Assessing the HIV care continuum among transgender women in the Netherlands

Does HIV care retention differ from men who have sex with men?

Vita Jongen
Public Health Service Amsterdam/Stichting hiv Monitoring
vjongen@ggd.amsterdam.nl
Disclosures

Nothing to disclose
Background

• Transgender women are at increased risk for HIV\textsuperscript{1,2}

• Retention in HIV care, uptake and adherence to ART and viral suppression are suboptimal among transgender women\textsuperscript{3,4}

• HIV care continuum is a pivotal instrument to monitor the HIV epidemic
HIV care continuum
HIV care continuum
HIV care continuum
HIV care continuum
HIV care continuum
Background

HIV care continuum among transgender women in NL not previously assessed

1. Stutterheim et al. 2021 PLoS ONE
2. Baral et al. 2013 Lancet ID
3. Cloete et al. 2023 Lancet HIV
4. Baguso et al. JIAS
AIM

1. Compare the stages of the HIV care continuum between transgender women and men who have sex with men (MSM)

2. Assess proportion of new HIV diagnoses among all people in care
   1. Assess proportion of late diagnoses

3. Assess disengagement from care
Methods

• HIV care is provided by 24 HIV treatment centres

• The Dutch HIV Monitoring Foundation collects data of 98% of individuals in care (ATHENA cohort)

• Data from 2011 to 2021
Methods

• HIV care continuum estimated for stage 2-5 of cascade
Methods

• HIV care continuum estimated for stage 2-5 of cascade
Methods

All individuals with HIV alive and in care as of 2010

Linked individuals who attended ≥1 clinical visit
Methods

Retained individuals who received ART for ≥6 months

Individuals on ART with an undetectable viral load (<200 copies/mL)
Results

- 15,819 individuals attended ≥1 clinical visit between 2011-2021
  - 260 transgender women
  - 15,559 MSM
Results

Transgender women

<table>
<thead>
<tr>
<th>Year</th>
<th>Linked to care</th>
<th>Linked to and retained in care</th>
<th>On ART, not virally suppressed</th>
<th>On ART and virally suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>10%</td>
<td>20%</td>
<td>10%</td>
<td>60%</td>
</tr>
<tr>
<td>2012</td>
<td>15%</td>
<td>25%</td>
<td>15%</td>
<td>60%</td>
</tr>
<tr>
<td>2013</td>
<td>18%</td>
<td>30%</td>
<td>18%</td>
<td>60%</td>
</tr>
<tr>
<td>2014</td>
<td>20%</td>
<td>30%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>2015</td>
<td>22%</td>
<td>32%</td>
<td>22%</td>
<td>60%</td>
</tr>
<tr>
<td>2016</td>
<td>24%</td>
<td>34%</td>
<td>24%</td>
<td>60%</td>
</tr>
<tr>
<td>2017</td>
<td>26%</td>
<td>36%</td>
<td>26%</td>
<td>60%</td>
</tr>
<tr>
<td>2018</td>
<td>28%</td>
<td>38%</td>
<td>28%</td>
<td>60%</td>
</tr>
<tr>
<td>2019</td>
<td>30%</td>
<td>40%</td>
<td>30%</td>
<td>60%</td>
</tr>
<tr>
<td>2020</td>
<td>32%</td>
<td>42%</td>
<td>32%</td>
<td>60%</td>
</tr>
<tr>
<td>2021</td>
<td>34%</td>
<td>44%</td>
<td>34%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Results

Men who have sex with men

- Linked to care
- Linked to and retained in care
- On ART, not virally suppressed
- On ART and virally suppressed

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>n=9,404</td>
</tr>
<tr>
<td>2012</td>
<td>n=10,246</td>
</tr>
<tr>
<td>2013</td>
<td>n=10,728</td>
</tr>
<tr>
<td>2014</td>
<td>n=11,298</td>
</tr>
<tr>
<td>2015</td>
<td>n=11,812</td>
</tr>
<tr>
<td>2016</td>
<td>n=12,287</td>
</tr>
<tr>
<td>2017</td>
<td>n=12,741</td>
</tr>
<tr>
<td>2018</td>
<td>n=13,116</td>
</tr>
<tr>
<td>2019</td>
<td>n=13,446</td>
</tr>
<tr>
<td>2020</td>
<td>n=13,608</td>
</tr>
<tr>
<td>2021</td>
<td>n=13,709</td>
</tr>
</tbody>
</table>
Results (2021)

<table>
<thead>
<tr>
<th></th>
<th>MSM</th>
<th>Transgender women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked to care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Linked to and retained in care</td>
<td>96%</td>
<td>90%</td>
</tr>
<tr>
<td>On ART, not virally suppressed</td>
<td>95%</td>
<td>89%</td>
</tr>
<tr>
<td>On ART and virally suppressed</td>
<td>94%</td>
<td>87%</td>
</tr>
</tbody>
</table>
Results

• New HIV diagnoses were stable between 2011 and 2021 for transgender women ($p_{\text{trend}} = 0.053$)
  • Decreased for MSM ($p_{\text{trend}} < 0.001$)
Results

• Late presentation fluctuated over time for transgender women
Results

- Late presentation increased for MSM ($p=0.005$)
Results

• 1,286/15,819 (8%) individuals were disengaged from care

• Incidence rate of disengagement was 1.91 (95%CI 1.33-2.75) times higher among transgender women than MSM

• Reason for disengagement: moving or unknown
Conclusions

• Over 11 years, majority of transgender women with HIV were virally suppressed

• BUT HIV care continuum still less optimal across its stages for transgender women and less progress over time

• Late presentation is common
Conclusion

• Identifying facilitators and barriers to HIV care is crucial

• Design targeted intervention with the transgender community to improve HIV care retention and outcomes
Acknowledgements

All ATHENA Cohort participants

Ceranza Daans
Elske Hoornenborg
Ard van Sighem
Marc van der Valk
Peter Reiss
Maarten Schim van der Loeff

ATHENA study group

Kris Hage
Camiel Welling
Alex von Vaupel-Klein
Martin den Heijer
Edgar Peters
Maria Prins