Brighton and Sussex University Hospitals NHS Trust

HIV IN TRANSGENDER PEOPLE

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LANGUAGE & TERMINOLOGY

Photo: Sharon Kilgannon

trans / transgender

adjective

a mismatch between **gender identity** and **sex assigned at birth**

trans man / trans masculine

noun / adjective

a person with a **male gender identity** who was **assigned female at birth**

Photo: Paul Grace

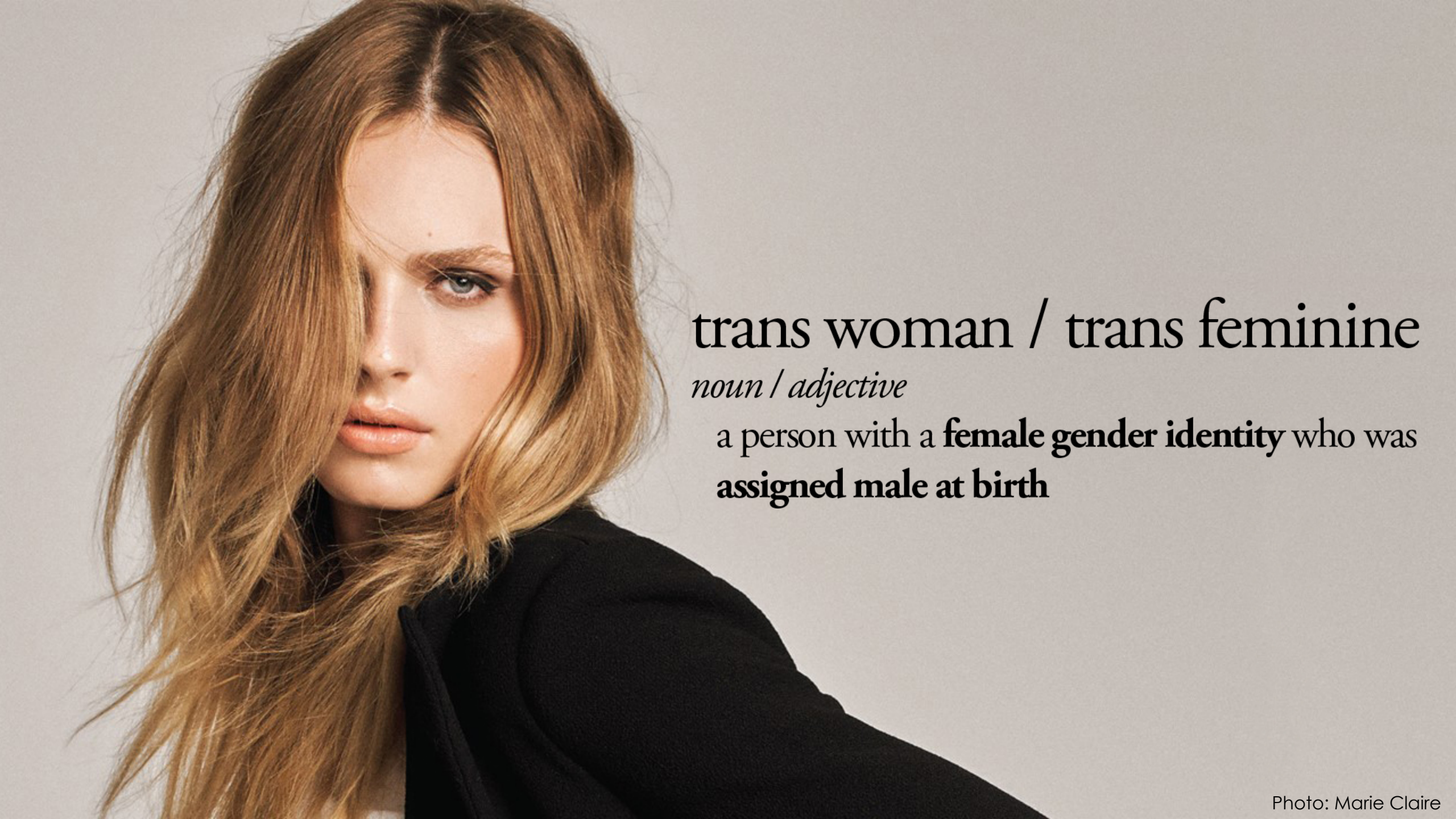


Photo: Marie Claire

non binary

adjective

gender identity is neither
exclusively male nor female


third gender,
twin spirit,
hijra, waria,
kathoey, muxe,
travesti, meti

0.3% estimated USA prevalence

USA population study (Gates 2011)

Data from 2 studies in Massuchusets (2007 and 2009) – 0.5%
and California (2003) – 0.1%

UK Prevalence of Transgender People

- 1958-1968 – Study in Manchester of trans patients attending psychiatric unit
  - 1.9 per 100,000 prevalence (0.002%)
- 1998 – Scottish GP survey
  - 8.18 per 100,000 prevalence (0.008%)

Hoenig J. et al. Br J Psychiatry. 1974 Feb;124(579):181-90.
Wilson et al. Br J Gen Pract. 1999 Dec; 49(449): 991–992

UK Prevalence of Transgender People

- 2009 – UK Gender Identity Clinic (GIC) data
  20 per 100,000 prevalence (0.02%)

- 2012 - UK Equality and Human Rights Commission
  1% (100 / 10026) identify as transgender / gender variant - not necessarily having sought medical intervention

Hoenig J. et al. Br J Psychiatry. 1974 Feb;124(579):181-90.
Wilson et al. Br J Gen Pract. 1999 Dec; 49(449): 991–992


What message are we sending to young people who are trans or gender nonconforming when we don't even count them?
We suggest that their identities don't even matter.
Laverne Cox
Mashable

2 Stage gender question

- **What is your current gender?**
  - Male, Female, Trans Male, Trans Female, Non-Binary, Other (please specify), Prefer not to say

- **What gender were you assigned at birth?**
  - Male, Female, Prefer not to say

SEXUAL HEALTH

- **Culturally appropriate questioning**
  - Avoid assumptions
  - Think beyond the binary

- **Be specific in asking about sexual histories**
  - Anatomy specific
  - Ask about genital surgery (GRS)

- **Be sensitive to patients' genital dysphoria**

HIV

HIV Prevalence

- **Trans Men**
  - HIV prevalence in USA estimated at 0.5% (Habarta et al 2015)
  - Almost all in Trans MSM
- Unprotected receptive vaginal / anal sex
- Testosterone effect on vaginal epithelium – atrophy / inflammatory vaginitis
- Poorly studied group

Habarta N. et al. Am J Public Health. 2015 Sep;105(9):1917-25

HIV Prevalence

- **Trans Women**
  - Global meta analysis of 39 studies from 15 countries 2000 – 2011 (Baral et al. 2013)
  - **Global HIV prevalence of 19% (Odds Ratio 49)**
  - **Netherlands 18.8%, Spain 18.4%, Italy 24.5%**

- Many other studies have grouped trans women along with MSM – difficult to disaggregate risk

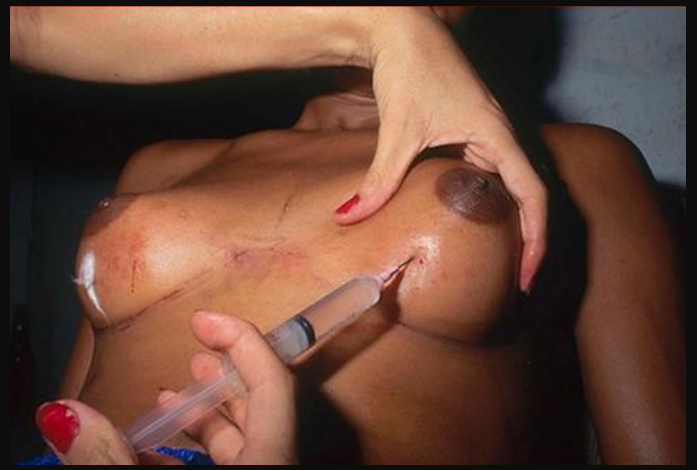
Baral S et al. (2013) Lancet Inf Dis. 13(3) 214-222

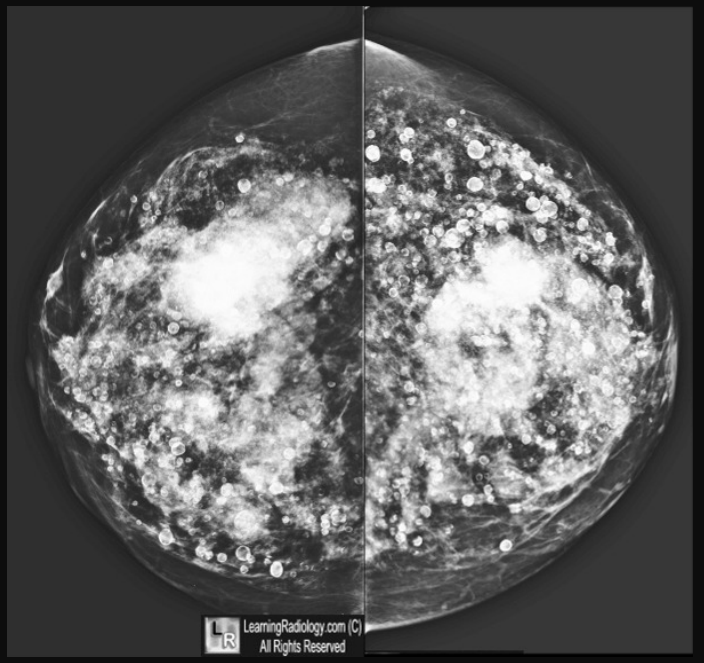
Drivers of HIV epidemic

- **Stigma / Discrimination**
  - Employment discrimination – pushing trans women into shadow economy / sex work (15% to 64%)
- **Victimisation / Mental health issues / Substance misuse (IDU)**
- **Higher risk partners**
- **Gender role limiting negotiation of safe sex**

Biological Drivers of HIV epidemic

- **'Pumping'**
  - Injectable free silicone fillers (often industrial grade or other substances)
  - Often done at 'pumping parties'
  - Risk of HIV and other BBV transmission
  - Silicone embolism, granulomas, infection

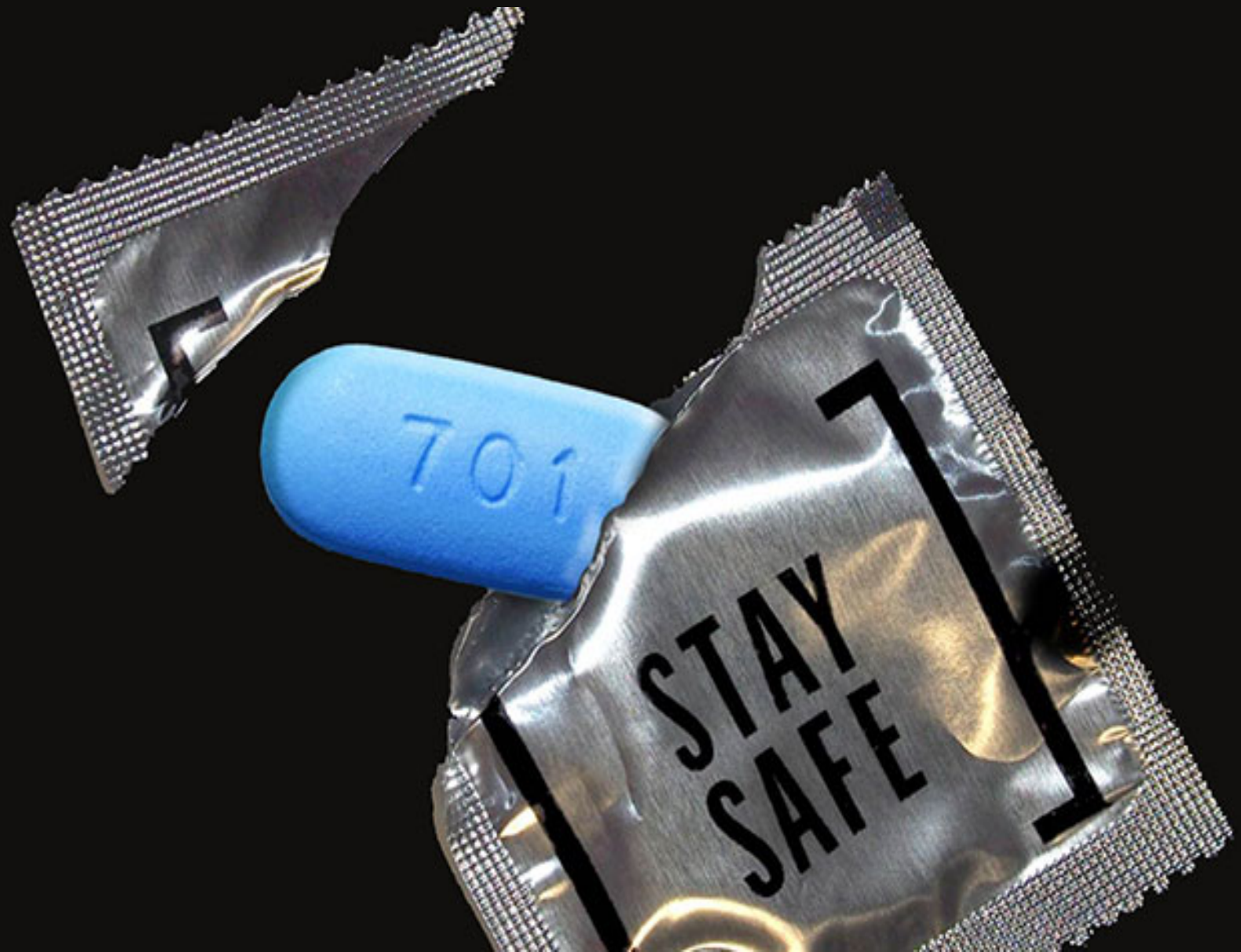




Biological Drivers of HIV epidemic

- **Surgery (GRS)**
- Relatively small numbers of HIV +ve trans women in published studies had vaginoplasty (2-15%)
- Access to treatment limited – cost of healthcare
- Neovaginal acquisition (skin lined vagina) probably lower than mucosal

PrEP



iPrEx Study Subanalysis

- **Randomised controlled trial of Truvada PrEP**
- **339 trans women randomised in study – *post hoc* subgroup analysis done**
- **More likely to have (compared to MSM)**
  - Lower educational level, condomless anal sex, recent concomitant STIs, transactional sex, cocaine and meth use

Deutsch M. *et al.* Lancet HIV. 2015 Dec;2(12):e512-9.

iPrEx Study Subanalysis

- **11 seroconversions in treated group, 10 in placebo (ITT analysis)**
- None of those who seroconverted had protective drug levels
- All trans women were less likely to have protective levels on random testing than MSM group

Deutsch M. *et al.* Lancet HIV. 2015 Dec;2(12):e512-9.

iPrEx Study Subanalysis
Open Label extension

- 192 trans women (1603 eligible)
- Similar PrEP uptake compared to MSM
- Less time with protective drug levels (17% vs 35% $p < 0.001$)
  - Significantly lower if taking hormones
  - Biological interaction?
  - Adherence interaction?

Deutsch M. *et al.* Lancet HIV. 2015 Dec;2(12):e512-9.


ART &
HORMONES

ART interactions

- **No biologically significant interactions reducing ARV levels**
- **Trans women may prioritise hormones over other healthcare measures (Sevelius *et al.* 2014)**
- **Evidence to suggest *concern* over interactions affecting hormone levels may affect adherence (Deutsch et al 2015)**

Deutsch M. *et al.* Lancet HIV. 2015 Dec;2(12):e512-9.

ART interactions

- **Interactions are present for Ritonavir / Cobicistat**
  - Reduced estrogen levels (particularly ethinylestradiol - not typically used now for feminisation)
- **May be a factor for poorer adherence to treatment**
- **Importance of close liaison with endocrinology and gender identity services**

FINAL THOUGHTS

THINK BEYOND THE BINARY

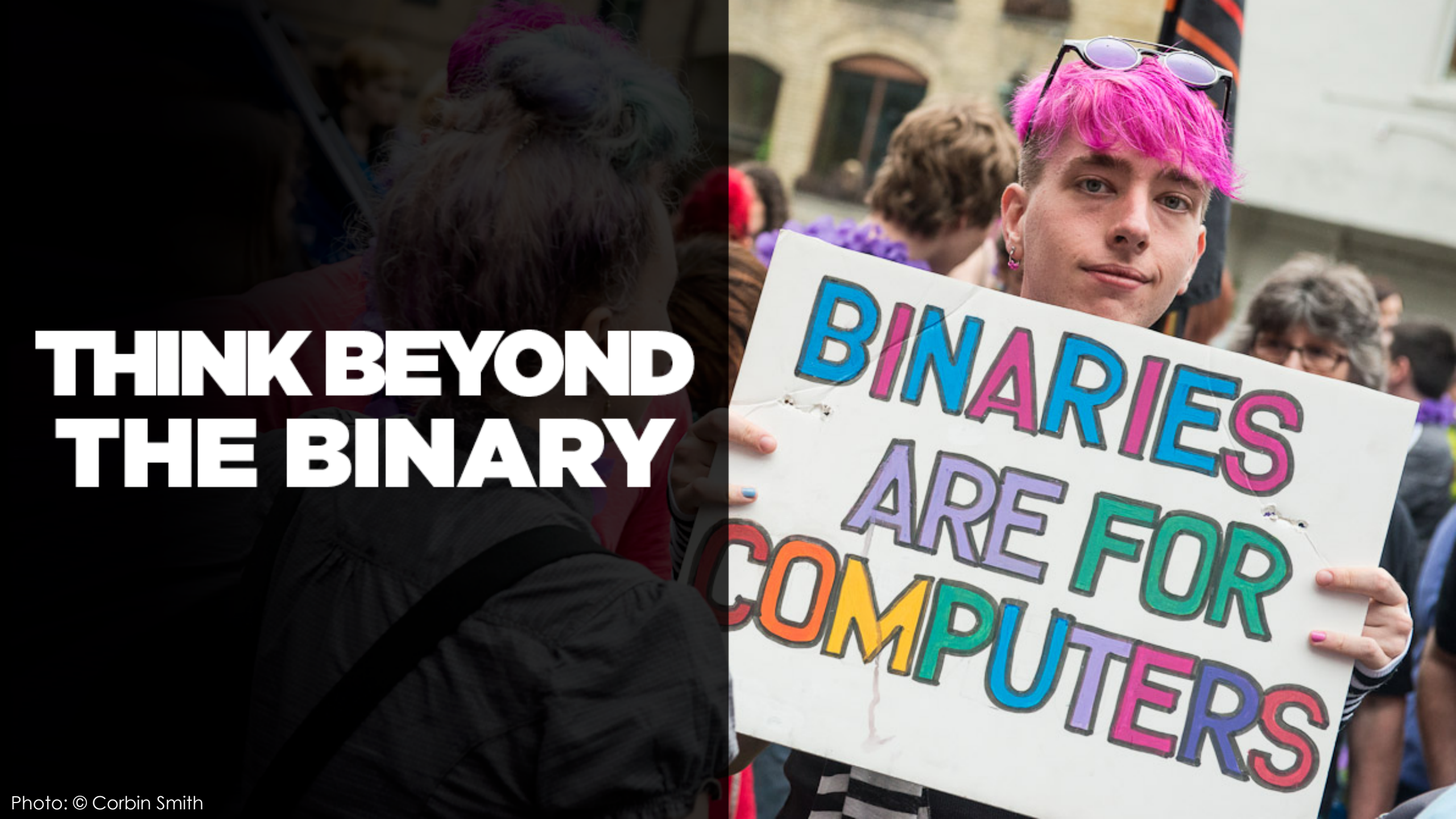


Photo: © Corbin Smith

WE COUNT TOO!

EDUCATE YOURSELF

INVOLVE US

Thank You

Clinic T - Claude Nicol Centre
- Tamara Woodroffe
- Ali Parnell

cliniQ – 56 Dean St., London
Michelle Ross
Aedan Wolton

Terence Higgins Trust

Brighton LGBT HIP

Brighton Trans Alliance

Brighton and Sussex University Hospitals NHS Trust

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