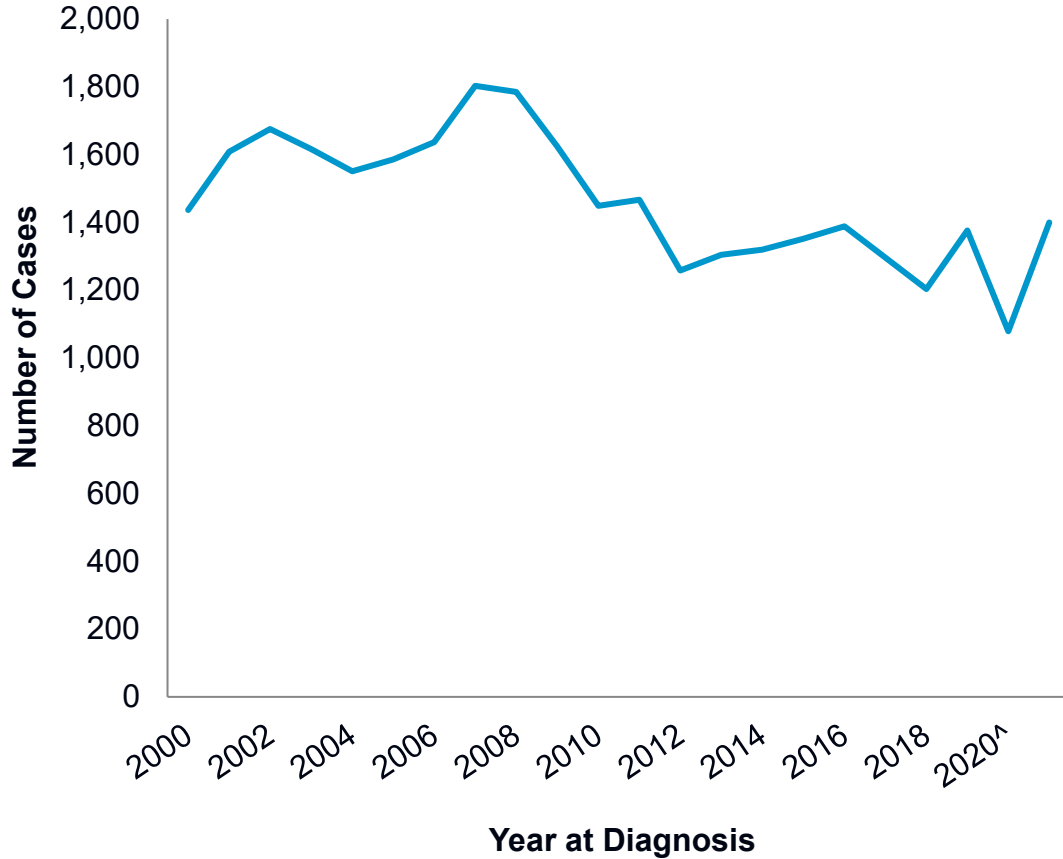


**Communicable Disease Branch
North Carolina Division of Public Health
February 2023**

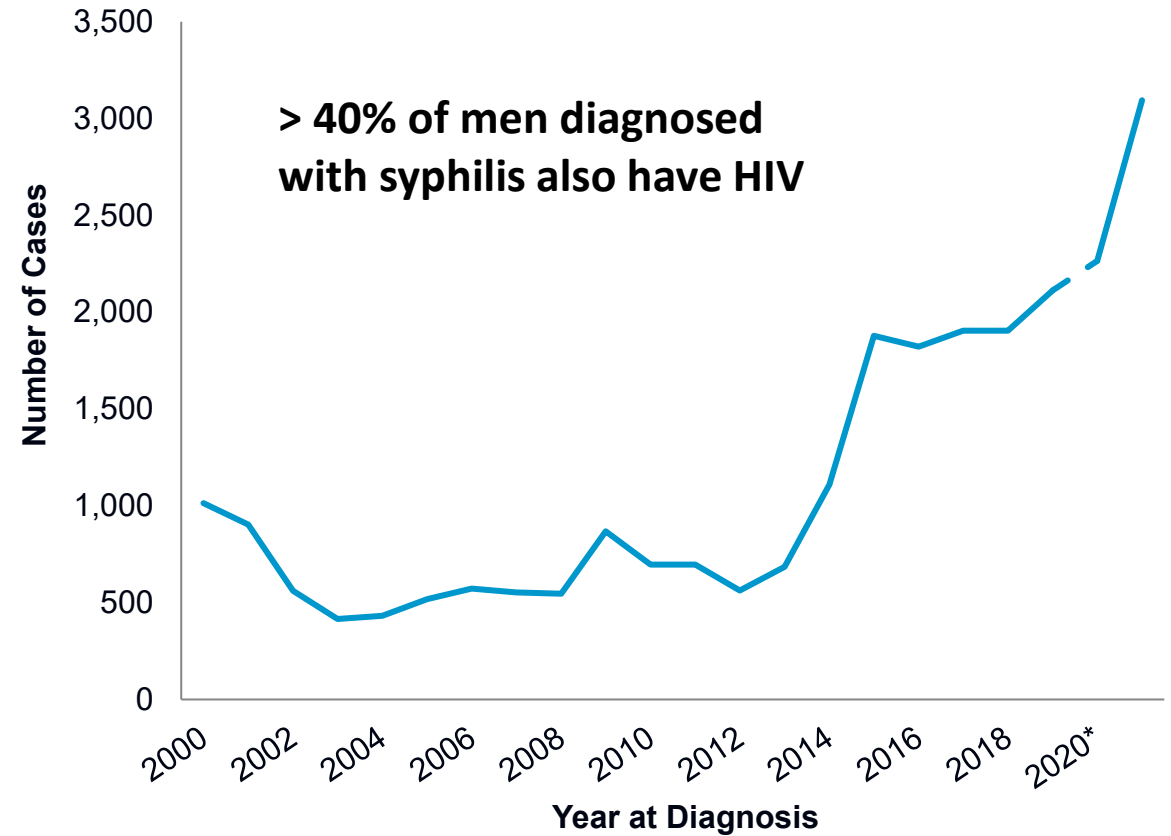


HIV and Syphilis 2000-2021

People newly diagnosed with HIV, North Carolina



Early Syphilis Cases, North Carolina

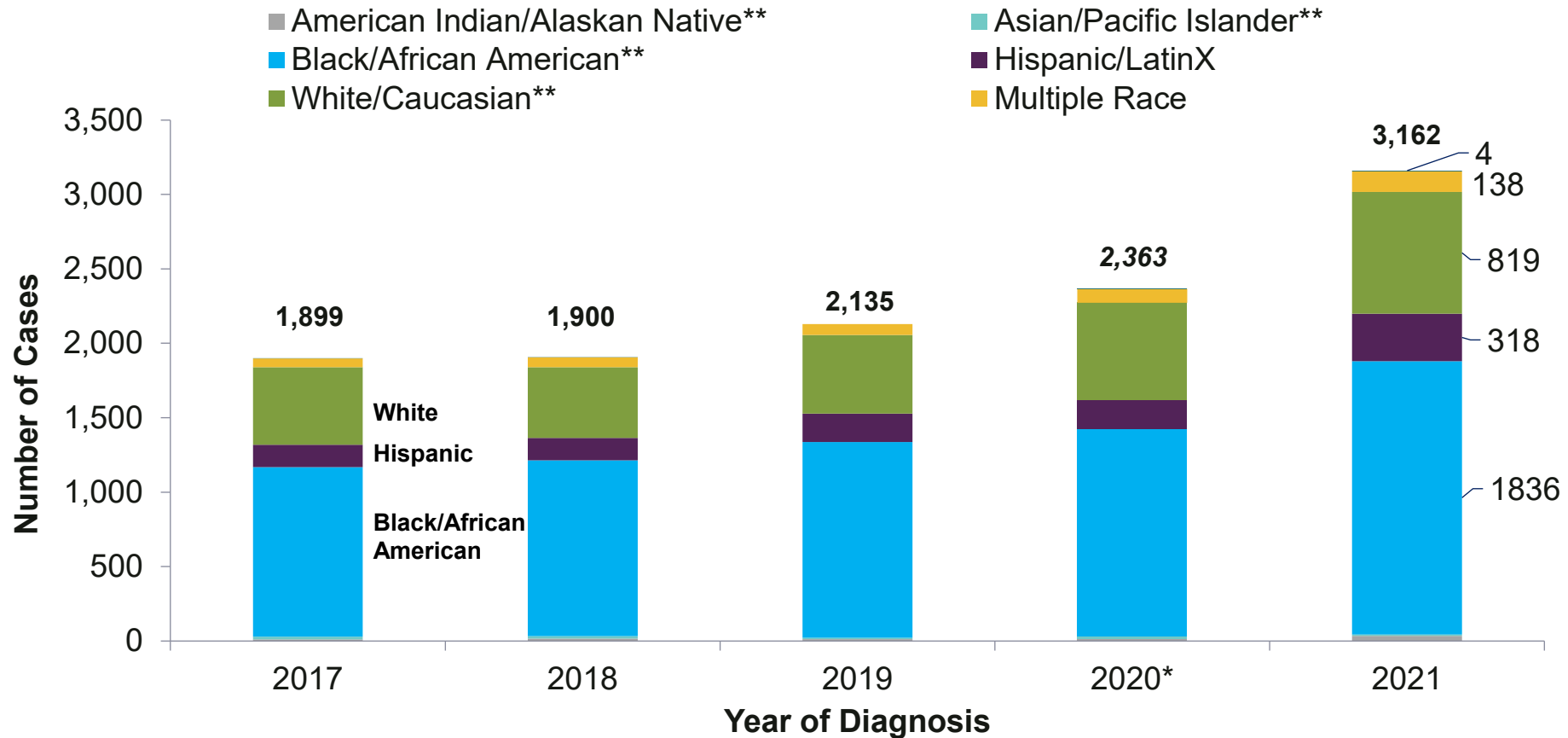


[^]Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

*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: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2022); all 2021 and 2022 data are preliminary.

Early Syphilis[^] Cases by Race/Ethnicity, 2017-2021



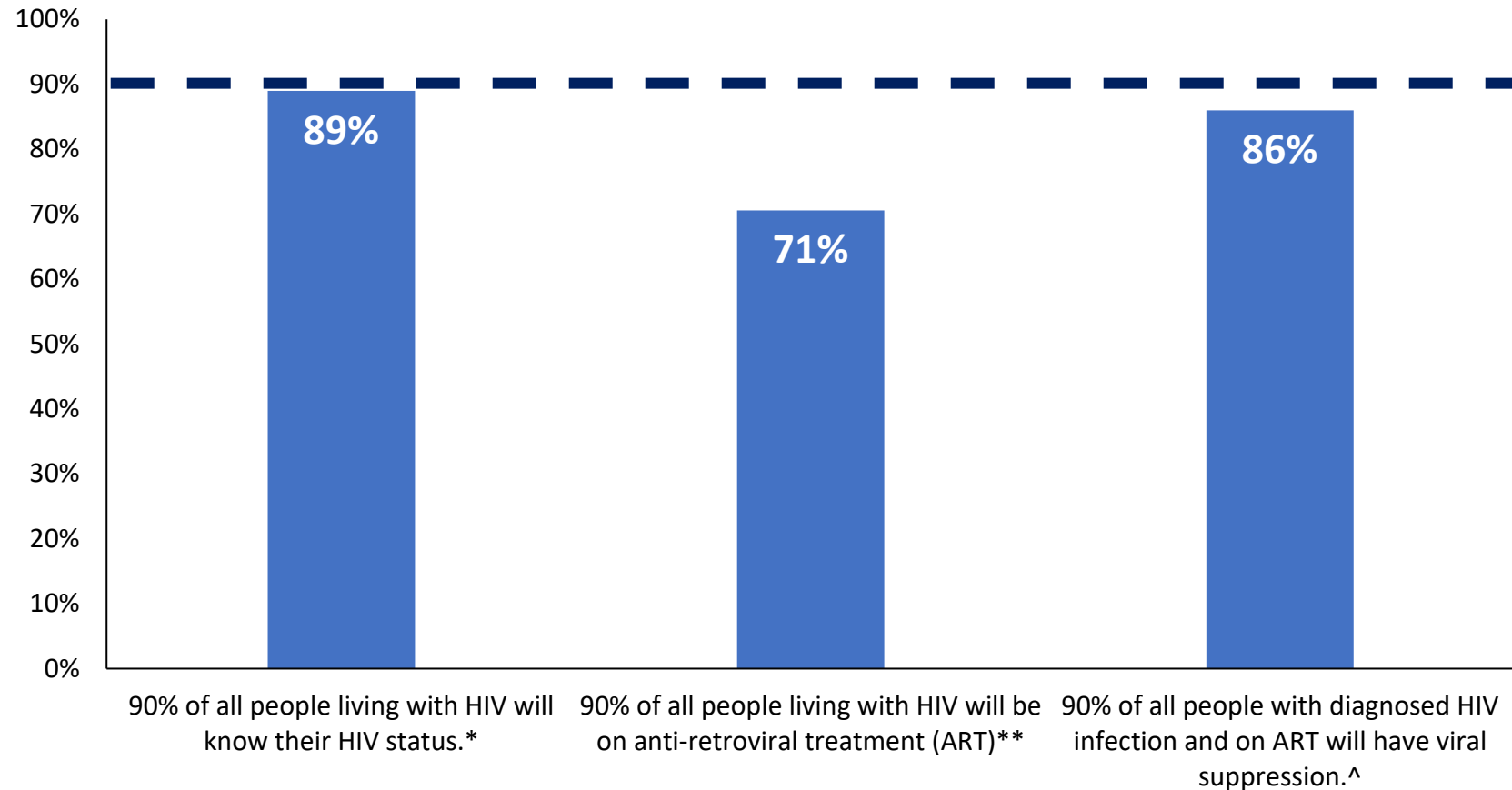
[^]Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

*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.

**Non-Hispanic/LatinX.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 7, 2022).

UNAIDS 90-90-90 Goal by 2030: North Carolina Status in 2021



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

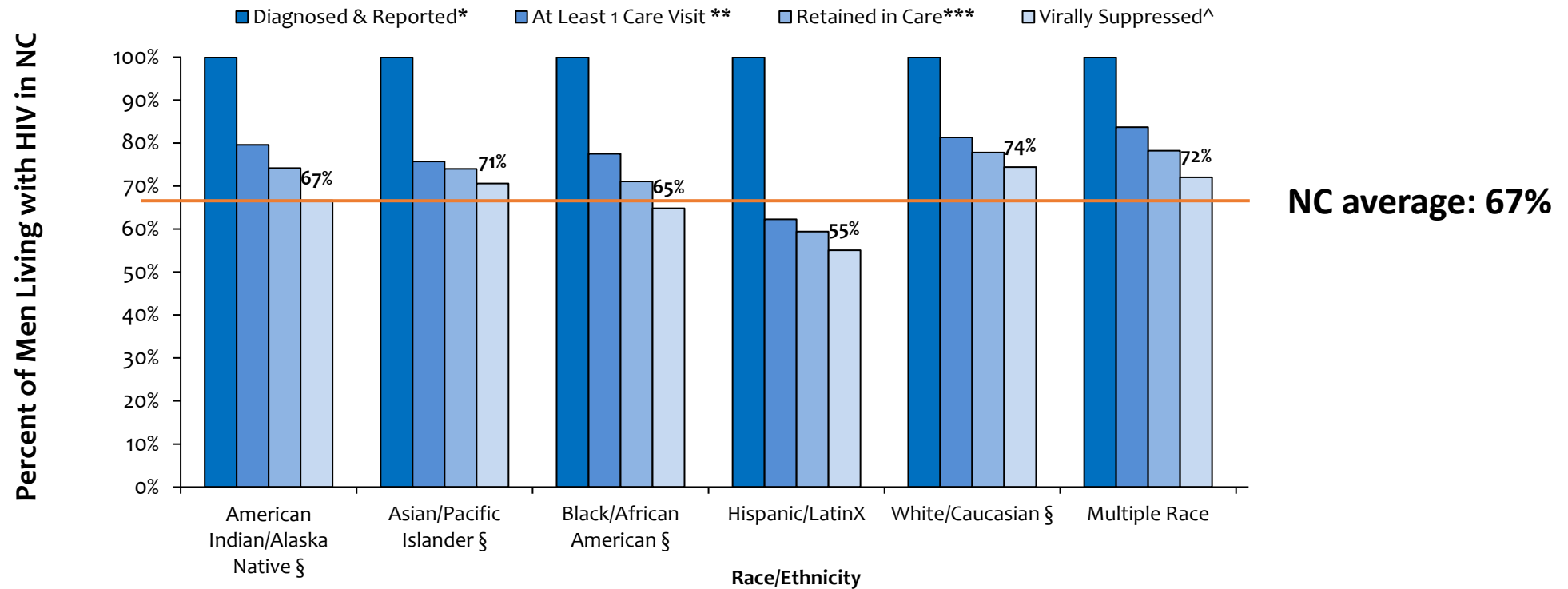
**received ARTs is based on the number of people with a viral load in a given year (assumes viral load test implies receipt of ARTs)

^Among persons with at least one care visit in 2021. Virally suppressed is defined as having last viral load test during the given calendar year <200 copies/ml.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (January 18, 2022) and NC ECHO (January 2021).

NOTE: The proportion of people virally suppressed among those in care was originally miscalculated and has been corrected.

North Carolina HIV Continuum of Care among Men by Race/Ethnicity, 2021



*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. Data are preliminary (do not include vital records or national death matches).

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

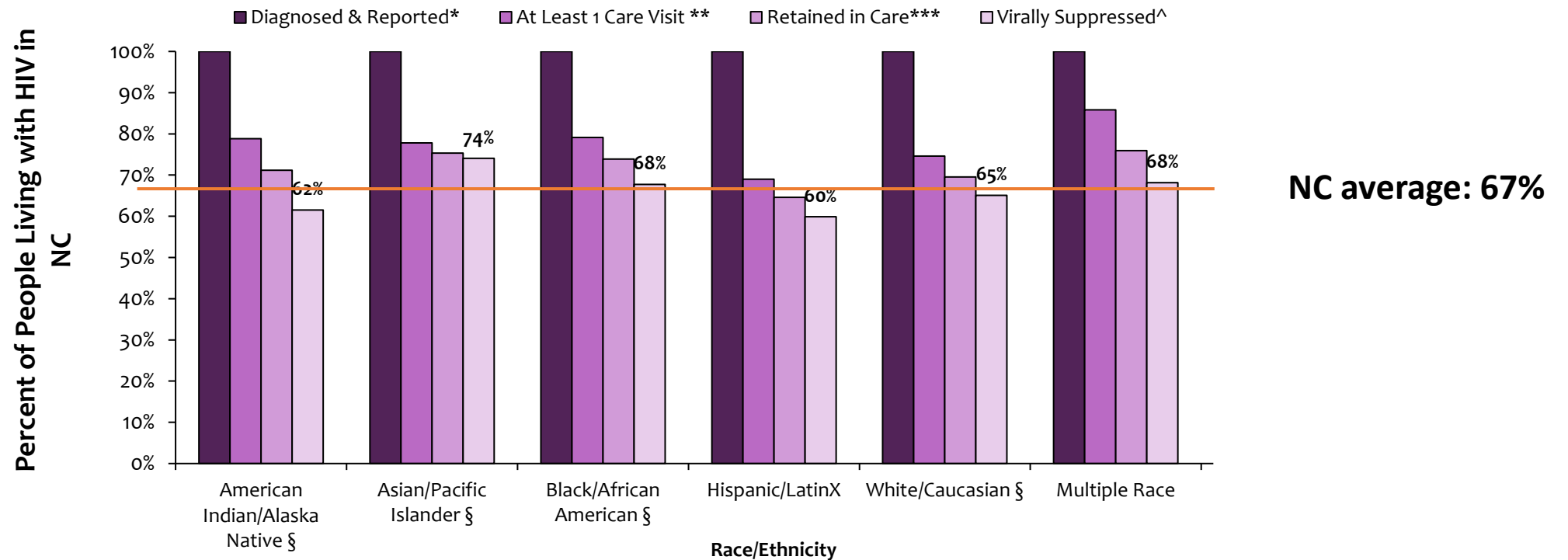
*** Retained in care is defined as being virally suppressed within 12 months or having 2 or more care markers (CD4 or VL test, HMAP dispense, or Medicaid claim) at least 90 days apart in the given calendar year.

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

§ Non-Hispanic/LatinX.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (January 18, 2022) and NC ECHO (January 2021).

North Carolina HIV Continuum of Care among Women by Race/Ethnicity, 2021



*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. Data are preliminary (do not include vital records or national death matches).

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

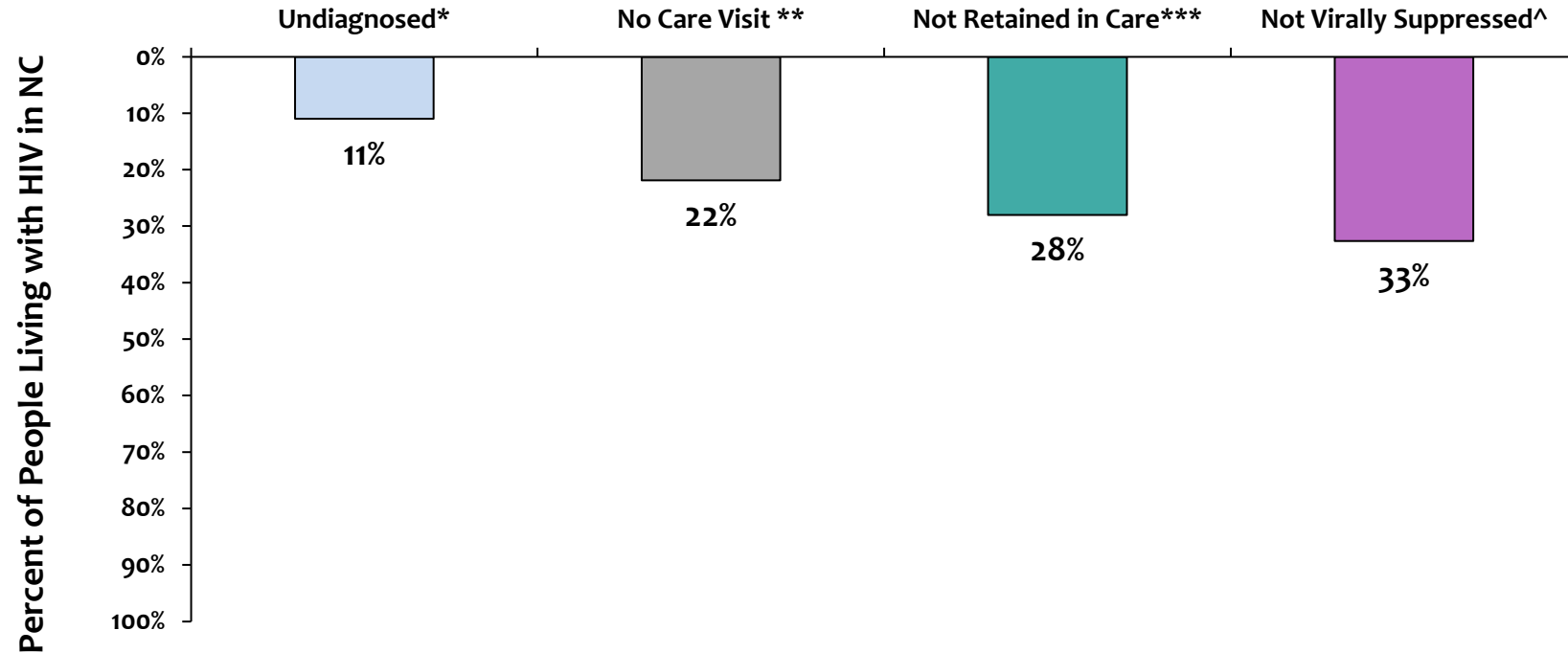
*** Retained in care is defined as being virally suppressed within 12 months or having 2 or more care markers (CD4 or VL test, HMAP dispense, or Medicaid claim) at least 90 days apart in the given calendar year.

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

§ Non-Hispanic/LatinX.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (January 18, 2022) and NC ECHO (January 2021).

Upside Down HIV Continuum of Care 2021



*People ≥ 13 years of age estimated to have HIV but not be diagnosed and living through December 31 of each calendar year. Data includes labs and services from CAREWare (all Ryan White services excluding Part A), HIV Medication Assistance Program (HMAP), and Medicaid data sources. Estimated proportion living in NC and undiagnosed is from 2020.

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

***People neither virally suppressed within 12 months nor having 2 or more care markers (CD4 or VL test, HMAP dispense, or Medicaid claim) at least 90 days apart in the given calendar year.

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

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (September 2022) and NC ECHO (August 2022).

ADDRESSING

Internalized HIV-Related Stigma


Almost 8 in 10 HIV patients in the United States report feeling internalized HIV-related stigma.

What is internalized HIV-related stigma?


It is when a person living with HIV experiences negative feelings or thoughts about their HIV status. Here, it is defined as someone agreeing with one or more of the following statements:

- "I am ashamed that I am HIV-positive."
- "I hide my HIV status from others."
- "Being HIV-positive makes me feel dirty."
- "It is difficult to tell people about my HIV infection."
- "I sometimes feel worthless because I am HIV-positive."
- "I feel guilty that I am HIV-positive."


Nearly 2 out of 3 say that it is difficult to tell others about their HIV infection.




Roughly 1 out of 3 report feeling guilty or ashamed of their HIV status.



Nearly 1 in 4 say that being HIV-positive makes them feel dirty or worthless.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

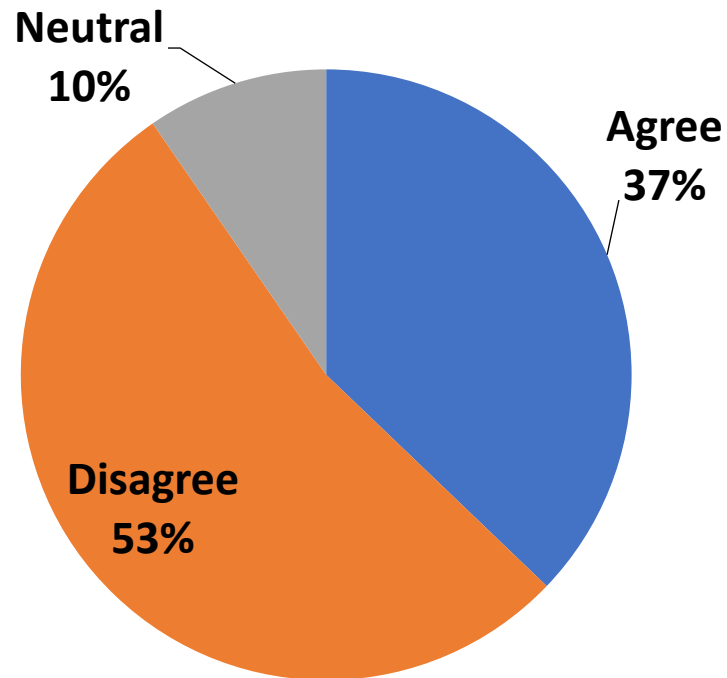


STIGMA

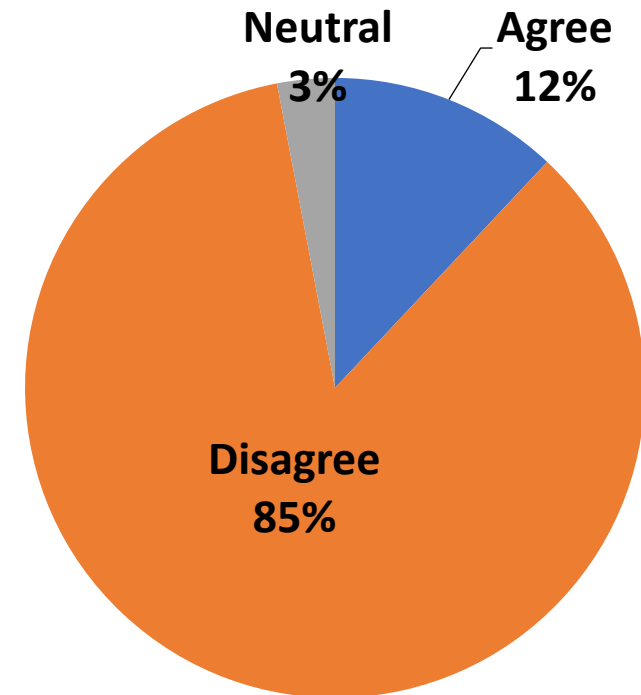
Stigma is North Carolina

NC MMP 2015-2020

I have been hurt by how people reacted to learning I have HIV



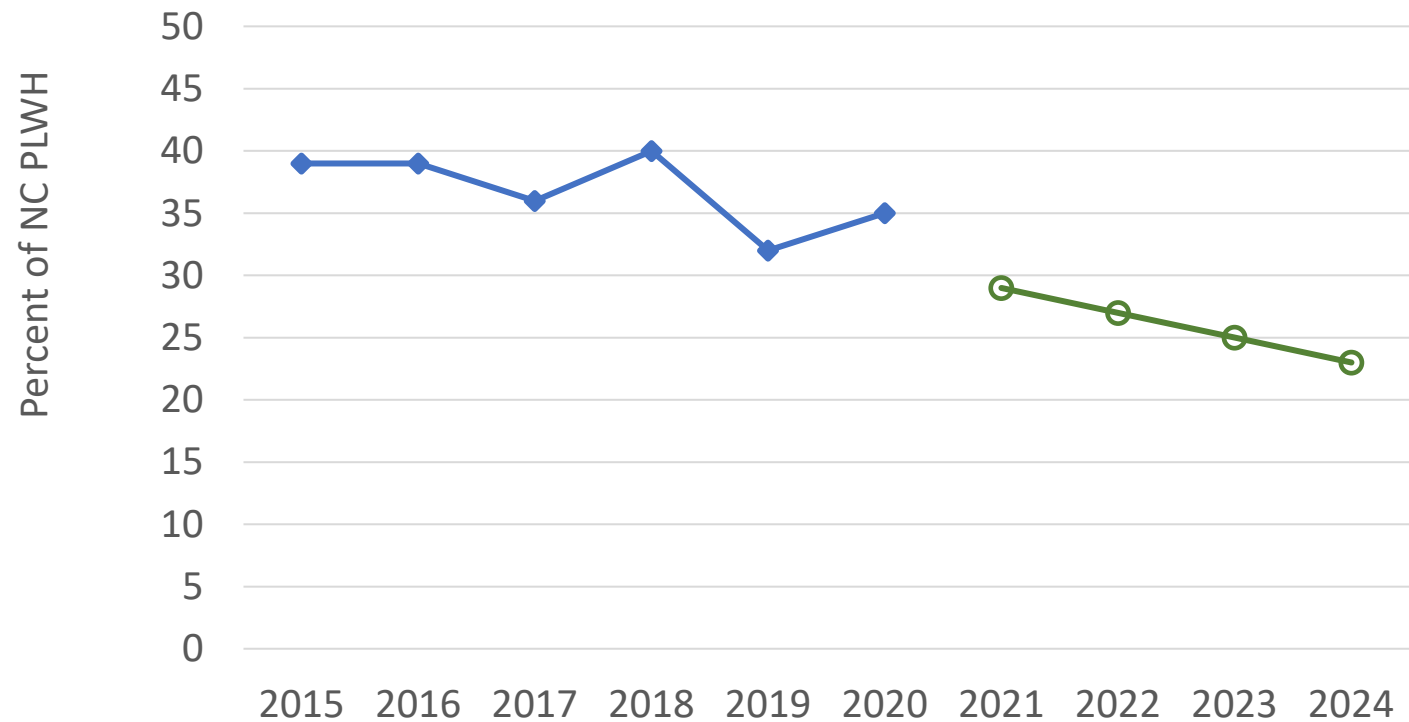
Having HIV makes me feel that I'm a bad person



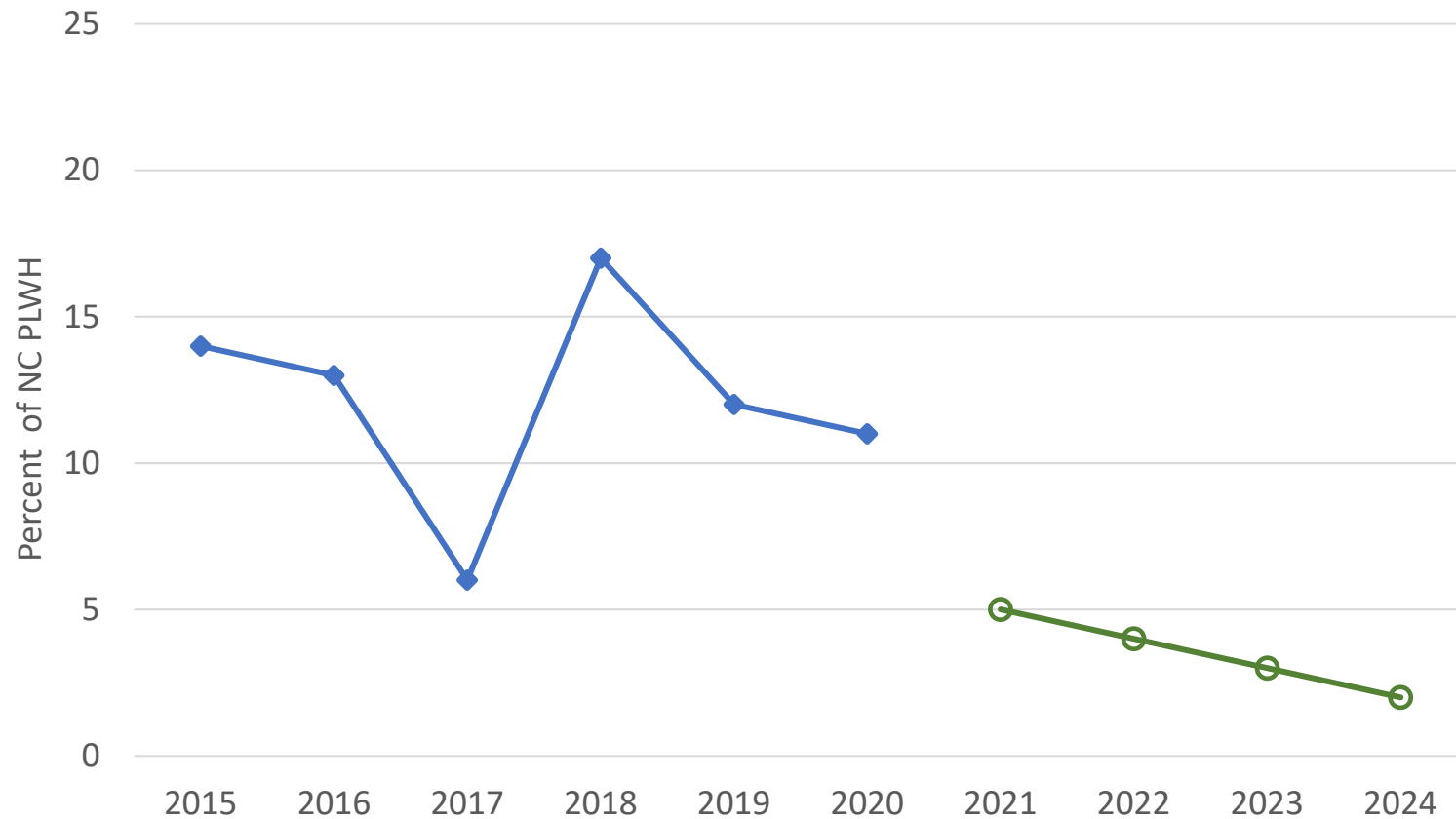
Source: NC MMP 2015-2020 weighted data

Note: Percentages are weighted percentages.

PLWH agreeing with “I have been hurt by how people reacted to learning I have HIV”



PLWH agreeing with “Having HIV makes me feel like I’m a bad person”

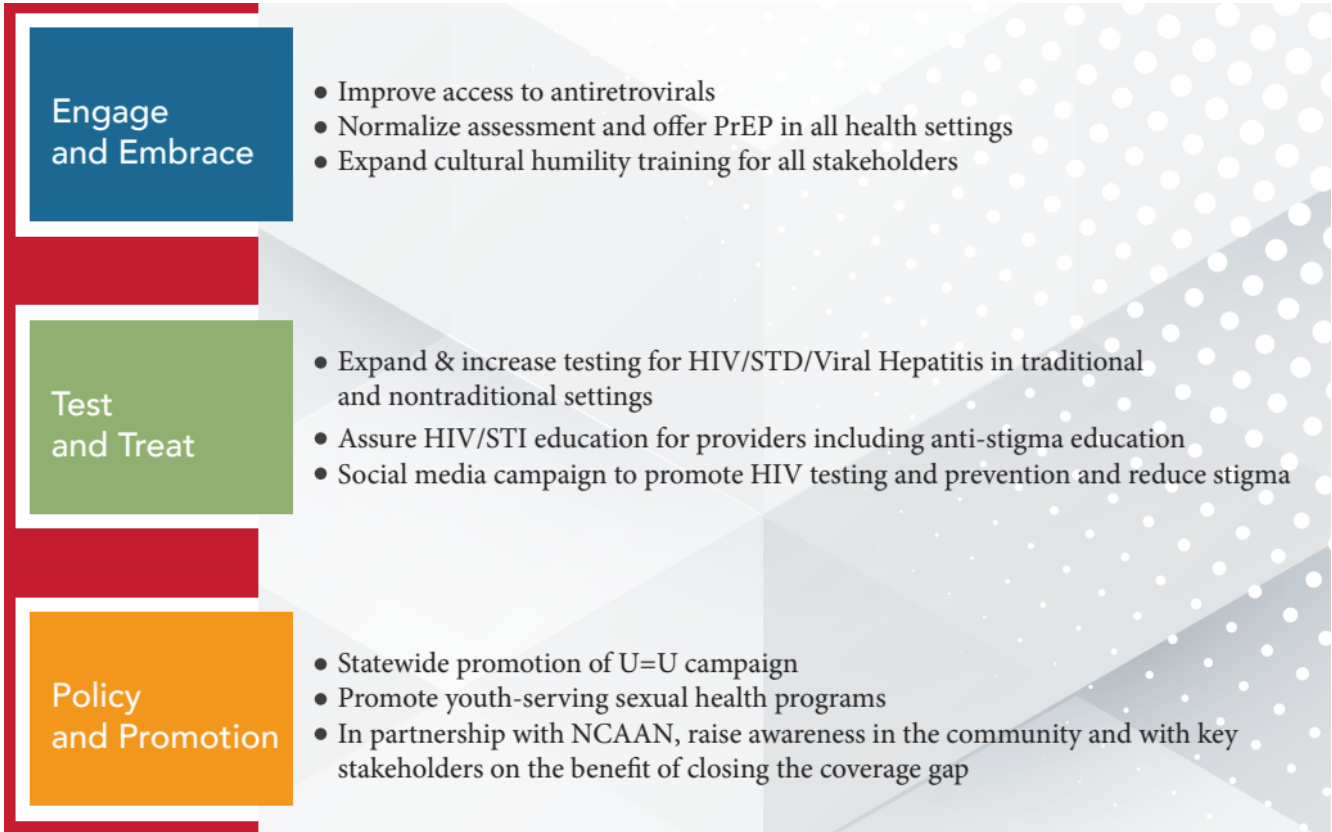
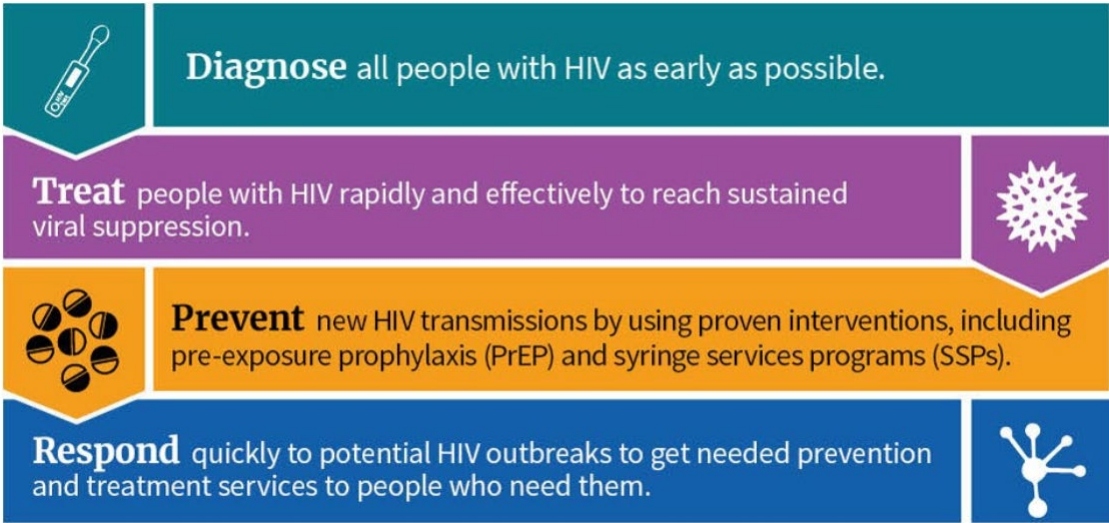


Data Source: North Carolina Medical Monitoring Project data from 2015-2020, as supplied from the CDC Medical Monitoring Project.

How Can Do You Start Addressing Stigma?

- **Ensure NC's HIV control measures reflect the most up to date science regarding HIV transmission**
 - **Prior to 2018, NC's control measures were not rooted in science and hadn't been modified since their creation in the 1980s**
 - **All HIV infections, regardless of care status and VL required disclosure of HIV status and condom use with all sexual encounters**
 - **In 2017, started process of modernizing the control measures**
 - **January 2018, new HIV control measures went into effect**
 - **If in care and virally suppressed for at least 6 months, no longer requires disclosure of HIV status or condom use with sexual encounters**

Ending HIV Transmission in North Carolina



<https://ahead.hiv.gov/>

[The North Carolina Plan to End the HIV Epidemic](#), which is also available in [Spanish](#).

[HIV Ending the Epidemic Measures, 2021](#)