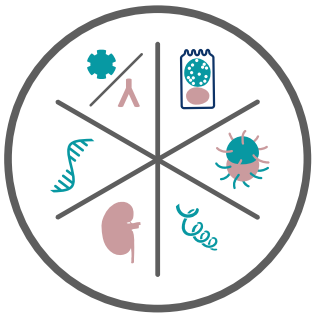

INFORMATION GUIDE

Laboratory Monitoring for Persons Prescribed HIV PrEP

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Abbreviations

TDF-FTC = Tenofovir DF-emtricitabine

TAF-FTC = Tenofovir alafenamide-emtricitabine

CAB-LA = Long-acting injectable cabotegravir

ABOUT THIS INFORMATION GUIDE

This information guide is intended for health care professionals involved in care of persons interested in or receiving HIV preexposure prophylaxis (PrEP). This guide was created and produced by the University of Washington Infectious Diseases Education & Assessment Program (IDEA) as part of the federally-funded *National HIV PrEP Curriculum* project.

SOURCES FOR LABORATORY MONITORING GUIDE

The laboratory monitoring tables are based on the 2021 Centers for Disease Control and Prevention (CDC) HIV PrEP Clinical Practice Guideline; some information in these tables have been slightly modified from the original CDC recommendations based on updated information and new CDC viral hepatitis screening recommendations.

PERMISSION TO USE THIS GUIDE

LAST UPDATED

This educational guide was last updated *February 12, 2025*.

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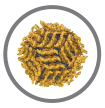
Table based on 2021 CDC Clinical Practice Guidelines for HIV PrEP

Laboratory Evaluation in Persons Taking Tenofovir DF-Emtricitabine (TDF-FTC) HIV PrEP

Test	Initial visit	Q 3 months	Q 6 months	Q 12 months	When stopping
 HIV-1 RNA	If indicated#	ALL			ALL
 HIV Antigen/ Antibody	ALL*¶	ALL¶			ALL¶
 Renal Function (eCrCl)	ALL		Age ≥50 years ***OR*** baseline eCrCl <90 mL/min	Age <50 years ***AND*** baseline eCrCl ≥90 mL/min	ALL
 Syphilis Serology	ALL	MSM	MSW/WSM		MSM
 Gonorrhea	ALL	MSM	MSW/WSM		MSM
 Chlamydia	ALL	MSM	MSW/WSM		MSM
 Hepatitis B Serology	ALL+				
 Hepatitis C Serology	ALL+			MSM and/or PWID	
 Pregnancy Test	ALL^	ALL^			

LEGEND:

- # Not routinely recommended, but order if any of the following apply: (1) received oral HIV PrEP or HIV PEP medications in past 3 months; (2) received cabotegravir injection in the past 12 months; (3) had high-risk exposure to HIV in prior 4 weeks; (4) has symptoms that suggest acute HIV.
- * Perform within 7 days of starting HIV PrEP
- ¶ Laboratory-based preferred. Point of care blood acceptable but oral fluid testing not recommended.
- + One-time screening recommended for all adults in the United States. Give hepatitis B immunization if nonimmune.
- ^ For women with childbearing potential; advised for counseling purposes

ABBREVIATIONS:

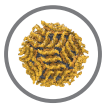
MSM = men who have sex with men; MSW = men who have sex with women; WSM = women who have sex with men; PWID = persons who inject drugs

EDITOR'S NOTES

1. Inability to order HIV-1 RNA testing should not preclude the use of TDF-FTC for HIV PrEP.
2. These recommendations pertain to persons taking daily oral TDF-FTC or on-demand (2-1-1) TDF-FTC.
3. Individuals who develop symptoms consistent with an STI should undergo prompt STI testing and receive appropriate treatment as clinically indicated; this evaluation should occur regardless of when the next routine STI screening is due.

Table based on 2021 CDC Clinical Practice Guidelines for HIV PrEP

Laboratory Evaluation in Persons Taking Tenofovir Alafenamide-Emtricitabine (TAF-FTC) HIV PrEP

Test	Initial visit	Q 3 months	Q 6 months	Q 12 months	When stopping
 HIV-1 RNA	If indicated#	ALL			ALL
 HIV Antigen/ Antibody	ALL*¶	ALL¶			ALL¶
 Renal Function (eCrCl)	ALL		Age ≥50 years ***OR*** baseline eCrCl <90 mL/min	Age <50 years ***AND*** baseline eCrCl ≥90 mL/min	ALL
 Syphilis Serology	ALL	MSM	MSW/WSM		MSM
 Gonorrhea	ALL	MSM	MSW/WSM		MSM
 Chlamydia	ALL	MSM	MSW/WSM		MSM
 Hepatitis B Serology	ALL+				
 Hepatitis C Serology	ALL+			MSM and/or PWID	
 Lipid Panel	ALL			ALL	
 Pregnancy Test	ALL^	ALL^			

LEGEND:

- # Not routinely recommended, but order if any of the following apply: (1) received oral HIV PrEP or HIV PEP medications in past 3 months; (2) received cabotegravir injection in the past 12 months; (3) had high-risk exposure to HIV in prior 4 weeks; (4) has symptoms that suggest acute HIV.
- * Perform within 7 days of starting HIV PrEP
- ¶ Laboratory-based preferred. Point of care blood acceptable but oral fluid testing not recommended.
- ^ For women with childbearing potential; advised for counseling purposes
- + One-time screening recommended for all adults in the United States. Give hepatitis B immunization if nonimmune.

ABBREVIATIONS:

MSM = men who have sex with men; MSW = men who have sex with women; WSM = women who have sex with men; PWID = persons who inject drugs

EDITOR'S NOTES

1. Inability to order HIV-1 RNA testing should not preclude the use of TAF-FTC for HIV PrEP.
2. Individuals who develop symptoms consistent with an STI should undergo prompt STI testing and receive appropriate treatment as clinically indicated; this evaluation should occur regardless of when the next routine STI screening is due.

Table based on 2021 CDC Clinical Practice Guidelines for HIV PrEP

Laboratory Evaluation in Persons Receiving Injectable Cabotegravir (CAB-LA) for HIV PrEP

TEST	Initial visit	1 month	Q2 months	Q4 months	Q6 months	Q12 months	When stopping
 HIV-1 RNA	ALL*	ALL	ALL				ALL
 HIV Antigen/ Antibody	ALL*¶	ALL¶	ALL¶				ALL¶
 Syphilis	ALL			MSM	MSW/WSM		MSM
 Gonorrhea	ALL			MSM	MSW/WSM		MSM
 Chlamydia	ALL			MSM	MSW/WSM		MSM
 Hepatitis B Serology	ALL+						
 Hepatitis C Serology	ALL+					MSM and/ or PWID	
 Pregnancy Test	ALL^			ALL^			

LEGEND:

- * Perform within 7 days of starting HIV PrEP. If an oral cabotegravir lead-in is used, the initial HIV testing should be done within 7 days of starting the oral lead-in and repeated within 7 days of the first cabotegravir injection.
- ¶ Laboratory-based preferred. Point of care blood acceptable but oral fluid testing not recommended.
- + One-time screening recommended for all adults in the United States. Give hepatitis B immunization if nonimmune.
- ^ For women with childbearing potential; advised for counseling purposes

ABBREVIATIONS:
MSM = men who have sex with men; MSW = men who have sex with women; WSM = women who have sex with men; PWID = persons who inject drugs

EDITOR'S NOTES

1. Results for the HIV RNA and Ag/Ab should be available prior to administering the first cabotegravir injection. For all subsequent injections, the laboratory studies can be drawn on the same day the injection is given.
2. Individuals who develop symptoms consistent with an STI should undergo prompt STI testing and receive appropriate treatment as clinically indicated; this evaluation should occur regardless of when the next routine STI screening is due.

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DISCLOSURES

Dr. Spach, Dr. Wood, and Dr. Landovitz have no disclosures.

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