



## HIV Risk (continued)

Check all that apply:

- MSM  
 HIRI  $\geq$  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: \_\_\_\_\_

Condom Use (% of use for anal/vaginal sex):

- |                       |                            |                                |                                |                              |   |                                  |
|-----------------------|----------------------------|--------------------------------|--------------------------------|------------------------------|---|----------------------------------|
| With Main Partner:    | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| With Casual Partners: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| For Men:              |                            |                                |                                |                              |   |                                  |
| As Insertive Partner: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |
| As Receptive Partner: | <input type="checkbox"/> 0 | <input type="checkbox"/> 10-50 | <input type="checkbox"/> 50-80 | <input type="checkbox"/> >80 | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Unknown |

## Substance Use in Last 6 Months

- |                          |                              |                             |                                  |           |                              |                             |                                  |
|--------------------------|------------------------------|-----------------------------|----------------------------------|-----------|------------------------------|-----------------------------|----------------------------------|
| Problem Alcohol Use:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | GHB:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Crystal Methamphetamine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | Ketamine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Cocaine:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | Heroin:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ecstasy:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |           |                              |                             |                                  |

## Laboratory at Baseline

Date: \_\_\_\_\_ (YYYY-MM-DD)

Creatinine: \_\_\_\_\_

HCV Antibody: \_\_\_\_\_

GFR: \_\_\_\_\_

HIV Ab/Ag EIA: \_\_\_\_\_ (NB Window Period 14 - 21 days)

HB SAg+  Yes  No  Unknown

T. pallidum EIA: \_\_\_\_\_

HB SAb Titre > 10  Yes  No  Unknown

RPR Titre: \_\_\_\_\_

## Action

PrEP Prescribed?  Yes  No If no, reason why not: \_\_\_\_\_

PrEP Prescription Deferred:  Yes

If yes:  HIV window period  Awaiting baseline laboratory work  Awaiting coverage  Other

Date PrEP Prescribed: \_\_\_\_\_ (YYYY-MM-DD)

Daily PrEP Prescribed  Other: \_\_\_\_\_

Counseling:  Condoms  Adherence  Side Effects/Renal Monitoring  HIV/STI Required Monitoring  
 Report Seroconversion Symptoms  Vitamin D  Weight-bearing Exercise  
 Follow-up in 30 Days Arranged

Vaccines	Dose 1	Dose 2	Dose 3
Hepatitis A			
Hepatitis B			
HPV <input type="checkbox"/> Gardasil-9			

# HIV PRE-EXPOSURE PROPHYLAXIS CHECKLIST

Baseline Assessment Visit(s)	Action
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete HIV risk assessment</li> <li><input type="checkbox"/> Assessment for recent symptoms suggestive of acute HIV infection</li> <li><input type="checkbox"/> Review Baseline Laboratory Results<sup>1</sup> if complete, or order now                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine window period for HIV assay (&gt; 21 days for 4<sup>th</sup> generation assay or &gt; 10 days for HIV RNA NAAT from last exposure)</li> </ul> </li> <li><input type="checkbox"/> Assess ongoing mental health/addictions concerns (syndemics)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Order baseline laboratory work<sup>1</sup> if not complete, and schedule review</li> <li><input type="checkbox"/> Order pregnancy test (for women of child-bearing potential)</li> <li><input type="checkbox"/> Collect throat/rectal swabs for gonorrhoea/chlamydia (if required)</li> </ul> <p>If HIV-negative and no symptoms of acute HIV infection:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DAILY PrEP prescribed: Tenofovir DF 300mg/Emtricitabine 200mg daily                             <ul style="list-style-type: none"> <li><input type="checkbox"/> x 30 days</li> <li><input type="checkbox"/> x 90 days</li> </ul> </li> <li><input type="checkbox"/> Counselling for side effects/adherence</li> <li><input type="checkbox"/> Order one month laboratory work<sup>2</sup> to be completed prior to next visit</li> <li><input type="checkbox"/> Book one month follow-up appointment</li> <li><input type="checkbox"/> Order vaccines (HAV/HBV/HPV)<sup>3</sup></li> <li><input type="checkbox"/> Referral for mental health/addiction support (if applicable)</li> <li><input type="checkbox"/> Faxed PrEP Enrolment Form to BC Centre for Excellence in HIV/AIDS (BC-CfE)</li> </ul>
One Month Follow-up Visit	Action
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review Laboratory results</li> <li><input type="checkbox"/> Assess for recent symptoms of acute HIV infection</li> <li><input type="checkbox"/> Review side effects/adherence</li> <li><input type="checkbox"/> Review need for ongoing PrEP</li> <li><input type="checkbox"/> Assess for syndemic conditions</li> </ul>	<p>If HIV-negative and no symptoms of acute HIV infection:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DAILY PrEP prescribed: Tenofovir DF 300mg/Emtricitabine 200mg daily x 90 days</li> <li><input type="checkbox"/> Order routine three month laboratory monitoring<sup>4</sup> to be completed prior to next visit</li> <li><input type="checkbox"/> Order pregnancy test (for women of child-bearing potential)</li> <li><input type="checkbox"/> Book three month appointment</li> <li><input type="checkbox"/> Faxed PrEP Renewal Script to BC-CfE</li> </ul>
Quarterly Follow-up Visit	Action
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review Laboratory results</li> <li><input type="checkbox"/> Review side effects/adherence</li> <li><input type="checkbox"/> Review need for ongoing PrEP</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Collect throat/rectal swabs for gonorrhoea/chlamydia</li> <li><input type="checkbox"/> Order pregnancy test (for women of child-bearing potential)</li> </ul> <p>If HIV-negative and no symptoms of acute HIV infection:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DAILY PrEP prescribed: Tenofovir DF 300mg/Emtricitabine 200mg daily x 90 days</li> <li><input type="checkbox"/> Three month follow-up appointment booked</li> <li><input type="checkbox"/> Faxed PrEP Renewal Script to BC-CfE STOPPING PrEP</li> <li><input type="checkbox"/> Ensure appropriate dosing after last sexual encounter<sup>5</sup></li> <li><input type="checkbox"/> HIV testing 4-8 weeks after last dose</li> </ul>
<p><sup>1</sup> HIV Ab/Ag EIA, creatinine/GFR, HBV Serology (HBV SAb, HBV SAg, HBV core antibody), HCV Antibody, RPR, urinalysis, urine ACR, urine gonorrhoea and Chlamydia NAAT, pregnancy test (for women of child-bearing potential). For timely access to PrEP these can be ordered prior to first consultation.</p> <p><sup>2</sup> HIV Ab/Ag EIA, creatinine/GFR, RPR, urinalysis, urine ACR, urine GC and Chlamydia NAAT.</p> <p><sup>3</sup> HAV/HBV vaccines covered for MSM of all ages and HPV vaccine covered for men less than 26 years of age.</p> <p><sup>4</sup> HIV Ab/Ag EIA, creatinine/GFR, RPR, urinalysis, urine ACR, urine GC and Chlamydia NAAT every 3 months x 1 year. HCV Antibody every 12 months.</p> <p><sup>5</sup> Post exposure coverage can range from two days to 28 days, depending on duration of prior use, and risk of exposure.</p>	

## Recommended Laboratory Monitoring for PrEP Patients

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

<sup>a</sup> Hepatitis A and/or B vaccine should be initiated in unvaccinated individuals.

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

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