



WOMEN AND PREP

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Objectives

- This portion of the presentation will:
 - Provide a brief overview of HIV in transgender/ NB feminine populations
 - Discuss the results of the National HIV Behavioral Surveillance among Transgender Women 2020
 - Discuss social determinants of health impacting people
 - Describe the intersecting factors of HIV in transgender women
 - Provide recommendations for addressing barriers to care for Transwomen/ NB populations.



Terminology/Definitions

Image source: *Transgender terminology: Top tips for inclusive writing*. The Hatcher Group. (2021, June 3).



Terminology

AFAB assigned female at birth

AMAB assigned male at birth

Male genital/ female genital



Sexual Orientation (The L, the G, the B, and the Q)

Image source: Barnhart, C., Hentges, Justin, & Patel, S. (2020, May 29). *The fundamental importance of sexual orientation and gender identity data*. National Institutes of Health.

Sexual Orientation Terms

- **Asexual** (adj.) – Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.
- **Bisexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.
- **Gay** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.
- **Heterosexual** (straight) (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women
- **Lesbian** (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.



Sexual Orientation Terms

- **Men who have sex with men/Women who have sex with women (MSM/WSW)** (noun) – Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.
- **Pansexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people regardless of gender.
- **Polyamorous** (adj.) – Describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as poly.
- **Same Gender Loving** (SGL) (adj.) – A term used as an alternative to the terms gay and lesbian. SGL is more commonly but not exclusively used by members of the African American/Black community.



Sexual Orientation Terms

- **Same-Sex Attracted (SSA)** (noun) – A term that is used to describe the experience of a person who is emotionally and/or sexually attracted to people of the same gender. Individuals using this term may not feel comfortable using the language of sexual orientation (i.e., gay, lesbian, bisexual) for personal reasons. Use of this term is not indicative of a person’s sexual behavior. It is used most commonly in religious communities.
- **Aromantic** : experiencing little or no romantic attraction to others and/or has a lack of interest in romantic relationships/behavior. Aromanticism exists on a continuum from people who experience no romantic attraction or have any desire for romantic activities, to those who experience low levels, or romantic attraction only under specific conditions. Many of these different places on the continuum have their own identity labels (see demiromantic). Sometimes abbreviated to “aro” (pronounced like “arrow”).
- **Demiromantic**: little or no capacity to experience romantic attraction until a strong sexual connection is formed with someone, often within a sexual relationship.



Sexual History taking

- **Here are some helpful questions for discussing sexual orientation and activities:**
- “What types of sex do you have?” For example, ask, “Have you had any anal intercourse?” If yes, “Was it receptive? Insertive? Was a condom always used?”
- “Can I ask you a few questions about your sexual partner(s)?”
- “What do you think about using condoms?” instead of “Do you use condoms?”
- “Some of my patients find it difficult to talk to a potential sexual partner about HIV. What do you find to be the best way to disclose your HIV status?”
- **In addition to asking about risk behaviors, a complete sexual history can also focus on and address any concerns about sexual function and satisfaction.** Hormonal therapies tend to improve the quality of sexual experience among transgender people.⁴ Open discussions about therapy options can reinforce the health care provider’s commitment to supporting all aspects of transgender people’s health and facilitate both the health care process and the patient–provider relationship.

Heterosexist Question

“Do you have a girlfriend?”

“What do you and your boyfriend do together?”

“Are you and your girlfriend sexually active?”

Sexual Health History

Instead Ask

“Are you dating anybody?”

“Are you involved any romantic relationship?”

“What do the 2 of you do together?”

“Tell me about your partner.”

“Are you having sex?”

“Are the 2 of you in a sexual relationship?”



Special considerations for a vaginal exam in transgender women

- The anatomy of a neovagina created in a transgender woman differs from a natal vagina in that it is a blind cuff, lacks a cervix or surrounding fornices, and may have a more posterior orientation. As such using an anoscope may be a more anatomically appropriate approach for a visual examination. The anoscope can be inserted, the trocar removed, and the vaginal walls visualized collapsing around the end of the anoscope as it is withdrawn.

Physical Exam Vaginoplasty.

- Transgender women who have undergone vaginoplasty (either penile inversion or colo-vaginoplasty) do not have a cervix, therefore screening for cervical HPV is not appropriate.
- Some surgical approaches include the use of urethral tissue, which could result in mucosal infectious such as chlamydia or gonorrhea.
- The risk of infection of intact, inverted penile skin with these organisms is unknown, though lesions such as a syphilitic chancre, herpes or chancroid are possible.
- When clinically indicated due to symptoms, a physical examination and appropriate testing should be performed.
- The anatomy of a neovagina created in a transgender woman differs from a natal vagina in that it is a blind cuff, lacks a cervix or surrounding fornices, and may have a more posterior orientation.

Do You V-VDO?



Image Credit: Tim Samuel from Pexels; Cayce Clifford / for NBC News; ISAAC LAWRENCE/AFP/Getty Images
Do You V-VDO? Demystifying HPV and supporting safe practices in Vaginal-Vaginal,-Digital and -Oral (V-VDO) sex, Lauren Abern MD; Frances Grimstad MD, MS ; Care Resource, Miami, FL ; Division of Pediatric and Adolescent Gynecology, Department of Surgery, Boston Children's Hospital, Harvard Medical School, Boston, MA.



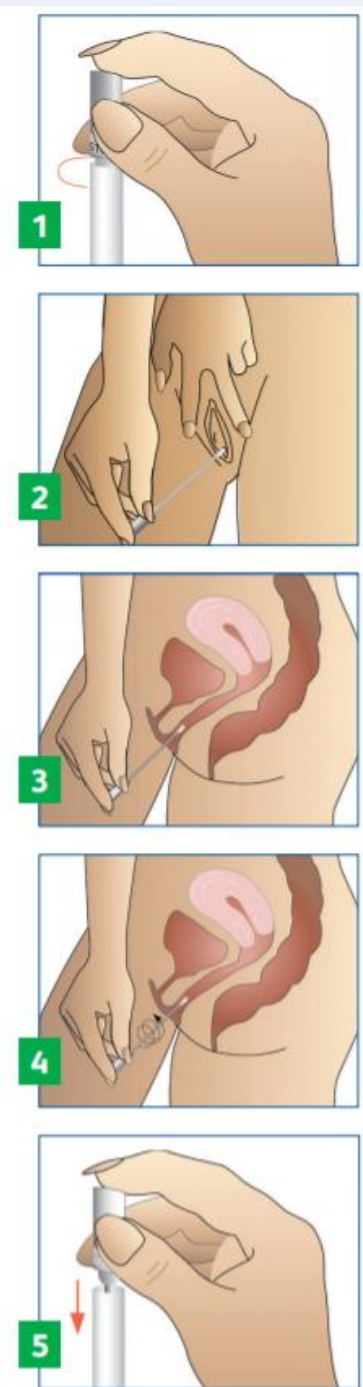
Images of HPV of the Mouth and Throat



HPV Self Sampling

- Self-collected vaginal HPV DNA swab and clinician administered cervical HPV swab (randomized of which went first) of 131 TM persons
- 21 cases of hrHPV detected by provider, 15 of them also detected by self swab
- Concordance of detection was statistically significant ($p < 0.001$)
- Self collected swab compared to provider collected:
 - Sensitivity of 71.4% and specificity of 98.2%

Image: BD -- Becton, Dickinson and Company product use instructions, 2017
Reisner SL, Deutsch MB, Peitzmeier SM, White Hughto JM, Cavanaugh TP, Pardee DJ, et al. (2018) Test performance and acceptability of self- versus provider-collected swabs for high-risk HPV DNA testing in female-to-male trans masculine patients. PLoS ONE 13(3): e0190172.



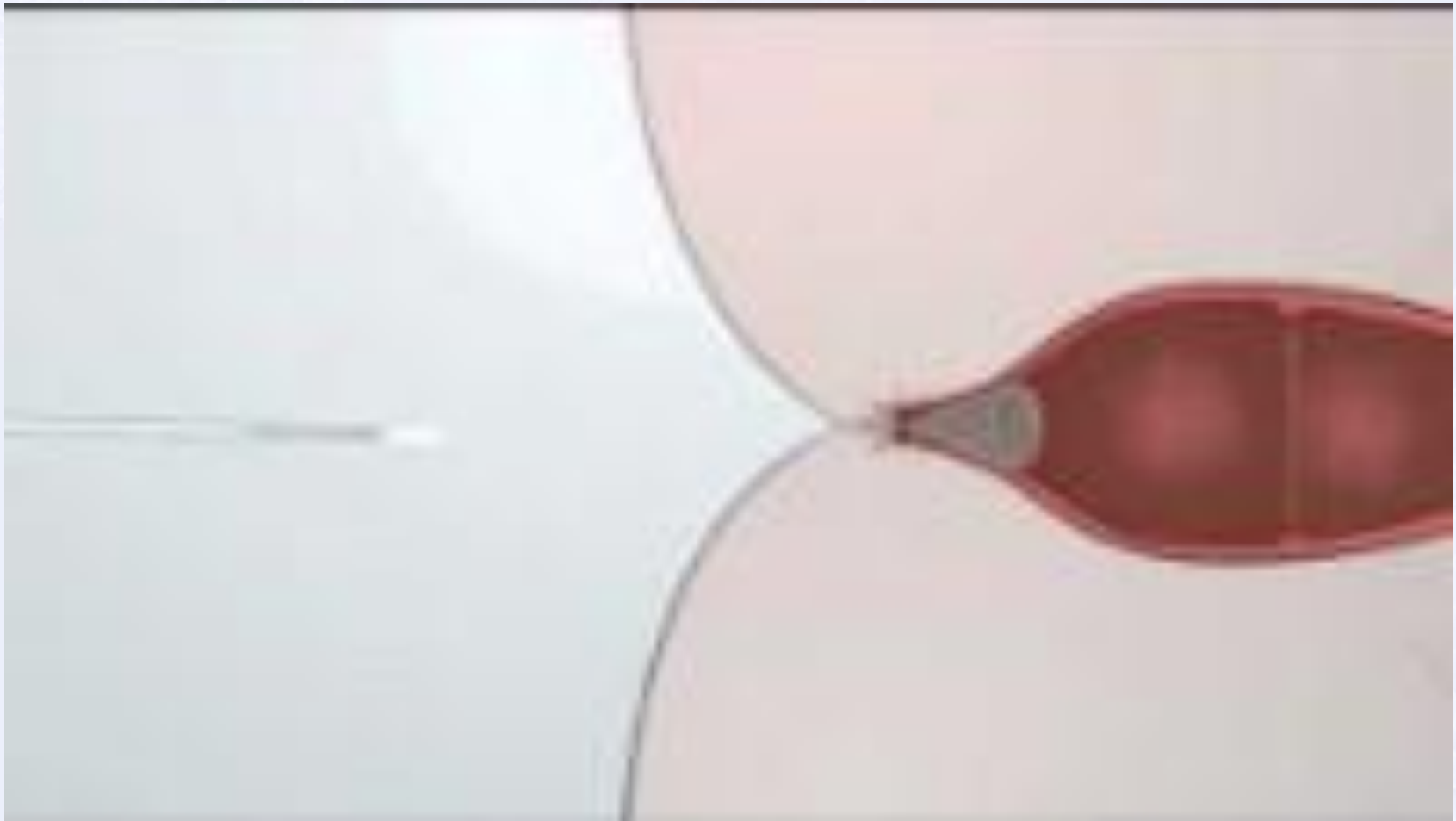
Anal Pap Smear



Rectum



How to perform an anal pap smear



HIV

SURVEILLANCE REPORT

SPECIAL REPORT

HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women

National HIV Behavioral Surveillance
7 U.S. Cities, 2019–2020

No. 27



Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



National HIV Behavioral Surveillance among Transgender Women (NHBS-Trans)

Surveillance Special Report

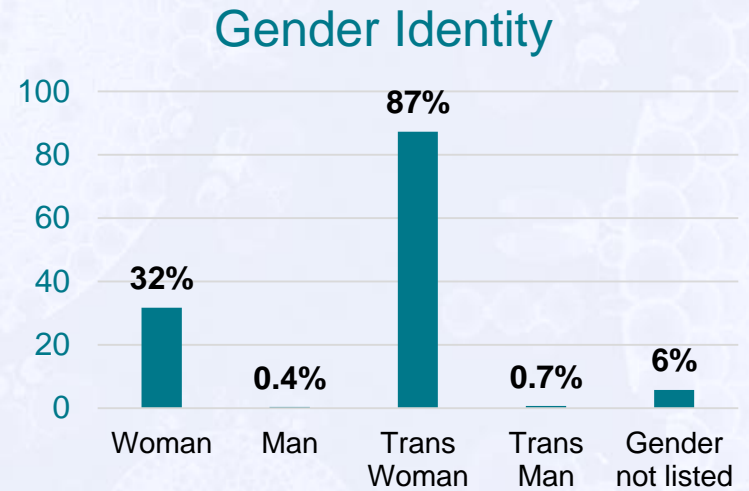
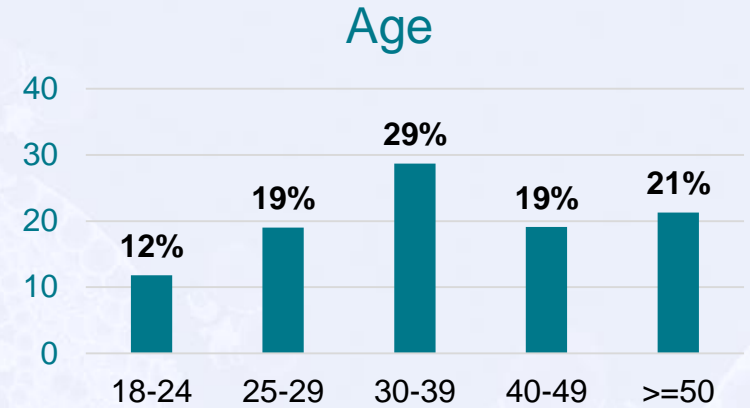


[HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance, 7 U.S. Cities, 2019–2020. HIV Surveillance Special Report 27.](#)



Demographics, n=1,608

Race/Ethnicity	
American Indian/Alaska Native	1%
Asian	2%
Black/African American	35%
Hispanic/Latina	40%
Native Hawaiian/Other Pacific Islander	3%
White	11%
Multiple Races	8%

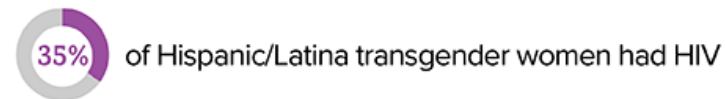
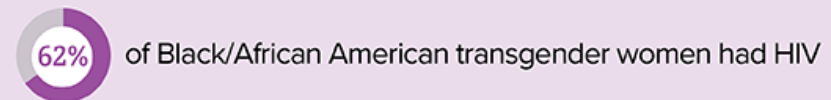


HIV Prevalence Among Transgender Women in 7 US Cities, 2019-2020

Racial and ethnic disparities exist among transgender women with HIV.



Among transgender women interviewed, 42% had HIV.



Source: CDC. HIV infection, risk, prevention, and testing behaviors among transgender women—National HIV Behavioral Surveillance—7 U.S. Cities, 2019-2020. *HIV Surveillance Special Report 2021*.

Socioeconomic factors



63%

were living at or below the Federal poverty level*

42%

experienced homelessness in the past 12 months

34%

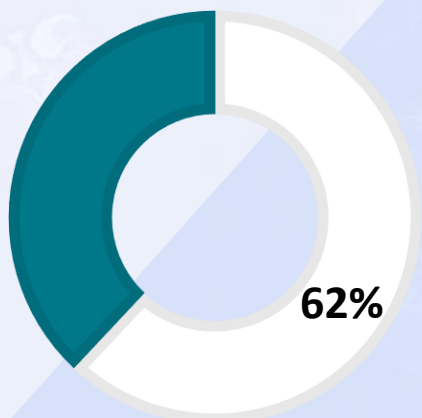
exchanged sex for money or drugs in the past 12 months

*HHS poverty guidelines: <https://www.govinfo.gov/content/pkg/FR-2018-01-18/pdf/2018-00814.pdf>

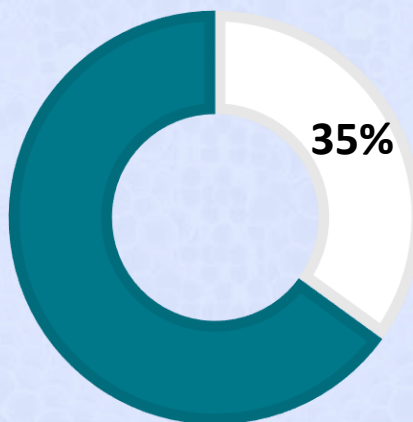
Participants tested

42%

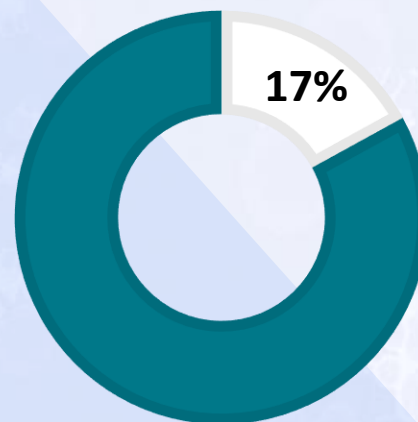
tested positive for HIV
including



**of Black/African American
participants**



**of Hispanic/Latina
participants**



**of White
participants**

Data include all participants with a valid NHBS HIV test result.

Hormone use for gender affirmation



were taking hormones



wanted to but were not taking hormones



did not want to take hormones

HIV Risk Factors for Transgender Women and Men

Transgender Women	Risk Factors	Transgender Men
X	Family rejection	
X	Violence and trauma	
X	Multiple sexual partners/ online hook-ups/ Cis males	X
X	Receptive anal intercourse without condoms	X
X	Low PrEP prescription and uptake	
X	Syringe sharing (e.g. injecting hormones or other substances)	X
X	Commercial sex work	
X	Mental health issues	
X	Incarceration, homelessness, and unemployment	
X	Sex with cis-heterosexual males	

According to the *STROBE Study*, participants who had ever injected substances to fill out face or feminize their bodies:

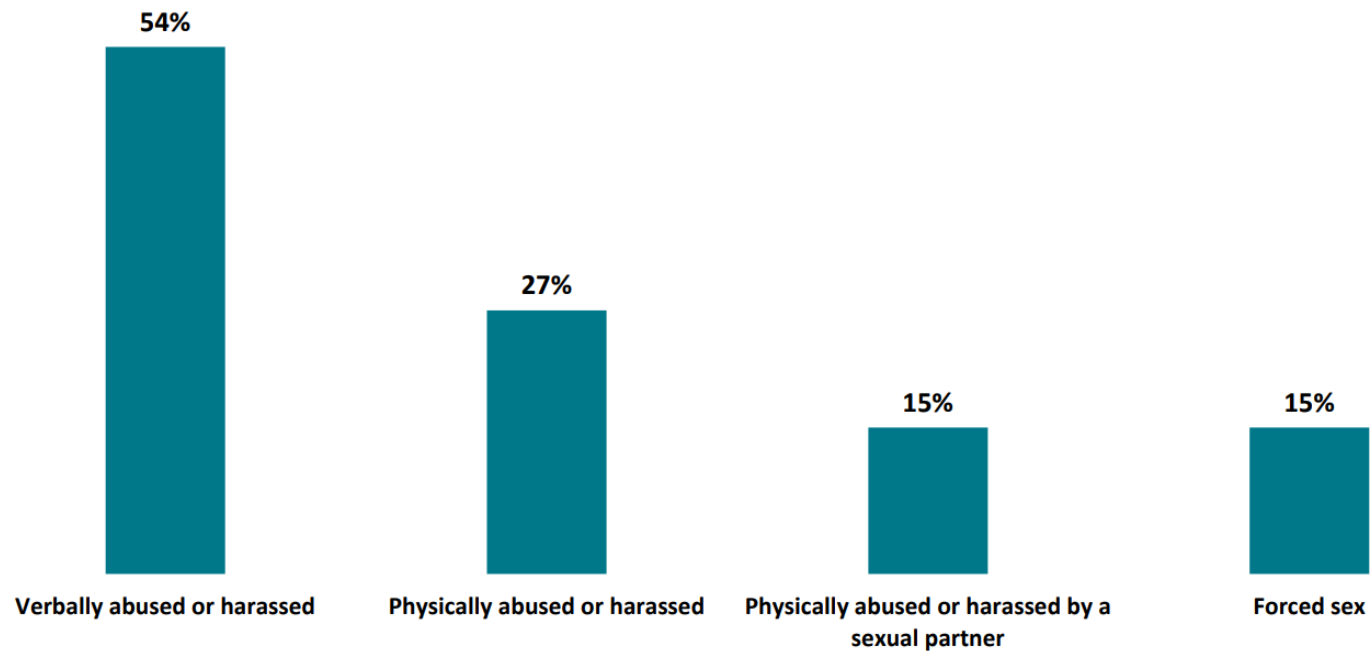
- 32.7% (n = 18/55) in Baltimore
- 33.3% (n=67/201) in Washington, DC
- 10-40% reported in existing published studies

Unemployment rate among transgender persons participating in the 2015 US Transgender survey was (15%), three times higher than the unemployment rate in the U.S. population (5%).

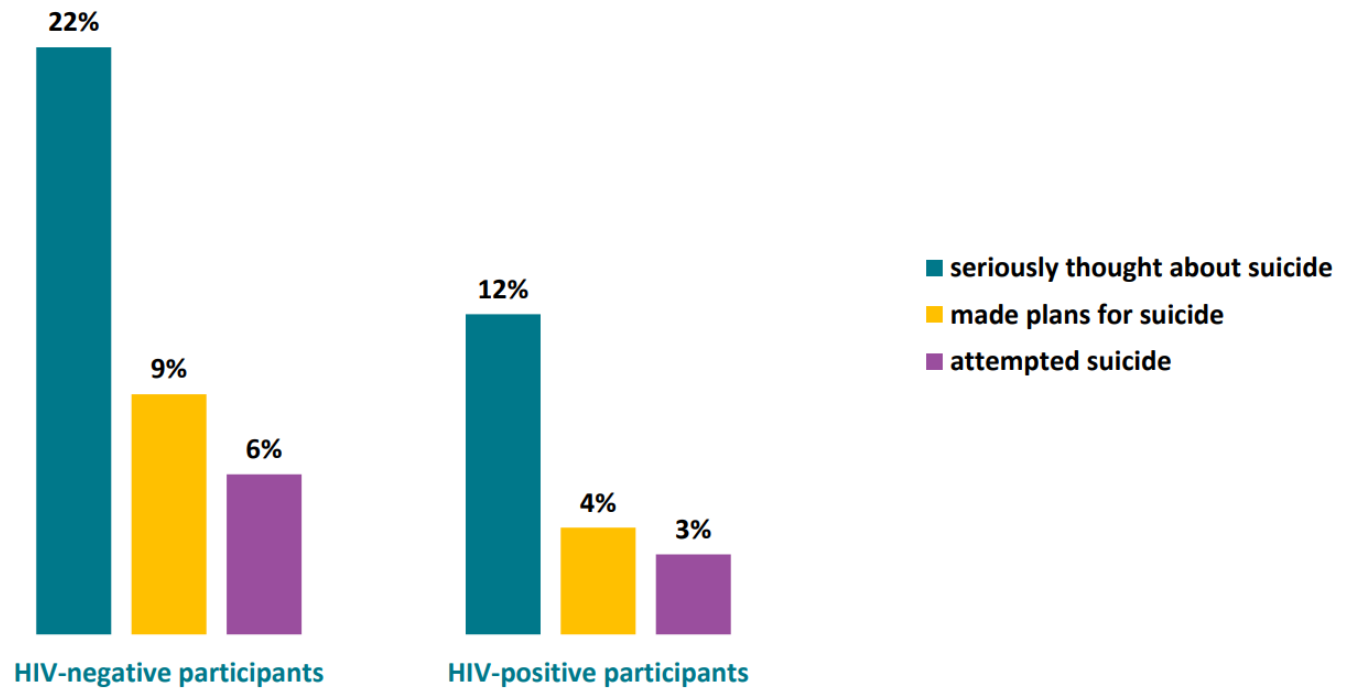
1. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
2. Wilson E, et al. *J Sex Med.*2014;**11**:1717-1724; .Silva-Santisteban A, et al. *AIDS Behav.*2012;**1**:872-881; RapuesJ, et al. *Am J Public Health.*2013;**103**:1485-1492. Scheim AJ, Bauer GR. *J Sex Res.*2015;**52**:1-14.



Abuse and harassment in the past 12 months



Suicidal ideation and behavior in the past 12 months





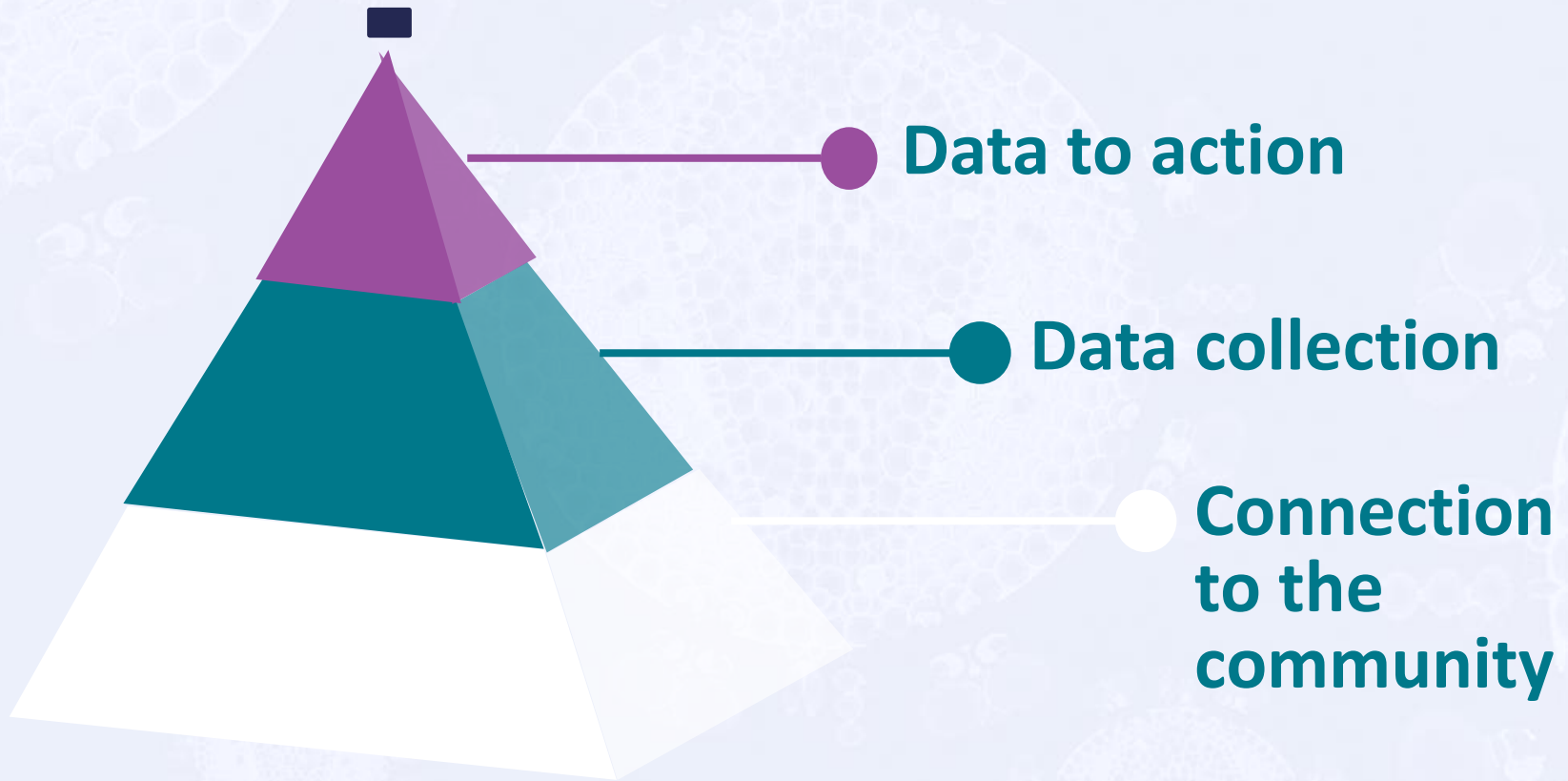
Summary

What did we learn in NHBS-Trans?

- **Transgender women need to be a priority population**
- **HIV prevalence was high**
 - Result of complex layering of syndemics*
 - Social and economic factors

*Singer M, Bulled N, Ostrach B, Mendenhall E. Syndemics and the biosocial conception of health. Lancet. 2017 Mar 4;389(10072):941-950.

The need for a strong foundation



Transgender and gender non-conforming (TGNC) staff integration

- **Project site staff included TGNC people at nearly every level**
- **Benefits to the project**
 - Community buy-in
 - Provide same-day, Community Advisory Board-level insights
- **Benefits to communities**
 - Employment and training opportunities to people in communities disproportionately impacted by unemployment, low income, and job discrimination
 - Over 20 TGNC staff across all project sites
 - Many transitioned to full-time employment after NHBS-Trans

PrEP and Adolescents

- FDA has approved daily oral antiretroviral preexposure prophylaxis (PrEP) with Truvada for adolescents and adults who weigh at least 35 kilograms (77 pounds).
- On May 15, 2018, the Food and Drug Administration approved an indication for Truvada for preexposure prophylaxis (PrEP) in adults and adolescents who weigh at least 35 kg (77 lb). The indications for PrEP, initial and follow-up prescribing and laboratory testing recommendations are the same for adolescents and adults.





 THE FENWAY INSTITUTE



Efforts to improve the uptake of PrEP among TW are needed.

HIV prevention programs could better bridge the gap between willingness and uptake of PrEP among BLTW by incorporating strategies voiced by community leaders

National LGBT Educations Center
Fenway Institute Program



- Qualitative data indicate that centering community priorities, like violence prevention and response, gender affirmation, and holistic support, may be an effective way to address HIV disparities among BLTW
- Other strategies suggested and supported by existing literature include hiring and supporting TW staff in HIV programs, engaging TW in places they already go, respectful and transgender-competent service providers, and partnering with transgender-led organizations.

National LGBT Educations Center
Fenway Institute Program



Health care clinics must address a number of factors in addition to HIV to curb the spread of HIV infection

- Access to care including low-cost or free care for transgender individuals who may not be able to afford health care, as well as access to hormones and other gender reassignment procedures (National Coalition for LGBT Health, 2004).
- Care suited for transgender individuals including health care in locations that are welcoming and safe for transgender individuals and that offer information that is pertinent to transgender issues, as well as the provision of care without the stigma attached to gender identity disorder (American Psychiatric Association, 2000); These adaptations may include hiring transgender individuals as health care workers.
- Substance abuse treatment, including treatment for both drugs and alcohol.
- Mental Health services.



Best Practices for HIV Prevention among Trans People

- ***Ground Your Work in the Community.***
Develop partnerships with trans people and organizations to create and grow programs, services and research with, by, and for trans people
- **Educate and provide services and care through a broader context of health and wellness. Consider approaches that focus not only on the individual, but also on families, social networks, schools, communities, and organizations in which transgender people live, work, and play.**

Best Practices for HIV Prevention among Trans People

- **Have a central or multiple locations with easy access to public transportation, provide services in multiple languages, and have trained providers who understand current HIV and health care issues of trans people. Provide hormone therapy as part of primary care.**
- **Collaborate with community partners to advocate for policy development and social change to identify and address how HIV among trans people is impacted by housing, employment, transphobia, racism, violence, lack of health insurance, provider education, and legalized discrimination.**
 - Center for Excellence for TransHealth

Resources

- **PrEP Consultation Service for Clinicians**
- **1-855-448-7737 (1-855 HIV-PREP)**
11 a.m. – 8 p.m. ET , Monday-Friday
For more information on the services offered through the PrEPline, visit the [National Clinicians Consultation Center](#).
- **Free Continuing Education for Healthcare Providers**
- [Advancing PrEP in Practice: Practical Strategies for Everyday Challenges](#)



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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control And Prevention.

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<https://transcare.ucsf.edu/guidelines>



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