Forsyth County, North Carolina
2012 HIV/STD Surveillance Report

Forsyth County
Department of Public Health
Promoting Health, Improving Lives

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

Table of Contents

Technical Notes*

**as provided by the NC DHHS Communicable Disease Surveillance Unit with additional comments by the Forsyth County Department of Public Health Division of Epidemiology*

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 being entered into the production database was suspended for approximately one month. While most of the backlog was cleared at the time the reports were generated, there may be some cases still under investigation that have not been completed and submitted. These are primarily cases diagnosed in the last months of 2012. We urge caution in the interpretation of any trends involving 2012 data at this time. Readers should also be aware that HIV and AIDS data are presented by date of diagnosis rather than date of report. Please see the individual surveillance disease notes below for more information.

About the Communicable Disease Surveillance Unit.
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 Communicable Disease Surveillance Unit (CDSU) 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 CDSU is part of the Communicable Disease Branch within the North Carolina Division of Public Health.

About the content of this report
The Forsyth County 2012 HIV/STD Surveillance Report includes summary tables of surveillance reports and other information for HIV disease, AIDS, chlamydia, gonorrhea, and syphilis for Forsyth County cases that were reported from January 1, 2012 through December 31, 2012. Information about all North Carolina counties for the time period can be found in the North Carolina 2012 STD Surveillance Report http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.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 provided 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 100.0,000 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 2012, 2011 estimates were used as denominators in rate calculation for 2012. Thus, the 2012 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/.

AIDS and HIV disease surveillance data
HIV disease case reports represent persons who have a confirmed diagnosis with human immunodeficiency virus (HIV). This category represents all new diagnoses with HIV regardless of the stage of the disease and is sometimes referred to as simply "HIV infection." 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 disease reports represent persons who are initially diagnosed with HIV infection and AIDS at or very near the same time (concurrent). HIV disease 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 disease 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 disease 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 disease 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. Tabulating case totals by date of diagnosis does delay the reporting of disease information. It takes at least six months from diagnosis for most cases reports to be verified and fully recorded in surveillance databases. Therefore, HIV morbidity data for 2012 was not available until August 2013. 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, and a number of screening programs are in place to detect 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). During this transition, Chlamydia morbidity counts for some counties may have been affected. Report totals for 2012 should be considered with this in mind. Reports are summarized by the date received at the Communicable Disease 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. Public clinics and health departments may do a better job of conducting such screening programs and reporting cases, causing 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. Report totals for 2012 should be considered with this in mind. Reports are summarized by the date received at the Communicable Disease Surveillance Unit rather than by date of diagnosis.

Syphilis surveillance data

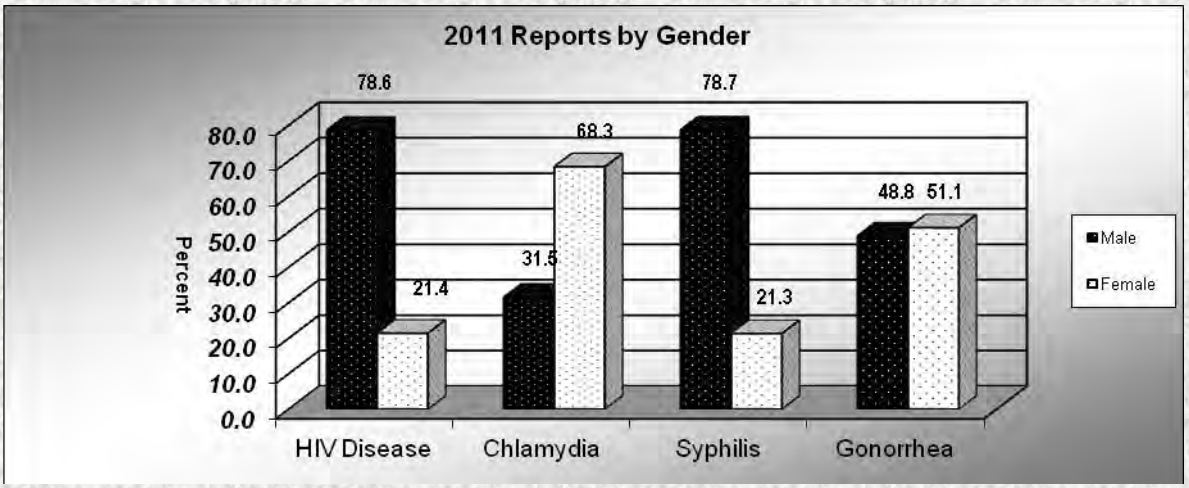
Syphilis cases are reported by stage of infection, which is determined through a combination of laboratory testing and patient interviews. Primary and secondary syphilis have very specific symptoms associated with them, so misclassification of these stages is highly unlikely. Early latent syphilis is 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 Communicable Disease 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. Reports are summarized by the date received at the Communicable Disease Surveillance Unit rather than by date of diagnosis. Readers may note a continuing elevation of syphilis morbidity in North Carolina for 2009 to 2011 in comparison to reports prior to 2009. This is a true increase in morbidity.

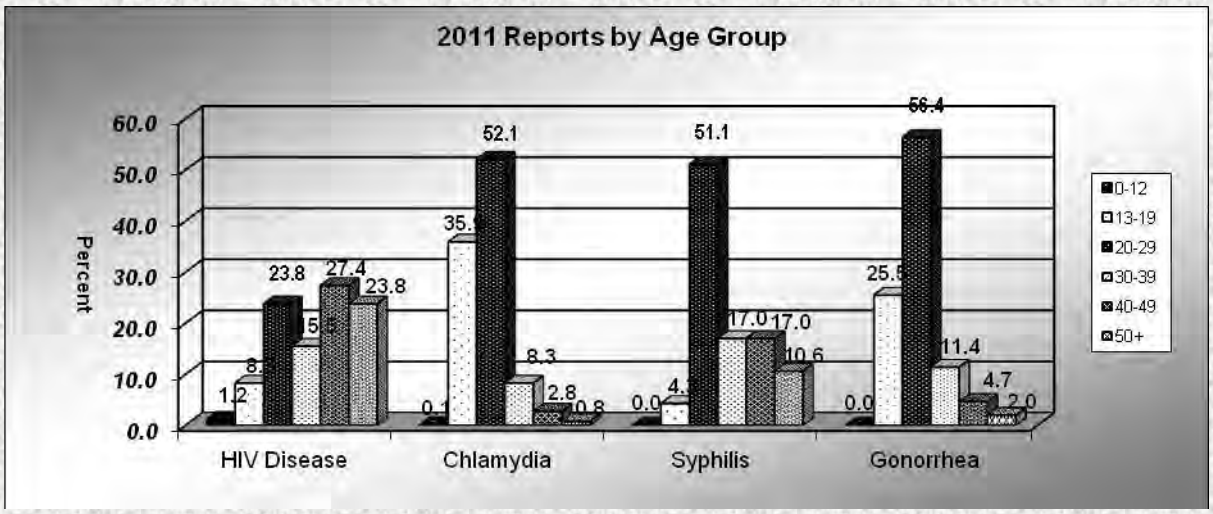
For more information:

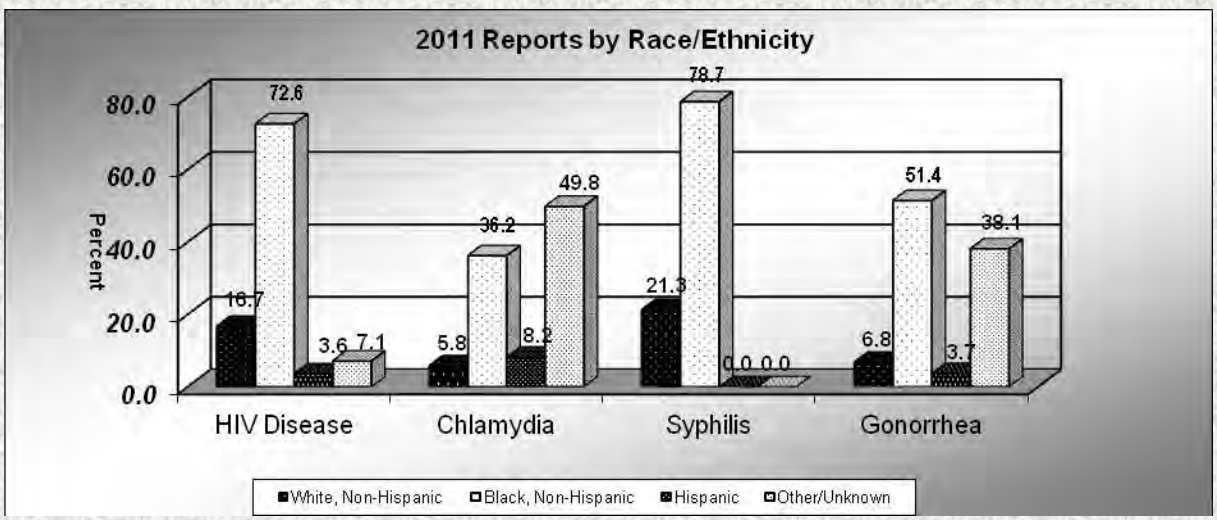
For a more detailed discussion of the content, strengths, and weaknesses of STD and HIV surveillance data, please see Appendix B of the most recent *HIV/STD Prevention & Community Planning Epidemiologic Profile for North Carolina.* Recent trend information can also be found on the fact sheets available at the web site, http://epi.publichealth.nc.gov/cd/stds/figures/Epi_Profile_2012.pdf

Summary of 2011 Reports for Forsyth County

Below are graphs of 2011 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. Please note that HIV Disease includes HIV and AIDS Reports.







Source: North Carolina 2012 HIV/STD Surveillance Report, NC DHHS Division of Public Health October 2013.

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- to5-fold increased risk of acquiring HIV if exposed.

In 2012, a total of 50,606 cases of Chlamydia were reported in North Carolina. **Forsyth County reported 2,704 cases of Chlamydia. The rate of infection was 761.5 cases per 100.0,000 population, which ranked third among the state's five urban counties. This was a 0.65% decrease from 766.5 cases per 100.0,000 population in 2011.** 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 highest number of cases, totaling 6,287. Durham County reported the fewest cases, totaling 2,328.

2012 Chlamydia Reports in Forsyth County										
	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	218	26.8	225	32.7	173	30.3	180	28.5	796	29.4
Female	595	73.1	462	67.2	397	69.5	448	71.0	1,902	70.3
Unknown	1	0.1	1	0.1	1	0.2	3	0.5	6	0.2
Total	814	100.0	688	100.0	571	100.0	631	100.0	2,704	100.0
Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
0-12 yr	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0
13-19 yr	283	34.8	214	31.1	189	33.1	225	35.7	911	33.7
20-29 yr	426	52.3	397	57.7	303	53.1	333	52.8	1,459	54.0
30-39 yr	85	10.4	59	8.6	60	10.5	48	7.6	252	9.3
40-49 yr	11	1.4	14	2.0	14	2.5	17	2.7	56	2.1
50+ yr	9	1.1	2	0.4	3	0.5	8	1.3	22	0.8
Unknown	0	0.0	1	0.1	2	0.3	0	0.0	3	0.1
Total	814	100.0	688	100.0	571	100.0	631	100.0	2,704	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	56	6.9	31	4.5	42	7.4	31	4.9	160	5.9
Black*	234	28.7	249	36.2	177	31.0	181	28.7	841	31.1
Hispanic	92	11.3	67	9.7	65	11.4	44	7.0	268	9.9
Other/Unknown	432	53.1	341	49.6	287	50.3	375	59.4	1,435	53.1
Total	814	100.0	688	100.0	571	100.0	631	100.0	2,704	100.0

* Non-Hispanic

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 of 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 2012, 14,322 cases of gonorrhea were reported in North Carolina. **Forsyth County reported 712 cases of gonorrhea. The rate of infection was 200.6 cases per 100.0,000 population, which ranked third among the five urban counties in North Carolina. This was a 17.6% decrease from 243.5 cases per 100.0,000 populations in 2011.** 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 1,848 cases, and Forsyth County reported the least cases, totaling 712 cases.

2012 Gonorrhea Reports in Forsyth County										
	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	87	39.5	87	51.5	84	50.9	62	39.2	320	44.9
Female	133	60.5	82	48.5	81	49.1	95	60.1	391	54.9
Unknown	0	0.0	0	0.0	0	0.0	1	0.7	1	0.2
Total	220	100.0	169	100.0	165	100.0	158	100.0	712	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	65	29.5	43	25.4	36	21.8	45	28.5	189	26.5
20-29 yr	112	50.9	92	54.4	90	54.5	82	51.9	376	52.8
30-39 yr	25	11.4	25	14.8	23	13.9	17	10.8	90	12.6
40-49 yr	16	7.3	6	3.6	12	7.3	8	5.0	42	5.9
50+ yr	2	0.9	3	1.8	4	2.5	6	3.8	15	2.1
Total	220	100.0	169	100.0	165	100.0	158	100.0	712	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	10	4.5	10	5.9	10	6.1	5	3.2	35	4.9
Black*	92	41.8	82	48.5	81	49.1	63	39.9	318	44.7
Hispanic	8	3.6	5	3.0	8	4.8	7	4.4	28	3.9
Other/Unknown	110	50.0	72	42.6	66	40.0	83	52.6	331	46.5
Total	220	100.0	169	100.0	165	100.0	158	100.0	712	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, sores caused by 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 2012, 598 cases of early syphilis (primary, secondary & early latent syphilis) were reported in North Carolina. **Forsyth County reported 43 cases of early syphilis. The rate of infection was 12.1 cases per 100.0,000 population, which ranked third among the five urban counties in North Carolina. This was a 9.7% decrease from the rate in 2011 of 13.4 cases per 100.0,000 populations.** Mecklenburg, Guilford, Durham 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 134. Durham County reported the fewest cases, totaling 26.

2012 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	11	100.0	8	80.0	11	78.6	6	75.0	36	83.7
Female	0	0.0	2	20.0	3	21.4	2	25.0	7	16.3
Total	11	100.0	10	100.0	14	100.0	8	100.0	43	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	1	9.1	1	10.0	0	0.0	0	0.0	2	4.7
20-29 yr	6	54.5	5	50.0	6	42.9	4	50.0	21	48.8
30-39 yr	1	9.1	0	0.0	4	28.5	1	12.5	6	14.0
40-49 yr	1	9.1	3	30.0	4	28.5	1	12.5	9	20.9
50+ yr	2	18.2	1	10.0	0	0.0	2	25.0	5	11.6
Total	11	100.0	10	100.0	14	100.0	8	100.0	43	100.0
Race/Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
White*	2	18.2	1	10.0	1	7.2	3	37.5	7	16.3
Black*	9	81.8	8	80.0	12	85.7	4	50.0	33	76.7
Hispanic	0	0.0	0	0.0	1	7.2	0	0.0	1	2.3
Other/Unknown	0	0.0	1	10.0	0	0.0	1	12.5	2	4.7
Total	11	100.0	10	100.0	14	100.0	8	100.0	43	100.0

* Non-Hispanic

Source: North Carolina 2012 HIV/STD Surveillance Report, NC DHHS Division of Public Health October 2013.

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 2012, a total of 1,409 diagnoses of HIV disease were reported in North Carolina. **Forsyth County reported 52 cases of HIV disease. The rate of infection was 14.6 per 100.0,000 population, which ranked fifth among the state's urban counties. This is a 39.1% decrease from 24.0 cases per 100.0,000 population in 2011.** 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 318. Forsyth County reported the fewest cases, totaling 52.

2012 Diagnosed HIV Disease in Forsyth County		
	Total	
Sex	Cases	%
Male	34	65.4
Female	18	34.6
Total	52	100.0
Age Group	Cases	%
0-12yr	1	1.9
13-19 yr	4	7.8
20-29 yr	13	25.0
30-39 yr	6	11.5
40-49 yr	13	25.0
50+yr	15	28.8
Total	52	100.0
Race/Ethnicity	Cases	%
White*	9	17.3
Black*	42	80.8
Hispanic	0	0.0
Other/Unknown	1	1.9
Total	52	100.0
Mode of Exposure	Cases	%
Men who had sex with men (MSM)	16	30.8
Intravenous Drug Use (IDU)	3	5.7
Heterosexual (all)	16	30.8
NIR	16	30.8
Pediatric	1	1.9
Total	52	100.0

* Non-Hispanic

Source: North Carolina 2012 HIV/STD Surveillance Report, NC DHHS Division of Public Health October 2013.

AIDS

Acquired immunodeficiency syndrome (AIDS) is a life-threatening clinical condition caused by the progression of HIV disease. 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 2012, a total of 798 diagnoses of AIDS were reported in North Carolina. **Forsyth County reported 25 cases. The rate of infection was 7.0 per 100.0,000 population, which ranked fifth among the state's urban counties. This is a 40.1% decrease from 11.7 cases per 100.0,000 population in 2011.** 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 226. Durham County and Forsyth County reported the fewest cases, each totaling 25.

2012 AIDS Diagnoses in Forsyth County		
	Total	
Sex	Cases	%
Male	16	64.0
Female	9	36.0
Total	25	100.
Age Group	Cases	%
0-12yr	0	0.0
13-19 yr	0	0.0
20-29 yr	4	16.0
30-39 yr	5	20.0
40-49 yr	8	32.0
50+yr	8	32.0
Total	25	100.0
Race/Ethnicity	Cases	%
White*	6	24.0
Black*	19	76.0
Hispanic	0	0.0
Other/Unknown	0	0.0
Total	25	100.0
Mode of Exposure	Cases	%
Men who had sex with men (MSM)	6	24.0
Intravenous Drug Use (IDU)	2	8.0
Heterosexual (all)	8	32.0
NIR	9	36.0
Total	25	100.0

* Non-Hispanic

Trend for Chlamydia, Gonorrhea & Syphilis** Incidences for the Five Urban Counties & North Carolina, 2008-2012

Chlamydia Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2008	**2009**	**2010**	**2011**	**2012**
Durham	Cases	1,460	1,471	1642	1,923	2,328
	Rate*	555.0	545.4	613.6	718.6	851.5
Forsyth	Cases	2,332	3,048	2,503	2,668	2,704
	Rate*	656.6	847.5	696.0	766.5	761.5
Guilford	Cases	2,333	2,994	2,398	5,010	3,948
	Rate*	492.1	623.3	491.0	1025.8	797.1
Mecklenburg	Cases	4,018	5,840	4,627	7,456	6,287
	Rate*	450.2	639.2	506.4	810.8	665.7
Wake	Cases	3,121	3,590	4,530	4,748	4,667
	Rate*	359.5	400.1	504.9	527.0	501.9
North Carolina (all counties)	Cases	37,885	43,734	42,167	53,854	50,606
	Rate*	409.7	466.2	449.5	564.8	524.1

* Per 100.0,000 population.

Gonorrhea Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2008	**2009**	**2010**	**2011**	**2012**
Durham	Cases	728	561	680	747	820
	Rate*	276.8	208.0	252.1	279.2	299.9
Forsyth	Cases	662	847	774	854	712
	Rate*	186.4	235.5	215.2	243.5	200.6
Guilford	Cases	1,034	1,100	871	1,981	1,473
	Rate*	218.1	229.0	178.3	405.6	297.4
Mecklenburg	Cases	1,872	2,035	1,516	2,269	1,848
	Rate*	209.8	222.7	164.8	246.7	195.7
Wake	Cases	1,030	1,010	1,249	1,355	1,340
	Rate*	118.7	112.6	138.6	150.4	144.1
North Carolina (all counties)	Cases	15,012	14,811	14,153	17,158	14,322
	Rate*	162.3	157.9	148.4	179.9	148.3

* Per 100.0,000 population.

Early Syphilis** Cases & Rates for the Five Urban Counties & NC at Year of Report						
County of Residence		**Year of Report**				
		2008	**2009**	**2010**	**2011**	**2012**
Durham	Cases	39	40	23	24	26
	Rate*	14.8	14.8	8.6	9.0	9.5
Forsyth	Cases	46	195	103	47	43
	Rate*	13.0	54.2	29.4	13.4	12.1
Guilford	Cases	50	68	75	115	66
	Rate*	10.5	14.2	15.4	23.5	13.3
Mecklenburg	Cases	91	174	167	190	134
	Rate*	10.2	19.0	18.2	20.7	14.2
Wake	Cases	45	116	83	76	84
	Rate*	5.2	12.9	9.2	8.4	9.0
North Carolina (all counties)	Cases	516	938	724	768	598
	Rate*	5.6	10.0	7.6	8.1	6.2

* Per 100.0,000 population. ****Includes Primary, Secondary, and Early Latent Syphilis**

Source: North Carolina 2012 HIV/STD Surveillance Report, NC DHHS Division of Public Health October 2013.

Trend for HIV Disease and AIDS Incidences for the Five Urban Counties and North Carolina, 2008-2012

HIV Disease Cases & Rates by County of First Diagnosis, 2008-2012						
County of Residence		**Year of Report**				
		2008	**2009**	**2010**	**2011**	**2012**
Durham	Cases	96	81	93	73	77
	Rate*	36.5	30.0	34.5	27.3	28.2
Forsyth	Cases	70	86	59	84	52
	Rate*	19.7	23.9	16.4	24.0	14.6
Guilford	Cases	148	128	118	128	102
	Rate*	31.2	26.6	24.6	26.2	20.6
Mecklenburg	Cases	389	333	312	339	318
	Rate*	43.6	36.4	34.1	36.9	33.7
Wake	Cases	203	184	172	153	152
	Rate*	23.4	20.5	19.2	17.0	16.3
North Carolina (all counties)	Cases	1,812	1,628	1,487	1,563	1,409
	Rate*	19.6	17.4	15.9	16.4	14.6

* Per 100.0,000 population.

AIDS Cases & Rates by County of AIDS Diagnosis, 2008-2012						
County of Residence		**Year of Report**				
		2008	**2009**	**2010**	**2011**	**2012**
Durham	Cases	42	33	38	24	25
	Rate*	16.0	12.2	14.1	9.0	9.1
Forsyth	Cases	30	48	24	41	25
	Rate*	8.4	13.3	6.7	11.7	7.0
Guilford	Cases	68	60	47	50	40
	Rate*	14.3	12.5	9.8	10.2	8.1
Mecklenburg	Cases	154	164	124	140	226
	Rate*	17.3	18.0	13.6	15.2	23.9
Wake	Cases	119	108	85	76	70
	Rate*	13.7	12.0	9.5	8.4	7.5
North Carolina (all counties)	Cases	934	938	796	830	798
	Rate*	10.1	10.0	8.5	8.7	8.3

- Per 100.0,000 population.

Source: North Carolina 2012 HIV/STD Surveillance Report, NC DHHS Division of Public Health October 2013.