Taking Care of Gay Men and Other Men Who Have Sex with Men
What the dermatologist needs to know

Kenneth A. Katz, MD, MSc, MSCE
Department of Dermatology
Kaiser Permanente
San Francisco, CA
Kenneth.Katz@gmail.com

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New York, NY
July 28, 2017
Conflict of Interest Disclosure

• Stockholder: Synta Pharmaceuticals Corp.
• Stockholder: Madrigal Pharmaceuticals, Inc.
Taking Care of Gay Men and Other Men Who Have Sex with Men

- Background
- Terminology
- Demographics
- Epidemiology
- Preventive Health Recommendations
- Taking a Sexual History
- Clinical Vignette
- Resources for Dermatologists

Bonus: LGBT-related magazine covers
Gay Men’s Health for Dermatologists: Background
Deserves the same care, no matter who these hands embrace.

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

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

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

Deserves the same quality of 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.

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

http://www.glbthealth.org/HAPMaterials.htm#materials
Important differences for LGBT patients, including gay men and other MSM

- Medical issues
  - Health disparities
  - Epidemiologic differences
  - Public health recommendations for disease prevention

- Cultural issues
  - Attitudes of LGBT patients, including MSM, toward healthcare
  - Ability of physicians to demonstrate cultural competence

http://www.glbthealth.org/HAPMaterials.htm#materials
• 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
• Lack of providers knowledgeable and culturally competent in LGBT health
Convenience survey
4916 respondents
2009
LGB Persons’ Experiences with Healthcare System

- I was refused health care
- HCPs refused to touch me or used excessive precautions
- HCPs used harsh or abusive language
- HCPs blamed me for my health status
- HCPs were physically rough or abusive

Percent answering “yes”

LGB Persons’ Fears and Concerns About Accessing Healthcare

- Will be refused medical service
- Will be treated differently
- Not enough HCPs adequately trained

Percent answering “yes”

LGB Persons’ Fears and Concerns About Accessing Healthcare

- Will be refused medical service
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Experiences, fears, and concerns were all more negative among LGB persons of color and low-income respondents (household income < $20,000)

Lesbian, Gay, Bisexual, and Transgender–Related Content in Undergraduate Medical Education

- Surveyed medical education deans at 176 allopathic or osteopathic medical schools in Canada and USA, 2009–2010
- 85% responded
- Median time for LGBT-related content, entire curriculum: 5 hours
- 7 percent: 0 hours
Lesbian, Gay, Bisexual, and Transgender–Related Content in Undergraduate Medical Education

Figure 1. Percentage of Medical Schools Teaching LGBT-Related Topics in the Required Curriculum

Lesbian, gay, bisexual, and transgender (LGBT)–related topics taught during the required curriculum (N=182 survey respondents). HIV indicates human immunodeficiency virus; STI, sexually transmitted infections; DSD, disorders of sex development; IPV, intimate partner violence; and SRS, sex-reassignment surgery.
Requirements for competency in patient care (Table 6.4)

• Sensitively and effectively eliciting relevant information
• Performing a complete, accurate physical exam
• Describing the special health care needs and available options for quality care
• Assessing unique needs and tailoring to special needs
• Recognizing unique health risks and tailoring health messages and counseling
• Providing effective care by utilizing screening tests and other preventive care
Gay Men’s Health for Dermatologists: Terminology
## Gay vs. MSM

<table>
<thead>
<tr>
<th>Gay</th>
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<td>Sexual orientation: men who are emotionally and sexually attracted to other males</td>
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# Gay vs. MSM

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<td>men who are emotionally and sexually attracted to other males</td>
</tr>
<tr>
<td><strong>Sexual behavior:</strong></td>
<td>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>Clinicians, researchers, public-health practitioners. Not used by people themselves. (“I’m MSM,” “MSM bar,” “MSM rights.”)</td>
</tr>
</tbody>
</table>

Gay Men’s Health for Dermatologists: Demographics
Figure 5. Percent and number of adults who identify as LGBT in the United States.

- **Women**
  - 2,648,033 (2.2%)
  - 1,359,801 (1.1%)

- **Men**
  - 1,539,912 (1.4%)
  - 2,491,034 (2.2%)

- **Transgender**
  - 697,529 (0.3%)
How many people are lesbian, gay, bisexual, and transgender?

by Gary J. Gates, Williams Distinguished Scholar

April 2011

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

<table>
<thead>
<tr>
<th>Study</th>
<th>LGB Identity</th>
<th>Same-sex attraction</th>
<th>LGB Identity</th>
<th>Same-sex behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Survey of Family Growth, 2006-2008</td>
<td>3.7%</td>
<td>11.0%</td>
<td>3.7%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Australian Longitudinal Study of Health and Relationships, 2005</td>
<td>2.3%</td>
<td>6.5%</td>
<td>2.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Norwegian Living Conditions Survey, 2010</td>
<td>1.2%</td>
<td>1.8%</td>
<td>1.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>National Survey of Family Growth, 2006-2008</td>
<td>3.2%</td>
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<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>General Social Survey, 2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Longitudinal Study of Health and Relationships, 2005</td>
<td>2.1%</td>
<td></td>
<td>2.1%</td>
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Gay Men’s Health for Dermatologists: Epidemiology
Dermatology-Related Epidemiologic Disparities

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

• Non-infectious diseases
  • Skin cancer and indoor tanning
  • “Poppers” dermatitis

Diagnoses of HIV Infection among Male Adults and Adolescents, by Transmission Category, 2010–2014—United States and 6 Dependent Areas

39,513 new HIV infections in 2015

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. 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.
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2014—United States and 6 Dependent Areas

**Male-to-male sexual contact**

**Heterosexual contact**

**Injection drug use (IDU)**

**Male-to-male sexual contact and IDU**

Year of diagnosis

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. 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.
23,872 primary and secondary syphilis cases in 2015
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

Syphilis in the United States: on the rise?

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388 cases (0.6% of total syphilis cases)
69% MSM
51% living with HIV
28% with primary or secondary syphilis
22% had other neurosyphilis symptoms
Symptoms: blurry vision (64%), vision loss (33%), eye pain or red eye (14%)
Clinical Advisory: Ocular Syphilis in the United States

- Screen syphilis patients for visual complaints
- Test all syphilis patients for HIV if not known to be HIV-positive
- Perform neuro exam including cranial nerves in all syphilis patients
- Refer syphilis patients with ocular complaints for ophtho exam and LP
- Treat ocular syphilis according to neurosyphilis recommendations
- Report ocular syphilis cases to health department within 24 hours

https://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm
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  
  - II, III: pupillary reactions to light and accommodation  
  - 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
Meningococcal Disease Among Men Who Have Sex with Men — United States, January 2012–June 2015

- 74 cases
- New York City (23), Los Angeles (14), Chicago (11), other jurisdictions
- 59% living with HIV
- 32% died
New vaccine recommendations to contain the outbreak of meningococcal disease in Southern California: what providers need to do
August 16, 2016

CDPH advises that healthcare providers recommend MenACWY vaccination for:

- All MSM residing in Los Angeles, Orange and San Diego Counties and the City of Long Beach
- MSM residing outside of these jurisdictions who plan to travel to Los Angeles or Orange Counties or the City of Long Beach (to be effective, vaccination should occur ≥2 weeks prior to travel)
- All HIV-infected persons statewide
# Association of Skin Cancer and Indoor Tanning in Sexual Minority Men and Women

Matthew Manoh, MD; Kenneth A. Katz, MD, MSc; NSCE: Eleni Linos, MD, DrPH; Mary-Margaret Chren, MD; Sarah Aron, MD, PHD

Ever had or done...? | Sexual Minority Men | Heterosexual Men
--- | --- | ---
**All skin cancers**
2001–2005 survey | 4.3% | 2.7%
2013 survey | 6.7% | 3.2%
**Melanoma**
2001–2005 survey | 1.1% | 0.6%
**Nonmelanoma skin cancer**
2001–2005 survey | 2.9% | 2.0%
**Indoor tanning in past year**
2009 survey | 7.4% | 1.5%
2013 survey | 5.1% | 1.6%

http://jamanetwork.com/journals/jamadermatology/fullarticle/2453327

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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%

http://jamanetwork.com/journals/jamadermatology/fullarticle/2593711?resultClick=1
‘Poppers’ dermatitis

J. Schaub and T. Herzinger
Department of Dermatology and Allergology, Ludwig-Maximilian University Munich, Frauenlobstr 9-11, 80337 Munich, Germany

‘Poppers’ is a slang term for various volatile alkyl nitrites which are inhaled for recreational purposes.

‘Poppers’ dermatitis

J. Schaub and T. Herzinger
Department of Dermatology and Allergy, Ludwig-Maximilian-University Munich, Frauenlobstr 9-11, 80337 Munich, Germany

Figure 1. Contact dermatitis on (a, b) the right thigh of patient 1. and (c, d) above the inner ankle of patient 2. Both lesions were caused by ‘poppers’.
Gay Men’s Health for Dermatologists: Preventive Health
# HIV/STD Screening for MSM: CDC Guidelines

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<th>Specimen source</th>
<th>Indication</th>
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<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>
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<td>Sexually active in past year or since last test</td>
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<td>Urine</td>
<td>Insertive oral or anal intercourse during past year, regardless of reported condom use</td>
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<td>Swab</td>
<td>Receptive anal intercourse during past year, regardless of reported condom use</td>
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<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>HIV-infected MSM only</td>
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83% of gonorrhea and chlamydia infections missed by urethra-only screening, so also screen from pharynx and rectum
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
  • CDC: “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>
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<tr>
<td>Human papillomavirus (4- or 9-valent)</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>
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HIV Pre-Exposure Prophylaxis (PrEP) for MSM: CDC Guidelines

**All of these**

- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man

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

<table>
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<th>AND at least one of these</th>
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<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>
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Enrolled 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
No New HIV Infections With Increasing Use of HIV Preexposure Prophylaxis in a Clinical Practice Setting

• 2012–2015
• 657 PrEP initiators
• 388 person-years
• No new HIV infections
• STIs: 30% within 6 months, 50% within 12 months
Non-Occupational Post-Exposure Prophylaxis for HIV (nPEP): CDC Guidelines

[Image of algorithm for evaluation and treatment of possible nonoccupational HIV exposures]

Gay Men’s Health for Dermatologists: Taking a Sexual History
Taking 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?”
Taking a Sexual History

• Normalize the discussion

• Ask the questions
  – Are you sexually active?
  – Do you have sex with men, women, or both?
  – If MSM, ask any relevant follow up questions, which might include:
    • Receptive and/or insertive oral and anal sex in past year?
    • Condom use during oral and anal sex?
    • HIV and STD testing history
    • Vaccination history
Taking a Sexual History

• Normalize the discussion
• Ask the questions
• Demonstrate why it matters
  – “Because of what you’ve told me, I think that we should...”
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”
<table>
<thead>
<tr>
<th>Group</th>
<th>Question</th>
<th>% “yes”</th>
</tr>
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<tbody>
<tr>
<td>ED Physicians</td>
<td>Will patients refuse to provide sexual orientation information?</td>
<td>10.3%</td>
</tr>
<tr>
<td>Patients (LGB and straight)</td>
<td>Will you refuse to provide sexual orientation information?</td>
<td>77.8%</td>
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</table>
Adil Haider, trauma surgeon at Brigham and Women’s Hospital, Boston

• “Clinicians weren’t saying the information wasn’t important. It was mostly paternalistic: ‘We don’t want to make anyone feel different.’ But it turns out to be that, ‘Doctors, you may have the best of intentions, but your patients want to be asked.’”
Gay Men’s Health for Dermatologists: Clinical Vignette
Clinical Vignette

- 25-year-old man in Boston
- Itchy rash for two weeks
- Sore throat
- Denies recent sores on body
- New sex partner
## Laboratory Results

<table>
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<tr>
<th>Test</th>
<th>Result</th>
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</thead>
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<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>
<tr>
<td>HIV 1 and 2 antibody and viral load</td>
<td>Negative</td>
</tr>
<tr>
<td>Urine test for gonorrhea and chlamydia</td>
<td>Negative</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;
Management

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- 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
- Ask the patient about the gender(s) of his sex partner(s)
## Additional Laboratory Results

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<th>Result</th>
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<td>Negative</td>
</tr>
<tr>
<td><strong>Rectal test for gonorrhea and chlamydia</strong></td>
<td><strong>NEGATIVE</strong></td>
</tr>
<tr>
<td><strong>Pharyngeal test for gonorrhea and chlamydia</strong></td>
<td><strong>NEGATIVE</strong></td>
</tr>
</tbody>
</table>
## Vaccination History

<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><strong>HPV (9-valent)</strong></td>
<td>ORDERED</td>
</tr>
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<td>Meningococcal</td>
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### HIV Pre-Exposure Prophylaxis (PrEP) Among MSM: CDC Guidelines

**All of these**
- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man

**AND at least one of these**
- Any anal sex without condoms (receptive or insertive) in past 6 months
- Any STI diagnosed or reported in past 6 months
- In an ongoing sexual relationship with an HIV-positive male partner

**Meets criteria – referred for consideration of PrEP**

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

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Gay Men’s Health for Dermatologists: Resources
# Resources for Dermatologists

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Gay and Lesbian Medical Association (GLMA)</td>
<td><a href="http://www.glma.org">www.glma.org</a></td>
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<tr>
<td>The Fenway Institute</td>
<td><a href="http://www.fenway-health.org">www.fenway-health.org</a></td>
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<tr>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td><a href="http://www.cdc.gov/lgbthealth">www.cdc.gov/lgbthealth</a></td>
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Gay Men’s Health for Dermatologists

• Background
• Terminology
• Demographics
• Epidemiology
• Preventive Health Recommendations
• Taking a Sexual History
• Clinical Vignette
• Resources for Dermatologists