

2.5. Patterns of Transmission: AIDS by Attributed Exposure Categories

2.5.1. Introduction

Assessing levels of risk is inherently difficult. Generally, the behaviors that put one at risk for becoming infected with HIV are private, deeply personal and, often, involve social stigma. It is exceedingly difficult to arrive at accurate denominator data for groups at risk. What is the level of injecting drug use in a particular community? How many men have sex with men? Who is practicing unsafe sex, and with whom? Without some notion of the size of a given risk group, it is not possible to know the magnitude of the risk to that group.

Persons most prone to HIV infection are those who engage in risky behaviors within communities where there are high levels of HIV prevalence. Knowledge of HIV prevalence within specific communities, and of levels of risky behavior within these communities, is thus extremely important to prevention planners. Of particular benefit is knowledge of risk behaviors among those most recently infected with HIV. However, because information on HIV incidence is very limited, researchers must rely heavily on patterns of risk among persons with AIDS, with particular emphasis on changes over time.

The national HIV/AIDS surveillance system collects information regarding modes of exposure to HIV. In the case of multiple exposure risks, a single exposure category is assigned according to a standardized hierarchy. There is a single exception to this rule--for men who both have sex with men and who have injected drugs. This represents a separate exposure category. 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 (combined in this report with hemophilia as "blood/blood products"); other risk; and no identified risk (NIR). There is one confirmed case of AIDS in Tennessee resulting from an exposure other than those routinely examined here. This was a needlestick to a health care worker, due to occupational exposure²². In this report, other risk and no identified risk are combined to protect the identity of this individual and for expedience.

Exposure categories for pediatric HIV/AIDS listed hierarchically include: hemophilia; mother with HIV/AIDS or at risk for HIV/AIDS, which includes all mother-to-infant transmission; receipt of contaminated blood products from transfusion or transplant (identified in this report with hemophilia as blood or blood products); other risk and no identified risk. If more than one risk is reported, the case is assigned to a primary category as is done for adults.

²² Although there was only one confirmed case of AIDS due to occupational exposure, there is one other AIDS case that is "probable" and one HIV case that is confirmed.