转到PrEP管理检查表和推荐的PrEP监测和持续实验室检测。

**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 the first diagnostic test for suspected acute HIV infection. (AII)

- The patient should continue PrEP until results are available, preferably within 1 week. (All)
- 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 deferred 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)

**Asymptomatic 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 the first diagnostic test for suspected acute HIV infection. (AII)

- Access to affordable PrEP (All)
- ART initiation if confirmed positive HIV test (AI); 2) develops a reliable PrEP adherence and retention program. (BIII)

**KEY POINTS**

- In New York State, use of TDF/FTC as PrEP is a central component of the standard of care for prevention of HIV acquisition in those at high risk.
- A comprehensive HIV prevention plan includes PrEP, along with safer sex and safe injection practices.
- PrEP should not be withheld from people of any age group who are at risk of HIV acquisition.
- Education regarding the importance of and strategies to support adherence may improve adherence to the daily PrEP regimen and recommended monitoring.
- For those who are unable to adhere to a daily medication regimen or recommended monitoring, alternative methods of HIV prevention should be explored and reinforced.
- If PrEP is to be initiated, the clinician can connect the patient to resources for assistance with payment, such as the NYSDOH PrEP Assistance Program (PrEP-AP) and NYSDOH Payment Options for PrEP.

**Visit HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE**
**PrEP MANAGEMENT CHECKLIST: FOLLOW-UP & MONITORING**

From the NYSDOH AIDS Institute guideline, PrEP to Prevent HIV Acquisition, available at www.hivguidelines.org

**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

**3-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 women 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

**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 women 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

**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 women 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
- Obtain HCV serology and serum liver enzymes for men who have sex with men, people who inject drugs, and those with multiple sexual partners

**12-MONTH VISIT**
- Perform HIV and syphilis tests; screen for gonorrhea and chlamydia
- Urinalysis
- Perform pregnancy test for women 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

**RECOMMENDED MONITORING OR LABORATORY TESTING AND FREQUENCY FOR INDIVIDUALS ON PrEP**

- HIV testing:
  - 4th generation (recommended) or 3rd generation assay (alternative)
  - HIV screening test every 3 months (AII).

- 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 (AII).

- HCV serology:
  - Annually for those at risk (AIII).

- STI screening:
  - As follows (AII). 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 women 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 (BII).

- 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.