



2023
NATIONAL
HIV & HEPATITIS
TECHNICAL ASSISTANCE MEETING

REAFFIRMING MEANINGFUL
COMMUNITY ENGAGEMENT

Engaging People of Trans Experience in Hepatitis Elimination Planning and Outbreak Response

Wednesday, October 11
2:00-3:15 PM

Moderator: **Kevin Heslin**, Adjunct Professor, Dept of Epidemiology, GWU

Tiffany Woods, Sexual Health and Program Resilience Section, Prevention/Office of AIDS/CDPH

Robyn Learned, Manager, Drug User Health, NASTAD

Dietz, Statewide Coordinator, LCCH, Louisiana Coalition on Criminalization and Health



2023 HIV and Hepatitis Technical Assistance Meeting

Engaging People of Trans Experience in Hepatitis Elimination Planning and Outbreak Response

Tiffany Woods

State Transgender Health Manager

California Department of Public Health/Office of AIDS/Prevention

Overview

Big Picture

National Data on HIV/STI/HCV/MPOX

Trans Population Data

Syndemic Lens

Take Aways



Hepatitis A Cases Decreased During 2021

After annual increases during 2015–2019, the rate of hepatitis A decreased **43%** from 2020 to 2021.



Acute Hepatitis B Cases Decreased During 2021

The rate of acute hepatitis B abruptly decreased during 2020 and again decreased by **14%** from 2020 to 2021.



Acute Hepatitis C Cases Increased During 2021

The number of acute hepatitis C cases has **doubled** during 2014–2020, and the rate increased **7%** from 2020 to 2021.

CDC Hepatitis



Rate of Hepatitis B-Associated Deaths Is Highest in Non-Hispanic API Populations

The death rate for hepatitis B among non-Hispanic API and non-Hispanic Black persons were nearly 10 times and 2.6 times, respectively, the death rate among non-Hispanic White persons.



Acute Hepatitis C and Injection Drug Use as a Risk Factor

Injection drug use was the most commonly reported risk factor for persons with acute hepatitis C (57%) with risk information present.



Rate of Hepatitis C-Associated Deaths Is Highest in Non-Hispanic American Indian/Alaska Native (AI/AN) and Non-Hispanic Black Persons

The death rates for hepatitis C among non-Hispanic AI/AN persons and non-Hispanic Black persons were 3.4 times and 1.7 times, respectively, the death rate among non-Hispanic White persons.

Hispanic/Latino People +

HIV in the United States by Race/Ethnicity -

HIV Risk Behaviors

PrEP Coverage

HIV Incidence

HIV Diagnoses

Knowledge of Status

Viral Suppression

What CDC is Doing

HIV by Age +

Sex Workers

Economically Disadvantaged

People Who Inject Drugs

More HIV Topics

[HIV Basics](#)

[HIV by Group](#)

[HIV Risk and Prevention](#)

**Ending
the
HIV
Epidemic**

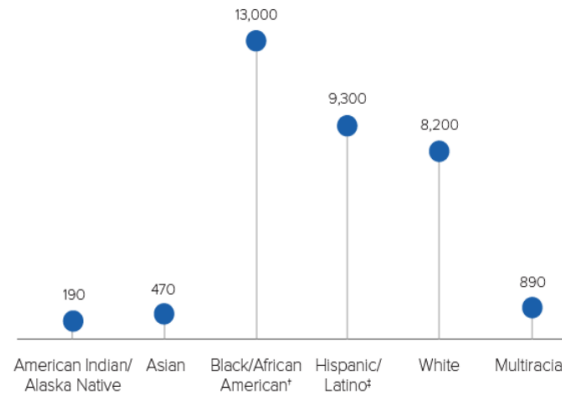
Overall Goal: Decrease the estimated number of new HIV infections to 9,300 by 2025 and 3,000 by 2030.



There were **32,100 estimated new HIV infections** in the US in 2021.

Estimated HIV Infections in the US by Race and Ethnicity, 2021*

Black/African American people account for 40% of estimated HIV infections, even though they make up 12% of the US population.



* Data not available for Native Hawaiian and other Pacific Islander people.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

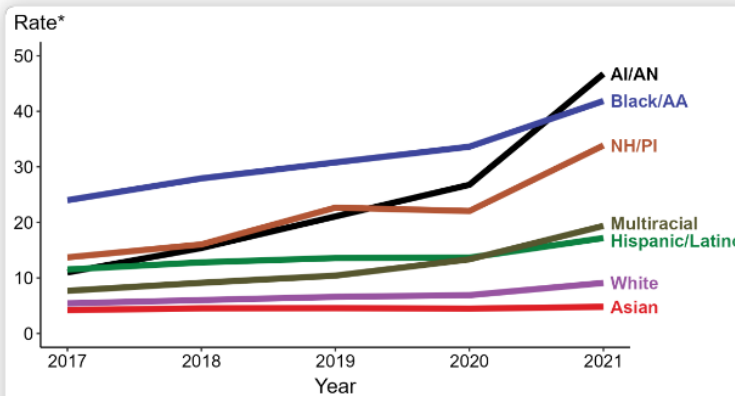
Source: CDC. [Estimated HIV incidence and prevalence in the United States 2017–2021](#). *HIV Surveillance Supplemental Report* 2023;28(3)

[Download and Share This Infographic](#)

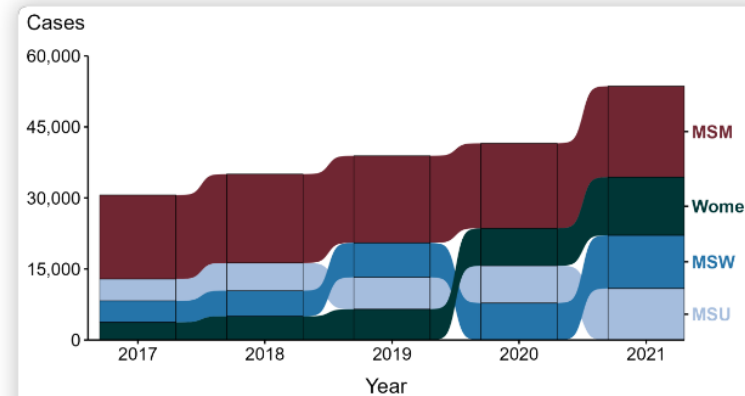
CDC HIV

CDC Syphilis

53,767 cases
of primary and
secondary



Primary and Secondary
Syphilis — Rates of
Reported Cases by
Race/Hispanic Ethnicity,
United States, 2017–
2021



Primary and Secondary
Syphilis — Reported
Cases by Sex and Sex of
Sex Partners, United
States, 2017–2021

CDC MPOX

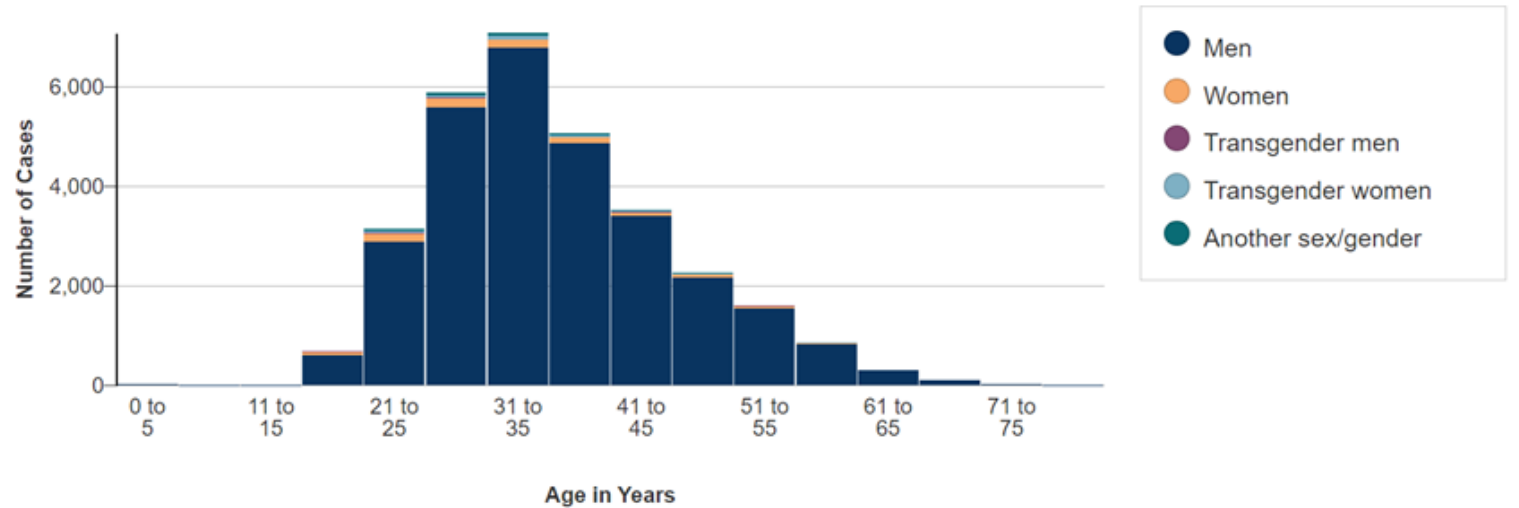
Mpox Cases by Age and Gender and Race and Ethnicity

Data as Reported to CDC as of 28 Sep 2023 2:00 PM EDT

[Print](#)

Starting in September 2023, the data will be updated once per month. Mpox signs and symptoms reported to CDC has been discontinued.

Mpox cases reported to CDC: Age and Gender



Mpox cases reported to CDC by Race and Ethnicity

Race and Ethnicity+	Count	Percent
Black or African American	9,461	32.45%
Hispanic or Latino	9,048	31.03%
White	8,600	29.49%

HIV Prevalence among Transgender Women in the United States

HIV SURVEILLANCE SPECIAL REPORT



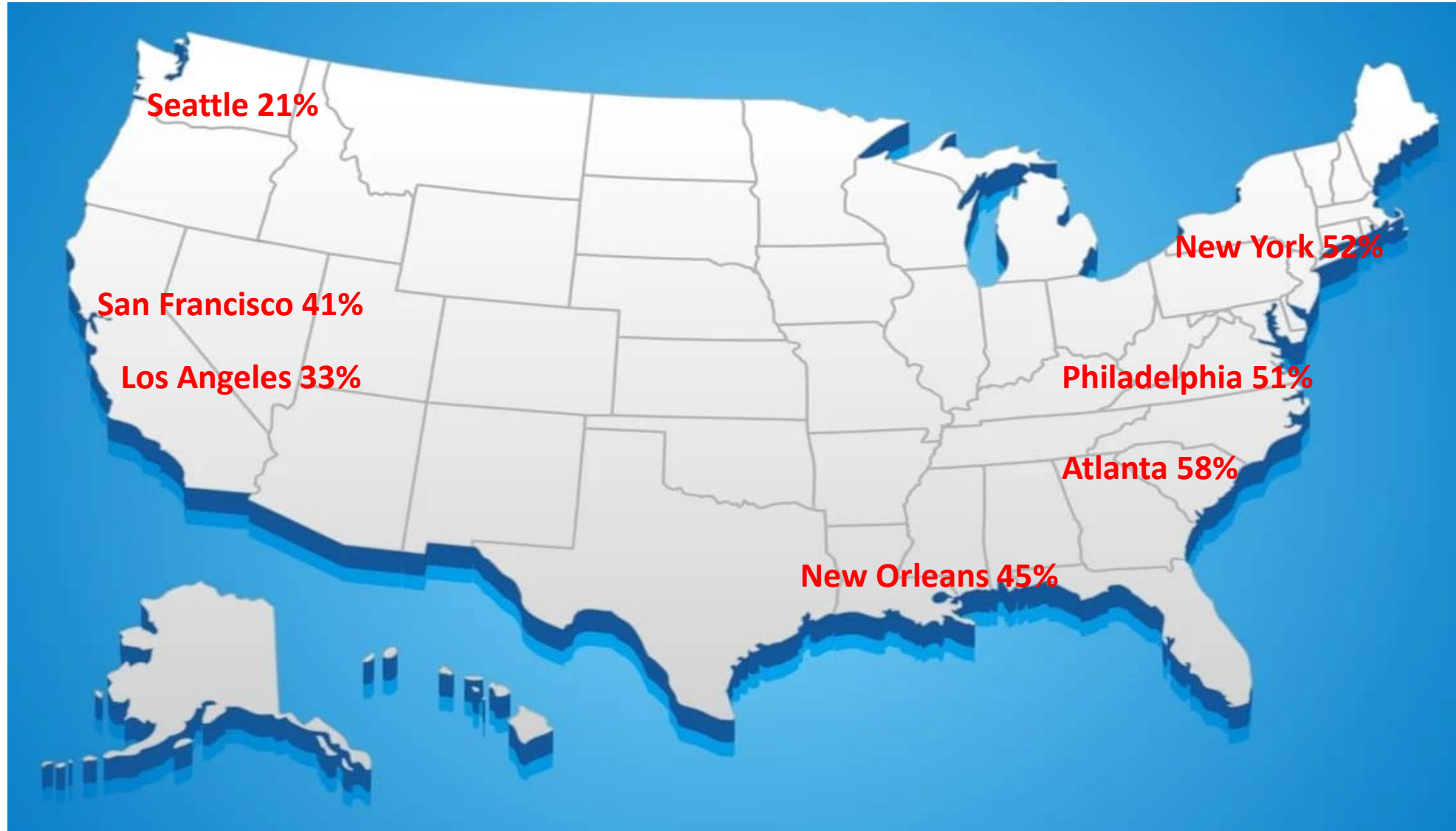
HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women

National HIV Behavioral Surveillance • 2019–2020

1,608 transgender women were interviewed in **7 cities** with high levels of HIV.

42% had **HIV**

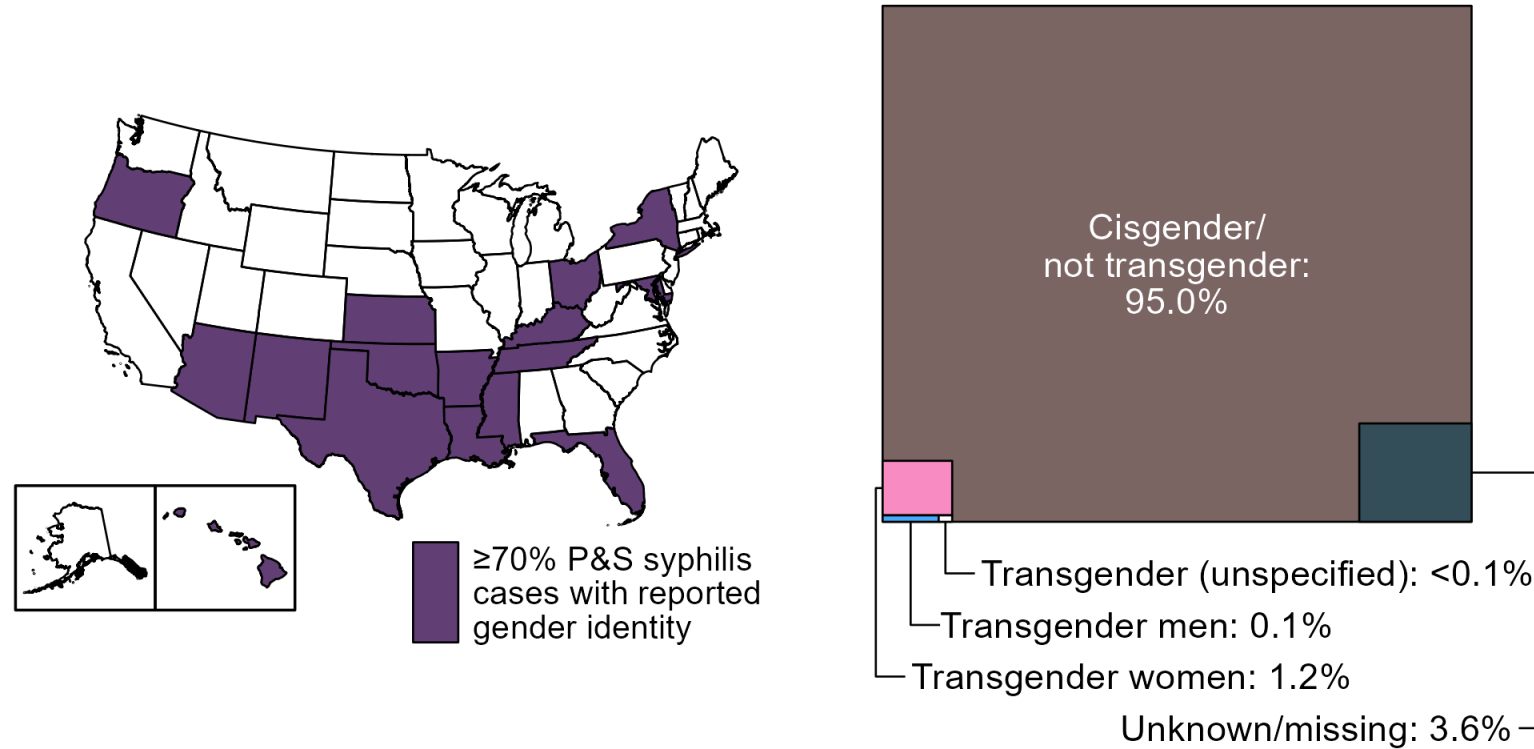
HIV Prevalence among Transgender Women by City



HIV Prevalence among Transgender Women by Race and Ethnicity

- American Indian/Alaska Natives – **65%**
- Black/African Americans – **62%**
- Hispanics or Latinas – **35%**
- Asians – **20%**
- Native Hawaiian/Other Pacific Islanders- **17%**
- Whites – **17%**
- Multiple Races – **38%**

Primary and Secondary Syphilis — Distribution of Cases by Gender Identity, 16 States* and the District of Columbia, 2021



* States reporting gender identity for $\geq 70\%$ reported primary and secondary syphilis cases in 2021; in 2021, 26 states and the District of Columbia reported on gender identity for primary and secondary syphilis cases

ACRONYMS: P&S syphilis = Primary and secondary syphilis

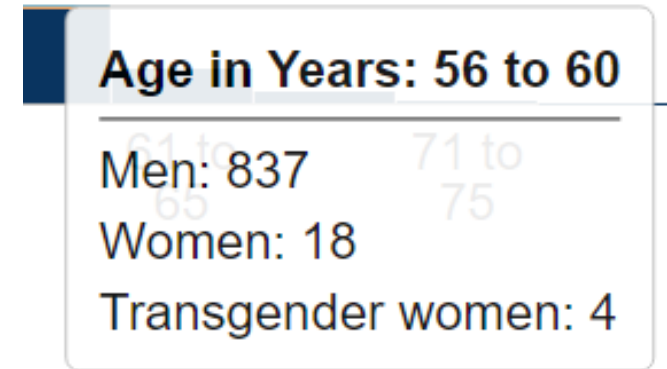
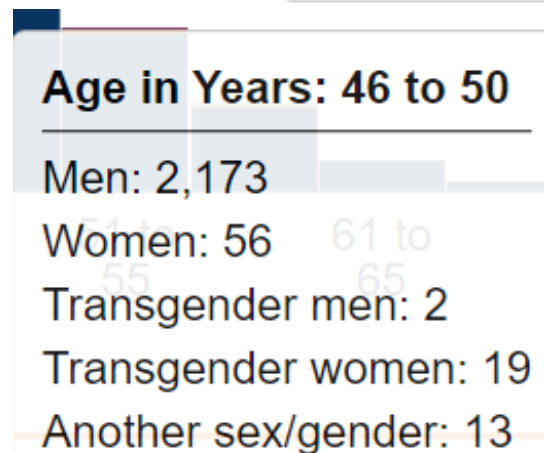
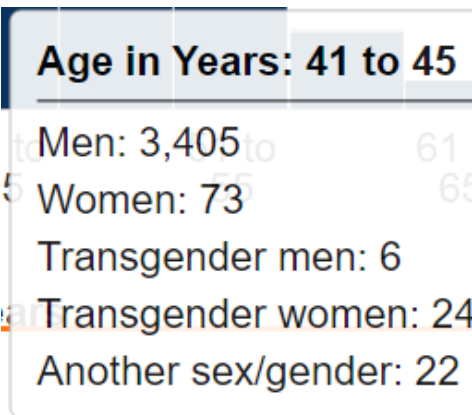
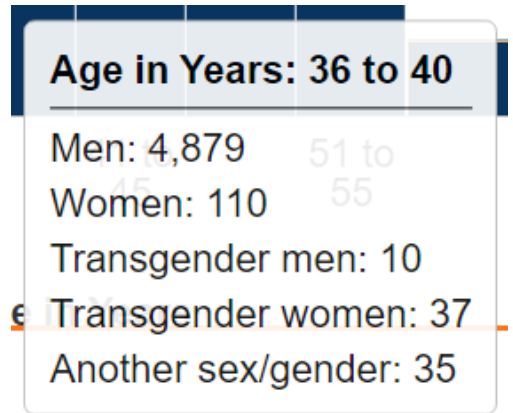
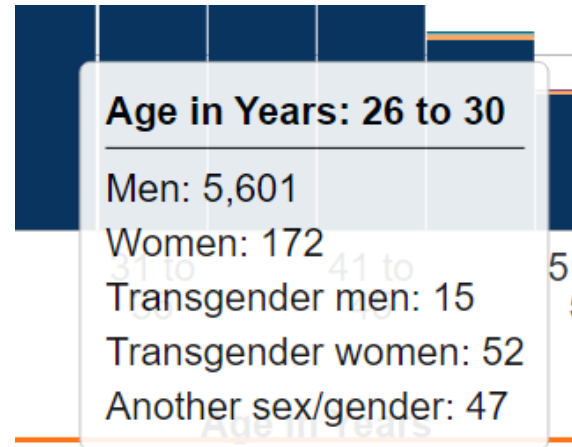
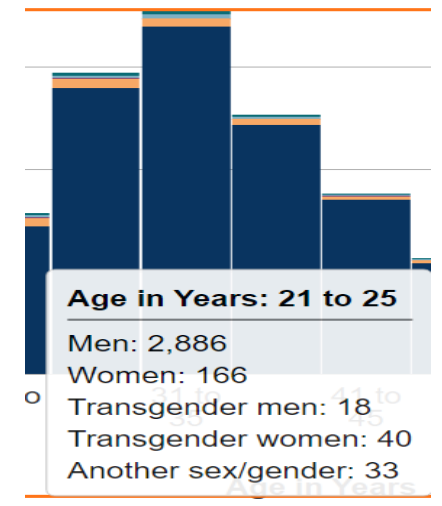
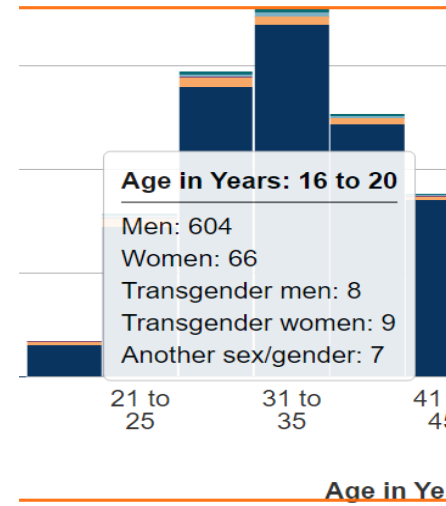


Hepatitis C Transgender

- No National Transgender Data Available
- No mention of this in the data tables or technical notes on gender identity (or lack thereof) in the CDC viral hepatitis surveillance report.

MPOX Gender Identity

Trans Women: 288
 Trans Men: 72
 Different/Another
 gender: 219



California Hepatitis C

- There were 39 cases of newly reported chronic hepatitis C among people known to identify as trans for the years 2014-2018.
- Transgender cases are not reflected in totals for male cases, female cases or cases for which gender was unknown.
- Rates were not calculated for transgender persons because information on transgender identity is not consistently collected.

California HIV Surveillance 2021

Persons newly diagnosed with HIV infection, by year of diagnosis and transmission category, 2017–2021

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Trans women (age ≥12 at diagnosis)	Sexual contact	76	92.7%	82	96.5%	116	96.7%	111	97.4%	115	92.0%
	Injection drug use (IDU)	0	0.0%	2	2.4%	1	0.8%	0	0.0%	3	2.4%
	Perinatal/Unknown risk/Other	6	7.3%	1	1.2%	3	2.5%	3	2.6%	7	5.6%
	Subtotal	82	1.7%	85	1.8%	120	2.6%	114	2.8%	125	2.8%
Trans men (age ≥12 at diagnosis)	Sexual contact	2	50.0%	8	66.7%	7	77.8%	2	50.0%	7	87.5%
	Injection drug use (IDU)	1	25.0%	2	16.7%	1	11.1%	2	50.0%	0	0.0%
	Perinatal/Unknown risk/Other	1	25.0%	2	16.7%	1	11.1%	0	0.0%	1	12.5%
	Subtotal	4	0.1%	12	0.2%	9	0.2%	4	0.1%	8	0.2%
Alternative gender (age ≥12 at diagnosis)	Sexual contact	1	100.0%	0	0.0%	1	100.0%	1	50.0%	5	83.3%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	16.7%
	Subtotal	1	0.0%	0	0.0%	1	0.0%	2	0.0%	6	0.1%

Trans Women: Black/African American - 27 93.1%
 Latinx - 62 95.4%

Using Surveillance Data to Describe the Disproportionate Impact of Early Syphilis on Transgender Persons in California

Tiffany Woods¹, Kelly A. Johnson^{1,2}, Elisabeth K. Phillips¹, Heather Steel¹, Nicole O. Burghardt¹, Elizabeth Moran¹, Eric C. Tang¹, Bianca Wilson³, and Robert E. Snyder¹

BACKGROUND

- Limited data are available describing syphilis incidence in transgender populations.
- Estimating syphilis incidence among transgender men and women is difficult due to the absence of robust population denominators for this community.
- Additional barriers to accurately estimating disease burden among transgender people include limited access to safe and affirming healthcare as well as difficulties related to capturing and reporting gender identity data in infectious disease surveillance.

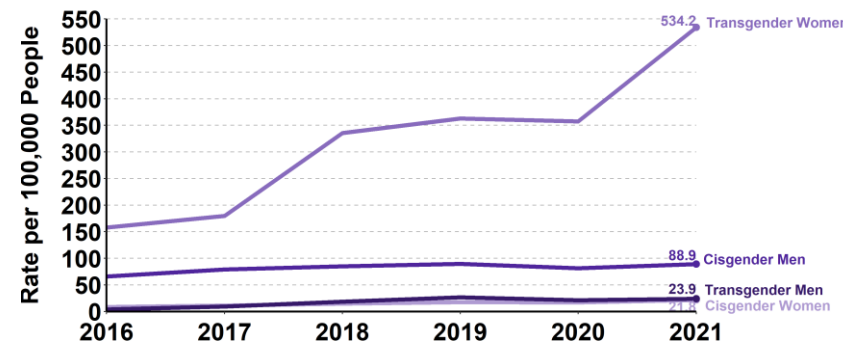
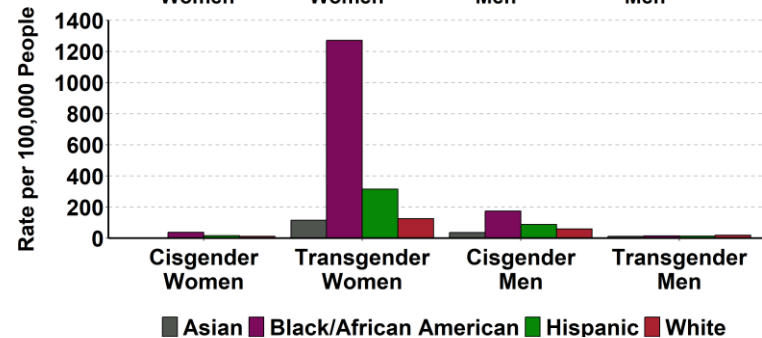
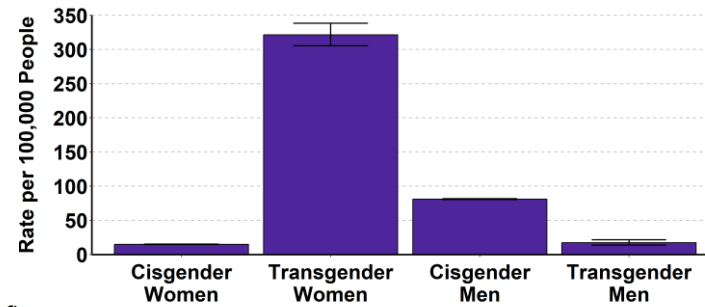
METHODS

- We included early syphilis cases (primary, secondary, and early non-primary non-secondary syphilis) aged 18 and older that were reported to the California Department of Public Health from 2016 through 2021.
- Cases were stratified by gender identity: cisgender women, transgender women, cisgender men, transgender men, and nonbinary.
- Population denominators from the UCLA School of Law Williams Institute were used to estimate the number of transgender men and women living in California, whereas California Department of Finance population estimates were used for cisgender men/women.
- Early syphilis incidence rate was then calculated by gender identity and stratified by race and ethnicity among transgender men and women.

KEY FINDINGS

- Transgender women had the highest rates of early syphilis by gender identity in California from 2016 through 2021; Early syphilis rates were 4 times higher in transgender women compared with cisgender men.
- Although racial disparities are present in each gender identity, early syphilis burden was most pronounced among Black/African American transgender women followed by Hispanic transgender women.
- Rates of early syphilis continued to rise each year from 2016 to 2021, with the highest jump among transgender women from 2020 to 2021.

RESULTS



Gender Identity	Cases (N)	Rate per 100,000
Cisgender Women	13,847	15.0
Transgender Women	1,452	321.6
Cisgender Men	73,277	81.1
Transgender Men	78	17.3
Nonbinary	12	-
Unknown	89	-

Gender Identity	Asian	Black	Hispanic	White
Cisgender Women	2.2	38.2	15.6	11.5
Transgender Women	115.6	1,271.4	315.2	125.2
Cisgender Men	35.7	174.0	88.0	59.4
Transgender Men	11.9	14.9	13.1	18.8

LIMITATIONS

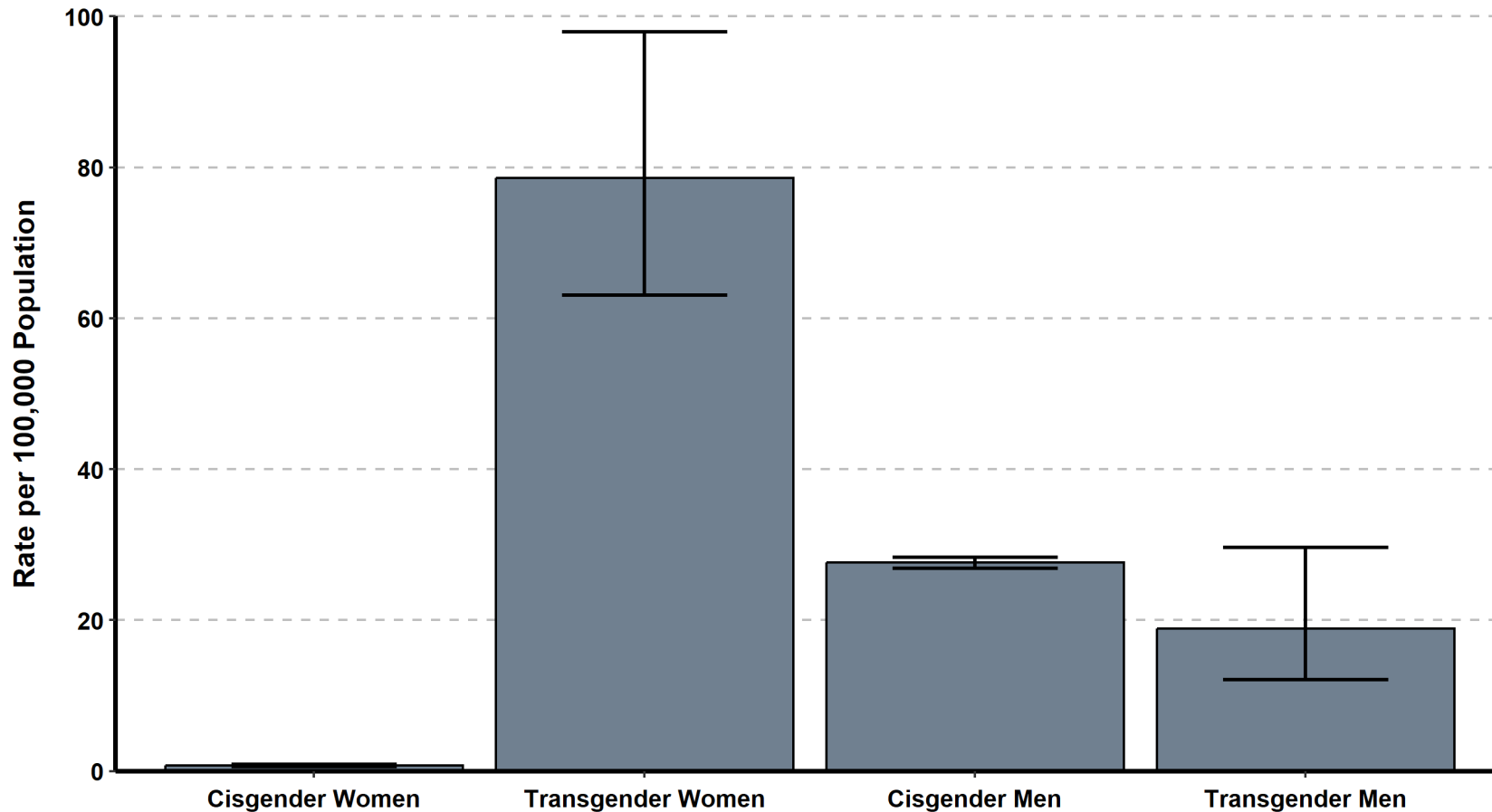
- Gender identity is a social construct and can over generalize risk based on broad assumptions.
- There are many opportunities to undercount both the numerator and denominator.
- People may not feel comfortable disclosing gender to an investigator or healthcare providers.
- Reporting of gender identity is ever evolving in STI surveillance.

CONCLUSIONS

- It is important to capture detailed information around identity, sex partners, and other risk factors so that all of these can be holistically considered when communicating risk of early syphilis.
- A more refined understanding of risk by gender identity can be used to focus more effective identity-specific messaging, outreach, and interventions to improve sexual health in impacted communities.



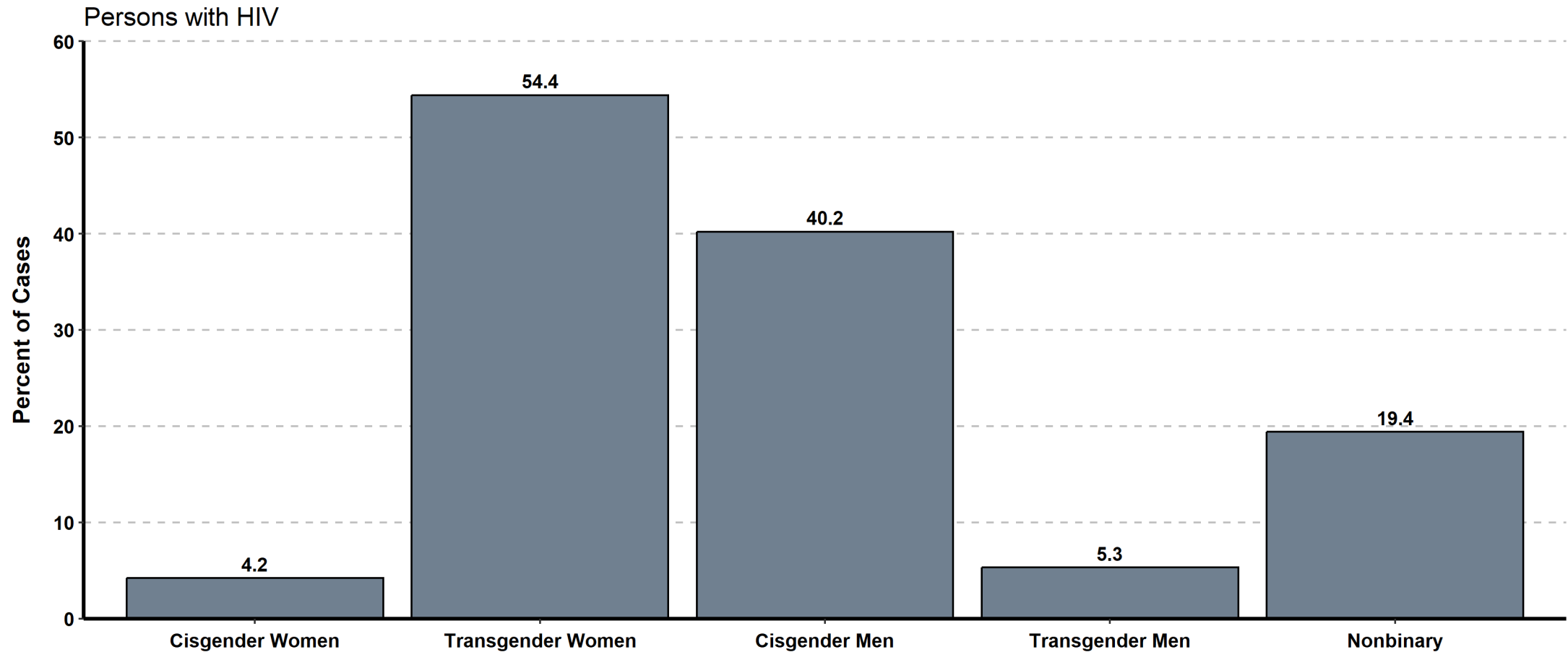
Mpox Incidence Rates by Gender Identity, California, May 2022 - February 2023



Error bars represent 95% confidence intervals by standard error.

Gender	Cases (N)	Rate per 100,000
Cisgender Women	144	0.7
Transgender Women	79	78.6
Cisgender Men	5,404	27.6
Transgender Men	19	18.9
Nonbinary	36	-
Unknown	65	-

Persons with HIV* in Mpox Cases by Gender Identity, California, May 2022 - February 2023



* Match with eHARS data as of 03/01/2023

MAKING THE CONNECTION: Multiple Initiatives

National HIV/AIDS
Strategy and the Ending
the HIV Epidemic Initiative

State; County
EHE plans

CA Strategic Plan to
address HIV, HCV,
and STIs*

→ ...plus, other programmatic
initiatives (*i.e. GTZ, HIV
Prevention Group Plans, etc*)

* Strategies proposed meet legislative and
programmatic requirements for CDC DHAP
and HRSA HAB.

California Sexual Health Normalization Campaign

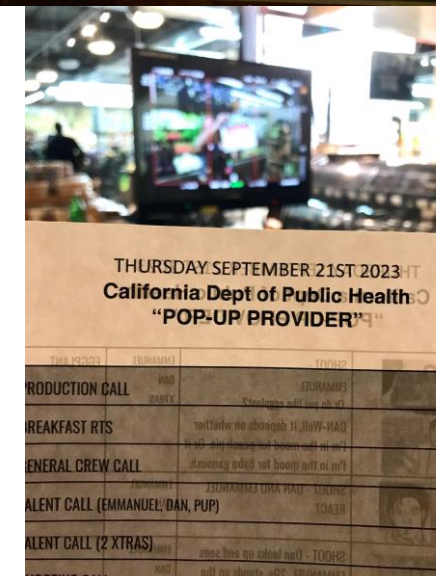
New Video Series

The general goals of this video series are to:

- Raise awareness of sexual health issues
- Reinforce sexual healthcare as an important aspect of physical health
- Encourage sexual health conversations
- Reduce stigma in all vaccination and testing

The campaign audience:

- Age: 18-36
- Geography: California (statewide)
- Gender: All
- Relationship Status: Single, dating, sexually active with multiple partners



Take Aways

- Focused outreach to Black/African American, Latinx, and transgender populations as a priority in all vaccinations and testing efforts to address ongoing, systemic equity and disparities.
- Better and increased SOGI data capture, analysis, and reporting across all local, state, federal
- A more refined understanding of risk by gender identity can be used to focus more effective identity-specific messaging, outreach, and interventions to improve sexual health in impacted communities.

Robyn Learned, Manger, Drug User Health, NASTAD



Dietz, Statewide Coordinator, LCCH, Louisiana Coalition on Criminalization and Health



Questions?



Upcoming session:

THRASH Plenary: Centering People with Transgender Experience in Program Leadership

Regency Ballroom at 3:35 PM

