

Background

- PrEP uptake and outcomes data limited among transgender women (TGW), despite a disproportionate burden of HIV in this group
- Factors associated with high HIV burden in TGW include trans-related stigma, discrimination, poverty, unstable housing, survival sex work, limited access to healthcare
- There is limited PrEP uptake in TGW, which may be related to medical mistrust, prioritization of hormonal treatment, and limited marketing to TGW
- Low medication adherence has contributed to suboptimal pre-exposure prophylaxis (PrEP) efficacy in clinical trials
- Grady Health System (GHS) PrEP program provides affordable and flexible PrEP care delivery for groups at risk of HIV, including TGW
- We used data from the GHS PrEP program to develop a PrEP care cascade for TGW and determine factors that might affect persistence in care
- Hypothesized that combining the specific health-related needs of TGW into a co-located clinic would improve the PrEP care cascade

Methods

- Extracted data for all referrals to the GHS PrEP program from March 2018 to February 2020, then subgroup of TGW
- Determined proportion of TGW linked to the PrEP program, provided a PrEP prescription, started PrEP, and persisted in PrEP care.
- Persistence in care was defined as having at least one follow-up visit within 6 months of study end
- Performed multivariate regression model to determine factors associated with persistence in PrEP care
- Calculated rates of sexually transmitted infections (STIs) and HIV incidence

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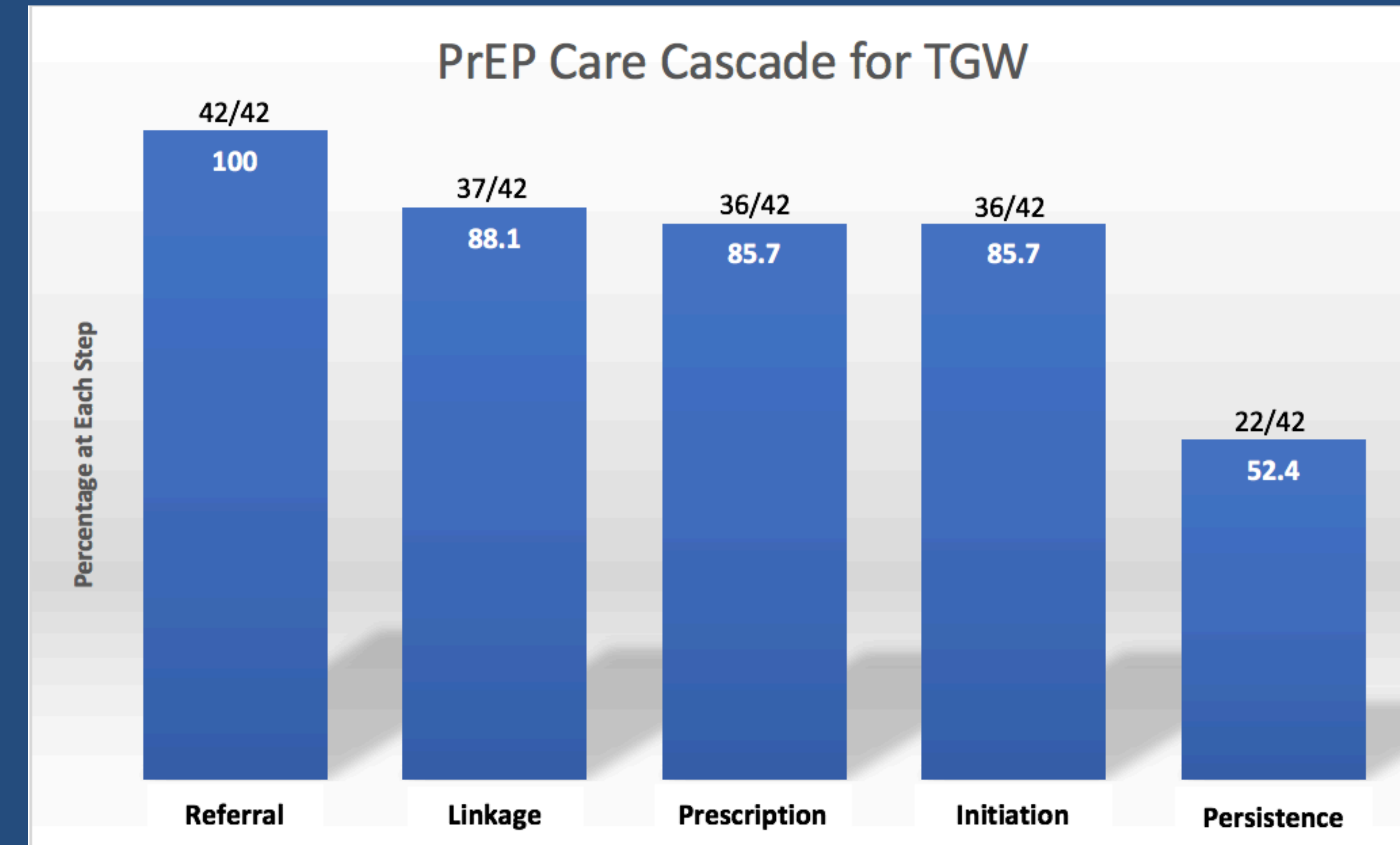


Figure 1. PrEP care continuum of TGW referred a PrEP program. Referrals include all TGW referred to PrEP clinic, linkage refers to those eligible who had at least one visit at the PrEP clinic, prescription refers to those who received their first prescription of PrEP, initiation includes those who started taking the PrEP they were prescribed, and persistence includes those who had a follow-up visit within 6 months of study end.

Results

- Of the 321 total referrals for PrEP, 42 (13%) were TGW
- 81% of TGW referred from GHS Gender Center
- Median age 28.5 years, 62% Black, 21% with mental health co-morbidities, 45% used illicit substances, 35% engaged in transactional sex
- 90% of TGW on hormonal therapy during follow-up
- 42 TGW referred, 37 (88.1%) linked to care, 36 (85.7%) prescribed and initiated PrEP and 26 (52.4%) persisted in care (Figure 1)
- Five TGW were not linked to PrEP care after referral. Two were found to be HIV positive on baseline labs, and three couldn't be reached after multiple attempts
- No factors associated with persistence in PrEP care by multivariate analysis
- 65% of those referred from co-located Gender Clinic persisted in care as compared to 50% of those referred from another source (Figure 2)
- Most common STIs at the time of first visit pharyngeal gonorrhea (22.7%) and syphilis (16.7%); STI incidence highest for rectal chlamydia (12.5%) and pharyngeal gonorrhea (6.5%)
- One HIV seroconversion, who had been lost to follow up

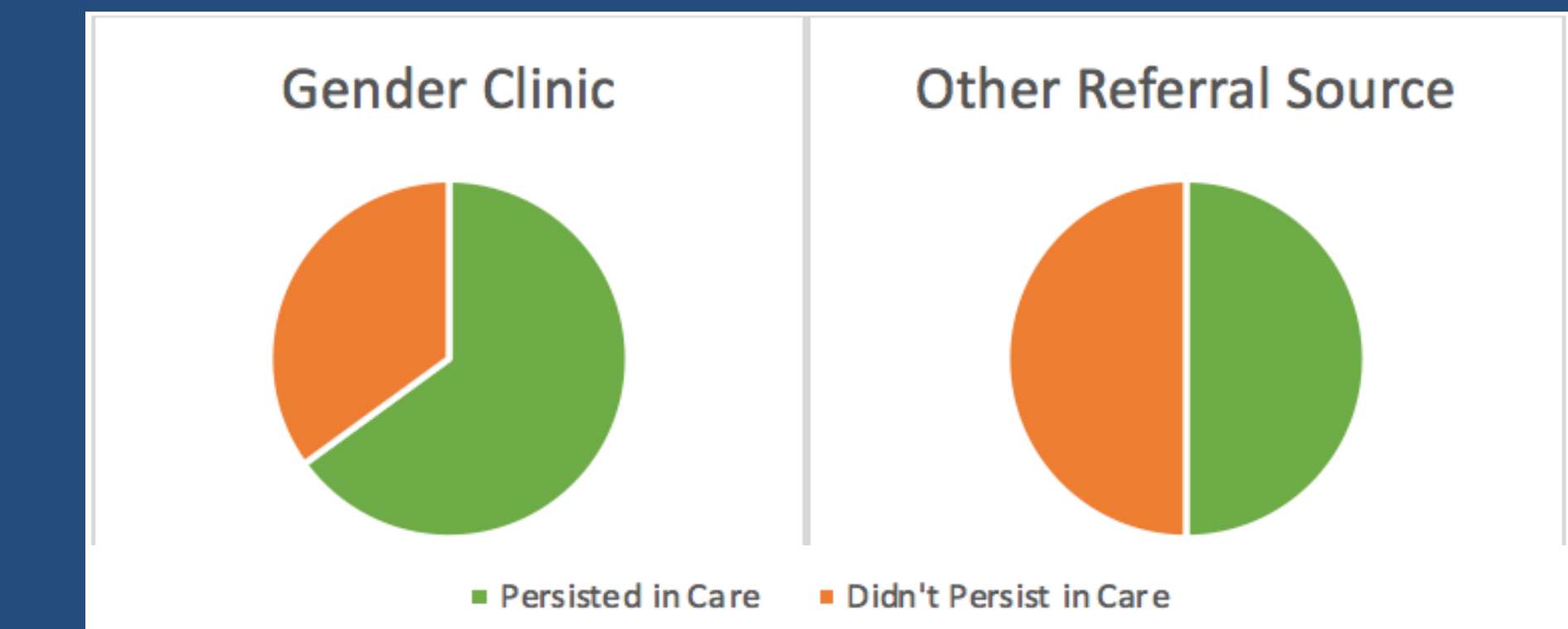


Figure 2. Comparison of persistence in care of those who were referred from gender clinic versus those who were referred from other referral source

Conclusions

- Majority of TGW who were referred to the GHS PrEP program were successfully linked to PrEP care and started taking medications for PrEP, despite high rates of co-morbid psychosocial barriers
- Linkage to care and prescription higher than in prior similar projects (e.g. THRIVE project)
- Significant drop in persistence in PrEP care, which is comparable to limited prior studies
- Factors other than PrEP availability, such as providers trained to provide trans-sensitive care, hormone treatment, and mental health, may improve PrEP uptake and medication adherence
- This study offers additional support to combining PrEP care with transgender care
- STI prevalence and incidence were high, but only one HIV seroconversion, highlighting PrEP efficacy in TGW who persisted in care

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