THE HIV CARE CONTINUUM AMONG TRANSGENDER WOMEN IN 2010-2020 IN THE NETHERLANDS

1070

V.W. Jongen[1], C. Daans[1], A. van Sighem[2], M.F. Schim van der Loeff[1,3,4,5], K. Hage[1], C.A.H. Welling[1], A. von Vaupel-Klein[1,6], M. den Heijer[7,8], E.J.G. Peters[4,7], M. van der Valk[2,3,4], P. Reiss[2,3,4,9,10], M. Prins[1,3,4,5], **E. Hoornenborg**[1,3,4,5] on behalf of the ATHENA observational HIV cohort

1 Department of Infectious Diseases, Public Health Service Amsterdam, 2 HIV Monitoring Foundation, Amsterdam, 3 Department of Internal Medicine, Amsterdam UMC, location University of Amsterdam, 4 Amsterdam Institute for Infection and Immunity (AII), 5 Amsterdam Public Health Research Institute (APH), 6 Trans United Europe, Amsterdam, 7 Department of Internal Medicine, Amsterdam UMC, location VU University Medical Center, 8 Center of Expertise on Gender Dysphoria, Amsterdam UMC, location VU University Medical Center, 9 Department of Global Health, Amsterdam University Medical Center, location University of Amsterdam, 10 Amsterdam Institute for Global Health and Development, Amsterdam, The Netherlands

BACKGROUND

Transgender women are at increased risk for acquiring HIV. Earlier studies observed low retention in HIV care, as well as lower rates of antiretroviral therapy (ART) uptake, adherence and viral suppression. We compared outcomes in the care continuum for transgender women and men who have sex with men (MSM).

METHODS

- **Period**: 2010 through 2020
- **Population**: transgender women and MSM in the ATHENA Cohort
- **Statistical analysis**:

  Among transgender women and men MSM living with HIV in the Netherlands we compared:

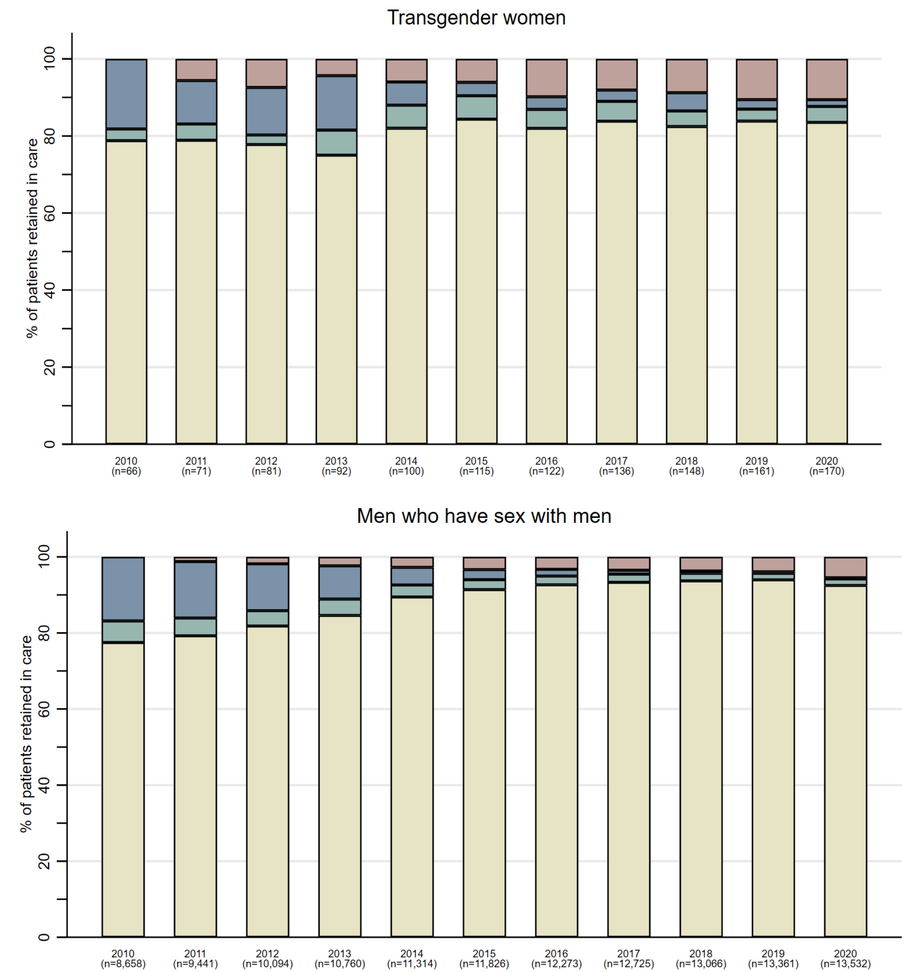
  1. Retention in HIV care, ART use and viral suppression
  2. The annual proportion of new HIV diagnoses divided by the number in care
  3. The annual proportion of late presenters

RESULTS

- 15,371 individuals attended ≥ one clinic visit; 188 (1%) transgender women and 15,183 (99%) MSM.
- Over time, the majority of transgender women and MSM were retained in care, received ART and were virally suppressed (Figure 1), albeit with greater gaps for transgender women than MSM.
- Of 170 transgender women and 13,532 MSM linked to care in **2020**, fewer transgender women than MSM were retained in care (89% vs 95%, p=0.004), used ART (88% vs. 94%, p<0.001) and were virally suppressed (84% vs. 92%, p<0.001).
- The proportion of transgender women newly diagnosed with HIV was 6% (4/67) in 2010 and 6% (9/156) in 2020; for MSM, this varied from 8% (699/8,756) in 2010 to 2% (215/12,892) in 2020.
- The proportion of transgender women who were late presenters varied between 25% and 75% over time, while for MSM it varied between 37% and 46% (Figure 2).

In the Netherlands, the HIV care continuum for transgender women across its stages continues to lag behind and late presentation including AIDS remains more common compared to MSM

Figure 1. Linkage to and retention in care, ART use and viral suppression among transgender women and men who have sex with men



CONCLUSIONS

During the past decade, the vast majority of transgender women and MSM diagnosed with HIV in the Netherlands were linked to and retained in care, received ART and were virally suppressed. However, the HIV care continuum for transgender women across its stages continues to lag behind s and late presentation remains more common. Identifying barriers to HIV care and designing targeted interventions, jointly with the transgender community, will be crucial to improve HIV care retention and outcomes.

ADDITIONAL KEY INFORMATION

We acknowledge all people with HIV who allow us to collect and analyse their data, the clinical centres and coordinating centre of the HIV Monitoring Foundation

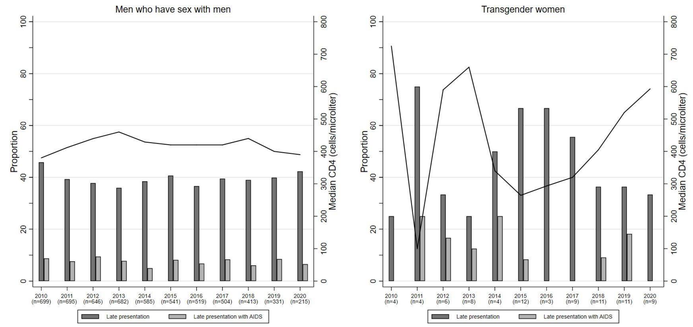


Figure 2: Late presentation overall and with AIDS among transgender women and men who have sex with men newly diagnosed with HIV. Late presentation was defined as a CD4 count of ≤350 cells/µl or an AIDS-defining event.