



## PrEP to Prevent HIV and Promote Sexual Health

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**Table 3: Recommended Monitoring and Ongoing Laboratory Testing for Patients Taking TDF/FTC or TAF/FTC as PrEP**

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

Monitoring or Laboratory Testing (rating)	Frequency (rating)
HIV testing [a]: 4th-generation (recommended) or 3rd-generation assay (alternative) HIV screening test	<ul style="list-style-type: none"> <li>1 month after initiation for individuals with risk exposure within 1 month prior to PrEP initiation. (A2<sup>+</sup>)</li> <li>Every 3 months while a patient is using PrEP. (A3)</li> </ul>
HIV serology screening test plus HIV RNA test [a]	<ul style="list-style-type: none"> <li>When a patient has: <ul style="list-style-type: none"> <li>Symptoms of acute HIV [b]. (A2)</li> <li>When there has been an interruption in PrEP in the past month and a potential exposure has occurred. (A3)</li> </ul> </li> </ul>
Serum creatinine and calculated creatinine clearance	<ul style="list-style-type: none"> <li>3 months after initiation (B3) and every 6 months thereafter while taking TDF/FTC or TAF/FTC as PrEP. (A3)</li> <li>Consider more frequent screening in those at higher risk (e.g., age &gt;40 years, other comorbidities). (A3)</li> </ul>
STI screening (A2 <sup>+</sup> ): <ul style="list-style-type: none"> <li>Ask about STI symptoms</li> <li>Test for syphilis</li> <li>Test for gonococcal and chlamydial infections</li> <li>Test and empirically treat all symptomatic patients for STIs</li> </ul>	<ul style="list-style-type: none"> <li>Ask about symptoms at every visit. <ul style="list-style-type: none"> <li>For patients who present with symptoms, perform STI testing and treat as appropriate.</li> </ul> </li> <li>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.</li> <li>Perform NAATs for gonococcal and chlamydial infections for all patients at all sites of reported exposure.</li> <li>For all MSM and transgender women, routinely perform 3-site testing (genital, rectal, and pharyngeal) regardless of sites of reported exposure unless declined.</li> <li>Genital testing: <ul style="list-style-type: none"> <li>To detect urethral infection, urine specimens are preferred over urethral specimens.</li> <li>For vaginal/cervical testing, vaginal swabs are preferred over urine-based testing.</li> <li>For transgender women with a neovagina, data are insufficient to make a recommendation regarding urine-based testing vs. vaginal swab.</li> </ul> </li> <li>Self-collected swabs from <b>pharynx</b>, <b>vagina</b>, and <b>rectum</b> are reasonable options for patients who may prefer them over clinician-obtained swabs.</li> </ul>
HCV serology [c] (A3)	<ul style="list-style-type: none"> <li>At least annually for those at risk.</li> </ul>
Pregnancy screening in individuals of childbearing potential (A3)	<ul style="list-style-type: none"> <li>Assess for possibility of pregnancy at every visit.</li> <li>Offer birth control when appropriate.</li> <li>Test for pregnancy when appropriate and on patient request.</li> </ul>
Urinalysis (B3)	<ul style="list-style-type: none"> <li>Annually.</li> </ul>

**Abbreviations:** HCV, hepatitis C virus; MSM, men who have sex with men; NAAT, nucleic acid amplification test; STI, sexually transmitted infection; TAF/FTC, tenofovir alafenamide/emtricitabine; 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](#).