HIV CARE AND TRANSGENDER PATIENTS

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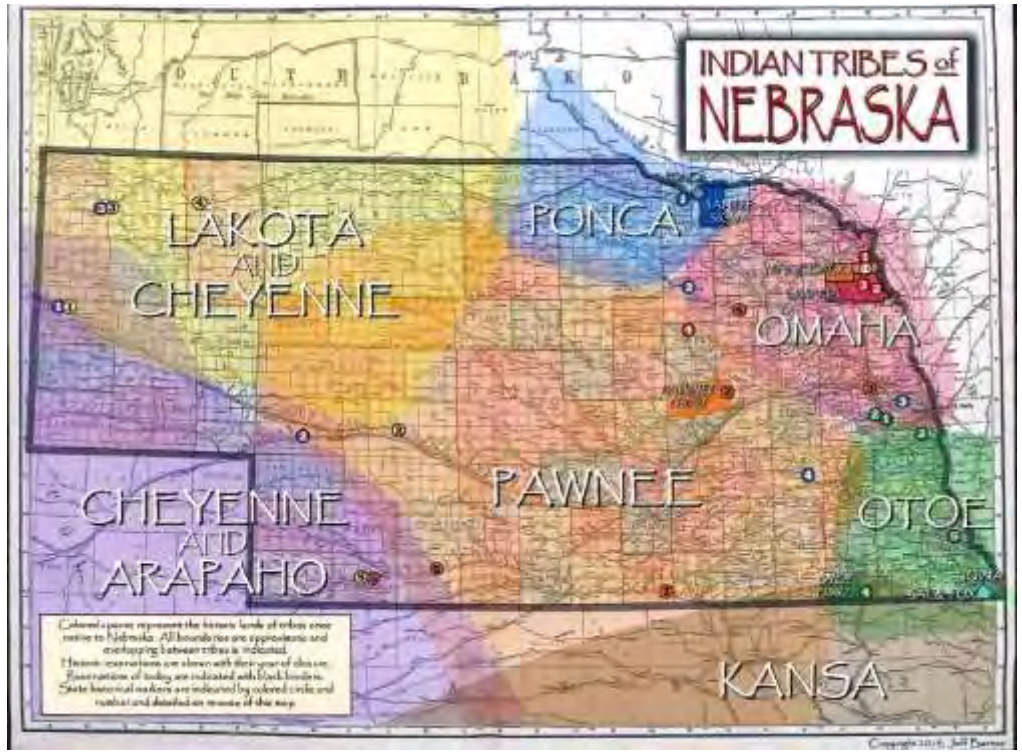
Physician Associate, UNC Infectious Diseases Clinic
Professor, Duke University School of Nursing
Gender Care in the Heartland Conference 2024
8 November 2024

Land Acknowledgement



We are meeting today on the ancestral lands of the **Omaha** and other indigenous peoples. Please join me in acknowledging the history of violence, displacement, and settlement which continues to inform our present and future. May we commit to action that helps to dismantle the ongoing legacies of settler colonialism as we continue our efforts to advance health equity for trans people.

Learning and Action Opportunities

Omaha Tribe of Nebraska https://www.omahatribe.com/
Women's Fund of Omaha https://www.omahawomensfund.org/30-days-of-action/day-12/
Nebraska Commission on Indian Affairs https://indianaffairs.state.ne.us/resources/organizations-and-businesses/

DISCLOSURES

- Research Consultant for ViiV Healthcare and Merck & Co.

OBJECTIVES

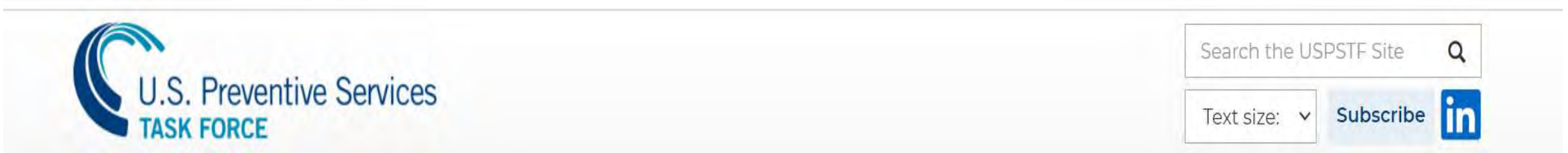
1. Review epidemiology and drivers of HIV among transgender adults
2. Summarize guidelines for HIV PrEP and ART among transgender adults
3. Outline strategies for improving HIV prevention and care for transgender adults

CASE STUDY

https://www.istockphoto.com/photos/black-trans

- Brianna is your first patient of the day, new to your practice, seeking to establish primary care
- She is 34 years old and recently moved to Omaha from a small town in Iowa
- Her past medical history includes hypertension, dyslipidemia, depression, and syphilis
- She does not have health insurance and takes no medications
- Her last healthcare encounter was 2 years ago

Should she be offered HIV testing?

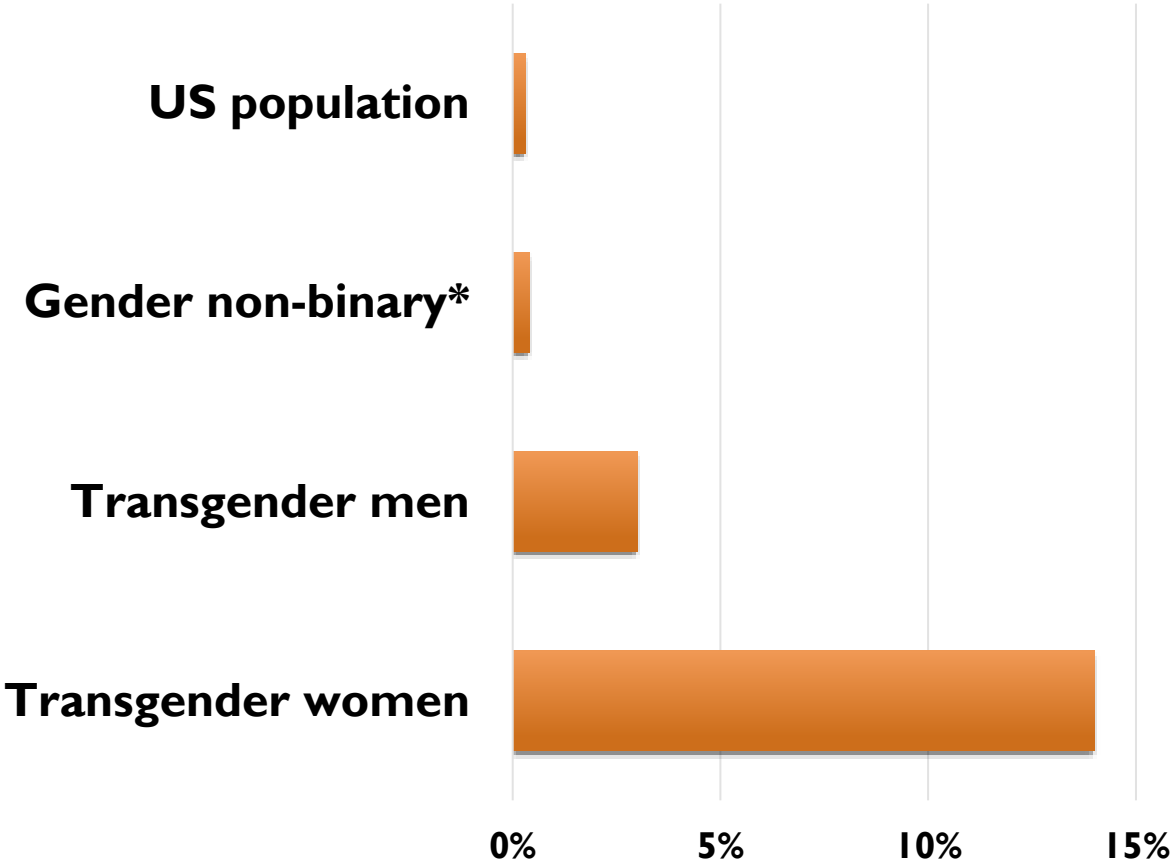


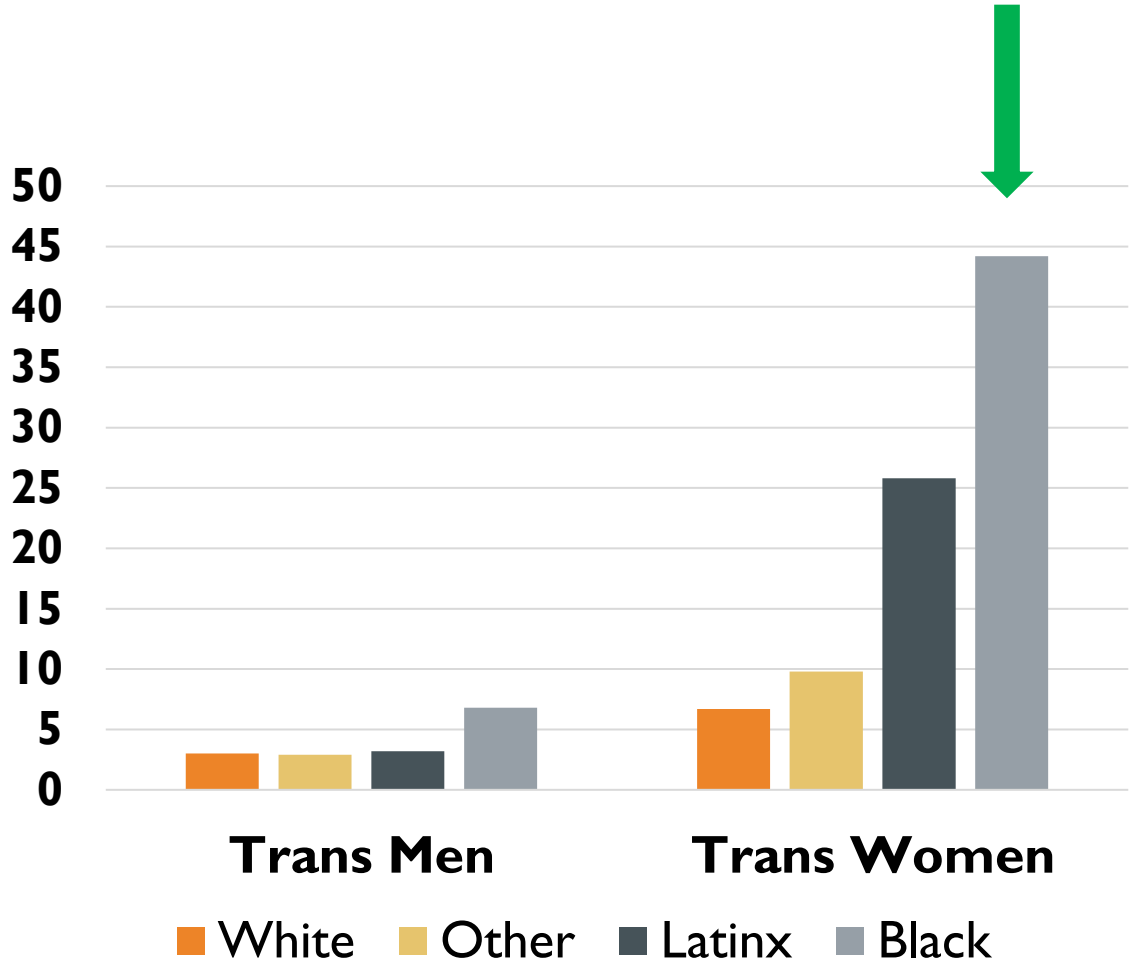
Recommendation Summary

Population	Recommendation	Grade
Pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	A
Adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	A

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening

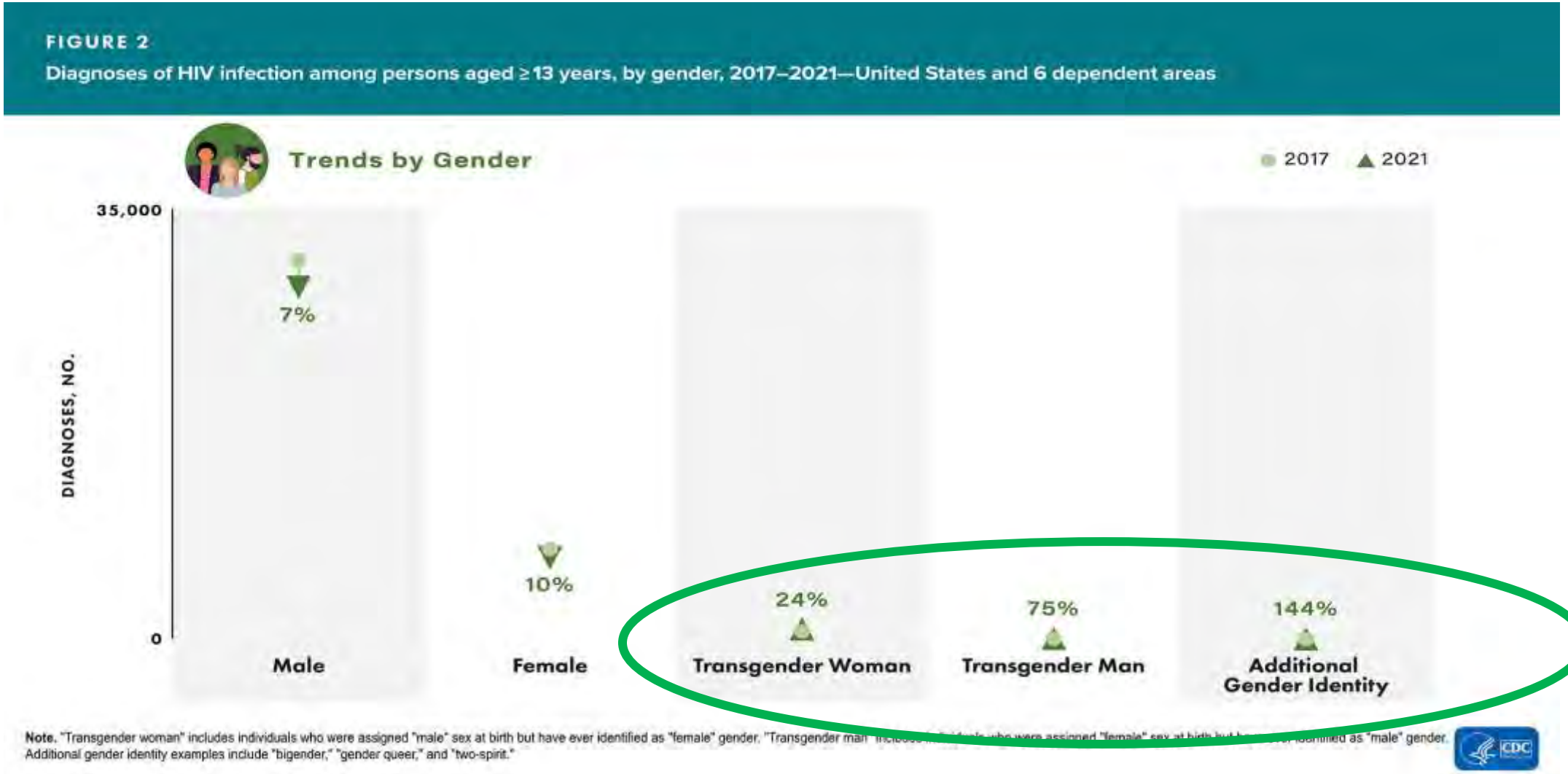
U.S. HIV Prevalence





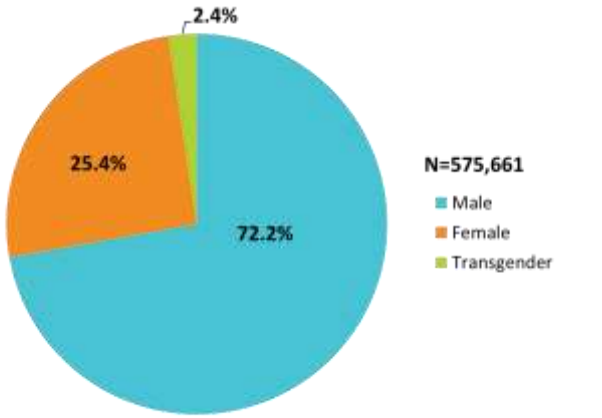
USTS 2015 (self report)
Becasen et al. 2019 (lab confirmed)
Radix, Abstract 0881, CROI 2020

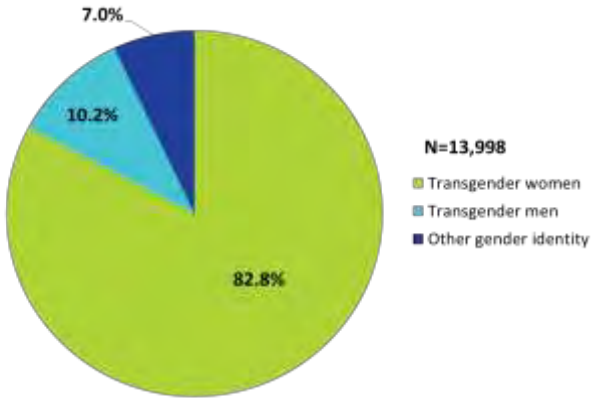
Trends in HIV Diagnoses

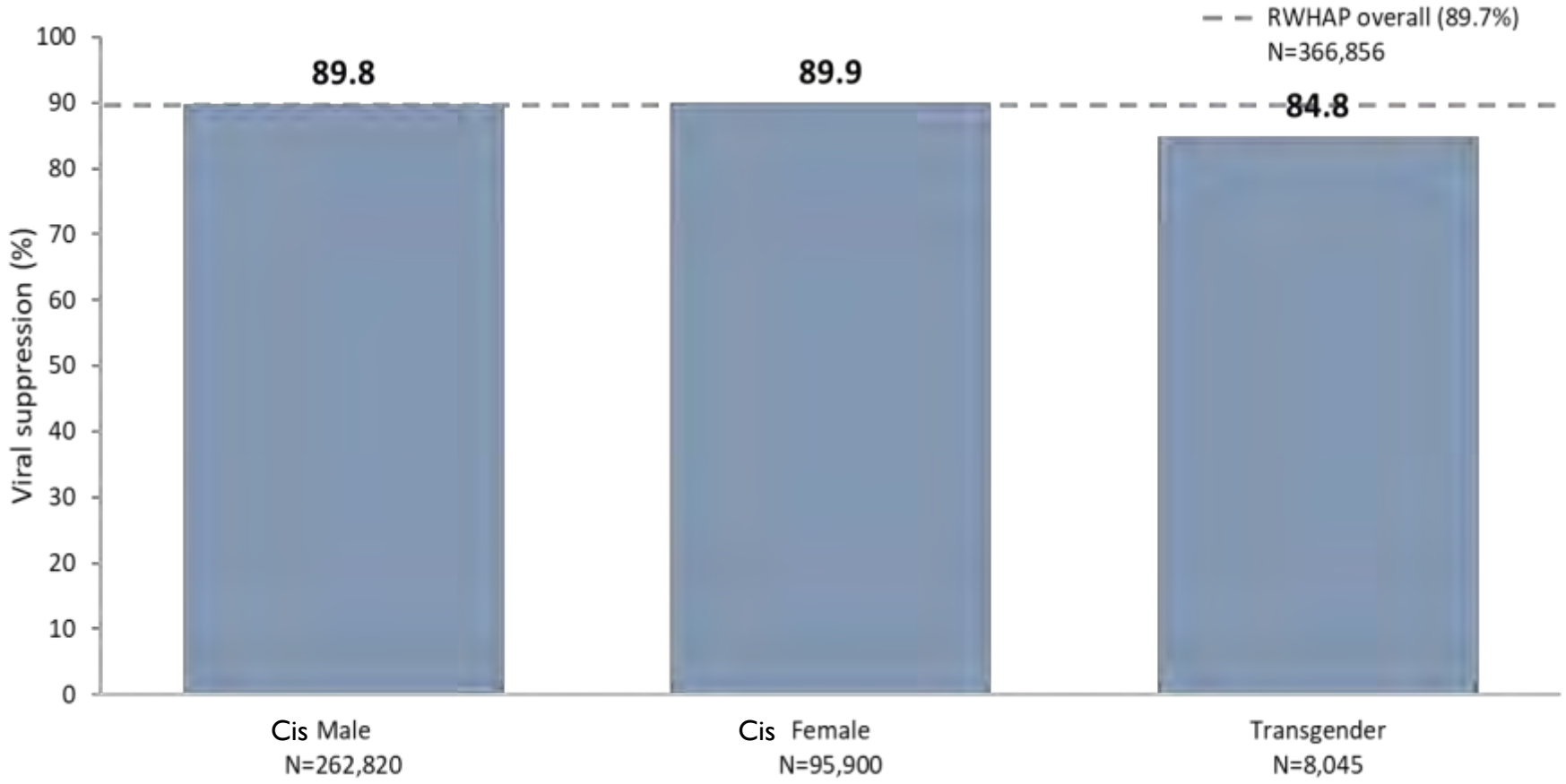


CDC. HIV Surveillance Supplemental Report, 2023; 28 (No.3)

HIV Treatment Outcomes: Viral Suppression



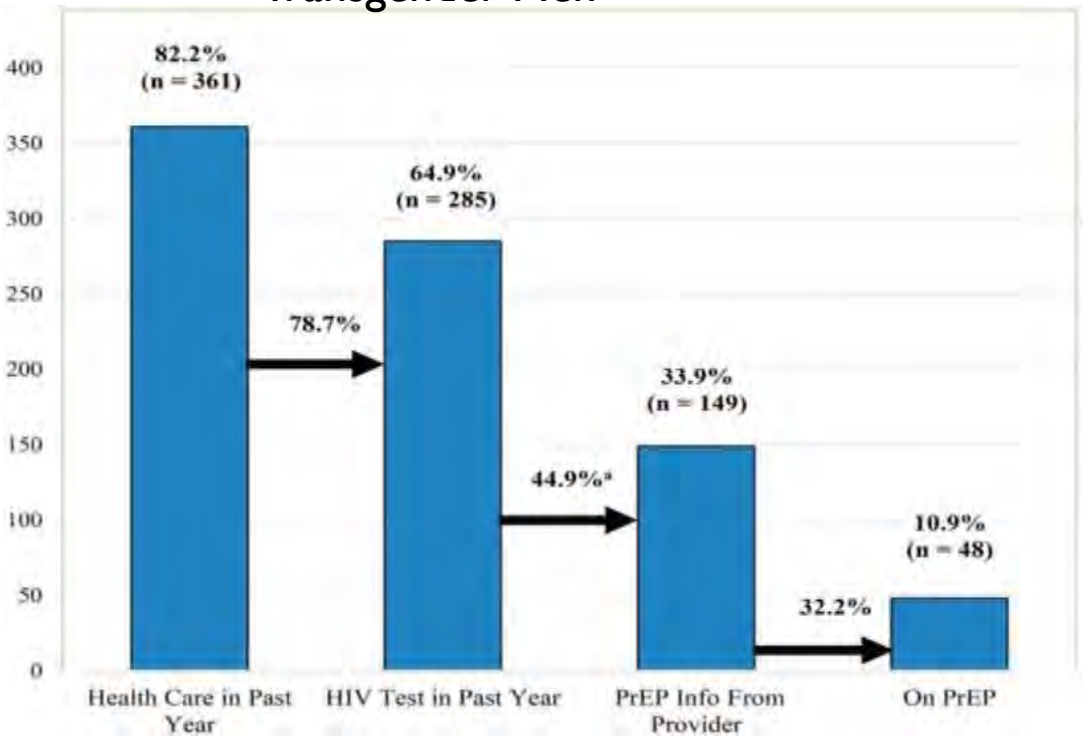




https://ryanwhite.hrsa.gov/data/reports

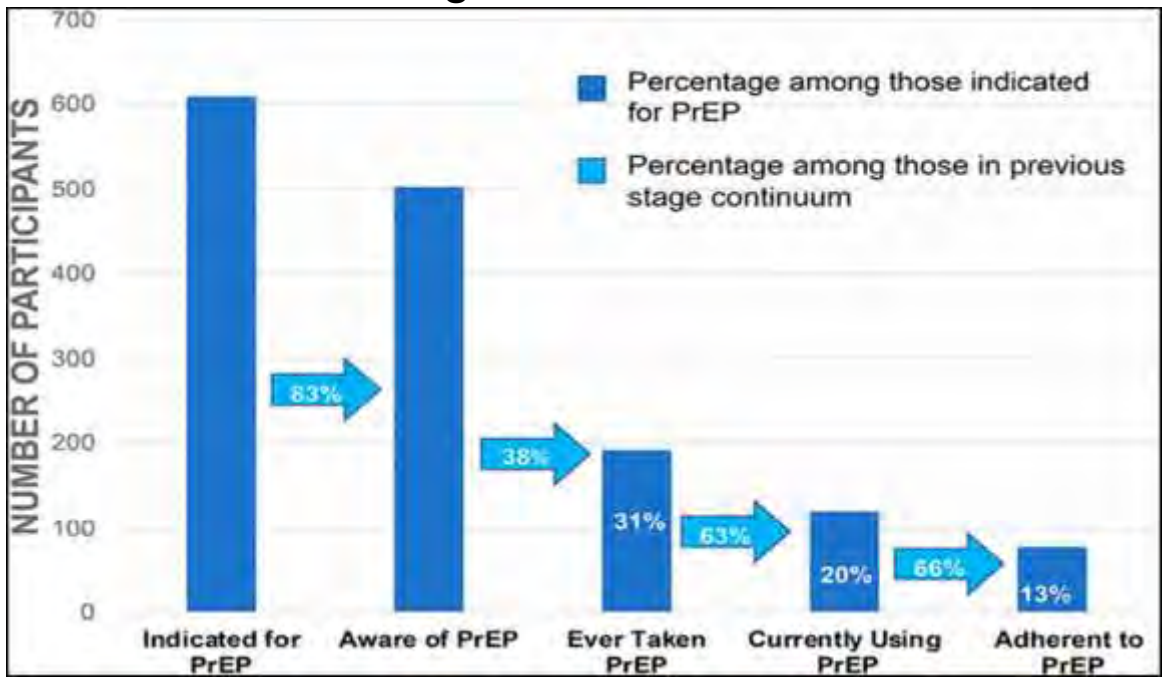
HIV Prevention: PrEP Engagement

Transgender Men



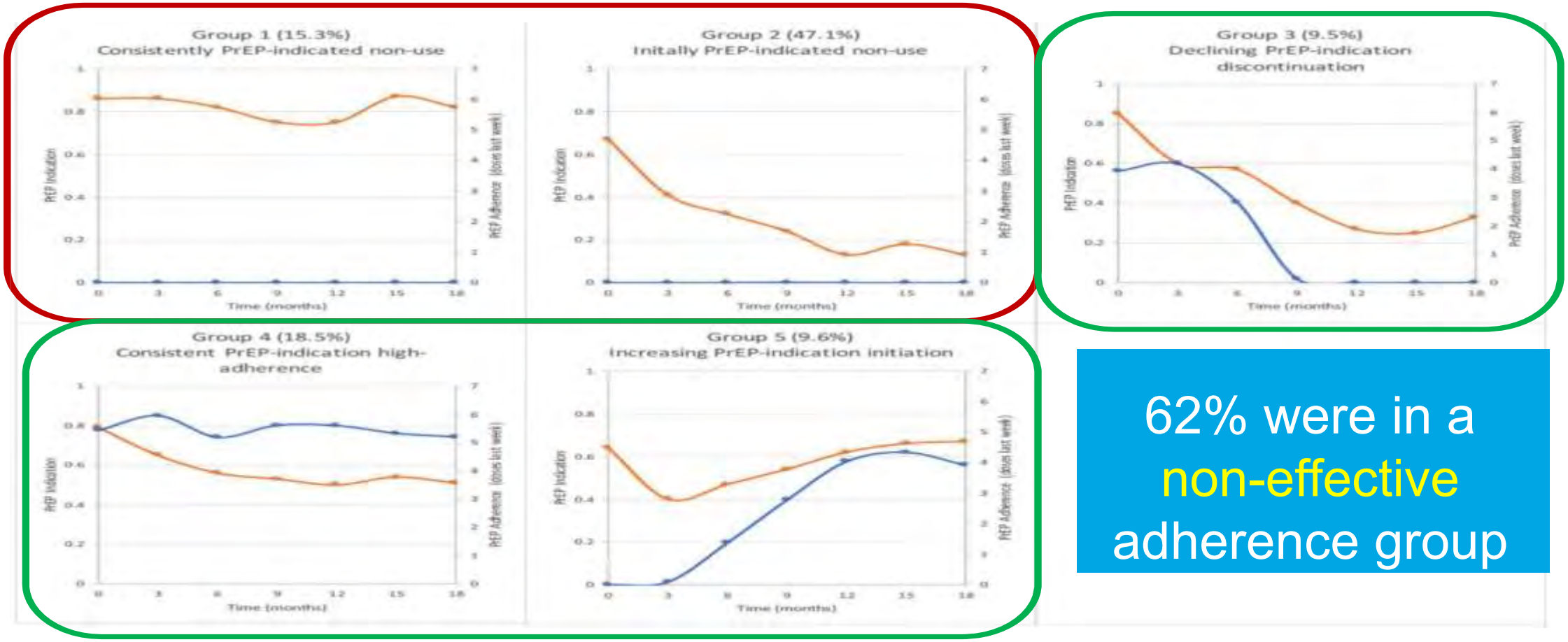
Golub et al. Prevention Research 2019

Transgender Women



JAIDS Journal of Acquired Immune Deficiency Syndromes. 88(1):10-18, September 1, 2021. DOI: 10.1097/QAI.0000000000002726

HIV Prevention: PrEP Engagement

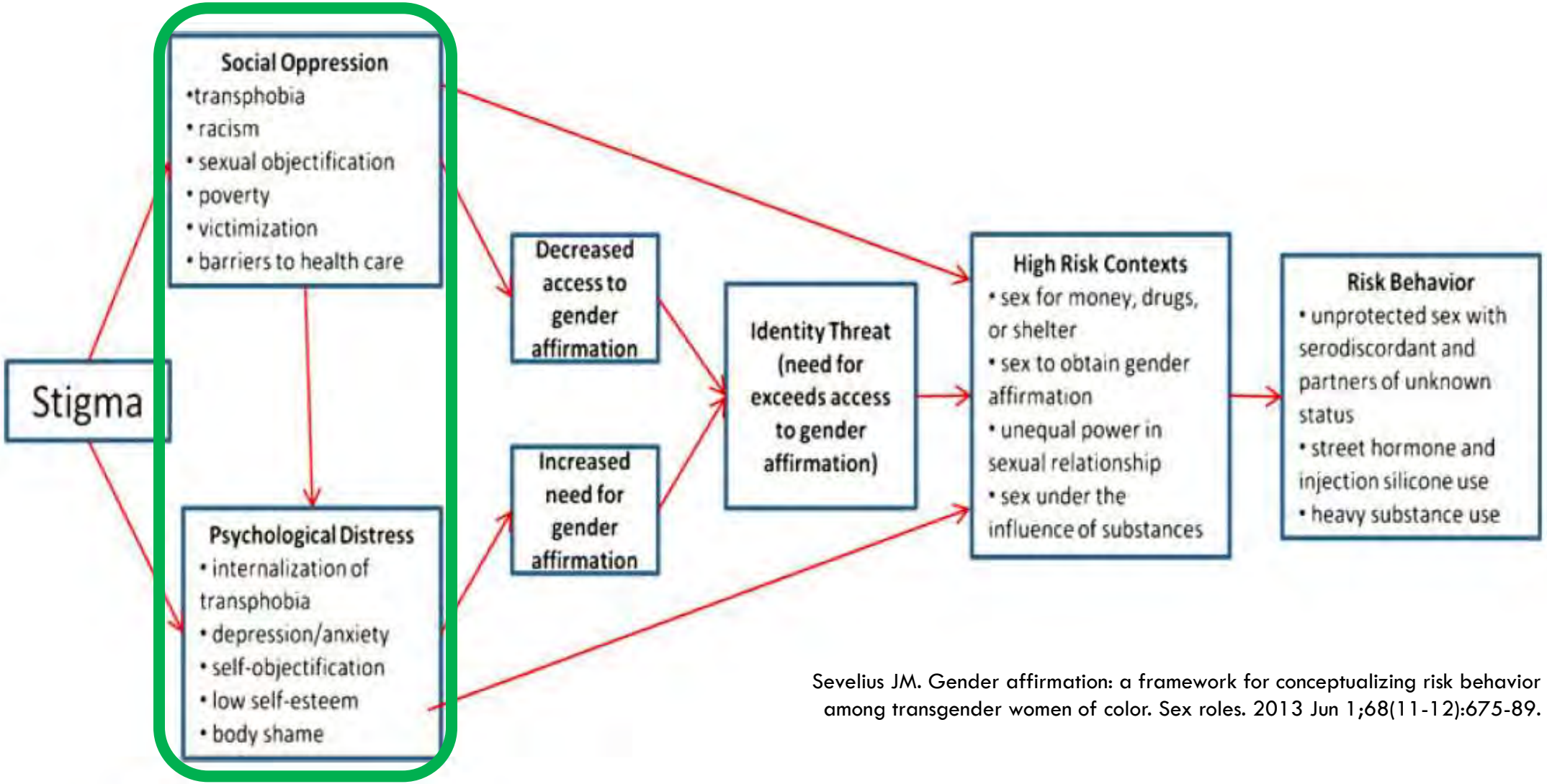


62% were in a non-effective adherence group

Cooney et al. IAS 2021 poster

WHAT DRIVES THESE HIV INEQUITIES?

GENDER AFFIRMATION FRAMEWORK



Sevelius JM. Gender affirmation: a framework for conceptualizing risk behavior among transgender women of color. Sex roles. 2013 Jun 1;68(11-12):675-89.

ANTI-TRANSGENDER LEGISLATION IS EXPONENTIATING…

2024 anti-trans bills tracker

In 2024, anti-trans bills continue to be introduced across the country. We track legislation that seeks to block trans people from receiving basic healthcare, education, legal recognition, and the right to publicly exist.

661 bills **43 states**

45 passed 124 active 492 failed

ID H0668

HEALTHCARE

Adds to existing law to prohibit the use of public funds for gender transition procedures.

NO PUBLIC FUNDS FOR GENDER TRANSITION -- Adds to existing law to prohibit the use of public funds for gender transition procedures.

> Public funds shall not be used, granted, paid, or distributed to any entity, organization, or individual for the provision or subsidy of any surgical operation or medical intervention [...] for purposes of altering the appearance of an individual in order to affirm the individual's perception of the individual's sex in a wa…

SC H4624

HEALTHCARE

Gender Reassignment Procedures

Amend The South Carolina Code Of Laws By Adding Chapter 42 To Title 44 So As To Define Gender, Sex, And Other Terms, To Prohibit The Provision Of Certain Transition Procedures To A Person Under Eighteen Years Of Age, To Provide Exceptions, To Prohibit The Use Of Public Funds For Gender Transition Procedures, And To Provide Penalties, And By Adding Section 59-32-30 So As To Prohibit Public School Staff And Officials…

> (A) A physician, mental health provider, or other health care professional shall not knowingly provide gender transition procedures to a person under eighteen years of age.

View Bill

WV HB4233

BIRTH CERTIFICATES

Non-binary not permitted on birth certificates

The purpose of this bill is to require birth certificates issued in this state to include the gender of the child at birth and prohibit use of the term "non-binary" on birth certificates.

> The birth certificate shall list the child's sex at birth as male or female and may not use the term "non-binary."

View Bill

ID H0421

CIVIL RIGHTS

Amends existing law to define terms and to revise definitions regarding "sex" and "gender."

INDIVIDUAL'S SEX -- Amends existing law to define terms and to revise definitions regarding "sex" and "gender."

> In human beings, there are two, and only two, sexes: male and female. (1) Every individual is either male or female. (2) An individual's sex can be observed or clinically verified at or before birth.

View Bill

Anti-trans bills under consideration and passed, 2021-2024

PSYCHOLOGICAL HARMS OF ANTI-TRANS LEGISLATION

Social Psychiatry and Psychiatric Epidemiology (2024) 59:285–294
https://doi.org/10.1007/s00127-023-02482-4

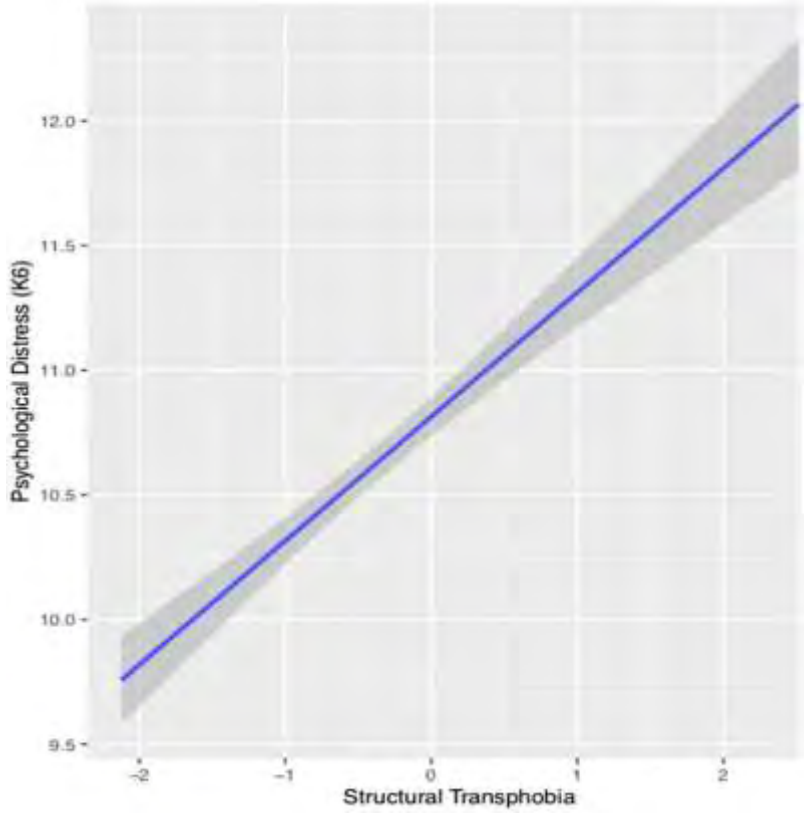
RESEARCH

Structural transphobia is associated with psychological distress and suicidality in a large national sample of transgender adults

Maggi A. Price[1,2] · Nathan L. Hollinsaid[2] · Sarah McKetta[3] · Emily J. Mellen[2] · Marina Rakhilin[1]

Received: 28 September 2022 / Accepted: 17 April 2023 / Published online: 10 May 2023

We considered state-level law/policy indicators from the MAP index of 32 laws/policies protecting or restricting transgender right. We also considered indicators of state-level transphobic attitudes, which we computed by aggregating individual responses to transgender-specific Project Implicit items to the state level



Effects plot of past-month **psychological distress** by state-level transphobia.

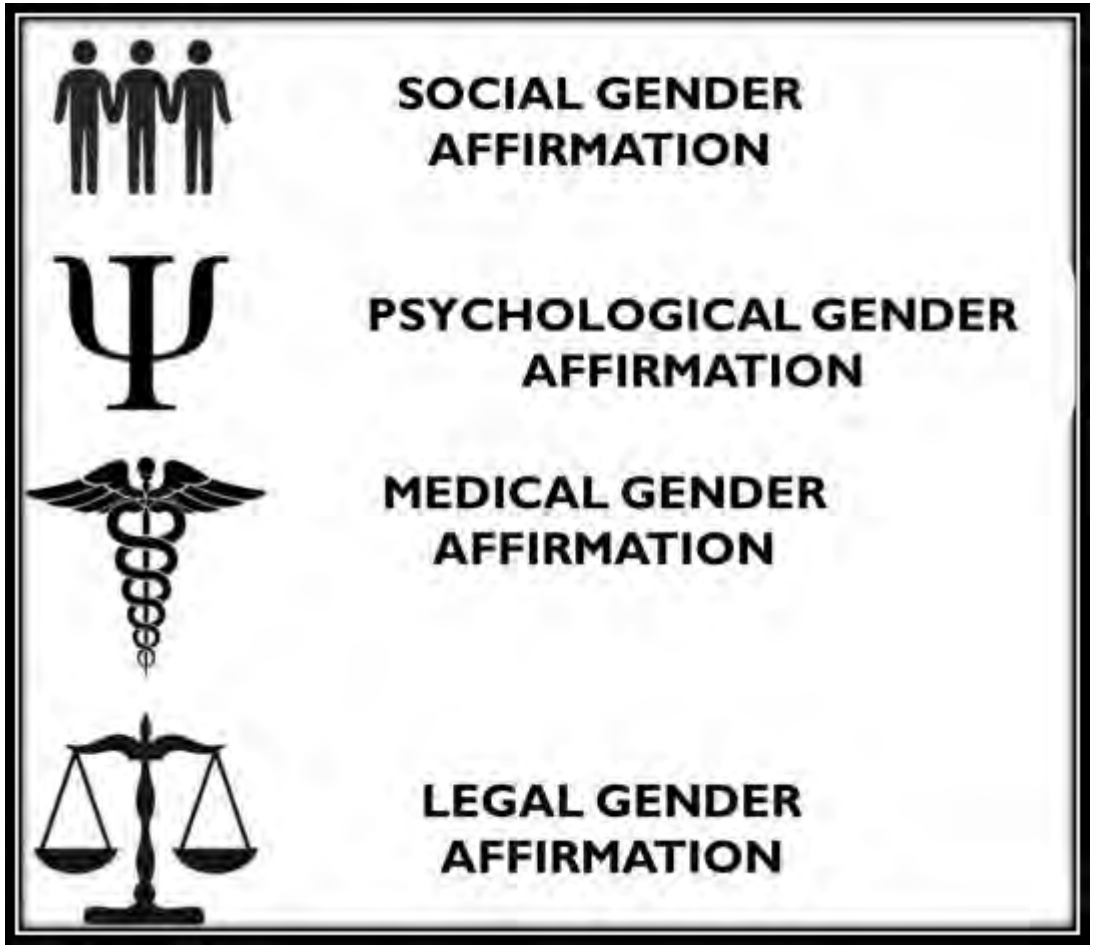
Price, M.A., Hollinsaid, N.L., McKetta, S. et al. Structural transphobia is associated with psychological distress and suicidality in a large national sample of transgender adults. Soc Psychiatry Psychiatr Epidemiol 59, 285–294 (2024). https://doi.org/10.1007/s00127-023-02482-4

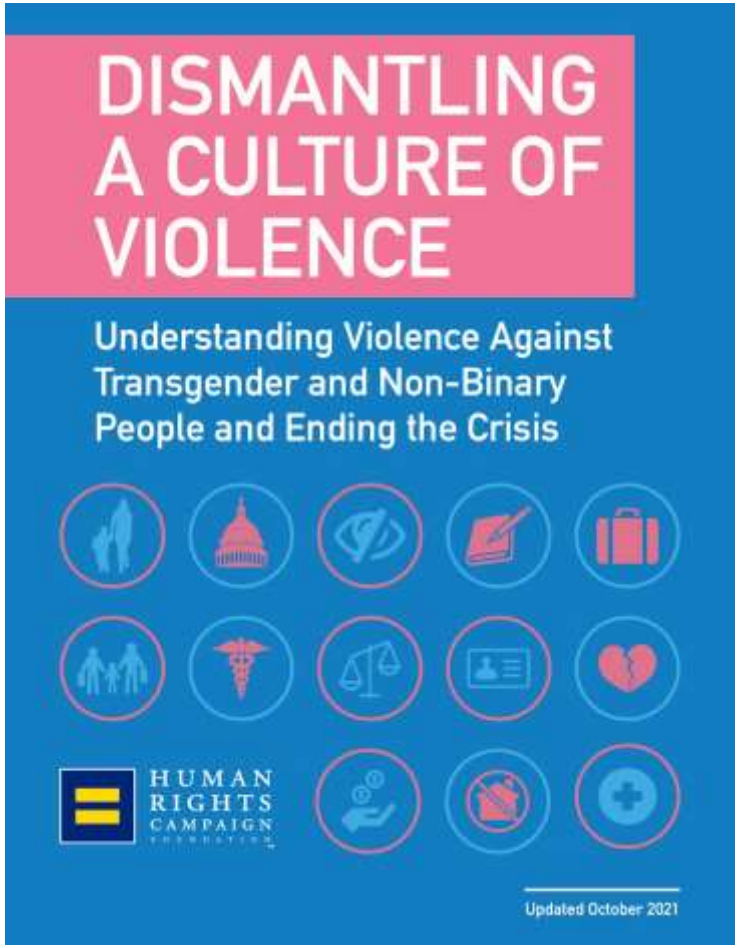
STRUCTURAL HARMS OF ANTI-TRANS OPPRESSION

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
- Higher rates of unemployment (15%) - One-third Living in poverty	- Housing discrimination - Higher rates of homelessness 30% ever homeless!	Bullying in school - 24% physically attacked - >50% verbally harassed - 17% left school due to bullying	- Higher rates of food insecurity	- 15% ran away from home and/or kicked out of home - Fewer family supports - Discrimination in restrooms, stores	- Unable to access gender affirming care - One-third with at least one negative experience - 23% delayed necessary care

Health and Wellbeing
Mortality, Morbidity, Life expectancy, Health status, Functional limitations

GENDER AFFIRMATION IS ONE WAY TO ADDRESS THESE HARMS





REISNER, SARI L. SCD*; RADIX, ASA MD, MPH†; DEUTSCH, MADELINE B. MD, MPH‡. INTEGRATED AND GENDER-AFFIRMING TRANSGENDER CLINICAL CARE AND RESEARCH. JAIDS JOURNAL OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES 72():P S235-S242, AUGUST 15, 2016.

HOLD THAT THOUGHT
AS WE GO BACK TO BRIANNA

CASE STUDY

https://www.istockphoto.com/photos/black-trans

- Brianna is your first patient of the day, new to your practice, seeking to establish primary care
- She is 34 years old and recently moved to Omaha from a small town in Iowa
- Her past medical history includes hypertension, dyslipidemia, depression, and syphilis
- She does not have health insurance and takes no medications
- Her last healthcare encounter was 2 years ago
- **You provide HIV testing and…**

What if her HIV test is positive?

FOR CLINICIANS WHO DO NOT PROVIDE HIV CARE

AMERICAN ACADEMY OF HIV MEDICINE

https://providers.aahivm.org/referral-link-search

FOR CLINICIANS WHO DO PROVIDE HIV CARE

https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-transgender-people. Last updated 9/12/2024

ANTIRETROVIRAL GUIDELINES FOR ADULTS AND ADOLESCENTS

Panel's Recommendations Regarding Transgender People with HIV

Panel's Recommendations
• Antiretroviral therapy (ART) is recommended for all transgender people with HIV to improve their health and reduce the risk of HIV transmission to sexual partners **(AI).**
• HIV care services should be provided within a gender-affirmative care model to reduce potential barriers to ART adherence and to maximize the likelihood of achieving sustained viral suppression **(AII).**
• Prior to ART initiation, a pregnancy test should be performed for transgender individuals of childbearing potential **(AIII).**
• Some antiretroviral drugs may have pharmacokinetic interactions with gender-affirming hormone therapy. Clinical effects and hormone levels should be routinely monitored with appropriate titrations of estradiol, testosterone, or androgen blockers, as needed **(AIII).**
• Some gender-affirming hormone therapies are associated with hyperlipidemia, elevated cardiovascular risk, and osteopenia; therefore, clinicians should choose an ART regimen that will not increase the risk of these adverse effects **(AIII).**

Rating of Recommendations: *A = Strong; B = Moderate; C = Weak*

Rating of Evidence: *I = Data from randomized controlled trials; II = Data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion*

Table 16b. Potential Interactions Between Common Gender-Affirming Hormone Therapies and Antiretroviral Drugs*

Potential Effect on GAHT Drugs	ARV Drugs	GAHT Drugs That May Be Affected by ARV Drugs	Clinical Recommendations and Other Considerations for GAHT or ARV Drugs
ARV Drugs With the Least Potential to Impact GAHT Drugs	All NRTIs **Entry Inhibitors** • IBA, MVC, T-20 **INSTIs (Unboosted)** • BIC, CAB (IM or PO), DTG, RAL **NNRTIs** • DOR, RPV (IM or PO)	None	No dose adjustments necessary. Titrate dose based on desired clinical effects and hormone concentrations. **Note:** Avoid IM buttock injections into sites with gluteal implants and/or soft tissue fillers.
ARV Drugs That May Increase Concentrations of Some GAHT Drugs	• EVG/c • PI/c, PI/r • LEN	Dutasteride Finasteride Testosterone	Monitor for associated adverse effects; decrease the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
ARV Drugs That May Decrease Concentrations of Some GAHT Drugs	PI/r **NNRTIs** • EFV, ETR	Estradiol	Increase the dose of estradiol as needed to achieve the desired clinical effects and hormone concentrations.
	NNRTIs • EFV, ETR	Dutasteride Finasteride Testosterone	Increase the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
ARV Drugs With an Unclear Effect on Some GAHT Drugs	EVG/c PI/c	Estradiol	There is the potential for increased or decreased estradiol concentrations. Adjust the dose of estradiol to achieve the desired clinical effects and hormone concentrations.

https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-transgender-people. Last updated 9/12/2024

ANTIRETROVIRAL GUIDELINES FOR ADULTS AND ADOLESCENTS

Panel's Recommendations Regarding Transgender People with HIV

Panel's Recommendations
• Ar t
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			ciated adverse effects; es of GAHT drugs as e the desired clinical one concentrations.
			e of estradiol as needed to ed clinical effects and trations.
	• EFV, ETR	Finasteride Testosterone	e the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
ARV Drugs With an Unclear Effect on Some GAHT Drugs	EVG/c PI/c	Estradiol	There is the potential for increased or decreased estradiol concentrations. Adjust the dose of estradiol to achieve the desired clinical effects and hormone concentrations.

Primary care take home messages:

1. **Bone mineral density testing & statin initiation recommended for patients with HIV > 50 years old**
2. **Monitor lipids earlier if taking TAF or ABC regimen**
3. **Monitor hormones with initiation or switch of ARVs**

https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-transgender-people. Last updated 9/12/2024

AJPM American Journal of Preventive Medicine

ACPM APTR

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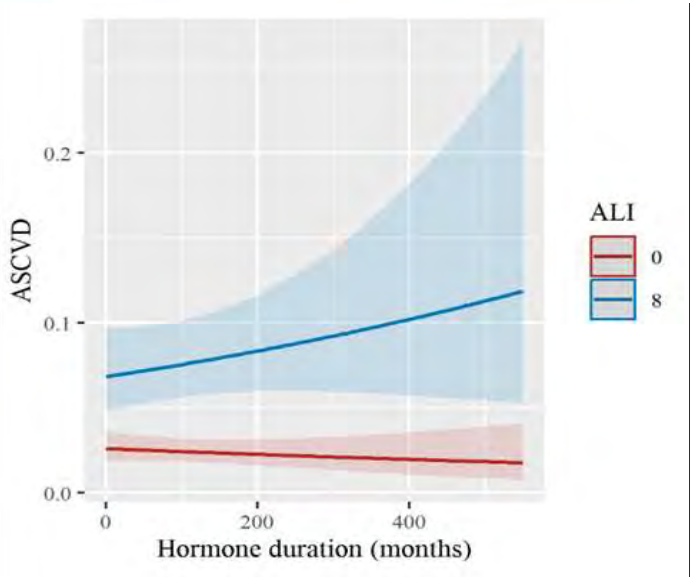
RESEARCH ARTICLE · Articles in Press, October 08, 2024

When chronic stress is highest, hormone duration is associated with CVD risk

When chronic stress is lowest hormone duration does not increase CVD risk

Tonia C. Poteat, PhD, PA-C [1] · Molly Ehrig, MB [2] · Hedyeh Ahmadi, PhD [3] · Mannat Malik, MHS [4] · Sari L. Reisner, ScD [5,6] · Asa E. Radix, MD, PhD [7,8] · Jowanna Malone, PhD [9] · Christopher Cannon, MPH [9] · Carl G. Streed, Jr., MD, MPH [10,11] · Mabel Toribio, MD [12] · Christopher Cortina, MS [13] · Ashleigh Rich, PhD [1] · Kenneth H. Mayer, MD [6,14,15] · L. Zachary DuBois, PhD [16] · Robert-Paul Juster, PhD [17] · Andrea L. Wirtz, PhD [18] · Krista M. Perreira, PhD [19] Show less

	Model 1:ALI
Predictors	Estimates
Hormone duration (months)	0.9993
Allostatic Load Index (ALI)	1.1283 ***
Age	1.0533 ***
Income (above poverty line)	0.7978
Education (any post-secondary)	0.8840
Hormone duration x ALI	1.0002



CASE STUDY

https://www.istockphoto.com/photos/black-trans

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- She is 34 years old and recently moved to Omaha from a small town in Iowa
- Her past medical history includes hypertension, dyslipidemia, depression, and syphilis
- She does not have health insurance and takes no medications
- Her last healthcare encounter was 2 years ago
- **You provide HIV testing and…**

What if her HIV test is negative?


Let's talk
about PrEP!

U.S. Preventive Services TASK FORCE

Search the USPSTF Site

Text size: Subscribe

Final Recommendation Statement

Prevention of Acquisition of HIV: Preexposure Prophylaxis

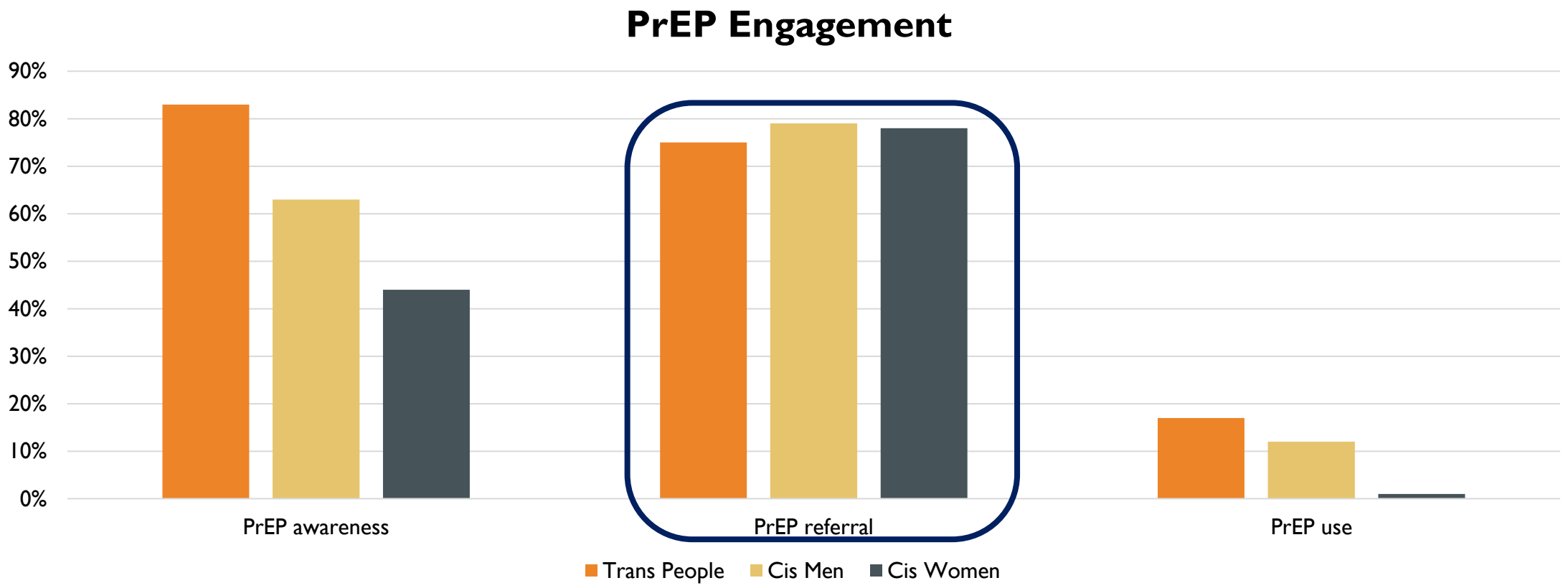
August 22, 2023

Recommendation Summary

Population	Recommendation	Grade
Adolescents and adults at increased risk of HIV	The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV. See the Practice Considerations section for more information about identification of persons at increased risk and about effective antiretroviral therapy.	A

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis

CDC TESTING & PREVENTION DATA (2021)



https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-outcomes.html

WHAT IF DON'T KNOW HOW TO PRESCRIBE PREP?

HIV Nexus: CDC Resources for Clinicians

EXPLORE TOPICS

SEARCH

AUGUST 20, 2024

Clinical Guidance for PrEP

KEY POINTS

- PrEP is the use of antiretroviral medication to prevent HIV.
- Inform all sexually active adult and adolescent patients about PrEP.
- Prescribe PrEP to anyone who asks for it, including sexually active people who do not report HIV risk factors.

https://www.cdc.gov/hivnexus/hcp/prep/index.html

ORAL HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

- Two FDA- approved, highly effective, daily oral agents: **F/TDF** and **F/TAF**
  - F/TDF approved in 2012 as PrEP (now available as generic); retrospective data in TW, HR 1.0
  - F/TAF approved in 2019 as PrEP (not for vaginal sex); <5% TW, no infections in TW, no TM
  - Both are also used in combination with other agents for HIV treatment
- "On-Demand" "Event-Driven" "2-1-1" dosing not FDA-approved in US.
  - 2021 CDC Guidelines: F/TDF off-label as 2-1-1 only in adult cis MSM who have sex < once/week

	F/TDF	F/TAF
Renal function	Mild decreased	Mild increased
Bone mineral density	Decrease 1-1.1%	Increased 0.2-0.5%
Metabolic function	Weight gain, increased lipids	
Drug-drug interactions	Adefovir	SJW, rifabutin, rifapentine

Major challenge: uptake and adherence

INJECTABLE HIV PREP

- Long-acting injectable: **Cabotegravir (CAB LAI)**
  - **3mL gluteal** injections q 4 weeks x 2, then q 8 weeks (after optional 5-week oral lead in phase)
  - 69% reduction in new HIV v. F/TDF; 66% reduction in trans women (who were 12% of participants)
  - Also used as a component of treatment regimen (CAB/RPV)
  - **DDI**s: carbamazepine, oxcarbazepine, phenobarbitol, phenytoin, rifampin, rifapentine
  - **Major Challenges**: cost, implementation/provider delivery, long tail
    - CAB detectable 4-52 months after last injection; may need to cover with oral PrEP

- Long-acting injectable: **Lenacapravir (LEN)**
  - Dosing every **6 months** by SQ abdominal injection to form drug depot
  - 96% reduction in new HIV among all (20% TGD), superior to oral PrEP (adherence)
  - Approved since 2022 for HIV treatment
  - **Not yet FDA approved for prevention, approval expected in early 2025**

Grinsztejn B. et al, Abstract #EPLBC04 AIDS 2022
Marzinke. et al, The Lancet 2023

clinicalinfo.hiv.gov/en/drugs/lenacapavir
https://www.gilead.com/news/news-details/2024/gilead-presents-additional-efficacy-safety-and-demographic-data-from-purpose-2-trial-at-5th-hiv-research-for-prevention-conference

HIV PREP AND GENDER AFFIRMING HORMONES

- **Does PrEP affect gender-affirming hormones? NO**
  - **F/TDF:** Multiple (small) studies consistently indicate **NO** evidence of effect on **estradiol** levels
  - **F/TAF:** A few (small) studies indicate no effect on testosterone levels
    - One study found marginal reduction in testosterone, not felt to be clinically significant
  - **Cab-LAI:** No published or presented data available
- **Do gender-affirming hormones affect PrEP? MAYBE**
  - **F/TDF:** Some evidence for reduction in TFV when co-administered with estradiol.
    - Studies vary; however, all consistent with **NO CLINICALLY significant impact on daily oral PrEP**
  - **F/TAF:** Limited evidence (one sub-study). It suggests no impact of estrogen on TFV levels.
  - **Cab-LAI**: HPTN 083 PK data found levels of CAB to be similar among TW on and not on GAHT

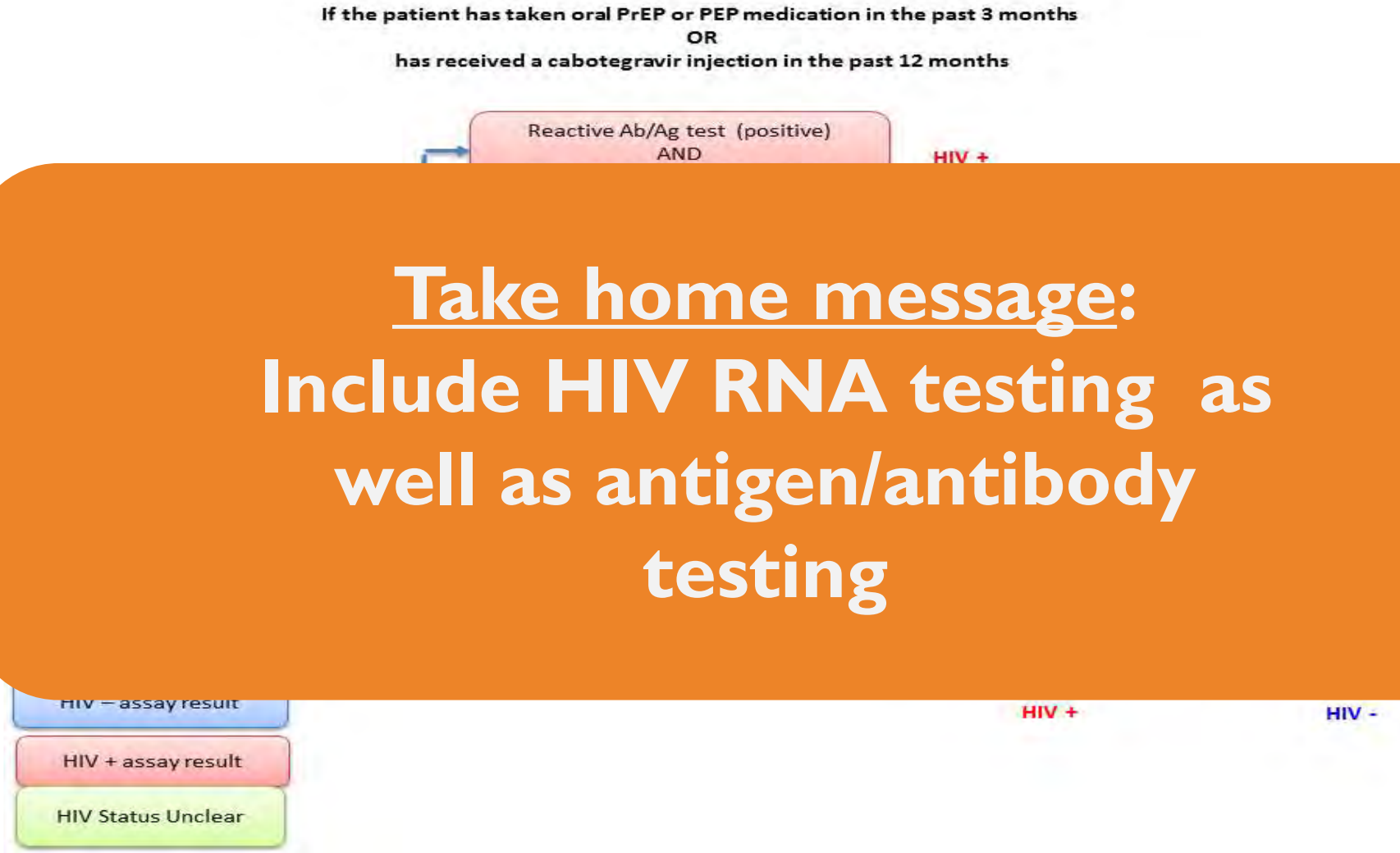
WHAT HAPPENS AFTER STARTING PREP?

HIV PREP CHANGES THE TIMELINE FOR HIV TEST REACTIVITY

- Delay in incident HIV detection using HIV Ag/Ab testing, typically 18-45 days
  - **F/TDF – 31 days (range: 7 – 68 days)**
  - **Cab-LAI – 98 days (range: 35 – 185 days)**
- HIV testing guidelines for PrEP initiation vary based on history of PrEP use

Marzinke MA, et al. J Infect Dis. 2021;224(9):1581-92

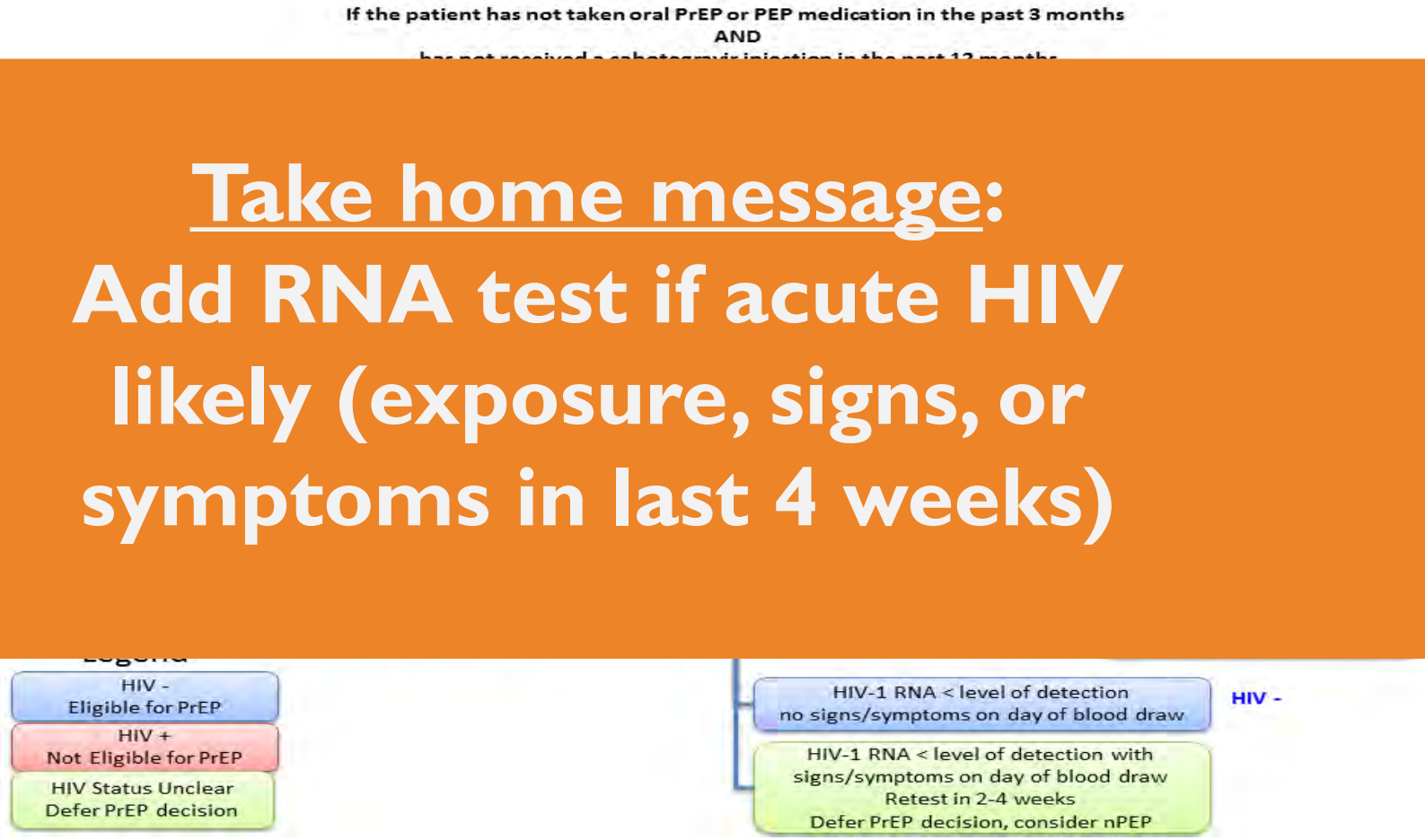
DETERMINING HIV STATUS – WITH RECENT PREP USE (3 MONTHS FOR ORAL; 12 MONTHS FOR LAI)



Take home message:
Include HIV RNA testing as well as antigen/antibody testing

2021 CDC PrEP Guidelines

DETERMINING HIV STATUS – NO RECENT PREP USE (3 MONTHS FOR ORAL; 12 MONTHS FOR LAI)



Take home message:
Add RNA test if acute HIV likely (exposure, signs, or symptoms in last 4 weeks)

2021 CDC PrEP Guidelines

LABORATORY MONITORING FOR PEOPLE ON PREP

LAB MONITORING: ORAL PREP

	Baseline	Month 3	Month 6	Month 9	Month 12	Stopping PrEP
HIV *	✓	✓	✓	✓	✓	✓
Creatinine & eCrCl ¶	✓		If ≥ 50 years old or < 90 mL/min at baseline		✓	✓
Syphilis	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)
Gonorrhea	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)
Chlamydia	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)	✓	MSM & TGW (others if sex)
Lipid panel	If starting F/TAF				If using F/TAF	
Hepatitis B §	✓					
HCV Ab ‡	MSM, TGW and PWID (others per USPSTF)				MSM, TGW and PWID (others per USPSTF)	

* Follow Figures 4a or 4b (or strategies suggested in this presentation) for testing – depends on recency of ARV use, HIV exposure history, and acute HIV symptom screening

¶ Per the 2021 CDC PrEP Guidelines: "If other threats to renal safety are present (e.g., hypertension, diabetes), renal function may require more frequent monitoring or may need to include additional tests (e.g., urinalysis for proteinuria)."

§ **NOTE:** The 2021 CDC PrEP Guidelines do not specify what to check, but serologies usually include surface antibody (HBsAb), surface antigen (HBsAg), and core total Ab (HBcTAb).

‡ **NOTE:** Oral PrEP has no effect on hepatitis C virus (HCV). Persons at risk include anyone who injects drugs, anabolic steroids, or body fillers OR anyone who has sex that could result in bleeding, such as fisting or sex under the influence of drugs like cocaine or methamphetamine that alter pain perception. USPSTF (2020) recommends screening all persons 18-79 years old for HCV infection, at least once in their lifetime. Optimal frequency for rescreening is largely based on ongoing risks for HCV acquisition (or task thereof)

LAB MONITORING: CAB-LAI

		Month of Follow-Up							
	Baseline	1	2	4	6	8	10	12	Stopping PrEP
HIV	Ag/Ab* (± RNA)	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA	Ag/Ab AND RNA
Creatinine & eCrCl ¶	???								
Syphilis	✓	only if symptoms	only if symptoms	MSM & TGW (others if sex)	Heterosexual men & women (others if sex)	MSM & TGW (others if sex)	only if symptoms	✓	MSM & TGW (others if sex)
Gonorrhea	✓	only if symptoms	only if symptoms	MSM & TGW (others if sex)	Heterosexual men & women (others if sex)	MSM & TGW (others if sex)	only if symptoms	✓	MSM & TGW (others if sex)
Chlamydia	✓	only if symptoms	only if symptoms	MSM & TGW (others if sex)	Heterosexual men & women (others if sex)	MSM & TGW (others if sex)	only if symptoms	✓	MSM & TGW (others if sex)
Lipid panel									
Hepatitis B §	???								
HCV Ab ‡	???							???	

Follow Figures 4a or 4b for baseline testing – depends on recency of ARV use, HIV exposure history, and acute HIV symptom screening

DR. HURT'S OPINION: Knowing baseline creatinine and eCrCl could be clinically useful even though CAB has no effect on renal function. Patients who stop CAB injections must switch to oral PrEP to "cover the tail" as CAB levels fall. One could wait to check creatinine prior to initiating oral PrEP… or also check it at baseline (thinking/planning ahead).

DR. HURT'S OPINION: Checking baseline hepatitis B serologies is clinically reasonable, even though CAB has no effect on HBV replication. Patients who stop CAB injections must switch to F/TAF or F/TDF to "cover the tail" of falling CAB levels, and both forms of oral PrEP affect HBV. One could wait to check prior to initiating oral PrEP, or check at baseline. In Table 8 of the 2021 CDC PrEP Guidelines, providers are encouraged to administer HBV vaccine to susceptible, at-risk persons.

NOTE: The 2021 CDC PrEP Guidelines recommend HCV screening for persons starting oral PrEP but do not comment on screening for persons starting CAB. CAB has no effect on hepatitis C replication, but it's reasonable to check for HCV if the patient is at risk. This includes persons who inject drugs, anabolic steroids, or body fillers OR anyone who has sex that could result in bleeding, such as fisting or sex under the influence of drugs like cocaine or methamphetamine that alter pain perception. USPSTF (2020) recommends screening all persons 18-79 years old for HCV infection, at least once in their lifetime. Optimal frequency for rescreening is largely based on ongoing risks for HCV acquisition (or task thereof).

www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

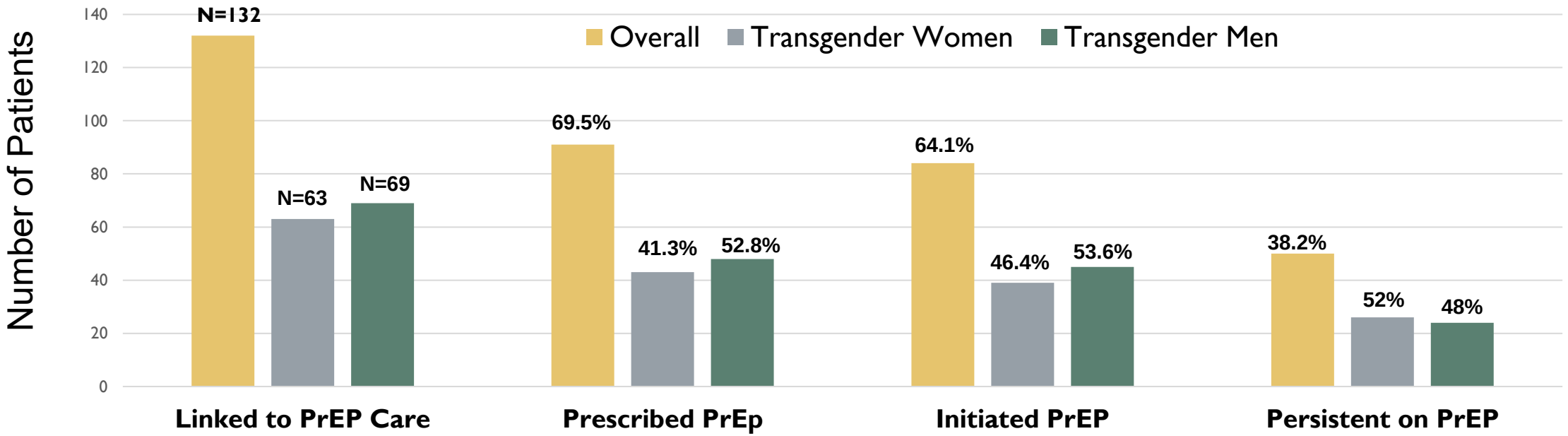
PREP CLINICAL GUIDELINES: **TONIA'S VERSION**

- **Baseline requirements**
  - HIV negative without signs or symptoms of acute HIV
  - Normal renal function, if planning to use TDF
  - Documented Hepatitis B & C status (oral PrEP)
- **Oral PrEP**
  - Prescriptions for ≤ 90 days
  - Visits every 3 months
    - Adherence and safer sex support
    - Screening for side effects and drug interactions
    - HIV and STI testing & pregnancy test, if relevant
    - CrCl q 6 months if > 50 yo or baseline CrCl<90,
    - HCV annually (not related to PrEP); lipids annually if TAF
- **CAB LAI** (administered by healthcare professional)
  - Office visit monthly x 2, then every 2 months
  - Same as above except no need for CrCl and lipids
    - HCV testing unrelated to PrEP (follow USPSTF guidelines)

www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

PREP PERSISTENCE IS LOW AMONG TRANS PEOPLE IN THE U.S.

Mean duration of PrEP use was **8.7 months** [IQR 2.9-18.2]



PrEP Continuum of Care among Transgender Individuals linked to PrEP care in Kaiser Permanente Northern California 7/2012-3/2019

Hojilla et al. JAIDS 2022

NEGATIVE EXPERIENCES COMMON IN HEALTHCARE

- In 2015: **33%** reported at least one negative experience
- In 2022: **48%** reported at least one negative experience
  - **24%** did not see a healthcare provider when they needed to in the prior 12 months due to fear of mistreatment.

Refused care

Harsh language

Mis-gendered

Physically abusive

James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. (2024). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC. https://ustranssurvey.org/download-reports/

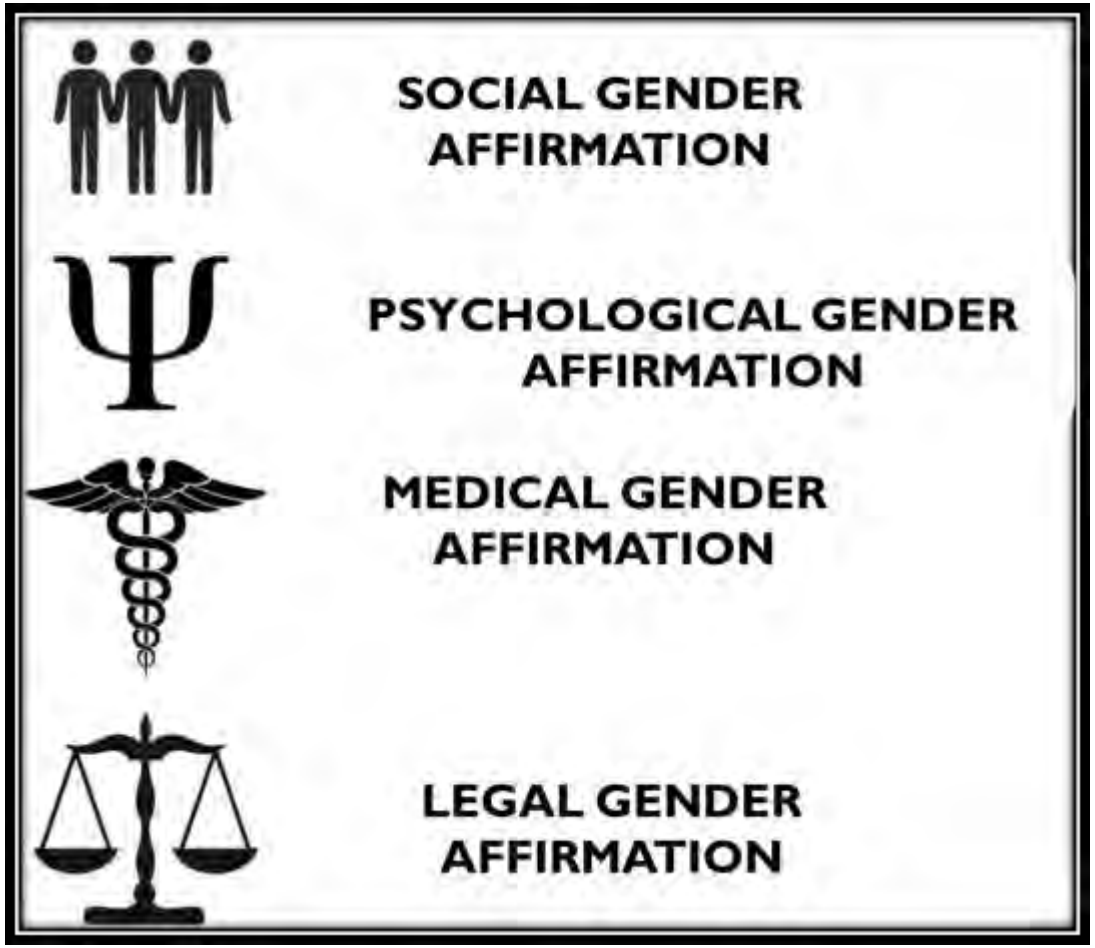
CASE STUDY

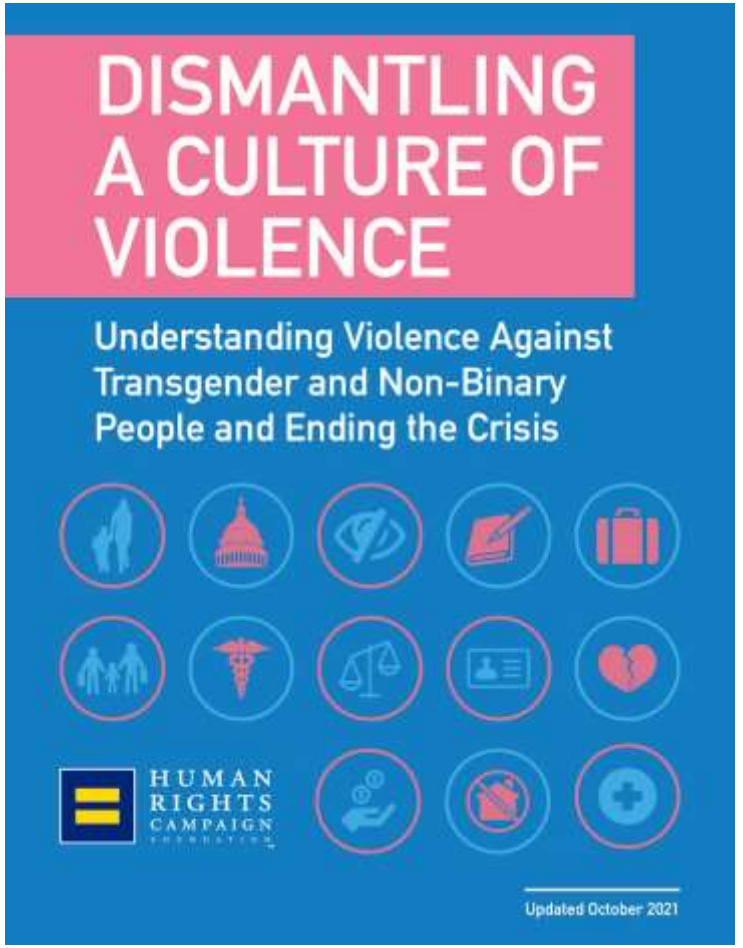
https://www.istockphoto.com/photos/black-trans

- Brianna is your first patient of the day, new to your practice, seeking to establish primary care
- She is 34 years old and recently moved to Atlanta from a small town in south Georgia
- Her past medical history includes hypertension, dyslipidemia, depression, and syphilis,
- She does not have health insurance and takes no medications
- **Her last healthcare encounter was 2 years ago**

What can we do to improve her engagement in care?

GENDER AFFIRMATION IS ONE WAY TO PROMOTE CARE ENGAGEMENT





REISNER, SARI L. SCD*; RADIX, ASA MD, MPH†; DEUTSCH, MADELINE B. MD, MPH‡. INTEGRATED AND GENDER-AFFIRMING TRANSGENDER CLINICAL CARE AND RESEARCH. JAIDS JOURNAL OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES 72():P S235-S242, AUGUST 15, 2016.

MULTIPLE OPPORTUNITIES FOR AFFIRMATION IN HIV CARE

Scheduling

Checking in

Completing forms

Waiting Room

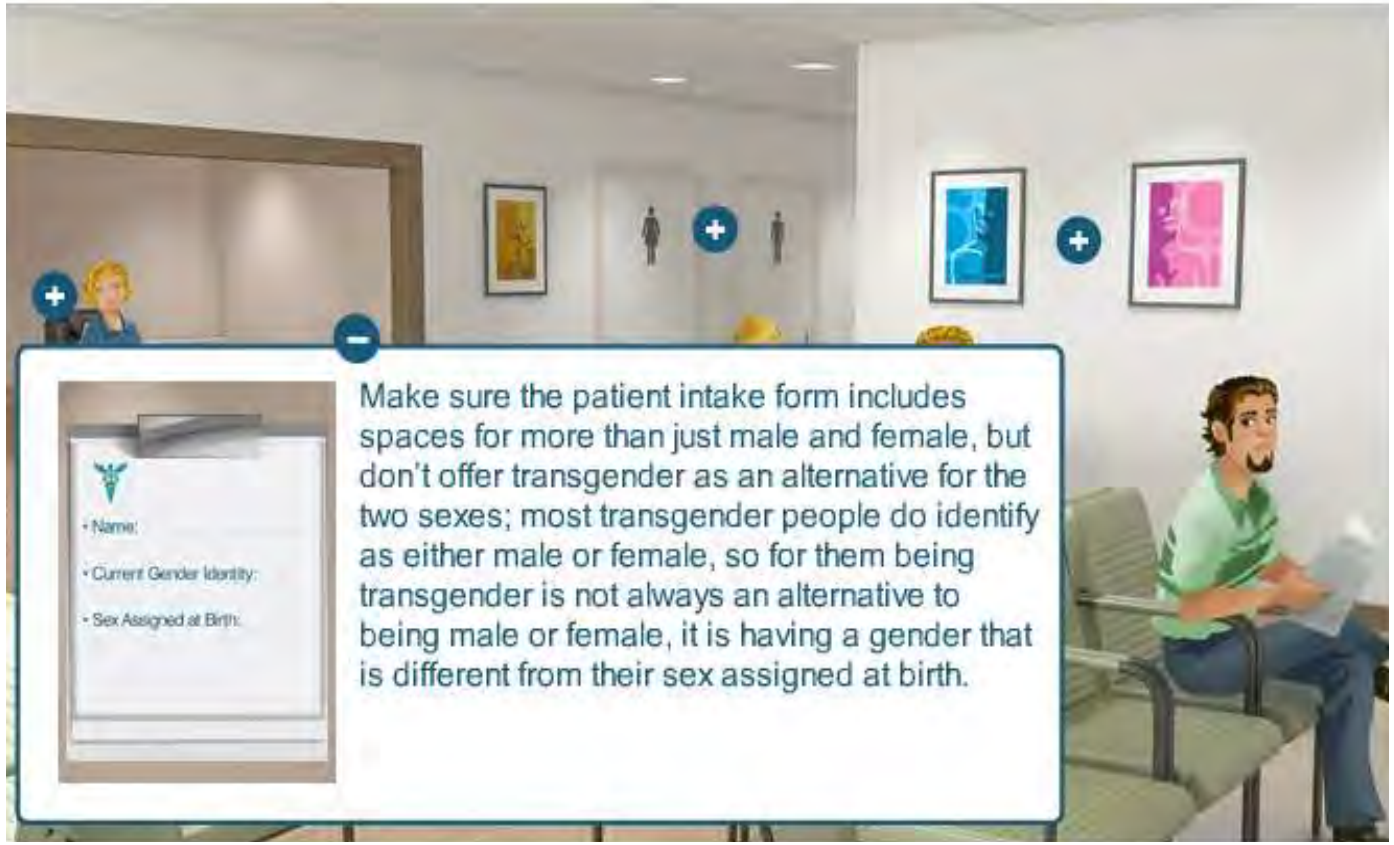
Restroom

Rooming

History & Physical

Charting

INCLUSIVE FORMS: SEX, GENDER, NAME, PRONOUNS



http://www.transhealth.ucsf.edu/trans?page=lib-data-collection
https://www.usbirthcertificates.com/articles/gender-neutral-birth-certificates-states

1. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans man
- ☐ Transgender Female/Trans woman
- ☐ Gender non-binary
- ☐ Additional Identity: _____
- ☐ Decline to answer

2. What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ X

3. What pronouns do you use?

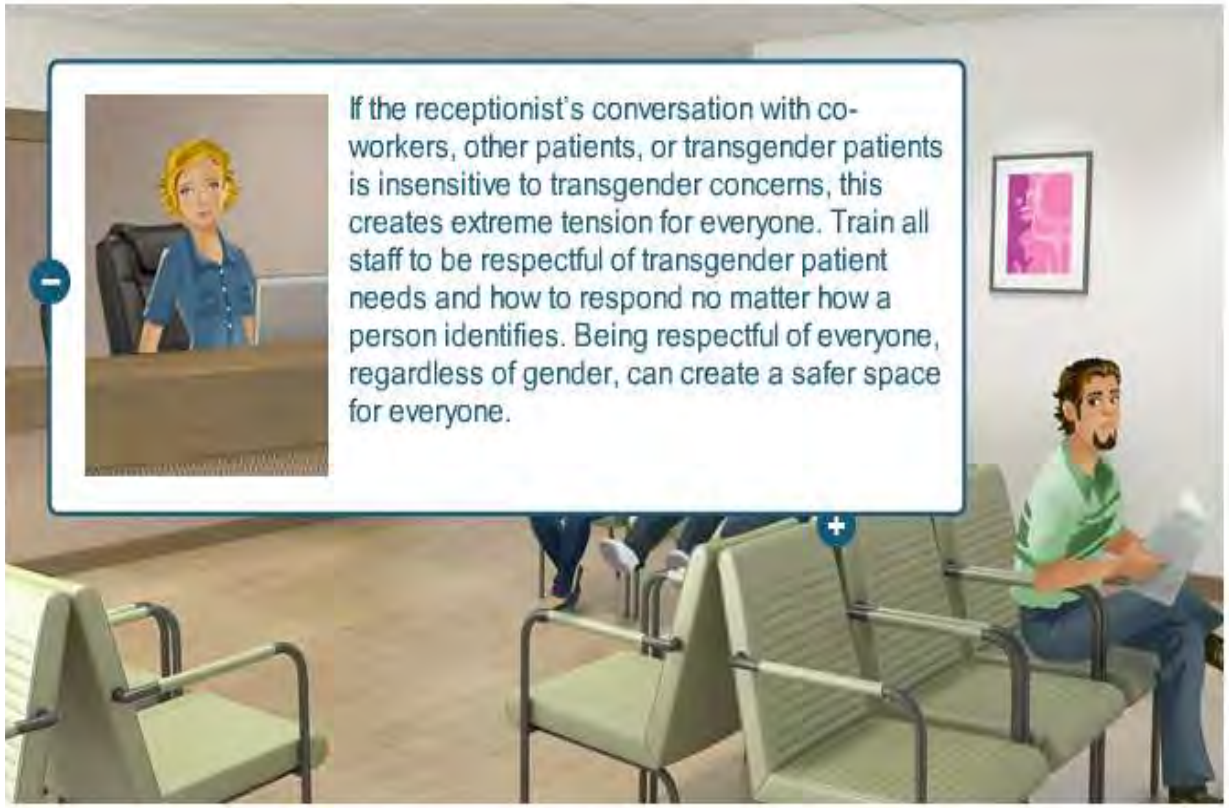
- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Another pronoun:_____

4. What is the name do you use?:

_____

ALL STAFF SHOULD BE TRAINED TO USE CHOSEN NAME AND PRONOUNS

- Avoid Ma'am, Sir, Mr/Mrs/Ms unless sure
- Use gender neutral forms of address when unsure
- Review name/pronoun before speaking with the patient



UCSF Center of Excellence for Transgender Health. 2016. Available at http://www.transhealth.ucsf.edu/trans?page=lib-data-collection.

CONSEQUENCES OF MIS-GENDERING AND DEAD-NAMING

"I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that's somewhere around a 9. But not having my identity respected, that hurt far more."

-USTS 2015

Feels humiliating and disrespectful

Damages your rapport

Can "out" someone and make them emotionally/physically unsafe

Can contribute to someone being so uncomfortable they do not get the care they need

Names and Pronouns are a Really BIG DEAL

James, S. E., et al. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

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-USTS 2015

Feels humiliating and disrespectful

Damages your rapport

Can "out" someone and make them emotionally/physically unsafe

Can contribute to someone being so uncomfortable they do not get the care they need

When you make a mistake – apologize and move on.

James, S. E., et al. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

SIGNALING SAFETY

A PATIENT'S BILL OF RIGHTS*

Another person chosen by the patient can exercise these rights on the patient's behalf. A proxy decision maker can exercise these rights if the patient lacks decision-making ability or is legally incompetent, or is a minor.

- The patient has the right to considerate and respectful care.
- The patient has the right to and is encouraged to obtain from doctors and other direct caregivers appropriate, current, and understandable information about diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making ability and the need for treatment is urgent, the patient is entitled to the chance to discuss and request information about the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their risks and benefits. Patients have the right to know the identity of doctors, nurses, and others involved in their care, as well as when those involved are students, patients, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during treatment. The patient has the right to refuse a recommended treatment or plan of care to the extent allowed by law and hospital policy and to be informed of the medical consequences of the action. In case of refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
- The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honour the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must tell patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to expect that all communications and records related to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will ensure the confidentiality of this information when it releases it to only those parties entitled to receive information in these records.
- The patient has the right to review the records about his/her care and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to a patient's request for appropriate and medically indicated care and services. The hospital must provide evaluation, services, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permitted, or when a patient has requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The patient has the right to ask and be informed of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to take part in research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to take part in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care when appropriate and to be informed by doctors and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

PATIENT RESPONSIBILITIES

The partnership nature of health care requires that patients, or their families/surrogates, take part in their care. The effectiveness of care and patient satisfaction with the treatment depends, in part, on the patient fulfilling certain responsibilities. The following are patient responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients are also responsible for asking for additional information or explanation about their health status or treatment when they do not fully understand information and instructions.
- Patients are also responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment.
- Patients should be aware of the hospital's duty to be reasonably efficient and fair in providing care to other patients and the community. The hospital's rules and regulations are intended to help the hospital meet this responsibility. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
- A person's health depends as much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

The following information was adapted from the American Hospital Association's 'A Patient's Bill of Rights'. It is not a State law.

ALL IN ONE

Making Introductions:

"Hello, My name is Dr. Poteat. I use she and her pronouns. What name would you like me to call you? What pronoun would you like me to use?"

INCLUSIVE SEXUAL HISTORY

EXAMPLE

"We ask everyone with a uterus about pregnancy."

- Trauma informed principles, patient retains control
- Make no assumptions about gender of patient or partners
- Discuss choice of language to describe anatomy
- Use gender neutral terms when possible

Gendered	Less Gendered
Vulva, penis, testicles	External pelvic area, Outer parts
Vagina	Genital opening, frontal opening
Uterus, ovaries, prostate	Internal organs, Internal parts
Breasts**	Chest
Pap smear, prostate exam	Cancer screening, HPV screening
Bra/panties/briefs	Underwear
Period/menstruation	Bleeding

Poteat and Radix in Bachman ed, STIs in HIV-Infected Adults and Special Populations, 2017

ANATOMY ASSESSMENT

Organ Inventory

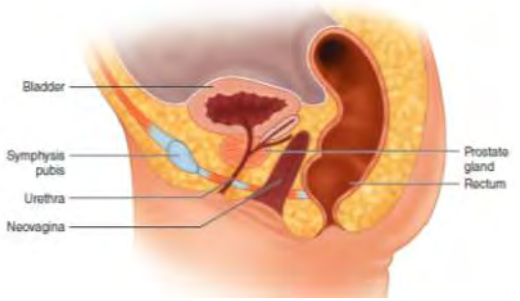
Organs the patient currently has: breasts | cervix | ovaries | uterus | vagina | penis | prostate | testes

Organs present at birth or expected at birth to develop: same as current organs

breasts | cervix | ovaries | uterus | vagina | penis | prostate | testes

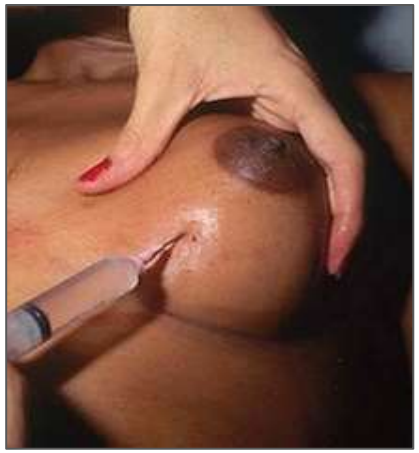
Organs hormonally enhanced or developed: breasts

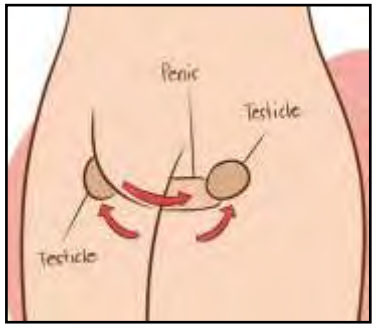
Organs surgically enhanced or constructed: breasts | vagina | penis



AFFIRMING PHYSICAL EXAM

- **Review anatomy assessment prior to exam**
  - Identify, screen and treat the body parts that are present
- **Be prepared for history of trauma**
  - Seek permission, use creative collaboration
  - Take time to build trust and rapport
  - Be consistent with correct name and pronouns
- **Be aware of patient-controlled gender affirming options**
  - pumping, tucking, packing, binders, STP devices, gaffs





GENDER AFFIRMING MEDICAL DOCUMENTATION


Press Release

HHS Finalizes Historic Rules to Provide Patients More Control of Their Health Data

Mar 09, 2020 | Data, eHealth, Initiatives, Medicaid & CHIP, Medicare Parts A & B

Share

Final rules require access to health information, spur innovation and aim to end information blocking


Journal of General Internal Medicine

JGIM

Springer

Experiences of Transgender People Reviewing Their Electronic Health Records, a Qualitative Study

Original Research: Qualitative Research | Open access | Published: 31 May 2022

Volume 38, pages 970–977, (2023) Cite this article

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Misgendering Is Common in the EHR, Erodes Trust, and Causes Trauma

- *All of my [clinicians] **misgender** me in every single one of their notes despite having my pronouns listed at the top, which really erodes my trust in like that provider, but also every other provider in that field.*
- *The provider put everything [the patient] said in **quotes** that related to their gender…So that made me feel…like the provider didn't believe that person.*
- *I don't want to see "**identifies as**" and I don't want to see "preferred pronouns."Those are both microaggressions and they're really annoying because part of being respected is not having my gender cast into metaphysical doubt.…I am nonbinary; I don't identify as nonbinary.*
- *I like it when some notes just **introduce me as a 25-year-old, and that's it**. Like [patient] is a 25-year-old and then they'll just go into whatever we talked about. I like that more than gender introduced at all.*


What does affirming
health care mean
to you?
LET'S STOP
HIV
TOGETHER™

MULTIPLE OPPORTUNITIES FOR AFFIRMATION IN HIV CARE

Scheduling

Checking in

Completing forms

Waiting Room

Restroom

Rooming

History & Physical

Charting

NATIONAL CLINICIAN CONSULTATION CENTER

https://nccc.ucsf.edu

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Resources for Providers

AETC AIDS Education & Training Centers Program
National Coordinating Resource Center

The NCCC is a member of the HRSA AIDS Education and Training Centers (AETC) Program, which provides training, continuing education, resources, and learning opportunities free of charge for healthcare providers on HIV and related topics. The AETC program supports a network of eight regional centers and more than 130 local performance sites. More information is available on our Clinical Training page.

HIV Care Tools

The new AETC Program app supports health care providers v
for HIV screening, prevention, and care. Take us with you!

Available on the App Store

GET IT ON Google Play

HIV/AIDS Management

Expert clinical advice on providing optimal care to your HIV-positive patients, from initiating antiretroviral regimens to managing HIV/AIDS and comorbidities.

HIV/AIDS Guidelines »
Antiretroviral Drug Tables »
Get HIV/AIDS Management Advice

Perinatal HIV/AIDS

Immediate advice on HIV management in pregnant people and their infants, including referral to care.

Perinatal ReproID HIV Listserv »
Get Perinatal HIV Advice

Hepatitis C Management

Expert clinical advice on HCV testing, staging, monitoring, and treatment including hepatitis C mono- and co-infection.

Get Hepatitis C Management Advice

Substance Use Management

Expert clinical advice for healthcare providers on substance use evaluation and management.

National Substance Use Warmline »
California Substance Use Line »
Get Substance Use Management Advice

PEP: Post-Exposure Prophylaxis

Expert advice on managing occupational and non-occupational exposures to HIV and hepatitis B & C.

Online PEP Quick Guide »
Get PEP Advice

PrEP: Pre-Exposure Prophylaxis

Up-to-date clinical advice on providing PrEP as a prevention tool, from determining when prescribing PrEP is appropriate to understanding follow-up tests.

Online PrEP Quick Guide »
Get PrEP Advice

THANK YOU

TRANS AGENDA
FOR LIBERATION

The way forward is with insistence, persistence, & hope!