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# CDC Ending the HIV Epidemic Funded Sub-recipients: Program and Reporting Requirements

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**March 2, 2022**

## I. Summary of Requirements

For all sub-recipients funded through Care and Treatment Division at HAHSTA, this DRAFT document describes the current program and data reporting requirements, as per CDC. In short, CDC EHE-funded providers (i.e. funded through PS20-2010 NOFO) are required to submit demographic, risk and risk reduction, pre-exposure prophylaxis, testing and screening, linkage to medical care, and services data (See the National HIV Prevention Program Monitoring and Evaluation Data Collection and Reporting Guidance). This specific document will be updated with details on (1) completing the test-level/client level data upload or direct data entry into EvaluationWeb (2) submitting the Aggregate Data submission to HAHSTA via excel.

Please also see the following documents:

1. 2022-2023 Deliverables Description and Summary
2. 2022-2023 Summary of Deliverables
3. NHME (National HIV Prevention Program Monitoring and Evaluation) Data Collection and Reporting Guidance
4. NHME Data Variables Set (DVS)

Biannual Deliverable	Type of Data	Reporting Period	Deadlines
CDC EHE Aggregate Data (Excel-based) #1	Aggregate Data only	Jan 1, 2022 – June 30, 2022	Mid-year: last Thursday in August (Excel to HAHSTA)
CDC EHE Aggregate Data (Excel-based) #2	Aggregate Data only	Jul 1, 2022 – Dec 31, 2022	Year-end: last Thursday in February (Excel to HAHSTA)
CDC EHE ‘Test-level’ (or client-level) NHM&E Data (EvaluationWeb) #1	Test-level/client-level data	Jan 1, 2022 – June 30, 2022	Mid-year: last Thursday in August* (‘Test-level’ NHM&E to EvaluationWeb)
CDC EHE ‘Test-level’ (or client-level) NHM&E Data (EvaluationWeb) #2	Test-level/client-level data	Jul 1, 2022 – Dec 31, 2022	Year-end: last Thursday in February* (‘Test-level’ NHM&E to EvaluationWeb)

\*EvaluationWeb uploads are expected monthly. But final submission deadlines for the reporting period are provided here.

## II. Activities, Indicators, Guidance

This table summarizes the key indicators and definitions for sub-recipients funded through HAHSTA Care and Treatment Division’s CDC EHE grant.

1. All the indicators required for the biannual Aggregate Data submission (excel-based) are list here.
2. This is NOT a list of all the data variables that are required in EvaluationWeb. Please see the ‘Data Variables Set’ and ‘National HIV Prevention Program Monitoring and Evaluation Data Collection and Reporting Guidance’ documents for that information.

Diagnose			
Activity	Indicator	Reporting	Guidance
1A.1 Conduct routine HIV testing in health care settings	<b>1A1.1</b> Percentage of persons tested in health care facilities  <b>Numerator:</b> Number of persons in the denominator who are tested for HIV <b>Denominator:</b> Number of persons served at facilities identified as priority for routine opt-out HIV screening	<b>Indicator:</b> New <b>Data:</b> Aggregate <b>Source:</b> Excel <b>Frequency:</b> Twice a year	<b>Reporting:</b> Providers will need to provide a separate denominator (# of persons served at the facility) and numerator (number of persons tested) count.  In the denominator, the ‘number of persons served at the facility’ refers to all persons who attended at least one medical appointment at the health care facility regardless of age during the reporting period.  Data for this indicator will be collected in aggregate via an Excel Spreadsheet wherein the testing outcomes will be stratified by age such that data reported for persons aged 15-65 years can be isolated.
	<b>1A1.2</b> Percentage of persons who received an HIV-positive test result in a health care facility  <b>Numerator:</b> Number of persons in the denominator with an HIV-positive test result <b>Denominator:</b> Number of persons who are tested for HIV at a health care facility that has been prioritized for routine opt-out HIV screening	<b>Indicator:</b> New <b>Data:</b> Aggregate <b>Source:</b> Excel spreadsheet <b>Frequency:</b> Twice a year	<b>Reporting:</b> The denominator for 1A1.1B should be the same as the numerator for 1A1.1A (# of persons tested for HIV). An aggregate count for the numerator and denominator for each of the prioritized health care facilities should be reported separately. The numerator for each prioritized health care facility should include all positive tests.  Data for this indicator will be collected in aggregate via an Excel spreadsheet wherein the testing outcomes will be stratified by

## Diagnose

Activity	Indicator	Reporting	Guidance
			age such that data reported for persons aged 15-65 years can be isolated.
	<p><b>1A1.3</b> Percentage of persons newly diagnosed with HIV in a health care facility</p> <p><b>Numerator:</b> Number of persons in the denominator with a new diagnosis of HIV</p> <p><b>Denominator:</b> Number of persons who are tested for HIV at a health care facility that has been prioritized for routine opt-out HIV screening</p>	<p><b>Indicator:</b> New</p> <p><b>Data:</b> Aggregate</p> <p><b>Source:</b> Excel spreadsheet</p> <p><b>Frequency:</b> Twice a year</p>	<p><b>Reporting:</b> The denominator for 1A1.1C should be the same as the numerator for 1A1.1A (# of persons tested for HIV). An aggregate count for the numerator and denominator for each of the prioritized health care facilities should be reported separately. The numerator for each prioritized health care facility should only include new diagnoses of HIV. New diagnoses that have been confirmed in surveillance will be collected and reported separately from new diagnoses determined by self-report or provider report.</p>

## Treat

Activity	Indicator	Reporting	Guidance
<p><b>2B.1</b> Conduct rapid linkage to HIV medical care in health care settings and non-health care settings</p>	<p><b>2B1.1</b> Percentage of persons newly diagnosed with HIV in <u>health care settings</u> who are linked to HIV medical care within 7 days of diagnosis</p> <p><b>Numerator:</b> Number of newly diagnosed persons in the denominator who are linked to HIV medical care within 7 days of diagnosis</p> <p><b>Denominator:</b> Number of persons with a new diagnosis of HIV in <u>health care settings</u></p> <p><b>2B1.2</b> Percentage of persons newly diagnosed with HIV in <u>non-health care settings</u> who are linked to HIV medical care within 7 days of diagnosis</p> <p><b>Numerator:</b> Number of newly diagnosed persons in the denominator who are linked to HIV medical care within 7 days of diagnosis</p> <p><b>Denominator:</b> Number of persons with a new diagnosis of HIV in <u>non-health care settings</u></p>	<p><b>Indicator:</b> Existing</p> <p><b>Data:</b> Test-level</p> <p><b>Source:</b> EvaluationWeb</p> <p><b>Frequency:</b> Twice a year</p> <p><b>Stratification:</b> setting type</p>	<p><b>Calculation:</b> Rapid linkage to care should occur within 7 calendar days of date of diagnosis. Rapid linkage to HIV medical care will be calculated using date of diagnosis and date linked to HIV medical care.</p>
<p><b>2D.1</b> Conduct rapid needs assessment for all persons newly diagnosed with HIV and link to a disease</p>	<p><b>2D1.1</b> Percentage of all persons with a new HIV diagnosis who were screened for social services needs.</p> <p><b>Numerator:</b> Of those in the denominator, the number of persons who were screened for social services needs</p> <p><b>Denominator:</b> Number of persons with a new diagnosis of HIV</p>	<p><b>Indicator:</b> Existing</p> <p><b>Data:</b> Test-level</p> <p><b>Source:</b> EvaluationWeb</p> <p><b>Frequency:</b> Twice a year</p>	<p><b>Reporting:</b> Persons included in the numerator should be screened for social services include housing, transportation, domestic violence intervention, and employment. Data for this indicator will be reported at the test-level and submitted via EvaluationWeb.</p>

intervention specialist and/or case manager as needed	<p><b>2D1.2</b> Percentage of persons with a new HIV diagnosis, in need of social services, who were provided or referred to one or more social services.</p> <p><b>Numerator:</b> Of those in the denominator, the number of persons who were provided or referred to one or more social services</p> <p><b>Denominator:</b> Number of persons with a new diagnosis of HIV who were in need of one or more social services</p>	<p><b>Indicator:</b> Existing  <b>Data:</b> Test-level  <b>Source:</b> EvaluationWeb  <b>Frequency:</b> Twice a year</p>	<p><b>Reporting:</b> Data for this indicator will be reported at the test-level and submitted via EvaluationWeb.</p>
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Prevent			
Activity	Indicator	Reporting	Guidance
<p><b>3A.1</b> Deliver PrEP services in health care settings and non-health care settings in communities with the highest HIV prevalence</p>	<p><b>3A1.1</b> Percentage of persons testing negative for HIV who are screened for PrEP eligibility</p> <p><b>Numerator:</b> Number of persons in the denominator who are screened for PrEP eligibility  <b>Denominator:</b> Total number of persons who tested negative for HIV</p>	<p><b>Indicator:</b> Existing  <b>Data:</b> Test-level  <b>Source:</b> EvaluationWeb and Excel spreadsheet  <b>Frequency (Eval Web):</b> Twice a year  <b>Frequency (Excel spread sheet):</b> Twice a year</p>	<p><b>Reporting in EvaluationWeb:</b> Variables should not be interpreted as a cascade (e.g., a person may be given a referral without being screened or a person may be screened and then visit their primary care provider) and should be considered as independent variables.</p> <p><b>Reporting in Excel spreadsheet:</b> PrEP data submitted via Excel spreadsheet should include all PrEP services. PrEP data will be reported as a cascade and will be calculated as specified in the numerator and denominator for each indicator.</p>
	<p><b>3A1.2</b> Percentage of persons who are screened and eligible for PrEP referral identified in <u>STD clinics</u></p> <p><b>Numerator:</b> Number of persons in the denominator who are eligible for PrEP referral  <b>Denominator:</b> Number of persons screened for PrEP who were identified in a <u>STD clinic</u></p> <p><b>3A1.3</b> Percentage of persons who are screened and eligible for PrEP referral identified in <u>non-health care</u> settings</p> <p><b>Numerator:</b> Number of persons in the denominator who are eligible for PrEP referral  <b>Denominator:</b> Number of persons screened for PrEP who were identified in a <u>non-health care setting</u></p>	<p><b>Indicator:</b> Existing  <b>Data:</b> Test-level  <b>Source:</b> EvaluationWeb and Excel spreadsheet  <b>Frequency (Eval Web):</b> Twice a year  <b>Frequency (Excel spread sheet):</b> Twice a year</p>	<p><b>Reporting in EvaluationWeb:</b> Variables should not be interpreted as a cascade (e.g., a person may be given a referral without being screened or a person may be screened and then visit their primary care provider) and should be considered as independent variables.</p> <p><b>Reporting in Excel spreadsheet:</b> PrEP data will be reported as a cascade and will be calculated as specified in the numerator and denominator for each indicator.</p> <p><b>Note:</b> PrEP eligibility refers to a person’s status with regard to whether or not the person meets appropriate criteria for using PrEP; specifically, whether or not the person is HIV-negative and at risk for HIV, as defined locally or by CDC guidelines for PrEP (<a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>).</p>

## Prevent

Activity	Indicator	Reporting	Guidance
	<p><b>3A1.4</b> Percentage of persons eligible and referred to a PrEP provider identified in <u>STD clinics</u></p> <p><b>Numerator:</b> Number of persons in the denominator who are referred to a PrEP provider  <b>Denominator:</b> Number of persons eligible for PrEP referral who were identified in <u>STD clinic</u></p> <p><b>3A1.5</b> Percentage of persons eligible and referred to a PrEP provider identified in <u>non-health care</u> settings</p> <p><b>Numerator:</b> Number of persons in the denominator who are referred to a PrEP provider  <b>Denominator:</b> Number of persons eligible for PrEP referral who were identified in a <u>non-health care setting</u></p>	<p><b>Indicator:</b> Existing  <b>Data:</b> Test-level  <b>Source:</b> EvaluationWeb and Excel spreadsheet  <b>Frequency (Eval Web):</b> Twice a year  <b>Frequency (Excel spread sheet):</b> Twice a year</p>	<p><b>Reporting in EvaluationWeb:</b> Variables should not be interpreted as a cascade (e.g., a person may be given a referral without being screened or a person may be screened and then visit their primary care provider) and should be considered as independent variables.</p> <p><b>Reporting in Excel spreadsheet:</b> PrEP data will be reported as a cascade and will be calculated as specified in the numerator and denominator for each indicator.</p> <p><b>Note:</b> PrEP eligibility refers to a person’s status with regard to whether or not the person meets appropriate criteria for using PrEP; specifically, whether or not the person is HIV-negative and at risk for HIV, as defined locally or by CDC guidelines for PrEP (<a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>).</p>
	<p><b>3A1.6</b> Percentage of persons referred to a PrEP provider who are assisted with linkage to a PrEP provider identified in <u>STD clinics</u></p> <p><b>Numerator:</b> Number of persons in the denominator who are assisted with linkage to a PrEP provider  <b>Denominator:</b> Number of persons referred to a PrEP provider in a <u>STD clinic</u></p> <p><b>3A1.7</b> Percentage of persons eligible for PrEP who are assisted with linkage to a PrEP provider identified in <u>non-health care</u> settings</p> <p><b>Numerator:</b> Number of persons in the denominator who are assisted with linkage to a PrEP provider  <b>Denominator:</b> Number of persons referred to a PrEP provider in a <u>non-health care setting</u></p>	<p><b>Indicator:</b> Existing  <b>Data:</b> Test-level  <b>Source:</b> EvalWeb  <b>Frequency:</b> Twice a year</p>	<p><b>Reporting in EvaluationWeb:</b> Variables should not be interpreted as a cascade (e.g., a person may be given a referral without being screened or a person may be screened and then visit their primary care provider) and should be considered as independent variables.</p> <p><b>Reporting in Excel spreadsheet:</b> PrEP data will be reported as a cascade and will be calculated as specified in the numerator and denominator for each indicator.</p>
	<p><b>3A1.8</b> Percentage of persons who are referred and linked to a PrEP provider</p> <p><b>Numerator:</b> Number of persons in the denominator who are linked to a PrEP provider  <b>Denominator:</b> Number of persons testing negative for HIV who are referred to a PrEP provider</p>	<p><b>Indicator:</b> New  <b>Data:</b> Aggregate  <b>Source:</b> Excel spreadsheet  <b>Frequency (Excel spread sheet):</b> Twice a year</p>	<p><b>Reporting in Excel spreadsheet:</b> PrEP data will be reported as a cascade and will be calculated as specified in the numerator and denominator for each indicator.</p> <p><b>Note:</b> A PrEP provider is a health care professional (e.g., physician, advanced practice nurse, physician assistant) who conducts evaluations for pre-exposure prophylaxis (PrEP) eligibility and clinical appropriateness, prescribes PrEP, and provides comprehensive management of persons taking PrEP.</p>

**Prevent**

Activity	Indicator	Reporting	Guidance
			Refer to aggregate data tables for Linkage to a PrEP Provider for additional reporting guidance.

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### III. CDC Logic Model for Ending the HIV Epidemic

Below is the CDC logic model for the CDC EHE grant, including strategies, short-term outcomes (e.g., increased referral and linkage of persons with indications for PrEP), and intermediate outcomes (e.g., increased knowledge of HIV status).

PS20-2010 Logic Model – Ending the HIV Epidemic			
Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Component A: Ending the HIV Epidemic Initiative (EHE) - Core</b>			
<b>Diagnose</b>	<ul style="list-style-type: none"> <li>Expand or implement routine opt-out HIV screening in health care and other institutional settings in high prevalence communities</li> <li>Develop locally tailored HIV testing programs to reach persons in non-health care settings</li> <li>Increase at least yearly re-screening of persons at elevated risk for HIV infection per CDC testing guidelines, in health care and non-health care settings</li> </ul>	<ul style="list-style-type: none"> <li>Increased routine opt-out HIV screenings in health care and other institutional settings</li> <li>Increased local availability of and accessibility to HIV testing services</li> <li>Increased HIV screening and re-screening among persons at elevated risk for HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge of HIV status</li> <li>Reduced new HIV diagnoses</li> </ul>
<b>Treat</b>	<ul style="list-style-type: none"> <li>Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons with newly diagnosed HIV</li> <li>Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs</li> </ul>	<ul style="list-style-type: none"> <li>Increased rapid linkage to HIV medical care</li> <li>Increased early initiation of ART</li> <li>Increased immediate re-engagement to HIV prevention and treatment services for PWH who have disengaged from care</li> <li>Increased support to providers for linking, retaining, and re-engaging PWH to care and treatment</li> </ul>	<ul style="list-style-type: none"> <li>Increase viral suppression among persons living with diagnosed HIV</li> </ul>

**PS20-2010 Logic Model – Ending the HIV Epidemic**

	<b>Strategies</b>	<b>Short-Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-Term Outcomes</b>
<b>Prevent</b>	<ul style="list-style-type: none"> <li>Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indication for PrEP</li> <li>Increase availability, use, and access to and quality of comprehensive syringe services programs (SSPs)</li> </ul>	<ul style="list-style-type: none"> <li>Increased screening for PrEP indications and linkage to PrEP providers among HIV-negative clients</li> <li>Increased referral and linkage of persons with indications for PrEP</li> <li>Increased access to SSPs</li> </ul>	<ul style="list-style-type: none"> <li>Increased PrEP prescriptions compared to number with indications (PrEP coverage) overall and in areas with high HIV diagnosis rates.</li> <li>Decreased racial and ethnic disparities in PrEP provision</li> <li>Increased knowledge about the services and evidence-base of SSPs in communities</li> <li>Increased quality of evidence-based SSP service delivery</li> </ul>	
<b>Respond</b>	<ul style="list-style-type: none"> <li>Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response</li> <li>Investigate and intervene in networks with active transmission</li> <li>Identify and address gaps in programs and services revealed by cluster detection and response</li> </ul>	<ul style="list-style-type: none"> <li>Increased health department and community engagement for cluster detection and response</li> <li>Improved surveillance data for real-time cluster detection and response</li> <li>Improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>Improved knowledge of networks to contain HIV transmission clusters and outbreaks</li> <li>Improved response to HIV transmission clusters and outbreaks</li> <li>Improved data systems for real-time cluster detection and response</li> </ul>	

## IV. CDC Defined Terms

Term	Definition
Active referral	This involves efforts beyond passive referral, in which the individual is only given contact information for the service(s) and is left to make their own contact. There are varying types of active referral. Active referral may include but is not limited to activities for the client such as: making appointments, providing transportation, using a case manager or peer navigator to help with access to services, providing the organization to which the client is referred with information collected about the client (including the professional assessment of the client’s needs), a “warm hand-off” – such as a ‘live’ three way conversation (individual/organization making the referral, individual/organization receiving the referral, and the client) – in person or by telephone – in which the client is introduced, and providing explanations about what has already been done to assist the client, and reason for referral.
Assisted linkage to a PrEP provider	An indication of whether the client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider.
Essential support services	A service or intervention aimed at reducing risk for transmitting or acquiring HIV infection by modifying a factor (e.g., housing, transportation, employment assistance, and education) or combination of factors that can contribute to risk (e.g., health care benefits, behavioral health (see definition for behavioral health), and other medical and social services.
Health care setting	Health care setting represents a broad array of services and places where health care occurs, including acute care hospitals, urgent care centers, rehabilitation centers, nursing homes and other long-term care facilities, specialized outpatient services (e.g., hemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics), and outpatient surgery centers. In addition, some health care services are provided in private offices or homes. <a href="https://www.cdc.gov/eis/field-epi-manual/chapters/Health%20care-Settings.html">https://www.cdc.gov/eis/field-epi-manual/chapters/Health care-Settings.html</a>
HIV self-test	HIV self-testing allows people to take an HIV test and find out their result in their own home or other private location.
HIV-negative person	A person who has a negative test result based on the most recent HIV test conducted.
Indications for PrEP	PrEP is for people without HIV who are at risk for getting the virus from sex or injection drug use. The federal guidelines recommend that PrEP be considered for people who are HIV-negative who: have had anal or vaginal sex in the past 6 months and have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load) <u>or</u> have not consistently used a condom <u>or</u> have been diagnosed with an STD in the past 6 months. PrEP is also recommended for people who inject drugs and have an injection partner with HIV or share needles, syringes, or other equipment to inject drugs (for example, cookers). PrEP should also be considered for people who have been prescribed non-occupational post-exposure prophylaxis (PEP) and report continued risk behavior or have used multiple courses of PEP <a href="https://www.cdc.gov/hiv/basics/prep.html">https://www.cdc.gov/hiv/basics/prep.html</a> .
Infectious disease prevention, detection, care, and treatment	Infectious disease prevention, detection, care, and treatment including HIV, viral hepatitis (HAV, HBV, and HCV), sexually transmitted infections (syphilis, gonorrhea, and chlamydia) and wound care.
Integrated Screening	Screening for STDs, viral hepatitis, and/or TB conducted in conjunction with HIV testing.

Term	Definition
Interviewed for partner services	Indicates whether a client was interviewed for the purpose of HIV partner services by health department specialists or non-health department providers trained and authorized to conduct partner services interviews on behalf of the health department. Non-health department providers include public health providers who are 1) collecting data on behalf of the health department and 2) provide information to the health department for partner services follow-up. Interviews conducted by providers other than health department specialists are counted only if they can be verified (i.e., interview results are documented in writing and reported to the health department).
Linkage to a PrEP provider	<p>The process through which a person at risk for becoming infected with HIV is helped to access a health care provider who offers evaluation and management of pre-exposure prophylaxis (PrEP). This is often an active process (e.g., providing transportation, accompanying the person to the appointment, having multiple contacts with the person to support them in accessing the PrEP provider).</p> <p>Linked to a PrEP provider refers to the outcome of the referral or linkage of a PrEP eligible person to a PrEP provider, as indicated by the person's attendance of the first appointment.</p>
Linked to HIV medical care	<p>This term refers to the outcome resulting from referral or linkage of a person with HIV (PWH) to HIV medical care. A PWH is linked to HIV medical care if they are seen by a health care provider (e.g., physician, physician assistant, nurse practitioner) after HIV diagnosis for evaluation and management of their HIV infection. Determination of linkage status may be based on report from a health care provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report. Linked to HIV medical care refers to the outcome that results from referral or linkage of a patient to care, as indicated by the patient's attendance at the first HIV care appointment. Services during the visit may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections. For definitions of linkage and linked, refer to <a href="https://www.cdc.gov/hiv/effective-interventions/index.html">https://www.cdc.gov/hiv/effective-interventions/index.html</a></p>
Linked to SSP	<p>Persons who inject drugs are linked to an SSP if they are seen by a provider at the SSP following referral. Determination of linkage may be based on a report from the provider, record review, or client self-report. Linked to SSP refers to the outcome that results from the referral of the client as indicated by the client's attendance at the SSP for services. Services during the visit may include needs-based access to sterile needles and syringes and other injection equipment (e.g., sterile water, cookers), condoms, syringe disposal, HIV and HCV testing, linkage to HIV and HCV care, linkage to PrEP, naloxone distribution, and linkage to medication-assisted treatment.</p>
Mail-In Self-Test	<p>A mail-in self-test includes a specimen collection kit that contains supplies to collect dried blood from a fingerstick at home. The sample is then sent to a lab for testing and the results are provided by a health care provider.</p>
Navigator	<p>Patient navigators are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).</p> <p>Navigator role: The navigator may link persons at risk for HIV or living with HIV to screening, to PrEP services, or to SSP services as needed, including assistance with linkage to health care systems for these services, assisting with health insurance and transportation, identifying and</p>

Term	Definition
	reducing barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.
Newly diagnosed HIV infection	HIV infection in a person who: (1) does not self-report having previously tested positive for HIV; (2) has not been previously reported to the surveillance system as being infected with HIV; and 3) has no previous evidence of HIV infection in other records or databases.
Non-traditional setting/venue	Non-traditional venues are venues that the recipient has not traditionally used to promote HIV testing. Non-traditional settings for HIV testing may include pharmacies, retail venues, and mobile units. Each recipient will determine which of their testing venues are non-traditional.
Opt-out screening	Opt-out screening is defined as performing HIV testing after notifying the patient that the test will be performed, and although the patient may decline or defer testing, it is strongly recommended. Assent is inferred unless the patient declines testing.
Persons at risk for HIV infection	Groups or populations can be described as “vulnerable” or “key” or “groups [populations] at risk” if they are subject to societal pressures or social circumstances or engage in behaviors that make them vulnerable to HIV.
Pre-exposure prophylaxis (PrEP)	Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medication to prevent acquisition of HIV infection. PrEP is used by people without HIV who are at risk of being exposed to HIV through sexual contact or injection drug use.
PrEP Eligibility	PrEP Eligibility refers to a person’s status with regard to whether or not the person meets appropriate criteria for using PrEP; specifically, whether or not the person is HIV-negative and at risk for HIV, as defined locally or by CDC guidelines for PrEP. <a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>
PrEP provider	A health care professional (e.g., physician, advanced practice nurse, physician assistant) who conducts evaluations for pre-exposure prophylaxis (PrEP) eligibility and clinical appropriateness, prescribes PrEP, and provides comprehensive management of persons taking PrEP. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).
PrEP Screening	The process of conducting an initial assessment regarding a person’s eligibility for pre-exposure prophylaxis (PrEP) (i.e., HIV testing and behavioral risk screening) and determining whether or not a more thorough evaluation is warranted. For further discussion on PrEP screening, see: Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. <a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>
Prescribed PrEP	Refers to a person who has been adequately evaluated and received a prescription for pre-exposure prophylaxis (PrEP). <a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>
Rapid HIV self-test	A Rapid Self-Test is done entirely by the tester often at home or in a private location and can produce results within 20 minutes.

Term	Definition
Rapid Linkage to HIV medical care within 7 days of diagnosis	This occurs when a patient is seen by a health care provider (e.g., physician, a physician’s assistant, or nurse practitioner) to receive medical care for his/her HIV infection, within 7-days of diagnosis. Linkage to medical care can include specific referral to care services immediately after diagnosis and follow-up until the person is linked to long-term case management. Linkage may be based on HIV-related laboratory tests or other methods of verification. Services may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.
Social Marketing Campaign	Social Marketing is the use of marketing theory, skills, and practice to achieve social change, promote the general health, raise awareness, and induce changes in behavior. Community mobilization models for HIV prevention include social marketing campaigns.
Social Services	Social services include housing, transportation, domestic violence intervention, and employment.
SSP Encounter	An interaction between a person with HIV or at risk for HIV infection and a Syringe Services Program (SSP) provider for the purpose of receiving services including access to sterile injection equipment (for persons who inject drugs), risk-reduction counseling, HIV, viral hepatitis, STD, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; naloxone; and referrals to substance use treatment.
Standard SSP Services	Provide access to sterile needles and syringes and other injection equipment (e.g., sterile water, cookers), condoms, syringe disposal, HIV and HCV testing, linkage to HIV and HCV care, linkage to PrEP, naloxone distribution, and linkage to medication-assisted treatment.
Substance use care and treatment	Substance use care and treatment; including low threshold medication-assisted treatment and evidence-based psychological and behavioral treatments (e.g., talk therapies).
TelePrEP	<p>Telehealth: The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.</p> <p>PrEP: The use of antiretroviral medication by persons who are not infected with HIV, but are at risk for infection, to reduce their risk for becoming infected.</p>