HIV in Specific Populations

# HIV and Transgender People

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?

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.

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.

Transgender people accounted for 2% of new HIV diagnoses in 2019, according to the Centers for Disease Control and Prevention (CDC). Most were trans women, with trans men accounting for less than 50 cases. Nearly half of trans women newly diagnosed with HIV were Black, and about a third were Latina. One analysis based on data from seven U.S. cities found that about 40% of transgender women were living with HIV, rising to about 60% for Black trans women.

In 2024, the CDC's annual HIV surveillance report did not include data for trans people, stating that "the small numbers for transgender persons and persons of additional gender identity yield unreliable estimates." As of 2025, the Trump administration has stopped collecting information on transgender and gender-diverse people and has largely removed relevant information from government health websites.

The World Health Organization estimates that transgender people are around 13 times more likely to be living with HIV than other adults. Estimates suggest that more than 20% of trans women are HIV positive in some regions, and they account for 6% of new cases in Latin America and 7% in Asia and the Pacific.

## HIV prevention for trans people

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

Increased focus on trans people as a key population at risk for HIV has led to more tailored services. According to the 2019 CDC estimates, 96% of trans women in the United States have been tested for HIV, 92% are aware of pre-exposure prophylaxis (PrEP) and 32% have used it—figures that compare favorably with those for gay and bisexual men.

The first approved PrEP pill, tenofovir disoproxil fumarate/emtricitabine (TDF/FTC; Truvada and generic equivalents), has been tested in transgender women and shown to be highly effective for preventing HIV. TDF/FTC is also effective for cisgender (non-trans) women, but it has not been studied in trans men.

The second PrEP pill, tenofovir alafenamide/emtricitabine (TAF/FTC; Descovy), is also effective for trans women. However, due to inadequate research, the Food and Drug Administration has not approved it for cisgender women, trans men and others exposed to HIV through vaginal sex.

Long-acting injectable cabotegravir PrEP (Apretude), which is administered every other month, was even more effective than daily pills in studies of cisgender gay and bisexual men, transgender women and cisgender women, though studies did not include trans men. Long-acting lenacapavir PrEP, administered every six months, was highly effective in trials of cisgender women and cisgender men and gender-diverse people, including trans women (14.6% of the study population), trans men (1.3%) and nonbinary people (6.1%).

The sparseness of research on transgender men remains a concern. 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. While most had heard of PrEP, only 22% were using it.

## HIV treatment for trans people

Some older research found that transgender people are less likely than other groups to receive ongoing HIV care and treatment, but the situation has improved thanks to targeted education and services. According to the 2019 CDC data, 84% of trans women received some HIV care, and 67% achieved viral suppression on antiretroviral therapy; for trans men, the corresponding rates were 85% and 68%. Again, these figures are as good as or better than those for gay and bisexual men.

Studies have generally shown that transgender women respond as well as cisgender men and women to antiretroviral medications. Those who remain in care are as likely as non-trans people to maintain viral suppression, which both prevents HIV disease progression and stops transmission of the virus. There has been little specific research on trans men with HIV, but there is no reason to think they would not also respond well to treatment.

Many trans people are concerned that the medications used for PrEP or HIV treatment could interfere with gender-affirming hormones. But research to date has found that TDF/FTC and other commonly used antiretrovirals do not have clinically significant interactions with feminizing hormones, nor does hormone therapy alter the effectiveness of antiretrovirals. Nonetheless, it is important to tell your HIV care provider about all the medications you are taking, including hormones.

Progress is in jeopardy

Transgender, gender-nonconforming and nonbinary people often face stigma and discrimination, which contributes to higher levels of unemployment, poverty, homelessness, sex work, mental health problems, substance use, incarceration and violence—all of which are linked to higher rates of HIV acquisition and worse adherence to treatment. What's more, many trans people have had negative experiences with the health care system, which can discourage them from seeking care.

Yet gender-affirming care can improve these outcomes. One recent study of more than 8,000 trans and nonbinary people at two U.S. LGBTQ clinics found that those who received gender-affirming hormone therapy were 37% less likely to acquire HIV and 44% more likely to achieve viral suppression on antiretroviral treatment than those not taking hormones.

Recent improvements in HIV prevention, care and treatment for transgender and gender-diverse people are welcome, but new restrictions on research and services for this population threaten to reverse this progress. Finding providers who are knowledgeable about and sensitive to trans people can be a challenge, but LGBTQ advocacy groups or local AIDS service organizations may be able to point you in the right direction.

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