Evaluation Web HIV Testing Data Form – NORTH CAROLINA
Data Collection and Data Entry Procedures

1. **Use Form for All HIV Testing Events since 1/1/2019**
   a. Applies to agencies and health departments funded or supported through the following:
      i. Expanded Testing (Community Health Centers, Emergency Departments, Jails)
      ii. Integrated Targeted Testing (ITTS)
      iii. Rapid Kits Only – *when the test event involves the Rapid Kit/s provided by the State Prevention Program*
      iv. Ending the HIV Epidemic (ETE/EHE) under Program Announcement PS20-2010
   b. Does NOT apply to regular testing in health department clinics
   c. If a client declines HIV testing but is tested for other STIs, still use the form to enter the data
   d. Use this form to *collect* your data as of 1/1/2019
   e. If no testing was provided during a client interaction, then do NOT enter the test event into Eval Web

2. **Printing and Copying**
   a. Always use the most current version of the HIV Testing Data Form
      i. As of 9/05/23 you must use the version named "2023 NC HIV Testing Data Form (8-24-23).pdf"
   b. The form can be printed locally, and it is fine to photocopy it as well
   c. We suggest that you utilize 2-sided photocopies for the three-page HIV Testing Data Form

3. **Use with Agency Intake Forms**
   a. Data should ultimately be recorded on the most current version of the HIV Testing Data Form, but if your agency uses a separate client or counselor 'intake' form first, that is fine
   b. If so, make sure that all of the necessary data elements are covered on your local intake form and transferred to the most current version of the HIV Testing Data Form.
   c. The HIV Testing Data Form is designed to be filled out by a trained HIV test counselor
      i. Please do not give this form to the tested client for them to fill out
      ii. Any forms that are given to clients to fill out should be designed specifically for that purpose

4. **Format**
   a. The order of the data elements follows the order of data entry in Evaluation Web (Eval Web)
      i. The order may not make the most sense for client encounters so you will need to skip around a little
      ii. Oval bubbles mean "select only one" and square boxes mean "check all that apply"

iii. Note that Name and full Date of Birth are needed by the Prevention Data Team in order to look up the client in the Surveillance System in the event that the person tests positive or inconclusive for HIV (more on that under number 8. Below)
    1. Eval Web does *not* capture name and requires only year of birth

5. Data to Collect at Time of Testing

a. Name and Program information at the top
    i. Write in client's full name
        1. Repeat Client name on top of page 2 and page 3
    ii. Fill in the bubble to choose the "Program/Funding" appropriate to this test event
    iii. Fill in your name beside "Form Completed By"
    iv. Fill in your agency's name beside "Agency Name"
    v. Fill in the region in which this test event took place beside "Region"
    vi. Skip "Form ID" for now – this unique identification number will be automatically generated by Eval Web at the time of data entry
    vii. Skip "Form Entered into Eval Web by" for now

b. Section 1 – Agency and Client Information
    i. Fill in the bubble to choose the "Program Announcement"
        1. Most Prevention Testing efforts fall under PS18-1802
            a. If you are entering testing data as part of the Ending the HIV Epidemic efforts with Mecklenburg County Health Department then Program Announcement will be PS20-2010
    ii. Fill in one bubble to choose the appropriate "Test Site/Setting" for the location of this testing event
    iii. "Local Client ID" is completely optional, if you choose to complete it please do NOT include any identifiable information
    iv. Client Demographics
        1. "Date of Birth" – write in the full DOB – MM/DD/YYYY
        2. "Client State" – write the state of the client's current residence
        3. "Client County Name" – write in the name of the county of the client's current residence
        4. "Client Zip Code" – write in the zip code of the client's current residence
        5. "Client Ethnicity" – fill in one bubble
        6. "Client Race" – fill in all check boxes that apply
        7. "Client Assigned Sex at Birth" – fill in one bubble
        8. "Client Current Gender Identity" – fill in one bubble
            a. Please keep in mind that that the "Assigned Sex at Birth" and "Current Gender Identity" responses should align (for example, if a client's assigned sex at birth was "Male" then you should not choose "Female" or "Transgender Female to Male" as their Current Gender Identity.
    v. Previous HIV Test
        1. "Has the client had an HIV test previously?" – select one Yes or No

c. Section 2 –Testing Information
    i. HIV Test Election = Confidential or Test Not Done
        1. Choose Test Not Done only when an HIV test was not performed as part of this test event/client interaction
    ii. HIV Test Type and Results Sections
        1. For Rapid testing only complete CLIA-waived point-of-care (POC)/Rapid test/s
            a. Then choose the one result from the POC/Rapid Test Result choices
        2. For lab testing complete Laboratory-based Test
            a. Lab Test Results section must be completed after the results have been received from the lab
        3. If both Rapid/POC testing and Laboratory-based testing was done
            a. Fill out both POC/Rapid Results section once the rapid tests are completed, and Laboratory Results sections after results have been received from the lab.
            b. ALSO, Complete Local Use Field 1 on page 3 with "RHIV"
        4. *Reminder - If the Rapid are Preliminary Positive, Positive, or Discordant, and/or the Lab HIV test results are Positive or Inconclusive you will not perform data entry for this test event*
    iii. Result provided to client – choose one; "No", "Yes", or "Yes client obtained from another agency"
        1. If the answer is "No" please describe the situation on Page 3's Notes section

d. Section 3 – Negative Test Result
    i. Collect information for <u>ALL</u> clients tested
        1. Risk for HIV infection, select one
        2. Use the Eval Web PrEP Questions Guidance to complete the screened, eligible, referral given questions
        3. If the client is eligible for PrEP based on the NC PrEP Criteria, please complete the PrEP Referral and Linkage Form, and follow the PrEP guidance to complete all steps

e. Section 5 – Additional Tests
    i. Fill out which tests were performed and wait for results
        1. If the client was tested for Syphilis, and/or Gonorrhea, and/or Chlamydia, and/or Hepatitis C complete all applicable questions in Section 5
    ii. If Syphilis Rapid Testing was done, record results and complete Local Use Field 2 on page 3 "RSYPH"
    iii. If HCV Rapid Testing was done, record results and complete Local Use Field 3 on page 3 "RHCV"
    iv. If lab testing was performed update this section with the results after received from the lab

f. Section 6a – PrEP Awareness
   i. Three No/Yes questions that must be completed and are related to each other
      1. For example, if the client has never heard of PrEP (Has client ever heard of PrEP? = No) then the other two PrEP questions (currently taking PrEP and used PrEP in the last 12 months) should also be "No"
      2. For example, if the client is currently on PrEP then all the PrEP questions should be answered with "Yes"

g. Section 6b - Priority Populations
   i. Risk history questions – answer each of the four questions with either "Yes" or "No"

h. Section 7 – Essential Support Services
   i. Complete the last 4 rows of questions; this includes health benefits navigation and enrollment, evidence-based risk-reduction intervention, behavioral health services, and social services
   ii. You must answer all 12 questions with either "Yes" or "No"

i. Section 8 – Local Use Fields. As of now, we are using fields 1, 2, 3 to indicate rapid testing for HIV, Syphilis, HCV. Please refrain from using Local use Fields 4-8.

6. Fill Out Separate Form(s) to Order HIV and STI Testing from Laboratories

a. For HIV and HCV testing at the State Laboratory of Public Health (SLPH), use the current HIV testing form.
   i. You can skip Test1, Test2 and the behavioral risk factors
   ii. Send Lab form and blood sample to SLPH for testing in accordance with their guidelines

b. For Syphilis, Chlamydia, Gonorrhea testing, fill out form(s) for appropriate State, County, or Private Lab
   i. Send Lab form and blood sample to appropriate lab for testing

7. Agency Filing System Needed

a. Create the following categories to separate all HIV Testing Data Forms at this point:
   i. Forms awaiting Laboratory Results
   ii. Forms with all results complete awaiting data entry
   iii. Forms that have been entered
   iv. Forms for HIV-Positives that have been copied and sent to CDB
   v. <u>All forms need to be kept in a secure, locked location</u>
      1. <u>Preferably a locked cabinet within a locked room</u>

8. Record All Results on HIV Testing Data Form

a. Record POC/Rapid test results should be added to the HIV Testing Data form as soon as they are complete

b. Record Lab test results as they come in
   i. If HIV-positive, fill out as much of Section 4 – Positive Test Result as you are able; it is fine if you don't know all of it, the Prevention Data Team will check the surveillance system for some of these answers

ii. *Reminder - If the Lab HIV test results are Positive (or Inconclusive) you will not perform data entry for this test event*
iii. Keep forms filed as above until all results have been recorded

c. When ALL HIV/STI test results have been recorded, file separately:
  i. HIV Negative, Invalid tests (regardless of results from other STI testing) and NO HIV testing (Coinfection only with all results)
    1. These forms are now ready for data entry
    2. Further sort the forms by Program Funding and Region
       This will make data entry easier (see below)
  ii. HIV Positive, Preliminary Positive, Discordant, and Inconclusive HIV tests
    1. Make a photocopy of the HIV Testing Data Form AND the HIV Lab Result (when applicable) and send to the Prevention Data Team:
      a. Place form/s and lab result/s in an **<u>inner</u>** envelope that is **<u>sealed</u>** and marked "**Confidential**"
      b. Place that sealed inner envelope inside an **outer** envelope and send to:

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

    2. Prevention Data Team will check the HIV Case Surveillance system and will fill out the remainder of Section 4 (Positive Test Result) and Section 9 (Health Department Use Only) when applicable
    3. Prevention Data Team will then enter these forms in Eval Web after performing all necessary research

9. Data Entry into Eval Web – please use Google Chrome as your web browser, Firefox and Microsoft Edge are alternative options as well

a. Agencies will enter the data for the HIV-Negative forms, and all Testing Events that do not include HIV testing
  i. Enter regularly, preferably weekly or at least every other week
  ii. Choose the "Program" carefully, as many agencies have more than one to choose from and they are very similar
    1. The "Programs" are your agency ID number (assigned by Prevention Data Team) followed by the Program/Funding abbreviation and then the Region in which the testing takes place
      a. One agency could have the following programs:
        i. 123_ET_TGA; 123_ETE_TGA; 123_RT_TGA; 123_ITTS_TGA
  iii. Indicate that each form has been entered by filling in the "Form ID" on the top of Page 1 (located between "Region" and "Form Entered into Eval Web by") and by filling in your name beside "Form Entered into Eval Web by"
    1. Agency staff <u>must</u> write the "Form ID" on the HIV Testing Data Form during data entry as this is the only time you will see the "Form ID"

a. If the client has been referred to PrEP the "Form ID" must be noted on the PrEP Referral and Linkage Form as well

2. If a test event that you entered that needs to be deleted, email the Prevention Data Team (joshua.mongillo@dhhs.nc.gov)
    a. Provide the "Form ID" AND Date of Test/Session Date
    b. Provide the reason the test event needs to be deleted
        i. For example – duplicate entry error, problem with Eval Web during data entry, etc.

iv. File all entered forms; we suggest filing them by Session/Test Date
    1. *Remember all forms that have been entered should have a "Form ID" written on the top right of Page 1*
    2. For now, ***please keep all forms***
        a. All forms need to be kept in a secure, locked location
            i. Preferably a locked cabinet within a locked room

b. Prevention Data Team will enter the test events sent by mail, which includes the HIV-Positives, Preliminary Positives, Inconclusives, and Discordant HIV results

10. Rapid Testing Data Procedures - Recap

a. HIV POC Rapid Test(s) only - Negatives
    i. Use the "POC/Rapid Test Result" in Section 2
b. HIV POC Rapid Test(s) only - Positives
    i. Complete the HIV Testing Data Form (including Section 4) and then make a copy of the form and send the copy to Prevention Data Team. File your own copy. Prevention Data Team will enter data.
        1. If you mistakenly entered the test event, be sure the "Form ID" has been completed on Page 1 before copying/mailing the HIV Testing Data form to the Prevention Data Team
c. HIV POC Rapid Test(s) AND Laboratory-based test – Negatives
    i. Fill out information for both types of testing in Section 2
    ii. In Eval Web, choose Laboratory-based testing and enter the Lab result
    iii. Enter RHIV in Local Use Field 1 on page 3 of the HIV Testing Data Form AND in Eval Web during data entry
d. HIV POC Rapid Test(s) AND Laboratory-based test – Positives
    i. Fill out information for both types of testing in Section 2.
    ii. Enter RHIV in Local Use Field 1 on page 3
    iii. Complete the HIV Testing Data Form (including Section 4) and then make a copy of the form and send the copy to Prevention Data Team. File your own copy. Prevention Data Team will enter data.
e. Syphilis POC Rapid Test
    i. Complete the entire Section 5 including entering test result (all results)
    ii. Enter RSYPH in Local Use Field 2 on page 3 AND in Eval Web during data entry
f. Hepatitis C POC Rapid Test
    i. Complete the entire Section 5 including entering test result (all results)
    ii. Enter RHCV in Local Use Field 3 on page 3 AND in Eval Web during data entry