Learning Objectives

After attending this presentation, participants will be able to:

• Describe HIV risk among transgender persons
• Identify opportunities to improve engagement of transgender persons in HIV prevention and care

Transgender populations

- **Transgender** (trans) = people whose gender identity differs from assigned birth sex
  - **Trans women**: assigned male at birth (natal males) with a female/feminine gender
  - **Trans men**: assigned female at birth (natal females) with a male/masculine gender
  - **Genderqueer**: identify as neither entirely male nor female, or a combination of male and female
  - **Cisgender** (cis): non-transgender

1.4 million transgender people in United States

2. Williams Institute 2016
Which transgender patients are at risk?

**Trans Masculine**
- Systematic review (2012-2015)
- 6 U.S. prevalence studies
  - 0.4% - 4.3% (n=1)
- Laboratory Confirmed HIV Prevalence

Transgender MSM risk from non-transgender male partners

**Trans Feminine**
- Global meta-analysis of laboratory-confirmed HIV (2000-11)
  - United States: 22% prevalence
  - 34-fold greater than the general population
- Systematic review and data synthesis (2012-2015)
  - Highest: 40% among trans women of color
  - Lowest: 4.5% in youth (16-24 years old)
  - Incidence estimate: 2.9 per 100 person-years

Alexis Rivera, transgender activist
Died from HIV at age 34 (2012)
New HIV Positive Tests Among Trans People, 2009-2011

- New HIV+ test results highest in trans people
- 2.4% among trans people
- 0.9% cis males & 0.3% cis females
- Gender trajectory matters
- 2.7% trans feminine
- 0.5% trans masculine
- New HIV+ highest in trans women of color
- 5.4% African American
- 3.0% Hispanic/Latina
- 3-fold increase in new HIV+ tests in trans women at 20 years


How do I know if my trans patient is at risk?

1. What is your current gender identity? (Check and/or circle ALL that apply)
   - Male
   - Female
   - Transgender Male/Trans man/FTM
   - Transgender Female/Trans woman/MTF
   - Genderqueer
   - Additional category (please specify): __________________________
   - Decline to answer

2. What sex were you assigned at birth? (Check one)
   - Male
   - Female
   - Decline to answer

- Not all under the “transgender umbrella” self-identify as transgender
  - Anatomy, sexual practices, and sexual identities ≠ gender identity
- Current best practice: ascertain identity via the 2-step method¹

Sexual Orientation

- Gender identity ≠ sexual orientation
- Transgender people can have any sexual orientation

2008 Survey Transgender/Gender-Nonconforming People in the US (N=6450)

- 24%
- 23%
- 22%
- 23%
- 4%
- 2%
- Bisexual
- Gay, Lesbian, or Same Gender
- Heterosexual
- Queer/Pansexual
- Asexual
- Other

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Sexual History

- Tell me about your current sexual relationships.
- How many partners have you had recently?
- What are the genders of your partners?
- What words do you like to use for your body parts?
- What kinds of sex are you having? Which behaviors might expose you to your partner's fluid?
- How do you protect yourself? (Your partners?)
- How often do you use barriers? Tell me about the times that you don't use barriers. Tell me about the times you do.

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How can I help prevent HIV among my trans patients at risk?
Case: Maria (1)
- 19 year old trans female with rectal burning and discharge (5 d)
- Reports condomless receptive anal sex with one cis male partner
- Unemployed, previous sex work
- HIV screening < 3 y ago: negative
- Socially transitioned at age 15 years old
- Uses silicone and hormones from the internet
- No gender-affirming surgeries

Case: Maria (2)
- Anal exam (anoscopy)
  - Fissure noted, purulent blood-streaked discharge
- Tests ordered
  - Oral, anal, urethral chlamydia/gonorrhea (nucleic acid amplification test)
  - Anal herpes simplex virus
  - Rapid plasmin reagin
  - HIV screen
- Test Results
  - Anal: N. gonorrhoeae
  - Urethral: C. trachomatis
  - Rapid HIV test: negative
- Treatment: ceftriaxone, doxycycline, valacyclovir
- STDs resolved

What HIV prevention services does she need?
Need for Combination Prevention

A: Condoms with clients; B: Condoms with partners; C: Number of commercial transactions; D: PrEP; E: Test and treat

PrEP: FDA Approval

July 16, 2012: FDA approved the use of combination FTC-TDF for HIV for PrEP in adults who are at high risk for becoming HIV-infected

Dosage: 200 mg FTC/300 mg TDF in a single tablet, taken orally once daily with or without food

PrEP in Transgender Women: iPrEx

- Trans women: 339/2499 (14%)
- Lack of efficacy: HR 1.1
  - TFV-DP detected in no trans women at seroconversion
  - No seroconversions in trans women with TDF levels consistent with taking >4 pills/week
- Hormone use was associated with lower detection of TDF
  - Due to poor adherence?
  - Due to drug interactions?

<table>
<thead>
<tr>
<th>Clinical Trial</th>
<th>Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP$^a$ (trans women only)</td>
<td>18%</td>
</tr>
<tr>
<td>FEM-PrEP$^b$</td>
<td>24%</td>
</tr>
<tr>
<td>VOICE$^c$</td>
<td>29%</td>
</tr>
</tbody>
</table>

PrEP in Transgender Women

- Guidelines
  - CDC guidelines do not mention trans women
  - IAJS-USA guidelines: > 2 per 100 person-years
  - Trans women have low knowledge about PrEP
  - < 34% of trans women in San Francisco had heard of PrEP in population-based sample (2013)

- Barriers to PrEP
  - Lack of trans-inclusive marketing
  - Concerns about hormone interactions
  - Medical mistrust/avoidance

- Facilitators to PrEP
  - Trans-competent services
  - Empowerment approach

Effective Treatment is Prevention

Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy

Transgender Adults and Adolescents Served RWHAP: Retention in Care and Viral Suppression, 2014
What are effective engagement strategies?

Healthcare Discrimination

Fears about accessing health care

Nationally 19% trans people report being refused care
Delay in care-seeking

Postponement Due to Discrimination by Providers

Gender Affirmation

Gender-affirming Clinic Environments

- Avoid Ma’am, Sir, Mr/Mrs/Ms
- Use gender neutral forms of address
- Use 2-step process to determine gender identity at intake

1. What is your current gender identity? (Check and/or circle ALL that apply)
   - Male
   - Female
   - Transgender Male/Transman/FTM
   - Transgender Female/Transwoman/MTF
   - Genderqueer
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2. What sex were you assigned at birth? (Check one)
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Gender-affirming Clinic Environments (2)

- Use preferred pronouns and name
  - Ask for patient preference, in private, if unsure
  - Include preferred name on chart and train staff
- Defer unnecessary questions and exams
  - Build rapport before performing genital exams
  - Avoid satisfying your curiosity [ie, do you really need to know/see?]
- Conduct sensitive genital exams only when necessary
  - Always explain the purpose of the exam
  - Use gender neutral terms
  - Ask patients what words they prefer
- Acknowledge barriers and offer solutions
  - Stress of stigma and discrimination
  - Limitations of medical knowledge
  - Offer to find out and get back to patient

Trans-specific Education Materials

Trans-specific Education Materials

Gender affirmation and HIV care

Top 5 Health Concerns of HIV+ trans people, in order
1. Gender-affirming and non-discriminatory care
2. Hormone therapy and side effects
3. Mental health care, including trauma
4. Personal care, eg, nutrition
5. Antiretroviral therapy and side effects

- 400 transgender women (TW) in 9 demonstration sites
  - 48% used hormones within previous 6 months
- If HIV primary care provider was hormone prescriber, TW were three times more likely to
  - Have an undetectable viral load
  - Have an HIV primary care visit in the previous 6 months

Deutsch 2015 (preliminary self-report data presented at NHPC); Positively Trans Survey, n = 157
Key Messages

- Transgender women of color who have cis male partners are at particularly high risk for HIV.
- HIV prevention interventions for transgender women may have the best impact when implemented before age 20 years.
- Gender-affirming medical care improves access to and uptake of HIV prevention and care services.
- Resources are available to help!

Resources

- TRANSIT: Implementation Guide for HIV/STI Programs with Trans People
- UCSF Center of Excellence for Transgender Health
  - Learning Center at [http://transhealth.ucsf.edu/trans?page=lib-00-00-00](http://transhealth.ucsf.edu/trans?page=lib-00-00-00)
  - Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People at [http://transhealth.ucsf.edu/guidelines](http://transhealth.ucsf.edu/guidelines)
- CDC Greater than AIDS, Trans Empowered video series
  - [Link](http://greaterthanus7.list.meting.com/track/click?u=d39ee1f1c30e695756da3a318&id=9db11375e6&e=31d42d7268)
- CDC Act Against AIDS Campaign
  - [Link](http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/resources/palmcards.html)