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 assaul ted 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 ___________________

Alien/National ID/passport/Birth Cert 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

If sex partner is HIV+ (If yes to any): □ 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

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: ____________

### 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

#### 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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Male only</th>
<th>Female only</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver disease</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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<tr>
<td>Kidney disease</td>
<td>□ Yes □ No</td>
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<tr>
<td>Other description</td>
<td>□ Yes □ No</td>
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</tbody>
</table>

#### Clinical notes:

**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: _______

#### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HBsAg)</td>
<td>Positive □ Negative □ Not done</td>
<td>If negative, vaccine series initiated: □ Yes □ No Date sample collected: dd / mm / yyyy</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Positive □ Negative □ Not done</td>
<td>Date sample collected: dd / mm / yyyy</td>
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<tr>
<td>Serum creatinine</td>
<td>(µmol/L) or Not done</td>
<td>If done, CrCl (mL/min): _______ If creatinine is out of range, or CrCl&lt;50 mL/min, refer for further assessment.</td>
</tr>
</tbody>
</table>

- Previous PrEP use: □ Yes □ No
- Willing to start PrEP: □ Yes □ No
- If not willing, reason (mark all that apply): □ None
- Signs/symptoms of acute HIV: □ Yes □ No

- Contraindications for TDF-FTC/TDF-3TC/TDF: □ Yes □ No
- Eligible for PrEP: □ Yes □ No

- Prescribed PrEP at initial visit: □ Yes □ No
- Regimen: □ TDF-FTC □ TDF □ TDF-3TC
- # of months: □ TDF-FTC □ TDF □ TDF-3TC
- Date of initiation: dd / mm / yyyy

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Next appointment date: dd / mm / yyyy

Clinician initials:
# 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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</table>
Follow Up Visit

Unique client record number: ______________________ / ______________ / ______________________

Name of client: ________________________________

Visit date: dd / mm / yyyy
Visit type: □ scheduled □ unscheduled

E. Medical assessment & fertility intentions

Summary of findings

<table>
<thead>
<tr>
<th>Description</th>
<th>1st</th>
<th>2nd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>/ mm Hg</td>
<td>/ mm Hg</td>
</tr>
<tr>
<td>Weight</td>
<td>kg</td>
<td>kg</td>
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<tr>
<td>Temperature</td>
<td>°C</td>
<td>°C</td>
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</tbody>
</table>

- 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

- Action (mark all that apply)
  - stop
  - switched regimen
  - Other

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

- Chronic illnesses & comorbidities
  - Liver disease
  - Yes
  - No
  - Kidney disease
  - Yes
  - No

- Other description
  - 1st
  - 2nd

Plan to have children

<table>
<thead>
<tr>
<th>Description</th>
<th>1st</th>
<th>2nd</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

- If female
  - LMP: ____________
  - Pregnant
    - yes
    - no
  - Breastfeeding
    - yes
    - no
  - On family planning
    - no
  - none or methods
    - Indicate the code:

- If ended pregnancy since last visit
  - Outcome date dd / mm / yyyy
  - Outcome
    - term live
    - preterm live
    - induced abortion
    - loss
  - Birth defect(s)
    - yes
    - no
  - don’t know

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

- 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

- Prescribed PrEP today
  - TDF-FTC
  - TDF
  - TDF-3TC
  - number of months ____________

- If yes, regimen and duration
  - viral suppression of HIV+ partner
  - too many HIV tests
  - other

- If discontinued, reason(s) (mark all that apply)
  - HIV test is positive
  - low risk of HIV
  - renal dysfunction
  - client request
  - not adherent to PrEP

- Adherence
  - 1/ 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

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