Hamilton Counties was relatively high. The lowest prevalence was observed for South Central, East and Northwest Tennessee.

Very little difference in percent positive was observed among white females above age 14, with the 20-24 year age-group showing the highest proportion (0.04%). Data for older age-groups are unstable due to low numbers of cases. Among black females, the highest proportions were in the 20 to 24 year age-group (0.37%). Positive test results among black females were 10 to 12 times higher than the figures for white females.

CBW survey data suggest that HIV seroprevalence was highest (129 per 100,000) among 20 to 24 year-olds, followed by 15 to 19 and 40 and older females (117 and 118, respectively). The age-groups, 25-29 and 30-34 had prevalence rates of 88 and 81 per 100,000, respectively. Females under 15 had the same low rates of HIV infection as among females 35 to 39 (37-38 per 100,000).

Among the highest HIV seroprevalence by age was that for black females aged 40 and over (427), compared to that for the under 15 group (84). Prevalence among white females peaked in the age-groups 40 and older (39.5 per 100,000) and 20 to 24 (38). No positive HIV test results were found for white females under 15 years of age.

Results of other HIV seroprevalence surveys are presented. Most of these surveys were conducted in the late 1980's and early 1990's. A few highlights of these survey results are a suggested prevalence of HIV infection among all females in the Memphis Women's Health Clinic sample (site #1) of 0.2%, with a range from 0.2%-0.5%. Positive HIV test results were confined to black females. The vast majority of clinic clients were black females. Overall prevalence was 0.3% for black females (300 per 100,000). This is the same as that found for black females in Tennessee from the CBW survey.

Drug treatment clinic data (site #1), again from Memphis, yielded an overall estimate of 1.9% of HIV prevalence among tested clients. The range was from 0.7% to 4.6%. Prevalence was highest among black males (3.1%), followed by black females (2.1%). These overall estimates are similar to self-reported HIV/AIDS prevalence from behavioral risk surveys among Tennessee adults who inject drugs.

STD clinic data yielded overall estimates in Memphis of 1.4%. Nashville STD clinic data showed a 1.9% prevalence, and Chattanooga clinic data a prevalence of 1.2%. In these clinic samples, white males had the highest seropositivity, with female positivity substantially lower. HIV-positive rates for white males were 3.4% in Memphis, 3.5% in Nashville and 2.5% in Chattanooga. Black males had HIV prevalence estimates based on this data source of 1.6% in Memphis, 2.6% in Nashville and 1.6% in Chattanooga. Black female HIV prevalence was higher than that among white females in Memphis (0.9% compared to 0.5%, respectively) and in Nashville (.75% and .25%