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Perspective

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Increasing HIV infections among young people in Vietnam: Current situation and response strategies

Ly Trieu Vo¹, Tan Van Pham¹, Phi Hoang Nguyen², Pham Le An³, Giao Huynh^{2✉}, Tuan Diep Tran⁴¹Hospital for Tropical Diseases, Ho Chi Minh City, Vietnam²Faculty of Public Health, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam³Center for Family Medicine Training, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam⁴Department of Pediatrics, School of Medicine, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam

Although new HIV infections in Vietnam declined by 57% between 2010 and 2024, the epidemic has shifted substantially, with new infections increasingly concentrated among young people, particularly young men. Individuals aged 16–29 years accounted for 47.3% of newly diagnosed cases in 2023, while males comprised more than 84% of reported cases between 2021 and 2023[1,2].

The epidemic has also shifted from blood-borne to sexual transmission. Between 2010 and 2024, blood-borne transmission declined from 47.5% to 6.5%, whereas sexual transmission increased from 47.5% to 70.8%. Men who have sex with men (MSM) accounted for 64% of new HIV diagnoses, while HIV prevalence among MSM increased nearly three-fold between 2010 and 2020[2]. These changes underscore the need for more effective HIV prevention strategies tailored to the evolving epidemic.

HIV transmission has traditionally been attributed to multiple sexual partners and inconsistent condom use[3,4]. Although these individual-level behaviors remain important, they do not fully capture the broader contexts in which HIV transmission occurs. Several additional factors may contribute to the changing epidemic.

First, the structure of sexual networks contributes to HIV transmission. Individuals belonging to networks with a high HIV prevalence remain at substantial risk despite having relatively few partners, whereas highly connected individuals (*hubs*) and network *bridges* may facilitate transmission across populations, particularly where MSM and people who inject drugs overlap[3,5]. This perspective is particularly relevant to the changing Vietnamese epidemic because it shifts attention from individual risk behaviors to broader patterns of connectivity within sexual networks.

Second, digital platforms have increased network connectivity by facilitating partner seeking. National survey data from Vietnam showed that MSM who used the Internet to meet casual sex partners were more than twice as likely to report multiple sexual partnerships, highlighting the role of digital platforms in expanding sexual networks[4]. Digital environments should therefore be considered not only part of the changing context of sexual partner seeking but also potential channels through which HIV prevention services may reach

young MSM and other populations who may not readily engage with conventional facility-based services.

Third, chemsex is increasingly associated with higher HIV risk among young MSM. Approximately 25% of MSM nationwide and up to 50% in some major cities have reported chemsex[2,6]. The coexistence of substance use and sexual risk may complicate conventional HIV prevention approaches and indicates the need for services that address these interrelated risks rather than treating HIV prevention as an isolated issue.

Finally, stigma, discrimination, and limited HIV-related knowledge continue to hinder access to preventive measures and testing, particularly among young people and key populations[2,7]. These barriers are particularly important when considering how prevention programs should be adapted for young people in Vietnam.

Given the increasing concentration of HIV diagnoses among young men and MSM in Vietnam, greater attention should be given to prevention strategies that account for sexual network structures. Network-informed approaches, including peer-led interventions, venue-based outreach, and community-led programs, may help reach individuals who occupy central or bridging positions within sexual networks and may therefore influence onward transmission[5,7].

Digital platforms should also be more strategically incorporated into HIV prevention in Vietnam. Because these platforms increasingly influence partner seeking among MSM, they may provide important opportunities to expand access to HIV self-testing,

✉To whom correspondence may be addressed. E-mail: hgiaohtcc@ump.edu.vn

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improve pre-exposure prophylaxis (PrEP) uptake, strengthen linkage to HIV services, and support telehealth and community-based approaches[7–9]. Evidence from Vietnam has already demonstrated the feasibility of web-based HIV self-test distribution and linkage to HIV treatment and PrEP among populations at elevated risk[8]. These strategies may be especially relevant for young people who prefer more private, convenient, or community-based approaches to HIV prevention.

Biomedical prevention should remain a central component of this response. PrEP should be promoted among populations at substantial HIV risk, while early antiretroviral therapy, treatment as prevention, and the principle of undetectable = untransmittable (U=U) should continue to be strengthened through sustained treatment adherence and effective linkage to care[7,8,10]. These biomedical strategies should not operate independently but should be integrated with behavioral, community-based, and digital interventions that reflect the circumstances of young people in Vietnam.

Prevention communication should also place greater emphasis on adolescents and young MSM, particularly those in rural or underserved areas where HIV knowledge and access to prevention services remain limited[2,7]. Communication should be youth-friendly, nonstigmatizing, and accompanied by practical access to HIV testing, self-testing, PrEP, and appropriate referral services. Migrants and other vulnerable populations also require attention because conventional facility-based services may not adequately address barriers related to stigma, mobility, or access[7].

The emergence of chemsex among MSM in Vietnam further indicates that HIV prevention should not address HIV risk in isolation. Programs for young MSM should integrate substance-use counseling, regular HIV and sexually transmitted infection screening, harm-reduction strategies, mental health services, and support for PrEP or antiretroviral therapy adherence[6,7,10]. This integrated approach may be particularly important in major urban areas where chemsex is more common.

The changing HIV epidemiology among young people in Vietnam highlights the need to move beyond prevention strategies focused primarily on individual risk behaviors. An integrated approach combining network-informed interventions, biomedical prevention, digital health strategies, youth-friendly and community-based services, and sustained treatment support may better address the evolving epidemic and strengthen long-term HIV prevention and control efforts in Vietnam. Continuous national surveillance is also essential to monitor the evolving epidemic and ensure that prevention strategies remain responsive to emerging trends.

Conflict of interest statement

The authors declare that they have no conflicts of interest.

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Authors' contributions

LTV, ALP conceived the article and developed the initial framework. LTV and PHN collected and interpreted the relevant epidemiological evidence. TVP, ALP drafted the manuscript and critically revised its scientific content. GH, TDT supervised the development of the article and critically revised the manuscript. All authors reviewed and approved the final manuscript and agreed to be accountable for all aspects of the work.

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