LGBT Health: Providing Culturally Competent Care to Patients Who are Sexual and Gender Minorities (U078)

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Kaiser Permanente, San Francisco, CA  
Co-chair, AAD Expert Resource Group on LGBT/Sexual and Gender Minority Health

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Member, AAD Expert Resource Group on LGBT/Sexual and Gender Minority Health

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Washington University School of Medicine, St. Louis, MO  
Co-chair, AAD Expert Resource Group on LGBT/Sexual and Gender Minority Health

AAD Annual Meeting | San Diego, CA | February 18, 2018
LGBT Health: Providing Culturally Competent Care to Patients Who are Sexual and Gender Minorities (U078)

- **Dr. Katz**
  - Background, nomenclature and demographics
- **Dr. Ginsberg**
  - Transgender persons
- **Dr. Katz**
  - Dermatology-related health concerns of women who have sex with women and men who have sex with men
- **Dr. Sternhell-Blackwell**
  - Eliciting a sexual history and a gender identity history
Conflict of Interest Disclosure: Dr. Katz

• None in past 12 months
LGBT Health: Background
Massachusetts, starting mid-1990s

Deserves the same care, no matter who these hands embrace.

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

The Gay, Lesbian, Bisexual and Transgender Health Access Project
Massachusetts Department of Public Health
www.glbthealth.org

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http://www.glbthealth.org/HAPMaterials.htm#materials
Important differences for LGBT patients, requiring medical and cultural competence by physicians.
• Goal: “Improve the health, safety, and well-being of LGBT individuals”

• Background: Health disparities among LGBT persons
  - LGBT youth: more likely to attempt suicide
  - Lesbians: 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

• One cause: “Shortage of HCPs knowledgeable and culturally competent in LGBT health”
EHRs certified for meaningful use must enable collection of data on sexual orientation/gender identity

– “Where the patient chooses to disclose this information, [it] can help... the patient’s care team... in identifying interventions and treatments most helpful to the particular patient.”

– “A crucial step forward to improving care for LGBT communities”
LGBT Health: Nomenclature
# Sex, gender, and transgender

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>• Biologic construct&lt;br&gt;• Male / female / intersex&lt;br&gt;• Typically assigned at birth</td>
</tr>
<tr>
<td>Gender identity</td>
<td>• Social construct&lt;br&gt;• Sense of being boy/man, girl/woman, or other gender&lt;br&gt;• Might or might not align with sex assigned at birth</td>
</tr>
<tr>
<td>Transgender</td>
<td>• Gender identity does not align with sex assigned at birth&lt;br&gt;• Male-to-female/transgender woman/trans woman&lt;br&gt;• Female-to-male/transgender man/trans man&lt;br&gt;• Adjective, not noun: “Transgender,” not “transgendered”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
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</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</td>
</tr>
<tr>
<td></td>
<td>• Heterosexual/straight</td>
</tr>
<tr>
<td></td>
<td>• Bisexual</td>
</tr>
<tr>
<td>Sexual behavior</td>
<td>• Describes biologic sex of sex partners</td>
</tr>
<tr>
<td></td>
<td>• Men: Men who have sex with men (MSM), MSW, MSMW</td>
</tr>
<tr>
<td></td>
<td>• Women: Women who have sex with women (WSW), WSM, WSMW</td>
</tr>
</tbody>
</table>
## LGBT and SGM

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>LGBT(Q)(I)</td>
<td>• Lesbian, gay, bisexual, and transgender, (queer), (questioning), (intersex)</td>
</tr>
</tbody>
</table>
| SGM      | • Sexual and gender minority  
• Umbrella phrase for LGBT persons and others whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms |

LGBT Health:
Demographics
<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>Percentage</th>
<th>Approximate number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian/bisexual women</td>
<td>3.4%</td>
<td>4 million</td>
</tr>
<tr>
<td>Gay/bisexual men</td>
<td>3.6%</td>
<td>4 million</td>
</tr>
<tr>
<td><strong>Gender identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>0.6%</td>
<td>1.4 million</td>
</tr>
<tr>
<td><strong>Sexual behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same-sex sexual behavior (ever)</td>
<td>8.2%</td>
<td>19 million</td>
</tr>
</tbody>
</table>

Dermatology-related health concerns of women who have sex with women (WSW) and men who have sex with men (MSM)

Ken Katz, MD, MSc, MSCE
Kaiser Permanente, San Francisco, CA
Co-chair, AAD Expert Resource Group on LGBT/Sexual and Gender Minority Health

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Dermatology-related health concerns of WSW

- **Infectious conditions**
  - Increased: Chlamydia, HSV seroprevalence, oral HPV infection, STDs overall
  - Decreased: Pap smear utilization, HPV vaccination HIV

- **Non-infectious conditions**
  - Decreased: Skin cancer and indoor tanning

Dermatology-related health concerns of WSW

• Infectious conditions
  • Increased: Chlamydia, HSV seroprevalence, oral HPV infection, STDs overall
  • Decreased: Pap smear utilization, HPV vaccination HIV

• Non-infectious conditions
  • Decreased: Skin cancer and indoor tanning
  • Acne and mental health

• National survey
  – Sexual orientation and behavior (ages 18–59)
  – HSV-2 serostatus (ages 18–49)
Women Who Have Sex With Women in The United States: Prevalence, Sexual Behavior and Prevalence of Herpes Simplex Virus Type 2 Infection—
Results From National Health and Nutrition Examination Survey 2001–2006

Fujie Xu, MD, PHD, Maya R. Sternberg, PHD, and Lauri E. Markowitz, MD

- WSW ever: 7.1%
- WSW past year: 2.7%


Fujie Xu, MD, PHD, Maya R. Sternberg, PHD, and Lauri E. Markowitz, MD

<table>
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<tr>
<th>Characteristic</th>
<th>HSV-2 seroprevalence</th>
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<tr>
<td>Sexual behavior</td>
<td></td>
</tr>
<tr>
<td>Non-WSW</td>
<td>24%</td>
</tr>
<tr>
<td>WSW-past year</td>
<td>30%</td>
</tr>
<tr>
<td>WSW-ever</td>
<td>36%</td>
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### Women Who Have Sex With Women in The United States: Prevalence, Sexual Behavior and Prevalence of Herpes Simplex Virus Type 2 Infection—
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<tr>
<td>WSW-ever</td>
<td>36%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>46%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>36%</td>
</tr>
<tr>
<td>Homosexual</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Dermatology-related health concerns of MSM (all ↑)**

- **Infectious conditions**
  - HIV
  - Other STDs: syphilis, gonorrhea, chlamydia including LGV, HSV-2
  - Kaposi sarcoma
  - Meningococcal meningitis
  - *Staphylococcus aureus* infection

- **Non-infectious conditions**
  - Skin cancer and indoor tanning
  - Acne and mental health
  - “Poppers” dermatitis

Dermatology-related health concerns of MSM (all ↑)

• Infectious conditions
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  • Kaposi sarcoma
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• Non-infectious conditions
  • Skin cancer and indoor tanning
  • Acne and mental health
  • “Poppers” dermatitis

39,782 total new HIV infections in 2016
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2015—United States and 6 Dependent Areas

Note. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises less than 1% of cases.

*a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
• 26,570 new HIV infections among MSM in 2016
• 67% of total new HIV infections

Note. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

* 36 states were able to classify ≥70% of reported cases of primary and secondary syphilis as either MSM†, MSW†, or women for each year during 2012–2016.

† MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.

- 27,814 cases in 2016
- 58% among MSM

* 36 states were able to classify ≥70% of reported cases of primary and secondary syphilis as either MSM†, MSW‡, or women for each year during 2012–2016.

† MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.

Syphilis in the United States: on the rise?

Thomas A Peterman*, John Su, Kyle T Bernstein and Hillard Weinstock

Division of STD Prevention, National Centre for HIV, Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta GA, USA

Author for correspondence: tap1@cdc.gov
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- Effective HIV treatment
- Decreased fear of HIV
- PrEP
- Hook-up websites and apps
- Meth and other drug use
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

Increased Risk for Meningococcal Disease Among Men Who Have Sex With Men in the United States, 2012–2015


- 527 cases among men aged 18–64
- 14% in men who have sex with men (MSM) (32% case-fatality rate)
- 86% not in MSM (24% case-fatality rate)
- All isolates from MSM clusters were serogroup C sequence type 11
- Relative risks
  - MSM compared with non-MSM: 4.0 (95% CI, 3.1–5.1)
  - HIV + MSM compared with HIV - MSM: 10.1 (95% CI, 6.1–16.6)
Meningococcal Disease

- Transmission by respiratory or throat secretions
  - Saliva or spit
  - Close contact (coughing or kissing)
- Not by casual contact or breathing air where someone with meningococcal disease has been

https://www.cdc.gov/meningococcal/about/causes-transmission.html
Meningococcal Vaccination: What Everyone Should Know

- Vaccination recommendations
  - Routine vaccination of HIV-infected MSM
  - Vaccination of select HIV-uninfected MSM at increased risk
    - Living in or traveling to selected areas
    - California, NYC, Chicago, certain European cities
  - Others at risk

https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a3.htm?s_cid=mm6543a3_e; https://www.cdc.gov/vaccines/vpd/mening/public/index.html
Compared with heterosexuals...

- **Sexual minority men**
  - ↑ skin cancer (4.3% vs 2.7%; 6.7% vs. 3.2%), including melanoma and NMSC
  - More likely to have tanned indoors

- **Sexual minority women**
  - No difference in overall skin cancer history; NMSC less likely
  - Less likely to have tanned indoors

http://jamanetwork.com/journals/jamadermatology/fullarticle/2453327
• Sexual minority males
  • All (white, black, Hispanic) more likely to tan indoors than heterosexual males

• Sexual minority females
  • White: less likely to tan indoors than heterosexual females
  • Black or Hispanic: more likely to tan indoors than heterosexual females
• Increases in all outcomes in sexual minorities vs. heterosexuals
• History of depression, recent clinical depression, suicidal ideation, antidepressant use, and psychological counseling
LGBT Health: Preventive health recommendations for MSM

http://www.newyorker.com/culture/culture-desk/cover-story-obamas-gay-marriage-announcement
LGBT Health: Preventive health recommendations for MSM

- STD/HIV screening
- Sexual health-related vaccinations
- HIV prophylaxis
# 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>
</tbody>
</table>

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
• Can assess need on case-by-case basis

Vaccinations for MSM: CDC and Local Public Health Guidelines

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human papillomavirus (4vHPV or 9vHPV)</td>
<td>All MSM through age 26, regardless of prior or current HPV infection status</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 Los Angeles, New York City, Chicago, or planning to have sex with men from those cities or from various European cities</td>
</tr>
</tbody>
</table>

HIV Pre-Exposure Prophylaxis (PrEP) for MSM: CDC Guidelines

<table>
<thead>
<tr>
<th>All of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult man</td>
</tr>
<tr>
<td>Without acute or established HIV infection</td>
</tr>
<tr>
<td>Any male sex partners in past 6 months</td>
</tr>
<tr>
<td>Not in a monogamous partnership with a recently tested, HIV-negative man</td>
</tr>
</tbody>
</table>

## HIV Pre-Exposure Prophylaxis (PrEP) for MSM: CDC Guidelines

<table>
<thead>
<tr>
<th>All of these</th>
<th>AND at least one of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Adult man</td>
<td>❑ Any anal sex without condoms (receptive or insertive) in past 6 months</td>
</tr>
<tr>
<td>❑ Without acute or established HIV infection</td>
<td>❑ Any STI diagnosed or reported in past 6 months</td>
</tr>
<tr>
<td>❑ Any male sex partners in past 6 months</td>
<td>❑ In an ongoing sexual relationship with an HIV-positive male partner</td>
</tr>
<tr>
<td>❑ Not in a monogamous partnership with a recently tested, HIV-negative man</td>
<td></td>
</tr>
</tbody>
</table>
• Studied HIV-negative MSM and transgender women
• Daily emtricitabine-tenofovir vs. placebo
• 44% ↓ in HIV in active-treatment group
• 92% ↓ in active-treatment group with detectable drug levels
Non-Occupational Post-Exposure Prophylaxis for HIV (nPEP): CDC Guidelines