

BHIVA/BASHH PrEP Guidelines Proforma: initial visit



Date of visit: Age: Other Gender: Male (including trans) □ Female (including trans) □ Is this the same as the gender at birth? Yes \square No \square **Medical history** Past medical history (including renal, bone, diabetes, hypertension): Regular medications: Nephrotoxic medication: Allergies: Any symptoms of HIV seroconversion in past 4/52? Yes □ No □ (If yes, defer PrEP until HIV infection is excluded) Screen for HBV and commence vaccination course Hepatitis B vaccination in past? No \square Yes □ Send anti-HBS Where relevant: LMP: Contraception: **Sexual history:** Date of most recent sexual intercourse: Condom used? Yes No \square Gender of partner: Partner country of origin: Any HIV positive partners? Yes □ No 🗆 Unknown If HIV positive, on ART for 6 months with VL<200 copies/mL? Yes 🗆 No 🗖 Type of condomless sex in previous 6/12 (tick all that apply): Insertive anal Other Receptive anal Receptive vaginal Insertive vaginal □ Total number of condomless sex partners in the last 6 months: STI/HIV screen Date of last STI screen: ___/___/__ All STI diagnosis in last 12 months: Date of last HIV test: ___/___/ HIV test result: **Risk factors Recommend PreP** MSM or trans woman reporting condomless anal sex in previous 6 months: Yes □ Reporting condomless sex with HIV positive partners not on ART for 6 months with viral load <200 copies/mL: Yes No □ Consider PreP on case-by-case basis if a combination of factors applies: Population-level indicators (tick all that apply) Heterosexual black African men and women □ Recent migrants □ Trans women People who inject drugs □ Sexual behaviour/sexual-network indicators (tick all that apply): Condomless sex partners (especially anal/multiple) of: (i) unknown HIV status 🗆 and/or (ii) population group with high HIV prevalence 🗅 Chemsex or group sex \square Reports anticipated future high-risk sexual behaviour □ Sex work or transactional sex □ Clinical indicators (tick all that apply): Rectal bacterial STI in the previous year □ Bacterial STI or HCV in the previous year \Box PEPSE in previous year; particularly repeated courses □ Drug use indicators (tick all that apply): Sharing injecting equipment □ Injecting in an unsafe setting (outside safe injection facilities) No access to needle and syringe or opiate substitution programmes \square Sexual health autonomy (tick all that apply): Coercive and/or violent power dynamics in relationships □ Inability to negotiate and/or use condoms with sexual partners \square

Eligibility for PrEP





Baseline clinical tests

HIV POCT/ELISA result today (if available):	Reactive*	Non-reactive □
*If reactive do not commence PrEP – send	d 4th aeneration F	HIV test to confirm diagnosis

Baseline tests	Tick if sent	Results		
HIV testing with combined antigen/antibody serology test				
Hepatitis B screening				
Hepatitis C screening				
Syphilis serology				
CT/GC testing: Genital Rectal Pharyngeal				
Renal function		Creatinine (plus units): How was eGFR calculated: (i) Cockcroft–Gault (ii) CKI Abnormal renal function? Results baseline urinalysis: Action taken:		SFR: ab estimate No
Pregnancy test (if indicated)				
Patient counselling				
Importance of adherence to dosing s Patient information given and ac			Yes 🗆	No □
Importance of regular HIV testing, STI screening and monitoring of renal function discussed		Yes □	No □	
Discussed risk of decrease in bone density:		Yes □	No □	
Counselled on importance of condom use to prevent other STIs while on PrEP:		Yes □	No □	
Referred to specialist chemsex or alc	ohol or drug service	es if applicable:	Yes □	No □
Discussed daily PrEP dosing/on dem	nand dosing (OD):		Yes □	No □
Dosing schedule decided:			Daily 🗖	On demand* □
*Only recommended for anal sex				
Discussed lead-in times (see table be	elow) until PrEP eff 	ective:	Yes 🗆	No □
	Anal sex		Vaginal sex	
Time to steady state	Two tablets 2–24	hours before condomless sex	7 days	
Information given to patient on where to purchase PrEP online/private prescription given:		Yes 🗆	No □	
Follow up				
Date next appointment due:/ Booked today?		Yes □	No □	
PrEP prescription given/further medication purchased online:		Yes □	No □	