### Table 2: Recommended Monitoring and Ongoing Laboratory Testing for Patients Taking TDF/FTC as PrEP

**Note:** Recommended testing does not have to be linked to an office or clinic visit.

<table>
<thead>
<tr>
<th>Monitoring or Laboratory Test (rating)</th>
<th>Frequency (rating)</th>
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</table>
| HIV testing [a]: 4th-generation (recommended) or 3rd-generation assay (alternative) HIV screening test | • 1 month after initiation for individuals with risk exposure within 1 month prior to PrEP initiation. (A2†)  
• Every 3 months while a patient is using PrEP. (A3) |
| HIV serology screening test plus HIV RNA test [a] | When a patient has:  
• Symptoms of acute HIV [b]. (A2)  
• When there has been an interruption in PrEP in the past month and a potential exposure has occurred. (A3) |
| Serum creatinine and calculated creatinine clearance | • 3 months after initiation (B3) and every 6 months thereafter while taking TDF/FTC as PrEP. (A3)  
• Consider more frequent screening in those at higher risk (e.g., age >40 years, other comorbidities). (A3) |
| STI screening (A2†):  
• Ask about STI symptoms  
• Test for syphilis  
• Test for gonococcal and chlamydial infections  
Test and empirically treat all symptomatic patients for STIs | • Ask about symptoms at every visit.  
– For patients who present with symptoms, perform STI testing and treat as appropriate.  
– Test for syphilis, gonorrhea, and chlamydia every 3 months regardless of symptoms and on patient request. Frequency can be adjusted based on risk assessment and occur less often in patients at lower risk of exposure.  
– Perform NAATs for gonococcal and chlamydial infections for all patients at all sites of reported exposure.  
– For all MSM and transgender women, routinely perform 3-site testing (genital, rectal, and pharyngeal) regardless of sites of reported exposure unless declined.  
– Genital testing:  
– To detect urethral infection, urine specimens are preferred over urethral specimens.  
– For vaginal/cervical testing, vaginal swabs are preferred over urine-based testing.  
– For transgender women with a neovagina, data are insufficient to make a recommendation regarding urine-based testing vs. vaginal swab.  
– Self-collected swabs from pharynx, vagina, and rectum are reasonable options for patients who may prefer them over clinician-obtained swabs. |
| HCV serology [c] (A3) | At least annually for those at risk. |
| Pregnancy screening in individuals of childbearing potential (A3) | • Assess for possibility of pregnancy at every visit.  
• Offer birth control when appropriate.  
• Test for pregnancy when appropriate and on patient request. |
| Urinalysis (B3) | Annually. |

**Abbreviations:** HCV, hepatitis C virus; MSM, men who have sex with men; NAAT, nucleic acid amplification test; STI, sexually transmitted infection; TDF/FTC, tenofovir disoproxil fumarate/emtricitabine.

**Notes:**

a. See the NYSDOH AI guideline: *HIV Testing.*

b. See the NYSDOH AI guideline: *Diagnosis and Management of Acute HIV.*

c. See the NYSDOH AI guideline: *Treatment of Chronic HCV With Direct-Acting Antivirals.*