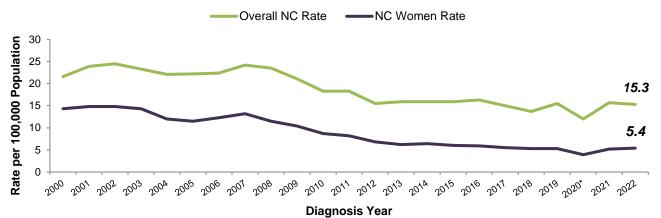


HIV and Women in North Carolina, 2022



New HIV diagnoses among women have remained stable over the past few years.

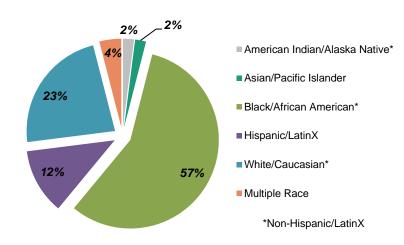


*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

In 2022, among women newly diagnosed with HIV:

- Women were 18% (248) of the 1,366 people newly diagnosed with HIV (rate: 5.4 per 100,000 population).
- 87% of women newly diagnosed with HIV reported only heterosexual contact; 13% reported exposure through injecting drug use.
- 45% of women newly diagnosed with HIV were over the age of 40.
- Women were 26% (9,646) of the 36,581 people diagnosed and living with HIV infection in North Carolina (rate: 210.4 per 100,000 population).
- 55 (22%) of women had late-stage HIV (diagnosed with Stage 3 [AIDS] within six months of their HIV diagnosis). The rate of women diagnosed with late-stage HIV has remained stable over the past few years, at 1.2 per 100,000 women in North Carolina. The majority of these delayed diagnoses were among women of color (65; 54%).

More than half of women newly diagnosed with HIV are Black/African American women.



Perinatal Transmission of HIV

- 171 (69%) new diagnoses of HIV among women occurred in women of child-bearing age (15 to 44 years).
- Perinatal transmission has decreased since 2007, when new HIV testing statutes were implemented.
- In 2022, there were two reported cases of transmission of HIV from mother to baby at birth (perinatal transmission) in North Carolina.

*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.



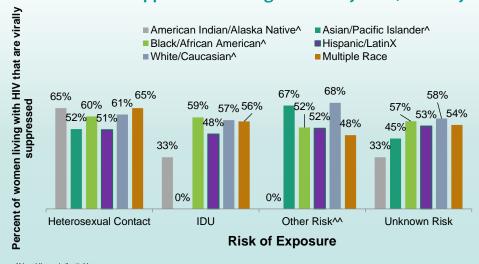
HIV and Women in North Carolina, 2022



What is North Carolina doing to decrease HIV?

- North Carolina developed an HIV Ending the Epidemic (ETE) Plan. All funded agencies and health departments are encouraged to utilize the plan as a blueprint. Visit https://epi.dph.ncdhhs.gov/cd/stds/program.html#ete to see the state's ETE Plan.
- North Carolina provides funds for HIV testing, linkage to care, and evidence-based risk reduction programs. These activities are oriented toward support for the communities most affected by HIV.
- Local health departments and other providers are starting to offer Pre-Exposure Prophylaxis (PrEP) for HIV. For
 more information about PrEP, visit https://pleaseprepme.org/.

Viral Suppression Among Women by Race/Ethnicity and HIV Exposure, 2022



- Being virally suppressed (viral load<200 copies/mL) prevents sexual transmission of HIV to others.
- Overall, 68% of women diagnosed and living with HIV in NC were virally suppressed in 2022.
- Barriers to care and achieving viral suppression include lack of transportation, lack of family support, social stigma, and the complexity of accessing health insurance.

^Non-Hispanic/LatinX.

What CLINICIANS can do

All pregnant women should be tested for HIV and syphilis at their first prenatal visit and during the third trimester in order to prevent mother-to-child transmission. A third syphilis test should be done at delivery. Women with no prenatal care should be tested at delivery for both HIV and syphilis

(https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html).

If you are a care provider, educate yourself about PrEP (https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers or https://pleaseprepme.org/). Ensure that you receive regular cultural competency training in order to better meet the needs of your patient population.

What YOU can do

If you have HIV, seek treatment: you deserve a long and happy life!

For treatment help, visit the North Carolina HIV Medication Assistance Program (HMAP) website: https://epi.publichealth.nc.gov/cd/hiv/hmap.html

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of July 1, 2023) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2023).

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