

# Youth and HIV

(updated January 2023)



## 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 Children and Adolescents (HIVinfo)
- El VIH y los Niños y Adolescentes (HIVinfo)
- Youth and Young Adult Clients: Ryan White HIV/AIDS Program, 2020 (HRSA)
- Infographics from AIDSvu
- Infographics from CDC

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.

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# Diagnoses of HIV Infection in the United States and Dependent Areas 2019: Special Focus Profiles

[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.

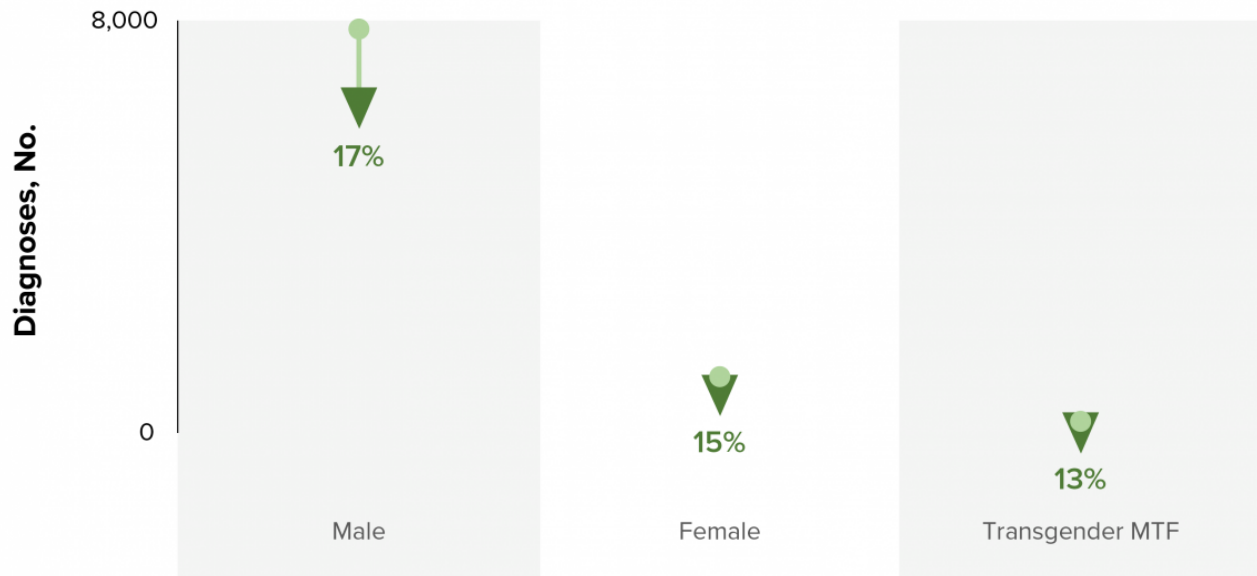
**Figure 25. Diagnoses of HIV Infection among Adolescents and Young Adults, by Gender, 2015–2019— United States and 6 Dependent Areas**



## 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).

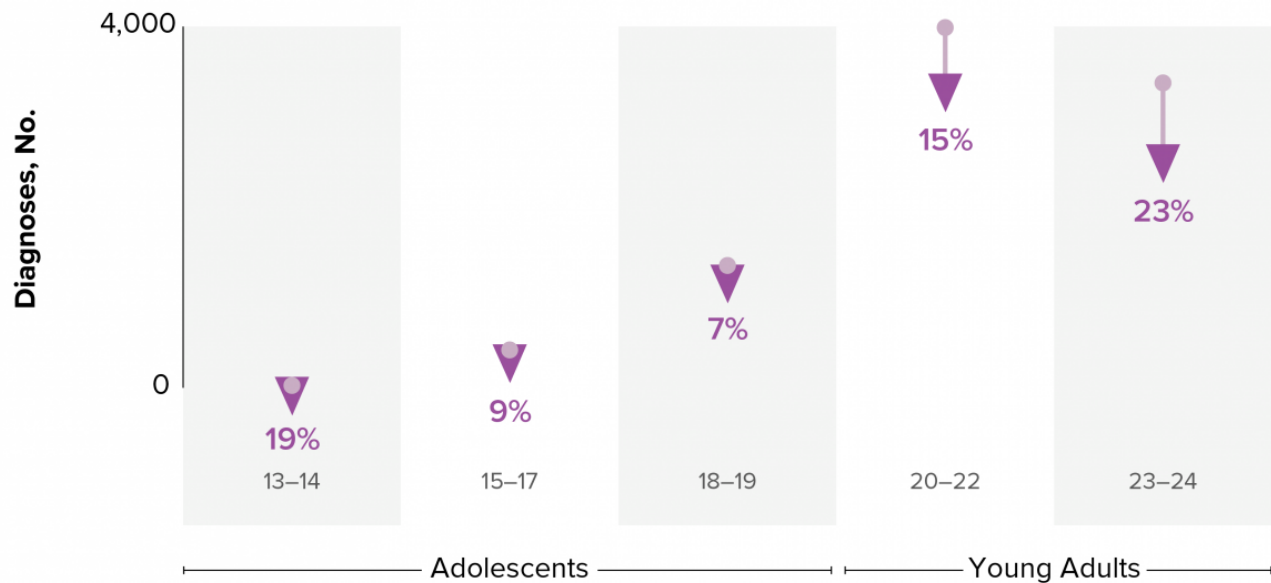
**Figure 26. Diagnoses of HIV Infection among Adolescents and Young Adults, by 2-year and 3-year Age Groups, 2015–2019—United States and 6 Dependent Areas**



## 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.

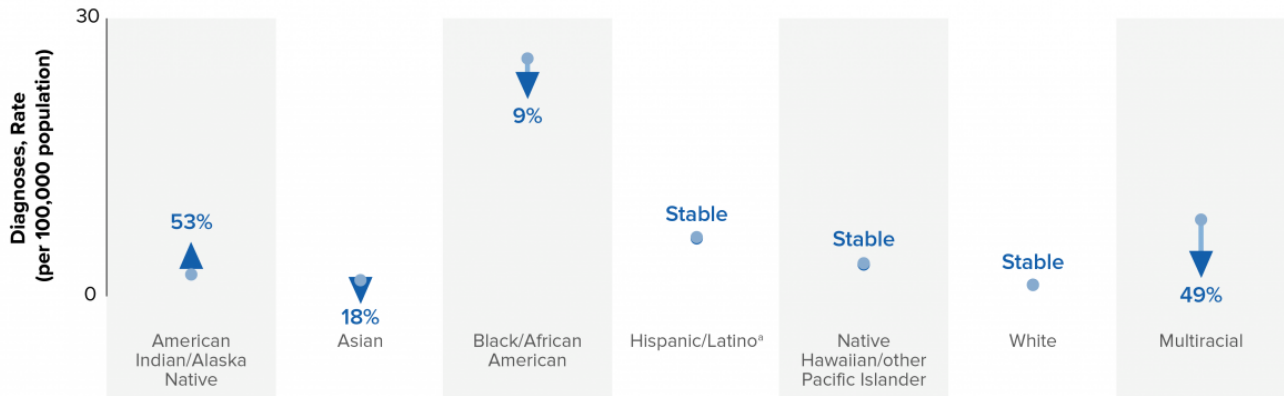
**Figure 27. Rates of Diagnoses of HIV Infection among Adolescents, by Year of Diagnosis and Race/Ethnicity, 2015–2019—United States**



### Trends by Race and Ethnicity

● 2015

▲ 2019



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

<sup>a</sup>Hispanic/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.

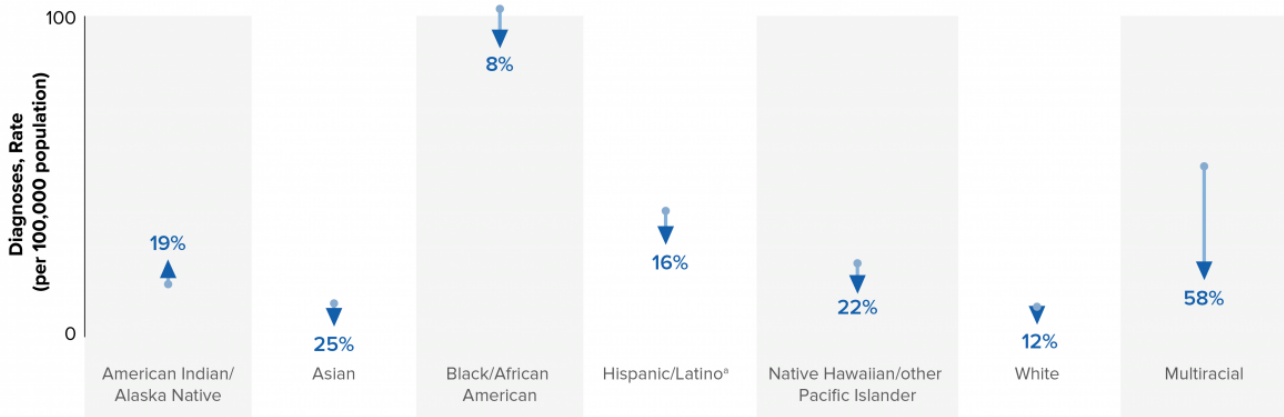
**Figure 28. Rates of Diagnoses of HIV Infection among Young Adults, by Year of Diagnosis and Race/Ethnicity, 2015–2019—United States**



### Trends by Race and Ethnicity

● 2015

▲ 2019

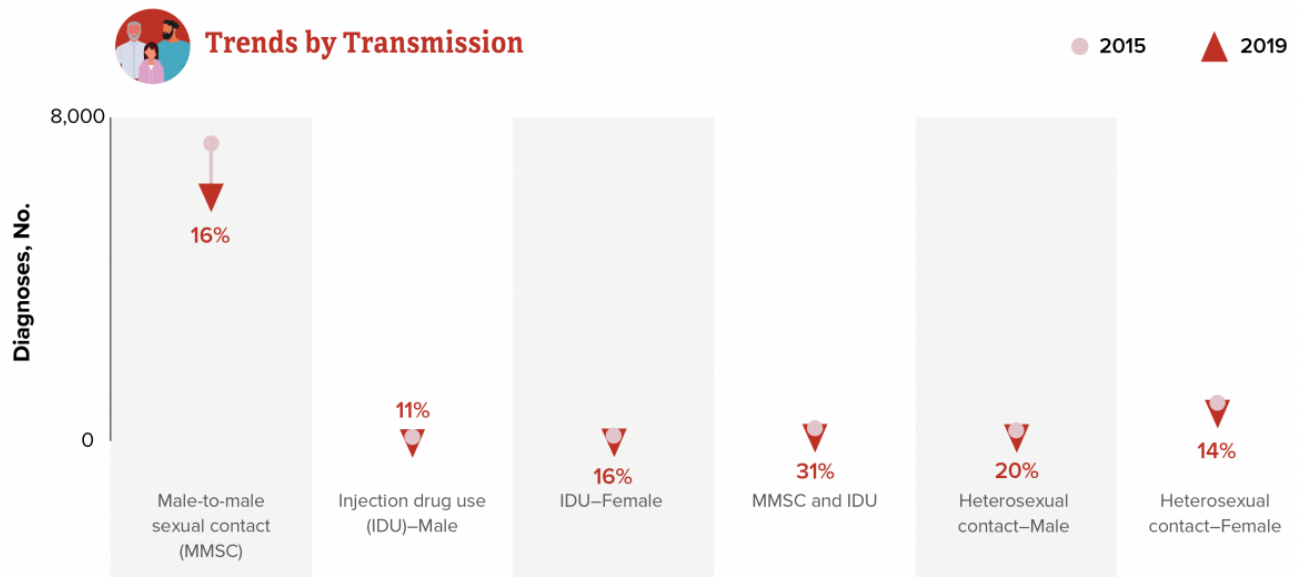


Note: See section D3 in the Technical Notes for more information on race/ethnicity.

<sup>a</sup>Hispanic/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**

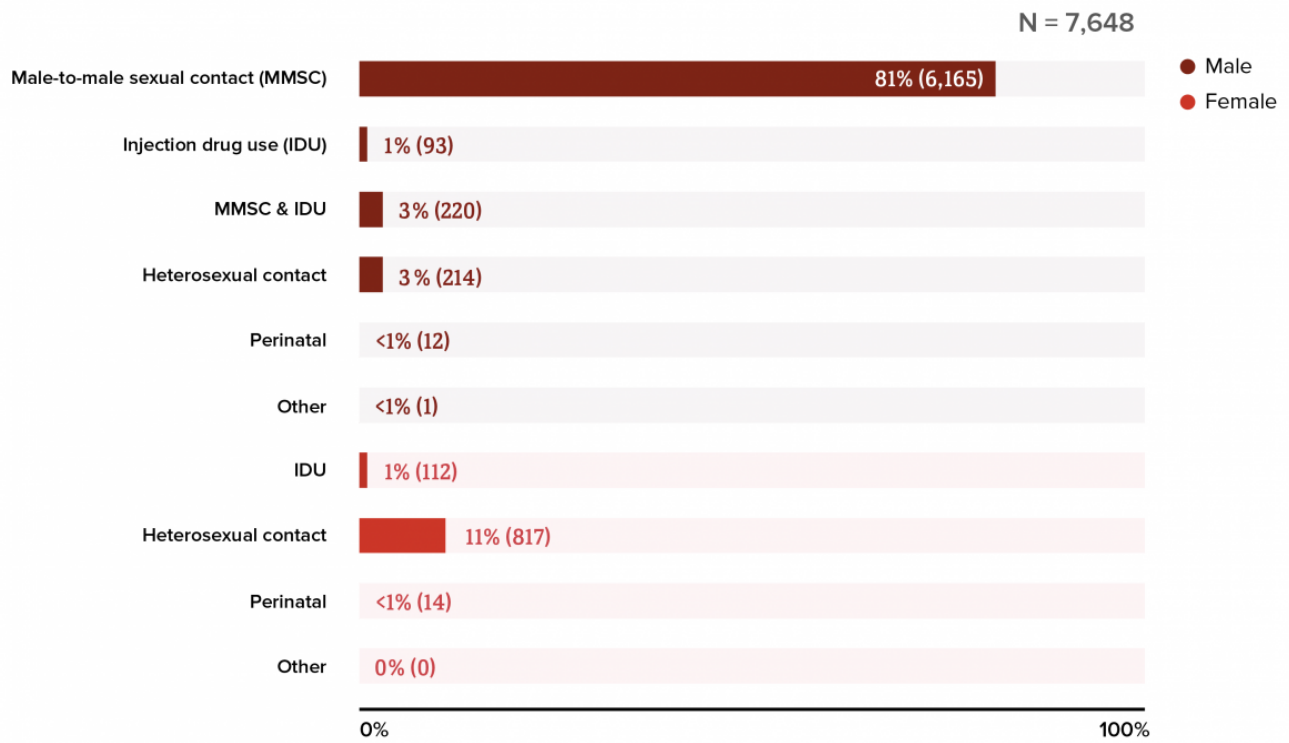


Data have been statistically adjusted to account for missing transmission category. See section D4 in the Technical Notes for more information on transmission categories.

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.

# HIV and Children and Adolescents

[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)

## Key Points

- HIV can pass from a mother with HIV to her child during pregnancy, childbirth, or breastfeeding, called perinatal transmission of HIV. In the United States, this is the most common way children under 13 years of age get HIV. Perinatal transmission of HIV is also called 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), 87 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 2018.

## 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 perinatal transmission of HIV. In the United States, this is the most common way children under 13 years of age get HIV. Perinatal transmission of HIV is also called mother-to-child transmission of HIV.

The use of HIV medicines and other strategies have helped to lower the rate of perinatal transmission of HIV to 1% or less in the United States and Europe.

To learn more, read the HIVinfo fact sheet [Preventing Perinatal Transmission of HIV](#).

## How do adolescents get HIV?

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Some adolescents, 13 to 19 years of age, with HIV in the United States acquired the virus as infants through perinatal transmission. But most youth who acquire HIV during adolescence get it through sexual transmission. Many adolescents with HIV do not know 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
- A child's age and developmental stage.

The HIVinfo fact sheet, Following an HIV Treatment 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.

# El VIH y los niños y adolescentes

 [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)

Última revisión: Agosto 19, 2021

## 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 perinatal 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 perinatal del VIH. La transmisión perinatal del VIH también se llama transmisión materno-infantil 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 87 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 2018.

## ¿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 perinatal 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 perinatal del VIH. La transmisión perinatal del VIH también se llama transmisión materno-infantil VIH.

El uso de medicamentos contra el VIH y otras estrategias han ayudado a reducir la tasa de la transmisión perinatal del VIH a 1% o menos en los Estados Unidos y Europa.

Para más información lea la hoja informativa de HIVinfo titulada Prevención de la transmisión perinatal del VIH.

## ¿Cómo contraen el VIH los adolescentes?

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Algunos adolescentes, de 13 a 19 años de edad 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 HIVinfo 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



# Youth and Young Adult Clients:

## HRSA's Ryan White HIV/AIDS Program, 2020




### Population Fact Sheet | July 2022


The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

#### Ryan White HIV/AIDS Program Fast Facts: Youth and Young Adult Clients


**3.5%**  
OF ALL RWHAP CLIENTS




**69.5%**  
LIVE AT OR BELOW  
100% of the Federal Poverty Level



**81.5%**  
ARE VIRALLY SUPPRESSED



**5.1%**  
EXPERIENCE UNSTABLE HOUSING



Youth and young adults aged 13 to 24 years old represent 3.5 percent (nearly 20,000 clients) of the more than half a million clients served by the RWHAP.

Learn more about youth and young adult clients served by the RWHAP:

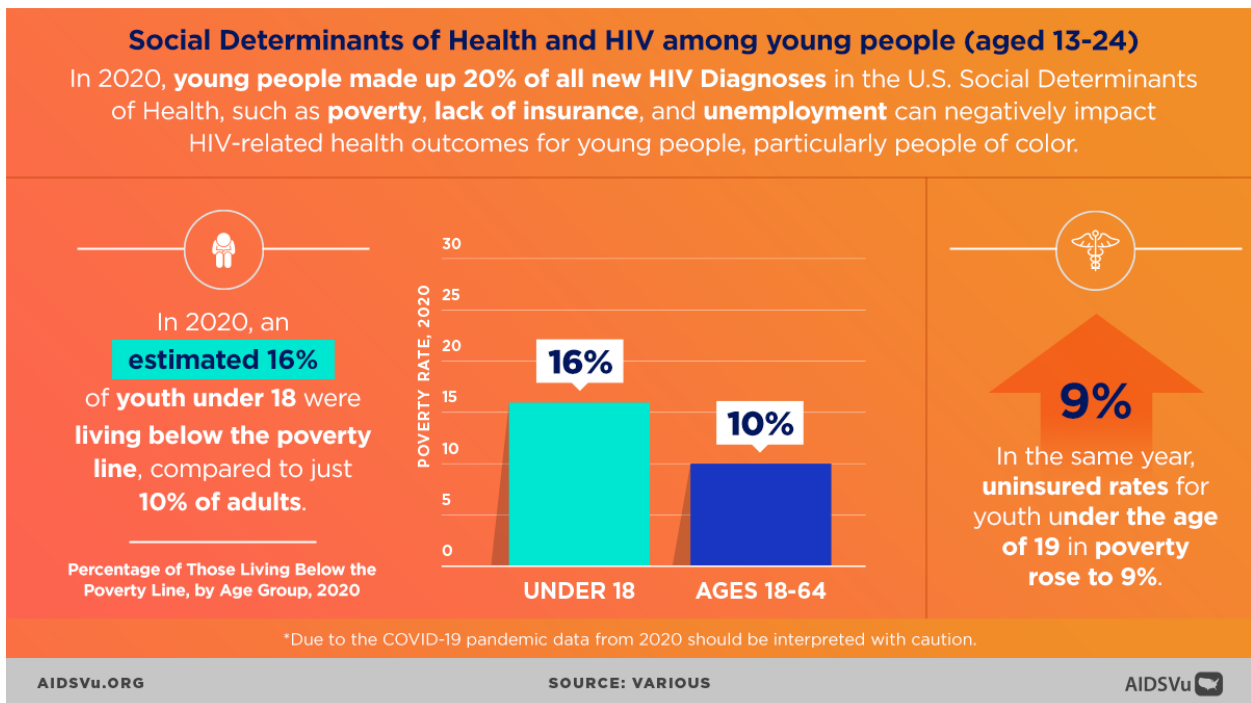
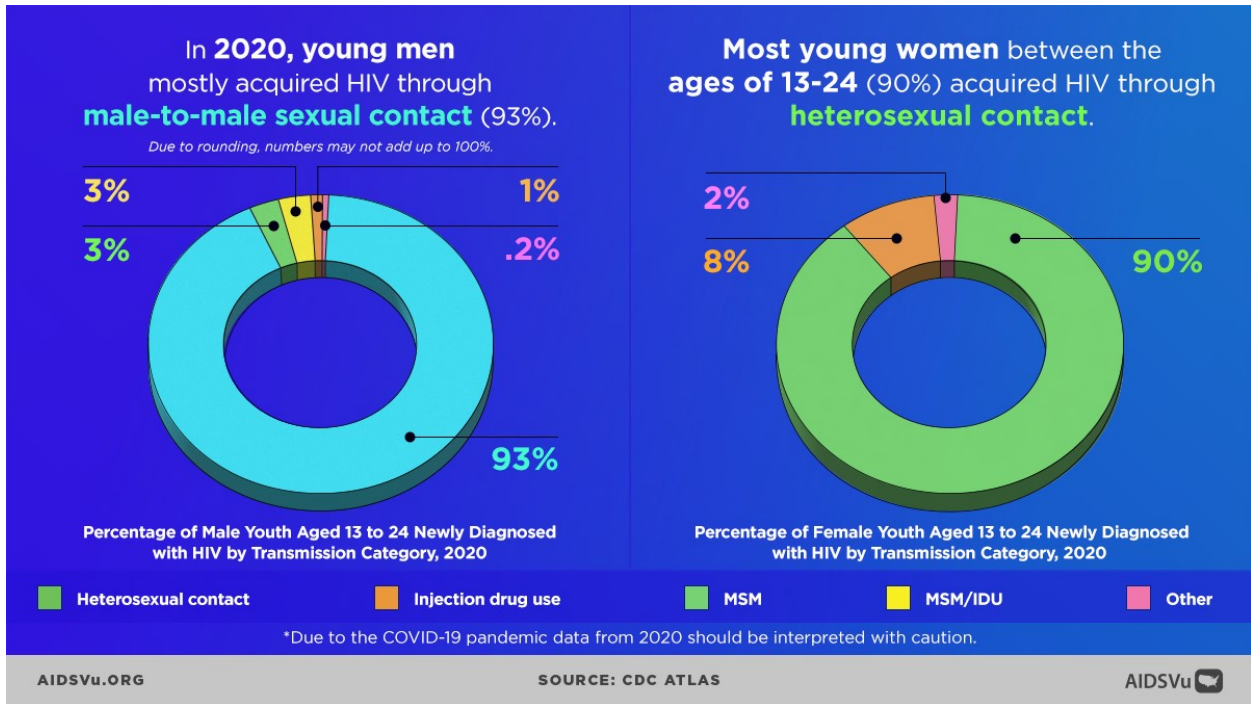
- **The majority of youth and young adult RWHAP clients aged 13–24 years are from a diverse population.** Among clients in this age group, 87.2 percent are people from racial and ethnic minorities. Data show that 60.1 percent of youth and young adult clients are Black/African American people, which is significantly higher than the national RWHAP average (46.6 percent). Hispanic/Latino people represent 22.9 percent of youth and young adult RWHAP clients, which is slightly lower than the national RWHAP average (23.6 percent).
- **The majority of RWHAP clients aged 13–24 years are male.** Data show that 74.8 percent of clients aged 13–24 years are male, 21.4 percent are female, and 3.7 percent are transgender.
- **The majority of RWHAP clients aged 13–24 years are people with lower incomes.** Among youth and young adult RWHAP clients, 69.5 percent are people living at or below 100 percent of the federal poverty level, which is substantially higher than the national RWHAP average (60.9 percent).
- **Data show that 5.1 percent of RWHAP clients aged 13–24 years experience unstable housing.** This percentage is slightly higher than the national RWHAP average (4.8 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 81.5 percent of youth and young adult clients aged 13–24 years receiving RWHAP HIV medical care are virally suppressed,\* which is significantly lower than the national RWHAP average (89.4 percent).

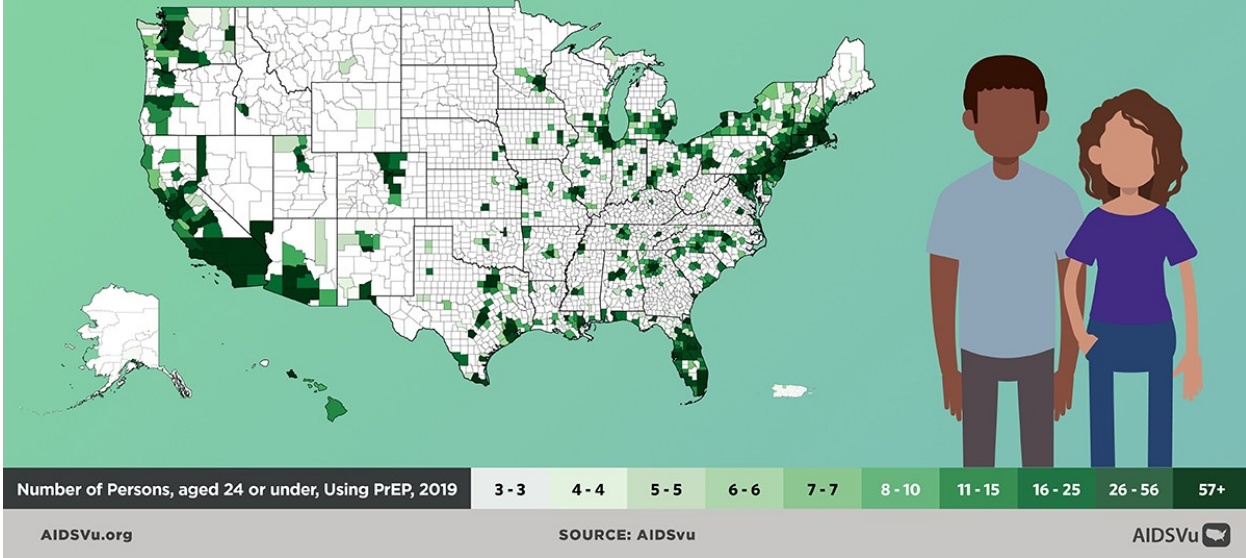
- 83.3 percent of young men who have sex with men (MSM) receiving RWHAP HIV medical care are virally suppressed.
- 80.4 percent of young Black/African American MSM receiving RWHAP HIV medical care are virally suppressed.
- 77.4 percent of young Black/African American women receiving RWHAP HIV medical care are virally suppressed.
- 74.2 percent of transgender youth and young adults receiving RWHAP HIV medical care are virally suppressed.

\*Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

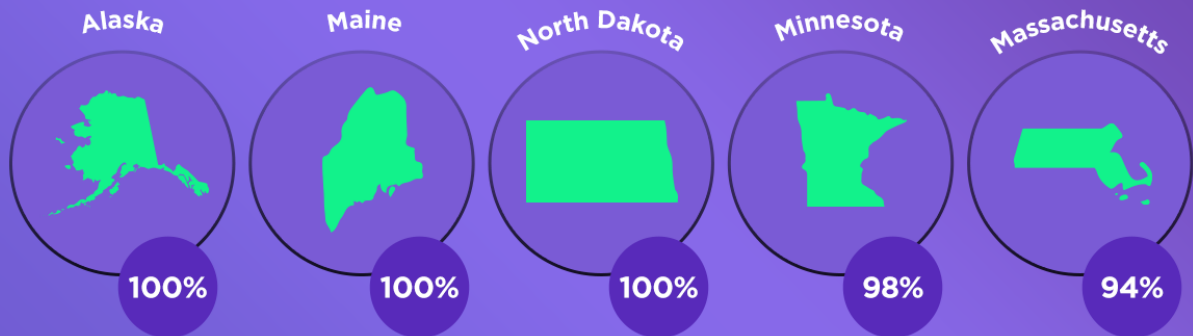
# Infographics from AIDSvu



In **2019**, people **24 and younger** accounted for **21%** of **new HIV diagnoses**, but they accounted for only **14%** of **PrEP users**.

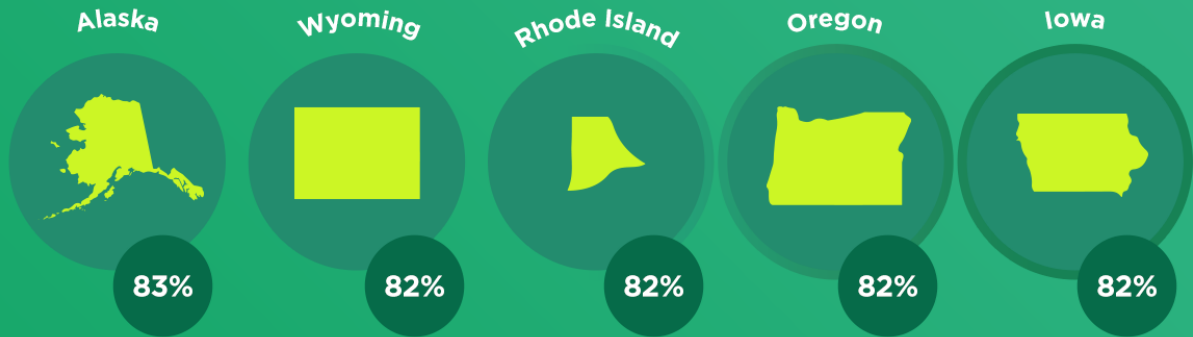


**Five states** led the nation in **linkage to care\*** for **young people** in **2019**:



\*Linkage to care is defined as individuals who visited an HIV health care provider within 1 month of being diagnosed with HIV.

## Five states led the nation in viral suppression\* among young people in 2019:



Viral suppression is when people living with HIV take HIV medication daily as prescribed and reduce the amount of HIV in their blood to a very low, or undetectable, level.

AIDSVu.ORG

SOURCE: AIDSVu

AIDSVu



In 2020,  
**1/5**  
of all new  
HIV diagnoses  
were among those  
aged 13-24.

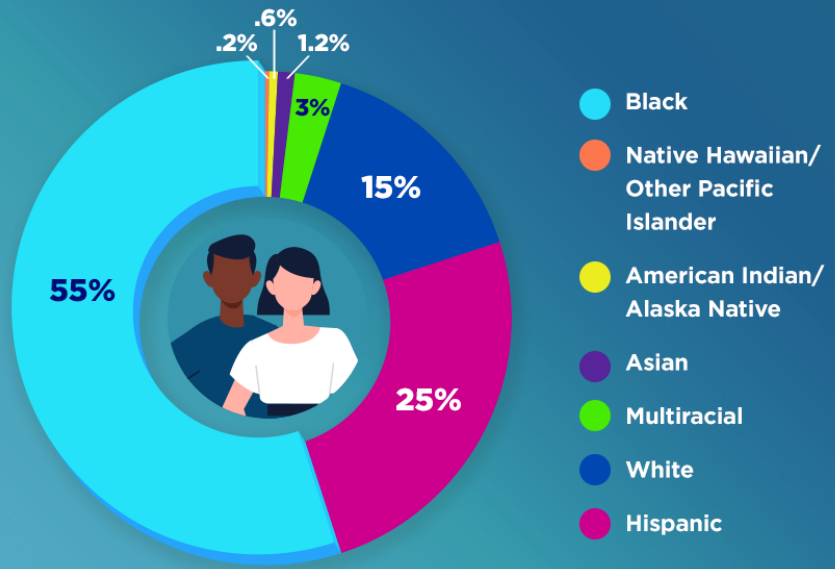
\*Due to the COVID-19 pandemic data from 2020 should be interpreted with caution.

AIDSVu.ORG

SOURCE: CDC ATLAS

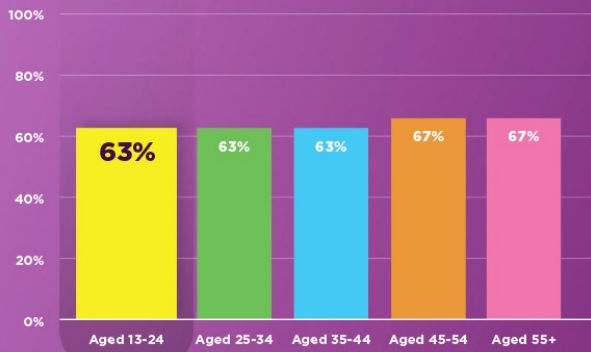
AIDSVu

In 2020  
**Black Americans**  
 made up a  
**disproportionate**  
**number of new HIV**  
**diagnoses** among  
**13-24 year olds**,  
 accounting for  
**55% of new**  
**HIV diagnoses**  
 in that age group.

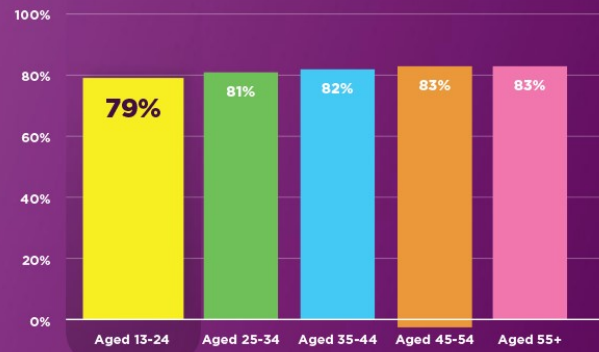


Percentage of New Diagnoses Age 13-24, by Race/Ethnicity  
 \*Due to the COVID-19 pandemic data from 2020 should be interpreted with caution.

In addition to **low rates of viral suppression\***, **young adults (age 13-24)**  
 had the **lowest rate of linkage to HIV care\*\*** of any age group in 2019.

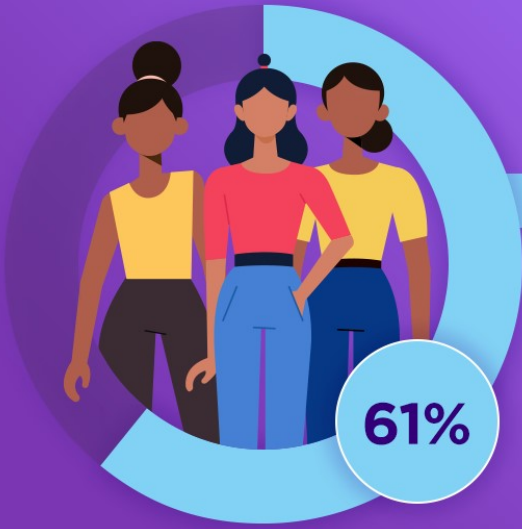


Percentage Virally Suppressed, by Age Group, 2019



Percentage of People Linked HIV Care by Age Group, 2019

\*Viral suppression is when people living with HIV take HIV medication daily as prescribed and reduce the amount of HIV in their blood to a very low, or undetectable, level.  
 \*\*Linkage to care is defined as individuals who visited an HIV health care provider within 1 month of being diagnosed with HIV.



In 2019,  
**YOUNG BLACK WOMEN**

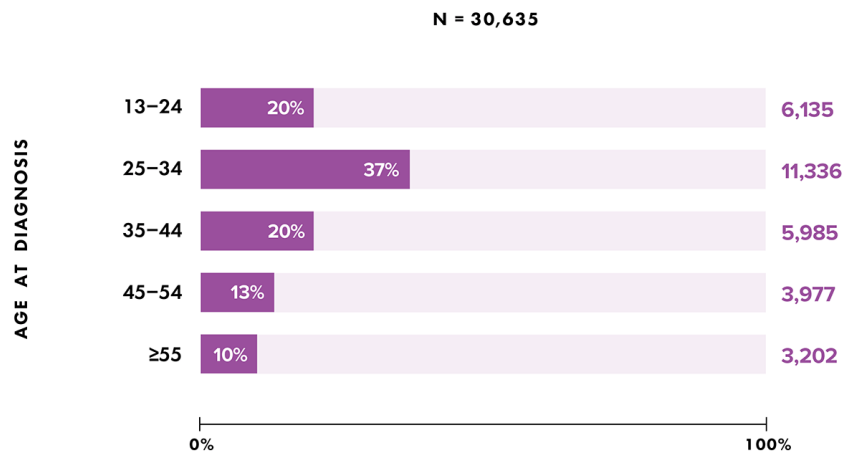
made up the **majority**  
(61%) of **young women**  
(aged 13-24) living  
with HIV.

# Infographics from CDC

## (including information about HIV Among Youth)

**FIGURE 3**

Percentages of diagnoses of HIV infection among persons aged ≥13 years, by age at diagnosis, 2020 (COVID-19 Pandemic)  
—United States and 6 dependent areas



NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.



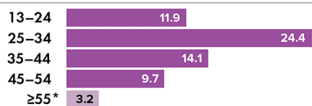
**FIGURE 4**

Rates and disparities of diagnoses of HIV infection among persons aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States

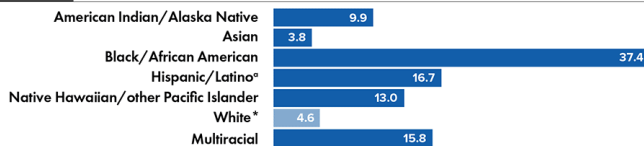
### RATES OF HIV DIAGNOSIS

Asterisk (\*) denotes reference group.

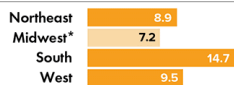
#### AGE AT DIAGNOSIS



#### RACE/ETHNICITY



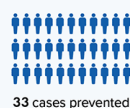
#### REGION OF RESIDENCE



### ABSOLUTE DISPARITIES

(PREVENTABLE CASES) Per 100,000 Population

If those with the highest group rates had the same rate as those in the reference group, then \_\_\_ cases would have been prevented.



### RELATIVE DISPARITIES

(RATE RATIO) Per 100,000 Population

The highest group rate was \_\_\_ times the reference group rate.



NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. \*Hispanic/Latino persons can be of any race. Absolute disparity measures the difference between rates in groups with the highest rates and a reference group (Rate<sub>highest group</sub> - Rate<sub>reference group</sub>). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group (Rate<sub>highest group</sub> / Rate<sub>reference group</sub>).

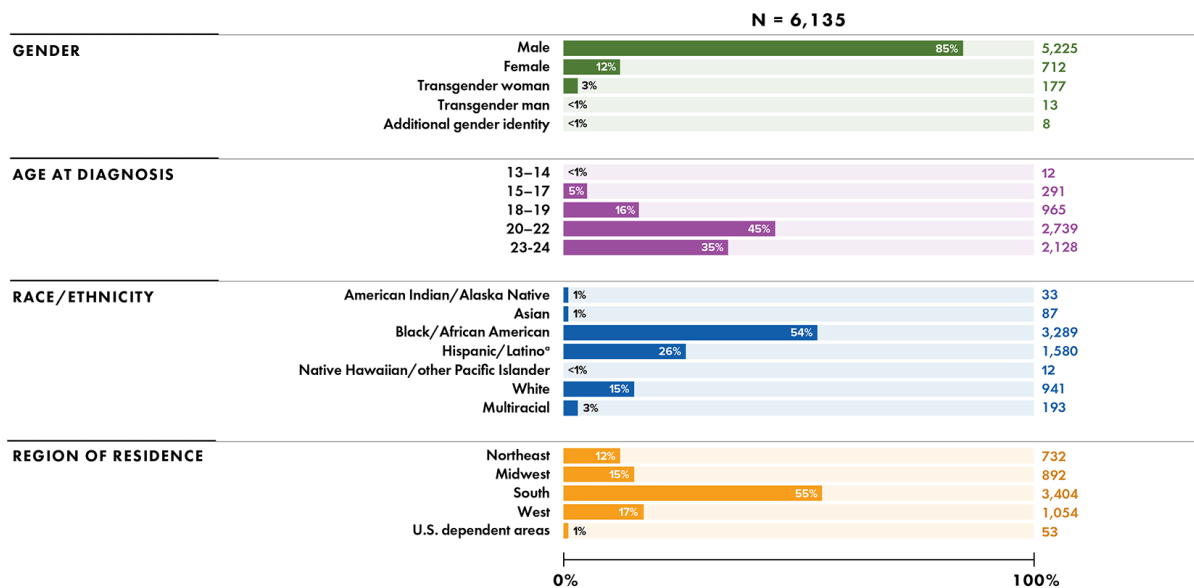


# Infographics from CDC

## (including information about HIV Among Youth)

**FIGURE 26**

Percentages of diagnoses of HIV infection among persons aged 13–24 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



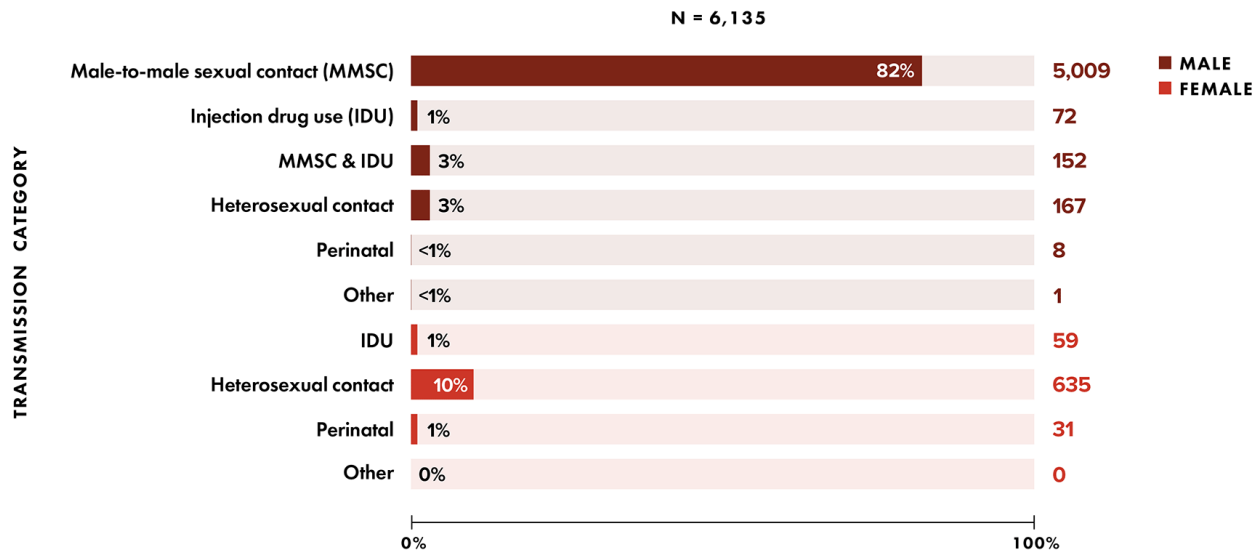
NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

\*Hispanic/Latino persons can be of any race.



**FIGURE 27**

Percentages of diagnoses of HIV infection among persons aged 13–24 years, by sex assigned at birth and transmission category, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.





# Infographics from CDC

## (including information about HIV Among Youth)

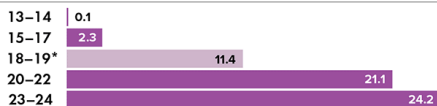
FIGURE 28

Rates and disparities of diagnoses of HIV infection among persons aged 13–24 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States

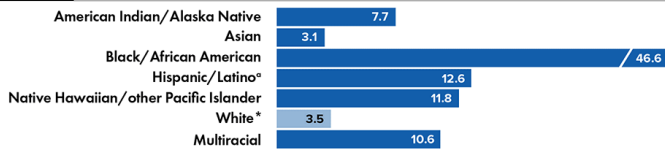
### RATES OF HIV DIAGNOSIS

Asterisk (\*) denotes reference group.

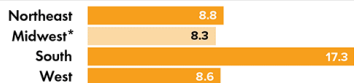
#### AGE AT DIAGNOSIS



#### RACE/ETHNICITY

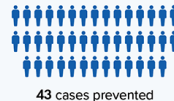


#### REGION OF RESIDENCE



### ABSOLUTE DISPARITIES (PREVENTABLE CASES) Per 100,000 Population

If those with the highest group rates had the same rate as those in the reference group, then \_\_\_ cases would have been prevented.



### RELATIVE DISPARITIES (RATE RATIO) Per 100,000 Population

The highest group rate was \_\_\_ times the reference group rate.

2.1 times

13.3 times

2.1 times

NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. \*Hispanic/Latino persons can be of any race. Absolute disparity measures the difference between rates in groups with the highest rates and a reference group (Rate<sub>highest group</sub> - Rate<sub>reference group</sub>). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group (Rate<sub>highest group</sub> / Rate<sub>reference group</sub>).

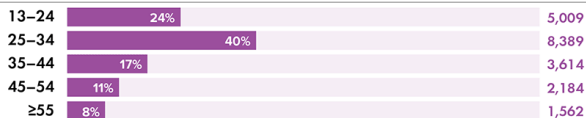


FIGURE 12

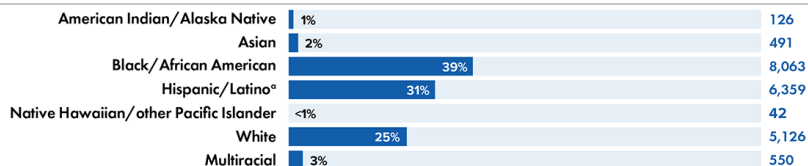
Percentages of diagnoses of HIV infection among men who have sex with men, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas

N = 20,758

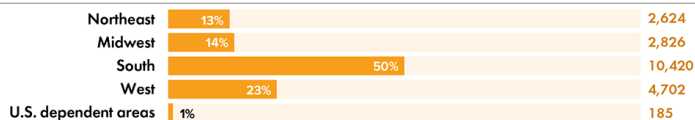
#### AGE AT DIAGNOSIS



#### RACE/ETHNICITY



#### REGION OF RESIDENCE



0% 100%

NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. \*Hispanic/Latino persons can be of any race.



# Infographics from CDC

## (including information about HIV Among Youth)

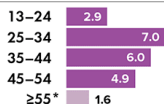
FIGURE 23

Rates and disparities of diagnoses of HIV infection among females aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States

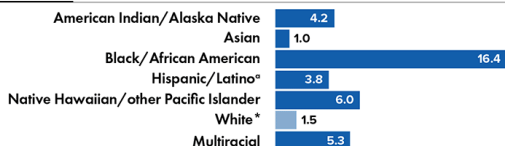
### RATES OF HIV DIAGNOSIS

Asterisk (\*) denotes reference group.

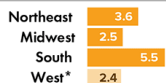
#### AGE AT DIAGNOSIS



#### RACE/ETHNICITY



#### REGION OF RESIDENCE



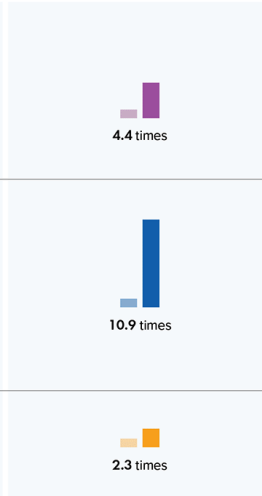
### ABSOLUTE DISPARITIES (PREVENTABLE CASES) Per 100,000 Population

If those with the highest group rates had the same rate as those in the reference group, then \_\_\_ cases would have been prevented.



### RELATIVE DISPARITIES (RATE RATIO) Per 100,000 Population

The highest group rate was \_\_\_ times the reference group rate.



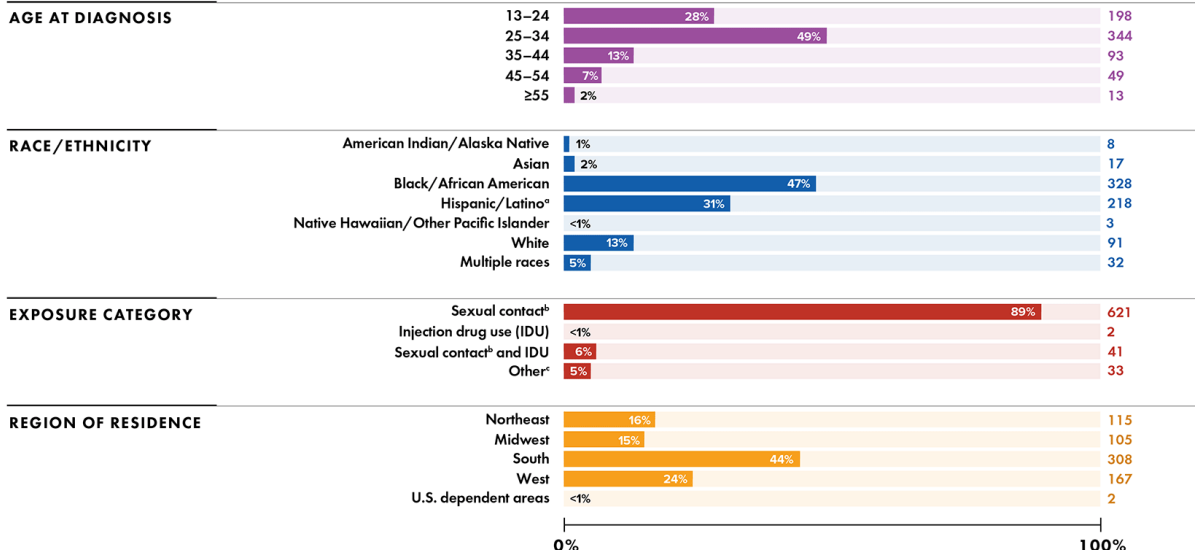
NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. \*Hispanic/Latino persons can be of any race. Absolute disparity measures the difference between rates in groups with the highest rates and a reference group (Rate<sub>highest group</sub> - Rate<sub>reference group</sub>). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group (Rate<sub>highest group</sub> / Rate<sub>reference group</sub>).



FIGURE 18

Percentages of diagnoses of HIV infection among transgender and additional gender identity persons aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas

N = 697



NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

\*Hispanic/Latino persons can be of any race.

<sup>b</sup>For persons assigned "male" sex at birth, sexual contact with any person. For persons assigned "female" sex at birth, sexual contact with a person assigned "male" sex at birth.

<sup>c</sup>Other risk factors including perinatal, hemophilia, blood transfusion, and risk factor not reported or not identified. Data were not statistically adjusted to account for missing exposure category; therefore, case counts for "Other" might be high.

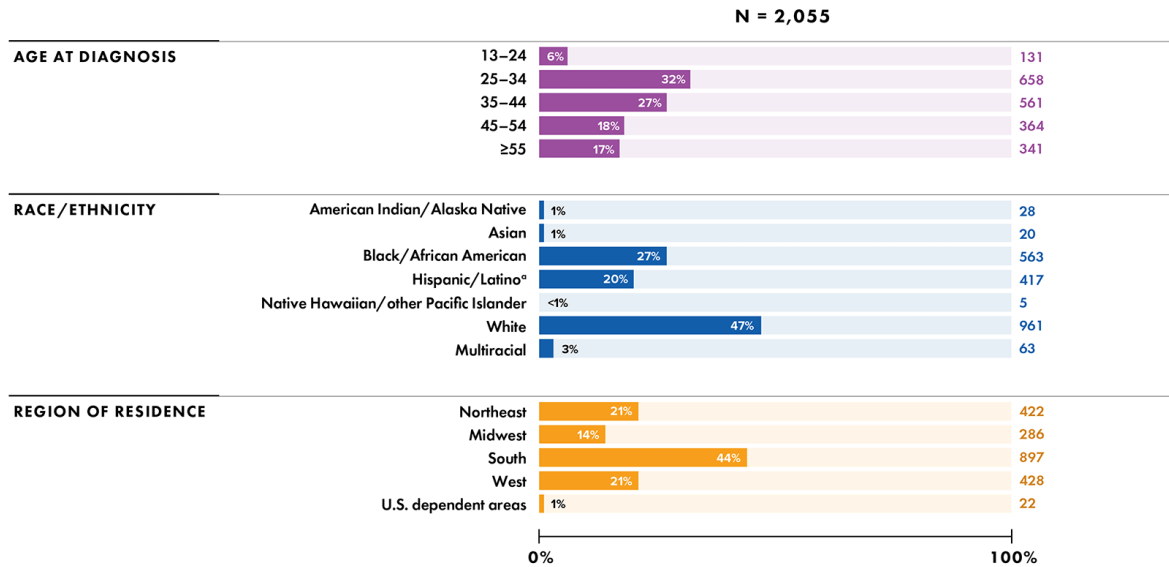


# Infographics from CDC

(including information about HIV Among Youth)

**FIGURE 15**

Percentages of diagnoses of HIV infection among persons who inject drugs, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.  
\*Hispanic/Latino persons can be of any race.

