Youth and HIV

Adolescents and young adults living with HIV may face additional challenges.

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Nearly one in five people newly diagnosed with HIV in the United States and about 2% of those living with the virus are adolescents and young adults. Pre-exposure prophylaxis (PrEP) and antiretroviral treatment are effective for young people, but this age group may face challenges such as stigma and limited access to health care.

Youth ages 13 to 24 accounted for 18% of the more than 39,000 people newly diagnosed with HIV in 2023, according to the Centers for Disease Control and Prevention (CDC). The good news is that the HIV incidence rate for this group has declined by 12% since 2019. Adolescents and young adults living with HIV belong to two distinct groups: those who were born with the virus or acquired it very early in life (lifetime survivors) and those who acquired HIV in their teens or early adulthood.

About 80% of newly diagnosed youth with HIV are young gay or bisexual men. Among young women, heterosexual contact is the most common risk factor. But HIV risk varies substantially by race/ethnicity and geography. Nearly half (47%) of newly diagnosed young people were Black, 35% were Latino and 13% were white; more than half lived in the South.

PrEP is a highly effective tool for preventing HIV, along with using condoms and not sharing drug injection equipment. Two once-daily PrEP pills—Truvada (tenofovir disoproxil fumarate/emtricitabine) and Descovy (tenofovir alafenamide/emtricitabine)—and two long-acting injectables—Apretude (cabotegravir) and Yeztugo (lenacapavir)—are approved for adolescents and adults weighing at least 77 pounds. While PrEP use among young people has increased in recent years, many still face barriers to access.

With good care and prompt treatment, adolescents and young adults with HIV can live long, healthy lives, but youth are less likely than those in older age groups to have been tested and know their status. Testing is important because people who know they are positive can start treatment, which both halts disease progression and prevents HIV transmission because those with an undetectable viral load do not transmit the virus via sex.

Treatment guidelines recommend that all adolescents and young adults should start antiretroviral therapy as soon as possible after diagnosis. According to the CDC, 82% of youth diagnosed with HIV in 2023 were linked to care within one month, and 71% achieved viral suppression within six months. Treatment is usually effective for young people, and guidelines are mostly the same for adolescents and adults of all ages. However, lifetime survivors who have been on antiretrovirals for decades may require more complex management, and they may need extra support as they transition from pediatric to adult care.

In general, young people have a more robust immune system and may experience faster CD4 T-cell recovery after starting treatment than older people with HIV. On the other hand, adolescents and young adults may face treatment barriers, including stigma, lack of health insurance and unavailability of youth-friendly services. Young people who feel well and don’t have other health concerns may put off regular medical care, and studies suggest they may have more trouble maintaining consistent adherence.

Compared with their HIV-negative peers, people living with HIV are at greater risk for coexisting health conditions, such as cardiovascular disease, liver disease and bone loss, and they tend to develop them at younger ages. While these comorbidities are uncommon among adolescents and young adults, it’s never too early to establish good health habits, such as eating a healthy diet, getting enough exercise, not smoking, limiting drug use and heavy drinking, and seeing your health care provider regularly.
