

Pre-Exposure Prophylaxis (PrEP) SCREENING

A. Provider Information			
Provider Name:			
Person Completing Form:		Today's Date: mm/dd/yyyy	____/____/____
B. Client Demographics			
Client Name and Unique ID Number:	<i>(paste label from test form here)</i>		
Sex at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		
Current gender identity:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Other: _____		
Date of Birth:	mm/dd/yyyy ____/____/____	Sexually Active With:	<input type="checkbox"/> Males Only <input type="checkbox"/> Females only <input type="checkbox"/> Both Males and Females
Ethnicity:	<input type="checkbox"/> Hisp/Latino <input type="checkbox"/> Not Hisp/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		
Race:	<input type="checkbox"/> Am IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Native HI/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		
C. Screening for Substantial Risk for HIV infection			
Clients are at increased risk for HIV if they meet any one (1) of the three criteria below:			
1) <input type="checkbox"/> Check box if client is sexually active <u>and</u> reports ANY one of these activities in the last six months: <ul style="list-style-type: none"> • Reports vaginal or anal intercourse without condoms • Has a sex partner with one or more of the following HIV risk(s): <ul style="list-style-type: none"> ○ Is living with HIV? ○ Unknown HIV status? ○ 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) • History of use of post-exposure prophylaxis (PEP) 			
2) <input type="checkbox"/> Check box if client reports history of sharing injection material/equipment in the last six months			
3) <input type="checkbox"/> Check box if client reports having a sexual partner in the last six months who is HIV positive AND who has not been on effective* HIV treatment <i>*If partner has been on ART for less than six months, or has inconsistent or unknown adherence</i>			
D. PrEP Eligibility			
Eligibility Criterial (must meet all three below)	Question/Prompts for Providers:		
1) <input type="checkbox"/> Confirmed HIV-negative	Date client tested: ____/____/____ (mm/dd/yyyy) Date client received test results: ____/____/____ Test result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive* (*not eligible-Refer to HIV medical care)		
2) <input type="checkbox"/> At substantial risk for HIV	At least one of the 3 boxes/risks in section C above is checked		
3) <input type="checkbox"/> Has no signs/symptoms of acute HIV infection	No flu-like symptoms (e.g. fever, chills, rash, night-sweats, muscle aches, sore throat, fatigue, swollen lymph glands)		
<ul style="list-style-type: none"> • If all three boxes in this section (D) are checked, provide information and refer for PrEP • If all three boxes in this section (D) are NOT checked, client is ineligible for PrEP 			
E. PrEP Screening Outcomes			
1) <input type="checkbox"/> Provided PrEP educational materials			
2) <input type="checkbox"/> Referred for PrEP services (i.e. given name and contact information for PrEP provider)			
3) <input type="checkbox"/> Navigation/linkage to PrEP services (i.e. assisted client with appointment and/or followed-up with provider)			
4) <input type="checkbox"/> Client declined (i.e. was eligible but declined PrEP all related services)			

Instructions for Using this Form

Purpose: The screening tool does not replace any existing sexual history or risk assessment requirements. It simply helps the counseling and testing provider to determine the client's eligibility for PrEP services (Sections 7 and 8 on the 2018 HIV Test Template). Though not required, Providers are encouraged use the screening tool. This tool may be helpful in collecting the information needed to make an informed PrEP referral. Providers may also want to track demographics of individuals screened and referred for PrEP services.

Reporting Requirements: The PrEP screening tool does not need to be submitted with the test form. HIV testing providers may keep the tool with local hard copies of test forms, upload it to the EMR, or save in a separate file as a record of the screening.

Section A. Provider Information: Enter the Provider name, the name of the person conducting the screening, and today's date.

Section B. Client Demographics:

- Unique client ID number - The bar code label from the HIV Test Template may be pasted here. EMR ID or another unique identifier may also be used.
- Sex at birth – Please check the box that most closely represents the gender assigned to the client at birth
- Current gender – This is the client's current gender identity (subjective). Provider should not make assumptions based on the client's appearance. Select all that apply.
- Date of birth – This may help in making an appropriate referral if the individual is underage or not eligible based on local age requirements.
- Sexually active with – Indicate whether the individual has sex with males, females or both.
- Ethnicity – (subjective) Ask client's ethnicity.
- Race – (subjective) Ask client's race. Select all that apply.

Section C. Substantial Risk for HIV Infection:

- 1) This section covers the most common indicators for individuals who are at high risk for HIV infection. Check the box if client reports any of the risk factors listed within the last six months. Provider may simply check or skip the box based on recall of the sexual history and/or risk assessment completed during the counseling session. If

client did not receive counseling, provider may utilize the tool to ascertain this information.

- 2) Check box if client indicates sharing of injection equipment within the last six months.
- 3) Check box if client had sex in the last six months with a person who is known to be HIV positive and not on ART. Check box if HIV positive partner's treatment status is unknown.

Section D. PrEP Eligibility: Using the information collected in Section C. above, check the three boxes accordingly. If all three boxes are checked, client is eligible for PrEP.

- 1) Confirmed HIV-negative – If the confirmatory HIV test result is negative, check the box and enter the date tested and the date test results were delivered to the client. If the confirmatory HIV test result was positive, the client is not eligible.
- 2) At substantial risk for HIV – If all three boxes in Section C above are checked, the client is considered at substantial risk for HIV infection.
- 3) Has no signs/symptoms of acute HIV infection – If the client presents with acute symptoms (rash, lymphadenopathy, fever, chills, headache, fatigue, sore throat, night sweats, diarrhea), do not check the box. Client is ineligible for PrEP at this time. Refer for follow-up testing in 30 days. Provide appropriate counseling re: window period and elevated risk of transmission.

Section E. PrEP Screening Outcomes: Check all boxes that most appropriately represent the outcomes of the screening. If client is not a candidate for PrEP, do not check any of the boxes. If follow-up testing was recommended, please provide date/time for next test. Make additional referrals as appropriate.