**Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility**

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| **1. Facility Information** |
| Facility Name |
| Date of initial client visit *(dd/mm/yy)* \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  | Person Completing Form  |

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| **2. Client Information**  |
| First Name  | Middle Name | Surname |
| Address  | Telephone # |
| Unique Client ID number | Client clinic ID number |

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| **3. Client Demographics** |
| **What was your sex at birth?** | [ ]  Male [ ]  Female [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **What is your current gender?** | [ ]  Male [ ]  Female [ ]  Transgender (male to female) [ ]  Transgender (female to male) [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **What is your age?** | *\_\_\_\_\_\_\_ Enter number of years* |

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| **4. Screening for Substantial Risk for HIV infection** |
| **Clients are at substantial risk if they belong to any of the three categories below:** | **Question prompts for providers:** |
| **1)If they are sexually active in a high HIV prevalence population PLUS report ANY one of the below in the last six months** | Have you been sexually active in the last six months? |
| [ ]  Report vaginal or anal intercourse without condoms with more than one partner | With how many people did you have vaginal or anal sex in the last six months?Did you use condoms consistently during sex in the last six months?  |
| [ ]  Have a sex partner with one or more HIV risk  | Have you had a sex partner in the last six months who:* Is living with HIV?
* Injects drugs?
* Has sex with men?
* Is a transgender person?
* Is a sex worker?
* Has sex with multiple partners without condoms?
 |
| [ ]  History of a sexually transmitted infection (STI) (based on self-report, lab test, syndromic STI treatment) | Have you had an STI in the last six months? |
| [ ]  History of use of post-exposure prophylaxis (PEP)  | Have you taken post-exposure prophylaxis (PEP) following a potential exposure to HIV in the last six months? |
| **2) If they report history of sharing injection material/equipment in the last six months** | Have you shared injecting material with other people? |
| **3) If they report having a sexual partner in the last six months who is HIV positive AND who has not been on effective\* HIV treatment** *\*If partner has been on ART for less than six months, or has inconsistent or unknown adherence* | Is your partner HIV infected? Is he/she on ART? What was the last viral load result? |

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| **5. PrEP Eligibility**  |
| **Clients are eligible if they fulfill ALL the criteria below:** | **Question prompts for providers:** |
| [ ]  **HIV-negative** | Date client tested: \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yy)Date client received test results: \_\_\_/\_\_\_/\_\_\_\_Test result: □ Negative □ Positive\* *(\*Refer to HIV medical care)*Type of test used: □ Determine □ Unigold □ Elisa □ Other:\_\_\_\_\_\_\_\_ |
| [ ]  **At substantial risk of HIV** | At least one item/risk in Box #4 above is ticked |
| [ ]  **Has no signs/symptoms of acute HIV infection** | See Box #6 below to confirm no recent exposure to HIV |
| [ ]  **Has creatinine clearance (eGFR) >60 ml/min**  | eGFR Result: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  |
| **If all above boxes in this section are ticked, offer PrEP.** |

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| **6. Recent Exposure to HIV. Ask, “In the last 3 days”…** |
| Have you had sex without a condom with someone living with HIV who is not on treatment? | **[ ]  Yes\*\*** | [ ]  No | [ ]  Don’t know |
| Have you had a “cold” or “flu” or a sore throat, runny nose, or fever? | [ ]  **Yes\*\*** | [ ]  No | [ ]  Don’t know |
| **\*\*If ONLY reporting sex without a condom, consider post-exposure prophylaxis (PEP).** **\*\*If reporting BOTH sex without a condom and flu-like symptoms, an acute HIV infection might be suspected.*** **In this case, do NOT offer PrEP or PEP and conduct HIV testing (and repeat at four weeks follow-up if negative) or polymerase chain reaction (PCR) test to determine if client has acute HIV infection.**
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| **7. Services Received by Client** |
| **PrEP Offered** [ ]  |
| **Referred for PEP** [ ]  |
| **Referred for PCR/HIV Ag test or follow-up HIV re-testing (if suspicion of acute HIV infection)** [ ]  |
| **Referred for HIV Treatment** [ ]  |