In the United States, approximately 1 in 5 new HIV infections occurs among youth aged 13 to 24 years. In 2016, there were 8,451 new HIV infections in this age group with 20% among those aged 13 to 19 years and 80% among those aged 20 to 24 years. Just over half of all new infections among youth occur in black or African American males.

About 60% of all youth living with HIV do not know they are infected, are not getting treated, and can unknowingly transmit HIV to others. Youth represent new cohorts of persons at risk, and prevention efforts need to be repeated for each succeeding generation.

Risk among youth can be stratified by geography, race or ethnicity, and a variety of other factors. At-risk youth—especially young gay, bisexual and other men who have sex with men (YMSM) and black or African American and Hispanic/Latino YMSM—are a priority for HIV prevention services, including pre-exposure prophylaxis (PrEP).

Considerations for Minors (under age 18 years):

Provision of health care services to young people can be complicated by varying state public health laws, regulations, and ethical considerations, such as confidentiality concerns. Most states allow minors to access sexually transmitted infection (STI) services and family planning care without parental consent. In most state public health laws, however, HIV is not designated as an STI, and the minor waiver may not apply. That is, there is state variability in whether a minor can consent to receive HIV testing, PrEP, or STI-related vaccines without parental consent. In some states, public health law provides that a person under 18 years old can give consent for treatment if he/she is the parent of a child, married, or an emancipated youth. This CDC webpage provides more information on minors’ consent laws for HIV and STI services.

Truvada® was initially FDA approved as PrEP for adults because early licensing studies did not include adolescents weighing over 35kg (77 lbs). However, it may take some time before this knowledge is widely disseminated among providers.

Considerations for Young Adults (aged 18 to 24 years):

Youth aged 18 to 24 years have the legal ability to consent to STI and family planning services as well as PrEP without parental consent. However, confidentiality issues may present barriers to seeking these services. Under the Affordable Care Act, young adults can remain on their parent’s insurance until age 26. If a young adult accesses these services and their insurance plan is billed, an explanation of benefits (EOB) must, by law, be sent to the parent who is the insured, responsible party in the insurance plan. The EOB will list the date and place of service and laboratory tests or immunizations received, which may or may not be itemized. Some states, such as California (see http://www.myhealthmyinfo.org), allow beneficiaries to request “masking” of items on the EOB, or to request that the EOB be sent to them directly instead of to the policyholder, i.e., the parent, but this is not always successful.

Considerations for Youth (aged 13 to 24 years):

- **Adherence:** There have been two major trials conducted to look at the efficacy of PrEP in YMSM. These trials in adolescent and young adult MSM, respectively, showed that when visit frequency decreased, so did adherence. There
was a decrease in adherence to PrEP between week 12 and week 24.\textsuperscript{7,8} Although data are limited, these findings suggest that more frequent visits or counseling on adherence may be needed for PrEP to be taken consistently in this population.

- **Sexual History Taking and Disclosure:** Primary care clinicians are less likely to take a sexual history for youth, and as a result, may not identify at risk youth as PrEP candidates.\textsuperscript{9} Youth may be uncomfortable disclosing sexual and substance-use risk behaviors including types of sex, concurrent or multiple sexual relationships, sex with same-sex partners, older partners, and substance-using partners. Youth may be more reluctant to disclose sexual behaviors if the provider appears to be uncomfortable or there are confidentiality concerns.\textsuperscript{10} Adolescents may feel more comfortable discussing sexual health if the subject is initiated by the provider and if the provider takes time to normalize the conversation and discuss confidentiality.\textsuperscript{11}

- **Bone Health:** Recently, two demonstration studies examined the use of PrEP in youth aged 15 to 17 years and aged 18 to 22 years, respectively.\textsuperscript{7,8} These studies found a small decrease in bone hardness but no increase in fractures. These studies are continuing to evaluate if bone density will reverse once PrEP has been discontinued in youth as it does in adults.\textsuperscript{12}

**Implementing PrEP Services for Youth in Targeted Settings:**

Public health STI clinics, primary care community clinics, family planning clinics, adolescent health clinics, and lesbian, gay, bisexual, transgender specialty clinics offer advantages such as:

- **Large numbers of youth at risk for HIV voluntarily seek services in these settings,**
- **Sexual history and behavioral risk assessment are often routinely conducted,** and
- **Clinical staff may be comfortable and skilled in asking youth and young adults about PrEP-related behaviors, including sexual practices (types of sex, concurrent or multiple sexual relationships, sex with same sex partners, older partners, and substance using partners), sex work, mental health, and substance use.**

**References:**


