

STANDARD OPERATING PROCEDURES

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

Purpose: Determine eligibility for PrEP

For whom: Clients tested HIV-negative

When to use: After counselling HIV-negative clients on HIV prevention methods including PrEP

Responsible staff: Any healthcare worker screening the client for PrEP

Source document: Completed with the client

DESCRIPTION OF VARIABLES

The PrEP Screening for Substantial Risk and Eligibility form is completed with the client.

1. FACILITY INFORMATION

- **Facility Name:** Name of the facility
- **Date of Initial Client Visit:** Date that the client is screened for PrEP; day (dd), month (mm), and year (yyyy), e.g. 30/04/2018
- **Person Completing Form:** First and last name of the healthcare worker screening the client for PrEP

2. CLIENT INFORMATION

- **First Name:** Client's given (first) name
- **Middle Name:** Client's middle name(s) (if any)
- **Surname:** Client's surname or family name
- **Address:** Client's current address (where the client lives now)
- **Telephone #:** Client's primary telephone number
- **Client ID number:** Number assigned to the client at clinic registration

3. CLIENT DEMOGRAPHICS

- **What was your sex at birth?** Client's sex at birth. Tick Male, Female, Other (specify in the space provided), or No response.
- **What is your current gender?** Client's current gender as self-identified by the client, regardless of the client's sex at birth. If the client is transgender, tick either Transgender

male to female or female to male. If Other, specify in the space provided. If the client does not respond, tick No response.

- **What is your age?** Client's age at most recent birthday, in years, e.g. 25

4. SCREENING FOR SUBSTANTIAL RISK OF HIV INFECTION

- **1) If client is sexually active in a high-prevalence HIV population PLUS reports ANY one of the below in the last 6 months:** Use the question prompts to determine if the client has had any of the following, and tick the appropriate box(es).
 - Reports vaginal or anal intercourse without condoms with more than one partner
 - Has a sex partner with one or more HIV risk
 - History of a sexually transmitted infection (STI) (based on self-report, lab test, syndromic STI treatment)
 - History of use of post-exposure prophylaxis (PEP)
- **2) If client reports history of sharing injection material or equipment in the last 6 months:** Use the question prompt to determine if the client has shared injecting material with other people. If yes, tick the box.
- **3) 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:** Use the question prompts to determine. *If a sexual partner in the past 6 months been on ART for fewer than 6 months or has inconsistent or unknown adherence to ART, tick the box.

5. PrEP ELIGIBILITY

- **HIV negative:** Complete the test information in the right-hand column. Then tick the box if the client's HIV test results are negative. Right-hand column information:
 - **Date client tested:** Date of the client's HIV test, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018
 - **Date client received test results:** Day (dd), month (mm), and year (yyyy); e.g. 30/04/2018
 - **Test result:** Tick Negative, Positive, or Inconclusive. If the client is HIV positive, refer for HIV medical care. If the test is inconclusive, repeat the test after 2 weeks.
 - **Type of test used:** Tick the appropriate box: Determine, Unigold, ELISA, or Other (specify in the space provided).
- **At substantial risk of HIV:** Tick the box if at least one item/risk in section 4 of the form is ticked, i.e. the client is at substantial risk of HIV infection. Follow facility and

country procedures to determine substantial risk of HIV.

- **Has no signs/symptoms of acute HIV infection:** Use the question prompt in section 6 of the form (Recent Exposure to HIV) to determine if the client has had recent exposure to HIV and/or signs or symptoms of acute HIV infection. If the client answers “No” to both questions in section 6, tick the box for “has no signs of acute HIV infection.” If the client answers “Yes” or “Don’t know” to one or both questions in section 6, see the instructions for section 6 below.
- **Has creatinine clearance (eGFR) >60 ml/min:** Write the calculated creatine clearance (eGFR) and the date that the serum creatinine test was performed, day (dd), month (mm), and year (yyyy).
- **If all boxes in Section 5 are ticked, offer PrEP:** If the 4 boxes in section 5 are ticked – HIV-negative, at substantial risk of HIV, has no signs/symptoms of acute HIV infection, and has creatinine clearance (eGFR) >60 ml/min– offer the client PrEP and proceed to section 7 (Services Received by Client).

6. RECENT EXPOSURE TO HIV

- This section was used earlier, during completion of section 5, to determine if the client has signs of acute HIV infection. Tick the appropriate answer boxes. If the client answers “No” to both questions, offer PrEP as indicated in section 5. If the client answers “Yes” or “Don't know” to one or both questions, evaluate as described in the box below the questions (* and **). If the client reports potential exposure to HIV within the past 72 hours, do NOT offer PrEP. Follow facility procedures to evaluate further, or refer the client for post-exposure prophylaxis (PEP).

7. SERVICES RECEIVED BY CLIENT

Complete this section if the client is eligible for PrEP (i.e. all boxes in section 5 are ticked), or is referred for follow-up HIV testing, or PEP.

- **PrEP offered:** If the client was offered PrEP in section 5, tick the box.
- **PrEP accepted:** If the client accepts PrEP, tick the box.
- **PrEP declined:** If the client declines PrEP, tick the box.
- **Reasons for Declining PrEP:** If the client declines PrEP, ask the client, “Why do you not want to take PrEP? What worries or concerns you?” Tick all reasons given by the client: 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 in the space provided).
- **Date eligible:** Day (dd), month (mm), and year (yyyy) that the client is eligible for PrEP based on screening using this form

- **Date initiated:** Day (dd), month (mm), and year (yyyy) that the client is **initiated** on PrEP. Same day initiation is recommended, but the date initiated may be different from the date eligible in some cases.
- **Referred for PEP evaluation:** If the client was referred or evaluated for PEP, tick the box.
- **Referred for PCR/HIV Ag test or follow-up HIV re-testing (if suspicion of acute HIV infection):** If the client was referred because of suspected acute HIV infection (section 6), tick the box.