Supplementary Material

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

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**A. Client Profile**

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

Name: First ___________________ Middle ___________________ Last ___________________ Telephone no: ___________________

Male □ Female □

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

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

Liver disease: [ ] Yes [ ] No

Kidney disease: [ ] Yes [ ] No

1. Other description

2. Other description

Clinical notes:

**B. Entry Point & Transfer Status**

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)
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- Recurrent sex under influence of alcohol/recreational drugs
- Inconsistent or no condom use
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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

Liver disease: [ ] Yes [ ] No

Kidney disease: [ ] Yes [ ] No

1. Other description

2. Other description

Clinical notes:

**D. PrEP initiation**

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Additional steps</th>
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<tbody>
<tr>
<td>Hepatitis B (HbsAg)</td>
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<td>If negative, vaccine series initiated: [ ] Yes [ ] No</td>
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<td>Hepatitis C</td>
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<td>Date sample collected: dd / mm / yyyy</td>
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<td>Serum creatinine</td>
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</table>

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

Willing to start PrEP: [ ] Yes [ ] No

If not willing, reason (mark all that apply): [ ]

Signs/symptoms of acute HIV: [ ] Yes [ ] No

Medically ineligible to start PrEP: [ ] Yes [ ] No

Contraindications for TDF-FTC/TDF-3TC/TDF: [ ]

Eligible for PrEP: [ ] Yes [ ] No

Prescribed PrEP at initial visit: [ ] Yes [ ] No

Regimen: [ ] TDF-FTC [ ] TDF [ ] TDF-3TC

# of months: ___________________ Date 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

<table>
<thead>
<tr>
<th>Date of Refill</th>
<th>Behaviour risk assessment (Yes/No)</th>
<th>Adherence counselling (Yes/No)</th>
<th>Continue/Discontinue PrEP (indicate appropriately)</th>
<th>Next appointment date</th>
<th>Remarks</th>
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Follow Up Visit

Unique client record number: ____________________________ / ____________________________ / ____________________________ Name of client: ____________________________

Visit date: dd / mm / yyyy
Visit type: [ ] scheduled [ ] unscheduled

E. Medical assessment & fertility intentions

**Clinical notes**

**Summary of findings**

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>/ mm Hg</th>
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<tr>
<td>Weight</td>
<td>kg</td>
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</table>

- Signs/symptoms of STI(s) [ ] yes [ ] no
- If male, circumcised since last visit: [ ] yes [ ] no [ ] na (already circumcised)

**Possible adverse drug reaction**

1. [ ] mild [ ] moderate [ ] severe [ ] life threatening [ ] not graded
   - Action (mark all that apply): [ ] stop [ ] switched regimen [ ] Other

2. [ ] mild [ ] moderate [ ] severe [ ] life threatening [ ] not graded
   - Action (mark all that apply): [ ] stop [ ] switched regimen [ ] Other

**Chronic illnesses & comorbidities**

- Liver disease: [ ] Yes [ ] No
- Kidney disease: [ ] Yes [ ] No

**Plan to have children**

- Trying to conceive [ ] future [ ] no [ ] don’t know [ ] client/partner is pregnant

**HIV test**

- Positive [ ] negative [ ] not done

- [ ] Recurrent use of PEP
- [ ] Recurrent sex under influence of alcohol/recreational drugs
- [ ] Inconsistent or no condom use
- [ ] IDU with shared needles/syringes

**Outcome**

- Term live [ ] preterm live [ ] induced abortion [ ] loss

**Birth defect(s)**

- [ ] yes [ ] no [ ] don’t know

**STI Diagnosis:**

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

**Creatinine clearance**

GFR (adult males) = \( \frac{\text{149} - \text{age}}{\text{serum creatinine (in mmol/L)}} \times 1.23 \)

GFR (adult females) = \( \frac{\text{149} - \text{age}}{\text{serum creatinine (in mmol/L)}} \times 0.85 \)

**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

**Adherence**

- [ ] Condoms issued: [ ] yes [ ] no
- [ ] HSV test is positive [ ] low risk of HIV [ ] renal dysfunction [ ] client request [ ] not adherent to PrEP
- [ ] Viral suppression of HIV+ partner: [ ] yes [ ] no
- [ ] Too many HIV tests: [ ] yes [ ] no

**Clinical initials:** ____________________________

**STI Diagnosis:**

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