



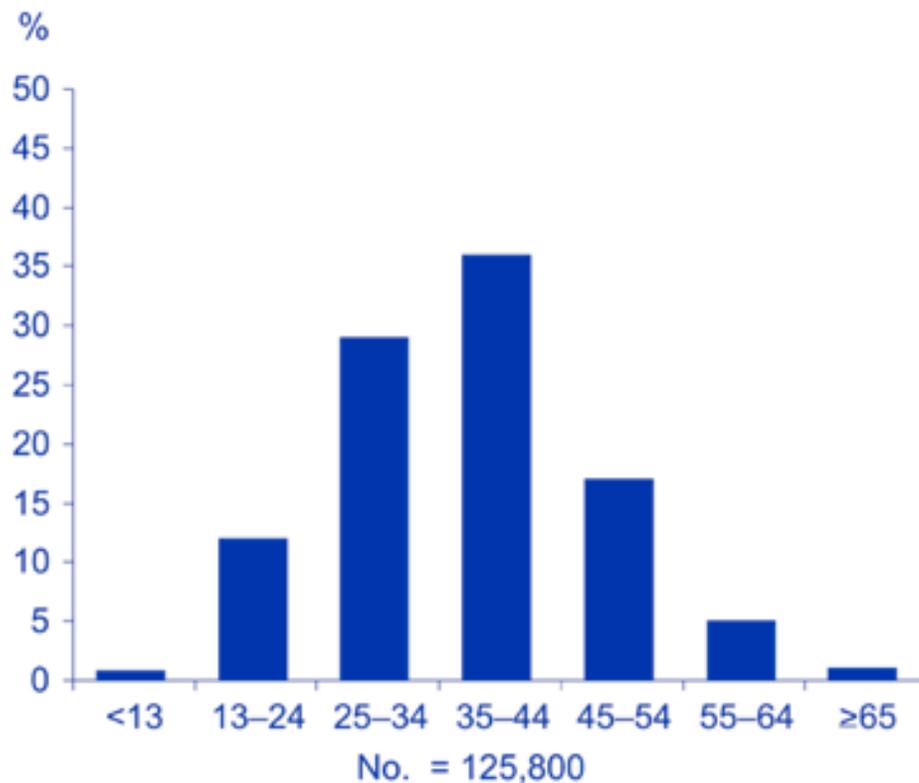
HIV/AIDS among Youth

Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Continual prevention outreach and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Unless otherwise noted, this fact sheet defines youth, or young people, as persons who are 13–24 years of age.

STATISTICS

Cumulative Effects of HIV Infection and AIDS (through 2003)

- An estimated 38,490 young people in the United States received a diagnosis of AIDS. They accounted for about 4% of the 929,985 total estimated AIDS diagnoses [\[1\]](#).
- An estimated 10,041 young people with AIDS died. They accounted for about 2% of the 524,060 total deaths of people with AIDS [\[1\]](#).
- The proportion of young people with a diagnosis of AIDS increased. In 1999, 3.9% of all persons with a diagnosis of AIDS were aged 13–24. In 2003, 4.7% were aged 13–24 [\[1\]](#).
- According to CDC data reported through December 2001, African Americans were the largest group of young people affected by HIV. They accounted for 56% of all HIV infections ever reported among those aged 13–24 [\[2\]](#).
- Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection. In the 7 cities that participated in CDC's Young Men's Survey during 1994–1998, 14% of African American MSM and 7% of Hispanic MSM aged 15–22 were infected with HIV [\[3\]](#).



Note. Based on data from 32 states.

Source. CDC. Diagnoses of HIV/AIDS—32 states. *MMWR* 2004;53:1106–1110.

AIDS in 2003

- An estimated 2,050 young people received a diagnosis of AIDS (4.7% of the 43,171 estimated total with an AIDS diagnosis), and 237 young people with AIDS died [1].
- An estimated 7,081 young people were living with AIDS, a 37% increase since 1999, when 5,159 young people were living with AIDS [1].
- Young people who received a diagnosis of AIDS during 1995–2002 lived longer than persons with AIDS in any other age group except those who were younger than age 13. Nine years after receiving a diagnosis of AIDS, 72% of those aged 13–24 were alive, compared with 76% of those younger than age 13, 70% of those aged 25–34, 66% of those aged 35–44, 60% of those aged 45–54, and 50% of those aged 55 and older [1].

HIV/AIDS in 2003

- An estimated 3,897 young people received a diagnosis of HIV/AIDS, representing about 12% of the persons given a diagnosis during that year [1].
- In large proportions of young people who received a diagnosis of HIV infection—83% of those aged 15–24 and 78% of those aged 13–14—their infection did not progress to AIDS within 12 months. Of all persons given a diagnosis of HIV infection in the 33 areas with confidential name-based HIV reporting, 62% did not have AIDS within the first year after their HIV diagnosis [1].

RISK FACTORS AND BARRIERS TO PREVENTION

Sexual Risk Factors

- **Heterosexual transmission.** Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. According to data from a CDC study of HIV prevalence among disadvantaged youth during the early to mid-1990s, the rate of HIV prevalence among young women aged 16–21 was 50% higher than the rate among young men in that age group [4]. African American women in this study were 7 times as likely as white women and 8 times as likely as Hispanic women to be HIV-positive. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, and having sex with older men who are more likely to be infected with HIV.
- **MSM.** Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. According to a CDC study of 5,589 MSM, 55% of young men (aged 15–22) did not let other people know they were sexually attracted to men [5]. MSM who do not disclose their sexual orientation are less likely to seek HIV testing, so if they become infected, they are less likely to know it. Because MSM who do not disclose their sexual orientation are likely to also have 1 or more female sex partners, MSM who become infected may transmit the virus to women as well as to men.
- **Sexually transmitted diseases (STDs).** The presence of an STD greatly increases a person's likelihood of acquiring or transmitting HIV [6]. Some of the highest STD rates in the country are those among young people, especially those of minority races and ethnicities [7].

Substance Abuse

Young people in the United States use alcohol, tobacco, and other drugs at high rates [8]. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [9]. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs or money.

Lack of Awareness

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV [10]. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including the concept that abstinence is the only 100% effective way to avoid infection, how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce and eliminate risk, how to talk with a potential partner about risk, where to get tested for HIV, and how to use a condom correctly.

Poverty and Out-of-School Youth

Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty [11]. Studies have found a direct relationship between higher AIDS incidence and lower income. In addition, studies have shown that the socioeconomic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk for HIV infection [12]. Research has shown that young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception [13].

The Coming of Age of HIV-Positive Children

Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

PREVENTION

Among all people in the United States, the annual number of new HIV infections has declined from a peak in the mid-1980s of more than 150,000 and stabilized since the late 1990s at approximately 40,000. Populations of minority races or ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (<http://www.cdc.gov/hiv/partners/AHP.htm>), in 2003. This initiative comprises 4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

Through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv09.htm>), CDC also addresses the health disparities experienced in the communities of minority races or ethnicities at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities.

The following are some CDC prevention programs that state and local health departments and community-based organizations can provide for youth.

- Teens Linked to Care, which focuses on young people aged 13–29 who are living with HIV
- Street Smart, which is an HIV/AIDS and STD prevention program for runaway and homeless youth
- PROMISE (Peers Reaching Out and Modeling Intervention Strategies for HIV/AIDS Risk Reduction in their Community), which is a community-level HIV prevention intervention that relies on role-model stories and peers from the community.

CDC research has shown that early, clear parent-child communication regarding values and expectations about sex is an important step in helping adolescents delay sexual initiation and make responsible decisions about sexual behaviors later in life. Parents have unique opportunities to engage their children in conversations about HIV, STD, and teen pregnancy prevention because the discussions can be ongoing and timely [14]. Schools also can be important partners for reaching youth before high-risk behaviors are established.

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

Understanding HIV and AIDS Data

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 33 areas—the US Virgin Islands and 32 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

HIV/AIDS: This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

REFERENCES

1. CDC. *HIV/AIDS Surveillance Report, 2003*. Vol. 15. Atlanta : US Department of Health and Human Services, CDC; 2004:1–40. Also available at <http://www.cdc.gov/hiv/stats/2003surveillancereport.pdf> ◀ . Accessed March 2, 2005 .
2. CDC. *HIV Prevention in the Third Decade*. Atlanta : US Department of Health and Human Services, CDC; 2003. Available at http://www.cdc.gov/hiv/HIV_3rdDecade/ ◀ . Accessed August 16, 2004.
3. CDC. HIV incidence among young men who have sex with men—seven US cities, 1994–2000. *MMWR* 2001;50:440–444.
4. Valleroy LA, MacKellar DA, Karon JM, Janssen RS, Hayman DR. HIV infection in disadvantaged out-of-school youth: prevalence for U.S. Job Corps entrants, 1990 through 1996. *Journal of Acquired Immune Deficiency Syndromes* 1998;19:67–73.
5. CDC. HIV/STD risks in young men who have sex with men who do not disclose their sexual orientation—six US cities, 1994–2000. *MMWR* 2003;52:81–85.
6. Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually Transmitted Infections* 1999;75:3–17.
7. CDC. *Sexually Transmitted Disease Surveillance, 2003*. Atlanta : US Department of Health and Human Services, CDC; September 2004. Also available at <http://www.cdc.gov/std/stats/toc2003.htm> ◀ . Accessed March 3, 2005.
8. Substance Abuse and Mental Health Services Administration. 2003 National Survey on Drug Use & Health. Available at <http://www.oas.samhsa.gov/nhsda.htm> ◀ . Accessed April 11, 2005.
9. Leigh B, Stall R. Substance use and risky sexual behavior for exposure to HIV: issues in methodology, interpretation, and prevention. *American Psychologist* 1993;48:1035–1043.
10. The Kaiser Family Foundation. National survey of teens on HIV/AIDS, 2000. Available at <http://www.kff.org/youthhivstds/loader.cfm?url=/commonspot/security/getfile.cfm&pageid=13570> ◀ . Accessed March 3, 2005.
11. US Census Bureau. Poverty: 1999. Census 2000 Brief. May 2003. Available at <http://www.census.gov/poverty/>

census.gov/prod/2003pubs/c2kbr-19.pdf ◀ . Accessed March 3, 2005.

12. Diaz T, Chu S, Buehler J, et al. Socioeconomic differences among people with AIDS: results from a multistate surveillance project. *American Journal of Preventive Medicine* 1994;10:217–222.
13. Office of the Surgeon General. The Surgeon General's call to action to promote sexual health and responsible sexual behavior, 2001. Available at <http://www.surgeongeneral.gov/library/sexualhealth/call.htm> ◀ . Accessed March 3, 2005.
14. Dittus P, Miller KS, Kotchick BA, Forehand R. Why Parents Matter! The conceptual basis for a community-based HIV prevention program for the parents of African American youth. *Journal of Child and Family Studies* 2004;13:5–20.

For more information...

CDC-INFO:

(Formerly, the CDC National AIDS Hotlines)

1 -800-CDC-INFO (1-800-232-4636)

TTY: 1-888-232-6348

In English, en Español

CDC National Prevention Information Network:

P.O. Box 6003

Rockville, Maryland 20849-6003

1-800-458-5231

Web Resources:

NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html> ◀

DHAP: <http://www.cdc.gov/hiv>

NPIN: <http://www.cdcpin.org/> ◀

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