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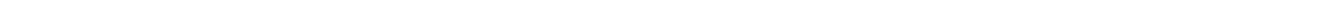
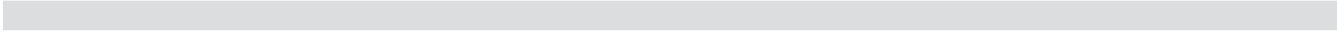
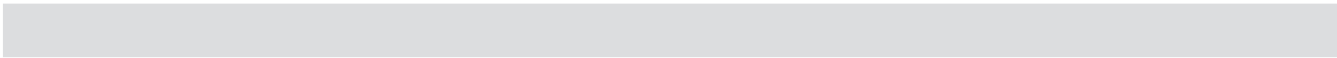
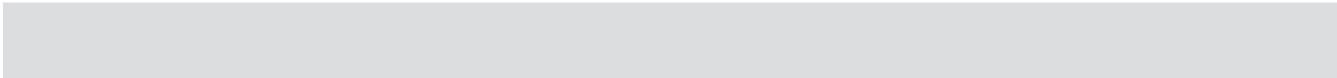
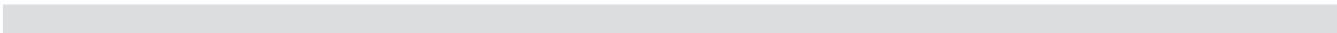
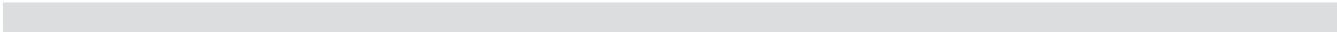
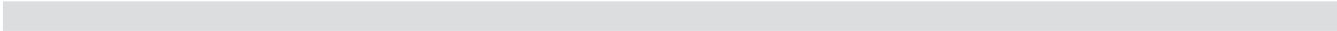
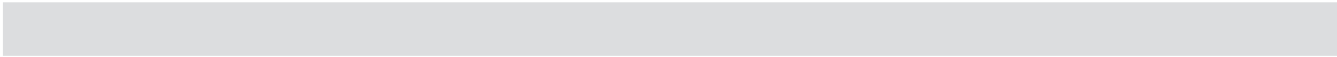
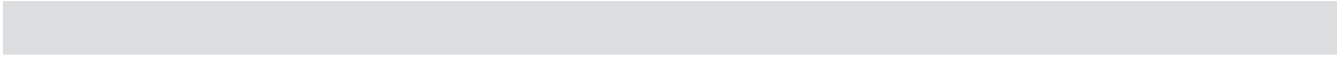
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Baseline Evaluation

Comments

Document negative HIV test 1 week before initiating PrEP	Also document negative HIV RNA test if signs or symptoms of acute HIV or high-risk exposure to HIV in prior 4 weeks
Confirm that patient is at substantial risk of HIV infection	Elicit a comprehensive sexual health and drug use history using nonjudgmental language
Confirm creatinine clearance ≥60 mL/min	
Document serologic status for hepatitis B and hepatitis C	If susceptible to hepatitis B, provide vaccination. If has chronic active hepatitis B, then consider using TDF/FTC for both PrEP and treatment of hepatitis B
Perform comprehensive testing for bacterial sexually transmitted infections, including syphilis, gonorrhea, and chlamydia	Test for gonorrhea and chlamydia at all mucosal sites with potential exposure (ie, pharyngeal, rectal, and urogenital).
Conduct pregnancy test for women	Limited data are available on PrEP use during pregnancy; studies suggest PrEP is safe for women who are pregnant [53] or breastfeeding [54]; guidelines recommend the use of PrEP in pregnant and breastfeeding women [50] (n)T4e nonjudgmental,ect



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WHAT IS THE RECOMMENDED REGIMEN?

