



HIV in Gender Diverse Populations – Case Study

Fiona Bisshop, Holdsworth House Medical
Practice Brisbane
Rachel Smith, SSHC and Peer Group
Facilitator

the art of



Angelique

34 y TGW
Malaysian
No Medicare





PMSHx

- Transgender
- Breast Augmentation Thailand 2012

Medications

- Microgynon 50



Social History

- Lives with Australian partner of 10 yr James
- Hairdresser
- Applying for PR
- Fears returning to Malaysia – not accepted by her family, threat of violence





PC

- Arrives very late to her appointment
- Just wants a refill on her hormones
- At end of consult mentions some anal lumps



HPC

- Anal lumps growing over past year, partner does not have any
- Not very sexually active with James
- Admits to a couple of other sexual partners in last few years
- Last HIV test was “about 10 yr ago”





O/E

- Numerous large external and intra-anal warts
- Also several isolated warts on scrotal skin and at base of penis



Dx

HPV infection

Management

- Discussed wart treatment – elected to have cryotherapy
- Offered STI screening and she agreed to this
- ? why has she not had STI testing for so long – stigma,
?fear of potential HIV affecting her PR application





Results

- HIV-1 + Western Blot
- HBsAg +

What Now?



Next Consultation

- Partner invited to come with her to consultation
- Stated they had not had sex for 6 months
- He agreed to POCT – HIV neg





Further Tests

- VL 1 000 000
- CD4 330
- HBV VL 42
- LFTs normal



Treatment Options

HRT?

ART?





Interactions

| | ATV/r | DRV/r | LPV/r | EFV | ETV | NVP | RPV | MVC | DTG | RAL | ABC | FTC | 3TC | TDF | ZDV | E/C/F/TAF | E/C/F/TDF |
|------------------|-------------------|-------------------|-------------------|----------------|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|-------------------|
| Ethinylestradiol | ↓19% ^a | ↓44% ^b | ↓42% ^b | ↔ ^c | ↑22% | ↓20% | ↑14% | ↔ | ↑3% | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↓25% ^d | ↓25% ^d |

| | ATV/r | DRV/r | LPV/r | EFV | ETV | NVP | RPV | MVC | DTG | RAL | ABC | FTC | 3TC | TDF | ZDV | E/C/F/TAF | E/C/F/TDF |
|-----------|----------------|----------------|----------------|----------------|----------------|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-----------|
| Estradiol | ↓ ^a | ↓ ^a | ↓ ^a | ↓ ^a | ↓ ^a | ↓ ^a | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ |



HRT Options

- Ethinyl oestradiol – cheap and easily accessible
 - associated with much higher VTE risk
 - not able to be measured
- Oestradiol valerate – cheap
 - oral (Progynova, Zumenon)
 - topical (Sandrena gel, Estradot patch)
 - serum assay available





Outcome

- HRT switched to Progynova (oestradiol valerate) 2mg bd and Spiractin 100mg bd
- Commenced on F/TAF and DTG through compassionate access
- Counselling re risk of HBV flare if stops
- Undetectable at 2 mth
- 4x cryotherapy sessions then warts resolved
- Very happy with her HRT change



Future Issues?

Retention in Care

