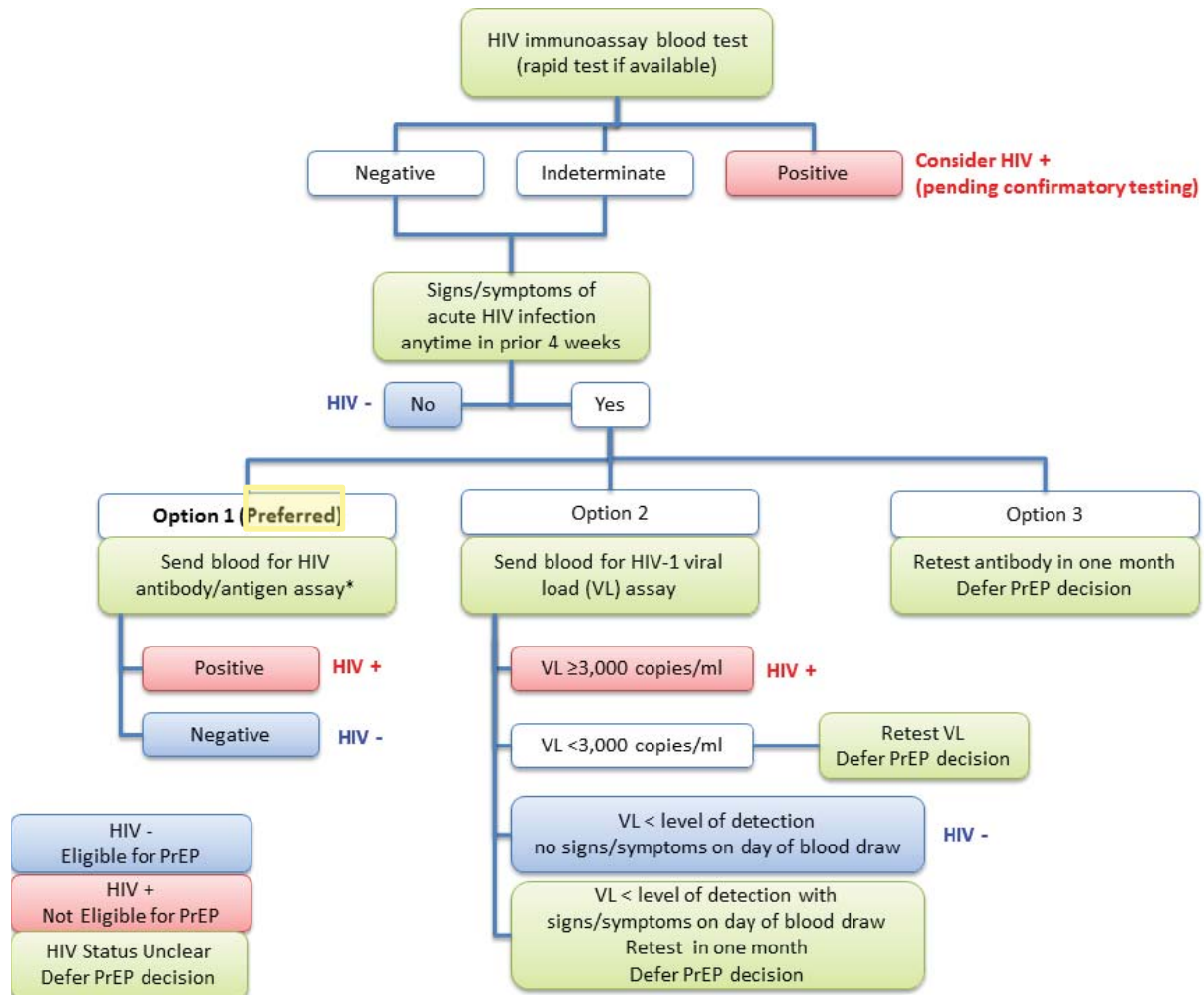


Figure Clinician Determination of HIV Status for PrEP Provision



RENAL FUNCTION

In addition to confirming that any person starting PrEP medication is not infected with HIV, a clinician should determine renal function and test for infection with hepatitis B virus (HBV) because both decreased renal function and active HBV infection are potential safety issues for the use of TDF/FTC as PrEP.

TDF is widely used in combination antiretroviral regimens for the treatment of HIV infection⁷⁸. Among HIV-infected persons prescribed TDF-containing regimens, decreases in renal function (as measured by estimated creatinine clearance [eCrCl]) have been documented, and occasional cases of acute renal failure, including Fanconi's syndrome, have occurred⁷⁹⁻⁸¹.

In the PrEP trials among otherwise healthy, HIV-uninfected adults, an eCrCl of ≥ 60 ml/min was an eligibility criterion. Safety data for TDF/FTC prescribed to persons with reduced renal function are not available. Therefore, for all persons considered for PrEP, a serum creatinine test should be done, and