

# City Health Information

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## New York City Department of Health and Mental Hygiene

### PROVIDING COMPREHENSIVE HEALTH CARE FOR MEN WHO HAVE SEX WITH MEN<sup>a</sup>

- Provide a welcoming environment that encourages gay, bisexual, and other men who have sex with men to seek care and discuss their sexuality.
- Offer routine screenings and effective care for HIV and other sexually transmitted infections, mental health, and substance use.
- Vaccinate against preventable diseases including mpox (monkeypox), COVID-19, human papillomavirus (HPV), hepatitis A and B, and meningococcal disease.
- Counsel on different ways to achieve a healthy and fulfilling sex life, including the use of preexposure prophylaxis (PrEP) to prevent HIV.

<sup>a</sup>The guidance in this CHI applies to the care of both cisgender and transgender men who have sex with men. For additional guidance on medical care for transgender men, see <https://www.cdc.gov/lgbthealth/transgender.htm>.

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Gay, bisexual, and other men who have sex with men (MSM)—including transgender MSM—can benefit from tailored sexual health care, including screenings, vaccinations, and interventions to prevent HIV and other sexually transmitted infections (STIs). Comprehensive health care also involves screening and support for mental health and alcohol, tobacco, and other substance use (**Box 1**).

MSM may experience stigma, discrimination, and family or community rejection related to their sexuality and gender expression. Such negative experiences can make MSM reluctant to seek health care or engage openly with providers, particularly if they have experienced, or anticipate, judgment or discrimination in clinical settings.<sup>1,2</sup>



Across studies, 10% to 55% of MSM in the United States (US) did not tell their medical provider they have sex with men, and Latino and Black MSM were less likely to disclose than White MSM.<sup>3,4</sup> For Black MSM in particular, engagement in care can be undermined by experiences of racial discrimination that create mistrust of medical providers or institutions.<sup>5-7</sup>

To ensure access to care, provide a welcoming clinical approach and comprehensive health care to all MSM. Reach out to patients who may have been delayed in getting routine care during the COVID-19 pandemic, including recommended HIV and STI screenings, other screenings, and vaccinations.

## WELCOME AND AFFIRM MEN WHO HAVE SEX WITH MEN

A clinical approach that accepts and openly supports cisgender and transgender MSM can make it easier for them to seek care and have honest conversations about their sexual health and challenges to well-being (**Box 2**<sup>8-10</sup>). Patients generally want to discuss their sexual health, but many prefer their providers raise the issue.<sup>11</sup>

Men's disclosure of sex with men is essential for providing comprehensive care and appropriate clinic-based interventions (**Box 3**). Do not assume you can determine patients' sexual practices and identity by how they look, speak, or act. When engaging patients, explain the medical

### BOX 1. HEALTH PROTOCOL FOR MEN WHO HAVE SEX WITH MEN

#### Prepare

- Welcoming environment
- Trained clinical and frontline staff

#### Discuss

- Sexual history
- Sexual pleasure and function
- Condoms and other options for safer sex
- Reproductive health
- Mental health and substance use
- Barriers to care

#### Examine visually

- Genital, anal, and pharyngeal areas
- Signs of HPV, syphilis, and other STIs

#### Draw blood for lab testing

- HIV
- Syphilis
- Hepatitis C

#### Screen for gonorrhea and chlamydia

- Urine screen or urethral swab
- Rectal swabs
- Pharyngeal swab (for gonorrhea only)

#### Vaccinate

- Hepatitis A
- Hepatitis B
- HPV (age ≤26)
- Meningococcal disease
- Mpox
- COVID-19

#### Prescribe as indicated

- HIV and STI treatment
- PrEP to prevent HIV
- Emergency PEP to prevent HIV

Adapted from National Coalition of STD Directors, *MSM Sexual Health Standards of Care*

HPV, human papillomavirus; mpox, monkeypox; PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis; STI, sexually transmitted infection

### BOX 2. CREATE A WELCOMING ENVIRONMENT<sup>8-10</sup>

#### To create an LGBTQ-friendly practice

- Refer to patients by the name and pronouns they use
- Display images and messages that celebrate LGBTQ health and pride
- Post the NYC [LGBTQ Health Care Bill of Rights](#) and a confidentiality statement
- Recognize patients' chosen families, not just their legal family members or partners
- Ensure that all providers and frontline staff receive regular trainings on implicit bias, MSM health, and how to be respectful to LGBTQ patients (**Resources**)

LGBTQ, lesbian, gay, bisexual, transgender, queer or questioning

need for asking sensitive questions and ensure confidentiality (see **Take a Sexual History From All Patients**, below).

## UNDERSTAND YOUR PATIENT'S PRIORITIES

Health and wellness may not be everyone's priority. Poverty and lack of social support can undermine safety, stable housing, and engagement in medical care. Some men may exchange sex for money, drugs, a place to stay, or other basic needs. To understand a patient's hierarchy of needs, ask: "What are your main priorities in life right now? What are your priorities for your health?"

## ADDRESS SPECIFIC BARRIERS TO CARE

A culturally responsive clinical approach can especially benefit men of color, immigrants, transgender men, adolescents, and older men (**Boxes 4-8**<sup>9,12-29</sup>). Be aware of how discrimination based on a patient's race, ethnicity, age, social class, sexuality, and gender identity and expression can intersect and fuel health inequities.

## TAKE A SEXUAL HISTORY FROM ALL PATIENTS

Knowing the patient's sexual history (**Boxes 9**,<sup>24,30-32</sup> page 17, and **10**,<sup>31</sup> page 18) guides:

- screening for HIV and other STIs,

*Continued on page 18*

### BOX 3. FACILITATE MEN'S DISCLOSURE OF SEX WITH MEN

**Offer patients multiple opportunities to disclose the genders of their sexual partners**

- at patient registration
- during the in-person baseline sexual history
- at follow-up visits ("Has anything in your sex life changed since your last visit?")

**Avoid judging or stigmatizing patients' sexual practices**

- See **Take a Sexual History From All Patients** (above)

**Invite patients to express their identities**

- Ask patients, and include in their electronic medical record, their
  - Name and pronouns, which may not match the name or gender on their insurance information or official identification
  - Gender identity and sex assigned at birth, which establish whether they are cisgender, transgender, or identify as other than a woman or man
  - Sexual orientation (eg, gay, bisexual, straight, or another identity)

**Refer patients who are reluctant to discuss their sexual practices to clinics with expertise serving LGBTQ persons**

- These include [New York City Sexual Health Clinics](#)

LGBTQ, lesbian, gay, bisexual, transgender, queer or questioning

### BOX 4. ADDRESS BARRIERS TO CARE FOR LATINO AND BLACK MEN WHO HAVE SEX WITH MEN<sup>9,12-18</sup>

Providers and clinics play a key role in reducing racial and ethnic health inequities

- Acknowledge and address the impact of racism and homophobia
  - A patient's health and access to care may be affected by experiences of discrimination, including in clinical settings
  - Train staff on addressing implicit bias and racism in health care (**Resources**).
- Ensure that men of color receive full access to effective care
  - In New York City, fewer Latino and Black men than White men take preexposure prophylaxis to prevent HIV, in part because providers may be less willing to discuss preexposure prophylaxis or prescribe it to them
- Question stereotypes that could lead you to limit patients' access to care
  - Be aware that higher numbers of HIV diagnoses among Latino and Black men who have sex with men are not explained by racial/ethnic differences in condom use or number of sex partners but by having sex in networks with higher prevalence of HIV and other sexually transmitted infections and with partners who are less likely to be engaged in HIV care
- Use clinic resources to help address patients' barriers to care
  - Assist patients in getting health insurance, financial assistance for medications and clinical services, stable housing, food assistance, and substance use and mental health care (**Resources**)

**BOX 5. ADDRESS BARRIERS TO CARE FOR IMMIGRANT MEN WHO HAVE SEX WITH MEN**

Immigration status, language barriers, social isolation, poverty, past trauma, and lack of familiarity with local sexual cultures may challenge the well-being of immigrant men who have sex with men

- Employ patient navigators who are fluent in the languages your patients speak and have expertise in engaging immigrants around their health, sexuality, and gender identity
- Provide intake forms and educational materials in multiple languages
- Inform patients that in New York they may be eligible for health insurance at low or no cost and that they can get primary care, specialty care, mental health care, immunizations, and sexual health services without insurance (see [Health Insurance and Care Options for Immigrants](#))

**BOX 6. ADDRESS BARRIERS TO CARE FOR TRANSGENDER MEN WHO HAVE SEX WITH MEN<sup>19-22</sup>**

Transgender people may avoid medical care if they fear mistreatment or a provider's lack of experience with transgender health

- Train staff on transgender health (**Resources**)
- Refer to all patients by the names and pronouns they use
- Promote engagement in care by providing gender-affirming hormone therapy
- Provide comprehensive sexual health care to transgender MSM
  - Testosterone use can lead to new sexual practices and attractions, including sex with cisgender men that increase the need for frequent HIV and STI testing and access to HIV prevention options such as PrEP
- Counsel men with a functioning uterus and ovaries that they can become pregnant if they have receptive vaginal-penile sex without the use of contraception, even if they have begun taking testosterone
  - Discuss the wide range of contraceptive options and the patient's concerns with specific methods
- Encourage transgender men with vaginal dryness (eg, from testosterone use) to use lubricant to avoid discomfort or injury during vaginal sex

MSM, men who have sex with men; PrEP, preexposure prophylaxis; STI, sexually transmitted infection

**BOX 7. ADDRESS BARRIERS TO CARE FOR ADOLESCENT BOYS WHO HAVE SAME-SEX ATTRACTION<sup>23-27</sup>**

Young MSM may not be comfortable discussing their sexuality but can greatly benefit from supportive sexual health care and counseling

- During clinic visits, spend time alone with adolescent patients beginning at age 12 years. Take a sexual history when parents or guardians are not present
- Tell patients that what they discuss with you and the services they receive will be kept confidential (with the exception of possible child abuse or neglect)
- Encourage adolescent boys with same-sex attraction or same-sex partners to establish healthy practices, including consistent condom use; regular testing for HIV and other STIs; and taking PrEP or, if needed, emergency PEP to prevent HIV
- Inform adolescents that in New York State they do not need parental or guardian consent to receive:
  - HPV vaccination
  - HIV and STI testing and treatment
  - PrEP or emergency PEP to prevent HIV
- Inform patients that they can request that their health insurance plan send benefits documents to an address other than the main policyholder's
- Be vigilant for signs that people seeking health care—including adolescents and young adults—may be victims of [human trafficking](#)

HPV, human papillomavirus; MSM, men who have sex with men; PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis; STI, sexually transmitted infection

**BOX 8. ADDRESS BARRIERS TO CARE FOR OLDER MEN WHO HAVE SEX WITH MEN<sup>28,29</sup>**

Older MSM may have unique medical and social needs

- Take a sexual history, regardless of age
- Recognize that erectile dysfunction can increase with age and comorbid illness, making condom use more difficult
- Ask about social ties and support. Older LGBTQ adults are more likely than other older adults to live alone
  - Refer patients aged 60 years and older to a [SAGE drop-in center](#)
- Address possible trauma (**Box 16**) among older MSM who have had their sexuality criminalized or treated as a mental illness or who survived the worst years of the HIV epidemic

LGBTQ, lesbian, gay, bisexual, transgender, queer or questioning; MSM, men who have sex with men

**BOX 9. TAKING A SEXUAL HISTORY<sup>24,30-32</sup>**

1. Explain to the patient why you are asking about their sex life

*"I ask all my patients about their sexual health so they can get the screenings, treatment, and vaccinations they need."*

2. Ask a broad opening question that allows the patient to help lead the discussion

*"Can you tell me a little bit about your sex life?"*

3. As needed, follow-up with specific questions adapted from the CDC's "5 Ps"

- Partners and their genders
  - *"Do you have a main partner?"*
  - *"Do you have other partners?"*
  - *"What are your partners' genders?"*
- Practices and need for screening
  - *"What types of sex do you have?"*
  - *"Anal? Do you ever give? Receive?"*
  - *"Oral? Do you ever give? Receive?"*
  - *"Vaginal?" (or "front sex?")*
  - *"Do you ever put your mouth on another person's anus?"*
- Pregnancy-related needs (if yes to vaginal sex)
  - *"Are you trying to have a child or trying to avoid pregnancy?"*
- Prevention
  - *"How do you protect yourself from HIV and other STIs?"*
- Past testing history and recent symptoms
  - *"When were you last tested for HIV? For other STIs?"*
  - *"Have you had any recent symptoms?"*
- Pleasure and function (a 6<sup>th</sup> "P")
  - *"Do you have any concerns about sexual pleasure or sexual function?"*

4. Conclude with open-ended questions that invite patients to raise concerns

*"Is there anything else you would like to discuss about your sex life or past experiences?"*

5. Unless contraindicated by the sexual history, offer each patient an HIV test; education about PrEP; screening for STIs at the genitals, anus, and throat; and contraceptive counseling

Adapted from the CDC. A Guide to Taking a Sexual History. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

CDC, Centers for Disease Control and Prevention; PrEP, preexposure prophylaxis; STI, sexually transmitted infection



Continued from page 15

- testing and treatment for enteric infections,
- immunizations against vaccine-preventable diseases,
- counseling around condom use, PrEP, emergency postexposure prophylaxis (PEP), and reproductive health,
- discussions around sexual pleasure and function.

## DISCUSS SEXUAL PLEASURE AND FUNCTION

Make sexual pleasure and function a part of the sexual history (**Box 11**<sup>24,33</sup>). A clinical approach that helps reduce stigma and anxiety around sex between men can increase pleasure.

## ADDRESS HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

HIV and other STIs remain a major health concern for MSM. In 2021, around 750 cisgender MSM in NYC were newly diagnosed with HIV, 80% of whom were Latino or Black.<sup>17</sup> Between 2017 and 2021 in NYC, viral suppression increased in people living with HIV; use of PrEP and emergency PEP to prevent HIV expanded; and new HIV diagnoses among MSM decreased 39%.<sup>34-36</sup> However, self-reported condom use has fallen among men who have sex with men in NYC and diagnoses of other STIs have been increasing among men, which may reflect both less frequent condom use and more routine STI screening.<sup>37,38</sup> In 2020, COVID-19 disruptions reduced access to HIV testing and may have temporarily slowed growth in PrEP and PEP use.<sup>36,39</sup>

HIV typically transmits between cisgender men during anal sex, most easily from the insertive (top) partner to the receptive (bottom) partner.<sup>40</sup> Consistent condom use remains an effective way to prevent HIV, other STIs, and pregnancy. However, not all men regularly use condoms or can be sure their partners will use them. Men may prefer the feeling of sex without condoms, and difficulty maintaining an erection can also undermine condom use. Counsel patients about different ways to prevent HIV and STIs, including condoms, regular HIV and STI testing, and antiretroviral medications to treat or prevent HIV (**Boxes 12-14**<sup>24,39,41-44</sup>).

### HIV testing

Routine testing allows for prompt diagnosis and treatment of a new HIV infection. A nega-

tive test result is an opportunity to discuss the patient's strategy for preventing HIV, which may include taking PrEP or using PEP in an emergency. Laboratory-based antigen/antibody tests can detect HIV earlier than oral or rapid tests.<sup>45</sup> Inform reluctant patients about options for HIV

### BOX 10. BEST PRACTICES IN SEXUAL HISTORY-TAKING<sup>31</sup>

- Emphasize the benefit of a healthy sex life
  - Instead of focusing on "risky behaviors" and disease  
Say: *"I'd like to help you have a happy and healthy sex life."*
- Avoid questions that imply judgment or a right answer
  - Instead of asking whether the patient uses condoms  
Ask: *"How do you protect yourself from HIV and other STIs?"*
- Avoid a battery of questions
  - If a man reports having sex with multiple male partners, you do not need to ask how many partners he has had in the last X months
- Use patients' own terms for their anatomy and sexual practices
  - A transgender man may prefer the term "front sex" instead of "vaginal sex" or "chest" instead of "breasts"
- Ask for a brief update at follow-up visits  
Ask: *"Has anything in your sex life changed since your last visit?"*

### BOX 11. DISCUSSING SEXUAL PLEASURE AND FUNCTION<sup>24,33</sup>

To promote pleasure and reduce the stigma and anxiety associated with sex between men

- Counsel patients without appearing to judge their sexual practices
  - Discuss options for reducing the risk of HIV and other STIs (**Box 12**)
  - Inform patients that people with an undetectable HIV viral load cannot pass HIV through sex (**Box 14**)
- Investigate reports of erectile dysfunction, which may be associated with comorbid illness, age, or certain medications
  - Medications to address erectile dysfunction may be appropriate
- Investigate reports of pain or lack of pleasure during anal sex
- Ask transgender men who have vaginal sex about pain or lack of pleasure
- Recommend lubricants for anal or vaginal dryness and consider other sources of pain (eg, STIs, fibroids)

STI, sexually transmitted infection

testing (**Box 13**). Discuss the benefits of frequent testing and early diagnosis, counseling patients that treatment can quickly suppress HIV to an undetectable level and prevent transmission to others (**Box 14**).<sup>43,46</sup>

New York State (NYS) law requires the offer of HIV testing to adult and adolescent patients in primary and emergency medical care.<sup>47</sup> Routinely offer testing for HIV and other STIs using an opt-out approach (eg, “I test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about getting tested?”) Document the patient’s agreement or refusal in their medical record.

Following [CDC recommendations](#), encourage sexually active MSM to test at least annually for HIV.<sup>39</sup> MSM may benefit by testing every 3 to 6 months, depending on their sexual practices.<sup>39</sup> Order an HIV-1 RNA assay in combination with standard HIV tests for patients who report an HIV exposure or symptoms consistent with acute infection (eg, flu-like symptoms, lymphadenopathy, skin rash) in the past 4 weeks.<sup>48</sup> Counsel all patients that people with recently acquired HIV have high viral loads and can easily pass HIV to others.<sup>48</sup> Inform patients that no test can detect HIV immediately following exposure and that they should immediately seek emergency PEP if they were exposed to HIV in the past 72 hours.<sup>42,49</sup>

### HIV treatment

Initiate antiretroviral therapy (ART) on the day of initial diagnosis or first HIV-related clinic visit, regardless of the patient’s CD4 count or viral load.<sup>46,50</sup> Immediate treatment can promptly suppress a patient’s viral load, which decreases inflammation and immune activation and prevents HIV transmission to others (**Box 14**).<sup>43,46,51</sup> Immediate treatment also improves engagement in care: patients who initiate ART on the day of diagnosis are more likely to be retained in care and virally suppressed after 12 months.<sup>52</sup> The NYC Department of Health and Mental Hygiene (DOHMH) provides [guidance on immediate HIV treatment \(Resources\)](#).<sup>46</sup>

For most patients with HIV, care and treatment are straightforward.<sup>53</sup> If you are a patient’s trusted provider but lack expertise in treating HIV, you can discuss if they prefer to transfer to, or be comanaged by, an HIV specialist.<sup>54</sup> The [NYS Clinical Education Initiative](#) provides expert consultation on managing HIV at 866-637-2342 (**Resources**).

Intramuscular injections of long-acting medications every 2 months are an alternative to daily oral HIV treatment for adults who are virologically suppressed and have no history of treatment failure.<sup>55</sup> Clinical trials found that monthly injections of long-acting cabotegravir (CAB-LA) and rilpivirine (RPV-LA) were noninferior to oral regimens in maintaining HIV suppression,<sup>56</sup> and that bimonthly injections were just as effective as monthly injections.<sup>57</sup> In these trials, 94% to 98% of recipients preferred injections to oral regi-

### BOX 12. PREVENTING HIV AND OTHER STIS<sup>24,39,41-44</sup>

Encourage MSM to

- Use condoms and lubricant (silicone or water-based) during anal or vaginal sex
- Get tested at least annually for HIV
- Get regularly tested and promptly treated for other STIs
- Initiate or stay in HIV treatment and maintain an undetectable viral load
- Take PrEP to prevent HIV
- Take PEP in an emergency

MSM, men who have sex with men; PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis; STI, sexually transmitted infection

### BOX 13. OPTIONS FOR HIV TESTING<sup>41,42</sup>

- Different rapid tests provide results in 60 seconds to 30 minutes
- Fingerstick tests are less invasive than tests that require a blood draw
- Oral swab tests do not require giving blood
- Home self-test kits allow testing in private
- Anonymous testing is available at [NYC Sexual Health Clinics](#)

### BOX 14. WHAT TO TELL YOUR PATIENTS ABOUT UNDETECTABLE HIV<sup>43</sup>

Knowing about undetectable HIV can reduce HIV-related stigma and facilitate HIV testing and treatment. Inform *all* patients, even those who do not have HIV, that

- HIV treatment can reduce the amount of HIV in your body to an undetectable level, which limits the damage that HIV can cause to your body and immune system
- People who maintain an undetectable viral load cannot pass HIV to others through sex (see [Undetectable = Untransmittable](#) for more information)
- Regular HIV testing allows you to start treatment and get to an undetectable level as soon as possible
- Medications to treat HIV are safe, effective, and available to all New Yorkers, regardless of their ability to pay or immigration status

mens.<sup>56,57</sup> See [US](#) and [NYS guidelines](#) on the use of long-acting medications, including guidance on helping patients avoid missing doses and developing treatment-resistant HIV.<sup>51,58</sup>

For transgender men with childbearing potential, screen for pregnancy before initiating ART; for patients taking testosterone, monitor the effects of HIV treatment on hormone therapy. In choosing an ART regimen for transgender men, as for cisgender men, consider coexisting health conditions such as hyperlipidemia, cardiovascular disease, and osteopenia.<sup>59</sup>

Poverty, racism, and other social or psychological factors may undermine a patient's continuity in HIV care or adherence to treatment. Routinely screen for mental health and substance use (see **Support Mental Health**, page 22). Assess for housing stability, refer patients to [housing programs for people with HIV](#), and follow up with patients to ensure their housing needs are met (**Resources for Patients**).

Patients can receive HIV treatment and supportive services regardless of their ability to pay or immigration status through the [NYS Uninsured Care Programs](#) (**Resources for Patients**).<sup>60,61</sup>

#### PrEP to prevent HIV

HIV PrEP is approved for adults and adolescents as a daily oral pill or as long-acting injections. When taken consistently, daily oral PrEP is approximately 99% effective in preventing HIV during anal sex.<sup>62</sup> Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) remains the first-line regimen for oral PrEP; it is available as a low-cost generic drug and is approved for use by both cisgender and transgender men.<sup>63,64</sup> Long-acting CAB-LA as PrEP is administered every 2 months via intramuscular injection, which clinical trials found superior to daily oral TDF/FTC in preventing HIV among cisgender men and transgender women who have sex with men and among cisgender women.<sup>65,66</sup>

[CDC PrEP guidelines](#) recommend discussing oral and injectable options with all sexually active patients.<sup>64</sup> Patients may prefer taking a daily pill to injections and more frequent clinic visits. Long-acting PrEP can benefit people who do not want to take a daily pill, have difficulty consistently taking medications, or have kidney disease that prevents use of oral PrEP.<sup>63</sup>

Difficulty finding an informed and willing provider is a major barrier to receiving a PrEP pre-

scription.<sup>67,68</sup> Offer PrEP to patients at substantial risk of acquiring HIV, including those who have a partner with HIV whose virus may not be consistently undetectable, have a rectal bacterial STI or primary or secondary syphilis,<sup>64,69-71</sup> or who seek out or take emergency PEP.<sup>64</sup> Prescribe PrEP to patients who request it, even if they do not report practices that may put them at risk of acquiring HIV, as not all patients will readily discuss details of their sex lives or drug use.<sup>64</sup> [New York State PrEP guidelines](#) urge providers not to withhold PrEP from people who use drugs or alcohol, have a mental health disorder, or do not use condoms consistently.<sup>72</sup>

At PrEP initiation, following [CDC guidelines](#), rule out existing HIV infection with an HIV antigen/antibody test and by ordering an HIV-1 RNA assay for patients who report symptoms of acute infection and possible HIV exposure in the last 4 weeks.<sup>64</sup>

People who take PrEP consistently rarely acquire HIV. However, use of antiretroviral medications before or during HIV acquisition can suppress viral replication and slow antibody development, which can delay detection of HIV antibodies in acutely infected patients. The CDC currently recommends screening patients on PrEP with an HIV antigen/antibody assay and an HIV-1 RNA assay every 3 months for people taking oral PrEP and at every bimonthly injection for people on long-acting PrEP.<sup>64</sup>

Counsel patients that PrEP does not prevent other STIs.<sup>73</sup> Screen MSM for bacterial STIs every 3 months for men taking oral PrEP or every 4 months for men receiving injectable PrEP.<sup>64</sup> Screen for pregnancy in transgender men who have receptive vaginal-penile sex.<sup>74</sup>

At follow-up visits, ask patients about any side effects or other challenges to continued PrEP use. Strongly encourage patients who may discontinue PrEP to work with you to identify another method for preventing HIV. In patients who discontinue injectable PrEP, declining drug levels may allow HIV acquisition, and low but persistent drug levels may be insufficient to suppress viral replication and can lead to development of antiretroviral resistance.<sup>64</sup>

PrEP use in NYC is lower among Black and Latino people than it is among White people.<sup>13</sup> Accelerating declines in HIV incidence and increasing equity necessitate expanding PrEP access for Black and Latino MSM. From 2017 to 2021 in NYC,



new HIV diagnoses declined 57% among White MSM but only 37% among Latino MSM and 31% among Black MSM.<sup>17</sup> Ensure that your clinic promotes and does not discourage PrEP use among Black and Latino men, and offers patients clinical and social support to remain on PrEP (**Box 4**).

Medicaid and most health insurance plans cover PrEP without copays for medications, lab work, or clinic visits. Assistance programs can help people with no insurance or high copays pay for PrEP (**Resources for Patients**).

### Taking PrEP on demand

Daily use is the only FDA-approved dosing schedule for oral PrEP. However, taking TDF/FTC as PrEP “on demand”—only before and after sex—is also highly effective for preventing HIV in cisgender men during anal sex.<sup>64,75</sup> If a patient has sex once, they take:

- 2 pills 2 to 24 hours before sex
- 1 pill 24 hours after the first dose
- 1 pill 48 hours after the first dose

If they continue to have sex, they keep taking 1 pill every 24 hours until they have taken 2 pills after they last had sex.

PrEP on demand may appeal to men who can anticipate when they may have sex and who have sex infrequently. Because of a lack of clinical research, PrEP on demand is not recommended for transgender men and cisgender women. The NYC DOHMH provides guidance on taking PrEP on demand for [providers](#) and [the public](#) (**Resources**).<sup>76</sup>

### Emergency PEP

Postexposure prophylaxis (PEP) is the emergency use of antiretroviral medications to prevent a new HIV infection. Emergency PEP is indicated immediately after a possible exposure to HIV—such as through receptive or insertive anal sex with a partner who may have undiagnosed or unsuppressed HIV. Patients must initiate PEP no more than 72 hours after exposure and complete the 28-day oral regimen.

Ensure that patients are aware of HIV PEP so they can seek emergency prophylaxis without delay. Patients in NYC can initiate PEP immediately by calling the 24/7 NYC PEP hotline at 844-3-PEPNYC (844-373-7692), visiting a [PEP Center of Excellence](#), or going to a clinic or emergency room. Assistance programs may help pay for PEP (**Resources for Patients**).

[NYS guidelines](#) recommend screening for estab-

lished HIV infection using lab-based antigen/antibody testing. Initiate PEP immediately without waiting for test results, ideally within 2 hours of exposure and no later than 72 hours after an exposure.<sup>49</sup> If the HIV test is reactive, continue the patient on the antiretroviral regimen as treatment and consult with an HIV specialist if needed.

Recommend that patients who seek out or take emergency PEP consider taking PrEP for continued protection against HIV.

### Other sexually transmitted infections

Encourage MSM to get tested for bacterial STIs at least once a year to ensure prompt treatment and reduce transmission. MSM may benefit from testing every 3 to 6 months, depending on their risk and condom use.<sup>77</sup> Screen routinely as some STIs may not present symptoms, particularly at rectal and pharyngeal sites.<sup>78</sup>

Examine mucosal surfaces and skin (including palms and soles) for signs of syphilis, human papillomavirus (HPV), and other STIs.

Ask about recent

- urethral or vaginal discharge, dysuria, lymphadenopathy, skin rash, and genital or perianal lesions;
- anorectal symptoms consistent with proctitis such as discharge, rectal bleeding, or pain on defecation or during anal sex.

Follow CDC guidelines for [screening](#) and [treatment](#).<sup>77,78</sup>

### Gonorrhea and chlamydia

Gonorrhea and chlamydia are often asymptomatic, particularly in the throat or anus. Screen MSM at each potentially exposed anatomical site regardless of reported sexual activity, although the CDC does not recommend pharyngeal screening for chlamydia. MSM may be more comfortable swabbing themselves for rectal and pharyngeal testing.<sup>79,80</sup>

### Hepatitis C

Hepatitis C typically spreads through blood-to-blood contact and can be sexually transmitted. Screen for hepatitis C using an antibody test with reflex to RNA PCR, once for anyone who has HIV or has ever injected drugs,<sup>80</sup> and annually for anyone who has recently injected drugs and for MSM who have HIV or have sex with men taking PrEP and who do not routinely use condoms.<sup>81</sup> Treat patients with confirmed infection following

guidelines,<sup>81</sup> or refer them to a [treatment program](#).

### Human papillomavirus

HPV can result in anal cancer, which is more common among MSM, particularly MSM with HIV.<sup>82</sup> Following [NYS Guidelines](#), screen MSM aged 35 years and older living with HIV for anal dysplasia and cancer.<sup>83</sup> Screen transgender men with a cervix for cervical cancer.<sup>78</sup> Allowing patients to self-swab can increase acceptance of screening for anal and cervical cancers.<sup>79,84,85</sup>

## PROVIDE VACCINATIONS

Vaccines prevent illnesses that have higher prevalence among MSM. The [CDC's Advisory Committee on Immunization Practices](#)<sup>86</sup> recommends vaccinating all MSM against

- **Hepatitis A:** Outbreaks have occurred among MSM in NYC.<sup>87</sup>
- **Hepatitis B:** This virus can be transmitted through sex.<sup>88</sup>
- **HPV:** Vaccination protects against anal, oropharyngeal, penile, cervical, vulvar, and vaginal cancers and are available to adults through age 45 years.<sup>89,90</sup>
- **Meningococcal disease:** MSM are at increased risk and should receive the meningococcal quadrivalent conjugate vaccine (MenACWY), following current guidelines.<sup>91</sup>
- **Mpox:** A recent global outbreak of mpox has been concentrated among MSM, with the most severe outcomes occurring in men with uncontrolled HIV.<sup>92</sup> Offer mpox vaccination to MSM to prevent infection or reduce the severity of illness.<sup>93</sup> Ensure all patients receive timely HIV testing and treatment.<sup>92</sup>

Check patients' vaccination status in the [City-wide Immunization Registry](#), and request their consent to add new vaccinations to the Registry.

## ADDRESS ENTERIC INFECTIONS

Anilingus (sometimes called “rimming” or “eating ass”) is a common sexual practice among MSM. Along with fingering, fisting, and the use of anal toys, rimming can result in contact with stool and transmission of hepatitis A, herpes simplex virus, and enteric infections including cryptosporidiosis, giardiasis, amebiasis, and shigellosis.<sup>78,94,95</sup> Enteric infections may persist among immunocompromised people with HIV.

To address oral-fecal exposure

- vaccinate MSM against hepatitis A,

- test men with diarrhea, cramping, flatulence, or fever for bacterial and parasitic pathogens, and treat appropriately
  - Shigellosis is often self-limited. Reserve treatment for severely ill or immunocompromised patients due to increased antibiotic resistance.<sup>78,96,97</sup>
- recommend that men avoid sex with partners who have—or recently had—diarrhea,
- counsel men to wash their hands, penis and genital area, anus, and sex toys before and after sex.

## SUPPORT MENTAL HEALTH

MSM experience high prevalence of depression, anxiety, and substance use.<sup>94</sup> Minority stress theory proposes that individuals in minority groups, including MSM, experience stigma and excess stress that can undermine their physical and mental health.<sup>98</sup>

Be alert to signs and symptoms of depression, anxiety, posttraumatic stress disorder,<sup>99-101</sup> and risk of suicide,<sup>102,103</sup> including

- more than 5 medical or emergency department visits per year,
- multiple unexplained symptoms,
- complaints about memory or cognition,
- reports of agitation, insomnia or hypersomnia, feelings of worthlessness or excessive guilt, or diminished interest or pleasure in activities during most of the day,
- exposure to a traumatic event, or recurring unwanted memories, flashbacks, severe emotional distress, or physical reactions related to a traumatic event,
- often talking or writing about death, dying, suicide, or of having no reason for living; or withdrawing from friends or feeling like a burden to others.

Be alert to signs of social isolation; men who have broad sexual networks may struggle to connect with others in nonsexual contexts.

Begin the mental health assessment with an open-ended question, such as “How have you been feeling emotionally these past few weeks?” Follow-up with areas of concern using validated screening tools (**Box 15**<sup>104-110</sup>).

Emphasize the benefit and effectiveness of mental health treatment. Refer patients to care if symptoms interfere with their work, education,

relationships, or activities of daily living (**Resources**).

## TAKE A HARM-REDUCTION APPROACH TO SUBSTANCE USE

Men who identify as gay are more likely than those who identify as heterosexual to use alcohol and drugs.<sup>111</sup> Substance use can be a way to cope with societal or familial rejection.<sup>112</sup> MSM may use alcohol or drugs episodically to enhance or

facilitate sex,<sup>112,113</sup> including stimulants such as crystal methamphetamine (crystal meth; ie, meth, Tina, or ice), and drugs such as ketamine (ie, Special K or K), gamma hydroxybutyrate (GHB; ie, G), or amyl nitrite (ie, poppers).<sup>112-115</sup>

Explain that you ask all your patients about alcohol, tobacco, and other drugs to help them get better care.<sup>116</sup> Use initial one- or two-question screens to identify potentially unhealthy substance use (**Box 15**).

### BOX 15. ROUTINE MENTAL HEALTH AND SUBSTANCE USE SCREENING<sup>a,104-110</sup>

Condition	Screen	Next steps	Resources
<b>Depression</b>	Ask (PHQ-2): <i>"Over the last 2 weeks, how often have you been bothered by the following problems?"</i> 1. Little interest or pleasure in doing things 2. Feeling down, depressed, or hopeless	For each question, not at all = 0; several days = 1; more than half the days = 2; and nearly every day = 3. For a combined score $\geq 3$ , use the PHQ-9 or clinical interview to diagnose a depressive disorder	NYC Depression Action Kit NYC Well or call 988
<b>Generalized anxiety disorder</b>	Ask: <i>"Over the past 2 weeks, have you been worried about daily life or routine activities?"</i>	If an anxiety disorder is suspected, screen with the GAD-7	NYC Well or call 988
<b>Suicide</b>	If suicide risk is suspected, screen with the PHQ-9	If no resources are available onsite, call, or have the patient call, 988 or 800-NYC-WELL	NYC Suicide Prevention page NYC Well or call 988
<b>Tobacco use</b>	Ask: <i>"In the past 12 months, how often have you used tobacco or any other nicotine delivery product (ie, e-cigarette, vaping, or chewing tobacco)?"</i> For adolescents: <i>"In the past year, how many times have you used tobacco?"</i>	If the answer is other than "never," continue screening with the TAPS Tool For adolescents: If the answer is other than "never," assess severity with a validated tool such as the S2BI or BSTAD	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool Smoking, Tobacco and E-cigarette Use for Clinicians
<b>Alcohol use</b>	Ask cisgender men: <i>"In the past 12 months, how often have you had 5 or more drinks containing alcohol in one day?"</i> For adolescents: <i>"In the past year, how many times have you used alcohol?"</i>	If the answer is other than "never," continue screening with the TAPS Tool (TAPS-2) For adolescents: If the answer is other than "never," assess severity with a validated tool such as the S2BI or BSTAD	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool NIDA: Screening Tools for Adolescent Substance Use
<b>Drug use</b>	Ask: <i>"In the past 12 months, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?"</i> <i>In the past 12 months, how often have you used any prescription medications just for the feeling, more than prescribed, or that were not prescribed for you?"</i>	If the answer is other than "never" for either question, continue screening with the TAPS Tool (TAPS-2) For adolescents: If the answer is other than "never" for either question, assess severity with a validated tool such as the S2BI or BSTAD	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool NIDA: Screening Tools for Adolescent Substance Use

BSTAD, Brief Screener for Tobacco, Alcohol, and other Drugs; GAD, General Anxiety Disorder scale; NIDA, National Institute on Drug Abuse; PHQ, Patient Health Questionnaire; S2BI, Screening to Brief Intervention; TAPS, Tobacco, Alcohol, Prescription medication, and other Substance use

<sup>a</sup>Evidence is limited for applying this guidance to transgender, gender nonconforming, and intersex people



**Harm reduction** emphasizes quality of life and well-being rather than complete abstinence from alcohol or drug use.<sup>117</sup> Individual men may benefit from a range of harm-reduction messages such as staying hydrated while using drugs or alcohol and avoiding injection equipment that has been used by other people. Harm-reduction strategies include taking PrEP or HIV treatment as prescribed while using drugs or alcohol.

### Crystal methamphetamine

Crystal meth is a powerful stimulant that floods the brain's dopamine receptors, producing a sensation of euphoria. Crystal meth use appears to be on the rise among cisgender MSM in NYC, particularly among Black and Latino men.<sup>118</sup> For many men, using crystal meth can increase sexual desire and disinhibition while provoking erectile dysfunction and hindering condom use.<sup>119</sup> Crystal meth's appeal—both in and beyond sexual contexts—can make it difficult to quit.<sup>119</sup>

To address crystal meth use

- provide nonjudgmental care to facilitate disclosure and discussion of use,
- encourage regular HIV and STI testing and the use of PrEP or HIV treatment,
- discuss factors that may encourage crystal meth use, including mental health issues or financial insecurity that can lead to having sex for money or housing,
- counsel patients to limit the drug's harms by using less often or in smaller amounts,
- assist those interested in reducing or ending their crystal meth use in getting services that can help (**Resources**).

### Opioids, including fentanyl

Buprenorphine and methadone are the most effective treatments for opioid use disorders. For detailed guidance, see *Addressing Alcohol and Drug Use—An Integral Part of Primary Care* and *Buprenorphine—An Office-Based Treatment for Opioid Use Disorder*.

Counsel patients who use drugs about **recent increases** in fatal overdose in NYC involving fentanyl, an opioid drug that has been found in heroin, cocaine, ketamine, crystal meth, and counterfeit opioid painkillers (eg, oxycodone, hydrocodone) and benzodiazepines (eg, alprazolam, clonazepam). In 2021, 80% of overdose deaths in NYC involved fentanyl.<sup>120</sup>

To reduce their risk of overdose, people who use drugs can

- carry naloxone to reverse an opioid overdose and show others how to use it (more than one dose may be needed) (**Resources for Patients**),
- test drugs with fentanyl test strips,
- use a small amount of the drug initially,
- use with other people
  - Take turns using so one person can administer naloxone or call 911, if necessary,
- have someone check on them, and
- avoid the use of different drugs, including alcohol, at the same time.

## PROVIDE TRAUMA-INFORMED CARE

MSM may experience trauma related to their sexuality or gender expression, including sexual abuse, family rejection, fear of HIV and AIDS, and actual or anticipated antigay violence or discrimination.<sup>94</sup> Poverty, racism, and migration can also cause trauma.<sup>98,121</sup>

Primary care providers play a key role in recognizing trauma. Trauma-informed care emphasizes collaboration and empowerment; sensitivity to how a person's lived experience may affect their health and well-being; and flexibility in responding to each patient's unique needs (**Box 16**<sup>122,123</sup>).

### BOX 16. PROVIDING TRAUMA-INFORMED CARE<sup>122,123</sup>

- Offer a welcoming and safe clinical environment
- Explain clinical procedures and ask for consent before examining patients
- Recognize that depression, anxiety, sexual practices, eating disorders, and alcohol or drug use may be a response to, or a way to cope with, past or ongoing trauma
- Understand that some patients who have experienced trauma may have difficulty engaging in health care if they anticipate having a negative experience
- Screen for trauma by saying:  
*"People can have bad experiences that stay with them—like the death of a friend or family member, a serious accident, a natural disaster, sexual abuse, or physical assault. Have you been affected by anything like that?"*
- Avoid retraumatizing patients (eg, limit screening frequency to reduce how often a patient must revisit traumatic experiences)
- Treat patients with empathy and collaborate with them around their care and recovery
- Refer patients to mental health, substance use, and social service providers or support groups familiar with the needs of MSM (**Resources for Patients**)
- Consider your own well-being when addressing trauma with patients



## ADDRESS INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) includes physical, sexual, psychological, or financial abuse used to establish and maintain control.<sup>124</sup> Give patients the opportunity to disclose partner violence or abuse in private and consider [screening for partner violence](#). If a patient discloses abuse:

- validate their experiences,
- conduct a safety assessment and a physical and mental health examination,
- promptly refer them to appropriate services (**Resources for Patients**),
- document findings thoroughly.

For detailed guidance, see [Intimate Partner Violence](#).

## SUMMARY

The experience—or even anticipation—of judgment or discrimination can undermine access to comprehensive health care for MSM. Provide a welcoming environment and nonjudgmental clinical approach to encourage honest conversation that allows for tailored sexual health care. Offer screenings, vaccinations, and interventions to prevent HIV and other STIs, and screening and support to address mental health and alcohol, tobacco, and other substance use. Promote options for safer sex that can help men achieve a healthy and fulfilling sex life.

## RESOURCES FOR PROVIDERS

### Best practices

- National Coalition of STD Directors. MSM Sexual Health Standards of Care: <http://www.ncsddc.org/resource/msm-sexual-health-standards-of-care>
- National Alliance of State and Territorial AIDS Directors (NASTAD). Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men: <https://nastad.org/resources/addressing-stigma-blueprint-improving-hivstd-prevention-and-care-outcomes-black-latino>
- New York City Department of Health and Mental Hygiene (NYC DOHMH). LGBTQ Health Care Bill of Rights: <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-poster.pdf>
- NYC DOHMH. Sexual and Reproductive Health Care Best Practices for Adolescents and Adults: <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/srh-clinical-guide.pdf>
- Centers for Disease Control and Prevention (CDC). Transgender Health: <https://www.cdc.gov/hiv/clinicians/trans-forming-health/index.html>
- University of California San Francisco. What Are Transgender Men's HIV Prevention Needs?: <https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/TransmenFS-Sept2015.pdf>

### Support and training

- New York State Department of Health (NYS DOH) AIDS Institute Clinical Education Initiative: <https://ceitraining.org>
- NYC STD/HIV Prevention Training Center: <https://www.nycptc.org>
- AIDS Education & Training Center, Northeast/Caribbean: <http://www.necaeetc.org>
- American Medical Association Ed Hub. LGBTQ Health, Diversity & Inclusion: <https://edhub.ama-assn.org/course/265>
- NYC Health Training & Technical Assistance Program (T-TAP): Email [ttap@health.nyc.gov](mailto:ttap@health.nyc.gov)

*Trainings on implicit bias, LGBTQ health, and affirming medical care*

- Callen-Lorde. Transgender Health Training: <https://callen-lorde.org/transgender-health-training>

### HIV and sexually transmitted infections

- CDC. HIV Infection: Detection, Counseling, and Referral: <https://www.cdc.gov/std/treatment-guidelines/hiv.htm>
- NYS DOH AIDS Institute. Clinical Guidelines Program: <https://www.hivguidelines.org>
- NYC DOHMH. HIV and AIDS. <https://www.nyc.gov/site/doh/providers/health-topics/infectious-diseases.page#hiv>
- NYC DOHMH. Immediate Initiation of HIV Treatment: <https://www1.nyc.gov/site/doh/providers/health-topics/aids-hiv-immediate-antiretroviral-therapy.page>
- US Department of Health and Human Services (US DHHS). Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV: <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf>
- National Institutes of Health Office of AIDS Research. Considerations for Antiretroviral Use in Special Patient Populations: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/transgender-people-hiv>
- NYS DOH AIDS Institute. Use of Injectable CAB/RPV LA as Replacement ART in Virally Suppressed Adults: <https://www.hivguidelines.org/antiretroviral-therapy/art-injectable>
- International Antiviral Society–USA. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: <https://www.iasusa.org/2020/11/12/antiretroviral-drugs-treatment-prevention-hiv-infection-adults-2020-recommendations-of-the-international-antiviral-society-usa-panel>
- NYC DOHMH. HIV Undetectable = Untransmittable: <https://www1.nyc.gov/site/doh/providers/health-topics/hiv-u-u.page>
- NYC DOHMH. HIV PrEP and Emergency PEP: <https://www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page>

## RESOURCES FOR PROVIDERS *(continued)*

- CDC. Preexposure Prophylaxis (PrEP) for the Prevention of HIV Infection in the United States–2021 Update: A Clinical Practice Guideline: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
- NYS DOH AIDS Institute. PrEP to Prevent HIV and Promote Sexual Health. <https://www.hivguidelines.org/prep-for-prevention>
- NYC DOHMH. Taking Pre-Exposure Prophylaxis (PrEP) On Demand: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/prep-on-demand.pdf>
- CDC. Screening Recommendations: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>
- CDC. Sexually Transmitted Infections Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- NYC DOHMH. Sexually Transmitted Infections (STIs): <https://www1.nyc.gov/site/doh/health/health-topics/sexually-transmitted-diseases.page>
- CDC. Viral Hepatitis. Hepatitis B: <https://www.cdc.gov/hepatitis/hbv/index.htm>
- CDC. Viral Hepatitis. Hepatitis C: <https://www.cdc.gov/hepatitis/hcv/index.htm>

### Vaccination

- CDC. Adult Immunization Schedule: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- NYC DOHMH. Adult Vaccination: <https://www.nyc.gov/assets/doh/downloads/pdf/public/dohmhnews-printable17-01.pdf>
- NYC DOHMH. Citywide Immunization Registry: <https://www.nyc.gov/site/doh/providers/reporting-and-services/citywide-immunization-registry-cir.page>

### Mental health

- NYC DOHMH. Mental Health and Behavioral Health: <https://www.nyc.gov/site/doh/providers/health-topics/mental-and-behavioral-health.page>

- National Institute on Drug Abuse (NIDA). Clinical Trials Network Patient Health Questionnaire-2 (PHQ-2): [https://cde.nida.nih.gov/sites/nida\\_cde/files/PatientHealthQuestionnaire-2\\_v1.0\\_2014Jul2.pdf](https://cde.nida.nih.gov/sites/nida_cde/files/PatientHealthQuestionnaire-2_v1.0_2014Jul2.pdf)
- Patient Health Questionnaire (PHQ) Screeners. <https://www.phqscreeners.com>  
*PHQ-9 and GAD-7 screeners*
- NIDA. Screening Tools for Adolescent Substance Use: <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-adolescent-substance-use>
- NIDA. Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool: <https://nida.nih.gov/taps>
- NIDA. Screening to Brief Intervention: <https://nida.nih.gov/s2bi>
- NIDA. Brief Screener for Tobacco, Alcohol, and Other Drugs: <https://nida.nih.gov/bstad>
- National Human Trafficking Hotline: 888-373-7888; <https://humantraffickinghotline.org>

### Substance use

- NYC DOHMH. Alcohol and Drug Use: <https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use.page>
- NYC DOHMH. Information on Smoking, Tobacco, and E-Cigarette Use for Clinicians: <https://www1.nyc.gov/site/doh/providers/health-topics/smoking-and-tobacco-use.page>
- National Coalition of Harm Reduction: Principles of Harm Reduction: [https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles\\_Of\\_Harm\\_Reduction.pdf](https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf)

### City Health Information archives:

<https://www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page>

## RESOURCES FOR PATIENTS

### Health clinics and providers

- New York City (NYC) Health Map: <https://a816-healthpsi.nyc.gov/NYCHHealthMap>  
*Includes PrEP and PEP to prevent HIV, HIV and STI testing, HIV and hepatitis C treatment, syringe service programs, and services for LGBTQ people*
- NYC Department of Health and Mental Hygiene (DOHMH). HIV: <https://www.nyc.gov/site/doh/health/health-topics/aids-hiv.page>
- NYC DOHMH. Sexual Health Clinics: <https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page>
- NYC DOHMH. Immunization Clinics: <https://www1.nyc.gov/site/doh/services/immunization-clinics.page>
- NYC 24/7 HIV PEP Hotline: 844-3-PEPNYC (844-373-7692)
- NYC Health + Hospitals. Locations: <https://www.nychealthandhospitals.org/locations>

### Financial, nutritional, and housing support

- New York State Department of Health (NYS DOH). Uninsured Care Programs: <https://www.health.ny.gov/diseases/aids/general/resources/adap/index.htm>
- NYC DOHMH. Health Insurance and Care Options for Immigrants: <https://www1.nyc.gov/assets/doh/downloads/pdf/hca/health-ins-imm.pdf>
- NYC Human Resources Administration. SNAP Benefits: <https://www.nyc.gov/site/hra/help/snap-benefits-food-program.page>
- NYS DOH. Payment Options for Adults and Adolescents for Pre-Exposure Prophylaxis (PrEP): [https://www.health.ny.gov/diseases/aids/general/prep/docs/prep\\_payment\\_options.pdf](https://www.health.ny.gov/diseases/aids/general/prep/docs/prep_payment_options.pdf)
- NYS DOH. Payment Options for HIV Post-Exposure Prophylaxis (PEP): [https://www.health.ny.gov/diseases/aids/general/standards/docs/payment\\_options\\_npep.pdf](https://www.health.ny.gov/diseases/aids/general/standards/docs/payment_options_npep.pdf)

## RESOURCES FOR PATIENTS *(continued)*

- NYC DOHMH. Housing Services for New Yorkers Living with HIV/AIDS: <https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-housing.page>

### HIV

- NYS DOH. You Can Say Yes: <https://www.health.ny.gov/publications/9917.pdf>  
*Materials for individuals aged 13 to 17 years about consent and HIV treatment, testing, and prevention available to order in English and Spanish*

### Mental health and substance use

- NYC Well:
  - English: 888-NYC-WELL (888-692-9355), press 2
  - Spanish: 888-692-9355, press 3
  - Chinese: 888-692-9355, press 4
  - Relay service for deaf/hard of hearing: 711  
<https://nycwell.cityofnewyork.us>  
*A 24-7 call, text, and chat line for people seeking crisis counseling. Services include suicide prevention; substance use services; peer support; short-term counseling; assistance scheduling appointments or accessing other mental health services; and follow-ups to ensure connection to care. Interpreters available in 200 languages.*
- 988 Suicide and Crisis Lifeline (24/7): 988
- The Trevor Project: <https://www.thetrevorproject.org>  
*For youth in crisis*
- Re-Charge: <https://recharge.support>  
*Health and wellness for people who use crystal meth*
- NYC Health Map: <https://a816-healthpsi.nyc.gov/NY-CHHealthMap>  
*Syringe service programs [under Drug and Alcohol Services]*
- NYC DOHMH. Naloxone: <https://www1.nyc.gov/site/doh/health/health-topics/naloxone.page>

- NYC DOHMH. Treatment for Opioid Use Disorder With Buprenorphine and Methadone: <https://www1.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page>

### Intimate partner violence

#### For anonymous, confidential help 24/7, call

- NYC Domestic Violence Hotline: 800-621-HOPE (4673) (or call 311 and ask for the Domestic Violence Hotline; TTY if hearing impaired: 866-604-5350)
- NYC Rape and Sexual Assault Hotline: 212-227-3000 (or call 311 and ask for the Rape and Sexual Assault Hotline)
- NYC Anti-Violence Project: 212-714-1141; <https://avp.org>  
*English/Spanish hotline to report violence and get support, with a focus serving LGBTQ and HIV-affected people*

### Transgender sexual health

- Whitman-Walker and Human Rights Campaign Foundation. Safer Sex for Trans Bodies: [https://assets2.hrc.org/files/assets/resources/Trans\\_Safer\\_Sex\\_Guide\\_FINAL.pdf](https://assets2.hrc.org/files/assets/resources/Trans_Safer_Sex_Guide_FINAL.pdf)
- Callen-Lorde Community Health Center. PUMP: Sexual Pleasure and Health Resource Guide for Transmen Who Have Sex With Men: [http://callen-lorde.org/graphics/2021/02/PUMP-TMSM-Health-Guide\\_Final\\_V3.2.pdf](http://callen-lorde.org/graphics/2021/02/PUMP-TMSM-Health-Guide_Final_V3.2.pdf)

### Other resources

- The Center: <https://gaycenter.org>
- NYC Mayor's Office of Immigrant Affairs. Services for Recently Arrived Immigrants: Resource and Referral Guide: [https://www1.nyc.gov/assets/immigrants/downloads/pdf/english\\_immigration%20guide.pdf](https://www1.nyc.gov/assets/immigrants/downloads/pdf/english_immigration%20guide.pdf)
- SAGE: <https://sagenyc.org/sage-centers>  
*Services and advocacy for LGBTQ+ elders*

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# City Health Information



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