

Transgender

The term “transgender” refers to individuals whose gender identity differs from the sex originally assigned to them at birth or whose gender expression varies significantly from what is traditionally associated with or typical for that sex (i.e., people identified as male at birth who subsequently identify as female (MtF), and people identified as female at birth who later identify as male (FtM))(Institute of Medicine, 2011). Some transgender people do not fit into either of these binary categories (Institute of Medicine, 2011).

The transgender population is diverse in gender identity, expression, and sexual orientation. Transgender people can be heterosexual, homosexual, or bisexual in their sexual orientation (Institute of Medicine, 2011). Some transgender individuals have undergone medical interventions to alter their sexual anatomy and physiology, others wish to have such procedures in the future, while others are not interested in having any procedures. In the United States, there are thought to be more MtFs than FtMs (Institute of Medicine, 2011).

According to data collected in 2014, an estimated 0.51% (95% Confidence Interval: 0.31%–0.79%) or about 49,750 adults in Illinois identify as transgender (Flores et al., 2016). Younger adults were more likely to identify as transgender. An estimated 0.57% of 18–24 year old young adults in Illinois identified as transgender compared to 0.46% of adults aged 65 years and older (Flores et al., 2016).

Although identifying as transgender does not alone increase HIV risk, transgender individuals are often marginalized and face significant social stigma (Grant et al., 2010). Sex work is common among the transgender population and previous research has suggested that many transgender individuals enter into sex work because of structural-level factors such as social stigma and employment discrimination (Reisner et al., 2009). Sex work has been consistently associated with HIV seropositivity among MtF transgender individuals (Reisner et al., 2009).

A review of multiple studies suggests that the rate of HIV infection in the U.S. transgender population is very high with an estimated 28% of MtF transgender living with HIV infection (Herbst et al., 2008). Among FtM, HIV rates are estimated to be significantly

lower though, few studies of the FtM population have been conducted (Herbst et al., 2008).

High levels of substance abuse and psychological distress (e.g., depression, earlier suicide attempts, history of sexual abuse) have been observed among transgender women, which may contribute to elevated HIV sexual risk behavior (Reisner et al., 2009). Targeted outreach and culturally appropriate interventions are needed to reduce HIV infection rates in this high-risk population.

HIV Seropositivity

One source of information regarding HIV infection rates among the Illinois transgender population is the HIV testing positivity rate among individuals who identify as transgender tested by Illinois Department of Public Health (IDPH) grantees and the Illinois Department of Health Services, Division of Alcoholism and Substance Abuse (DASA). From 2008–2016, during which time there were 926 encounters, 2.2% of MtFs tested for HIV were positive. This rate fell between the HIV seropositivity rates for African American men who have sex with men (MSM) (2.9%) and Latino MSM (1.7%) (IDPH, 2017). There were fewer encounters for HIV testing among FtMs from 2008–2016 (n=87), however, the seropositivity among those tested was 0%.

HIV Disease Diagnoses

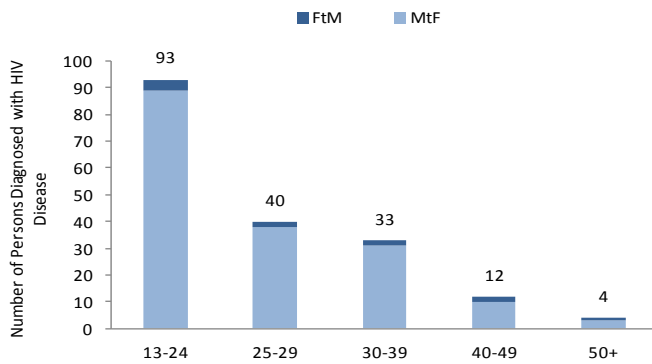
In 2009, the Illinois HIV/AIDS registry (eHARS) began collecting current gender information, in addition to biological sex. Through the end of 2015, 182 individuals who identify as transgender have been diagnosed with HIV disease in Illinois (43% were diagnosed prior to 2009). These estimates likely do not reflect all transgender HIV positive individuals living with an HIV disease diagnosis in Illinois due to incomplete reporting of current gender in the registry.

Among individuals who identify as transgender in eHARS, 94% were MtF. The primary transmission risk factor identified for these individuals was sexual contact with men.

Age at Diagnosis

The majority of individuals who identify as transgender in eHARS were diagnosed with HIV disease between the ages of 13–24 years.

Figure 1. Number of Individuals who Identify as Transgender Diagnosed with HIV Disease by Age Group, Illinois, 1986–2015

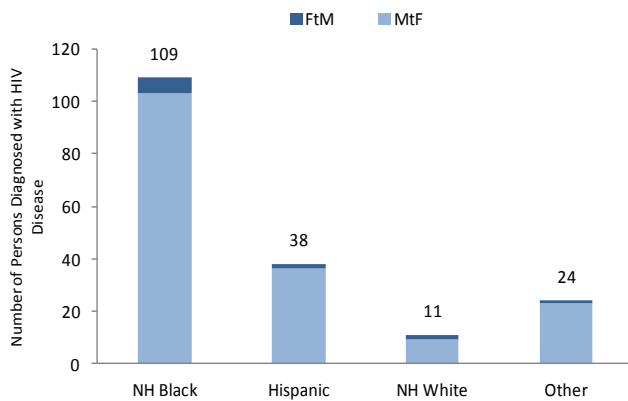


Source: Illinois Department of Public Health, June, 2016

Race/Ethnicity

The majority of HIV disease diagnoses among individuals who identify as transgender were among non-Hispanic blacks. This was true for both FtM and MtF individuals.

Figure 2. Number of Individuals who Identify as Transgender Diagnosed with HIV Disease by Race/Ethnicity, Illinois, 1986–2015



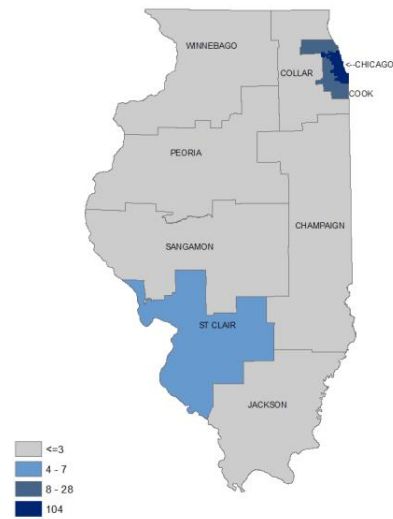
Source: Illinois Department of Public Health, June, 2016

Based on IDPH testing data, among individuals who identify as MtF, seropositivity rates were higher among NH blacks than among NH whites and Hispanics from 2008–2014 (IDPH, 2017).

Persons Living with HIV Disease

At the end of 2015, there were 171 individuals who identified as transgender living with an HIV disease diagnosis in Illinois. The majority resided in Chicago, with the second highest number residing in suburban Cook County, followed by St. Clair County.

Figure 3. Number of Individuals who Identify as Transgender Living with HIV Disease, by Region, Illinois, 2015

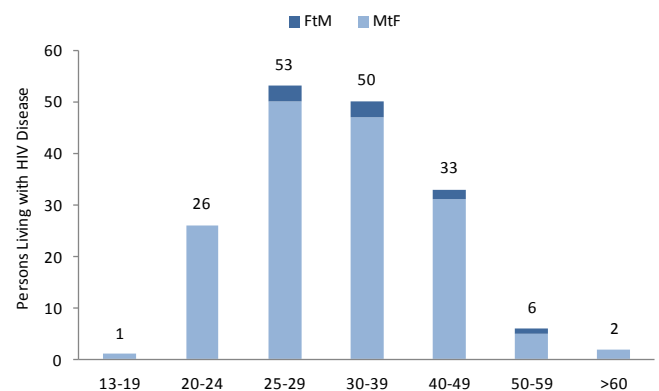


Source: Illinois Department of Public Health, June, 2016

Current Age

Although most transgender individuals were diagnosed with HIV disease from ages 13–24 years (see Figure 1), the majority of the transgender individuals living with HIV disease in 2015 were 25–39 years of age

Figure 4. Number of Individuals who Identify as Transgender Living with HIV Disease by Current Age, Illinois, 2015



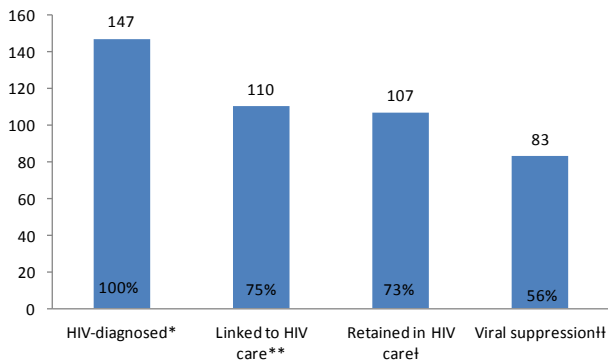
Source: Illinois Department of Public Health, June, 2016

Continuum of Care

Compared to the overall population of people living with HIV disease (PLWHA) in Illinois, people who identify as transgender had a lower rate of linkage to HIV care (75% vs. 82%). However, the rate of viral suppression among transgender individuals was higher (56% vs. 40%), as was the level of retention in

care (73% vs. 57%). These data should be interpreted with caution because people who are identified as transgender in eHARS may reflect a population in care (i.e. transgender individuals not in care may not be identified as transgender in eHARS).

Figure 5. Engagement in HIV Care for People living with HIV Disease ≥13 Years who Identify as Transgender, Illinois, 2015



Source: Illinois Department of Public Health, December, 2016

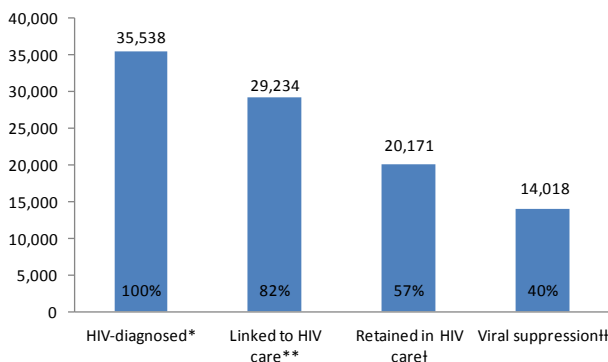
*Received HIV diagnosis through 12/31/14 and living with HIV on 12/31/15 based on HIV surveillance data reported through 12/29/16

**Based on the percentage of cases diagnosed in 2014 linked to care within 3 month of diagnosis (75%)

†Persons who have at least one CD4 or viral load or HIV-1 genotype test are considered to be receiving HIV care

‡Persons whose most recent viral load test result was ≤200 copies/ml between 01/01/2015 through 12/31/2015 are considered as having a suppressed viral load

Figure 6. Engagement in HIV Care for People living with HIV Disease ≥13 Years, Illinois, 2015



Source: Illinois Department of Public Health, December, 2016

*Received HIV diagnosis through 12/31/14 and living with HIV on 12/31/15 based on HIV surveillance data reported through 12/29/16

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