

Limitations are that this RAP survey is a clinic-based study, focussing on a very specific clientele. Results should not be generalized to other populations or other locations. In addition, the number of participants may be insufficient to analyze subgroups with confidence.

Results of the Memphis/Shelby County Health Department RAP Survey are reported in Table 3.3.6. This blinded HIV seroprevalence survey was conducted in the Shelby County Health Department's STD/HIV Clinic during December 1995, using the RAP protocol developed by CDC and TDH. Of the total of 999 patients tested, 26 or 2.6% tested positively for the HIV/AIDS virus. Of the 73 white males tested, 4.1% tested positively, as compared to 3.8% of the 508 black males tested. Of the 332 black females tested, 4 or 1.2% were positive, compared to none of the 66 white females tested. Of persons presenting solely for HIV testing (n=136), the rate of positives was 5.9%, representing 8.4% of white males and 9.8% of black males. No females of either race tested positively in this sub-sample of persons presenting solely for HIV testing. Among STD patients tested for HIV (n=857), 2.1% tested positively. Only blacks tested positively in this subgroup (3.1% of males and 1.3% of females). The Chattanooga/Hamilton County Health Department RAP Survey was concluded in February 1996, and results are reported in Table 3.3.6. The overall HIV prevalence was 1.5% for those tested at the Hamilton County site. Higher rates are observed among white males than black males, and among black females as compared to white females.

### **3.3.3.2. Recent Infection and Risk for Infection**

Despite knowledge of how HIV is spread and prevention outreach to high risk groups, new infections continue to occur. Ideally, those planning targeted efforts to prevent further HIV infection would know precisely the number of people becoming newly infected and what beliefs and perceptions, behaviors and other exposures have placed them at risk and why. These questions are central to the task of accurately targeting prevention efforts. Yet the answers are hidden within a complex and often deeply personal and private maze of sexual and drug using practices, and discovering them requires reliable self-reporting. The difficulty lies in approaching these issues in a manner that does not compromise privacy and integrity.

A new CDC-sponsored study focusing on those who have only recently become infected with HIV is scheduled to begin in Tennessee in the near future. Through this study, known as the Recent Infection Project, the State hopes to gain more complete risk exposure data on persons who are in the early stages of HIV infection: adolescents and young adults (whose initiation to sex and drug use is likely to have been recent)<sup>36</sup>, HIV-infected persons with high CD4 T-lymphocyte counts (a clinical marker of early stage HIV

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<sup>36</sup> For the purposes of the Recent Infection Project, adolescents are defined as ages 13-19; young adults are defined as ages 20-24. Those whose infection is attributed to contaminated blood products are excluded from the study.