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

|  |
| --- |
| **1. Facility Information** |
| Facility Name |
| Date of Initial Client Visit *(dd/mm/yyyy)* \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  | Person Completing Form  |

|  |
| --- |
| **2. Client Information**  |
| First Name  | Middle Name | Surname |
| Address  | Telephone # |
| Client ID Number |  |

|  |
| --- |
| **3. Client Demographics** |
| **What was your sex at birth?** | [ ]  Male [ ]  Female [ ]  Other *(specify):* \_\_\_\_\_\_\_\_\_\_\_[ ]  No response |
| **What is your current gender?** | [ ]  Male [ ]  Female [ ]  Transgender *(male to female)* [ ]  Transgender *(female to male)* [ ]  Other *(specify):* \_\_\_\_\_\_\_\_\_\_\_[ ]  No response |
| **What is your age?** *(Specify number of years.)* | *\_\_\_\_\_\_\_*  |

|  |
| --- |
| **4. Screening for Substantial Risk for HIV Infection** |
| **Client is at substantial risk if he/she belongs to categories** ➊, ➋, **or** ➌*below* | **Question Prompts for Providers** |
| ➊ **If client is sexually active in a high HIV prevalence population PLUS reports ANY one of the below in the last 6 months** | Have you been sexually active in the last 6 months? |
|  [ ]  Reports vaginal or anal intercourse without condoms with more than one partner | In the last 6 months, how many people did you have vaginal or anal sex with?In the last 6 months, did you use condoms consistently during sex?  |
|  [ ]  Has a sex partner with one or more HIV risk:  | In the last 6 months, have you had a sex partner 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* | In the last 6 months, have you had an STI? |
|  [ ]  History of use of post-exposure prophylaxis (PEP)  | In the last 6 months, have you taken post-exposure prophylaxis (PEP) following a potential exposure to HIV? |
| ➋ **If client reports history of sharing injection material or equipment in the last 6 months** [ ]  History of sharing injection material or equipment | In the last 6 months, have you shared injecting material with other people? |
| ➌ **If client reports having a sexual partner in the last 6 months who is HIV positive AND who has not been on effective\* HIV treatment** (i.e., the partner has been on ART for fewer than 6 months or has inconsistent or unknown adherence) [ ]  History of HIV-positive sex partner not on effective treatment | Is your partner HIV positive? Is he/she on ART? What was the last viral load result? |
| **5. PrEP Eligibility**  |
| **Client is eligible if he/she fulfills ALL the criteria below:** |  |
| [ ]  **HIV negative** | **Date client tested:** *(dd/mm/yyyy):* \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_**Date client received test results:** *(dd/mm/yyyy):* \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ **Test result:** [ ]  Negative  [ ]  Positive *(Refer to HIV medical care.)*   [ ]  Inconclusive *(Re-test in 14 days.)*  **Type of test used:** [ ]  Determine [ ]  Unigold [ ]  ELISA [ ]  Other *(specify):* |
| [ ]  **At substantial risk of HIV** | At least one item/risk in Section #4 above is ticked |
| [ ]  **Has no signs/symptoms of acute HIV infection** | See Section #6 below to confirm no recent exposure to HIV |
| [ ]  **Has creatinine clearance (eGFR) >60 ml/min** | Result: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of creatinine test *(dd/mm/yyyy):*\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| **If all boxes in Section 5 are ticked, offer PrEP.** |

|  |
| --- |
| **6. Recent Exposure to HIV** |
| *Ask the client:*In the past 72 hours, have you had sex without a condom with someone whose HIV status is positive or not known to you, or have you shared injection equipment with someone whose HIV status is positive or unknown to you? | **[ ]  Yes\*** | [ ]  No | [ ]  Don’t know |
| In the past 28 days, have you had symptoms of a cold or flu, including fever, fatigue, sore throat, headache, or muscle pain or soreness? | [ ] **Yes\*\*** | [ ]  No | [ ]  Don’t know |
| **\*** **If the client reports potential exposure to HIV within past 72 hours, do NOT offer PrEP. Follow facility procedures to evaluate further or refer for evaluation for post-exposure prophylaxis (PEP).** **\*\*** **If the client reports flu-like symptoms or other signs of acute HIV infection, do NOT offer PrEP and evaluate further, following facility procedures to diagnosis acute HIV infection.**  |

|  |
| --- |
| **7. Services Received by Client** |
| [ ]  **PrEP offered.** * [ ]  **PrEP accepted.**
* [ ]  **PrEP declined.** (*If declined, see* Reasons for Declining PrEP, *below).*

**Date eligible** *(dd/mm/yyyy):*\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_**Date initiated** *(dd/mm/yyyy):*\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ *Same-day initiation recommended.***Reasons for Declining PrEP** *(Check all that apply.)*[ ]  **No need for PrEP** [ ]  **Does not wish to take a daily medication**[ ]  **Concerns about side effects**[ ]  **Concerns about what others might think**[ ]  **Concerns about time required for clinic follow-up**[ ]  **Concerns about safety of medication**[ ]  **Concerns about effectiveness of medication**[ ]  **Other** *(specify):* |
| [ ]  **Referred for PEP evaluation** |
| [ ]  **Referred for PCR/HIV Ag test or follow-up HIV re-testing (if suspicion of acute HIV infection)**  |