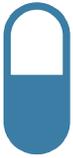


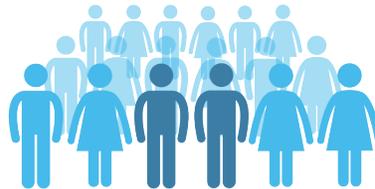
# PREP & STD TESTING GUIDELINES FOR CLINICAL CARE PROVIDERS



Pre-exposure prophylaxis (PrEP) has revolutionized the field of HIV prevention and has profound implications for the way we approach screening and treatment for HIV and sexually transmitted diseases (STDs) throughout the country. To ensure PrEP users are receiving the most comprehensive and up-to-date care, it is vital that their care providers follow current guidelines. Consistent sexual history taking and screening for STDs while on PrEP is crucial to maintaining patients' sexual health.



With the help of CAI, NCSD has produced this infographic to help health care providers better understand the crucial need for regular and periodic STD screening as part of the standard of care for patients on PrEP.



## Taking a Sexual History is Key to Screening for PrEP

Currently, PrEP is used most often by gay, bisexual, and other men who have sex with men (MSM), but it should also be considered for anyone at risk for HIV infection including sex workers, and sexually active, at-risk women, transgender people, and youth, including adolescents. Clinicians should take a sexual history to identify the sexual health needs of all patients (and not limit those assessments to select individuals) because new HIV infections and STDs are occurring in all adult and adolescent age groups, all sexes, and both married and unmarried persons. You can use the "5 Ps of Sexual Health" below, to guide your sexual history assessment.

## 5 Ps of Sexual Health

**Partners:**  
Number and gender of sexual partners

**Practices:**  
Condom use and other practices with sexual partners

**Protection:**  
Importance of STD testing for those in non-monogamous relationships

**Past History of STDs:**  
History of STDs places patients at greater risks for STDs now

**Prevention of Pregnancy:**  
Partner information may indicate a high risk for becoming pregnant or fathering a child



## Determination of Eligibility Who Should Be on PrEP?

### Any Adult or Adolescent<sup>2</sup> Person Who

- ✓ Is without acute or established HIV infection
- ✓ Has had any sex within the last 6 months
- ✓ Has injected drugs, shared needles or been in drug treatment in the last 6 months
- ✓ Is not in a monogamous relationship with a recently tested, HIV-negative partner **AND at least one of the following:**
  - ① Has had any vaginal or anal sex without a condom in the past 6 months
  - ② Has had a bacterial STDs (syphilis, gonorrhea, chlamydia) diagnosed or reported in the past 6 months
  - ③ Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection
  - ④ Is in an ongoing sexual relationship with an HIV positive partner\*

\* Providers must be prepared to talk with patients about the risk of HIV transmission from a sexual partner taking an ART regimen. Providers should remind their patient that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively not risk of sexually transmitting the virus to an HIV negative partner.



## STD Testing for PrEP Patients

- Viral hepatitis testing for all sexually active persons is recommended at least annually by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America.
- Test for HIV, chlamydia, gonorrhea, and syphilis for all persons prescribed PrEP, at the initial screening and then at each quarterly visit.
- For gonorrhea and chlamydia testing, NAAT (nucleic acid amplification test) tests are preferred because of their greater sensitivity. Pharyngeal, rectal, and urine specimens should be collected via 3-site testing, or extra-genital testing, to maximize the identification of infection at site of exposure. For vaginal testing, vaginal specimens are preferred over urine specimens. Specimens may be self-collected to streamline testing.
- Use antigen/antibody HIV tests for screening. If an antigen/antibody test is not available, use standard laboratory or point-of-care antibody tests with whole or fingerstick blood specimens. Supplement antibody tests with HIV viral load testing or NAAT testing if acute HIV infection is suspected.
- If a patient has signs and symptoms of chlamydia but is waiting for lab results, treatment can begin and EPT (expedited partner treatment) should be provided for sexual partners<sup>3</sup>.
- Encourage the use of condoms during sex in combination with PrEP. Explain that it is still possible to contract STDs while on PrEP especially if condom use is avoided.



## Routine STD Screening

It is essential that providers ensure their patients are tested every 3 months for HIV and at least every 6 months for syphilis, gonorrhea, and chlamydia with more frequent STD testing recommended for those with on-going behavioral risks.<sup>4</sup>



90 day prescriptions for PrEP should be renewable only after testing is done. If you would like to reference a model for incorporating STD counseling in regular PrEP appointments, Project Aware provides a great starting point.



MSM and heterosexuals attending STD clinics are provided a single brief counseling session (using the Respect-2 protocol) while conducting rapid HIV testing.

<http://www.sstar.org/prevention-and-integrated-counseling-screening-and-referral-program/>



## If a Patient Contracts HIV While on PrEP

Conversion, without waiting for additional laboratory test results, of the PrEP regimen to an HIV treatment regimen that is recommended by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents is suggested.

- 1 Centers for Disease Control and Prevention. A Guide To Taking A Sexual History. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- 2 Business Wire. (May 2018). U.S. Food and Drug Administration Approves Expanded Indication for Truvada® (Emtricitabine and Tenofovir Disoproxil Fumarate) for Reducing the Risk of Acquiring HIV-1 in Adolescents. <https://www.businesswire.com/news/home/20180515006187/en/U.S.-Food-Drug-Administration-Approves-Expanded-Indication>
- 3 Centers for Disease Control. (2017). Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>
- 4 Cohen, Stephen. (2016) Quarterly STI Screening Optimizes STI Detection Among PrEP Users in the Demo Project. Conference on Retroviruses and Opportunistic Infections. <http://www.croiconference.org/sessions/quarterly-sti-screening-optimizes-sti-detection-among-prep-users-demo-project-0>