

## Supplementary Material

### Pre-exposure prophylaxis rollout in a national public sector program: the Kenyan case study

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PrEP M and E Recording Tools.

Source: National AIDS and STI Control Program (NAS COP), Ministry of Health, Nairobi, Kenya.



**MINISTRY OF HEALTH  
NATIONAL AIDS & STIs CONTROL PROGRAM**

**PrEP Rapid Assessment Screening Tool (RAST)**

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. What is your HIV status? *(if response is positive discontinue assessment else administer all questions)*

Negative     Positive     Unknown     Unwilling to disclose

2. What is the HIV status of your sexual partner(s)?

Negative     Positive     Unknown

**In the past 6 months**

3. Have you had sex without a condom with a partner(s) of unknown or positive HIV status?

No             Yes

4. Have you engaged in sex in exchange of money or other favors?

No             Yes

5. Have you been diagnosed with or treated for an STI?

No             Yes

6. Have you shared needles while engaging in intravenous drug use?

No             Yes

7. Have you been forced to have sex against your will or physically assaulted including assault by your sexual partner(s)?

No             Yes

8. Have you used post exposure prophylaxis (PEP) two times or more?

No     Yes

**Refer the client for further PrEP assessment at the health facility if:**

*HIV status of the sexual partner(s) is Positive or Unknown*

*Any Yes to the screening questions*

**Remarks**

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### Clinical Encounter Record: Oral Pre-Exposure Prophylaxis (PrEP)

Name of facility: \_\_\_\_\_ Delivery Point: \_\_\_\_\_ Tier: \_\_\_\_\_ MFL code: \_\_\_\_\_  
 County: \_\_\_\_\_ Sub county: \_\_\_\_\_ Ward: \_\_\_\_\_

#### A. Client Profile

Unique client record number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initial visit date: dd / mm / yyyy

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Telephone no: \_\_\_\_\_

Alien/National ID/passport/Birth Cert No: \_\_\_\_\_ NHIF No: \_\_\_\_\_ County of Birth \_\_\_\_\_ Sex: \_\_\_\_\_  
 Male  Female Date of birth: dd / mm / yyyy Age (years): \_\_\_\_\_ If age <19, attends school:  Yes  No  
 Marital status (select one):  Never married  Cohabiting  Married monogamous  Married polygamous  Separated/divorced  Widowed  
 Population Type:  Gen Population  Discordant couple  Key Population (Specify) \_\_\_\_\_  MSM  MSW  FSW  PWID

#### B. Entry Point & Transfer Status

Referred from (select one):  HBTC  VCT site  OPD  MCH  TB clinic  IPD  CCC  Peer  Outreach  Self-referral  Community  Other: \_\_\_\_\_  
 If transferred in: PrEP start date: dd / mm / yyyy Regimen:  TDF-FTC  TDF  TDF-3TC  
 Facility transferred from: \_\_\_\_\_ MFL code: \_\_\_\_\_ County: \_\_\_\_\_

#### C. Baseline Assessment

##### Behaviour risk assessment

Mark all that apply:

- Sex partner(s) is HIV+ and (mark all that apply):
  - Not on ART
  - On ART <6 months
  - Suspected poor adherence to ART
  - Detectable HIV viral load
  - Couple is trying to conceive
- Sex partner(s) high risk & HIV status is unknown
- Has sex with >1 partner
- Ongoing IPV/GBV
- Transactional sex
- Recent STI (past 6 months)
- Recurrent use of post-exposure prophylaxis (PEP)
- Recurrent sex under influence of alcohol/recreational drugs
- Inconsistent or no condom use
- Injection drug use with shared needles and/or syringes

(If yes to any)

##### Complete section if sex partner is HIV+

HIV+ partner CCC number: \_\_\_\_\_ / \_\_\_\_\_  
 or  NA (not enrolled at a CCC)  
 or  CCC number/enrollment status unknown  
 HIV+ partner ART start date: dd / mm / yyyy  
 or  not on ART at initial visit  
 Time known to be HIV-serodiscordant: \_\_\_\_\_ years + \_\_\_\_\_ months  
 Sex without a condom with HIV+ partner in past 30 days:  Yes  No  
 Number of living children with HIV+ partner: \_\_\_\_\_

##### Medical assessment & fertility intentions

Blood pressure (mm Hg): \_\_\_\_\_ / \_\_\_\_\_ Temperature: \_\_\_\_\_ °C Weight (kg): \_\_\_\_\_  
 Height (cm): \_\_\_\_\_

Signs/symptoms of STI:  Yes; Use codes provided: \_\_\_\_\_  No

Chronic illnesses & comorbidities	Treatment
Liver disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	!
Kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	!
1. Other description	!
2. Other description	!

##### Male only:

Circumcised:  Yes  No  Unknown

##### Female only:

LMP: dd / mm / yyyy

Pregnant:  Yes  No  
 If pregnant:  Planned  Unplanned  
 Breastfeeding:  Yes  No  
 On family planning:  Yes  No FP methods: \_\_\_\_\_  
 Plan to have children (select one):  
 Trying to conceive  Future  No  Don't know

##### Clinical notes:

#### D. PrEP initiation

Lab results (Investigations should not delay PrEP initiation. To be recorded when available.)

Test	Result	Additional steps
Hepatitis B (HBsAg)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	If negative, vaccine series initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date sample collected: dd / mm / yyyy
Hepatitis C	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	Date sample collected: dd / mm / yyyy
Serum creatinine	_____ (µmol/L) or <input type="checkbox"/> Not done	If done, CrCl (mL/min): _____ If creatinine is out of range, or CrCl<50 mL/min, refer for further assessment.

Previous PrEP use:  Yes  No Condom Issued:  Yes  No  
 Willing to start PrEP:  Yes  No Adherence Counseling Done:  Yes  No  
 If not willing, reason (mark all that apply):  None  Side effects (ADR)  Stigma  Pill burden  Taking pills for a long time  Too many HIV tests

Signs/symptoms of acute HIV:  Yes  No  
 Medically ineligible to start PrEP:  Yes  No  
 Contraindications for TDF-FTC / TDF-3TC/TDF:  Yes  No

No  No  No } Eligible for PrEP  
 Prescribed PrEP at initial visit:  Yes  No  
 Regimen:  TDF-FTC  TDF  TDF-3TC  
 # of months: \_\_\_\_\_ Dat  
 e of initiation: dd / mm / yyyy

Next appointment date: dd / mm / yyyy

Clinician initials:

**I. Monthly refill form**

**To be filled each month when the client is coming for a refill only in the months appearing under date of refill column else fill the follow up visit**

Date of Refill	Behaviour risk assessment (Yes/No)	Adherence counselling (Yes/ No)	Continue /Discontinue PrEP (indicate appropriately)	Next appointment date	Remarks
Month 2				dd/mm/yyyy	
4				dd/mm/yyyy	
5				dd/mm/yyyy	
7				dd/mm/yyyy	
8				dd/mm/yyyy	
10				dd/mm/yyyy	
11				dd/mm/yyyy	
13				dd/mm/yyyy	
14				dd/mm/yyyy	
16				dd/mm/yyyy	
17				dd/mm/yyyy	
19				dd/mm/yyyy	
20				dd/mm/yyyy	
22				dd/mm/yyyy	
23				dd/mm/yyyy	
25				dd/mm/yyyy	
26				dd/mm/yyyy	
28				dd/mm/yyyy	
29				dd/mm/yyyy	
31				dd/mm/yyyy	
32				dd/mm/yyyy	
34				dd/mm/yyyy	
35				dd/mm/yyyy	
37				dd/mm/yyyy	
38				dd/mm/yyyy	
40				dd/mm/yyyy	
41				dd/mm/yyyy	
43				dd/mm/yyyy	
44				dd/mm/yyyy	
46				dd/mm/yyyy	
47				dd/mm/yyyy	
49				dd/mm/yyyy	
50				dd/mm/yyyy	
52				dd/mm/yyyy	
53				dd/mm/yyyy	
55				dd/mm/yyyy	
56				dd/mm/yyyy	

## Follow Up Visit

Unique client record number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of client: \_\_\_\_\_

Visit date: dd / mm / yyyy

Visit type:  scheduled  unscheduled

## E. Medical assessment &amp; fertility intentions

## Clinical notes

## Summary of findings

Blood pressure \_\_\_\_\_ / \_\_\_\_\_ mm Hg  
 Weight \_\_\_\_\_ kg Temperature \_\_\_\_\_ °C  
 Signs/symptoms of STI(s)  yes  no If yes Use codes provided \_\_\_\_\_  
 Signs/symptoms of acute HIV  yes  no  
 If male, circumcised since last visit  yes  no  na (already circumcised)

Possible adverse drug reaction  none

## Description

1!  mild  moderate  severe  life threatening  not gradedAction (mark all that apply)  stop  switched regimen  Other \_\_\_\_\_

## Description

2!  mild  moderate  severe  life threatening  not gradedAction (mark all that apply)  stop  switched regimen  Other \_\_\_\_\_

## Chronic illnesses &amp; comorbidities

## Treatment

Liver disease  Yes  NoKidney disease  Yes  No

1! Other description \_\_\_\_\_

2! Other description \_\_\_\_\_

## Plan to have children

If female LMP: \_\_\_\_\_ Pregnant  trying to conceive  future  no  don't know  client/partner is pregnantBreastfeeding  yes  noOn family planning  yes  noIf ended pregnancy since last visit  none or methods (Indicate the code): \_\_\_\_\_

Outcome date dd / mm / yyyy

Outcome  term live  preterm live  induced abortion  lossBirth defect(s)  yes  no  don't know

## F. Behaviour risk assessment

## Mark all that apply

- Sex partner(s) is HIV+ and:  
 not on ART  <6 months ART use  poor adherence to ART  detectable HIV viral load  couple is trying to conceive
- Sex partner(s) at high risk for HIV & HIV status unknown  
 Has sex with >1 partner  Ongoing IPV/GBV  Transactional sex  Recent STI
- Recurrent use of PEP  
 Recurrent sex under influence of alcohol/recreational drugs  
 Inconsistent or no condom use  
 IDU with shared needles/syringes

## G. Follow up laboratory investigations

HIV test  Positive  negative  not done If positive, collect sample for drug resistance. Client linked to care  Yes  No

Serum creatinine (as per guidelines) \_\_\_\_\_ μmol/L or  not done If creatinine is out of range, or CrCl <50 mL/min, refer for further assessment

If creatinine done, CrCl >50 mL/min  yes  no

Other (write in test, results & units [if applicable])  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_

## H. PrEP

Self-assessment of adherence since last visit  Good  Fair  Bad  n/a (did not pick up PrEP at last visit)

If Fair/ bad, reason(s) (mark all that apply)  
 forgot  lost/out of pills  separated from HIV+ partner  no perceived risk  side effects  sick  
 stigma  pill burden  shared with others  none  other \_\_\_\_\_

Adherence Counseling done  yes  no **Condoms issued:**  yes  no

PrEP status  continue  restart  discontinue

Prescribed PrEP today  yes  no

If yes, regimen and duration  TDF-FTC  TDF  TDF-3TC number of months \_\_\_\_\_

If discontinued, reason(s) (mark all that apply)  
 HIV test is positive  low risk of HIV  renal dysfunction  client request  not adherent to PrEP  
 viral suppression of HIV+ partner  too many HIV tests  other \_\_\_\_\_

## Adherence

/ yyyy

## Clinician initials:

## Adherence

Good: missed 0-3 doses in past 1 month  
 Fair: missed 4-5 doses in past 1 month  
 Bad: missed 6-7 doses in past 1 month

## Creatinine clearance

$$\text{GFR (adult males)} = \frac{(140 - \text{Age}) \times 1.23}{\text{serum creatinine (in micromol/L)}}$$

$$\text{GFR (adult females)} = \frac{(140 - \text{Age}) \times 1.23}{\text{serum creatinine (in micromol/L)}} \times 0.85$$

## \*\*#

C = Condoms  
 TL = Tubal ligation/female sterilization  
 FA = Fertility awareness method/periodic abstinence  
 D = Diaphragm/cervical cap  
 LAM = Lactational Amenorrhea Method  
 IUD = Intra uterine device  
 IMP = Implant  
 INJ = Injectable  
 OC = oral contraceptive pill  
 ECP = Emergency contraceptive pills dispensed  
 V = Vasectomy (partner's)

## STI Diagnosis:

Genital Ulcer Disease (GUD),  
 Vaginitis and/or Vaginal Discharge (VG),  
 Cervicitis and/or Cervical Discharge (CD),  
 Pelvic Inflammatory Disease (PID),  
 Urethral Discharge (UD),  
 Anal Discharge (AD),  
 Others (O)