

# Incident STIs and STI Quality of Care Specific to Transgender Women Living with HIV



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## BACKGROUND

- Transgender women have high rates of human immunodeficiency virus (HIV) secondary to risk behaviors and barriers to care.<sup>1,2</sup>
- STI incidence among this population has not been well described.
- Differences in STI rates and health outcomes among transgender women living with HIV and other populations living with HIV may elucidate areas for trans-specific intervention and messaging.

## METHODS

- This is a retrospective age- and race-matched (3:1) case control study examining transgender women, cisgender women (CW), and cisgender men who have sex with men (CMSM) all living with HIV and receiving care at the Washington University Virology Clinic in St. Louis, MO.
- Records from 2011-2016 were reviewed.
- Binomial proportions with exact 95% confidence intervals were used to summarize rates for each group. Differences between groups were evaluated using logistic regression.

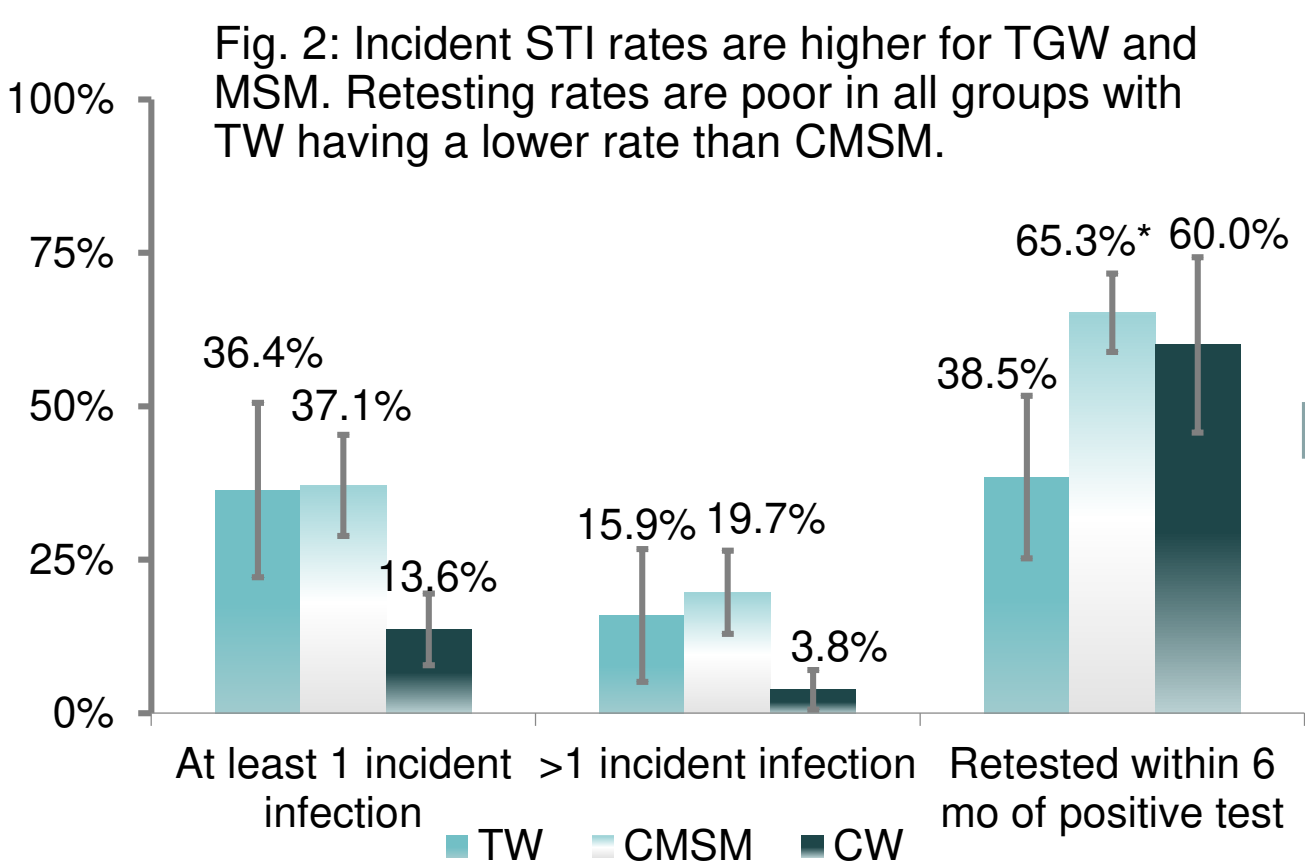
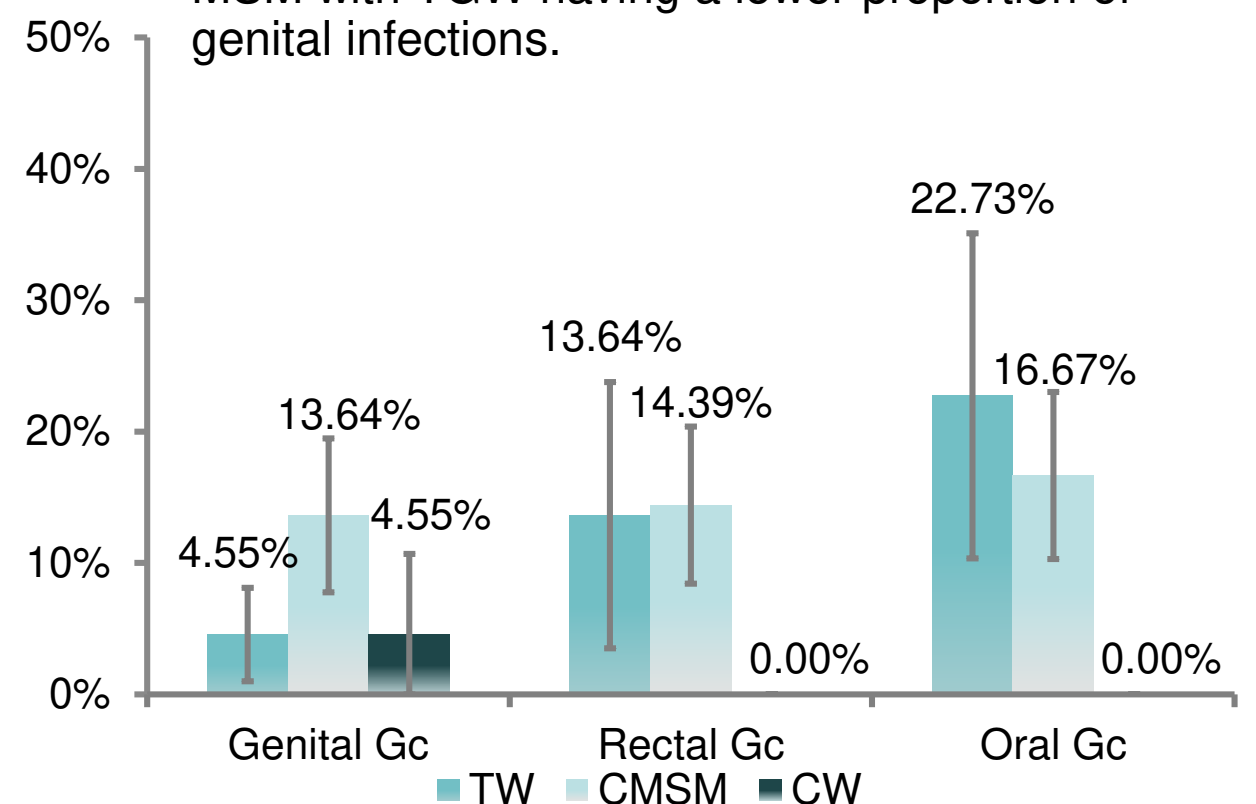
## RESULTS

TABLE 1: Population Characteristics.

Median age: 37 years. Race/ethnicity: 86.4% Black, 9.1% White and 4.5% Latina, Asian, or Other.

Characteristic (no sig diff among groups)	TW (n=44)	CMSM (n=132)	CW (n=132)
History of smoking	72.7%	60.6%	57.6%
Diagnosis of Hep C	11.4%	6.8%	10.6%
History of homelessness	43.2%	33.3%	45.0%
History of depression	50.0%	35.5%	50.0%
Drug or alcohol use	29.7%	18.7%	25.2%
Income, mean	\$8,658	\$13,632	\$10,610
Had HIV VL suppression	92.3%	97.7%	96.9%
Had HIV VL rebound	38.9%	39.2%	36.3%

Fig. 1: STI location is similar between TGW and MSM with TGW having a lower proportion of genital infections.



### Why are STI retesting rates low?

- Failure to retest after an incident STI was attributable mostly to “no-show” appointments within the 6 month window for all groups.
- However, in a significant number of cases, patients had visits where providers did not order STI retesting or retested a different site.
- All groups had similar rates of failure to retest due to providers not ordering STI testing at subsequent visits (TGW 38.9%, CMSM 50.0%, CW 48.4%).

## CONCLUSIONS

- Low rates of retesting after an STI were seen in all groups, but were particularly prominent in TW. Chart review indicates that low rates of retesting were due to both patients not making appointments and to providers not ordering retesting. The reasons for high no show rates among TW should be evaluated—patient no show rates must be monitored or followed up by a case manager.
- Areas for improvement include: Increasing provider awareness of high STI rates in TW and CMSM, prevention messaging that incorporates STI rates as well as sex positive, gender affirming messaging, improving case manager counseling methods, and provider education on CDC guidelines on STI retesting.
- We need a continued focus on all patients at highest risk: those with a lack of follow-up and those with frequent incident STIs.
- Limitations: this is a study with a small sample size from the Midwest, US.

## ACKNOWLEDGEMENTS

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