

Time of last potential exposure to HIV between index and contact	Notification Attempts		Notification Status (check one)
<input type="checkbox"/> < 72 hours <input type="checkbox"/> PEP offered <input type="checkbox"/> > 72 hours Estimated date of last exposure _____	Date format <i>YYYY/MM/DD</i> <input type="checkbox"/> 1 st Attempt _____ Call / VM / Text / Email / Letter <input type="checkbox"/> 2 nd Attempt _____ Call / VM / Text / Email / Letter <input type="checkbox"/> 3 rd Attempt _____ Call / VM / Text / Email / Letter <input type="checkbox"/> Hlth 219 sent (Out of province) <input type="checkbox"/> Referral to HIVSS (Out of country)		<input type="checkbox"/> Yes – notified Date _____ <input type="checkbox"/> No – not notified <input type="checkbox"/> Other _____
Previously Positive	Referred for HIV testing (check one)	Tested (check one)	Public Health Actions (check all that apply)
Leave these sections blank if Notified Status is No or Other			
<input type="checkbox"/> Yes <input type="checkbox"/> On treatment <input type="checkbox"/> Virally suppressed <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> Yes – based on index report <input type="checkbox"/> No	<input type="checkbox"/> Yes – confirmed Date Tested <i>YYYY/MM/DD</i> _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> New Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Yes–reported (not confirmed) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to test	<input type="checkbox"/> Connected with a Care Provider <input type="checkbox"/> Started on ARVs <input type="checkbox"/> Re-started on ARVs <input type="checkbox"/> Referred to addiction services/treatment <input type="checkbox"/> Provided HIV/STI risk reduction counselling <input type="checkbox"/> Referred to other HIV/AIDS support services <input type="checkbox"/> Referred for PrEP services <input type="checkbox"/> Medical Health Officer consultation <input type="checkbox"/> Other (<i>specify</i>) _____
Pre-exposure Prophylaxis (PrEP)			
<input type="checkbox"/> On daily PrEP <input type="checkbox"/> Using PrEP ‘on-demand’ <input type="checkbox"/> Not currently on PrEP			
Notes			
Status (check one) <input type="checkbox"/> Closed <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Insufficient information			
			Date Completed (<i>YYYY/MM/DD</i>) _____

Indicator description

Part A. Follow-up Form Completed By

Name, Phone Number, Email – Contact information of clinician performing partner/contact notification and services

Date started – Date partner/contact notification and services initiated

Part B. Index Case Information

HIVSS Chart No. – Chart number of index case as provided by BCCDC HIVSS

EMR (client chart No.) – Chart number of index case as per each respective health authority electronic medical record (EMR) (eg. Paris, Profile)

Part C. Partner or Contact Information

Contact # ___ of ___ notifiable contacts – Of the total number of notifiable individuals indicated on the Provincial HIV Case Report Form, what number partner/contact is this? (eg. If 5 individuals were noted as being notifiable on the Provincial HIV Case Report Form, this form may represent collected information on the 1st partner/contact to be notified.)

To be informed by:

Passive HIV Partner Notification Services: refers to when HIV positive clients are encouraged by a trained provider to disclose their status to their contact(s) by themselves; and to further suggest HIV testing and/or prevention services to the contact(s) given their potential exposure to HIV infection

- **Index referral**

Assisted HIV Partner Notification Services: refers to when consenting HIV-positive clients are assisted by a trained provider to disclose their status or to anonymously notify their contact(s) of their potential exposure to HIV infection. The provider then offers HIV testing and/or prevention service to these individuals. The approaches used include:

- **Health Care Provider referral** – contact notification completed by health care provider
- **Dual referral** – the provider accompanies and supports the case when they disclose their status and the potential exposure to HIV infection to their contact(s). Provider also offers HIV testing and/or prevention services to the contact(s).
- **Contract referral** – an agreement that contact notification is to be completed within a specified period of time by the index case. If contact notification is not completed by the agreed upon time frame, the provider will take over.

Name – Name of partner/contact

EMR (client chart No.) – Chart number of contact as per each respective health authority electronic medical record (EMR) (eg. Paris, Profile)

Date of Birth or Approximate Age – Date of birth or approximate age of contact

Regional Health Authority – In what jurisdiction does the contact reside?

What gender does contact identify with? – Complete as per contact’s response

City/Address/Postal Code – Contact locating information if available

Phone Number – Contact phone number(s) if available (home, office, cell)

Email and/or internet name – Contact email if available or internet “handle” or nickname; may want to specify what website contact may be found on.

Relationship to index –

- Ongoing contact – current and regular exposures occur between the index case and contact; the contact is known to the index, and identifying and locating information is reliably and readily obtainable
- Casual contact – occasional, irregular or one-off exposure(s) occur between the index case and contact; the contact may or may not be known to the index **-identifying and locating information is reliably obtainable**
- Anonymous contact – occasional, irregular or one-off exposure(s) occur between the index case and contact; the contact is not known to the index and there is **limited identifying and locating information**
- Unknown – the relationship between index and contact was not specified
- Other – the contact may or may not have been directly exposed, but they may benefit from testing and/or HIV prevention services (eg. social network circle)

Type of exposure – An event where potentially infectious body fluid is exchanged between the index and contact

- Sexual – any exchange where blood, semen, vaginal or rectal secretions may have occurred
- Sharing of injection drug equipment – eg. needles, syringes, spoons
- Sharing of non-injection drug equipment – eg. straws, pipes
- Vertical transmission - mother to child in pregnancy, childbirth, or via breast/chest feeding
- Blood exposure – an exposure to HIV via blood that does not include a sexual or drug equipment exposure – eg. needlestick
- Unknown - exposure not specified by index case
- Other - specify potential type of exposure

Meeting place(s) of index and contact? – check and/or specify all locations where case and contact may have connected

- Venue (eg. bathhouse, park, club, bar, public washroom)
- Dating app (eg. grindr, tinder)
- Internet meeting website (eg. manhunt, squirt, craigslist)
- Out of country
- Other (eg. lives together in same house, social network apps like Instagram)

Is contact pregnant? – specify estimated delivery date if known

Other Information – Provide any other information that may be helpful in locating contact (eg. physical description (weight, height, hair colour), identifying markers (tattoos, piercings), occupation, employer)

Time of last potential exposure to HIV between index and contact – approximate date and time of last potential exposure to HIV (this will assist in prioritizing trace-back period and public health actions); if less than 72 hours have passed, and risk of exposure is high, Post-exposure Prophylaxis (PEP) may be appropriate

Notification Attempts – indicate date and method of notification attempt; indicate if H219 sent for out of province contacts, or if contact is out of the country and was re-referred to HIVSS.

Notification Status –

- Yes – notified
The contact was notified they may have been exposed to HIV (specify date)
- No - not notified
The contact was not notified that they may have been exposed to HIV
- Other (eg. contact deceased, not able to provide informed consent due to cognitive restrictions)

Previously Positive – is contact a person living with HIV? Are they virally suppressed (< 200 copies/ml) and/or on ARV treatment?

If No or Unknown, contact can be referred for HIV testing.

Referred for HIV Testing – was the contact referred for HIV testing as per health care provider or index case report

Tested – did contact have an HIV test?

- Yes- provider was able to confirm testing along with date and result of test
- Yes – provider, index, or contact indicates HIV testing occurred, but it is unconfirmed by a date of test or result
- No – provider, index, or contact indicates HIV testing did not occur
- Unknown – it is now known if contact tested
- Declined to test – contact themselves indicates they are declining to test for HIV

Public Health Actions – list of public health actions that support engagement or linkage in to care

Pre-exposure Prophylaxis – is contact currently on daily PrEP, or has self-managed with ‘on-demand’ PrEP?

Notes – free text to support other important information to assist with contact engagement or linkage to care.

Status - status of contact notification for this 1 contact

- Closed = all possible information obtained
- Lost to follow up = initial contact made with; may have completed some part of the contact notification process, but then contact lost to follow up either by not returning call or responding to requests
- Insufficient Information = insufficient, incomplete, or inaccurate information to be able to connect with contact who was thought to be notifiable

Date Completed – date of contact notification completion for this 1 contact.