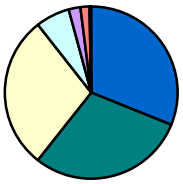
HIV/AIDS, STD & TB Prevention
NORTH CAROLINA

HIV/AIDS Epidemic

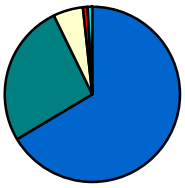
North Carolina reported 13,456 cumulative AIDS cases to CDC as of December 2003.

Cumulative AIDS Cases by Mode of Exposure, through December 2003
***N = 13,270**
SOURCE: NCHD, HIV/STD Prevention and Care Branch



- Risk Not Reported/Other (31.1%)
- MSM (29.3%)
- Heterosexual Sex (29%)
- IDU (6.4%)
- Hemophiliac (2.1%)
- MSM/IDU (1.6%)
- Perinatal (.4%)

Cumulative AIDS Cases by Race/Ethnicity, through December 2003
***N = 13,270**
SOURCE: North Carolina Health Department, HIV/STD Prevention and Care Branch



***Percentage totals may be greater or less than 100 due to rounding or missing data.**

- African American (66%)
- White (26%)
- Hispanic (5%)
- Asian/Pacific Islander (1%)
- American Indian/Alaska Native (1%)

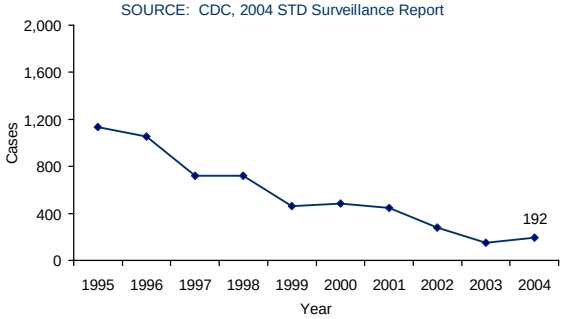
Sexually Transmitted Diseases (STDs)

Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and in some urban areas. In North Carolina, the rate of P&S syphilis decreased by 85% from 1995-2004.

- North Carolina ranked 15th among the 50 states with 2.3 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 33 in 1995 to 9 in 2004.

P&S Syphilis Cases in North Carolina, 1995-2004
SOURCE: CDC, 2004 STD Surveillance Report

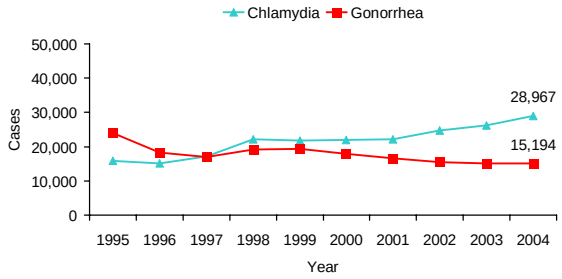


Chlamydia and Gonorrhea

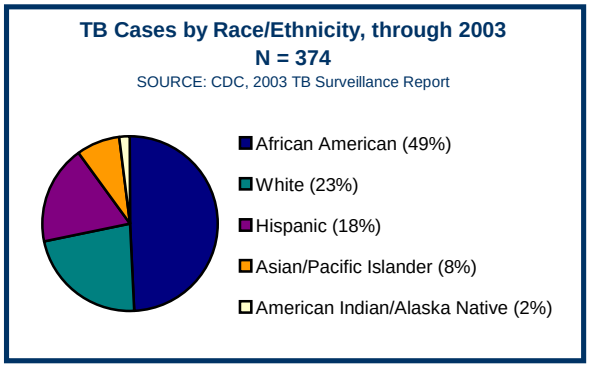
Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy and chronic pelvic pain.

- North Carolina ranks 15th among the 50 states in chlamydial infections (344.5 per 100,000 persons) and the 6th among the 50 states in chlamydial infections (180.7 per 100,000 persons).
- The rate of chlamydia among North Carolina women (559.2 cases per 100,000 females) was 4.6 times greater than the rate among North Carolina men (122.3 cases per 100,000 males).

Chlamydia and Gonorrhea Cases in North Carolina, 1995-2004
SOURCE: CDC, 2004 STD Surveillance Report



Tuberculosis



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, North Carolina reported

- The 20th highest rate of TB in the U.S.
- A total of 374 TB cases with 49% affecting African Americans and 23% affecting Whites. In all, about 30% were among foreign-born persons.

Program Initiatives Supported by CDC

HIV/AIDS

The Tri-County Community Health Council, Inc., (TCCHC) through the Tri-County Community Health Center, serves the special population created by the annual influx of migrant agriculture workers in North Carolina. Primary services areas include the predominately rural counties of Johnston, Sampson, and Harnett counties, all of which are adjacent and located in central, southeastern North Carolina. TCCHC has provided a combination of testing, prevention, and care services to those infected and affected by HIV/AIDS since 1990. The Center strives to provide care to this population in a culturally competent, affordable, and dignified manner.

National Center for HIV, STDs & TB Prevention Funding to North Carolina, 2005 (US$)	
HIV/AIDS	$6,668,200
STDs	$5,319,480
TB	$1,780,840

Sexually Transmitted Diseases (STDs)

In the fall of 2004, the North Carolina Syphilis Elimination Program (SEP) developed "VOICES II: Views Offered in Communities Eliminating Syphilis," the second summary assessment of the syphilis perceptions of nearly 300 affected community members and providers. NC SEP staff partnered with local health department SEP staff from six High Morbidity Areas (HMA) to conduct interviews using the Rapid Ethnographic Assessment Process (RECAP). Individual reports were developed for each HMA, and a summary report (VOICES II) was developed. This document was distributed to constituents and policy makers to increase awareness of Syphilis Elimination Programs at national, state, and local levels. NC SEP program staff has engaged HMA programs to use the findings in these reports to illustrate the impact of syphilis in their communities and reflect how the public perceives community service delivery.

Tuberculosis (TB)

The state TB control program recently completed an updated analysis of the health disparity related to TB in the African-American population in North Carolina. The results of the study determined that by a ratio of 2:1, African-Americans experienced an excess burden of disease when compared by overall incidence, gender, employment status, HIV-positive status, homelessness, residence in long-term care or correctional facilities and excess alcohol use and noninjection drug use. This analysis, combined with results from last year's pediatric TB study (19/32 cases or 59% were African-American) has defined a major health disparity and a tremendous public health challenge. The program will increase TB intervention activities in the African-American population. New emphasis and strategies will be placed on evaluating contacts to TB cases, increased use of directly observed therapy (DOT) and directly observed preventive therapy (DOPT), and working with the NC Office of Minority Health to develop a culturally appropriate social marketing strategy to promote community health and disease prevention messages within the African-American community in NC.

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