**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/yyyy)* \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ | Person Completing Form |

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

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| **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.)* | *\_\_\_\_\_\_\_* |

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| **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.** | | |

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| **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.** | | | |

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| **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)** |