



HIV in Specific Populations

HIV and Transgender People

How common is HIV among transgender people?

Transgender, gender-nonconforming and nonbinary people have a higher rate of HIV than the population as a whole. However, accurate information about how many are affected has been scarce because of a lack of research and incomplete data collection.

According to the Centers for Disease Control and Prevention, 2,351 transgender people in the United States were diagnosed with HIV from 2009 to 2014. This is lower than the actual number living with HIV, as some of these have not yet been diagnosed. Estimates suggest that around 1 million Americans identify as transgender.

Among the transgender people diagnosed with HIV during that period, 1,974 (84%) were trans women, 15% (361) were trans men and 16 (1%) had another gender identity. Black trans women and young trans women had the highest diagnosis rates.

A meta-analysis from 2019 found that an estimated 14% of trans women and 3% of trans men in the United States are living with HIV. This proportion rises to 44% for Black trans women and 26% for Latina trans women and falls to 7% for white trans women. Previous estimates suggested that around 20% to 30% of U.S. trans women were HIV positive. Globally, trans women are about 49 times more likely than non-trans people to have HIV.

Many older studies incorrectly classified transgender women as “men who have sex with men.” This lack of accurate historical data makes it difficult to know whether new cases of HIV are rising among trans women or whether rates have started to come down, as they have for most other population groups. More recent research does a better job of correctly classifying trans people by using a two-step method that asks their assigned sex at birth as well as their current gender identity.

How does HIV affect trans people differently?

Risk factors for HIV acquisition include anal sex or vaginal/frontal sex without a condom and sharing needles and other equipment to inject drugs. Some trans people also share needles for injecting hormones.

Trans people may not have access to HIV prevention information and services that use appropriate language to describe their body parts and how they have sex. They may also have limited access to pre-exposure prophylaxis, or PrEP.

The first approved medication for PrEP, Truvada (tenofovir disoproxil fumarate/emtricitabine), has been tested in a few hundred trans women and shown to be highly effective at preventing HIV when used consistently.

Some studies have found that the drugs in Truvada do not reach as high a level in the vagina as they do in the rectum, so people who have vaginal or frontal sex should be especially careful to take PrEP consistently. There has been no specific research on HIV risk or PrEP effectiveness among trans women who have had the gender-affirming surgery known as vaginoplasty.

Many trans women are concerned that the medications used for PrEP could interact with gender-affirming hormones. But in studies so far, the drugs in Truvada have not been found to interfere with feminizing hormones.

A large study of Descovy (tenofovir alafenamide/emtricitabine), the second PrEP option approved for some people, did not include cisgender women or trans men, and the Food and Drug Administration declined to approve it for people who have vaginal or frontal sex until more research is done.

A 2017 survey of more than 800 trans men who have sex with men found that a majority engaged in behavior that could put them at risk for HIV, and most had heard of PrEP, but only 22% were using it.

Transgender and gender-nonconforming people often face stigma and discrimination, which contributes to higher levels of unemployment, poverty, homelessness, sex work, depression, other mental health issues, substance use, incarceration and violence, all of which are linked to higher rates of HIV.

In addition, many trans people have had negative experiences with health providers, which discourages them from seeking care. Finding providers who are knowledgeable about and sensitive toward transgender and gender-nonconforming people can be challenging. The Transgender Law Center's Positively Trans survey found that respondents' top health concerns were gender-affirming and nondiscriminatory health care, hormone therapy and mental health care.

Some studies have found that trans women are less likely than other groups to receive ongoing care for HIV and are less likely to have undetectable viral load.

But trans women can be successfully treated. In fact, studies find that those who remain in care are as likely as non-trans people to maintain viral suppression, which both prevents HIV-related complications and stops transmission of the virus.

The most commonly used HIV medications do not interfere with feminizing hormones and vice versa. However, it is important to tell your HIV care provider about all the medications you are taking, including hormone therapy.

There has been little research on trans men living with HIV, but there is no reason to think they do not also respond well to treatment.

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