HIV Care Cascade in Transgender and Gender Diverse People in Argentina From the TransCITAR Cohort

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BACKGROUND

- **Transgender and gender diverse (TGD) people in Argentina face a disproportionate HIV burden** driven by structural vulnerabilities, stigma, and violence which hinder access to prevention and treatment.
- **Trans-competent environments, including gender-affirming care models** (a multidisciplinary, person-centered approach that actively affirms TGD identities, integrates gender affirmation into healthcare delivery, and addresses stigma and social determinants), **are associated with improved health outcomes.**
- **TransCITAR is a trans-specific cohort in Argentina assessing physical and mental health among transgender and non-binary people.**
- Data on the HIV care cascade among TGD is limited.
- We aim to describe the cascade and evaluate HIV outcomes in the TransCITAR cohort..

METHODS

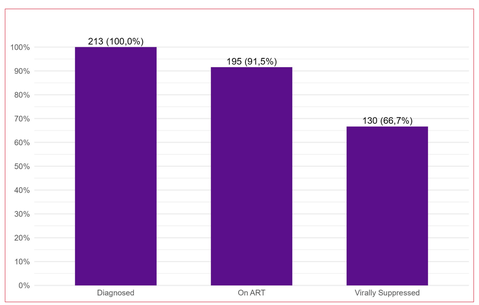
- Between September 2019 and August 2022, we enrolled **499 TGD in TransCITAR.**
- This analysis included **participants with previous, baseline or incident HIV diagnoses.**
- The HIV care cascade (diagnosed, on ART, virally suppressed) was assessed as of December 31 2024.
- **Definitions:**
  - On ART: initiation of ART
  - Viral suppression: last available HIV viral load <50 copies/ml during calendar year 2024.
  - For incident cases, outcomes were evaluated one year post-diagnosis.
- Descriptive statistics were used to estimate cascade proportions, and logistic regression models assessed factors associated with viral suppression at one year (±6 months), considering age, gender, unstable housing, internal migration, sex work and depressive symptoms (CES-D ≥16) at baseline, substance use, cocaine use, and sexualized drug use and physical and sexual violence, all in the last year.

Within a gender-affirmative model, nearly all transgender and gender diverse people initiated ART. Viral suppression remained below the UNAIDS 95% target.

RESULTS

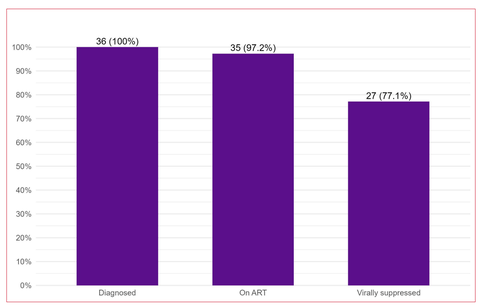
At cohort entry:
178 TGD (35.7%) were living with HIV
17 (3.4%) received HIV diagnoses at baseline
and 19 (3.8%) during follow-up (2019–2025).
As of December 31, 2024:
213 TGD were living with HIV
91.5% were on ART
and 66.7% had achieved viral suppression (Figure 1)

Figure 1. HIV care cascade in TransCITAR



36 TGD were diagnosed HIV since cohort entry:
VL: median 53,077 copies/mL (IQR 11,028-158,846)
CD4<350 cells/mm³: 26%
All initiated ART within median 13.5 days (IQR 2-30)
97% sustained treatment for at least one year
77% achieved viral suppression at one year (Figure 2)

Figure 2. HIV care cascade in TGW diagnosed with HIV since cohort entry



CONCLUSIONS

- In TransCITAR, the gender-affirmative care model was effective in achieving linkage to care and ART initiation (first and second UNAIDS 95% targets), with nearly all transgender and gender-diverse participants initiating ART.
- Persistent social determinants of health continue to limit achievement of viral suppression, the third 95%.
- Enhanced adherence support and structural interventions, alongside affirming care, are needed to improve outcomes.

ADDITIONAL KEY INFORMATION

https://huesped.org.ar/
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Acknowledgements: Fundacion Huesped team, TransCITAR participants, peer navigators and study group.

In bivariate logistic regression, factors associated with reduced viral suppression were: internal migration (OR:0.20, p:0.04), depressive symptoms (OR:0.27, p:0.03), sexualized drug use (OR:0.30, p:0.04), physical violence (OR:0.14, p:0.001), and sexual violence (OR:0.19, p:0.02).
In adjusted analysis, only physical violence remained significant (Figure 3)

Figure 3. Logistic regression model of factors associated with viral suppression

Variable		N	Odds ratio	p
Age		142	1.03 (0.95, 1.14)	0.54
Unstable housing	No	70	Reference	
	Sí	72	0.61 (0.17, 2.07)	0.44
Internal migration	No	60	Reference	
	Si	82	0.28 (0.04, 1.24)	0.13
Physical violence in the last year	No	119	Reference	
	Sí	23	0.22 (0.06, 0.80)	0.02
Sexualized drug use in the past year	No	88	Reference	
	Sí	54	0.52 (0.14, 1.88)	0.32

PLAIN LANGUAGE SUMMARY

In this gender-affirming program near all transgender and gender diverse people started HIV treatment but fewer people than expected reached an undetectable viral load.
Better treatment support and structural changes are needed.