

Table 6: Recommended Laboratory Monitoring After PEP Initiation

Monitoring Test or Activity	Frequency	Notes
Clinic visit	<ul style="list-style-type: none"> Baseline 48 hours Week 2 Week 4 Week 12 	Follow-ups at 48 hours and 2 weeks may be conducted by telephone call.
HIV-1/2 Ag/Ab combination immunoassay (recommended even if the exposed individual declines PEP)	<ul style="list-style-type: none"> Baseline Week 4 Week 12 	Immediate consultation with a clinician experienced in managing ART is advised to determine optimal treatment options if the exposed individual's sequential test confirms HIV infection.
Serum liver enzymes, blood urea nitrogen, creatinine, CBC	<ul style="list-style-type: none"> Baseline Weeks 12 and 24 in patients aged 12 years or older 	<ul style="list-style-type: none"> Obtain CBC in children aged 2 to 12 years if PEP regimen contains zidovudine. Use a serum liver enzyme panel provided by the laboratory. Repeat laboratory testing after week 2 of PEP medications in the case of abnormal renal or liver function [Mikati, et al. 2019]. Repeat laboratory testing if the patient experiences signs or symptoms of drug-induced kidney or liver injury while taking PEP medications.
Pregnancy test	<ul style="list-style-type: none"> Baseline Week 4 	Perform only if exposed individual is of childbearing capacity.
HBsAg, anti-HBs	<ul style="list-style-type: none"> Baseline: All patients Week 12 in patients aged 12 years or older 	Patients with a reactive anti-HBs test result need not repeat an HBsAg test.
HCV antibody	<ul style="list-style-type: none"> Baseline Week 24 	If source patient has known HCV viremia or unknown status, HCV antibody testing should be performed at baseline as well as 24 weeks after an initial nonreactive test result.
HCV RNA	<ul style="list-style-type: none"> Week 4 Week 12 	If source patient has known HCV viremia or unknown status, HCV RNA should be performed during HIV testing at weeks 4 and 12.
RPR, 3-site screening for gonorrhea and chlamydia	Baseline	<ul style="list-style-type: none"> Repeat screening at week 4 for sexual exposures. Repeat RPR at week 12 if the exposed individual is younger than 12 years.
Abbreviations: Ab, antibody; Ag, antigen; anti-HBs, hepatitis B surface antibody; ART, antiretroviral therapy; CBC, complete blood count; HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus; PEP, post-exposure prophylaxis; RPR, rapid plasma reagin.		

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>