Minnesota Department of Health

# PrEP Progress Report

Agency name:

Project name:

Reporting period:

## PrEP Aggregate Data Report

1. Of all HIV-negative people at high risk of HIV infection that are not currently on PrEP: track, collect, document, and report the total (cumulative) number reached and/or served for each of the following categories in the table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Educated about PrEP: |  |  |  |  |  |
| Tested negative for HIV: |  |  |  |  |  |
| Screened for PrEP eligibility: |  |  |  |  |  |
| PrEP eligible actively referred: |  |  |  |  |  |
| Linked to a PrEP provider: |  |  |  |  |  |
| Prescribed PrEP medication: |  |  |  |  |  |
| Adherent to PrEP: |  |  |  |  |  |
| Discontinued PrEP: |  |  |  |  |  |
| Reinitiated PrEP: |  |  |  |  |  |
| Diagnosed and/or treated for STI: |  |  |  |  |  |
| Seroconversions: |  |  |  |  |  |

Note: Use the definitions provided to correctly enter the data required.

## PrEP Clients Demographics

1. Track, collect, document, and report aggregate data of **new clients** that are prescribed PrEP by gender, race/ethnicity, age range, sexual or drug transmission risk, and priority population. The aggregate number of unique new clients prescribed PrEP medications must be the same across all categories.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender self-Identity** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Female: |  |  |  |  |  |
| Male: |  |  |  |  |  |
| Transgender woman: |  |  |  |  |  |
| Transgender man: |  |  |  |  |  |
| Another gender: |  |  |  |  |  |
| Declined to answer: |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race/Ethnicity Combined** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| American Indian/Alaska Native: |  |  |  |  |  |
| Asian: |  |  |  |  |  |
| Black/ African Born: |  |  |  |  |  |
| Black/ African American: |  |  |  |  |  |
| Hispanic/Latino: |  |  |  |  |  |
| Multi-Race: |  |  |  |  |  |
| Native Hawaiian/Pacific Islander: |  |  |  |  |  |
| White: |  |  |  |  |  |
| Declined to answer: |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age Range** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| >13 - 19: |  |  |  |  |  |
| 20 - 24 years: |  |  |  |  |  |
| 25 - 34 years: |  |  |  |  |  |
| 35 - 44 years: |  |  |  |  |  |
| 45 - 54years: |  |  |  |  |  |
| 55 - 64 years: |  |  |  |  |  |
| 65+ years: |  |  |  |  |  |
| Unknown: |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual or Drug Transmission Risk** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| BIPOC MSM: |  |  |  |  |  |
| Non-BIPOC MSM: |  |  |  |  |  |
| Inject Drugs Use (IDU): |  |  |  |  |  |
| MSM/IDU: |  |  |  |  |  |
| Heterosexual sex contact: |  |  |  |  |  |
| Transactional sex activity: |  |  |  |  |  |
| Homelessness: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

Note: MSM includes all gay, bisexual, or other men who has sex with men.

Other additional risk may include negative partners of a sero-discordant couple.

## Time on PrEP/Uptake

1. Track, collect, document, and report the aggregate data of PrEP clients that attend follow-up assessment every three months at the 1-, 3-, 6-, 9-, and 12-month visits during reporting period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time on PrEP** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| One month: |  |  |  |  |  |
| Three months: |  |  |  |  |  |
| Six months: |  |  |  |  |  |
| Nine months: |  |  |  |  |  |
| Twelve months: |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |

## Adherence to PrEP

1. Of all people prescribed and re-initiated PrEP at the clinic, how many are still on PrEP after 12 months?
2. How many clients on PrEP at the clinic refilled their prescribed PrEP medications during this quarter?

## Discontinuation of PrEP

1. Track, document, and report aggregate data of PrEP clients that dropped out of the program for reasons that include but are not limited to the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Lost to follow-up: |  |  |  |  |  |
| Decreased risk behaviors/low risk: |  |  |  |  |  |
| Side effects: |  |  |  |  |  |
| Lack of adherence: |  |  |  |  |  |
| Insurance coverage Issues: |  |  |  |  |  |
| Non-adherent: |  |  |  |  |  |
| Self-removal: |  |  |  |  |  |
| Seroconversion – HIV positive: |  |  |  |  |  |
| Relocated: |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |

Note: The total number in each column should equal the number of PrEP clients who dropped out or stopped taking PrEP during that quarter.

## HIV Positive While on PrEP

1. How many clients currently taking PrEP at the agency tested HIV-positive during this reporting period? For clients that tested positive while on PrEP, how many are assisted with linkage to HIV medical care?

Any additional comments:

## People Diagnosed and/or Treated for STIs While on PrEP

1. How many clients on PrEP at your clinic were diagnosed with and/or treated for sexually transmitted infections (STIs)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of STI** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Chlamydia: |  |  |  |  |  |
| Gonorrhea: |  |  |  |  |  |
| Syphilis: |  |  |  |  |  |
| Unspecified: |  |  |  |  |  |
| Declined to answer: |  |  |  |  |  |

## HIV Post Exposure Prophylaxis (PEP)

1. How many individuals receive PEP at your clinic?
2. Of those seeking PEP, how many are screened for eligibility within 72 hours of exposure, actively referred externally to another PEP provider and/or internally within the clinic, prescribed PEP medication, or had previously taken PEP within the last 12 months?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Activity** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Screened for PEP eligibility: |  |  |  |  |  |
| Actively referred to HIV PEP provider: |  |  |  |  |  |
| Prescribed HIV PEP medication: |  |  |  |  |  |
| Had previously taken HIV PEP medication within 12 months: |  |  |  |  |  |

## Risk Reduction and Harm Reduction

1. Of all HIV-negative people on PrEP at your clinic, how many are screened and identified as needing other risk/harm reduction interventions? How many are actively referred to and/or provided other risk reduction options?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Needing other risk reduction options: |  |  |  |  |  |
| Actively referred to other options: |  |  |  |  |  |
| Condoms: |  |  |  |  |  |
| Referred to Syringe Services programs (SSP): |  |  |  |  |  |

## PrEP Navigation Activities

1. Of all HIV-negative people on PrEP who are screened and identified as needing other essential support services, how many are actively referred to one or more of the following services?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Activity** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Employment assistance: |  |  |  |  |  |
| Domestic violence: |  |  |  |  |  |
| Insurance coverage: |  |  |  |  |  |
| Housing: |  |  |  |  |  |
| Mental health: |  |  |  |  |  |
| Prevention services: |  |  |  |  |  |
| Substance use treatment: |  |  |  |  |  |
| Transportation: |  |  |  |  |  |
| Other/specify: |  |  |  |  |  |
| Declined to answer: |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

## Referral Sources

1. Track, collect, document, and report sources that refer people to your clinic. These referrals may increase recruitment and identification of people eligible and willing to start PrEP, promote PreP services, and encourage further collaboration.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Community based organizations (CBOs): |  |  |  |  |  |
| Other health clinics or hospitals: |  |  |  |  |  |
| Private physicians: |  |  |  |  |  |
| Social media: |  |  |  |  |  |
| AIDS Hotline: |  |  |  |  |  |
| Walk-in (word of mouth): |  |  |  |  |  |
| Other (specify): |  |  |  |  |  |

Note: Clients who come in because of referrals from CBO, other clinics, etc.

## Descriptive Progress Report

### Successes

1. Share one or more examples of a success experienced during the reporting period, particularly regarding the identification of people needing PrEP, HIV testing, screening for PrEP and PEP needs, referrals, linkage to care, prescription and adherence of medications, and navigation services.

OR: What worked well in achieving PrEP care core activities or goals?

### Challenges

1. Share one or more examples of a challenge you faced and how you successfully addressed it during the reporting period. Specifically, what prevented you from achieving the PrEP program goals? What was the situation, what action did you take, what was the outcome or result?
2. Are you on track with enrolling persons willing to take PrEP as projected in the work plan? Yes/No. If No, explain what happened?

## Capacity Building and Technical Assistance

1. Is there any training or technical assistance you need to address challenges or to enhance your knowledge/skills to implement the project?

## Staffing

Check the box if there were changes in staff or staff responsibilities in this reporting period.

1. Does your agency have any current vacant position listed in the work plan/budget?   
     
   If yes, please provide information regarding the plan to fill the position.

**Note:** Per contract, MDH must be notified in writing within five days of changes in staff or staff responsibilities.

**List all current staff positions funded by this grant in the table below.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title**  ***(List title if position is unfilled)*** | **FTE on Project\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Must match FTE in Budget Plan and Narrative

### **Additional Comments**

Describe any additional information that you think is important for MDH to know as relates PrEP activities during this reporting period.

Minnesota Department of Health- STD/HIV/TB Section  
625 Robert Street  
St. Paul, MN 55119  
04/013/2023

To obtain this information in a different format, call: 651-201-4830.