A majority of people living with HIV (PLWH) in NC receive care and are virally suppressed. Some PLWH are not receiving regular care.

For details on how these numbers are calculated, see the figures and notes here.

**National HIV/AIDS Strategy Indicators**

**Indicator 1: Increase the percentage of people living with HIV who know their HIV status to at least 90%**

North Carolina Status: Not Met – but close!

- Of the estimated 41,781 PLWH 13 years and over in NC in 2022, 36,581 (88%) have been diagnosed; the remainder may not be aware that they have HIV.

**Indicator 4: Increase the percentage of newly diagnosed PLWH linked to HIV medical care within one month of diagnosis to at least 85%**

North Carolina Status: Not Met

- In 2022, 74% of people newly diagnosed with HIV in NC were linked to care within one month.

**Indicator 6: Increase the percentage of people virally suppressed to at least 80%**

North Carolina Status: Not Met

- Among PLWH in NC through 2022, 67% were virally suppressed, which is similar to national suppression of 66% (ahead.gov 2021).
- Among all PLWH in 2022, 67% were suppressed. However, among PLWH who received medical care in 2022, the indicator increased to 85%.
- 82% of PLWH receiving any Ryan White Part B services were virally suppressed in 2022.
- 85% of PLWH in the HIV Medication Assistance Program (HMAP) were virally suppressed in 2022 (more information: https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html).
There are differences in HIV viral suppression between race and ethnicity groups; viral suppression is lowest for Hispanic/LatinX people.

### Viral Suppression in NC by Race/Ethnicity, 2017-2022

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native*</td>
<td>60%</td>
</tr>
<tr>
<td>Asian/Pacific Islander*</td>
<td>70%</td>
</tr>
<tr>
<td>Black/African American*</td>
<td>75%</td>
</tr>
<tr>
<td>Hispanic/LatinX</td>
<td>80%</td>
</tr>
<tr>
<td>White/Caucasian*</td>
<td>85%</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>90%</td>
</tr>
</tbody>
</table>

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

^People 13 and over living with HIV in NC through 2022 and living in NC at the end of 2022. Data are preliminary and is subject to change (does not include 2022 vital statistics information).

^^Virally suppressed is defined as the last viral load in 2022 with a value of <200 copies/ml.

*Non-Hispanic/LatinX.

NC bridge counselors reach out to PLWH to assist with access to HIV care.

NC Division of Public Health bridge counselors, practice-based linkage to care counselors, and members of the HIV care community reached out to PLWH to support their access to HIV care.

- 26% were linked to care through these efforts.
- 20% were found to be deceased or living in another state and records were corrected.
- The remainder could not be confirmed to be in care. Obstacles to regular care attendance include distrust of the medical or government systems, limited access to funds, housing, or transportation, and the complexity of accessing insurance and benefits.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (June 27, 2023) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2023).