

Three-quarters of white AIDS cases diagnosed over the period were reported with at least one OI, as did 68% of blacks and 68% of other races.

Males were 13 times more likely to be reported with Kaposi's sarcoma than females. HIV encephalopathy (dementia) was 86% more frequently reported among AIDS cases who were male. Histoplasmosis was 41% and cryptococcosis, 35% more commonly reported among males. On the other hand, herpes simplex was 55% more likely to be reported among females with AIDS, and wasting syndrome was 38% more likely. Cervical disease affected 2.1% of females with AIDS.

Pneumocystis carinii pneumonia ranked as the most frequent OI for both races; wasting syndrome held second place for blacks and third place for whites.

Blacks were 2.4 times more likely to be reported with pulmonary tuberculosis among AIDS cases in Tennessee than were whites.

Blacks were 65% more likely to have a reported diagnosis of histoplasmosis, and 42% times more likely to be reported with mycobacterium tuberculosis.

Whites, on the other hand, were nearly five times more likely to have been reported with Kaposi's sarcoma, twice as likely to have been reported with cytomegalovirus retinitis, and 50% more likely to have been reported with toxoplasmosis of the brain.

5.6. Patterns of Transmission: AIDS by Attributed Exposure Categories

Exposure categories for adults and adolescents listed hierarchically include: men who have sex with men (MSM); injecting drug use (IDU); men who have sex with men and inject drugs (MSM & IDU); hemophilia; heterosexual contact; received a transplant or transfusion with contaminated blood or blood products (combined in this report with hemophilia as "blood/blood products"); other risk; and no identified risk (NIR).

The majority of adult and adolescent AIDS cases in Tennessee were attributed to men having sex with men (MSM). For each year between 1982 and 1995, MSM accounted for over half of all AIDS cases. However, the proportion of adult/adolescent AIDS cases attributable to men having sex with men has decreased over the past several years, while the proportions attributable to injecting drug use and heterosexual contact have increased.

Cumulatively, the highest risk category for males was MSM (71%), followed by IDU (11%).

Among females with AIDS, sex with male partners, whether with injecting drug users or males who have been exposed to HIV through MSM or blood products, was the