PEP vs. PrEP Screening Including AHI Screening and Deferral

PrEP Follow-Up – HIV Exposure, AHI, and Adherence Assessment

If YES (good adherence)
Continue PrEP SOC* (if otherwise still eligible)

Follow-Up Visit
[HIV SERONEGATIVE]
Screening for adherence, recent HIV exposure, and signs/symptoms of acute HIV infection
PrEP Adherence?

If NO (poor adherence)
Exposed to HIV past 72 hrs?*

If NO, AHI Symptomatology?*

If YES, high-risk sex past 14 days?

If YES, acute viral syndrome signs/symptoms likely due to recent HIV infection?

If YES, (signs/symptoms of acute HIV infection likely due to recent HIV infection).
Hold PrEP; re-test for HIV in 28 days; re-screen for PrEP if still HIV-negative*.

Note: this is a clinical judgment call (timing of poor adherence and timing of HIV exposure deemed likely correlated, and AHI symptomatology consistent with HIV)*.

If NO, continue PrEP SOC* (if otherwise still eligible); special adherence counseling may be beneficial.

If NO, AHI Symptomatology?*

If YES, screen for PEP

If YES, re-test for HIV in 28 days and re-start PrEP if seronegative (and if otherwise still eligible)

If NO, continue PrEP SOC* (if otherwise still eligible); special adherence counseling may be beneficial.

AHI = acute HIV infection
PEP = post-exposure prophylaxis
PrEP = pre-exposure prophylaxis
SOC = standard of care
NAAT = HIV nucleic acid amplification testing
ART = antiretroviral therapy

*If adherence was so poor as to constitute PrEP discontinuation, then refer back to page 1, Initiation Visit.
1 An answer of “NO” to question “Exposed to HIV past 72 hours?” means no known past exposure to HIV at all or known HIV exposure that was 73+ hours ago.
2 Signs/symptoms mimicking acute HIV infection (sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, muscle aches) are commonly due to illnesses other than HIV; providers need to use discretion in determining whether the symptomatology is consistent with HIV, or whether an alternative cause may explain them.
3 If NAAT available, PrEP may be started earlier than 28 days, if NAAT negative; clinician may consider fully suppressive ART in 28-day interim if waiting 28 days to re-test for HIV.
4 PrEP Standard of Care: clinical eligibility screening and risk assessment per WHO/national guidelines, e.g., creatinine clearance, medical history, hepatitis screening, etc.

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This document is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement 7200AA19CA00002 and 7200AA19CA00003. The contents are the responsibility of the EpiC project and the RISE project and do not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.