City Health Information

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Providing Comprehensive Health Care to Men Who Have Sex With Men (MSM)

- **Provide a welcoming environment for men who have sex with men (MSM).**
- **Take a sexual history as a routine part of primary care and remember that MSM may not identify as gay.**
- **Routinely screen for alcohol, drug use, tobacco use, depression, HIV, and other STIs.**
- **Counsel on consistent condom use and the new HIV prevention medications, PEP and PrEP.**
- **Vaccinate against human papillomavirus (HPV), hepatitis A virus, and hepatitis B virus.**

Knowing your patient's sexual behavior is critical to providing appropriate care. Men who have sex with men (MSM) are a diverse group, consisting of men from all economic groups, races, and ethnicities. Despite these differences, MSM experience similar health risks and significant health disparities, such as increased risk of HIV and other sexually transmitted infections (STIs).[1] MSM also have higher risk of depression and anxiety, in part due to stigma,[1,2] and have high rates of tobacco and substance use.[1,3]

Visit www.nycptc.org to access a CME/CNE activity. See back page for more information.

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CREATE A WELCOMING ENVIRONMENT

- Display posters and/or pamphlets with gay-friendly or gay-positive messages.
- Ensure that patient intake forms use inclusive language.
- Give MSM patients a list of community resources.
- Post nondiscrimination statements inclusive of sexual orientation.
- Subscribe to gay-oriented news or entertainment magazines.
- Acknowledge relevant observances, such as World AIDS Day or Gay Pride.
- Train staff on cultural competence relating to MSM (**Other Provider Resources—GLMA**).
- Give patients a written confidentiality statement to reinforce that their information is protected.

Adapted from Gay and Lesbian Medical Association. Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients. http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf.

Remember that not all MSM identify as gay.

UNDERSTAND YOUR PATIENTS' CONCERNS

- **MSM of color** may experience homophobia and racism, and they have higher rates of HIV, syphilis, and other STIs than other MSM.[4,5]
- **Younger MSM** may engage in increased sexual risk-taking and have disproportionate rates of HIV diagnoses.[6,7] Younger MSM may also face barriers to health care, including lack of insurance and reluctance to seek care.[8,9] Talk to younger patients without their family or friends present, incorporating the sexual history into a broader conversation about home, school, and substance use.[10]

  While parental consent is not required for adolescents to receive STI screening or treatment (except for HIV treatment) in New York State (NYS), insurance documents or lab bills sent to the main policyholder can compromise confidentiality. If you cannot screen sexually active adolescents for STIs confidentially, refer them to a primary care center where all services, including STI screening, contraceptive care, and pregnancy counseling, are both confidential and at no/low cost (**Resources—NYC Confidential STD Clinics**).
- **Older MSM** may be less likely to "come out" to their providers than younger patients and may feel less comfortable accessing youth-oriented services[11] (**Resources for Patients**).
- **"Transgender"** refers to people whose gender identity, expression, or behavior is different from that typically associated with their assigned sex at birth.[12] Transgender people have unique health care needs. See **Other Provider Resources** for information.

THE SEXUAL HISTORY

The term "MSM" refers to behavior, not identity, and some MSM do not identify as gay.[13] Approach the discussion of sexual behavior in a welcoming, nonjudgmental manner (**Box 1**). Open communication with your patients will increase their adherence to treatment plans and their level of satisfaction with your care.[14,15]

MENTAL AND BEHAVIORAL HEALTH

For some MSM, homophobia, anti-gay violence, discrimination, and internalized negative attitudes affect mental health and worsen physical health outcomes.[1,2] Gay and bisexual men have higher risks of depression, anxiety, and suicide than heterosexual men,[16,17] with a 4-fold excess risk of suicide attempts over a lifetime.[17] Alcohol and drug use—especially stimulant use (methamphetamine, cocaine)—can result in injury, sexual risk-taking, and potential for infectious disease transmission.[15,17-20] Smoking is a leading cause of premature, preventable death; about 1 in 5 MSM in New York City (NYC) smoke.[21]

See **Table 1**[22-28] for mental and behavioral health screening guidelines.

STI PREVENTION

Use a comprehensive approach to prevent STIs, including counseling, vaccinations, HIV prophylaxis, and routine STI screening.

Counseling

- **Emphasize the importance of using a condom for every sexual encounter**. Male latex condoms, when used consistently and correctly, are highly effective in reducing sexual transmission of HIV, gonorrhea, and chlamydia,[5] but provide only limited protection against infections that are transmitted skin to skin (syphilis, genital herpes, human papillomavirus [HPV], or chancroid).[29] Female condoms are sometimes used for protection during receptive anal intercourse, although their effectiveness is unproven.[5]
- **Remind your patients that drug and alcohol use can increase the risk of having sex without a condom**.

Make the sexual history a routine part of patient care.

BOX 1. TAKING A SEXUAL HISTORY: SAMPLE QUESTIONS

I talk to all my patients about sex. It's important that we discuss your sexual behavior so I can help you stay healthy.

- Do you have sex with men, women, or both?
- How many sex partners have you had in the last 3 months?
- Are you having oral, vaginal, and/or anal sex?
- Do you both give and receive oral sex?
- Do you have both insertive ("top") and receptive ("bottom") anal sex?
- How do you keep yourself from getting an STI, like HIV?
- Do you use condoms? When do you not use condoms?
- Do you use alcohol or drugs before or during sex?
- When was your last HIV test? How often do you get tested?
- Do you have any questions about STIs or sexual health?

Adapted from Centers for Disease Control and Prevention. A Guide to Taking a Sexual History. www.cdc.gov/std/treatment/SexualHistory.pdf.

TABLE 1. MENTAL AND BEHAVIORAL HEALTH SCREENING FOR MSM

I have some routine questions to ask you. I ask all my patients about these issues.

Condition/Behavior	Screen	Next Step	Resources (see page 35)
Depression[a]	PHQ-2[22]: Over the past 2 weeks, have you been bothered by: 1. Little interest or pleasure in doing things? 2. Feeling down, depressed, or hopeless?	If "yes" to either question, screen with PHQ-9	***City Health Information*: Detecting and Treating Depression in Adults (PHQ-9)**
Generalized anxiety disorder (GAD)	Be alert to potential signs/symptoms[b]	If GAD is suspected, screen with GAD-7[23]	***City Health Information*: Clinical Guidelines for Adults Exposed to the World Trade Center Disaster (GAD-7)**
Alcohol[a]	Prescreen: "Do you sometimes drink alcoholic beverages?"[24] If yes: "How many times in the past year have you had X or more drinks in a day?" (X=5 for <65 years, 4 for 65+)	If ≥1, screen with AUDIT	***City Health Information*: Brief Intervention for Excessive Drinking (AUDIT)**
Drug use[a]	"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"[25]	If ≥1, screen with a clinical tool such as NIDA-ASSIST	**NIDA-ASSIST** ***City Health Information*: Improving the Health of People Who Use Drugs**
Tobacco use	Ask about tobacco use	Advise smokers to quit; prescribe pharmacotherapy	***City Health Information*: Treating Tobacco Addiction**
Intimate partner violence (IPV)	Ask about intimate partner violence	Do full clinical assessment; refer to culturally competent services[26,27]	***City Health Information*: Intimate Partner Violence** **Resources for Patients**

[a]For adolescents, use screening tools described in **Resources—*City Health Information:* Promoting Healthy Behaviors in Adolescents**.

[b]May include persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities; myalgias, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless.[28]

- **Explain that oral sex is a risk factor for many STIs**, such as gonorrhea, chlamydia, and syphilis, but is less likely to transmit HIV.[30-33]
- **Encourage your patients to use a barrier during oral-anal contact ("rimming")** because of the risk for hepatitis A, herpes simplex virus, and enteric infections.

Vaccinations

- **Hepatitis A and B**: Vaccinate if infection or vaccination status is unknown.[34] Accept only documented vaccine doses as evidence of prior vaccination.
- **HPV**[35]: Vaccinate, starting at ages 11 or 12, through age 26 years with quadrivalent HPV vaccine (Gardasil®).
- **Meningococcal disease**[36]: Offer meningococcal vaccine to
  - all HIV-infected MSM (see **Resources—*City Health Information:* HIV Prevention and Care** for further guidance on caring for people infected with HIV);
  - MSM who regularly have close or intimate contact with other men they met either through an online website or digital application ("app"), or at a bar or party—regardless of HIV status.
- **Other**: Be sure your patients are up-to-date with seasonal influenza, tetanus-diphtheria-pertussis (Tdap), and pneumococcal vaccine as indicated.

See www.cdc.gov/vaccines/schedules/index.html for full immunization recommendations and dosing schedules.

HUMAN PAPILLOMAVIRUS (HPV) AND ANAL CANCER

MSM are at higher risk of infection with HPV and associated genital warts and anal cancer:

- Vaccinate, starting at ages 11 or 12, through age 26 with Gardasil®.
- Evaluate HIV-positive men for HPV infection at baseline and annually, including anorectal cytology ("anal Pap"), digital anorectal examination, and visual inspection of the perianal and genital area; ask about anogenital symptoms.
- Refer patients with abnormal cytology or external HPV lesions for high-resolution anoscopy and/or biopsy.
- Consider screening all MSM for HPV infection.

HIV chemoprophylaxis

- **Postexposure prophylaxis (PEP)** is the use of antiretroviral medication to prevent HIV infection in HIV-negative people who've had a specific exposure to HIV, typically through direct contact—either through sexual contact or drug use (**Box 2**[37,38]).
- **Preexposure prophylaxis (PrEP)** is the daily use of antiretroviral medication to help prevent HIV infection in people at high risk of exposure, either through sexual contact or drug use (**Box 2**[38]).

STI SCREENING

- Screen MSM patients routinely at genital and appropriate extragenital sites (eg, pharynx, rectum) (**Table 2**[5,39-42]). Extragenital infections are more likely to be asymptomatic than genital infections,[43,44] so routine screening is necessary for diagnosis.
- Routinely ask about urethral discharge, dysuria, genital and perianal ulcers or warts, lymphadenopathy, skin rash, anorectal pain, discharge, or bleeding, abdominal cramping, diarrhea, or flatulence, which may be signs of enteric infection.[5]
- Carefully examine the mouth and oropharynx, genitals, and anorectal area. Refer patients with external HPV lesions for high-resolution anoscopy and/or biopsy.
- Obtain serologic testing for syphilis, hepatitis B, and hepatitis C.

HIV

- With limited exceptions (eg, patient incapacity), NYS law requires you to offer HIV testing to patients receiving hospital or primary care if they are between the ages of 13 and 64. See www.nyc.gov/hivtesting for information on the simplified testing consent process.
- Test MSM at least annually, and up to every 3 months for those at higher risk (**Table 2**).
- Use a combination antibody-antigen test (the recommended laboratory test for serum); it allows for detection of HIV within 11 days of infection, while the traditional antibody tests may yield negative results for newly infected patients for up to 3 months.

BOX 2. PEP AND PrEP: NEW WAYS TO PREVENT HIV INFECTION

Postexposure prophylaxis (PEP)

- PEP is a 3-drug regimen: Truvada®* (tenofovir + emtricitabine) once daily and either Isentress®* (raltegravir) 400 mg twice daily or Tivicay® (dolutegravir) 50 mg once daily for 28 days; adherence to the regimen is critical to reduce the risk of HIV infection.[37]
- **Exposure to HIV is a medical emergency, so initiate PEP as soon as possible after exposure**—ideally within 2 hours and at least within 36 hours[37]—or promptly refer the patient to an emergency department or clinic providing PEP. Assistance is available for uninsured people in NYC (**Resources—PEP and PrEP**).
- Make decisions regarding initiation of PEP beyond 36 hours after exposure on a case-by-case basis, understanding that the longer the delay, the less effective the regimen becomes.[37]
- Evaluate patients who seek PEP for potential use of PrEP.

Preexposure prophylaxis (PrEP)[38]

- PrEP consists of a daily dose of Truvada; adherence to the regimen is critical to reduce the risk of HIV infection. Counsel patients to use condoms and remind them that PrEP does not protect against other STIs.
- Consider PrEP for HIV-negative people at high risk for HIV infection, including MSM with HIV-positive sex partners, multiple sex partners, a recent bacterial STI, a history of inconsistent condom use, recent commercial sex work, or drug use (especially stimulant drugs, such as methamphetamines, associated with high-risk behaviors).

For more information on PEP and PrEP, see the NYC Health Department PrEP and PEP Information for Medical Providers page at www.nyc.gov/html/doh/html/living/prep-pep-provider.shtml.

For guidance on prescribing, call the New York State Clinical Education Initiative Line at 1-866-637-2342 for PEP (24 hours/7 days a week) and for PrEP (Monday–Friday, 9 AM to 8 PM).

*Use of brand names is for informational purposes only and does not imply endorsement by the NYC Health Department. Please see product prescribing information for complete safety information, including boxed warnings.

In NYC in 2012,[45]

- ***55% of all new HIV diagnoses were among MSM,***
- ***69% of MSM newly diagnosed with HIV were black or Hispanic.***

TABLE 2. STI SCREENING FOR MSM[5,39-42]

Screening	Test	Frequency	Comments
HIV	Serology	At least annually	Screening recommended every 3 to 6 months for MSM with multiple or anonymous sex partners or illicit drug use, especially methamphetamine (self or partner)
Chlamydia and Gonorrhea	First-catch urine NAAT (preferred) or urethral swabs AND Anorectal NAAT if receptive anal intercourse ("bottoming") AND Oropharyngeal NAAT if receptive oral intercourse (giving oral sex)	At least annually	
Syphilis[a]	Serology	At least annually (and at HIV diagnosis, for positive MSM)	
Hepatitis B[b]	Serology: HBsAg AND Anti-HBs or anti-HBc	Once	Give first dose of vaccine[c] at time of test, after the blood draw; discontinue series if HBsAg+
Hepatitis C[d]	Serology: Hepatitis C antibody test Positive test results should be followed with a quantitative HCV RNA test	HIV positive: test at baseline (and at least annually if patient has sex with men without a condom)	
		Injection or illicit nasal drug use (ever): test once and retest at least annually if use is ongoing	
		Born between 1945 and 1965: test once	
Herpes	Serology: Consider type-specific test for HSV-2	No specified frequency	
Human papillomavirus (HPV)	Anal Pap test	Baseline and then annually	If HIV positive or according to clinical judgment

HIV, human immunodeficiency virus; HSV-2, herpes simplex virus 2; NAAT, nucleic acid amplification test.

[a]Call the Provider Access Line (PAL) at 1-866-692-3641 for patients' serology or treatment history or for consultation in interpreting serologies (**Resources—NYC Department of Health and Mental Hygiene, Syphilis**).

[b]For detailed information, see **Resources—*City Health Information*: Preventing and Managing Hepatitis B.**

[c]If vaccination or infection status is unknown. Check the Citywide Immunization Registry (CIR) at www.nyc.gov/health/cir for the patient's immunization history. You must report immunizations administered to people <19 years of age and you are encouraged to report immunizations given to patients ≥19 years of age, with patients' verbal consent, to the CIR.

[d]For detailed information, see **Resources—*City Health Information*: Diagnosing and Managing Hepatitis C.**

Note: Oropharyngeal and anorectal NAAT testing is an off-label use for chlamydia and gonorrhea and can only be conducted at laboratories that have done the appropriate quality assurance validation testing (**Resources—NYC Department of Health and Mental Hygiene, Laboratories**).

- A nucleic acid amplification test (NAAT) can identify HIV virus missed by the antibody or combination antibody and antigen tests.[46] Order an HIV NAAT in combination with these standard HIV tests for
  - patients with recent known or potential exposure: if the patient was exposed within the past 36 hours, administer PEP or refer to an emergency department or other provider who offers PEP;
  - patients with signs of acute HIV infection, such as flu-like symptoms, lymphadenopathy, or skin rash: patients in the acute stage are highly infectious, but, because they are unaware of their infection status, may continue to engage in risky behaviors.[6]

For patients who test positive, assist with linkage to care as early initiation of antiretroviral therapy is recommended (**Resources—Referrals for HIV-infected Patients**).

MANAGING COMMON INFECTIONS

See **Centers for Disease Control and Prevention** and **Other Provider Resources** for comprehensive information on managing STIs.

- **Urethritis, with (muco)purulent discharge**: Treat presumptively for gonorrhea and chlamydia with ceftriaxone 250 mg intramuscularly and either azithromycin 1 g orally once or doxycycline 100 mg orally twice daily for 7 days. Cefixime and other oral cephalosporins are no longer recommended to treat gonorrhea due to reduced susceptibility of gonorrhea to these medications.[47]
- **Urethritis, without purulent discharge**: Treat presumptively for chlamydia or other nongonococcal urethritis (NGU) with either azithromycin 1 g orally once or doxycycline 100 mg orally twice daily for 7 days.[5] If gonorrhea and chlamydia tests are negative, the patient likely has nonchlamydial NGU and should be counseled to notify partners and abstain from sex until he is treated.[5]
- **Proctitis**: Examine the area for lesions suggestive of syphilis or herpes and test for gonorrhea and chlamydia (**Table 2**). Treat presumptively for both gonorrhea and Lymphogranuloma venereum (LGV) with ceftriaxone 250 mg intramuscularly and doxycycline 100 mg orally twice daily for 21 days. If anorectal chlamydia NAAT is negative, stop doxycycline after 7 days. Although clinical data are limited, azithromycin 1 g orally once weekly for 3 weeks is probably an effective alternative to doxycycline for LGV, although a test-of-cure should be performed following treatment.[47]
- **Proctocolitis** may cause symptoms of proctitis accompanied by abdominal cramps or diarrhea. Consider LGV and/or enteric pathogens as the possible cause.
- **Rectal infections** in MSM predict an increased risk of future HIV infection.[48] Risk reduction counseling—including a discussion of PrEP—is critical for these patients.
- **Enteritis**: Consider testing for both bacterial and parasitic pathogens in patients with cramping, diarrhea, or flatulence. Potential pathogens in MSM include Giardia, Salmonella, Cryptosporidia, or Shigella.[1,5] Repeated stool evaluations or special stool preparations may be necessary to diagnose the causative agent of enteritis.
  - In HIV-infected men, enteritis may be caused by agents that are not typically spread through sexual contact or by HIV directly.

Rectal infections in MSM predict an increased risk for future HIV infection.

PARTNER NOTIFICATION

Encourage patients with any STI diagnosis to inform their sex partners that they may have been infected and should seek medical treatment. In NYC, patients can refer their partners to the Health Department's STD clinics for testing and treatment.

- HIV: The Contact Notification Assistance Program (CNAP) provides information on partner notification to the general public and to medical and social service providers. People living with HIV/AIDS and providers can anonymously report partners through CNAP at 1-212-693-1419.
- Other STIs: Patients can anonymously or confidentially contact partners and find testing locations at InSPOT (www.inspot.org).
- Syphilis: For partner services and medical consultation at the Syphilis and Serologic Reactor Registry, call the Provider Access Line (PAL): 1-866-692-3641.

SUMMARY

MSM represent a diverse group of patients who may experience increased stressors and health challenges. Provide a welcoming, nonjudgmental environment for MSM in your practice. Address both their general primary care and unique health needs. Providing MSM with comprehensive care is critical to reducing the health disparities facing their community. ◆

RESOURCES

For Providers

New York City Department of Health and Mental Hygiene

- *City Health Information* archives: www.nyc.gov/html/doh/html/data/chi.shtml
  Brief Intervention for Excessive Drinking
  Detecting and Treating Depression in Adults
  Diagnosing and Managing Hepatitis C
  HIV Prevention and Care
  Improving the Health of People Who Use Drugs
  Intimate Partner Violence
  Preventing and Managing Hepatitis B
  Preventing Misuse of Prescription Opioid Drugs
  Preventing Sexually Transmitted Infections
  Promoting Healthy Behaviors in Adolescents
  Treating Tobacco Addiction
- HIV/AIDS Reporting Information: www.nyc.gov/html/doh/html/data/hcpreporting-what.shtml
- Reporting Diseases and Conditions: www.nyc.gov/health/diseasereporting
- Provider Access Line (PAL): 1-866-692-3641
- Syphilis and Serologic Reactor Registry, partner services, and medical consultation (PAL): 1-866-692-3641
- Citywide Immunization Registry: www.nyc.gov/html/doh/html/living/cir-home.shtml
- Laboratories approved by New York State to perform GC NAAT testing on extragenital specimens: www.nyc.gov/html/doh/downloads/pdf/std/nys-lab-gc-naat-testing.pdf
- NYC Condom Availability Program: nyc.gov/condoms
- Partner Notification:
  - Contact Notification Assistance Program (CNAP): 1-212-693-1419
  - InSPOT: www.inspot.org/
- The NYC STD/HIV Prevention Training Center: www.nycptc.org

Centers for Disease Control and Prevention

- STD Treatment Guidelines, 2010: www.cdc.gov/STD/treatment/2010/
- STD Treatment Guidelines App: www.cdc.gov/std/STD-Tx-app.htm
- Gay and Bisexual Men's Health: www.cdc.gov/msmhealth/

New York State Department of Health

- Lesbian, Gay, Bisexual and Transgender Health: https://www.health.ny.gov/diseases/aids/consumers/lgbt

Mental and Behavioral Health

- LIFENET Mental Health hotline:
  (24 hours a day/7 days a week)
  In English: 1-800-LIFENET (1-800-543-3638)
  In Spanish: 1-877-AYUDESE (1-877-298-3373)
  In Chinese: 1-877-ASIAN LIFENET (1-877-990-8585)
  TTY: 1-212-982-5284
  For other languages, call 1-800-LIFENET or 311 and ask for an interpreter: www.800lifenet.org
- Mental Health Association: http://newyorkcity.ny.networkofcare.org/mh/index.aspx
  Directory of mental health services
- National Institute on Drug Abuse. NIDA-ASSIST: www.drugabuse.gov/nidamed-medical-health-professionals
- The Trevor Project: www.thetrevorproject.org/
  Crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people aged 13-24

PEP and PrEP

- Current PEP recommendations: www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure/
- Current PrEP recommendations: www.cdc.gov/hiv/pdf/prepguidelines2014.pdf
- NYC PrEP/PEP: www.nyc.gov/html/doh/html/living/prep-pep.shtml

Referrals for HIV-infected Patients

- NYC HIV Care Coordination Programs. Referral Resource Guide: www.nyc.gov/html/doh/downloads/pdf/ah/ah-referral-resource-guide.pdf
- Designated AIDS Centers: www.nyc.gov/html/doh/downloads/pdf/ah/designated-aids-centers.pdf

Other Provider Resources

- The National LGBT Health Education Center at The Fenway Institute: www.lgbthealtheducation.org
- GLMA. Health Professionals Advancing LGBT Equality: www.glma.org
  Cultural competence information for providers
- Primary Care Protocol for Transgender Patient Care. Center for Excellence for Transgender Health at UCSF: http://transhealth.ucsf.edu/trans?page=protocol-00-00
- National Network of Prevention Training Centers. Sexual History Taking Training and Video Demonstration: http://nnptc.org/resources/sexual-history-taking-training-and-video-demonstration/

For Patients

- NYC Condom Availability Program: m.findnyccondoms.com
  The NYC Condom Program's mobile website, which locates free safer-sex products
- NYC Confidential STD Clinics: www.nyc.gov/html/doh/html/living/std-clinics.shtml
- InSpot: www.inspot.org
  Confidential, online partner notification; searchable clinic database
- Callen-Lorde Community Health Center: http://callen-lorde.org/
  Provides health care, education, and advocacy for gay, lesbian, bisexual, and transgender communities
- The Lesbian, Gay, Bisexual & Transgender Community Center: www.gaycenter.org/
  Health care and wellness for gay, lesbian, bisexual, and transgender communities
- Gay Men's Health Crisis: www.gmhc.org/
  HIV/AIDS prevention, care, and advocacy
- SAGE: Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders: www.sageusa.org/
  Services, training, and advocacy for LGBT older adults and their caregivers
- The New York City Anti-Violence Project: www.avp.org/
  Advocacy and resources for LGBT victims of violence, including intimate partner violence

For Adolescents

- The Center: https://gaycenter.org/resources#all-youth-resources
  Resources for LGBTQ teens
- NYC Free and Confidential STD Clinics: www.nyc.gov/html/doh/html/living/std-clinics.shtml
- NYC TEEN: www.nyc.gov/html/doh/teen/html/home/home.shtml
  Information for adolescents, including sexuality, relationships, and bullying; links to community resources and hotlines
- Respect for All: http://schools.nyc.gov/RulesPolicies/RespectforAll/default.htm
  Resources to help educators, families, and students understand, prevent, and address bullying, cyberbullying, and discrimination
- NYC Teen. Get the Facts: Bullying: www.nyc.gov/html/doh/teen/html/topics/fs-bullying-what.pdf
- Ali Forney Center: www.aliforneycenter.org/
  Support for homeless LGBT youth

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NYC Health
nyc.gov/health

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CME: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Centers for Disease Control and Prevention (CDC) and New York City STD/HIV Prevention Training Center. CDC is accredited by the ACCME® to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this Enduring Material for a maximum of .75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides .7 contact hour.

Fees: No fees are charged for CDC's CE activities.

To receive continuing education (CE): For full instructions, please visit www.nycptc.org.

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