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HIV EPIDEMIOLOGY AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN IN MYANMAR: DATA FROM COMMUNITY-BASED SURVEILLANCE

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Background Men who have sex with men (MSM) and transgender women (TW) experience a disproportionate HIV burden in Myanmar. Relatively little data characterising HIV among MSM and TW in Myanmar exists, and there are no published estimates of HIV incidence.

Methods We implemented an electronic data management system (eDMS) at two community-based HIV testing clinics targeting MSM and TW. Unique identifiers were used to longitudinally track HIV testing and sexual risk behaviours, and socio-demographic data was captured at first visit. Baseline HIV prevalence, examined correlates of HIV positivity using logistic regression, HIV incidence among clients receiving more than one HIV test over the observation period was calculated

Results 2867 MSM and TW clients were tested over 15 months. At first test, 37% reported a lifetime history of HIV testing, 74% reported sex with casual male partners in the p3months, and 28% reported consistent condoms use with casual partners. 291 clients tested HIV positive at their first test (prevalence=10.4%;95%CI: 9.3–11.6). Positivity was significantly associated with self-identifying as *Apone* (local label describing non-disclosing MSM; aOR 9.1; 95%CI:3.8–22.2) or *Apwint* (local label used describing TW;aOR: 12.0;95%CI: 4.0–36.0), age 26–39 years (aOR 2.9;95%CI: 1.6–5.3) and reporting no lifetime history of HIV testing (aOR:4.6; 95% CI:2.3–9.4). Twelve incident cases were detected among clients receiving more than one test (n=279) and incidence was 10.1 per 100 person years (95%CI:5.73–17.8).

Conclusion To our knowledge, this is the first HIV incidence estimate for MSM and TW in Myanmar, higher than other regional estimates for MSM and TW. A HIV diagnosis at the first test was associated with sexual identification, younger age and testing history, suggest a high level of HIV transmission and protracted periods of undiagnosed HIV. Imperatives for Myanmar's national response include promotion of timely and regular testing behaviours, outreach strategies tailored to age and sexual identity and the ongoing monitoring of HIV trends.

Disclosure No significant relationships.

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DIFFERENCE BETWEEN TRANSVESTITES AND TRANSWOMEN FOR HIV PREVALENCE AND RISK BEHAVIORS

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Background In general, transgender women represent a vulnerable population at high risk for HIV infection. However, within this population, there are several identities which may have different risk behaviors. Transvestites and transgender women are the major of them. The aim of this study is to evaluate the difference between individuals who self-declared being a transvestite or transgender woman, considering HIV infection, sociodemographic characteristics, and risk behaviors.

Methods From May to December 2018, 180 participants were recruited in the metropolitan region of the City of Goiania, Brazil: transvestites (n=74) and transgender women (n=106). All of them were interviewed on sociodemographics and risk behaviors for sexually transmitted infections, and tested for anti-HIV 1 and 2 by rapid test.

Results Transvestites were younger than transgender women, had less education, and were predominantly sex workers. They also reported more sexual partners in the previous week and were younger at sexual initiation. They had more frequent sex with men and women, sex with gay men, and sex with transvestites than transgender women. In addition, they reported more frequent sex with multiple partners, history of STI, illicit drug use and history of incarceration (p < 0.05). On the other hand, more transgender women reported no condom use at their last sexual encounter than transvestites (p < 0.05). The prevalence of anti-HIV1 was 29.7% vs. 17.9% between transvestites and transgender women. The CHAID decision tree analysis identified two variables that differentiated being transvestite and transgender: being a sex worker and a history of STI.

Conclusion These findings highlight differences between subpopulations of transwomen which should be considered for planning and implementation of health strategies to prevent and control STIs in this complex population.

Disclosure No significant relationships.

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HIV INFECTION IN TRANSGENDER WOMEN FROM A REGION FAR FROM THE EPICENTER OF THE HIV EPIDEMIC IN BRAZIL – PRELIMINARY RESULTS

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Background High rates of human immunodeficiency virus (HIV) infection in transgender women have been identified worldwide. In Brazil, some studies with this population have been performed, however, the real magnitude of this infection is still unknown in regions far from the epicenter of HIV in the country. Therefore, the objective of this study was to estimate the HIV prevalence and risk factors in transgender and transvestite women in Goiânia, Centre-West Brazil.

Methods Cross-sectional and analytical study. All eligible transgender women were interviewed face-to-face with a questionnaire containing sociodemographic characteristics and risk factors for this infection, and tested for anti-HIV 1 and 2 by rapid test.

Results Of the 180 women investigated, the median age was 24 years (Minimum:17, Maximum:58), education was 11 years of study (Minimum:1, Maximum: 18) and income was

R\$2,000.00/month (Minimum: 0, Maximum: 12,000). The prevalence for HIV was 23% (41/180, 95% CI: 16,87–29.61). In multiple regression analysis, the following variables were included in the model: history of STI (sexually transmitted infection) ($p = 0.00$); history of forced sexual intercourse ($p = 0.01$); sexual initiation before age 13 ($p = 0.08$); use of crack ($p = 0.02$) and cocaine ($p = 0.12$); relationship with a drug using partner ($p = 0.09$), and prostitution ($p = 0.13$). According to the model, STI history (OR[odds ratio]: 4.4; 95% CI: 1.99–9.70) and forced sexual intercourse (OR: 2.2; 95% CI 1.01–4.27), were independently associated with HIV.

Conclusion It is essential to implement public policies that meet the specific needs of transgender and transvestite women, given their high infection rates and related risk factors.

Disclosure No significant relationships.

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PRE-EXPOSURE PROPHYLAXIS USE AMONG TRANS AND GENDER DIVERSE PEOPLE: CHARACTERISTICS AND BEHAVIOUR FROM THE EPIC-NSW TRIAL

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Background Trans and gender diverse (TGD) individuals are at higher risk of HIV than the general population. TGD individuals are under-represented among HIV pre-exposure prophylaxis (PrEP) users, hence little is known about their pill-taking behaviours. We describe demographic characteristics and PrEP adherence by TGD individuals in the EPIC-NSW study.

Methods From March 2016 to April 2018, 9,708 individuals were enrolled in EPIC-NSW. At baseline, then quarterly, participants were invited to complete an optional online behavioural and adherence survey. Factors previously associated with lower PrEP adherence were compared between TGD and non-TGD participants using chi-squared tests.

Results Of the 6,942 EPIC-NSW participants that completed any survey, 96 identified as TGD (1.4%), including 38 trans women and 15 trans men. TGD participants were significantly younger than non-TGD individuals (mean 34 vs 39 years, $p < 0.001$) and less likely to be university educated (44% vs 60%, $p = 0.002$). TGD individuals were more likely to identify as Indigenous Australian (11% vs 2%, $p < 0.001$), although no more likely to have been born in Australia ($p = 0.634$). 52% of TGD individuals reported being paid for sex by a man in the previous three months, compared to 8% of non-TGD participants ($p < 0.001$). TGD participants were as likely as other participants to report using crystal methamphetamine ($p = 0.666$), party drugs ($p = 0.572$), or condomless sex in the previous three months ($p = 0.991$). Taking at least four or seven PrEP pills in the previous week was reported in 87% and 91% ($p = 0.071$) and 77% and 82% ($p = 0.06$) of surveys completed by TGD and non-TGD individuals, respectively.

Conclusion Despite increased levels of HIV-risk and socio-economic disadvantage, TGD participants had comparable levels

of adherence to non-TGD EPIC-NSW participants. Additional services for TGD including counselling and PrEP monitoring within a supportive environment may be warranted to ensure ongoing protection against HIV.

Disclosure No significant relationships.

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PATTERNS OF HIV AND STI AMONG TRANSGENDER WOMEN IN EASTERN AND SOUTHERN U.S.: INTERIM BASELINE FINDINGS FROM THE LITE COHORT

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Background Transgender women (TGW) in the U.S. experience a disproportionate burden of HIV and STIs. National HIV/STI surveillance does not report statistics for TGW. We describe the baseline prevalence and characteristics of HIV and STI among a cohort of TGW enrolled across 6 cities in eastern and southern US to-date.

Methods Adult TGW, regardless of HIV status, are recruited and enrolled in a baseline screening visit. Participants complete a socio-behavioral survey, oral HIV screening, urine and self-collected anal and vaginal specimens for *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis* (CT) testing, and serum treponemal syphilis testing and rapid plasma reagin (RPR) testing with quantitative RPR titers. Participants with negative HIV antibody test results at baseline and HIV-related risk behaviors are enrolled into the cohort.

Results Enrollment launched in March 2018. As of December 2018, 620 TGW completed baseline. Of these, 30% were identified with HIV at baseline and 63% enrolled into the HIV-uninfected cohort. Forty-percent reported a lifetime diagnosis of any STI. At baseline, 34% of HIV-infected participants and 12% of HIV-uninfected participants had ≥ 1 laboratory-confirmed STI. Baseline prevalence among all participants included: 2% rectal GC, 0% urogenital GC, 5% rectal CT, 1% urogenital CT, and 13% active syphilis determined by RPR and treponemal results. None of the 38 participants with self-reported history of vaginoplasty had GC or CT at the neovaginal site. Active syphilis infection was associated with residence in a southern city (aOR: 3.8, 95%CI:1.7–8.6), identification as Black and/or Latinx (aOR: 3.7; 95%CI:1.1–12.7), concern about safety in transit to healthcare (aOR: 1.9; 95%CI:1.1–3.3), and positive baseline HIV antibody test (aOR: 3.1; 95%CI:1.7–5.7).

Conclusion TGW in this 6-city baseline cohort have a high prevalence of HIV and STI. Study findings highlight demographic disparities, high HIV/syphilis co-infection, and barriers related to safety that may impede prompt diagnosis and treatment of STI and HIV in American TGW.

Disclosure No significant relationships.