*0*	*0*	*0.0*	*0*	*0.0*
Brunswick	*0*	*0*	*0.0*	*0*	*0.0*
Buncombe	*577*	*2*	*0.3*	*2*	*0.3*
Burke	*0*	*0*	*0.0*	*0*	*0.0*
Cabarrus	*6*	*0*	*0.0*	*0*	*0.0*
Caldwell	*0*	*0*	*0.0*	*0*	*0.0*
Camden	*0*	*0*	*0.0*	*0*	*0.0*
Carteret	*0*	*0*	*0.0*	*0*	*0.0*
Caswell	*0*	*0*	*0.0*	*0*	*0.0*
Catawba	*229*	*0*	*0.0*	*0*	*0.0*
Chatham	*0*	*0*	*0.0*	*0*	*0.0*
Cherokee	*0*	*0*	*0.0*	*0*	*0.0*
Chowan	*0*	*0*	*0.0*	*0*	*0.0*
Clay	*0*	*0*	*0.0*	*0*	*0.0*
Cleveland	*0*	*0*	*0.0*	*0*	*0.0*
Columbus	*118*	*0*	*0.0*	*0*	*0.0*
Craven	*166*	*0*	*0.0*	*0*	*0.0*
Cumberland	*1,906*	*28*	*1.5*	*7*	*0.4*
Currituck	*0*	*0*	*0.0*	*0*	*0.0*
Dare	*0*	*0*	*0.0*	*0*	*0.0*
Davidson	*0*	*0*	*0.0*	*0*	*0.0*
Davie	*0*	*0*	*0.0*	*0*	*0.0*
Duplin	*0*	*0*	*0.0*	*0*	*0.0*
Durham	*1,882*	*5*	*0.3*	*3*	*0.2*
Edgecombe	*908*	*3*	*0.3*	*1*	*0.1*
Forsyth	*1,629*	*2*	*0.1*	*1*	*0.1*
Franklin	*0*	*0*	*0.0*	*0*	*0.0*
Gaston	*358*	*0*	*0.0*	*0*	*0.0*
Gates	*0*	*0*	*0.0*	*0*	*0.0*
Graham	*0*	*0*	*0.0*	*0*	*0.0*
Granville	*0*	*0*	*0.0*	*0*	*0.0*
Greene	*0*	*0*	*0.0*	*0*	*0.0*
Guilford	*3,035*	*36*	*1.2*	*9*	*0.3*
Halifax	*0*	*0*	*0.0*	*0*	*0.0*
Harnett	*36*	*0*	*0.0*	*0*	*0.0*
Haywood	*0*	*0*	*0.0*	*0*	*0.0*
Henderson	*0*	*0*	*0.0*	*0*	*0.0*
Hertford	*0*	*0*	*0.0*	*0*	*0.0*

Continued

*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.
^New positives are defined as never been reported to surveillance.
Data Source: North Carolina Division of Public Health supported HIV testing data (HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers) (data as of September 16, 2021).

Table 7 (Continued). HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2020*

County	Number Tested	Number Positive	% Positive	Number Newly Positive^	% New Positive
Hoke	*0*	*0*	*0.0*	*0*	*0.0*
Hyde	*0*	*0*	*0.0*	*0*	*0.0*
Iredell	*0*	*0*	*0.0*	*0*	*0.0*
Jackson	*0*	*0*	*0.0*	*0*	*0.0*
Johnston	*0*	*0*	*0.0*	*0*	*0.0*
Jones	*0*	*0*	*0.0*	*0*	*0.0*
Lee	*0*	*0*	*0.0*	*0*	*0.0*
Lenoir	*0*	*0*	*0.0*	*0*	*0.0*
Lincoln	*0*	*0*	*0.0*	*0*	*0.0*
Macon	*0*	*0*	*0.0*	*0*	*0.0*
Madison	*0*	*0*	*0.0*	*0*	*0.0*
Martin	*0*	*0*	*0.0*	*0*	*0.0*
McDowell	*0*	*0*	*0.0*	*0*	*0.0*
Mecklenburg	*1,625*	*10*	*0.6*	*5*	*0.3*
Mitchell	*0*	*0*	*0.0*	*0*	*0.0*
Montgomery	*0*	*0*	*0.0*	*0*	*0.0*
Moore	*0*	*0*	*0.0*	*0*	*0.0*
Nash	*51*	*0*	*0.0*	*0*	*0.0*
New Hanover	*170*	*1*	*0.6*	*0*	*0.0*
Northampton	*37*	*0*	*0.0*	*0*	*0.0*
Onslow	*0*	*0*	*0.0*	*0*	*0.0*
Orange	*101*	*2*	*2.0*	*2*	*2.0*
Pamlico	*0*	*0*	*0.0*	*0*	*0.0*
Pasquotank	*98*	*0*	*0.0*	*0*	*0.0*
Pender	*0*	*0*	*0.0*	*0*	*0.0*
Perquimans	*0*	*0*	*0.0*	*0*	*0.0*
Person	*0*	*0*	*0.0*	*0*	*0.0*
Pitt	*447*	*1*	*0.2*	*0*	*0.0*
Polk	*0*	*0*	*0.0*	*0*	*0.0*
Randolph	*0*	*0*	*0.0*	*0*	*0.0*
Richmond	*0*	*0*	*0.0*	*0*	*0.0*
Robeson	*122*	*0*	*0.0*	*0*	*0.0*
Rockingham	*0*	*0*	*0.0*	*0*	*0.0*
Rowan	*117*	*0*	*0.0*	*0*	*0.0*
Rutherford	*0*	*0*	*0.0*	*0*	*0.0*
Sampson	*0*	*0*	*0.0*	*0*	*0.0*
Scotland	*0*	*0*	*0.0*	*0*	*0.0*
Stanly	*0*	*0*	*0.0*	*0*	*0.0*
Stokes	*0*	*0*	*0.0*	*0*	*0.0*
Surry	*0*	*0*	*0.0*	*0*	*0.0*
Swain	*0*	*0*	*0.0*	*0*	*0.0*
Transylvania	*0*	*0*	*0.0*	*0*	*0.0*

Continued

*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.
^New positives are defined as never been reported to surveillance.
Data Source: North Carolina Division of Public Health supported HIV testing data (HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers) (data as of September 16, 2021).

Table 7 (Continued). HIV Testing at North Carolina Division of Public Health Funded Counseling and Testing Sites by County, 2020*

County	Number Tested	Number Positive	% Positive	Number Newly Positive^	% New Positive
Tyrrell	*0*	*0*	*0.0*	*0*	*0.0*
Union	*0*	*0*	*0.0*	*0*	*0.0*
Vance	*89*	*1*	*1.1*	*1*	*1.1*
Wake	*3,350*	*33*	*1.0*	*9*	*0.3*
Warren	*0*	*0*	*0.0*	*0*	*0.0*
Washington	*0*	*0*	*0.0*	*0*	*0.0*
Watauga	*0*	*0*	*0.0*	*0*	*0.0*
Wayne	*0*	*0*	*0.0*	*0*	*0.0*
Wilkes	*0*	*0*	*0.0*	*0*	*0.0*
Wilson	*1,018*	*14*	*1.4*	*1*	*0.1*
Yadkin	*0*	*0*	*0.0*	*0*	*0.0*
Yancey	*0*	*0*	*0.0*	*0*	*0.0*
North Carolina	***18,449***	***141***	***0.76***	***43***	***0.23***

*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.

^New positives are defined as never been reported to surveillance.

Data Source: North Carolina Division of Public Health supported HIV testing data (HIV tests submitted to the rapid HIV tests conducted by health departments and CBOs, and tests conducted through the expanded testing program in emergency departments and community health centers) (data as of September 16, 2021).

Regional Networks of Care and Prevention (RNCP) in North Carolina Totals and Rates for HIV, 2020

Table 8. Number of People Diagnosed with HIV[a] Residing in North Carolina as of 12/31/2020*, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence[b]

Regional Networks of Care and Prevention (RNCP)	County	HIV Classification[a]		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Charlotte-Transitional Grant Area (TGA)	Anson	38	37	75
	Cabarrus	264	198	462
	Gaston	423	387	810
	Mecklenburg	4,050	2,827	6,877
	Union	164	159	323
	Region Total	**4,939**	**3,608**	**8,547**
Region 1	Avery	4	6	10
	Buncombe	383	377	760
	Cherokee	24	23	47
	Clay	8	6	14
	Cleveland	137	103	240
	Graham	0	3	3
	Haywood	33	52	85
	Henderson	92	101	193
	Jackson	28	20	48
	Macon	29	37	66
	Madison	10	14	24
	McDowell	13	20	33
	Mitchell	4	6	10
	Polk	17	10	27
	Rutherford	29	45	74
	Swain	6	8	14
	Transylvania	25	15	40
	Yancey	6	8	14
	Region Total	**848**	**854**	**1,702**
Region 2	Alexander	17	12	29
	Alleghany	2	3	5
	Ashe	13	3	16
	Burke	67	50	117
	Caldwell	48	51	99
	Catawba	146	145	291
	Lincoln	53	41	94
	Watauga	25	16	41
	Wilkes	46	25	71
	Region Total	**417**	**346**	**763**

Continued

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

[a]All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

[b]Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 8 (Continued). Number of People Diagnosed with HIV[a] Residing in North Carolina as of 12/31/2020*, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence[b]

Regional Network of Care and Prevention (RNCP)	County	HIV Classification[a]		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Region 3	Davidson	190	158	348
	Davie	24	18	42
	Forsyth	976	759	1,735
	Iredell	99	110	209
	Rowan	193	163	356
	Stokes	25	27	52
	Surry	54	39	93
	Yadkin	23	17	40
	Region Total	**1,584**	**1,291**	**2,875**
Region 4	Alamance	292	203	495
	Caswell	42	16	58
	Guilford	1,702	977	2,679
	Montgomery	18	28	46
	Randolph	135	106	241
	Rockingham	129	68	197
	Stanly	53	52	105
	Region Total	**2,371**	**1,450**	**3,821**
Region 5	Bladen	41	56	97
	Cumberland	896	680	1,576
	Harnett	154	167	321
	Hoke	88	100	188
	Moore	70	84	154
	Richmond	62	83	145
	Robeson	236	243	479
	Sampson	94	87	181
	Scotland	67	58	125
	Region Total	**1,708**	**1,558**	**3,266**
Region 6	Chatham	76	52	128
	Durham	1,057	789	1,846
	Franklin	77	79	156
	Granville	96	91	187
	Johnston	205	246	451
	Lee	102	90	192
	Orange	188	133	321
	Person	54	42	96
	Vance	112	99	211
	Wake	2,064	1,705	3,769
	Warren	37	23	60
	Region Total	**4,068**	**3,349**	**7,417**

Continued

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

[a]All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

[b]Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 8 (Continued). Number of People Diagnosed with HIV[a] Residing in North Carolina as of 12/31/2020*, by Regional Network of Care and Prevention (RNCP) and Most Recently Known County of Residence[b]

Regional Network of Care and Prevention (RNCP)	County	HIV Classification[a]		Total
		Stages 1 and 2	Stage 3 (AIDS)	
Region 7	Brunswick	109	101	210
	Columbus	83	85	168
	Duplin	52	76	128
	New Hanover	358	251	609
	Onslow	184	145	329
	Pender	51	59	110
	Region Total	**837**	**717**	**1,554**
Region 8	Edgecombe	133	152	285
	Halifax	97	76	173
	Nash	174	182	356
	Northampton	24	48	72
	Wilson	191	203	394
	Region Total	**619**	**661**	**1,280**
Region 9	Bertie	40	53	93
	Camden	5	3	8
	Chowan	9	9	18
	Currituck	15	6	21
	Dare	20	18	38
	Gates	9	5	14
	Hertford	28	42	70
	Hyde	6	5	11
	Pasquotank	48	51	99
	Perquimans	10	14	24
	Tyrrell	3	4	7
	Region Total	**193**	**210**	**403**
Region 10	Beaufort	65	55	120
	Carteret	41	33	74
	Craven	118	114	232
	Greene	28	37	65
	Jones	9	13	22
	Lenoir	125	140	265
	Martin	38	48	86
	Pamlico	11	6	17
	Pitt	393	366	759
	Washington	25	38	63
	Wayne	164	162	326
	Region Total	**1,017**	**1,012**	**2,029**
Unassigned[c]		**774**	**532**	**1,306**
North Carolina		**19,375**	**15,588**	**34,963**

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

[a]All people living with HIV infection have never been diagnosed or classified as having Stage 3 (AIDS). Stage 3 (AIDS) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Cases are classified as Stage 3 (AIDS) at the year of AIDS diagnosis; once classified as Stage 3, the classification remains, even if the person regains health.

[b]Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

[c]Unassigned includes cases diagnosed at long-term residence facilities, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 9. Number of People Diagnosed with HIV who Resided in Charlotte-Transitional Grant Area (TGA)[a] by Selected Demographics (Unknown Risk Redistributed) as of 12/31/2020*

Demographics	Charlotte, Transitional Grant Area			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	6,236	73.0	698.5	25,162	72.0	488.3
Women	2,235	26.1	234.5	9,451	27.0	173.5
Transgender	76	0.9	--	350	1.0	--
Current Age (Year)						
Less than 13	15	0.2	4.9	60	0.2	3.7
13-14	5	0.1	9.9	28	0.1	10.3
15-19	38	0.4	31.3	163	0.5	23.6
20-24	269	3.1	234.3	1,058	3.0	149.7
25-29	701	8.2	490.9	2,477	7.1	338.5
30-34	1,067	12.5	759.0	3,390	9.7	480.8
35-39	840	9.8	635.4	3,129	8.9	469.9
40-44	821	9.6	644.3	3,320	9.5	510.2
45-49	942	11.0	729.2	3,739	10.7	554.3
50-54	1,130	13.2	908.1	4,795	13.7	702.7
55-59	1,153	13.5	997.1	5,227	15.0	742.9
60-64	817	9.6	815.0	3,792	10.8	565.5
65 and older	749	8.8	313.9	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	18	0.2	272.6	202	0.6	162.5
Asian/Pacific Islander[c]	64	0.7	62.2	254	0.7	68.9
Black/African American[c]	5,710	66.8	1,160.6	21,501	61.5	917.2
Hispanic/Latino	743	8.7	325.1	2,988	8.5	283.9
White/Caucasian[c]	1,672	19.6	164.6	8,718	24.9	129.9
Multiple Race[c,d]	339	4.0	--	1,297	3.7	--
Unknown/Unspecified[c,d]	1	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**6,306**			**25,485**		
Heterosexual	763	12.1	106.8[e]	3,783	14.8	90.2[e]
IDU[e,f]	264	4.2	--	1,441	5.7	--
MSM[e,f]	5,015	79.5	23,508.1[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	219	3.5	--	1,123	4.4	--
Other Risks[e,f]	45	0.7	--	287	1.1	--
Female	**2,241**			**9,478**		
Heterosexual	1,920	85.9	279.3[e]	7,692	81.4	165.5[e]
IDU[f]	237	10.6	--	1,340	14.2	--
Other Risks[f]	84	3.7	--	446	4.7	--
Total	**8,547**	**100.0**	**463.1**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Anson, Cabarrus, Gaston, Mecklenburg, and Union counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/LatinX.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor certain risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 10. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 1[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 1[b]			North Carolina Total		
	Cases	%	Rate per 100,000[d]	Cases	%	Rate per 100,000[d]
Gender[b]						
Men	1,349	79.3	300.3	25,162	72.0	488.3
Women	335	19.7	70.0	9,451	27.0	173.5
Transgender	18	1.1	--	350	1.0	--
Current Age (Year)						
Less than 13	1	0.1	0.8	60	0.2	3.7
13-14	1	0.1	4.9	28	0.1	10.3
15-19	7	0.4	13.5	163	0.5	23.6
20-24	27	1.6	52.5	1,058	3.0	149.7
25-29	68	4.0	123.8	2,477	7.1	338.5
30-34	124	7.3	226.7	3,390	9.7	480.8
35-39	129	7.6	245.4	3,129	8.9	469.9
40-44	134	7.9	252.6	3,320	9.5	510.2
45-49	178	10.5	316.2	3,739	10.7	554.3
50-54	272	16.0	457.9	4,795	13.7	702.7
55-59	310	18.2	477.9	5,227	15.0	742.9
60-64	218	12.8	318.8	3,792	10.8	565.5
65 and older	233	13.7	105.9	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	11	0.6	90.6	202	0.6	162.5
Asian/Pacific Islander[c]	8	0.5	72.9	254	0.7	68.9
Black/African American[c]	404	23.7	681.4	21,501	61.5	917.2
Hispanic/Latino	106	6.2	183.9	2,988	8.5	283.9
White/Caucasian[c]	1,105	64.9	140.3	8,718	24.9	129.9
Multiple Race[c,d]	68	4.0	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**1,367**			**25,485**		
Heterosexual	122	8.9	32.3[e]	3,783	14.8	90.2[e]
IDU[e,f]	82	6.0	--	1,441	5.7	--
MSM[e,f]	1,034	75.7	9,200.6[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	118	8.6	--	1,123	4.4	--
Other Risks[e,f]	11	0.8	--	287	1.1	--
Female	**335**			**9,478**		
Heterosexual	237	70.8	70.0[e]	7,692	81.4	165.5[e]
IDU[f]	86	25.8	--	1,340	14.2	--
Other Risks[f]	12	3.4	--	446	4.7	--
Total	**1,702**	**100.0**	**183.4**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 11. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 2[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 2[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	583	76.4	189.9	25,162	72.0	488.3
Women	170	22.3	54.1	9,451	27.0	173.5
Transgender	10	1.3	--	350	1.0	--
Current Age (Year)						
Less than 13	1	0.1	1.2	60	0.2	3.7
13-14	1	0.1	6.9	28	0.1	10.3
15-19	2	0.3	5.1	163	0.5	23.6
20-24	18	2.4	43.4	1,058	3.0	149.7
25-29	35	4.6	93.1	2,477	7.1	338.5
30-34	67	8.8	192.0	3,390	9.7	480.8
35-39	77	10.1	230.4	3,129	8.9	469.9
40-44	71	9.3	201.8	3,320	9.5	510.2
45-49	77	10.1	190.2	3,739	10.7	554.3
50-54	108	14.2	249.6	4,795	13.7	702.7
55-59	131	17.2	281.3	5,227	15.0	742.9
60-64	88	11.5	198.0	3,792	10.8	565.5
65 and older	87	11.4	68.7	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	1	0.1	59.9	202	0.6	162.5
Asian/Pacific Islander[c]	2	0.3	13.7	254	0.7	68.9
Black/African American[c]	153	20.1	407.8	21,501	61.5	917.2
Hispanic/Latino	61	8.0	134.7	2,988	8.5	283.9
White/Caucasian[c]	518	67.9	99.2	8,718	24.9	129.9
Multiple Race[c,d]	28	3.7	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**591**			**25,485**		
Heterosexual	44	7.4	17.1[e]	3,783	14.8	90.2[e]
IDU[e,f]	26	4.4	--	1,441	5.7	--
MSM[e,f]	448	75.8	5,845.4[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	65	11.0	--	1,123	4.4	--
Other Risks[e,f]	8	1.3	--	287	1.1	--
Female	**172**			**9,478**		
Heterosexual	113	56.8	62.9[e]	7,692	81.4	165.5[e]
IDU[f]	46	27.0	--	1,340	14.2	--
Other Risks[f]	12	7.2	--	446	4.7	--
Total	**763**	**100.0**	**122.8**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, and Wilkes counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 12. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 3[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 3[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	1,990	69.2	380.6	25,162	72.0	488.3
Women	856	29.8	153.7	9,451	27.0	173.5
Transgender	29	1.0	--	350	1.0	--
Current Age (Year)						
Less than 13	7	0.2	4.2	60	0.2	3.7
13-14	5	0.2	17.5	28	0.1	10.3
15-19	13	0.5	18.6	163	0.5	23.6
20-24	88	3.1	135.6	1,058	3.0	149.7
25-29	176	6.1	255.8	2,477	7.1	338.5
30-34	233	8.1	356.1	3,390	9.7	480.8
35-39	233	8.1	370.8	3,129	8.9	469.9
40-44	272	9.5	430.6	3,320	9.5	510.2
45-49	303	10.5	433.0	3,739	10.7	554.3
50-54	427	14.9	572.7	4,795	13.7	702.7
55-59	472	16.4	604.4	5,227	15.0	742.9
60-64	314	10.9	431.6	3,792	10.8	565.5
65 and older	332	11.5	169.7	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	3	0.1	80.1	202	0.6	162.5
Asian/Pacific Islander[c]	12	0.4	54.6	254	0.7	68.9
Black/African American[c]	1,616	56.2	918.7	21,501	61.5	917.2
Hispanic/Latino	293	10.2	263.4	2,988	8.5	283.9
White/Caucasian[c]	864	30.1	112.7	8,718	24.9	129.9
Multiple Race[c,d]	87	3.0	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**2,016**			**25,485**		
Heterosexual	298	14.8	70.0[e]	3,783	14.8	90.2[e]
IDU[e,f]	113	5.6	--	1,441	5.7	--
MSM[e,f]	1,479	73.4	11,625.0[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	98	4.8	--	1,123	4.4	--
Other Risks[e,f]	25	1.4	--	287	1.1	--
Female	**859**			**9,478**		
Heterosexual	697	81.1	180.5[e]	7,692	81.4	165.5[e]
IDU[f]	122	14.2	--	1,340	14.2	--
Other Risks[f]	40	4.7	--	446	4.7	--
Total	**2,875**	**100.0**	**266.3**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surry, and Yadkin counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 13. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 4[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 4[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	2,703	70.7	531.6	25,162	72.0	488.3
Women	1,067	27.9	192.2	9,451	27.0	173.5
Transgender	51	1.3	--	350	1.0	--
Current Age (Year)						
Less than 13	6	0.2	3.7	60	0.2	3.7
13-14	1	0.0	3.7	28	0.1	10.3
15-19	23	0.6	30.6	163	0.5	23.6
20-24	161	4.2	232.3	1,058	3.0	149.7
25-29	300	7.9	426.3	2,477	7.1	338.5
30-34	378	9.9	554.5	3,390	9.7	480.8
35-39	345	9.0	557.1	3,129	8.9	469.9
40-44	369	9.7	597.2	3,320	9.5	510.2
45-49	445	11.6	665.3	3,739	10.7	554.3
50-54	517	13.5	730.3	4,795	13.7	702.7
55-59	536	14.0	737.6	5,227	15.0	742.9
60-64	366	9.6	535.8	3,792	10.8	565.5
65 and older	374	9.8	201.5	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	8	0.2	166.0	202	0.6	162.5
Asian/Pacific Islander[c]	33	0.9	85.7	254	0.7	68.9
Black/African American[c]	2,538	66.4	916.0	21,501	61.5	917.2
Hispanic/Latino	261	6.8	258.5	2,988	8.5	283.9
White/Caucasian[c]	876	22.9	137.0	8,718	24.9	129.9
Multiple Race[c,d]	105	2.7	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**2,750**			**25,485**		
Heterosexual	404	14.7	97.9[e]	3,783	14.8	90.2[e]
IDU[e,f]	154	5.6	--	1,441	5.7	--
MSM[e,f]	2,074	75.4	16,809.1[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	82	3.0	--	1,123	4.4	--
Other Risks[e,f]	36	1.3	--	287	1.1	--
Female	**1,071**			**9,478**		
Heterosexual	903	84.3	226.6[e]	7,692	81.4	165.5[e]
IDU[f]	115	10.8	--	1,340	14.2	--
Other Risks[f]	53	4.9	--	446	4.7	--
Total	**3,821**	**100.0**	**360.3**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, and Stanly counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 14. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 5[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 5[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	2,193	67.1	477.1	25,162	72.0	488.3
Women	1,044	32.0	218.3	9,451	27.0	173.5
Transgender	29	0.9	--	350	1.0	--
Current Age (Year)						
Less than 13	5	0.2	3.0	60	0.2	3.7
13-14	2	0.1	8.0	28	0.1	10.3
15-19	12	0.4	19.7	163	0.5	23.6
20-24	92	2.8	134.8	1,058	3.0	149.7
25-29	250	7.7	347.9	2,477	7.1	338.5
30-34	333	10.2	506.3	3,390	9.7	480.8
35-39	320	9.8	531.3	3,129	8.9	469.9
40-44	342	10.5	631.1	3,320	9.5	510.2
45-49	372	11.4	690.4	3,739	10.7	554.3
50-54	420	12.9	798.4	4,795	13.7	702.7
55-59	435	13.3	772.9	5,227	15.0	742.9
60-64	351	10.7	645.5	3,792	10.8	565.5
65 and older	332	10.1	225.0	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	138	4.2	187.2	202	0.6	162.5
Asian/Pacific Islander[c]	13	0.4	70.2	254	0.7	68.9
Black/African American[c]	2,148	65.8	760.6	21,501	61.5	917.2
Hispanic/Latino	260	8.0	240.7	2,988	8.5	283.9
White/Caucasian[c]	552	16.9	121.3	8,718	24.9	129.9
Multiple Race[c,d]	155	4.7	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**2,221**			**25,485**		
Heterosexual	410	18.4	112.6[e]	3,783	14.8	90.2[e]
IDU[e,f]	121	5.4	--	1,441	5.7	--
MSM[e,f]	1,609	72.5	14,809.0[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	58	2.6	--	1,123	4.4	--
Other Risks[e,f]	24	1.1	--	287	1.1	--
Female	**1,045**			**9,478**		
Heterosexual	858	82.1	263.8[e]	7,692	81.4	165.5[e]
IDU[f]	131	12.6	--	1,340	14.2	--
Other Risks[f]	56	5.3	--	446	4.7	--
Total	**3,266**	**100.0**	**348.2**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 15. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 6[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 6[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	5,415	73.0	508.0	25,162	72.0	488.3
Women	1,915	25.8	168.9	9,451	27.0	173.5
Transgender	87	1.2	--	350	1.0	--
Current Age (Year)						
Less than 13	19	0.3	5.5	60	0.2	3.7
13-14	11	0.1	18.8	28	0.1	10.3
15-19	45	0.6	29.9	163	0.5	23.6
20-24	215	2.9	150.4	1,058	3.0	149.7
25-29	514	6.9	326.0	2,477	7.1	338.5
30-34	671	9.0	420.9	3,390	9.7	480.8
35-39	661	8.9	434.4	3,129	8.9	469.9
40-44	717	9.7	476.6	3,320	9.5	510.2
45-49	757	10.2	502.7	3,739	10.7	554.3
50-54	1,051	14.2	720.0	4,795	13.7	702.7
55-59	1,150	15.5	815.0	5,227	15.0	742.9
60-64	793	10.7	625.5	3,792	10.8	565.5
65 and older	813	11.0	256.9	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	12	0.2	134.7	202	0.6	162.5
Asian/Pacific Islander[c]	84	1.1	63.3	254	0.7	68.9
Black/African American[c]	4,589	61.9	903.0	21,501	61.5	917.2
Hispanic/Latino	798	10.8	324.7	2,988	8.5	283.9
White/Caucasian[c]	1,698	22.9	130.2	8,718	24.9	129.9
Multiple Race[c,d]	236	3.2	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male				**25,485**		
Heterosexual	710	12.9	82.2[e]	3,783	14.8	90.2[e]
IDU[e,f]	255	4.6	--	1,441	5.7	--
MSM[e,f]	4,239	77.2	16,435.5[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	21	4.0	--	1,123	4.4	--
Other Risks[e,f]	69	1.2	--	287	1.1	--
Female	**1,923**			**9,478**		
Heterosexual	1,516	78.8	199.7[e]	7,692	81.4	165.5[e]
IDU[f]	289	15.0	--	1,340	14.2	--
Other Risks[f]	118	6.2	--	446	4.7	--
Total	**7,417**	**100.0**	**337.2**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, and Warren counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 16. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 7[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 7[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	1,090	70.1	282.6	25,162	72.0	488.3
Women	450	29.0	117.8	9,451	27.0	173.5
Transgender	14	0.9	--	350	1.0	--
Current Age (Year)						
Less than 13	0	0.0	0.0	60	0.2	3.7
13-14	2	0.1	11.8	28	0.1	10.3
15-19	6	0.4	12.6	163	0.5	23.6
20-24	45	2.9	62.2	1,058	3.0	149.7
25-29	97	6.2	181.4	2,477	7.1	338.5
30-34	137	8.8	288.1	3,390	9.7	480.8
35-39	127	8.2	281.3	3,129	8.9	469.9
40-44	138	8.9	332.9	3,320	9.5	510.2
45-49	141	9.1	341.5	3,739	10.7	554.3
50-54	215	13.8	519.2	4,795	13.7	702.7
55-59	249	16.0	520.8	5,227	15.0	742.9
60-64	194	12.5	374.3	3,792	10.8	565.5
65 and older	203	13.1	135.2	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	6	0.4	103.0	202	0.6	162.5
Asian/Pacific Islander[c]	13	0.8	106.9	254	0.7	68.9
Black/African American[c]	766	49.3	136.6	21,501	61.5	917.2
Hispanic/Latino	150	9.7	213.5	2,988	8.5	283.9
White/Caucasian[c]	579	37.3	103.3	8,718	24.9	129.9
Multiple Race[c,d]	40	2.6	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**1,104**			**25,485**		
Heterosexual	160	14.5	50.0[e]	3,783	14.8	90.2[e]
IDU[e,f]	57	5.2	--	1,441	5.7	--
MSM[e,f]	823	74.6	8,629.3[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	51	4.6	--	1,123	4.4	--
Other Risks[e,f]	12	1.1	--	287	1.1	--
Female	**450**			**9,478**		
Heterosexual	362	80.4	137.2[e]	7,692	81.4	165.5[e]
IDU[f]	75	16.7	--	1,340	14.2	--
Other Risks[f]	13	2.8	--	446	4.7	--
Total	**1,554**	**100.0**	**202.4**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Brunswick, Columbus, Duplin, New Hanover, Onslow, and Pender counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 17. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 8[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 8[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	869	67.0	618.9	25,162	72.0	488.3
Women	401	31.3	257.4	9,451	27.0	173.5
Transgender	10	0.8	--	350	1.0	--
Current Age (Year)						
Less than 13	0	0.0	0.0	60	0.2	3.7
13-14	0	0.0	0.0	28	0.1	10.3
15-19	5	0.4	27.1	163	0.5	23.6
20-24	57	4.5	330.8	1,058	3.0	149.7
25-29	98	7.7	527.8	2,477	7.1	338.5
30-34	103	8.0	607.1	3,390	9.7	480.8
35-39	105	8.2	651.2	3,129	8.9	469.9
40-44	104	8.1	643.1	3,320	9.5	510.2
45-49	135	10.5	782.0	3,739	10.7	554.3
50-54	155	12.1	827.7	4,795	13.7	702.7
55-59	190	14.8	883.7	5,227	15.0	742.9
60-64	155	12.1	730.5	3,792	10.8	565.5
65 and older	173	13.5	283.7	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	0	0.0	0.0	202	0.6	162.5
Asian/Pacific Islander[c]	2	0.2	72.9	254	0.7	68.9
Black/African American[c]	1,056	82.5	755.7	21,501	61.5	917.2
Hispanic/Latino	41	3.2	196.8	2,988	8.5	283.9
White/Caucasian[c]	128	10.0	98.6	8,718	24.9	129.9
Multiple Race[c,d]	53	4.1	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	0.0	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**879**			**25,485**		
Heterosexual	209	23.7	183.0[e]	3,783	14.8	90.2[e]
IDU[e,f]	65	7.4	--	1,441	5.7	--
MSM[e,f]	573	65.2	16,836.3[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	23	2.6	--	1,123	4.4	--
Other Risks[e,f]	9	1.0	--	287	1.1	--
Female	**401**			**9,478**		
Heterosexual	341	84.9	300.3[e]	7,692	81.4	165.5[e]
IDU[f]	50	12.4	--	1,340	14.2	--
Other Risks[f]	11	2.7	--	446	4.7	--
Total	**1,280**	**100.0**	**432.1**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Edgecombe, Halifax, Nash, Northampton, and Wilson counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 18. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 9[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 9[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	280	69.5	273.6	25,162	72.0	488.3
Women	122	30.3	116.2	9,451	27.0	173.5
Transgender	1	0.2	--	350	1.0	--
Current Age (Year)						
Less than 13	0	0.0	0.0	60	0.2	3.7
13-14	0	0.0	0.0	28	0.1	10.3
15-19	0	0.0	0.0	163	0.5	23.6
20-24	10	2.5	91.4	1,058	3.0	149.7
25-29	25	6.2	209.5	2,477	7.1	338.5
30-34	34	8.4	272.2	3,390	9.7	480.8
35-39	29	7.2	235.9	3,129	8.9	469.9
40-44	33	8.2	281.3	3,320	9.5	510.2
45-49	30	7.4	249.2	3,739	10.7	554.3
50-54	58	14.4	440.1	4,795	13.7	702.7
55-59	76	18.9	478.1	5,227	15.0	742.9
60-64	56	13.9	335.4	3,792	10.8	565.5
65 and older	52	12.9	117.0	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	0	0.0	0.0	202	0.6	162.5
Asian/Pacific Islander[c]	0	0.0	0.0	254	0.7	68.9
Black/African American[c]	270	67.0	460.0	21,501	61.5	917.2
Hispanic/Latino	20	5.0	192.8	2,988	8.5	283.9
White/Caucasian[c]	96	23.8	71.1	8,718	24.9	129.9
Multiple Race[c,d]	17	4.2	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	--	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**281**			**25,485**		
Heterosexual	58	20.6	67.8[e]	3,783	14.8	90.2[e]
IDU[e,f]	18	6.4	--	1,441	5.7	--
MSM[e,f]	186	66.1	7,288.5[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	16	5.6	--	1,123	4.4	--
Other Risks[e,f]	4	1.3	--	287	1.1	--
Female	**122**			**9,478**		
Heterosexual	101	82.9	134.0[e]	7,692	81.4	165.5[e]
IDU[f]	16	13.4	--	1,340	14.2	--
Other Risks[f]	4	3.7	--	446	4.7	--
Total	**403**	**100.0**	**194.4**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, and Tyrrell counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 19. Number of People Diagnosed with HIV[a] who Resided in Regional Network of Care and Prevention Region 10[b] by Selected Demographics (Unknown Risk[c] Redistributed) as of 12/31/2020*

Demographics	Region 10[b]			North Carolina Total		
	Cases	%	Rate per 100,000	Cases	%	Rate per 100,000
Gender[b]						
Men	1,365	67.3	428.9	25,162	72.0	488.3
Women	646	31.8	190.7	9,451	27.0	173.5
Transgender	18	0.9	--	350	1.0	--
Current Age (Year)						
Less than 13	6	0.3	6.1	60	0.2	3.7
13-14	0	0.0	0.0	28	0.1	10.3
15-19	12	0.6	28.3	163	0.5	23.6
20-24	61	3.0	114.5	1,058	3.0	149.7
25-29	167	8.2	381.2	2,477	7.1	338.5
30-34	181	8.9	463.6	3,390	9.7	480.8
35-39	178	8.8	481.1	3,129	8.9	469.9
40-44	204	10.1	565.6	3,320	9.5	510.2
45-49	209	10.3	569.4	3,739	10.7	554.3
50-54	238	11.7	626.3	4,795	13.7	702.7
55-59	280	13.8	648.8	5,227	15.0	742.9
60-64	244	12.0	536.4	3,792	10.8	565.5
65 and older	249	12.3	194.1	3,785	10.8	208.6
Race/Ethnicity						
American Indian/Alaska Native[c]	1	0.0	37.0	202	0.6	162.5
Asian/Pacific Islander[c]	17	0.8	150.2	254	0.7	68.9
Black/African American[c]	1,394	68.7	716.4	21,501	61.5	917.2
Hispanic/Latino	112	5.5	209.2	2,988	8.5	283.9
White/Caucasian[c]	374	18.4	94.7	8,718	24.9	129.9
Multiple Race[c,d]	131	6.5	--	1,297	3.7	--
Unknown/Unspecified[c,d]	0	0.0	0.0	3	0.0	--
Exposure Category by Gender[b,e,f]						
Male	**1,380**			**25,485**		
Heterosexual	293	21.2	112.2[e]	3,783	14.8	90.2[e]
IDU[e,f.]	95	6.9	--	1,441	5.7	--
MSM[e,f]	897	65.0	11,514.1[e]	18,850	74.0	15,049.8[e]
MSM/IDU[e,f]	69	5.0	--	1,123	4.4	--
Other Risks[e,f]	26	1.9	--	287	1.1	--
Female	**649**			**9,478**		
Heterosexual	537	82.8	223.1[e]	7,692	81.4	165.5[e]
IDU[f]	78	12.0	--	1,340	14.2	--
Other Risks[f]	34	5.2	--	446	4.7	--
Total	**2,029**	**100.0**	**308.8**	**34,963**	**100.0**	**329.8**

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

[a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS), based on most recently known address. Includes Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Martin, Pamlico, Pitt, Washington, and Wayne counties.

[b]Transgender status is based on self-report; transgender people are also classified for exposure category 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. For more information, refer to Appendix A.

[c]Non-Hispanic/Latino.

[d]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups.

[e]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for regions nor for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A

[f]IDU = injection drug use; MSM = men who have sex with men; other risks include exposure to blood products (adult hemophilia or transfusions), pediatric exposure, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 20. Newly Diagnosed HIV[a] Annual Rates among Adults and Adolescents in North Carolina by Regional Networks of Care and Prevention (County of Residence at Diagnosis) by Year of Diagnosis, 2016-2020*

Regional Networks of Care and Prevention *(Counties)*	2016		2017		2018		2019		*2020**	
	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	Cases	Rate[b]	*Cases*	*Rate[b]*
Charlotte-Transitional Grant Area (TGA) (*Anson, Cabarrus, Gaston, Mecklenburg, and Union)*	332	23.3	331	22.7	307	20.7	339	22.4	*260*	*16.9*
Region 1 (*Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey*)	56	7.2	52	6.6	39	4.9	42	5.2	*38*	*4.7*
Region 2 (*Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, and Wilkes*)	30	5.8	24	4.6	34	6.4	29	5.4	*25*	*4.6*
Region 3 (*Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surry, and Yadkin*)	126	14.3	110	12.4	110	12.3	136	15.0	*87*	*9.5*
Region 4 (*Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, and Stanly*)	181	20.8	164	18.7	146	16.5	175	19.6	*122*	*13.6*
Region 5 (*Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland*)	127	16.8	139	18.3	120	15.7	147	19.2	*124*	*16.1*
Region 6 (*Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, and Warren*)	308	18.1	238	13.7	240	13.5	263	14.5	*232*	*12.5*
Region 7 (*Brunswick, Columbus, Duplin, New Hanover, Onslow, and Pender*)	70	11.5	79	12.7	54	8.5	72	11.1	*61*	*9.3*
Region 8 (*Edgecombe, Halifax, Nash, Northampton, and Wilson*)	45	17.7	52	20.6	42	16.7	47	18.7	*44*	*17.5*
Region 9 (*Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, and Tyrrell*)	20	11.5	14	8.0	21	11.9	12	6.8	*10*	*5.6*
Region 10 *(Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Martin, Pamlico, Pitt, Washington, and Wayne*)	70	12.6	78	14.1	77	13.8	93	16.7	*62*	*11.1*
Unassigned[c]	23	---	15	---	13	---	21	---	*14*	---
North Carolina	**1,388**	**16.3**	**1,296**	**15.0**	**1,203**	**13.7**	**1,376**	**15.5**	***1,079***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rate is expressed per 100,000 population.

[c]Unassigned includes cases diagnosed at a long-term care facility, including prisons; rates are not available due to the lack of overall population data in the unassigned area.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

North Carolina State Totals and Rates of HIV by Selected Demographics, 2020

Table 21. Number of Infants with Perinatal HIV^ by Year of Birth, 2011-2020*

2011	2012	2013	2014	2015	2016	2017	2018	2019	*2020**
4	4	0	1	2	2	0	1	2	*0*

*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.
^Perinatal HIV is HIV diagnosed within the first year of life.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 22. Number of Children ≤13 years old Diagnosed with HIV and Residing in North Carolina by Year of Diagnosis, 2011-2020*

2011	2012	2013	2014	2015	2016	2017	2018	2019	*2020**
9	9	12	10	8	8	4	3	4	*0*

*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.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 23. Number of People Diagnosed with HIV[a] and Living in North Carolina as of 12/31/2020* by Selected Demographics (Unknown Risk[b] Redistributed)

Demographics	Men			Women			Transgender[c]			Total		
	Cases	%	Rate[d]	Cases	%	Rate[d]	Cases	%	Rate[d]	Cases	%	Rate[d]
Current Age (Year)												
Less than 13	26	0.1	3.1	34	0.4	4.2	0	0.0	--	60	0.2	3.7
13-14	15	0.1	10.8	13	0.1	9.8	0	0.0	--	28	0.1	10.3
15-19	113	0.4	32.2	47	0.5	13.9	3	0.9	--	163	0.5	23.6
20-24	881	3.5	241.3	141	1.5	41.2	36	10.3	--	1,058	3.0	149.7
25-29	2,106	8.4	569.7	291	3.1	80.4	80	22.9	--	2,477	7.1	338.5
30-34	2,754	10.9	794.1	574	6.1	160.2	62	17.7	--	3,390	9.7	480.8
35-39	2,343	9.3	721.3	738	7.8	216.4	48	13.7	--	3,129	8.9	469.9
40-44	2,256	9.0	714.6	1,030	10.9	307.5	34	9.7	--	3,320	9.5	510.2
45-49	2,426	9.6	740.2	1,279	13.5	368.8	34	9.7	--	3,739	10.7	554.3
50-54	3,287	13.1	989.8	1,487	15.7	424.5	21	6.0	--	4,795	13.7	702.7
55-59	3,700	14.7	1,096.6	1,509	16.0	412.1	18	5.1	--	5,227	15.0	742.9
60-64	2,661	10.6	843.8	1,124	11.9	316.5	7	2.0	--	3,792	10.8	565.5
65 and older	2,594	10.3	326.2	1,184	12.5	116.2	7	2.0	--	3,785	10.8	208.6
Race/Ethnicity												
American Indian/Alaska Native[e]	143	0.6	240.0	57	0.6	88.0	2	0.6	--	202	0.6	162.5
Asian/Pacific Islander[e]	170	0.7	94.8	81	0.9	42.8	3	0.9	--	254	0.7	68.9
Black/African American[e]	14,360	57.1	1,310.2	6,903	73.0	553.0	238	68.0	--	21,501	61.5	917.2
Hispanic/LatinX	2,353	9.4	435.3	585	6.2	114.3	50	14.3	--	2,988	8.5	283.9
White/Caucasian[e]	7,206	28.6	219.9	1,473	15.6	42.9	39	11.1	--	8,718	24.9	129.9
Multiple Races[f]	928	3.7	--	351	3.7	--	18	5.1	--	1,297	3.7	--
Unknown[f]	2	0.0	--	1	0.0	--	0	0.0	--	3	0.0	--
Total[k]	**25,162**	**100.0**	**488.3**	**9,451**	**100.0**	**173.5**	**350**	**100.0**	--	**34,963**	**100.0**	**329.8**
Exposure Category[c,g]												
Heterosexual	3,783	14.8	90.2[g]	7,692	81.2	165.5[g]	--	--	--	11,475	32.8	129.8[g]
IDU[h]	1,441	5.7	--	1,340	14.1	--	--	--	--	2,781	8.0	--
MSM[h]	18,850	74.0	15,049.8[g]	--	--	--	--	--	--	18,850	53.9	15,049.8[g]
MSM/IDU[h]	1,123	4.4	--	--	--	--	--	--	--	1,123	3.2	--
Other Risks[i]	287	1.1	--	446	4.7	--	--	--	--	734	2.1	--
Total[k]	**25,485**	**100.0**	**494.6**	**9,478**	**100.0**	**174.0**	--	--	--	**34,963**	**100.0**	**329.8**

*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. / [a]All people living and diagnosed with HIV infection, regardless of the stage of infection (HIV or AIDS). / [b]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). / [c]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. For more information, refer to Appendix A. / [d]Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data. / [e]Non-Hispanic/LatinX. / [f]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified groups. / [g]Statewide rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population. Rates are not available by county or region. / [h]IDU = injection drug use; MSM = men who have sex with men. / [i]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure. / [k]Age and Race/Ethnicity overall totals include the separation of transgender people from men and women. However, for the exposure category, overall totals are based on the binary gender (male or female) recorded for all people newly diagnosed with HIV. / Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 24. Newly Diagnosed HIV[a] Annual Rates[b] in North Carolina among Adults and Adolescents by Gender[c], Age at Diagnosis, and Year of Diagnosis, 2016-2020*

Gender	Age at Diagnosis (Year)	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Men	13-14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	*0*	*0.0*	*0.0*
	15-19	71	6.4	20.6	67	6.5	19.3	66	7.0	18.9	77	6.9	21.9	*59*	*6.8*	*16.8*
	20-24	273	24.6	74.2	223	21.7	61.4	203	21.4	56.1	260	23.5	71.6	*187*	*21.4*	*51.2*
	25-29	246	22.2	70.7	248	24.1	69.2	206	21.7	56.2	266	24.0	71.6	*177*	*20.3*	*47.9*
	30-34	137	12.3	43.2	134	13.0	41.7	119	12.6	36.4	152	13.7	45.3	*142*	*16.2*	*40.9*
	35-39	96	8.6	30.6	94	9.2	29.6	85	9.0	26.5	97	8.8	30.0	*88*	*10.1*	*27.1*
	40-44	70	6.3	22.2	60	5.8	19.3	61	6.4	19.7	65	5.9	20.9	*59*	*6.8*	*18.7*
	45-49	60	5.4	17.7	56	5.5	16.4	54	5.7	15.9	52	4.7	15.5	*43*	*4.9*	*13.1*
	50-54	63	5.7	18.7	57	5.6	17.1	66	7.0	19.9	56	5.1	17.0	*43*	*4.9*	*12.9*
	55-59	47	4.2	14.4	43	4.2	13.0	40	4.2	12.0	39	3.5	11.6	*35*	*4.0*	*10.4*
	60-64	25	2.3	8.7	26	2.5	8.8	29	3.1	9.6	23	2.1	7.4	*18*	*2.1*	*5.7*
	65 and older	22	2.0	3.2	19	1.9	2.7	19	2.0	2.6	21	1.9	2.7	*23*	*2.6*	*2.9*
	Total	1,110	100.0	27.0	1,027	100.0	24.7	948	100.0	22.5	1,108	100.0	25.9	*874*	*100.0*	*20.2*
Women	13-14	0	0.0	0.0	0	0.0	0.0	1	0.4	0.8	0	0.0	0.0	*0*	*0.0*	*0.0*
	15-19	8	3.1	2.4	7	2.8	2.1	12	5.0	3.6	7	2.9	2.1	*6*	*3.3*	*1.8*
	20-24	26	10.0	7.7	22	8.9	6.5	26	10.9	7.7	26	10.7	7.7	*16*	*8.9*	*4.7*
	25-29	43	16.6	12.3	29	11.7	8.1	25	10.5	6.9	26	10.7	7.1	*18*	*10.0*	*5.0*
	30-34	35	13.5	10.6	31	12.5	9.3	26	10.9	7.7	32	13.2	9.2	*29*	*16.1*	*8.1*
	35-39	27	10.4	8.2	31	12.5	9.3	34	14.2	10.1	30	12.4	8.8	*23*	*12.8*	*6.7*
	40-44	28	10.8	8.5	20	8.1	6.1	21	8.8	6.4	20	8.3	6.1	*19*	*10.6*	*5.7*
	45-49	24	9.3	6.8	30	12.1	8.4	25	10.5	7.0	22	9.1	6.2	*16*	*8.9*	*4.6*
	50-54	26	10.0	7.3	24	9.7	6.8	25	10.5	7.2	21	8.7	6.1	*17*	*9.4*	*4.9*
	55-59	20	7.7	5.6	24	9.7	6.7	20	8.4	5.5	27	11.2	7.4	*10*	*5.6*	*2.7*
	60-64	13	5.0	4.0	21	8.5	6.2	14	5.9	4.1	22	9.1	6.3	*13*	*7.2*	*3.7*
	65 and older	9	3.5	1.0	9	3.6	1.0	10	4.2	1.1	9	3.7	0.9	*13*	*7.2*	*1.3*
	Total	259	100.0	5.9	248	100.0	5.5	239	100.0	5.3	242	100.0	5.3	*180*	*100.0*	*3.9*

Continued

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rate is expressed per 100,000 population.

[c]Transgender status is based on self-report. 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. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 24 (Continued). Newly Diagnosed HIV[a] Annual Rates[b] in North Carolina among Adults and Adolescents by Gender[c], Age at Diagnosis, and Year of Diagnosis, 2016-2020*

Gender	Age at Diagnosis (Year)	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Transgender[c]	13-14	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	15-19	3	15.8	---	5	23.8	---	4	25.0	---	2	7.7	---	*4*	*16.0*	---
	20-24	8	42.1	---	6	28.6	---	5	31.3	---	10	38.5	---	*5*	*20.0*	---
	25-29	3	15.8	---	5	23.8	---	4	25.0	---	5	19.2	---	*8*	*32.0*	---
	30-34	2	10.5	---	1	4.8	---	2	12.5	---	3	11.5	---	*5*	*20.0*	---
	35-39	2	10.5	---	2	9.5	---	0	0.0	---	4	15.4	---	*3*	*12.0*	---
	40-44	0	0.0	---	0	0.0	---	1	6.3	---	1	3.8	---	*0*	*0.0*	---
	45-49	0	0.0	---	1	4.8	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	50-54	0	0.0	---	0	0.0	---	0	0.0	---	1	3.8	---	*0*	*0.0*	---
	55-59	1	5.3	---	1	4.8	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	60-64	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	65 and older	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	Total	19	100.0	---	21	100.0	---	16	100.0	---	26	100.0	---	*25*	*100.0*	---
Total	13-14	0	0.0	0.0	0	0.0	0.0	1	6.3	0.4	0	0.0	0.0	*0*	*0.0*	*0.0*
	15-19	82	5.9	12.1	79	6.1	11.6	82	6.8	11.9	86	6.3	12.5	*69*	*6.4*	*10.0*
	20-24	307	22.1	43.5	251	19.4	35.9	234	19.5	33.5	296	21.5	42.2	*208*	*19.3*	*29.4*
	25-29	292	21.0	41.9	282	21.8	39.4	235	19.5	32.2	297	21.6	40.4	*203*	*18.8*	*27.7*
	30-34	174	12.5	26.9	166	12.8	25.4	147	12.2	22.1	187	13.6	27.3	*176*	*16.3*	*25.0*
	35-39	125	9.0	19.4	127	9.8	19.5	119	9.9	18.1	131	9.5	19.8	*114*	*10.6*	*17.1*
	40-44	98	7.1	15.2	80	6.2	12.6	83	6.9	13.0	86	6.3	13.4	*78*	*7.2*	*12.0*
	45-49	84	6.1	12.2	87	6.7	12.5	79	6.6	11.3	74	5.4	10.7	*59*	*5.5*	*8.7*
	50-54	89	6.4	12.8	81	6.3	11.8	91	7.6	13.4	78	5.7	11.5	*60*	*5.6*	*8.8*
	55-59	68	4.9	10.0	68	5.2	9.9	60	5.0	8.6	66	4.8	9.4	*45*	*4.2*	*6.4*
	60-64	38	2.7	6.2	47	3.6	7.4	43	3.6	6.6	45	3.3	6.8	*31*	*2.9*	*4.6*
	65 and older	31	2.2	2.0	28	2.2	1.7	29	2.4	1.7	30	2.2	1.7	*36*	*3.3*	*2.0*
	Total	**1,388**	**100.0**	**16.3**	**1,296**	**100.0**	**15.0**	**1,203**	**100.0**	**13.7**	**1,376**	**100.0**	**15.5**	***1,079***	***100.0***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data.

[c]Transgender status is based on self-report. 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. For more information, refer to Appendix A. Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 25. Newly Diagnosed HIV[a] Annual Rates[b] in North Carolina among Adults and Adolescents by Gender[c], Race/Ethnicity, and Year of Diagnosis, 2016-2020*

Gender	Race/Ethnicity	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Men	American Indian/Alaska Native[c]	10	0.9	21.0	6	0.6	12.5	2	0.2	4.1	13	1.2	26.5	*5*	*0.6*	*10.1*
	Asian/Pacific Islander[c]	10	0.9	8.3	8	0.8	6.3	11	1.2	8.3	15	1.4	10.9	*10*	*1.1*	*6.9*
	Black/African American[c]	662	59.6	77.9	648	63.1	75.3	584	61.6	66.9	666	60.1	75.3	*491*	*56.2*	*55.0*
	Hispanic/LatinX	128	11.5	37.3	99	9.6	27.9	112	11.8	30.4	141	12.7	36.9	*124*	*14.2*	*31.4*
	White/Caucasian[c]	274	24.7	10.0	232	22.6	8.4	221	23.3	7.9	251	22.7	8.9	*218*	*24.9*	*7.7*
	Multiple Races[d]	26	2.3	---	34	3.3	---	18	1.9	---	22	2.0	---	*26*	*3.0*	---
	Total	1,110	100.0	27.0	1,027	100.0	24.7	948	100.0	22.5	1,108	100.0	25.9	*874*	*100.0*	*20.2*
Women	American Indian/Alaska Native[c]	1	0.4	1.9	1	0.4	1.9	4	1.7	7.5	4	1.7	7.4	*1*	*0.6*	*1.8*
	Asian/Pacific Islander[c]	10	3.9	7.6	4	1.6	2.9	1	0.4	0.7	3	1.2	2.0	*2*	*1.1*	*1.3*
	Black/African American[c]	175	67.6	17.5	175	70.6	17.3	158	66.1	15.4	168	69.4	16.2	*118*	*65.6*	*11.2*
	Hispanic/LatinX	15	5.8	4.8	17	6.9	5.2	14	5.9	4.1	15	6.2	4.2	*15*	*8.3*	*4.1*
	White/Caucasian[c]	49	18.9	1.7	47	19.0	1.6	54	22.6	1.8	46	19.0	1.5	*38*	*21.1*	*1.3*
	Multiple Races[d]	9	3.5	---	4	1.6	---	8	3.3	---	6	2.5	---	*6*	*3.3*	---
	Total	259	100.0	5.9	248	100.0	5.5	239	100.0	5.3	242	100.0	5.3	*180*	*100.0*	*3.9*
Transgender[c]	American Indian/Alaska Native[c]	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*1*	*4.0*	---
	Asian/Pacific Islander[c]	0	0.0	---	1	4.8	---	0	0.0	---	1	3.8	---	*0*	*0.0*	---
	Black/African American[c]	14	73.7	---	11	52.4	---	12	75.0	---	16	61.5	---	*15*	*60.0*	---
	Hispanic/LatinX	3	15.8	---	4	19.0	---	3	18.8	---	4	15.4	---	*4*	*16.0*	---
	White/Caucasian[c]	1	5.3	---	5	23.8	---	1	6.3	---	2	7.7	---	*4*	*16.0*	---
	Multiple Races[d]	1	5.3	---	0	0.0	---	0	0.0	---	3	11.5	---	*1*	*4.0*	---
	Total	19	100.0	---	21	100.0	---	16	100.0	---	26	100.0	---	*25*	*100.0*	---
Total	American Indian/Alaska Native[c]	11	0.8	11.0	7	0.5	6.9	6	0.5	5.9	17	1.2	16.5	*7*	*0.6*	*6.7*
	Asian/Pacific Islander[c]	20	1.4	7.9	13	1.0	4.9	12	1.0	4.3	19	1.4	6.6	*12*	*1.1*	*4.0*
	Black/African American[c]	851	61.3	46.1	834	64.4	44.5	754	62.7	39.7	850	61.8	44.2	*624*	*57.8*	*32.1*
	Hispanic/LatinX	146	10.5	22.3	120	9.3	17.7	129	10.7	18.2	160	11.6	21.7	*143*	*13.3*	*18.7*
	White/Caucasian[c]	324	23.3	5.7	284	21.9	5.0	276	22.9	4.8	299	21.7	5.1	*260*	*24.1*	*4.4*
	Multiple Races[d]	36	2.6	---	38	2.9	---	26	2.2	---	31	2.3	---	*33*	*3.1*	---
	Total	**1,388**	**100.0**	**16.3**	**1,296**	**100.0**	**15.0**	**1,203**	**100.0**	**13.7**	**1,376**	**100.0**	**15.5**	***1,079***	***100.0***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data.

[c]Transgender status is based on self-report. 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. For more information, refer to Appendix A.

[d]Non-Hispanic/LatinX.

[e]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified race/ethnicity groups.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 26. Newly Diagnosed HIV[a] Annual Rates[b] in North Carolina among Adolescents (13-24 years old) by Gender[c], Race/Ethnicity, and Year of Diagnosis, 2016-2020*

Gender	Race/Ethnicity	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Men	American Indian/Alaska Native[c]	4	1.2	35.8	2	0.7	18.2	1	0.4	9.3	4	1.2	37.5	*1*	*0.4*	*9.5*
	Asian/Pacific Islander[c]	2	0.6	7.7	1	0.3	3.7	1	0.4	3.6	6	1.8	21.0	*1*	*0.4*	*3.4*
	Black/African American[c]	245	71.2	116.0	224	77.2	107.4	184	68.4	89.0	233	69.1	113.3	*167*	*67.9*	*81.5*
	Hispanic/LatinX	25	7.3	24.4	23	7.9	21.6	35	13.0	31.3	39	11.6	33.3	*27*	*11.0*	*22.1*
	White/Caucasian[c]	61	17.7	12.4	31	10.7	6.3	41	15.2	8.4	48	14.2	9.8	*40*	*16.3*	*8.2*
	Multiple Races[d]	7	2.0	---	9	3.1	---	7	2.6	---	7	2.1	---	*10*	*4.1*	---
	Total	344	100.0	40.8	290	100.0	34.4	269	100.0	31.8	337	100.0	39.6	*246*	*100.0*	*28.8*
Women	American Indian/Alaska Native[c]	0	0.0	0.0	0	0.0	0.0	1	2.6	9.4	1	3.0	9.5	*0*	*0.0*	*0.0*
	Asian/Pacific Islander[c]	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	*0*	*0.0*	*0.0*
	Black/African American[c]	20	58.8	9.6	22	75.9	10.7	28	71.8	13.7	15	45.5	7.4	*16*	*72.7*	*7.8*
	Hispanic/LatinX	0	0.0	0.0	1	3.4	1.0	1	2.6	1.0	3	9.1	2.8	*1*	*4.5*	*0.9*
	White/Caucasian[c]	12	35.3	2.6	6	20.7	1.3	8	20.5	1.7	12	36.4	2.6	*3*	*13.6*	*0.7*
	Multiple Races[d]	2	5.9	---	0	0.0	---	1	2.6	---	2	6.1	---	*2*	*9.1*	---
	Total	34	100.0	4.3	29	100.0	3.6	39	100.0	4.8	33	100.0	4.1	*22*	*100.0*	*2.7*
Transgender[c]	American Indian/Alaska Native[c]	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	Asian/Pacific Islander[c]	0	0.0	---	0	0.0	---	0	0.0	---	1	8.3	---	*0*	*0.0*	---
	Black/African American[c]	9	81.8	---	7	63.6	---	7	77.8	---	8	66.7	---	*6*	*66.7*	---
	Hispanic/LatinX	0	0.0	---	2	18.2	---	2	22.2	---	0	0.0	---	*1*	*11.1*	---
	White/Caucasian[c]	1	9.1	---	2	18.2	---	0	0.0	---	1	8.3	---	*1*	*11.1*	---
	Multiple Races[d]	1	9.1	---	0	0.0	---	0	0.0	---	2	16.7	---	*1*	*11.1*	---
	Total	11	100.0	---	11	100.0	---	9	100.0	---	12	100.0	---	*9*	*100.0*	---
Total	American Indian/Alaska Native[c]	4	1.0	18.2	2	0.6	9.2	2	0.6	9.3	5	1.3	23.6	*1*	*0.4*	*4.8*
	Asian/Pacific Islander[c]	2	0.5	3.9	1	0.3	1.8	1	0.3	1.8	7	1.8	12.1	*1*	*0.4*	*1.7*
	Black/African American[c]	274	70.4	65.3	253	76.7	61.0	219	69.1	53.2	256	67.0	62.5	*189*	*68.2*	*46.2*
	Hispanic/LatinX	25	6.4	12.7	26	7.9	12.7	38	12.0	17.6	42	11.0	18.6	*29*	*10.5*	*12.3*
	White/Caucasian[c]	74	19.0	7.8	39	11.8	4.1	49	15.5	5.2	61	16.0	6.5	*44*	*15.9*	*4.7*
	Multiple Races[d]	10	2.6	---	9	2.7	---	8	2.5	---	11	2.9	---	*13*	*4.7*	---
	Total	**389**	**100.0**	**23.7**	**330**	**100.0**	**20.1**	**317**	**100.0**	**19.2**	**382**	**100.0**	**23.0**	***277***	***100.0***	***16.6***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rate is expressed per 100,000 population. Rate is not available for the transgender population due to the lack of population data.

[c]People that self-identify as transgender (either male to female or female to male) through self-report. Due to historical and current stigma, this is likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system. For more information, see Appendix A.

[d]Non-Hispanic/LatinX.

[e]Rates are not available due to the lack of overall population data for the multiple race and unknown/unspecified race/ethnicity groups.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 27. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adults and Adolescents in North Carolina by Binary Gender[c], 2016-2020*

Gender	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Male	Heterosexual	138	12.2	3.5[b]	133	12.7	3.3[b]	125	13.0	3.1[b]	129	11.4	3.1[b]	*93*	*10.4*	*2.2[b]*
	IDU[e]	16	1.4	--	16	1.5	--	18	1.9	--	27	2.4	--	*19*	*2.1*	--
	MSM[d]	803	71.1	673.3[b]	697	66.6	577.2[b]	680	70.6	556.0[b]	787	69.4	635.4[b]	*607*	*67.9*	*484.6[b]*
	MSM/IDU[d]	36	3.2	--	26	2.5	--	31	3.2	--	36	3.2	--	*33*	*3.7*	--
	Other Risks[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Unknown	136	12.0	--	174	16.6	--	109	11.3	--	155	13.7	--	*142*	*15.9*	--
	Total	**1,129**	**100.0**	**27.5**	**1,046**	**100.0**	**25.1**	**963**	**100.0**	**22.8**	**1,134**	**100.0**	**26.6**	***894***	***100.0***	***20.7***
Female	Heterosexual	151	58.3	3.4[b]	121	48.4	2.7[b]	127	52.9	2.8[b]	124	51.2	2.7[b]	*94*	*50.8*	*2.0[b]*
	IDU[d]	17	6.6	--	14	5.6	--	18	7.5	--	17	7.0	--	*17*	*9.2*	--
	Other Risks[f]	2	0.8	--	0	0.0	--	1	0.4	--	0	0.0	--	*0*	*0.0*	--
	Unknown	89	34.4	--	115	46.0	--	94	39.2	--	101	41.7	--	*74*	*40.0*	--
	Total	**259**	**100.0**	**5.9**	**250**	**100.0**	**5.6**	**240**	**100.0**	**5.3**	**242**	**100.0**	**5.3**	***185***	***100.0***	***4.0***
Total	Heterosexual	289	20.8	3.4[b]	254	19.6	3.0[b]	252	20.9	2.9[b]	253	18.4	2.9[b]	*187*	*17.3*	*2.1[b]*
	IDU[d]	33	2.4	--	30	2.3	--	36	3.0	--	44	3.2	--	*36*	*3.3*	--
	MSM[d]	803	71.1	673.3[b]	697	66.6	577.2[b]	680	70.6	556.0[b]	787	69.4	635.4[b]	*607*	*56.3*	*484.6[b]*
	MSM/IDU[d]	36	3.2	--	26	2.5	--	31	3.2	--	36	3.2	--	*33*	*3.1*	--
	Other Risks[e]	2	0.1	--	0	0.0	--	1	0.1	--	0	0.0	--	*0*	*0.0*	--
	Unknown	225	16.2	--	289	22.3	--	203	16.9	--	256	18.6	--	*216*	*20.0*	--
	Total	**1,388**	**100.0**	**16.3**	**1,296**	**100.0**	**15.0**	**1,203**	**100.0**	**13.7**	**1,376**	**100.0**	**15.5**	***1,079***	***100.0***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population.

[c]Transgender people are classified for exposure category by their recorded binary gender (male or female). For more information, refer to Appendix A.

[d]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

[e]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 28. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adults and Adolescents in North Carolina by Binary Gender[c], Hierarchical Risk of Exposure (Unknown Risk[d] Redistributed), and Year of Diagnosis, 2016-2020*

Gender[c]	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]
Male	Heterosexual	157	13.9	3.9[b]	160	15.3	3.9[b]	141	14.6	3.4[b]	149	13.2	3.6[b]	*111*	*12.4*	*2.6[b]*
	IDU[e]	18	1.6	--	19	1.8	--	20	2.1	--	31	2.8	--	*23*	*2.5*	--
	MSM[e]	913	80.9	765.6[b]	836	79.9	692.3[b]	767	79.6	627.0[b]	912	80.4	736.0[b]	*722*	*80.7*	*576.1[b]*
	MSM/IDU[e]	41	3.6	--	31	3.0	--	35	3.6	--	42	3.7	--	*39*	*4.4*	--
	Other Risks[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**1,129**	**100.0**	**27.5**	**1,046**	**100.0**	**25.1**	**963**	**100.0**	**22.8**	**1,134**	**100.0**	**26.6**	***894***	***100.0***	***20.7***
Female	Heterosexual	230	88.8	5.2[b]	224	89.6	5.0[b]	209	87.0	4.6[b]	213	87.9	4.6[b]	*157*	*84.7*	*3.4[b]*
	IDU[e]	26	10.0	--	26	10.4	--	30	12.3	--	29	12.1	--	*28*	*15.3*	--
	Other Risks[f]	3	1.2	--	0	0.0	--	2	0.7	--	0	0.0	--	*0*	*0.0*	--
	Total	**259**	**100.0**	**5.9**	**250**	**100.0**	**5.6**	**240**	**100.0**	**5.3**	**242**	**100.0**	**5.3**	***185***	***100.0***	***4.0***
Total	Heterosexual	387	27.9	4.6[b]	384	29.6	4.5[b]	350	29.1	4.1[b]	362	26.3	4.1[b]	*267*	*24.8*	*3.0[b]*
	IDU[e]	44	3.2	--	45	3.3	--	50	3.6	--	60	4.4	--	*51*	*3.7*	--
	MSM[e]	913	65.8	765.6[b]	836	64.5	692.3[b]	767	63.8	627.0[b]	912	66.3	736.0[b]	*722*	*66.9*	*576.1[b]*
	MSM/IDU[e]	41	2.9	--	31	2.2	--	35	2.5	--	42	3.0	--	*39*	*2.8*	--
	Other Risks[f]	3	0.2	--	0	0.0	--	2	0.1	--	0	0.0	--	*0*	*0.0*	--
	Total	**1,388**	**100.0**	**16.3**	**1,296**	**100.0**	**15.0**	**1,203**	**100.0**	**13.7**	**1,376**	**100.0**	**15.5**	***1,079***	***100.0***	***12.0***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population.

[c]Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

[d]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See Appendix A for more information.

[e]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

[f]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 29. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adult and Adolescent Males[c] in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk[d] Redistributed), and Year of Diagnosis, 2016-2020*

Race/Ethnicity	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]
American Indian/Alaska Native[e]	Heterosexual	1	11.1	2.4[b]	1	16.7	2.1	0	0.0	--	1	9.1	2.5[b]	*0*	*0.0*	--
	IDU[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	MSM[f]	8	77.8	562.7[b]	5	83.3	358.0[b]	2	100.0	355.2[b]	12	90.9	832.1[b]	*6*	*100.0*	*419.3[b]*
	MSM/IDU[f]	1	11.1	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**10**	**100.0**	**21.0**	**6**	**100.0**	**12.5**	**2**	**100.0**	**12.4**	**13**	**100.0**	**26.5**	***6***	***100.0***	***12.2***
Asian/Pacific Islander[e]	Heterosexual	4	42.9	3.7[b]	1	12.5	0.9[b]	2	14.3	1.2[b]	0	0.0	--	*3*	*28.6*	*2.0[b]*
	IDU[f]	0	0.0	--	0	0.0	0.0	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	MSM[f]	6	57.1	163.6[b]	8	87.5	213.4[b]	9	85.7	246.2[b]	16	100.0	400.2[b]	*7*	*71.4*	*171.0[b]*
	MSM/IDU[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**10**	**100.0**	**8.3**	**9**	**100.0**	**7.1**	**11**	**100.0**	**8.3**	**16**	**100.0**	**11.6**	***10***	***100.0***	***6.9***
Black/African American[e]	Heterosexual	111	16.4	13.4[b]	108	16.4	12.9[b]	97	16.3	11.5[b]	102	15.0	11.9[b]	*73*	*14.5*	*8.4[b]*
	IDU[f]	6	0.8	--	7	1.1	--	8	1.3	--	9	1.4	--	*6*	*1.2*	--
	MSM[f]	552	81.6	2,239.7[b]	530	80.5	2,121.7[b]	483	81.0	1,906.9[b]	559	81.9	2,193.3[b]	*413*	*82.1*	*1,593.0[b]*
	MSM/IDU[f]	8		--	13	2.0	--	8	1.3	--	12	1.7	--	*12*	*2.3*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**676**	**100.0**	**79.6**	**658**	**100.0**	**76.4**	**596**	**100.0**	**68.3**	**682**	**100.0**	**77.1**	***503***	***100.0***	***56.3***
Hispanic/LatinX	Heterosexual	19	14.3	5.6[b]	15	14.1	4.2[b]	15	12.7	4.1[b]	16	10.8	4.2[b]	*14*	*11.0*	*3.7[b]*
	IDU[f]	2	1.9	--	1	1.2	--	0	0.0	--	3	2.3	--	*1*	*0.9*	--
	MSM[f]	107	81.9	1,077.3[b]	87	84.7	848.8[b]	94	82.4	879.2[b]	122	83.8	1,098.6[b]	*107*	*83.5*	*932.5[b]*
	MSM/IDU[f]	2	1.3	--	0	0.0	--	6	4.9	--	4	3.1	--	*6*	*4.6*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**131**	**100.0**	**38.1**	**103**	**100.0**	**9.8**	**114**	**100.0**	**31.0**	**145**	**100.0**	**38.0**	***128***	***100.0***	***32.4***

Continued

*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.
[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).
[b]Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population.
[c]Male or female (binary) gender recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.
[d]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See Appendix A for more information.
[e]Non-Hispanic/LatinX.
[f]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.
[g]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.
Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 29 (Continued). Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adult and Adolescent Males[c] in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk[d] Redistributed), and Year of Diagnosis, 2016-2020*

Race/Ethnicity	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]
White/Caucasian[e]	Heterosexual	22	8.0	0.8[b]	30	12.8	1.1[b]	24	10.9	0.9[b]	29	11.3	1.0[b]	*20*	*8.9*	*0.7[b]*
	IDU[f]	8	2.8	--	11	4.6	--	12	5.5	--	18	7.2	--	*15*	*6.7*	--
	MSM[f]	219	79.6	274.3[b]	177	75.0	220.1[b]	165	74.1	203.0[b]	182	71.9	222.7[b]	*164*	*74.4*	*199.1[b]*
	MSM/IDU[f]	26	9.6	--	18	7.7	--	21	9.5	--	24	9.5	--	*22*	*10.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**275**	**100.0**	**10.0**	**236**	**100.0**	**8.5**	**222**	**100.0**	**7.9**	**253**	**100.0**	**9.0**	***220***	***100.0***	***7.8***
Multiple Race	Heterosexual	1	4.2	--	5	13.3	--	3	18.7	--	2	8.7	--	*1*	*4.4*	--
	IDU[f]	2	8.3	--	0	0.0	--	0	0.0	--	0	0.0	--	*1*	*4.3*	--
	MSM[f]	21	79.2	--	29	86.7	--	15	81.3	--	22	87.0	--	*25*	*91.3*	--
	MSM/IDU[f]	2	8.3	--	0	0.	--	0	0.0	--	1	4.3	--	*0*	*0.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**27**	**100.0**	**--**	**34**	**100.0**	**--**	**18**	**100.0**	**--**	**25**	**100.0**	**--**	***27***	***100.0***	**--**
Total	Heterosexual	157	13.9	3.9[b]	160	15.3	3.9[b]	141	14.6	3.4[b]	149	13.2	3.6[b]	*111*	*12.4*	*2.6[b]*
	IDU[f]	18	1.6	--	19	1.8	--	20	2.1	--	31	2.8	--	*23*	*2.5*	--
	MSM[f]	913	80.9	765.6[b]	836	79.9	692.3[b]	767	79.6	627.0[b]	912	80.4	736.0[b]	*722*	*80.7*	*576.1[b]*
	MSM/IDU[f]	41	3.6	--	31	3.0	--	35	3.6	--	42	3.7	--	*39*	*4.4*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**1,129**	**100.0**	**27.5**	**1,046**	**100.0**	**25.1**	**963**	**100.0**	**22.8**	**1,134**	**100.0**	**26.6**	***894***	***100.0***	***20.7***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A: Technical Notes for more information. Rates are expressed per 100,000 population.

[c]Male (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

[d]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See Appendix A for more information.

[e]Non-Hispanic/LatinX.

[f]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

[g]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 30. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adult and Adolescent Females[c] in North Carolina by Race/Ethnicity, Hierarchical Risk of Exposure (Unknown Risk[d] Redistributed), and Year of Diagnosis, 2016-2020*

Race/Ethnicity	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]
American Indian/Alaska Native[e]	Heterosexual	1	100.0	1.9[b]	1	100.0	1.9[b]	4	100.0	7.5[b]	4	100.0	7.4[b]	*1*	*100.0*	*1.8[b]*
	IDU[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**1**	**100.0**	**1.9**	**1**	**100.0**	**1.9**	**4**	**100.0**	**7.5**	**4**	**100.0**	**7.4**	***1***	***100.0***	***1.8***
Asian/Pacific Islander[e]	Heterosexual	10	100.0	7.6[b]	4	100.0	2.9[b]	1	100.0	0.7[b]	3	100.0	2.0[b]	*2*	*100.0*	*1.3[b]*
	IDU[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	0.0	*0*	*0.0*	*0.0*
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	0.0	*0*	*0.0*	*0.0*
	Total	**10**	**100.0**	**7.6**	**4**	**100.0**	**2.9**	**1**	**100.0**	**0.7**	**3**	**100.0**	**2.0**	***2***	***100.0***	***1.3***
Black/African American[e]	Heterosexual	167	95.5	16.7[b]	170	96.5	16.8[b]	151	95.7	14.8[b]	161	95.8	15.5	*112*	*92.5*	*10.7[b]*
	IDU[f]	6	3.6	--	6	3.5	--	5	3.2	--	7	4.2	--	*9*	*7.5*	--
	Other Risks[g]	2	0.9	--	0	0.0	--	2	1.1	--	0	0.0	--	*0*	*0.0*	--
	Total	**175**	**100.0**	**17.5**	**176**	**100.0**	**17.4**	**158**	**100.0**	**15.4**	**168**	**100.0**	**16.6**	***121***	***100.0***	***11.5***
Hispanic/LatinX	Heterosexual	15	100.0	4.8[b]	15	85.7	4.5[b]	15	100.0	4.4[b]	15	100.0	4.2[b]	*13*	*89.7*	*3.5[b]*
	IDU[f]	0	0.0	--	2	14.3	--	0	0.0	--	0	0.0	--	*2*	*10.3*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**15**	**100.0**	**4.8**	**17**	**100.0**	**6.8**	**15**	**100.0**	**4.4**	**15**	**100.0**	**4.2**	***15***	***100.0***	***4.1***
White/Caucasian[e]	Heterosexual	32	65.0	1.1[b]	35	73.7	1.6[b]	38	71.1	1.3[b]	26	56.7	0.9[b]	*24*	*59.3*	*0.8[b]*
	IDU[f]	16	32.5	--	13	26.3	--	16	28.9	--	20	43.3	--	*16*	*40.7*	--
	Other Risks[g]	1	2.5	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**49**	**100.0**	**1.7**	**48**	**100.0**	**1.2**	**54**	**100.0**	**1.8**	**46**	**100.0**	**1.5**	***40***	***100.0***	***1.3***
Multiple Race	Heterosexual	9	100.0	--	4	100.0	--	3	33.3	--	6	100.0	--	*6*	*100.0*	--
	IDU[f]	0	0.0	--	0	0.0	--	5	67.7	--	0	0.0	--	*0*	*0.0*	--
	Other Risks[g]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**9**	**100.0**	**--**	**4**	**100.0**	**--**	**8**	**100.0**	**--**	**6**	**100.0**	**--**	***6***	***100.0***	***--***
Total	Heterosexual	230	88.8	5.2[b]	224	89.6	5.0[b]	209	87.0	4.6[b]	213	87.9	4.6[b]	*157*	*84.7*	*3.4[b]*
	IDU[f]	26	10.0	--	26	10.4	--	30	12.3	--	29	12.1	--	*28*	*15.3*	--
	Other Risks[g]	3	1.2	--	0	0.0	--	2	0.7	--	0	0.0	--	*0*	*0.0*	--
	Total	**259**	**100.0**	**5.9**	**250**	**100.0**	**5.6**	**240**	**100.0**	**5.3**	**242**	**100.0**	**5.3**	***185***	***100.0***	***4.0***

*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.
[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).
[b]Rates are estimations based on both the adult/adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A: Technical Notes for more information. Rates are expressed per 100,000 population.
[c]Female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.
[d]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See Appendix A for more information.
[e]Non-Hispanic/LatinX. / [f]IDU = injection drug use. / [g]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.
Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers./ Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 31. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adolescents (13-24 years old) in North Carolina by Binary Gender[c], Hierarchical Risk of HIV Exposure, and Year of Diagnosis, 2016-2020*

Gender[c]	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Male	Heterosexual	18	5.1	2.2[b]	25	8.4	3.1[b]	10	3.6	1.2[b]	21	6.0	2.6[b]	*9*	*3.5*	*1.1[b]*
	IDU[d]	2	0.6	--	0	0.0	--	0	0.0	--	1	0.3	--	*2*	*0.8*	--
	MSM[d]	302	85.1	1,234.1[b]	246	82.3	1,005.8[b]	245	88.1	998.9[b]	298	85.4	1,214.9[b]	*222*	*87.4*	*896.2[b]*
	MSM/IDU[d]	10	2.8	--	2	0.7	--	9	2.2	--	9	2.6	--	*6*	*2.4*	--
	Other Risks[e]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--
	Unknown[f]	23	6.5	--	26	8.7	--	17	6.1	--	20	5.7	--	*15*	*5.9*	--
	Total	**355**	**100.0**	**42.1**	**299**	**100.0**	**35.2**	**278**	**100.0**	**32.9**	**349**	**100.0**	**41.3**	***254***	***100.0***	***29.7***
Female	Heterosexual	20	58.8	2.5[b]	16	51.6	2.0[b]	23	59.0	2.9[b]	23	69.7	2.8[b]	*14*	*60.9*	*1.7[b]*
	IDU[d]	1	2.9	--	1	3.2	--	2	5.1	--	1	3.0	--	*1*	*4.3*	--
	Other Risks[e]	2	59	--	0	0.0	--	1	2.6	--	0	0.0	--	*0*	*0.0*	--
	Unknown[f]	11	32.4	--	14	45.2	--	13	33.3	--	9	27.3	--	*8*	*34.8*	--
	Total	**34**	**100.0**	**4.3**	**31**	**100.0**	**3.9**	**39**	**100.0**	**4.8**	**33**	**100.0**	**4.1**	***23***	***100.0***	***2.8***
Total	Heterosexual	38	9.8	2.3[b]	41	10.5	2.5[b]	33	8.5	2.0[b]	44	11.3	2.7[b]	*23*	*5.9*	*1.4[b]*
	IDU[d]	3	0.8	--	1	0.3	--	2	0.5	--	2	0.5	--	*3*	*0.8*	--
	MSM[d]	302	77.6	1,234.1[b]	246	63.2	1,005.8[b]	245	63.0	998.9[b]	298	76.6	1,214.9[b]	*222*	*57.1*	*896.2[b]*
	MSM/IDU[d]	10	2.6	--	2	0.5	--	6	1.5	--	9	2.3	--	6	1.5	--
	Other Risks[e]	2	0.5	--	0	0.0	--	1	0.3	--	0	0.0	--	0	0.0	--
	Unknown[f]	34	8.7	--	40	10.3	--	30	7.7	--	29	7.5	--	23	5.9	--
	Total	**389**	**100.0**	**23.7**	**330**	**100.0**	**20.1**	**317**	**100.0**	**19.2**	**382**	**100.0**	**23.1**	***277***	***100.0***	***16.7***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are estimations based on both the adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population.

[c]Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

[d]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

[e]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

[f]Unknown risk is defined as individuals classified as no identified risk (NIR) and no reported risk (NRR) individuals.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 32. Newly Diagnosed with HIV[a] Cases and Estimated Rates[b] among Adolescents (13-24 years old) in North Carolina by Binary Gender[c], Hierarchical Risk of Exposure (Unknown Risk[d] Redistributed), and Year of Diagnosis, 2016-2020*

Gender[c]	Exposure Category	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]
Male	Heterosexual	19	5.4	2.3[b]	27	9.2	3.3[b]	11	3.8	1.3[b]	22	6.4	2.7[b]	*10*	*3.8*	*1.2[b]*
	IDU[e]	2	0.6	--	0	0.0	--	0	0.0	--	1	0.3	--	*2*	*0.8*	--
	MSM[e]	323	91.0	1,319.6[b]	269	90.1	1,101.6[b]	261	93.9	1,063.9[b]	316	90.6	1,280.9[b]	*236*	*92.9*	*952.4[b]*
	MSM/IDU[e]	11	3.0	--	2	0.4	--	6	2.3	--	10	2.7	--	*6*	*2.5*	--
	Other Risks[f]	0	0.0	--	0	0.0	--	0	0.0	--	0	0.0	--	*0*	*0.0*	--
	Total	**355**	**100.0**	**42.1**	**299**	**100.0**	**35.2**	**278**	**100.0**	**32.9**	**349**	**100.0**	**41.3**	***254***	***100.0***	***29.7***
Female	Heterosexual	30	87.0	3.7[b]	29	94.1	3.6[b]	35	88.5	4.3[b]	32	95.8	3.9[b]	*21*	*93.3*	*2.6[b]*
	IDU[e]	1	4.3	--	2	2.9	--	3	7.7	--	1	4.2	--	*2*	*6.7*	--
	Other Risks[f]	3	8.7	--	0	0.0	--	2	3.8	--	0	0.0	--	*0*	*0.0*	--
	Total	**34**	**100.0**	**4.3**	**31**	**100.0**	**3.9**	**39**	**100.0**	**4.8**	**33**	**100.0**	**4.1**	***23***	***100.0***	***2.8***
Total	Heterosexual	49	12.5	3.0[b]	57	17.1	3.5[b]	45	14.2	2.8[b]	54	14.1	3.3[b]	*31*	*11.2*	*1.9[b]*
	IDU[e]	4	0.9	--	2	0.5	--	3	0.8	--	2	0.6	--	*4*	*0.9*	--
	MSM[e]	323	83.0	1,319.6[b]	269	69.3	1,101.6[b]	261	67.1	1,063.9[b]	316	81.3	1,280.9[b]	*236*	*60.7*	*952.4[b]*
	MSM/IDU[e]	11	2.7	--	2	0.6	--	6	1.6	--	10	2.5	--	*6*	*1.6*	--
	Other Risks[f]	3	0.8	--	0	0.0	--	2	0.4	--	0	0.0	--	*0*	*0.0*	--
	Total	**389**	**100.0**	**23.7**	**330**	**100.0**	**20.1**	**317**	**100.0**	**19.2**	**382**	**100.0**	**23.1**	***277***	***100.0***	***16.7***

*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.

[a]HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

[b]Rates are estimations based on both the adolescent population (13 years and older) and data from Grey et al. 2016. Rates could not be calculated for IDU or Other Risks due to the lack of population data for specific exposure groups. See Appendix A for more information. Rates are expressed per 100,000 population.

[c]Male or female (binary) gender is recorded for all people at diagnosis. Transgender people are classified in this table by their recorded binary gender.

[d]Unknown risk includes individuals classified as no identified risk (NIR) and no reported risk (NRR). These cases were redistributed into the Heterosexual, IDU, MSM, and Other Risk categories. See Appendix A for more information.

[e]IDU = injection drug use; MSM = men who report sex with men; MSM/IDU = men who report sex with men and injection drug use.

[f]Other risks include exposure to blood products (adult hemophilia or transfusions), pediatric risk, needle sticks, and health care exposure.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Table 33. Newly Diagnosed Stage 3 (AIDS)[a] Annual Rates[b] in North Carolina among Adults and Adolescents by Gender[c], Age at Diagnosis, and Year of Diagnosis, 2016-2020*

Gender[c]	Age at Diagnosis (Year)	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Men	13-14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	*0*	*0.0*	*0.0*
	15-19	5	1.2	1.5	5	1.3	1.4	7	1.9	2.0	1	0.3	0.3	*4*	*1.0*	*1.1*
	20-24	28	6.9	7.6	30	7.6	8.3	23	6.2	6.4	22	5.8	6.1	*25*	*6.5*	*6.8*
	25-29	77	18.9	22.1	65	16.5	18.1	58	15.7	15.8	67	17.7	18.0	*56*	*14.6*	*15.1*
	30-34	51	12.5	16.1	39	9.9	12.1	52	14.1	15.9	46	12.1	13.7	*51*	*13.3*	*14.7*
	35-39	36	8.8	11.5	43	10.9	13.5	39	10.5	12.1	42	11.1	13.0	*47*	*12.2*	*14.5*
	40-44	31	7.6	9.8	45	11.4	14.5	39	10.5	12.6	35	9.2	11.2	*39*	*10.2*	*12.4*
	45-49	51	12.5	15.1	49	12.4	14.4	29	7.8	8.5	36	9.5	10.7	*43*	*11.2*	*13.1*
	50-54	53	13.0	15.7	41	10.4	12.3	53	14.3	16.0	49	12.9	14.9	*31*	*8.1*	*9.3*
	55-59	33	8.1	10.1	35	8.9	10.6	30	8.1	9.0	38	10.0	11.3	*43*	*11.2*	*12.7*
	60-64	21	5.2	7.3	22	5.6	7.4	22	5.9	7.3	21	5.5	6.8	*24*	*6.3*	*7.6*
	65 and older	21	5.2	3.1	21	5.3	3.0	18	4.9	2.4	22	5.8	2.9	*21*	*5.5*	*2.6*
	Total	**407**	**100.0**	**9.9**	**395**	**100.0**	**9.5**	**370**	**100.0**	**8.8**	**379**	**100.0**	**8.9**	***384***	***100.0***	***8.9***
Women	13-14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	*1*	*0.8*	*0.8*
	15-19	3	1.6	0.9	2	1.1	0.6	2	1.5	0.6	0	0.0	0.0	*0*	*0.0*	*0.0*
	20-24	8	4.3	2.4	2	1.1	0.6	2	1.5	0.6	5	3.8	1.5	*3*	*2.5*	*0.9*
	25-29	23	12.2	6.6	13	7.3	3.6	8	6.0	2.2	5	3.8	1.4	*6*	*5.0*	*1.7*
	30-34	22	11.7	6.7	16	9.0	4.8	10	7.5	3.0	15	11.3	4.3	*12*	*10.0*	*3.4*
	35-39	19	10.1	5.8	28	15.7	8.4	14	10.4	4.1	20	15.0	5.9	*17*	*14.2*	*5.0*
	40-44	17	9.0	5.2	17	9.6	5.2	24	17.9	7.3	21	15.8	6.4	*10*	*8.3*	*3.0*
	45-49	20	10.6	5.7	28	15.7	7.9	21	15.7	5.9	19	14.3	5.4	*14*	*11.7*	*4.0*
	50-54	26	13.8	7.3	19	10.7	5.4	17	12.7	4.9	13	9.8	3.8	*21*	*17.5*	*6.0*
	55-59	22	11.7	6.2	24	13.5	6.7	13	9.7	3.6	16	12.0	4.4	*8*	*6.7*	*2.2*
	60-64	15	8.0	4.6	19	10.7	5.7	16	11.9	4.7	8	6.0	2.3	*16*	*13.3*	*4.5*
	65 and older	13	6.9	1.5	10	5.6	1.1	7	5.2	0.7	11	8.3	1.1	*12*	*10.0*	*1.2*
	Total	**188**	**100.0**	**4.3**	**178**	**100.0**	**4.0**	**134**	**100.0**	**3.0**	**133**	**100.0**	**2.9**	***120***	***100.0***	***2.6***

Continued

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rate is expressed per 100,000 population.

[c]Transgender status is based on self-report. 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. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 33 (Continued). Newly Diagnosed Stage 3 (AIDS)[a] Annual Rates[b] in North Carolina among Adults and Adolescents by Gender[c], Age at Diagnosis, and Year of Diagnosis, 2015-2019

Gender[c]	Age at Diagnosis (Year)	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Transgender[c]	13-14	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	15-19	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	20-24	1	20.0	---	1	12.5	---	1	20.0	---	1	20.0	---	*2*	*22.2*	---
	25-29	1	20.0	---	3	37.5	---	1	20.0	---	0	0.0	---	*2*	*22.2*	---
	30-34	3	60.0	---	1	12.5	---	0	0.0	---	2	40.0	---	*3*	*33.3*	---
	35-39	0	0.0	---	3	37.5	---	2	40.0	---	0	0.0	---	*1*	*11.1*	---
	40-44	0	0.0	---	0	0.0	---	1	20.0	---	2	40.0	---	*1*	*11.1*	---
	45-49	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	50-54	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	55-59	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	60-64	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	65 and older	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	Total	**5**	**100.0**	**---**	**8**	**100.0**	**---**	**5**	**100.0**	**---**	**5**	**100.0**	**---**	***9***	***100.0***	***---***
Total	13-14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	*1*	*0.2*	*0.4*
	15-19	8	1.3	1.2	7	1.2	1.0	9	1.8	1.3	1	0.2	0.1	*4*	*0.8*	*0.6*
	20-24	37	6.2	5.2	33	5.7	4.7	26	5.1	3.7	28	5.4	4.0	*30*	*5.8*	*4.2*
	25-29	101	16.8	14.5	81	13.9	11.3	67	13.2	9.2	72	13.9	9.8	*64*	*12.5*	*8.7*
	30-34	76	12.7	11.8	56	9.6	8.6	62	12.2	9.3	63	12.2	9.2	*66*	*12.9*	*9.4*
	35-39	55	9.2	8.5	74	12.7	11.4	55	10.8	8.4	62	12.0	9.4	*65*	*12.7*	*9.8*
	40-44	48	8.0	7.5	62	10.7	9.7	64	12.6	10.0	58	11.2	9.0	*50*	*9.7*	*7.7*
	45-49	71	11.8	10.3	77	13.3	11.0	50	9.8	7.2	55	10.6	8.0	*57*	*11.1*	*8.4*
	50-54	79	13.2	11.4	60	10.3	8.7	70	13.8	10.3	62	12.0	9.2	*52*	*10.1*	*7.6*
	55-59	55	9.2	8.1	59	10.2	8.6	43	8.4	6.2	54	10.4	7.7	*51*	*9.9*	*7.2*
	60-64	36	6.0	5.8	41	7.1	6.5	38	7.5	5.9	29	5.6	4.4	*40*	*7.8*	*6.0*
	65 and older	34	5.7	2.2	31	5.3	1.9	25	4.9	1.5	33	6.4	1.9	*33*	*6.4*	*1.8*
	Total	**600**	**100.0**	**7.0**	**581**	**100.0**	**6.7**	**509**	**100.0**	**5.8**	**517**	**100.0**	**5.8**	***513***	***100.0***	***5.7***

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[c]Transgender status is based on self-report. 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. For more information, refer to Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers.

Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

Table 34. Newly Diagnosed Stage 3 (AIDS)[a] Annual Rates[b] in North Carolina among Adults/Adolescents by Gender[c], Race/Ethnicity, and Year of Diagnosis, 2016-2020*

Gender[d]	Race/Ethnicity	2016			2017			2018			2019			*2020**		
		Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	Cases	%	Rate[b]	*Cases*	*%*	*Rate[b]*
Men	American Indian/Alaska Native[c]	4	1.0	8.4	1	0.3	2.1	1	0.3	2.1	3	0.8	6.1	*1*	*0.3*	*2.0*
	Asian/Pacific Islander[c]	3	0.7	2.5	2	0.5	1.6	5	1.4	3.8	0	0.0	0.0	*2*	*0.5*	*1.4*
	Black/African American[c]	245	60.2	28.8	242	61.3	28.1	242	65.4	27.7	240	63.3	27.1	*211*	*54.9*	*23.6*
	Hispanic/LatinX	52	12.8	15.1	33	8.4	9.3	31	8.4	8.4	38	10.0	10.0	*56*	*14.6*	*14.2*
	White/Caucasian[c]	89	21.9	3.2	100	25.3	3.6	79	21.4	2.8	89	23.5	3.2	*104*	*27.1*	*3.7*
	Multiple Races[b]	14	3.4	---	17	4.3	---	12	3.2	---	9	2.4	---	*10*	*2.6*	---
	Total	**407**	**100.0**	**9.9**	**395**	**100.0**	**9.5**	**370**	**100.0**	**8.8**	**379**	**100.0**	**8.9**	***384***	***100.0***	***8.9***
Women	American Indian/Alaska Native[c]	2	1.1	3.8	1	0.6	1.9	0	0.0	0.0	1	0.8	1.8	*2*	*1.7*	*3.7*
	Asian/Pacific Islander[c]	3	1.6	2.3	1	0.6	0.7	0	0.0	0.0	1	0.8	0.7	*1*	*0.8*	*0.6*
	Black/African American[c]	137	72.9	13.7	133	74.7	13.2	96	71.6	9.4	102	76.7	9.8	*81*	*67.5*	*7.7*
	Hispanic/LatinX	10	5.3	3.2	5	2.8	1.5	7	5.2	2.1	9	6.8	2.5	*8*	*6.7*	*2.2*
	White/Caucasian[c]	25	13.3	0.9	32	18.0	1.1	21	15.7	0.7	16	12.0	0.5	*20*	*16.7*	*0.7*
	Multiple Races[b]	11	5.9	---	6	3.4	---	10	7.5	---	4	3.0	---	*8*	*6.7*	---
	Total	**188**	**100.0**	**4.3**	**178**	**100.0**	**4.0**	**134**	**100.0**	**3.0**	**133**	**100.0**	**2.9**	***120***	***100.0***	***2.6***
Transgender[b,d]	American Indian/Alaska Native[c]	0	0.0	---	0	0.0	---	0	0.0	---	0	0.0	---	*1*	*11.1*	---
	Asian/Pacific Islander[c]	0	0.0	---	1	12.5	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	Black/African American[c]	2	40.0	---	5	62.5	---	2	40.0	---	4	80.0	---	*6*	*66.7*	---
	Hispanic/LatinX	2	40.0	---	1	12.5	---	1	20.0	---	1	20.0	---	*2*	*22.2*	---
	White/Caucasian[c]	0	0.0	---	1	12.5	---	0	0.0	---	0	0.0	---	*0*	*0.0*	---
	Multiple Races[b]	1	20.0	---	0	0.0	---	2	40.0	---	0	0.0	---	*0*	*0.0*	---
	Total	**5**	**100.0**	**---**	**8**	**100.0**	**---**	**5**	**100.0**	**---**	**5**	**100.0**	**---**	***9***	***100.0***	***---***
Total	American Indian/Alaska Native[c]	6	1.0	6.0	2	0.3	2.0	1	0.2	1.0	4	0.8	3.9	*4*	*0.8*	*3.8*
	Asian/Pacific Islander[c]	6	1.0	2.4	4	0.7	1.5	5	1.0	1.8	1	0.2	0.3	*3*	*0.6*	*1.0*
	Black/African American[c]	384	64.0	20.8	380	65.4	20.3	340	66.8	17.9	346	66.9	18.0	*298*	*58.1*	*15.3*
	Hispanic/LatinX	64	10.7	9.8	39	6.7	5.7	39	7.7	5.5	48	9.3	6.5	*66*	*12.9*	*8.6*
	White/Caucasian[c]	114	19.0	2.0	133	22.9	2.3	100	19.6	1.7	105	20.3	1.8	*124*	*24.2*	*2.1*
	Multiple Races[b]	26	4.3	---	23	4.0	---	24	4.7	---	13	2.5	---	*18*	*3.5*	---
	Total	**600**	**100.0**	**7.0**	**581**	**100.0**	**6.7**	**509**	**100.0**	**5.8**	**517**	**100.0**	**5.8**	***513***	***100.0***	***5.7***

*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.

[a]Classification of Stage 3 (AIDS) is defined by ever having a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. The person remains classified as Stage 3 in the surveillance system even if CD4 count returns to healthy levels. Therefore, adding new AIDS diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

[b]Rate is expressed per 100,000 population. Rate is not available for some populations due to the lack of population data.

[c]Non-Hispanic/LatinX.

[d]Transgender status is based on self-report. 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. For more information, refer Appendix A.

Please use caution when interpreting reported numbers less than 10 and the corresponding rates based on these numbers. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).

APPENDIX A: Technical Notes

About the Authors

North Carolina law requires that diagnoses of certain communicable diseases, including STIs, be reported to local health departments that in turn report the information to the state. The HIV/STD/Hepatitis Surveillance Unit is the designated recipient for STI and viral hepatitis B (HBV) and hepatitis C (HCV) morbidity reports at the state level. From these reports, the HIV/STD/Hepatitis Surveillance Unit is responsible for aggregating these reports and providing county, regional, and statewide information about STIs and viral HBV and HCV to others, including the CDC. The HIV/STD/Hepatitis Surveillance Unit is part of the Communicable Disease Branch within the North Carolina Division of Public Health.

About the Content of This Report

This document, the *2020 North Carolina HIV Surveillance Report*, includes summary tables of surveillance reports and other information for all stages of HIV. In some instances, total numbers of reports may not agree between separate cross-tabulations due to missing values for some variables.

Some HIV infection (including Stage 3 [AIDS]) statistics are provided for the regional networks of care and prevention (RNCP), including the Charlotte transitional grant area (TGA), as displayed on the back cover. The 95 counties supported by the Ryan White Part B base program are grouped into 10 RNCP, while the remaining five counties make up the Charlotte TGA.

Rates are presented for several categories of race/ethnicity, age group, and gender for each disease. Rates are also presented for counties across the state and are expressed as cases per 100,000 population. Rate denominators were calculated using the available bridged-race population estimates for 2020 from the National Center for Health Statistics. More information about bridged-race categories is available at the website http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Rates that are based on a small number of cases (generally fewer than 10) should be viewed with caution and are considered unreliable because these rates have large standard errors and can vary widely with small changes in case numbers. Data is suppressed in this document according to the North Carolina Division of Public Health Communicable Disease Branch data release guidelines, which were updated in March 2018. These data are suppressed for table cells with a population denominator less than 500.

HIV Surveillance Data

HIV Case Definition

In 2014, the CDC revised the existing surveillance case definitions for HIV. There are four stages of HIV infection (0, 1, 2, and 3). A person's age is no longer part of the stage of infection criteria.[15] HIV case reports represent people who have a confirmed diagnosis of HIV, regardless of the stage of infection. Stage 3 represents the traditional definition of AIDS. HIV infection is categorized as Stage 3 (AIDS) when the patient develops a CD4+ T-lymphocyte cell count (CD4) of less than 200 or an AIDS-defining condition (opportunistic infection), or a CD4 percentage of less than 14 if a CD4 cell count in not available.[15] In this document, the use of the term AIDS refers to Stage 3. AIDS remains the classification of the case for surveillance purposes, even if the CD4 cell count increases or opportunistic infection is resolved.

HIV cases are counted by the initial date of diagnosis of the HIV infection, whereas AIDS cases are counted by the date of diagnosis for the initial AIDS diagnosis. Most AIDS case reports represent people who were diagnosed with HIV infection in earlier years. However, in North Carolina, about one-fourth to one-third of new HIV diagnoses are in people who are initially diagnosed with HIV infection and AIDS at, or very near, the same time. **The two categories should never be combined to estimate an infected population, as the broad category of HIV infection includes AIDS cases, except when HIV (non-AIDS) is indicated.**

All HIV and AIDS totals and rates discussed in this report are restricted to adults and adolescents (at least 13 years of age) for comparability across states and with national data reported by the CDC. Before the 2016 surveillance report, the county-level tables included people who were under 13 years of age.

Most Recently Known County of Residence

In previous versions of this report, the total number of people diagnosed and living in North Carolina with HIV were counted by the person's county of residence at diagnosis. Starting with the 2015 report, the HIV/STD/Hepatitis Surveillance Unit began to present a new geographic category called the "most recently known county of residence." This new category is based on the most recently known current address in the enhanced HIV/AIDS Reporting System (eHARS), which is the mechanism by which de-identified data is reported to the CDC. People whose most recently known state of residence is North Carolina are identified in this new category. Therefore, these tables include people diagnosed with HIV both in and outside North Carolina, but most recently known to be living here. People classified in the "unassigned" category have a most recent address in a long-term care facility, including prisons. This category gives us a better way to examine the current burden for each county in North Carolina and will be used throughout the document (see Tables 1, 8 to 19, and 23). Data is no longer presented based on

[15] Selik, R.M, Mokotoff, E.D., Branson, B., Owen, S.M., Whitmore, S., & Hall, H.I. Revised Surveillance Case Definition for HIV Infection-United States, 2014. MMWR 2014; 63(RR-3): pages 1-3.

a person's county of residence at diagnosis in the context of people diagnosed and living in North Carolina.

Gender and Binary Gender

Data are presented based on gender (male, female, or transgender) and on binary gender (male or female) recorded for all people diagnosed and living with HIV at the time of diagnosis. This information is gathered from the following data systems: the enhanced HIV/AIDS Reporting System (eHARS), North Carolina Electronic Disease Surveillance System (NC EDSS), CAREWare (Ryan White Part B data), and HIV Medication Assistance Program (HMAP). All people living with HIV, including people that self-identify as transgender, have a binary gender (male or female) recorded. At this time, we can only assign a hierarchical transmission risk based on binary gender. Therefore, for tables that display exposure category, transgender people are included and classified according to their binary gender (either male or female). We are planning to report this using all genders in the next annual report. Due to historical and current stigma, the numbers of transgender people living with HIV in North Carolina presented in this report are likely to be an underestimation. This variable was not routinely captured until 2015 in our surveillance system.

Estimation of Heterosexual and MSM Rates

In previous versions of this report, rates for the exposure categories for HIV were not calculated due to the lack of population data for specific exposure groups. In 2016, Grey et al. published a paper called "*Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey."*[15] They used data from the American Community Survey (ACS) 5-year summary file, from 2009 to 2013 to obtain the number of households of a male householder and male partner, and the total number of men aged 18 years and older for each county in the U.S. Grey et al. estimated that in North Carolina, an estimated 2.9% of the male population were men who report sex with men (MSM).

Estimated MSM rates were calculated using 2.9% of the male population in the state (older than 13 years of age). The estimated male heterosexual population was calculated by subtracting the overall male population, over the age of 13, by the estimated MSM population and used to calculate the estimated male heterosexual rate. The estimated female heterosexual rate was calculated using the overall female population over the age of 13 in the state. Rates for the other exposure groups (IDU, MSM/IDU, and other risks) were not calculated due to the lack of population data.

HIV Hierarchical "Risk of Exposure" Categories and Distribution

For Tables 28 through 30 and Table 32, we have assigned a risk to cases with an unknown risk of exposure based on the distribution of the known risk data. Up to one-third of reported cases may be

[15]Grey et al. (2016). Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey. *JMIR Public Health Surveil.* 2016; 2(1): e14. doi:10.2196/publichealth.5365.

missing risk information; therefore, reassigning these cases to a risk group allows for a more complete picture of trends over time. Risk redistribution is only done for data at the state level.

The assignment of HIV exposure risk category (also referred to as mode of transmission by the CDC) to individual cases is hierarchical. The CDC has developed this hierarchy based on information about the epidemic during early investigations.[16] All possible exposure information is collected for each case and the exposure considered most likely to have transmitted HIV is assigned as the risk category for the case. This assignment does not mean that the HIV exposure is known to have occurred via the risk category assigned for a single case, but it implies that this was the most likely mode of exposure.

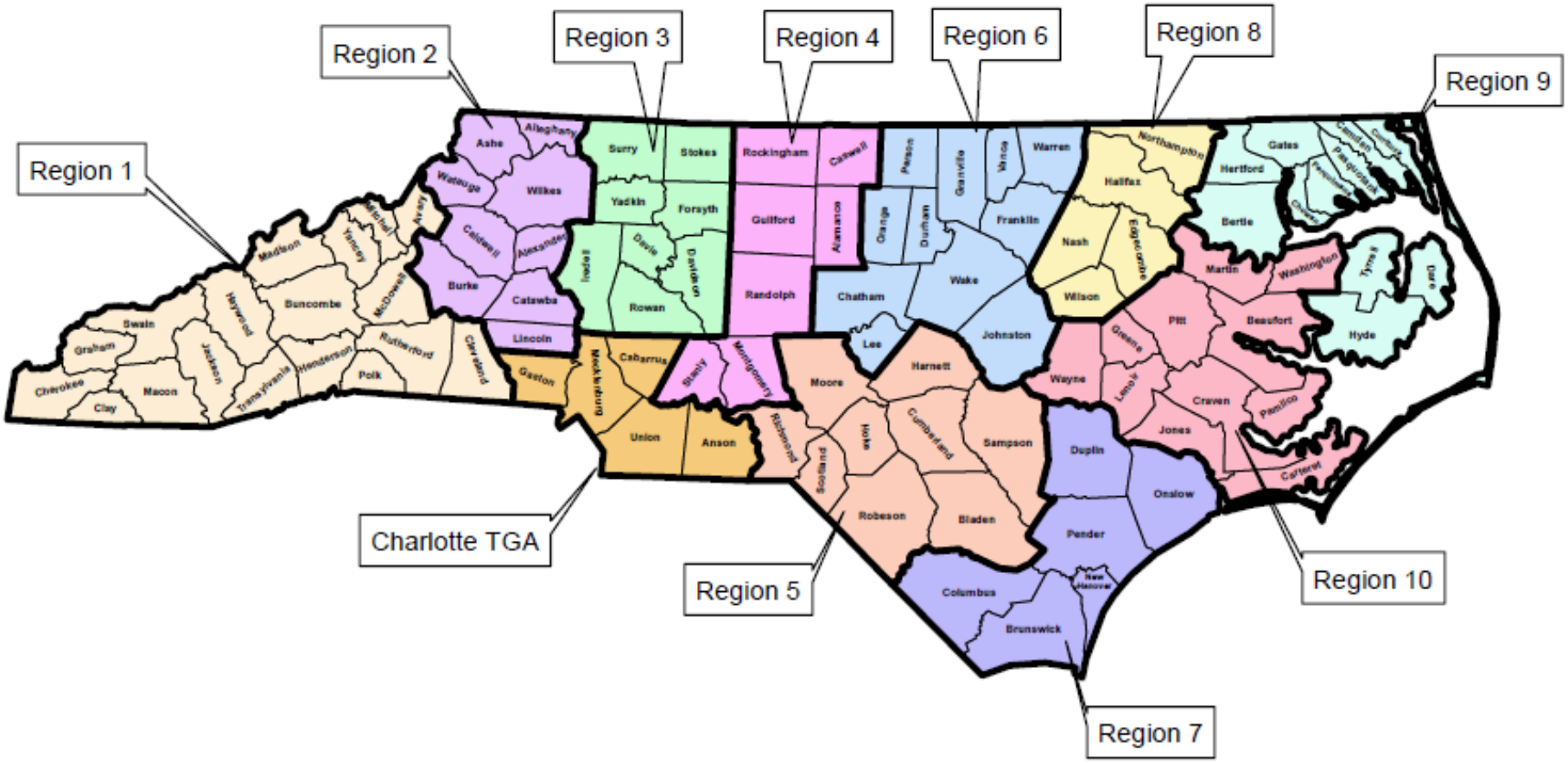
Hierarchical Categories

- Male-to-male sexual contact: men who have had sexual contact with men (i.e., homosexual contact) and men who have had sexual contact with both men and women (i.e., bisexual contact)
- Injection drug use (IDU): people who have injected non-prescription drugs
- Male-to-male sexual contact and injection drug use (male-to-male sexual contact and IDU): men who have had sexual contact with other men and injected non-prescription drugs
- Heterosexual contact: people who have ever had heterosexual contact with a person known to have, or to be at high risk for, HIV infection
- Perinatal: people infected through perinatal transmission but aged 13 years and older at time of diagnosis of HIV infection. Prevalence data and tables of death data includes persons infected through perinatal transmission but aged 13 years and older during the specified year or at death.
- Other: all other transmission categories (e.g., blood transfusion, hemophilia, risk factor not reported or not identified).

For example, if 20-in-100 male HIV cases do not have risk information (classified as “unknown risk”), proportions are calculated for the remaining HIV infection cases and the proportions are applied to those with unknown risk. Of the 80 male cases with risk, 60.0% (48/80) were MSM, 5.0% (4/80) were IDU, 2.5% (2/80) were MSM/IDU, and 32.5% (26/80) were heterosexual contact. These fractions are then applied to the 20 NIR cases. For example, MSM: (20) x (.60) = 12; thus 12 of the 20 NIR cases are reassigned to MSM, after the redistribution calculation. For heterosexual contact, (20) x (.325) = 6.5 or 7 (rounded). Therefore, 7-of-20 NIR cases are assigned to heterosexual contact, after the redistribution calculation. Actual reassignment accounts for the differences of racial/ethnic, age and gender distributions for each risk group.

[16]Centers for Disease Control and Prevention (CDC) (2019). 2018 HIV Surveillance report, page 46. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf.

North Carolina Regional Networks of Care and Prevention Map



Prepared by HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch, Division of Public Health (August 2015).