

## Clinical Symposium: Providing Comprehensive Care for MSM

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## Outline

- Housekeeping
- Review Packet
- Health Disparities among MSM
- Overview of HIV/AIDS among MSM in NYC
- Comprehensive Care for MSM

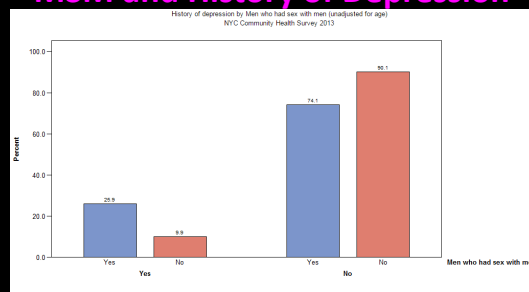


## Health Disparities among MSM

- “MSM” refers to behavior, not identity, and some MSM do not identify as gay
- MSM experience significant health disparities:
  - Higher risk of depression and anxiety, in part due to stigma
  - High rates of tobacco and substance use
  - Increased risk of HIV
  - Increased risk of other sexually transmitted infections (STIs)



## MSM and History of Depression

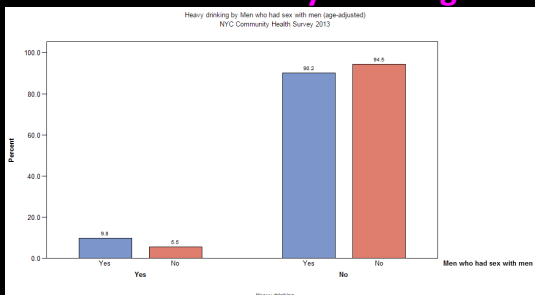


Gay and bisexual men have higher risks of depression, anxiety, and suicide than heterosexual men\*

\*Nagel Fw, Fuld J, Varma JK. Providing comprehensive health care to men who have sex with men (MSM). City Health Information. 2014;33(4):29-36.



## MSM and Heavy Drinking

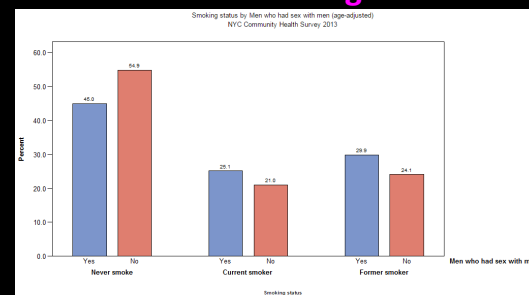


Alcohol and drug use— especially stimulant use— can result in injury, sexual risk-taking, and potential for infectious disease transmission.\*

\*Nagel Fw, Fuld J, Varma JK. Providing comprehensive health care to men who have sex with men (MSM). City Health Information. 2014;33(4):29-36.



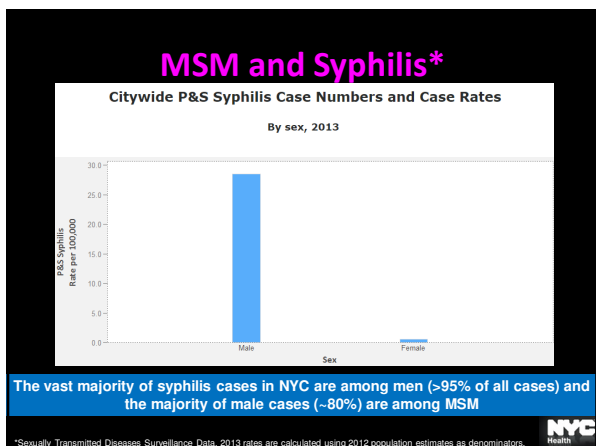
## MSM and Smoking Status



Smoking is a leading cause of premature, preventable death; MSM have high rates of tobacco use\*

\*Nagel Fw, Fuld J, Varma JK. Providing comprehensive health care to men who have sex with men (MSM). City Health Information. 2014;33(4):29-36.





- ### MSM and Vaccinations
- Vaccinate against:
    - Human papillomavirus (HPV)
    - Hepatitis A virus
    - Hepatitis B virus
    - Meningococcal disease\*
- \*Zucker JR, Layton M. Update: Invasive meningococcal disease in men who have sex with men, four new cases reported in 2013, expanded recommendations. Health Alert, New York, NY: New York City Department of Health and Mental Hygiene; 2013.
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### Meningococcal Disease

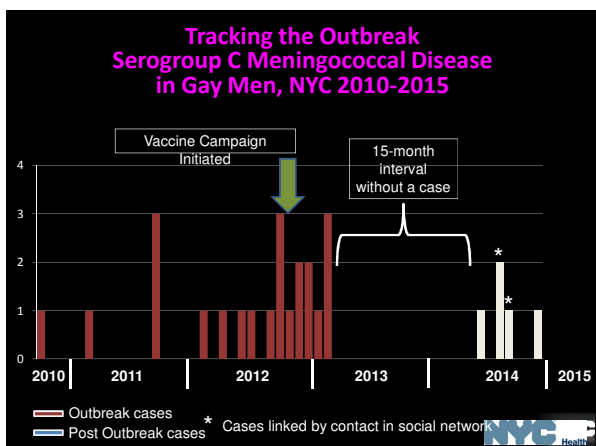
- Caused by the bacterium *Neisseria meningitidis*
- Several strains (B, C, Y, W)
- Predilection for the central nervous system (meningitis)
- Blood infections (aka blood poisoning)
  - Pneumonia
  - Joint infections
  - Sepsis
- NYC Fatality rate 18%

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### Symptoms

- Fever + rash (petechiae)
- Vomiting
- Headache, stiff neck
- Severe muscle/abdominal pain
- Altered level of consciousness
- Weakness

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- ### Chicago 2015
- Four cases of meningococcal disease in HIV infected, gay men over (May 12 – June 8, 2015)
  - 29-44 years of age; 1 death
  - Social media apps
  - Recommending vaccine
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## DOHMH Vaccine Recommendations

- All HIV-infected MSM
- MSM, regardless of HIV status, who regularly have close or intimate contact with men met through an online website, digital application (“app”), or at a bar or party
- HIV-infected receive 2 doses at least 6 weeks apart



## Reporting to the Health Department

- Know what must be reported and how quickly
- Report through NYC MED ([nyc.gov/nycmed](http://nyc.gov/nycmed))
- Visit [nyc.gov/health/diseasereporting](http://nyc.gov/health/diseasereporting) for more information about reportable conditions



## When you report, the Health Department can

- Confirm the diagnosis
- Facilitate any needed special laboratory testing (eg, MERS)
- Provide access to disease-specific expertise
- Facilitate linkage to care for patients,
- Assist with contact/partner management



**Report Certain Diseases to the Health Department **Immediately****  
Do Not Wait for Lab Confirmation

Call the **Provider Access Line (PAL)** at **866-692-3641 (866-NYC-DOH1)**  
If you suspect an outbreak of **any** disease (3 or more cases)  
or if you suspect a case of an unusual, rare, or highly infectious disease, including (but not limited to):

- Anthrax	- Plague
- Botulism	- Poliomyelitis
- Brucellosis	- Rabies (or exposure to rabies)
- Carbon monoxide poisoning	- Ricin poisoning
- Diphtheria	- Rubella
- Food poisoning (2 or more cases)	- Severe or novel coronavirus (e.g., SARS, MERS)
- Hantavirus disease	- Smallpox
- Influenza (novel strain)	- Tularemia
- Measles	- Viral hemorrhagic fever (e.g., Ebola)
- Meningococcal disease (invasive, including meningitis)	

**Other diseases and conditions must be reported within 24 hours.**

Visit [nyc.gov/health/diseasereporting](http://nyc.gov/health/diseasereporting) for the full list of reportable diseases and for more information.  
Ask about travel whenever a patient presents with fever and symptoms of an infectious disease process.  
Check [www.cdc.gov/outbreaks](http://www.cdc.gov/outbreaks) for a list of current outbreaks in the US and overseas.

## NYC HEALTH ALERT NETWORK (HAN)

- Alerts, updates and advisories emails
- Sign up through NYC MED
- Latest alert: June 12, 2015: # 11 UPDATE: Invasive Meningococcal Disease in Men Who Have Sex with Men



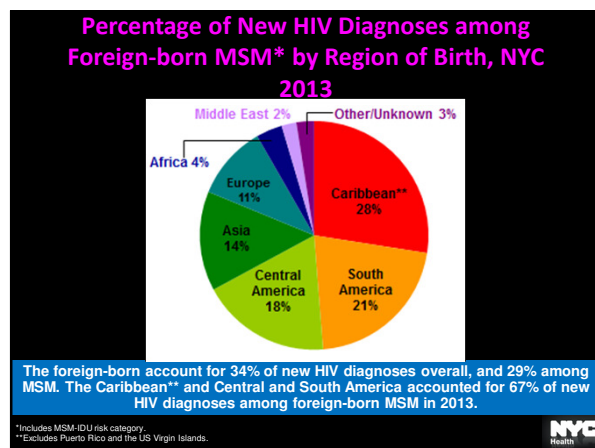
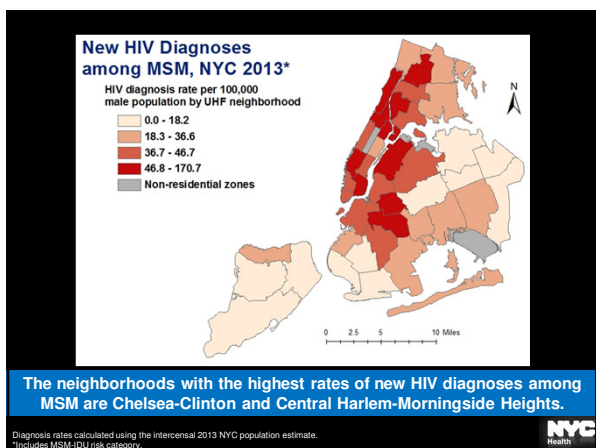
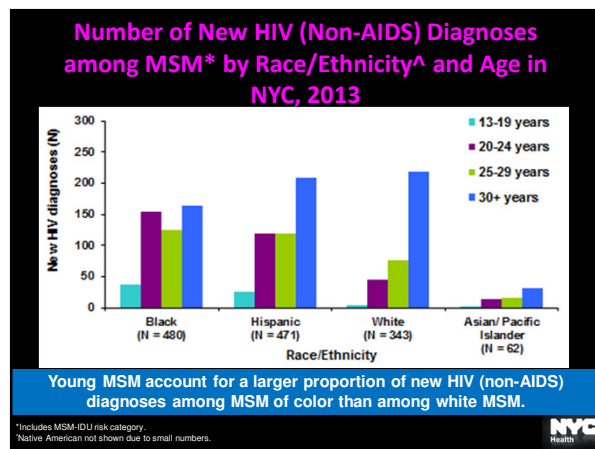
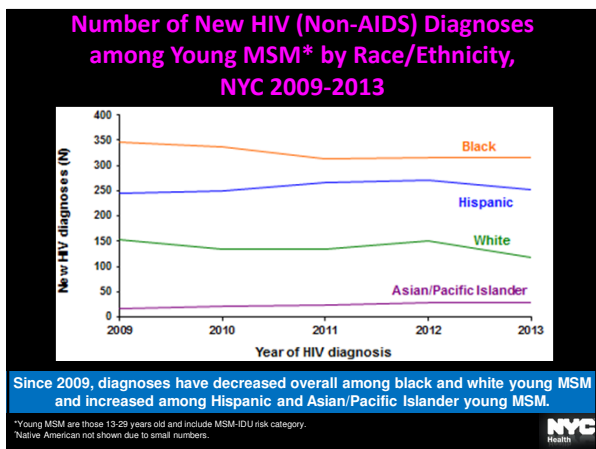
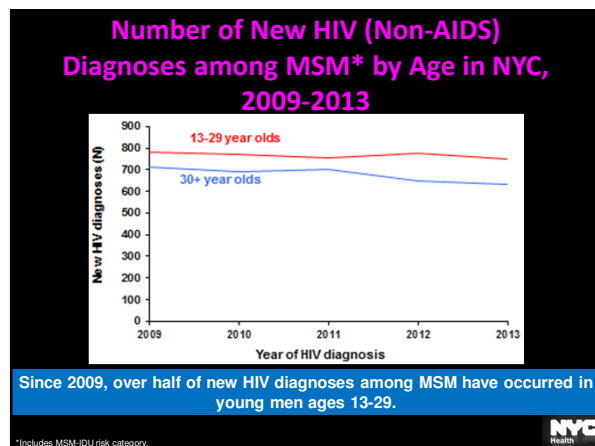
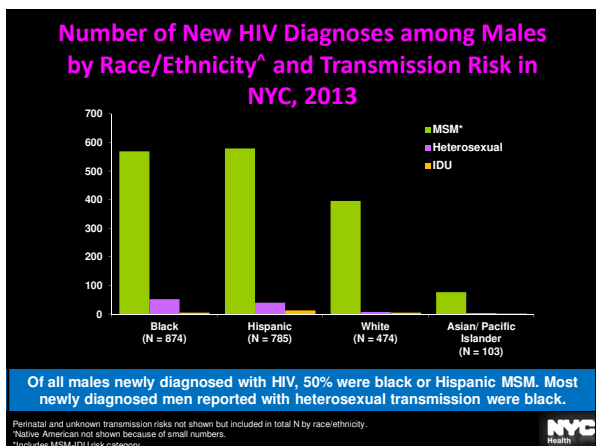
## HIV/AIDS among MSM\* in NYC, 2013 Basic Statistics

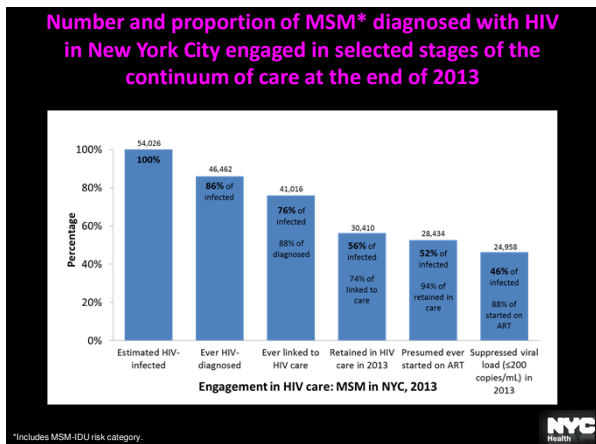
- 2,280 new HIV diagnoses among males
- 1,649 new HIV diagnoses among MSM (72% of male diagnoses)
  - Includes 266 HIV concurrent with AIDS diagnoses (16%)
- 786 new AIDS diagnoses among MSM
- 46,462 MSM living with HIV/AIDS (40% of all PLWHA)
- 354 deaths among MSM with HIV/AIDS (6.3 deaths per 1,000 mid-year MSM living with HIV/AIDS\*\*)

\*MSM risk category includes men who have sex with men and inject drugs (MSM-IDU).

\*\*Death rate is age-adjusted to the NYC Census 2010 population.







### Ending the Epidemic

- Identifying persons with HIV who remain undiagnosed and linking them to health care
- Linking and retaining persons with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing Pre-Exposure Prophylaxis (PrEP) to high-risk persons to keep them HIV-negative.

2015 Blueprint  
GET TESTED.  
TREAT EARLY.  
STAY SAFE.  
**End AIDS.**

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### Ending the Epidemic: The Partial Reality

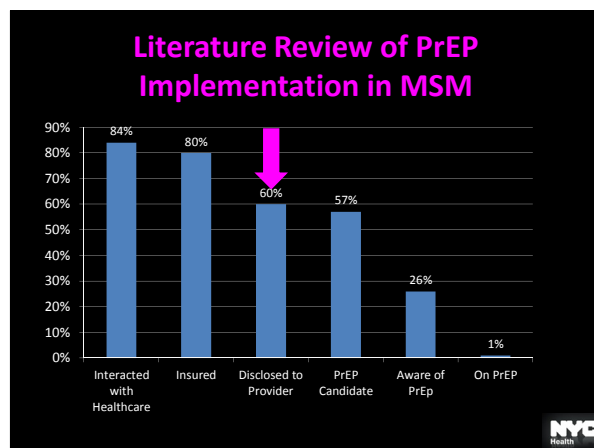
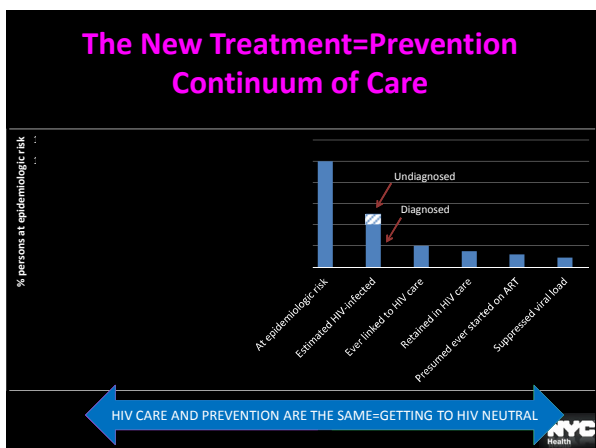
- Identifying MSM with HIV who remain undiagnosed and linking them to health care
- Linking and retaining MSM with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing Pre-Exposure Prophylaxis (PrEP) to MSM-at risk to keep them HIV-negative

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### Ending the Epidemic: The Challenge

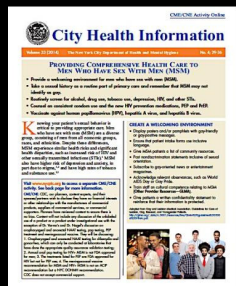
- Identifying LGBTQ youth of color and other men and women not served by healthcare with HIV who remain undiagnosed and linking them to health care
- Linking and retaining LGBTQ youth of color and other men and women not served by healthcare with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing Pre-Exposure Prophylaxis (PrEP) to LGBTQ youth of color and other men and women not served by healthcare at-risk to keep them HIV-negative

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## City Health Information: Comprehensive Care for MSM

- Provide a **welcoming environment** for MSM
- Take a **sexual history** as a routine part of primary care
- Routinely **screen** for alcohol, drug use, depression, HIV and other STIs
- Counsel on consistent condom use and **PEP and PrEP**



## Main Sections

- The Sexual History
- Mental and Behavioral Health
- STI Prevention
- STI Screening
- HIV
- Managing Common Infections
- Partner Notification



## Plenary Session: The Sexual Health of MSM

