**USPSTF Clinical Summary: Pre-Exposure Prophylaxis for the Prevention of HIV Infection**

**Population**
- Persons at high risk of HIV acquisition

**Recommendation**
- Offer PrEP
  - Grade: A
  - Definition: The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
  - Suggestions for practice: Offer or provide this service

**Risk Assessment**
- Persons at risk of HIV infection include men who have sex with men, persons at risk via heterosexual contact, and persons who inject drugs. Within these groups, certain risk factors or behaviors can place persons at high risk of HIV infection.

  - Men who have sex with men, are sexually active, and have one of the following characteristics:
    - A serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)
    - Inconsistent use of condoms during receptive or insertive anal sex
    - An STI with syphilis, gonorrhea, or chlamydia within the past 6 months

  - Heterosexually active women and men who have one of the following characteristics:
    - A serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)
    - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (e.g., a person who injects drugs or a man who has sex with men and women)
    - An STI with syphilis or gonorrhea within the past 6 months

  - Persons who inject drugs and have one of the following characteristics:
    - Shared use of drug injection equipment
    - Risk of sexual acquisition of HIV (see above)

  - Persons who engage in transactional sex, persons who are trafficked for sex work, men who have sex with men and women, and transgender women and men who are sexually active can be at high risk of HIV infection and should be considered for PrEP based on the criteria outlined above.

**Preventive Medications**
- Once-daily oral treatment with combined tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine are the only formulations of PrEP currently approved by the US FDA for use in the United States in persons at risk of sexual acquisition of HIV infection.

**Relevant USPSTF Recommendations**
- The USPSTF has issued recommendations on behavioral counseling to reduce risk of STIs and on screening for HIV infection.

Access the activity, “Creating an HIV Prevention–Certified Provider Workforce: A Training and Certificate Program Designed to Improve the Competencies of Providers in Delivering Comprehensive HIV Prevention,” at PeerView.com/PreventHIV.
Clinical Snapshot: Pre-Exposure Prophylaxis to Prevent HIV Infection

Patient Identification

Two Ways to Identify Candidates for PrEP

- **Passive Prescribing**
  - Relies on patients self-identifying as being at risk of HIV infection and asking about PrEP; however, many at-risk patients do not recognize their need for PrEP

- **Active Screening**
  - Requires that physicians, or staff, take sexual history from all patients, which can be overwhelming
    - Commit to talking to subsets of potentially high-risk patients, such as MSM or transgender patients
    - Sexual orientation and gender identity are not direct risk factors; a nuanced sexual history is often needed to understand potential exposures
    - A diagnosis of syphilis or other bacterial STI is a marker of high risk of HIV acquisition

Questions to Ask When Assessing Risk of HIV Infection

**Sexual risk**

- Have you had sex in the past 6 months? If “Yes,” with how many partners?
- Do you have sex with men, women, or both men and women?
- How often do you use a condom with these partners?
- As far as you know, do any of your partners have HIV infection?
- Have you been treated for an STI, such as gonorrhea, chlamydia, or syphilis? If “Yes,” do you know which infection you had?
- Have you used methamphetamines, such as crystal or speed?

**Injection risk**

- Have you ever injected drugs that were not prescribed for you? If “Yes,” have you injected in the past 6 months?
- Do you use needles or injection equipment after they have been used by someone else?

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# Clinical Snapshot: Pre-Exposure Prophylaxis to Prevent HIV Infection

## Recommended Indications for PrEP

<table>
<thead>
<tr>
<th>Men Who Have Sex With Men</th>
<th>Heterosexual Women and Men</th>
<th>People Who Inject Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adult or adolescent male patient weighing at least 35 kg (77 lbs)</td>
<td>• Adult or adolescent person weighing at least 35 kg (77 lbs)</td>
<td>• Adult or adolescent person weighing at least 35 kg (77 lbs)</td>
</tr>
<tr>
<td>• Without acute or established HIV infection</td>
<td>• Without acute or established HIV infection</td>
<td>• Without acute or established HIV infection</td>
</tr>
<tr>
<td>• Any male sex partners in past 6 months (if also has sex with women; see next box)</td>
<td>• Any sex with opposite sex partners in past 6 months</td>
<td>• Any injection of drugs not prescribed by a clinician in past 6 months</td>
</tr>
<tr>
<td>• Not in a monogamous partnership with a recently tested, HIV-negative man</td>
<td>• Not in a monogamous partnership with a recently tested, HIV-negative partner</td>
<td></td>
</tr>
</tbody>
</table>

**And at least one of the following**

- Any anal sex without condoms (receptive or insertive) in past 6 months
- A bacterial STI (syphilis, gonorrhea, or chlamydia) diagnosed or reported in past 6 months

**And at least one of the following**

- Is a man who has sex with both women and men (also evaluate by criteria in previous boxes)
- Infrequently uses condoms during sex with one or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (PWID or bisexual male partner)
- Is in an ongoing sexual relationship with an HIV-positive partner
- A bacterial STI (syphilis, gonorrhea in women or men) diagnosed or reported in past 6 months

**And at least one of the following**

- Any sharing of injection or drug preparation equipment in past 6 months
- Risk of sexual acquisition (also evaluate by criteria in previous boxes)

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Access the activity, "Creating an HIV Prevention-Certified Provider Workforce: A Training and Certificate Program Designed to Improve the Competencies of Providers in Delivering Comprehensive HIV Prevention,” at PeerView.com/PreventHIV.
Flow Chart: Any Prescribing Healthcare Provider Can Provide PrEP Care

1. Test
   - If tests show reason not to prescribe PrEP (e.g., abnormal kidney function), discuss other prevention methods
   - If tests show patient still benefits from taking PrEP, go to next step

2. Order
   - Prescribe PrEP, and instruct patient to take one pill every day
   - Currently tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine are only medications approved by the FDA for PrEP

3. Help
   - Most public and private insurance programs cover PrEP, and patients can get help with their copayments
   - Drug assistance programs can help patients without insurance pay for PrEP

4. Prescribe

5. Follow Up
   - Schedule appointments every 3 months for follow-up, including HIV testing and prescription refills

HIV, human immunodeficiency virus; PrEP, pre-exposure prophylaxis.

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Access the activity, “Creating an HIV Prevention-Certified Provider Workforce: A Training and Certificate Program Designed to Improve the Competencies of Providers in Delivering Comprehensive HIV Prevention,” at PeerView.com/PreventHIV.
CDC Guidelines: Monitoring While on PrEP

**Prevention and Medication Support**
- Assess adherence
- Provide risk-reduction counseling
- Offer condoms
- Manage side effects

**Frequency**
- At every visit

**Laboratory Testing**
- HIV testing (fingerstick or other blood test)
- STI symptom screen and testing
  - For male patients: Nucleic Acid Amplification Test (NAAT) to screen for gonorrhea and chlamydia, based on exposure site
  - Test for syphilis
  - For female patients: Nucleic Acid Amplification Test (NAAT) to screen for gonorrhea, based on exposure site
  - Test for syphilis
- Serum creatinine and calculated creatinine clearance
- Pregnancy testing

**STI symptom screen and testing**
- Every 3 months
- Whenever there are symptoms of acute infection

**Symptom screen Testing**
- At every visit
  - Every 3 months for sexually active persons with symptoms
  - Every 3 months for asymptomatic MSM at high risk for recurrent STIs (eg, those with recent STIs or multiple sex partners)
  - Every 6 months for sexually active persons, even if asymptomatic
  - Whenever symptoms are reported

**Frequency**
- At 3 months after initiation, and then every 6 months
- Every 3 months

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Access the activity, “Creating an HIV Prevention–Certified Provider Workforce: A Training and Certificate Program Designed to Improve the Competencies of Providers in Delivering Comprehensive HIV Prevention,” at PeerView.com/PreventHIV.
### Antiretroviral Therapy (ART) for HIV-Positive Persons to Prevent Sexual Transmission

<table>
<thead>
<tr>
<th>Population</th>
<th>Effectiveness Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Optimal Use&quot; (Taking ART daily as prescribed and achieving and maintaining viral suppression)</td>
<td></td>
</tr>
<tr>
<td>Heterosexual men and women</td>
<td>100%</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Oral Daily Pre-Exposure Prophylaxis (PrEP) for HIV-Negative Persons

<table>
<thead>
<tr>
<th>Population</th>
<th>Effectiveness Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Optimal or Consistent Use&quot; (Taking PrEP daily or at least 4 times per week)</td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>~99%</td>
</tr>
<tr>
<td>Heterosexual men and women</td>
<td>~99%</td>
</tr>
<tr>
<td>Persons who inject drugs (PWIDs)</td>
<td>74% to 84%</td>
</tr>
</tbody>
</table>

### Male Condom Use

<table>
<thead>
<tr>
<th>Population</th>
<th>Effectiveness Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Optimal Use&quot; (Used consistently and correctly during every sex act)</td>
<td></td>
</tr>
<tr>
<td>MSM or heterosexual men and women</td>
<td>N/A</td>
</tr>
<tr>
<td>&quot;Consistent Use&quot; (Always used during sex per self-report)</td>
<td></td>
</tr>
<tr>
<td>Heterosexual men and women</td>
<td>80%</td>
</tr>
<tr>
<td>MSM, receptive anal sex</td>
<td>72% to 91%</td>
</tr>
<tr>
<td>MSM, insertive anal sex</td>
<td>63%</td>
</tr>
</tbody>
</table>

### Circumcision of Adult Males

<table>
<thead>
<tr>
<th>Population</th>
<th>Effectiveness Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM, insertive anal sex</td>
<td>Inconclusive</td>
</tr>
<tr>
<td>MSM, receptive anal sex</td>
<td>Inconclusive</td>
</tr>
<tr>
<td>Heterosexual men</td>
<td>50%</td>
</tr>
<tr>
<td>Heterosexual women</td>
<td>Inconclusive</td>
</tr>
</tbody>
</table>

*Optimal use of oral daily PrEP is defined as taking PrEP daily. In studies, optimal or daily PrEP use has been determined by levels of TTV-DP detected in dried blood spots equivalent to seven pills/week. Consistent use is defined as taking PrEP at least four pills/week and has been measured in studies by levels of TTV-DP detected in dried blood spots or other objective adherence measures, consistent with at least four pills/week.

