



HIV in Specific Populations

HIV and Youth

Nearly one in five people newly diagnosed with HIV in the United States, and about 2% of those living with HIV, are adolescents and young adults. Pre-exposure prophylaxis (PrEP) and antiretroviral treatment are highly effective for young people, but this age group may face more challenges than older adults.

Youth ages 13 to 24 accounted for 18% of the more than 39,000 people with a new HIV diagnosis in 2023, according to the Centers for Disease Control and Prevention (CDC). Within this age group, most were ages 23 to 24 (36%), 20 to 22 (43%) or 18 to 19 (16%); just 5% were age 15 to 17, and less than 1% were 13 to 14. Young adults ages 25 to 34 accounted for another 37% of new cases. Since 2019, the HIV incidence rate has decreased by 12% in the 13-to-24 age group but increased by 8% in the 25-to-34 group.

According to the CDC, 89% of youth ages 13 to 24 diagnosed with HIV were male and 11% were female. The agency no longer reports data for transgender people, even though past research shows that they are disproportionately at risk for HIV. Gay, bisexual and other men who have sex with men made up the largest share of newly diagnosed youth (83%); among young women, heterosexual contact was the most common risk factor.

HIV risk varies substantially by race/ethnicity and geography, however. Nearly half (47%) of newly diagnosed people in the 13-to-24 age group were Black, 35% were Latino, 13% were white, 2% were Asian and about 1% were Native Americans. More than half (56%) lived in the South.

The HIV population is aging, and only around 2% of all people known to be living with the virus in 2023 were in the 13-to-24 age group, with another 15% in the 25-to-34 group. These age groups accounted for 1% and 9%, respectively, of HIV-related deaths that year. 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 (known as lifetime survivors or “dandelions”) and those who acquired HIV in their teens or early adulthood.

HIV Prevention

PrEP is a highly effective tool for preventing HIV, along with using condoms and not sharing drug injection equipment. Studies show that PrEP works well for young people if used consistently. Due to inadequate sex education, however, many youth are not well informed about HIV and how to prevent it.

Two once-daily PrEP pills—tenofovir disoproxil fumarate/emtricitabine ([Truvada](#) or generic equivalents) 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. However, Descovy is not indicated for those exposed to HIV via vaginal sex due to insufficient data.

PrEP use among young people has increased in recent years, but they still face barriers to access, [especially if they are minors](#). Youth may still be in school or may not have jobs with health insurance. Young adults can stay on their parents' insurance up to age 26, but they may be hesitant to reveal that they are gay or sexually active. In addition, young people have high rates of sexually transmitted infections, which can increase the risk of HIV acquisition and transmission.

HIV Care and Treatment

With good care and prompt treatment, young people with HIV can live long, healthy lives. But adolescents and young adults are less likely than those in older age groups to have been tested and know their status. [According to the American Association for Pediatrics](#), all youth ages 15 years and older should be offered HIV screening, and those at increased risk should be tested at least once a year.

[HIV testing](#) is important because people who know they are positive can start treatment, which both halts disease progression and prevents HIV transmission because people with [an undetectable viral load](#) do not transmit the virus through sex. [According to the CDC](#), 82% of people ages 13 to 24 diagnosed with HIV in 2023 were linked to care within one month, and 71% achieved viral suppression within six months. Across all age groups, these care indicators are lower for Black people and those living in the South.

Starting treatment as soon as possible after diagnosis is recommended for all youth with HIV. Antiretroviral therapy is generally highly effective for young people if taken consistently, and [treatment guidelines](#) are mostly the same for adolescents and adults of all ages. However, lifetime survivors may be heavily treatment-experienced and require more complex management than those who acquired HIV recently, 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 some studies suggest they may have more trouble maintaining consistent adherence and viral suppression.

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. Much remains to be learned about long-term health consequences

for adolescent and young adult lifetime survivors.

While most comorbidities are uncommon among adolescents and young adults who acquired HIV recently, it's never too early to establish good health habits. To promote optimal health and quality of life, eat a [healthy diet](#), get enough [exercise](#) and adequate sleep, stop [smoking](#)—or don't start—curb drug use and heavy drinking and see your health care provider regularly. It's important to discuss not only HIV treatment but also your overall health.

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