



# CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

## Post-Exposure Prophylaxis (PEP) to Prevent HIV Infection

June 2020

Table 6: Recommended Monitoring After Post-Exposure Prophylaxis Initiation		
Monitoring Test or Activity	Frequency	Notes
Clinic visit	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• 48 hours</li> <li>• Week 2</li> <li>• Week 4</li> <li>• Week 12</li> </ul>	Follow-ups at 48 hours and 2 weeks may be conducted by telephone call.
HIV antigen/antibody test (recommended even if the exposed individual declines PEP)	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Week 4</li> <li>• Week 12</li> </ul>	HIV specialist consultation: Immediate consultation with a <a href="#">clinician experienced in managing antiretroviral therapy</a> is advised to determine optimal treatment options if the exposed individual's sequential test confirms HIV infection.
Serum liver enzymes, blood urea nitrogen, creatinine, complete blood count (CBC)	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Weeks 2 and 4 in patients <math>\geq 12</math> years if baseline test results are abnormal or if adverse effects are reported.</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain CBC in children 2 to 12 years old if PEP regimen contains zidovudine.</li> <li>• Use a serum liver enzyme panel provided by laboratory.</li> <li>• Repeat laboratory testing after week 2 of PEP medications in the case of abnormal renal or liver function [Mikati, et al. 2019].</li> <li>• Repeat laboratory testing if the patient experiences signs or symptoms of drug-induced kidney or liver injury while taking PEP medications.</li> </ul>
Pregnancy test	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Week 4</li> </ul>	Only if exposed individual is of childbearing capacity.
Hepatitis B surface antigen (HBsAg) and surface antibody (anti-HBs)	<ul style="list-style-type: none"> <li>• Baseline: All patients</li> <li>• Week 12: If patient is <math>\geq 12</math> years old</li> </ul>	Patients with a reactive anti-HBs test result need not repeat an HB sAg test.
Hepatitis C virus (HCV) antibody	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Week 12</li> </ul>	<ul style="list-style-type: none"> <li>• HCV serology should be performed 6 months after an initial nonreactive test result.</li> <li>• Liver function panel and HCV antibody test should be performed 6 months after HCV exposure.</li> </ul>
Rapid plasma reagin (RPR) and 3-site screening for gonorrhea and chlamydia	Baseline	<ul style="list-style-type: none"> <li>• Consider repeat screening at week 2 for sexual exposures.</li> <li>• Repeat RPR at week 12 if the exposed individual is <math>&lt; 12</math> years old.</li> </ul>

### Reference

Mikati T, Crawley A, Daskalakis DC. Are routine renal and liver labs testing among PEP patients on TDF/FTC/DTV necessary? (Abstract 983). CROI; 2019 Mar 4-7; Seattle, WA. <https://www.croiconference.org/sessions/are-routine-renal-and-liver-labs-testing-among-pep-patients-tdftcdtv-necessary>