PrEP to Prevent HIV and Promote Sexual Health





Table 3: Recommended Laboratory Tests for All individuals Within 1 Week Before Initiating PrEP [a]		
Purpose (rating)	Test	Comments
HIV status (A*)	 Baseline HIV-1/2 Ag/Ab combination immunoassay [b] HIV RNA assay 	 A laboratory-based HIV Ag/Ab within the past 7 days. For same-day initiation, a rapid HIV test plus a laboratory-based test is required. A negative HIV RNA assay more confidently rules out acute HIV infection, as individuals may be reluctant to disclose risk behavior. HIV RNA testing is not required at initiation if switching
Renal function (A*)	Serum creatinine and calculated CrCl	 PrEP regimens. TDF/FTC: Do not initiate in individuals with confirmed CrCl <60 mL/min. TAF/FTC: Do not initiate in individuals with confirmed CrCl <30 mL/min. CAB LA: Increase monitoring for adverse effects in individuals with CrCl <30 mL/min. SC LEN: Increase monitoring for adverse effects in individuals with CrCl <15 mL/min.
Pregnancy status (A3)	Pregnancy test for all individuals of childbearing potential	 Discuss the importance of preventing HIV during pregnancy with anyone who is or may become pregnant while using PrEP. TDF/FTC, TAF/FTC, CAB LA, and SC LEN: Discuss risks, benefits, and available data suggesting no increased risk of pregnancy complications or negative birth outcomes.
HBV infection status (A2†)	HBV serologies: HBsAg, anti- HBs, and anti-HBc (IgG or total)	 Vaccinate nonimmune individuals (A2). Chronic HBV: Treat and monitor HBV [c] or refer to an HBV specialist.
Syphilis screening (A2+)	All individuals: Syphilis testing [d]	Screen for syphilis according to the laboratory's testing algorithm.
Gonorrhea and chlamydia screening (A2†)	 All individuals, all potential exposure sites: NAAT [d] MSM and transgender women: Routine 3-site testing (genital, rectal, and pharyngeal) regardless of reported exposure sites, unless declined 	 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 individuals who may prefer them over clinician-obtained swabs.
HCV infection status (A3)	HCV serology with reflex to RNA	Inform individuals 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 of HAV infection [g]	Vaccinate nonimmune individuals.
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; however, baseline urinalysis abnormalities may indicate an increased risk of renal tenofovir toxicity.



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Purpose (rating) Test Comments

Abbreviations: Ab, antibody; Ag, antigen; anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody; CAB LA, long-acting injectable cabotegravir (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; SC LEN, subcutaneous lenacapavir (Yeztugo); MSM, men who have sex with men; NAAT, nucleic acid amplification test; TAF/FTC, tenofovir alafenamide/emtricitabine (Descovy); TDF/FTC, tenofovir disoproxil fumarate/emtricitabine (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 Al guideline HIV Testing.
- c. See CDC Recommendations for Routine Testing and Follow-up for Chronic HBV 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 without HAV vaccination.