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“DO TRANSGENDER WOMEN LIVING WITH HIV EXPERIENCE DIFFERENT HIV OUTCOMES?”

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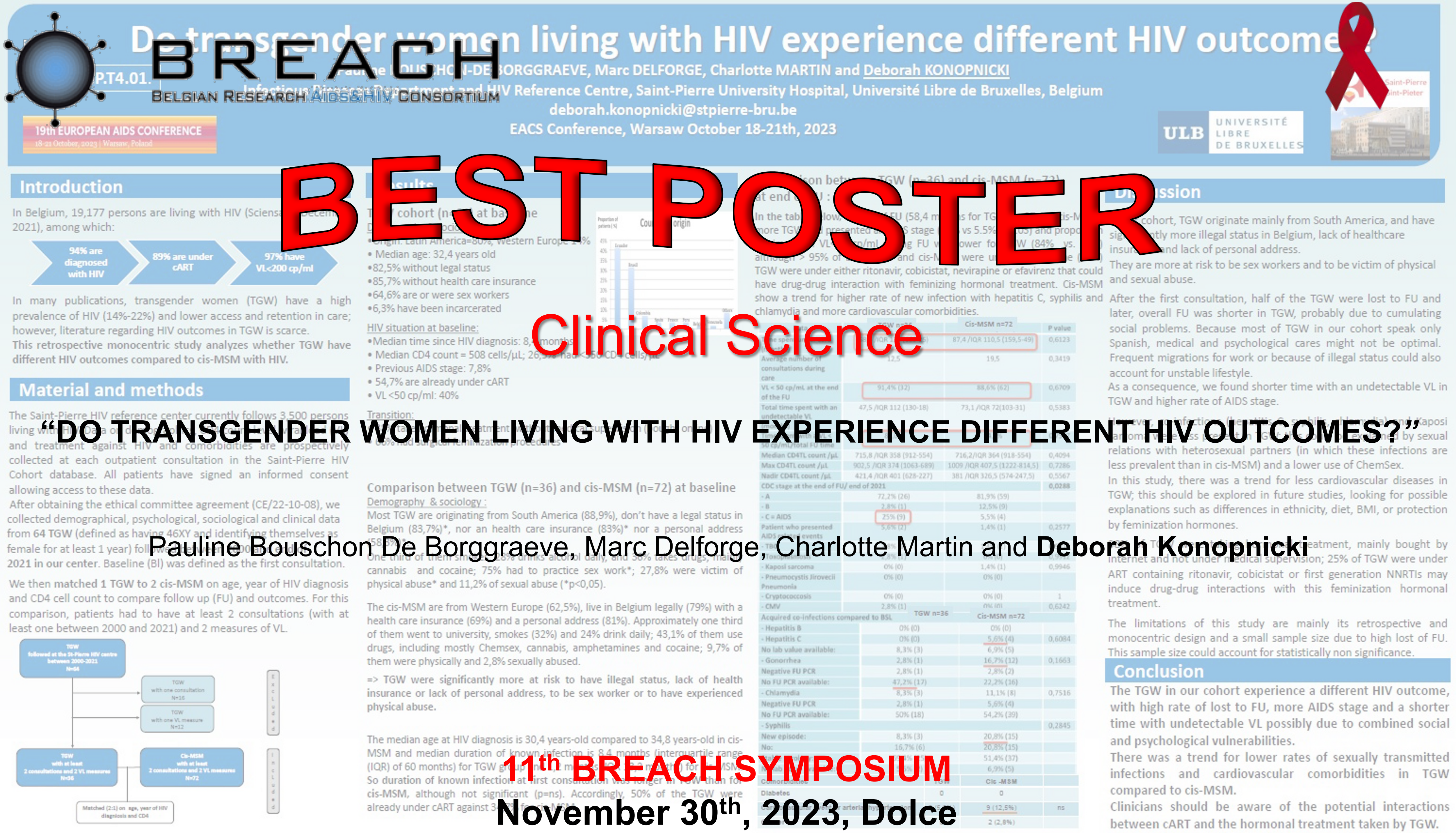

Do transgender women living with HIV experience different HIV outcomes?

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Introduction

In Belgium, 19,177 persons are living with HIV (Sciensa [illegible] 2021), among which:

94% are diagnosed with HIV → 89% are under cART → 97% have VL<200 cp/ml

In many publications, transgender women (TGW) have a high prevalence of HIV (14%-22%) and lower access and retention in care; however, literature regarding HIV outcomes in TGW is scarce.

This retrospective monocentric study analyzes whether TGW have different HIV outcomes compared to cis-MSM with HIV.

Material and methods

The Saint-Pierre HIV reference center currently follows 3,500 persons living with HIV. Data o[illegible] and treatment against HIV and comorbidities are prospectively collected at each outpatient consultation in the Saint-Pierre HIV Cohort database. All patients have signed an informed consent allowing access to these data.

After obtaining the ethical committee agreement (CE/22-10-08), we collected demographical, psychological, sociological and clinical data from **64 TGW** (defined as having 46XY and identifying themselves as female for at least 1 year) foll[illegible] **2021 in our center**. Baseline (Bl) was defined as the first consultation.

We then **matched 1 TGW to 2 cis-MSM** on age, year of HIV diagnosis and CD4 cell count to compare follow up (FU) and outcomes. For this comparison, patients had to have at least 2 consultations (with at least one between 2000 and 2021) and 2 measures of VL.

TGW followed at the St-Pierre HIV centre between 2000-2021 N=64
TGW with one consultation N=16
TGW with one VL measure N=12
TGW with at least 2 consultations and 2 VL measures N=36
Cis-MSM with at least 2 consultations and 2 VL measures N=72
Matched (2:1) on age, year of HIV diagnosis and CD4

Results

T[illegible] cohort (n=[illegible]) at ba[illegible]
- Origin: Latin America=80%, Western Europe 14%
- Median age: 32,4 years old
- 82,5% without legal status
- 85,7% without health care insurance
- 64,6% are or were sex workers
- 6,3% have been incarcerated

HIV situation at baseline:
- Median time since HIV diagnosis: 8,4 months
- Median CD4 count = 508 cells/µL; 26,[illegible] had <350 CD4 cells/µL
- Previous AIDS stage: 7,8%
- 54,7% are already under cART
- VL <50 cp/ml: 40%

Transition:
- [illegible] hormonal treatment without medical supervision ([illegible] online)
- 66% had surgical feminization procedures

Comparison between TGW (n=36) and cis-MSM (n=72) at baseline

Demography & sociology :

Most TGW are originating from South America (88,9%), don’t have a legal status in Belgium (83,7%)*, nor an health care insurance (83%)* nor a personal address (58,3%)*. One third of them sm[illegible] 28% drinks alcohol daily, and 36% takes drugs, mainly cannabis and cocaine; 75% had to practice sex work*; 27,8% were victim of physical abuse* and 11,2% of sexual abuse (*p<0,05).

The cis-MSM are from Western Europe (62,5%), live in Belgium legally (79%) with a health care insurance (69%) and a personal address (81%). Approximately one third of them went to university, smokes (32%) and 24% drink daily; 43,1% of them use drugs, including mostly Chemsex, cannabis, amphetamines and cocaine; 9,7% of them were physically and 2,8% sexually abused.

=> TGW were significantly more at risk to have illegal status, lack of health insurance or lack of personal address, to be sex worker or to have experienced physical abuse.

The median age at HIV diagnosis is 30,4 years-old compared to 34,8 years-old in cis-MSM and median duration of known infection is 8,4 months (interquartile range (IQR) of 60 months) for TGW gr[illegible] m[illegible] for cis-MSM. So duration of known infection at first consultation was longer in TGW than for cis-MSM, although not significant (p=ns). Accordingly, 50% of the TGW were already under cART against 3[illegible] for cis-MSM.

Comparison between TGW (n=36) and cis-MSM (n=72) at end of FU :

In the table below, [illegible] FU (58,4 m[illegible] for TG[illegible] cis-MSM [illegible] more TGW [illegible] presented a[illegible] stage ([illegible] vs 5.5% [illegible]05) and propo[illegible] [illegible] VL<[illegible] cp/ml [illegible] FU w[illegible] lower fo[illegible] W (84% vs. [illegible]) although > 95% of [illegible] and cis-M[illegible] were u[illegible] ([illegible]) TGW were under either ritonavir, cobicistat, nevirapine or efavirenz that could have drug-drug interaction with feminizing hormonal treatment. Cis-MSM show a trend for higher rate of new infection with hepatitis C, syphilis and chlamydia and more cardiovascular comorbidities.

Discussion

[illegible] cohort, TGW originate mainly from South America, and have sig[illegible]ntly more illegal status in Belgium, lack of healthcare insura[illegible] and lack of personal address.

They are more at risk to be sex workers and to be victim of physical and sexual abuse.

After the first consultation, half of the TGW were lost to FU and later, overall FU was shorter in TGW, probably due to cumulating social problems. Because most of TGW in our cohort speak only Spanish, medical and psychological cares might not be optimal. Frequent migrations for work or because of illegal status could also account for unstable lifestyle.

As a consequence, we found shorter time with an undetectable VL in TGW and higher rate of AIDS stage.

However, co-infections (hepatitis C, syphilis, chlamydia) and Kaposi [illegible] by sexual relations with heterosexual partners (in which these infections are less prevalent than in cis-MSM) and a lower use of ChemSex.

In this study, there was a trend for less cardiovascular diseases in TGW; this should be explored in future studies, looking for possible explanations such as differences in ethnicity, diet, BMI, or protection by feminization hormones.

[illegible] T[illegible] treatment, mainly bought by internet and not under medical supervision; 25% of TGW were under ART containing ritonavir, cobicistat or first generation NNRTIs may induce drug-drug interactions with this feminization hormonal treatment.

The limitations of this study are mainly its retrospective and monocentric design and a small sample size due to high lost of FU. This sample size could account for statistically non significance.

Conclusion

The TGW in our cohort experience a different HIV outcome, with high rate of lost to FU, more AIDS stage and a shorter time with undetectable VL possibly due to combined social and psychological vulnerabilities.

There was a trend for lower rates of sexually transmitted infections and cardiovascular comorbidities in TGW compared to cis-MSM.

Clinicians should be aware of the potential interactions between cART and the hormonal treatment taken by TGW.