

The Medical Journal of Australia • MJA

MEDIA RELEASE

TRANSGENDER SEXUAL HEALTH: UNIQUE NEEDS MUST BE MET

EMBARGOED UNTIL 12:01am Monday 23 September 2019

HEALTH services need to meet the unique sexual health needs of transgender people, and patient gender information must be better captured by health systems, according to the authors of research published online today by the *Medical Journal of Australia*.

The researchers, led by Dr Denton Callander, a Senior Research Fellow at the Kirby Institute at the UNSW Sydney, and Teddy Cook, Manager of Trans and Gender Diverse Health Equity at ACON, collected data from 46 sexual health clinics across Australia during 2010-2017, in a bid to estimate rates of HIV infection, chlamydia, gonorrhoea and infectious syphilis in transgender men and women.

They found that 6.0% of transgender men and 10% of transgender women (10%) tested during first clinic visits were chlamydia-positive; 4% of transgender men and 8.6% of transgender women were gonorrhoea-positive. One of 210 tested transgender men (0.5%) and 3.1% of tested transgender women were diagnosed with infectious syphilis; 3.5% of transgender men and 5.7% of transgender women were HIV-positive at their first visit.

The only significant change in prevalence of an STI among transgender patients during the study period was the increased rate of gonorrhoea among transgender women (from 3.1% to 9.8%), "echoing similar increases in gonorrhoea observed in Australia generally".

What they found suggested that there are significant differences in patterns of infection in trans men and women compared with cisgender populations (those whose gender corresponds to their sex at birth).

Compared with cisgender gay and bisexual men, transgender men were less likely and transgender women as likely, to be diagnosed with a bacterial sexually transmissible infection; compared with heterosexual patients, transgender men were as likely, and transgender women more likely, to receive a first-visit bacterial STI diagnosis.

"The differences in positivity rates between trans- and cisgender patients suggest that transgender men and women have sexual health risk profiles that differ from those of cisgender people, consistent with the findings of some behavioural studies," Callander and colleagues wrote.

"Further investigation is needed to understand the sexual behaviours and networks of transgender people in Australia and how they influence STI risk.

"Complete information on gender was unavailable for many transgender patients, despite recommendations regarding best practice collection of health data.

"Health systems must meet the specific sexual health needs of gender-diverse communities. Not adequately accounting for gender undermines health surveillance, diminishes patient confidence, and reduces quality of care," they wrote.

Callander and colleagues concluded that "while we did not find as markedly higher levels of STIs in transgender people as have been reported overseas, some significant differences from cisgender people were evident".

"Understanding the sexual practices and identities of transgender and gender-diverse people therefore requires further investigation, particularly in the face of Australia's rising STI rates."

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