BRITISH COLUMBIA HIV PRE-EXPOSURE PROPHYLAXIS BASELINE ASSESSMENT TOOL

Assessment Date:	
Patient Demographics	
Client Name:	PHN:
Postal Code:	Contact Telephone Number:
Date of Birth: (YYYY-MM-DD)	Age:
Gender: ☐ Male ☐ Female ☐ Transgender	☐ Identifies as:
PrEP Access	
Date of Referral (if applicable):	(YYYY-MM-DD)
Referred from:	PrEP coverage (check all that apply):
☐ Self-referred	☐ Provincial PrEP Program
Other service/physician:	
	☐ Self-Funded ☐ Other:
Medical History	Other:
Check all that apply:	
☐ Chronic Active Hepatitis B:	Current Medications:
Hepatitis C:	
☐ Chronic Renal Impairment/CKD:	
Diabetes:	
☐ Hypertension:☐ Depression/Anxiety:	
Osteoporosis/Low Bone Mass:	Allergies:
Other:	
Prior STI's Ever	
Gonorrhea:	, , — — — — , s
Chlamydia: Yes No U	_ , ,
Syphilis: Yes No L	Jnknown ———————————————————————————————————
HIV Risk	
HIRI-MSM Risk Index Calculator (Score ≥ 10 Sugges Question	Response Score
Question	If <18 years, score 0
	If 18-28 years, score 8
1 How old are you today?	If 29-40 years, score 5 If 41-48 years, score 2
	If 49 years or more, score 0
2 In the last 6 months, how many	If >10 male partners, score 7
men have you had sex with?	If 6-10 male partners, score 4 If 0-5 male partners, score 0
3 In the last 6 months, how many times did you	
have receptive anal sex (you were the bottom)	If 1 or more times, score 10 If 0 times, score 0
with a man without a condom?	<u> </u>
4 In the last 6 months, how many of your male se	If >1 positive partners, score 8 If 1 positive partner, score 4
partners were HIV-positive?	If 0 positive partner, score 0
5 In the last 6 months, how many times did you	
have insertive anal sex (you were the top) with	out If 5 or more times, score 6 If <5 times, score 0
a condom with a man who was HIV-positive?	<u> </u>
6 In the last 6 months, have you used	If yes, score 6
methamphetamines such as crystal or speed?	If no, score 0
Add down entries in right to calculate total s	
	Total Score

HIV F	Risk (continued)								
Check all that apply: MSM HIRI ≥ 10 Prior recurrent NPEP use Prior rectal bacterial STI/Syphilis diagnosis Known HIV+ Partner where viral load not < 200 copies/mL Injection Drug Use and known HIV+ Partner where viral load not < 200 copies/mL Other:									
Con	dom Use (% of use for ana	al/vaginal sex):							
	With Main Partner: With Casual Partners: For Men:	□ 0 □ 0	☐ 10-50 ☐ 10-50	☐ 50-80 ☐ 50-80	□ >80 □ >80	☐ Not Ap	•	☐ Unknown ☐ Unknown	
	As Insertive Partner: As Receptive Partner:	□ 0 □ 0	☐ 10-50 ☐ 10-50	☐ 50-80 ☐ 50-80	□ >80 □ >80	☐ Not Ap	•	☐ Unknown ☐ Unknown	
Subs	tance Use in Last 6 Mo	onths							
Crys		☐Yes ☐ No	 □ Unknown □ Unknown		GHB: Ketamine: Heroin:			□ No □ Unknov □ No □ Unknov □ No □ Unknov	vn
Labo	ratory at Baseline								
Date:		(YYYY-MM-D	D)					
GFR: HB S/	inine: Ag+	Unknown	HIV Ab/ T. pallid	/Ag EIA: lum EIA:			(NB Windo	ow Period 14 - 21 d	ays)
Actio	n								
PrEP If yes Date	Prescription Deferred: s:	☐ Yes ☐ Awaiting ba	aseline labora (YYY) Adherence onversion Sy	atory work Y-MM-DD) Side I	Effects/Renal N	coverage Monitoring [☐ Other	 Required Monitorin	ıg
[Vaccines	D	ose 1		Dose 2			Dose 3	
	Hepatitis A Hepatitis B HPV □ Gardasil-9								

HIV PRE-EXPOSURE PROPHYLAXIS CHECKLIST

Base	Baseline Assessment Visit(s) Action					
	Complete HIV risk assessment Assessment for recent symptoms suggestive of acute	☐ Order baseline laborary work¹ if not complete, and schedule review				
	HIV infection Review Baseline Laboratory Results ¹ if complete, or	☐ Order pregnancy test (for women of child-bearing potential) ☐ Collect throat/rectal swabs for gonorrhea/chlamydia				
_	order now	(if required)				
	 □ Determine window period for HIV assay (> 21 days for 4th generation assay or > 10 days for HIV RNA NAAT from last expsosure) 	If HIV-negative and no symptoms of acute HIV infection: DAILY PrEP prescribed: Tenofovir DF 300mg/Emtricitabine 200mg daily				
	Assess ongoing mental health/addictions concerns (syndemics)	□ x 30 days □ x 90 days				
		☐ Counselling for side effects/adherence				
		☐ Order one month laboratory work² to be completed prior to next visit				
		☐ Book one month follow-up appointment				
		☐ Order vaccines (HAV/HBV/HPV)³				
		☐ Referral for mental health/addiction support (if applicable)				
		☐ Faxed PrEP Enrolment Form to BC Centre for Excellence in HIV/AIDS (BC-CfE)				
One Month Follow-up Visit Action						
	Review Laboratory results Assess for recent symptoms of acute HIV infection	If HIV-negative and no symptoms of acute HIV infection: DAILY PrEP prescribed: Tenofovir DF 300mg/Emtricitabine 200mg daily x 90 days				
	Review side effects/adherence	☐ Order routine three month laboratory monitoring⁴ to be completed prior to next visit				
	Review need for ongoing PrEP	☐ Order pregnancy test (for women of child-bearing potential)				
	Assess for syndemic conditions	☐ Book three month appointment				
		☐ Faxed PrEP Renewal Script to BC-CfE				
Quar	terly Follow-up Visit	Action				
	Review Laboratory results	☐ Collect throat/rectal swabs for gonorrhea/chlamydia☐ Order pregnancy test (for women of child-bearing potential)				
☐ Review side effects/adherence		If HIV-negative and no symptoms of acute HIV infection:				
☐ Review need for ongoing PrEP		DAILY PrEP prescribed:				
		Tenofovir DF 300mg/Emtricitabine 200mg daily x 90 days				
		☐ Three month follow-up appointment booked ☐ Faxed PrEP Renewal Script to BC-CfE				
		STOPPING PrEP				
		☐ Ensure appropriate dosing after last sexual encounter ⁵				
		☐ HIV testing 4-8 weeks after last dose				
gor cor ² H ³ H ⁴ H	nsultation. IV Ab/Ag EIA, creatinine/GFR, RPR, urinalysis, urine ACR, urine GC AV/HBV vaccines covered for MSM of all ages and HPV vaccine cov IV Ab/Ag EIA, creatinine/GFR, RPR, urinalysis, urine ACR, urine GC and C	and Chlamydia NAAT. vered for men less than 26 years of age. hlamydia NAAT every 3 months x 1 year. HCV Antibody every 12 months.				
۲	ost exposure coverage can range from two days to 28 days, depend	ing on duration of prior use, and risk of exposure.				

Recommended Laboratory Monitoring for PrEP Patients

Assay Type	Baseline	30 Days	Q3 months	Q12 months
HIV Serology (4th Generation Antibody/Antigen Assay)	×	×	×	
HIV RNA Pooled NAT Test - Only for those with symptoms of acute HIV	×	X	×	
Hepatitis B Screen (Hepatitis B surface antigen, surface antibody, core antibody) ^{a,b}	×			
Hepatitis C Screen (Hepatitis C antibody)	Х			×
Gonorrhea Screen ^c (Urine GC NAAT test, throat and rectal swabs for GC depending on type of sexual activity reported	×		X	
Chlamydia Screen ^c (Chlamydia urine NAAT test, rectal swabs for LGV depending on type of sexual activity reported)	×		Х	
Syphilis Screen ^c (T. pallidium EIA)	Х		X	
Creatinine, GFR and Urine Albumin/Creatinine Ratio	X	X	X	
Pregnancy Test (for women of child-bearing potential)	X	X	X	

^a Hepatitis A and/or B vaccine should be initiated in unvaccinated individuals.

^b Individuals with chronic active hepatitis B should be managed in consultation with an HBV expert according to local guidelines.

^c Individuals diagnosed with concurrent STI should be offered standard therapy and follow-up as per local guidelines.