HIV POST-EXPOSURE PROPHYLAXIS REPORTING FORM

First name		Folder #	
Surname		Phone #	
DOB	dd / mm / yy M / F / Other:_____	Address	
ID Number			

Instructions: Please use the form to capture the details of individuals who may have been exposed to HIV and request PEP within 72 hours of possible HIV exposure. All available fields must be completed as much as possible with the relevant information available at the time of reporting.

TYPE OF EXPOSURE

Date of exposure dd / mm / yy **Time of exposure** H H M M am / pm

Type of exposure: ☐ Occupational ☐ Non-occupational/Sexual ☐ Sexual assault ☐ Other, specify: _____

BASELINE AND FOLLOW-UP INVESTIGATIONS

Source individual (Exposure)

Investigations		Baseline
HIV	*Rapid HIV test	+ / -
Other tests if available or required:		
Hepatitis B	*Surface antigen*	+ / -
Hepatitis C	*HCV antibody*	+ / -
Syphilis	*RPR/TP antibody*	+ / -
Other STIs	*Screening*	+ / -
TB/COVID	*Screening*	+ / -

Exposed individual: Adult, adolescent or child

Investigations		Baseline	4 weeks	12 weeks
HIV	*Rapid HIV test	+ / -	+ / -	+ / -
Other tests if available or required:				
Creatinine (eGFR)	If TDF is used for PEP	eGFR		
Full blood count	If AZT is used for PEP	FBC		
†Hepatitis B	*HBV sAg/Ab*	sAg/sAb		
†Hepatitis C	*HCV Ab*	Ab	PCR	
Syphilis	*RPR/TP Ab*	+ / -		
Other STIs	*Screening*	+ / -	+ / -	+ / -
¥Pregnancy test	*Beta hCG*	+ / -		+ / -
TB/COVID	*Screening*	+ / -	+ / -	+ / -

*ELISA if available
†For HBV and HCV post-exposure management, refer to the National Guidelines for the Management of Viral Hepatitis.
¥If not pregnant, offer emergency contraception. If pregnant refer accordingly.

PEP ELIGIBILITY

Is PEP recommended? ☐ YES ☐ NO

If NO, provide further details:

Did the client commence on PEP? ☐ YES ☐ NO

If NO, provide further details: _____

PEP DRUG REGIMEN

PEP STAT dose received: **Date:** dd / mm / yyyy **Time:** H M M H am / pm

Details of PEP drugs prescribed, dose and frequency:

	Drugs	Dosing frequency	☑ Regimen	Comments:
*Adults	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD	☐	
*Children (≥10yrs; ≥35kg)	TDF 300mg + 3TC 300mg + DTG 50mg	Once a day as TLD	☐	
Children (<10yrs; <20kg)	AZT/3TC + LPV/r (see paediatric dosing charts)	Twice a day	☐	
Children (<10yrs; ≥20kg)	AZT/ 3TC+ DTG 50mg (see paediatric dosing charts)	Once a day	☐	

*Add additional DTG 50mg 12 hourly if on TB treatment

Note: Contact the exposed individual within 48 hours to assess medication tolerance and assist with adverse effect management.

CONSIDERATIONS FOR SEXUAL EXPOSURE:

Was emergency contraception offered/discussed? ☐ YES ☐ NO ☐ Currently on contraception ☐ NA

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral: _____

FOLLOW-UP ASSESSMENTS (4 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: dd / mm / yyyy

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral:

FOLLOW-UP ASSESSMENTS (12 WEEKS FROM DATE OF HIV PEP INITIATION)

Date of follow-up: dd / mm / yyyy

If HIV positive, was the client initiated on ART? ☐ YES ☐ NO ☐ Referred for ART

If HIV negative, provide risk-reduction counselling and education, including evaluation for PrEP.

Was the patient referred for other services? ☐ YES ☐ NO

Details of referral:

NOTES: Document side effects/adherence support /medical history / hospitalisations. Please affix all relevant clinical records.

Print name: **Signature:** **Date of consultation** dd / mm / yyyy **Time of consultation:** H M M H am /pm