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

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

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

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*

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 <u>PLUS</u> report ANY one of the below in the last <u>six months</u>	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?

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.	

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.**

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 ☐