

HIV Prevention Protocols for Providers









HIV Prevention Information for Clinicians

Biomedical Interventions to both **Treat and Prevent HIV**

Pre-Exposure Prophylaxis (PrEP) (PRIOR TO HIV EXPOSURE)

Use of daily ARV medications in combination with safer sex to reduce the risk of HIV infection in HIV-negative individuals at high risk for acquiring HIV.

Post-Exposure Prophylaxis (PEP) (AFTER HIV EXPOSURE)

Use of ARV medications after an uninfected person has come into contact with bodily fluids that represent a substantial HIV risk. Must be administered within 72 hours of the exposure and taken daily for 28 days.

Treatment as Prevention (TasP) (AFTER HIV INFECTION)

Use of ART by an HIV-positive individual to suppress viral load in bodily fluids and reducing the chances that HIV will be transmitted to an HIV-negative partner.

CDC Guidance For Whom is PrEP Recommended?

Evaluating Risk of HIV Acquisition and Need for PrEP

- Men who have sex with men
- HIV-positive sex partner(s)
- Recent bacterial STI
- Multiple sex partners
- History of inconsistent or no condom use
- Commercial sex work
- High-prevalence area or network
- HIV-positive sex partner(s)
- Recent bacterial STI
- Multiple sex partners
- History of inconsistent or no condom use
- Commercial sex work
- High-prevalence area or network
- People who inject drugs

Heterosexual women and men

- HIV-positive sex or injecting partner(s)
- Shared injection equipment
- Recent drug treatment (but currently injecting)









CDC Guidance Before Initiating PrEP

Determine Clinical Eligibility □ Document negative HIV test result □ Evaluate for acute HIV infection if patient has symptoms or reports unprotected sex with HIV-positive person in preceding month □ Confirm calculated creatinine clearance (CrCl) is > 60 mL/min □ Screen for and document hepatitis B infection status □ Evaluate potential drug interactions □ Determine if women are pregnant or planning to become pregnant

HIV Testing

Are signs/symptoms of acute HIV present now or in prior 4 weeks?

Option 1

Re-test HIV antibody test (3rd generation) in one month

Option 2

HIV antigen/antibody (4th generation) assay

Option 3

HIV-1 viral load (HIV-1 RNA by PCR assay)

Screening for Acute HIV Infection

Signs and Symptoms:

- Fever
- Fatigue
- Myalgia
- Skin rash
- Headache
- Pharyngitis
- Cervical Lymphadenopathy
- Arthralgia
- Night sweats
- Diarrhea









Before Initiating PrEP: Important Evaluations

Required Screenings

- Renal function
 - Avoid PrEP with TDF/FTC in anyone with CrCl of < 60 mL/min
- Hepatitis B infection
 - Document HBV negative and vaccinate patients who are HIV susceptible
- Highly recommended screenings
 - Metabolic panel
 - Urinalysis
 - STI (e.g. syphilis, gonorrhea, chlamydia, HCV)
 - Pregnancy

Prescribing Oral PrEP

Fixed-dose TDF/FTC (Truvada®) and TAF/FTC (Descovy®)* are two FDA-approved and recommended PrEP regimens

- Indicated for uninfected individuals at higher risk who are confirmed to be HIV-1 negative
- Dosed as a single pill (300 mg TDF/200 mg FTC) once daily, with or without food
- Provide a prescription or refill authorization for no more than 90 days (until next HIV test and follow-up)
- Inform MEN: 7 days Rx before effective
- Inform WOMEN: 21 days Rx before effective
- (*TAF/FTC is not FDA-approved for prevention of HIV by vaginal sex)









CDC Guidance Follow-Up and Monitoring

Follow-up	Visit Checklist
At least every 3 months	 □ HIV test* □ Assess for acute HIV infection □ Medication adherence assessment & counseling □ Check for side effects □ Risk reduction review & support □ Pregnancy testing □ Prescribe 90-day supply (TDF/FTC or TAF/FTC) □ Answer new questions
At least every 6 months	□ HIV test □ STI tests† □ Pregnancy testing □ Renal function‡ □ 90-day prescription
Every 9 months	☐ HIV test ☐ Pregnancy test ☐ 90-day prescription
At least every 12 months	 □ HIV test □ STI tests □ Pregnancy testing □ Renal function □ 90-day prescription □ Assess the need to continue PrEP

Many experts recommend more frequent follow-up (i.e., monthly) of patients on PrEP, especially after initiation of TDF/FTC or TAF/FTC, to assess adherence and monitor for STIs, including HIV.

*HIV testing: 4th generation p24 Ag/Ab test

† Test for bacterial STIs (3 sites for chlamydia and gonorrhea; syphilis); every 3 months in MSM

‡ Renal function: Assess renal function by serum creatinine (estimated CrCl)









Discontinuing PrEP

Reduced HIV risk
Change in interest
Non-adherence (follow-up, medication)
Positive HIV test
Signs or symptoms of acute HIV infection
Renal disease

Resources

Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf. Published March 2018.

Centers for Disease Control and Prevention. Preventing New HIV Infections. https://www.cdc.gov/hiv/guidelines/preventing.html





