Of the 37,832 NEW HIV DIAGNOSES in the US and dependent areas* in 2018, 21% were among youth. †

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

<table>
<thead>
<tr>
<th></th>
<th>YOUNG MEN (N=6,829)</th>
<th>YOUNG WOMEN (N=978)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-to-Male Sexual Contact</td>
<td>92% (6,284)</td>
<td>Heterosexual Contact</td>
</tr>
<tr>
<td>Male-to-Male Sexual Contact and Injection Drug Use</td>
<td>3% (213)</td>
<td>Injection Drug Use</td>
</tr>
<tr>
<td>Heterosexual Contact</td>
<td>3% (210)</td>
<td>Other ††</td>
</tr>
<tr>
<td>Injection Drug Use</td>
<td>2% (107)</td>
<td></td>
</tr>
<tr>
<td>Other ††</td>
<td>&lt;1% (15)</td>
<td></td>
</tr>
</tbody>
</table>

Totals may not equal 100% due to rounding.

HIV diagnoses declined 10% among youth overall from 2010 to 2017.‡‡ 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 and Ethnicity**

- American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
- Persons 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 have sex with men.
- Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).
- Includes hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or not identified.
- In 50 states and the District of Columbia.
- Black refers to people having origins in any of the black racial groups of Africa. African American is a term often used for Americans of African descent with ancestry in North America.
- Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
- Hispanics/Latinos can be of any race.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

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

At the end of 2016, an estimated 1.1 MILLION PEOPLE had HIV.‡‡ Of those, 50,900 were young people.

Youth were the least likely to be aware of their infection compared to any other age group. It is important for youth 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. Youth who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, youth have the lowest rates of viral suppression. For every 100 youth with HIV: ‡‡

- 43 received some HIV care
- 31 were retained in care
- 30 were virally suppressed

For comparison, for every 100 people overall with HIV, 64 received some HIV care, 49 were retained in care, and 53 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.

<table>
<thead>
<tr>
<th>Low Rates of HIV Testing</th>
<th>Socioeconomic Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 unknowingly transmit HIV to others.</td>
<td>Among people with HIV, young people are more likely than older people to be living in households with low income levels, to have been recently homeless, recently incarcerated, or uninsured. These factors pose barriers to achieving viral suppression.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Rates of PrEP Use</th>
<th>High Rates of Other STDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people are less likely than adults to use medicine to prevent HIV. Barriers include cost, access, perceived stigma, and privacy concerns.</td>
<td>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.</td>
</tr>
</tbody>
</table>

How is CDC making a difference for youth?

- Collecting and analyzing data and monitoring HIV trends.
- Conducting prevention research and providing guidance to those working in HIV prevention.
- Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.
- Supporting community organizations that increase access to HIV testing and care.
- Promoting testing, prevention, and treatment through the Let’s Stop HIV Together campaign.
- Strengthening successful HIV prevention programs and supporting new efforts funded through the Ending the HIV Epidemic initiative.

For more information about HIV surveillance data and how it is used, 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