BHIVA/BASHH PrEP Guidelines
Proforma: initial visit

Date of visit:
Age:
Gender: Male (including trans) □ Female (including trans) □ Other □
Is this the same as the gender at birth? Yes □ No □

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)
Hepatitis B vaccination in past? No □ Screen for HBV and commence vaccination course
Yes □ Send anti-HBS

Where relevant: LMP: Contraception:

Sexual history:
Date of most recent sexual intercourse: ___/___/___ Condom used? Yes □ No □
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):
Receptive anal □ Insertive anal □ Receptive vaginal □ Insertive vaginal □ Other □
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 □ No □
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 □ 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 □
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 □
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 □

Eligibility for PrEP
Based on above risk factors (tick one only)
(1) Eligible as high risk □ (2) Eligible on a combination of factors □ (3) Not eligible □
**Baseline clinical tests**

<table>
<thead>
<tr>
<th>Baseline tests</th>
<th>Tick if sent</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing with combined antigen/antibody serology test</td>
<td></td>
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<tr>
<td>Hepatitis B screening</td>
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<tr>
<td>Hepatitis C screening</td>
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<tr>
<td>Syphilis serology</td>
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<tr>
<td>CT/GC testing:</td>
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<tr>
<td>Genital</td>
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<tr>
<td>Rectal</td>
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<tr>
<td>Pharyngeal</td>
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<tr>
<td>Renal function</td>
<td></td>
<td></td>
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<tr>
<td>Creatinine (plus units):</td>
<td></td>
<td></td>
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<tr>
<td>How was eGFR calculated:</td>
<td></td>
<td></td>
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<tr>
<td>(i) Cockcroft–Gault</td>
<td></td>
<td></td>
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<tr>
<td>(ii) CKD-EPI</td>
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<tr>
<td>(iii) Lab estimate</td>
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<tr>
<td>Abnormal renal function?</td>
<td>Yes ☐</td>
<td>No ☐</td>
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<tr>
<td>Results baseline urinalysis</td>
<td></td>
<td></td>
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<tr>
<td>Action taken</td>
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<tr>
<td>Pregnancy test (if indicated)</td>
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</tbody>
</table>

**Patient counselling**

Importance of adherence to dosing schedule discussed: Yes ☐ No ☐

*Patient information given and adherence support provided as appropriate*

Importance of regular HIV testing, STI screening and monitoring of renal function discussed: Yes ☐ No ☐

Discussed risk of decrease in bone density: Yes ☐ No ☐

Counselling on importance of condom use to prevent other STIs while on PrEP: Yes ☐ No ☐

Referred to specialist chemsex or alcohol or drug services if applicable: Yes ☐ No ☐

Discussed daily PrEP dosing/on demand dosing (OD): Yes ☐ No ☐

Dosing schedule decided: Daily ☐ On demand* ☐

*Only recommended for anal sex*

Discussed lead-in times (see table below) until PrEP effective: Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Time to steady state</th>
<th>Anal sex</th>
<th>Vaginal sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Two tablets 2–24 hours before condomless sex</td>
<td>7 days</td>
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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 ☐