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BEHAVIORAL SURVEILLANCE

National HIV Behavioral Surveillance Among Women of Transgender Experience and Transfeminine People in Nine Cities in the United States, 2023–2024

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Abstract

Women of transgender experience and transfeminine people (WTE/TFP) are disproportionately impacted by HIV. Between July 2023 and May 2024, a total of 2059 eligible WTE/TFP across nine project areas participated in the National HIV Behavioral Surveillance (NHBS-Trans) project. Among the 1993 participants with valid HIV test results, 35.7% were living with HIV. Detrimental social and economic factors were common, including low income (57.0%), unemployment (35.4%), homelessness (31.8%), physical abuse and harassment (25.1%), and avoiding seeking healthcare due to discrimination (22.4%). Continued efforts to increase access to HIV testing and prevention strategies are vital to decrease the number of new infections to end the HIV epidemic. However, without increased access to economic opportunities and stable housing and decreases in discrimination and harassment, existing HIV prevention and care services may not address the HIV epidemic among women of transgender experience and transfeminine people.

Keywords HIV · Transgender · Transfeminine · Prevention · Behavioral factors

Resumen

Las mujeres con experiencia transgénero y las personas transfemeninas (WTE/TFP, por sus siglas en inglés) se ven afectadas de manera desproporcionada por el VIH. Entre julio de 2023 y mayo de 2024, un total de 2059 WTE/TFP elegibles en nueve áreas del proyecto participaron en el proyecto Nacional de Vigilancia del Comportamiento del VIH (NHBS-Trans, por sus siglas en inglés). Entre las 1993 participantes con resultados válidos de la prueba de VIH, el 35,7% tenía VIH. Los factores sociales y económicos perjudiciales fueron comunes, incluyendo ingresos bajos (57,0%), el desempleo (35,4%), la falta de vivienda (31,8%), el abuso físico y el acoso (25,1%) y el evitar la atención médica debido a la discriminación (22,4%). Los esfuerzos continuos para aumentar el acceso a las pruebas de VIH y las estrategias de prevención son vitales para disminuir la cantidad de nuevos contagios y poner fin a la epidemia del VIH. Sin embargo, sin un mayor acceso a oportunidades económicas y de vivienda estable, y una reducción de la discriminación y el acoso, los servicios existentes de prevención y atención del VIH podrían no abordar la epidemia entre las mujeres con experiencia transgénero y las personas transfemeninas.

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Introduction

Women of transgender experience and transfeminine people (WTE/TFP), particularly those of color, are disproportionately impacted by HIV [1]. An estimated 0.8% of U.S. adults, or roughly 2.1 million people, identify as transgender [2]. In 2022, 928 of the 37,981 (2.4%) new HIV diagnoses in the United States were among transgender people with 41% of the new diagnoses among those who identify as Black/African Americans and 39% among Hispanic/Latinos [3]. However, data on HIV risk and preventive behaviors among this population are not routinely collected at the national level. The first National HIV Behavioral Surveillance cycle among transgender women (NHBS-Trans) was conducted in seven urban areas and enrolled 1608 transgender women between June 2019 and February 2020 [4]. Similar to the goals of NHBS in the three core populations (gay, bisexual, and other men who have sex with men [MSM]; persons who inject drugs [PWID]; and heterosexually active people at increased risk for HIV [HET]), NHBS-Trans aims is to monitor behavioral risk factors, use of prevention services, including HIV testing and pre-exposure prophylaxis (PrEP), and HIV prevalence. Findings from the initial cycle were published in a supplement of the Morbidity and Mortality Weekly Report in January 2024 (MMWR, Vol 73, No 1) and highlight the complex syndemics underlying the disproportionate impact of HIV among WTE/TFP. The 2019–2020 cycle of NHBS-Trans represented the first time behavioral and contextual data from women of transgender experience were collected through a systematic biobehavioral surveillance system. The seven NHBS-Trans project areas in 2019–2020 included Atlanta, Georgia; Los Angeles, California; New Orleans, Louisiana; New York, New York; Philadelphia, Pennsylvania; San Francisco, California; and Seattle, Washington.

In 2023, NHBS-Trans was expanded to include four new project areas (Chicago, Illinois; Denver, Colorado; Houston, Texas; Newark, New Jersey) in addition to six of the seven initial sites (Atlanta did not participate in the 2023 cycle). In 2023, the main objectives of NHBS-Trans remained the same but expanded in a few key aspects. In addition to monitoring prevalence of HIV, risk behaviors, testing and use of prevention services, there was added emphasis on monitoring and comparing social determinants of health. Furthermore, the population was broadened in that participants did not have to identify as transgender women but could identify as any feminine identity while assigned male sex at birth. Both cycles of NHBS-Trans actively and intentionally engaged the community to ensure the project centered community members' lived experience and perspectives, and project practices aimed to not perpetuate harmful biases to the greatest extent possible. Before data collection activities began in 2023, each project area embarked on an extensive formative assessment period to learn about their local communities of WTE/TFP, collaborate with community partners to establish a Community Advisory Board, and develop a plan for data dissemination with an emphasis on methods that center the preferences of WTE/TFP community members. In addition, the NHBS-Trans survey instrument was updated in the 2023–2024 cycle to incorporate feedback from the 2019–2020 cycle to better reflect population-specific needs, concerns, and gaps.

The aim of this article is to describe the prevalence of key demographics, social determinants of health, HIV prevalence and testing, HIV prevention, gender-affirming medical care, abuse and harassment, discrimination, and sexually transmitted infections (STIs) among WTE/TFP.

Methods

Data Source

Since 2003, NHBS has collected data to better understand and prevent HIV in populations disproportionally affected. Bio-behavioral surveillance is conducted in rotating, annual cycles in three core populations: MSM, PWID, and HET. In addition to the core populations, NHBS expanded to include a cycle among transgender women (NHBS-Trans) initially completed in 2019–2020 in seven urban areas.[4] NHBS uses recruitment methods to approximate community-based samples, namely venue-based sampling for MSM and respondent-driven sampling (RDS) for the PWID and HET populations [5]. The NHBS-Trans cycles also used RDS. Given the small population sizes in each city, data are presented as unweighted sample proportions. The 2023–2024 cycle of the NHBS-Trans survey focused on WTE/TFP and included ten urban areas: Chicago, Illinois; Denver, Colorado; Houston, Texas; Los Angeles, California; New Orleans, Louisiana; New York City, New York; Newark, New Jersey; Philadelphia, Pennsylvania; San Francisco, California; and Seattle, Washington. Data from the Houston project area are not included in this report.

The 2023 NHBS-Trans cycle was designed using the same protocol previously described for the 2019 NHBS-Trans cycle including formative assessment, eligibility criteria (with the broader inclusion of gender identity), participant sampling and recruitment, and a survey on demographics, HIV testing and prevention activities, risk behaviors, gender affirmation, discrimination, and mental health. Participants were eligible if they: (1) were 18 years of age or older, (2) resided in a participating metropolitan statistical area or division, (3) were assigned male sex at birth and had a gender identity other than man, transgender

man, or transmasculine, (4) had not previously participated in the current NHBS-Trans cycle, (5) were able to complete the questionnaire in English or Spanish, and (6) were able to provide informed consent. After informed consent was obtained, participants completed a standardized anonymous interviewer-administered questionnaire and blood-based rapid HIV testing was offered. Participants were provided an incentive that varied by project area but was approximately $50-$75 for completing the questionnaire, $50-$75 for taking a rapid antibody HIV test, and $20-$40 for each eligible recruit referred to the project. This activity was reviewed by CDC, deemed not research by virtue of being public health surveillance, and was conducted consistent with applicable Federal law and CDC policy (45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. Section 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Section 3501 et seq.). Review by local Institutional Review Boards varied by project area, either receiving approval or confirmation as non-human subjects research as public health surveillance.

Measures

We estimated the prevalence of key variables to describe the WTE/TFP populations living in nine urban areas. Race and ethnicity were combined into mutually exclusive categories; participants of Hispanic or Latina origin may be of any race whereas all racial groups are non-Hispanic. Gender identity was self-identified, and more than one identity could be selected. Responses were categorized into five non-mutually exclusive categories: (1) woman; (2) transgender woman; (3) transfeminine person; (4) nonbinary; and (5) gender not listed. Disability was defined as the presence of challenges in any of the following areas: hearing, vision, cognition, ambulation, self-care, and completing errands due to a physical, mental, or emotional condition. HIV status was classified based on the NHBS HIV test result and self-reported status. Participants who tested negative by rapid HIV test and self-reported not living with HIV were classified as HIV-negative. Participants with a positive HIV test result or who self-reported living with HIV were classified as HIV-positive. Participants who did not consent to HIV testing, had indeterminate or invalid test results, or had inconsistent findings were classified as not having a valid NHBS HIV test result.

Social Determinants of Health

The federal poverty level was defined using the 2023 federal poverty guidelines (Federal Register, Vol 88, NO 12) based on household income and number of dependents. Participants were classified as unemployed if they selected unemployed as best describing their employment status from the following choices: employed full-time, employed part-time, homemaker, full-time student, retired, unable to work for health reasons, unemployed, or other. Homelessness was defined as living on the street, in a shelter, in a single-room-occupancy hotel, or in a car in the last 12 months. Participants were classified as having been incarcerated in the last 12 months if they were held in a detention center, jail, or prison for more than 24 h.

HIV Prevention Engagement

HIV prevention engagement included receipt of free condoms (excluding those received from friends, relatives, or sexual partners), individual- or group-level interventions (defined as one-on-one conversations with an outreach worker, a counselor, or a prevention program worker about ways to prevent HIV, or participating in any organized session that involved a small group of people discussing ways to prevent HIV, excluding informal discussions with friends and discussions as part of obtaining an HIV test), PrEP awareness (defined as ever heard of PrEP to reduce the risk of getting HIV among individuals without HIV), and PrEP use (defined as any use of PrEP during the 12 months before the interview).

Gender Affirming Medical Care

Participants were asked about hormones and surgeries or other procedures that may have been used for gender transition, affirmation, or to help make their body align with their gender identity or self-expression. Surgeries for gender affirming medical care included bottom surgery, top surgery, facial feminization, trachea shave, vocal feminization surgery, or other procedures like laser hair removal, electrolysis, piercings or tattoos. Other procedures also included injection of silicone or injectable dermal fillers such as collagen.

Abuse, Harassment, and Suicidal Ideation

All questions refer to the 12 months prior to the participant's interview. Forced sex was defined as physically forced, verbally threatened, or pressured to have any sexual contact that was not wanted.

Discrimination

Participants were asked questions to capture their specific experience with discrimination related to being transgender or gender nonconforming in the past 12 months. Participants were asked if they had been refused access to a shelter by being turned away, forced to house with people

of a gender they do not identify with, or forced to change any aspect of appearance before being allowed inside. They were also asked if they had received poorer services than other people in restaurants, stores, or other businesses; been denied access to bathrooms that were appropriate to their gender identity or self-expression; been denied healthcare or received lower quality of healthcare; and if they had avoided seeking healthcare because they were worried about being treated poorly by healthcare staff.

Sexually Transmitted Infections

Having a bacterial STI was defined as receiving a diagnosis of chlamydia, gonorrhea, or syphilis in the 12 months prior to the interview.

Data Analysis

Descriptive statistics (counts and percentages) were calculated for key demographic information in relation to variables of interest including HIV status, HIV prevention activities, social determinants of health, medical care for gender affirmation, and other behavioral risk factors. Percentages are presented as column percents, except for city specific data that are presented as row percentages to better describe the variation across project areas. No measures of associations were calculated, and all presented estimates are unweighted. Responses from participants who were eligible, consented to the survey, completed the interview, and for whom the interviewer was confident or somewhat confident in the responses to the interview questions are included in the summary tables. Data were analyzed using SAS (SAS Institute, Cary, NC).

Results

Between July 2023 and May 2024, 2253 potential participants were screened across the nine project areas. A total of 2103 (93.3%) participants were eligible, provided informed consent, and completed the interview. Of these, 2059 (97.9%) completed HIV testing and 1,993 (96.8%) had a valid HIV test result.

Demographic Characteristics and HIV Status

Table 1 summarizes demographic characteristics by HIV status. Overall, 31.4% of participants were 30–39 years old, 39.5% identified as Hispanic/Latina and 34.1% as Black/African American, the majority identified as a transgender woman (60.2%) or woman (16.1%), and 45.5% reported at least one disability. 58% of participants were from Los Angeles (28.8%), San Francisco (16.5%), or Philadelphia (12.9%). Overall, 34.6% of participants were living with HIV. Among those who were 50 years or older, nearly half (47.5%) were living with HIV. The prevalence was similar for those who identified as Black/African American (48.3%) and American Indian/Alaska Native (50.0%).

Social Determinants of Health

Table 2 presents eight social determinants of health, overall and stratified by age at interview, race/ethnicity, gender identity, HIV status, and project area. One-fifth of participants had less than a high school education and more than half (57.0%) had income at or below the federal poverty level with notably lower levels among participants residing in Denver (23.9%) and Seattle (38.0%). 35% of participants reported current unemployment with higher percentages among those aged 25–29 years (40.6%) and participants living with HIV (41.2%). Approximately 39% of participants had trouble securing a job in the 12 months prior to their interview. Nearly one third of participants reported experiencing homelessness in the previous 12 months with the highest proportion of those reporting homelessness living in Los Angeles (40.0%) and San Francisco (37.5%). Overall, 9% of participants reported being incarcerated in the previous 12 months with a disproportionately high 26.4% of participants from New Orleans reporting past year incarceration. 15% of participants did not have current health insurance and 11.6% had not visited a health care provider in the past 12 months, with notably higher proportions for both in New Orleans at 85.5% and 90.9%, respectively.

HIV Testing and Prevalence

Table 3 summarizes overall HIV testing and prevalence and stratified by age, race/ethnicity, and project area. Most participants (94.3%) reported having ever tested for HIV, while 77.7% had tested in the past 12 months. Testing patterns differed by city with 100% of participants in New York City reporting ever having tested for HIV compared to only 85% in Denver. The percentage of those who tested for HIV in the past 12 months also varied across project areas with a high of 88.7% in Newark to a low of 64.2% in Seattle.

The overall HIV prevalence among those with a valid test was 35.7%. HIV prevalence varied substantially across project areas with large proportions of participants in New York City (64.7%), Chicago (45.5%), New Orleans (42.3%), Los Angeles (39.9%), Philadelphia (39.0%), and San Francisco (36.9%) living with HIV and lower percentages of participants in Seattle (11.3%) and Denver (4.3%) living with HIV.

Table 1 Selected characteristics of women of trans experience and transfeminine people by HIV test results – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	HIV-negative[a]		HIV-positive[b]		No valid NHBS HIV test result[c]		Total (column %)	
	No.	%	No.	%	No.	%	No.	%
Overall	1281	62.2	712	34.6	66	3.2	2059	100
Age at Interview (yr)								
18–24	199	79.0	36	14.3	17	6.7	252	12.2
25–29	269	78.0	67	19.4	9	2.6	345	16.8
30–39	386	59.8	240	37.2	20	3.1	646	31.4
40–49	203	55.6	155	42.5	7	1.9	365	17.7
>=50	224	49.7	214	47.5	13	2.9	451	21.9
Race/Ethnicity[d]								
American Indian/Alaska Native	8	50.0	8	50.0	–	–	16	0.8
Asian	35	70.0	12	24.0	–	–	50	2.4
Black/African American	338	48.6	336	48.3	22	3.2	696	34.1
Hispanic/Latina[e]	485	60.0	300	37.1	23	2.8	808	39.5
Native Hawaiian/Other Pacific Islander	51	89.5	–	–	–	–	57	2.8
White	295	90.2	18	5.5	14	4.3	327	16.0
Multiple races	59	66.3	28	31.5	–	–	89	4.4
Gender Identity[f]								
Woman	286	65.7	134	30.8	15	3.4	435	16.1
Transgender woman	1006	61.9	571	35.2	48	3.0	1624	60.2
Transfeminine	265	72.8	82	22.5	17	4.7	364	13.5
Nonbinary	162	68.1	51	21.4	13	5.5	238	8.8
Gender not listed	27	77.1	7	20.0	–	–	35	1.3
Disability[g]								
Yes	501	60.1	313	37.5	20	2.4	834	45.0
No	663	64.9	328	32.1	30	2.9	1021	55.0
Project Area								
Chicago, IL	78	53.1	65	44.2	–	–	147	7.1
Denver, CO	111	94.9	–	–	–	–	117	5.7
Los Angeles, CA	351	59.2	233	39.3	9	1.5	593	28.8
New Orleans, LA	60	54.5	44	40.0	6	5.5	110	5.3
New York City, NY	47	34.6	86	63.2	–	–	136	6.6
Newark, NJ	128	68.1	39	20.7	21	11.2	188	9.1
Philadelphia, PA	155	58.3	99	37.2	12	4.5	266	12.9
San Francisco, CA	210	61.9	123	36.3	6	1.8	339	16.5
Seattle, WA	141	86.5	18	11.0	–	–	163	7.9

[a]Participants with a negative NHBS HIV test result who did not self-report a previous HIV-positive test result

[b]Participants who had a reactive rapid NHBS HIV test result that was supported by a second rapid test, supplemental laboratory-based testing, or self-report of a previous HIV-positive test result. Note: results from Chicago are only self-reported

[c]Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test, had an indeterminate laboratory result, or discordant rapid test results

[d]Total participant count is 2,043; race/ethnicity was unknown for 16 participants

[e]Hispanic/Latina persons can be of any race

[f]Percentages do not sum to 100% because participants were able to select more than 1 gender identity. Gender identities are not mutually exclusive

[g]Total participant count is 1,855; disability status was unknown for 204 participants

HIV Prevention

Table 4 presents four HIV prevention activities, overall and stratified by age, race/ethnicity, and city of residence. Among the 1281 HIV-negative participants, PrEP use (34.4%) was relatively low despite high PrEP awareness (87.0%). Among those aged 25–29, PrEP awareness was highest at 90.0% with 31.6% of that age group reporting PrEP use. The difference between PrEP awareness and uptake was lowest in New York City (91.5% and 66.0%, respectively) and highest in Chicago (92.3% and 24.4%,

Table 2 Social determinants of health among women of trans experience and transfeminine people– National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Less than high school education		Income at or below the federal poverty level[a]		Unemployed		Trouble getting a job[b]		Homeless[b] during past 12 months		Incarcerated[c] during past 12 months		No current health insurance		Did not visit a health care provider, past 12 months		Total(column %)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Overall	413	20.1	1173	57.0	728	35.4	800	38.9	655	31.8	188	9.1	309	15.0	239	11.6	2059	100
Age at Interview (yr)																		
18-24	35	13.9	134	53.2	95	37.7	135	53.6	96	38.1	13	5.2	54	21.4	42	16.7	252	12.2
25-29	43	12.5	180	52.2	140	40.6	165	47.8	111	32.2	40	11.6	68	19.7	46	13.3	345	16.8
30-39	107	16.6	356	55.1	241	37.3	255	39.5	225	34.8	75	11.6	99	15.3	90	13.9	646	31.4
40-49	93	25.5	227	62.2	123	33.7	120	32.9	104	28.5	27	7.4	46	12.6	35	9.6	365	17.7
>=50	135	29.9	277	61.4	123	27.3	126	27.9	103	22.8	14	3.1	42	9.3	27	6.0	451	21.9
Race/Ethnicity																		
American Indian/Alaska Native	–	–	7	43.8	–	–	–	18.8	6	37.5	–	–	–	–	–	–	16	0.8
Asian	6	12.0	20	40.0	10	20.0	14	28.0	8	16.0	–	–	5	10.0	–	–	50	2.4
Black/African American	110	15.8	423	60.8	266	38.2	223	32.0	230	33.0	83	11.9	106	15.2	89	12.8	696	34.1
Hispanic/Latina[d]	252	31.2	512	63.4	311	38.5	358	44.3	267	33.0	54	6.7	111	13.7	67	8.3	808	39.5
Native Hawaiian/Other Pacific Islander	–	–	13	22.8	8	14.0	11	19.3	6	10.5	–	–	9	15.8	15	26.3	57	2.8
White	19	5.8	138	42.2	100	30.6	150	45.9	82	25.1	15	4.6	56	17.1	44	13.5	327	16.0
Multiple races	20	22.5	52	58.4	30	33.7	39	43.8	36	40.4	11	12.4	18	20.2	17	19.1	89	4.4
Gender Identity[e]																		
Woman	72	16.6	220	50.6	135	31.0	163	37.5	143	32.9	31	7.1	56	12.9	24	5.5	435	16.1
Transgender woman	350	21.6	922	56.8	582	35.8	651	40.1	486	29.9	137	8.4	168	10.3	117	7.2	1624	60.2
Transfeminine	53	14.6	178	48.9	109	29.9	190	52.2	104	28.6	29	8.0	48	13.2	35	9.6	364	13.5
Nonbinary	19	8.0	114	47.9	70	29.4	112	47.1	72	30.3	17	7.1	29	12.2	18	7.6	238	8.8
Gender not listed	5	14.3	19	54.3	9	25.7	15	42.9	7	20.0	3	8.6	7	20.0	7	20.0	35	1.3
NHBS HIV Test Result																		
HIV-negative	221	17.3	676	52.8	418	32.6	528	41.2	400	31.2	101	7.9	215	16.8	163	12.7	1281	62.2
HIV-positive[g]	182	25.6	472	66.3	293	41.2	247	34.7	229	32.2	68	9.6	80	11.2	62	8.7	712	34.6
No valid NHBS test result	10	15.2	30	45.5	17	25.8	25	37.9	10	15.2	–	–	14	21.2	15	22.7	66	3.2
Project Area																		
Chicago, IL	27	18.4	97	66.0	58	39.5	46	31.3	43	29.3	16	10.9	17	7.9	7	4.8	147	7.1
Denver, CO	–	–	28	23.9	31	26.5	60	51.3	9	7.7	6	5.1	17	7.9	8	6.8	117	5.7
Los Angeles, CA	169	28.5	417	70.3	226	38.1	252	42.5	234	39.5	72	12.1	64	29.8	33	5.6	593	28.8
New Orleans, LA	16	14.5	56	50.9	41	37.3	63	57.3	44	40.0	29	26.4	94	85.5	100	90.9	110	5.3
New York City, NY	43	31.6	102	75.0	72	52.9	68	50.0	34	25.0	7	5.1	13	6.0	–	–	136	6.6
Newark, NJ	11	5.9	91	48.4	64	34.0	68	36.2	44	23.4	10	5.3	27	12.6	13	6.9	188	9.1
Philadelphia, PA	50	18.8	153	57.5	95	35.7	86	32.3	83	31.2	18	6.8	29	13.5	24	9.0	266	12.9

Table 2 (continued)

	Less than high school education		Income at or below the federal poverty level[a]		Unemployed		Trouble getting a job[b]		Homeless[b] during past 12 months		Incarcerated[c] during past 12 months		No current health insurance		Did not visit a health care provider, past 12 months		Total(column %)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
San Francisco, CA	79	23.3	167	49.3	107	31.6	101	29.8	127	37.5	21	6.2	27	12.6	23	6.8	339	16.5
Seattle, WA	14	8.6	62	38.0	34	20.9	56	34.4	37	22.7	9	5.5	21	9.8	27	16.6	163	7.9

[a]Poverty level is based on household income and household size

[b]In the 12 months before interview

[c]Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car

[d]Having been held in a detention center, jail, or prison for more than 24 hours

[e]Hispanic/Latina persons can be of any race

[f]Percentages do not sum to 100% because participants were able to select more than 1 gender identity. Gender identities are not mutually exclusive

[g]Participants who had a reactive rapid NHBS HIV test result that was supported by a second rapid test, supplemental laboratory-based testing, or self-report of a previous HIV-positive test result

respectively). Across all sites, there was a substantial gap between PrEP awareness and use.

Gender-Affirming Medical Care

Gender-affirming surgeries and use of hormones are presented in Table 5, overall and stratified by age, race/ethnicity, gender identity, and project area. Overall, 68.3% were currently taking hormones and 46.5% reported having surgery or some other procedure for gender affirmation. Among those not currently taking hormones, 61% (394/644) reported wanting to take hormones with the highest proportion among participants in the youngest age group. The proportion of participants reporting currently taking hormones varied across project areas with a high of 86.3% in Denver and a low of 59.9% in Chicago. Among those who reported not having had any surgeries or other procedures for gender affirmation, 74.5% reported wanting surgery or other procedures. Among the youngest age group, those aged 18–24, 18.3% reported having had surgery or other procedures and wanting or planning for more while 63.5% wanted surgery or other procedures but had not had any yet.

Abuse, Harassment, and Suicidal Ideation

Table 6 summarizes the prevalence of abuse, harassment, suicidal ideation and behavior in the past 12 months reported by participants overall and stratified by age, race/ethnicity, gender identity, and project area. 47% of all participants had experienced verbal abuse or harassment; 25.1% physical abuse or harassment; 12.0% physical abuse or harassment from a sexual partner; and 16.3% reported forced sex. Suicidal ideation was reported by 23.1% of all participants; 9.1% reported making plans for suicide; and 5.8% had attempted suicide. Suicidality was highest among the youngest age group (18–24) with 34.5% having seriously thought about suicide, 15.9% having made plans for suicide, and 10.7% attempting suicide in the past 12 months.

Discrimination

Discrimination experienced by participants in the past 12 months is presented in Table 7, overall and stratified by age, race/ethnicity, gender identity, and project area. Overall, 8.7% of participants had experienced being fired from a job because they were transgender or gender nonconforming with a similar proportion (8.3%) being denied access to a shelter in the previous 12 months. 30% reported receiving poorer services in settings such as restaurants, stores, or other businesses in the previous 12 months and 16% reported being denied access to a gender-affirming bathroom. Participants also reported being denied or given

Table 3 HIV testing and prevalence among women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Ever tested		Tested in past 12 months		Total[a]	HIV-positive[b]		HIV-negative[c]		Total[d]
	No.	(%)	No.	(%)	No.	No.	%	No.	%	No.
Overall	1312	94.3	1082	77.7	1392	712	35.7	1281	64.3	1993
Age at Interview (yr)										
18-24	181	85.0	154	72.3	213	36	15.3	199	84.7	235
25-29	270	93.8	241	83.7	288	67	19.9	269	80.1	336
30-39	411	92.4	340	76.4	445	240	38.3	386	61.7	626
40-49	217	93.1	176	75.5	233	155	43.3	203	56.7	358
>=50	233	92.5	168	66.7	252	214	48.9	224	51.1	438
Race/Ethnicity										
American Indian/ Alaska Native	8	100.0	7	87.5	8	8	50.0	8	50.0	16
Asian	33	86.8	23	60.5	38	12	25.5	35	74.5	47
Black/African American	363	95.8	306	80.7	379	336	49.9	337	50.1	673
Hispanic/Latina[e]	529	96.9	451	82.6	546	300	38.2	485	61.8	785
Native Hawaiian/Other Pacific Islander	44	84.6	32	61.5	52	–	–	50	92.6	54
White	262	89.7	196	67.1	292	17	5.5	292	94.5	309
Multiple races	63	92.6	57	83.8	68	29	31.2	64	68.8	93
Project Area										
Chicago, IL	80	97.6	64	78.0	82	65	45.5	78	54.5	143
Denver, CO	96	85.0	73	64.6	113	–	–	111	95.7	116
Los Angeles, CA	382	97.0	327	83.0	394	233	39.9	351	60.1	584
New Orleans, LA	66	91.7	55	76.4	72	44	42.3	60	57.7	104
New York City, NY	54	100.0	47	87.0	54	86	64.7	47	35.3	133
Newark, NJ	120	96.8	110	88.7	124	39	23.4	128	76.6	167
Philadelphia, PA	163	92.1	132	74.6	177	99	39.0	155	61.0	254
San Francisco, CA	221	96.9	179	78.5	228	123	36.9	210	63.1	333
Seattle, WA	130	87.8	95	64.2	148	18	11.3	141	88.7	159

Note. "Past 12 months" refers to the 12 months before interview

[a]Total includes all participants who did not report a previous HIV-positive test result and participants who received their first HIV-positive test result less than 12 months before interview

[b]Participants who had a reactive rapid NHBS HIV test result that was supported by a second rapid test, supplemental laboratory-based testing, or self-report of a previous HIV-positive test result

[c]Participants with a negative NHBS HIV test result who did not self-report a previous HIV-positive test result

[d]Total includes all participants with a valid NHBS HIV test result. Note: HIV test results from Chicago are only self-reported results

[e]Hispanic/Latina persons can be of any race

lower quality of health care (12.0%) because of their gender identity, and 22.4% reported that they avoided seeking healthcare due to discrimination.

The prevalence of discrimination specific to being transgender or gender nonconforming varied across sites with nearly half of participants in Denver reporting receiving poorer services in public settings (47.9%), almost a quarter of participants in New York City being denied access to gender-affirming bathrooms (22.1%), and 17.2% of participants in Los Angeles being denied health care or given lower quality health care.

Sexually Transmitted Infections

Table 8 summarizes overall screening for STIs and diagnoses of chlamydia, gonorrhea, and syphilis in the 12 months prior to the interview stratified by age race/ethnicity, and project area. Overall, 67.8% of all participants had been screened for any bacterial STI in the past 12 months. Syphilis was the most commonly diagnosed STI (11.3%) and slightly lower but similar proportions of gonorrhea (9.7%) and chlamydia (9.7%).

The prevalence of bacterial STIs varied by site with the highest prevalences in New York City at 13.2% for chlamydia, Chicago at 15.0% for gonorrhea, and New York City at 26.5% for syphilis. The prevalence was lowest in Denver for all three STIs (cells repressed due to small numbers), though Denver also had the lowest reports of screening for bacterial STIs at 55.6%.

Table 4 HIV prevention in the 12 months before interview among HIV negative women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Free condoms[a]		Individual-or group-level intervention[b]		PrEP awareness[c]		PrEP use[d]		Total (column %)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total HIV-negative[e]	895	69.9	614	47.9	1114	87.0	441	34.4	1281	100
Age at Interview (yr)										
18–24	145	72.9	72	36.2	179	89.9	57	28.6	199	15.5
25–29	194	72.1	115	42.8	242	90.0	85	31.6	269	21.0
30–39	287	74.4	187	48.4	339	87.8	161	41.7	386	30.1
40–49	158	77.8	113	55.7	175	86.2	78	38.4	203	15.8
>=50	151	67.4	96	42.9	179	79.9	60	26.8	224	17.5
Race/Ethnicity										
American Indian/Alaska Native	8	100.0	–	–	6	75.0	–	–	8	0.6
Asian	17	48.6	9	25.7	27	77.1	8	22.9	35	2.8
Black/African American	278	82.2	192	56.8	295	87.3	106	31.4	338	26.6
Hispanic/Latina[f]	372	76.7	267	55.1	418	86.2	198	40.8	485	38.2
Native Hawaiian/Other Pacific Islander	35	68.6	25	49.0	46	90.2	14	27.5	51	4.0
White	163	55.3	53	18.0	257	87.1	84	28.5	295	23.2
Multiple races	53	89.8	31	52.5	57	96.6	25	42.4	59	4.6
Project Area										
Chicago, IL	64	82.1	42	53.8	72	92.3	19	24.4	78	6.1
Denver, CO	54	48.6	19	17.1	102	91.9	35	31.5	111	8.7
Los Angeles, CA	277	78.9	229	65.2	331	94.3	137	39.0	351	27.4
New Orleans, LA	47	78.3	55	91.7	46	76.7	20	33.3	60	4.7
New York City, NY	35	74.5	29	61.7	43	91.5	31	66.0	47	3.7
Newark, NJ	89	69.5	78	60.9	115	89.8	31	24.2	128	10.0
Philadelphia, PA	104	67.1	57	36.8	138	89.0	70	45.2	155	12.1
San Francisco, CA	133	63.3	63	30.0	188	89.5	87	41.4	210	16.4
Seattle, WA	92	65.2	42	29.8	122	86.5	42	29.8	141	11.0

Abbreviation: *PrEP* Preexposure prophylaxis

[a]Excludes condoms received from friends, relatives, or sex partners

[b]Defined as either one-on-one conversations with an outreach worker, a counselor, or a prevention program worker about ways to prevent HIV, or participating in any organized sessions that involve a small group of people discussing ways to prevent HIV infections, excluding informal discussions with friends. Conversations that were part of obtaining an HIV test were excluded

[c]Ever heard of PrEP, an antiretroviral medicine taken for months or years by a person who is HIV negative to reduce the risk of getting HIV

[d]Took PrEP at any point during the 12 months before interview to reduce the risk of getting HIV

[e]Participants with a negative NHBS HIV test result who did not self-report a previous HIV-positive test result, $n = 1221$

[f]Hispanic/Latina persons can be of any race

Discussion

A little over 2000 eligible women of transgender experience and transfeminine people from nine project areas participated in NHBS-Trans between July 2023 and May 2024. Data reveal the extraordinary impact HIV continues to have on the WTE/TFP population in the U.S. and this community's persistent HIV prevention and care needs. Overall, 35.7% of participants with a valid HIV test result were living with HIV, which is lower than the 42% of participants in the previous NHBS-Trans cycle who tested positive, but still higher than in most populations affected by HIV in the U.S. The apparent decrease could be explained by the inclusion of sites with low HIV prevalence, such as Denver and Seattle, and the inclusion of only one project area in the southern U.S., a region with high burden of HIV and new infection overall [6]. The single project area in the south, New Orleans, found an HIV prevalence of 42.3% in their sample of NHBS-Trans participants, which was higher than all but Chicago (45.5%) and New York City (64.7%). Among those living with HIV, 42% identified Hispanic/Latina and 47% as Black/African American. The proportions identified in the 2023–2024 cycle differ from the 2019–2020 NHBS cycle when 33.2% of those living with HIV were Hispanic/Latina and 51.4% were Black/African American [7].

The increase in the proportion of Latinas among those living with HIV may represent shifts in migration between the two cycles. Immigration to the U.S. from Latin American in 2023 and 2024 led to population increases of almost two million annually, which is the largest yearly increases

Table 5 Gender affirming medical care among women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Hormone use for gender affirmation						Surgery or other procedures for gender affirmation[b]							
			Not currently taking hormones				Had surgery or other procedures				Did not have surgery or other procedures			
	Currently taking hormones		Want to take hormones[a]		Do not want to take hormones[a]		Plan or want additional		Do not plan or want additional		Want surgery		Do not want surgery	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Overall	1406	68.3	394	19.1	250	12.1	809	39.3	148	7.2	810	39.3	277	13.5
Age at Interview (yr)														
18-24	164	65.1	64	25.4	23	9.1	46	18.3	7	2.8	160	63.5	35	13.9
25-29	243	70.4	58	16.8	43	12.5	118	34.2	14	4.1	168	48.7	42	12.2
30-39	470	72.8	105	16.3	70	10.8	284	44.0	40	6.2	237	36.7	83	12.8
40-49	258	70.7	68	18.6	35	9.6	187	51.2	30	8.2	106	29.0	38	10.4
>=50	271	60.1	99	22.0	79	17.5	174	38.6	57	12.6	139	30.8	79	17.5
Race/Ethnicity														
American Indian/ Alaska Native	12	75.0	–	–	–	–	–	–	–	–	10	62.5	–	–
Asian	27	54.0	16	32.0	7	14.0	17	34.0	5	10.0	19	38.0	8	16.0
Black/African American	494	71.0	105	15.1	92	13.2	248	35.6	44	6.3	275	39.5	122	17.5
Hispanic/Latina[c]	511	63.2	193	23.9	100	12.4	346	42.8	56	6.9	313	38.7	91	11.3
Native Hawaiian/ Other Pacific Islander	28	49.1	16	28.1	10	17.5	28	49.1	–	–	17	29.8	6	10.5
White	264	80.7	38	11.6	19	5.8	130	39.8	25	7.6	128	39.1	34	10.4
Multiple races	60	67.4	22	24.7	16	18.0	31	34.8	11	12.4	43	48.3	12	13.5
Gender Identity[d]														
Woman	334	76.8	72	16.6	29	6.7	205	47.1	31	7.1	163	37.5	34	7.8
Transgender woman	1185	73.0	300	18.5	135	8.3	685	42.2	127	7.8	633	39.0	170	10.5
Transfeminine	224	61.5	93	25.5	46	12.6	108	29.7	23	6.3	162	44.5	65	17.9
Nonbinary	97	40.8	55	23.1	71	29.8	61	25.6	7	2.9	92	38.7	64	26.9
Gender not listed	14	40.0	11	31.4	9	25.7	13	37.1	–	–	13	37.1	7	20.0
Project Area														
Chicago, IL	88	59.9	22	15.0	37	25.2	58	39.5	17	11.6	43	29.3	29	19.7
Denver, CO	101	86.3	8	6.8	8	6.8	63	53.8	6	5.1	42	35.9	6	5.1
Los Angeles, CA	375	63.2	155	26.1	63	10.6	226	38.1	36	6.1	262	44.2	69	11.6
New Orleans, LA	88	80.0	6	5.5	13	11.8	29	26.4	–	–	57	51.8	14	12.7
New York City, NY	92	67.6	29	21.3	10	7.4	62	45.6	7	5.1	51	37.5	13	9.6
Newark, NJ	133	70.7	39	20.7	16	8.5	72	38.3	8	4.3	82	43.6	26	13.8
Philadelphia, PA	196	73.7	27	10.2	43	16.2	84	31.6	23	8.6	90	33.8	69	25.9
San Francisco, CA	234	69.0	64	18.9	41	12.1	141	41.6	35	10.3	126	37.2	37	10.9
Seattle, WA	99	60.7	44	27.0	19	11.7	74	45.4	13	8.0	57	35.0	14	8.6

[a]Participants who are not currently taking hormones were asked whether they want to take hormones for gender affirmation

[b]Surgeries and other procedures include but are not limited to: bottom surgery, top surgery, facial feminization, trachea shave, vocal feminization surgery, or other procedures like laser hair removal, electrolysis, piercings or tattoos, or injection of silicone

[c]Hispanic/Latina persons can be of any race

[d]Percentages do not sum to 100% because participants were able to select more than 1 gender identity. Gender identities are not mutually exclusive

on record [8]. Given the fragmented HIV care system in Mexico [9], it is possible that Latina migrants came to the U.S. for better HIV prevention and care access. Among WTE/TFP without HIV, overall PrEP awareness was slightly lower in 2023–2024 at 87% compared to 92% in 2019–2020 while PrEP use was slightly higher at 34% in 2023–2024 compared to 32% in 2019–2020. While the slight increase in PrEP use is encouraging, more WTE/TFP will need to be engaged in biomedical HIV prevention to make a population-level impact on reducing new infections within the community.

Findings from the 2023 NHBS-Trans cycle also highlight the complex layering of social and economic factors impacting health outcomes among WTE/TFP. Homelessness, poverty, and unemployment were common experiences in this population, and are likely influenced by pervasive experiences of stigma and discrimination, which restrict access to resources such as health care, employment, and education [10]. For example, 20% of WTE/TFP had less than a high school education compared with the national average of 6% [11]. Fewer WTE/TFP were living below the federal poverty line in the 2023–2024 (57%) compared to the 2019–2020 sample (63%) and almost 10% fewer reported experiencing homelessness in the past 12 months (42% in 2019–2020 and 32% in 2023–2024). Regardless, the underlying social conditions in which large proportions of WTE/TFP are living warrant urgent attention. Public health efforts to promote HIV prevention and care engagement will continue to fail if WTE/TFP do not have their basic needs met and must focus on housing, food, and income instead.

Healthcare-based stigma, experienced as discrimination or judgement within clinical settings, can reduce trust in providers and create barriers to HIV prevention and care [12–14]. In our sample, nearly one-quarter of participants reported avoiding healthcare due to discrimination. Among WTE/TFP, lack of trust in medical teams can be a major barrier to PrEP awareness, initiation, and adherence [15]. WTE/TFP may be subject to healthcare-based stigma and have difficulty engaging in HIV-related services such as testing and counseling from locations that were originally designed for cisgender individuals [16]. Improving medical education for health care providers to be more inclusive of WTE/TFP and tailoring care and messaging to their experiences may increase medical trust among WTE/TFP.

Experiences of verbal, physical, and sexual abuse and harassment were also commonly reported, which likely interact with other co-occurring social determinants to exacerbate poor health outcomes such as suicidal ideation and HIV acquisition [17, 18]. However, a recent systematic review suggests that available evidence indicates that gender-affirming hormones may improve outcomes including depression, suicidality, and quality of life [19]. Nonetheless, the confluence of these factors contributes to the disproportionate impact of HIV among the WTE/TFP population and reaffirms that WTE/TFP must be a priority population in HIV prevention efforts. Furthermore, there is much room for improvement in PrEP uptake to close the gap between high PrEP awareness and low PrEP uptake across most sites. Integration of gender-affirming medical care with HIV prevention services may help facilitate PrEP uptake and adherence and aid in closing this gap, particularly considering the high percentage of WTE/TFP who desire such care [20]. The findings also highlight geographic differences underscoring the need for strong connection and engagement with local communities to ensure that community leaders, clinicians, and public health officials are guided by evidence to improve access to and use of HIV prevention and treatment services.

There are several limitations to the NHBS-Trans data that have been previously described [4]. Briefly, the NHBS-Trans data are from a non-random sample of WTE/TFP and are therefore not nationally representative and cannot be generalized to all urban or rural areas, or all transgender people in the US. Second, selection bias (i.e., that participants do not recruit randomly from their social networks) is a concern with RDS that may lead to over- or under-estimation of findings. Third, the inclusion of HIV testing may also lead to bias if people are more willing or less willing to participate in the survey. Fourth, common to all cross-sectional surveys, the directionality of findings (i.e., causal relationship) cannot be determined, and responses are subject to recall and social desirability biases. As previously described, efforts were made to address these limitations such as recruiting a diverse group of individuals (e.g., with respect to race/ethnicity, age, geographic locations). Finally, it is important to note that while stratified numbers were presented, the ability to interpret data are limited when stratified categories have small numbers.

Reducing the number of new HIV infections is the cornerstone of the *Ending the HIV Epidemic in the U.S.* initiative [21]. HIV remains a significant public health issue and has cost the United States billons in annual expenditures for HIV care. Although overall number of diagnoses is smaller relative to other populations, data from the NHBS-Trans survey show the profound impact that HIV has among the WTE/TFP population with over one-third of participants living with HIV. Data from the NHBS-Trans cycle also underscore the importance of capturing self-identified gender identity to more accurately characterize the burden of the HIV epidemic as state surveillance systems often lack this information. The National HIV Behavioral Surveillance system is vital for monitoring population impacts like these and providing data to inform evidence-based interventions to address the impact of HIV in each population of focus.

Table 6 Abuse, harassment, and suicidal ideation in the past 12 months among women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Verbally abused or harassed		Physically abused or harassed		Physically abused or harassed by a sexual partner		Forced sex[a]		Seriously thought about suicide[b]		Made plans for suicide		Attempted suicide		Total (column %)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Overall	974	47.3	516	25.1	248	12.0	335	16.3	475	23.1	188	9.1	119	5.8	2059	100
Age at Interview (yr)																
18–24	132	52.4	71	28.2	37	14.7	57	22.6	87	34.5	40	15.9	27	10.7	252	12.2
25–29	180	52.2	95	27.5	54	15.7	73	21.2	100	29.0	39	11.3	34	9.9	345	16.8
30–39	314	48.6	179	27.7	86	13.3	115	17.8	161	24.9	58	9.0	46	7.1	646	31.4
40–49	166	45.5	88	24.1	43	11.8	45	12.3	61	16.7	21	5.8	19	5.2	365	17.7
>=50	182	40.4	83	18.4	28	6.2	45	10.0	66	14.6	29	6.4	14	3.1	451	21.9
Race/Ethnicity																
American Indian/Alaska Native	8	50.0	–	–	–	–	–	–	–	–	–	–	–	–	16	0.8
Asian	21	42.0	7	14.0	–	–	5	10.0	13	26.0	–	–	–	–	50	2.4
Black/African American	296	42.5	163	23.4	94	13.5	102	14.7	122	17.5	45	6.5	29	4.2	696	34.1
Hispanic/Latina[c]	370	45.8	226	28.0	100	12.4	132	16.3	158	19.6	68	8.4	51	6.3	808	39.5
Native Hawaiian/Other Pacific Islander	19	33.3	5	8.8	–	–	9	15.8	10	17.5	–	–	–	–	57	2.8
White	197	60.2	79	24.2	32	9.8	55	16.8	124	37.9	64	19.6	25	7.6	327	16.0
Multiple races	54	60.7	28	31.5	16	18.0	25	28.1	36	40.4	17	19.1	12	13.5	89	4.4
Gender Identity[d]																
Woman	227	52.2	126	29.0	51	11.7	92	21.1	113	26.0	44	10.1	28	6.4	435	16.1
Transgender woman	760	46.8	403	24.8	197	12.1	260	16.0	351	21.6	142	8.7	93	5.7	1624	60.2
Transfeminine	197	54.1	100	27.5	53	14.6	69	19.0	129	35.4	57	15.7	28	7.7	364	13.5
Nonbinary	123	51.7	59	24.8	25	10.5	33	13.9	75	31.5	27	11.3	13	5.5	238	8.8
Gender not listed	23	65.7	9	25.7	–	–	7	20.0	15	42.9	5	14.3	5	14.3	35	1.3
Project Area																
Chicago, IL	66	44.9	34	23.1	18	12.2	14	9.5	18	12.2	–	–	–	–	147	7.1
Denver, CO	61	52.1	24	20.5	10	8.5	19	16.2	51	43.6	27	23.1	12	10.3	117	5.7
Los Angeles, CA	310	52.3	197	33.2	85	14.3	116	19.6	117	19.7	45	7.6	33	5.6	593	28.8
New Orleans, LA	62	56.4	37	33.6	22	20.0	30	27.3	35	31.8	13	11.8	7	6.4	110	5.3
New York City, NY	43	31.6	18	13.2	12	8.8	16	11.8	18	13.2	8	5.9	6	4.4	136	6.6
Newark, NJ	82	43.6	41	21.8	22	11.7	24	12.8	53	28.2	26	13.8	15	8.0	188	9.1
Philadelphia, PA	80	30.1	50	18.8	27	10.2	28	10.5	53	19.9	17	6.4	7	2.6	266	12.9
San Francisco, CA	184	54.3	79	23.3	37	10.9	58	17.1	73	21.5	28	8.3	21	6.2	339	16.5
Seattle, WA	86	52.8	36	22.1	15	9.2	30	18.4	57	35.0	21	12.9	15	9.2	163	7.9

[a]Physically forced, verbally threatened, or pressured to have any sexual contact when participant did not want it

[b]Seriously thought about trying to kill themself in the past 12 months

[c]Hispanic/Latina persons can be of any race

[d]Percentages do not sum to 100% because participants were able to select more than 1 gender identity. Gender identities are not mutually exclusive

Table 7 Discrimination in the past 12 months among women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023–2024

	Fired from a job[a]		Refused access to a shelter[b]		Denied housing or been evicted		Received poorer services in public settings[a, c]		Denied access to gender-affirming bathroom[a]		Denied health care or given lower quality health care[a]		Avoided seeking healthcare[a]		Total (column %)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Overall	180	8.7	170	8.3	252	12.2	618	30.0	331	16.1	247	12.0	461	22.4	2059	100
Age at Interview (yr)																
18–24	26	10.3	22	8.7	32	12.7	81	32.1	40	15.9	20	7.9	74	29.4	252	12.2
25–29	43	12.5	29	8.4	53	15.4	124	35.9	69	20.0	45	13.0	91	26.4	345	16.8
30–39	58	9.0	64	9.9	90	13.9	217	33.6	116	18.0	82	12.7	162	25.1	646	31.4
40–49	30	8.2	29	7.9	40	11.0	101	27.7	54	14.8	36	9.9	70	19.2	365	17.7
>=50	23	5.1	26	5.8	37	8.2	95	21.1	52	11.5	43	9.5	64	14.2	451	21.9
Race/Ethnicity																
American Indian/ Alaska Native	–	–	–	–	–	–	7	43.8	–	–	–	–	5	31.3	16	0.8
Asian	–	–	–	–	5	10.0	13	26.0	–	–	–	–	12	24.0	50	2.4
Black/African American	47	6.8	58	8.3	85	12.2	193	27.7	93	13.4	76	10.9	143	20.5	696	34.1
Hispanic/Latina[d]	85	10.5	80	9.9	118	14.6	223	27.6	146	18.1	83	10.3	167	20.7	808	39.5
Native Hawaiian/ Other Pacific Islander	–	–	–	–	–	–	12	21.1	5	8.8	6	10.5	20	35.1	57	2.8
White	27	8.3	13	4.0	28	8.6	125	38.2	54	16.5	34	10.4	82	25.1	327	16.0
Multiple races	15	16.9	10	11.2	10	11.2	41	46.1	26	29.2	17	19.1	29	32.6	89	4.4
Gender Identity[e]																
Woman	43	9.9	45	10.3	59	13.6	138	31.7	63	14.5	64	14.7	110	25.3	435	16.1
Transgender woman	135	8.3	134	8.3	201	12.4	470	28.9	255	15.7	178	11.0	342	21.1	1624	60.2
Transfeminine	38	10.4	27	7.4	47	12.9	121	33.2	65	17.9	42	11.5	120	33.0	364	13.5
Nonbinary	26	10.9	31	13.0	28	11.8	76	31.9	54	22.7	34	14.3	75	31.5	238	8.8
Gender not listed	–	–	–	–	–	–	12	34.3	8	22.9	–	–	12	34.3	35	1.3
Project Area																
Chicago, IL	12	8.2	15	10.2	15	10.2	–	–	24	16.3	17	11.6	26	17.7	147	7.1
Denver, CO	14	12.0	–	–	10	8.5	56	47.9	20	17.1	17	14.5	32	27.4	117	5.7
Los Angeles, CA	66	11.1	70	11.8	99	16.7	218	36.8	128	21.6	102	17.2	157	26.5	593	28.8
New Orleans, LA	10	9.1	7	6.4	14	12.7	45	40.9	16	14.5	13	11.8	12	10.9	110	5.3
New York City, NY	14	10.3	14	10.3	14	10.3	37	27.2	30	22.1	13	9.6	23	16.9	136	6.6
Newark, NJ	16	8.5	14	7.4	21	11.2	47	25.0	18	9.6	21	11.2	45	23.9	188	9.1
Philadelphia, PA	14	5.3	20	7.5	24	9.0	54	20.3	30	11.3	13	4.9	46	17.3	266	12.9
San Francisco, CA	19	5.6	13	3.8	40	11.8	112	33.0	34	10.0	35	10.3	65	19.2	339	16.5
Seattle, WA	15	9.2	13	8.0	15	9.2	49	30.1	31	19.0	16	9.8	55	33.7	163	7.9

[a]Specific to being transgender or gender nonconforming

[b]Turned away, forced to house with people of a gender you don't identify with, or forced to change any aspect of your appearance before being allowed inside

[c]Public settings such as restaurants, stores, or other businesses

[d]Hispanic/Latina persons can be of any race

[e]Percentages do not sum to 100% because participants were able to select more than 1 gender identity. Gender identities are not mutually exclusive

Table 8 Screening and diagnosis of sexually transmitted infections in the past 12 months among women of trans experience and transfeminine people – National HIV Behavioral Surveillance, 9 U.S. cities, 2023-2024

	Screened for any bacterial STI[a]		Diagnosis in the 12 months before interview[b]						Total (column %)	
			Chlamydia		Gonorrhea		Syphilis			
	No.	%	No.	%	No.	%	No.	%	No.	%
Overall	1396	67.8	199	9.7	200	9.7	232	11.3	2059	100
Age at Interview (yr)										
18-24	157	62.3	27	10.7	23	9.1	20	7.9	252	12.2
25-29	249	72.2	40	11.6	38	11.0	37	10.7	345	16.8
30-39	474	73.4	79	12.2	73	11.3	87	13.5	646	31.4
40-49	259	71.0	36	9.9	41	11.2	49	13.4	365	17.7
>=50	257	57.0	17	3.8	25	5.5	39	8.6	451	21.9
Race/Ethnicity										
American Indian/ Alaska Native	13	81.3	–	–	–	–	–	–	16	0.8
Asian	33	66.0	–	–	–	–	7	14.0	50	2.4
Black/African American	494	71.0	69	9.9	75	10.8	88	12.6	696	34.1
Hispanic/Latina[c]	573	70.9	89	11.0	88	10.9	111	13.7	808	39.5
Native Hawaiian/ Other Pacific Islander	24	42.1	–	–	–	–	–	–	57	2.8
White	175	53.5	20	6.1	18	5.5	12	3.7	327	16.0
Multiple races	71	79.8	10	11.2	10	11.2	8	9.0	89	4.4
Project Area										
Chicago, IL	114	77.6	16	10.9	22	15.0	22	15.0	147	7.1
Denver, CO	65	55.6	–	–	–	–	–	–	117	5.7
Los Angeles, CA	429	72.3	69	11.6	64	10.8	75	12.6	593	28.8
New Orleans, LA	86	78.2	12	10.9	13	11.8	13	11.8	110	5.3
New York City, NY	107	78.7	18	13.2	15	11.0	36	26.5	136	6.6
Newark, NJ	109	58.0	12	6.4	14	7.4	19	10.1	188	9.1
Philadelphia, PA	174	65.4	23	8.6	23	8.6	22	8.3	266	12.9
San Francisco, CA	215	63.4	28	8.3	37	10.9	35	10.3	339	16.5
Seattle, WA	97	59.5	17	10.4	9	5.5	8	4.9	163	7.9

[a]Tested by a doctor or other health care provider for a sexually transmitted infection including gonorrhea, chlamydia, or syphilis in the 12 months before interview

[b]Told by a doctor or other health care provider in the 12 months before interview

[c]Hispanic/Latina persons can be of any race

Continued efforts to increase access to HIV testing and prevention strategies and reduce disparities are vital to decrease the number of new HIV infections to end the HIV epidemic.

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Declarations

Conflict of interest Sara N Glick has received research funding unrelated to this project from Cepheid. There are no other financial interests to report.

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