Study Finds Racial Disparities in HIV Rates Among Transgender Women

Cohort study also reveals socioeconomic factors and structural vulnerabilities linked to increased HIV risk.

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Transgender women are diagnosed with HIV at a higher rate than the general population, according to new research. A study presented last week at the Conference on Retroviruses and Opportunistic Infections (CROI 2026) in Denver aimed to determine predictors of HIV incidence among trans women across the United States. The nationwide cohort study revealed racial disparities in new HIV diagnoses and identified various health inequities that put trans women at risk. The data also suggest that trans women may benefit from long-acting injectable pre-exposure prophylaxis (PrEP).

"Our study found that HIV incidence remains high among trans women in the U.S. and that disparities persist across race and ethnicity, with highest HIV incidence for Black, Latina and Asian trans women," said study author, Sari Reisner, ScD, of the University of Michigan in Ann Arbor.

In 2019, the Centers for Disease Control and Prevention (CDC) reported that 2% of new HIV diagnoses were among trans people. Of the 671 trans people newly diagnosed with HIV that year, 625 were trans women. Among the trans women, nearly half were Black, and a third were Latina. New HIV diagnoses were also more common in the South and among people under age 34.

To learn more about HIV and transgender people, read POZ's HIV in Specific Populations: HIV and Transgender People. It reads in part:

> "Transgender, gender-nonconforming and nonbinary people are at greater risk for HIV and are more likely to be living with the virus than the population at large. Dedicated studies and targeted services for gender-diverse people have helped close this gap, but recent political shifts put this progress in jeopardy.

> How many trans people are living with HIV?
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> About 2.8 million people ages 13 and older in the United States identify as transgender, according to a 2025 report from the Williams Institute at the University of California Los Angeles. But accurate data about how many trans people are living with HIV have been hard to come by due to inadequate research and changing definitions.
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> For many years, transgender women were classified along with gay men as 'men who have sex with men' in most HIV research, while transgender men were generally excluded. Recent studies have done a better job of correctly classifying trans people using a two-step method that asks about both sex assigned at birth and current gender identity. However, the Trump administration's focus on eliminating "gender ideology" has led to changes in how trans people are counted, removal of data by federal health agencies and reduced funding to study and provide services for trans people."

Through the initiative Ending the HIV Epidemic (EHE), the CDC set a goal of reducing new HIV diagnoses by 75% by 2025 and by 90% by 2030. However, growing political and financial barriers have slowed the progress of HIV-specific research on trans women.

"The only way we can truly end the HIV epidemic is by eliminating the barriers that prevent people from accessing HIV care and prevention," said Robyn Neblett Fanfair, MD, MPH, director of the CDC's division of HIV prevention. "Through EHE, CDC is collaborating with health departments and community-based organizations to center the voices of communities affected by HIV and accelerate efforts to achieve health equity."

But that was before the second Trump administration.

Using demographic and survey data from the ENCORE Cohort, Reisner and colleagues aimed to determine predictors of HIV incidence among trans women. The study enrolled 2,504 trans women across the United States and Puerto Rico between March 2023 and December 2024 and followed them in person and virtually for two years.

The median age was 32, and nearly one in five were ages 18 to 24. Most (78%) were white, 12% were Black, 5% were Asian and 16% were Latina. About a third reported living in poverty, 10% reported performing sex work and 9% reported being unhoused during the past six months. Nearly half relied on public insurance, such as Medicaid, or were uninsured. During the past six months, 16% were considered eligible for PrEP, 18% had used PrEP and 4% reported having a sexually transmitted infection. Most of the 440 women who used PrEP took daily pills (94%); only 6% used

long-acting injectable PrEP.

The participants' HIV status was determined at baseline and checked semiannually. In total, 39 trans women were diagnosed with HIV, including 25 who were newly diagnosed at the start of the study and 14 who acquired HIV during follow-up, for an overall incidence rate of 3.95 cases per 1,000 person-years.

The data revealed racial and ethnic disparities among trans women. Incidence rates were 15.45, 7.46, 5.65 and 1.44 per 1,000 person-years for Black, Latina, Asian and white trans women, respectively. Compared with white trans women, Black women had a 7.4 times higher risk of acquiring HIV during follow-up.

Trans women who were eligible for PrEP were 9.6 times more likely to acquire HIV, and those who used PrEP in the last six months were 4.7 times more likely. The association of PrEP use with contracting HIV, which might indicate inconsistent access to daily pills, resulting in poor adherence, "suggests opportunities for scale-up of long-acting injectable PrEP in this study population," according to Reisner.

Sexual health factors also predicted HIV infection. Trans women who reported having a sexually transmitted infection in the last six months were 13.4 times more likely to become HIV positive, and those who had sex with a cisgender male partner in the last six months were 7.2 times more likely to contract HIV.

HIV incidence among trans women was also shaped by structural vulnerabilities. Living in poverty, being unhoused, engaging in sex work or using stimulants during the past six months made them four to seven times more likely to acquire HIV. Similarly, being uninsured or having public health insurance increased trans women's risk of acquiring HIV 13-fold. However, psychological distress, heavy alcohol use, lack of access to gender-affirming care and experiencing violence were not predictors of HIV infection.

"Trans women need tailored interventions that are gender-affirming, that are safe, particularly in the current moment in time," said Reisner. "Continued gender-inclusive research is vital—especially as we have erasure of the population from our federally funded datasets—to be able to see and monitor disparities and what's working."

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