
During the COVID-19 public health emergency, health care providers can reduce in-person encounters for nonurgent care and continue to provide access to pre-exposure prophylaxis (PrEP) and emergency post-exposure prophylaxis (PEP) to prevent HIV.

General Guidance
- Consult updated guidance on providing in-person care.
- Provide clinical services via telehealth if in-person care is not necessary.
- Encourage patients ordering PrEP to use mail-order pharmacies or delivery services.
- Share tips for enjoying safer sex during the COVID-19 public health emergency.

Guidance on Specific Clinical Services

Starting Patients on PrEP
- Initiate PrEP with an in-person clinic visit if feasible and use the strategies below to reduce visits for counseling, screening and specimen collection. As an alternative, patients can order PrEP online for home delivery.
- Screen patients for existing HIV infection.
  - If patients have had possible HIV exposure or symptoms of HIV infection in the past 90 days, screen them with a laboratory antigen or antibody test before starting PrEP.
  - If patients have no recent exposure or symptoms, they may screen themselves for HIV antibodies using an at-home test kit. Clinics can provide free HIV self-test kits to eligible patients through the NYC Community Home Test Giveaway, or patients can order a free kit from agencies listed on the NYC Health Map (under Sexual Health Services and HIV Testing).
- Screen patients for other sexually transmitted infections (STI).
  - If in-person screening is feasible, follow standard Centers for Disease Control and Prevention (CDC) STI screening guidelines.
  - If in-person screening is not feasible, use telehealth (such as phone calls or video conference meetings) to manage patients who report STI symptoms or exposure, following NYC Department of Health and Mental Hygiene (NYC Health Department) guidance on syndromic management of STIs and recommended oral regimens for gonorrhea treatment. Counsel asymptomatic patients who have not recently had laboratory-based STI testing that they may have STIs they could transmit to others.

Prescribing PrEP
- Discuss a patient’s interest in taking PrEP via telehealth.
- Use tenofovir disoproxil fumarate-emtricitabine (TDF/FTC) as the first-line regimen for PrEP. Tenofovir alafenamide-emtricitabine (TAF/FTC) may benefit patients who have impaired renal function or are at risk of osteopenia or osteoporosis.
- Prescribe up to 90 days of PrEP medicines, even at initiation, to reduce in-person clinic visits. Guidelines typically recommend initiating with a 30-day prescription.
• Counsel cisgender men who have sex with men about the option of taking TDF/FTC as **PrEP on demand** only before and after sex. TAF/FTC should not be used on demand given the lack of data on its use with this dosing schedule.

**Following Up with Patients on PrEP**

• Unless patients require in-person visits, follow up every three months using telehealth to:
  1) Assess PrEP adherence
  2) Ask about side effects of medicines and symptoms of acute HIV and other STIs
  3) Refill PrEP prescriptions
• Prescribe a 90-day supply of PrEP medicines unless patients have paused their PrEP use.
• Patients who adhere to PrEP can reduce in-person HIV and STI testing to every six months. **Guidelines** typically recommend testing every three months. See guidance on reducing HIV and STI testing visits in “Starting Patients on PrEP” above.
• Screen for serum creatinine and creatinine clearance three months after PrEP initiation and then every six months thereafter.
• Discuss the ways patients can **reduce the risk of spreading COVID-19** if they have sex with non-household partners.

**Pausing or Reducing PrEP Use**

• Patients who are having sex less frequently may want to discuss taking a break from daily PrEP.
• **Taking PrEP on demand**: Cisgender men who have sex with men and are taking TDF/FTC can conserve their supply of medicines by taking **PrEP on demand** before and after sex.
• **Pausing PrEP**: Cisgender men who have sex with men and are taking TDF/FTC should take PrEP until at least two days after they last had sex. Others, including cisgender women and people taking TAF/FTC, should continue PrEP for seven days after they last had sex.
• **Restarting PrEP**: Test patients for HIV unless they have not had sex or injected drugs since stopping PrEP. Inform patients who have receptive vaginal sex or inject drugs that, per the **CDC**, they need to take PrEP for 21 days to achieve maximum protection. Cisgender men who have sex with men taking TDF/FTC can restart PrEP by taking two pills two to 24 hours before sex.

**Starting Patients on Emergency PEP**

• HIV-negative people who report a specific high-risk exposure to HIV can receive emergency PEP without a visit to a clinic or emergency room by calling the 24/7 NYC PEP hotline at 844-3-PEPNYC (844-373-7692).
  o Qualified patients will receive an electronic prescription for a full 28 days of PEP medicines and a free at-home HIV test kit to test themselves before beginning PEP.
  o Patients requiring in-person consultation will receive a starter pack of PEP medicines and an appointment at a nearby clinic that is seeing patients for PEP.
  o The NYC PEP hotline or an affiliated clinic will arrange follow-up consultation to discuss medication adherence and possible side effects.
  o The hotline provides free at-home HIV self-test kits for patients to test themselves after they complete the full 28 days of emergency PEP medicines.
NYC Sexual Health Clinics

- Select Sexual Health Clinics are offering certain HIV and STI services on a walk-in basis to a limited number of patients each day. See updated information on clinic locations, hours of operations and available services.
- Patients can also call the NYC Sexual Health Clinic Hotline at 347-396-7959, Monday through Friday, from 9 a.m. to 3:30 p.m., for certain HIV and STI telemedicine services.

For more information on COVID-19, visit nyc.gov/health/coronavirus. Select “Information for Providers” for Dear Colleague updates, health alerts and advisories, webinars and other resources for health care providers.

The NYC Health Department may change recommendations as the situation evolves. 5.20.21