

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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High prevalence of HIV infection found in transwomen residing in San Francisco

Male-to-female transgender women (transwomen) have a significantly disproportionate burden of HIV. Worldwide, transwomen have a 34.21-fold greater odds of being HIV-infected compared to the general adult population.

In San Francisco, where about one-third of transwomen are estimated to be infected with HIV, transwomen have a significantly higher mean population viral load compared to other local demographic groups, suggesting that these women are not receiving optimal medical care.

This investigation was conducted to estimate population-level HIV treatment cascade indicators--the steps along the continuum of HIV infection care from diagnosis of infection to linkage of care and HIV virological suppression -- among transwomen.

Methodology

A respondent driven sampling (RDS) study of 314 transwomen residing in San Francisco was conducted from August to December 2010.

The investigation tested participants for HIV infection and collected self-reported data on

linkage and access to medical care, viral load and antiretroviral treatment (ART).

Outcomes of the Study

Study participants were self-identified transwomen at least 18 years of age.

Major findings include:

- The RDS-weighted population-base estimate of HIV prevalence was 39.5%
- Among transwomen who tested positive for HIV infection, 95% were previously aware of their HIV-positive status.
- 77% reported being linked to primary care within 3 months of HIV diagnosis.
- 87% had accessed HIV medical care in the past 6 months.
- 65% were currently on antiretroviral therapy.
- Less than one-half (44%) reported being virologically suppressed.
- Currently being on ART was positively associated with older age and inversely associated with marginal housing/homeless status.
- Being virologically suppressed was significantly associated with current ART use and housing status.
- The odds of virological suppression were 54.28-fold greater

among transwomen currently taking antiretroviral treatment compared with those who are not.

- The odds of virological suppression were 0.05-fold lower among homeless or marginally-housed transwomen compared to transwomen with stable housing.

Implications for Prevention

This investigation found high prevalence of HIV among transwomen in this respondent driven study along with modest antiretroviral use and low virological suppression rates. Further, poor HIV treatment outcomes were consistently associated with housing instability.

The findings suggest that multi-level efforts, including addressing insecurity, is urgently needed for transwomen and to reduce secondary HIV transmission to their partners.

SOURCE:

Santo, G., et al. (2014). HIV treatment cascade among transgender women in a San Francisco respondent driven sampling survey. *Sexually Transmitted Infections*, 90, 430-433.

Enema use among MSM appears related to HIV/STI risk

Enema use or douching is a risk for HIV/STI in men who have sex with men. This study examined enema experiences of 4,992 MSM recruited from 17 cities who completed online surveys.

52% had douched at least once and 35% reported douching within last three months. 88% douched prior receptive anal sex and 28% douched after receptive anal sex. 65% used water to douche, 24% added salt, soap, and/or antibacterial products to water, and 30% reported using commercially available products.

Being a man of color, HIV-positive, diagnosed with an STI, identifying as “versatile” in sex, and having more than two unprotected sex partners were significantly associated with enema use.

Douching behavior appears closely associated with HIV/STI risk: douching with water may be a concern since it may increase HIV/STI infection by damaging the epithelium.

SOURCE: Noor, S. W., et al. (2014). Enema use among men who have sex with men: A behavioral epidemiologic study with implications for HIV/STI prevention. *Archives of Sexual Behavior*, 43, 755-769.

Many MSM diagnosed with HIV also had sex with women

This study sought to describe HIV diagnosis among men who have sex with men and women (MSMW), who have the potential to bridge HIV transmission risk from men who have sex with men (MSM) to women. Data were from the National HIV Surveillance System for persons 13 years and older.

In 2011, 26% of 30,896 MSM diagnosed with HIV infection also had had sex with women. A larger percentage of MSMW were Black/African American (46%) MSM who only had sex with men (MSMO) (26%); similar percentages were classified as either MSMW or MSMO among other racial/ethnic groups.

Among MSMW, HIV diagnosis was relatively stable and MSMO increased more than 6% annually among those aged 13 to 29 years.

Less exclusive homosexual identification is associated with greater sexual risk behavior without disclosure with female partners. Many MSMW are HIV-positive and this group may require tailored prevention interventions.

SOURCE: Singh, S, et. al. (2014). HIV diagnosis among men who have sex with men and women--United States and 6 dependent areas, 2008-2011. *American Journal of Public Health*, 104, 1700-1706.

Estimated cost of rapid HIV testing at clinics is \$22 /patient

The cost to STD clinics of point-of-care rapid HIV testing was determined at 7 public STD clinics. The cost of rapid testing was an estimated US\$22 per patient without brief risk reduction counseling. The cost was US\$46 with a brief risk reduction counseling including overhead costs. The clinics performing 8000 EIA tests per year, rapid testing with information only would save about \$113,500 not considering overhead.

SOURCE: Eggman, A. A., et al (2014). The cost of implementing rapid HIV testing in sexually transmitted clinics in the United States. *Sexually Transmitted Diseases*, 41, 545-550.

GC in American Indian reservations

In May 2012, 23 gonorrhea cases were reported in Roosevelt County during October 2011 to March 2012 and only 3 cases in January to September 2011. Since May 2012, gonorrhea rates have increased in 6 other counties associate with American Indian reservations.

SOURCE: CDC. (2015). Increase in gonorrhea cases in counties associated with American Indian Reservations--Montana, January 2012-August 2-14. Atlanta, GA

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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