

# Children and HIV

(updated June 2021)



# Children and HIV

This educational packet is a curated compilation of resources on Children and HIV.

The contents of this packet are listed below:

- Preventing Mother-to-Child Transmission of HIV (HIVinfo fact sheet)
- Prevención de la Transmisión Maternoinfantil del VIH (HIVinfo fact sheet)
- HIV and Children and Adolescents (HIVinfo fact sheet)
- El VIH y los Niños y Adolescentes (HIVinfo fact sheet)
- Diagnoses of HIV Infection, 2019: Children Aged <13 Years (CDC Special Focus Profile)

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# Preventing Mother-to-Child Transmission of HIV

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 [hivinfo.nih.gov/understanding-hiv/fact-sheets/preventing-mother-child-transmission-hiv](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/preventing-mother-child-transmission-hiv)

Last Reviewed: September 28, 2020

## Key Points

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- Mother-to-child transmission of HIV is the spread of HIV from a woman living with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk). Mother-to-child transmission of HIV is also called perinatal transmission of HIV.
- The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. (HIV medicines are called antiretrovirals.)
- Pregnant women with HIV take HIV medicines during pregnancy and childbirth to prevent mother-to-child transmission of HIV. A scheduled cesarean delivery (sometimes called a C-section) can reduce the risk of mother-to-child transmission of HIV in women who have a high viral load (more than 1,000 copies/mL) or an unknown viral load near the time of delivery.
- After birth, babies born to women with HIV receive HIV medicine to reduce the risk of mother-to-child transmission of HIV. Several factors determine what HIV medicine they receive and how long they receive the medicine.
- Despite ongoing use of HIV medicines after childbirth, a woman with HIV can still pass HIV to her baby while breastfeeding. In the United States, infant formula is a safe and readily available alternative to breast milk. For these reasons, women with HIV who live in the United States should not breastfeed their babies.

## What is mother-to-child transmission of HIV?

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Mother-to-child transmission of HIV is the spread of HIV from a woman living with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk). Mother-to-child transmission of HIV is also called perinatal transmission of HIV.

The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. (HIV medicines are called antiretrovirals.)

## Is HIV testing recommended for pregnant women?

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The Centers for Disease Control and Prevention (CDC) recommends that all women get tested for HIV before they become pregnant or as early as possible during each pregnancy. The earlier HIV is detected, the sooner HIV medicines can be started.

Pregnant women with HIV take HIV medicines to reduce the risk of mother-to-child transmission of HIV. When started early, HIV medicines are more effective at preventing mother-to-child transmission of HIV. The HIV medicines will also protect the women's health.

## **How do HIV medicines prevent mother-to-child transmission of HIV?**

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HIV medicines prevent HIV from multiplying, which reduces the amount of HIV in the body (called the undetectable viral load is when the level of HIV in the blood is too low to be detected by a viral load test. The risk of mother-to-child transmission of HIV during pregnancy and childbirth is lowest when a woman with HIV has an undetectable viral load. Maintaining an undetectable viral load also helps keep the mother-to-be healthy.

Some HIV medicines used during pregnancy pass from the pregnant woman to her unborn baby across the cesarean delivery (sometimes called a C-section) can reduce the risk of mother-to-child transmission of HIV in women who have a high viral load (more than 1,000 copies/mL) or an unknown viral load near the time of delivery.

After birth, babies born to women with HIV receive HIV medicine to reduce the risk of mother-to-child transmission of HIV. Several factors determine what HIV medicine they receive and how long they receive the medicine.

## **Are HIV medicines safe to use during pregnancy?**

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Most HIV medicines are safe to use during pregnancy. In general, HIV medicines don't increase the risk of birth defects. Health care providers discuss the benefits and risks of specific HIV medicines when helping women with HIV decide which HIV medicines to use during pregnancy or while they are trying to conceive.

## **Are there other ways to prevent mother-to-child transmission of HIV?**

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Despite ongoing use of HIV medicines after childbirth, a woman with HIV can still pass HIV to her baby while breastfeeding. In the United States, infant formula is a safe and readily available alternative to breast milk. For these reasons, women with HIV who live in the United States should not breastfeed their babies.

Additionally, babies should not eat food that was pre-chewed by a person with HIV.

**This fact sheet is based on information from the following sources:**

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From CDC:

HIV and Pregnant Women, Infants, and Children

From the Department of Health and Human Services:

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States:

- Introduction
- General Principles Regarding Use of Antiretroviral Drugs During Pregnancy: Overview and Teratogenicity
- Counseling and Managing Women Living with HIV in the United States Who Desire to Breastfeed
- Management of Infants Born to Women with HIV Infection: Antiretroviral Management of Newborns with Perinatal HIV Exposure or HIV Infection

# Prevención de la transmisión maternoinfantil del VIH

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 [hivinfo.nih.gov/es/understanding-hiv/fact-sheets/prevencion-de-la-transmision-maternoinfantil-del-vih](https://hivinfo.nih.gov/es/understanding-hiv/fact-sheets/prevencion-de-la-transmision-maternoinfantil-del-vih)

## Prevención del VIH

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Última revisión: October 6, 2020

### Puntos importantes

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- La transmisión maternoinfantil del VIH es la propagación de ese virus de una madre seropositiva a su hijo durante el embarazo, el parto (también llamado trabajo de parto) o la lactancia materna (a través de la leche materna). La transmisión maternoinfantil del VIH también se conoce como transmisión perinatal del VIH.
- El uso de medicamentos contra el VIH y otras estrategias han ayudado a reducir el riesgo de la transmisión maternoinfantil del VIH a 1% o menos en los Estados Unidos y Europa. (Los medicamentos contra el VIH se llaman antirretrovirales.)
- Las mujeres embarazadas seropositivas toman medicamentos contra el VIH durante el embarazo y el parto para prevenir la transmisión maternoinfantil del virus. Una cesárea programada puede reducir el riesgo de transmisión maternoinfantil del VIH en las mujeres que tienen una carga viral alta (más de 1.000 copias/ml) o desconocida en fecha cercana al parto.
- Después del nacimiento, los bebés de madres seropositivas reciben medicamentos contra el VIH para reducir el riesgo de transmisión maternoinfantil de ese virus. Varios factores determinan qué medicamento contra el VIH reciben y por cuánto tiempo.
- A pesar del uso continuo de medicamentos contra el VIH después del parto, una mujer con el VIH puede transmitir el virus a su bebé mientras amamanta. En los Estados Unidos, la leche en polvo (fórmula) para bebé es una alternativa de fácil acceso a la leche materna. Por estas razones, las mujeres con el VIH que viven en los Estados Unidos no deben amamantar a sus bebés.

### ¿Qué es la transmisión maternoinfantil del VIH?

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La transmisión maternoinfantil es la propagación de ese virus de una madre seropositiva a su hijo durante el embarazo, el parto (también llamado trabajo de parto) o la lactancia materna (a través de la leche materna). Esta clase de propagación también se llama transmisión perinatal del VIH.

El uso de medicamentos contra el VIH y otros tipos de estrategias han ayudado a reducir la tasa de la transmisión maternoinfantil del VIH a 1% o menos en los Estados Unidos y Europa. (Los medicamentos contra el VIH se llaman antirretrovirales.)

## **¿Se recomienda la prueba de detección del VIH para las mujeres embarazadas?**

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Los Centros para el Control y la Prevención de enfermedades (CDC) recomiendan que todas las mujeres se hagan la prueba del VIH antes de quedar embarazadas o cuanto antes durante cada embarazo. Entre más rápido se detecte el VIH, más rápido se pueden iniciar los medicamentos antirretrovirales.

Las mujeres embarazadas con el VIH toman medicamentos contra ese virus para reducir el riesgo de la transmisión maternoinfantil. Cuando se comienzan temprano, los medicamentos contra el VIH son más efectivos para prevenir la transmisión del VIH de madre a hijo. Los medicamentos contra el VIH también protegen la salud de las mujeres.

## **¿De qué forma previenen los medicamentos contra el VIH la transmisión maternoinfantil del virus?**

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Los medicamentos contra el VIH evitan la multiplicación del virus, lo cual reduce la concentración de este último en el cuerpo (llamada carga viral). Una carga viral indetectable indica que la concentración del VIH en la sangre es demasiado baja para detectarla con una prueba de la carga viral. El riesgo de transmisión maternoinfantil del VIH durante el embarazo y el parto es mínimo cuando una mujer seropositiva tiene una carga viral indetectable. El mantenimiento de una carga viral indetectable también ayuda a mantener sana a la futura madre.

Algunos medicamentos contra el VIH que se utilizan durante el embarazo pasan de la madre embarazada al bebé por nacer a través de la placenta. Esta transferencia de medicamentos protege al bebé de la infección por el VIH, especialmente durante el parto vaginal cuando el bebé pasa a través del canal del parto y se expone a cualquier VIH en la sangre u otro líquido corporal de la madre. Una cesárea programada puede reducir el riesgo de transmisión maternoinfantil del VIH en mujeres con una carga viral alta (más de 1.000 copias/ml) o desconocida en fecha cercana al parto.

Después del nacimiento, los bebés de madres seropositivas reciben medicamentos contra el VIH para reducir el riesgo de transmisión maternoinfantil de ese virus. Varios factores determinan qué medicamento contra el VIH reciben y por cuánto tiempo.

## **¿Se pueden usar sin peligro los medicamentos contra el VIH durante el embarazo?**

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La mayoría de los medicamentos contra el VIH pueden usarse sin peligro durante el embarazo. Por lo general, no aumentan el riesgo de defectos congénitos. Los proveedores de atención médica abordan los beneficios y los riesgos de los medicamentos específicos contra el VIH cuando ayudan a las mujeres con el VIH a decidir qué medicamentos contra el VIH usar durante el embarazo o mientras están tratando de concebir.

## **¿Hay otras formas de prevenir la transmisión maternoinfantil del VIH?**

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A pesar del uso continuo de los medicamentos contra el VIH después del parto, una mujer con el VIH puede transmitir el virus a su bebé mientras amamanta. En los Estados Unidos, la leche en polvo para bebés (fórmula) es una alternativa segura y de muy fácil acceso a la leche materna. Por estas razones, las mujeres con el VIH que viven en los Estados Unidos no deben amamantar a sus bebés.

Además, los bebés no deben comer alimentos previamente masticados por una persona con el VIH.



# HIV and Children and Adolescents

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 [hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-children-and-adolescents](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-children-and-adolescents)

## HIV and Specific Populations

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Last Reviewed: September 24, 2020

### Key Points

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- HIV can pass from a mother with HIV to her child during pregnancy, childbirth, or breastfeeding (called mother-to-child transmission of HIV). In the United States, the most common way children under 13 years of age get HIV is through mother-to-child transmission of HIV.
- Most youth who acquire HIV during adolescence get it through sexual transmission.
- Several factors affect HIV treatment in children and adolescents, including a child's growth and development. For example, because children grow at different rates, dosing of an HIV medicine may depend on a child's weight rather than their age.
- Medication adherence can be difficult for children and adolescents. For example, adolescents may skip HIV medicine doses to hide their HIV-positive status from others.

### Does HIV affect children and adolescents?

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Yes, children and adolescents are among the people living with HIV in the United States.

- According to the Centers for Disease Control and Prevention (CDC), 91 cases of HIV in children younger than 13 years of age were diagnosed in the United States in 2018.
- CDC reports that youth 13 to 24 years of age accounted for 21% of all new HIV diagnoses in the United States and dependent areas in 2017.

### How do most children get HIV?

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HIV can pass from a mother with HIV to her child during pregnancy, childbirth, or breastfeeding (called mother-to-child transmission of HIV). In the United States, the most common way children under 13 years of age get HIV is through mother-to-child transmission of HIV.

The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. To learn more, read the ClinicalInfo [Preventing Mother-to-Child Transmission of HIV](#) fact sheet.

## How do adolescents get HIV?

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Some adolescents with HIV in the United States acquired the virus as infants through mother-to-child transmission. But most youth who acquire HIV during adolescence get it through sexual transmission. Many adolescents with HIV don't know that they are HIV positive.

## What factors increase the risk of HIV in adolescents?

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Several factors make it challenging to prevent adolescents from getting HIV. Many adolescents lack basic information about HIV and how to protect themselves from HIV.

The following are some factors that put adolescents at risk of HIV:

- Low rates of condom use. Always using a condom correctly during sex reduces the risk of HIV and some other sexually transmitted diseases (STDs).
- High rates of STDs among youth. An STD increases the risk of getting or spreading HIV.
- Alcohol or drug use. Adolescents under the influence of alcohol or drugs may engage in risky behaviors, such as having sex without a condom.

## What factors affect HIV treatment in children and adolescents?

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Treatment with HIV medicines (called [antiretroviral therapy or ART](#)) is recommended for everyone with HIV, including children and adolescents. HIV medicines help people with HIV live longer, healthier lives and reduce the risk of [HIV transmission](#).

Several factors affect HIV treatment in children and adolescents, including a child's growth and development. For example, because children grow at different rates, dosing of an HIV medicine may depend on a child's weight rather than their age. Children who are too young to swallow a pill may use HIV medicines that come in liquid form.

Issues that make it difficult to take HIV medicines every day and exactly as prescribed (called [medication adherence](#)) can affect HIV treatment in children and adolescents. Effective HIV treatment depends on good medication adherence.

## Why can medication adherence be difficult for children and adolescents?

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Several factors can make medication adherence difficult for children and adolescents with HIV. For example, a child may refuse to take an HIV medicine because it tastes unpleasant.

Negative beliefs and attitudes about HIV (called stigma) can make adherence especially difficult for adolescents living with HIV. They may skip medicine doses to hide their HIV-positive status from others.

The following factors can also affect medication adherence in children and adolescents:

- A busy schedule that makes it hard to take HIV medicines on time every day
- Side effects from HIV medicines
- Issues within a family, such as physical or mental illness, an unstable housing situation, or alcohol or drug abuse
- Lack of health insurance to cover the cost of HIV medicines

The ClinicalInfo fact sheet Following an HIV Regimen: Steps to Take Before and After Starting HIV Medicines includes tips on adherence. Some of the tips may be useful to children and adolescents with HIV and their parents or caregivers.

## **This fact sheet is based on information from the following sources:**

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From CDC:

From the Department of Health and Human Services:

- Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV: Adolescents and Young Adults with HIV
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection: Adherence to Antiretroviral Therapy in Children and Adolescents Living with HIV
- Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States: Introduction

# El VIH y los niños y adolescentes

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 [hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-los-ninos-y-adolescentes](https://hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-los-ninos-y-adolescentes)

## El VIH y las poblaciones específicas

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Última revisión: October 6, 2020

### Puntos importantes

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- El VIH puede transmitirse de una madre seropositiva a su hijo durante el embarazo, el parto o la lactancia materna (esto se llama transmisión maternoinfantil del VIH). En los Estados Unidos, la forma más común en que los niños menores de 13 años contraen el VIH es a través de la transmisión maternoinfantil del VIH.
- La mayoría de los jóvenes que contraen el VIH durante la adolescencia lo contraen por transmisión sexual.
- Varios factores afectan el tratamiento del VIH en niños y adolescentes, incluso el crecimiento y el desarrollo del niño. Por ejemplo, debido a que los niños crecen a ritmos diferentes, la dosis de un medicamento contra el VIH puede depender del peso del niño y no de la edad.
- El cumplimiento con el tratamiento puede ser difícil para los niños y adolescentes. Por ejemplo, es posible que los adolescentes dejen de tomar algunas dosis de los medicamentos contra el VIH para ocultar su estado de seropositividad cuando están con otras personas.

### ¿Afecta el VIH a los niños y adolescentes?

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Sí, los niños y adolescentes están incluidos entre las personas con el VIH en los Estados Unidos.

- Según los Centros para el Control y la Prevención de Enfermedades (CDC), en 2018, se diagnosticaron en los Estados Unidos 91 casos de VIH en niños menores de 13 años.
- Los CDC informan que las personas de 13 a 24 años de edad representaron 21% de todos los nuevos diagnósticos de la infección por el VIH en los Estados Unidos y sus áreas dependientes en el 2017.

### ¿Cómo contraen el VIH la mayoría de los niños?

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El VIH se puede transmitir de una madre seropositiva a su hijo durante el embarazo, el parto o la lactancia materna (esto se llama transmisión materno-infantil del VIH). En los Estados Unidos, la forma más común en que los niños menores de 13 años contraen el VIH es a través de la transmisión materno-infantil del VIH.

El uso de medicamentos contra el VIH y otras estrategias han ayudado a reducir la tasa de la transmisión materno-infantil del VIH a 1% o menos en los Estados Unidos y Europa. Para aprender más, lea la hoja informativa de ClinicalInfo titulada Prevención de la transmisión materno-infantil del VIH.

## **¿Cómo contraen el VIH los adolescentes?**

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Algunos adolescentes con el VIH en los Estados Unidos lo adquirieron cuando eran bebés a través de la transmisión materno-infantil. Sin embargo, la mayoría de los jóvenes que contraen el VIH durante la adolescencia lo contraen por transmisión sexual. Muchos adolescentes con el VIH no saben que tienen el virus.

## **¿Qué factores aumentan el riesgo del VIH en los adolescentes?**

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Varios factores dificultan la prevención de la infección por el VIH entre los adolescentes. Muchos de ellos carecen de información básica sobre el virus y la forma de autoprotegerse de este virus.

Los siguientes son algunos factores que exponen a los adolescentes al riesgo del VIH:

- Bajas tasas de uso de condones. El uso correcto y constante de un condón durante las relaciones sexuales reduce el riesgo del VIH y de algunas otras enfermedades de transmisión sexual (ETS).
- Altas tasas de ETS entre los jóvenes. Una ETS aumenta el riesgo de contraer o propagar la infección por el VIH.
- Consumo de bebidas alcohólicas o uso de drogas. Los adolescentes que estén bajo los efectos del alcohol o de las drogas pueden participar en comportamientos arriesgados, como relaciones sexuales sin condón.

## **¿Qué factores afectan el tratamiento del VIH en los niños y adolescentes?**

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- El tratamiento con los medicamentos contra el VIH (conocido como terapia antirretroviral o TAR) se recomienda para todas las personas con el VIH, incluso los niños y adolescentes. Los medicamentos contra el VIH ayudan a las personas con el VIH a vivir una vida más larga y más sana y reducen el riesgo de la transmisión del virus.

- Varios factores afectan el tratamiento del VIH en los niños y adolescentes, incluso el crecimiento y el desarrollo del niño. Por ejemplo, debido a que los niños crecen a ritmos diferentes, la dosis de un medicamento contra el VIH puede depender del peso del niño y no de la edad. Para los niños que son demasiado pequeños para tragar una píldora se pueden usar medicamentos contra el VIH que vienen en forma líquida.
- Los problemas que dificultan la toma de medicamentos contra el VIH todos los días y exactamente como los recetaron (conocido como cumplimiento terapéutico) pueden afectar el tratamiento del VIH en los niños y adolescentes. El tratamiento eficaz del VIH depende de un buen acatamiento de los medicamentos.

## **¿Por qué puede ser difícil para los niños y adolescentes cumplir con el tratamiento?**

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Varios factores pueden dificultar el cumplimiento con el tratamiento de los niños y adolescentes seropositivos. Por ejemplo, es posible que un niño se niegue a tomar el medicamento contra el VIH porque tiene un sabor desagradable.

Las creencias y actitudes negativas (llamada el estigma) con respecto a la infección por el VIH pueden hacer que el cumplimiento terapéutico sea particularmente difícil para los adolescentes seropositivos. Es posible que ellos dejen de tomar algunas dosis de los medicamentos contra el VIH para ocultar su estado de seropositividad cuando están con otras personas.

Los siguientes factores también pueden afectar el cumplimiento de los niños y adolescentes con el tratamiento:

- Un horario ocupado que dificulte tomar los medicamentos contra el VIH a tiempo todos los días.
- Los efectos secundarios de los medicamentos contra el VIH.
- Algunas situaciones dentro de la familia, como una enfermedad física o mental, una situación inestable relacionada con la vivienda o el abuso de bebidas alcohólicas o de drogas.
- La falta de seguro médico para cubrir el costo de los medicamentos contra la infección por el VIH.

La hoja informativa de ClinicalInfo titulada Seguimiento de un régimen de tratamiento del VIH: Pasos a seguir antes y después de empezar a tomar los medicamentos contra el VIH contiene recomendaciones prácticas sobre el cumplimiento. Algunas pueden ser de utilidad para los niños y adolescentes seropositivos y para sus padres o proveedores de cuidado.

# Diagnoses of HIV Infection in the United States and Dependent Areas 2019

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[cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html](https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html)

## Special Focus Profiles

### Children Aged < 13 Years

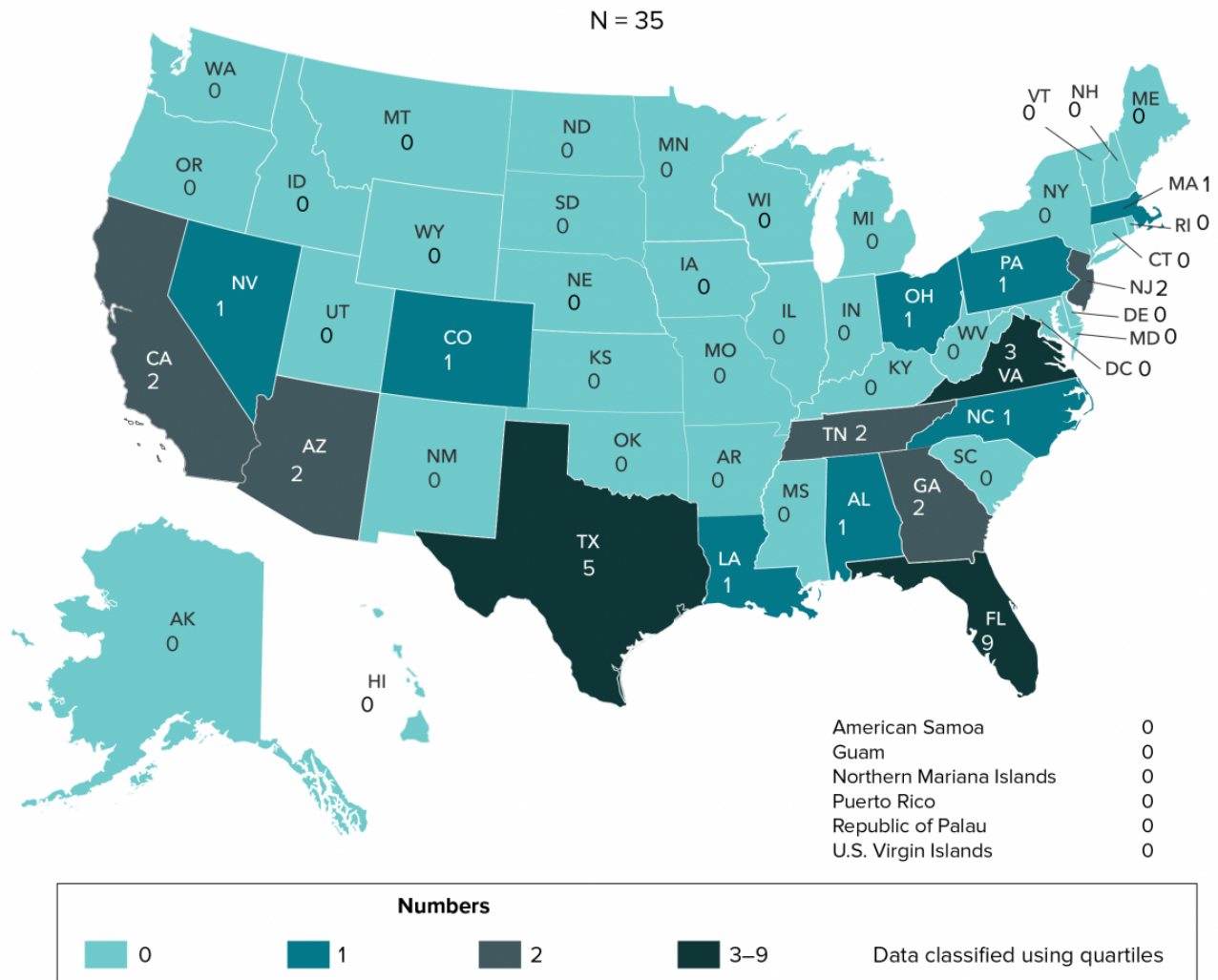
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To make informed decisions about antiretroviral therapy to reduce perinatal transmission of HIV to their infants, pregnant women should know their HIV infection status. In 1995, the first recommendations for HIV counseling and voluntary testing for pregnant women were published. In 2006, CDC released revised recommendations for HIV testing which specified that opt-out HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.

### Diagnoses of HIV infection

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**Figure 31. Diagnoses of Perinatally Acquired HIV Infection among Children Born During 2018—United States and 6 Dependent Areas**

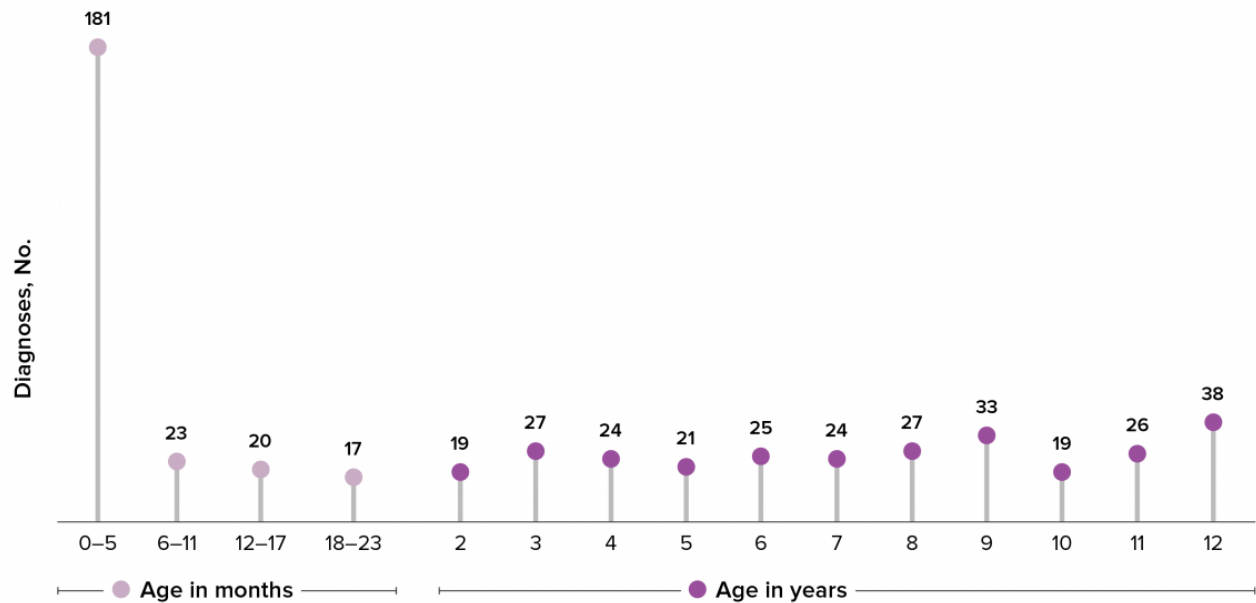


In the United States and Puerto Rico, a total of 35 children born during 2018 had HIV infection attributed to perinatal transmission (Figure 31). Florida and Texas reported the largest numbers of diagnosed HIV infections attributed to perinatal transmission in infants born in 2018. Thirty-six areas reported no perinatally acquired infections among infants born in 2018. Because of delays in the reporting of births and diagnoses of HIV infection attributed to perinatal exposure, the exclusion of data for the most recent 2 years allowed at least 24 months for data to be reported to CDC. Data reflect all infants with diagnosed, perinatally acquired HIV infection who were born in the United States and Puerto Rico during 2018, regardless of year of diagnosis.

**Age Group:** From 2015 through 2019 in the United States and 6 dependent areas, a total of 524 children received a diagnosis of HIV infection (Figure 32). Approximately 35% of children had their HIV infection diagnosed within the first 6 months of life (i.e., 0–5 months), and an additional 4% during months 6–11.

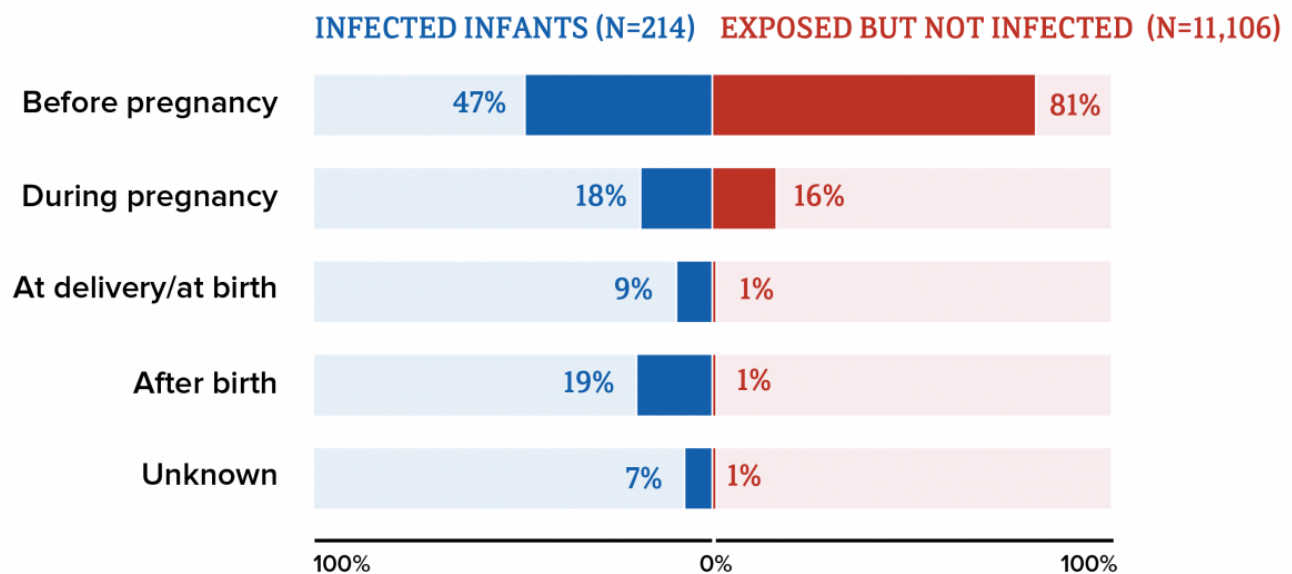
**Figure 32. Diagnoses of HIV Infection among Children, by Age at Diagnosis, 2015–2019—United States and 6 Dependent Areas**





**Exposure:** From 2015 through 2018 in the United States and Puerto Rico, among the 214 children born with diagnosed, perinatally acquired HIV infection, 47% were born to mothers who were tested before pregnancy, 18% were born to mothers who were tested during pregnancy, and 9% to mothers tested at the time of birth (Figure 33). An additional 19% of children with diagnosed, perinatally acquired HIV infection were born to mothers who were tested after the child’s birth, and 7% were born to mothers whose time of maternal HIV testing was unknown.

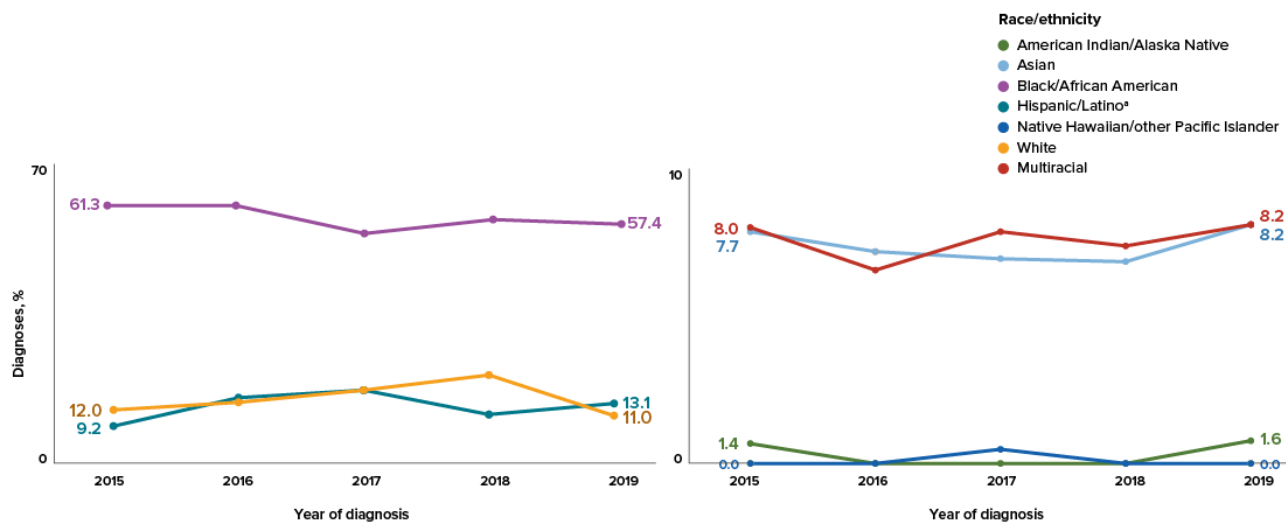
**Figure 33. Time of Maternal HIV Testing among Children with Diagnosed Perinatally Acquired HIV Infection and Children Exposed to HIV, Birth Years 2015–2018—United States and Puerto Rico**



From 2015 through 2018 in the United States and Puerto Rico, among the 11,106 children born who were exposed but not perinatally infected with HIV, the majority (81%) were born to mothers who were tested before pregnancy, while 16% were born to mothers who were tested during pregnancy, 1% to mothers tested at the time of birth, less than 1% to mothers tested after birth, and 1% were born to mothers whose time of maternal HIV testing was unknown. The number of areas contributing exposure data varied by year. Because not all jurisdictions have exposure reporting in place, the number presented is likely a minimum count of the number of exposed infants in the United States and Puerto Rico. Because of delays in the reporting of births and diagnoses of HIV infection attributed to perinatal exposure, the exclusion of data for the most recent 2 years allowed at least 24 months for data to be reported to CDC.

**Race/ethnicity:** From 2015 through 2019 in the United States and 6 dependent areas, among children, the percentage of diagnosed HIV infection in Black/African American children ranged from 55% to 61% (Figure 34). In 2019, Black/African American children accounted for 57% of diagnoses of HIV infection. Please use caution when interpreting trend data for American Indian/Alaska Native, Asian, Hispanic/Latino, Native Hawaiian/ other Pacific Islander, and multiracial children: the numbers are small.

**Figure 34. Percentages of Diagnoses of HIV Infection among Children, by Race/Ethnicity, 2015–2019—United States and 6 Dependent Areas**



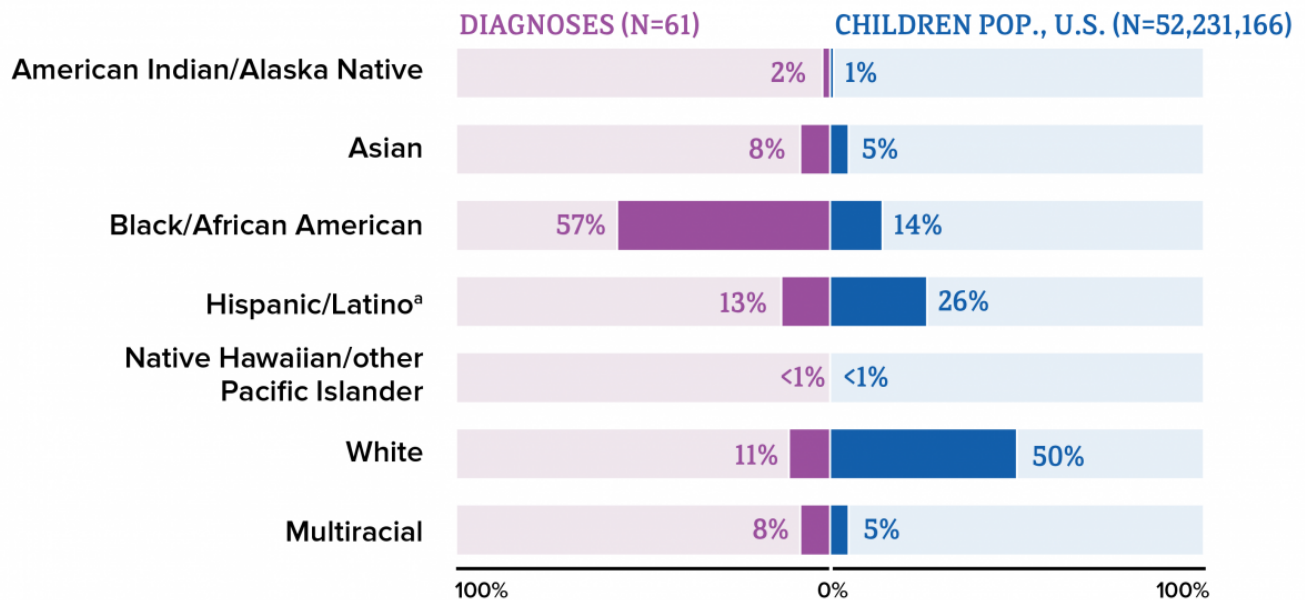
Note: See section D3 in the Technical Notes for more information on race/ethnicity.

<sup>a</sup>Hispanic/Latino persons can be of any race.

In 2019 in the United States, Black/African American children made up approximately 14% of the population of children but accounted for 57% of diagnoses of HIV infection among children (Figure 35). Hispanic/Latino children made up 26% of the population of children but

accounted for 13% of diagnoses. White children made up 50% of the population of children but accounted for 11% of diagnoses.

**Figure 35. Percentages of Diagnoses of HIV Infection and Population among Children, by Race/Ethnicity, 2019—United States**

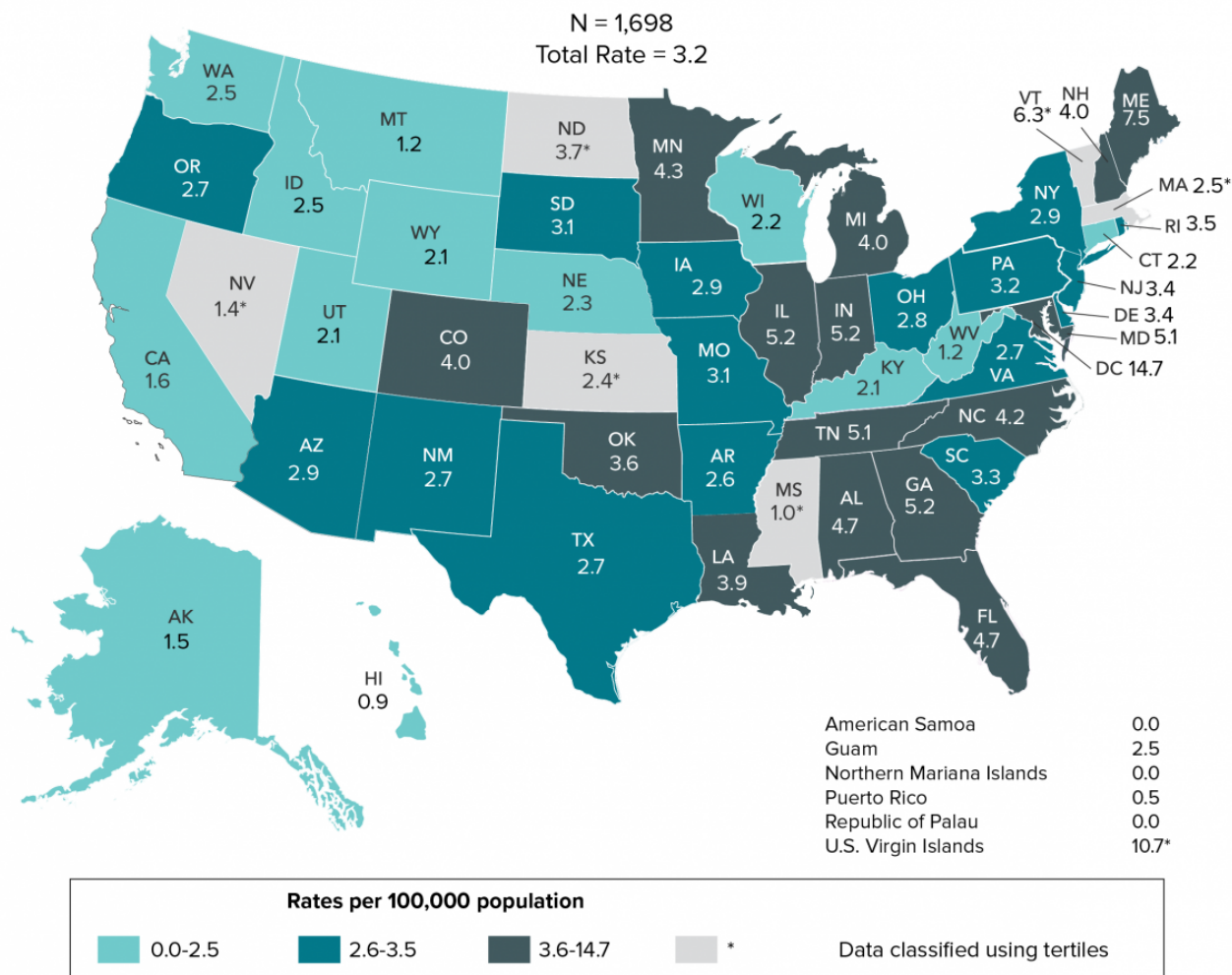


Note: See section D3 in the Technical Notes for more information on race/ethnicity.

<sup>a</sup>Hispanic/Latino persons can be of any race.

**Prevalence:** At the end of 2019 in the United States and 6 dependent areas, approximately 1,698 children aged less than 13 years were living with diagnosed HIV infection (Figure 36). Areas with the highest rates of children aged less than 13 years living with diagnosed HIV infection at the end of 2019 were the District of Columbia (14.7), the U.S. Virgin Islands (10.7), Maine (7.5), and Vermont (6.3). Data for the year 2019 are preliminary and based on deaths reported to CDC as of December 2020.

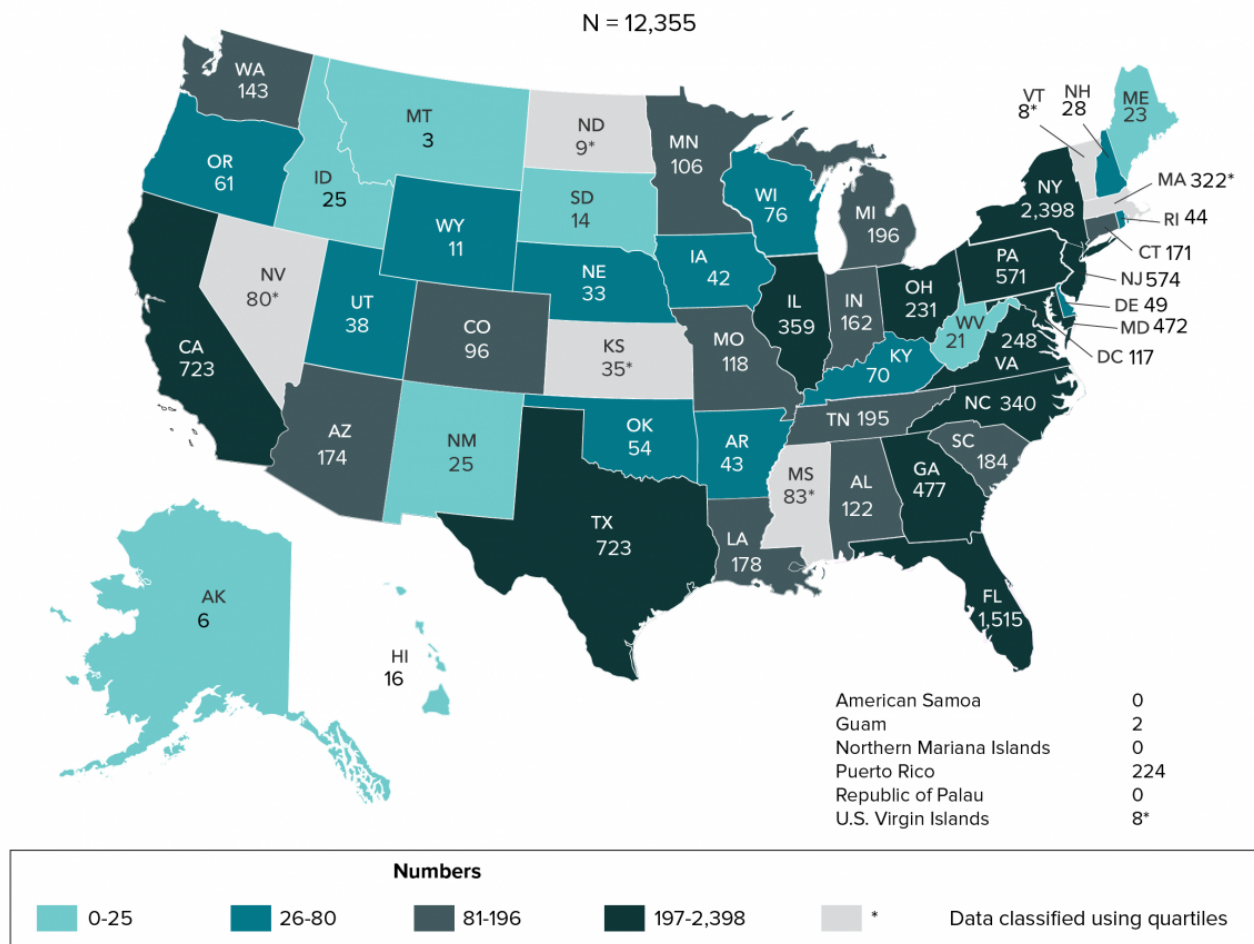
**Figure 36. Rates of Children Living with Diagnosed HIV infection, year-end 2019—United States and 6 Dependent areas**



Note: Data for the year 2019 are preliminary and based on deaths reported to CDC as of December 2020. Data are based on address of residence as of December 31, 2019 (i.e., most recent known address). Asterisk (\*) indicates incomplete reporting. See section C1.3 in Technical Notes for more information on prevalence.

At the end of 2019 in the United States and 6 dependent areas, there were 12,355 persons living with diagnosed perinatally acquired HIV infection (Figure 37). The number of persons living with diagnosed, perinatally acquired HIV infections ranged from 0 in American Samoa, the Northern Mariana Islands, and the Republic of Palau to 2,398 in New York. Data reflect all persons (i.e., children, adolescents, and adults) with diagnosed perinatally acquired HIV infection who were alive at year-end 2019, regardless of their age at year-end 2019. Data for the year 2019 are preliminary and based on deaths reported to CDC through December 2020.

**Figure 37. Persons Living with Diagnosed Perinatally Acquired HIV Infection, Year-end 2019—United States and 6 Dependent Areas**



Note: Data for the year 2019 are preliminary and based on deaths reported to CDC as of December 2020. Data are based on address of residence as of December 31, 2019 (i.e., most recent known address). Asterisk (\*) indicates incomplete reporting. See section C1.3 in Technical Notes for more information on prevalence.