PEP vs. PrEP Screening Including AHI Screening and Deferral

PrEP Initiation – HIV Exposure and AHI Assessment

HIV negative?

- If YES, refer to HIV prevention
- Exposed to HIV past 72 hours?
  - If YES, screen for PEP
  - If NO, screen for PrEP
    - AHI symptomatology?
      - If NO, start PrEP SOC
      - If YES, hold PrEP, re-test for HIV in 28 days; re-screen for PrEP if still HIV-negative

- If NO, refer to HIV treatment
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**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

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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.

1 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.

2 PrEP Standard of Care: clinical eligibility screening and risk assessment per WHO/national guidelines, e.g., creatinine clearance, medical history, hepatitis screening, etc.

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.

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