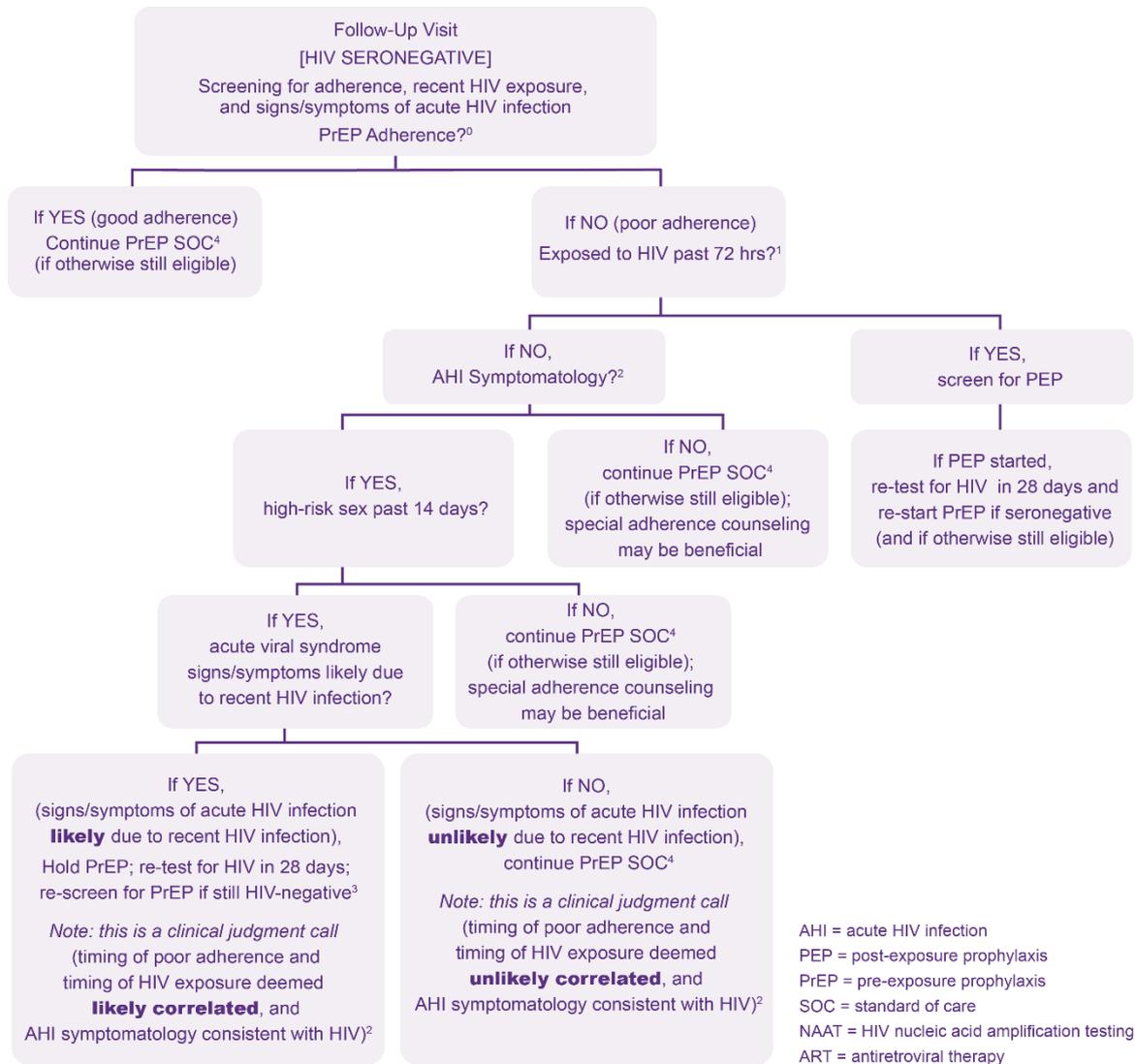


PEP vs. PrEP Screening Including AHI Screening and Deferral

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



⁰ 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.
 Developed by Jhpiego in collaboration with Jared Baeten (University of Washington) and Rachel Baggaley (World Health Organization [WHO]).

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