

**IMPORTANT – Must Be Complete**

DATE \_\_\_\_\_

EXAMINER \_\_\_\_\_

PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_

**ADDRESSOGRAPH**

Patient name plus birth date and/or PHN required

Revised August 1, 2018

Use of this document is only by arrangement with Linda Akagi  
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 HIV/AIDS

Drug Distribution Program  
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**HIV RISK DISCUSSION & FAX FORM**

**Indicate how patient meets criteria by circling or underlining the relevant information.**

**(A) SIGNIFICANT RISK:** may be indicated by what is known about the **source** or what is known about the **setting** in which the sexual assault took place:

<p><b>SOURCE</b>                  Known HIV positive source or                  Known high-risk source                  e.g. injection drug user (IDU) or man                  who has sexual contact with men                  (MSM) or                  Known multiple assailants</p>	<p><b>PLUS</b></p>	<p><b>TYPE OF EXPOSURE</b>                  Non-consensual:                  Unknown exposure or                  Anal penetration or                  Vaginal penetration</p>	<p><b>RECOMMENDATION</b>                  Recommend 5-day HIV PEP starter                  kit initiated <b>within 72 hours</b> after                  sexual assault</p>
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<p><b>SETTING</b>                  Sexual assault occurs in a setting                  considered high risk for HIV (e.g.                  Vancouver's Downtown Eastside, IV                  drug paraphernalia at scene, etc.)</p>	<p><b>PLUS</b></p>	<p><b>TYPE OF EXPOSURE</b>                  Non-consensual:                  Unknown exposure or                  Anal penetration or                  Vaginal penetration</p>	<p><b>RECOMMENDATION</b>                  Recommend 5-day HIV PEP starter                  kit initiated <b>within 72 hours</b> after                  sexual assault</p>
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**(B) NEGLIGIBLE RISK**

<p>Vaginal/anal penetration occurred but the <b>source</b> is known to be HIV negative or there is no reason to believe the source is HIV positive or in a high risk group and the <b>setting</b> in which the assault took place is not considered high risk for HIV.                  Oral/digital exposure alone is considered negligible risk, regardless of HIV status of source.</p>	<p><b>RECOMMENDATION</b>                  Do not offer PEP to patients in <b>this category</b>. Adequate patient counseling and education is needed to reduce anxiety. .                  Recommend HIV test at one &amp; three months post sexual assault.</p>
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**(C) ESTIMATED RISKS OF BECOMING INFECTED WITH HIV**

<p>Estimated risk in <u>consensual</u> sex from a known HIV positive source with a positive viral load</p> <ul style="list-style-type: none"> <li>• Receptive Vaginal: 0.08% (8 in 10,000)</li> <li>• Receptive Anal Penetration: 1.38% (138 in 10,000)</li> <li>• Receptive Oral: Low</li> </ul> <p>(BC Centre For Excellence in HIV/AIDS May 2017)</p> <p>In <b>non- consensual</b> sex after one exposure (where one person is known to be HIV positive), the risk is thought to be higher than the risks in consensual sex because of potential injuries, but the numbers are unknown.</p>
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Patient meets significant risk criteria: Yes  No  Reason \_\_\_\_\_

HIV PEP dispensed: Yes  No  Reason \_\_\_\_\_

Handouts given: PATIENT INFO RE: TAKING HIV PEP Yes  No   
 FOR YOUR DOCTOR/NP RE: HIV PEP Yes  No

Follow-up discussed with patient: Yes  No  St. Paul's Outpatient Pharmacy called: Yes  No

Comments: \_\_\_\_\_

**FAX to ST. PAUL'S OUTPATIENT PHARMACY AT 604-806-8675 WHEN PEP DISPENSED**