Mission Statement
The goal of The 1917 Pre-Exposure Prophylaxis Clinic (PrEP Clinic) is to provide PrEP to HIV-negative individuals at high-risk for HIV infection following the protocol outlines. This protocol was developed from recommendations from the Centers for Disease Control and Prevention (citation) and current literature on the subject.

Facilities

Personnel:
Select physicians, nurse practitioners, social workers, nurses, lab staff, and educational staff at the 1917 Clinic will professionally staff the PrEP Clinic. Other individuals commonly interacting in the PrEP Clinic will be interns and students from a variety of health-related backgrounds.

Medical Oversight:
The Medical Director for the PrEP Clinic will be Dr. E. Turner Overton, Infectious Disease Attending Physician.

Laboratories:
UAB Outreach Laboratory, STI Lab, UED Lab, Point of Care Monitor

Eligibility

CDC Recommended Indications for PrEP Use
As recommended by the CDC (citation) the following are indications for PrEP use by MSM, Heterosexually Active Men and Women, and Injecting Drug Users.

Recommended Indications for PrEP Use by MSM
- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man

AND at least one of the following
Recommended Indications for PrEP Use by Heterosexually Active Men and Women

- Adult person
- Without acute or established HIV infection
- Any sex with opposite sex partners in past 6 months
- Not in a monogamous partnership with a recently tested HIV-negative partner

AND at least one of the following

- Is a man who has sex with both women and men (behaviorally bisexual)
- Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (IDU or bisexual male partner)
- Is in an ongoing sexual relationship with an HIV-positive partner

Recommended Indications for PrEP Use by Injection Drug Users

- Adult person
- Without acute or established HIV infection
- Any injection of drugs not prescribed by a clinician in past 6 months

AND at least one of the following

- Any sharing of injection or drug preparation equipment in past 6 months
- Been in a methadone, buprenorphine, or suboxone treatment program in past 6 months
- Risk of sexual acquisition

Income and Insurance Considerations

Eligibility for PrEP Clinic may also be affected by the individual’s income and insurance status.

For Patients with Insurance

The UAB 1917 Clinic can accept insurance plans offered by the following companies:

- Blue Cross Blue Shield
- Viva
- Medicare
- Alabama Medicaid
- United Healthcare
- Cigna
- CHAMPUS Tricare

The UAB 1917 Clinic can accept insurance plans offered by the following companies conditionally:

- Patient First (HMO for Medicaid)
• Tricare Prime
• Aetna

The UAB 1917 Clinic cannot accept insurance plans offered by the following companies:

• Humana
• Secure Horizons
• Medicare Complete
• Healthspring
• Out-of-state Medicaid

**For Uninsured Patients**
The UAB 1917 Clinic may be able to see individuals who are uninsured through use of UAB Charity Care and Gilead’s Patient Assistance Program. Please see below for conditions regarding these programs.

**UAB Charity Care** With the assistance of the PrEP Clinic Social Worker, patients can apply for Charity Care at UAB to help cover the cost of medical visits and associated labs and procedures. At this time, we can only assist patients who are employed or have an income apply for charity care. Unemployed and income-less individuals require a doctor to sign off on disability status to qualify for Charity Care at UAB. At this time, PrEP Clinic providers will not be providing these signatures documenting disability status.

UAB Charity Care has updated their application requirements to include a denial of coverage from the ACA Marketplace in order for Charity Care to be approved.

**Gilead’s Medication Assistance Program** The PrEP Clinic Social Worker is available to help individuals apply for Gilead’s Patient Assistance Program which covers the cost of Truvada for eligible individuals. Individuals must have an income less than 500% the federal poverty level to qualify and can be employed or unemployed. [http://www.gilead.com/responsibility/us-patient-access/truvada%20for%20prep%20medication%20assistance%20program](http://www.gilead.com/responsibility/us-patient-access/truvada%20for%20prep%20medication%20assistance%20program)

**Screening:**

**Procedure:**
The PrEP Clinic Coordinator screens all interested individuals by phone or in person. The coordinator speaks with the individual regarding their interest in PrEP and their knowledge of how PrEP works, answering any questions and correcting any misinformation. The coordinator also explains how the PrEP clinic works. If the individual is still interested the coordinator collects eligibility, patient, and insurance/income information before setting up an orientation appointment. Uninsured individuals will be connected to the PrEP Clinic Social Worker to discuss UAB Charity Care and Gilead Medication Assistance Program options and applications before an Orientation visit is scheduled.
Screening Form:
(See Appendix A). The form will be completed by the PrEP Clinic Coordinator to document the individual’s reasons for wanting PrEP, knowledge of how PrEP works, eligibility information, patient information, and insurance information along with any other relevant notes. The coordinator may also note if the individual needs to speak with the PrEP Clinic Social Worker about non-insurance payment options. The individual’s next appointment and medical record number (MRN) are recorded as well.

NOTE: When the build has been completed in the UAB Electronic Health Record system, the information previously recorded on the screening form will be entered directly into the EHR.

Social Work Considerations and Process

Orientation

Procedure:
The PrEP Coordinator facilitates this appointment. A rapid HIV test is conducted in concordance with a risk assessment and risk reduction counseling. If a preliminary positive result is indicated, linkage-to-care procedures are followed. Upon documenting a negative result, the PrEP coordinator discusses PrEP Clinic in detail with the patient. Readiness and willingness to adhere to PrEP are assessed. The patients PCP is documented and a medical release form is signed if the provider is not within the UAB system. If the patient doesn’t have a PCP, they are given a list of PCP options. PrEP payment method is confirmed, referrals to the PrEP Clinic Social Worker are made as necessary. If the partner has an HIV-positive partner, their ART, viral load, and CD4 status are discussed. Referrals are made if domestic or intimate partner violence is indicated in the risk assessment. Housing status is assessed for stability. Reproductive plans are discussed with female patients. Samples are collected for lab tests indicated in section X.
**Orientation Form:**
(See Appendix B). The form will be completed by the PrEP Clinic Coordinator to document completion of the tasks associated with the Orientation and document the responses of the patient in each conversation.

NOTE: When the build has been completed in the UAB Electronic Health Record system, the information previously recorded on the orientation form will be entered directly into the EHR.

**Patient Packet:**
At the orientation visit, the PrEP Coordinator will provide the individual with a PrEP Clinic Patient Packet which includes the following:

- An informational sheet on how the clinic works
- A flow-chart indicating the schedule of PrEP clinic events/components
- A sheet of PrEP basic information (adapted from the SF City Clinic’s PrEP Demo Project materials)
- A PrEP Clinic FAQ
- A booklet from Project Inform with information on PrEP.
  - “Is taking PrEP the right choice for you?” (for men)
  - “PrEP: A new option for women for safer loving” (for women)
- An information sheet from AVAC
- An information sheet from JAMA
- A safer-sex kit
  - 4 standard-sized condoms
  - 1 extra-large condoms
  - 1 flavored condoms
  - 1 3ml foil of water based lubricant
  - 1 3ml packet of silicone based lubricant
  - 1 “How to Use a Condom” instruction sheet
  - 1 PrEP Clinic card

Additional materials are available upon request including, additional quantities of any of the materials listed above, non-latex male condoms, female condoms, dental dams, additional PrEP Clinic informational material. Printed materials can be viewed in Appendix C.

**PrEP Clinic Components**

**Schedule of Visits**
The 1917 PrEP Clinic operates on the second and fourth Friday of each month. If this date falls on a date when the clinic is closed for any reason, clients will be rescheduled to the prior or following second or fourth Friday. In some instances, providers may elect to see clients on off-Fridays (the first, third, or fifth of the month).
Once a client has completed their orientation visit they will come in for their initial PrEP Clinic visit. Their next visit will be about one month later. The appointment after that will occur three months after the initial visit (two months after the one month follow-up). Clients will then attend PrEP Clinic once every three months.

At every visit, PrEP Clinic clients will have vital signs recorded and specimens collected for lab work by a nurse or CMA, be asked to complete a PrEP Clinic PRO Survey, attend a group educational session, and see a PrEP Clinic provider. These components of the PrEP Clinic are detailed below.

### Labs

#### Schedule of Laboratory Tests

<table>
<thead>
<tr>
<th></th>
<th>PreVisit</th>
<th>0</th>
<th>1</th>
<th>3</th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>15</th>
<th>18</th>
<th>21</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Ab</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HIV Ag/Ab^1</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Cr^2</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>U/A</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preg</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HBV sAg^*</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV sAb</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV Ab^**</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI symptom</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RPR^1</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine^1 GC/CT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Males)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal^1 GC/CT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharyngeal^1 GC/CT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal GC/CT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Females)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^*If HBV sAb reactive, do not perform annual sAg.  
^**If reactive, refer to VHC.  
^1More frequently as indicated.

#### HIV Testing

**OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test** Oral mucosal transudate is collected via an oral swab of the gumline on site. The swab is patient administered. This point-of-care test is run and read by the PrEP Clinic Coordinator or member of the HIV testing and counseling team. Results are recorded in the clients EHR, 1917 Clinic testing databases, and reported to the State Health Department. Note: While the CDC guidelines recommend against using oral specimen to run the test, we purposely disregard this recommendation in favor of efficiency and cost.
If test results are reactive, 1917 Clinic HIV Testing and Counseling protocol for reactive test results goes into place. Clients are counseled through the result, referred to confirmatory testing, and linked to care. 

**Abbott Architect HIV Ag/Ab Combo Assay** 3-6 ml of serum are collected intravenously by a nurse or lab worker on site. The test is run on the Abbott Architect i1000SR (i2000 or i2000SR?) platform by a lab tech in the University Emergency Department laboratory. Results are documented in the University-wide electronic health record.

If test results are reactive, 1917 Clinic HIV Testing and Counseling protocol for reactive test results goes into place. Clients are counseled through the result and linked to care.

**Creatinine Serum**
3-6 ml of serum are collected intravenously by a nurse or lab worker on site. The test is conducted in the University Outreach Laboratory and results are recorded in the EHR.

**Urinalysis**
6 ml of urine are collected by the patient and processed by a nurse or lab worker on site. The specimen is analyzed in the Outreach Laboratory and results are recorded in the EHR.

**Hepatitis B Surface Antibody**
3-6 ml of serum are collected intravenously by a nurse or lab worker on site. The test is conducted in the University Outreach Laboratory and results are recorded in the EHR.

Clients whose test results are non-reactive are referred to their primary physician, health department, or other health care provider for Hepatitis B vaccination.

**Hepatitis B Surface Antigen**
3-6 ml of serum are collected intravenously by a nurse or lab worker on site. The test is conducted in the University Outreach Laboratory and results are recorded in the EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.

**Hepatitis C Antibody**
3-6 ml of serum are collected intravenously by a nurse or lab worker on site. The test is conducted in the University Outreach Laboratory and results are recorded in the EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.

**Urine Pregnancy**
A urine sample is collected by the patient and processed by a nurse or lab worker on site. The point-of-care test is run and read by a nurse or lab worker. Results are recorded in the EHR.
**Gonorrhea**
Specimens are collected from the rectum (patient-administered), vagina (patient-administered), and throat (provider-administered) via a polyester-tipped swab on site and transported in a tube to the UAB Department of Medicine, Division of Infectious Disease, STD Laboratory. Male patients provide a urine sample in place of a vaginal sample. STD Laboratory staff conduct a VIPER – GC test by BD ProbeTec Qx Amplified DNA Assay. The BD ProbeTec Qx Amplified DNA Assay has been validated in the Infectious Diseases Laboratory for testing Throat and Rectal specimen types for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* and is not FDA approved for testing these specimen types. The swab used is specific for the test procedure. Results are recorded and e-mailed to the PrEP Clinic Coordinator who includes them in the patients’ charts and EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.

**Chlamydia**
Specimens are collected from the rectum (patient-administered), vagina (patient-administered), and throat (provider-administered) via a polyester-tipped swab on site and transported in a tube to the UAB Department of Medicine, Division of Infectious Disease, STD Laboratory. Male patients provide a urine sample in place of a vaginal sample. STD Laboratory staff conduct a VIPER – CT test by BD ProbeTec Qx Amplified DNA Assay. The BD ProbeTec Qx Amplified DNA Assay has been validated in the Infectious Diseases Laboratory for testing Throat and Rectal specimen types for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* and is not FDA approved for testing these specimen types. The swab used is specific for the test procedure. Results are recorded and e-mailed to the PrEP Clinic Coordinator who includes them in the patients’ charts and EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.

**Trichomonas**
Specimens are collected from the rectum (patient-administered), vagina (patient-administered), and throat (provider-administered) via a polyester-tipped swab on site and transported in a tube to the UAB Department of Medicine, Division of Infectious Disease, STD Laboratory. Male patients provide a urine sample in place of a vaginal sample. STD Laboratory staff conduct a VIPER – TV test by BD ProbeTec Qx Amplified DNA Assay. The BD ProbeTec Qx Amplified DNA Assay has been validated in the Infectious Diseases Laboratory for testing Throat and Rectal specimen types for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* and is not FDA approved for testing these specimen types. The swab used is specific for the test procedure. Results are recorded and e-mailed to the PrEP Clinic Coordinator who includes them in the patients’ charts and EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.
Syphilis
3-6 ml of serum are collected intravenously by a nurse or lab worker on site. An RPR/FTA test is run by staff in the UAB Department of Medicine, Division of Infectious Disease, STD Laboratory. Results are recorded and e-mailed to the PrEP Clinic Coordinator who includes them in the patients’ charts and EHR.

Clients whose test results are reactive are referred to their primary physician, health department, or other health care provider for further testing and treatment.

Patient Reported Outcomes Survey
A patient reported outcomes survey is conducted at each clinic visit.

The provider who sees the patient that day has the ability to review the responses and address anything of concern. If suicide ideation or intimate partner violence are indicated, those respective protocols go into effect and appropriate referrals are made. Providers make notes about the survey responses and their conversations with the client in the EHR. Please see Appendix D for the full surveys.

Survey Topics:
- Depression (PHQ 9)
- Alcohol Use
- Other Drug Use
- Sexual Behavior
- Personal Safety
- Medication Adherence

Survey Schedule:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>3</th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>15</th>
<th>18</th>
<th>21</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ 9</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Alcohol</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Drugs</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sexual</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Safety</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Group Education
Education is provided in a group setting for all PrEP Clinic patients. Prior to initiating their first group educational session, each patient signs a confidentiality agreement (Appendix E). The first session is more structured, consisting of a PowerPoint presentation followed by group discussion. This presentation covers several topics including: general information on PrEP, HIV basics, other prevention practices, the importance of adherence, and more information on how the clinic works. Educational sessions at the follow-up visits incorporate more detailed information on one particular HIV prevention topic but focus more on allowing patients to share their experiences with each other. If there are new
patients joining an exist cohort, new patients will stay longer in the session to receive the initial PowerPoint presentation after the group discussion.

Topics covered in group education and documented in the EHR by the PrEP Clinic Coordinator.

**Provider Visit**

PrEP Clinic clients are seen by a provider at every PrEP Clinic visit. PrEP Clinic providers are Nurse Practitioners or Infectious Disease Physicians who practice at the 1917 Clinic.

Providers are tasked with reviewing lab results, reinforcing educational messages around adherence and safer sex, conducting targeted examinations, and addressing the responses from the PROs. Based on the conversations between the provider and the client, they will jointly decide whether to initiate or continue Truvada as PrEP. If initiative or continuing, the provider will write or renew a prescription for Truvada as PrEP.

Providers document the visit in the EHR.

**Discontinuation of PrEP**

Discontinuation of PrEP is a decision that is made between the client and the PrEP clinic providers for various reasons. Clients who chose to discontinue PrEP have safer sex messages reinforced and are still welcome to come to the 1917 Clinic for regular HIV testing and counseling.

PrEP will be discontinued if the client tests positive for HIV at any of their regular appointments.

Discontinuation of PrEP provision is additionally recommended:

- If a low creatinine clearance is recorded (Creatinine clearance as calculated by the Cockcroft-Gault equation <60ml/sec) that does not improve with increased hydration.
- If any severe effects are noted (lactic acidosis, sever liver problems)
- If the client demonstrates poor adherence behaviors (<3 pills per week, stops coming to appointments, etc)

**Payment Options**

As the PrEP Clinic is NOT a demonstration project or clinical trial, clients are asked to cover the costs of the medication, lab work, and provider visits. They can choose to pay out of pocket, utilize their insurance, or apply for UAB Charity Care and Gilead’s Medication Assistance Program. Clients utilizing their insurance are also able to apply for a Gilead Copay Assistance card which covers up to $200 (maybe $300, unconfirmed) per month of the copay for Truvada.

**For Patients with Insurance**

The UAB 1917 Clinic can accept insurance plans offered by the following companies:

- Blue Cross Blue Shield
The UAB 1917 Clinic can accept insurance plans offered by the following companies conditionally:

- Patient First (HMO for Medicaid)
- Tricare Prime
- Aetna

The UAB 1917 Clinic cannot accept insurance plans offered by the following companies:

- Humana
- Secure Horizons
- Medicare Complete
- Healthspring
- Out-of-state Medicaid

Insured patients can use a Gilead Copay card for their medication copay but are responsible for the copay for visits and lab work.

**For Uninsured Patients**
The UAB 1917 Clinic may be able to see individuals who are uninsured through use of UAB Charity Care and Gilead’s Patient Assistance Program. Individuals seeking the use of these programs will be connected with the PrEP Clinic social worker who can facilitate the application process. However, individuals who are not working and have no source of income are ineligible for these programs and therefore unable to attend 1917 PrEP Clinic.

**Billing**

**Lab work**
Most labs are generally billed under diagnosis code V15.85 – Personal history of contact with and (suspected) exposure to potentially hazardous body fluids.

Point-of-care pregnancy tests are billed under diagnosis code V72.40 – Possible pregnancy, not confirmed.

Other potential billing codes are listed in the CDC Guidelines... Provider’s Supplement.
Provider Visits
Provider visits are billed at Level 2 with diagnosis code V15.85 – Personal history of contact with and (suspected) exposure to potentially hazardous body fluids.

PrEP Clinic Referrals

AIDS Service Organizations
AIDS Service Organizations and other Community Based Organizations providing HIV prevention outreach and activities, including HIV testing and counseling, are able to recommend the PrEP Clinic to those clients who may be in need of additional prevention services. ASOs and CBOs are regularly supplied with PrEP Clinic advertising and informational material (Appendix F) to hand out to clients, and staff have the PrEP Clinic Coordinator’s contact information to pass on to clients who can then call at their leisure.

Alabama Vaccine Research Clinic
The Alabama Vaccine Research Clinic conducts clinical trials on new vaccines for a range of viruses, including HIV. The AVRC staff is familiar with PrEP Clinic and has educational materials on hand. They routinely recommend the PrEP Clinic to their clients who may be engaging in behaviors that put them at higher risk for HIV acquisition.

The HIV Vaccine Trials Network and Gilead have recently come to an agreement regarding the participants of HVTN 505, an HIV vaccine trial that was stopped due to futility. Those participants who are still being followed are eligible to receive Truvada for free from Gilead if they are enrolled in a PrEP Clinic. The study nurse on HVTN 505 speaks with all of her participants regarding PrEP and if they are interested gives them the PrEP Clinic Coordinator’s contact information.

1917 Clinic Providers
Providers at the 1917 Clinic recommend PrEP to the partners of their HIV-positive patients by providing them with educational materials made available in the provider conference rooms and the contact information of the PrEP Clinic Coordinator. Sometimes, the provider is able to call the PrEP Clinic Coordinator and arrange a meeting between them and the patient partner during the patient’s visit.

1917 Testing and Counseling Staff and Volunteers
Testing staff and volunteers are able to recommend PrEP to those individuals who indicate higher-risk behaviors during their risk assessment. Educational materials and contact information are available in all testing locations and venues.

Other Health Care Providers
Health care providers at other facilities are able to recommend the PrEP Clinic and share contact information of the PrEP Clinic coordinator with their clients who they feel might benefit from PrEP.
# Appendix

## Table of Contents

A. Screening Form

B. Orientation Form

C. Patient Packet
   1. How the Clinic Works
   2. PrEP Clinic Flow Chart
   3. PrEP Basics
   4. PrEP Clinic FAQ
   5. AVAC Informational Sheet
   6. JAMA Informational Sheet

D. Patient Reported Outcomes (PRO) Surveys
   1. Adherence
   2. Alcohol
   3. Drugs
   4. Depression (PHQ 9)
   5. Safety
   6. Sexual Behavior

E. Confidentiality Agreement

F. PrEP Clinic Informational Materials