

impact and potential directions of the disease. The audience addressed here is diverse, encompassing people with HIV/AIDS, medical professionals, HIV prevention planners, community activists, lawmakers and others interested in the course of the HIV/AIDS epidemic in the State. Major segments of this report were written with reference to "Suggested Guidelines for Developing an Epidemiologic Profile for HIV Prevention Community Planning" from CDC.

Part 1 of this report examines the impact of AIDS in Tennessee. The overall impact is studied through comparing Tennessee with other states and the nation as a whole; describing trends in AIDS diagnoses over time; examining the distribution of AIDS by age, gender and race/ethnicity; exploring AIDS among groups of varying risk, including men who have sex with men, injecting drug users and heterosexuals practicing unsafe sex; and finally, comparing regions in terms of cumulative and recent AIDS cases and case rates. Part 1 also addresses AIDS mortality, ranking AIDS as a cause of death, and presents case-fatality rates. Also included in this section are a presentation of age-sex pyramids comparing AIDS cases with the Tennessee population, and a discussion of persons living with AIDS, which explores survival time and the types of associated opportunistic infections. The first part occupies the majority of this report.

Part 2 presents the regional distribution of HIV/AIDS in relation to the sociodemographic characteristics of the Tennessee population. In some instances, the data are presented by county. However, most geographic analyses refer to fourteen "health department regions," a complete list of which appears in Appendix 2. These regions were created by TDH and facilitate the collection and comparison of data on various health and social issues. Use of these more sizable geographic groupings also allows reporting of aggregate data in instances where small numbers of cases could not otherwise be reported because of data instability or the fear of disclosing individual identities. Due to the stigmatization and social and economic discrimination levelled against persons with HIV/AIDS historically, the State of Tennessee is careful to protect the confidentiality of HIV-infected persons and will not disclose information which might compromise this relative anonymity.

Part 3 assesses who is at risk for becoming infected with HIV by focusing on those persons who are likely to have become infected more recently: that is, persons who are HIV-infected but have not yet developed AIDS. As with AIDS, HIV is examined within groups of varying risks and within selected population groups. Because HIV reporting is known to be incomplete, data obtained from HIV surveillance reporting are supplemented with data from various blinded studies of HIV seroprevalence, and with attempts to arrive at a more accurate estimate of HIV prevalence than revealed by HIV reports alone. Caution should be exercised in interpreting direct comparisons of AIDS and HIV data for subgroups or regions due to differences in completeness of reporting and units of analysis.