



Exploring Risk and HIV impact among Transgender Women

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The CoE mission is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities

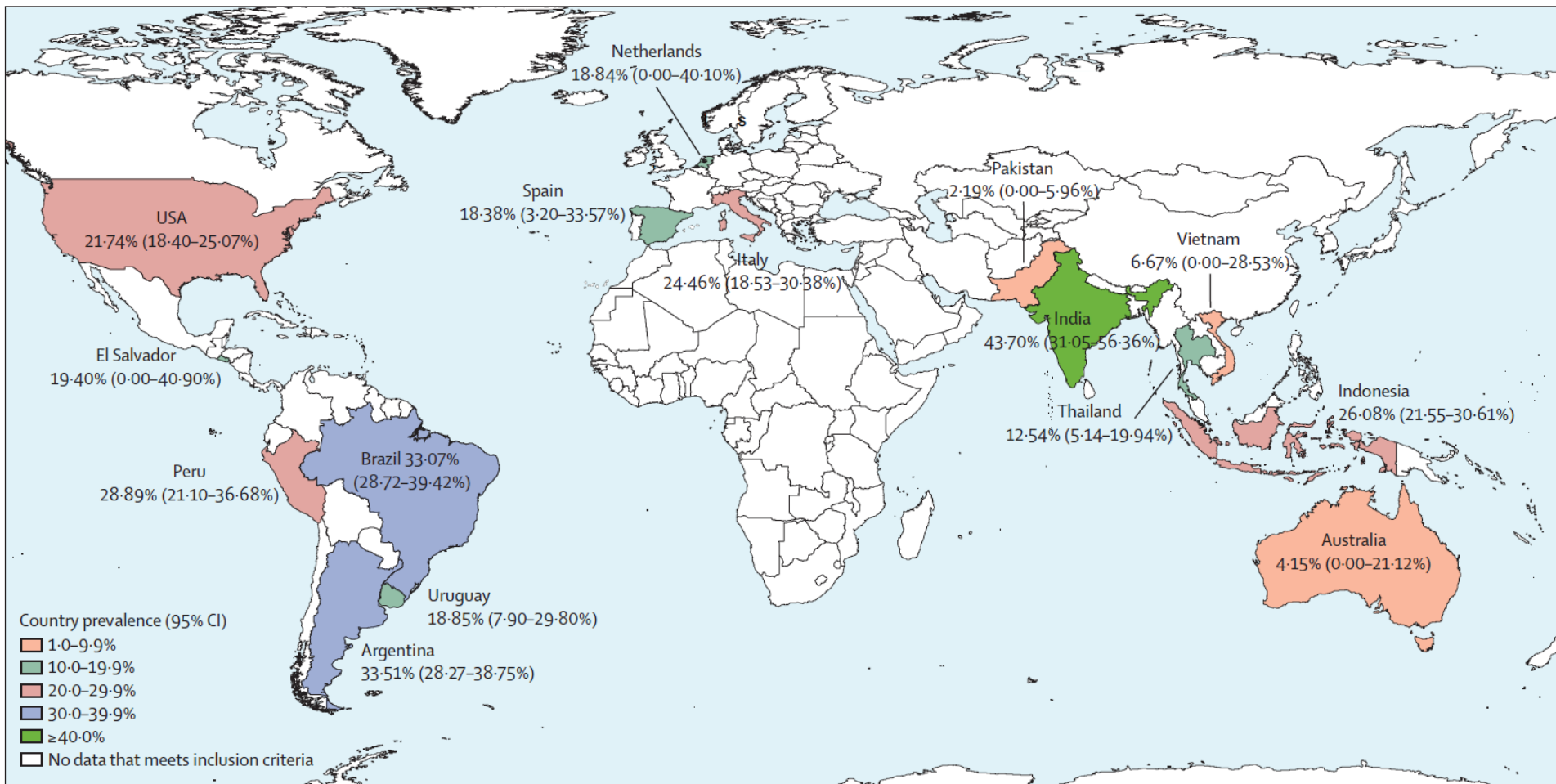


Global Epidemiology of HIV/AIDS Among Trans Women



center of excellence FOR **TRANSGENDER** *health*

Worldwide burden of HIV in transgender women: a systematic review and meta-analysis



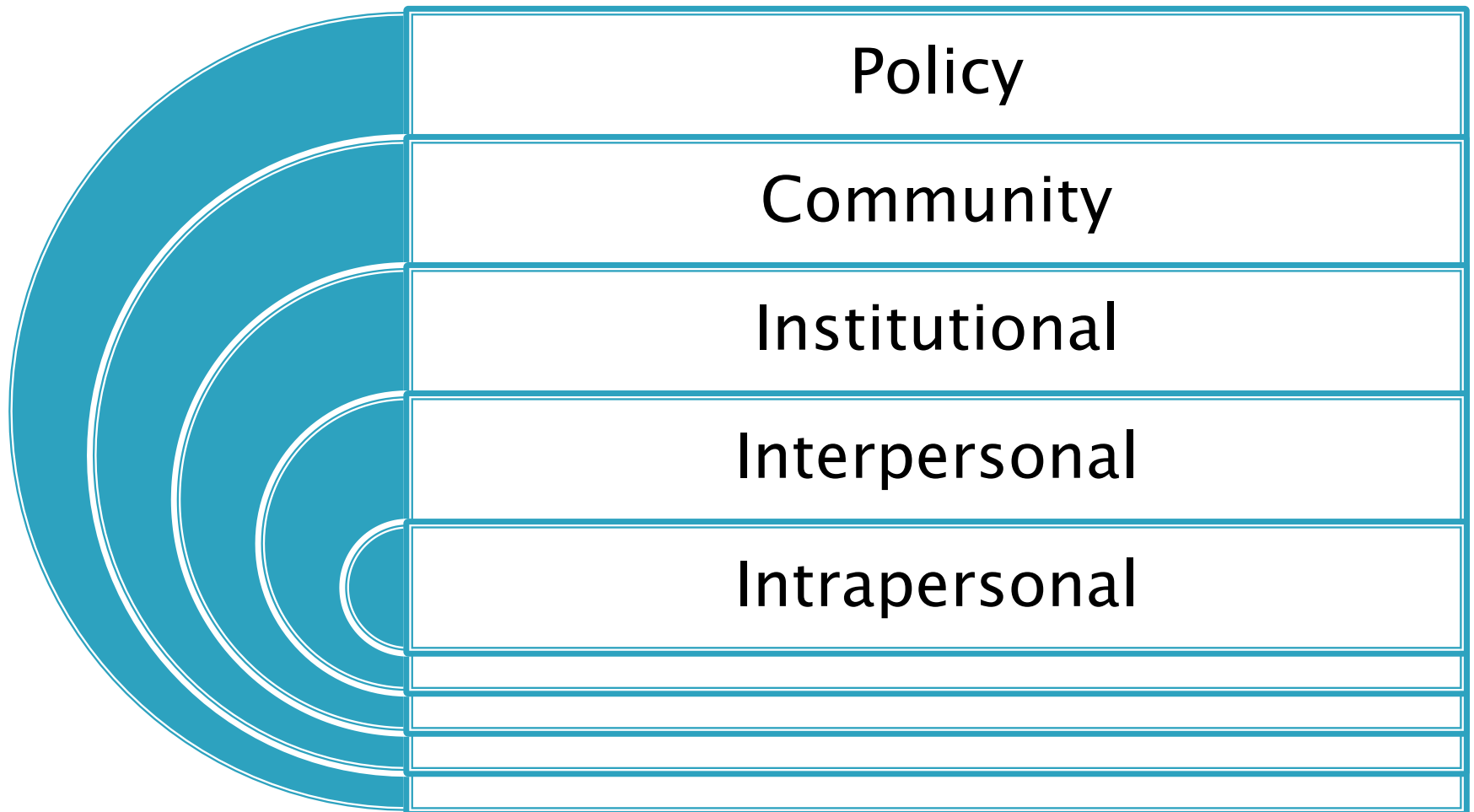
(Stefan D Baral, Tonia Poteat, et al; *Lancet Infect Dis* 2013; 13:214-22)

Worldwide burden of HIV in transgender women: a systematic review and meta-analysis

- ▶ 15 countries including USA, six Asia-Pacific countries, five in Latin America, and three in Europe. $N= 11,066$ transgender women
- ▶ HIV prevalence was 19.1%
- ▶ The odds ratio for being infected with HIV compared with all adults of reproductive age across the countries was 48.8 (95% CI 21.2–76.3) and participants were;
- ▶ Less likely to have access to and utilization of HIV services.

(Stefan D Baral, Tonia Poteat, et al; Lancet Infect Dis 2013; 13:214-22)

HIV Drivers according to the Ecological Model of Health



Trans HIV Drivers according to the Ecological Model of Health

Intrapersonal

- Internalized transphobia
- Low self-esteem
- Mental health
- Gender identity validation through sex
- Multiple injection risks (IDU, ISU, IHU)

Interpersonal

- Transphobia
- Family rejection
- Peer harassment
- High risk sex partners

Institutional

- Transphobia
- Health care
- Educational Settings
- Employment discrimination
- Housing discrimination
- Incarceration
- Religion

Trans HIV Drivers according to the Ecological Model of Health

Community

- Societal transphobia
- Sex work
- Violence
- Norm of substance use
- Social stigma
- Lack of role models

Policy

- Institutional transphobia
- Anti-Discrimination Policies
- Name and gender changes
- Immigration laws

Transgender women living with HIV less likely to receive good care

- ▶ A study of four US cities found that **transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART)** than a non-transgender control group (59% vs. 82%, $p < .001$).

(Melendez et al, 2005)

San Francisco County trans epidemiology

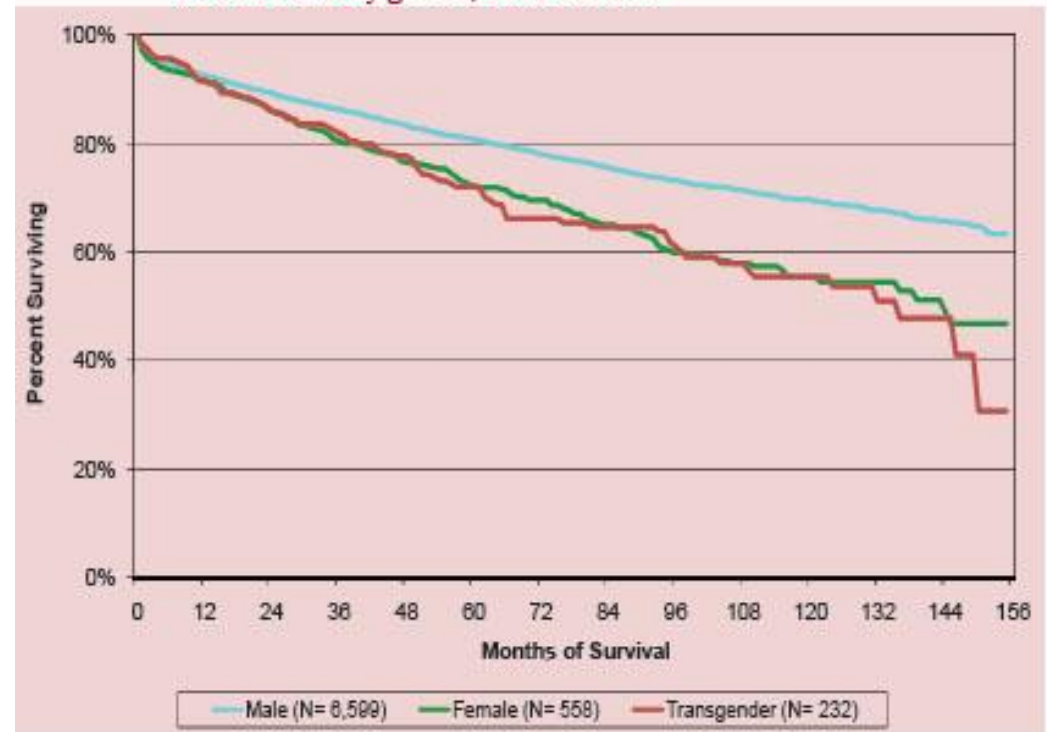
Consistently between 2004–08, transgender people represented at least **2%** of the newly diagnosed AIDS cases (SFDPH, 2008)

	Year of HIV Initial Diagnosis*				
	2004	2005	2006	2007	2008
Total Number	798	642	523	518	434
Gender					
Male	91%	89%	91%	88%	90%
Female	7%	9%	7%	8%	8%
Transgender	2%	2%	2%	4%	2%

San Francisco County trans epidemiology

Survival curves for persons diagnosed with AIDS between 1996-2008 show extreme drop off for Transgender people (SFDPH, 2008).

Figure 4.4 Kaplan-Meier survival* curves for persons diagnosed with AIDS between 1996 and 2008 by gender, San Francisco



San Francisco County trans epidemiology

Although between 2004-08, transgender people represented 2% of the newly diagnosed AIDS cases, in 2008 they represented **7%** of the total deaths (SFDPH, 2008).

	Year of Death				Cumulative Totals as of 12/31/2008
	2005	2006	2007*	2008*	
	Number (%)	Number (%)	Number (%)	Number (%)	
Gender					
Male	274 (88)	241 (85)	182 (88)	128 (80)	18,021
Female	28 (9)	32 (11)	16 (8)	21 (13)	647
Transgender	11 (4)	12 (4)	9 (4)	11 (7)	198

Barriers to Quality Care for Trans People

- **Other Medical and Social Priorities**
- **Lack of Regular Contact with Medical Providers**
Lack of Medical Screening, including HIV/STDs,
Increased Morbidity, Low Life Expectancy
- **Challenges in Accessing Quality Transgender Care**
Leads to self-medication, body modifications, use of soft
tissue fillers
- **Negative Experiences with Health Care Providers**
- **EMR utilization**

PrEP Durable in MSM, But MSM and Transgender Responses Differ

- Among 366 participants (15%) who identified as transgender or who used female hormones, there were 11 HIV infections in the TDF/FTC group and 11 in the placebo group.
- Almost none of the transgender participants had had sex-change surgery.
- The iPrEx team speculated that differences in PrEP efficacy between transgender and nontransgender participants might be explained by chance or by differences in patterns of PrEP use, sexual practices, or hormonal effects on drug transport in the mucosa.

(Mark Muscolini: 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, July 17-20, 2011, Rome)



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