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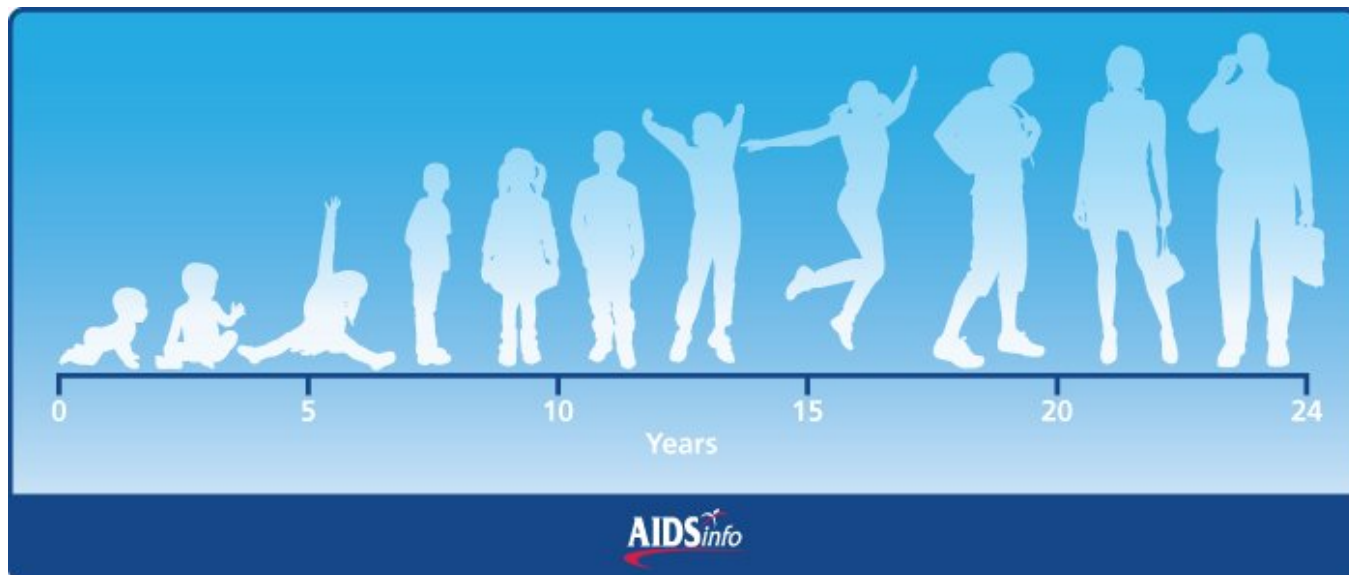
HIV and Specific Populations

HIV and Children and Adolescents

Last Reviewed: March 27, 2020

Key Points

- HIV can pass from a mother with HIV to her child during pregnancy, childbirth, or breastfeeding (called mother-to-child transmission of HIV). In the United States, the most common way children under 13 years of age get HIV is through mother-to-child transmission of HIV.
- Most youth who acquire HIV during adolescence get it through sexual transmission.
- Several factors affect HIV treatment in children and adolescents, including a child's growth and development. For example, because children grow at different rates, dosing of an HIV medicine may depend on a child's weight rather than their age.
- [Medication adherence](#) can be difficult for children and adolescents. For example, adolescents may skip HIV medicine doses to hide their HIV-positive status from others.



Does HIV affect children and adolescents?

Yes, children and adolescents are among the people living with HIV in the United States.

- According to the [Centers for Disease Control and Prevention \(CDC\)](#), 91 cases of HIV in children younger than 13 years of age were diagnosed in the United States in 2018.
- [CDC](#) reports that youth 13 to 24 years of age accounted for 21% of all new HIV diagnoses in the United States and dependent areas in 2017.

How do most children get HIV?

HIV can pass from a mother with HIV to her child during pregnancy, childbirth, or breastfeeding (called mother-to-child transmission of HIV). In the United States, the most common way children under 13 years of age get HIV is through mother-to-child transmission of HIV.

The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. To learn more, read the [AIDSinfo Preventing Mother-to-Child Transmission of HIV](#) fact sheet.

How do adolescents get HIV?

Some adolescents with HIV in the United States acquired the virus as infants through mother-to-child transmission. But most youth who acquire HIV during adolescence get it through sexual transmission. Many adolescents with HIV don't know that they are HIV positive.

What factors increase the risk of HIV in adolescents?

Several factors make it challenging to prevent adolescents from getting HIV. Many adolescents lack basic information about HIV and how to protect themselves from HIV.

The following are some factors that put adolescents at risk of HIV:

- Low rates of condom use. Always using a condom correctly during sex reduces the risk of HIV and some other sexually transmitted diseases (STDs).
- High rates of STDs among youth. An STD increases the risk of getting or spreading HIV.
- Alcohol or drug use. Adolescents under the influence of alcohol or drugs may engage in risky behaviors, such as having sex without a condom.

What factors affect HIV treatment in children and adolescents?

Treatment with HIV medicines (called [antiretroviral therapy or ART](#)) is recommended for everyone with HIV, including children and adolescents. HIV medicines help people with HIV live longer, healthier lives and reduce the risk of [HIV transmission](#).

Several factors affect HIV treatment in children and adolescents, including a child's growth and development. For example, because children grow at different rates, dosing of an HIV medicine may depend on a child's weight rather than their age. Children who are too young to swallow a pill may use HIV medicines that come in liquid form.

Issues that make it difficult to take HIV medicines every day and exactly as prescribed (called [medication adherence](#)) can affect HIV treatment in children and adolescents. Effective HIV treatment depends on good medication adherence.

Why can medication adherence be difficult for children and adolescents?

Several factors can make medication adherence difficult for children and adolescents with HIV. For example, a child may refuse to take an HIV medicine because it tastes unpleasant.

Negative beliefs and attitudes about HIV (called [stigma](#)) can make adherence especially difficult for adolescents living with HIV. They may skip medicine doses to hide their HIV-positive status from others.

The following factors can also affect medication adherence in children and adolescents:

- A busy schedule that makes it hard to take HIV medicines on time every day
- Side effects from HIV medicines
- Issues within a family, such as physical or mental illness, an unstable housing situation, or alcohol or drug abuse
- Lack of health insurance to cover the cost of HIV medicines

The AIDSinfo fact sheet [Following an HIV Regimen: Steps to Take Before and After Starting HIV Medicines](#) includes tips on adherence. Some of the tips may be useful to children and adolescents with HIV and their parents or caregivers.

This fact sheet is based on information from the following sources:

From CDC:

- [HIV and Pregnant Women, Infants, and Children](#)
- [HIV and Youth](#)
- [HIV Surveillance Report, 2018](#)

From the Department of Health and Human Services:

- Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV: [Adolescents and Young Adults with HIV](#)
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection: [Adherence to Antiretroviral Therapy in Children and Adolescents Living with HIV](#)
- Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States: [Introduction](#)