Rapid/Rapid HIV Testing Protocol

This document addresses requirements for conducting Dual Rapid (or “Rapid/Rapid”) HIV testing in all agencies funded by The Ohio Department of Health HIV Prevention Program as well as those agencies’ sub-grantees. External agencies may choose to adopt this protocol or use it to inform their testing practices.

In a concerted national effort to expedite client linkage to care and improve health outcomes, Ohio’s HIV Prevention program has implemented a dual rapid algorithm for HIV testing. Rapid HIV testing, sometimes referred to as “point-of-care (POC)” testing allows clients who test positive for HIV to be promptly linked to care.

Prompt linkage to HIV treatment and care leads to improved health outcomes and reduction of community viral load, which can reduce the number of new HIV infections.

Dual rapid algorithms:

- Utilize one POC test to detect antibodies and a second comparable POC test, from a separate manufacturer, to confirm this detection at a 100% positive-predictive-value.
- Allow clients to receive same-day confirmation of their positive HIV test result and further advances the engagement of populations infected with HIV.
- Remove common barriers including the need for additional laboratory testing and losing clients to follow-up.

In a dual rapid algorithm, both confidential and anonymous testing may be offered. Confidential testing should be encouraged as standard practice. Anonymous testing should never be utilized when conducting the second rapid test. All paper work needed to make an initial appointment with an infectious disease doctor will be given during the single testing event. No return visit for a confirmatory result will be needed.
Rapid/Rapid HIV Testing Protocol

**Test 1** - Conduct the initial HIV rapid test (T1) using whole-blood fingerstick method and following manufacturer guidelines of the device. May be confidential or anonymous.

**Initial Rapid Negative**

1. Read result of the initial HIV test (T1)
2. Give result to client
   a. In the case of possible acute infection, refer to lab or medical provider for RNA testing.
      i. Questions for acute infection include: When was your last test? What was the result? In the last three months, is there a moment you are concerned about?
   b. In the case of potential exposure within 72 hours, refer for post-exposure prophylaxis (nPEP) and connect to Patient Assistance Programs for payment support.
3. Complete risk reduction plan; provide the client with information on pre-exposure prophylaxis (PrEP), condoms, and other prevention resources.
4. Recommend re-testing based on risk, behaviors, and window period.
5. Re-enforce risk reduction plan.
6. Close session.
7. Record testing information on Op-scan 1.

**Initial Rapid Positive**

1. Give result of first HIV test (T1) to client, let the client process result as needed.
2. Answer any questions, reminding client that another rapid test will be performed immediately.
3. Take sample and run second HIV test (T2).
4. Prepare for discussion of rapid linkage to care.
Test 2 - Conduct the second HIV rapid test (T2) using whole-blood fingerstick method and following manufacturer guidelines of the device. T2 should not be offered anonymously.

Second Rapid Positive-

1. Provide the positive test results of T2 to client.
2. Once the positive test results have been disclosed to the client, offer same-day linkage to care or provide an active referral to care.
3. To provide verification of HIV positive test results for a medical provider, complete the ODH HIV Verification Form.
4. To fulfill mandated reporting requirements, complete Opscan 1 and 2 with complete information, including the required client contact information.

Second Rapid Negative-

1. If the second rapid test (T2) is negative, this is a discordant result; consider retesting to account for potential test failure.
   a. If acute infection is possible, refer to medical care, third-party lab, or regional Linkage to Care Coordinator for connection to care.
   b. If acute infection is unlikely, schedule for additional follow-up testing in 1-2 weeks.
2. To fulfill mandated reporting requirements, complete Opscan 1 and 2 with complete information, including the required client contact information.
**Rapid/Rapid HIV Testing Protocol**

HIV Testing Crosswalk - This is a resource that can be used during every testing event that walks HIV test counselors through any potential testing outcome. It also includes reporting requirements for each outcome.

<table>
<thead>
<tr>
<th>Possible Outcome</th>
<th>Reporting</th>
<th>First Rapid Test</th>
<th>Additional Risk Reduction</th>
<th>Consent Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Possible acute</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Acute unlikely</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acute likely</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reporting**

1. Reporting - testing steps walk or fax batch (2) or OP-Scan 1 with:
   - Data
   - Consents
   - Requisitions and Requisitions for CBO

2. Reporting - testing steps walk or fax batch (2) or OP-Scan 1 with:
   - Data
   - Consents
   - Requisitions and Requisitions for CBO

**Consent Form**

- Record on OP-Scan 1
- Complete HIV Verification Form
- Complete Risk Reduction
- Submit steps guide to CBO

**Requisitions and Requisitions for CBO**

- Record on OP-Scan 1
- Submit steps guide to CBO
- Submit consent form to CBO

**Requisitions and Linkage**

- Record on OP-Scan 1
- Submit steps guide to CBO
- Submit consent form to CBO

**Linkage to Care**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Referral**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Positive**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Inventories of Required Testing Documents**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Contact Information**

- ODH HIV Prevention Fax: 644-723-0876
- ODH HIV Prevention Phone: 644-723-5399
- ODH HIV Prevention Fax: 644-723-0876
- ODH HIV Prevention Phone: 644-723-5399

**Additional Risk Reduction**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Data**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Consent Form**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Requisitions and Rapid**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Positive**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

**Inventories of Required Testing Documents**

- Submit steps guide to CBO
- Submit consent form to CBO
- Submit consent form to CBO

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Rapid/Rapid HIV Testing Protocol

HIV Verification Form - This form is documentation of two positive rapid HIV tests conducted at a testing site.

1. Keep a copy in the client’s file and give the client the original form.
2. Notify your regional DIS supervisor of a client with two positive rapid tests.
3. Assist client with rapid linkage.

HIV VERIFICATION FORM

This form should be provided to a medical or service provider chosen, by the client, to verify they have received two reactive rapid HIV test results.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE</th>
<th>GENDER</th>
<th>D.O.B.</th>
<th>COLLECT DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Rapid Test</th>
<th></th>
<th>Negative □</th>
<th>Positive □</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Rapid Test</td>
<td></td>
<td>Negative □</td>
<td>Positive □</td>
</tr>
</tbody>
</table>

TEST SITE

<table>
<thead>
<tr>
<th>CITY</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TESTER NAME | CTR TESTING #
-------------|----------------

TESTER SIGNATURE

Rapid HIV testing considerations:
- If the 1st rapid test is NEGATIVE, the screen is considered negative for HIV antibodies.
- If the 1st rapid test is POSITIVE, confirmatory testing (molecular tests) from an outside laboratory or a second rapid test is recommended.
- If two different rapid tests have been performed and are both POSITIVE:
  - Based on current CDC guidelines, the patient is considered positive for HIV and has been referred for care. Additional testing may be performed by the provider to evaluate treatment options.
- If two different rapid tests have been performed with the second test NEGATIVE:
  - The results are DISCORDANT and require further investigation. Refer to an outside laboratory or provider for confirmatory testing; recommend follow-up testing in 1-2 weeks; or provide rapid linkage for confirmatory.

Dear Provider: This information has been disclosed to you from confidential records protected from disclosure by state laws. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or otherwise permitted by state laws. A general authorization for the release of medical or other information is not
Rapid/Rapid HIV Testing Protocol

Op-scan 1 - Op-scan 1 is completed for every HIV test, including tests that are negative.

1. Negative test results may be mailed or faxed to ODH in batches at least monthly.
2. Positive test results should be recorded on Op-scan 1 and faxed with Op-scan 2 and completed contact information to ODH as soon as possible.

<table>
<thead>
<tr>
<th>Sample Date</th>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker ID</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Test Election**
  - Anonymously
  - Confidently
  - Test Not Offered
  - Declined Testing

- **Test Technology**
  - Conventional
  - Rapid
  - NAAT/RNA Testing
  - Other

- **Test Result**
  - Positive/Reactive
  - Negative
  - Indeterminate
  - Invalid
  - No Result

Op-scan 2 - Op-scan 2 is only completed for HIV positive test results or discordant test results.

1. Include client name and preferred method of contact for DIS/LTC to follow-up.
2. Indicate if client had same-day medical visit or same-day referral.
3. Fax Op-scan 1&2 to ODH as soon as possible. You may update Op-scan 2 if circumstances change; refax to ODH if this occurs.
Required Testing Documentation — These documents should be present in every testing event. Each document is provided here.

- Consent Form
- Risk Reduction Plan
- Op-scan 1
- Op-scan 2
- HIV Verification Form
## ODH HIV Prevention Testing Crosswalk

<table>
<thead>
<tr>
<th>1st Rapid Test</th>
<th>2nd Rapid Negative</th>
<th>2nd Rapid Positive</th>
<th>1st Rapid Test Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record on Op-scan 1</td>
<td></td>
<td>Record on Op-scan 1</td>
<td></td>
</tr>
<tr>
<td>Consent Form</td>
<td></td>
<td>Complete HIV Verification Form</td>
<td>Consistent Form</td>
</tr>
<tr>
<td>Complete Risk Reduction Plan</td>
<td></td>
<td>Record on Op-scan 1</td>
<td></td>
</tr>
<tr>
<td><strong>Refuses 2nd Rapid</strong></td>
<td></td>
<td><strong>Requests Referral to Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td></td>
<td><strong>Requests Rapid Linkage to Care</strong></td>
<td></td>
</tr>
<tr>
<td>Record on Op-scan 1</td>
<td></td>
<td>Record on Op-scan 2</td>
<td></td>
</tr>
<tr>
<td>Provide Steps Guide</td>
<td></td>
<td>Recorded on Op-scan 2</td>
<td></td>
</tr>
<tr>
<td><strong>Ref理性</strong></td>
<td><strong>Possible acute?</strong></td>
<td><strong>Requests Rapid Linkage to Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actively likely?</strong></td>
<td><strong>Refer to provider for follow-up testing</strong></td>
<td><strong>Data</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Consistent Form</strong></td>
<td><strong>Explain window period</strong></td>
<td><strong>Recorded on Op-scan 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Explain window period</strong></td>
<td><strong>Refer to provider for follow-up testing</strong></td>
<td><strong>Consistent Form</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Schedule next testing appointment</strong></td>
<td><strong>Explain window period</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Explain window period</strong></td>
<td><strong>Refer to provider for follow-up testing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Explain window period</strong></td>
<td><strong>Refer to provider for follow-up testing</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Inventory of Required Testing Documents

Every tester should have these forms available for each test:

- Consent Form
- Op-scan 2
- Op-scan 1
- HIV Verification Form
- Risk Reduction Plan
- Steps Guide

**ODH HIV Prevention Fax:** 614.728.0876
**ODH HIV Prevention Phone:** 614.995.5599

### Reporting

#### 1. Fax Op-scan 1 to ODH

#### 2. Fax discordant Op-scan 1 & 2 with completed client information to ODH

#### 3. Notify regional DIS Supervisor

#### 4. Inform client that someone from the health department will be contacting them

#### 5. ODH enters data into ODRS for DIS/LTC assignment

#### Reporting and Linkage

1. **Reporting – FAX Op-scan 1 & 2 with completed client information to ODH**
2. **ODH enters testing data into Evaluation Web for CDC reporting.**
Consent Form – Rapid HIV Test

What is HIV? HIV stands for human immunodeficiency virus, it attacks your body’s immune system, which makes it harder to fight infections. Without treatment, it can lead to acquired immunodeficiency syndrome (AIDS). There is no cure for HIV; once you get it, you have it for life.

How Do People Get HIV? In the United States, HIV is spread mainly by:

1. Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV.
   - For the HIV-negative partner, receptive anal sex (bottoming) is the highest-risk sexual behavior, but you can also get HIV from insertive anal sex (topping).
   - Either partner can get HIV through vaginal sex, though it is less risky for getting HIV.
2. Sharing needles or syringes, rinse water, or other equipment (works) used to prepare drugs for injection with someone who has HIV. HIV can live in a used needle up to 42 days depending on temperature and other factors.

How is an HIV Test Done? A sample of your blood is tested for antibodies. If the test is positive, more tests are done on the same sample to make sure the first test was right. If the other tests come back positive, you are considered to be infected.

What Does a Positive Test Mean? A positive test does NOT mean you have AIDS. It is important to start medical care and HIV treatment as soon as possible. Antiretroviral therapy (ART), medicines to treat HIV, is recommended for all people with HIV, no matter how long they've had it or how healthy they are. ART slows down HIV and helps protect you. When taken the right way, ART can keep you healthy and lowers your chance of passing HIV to your sex or drug partner(s).

- If you test positive, tell health department staff about anyone you’ve had sex or shared needles with so they can also get an HIV test. Your name will NOT be used.
- The law requires that positive HIV tests be reported to the Ohio Department of Health.

What Does a Negative Test Mean? It means no HIV antibodies were found, but you could still have HIV. That's because of the window period—the time between when a person gets HIV and when a test can find it. The window period varies from person to person and by the type of HIV test. Depending on your risk, you may need to take another test in the next 30-90 days.

You Have a Choice: You can choose NOT to take this test at any point.

- You can test confidentially, which means you get a copy of your results with your name on it. Your test results cannot be given to anyone unless you say so.
- You can test anonymously, which means your name will not be used. If you choose anonymous, you cannot get a copy of your results.

Please Ask Questions! If you have any questions about this test, please ask a doctor, a counselor or call the Ohio HIV/STI Hotline at 1-800-332-2437.

I have read the above, or have had it read to me, and I agree to be tested for HIV.

Name ________________________________ Date ______________

Prepared under the authority of Ohio Revised Code 3701.242 (A) (3)
Risk Reduction Plan

Last Name: ___________________  First Name: ___________________  Date: ___/___/_____  Site: ______________

RISK AWARENESS

Knowledge Awareness:
• Have you ever been tested before?
• What have you heard about HIV?
  o ...about how people can get HIV?
  o ...about how people can avoid HIV?

Significance to Self:
• What is the reason for getting tested for HIV?
• What if your testing is positive?
• If negative, how will you continue to remain so?

Cost / Benefits Analysis:
• What’s working for you with what you are doing now?
• What are you doing now that you would like to change?
• What is the hardest (most difficult) part of changing?
• What might be good about changing?

Capacity Building:
• What will be the most difficult part of this for you?
• How have you handled a similar situation in the past?
• What will you need to do differently?
• When will you do this? What words will you use?

RISK PERCEPTION

Client: (high) 5 4 3 2 1 (low)
Counselor: (high) 5 4 3 2 1 (low)

RISK REDUCTION PLAN

Plan Process:
1. List steps client is willing to take to reduce risk.
2. Clarify cost and benefits of the plan and adjust as needed.

RISK REDUCTION STRATEGIES

ϒ Talk to a medical provider about PrEP
ϒ Try to limit number of partners
ϒ Ask current or future partner(s) to be tested (a partner who respects you will get tested)
ϒ Use condoms (or try to increase the frequency of condom use.)
ϒ Get to know future partners better before having sex
ϒ Ask partners about sexual history (ex. have you ever had a sexually transmitted disease?)
ϒ Don’t have sex when your judgment could be impaired. (ex. with use of alcohol or drugs)
ϒ Try not to share drug equipment

EDUCATION, PREVENTION & FOLLOW-UP

Materials Given:
- HIV/STI Info
- ESL HIV/STI Materials
- Receptive “Female” Condoms
- PrEP Info
- Lube
- Dental Dams/Misc.

Follow-up Card Given:  Yes No  Referral Made:  Yes No
Retest Recommended:  Yes No  Retest Date: _____/_____/

Counselor Name: ____________________________  #: __________________________

HIV Antibody Test Results*: __________________

* A negative HIV test result does not exclude the possibility of infection with HIV due to the window period.
This form should be provided to a medical or service provider chosen, by the client, to verify they have received two reactive rapid HIV test results.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE</td>
<td>GENDER</td>
</tr>
<tr>
<td>COLLECT DATE</td>
<td>TIME</td>
</tr>
</tbody>
</table>

| 1st Rapid Test | Negative ☐ | Positive ☐ |
| 2nd Rapid Test | Negative ☐ | Positive ☐ |

**TEST SITE**

<table>
<thead>
<tr>
<th>CITY</th>
<th>PHONE</th>
</tr>
</thead>
</table>

| TESTER NAME | CTR TESTING # |

**TESTER SIGATURE**

Rapid HIV testing considerations:

- If the 1st rapid test is **NEGATIVE**, the screen is considered negative for HIV antibodies
- If the 1st rapid test is **POSITIVE**, confirmatory testing (molecular tests) from an outside laboratory or a second rapid test is recommended.
  - If two different rapid tests have been performed and are both **POSITIVE**:
    - Based on current CDC guidelines, the patient is **considered positive for HIV and has been referred for care**. Additional testing may be performed by the provider to evaluate for treatment options.
  - If two different rapid tests have been performed with the **second test NEGATIVE**:
    - The results are **DISCORDANT** and require further investigation. Refer to an outside laboratory or provider for confirmatory testing; recommend follow-up testing in 1-2 weeks; or provide rapid linkage for confirmatory.

Dear Provider: This information has been disclosed to you from confidential records protected from disclosure by state laws. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or otherwise permitted by state laws. A general authorization for the release of medical or other information is not sufficient for the release of HIV test results or diagnoses.

For assistance with test interpretation, contact:
Ohio Department of Health/HIV Prevention
246 North High Street, 6th Floor
Columbus, OH 43266-0588
PHONE: 614.995.5599 FAX: 614.728.0876
HIVPrevention@odh.ohio.gov

HEA#3415 Ohio Department of Health – HIV Prevention 4.26.18
General instructions for completing the EvaluationWeb HIV Test Template

This HIV testing data collection template is provided to assist CDC grantees who are collecting National HIV Prevention Program Monitoring and Evaluation (NHM&E) HIV testing data. This template is not mandated for use in the field and may be customized so that an agency may make any changes to the template to best fit their needs. Contact the NHM&E Service Center to receive a Microsoft Publisher version of this template that can be edited (1-855-374-7310 or NHMEService@cdc.gov).

- Part One—for all CDC-funded testing events
- Part Two—for recording linkage and referral data on all preliminary and confirmed HIV-positive clients
- Part Three—for jurisdictions funded to collect HIV incidence data. These data should be entered into EvaluationWeb.

**NHM&E Required Additional HIV Test Questions for CDC-Directly Funded CBOs**

Completion of the NHM&E Required Additional HIV Test questions are mandatory for CDC-directly funded CBOs. The required additional HIV Test questions are to be collected per client per testing event.

This template is designed for direct data entry into EvaluationWeb. The template follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right. This template is not intended for use as an Optical Character Recognition (OCR) document.

Detailed instructions for completing the EvaluationWeb HIV Test Template

- The fields on this form reflect data requirements as described in the most current NHM&E Data Variable Set.
- Six data fields are mandatory for a valid testing event: Form ID, Session Date, Program Announcement, Agency ID or CBO agency ID as applicable, Jurisdiction (populated automatically in EvaluationWeb) and Site ID.
- Write in the Form Identification (ID) number or adhere a sticker with the Form ID (barcode) to each data entry page.
- There are three different response formats that you will use to record data: (1) text boxes, (2) check boxes and (3) fill-in ovals. Text boxes are used to write in information (codes and dates). Check boxes and fill-in ovals are used to select only one response, unless otherwise indicated on the template.
- Page 3 lists codes for Site Type, Other Risk Factor(s), and Other Session Activities. Please refer to these codes for entry in Part One.
- For agencies directly entering data into EvaluationWeb, it may not be necessary to complete the fields Agency ID, Site Type, Site County and Site ZIP code as they will be pre-loaded by the system administrator.
- Depending on your jurisdiction you will either write in the name or the identification number for the Agency and Site. In these instances you will want to follow the convention of your jurisdiction. Do not write both the identification number and name for these fields.
- For client county of residence, report the three-digit FIPS code for the county, not the countyname.

For assistance with data reporting and submissions

- To add new sites, contact the HELP DESK at Luther Consulting (help@lutherconsulting.com or 1-866-517-6570 option #1).
- For questions about NHM&E data elements, contact the NHM&E Service Center (NHMEService@cdc.gov or 1-855-374-7310).

CDC assurance of confidentiality

The CDC Assurance of Confidentiality statement assures clients and agency staff that data collected and recorded on templates will be handled securely and confidentially. All CDC grantees are encouraged to include the CDC Assurance of Confidentiality statement on all HIV prevention program data collection templates.

Assurance of Confidentiality Statement:

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS. Information in CDC’s HIV/AIDS National HIV Prevention Program Monitoring and Evaluation (NHM&E) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHM&E information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the NHM&E information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).
**PART ONE**

### Program Announcement (select only one)
- PS12-1201 Category A
- PS12-1201 Category B
- PS15-1502 Category A – YMSM
- PS17-1704 Category A – YTG
- PS15-1506 PRIDE

All CDC-directly funded CBOs must complete the required additional HIV test questions.

### Client Assigned Sex at Birth
- Male
- Female
- Not Asked

### Client Race
- American IN/AK Native
- Asian
- Black/African American
- Native HI/Pac. Islander
- Other

### Client ID
- Client Record Number (Required for CDC-directly funded CBOs. Numeric only)

### Program Announcement (select only one)
- PS12-1201 Category A
- PS12-1201 Category B
- PS15-1502 Category A
- PS17-1704 Category A – YTG
- PS15-1506 PRIDE

### Previous HIV Test?
- No
- Yes
- Don’t Know
- Declined
- Not Asked

### Worker ID
- Test Election
- Test Technology
- Test Result

### Date of Birth (enter 01/01/1800 if unknown)

### Client State (use USPS abbreviation)

### Client County

### Client ZIP Code

### Site Type (enter type code from page 3)
- F

### Site County (enter 3-digit FIPS code)

### Site ZIP Code

### Directly Funded CBO Agency ID (For CDC-directly funded CBOs only)

### Agency Name/ID Number

### Choose status of collection of behavioral risk profile
- Client completed a behavioral risk profile
- Client was not asked about behavioral risk factors
- Client declined to discuss behavioral risk factors

### Choose status of collection of behavioral risk profile

### If Results NOT provided, why?
- Declined Notification
- Did Not Return / Could Not Locate

### For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)
- No
- Yes
- Don’t Know

### Sample Date

### Additional Risk Factors

### Session Activities

### Local Use Fields
<table>
<thead>
<tr>
<th>Codes for Site Type: CLINICAL</th>
<th>Codes for Site Type: NON-CLINICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>F01.01 Clinical - Inpatient hospital</td>
<td>F04.05 Non-clinical - HIV testing site</td>
</tr>
<tr>
<td>F02.12 Clinical - TB clinic</td>
<td>F06.02 Non-clinical - Community setting - School/educational facility</td>
</tr>
<tr>
<td>F02.19 Clinical - Substance abuse treatment facility</td>
<td>F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple</td>
</tr>
<tr>
<td>F02.51 Clinical - Community health center</td>
<td>F06.04 Non-clinical - Community setting - Shelter/transitional housing</td>
</tr>
<tr>
<td>F03 Clinical - Emergency department</td>
<td>F06.05 Non-clinical - Community setting - Commercial facility</td>
</tr>
<tr>
<td>F08 Clinical - Primary care clinic (other than CHC)</td>
<td>F06.07 Non-clinical - Community setting - Bar/club/adult entertainment</td>
</tr>
<tr>
<td>F09 Clinical - Pharmacy or other retail-based clinic</td>
<td>F06.08 Non-clinical - Community setting - Public area</td>
</tr>
<tr>
<td>F10 Clinical - STD clinic</td>
<td>F06.12 Non-clinical - Community setting - Individual residence</td>
</tr>
<tr>
<td>F11 Clinical - Dental clinic</td>
<td>F06.88 Non-clinical - Community setting - Other</td>
</tr>
<tr>
<td>F12 Clinical - Correctional facility clinic</td>
<td>F07 Non-clinical - Correctional facility - Non-healthcare</td>
</tr>
<tr>
<td>F13 Clinical - Other</td>
<td>F14 Non-clinical - Health department - Field visit</td>
</tr>
<tr>
<td>F15 Non-clinical - Community setting - Syringe exchange program</td>
<td>F16 Non-clinical - Community setting - Syringe exchange program</td>
</tr>
<tr>
<td>F88 Non-clinical - Other</td>
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</tr>
</tbody>
</table>

### Codes for Additional Risk Factor(s)

<table>
<thead>
<tr>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
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<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange vaginal/anal sex for drugs/money or something they needed</td>
<td>Vaginal/anal sex with anonymous partner</td>
<td>Diagnosed with a sexually transmitted disease (STD)</td>
<td>Sex with multiple partners</td>
<td>Oral sex</td>
<td>Unprotected vaginal/anal sex with a person who is an IDU</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal/anal sex while intoxicated and/or on high drugs</td>
<td>Vaginal/anal sex with person of unknown HIV status</td>
<td>Vaginal/anal sex with person of unknown HIV status</td>
<td>Vaginal/anal sex with an IDU</td>
<td>Vaginal/anal sex with multiple partners</td>
<td>Vaginal/anal sex with a person who is infected with HIV</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Vaginal/anal sex with person of unknown HIV status</td>
<td>Vaginal/anal sex with a person who is an IDU</td>
<td>Vaginal/anal sex with multiple partners</td>
<td>Vaginal/anal sex with a person who is infected with HIV</td>
<td>Vaginal/anal sex with a person who is infected with HIV</td>
<td>Vaginal/anal sex with multiple partners</td>
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</tbody>
</table>

### Codes for Session Activities

<table>
<thead>
<tr>
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<th>07</th>
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<th>09</th>
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<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Personalized risk assessment</td>
<td>Elicit partners</td>
<td>Notification of exposure</td>
<td>Information - HIV/AIDS transmission</td>
<td>Information - Abstinence/postpone sexual activity</td>
<td>Information - Other sexually transmitted diseases</td>
<td>Information - Sexual risk reduction</td>
<td>Information - Risk reduction counseling</td>
<td>Information - Personalized cognitive counseling</td>
<td>Information - Availability of social services</td>
<td>Information - Availability of medical services</td>
<td>Information - Condom/barrier use</td>
<td>Information - Partner notification</td>
<td>Information - Other sexually transmitted diseases</td>
<td>Information - HIV testing</td>
</tr>
<tr>
<td>09</td>
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<td>09</td>
<td>09</td>
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<td>11.15</td>
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<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>Discussion - Availability of social services</td>
<td>Discussion - Availability of medical services</td>
<td>Discussion - Sexual health</td>
<td>Discussion - TB testing</td>
</tr>
<tr>
<td>10</td>
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<td>05</td>
<td>06</td>
<td>07</td>
<td>08</td>
<td>09</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>Discussion - Stage-based encounter</td>
<td>Discussion - Other sexually transmitted diseases</td>
<td>Discussion - TB</td>
<td>Discussion - Other</td>
</tr>
</tbody>
</table>

### Notes

- **Codes for Additional Risk Factor(s)**
  - Exchange vaginal/anal sex for drugs/money/or something they needed
  - Vaginal/anal sex with person of unknown HIV status
  - Vaginal/anal sex with person of unknown HIV status
  - Vaginal/anal sex with person of unknown HIV status
  - Vaginal/anal sex with person of unknown HIV status

- **Codes for Session Activities**
  - Referral
  - Personalized risk assessment
  - Elicit partners
  - Notification of exposure
  - Information - HIV/AIDS transmission
  - Information - Abstinence/postpone sexual activity
  - Information - Other sexually transmitted diseases
  - Information - Sexual risk reduction
  - Information - Risk reduction counseling
  - Information - Personalized cognitive counseling
  - Information - Availability of social services
  - Information - Availability of medical services
  - Discussion - Sexual health
  - Discussion - TB testing
CDC requires the following information on all preliminary and confirmed HIV-positive clients:

### Was the client referred to HIV medical care?
- No
  - Reason the client not referred to HIV Medical Care?
    - Client Already in Care
    - Client Declined Care
- Yes
- Don’t Know

### Did the client attend the first appointment?
- Pending
- Confirmed: Accessed Service
- Confirmed: Did Not Access Service
- Lost to Follow-Up
- No Follow-Up
- Don’t Know

**Date client attended first HIV medical care appointment:**
- Enter date in M D Y format

### Rapid Linkage
- Same Day Medical Visit
- Same Day Referral

**Agency/Facility:**
- Enter agency or facility name

**Provider Name:**
- Enter provider name

### Was the client referred to/contacted by Partner Services?
- No
- Yes
- Don’t Know

### Was the client interviewed for Partner Services?
- No
- Yes
- Don’t Know

### Was the client referred to HIV Prevention Services?
- No
- Yes
- Don’t Know

### What was the client’s most severe housing status in the past 12 months (check only one)?
- Literally Homeless
- Unstably Housed or At Risk of Losing Housing
- Stably Housed
- Not Asked
- Declined to Answer
- Don’t Know

### If female, is the client pregnant?
- No
- Yes
- Don’t Know

### Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction’s surveillance department as being HIV-positive?
- No
- Yes
- Don’t Know

### Notes:
- Enter any additional notes or information

---

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### Notes:

- Enter or adhere Form ID
- HIV Incidence (if required by health department)
- Date the client reported information
- Has the client ever had a previous positive HIV test?
  - No
  - Yes
  - Don't Know
  - Declined
- Date of first positive HIV test
  | M | M | D | D | Y | Y | Y |
- Has the client ever had a negative HIV test?
  - No
  - Yes
  - Don't Know
  - Declined
- Date of last negative HIV test
  | M | M | D | D | Y | Y | Y |
- Number of negative HIV tests within 24 months before the current (or first positive) HIV test
  | # | # | # | # | Don't Know
- Has the client used or is client currently using antiretroviral medication (ARV)?
  - No
  - Yes
  - Don't Know
  - Declined
- Specify antiretroviral medications
  1. 
  2. 
  3. 
  4. 
  (see codes from right-hand column)
- Date ARV began
  | M | M | D | D | Y | Y | Y |
- Date of last ARV use
  | M | M | D | D | Y | Y | Y |

### Antiretroviral Medications

<table>
<thead>
<tr>
<th>Code</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Videx (didanosine, ddl)</td>
</tr>
<tr>
<td>02</td>
<td>Hivid (zalcitabine, ddC)</td>
</tr>
<tr>
<td>03</td>
<td>Epivir (lamivudine, 3TC)</td>
</tr>
<tr>
<td>04</td>
<td>Zerit (stavudine, d4T)</td>
</tr>
<tr>
<td>05</td>
<td>Viramune (nevirapine, NVP)</td>
</tr>
<tr>
<td>06</td>
<td>Crixivan (indinavir, IDV)</td>
</tr>
<tr>
<td>07</td>
<td>Norvir (ritonavir, RTV)</td>
</tr>
<tr>
<td>08</td>
<td>Saquinavir (Fortavase, Invirase)</td>
</tr>
<tr>
<td>09</td>
<td>Rescriptor (delavirdine, DLV)</td>
</tr>
<tr>
<td>10</td>
<td>Fuzeon (enfuvirtide, T20)</td>
</tr>
<tr>
<td>11</td>
<td>Emtriva (emtricitabine, FTC)</td>
</tr>
<tr>
<td>12</td>
<td>Viread (tenofovir DF, TDF)</td>
</tr>
<tr>
<td>13</td>
<td>Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)</td>
</tr>
<tr>
<td>14</td>
<td>Viracept (nelfinavir, NFV)</td>
</tr>
<tr>
<td>15</td>
<td>Reyataz (atazanavir, ATV)</td>
</tr>
<tr>
<td>16</td>
<td>Kaletra (lopinavir, ritonavir)</td>
</tr>
<tr>
<td>17</td>
<td>Viracept (nelfinavir, NFV)</td>
</tr>
<tr>
<td>18</td>
<td>Invirase (saquinavir, SQV)</td>
</tr>
<tr>
<td>19</td>
<td>Hepsera (adefovir)</td>
</tr>
<tr>
<td>20</td>
<td>Ziagen (abacavir, ABC)</td>
</tr>
<tr>
<td>21</td>
<td>Truvada (tenofovir DF/emtricitabine, TDF/FTC)</td>
</tr>
<tr>
<td>22</td>
<td>Agenerase (amprenavir)</td>
</tr>
<tr>
<td>23</td>
<td>Hydroxyurea</td>
</tr>
<tr>
<td>24</td>
<td>Combivir (lamivudine/zidovudine, 3TC/AZT)</td>
</tr>
<tr>
<td>25</td>
<td>Fortovase (saquinavir, SQV)</td>
</tr>
<tr>
<td>26</td>
<td>Retrovir (zidovudine, ZDV, AZT)</td>
</tr>
<tr>
<td>27</td>
<td>Truvada (tenofovir DF/emtricitabine, TDF/FTC)</td>
</tr>
<tr>
<td>28</td>
<td>Epizicm (abacavir/lamivudine, ABC/3TC)</td>
</tr>
<tr>
<td>29</td>
<td>Intelence (etravirine)</td>
</tr>
<tr>
<td>30</td>
<td>Aptivus (tipranavir, TPV)</td>
</tr>
<tr>
<td>31</td>
<td>Lexiva (fosamprenavir, 908)</td>
</tr>
<tr>
<td>32</td>
<td>Atripla (efavirenz/emtricitabine/tenofovir DF)</td>
</tr>
<tr>
<td>33</td>
<td>Prezista (darunavir, DRV)</td>
</tr>
<tr>
<td>34</td>
<td>Isentress (raltegravir)</td>
</tr>
<tr>
<td>35</td>
<td>Selzentry (maraviroc)</td>
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<tr>
<td>36</td>
<td>Lenvirase (saquinavir, SQV)</td>
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<tr>
<td>37</td>
<td>Epzicom (abacavir/lamivudine, ABC/3TC)</td>
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<tr>
<td>38</td>
<td>Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF)</td>
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<tr>
<td>39</td>
<td>Selzentry (maraviroc)</td>
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<td>40</td>
<td>Tivicay (dolutegravir)</td>
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<tr>
<td>41</td>
<td>Steliva (efavirenz, EFV)</td>
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<tr>
<td>42</td>
<td>Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)</td>
</tr>
<tr>
<td>43</td>
<td>Truvada (tenofovir DF/emtricitabine, TDF/FTC)</td>
</tr>
</tbody>
</table>

### Other

- Other
- Unspecified
### NHM&E Required Additional HIV Test Questions for Directly Funded CBOs

**Instructions**
Completion of the NHM&E Required Additional HIV Test questions are mandatory for CDC-directly funded CBOs. The required additional HIV Test questions are to be collected per client per testing event.

<table>
<thead>
<tr>
<th>Enter or adhere Form ID</th>
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<tbody>
<tr>
<td>Client ID</td>
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</tr>
<tr>
<td>Client Record Number</td>
<td># # # # # # # #</td>
</tr>
<tr>
<td>Session Date</td>
<td>M M D D Y Y Y Y</td>
</tr>
<tr>
<td>Agency Name</td>
<td></td>
</tr>
</tbody>
</table>

#### Which population targeted by your organization’s targeted HIV testing program does the client belong to? (primary and secondary target populations will be selected from a drop-down menu specific for each funded agency)

- [ ] Primary target population
- [ ] Secondary target population
- [ ] Both target populations
- [ ] Not a member of either target population

#### Is the client at high-risk for HIV infection?

- [ ] Yes
- [ ] No
- [ ] Not Assessed
- [ ] Declined to Answer
- [ ] Not Asked

---

### Navigation and Prevention and Essential Support Services

#### Services For HIV Positive Clients Only

<table>
<thead>
<tr>
<th>Service</th>
<th>Referred</th>
<th>Provided</th>
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<tbody>
<tr>
<td>High Impact Prevention (HIP) behavioral intervention</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Medication adherence support services</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Screening for STDs (syphilis, gonorrhea, and chlamydia)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Screening for viral hepatitis</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Screening for TB/TB infection</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Treatment for STDs (syphilis, gonorrhea, and chlamydia)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Treatment or vaccination for viral hepatitis</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Treatment for TB/TB infection</td>
<td>[ ]</td>
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#### Services For HIV Negative Clients Only

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<th>Referred</th>
<th>Provided</th>
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</thead>
<tbody>
<tr>
<td>High Impact Prevention (HIP) behavioral intervention</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Non-occupational post-exposure prophylaxis (nPEP)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Pre-exposure prophylaxis (PrEP)</td>
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</tr>
<tr>
<td>Screening for STDs (syphilis, gonorrhea, and chlamydia)</td>
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<tr>
<td>Screening for viral hepatitis</td>
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<tr>
<td>Screening for TB/TB infection</td>
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<td>[ ]</td>
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<tr>
<td>Treatment for STDs (syphilis, gonorrhea, and chlamydia)</td>
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<td>[ ]</td>
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<tr>
<td>Treatment or vaccination for viral hepatitis</td>
<td>[ ]</td>
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<td>Treatment for TB/TB infection</td>
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#### Additional Support Services For All Clients

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<td>Employment services</td>
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<tr>
<td>Housing services</td>
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<tr>
<td>Insurance navigation and enrollment services</td>
<td>[ ]</td>
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<tr>
<td>Sex Education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Mental Health Counseling and Services</td>
<td>[ ]</td>
</tr>
<tr>
<td>Substance abuse treatment and services</td>
<td>[ ]</td>
</tr>
<tr>
<td>Transportation services (to and from HIV prevention and medical care appointments, including HIV medical care appointments)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Primary medical care (PS17-1704 only)</td>
<td>[ ]</td>
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<tr>
<td>Violence prevention services (PS17-1704 only)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Education services for hormone replacement therapy (HRT) and sex reassignment procedures (PS17-1704 only)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other: Specify:</td>
<td>[ ]</td>
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</table>