The background features a dark blue gradient with faint, light blue technical diagrams. On the left, there is a large circular scale with tick marks and numbers ranging from 140 to 260. Several smaller circular diagrams with arrows and partial arcs are scattered across the slide. The main text is centered in white, and a smiley face icon is positioned at the end of the title line.

GAY MEN/MSM AND STD'S IN NJ: TAKE BETTER CARE OF YOUR PATIENTS! 😊

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NJ DOH STD PROGRAM

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TOPICS FOR DISCUSSION

- What medical providers should know about gay men/MSM and what they should ask before testing for STDs
- Epidemiologic Observations of STDs and MSM
- CDC recommendations for testing of MSM
- Will taking PrEP result in an increase in STDs among MSM?

WELCOME 😊!!

NOW LET'S GET UNCOMFORTABLE!!

On your notecards or slips of paper you received, please finish these sentences:

1. The number of sex partners I had in the last year was _____
2. The last time I had a sex with multiple partners (in a group) was

3. The body part I use most often during sex is _____

STD CHECK UPS: ESSENTIAL TO SEXUAL HEALTH

HIV Negative

- Regular testing stops the spread of disease after treatment
- May uncover other medical issues related or unrelated to sexual activity (prostate issues, Hepatitis)
- Protects pregnant women and unborn children (if applicable)
- HIV testing
- Great time to discuss PrEP!

HIV Positive

- STD infection can raise the viral load and decrease the CD4 count
- Presence of open lesions and discharge can increase the risk of HIV infection of sex partners
- Regular testing stops the spread of disease after treatment
- May uncover other medical issues related or unrelated to sexual activity
- Protects pregnant women and unborn children (if applicable)

EPI OBSERVATIONS

- Approximately two thirds of the cases of primary and secondary syphilis diagnoses in the United States are in MSM, particularly those in ethnic minority groups.
- NJ's PERCENTAGE OF MSM EARLY SYPHILIS CASES FOR 2015 WAS 89%***** (NO DATA ON GC OR CT CASES)
- Increased syphilis screening in MSM demonstrated a doubling of early syphilis detection; however, 71% of the syphilis diagnoses occurred when the patient sought care for symptoms
- Factors associated with increases in syphilis among MSM have included substance abuse (e.g., methamphetamine), having multiple anonymous partners, and seeking sex partners through the internet
- One study found that 6% of MSM had repeat primary or secondary syphilis infection within 2 years of an initial infection; factors associated with repeat syphilis infection were HIV infection, black race, and having ≥ 10 recent sexual partners [148](http://www.cdc.gov/std/tq2015/references.htm#148)(<http://www.cdc.gov/std/tq2015/references.htm#148>). Because of this risk for repeat infection, these data suggest that prevention efforts should include follow up serologic testing at specific time intervals.

EPI OBSERVATIONS (CONT.)

- Gonococcal infection in MSM has been associated with similar risk factors, including having multiple anonymous partners and abuse of substances, particularly crystal methamphetamine
- Rectal gonococcal rates are increasing among MSM with HIV infection, underscoring the importance of obtaining an accurate, current sexual history and asking about correlates of increased risk (e.g., anonymous sex and substance use)
- Rectal gonorrhea and chlamydia infections, especially those that are recurrent, have been associated with increased risk for HIV seroconversion among MSM [\(155,156\)\(http://www.cdc.gov/std/tq2015/references.htm#155\)](http://www.cdc.gov/std/tq2015/references.htm#155).
- MSM with new HIV infection diagnoses are more likely than HIV-uninfected MSM to receive a diagnosis of asymptomatic gonorrhea and chlamydia [\(157\)\(http://www.cdc.gov/std/tq2015/references.htm#157\)](http://www.cdc.gov/std/tq2015/references.htm#157). Thus, rectal gonorrhea and chlamydia screening in MSM might be a cost-effective intervention in certain urban settings

EPI OBSERVATIONS (CONT.)

- Many men are not asked about STD-related risks, including the gender of sex partners. Even if gender of sex partners is ascertained, many MSM, including those with HIV infection, are neither asked about risky sexual behaviors nor provided with routine STD testing (especially throat and anal sites for gonorrhea or chlamydia), often because of the discomfort associated with these discussions with their medical providers.
- Data from a study of 557 adults with HIV infection receiving primary care in four U.S. cities demonstrated that 13% had an STD at the initiation of the study, and 7% had an STD at 6 months; among MSM with HIV infection, STD incidence was 20%*****
- STD screening rates in HIV clinics have been suboptimal. In one study involving eight U.S. cities, although syphilis testing was provided to most MSM with HIV infection, less than 10% were screened at extra-genital sites for gonorrhea or chlamydia.

CDC RECOMMENDATIONS

The following screening tests should be performed at LEAST annually for sexually active MSM, including those with HIV infection:

- HIV serology, if HIV status is unknown or negative and the patient himself or his sex partner(s) has had more than one sex partner since their most recent HIV test.
- Syphilis serology to establish whether persons with reactive tests have untreated syphilis vs. previous infection (RPR and FTA)
- A test for urethral infection for gonorrhea and chlamydia in men who have had insertive intercourse during the preceding year (testing of the urine using NAAT⁺ is the preferred approach).
- A test for rectal infection for gonorrhea and chlamydia in men who have had receptive anal intercourse during the preceding year
- A test for pharyngeal (throat) infection for gonorrhea in men who have performed receptive oral sex during the preceding year. Testing for chlamydia pharyngeal (throat) infection is not recommended (not reliable).

CDC RECOMMENDATIONS (CONT.)

- Clinicians should routinely ask sexually active MSM about symptoms consistent with common STDs, including urethral discharge, dysuria, genital and perianal ulcers, regional lymphadenopathy, skin rash, and anorectal symptoms consistent with proctitis (e.g., discharge and pain on defecation or during anal intercourse) and then perform appropriate diagnostic testing.
- Providers should offer evidence-based counseling on safer sex using interventions that have been demonstrated to decrease STD incidence in clinical-care settings (MPOWERMENT, MANY MEN, MANY VOICES, d-UP!)

CDC RECOMMENDATIONS (CONT.)

- Clinicians should be familiar with local resources available to assist MSM with syphilis and HIV partner services (DOH or INSPOT.ORG), as well as HIV linkage and retention in care. In recent years, medical educational materials have been developed in print [\(\[164\]\(http://www.cdc.gov/std/tq2015/references.htm#164\)\)](http://www.cdc.gov/std/tq2015/references.htm#164) and through electronic media (www.lgbthealtheducation.org) to increase primary-care provider knowledge and cultural competency regarding the diagnosis and management of STDs and other clinical conditions in the lesbian, gay, bisexual, and transgender populations.
- Electronic media is also an important tool for disseminating and collecting information to and from MSM. Because many MSM meet partners online and seek health information from web sites, increased use of the internet for STD prevention might be warranted. MSM are receptive to receiving HIV and STD risk-reduction messages online [\(\[165\]\(http://www.cdc.gov/std/tq2015/references.htm#165\)\)](http://www.cdc.gov/std/tq2015/references.htm#165) and willing to respond to requests for partner identification from public health authorities through the internet

OTHER RECOMMENDATIONS

- Regular HIV testing
- Hepatitis testing (A, B, and C) and vaccinations
- HPV (Genital warts) and Herpes testing and treatment
- Substance abuse counseling and referrals
- PrEP counseling, prescription, and adherence
- Complete and consistent condom use OF COURSE! 😊
- Zika virus testing for those that have traveled to Zika-affected countries or had intimate interaction with someone who did AND are planning a pregnancy

PROVIDER –PATIENT ROLEPLAY

- Steve Dunagan
- Jamir Tuten

PREP DISCUSSION

- Will taking PrEP to prevent HIV infection cause an increase in STD infections?
 1. Promoting the use of condoms is a part of standard PrEP counseling and prescribing by a medical provider
 2. Regular STD testing is a standard protocol after the prescription of PrEP so it is definitely possible that STD rates will rise with PrEP prescriptions!
 3. Regardless of PrEP usage or not, regular HIV and STD prevention methods should be practiced for every type of sex act, EVERY TIME!!!

WRAP UP DISCUSSION

- MSM patients should have an STD check up AT LEAST once per year. Depending on the patient's sexual activities, they may need more frequent testing.
- Medical providers should ensure that infected patients are counseled on, 1) testing follow-up, and 2) their sex partners are tested or at least informed (INSPOT, patient-delivered therapy, Health Dept)
- Medical providers and their staffs should seek cultural competency training geared towards the MSM/LGBTQ community
- Medical providers should keep informed of CDC recommendations, online information regarding MSMs and STD treatment guidelines
- Medical providers should strive to establish close, non-judgmental relationships with ALL patients, but especially MSMs due to all the different circumstances unique to MSM

IMPORTANT REFERENCE LINKS

- <http://www.cdc.gov/msmhealth/resources/guidelines-recommendations.htm>
- <http://www.cdc.gov/std/tg2015/specialpops.htm#MSM>. (Check the footnotes for important reference articles)
- www.inspot.org (Online sex partner anonymous disease notification program)
- STDCheckup.org
- “Prevention and Management of STDs in MSM: A toolkit for clinicians,” (available at: www.massmed.org).

IMPORTANT REFERENCE LINKS

- NJ STD Testing Sites by County: nj.gov/health/std/locations.shtml
- (ZIKA VIRUS INFO) www.cdc.gov/zika/pdfs/zika-key-messages.pdf

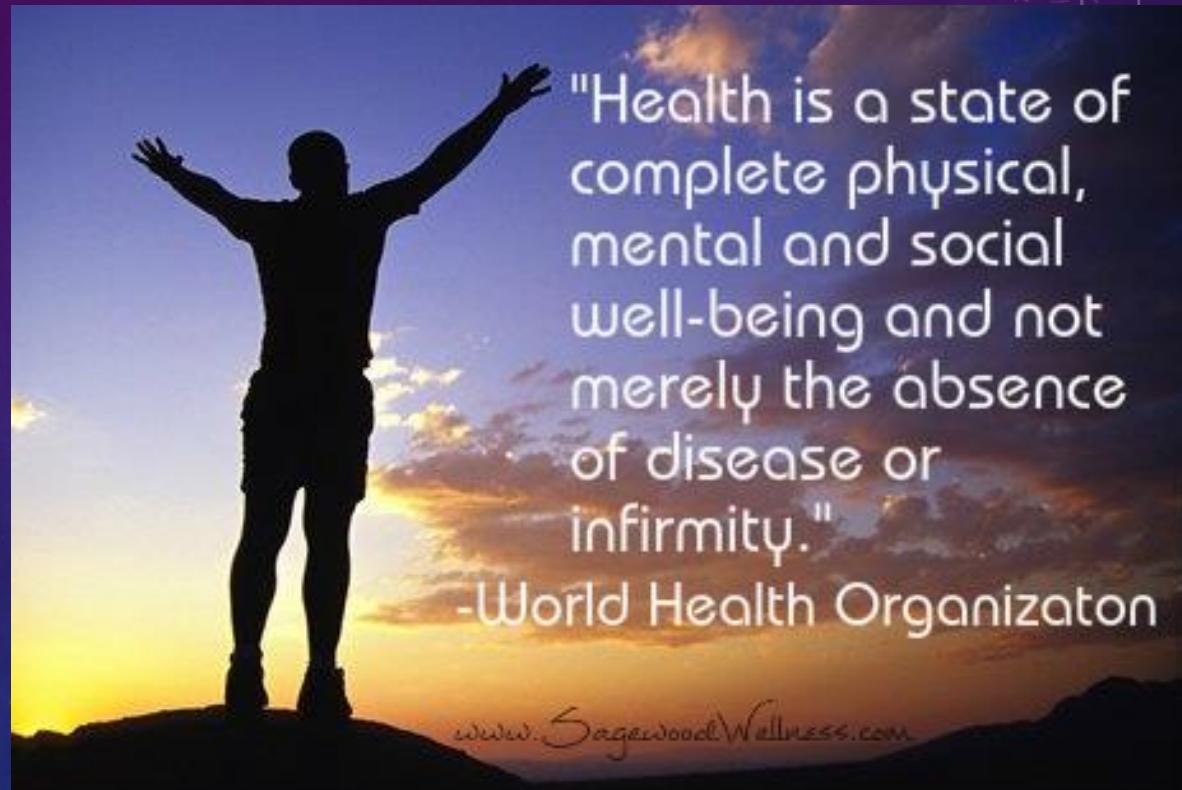
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"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

-World Health Organization

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