Conclusion Nuanced messaging from healthcare providers and media is necessary to properly educate and engage TGW in HIV prevention strategies such as PrEP. A one-size-fits-all approach is inappropriate given the diversity among TGW regarding sexual behaviors and HIV risk factors. Discussions between TGW and healthcare providers should focus on individual HIV risk and patient concerns when determining whether or not PrEP is appropriate.

Background Transgender and non-binary (TNB) populations are disproportionately impacted by HIV in the United States (US), and prior studies show that approximately half of TNB adults meet CDC recommendations for HIV testing at least annually. In addition, few local health departments or HIV surveillance systems report data for TNB identities. Thus, we aimed to estimate the county-level prevalence of HIV testing among TNB adults living in the US.

Methods We applied a Bayesian hierarchical spatial small area estimation model to data from the 2015 US Transgender Survey, a nationwide internet-based survey of TNB adults, to estimate county-level prevalence of ever testing and testing for HIV in the last year overall and by gender, race/ethnicity, and age.

Results Our analysis included 26,100 TNB participants with valid zip codes who resided in 1,688 counties (54% of all 3,141 counties that cover 92% of the US population). The median county-level proportion of TNB adults who ever tested for HIV was 45% (range 9–80%) and who tested for HIV in the last year was 17% (range 4–44%). Within most counties, testing was highest among transgender women, Black respondents, and people age ≥25; it was lowest among non-binary and young adults age <25. Patterns in HIV testing among White, Hispanic/Latinx, and Asian/Pacific Islander TNB people varied significantly across geographies. Notably, the proportion of TNB people who tested for HIV in the last year was very low—below 25%—in 28 of the 50 counties in the US where the majority of HIV diagnoses occur.

Conclusions We observed significant variation across US counties in the proportion of TNB adults who have tested for HIV. Ever and recent HIV testing was below recommended levels in the majority of counties. HIV testing by gender and race/ethnicity also varied geographically, suggesting that HIV testing strategies may need to be tailored to local settings.

Transgender women (TGW) in Brazil are disproportionately affected by HIV, but knowledge about other STIs is scarce. We estimated the prevalence of chlamydia and gonorrhea infections and investigated risk factors associated with infection in TGW in São Paulo, a part of a national survey.

TransOdara is a cross-sectional study which included TGW aged 15–44 years who participated in the National Survey of Family Growth during 2011–2019 were included. MSMW were further classified based on gender of recent (past 12 months) sex partners: (1) both men and women, (2) only men and (3) only women. Weighted percentages and corresponding 95% confidence intervals (CI) of behaviors were estimated.

Results Among all MSMW (n=801), 23% (95% CI: 20–27) reported recent sex with both men and women, 21% (95% CI: 17–24) with only men and 56% (95% CI: 51–61) with only women. Among MSMW who recently had sex with both men and women, half (52%, 95% CI: 41–62) identified as bisexual and almost half (46%, 95% CI: 36–56) had 4+ sex partners in the past year, higher than MSMW who recently had sex with only men (29%, 95% CI: 20–38) or only women (69%, 95% CI: 4–9). Compared to MSMW who recently had sex with both men and women, MSMW who recently had sex with only men were more likely to have had a recent HIV test (57%, 95% CI: 49–68 versus 30%, 95% CI: 21–39) and a recent STD test (55%, 95% CI: 46–64 versus 45%, 95% CI: 35–55).

Conclusion MSMW are a heterogeneous group with respect to recent sexual behaviors and may have different sexual health needs. The collection of sexual history at clinical visits is critical to ensuring culturally competent sexual health care for this population.

Transgender and non-binary (TNB) populations are disproportionately impacted by HIV in the United States (US), and prior studies show that approximately half of TNB adults meet CDC recommendations for HIV testing at least annually. In addition, few local health departments or HIV surveillance systems report data for TNB identities. Thus, we aimed to estimate the county-level prevalence of HIV testing among TNB adults living in the US.

Methods We applied a Bayesian hierarchical spatial small area estimation model to data from the 2015 US Transgender Survey, a nationwide internet-based survey of TNB adults, to estimate county-level prevalence of ever testing and testing for HIV in the last year overall and by gender, race/ethnicity, and age.

Results Our analysis included 26,100 TNB participants with valid zip codes who resided in 1,688 counties (54% of all 3,141 counties that cover 92% of the US population). The median county-level proportion of TNB adults who ever tested for HIV was 45% (range 9–80%) and who tested for HIV in the last year was 17% (range 4–44%). Within most counties, testing was highest among transgender women, Black respondents, and people age ≥25; it was lowest among non-binary and young adults age <25. Patterns in HIV testing among White, Hispanic/Latinx, and Asian/Pacific Islander TNB people varied significantly across geographies. Notably, the proportion of TNB people who tested for HIV in the last year was very low—below 25%—in 28 of the 50 counties in the US where the majority of HIV diagnoses occur.

Conclusions We observed significant variation across US counties in the proportion of TNB adults who have tested for HIV. Ever and recent HIV testing was below recommended levels in the majority of counties. HIV testing by gender and race/ethnicity also varied geographically, suggesting that HIV testing strategies may need to be tailored to local settings.
403 TGW participated; 52.1% were aged 18–33 years; mean 34.4 (SD ±9.6); 57.6% had ≥ 12 years of formal education; 70% identified as black/mixed race; 25.8% declared sex work as main source of income and 48.1% that their monthly income was below or equal to the Brazilian minimum wage. Prevalence of chlamydia and gonorrhoea was, respectively, 10.2% (41/403) and 8.2% (33/403); coinfection was 2.4% (10/403). Most TGW testing positive had anal infections: 90.2% for chlamydia and 66.7%, gonorrhoea. Prevalence of chlamydia or gonorrhoea was slightly higher among individuals living with HIV (18% vs 15% among HIV-negative individuals, OR 1.21; 95% CI 0.67–2.19). After adjusting for schooling, sex work as main source of income, and monthly income, young age remained a risk factor for a chlamydia (aOR 2.78; 95% CI 1.34–5.74) and gonorrhoea (aOR 2.21; 95% CI 1.02–4.79) diagnosis.

Chlamydia and gonorrhoea prevalence is high among Brazilian TGW, especially amongst the young. Comprehensive care and prevention programs, including sexual education and screening policies directed at TGW are urgently needed to reduce STI burden and to interrupt STI/HIV transmission.

Female reproductive health for STIs and HIV

There is a pressing need for detailed knowledge of the range of pathogens, extent of co-infection and clinical impact of reproductive tract infections (RTIs) among pregnant women. We present prevalence and correlates of RTIs (Mycoplasma genitalium, Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Treponema pallidum subspecies pallidum, bacterial vaginosis and vulvovaginal candidiasis) in a longitudinal study of women in pregnancy and postpartum in Papua New Guinea (PNG).

699 pregnant women were recruited at their first antenatal clinic visit and followed up at childbirth, one, six and twelve months postpartum. Self-collected vaginal swabs were tested for M.genitalium using real-time PlexPCR® (SpecDx) which provides results for five point mutations associated with macrolide resistance. Urine samples or vaginal swabs were tested for C.trachomatis, N.gonorrhoeae and T.vaginalis using GeneXpert. A vaginal smear was examined for BV and VVC. Routine antenatal services tested for syphilis using Alere Determine™ Syphilis.

Most pregnant women (74.1%) had at least one RTI, with a curable current sexually-transmitted infection (STI) detected in 37.7%. We found M. genitalium, an emerging pathogen in PNG, in 12.5% of pregnant women, decreasing to 6.1% at six months postpartum, with no evidence of macrolide resistance. Prevalence of other curable STIs (C. trachomatis, N. gonorrhoeae and T. vaginalis) were all high in in pregnancy