

2025 Durham County
Annual Communicable Disease Report

December 11, 2025

Durham County Board of Health

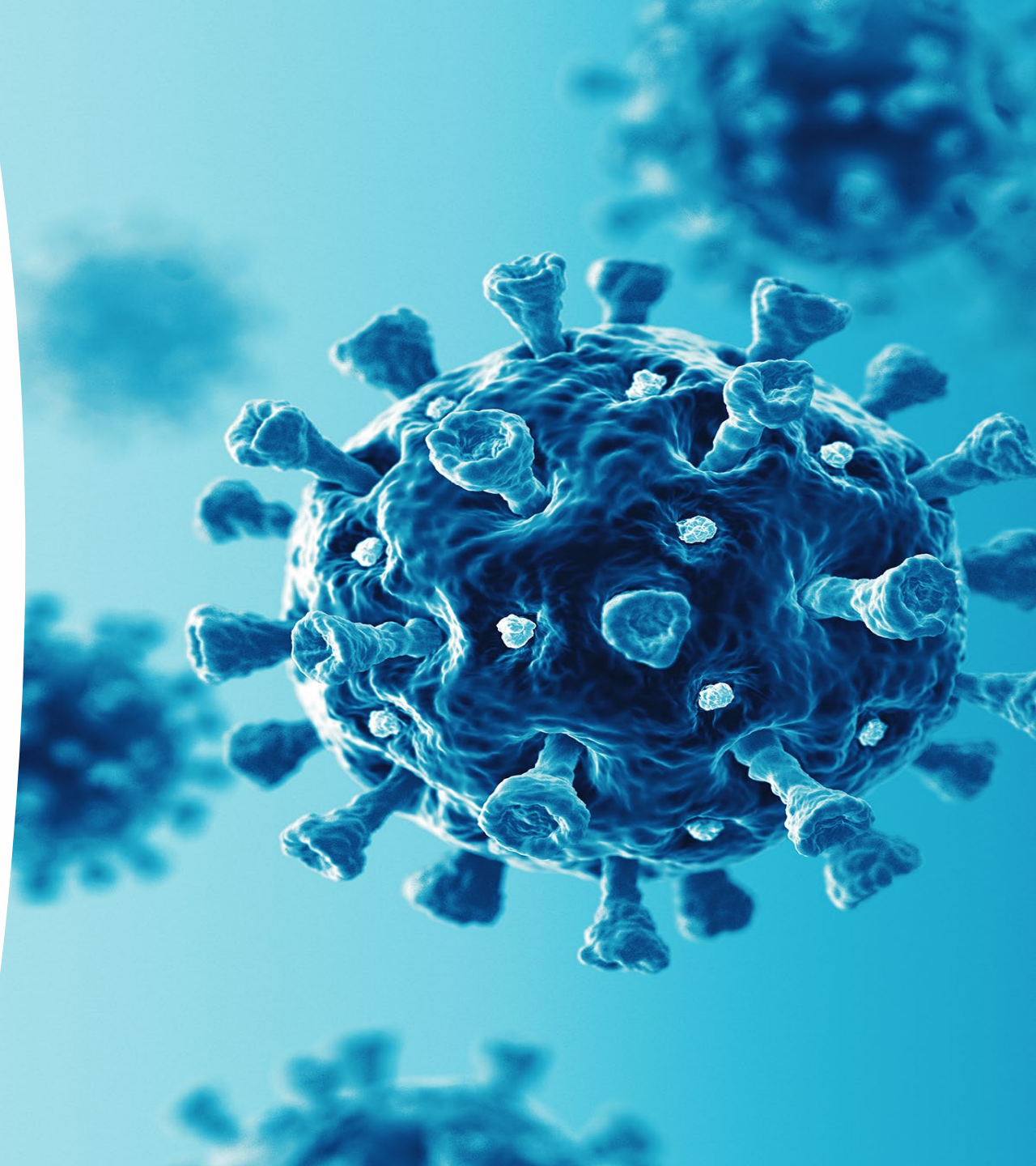
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Introduction

- Sexually Transmitted Infections
- HIV
- Hepatitis A, B, and C
- Vaccine-preventable disease
- Vector borne disease
- Bloodborne pathogens
- Waterborne disease
- Foodborne illness
- Flu and RSV
- COVID-10
- West Nile Virus



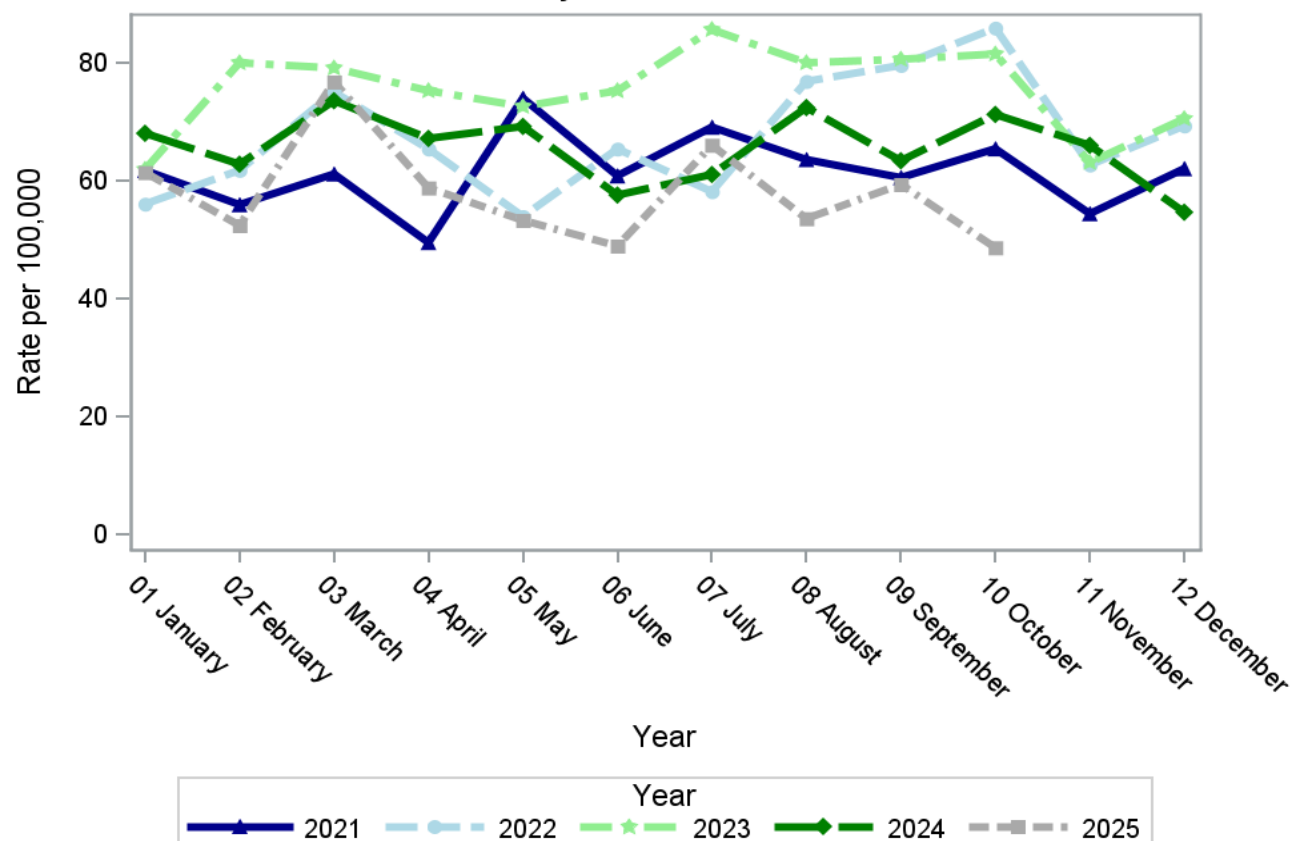
About the data

- Data pulled from the North Carolina Electronic Disease Surveillance System (NC EDSS) on November 19, 2025. HIV data was retrieved from the NCDHHS 2024 Annual Report. Tuberculosis data was retrieved by our data scientist, John-Paul Zitta from EPIC.
- Data in this report spans January 2021-October 2025.
- Data in this report may differ from the NC DHHS Division of Public Health's data dashboard due to differences in date/time the data was pulled and data cleaning processes.
- Data in NC EDSS is limited by data entry and processes and self-reporting bias.



Sexually Transmitted Infections: Chlamydia

Rate per 100,000 of reported Chlamydia infections in Durham County
January 2021 - October 2025



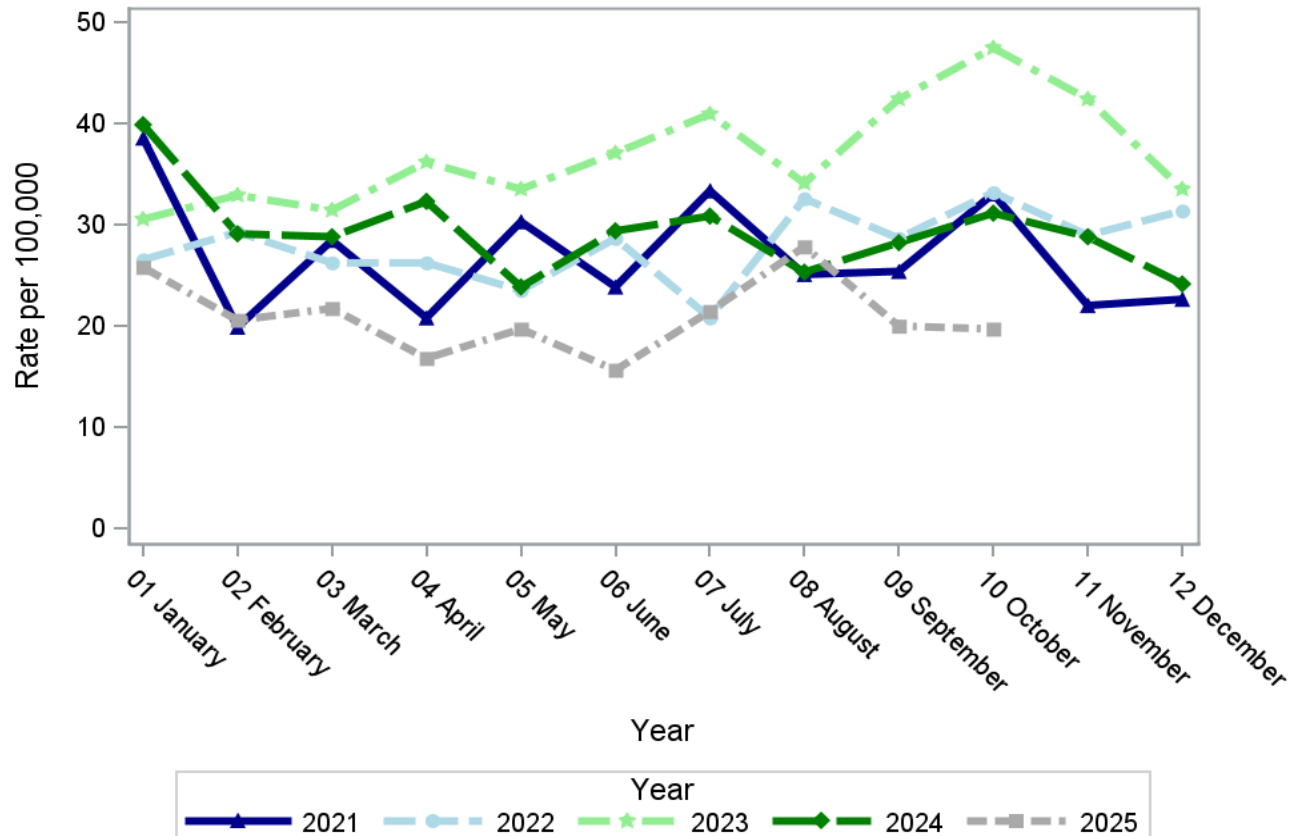
Durham County Highlight

Chlamydia infections have been lower than previous years and peaked in March and again in July of 2025.

- Females are 62% more likely to report chlamydia infections than males.
- Chlamydia cases among Black or African Americans are 3.4 times higher than chlamydia cases among whites.
- Chlamydia cases are much more common among 18- to 29-year-olds than any other age group.

Sexually Transmitted Infections: Gonorrhea

Rate per 100,000 of reported Gonorrhea infections in Durham County
January 2021 - October 2025



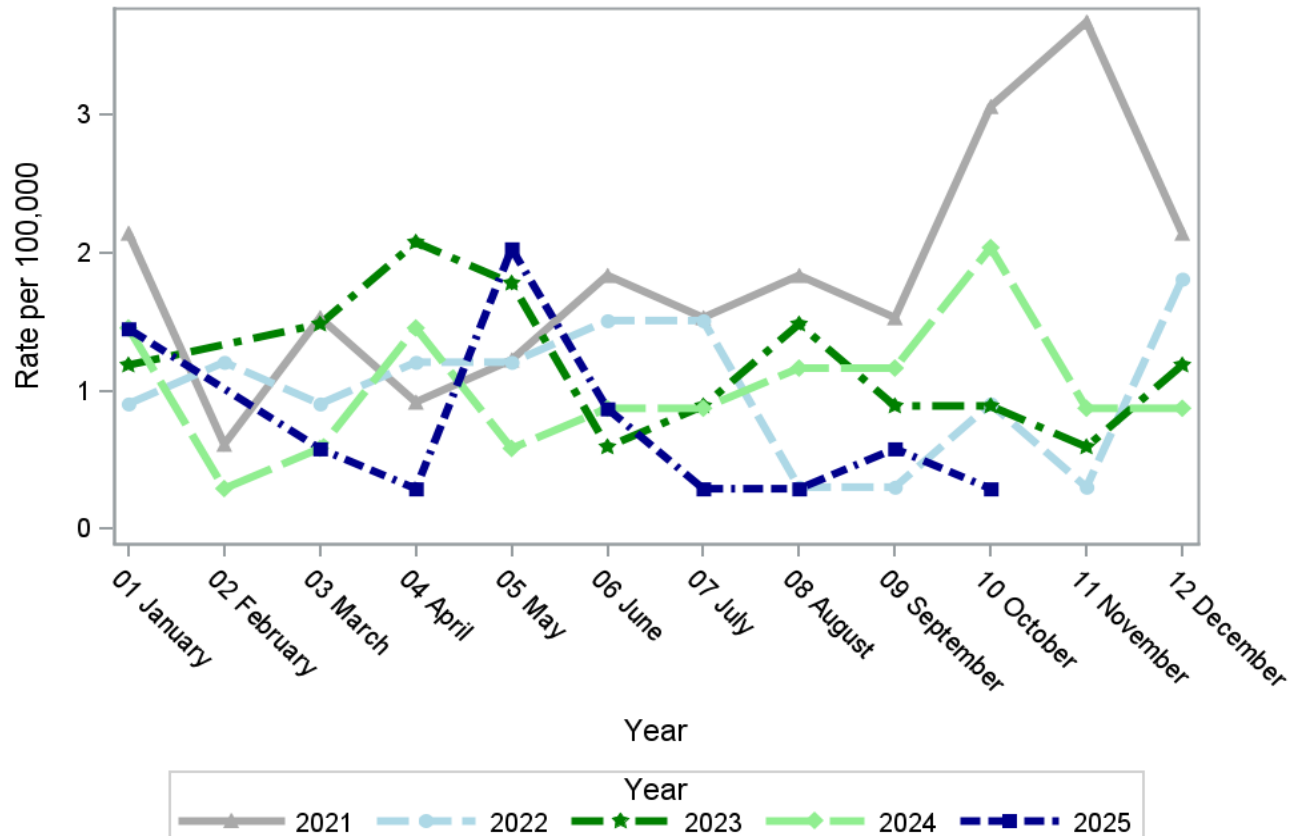
Durham County Highlight

Gonorrhea infections have been lower than previous years. They peaked in August of 2025 and has since trended downward.

- Males are 31% more likely to report gonorrhea infections than females.
- Gonorrhea cases among Black or African Americans are 3.98 times higher than gonorrhea cases among whites.
- Gonorrhea cases are much more common among 18- to 29-year-olds than any other age group.

Sexually Transmitted Infections: Primary Syphilis

Rate per 100,000 of reported Primary Syphilis infections in Durham County
January 2021 - October 2025



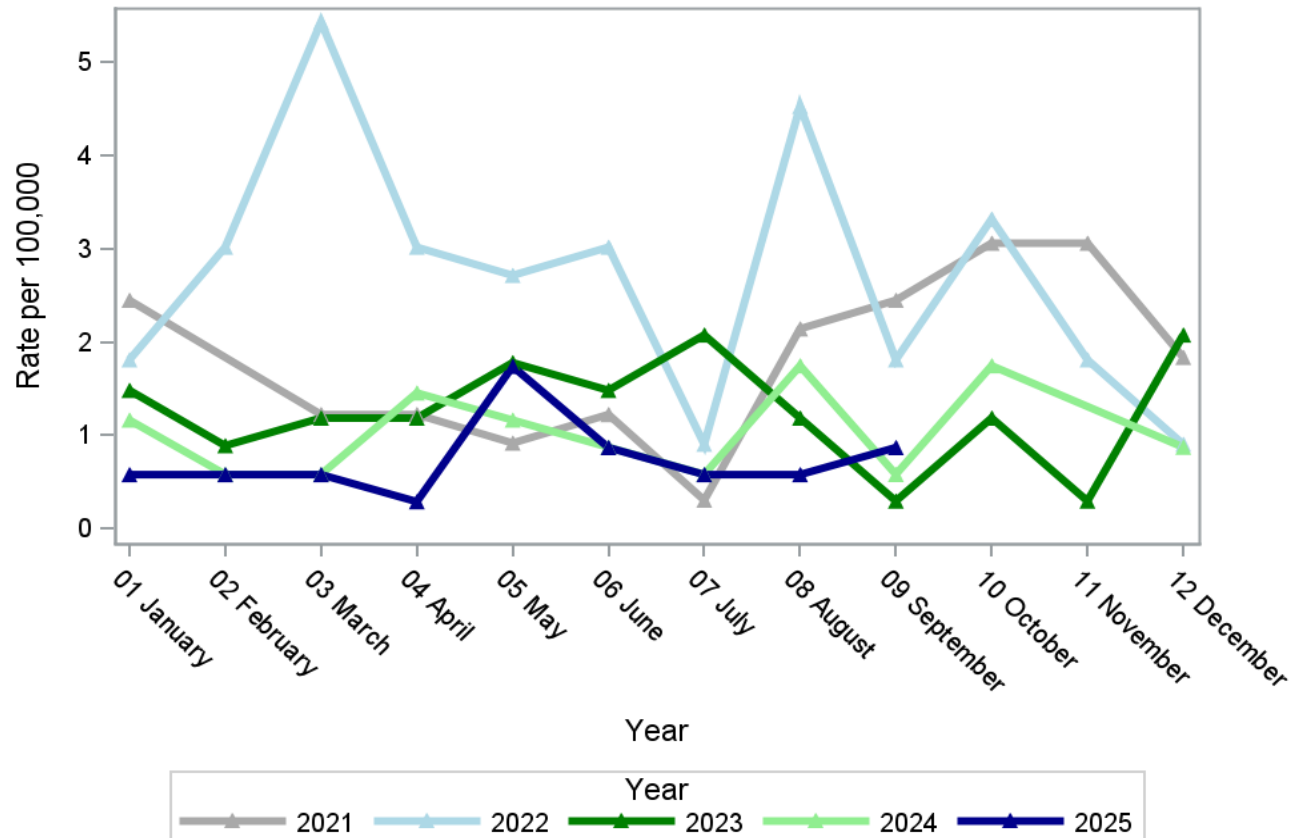
Durham County Highlight

Since May 2025, primary syphilis cases have trended downward towards the lowest case rate seen in the past five years.

- Males are 3.26 times more likely to report primary syphilis infections than Females.
- Primary syphilis cases among Black or African Americans are 3.82 times higher than primary syphilis cases among whites.
- Primary syphilis cases vary by year from being most prominent in 18- to 29-year-olds and 30- to 39-year-olds.

Sexually Transmitted Infections: Secondary Syphilis

Rate per 100,000 of reported Secondary Syphilis infections in Durham County
January 2021 - October 2025



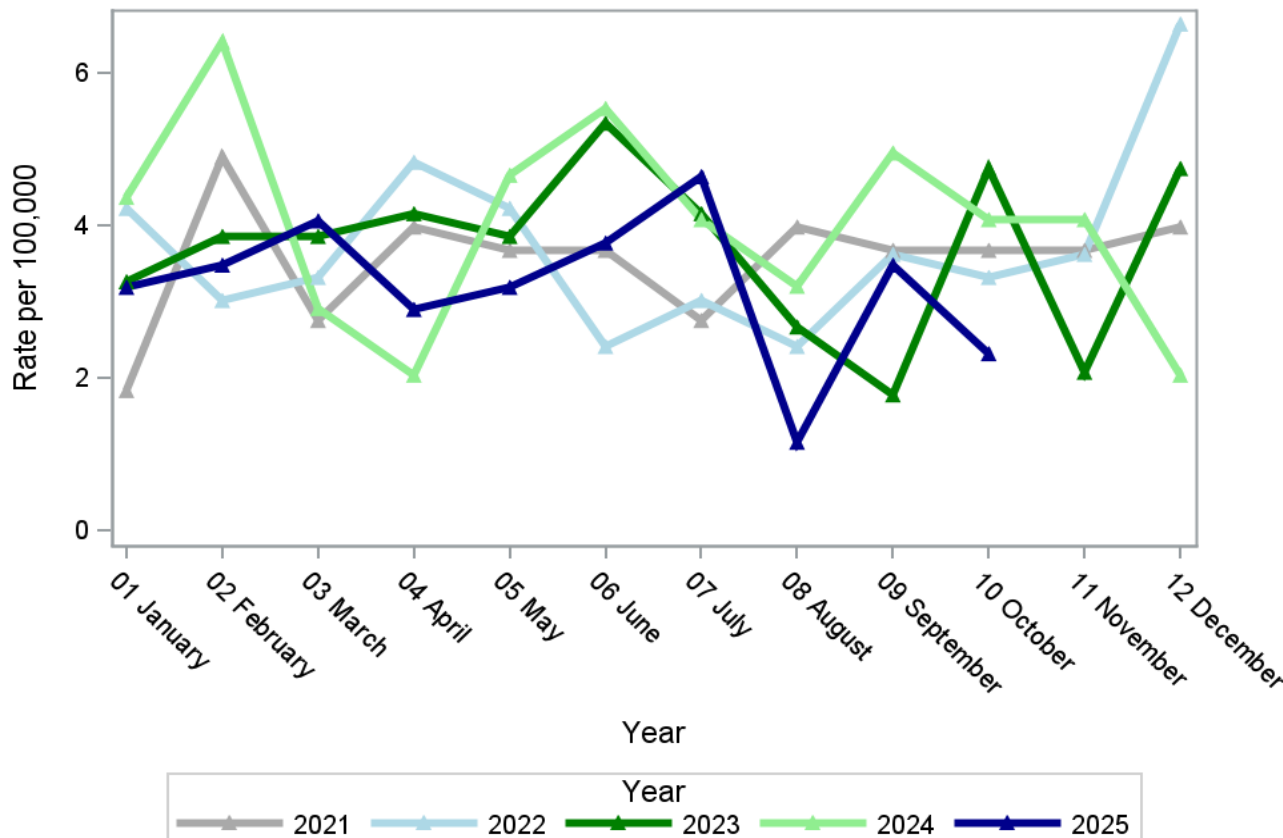
Durham County Highlight

Secondary syphilis rates have declined as well and are trending downward, with a slight uptick in September.

- Males are 2.2 times more likely to report secondary syphilis infections than females.
- Secondary syphilis cases among Black or African Americans are 2.24 times higher than secondary syphilis cases among whites.
- Secondary syphilis cases most prominent in 18- to 29-year-olds.

Sexually Transmitted Diseases: Early or Late Latent Syphilis

Rate per 100,000 of reported Late Latent Syphilis infections in Durham County
January 2021 - October 2025



- Males are 1.22 times more likely to report late or latent syphilis infections than females.
- Late or latent syphilis cases among Black or African Americans are 2 times higher than late or latent syphilis cases among whites.
- Late or latent syphilis cases vary each year from being most prominent in 18- to 29-year-olds and 30- to 39-years-olds.



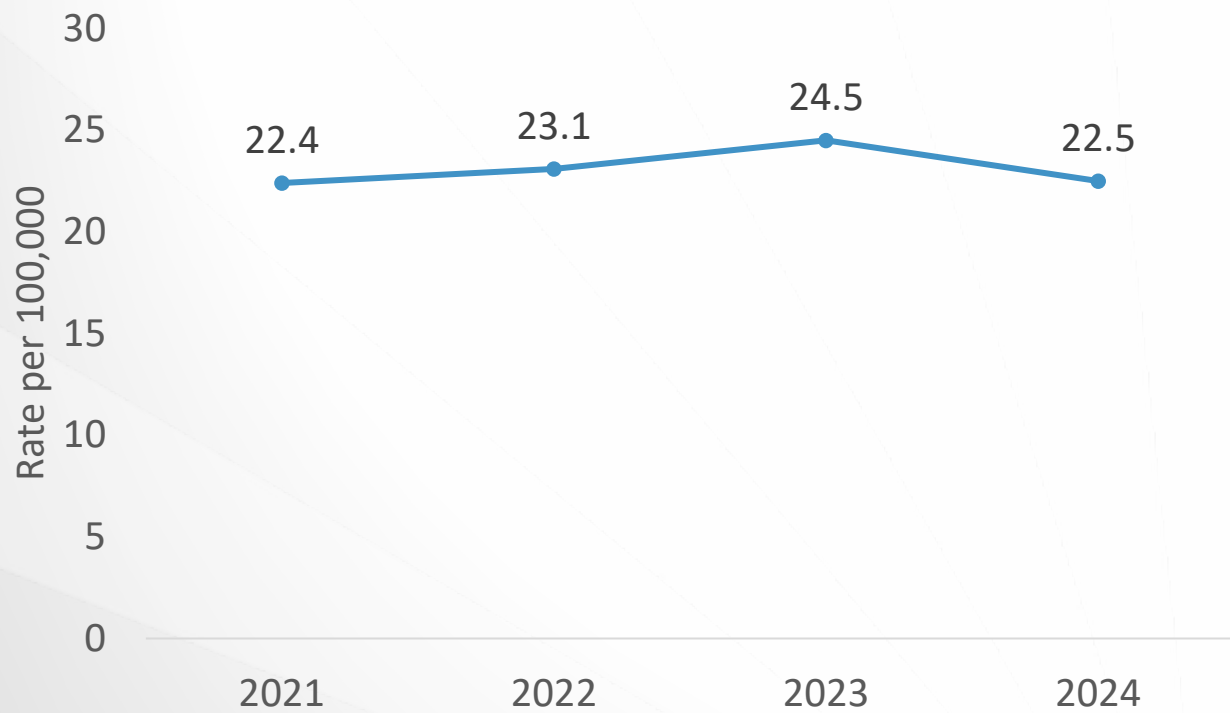
Sexually Transmitted Infections: Congenital Syphilis

In Durham County, congenital syphilis cases have remained steady but are likely underreported.

Year	Case Count of Congenital Syphilis cases in Durham County
2021	4
2022	2
2023	2
2024	3
2025	2

HIV

Rate per 100,000 population of HIV cases among adults living in Durham County 2021-2024



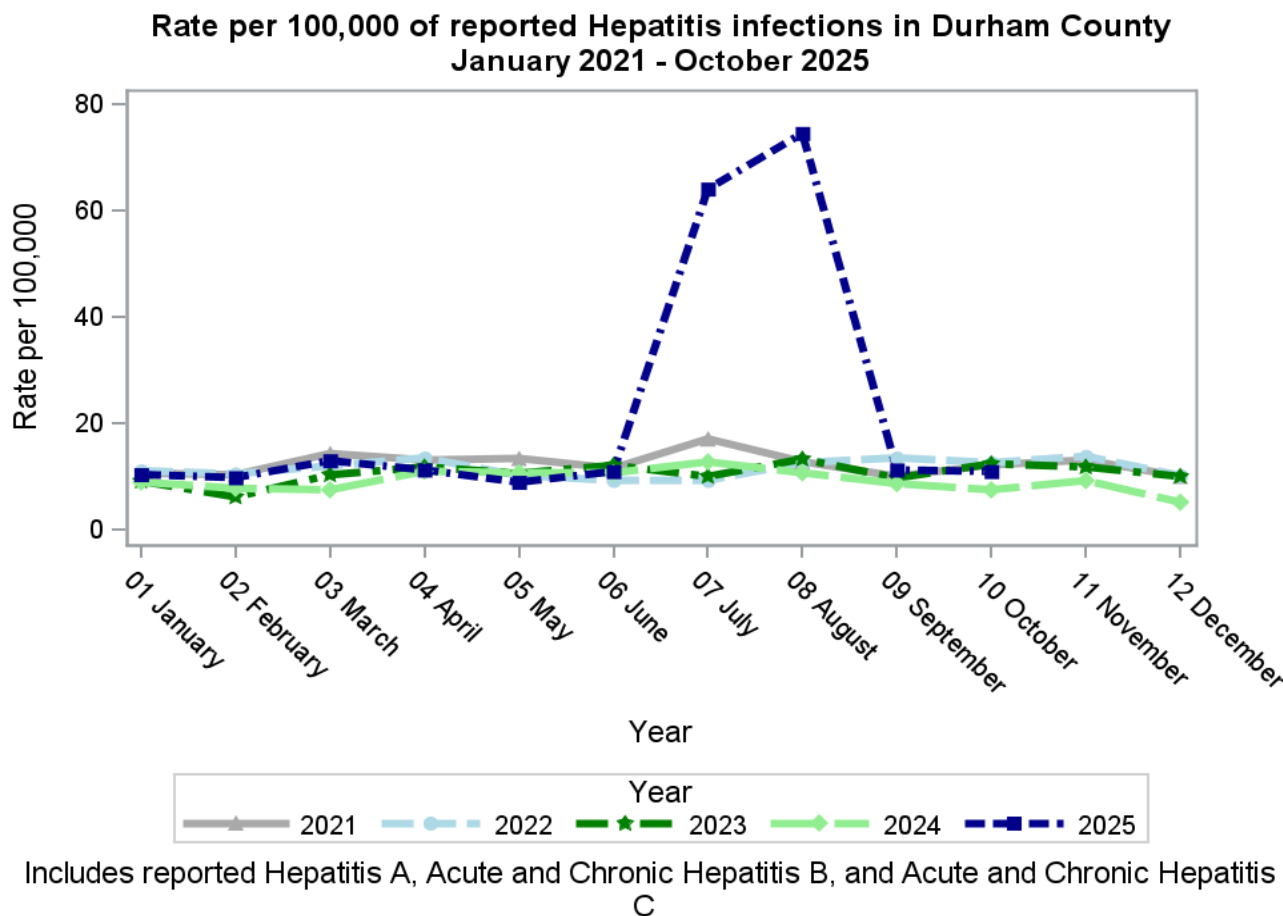
HIV cases began to decrease in 2024 following a peak in 2023.

Rates will be available for 2025 by mid-2026.

Year	Case Count of newly diagnosed HIV infections.
2021	63
2022	66
2023	71
2024	65



Hepatitis A, B, C



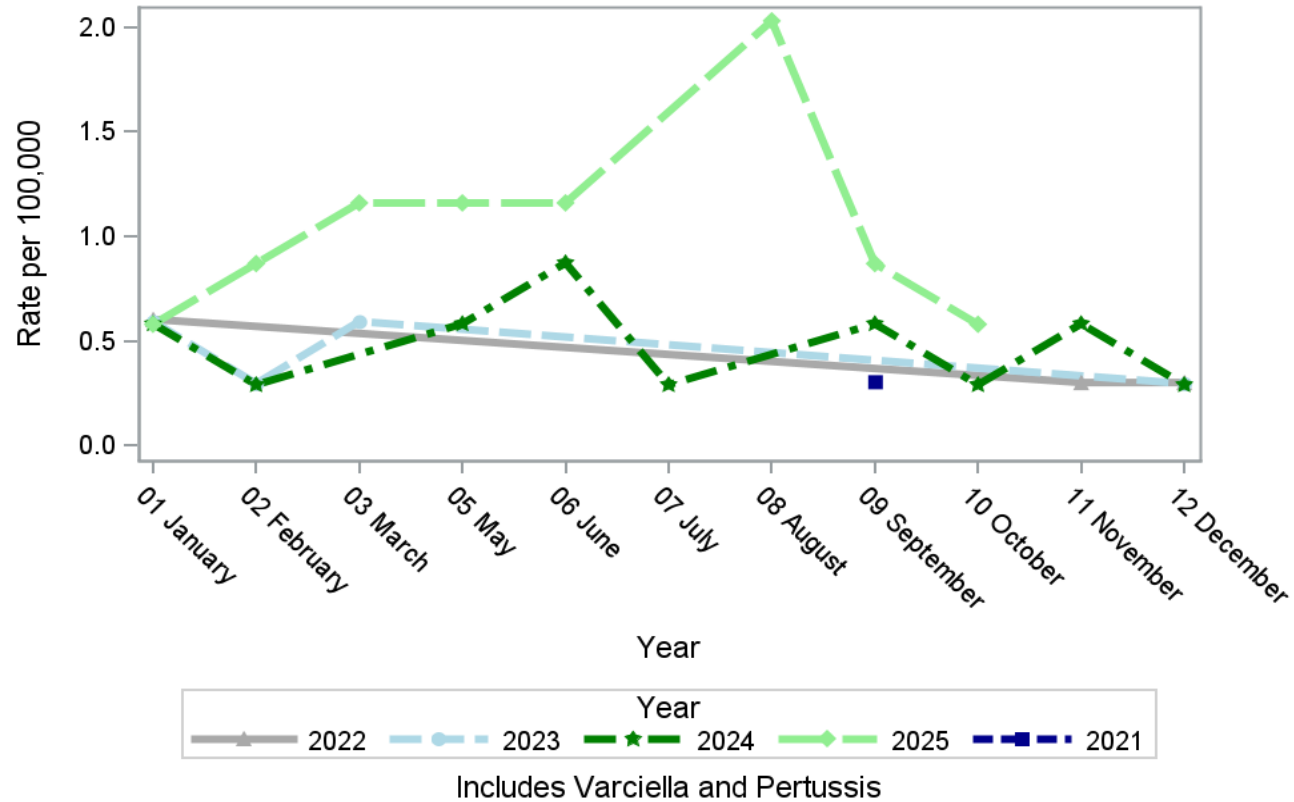
There was a spike in hepatitis C cases in this summer after two Health Education testing events.

Total hepatitis cases in Durham County remain similar to prior years, despite the increase in chronic hepatitis C cases this year

The true number of cases are likely underreported.

Vaccine Preventable Diseases

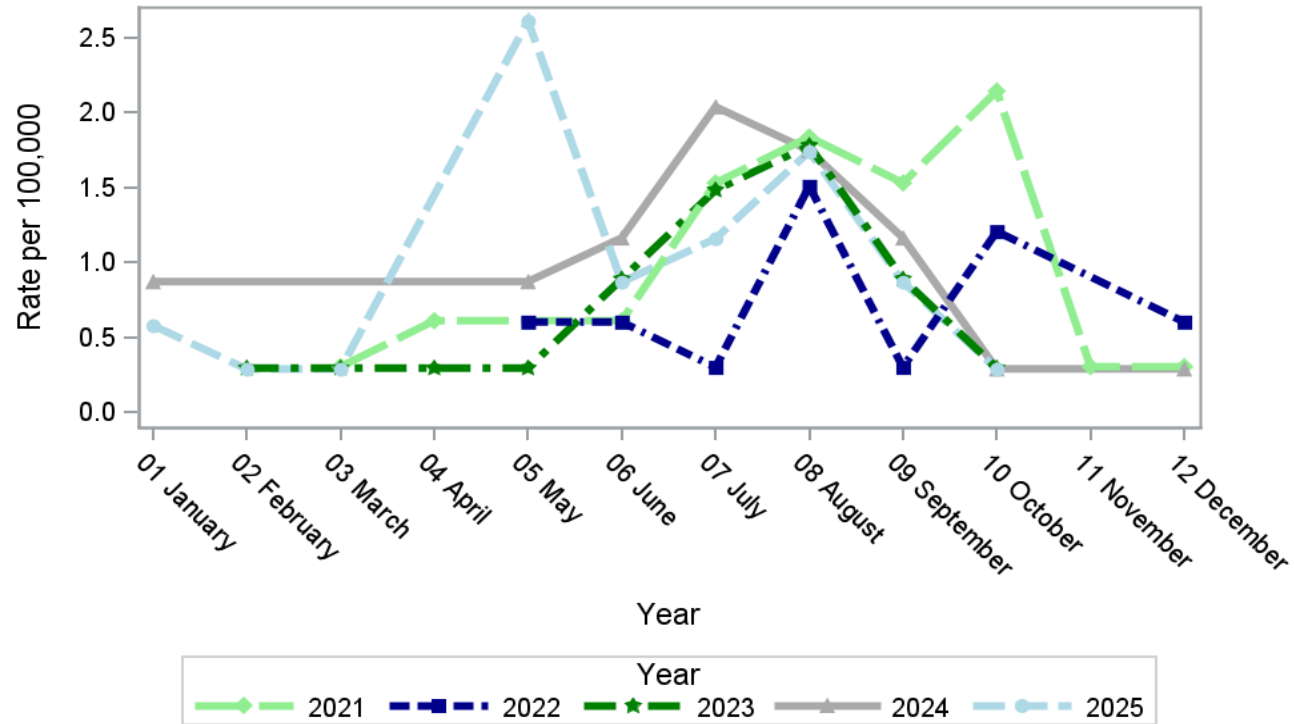
Rate per 100,000 of reported Vaccine Preventable Diseases* infections in Durham County
January 2021 - October 2025



The large light green line from January to September represents solely pertussis cases. We will likely continue to see an increase in some vaccine-preventable disease as vaccine rates continue to decline.

Vectorborne disease

Rate per 100,000 of reported Vectorborne Diseases* infections in Durham County
January 2021 - October 2025



*Vectorborne Diseases include Malaria**, Erlichiosis, Lyme Disease, and Rocky Mountain Spotted Fever

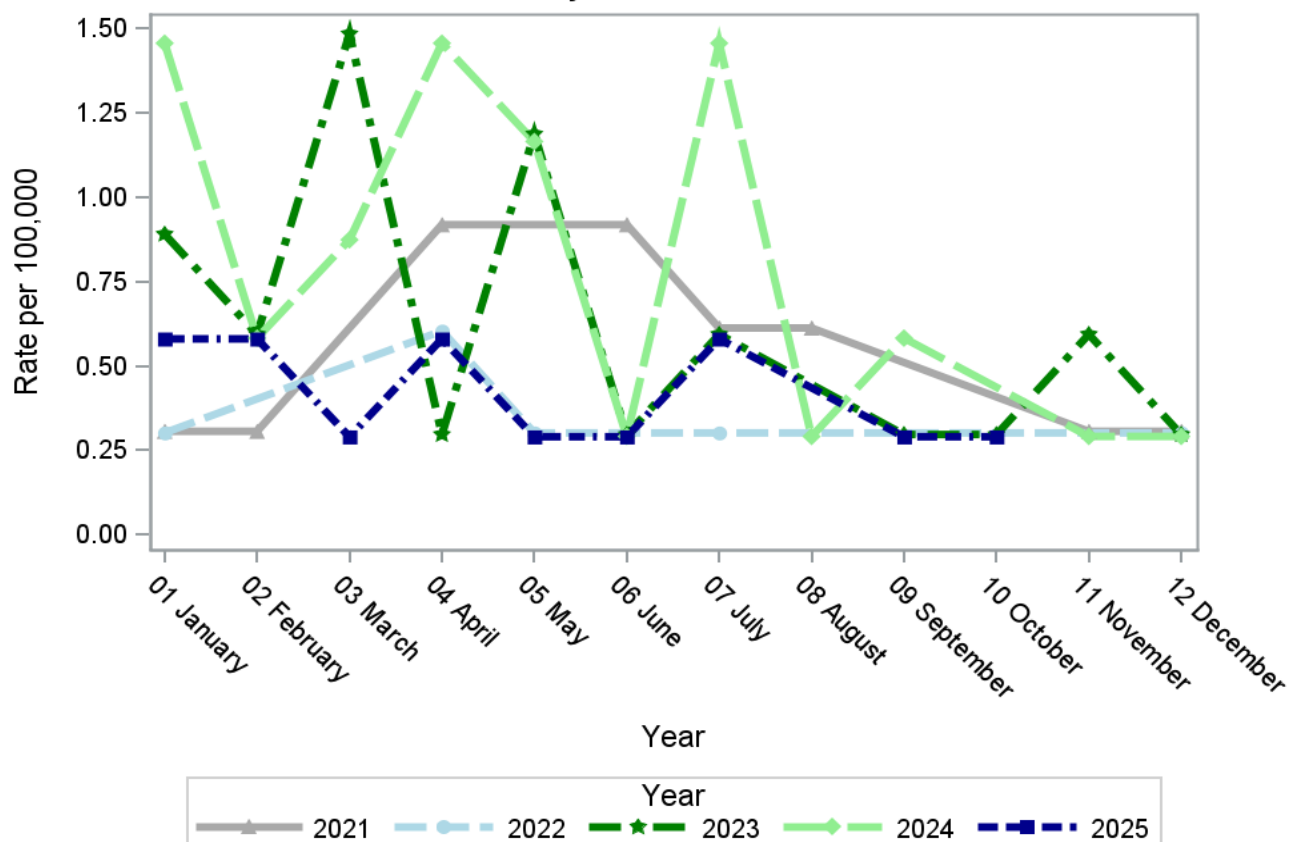
**Travel related. Not endemic to the United States

A slight trend in the data shows that the summer months have increased activity in vectorborne illnesses.

Climate change also plays a factor in this rise in cases.

Invasive Group A Strep

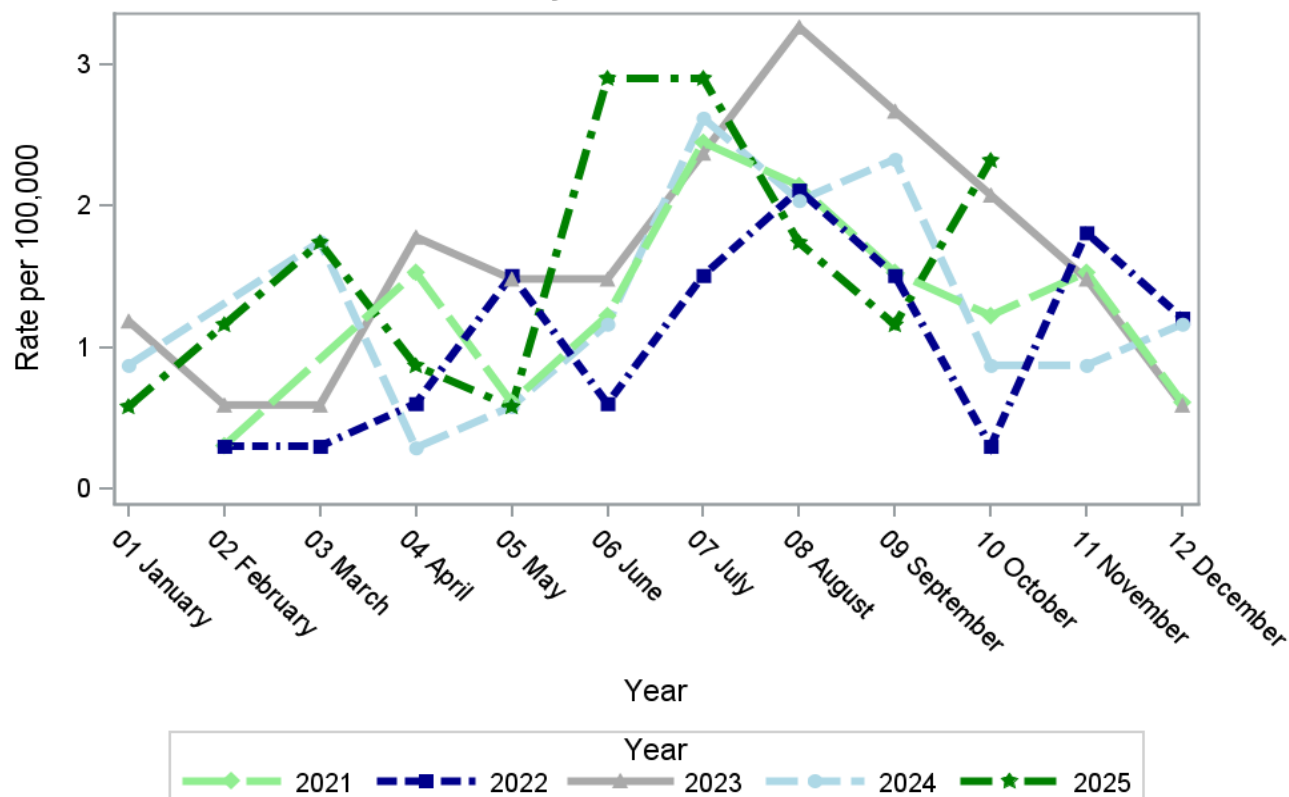
Rate per 100,000 of reported Invasive Group A Strep infections in Durham County
January 2021 - October 2025



Invasive Group A Strep cases have been lower and less fluctuating than previous years.

Waterborne Disease

Rate per 100,000 of reported Waterborne Diseases* infections in Durham County
January 2021 - October 2025



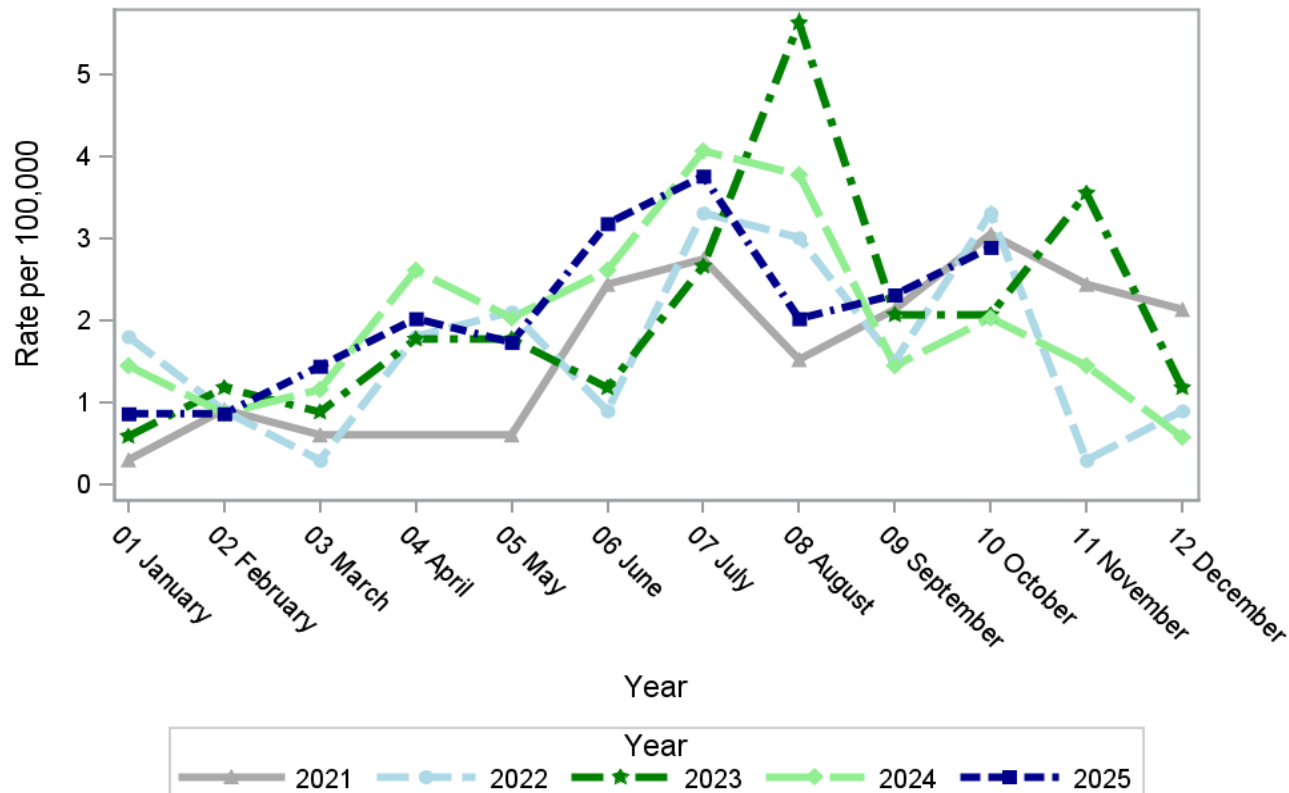
Includes reported Campylobacter, Cyclosporiasis, and Leptospirosis infections

Campylobacter is the most common waterborne (and also foodborne) illness in Durham County.

Waterborne illnesses fluctuate throughout the year, likely due to seasonal climate changes.

Foodborne Illness

Rate per 100,000 of reported Foodborne Diseases* infections in Durham County
January 2021 - October 2025



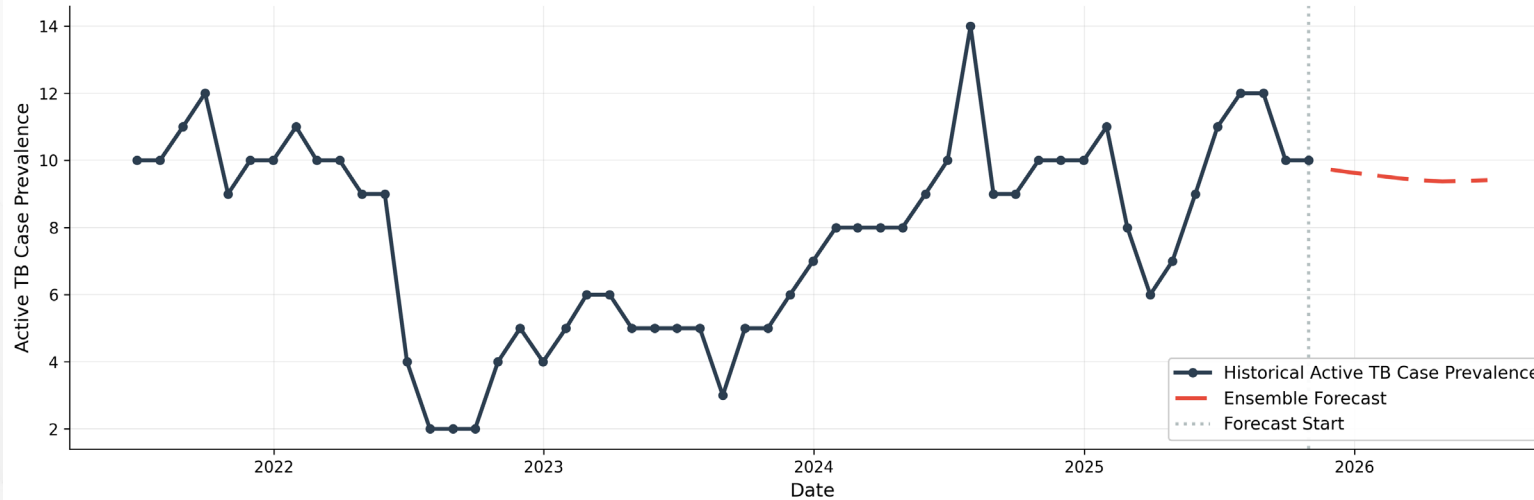
Includes reported Shigellosis, Salmonellosis, and E. coli shiga toxin producing infections

Salmonella remains the most common foodborne illness reported.

Foodborne illnesses are higher than we've seen in the past but based on previous years, we should see a downward trend for the remainder of the year.

Respiratory Disease: Tuberculosis

Active TB Case Prevalence: Historical Data and Forecast





Flu and RSV Wastewater surveillance

Flu/RSV Wastewater surveillance:

- No Flu A or other subtype has been reported this flu season at the North Durham Wastewater surveillance site.
- 2M viral gene copies of Flu A are present at the South Durham wastewater surveillance site.
- RSV has not been detected this respiratory disease season at either the North or South Durham wastewater surveillance sites.



COVID-19 Wastewater surveillance November 2024.

COVID-19 Wastewater surveillance

- At the North Durham site, COVID-19 loads are trending downward with 6M COVID viral loads on 11/26/25 compared to 17M loads on 10/8/25.
- At the South Durham site, COVID-19 loads are trending downward with 12M COVID viral loads on 11/26/25 compared to 31M loads on 10/11/25.



West Nile Virus

There were three neuroinvasive cases of West Nile Virus (WNV) in Durham County in 2025.

In response, DCoDPH worked with NC DHHS Environmental Health team to organize mosquito sampling for WNV and strategic spraying zones to minimize the mosquito population.

Environmental Health Division Director Chris Salter was instrumental in making this happen.





Summary

- We've seen a decrease in chlamydia, gonorrhea, and syphilis cases county-wide in 2025 compared to 2024
- Rates of new HIV cases have not significantly declined
- We're seeing an uptick in pertussis cases this year
- Flu activity is starting to increase. We have not seen a significant increase in RSV or COVID-19 yet this Fall
- There were 3 cases of neuroinvasive West Nile virus over the summer



Acknowledgements

- Savannah Carrico – Epidemiologist
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- Communicable Disease Team
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 - Tammie Allen-Pulley and Tracy Blowe – Sexual Health Clinic Nurses
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Thank You!



Live. Grow. *Thrive.*