Forsyth County, North Carolina
2013 HIV/STD Surveillance Report

Forsyth County Department of Public Health
Promoting Health, Improving Lives

NORTH CAROLINA Accredited Health Department 2014-2018 Local Health Department Accreditation Board

Forsyth County Department of Public Health
Division of Epidemiology and Surveillance
799 N. Highland Avenue
Winston-Salem, NC 27102-0686
(336) 703-3120
September 2014

2 **Source:** North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

Table of Contents

Technical Notes*

Readers should note that fluctuations in the number of disease reports per year may be influenced by reporting issues. These issues may vary by disease. For example, the final implementation of HIV/AIDS and syphilis reporting integration into the NC Electronic Disease Surveillance System (NCEDSS) occurred during November-December of 2012. In order to convert, deduplicate and merge patient information into NCEDSS, data entry into the production database was suspended for approximately one month. Most of the backlog was cleared as of the time the reports were generated. These were primarily cases diagnosed in the last months of 2012. Readers should also be aware that HIV/AIDS data are presented by date of diagnosis rather than date of report. Please see the individual surveillance disease notes below for more information.

North Carolina law requires that diagnoses of certain communicable diseases, including sexually transmitted diseases (STDs), be reported to local health departments that in turn report the information to the state. The HIV/STD Surveillance Unit (HSSU) is the designated recipient for STD morbidity reports at the state level and is responsible for aggregating these reports and providing statewide information about these diseases to others, including the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The HSSU is part of the Communicable Disease Branch within the North Carolina Division of Public Health.

About the content of this report

The Forsyth County 2013 HIV/STD Surveillance Report includes summary tables of surveillance reports and other information for HIV infection, AIDS, chlamydia, gonorrhea, and syphilis for Forsyth County cases that were reported from January 1, 2012 through December 31, 2013. Information about all North Carolina counties for the time period can be found in the North Carolina 2013 STD Surveillance Report http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf . In some instances, total numbers of reports may not agree between separate cross-tabulations due to missing values for some variables.

This report is intended to be used as a reference document for program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. The information presented is meant to be brief and provide limited data. This report and other annual publications are available at http://www.co.forsyth.nc.us/publichealth/publications.aspx .

Rates are expressed as cases per 100,000 population. Rate denominators were calculated using the available bridged race population estimates from the National Center for Health Statistics. Because bridged race population estimates were unavailable for 2013, thus 2012 estimates were used as denominators in rate calculation for 2013. Thus, the 2013 rates should be considered *preliminary* rates. 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 small numbers of cases (generally fewer than 20) should be viewed with caution and are considered unreliable because these rates have large standard errors and confidence intervals that can be wider than the rates themselves. For a more complete discussion of rates based on small numbers, please see the North Carolina Center for Health Statistics' publication, Statistical Primer No.12 "Problems with Rates Based on Small Numbers" by Paul Buescher. This publication is available at the website, http://www.schs.state.nc.us/SCHS/PDF/primer12_2.pdf

HIV infection surveillance data

Human immunodeficiency virus (HIV) case reports represent persons who have a confirmed diagnosis with HIV. This category represents all new diagnoses with HIV regardless of the stage of the disease and is sometimes referred to as simply "HIV disease." Cases are counted by the date of diagnosis for the initial HIV diagnosis. ***AIDS*** (acquired immunodeficiency syndrome) ***case reports,*** by contrast, represent only persons with HIV infection who have progressed to this later, more life threatening, stage of disease. AIDS cases are counted by the date of AIDS diagnosis. Most AIDS case reports represent persons who were diagnosed with HIV infection in earlier years. However, in North Carolina, about one-fourth to one-third of the new HIV infection reports represent persons who are initially diagnosed with HIV infection and AIDS at or very near the same time (concurrent). HIV infection reports and AIDS case reports should be considered separately. The two categories should never be combined to estimate an infected population, as the broad category of HIV infection includes AIDS cases that are counted by the initial diagnosis of HIV infection.

County of residence

Geographically, cases are counted by the patient's county of residence at diagnosis. Patients who are residents of a long-term facility such as prisons or other institutions are counted by the address of the facility. This causes the case counts for counties with large institutions to be higher than otherwise expected. People with HIV infection in the prisons play different roles in the epidemic from other residents in the county. In this annual report, persons diagnosed in long-term prison setting are **excluded** from county and regional case totals and rates. These cases are, however, included in state totals.

Year of diagnosis

HIV infection is unlike most communicable diseases in that it is chronic in nature. Failure of providers to initially report cases and change in residence after initial diagnosis can complicate case counting. Therefore enhanced surveillance activities may artificially result in fluctuations in the number of case reports counted by date of report. Tables in this report now display cases by date of diagnosis rather than date of report. HIV morbidity data for 2013 was not available until July 2014. This six month delay in the presentation of HIV morbidity data for analysis will be an ongoing issue.

Chlamydia surveillance data

Chlamydia case reports represent persons who have a laboratory-confirmed chlamydial infection. It is important to note that chlamydial infection is often asymptomatic in both males and females, and most cases are detected through screening. Changes in the number of reported cases may be due to changes in screening practices. The disease can cause serious complications in females such as pelvic inflammatory disease and infertility. A number of screening programs are in place to detect Chlamydia infection in young women. There are no comparable screening programs for young men. For this reason, Chlamydia case reports are always highly biased with respect to gender. The North Carolina STD Surveillance data system underwent extensive changes in 2008 as North Carolina implements North Carolina Electronic Disease Surveillance System (NC EDSS). Reports are summarized by the date received at the HIV/ STD Surveillance Unit rather than by date of diagnosis.

Gonorrhea surveillance data

Gonorrhea case reports represent persons who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. Others are detected through screening but to a far lesser degree than chlamydia cases. Gonorrhea can cause serious complications for females and a number of screening programs exist targeting this population. There is less screening of males because they are more likely to have symptoms that would bring them to the STD clinic; therefore, gender bias in gonorrhea reporting is not likely to be large. Screening programs are focused on female patients and are predominately conducted at public clinics and health departments which can cause the reported cases to be biased toward those attending public clinics. During the transition to NC EDSS, gonorrhea morbidity counts for some counties may have been affected. Reports are summarized by the date received at the HIV/STD Surveillance Unit rather than by date of diagnosis.

Syphilis surveillance data

Syphilis cases are reported by stage of infection, which is determined through a combination of laboratory testing and patient interviews. Primary and secondary syphilis have very specific symptoms associated with them, so misclassification of these stages is highly unlikely. Early latent syphilis is asymptomatic but can be staged with confirmation that the infection is less than a year old. Together these three stages that occur within the first year of infection are called "early syphilis." This report includes only early syphilis cases, though other later stages are reported to the HIV/STD Surveillance Unit. Because North Carolina performs patient interviews, partner notification, and contact tracing on all early syphilis cases, the quality of the early latent case data is also quite good. Screening programs are more likely to detect asymptomatic cases, which may introduce some bias in the early latent case reports toward screened populations (pregnant women, jail inmates, others). However, thorough contact tracing further aids in case detection and reduces these biases. During the fourth quarter of 2012, the HIV/STD Surveillance Unit converted syphilis surveillance data from the STD*MIS data system to NC EDSS. Due to the conversion to NC EDSS, 2013 syphilis data is inflated by about ten percent. Reports are summarized by the date of diagnosis rather than by date received at the HIV/STD Surveillance Unit. Please note that in previous HIV/STD Surveillance and Quarterly reports, syphilis cases are summarized by date of report, so there will be slight differences in the case numbers when comparing this report with previous reports..

For more information:

For a more detailed discussion of the content, strengths, and weaknesses of STD and HIV surveillance data, please see Appendix B of the most recent *HIV/STD Epidemiologic Profile for North Carolina.* Recent trend information can also be found on the fact sheets available at the web site, http://epi.publichealth.nc.gov/cd/stds/figures/Epi_Profile_2013.pdf

Highlights

Chlamydia

- The reported number of chlamydia cases in Forsyth County in 2013 was 2,508, with a rate of 700.3 per 100,000 population (Table 1).
- Seventy-one percent of the cases were females.
- Among chlamydia reports in 2013, the age groups with highest percent were 20-29 year olds (58%), followed by 13-19 year olds (29%) (Table 1).

Gonorrhea

- The reported number of gonorrhea cases in Forsyth County in 2013 was 742, with a rate of 207.2 per 100,000 population (Table 2).
- Among gonorrhea reports in 2013, the age groups with highest percent were 20-29 year olds (56%), followed by 13-19 year olds (20%) and by 30-39 year olds(15%) (Table 2)
- In 2013, Non-Hispanic African American represented 49 percent of total cases (Table 2).

Early Syphilis

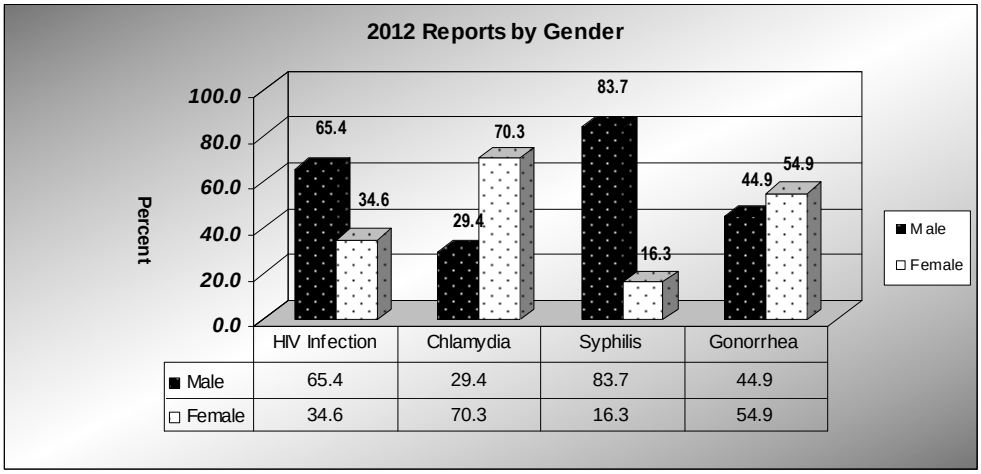
- The number of early syphilis cases diagnosed in Forsyth County in 2013 was 50, with a rate of 14.0 per 100,000 population. In 2012, 40 early syphilis cases were diagnosed, with a rate of 11.2 per 100,000 population (Table 8).
- Seventy-eight percent of the cases were males
- Non-Hispanic African American represented 84 percent of total early syphilis cases in 2013 (Table 3).
- The top four counties with the most early syphilis diagnoses in 2013 were Mecklenburg (151), Wake (102), Guilford (51), and Forsyth (50) (Table 8).

HIV Infection

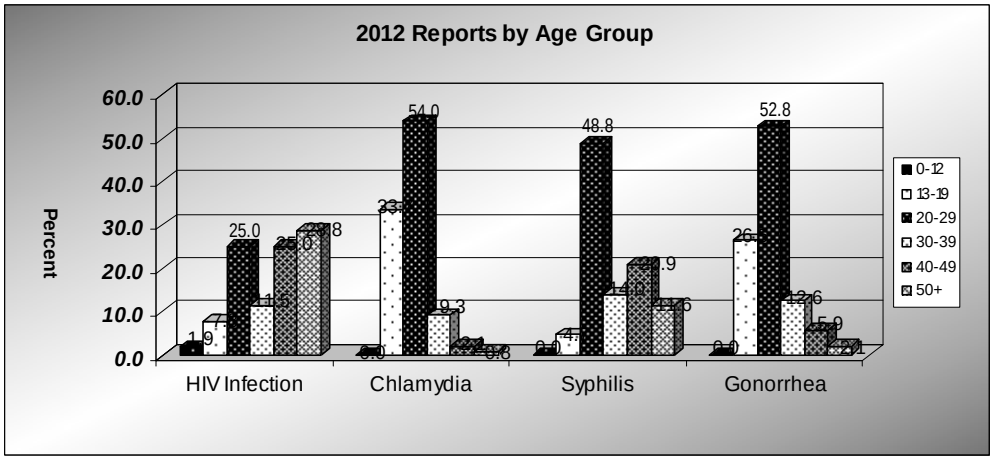
- As of December 31, 2013, the estimated number of living HIV infection cases diagnosed and reported in Forsyth County was 1,385 : http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf
- For 2013, 69 new diagnoses of HIV infection were reported (Table 4).
- Among the HIV infection cases diagnosed in 2013, Non-Hispanic African Americans represented 62 percent of all cases
- For the newly diagnosed HIV infection cases in 2013, the prevalent mode of transmission was among men who have sex with men (MSM) at 46percent of total cases followed by Non-Identified Risk (NIR) at 41 percent.

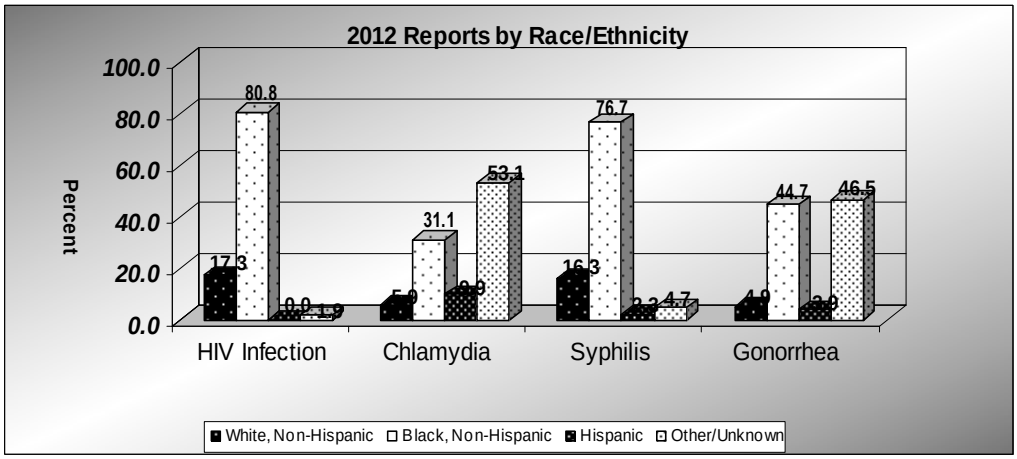
Summary of 2012 Reports for Forsyth County

Below are graphs of 2012 Sexually-transmitted diseases (STD) Reports by sex, age group, and race/ethnicity. These graphs can be used as a reference when viewing the current year data.



	HIV Infection	Chlamydia	Syphilis	Gonorrhea
Male	65.4	29.4	83.7	44.9
Female	34.6	70.3	16.3	54.9





 Source: North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

Chlamydia

Chlamydia is the most commonly reported bacterial STD. Approximately 50% of men and 75% of women who have Chlamydia experience no symptoms. Untreated infections can lead to serious consequences for reproductive and overall health. In women these infections often result in pelvic inflammatory disease (PID), which can cause infertility, ectopic pregnancy, and chronic pelvic pain. In addition, pregnant women infected with Chlamydia can infect their babies during delivery. Recent research data have shown that women infected with Chlamydia have a 3- to 5-fold increased risk of acquiring HIV if exposed.

In 2013, a total of 48,417 cases of Chlamydia were reported in North Carolina. **Forsyth County reported 2,508 cases of Chlamydia. The rate of infection was 700.3 cases per 100,000 population, which ranked third among the state's five urban counties. This was a 7.0% decrease from 755.0 cases per 100,000 population in 2012.** Guilford, Durham, Mecklenburg and Wake counties ranked first, second, fourth, and fifth, respectively, in highest rate of infection among the urban counties. Mecklenburg County reported the highest number of cases, totaling 6,081. Durham County reported the fewest cases, totaling 2,002.

Table1:2013 Chlamydia Reports in Forsyth County

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	198	28.4	214	26.9	173	33.1	153	31.2	738	29.4
Female	498	71.4	583	73.1	350	66.9	337	68.6	1,768	70.5
Unknown	1	0.1	0	0.0	0	0.0	1	0.2	2	0.1
Total	697	100.0	797	100.0	523	100.0	491	100.0	2,508	100.0
Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
0-12 yr	1	0.1	0	0.0	0	0.0	0	0.0	1	0.0
13-19 yr	204	29.3	257	32.2	135	25.8	132	26.9	728	29.0
20-29 yr	408	58.5	444	55.7	313	59.8	295	60.1	1,460	58.2
30-39 yr	53	7.6	70	8.8	55	10.5	48	9.8	226	9.0
40-49 yr	26	3.7	21	2.6	16	3.1	13	2.6	76	3.0
50+ yr	5	0.7	5	0.6	4	0.8	3	0.6	17	0.7
Total	697	100.0	797	100.0	523	100.0	491	100.0	2,508	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	49	7.0	41	5.1	33	6.3	22	4.5	145	5.8
Black*	244	35.0	242	30.4	194	37.1	160	32.6	840	33.5
Hispanic	60	8.6	66	8.3	42	8.0	50	10.2	218	8.7
Other/Unknown	344	49.4	448	56.2	254	48.6	259	52.7	1,305	52.0
Total	697	100.0	797	100.0	523	100.0	491	100.0	2,508	100.0

* Non-Hispanic

 Source: North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

Gonorrhea

Gonorrhea is a STD caused by *Neisseria gonorrhoeae.* It is the second most common bacterial STD in the US, after Chlamydia. About 30% to 60% of people who have gonorrhea do not experience symptoms. If left untreated, gonorrhea can cause pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pelvic pain. Studies also indicate that gonococcal infections facilitate HIV transmission. The reporting of gonorrhea cases is likely biased towards reporting of infections in racial and ethnic minorities that attend public STD clinics.

In 2013, 13,665 cases of gonorrhea were reported in North Carolina. **Forsyth County reported 742 cases of gonorrhea. The rate of infection was 207.2 cases per 100,000 population, which ranked third among the five urban counties in North Carolina. This was a 4.2% increase from 198.8 cases per 100,000 populations in 2012.** Durham, Guilford, Mecklenburg and Wake counties ranked first, second, fourth, and fifth, respectively, in highest rate of infection among the urban counties. Mecklenburg County reported the most cases, totaling 1,775 cases, and Forsyth County reported the least cases, totaling 742 cases.

Table2:2013 Gonorrhea Reports in Forsyth County

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	87	49.2	91	44.6	99	54.4	82	45.8	359	48.4
Female	90	50.8	113	55.4	83	45.6	97	54.2	383	51.6
Total	177	100.0	204	100.0	182	100.0	179	100.0	742	100.0
Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
0-12yr	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-19 yr	41	23.2	41	20.1	36	19.8	32	17.9	150	20.2
20-29 yr	99	55.9	119	58.3	101	55.5	98	54.7	417	56.2
30-39 yr	26	14.7	29	14.2	24	13.2	34	19.0	113	15.2
40-49 yr	5	2.8	11	5.4	15	8.2	11	6.1	42	5.7
50+ yr	6	3.4	4	2.0	6	3.3	4	2.2	20	2.7
Total	177	100.0	204	100.0	182	100.0	179	100.0	742	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	14	7.9	10	4.9	11	6.0	8	4.5	43	5.8
Black*	90	50.8	88	43.1	102	56.0	80	44.7	360	48.5
Hispanic	8	4.5	4	2.0	5	2.7	9	5.0	26	3.5
Other/Unknown	65	36.7	102	50.0	64	35.2	82	45.8	313	42.2
Total	177	100.0	204	100.0	182	100.0	179	100.0	742	100.0

* Non-Hispanic

Source: Fox KK, Whittington W, Levine WC, Moran JS, ZaidiAA, Nakashima AN. Gonorrhea in the United States, 1981- 1996: demographic and geographic trends, Sex Transm Dis 1998; 25(7): 386-393

Syphilis

Syphilis is a bacterial STD caused by *Treponema pallidum.* It has often been called the great imitator because many symptoms are indistinguishable from those of other diseases. Depending on the stage of the infection, many people experience no symptoms at all. Untreated syphilis that progresses to later stages can lead to organ damage and death. In addition, open sores caused by syphilis make contracting and passing HIV infection easier. There is a 2- to 5-fold greater risk of HIV infection when a person is already infected with syphilis.

In 2013, 677 cases of early syphilis (primary, secondary & early latent syphilis) were reported in North Carolina. **Forsyth County reported 50 cases of early syphilis. The rate of infection was 14.2 cases per 100,000 population, which ranked third among the five urban counties in North Carolina. This was a 27% increase from the rate in 2012 of 11.2 cases per 100,000 populations.** Durham, Mecklenburg, Wake and Guilford counties ranked first, second, fourth, and fifth, respectively, in highest rate of infection among the urban counties. Mecklenburg County reported the highest number of cases totaling 151. Durham County reported the fewest cases, totaling 45.

Table3: 2013 Primary, Secondary, & Early Latent Syphilis Reports in Forsyth County

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	8	88.9	5	71.4	15	78.9	11	73.3	39	78.0
Female	1	11.1	2	28.6	4	21.1	4	26.7	11	22.0
Total	9	100.0	7	100.0	19	100.0	15	100.0	50	100.0
Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
0-12yr	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-19 yr	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-29 yr	5	55.6	2	28.6	9	47.4	3	20.0	19	38.0
30-39 yr	1	11.1	1	14.3	7	36.8	7	46.7	16	32.0
40-49 yr	3	33.3	2	28.6	3	15.8	0	0.0	8	16.0
50+ yr	0	0.0	2	28.6	0	0.0	5	33.3	7	14.0
Total	9	100.0	7	100.0	19	100.0	15	100.0	50	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	3	33.3	2	28.6	1	5.3	1	6.7	7	14.0
Black*	5	55.6	5	71.4	18	94.7	14	93.3	42	84.0
Hispanic	1	11.1	0	0.0	0	0.0	0	0.0	1	2.0
Total	9	100.0	7	100.0	19	100.0	15	100.0	50	100.0

* Non-Hispanic

 Source: North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

HIV Disease

Infection with human immunodeficiency virus (HIV) generally causes progressive damage to the immune and organ systems, including the central nervous system, and leads to a more severe life-threatening clinical condition called AIDS (acquired immunodeficiency syndrome). For more information about how HIV cases are counted and reported, see Technical Notes (pages 3-4).

In 2013, a total of 1,525 diagnoses of HIV infection were reported in North Carolina. **Forsyth County reported 69 cases of HIV infection. The rate of infection was 19.3 per 100,000 population, which ranked fifth among the state's urban counties. This is a 28% increase from 15.1 cases per 100,000 population in 2012.** Mecklenburg, Durham, Guilford and Wake counties ranked first, second, third, and fourth, respectively, in highest rate of infection among the urban counties. Mecklenburg County reported the highest number of cases, totaling 300. Forsyth County reported the fewest cases, totaling 69.

Table4: 2013 Diagnosed HIV Infection in Forsyth County

	Total	
Sex	Cases	%
Male	54	78.3
Female	15	21.7
Total	69	100.0
Age Group	Cases	%
0-12yr	1	1.5
13-19 yr	3	4.3
20-29 yr	20	29.0
30-39 yr	14	20.3
40-49 yr	16	23.2
50+yr	15	21.7
Total	69	100.0
Race/Ethnicity	Cases	%
White*	18	26.1
Black*	43	62.3
Hispanic	7	10.1
Other/Unknown	1	1.5
Total	69	100.0
Mode of Exposure	Cases	%
Men who had sex with men (MSM)	32	46.4
Intravenous Drug Use (IDU)	4	5.8
Heterosexual (all)	4	5.8
Non-Identified Risk(NIR)	28	40.6
Pediatric	1	1.5
Total	69	100.0

* Non-Hispanic

AIDS

Acquired immunodeficiency syndrome (AIDS) is a life-threatening clinical condition caused by the progression of HIV infection. In recent years, the number of AIDS cases has decreased. This is most likely because of the availability of new highly effective antiretroviral treatments for persons with HIV disease. For more information about how AIDS cases are counted and reported, see Technical Notes (pages 3-4).

In 2013, a total of 894 diagnoses of AIDS were reported in North Carolina. **Forsyth County reported 34 cases. The rate of infection was 9.5 per 100,000 population, which ranked second among the state's urban counties. This is a 30% increase from 7.3 cases per 100,000 population in 2012.** Mecklenburg, Guilford Wake and Durham counties ranked first, third, fourth and fifth respectively, in highest rate of infection among the urban counties. Mecklenburg County reported the highest number of cases, totaling 256. Durham County reported the fewest cases, totaling 19.

Table:5 2013 AIDS Diagnoses in Forsyth County

	Total	
Sex	Cases	%
Male	26	76.5
Female	8	23.5
Total	34	100.0
Age Group	Cases	%
0-12yr	0	0.0
13-19 yr	0	0.0
20-29 yr	5	14.7
30-39 yr	4	11.8
40-49 yr	11	32.4
50+yr	14	41.2
Total	34	100.0
Race/Ethnicity	Cases	%
White*	11	32.4
Black*	19	55.9
Hispanic	4	11.8
Total	34	100.0
Mode of Exposure	Cases	%
Men who had sex with men (MSM)	12	35.3
Intravenous Drug Use (IDU)	2	5.9
Heterosexual (all)	5	14.7
Non-Identified Risk(NIR)	15	44.1
Total	34	100.0

* Non-Hispanic

Trend for Chlamydia, Gonorrhea & Syphilis** Incidences for the Five Urban Counties & North Carolina, 2009-2013

Table 6: Chlamydia Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2009	**2010**	**2011**	**2012**	**2013**
Durham	Cases	1,471	1642	1,923	2,329	2,002
	Rate*	545.4	611.7	702.7	832.9	715.9
Forsyth	Cases	3,048	2,503	2,688	2,704	2,508
	Rate*	847.5	712.3	758.3	755.0	700.3
Guilford	Cases	2,994	2,398	5,010	3,949	3,748
	Rate*	623.3	489.7	1011.0	788.4	748.3
Mecklenburg	Cases	5,840	4,627	7,456	6,287	6,087
	Rate*	639.2	501.2	788.8	648.8	628.2
Wake	Cases	3,590	4,530	4,748	4,667	4,210
	Rate*	400.1	499.6	511.3	490.2	442.2
North Carolina (all counties)	Cases	43,734	42,167	53,854	50,621	48,417
	Rate*	466.2	441.1	558.0	519.1	496.5

Table 7: Gonorrhea Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2009	**2010**	**2011**	**2012**	**2013**
Durham	Cases	561	680	747	820	758
	Rate*	208.0	253.3	273.0	293.2	271.1
Forsyth	Cases	847	774	854	712	742
	Rate*	235.5	220.3	240.9	198.8	207.2
Guilford	Cases	1,100	871	1,981	1,473	1344
	Rate*	229.0	177.9	399.9	294.1	268.3
Mecklenburg	Cases	2,035	1,516	2,269	1,848	1,775
	Rate*	222.7	164.2	240.0	190.7	183.2
Wake	Cases	1,010	1,249	1,355	1,340	1,205
	Rate*	112.6	137.7	145.9	140.7	126.6
North Carolina (all counties)	Cases	14,811	14,153	17,158	14,324	13,665
	Rate*	157.9	148.0	177.8	146.9	140.1

Table 8: Early Syphilis** Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2009	**2010**	**2011**	**2012**	**2013**
Durham	Cases	30	23	25	24	45
	Rate*	11.1	8.6	9.1	8.6	16.1
Forsyth	Cases	189	89	37	40	50
	Rate*	52.6	25.3	10.4	11.2	14.0
Guilford	Cases	63	81	102	58	51
	Rate*	13.1	16.5	20.6	11.6	10.2
Mecklenburg	Cases	165	168	174	125	151
	Rate*	18.1	18.2	18.4	12.9	15.6
Wake	Cases	111	79	70	81	102
	Rate*	12.4	8.7	7.5	8.5	10.7
North Carolina (all counties)	Cases	873	708	708	561	677
	Rate*	9.3	7.4	7.3	5.8	6.9

*per 100,000 Population **** Includes Primary, Secondary, and Early Latent Syphilis**

 Source: North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

Trend for HIV Infection and AIDS Incidences for the Five Urban Counties and North Carolina, 2009-2013

Table 9: HIV Infection Cases & Rates by County of First Diagnosis, 2009-2013						
County of Residence		**Year of Report**				
		2009	**2010**	**2011**	**2012**	**2013**
Durham	Cases	82	86	68	71	75
	Rate*	30.4	32.0	24.8	25.4	26.8
Forsyth	Cases	89	59	80	54	69
	Rate*	24.7	16.8	22.6	15.1	19.3
Guilford	Cases	129	113	128	100	123
	Rate*	26.9	23.1	25.8	20.0	24.6
Mecklenburg	Cases	339	312	323	270	300
	Rate*	37.1	33.8	34.2	27.9	31.0
Wake	Cases	185	168	139	144	186
	Rate*	20.6	18.5	15.0	15.1	19.5
North Carolina (all counties)	Cases	1,646	1,463	1,490	1,347	1,525
	Rate*	17.5	15.3	15.4	13.8	15.6

* Per 100,000 population.

Table 10: AIDS Cases & Rates by County of AIDS Diagnosis, 2009-2013						
County of Residence		**Year of Report**				
		2009	**2010**	**2011**	**2012**	**2013**
Durham	Cases	33	36	23	25	19
	Rate*	12.2	13.4	8.4	8.9	6.8
Forsyth	Cases	48	26	40	26	34
	Rate*	13.3	7.4	11.3	7.3	9.5
Guilford	Cases	61	48	51	38	45
	Rate*	12.7	9.8	10.3	7.6	9.0
Mecklenburg	Cases	174	128	134	212	259
	Rate*	19.0	13.9	14.2	21.9	26.7
Wake	Cases	110	83	76	69	77
	Rate*	12.3	9.2	8.2	7.2	8.1
North Carolina (all counties)	Cases	955	797	815	789	894
	Rate*	10.2	8.3	8.4	8.1	9.2

 Source: North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.

16 **Source:** North Carolina 2013 HIV/STD Surveillance Report, NC DHHS Division of Public Health September 2014.