

STANDARD OPERATING PROCEDURES

Pre-Exposure Prophylaxis (PrEP) Client Register

Purpose: Document and track clients initiated on PrEP

For whom: All clients initiated on PrEP

When to use: After completing the Pre-Exposure Prophylaxis (PrEP) Facility Record

Responsible staff: The designated provider of PrEP service delivery (provider in-charge, and/or data or Monitoring and Evaluation team member)

Source document: PrEP Facility Record

DESCRIPTION OF VARIABLES

Each client is entered into the register once and followed longitudinally. Complete column B (Date of PrEP Initiation) through column O (PrEP ARVs Prescribed) during the client's first visit, and columns P through AV (PrEP Follow-Up Visits) during follow-up visits.

*Use data from the **PrEP Facility Record** to complete this register.*

- **Column B Date of PrEP Initiation:** Date the client was initiated on PrEP. Include clients who started PrEP at another facility and transferred into this facility. Date (dd), month (mm), and year (yyyy), e.g. 30/04/18.
- **C Client ID Number:** Number assigned to the client at clinic registration (take from the PrEP Facility Record)
- **D PrEP Client Number (if applicable):** Unique number assigned to the client when he or she accepts PrEP. If no PrEP-specific number is assigned, leave this space blank.
- **E Surname:** Client's surname or family name
- **F Given Name:** Client's given (first) name
- **G Address:** Client's current address (where the client lives now)
- **H Telephone:** Client's primary telephone number
- **I Alternative Telephone:** Any other number (if any) that may be used to contact the client
- **J Date of Birth:** Day (dd), month (mm), and year (yyyy), e.g. 30/04/2018
- **K Age (years):** Client's age at most recent birthday in years, e.g. 25
- **L Sex at Birth (M/F/O/No R):** Write the appropriate code (from the PrEP Facility

Record): M = Male, F = Female, O = Other (specify), or No Response.

- **M Gender** (*M/F/TG/O/No Response*): Client's gender as self-identified by the client, regardless of the client's sex at birth. Take the code from section C of the PrEP Facility Record. M = Male; F = Female; TG = Transgender (male to female or female to male); O = Other (specify in the space provided); or No Response.
- **N Key populations client?** (*Y/N*): Circle Y if yes, N if no. If yes, take the classification code(s) from the Final Classification column in section D of the PrEP Facility Record (codes are also listed the bottom of the PrEP Client Register): MSM = Man who has sex with men; TG = Transgender; SW = Sex worker; PWID = Person who injects drugs; PP = Person in prison; O = Other (specify in the space provided).
- **Q PrEP (AVRs) Prescribed:** Tick the client's PrEP regimen or tick Other and specify the regimen prescribed in the space provided.

PrEP FOLLOW-UP VISITS

Use data from the PrEP Follow-up Visits section of the **PrEP Facility Record** to complete this section.

Follow-Up Visit 1

- **P Visit Date:** Date that the client attends the appointment, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018
- **Q-R HIV Testing:** Write **Date Tested**, day (dd), month (mm) and year (yyyy); e.g. 30/04/18. **Result** (*Neg/Pos/Inc*): Write the appropriate code, Pos = Positive, Neg = Negative, Inc = Inconclusive.
- **S PrEP Side Effects** (*see codes*): Ask the client which, if any, side effects he or she has experienced and write all codes from the PrEP Facility Record (codes are also listed at the bottom of the PrEP Client Register). If the client has no side effects, write a dash in the space. A = Abdominal pain; S = Skin rash; Nau = Nausea; V = Vomiting; D = Diarrhea; F = Fatigue; H = Headache; L = Enlarged lymph nodes; R = Fever; and O = Other (specify in the space provided).
- **T PrEP (AVRs) Prescribed:** Tick the client's PrEP regimen or tick Other and specify the regimen prescribed in the space provided.

Follow-Up Visits 2, 3, 4, and 5 (columns U – AN)

See the variables for Follow-Up Visit 1 above. Use data from the **PrEP Facility Record** to complete this section.

STOPPED PrEP

When a client chooses to discontinue taking PrEP, revisit this form and complete this information. Use the **PrEP Facility Record** to complete this section.

- **AO Date:** Date that discontinuation was documented by the clinic (from section I of the

PrEP Facility Record), day (dd), month (mm), and year (yyyy), e.g. 30/04/2018

- **AP Reasons** (*see codes*): Take the codes from the PrEP Facility Record (codes are also listed at the bottom of the PrEP Client Register): H = Tested HIV+; R = No longer at substantial risk; S = Side effects; C = Client preference; AB = Abnormal creatinine result; O = Other (specify in the space provided).

RE-INITIATION OF PrEP

*Complete for clients who discontinued PrEP but have decided to re-initiate at a later date. Use the **PrEP Facility Record** to complete this section.*

- **AQ Date** (*enter visit information in first available follow-up column*): Enter the visit information in the first available follow-up column for the client. Write the date that the client is re-initiated on PrEP, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018.
- **AR Stopped Date**: Write the date that discontinuation was documented by the clinic, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018.
- **AS Reasons** (*see codes*): Take codes from section I of the PrEP Facility Record (codes are also listed at the bottom of the PrEP Client Register): H = Tested HIV+; R = No longer at substantial risk; S = Side effects; C = Client preference; AB = Abnormal creatinine result; O = Other (specify in the space provided).

OUTCOME

*Leave this section blank unless the client transfers out, is lost to follow-up, or dies. Use data from the **PrEP Facility Record** to complete this section.*

- **AT Died**: Tick if the client dies.
- **AU Lost to Follow-Up (LTFU)**: Tick if the client is lost to follow up, i.e. the client has missed a PrEP follow-up appointment by more than 90 days.
- **AV Transfer Out**: Tick if the client transfers out to another clinic.