PrEP Screening Checklist

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| **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:** | |
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| **1) Client is sexually active and reports ANY one of these activities in the last six months:** | |
| * Reports vaginal or anal intercourse without condoms * Has a sex partner with one or more of the following HIV risk(s):   + 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) | |
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| **2) Client reports history of sharing injection material/equipment in the last six months** | |
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| **3) Client reports 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* | |
| **PrEP Eligibility** | |
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| **Eligibility Criterial (must meet all three below)** | |
| 1) **Confirmed HIV-negative** | |
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| 2) **At substantial risk for HIV**  - At least one of the 3 boxes/risks in section C above is checked | |
| 3) **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) | |
| If all three criteria are met, provide information and refer for PrEP | |
| **PrEP Screening Outcomes** | |
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| 1) **Provided PrEP educational materials** |  |
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| 2) **Referred for PrEP services - gave name and contact information for PrEP provider** | |
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| 3) **Navigation/linkage to PrEP services (i.e. assisted client with appointment and/or followed-up with provider)** | |
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| 4) **Client declined (i.e. was eligible but declined PrEP all related services)** | |