DELIVERING HIV PREVENTION AND CARE TO TRANSGENDER PEOPLE
Presenting Faculty

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Learning Objectives

1. Describe steps that clinicians can take to help HIV-negative transgender people reduce their risk for HIV; and to help HIV-positive transgender people live healthy lives and reduce risk of transmission.

2. Describe what is known about interactions between antiretroviral medications and hormonal therapy.

3. Define gender identity and common terms that transgender people may use to describe themselves.

4. List health disparities and describe the role that stigma and discrimination play in creating them.

5. Summarize strategies to make clinical environments more welcoming to transgender people.
Part I
HIV and the Transgender Population
HIV Among Transgender People
High Risk of HIV Infection for Some Transgender Men

- HIV prevalence estimates range from 0% to 4%.
- Black/African American transgender men may be disproportionately affected.
- Transgender men who have sex with men (MSM) may have a particularly high risk of HIV.


Transgender Women Are Disproportionately Affected by HIV

Estimated HIV prevalence (%) in the United States

African American Transgender Women Are Disparately Affected by HIV

- Studies suggest high rates of HIV and racial and ethnic disparities among transgender women.


The HIV Care Continuum

**CONTINUUM OF CARE COMPONENTS**

- **Testing/Diagnosis of HIV infection**
- **Linkage to care**, often defined as having at least one medical visit within 30 days of HIV diagnosis
- **Engagement or retention in care**, defined as ongoing contact with the medical system for HIV treatment
- **Prescription of ART**
- **HIV viral suppression**, as measured by the level of the virus in the blood
Achieving Milestones on the HIV Care Cascade

- Diagnosis: nearly 12% of MTF (male-to-female) people self-reported HIV diagnosis; almost 28% tested positive for HIV (Herbst, 2008).


Barriers Faced by HIV-Positive Transgender Women

- Lack of access to patient-centered care and affirming care
- Housing instability
- Physical and emotional trauma
- Prioritization of other health issues over HIV treatment
- Concerns about interactions between antiretroviral therapy and hormonal therapy


“You could have been made fun of the entire way to the health provider’s office, and when you get there, you may still face stigma and discrimination. Even in the doctor’s office, you might face incorrect pronoun use, misnaming, hostile waiting rooms, or being asked to use bathrooms that don’t support your gender identity.”
Transgender People May Prioritize Other Health Concerns Over HIV

Top 5 health concerns among 157 transgender people living with HIV:

1. Gender affirming & non-discriminatory health care
2. Hormone therapy & side effects
3. Mental health care, including trauma recovery
4. Personal care (nutrition, healthy living, etc.)
5. Antiretroviral therapy and side effects

HIV Prevention
How Clinicians Can Help Address HIV Prevention for Transgender People

1. Universal HIV screening
2. Screen for and treat sexually transmitted infections
3. Counsel about risk reduction
4. Post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) for HIV-negative transgender women and men at high risk of HIV infection
5. Engagement in HIV care and antiretroviral therapy for HIV-positive transgender people
Incorporate Routine HIV Screening Into Practice

• Recommended by CDC and the USPSTF
• Screen more often those with higher risk of infection, as determined by sexual history
• Preferred test: HIV antibody/antigen assay
• Engage partner services in case of a new diagnosis

Tips for Discussing Sexual Health History With Transgender Patients

1. Explain why the history is important, and assure confidentiality.

2. Avoid assumptions about patients’ sexual orientation or the gender identity of their partners.

3. Avoid assumptions about the type of sexual activities in which people engage.


5. Ask about sexual function and satisfaction, not just infection risk.
Helpful Questions for Sexual Health Discussions

• What types of sex do you have?
• Can I ask you a few questions about your sexual partners?
• What do you think about using condoms?
• Have you ever had any surgeries such as breast or chest augmentation or masculinization, vaginoplasty, or phalloplasty?
Some STDs foster HIV transmission.

The screening interval depends on risk, as determined by the sexual history.

Screening may require extragenital testing for gonorrhea and chlamydia.

Brief counseling by clinicians can reduce sexual behaviors that put people at risk.
HIV Prevention for HIV-Negative Transgender People
PrEP May Benefit People at High Risk of HIV Infection

• PrEP refers to the ongoing daily use of antiretroviral medication to prevent HIV acquisition.
• Since 2012, FDA has approved one medication, daily oral tenofovir disoproxil fumarate-emtricitabine (TDF-FTC), to prevent sexually acquired HIV-1 in HIV-negative adults.
• Effectiveness is contingent upon adherence.
• No clinical trials have been dedicated to assessing PrEP in transgender women or men.
Data on PrEP Efficacy Among Transgender Women Are Limited

• Post-hoc analysis of a study of 2,499 men (at birth) who reported sex with men.
• 14% were transgender women, using an expanded definition.
• PrEP adherence was lower among transgender women than MSM.
• PrEP efficacy among transgender women was not demonstrated.

No Known Interactions Between TDF-FTC and Hormonal Therapy

- Hormonal therapy is a priority for many transgender women.
- Some transgender women are concerned about interactions with PrEP.
- No clinically significant interactions were found between TDF-FTC and the lower level of hormones in contraceptives used by cisgender women.
- Hormone levels are monitored as part of transition-related care and may provide reassurance that PrEP medication is not affecting hormone levels.


Prescribing and Monitoring PrEP

1. HIV Immunoassay Blood Test
   - Rapid Test if Available
     - Negative
     - Indeterminate
       - Positive
         - Consider HIV + pending confirmatory testing
     - Option 1: Retest antibody in one month, defer PrEP decision
     - Option 2: Send blood for HIV antibody/antigen assay*
       - Positive: HIV +
         - VL ≥ 3,000 COPIES/ML: HIV +
         - VL ≤ 3,000 COPIES/ML: Retest VL
     - Option 3: Send blood for HIV-1 viral load (VL) assay
       - VL < LEVEL OF DETECTION: signs/symptoms on day of blood draw
         - Retest in one month
       - Retest VL

2. Signs/Symptoms of Acute HIV Infection Anytime in Prior 4 Weeks
   - No
   - Yes

*Use only HIV antigen/antibody tests that are approved by FDA for diagnostic purposes
Prescribing and Monitoring PrEP (cont.)

- Additional baseline testing:
  - Hepatitis B surface antigen
  - Serum creatinine to measure estimated creatinine clearance
  - Pregnancy testing, for those of childbearing potential

- Prescribe:
  - TDF-FTC, 200–300 mg by mouth once daily

- Monitor:
  - Every 3 months: HIV test
  - Every 6 months: STI screening

Accessing PrEP

• Financial barriers
  – Governmental and commercial insurance coverage varies.
  – Assistance programs can lower drug costs:
    o www.gileadadvancingaccess.com
    o www.copays.org
  – Local PrEP assistance programs.
  – Locating a PrEP provider: https://preplocator.org/

• Other barriers
  – Lack of knowledge
  – Stigma

PEP May Benefit Transgender Women After a High-risk Exposure

- PEP is for:
  - People who have a high risk exposure to HIV
  - Are not taking PrEP
PEP May Benefit Transgender Women After a High-risk Exposure (cont.)

ALGORITHM FOR EVALUATION AND TREATMENT OF POSSIBLE NONOCCUPATIONAL HIV EXPOSURES

Substantial Risk for HIV Acquisition

Negligible Risk for HIV Acquisition

≤72 hours since exposure

≤73 hours since exposure

Source patient known to be HIV positive

Source patient unknown to be HIV positive

nPEP recommended

Case-by-case determination

nPEP not recommended

SUBSTANTIAL RISK FOR HIV ACQUISITION

Exposure of: vagina, rectum, eye, mouth or other mucous membrane, nonintact skin, or percutaneous contact

With: blood, semen, vaginal secretions, rectal secretions, breast milk, or any fluid that is visibly contaminated with blood

When: the source is known to be HIV-positive

NEGLIGENCE RISK FOR HIV ACQUISITION

Exposure of: vagina, rectum, eye, mouth or other mucous membrane, intact skin or nonintact skin, or percutaneous contact

With: urine, nasal secretions, saliva, sweat, or tears if not visibly contaminated with blood

Regardless: of the known suspected HIV status of the source


PEP May Benefit Transgender Women After a High-risk Exposure (cont.)

- PEP consists of antiretroviral medication and should be initiated as soon as possible (no more than 72 hours) after the exposure and continued for 28 days.

- Preferred regimens include:
  - TDF-FTC and raltegravir
  - TDF-FTC and dolutegravir

- No clinical trial of PEP efficacy has been performed in any population.

- Baseline Laboratory Evaluation for PEP
  - HIV antibody/antigen on the exposed and, if possible, source individuals
  - Serum creatinine and liver enzymes
  - Hepatitis B and C antibodies on the exposed and, if possible, source individuals
  - For sexual exposures, testing for syphilis, gonorrhea, and chlamydia


Follow-Up for the Exposed Person

HIV Ab/Ag

4–6 weeks

HIV Ab/Ag

Syphilis

GC/chlamydia

Creatinine

Liver enzymes

12 weeks

HIV Ab/Ag*

HBV and HCV antibodies

Syphilis

24 weeks

*Only if hepatitis C was contracted from the exposure

Financial Assistance for PEP

- Governmental and commercial insurance may cover PEP.
- Manufacturers’ assistance programs can lower drug costs: www.pparx.org.
- Crime Victim’s Compensation Programs for assistance, if PEP is prescribed after a sexual assault: www.ojp.usdoj.gov.
Care and Transmission Prevention for HIV-Positive Transgender People
Patient Testimonials
Viral Suppression Prevents Sexual HIV Transmission

• Randomized controlled trial of heterosexual adults:
  – 1,763 serodifferent couples.
  – Immediate ART (versus delayed ART) for the partner with HIV infection (index) reduced within-couple HIV transmission by 93%.
  – No within-couple transmissions occurred when the index partner was virally suppressed.

• Observational study of heterosexual and MSM adults:
  – 548 and 340 serodifferent heterosexual and MSM couples, respectively.
  – 58,000 episodes of condomless sex over median 1.3 years of follow-up.
  – Zero (0) within-couple transmissions.

Clinicians Can Help Transgender People Achieve Viral Suppression

• **Engage** the health care team in making clinical settings welcoming to transgender people.
• **Ask** transgender women and men about barriers they encounter related to taking ART.
• **Connect** patients with transgender-friendly support services, when applicable.
• **Co-locate** services relevant to transgender people, when possible.
• **Identify** ART regimens that do not interact with hormonal therapy.
No Confirmed Interactions Between Hormonal Therapy and First-line ART

<table>
<thead>
<tr>
<th>Recommended Antiretroviral Regimens for Treatment-Naïve Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolutegravir/abacavir/lamivudine</td>
</tr>
<tr>
<td>Dolutegravir plus either TAF/emtricitabine or TDF/emtricitabine</td>
</tr>
<tr>
<td>Elvitegravir/cobicistat/TAF/emtricitabine or elvitegravir/cobicistat/TDF/emtricitabine</td>
</tr>
<tr>
<td>Raltegravir plus either TAF/emtricitabine or TDF/emtricitabine</td>
</tr>
<tr>
<td>Darunavir plus ritonavir plus either TAF/emtricitabine or TDF/emtricitabine</td>
</tr>
</tbody>
</table>

TAF = Tenofovir alafenamide  
TDF = Tenofovir disoproxil fumarate

Part II
Transgender People and Patient-Centered Care
Background Information for Establishing an Affirmative Environment for Transgender People
Concepts and Demographics
Gender Identity

• Is a person’s internal sense of being a man/male, a woman/female, both male and female, or another gender

• Is not the same thing as sexual orientation, which indicates a person’s emotional and sexual attraction to others
Transgender

- An umbrella term that describes people whose gender identity does not correspond with societal expectations based on their sex assigned at birth.
- *Cisgender* refers to people whose gender identity conforms to societal expectations based on their sex assigned at birth.

- How many people identify as transgender in the United States?
  - Recent U.S. population estimates: 0.4–0.6% of adults.
  - Young adults (18- to 24-year old) are more likely to identify as transgender compared with older adults.

References
Transgender Women

- People who were assigned male sex at birth but who identify as women/female.
- Some use the term *male-to-female (MTF) person* (not preferred).
- Many transgender women describe themselves simply as *women*.
- *Trans-feminine* is a new term encompassing a range of feminine gender identities among people assigned male sex at birth.
Transgender Men

- People who were assigned female sex at birth but who identify as men/male.
- Some use the term *female-to-male (FTM) person* (not preferred).
- Many transgender men describe themselves simply as *men*.
- *Trans-masculine* is a new term encompassing a range of masculine gender identities among people assigned female sex at birth.
Genderqueer

- A term used by some transgender people who do not identify as either male or female but rather some of both and/or who experience fluidity in their gender identity.

- Related terms include *gender variant, gender expansive, gender fluid, agender, and non-binary*. 
Gender Affirmation

• Many transgender people go through a process of gender affirmation.
• This includes recognizing, accepting, and expressing one’s gender identity.
• A related term is *transition*.
• A multifaceted process:
  – Social
  – Legal
  – Medical
Forms of Medical Affirmation

• Trans-feminine people:
  – Hormonal therapies:
    o Estradiol
    o Anti-androgen
  – Surgery:
    o Facial feminization
    o Hair removal
    o Breast augmentation
    o Vaginoplasty
    o Tracheal shave
    o Orchiectomy

• Trans-masculine people:
  – Hormonal therapies:
    o Testosterone
  – Surgery:
    o Facial masculinization
    o Chest reconstruction
    o Metoidioplasty
    o Phalloplasty
Health Disparities
Discrimination and Barriers to Care

• Stigma and discrimination
  – 77% Mistreatment at school
  – 48% Physically attacked/verbally harassed/denied treatment
  – 33% Have had at least one negative experience in medical setting within past year related to being transgender
  – 30% Mistreatment at work

• Access to health care
  – Avoidance of or delays in seeking care due to discrimination concerns
  – Lack of clinicians with expertise in gender-affirming care
  – Lack of health insurance and coverage for:
    o Transition-related care
    o Preventive care that does not match the person’s legal gender marker (e.g., cervical cytology for a transgender man; prostate health screen for a transgender woman)

Stigma and Discrimination Can Lead to Health Disparities for Transgender People

MINORITY STRESS PROCESSES IN LESBIAN, GAY, AND BISEXUAL POPULATIONS

a. Circumstances in the Environment
b. Minority Status
   sexual orientation
   race/ethnicity
   gender
c. General Stressors
d. Minority Stress Processes (distal)
   prejudice events
   (discrimination, violence)
e. Minority Identity
   (gay, lesbian, bisexual)
f. Minority Stress Processes (proximal)
   expectations of rejection
   concealment
   internalized homophobia
h. Coping and Social Support
   (community and individual)
i. Mental Health Outcomes
   negative positive

KEY

Overlapping boxes represent interdependency

Indicates Outcome

Augments or Weakens Impact

Final Outcome

Transgender People Face Disproportionate Health Disparities

- **Health concerns**: Compared with the general population, transgender people experience higher rates of the following health concerns:
  - Studies have found that 41% of transgender people have attempted suicide at some point in their lives
  - Transgender women have one of the highest prevalences of HIV of any group


Providing Patient-Centered Care to Transgender People
Several strategies can help to provide care to transgender people.

These strategies share several underlying principles:

1. Respect peoples’ identities and experiences.
## Address Patients Using Self-selected Names and Pronouns

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask patients how they would like to be addressed.</td>
<td>“What name and pronouns would you like us to use?”</td>
</tr>
<tr>
<td></td>
<td>“How would you like to be addressed?”</td>
</tr>
<tr>
<td>Avoid using gendered terms, such as “sir,” “Miss,” “Mr.,” or “ma’am” with patients until their names and pronouns are known.</td>
<td>“How may I help you today?”</td>
</tr>
<tr>
<td>Use the pronoun “they” if a patient’s pronouns are unknown.</td>
<td>“The patient called to say they are running 5 minutes late. They will be here as soon as they can.”</td>
</tr>
</tbody>
</table>
Collect Information About Sexual Orientation and Gender Identity (SOGI)

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think of yourself as:</td>
<td>Do you think of yourself as:</td>
</tr>
<tr>
<td>• Male</td>
<td>• Straight or heterosexual</td>
</tr>
<tr>
<td>• Female</td>
<td>• Lesbian or gay</td>
</tr>
<tr>
<td>• Transgender man/trans man/female-to-male (FTM)</td>
<td>• Bisexual</td>
</tr>
<tr>
<td>• Transgender woman/trans woman/male-to-female (MTF)</td>
<td>• Queer, pansexual, and/or questioning</td>
</tr>
<tr>
<td>• Genderqueer/gender nonconforming neither exclusively male or female</td>
<td>• Something else; please specify: __________________</td>
</tr>
<tr>
<td>• Additional gender category (or other); please specify: __________________</td>
<td>• Don’t know</td>
</tr>
<tr>
<td>• Decline to answer</td>
<td>• Decline to answer</td>
</tr>
</tbody>
</table>

What sex were you assigned at birth?

| Male | Female | Decline to answer |


Collect Information About Names and Pronouns

<table>
<thead>
<tr>
<th>Name and Pronouns</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your name as you would like it to appear on your health records?</td>
</tr>
<tr>
<td>What is/are your pronouns?</td>
</tr>
<tr>
<td>• He/him</td>
</tr>
</tbody>
</table>
Additional Strategies for Providing Care to Transgender People

- Include gender identity and expression in the institution’s nondiscrimination policy.
- Offer single-occupancy, all-gender bathrooms when possible.
- Train all staff members about providing culturally relevant and patient-centered care.
- Develop clinical expertise in areas of importance for transgender people, such as hormonal therapy.
- Include images of transgender people in marketing and educational materials.
- Display posters and materials featuring transgender people throughout the office.
- Partner with local transgender community groups to sponsor events of interest and importance to transgender people.
Additional Resources
Additional Resources for Health Care Providers

Training on Transgender Health Care and Cultural Competency

- The National LGBT Health Education Center [link to www.lgbthealtheducation.org/topic/transgender-health]
- Center of Excellence for Transgender Health [link to http://transhealth.ucsf.edu]
- World Professional Association for Transgender Health (WPATH) certified training courses [link to www.wpath.org]
- Mazzoni Center [link to www.mazzonicenter.org]
- Callen-Lorde Community Health Center [link to http://callen-lorde.org]
- Collecting Sexual Orientation and Gender Identity Data Training [link to www.lgbthealtheducation.org/topic/sogi/]

Clinical Care Protocols for Transgender People

- World Professional Association for Transgender Health Standards of Care [link to http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926]
- Gay & Lesbian Medical Association Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients [link to http://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf]
- Center of Excellence for Transgender Health Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People http://transhealth.ucsf.edu/trans?page=protocol-00-00
- Transgender Law Center Organizing for Transgender Health Care: A Guide for Community Clinic Organizing and Advocacy [link to http://transgenderlawcenter.org/archives/430]
- CDC Guidelines for Preventing New HIV Infections [link to https://www.cdc.gov/hiv/guidelines/preventing.html]
Providing HIV Care
- AIDS Education and Training Center Program [link to https://aidsetc.org/]
- American Academy of HIV Medicine [link to http://www.aahivm.org/]

Insurance and Billing Information
- Medicare Benefits and Transgender People [link to http://transequality.org/Resources/MedicareBenefitsAndTransPeople_Aug2011_FINAL.pdf]

Resources for Patients on Changing Name and Gender on Legal Documents
- Transgender Legal Defense & Education Fund The Name Change Project [link to www.transgenderlegal.org/work_show.php?id=7]
- Massachusetts Transgender Political Coalition [link to http://www.masstpc.org/publications/]
- Transgender Law Center [link to http://transgenderlawcenter.org/]
Posters, Brochures and Other Materials, for Improving the Physical Environment

- Health Resources and Services Administration LGBT Health [link to http://www.hrsa.gov/lgbt/]
- National LGBT Health Education Center Publications [link to www.lgbthealtheducation.org/lgbt-education/publications]
- Act Against AIDS Campaigns [link to https://www.cdc.gov/actagainstaids/]

Other Helpful Resources

- Transgender Law Center [link to http://transgenderlawcenter.org/resources/health]
- Human Rights Campaign Explore Transgender [link to www.hrc.org/explore/topic/transgender]
- CDC’s HIV Risk Reduction Tool [link to http://www.cdc.gov/hivrisk]
- Rad Remedy [link to http://www.radremedy.org]
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1. Describe steps that clinicians can take to help HIV-negative transgender people reduce their risk for HIV; and to help HIV-positive transgender people live healthy lives and reduce risk of transmission.

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