



Department of  
**Health**

# Tennessee HIV Epidemiological Profile 2018

Tennessee Department of Health | January 2020



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## Executive summary

This report presents 2018 surveillance data for human immunodeficiency virus (HIV) in Tennessee, focusing on persons newly diagnosed with HIV, those with concurrent late stage diagnosis (HIV Stage 3 or acquired immunodeficiency syndrome [AIDS]), persons living with diagnosed HIV (PLWH), deaths among persons diagnosed with HIV and HIV-related health outcomes among newly diagnosed individuals and PLWH (i.e., HIV Continuum of Care). The purpose of this report is to support HIV-related education, outcome monitoring and program planning.

All data presented are based on information received by Tennessee Department of Health (TDH) as of August 1, 2019. The data in this report reflect five year trends between 2014 and 2018 for new diagnoses, late stage diagnoses and PLWH. Due to standard reporting delays, deaths among persons with diagnosed HIV and HIV Continuum of Care data are presented for 2013–2017.

Data are presented in the form of total counts, rates per 100,000 persons, percentages of the total and percent change over time. Data are also stratified by various categories, including gender, race and ethnicity and age category. Rates are equal to counts divided by the total population and are presented alongside totals to account for differences in total population, such as between racial and ethnic groups. Percent change over time is presented to show the general trend over multiple years. Percent change is not presented when any yearly count is less than 20; it is difficult to draw meaningful conclusions concerning trends due to the instability of low counts.

### Key findings

- Between 2014 and 2018, the overall numbers and rates of persons newly diagnosed decreased until 2016 and increased from 2016 to 2018, while the number of persons living with diagnosed HIV steadily increased for all years. In 2018, 760 people were newly diagnosed with HIV, compared to 764 persons newly diagnosed in 2014 (<1% total decrease). The number of people in Tennessee reported as living with diagnosed HIV increased 8% from 2014 to 2018 (N=16,661 and N=18,069, respectively).
- The majority of individuals newly diagnosed with HIV and PLWH are concentrated in a few geographic regions of the state. The percentages of persons newly diagnosed and persons living with HIV residing in Memphis/Shelby County increased between 2014 and 2018. Conversely, the percentages of persons newly diagnosed and PLWH residing in Nashville/Davidson County decreased during the same time frame. In 2018, Memphis/Shelby County accounted for 40.5% of new diagnoses and 37.2% of PLWH and Nashville/Davidson County accounted for 16.7% of new diagnoses and 22.8% of PLWH.
- The largest number (N=300) and highest rate (32.8 per 100,000 compared to the overall state rate of 11.3 per 100,000) of new diagnoses in 2018 occurred among Tennesseans aged 25–34 years.
- However, the Tennessee population of PLWH continued to age, as the highest proportion of PLWH was aged 55 years or older (28.5%). The number of persons living with HIV aged 55 and older increased 49% from 3,452 to 5,145 between 2014 and 2018 in part due to aging of people living with diagnosed HIV.
- Non-Hispanic black individuals bear the highest burden of HIV across all gender, age and transmission risk categories. Overall, non-Hispanic black individuals are diagnosed with HIV

at a rate of 39.7 per 100,000 persons, compared to 14.2 among Hispanic individuals and 4.8 among non-Hispanic white individuals.

- In 2018, 5% of new diagnoses occurred among persons who inject drugs (PWID).
- Cisgender males between the ages of 15 and 34 years old are disproportionately affected by new HIV diagnoses. Among cisgender males newly diagnosed and living with HIV, male-to-male sexual contact (MMS) was the most commonly reported transmission risk. More than a quarter of newly diagnosed cisgender men were 15–34 years old non-Hispanic black men who have sex with men (MSM) (27.8%).
- Among cisgender females newly diagnosed and living with HIV, heterosexual sexual contact was the most commonly reported transmission risk (61.7%).

## Background

Tennessee is a mid-sized state that consists of 95 counties and borders eight other states. TDH's Central Office, located in Nashville, partners with all of the state's counties, which are divided into 13 public health regions. Six of the most populous counties operate as stand-alone metropolitan public health regions, and the remaining 89 counties are combined into seven rural public health regions. The rural counties are considered to be an extension of TDH, whereas TDH partners with the metropolitan regions through contractual agreements. For community planning and Ryan white Part B funding purposes, the state is divided into five HIV community planning region. Maps of the Tennessee public health and HIV community planning regions can be found in Appendix A.

**Population:** Tennessee was home to 6,770,010 people in 2018, which accounts for approximately 2% of the population in the United States.<sup>1</sup> With a growth rate of 4%, similar to the national rate, the population of Tennessee increased by 229,184 people between 2014 and 2018.<sup>1</sup> The regional public health jurisdictions with the largest percentages of the population include the Memphis/Shelby County, Nashville/Davidson County and Mid-Cumberland public health region.

**Age:** The median age in Tennessee in 2018 was 39 years, similar to that of the US median age (38 years). The age distribution in Tennessee roughly reflects that of the US population in general.<sup>2</sup>

**Race and ethnicity:** In 2018, 74% of the population in Tennessee was non-Hispanic white, followed by 17% Non-Hispanic black and 6% Hispanic. Other racial groups make up the remaining 5% of the population, with the largest category in this fraction being Asian (2%).<sup>3</sup>

**Income and poverty:** The median household income in Tennessee in 2018 was \$52,375, compared to the US median income of \$61,937.<sup>4</sup> Tennessee continues to experience racial and ethnic disparities in household income, with white households reporting higher median income (\$56,408) compared to black and Hispanic households (\$36,533 and \$42,489, respectively).<sup>5</sup> The statewide poverty rate in 2018 was 15%; the highest proportions of households living in poverty (range: 25–40%), were concentrated in the rural Northeast and West public health regions.<sup>6</sup>

**Viral hepatitis (VH):** In Tennessee, the number and rate of newly reported cases of confirmed and probable acute hepatitis B virus (HBV), acute hepatitis C virus (HCV), and chronic HCV increased from 2014 to 2018. In 2018, there were 388 (5.7 per 100,000 persons) acute HBV infections, 273 (4.0 per 100,000 persons) acute HCV infections and 20,066 (296.4 per 100,000 persons) chronic HCV infections. Throughout 2014–2018, non-Hispanic white persons had the highest rates of acute HBV, acute HCV and chronic HCV compared to non-Hispanic black and Hispanic individuals. Northeastern Tennessee has the highest rates of acute and chronic infection. In 2018, individuals aged 30 years and older accounted for 95% of all newly reported acute HBV infections. Lower rates of infection in persons less than 30 years of age are likely due to increased vaccine coverage from routine childhood vaccination against HBV. Intravenous drug use was the most frequently reported transmission risk among newly reported acute HCV infections in 2018 (34.4%).

**Sexually transmitted infections (STIs):** In Tennessee the number and rate of reported cases of chlamydia, gonorrhea and primary and secondary (P&S) syphilis increased from 2014–2018. In 2018, 38,282 (565.5 per 100,000 persons) chlamydia infections, 14,666 (216.6 per 100,000 persons) gonorrhea infections and 553 (8.2 per 100,000 persons) P&S syphilis infections were reported.

Throughout 2014–2018, non-Hispanic black persons had the highest rates of chlamydia, gonorrhea and P&S syphilis compared to non-Hispanic white and Hispanic individuals. In 2018, Memphis/Shelby County had the highest rate of chlamydia (1,044.1 per 100,000 persons) and gonorrhea infections (465.3 per 100,000 persons). The Memphis Metropolitan Statistical Area (MSA) was ranked number one for rates of chlamydia and gonorrhea among US MSAs.<sup>6,7</sup> Nashville/Davidson County had the highest rate of P&S syphilis infections in Tennessee (20.2 per 100,000 persons). Male-to-male sexual contact (MMS) was the most frequently reported transmission risk among persons diagnosed with P&S syphilis (60.2%). Additionally, 34% of persons diagnosed with P&S syphilis were co-infected with HIV in 2018.

**Opioid use:** In 2017, the rate of filled opioid pain prescriptions in Tennessee was 1,034 per 1,000 persons while the national rate was 585 per 1,000 persons. The number of drug overdose deaths involving opioids in Tennessee increased 68% from 2013–2017. Nearly 1,300 persons died as a result of an opioid overdose in 2017 in Tennessee. Knoxville/Knox County had the highest rate of drug overdose deaths involving opioids followed by Nashville/Davidson County (41.9 and 25.3 per 100,000 persons, respectively).<sup>8</sup>

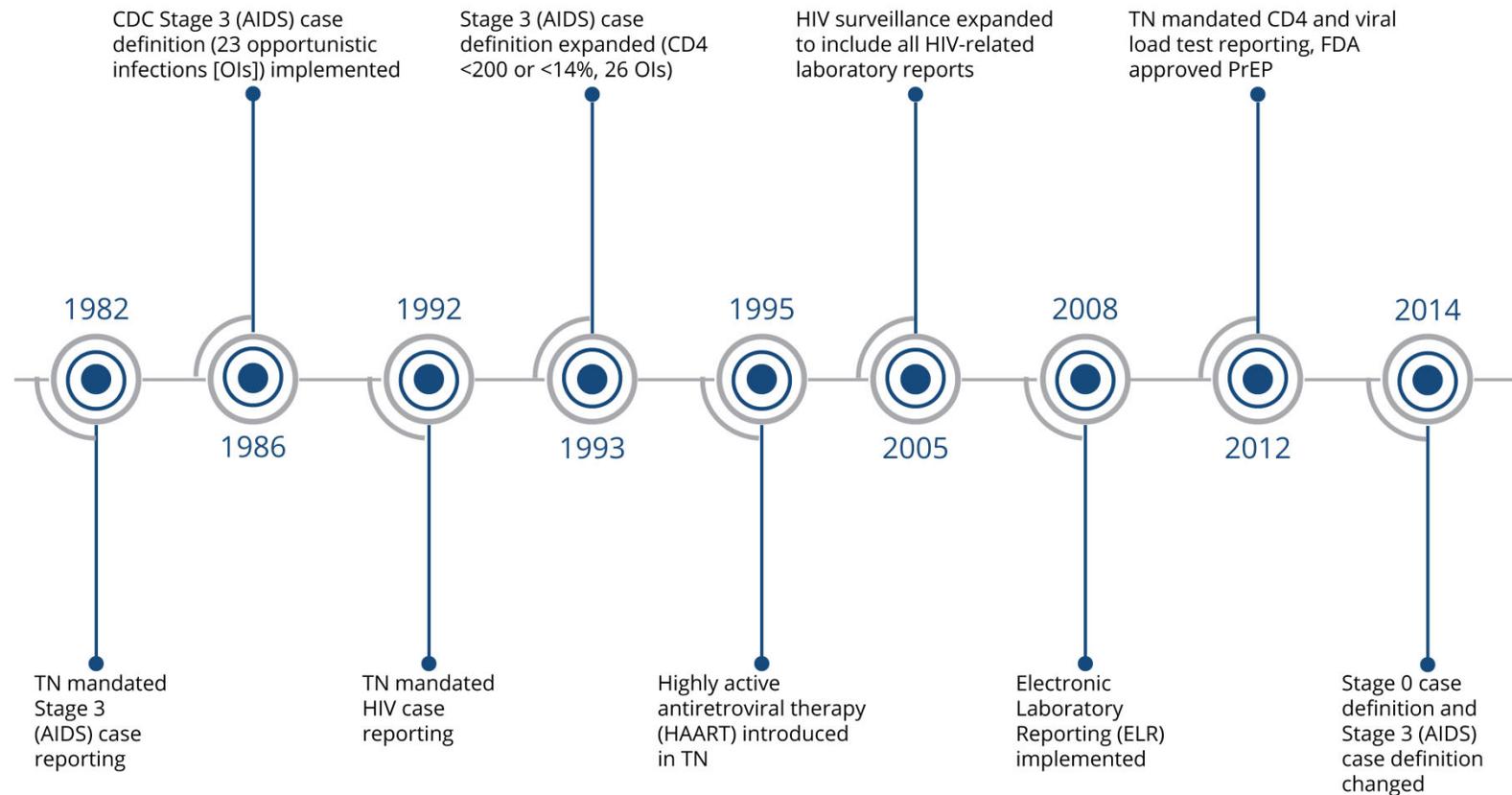
## Reporting laws and regulations

The TDH HIV Surveillance and Epidemiology Program manages the Tennessee HIV surveillance system. AIDS became reportable in TN in 1982, followed by HIV in 1992. Because HIV and AIDS are reportable conditions by law (T.C.A. §1200-14-01-.02), medical labs are required to send all HIV-related laboratory reports to TDH; this includes diagnostic tests, CD4 lymphocyte counts and HIV viral load results. HIV-1 genotype nucleotide sequences are reportable by laboratories with Electronic Laboratory Reporting (ELR) ability. Laboratory results are reported by providers and laboratories either by paper, electronic files (i.e., Excel files via email) and/or via ELR. These are reported to TDH within one week of identification. In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating any sexually transmitted disease or venereal herpes in children 13 years of age or younger should immediately make a confidential written report of the case to TDH.

In addition to the laboratory results, case report forms containing demographic characteristics, HIV transmission risk and treatment information are collected by regional public health field staff. This information is then stored in the enhanced HIV/AIDS Reporting System (eHARS). TDH's Reportable Disease regulations can be found at <https://www.tn.gov/health/cedep/reportable-diseases.html>.

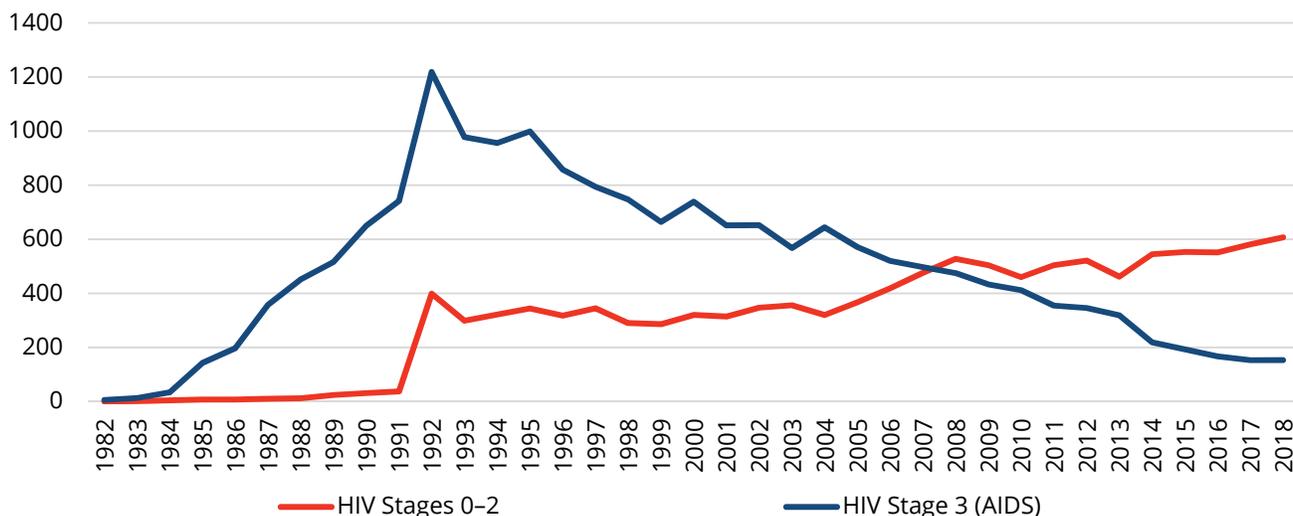
## History of the epidemic

**Figure 1. HIV milestones, Tennessee, 1982–2018**



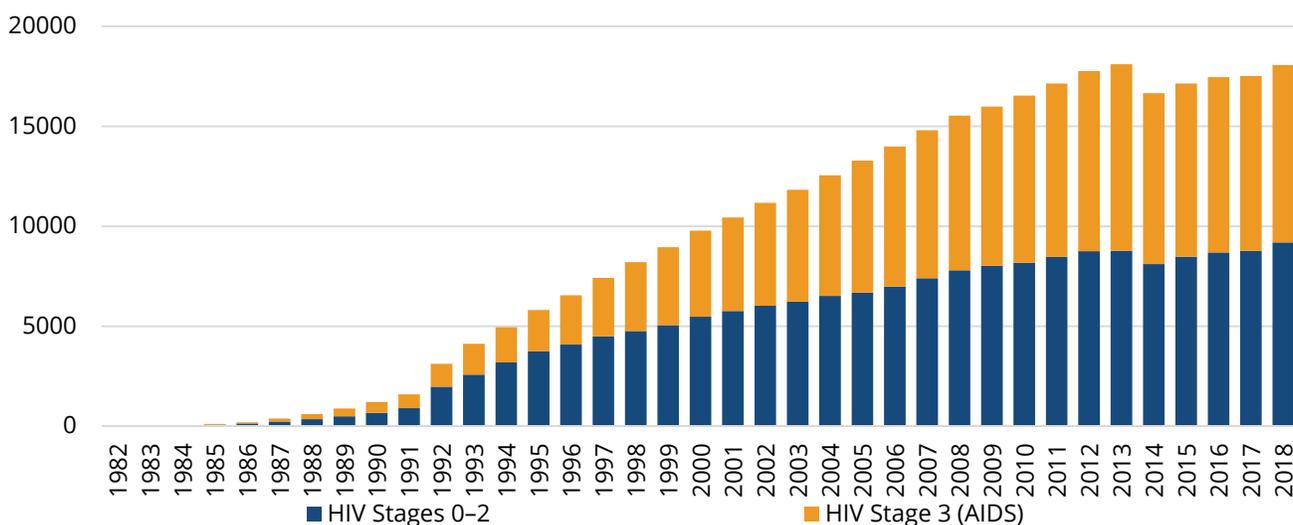
Reporting requirements and surveillance practices have evolved since the beginning of the HIV crisis in the early 1980s. These enhanced practices altered the way persons diagnosed and living with diagnosed HIV are counted. Medical advancements and prevention practices (e.g., highly active antiretroviral therapy [HAART], pre-exposure prophylaxis [PrEP], treatment as prevention [TasP]) reduced the number of new HIV infections and increased lifespans of persons diagnosed with HIV.

**Figure 2. Number of persons newly diagnosed with HIV Stages 0–2 and Stage 3 (AIDS), Tennessee, 1982–2018**



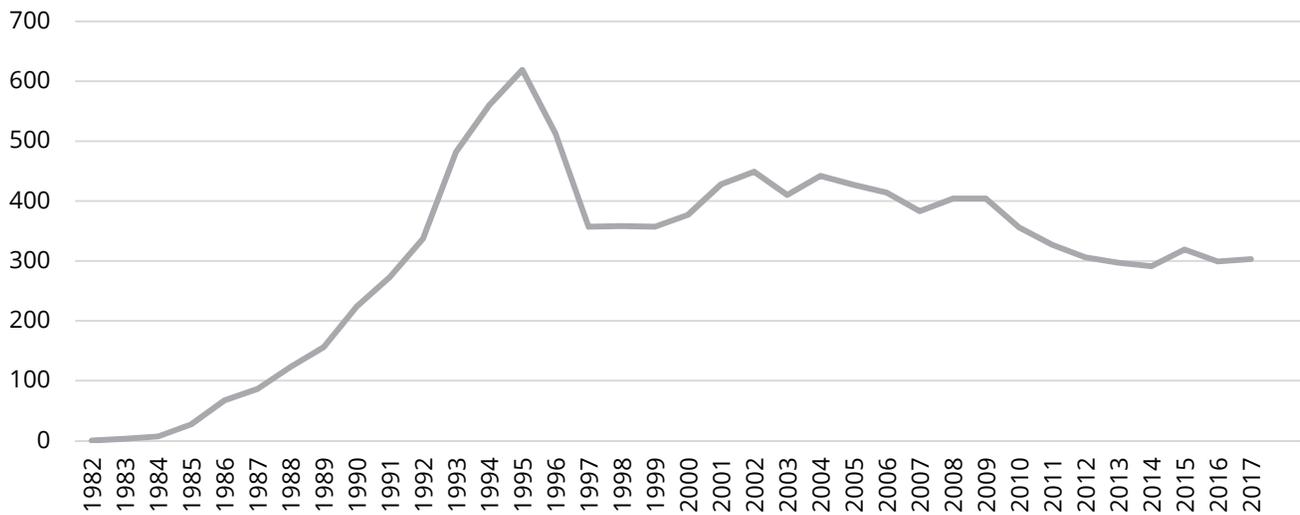
Since 1992, the number of persons newly diagnosed with HIV and Stage 3 HIV (AIDS) at the same time, or “concurrently,” has decreased significantly (Figure 2). Starting in 2008, more individuals were newly diagnosed with HIV at Stages 0–2 than Stage 3 (AIDS). This trend has continued through 2018. Additionally, the number of persons newly diagnosed with HIV Stage 3 (AIDS) has consistently decreased since 2004.

**Figure 3. Number of persons living with HIV ever diagnosed with HIV Stages 0–2 and Stage 3 (AIDS), Tennessee, 1982–2018**



The number of persons living with diagnosed HIV continues to increase due to advances in treatment that improve health and prolong the lives of PLWH (Figure 3). Data for 2014 represent one exception to this trend; new surveillance activities, including enhanced death ascertainment and the use of Accurant, a subscription-based database compiling publicly available address information, to update current address for all persons in TDH’s eHARS database, accounted for the artificial decrease in PLWH. These methods have not changed since 2014.

**Figure 4. Number of deaths among persons with diagnosed HIV, Tennessee, 1982–2017**

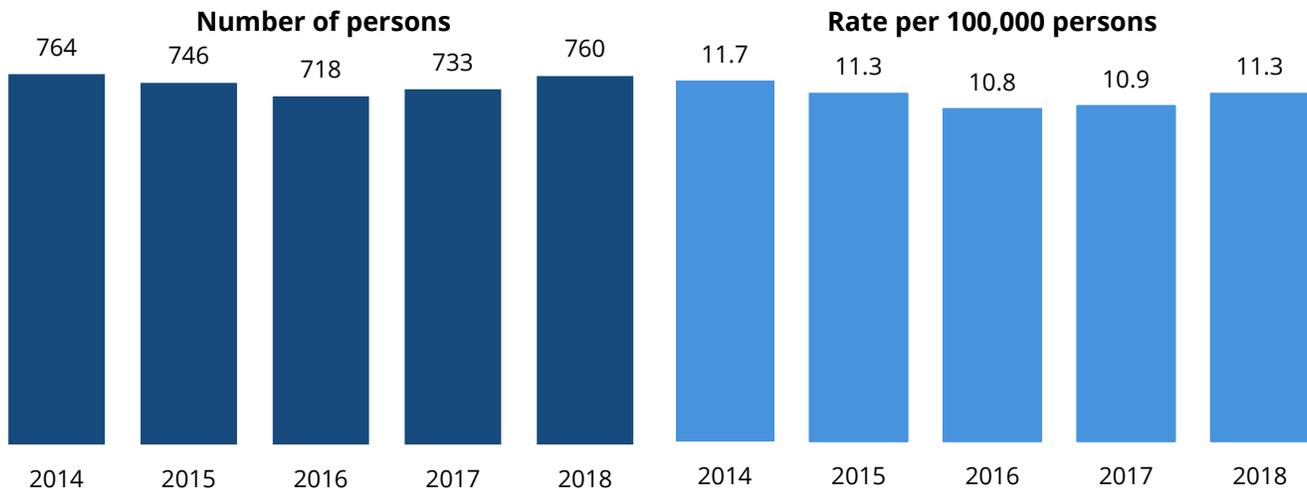


The number of deaths among PLWH decreased significantly since 1995 when highly active antiretroviral therapy (HAART) was introduced in Tennessee (Figure 4). Prior to 2012, the death data presented were based on residence at the time of diagnosis. Starting with 2012 data, death data are presented based on the residence at the time of death.

## Persons newly diagnosed with HIV

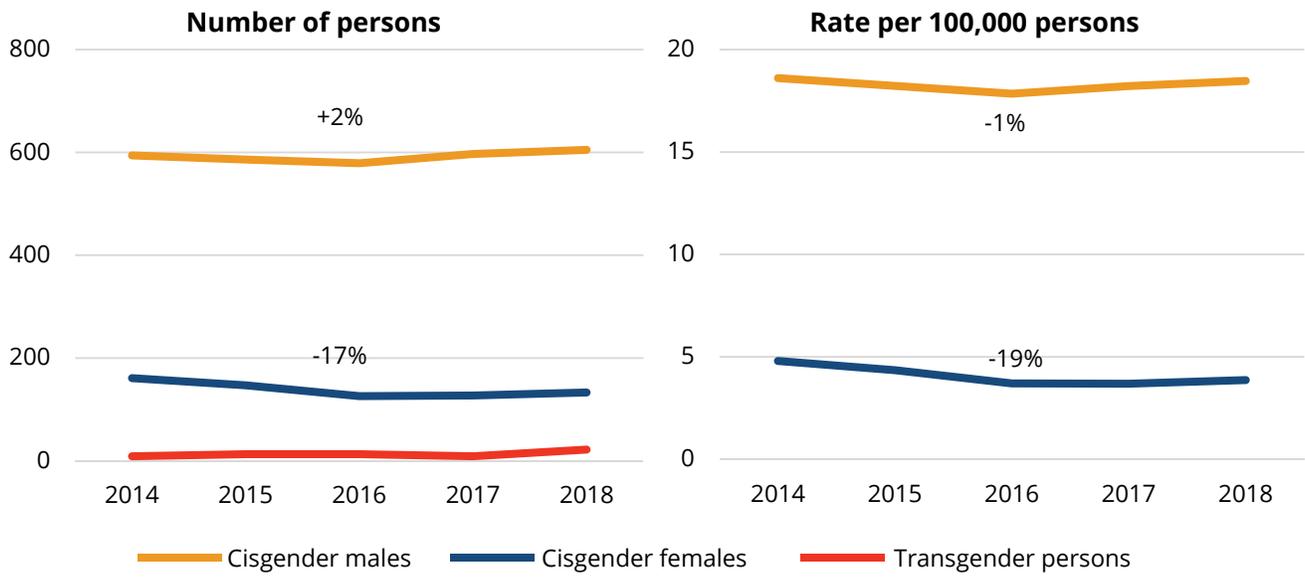
The following data are presented for persons newly diagnosed with HIV. For more information on persons newly diagnosed with HIV by gender, age, race/ethnicity and transmission risk, please refer to the data tables in Appendix B. For additional data on persons newly diagnosed with HIV, please visit the HIV data dashboards (<https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html>).

**Figure 5. Persons newly diagnosed with HIV, Tennessee, 2014–2018**



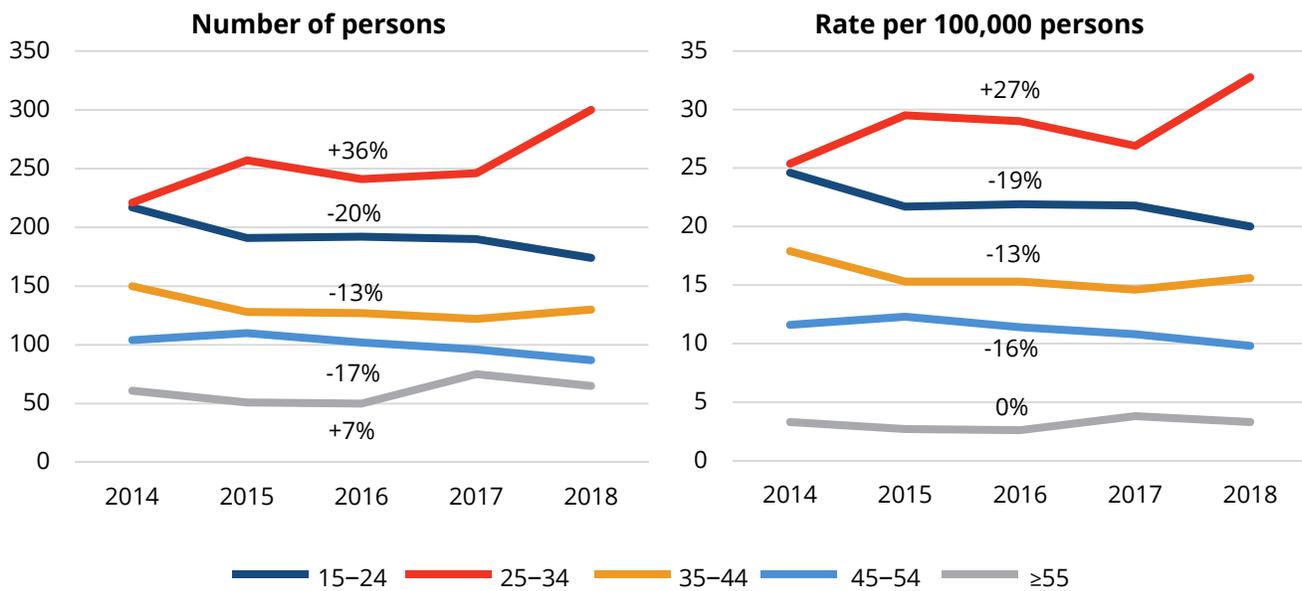
The number of persons newly diagnosed with HIV decreased from 764 to 760, a change of less than 1% between 2014 and 2018 (Figure 5). The increase in the number of persons newly diagnosed with HIV in 2017 and 2018 is hypothesized to be the result of improved surveillance and increased HIV testing.

**Figure 6. Persons newly diagnosed with HIV by gender, Tennessee, 2014–2018**



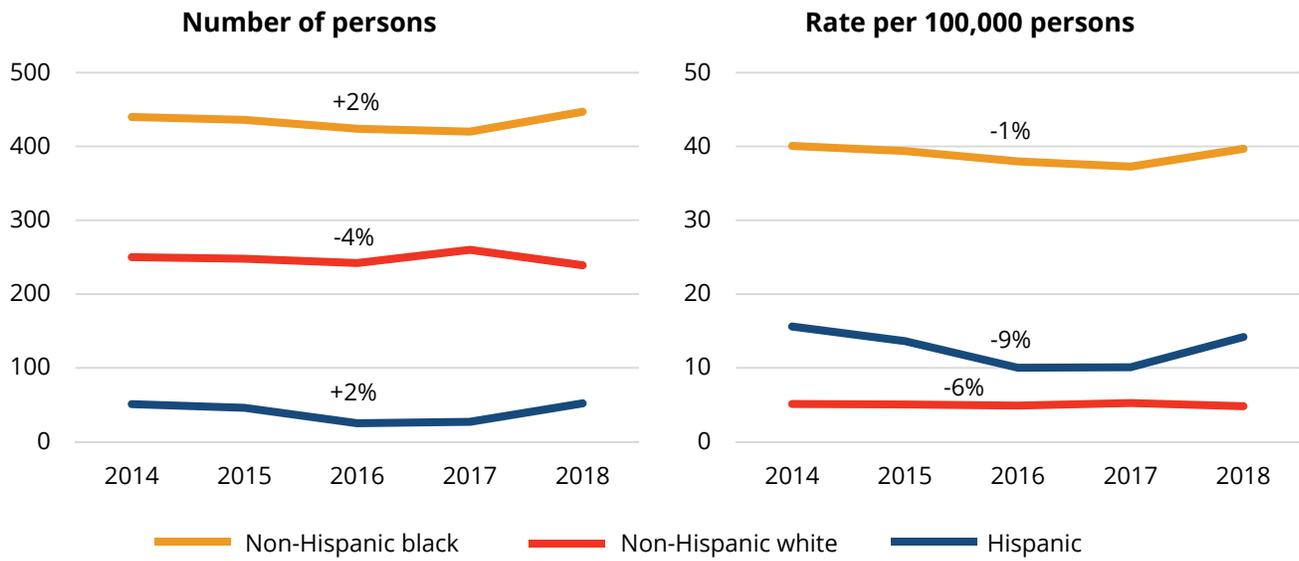
Similar to US trends, cisgender males were diagnosed with HIV at a higher rate than cisgender females (Figure 6). During 2014 to 2018, the rate of persons newly diagnosed with HIV decreased from 18.6 to 18.5 per 100,000 persons among cisgender men and from 4.8 to 3.9 per 100,000 among cisgender women. Rates of persons newly diagnosed with HIV cannot be calculated for transgender persons because the total population of persons who identify as transgender individuals is not established for Tennessee.

**Figure 7. Persons newly diagnosed with HIV by age group, Tennessee, 2014–2018**



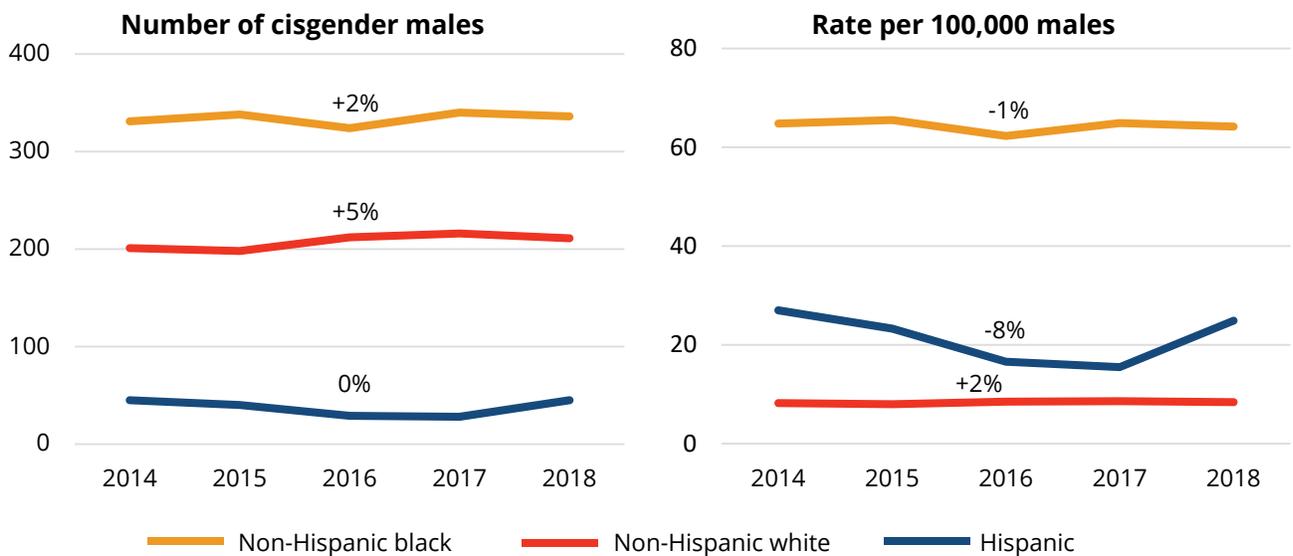
During 2014 to 2018, 25–34 year olds represented the largest proportion of persons newly diagnosed with HIV (Figure 7). The greatest declines in new diagnoses were observed among persons 15–24 and 45–54 years old. The greatest increase in new diagnoses was observed among persons 25–34 years old.

**Figure 8. Persons newly diagnosed with HIV by race/ethnicity, Tennessee, 2014–2018**



Despite annual decreases over the five year period, non-Hispanic Black individuals represented the highest numbers and rates of persons newly diagnosed with HIV (Figure 8). Notably, in 2018, non-Hispanic black individuals had a rate of 39.7 diagnoses per 100,000 persons and accounted for 59% of all persons newly diagnosed with HIV yet comprised only 17% of the total Tennessee population in 2017. Despite having the lowest number of new HIV diagnoses, Hispanic individuals had the second highest rate of new diagnoses in 2018 (14.2 diagnoses per 100,000 persons).

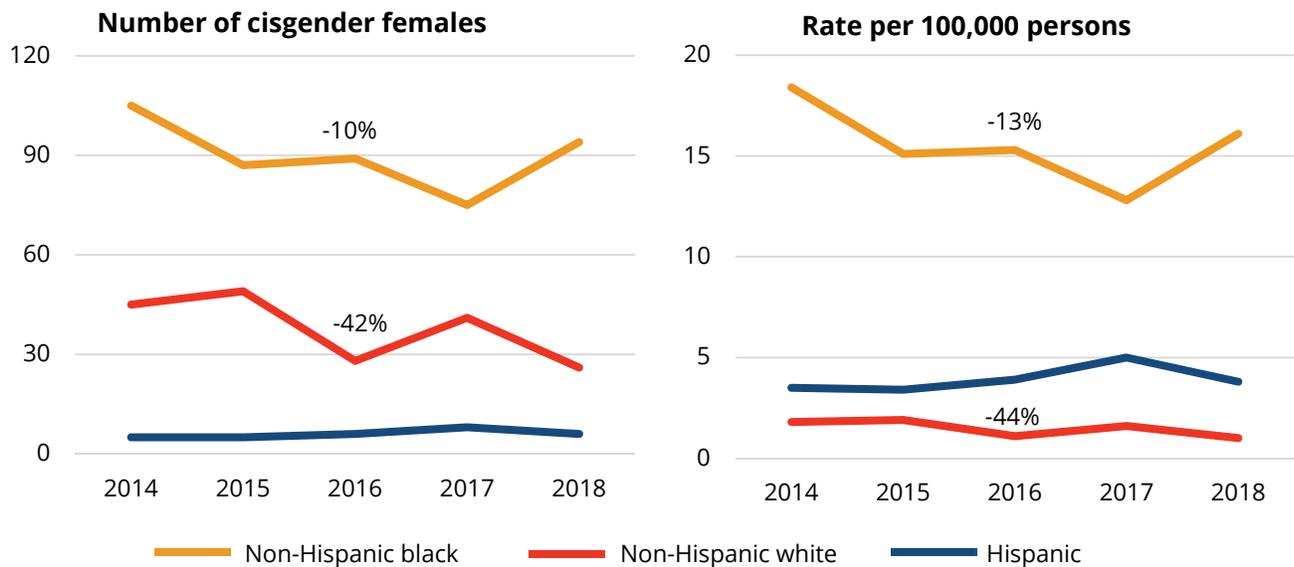
**Figure 9. Cisgender males newly diagnosed with HIV by race/ethnicity, Tennessee, 2014–2018**



Non-Hispanic black cisgender males, who represent 16% of the male population in Tennessee in 2017, account for more than half of cisgender males newly diagnosed with HIV in 2018 (Figure 9). Overall, the number of cisgender men newly diagnosed with HIV increased between 2014 and

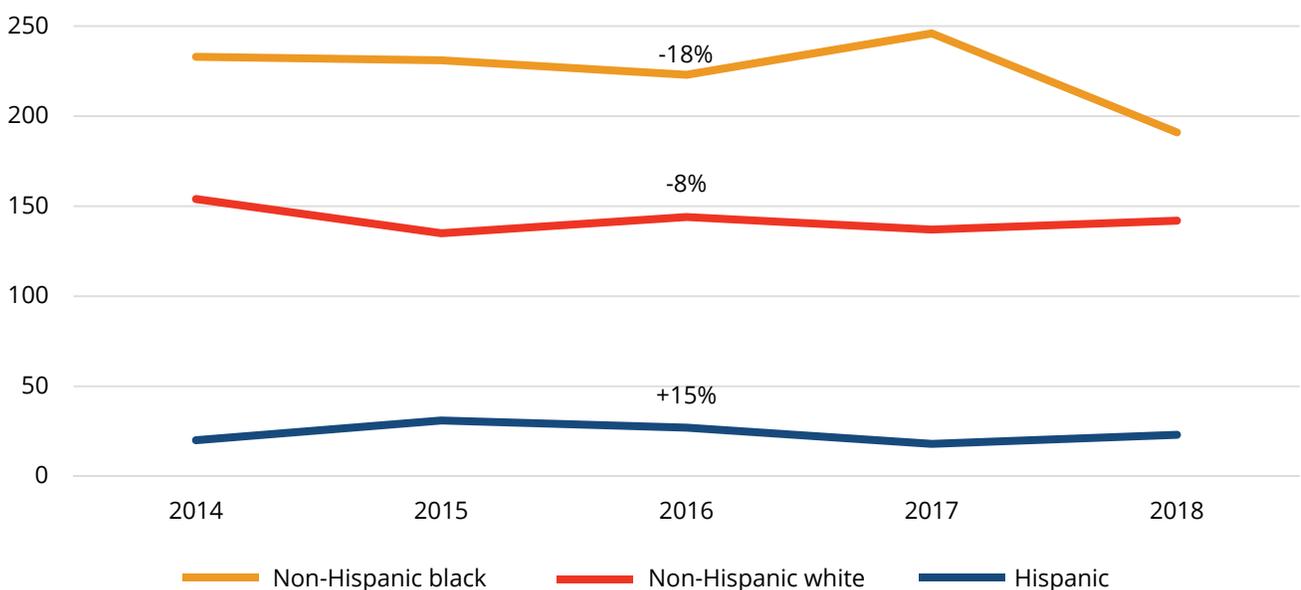
2018 from 594 to 605.

**Figure 10. Cisgender females newly diagnosed with HIV by race/ethnicity, Tennessee, 2014–2018**



Non-Hispanic black cisgender females, who represent 17% of all females in Tennessee in 2017, represented nearly three-fourths (71%) of all cisgender females newly diagnosed with HIV in 2018 (Figure 10). During 2014 to 2018, the rate of new HIV diagnoses among non-Hispanic black cisgender females decreased from 18.4 to 16.1 per 100,000. Because small numbers make drawing meaningful conclusions about changes over time difficult, no percent change is displayed for Hispanic cisgender women.

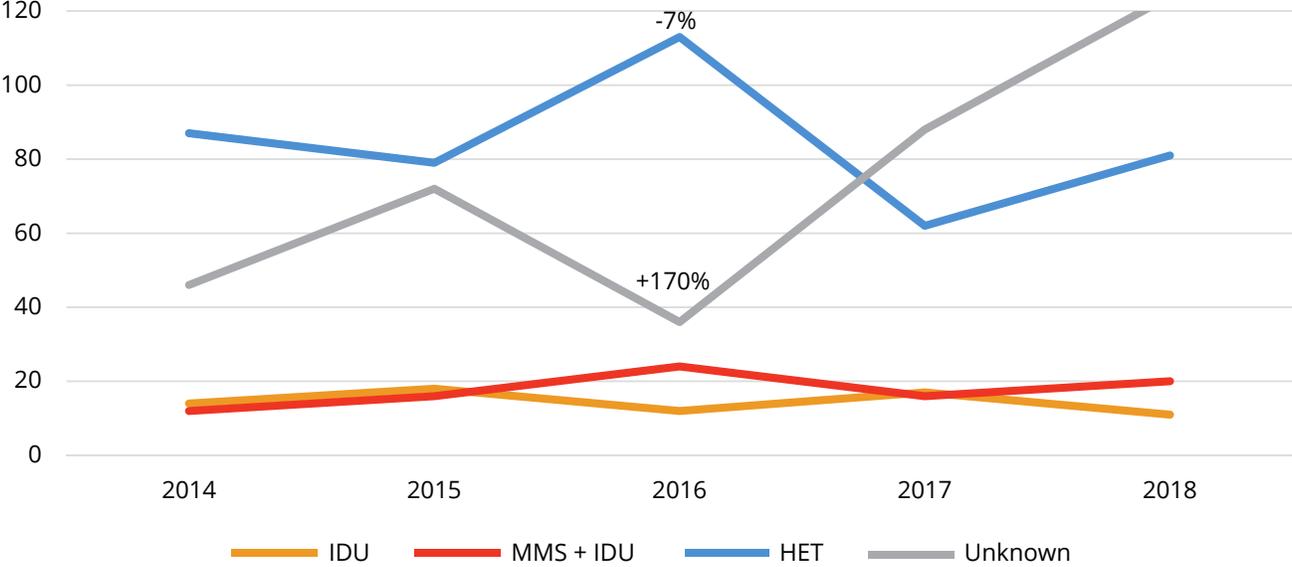
**Figure 11. Number of cisgender males newly diagnosed with HIV who reported male-to-male sexual contact by race/ethnicity, Tennessee, 2014–2018**



Between 2014 and 2018, male-to-male sexual contact (MMS) was the most commonly reported

transmission risk factor by cisgender males newly diagnosed with HIV, accounting for more than half of new diagnoses among cisgender males (n=367; Figure 11). The majority of cisgender males newly diagnosed with HIV who reported MMS were non-Hispanic black; the number of new diagnoses in this population decreased 18% between 2014 and 2018. The number of newly diagnosed non-Hispanic white cisgender men who reported MMS decreased 8% during the same time period.

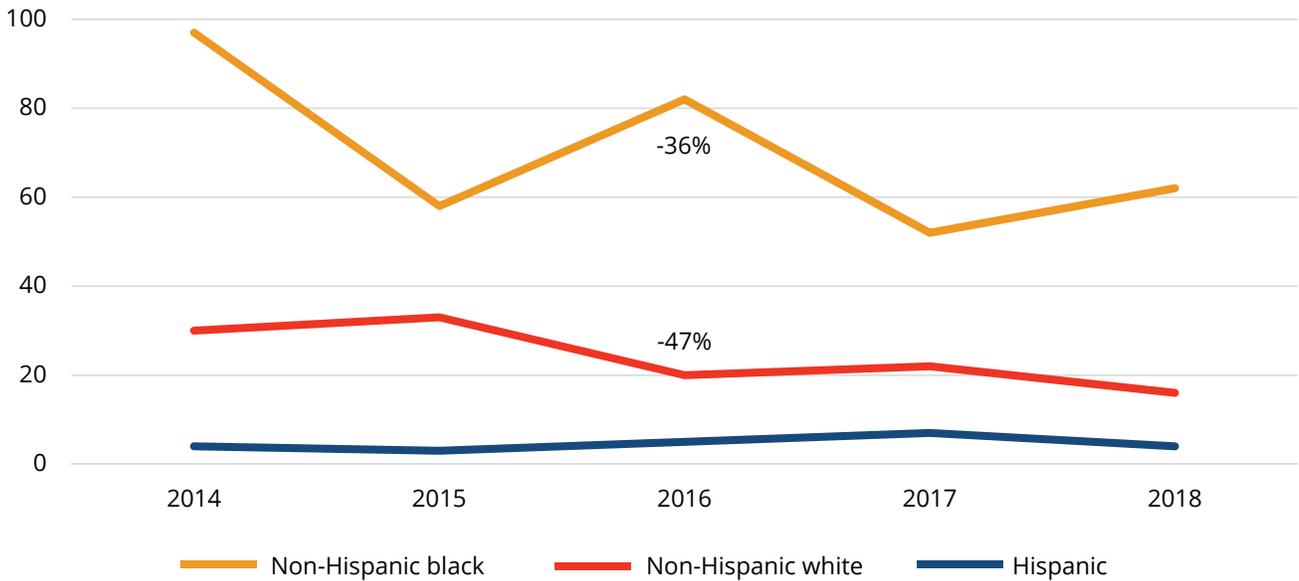
**Figure 12. Number of cisgender males newly diagnosed with HIV by non-male-to-male sexual contact transmission risk, Tennessee, 2014–2018**



**IDU:** Injection drug use, **MMS + IDU:** Male-to-male sexual contact with injection drug use, **HET:** Heterosexual sexual contact

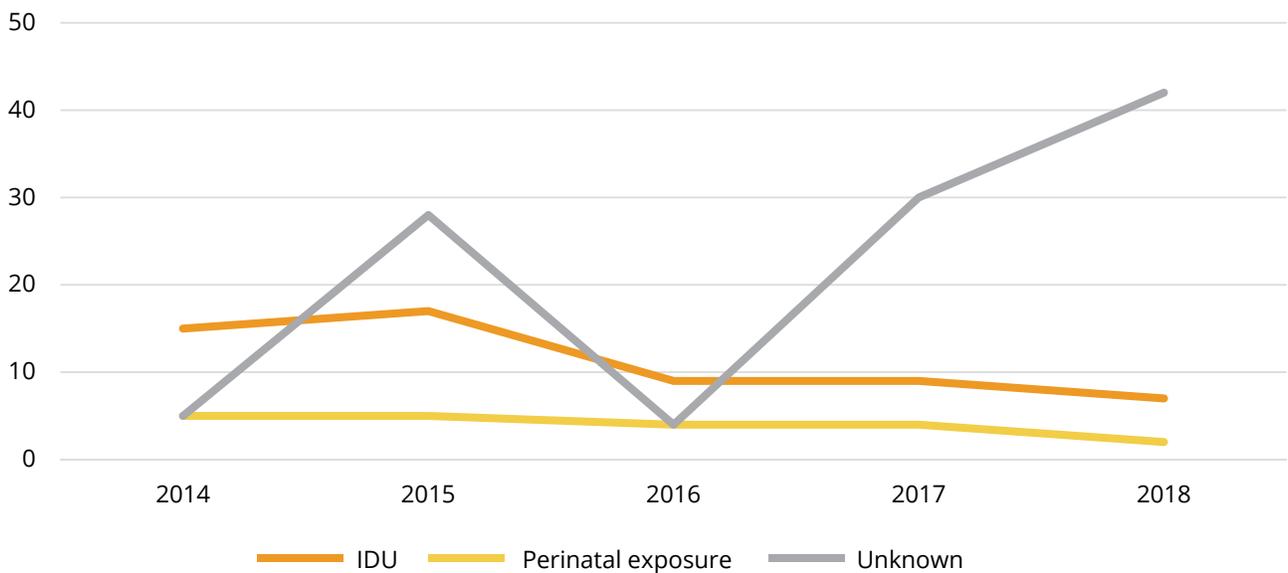
During 2014 to 2018, reported heterosexual sexual contact among cisgender males newly diagnosed with HIV decreased 7% (Figure 12). One in every five cisgender males newly diagnosed with HIV in 2018 had no reported transmission risk.

**Figure 13. Number of cisgender females newly diagnosed with HIV who reported heterosexual sexual contact by race/ethnicity, Tennessee, 2014–2018**



Between 2014 and 2018, more than half of cisgender women newly diagnosed with HIV reported heterosexual sexual contact as a transmission risk factor (n=133; Figure 13). The majority of these individuals were non-Hispanic black (76%). Over the 5-year period, the number of new diagnoses in non-Hispanic black cisgender women decreased 36% and 47% for non-Hispanic white cisgender women.

**Figure 14. Cisgender females newly diagnosed with HIV by non-heterosexual sexual contact transmission risk, Tennessee 2014–2018**

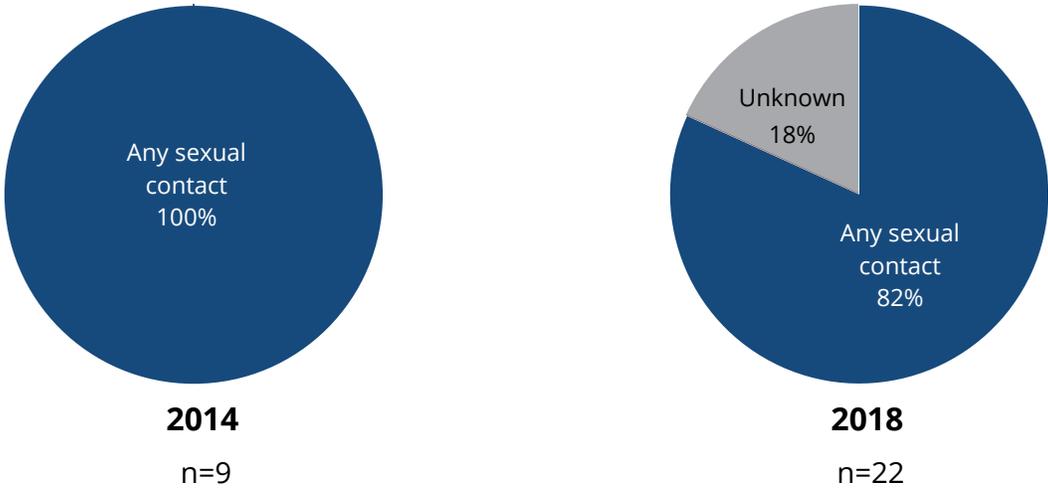


**IDU:** Injection drug use

The number of people newly diagnosed who reported injection drug use or were exposed in utero (perinatal exposure) decreased consistently over the time period. In 2018, transmission risk

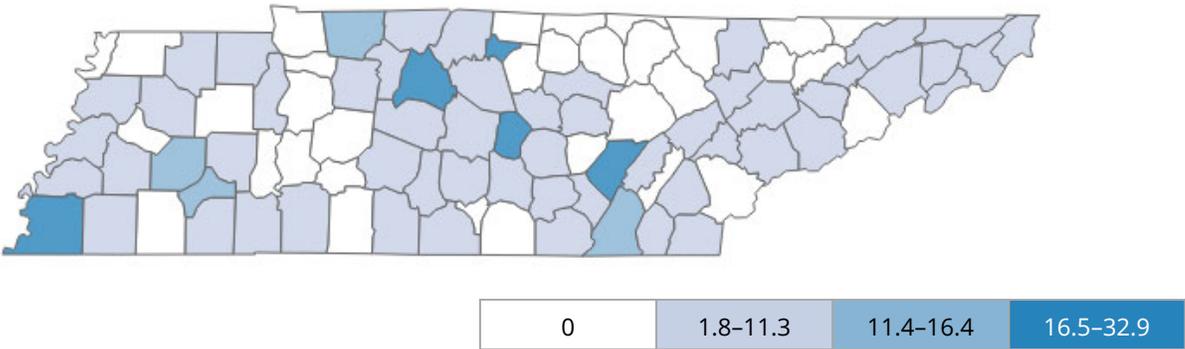
categories other than heterosexual sexual contact were reported by 38% (n=51) newly diagnosed cisgender women (Figure 14).

**Figure 15. Percentage of transgender persons newly diagnosed with HIV by transmission risk, Tennessee 2014–2018**



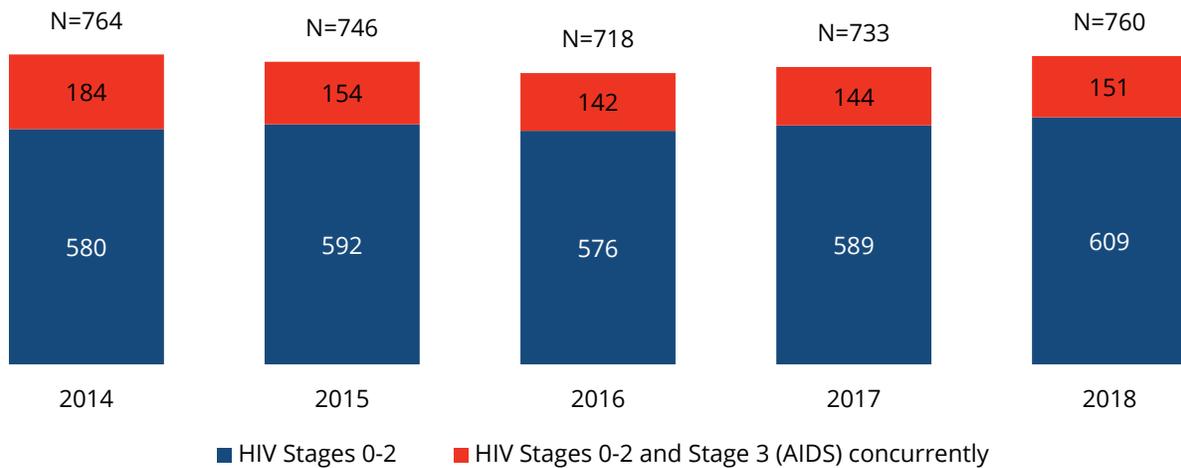
Nearly all (18 of 22) transgender persons newly diagnosed with HIV reported a transmission risk of any sexual contact in both 2014 and 2018 (Figures 15).

**Figure 16. Rate of persons newly diagnosed with HIV per 100,000 persons by county, Tennessee, 2018**



The highest concentration of new diagnoses in Tennessee was identified in the metropolitan areas of the state. More than half of Tennessee’s counties had an estimated rate of new diagnoses between 1.8 and 11.3 per 100,000 persons (light blue shading) and a more than one third of counties did not have a newly diagnosed person (white). The highest rates (dark blue) continue to be concentrated in metropolitan areas, including Memphis/Shelby County (32.9 per 100,000 persons) and Nashville/Davidson County (18.4 per 100,000 persons). The overall state rate of new HIV diagnoses in 2018 was 11.3 per 100,000 persons (Figure 16).

**Figure 17. Number of persons newly diagnosed with HIV, by stage within 12 months of diagnosis, Tennessee, 2014–2018**

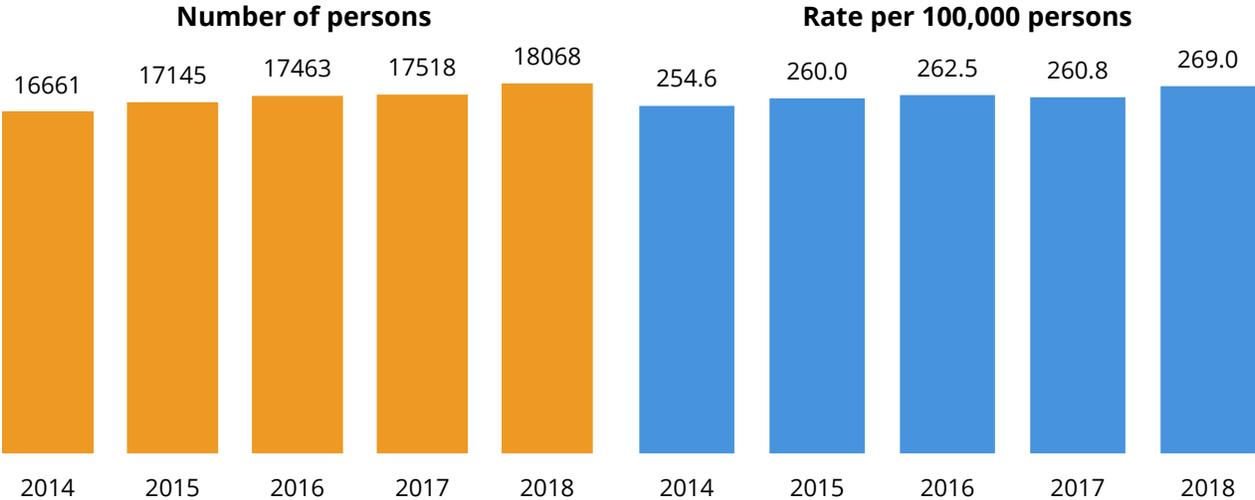


Individuals diagnosed with Stage 3 HIV (AIDS) within 12 months of a new HIV diagnosis are considered a concurrent or late diagnosis and indicate a delayed recognition of acquisition of HIV and disease progression. Over time, the proportion of people concurrently diagnosed with HIV and Stage 3 HIV (AIDS) has decreased: between 2014 and 2018, the percent receiving late diagnoses of HIV improved from 24.1% to 19.9% (Figure 17).

# Persons living with diagnosed HIV

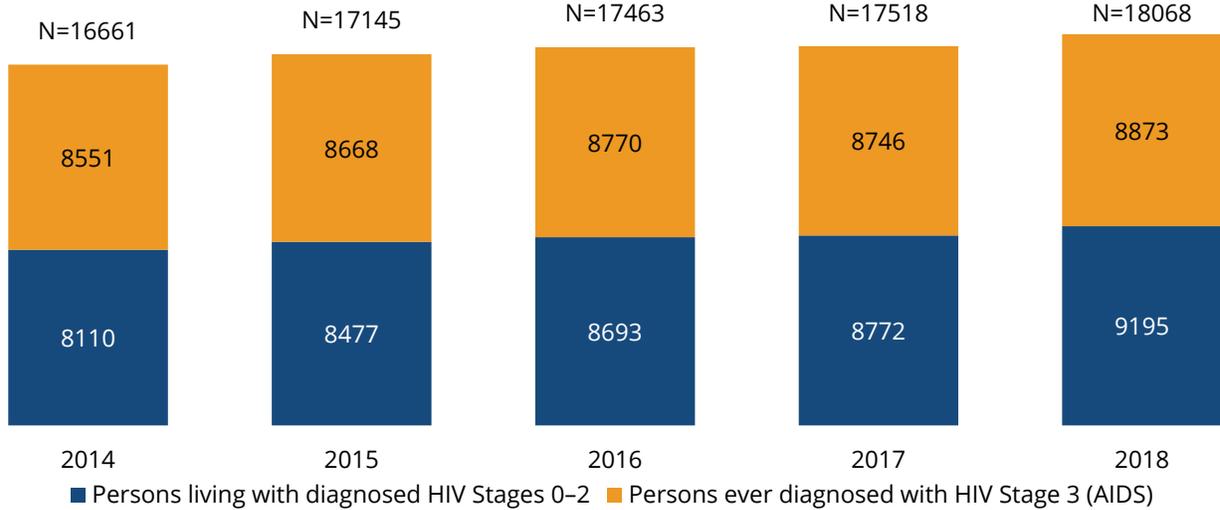
The following data are presented for persons living with diagnosed HIV. In 2014 new HIV surveillance activities, including enhanced death ascertainment and the use of Accurint, a subscription-based database compiling publically available address information, to update current address for all persons in TDH's eHARS database, accounted for an artificial decrease in the estimate of PLWH with a Tennessee residence. These address verification practices remain in place. For more information on persons living with diagnosed HIV by gender, age, race/ethnicity and transmission risk, please refer to the data tables in Appendix C. For additional data on PLWH, please visit the HIV data dashboards (<https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html>).

**Figure 18. Persons living with diagnosed HIV, Tennessee, 2014–2018**



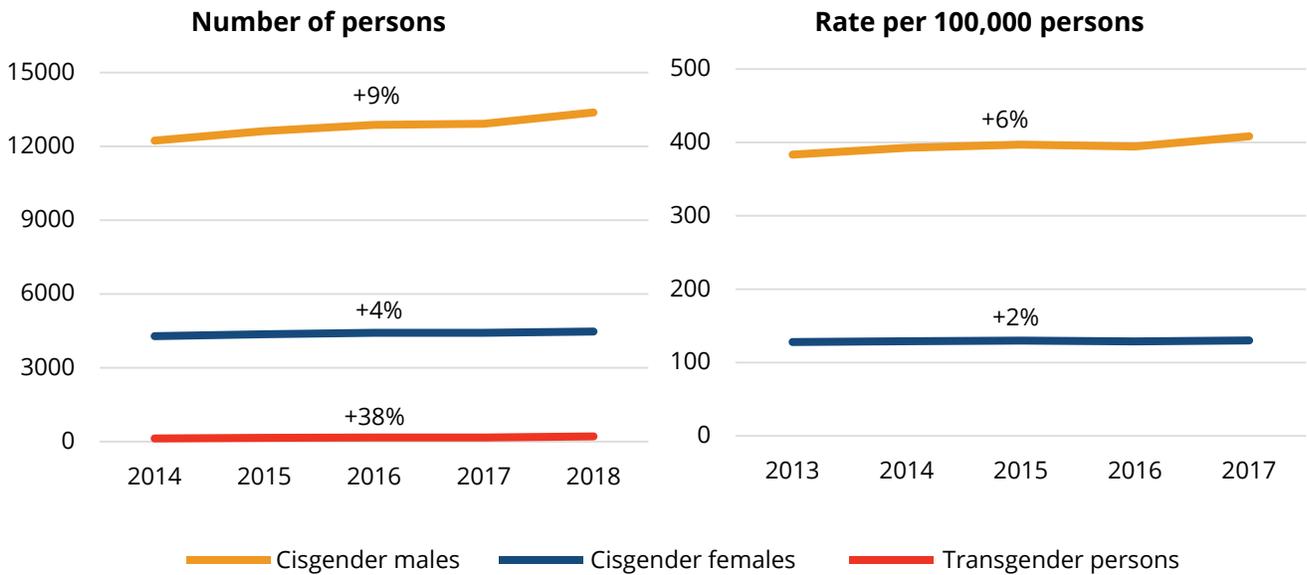
The number of PLWH increased over time from 16,661 in 2014 to 18,068 in 2018 (Figure 18). It is expected that the number of PLWH, as well as rates per 100,000 persons, will continue to increase due to new diagnoses and aging of PLWH.

**Figure 19. Number of persons living with HIV Stages 0–2 and Stage 3 (AIDS) Tennessee, 2014–2018**



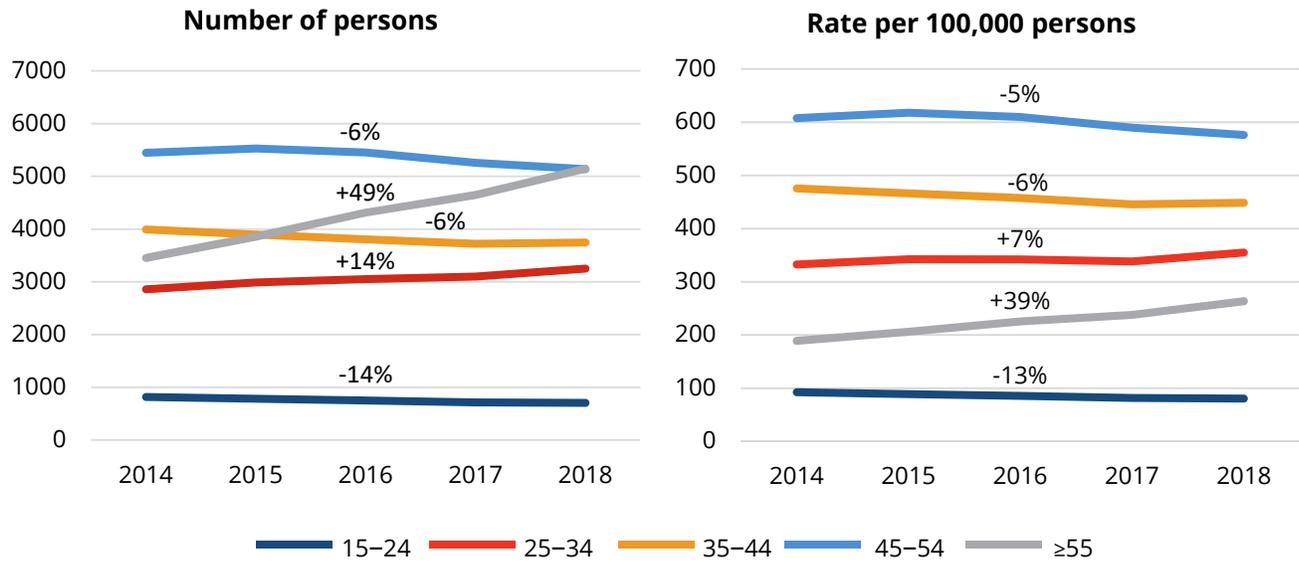
More persons are living with HIV longer without progressing to HIV Stage 3 (AIDS). During 2014 to 2018, the proportion of PLWH with a history of HIV Stage 3 (AIDS) diagnosis decreased slightly (51.3% to 49.1%; Figure 19).

**Figure 20. Persons living with diagnosed HIV by gender, Tennessee, 2014–2018**



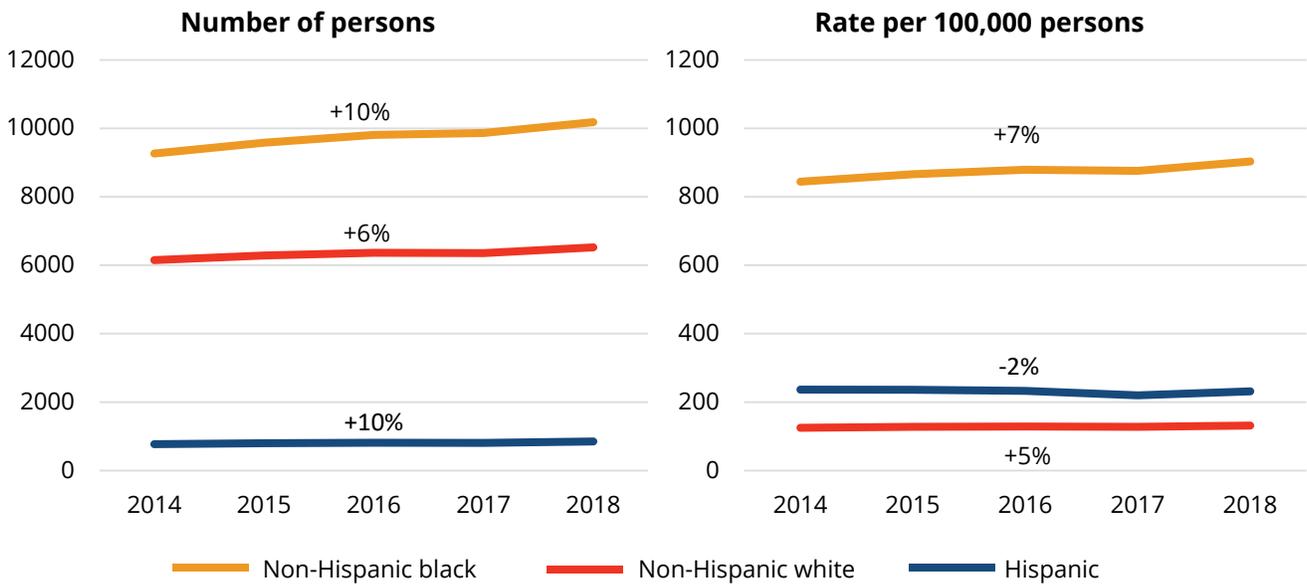
During 2014 to 2018, the rate of PLWH was approximately 3.1 times higher among cisgender men compared to cisgender women (Figure 20). Rates of transgender PLWH cannot be calculated for transgender persons because the total population size of transgender individuals is not known.

**Figure 21. Persons living with diagnosed HIV by age group, Tennessee, 2014–2018**



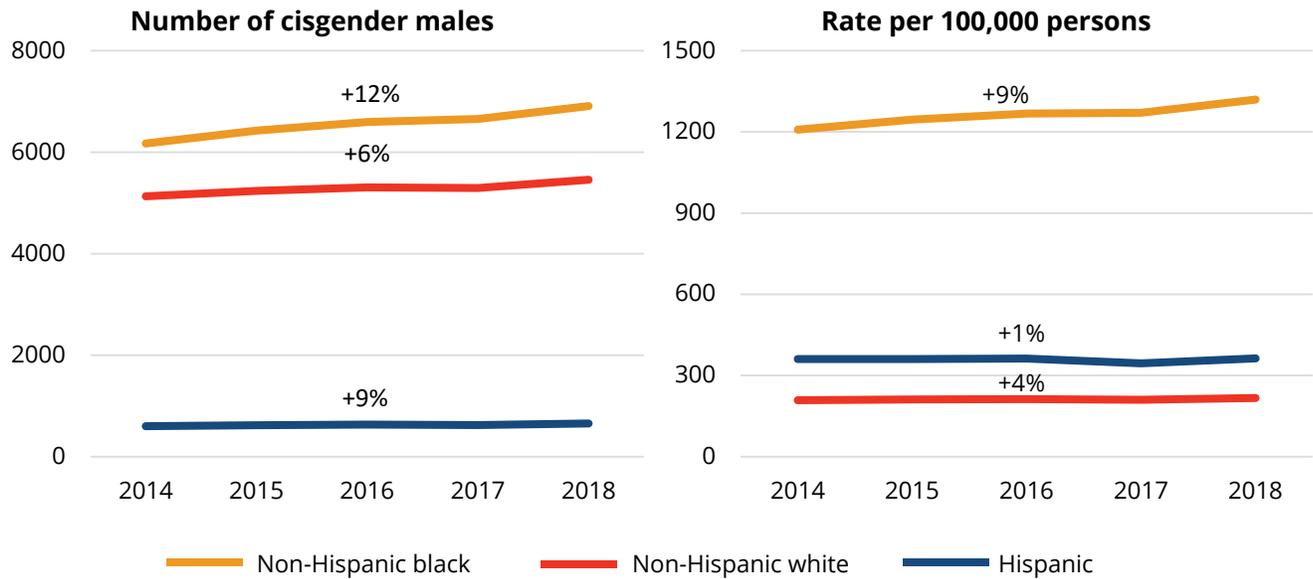
During 2014 to 2018, the largest number of PLWH has consistently been among persons aged 45–54 years (Figure 21). Over the five year period, the number PLWH aged 55 years and older increased by 49% (3,452 to 5,145) driven by improvements in care for PLWH that have extended life expectancy and a decrease of new HIV infections among persons aged 15–24 years.

**Figure 22. Persons living with diagnosed HIV by race/ethnicity, Tennessee, 2014–2018**



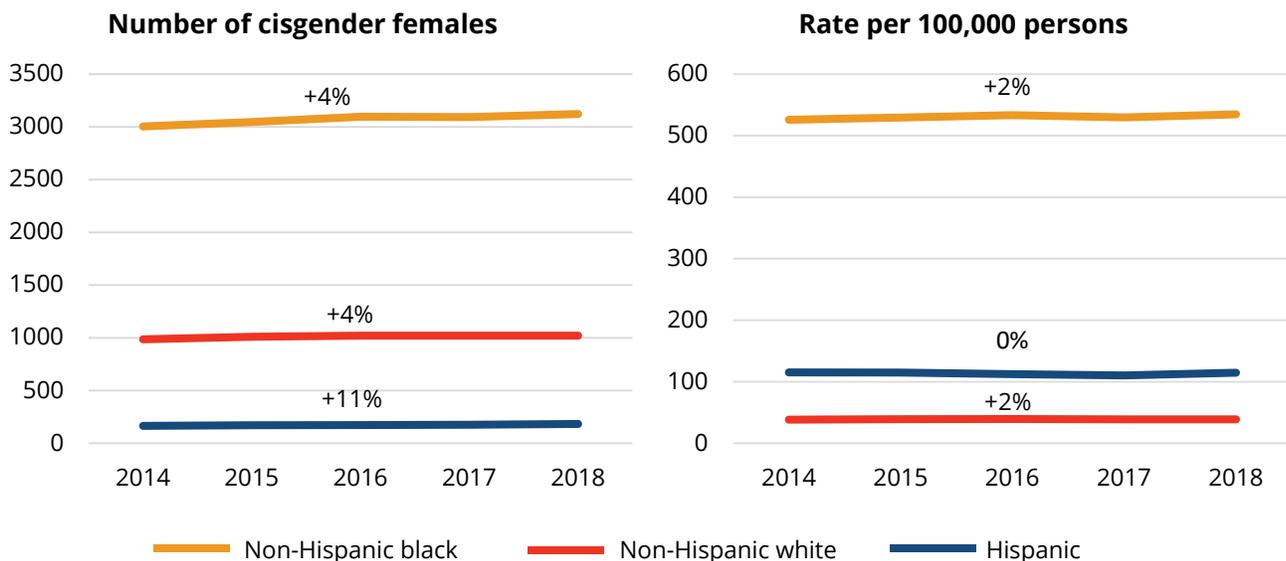
Multi-year trends by race and ethnicity among PLWH are similar to those seen among persons newly diagnosed with HIV, including the significant disparity seen among non-Hispanic black persons who have the HIV highest rates in the state (Figure 22).

**Figure 23. Cisgender males living with diagnosed HIV by race/ethnicity, Tennessee, 2014–2018**



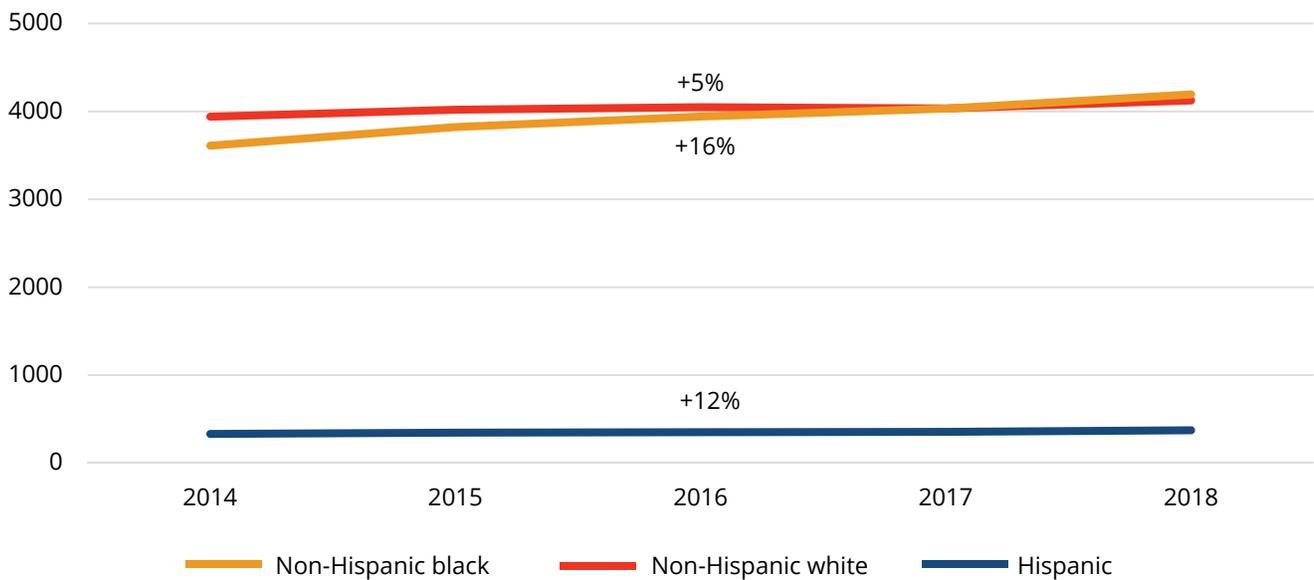
Over the five year period, rates for all three racial and ethnic groups increased. The highest rates of cisgender males living with diagnosed HIV in Tennessee are among non-Hispanic black individuals though non-Hispanic white individuals represent the largest numbers of cisgender men living with an HIV diagnosis (Figure 23).

**Figure 24. Cisgender females living with diagnosed HIV by race/ethnicity, Tennessee, 2014–2018**



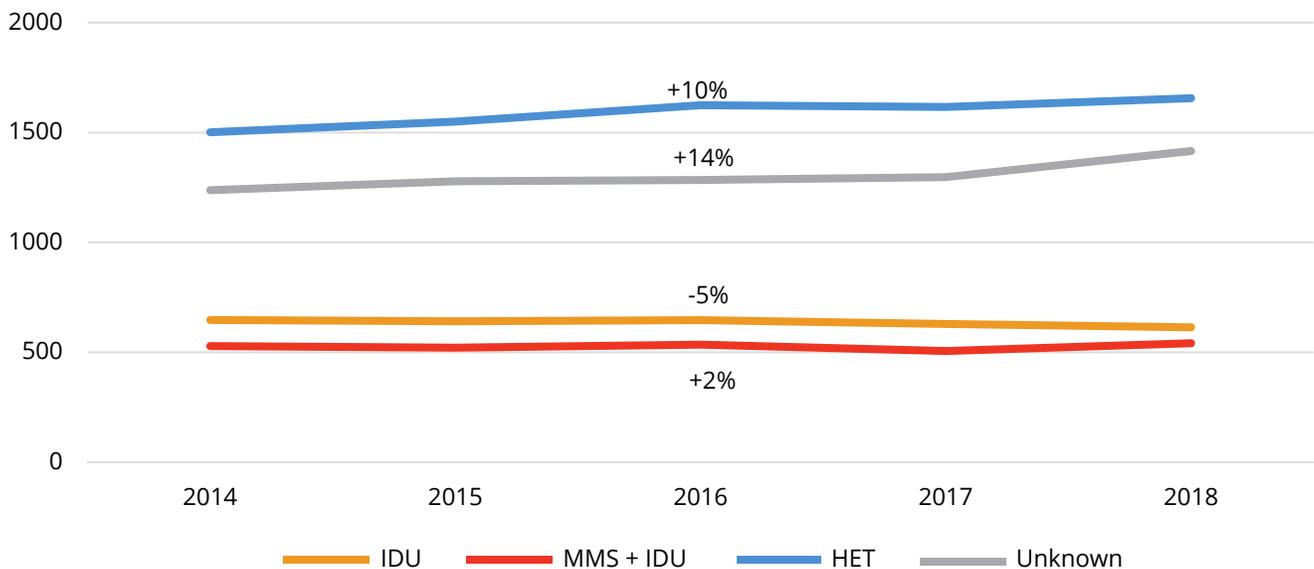
Though the numbers of Hispanic and non-Hispanic white cisgender women living the HIV increased over the five year period, substantially higher rates continue to be seen among non-Hispanic black cisgender women, increasing from 525.8 per 100,000 persons in 2014 to 534.7 per 100,000 in 2018 (Figure 24).

**Figure 25. Number of cisgender males living with diagnosed HIV who reported male-to-male sexual contact by race/ethnicity, Tennessee, 2014–2018**



MMS contact was consistently reported by the largest number of cisgender males living with diagnosed HIV in Tennessee; 66.7% of cisgender men living with diagnosed HIV reported MMS contact in 2018 (Figure 25). Though more cisgender men of non-Hispanic black race were living with HIV than their non-Hispanic white counterparts, almost equal numbers in each group reported MMS contact.

**Figure 26. Number of cisgender males living with diagnosed HIV by non-male-to-male sexual contact transmission risk, Tennessee, 2014–2018**

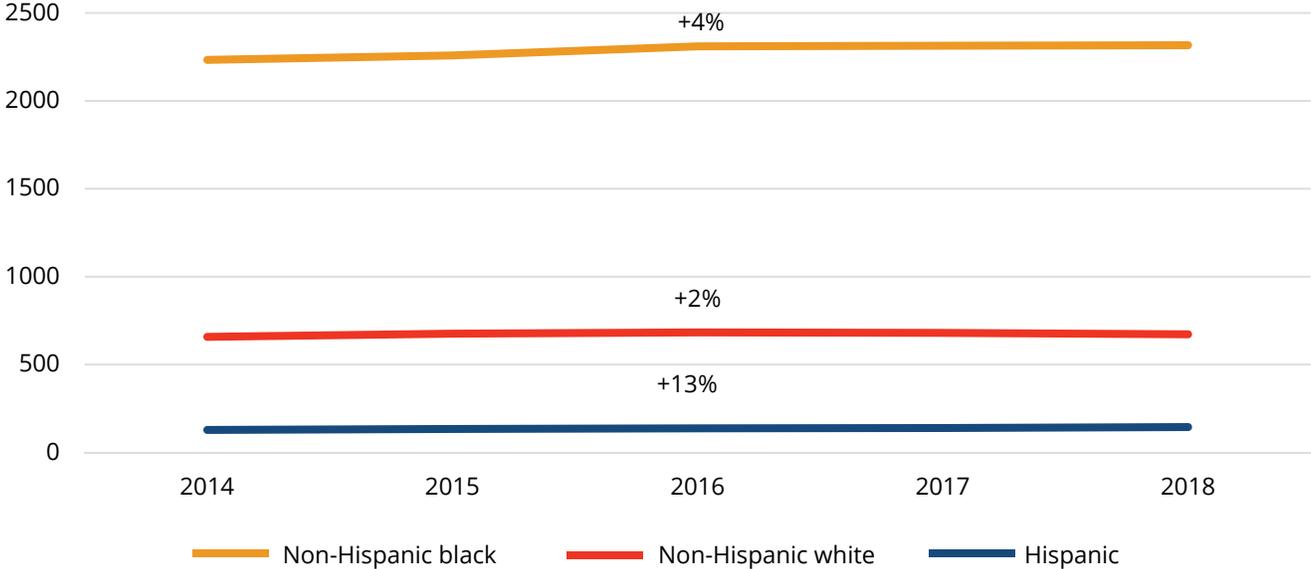


**IDU:** Injection drug use, **MMS + IDU:** Male-to-male sexual contact with injection drug use, **HET:** Heterosexual sexual contact

Among cisgender men living with diagnosed HIV, the transmission risk with the greatest reported

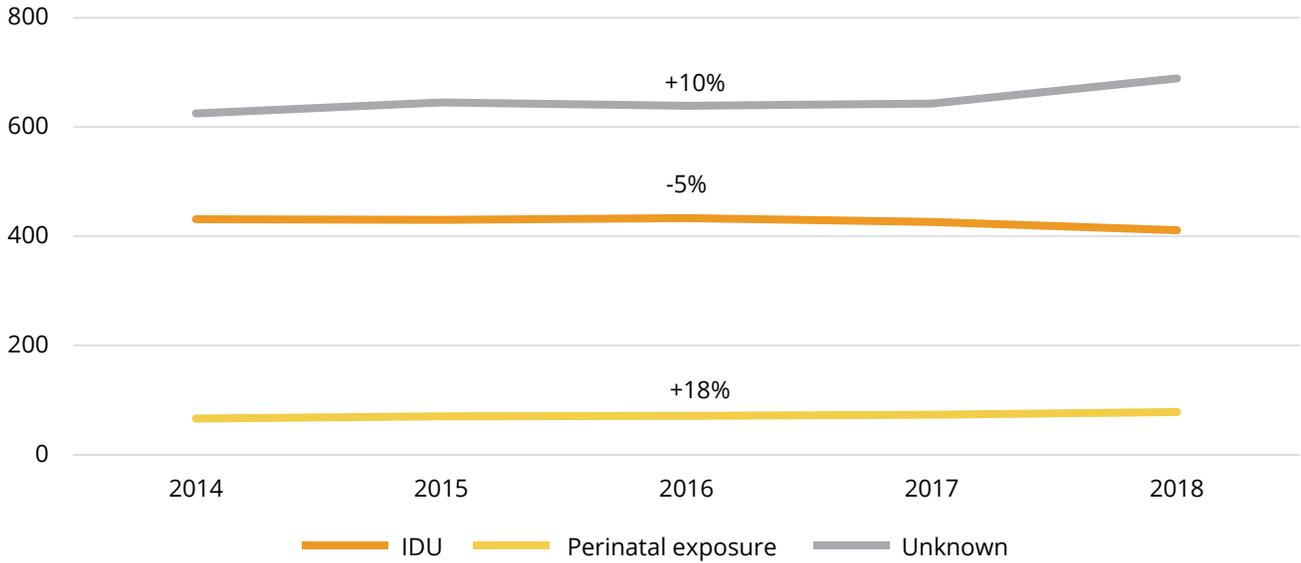
decrease was injection drug use (Figure 26). However, the risk categories of reported heterosexual sexual contact and MMS contact with injection drug use, respectively, increased 10% and 2% over the past five years.

**Figure 27. Number of cisgender females living with diagnosed HIV who reported heterosexual sexual contact by race/ethnicity, Tennessee, 2014–2018**



Between 2014 and 2018, heterosexual sexual contact was the most commonly reported transmission risk factor by cisgender females living with diagnosed HIV, accounting for more than 70% of cisgender women living with HIV in 2018 (n=3,133; Figure 27). The majority of cisgender females living with diagnosed HIV who reported heterosexual sexual contact were non-Hispanic black; the number of cisgender females living with diagnosed HIV among this population increased 4% between 2014 and 2018. The number of non-Hispanic white cisgender females living with diagnosed HIV who reported heterosexual sexual contact increased 2% in the same time period.

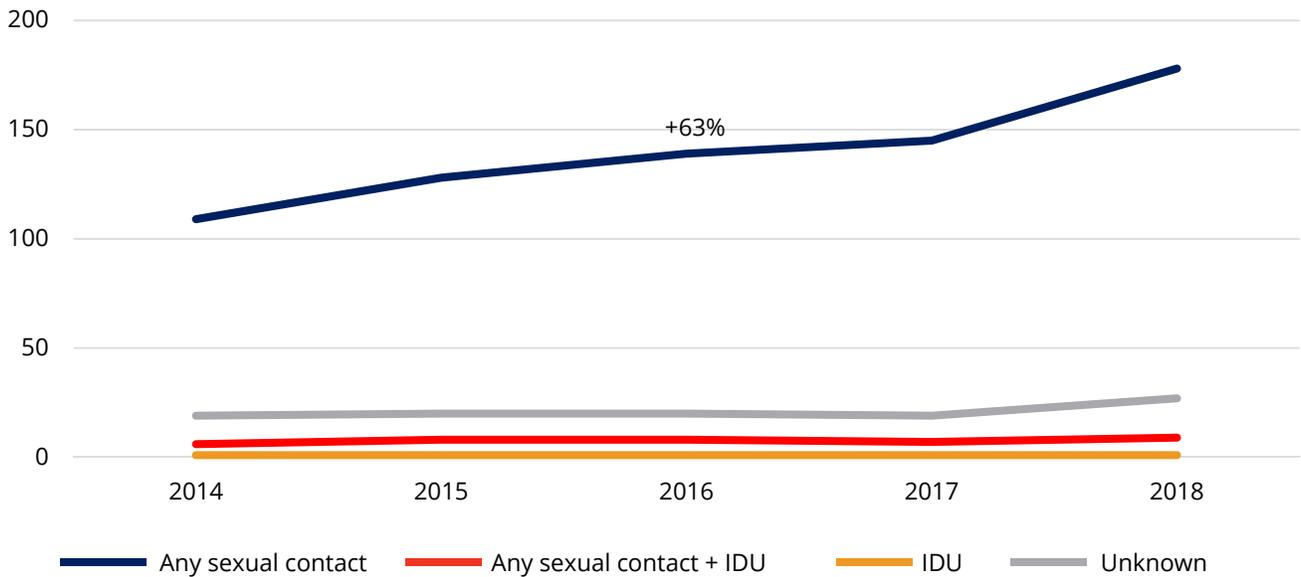
**Figure 28. Number of cisgender females living with diagnosed HIV by non-heterosexual sexual contact transmission risk, Tennessee 2014–2018**



**IDU:** Injection drug use

The number of cisgender women living with diagnosed HIV who reported injection drug use decreased 5% between 2014 and 2018. In the same time period, the number of cisgender women who were exposed in utero (perinatal exposure) increased (Figure 28).

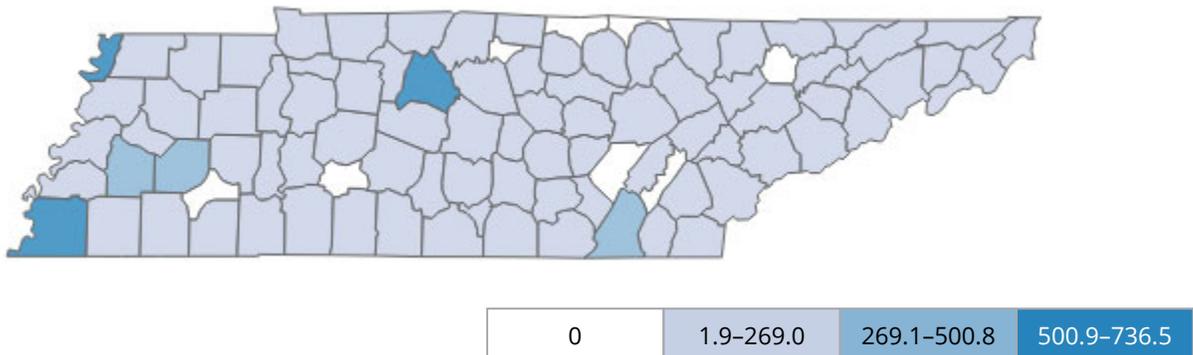
**Figure 29. Percentage of transgender persons living with diagnosed HIV by transmission risk, Tennessee, 2014–2018**



**IDU:** Injection drug use

Throughout the reporting period, the majority of transgender persons living with diagnosed HIV reported sexual contact. Four percent of transgender persons living with diagnosed HIV were identified as having transmission risk of any sexual contact and IDU in 2018 (n=9; Figure 29).

**Figure 30. Rate of persons living with diagnosed HIV per 100,000 persons by county, Tennessee, 2018**

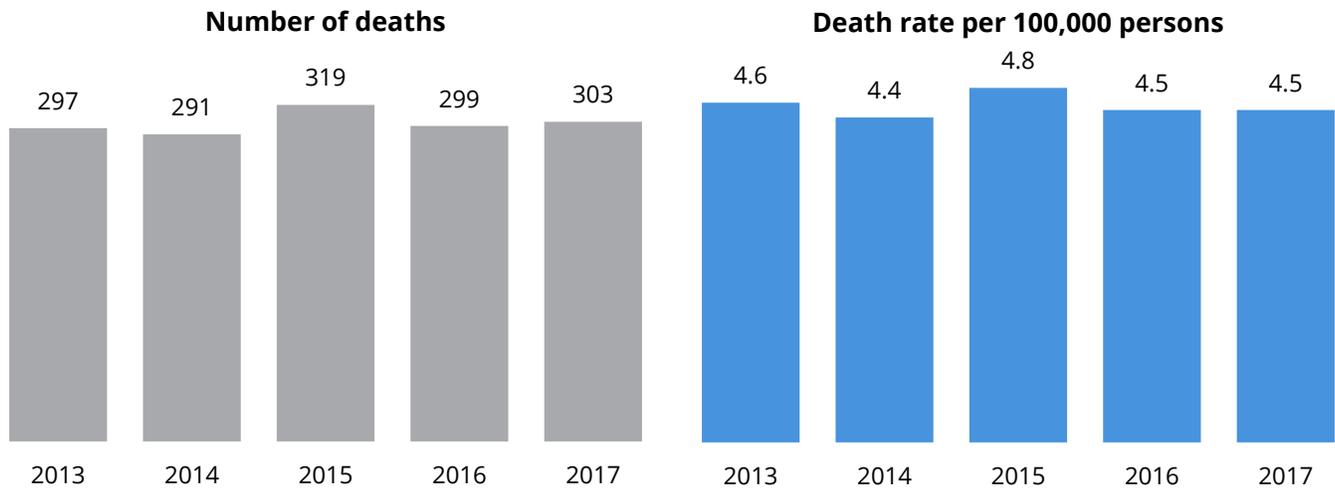


The overall state rate of PLWH was 269.0 per 100,000 persons (Figure 30). In 2018, highest rates of PLWH continued to be seen in metropolitan areas, such as Memphis/Shelby County (716.8 per 100,000 persons) and Nashville/Davidson County (596.0 per 100,000 persons).

## Deaths among persons with diagnosed HIV

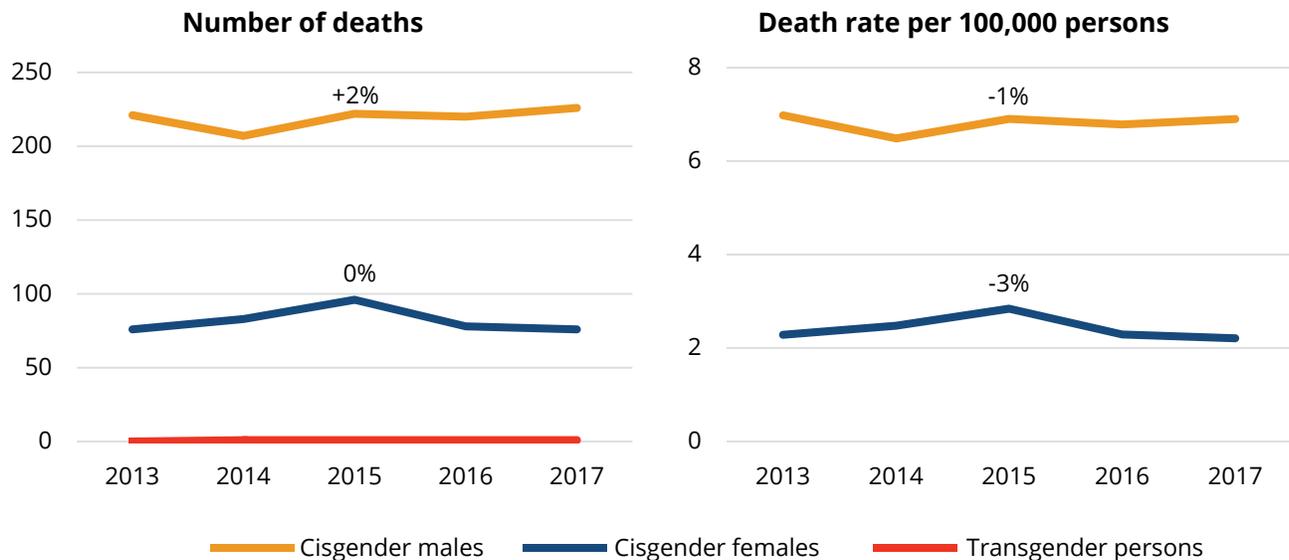
The following data are presented for all-cause deaths among persons with diagnosed HIV, which, due to standard reporting delays, data are presented for 2013-2017. For more information on deaths among persons with diagnosed HIV by gender, age, race/ethnicity and transmission risk, please refer to the data tables in Appendix D.

**Figure 31. Deaths among persons with diagnosed HIV, Tennessee, 2013–2017**



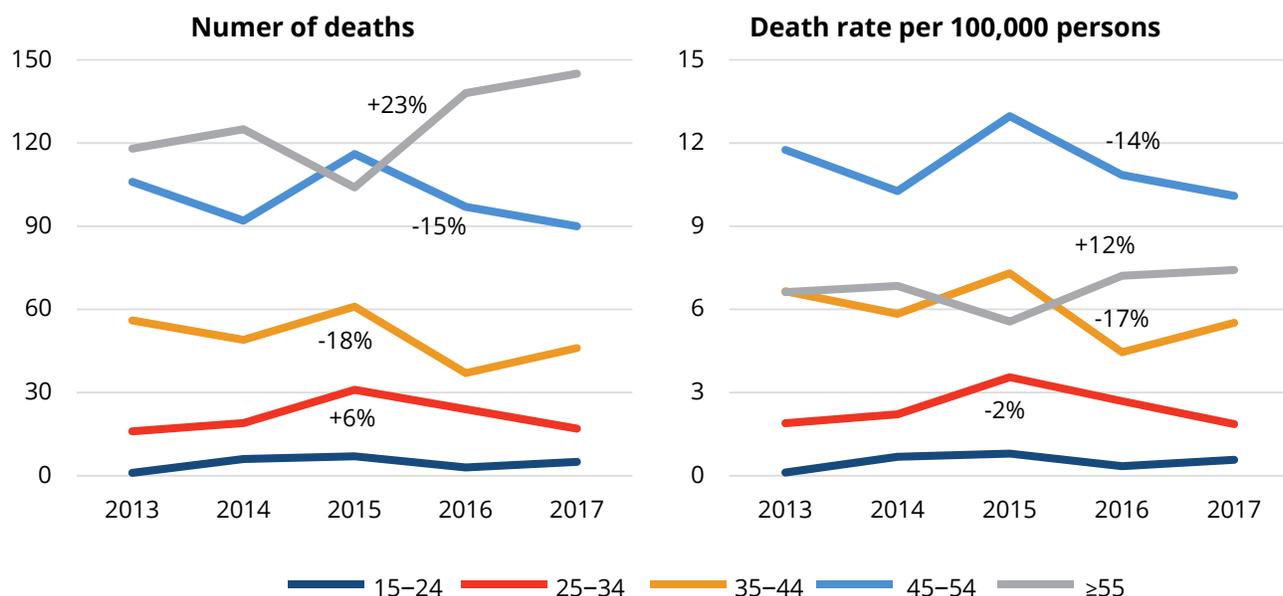
The number of deaths among persons with diagnosed HIV increased by 2% from 297 to 303 from 2013 to 2017 (Figure 31).

**Figure 32. Deaths among persons with diagnosed HIV by gender, Tennessee, 2013–2017**



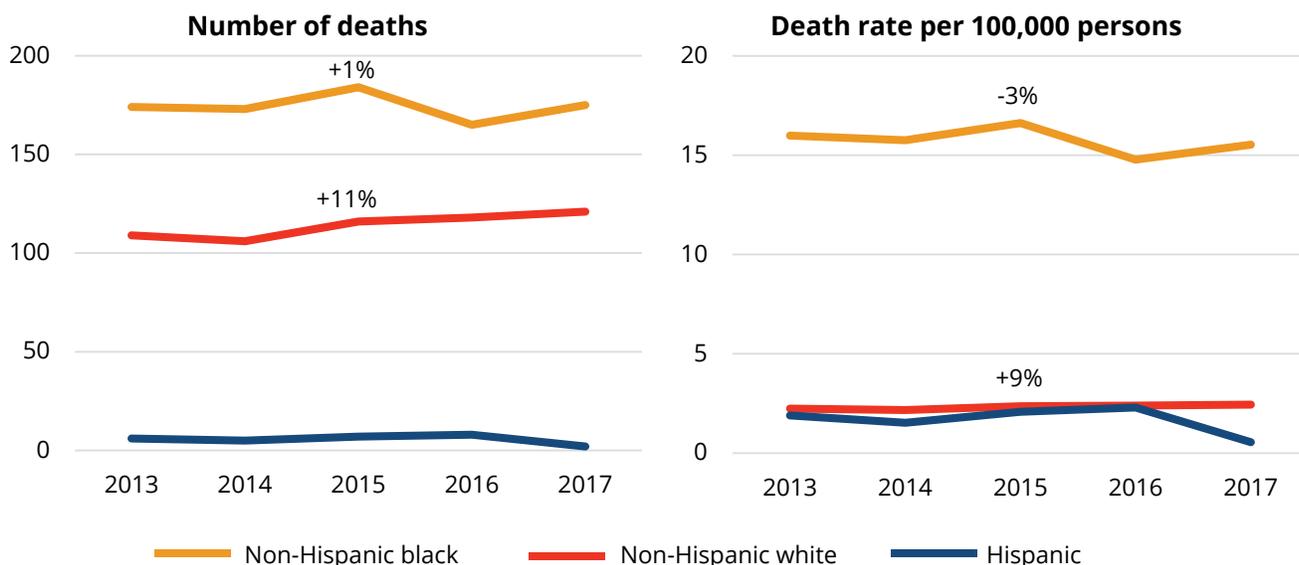
From 2013 through 2017, due to the unequal number of men living with HIV as compared to women, the majority of deaths among persons with diagnosed HIV were cisgender male (Figure 32).

**Figure 33. Deaths among persons with diagnosed HIV by age group, Tennessee, 2013–2017**



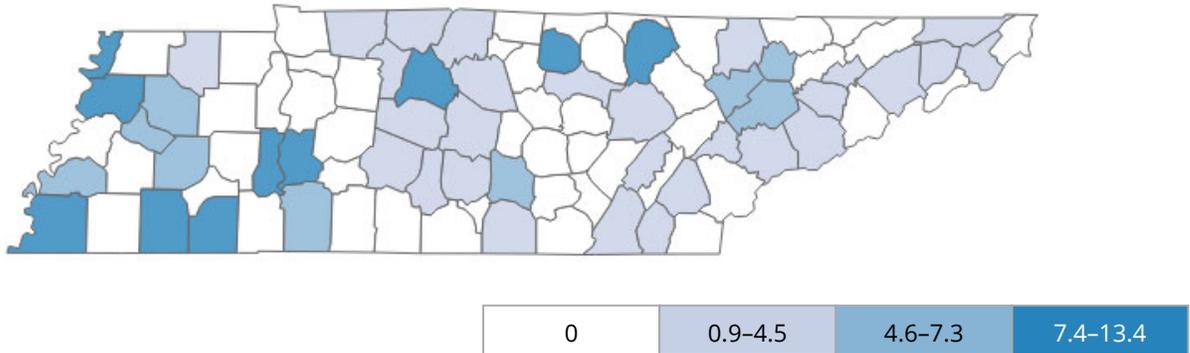
Persons diagnosed with HIV are living longer. As expected, the largest number of deaths occurred consistently among persons aged 45 years and older over the five year period (Figure 33). This shift is further evidenced in the large decrease in the number of deaths observed among 35–44 and 45–54 year olds over the same time frame.

**Figure 34. Deaths among persons with diagnosed HIV by race/ethnicity, Tennessee, 2013–2017**



Non-Hispanic black individuals had the highest rates of death among people with diagnosed HIV (Figure 34). This rate decreased from 16.0 to 15.5 deaths per 100,000 persons over the five year period.

**Figure 35. Death rate among persons with diagnosed HIV by county, Tennessee, 2017**

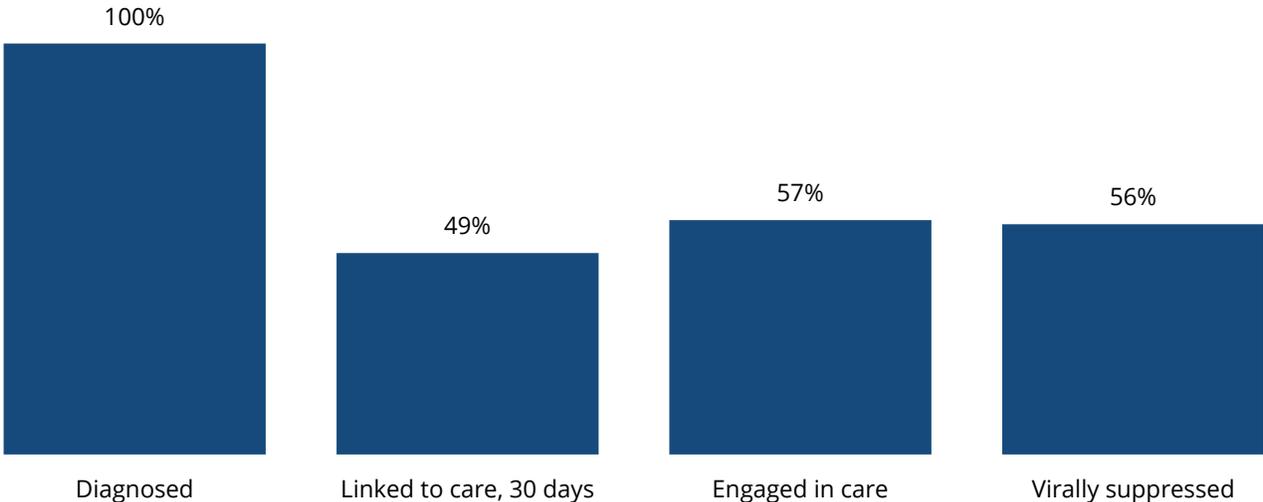


In 2017, the overall state death rate among people with diagnosed HIV was 4.5 per 100,000 persons. The lightest blue counties represent those with a death rate between 0.9 and 4.5 per 100,000 persons. Consistent with previous reports, the highest death rates among people with a diagnosis of HIV continued to be concentrated in the metropolitan areas, including Nashville/Davidson County, Memphis/Shelby County and Madison/Jackson County though high rates were also seen in the more rural counties, such as Dyer, McNairy, Hardeman, Lake, Decatur, Perry and Fentress counties (Figure 35).

# HIV Continuum of Care

The HIV Continuum of Care outlines the stages of HIV medical care from initial diagnosis through viral suppression. The continuum displays the proportion of individuals living with diagnosed HIV who are engaged at each stage of their care: diagnosis of HIV, linkage to care, engagement in care and achievement of viral suppression. By setting goals for the continuum and monitoring each of these outcomes, HIV programs can identify where program improvements are needed. Due to standard reporting delays, these data are presented for 2013–2017. For additional data on the Continuum of Care, please visit the HIV data dashboards (<https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html>).

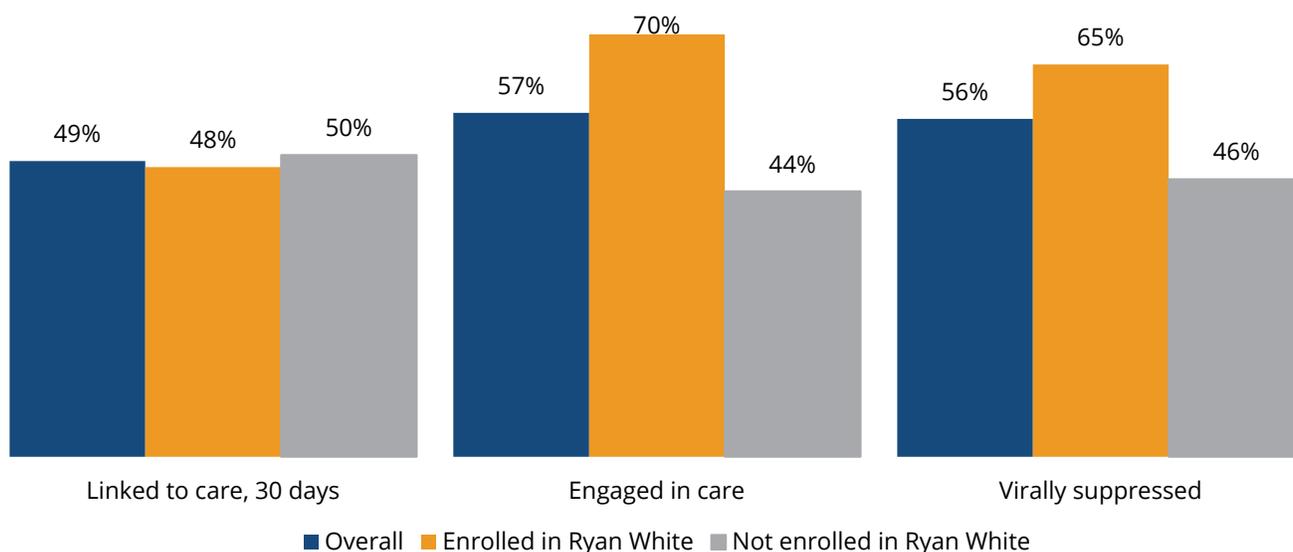
**Figure 36. Continuum of Care, Tennessee, 2017**



**Diagnosed:** Persons living with diagnosed HIV in Tennessee at the end of the evaluation year.  
**Linked to care, 30 days:** Persons newly diagnosed with HIV and during the evaluation year with at least one CD4 or viral load result reported within 30 days after diagnosis.  
**Engaged in care:** Persons with diagnosed with HIV before the evaluation year and living with diagnosed HIV in Tennessee at the end of the evaluation year, who had at least 2 CD4 or viral load results reported at least three months apart during the evaluation year.  
**Virally suppressed:** Persons living with diagnosed HIV who had at least one viral load result during the evaluation year and whose last viral load measurement was less than or equal to 200 copies/mL.

In 2017, of the persons newly diagnosed with HIV, 49% were linked to HIV medical care within 30 days of their initial date of diagnosis (Figure 36). Of PLWH diagnosed on or before December 31, 2017 and believed to be alive and residing in Tennessee as of December 31, 2017, 57% were engaged in HIV medical care and 56% were virally suppressed.

**Figure 37. Continuum of Care by Ryan White enrollment status, Tennessee, 2017**



**Linked to care, 30 days:** Persons newly diagnosed with HIV and during the evaluation year with at least one CD4 or viral load result reported within 30 days after diagnosis.

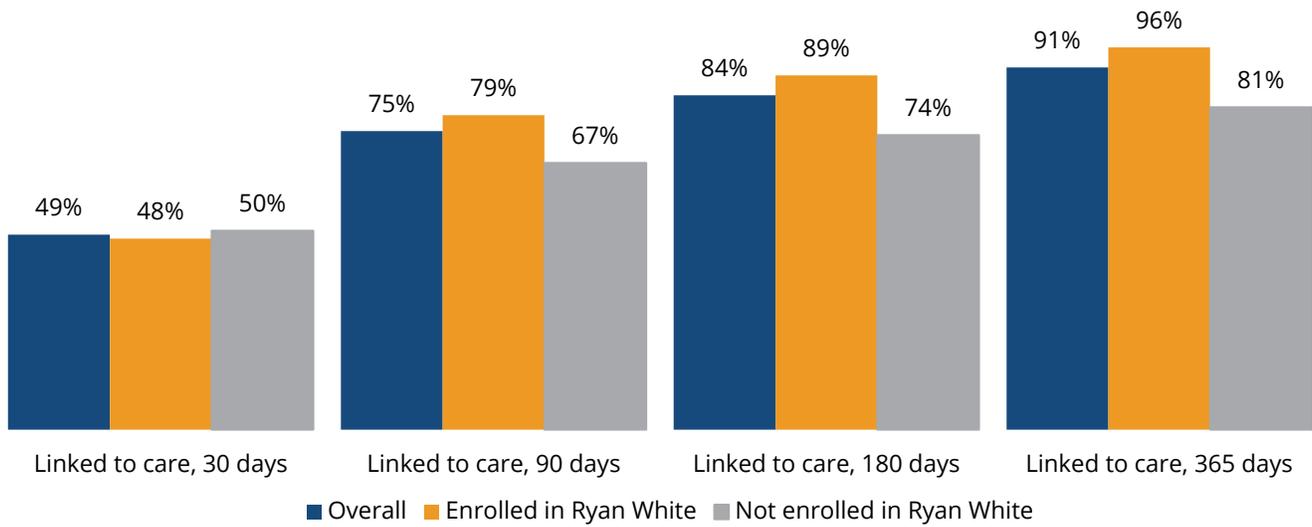
**Engaged in care:** Persons with diagnosed with HIV before the evaluation year and living with diagnosed HIV in Tennessee at the end of the evaluation year, who had at least 2 CD4 or viral load results reported at least three months apart during the evaluation year.

**Virally suppressed:** Persons living with diagnosed HIV who had at least one viral load result during the evaluation year and whose last viral load measurement was less than or equal to 200 copies/mL.

In 2017, of the persons newly diagnosed with HIV, there was no significant difference in linkage to care rates between Ryan White enrollment statuses; 48% of persons enrolled in Ryan White and 50% of persons not enrolled in Ryan White were linked to HIV medical care within 30 days of their initial date of diagnosis (Figure 38).

However, differences were seen in continued engagement in care and, likely a direct result of this retention, in rates of the achievement of suppression of the viral loads. Of Ryan White clients diagnosed with HIV on or before December 31, 2016 and believed to be alive and residing in Tennessee as of December 31, 2017, 70% were engaged in HIV medical care and 65% were virally suppressed versus the 44% and 46% of persons not enrolled in Ryan White engaged in care and virally suppressed, respectively. A number of factors (e.g., access to transportation, HIV and mental health care and health literacy) improved engagement in care and viral suppression regardless of Ryan White enrollment status.<sup>10</sup>

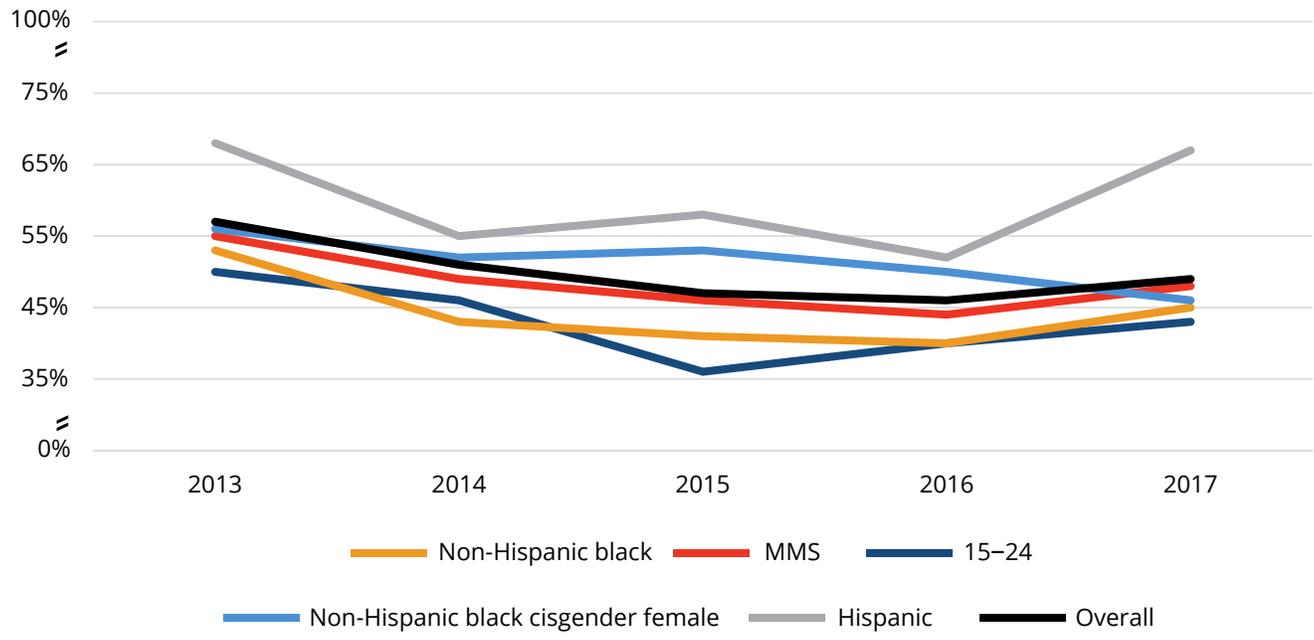
**Figure 38. Continuum of Care by Ryan White enrollment status, Tennessee, 2017**



**Linked to care:** Persons newly diagnosed with HIV and during the evaluation year with at least one CD4 or viral load result reported within the specified number days after diagnosis.

In 2017, linkage to care within the first 30 days after diagnosis was similar among Ryan White enrollment statuses (Figure 38). Overall Ryan White clients newly diagnosed with HIV were more frequently linked to care, specifically at 90-, 180- and 365-days after diagnosis, than non-Ryan White clients. A number of factors (e.g., access to transportation, HIV and mental health care and health literacy) improved linkage to care regardless of Ryan White enrollment status.<sup>10</sup>

**Figure 39. Proportion of newly diagnosed individuals linked to care within 30 days, by select populations, Tennessee, 2013–2017**



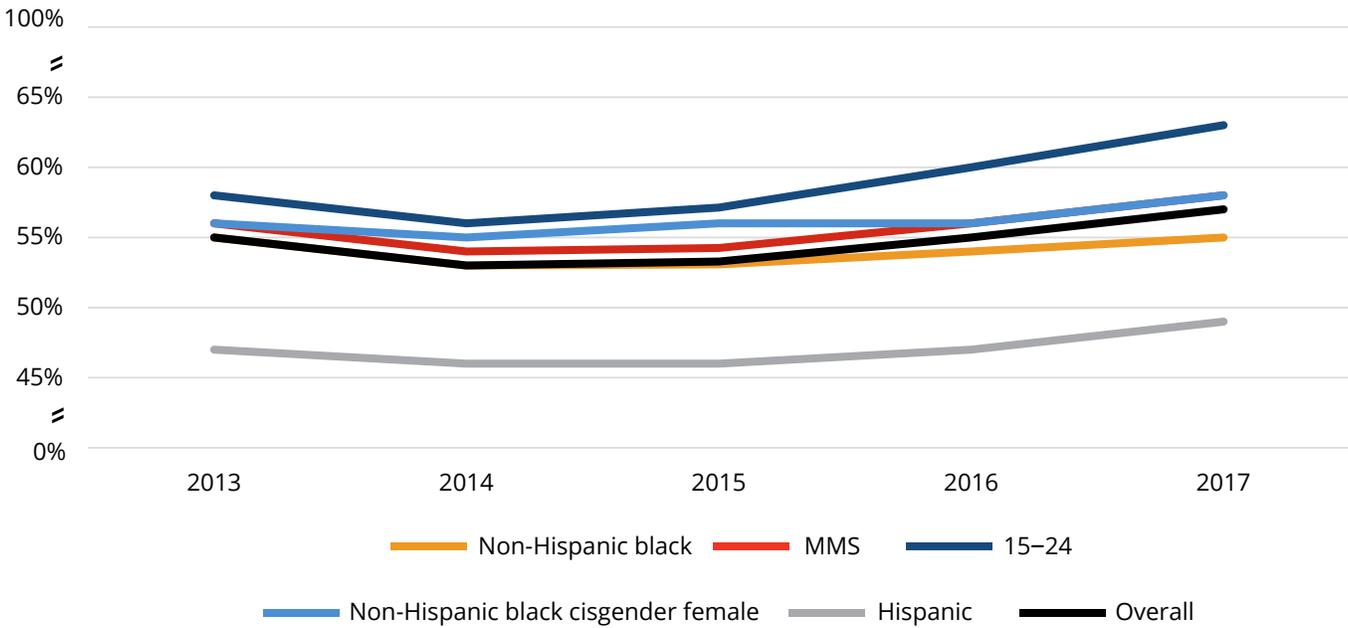
**Linked to care, 30 days:** Persons newly diagnosed with HIV and during the evaluation year with at least one CD4 or viral load result reported within 30 days after diagnosis.

**MMS:** Male-to-male sexual contact

The overall percentage of newly diagnosed individuals linked to care within 30 days of diagnosis decreased 14% between 2013 and 2017. In 2017, 49% of newly diagnosed individuals were linked to care within 30 days compared to 57% in 2013 (Figure 39). Certain populations, including non-Hispanic black individuals, MSM and young individuals had consistently lower rates of linkage to care as compared to all individuals newly diagnosed with HIV. Notably persons aged 15–24 years at diagnosis increased by 19% from 2015 to 2017, 36% and 43%, respectively.

Changes to surveillance practices improved the timeliness of laboratory result data entry. However, it is likely that there are gaps in laboratory result reporting that may artificially decrease linkage to care outcome percentages.

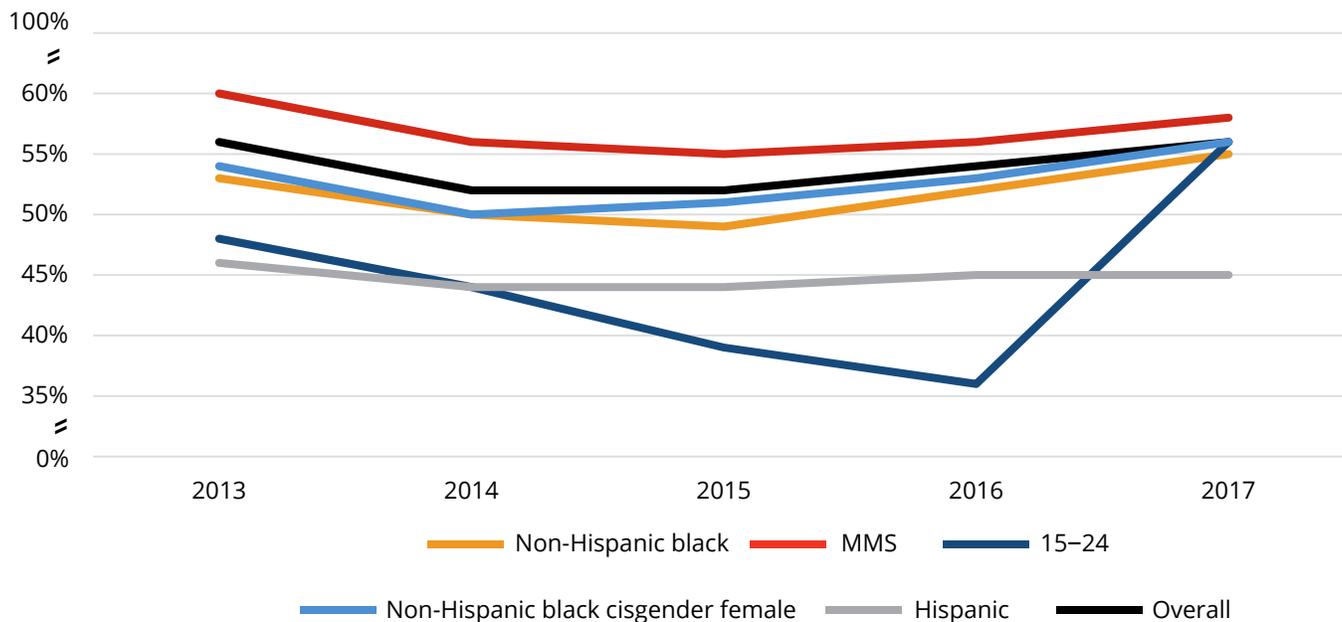
**Figure 40. Proportion of persons living with diagnosed HIV engaged in care, by select populations, Tennessee, 2013–2017**



**Engaged in care:** Persons with diagnosed with HIV before the evaluation year and living with diagnosed HIV in Tennessee at the end of the evaluation year, who had at least 2 CD4 or viral load results reported at least three months apart during the evaluation year.  
**MMS:** Male-to-male sexual contact

The overall percentage of PLWH engaged in care remained generally stable between 2013 and 2017 (Figure 40). There was a 13% increase among persons aged 15–24 years between 2013 and 2017. A lower percentage of Hispanic persons continued to be engaged in care than other populations shown.

**Figure 41. Proportion of persons living with diagnosed HIV with viral suppression, by select populations, Tennessee, 2013–2017**



**Virally suppressed:** Persons living with diagnosed HIV who had at least one viral load result during the evaluation year and whose last viral load measurement was less than or equal to 200 copies/mL.

**MMS:** Male-to-male sexual contact

The overall percentage of PLWH who were virally suppressed remained stable between 2013 and 2017, with 56% of PLWH virally suppressed in 2017 (Figure 41). The percentage of 15–24 year old PLWH who were virally suppressed increased 56% between 2016 and 2017 (36% and 56%, respectively).

## Technical notes

**Data suppression:** Data are suppressed based on a mutual agreement between TDH and CDC. If the population of the specified geographic area is greater than or equal to 500,000 persons, data is never suppressed. If the population of the specified geographic area is less than 500,000 persons, data between one and four will be suppressed. However, additional data may be suppressed to ensure data remain secure and not calculable.

**Date of diagnosis:** This date represents the date an individual was first diagnosed with HIV, regardless of the stage of disease progression. However, in many instances, the initial diagnosis of infection does not occur until several years after the initial infection. As a result, the trends in persons diagnosed with HIV can only approximate actual trends in new HIV infections.

**HIV surveillance/reporting system:** TDH's HIV Surveillance and Epidemiology Program manages the HIV surveillance system. Tennessee established reporting of persons diagnosed with HIV stage 3 (AIDS) in 1982, persons diagnosed with HIV in 1992, all HIV-related laboratory reports in 2005, CD4 lymphocyte counts and HIV viral load laboratory results in 2012 and HIV-1 genotype nucleotide sequences (reportable by laboratories with electronic lab reporting ability) in 2018. Demographic information, vital status (whether a person is known to be living or deceased), transmission risk, laboratory results and treatment are collected on standardized case report forms and laboratory reports. These data are stored in the enhanced HIV/AIDS Reporting System (eHARS). Data collected in eHARS is based on the date of diagnoses rather than the time of infection. The diagnosis can be made at any clinical stage of the disease. The surveillance system only includes data on individuals who are tested confidentially and reported. Members of certain subpopulations may be more or less likely to be tested and therefore different subpopulations could be over- or under-represented among persons diagnosed and reported with HIV.

**Place of residence:** Newly reported HIV diagnoses are presented based on an individual's residence at the time of the most recent diagnosis of HIV or HIV Stage 3 (AIDS). Persons living with diagnosed HIV are presented based on an individual's residence as of December 31 of the year the data is presented. For example, when viewing persons living with diagnosed HIV in 2018 data, the residence is based on the residence as of December 31, 2018. Death data is presented based on the individual's residence at the time of death.

**Public health regions:** Tennessee's 95 counties are divided into thirteen public health regions. Six of the most populous counties operate as stand-alone metropolitan public health regions that conduct standardized surveillance activities under agreements with TDH. The remaining 89 counties are combined into seven rural health regions and are direct extensions of TDH. A map of the public health regions is in Appendix A.

**Reporting delay:** Delays exist between the time HIV infection is diagnosed and the time the infection is reported to TDH. As a result, case number for the most recent years of diagnoses may not be complete. Data from the most recent year should be considered provisional. The data in this report represent all information reported to TDH through August 1, 2019.

**Reporting HIV Stages 0-2 and HIV Stage 3 (AIDS):** TDH form PH-1600 must be completed for the following events: new diagnosis of HIV (i.e., acute HIV infection or the first report of an antibody

positive test result); new diagnosis of HIV Stage 3 (AIDS); or patient with a previously diagnosed HIV diagnosis on the first provider visit. Providers are required to report such events within seven days. Reporting forms are located at: <https://apps.health.tn.gov/ReportableDiseases/Common/PH-1600.pdf>.

**HIV community planning regions:** Tennessee's 95 counties are divided into five HIV community planning regions. The HIV community planning regions are used by Ryan White Part B and HIV Prevention staff to analyze and report on HIV outcomes as well as by local community planning groups to allocate funds and resources to end the HIV epidemic. A map of the HIV community planning regions is in Appendix A.

**Small numbers:** Data release limitations are set to ensure that the information cannot be used to identify any individual. Caution should be used when interpreting rates where the numerators are less than 20 persons as estimates based on small numbers are subject to significant fluctuation.

**Transmission risk:** Transmission risk refers to the way in which an individual acquired HIV. Despite possible existence of multiple transmission risks through which HIV can be transmitted, individuals are assigned a single most likely transmission risk based on a hierarchy developed by CDC. The most common transmission risks are: male-to-male sexual contact, heterosexual sexual contact, injection drug use and male-to-male sexual contact and injection drug use. "Other" transmission risks include blood transfusion. A limitation of the surveillance system is the large number of individuals reported with an undetermined transmission risk.

**Vital status:** Persons are presumed to be alive unless the TDH has received notification of death. Current vital status information for PLWH is ascertained through reports of death from other jurisdictions' surveillance programs and routine matches with TDH Vital Statistics, National Death Index Office and the Social Security Death Master File. The most recent available death data are for calendar year 2017.

## Acknowledgements

The authors would like to thank the central office and public health regional HIV surveillance staff throughout the state of Tennessee, without whom, an accurate accounting of the HIV epidemic in Tennessee would not be possible. Additionally, we would like to thank Tennessee Department of Health's HIV Epidemiology and Surveillance, Ryan White Part B and HIV Prevention programs for providing valuable data collection, management and support.

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## Glossary

**Case rate:** The frequency of a defined event in a specified population for a given time period, usually expressed as the number of cases per 100,000 persons. Case rate is calculated by dividing the number of cases in the population of interest by the total number of people in the population. Then multiply by 100,000 to get the rate per 100,000 people.

**Cisgender:** All persons whose sex assigned at birth is the same as their current gender.

**Concurrent Stage 3 HIV (AIDS) diagnosis:** Any HIV diagnosis that occurs 12 months or less before an individual is diagnosed as Stage 3 HIV (AIDS).

**Continuum of Care:** The HIV Continuum of Care displays the proportion of individuals living with diagnosed HIV who are engaged at each stage of HIV medical care: diagnosis of HIV, linkage to care, engagement in care and achievement of viral suppression. Goals are set for each stage and surveillance is conducted to evaluate progress.

**Date of diagnosis:** The date of diagnoses refers to the date a laboratory makes a diagnosis based on the date of a specimen collection.

**Death rate:** The number of deaths in a specified population for a given time period, usually expressed as the number of deaths per 100,000 persons. The death rate is calculated by dividing the number of deaths in the population of interest by the total number of people in the population then multiplying by 100,000 to get the rate per 100,000 people.

**Engaged in care:** Persons with diagnosed HIV who had at least 2 CD4 or viral load results reported at least three months apart during the evaluation year.

**Enrolled in Ryan White:** Individuals who met the Ryan White Part B services eligibility criteria and were certified as eligible for Ryan White Part B services. Click [here](#) to learn more about Ryan White Part B eligibility.

**HIV case:** All individuals who have been diagnosed with HIV. Cases can be sub-classified into either HIV cases or HIV stage 3 (AIDS) cases.

**HIV Stages 0–2:** This refers to an individual who has been infected with HIV that is in the early stages of the disease process and has not met the case definition for HIV stage 3 (AIDS). Click [here](#) to learn more about HIV stages.

**HIV Stage 3 (AIDS):** This refers to an individual who has been infected with HIV that is in the later stages of the disease process and has met the case definition for HIV stage 3 (AIDS). Click [here](#) to learn more about HIV stages.

**Linked to care, 30 days:** Persons newly diagnosed with HIV with at least one CD4 or viral load result reported within 30 days after the diagnosis date.

**Metropolitan Statistical Area:** Geographical area consisting of an urban center with a minimum of 50,000 persons and any relevant surrounding counties.<sup>9</sup> For example, the Memphis MSA includes eight counties in three states: Shelby, Tipton, and Fayette Counties in Tennessee; Tunica, Tate,

DeSoto, and Marshall Counties in Mississippi; and Crittenden County in Arkansas.

**Not enrolled in Ryan White:** Individuals who were not certified as eligible for Ryan White Part B services because they did not apply or qualify for Ryan White Part B services. Click [here](#) to learn more about Ryan White Part B eligibility.

**Perinatal exposure:** Exposure of a child to HIV from an HIV-infected mother during pregnancy, labor, or breastfeeding (through breast milk).

**Ryan White HIV/AIDS Program Part B:** The Ryan White HIV/AIDS Program is a federal program designed to provide HIV medical care, medication, and other support to low-income people living with HIV. Part B specifically provides funds to states to improve quality and accessibility of HIV care. Click [here](#) to learn more about the Ryan White HIV/AIDS Program.

**Transgender:** Adjective describing persons whose gender is different than the sex they were assigned at birth. Transgender persons can be men or women, but for the purpose of this report, transgender individuals are categorized separately from non-transgender (or cisgender) men and women.

**Treatment as prevention (TasP):** Use of medical treatment options for those living with HIV as a way of preventing transmission to those who are HIV-negative. TasP usually refers to antiretroviral treatment (ARV) used to treat people living with HIV that reduces one's viral load and likelihood of transmitting the virus.

**Virally suppressed:** Persons with diagnosed HIV who had at least one viral load measurement during the evaluation year and whose last viral load measurement was less than or equal to 200 copies/mL.

## Abbreviations

AIDS: Acquired immunodeficiency syndrome

CDC: Centers for Disease Control and Prevention

eHARS: Enhanced HIV/AIDS reporting system

HAART: Highly active antiretroviral therapy

HET: Heterosexual sexual contact

HIV: Human immunodeficiency virus

IDU: Injection drug use

MMS: Male-to-male sexual contact

MSA: Metropolitan statistical area

MSM: Men who have sex with men

MMS + IDU: Male-to-male sexual contact and injection drug use

NIR: No identified risk

NRR: No reportable risk

PLWH: Persons living with diagnosed HIV

PrEP: Pre-exposure prophylaxis

PWID: Persons who inject drugs

TasP: Treatment as prevention

TDH: Tennessee Department of Health

US: United States

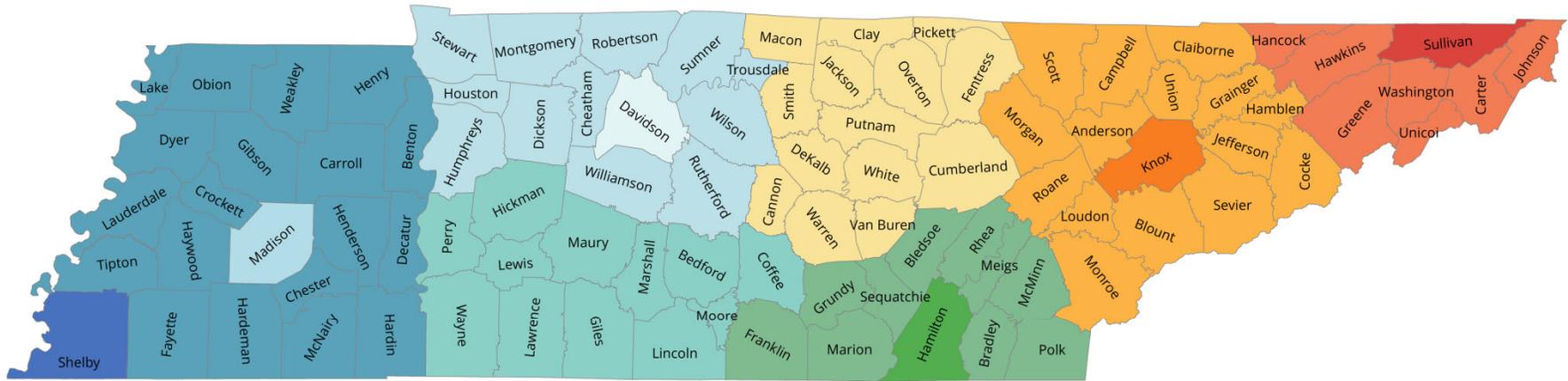
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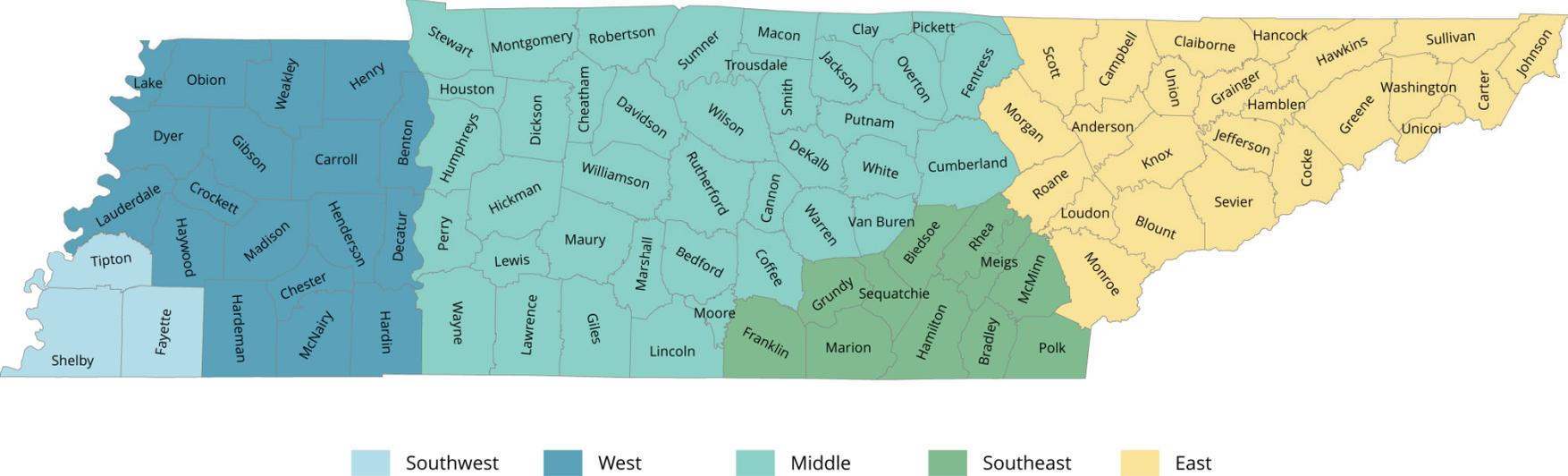
# Appendix A: Tennessee maps

## Figure 42. Tennessee public health regions



- |  |   |  |
|--|---|--|
|  Memphis/Shelby County  |  Mid-Cumberland            |  Chattanooga/Hamilton County  |
|  West                   |  Nashville/Davidson County |  East                         |
|  Jackson/Madison County |  Upper Cumberland          |  Knoxville/Knox County        |
|  South Central          |  Southeast                 |  Northeast                    |
|  |   |  Blountville/Sullivan County |

**Figure 43. Tennessee HIV community planning regions**



## Appendix B: Persons newly diagnosed with HIV

**Table 1. Persons newly diagnosed with HIV, Tennessee, 2014–2018**

	2014		2015		2016		2017		2018	
	No.	Rate								
<b>Gender</b>										
Cisgender male	594	18.6	586	18.2	579	17.9	597	18.2	605	18.5
Cisgender female	161	4.8	147	4.4	126	3.7	127	3.7	133	3.9
Transgender person	9	—	13	—	13	—	9	—	22	—
<b>Age group (years)</b>										
<15	11	0.9	9	0.7	6	0.5	4	0.3	4	0.3
15–24	217	24.6	191	21.7	192	21.9	190	21.8	174	20.0
25–34	221	25.7	257	29.4	241	27.0	246	26.9	300	32.8
35–44	150	17.9	128	15.3	127	15.3	122	14.6	130	15.6
45–54	104	11.6	110	12.3	102	11.4	96	10.8	87	9.8
≥55	61	3.3	51	2.7	50	2.6	75	3.8	65	3.3
<b>Race/ethnicity by gender</b>										
<i>Overall</i>										
Non-Hispanic black	440	40.1	436	39.4	424	38.0	420	37.3	447	39.7
Non-Hispanic white	250	5.1	248	5.1	242	4.9	260	5.2	239	4.8
Hispanic	51	15.6	46	13.6	35	10.0	37	10.1	52	14.2
Other	23	9.9	16	6.7	17	6.8	16	6.2	22	8.5
<i>Cisgender male</i>										
Non-Hispanic black	331	63.8	338	64.6	324	61.4	340	63.9	336	63.1
Non-Hispanic white	201	8.4	198	8.3	212	8.8	216	8.9	211	8.7
Hispanic	45	26.0	40	22.5	29	15.8	28	14.5	45	23.3
Other	17	15.2	10	8.6	14	11.7	13	10.4	13	10.4
<i>Cisgender female</i>										
Non-Hispanic black	105	18.1	87	14.9	89	15.1	75	12.6	94	15.8
Non-Hispanic white	45	1.8	49	2.0	28	1.1	41	1.6	26	1.0
Hispanic	5	3.3	5	3.1	6	3.6	8	4.6	6	3.5
Other	6	5.0	6	4.8	3	2.3	3	2.2	7	5.2
<i>Transgender person</i>										
Non-Hispanic black	4	—	11	—	11	—	5	—	17	—
Non-Hispanic white	4	—	1	—	2	—	3	—	2	—
Hispanic	1	—	1	—	0	—	1	—	1	—
Other	0	—	0	—	0	—	0	—	2	—
<b>Overall</b>	<b>764</b>	<b>11.7</b>	<b>746</b>	<b>11.3</b>	<b>718</b>	<b>10.8</b>	<b>733</b>	<b>10.9</b>	<b>760</b>	<b>11.3</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

Newly diagnosed: persons diagnosed with HIV during January 1–December 31 of the year of interest and resided in Tennessee at the time of diagnosis

Hispanics can be of any race.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 2. Persons newly diagnosed with HIV by transmission risk, Tennessee, 2014–2018**

Transmission risk	2014		2015		2016		2017		2018	
	No.	%								
<i>Cisgender male</i>										
Male-to-male sexual contact (MMS)	431	72.6	400	68.3	392	67.7	414	69.3	367	60.7
Non-Hispanic black	233	—	231	—	223	—	246	—	191	—
Non-Hispanic white	154	—	135	—	144	—	137	—	142	—
Hispanic	31	—	28	—	19	—	21	—	27	—
Other	13	—	6	—	6	—	10	—	7	—
Injection drug use (IDU)	14	2.4	18	3.1	12	2.1	17	2.8	11	1.8
MMS + IDU	12	2.0	16	2.7	24	4.1	16	2.7	20	3.3
Heterosexual sexual contact	87	14.6	79	13.5	113	19.5	62	10.4	81	13.4
Perinatal exposure	4	0.7	1	0.2	2	0.3	0	0.0	2	0.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	46	7.7	72	12.3	36	6.2	88	14.7	124	20.5
<i>Cisgender female</i>										
Heterosexual sexual contact	136	84.5	97	66.0	109	86.5	84	66.1	82	61.7
Injection drug use (IDU)	15	9.3	17	11.6	9	7.1	9	7.1	7	5.3
Perinatal exposure	5	3.1	5	3.4	4	3.2	4	3.1	2	1.5
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	5	3.1	28	19.0	4	3.2	30	23.6	42	31.6
<i>Transgender person</i>										
Any sexual contact	9	100.0	12	92.3	11	84.6	8	88.9	18	81.8
Injection drug use (IDU)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Any sexual contact + IDU	0	0.0	1	7.7	1	7.7	0	0.0	0	0.0
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	1	7.7	1	11.1	4	18.2
<b>Overall</b>	<b>764</b>	<b>—</b>	<b>746</b>	<b>—</b>	<b>718</b>	<b>—</b>	<b>733</b>	<b>—</b>	<b>760</b>	<b>—</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

Newly diagnosed: persons diagnosed with HIV during January 1–December 31 of the year of interest and resided in Tennessee at the time of diagnosis

% is the percentage of each subgroup; percentages for subgroups with less than 10 (e.g., transgender persons) should be interpreted with caution.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

## Appendix C: Persons living with diagnosed HIV

**Table 3. Persons living with diagnosed HIV, Tennessee, 2014–2018**

	2014		2015		2016		2017		2018	
	No.	Rate								
<b>Gender</b>										
Cisgender male	12236	383.4	12622	392.5	12872	397.0	12919	394.4	13378	408.4
Cisgender female	4290	128.0	4366	129.2	4423	129.8	4427	128.7	4476	130.1
Transgender person	135	—	157	—	168	—	172	—	215	—
<b>Age group (years)</b>										
<15	97	7.8	96	7.7	89	7.2	81	6.5	87	7.0
15–24	816	92.5	782	88.8	750	85.5	713	81.8	703	80.6
25–34	2858	332.7	2989	342.5	3053	342.2	3099	338.3	3253	355.1
35–44	3992	475.5	3895	466.2	3805	457.7	3720	445.7	3745	448.7
45–54	5446	607.6	5527	618.0	5453	609.7	5257	589.6	5136	576.0
≥55	3452	189.0	3856	206.1	4313	225.4	4648	237.9	5145	263.4
<b>Race/ethnicity by gender</b>										
<i>Overall</i>										
Non-Hispanic black	9267	844.1	9580	865.3	9808	878.7	9866	875.7	10179	903.4
Non-Hispanic white	6148	125.8	6285	128.0	6366	128.9	6354	128.0	6525	131.5
Hispanic	773	236.6	797	236.3	812	232.8	806	219.9	849	231.6
Other	473	203.6	483	200.8	477	191.6	492	190.0	516	199.3
<i>Cisgender male</i>										
Non-Hispanic black	6172	1189.5	6425	1227.8	6596	1250.4	6654	1249.6	6908	1297.3
Non-Hispanic white	5131	214.9	5239	218.4	5306	220.0	5293	218.1	5456	224.8
Hispanic	601	346.9	618	347.2	632	344.4	622	321.8	655	338.8
Other	332	296.0	340	292.7	338	281.4	350	280.5	359	287.7
<i>Cisgender female</i>										
Non-Hispanic black	3004	518.8	3047	521.9	3096	525.9	3093	520.5	3122	525.4
Non-Hispanic white	985	39.4	1010	40.2	1020	40.4	1020	40.2	1021	40.2
Hispanic	165	107.5	171	107.4	172	104.1	176	101.6	183	105.6
Other	136	113.2	138	110.9	135	104.7	138	102.8	150	111.7
<i>Transgender person</i>										
Non-Hispanic black	91	—	108	—	116	—	119	—	149	—
Non-Hispanic white	32	—	36	—	40	—	41	—	48	—
Hispanic	7	—	8	—	8	—	8	—	11	—
Other	5	—	5	—	4	—	4	—	7	—
<b>Overall</b>	<b>16661</b>	<b>254.6</b>	<b>17145</b>	<b>260.0</b>	<b>17463</b>	<b>262.6</b>	<b>17518</b>	<b>260.8</b>	<b>18069</b>	<b>269.0</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31 of the year of interest

Hispanics can be of any race.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 4. Persons living with diagnosed HIV by transmission risk, Tennessee, 2014–2018**

Transmission risk	2014		2015		2016		2017		2018	
	No.	%								
<i>Cisgender Male</i>										
Male-to-male sexual contact (MMS)	8095	66.2	8408	66.6	8551	66.4	8640	66.9	8913	66.6
Non-Hispanic black	3611	—	3822	—	3941	—	4032	—	4192	—
Non-Hispanic white	3940	—	4019	—	4049	—	4033	—	4124	—
Hispanic	331	—	346	—	351	—	355	—	372	—
Other	213	—	221	—	210	—	220	—	225	—
Injection drug use (IDU)	660	5.4	652	5.2	659	5.1	640	5.0	626	4.7
MMS + IDU	541	4.4	535	4.2	551	4.3	520	4.0	556	4.2
Heterosexual sexual contact	1540	12.6	1590	12.6	1668	13.0	1665	12.9	1707	12.8
Perinatal exposure	73	0.6	71	0.6	71	0.6	71	0.5	75	0.6
Other	53	0.4	52	0.4	51	0.4	48	0.4	46	0.3
Unknown	1274	10.4	1314	10.4	1321	10.3	1335	10.3	1455	10.9
<i>Cisgender Female</i>										
Heterosexual sexual contact	3112	72.5	3160	72.4	3221	72.8	3227	72.9	3230	72.2
Injection drug use (IDU)	438	10.2	438	10.0	440	9.9	434	9.8	421	9.4
Perinatal exposure	87	2.0	93	2.1	92	2.1	94	2.1	101	2.3
Other	13	0.3	15	0.3	15	0.3	14	0.3	15	0.3
Unknown	640	14.9	660	15.1	655	14.8	658	14.9	709	15.8
<i>Transgender person</i>										
Any sexual contact	109	80.7	128	81.5	139	82.7	145	84.3	178	82.8
Injection drug use (IDU)	1	0.7	1	0.6	1	0.6	1	0.6	1	0.5
Any sexual contact + IDU	6	4.4	8	5.1	8	4.8	7	4.1	9	4.2
Perinatal exposure	1	0.0	1	0.0	1	0.0	1	0.0	1	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	18	13.3	19	12.1	19	11.3	18	10.5	26	12.1
<b>Overall</b>	<b>16661</b>	<b>—</b>	<b>17145</b>	<b>—</b>	<b>17463</b>	<b>—</b>	<b>17518</b>	<b>—</b>	<b>18069</b>	<b>—</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31 of the year of interest

% is the percentage of each subgroup; percentages for subgroups with less than 10 (e.g., transgender persons) should be interpreted with caution.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

## Appendix D: Deaths among persons living with diagnosed HIV

**Table 5. Deaths among persons with diagnosed HIV, Tennessee, 2013–2017**

	2013		2014		2015		2016		2017	
	No.	Rate								
<b>Gender</b>										
Cisgender male	221	7.0	207	6.5	222	6.9	220	6.8	226	6.9
Cisgender female	76	2.3	83	2.5	96	2.8	78	2.3	76	2.2
Transgender person	0	—	1	—	1	—	1	—	1	—
<b>Age group (years)</b>										
<15	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15–24	1	0.1	6	0.7	7	0.8	3	0.3	5	0.6
25–34	16	1.9	19	2.2	31	3.6	24	2.7	17	1.9
35–44	56	6.7	49	5.8	61	7.3	37	4.5	46	5.5
45–54	106	11.8	92	10.3	116	13.0	97	10.8	90	10.1
≥55	118	6.6	125	6.8	104	5.6	138	7.2	145	7.4
<b>Race/ethnicity</b>										
Non-Hispanic black	174	16.0	173	15.8	184	16.6	165	14.8	175	15.5
Non-Hispanic white	109	2.2	106	2.2	116	2.4	118	2.4	121	2.4
Hispanic	6	1.9	5	1.5	7	2.1	8	2.3	2	0.5
Other	8	3.6	7	3.0	12	5.0	8	3.2	5	1.9
<b>Overall</b>	<b>297</b>	<b>4.6</b>	<b>291</b>	<b>4.4</b>	<b>319</b>	<b>4.8</b>	<b>299</b>	<b>4.5</b>	<b>303</b>	<b>4.5</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

Deaths among persons with diagnosed HIV: deaths among persons who resided in Tennessee at the time of death  
Hispanics can be of any race.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

## Appendix E: State data

**Table 6. Persons diagnosed with HIV, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	605	18.5	123	3.8	13378	408.4
Cisgender female	133	3.9	25	0.7	4476	130.1
Transgender person	22	—	3	—	215	—
<b>Age group (years)</b>						
<15	4	0.3	0	0.0	87	7.0
15–24	174	20.0	15	1.7	703	80.6
25–34	300	32.8	53	5.8	3253	355.1
35–44	130	15.6	35	4.2	3745	448.7
45–54	87	9.8	26	2.9	5136	576.0
≥55	65	3.3	22	1.1	5145	263.5
<b>Race/ethnicity</b>						
Non-Hispanic black	447	39.7	85	7.5	10179	903.4
Non-Hispanic white	239	4.8	50	1.0	6525	131.5
Hispanic	52	14.2	12	3.3	849	231.6
Other	22	8.5	4	1.5	516	199.3
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	367	—	66	—	8913	—
Injection drug use (IDU)	11	—	2	—	626	—
MMS and IDU	20	—	4	—	556	—
Heterosexual sexual contact	81	—	30	—	1707	—
Perinatal exposure	2	—	0	—	75	—
Other	0	—	0	—	46	—
Unknown	124	—	21	—	1455	—
<i>Cisgender female</i>						
Heterosexual sexual contact	82	—	19	—	3230	—
Injection drug use (IDU)	7	—	1	—	421	—
Perinatal exposure	2	—	0	—	101	—
Other	0	—	0	—	15	—
Unknown	42	—	5	—	709	—
<i>Transgender person</i>						
Any sexual contact	18	—	1	—	178	—
Injection drug use (IDU)	0	—	0	—	1	—
Any sexual contact and IDU	0	—	0	—	9	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	4	—	2	—	27	—
<b>Overall</b>	<b>760</b>	<b>11.3</b>	<b>151</b>	<b>2.2</b>	<b>18,069</b>	<b>269.0</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

## Appendix F: Public health regional data

**Table 7. Persons diagnosed with HIV, Memphis/Shelby County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	238	53.4	52	11.7	4611	1034.4
Cisgender female	58	11.8	10	2.0	2005	408.2
Transgender person	12	—	1	—	100	—
<b>Age group (years)</b>						
<15	3	1.5	0	0.0	32	16.4
15–24	86	67.7	9	7.1	323	254.2
25–34	108	78.4	19	13.8	1385	1005.7
35–44	51	43.5	13	11.1	1571	1339.6
45–54	34	28.5	13	10.9	1750	1468.6
≥55	26	10.8	9	3.7	1655	689.3
<b>Race/ethnicity</b>						
Non-Hispanic black	264	52.6	48	9.6	5631	1121.4
Non-Hispanic white	26	7.7	8	2.4	698	207.8
Hispanic	15	25.2	6	10.1	177	297.1
Other	3	7.6	1	2.5	210	534.3
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	122	—	25	—	2859	—
Injection drug use (IDU)	1	—	0	—	100	—
MMS and IDU	4	—	3	—	94	—
Heterosexual sexual contact	30	—	9	—	796	—
Perinatal exposure	2	—	0	—	29	—
Other	0	—	0	—	11	—
Unknown	79	—	15	—	722	—
<i>Cisgender female</i>						
Heterosexual sexual contact	30	—	6	—	1525	—
Injection drug use (IDU)	1	—	0	—	73	—
Perinatal exposure	1	—	0	—	52	—
Other	0	—	0	—	2	—
Unknown	26	—	4	—	353	—
<i>Transgender person</i>						
Any sexual contact	10	—	0	—	81	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	1	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	2	—	1	—	18	—
<b>Overall</b>	<b>308</b>	<b>32.9</b>	<b>63</b>	<b>6.7</b>	<b>6716</b>	<b>716.8</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 8. Persons diagnosed with HIV, West public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	19	7.3	3	1.2	502	193.8
Cisgender female	4	1.5	2	0.7	195	72.9
Transgender person	0	—	0	—	6	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	1	1.1
15–24	4	6.0	0	0.0	22	33.2
25–34	8	12.9	1	1.6	119	192.2
35–44	6	9.7	2	3.2	145	235.4
45–54	4	5.7	2	2.8	207	294.2
≥55	1	0.6	0	0.0	209	122.0
<b>Race/ethnicity</b>						
Non-Hispanic black	12	13.9	4	4.6	388	450.4
Non-Hispanic white	10	2.4	1	0.2	269	65.3
Hispanic	1	6.3	0	0.0	25	158.0
Other	0	0.0	0	0.0	21	166.5
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	8	—	2	—	289	—
Injection drug use (IDU)	0	—	0	—	39	—
MMS and IDU	2	—	0	—	35	—
Heterosexual sexual contact	5	—	1	—	100	—
Perinatal exposure	0	—	0	—	3	—
Other	0	—	0	—	4	—
Unknown	4	—	0	—	32	—
<i>Cisgender female</i>						
Heterosexual sexual contact	4	—	2	—	149	—
Injection drug use (IDU)	0	—	0	—	19	—
Perinatal exposure	0	—	0	—	2	—
Other	0	—	0	—	2	—
Unknown	0	—	0	—	23	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	5	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	1	—
<b>Overall</b>	<b>23</b>	<b>4.4</b>	<b>5</b>	<b>0.9</b>	<b>703</b>	<b>133.5</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 9. Persons diagnosed with HIV, Jackson/Madison County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	X	X	X	X	230	498.1
Cisgender female	X	X	0	0.0	X	X
Transgender person	0	0.0	0	0.0	X	X
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15-24	X	X	0	0.0	X	X
25-34	9	74.0	X	X	65	534.1
35-44	X	X	X	X	75	674.8
45-54	X	X	X	X	79	629.0
≥55	0	0.0	0	0.0	82	279.2
<b>Race/ethnicity</b>						
Non-Hispanic black	12	32.8	X	X	208	568.4
Non-Hispanic white	X	X	X	X	88	161.3
Hispanic	0	0.0	0	0.0	17	450.6
Other	X	X	0	0.0	10	366.4
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	10	—	X	—	161	—
Injection drug use (IDU)	0	—	0	—	9	—
MMS and IDU	0	—	0	—	10	—
Heterosexual sexual contact	X	—	0	—	33	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	X	—	13	—
<i>Cisgender female</i>						
Heterosexual sexual contact	X	—	0	—	61	—
Injection drug use (IDU)	0	—	0	—	13	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	0	—
Unknown	X	—	0	—	15	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>16</b>	<b>16.4</b>	<b>X</b>	<b>X</b>	<b>323</b>	<b>330.8</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 10. Persons diagnosed with HIV, South Central public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All Persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	X	X	X	X	277	159.9
Cisgender female	X	X	0	0.0	X	X
Transgender person	0	—	0	—	X	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15–24	X	X	0	0.0	X	X
25–34	7	16.9	0	0.0	52	125.7
35–44	X	X	X	X	67	164.5
45–54	0	0.0	0	0.0	112	228.7
≥55	X	X	0	0.0	129	107.0
<b>Race/ethnicity</b>						
Non-Hispanic black	5	55.9	0	0.0	102	1140.2
Non-Hispanic white	8	2.5	X	X	237	73.1
Hispanic	X	X	0	0.0	24	248.6
Other	X	X	0	0.0	7	79.4
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	7	—	X	—	165	—
Injection drug use (IDU)	0	—	0	—	19	—
MMS and IDU	X	—	0	—	19	—
Heterosexual sexual contact	X	—	X	—	43	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	X	—	25	—
<i>Cisgender female</i>						
Heterosexual sexual contact	X	—	0	—	67	—
Injection drug use (IDU)	0	—	0	—	13	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	9	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>16</b>	<b>4.6</b>	<b>X</b>	<b>X</b>	<b>370</b>	<b>105.2</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 11. Persons diagnosed with HIV, Mid-Cumberland public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	82	13.0	13	2.1	1246	197.8
Cisgender female	9	1.4	3	0.5	349	53.9
Transgender person	1	—	0	—	17	—
<b>Age group (years)</b>						
<15	1	0.4	0	0.0	14	5.3
15–24	21	12.0	1	0.6	69	39.3
25–34	34	19.7	7	4.1	329	190.4
35–44	17	9.8	5	2.9	313	180.5
45–54	11	6.3	1	0.6	455	259.1
≥55	8	2.5	2	0.6	432	136.8
<b>Race/ethnicity</b>						
Non-Hispanic black	35	27.1	8	6.2	626	484.5
Non-Hispanic white	48	4.8	7	0.7	835	83.2
Hispanic	4	5.0	0	0.0	100	124.0
Other	5	7.8	1	1.6	51	79.5
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	50	—	6	—	859	—
Injection drug use (IDU)	2	—	0	—	67	—
MMS and IDU	2	—	0	—	68	—
Heterosexual sexual contact	12	—	7	—	132	—
Perinatal exposure	0	—	0	—	1	—
Other	0	—	0	—	4	—
Unknown	16	—	0	—	115	—
<i>Cisgender female</i>						
Heterosexual sexual contact	7	—	3	—	244	—
Injection drug use (IDU)	0	—	0	—	36	—
Perinatal exposure	1	—	0	—	14	—
Other	0	—	0	—	0	—
Unknown	1	—	0	—	55	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	13	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	1	—
Perinatal exposure	0	—	0	—	1	—
Other	0	—	0	—	0	—
Unknown	1	—	0	—	2	—
<b>Overall</b>	<b>92</b>	<b>7.2</b>	<b>16</b>	<b>1.3</b>	<b>1612</b>	<b>126.2</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 12. Persons diagnosed with HIV, Nashville/Davidson County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	99	29.7	13	3.9	3199	959.6
Cisgender female	21	5.9	2	0.6	865	241.7
Transgender person	7	—	1	—	56	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	19	15.2
15–24	28	31.4	2	2.2	131	147.1
25–34	58	41.9	9	6.5	709	512.3
35–44	22	23.3	3	3.2	769	815.0
45–54	11	13.3	2	2.4	1202	1453.0
≥55	8	4.9	0	0.0	1290	796.2
<b>Race/ethnicity</b>						
Non-Hispanic black	70	37.1	12	6.4	2158	1144.1
Non-Hispanic white	34	8.7	2	0.5	1560	401.4
Hispanic	15	21.1	1	1.4	273	384.1
Other	8	18.6	1	2.3	129	300.6
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	72	—	9	—	2279	—
Injection drug use (IDU)	1	—	0	—	197	—
MMS and IDU	4	—	1	—	133	—
Heterosexual sexual contact	9	—	2	—	242	—
Perinatal exposure	0	—	0	—	16	—
Other	0	—	0	—	11	—
Unknown	13	—	1	—	321	—
<i>Cisgender female</i>						
Heterosexual sexual contact	14	—	2	—	587	—
Injection drug use (IDU)	0	—	0	—	138	—
Perinatal exposure	0	—	0	—	13	—
Other	0	—	0	—	5	—
Unknown	7	—	0	—	122	—
<i>Transgender person</i>						
Any sexual contact	6	—	0	—	47	—
Injection drug use (IDU)	0	—	0	—	1	—
Any sexual contact and IDU	0	—	0	—	4	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	1	—	1	—	4	—
<b>Overall</b>	<b>127</b>	<b>18.4</b>	<b>16</b>	<b>2.3</b>	<b>4120</b>	<b>596.0</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 13. Persons diagnosed with HIV, Upper Cumberland public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	X	X	X	X	351	202.1
Cisgender female	X	X	X	X	X	X
Transgender person	0	—	0	—	X	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15–24	X	X	0	0.0	X	X
25–34	5	12.2	X	X	63	154.2
35–44	0	0.0	0	0.0	86	217.5
45–54	X	X	0	0.0	131	284.3
≥55	X	X	X	X	142	118.1
<b>Race/ethnicity</b>						
Non-Hispanic black	X	X	0	0.0	71	1335.6
Non-Hispanic white	9	2.8	X	X	318	98.6
Hispanic	X	X	0	0.0	36	222.7
Other	0	0.0	0	0.0	13	155.9
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	X	—	X	—	218	—
Injection drug use (IDU)	0	—	0	—	34	—
MMS and IDU	0	—	0	—	31	—
Heterosexual sexual contact	0	—	0	—	38	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	28	—
<i>Cisgender female</i>						
Heterosexual sexual contact	X	—	X	—	55	—
Injection drug use (IDU)	0	—	0	—	13	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	0	—	12	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>11</b>	<b>3.1</b>	<b>X</b>	<b>X</b>	<b>438</b>	<b>124.3</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 14. Persons diagnosed with HIV, Southeast public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	X	X	X	X	216	131.5
Cisgender female	X	X	0	0.0	X	X
Transgender person	0	—	0	—	X	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15–24	X	X	0	0.0	X	X
25–34	7	18.0	0	0.0	24	61.7
35–44	5	12.5	X	X	64	160.3
45–54	X	X	0	0.0	95	208.1
≥55	X	X	X	X	83	76.9
<b>Race/ethnicity</b>						
Non-Hispanic black	5	40.3	0	0.0	33	266.3
Non-Hispanic white	12	4.0	X	X	221	74.4
Hispanic	0	0.0	0	0.0	15	107.0
Other	0	0.0	0	0.0	6	64.8
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	8	—	X	—	141	—
Injection drug use (IDU)	0	—	0	—	17	—
MMS and IDU	X	—	0	—	14	—
Heterosexual sexual contact	X	—	X	—	22	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	X	—	19	—
<i>Cisgender female</i>						
Heterosexual sexual contact	X	—	0	—	43	—
Injection drug use (IDU)	0	—	0	—	8	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	0	—
Unknown	X	—	0	—	5	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>17</b>	<b>5.1</b>	<b>X</b>	<b>X</b>	<b>275</b>	<b>82.6</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 15. Persons diagnosed with HIV, Chattanooga/Hamilton County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	36	20.6	X	X	886	508.0
Cisgender female	8	4.3	X	X	277	148.0
Transgender person	0	—	0	—	8	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15–24	5	11.3	0	0.0	X	X
25–34	19	36.3	X	X	194	437.3
35–44	6	13.5	0	0.0	214	455.5
45–54	5	10.6	X	X	368	332.3
≥55	9	8.1	X	X	363	100.4
<b>Race/ethnicity</b>						
Non-Hispanic black	21	30.2	5	7.2	514	739.1
Non-Hispanic white	20	7.8	X	X	585	227.5
Hispanic	X	X	X	X	59	286.1
Other	X	X	0	0.0	13	90.9
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	24	—	X	—	603	—
Injection drug use (IDU)	X	—	0	—	47	—
MMS and IDU	X	—	0	—	40	—
Heterosexual sexual contact	5	—	X	—	87	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	0	—	104	—
<i>Cisgender female</i>						
Heterosexual sexual contact	X	—	X	—	178	—
Injection drug use (IDU)	X	—	0	—	29	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	X	—	0	—	66	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	X	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>44</b>	<b>12.2</b>	<b>8</b>	<b>2.2</b>	<b>1171</b>	<b>323.8</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 16. Persons diagnosed with HIV, East public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	22	5.8	8	2.1	495	131.5
Cisgender female	7	1.8	2	0.5	106	27.2
Transgender person	1	—	1	—	5	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	4	3.1
15–24	9	10.2	2	2.3	16	18.1
25–34	10	11.4	2	2.3	66	75.1
35–44	5	5.7	3	3.4	110	124.6
45–54	5	4.7	3	2.8	207	192.6
≥55	1	0.4	1	0.4	203	76.7
<b>Race/ethnicity</b>						
Non-Hispanic black	3	18.0	1	6.0	56	336.0
Non-Hispanic white	23	3.3	7	1.0	488	70.0
Hispanic	3	9.1	2	6.1	44	133.6
Other	1	5.0	1	5.0	18	89.8
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	9	—	2	—	341	—
Injection drug use (IDU)	3	—	1	—	24	—
MMS and IDU	2	—	0	—	30	—
Heterosexual sexual contact	5	—	3	—	63	—
Perinatal exposure	0	—	0	—	5	—
Other	0	—	0	—	2	—
Unknown	3	—	2	—	30	—
<i>Cisgender female</i>						
Heterosexual sexual contact	5	—	1	—	67	—
Injection drug use (IDU)	2	—	1	—	24	—
Perinatal exposure	0	—	0	—	5	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	10	—
<i>Transgender person</i>						
Any sexual contact	1	—	1	—	4	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	1	—
<b>Overall</b>	<b>30</b>	<b>3.9</b>	<b>11</b>	<b>1.4</b>	<b>606</b>	<b>79.1</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 17. Persons diagnosed with HIV, Knoxville/Knox County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	37	16.5	X	X	844	376.1
Cisgender female	X	X	X	X	233	98.1
Transgender person	X	—	0	—	11	—
<b>Age group (years)</b>						
<15	X	X	0	0.0	5	6.2
15–24	6	8.3	0	0.0	41	57.0
25–34	24	38.2	7	11.1	171	271.9
35–44	9	15.7	X	X	214	373.5
45–54	7	11.8	X	X	341	572.7
≥55	X	X	X	X	316	244.8
<b>Race/ethnicity</b>						
Non-Hispanic black	17	42.2	5	12.4	286	709.7
Non-Hispanic white	26	6.8	7	1.8	715	187.8
Hispanic	X	X	X	X	56	283.6
Other	X	X	X	X	31	146.6
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	29	—	8	—	623	—
Injection drug use (IDU)	X	—	X	—	42	—
MMS and IDU	X	—	0	—	43	—
Heterosexual sexual contact	6	—	X	—	97	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	33	—
<i>Cisgender female</i>						
Heterosexual sexual contact	11	—	X	—	171	—
Injection drug use (IDU)	X	—	0	—	36	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	21	—
<i>Transgender person</i>						
Any sexual contact	X	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	X	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>51</b>	<b>11.0</b>	<b>13</b>	<b>2.8</b>	<b>1088</b>	<b>235.6</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 18. Persons diagnosed with HIV, Northeast public health region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	X	X	X	X	333	192.2
Cisgender female	X	X	X	X	X	X
Transgender person	0	—	0	—	X	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15–24	X	X	X	X	X	X
25–34	6	14.5	X	X	42	101.6
35–44	X	X	0	0.0	77	189.0
45–54	X	X	0	0.0	133	271.5
≥55	X	X	X	X	152	126.1
<b>Race/ethnicity</b>						
Non-Hispanic black	0	0.0	0	0.0	71	793.7
Non-Hispanic white	11	3.4	X	X	324	99.9
Hispanic	X	X	X	X	X	X
Other	X	X	0	0.0	X	X
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	11	—	X	—	237	—
Injection drug use (IDU)	X	—	0	—	22	—
MMS and IDU	0	—	0	—	22	—
Heterosexual sexual contact	X	—	0	—	39	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	6	—
<i>Cisgender female</i>						
Heterosexual sexual contact	0	—	0	—	52	—
Injection drug use (IDU)	0	—	0	—	13	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	0	—
Unknown	X	—	X	—	13	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>14</b>	<b>4.0</b>	<b>X</b>	<b>X</b>	<b>416</b>	<b>118.3</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 19. Persons diagnosed with HIV, Blountville/Sullivan County, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	11	14.4	X	X	187	244.7
Cisgender female	0	0.0	0	0.0	X	X
Transgender person	0	—	0	—	X	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	X	X
15-24	X	X	0	0.0	X	X
25-34	5	27.9	X	X	33	184.2
35-44	X	X	0	0.0	40	223.0
45-54	0	0.0	0	0.0	56	250.1
≥55	X	X	X	X	89	157.4
<b>Race/ethnicity</b>						
Non-Hispanic black	X	X	0	0.0	35	1022.5
Non-Hispanic white	9	6.1	X	X	186	126.6
Hispanic	X	X	0	0.0	X	X
Other	0	0.0	0	0.0	X	X
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	X	—	X	—	138	—
Injection drug use (IDU)	0	—	0	—	9	—
MMS and IDU	0	—	0	—	17	—
Heterosexual sexual contact	X	—	X	—	15	—
Perinatal exposure	0	—	0	—	X	—
Other	0	—	0	—	X	—
Unknown	0	—	0	—	6	—
<i>Cisgender female</i>						
Heterosexual sexual contact	0	—	0	—	31	—
Injection drug use (IDU)	0	—	0	—	6	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	X	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	X	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>11</b>	<b>7.0</b>	<b>X</b>	<b>X</b>	<b>230</b>	<b>146.3</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

X represents suppressed data. See technical notes for suppression rules.

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

## Appendix G: HIV community planning region data

**Table 20. Persons diagnosed with HIV, Southwest HIV community planning region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	244	49.2	53	15.6	4723	144.2
Cisgender female	59	10.9	11	3.1	2048	59.5
Transgender person	12	—	1	—	101	—
<b>Age group (years)</b>						
<15	3	1.4	0	0.0	32	2.6
15–24	87	62.4	9	10.4	326	37.4
25–34	112	74.7	20	21.9	1422	155.2
35–44	53	40.9	14	16.6	1603	192.1
45–54	34	25.5	13	14.0	1787	200.4
≥55	26	9.6	9	4.1	1702	87.2
<b>Race/ethnicity</b>						
Non-Hispanic black	270	51.5	50	61.0	5734	508.9
Non-Hispanic white	27	6.6	8	1.4	745	15.0
Hispanic	15	24.0	6	17.3	179	48.8
Other	3	7.2	1	4.2	214	82.6
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	123	—	25	—	2921	—
Injection drug use (IDU)	1	—	0	—	106	—
MMS and IDU	5	—	3	—	102	—
Heterosexual sexual contact	32	—	10	—	816	—
Perinatal exposure	2	—	0	—	29	—
Other	0	—	0	—	12	—
Unknown	81	—	15	—	737	—
<i>Cisgender female</i>						
Heterosexual sexual contact	31	—	7	—	1561	—
Injection drug use (IDU)	1	—	0	—	75	—
Perinatal exposure	1	—	0	—	53	—
Other	0	—	0	—	2	—
Unknown	26	—	4	—	357	—
<i>Transgender person</i>						
Any sexual contact	10	—	0	—	82	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	1	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	2	—	1	—	18	—
<b>Overall</b>	<b>315</b>	<b>30.3</b>	<b>65</b>	<b>6.3</b>	<b>6872</b>	<b>661.8</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 21. Persons diagnosed with HIV, West HIV community planning region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	26	10.2	6	0.4	620	72.9
Cisgender female	6	2.2	1	0.1	244	27.5
Transgender person	0	—	0	—	6	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	3	1.0
15–24	5	7.3	0	0.0	39	17.6
25–34	13	21.0	1	0.2	147	70.0
35–44	7	11.6	3	0.8	188	92.0
45–54	6	8.7	3	0.8	249	104.4
≥55	1	0.6	0	0.0	244	42.7
<b>Race/ethnicity</b>						
Non-Hispanic black	18	17.9	4	1.1	493	711.1
Non-Hispanic white	12	3.1	3	0.1	310	20.0
Hispanic	1	6.0	0	0.0	40	61.3
Other	1	7.9	0	0.0	27	50.1
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	17	—	5	—	388	—
Injection drug use (IDU)	0	—	0	—	42	—
MMS and IDU	1	—	0	—	37	—
Heterosexual sexual contact	5	—	0	—	113	—
Perinatal exposure	0	—	0	—	6	—
Other	0	—	0	—	4	—
Unknown	3	—	1	—	30	—
<i>Cisgender female</i>						
Heterosexual sexual contact	5	—	1	—	174	—
Injection drug use (IDU)	0	—	0	—	30	—
Perinatal exposure	0	—	0	—	4	—
Other	0	—	0	—	2	—
Unknown	1	—	0	—	34	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	5	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	0	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	1	—
<b>Overall</b>	<b>32</b>	<b>6.1</b>	<b>7</b>	<b>1.3</b>	<b>870</b>	<b>166.4</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 22. Persons diagnosed with HIV, Middle HIV community planning region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	203	15.2	30	2.2	5073	379.8
Cisgender female	35	2.5	6	0.4	1389	100.1
Transgender person	8	—	1	—	78	—
<b>Age group (years)</b>						
<15	1	0.2	0	0.0	36	6.8
15–24	54	15.2	3	0.8	223	62.7
25–34	104	25.8	17	4.2	1153	286.1
35–44	43	12.1	11	3.1	1235	346.9
45–54	26	7.3	3	0.8	1900	530.0
≥55	18	2.5	3	0.4	1993	275.9
<b>Race/ethnicity</b>						
Non-Hispanic black	112	31.9	20	5.7	2957	843.5
Non-Hispanic white	99	4.8	14	0.7	2950	143.3
Hispanic	20	10.7	1	0.5	433	230.9
Other	15	11.8	2	1.6	200	157.6
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	136	—	17	—	3521	—
Injection drug use (IDU)	3	—	0	—	317	—
MMS and IDU	8	—	1	—	251	—
Heterosexual sexual contact	23	—	10	—	455	—
Perinatal exposure	0	—	0	—	23	—
Other	0	—	0	—	17	—
Unknown	33	—	2	—	489	—
<i>Cisgender female</i>						
Heterosexual sexual contact	24	—	6	—	953	—
Injection drug use (IDU)	0	—	0	—	200	—
Perinatal exposure	1	—	0	—	30	—
Other	0	—	0	—	8	—
Unknown	10	—	0	—	198	—
<i>Transgender person</i>						
Any sexual contact	6	—	0	—	65	—
Injection drug use (IDU)	0	—	0	—	1	—
Any sexual contact and IDU	0	—	0	—	5	—
Perinatal exposure	0	—	0	—	1	—
Other	0	—	0	—	0	—
Unknown	2	—	1	—	6	—
<b>Overall</b>	<b>246</b>	<b>9.0</b>	<b>37</b>	<b>1.4</b>	<b>6540</b>	<b>240.2</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 23. Persons diagnosed with HIV, Southeast HIV community planning region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	49	14.5	9	2.7	1102	325.4
Cisgender female	12	3.4	2	0.6	334	93.9
Transgender person	0	—	0	—	10	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	5	4.2
15–24	7	8.1	0	0.0	36	41.5
25–34	26	28.5	3	3.3	218	239.0
35–44	11	13.0	2	2.4	278	329.8
45–54	6	6.5	1	1.1	463	499.8
≥55	11	5.0	5	2.3	446	203.9
<b>Race/ethnicity</b>						
Non-Hispanic black	26	31.7	5	6.1	547	667.6
Non-Hispanic white	32	5.8	5	0.9	806	145.4
Hispanic	3	8.7	1	2.9	74	213.6
Other	0	0.0	0	0.0	19	80.6
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	32	—	4	—	744	—
Injection drug use (IDU)	2	—	0	—	64	—
MMS and IDU	3	—	0	—	54	—
Heterosexual sexual contact	8	—	4	—	109	—
Perinatal exposure	0	—	0	—	3	—
Other	0	—	0	—	5	—
Unknown	4	—	1	—	123	—
<i>Cisgender female</i>						
Heterosexual sexual contact	6	—	2	—	221	—
Injection drug use (IDU)	2	—	0	—	37	—
Perinatal exposure	0	—	0	—	3	—
Other	0	—	0	—	2	—
Unknown	4	—	0	—	71	—
<i>Transgender person</i>						
Any sexual contact	0	—	0	—	8	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	2	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	0	—
<b>Overall</b>	<b>61</b>	<b>8.8</b>	<b>11</b>	<b>1.6</b>	<b>1446</b>	<b>208.2</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.

**Table 24. Persons diagnosed with HIV, East HIV community planning region, Tennessee, 2018**

	New HIV diagnoses		Concurrent Stage 3 (AIDS) diagnoses		All persons living with diagnosed HIV	
	No.	Rate	No.	Rate	No.	Rate
<b>Gender</b>						
Cisgender male	83	9.8	25	2.9	1859	218.6
Cisgender female	21	2.4	5	0.6	461	52.0
Transgender person	2	—	1	—	20	—
<b>Age group (years)</b>						
<15	0	0.0	0	0.0	11	3.8
15–24	21	9.5	3	1.4	79	35.6
25–34	45	21.4	12	5.7	312	148.5
35–44	16	7.8	5	2.4	441	215.9
45–54	15	6.3	6	2.5	737	309.1
≥55	9	1.6	5	0.9	760	133.1
<b>Race/ethnicity</b>						
Non-Hispanic black	21	30.3	6	8.7	448	646.1
Non-Hispanic white	69	4.5	20	1.3	1713	110.6
Hispanic	13	19.9	4	6.1	123	188.5
Other	3	5.6	1	1.9	56	104.0
<b>Transmission risk</b>						
<i>Cisgender male</i>						
Male-to-male sexual contact (MMS)	59	—	15	—	1339	—
Injection drug use (IDU)	5	—	2	—	97	—
MMS and IDU	3	—	0	—	112	—
Heterosexual sexual contact	13	—	6	—	214	—
Perinatal exposure	0	—	0	—	14	—
Other	0	—	0	—	8	—
Unknown	3	—	2	—	75	—
<i>Cisgender female</i>						
Heterosexual sexual contact	16	—	3	—	321	—
Injection drug use (IDU)	4	—	1	—	79	—
Perinatal exposure	0	—	0	—	11	—
Other	0	—	0	—	1	—
Unknown	1	—	1	—	49	—
<i>Transgender person</i>						
Any sexual contact	2	—	1	—	18	—
Injection drug use (IDU)	0	—	0	—	0	—
Any sexual contact and IDU	0	—	0	—	1	—
Perinatal exposure	0	—	0	—	0	—
Other	0	—	0	—	0	—
Unknown	0	—	0	—	1	—
<b>Overall</b>	<b>106</b>	<b>6.1</b>	<b>31</b>	<b>1.8</b>	<b>2340</b>	<b>134.7</b>

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed August 1, 2019.

New HIV diagnoses: persons diagnosed with HIV during January 1–December 31, 2018 and resided in Tennessee at the time of diagnosis.

Concurrent diagnoses: persons who were diagnosed with HIV 12 months or less before being diagnosed as Stage 3 HIV (AIDS)

Living with diagnosed HIV: persons diagnosed with HIV on or before December 31 and resided in Tennessee on December 31, 2018

For new diagnoses and concurrent diagnoses, age group refers to the age at the time of HIV diagnosis. For persons living with diagnosed HIV, age group refers to age as of December 31, 2018.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual sexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

— represents data not available.

Rates were calculated using the US Census Bureau 2017 Population Estimates.