

Caring for Transgender and Non-Binary Patients

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Southeast AETC Webcast Wednesday

June 29, 2022



Disclosures

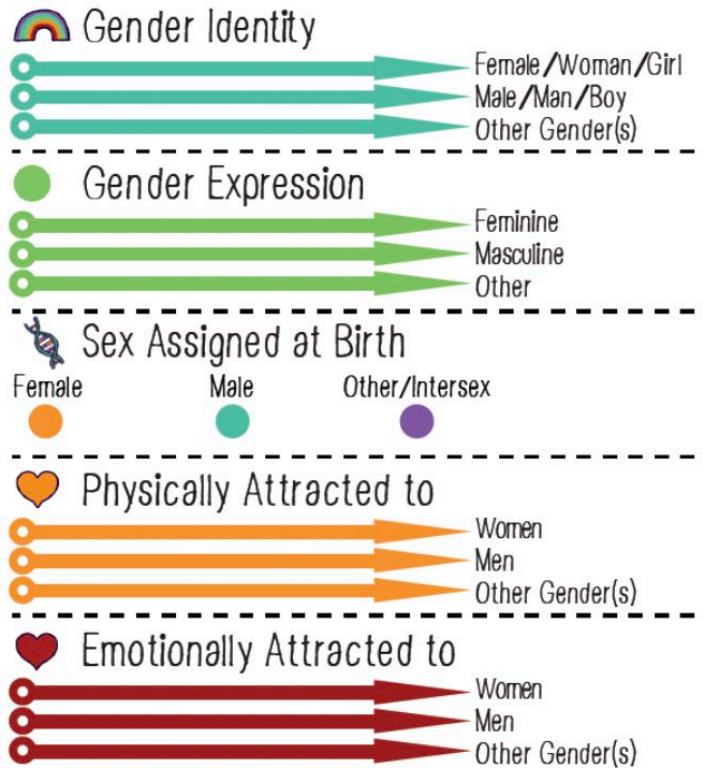
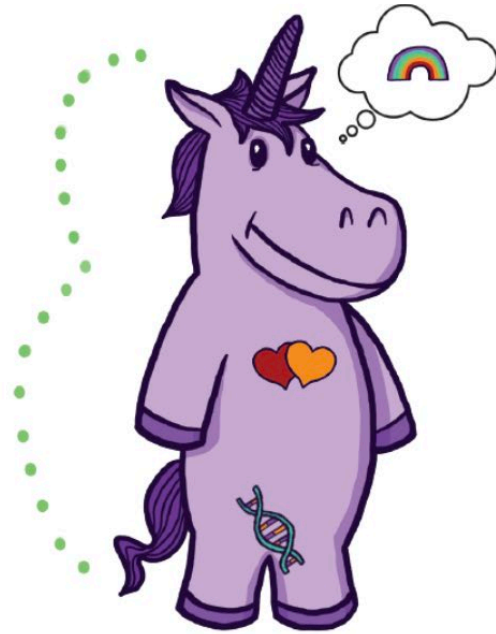
I have received research grant support from Gilead Sciences, Inc. and Abbott Molecular. I have served on a scientific advisory board for Scynexis.

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The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

-  **Transgender:** people whose gender identity or expression is different from their sex assigned at birth.
-  **Gender identity:** person's internal understanding of their own gender.
-  **Gender expression:** person's outward presentation of their gender (example, how they dress).
-  **Transgender women:** people who were assigned the male sex at birth but identify as women.
-  **Transgender men:** people who were assigned the female sex at birth but identify as men.

Gender Dysphoria

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Definition: Distress and unease experienced if gender identity and designated gender are not completely congruent

In 2013, DSM-5, replaced “gender identity disorder” with “gender dysphoria” and changed the criteria for diagnosis

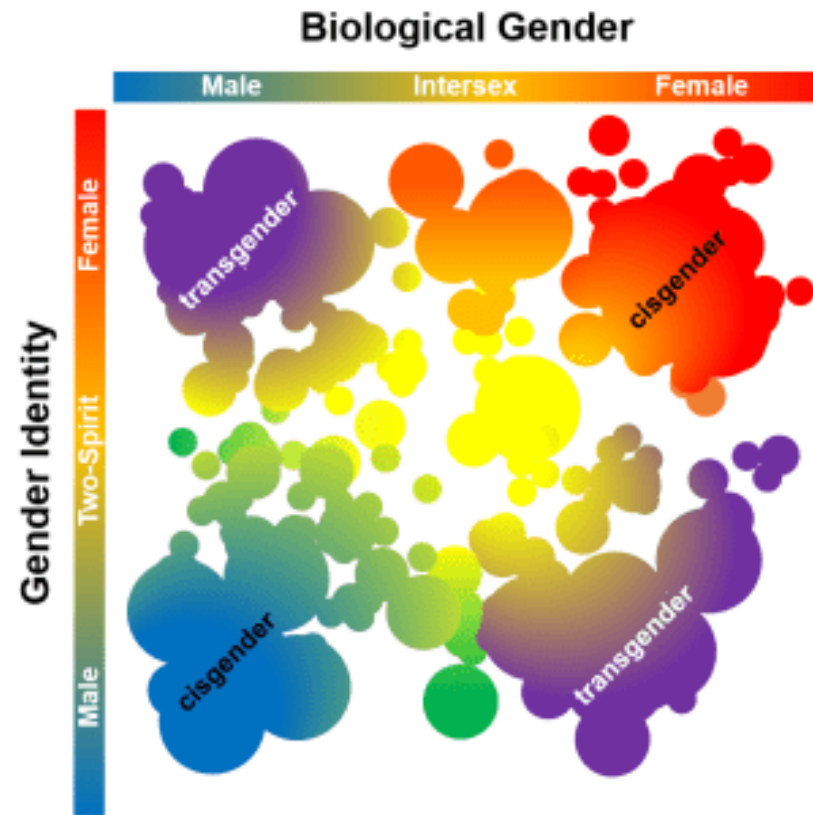
Non-binary people



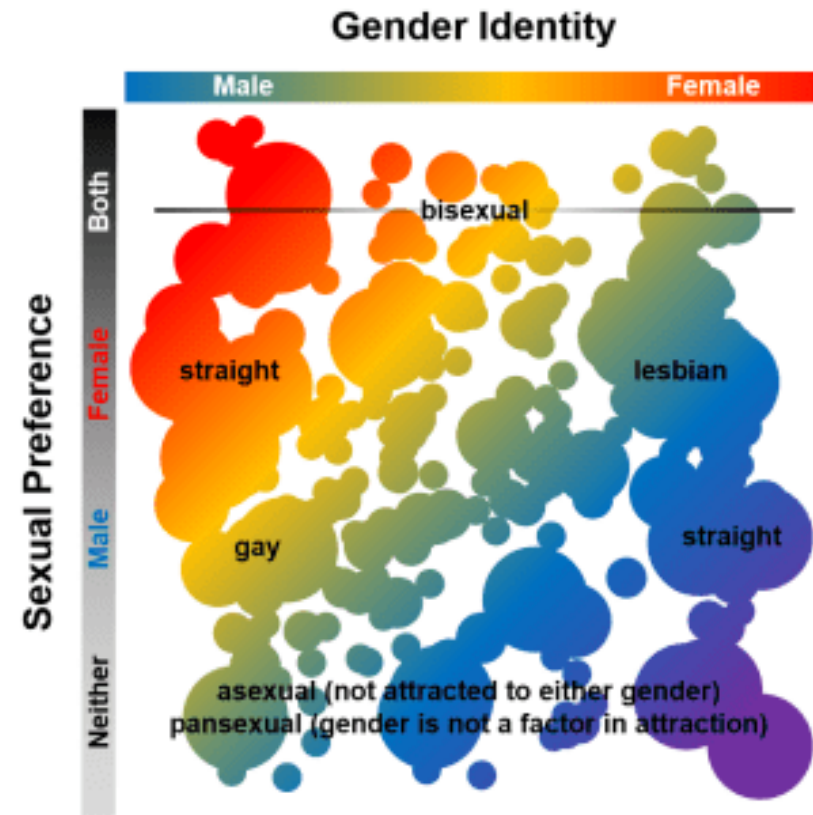
- Some cultures-societies generally recognize only two genders.
- The word binary means ‘having two parts’- and in this context refers to Male and Female; hence the ideological construct that there is exclusively two genders is referred to as the ‘gender binary’.
- This basic description thus helps to better understand ‘Non-binary’- as one term descriptive of gender identities that do not neatly fall into these two categories.

It's complicated...

GENDER IDENTITY



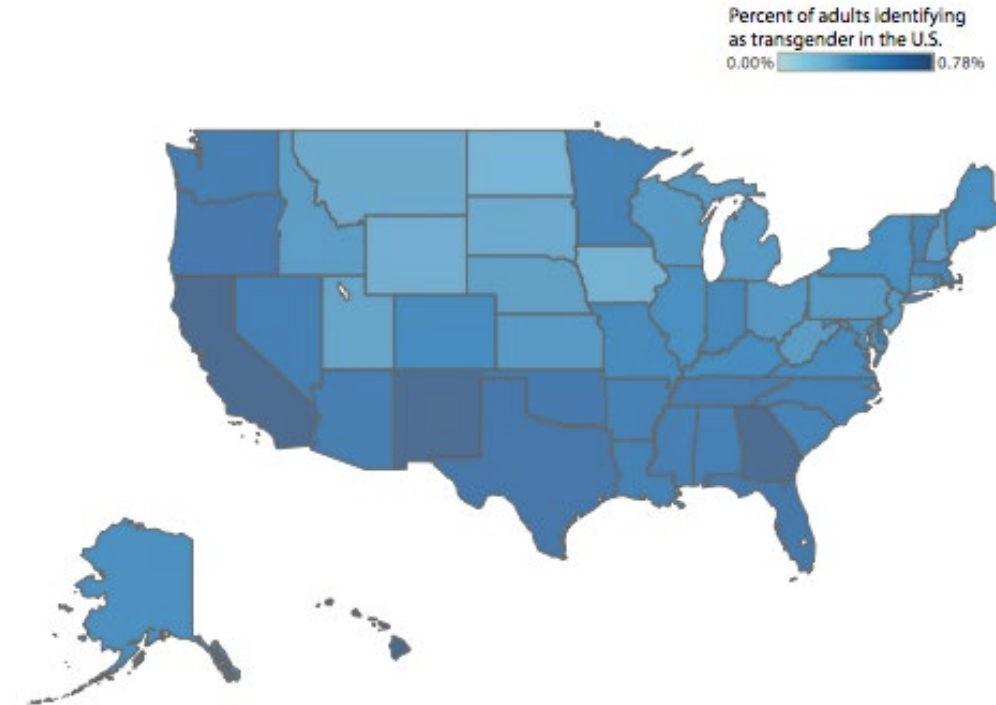
SEXUAL ORIENTATION



Wierbowski 2016

Epidemiology

- 0.39% (390 per 100,000) identified as transgender
- TGNB prevalence among adults:
 - 18–24 years old: 700 per 100,000 (0.7%),
 - 25–64 years old: 600 per 100,000 (0.6%)
 - 65 and older: 500 per 100,000 (0.5%)
- Study of high-school for TGNB identities: 2,700 per 100,000



Meerwijk *et al* *Am J Public Health* 2017
Rider GN *et al* *Pediatrics* 2018

Table 1. Estimated Population of Adults Who Identify as Transgender by State of Residence

STATE	POPULATION	PERCENT	RANK
United States of America	1,397,150	0.58%	-
Alabama	22,500	0.61%	15★
Alaska	2,700	0.49%	33
Arizona	30,550	0.62%	12
Arkansas	13,400	0.60%	18★
California	218,400	0.76%	2
Colorado	20,850	0.53%	27
Connecticut	12,400	0.44%	37
Delaware	4,550	0.64%	9
District of Columbia ⁷	14,550	2.77%	-
Florida	100,300	0.66%	6★
Georgia	55,650	0.75%	4★
Hawaii	8,450	0.78%	1
Idaho	4,750	0.41%	43
Illinois	49,750	0.51%	30
Indiana	27,600	0.56%	23
Iowa	7,400	0.31%	49
Kansas	9,300	0.43%	41
Kentucky	17,700	0.53%	26
Louisiana	20,900	0.60%	17★
Maine	5,350	0.50%	31
Maryland	22,300	0.49%	32
Massachusetts	29,900	0.57%	22
Michigan	32,900	0.43%	40
Minnesota	24,250	0.59%	20
Mississippi	13,650	0.61%	14★
Missouri	25,050	0.54%	25
Montana	2,700	0.34%	47
Nebraska	5,400	0.39%	44
Nevada	12,700	0.61%	13

What about the Southeast?

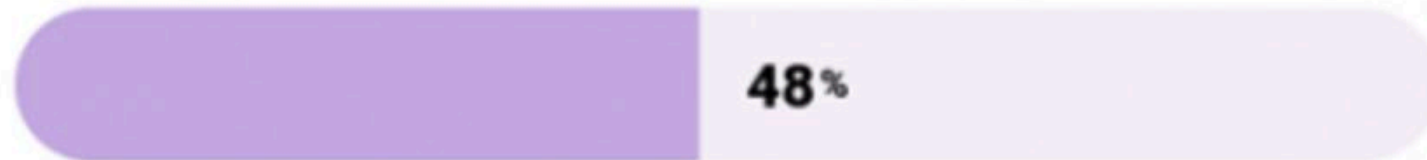
STATE	POPULATION	PERCENT	RANK
New Hampshire	4,500	0.43%	39
New Jersey	30,100	0.44%	36
New Mexico	11,750	0.75%	3
New York	78,600	0.51%	29
North Carolina	44,750	0.60%	16
North Dakota	1,650	0.30%	50
Ohio	39,950	0.45%	34
Oklahoma	18,350	0.64%	8
Oregon	19,750	0.65%	7
Pennsylvania	43,800	0.44%	35
Rhode Island	4,250	0.51%	28
South Carolina	21,000	0.58%	21
South Dakota	2,150	0.34%	46
Tennessee	31,200	0.63%	10★
Texas	125,350	0.66%	5★
Utah	7,200	0.36%	45
Vermont	3,000	0.59%	19
Virginia	34,500	0.55%	24
Washington	32,850	0.62%	11
West Virginia	6,100	0.42%	42
Wisconsin	19,150	0.43%	38
Wyoming	1,400	0.32%	48

The Williams Institute, 2016

Mistreatment at School



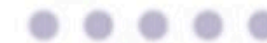
Physically Attacked / Verbally Harassed / Denied Equal Treatment



Mistreatment at Work



STIGMA AND DISCRIMINATION



THE MAJORITY OF TRANSGENDER PEOPLE EXPERIENCE VARIOUS FORMS OF HARASSMENT, VICTIMIZATION, AND DISCRIMINATION IN THEIR DAILY LIVES

Centers for Disease Control and Prevention, 2021



HIV Infection



Substance Use Disorders



Mental Health Problems

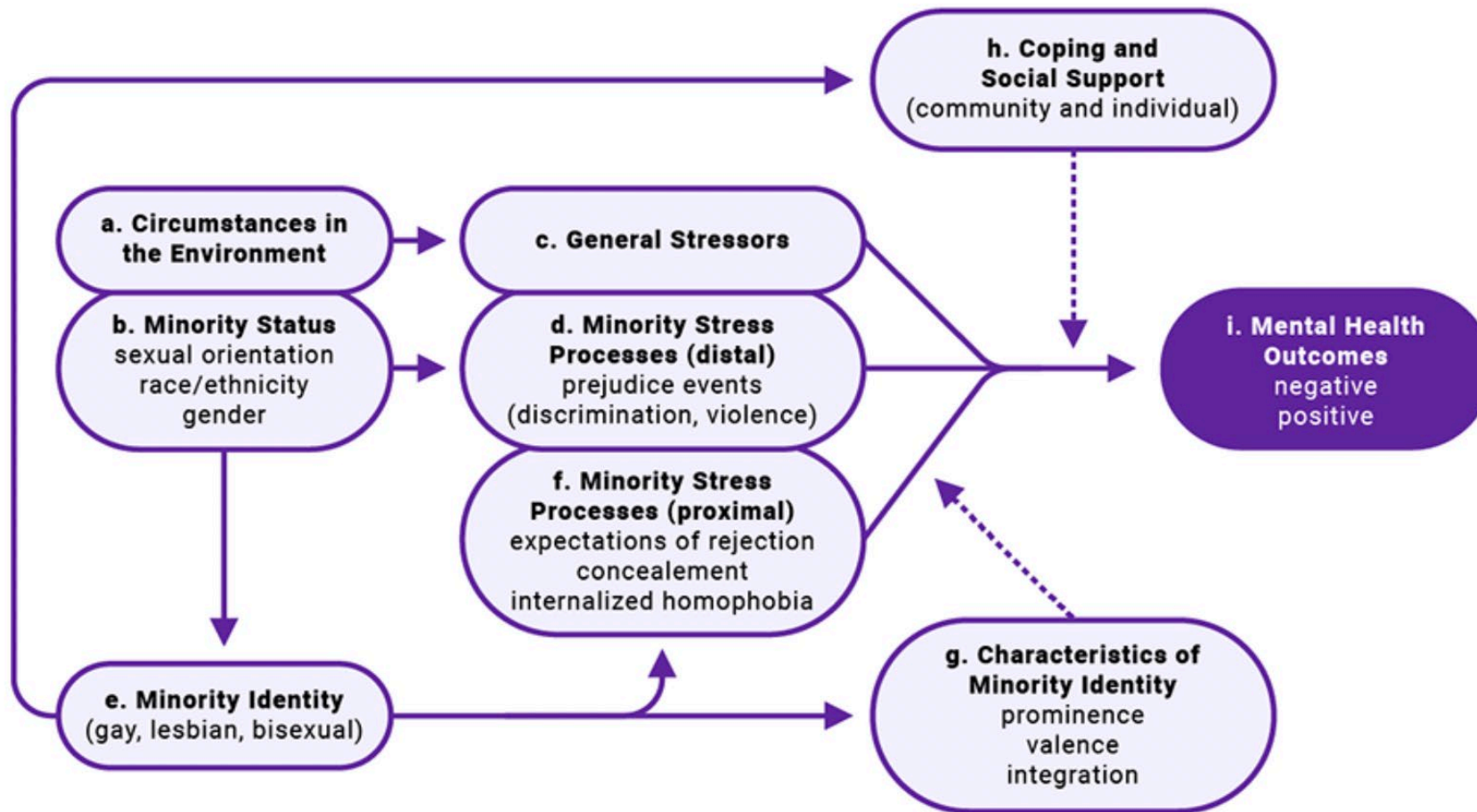


Violence and Victimization

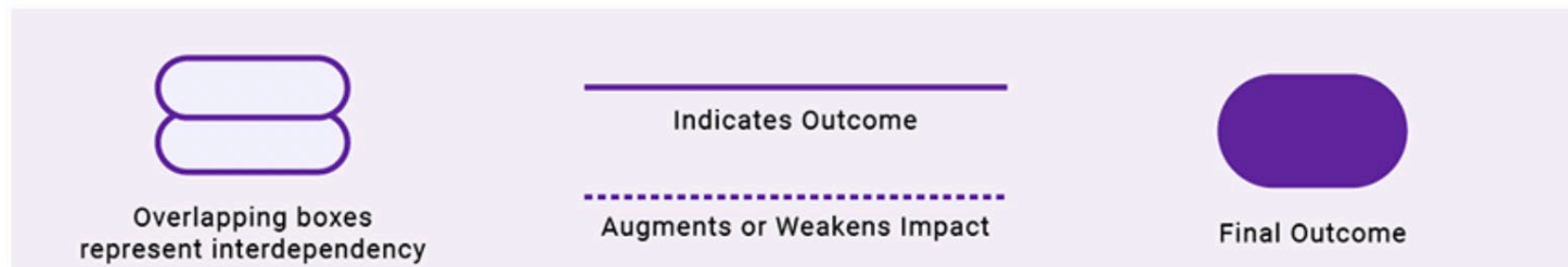
HEALTH CONCERNS



**COMPARED TO THE
GENERAL POPULATION,
TRANSGENDER PEOPLE
EXPERIENCE HIGHER
RATES OF THESE
HEALTH CONCERNS**



KEY



Access to care for TGNB individuals

- Up to 25% of TG individuals: HRT coverage denied
- 23% of respondents did not see a doctor: because of fear of being mistreated
- 91% TGNB reported wanting counseling, hormones, and/or puberty blockers; 65% reported ever having any of these

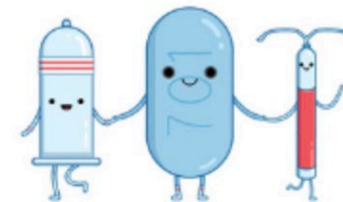


James SE et. al. USTS survey 2015

Setting the Stage

- Be comfortable
- Remember: sex is a part of EVERYONE's life
- Read the room
- Make a smooth, even transition to the topic

let's talk about



sexual health



A GUIDE TO Taking a Sexual History



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

Dialogue With Patient

- **May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health.**
- **At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?**
- **I ask these questions to all my patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence unless you or someone else is being hurt or is in danger. Do you have any questions before we get started?**
- **Do you have any questions or concerns about your sexual health?**

The 8 "P's"

Preferences

Partners

Practices

Protection

Past history of STI

Pregnancy

Pleasure

Partner Abuse

- T. Cavanaugh. Sexual Health History: Talking Sex with Gender Non-Conforming & Trans Patients
- 2021 Centers for Disease Control and Prevention STI Treatment Guidelines

Sexually Transmitted Infections Treatment Guidelines, 2021

BOX 1. The Five P's approach for health care providers obtaining sexual histories: partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and pregnancy intention

1. Partners

- “Are you currently having sex of any kind?”
- “What is the gender(s) of your partner(s)?”

2. Practices

- “To understand any risks for sexually transmitted infections (STIs), I need to ask more specific questions about the kind of sex you have had recently.”
- “What kind of sexual contact do you have or have you had?”
 - “Do you have vaginal sex, meaning ‘penis in vagina’ sex?”
 - “Do you have anal sex, meaning ‘penis in rectum/anus’ sex?”
 - “Do you have oral sex, meaning ‘mouth on penis/vagina’?”

3. Protection from STIs

- “Do you and your partner(s) discuss prevention of STIs and human immunodeficiency virus (HIV)?”
- “Do you and your partner(s) discuss getting tested?”
- For condoms:
 - “What protection methods do you use? In what situations do you use condoms?”

4. Past history of STIs

- “Have you ever been tested for STIs and HIV?”
- “Have you ever been diagnosed with an STI in the past?”
- “Have any of your partners had an STI?”

Additional questions for identifying HIV and viral hepatitis risk:

- “Have you or any of your partner(s) ever injected drugs?”
- “Is there anything about your sexual health that you have questions about?”

5. Pregnancy intention

- “Do you think you would like to have (more) children in the future?”
- “How important is it to you to prevent pregnancy (until then)?”
- “Are you or your partner using contraception or practicing any form of birth control?”
- “Would you like to talk about ways to prevent pregnancy?”

Anatomical and sexual health considerations among transfeminine individuals who have undergone vaginoplasty: A review

Olivia T Van Gerwen¹ , Zain Aryanpour² , John P Selph³ and Christina A Muzny²

International Journal of STD & AIDS

2022, Vol. 33(2) 106–113

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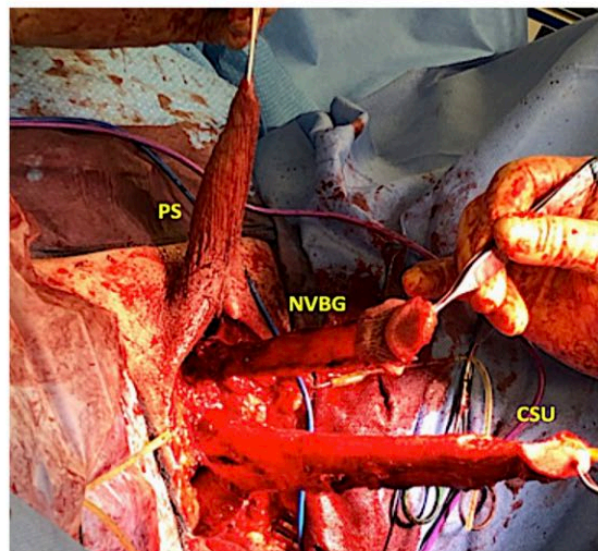


Figure 1. Anatomy of vaginal and vulvar components. PS: penile skin; NVBG: neurovascular bundle and glans; CSU: corpus spongiosum and urethra.

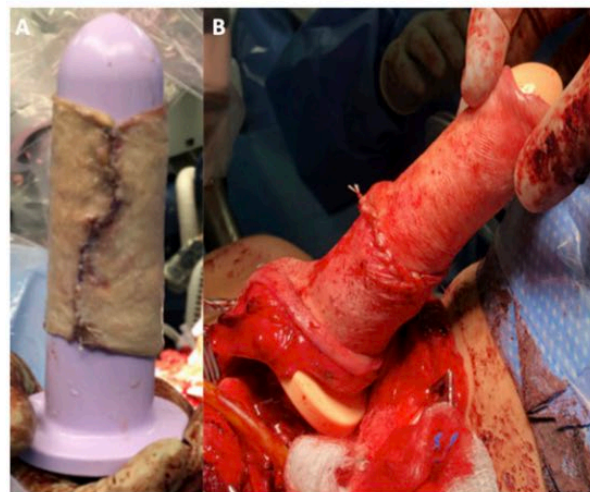


Figure 2. Skin graft in transfeminine vaginoplasty. (A) Skin graft placed on dilator to estimate neovaginal depth. (B) Skin graft sewn into penile skin and overlaid on dilator before inversion into neovaginal cavity.



HIV and Transgender People

The Global HIV Burden

- The World Health Organization reports the estimated worldwide prevalence of HIV among transgender women to be 19%.¹
 - Observational studies in some parts of the world estimate prevalence of up to 49.6% among transgender women.²
- Transgender women are 49 times more likely to be living with HIV than other adults of reproductive age. ¹
- While data is limited, up to 8.3% of transgender men worldwide are estimated to be living with HIV.²



¹World Health Organization, 2020; ² Van Gerwen, et al. *Transgender Health*, 2020

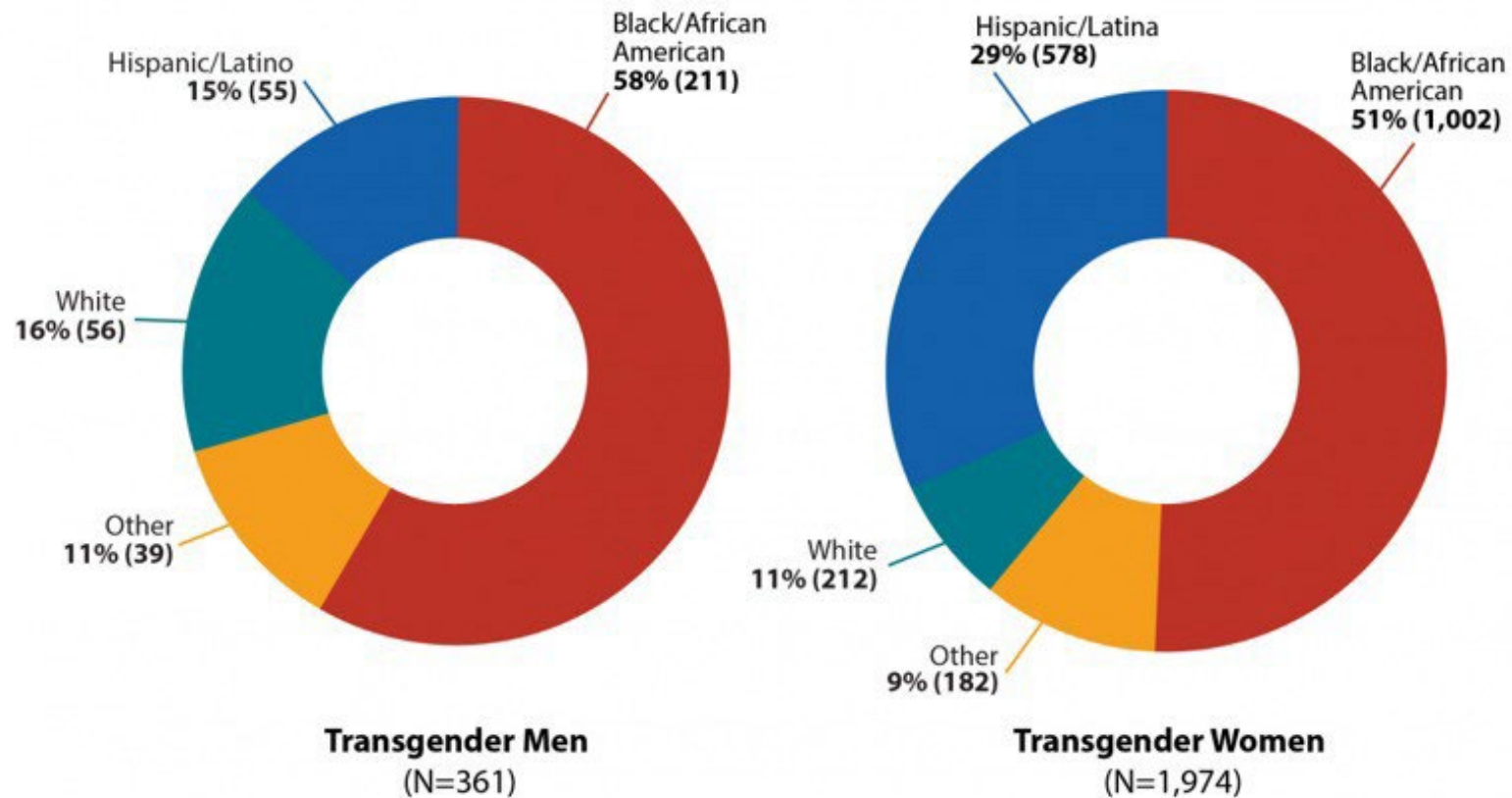
HIV Among Transgender People in the U.S.

- From 2009 to 2014, 2,351 transgender people received an HIV diagnosis in the U.S.¹
 - 84% (1,974) were transgender women
 - 15% (361) were transgender men
 - Less than 1% (16) had another gender identity.
 - Around half of transgender people (43% transgender women and 54% of transgender men) who received an HIV diagnosis lived in the South.
- Among the 3 million HIV testing events reported to CDC in 2017, the percentage of transgender people who received a new HIV diagnosis was 3 times the national average.
- Nearly two thirds of transgender women and men surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) in 2014 and 2015 reported never testing for HIV.

¹AIDS Behav 2017;21(9):2774-2783

HIV Disproportionately Affects Transgender People of Color

HIV Diagnoses Among Transgender People in the United States^c by Race/Ethnicity, 2009-2014





- Tenofovir disproxil fumarate + emtricitabine
- Tenofovir alafenamide + emtricitabine
- Cabotegarvir

PrEP Awareness and Use Among Transgender Women in 7 US Cities, 2019-2020

PrEP is highly effective for preventing HIV from sex or injection drug use.



of transgender women without HIV were aware of PrEP



of transgender women without HIV used PrEP

The NEW ENGLAND
JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

DECEMBER 30, 2010

VOL. 363 NO. 27

10

Preexposure Chemoprophylaxis for HIV Prevention
in Men Who Have Sex with Men

- 2012 FDA approval of PrEP (F/TDF) based on this trial
 - Efficacy of 96% to reduce risk of HIV acquisition
- Secondary, intent-to-treat analysis of data among transgender women participants
 - No difference in new infections comparing the placebo and treatment arms
 - Low adherence (18%) among transgender women
 - Negatively associated with use of exogenous hormone therapy
 - No HIV seroconversions identified among transgender women with blood levels consistent with 4 doses per week

iPrEx Study

Drug Interactions: FHT levels not affected by F/TDF

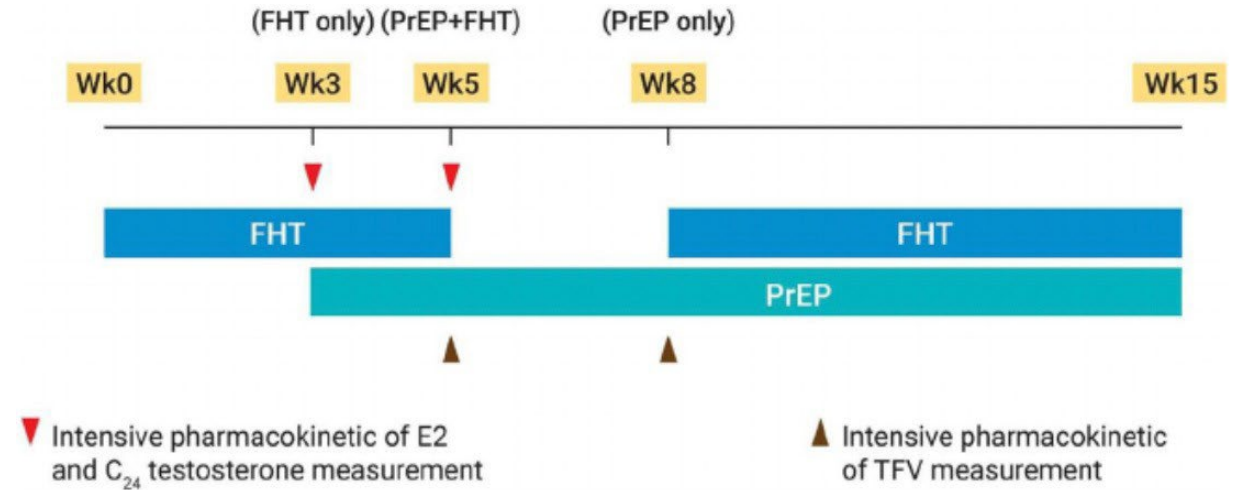
Hiransuthikul A et al. *Journal of the International AIDS Society* 2019, **22**:e25338
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25338/full> | <https://doi.org/10.1002/jia2.25338>



RESEARCH ARTICLE

Drug-drug interactions between feminizing hormone therapy and pre-exposure prophylaxis among transgender women: the iFACT study

Akarin Hiransuthikul¹, Rena Janamnuaysook¹, Kanittha Himmad¹, Stephen J Kerr^{2,3}, Narukjaporn Thammajaruk¹, Tippawan Pankam¹, Kannapat Phanjaroen¹, Stephen Mills⁴, Ravipa Vannakit⁵, Praphan Phanuphak¹, Nittaya Phanuphak¹ and on behalf of the iFACT Study Team



- Estrogen levels were not significantly affected by the presence of F/TDF
- F/TDF exposure was significantly reduced by 12% in the presence of FHT

Drug Interactions: FHT not affected by PrEP

Shieh E et al. *Journal of the International AIDS Society* 2019, 22:e25405
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25405/full> | <https://doi.org/10.1002/jia2.25405>

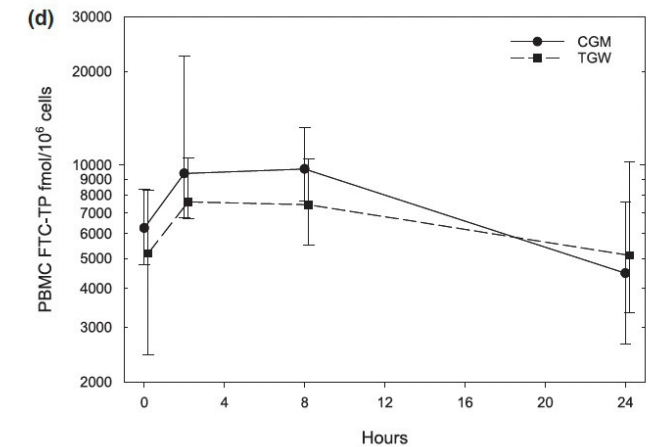
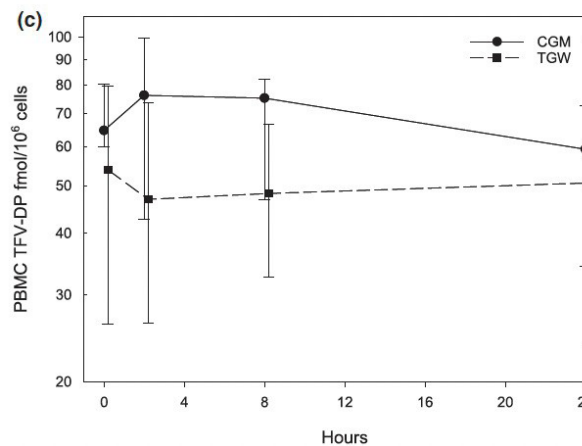
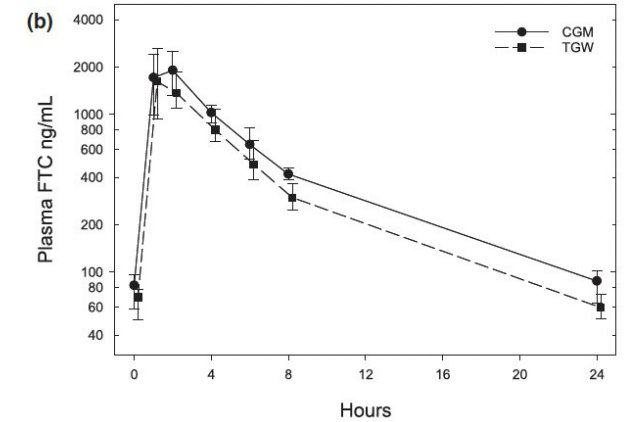
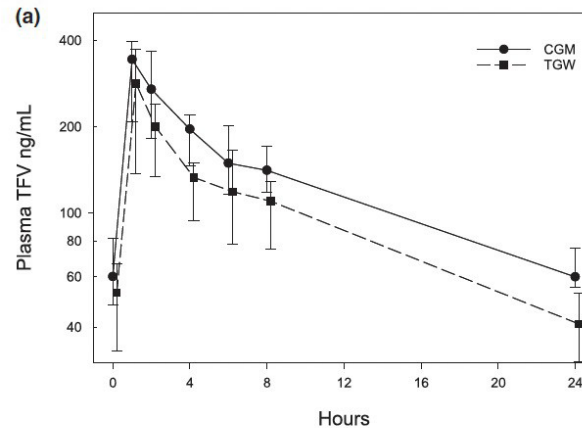


RESEARCH ARTICLE

Transgender women on oral HIV pre-exposure prophylaxis have significantly lower tenofovir and emtricitabine concentrations when also taking oestrogen when compared to cisgender men

Eugenie Shieh¹, Mark A Marzinke^{1,2}, Edward J Fuchs¹, Allyson Hamlin¹, Rahul Bakshi¹, Wutyi Aung¹, Jennifer Breaky¹, Tonia Poteat³, Todd Brown⁴, Namandjé N Bumpus¹ and Craig W Hendrix^{1,5}

- Plasma TDF and FTC trough concentrations in transgender women were lower by 32% each when compared to cisgender men.
- Estradiol concentrations were not different comparing before and after F/TDF dosing.



Rectal tissue and blood F/TDF levels lower in transgender women

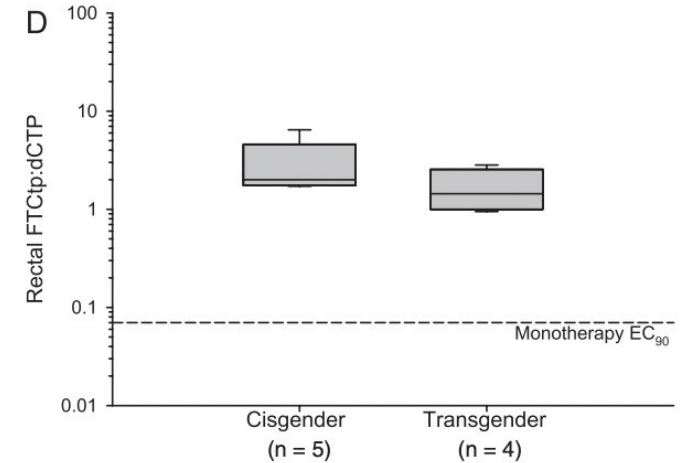
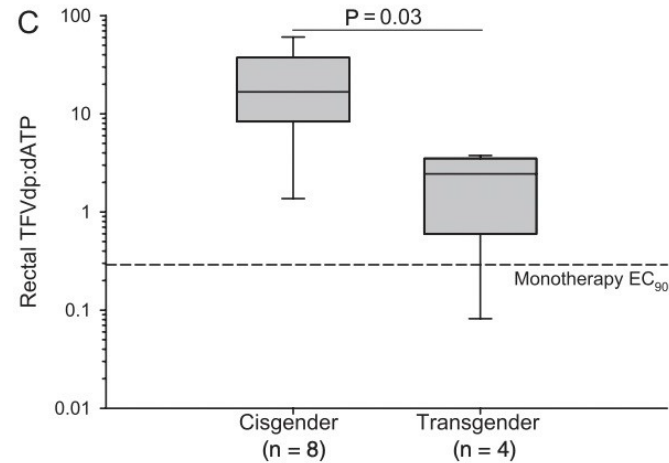
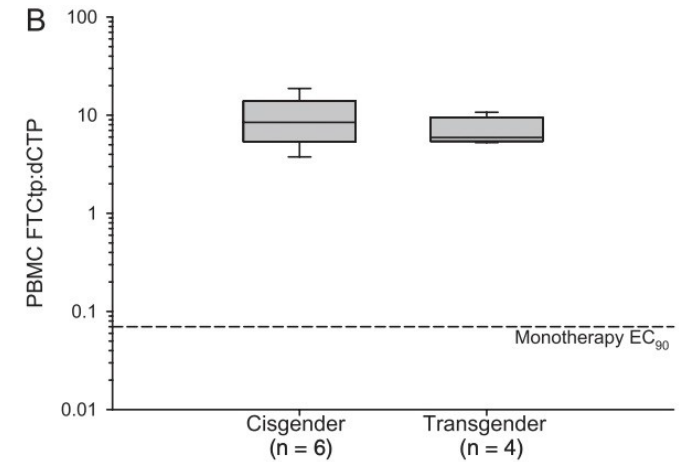
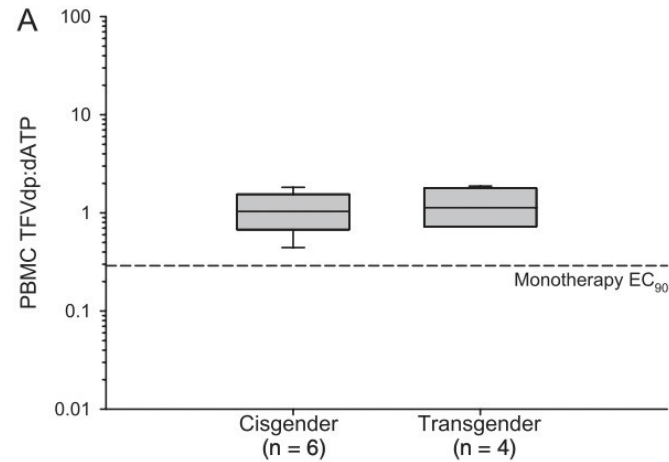
Clinical Infectious Diseases

BRIEF REPORT

Decreased Tenofovir Diphosphate Concentrations in a Transgender Female Cohort: Implications for Human Immunodeficiency Virus Preexposure Prophylaxis

Mackenzie L. Cottrell,^{1,*} Heather M. A. Prince,² Amanda P. Schauer,¹ Craig Sykes,¹ Kaitlyn Maffuid,¹ Amanda Poliseo,¹ Tae-Wook Chun,³ Erin Huiting,³ Frank Z. Stanczyk,⁴ Anne F. Peery,⁵ Evan S. Dellon,⁵ Jessica L. Adams,^{6,7} Cindy Gay,² and Angela D. M. Kashuba^{1,2}

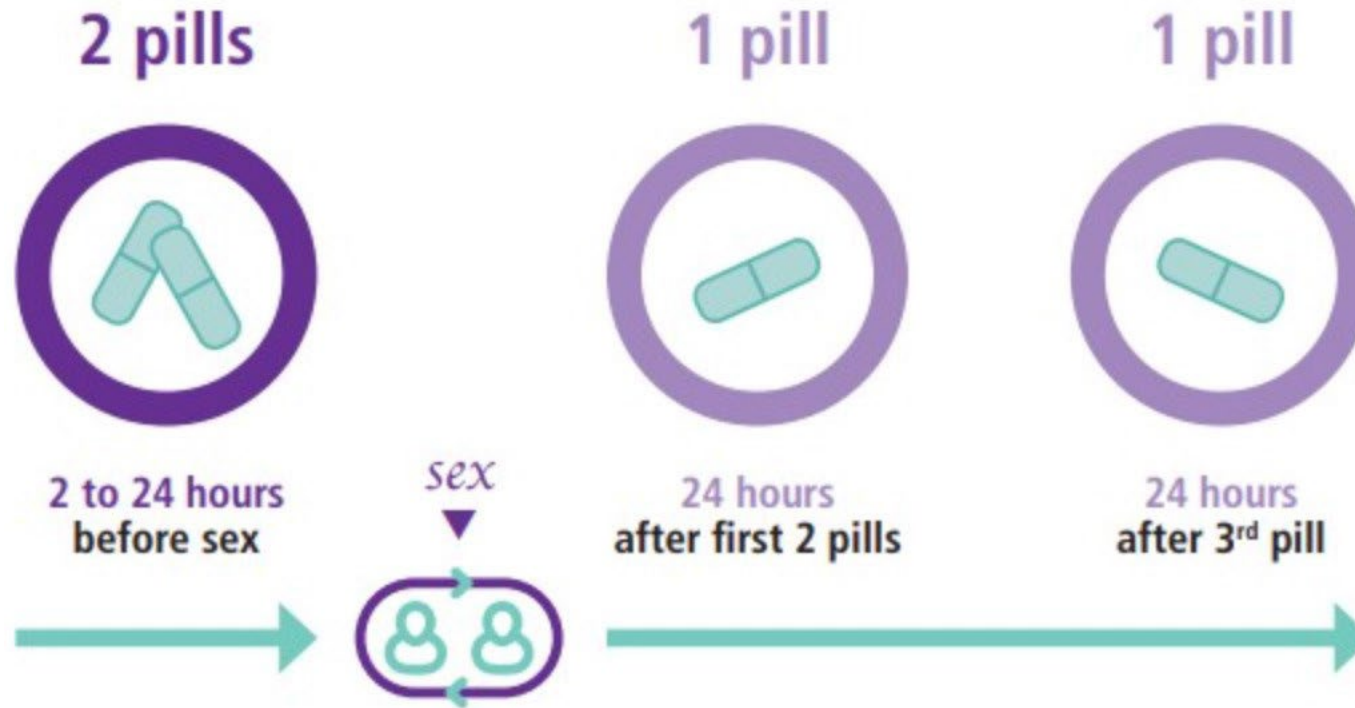
- Sevenfold lower rectal tissue ratio of F/TDF active metabolites versus cisgender women and men.
 - Inversely correlated with estradiol levels
- FHT modestly reduces levels F/TDF



No interactions between hormone therapy and PrEP in transgender men and women

- Parent study
 - Two-arm randomized controlled trial—iTAB plus Motivational Interviewing for PrEP Adherence in Transgender Individuals (mPrEP T)
 - 172-person hormone substudy that measured TFV-DP in dried blood spots and hormones in serum at weeks 0 and 12.
 - At weeks 0 and 24, participants completed surveys about desired hormone effects and satisfaction with hormone therapy.
- Results
 - After 12 weeks of daily reported PrEP use by transgender individuals, those taking or not taking hormone therapy had similar TFV-DP levels in dried blood spots.
 - TDF/FTC PrEP did not affect serum estradiol concentrations.
 - TGM taking TDF/FTC had marginally lower serum testosterone concentrations, but the impact of TDF/FTC was judged unlikely to be clinically meaningful.
 - People taking PrEP perceived no PrEP impact on hormone therapy.

Event-Driven PrEP for transgender women?



- Efficacy unclear, but more data are emerging

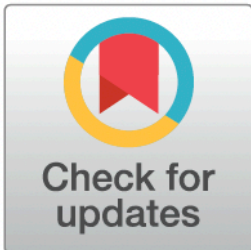
RESEARCH ARTICLE

“It’s behaviors, not identity”: Attitudes and beliefs related to HIV risk and pre-exposure prophylaxis among transgender women in the Southeastern United States

Olivia T. Van Gerwen^{1*}, **Erika L. Austin**², **Andres F. Camino**³, **L. Victoria Odom**³, **Christina A. Muzny**¹

1 Division of Infectious Diseases, Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, United States of America, **2** Department of Biostatistics, University of Alabama at Birmingham School of Public Health, Birmingham, Alabama, United States of America, **3** University of Alabama School of Medicine, Birmingham, Alabama, United States of America

* oliviavangerwen@uabmc.edu



Results

- Between July 2020 and December 2020, 17 transgender women participated in 4 virtual focus groups.
- Fifteen participants had heard of PrEP but only one had ever taken PrEP.

	N (%) or Mean ± STD
Age	28.1 ± 8.5
Race/ethnicity	
Black, non-Hispanic	7 (41.1%)
White, Hispanic	1 (5.9%)
White, non-Hispanic	8 (47.0%)
White, unknown ethnicity	1 (5.9%)
Educational level	
High school/GED	5 (29.4%)
Some college/Associate's	9 (52.9%)
Bachelor's degree	1 (5.9%)
Any post-graduate studies	2 (11.8%)
Sexual orientation	
Bisexual	3 (17.6%)
Heterosexual	6 (35.3%)
Homosexual	4 (23.5%)
Fluid	1 (5.9%)
Pansexual	2 (11.8%)
Don't know	1 (5.9%)
Gender of sexual partners*	
Transfemales	4 (23.5%)
Transmales	3 (17.6%)
Cisfemales	6 (35.5%)
Cismales	14 (82.3%)
Genderfluid individuals	3 (17.6%)
Participation in transactional sex	5 (29.4%)
Currently using HRT	13 (76.5%)

Results: Themes

- Frustration regarding the conflation of transgender identity and HIV risk
- Concerns for drug-drug interactions between PrEP and hormone replacement therapy
- Perception that PrEP is primarily meant for cisgender men who have sex with men
- Limited trans-affirming healthcare resources with knowledge of PrEP

Conclusions

- Nuanced messaging from healthcare providers and media is necessary to properly educate and engage TGW in HIV prevention strategies such as PrEP.
- A one-size-fits-all approach is inappropriate given the diversity among TGW regarding sexual behaviors and HIV risk factors.
- Discussions between TGW and healthcare providers should focus on individual HIV risk and patient concerns when determining whether PrEP is appropriate.

HIV, PrEP and Transgender Men

AJPH RESEARCH

Characteristics of HIV-Positive Transgender Men Receiving Medical Care: United States, 2009–2014

Ansley Lemons, MPH, Linda Beer, PhD, Teresa Finlayson, PhD, MPH, Donna Hubbard McCree, PhD, MPH, RPh, Daniel Lentine, MPH, and R. Luke Shouse, MD, MPH, for the Medical Monitoring Project

Methods. This analysis included pooled interview and medical record data from the 2009 to 2014 cycles of the Medical Monitoring Project, which used a 3-stage, probability-proportional-to-size sampling methodology.

Results. Transgender men accounted for 0.16% of all adults and 11% of all transgender adults receiving HIV medical care in the United States from 2009 to 2014. Of these HIV-positive transgender men receiving medical care, approximately 47% lived in poverty, 69% had at least 1 unmet ancillary service need, 23% met criteria for depression, 69% were virally suppressed at their last test, and 60% had sustained viral suppression over the previous 12 months.

- 857 transmasculine individuals who have sex with men found that of those who were HIV negative:
 - 52.5% met PrEP indications
 - 33.3% reported lifetime PrEP use
 - 21.8% current
 - 11.5% past
- 439 transmasculine individuals who were eligible for PrEP,
 - 11% had received a PrEP prescription

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM.

STIS AND TRANSGENDER PEOPLE



- Because of the diversity of transgender persons regarding surgical gender-affirming procedures, hormone use, and their patterns of sexual behavior, providers should remain aware of symptoms consistent with common STIs and screen for asymptomatic infections on the basis of the patient's sexual practices and anatomy.
- Gender-based screening recommendations should be adapted on the basis of anatomy (e.g., routine screening for *trachomatis* and *N. gonorrhoeae*) as recommended for all sexually active females aged <25 years on an annual basis and should be extended to transgender men and nonbinary persons with a cervix among this age group.
- HIV screening should be discussed and offered to all transgender persons. Frequency of repeat screenings should be based on level of risk.
- For transgender persons with HIV infection who have sex with cisgender men and transgender women, STI screening should be conducted at least annually, including syphilis serology, HCV testing, and urogenital and extragenital NAAT for gonorrhea and chlamydia.
- Transgender women who have had vaginoplasty surgery should undergo routine STI screening for all exposed sites (e.g., oral, anal, or vaginal). No data are available regarding the optimal screening method (urine or vaginal swab) for bacterial STIs of the neovagina. The usual techniques for creating a neovagina do not result in a cervix; therefore, no rationale exists for cervical cancer screening.
- If transgender men have undergone metoidioplasty surgery with urethral lengthening and have not had a vaginectomy, assessment of genital bacterial STIs should include a cervical swab because a urine specimen will be inadequate for detecting cervical infections.
- Cervical cancer screening for transgender men and nonbinary persons with a cervix should follow current screening guidelines (see Human Papillomavirus Infections).



REVIEW

Prevalence of Sexually Transmitted Infections and Human Immunodeficiency Virus in Transgender Persons: A Systematic Review

Olivia T. Van Gerwen,^{1,*} Aditi Jani,² Dustin M. Long,³ Erika L. Austin,³ Karen Musgrove,⁴ and Christina A. Muzny¹

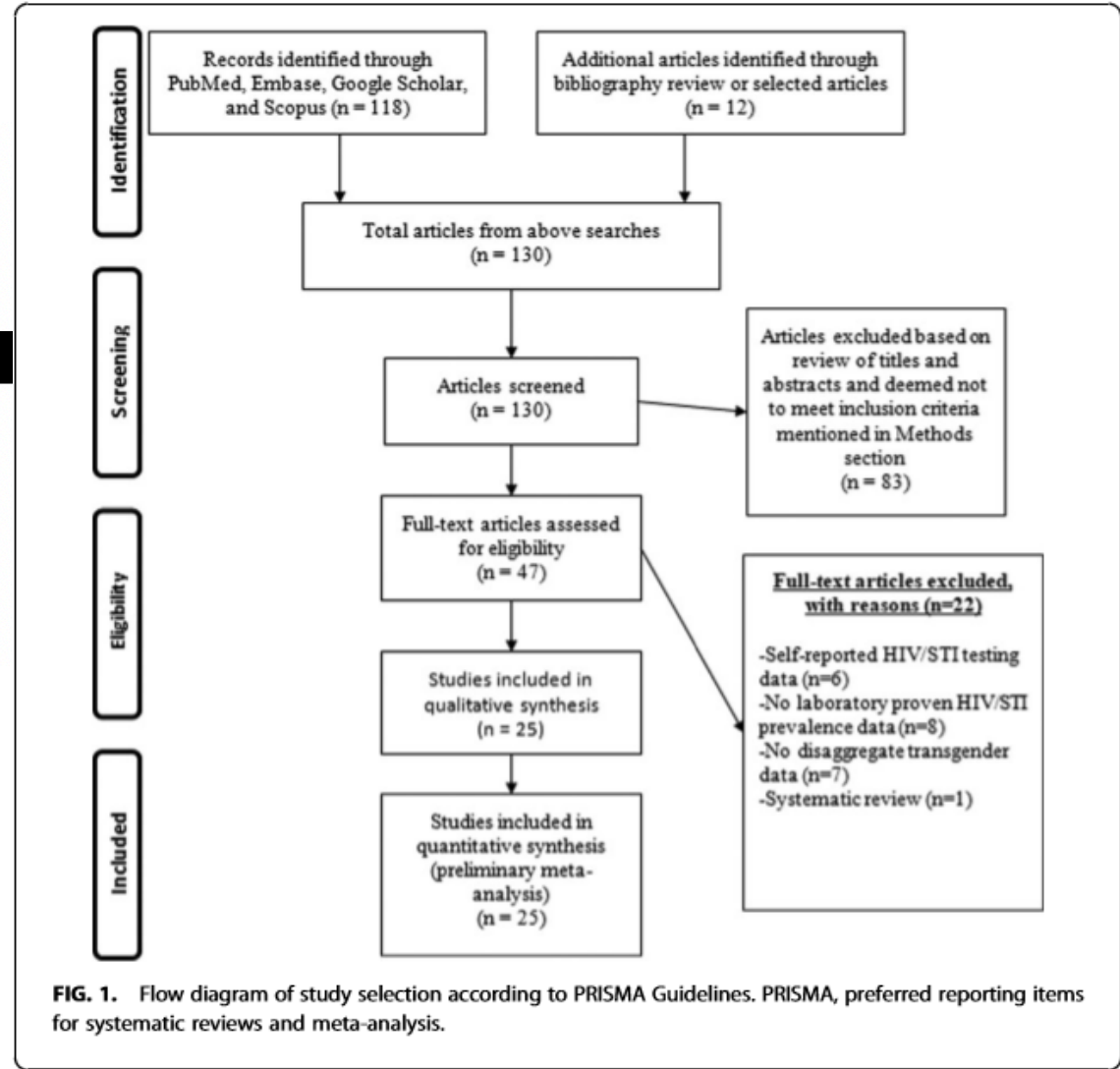


FIG. 1. Flow diagram of study selection according to PRISMA Guidelines. PRISMA, preferred reporting items for systematic reviews and meta-analysis.

Results


- 25 studies (100%) reported STI data for transgender women.
- 9 studies (36%) reported STI data on transgender men.
- 7 studies (28%) exclusively evaluated HIV.
- 4 studies (16%) exclusively evaluated sex workers.
- Studies from 11 countries were included.
 - 9 studies were conducted in the U.S.
 - Most U.S. studies conducted in large cities in California, New York, and Massachusetts.

Conclusions

- Current medical literature involving STIs in transgender people is focused on the transfeminine community and HIV.
- Limited data exists involving the HIV/STI epidemiology of transgender population in the Deep South and the rural US.
- Testing patterns are variable for bacterial STIs, especially gonorrhea and chlamydia.
- There is no data on trichomoniasis and bacterial vaginosis in transgender men.

ORIGINAL STUDIES

Prevalence of and Factors Associated With Genital and Extragenital Chlamydia and Gonorrhea Among Transgender Women in HIV Care in the United States, 2005 to 2016

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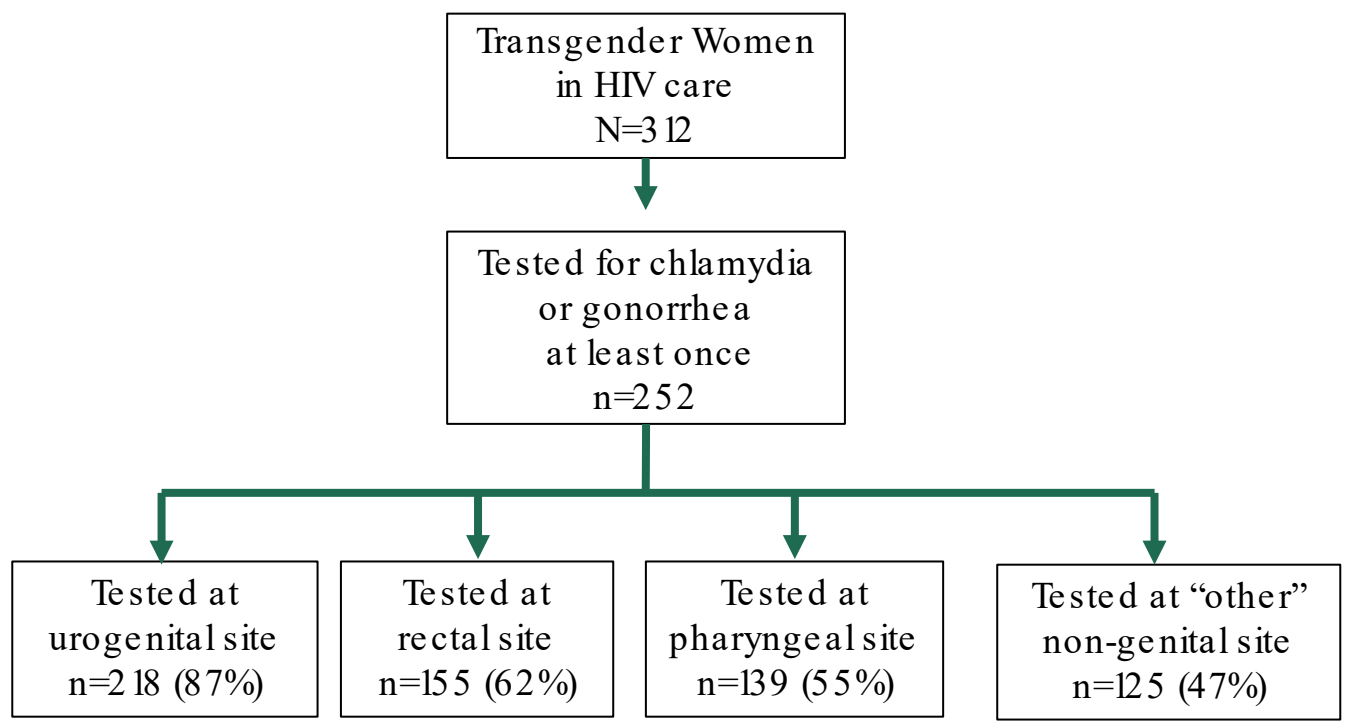
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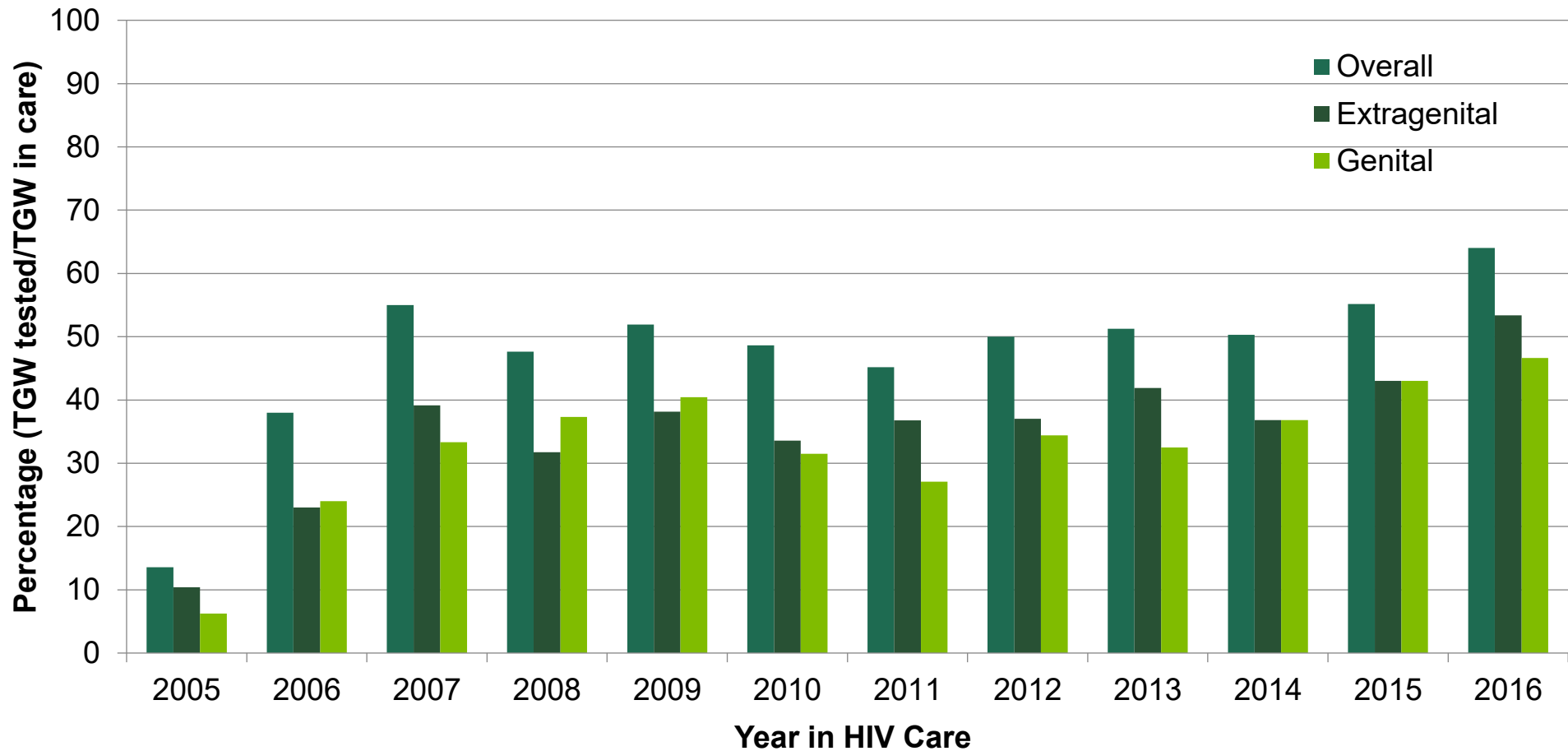
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- Objective: Identify testing rates, prevalence, and predictors of genital and extragenital (e.g., rectal, pharyngeal) chlamydia and/or gonorrhea among transgender women accessing HIV care in the U.S.
- Methods: Retrospective analysis focused on transgender women living with HIV enrolled in the U.S. CNICS cohort between January 2005 and December 2016 with chlamydia and/or gonorrhea testing performed at genital and extragenital sites.
- Primary outcome: Positive chlamydia or gonorrhea test at any anatomical site throughout the study period.

Flow diagram of chlamydia and gonorrhea testing among transgender women living with HIV in the CNICS cohort, 2005 -2016



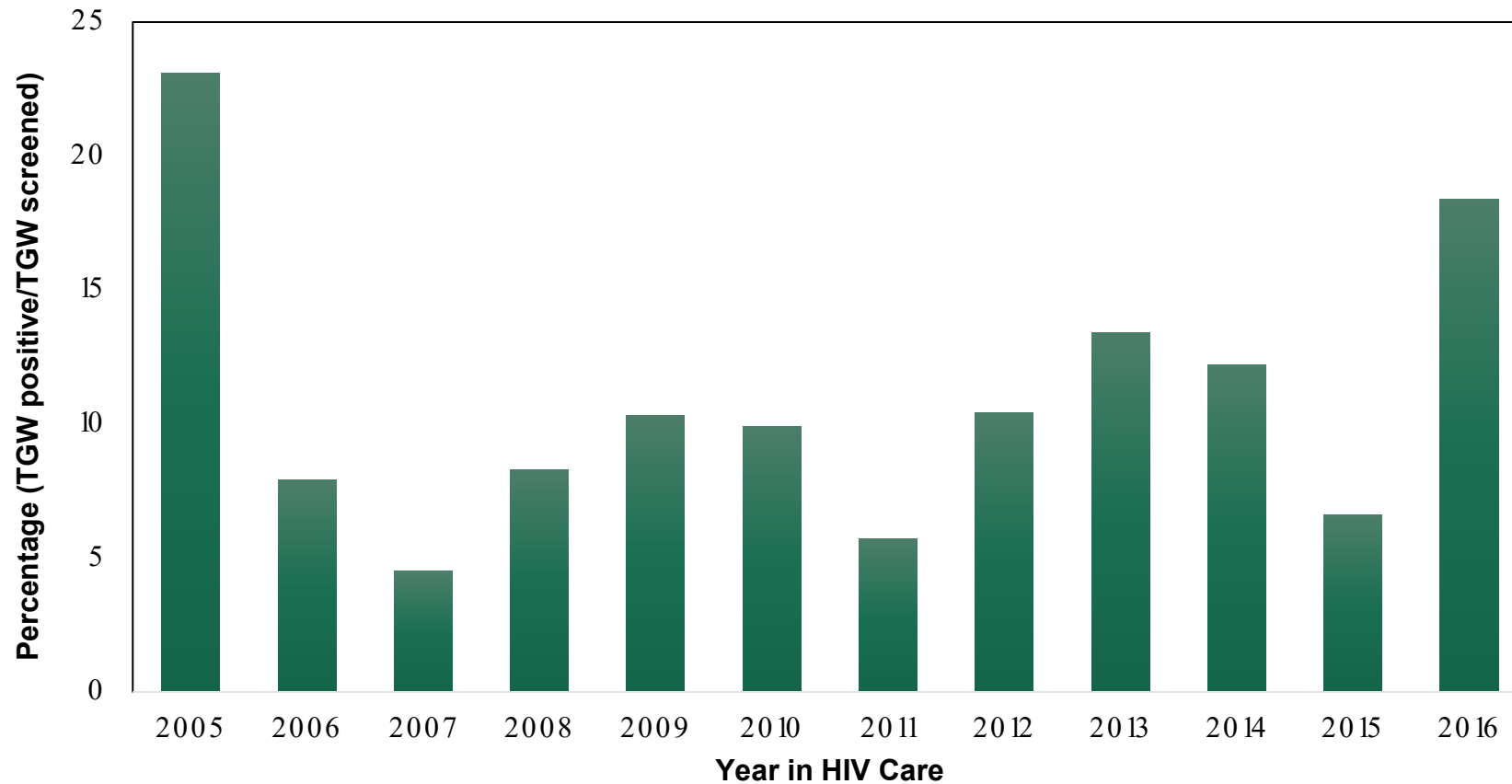


96	100	120	126	131	146	155	154	160	163	165	178
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Number of women in care

Annual testing rates of chlamydia/gonorrhea by anatomical site among transgender women with HIV in a US CFAR CNICS cohort, 2006-2016.

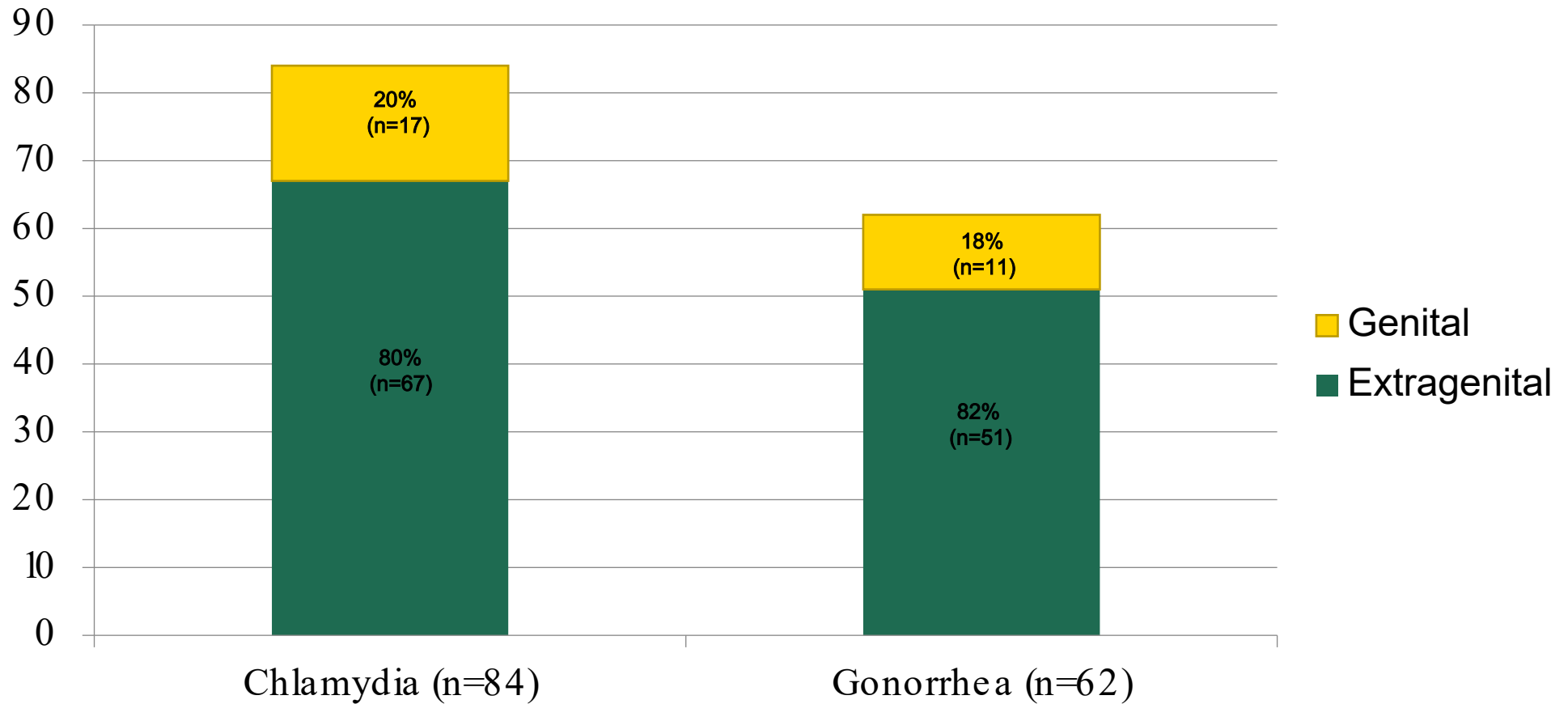
Abbreviations: CFAR, Centers for AIDS Research; CNICS, Centers for AIDS Research Network of Integrated Clinical Systems



Annual positivity rates of chlamydia/gonorrhea among transgender women with HIV in a US CFAR CNICS cohort, 2006-2016.

Abbreviations: CFAR, Centers for AIDS Research; CNICS, Centers for AIDS Research Network of Integrated Clinical Systems; TGW, transgender women

Number of positive tests of chlamydia and gonorrhea by anatomical site among transgender women living with HIV in the CNICS cohort, 2005 -2016



Predictors of any chlamydia/gonorrhea infection among transgender women living with HIV in the CNICS cohort, 2005 -2016

Variable	Adjusted OR (95% CI)	P value
Age (years)		
18-29	7.55 (1.83-31.21)	<0.01
30-39	4.38 (1.19-16.14)	0.03
40-50	3.51 (1.22-10.08)	0.02
>50	REF	
Race		
White	REF	
Black	0.79 (0.39-1.62)	0.53
Other/unknown	1.22 (0.53-2.77)	0.64
Engaged in HIV Care	2.17 (1.04-4.52)	0.04
HIV viral load >500 copies/mL	1.27 (0.73-2.22)	0.40
CD4 count (cells/mm³)		
<200	REF	
200-350	3.88 (0.84-17.93)	0.08
>350	5.48 (1.20-25.07)	0.03

Conclusions

- Testing rates for chlamydia and gonorrhea are low for both genital and extragenital sites among transgender women engaged in HIV care.
 - Extragenital testing is particularly underperformed.
- Most chlamydia and gonorrhea infections occur at extragenital sites among this population.
- Younger age and engagement in care (reflected by HRSA HAB definition as well as high CD4 count) are significant predictors of infection.

Best Practice	Example
When addressing new patients, avoid pronouns or gender terms like “sir” or “ma’am.”	“How may I help you today?”
When talking to coworkers about new patients, also avoid pronouns and gender terms. Or use gender-neutral words such as “they.” Never refer to someone as “it.”	“Your patient is here in the waiting room.” “They are here for their 3 o’clock appointment.”
If you are unsure about a patient’s preferred name or pronouns, ask politely and privately.	“What name and pronouns would you like us to use?” “I would like to be respectful—how would you like to be addressed?”
Ask respectfully about names if they do not match in your records.	“Could your chart be under another name?” “What is the name on your insurance?”
Ask only for information that is required.	Ask yourself, “What do I know? What do I need to know? How can I ask in a sensitive way?”
Did you make a mistake? Apologize.	“I apologize for using the wrong pronoun. I did not mean to disrespect you.”

Centers for Disease
Control and
Prevention, 2021

Communication is key

- One of the most important steps in creating a welcoming environment for transgender people (and all people) is to address patients using their preferred names and pronouns.
- Ask about gender identity on registration forms .
- Never refer to a person as “it.”
- Try to avoid using gender terms or pronouns with new patients until this information is known, whether in -person or over the phone.
- Ask patients how they would like to be addressed .
- Avoid asking unnecessary questions .
- Do not gossip or joke about transgender people —patients and celebrities alike .
- Only discuss a patient’s transgender status in a private setting
- Continue to use the patient’s preferred name and pronouns, even when they are not present
- Encourage accountability in the workplace .

Small things can make a big difference



- Use preferred names and pronouns.
- Correct people if they misgender someone or use insensitive slurs, even if that someone isn't in the room.
- Avoid gendered language.
- Promote diversity in the workplace.
 - Update your email signature to include pronouns.
- Show your support.
 - Wear a Pride pin.
 - Show off a rainbow flag on your water bottle, laptop, etc.



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Questions?

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AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web–based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web–based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more www.hiv.uw.edu