



Project title – CORE Community Response to End Inequalities

Project ref. number - 101080079

EU Programme – EU4Health

Duration – 3 years

Deliverable No: D5.1

Deliverable title: Updated COBATEST tools

Author(s): Laura Fernàndez-López, Megi Gogishvili, Miguel Alarcón, Mariana Vicente, Rosa Freitas, Filipa Gomes

Date: December 5th, 2023



**Co-funded by
the European Union**

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

| | |
|---------------------|---|
| Project ref. number | 101080079 |
| Project title | Community Response to End Inequalities - CORE |

| | |
|----------------------|---|
| Deliverable title | Updated COBATEST tools |
| Deliverable number | D5.1 |
| Deliverable version | 1 |
| Previous version(s) | - |
| Deliverable filename | Deliverable_CORE_5.1_Updated COBATEST tools |
| Type of deliverable | Adapted data collection tool |
| Language | EN |
| Dissemination level | SEN - Sensitive |
| Number of pages | |
| Work Package | 5 |
| Partner Responsible | IGTP-ICO (CEEISCAT) and GAT Portugal |
| Author(s) | Laura Fernández-López, Megi Gogishvili, Miguel Alarcón, Mariana Vicente, Rosa Freitas, Filipa Gomes |
| Abstract | This deliverable presents the process that was undertaken to adapt the COBATEST data collection tools to the needs of key populations, the decisions made with the expert group on the improvement of data collection form, and the final adapted tool. |

Content

| | |
|--|----|
| LIST OF ACRONYMS | 4 |
| INTRODUCTION..... | 5 |
| METHODS | 6 |
| CHANGES MADE TO THE DATA COLLECTION FORM BASED ON THE EXPERT MEETINGS | 7 |
| Improvement to the Client's characteristics section of data collection form..... | 7 |
| Improvement to the Reasons for HIV testing section | 8 |
| Improvement to the Risk behaviour/factors section | 8 |
| Improvement to the STI vaccinations section | 10 |
| Other changes to the key-population group variables..... | 11 |
| Improvement to the HIV screening test section..... | 11 |
| Improvement to the Module B, HCV section..... | 13 |
| Improvement to the Module B, add HBV section..... | 14 |
| Improvement to the Module other STIs..... | 15 |
| Improvement to the Chemsex/PrEP module..... | 18 |
| ANNEX 1..... | 20 |
| Background document..... | 20 |
| ANNEX 2..... | 43 |
| Final adapted data collection form..... | 43 |

LIST OF ACRONYMS

CBVCT – Community-based voluntary counseling and testing services

HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

HIV - Human Immunodeficiency Virus

MSM – Men Who Have Sex With Men

PrEP - Pre-exposure Prophylaxis

PWID – Persons Who Inject Drugs

PWUD - Persons Who Use Drugs

STI - Sexually Transmitted Infection

INTRODUCTION

Project CORE (Community Response to End Inequalities) is a project with the aim to reduce inequalities by enhancing community responses and addressing gaps in mainstream/recognized prevention and healthcare services, particularly among the EU Member States lacking such responses.

The project employs strategies such as capacity building, networking, exchanging good practices, and implementing innovative approaches to promote, strengthen, and integrate community-driven approaches. It focuses on reaching the most vulnerable populations that are traditionally more difficult to access testing and linkage to care to HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis services.

To achieve its goals, Project CORE engages stakeholders and addresses legal, policy, and structural issues to facilitate the integration of community-driven approaches into disease prevention and health promotion strategies. It builds upon existing collaborations among regional networks and national and local organisations and leverages best practices and tools to support populations "left behind" in national responses. The project aims to integrate and harmonise community responses to the unique needs of people with multiple vulnerabilities.

The main objective of the WP5 is to consolidate and increase the scope and effectiveness of community-based services provision in an integrated prevention, testing, linkage to care and treatment adherence approach. It focus on early diagnosis of HIV, viral hepatitis, and other STIs, using a data collection tool based on community identified needs. WP5 helps to harmonise the testing and linkage to care data collected in the community services, generating Europe wide standardised indicators to be used at local, national, and regional level. For this the COBATEST network tools, developed in the framework of the HIV-COBATEST project, is used and adapted as necessary, following the Consensus recommendations for collection and integration of CBVCT testing and linkage to care data into national surveillance systems for HIV, viral hepatitis and STIs, generated in the INTEGRATE project.

This deliverable presents the process of adaptation of the COBATEST data collection tool, the agreements reached, and the final data collection tool adapted.

METHODS

A face-to-face meeting with representatives from the 14 implementing partners, representatives from the 3 regional networks members of the CORE consortium (Africa Advocacy Foundation, Correlation European Harm Reduction Network, and European Sex Workers' Rights Alliance) and with a representative from Transgender Europe (member of the Advisory Board) was planned in Lisbon on October 12th, 2023.

In preparation for the discussion on adapting the COBATEST tools in the expert face-to-face meeting, a background document was developed and shared with all participants prior to the meeting.

This document (Annex 1) offered an overview of the COBATEST Network, outlined its data-sharing methods and available tools, detailed current indicators, gender/key population variables while briefly explaining how these variables were derived. The document also included a set of questions designed to gather input, thoughts and ideas for improving and expanding these indicators and variables. Additionally, the document presented suggestions for new modules, questions and variables to be incorporated into the data collection form.

The proposals previously made by the expert groups were discussed in-depth together with all other details presented in the document as well as new points raised during the face-to-face meeting. The Consent Decision Making process was employed to accept or reject the proposals and suggested changes. This decision-making mode is a process that allows groups to arrive at a mutually defined “acceptable and consensual” solution. Such viable solutions are about always being willing to compromise and accepting different perspectives.

At the same time, in the framework of the Action Grant BOOST, a parallel process for the adaptation of the COBATEST data collection tools to the needs of harm reduction services took place. An expert group selected from the BOOST consortium and the BOOST Advisory board discussed the adaptations during 2 online meetings. All proposals from the BOOST expert meetings were approved during the CORE expert meeting and the other way around.

All changes made were presented to the COBATEST network's Steering Committee for approval as required by the COBATEST network's internal regulations. The final version of the form is presented in this document together with all changes approved by CORE members, BOOST members, and the COBATEST network's Steering Committee.

CHANGES MADE TO THE DATA COLLECTION FORM BASED ON THE EXPERT MEETINGS

Improvement to the Client's characteristics section of the data collection form

- To add a section on who provides the testing in the first section of the data collection form.

The following question was added:

- Who provides the testing? *Health professional / Lay worker (no peer) / Peer / Other*

| | | | |
|---|---------------|--|---|
| Name of the CBVCT site: _____ | Testing site: | <input type="checkbox"/> CBVCT office | <input type="checkbox"/> Public venue (pharmacy, library) |
| City of the CBVCT site: _____ | | <input type="checkbox"/> Outdoors/Van | <input type="checkbox"/> Amusement venue (coffe,bar) |
| Date of visit: _____ | | <input type="checkbox"/> Sex work venue | <input type="checkbox"/> Needle exchange venue |
| Day Month Year | | <input type="checkbox"/> Sauna/sex venue | <input type="checkbox"/> Other: _____ |
| Who provides the testing: <input type="checkbox"/> Health professional <input type="checkbox"/> Lay worker (no peer) <input type="checkbox"/> Peer <input type="checkbox"/> Other: _____ | | | |
| User's Unique identifier (used by the CBVCT service): _____ OR | | | |
| User's Unique identifier (COBATEST): _____ | | | |
| Gender (0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Day Month Year N of older brothers N of older sisters Initial letter of mother's name | | | |

- To include the 'Other' answer option to the Gender question: Cis men / Cis women / Trans women / Trans men / Non-binary / Other (which other)
For analysis purposes 'Other' will be included under 'Non-binary'

The following proposals and changes were elaborated and agreed on by the BOOST expert group:

- To add a question about homelessness / housing status

The following question has been added:

- Have you been homeless during past 12 months? (living on the street, in a shelter in a car...) Yes, *currently* / Yes, *but not currently* / No / *Don't know* / *Refuse to answer*

Client's characteristics:

Gender: ☐ Man (cis) ☐ Woman (cis) ☐ Trans man ☐ Trans woman ☐ Non-binary ☐ Other: _____ Date of birth: _____
Day Month Year

Foreign national: ☐ Yes ☐ No ☐ Don't know Country of birth: _____ Year of arrival to this country: (if migrant) _____
Year

Is the client a: ☐ Tourist ☐ Long-term stay ☐ Foreign student ☐ Refugee ☐ Resident
☐ Foreign worker ☐ Undocumented migrant ☐ Other: _____
☐ Asylum seeking migrant ☐ Naturalized citizen

Municipality or home town: _____

Do you have access to free health care services? ☐ Yes ☐ No ☐ Don't know ☐ Other: _____

Have you been homeless during past 12 months? (living on the street, in a shelter, in a car...) ☐ Yes, currently ☐ Yes, but not currently ☐ No ☐ Don't know ☐ Refuse to answer

Improvement to the Reasons for HIV testing section

1. To add PrEP as one of the reasons to test.

The following option was added to the 'For control/screening' options:

- I want to start PrEP /Monitoring PrEP'

Reasons for HIV testing: (multiresponse)

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Risk exposition | <input type="checkbox"/> For control/screening | <input type="checkbox"/> Window period in the last test | <input type="checkbox"/> Clinical symptoms |
| <input type="checkbox"/> Unprotected vaginal sex | <input type="checkbox"/> My partner asked me to | | |
| <input type="checkbox"/> Unprotected anal sex | <input type="checkbox"/> Before dropping using condom with my partner | | |
| <input type="checkbox"/> Unprotected oral sex | <input type="checkbox"/> I wish to have a baby | | |
| <input type="checkbox"/> Broken condom | <input type="checkbox"/> Prenatal screening: before delivery | | |
| <input type="checkbox"/> Unprotected sex with sex worker | <input type="checkbox"/> Regular control | | |
| <input type="checkbox"/> My partner has tested positive recently | <input type="checkbox"/> Only to know my health status | | |
| <input type="checkbox"/> Episode of sharing injection material | <input type="checkbox"/> I want to start PrEP / Monitoring PrEP | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Improvement to the Risk behaviour/factors section

1. To change the title of the section 'Risk behaviour/factors' to eliminate the word risk.

The title was changed to 'Behavioural factors'

2. To review the question 'Sex in the last months with', to include all the possible options.

The question has been transformed to a multi-answer question, including as option answers 'trans men', 'trans women' and 'non-binary'.

3. To delete the question 'Condomless with penetration in last 12 months with:'

The question has been deleted.

The following proposals and changes were elaborated and agreed on by the BOOST expert group:

1. Favoured wording change – “share of materials of injection” to “using other materials for drug use that were already used by others”.

The 2 questions using this expression were reworded:

- Using materials of injection that were already used by others
 - Using other materials for drug use that were already used by others
2. New options to answer the ‘Last time (of use)’ question were added: 30 days / less than 12 months / more than 12 months / don’t know.
 3. It was proposed to start with the question ‘Drug use route’ with answer options of different drug consumption routes. The ‘Last time’ question should also appear for each drug use route. A new question on main drugs use was approved and added, with the list of different drugs. One of the options to choose from should be ‘poly drug use’, in case of clients who inject and use drugs.

The section on drugs use was modified accordingly:

- Drug use (non prescribed)? Yes / No / Don’t know
 - If yes, Drug use route? (multi-answer) Injecting / Sniffing / Smoking / Oral
 - ‘Other’ was added as one of the options of ‘Drug use route’.

This change was made by the COBATEST Steering Committee.
 - For each option: Last time: Less than 30 days / Less than 12 months / Ever / Don’t know
 - Main drugs used: Cannabis / Cocaine/Crack cocaine / Amphetamine/Methamphetamine / MDMA / Heroin/other opioids / New psychoactive substances / Other
4. Add question on injection in prison

The following question has been added:

- Have you injected drugs in prison? Yes / No / Never in prison / Don’t know
5. Add short question if in treatment currently.

The following question has been added:

- Are you currently at opioid agonist treatment? Yes / No / Don’t know

Behavioural factors:

Sex in the last 12 months with (multianswer): ☐ Men (cis) ☐ Women (cis) ☐ Trans men ☐ Trans women ☐ Non-binary ☐ I haven't had sex ☐ Don't know

Condom use in the last sexual relation with penetration ☐ Yes ☐ No ☐ Don't know

Received money, drugs, good or services for sex in the last 12 months ☐ Yes ☐ No ☐ Don't know

STI diagnosed in the last 12 months ☐ Yes ☐ No ☐ Don't know

Drugs use? ☐ Yes ☐ No ☐ Don't know

Drugs use route? (multianswer):

| | | |
|--|---|--|
| <input type="checkbox"/> Injecting | → | Last time: <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Less than 12 months <input type="checkbox"/> Ever <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Sniffing/Snorting | → | Last time: <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Less than 12 months <input type="checkbox"/> Ever <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Smoking | → | Last time: <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Less than 12 months <input type="checkbox"/> Ever <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Oral | → | Last time: <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Less than 12 months <input type="checkbox"/> Ever <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other | → | Which other? _____ |

Main drugs used: (multianswer): ☐ Cannabis ☐ Cocaine / Crack cocaine ☐ Amphetamine / metamphetamine ☐ MDMA ☐ Heroin / other opioids ☐ New psychoactive substances ☐ Other: _____

Using material of injection that were already used by others in the last 12 months, as:

| | |
|---------------------------|--|
| Syringes and/or needles | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| Spoons, filters, water... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

Using other material for non-injecting drug use that were already used by others in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Have you injected drugs in prison? ☐ Yes ☐ No ☐ Never in prison ☐ Don't know

Are you at opioid agonist treatment currently? ☐ Yes ☐ No ☐ Don't know

Improvement to the STI vaccinations section

1. To add a question on Mpox vaccination

The following option was added:

- Vaccination for Mpox (with all required doses)
 - 'Monkey Pox' was changed to 'Mpox'.

This change was made by the COBATEST's Steering Committee.

2. To delete the question on 'Other vaccinations'

The question has been deleted.

3. To move this section in the general section part of the data collection form before the questions on testing.

The section has been moved at the end of the general section, after the behavioural factors section.

STI vaccinations:

| | |
|---|--|
| Vaccination for Hepatitis A (with all required doses) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| Vaccination for Hepatitis B (with all required doses) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| Vaccination for Papilloma virus (with all required doses) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| Vaccination for Mpox (with all required doses) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

Other changes to the key-population group variables

1. To include trans women, trans men, and non-binary as separate indicators in the yearly report.
2. To change the definition of the MSM group to:
MSM if cis men or trans men & sex with cis men or trans men
3. To change the key population 'People who inject drugs (PWID)' to 'People who use drugs (PWUD)' for the COBATEST indicators reporting (though in the Dublin Declaration indicators it still reads PWID).
4. To maintain the general key population 'Migrant' as it is, not separating it by 'vulnerable groups', for the COBATEST indicators reporting.
5. To add an extra module with questions related to sex work (the questions to be included in this module will be proposed by Fédération Parapluie Rouge).

Improvement to the HIV screening test section

1. To delete questions on 'Previous HIV tests' (in the general section) and incorporate them in the 'HIV screening test' section with the purpose of having a general section and then specific questions per HIV/STI testing.

The questions on previous HIV test(s) have been moved from the general section to the 'HIV screening test' section.

2. To delete question on 'Previous HIV test in the same CBVCT last 12 months'.

The question has been deleted.

3. To delete question on 'Did the client receive the HIV screening test result'.

The question has been deleted.

4. To delete the questions related to pre-test and post-test counselling.

The questions have been deleted.

5. To add a question on referral and leave the question on linkage to healthcare. Both questions should be repeated for other STIs.

The following question was added to the section 'HIV screening test':

- Patient referred to healthcare system? Yes / No / Don't know.

The definitions agreed for referral and linkage to care concepts are as follows:

- Referral: to start the process of getting an appointment to healthcare facilities.
- Linkage to care: first visit with the HIV specialist attended.

The following proposals and changes were elaborated and agreed on by the BOOST expert group:

1. To add a question on treatment for those with a previous HIV diagnosis.

The following question was added:

- Are you on treatment? Yes / No / Don't know
2. Delete connecting line from rapid blood test result to reactive screening test result.
This change was made by the COBATEST's Steering Committee.

Testing:

Screening HIV test:

Previous HIV tests ☐ Yes ☐ No ☐ Don't know

Previous HIV diagnosis ☐ Yes ☐ No ☐ Don't know

Are you on treatment? ☐ Yes ☐ No ☐ Don't know

HIV test performed ☐ Yes ☐ No

Screening test result: ☐ Reactive ☐ Non reactive ☐ Undetermined

Did you perform an extra test? ☐ Yes ☐ No ☐ Don't know

Which type of test? ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elisa)

Test result: ☐ Reactive ☐ Non reactive

Confirmatory test performed ☐ Yes ☐ No ☐ Don't know

Confirmatory HIV test result: ☐ Positive ☐ Negative ☐ Inconclusive

Patient referred to healthcare system ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

Last HIV test performed: ☐ Less than 3 months ☐ More than 12 months ☐ Less than 12 months ☐ Don't know

Year of HIV diagnosis: Year

Type of test used: ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elisa)

Improvement to the Module B, Syphilis section

1. To delete the detail 'Date of specimen collection' from the questions 'Syphilis Test performed' and 'Diagnosis test performed'.

The details on specimen collection have been deleted.

2. To add questions on referral and linkage to care to the 'Syphilis test' section:

Both questions have been added to the syphilis test section:

- Patient referred to healthcare system? Yes / No / Don't know
- Patient linked to healthcare system? Yes / No / Don't know

3. To add a question on the last syphilis diagnosis.

The following question has been added:

- Year of last syphilis diagnosis?

4. Delete connecting line from rapid test result to reactive screening test result. This change was made by the COBATEST's Steering Committee.

Syphilis test:

Previous syphilis tests ☐ Yes ☐ No ☐ Don't know

Previous syphilis diagnosis ☐ Yes ☐ No ☐ Don't know

Syphilis test performed ☐ Yes ☐ No

Type of test used: ☐ Rapid test ☐ Conventional test

Screening test result: ☐ Reactive ☐ Non reactive

Syphilis diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative

Patient referred to healthcare system ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system ☐ Yes ☐ No ☐ Don't know

Last syphilis test performed: ☐ Less than 3 months ☐ Less than 12 months ☐ More than 12 months ☐ Don't know

Year of last syphilis diagnosis: Year

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

Improvement to the Module B, HCV section

1. To delete the detail 'Date of specimen collection' from the questions 'HCV test performed' and 'Diagnosis test performed'.

The details on specimen collection have been deleted.

2. To add both questions on referral and linkage to care to the 'HCV test' section:

Both questions have been added to the 'HCV test' section:

- Patient referred to healthcare system? Yes / No / Don't know

- Patient linked to healthcare system? Yes / No / Don't know
3. To add a question on the last HCV diagnosis.

The following question has been added:

- Year of last HCV diagnosis?

The following proposals and changes were elaborated and agreed on by the BOOST expert group:

1. To add questions about treatment for those with a previous diagnosis.

The following questions have been added:

- Have you received treatment? Yes / No / Don't know
 - If yes, Which treatment? Interferon / New DAA / Don't know
 - If Interferon: Treatment completed / Stopped treatment / Don't know
 - If New DAA: Treatment completed / On treatment / Stopped treatment / Don't know.
2. Delete connecting line from the rapid blood test result to reactive screening test result. This change was made by the COBATEST's Steering Committee.

HCV test

Previous HCV test: ☐ Yes ☐ No ☐ Don't know

Previous HCV diagnosis: ☐ Yes ☐ No ☐ Don't know

Have you received treatment? ☐ Yes ☐ No ☐ Don't know

Which treatment?

- Interferon: ☐ Treatment completed ☐ Stopped treatment ☐ Don't know
- New DAA: ☐ Treatment completed ☐ On treatment ☐ Stopped treatment ☐ Don't know
- Don't know: ☐

HCV test performed: ☐ Yes ☐ No ☐ Don't know

Type of test used: ☐ Rapid oral test ☐ Rapid blood test ☐ Conventional test

Screening test result: ☐ Reactive ☐ Non reactive

HCV RNA test performed? ☐ Yes ☐ No ☐ Don't know

HCV diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative

Patient referred to healthcare system: ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system: ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

Improvement to the Module B, add HBV section

1. To include the 'HBV test section' to the Testing section of the general module.
2. To delete the detail 'Date of specimen collection' from the questions 'HBV test performed' and 'Diagnosis test performed'.

The details on specimen collection have been deleted.

- To delete the word 'last' from 'Date of last HBV diagnosis'.

The question has been reworded as following: 'Year of HBV diagnosis'.

- To add both questions on referral and linkage to care to the 'HBV test' section:

Both questions have been added to the 'HBV test' section:

- Patient referred to healthcare system? Yes / No / Don't know
 - Patient linked to healthcare system? Yes / No / Don't know
- To change the answer options of 'HBV diagnosis' to only 'positive / negative / unknown, and if yes, give all the possible options.'
- The questions have been changed as following:
- HBV diagnosis? Positive / Negative / Unknown
 - If positive, 'Diagnosed as: Acute infection / Healthy carrier / Chronic infection / Past cured infection / Don't know'
- Delete connecting line from the rapid blood test result to reactive screening test result. This change was made by the COBATEST's Steering Committee.

HBV test

Previous HBV test ☐ Yes ☐ No ☐ Don't know

Previous HBV diagnosis ☐ Yes ☐ No ☐ Don't know

HBV test performed ☐ Yes ☐ No

Type of test used: ☐ Rapid blood test ☐ Conventional test

Screening test result: ☐ Reactive ☐ Non reactive

HBV diagnosis: ☐ Positive ☐ Negative ☐ Unknown

Patient referred to healthcare system ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system ☐ Yes ☐ No ☐ Don't know

Last HBV test performed: ☐ Less than 3 months ☐ Less than 12 months ☐ More than 12 months ☐ Don't know

Year of HBV diagnosis: Year

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know

Diagnosed as: ☐ Acute infection ☐ Healthy carrier ☐ Chronic infection ☐ Past cured infection ☐ Don't know

Date of linkage: Day Month Year

Comments: _____

Improvement to the Module other STIs

- To restructure the sections and put together all rapid tests: HIV/syphilis/HCV/HBV.
The HBV test section, previously in the 'Other STIs' section has been moved to the 'Testing' section of the general module.
- To change 'given' with 'provided' in the question: 'Has treatment been given?'

The question has been reworded accordingly.

3. If 'yes' to any previous STI, to add: 'Have you received completed treatment?'

The following question has been added:

- Have you received completed treatment? Yes / No / Don't know
 - Word 'complete' has been removed from the question. The question was changed to 'Have you received treatment? Yes / No / Don't know/'.

This change was made by the COBATEST network's Steering Committee.

4. To add 'Inconclusive' to test result options for Gonorrhea and Chlamydia. If 'Inconclusive', to add the question 'Was the test repeated?' and if 'yes', to add the test result. If test result 'positive', add the question 'has treatment been received'.

The 'Inconclusive' option has been included as an answer option for 'Test results'. The question 'Was the test repeated' has been added for the 'Inconclusive' answer option. The question 'Has treatment been received: Yes / No / Don't know' has been added.



DATA COLLECTION FORM

OTHER STIs

Date of visit
Day Month Year

Client's Unique identifier (COBATEST):

Gender (0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Day Month Year N° older brothers N° of older sisters Initial letter of your mother's name

Previous STIs tests:

Have you ever been tested for some STI?

☐ Yes → Year of last STI test:
☐ No
☐ Don't know

Have you had any previous STIs in the last 12 months?

☐ Yes → Which one/s: ☐ Syphilis ☐ Papilloma virus (genital warts)
☐ No ☐ Gonorrhea ☐ Lymphogranuloma
☐ Don't know ☐ Chlamydia ☐ Trichomoniasis
☐ Genital herpes ☐ Other: _____

Have you received treatment?

☐ Treatment completed ☐ On treatment ☐ Stopped treatment ☐ No ☐ Don't know

Chlamydia and gonorrhea screening:

Presence of chlamydia/gonorrhea symptoms?

☐ Yes → Which one/s: ☐ Genital/rectal pain
☐ No ☐ Anormal genital fluid
☐ Don't know ☐ Other: _____

Chlamydia test:

Chlamydia test performed? ☐ Yes ☐ No ☐ Don't know Sample collection date:
Day Month Year

Type of sample collected/location (multiple answer):

☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used:

☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result:

☐ Positive ☐ Negative ☐ Inconclusive

Has the test been repeated?

☐ Yes ☐ No ☐ Don't know

Test result:

☐ Positive ☐ Negative ☐ Inconclusive

Has treatment been provided?

☐ Yes ☐ No ☐ Don't know

Treatment date:

Day Month Year

Gonorrhea test:

Gonorrhea test performed? ☐ Yes ☐ No ☐ Don't know Sample collection date:
Day Month Year

Type of sample collected/location (multiple answer):

☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used:

☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result:

☐ Positive ☐ Negative ☐ Inconclusive

Has the test been repeated?

☐ Yes ☐ No ☐ Don't know

Test result:

☐ Positive ☐ Negative ☐ Inconclusive

Has treatment been provided?

☐ Yes ☐ No ☐ Don't know

Treatment date:

Day Month Year

Improvement to the Chemsex/PrEP module

PrEP

1. To add a question on the monitoring of PrEP If the answer to the question 'Have you ever taken PrEP?' is 'Yes'.

The following questions have been added:

- Was the PrEP monitored? Yes / No / Don't know
- If 'Yes', How was it monitored? Prescribed and monitored / Prescribed but not monitored / Informal PrEP / Don't know
 - The two part question (given above) was separated into two 'Was the PrEP been prescribed? Yes/No/Don't know' and 'Was the PrEP been monitored? Yes/No/Don't know'.

This change was made by the COBATEST network's Steering Committee.

2. To add a question on PrEP referral. if the answer to the question 'Are you interested in using PrEP' is 'Yes'.

The following questions have been added:

- Has the client been referred to PrEP services? Yes / No / Don't know
- If 'Yes', Where? To hospital / To a community service

PrEP

Have you ever heard about PrEP (Pre-exposure Prophylaxis - a strategy which includes antiretroviral treatment that can be taken before a possible HIV exposure in order to prevent HIV infection)?

☐ Yes ☐ No ☐ Don't know

Have you ever taken PrEP? ☐ Yes ☐ No ☐ Don't know

Are you interested in using PrEP? ☐ Yes ☐ No ☐ Don't know

Was the PrEP been prescribed? ☐ Yes ☐ No ☐ Don't know

Was the PrEP been monitored? ☐ Yes ☐ No ☐ Don't know

Why not? (More than one option possible)

I am worried about side effects ☐

The cost is prohibitive ☐

I don't want to take medication regularly ☐

I don't want to have the regular medical check-ups ☐

I don't want to go to the hospital to access PrEP ☐

I don't need it ☐

Other ☐

Which other? _____

Has the client been referred to PrEP?

☐ Yes ☐ No ☐ Don't know

Where? ☐ To a hospital ☐ To a community service

CHEMSEX

3. To delete 'in last 12 months' and add 'on purpose' in the question 'Have you used drugs before/during group sex in the last 12 months'.

The question has been reworded as following:

- Have you on purpose used drugs before/during group sex?
 - Above given question has been further reworded to 'Have you used drugs for the purpose of enhancing sex?'

This change was made by COBATEST Network's Steering Committee.

4. If 'Yes', to add the question 'When was the last time?'

The following question was added:

- When was the last time? Last 30 days / Last 12 months / More than 12 months / Don't know

Chemsex

Have you used drugs for the purpose of enhancing sex? ☐ Yes ☐ No ☐ Don't know

When was the last time? ☐ Last 30 days ☐ Last 12 months ☐ More than 12 months ☐ Don't know

Which drugs? (More than one option possible)

GBL, GHB ☐

Methamphetamine (Crystal, Ice, Tina, C) ☐

Cathinones (Mephedrone, Meph, M-CAT, Bubbles), Legal High ☐

Ketamine (K, Special-K) ☐

Cocaine (coke) ☐

Did you inject this drug? ☐ Yes ☐ No ☐ Don't know

ANNEX 1

Background document



COBATEST data collection: adapting the tools

WP5

Author(s): Laura Fernàndez-López, Megi Gogishvili, Miguel Alarcón, Mariana Vicente, Rosa Freitas, Filipa Gomes

Date: September 26th, 2023



Table of content

| | |
|--|----|
| BACKGROUND | 23 |
| COBATEST network | 23 |
| Ways of sharing data | 24 |
| Tools..... | 25 |
| COBATEST INDICATORS..... | 26 |
| Background | 26 |
| HIV testing indicators | 26 |
| HCV/Syphilis/other testing indicators..... | 27 |
| INCLUSION OF NEW INDICATORS..... | 28 |
| DEFINITION OF THE VARIABLES FOR GENDER AND KEY POPULATIONS..... | 28 |
| For the variable Gender: | 28 |
| For the variable MSM:..... | 29 |
| For the variable SW: | 29 |
| For the variable PWID:..... | 29 |
| For the variable Migrant:..... | 30 |
| IMPROVEMENT OF VARIABLES DEFINITION | 31 |
| NEW INFORMATION TO BE INCLUDED IN THE DATA COLLECTION FORM | 33 |
| STI module | 33 |
| Chemsex and PrEP modules | 33 |
| Other options..... | 34 |
| Other information..... | 35 |
| CONSENT DECISION MAKING | 36 |
| ANNEX 1 | 37 |
| COBATEST Data Collection Form..... | 37 |
| ANNEX 2 | 39 |
| STI Module | 39 |
| ANNEX 3 | 40 |
| PrEP and Chemsex Module | 40 |
| ANNEX 4 | 41 |
| Triage guide from GAT Portugal | 41 |

BACKGROUND

COBATEST network

The COBATEST network is a network of CBVCT (community-based voluntary counselling and testing) services created in the context of the HIV-COBATEST project, hosted by the Fundació Institut d'Investigació Germans Trias I Pujol (FIGTIP), through the Centre for Epidemiological Studies on STI and AIDS in Catalonia (CEEISCAT). The CEEISCAT is a technical support centre to the Public Health Agency of Catalonia (ASPC), to promote evidence-based policies and translation of research into policy in themes related with the prevention and control of HIV/AIDS and Sexually Transmitted Infections (ITS). Since 2018 and in the framework of an Operating Grant from the European Commission, CEEISCAT and AIDS Action Europe (AAE) have established a collaboration to coordinate the COBATEST Network together.

The objectives of the network are:

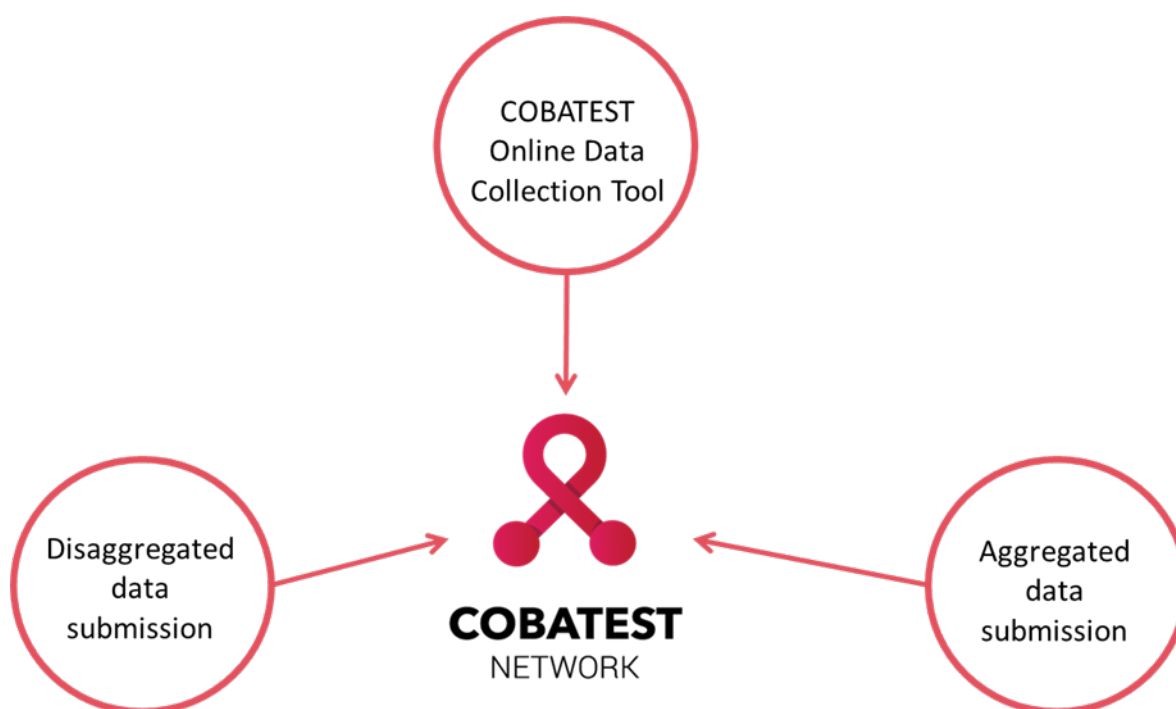
1. To promote and to increase visibility of community health work, including community-based testing for HIV/STI/viral hepatitis/TB across Europe.
2. To advocate for the inclusion of community-based testing in national policies and HIV/STI/viral hepatitis/TB national plans across Europe.
3. To generate, analyse and disseminate harmonised community-based testing data and indicators to be used at local, national, and regional level and to improve the quality of such data.
4. To strive to be representative of the reality of CBVCT in the WHO European region.
5. To increase the quality of CBVCT services in the WHO European region through capacity building and advocacy based on the needs of clients.
6. To promote synergies and alliances with other stakeholders working with key populations and with the prevention and control of HIV/STI/viral hepatitis/TB at the community level.

Currently, COBATEST network consists of 110 member CBVCTs from 28 European and 2 Central Asian countries. Full list of the network can be found [here](#).

More details about the network, such as implemented activities and projects, yearly reports and publications can be found at [COBATEST network's webpage](#).

Ways of sharing data

One of the yearly activities of the COBATEST network is collecting standardized data. There are three ways for members to submit data, specifically through: 1. COBATEST online data collection tool, 2. Disaggregated data through an excel file, 3. Aggregated data through pre-formatted excel file. This standardised data collection ensures data is comparable and can be analysed together. The data is submitted by 31st of March every year and is regulated by an agreement document that is signed between members and CEEISCAT at the time of their acceptance in the network.



Tools

- **Online data collection tool**

COBATEST's free online tool is a data collection solution for members who want to store and analyse data in a secure and user-friendly way. For each consultation, a corresponding questionnaire is completed online. This builds a database for each centre which can be consulted or extracted in Excel format at any time. The tool also offers the possibility to create ready-made graphs and reports with the centre's data, making it ideal for centres with time constraints or low capacity. Instructions on how to use the tool can be found in format of written manual and video tutorials [here](#).

The data collection form utilized for online data submission has been developed by CEEICSAT and approved by COBATEST Steering Committee. The form is being updated yearly according to the needs of the members and the key-population groups serviced by them. Current data collection form can be found [here](#), together with the instructions on how to fill it in. As shown in the instructions, not all questions are obligatory to fill-in. As an addition to the data collection form, members also have modules available with questions on Prep and Chemsex, if they wish to collect data on them.

The members who use online data collection tool do not need to submit the data in any other format as CEEICSAT can extract the data from the system.

- **Guidelines for disaggregated data submission**

Members that already have a data collection system in place can submit data in disaggregated format via email to COBATEST network's coordinator. The data should be prepared according to the document "Guidelines for Disaggregated Data Submission" and submitted as an Excel file via email. Not all information collected through the data collection form (mentioned in the previous section) is included in the disaggregated data submission through an Excel. Only variables needed to calculate pre-defined indicators (discussed in COBATEST Indicators subtitle on page 5) are requested. The list of variables needed to calculate the indicators are provided to the members and can be found [here](#).

- **Guidelines for aggregated data submission**

Members that cannot prepare data in disaggregated form or don't want to use online data collection tool can submit a summary of the COBATEST indicators via email. The data should be prepared according to the document "Guidelines for Aggregated Data Submission" and submitted as an Excel via email to the network's coordinator. A pre-formatted excel file for submitting aggregated data is provided to the members where they just have to include total sum for each indicator. The excel file calculates the indicators automatically.

COBATEST INDICATORS

Background

COBATEST indicators were developed within the project “HIV community-based testing practices in Europe” (HIV-COBATEST) with co-funding from the Executive Agency for Health and Consumers (EAHC) under the EU Public Health Programme (Grant Agreement N° 2009 12 11). An early draft was developed by Irena Klavs (National Institute of Public Health-NIPH, Slovenia) in collaboration with Jordi Casabona (CEEISCAT, Spain), Cristina Agustí Benito (CEEISCAT), Laura Fernández López (CEEISCAT), Eduardo Ditzel (Proctedels NOMS-HISPANOSIDA, Spain), Miha Lobnik (LEGEBITRA, Slovenia), and Per Slaaen Kaye (STOP AIDS, AIDS-Foundation, Denmark).

Consensus on the list of core and optional CBVCT indicators was reached on the draft document at the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services in the Barcelona on 24 of May 2012. Special thanks to Tobias Alfvén (Joint United Nations Programme on HIV/AIDS - UNAIDS, Switzerland) for his contribution to the workshop and all his suggestions on how to improve the document.

After the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services, the document was sent for final comments to all members of the HIV-COBATEST Steering Committee and the members of the Advisory Board of the HIV-COBATEST Project. The preparation of the final document was coordinated by Irena Klavs and Cristina Agustí Benito through several rounds of review by e-mail and teleconferences and the contribution of Jordi Casabona, Laura Fernández López, Eduardo Ditzel, Miha Lobnik, and Per Slaaen Kaye.

HIV testing indicators

COBATEST is collecting the following indicators related to HIV testing data and linkage to care:

- **CBVCT 1:** Number of clients tested for HIV
- **CBVCT 2:** Proportion of clients who reported to have been previously tested for HIV
- **CBVCT 3:** Proportion of clients who reported to have been tested for HIV during preceding 12 months
- **CBVCT 4:** Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months
- **CBVCT 5:** Proportion of clients with reactive screening HIV test result
- **CBVCT 6:** Proportion of clients with reactive HIV screening test result who were tested with confirmatory HIV test
- **CBVCT 7:** Proportion of clients with positive confirmatory HIV test result
- **CBVCT 8:** Proportion of clients with false HIV positive results
- **CBVCT 9:** Number of clients needed to test to find a positive HIV result
- **CBVCT 10:** Cost per client screened for HIV
- **CBVCT 11:** Cost per confirmed HIV diagnosis
- **CBVCT 12:** Proportion of clients with confirmed HIV diagnosis who were linked to healthcare
- **CBVCT 13:** Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

HCV/Syphilis/other testing indicators

COBATEST is collecting the following indicators related to HCV/Syphilis testing data and linkage to care:

- **CBVCT STI 1:** Number of clients tested for [HCV or syphilis] with a screening test
- **CBVCT STI 2:** Proportion of clients who reported to have been previously tested for [HCV or syphilis]
- **CBVCT STI 3:** Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis]
- **CBVCT STI 4:** Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis] during preceding 12 months
- **CBVCT STI 5:** Proportion of clients with reactive screening [HCV or syphilis] test result
- **CBVCT STI 6:** Proportion of clients with reactive screening [HCV or syphilis] test result who were tested with confirmatory [HCV or syphilis] test
- **CBVCT STI 7:** Proportion of clients with [HCV or syphilis] diagnosis of active infection
- **CBVCT STI 8:** Proportion of clients with [HCV or syphilis] diagnosis of old infection
- **CBVCT STI 9:** Cost per client screened for [HCV or syphilis]
- **CBVCT STI 10:** Cost per confirmed [HCV or syphilis] diagnosis
- **CBVCT STI 11:** Proportion of clients with confirmed [HCV or syphilis] diagnosis who were linked to healthcare

All indicators, except for CBVCT 10, CBVCT 11, CBVCT STI 9, CBVCT STI 10 and CBVCT STI 11 should also be monitored in **“disaggregated” form by gender (male, female, transgender), age (<25 and 25+ years old) and key population at risk (MSM, SW, PWID, migrants).**

If a client is in two or more key populations, they should be recorded as such (e.g. an PWID SW would be recorded in two categories and then once in “All”).

How each indicator is calculated can be found in the document with guidelines on [aggregated data submission](#).

INCLUSION OF NEW INDICATORS

The indicators developed for COBATEST are based on servicing needs of various centres from Europe and Central Asia. The indicators developed were considered as ‘core-indicators’ that could be useful to all centres despite the services they provide or key-population groups they service. However, as in case of data collection form the indicators can also be revisited and updated according to the needs of the centres.

In this context, thinking globally, please indicate below if you think new indicators should be added to the list given above for reporting testing data in community-based services.

Do you think COBATEST members will benefit by collecting data on new indicator(s)?

If so, please indicate which ones and the arguments for its inclusion as new indicators.

[Type here your answer]

DEFINITION OF THE VARIABLES GENDER AND KEY POPULATIONS

Currently for the COBATEST reporting, we are defining the variables gender and key population categories as following¹:

For the variable Gender:

- Related questions in the data collection form (for more detail see annex 1):
 - Gender? 1 man (cis); 2 woman(cis); (3 transgender); 4 trans man; 5 trans woman; 6 non-binary
- Calculation of the variable:
 - Man if gender==1(man (cis))

¹Doble equals ‘==’ mens ‘is equal to’, while single equals ‘=’ just mean equals and it’s used to assign values to a variable.

- Woman if gender==2(woman (cis))
- Transgender if gender==4(trans man) or gender==5(trans woman)

For the variable MSM:

- Related questions in the data collection form (for more detail see annex 1):
 - Gender? 1 male; 2 female; (3 transgender); 4 transgender male; 5 transgender female; 6 non-binary
 - Sex in the last 12 months with: 1 men (cis/trans); 2 women (cis/trans); 3 men (cis/trans) and women (cis/trans); 4 I haven't had sex; 5 don't know
- Calculation of the variable:
 - MSM if men and had sex in last 12 months with other men or with women and other men:
 - MSM=1 (yes) if gender==1 & sexwith_inlast12months==1(men) OR sexwith_inlast12months=3(women and men)
 - No MSM if women, or if men and had not sex in last 12 months with other men.
 - MSM=2 (no) if gender==2 & sexwith_inlast12months==1(men) OR sexwith_inlast12months=3(women and men)
 - MSM=2 (no) if gender==1 & sexwith_inlast12months!=1(men) AND sexwith_inlast12months!=3(women and men)

For the variable SW:

- Related questions in the data collection form (for more detail see annex 1):
 - Received money, drugs, good or services for sex in the last 12 months? 1 yes; 2 no; 3 don't know
- Calculation of the variable:
 - Sex worker if answered yes to the question "Received money, drugs, good or services for sex in the last 12 months?"
 - SW=1(yes) if Sex_worker==1(yes)

For the variable PWID:

- Related questions in the data collection form (for more detail see annex 1):
 - Intravenous drugs use? 1 yes; 2 no; 3 don't know
 - Date of last time

- Share if materials of injection in the last 12 months as syringes or needles? 1 yes; 2 no; 3 don't know
- Share of materials of injection in the last 12 months as spoons, filters, water, ...? 1 yes; 2 no; 3 don't know
- Sharing utensils for other commonly use addictive substances? 1 Yes ; 2 No; 9 Don't know
- if OtherAddictiveSubstances==Yes, Which others?
- Calculation of the variable:
 - PWID if had answered yes to the question "Intravenous drugs use?"
 - PWID=1 if Intravenous_drugs_use==1

For the variable Migrant:

- Related questions in the data collection form (for more detail see annex 1):
 - Foreign national? 1 yes; 2 no; 3 don't know
 - Country of birth?
 - Year of arrival to this country?
 - Is the client a 1 tourist; 2 Longer term stay
 - If Longer term stay==1, 1 foreign student, 2 foreign worker, 3 asylum seeking migrant, 4 refugee, 5 undocumented migrant, 6 nationality holders, 7 other
 - Do you have access to free health care services? 1 Yes ; 2 No; 3 Other
- Calculation of the variable:
 - Currently:
 - Migrant if answered yes to the question "Foreign national?"
 - Migrant=1 if Foreign_national==1
 - New proposal:
 - **Migrant in general:**
 - If answered yes to the question "Foreign National?"
 - Migrant=1 if Foreign_national==1
 - **Vulnerable migrant:**
 - Vulnerable migrant if foreign national, long-term stay and asylum seeking migrant, refugee or undocumented migrant or has no access to free health care services.

- Vulnerable migrant=1 (yes) if Tourist==2 (longer term stay) AND (LTStay==3 OR LTStay==4 LTStay==5) OR Tourist==2 (longer term stay) AND AccessHealthCare==2

IMPROVEMENT OF VARIABLES DEFINITION

In this section, we would like to gather your opinions on how we construct these variables and whether you believe the definitions can be improved. Please keep in mind that the data collection form should be as concise as possible.

- **Variable Gender**

Do you think that the definition of the variable gender needs to be improved?

If you have answered 'Yes', how do you think the definition of the variable gender can be improved? Which information do you think we need to take into account to better define the variable gender?

[Type here your answer]

- **Variable PWID**

Do you think that the definition of the variable PWID needs to be improved?

If you have answered 'Yes', how do you think the definition of the variable PWID can be improved? Which information do you think we need to take into account to better define the variable PWID?

[Type here your answer]

- **Variable Sex Worker**

Do you think that the definition of the variable Sex Worker needs to be improved?

If you have answered 'Yes', how do you think the definition of the variable Sex Worker can be improved? Which information do you think we need to take into account to better define the variable Sex Worker?

[Type here your answer]

- **Variable Migrant**

Do you think that the definition of the variable Migrant needs to be improved?

If you have answered 'Yes', how do you think the definition of the variable Migrant can be improved? Which information do you think we need to take into account to better define the variable Migrant?

[Type here your answer]

- **Variable MSM**

Do you think that the definition of the variable MSM needs to be improved?

If you have answered 'Yes', how do you think the definition of the variable MSM can be improved? Which information do you think we need to take into account to better define the variable MSM?

[Type here your answer]

NEW INFORMATION TO BE INCLUDED IN THE DATA COLLECTION FORM

There might be a need to include new questions and collect more information in the [data collection form](#) (annex 1) in order to:

- better define gender and key population variables
- calculate new indicators
- have enough information for research on factors associated with HIV/HCV/STIs infection in key populations

While thinking of possible additions to the form, please keep in mind the time each client will be willing to dedicate to answering the questions and time CBVCT employee will be able to allocate to data collection. Please indicate only the information that you think is crucial to better our understanding of HIV/STI testing, treatment, and the infection acquisition among key population groups.

STI module

We have been working to include new **STI module** (see annex 2), to include information on Chlamydia, gonorrhoea and HVB testing.

Do you think we need to include other STIs and/or other information or that we need to change some question?

If you have answered 'Yes', which information do you think we need to take into account or which questions do we need to change?

[Type here your answer]

Chemsex and PrEP modules

There is already in the COBATEST data collection tool a very short Chemsex and PrEP module (annex 2), based on knowledge and use, just for those who wanted to use it.

Do you think we need to include more information or to change some question on Chemsex and PrEP module?

If you have answered 'Yes', which information do you think we need to take into account or which questions do we need to change?

[Type here your answer]

Other options

- **To include new modules specifics for key populations**

Several options to improve the COBATEST data collection tool have been discussed. One of them is to add specific modules for each key population with specific questions only for those key populations, allowing to collect information more targeted to those key population groups.

Do you agree with the idea to have specific modules for each key population group?

If you have answered 'Yes', which specific questions do you think we need to take into account?

– Regarding MSM

[Type here your answer]

– Regarding SW

[Type here your answer]

– Regarding PWID

[Type here your answer]

– Regarding Migrants

[Type here your answer]

- **Triage Guide**

Another alternative, is to include a triage guide based on risk criteria to facilitate the provision of various tests within an integrated screening framework. As an example, GAT Portugal have developed one that is used by all the community-based testing services in the Rede de Rastreio Comunitária, the community-based testing network in Portugal (annex 3).

Do you think we need to include a triage guide to facilitate the provision of various tests based on risk criteria?

Please add any comment you have regarding this:

[Type here your answer]

Other information

In this section, we would like to gather your opinions on other new information, not discussed in the previous sections of this document, to be included in the data collection form. As indicated before, please keep in mind the time each client will be willing to dedicate to answering the questions and time CBVCT employee will be able to allocate to data collection. Please indicate only the information that you think is crucial to better our understanding of HIV/STI testing, treatment, and the infection acquisition among key populations.

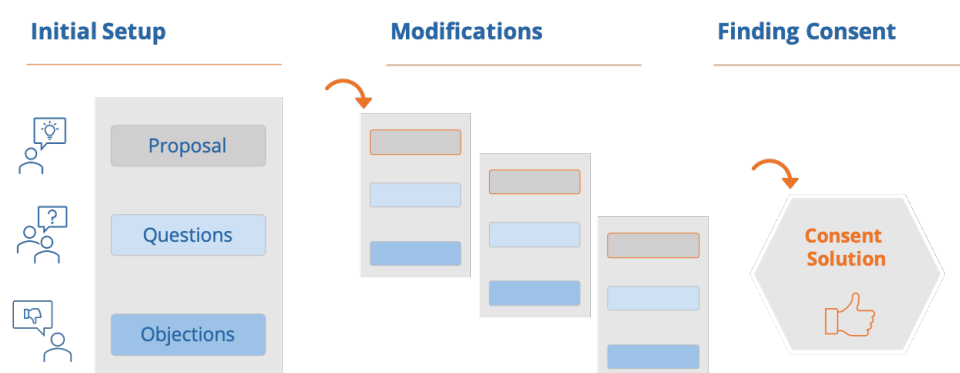
Which new information not discussed in the previous sections of this document do you think we need to include in the data collection form?

[Type here your answer]

CONSENT DECISION MAKING

For the process of adaptation of the COBATEST data collection tools, the Consent Decision Making process will be used.

The Consent Decision Making Method is a decision-making process for groups to arrive at a mutually defined “acceptable and consensual” solution. Such viable solutions are about always being willing to compromise and accepting different perspectives.²



After taking 3 steps demonstrated in the graph above, if an objection has been made by a participant during the final step, he/she/they should provide an argumentation and possible adjustment to the topic objected to. After the explanation of the objection and proposal of an adjustment, the topic will again go through the above shown 3 steps. This process can be repeated several times before reaching a solution that is “acceptable and consensual” for everyone. At the time of the objection, the moderator will check if the point made is crucial to solve, thus requires adjustment and compromise, or it can be overlooked.

²Consent Decision Making - ConWISE [Internet]. [cited 2023 Aug 1]. Available from: <https://www.conwise.de/en/knowledge-base/strategy/consent-decision-making/>

ANNEX 1

COBATEST Data Collection Form



COBATEST
NETWORK

HIV TESTING DATA COLLECTION FORM

Name of the CBVCT site: _____ Testing site: ☐ CBVCT office ☐ Public venue (pharmacy, library)
☐ Outdoors/Van ☐ Amusement venue (coffee, bar)
☐ Sex work venue ☐ Needle exchange venue
☐ Sauna/sex venue ☐ Other: _____

City of the CBVCT site: _____

Date of visit: _____
Day Month Year

User's Unique identifier (used by the CBVCT service): _____
 OR
 User's Unique identifier (COBATEST): _____
(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Day Month Year N of older brothers N of older sisters Initial letter of mother's name

Client's characteristics:

Gender: ☐ Man (cis) ☐ Woman (cis) ☐ Trans man ☐ Trans woman ☐ Non-binary Date of birth: _____
Day Month Year

Foreign national: ☐ Yes ☐ No ☐ Don't know Country of birth: _____ Year of arrival to this country: (if migrant) _____
Day Month Year

Is the client a: ☐ Tourist ☐ Long-term stay ☐ Foreign student ☐ Refugee ☐ Resident
☐ Foreign worker ☐ Undocumented migrant ☐ Other: _____
☐ Asylum seeking migrant ☐ Naturalized citizen

Municipality or home town: _____

Do you have access to free health care services? ☐ Yes ☐ No ☐ Other: _____

Reasons for HIV testing: (multiresponse)

☐ **Risk exposition** ☐ **For control/screening** ☐ **Window period in the last test** ☐ **Clinical symptoms**

☐ Unprotected vaginal sex ☐ My partner asked me to ☐ Before dropping using condom with my partner
☐ Unprotected anal sex ☐ I wish to have a baby
☐ Unprotected oral sex ☐ Prenatal screening: before delivery
☐ Broken condom ☐ Regular control
☐ Unprotected sex with sex worker ☐ Only to know my health status
☐ My partner has tested positive recently ☐ Other: _____
☐ Episode of sharing injection material
☐ Other: _____

☐ **Other:** _____

Reasons for selecting this CBVCT center to be tested: (multiresponse)

☐ I've come here before ☐ I've seen this CBVCT in a pamphlet ☐ Other: _____
☐ A friend told me about this CBVCT ☐ I've found this CBVCT in Internet

Previous HIV tests:

HIV test in the past? ☐ Yes ☐ No ☐ Don't know Last HIV test performed: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

HIV test in the last 12 months in this CBVCT facility? ☐ Yes ☐ No ☐ Don't know Date of last test: _____
Month Year

Result of the last test: ☐ Positive ☐ Negative ☐ Don't know

Risk behaviour/factors:

Sex in the last 12 months with: ☐ Men (cis/trans) ☐ Women (cis/trans) ☐ Men and women (cis/trans) ☐ I haven't had sex ☐ Don't know

Condom use in the last sexual relation with penetration: ☐ Yes ☐ No ☐ Don't know

Received money, drugs, good or services for sex in the last 12 months: ☐ Yes ☐ No ☐ Don't know

STI diagnosed in the last 12 months: ☐ Yes ☐ No ☐ Don't know

Condomless sex with penetration in the last 12 months with:

Sex Workers ☐ Yes ☐ No ☐ Don't know

PWID ☐ Yes ☐ No ☐ Don't know

MSM ☐ Yes ☐ No ☐ Don't know

Intravenous drugs use: ☐ Yes ☐ No ☐ Don't know Last time: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

Shared materials of injection in the last 12 months, as:

Syringes or needles ☐ Yes ☐ No ☐ Don't know

Spoons, filters, water... ☐ Yes ☐ No ☐ Don't know

Shared utensils for other commonly used psychoactive substances: ☐ Yes ☐ No ☐ Don't know Which other psychoactive substances? _____

Pre-test counselling:

Pre-test counselling performed? ☐ Yes ☐ No ☐ Don't know

Screening HIV test:

HIV test performed ☐ Yes ☐ No → Date of specimen collection: Day Month Year

Type of test used: ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elsa)

Screening test result: ☐ Reactive ☐ Non reactive ☐ Undetermined

Did you perform an extra test? ☐ Yes ☐ No ☐ Don't know → Which type of test? ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elsa)
Test result: ☐ Reactive ☐ Non reactive

Did the client receive the screening HIV test result? ☐ Yes ☐ No ☐ Don't know → Date of receiving screening test result: Day Month Year

Post-test counselling:

Post-test counselling performed? ☐ Yes ☐ No ☐ Don't know

Confirmatory HIV test:

Confirmatory test performed ☐ Yes ☐ No ☐ Don't know → Date of specimen collection: Day Month Year

Confirmatory HIV test result: ☐ Positive ☐ Negative ☐ Inconclusive

Did the client receive the confirmatory HIV test result? ☐ Yes ☐ No ☐ Don't know → Date of receiving confirmatory test result: Day Month Year

Access to health system for those HIV positive:

Patient linked to healthcare system ☐ Yes ☐ No ☐ Don't know → Date of linkage: Day Month Year

First CD4 count result: → Date of the first CD4 count: Day Month Year

MODULE B

Syphilis test:

Previous syphilis tests ☐ Yes ☐ No ☐ Don't know → Last syphilis test performed: ☐ Less than 3 months ☐ Less than 12 months ☐ More than 12 months ☐ Don't know

Previous syphilis diagnosis ☐ Yes ☐ No ☐ Don't know → Date of last syphilis diagnosis: Day Month Year

Syphilis test performed ☐ Yes ☐ No → Date of specimen collection: Day Month Year

Type of test used: ☐ Rapid test ☐ Conventional test

Rapid test result: ☐ Reactive ☐ Non reactive → Diagnosis test performed? ☐ Yes ☐ No ☐ Don't know → Date of specimen collection: Day Month Year

Syphilis diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative

HCV test

Previous HCV test ☐ Yes ☐ No ☐ Don't know → Last HCV test performed: ☐ Less than 3 months ☐ Less than 12 months ☐ More than 12 months ☐ Don't know

Previous HCV diagnosis ☐ Yes ☐ No ☐ Don't know → Date of last HCV diagnosis: Day Month Year

HCV test performed ☐ Yes ☐ No → Date of specimen collection: Day Month Year

Type of test used: ☐ Rapid oral test ☐ Rapid blood test ☐ Conventional test

Rapid test result: ☐ Reactive ☐ Non reactive → HCV RNA test performed? ☐ Yes ☐ No ☐ Don't know → Date of specimen collection: Day Month Year

HCV diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative


STI vaccinations:

Vaccination for Hepatitis A (with all required doses) ☐ Yes ☐ No ☐ Don't know
Vaccination for Hepatitis B (with all required doses) ☐ Yes ☐ No ☐ Don't know
Vaccination for Papilloma virus (with all required doses) ☐ Yes ☐ No ☐ Don't know
Other vaccinations done (with all required doses) ☐ Yes ☐ No ☐ Don't know → Which other/s?

Comments:

ANNEX 2

STI Module




COBATEST
NETWORK

DATA COLLECTION FORM

Module C: OTHER STIs

Funded by the



Date of visit:

Day Month Year

Client's Unique Identifier (COBATEST):

Gender
(0 home, 1 dona, 2 transsexual)
 Day
 Month
 Year
 N° older brothers
 N° of older sisters
 Initial letter of your mother's name

Previous STIs tests:

Have you ever been tested for some STI? ☐ Yes ☐ No ☐ Don't know

Year of last STI test:

year

Have you had any previous STIs in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Which one/s:

☐ Syphilis

☐ Gonorrhea

☐ Chlamydia

☐ Genital herpes

☐ Papilloma virus (genital warts)

☐ Lymphogranuloma

☐ Trichomoniasis

☐ Other: _____

Chlamydia and gonorrhea screening:

Presence of chlamydia/gonorrhea symptoms? ☐ Yes ☐ No ☐ Don't know

Which one/s:

☐ Genital/rectal pain

☐ Anormal genital fluid

☐ Other: _____

Chlamydia test:

Chlamydia test performed? ☐ Yes ☐ No ☐ Don't know

Sample collection date:

Day Month Year

Type of sample collected/location (multiple answer): ☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used: ☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ Positive ☐ Negative

Has treatment been given? ☐ Yes ☐ No ☐ Don't know

Treatment date:

Day Month Year

Gonorrhea test:

Gonorrhea test performed? ☐ Yes ☐ No ☐ Don't know

Sample collection date:

Day Month Year

Type of sample collected/location (multiple answer): ☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used: ☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ Positive ☐ Negative

Has treatment been given? ☐ Yes ☐ No ☐ Don't know

Treatment date:

Day Month Year

HBV test:

Previous HBV tests? ☐ Yes ☐ No ☐ Don't know

Date of last HBV test:

Day Month Year

Previous HBV diagnosis? ☐ Yes ☐ No ☐ Don't know

Date of last HBV diagnosis:

Day Month Year

HBV test performed in this visit? ☐ Yes ☐ No ☐ Don't know

Date of specimen collection:

Day Month Year

Type of test used: ☐ Rapid blood test ☐ Conventional test ☐ Don't know

Screening test result: ☐ Reactive ☐ Non reactive

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know

Date of specimen collection:

Day Month Year

HBV diagnosis: ☐ Acute infection ☐ Healthy carrier ☐ Chronic infection ☐ Past cured infection ☐ Negative ☐ Don't know

ANNEX 3

PrEPand Chemsex Module

PrEP

Have you ever heard about PrEP (Pre-exposure Prophylaxis - a strategy which includes antiretroviral treatment that can be taken before a possible HIV exposure in order to prevent HIV infection)?

☐ Yes ☐ No ☐ Don't know

Have you ever taken PrEP?

☐ Yes ☐ No ☐ Don't know

Are you interested in using PrEP?

☐ Yes ☐ No ☐ Don't know

Why? (More than one option possible)

I am worried about side effects ☐

The cost is prohibitive ☐

I don't want to take medication regularly ☐

I don't want to have the regular medical check-ups ☐

I don't want to go to the hospital to access PrEP ☐

Other ☐

Which other? _____

Chemsex

Have you used drugs before/during group sex in last 12 months? ☐ Yes ☐ No ☐ Don't know

Which drugs? (More than one option possible)

GBL, GHB ☐

Methamphetamine (Crystal, Ice, Tina, C) ☐

Mephedrone (Meph, M-CAT, Bubbles), Legal High ☐

Ketamine (K, Special-K) ☐

Cocaine (coke) ☐

→ Did you inject this drug? ☐ Yes ☐ No ☐ Don't know

ANNEX 4

Triage guide from GAT Portugal

GUIA DE TRIAGEM
Versão 2022

Initials of tester / / Date / / Test ID

Demographics and Key Populations

| | | |
|--|--------------|-------------------------|
| How old are you? | <16[END] | ≥16 [Continue triage] |
| Sex at birth: | Male [] | Female [] Other [] |
| Gender you identify with: | Male [] | Female [] Other [] |
| In the last 12 months you had sex with: | Men [] | Women [] Both [] |
| Ever had sex in exchange for shelter, Money, drugs or goods? | Yes [] | No [] No response [] |
| Ever injected any substance/drug? | Yes [] | No [] No response [] |
| In which country where you born? | Portugal [] | Other country [] |

HIV (30:90)

| | | |
|---|-----------------------------|---------------------------------------|
| Have you ever been diagnosed with HIV? | Yes [5] | No/Does not know/Does not respond [1] |
| Have you been tested for HIV in the last 12 months? | Yes/No/Does not know [Test] | Never tested [Test] |

SYPHILIS (30:90)

| | | |
|--|-----------------------------|---------------------------------------|
| Have you ever been diagnosed with syphilis? | Yes [5] | No/Does not know/Does not respond [2] |
| Have you been tested for syphilis in the last 12 months? | Yes/No/Does not know [Test] | Never tested [Test] |

HBV (30:60)

| | | |
|---|--|---------------------------------------|
| Have you ever been diagnosed with Hepatitis B? | Yes [5] | No/Does not know/Does not respond [3] |
| Have you been tested for HBV in the last 12 months? | Yes/No/Does not know [3.1] | Never tested [3.1] |
| Did you do all 3 doses of the HBV vaccine? | Yes [No test] | Not yet [3.2] No/Does not know [3.3] |
| Did you have any dose of the vaccine in the last 2 weeks? | Yes/does not know/No response [Delay test] | |

No [Test]

3.3 Where you born in Portugal?

| | |
|------------|----------|
| Yes [Test] | No [3.4] |
|------------|----------|

3.4 Países endémicos, por ordem alfabética: África do Sul; Albânia; Angola; Arábia Saudita; Argélia; Azerbaijão; Bangladesh; Belize; Benim; Bielorrússia; Brunei; Bulgária; Burquina Faso; Burundi; Butão; Cabo Verde; Camboja; Cazaquistão; China; Chipre; Colômbia; Congo; Coreia do Sul; Cdm do Marfim; Djibuti; Equador; Eritreia; Estado Federado da Micronésia; Etiópia; Fiji; Filipinas; Gabão; Gâmbia; Górgia; Guiné Bissau; Guiné; Guiné Equatorial; Haiti; Iémen; Ilhas Marshall; Ilhas Salomão; Itália; Jamaica; Kiribati; Kosovo; Laos; Libéria; Líbia; Madagascar; Maláui; Mali; Mauritânia; Myanmar; Moçambique; Moldávia; Mongólia; Namíbia; Nauru; Níger; Nigéria; Niue; Nova Zelândia; Omã; Palau; Papua Nova Guiné; Paquistão; Perú; Quênia; Quirguistão; República Central Africana; República Democrática do Congo; República Dominicana; Roménia; Ruanda; Rússia; Samoa; Senegal; Serra Leoa; Singapura; Síria; Somália; Sri Lanka; Sudão; Sudão do Sul; Suazilândia; Suriname; Tailândia; Taiti; Tajiquistão; Togo; Tonga; Tunísia; Turquia; Tuvalu; Uganda; Uzbequistão; Vanuatu; Vietnam; Zâmbia; Zimbábue.

HCV (90:180)

| | | |
|--|------------------------------|---------------------------------------|
| Have you ever been diagnosed with Hepatitis C? | Yes [5] | No/Does not know/Does not respond [4] |
| Have you been tested for HCV in the last 12 months? | Yes/No/Does not know [4.3] | Never tested [4.1] |
| Were you born in an endemic country for Hepatitis C? | Yes [Test if country in 4.2] | No [4.3] |

4.2 Países endémicos por ordem alfabética: Azerbaijão, Benim, Camarões, Camboja, Cazaquistão, Congo (República Democrática do), Costa do Marfim, Egito, Gabão, Gâmbia, Geórgia, Iémen, Iraque, Itália, Letónia, Lituânia, Moldova (República da), Mongólia, Nigéria, Paquistão, Porto Rico, Quirguistão, Roménia, Rússia (Federação da), Tailândia, Taiwan, Tajiquistão, Turcomenistão, Ucrânia e Uzbequistão.

4.3 Did any of these situations happen to you?

| | |
|---------------------------|--------------|
| Yes/No/No response [Test] | No [No test] |
|---------------------------|--------------|

Read the entire list of situations to the person. Ask the person to say yes in case any of the situations happened to her ever in her life, or since the last HCV test.

Having anal sex without using condom (includes condom rupture or other similar accidents with the condom)

Having group sex without using a condom during intercourse (vaginal or anal) or not having used a new condom when switching partners

Doing *fisting* (inserting hand beyond knots of fingers into anus or vagina) without a glove or not having used a new glove when changing partner

Sharing lubricant jar during group *fisting*

Sharing sex toys used in penetration (vaginal or anal) without a condom, or not having used a new condom when switching partners

Sharing material for internal rectal washing (*douching/enema*)

Sharing material to inhale drugs (includes bottle of poppers if touching the nose with the bottle)

Sharing material for injection of substances (includes steroid vials)

Sharing material for smoking drugs which can injure/burn the lips (crack pipes)

Having done piercings, tattoos, manicure or pedicure in places where materials used may be shared (at home, on the street, in prison or army settings)

Having contact with blood in work context

[Applicable only in first test in life] Having received blood transfusion or organ transplant, or undergoing surgery before 1992

[Applicable only in first test in life] Undergoing long term haemodialysis

REFERRAL

| | | |
|--|-----------|------------------------------------|
| Are you looking to access confirmation and/or treatment for the infection? | Yes [5.1] | No/No response/Does not know [END] |
|--|-----------|------------------------------------|

Versão 2022

Initials of tester Date / / Test ID / / /

Having contact with blood in work context

[Applicable only in first test in life] Having received blood transfusion or organ transplant, or undergoing surgery before 1992

[Applicable only in first test in life] Undergoing long term haemodialysis

| | | | |
|---|--|-----------|-------|
| 5 | Are you looking to access confirmation and/or treatment for the infection? | Yes [5/1] | No/No |
|---|--|-----------|-------|

response/Does not know [END]

| | | | |
|-----|--|---------------------|-------------------------------------|
| 5.1 | Do you have proof of infection with your name? | Sim [Refer to care] | No/No response/Does not know [Test] |
|-----|--|---------------------|-------------------------------------|

| RESULTS | | | | | | |
|---------|------------------|--------------|---------------------|----------|------------------|--------------|
| HIV | Non reactive [1 | Reactive [1 | Referral [Yes] [No] | SYPHILIS | Non reactive [1 | Reactive [1 |

HIV Non-reactive [] Reactive [] Referral [Yes] [No] STI/STDs Non-reactive [] Reactive []
Referral [Yes] [No]

| | | | | | |
|------------|----------------------------------|------------------------------|------------|----------------------------------|------------------------------|
| HBV | Non-reactive [] | Reactive [] | HCV | Non-reactive [] | Reactive [] |
|------------|----------------------------------|------------------------------|------------|----------------------------------|------------------------------|

Referral [Yes] [No]

6. TB symptoms (If two or more symptoms, contact the Local Public Health Unit and referred for tb appointment)

6.1 Cough lasting longer than 3 weeks. Yes ☐ No ☐

6.2 Fever Yes ☐ No ☐

6.3 Unintentional weight loss Yes ☐ No ☒

6.4 Night sweats Yes ☐ No ☐

6.5 Hemoptysis (coughing up blood) Yes ☐ No ☐

7. TB referral

Yes ☐ No ☐

ANNEX 2

Final adapted data collection form





HIV, SYPHILIS, HCV AND HBV TESTING DATA COLLECTION FORM

Name of the CBVCT site: _____ Testing site: ☐ CBVCT office ☐ Public venue (pharmacy, library)
☐ Outdoors/Van ☐ Amusement venue (coffee bar)
☐ Sex work venue ☐ Needle exchange venue
☐ Sauna/sex venue ☐ Other: _____

City of the CBVCT site: _____

Date of visit:
Day Month Year

Who provides the testing: ☐ Health professional ☐ Lay worker (no peer) ☐ Peer ☐ Other: _____

User's Unique identifier (used by the CBVCT service): _____
 OR
 User's Unique identifier (COBATEST):
(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Gender Day Month of birth Year N of older brothers N of older sisters Initial letter of mother's name

Client's characteristics:

Gender: ☐ Man (cis) ☐ Woman (cis) ☐ Trans man ☐ Trans woman ☐ Non-binary ☐ Other: _____ Date of birth:
Day Month Year

Foreign national: ☐ Yes ☐ No ☐ Don't know Country of birth: _____ Year of arrival to this country: (if migrant)
Day Month Year

Is the client a: ☐ Tourist ☐ Long-term stay ☐ Foreign student ☐ Refugee ☐ Resident
☐ Foreign worker ☐ Undocumented migrant ☐ Other: _____
☐ Asylum seeking migrant ☐ Naturalized citizen

Municipality or home town: _____

Do you have access to free health care services? ☐ Yes ☐ No ☐ Don't know ☐ Other: _____

Have you been homeless during past 12 months? ☐ Yes, currently ☐ Yes, but not currently ☐ No ☐ Don't know ☐ Refuse to answer
(living on the street, in a shelter, in a car...)

Reasons for testing: (multiresponse)

☐ **Risk exposition** ☐ **For control/screening** ☐ **Window period in the last test** ☐ **Clinical symptoms**

☐ Unprotected vaginal sex ☐ My partner asked me to ☐ Before dropping using condom with my partner
☐ Unprotected anal sex ☐ I wish to have a baby
☐ Unprotected oral sex ☐ Prenatal screening: before delivery
☐ Broken condom ☐ Regular control
☐ Unprotected sex with sex worker ☐ Only to know my health status
☐ My partner has tested positive recently ☐ I want to start PrEP / Monitoring PrEP
☐ Episode of sharing injection material ☐ Other: _____
☐ Other: _____ ☐ Other: _____

Reasons for selecting this CBVCT center to be tested: (multiresponse)

☐ I've come here before ☐ I've seen this CBVCT in a pamphlet ☐ Other: _____
☐ A friend told me about this CBVCT ☐ I've found this CBVCT in internet

Behavioural factors:

Sex in the last 12 months with (multianswer): ☐ Men (cis) ☐ Women (cis) ☐ Trans men ☐ Trans women ☐ Non-binary ☐ I haven't had sex ☐ Don't know

Condom use in the last sexual relation with penetration ☐ Yes ☐ No ☐ Don't know

Received money, drugs, good or services for sex in the last 12 months ☐ Yes ☐ No ☐ Don't know

STI diagnosed in the last 12 months ☐ Yes ☐ No ☐ Don't know

Drugs use? ☐ Yes ☐ No ☐ Don't know

Drugs use route? (multianswer): ☐ Injecting ☐ Last time: ☐ Less than 30 days ☐ Less than 12 months ☐ Ever ☐ Don't know
☐ Sniffing/Snorting ☐ Last time: ☐ Less than 30 days ☐ Less than 12 months ☐ Ever ☐ Don't know
☐ Smoking ☐ Last time: ☐ Less than 30 days ☐ Less than 12 months ☐ Ever ☐ Don't know
☐ Oral ☐ Last time: ☐ Less than 30 days ☐ Less than 12 months ☐ Ever ☐ Don't know
☐ Other ☐ Which other? _____

Main drugs used: ☐ Cannabis ☐ Cocaine / Crack cocaine ☐ Amphetamine / metamphetamine ☐ MDMA ☐ Heroin / other opioids ☐ New psychoactive substances ☐ Other: _____

Using material of injection that were already used by others in the last 12 months, as: Syringes and/or needles ☐ Yes ☐ No ☐ Don't know
 Spoons, filters, water... ☐ Yes ☐ No ☐ Don't know

Using other material for non-injecting drug use that were already used by others in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Have you injected drugs in prison? ☐ Yes ☐ No ☐ Never in prison ☐ Don't know

Are you at opioid agonist treatment currently? ☐ Yes ☐ No ☐ Don't know

STI vaccinations:

Vaccination for Hepatitis A (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Hepatitis B (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Papilloma virus (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Mpox (with all required dosis) ☐ Yes ☐ No ☐ Don't know

Testing:

Screening HIV test:

Previous HIV tests: ☐ Yes ☐ No ☐ Don't know

Previous HIV diagnosis: ☐ Yes ☐ No ☐ Don't know

Are you on treatment? ☐ Yes ☐ No ☐ Don't know

HIV test performed: ☐ Yes ☐ No

Last HIV test performed: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

Year of HIV diagnosis: Year

Type of test used: ☐ Rapid blood test
☐ Rapid oral test
☐ Conventional test (Elisa)

Screening test result: ☐ Reactive ☐ Non reactive ☐ Undetermined

Did you perform an extra test? ☐ Yes ☐ No ☐ Don't know

Which type of test? ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elisa)

Test result: ☐ Reactive ☐ Non reactive

Confirmatory test performed: ☐ Yes ☐ No ☐ Don't know

Confirmatory HIV test result: ☐ Positive ☐ Negative ☐ Inconclusive

Patient referred to healthcare system: ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system: ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

Syphilis test:

Previous syphilis tests: ☐ Yes ☐ No ☐ Don't know

Previous syphilis diagnosis: ☐ Yes ☐ No ☐ Don't know

Syphilis test performed: ☐ Yes ☐ No

Type of test used: ☐ Rapid test ☐ Conventional test

Last syphilis test performed: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

Year of last syphilis diagnosis: Year

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know

Screening test result: ☐ Reactive ☐ Non reactive

Syphilis diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative

Patient referred to healthcare system: ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system: ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

HCV test

Previous HCV test: ☐ Yes ☐ No ☐ Don't know

Previous HCV diagnosis: ☐ Yes ☐ No ☐ Don't know

Have you received treatment? ☐ Yes ☐ No ☐ Don't know

HCV test performed: ☐ Yes ☐ No

Type of test used: ☐ Rapid oral test ☐ Rapid blood test ☐ Conventional test

Last HCV test performed: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

Year of last HCV diagnosis: Year

Which treatment? ☐ Interferon ☐ New DAA ☐ Don't know

Treatment completed: ☐ Yes ☐ No ☐ Don't know

Stopped treatment: ☐ Yes ☐ No ☐ Don't know

On treatment: ☐ Yes ☐ No ☐ Don't know

HCV RNA test performed? ☐ Yes ☐ No ☐ Don't know

Screening test result: ☐ Reactive ☐ Non reactive

HCV diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Unknown ☐ Negative

Patient referred to healthcare system: ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system: ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

HBV test

Previous HBV test: ☐ Yes ☐ No ☐ Don't know

Previous HBV diagnosis: ☐ Yes ☐ No ☐ Don't know

HBV test performed: ☐ Yes ☐ No

Type of test used: ☐ Rapid blood test ☐ Conventional test

Last HBV test performed: ☐ Less than 3 months ☐ Less than 12 months
☐ More than 12 months ☐ Don't know

Year of HBV diagnosis: Year

Confirmatory test performed? ☐ Yes ☐ No ☐ Don't know

Screening test result: ☐ Reactive ☐ Non reactive

Diagnosed as: ☐ Acute infection ☐ Healthy carrier ☐ Chronic infection
☐ Past cured infection ☐ Don't know

HBV diagnosis: ☐ Positive ☐ Negative ☐ Unknown

Patient referred to healthcare system: ☐ Yes ☐ No ☐ Don't know

Patient linked to healthcare system: ☐ Yes ☐ No ☐ Don't know

Date of linkage: Day Month Year

Comments:



DATA COLLECTION FORM

OTHER STIs

Date of visit
Day Month Year

Client's Unique identifier (COBATEST):

(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Gender Day Month of birth year N° older brothers N° of older sisters initial letter of your mother's name

Previous STIs tests:

Have you ever been tested for some STI?

☐ Yes →
☐ No
☐ Don't know

Year of last STI test:
year

Have you had any previous STIs in the last 12 months?

☐ Yes →
☐ No
☐ Don't know

Which one/s:

☐ Syphilis ☐ Papilloma virus (genital warts)
☐ Gonorrhea ☐ Lymphogranuloma
☐ Chlamydia ☐ Trichomoniasis
☐ Genital herpes ☐ Other: _____

Have you received treatment?

☐ Treatment completed ☐ On treatment ☐ Stopped treatment ☐ No ☐ Don't know

Chlamydia and gonorrhea screening:

Presence of chlamydia/gonorrhea symptoms?

☐ Yes →
☐ No
☐ Don't know

Which one/s:

☐ Genital/rectal pain
☐ Abnormal genital fluid
☐ Other: _____

Chlamydia test:

Chlamydia test performed?

☐ Yes ☐ No ☐ Don't know

Sample collection date:
Day Month Year

Type of sample collected/location (multiple answer):

☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used:

☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ Positive ☐ Negative ☐ Inconclusive

Has the test been repeated?

☐ Yes ☐ No ☐ Don't know

Test result: ☐ Positive ☐ Negative ☐ Inconclusive

Has treatment been provided?

☐ Yes ☐ No ☐ Don't know

Treatment date:
Day Month Year

Gonorrhea test:

Gonorrhea test performed?

☐ Yes ☐ No ☐ Don't know

Sample collection date:
Day Month Year

Type of sample collected/location (multiple answer):

☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used:

☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ Positive ☐ Negative ☐ Inconclusive

Has the test been repeated?

☐ Yes ☐ No ☐ Don't know

Test result: ☐ Positive ☐ Negative ☐ Inconclusive

Has treatment been provided?

☐ Yes ☐ No ☐ Don't know

Treatment date:
Day Month Year



DATA COLLECTION FORM

PrEP/Chemsex Module

Date of visit
Day Month Year

Client's Unique identifier (COBATEST):

Gender
(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary)
 Day Month of birthday year N° older brothers N° of older sisters initial letter of your mother's name

PrEP

Have you ever heard about PrEP (Pre-exposure Prophylaxis - a strategy which includes antiretroviral treatment that can be taken before a possible HIV exposure in order to prevent HIV infection)?

☐ Yes ☐ No ☐ Don't know

Have you ever taken PrEP?

☐ Yes ☐ No ☐ Don't know

Was the PrEP been prescribed? ☐ Yes ☐ No ☐ Don't know

Was the PrEP been monitored? ☐ Yes ☐ No ☐ Don't know

Are you interested in using PrEP? ☐ Yes ☐ No ☐ Don't know

Has the client been referred to PrEP?

☐ Yes ☐ No ☐ Don't know
Where? ☐ To a hospital ☐ To a community service

Why not? (More than one option possible)

I am worried about side effects ☐
The cost is prohibitive ☐
I don't want to take medication regularly ☐
I don't want to have the regular medical check-ups ☐
I don't want to go to the hospital to access PrEP ☐
I don't need it ☐
Other ☐
Which other? _____

Chemsex

Have you used drugs for the purpose of enhancing sex? ☐ Yes ☐ No ☐ Don't know

When was the last time? ☐ Last 30 days
☐ Last 12 months
☐ More than 12 months
☐ Don't know

Which drugs? (More than one option possible)

GBL, GHB ☐
Methamphetamine (Crystal, Ice, Tina, C) ☐
Cathinones (Mephedrone, Meph, M-CAT, Bubbles), Legal High ☐
Ketamine (K, Special-K) ☐
Cocaine (coke) ☐

Did you inject this drug? ☐ Yes ☐ No ☐ Don't know