



2026

Communicable Disease Report

PUBLIC HEALTH REPORT



Public Health

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1.0 INTRODUCTION AND OVERVIEW

Wake County Public Health provides the 10 Essential Public Health Services shown in Figure 1. These services guide how the department monitors health, addresses emerging issues, and supports the well-being of the community.

Public Health reports, including those on communicable disease, chronic disease, and injuries, help fulfill two of the essential services:

1. Assess and monitor population health
2. Communicate effectively to inform and educate

By sharing data and trends with residents, providers, policymakers, and the community, these reports support informed decision-making across Wake County. Reports are published annually and can be accessed at wake.gov/epidemiology.

Figure 1: Ten Essential Public Health Services

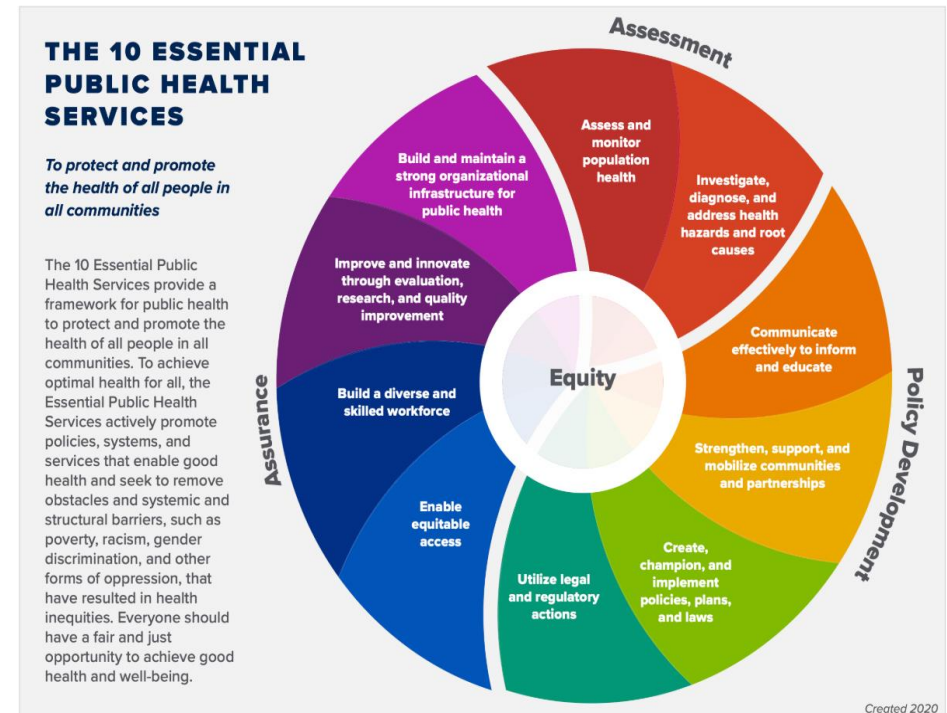


Image source: Centers for Disease Control and Prevention (CDC).

https://www.cdc.gov/public-health-gateway/php/about/?CDC_AAref_Val=https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Communicable diseases, also known as infectious diseases, are illnesses caused by microorganisms such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (i.e., arthropod) carrying the microorganism. This report contains information on the burden of communicable diseases in Wake County including:

- Demographic composition of the county's population
- Counts and rates of all reportable diseases and conditions for Wake County, NC (2021-2025)
- Detailed analysis of the top ten reported communicable diseases for Wake County, NC (2025)
- Respiratory virus surveillance in Wake County, NC (2025-2026 season)

Additionally, Wake County Public Health's programming efforts focus on assessing, identifying, treating, following up on, and preventing both reportable and certain non-reportable communicable diseases and conditions in Wake County.

2.0 SURVEILLANCE

In North Carolina, there are more than 75 reportable diseases and conditions that are determined to be of public health significance and are specified in the N.C. Administrative Code rule 10A NCAC 41A.0101. When a case of these diseases or conditions occurs, it must be reported to the North Carolina Department of Health and Human Services (NCDHHS).¹ Many of these diseases and conditions must also be reported to the Centers for Disease Control and Prevention (CDC) as part of national public health surveillance.

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data used to plan, implement, and evaluate public health practice.² Timely and complete disease reporting allows public health practitioners to monitor and respond to the changes in the health status of their community, direct prevention efforts appropriately, and ensure that public health programs have the necessary resources to respond effectively.

Although the list of reportable diseases may vary slightly from state to state, standardized criteria are used to define what constitutes a case of a given disease. Case definitions differ for each reportable disease, but in general:

- A confirmed case requires both clinical symptoms and a positive laboratory test.
- A probable case has clinical symptoms and meets other criteria, such as a known exposure (epidemiological linkage).
- A suspect case has clinical symptoms but no confirmatory laboratory test or known exposure.

To ensure comprehensive reporting and capture all potential cases, this report includes confirmed, probable, and suspect cases for most diseases and conditions. This approach helps avoid missed opportunities to identify positive cases and accurately monitor the spread of disease.

Surveillance Tools

Wake County Public Health uses a combination of surveillance systems and tools to detect, investigate, and track communicable diseases and conditions in the community:

- North Carolina Electronic Disease Surveillance System (NC EDSS): The primary web-based system for reporting most communicable diseases in North Carolina.
- Enhanced HIV/AIDS Reporting System (eHARS): A dedicated reporting system used for HIV surveillance data, separate from NC EDSS.

- North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT): North Carolina's statewide syndromic surveillance system, created in 2004 to support early event detection and timely surveillance. It draws on secondary data sources, including emergency departments, North Carolina Poison Control, and emergency medical services (EMS), as well as pilot data from select urgent care centers.
- Wastewater surveillance: Since joining the CDC's National Wastewater Surveillance System (NWSS) in 2021, six wastewater treatment plants in Wake County have collected samples weekly for monitoring. Samples are tested for several pathogens, including SARS-CoV-2, Respiratory Syncytial Virus (RSV), Influenza A, Influenza B, Mpox, and Measles. Because infected individuals can shed viral material into wastewater, wastewater surveillance provides population-level insight into disease activity, including when clinical testing is limited or delayed.

- North Carolina Disease Data Dashboards: The NCDHHS Division of Public Health maintains quarterly and annual interactive dashboards that provide case counts and rates of probable and confirmed reportable diseases across North Carolina.

Together, these tools allow Wake County public health teams to combine case-based reporting, laboratory data, syndromic surveillance, and wastewater trends to guide local response efforts. This layered approach also provides a flexible framework for monitoring additional public health targets and emerging threats as surveillance needs evolve.

3.0 KEY FINDINGS

- **Respiratory illness:** Influenza-like illness (ILI) peaked earlier and substantially higher during the 2025-2026 respiratory virus season than during the previous season, accounting for 12.9% of emergency department visits in December 2025 compared with a peak of 6.0% in January 2025.

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- **Vaccine-preventable diseases:** Pertussis incidence in Wake County increased by 46% in 2025 compared with 2024, although the county rate remained below the North Carolina rate. Kindergarten vaccination coverage improved to 94.6% during the 2025-2026 school year, while vaccination exemptions increased to 2.8%.
 - **Measles:** The United States experienced its largest measles resurgence in more than three decades in 2025, with 2,289 confirmed cases. North Carolina reported two cases during 2025, while no cases were reported among Wake County residents.
 - **Foodborne illness:** Cyclosporiasis was a significant foodborne disease concern in Wake County in 2025, with 172 cases reported during the year. Three restaurant-associated clusters were identified, accounting for 37 cases, and no single food source was confirmed through traceback efforts.
 - **Vector-borne diseases:** Tick-borne diseases remained the primary vector-borne disease concern in Wake County. Spotted fever cases increased to 31 in 2025, while mosquito-borne diseases remained rare, with no evidence of locally acquired transmission during the period examined.
 - **Sexually transmitted infections:** Rates of early syphilis, newly diagnosed HIV, gonorrhea, and chlamydia decreased in Wake County from 2024 to 2025. STI cases continued to occur across age groups, including among adults aged 60 years and older, reinforcing the importance of inclusive prevention, testing, screening, and education efforts.

4.0 DEMOGRAPHIC PROFILE OF WAKE COUNTY

- In 2024, the median age of people living in Wake County was 37.7 years.
- More than half of the population (54.9%) in Wake County is between the ages of 25 and 64 years (Table 3).
- 51% of Wake County residents are female and 49% are male (Table 1).
- The four largest ethnic groups in Wake County are White (Non-Hispanic, single race) (54.9%), Black or African American (Non-Hispanic, single race) (18.1%), Hispanic or Latino (11.9%) and Asian (Non-Hispanic, single race) (9.6%) (Table 2)

Table 1: Population Distribution by Sex, Wake County, NC 2024

Sex	Population	%
Female	628,896	51%
Male	603,548	49%
Total	1,232,444	100%

Table 2: Population Distribution by Race and Ethnicity, Wake County, NC 2024

Race and Ethnicity	Total Population	%
	*1,232,444	
Hispanic or Latino	146,144	11.9%
White Non-Hispanic, single race	676,188	54.9%
Black or African American Non-Hispanic, single race	223,072	18.1%
American Indian/Alaska Native Non-Hispanic, single race	1,570	0.1%
Asian Non-Hispanic, single race	118,756	9.6%
Native Hawaiian and Other Pacific Islander Non-Hispanic, single race	181	0.0%
Two or more races Non-Hispanic	60,900	4.9%

Table 3: Population Distribution by Age Group, Wake County, NC 2024

Age Group	Total Population	%
	N = 1,232,444	
<15	223,520	18.1%
15-24	162,630	13.2%
25-34	180,013	14.6%
35-44	187,828	15.2%
45-54	169,331	13.7%
55-64	140,457	11.4%
65+	168,665	13.7%

For Tables 1-3: Source: 2024 American Community Survey 1-Year Estimates, United States Census Bureau.³ Note: Percentages may not sum to 100% due to rounding.

For Table 2: *This is the total including residents who identified as "other" race, which is not shown in the table.

5.0 TOP TEN REPORTED COMMUNICABLE DISEASES IN WAKE COUNTY, 2025

Table 4: Top Ten Reported Communicable Diseases, Wake County, 2025

	Diseases and conditions	Cases, All Statuses (Confirmed/Suspect /Probable)
1	Chlamydia+	5332
2	Gonorrhea+	1951
3	Salmonellosis	391
4	Early Syphilis*+	281
5	Campylobacter	280
6	Hepatitis B, Chronic	151
7	Cyclosporiasis	172
8	HIV, New+	126
9	<i>E. coli</i>	79
10	Pertussis	74

Notes: Cases are reported as **“confirmed”** when laboratory tests definitively identify the infectious agent. **“Probable”** cases lack confirmatory tests but have strong clinical symptoms or epidemiological evidence suggestive of the disease. **“Suspect”** cases lack both laboratory confirmation and epidemiologic evidence but have typical clinical features. For some diseases (e.g. Sexually Transmitted Diseases (STDs) such as Chlamydia and Gonorrhea) only confirmed cases are reported.

*Early syphilis includes primary, secondary, and early non-primary non-secondary cases. Additionally, the early syphilis data in this report includes both confirmed and probable cases due to a change in the case definition that occurred in 2022. The breakdown of primary, secondary, and early nonprimary non-secondary syphilis cases, along with details regarding syphilis case definitions, can be found in the Sexually Transmitted Diseases (STDs) section.

+The counts for sexually transmitted diseases in this table are limited to cases with Wake County residential addresses. Counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table later in this report (NCDHHS includes individuals who were tested in Wake County but have addresses in other counties in their counts).

6.0 VACCINE PREVENTABLE DISEASES

Hepatitis B

<https://www.cdc.gov/hepatitis-b/about/index.html>

Epidemiology

Overview: Hepatitis B is a vaccine preventable liver infection caused by the hepatitis B virus (HBV). HBV infection can be **acute (short-term)** or **chronic (long-term)**. Chronic hepatitis B can lead to serious issues such as **liver disease, cirrhosis, liver cancer, and even death.**

Symptoms: Not all hepatitis B cases have symptoms. Symptoms can include fatigue, poor appetite, stomach pain, nausea, and jaundice. As mentioned above, chronic infection can lead to serious issues such as liver disease and liver cancer.

Transmission: HBV is transmitted through activities that involve puncturing the skin or mucous membrane contact with infectious blood or body fluids (e.g., semen, saliva).

Treatment: Mostly supportive care (e.g., rest, good nutrition, plenty of fluids, avoiding alcohol, drugs, etc.).

Prevention: Vaccination is the best prevention. The CDC recommends hepatitis B vaccination for all infants, unvaccinated children, adolescents under 19, adults ages 19 to 59, and adults 60 and older who are at higher risk for hepatitis B. Other prevention methods include not sharing personal items like razors, not sharing needles or drug equipment, and safer sex practices.

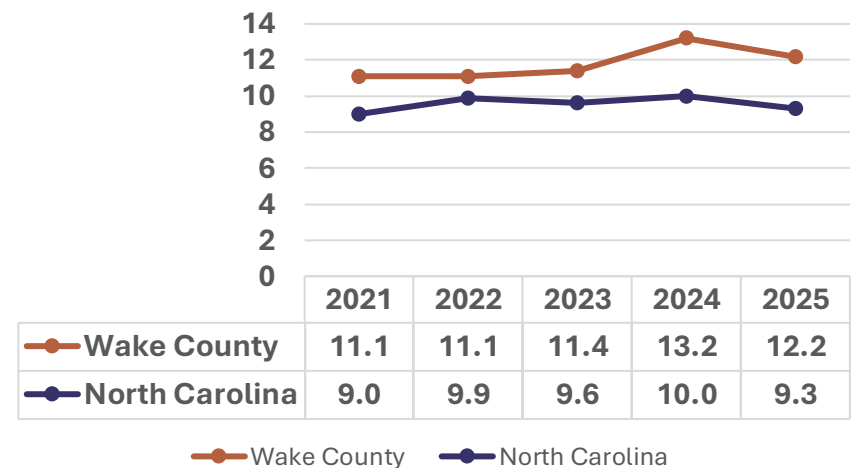
Local Facts and Figures:

The hepatitis B incidence rate in Wake County decreased by 8% in 2025 compared to 2024 and has consistently been higher than the state rate over the past five years.

In 2025:

- 151 cases were reported.
- The majority (48%) of cases were reported among individuals ages 25-49.
- 29% of cases were reported among Asians.

Figure 2: Hepatitis B Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 3: Hepatitis B by Age Group, 2025

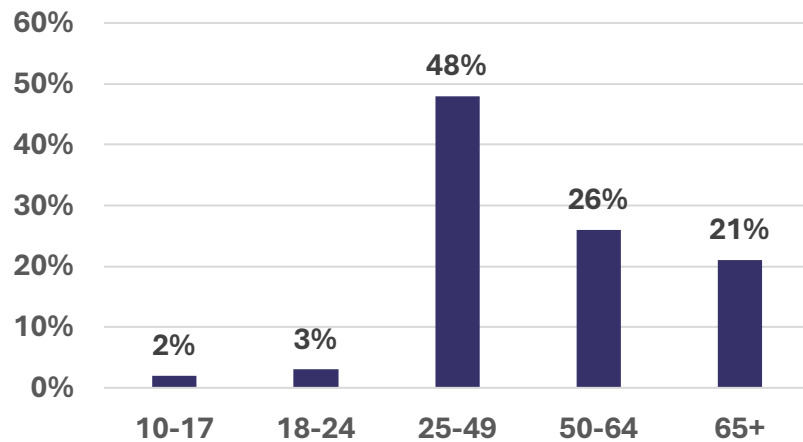


Figure 4: Hepatitis B by Sex, 2025

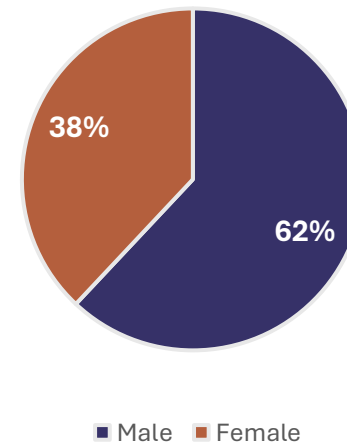
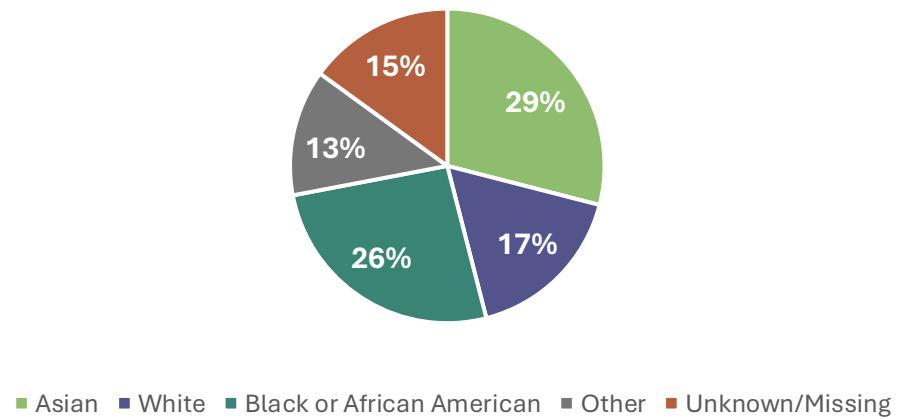


Figure 5: Hepatitis B by Race, 2025



Pertussis

<https://www.cdc.gov/pertussis/about/index.html>

Epidemiology

Overview: Pertussis (whooping cough) is a highly contagious respiratory illness caused by *Bordetella pertussis*. It can affect all ages but can be especially serious in infants and young children and may cause severe coughing spells.

Symptoms: Early symptoms may include a runny nose, mild cough, and low-grade fever. After 1–2 weeks, coughing may become more severe, with prolonged coughing fits, a “whooping” sound, vomiting, or difficulty breathing. Infants may have pauses in breathing (apnea).

Transmission: Pertussis spreads through respiratory droplets when an infected person coughs or sneezes, particularly among close contacts.

Treatment: Antibiotics are most effective when started early and can help reduce disease severity and transmission.

Prevention: Vaccination is the best protection against pertussis. The CDC recommends DTaP vaccination for children and Tdap vaccination for adolescents and adults according to recommended schedules. Tdap vaccination is also recommended during each pregnancy to help protect newborns. Additional preventive measures include good respiratory hygiene, staying home when sick, and antibiotic postexposure prophylaxis for certain close contacts when recommended.

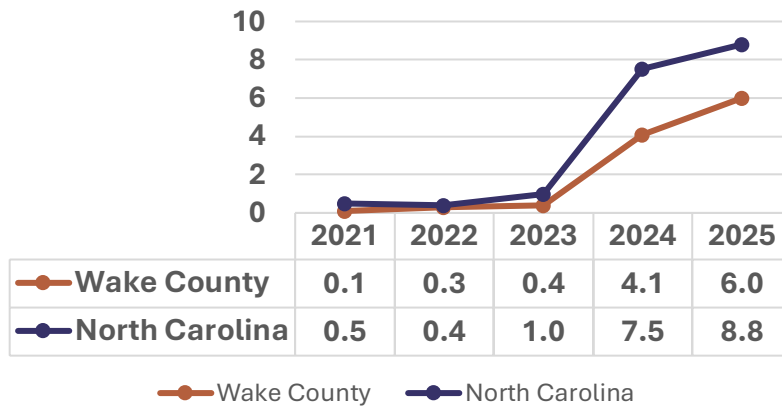
Local Facts and Figures:

Pertussis incidence rates in Wake County increased by 46% in 2025 compared to 2024 and have remained lower than the state rate since 2023. Both Wake County and North Carolina experienced sharp increases in pertussis incidence beginning in 2024.

In 2025:

- 74 cases were reported.
- The majority (58%) of cases were among children aged 5–17.
- 65% of cases were reported among White residents
- Vaccination status varied: 49% were up to date, 32% were not vaccinated, 11% were not up to date, and 8% had unknown/missing status.

Figure 6: Pertussis Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 7: Pertussis by Age Group, 2025

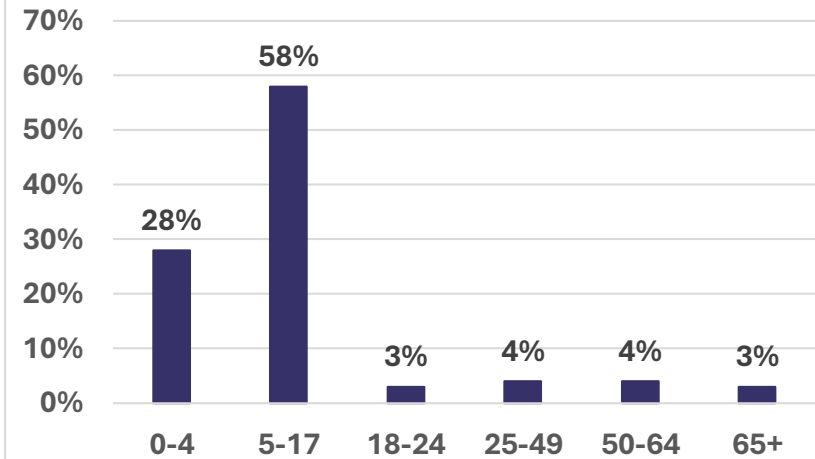


Figure 8: Pertussis by Sex, 2025

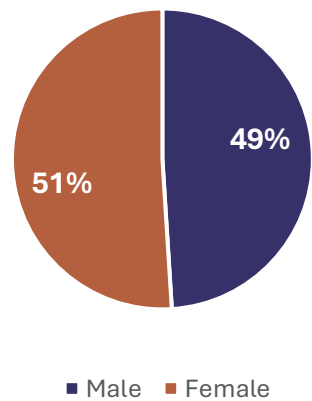
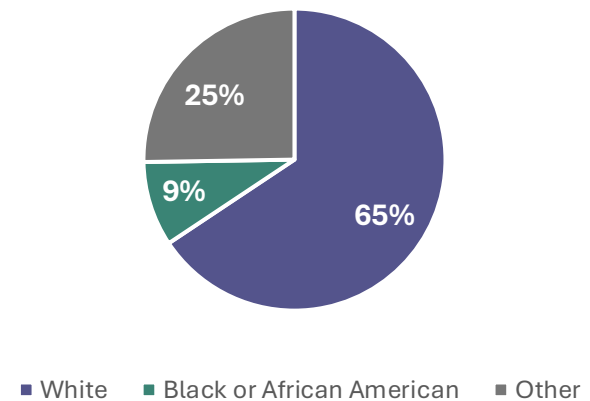


Figure 9: Pertussis by Race, 2025

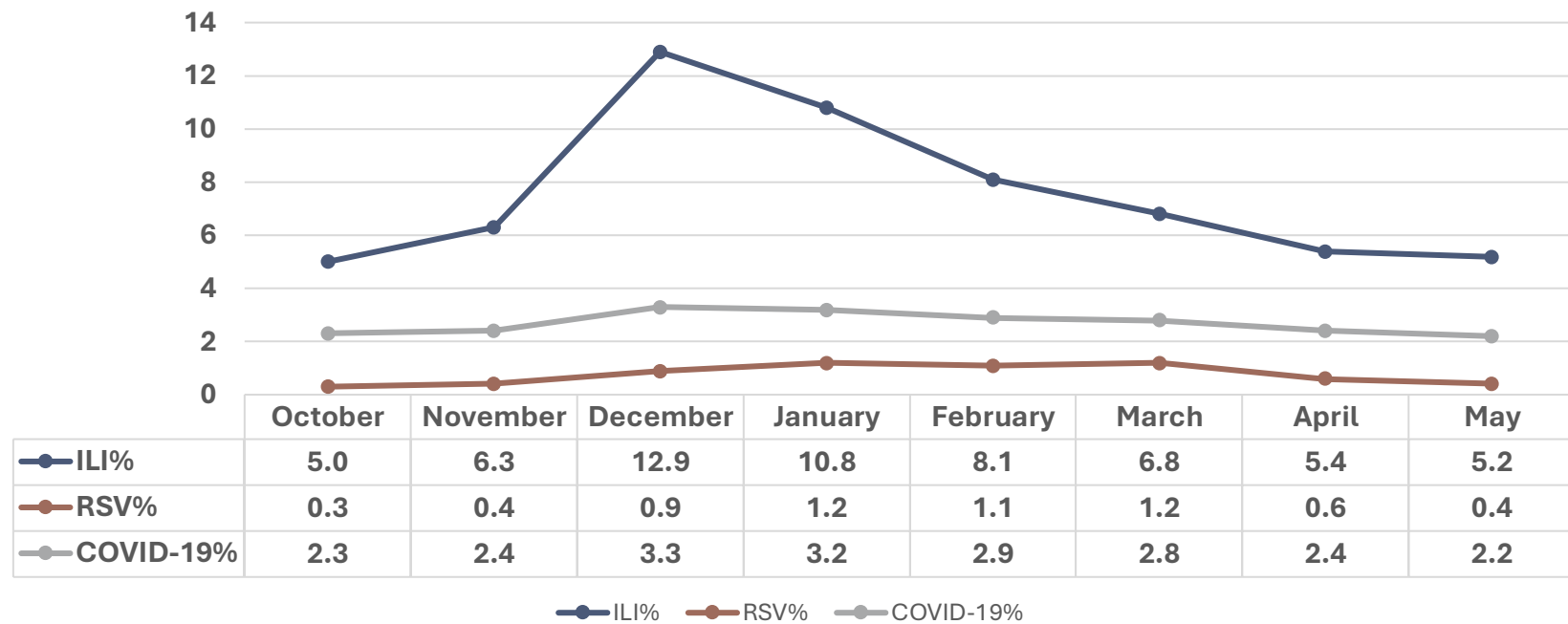


7.0 RESPIRATORY VIRUS SURVEILLANCE

Respiratory virus surveillance provides important insight into seasonal patterns of respiratory illness and supports public health monitoring and response at the national, state, and local levels.

Wake County Public Health monitors emergency department visits associated with influenza-like illness (ILI), respiratory syncytial virus (RSV), and COVID-19 throughout the respiratory virus season, which generally spans October through May. Figure 10 shows the percentage of emergency department visits associated with these respiratory illnesses during the 2025-2026 season.

Figure 10: Percentage of Emergency Department (ED) Visits Associated with ILI, RSV, and COVID-19, 2025-2026



*COVID-19-A respiratory illness caused by the SARS-CoV-2 virus that can range from mild to severe illness.

*Influenza-like illness (ILI)-Defined as fever (temperature of 100 degrees F or higher) accompanied by cough and/or sore throat.

*Respiratory Syncytial Virus (RSV)-A common respiratory virus that typically causes mild, cold-like symptoms but can cause serious illness, particularly among infants and older adults.

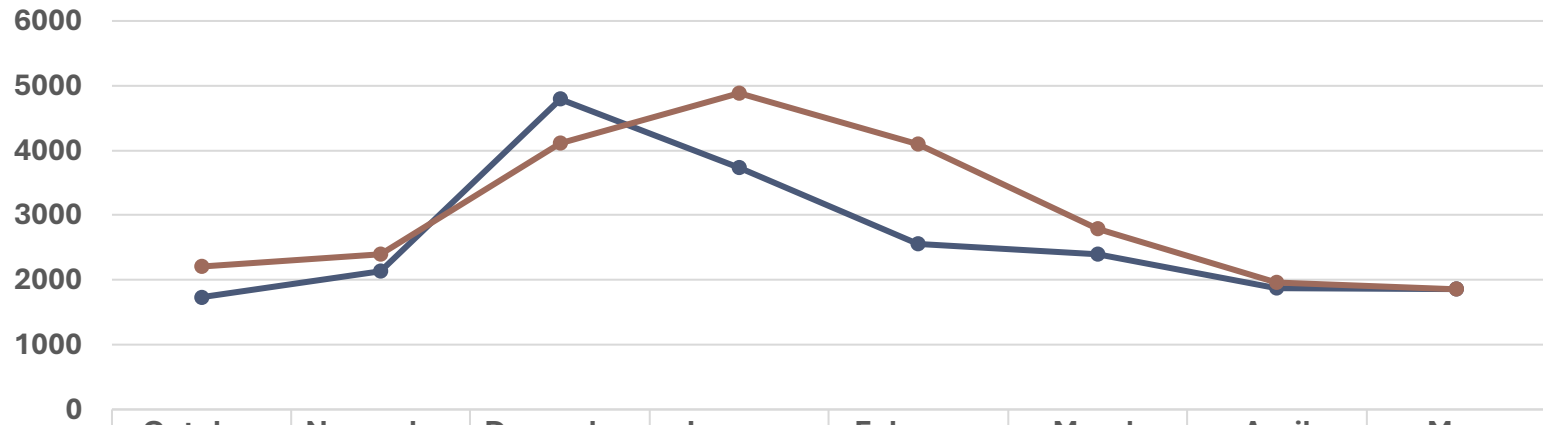
During the 2025–2026 respiratory virus season in Wake County, influenza-like illness (ILI) increased through the fall, peaked at 12.9% of emergency department visits in December 2025, and then steadily declined through May 2026. Influenza A (H3N2), particularly subclade K, circulated widely during the 2025–2026 season. Historically, H3N2-predominant seasons have been associated with increased influenza-related hospitalizations and deaths among older adults. In Wake County, 23 influenza-associated deaths were reported during the season, more than 90% of which occurred among adults aged 60 years and older.

COVID-19-associated ED visits peaked in December and gradually declined through the remainder of the season. RSV-associated ED visits remained lower overall, with the highest levels occurring in January and March before declining in April and May. Compared with the 2024–2025 respiratory virus season, ILI peaked earlier during the 2025–2026 season, reaching its highest level in December rather than January. COVID-19 followed a similar winter seasonal pattern across both seasons, while RSV-associated ED visits were generally lower during the 2025–2026 season. Data from the 2024–2025 respiratory virus season are presented in the 2025 Wake County Public Health Communicable Disease Report.

Children aged 0–4 years accounted for a substantial proportion of ED visits across all three respiratory illness categories. For ILI, children aged 0–4 years and adults aged 25–49 years accounted for the highest percentages of ED visits, at 25% each. By race, Black or African American residents accounted for the highest percentage of ILI (41%) and COVID-19 (42%) ED visits. For RSV, the percentages of ED visits were similar among White (38%) and Black or African American (36%) residents.

The following figures illustrate the burden of influenza-like illness (ILI) in Wake County, highlighting trends in emergency department visits from 2024 to 2026, as well as differences by age group and race during the 2025–2026 respiratory virus season.

Figure 11: Number of Emergency Department (ED) Visits for Influenza-Like Illness (ILI), 2024-2025 and 2025-2026 Respiratory Virus Seasons



	October	November	December	January	February	March	April	May
2025-2026	1734	2132	4791	3736	2550	2392	1871	1860
2024-2025	2206	2392	4104	4884	4096	2787	1958	1856

2025-2026 2024-2025

Figure 12: Percentage of ILI Emergency Department (ED) Visits by Age Group, 2025-2026 Respiratory Virus Season

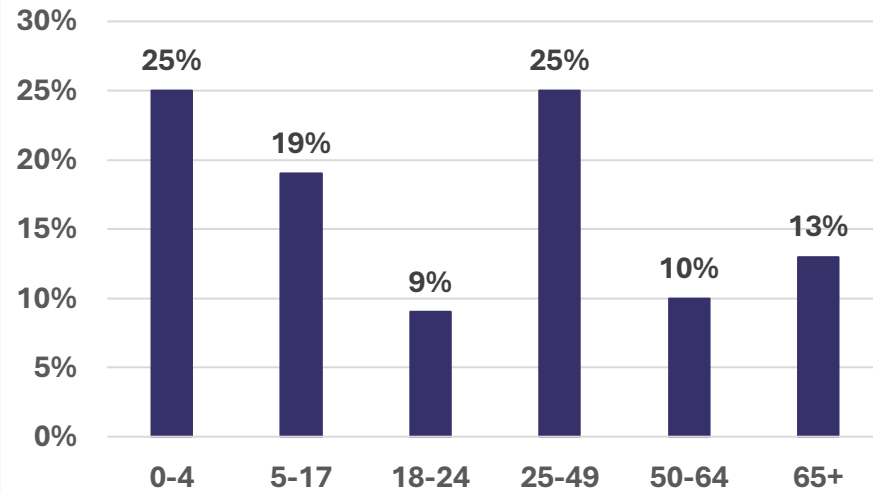
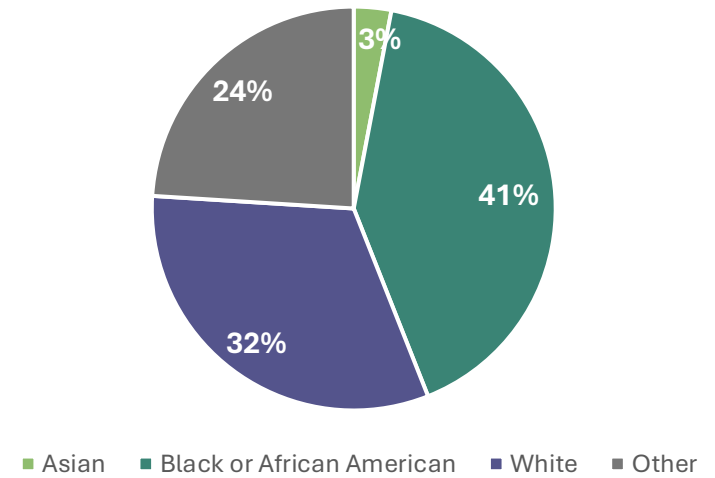


Figure 13: Percentage of ILI Emergency Department (ED) Visits by Race, 2025-2026 Respiratory Virus Season



The Wake County Public Health Communicable Disease Surveillance Team (CDST) investigated 20 COVID-19 outbreaks during 2025, the majority (90%) of which occurred in long-term care facilities. Outbreaks can also occur in childcare facilities, schools, and other settings.

The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone aged 6 months and older who does not have a contraindication to vaccination. For most people who need only one dose of influenza vaccine for the season, vaccination during September or October is generally recommended. Vaccination should continue throughout the influenza season as long as influenza viruses are circulating and vaccine is available.⁴

The CDC provides comprehensive guidance for reducing risks associated with respiratory viruses, including influenza, COVID-19, and RSV. This guidance emphasizes staying up to date with recommended immunizations, practicing good hygiene, taking steps to improve indoor air quality, and staying home when sick.

People who are sick with a respiratory virus should stay home and away from others. They may return to normal activities when, for at least 24 hours, both of the following are true:

1. Symptoms are improving overall; and
2. They have been fever-free without the use of fever-reducing medication.

After returning to normal activities, additional precautions are recommended for the next five days to help reduce the spread of respiratory viruses. These may include taking additional steps for cleaner air, practicing good hygiene, wearing a well-fitting mask, maintaining physical distance from others, and/or testing for respiratory viruses.

Core prevention strategies include:

- Staying up to date with recommended vaccinations to help protect against serious illness, hospitalization, and death, including vaccination against influenza, COVID-19, and RSV, when eligible.
- Practicing good hygiene by covering coughs and sneezes, washing or sanitizing hands often, and cleaning frequently touched surfaces.
- Taking steps to improve air quality, such as bringing in fresh outdoor air, improving indoor air filtration or purification, or gathering outdoors.
- Staying home and away from others when sick with a respiratory virus.

For more information regarding these core prevention strategies and more, please visit

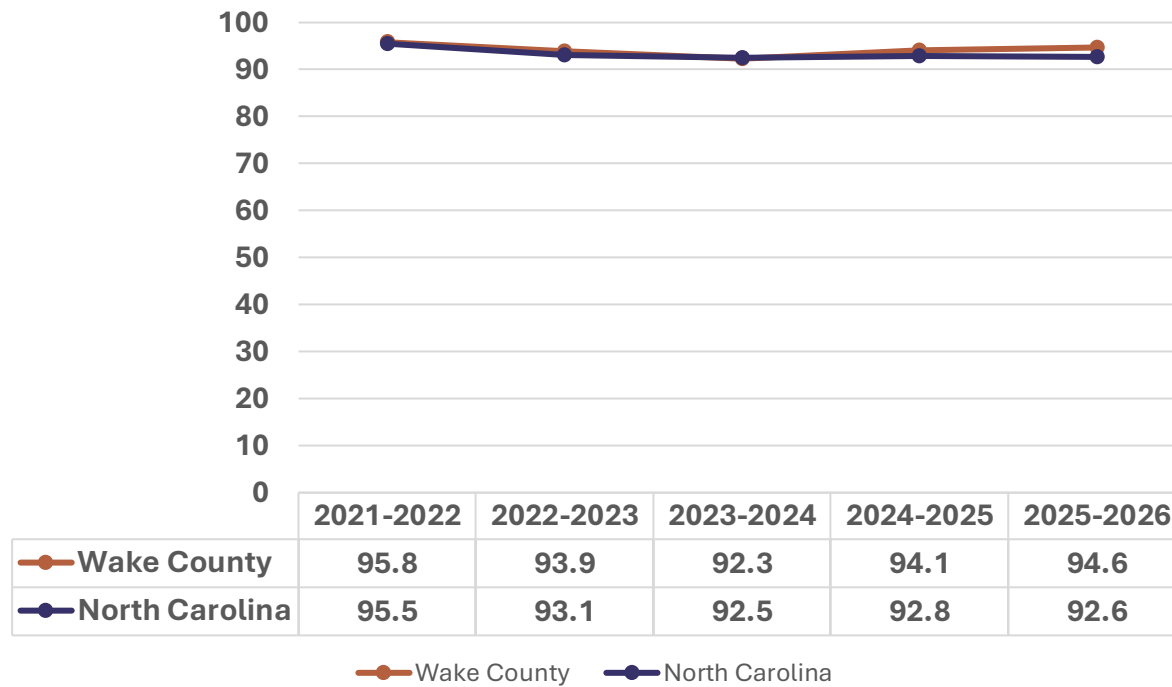
<https://www.cdc.gov/respiratory-viruses/prevention/index.html>

7.1 Trends in Kindergarten Immunization Coverage

Children entering kindergarten in Wake County and across North Carolina are required to receive vaccines that protect against serious illnesses, including measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, hepatitis B, and varicella.⁵ Monitoring vaccination coverage and exemption patterns among kindergarten students is important, as high vaccination coverage at school entry helps reduce the risk of outbreaks in schools and the broader community.⁶

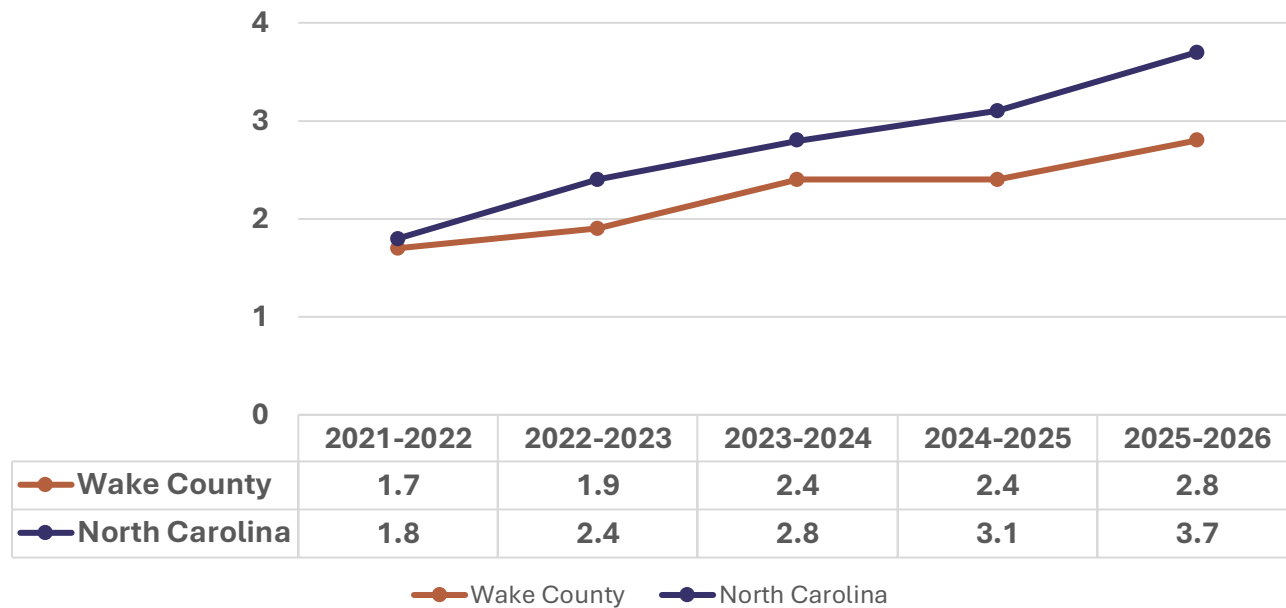
During the 2021–2022 school year, kindergarten vaccination coverage exceeded 95% in both Wake County (95.8%) and North Carolina (95.5%). Coverage declined over the next two school years, reaching 92.3% in Wake County and 92.5% statewide in 2023–2024. Since then, coverage in Wake County has increased, reaching 94.6% during the 2025–2026 school year. Statewide coverage increased slightly to 92.8% in 2024–2025 before declining slightly to 92.6% in 2025–2026.

Figure 14: Percentage of Kindergarten Students Up-to-Date on Required Vaccinations by School Year, 2021-2022 to 2025-2026



Vaccination exemptions among kindergarten students also increased over the five-year period. In Wake County, exemptions increased from 1.7% in 2021-2022 to 2.8% in 2025-2026, while statewide exemptions increased from 1.8% to 3.7% during the same period.

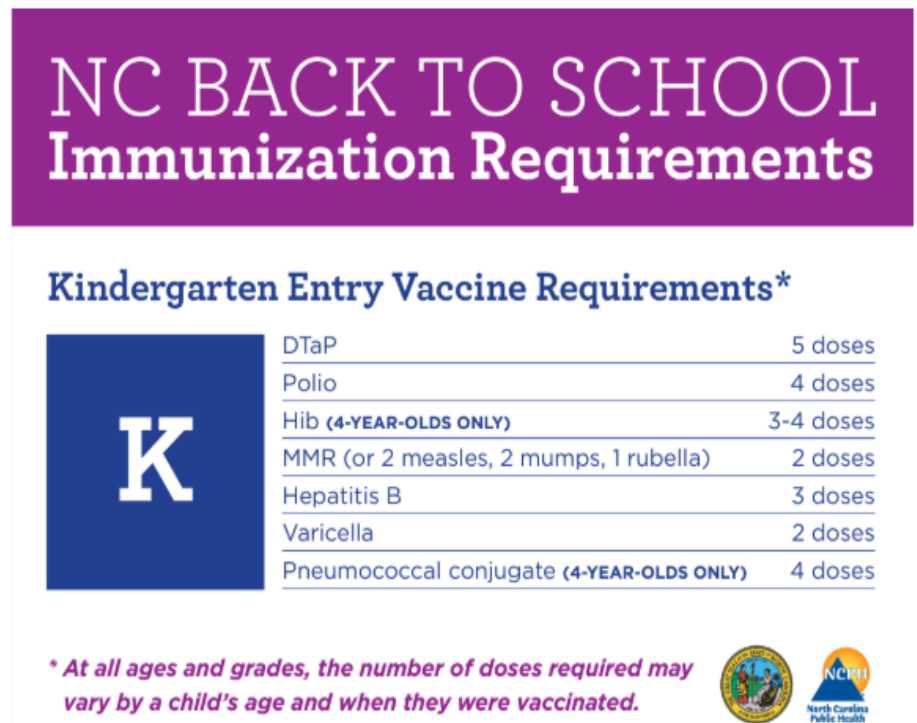
Figure 15: Percentage of Kindergarten Students with Vaccination Exemptions by School Year, 2021-2022 to 2025-2026



Key Public Health Considerations:

- Kindergarten vaccination coverage in Wake County has improved since 2023-2024 but remains below the level observed in 2021-2022, underscoring the importance of continued efforts to maintain and improve vaccination coverage.
- Vaccination exemptions have increased in both Wake County and North Carolina, highlighting the importance of continued monitoring of exemption trends.
- Continued public health efforts support vaccine education, outreach, and access to recommended vaccinations.⁷
- Families are encouraged to stay informed about vaccination requirements and recommendations, keep their children up to date on recommended vaccines, and consult a healthcare provider with questions.⁷

Figure 16: North Carolina Back-to-School Immunization Requirements



7.2 Measles: Trends in National and Local Activity

<https://www.cdc.gov/measles/about/index.html>

Epidemiology

Overview: Measles (rubeola) is a highly contagious, vaccine-preventable respiratory illness caused by the measles virus. Serious complications can occur, particularly among young children, adults, pregnant people, and people with weakened immune systems.

Symptoms: Symptoms usually begin 7 to 14 days after exposure but can appear up to 21 days later. Early symptoms include high fever, cough, runny nose, and red, watery eyes, followed by a red, blotchy rash that typically starts on the face and spreads downward. Complications can include ear infections, diarrhea, pneumonia, and encephalitis.

Transmission: Measles spreads through the air when an infected person coughs or sneezes. The virus can remain infectious in the air for up to two hours after an infected person leaves an area. Up to 9 in 10 susceptible people exposed to measles may become infected.

Treatment: There is no specific antiviral treatment for measles. Care focuses on relieving symptoms and managing complications.

Prevention: Vaccination is the best protection against measles. Two MMR doses are approximately 97% effective. Maintaining high vaccination coverage helps prevent outbreaks.

In 2025, the United States saw its largest measles resurgence in more than three decades.

National: For the full year of 2025, 2,289 confirmed measles cases were reported in the United States, the most since measles was declared eliminated in the United States in 2000. Of these, 2,263 cases were reported by 45 jurisdictions and 26 were among international visitors. There were 48 outbreaks reported, and 90% of confirmed cases (2,066 of 2,289) were outbreak-associated, compared with 16 outbreaks and 69% of cases (198 of 285) in 2024. Ninety-three percent of patients were unvaccinated or had an unknown vaccination status, and 11% were hospitalized (243 of 2,289). Three deaths were reported, the first measles deaths in the United States in more than a decade.⁷

North Carolina: Two measles cases were reported in North Carolina in 2025: one involving an international traveler in June and another involving an unvaccinated Polk County resident in late December. The Polk County resident had visited locations in Spartanburg County, South Carolina, associated with a large measles outbreak in Upstate South Carolina, where MMR vaccination coverage in the affected community was below the approximately 95% level needed to help prevent sustained transmission.⁸

Wake County: No measles cases were reported among Wake County residents in 2025. In December, an out-of-state traveler passed through Terminal 2 at Raleigh-Durham International Airport (RDU) while infectious, prompting a public exposure notification.⁸

Key Public Health Considerations:

- Maintaining high MMR vaccination coverage at or above 95% is critical to reducing the risk of measles outbreaks and sustained transmission.
- Healthcare providers should consider measles in patients presenting with fever and rash, particularly those with recent travel or potential exposure, and promptly report suspected cases to public health authorities.
- Measles activity in North Carolina continued into 2026, underscoring the importance of ongoing coordination with state and federal partners, prompt case investigation and exposure notification, and continued surveillance to limit the risk of transmission in Wake County.

8.0 TUBERCULOSIS

<https://www.cdc.gov/tb/index.html>

Epidemiology

Overview: Tuberculosis (TB) is caused by the bacterium called *Mycobacterium tuberculosis*. The bacteria typically attacks the lungs but can attack any part of the body such as the kidney, spine, and brain.

Not all TB bacteria infections lead to sickness. Consequently, two TB-related conditions exist: latent TB infection, where the bacteria resides in the body without causing illness, and TB disease, wherein active bacteria will make the person sick.

Symptoms: Bad cough that lasts three weeks or longer, chest pain, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, sweating at night.

Transmission: TB bacteria can spread through the air from one person to another.

Treatment: Treatment can take four, six, or nine months depending on the regimen which includes a 4-month rifapentine-moxifloxacin regimen and a six- or nine-month RIPE (rifampin, isoniazid, pyrazinamide and ethambutol) TB regimen. Directly Observed Therapy (DOT) helps patients' complete treatment.

Prevention: Close contact with infectious TB patients should be avoided.

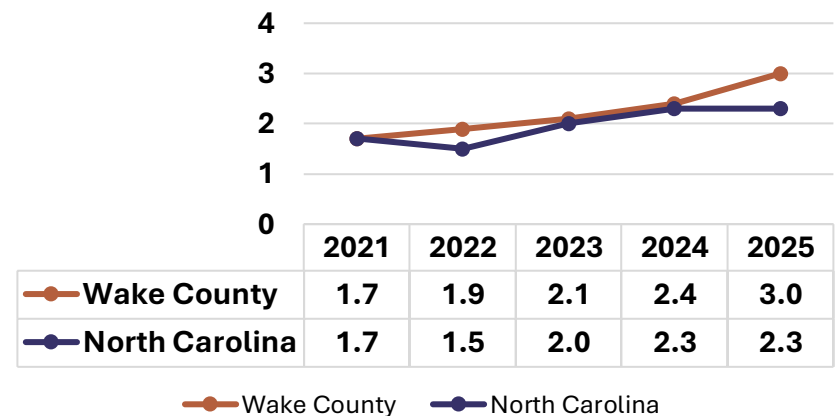
Local Facts and Figures:

Tuberculosis incidence rates in Wake County increased by 25% in 2025 compared to 2024 and have remained higher than state rates since 2022.

In 2025:

- 37 cases of active TB were reported.
- The majority of cases (46%) were reported among individuals ages 25-44.
- The majority of cases were reported among Asian (43%) and White (41%) populations.

Figure 17: Tuberculosis Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 18: Tuberculosis by Age Group, 2025

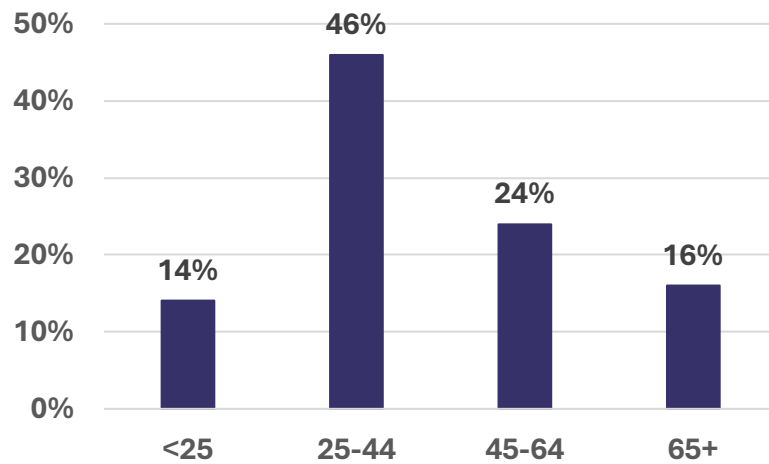


Figure 19: Tuberculosis by Sex, 2025

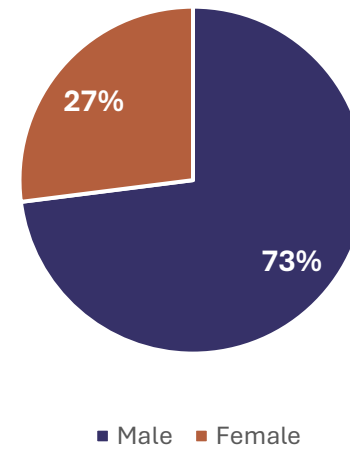
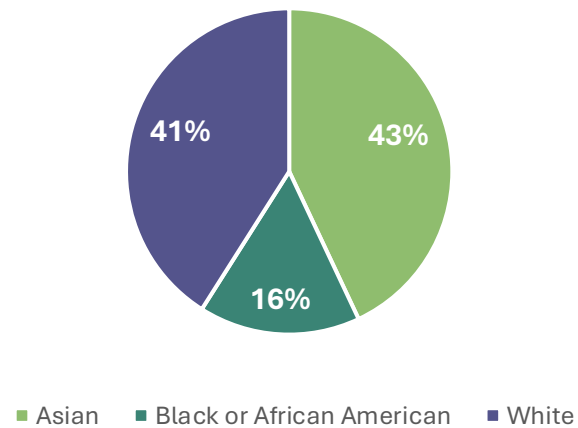


Figure 20: Tuberculosis by Race, 2025



9.0 FOODBORNE DISEASES

Salmonellosis

<https://www.cdc.gov/salmonella/about/index.html>

Epidemiology

Overview: Salmonellosis is an infectious disease caused by *Salmonella* bacteria.

Symptoms: Common symptoms include watery diarrhea, fever, and abdominal cramps between 12 and 72 hours after infection.

Transmission: Transmission occurs by eating or drinking contaminated food or water. *Salmonella* bacteria can also spread by direct contact with an infected person or animal.

Treatment: Most people recover without treatment. However, young children, older adults, and those with severe diarrhea should see a healthcare provider for treatment options.

Prevention: Prevention methods include washing hands after contact with animals and before eating, drinking only pasteurized milk, avoiding untreated water, and cooking food to temperature.

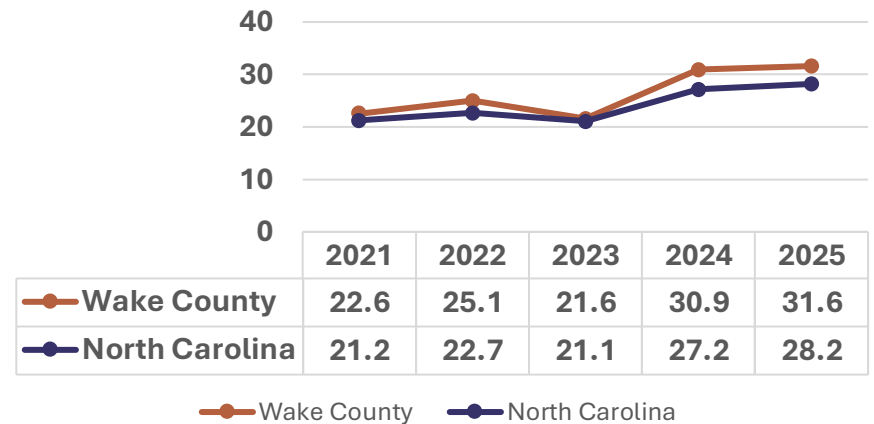
Local Facts and Figures:

Salmonellosis incidence rates in Wake County increased by 2% in 2025 compared to 2024 and have consistently been higher than the state rate over the past five years.

In 2025:

- 391 cases were reported.
- 29% of cases were reported among children aged 0-4.
- The majority (55%) of cases were reported among the White population.

Figure 21: Salmonellosis Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 22: Salmonellosis by Age Group, 2025

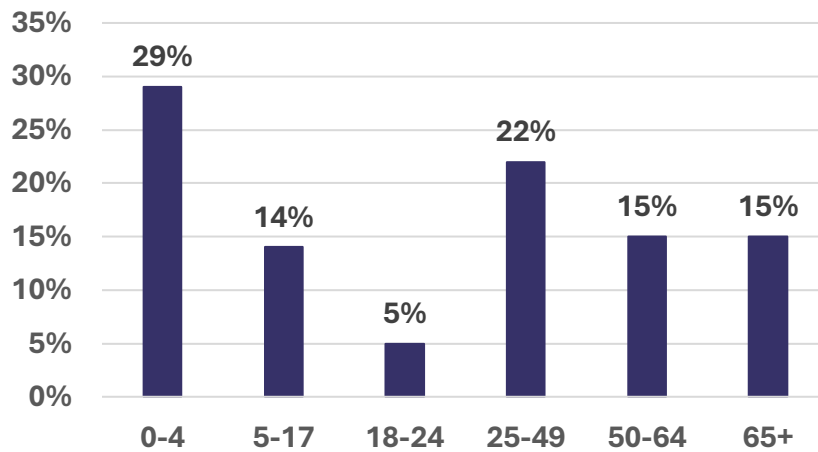


Figure 23: Salmonellosis by Sex, 2025

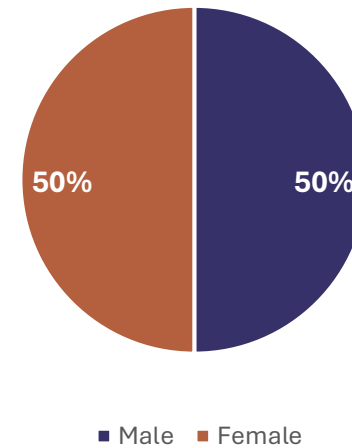
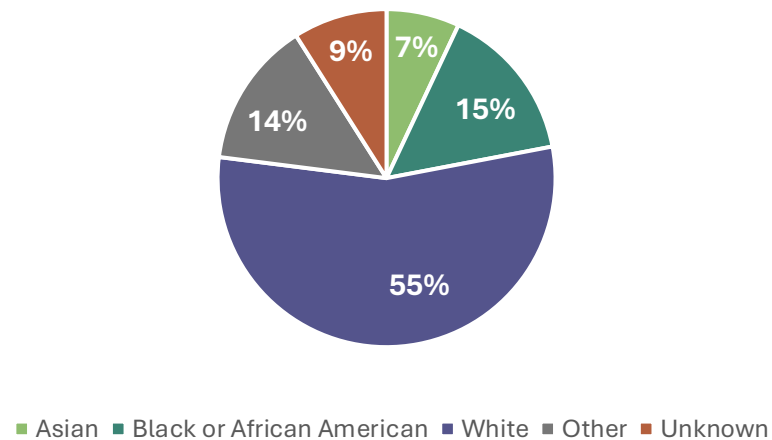


Figure 24: Salmonellosis by Race, 2025



Cyclosporiasis

<https://www.cdc.gov/cyclosporiasis/index.html>

Epidemiology

Overview: Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis*, also known as Cyclospora.

Symptoms: Common symptoms include watery diarrhea, loss of appetite, weight loss, cramping, bloating, increased gas, nausea, and fatigue. Less common symptoms may include vomiting, body aches, headache, low-grade fever, and other flu-like symptoms.

Transmission: Cyclospora spreads when people eat food or drink water that is contaminated with feces (stool). Direct person-to-person transmission is unlikely.

Treatment: Supportive care, such as rest and plenty of fluids, is advised. Consult a healthcare provider if symptoms occur. Cyclosporiasis is treated with trimethoprim-sulfamethoxazole (Bactrim, Septra, Cotrim).

Prevention: To prevent cyclosporiasis, avoid food or water that may be contaminated with feces. When traveling to endemic areas (tropical and subtropical regions), note that routine chemical disinfection or sanitization is unlikely to kill Cyclospora.

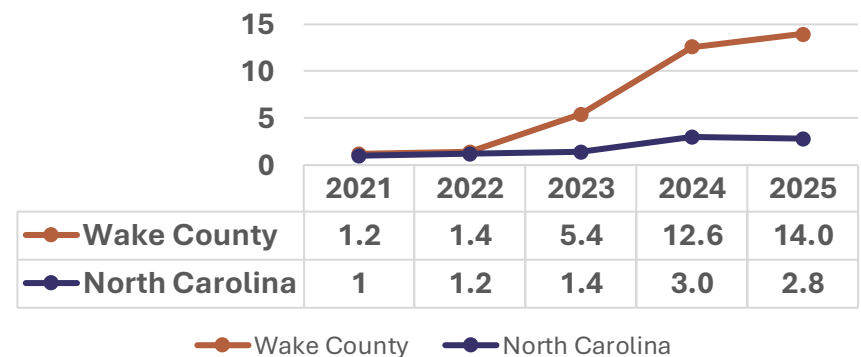
Local Facts and Figures:

Cyclosporiasis incidence rates in Wake County increased sharply by 133% in 2024 compared to 2023 and continued to increase by 11% in 2025 compared to 2024. Rates have remained significantly higher than the state rate since 2023.

In 2025:

- 172 cases were reported.
- The majority (45%) of cases were reported among individuals ages 25-49.
- The majority (70%) of cases were reported among the White population.

Figure 25: Cyclosporiasis Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 26: Cyclosporiasis by Age Group, 2025

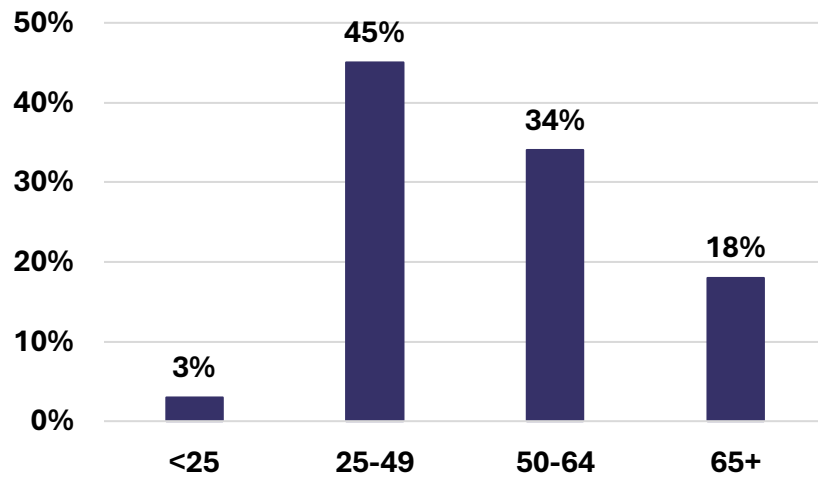


Figure 27: Cyclosporiasis by Sex, 2025

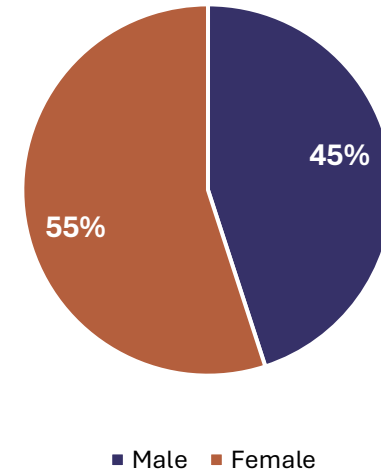
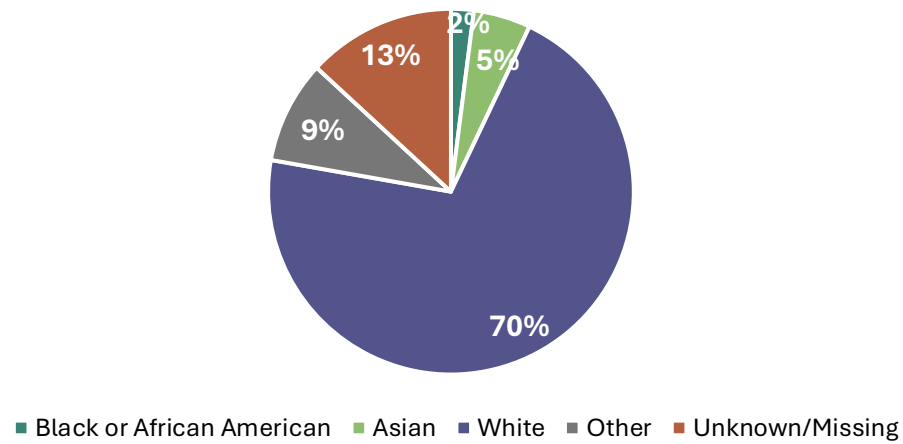


Figure 28: Cyclosporiasis by Race, 2025



Campylobacteriosis

<https://www.cdc.gov/campylobacter/about/index.html>

Epidemiology

Overview: Campylobacteriosis is an infectious disease caused by the *Campylobacter* bacteria. It is one of the most common causes of diarrheal illness in the U.S.

Symptoms: Symptoms typically include diarrhea (often bloody), fever, abdominal cramps, and bloating. Symptoms occur within 2-5 days after exposure and last about a week.

Transmission: Most infections are associated with eating raw or undercooked poultry or contamination transferred to other foods.

Treatment: Most people recover without treatment and antibiotics are only recommended for the very ill.

Prevention: Proper hand hygiene before eating and after contact with animals will help prevent the spread of disease. Avoiding raw milk also helps to prevent infection.

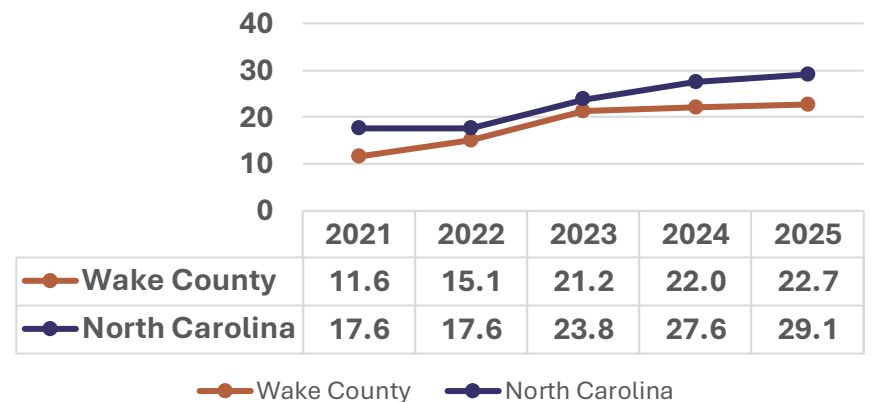
Local Facts and Figures:

Campylobacteriosis incidence rates in Wake County increased by 3% in 2025 compared to 2024 and have consistently been lower than the state rate over the past five years.

In 2025:

- 280 cases were reported.
- 28% of cases were reported among individuals ages 25-49.
- The majority (65%) of cases were reported among the White population.

Figure 29: Campylobacteriosis Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 30: Campylobacteriosis by Age, 2025

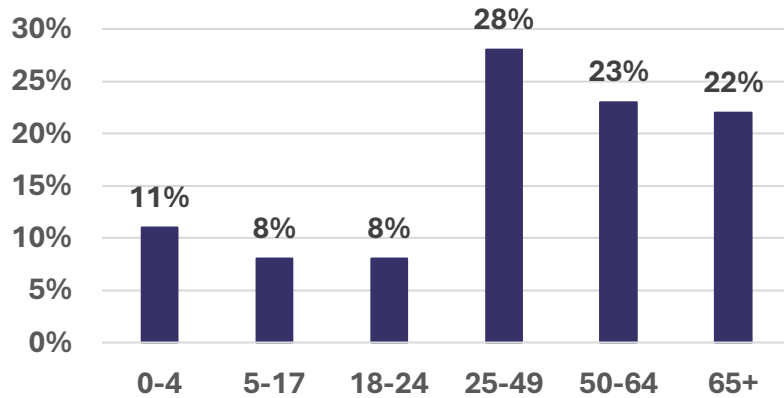


Figure 31: Campylobacteriosis by Sex, 2025

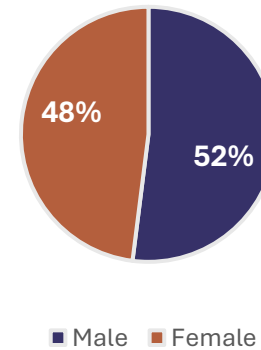
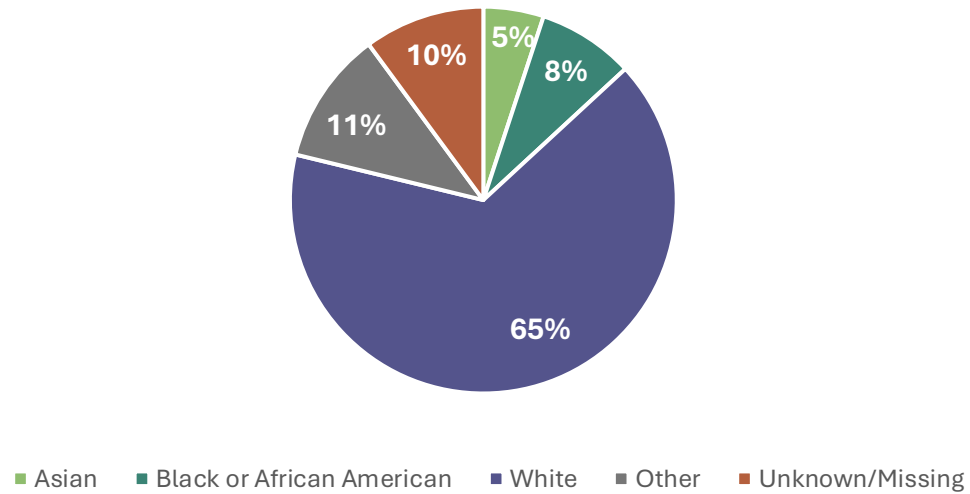


Figure 32: Campylobacteriosis by Race, 2025



E. coli

<https://www.cdc.gov/ecoli/about/index.html>

Epidemiology

Overview: *E. coli* is an intestinal disease caused by the bacteria *Escherichia Coli*. Strains of *E. coli* can produce a toxin that causes serious illness.

Symptoms: Common symptoms include bloody diarrhea, and *E. coli* can create a condition called hemolytic uremic syndrome. This syndrome can cause kidney failure.

Transmission: The disease is spread through the fecal-oral route by the consumption of contaminated food, raw milk, untreated water, and other contact with feces of an infected person.

Treatment: Treatment is supportive care. Antibiotics should not be used to treat infection.

Prevention: Prevention methods include proper hand hygiene before handling food and after contact with animals. Ensure food is cooked to the proper temperature.

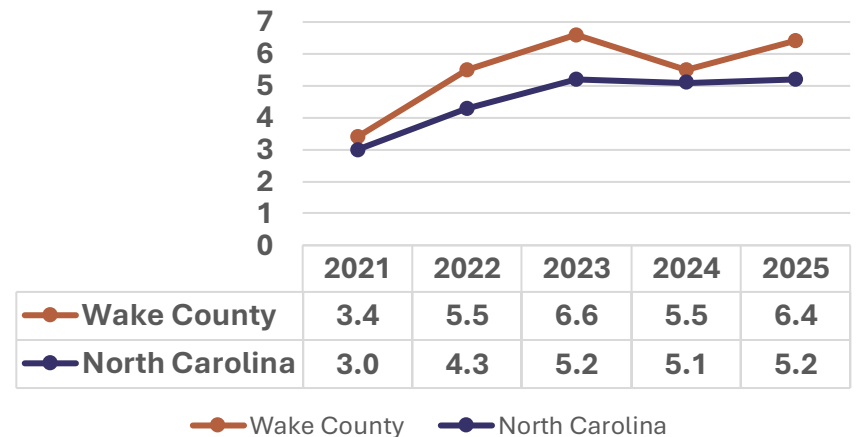
Local Facts and Figures:

E. coli incidence rates in Wake County increased by 16% in 2025 compared to 2024 and have remained higher than the state rate since 2021.

In 2025:

- 79 cases were reported.
- Most cases were reported among age groups 0–4 years (24%) and 25–49 years (23%)
- The majority (42%) of cases were reported among the White population.

Figure 33: *E. Coli* Incidence Rates, 2021-2025



*Rate per 100,000 population

Figure 34: *E.coli* by Age, 2025

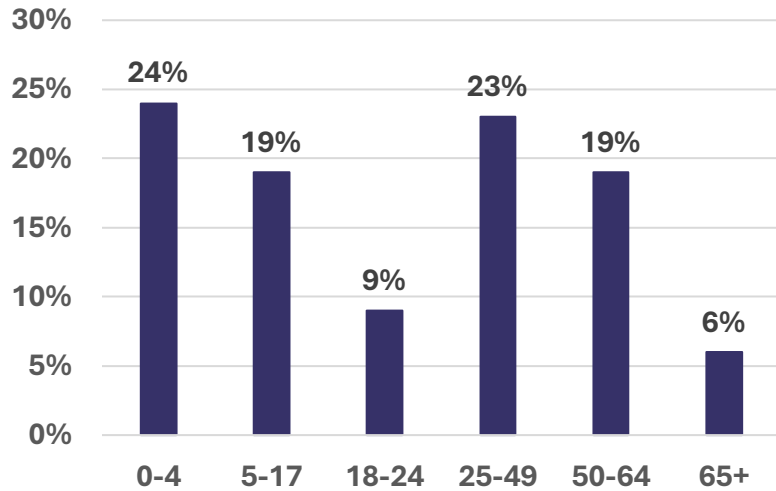


Figure 35: *E.coli* by Sex, 2025

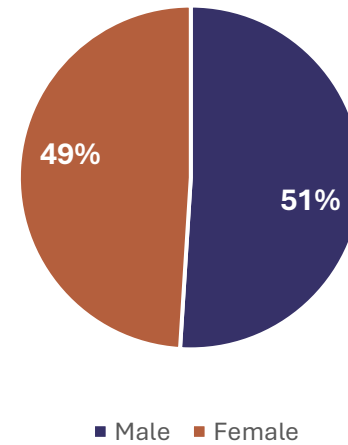
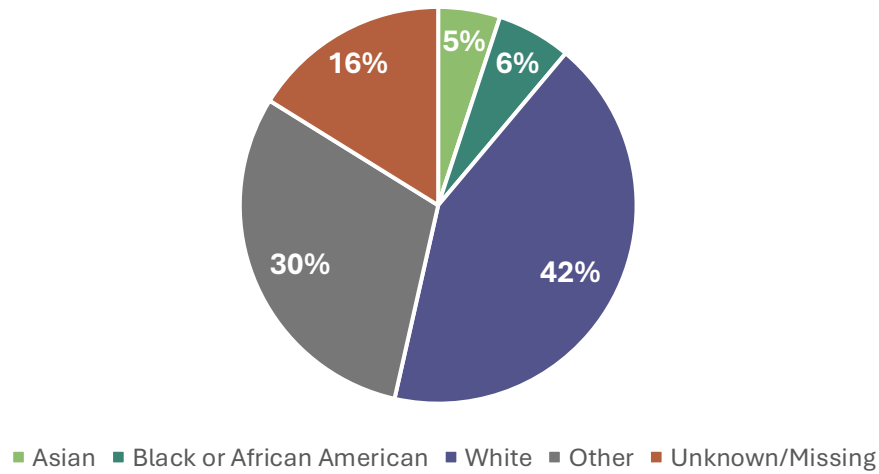


Figure 36: *E.coli* by Race, 2025



10.0 FOODBORNE OUTBREAKS

Spotlight: The 2025 Cyclosporiasis Season

Wake County Public Health (WCPH) investigated a substantial increase in cyclosporiasis during the 2025 season, with 172 cases reported in Wake County. Symptom onset ranged from late May through early September, with most cases occurring in June and July. Eight individuals were hospitalized, and no deaths were reported.

Three restaurant-associated clusters involving 37 cases were identified. Most cases were not associated with these clusters, suggesting additional exposures that were not identified through the investigation. During interviews, cases frequently reported consuming fresh produce, including lettuce, berries, cilantro, and parsley. Cilantro and parsley were prioritized for federal traceback. Despite extensive coordination among WCPH and partners at the North Carolina Department of Health and Human Services (NCDHHS), North Carolina Department of Agriculture and Consumer Services (NCDA&CS), and Centers for Disease Control and Prevention (CDC), no single food source was confirmed.

Key Public Health Considerations:

- Safe food handling and produce preparation practices remain important for reducing the risk of foodborne illness; however, preventing Cyclospora contamination also requires attention throughout the growing, processing, and distribution chain.
- Residents should wash hands before and after preparing food, thoroughly rinse fresh fruits and vegetables under running water, and promptly refrigerate cut or peeled produce.
- Continued coordination among local, state, and federal partners is essential for timely case and cluster detection, epidemiologic investigation, and traceback, particularly during the spring and summer months when cyclosporiasis cases typically increase.
- During periods of increased cyclosporiasis activity, cooking produce when possible can help reduce risk, as heat kills the Cyclospora parasite.

11.0 VECTOR-BORNE DISEASES

<https://www.cdc.gov/vector-borne-diseases/about/index.html>

Vector-borne diseases (VBDs) are illnesses spread by vectors such as mosquitoes, ticks, and fleas. These diseases can sometimes cause serious, life-threatening illness. In Wake County, tick-borne diseases remain the primary concern. From 2021–2025, spotted fever cases showed an overall increase, reaching 31 cases in 2025. Lyme disease and ehrlichiosis cases varied from year to year, with the highest number of cases reported in 2024.

Mosquito-borne diseases, such as chikungunya, dengue, malaria, and West Nile Virus, remain rare in Wake County. Cases reported during this period were associated with travel and were not locally acquired. There was no evidence of local transmission of these diseases in Wake County during this period.

Who is at Risk?

While anyone can get a vector-borne disease, some people are more likely to be exposed to or to have more serious illness.

Those at higher risk include:

- People who spend a lot of time outdoors, such as hikers, campers, gardeners, and outdoor workers.
- Children, who often play outside in grassy or wooded areas where ticks live.
- Pet owners, since pets like dogs can carry ticks into the home.
- Older adults and people with weakened immune systems, who may develop more severe illness if infected.

Contributing Factors to Increased Risk Locally and Nationally:

- Suburban growth and changing land use: More homes and recreational spaces near wooded or grassy areas increase tick exposure.
- Warmer, longer summers: Extended tick and mosquito seasons give these pests more time to spread disease.
- Travel and global connections: Individuals who travel to areas where diseases like malaria or dengue are common can bring infections back to communities.

In North Carolina, several local efforts are bringing more awareness to prevent tick and mosquito borne diseases:

In May 2026, North Carolina's Governor Josh Stein proclaimed April as Tick and Mosquito Awareness Month in North Carolina. This proclamation creates the opportunity for North Carolina residents and health care providers to learn more about the threat, medical implications, and prevention of these diseases.¹⁰ For more information on tick distribution and tickborne illness in North Carolina, visit <https://epi.dph.ncdhhs.gov/cd/ticks/figures.html>

Join the Fight the Bite Campaign

The "Fight the Bite" campaign, led by the North Carolina Department of Health and Human Services (NCDHHS), aims to increase public awareness about tick- and mosquito-borne diseases throughout the state. Local schools are actively participating through a K-12 poster contest, which promotes the campaign's message in an engaging and educational manner. Community-wide efforts such as using insect repellent and eliminating standing water are essential to reducing the risk of vector-borne diseases and protecting public health.¹¹

Table 5 shows confirmed, suspect and probable cases of tickborne (ehrlichiosis, Lyme disease, and Spotted fever) and mosquito-borne (chikungunya, dengue, malaria, West Nile Virus, and Zika virus) disease over the last five years in Wake County. For tickborne diseases, many more cases are suspected and investigated than can be confirmed. This is due to the difficulty in getting clinical and/or laboratory information needed to meet the confirmed case definition.

Table 5: Vector-borne Diseases in Wake County, Annual Counts, 2021-2025

		2021	2022	2023	2024	2025
		All Statuses (Confirmed, Probable, and Suspect)				
		No. of Cases	No. of Cases	No. of Cases	No. of Cases	No. of Cases
Tick-borne	Ehrlichiosis, chaffeensis	12	9	19	21	0
	Spotted Fever	4	16	15	20	31
	Lyme Disease	20	25	10	27	19
Mosquito-borne	Chikungunya	1	0	0	4	1
	Dengue	2	0	4	15	2
	Malaria	7	11	7	11	5
	West Nile Virus	1	0	0	0	0
	Zika Virus	0	0	0	0	0

Preventive Measures¹²

Preventing Mosquito Bites

- Wear long sleeve shirts and long pants, treat clothing with permethrin (0.5%) for extra protection, effective for several washes.
- Use EPA registered insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone.
- Mosquito-proof your home using screens on windows and doors.
- Eliminate breeding sites by preventing stagnant water.

Preventing Tick Bites

- Wear a hat and light-colored clothing (long sleeves and pants tucked into boots or socks) to spot ticks easily.
- Use EPA registered insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone.
- Avoid ticks in wooded/brushy areas with high grasses and leaf litter by walking in the center of trails.
- Check clothing and skin for ticks you may have encountered while outdoors; shower soon after returning indoors.

Vaccination

- Vaccines for vector borne diseases such as malaria, Japanese encephalitis, tickborne encephalitis and yellow fever are available for travelers. Check with your healthcare provider if you are eligible.

Stay informed

- Stay updated on the current situation and specific preventive measures recommended by local health authorities in your region.
- Follow destination-specific guidelines for travel.

12.0 SEXUALLY TRANSMITTED DISEASES (STDs)

Sexually transmitted infections (STIs) are infections caused by bacteria, viruses, fungi, or parasites that can be transmitted through sexual contact.¹³ Many STIs do not cause symptoms, meaning individuals can have an infection without knowing it.¹³ A sexually transmitted disease (STD) can develop as a result of an STI when the infection leads to symptoms or disease.¹³ This section presents data on early syphilis, gonorrhea, chlamydia, and newly diagnosed HIV cases reported through the North Carolina Electronic Disease Surveillance System (NC EDSS). Data from 2020 and 2021 should be interpreted with caution, as testing and diagnostic services were affected by the COVID-19 pandemic.

Congenital syphilis has been on the rise nationally and in North Carolina in recent years. Congenital syphilis occurs when syphilis is transmitted during pregnancy to a developing baby. Without timely detection and appropriate treatment, congenital syphilis can result in serious outcomes, including miscarriage, stillbirth, preterm birth, and infant death.¹⁴ Infants with congenital syphilis may have no symptoms at birth but can develop serious health complications later if the infection is not identified and treated.¹⁴

The rate of syphilis among pregnant people giving birth in the United States more than quadrupled from 2016 to 2024, increasing from 87.2 to 357.9 per 100,000 births.¹⁵ In North Carolina, congenital syphilis infections increased substantially between 2012 and 2024.¹⁶ In 2024, cases increased 9500% compared to 2012.¹⁶

Congenital syphilis is preventable through early detection and appropriate treatment of syphilis during pregnancy. North Carolina public health law requires healthcare providers to screen pregnant patients for syphilis during pregnancy. Timely access to prenatal care, screening, and treatment provides critical opportunities to identify maternal infection and prevent congenital syphilis.

Early Syphilis

<https://www.cdc.gov/syphilis/about/index.html>

Epidemiology

Overview: Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*.

Symptoms: Syphilis occurs in stages, with different symptoms at each stage. In the primary stage, one or more sores may develop where the exposure to syphilis occurred, such as the penis, vagina, anus, or mouth. In the secondary stage, skin rashes or more sores may develop, as well as fever, sore throat, headaches, muscle aches, fatigue, swollen lymph nodes, weight loss, and patchy hair loss.

Transmission: Syphilis spreads through direct contact with a syphilis sore, particularly during vaginal, anal, or oral sex, or to the baby during pregnancy.

Treatment: Syphilis can be treated with antibiotics prescribed by a healthcare provider. Treatment may not reverse some harmful effects of syphilis, particularly once it gets to a later stage.

Prevention: Prevent STI exposure through proper and consistent use of condoms and regularly testing yourself and any sexual partners.

Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis cases. In this report, early syphilis data include both confirmed and probable cases. In 2022, the case definition for confirmed syphilis was revised, resulting in some cases that previously would have been classified as confirmed being categorized as probable. Under the revised definition, confirmation requires detection of *T. pallidum* through darkfield microscopy or polymerase chain reaction (PCR) testing that meets specified criteria; positive results from other laboratory tests may meet the probable case definition.

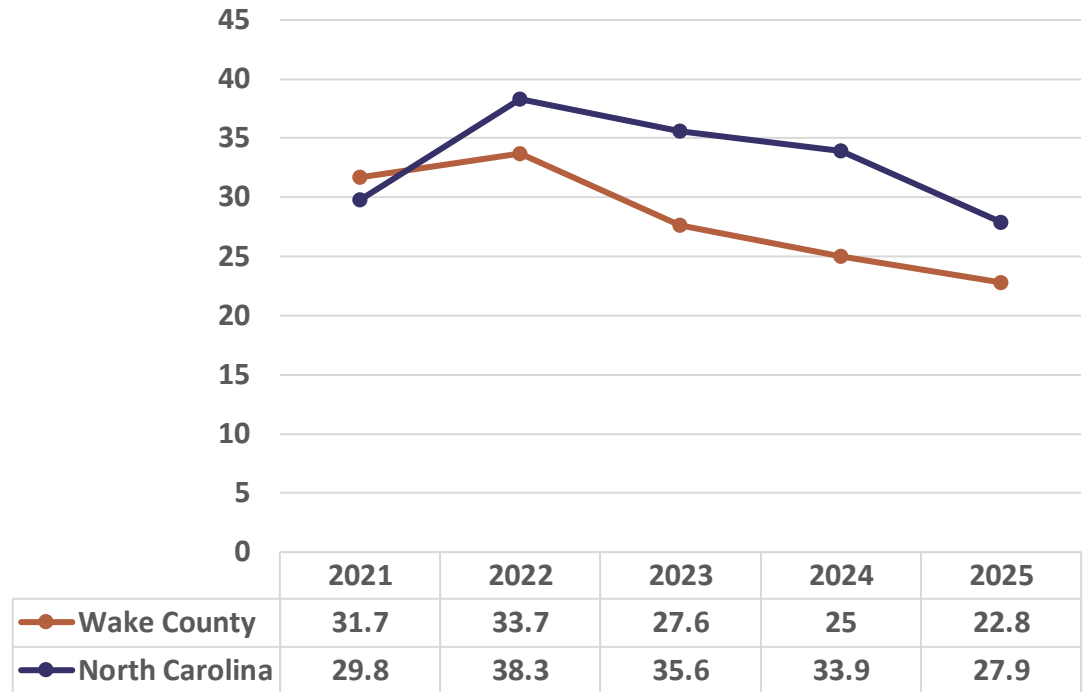
Because of this change, comparisons between 2021 and subsequent years should be interpreted with caution. To support consistency across the five-year trend presented in this report, data for all years include both confirmed and probable cases.

Local Facts and Figures:

281 Early syphilis cases were reported in Wake County in 2025 (as of July 2026). Of those cases:

- 41 were primary syphilis
- 90 were secondary syphilis
- 146 were early non-primary non-secondary syphilis
- The rate of Early syphilis declined both in North Carolina and Wake County from 2024 to 2025.
- The majority (80%) of the cases were reported among males.
- Over half (51%) of the cases were reported among Black or African Americans.
- The majority (58%) of the cases were reported in individuals ages 20-39.
- The zip codes with the highest rates of Early syphilis cases per 1,000 population in 2025 were 27610, 27601, 27604.

Figure 37: Early Syphilis Incidence Rates, 2021-2025*



*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure are limited to cases with Wake County residential addresses. Counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

Figure 38: Early Syphilis by Age Group, 2025

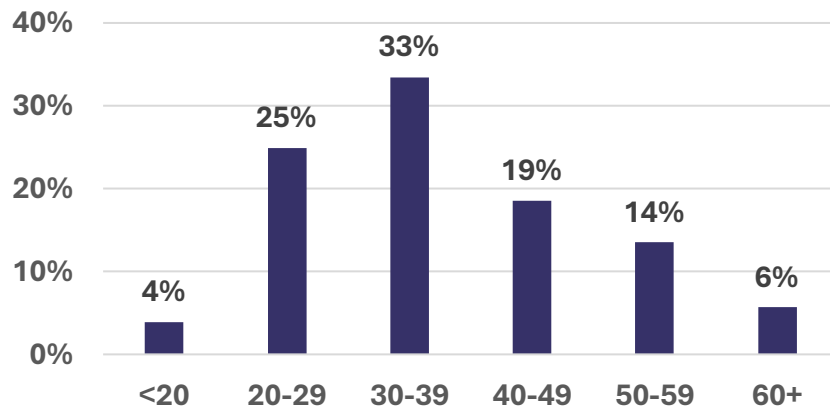


Figure 39: Early Syphilis by Sex, 2025

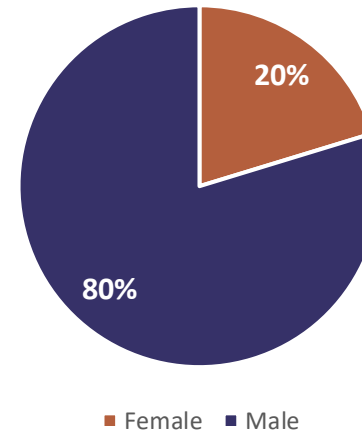


Figure 40: Early Syphilis by Race, 2025

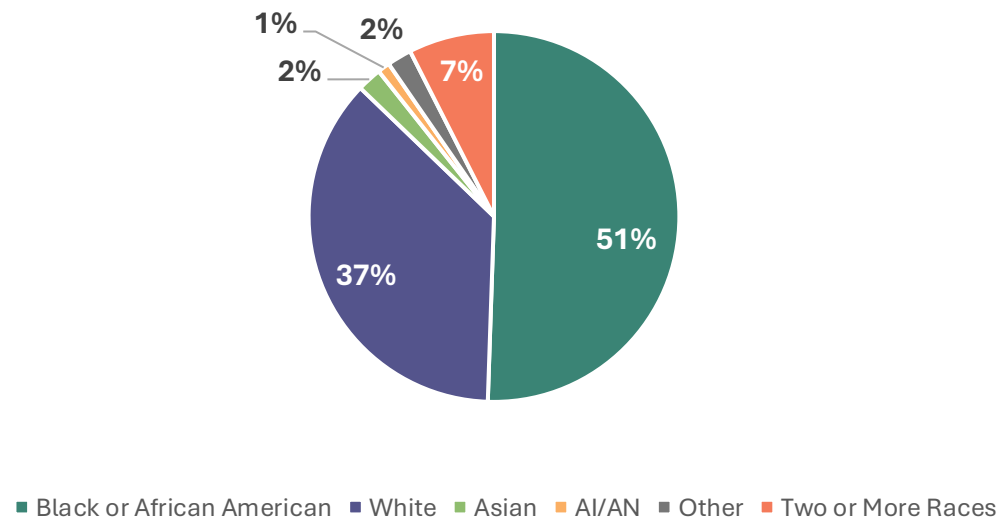
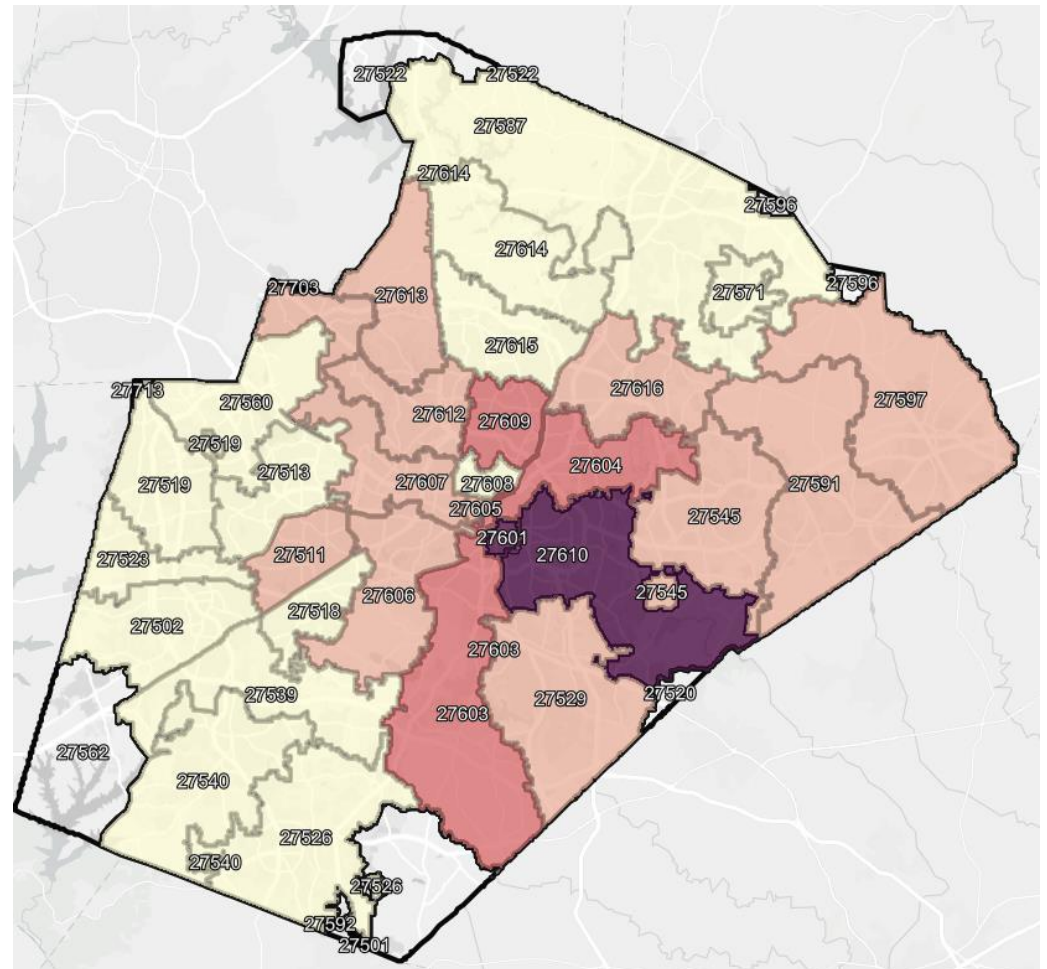
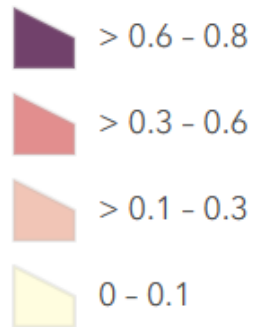


Figure 41: 2025 Early Syphilis Rates Per 1,000 Population by Zip Code of Residence, Wake County

Rate (per 1,000)



*Zip code reflects the residential address reported by the healthcare provider. Rates were calculated using 2024 zip code level population estimates, as 2025 estimates were not available at the time of analysis.

Human Immunodeficiency Virus (HIV)

<https://www.cdc.gov/hiv>

Epidemiology

Overview: HIV (human immunodeficiency virus) attacks the immune system and, without treatment, can lead to AIDS (acquired immunodeficiency syndrome).

Symptoms: Early HIV infection may cause flu-like symptoms, including fever, sore throat, muscle aches, and fatigue. Some people have no symptoms.

Transmission: HIV is transmitted through certain body fluids, most commonly through anal or vaginal sex or sharing needles.

Treatment: HIV is treated with antiretroviral therapy (ART). Effective treatment helps people with HIV stay healthy and prevents sexual transmission.

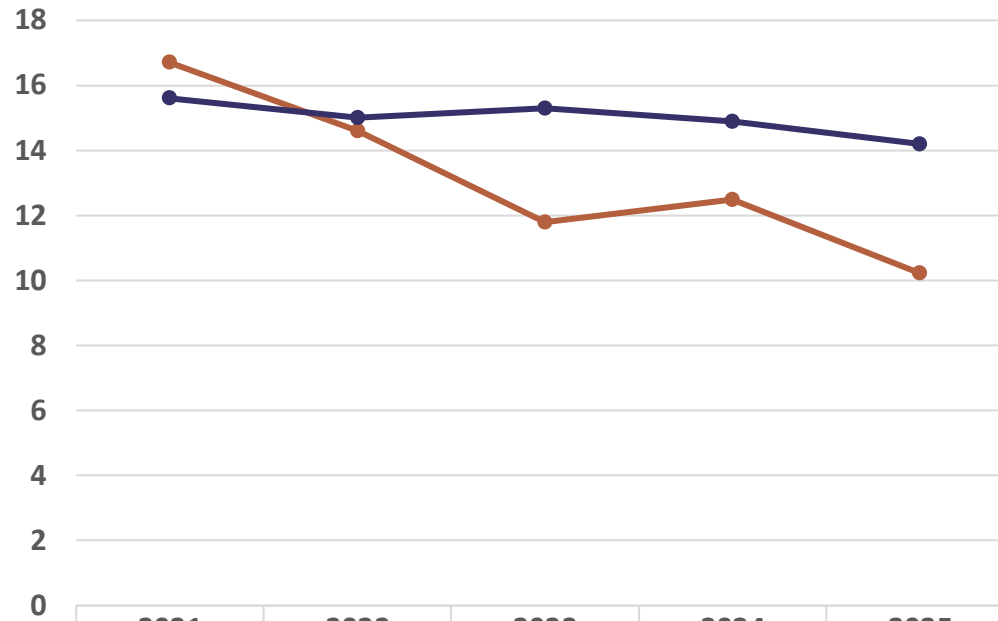
Prevention: Prevent HIV exposure through proper and consistent use of condoms and regularly testing yourself and any sexual partners. HIV infection can also be prevented using Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), which can be prescribed by a healthcare provider to anyone at risk of getting HIV.

Local Facts and Figures:

In 2025:

- The rate of newly diagnosed HIV cases decreased from 2024 to 2025.
- 126 newly diagnosed HIV cases were reported in Wake County in 2025 (as of July 2026).
- The majority (77%) of the cases were reported among males.
- Over half (51%) of the cases were reported among Black or African Americans.
- The majority (59%) of the cases were reported among individuals ages 20–39.

Figure 42: New HIV Incidence Rates, 2021-2025*



	2021	2022	2023	2024	2025
Wake County	16.7	14.6	11.8	12.5	10.2
North Carolina	15.6	15	15.3	14.9	14.2

Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure are limited to cases with Wake County residential addresses. Counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

Figure 43: New HIV by Age Group, 2025

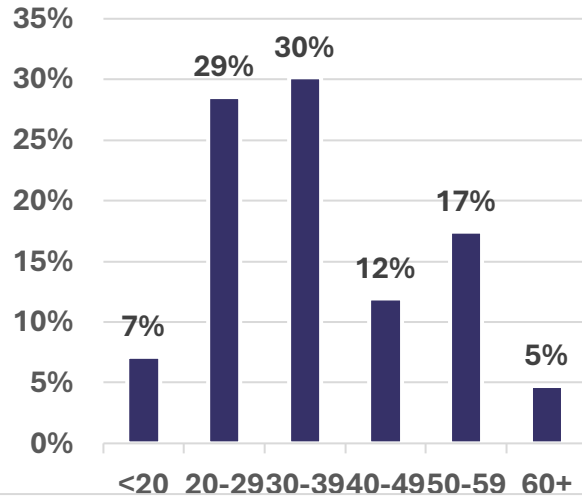


Figure 44: New HIV by Sex, 2025

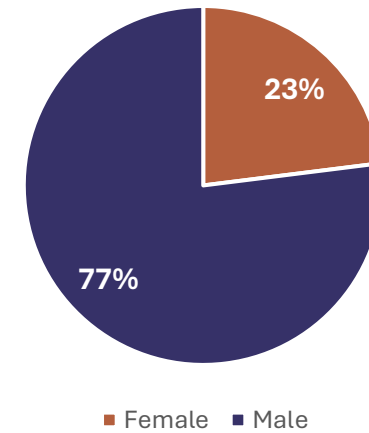
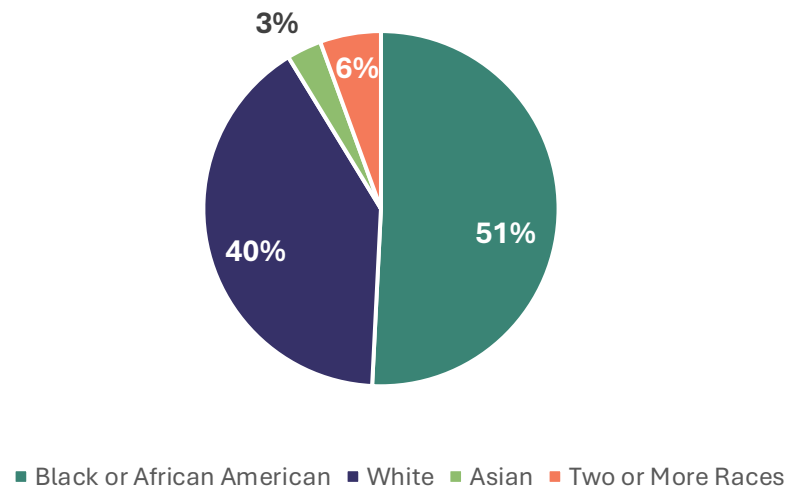


Figure 45: New HIV by Race, 2025



Gonorrhea

<https://www.cdc.gov/gonorrhea/about/index.html>

Epidemiology

Overview: Gonorrhea is a sexually transmitted disease caused by the bacterium *Neisseria gonorrhoeae*.

Symptoms: Common symptoms include painful or burning sensations when urinating, increased vaginal discharge or bleeding between periods, or discharge from the penis that is white, yellow, or green. Rectal infections are also possible and can cause rectal discharge, anal itching, or painful bowel movements. Gonorrhea is often asymptomatic in women. When symptoms occur, they may include increased vaginal discharge or vaginal bleeding between periods.

Transmission: Gonorrhea can be transmitted through vaginal, anal, or oral sex with an infected person. It can also be transmitted from a pregnant person to their baby during childbirth.

Treatment: Gonorrhea can be treated with antibiotics prescribed by a healthcare provider.

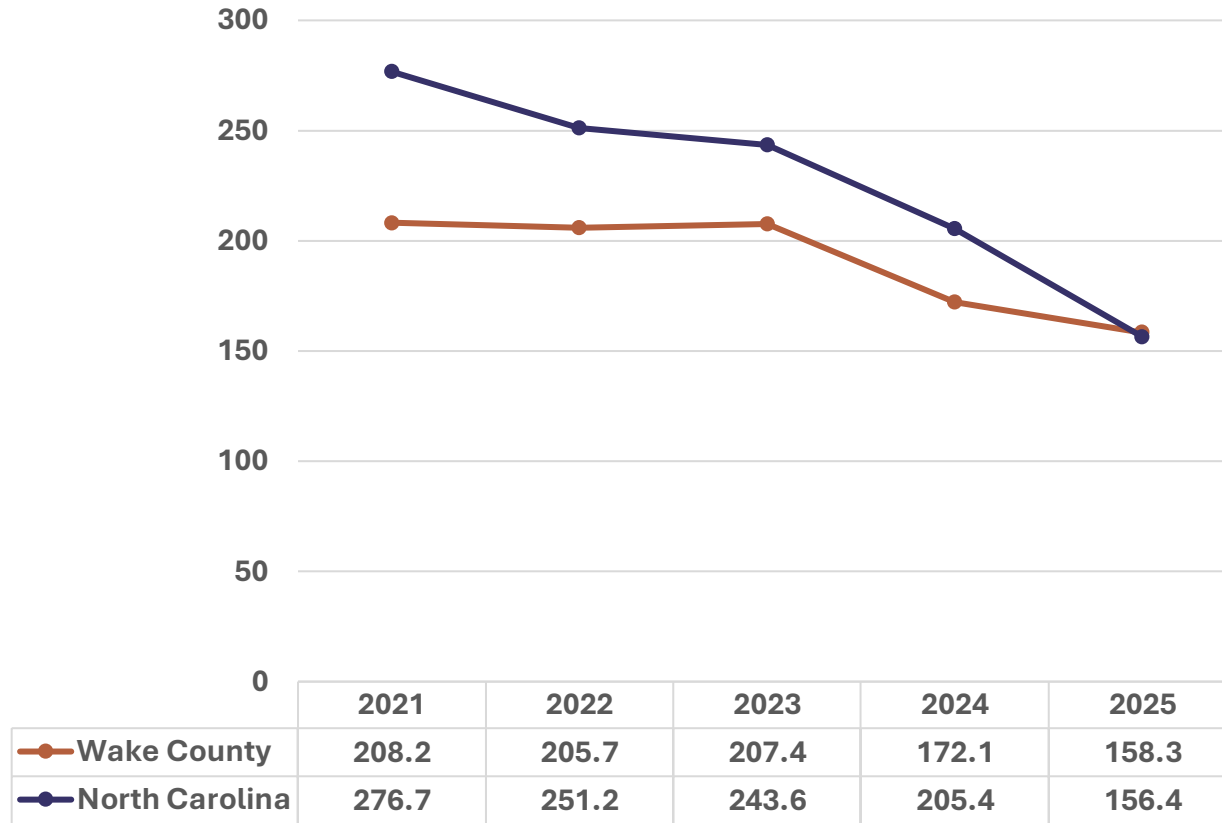
Prevention: Prevent STI exposure through proper and consistent use of condoms and regularly testing yourself and any sexual partners.

Local Facts and Figures:

In 2025:

- 1,951 cases were reported (as of July 2026).
- The majority (71%) of cases were reported in individuals ages 20-39 years.
- The majority of cases (65%) were reported among males.
- The majority of cases (61%) were reported among Black or African Americans.
- The zip codes with the highest rates of gonorrhea cases per 1,000 population in 2025 were 27601, 27610, and 27604.

Figure 46: Gonorrhea Incidence Rates, 2021-2025*



*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure are limited to cases with Wake County residential addresses. Counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

Figure 47: Gonorrhea by Age Group, 2025

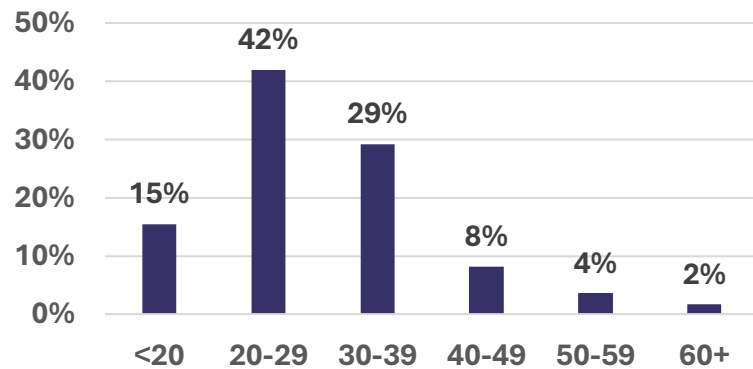


Figure 48: Gonorrhea by Sex, 2025

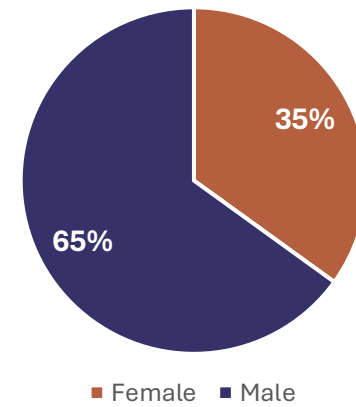


Figure 49: Gonorrhea by Race, 2025

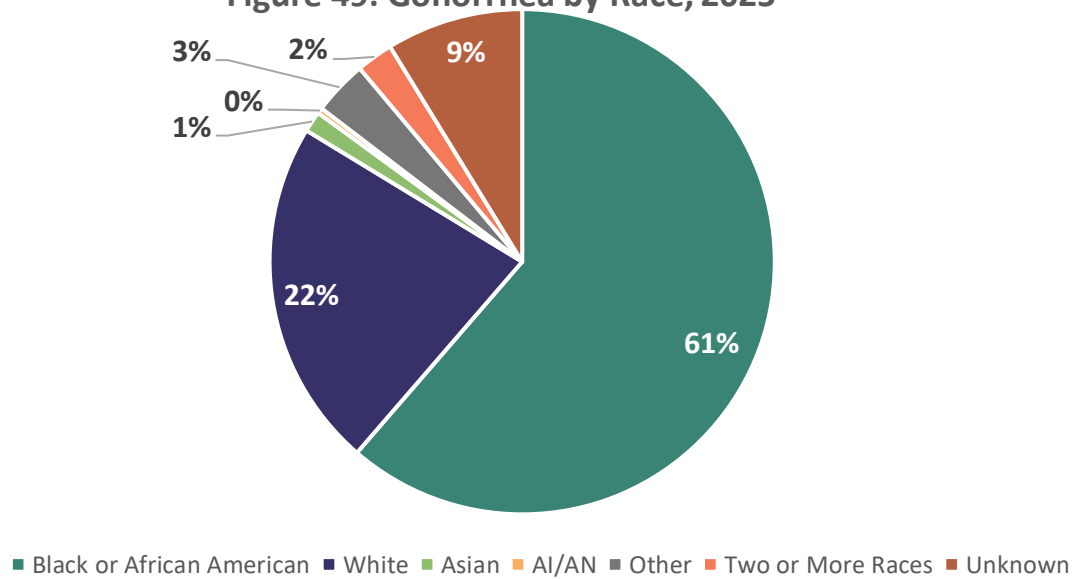
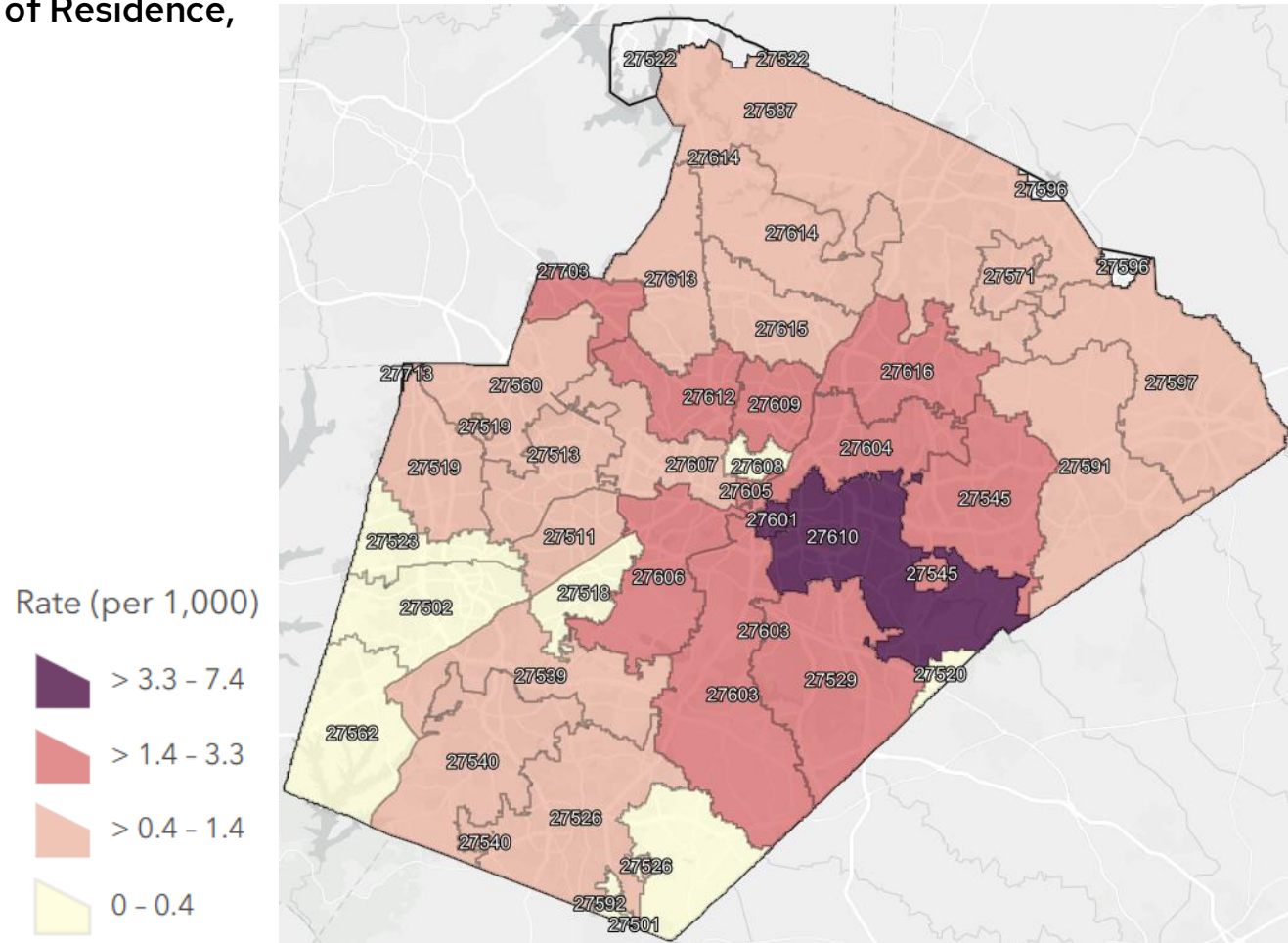


Figure 50: 2025 Gonorrhea Rates Per 1,000 Population by Zip Code of Residence, Wake County



*Zip code reflects the residential address reported by the healthcare provider. Rates were calculated using 2024 zip code level population estimates, as 2025 estimates were not available at the time of analysis.

Chlamydia

<https://www.cdc.gov/chlamydia/about/index.html>

Epidemiology

Overview: Chlamydia is a sexually transmitted disease caused by the bacterium *Chlamydia trachomatis*.

Symptoms: There are often no symptoms of chlamydia infection, though there may be abnormal genital discharge or a burning sensation when urinating. Whether symptomatic or asymptomatic, serious health problems can occur if the infection is left untreated.

Transmission: Chlamydia can be transmitted through vaginal, anal, or oral sex with an infected person. It can also be transmitted from a pregnant person to their baby during childbirth.

Treatment: Chlamydia can be treated with antibiotics prescribed by a healthcare provider.

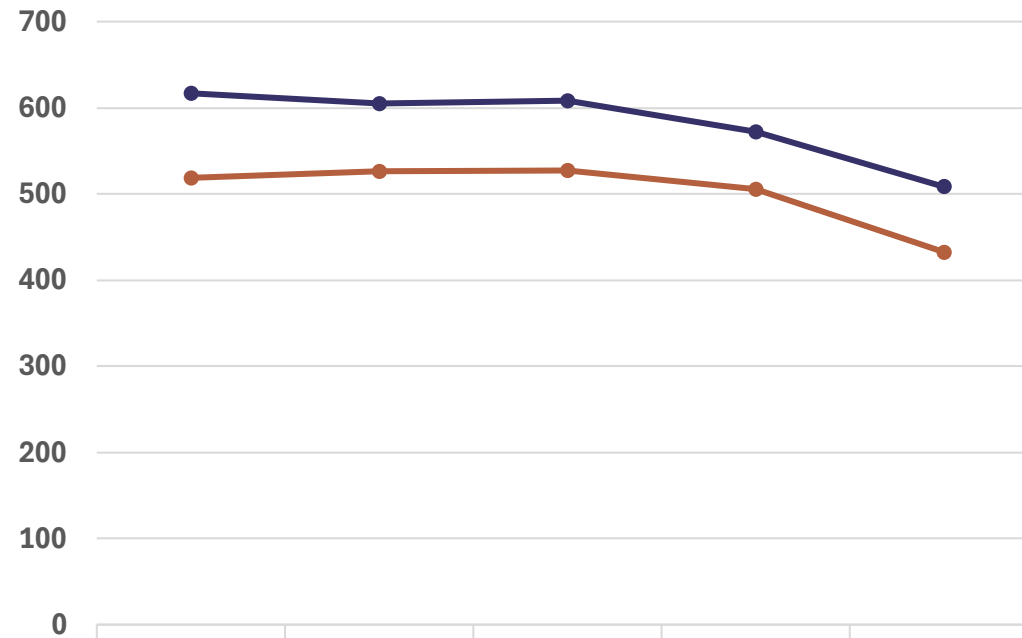
Prevention: Prevent STI exposure through proper and consistent use of condoms and regularly testing yourself and any sexual partners.

Local Facts and Figures:

In 2025:

- 5,332 cases were reported in 2025 (as of July 2026).
- Over 40% of cases were reported in individuals ages 20-29.
- Half (50%) of the cases reported were among Black or African Americans.
- The majority of cases (64%) were reported among females.
- The zip codes with the highest rates of chlamydia cases per 1,000 population in 2025 were 27610, 27601, and 27604.

Figure 51: Chlamydia Incidence Rates, 2021-2025*



	2021	2022	2023	2024	2025
Wake County	518.4	525.9	527.2	505.3	432.6
North Carolina	616.8	604.6	608.6	572.3	508.4

*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure are limited to cases with Wake County residential addresses. Counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

Figure 52: Chlamydia by Age Group, 2025

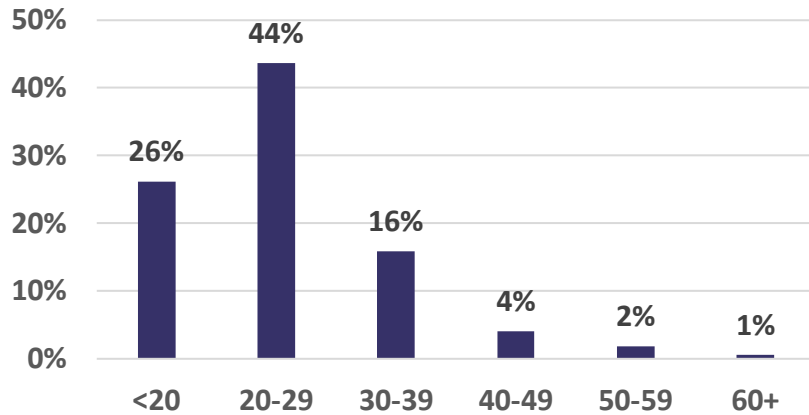


Figure 53: Chlamydia by Sex, 2025

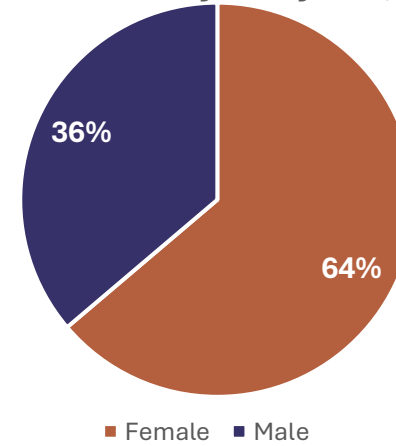


Figure 54: Chlamydia by Race, 2025

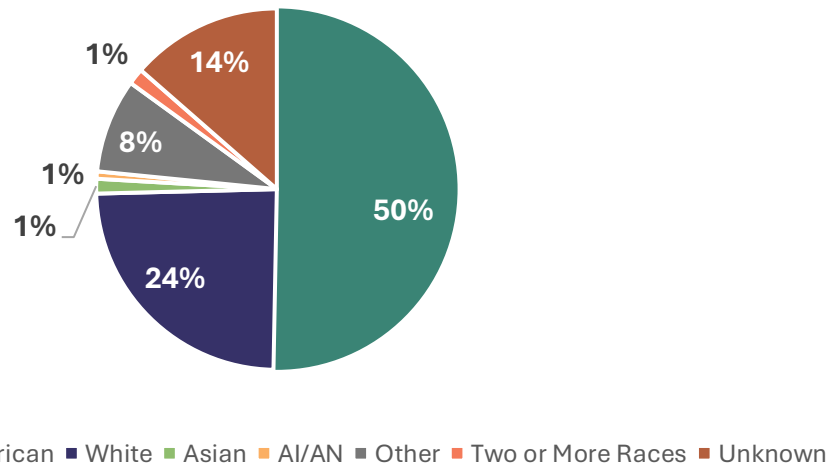
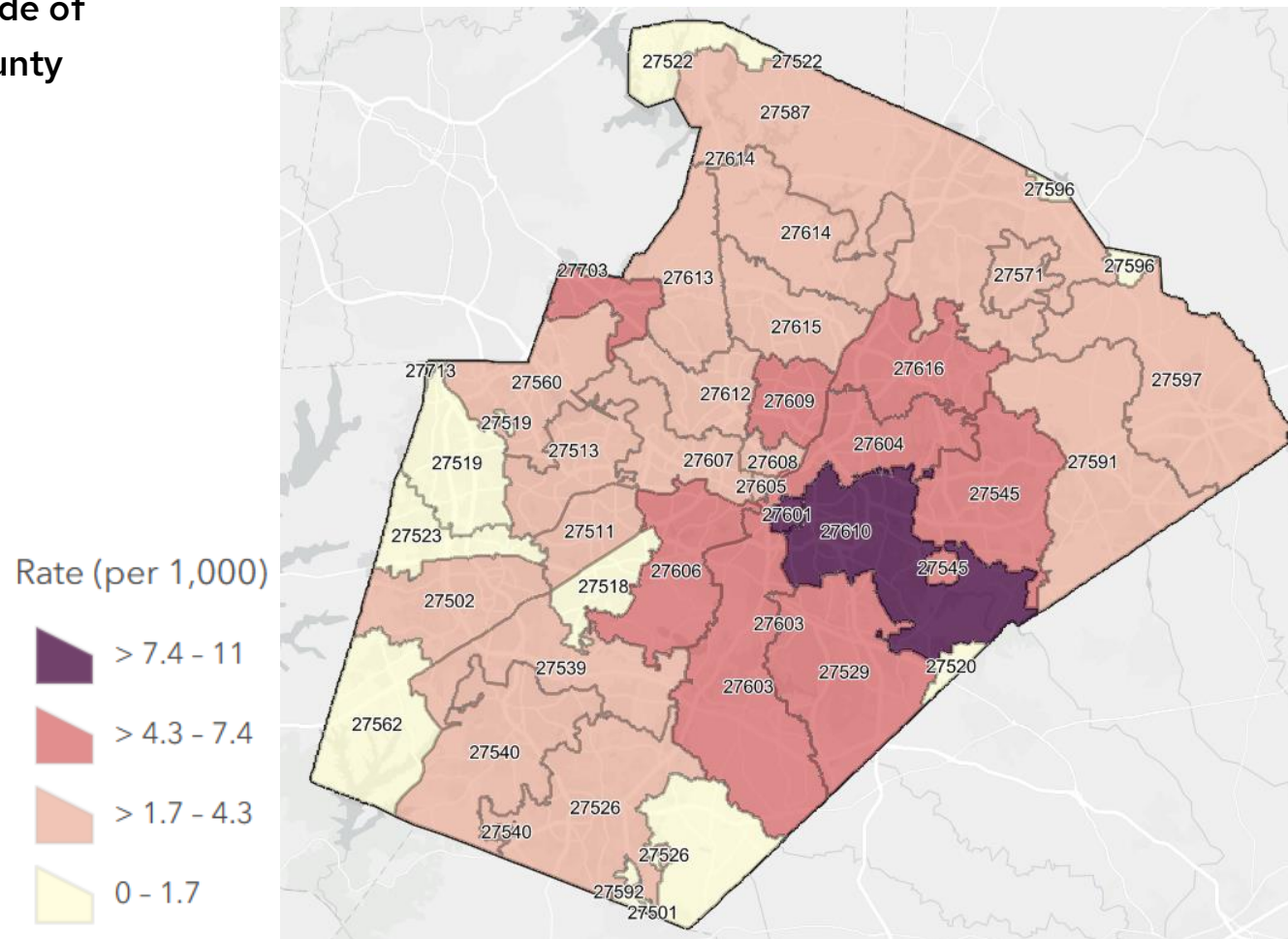


Figure 55: 2025 Chlamydia Rates Per 1,000 Population by Zip Code of Residence, Wake County



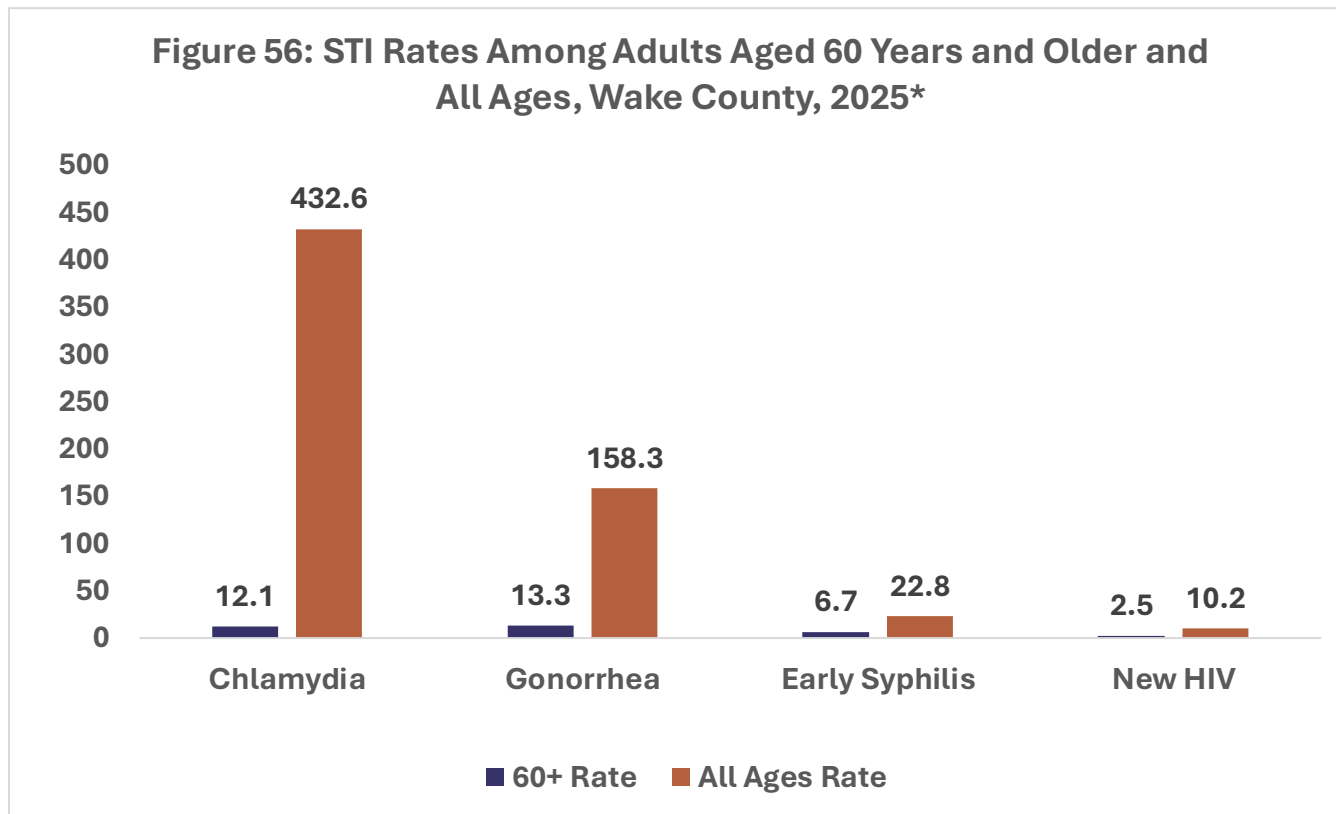
*Zip code reflects the residential address reported by the healthcare provider. Rates were calculated using 2024 zip code level population estimates, as 2025 estimates were not available at the time of analysis.

12.1 Spotlight on STIs and Aging

Evidence from the United States and globally indicates that sexually transmitted infections (STIs) remain an important health consideration among older adults.¹⁷ Several factors may contribute to STI risk in this population, including continued sexual activity later in life, changing sexual and relationship patterns, lower use of barrier protection, and gaps in sexual health education and prevention messaging targeted toward older adults.¹⁷

A 2022 survey by the American Association of Retired Persons (AARP) found that approximately 1 in 4 adults aged 60–69 reported having sex weekly, as did approximately 1 in 6 adults aged 70 and older.¹⁷ Although the percentage of sexually active adults generally decreases with age, these findings underscore that sexual activity continues well into older adulthood. Misconceptions about sexuality and aging may contribute to missed opportunities for sexual health education, risk assessment, STI testing, and timely diagnosis and treatment among older adults.¹⁷

Figure 56 shows that STI rates among Wake County adults aged 60 years and older were lower overall than rates among all age groups in 2025; however, cases of early syphilis, chlamydia, gonorrhea, and newly diagnosed HIV were reported among adults aged 60 and older. Rates of early syphilis and newly diagnosed HIV among adults aged 60 and older were closer to the corresponding rates among all age groups than were rates of chlamydia and gonorrhea, which were more concentrated among younger populations. These findings reinforce the importance of including older adults in sexual health education, prevention, testing, and screening efforts.



*Rates per 100,000 population

13.0 SUMMARY

Monitoring communicable disease trends and communicating timely information to the community are essential public health functions. Wake County Public Health uses multiple surveillance sources, including case-based reporting, laboratory data, syndromic surveillance, and wastewater monitoring, to track communicable diseases and inform prevention and response efforts.

During the 2025–2026 respiratory virus season, respiratory illness activity peaked earlier than during the previous season. Influenza-like illness peaked in December 2025, followed by declines during the remainder of the season. Influenza A (H3N2) was the predominant influenza subtype identified, and influenza-related deaths were highest among adults aged 60 years and older.

Several vaccine-preventable diseases remained important public health concerns in 2025, including an increase observed in pertussis. Kindergarten immunization coverage in Wake County improved to 94.6% during the 2025–2026 school year, although vaccination exemptions continued to increase. Nationally, measles activity reaches its highest level in more than three decades in 2025, while North Carolina reported two cases and Wake County had zero cases during the year.

Foodborne illnesses also remained an important surveillance priority. Cyclosporiasis continued to increase and remained higher in Wake County than statewide, while salmonellosis, *E. coli*, and campylobacteriosis also increased compared with the previous year. Continued surveillance, timely investigation, and coordination with local, state, and federal partners remain important for identifying clusters and limiting the spread of foodborne illness.

Tick-borne diseases remained the primary vector-borne disease concern in Wake County. Spotted fever cases reached their highest level in the past five years, while Lyme disease and ehrlichiosis remained elevated. Mosquito-borne diseases remained rare and were associated with travel, with no evidence of locally acquired transmission.

Rates of early syphilis, chlamydia, gonorrhea, and new HIV diagnoses all decreased in 2025 compared to 2024. These trends were seen both within Wake County and across North Carolina. Continued monitoring across age groups remains important for identifying changing patterns and informing prevention, testing, and education efforts.

Communicable disease surveillance supports timely public health action. Wake County Public Health investigates reported cases and outbreaks, provides education and prevention recommendations, conducts contact tracing when appropriate, and collaborates with healthcare providers, laboratories, schools, childcare facilities, food establishments, and other partners. These activities help guide prevention strategies, resource allocation, and coordinated responses as communicable disease trends and emerging public health threats evolve.

14.0 DATA SOURCES

United States Census Bureau

The Census Bureau collects and provides information about America's people and the economy of the United States. The Census Bureau's website (<http://www.census.gov/>) includes data on demographic characteristics of the population (age, sex, race), employment status, marital status, income level, disability status, and health insurance coverage. In some sections of this report, 2024 American Community Survey (ACS) (Census Bureau) (1-year) estimates are reported for Wake County.

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) provides national surveillance information on measles cases and outbreaks in the United States through its [*Measles Cases and Outbreaks* webpage](#). The webpage includes data on confirmed measles cases, outbreaks, and other epidemiologic characteristics used to describe national measles activity. Information from this source is included in the Measles: Trends in National and Local Activity and Key Public Health Considerations section of this report.

North Carolina Department of Health and Human Services (NCDHHS)

The North Carolina Department of Health and Human Services (NCDHHS) provides statewide surveillance information on measles cases and outbreaks through its *Measles Cases and Outbreaks in North Carolina* webpage. The webpage includes data on confirmed measles cases, outbreaks, exposure locations, and other epidemiologic information used to describe measles activity in North Carolina. Information from this source is included in the Measles: Trends in National and Local Activity and Key Public Health Considerations section of this report.

North Carolina Disease Data Dashboards

The North Carolina Department of Health and Human Services' Division of Public Health created two data dashboards: Quarterly and Annual (Interactive) to provide case counts and rates of probable and confirmed reportable infectious diseases in North Carolina.

The Quarterly dashboard was created to provide the most recent case counts and rates data on a quarterly basis based on the calendar year (Quarter 1: January–March, Quarter 2: April–June, Quarter 3: July–September, and Quarter 4: October–December (<https://epi.dph.ncdhhs.gov/cd/dashboards/quarterly.html>)). The Annual dashboard was created to provide case counts of probable and confirmed reportable infectious diseases between 2015 and 2024 (<https://epi.dph.ncdhhs.gov/cd/figures.html>)). Both dashboards are intended to serve as a reference for local health departments, program managers, health planners, researchers, and others who are concerned with the public health implications of the communicable diseases in North Carolina. Dashboards reflect cases reported to the North Carolina Division of Public Health by healthcare organizations such as hospitals, primary care offices, clinics, local health departments, pharmacies, testing facilities, and laboratories for conditions or diseases deemed reportable by State and Federal Law. All data within the dashboards are downloadable.

North Carolina Electronic Disease Surveillance System (NC EDSS)

This report uses communicable disease data from NC EDSS and the North Carolina Disease Data Dashboard (Annual) mentioned above. NC EDSS is a component of the Centers for Disease Control and Prevention (CDC) initiative to move states to web-based health surveillance and reporting systems. NC EDSS is also part of the Public Health Information Network (PHIN). The electronic system replaced a patchwork of smaller disease-specific surveillance systems and paper-based reporting. NC EDSS is used by the North Carolina Department of Health and Human Services, the Division of Public Health, the state's 86 local and multi-county district health departments (LHDs), and eight HIV/STD Regional Offices. Laboratories also report electronically to NC EDSS.

North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

This report uses emergency department (ED) data from NC DETECT. NC DETECT is North Carolina's statewide syndromic surveillance system. It was created by the North Carolina Division of Public Health (NC DPH) in 2004 in collaboration with the Carolina Center for Health Informatics (CCHI) in the UNC Department of Emergency Medicine to address the need for early event detection and timely public health surveillance in North Carolina using a variety of secondary data sources. Authorized users are currently able to view data from emergency departments, North Carolina Poison Control, and emergency medical services (EMS), as well as pilot data from select urgent care centers. NC DETECT is designed, developed, and maintained by CCHI staff with funding by the NC DPH. New functionality is added regularly based on end user feedback. This report includes 2024, 2025, and 2026 ED data.

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<https://www.ama-assn.org/public-health/population-health/stis-rise-among-older-adults-here-s-what-doctors-can-do>

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For contributions to this report:

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- Ashley M Bueno, HIV/STD Community Health Supervisor, Wake County Public Health
- Carlyn Brown, Immunization Tracking Coordination Supervisor, Wake County Public Health
- Jenelle Mayer, Surveillance and Compliance Health Director, Wake County Public Health

17.0 APPENDIX

17.1 Counts and Rates of Reportable Diseases and Conditions, Wake County, NC

Table 6: Vaccine-Preventable Diseases among Wake County Residents, 2021-2025

	2021		2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
	All Statuses (Confirmed, Probable, and Suspect)									
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Acute flaccid myelitis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Haemophilus influenzae, invasive disease	2	0.2	16	1.4	20	1.7	29	2.4	20	1.6
Influenza, adult death	0	0.0	9	1.0	3	0.3	12	1.3	15	1.5
Influenza, NOVEL virus infection	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Influenza, pediatric death	0	0.0	0	0.0	0	0.0	1	0.4	0	0.0
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Meningitis, pneumococcal	2	0.2	1	0.1	4	0.3	2	0.2	2	0.2
Meningococcal invasive disease	0	0.0	3	0.3	4	0.3	3	0.2	1	0.1
Mumps	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Pertussis	1	0.1	4	0.3	5	0.4	51	4.1	74	5.9
Tetanus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Varicella	2	0.2	7	0.6	13	1.1	9	0.7	22	1.7

Table 7: Foodborne Diseases among Wake County Residents, 2021-2025

	2021		2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Botulism - foodborne/wound	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0
Brucellosis	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0
Campylobacteriosis	135	11.7	178	15.2	253	21.1	262	21.3	280	22.3
Cyclosporiasis	14	1.2	17	1.4	65	5.4	150	12.2	172	13.7
E. coli - shiga toxin producing	39	3.4	64	5.5	79	6.6	66	5.4	79	6.3
Foodborne C. perfringens	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Foodborne other/unknown	9	0.8	13	1.1	1	0.1	3	0.2	1	0.1
Foodborne Staphylococcal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Foodborne poisoning	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
Hemolytic Uremic Syndrome	0	0.0	0	0.0	2	0.2	0	0.0	1	0.1
Listeriosis	3	0.3	1	0.1	2	0.2	3	0.2	0	0.0
Salmonellosis	260	22.5	295	25.1	257	21.4	381	31.0	389	30.9
Shigellosis	32	2.8	63	5.4	72	6.0	72	5.9	68	5.4
Staph aureus, reduced suscept. to vancomycin	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1
Trichinosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Typhoid - carriage	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Typhoid Fever - acute	2	0.2	3	0.3	1	0.1	9	0.7	5	0.4
Vibrio infection	4	0.3	12	1.0	18	1.5	18	1.5	14	1.1
Vibrio vulnificus infection	0	0.00	0	0.00	1	0.1	1	0.1	1	0.1

For Tables 6 and 7:

†Rate per 100,000 population.

-Case Rate is not calculated when counts are too low.

All statuses (confirmed, probable, and suspect cases) are reported in this section.

* U.S. Census Bureau, postcensal vintage estimates was used to calculate the total population.

Data pulled from North Carolina Data Dashboard 8/20/2026

Table 8: Waterborne Diseases among Wake County Residents, 2021-2025

2021		2022		2023		2024		2025		
Population*:	1,153,051	1,173,034		1,200,630		1,229,475		1,257,235		
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Cryptosporidiosis	30	2.6	52	4.4	68	5.7	59	4.8	46	3.7
Legionellosis	12	1.0	17	1.4	15	1.2	9	0.7	21	1.7
Leptospirosis	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1

**Table 9: Vector-borne and Zoonotic Diseases
among Wake County Residents, 2021-2025**

2021			2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Anaplasmosis	0	0.0	0	0.0	0	0.0	1	0.1	2	0.2
Chikungunya	1	0.1	0	0.0	0	0.0	4	0.3	1	0.1
Dengue	2	0.2	0	0.0	4	0.3	15	1.2	2	0.2
Ehrlichiosis, chaffeensis	12	1.0	9	0.8	19	1.6	29	2.4	24	1.9
Ehrlichiosis, unspecified	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Encephalitis, arboviral, EEE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Encephalitis, arboviral, LAC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Encephalitis, arboviral, other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Encephalitis, arboviral, WNV	2	0.2	1	0.1	3	0.2	3	0.2	0	0.0
Lyme Disease	20	1.7	25	2.1	11	0.9	12	1.0	7	0.6
Malaria	7	0.6	11	0.9	7	0.6	11	0.9	5	0.4
Psittacosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q fever	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Spotted Fever Rickettsiosis	4	0.3	16	1.4	15	1.2	19	1.5	31	2.5
Tularemia	0	0.0	0	0.0	2	0.2	1	0.1	0	0.0
Zika	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

For Tables 8 and 9:

†Rate per 100,000 population.

-Case Rate is not calculated when counts are too low.

All statuses (confirmed, probable, and suspect cases) are reported in this section.

* U.S. Census Bureau, postcensal vintage estimates was used to calculate the total population.

Data pulled from North Carolina Data Dashboard 8/20/2026

Table 10: Viral Hepatitis among Wake County Residents, 2021-2025

2021			2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Hepatitis A	8	0.7	2	0.2	4	0.3	10	0.8	7	0.6
Hepatitis B - Acute	4	0.3	3	0.3	3	0.2	28	2.3	13	1.0
Hepatitis B - Chronic Carrier	139	12.1	141	12.0	155	12.9	170	13.8	161	12.8
Hepatitis B - Perinatally Acquired	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hepatitis B Lab/Condition Report	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hepatitis C - Acute	3	0.3	5	0.4	6	0.5	3	0.2	2	0.2
Hepatitis C - Chronic	951	82.5	696	59.3	663	55.2	640	52.1	938	74.6

**Table 11: Sexually Transmitted Infections (STI)
among Wake County Residents, 2021-2025**

	2021		2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Chancroid	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Chlamydia trachomatis infection	5,974	518.1	6,181	526.9	6,339	528.0	6,115	497.4	5,430	431.9
Gonorrhea	2,399	208.1	2,418	206.1	2,488	207.2	2,085	169.6	1,979	157.4
HIV	160	16.6	142	14.4	139	13.8	152	14.6	134	12.6
Lymphogranuloma venereum	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PID	53	4.6	85	7.2	56	4.7	57	4.6	29	2.3
Syphilis - Congenital Syphilis	2	-	4	-	8	-	8	-	8	-

Syphilis - Early, Non-Primary, Non-Secondary Syphilis	160	13.9	154	13.1	137	11.4	124	10.1	161	12.8
Syphilis - Late Latent Syphilis	258	22.4	279	23.8	315	26.2	334	27.2	312	24.8
Syphilis - Primary Syphilis	85	7.4	89	7.6	60	5.0	69	5.6	53	4.2
Syphilis - Secondary Syphilis	121	10.5	150	12.8	126	10.5	129	10.5	98	7.8

For Tables 10 and 11:

†Rate per 100,000 population except Hepatitis B, perinatally acquired and congenital syphilis, which is per 100,000 live births.

-Case Rate is not calculated when counts are too low.

All statuses (confirmed, probable, and suspect cases) are reported in this section.

* U.S. Census Bureau, postcensal vintage estimates was used to calculate the total population.

Data pulled from North Carolina Data Dashboard 8/20/2026

Table 12: Other Reportable Diseases among Wake County Residents, 2021-2025

2021			2022		2023		2024		2025	
Population*:	1,153,051		1,173,034		1,200,630		1,229,475		1,257,235	
All Statuses (Confirmed, Probable, and Suspect)										
Disease/Condition	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †	No. of Cases	Case Rate †
Botulism - infant	2	-	1	-	2	-	0	0.0	0	0.0
Candida auris	0	0.0	0	0.0	2	0.2	1	0.1	1	0.1
Carbapenem-resistant Enterobacterales	12	1.0	27	2.3	26	2.2	26	2.1	40	3.2
Creutzfeldt-Jakob Disease	0	0.0	0	0.0	4	0.3	0	0.0	1	0.1
Leprosy	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mpox	0	0.0	116	9.9	0	0.0	12	1.0	13	1.0
Non-gonococcal urethritis	14	1.2	9	0.8	4	0.3	4	0.3	10	0.8

Streptococcal invasive infection, Group A	11	1.0	17	1.4	67	5.6	80	6.5	70	5.6
Toxic Shock Syndrome, non-streptococcal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Toxic Shock Syndrome, streptococcal	1	0.1	0	0.0	4	0.3	7	0.6	3	0.2
Tuberculosis	20	1.7	22	1.9	25	2.1	29	2.4	37	2.9

For Table 12:

†Rate per 100,000 population except Botulism-infant, which is per 100,000 live births.

-Case Rate is not calculated when counts are too low.

All statuses (confirmed, probable, and suspect cases) are reported in this section.

* U.S. Census Bureau, postcensal vintage estimates was used to calculate the total population.

Data pulled from North Carolina Data Dashboard 8/20/2026

17.2 Wake County Program Profiles

(Immunization Tracking Team, Wake County Communicable Disease Program, HIV/STD Community Program, Epidemiology Program)

Immunization Tracking Team
Wake County's Immunization Tracking Team ensures that children and adults living in Wake County are age-appropriately immunized per North Carolina Law.

Programs and Services	Description	Outcomes/Outputs Data for period January 1, 2025 through December 31, 2025 (unless otherwise noted)
Tracking for Compliance	Tracking compliance to ensure Wake County children are age appropriately immunized, focus on 24–35-month-old children with medical home at Wake County Public Health.	For children born 10/02/2023 – 10/01/2024: • 519 clients have WCPH as medical home • 93% compliant at 24 months • 98% compliant at 35 months
North Carolina Immunization Registry (NCIR)	Provide system administration, training, and support to Wake County and Wake County Public School System staff	• 957 active users • 74 new users added

Immunization Program Management	Provides vaccine supply and inventory management to support 12 clinics and program areas.	• 26,990 doses received from State • 34,763 doses administered • 12,684 clients immunized
Outreach Immunization Clinics	Provides access to immunization services to Wake County employees and the public.	• 5,863 flu doses administered to clients by WCPH • 283 flu doses administered to Wake County employees Immunization Clinic– Back to School 8/19/25 – 10/31/25 • 242 clients immunized • 363 vaccine doses administered Outreach – Back to School – 8/5/25 – 9/27/25 • 410 students immunized • 643 doses administered
Supports Public Health Division	Provides clinical and/or administrative support and services for special projects and emergency response.	Between 1/1/2025 and 12/31/2025 • 1,031 doses of COVID-19 vaccines were administered by WCPH • 92 Mpox (Jynneos) vaccines to at-risk individuals.

Communicable Disease (CD) Program

The Wake County Communicable Disease (CD) Program investigates and follows up on diseases and conditions reported as required under North Carolina law; the program reports disease data to the North Carolina Division of Public Health through the North Carolina Electronic Disease Surveillance System (NCEDSS) and responds to public health emergencies.

Programs and Services	Description	Outcomes/Outputs Data for period January 1, 2025 through December 31, 2025 (unless otherwise noted)
General CD	- Conduct investigations for over 70 reportable diseases and conditions as well as animal exposures - Report disease data to North Carolina Division of Public Health through NCEDSS	2,122 total communicable disease cases (probable and confirmed) – excludes Chlamydia, PID, Syphilis, HIV, TB, Gonorrhea, and NGU. 1,464 animal exposures investigated
Tuberculosis	- Conduct investigations for all TB cases in Wake County (both county and out-of-area residents) - Provide clinical care and Directly Observed Therapy (DOT) home visits. - Report TB data to North Carolina Division of Public Health through NCEDSS	For the 2026 fiscal year, The Tuberculosis Clinic completed Quantiferon-TB testing for 440 individuals, performed chest x-rays for 393 patients, and conducted 5,755 video directly observed therapy (VDOT) treatment sessions.

Disease Intervention Specialist (DIS)	• Conduct investigations for HIV and syphilis cases • Report HIV and syphilis data to North Carolina Division of Public Health through NCEDSS	• 268 syphilis investigations • 63 HIV investigations
Health Education	Provides support to Communicable Disease program by; • Assessing, developing, and evaluating written educational materials and curricula for use with staff, clients, healthcare professionals, and the community • Providing communicable disease prevention education in the community • Creating and maintaining educational content for Wake.gov • Representing the CD program and Public Health on agency and county wide committees and special initiatives • Responding to public health emergencies	Health Education Materials (creation/revision/formatting) • TB: A Guide to Tuberculosis Treatment and Services • Preventing Communicable Illness in the Childcare Setting • Measles Fact Sheet • Syphilis pocket guide • Syphilis rack card

The HIV/STD Community Program

The mission of the HIV/STD Community Program is to provide HIV/STD health/outreach education services, HIV/STD counseling/testing services and HIV/AIDS Case Management services to populations at highest risk for HIV/STD in Wake County. These services are focused around the principles of Teach, Test, and Treat. We provide prevention services by utilizing health education and outreach best practices, identification of new cases through testing in community settings, and connecting people with HIV/STD treatment and care.

Programs and Services	Description	Outcomes/Outputs Data for period January 1, 2025 through December 31, 2025 (unless otherwise noted)
Health Education and Outreach	Local Universities Peer Education Programs (NC State University): College students are trained peer-educators who provide comprehensive prevention education on sexual health and aligning topics. Education is provided to students one-on-one, through educational sessions and workshops, and through collaborative campus wide initiatives.	• NC State University, 13 Peer Educators • 1,500 Students reached collectively through various campus initiatives.

	Classes at Clinic A, Clinic E, and Regional Centers: Provide HIV/STD prevention classes for patients in STD waiting room. Substance abuse centers: Provide HIV/STD prevention classes for substance abuse center clients. Community response: Respond to community requests for health education classes such as colleges and churches. Outreach services: Provide one-on-one education to high-risk populations (e.g. unhoused, sex workers, individuals with substance use disorders, individuals at health fairs). Condom Distribution Sites (CDS): Establish and maintain 47 sites throughout Wake County.	• 876 participants • 946 participants • 2,712 participants • 1,920 participants • 194,906 condoms distributed among all sites; 56 established and maintained CDS.
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Testing and Outreach	Community testing sites (24 sites): Provide regularly scheduled HIV, STD, and hepatitis C testing at: shelters, substance abuse centers, colleges/universities, County jails, LGBTQ Center, community-based organizations, pregnancy centers, Regional Centers and local events. Field-Based Therapy (FBT): The HIV/STI/Hep C Community Health Nurses provide and administer treatment to clients in the community who test positive for chlamydia or gonorrhea. Clients may be treated at Wake County facilities, including the Night Clinic and Oak City Cares, or receive medications at community testing sites and Wake County jails.	# of persons tested for: • HIV- 2,894 • Syphilis-2,850 • Chlamydia-2,484 • Gonorrhea-2,484 • Hepatitis C-2,213 • 212 FBT visits were provided.
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PrEP	PrEP Referrals: A PrEP referral is the process of connecting an individual to a healthcare provider or clinic that can evaluate them for and potentially prescribe Pre-Exposure Prophylaxis (PrEP), a medication taken to prevent HIV infection. This referral typically includes: • Assessing the individual's HIV risk factors • Providing basic PrEP education • Linking them to a provider or clinic that offers PrEP services (e.g., evaluation, lab testing, prescription) • Ensuring follow-up or navigation support, if needed	• PrEP Referrals completed and submitted to the PrEP coordinator: 258 • Number of PrEP appointments scheduled: 67 • Number of individuals linked to PrEP: 24
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Epidemiology Program

Wake County Public Health (WCPH) Epidemiology Program works to understand the distribution and determinants of health-related events in Wake County and applies findings to prevent, detect, and control these events. The program fulfills its mission through three core functions:

- **Research:** investigating priority health topics over time to understand trends and emerging issues.
- **Data Analysis:** reviewing, cleaning, transforming, and analyzing data to generate actionable insights and evaluate public health interventions.
- **Education:** translating findings into clear, accessible information for decision-makers, partners and the public.

Programs and Services	Description	Outcomes/Outputs Data for period January 1, 2025 through December 31, 2025 (unless otherwise noted)
Surveillance and Education	Monitors disease surveillance data (such as wastewater monitoring, emergency department, clinical testing, mortality) routinely to determine disease incidence and trends in Wake County. Analyzes such data for public health reporting, presentations, and publications.	• Annual Public Health Reports: Communicable Disease

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| | | <ul style="list-style-type: none">• “Epi Insight: Connecting the Dots” Epidemiology Newsletter• Respiratory Virus Surveillance Updates including Emergency Department visits for COVID-19, Influenza, and RSV• Influenza Season Updates including Emergency Department Visits for Influenza• Wastewater Monitoring Updates for COVID-19, Influenza A and B, RSV, and Measles |
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For the 2026 fiscal year, the Epidemiology Program:

- Produced and published **135** public health reports, issue briefs, newsletters, surveillance summaries, surveillance and situational awareness updates, and presentations, translating complex public health data into actionable information for Wake County leadership, partners, healthcare providers, and the community.

Outbreak/Public Health Incident Support	Provides support for outbreaks and other public health incidents such as conducting an analysis report as part of an outbreak investigation for outbreaks of public health concern in Wake County.	• Cyclosporiasis Clusters Associated with Restaurants-2025 • Serve on Core Epi-Team (facilitate quarterly meetings, facilitate public health incident debriefs, share epidemiology updates, plan meeting agendas)
Data Requests	Completes ongoing and one time data requests for internal and external partners (Commonly requested data includes communicable diseases, sexually transmitted diseases (STDs), HIV/AIDS, injury data, and county demographics.	For the 2026 fiscal year, the Epidemiology Program: • Fulfilled 31 epidemiologic data requests and provided data analysis and technical assistance to support public health programs, partners, and evidence-based decision-making.

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