

EV0006

ePoster Viewing

HIV/AIDS (incl anti-retroviral drugs, treatment & susceptibility/resistance, diagnostics & epidemiology)

Immunologic and virologic outcomes in HIV-positive transgender inmates in a telemedicine clinic

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Background: Little is known regarding clinical HIV outcomes in incarcerated transgender individuals. One study conducted in-depth interviews in recently released HIV-positive male and male-to-female transgendered patients and found more than 60% of participants reported missing doses of antiretrovirals (ARVs) due to failure to disclose their HIV status, delayed prescribing, inappropriate dosing, lack of stock medications, confiscation, or medication strikes while incarcerated. Another study revealed that adherence to hormone replacement therapy (HRT) was associated with increased adherence to ARVs. The objective of our study was to evaluate immunologic and virologic outcomes in HIV-positive transgender inmates in the correctional setting.

Material/methods: We performed a retrospective study at the University of Illinois Hospital and Health Sciences System. The study examined patient data from August 2010 to August 2015 and included HIV-positive transgender (male-to-female) adults over the age of 18 years who were incarcerated in the Illinois Department of Corrections (IDOC) and treated in our multidisciplinary HIV telemedicine clinic. Additional collected data included baseline demographics (age, race, current gender, risk factor for HIV, year of HIV diagnosis, opportunistic and psychiatric history, and use of illicit drugs or tobacco), CD4 and HIV viral load (VL) (baseline, 6 months, and 12 months), number of previous ARV regimens, ARV resistance history, ARV regimen on intake, whether ARVs changed while incarcerated, and HRT while incarcerated.

Results: Twenty-nine individuals (2.2%) out of 1300 known HIV-positive prisoners self-identified as being transgendered (male-to-female) with an average age of 29 years (range: 19-56) and 82.8% Black. On average, patients were diagnosed with HIV/AIDS 7 years prior with 1 prior ARV regimen and 65.5% reporting illicit drug use. Psychiatric history was present in 58.6%, sexually transmitted infection history in 65.5% (11/29 reported a history of syphilis), and ARV resistance in 31%. Fifteen patients were on a single tablet regimen, 9 on a multiple tablet regimen, and 5 on no therapy. Eight patients changed therapy while incarcerated (n=4 simplification; n=3 adverse effects; n=1 resistance). CD4 averaged 444 cells/mm³ (range: 100-824) and 38% of subjects had an undetectable VL at baseline. CD4 at 6-months averaged 526 cells/mm³ (range: 98-1140) (p=0.0216) and at 12-months averaged 608 cells/mm³ (range: 248-1376) (p=0.0157). Virologic suppression at 6-months was 61.5% (p=0.2248) and at 12-months was 89% (p=0.2794). Seventeen out of 29 patients (58.6%) received HRT while incarcerated and 13 out of 17 (76.5%) patients achieved virologic suppression at last

documented visit. Whereas, those not on HRT while incarcerated, 8 out of 12 (66.7%) patients achieved virologic suppression.

Conclusions: Self-identified transgendered HIV-positive individuals incarcerated in a correctional setting demonstrated improved immunologic function and increased virologic suppression while receiving HIV care from a multidisciplinary telemedicine clinic.