

Table 2. Recommended schedule of laboratory evaluations of source and exposed persons for providing nPEP with preferred regimens

Test	Source	Exposed persons			
	Baseline	Baseline	4–6 weeks after exposure	3 months after exposure	6 months after exposure
	For all persons considered for or prescribed nPEP for any exposure				
HIV Ag/Ab testing ^a (or antibody testing if Ag/Ab test unavailable)	✓	✓	✓	✓	✓ ^b
Hepatitis B serology, including: hepatitis B surface antigen hepatitis B surface antibody hepatitis B core antibody	✓	✓	—	—	✓ ^c
Hepatitis C antibody test	✓	✓	—	—	✓ ^d
	For all persons considered for or prescribed nPEP for sexual exposure				
Syphilis serology ^e	✓	✓	✓ ^g	—	✓
Gonorrhea ^f	✓	✓	✓ ^g	—	—
Chlamydia ^f	✓	✓	✓ ^g	—	—
Pregnancy ^h	—	✓	✓	—	—
	For persons prescribed tenofovir DF+ emtricitabine + raltegravir or tenofovir DF+ emtricitabine + dolutegravir				
Serum creatinine (for calculating estimated creatinine clearance ⁱ)		✓	✓	—	—
Alanine transaminase, aspartate aminotransferase		✓	✓	—	—
	For all persons with HIV infection confirmed at any visit				
HIV viral load	✓			✓	
HIV genotypic resistance	✓			✓	
<p>Abbreviations: Ag/Ab, antigen/antibody combination test; HIV, human immunodeficiency virus; nPEP, nonoccupational postexposure prophylaxis; tenofovir DF, tenofovir disoproxil fumarate.</p> <p>^a Any positive or indeterminate HIV antibody test should undergo confirmatory testing of HIV infection status.</p> <p>^b Only if hepatitis C infection was acquired during the original exposure; delayed HIV seroconversion has been seen in persons who simultaneously acquire HIV and hepatitis C infection.</p> <p>^c If exposed person susceptible to hepatitis B at baseline.</p> <p>^d If exposed person susceptible to hepatitis C at baseline.</p> <p>^e If determined to be infected with syphilis and treated, should undergo serologic syphilis testing 6 months after treatment</p> <p>^f Testing for chlamydia and gonorrhea should be performed using nucleic acid amplification tests. For patients diagnosed with a chlamydia or gonorrhea infection, retesting 3 months after treatment is recommended.</p> <ul style="list-style-type: none"> • For men reporting insertive vaginal, anal, or oral sex, a urine specimen should be tested for chlamydia and gonorrhea. • For women reporting receptive vaginal sex, a vaginal (preferred) or endocervical swab or urine specimen should be tested for chlamydia and gonorrhea. • For men and women reporting receptive anal sex, a rectal swab specimen should be tested for chlamydia and gonorrhea. • For men and women reporting receptive oral sex, an oropharyngeal swab should be tested for gonorrhea. (http://www.cdc.gov/std/tq2015/tq-2015-print.pdf) <p>^g If not provided presumptive treatment at baseline, or if symptomatic at follow-up visit.</p> <p>^h If woman of reproductive age, not using effective contraception, and with vaginal exposure to semen.</p> <p>ⁱ eCrCl = estimated creatinine clearance calculated by the Cockcroft-Gault formula; eCrClCG = [(140 – age) x ideal body weight] ÷ (serum creatinine x 72) (x 0.85 for females).</p> <p>^j At first visit where determined to have HIV infection.</p>					

Updated Guidelines for
Antiretroviral Postexposure
Prophylaxis After Sexual, Injection-
Drug Use, or Other
Nonoccupational Exposure to HIV—
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