Caring for Gay Men and Other Men Who Have Sex with Men
What the dermatologist needs to know

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AAD Summer Meeting | New York, NY | July 28, 2018
Conflict of interest disclosure

• None
Caring for Gay Men and Other Men Who Have Sex with Men

- Clinical vignette
- Background
- Terminology
- Demographics
- Medical competency
- Cultural competency
- Clinical vignette
- Resources for Dermatologists

Bonus: LGBT-related magazine covers
Clinical vignette
• 25-year-old man
• Complains of rash and sore throat for two weeks
• Denies recent sores on body

What’s next?
• History
• Testing
• Treatment
• Preventive health

http://www.cmaj.ca/content/176/1/33
Background
Homo Nest Raided, Queen Bees Are Stinging Mad

By JERRY LISKER

She sat there with her legs crossed, the lashes of her mascara-coated eyes beating like the wings of a hummingbird. She was angry. She was so upset she hadn't bothered to shave. A day old stubble was beginning to push through the pancake makeup. She was a he. A queen of Christopher Street.

Last weekend the queens had turned commandos and stood in the streets, leading a battle against the Stonewall Inn at 87 Christopher St., in the heart of a three-block homosexual community in Greenwich Village.

Queens Power reared its blushing blonde head in revolt. New York City experienced its first homosexual riot.

"We may have lost the battle, but the war is far from over," lashed an unofficial lady-in-waiting from the court of the Queens.

"We've had it all we can take from the Godzillas," the spokesman, or spokeswoman, continued. "We're putting our feet down once and for all. The foot was a spiked heel.

According to reports, the Stonewall Inn, a two-story structure with a sand-painted brick and glass front, was a scene for the homosexual elements in the village who wanted nothing but a private little place where they could congregate, drink, dance or whatever little girls do when they get together.

The thick glass shut out the outside world of the street. Inside, the Stonewall bathed in wild, bright psychedelic lights, while the patrons writhed to the sounds of a juke box on a square dance floor surrounded by booths and tables. The bar had a good business and the waiters, or waitresses, were always kept busy, as they snaked their way around the dancing customers to the booths and tables. For nearly two years, peace and tranquility reigned supreme for the Alice in Wonderland clientele.

Last Friday.

Last Friday the privacy of the Stonewall was invaded by police from the First Division. It was a raid. They had a warrant. After two years, police said they had been informed that liquor was being served on the premises. Since the Stonewall was without a license, the place was being closed. It was the law.

All hell broke loose when the police entered the Stonewall. The girls instinctively reached for each other. Others stood frozen, locked in an embrace of fear.

Only a handful of police were on hand for the initial landing in the homosexual beehive. They ushered the patrons out onto Christopher Street, just off Sheridan Square. A crowd had formed in front of the Stonewall and the customers were greeted with cheers of encouragement from the gallery.

The whole proceeding took place on the lawn of a homosexual Academy Awards Night. The Queens pranced out to the street blowing kisses and waving to the crowd. A beauty of a specimen named Stella walked unostentatiously while being led to the sidewalk in front of the Stonewall by a cop. She later confided that she didn't protest the manhandling by the officer. It was just that her hair was in curlers and she was afraid her new bangs might be in the crowd and spot her. She didn't want him to see her this way, she wept.

Queen Power

The crowd began to get out of hand, eye witnesses said. Then, without warning, Queen Power exploded with all the fury of a gay atomic bomb. Queens, princesses and ladies-in-waiting began hurling anything they could lay their polished, manicured fingers nails on on Bobby pins, compacta, curlers, lipstick tubes and other feminine false missiles, flying in the direction of the cops. The war was on. The ladies of the valley had become carnivorous jungle plunks.

Urged on by cries of "Queens girls, let's go, let's go!," the defenders of Stonewall launched an attack. The cops called for assistance. To the rescue came the Tactical Patrol Force.

Flushed with the excitement of battle, a fellow called Gloria pranced around like Wonder Woman, while several Florence Nightingales administered first aid to the fallen warriors. There were some assorted scratches and bruises, but nothing serious was suffered by these heroes turned Madwomen of Chivalry.

Official reports listed four injured police with 13 arrests. The War of the Bats lasted about two hours from about midnight to 3 a.m. There was a return bout Wednesday night.

Two veterans recently recalled the battle and issued a warning to the cops, "If they close up all the gay joints in this area there is going to be all out war."

Bruce and Nan

Both said they were refugees from Indiana and had come to New York where they could live together happily ever after. They were in their early 20's. They preferred to be called by their married names, Bruce and Nan.

"I don't like your paper," Nan replied matter-of-factly, "It's anti-gay and pro-cops."

"I'll bet you didn't see what they did to the Stonewall. Did the pigs tell you they smashed everything in sight? Did you ask them why they stole money out of the cash register and then smashed it with a sledge hammer? Did you ask them why they stole money out of the cash register and then smashed it with a sledge hammer?"

Bruce nodded in agreement and

(Continued on page 50)
Stonewall Riot Apology: Police Actions Were ‘Wrong,’ Commissioner Admits

The commissioner, James O’Neill, said he was sorry on behalf of the New York Police Department for officers’ actions during a seminal 1969 clash outside a gay bar.
Deserves the same care, no matter who these hands embrace.

Deserves the same care, no matter who this heart holds dear.

Deserves the same care, no matter which pronoun is used.

Lesbian, gay, bisexual, and transgender people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They’re working to eliminate barriers to healthcare access, so everyone can be treated well. And stay well.

http://www.glbthealth.org/HAPMaterials.htm#materials
Deserves the same care, no matter who these hands embrace.

http://www.glbthealth.org/HAPMaterials.htm#materials

Massachusetts, starting mid-1990s
Massachusetts, starting mid-1990s

Deserves the x no matter who these hands embrace.

Deserves the x no matter who this heart holds dear.

Deserves the x no matter which pronoun is used.

http://www.glbthealth.org/HAPMaterials.htm#materials
Massachusetts, starting mid-1990s

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Deserves the same quality of care no matter which pronoun is used.

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Homophobia is unhealthy.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
Massachusetts Department of Public Health

http://www.glbthealth.org/HAPMaterials.htm#materials
• **Goal:** “Improve the health, safety, and well-being of LGBT individuals”

• **Health disparities**
  - LGBT youth: more likely to attempt suicide
  - Lesbian women: less likely to get preventive services for cancer
  - Gay men: higher risk of HIV/STDs, especially among communities of color
  - Transgender persons: high prevalence of HIV/STDs, mental health issues, suicide

• **Contributing factor:** Not enough HCPs competent in LGBT health

[Source](https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health)
Joint Commission, 2014

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide

http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf

AAMC, 2014

Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators

http://offers.aamc.org/lgbt-dsd-health
Terminology
## Sexual orientation and sexual behavior

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual orientation</td>
<td>• Describes sex of those to whom a person is attracted</td>
</tr>
<tr>
<td></td>
<td>• Gay, lesbian, bisexual, heterosexual/straight</td>
</tr>
<tr>
<td>Sexual behavior</td>
<td>• Describes gender(s) of sex partners</td>
</tr>
<tr>
<td></td>
<td>• Men who have sex with men (MSM), men who have sex with women, etc.</td>
</tr>
</tbody>
</table>

## Gay vs. MSM

<table>
<thead>
<tr>
<th>Gay</th>
<th>Men who have sex with men (MSM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual orientation:</strong> men who are emotionally and sexually attracted to other males</td>
<td><strong>Sexual behavior:</strong> men who engage in same-sex sexual behavior, regardless of sexual orientation</td>
</tr>
<tr>
<td><strong>Used by</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Everyone, including gay men themselves. (“I’m gay,” “gay bar,” “gay rights.”)</strong></td>
<td><strong>Clinicians, researchers, public-health practitioners. Not used by people themselves. (“I’m MSM,” “MSM bar,” “MSM rights.”)</strong></td>
</tr>
</tbody>
</table>

Gay vs. MSM

- Gay
  - Gay-identified men who do not have sex with men
- MSM
  - Gay-identified men who have sex with men
  - Non-gay-identified men who have sex with men

Demographics
Figure 5. Percent and number of adults who identify as LGBT in the United States.

- **Women**:
  - Lesbian/Gay: 2,648,033 (2.2%)
  - Bisexual: 1,359,801 (1.1%)
  - Total: 4,007,834 (3.4%)

- **Men**:
  - Lesbian/Gay: 2,491,034 (2.2%)
  - Bisexual: 1,539,912 (1.4%)
  - Total: 4,030,946 (3.6%)

- **Transgender**:
  - Total: 697,529 (0.3%)

Figure 4. Percent of adults who report any same-sex attraction and behavior.

<table>
<thead>
<tr>
<th>Study/Source</th>
<th>Same-sex attraction</th>
<th>Same-sex behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Survey of Family Growth, 2006-2008 (Age 18-44)</td>
<td>LGB Identity 3.7%</td>
<td>LGB Identity 3.2%</td>
</tr>
<tr>
<td>Australian Longitudinal Study of Health and Relationships, 2005</td>
<td>LGB identity 2.1%</td>
<td>LGB Identity 1.2%</td>
</tr>
<tr>
<td>Norwegian Living Conditions Survey, 2010</td>
<td>LGB Identity 1.8%</td>
<td>LGB Identity 2.1%</td>
</tr>
<tr>
<td>National Survey of Family Growth, 2006-2008 (Age 18-44)</td>
<td>LGB Identity 8.8%</td>
<td>LGB Identity 7.5%</td>
</tr>
<tr>
<td>General Social Survey, 2008</td>
<td>LGB Identity 3.7%</td>
<td>LGB Identity 6.9%</td>
</tr>
<tr>
<td>Australian Longitudinal Study of Health and Relationships, 2005</td>
<td>LGB Identity 2.1%</td>
<td>LGB Identity 2.1%</td>
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</tbody>
</table>

Medical competency / health disparities
Caring for gay men/MSM

Overall social/health context

Physician medical competence

Physician cultural competence
### When Health Care Isn’t Caring

*Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV*

<table>
<thead>
<tr>
<th>Fear or concern</th>
<th>LGB persons answering “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough healthcare providers adequately trained</td>
<td>49%</td>
</tr>
<tr>
<td>Will be treated differently</td>
<td>29%</td>
</tr>
<tr>
<td>Will be refused medical services</td>
<td>9%</td>
</tr>
</tbody>
</table>

More negative: persons of color, persons with lower incomes
Dermatology-related health disparities among MSM/gay men

<table>
<thead>
<tr>
<th>Infectious diseases</th>
<th>Non-infectious diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIV</td>
<td>• Skin cancer and indoor tanning</td>
</tr>
<tr>
<td>• Other STDs (syphilis, gonorrhea, chlamydia and LGV, HSV-2, HPV)</td>
<td>• Mental health among persons with acne</td>
</tr>
<tr>
<td>• Kaposi sarcoma</td>
<td>• “Poppers” dermatitis</td>
</tr>
<tr>
<td>• Invasive meningococcal disease</td>
<td></td>
</tr>
<tr>
<td>• <em>Staphylococcus aureus</em> infection</td>
<td></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
Estimated HIV Incidence among Persons Aged ≥13 Years, by Transmission Category, 2010–2015—United States

Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Data have been statistically adjusted to account for missing transmission category. Heterosexual contact is with a person known to have, or to be at high risk for, HIV infection.

* Difference from the 2010 estimate was deemed statistically significant (P < .05).

Estimated HIV Incidence among Persons Aged ≥13 Years, by Transmission Category, 2010–2015—United States

MSM
- Incidence: 68% of new diagnoses
- Prevalence: 57% of persons living with HIV

Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Data have been statistically adjusted to account for missing transmission category. Heterosexual contact is with a person known to have, or to be at high risk for, HIV infection.

* Difference from the 2010 estimate was deemed statistically significant (P < .05).

Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2017

NOTE: Data collection for syphilis began in 1941; however, syphilis became nationally notifiable in 1944. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: https://wwwn.cdc.gov/nndss/conditions/syphilis/.
Syphilis in the United States: on the rise?

Thomas A Peterman*, John Su, Kyle T Bernstein and Hillard Weinstock
Division of STD Prevention, National Center for HIV, Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta GA, USA
Author for correspondence: tlp@cdc.gov

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• Effective HIV treatment
• Decreased fear of HIV acquisition
• Internet and hook-up apps
• Methamphetamine and other drug use
Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Outlying Areas, 2017

NOTE: The total rate of reported cases of primary and secondary syphilis for the United States and outlying areas (including Guam, Puerto Rico, and the Virgin Islands) was 9.5 per 100,000 population. See Section A1.11 in the Appendix for more information on interpreting reported rates in the outlying areas.

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.

https://www.cdc.gov/std/stats17/slides.htm

- 4 cases in men who have sex with men
- All with visual symptoms
  - Vision loss, flashing lights, blurry vision → uveitis
  - No other symptoms or signs of syphilis
Clinical Advisory: Ocular Syphilis in the United States

Updated March 24, 2016

200 cases reported over the past 2 years from 20 states

What to do?

- All: neurologic, ocular, and otic ROS and neuro exam
- Ocular symptoms: ophtho evaluation, consider LP
- Neuro or otic symptoms: neuro evaluation, consider LP
- Treat neuro, ocular and otic syphilis according to neurosyphilis guidelines
- Report cases to health department

### Early Neurosyphilis: Review of Systems (pertinent positive symptoms)

**GENERAL/CONSTITUTIONAL:** headache, fever, fatigue, weakness, dizziness

**HEAD, EYES, EARS, NOSE AND THROAT:**
- Eyes: pain, redness, loss of vision, double or blurred vision, photophobia, flashing lights or spots
- Ears: ringing in the ears, loss of hearing

**GASTROINTESTINAL:** nausea, vomiting

**MUSCULOSKELETAL:** neck pain/stiffness, muscle weakness

**NEUROLOGIC:** headache, dizziness, muscle weakness, confusion, loss of consciousness, seizures, difficulty speaking

**PSYCHIATRIC:** confusion

### Early Neurosyphilis: Focused Neurologic Exam

**Cranial Nerve Exam:** assess for cranial nerve palsies (key maneuvers in bold)
- II: visual acuity, visual fields
- III, IV, VI: extraocular movements, inspect for ptosis
- V: corneal reflexes and jaw strength/movements, facial sensation
- VII: facial movements (raise eyebrows, frown, tightly close eyes, show teeth smile, puff out both cheeks)
- VIII: hearing (rub fingers together)
- IX: swallowing, gag reflex, rise of palate
- V, VII, X, XII: voice and speech
- XI: trapezius muscle inspection & shoulder shrug
- XII: inspection of tongue and lateral movement of tongue while protruded

**Motor:** assess for weakness/hemiplegia
- Muscle strength testing upper and lower extremities

**Nuchal Rigidity Testing:** assess for meningeal inflammation
- Chin to chest: stiffness/pain with flexion of neck, flexion of hips and knees in response to neck flexion (Brudzinski's sign)
- Jolt accentuation maneuver: worsening of headache when patient rotates head rapidly from side to side

**Deep Tendon Reflexes:** assess for hyperreflexia
- Biceps
- Supinator
- Knee
- Ankle
Invasive meningococcal disease among MSM

Serogroup C Invasive Meningococcal Disease Among Men Who Have Sex With Men — New York City, 2010–2012

A cluster of invasive meningococcal disease in young men who have sex with men in Berlin, October 2012 to May 2013

Outbreak of Serogroup C Meningococcal Disease Primarily Affecting Men Who Have Sex with Men — Southern California, 2016

http://www.eurosurveillance.org/content/10.2807/1560-7917.ES2013.18.28.20523;
https://www.cdc.gov/mmwr/pdf/wk/mm6535.pdf
https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6535.pdf
527 cases

14% in MSM
- HIV+ and HIV-
- 32% fatality rate

All isolates from MSM were same serogroup

Relative risks
- MSM compared with non-MSM: 4
- HIV + MSM compared with HIV- MSM: 10
Invasive Meningococcal Disease

Vaccines

Vaccines can protect against meningococcal bacteria. The following groups are recommended for routine vaccination:

- Children aged 11 and 12, with a booster dose at age 16.
- Children aged 13 to 18, if not previously vaccinated.

People aged 2 to 55 should also get vaccinated if they:

- Are a college freshman living in a dormitory
- Have functional or anatomic asplenia, including sickle cell disease
- Have certain problems with their immune system (known as complement deficiencies)
- Work in a lab where they may be exposed to infection
- Travel to parts of the world where IMD is epidemic
- Are a military recruit

If you are at risk for IMD, your health care provider may be able to vaccinate you. If that is not available, many pharmacies offer meningococcal vaccine.

Meningococcal Disease

Who should get vaccinated?

All children should receive meningococcal vaccine at age 11-12 years, with a booster dose at age 16-18 years. The vaccine is also strongly recommended for:

- College freshmen living in dormitories, who have not yet been vaccinated
- Travelers to areas of the world with high rates of meningococcal disease, particularly sub-Saharan Africa
- Microbiologists routinely exposed to isolates of Neisseria meningitidis
- Military recruits
- People with certain medical conditions like a damaged or missing spleen or terminal complement deficiency
- HIV positive persons ages 2 months and older

- Due to outbreaks of meningococcal disease in several US cities among men who have sex with men, meningococcal vaccination is also recommended in San Francisco for:
  - Gay, bisexual, and other men who have sex with men
  - Transgender persons who have sex with men

<table>
<thead>
<tr>
<th>Ever had or done...?</th>
<th>Sexual Minority Men</th>
<th>Heterosexual Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All skin cancers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001–2005 survey</td>
<td>4.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>2013 survey</td>
<td>6.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td><strong>Melanoma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001–2005 survey</td>
<td>1.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Nonmelanoma skin cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001–2005 survey</td>
<td>2.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Indoor tanning in past year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009 survey</td>
<td>7.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>2013 survey</td>
<td>5.1%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

http://jamanetwork.com/journals/jamadermatology/fullarticle/2453327
• 2015 Youth Risk Behavior Survey (CDC)
• Grades 9–12
• Indoor tanning in past 12 months
  • Heterosexual males (white, black, Hispanic): ~3%
  • Sexual minority males (white): ~9%
  • Sexual minority males (black): ~17%
  • Sexual minority males (Hispanic): ~15%
Medical competency /
Preventive health

http://www.newyorker.com/culture/culture-desk/cover-story-obamas-gay-marriage-announcement
# HIV/STD Screening for MSM: CDC Guidelines


<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen source</th>
<th>Indication</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV*</td>
<td>Blood</td>
<td>HIV status unknown or negative and patient or sex partner(s) with &gt;1 sex partner since most recent test</td>
<td>At least annually; every 3–6 months if risk factors persist or if they or partners have multiple sex partners</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>Blood</td>
<td>Sexually active in past year or since last test</td>
<td></td>
</tr>
<tr>
<td>Urethral gonorrhea and chlamydia</td>
<td>Urine</td>
<td>Insertive oral or anal intercourse during past year, regardless of reported condom use</td>
<td></td>
</tr>
<tr>
<td>Rectal gonorrhea and chlamydia</td>
<td>Swab</td>
<td>Receptive anal intercourse during past year, regardless of reported condom use</td>
<td></td>
</tr>
<tr>
<td>Pharyngeal gonorrhea</td>
<td>Swab</td>
<td>Receptive oral intercourse during past year, regardless of reported condom use</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HBsAg)</td>
<td>Blood</td>
<td>No documented vaccination or infection</td>
<td>Once</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Blood</td>
<td>MSM living with HIV</td>
<td>At least once</td>
</tr>
</tbody>
</table>
## HIV/STD Screening for MSM: CDC Guidelines

<table>
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</tr>
</tbody>
</table>

*Screening ONLY for urethral chlamydia and gonorrhea
- Misses 77% of chlamydia infections
- Misses 95% of gonorrhea infections
- Extragenital infections more likely to be asymptomatic

*Also recommended by U.S. Preventive Services Task Force; https://www.ncbi.nlm.nih.gov/pubmed/21934565
HIV/STD Screening for MSM: CDC Guidelines

- Screening tests **NOT** routinely recommended for MSM
  - HSV-2 serology
  - Anal cancer, including anal Pap smears
  - Hepatitis C virus
- Screening for intra-anal warts in patients with perianal warts
  - “Many persons with external anal warts also have intra-anal warts. Thus, persons with external anal warts might benefit from an inspection of the anal canal by digital examination, standard anoscopy, or high-resolution anoscopy.”
- Can assess need on case-by-case basis
- Consider potential harms of screening

# Vaccinations for MSM: CDC and Local Public Health Guidelines


<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV (4v or 9v)</td>
<td>≤ age 26, regardless of prior/current HPV infection</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>No prior infection or vaccination</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>No prior infection or vaccination</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>MSM living in or traveling to select cities based on local recommendations</td>
</tr>
</tbody>
</table>
• ACIP Recommendations
  – ≤ Age 26: Vaccinate
  – Ages 27–45: Discuss with physician
  – > age 45: Do not vaccinate

• Pending CDC approval / publication

HIV Pre-Exposure Prophylaxis (PrEP)

- iPrEx trial
- HIV-negative MSM and transgender women
- Daily emtricitabine-tenofovir vs. placebo
- 44% ↓ in HIV acquisition in active-treatment group
- 92% ↓ in HIV acquisition if drug levels detectable

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2017 UPDATE
A CLINICAL PRACTICE GUIDELINE

Box B1: Recommended Indications for PrEP Use by MSM

- Adult man
- Without acute or established HIV infection
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AND at least one of the following

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- A bacterial STI (syphilis, gonorrhea, or chlamydia) diagnosed or reported in past 6 months

No New HIV Infections With Increasing Use of HIV Preexposure Prophylaxis in a Clinical Practice Setting

Jonathan E. Volk, Julia L. Marcus, Tony Phengrasamy, Derek Blechinger, Dong Phuong Nguyen, Stephen Follansbee, and C. Bradley Hare

1Department of Adult and Family Medicine, Kaiser Permanente San Francisco Medical Center, and 2Division of Research, Kaiser Permanente Northern California, Oakland, California

• 2012–2015
• 657 PrEP initiators
• 388 person-years
• No new HIV infections
• STIs: 30% within 6 months, 50% within 12 months

“A” grade recommendation (must be provided without co-pays)
Recommended for persons at risk
Includes sexually active MSM who have 1 of the following characteristics:

– Serodiscorant sex partner
– Inconsistent use of condoms during receptive or insertive anal sex
– Syphilis, gonorrhea, or chlamydia within the past 6 months
• PrEP awareness increased from 60% to 90%
• PrEP use increased from 6% to 35%, lower among blacks and Hispanics

PrEP referral tool:
https://npin.cdc.gov/preplocator

https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6827a1-H.pdf
SF health officials embrace non-daily PrEP dosing regimen

by Matthew S. Bajko
Assistant Editor
Wednesday Feb 27, 2019

• Concerns about risk compensation don’t justify withholding PrEP
• Hasn’t led to higher rates of HIV acquisition
• Routine follow-up enables prompt detection and treatment of other STIs
• Disease prevention may not be the most important health outcome to patients
• Sexual health is not only the absence of disease, but also a holistic state of physical, emotional, mental, and social well-being in relation to sexuality
• PrEP can facilitate intimacy and pleasure that can enhance sexual well-being
Non-Occupational Post-Exposure Prophylaxis for HIV (nPEP): CDC Guidelines

Gay men’s health for dermatologists: Cultural competency
Cultural competency in caring for gay men/MSM

- Concepts around sexual orientation and behavior
- Terminology, including eliciting sexual history
- Care environment
  - Intake forms
  - Messaging around diversity and inclusion
  - Bathroom access
- Important for all staff, not just physicians
- Cultural competence important for all of a person’s identities
Eliciting a Sexual History

- Normalize the discussion
  - “I ask all my patients with a rash like yours some questions about their sexual history, because it makes a difference in how I care for you. Is that ok?”
Eliciting a Sexual History

• Normalize the discussion
• Ask
  – Are you sexually active?
  – Do you have sex with men, women, or both?
  – Other questions, which might include:
    • Types of sex
    • Dates of exposure
    • Condom use
Eliciting a Sexual History

• Normalize the discussion
• Ask
• Demonstrate why it matters
  – “Because of what you’ve told me, I think we should...”
<table>
<thead>
<tr>
<th>Group</th>
<th>Question</th>
<th>% “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Physicians</td>
<td>Will patients refuse to provide sexual orientation information?</td>
<td>78%</td>
</tr>
<tr>
<td>Patients (LGB and straight)</td>
<td>Will you refuse to provide sexual orientation information?</td>
<td>10%</td>
</tr>
</tbody>
</table>
**Table. Standard Measures of Sexual Orientation and Gender Identity for Use in Dermatology Clinical Settings**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Question and Patient Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>Do you think of yourself as (check one):</td>
</tr>
<tr>
<td></td>
<td>- Straight or heterosexual</td>
</tr>
<tr>
<td></td>
<td>- Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td></td>
<td>- Bisexual</td>
</tr>
<tr>
<td></td>
<td>- Something else</td>
</tr>
<tr>
<td></td>
<td>- Do not know</td>
</tr>
<tr>
<td></td>
<td>- Choose not to disclose</td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
</tr>
<tr>
<td>1. Sex assigned at birth</td>
<td>What sex were you assigned at birth? (check one)</td>
</tr>
<tr>
<td></td>
<td>- Male</td>
</tr>
<tr>
<td></td>
<td>- Female</td>
</tr>
<tr>
<td></td>
<td>- Choose not to disclose</td>
</tr>
<tr>
<td>2. Gender identity</td>
<td>What is your current gender identity? (check one)</td>
</tr>
<tr>
<td></td>
<td>- Male</td>
</tr>
<tr>
<td></td>
<td>- Female</td>
</tr>
<tr>
<td></td>
<td>- Transgender Male/Trans Man/Female-to-Male (FTM)</td>
</tr>
<tr>
<td></td>
<td>- Transgender Female/Trans Woman/Male-to-Female (MTF)</td>
</tr>
<tr>
<td></td>
<td>- Genderqueer, neither exclusively male nor female</td>
</tr>
<tr>
<td></td>
<td>- Additional gender category, please specify:</td>
</tr>
<tr>
<td></td>
<td>- Choose not to disclose</td>
</tr>
<tr>
<td>Name and Gender Pronouns</td>
<td>Name you would like us to use:</td>
</tr>
<tr>
<td>1. Name used</td>
<td></td>
</tr>
<tr>
<td>2. Pronouns</td>
<td>What are your pronouns? (e.g., he/him, she/her, they/them)</td>
</tr>
</tbody>
</table>

*Adapted from guidelines by the Fenway Institute National LGBT Health Education Center.*
Dignity and Respect

Kaiser Permanente is known for its commitment to diversity and inclusion

We all have the responsibility to treat one another with dignity and respect

Kaiser Permanente does not discriminate on the basis of sex, age, economic status, educational background, race, color, religion, immigration status, ancestry, national origin, sexual orientation, gender identity, disability, marital status, veteran status, or source of payment

Kenneth Katz, MD
Pronouns: He / him / his
Dermatologist
Chief, Outpatient Pharmacy and Therapeutics
Kaiser Permanente – San Francisco Medical Center
1600 Owens St., 9th Floor, San Francisco, CA 94158

ALL GENDER RESTROOM
WHATEVER
just wash your hands.
Providing Quality Care to Lesbian, Gay, Bisexual, and Transgender Patients: An Introduction for Staff Training

In this module, you will learn ways to provide affirming and inclusive health care for lesbian, gay, bisexual, and transgender, or LGBT, patients. This module will:

1. Summarize important LGBT terminology.
2. Describe health disparities faced by LGBT people.
3. Explain the importance of effective communication to provide affirming care for LGBT patients.

You will need to log in or register to access the complete Learning Module content.

https://www.lgbthealtheducation.org/lgbt-education/learning-modules/
Clinical vignette
• 25-year-old man
• Complains of rash and sore throat for two weeks
• Denies recent sores on body

http://www.cmaj.ca/content/176/1/33
Sexual history

- Sex partners are men
- Does not have primary partner
- Last sexual encounter about two weeks ago
- Engages in receptive and insertive oral and anal sex
- Uses condoms most but not all of the time
- HIV and STD tests negative one year ago
<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>T. pallidum</em> enzyme immunoassay (EIA)</td>
<td>Reactive</td>
</tr>
<tr>
<td>RPR</td>
<td>Reactive, 1:128</td>
</tr>
<tr>
<td>Biopsy result</td>
<td>Syphilis</td>
</tr>
</tbody>
</table>
Management

- Review of systems for neurologic and ocular symptoms
- Focused neurologic exam to rule out neurosyphilis
- Treat with benzathine penicillin G, 2.4M units IM, x 1
- Arrange for clinical and serologic follow up
- Report case to local public health jurisdiction
- Inform patient that public health might contact him for follow up

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6440a6.htm;
https://www.cdph.ca.gov/programs/std/Documents/NeurosyphilisGuide.pdf;
# HIV/STD screening

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antibody and viral load</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>Urine</strong> test for gonorrhea and chlamydia</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>Rectal</strong> test for gonorrhea and chlamydia</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>Pharyngeal</strong> test for gonorrhea and chlamydia</td>
<td>Negative</td>
</tr>
</tbody>
</table>
# Vaccinations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Already had</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Already had</td>
</tr>
<tr>
<td>HPV (9-valent)</td>
<td>ORDERED</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>ORDERED</td>
</tr>
</tbody>
</table>
HIV Pre-Exposure Prophylaxis (PrEP) Among MSM: CDC Guidelines

**Box B1: Recommended Indications for PrEP Use by MSM²**

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https://www.cdc.gov/mmwr/pdf/wk/mm6446.pdf
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YES to all – referred for consideration of PrEP

[https://www.cdc.gov/mmwr/pdf/wk/mm6446.pdf](https://www.cdc.gov/mmwr/pdf/wk/mm6446.pdf)
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No exposures requiring nPEP in past 72 hours

https://www.cdc.gov/mmwr/pdf/wk/mm6446.pdf
Do ask. Do treat.

Experts discuss cultural and medical competences of caring for lesbian, gay, and bisexual patients.

17 Are you ready for an audit?

38 Measuring dermatology's value.

44 Treat to target hits psoriasis.

Resources

http://www.newyorker.com/culture/culture-desk/cover-story-obamas-gay-marriage-announcement
# Dermatology-specific resources for caring for gay men/MSM

<table>
<thead>
<tr>
<th>Resource</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAD Expert Resource Group on LGBT/Sexual &amp; Gender Minority Health</td>
<td>• Facebook page and Google groups listserv</td>
</tr>
<tr>
<td></td>
<td>• Contact: <a href="mailto:Kenneth.Katz@gmail.com">Kenneth.Katz@gmail.com</a></td>
</tr>
<tr>
<td>Gay and Lesbian Dermatology Association</td>
<td>• <a href="http://www.glderm.org">www.glderm.org</a></td>
</tr>
<tr>
<td>Medical literature</td>
<td>• Derm World (LGB 11/17, transgender 6/18)</td>
</tr>
<tr>
<td></td>
<td>• Review articles</td>
</tr>
<tr>
<td></td>
<td>• Research articles</td>
</tr>
<tr>
<td></td>
<td>• JAAD 2-part CME (3/19)</td>
</tr>
<tr>
<td></td>
<td>• Textbook chapters (DIGM and others)</td>
</tr>
<tr>
<td>Presentations</td>
<td>• AAD, APD, WCD, DF, others</td>
</tr>
<tr>
<td>Questions for ABD exams</td>
<td>• Forthcoming</td>
</tr>
</tbody>
</table>
## General medical resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay and Lesbian Medical Association (GLMA)</td>
<td><a href="http://www.glma.org">www.glma.org</a></td>
</tr>
<tr>
<td>National LGBT Health Education Center (Fenway Institute)</td>
<td><a href="https://www.lgbthealtheducation.org">https://www.lgbthealtheducation.org</a></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td><a href="http://www.cdc.gov/lgbthealth">www.cdc.gov/lgbthealth</a></td>
</tr>
</tbody>
</table>
Caring for Gay Men and Other Men Who Have Sex with Men

• Clinical vignette
• Background
• Terminology
• Demographics
• Medical competency
• Cultural competency
• Clinical vignette
• Resources for Dermatologists