



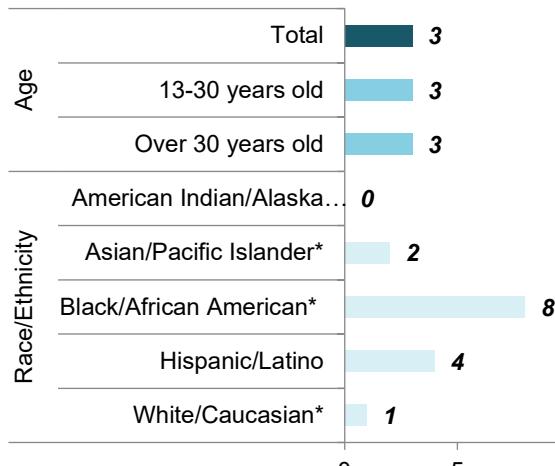
# Health Equity and HIV in North Carolina, 2020: Heterosexual Men, Women, and People who Inject Drugs



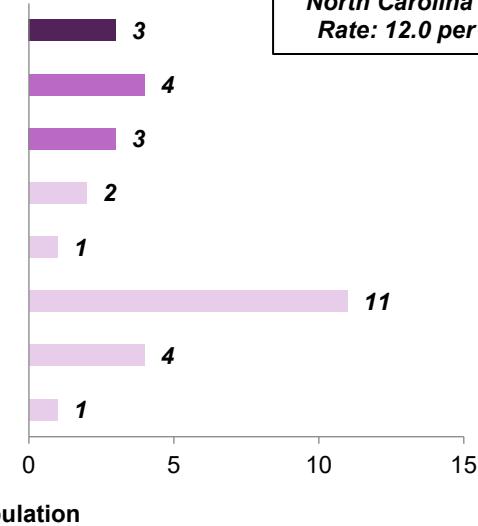
**Black/African American men and women experience higher rates<sup>^</sup> of newly diagnosed HIV in North Carolina than other race/ethnic groups.**

## HIV Rates for Heterosexual Men<sup>^</sup> and Women<sup>^^</sup> in 2020

### Men who report sex with women only



### Women



**North Carolina 2020 HIV Rate: 12.0 per 100,000**

<sup>^</sup>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.

<sup>\*</sup>Rates among heterosexual men are based on an estimated population in North Carolina. Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/>.

Multiple race are not included due to the lack of overall population data for North Carolina.

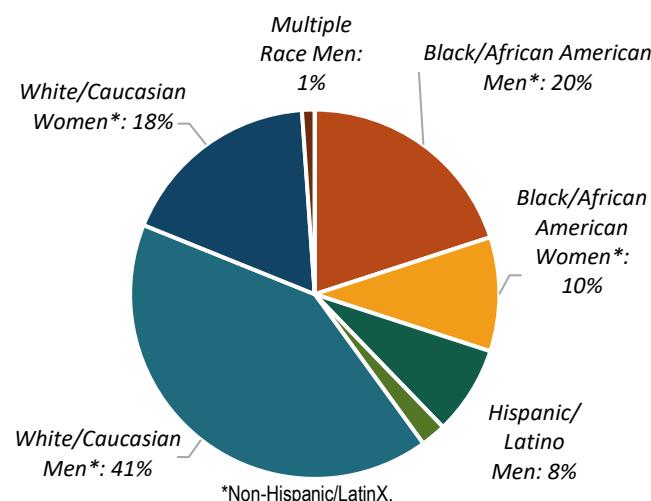
<sup>^^</sup>Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group.

\*Non-Hispanic/LatinX.

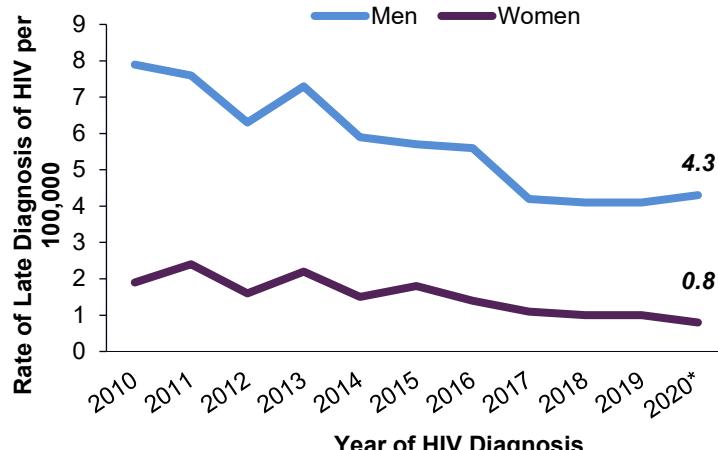
### 8.3% of people with newly diagnosed HIV in 2020 reported injecting drugs

### People diagnosed with late stage HIV infection has stopped decreasing in 2020

### Gender and Race/Ethnicity of people Newly Diagnosed with HIV and Reporting Injection Drug Use



### Late HIV Diagnosis<sup>^</sup> Rates by Gender, 2010-2020\*



<sup>^</sup>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.  
<sup>\*</sup>Diagnosed on the same day or within 6 months.

### Contact Us:

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Created by the HIV/STD/Hepatitis Surveillance Unit

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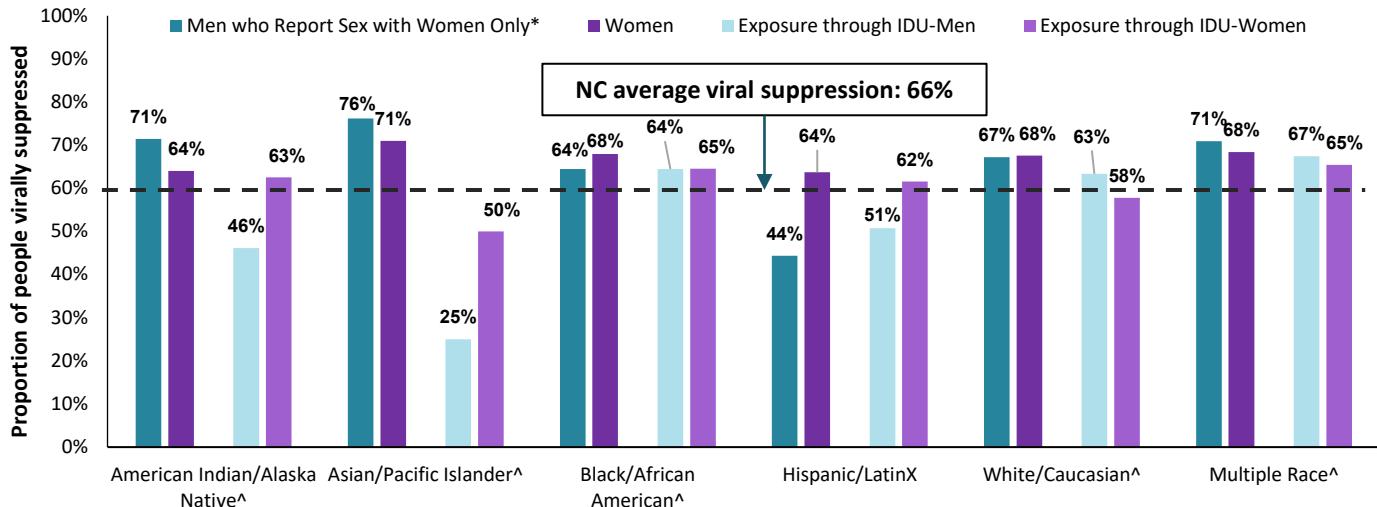
# Health Equity and HIV in North Carolina, 2020:

## Heterosexual Men, Women, and People who Inject Drugs



**The majority of people living with HIV in 2020 were virally suppressed, but care access is not equitable: viral suppression is lower among some groups.**

### Viral Suppression among Heterosexual Men\* and Women and People Reporting Injection Drug Use, 2020



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.

People over the age of 13 diagnosed with HIV in NC through 2020 and living in NC at the end of 2020. Data is preliminary and is subject to change (does not include vital records and national death matches for 2020). Virally suppressed is defined as the last viral load in 2020 with a value of <200 copies/ml.

\*Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group.

<sup>^</sup>Non-Hispanic/LatinX.

### Here's what North Carolina is doing about health disparities:

- Including people who live with HIV in planning and policy development is a core priority of the Communicable Disease Branch.
- North Carolina developed an Ending the Epidemic (ETE) Plan. All funded agencies and health departments are encouraged to utilize the plan as a blueprint. Visit [https://epi.dph.ncdhs.gov/cd/stds/docs/NC-Ending-HIV-Brochure\(English\)-Web.pdf](https://epi.dph.ncdhs.gov/cd/stds/docs/NC-Ending-HIV-Brochure(English)-Web.pdf) to see the state's ETE Plan.
- Involving Ryan White providers in the [end+disparities Collaborative](#), a national project aimed at reducing disparities in viral load suppression for gay, bisexual, and other men who have sex with men of color, Black/African American and Hispanic/Latina women, transgender people, and youth who are Ryan White recipients.
- Promoting cultural humility training for local and state staff and HIV medical providers and their office staff across the state.
- Working to strengthen relationships with community groups supporting LatinX persons living with HIV and applying for grants to support these efforts.
- Integrating substance abuse treatment services with HIV and sexually transmitted disease (STD) care by providing HIV and STD testing in substance abuse treatment settings.
- Providing support to syringe service programs to protect users from the transmission of blood borne pathogens through shared injection works.
- Recognizing the importance of syndemics (linked disease transmission, such as HIV and syphilis among gay, bisexual and other men who have sex with men) to ensure that prevention and care activities identify all opportunities for diagnosis and treatment of the syndemic diseases.

### What CLINICIANS can do

Structural factors, such as the environment in which people live, housing, wealth/poverty, and education, affect health. Providers should consider these structural factors in their understanding of patient disease and interaction with care. Make sure you and your staff are delivering culturally competent services.

Data Sources: 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).

State of North Carolina • Roy Cooper, Governor

NC DHHS • Mandy Cohen MD, MPH, Secretary

NC DPH • Mark Benton, Assistant Secretary of Public Health

HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD

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