

FINDING A 'HIDDEN' POPULATION: OPTIMISING DATA COLLECTION TO IDENTIFY TRANS AND GENDER DIVERSE PEOPLE TESTING FOR HIV AT A COMMUNITY SERVICE IN MELBOURNE, AUSTRALIA

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Introduction: Trans and gender diverse (TGD) people are a key population in the UNAIDS HIV elimination framework but are not featured in the Australian HIV strategy or in routine HIV/STI reporting. Inflexible patient management systems and binary approaches to gender miss opportunities to capture behavior and HIV/STI testing data among TGD people. We report the evolution of sentinel surveillance questions used to identify TGD people in a community-based HIV testing service as a case study, demonstrating the impact of improved data collection.

Methods: We analysed data on clients' self-reported gender recorded at each HIV test between August 2013-May 2017, across three versions of a behavioural survey. Survey one (S1; Aug2013-Oct2014) and two (S2; Oct2014–Oct2016) asked a single question; Male/Female/Transgender and Male/Female/Trans man/Trans woman/Other(specify), respectively. Based on local TGD organisation recommendations, survey three (S3; Oct2016–Dec2016), asked two questions, capturing 1) gender identity - Male/Female/Trans man/Trans woman/Indigenous Brotherboy/Indigenous Sistergirl/Non-binary/Different identity(specify) and 2) sex assigned at birth - Male/Female/Intersex.

Results: TGD identity was reported by 4/1447 (0.3%) of clients completing S1, 10/2766 (0.4%) completing S2, and 88/1220 (7.2%) completing S3 (25 self-reporting as TGD directly and 61 classified as TGD by reporting gender identity different to sex assigned at birth). Two thirds (n=58) of TGD clients at PRONTO! were trans males. Of the 88 S3 TGD clients, 39 tested at the service more than once and 32 reported gender identity and/or sex at birth inconsistently.

Conclusion: The two-step question on the behavioural surveillance survey provided more nuanced data on gender identity. Inconsistently reported gender and sex at birth raises questions for further investigation, including cultural interpretation of gender and reluctance to report TGD experience. Simple changes to data collection based on community consultation had considerable impact on the utility of surveillance to help guide HIV/STI prevention & care for TGD people.