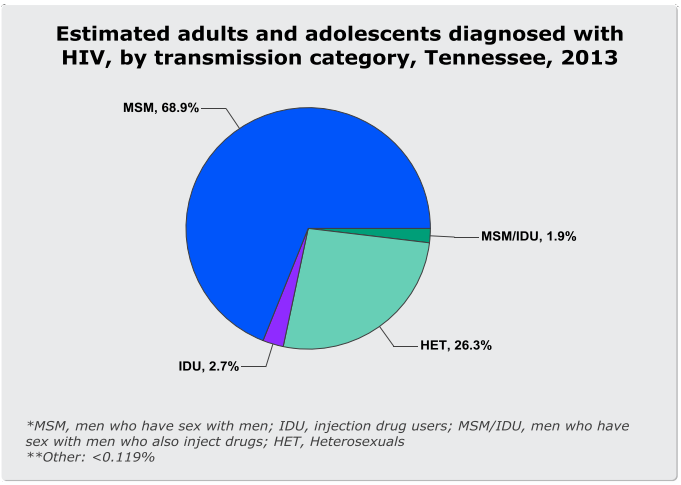
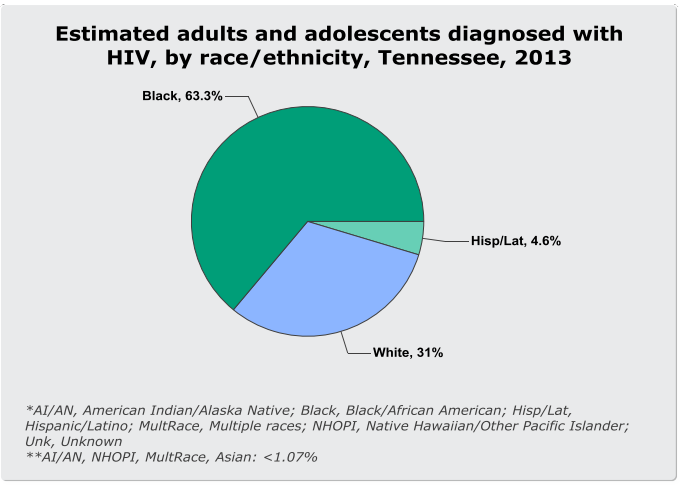
Tennessee – 2015 State Health Profile

HIV/AIDS Epidemic

In 2013, an estimated 47,165 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 6 people with HIV in the United States do not know that they are infected.

In 2013, an estimated 839 adults and adolescents were diagnosed with HIV in Tennessee. Tennessee ranked 15th among the 50 states in the number of HIV diagnoses in 2013.





Adolescent and School Health

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. In 2013 among high school students in Tennessee:

- 52.4% had ever had sexual intercourse.
- 58.7% did not use a condom during last sexual intercourse (among students who were currently sexually active).

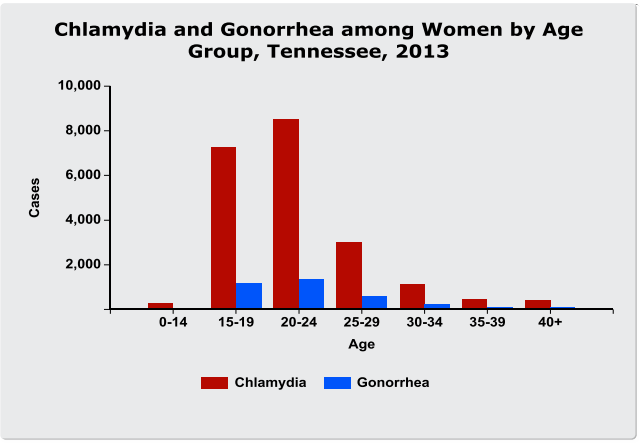
Sexually Transmitted Diseases (STDs)

Syphilis – Primary and secondary (P&S) syphilis (the stages in which syphilis is most infectious) remains a health problem, primarily among men who have sex with men, but congenital transmission of syphilis from infected mothers to their unborn children persists in many areas of the country.

- In Tennessee, the rate of primary and secondary syphilis was 6.4 per 100,000 in 2009 and 3.3 per 100,000 in 2013. Tennessee now ranks 29th in rates of P&S syphilis among 50 states.
- There were 36 cases of congenital syphilis from 2009 through 2013.

Chlamydia and Gonorrhea – Untreated STDs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. In addition, they can increase the spread of HIV, and cause cancer. Pregnant women and newborns are particularly vulnerable. In 2013, Tennessee:

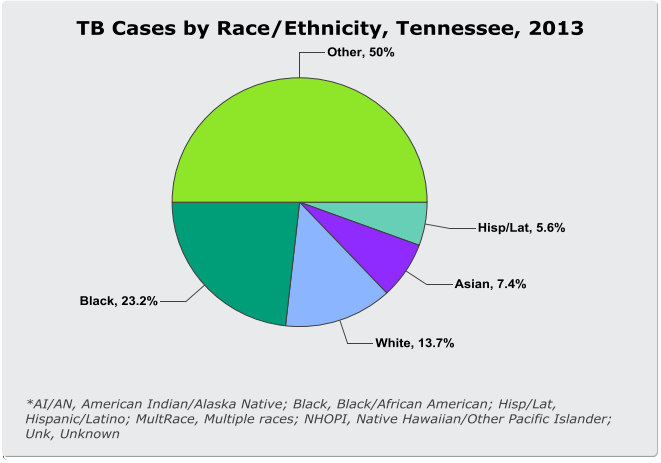
- Ranked 17th among 50 states in chlamydial infections (470.4 per 100,000 persons) and ranked 15th among 50 states in gonorrheal infections (114.2 per 100,000 persons).
- Reported rates of chlamydia among women (636.6 cases per 100,000) that were 2.2 times greater than those among men (295.7 cases per 100,000).



Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons. In 2013, Tennessee:

- Ranked 23rd among the 50 states in TB rates (2.2 per 100,000 persons).
- 28.87% of TB cases occurred in foreign-born persons.



Hepatitis A, B, and C Virus (HAV, HBV, HCV)

In the United States in 2013, incidence of acute HAV and HBV was the lowest ever recorded due to the availability of safe and effective vaccines. However, there is no vaccine for HCV, and chronic HBV and HCV account for more than 50% of new cases of chronic liver disease—a leading cause of death. Approximately 4.4 million people are estimated to be living with HBV and HCV infection; most do not know they are infected. In Tennessee, between 2009 and 2013:

- Reported rates of acute hepatitis A increased by 100%.
- Reported rates of acute hepatitis B increased by 82%.
- Reported rates of acute hepatitis C increased by 200%.

Program Initiatives Supported by CDC

CDC Funding to Tennessee, 2014	
HIV/AIDS	$8,220,419
STDs	$2,375,269
TB	$1,296,873
Viral Hepatitis	$94,010

HIV/AIDS – CDC funds the Tennessee State health department to implement a high impact approach to HIV prevention, prioritizing the delivery of evidence-based, cost-effective, scalable interventions to the most affected communities and regions of the state. Funded activities include surveillance, program implementation and service delivery, capacity building, and routine program monitoring and evaluation. CDC provides funding to a community-based organization and two capacity building assistance providers in Tennessee. CDC also supports a health-department-led demonstration project and HIV school health efforts in the state.

STD – In Tennessee, CDC funds the State health department through a grant program that supports a community-wide, science-based, interdisciplinary approach to addressing STDs that includes prevention activities; assessment, including disease surveillance; assurance; and policy development.

TB – In Tennessee, CDC funds the State health department for TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services.

Viral Hepatitis – In Tennessee, CDC supports an adult viral hepatitis prevention coordinator to integrate viral hepatitis prevention activities into existing public health programs.

For More Information

Tennessee: http://tn.gov/health **CDC:** http://www.cdc.gov/nchhstp/