2023 Evaluation Web® HIV Testing Data Form - NORTH CAROLINA

Name

_____
First   MI   Last

Agency Name _____

Program/Funding

○ Expanded Testing (ET)   ○ Rapid Kits Only (RT)

○ Integrated Targeted Testing (ITTS)   ○ Other _____

Region _____

Form ID
(from Eval Web data entry)
_____

Form Completed By _____

Form Entered into Eval Web By _____

1 Agency and Client Information
(complete for all persons tested)

Session/Test Date

_____
Month   Day   Year

Program Announcement

○ PS18-1802   ○ Other _____

Test Site/Setting *(select one only)*

○ College/School   ○ HIV Testing Site
○ Community Health Ctr   ○ Hospital/Private MD
○ Emergency Department   ○ Jail/Correctional
○ HD DIS Field Visit   ○ Mobile Unit
○ HD Family Planning   ○ Outreach/Community
○ HD Prenatal/OB   ○ Pharmacy
○ HD STD Clinic   ○ Substance Abuse Treatment
○ HD TB Clinic   ○ Syringe Services Program
○ HD Other   ○ Other non-Clinical
○ Self Testing

Local Client ID - OPTIONAL

Date of Birth

_____
Month   Day   Year (1800 if Unknown)

Client State *(USPS abbreviation)*

Client County Name

Client ZIP Code

Client Ethnicity *(select one only)*

○ Hispanic or Latino   ○ Don't know
○ Not Hispanic or Latino   ○ Declined to Answer

Client Race *(select all that apply)*

☐ American Indian/Alaska Native   ☐ White
☐ Asian   ☐ Not Specified
☐ Black/African American   ☐ Declined to Answer
☐ Native Hawaiian/Pacific Islander ☐ Don't Know

Client Assigned Sex at Birth *(select one only)*

○ Male   ○ Female   ○ Declined to Answer

Client Current Gender Identity *(select one only)*

○ Male   ○ Transgender Unspecified
○ Female   ○ Declined to Answer
○ Transgender Male to Female   ○ Another Gender
○ Transgender Female to Male

Has the client had an HIV test previously? *(select one only)*

○ No   ○ Yes

2 Testing Information
(complete for all persons)

HIV Test Election   ○ Confidential   ○ Test Not Done

Test Type *(fill out both if needed but only 1 can be entered in Eval Web-see note below)*

○ CLIA-waived point-of-care (POC)/ Rapid Test(s)   ○ Laboratory-based Test

POC/Rapid Test Result *(definitions on page 3)*	Laboratory-based Test Result
○ Preliminary Positive* (POC Pos x 1)	○ HIV-1 Positive*
○ Positive* (POC Pos x 2)	○ HIV-1 Positive, possibly acute*
○ Negative	○ HIV-2 Positive*
○ Discordant* (2 POC tests with 2 different results)	○ HIV Positive, undifferentiated*
○ Invalid	○ HIV-1 Negative, HIV-2 Inconclusive*
	○ HIV-1 Negative
	○ HIV Negative
	○ Inconclusive*

*If POC/Rapid test(s) AND a Laboratory-based test were performed, **write** all results above. Eval Web only allows one result to be entered so if both were done, enter just the Laboratory-based test result in Eval Web. Then go to Local Use Field 1 on page 3 and enter RHIV.*

* ALL HIV Positive results (New and Previous), HIV Discordant and HIV Inconclusive results:
DO NOT ENTER Test Event into EVAL WEB
Follow instructions on procedures document and mail a copy of the completed HIV testing data form to the Prevention data team.

Result provided to client?

○ No   ○ Yes   ○ Yes, client obtained the result from another agency

3 Negative Test Result
(complete for ALL persons at time of testing)

Is the client at risk for HIV infection?

○ No   ○ Yes   ○ Risk Not Known   ○ Not Assessed

Client screened for PrEP eligibility?   ○ No   ○ Yes

Is the client eligible for PrEP referral?

○ No/Not Asked   ○ Yes, CDC criteria   ○ Yes, Local criteria

Was the client given a referral to a PrEP provider?

○ No/Not Asked/Not Eligible   ○ Yes
Select Yes ONLY if you made an appointment for the client, all others select No

Was the client provided with services to assist with linkage to a PrEP provider?

○ No/Not Asked/Not Eligible   ○ Yes
Select Yes ONLY if you are a PrEP Coordinator, all others select No/Not Asked/Not Eligible

4 Positive Test Result
(Agency Staff to Complete ALL questions for ALL persons testing POSITIVE for HIV)

Did the client attend an HIV medical care appointment after this positive test?

○ Yes, confirmed   ○ No
○ Yes, self-report   ○ Don't Know

If Yes, Date: __ / __ / __

Has client ever had a positive HIV test BEFORE this test event's POSITIVE result?

○ No   ○ Yes   ○ Don't Know

If Yes, Date: __ / __ / __

Client provided with behavioral risk-reduction counseling?

○ No   ○ Yes

Client contact info to Health Dept for DIS/Partner Services?

○ No   ○ Yes

Client's most severe housing status in the last 12 months?

○ Literally homeless   ○ Not asked
○ Unstably housed or   ○ Declined to Answer
  at risk of losing housing
○ Stably housed   ○ Don't know

If the client is female, is she pregnant?

○ No   ○ Yes   ○ Don't know   ○ Declined to Answer

If YES →

Is the client in prenatal care?

○ No   ○ Don't know   ○ Declined to answer
○ Yes   ○ Not asked

Screened for need of perinatal HIV services?

○ No   ○ Yes

Need identified for perinatal HIV services?

○ No/Not Asked   ○ Yes

Was the client referred for perinatal HIV services?

○ No/Not Asked/Not Needed   ○ Yes

5 Additional Tests
(complete for all persons)

Client tested for any co-infections?   ○ No   ○ Yes

SYPHILIS   Tested?   ○ No   ○ Yes *If Rapid → Local Use Field 2*
Result: ○ Reactive/New Infection
○ Not Infected   ○ Don't Know

GONORRHEA   Tested?   ○ No   ○ Yes
Result: ○ Positive   ○ Negative   ○ Don't Know

CHLAMYDIAL INFECTION   Tested?   ○ No   ○ Yes
Result: ○ Positive   ○ Negative   ○ Don't Know

HEPATITIS C   Tested?   ○ No   ○ Yes *If Rapid → Local Use Field 3*
Result: ○ Positive   ○ Negative   ○ Don't Know

Show Supplemental HIV Test 1
   OPTIONAL, answer NO every time

6a PrEP Awareness *(complete for all tested clients)*

Has client ever heard of PrEP?   ○ No   ○ Yes

Is client currently taking PrEP medication?   ○ No   ○ Yes

Has client used PrEP in the last 12 months?   ○ No   ○ Yes

6b Priority Populations *(complete for all tested clients)*

Sex with Male *(past 5 yrs)*?   ○ No   ○ Yes

Sex with Female *(past 5 yrs)*?   ○ No   ○ Yes

Sex with Transgender Person *(past 5 yrs)*?   ○ No   ○ Yes

Inject Drugs/Substances *(past 5 yrs)*?   ○ No   ○ Yes

7 Essential Support Services
(complete as indicated, please answer each question)

Complete for clients testing HIV-Positive only	Screened for need	Need found	Provided or referred
Navigation services for linkage to HIV medical care	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Linkage services to HIV medical care	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Medication adherence support	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Complete for ALL tested Clients	Screened for need	Need found	Provided or referred
Health benefits navigation and enrollment	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Evidence-based risk-reduction intervention	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Behavioral Health Services	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Social Services	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

8 Local Use Fields

Local Use Field 1 —
If HIV POC/Rapid test(s) AND a Laboratory-based test were performed, enter **RHIV**

Local Use Field 2 —
If Syphilis POC/Rapid test was performed, enter **RSYPH**

Local Use Field 3 —
If Hepatitis C POC/Rapid test was performed, enter **RHCV**

** ALL HIV Positive results (New and Previous), HIV Discordant
and HIV Inconclusive results:
DO NOT ENTER Test Event into EVAL WEB
Follow instructions on procedures document and mail a copy of the completed HIV testing data form to the Prevention data team (mailing address listed below).
Please include a copy of the Laboratory Test Results for each Test Event you mail that included Laboratory Testing.*

CDB- Care, Prevention, and Intervention
MCS 1901
1901 Mail Service Center
Raleigh, NC 27699-1901

Value Definitions for POC/Rapid Test HIV Results

Preliminary positive - One or more of the same POC/Rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency

Positive - Two or more different (orthogonal) POC/Rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done

Negative - One or more POC/Rapid tests are non- reactive and none are reactive and no supplemental testing was done

Discordant - One or more POC/Rapid tests are reactive and one or more are non-reactive and no laboratory- based supplemental testing was done

Invalid - A CLIA-waived POC/Rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport

Value Definition for Inconclusive Lab HIV Result

Inconclusive, further testing needed - A blood sample was sent to a lab but a result could not be determined. Reasons include: hemolyzed sample; the lab report indicates "status undetermined"; or the lab report recommends repeat testing. Any
questions contact Josh Mongillo at joshua.mongillo@dhhs.nc.gov.

9 State Health Department Entry Only
Prevention Data Team to complete for persons testing POSITIVE for HIV

eHARS STATE Number

eHARS City/County Number

New or Previous diagnosis?
- ○ New diagnosis, verified
- ○ New diagnosis, not verified
- ○ Previous diagnosis
- ○ Unable to determine

Has the client seen a medical care provider in the past six months for HIV treatment?
- ○ No
- ○ Declined to Answer
- ○ Yes
- ○ Don't know

Partner Services Case Number

Was the client interviewed for Partner Services?
- ○ Yes, by a health department specialist
- ○ Yes, by a non-health department person trained by the health department to conduct partner services
- ○ No
- ○ Don't Know

If Yes, Date of Interview: / /

Notes