HIV CARE AMONG TRANSGENDER WOMEN IN NORTHERN AND WESTERN PARIS 2008-2018

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BACKGROUND

- HIV prevalence in Transwomen (TW): 19.1% (risk of HIV infection 48.8-fold higher than adults of reproductive age; Confidence Interval 95% [21,2-76,3]).
- Few studies on HIV care continuum in this population, with discordant results.

OBJECTIVE

To describe characteristics of this population and compare to cisgender men (CM) and cisgender women (CW) living with HIV.

METHODS

- Population: HIV-infected adults who began their follow-up between 2008 and 2018 in 2 HIV clinical cohorts, namely Ambroise Paré and Bichat-Claude Bernard Hospitals,
- Data collection: sociodemographic, clinical, and immunovirological data prospectively collected at each patient visit.
- We compared TW characteristics with CM and CW.
- In patients recently diagnosed (<6 months), we in addition compared, adherence to care and virological response (VR) defined by a viral load less than 50 copies/ml. Individuals were considered loss of follow-up when they did not attend clinical visits for 24 months.
- We estimated time of loss of follow-up and time of VR using survival analysis (survival curves with Kaplan Meier's method, Logrank method, and Cox's model).

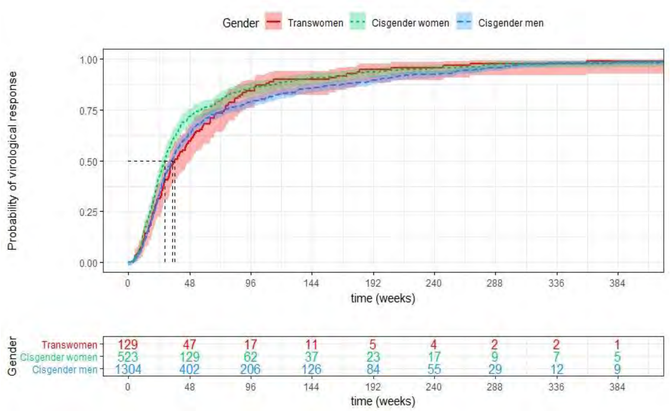

Figure 1: cumulative event curves of the probability of virological response over time stratified by gender

In our Parisian cohort, **transwomen** are **infected younger** than other gender groups.
They have not an increased risk of loss of follow-up or later virological response.

RESULTS

- From 2008 to 2018, 456 TW began their follow-up for an HIV infection in the two Hospitals, 93.4% were from South-America (44% Peru, 34% Brazil).
- Age at diagnosis was lower in TW than CM (n = 2960) and CW (n = 1481) (mean 29.3 y vs 35.3 y and 33.6 y, respectively, p <0.01).
- Tuberculosis was responsible for 62.5% of AIDS cases among TW vs 25.5% and 35.5% for CM and CW, respectively.

- Patients recently diagnosed represented 28.9% of TW (132/456), 46.5% of CM (1375/2960) and 38.2% of CW (566/1481).
- Median baseline CD4 cell count was 399/mm3, 390/mm3 (p = 0.30) and 340/mm3 (p = 0.01) in recently diagnosed TW, CM and CW.
- Median Time of VR was 35 weeks in TW (IQR [19-68]), 31 weeks in CM (IQR [19-57]; p= 0.32), and 27 weeks in CW (IQR [16-47]; p = 0.01) (Figure 1).
- Median time of loss of follow-up was 6 months in TW (IQR [2.3-31]), 10.5 months in CM (IQR [1.6-33.4]; p = 0.61), and 10 months in CW (IQR [1.6-29.5]; p = 0.73) (figure 2).
- Being a TW was not found to be independently associated with time of loss of follow-up or time of VR.

CONCLUSIONS

- TW are infected younger than other gender groups, but without lower CD4 cell count at initiation of care.
- They have not an increased risk of loss of follow-up or later VR than other groups.

Characteristics	Transwomen (N = 456)	Cisgender Women (N = 1481)	Cisgender Men (N = 2960)
Age mean [95% CI]	34.5 [33.8-35.2]	38.5 [38.0-39.1]	39.6 [39.2-40.0]
Co-infected %(n/N)	11.4 (50/438)	13.6 (190/1396)	15.7 (430/2734)
Detectable viral load %(n/N)	64.9 (287/442)	68.0 (885/1301)	73.0 (1859/2548)
CD4 cell count median [IQR]	430.0 [275.2-653.8]	391.0 [220.0-590.0]	428.0 [238.2-624.0]
CDC's stage C	17.6 (80/455)	13.1 (193/1479)	15.4 (455/2955)

Table 1: clinical and immunovirological characteristics according to gender

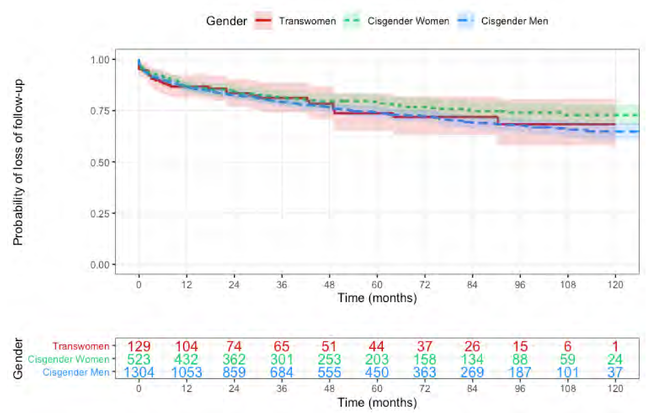

Figure 2: survival curves of the probability of loss of follow-up over time stratified by gender