

Young People at Risk: HIV/AIDS Among America's Youth

In the United States, HIV-related death has the greatest impact on young and middle-aged adults, particularly racial and ethnic minorities. In 1999, HIV was the fifth leading cause of death for Americans between the ages of 25 and 44. Among African American men in this age group, HIV infection has been the leading cause of death since 1991. In 1999, among black women 25-44 years old, HIV infection was the third leading cause of death. Many of these young adults likely were infected in their teens and twenties. It has been estimated that at least half of all new HIV infections in the United States are among people under 25, and the majority of young people are infected sexually (Rosenberg PS, Biggar RJ, Goedert JJ. Declining age at HIV infection in the United States [letter]. *New Engl J Med* 1994;330:789-90).

In 2000, 1,688 young people (ages 13 to 24) were reported with AIDS, bringing the cumulative total to 31,293 cases of AIDS in this age group. Among young men aged 13- to 24-years, 49% of all AIDS cases reported in 2000 were among men who have sex with men (MSM); 10% were among injection drug users (IDUs); and 9% were among young men infected heterosexually. In 2000, among young women the same age, 45% of all AIDS cases reported were acquired heterosexually and 11% were acquired through injection drug use. Among both males and females in this age group, the proportion of cases with exposure risk not reported or identified (26% for males and 43% for females) will decrease and the proportion of cases attributed to sexual contact and injection drug use will increase as follow-up investigations are completed and cases are reclassified into these categories.

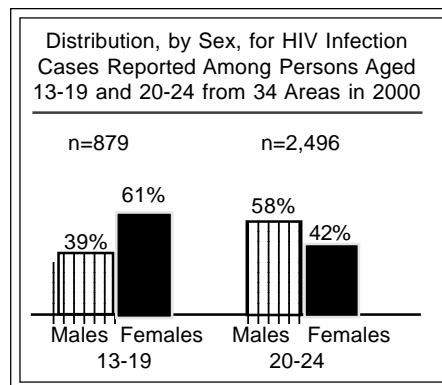
Surveillance data analyzed from 25 states with integrated HIV and AIDS reporting systems for the period between January 1996 and June 1999 indicate that young people (aged 13 to 24) accounted for a much greater proportion of HIV (13%) than AIDS cases (3%). These data also show that even though

AIDS incidence (the number of new cases diagnosed during a given time period, usually a year) is declining, *there has not been a comparable decline in the number of newly diagnosed HIV cases among youth.*

Scientists believe that cases of HIV infection diagnosed among 13- to 24-year-olds are indicative of overall trends in HIV incidence (the number of new infections in a given time period, usually a year) because this age group has more recently initiated high-risk behaviors. Females made up nearly half (47%) of HIV cases in this age group reported from the 34 areas with confidential HIV reporting for adults and adolescents in 2000—and in young people between the

ages of 13 and 19, a much greater proportion of HIV infections was reported among females (61%) than among males (39%). Cumulatively, young African

Americans are most heavily affected, accounting for 56% of all HIV cases ever reported among 13- to 24-year-olds in these 34 areas.



Improving HIV Prevention for Young People

CDC research has shown that early, clear communications between parents and young people about sex is an important step in helping adolescents adopt and maintain protective sexual behaviors. In addition, a wide range of activities must be implemented in communities to reduce the toll HIV infection and AIDS takes on young Americans.

School-based programs are critical for reaching youth before behaviors are established.

Because risk behaviors do not exist independently, topics such as HIV, STDs, unintended pregnancy, tobacco, nutrition, and physical activity should be integrated and ongoing for all students in kindergarten through high school. The specific scope and content of these school health programs should be locally determined and consistent with parental and community values. **Research has clearly shown that the most effective programs are comprehensive ones that include a focus on delaying sexual behavior and provide information on how sexually active young people can protect themselves.** Evidence of prevention success can be seen in trends from the Youth Risk Behavior Survey conducted over an 8-year period, which show both a decline in sexual risk behaviors and an increase in condom use among sexually active youth. The percentage of sexually experienced high school students decreased from 54.1% in 1991 to 49.9% in 1999, while condom use among sexually active students increased from 46.2% to 58.0%. These findings represent a reversal in the trend toward increased sexual risk among teens that began in the 1970s and point to the success of comprehensive prevention efforts to both delay first intercourse among teens and increase condom use among young people who are sexually active.

Efforts to reach out-of-school-youth are made by community-based programs. Addressing the needs of adolescents who are most vulnerable to HIV infection, such as homeless or runaway youth, juvenile offenders, or school drop-outs, is critically important. For example, a 1993 serosurveillance survey of females in four juvenile detention centers found that between 1% and 5% were HIV infected (median 2.8%).

Prevention efforts for young gay and bisexual men must be sustained. Targeted, sustained prevention efforts are urgently needed for young MSM as they come of age and initiate high-risk sexual behavior. Ongoing studies show that both

HIV prevalence and risk behaviors remain high among young MSM. In a sample of young MSM ages 15-22 in seven urban areas, researchers found that, overall, 7% were infected with HIV, with higher prevalence among young African American (14%) and Hispanic (7%) men than among young white men (3%).

We must address sexual and drug-related risk. Many students report using alcohol or drugs when they have sex, and 1 in 50 high school students reports having injected an illegal drug. Surveillance data from the 34 states with integrated HIV and AIDS reporting systems suggest that drug injection led to at least 6% of HIV diagnoses reported among those aged 13-24 in 2000, with an additional 50% attributed to sexual transmission (both heterosexual and MSM).

STD treatment must play a role in prevention programs for young people. An estimated 12 million cases of STDs other than HIV are diagnosed annually in the United States, and about two-thirds of those are among people under the age of 25. Research has shown that biological factors make people who are infected with an STD more likely to become infected with HIV if exposed sexually; and HIV-infected people with STDs also are more likely to transmit HIV to their sex partners. Expanding STD treatment is critical to reducing the consequences of these diseases and helping to reduce risks of transmitting HIV among youth.

Evaluation of factors influencing risk behavior must be ongoing. Both broad-based surveys of the extent of risk behaviors among young people and focused studies of the factors contributing to risk and behavioral intent among specific groups of adolescents must be conducted and analyzed.

For young people, it is critical to prevent patterns of risky behaviors before they start. HIV prevention efforts must be sustained and designed to reach each new generation of Americans.

For more information...

CDC National STD & AIDS Hotlines:

1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

**CDC National Prevention
Information Network:**

P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:

NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html>
DHAP: <http://www.cdc.gov/hiv>
NPIN: <http://www.cdcnpin.org>