

had underlying HIV. If multiple causes of death rather than only underlying cause were reported, more accurate reporting of AIDS deaths would ensue. In future Tennessee reports, more refined estimates should be made to adjust for reporting bias due to under-reported deaths from HARS and problems of estimating the relative impact of AIDS mortality using infectious disease categories alone, without adjustment for OIs.

Percentages of cumulative AIDS cases reported with one or more opportunistic illnesses (OIs), whether definitive or presumptive, suggest that the leading OI was pneumocystis carinii pneumonia (32.5%), followed by wasting syndrome (12.5%) and esophageal candidiasis at 12% (Table 2.4.4).

Seventy-two percent of all adult/adolescent AIDS cases in Tennessee from 1982-1995 had accompanying OIs diagnoses. Seventy-three percent of AIDS cases among males and 64% among females with AIDS involved reported OIs. Three-quarters of white AIDS patients diagnosed over the period had at least one OI, as did 68% of blacks, and 68% of other races (Table 2.4.5).

White males were most likely to be reported with one or more OIs at 75%, with 69% of black males, 66% of white females and 64% of black females having been so diagnosed. OI diagnosis rates are presented for other races. However, their small numbers make these rates unreliable.

Figure 2.4.4 shows the percentage of males and females with OIs by racial grouping. Of males with OIs, two-thirds were white. Of females with OIs, 42% were white. Males with OIs were more likely to be white, while corresponding females were more likely to be black.

The particular OIs diagnosed or presumed among Tennessee AIDS cases differed by sex and race. The top ten ranked OIs for males and females suggest that the same diagnoses -- pneumocystis carinii pneumonia (PCP), wasting syndrome and esophageal candidiasis -- ranked in the top three ranks for both sexes (Table 2.4.6). However, males were 13 times more likely to have been reported with Kaposi's sarcoma than females (7.9% compared to 0.6%). HIV encephalopathy (dementia) was 86% (1.9 times) more frequently reported among male AIDS cases than female AIDS cases. Histoplasmosis was 41% (1.7 times) and cryptococcosis, 35% more commonly reported among males. Some exceptions were herpes simplex, which was 55% more likely among females with AIDS, and wasting syndrome was 38% more likely. Cervical disease affected 2.1% of females with AIDS.

The top ranked OIs also differed by race, again with the top three ranked OIs including PCP, wasting syndrome and esophageal candidiasis. PCP ranked as the most frequent OI for both races; wasting syndrome held second place for blacks and third place for whites (Table 2.4.7). Comparing ratios of black to white OIs, blacks