

Mecklenburg County

600 East Fourth Street
Charlotte, NC 28202



Meeting Agenda

Tuesday, January 13, 2026

2:30 PM

REVISED AGENDA

Charlotte-Mecklenburg Government Center - Room 267

Members of the public can also access and view the meeting on the Government Channel or online at: <https://watch.mecknc.gov>

Budget Public Policy

Chair Mark Jerrell, District 4

Vice Chair Leigh Altman, At-Large

Commissioner Arthur Griffin, At-Large

Commissioner Yvette Townsend-Ingram, At-Large

Commissioner Elaine Powell, District 1

Commissioner Vilma D. Leake, District 2

Commissioner George Dunlap, District 3

Commissioner Laura J. Meier, District 5

Commissioner Susan Rodriguez-McDowell, District 6

Budget Public Policy**CALL TO ORDER**

Mecklenburg County Mission:

"To serve Mecklenburg County residents by helping improve their lives and community."

Mecklenburg Board of County Commissioners Community Vision

"Mecklenburg County will be a community of pride and choice for people to live, learn, work and recreate."

FY 2026-2027 Board Budget Priorities

~ Economic Development

~ Education

~ Environmental Stewardship

~ Health Equity and Wellness

~ Services for Seniors

~ Workforce Development

~ Reducing Racial Disparities

[26-0012](#) State of the County Health and Annual Communicable Disease Update

Attachments: [SOTCH 2026 FINAL.pdf](#)

[CD HIV and STI Update 2026 FINAL.pdf](#)

[26-0013](#) Proposed Board of Health Rule Revisions

Attachments: [BOCC PowerPoint Presentation BOH Repealed or Amended 2026](#)

[26-0021](#) Commissioner Reports

[26-0023](#) NEW ITEM: Closed Session

ADJOURNMENT

Upcoming meetings of the Board:

*Regular Meeting (to include 1st Budget Public Hearing), *Wednesday, January 21, 2026 at 5:00 p.m.*

BOCC Annual Retreat, Tues., Wed., & Fri., January 27th, 28th, & 30th, CPCC Harris Conference Center, 3216 CPCC Harris Campus Drive, 8:00 a.m.

Special Accommodations:

Anyone needing special accommodations when attending this meeting and/or if this information is needed in an alternative format, please contact the Clerk to the Board. The Clerk is located at 600 East Fourth Street, in the Charlotte-Mecklenburg Government Center, 11th floor, (980-314-2939) or E-mail: clerk@mecknc.gov. We request at least 72-hours' notice prior to the meeting to make the appropriate arrangements.

The Board reserves the right to deviate from the agenda.

Mecklenburg County Vision:

"To be the best local government service provider."

Mecklenburg County Mission:

"To serve Mecklenburg County residents by helping improve their lives and community."



Legislation Text

File #: 26-0012

Meeting Date: 1/13/2026

File Type: Agenda Item

State of the County Health and Annual Communicable Disease Update

ACTION:

Provide and update of the County's key health indicators and communicable disease response

Staff Contact: Dr. Raynard Washington, PhD, MPH

Presentation: Yes

BACKGROUND/JUSTIFICATION:

Dr. Washington will provide an update on the County's key health indicators and communicable disease response.

PROCUREMENT BACKGROUND:

N/A

POLICY IMPACT:

N/A

FISCAL IMPACT:

N/A



Mecklenburg County

State of the County Health Update

Board of County Commissioners
Public Policy Meeting

Dr. Raynard Washington, Health Director
Tuesday, January 13, 2026



MECKLENBURG COUNTY
North Carolina
Public Health



What is the SOTCH?



- A mid-cycle report completed between CHA years
- Required for North Carolina Local Health Department Accreditation
- What it provides: 1) updates on selected health indicators, 2) identification of new or emerging health trends, 3) progress updates on CHIP priority areas
- The SOTCH includes an update on selected health indicators, new or emerging community health trends, and health priorities

Mecklenburg Snapshot



**TOTAL
POPULATION**

1,163,701

**MEDIAN
AGE**

35.6

**MEDIAN HOUSEHOLD
INCOME**

\$84,593

MUNICIPALITIES

7

Figure 1. Mecklenburg County Race/Ethnicity

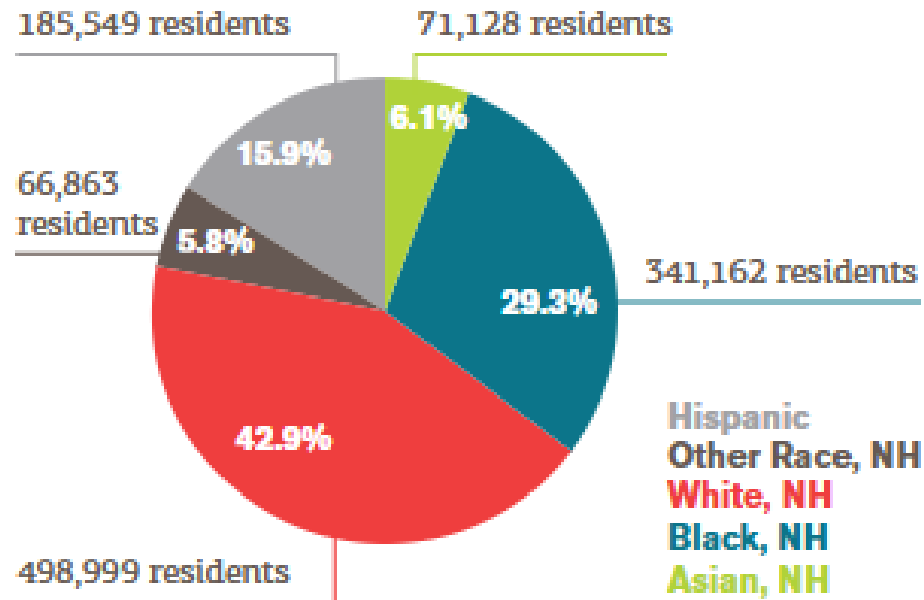
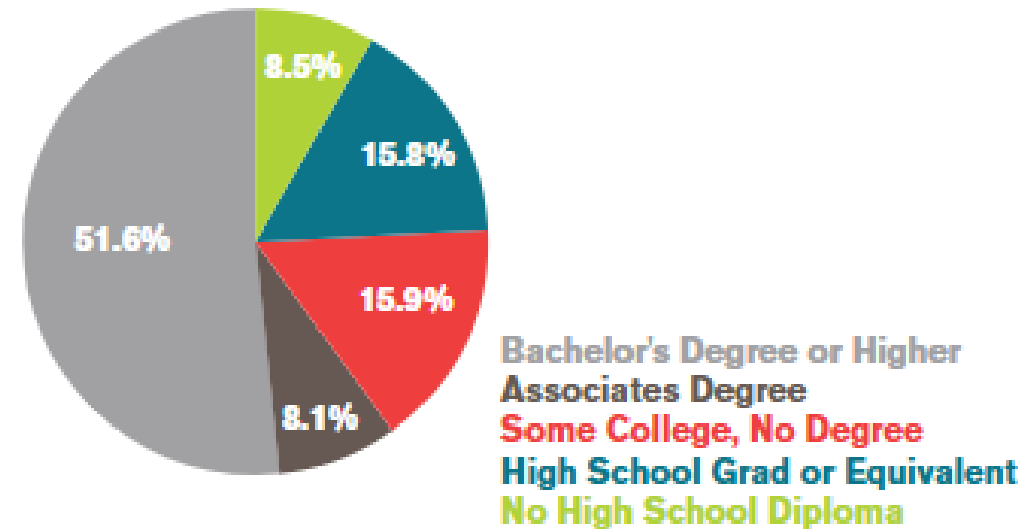


Figure 2. Mecklenburg County Educational Attainment



Mecklenburg Snapshot



Table 2. Top Ten Causes of Death Mecklenburg County, 2023

Rank	Cause	Total Deaths	% of Total Deaths
1	Cancer	1,371	19.03%
2	Heart Disease	1,269	17.61%
3	Unintentional Injuries	640	8.88%
4	Stroke	408	5.66%
5	Alzheimer's Disease	350	4.86%
6	Chronic Lower Respiratory Disease	227	3.15%
7	Diabetes	223	3.10%
8	Kidney Disease	147	2.04%
9	Suicide	126	1.75%
10	Chronic Liver Disease and Cirrhosis	125	1.73%
Total Deaths 2023: All Causes		7,205	

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

Priorities Overview



Access to Care



Chronic Disease
Prevention



Mental Health



Violence
Prevention



Maternal &
Infant Health



Access to Care



Definition:

% of Residents without Insurance

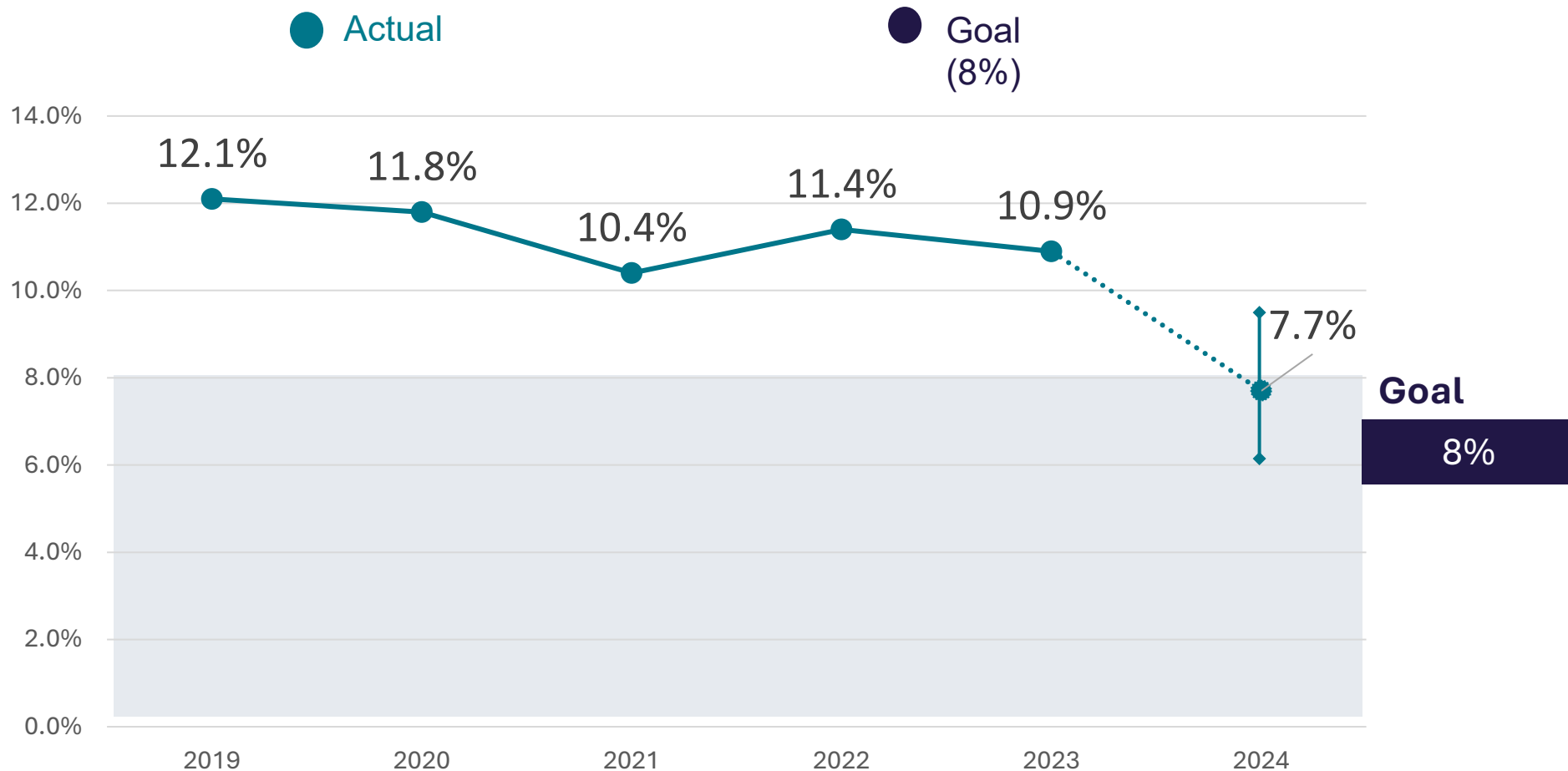
Status:

Improving

Source:

US Census, ACS

Uninsured Residents





Access to Care

Definition:

% of Adults (18+) without a Primary Care Provider

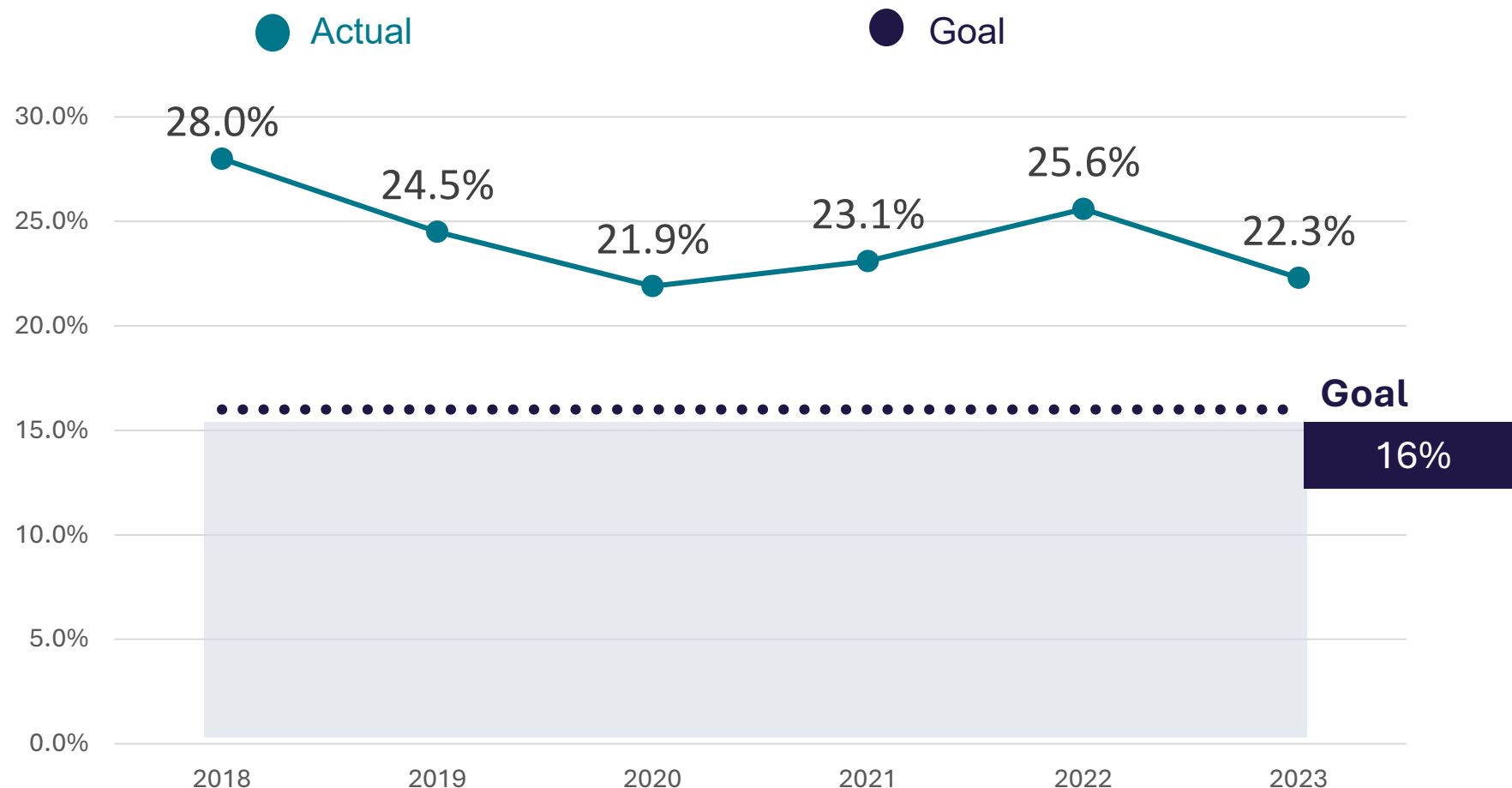
Status:

Improving

Source:

Mecklenburg County BRFSS

Primary Care Access



2024 (12%): The Primary Care Access question was modified in 2024; The data gathered for that year is not comparable to reports from previous years.



Access to Care

Primary Care Cost

Definition:

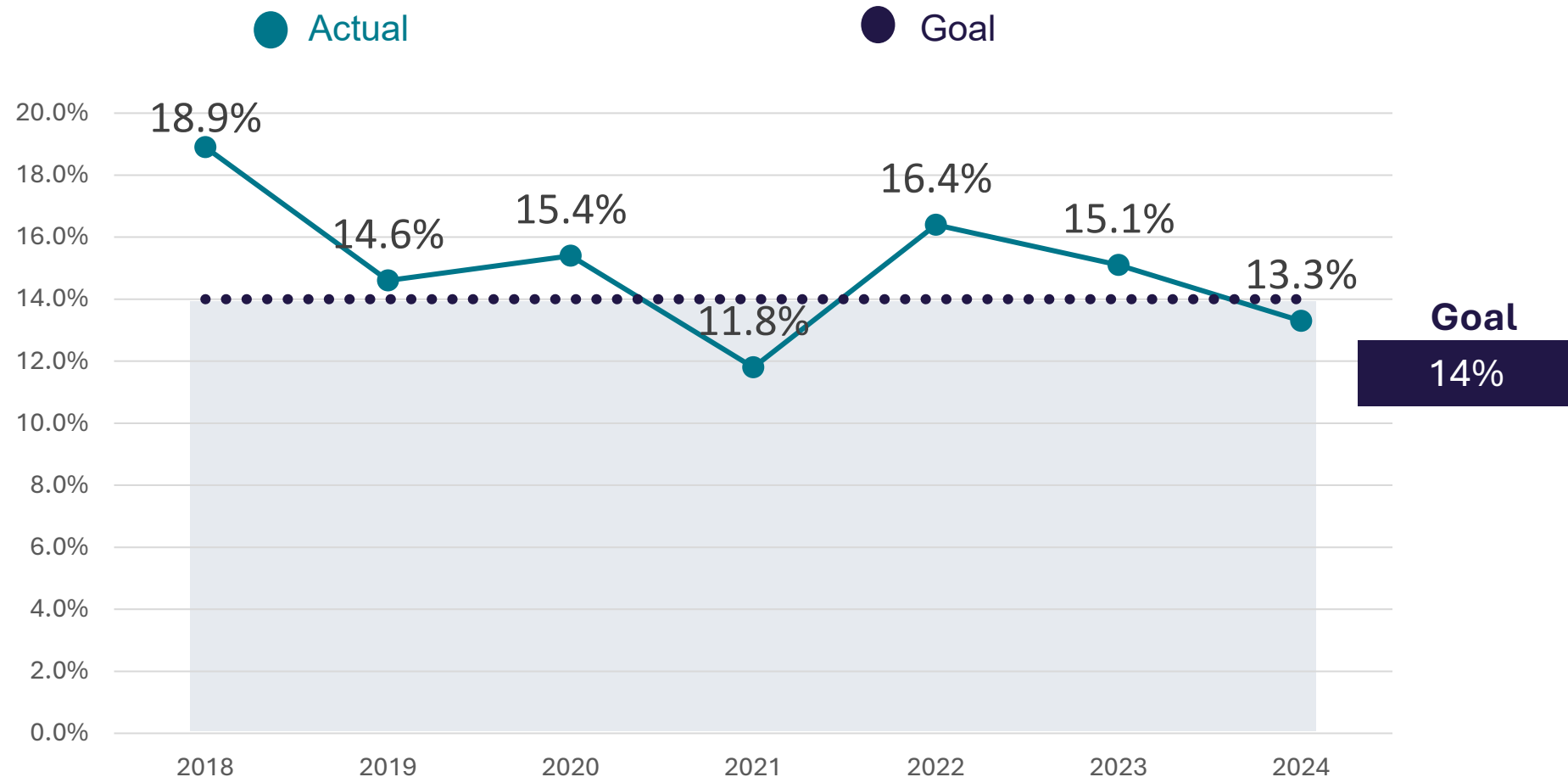
**% of Adults (18+)
Unable to See a
Doctor Due to Cost**

Status:

Improving

Source:

**Mecklenburg
County BRFSS**





Chronic Disease Prevention



Definition:

**% of 18+ Adults
who are Current
Smokers**

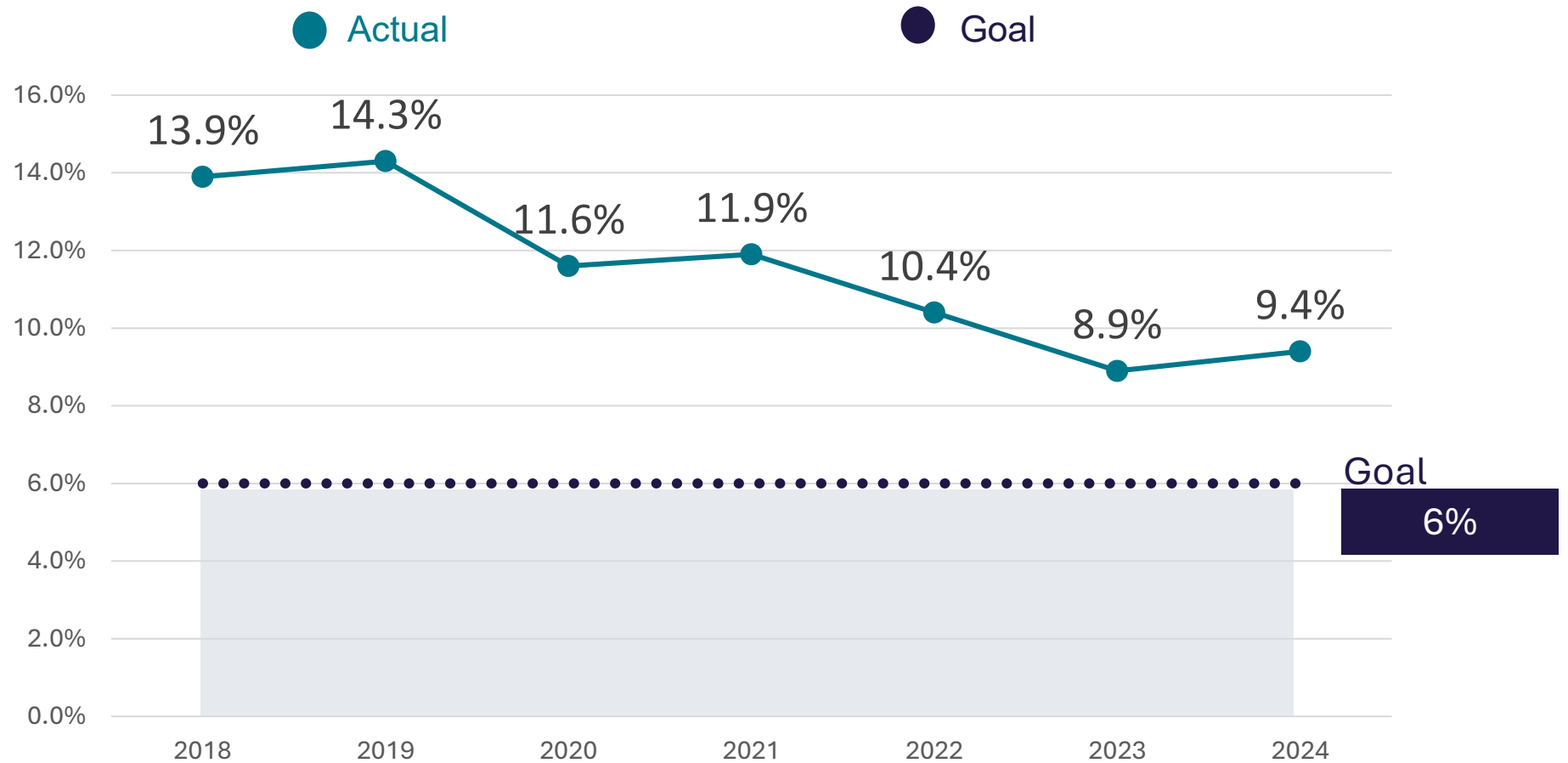
Status:

Improving

Source:

**Mecklenburg County
BRFSS**

Adult Smokers





Mental Health

Definition:

Rate Deaths Due to Opioid Overdose per 100,000 Population

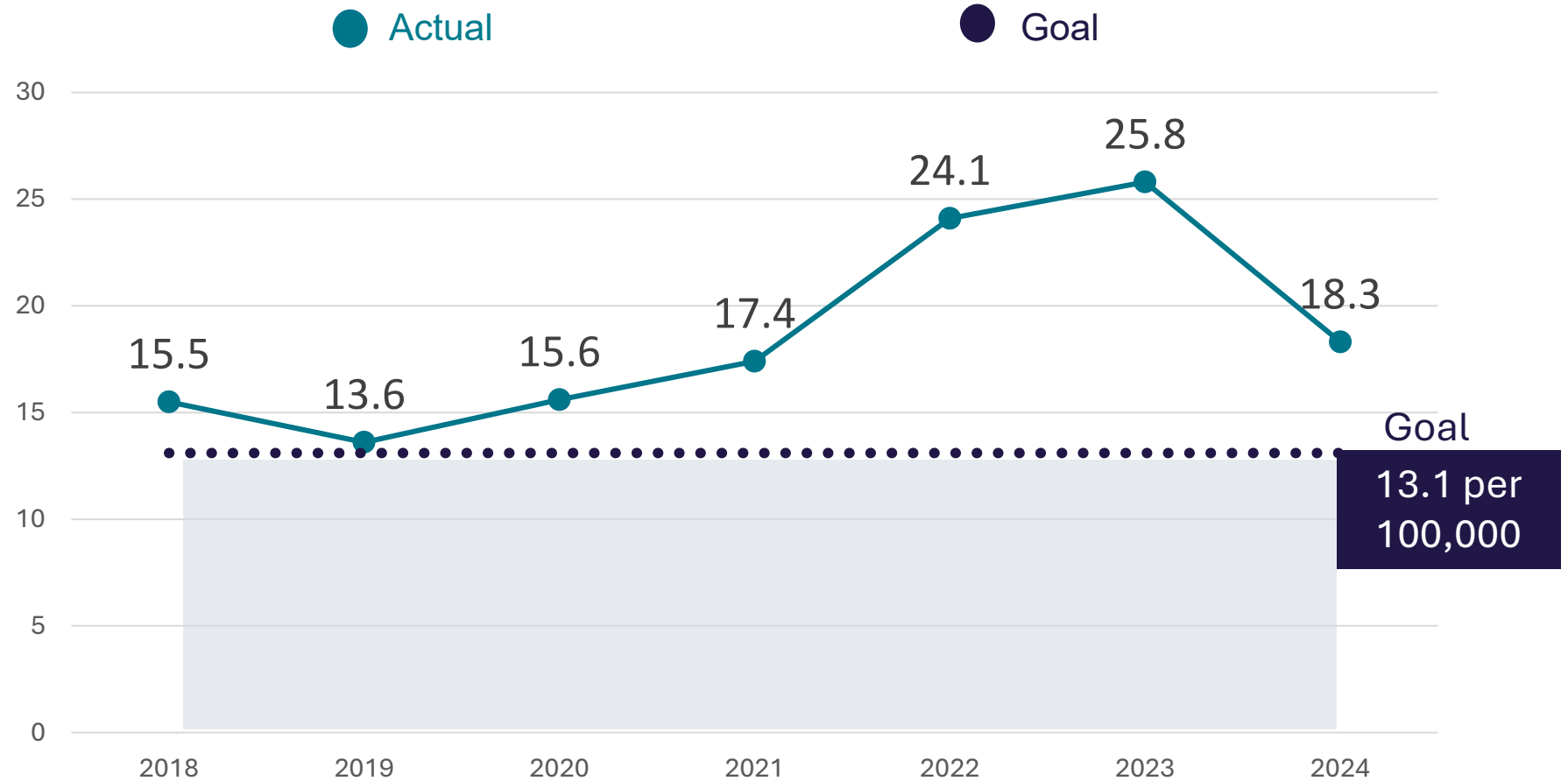
Status:

Improving

Source:

**NC DHHS,
Vital Statistics;
CDC WONDER**

Opioid Overdose (Deaths) in Mecklenburg





Mental Health

Mental Health Days among Mecklenburg Adults

Definition:

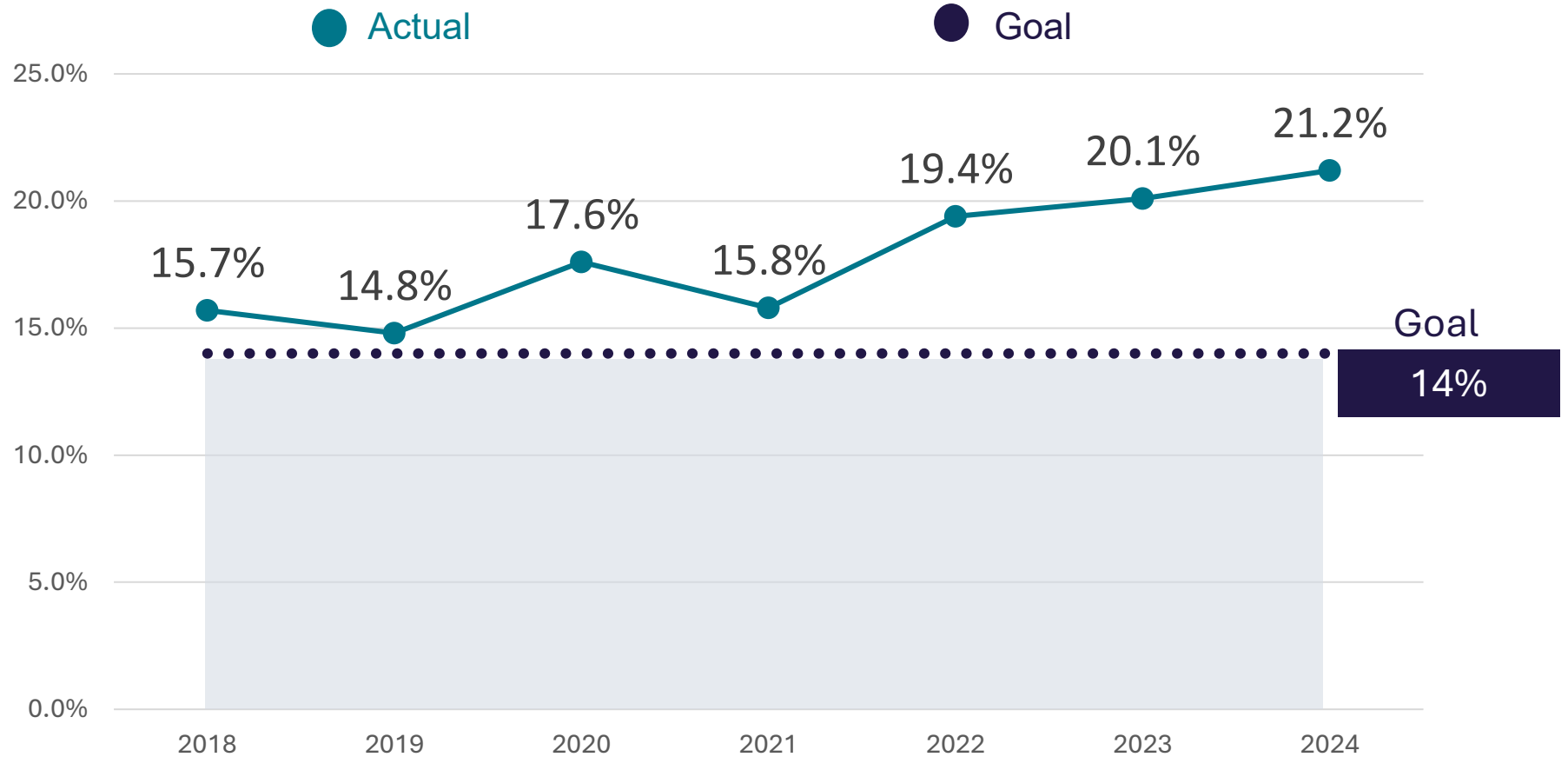
% Adults reporting mental health not good for 8 or more days per month

Status:

Getting Worse

Source:

Mecklenburg County BRFSS





Mental Health

Definition:

Rate of Youth ED visits due to suicide attempts per 100,000

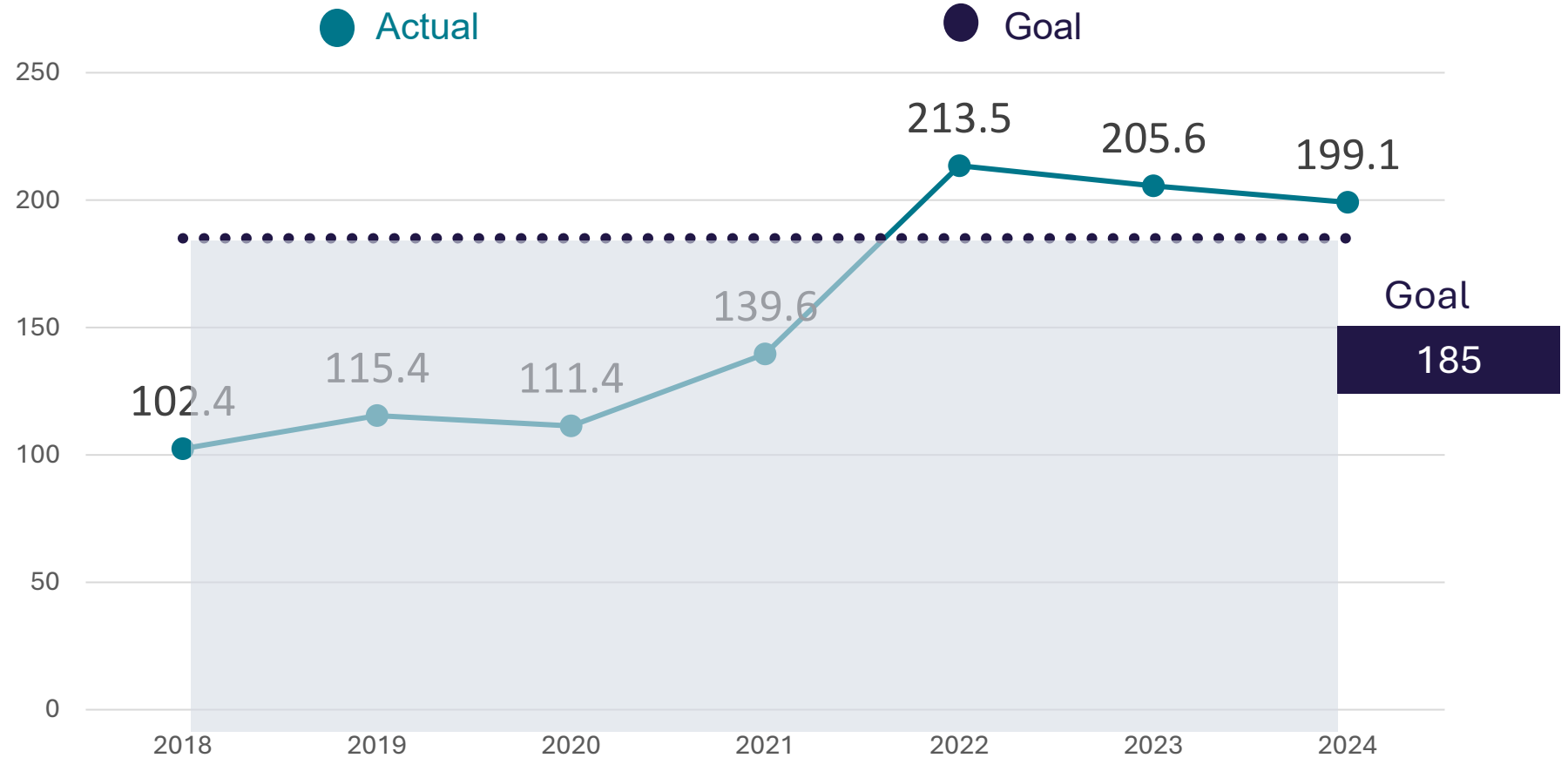
Status:

Improving

Source:

**NC DHHS,
Vital Statistics**

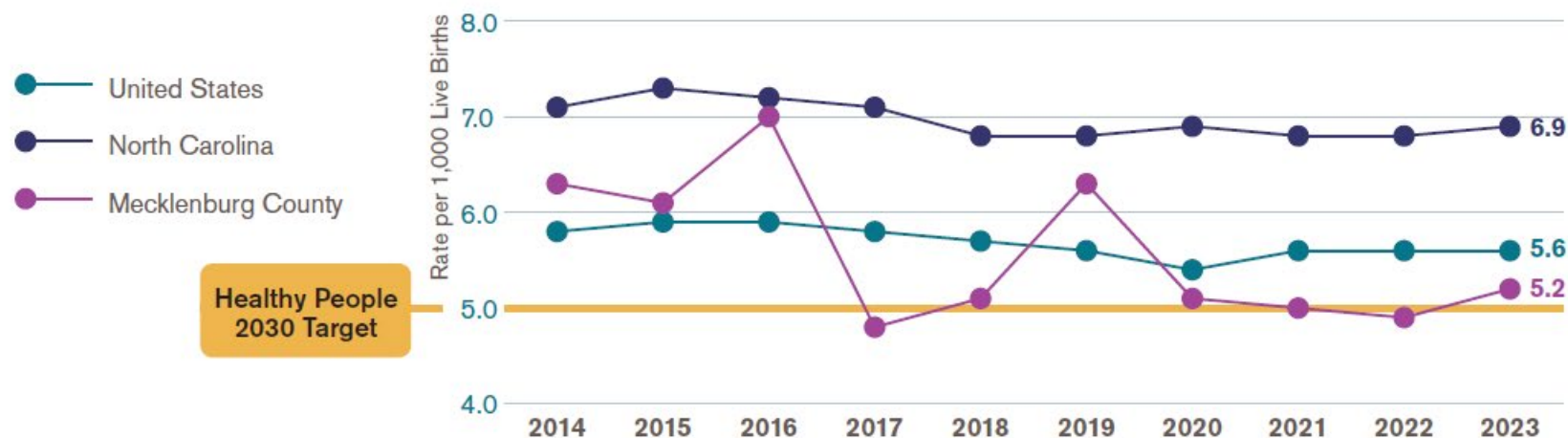
Youth Suicide Attempts in Mecklenburg County





Maternal and Child Health

Infant Mortality Rates: Mecklenburg, North Carolina and United States, 2014–23

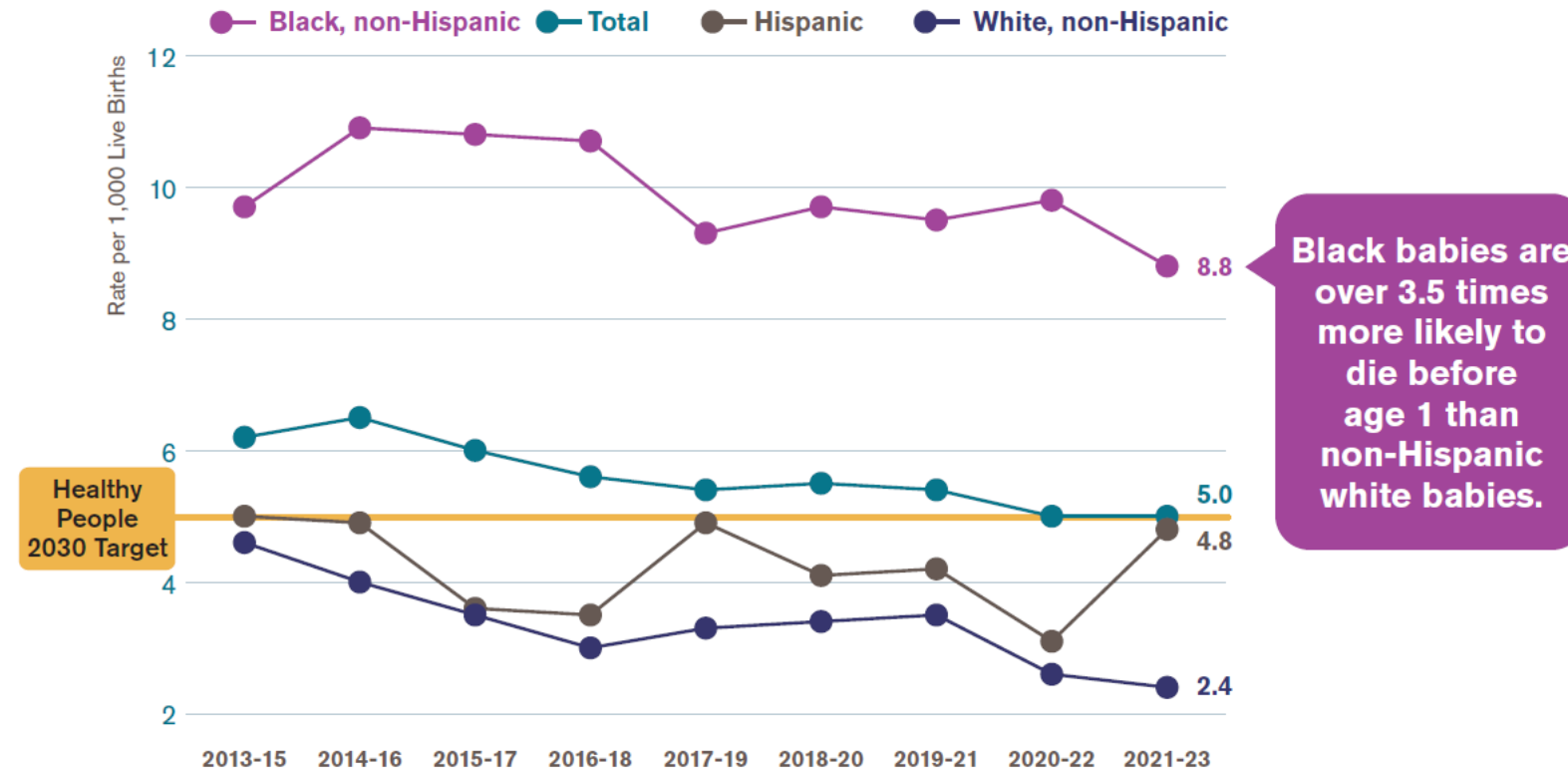


Since 2020, the Mecklenburg County IMR has been lower than the IMR for the United States and approaching the Healthy People 2030 goal to reduce IMR to 5.0.



Maternal and Child Health

Three-Year* Infant Mortality Rates by Race and Ethnicity, Mecklenburg County



Source: NC DHHS, Mecklenburg County Statistics

*Three-year IMR are used to demonstrate trends over time when there are smaller numbers of individuals. IMR was unable to be counted for other race/ethnicity categories not displayed given small numbers of individuals.

SOTCH Highlights



- Early improvements in opioid-overdose deaths
- Increasing insurance coverage and reduce cost-barriers for care driven by Medicaid expansion
- Persistent maternal and child health disparities
- Continued burden of mental health across youth and adults with some signs of slowed growth

What is the tour?

- Tour across Mecklenburg County to share CHA findings, highlight town/city health profiles, and introduce emerging health priorities identified during the current assessment cycle (February 7-April 16, 2026).

Why it matters?

- Brings relevant local data directly to communities across Mecklenburg County
- Creates an opportunity to share information while listening to community input
- Ensures community voice shapes our Community Health Improvement Plan
- Expands access to health information in a way that is inclusive and place-based

Live Well Tour



- Core partners include: Charlotte-Mecklenburg Community Relations Committee, Mecklenburg County Parks and Recreation, Atrium Health, Novant Health, Live Well Steering Committee, Nonprofit/Community-Based Organizations
- Tour Locations:
 - Davidson Town Hall
 - Huntersville Town Hall
 - William R. Davie Conference Center
 - Valerie C. Woodard Center
 - Northern Regional Recreation Center
 - Albermarle Road Rec Center
 - Mint Hill Community Center

Next Steps

- Release 2025 CHA, March 2026
- Conduct Live Well Community Tour, February-April 2026
- Host Meck Design Community Convening, June 2026
- Complete 2026-2028 CHIP, July 2026

Questions?



MECKLENBURG COUNTY
North Carolina

249 Billingsley Rd.
Charlotte NC, 28211

Email: health@mecknc.gov



Communicable Disease, HIV and STI Update

Presentation to the Mecklenburg County BOCC

January 13, 2026

Dr. Raynard Washington

Director, Public Health Department

MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Overview of Reporting



Includes Counts of Reportable Diseases
N.C. Administrative Code rule [\(10A NCAC 41A .0101\)](#)



Organized into Major Disease Categories
Based on primary methods of transmission



Tracks Disease Incidence/Provides Insights
Monthly, Annual and 3-yr disease counts



Mecklenburg County Public Health Reportable Communicable Diseases

Reported to NC Department of Health and Human Services
Reflects report dates, not always onset dates

Monthly Report: JUNE 2024
Preliminary Figures

HIV/AIDS & Syphilis case reports are available on a Quarterly Basis.

DISEASES	January	February	March	April	May	June	July	August	September	October	November	December	2024 Total Cases (Year-to-Date)	JUNE 3 year Average	Year-to-Date (3 Year Average)
	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40
Sexually Transmitted and Bloodborne	AIDS** ¹ (Quarterly Reports)	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	Jan-Mar = 40	70	-	64
	Chancroid**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Chlamydia (Laboratory confirmed)**	979	857	775	773	857	715						4956	837	5029
	Gonorrhea**	389	340	309	336	303	306						1983	400	2265
	Granuloma Inguinale**	0	0	0	0	0	0						0	0	0
	Hep. Type B, Acute**	1	0	1	0	1	0						3	1	4
	Hep. Type B, Carrier	11	12	14	10	15	11						73	16	65
	Perinatal Hepatitis B**	0	0	0	0	0	0						0	0	1
	Hep. Type C, Acute	0	0	0	0	0	0						0	0	1
	HIV Disease** ¹ (Quarterly Reports)	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	Jan-Mar = 79	154	-	146
	Lymphogranuloma Venereum	0	0	0	0	0	0						0	0	0
	Nongonococcal Urethritis (NGU)	2	9	14	21	7	8						61	19	166
	Ophthalmia Neonatorum	0	0	0	0	0	0						0	0	0
	Pelvic Inflammatory Disease (PID)	1	1	2	0	1	0						5	1	10
Enteric, Food and Waterborne	Syphilis** ¹ (Quarterly Reports)	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	Jan-Mar = 208	412	-	377
	Congenital Syphilis** ¹	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	Jan-Mar = 2	8	-	2
	Botulism**	0	0	0	0	0	0						0	0	0
	Infant Botulism	0	0	0	0	0	0						0	0	0
	Campylobacter Infection**	6	3	10	25	18	31						93	15	58
	Cholera**	0	0	0	0	0	0						0	0	0
	Cryptosporidiosis**	4	1	1	1	1	4						12	2	9
	Cyclosporiasis**	0	0	0	0	1	1						2	4	4
	C. perfringens**	1	0	0	0	1	1						3	1	3
	E. coli, Shiga toxin-producing**	6	3	10	4	5	9						37	3	19
	Hepatitis A**	0	0	2	0	0	1						3	2	7
	Hemolytic-Uremic Syndrome**	0	0	0	0	0	0						0	0	0
	Legionellosis	1	0	0	0	0	2						3	3	5
Vaccine Preventable	Listeriosis**	0	0	0	0	0	1						1	1	1
	Salmonellosis**	15	8	7	23	21	16						90	16	56
	Shigellosis**	2	4	6	4	3	5						24	3	19
	Staphylococcal (food poisoning)**	0	0	0	0	0	0						0	0	0
	Trichinosis	0	0	0	0	0	0						0	0	0
	Typhoid, Acute**	0	0	0	0	0	0						0	0	0
	Typhoid, Carrier**	0	0	0	0	0	0						0	0	0
	Paratyphoid Fever	0	0	0	0	0	0						0	0	0
	Vibrio Vulnificus	0	0	0	0	0	0						0	0	0
	Vibrio Infection (other than cholera)**	0	0	0	3	1	2						6	2	2
	Other or Unknown Foodborne**	0	0	0	0	0	0						0	0	0
	Diphtheria**	0	0	0	0	0	0						0	0	0
	Hemophilus influenzae, invasive disease**	3	3	1	1	2	0						10	1	4
	Measles (Rubella), Total**	0	0	0	0	0	0						0	0	0
	Measles, Indigenous	0	0	0	0	0	0						0	0	0
	Measles, Imported	0	0	0	0	0	0						0	0	0
	Mumps	0	0	2	0	0	0						2	0	0
	Pertussis (whooping cough)**	0	0	1	4	9	5						19	0	1
	Polio, paralytic**	0	0	0	0	0	0						0	0	0
	Rubella**	0	0	0	0	0	0						0	0	0
	Rubella, Congenital Syndrome	0	0	0	0	0	0						0	0	0
	Tetanus	0	0	0	0	0	0						0	0	0
	Varicella	3	2	2	0	5	3						15	1	6

MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Organization of Diseases

6 Major Categories

based on primary means of
transmission

1. Sexually Transmitted Infections and Bloodborne Pathogens
2. Enteric, Foodborne and Waterborne
3. Vaccine Preventable
4. Direct Contact and Respiratory
5. Vector borne and Zoonotic
6. Encephalitis, Meningitis and Prions



MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Monthly CD Reporting

Biologic Threats to National Security

6 Biological Agents

As a part of Emergency Preparedness and Response, the CD monthly report also tracks 6 biological agents that may pose a threat to national security

1. Anthrax
2. Botulism
3. Viral Hemorrhagic Fever
4. Plague
5. Smallpox
6. Tularemia



MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Reportable Disease Counts

While many diseases are reportable,

only a few conditions

are responsible for most case reports.

Enteric, Foodborne and Waterborne

- Campylobacter
- Salmonella
- E. Coli

Sexually Transmitted Infections and Bloodborne Pathogens

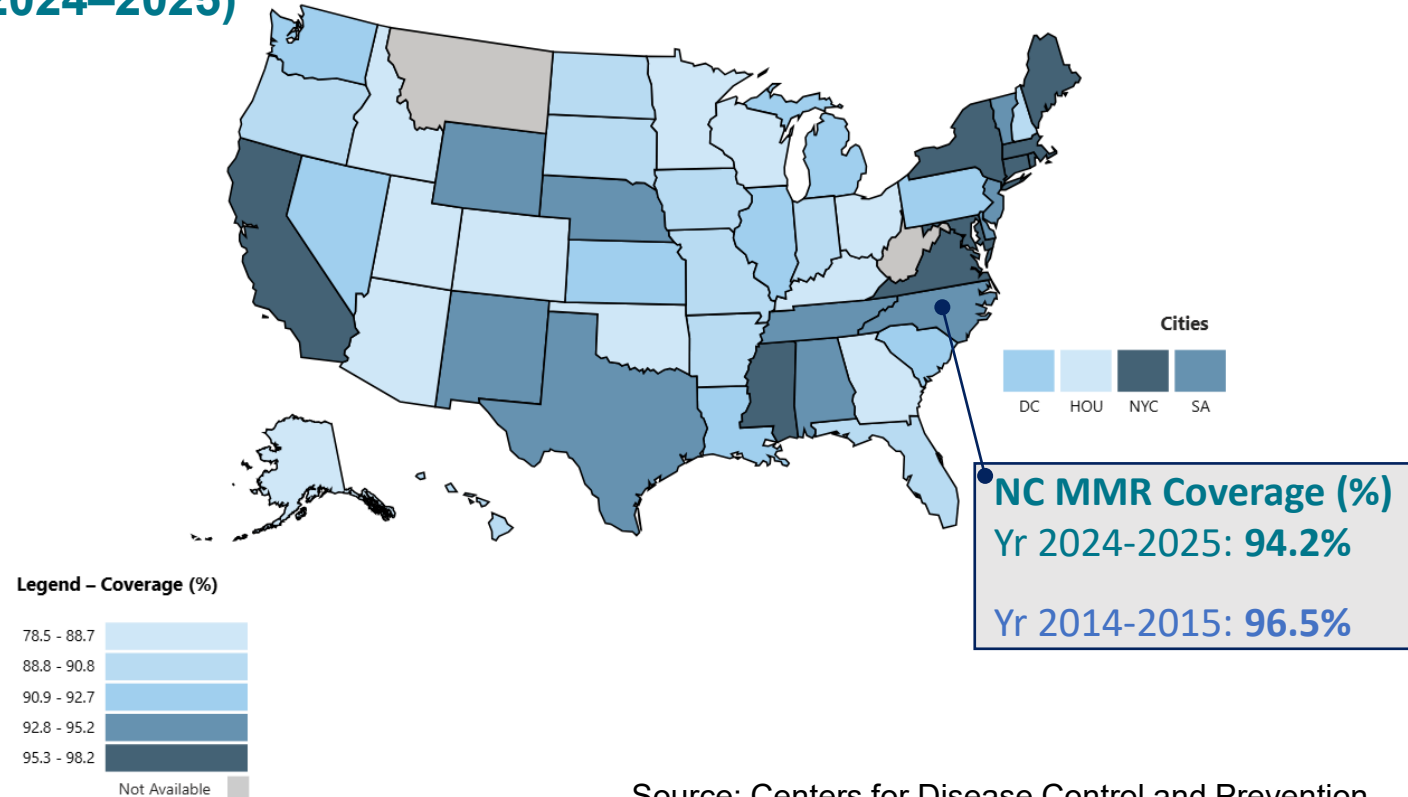
- Chlamydia
- Gonorrhea
- HIV
- Syphilis



CD Reporting: Resurgence of Vaccine Preventable Diseases

- Vaccines are a safe and effective way to prevent diseases, and yet vaccination coverage has declined
- Outbreaks of Measles and Mumps in the U.S. underscore the need to maintain high vaccination rates
- The MMR vaccine requires high levels of vaccination coverage ($\geq 95\%$) to protect the public.
- In 2024, the Mecklenburg K-5 MMR vaccination coverage was near 92%. (source: NC DHHS)

MMR Vaccine Coverage for Kindergarteners by School Year (2024–2025)



Source: Centers for Disease Control and Prevention



CD Reporting: Resurgence of Vaccine Preventable Diseases

Measles Outbreaks

Highly contagious viral infection that can lead to serious complications

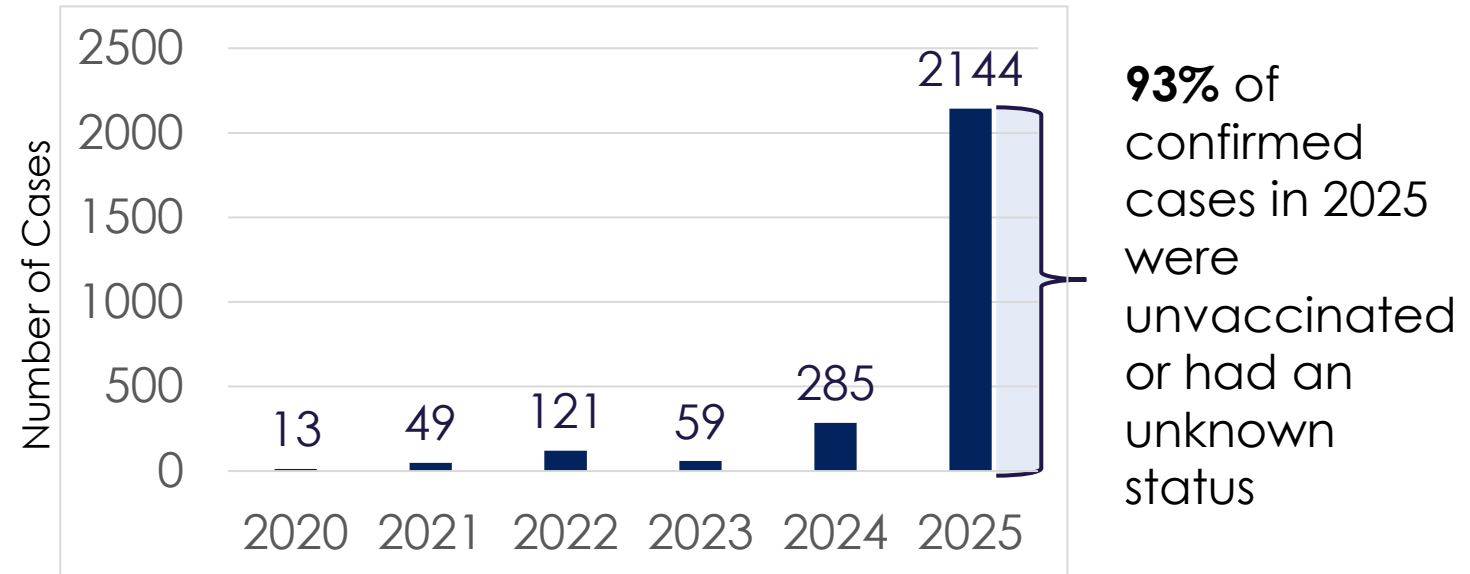
Nationally, in 2025

- 2,144 measles cases* reported
- 49 outbreaks
- 3 confirmed deaths from measles

Between Jan – Dec 2025,
0 cases of Measles were reported
in Mecklenburg County

*Reports are for confirmed cases.

Measle Cases in United States, 2020 – 2025



Social distancing practices during COVID pandemic potentially limited spread of measles during 2020.

Source: Centers for Disease Control and Prevention



CD Reporting: Resurgence of Vaccine Preventable Diseases

Measles in South Carolina and North Carolina

While no cases have been reported in Mecklenburg as of December 31, 2025,

- At least **3 cases have been reported in NC** and
- **The Upstate SC measles outbreak continues** with more than 170 cases reported.


[Back to All News](#)

TUESDAY MEASLES UPDATE: DPH Reports 20 New Measles Cases in Upstate, Bringing Outbreak total to 176

FOR IMMEDIATE RELEASE:
Dec. 30, 2025

COLUMBIA, S.C. — The South Carolina Department of Public Health (DPH) is reporting [20 new cases of measles](#) in the state since Friday, bringing the outbreak to 176 and the total number reported in the state to 196.

Seven of the new cases were known household exposures, two resulted from an exposure at a community event.

**NCDHHS**

Assistance ▾ Division of Public Health

[Home](#)

TUESDAY, JANUARY 6, 2026

Additional Children Positive for Measles in North Carolina

PRESS RELEASE — The North Carolina Department of Health and Human Services and Buncombe County Health and Human Services (BCHHS) Division of Public Health today announced additional cases of measles in three siblings in Buncombe County. The family had visited Spartanburg County, South Carolina, where there is a large ongoing measles outbreak approximately 1-2 weeks before the children became sick. To protect the

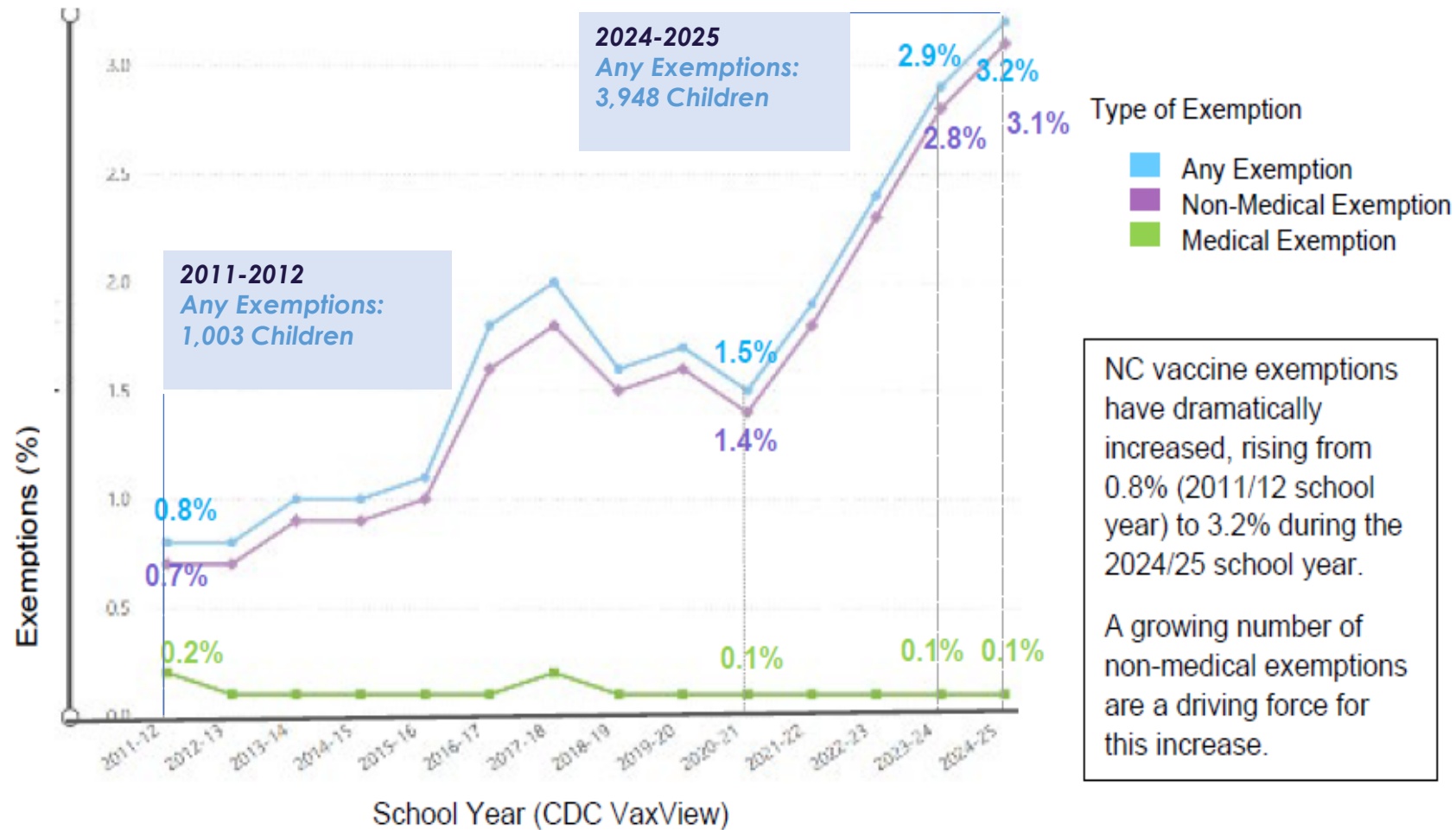


CD Reporting: Resurgence of Vaccine Preventable Diseases

Childhood Vaccination Rates Fall; Exemptions Increase

Vaccination rates among kindergartners for the 2024/2025 school year saw a decline, alongside an increase in exemptions on both national and statewide levels.

NC Percentage of Kindergarteners with an Exemption from One or More Vaccines by School Year



Pertussis and Varicella

- In addition to measles and mumps, national outbreaks of **Pertussis** and **Varicella** often occur.
- Safe and effective vaccines exist for both conditions.
- Currently, Pertussis and Varicella cases are higher compared to prior years.

Monthly CD Reporting: PERTUSSIS (Whooping Cough),Mecklenburg

2021 Jan – Dec	2023 Jan – Dec	2025 Jan – Dec
8 cases	4 cases	67 cases

Monthly CD Reporting: VARICELLA, Mecklenburg

2021 Jan – Dec	2023 Jan – Dec	2025 Jan – Dec
3 cases	22 cases	27 cases

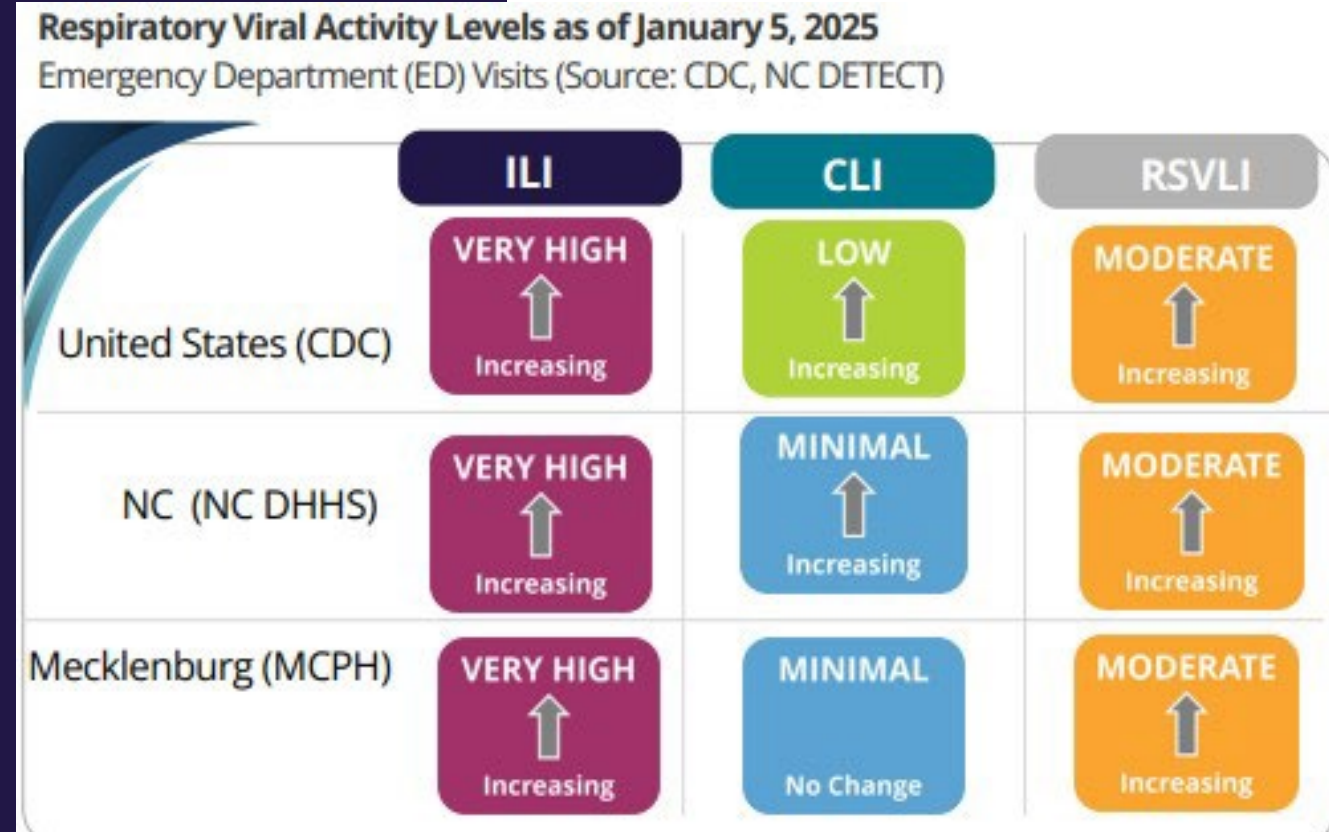
Source: MCPH, Communicable Disease Monthly Report (January – December 2025, preliminary counts)



CD Reporting: Acute Respiratory Illnesses

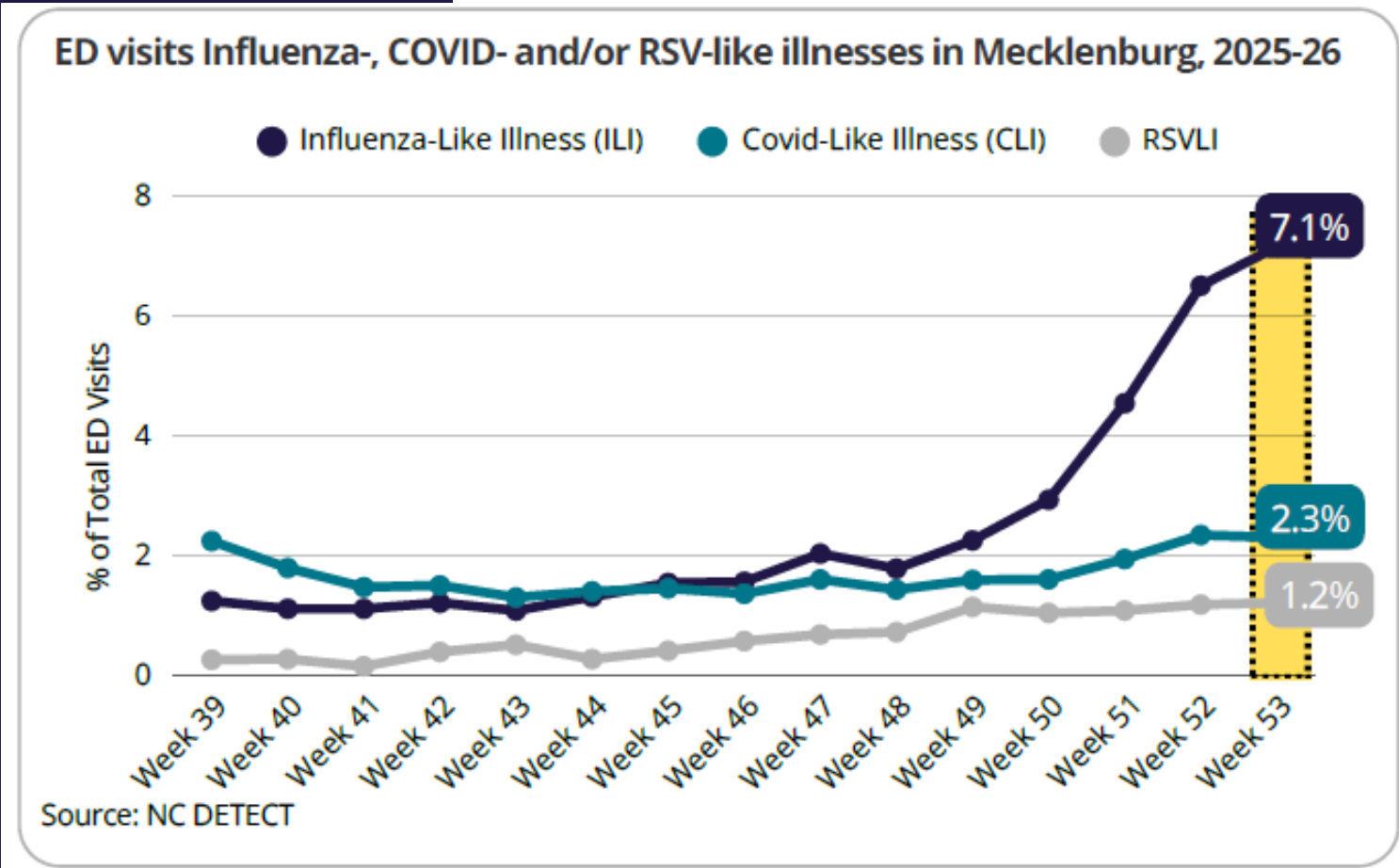
The following data reflects activity levels for people seeking medical care in emergency departments for:

- Influenza (FLU)-like illness (**ILI**) and/or
- COVID-like Illness (**CLI**),
- Respiratory Syncytial Virus-like illness (**RSVLI**).



CD Reporting: Acute Respiratory Illnesses

Emergency Department (ED) visits related to Acute Respiratory Illnesses have increased in the county. **Current rates are higher than those from the past two years.**



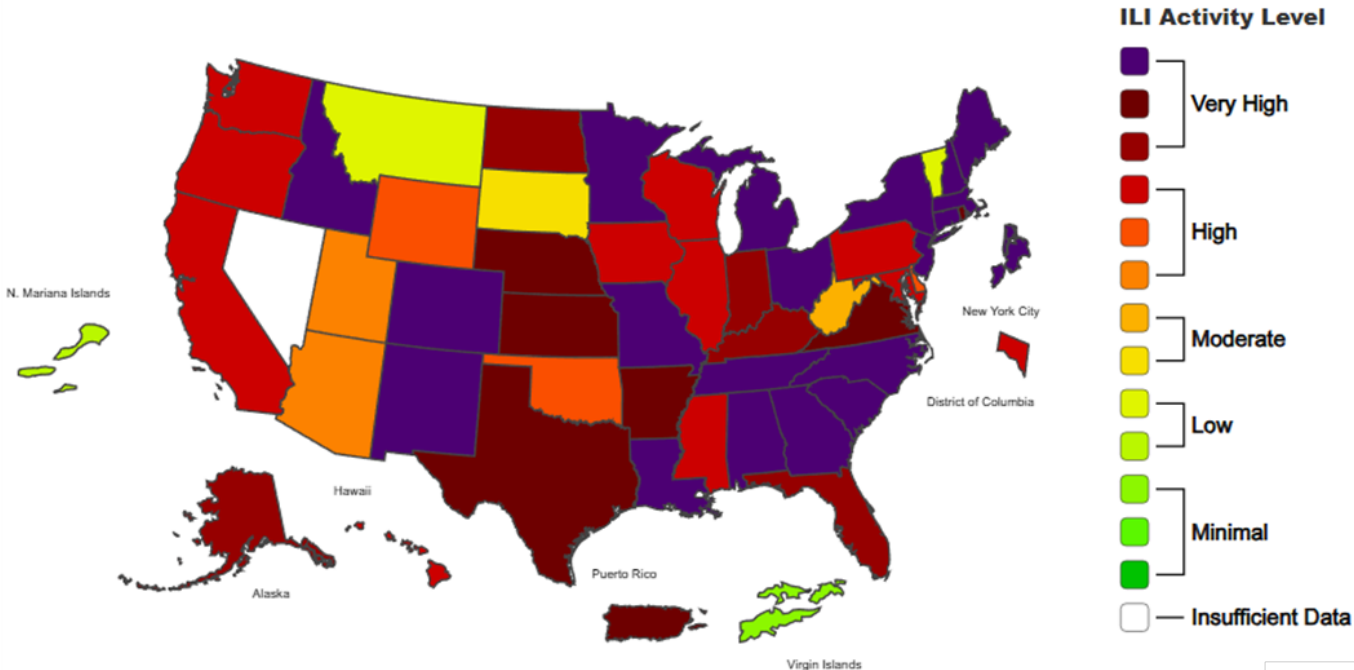
CD Reporting: Acute Respiratory Illnesses

Influenza-Like Illness (ILI)

Seasonal influenza activity is elevated and continues to increase across the country.



Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet
2025-26 Influenza Season Week 52 ending Dec 27, 2025



Nationally *(as of 12.27.2025)*

- 8% of weekly visits to healthcare providers are ILI-related.
- **≈5000 Flu-related deaths (9 pediatric).**

North Carolina *(as of 1.3.2026)*

- 12% of weekly visits to emergency departments had ILI symptoms.
- **71 Flu-related deaths (2 pediatric)**

Mecklenburg *(as of 1.3.2026)*

- 7% of weekly visits to emergency departments were ILI-related.
- **4 Flu-related deaths**



CD Reporting: Other Trends to Watch

While some communicable diseases rise and fall due to seasonal trends, it is important to identify unexpected increases that may pose a threat to population health.

Note: Legionella is a serious type of pneumonia caused by *Legionella* bacteria. It is treatable with antibiotics. People can get Legionella by breathing mist containing *Legionella* bacteria. In general, it isn't spread person to person. (source CDC)

Increases in Legionella

Nationally, reported cases have been **increasing since the early 2000s**.

- **In 2025, 32 cases were reported in Mecklenburg** compared to a 3-yr average of 16 reports.
- No common source transmission identified; increased testing of disease may contribute to some of increase.

MPOX

Cases have declined following the 2022 global outbreak. Recent uptick in national reports are of concern.

- **In 2025, 19 cases were reported in Mecklenburg** compared to a 3-yr average of 88 reports.



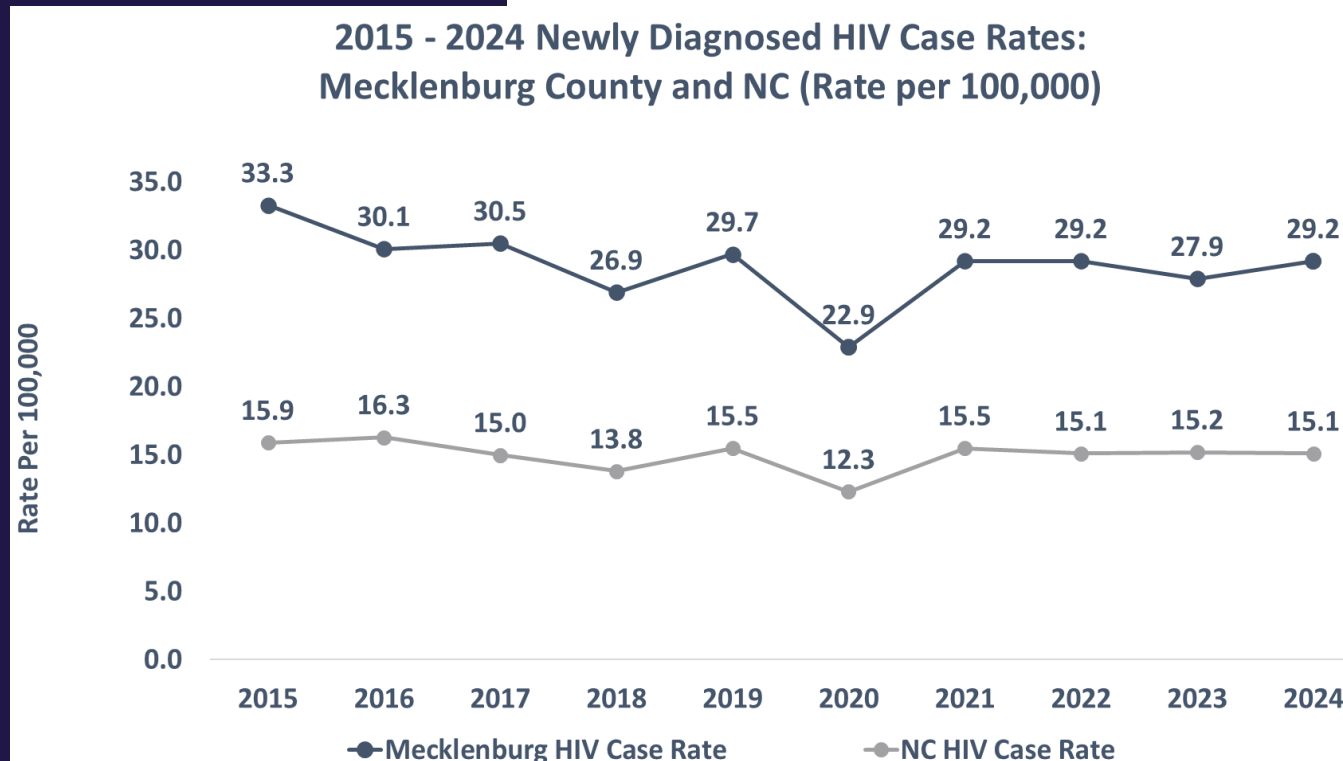
HIV/AIDS Update



HIV/AIDS Reporting

Newly Diagnosed HIV Cases

- 7,724 persons are living with HIV in Mecklenburg County (as of 12.31.2024)
- 285 new HIV diagnoses reported in 2024 with 145 AIDS diagnoses.
- **As of September 2025, 205 new HIV infections have been diagnosed and 97 AIDS cases reported**



Note: HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.

Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025



HIV/AIDS Reporting: Demographics

For Mecklenburg County 2024 new HIV diagnoses:

- The 20-29 age group consisted of **40%** of new cases
- Men accounted for nearly **84%** of cases
- **3 out of 5** new infections were among NH-African Americans
- MSM accounted for nearly **69%** of cases

2024 Newly Diagnosed HIV Cases, Meck

Gender

84% of new HIV diagnoses were **Males** and **16%** were **Females**



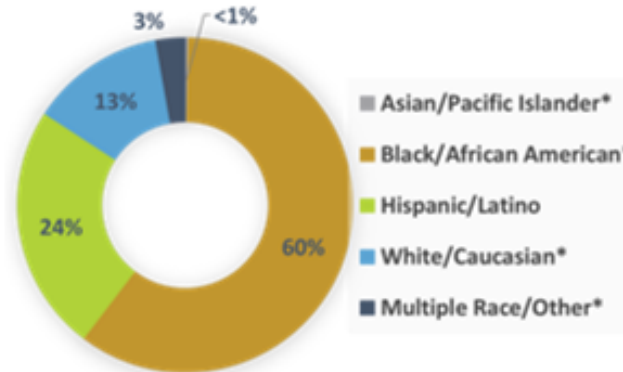
Age

Nearly **2** out of **5** were among 20 – 29 years



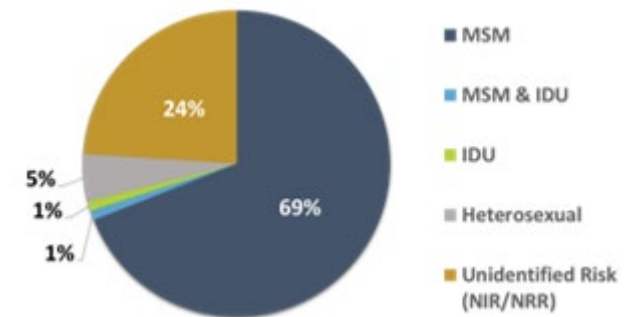
Race/Ethnicity

In 2024, NH-African Americans accounted for nearly **3** out of **5** new HIV cases



Transmission Categories

Nearly 70% of HIV diagnoses were attributed to MSM.



¹HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.

²Age at date of Diagnosis

Percentages may not total 100% due to rounding

Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), as of July 2025



Update on Other Sexually Transmitted Infections (STI)



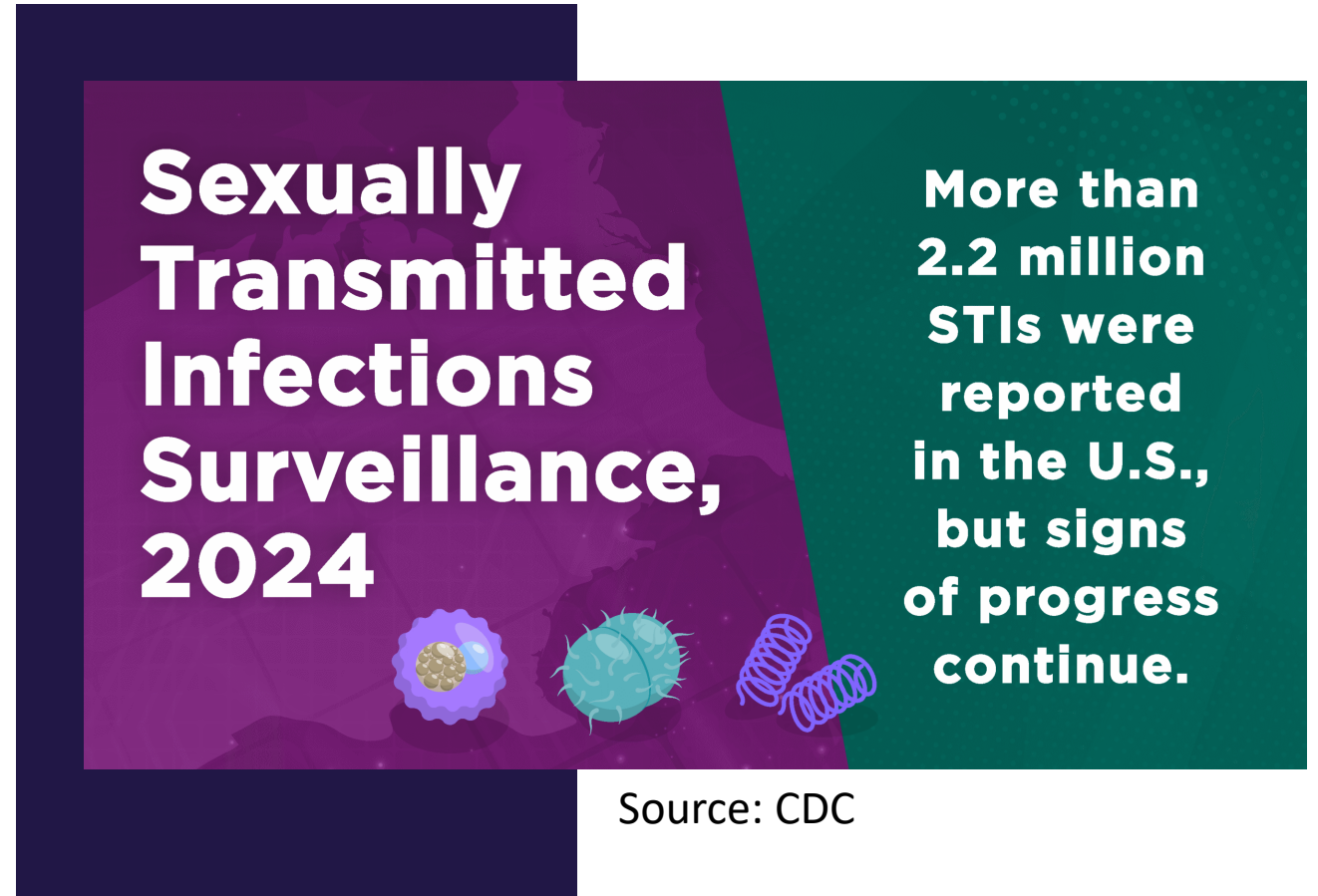
Sexually Transmitted Infections

Nationally, the burden of STIs remain high but signs of progress are evident.

- In 2024, overall STI case reporting declined for the 3rd consecutive year.

However, challenges persist:

- Current STI cases (2.2 million) are 13% higher compared to a decade ago.
- Congenital syphilis increased for the 12th year in a row, with nearly 4,000 reported cases in 2024.



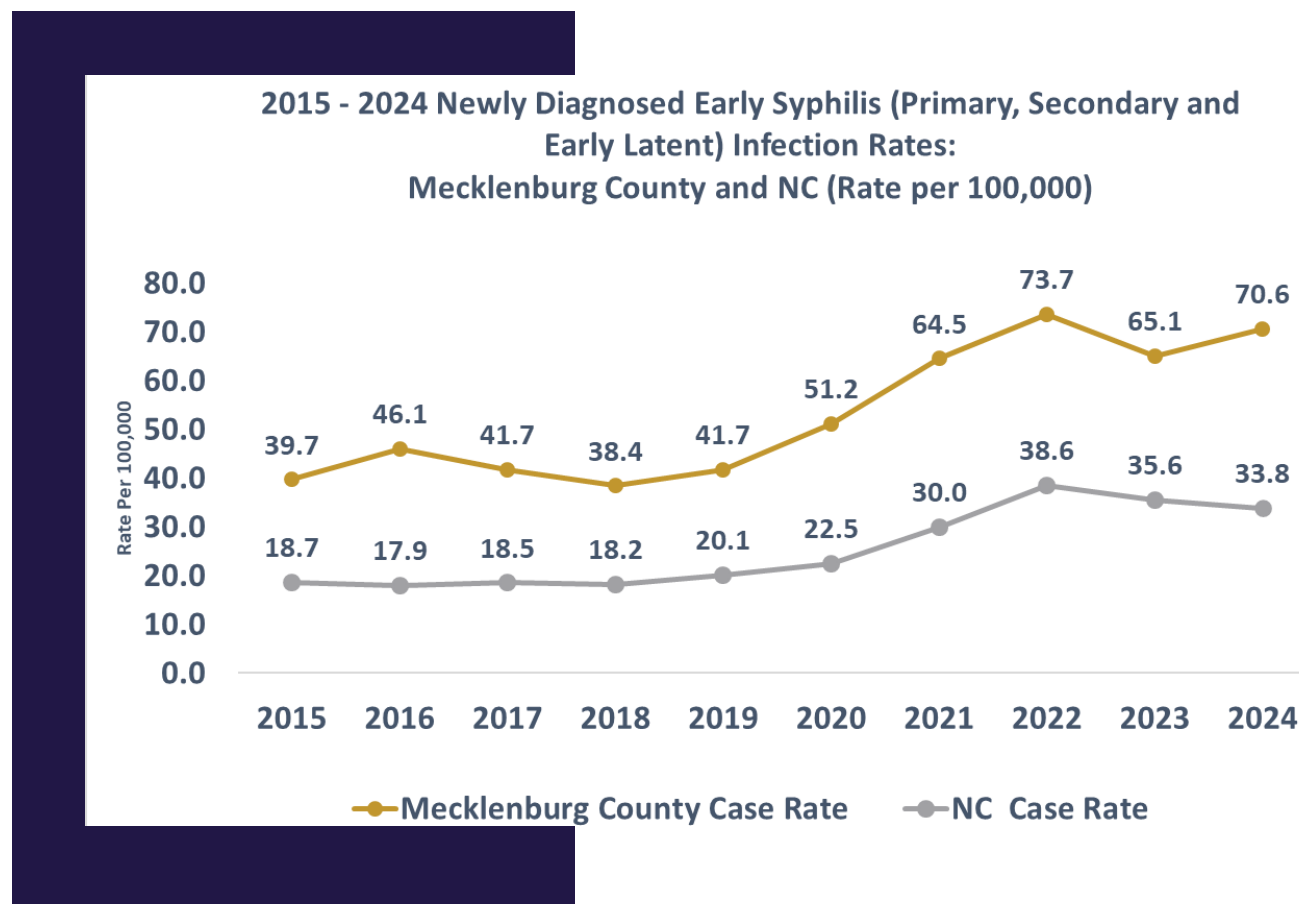
Newly Diagnosed Syphilis Cases

Mecklenburg Syphilis Cases

821 Early Syphilis cases were reported in 2024, for a case rate of 71 per 100,000.

- Nearly 40% of reports were among persons 25- 34 years of age
- 4 out of 5 cases were male
- 64% were African-American

As of September 2025, 543 new Early syphilis cases have been reported.



Note: Early syphilis is defined as having primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.
Data based on age at date of Diagnosis
Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025



Congenital Syphilis Cases: Early Signs of Progress

Congenital or newborn syphilis is a deadly but preventable consequence of the ongoing STI epidemic. Early signs of progress in addressing CS reflect the impact of public health efforts, such as:

- **MCPH HIV/Syphilis Taskforce** providing leadership to response activities.
- **Increased awareness of epidemic** including media alerts, Syphilis Summits for health providers, etc.
- **Case management referral efforts** for high-risk pregnancies

Congenital Syphilis Cases in Mecklenburg

2023 Jan – Dec	2024 Jan – Dec	2025* Jan – Sept
13 cases	23 cases	10 cases

Congenital Syphilis Stillbirths in Mecklenburg

2023 Jan – Dec	2024 Jan – Dec	2025* Jan – Sept
5	2	0

Challenges Persist:

- **Nationwide shortage of Bicillin L-A** (only recommended and effective treatment for syphilis during pregnancy).
- **National Reduction in Public Health Funding**



Chlamydia Case Reporting

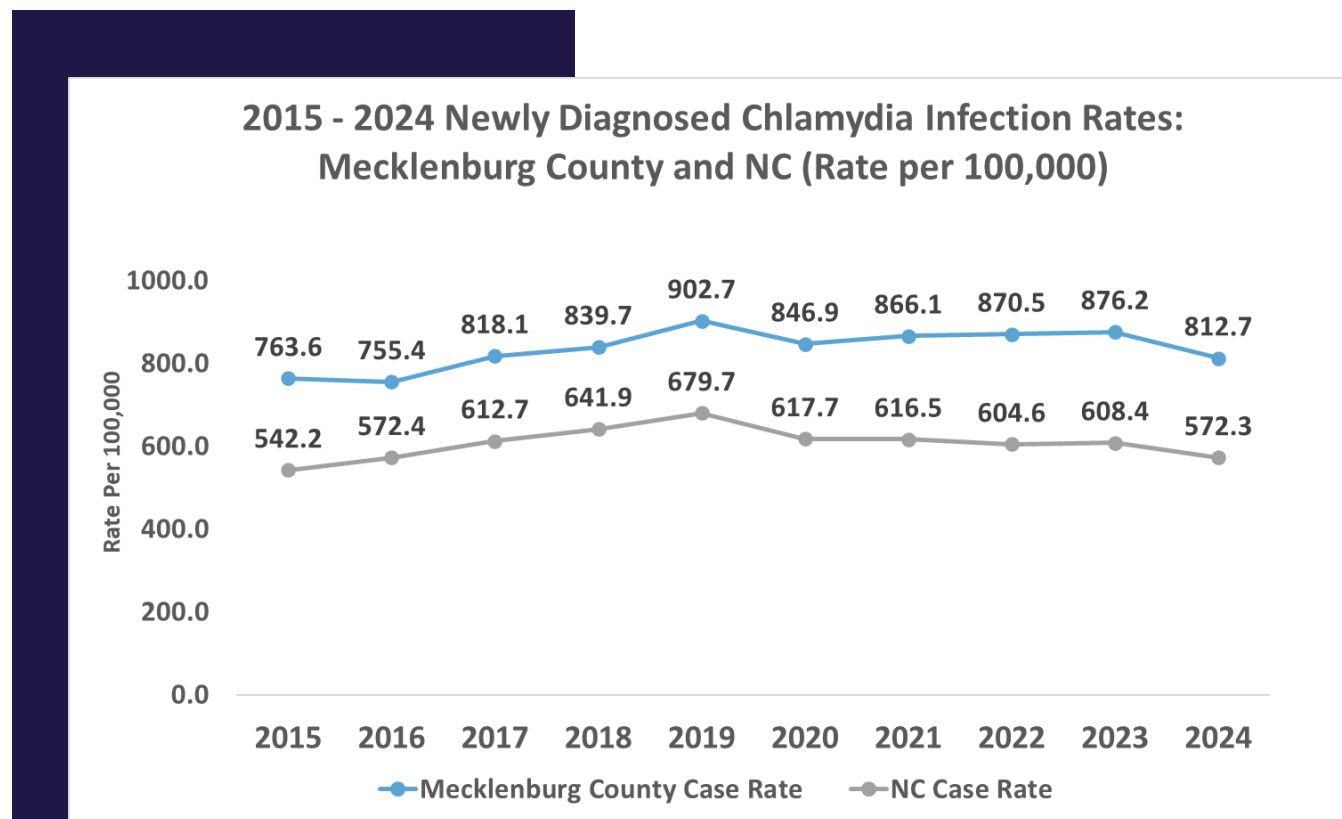
Mecklenburg Chlamydia Cases

Chlamydia remains the most frequently reported STI in the county.

In 2024 there were 9,457 cases reported

- 58% were among persons 15 – 24 years of age
- 63% cases were female
- 55% were African-American

As of September 2025, 5,106 new Chlamydia cases have been reported



Note: Due to proper screening processes, most Chlamydia diagnoses can be detected in both males and females. Evidence shows that disease can cause high risk of complications in females, so multiple screening programs are able to detect chlamydia infections in females. However, there aren't as many comparable screening programs for males. Therefore, chlamydia cases reported are typically higher in females than males.

Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025



Gonorrhea Case Reporting

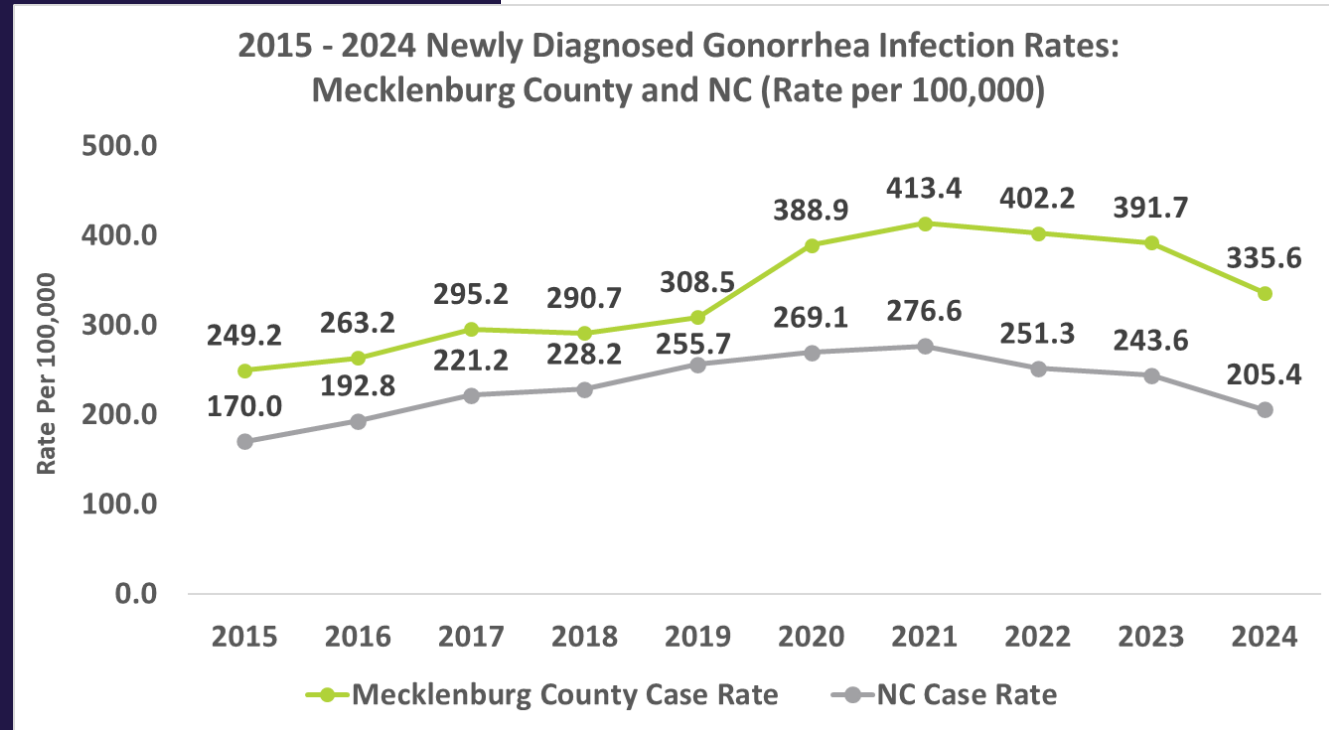
Mecklenburg Gonorrhea Cases

Gonorrhea is the 2nd most frequently reported STI in the county.

In 2024 there were 3,905 cases reported

- 45% were among persons 20-29 years of age
- 65% cases were male
- 65% were African-American

As of September 2025, 2,151 new Gonorrhea cases have been reported



Based on age at date of Diagnosis

Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025





Legislation Text

File #: 26-0013

Meeting Date: 1/13/2026

File Type: Agenda Item

Proposed Board of Health Rule Revisions

ACTION:

Provide an overview of proposed Board of Health rule revisions related to environmental health services

Staff Contact: Dr. Raynard Washington, PhD MPH

Presentation: Yes

BACKGROUND/JUSTIFICATION

Dr. Washington will provide an overview of proposed Board of Health rule revisions related to environmental health services.

PROCUREMENT BACKGROUND:

N/A

POLICY IMPACT:

N/A

FISCAL IMPACT:

N/A



Proposed Board of Health Rule Revisions

Presented to the Mecklenburg
Board of County Commissioners
January 13, 2026

Board of Health Rules

Overview of Board of Health Rules

- Directives related to health
- Apply throughout County
 - including in municipalities
- Can be adopted by BOCC
 - acting as the Consolidated Human Services Agency
 - exercising the authority of a Board of Health in Mecklenburg County



Board of Health Rules

Overview of Board of Health Rules - continued

- Have the force of law
- Enforcement tools:
 - Criminal - Misdemeanor
 - Civil - Injunction
 - Administrative - Fine



Board of Health Rules

Overview of Board of Health Rules - continued

- Requirements to adopt, amend or repeal BOH Rule
 - 10 days notice
 - Publication in local newspaper



Board of Health Rules

Recommendations for Board of Health Rules

- Repeal 1 current Board of Health Rule
 - Residential Swimming Pools
- Amend 2 current Board of Health Rules
 - Child Day Care Homes
 - Groundwater Wells



Board of Health Rules

Residential Swimming Pools

- Rule adopted in 1999; most recently amended in 2023
- Purpose of Rule - establish safety standards for residential swimming pools
- Reason to Repeal Rule:
 - SL 2025-94 (H926) amended NC Gen. Stat. 130A-39 and removed local authority to adopt rules related to residential swimming pools



Board of Health Rules

Child Day Care Homes/Family Child Care Homes

- Rule adopted in 1999; most recently amended in 2023
- Purpose of Rule – establish minimum health and safety standards for family child care homes not covered by NC DHHS sanitation regulations; require annual operating permit
- Proposed amendments:
 - Change name from “Child Day Care Homes” to “Family Child Care Homes” to align with NC Child Development and Early Education (DCDEE) terminology



Board of Health Rules

Child Day Care Homes/Family Child Care Homes - continued

- Proposed amendments - continued
 - Update definition of “child care” to align with DCDEE definition
 - Remove enforcement of building code and zoning requirements (outside scope of EHS authority)
 - Remove requirements related to swimming pools on property (no longer have authority to regulate private pools)



Board of Health Rules

Child Day Care Homes/Family Child Care Homes - continued

- Proposed amendments - continued
 - Update sanitation requirements to better align with requirements of licensed child care centers
 - Add personnel health, safety and hygiene requirements to align with requirements of licensed child care centers
 - Add authority for the Health Director to suspend or revoke permit for failure to comply with Rules



Board of Health Rules

Groundwater Wells

- Rule adopted in 2004; most recently amended in 2011
- Purpose of Rule – requires registration, permitting and monitoring of certain wells in Mecklenburg County
- Proposed amendments:
 - Divide into 2 separate rules:
 - Private Drinking Water Supply Wells
 - Wells Other Than Drinking Water Supply Wells
 - Irrigation, TNC/NTNC and monitoring wells



Public Health Rules

Groundwater Wells

- Proposed amendments – continued
 - Update statutory references
 - Add appeals procedures to each Rule consistent with state statute
 - Clarify that these are Board of Health Rules, not local ordinances or regulations



Board of Health Rules

Private Drinking Water Supply Wells

- Proposed amendments:
 - Adopt State's well construction standards
 - Area of Regulated Groundwater Usage (ARGU) reviews that require restrictions i.e. (requiring full grout or sampling requirements) will be required to be recorded with the Register of Deeds prior to issuing a well permit



Board of Health Rules

Wells Other Than Drinking Water Supply Wells

- Proposed amendments:
 - Adopt State's well construction standards
 - Eliminate exemption for sites designated at high-risk from monitoring well payments
 - Sites deemed "orphan" sites can still be exempted if monitoring wells are installed to determine responsible party for contamination



Board of Health Rules

Next Steps

- BOCC, acting as CHSA, will vote on these proposals at an upcoming meetings
- If BOCC votes to approve these changes, notice will be published in local newspaper
- Changes will be effective 10 days after publication





Mecklenburg County

600 East Fourth Street
Charlotte, NC 28202

Legislation Text

File #: 26-0021

Meeting Date: 1/13/2026

File Type: Agenda Item

Commissioner Reports

ACTION:

Receive information from the Board of County Commissioners

Staff Contact: Kristine M. Smith, Clerk to the Board

Presentation: No

BACKGROUND/JUSTIFICATION:

Commissioners may share information.

PROCUREMENT BACKGROUND:

N/A

POLICY IMPACT:

N/A

FISCAL IMPACT:

N/A



Mecklenburg County

600 East Fourth Street
Charlotte, NC 28202

Legislation Text

File #: 26-0023

Meeting Date: 1/13/2026

File Type: Closed Session

NEW ITEM: Closed Session

ACTION:

Go into Closed Session according to G.S. 143-318.11 to:

- (A) Discuss Land Acquisition;**
- (B) Consult with Attorney;**
- (C) Discuss Business Location and Expansion;**
- (D) Discuss Personnel Matter; and/or**
- (E) To Prevent Disclosure of Information that is Confidential**

Staff Contact: Kristine M. Smith, Clerk to the Board

Presentation: Yes

BACKGROUND/JUSTIFICATION:

N/A

PROCUREMENT BACKGROUND:

N/A

POLICY IMPACT:

N/A

FISCAL IMPACT:

N/A