



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
Enteric, Food and Waterborne	Ophthalmia Neonatorum	0	0	0	0	0	0						0	0	0
	Pelvic Inflammatory Disease (PID)	1	1	2	0	1	0						5	1	10
	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
Vaccine Preventable	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
	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

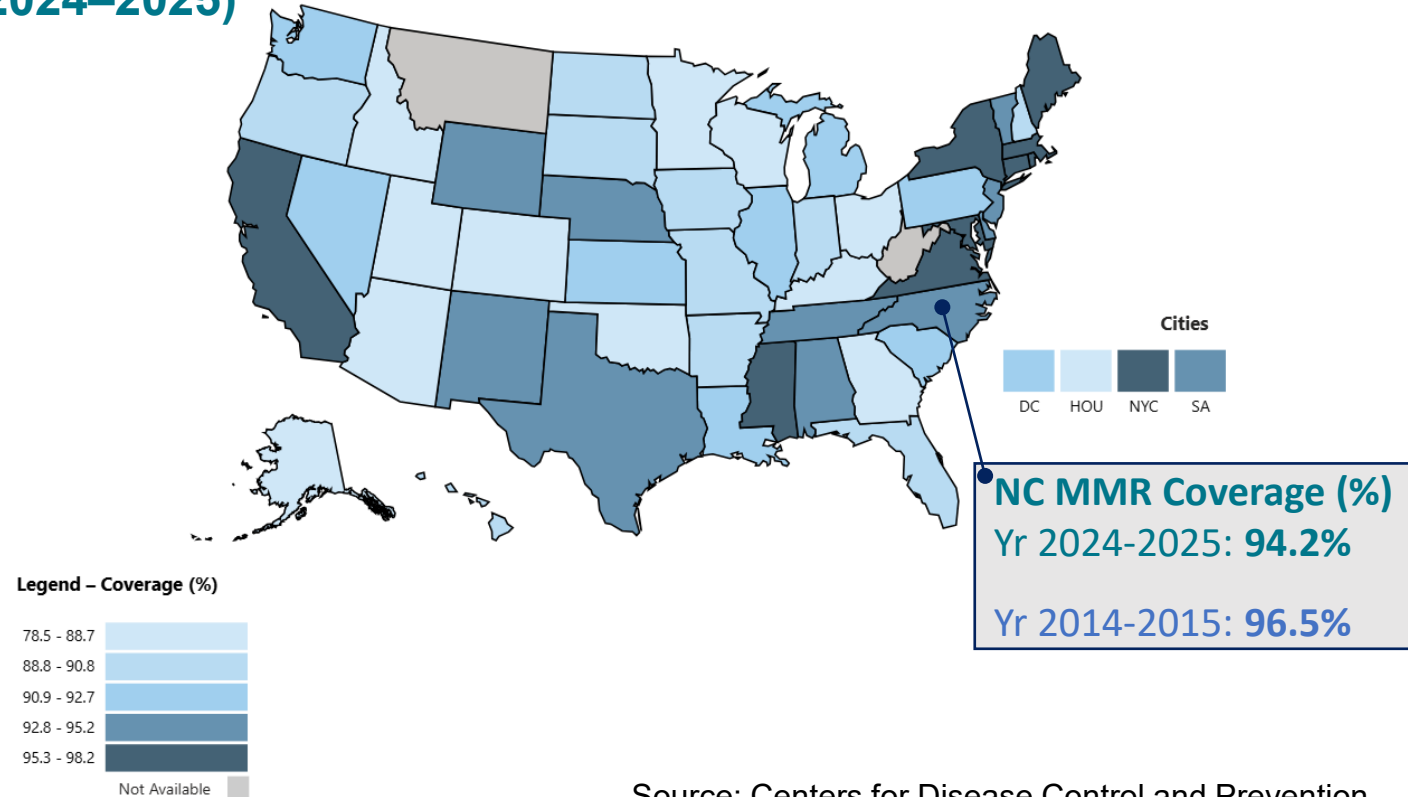
- Chlamydia
- Gonorrhea
- HIV
- Syphilis



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

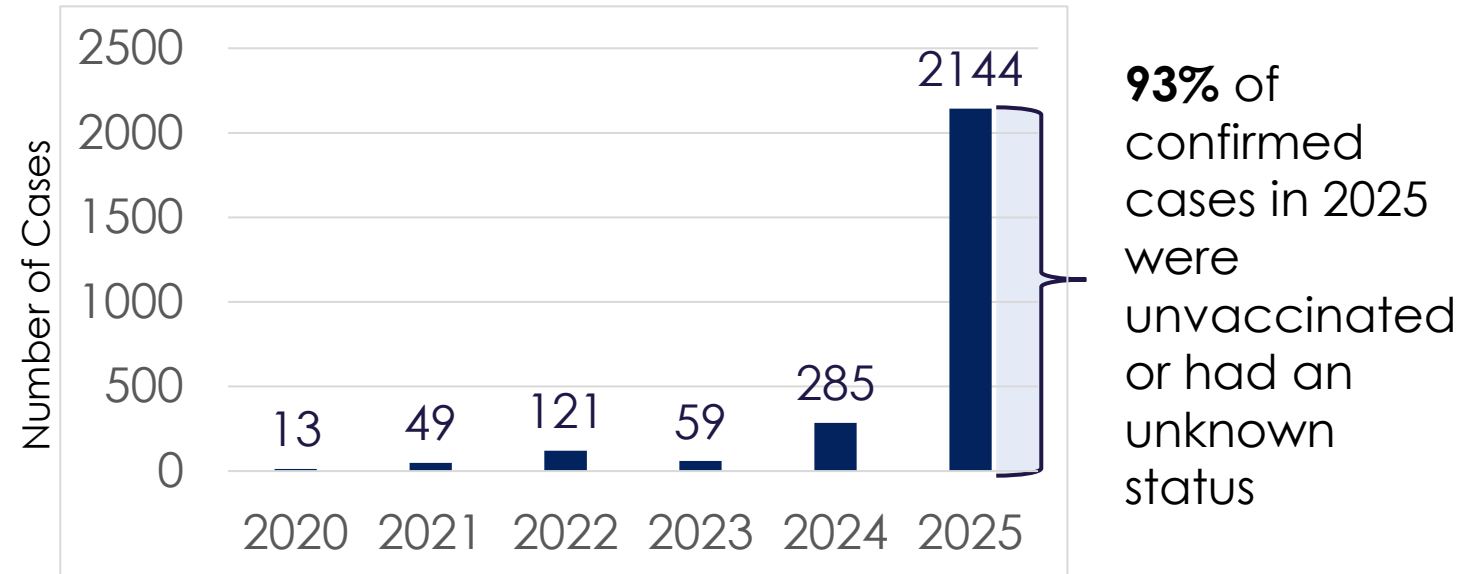
Nationally, in 2025

- 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

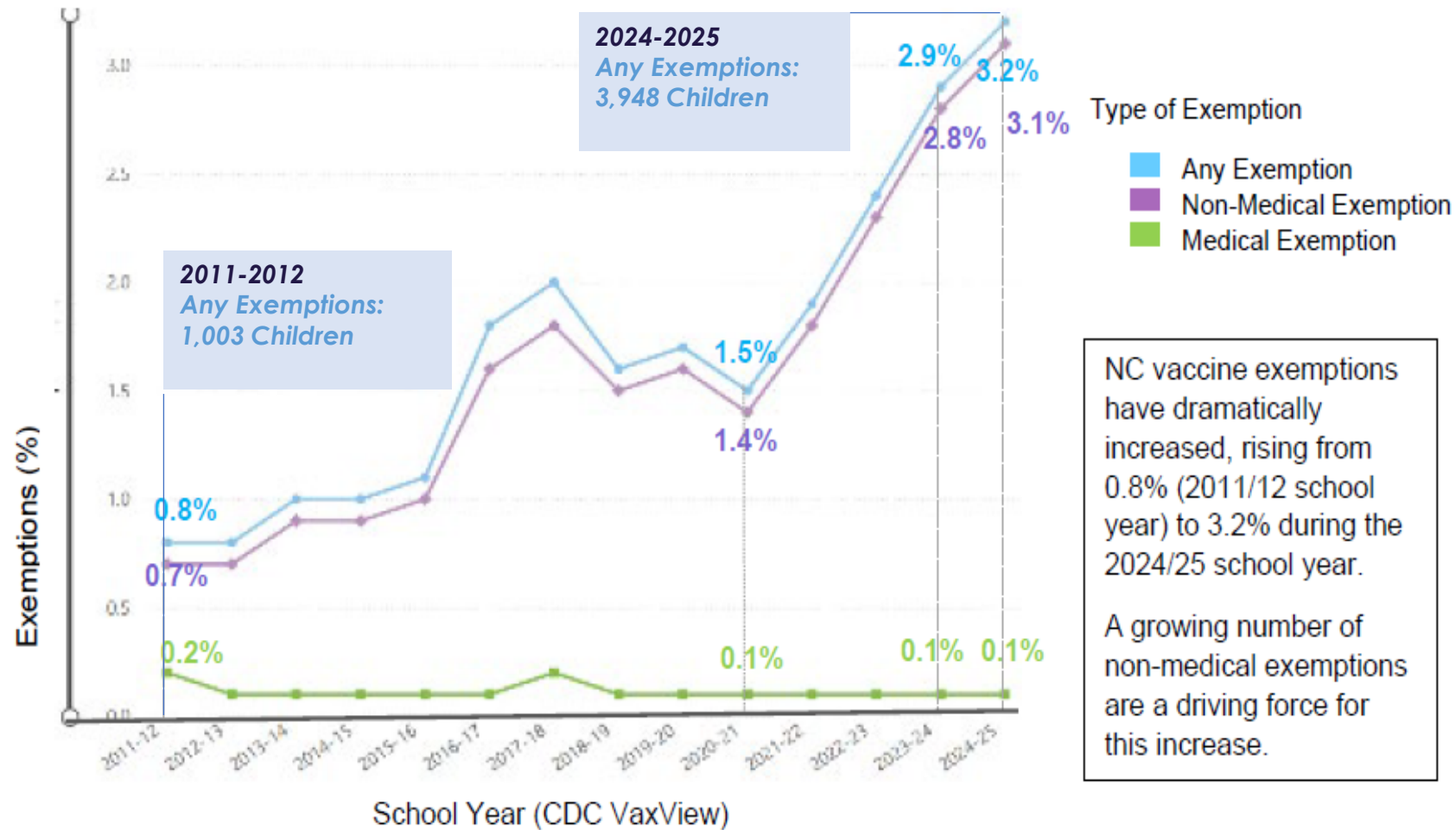


CD Reporting: Resurgence of Vaccine Preventable Diseases

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 Kindergartners 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

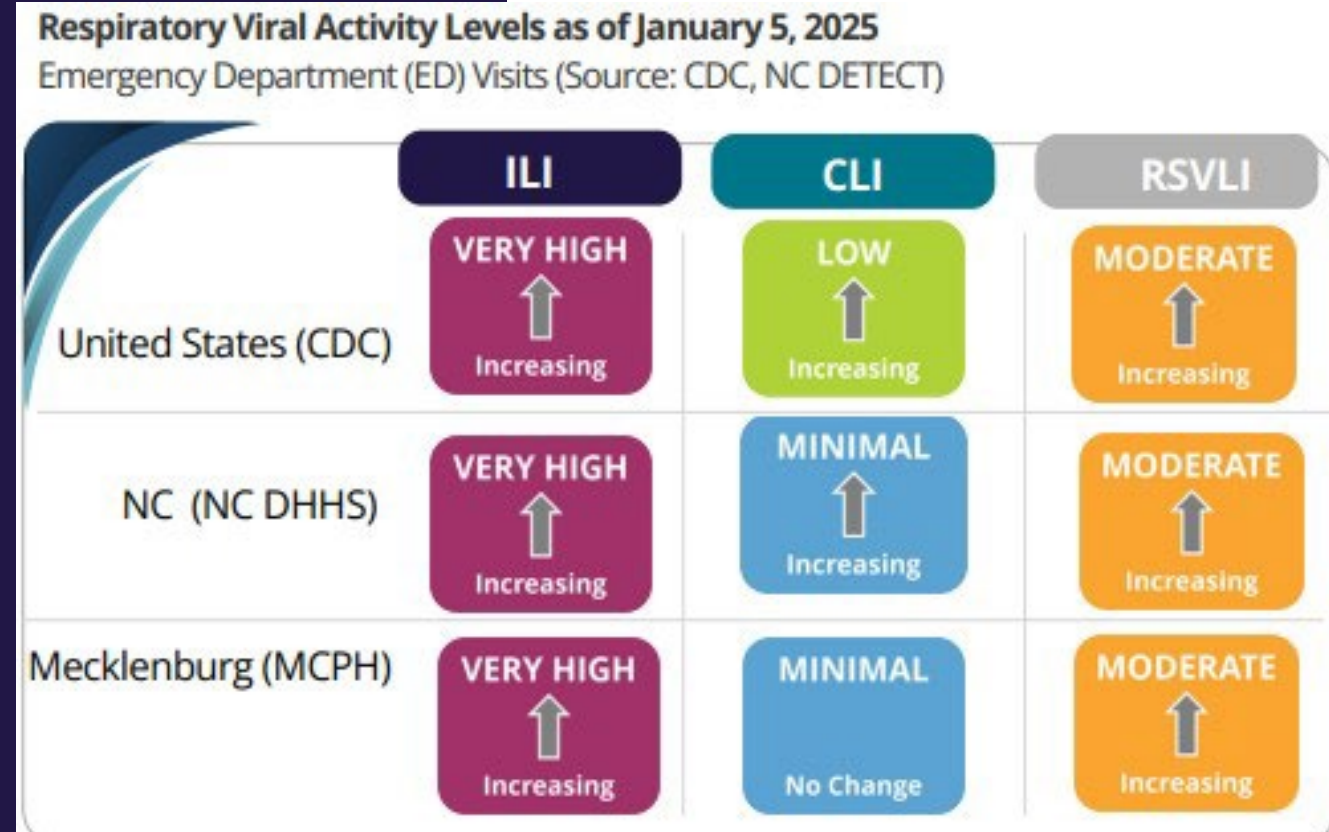
Source: MCPH, Communicable Disease Monthly Report (January – December 2025, preliminary counts)



CD Reporting: Acute Respiratory Illnesses

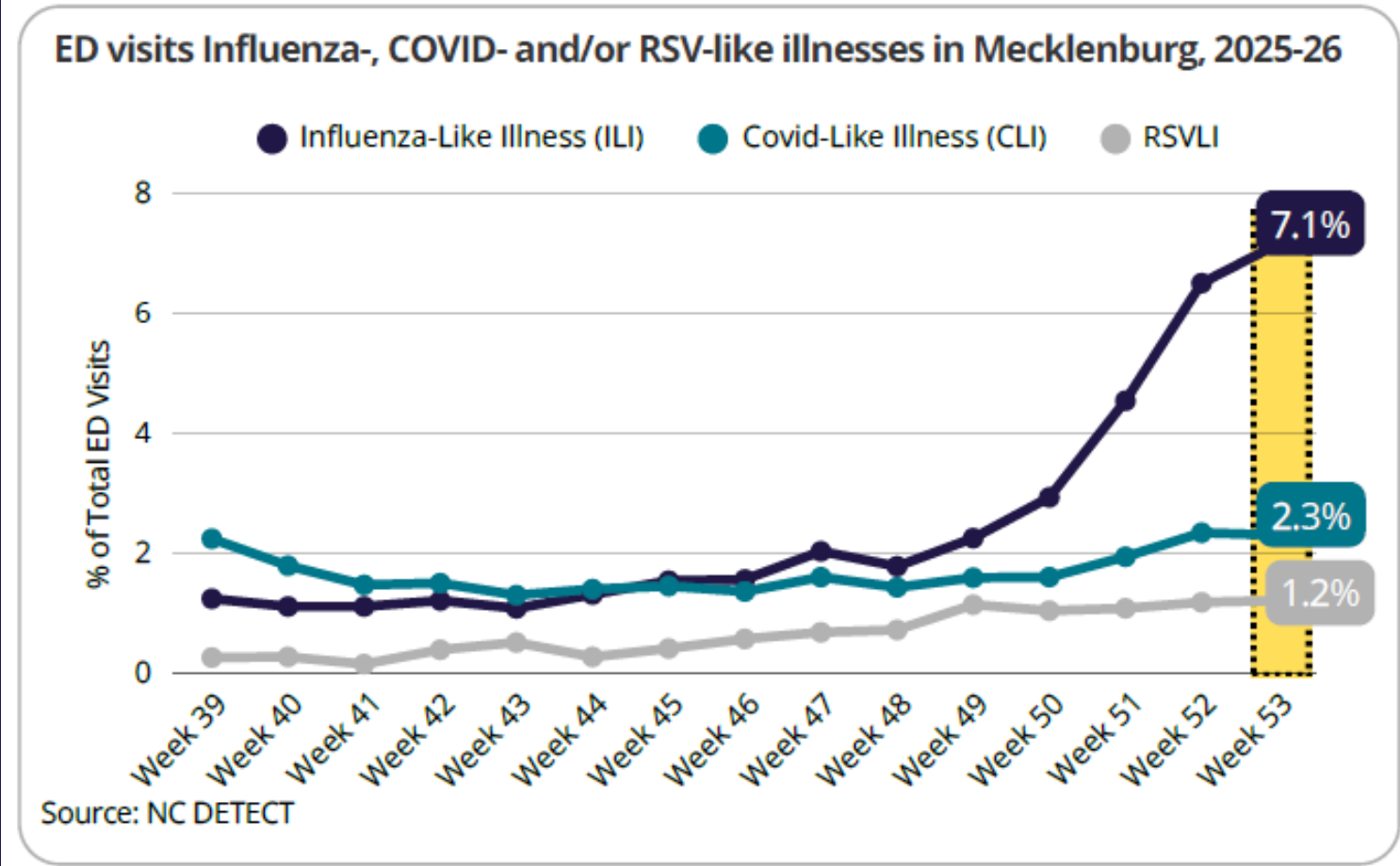
The following data reflects activity levels for people seeking medical care in emergency departments for:

- 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.**



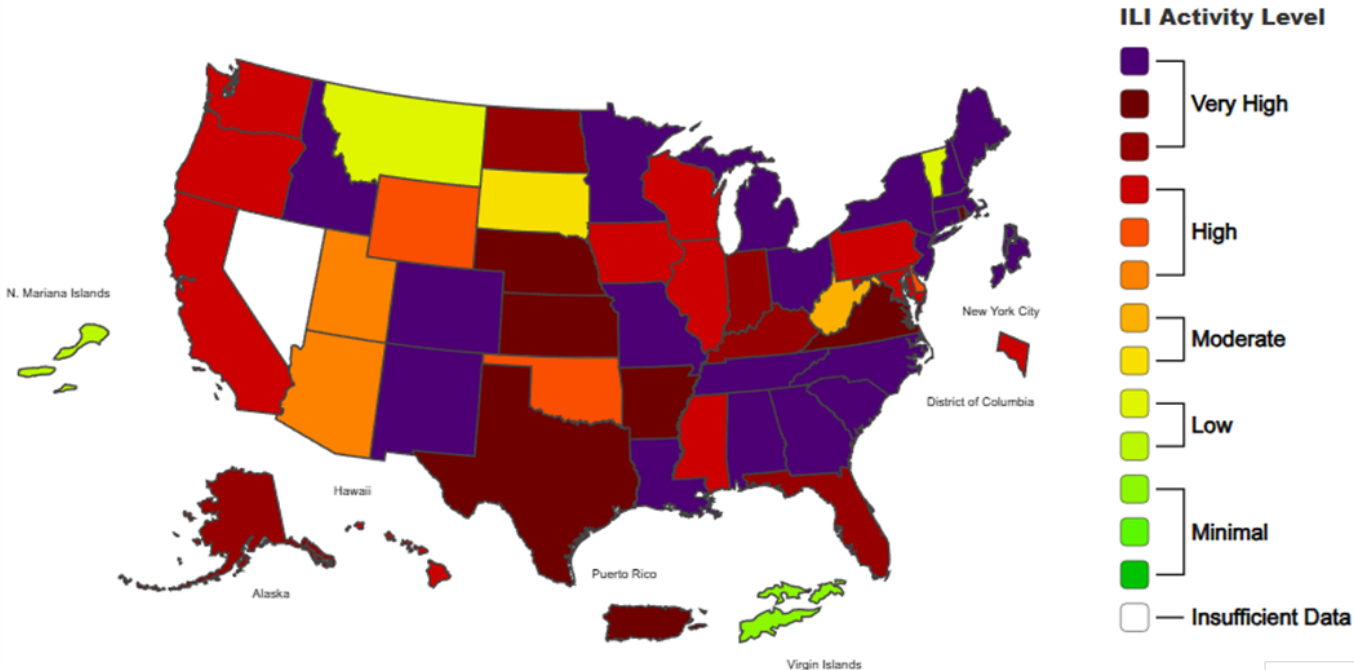
CD Reporting: Acute Respiratory Illnesses

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.



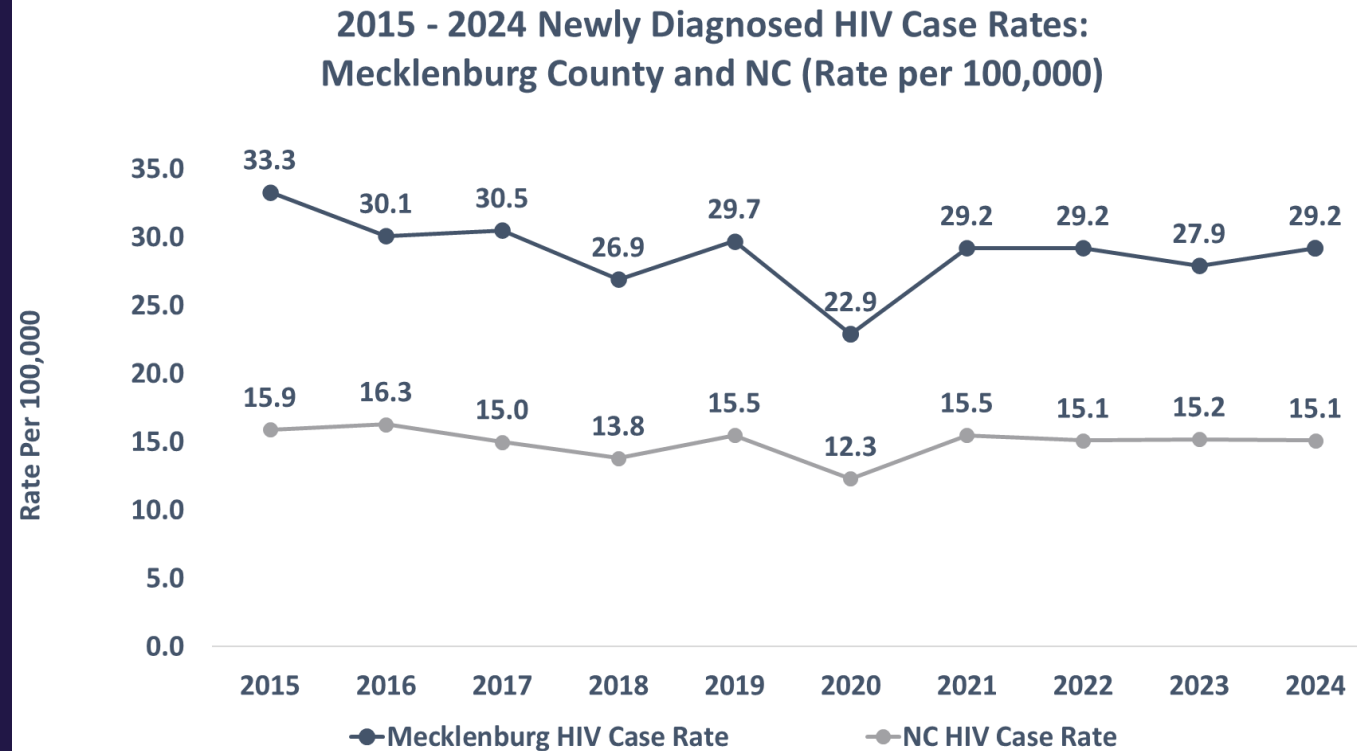
HIV/AIDS Update



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**



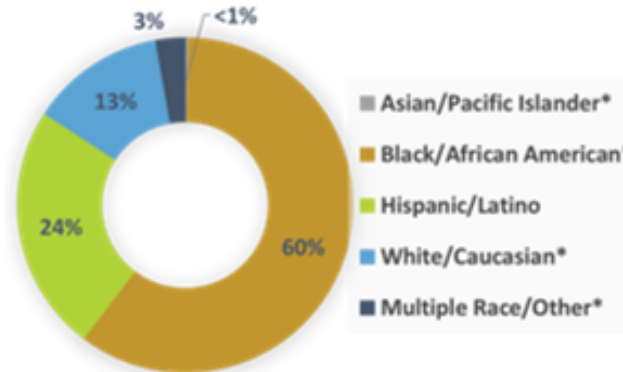
Age

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



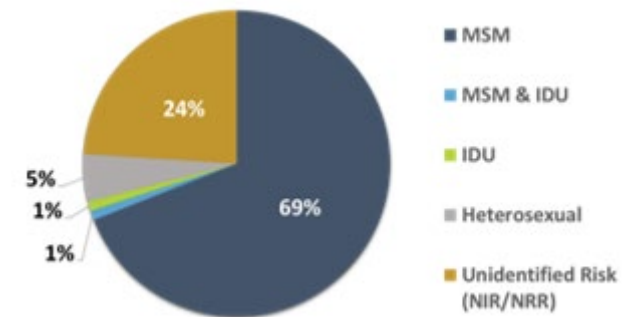
Race/Ethnicity

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)



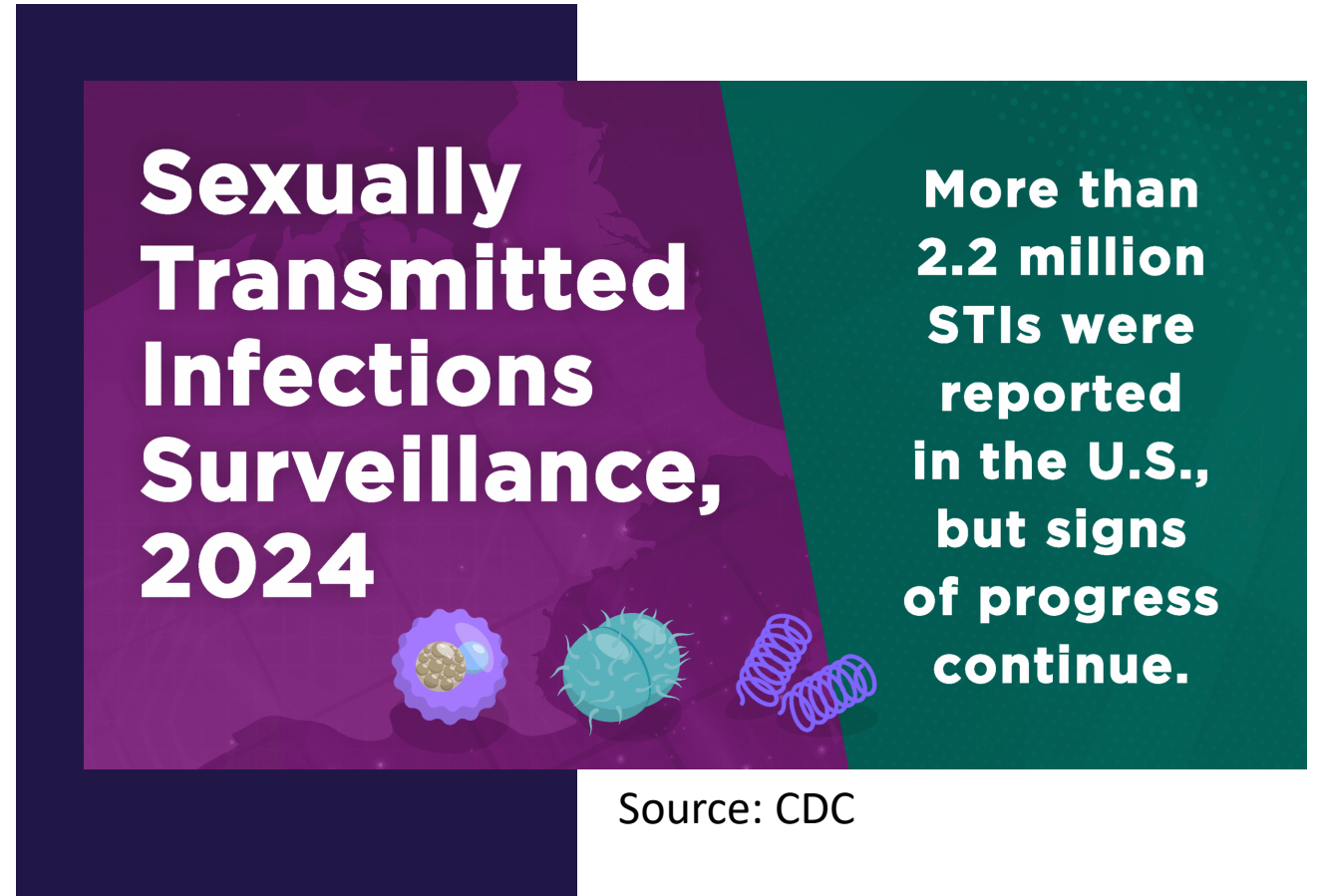
Sexually Transmitted Infections

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.



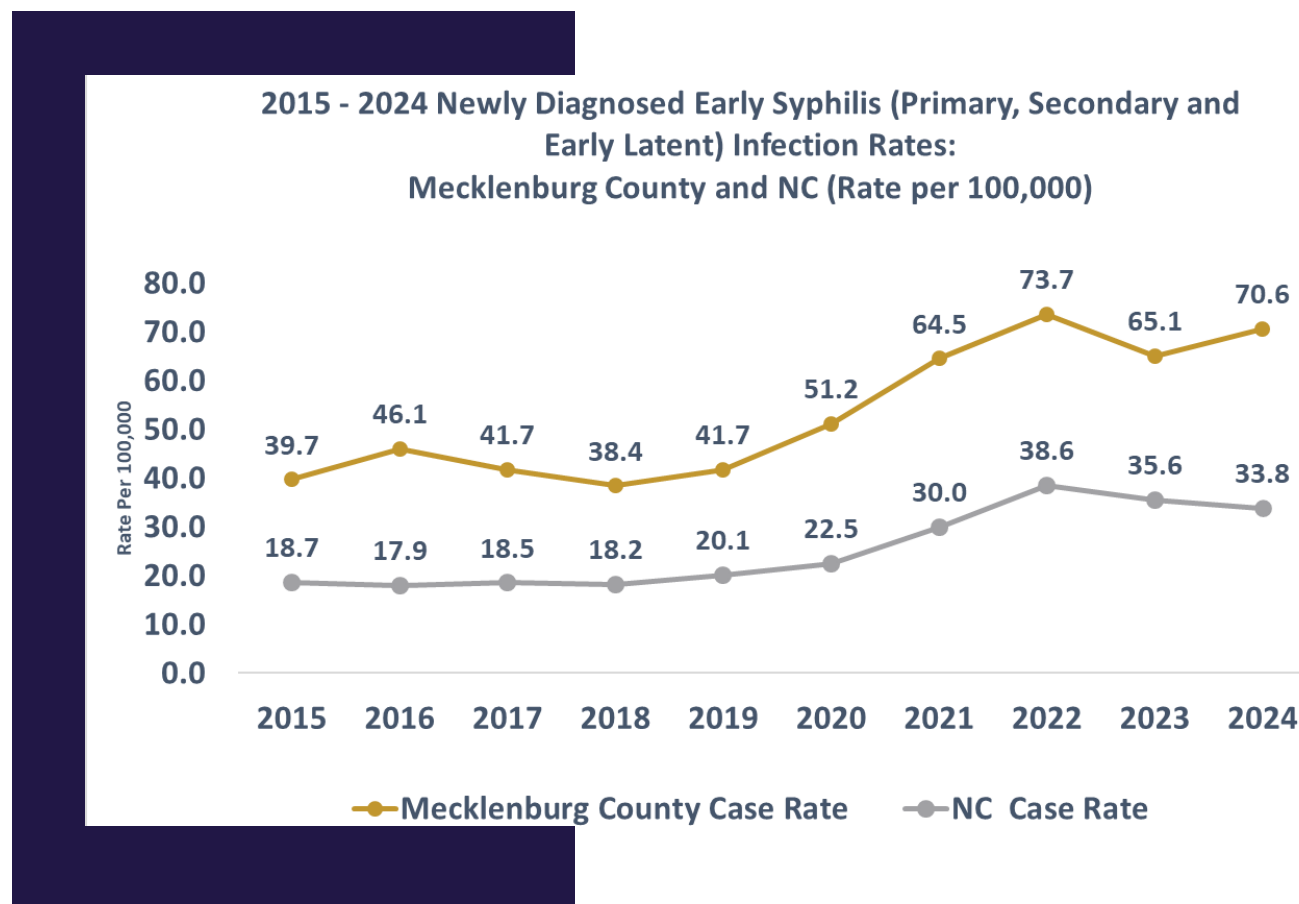
Newly Diagnosed Syphilis Cases

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

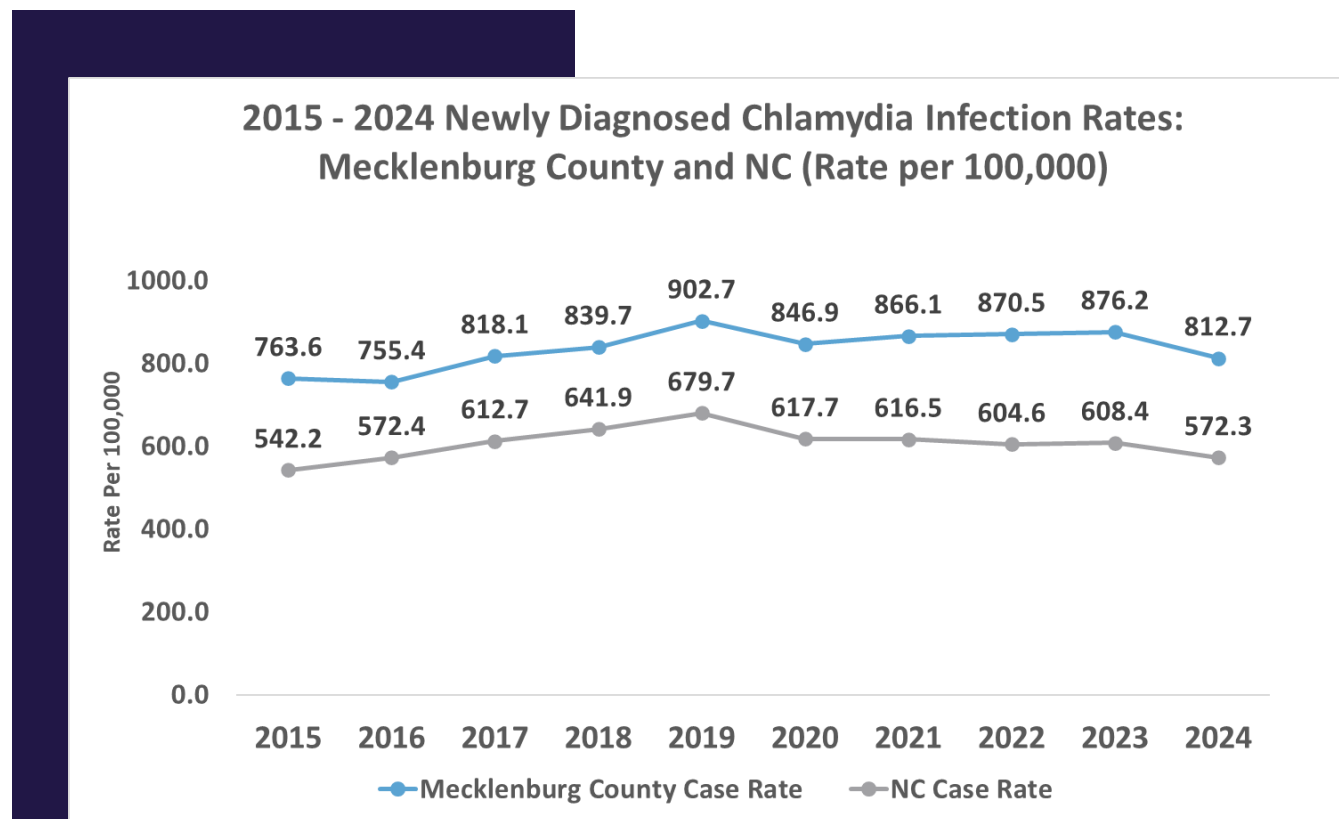
Mecklenburg Chlamydia Cases

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

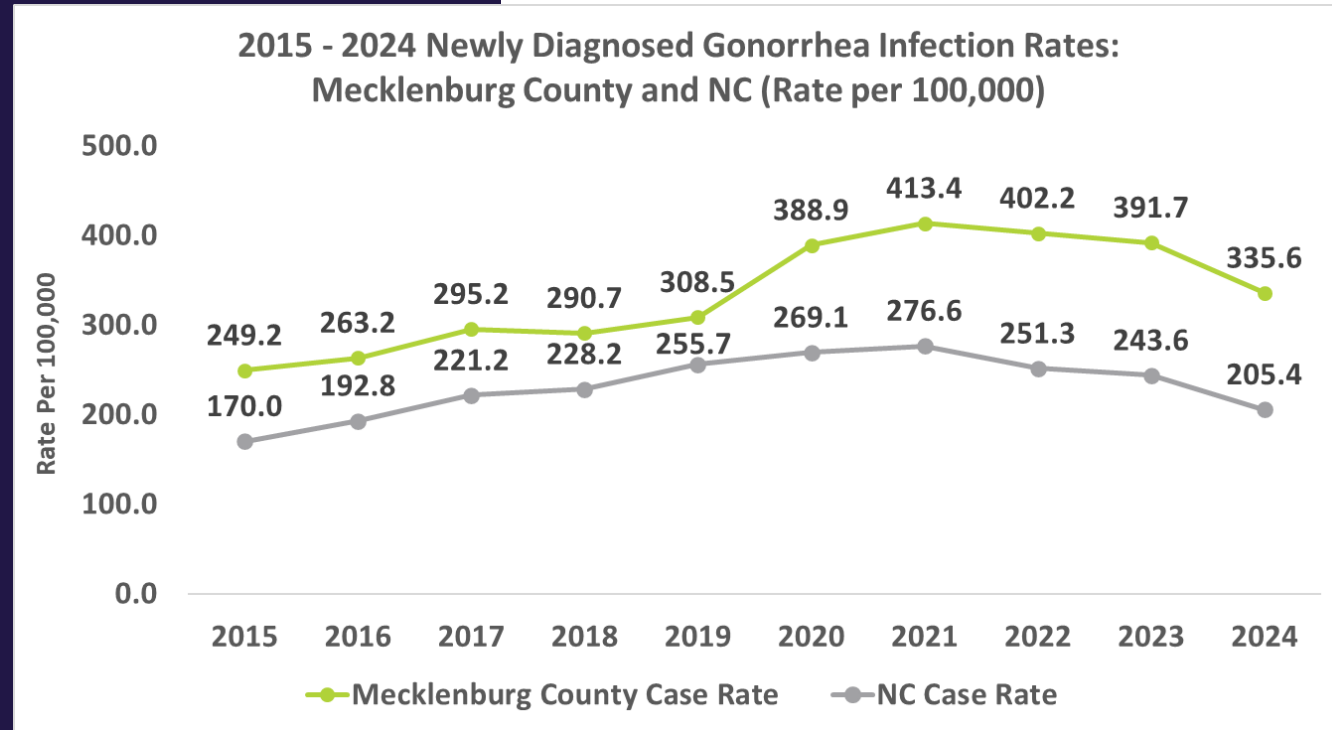
Mecklenburg Gonorrhea Cases

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

