



Lyn Stevens, NP, MS, ACRN

Lyn Stevens serves as the Deputy Director of the Office of the Medical Director in the New York State Department of Health’s AIDS Institute. Ms. Stevens is part of the team at the AIDS Institute charged with implementation of the amended HIV Testing Law.

Yvette Calderon, MD

Professor of Clinical Emergency Medicine
Jacobi Medical Center
Bronx, N.Y.

PANELISTS

Sgt. Andrea L. Bastedo

Onondaga County Sheriff’s Office
Infection Control Coordinator

Sgt. Michael Mourey

Commanding Officer Medical Section
Syracuse Police Department

Rick Rioux

Health Safety Officer
Syracuse Police Department

Agenda

8:00 – 8:30 am	Registration Continental Breakfast
8:30 – 8:45 am	Welcome
8:45 – 9:45 am	Post Exposure Prophylaxis and Guidelines
9:45 – 10:45am	NYS Testing Laws Ryan White Law (consent and authorization issues)
10:45 – 11:00 am	BREAK
11:00 – noon	Panel Discussion
12:00 – 12:30 pm	Q & A Session

REGISTRATION FORM

Thursday, October 8, 2015
(please print legibly)

NAME: _____

Title: _____

Facility: _____

Business

Address: _____

Phone: _____

Email: _____

Registration Deadline
September 24, 2015

Registration Fee
\$ 25.00
(includes Continental Breakfast)

NO REFUNDS

**Alternate registration accepted
Seating may be limited
Please register promptly**

Please make check payable to
“Heart of New York Chapter #118”
Send check and registration form to:

Attention:

Maria Whitaker, Infection Prevention
Cortland Regional Medical Center
134 Homer Ave.
Cortland, N.Y. 13045
mwhitaker@cortlandregional.org

PAYMENT MUST ACCOMPANY REGISTRATION

PRE-PRESCRIPTION ASSESSMENT, LABORATORY TESTS AND MONITORING

IS PrEP INDICATED?

1. PrEP is indicated for any individual who is HIV negative and at ongoing risk for HIV.
2. PrEP should only be prescribed to those who are able to adhere to regimen.
3. Lack of use of barrier protection is not a contraindication to PrEP.

OBTAIN THE FOLLOWING TESTS BEFORE PRESCRIBING PrEP:

1. 3rd or 4th generation HIV test. Perform NAAT/viral load if suspect acute HIV infection.
2. Basic metabolic panel. Do not start PrEP if CrCl <60 mL/min.
3. Urinalysis.
4. Serology for Hepatitis A, B, and C. Vaccinate against A and B in non-immune patients.
5. STI screening. Perform 3-site (genital, rectal, pharyngeal) NAAT screening for GC and Chlamydia + RPR.
6. Pregnancy Test. If positive, discuss known risks and benefits.

LABORATORY TESTING: FOLLOW-UP AND MONITORING

1. HIV Test: Every 3 months. Confirm negative result before writing refill.
2. Pregnancy Test: Every 3 months.
3. Ask about STI symptoms: Every visit.
4. STI Testing: Every 6 months. Even if patients are asymptomatic.
5. Creatinine + CrCl: At 3 month visit, then every 6 months.
6. Urinalysis: Annually.
7. Hepatitis C Ab: Annually (for high risk patients).

RECOMMENDED PrEP REGIMEN

TRUVADA®

(Tenofovir 300 mg + Emtricitabine 200 mg)
1 tablet PO daily with or without food

COMMON SIDE EFFECTS:

Headache, abdominal pain, weight loss.
Side effects may resolve or improve after 1st month.

SPEAK WITH A CLINICIAN EXPERIENCED IN MANAGING PrEP IF

patient has chronic active HBV,
is pregnant or attempting to conceive,
is taking nephrotoxic drugs, or is at risk for bone loss.

For more information on PrEP guidance go to:

www.hivguidelines.org
www.ceitraining.org

To speak with a clinician experienced in managing PrEP
call the CEI Line at



866-637-2342