



Start the Conversation About PrEP With Your Adolescent Patients

PrEP is short for pre-exposure prophylaxis. It is the use of antiretroviral medication to prevent HIV infection among people who could be exposed to HIV through sex or injection drug use. PrEP reduces the risk of getting HIV from sex by up to 99%.

Adolescents should be offered the same HIV prevention options as adults, as part of their comprehensive sexual health care. Clinicians should discuss PrEP with all their sexually active patients, including adolescents. Whether recommended by you or a parent or guardian—or brought up by your patient—prescribing PrEP always starts with a conversation. It is important to provide your adolescent patients and their parents or guardians with clear and accurate information about PrEP to help them decide if PrEP is the right choice for them.



Is PrEP Safe for My Adolescent Patients?

Yes. PrEP is approved for use by adolescents without HIV who weigh at least 77 pounds (35 kilograms). Although there has been less research on PrEP use among adolescents, available data suggest that PrEP is safe and effective for HIV prevention among adolescent patients.



For more information about prescribing PrEP, access CDC's PrEP Clinicians' Quick Guides: cdc.gov/hiv/clinicians/materials/prevention.html



How Do I Start the Conversation About PrEP?

You can use the strategies below to start the conversation about sexual health, HIV risk factors, and PrEP with your adolescent patients and their parents or guardians.

Conversation Tips for Adolescent Patients



- Make discussions about sexual health a part of all routine health visits with adolescent patients. Consistently introducing the topic of sexual health can help normalize these conversations.
- Set the tone for a visit by introducing yourself to your adolescent patient before speaking with their parents or guardians.
- Create a safe space for conversations by asking parents or guardians to leave the room for a period during the appointment so your adolescent patient can talk freely about what they are feeling or experiencing. This is sometimes called “Time Alone,” and the current American Academy of Pediatrics guidelines recommend that these conversations begin around age 11.
- Start your conversation with less sensitive topics and use open-ended questions (for example: “What can you tell me about your recent sexual partners?”) to encourage the sharing of information about sexual behaviors and partners.
- While discussing sexual health, be nonjudgmental and supportive.
- Provide current and accurate information on sexual health and have resources available that can link adolescent patients to confidential information, services, and support.

Conversation Tips for Parents or Guardians



- Allow enough time for discussion and clarify their goals and expectations for their adolescent’s sexual health.
- Explore their knowledge and expectations around sexual health and give them information to understand their adolescent’s behaviors in terms of adolescent sexual development.
- Encourage them to seek additional information or support and to have open and nonjudgmental conversations with their adolescent.
- Share information and resources on sexual health and HIV prevention to improve their understanding.



Why Do Adolescents Need PrEP?



Preventing new HIV infections among adolescents and young adults is important. In 2021, youth aged 13-24 made up 19% of people with new HIV diagnoses in the United States. Also, 2021 data show that only 20% of youth aged 16-24 who were indicated for PrEP were prescribed it.

Many adolescents engage in the same behaviors associated with HIV transmission as adults:

- In 2021, 43% of all 9th through 12th graders had sexual contact with another person.
- Although 15- to 24-year-olds make up just over one-quarter of the sexually active population, they accounted for half of all new sexually transmitted infections (STIs) in 2021.
- In 2021, 1.4% of 9th through 12th graders had used a needle to inject an illegal drug into their body one or more times during their lifetime.

How Do I Identify HIV Risk in Adolescents?

Many adolescents lack information about their risk for HIV and how to protect themselves. Taking a brief sexual and substance use history is vital to understanding your adolescent patients' risk factors for HIV. Talking with your adolescent patients about sexuality or substance use can be challenging, but it is important for their overall health.

Adolescents may be concerned about confidentiality, which can prevent them from seeking the support they need. Build trust with adolescent patients by reassuring them that what they share with you is confidential and explain the circumstances that might require confidentiality to be broken.

Some factors that place adolescents at ongoing risk for HIV include:

- Having more than one sexual partner during the same period of time.
- Having many short-term, monogamous sexual partners.
- Using condoms inconsistently or incorrectly.
- Using injection drugs that were not prescribed to them.
- Having an infection or other condition that makes them likely to get to additional infections.




Consider screening patients for transactional sex (that is, sex in exchange for money, shelter, food, drugs, hormones—for transgender adolescents, or other resources). These factors may increase the chances of getting or transmitting HIV.

If you identify substance use by your adolescent patients, refer them to clinical treatment, counseling, and support services, as indicated by the issue identified.

Learn more about taking a sexual history: [*Clinicians' Quick Guide: Discussing Sexual Health with Your Patients.*](#)

When Should I Prescribe PrEP?

PrEP can be part of a comprehensive prevention plan for adolescent patients if they test negative for HIV and if any of the following apply to them:

	have had anal or vaginal sex in the past 6 months	have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load), have not consistently used a condom, or have been diagnosed with an STI (such as gonorrhea or syphilis) in the past 6 months.
	inject drugs	have ever injected drugs (especially if they have injected drugs in the past 6 months), have an injection partner with HIV, or share needles, syringes, or other equipment to inject drugs (for example, cookers).
	have been prescribed PEP (post-exposure prophylaxis)	may continue to be exposed to HIV in the future or have used PEP more than once.



Protecting Against STIs and Pregnancy

Before your patients start PrEP, talk with them about how they can protect themselves against other STIs and pregnancy, as appropriate. PrEP does not protect people from unintended pregnancy, but effective contraceptive methods do.



Taking PrEP Consistently

PrEP must be taken as prescribed for it to work. Talk with your adolescent patients about the importance of taking their medication as prescribed and strategies, such as using apps or reminders on their smartphones, to help them maintain medication adherence.

How Do I Prescribe PrEP?

To learn more about prescribing PrEP and conducting baseline assessments and ongoing assessments for oral and injectable PrEP, access CDC's *PrEP Clinicians' Quick Guides*: cdc.gov/hiv/clinicians/materials/prevention.html.

How Can Patients Pay for PrEP?

Patients may need assistance paying for PrEP. For more information, visit CDC's *Paying for PrEP* page: cdc.gov/hiv/basics/prep/paying-for-prep/index.html.

