

Youth and HIV

(updated June 2021)



Youth and HIV

This educational packet is a curated compilation of resources on HIV among Hispanics/Latinos.

The contents of this packet are listed below:

- HIV and Youth (CDC fact sheet)
- El VIH y los Jóvenes (CDC fact sheet)
- HIV and Children and Adolescents (HIVinfo fact sheet)
- El VIH y los Niños y Adolescentes (HIVinfo fact sheet)
- Diagnoses of HIV Infection in the United States and Dependent Areas, 2019: Adolescents and Young Adults (CDC Special Focus Profile)
- Youth and HIV Infographics (AIDSvu)

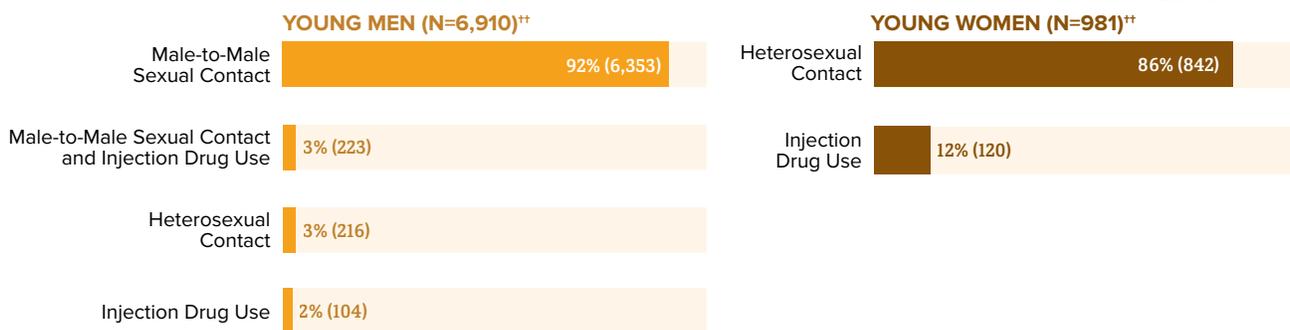
You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV and Youth



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, 21% (7,891) were among youth.†

Most new HIV diagnoses among youth were among young gay and bisexual men.‡ **

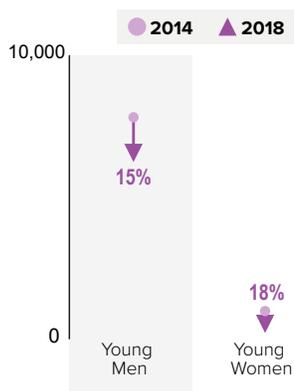


Does not include other and *perinatal* transmission categories; values may not equal the total.

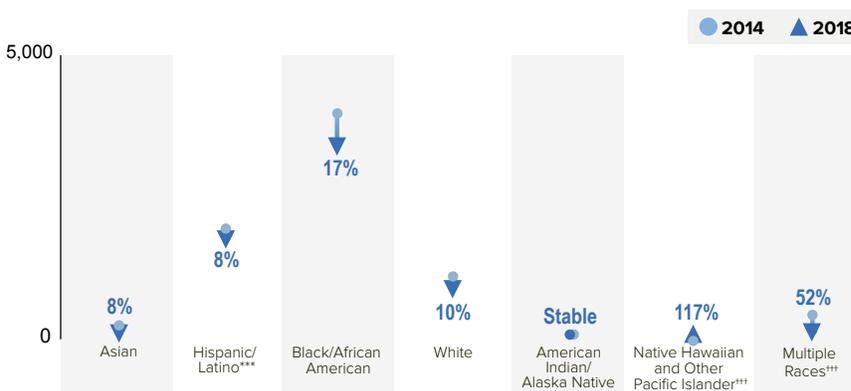
From 2014 to 2018, HIV diagnoses decreased 15% among youth overall. Although trends varied for different groups of youth, HIV diagnoses declined for groups most affected by HIV, including young Black/African American gay and bisexual men.‡‡



Trends by Sex



Trends for Young Gay and Bisexual Men by Race/Ethnicity



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

† People aged 13 to 24 are referred to as youth or young in this fact sheet.

‡ This fact sheet uses the term *gay and bisexual men* to represent gay, bisexual, and other men who reported male-to-male sexual contact.

** Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

†† Based on sex assigned at birth and includes transgender people.

‡‡ *Black* refers to people having origins in any of the black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

*** Hispanic/Latino people can be of any race.

††† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.



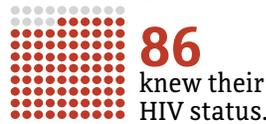
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Youth who don't know they have HIV cannot get the care and treatment they need to stay healthy.

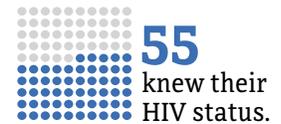


In 2018, an estimated **1,173,900 PEOPLE** had HIV.^{##} Of those, **47,800** were youth.

For every 100 people with HIV

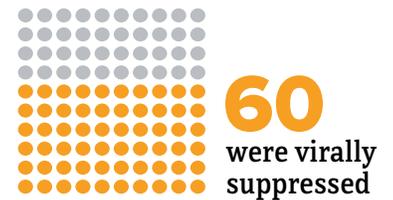
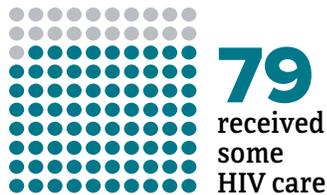


For every 100 youth with HIV



Youth were the least likely to be aware of their infection compared to any other age group. It is important for young people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

Compared to all people with diagnosed HIV, youth have lower viral suppression rates. **For every 100 youth with diagnosed HIV in 2018:******



For comparison, for every **100 people overall** with diagnosed HIV, **76 received some care**, **58 were retained in care**, and **65 were virally suppressed**.

Several challenges make it difficult for youth to access the tools they need to reduce their risk or get treatment and care if they have HIV.

Low Rates of HIV Testing



HIV testing rates among high school students are low. People who do not know they have HIV cannot take advantage of HIV care and treatment and may transmit HIV to others without knowing it.

Social and Economic Challenges



Among people with HIV, young people are more likely than older people to live in households with low income levels, to have been recently homeless, recently incarcerated, or uninsured. These factors pose barriers to achieving viral suppression.

Low Rates of PrEP Use



Young people are less likely than adults to use medicine to prevent HIV. Barriers include cost, access, perceived stigma, and privacy concerns.

High Rates of Other STDs



Some of the highest STD rates are among youth aged 20 to 24. Having another STD can greatly increase the chance of getting or transmitting HIV.

How is CDC making a difference for youth?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

^{##} In 50 states and the District of Columbia.

^{****} In 41 states and the District of Columbia.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

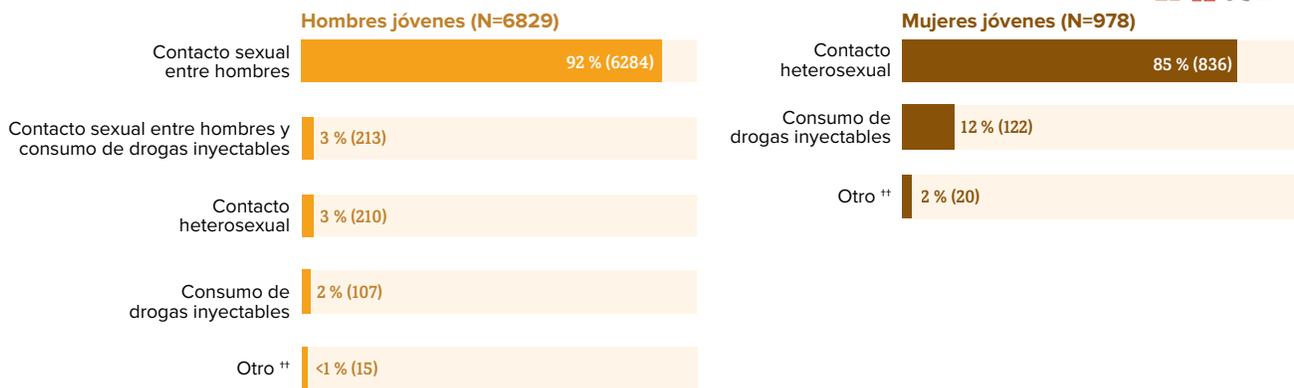
For more information visit www.cdc.gov/hiv

El VIH y los jóvenes



De los **37 832 diagnósticos nuevos de infección por el VIH** en los EE. UU. y áreas dependientes* en el 2018, el 21 % fue entre los jóvenes.[†]

La mayoría de los diagnósticos nuevos de infección por el VIH fueron entre hombres gays y bisexuales jóvenes.^{‡ **}

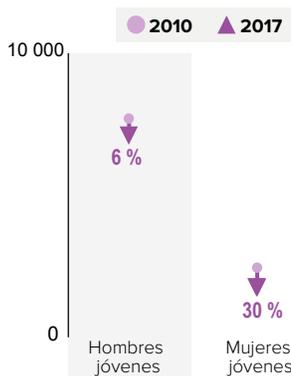


El total podría no sumar 100 % debido al redondeo.

La cantidad de diagnósticos de infección por el VIH se redujo un 10 % entre los jóvenes en general entre el 2010 y el 2017.^{‡‡} Aunque las tendencias variaron en los diferentes grupos de jóvenes, la cantidad de diagnósticos se redujo en los más afectados por el VIH, incluidos los hombres gays y bisexuales de raza negra o afroamericanos jóvenes.^{***}



Tendencias por sexo



Tendencias en los hombres gays y bisexuales jóvenes por raza o grupo étnico



* Samoa Estadounidense, Guam, Islas Marianas del Norte, Puerto Rico, la República de Palaos y las Islas Vírgenes de los EE. UU.

† En esta hoja informativa se usa el término jóvenes para referirse a las personas de 13 a 24 años.

‡ En esta hoja informativa se usa el término hombres gays y bisexuales para representar a los hombres gays, bisexuales y otros hombres que tienen relaciones sexuales con hombres.

** Incluye las infecciones atribuidas al contacto sexual entre hombres y consumo de drogas inyectables (hombres que indicaron tener ambos factores de riesgo).

†† Incluye hemofilia, transfusiones de sangre, exposición perinatal y factores de riesgo no reportados o no identificados.

‡‡ En los 50 estados y el Distrito de Columbia.

*** De raza negra se refiere a personas que descienden de cualquiera de los grupos raciales negros de África. Afroamericano/a es un término que a menudo se usa para referirse a los estadounidenses de ascendencia africana que tienen ancestros en América del Norte.

††† Los cambios en las subpoblaciones con menos diagnósticos de infección por el VIH pueden llevar a un aumento o una reducción porcentual grande.

†††† Los hispanos o latinos pueden ser de cualquier raza.



Los jóvenes que no saben que tienen el VIH no pueden recibir el cuidado y tratamiento que necesitan para mantenerse sanos.



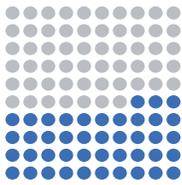
A fines del 2016, una cantidad estimada de **1.1 MILLONES DE PERSONAS** tenía el VIH. # De ellas, 50 900 eran personas jóvenes.

Casi 4 de cada 7 jóvenes sabían que tenían el virus.

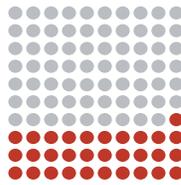


Los jóvenes fueron quienes tenían las menores probabilidades de saber de su infección, comparados con las personas de cualquier otro grupo de edad. Es importante que los jóvenes sepan si tienen el VIH para que puedan tomar medicamentos para tratar el VIH en caso de tenerlo. Tomar medicamentos para el VIH todos los días puede hacer que la carga viral llegue a niveles indetectables. Los jóvenes que logran y mantienen un nivel de carga viral indetectable (o mantienen supresión viral) no tienen efectivamente ningún riesgo de transmitirles el virus a sus parejas sexuales VIH negativas.

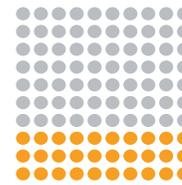
En comparación con todas las personas con el VIH, los jóvenes tienen las tasas más bajas de supresión viral. En el 2016, de cada **100 jóvenes con el VIH**: #



43 recibieron algo de atención médica para el VIH



31 se mantuvieron bajo atención médica



30 habían logrado la supresión viral

Para comparar, de cada **100 personas en general** con el VIH, **64 recibieron algo de atención médica para el VIH**, **49 se mantuvieron bajo atención médica** y **53 habían logrado la supresión viral**.

Hay varios desafíos que dificultan el acceso de los jóvenes a las herramientas que necesitan para reducir su riesgo o para recibir tratamiento y atención médica, en caso de tener el VIH.

Tasas bajas de pruebas del VIH



Las tasas de pruebas del VIH entre los estudiantes de escuela secundaria superior son bajas. Las personas que no saben que tienen el VIH no pueden aprovechar la atención médica y el tratamiento, y podrían transmitirles el virus a otros sin saberlo.

Tasas bajas de uso de la PrEP



Es menos probable que las personas jóvenes usen medicamentos para prevenir el VIH que los adultos. Las barreras incluyen el costo, acceso, estigma percibido y preocupaciones sobre la privacidad.

Desafíos socioeconómicos



Entre las personas con el VIH, los jóvenes tienen más probabilidades que las personas de mayor edad de vivir en un hogar con bajos niveles de ingresos, haber estado sin hogar o en la cárcel recientemente, o no tener seguro médico. Todos estos factores presentan barreras para lograr la supresión viral.

Tasas altas de otras ETS



Algunas de las tasas más altas de ETS son entre los jóvenes de 20 a 24 años. Tener otra ETS puede aumentar significativamente las probabilidades de contraer o transmitir el VIH.

¿De qué manera están los CDC cambiando las cosas para los jóvenes?



Al recolectar y analizar datos y monitorear las tendencias del VIH.



Al dar apoyo a las organizaciones comunitarias que aumentan el acceso a las pruebas y la atención médica del VIH.



Al realizar investigaciones sobre la prevención y brindar directrices para aquellos que trabajan en la prevención del VIH.



Al promover la realización de la prueba, así como la prevención y el tratamiento del VIH mediante la campaña *Detengamos Juntos el VIH*.



Al apoyar a los departamentos de salud y las organizaciones comunitarias con fondos para el trabajo de prevención del VIH y proporcionarles asistencia técnica.



Al fortalecer los programas de prevención del VIH exitosos y apoyar los esfuerzos nuevos, que se financian a través de la iniciativa *Ending the HIV Epidemic*.

Para obtener más información sobre los datos de vigilancia del VIH y cómo se usan, lea la sección "Technical Notes" (Notas técnicas) de los informes de vigilancia en www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

Para obtener más información visite www.cdc.gov/hiv/spanish

HIV and Children and Adolescents

hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-children-and-adolescents

HIV and Specific Populations

Last Reviewed: September 24, 2020

Key Points

- 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?

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?

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?

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?

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?

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?

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:

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

 hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-los-ninos-y-adolescentes

El VIH y las poblaciones específicas

Última revisión: October 6, 2020

Puntos importantes

- 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?

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?

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 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.

El uso de medicamentos contra el VIH y otras estrategias han ayudado a reducir la tasa de la transmisión maternoinfantil 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 maternoinfantil del VIH](#).

¿Cómo contraen el VIH los adolescentes?

Algunos adolescentes con el VIH en los Estados Unidos lo adquirieron cuando eran bebés a través de la transmisión maternoinfantil. 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?

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?

- 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?

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.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

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

[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

Adolescents and Young Adults

Adolescents (persons aged 13–19 years) and young adults (persons aged 20–24 years) accounted for 21% of the 36,801 diagnoses of HIV infection in 2019 in the United States and 6 dependent areas. They are the least likely of any age group to be aware of their HIV infection, retained in care, or have a suppressed viral load. Lack of awareness of HIV status may be due to recent infection or low rates of HIV testing. Persons who do not know they have HIV do not get medical care or receive treatment and can unknowingly infect others. In addition, adolescents and young adults have high rates of STDs and low rates of condom use, greatly increasing the chance of getting or transmitting HIV. Addressing HIV among adolescents and young adults requires that they have access to the information and tools they need to make healthy decisions, reduce their risk factors, get treatment, and stay in care.

Gender: From 2015 through 2019 in the United States and 6 dependent areas, the number of diagnoses of HIV infection among adolescents and young adults for males, females, and transgender MTF decreased (Figure 25). In 2019, diagnoses of HIV infection among adolescent and young adult males (85%) and females (12%) accounted for approximately 97% of HIV diagnoses (Table 8b). Transgender MTF adolescents and young adults accounted for 3% of annual diagnoses. Please use caution when interpreting data for transgender FTM and AGI adolescents and young adults: the numbers are small.

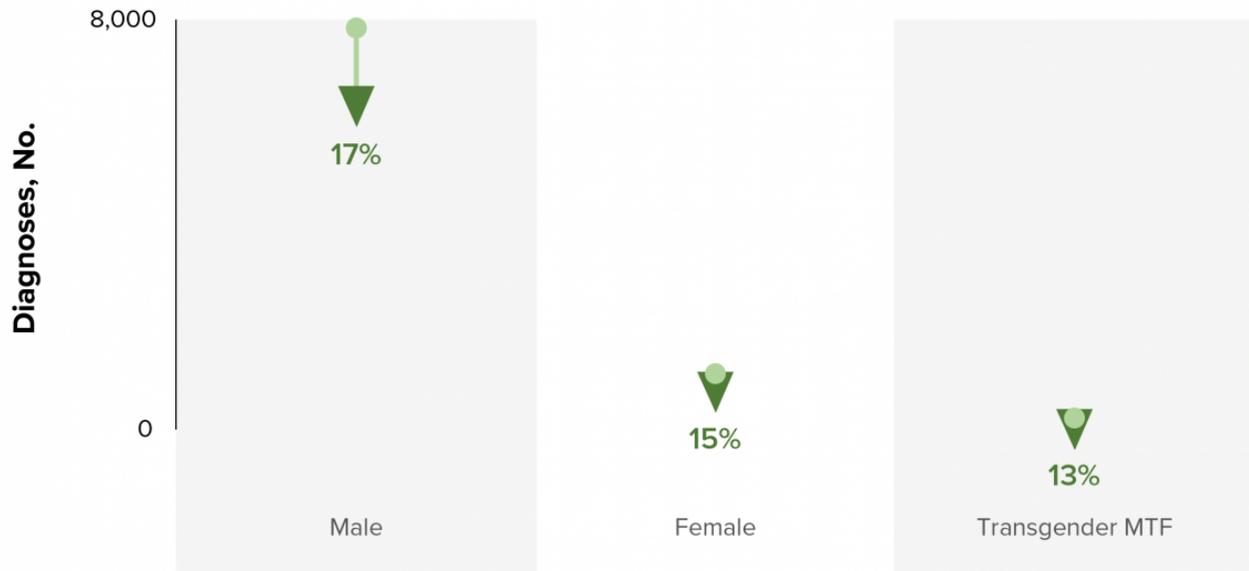
Figure 25. Diagnoses of HIV Infection among Adolescents and Young Adults, by Gender, 2015–2019— United States and 6 Dependent Areas



Trends by Gender

● 2015

▲ 2019



Note: See section D2.2 in the Technical Notes for more information on gender.

Age group: From 2015 through 2019 in the United States and 6 dependent areas, the number of diagnoses of HIV infection among adolescents and young adults for each 2- and 3-year age group decreased (Figure 26). In 2019, of the 7,648 diagnoses of HIV infection among adolescents and young adults, the largest percentages (44%) were for persons aged 20–22 years, followed by 34% for persons aged 23–24, 17% for persons aged 18–19, 5% for persons aged 15–17, and less than 1% for persons aged 13–14 years (Table 8b).

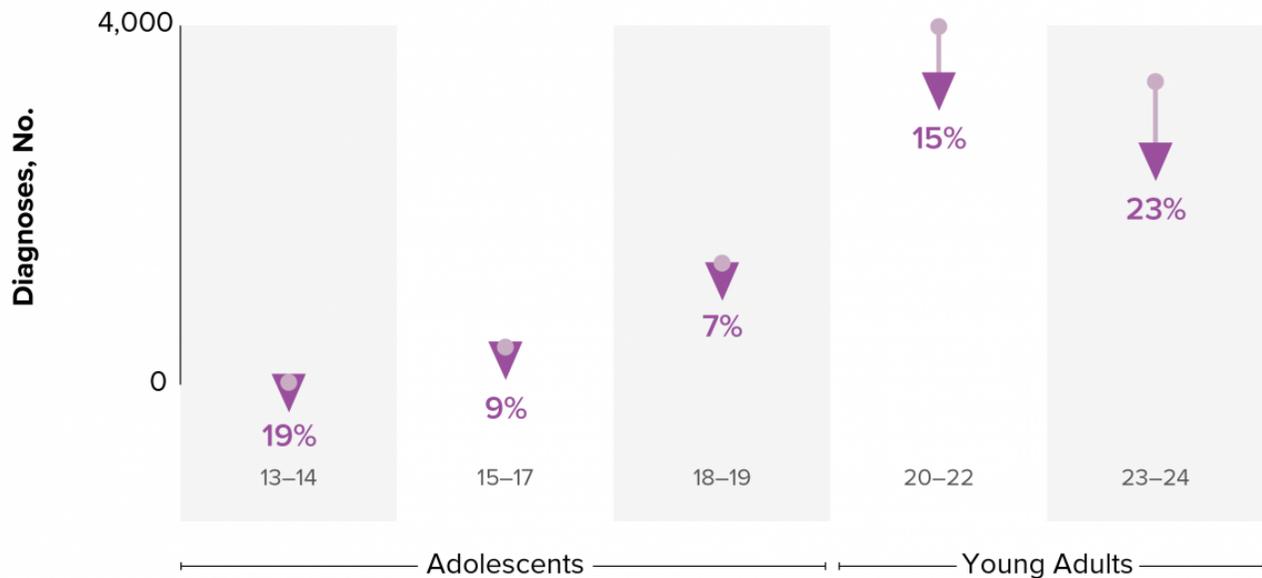
Figure 26. Diagnoses of HIV Infection among Adolescents and Young Adults, by 2-year and 3-year Age Groups, 2015–2019—United States and 6 Dependent Areas



Trends by Age

● 2015

▲ 2019



Race/ethnicity: From 2015 through 2019 in the United States, the rate of diagnosis of HIV infection for Asian, Black/African American, and multiracial adolescents decreased (Figure 27). The rates of diagnosis of HIV infection for Hispanic/Latino and White adolescents remained stable. In 2019, the highest rate was 23.5 for Black/African American adolescents, followed by 6.3 for Hispanic/Latino, and 4.2 for multiracial adolescents. Please use caution when interpreting data for American Indian/Alaska Native and Native Hawaiian/other Pacific Islander adolescents: the numbers are small.

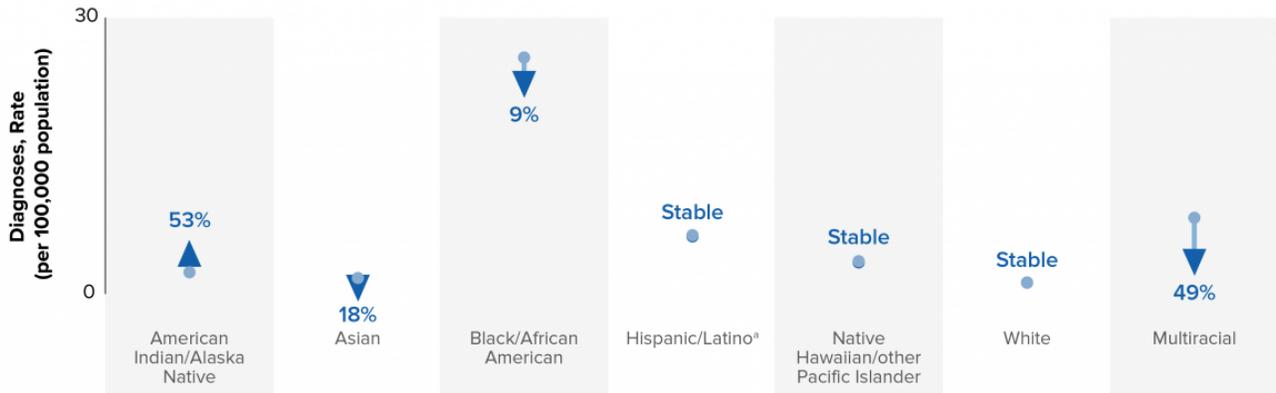
Figure 27. Rates of Diagnoses of HIV Infection among Adolescents, by Year of Diagnosis and Race/Ethnicity, 2015–2019—United States



Trends by Race and Ethnicity

● 2015

▲ 2019



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

^aHispanic/Latino persons can be of any race.

From 2015 through 2019 in the United States, the rate of diagnosis of HIV infection for American Indian/Alaska Native young adults increased (Figure 28). The rates of diagnosis of HIV infection for Asian, Black/African American, Hispanic/Latino, White and multiracial young adults decreased. In 2019, the highest rate was 97.3 for Black/African American young adults, followed by 34.0 for Hispanic/Latino, 23.0 for multiracial, and 20.4 for American Indian/Alaska Native young adults. Please use caution when interpreting data for Native Hawaiian/other Pacific Islander young adults: the numbers are small.

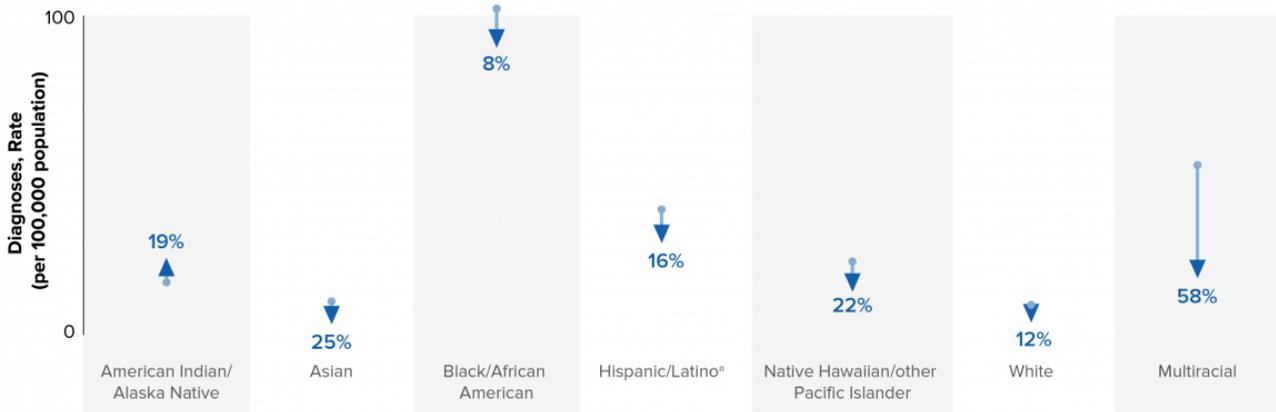
Figure 28. Rates of Diagnoses of HIV Infection among Young Adults, by Year of Diagnosis and Race/Ethnicity, 2015–2019—United States



Trends by Race and Ethnicity

● 2015

▲ 2019

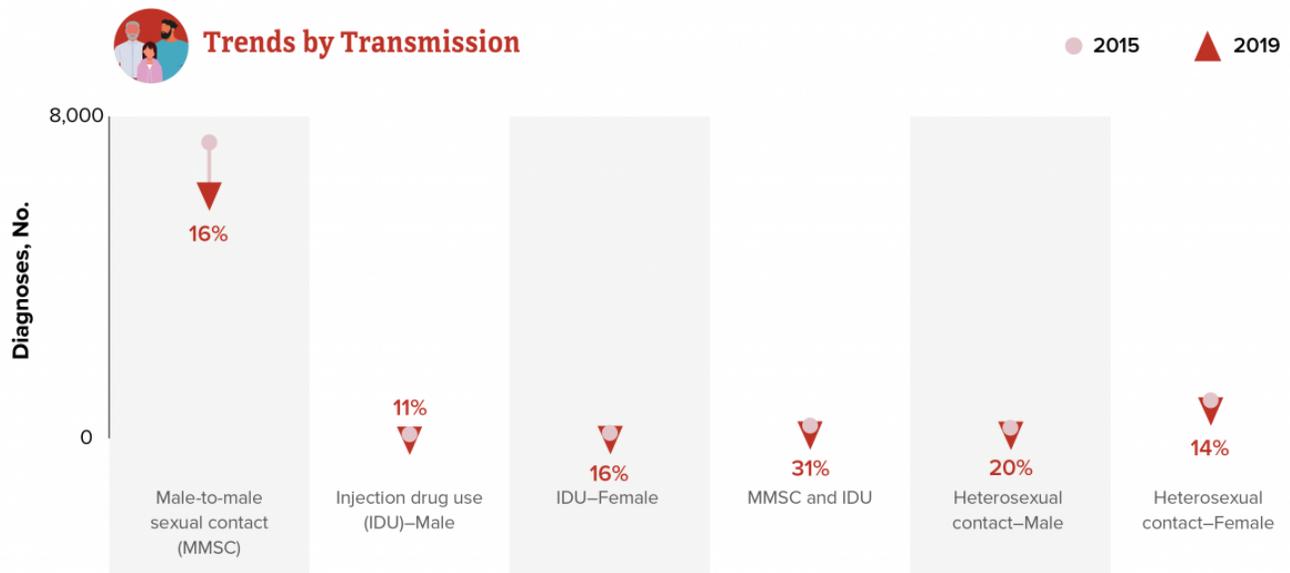


Note: See section D3 in the Technical Notes for more information on race/ethnicity.

^aHispanic/Latino persons can be of any race.

Sex (at birth) and Transmission category: From 2015 through 2019 in the United States and 6 dependent areas, the annual number of diagnosed HIV infections for male adolescents and young adults attributed to MMSC, IDU, MMSC *and* IDU, and heterosexual contact decreased (Figure 29). The perinatal and “Other” transmission categories accounted for less than 1% of diagnoses. Among female adolescents and young adults, the number of infections attributed to IDU and heterosexual contact decreased. The perinatal and “Other” transmission categories accounted for less than 1% of diagnoses.

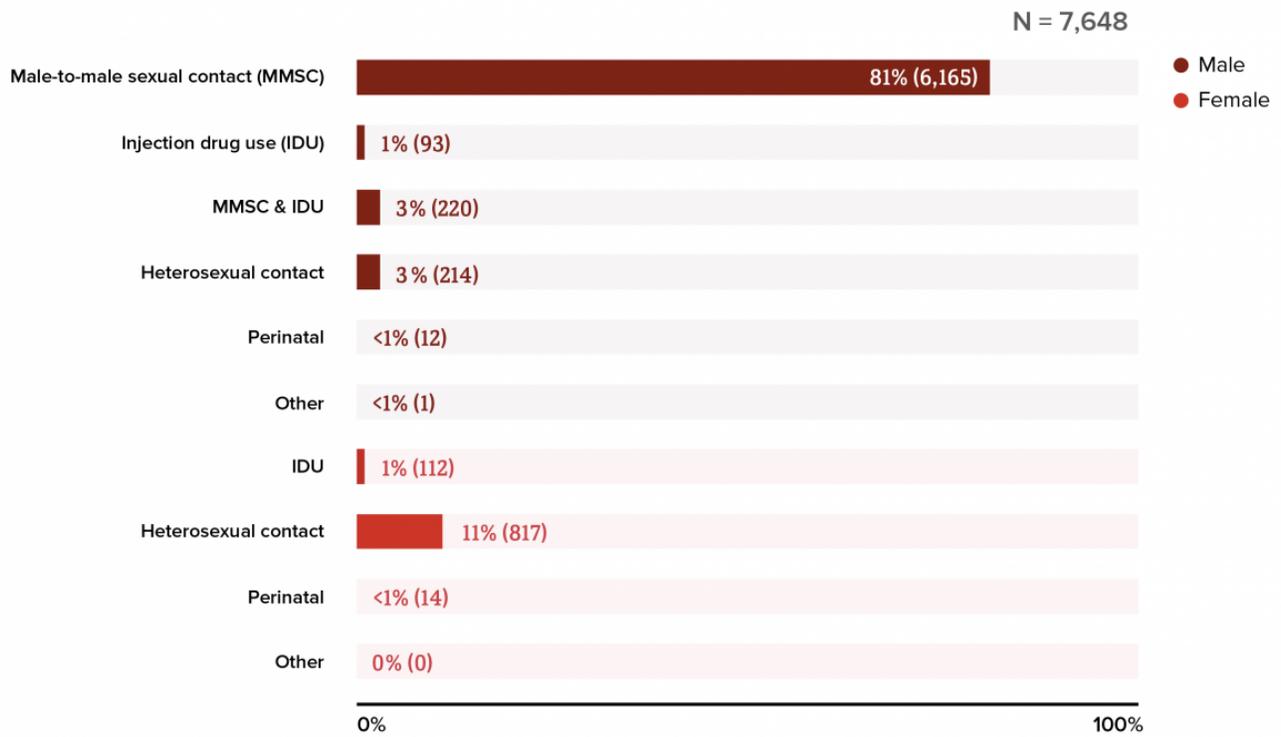
Figure 29. Diagnoses of HIV Infection among Adolescents and Young Adults, by Sex at Birth and Transmission Category, 2015–2019—United States and 6 Dependent Areas



Data have been statistically adjusted to account for missing transmission category. See section D4 in the Technical Notes for more information on transmission categories.

In 2019, diagnoses of HIV infection for adolescents and young adults attributed to MMSC (approximately 83%, including 3% MMSC *and* IDU) and those attributed to heterosexual contact (13%) accounted for approximately 97% of diagnoses in the United States (Figure 30 and Table 8b).

Figure 30. Diagnoses of HIV Infection among Adolescents and Young Adults, by Sex at Birth and Transmission Category, 2019—United States and 6 Dependent Areas



Note: Data have been statistically adjusted to account for missing transmission category. See section D4 in the Technical Notes for more information on transmission categories.

Although **youth** (aged 13 to 24) experienced an **overall decrease in new HIV diagnoses** from 2012 to 2019, they still represented **over 20%** of all new HIV diagnoses in 2019.



New HIV Diagnoses Among Youth Aged 13 to 24, 2012 to 2019

In 2018, these **five states*** had the **highest rate** of **youth** (aged 13 to 24) living with **HIV**:

District of Columbia



288.8

Georgia



130.1

Louisiana



129.8

Florida



104.6

Maryland



103.9

**For the purposes of this analysis, District of Columbia is treated like a state.*

Rates of Youth Aged 13 to 24 Living with HIV Per 100,000, 2018

0 - 25

26 - 75

76 - 100

101 - 150

151 - 200

201 - 250

251 - 325

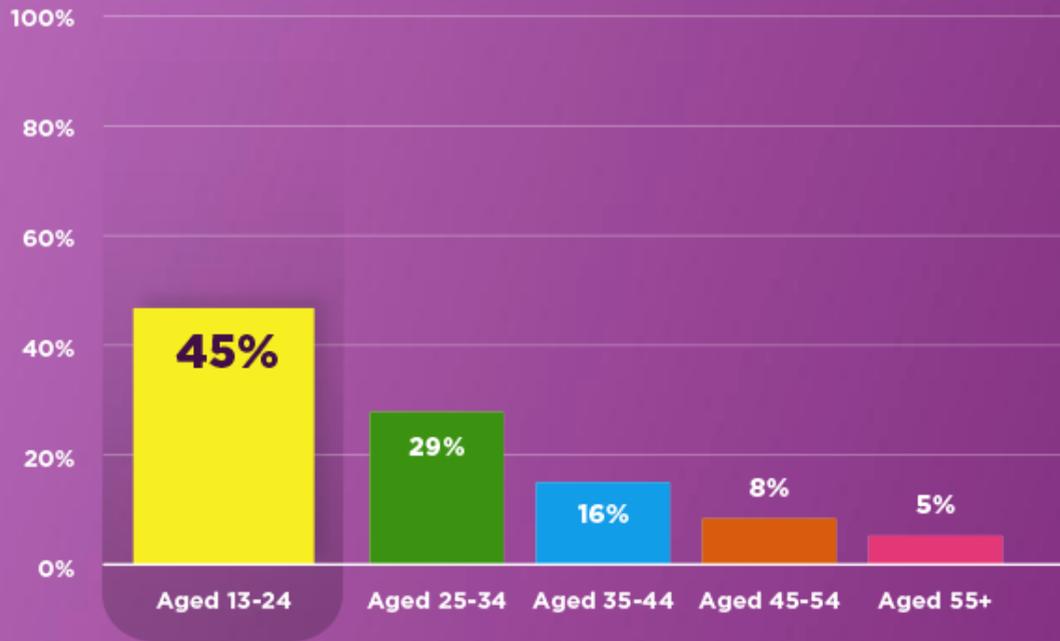
326 - 475

476 - 650

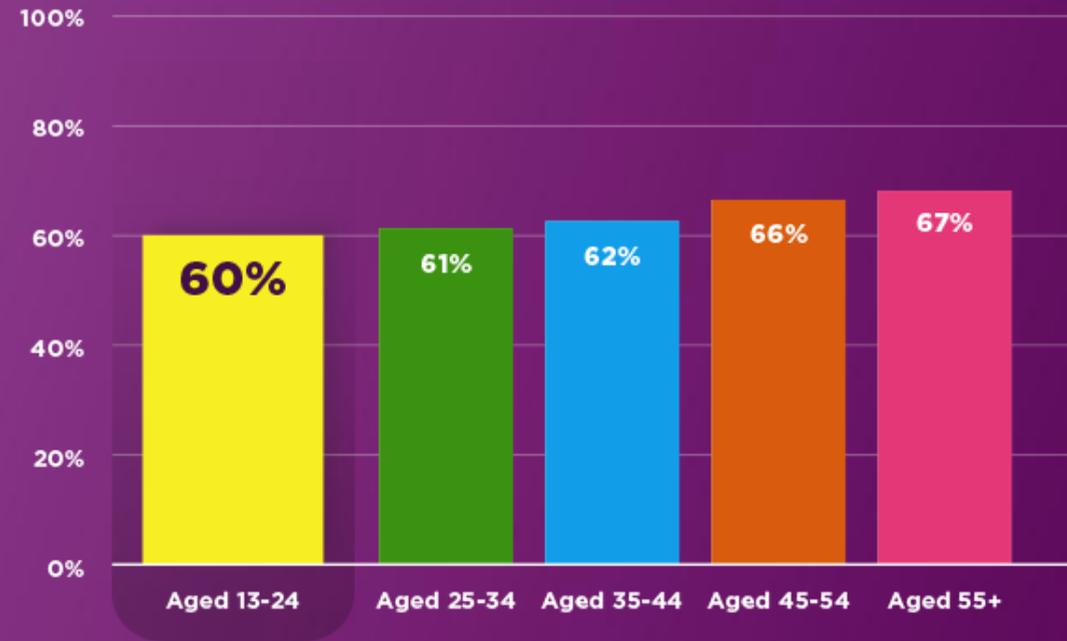
651+

In 2018, **youth** (aged 13 to 24) represented the **highest percentage** of people living with **undiagnosed HIV** of any age group.

Youth also had the **lowest rate of viral suppression** (60%) of any age group.

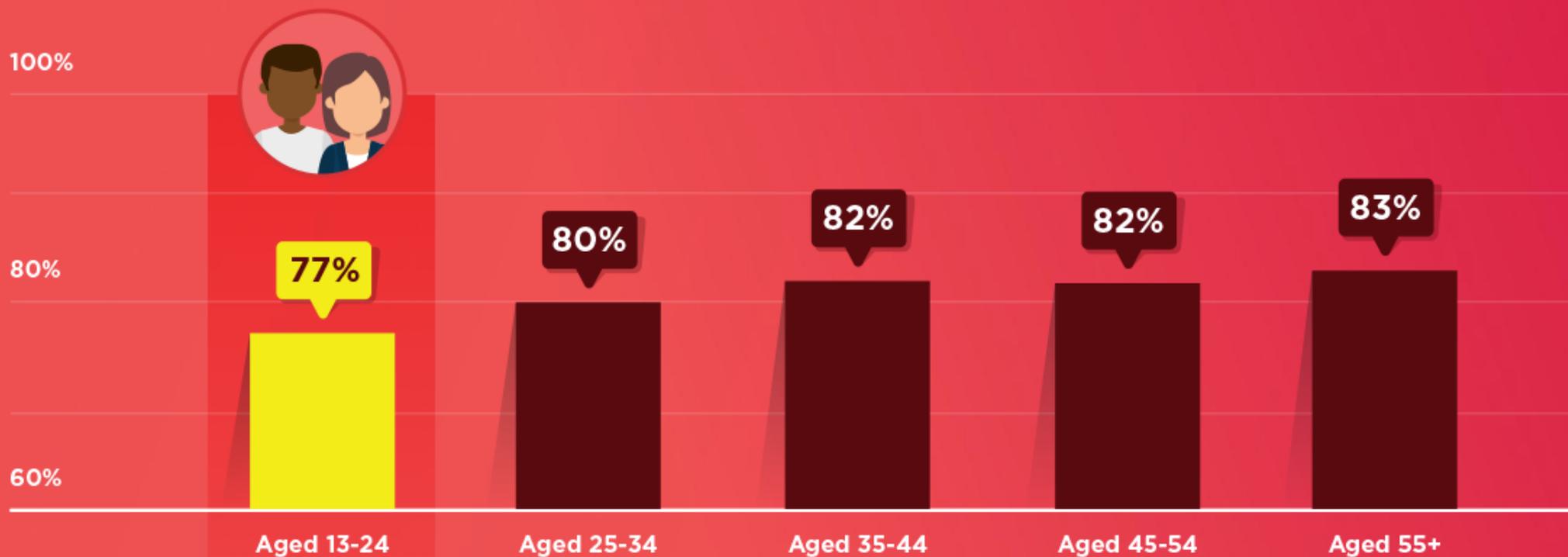


Estimated Percentage of Undiagnosed HIV by Age Group, 2018



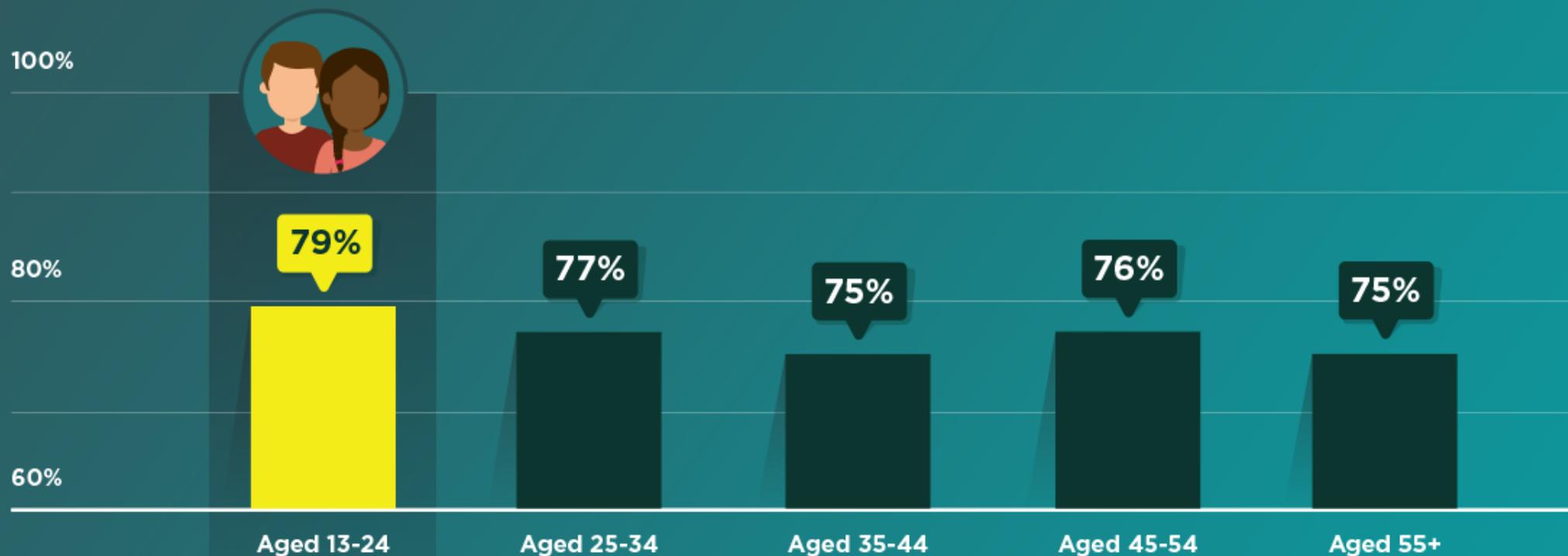
Percentage of HIV Diagnoses Virally Suppressed by Age Group, 2018

In 2018, **youth** (aged 13 to 24) had the **lowest rate** (77%) of **linkage to HIV care** nationally.



Percentage of People Linked to HIV Care by Age Group, 2018

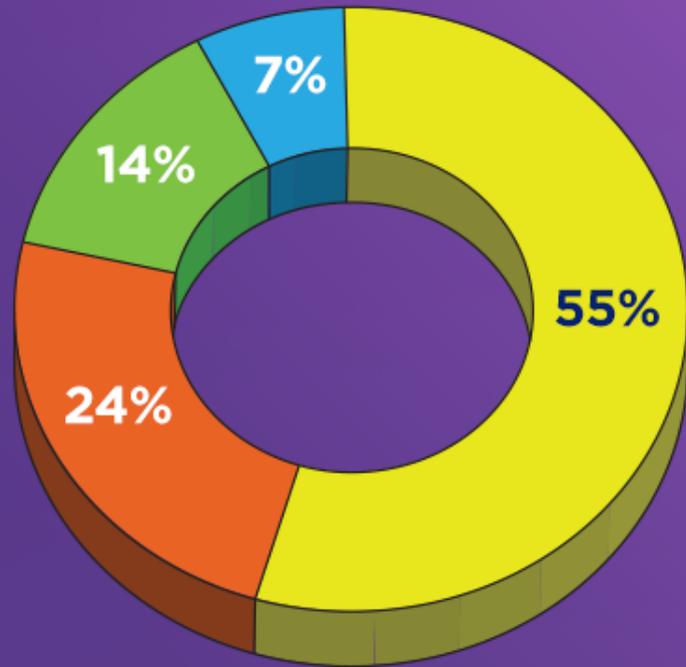
In 2018, **youth** (aged 13 to 24) reported the **highest rate** (79%) of **receipt of HIV care** out of any age group.



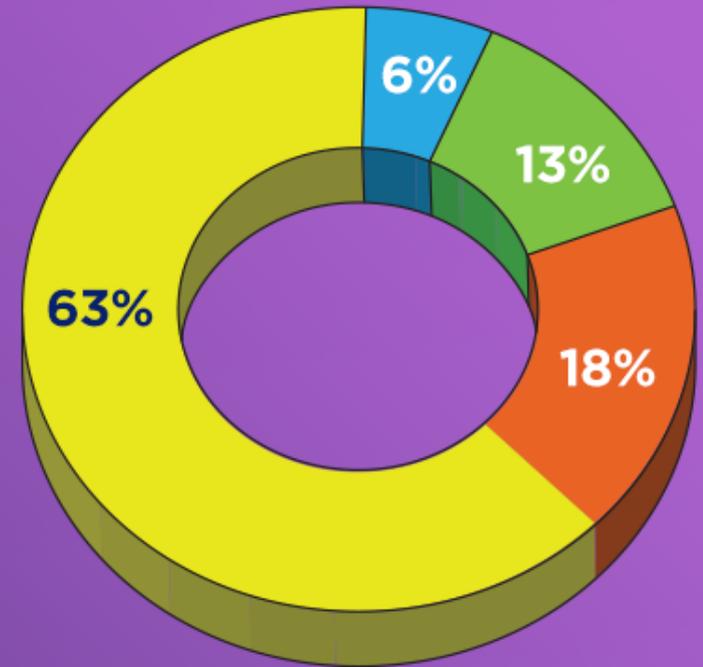
Percentage of People Who Received HIV Care by Age Group, 2018

Young Black Men and Women represented the **majority of youth** (aged 13-24) living with **HIV** in 2018.

YOUNG MALES



YOUNG FEMALES



Percentage of HIV Prevalence Among Youth Aged 13 to 24 by Race/Ethnicity, 2018

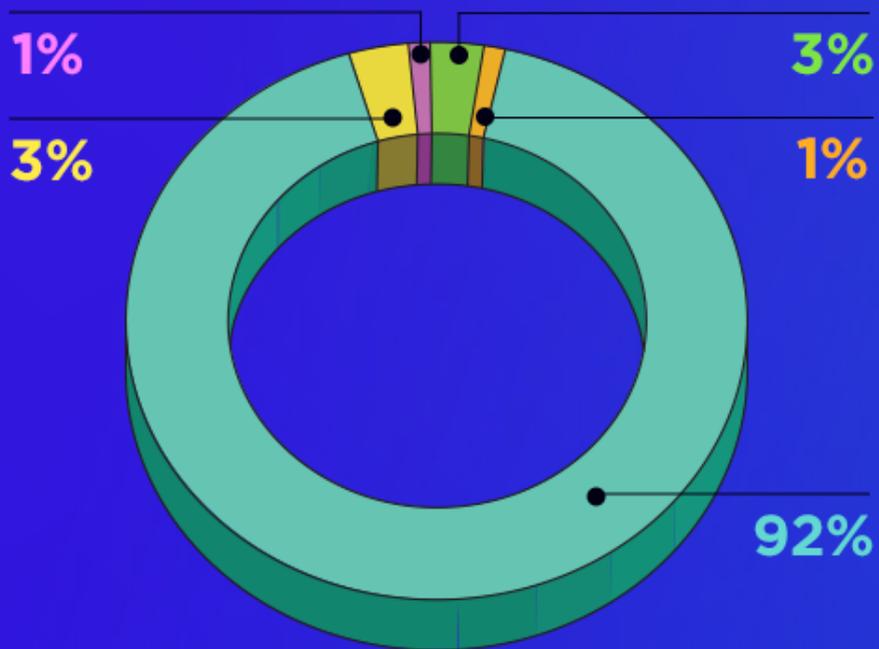
Black/African American

Hispanic/Latinx

White

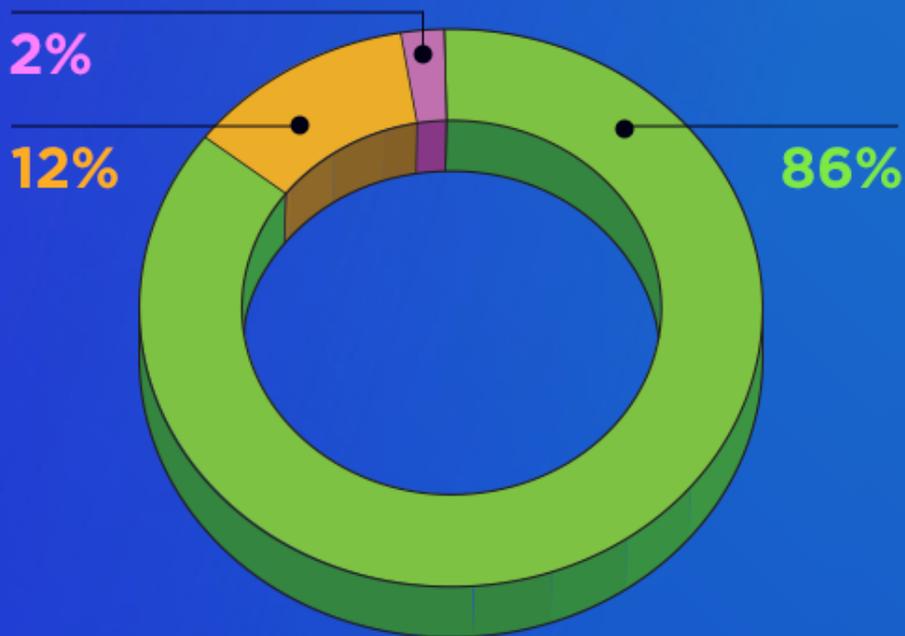
Other

In 2019, **92% of new HIV diagnoses** among **young men** (aged 13 to 24) were attributed to **male-to-male sexual contact**.



Percentage of Male Youth Aged 13 to 24 Newly Diagnosed with HIV by Transmission Category, 2019

And, **86% of new HIV diagnoses** among **young women** (aged 13 to 24) were attributed to **heterosexual contact**.



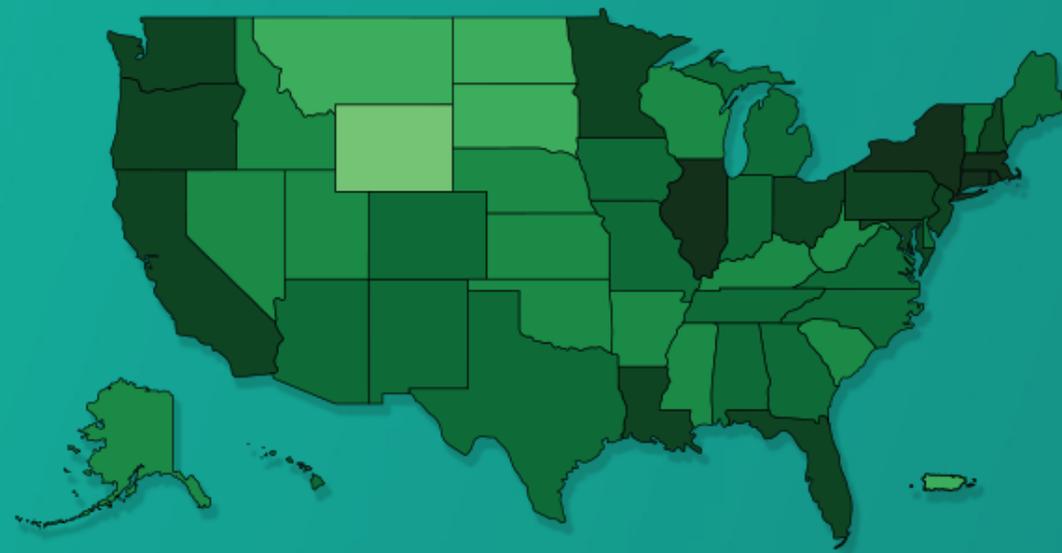
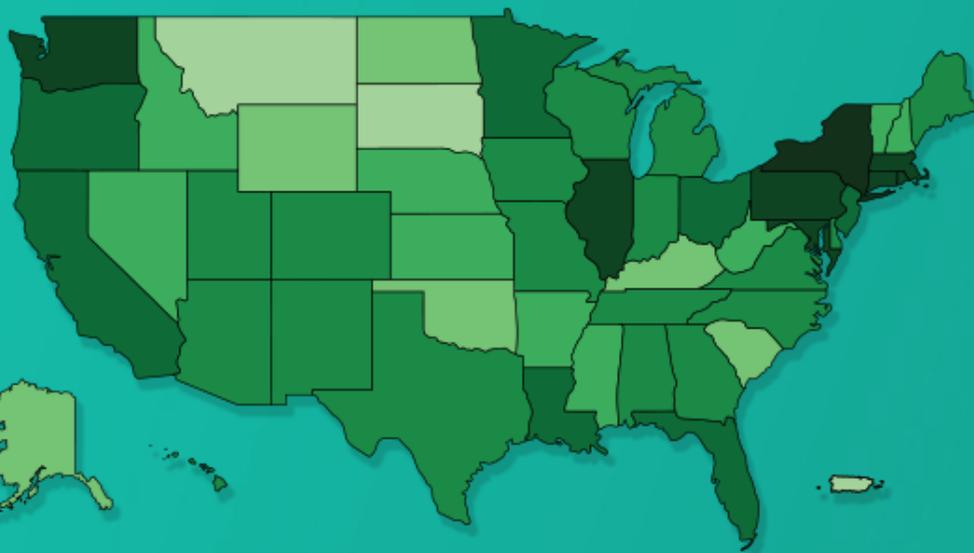
Percentage of Female Youth Aged 13 to 24 Newly Diagnosed with HIV by Transmission Category, 2019



From 2017 to 2018, **PrEP use** among **youth** (24 and under) **increased by 45%**.

2017

2018



Rate of Persons, Aged 24 and Under, Using PrEP per 100,000, 2017, 2018

0 - 2

3 - 3

4 - 5

6 - 8

9 - 12

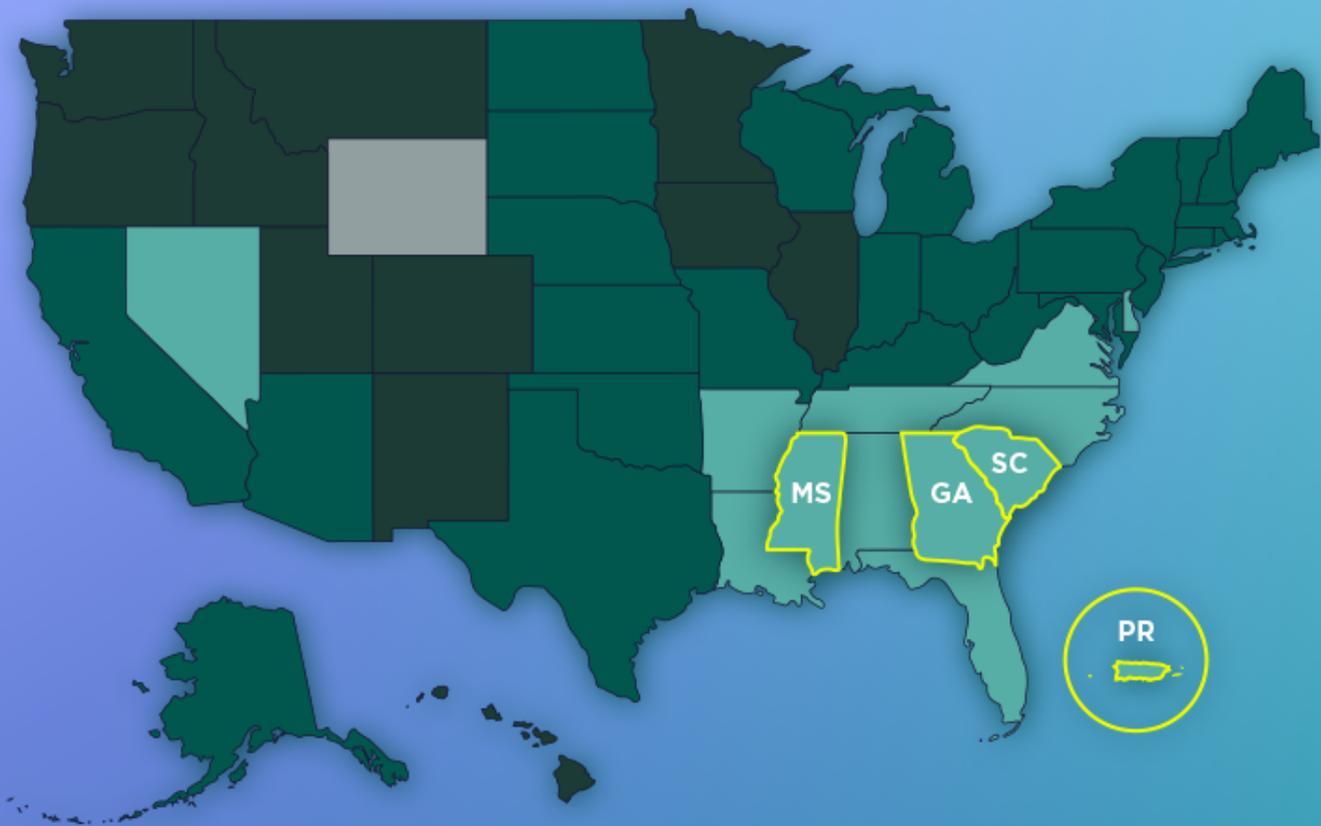
13 - 19

20 - 30

31 - 46

47 - 74

75+



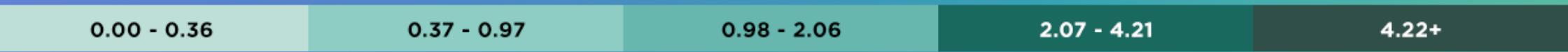
In 2018, these four states* had the **lowest PrEP-to-Need Ratio** among youth (aged 13 to 24), indicating fewer PrEP users relative to the need for PrEP among youth:

Puerto Rico	0.99
Georgia	0.99
South Carolina	0.99
Mississippi	1.11

**For purposes of this analysis, Puerto Rico is treated like a state.*

PrEP-to-Need Ratio, Aged 24 and Under, 2018

Data not shown



The PrEP-to-Need Ratio (PnR) is the ratio of number of PrEP users in 2018 to the number of people newly diagnosed with HIV in 2017.