



PrEP to Prevent HIV and Promote Sexual Health

May 2022

Table 3: Recommended Laboratory Tests for All Patients Within 1 Week Before Initiating PrEP [a]		
Purpose (rating)	Test	Comments
HIV status (A*)	<ul style="list-style-type: none"> Baseline HIV-1/2 Ag/Ab combination immunoassay [b] HIV RNA assay 	<ul style="list-style-type: none"> For same-day initiation, a rapid HIV test plus a laboratory-based test is required A negative HIV test result more confidently rules out acute HIV infection, as patients may be reluctant to disclose risk behavior
Renal function (A*)	Serum creatinine and calculated CrCl	<ul style="list-style-type: none"> TDF/FTC: Do not initiate or continue in patients with confirmed CrCl <60 mL/min TAF/FTC: Do not initiate or continue in patients with confirmed CrCl <30 mL/min CAB LA: Increase monitoring for adverse effects in patients with CrCl <30 mL/min
Pregnancy status (A3)	Pregnancy test for all individuals of childbearing potential	<ul style="list-style-type: none"> Discuss the importance of preventing HIV during pregnancy with anyone contemplating pregnancy or who becomes pregnant while taking PrEP TDF/FTC: Discuss risks, benefits, and available data suggesting no increased risk of congenital anomalies TAF/FTC and CAB LA: Discuss the lack of data regarding safety during pregnancy
HBV infection status (A2+)	HBV serologies: HBsAg, anti-HBs, and anti-HBc (IgG or total)	<ul style="list-style-type: none"> Vaccinate nonimmune patients (A2) Chronic HBV: Treat and monitor HBV [c] or refer to an HBV specialist
Syphilis screening (A2+)	All patients: Syphilis testing [d]	Screen for syphilis according to the laboratory's testing algorithm [d]
Gonorrhea and chlamydia screening (A2+)	<ul style="list-style-type: none"> All patients, all potential exposure sites: NAAT [d] MSM and transgender women: Routine 3-site testing (genital, rectal, and pharyngeal) regardless of reported exposure sites 	<ul style="list-style-type: none"> Detecting urethral infection: Urine specimens are preferred over urethral specimens Vaginal and cervical testing: Vaginal swabs are preferred over urine-based testing Transgender women with a neovagina: Data are insufficient to support a recommendation regarding urine-based testing vs. vaginal swab [e] Self-collected swabs from the pharynx, vagina, and rectum are reasonable and noninferior options for patients who may prefer them over clinician-obtained swabs
HCV infection status (A3)	HCV serology with reflex to RNA	Inform patients with HCV about transmission risk and offer or refer for treatment [f]
HAV infection status (good practice)	HAV serology for MSM and individuals at high risk for HAV infection; see footnote [g]	Vaccinate nonimmune patients
Hepatic function (good practice)	Serum liver enzymes	Increased serum liver enzymes may indicate acute or chronic viral hepatitis infection and require further evaluation
Assess for preexisting renal disease, proteinuria, and glycosuria (good practice)	Urinalysis	Only calculated CrCl is used to guide decisions regarding the use of TDF/FTC and TAF/FTC as PrEP based on renal function

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Abbreviations: Ab, antibody; Ag, antigen; anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody; CAB LA, long-acting injectable cabotegravir (brand name Apretude); CDC, Centers for Disease Control and Prevention; CrCl, creatinine clearance; HAV, hepatitis A virus; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IgG, immunoglobulin G; MSM, men who have sex with men; NAAT, nucleic acid amplification test; TAF/FTC, tenofovir alafenamide/emtricitabine (brand name Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (brand name Truvada); UCSF, University of California San Francisco.

Notes:

- a. Initiate PrEP while the result is pending in the absence of potential contraindications.
- b. See NYSDOH AI guideline [HIV Testing](#).
- c. See CDC [Recommendations for Routine Testing and Follow-up for Chronic Hepatitis B Virus Infection](#).
- d. See CDC [Sexually Transmitted Infections Treatment Guidelines, 2021](#).
- e. See UCSF [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#).
- f. See NYSDOH AI guideline [Hepatitis C Virus Screening, Testing, and Diagnosis in Adults](#).
- g. Risk factors for HAV infection include chronic liver disease or conditions that can lead to chronic liver disease (e.g., chronic HBV, chronic HCV, alcohol use, or genetic liver diseases); travel to or from countries with high or intermediate HAV endemicity; injection drug use; unstable housing or homelessness; exposure through a health department–confirmed HAV outbreak; clotting-factor disorders; and occupational risk in the absence of HAV vaccination.