ALL RECOMMENDATIONS–AFTER PrEP HAS BEEN STARTED

Symptomatic Patients: For patients who present with any symptoms of acute retroviral illness and for whom acute HIV infection is suspected, clinicians should perform a plasma HIV RNA assay in conjunction with an HIV screening test. (All)

- The patient should continue PrEP until results are available, preferably within 1 week. (BII)
- For patients who receive a nonreactive screening result with HIV RNA ≥5,000 copies/mL, a clinician: 1) can make a presumptive diagnosis of HIV infection (All); 2) should recommend ART (All); and 3) should perform HIV genotypic resistance testing; adjustments to the initial ART regimen can be made according to genotypic resistance results or side effects. (All)
- For patients who receive a nonreactive HIV screening result but have detectable HIV RNA with <5,000 copies/mL, repeat HIV RNA to exclude a false–positive result after discontinuation of PrEP; ART may be offered as described above for patients with a nonreactive screening result with HIV RNA ≥5,000 copies/mL while awaiting results from repeat HIV RNA testing. (All)

PrEP Monitoring and Ongoing Lab Testing:

Recommended PrEP Monitoring and Laboratory Testing.

Turn over for the PrEP Management Checklist and Recommended PrEP Monitoring and Ongoing Lab Testing. ❖
ALWAYS ENSURE ADHERENCE

☐ Assess adherence and commitment at EVERY visit
☐ Schedule visits every 30 days for patients who report poor adherence or intermittent use of PrEP

30-DAY FOLLOW-UP VISIT

☐ Assess for side effects
☐ Obtain serum creatinine and calculated creatinine clearance* for patients with borderline renal function or at increased risk for kidney disease (>65 years of age, black race, hypertension, or diabetes)
☐ Discuss risk reduction, provide condoms and, if applicable, provide syringes
☐ If adherence has been good, prescribe a 90-day refill
☐ Inform about need for 3-month visit for HIV test and follow-up

6-MONTH VISIT

☐ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
☐ Ask about symptoms suggestive of STIs and test those at high risk
☐ Screen for symptoms of acute HIV infection and test if indicated
☐ Perform pregnancy test for individuals of childbearing potential who are not using effective contraception or present with an STI
☐ Obtain serum creatinine and calculated creatinine clearance*
☐ Discuss risk reduction, provide condoms and, if applicable, provide syringes
☐ Assess adherence; if adherence has been good, provide a 90-day prescription

9-MONTH VISIT

☐ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
☐ Ask about symptoms suggestive of STIs and test those at high risk
☐ Screen for symptoms of acute HIV infection and test if indicated
☐ Perform pregnancy test for individuals of childbearing potential who are not using effective contraception or present with an STI
☐ Perform STI screening tests
☐ Discuss risk reduction, provide condoms and, if applicable, provide syringes
☐ Assess adherence; if adherence has been good, provide a 90-day prescription

12-MONTH VISIT

☐ Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
☐ Urinalysis
☐ Perform pregnancy test for individuals of childbearing potential who are not using effective contraception or present with an STI
☐ Perform STI screening tests
☐ Discuss risk reduction, provide condoms and, if applicable, provide syringes
☐ Assess adherence; if adherence has been good, provide a 90-day prescription
☐ Obtain HCV serology and serum liver enzymes for men who have sex with men, people who inject drugs, and those with multiple sexual partners

*There is no role for adjusting TDF dosing in those with Cr Cl <60—discontinue if Cr Cl ≤50.

HIV TESTING:

☐ 4th generation (recommended) or 3rd generation assay (alternative) HIV screening test every 3 months (AIII).

HIV SEROLOGY SCREENING TEST + HIV RNA TEST:

When a patient has symptoms of acute HIV infection or a negative antibody test but reports condomless anal or vaginal sex in the previous 4 weeks (AII)

SERUM CREATININE AND CALCULATED CREATININE CLEARANCE:

Perform 3 months after initiation and every 6 months thereafter while patient is taking TDF/FTC as PrEP (AIII).

HCV SEROLOGY:

Annually for those at risk (AII).

STI SCREENING:

As follows (AIII). Note: self-collected rectal and vaginal swabs are reasonable options for patients who may prefer them over clinician–obtained swabs:

☐ Ask about symptoms: Every visit
☐ Screen for syphilis: Every 3 months for high risk men who have sex with men; at least annually for individuals at lower risk; on demand. (Clinicians should be aware of the syphilis screening algorithm used by their laboratory.)
☐ Screen for gonorrhea and chlamydia: Every 3 months in high risk individuals; annually for individuals at lower risk; on demand. Extragenital screening (rectal and pharyngeal) should be performed for patients at high risk, including men who have sex with men and transgender women (MtF)
☐ Test and treat all symptomatic patients for STIs

PREGNANCY TESTING IN INDIVIDUALS OF CHILDBEARING POTENTIAL:

Every 3 months if effective contraception is not in use; annually if effective contraception is in use; whenever a new STI is diagnosed (AII).

URINALYSIS:

Annually (BIII).

HCV RNA; HBV SEROLOGY, IF STATUS IS UNKNOWN; HBV DNA, IF NOT IMMUNE; HAV SEROLOGY, IF UNKNOWN:

If a new elevation in serum liver enzymes is present (good practice).

REPORTING:

Clinicians must report confirmed cases of HIV according to New York State Law.

Reporting of suspected seroconversion: Care providers who manage patients on PrEP are strongly encouraged to immediately report any cases of suspected PrEP or PEP breakthrough HIV infection as follows:

NYC: Report cases to the NYC DOHMH immediately by calling 212.442.3388.
Rest of State: Report cases to NYSDOH by calling 518.474.4284 or using DOH-4189 and contacting their local Partner Services Program to discuss the case.