

APPENDIX 2. Therapeutic Prevention Clinic (TPC) human immunodeficiency virus (HIV) Post-exposure Prophylaxis Registry Form (to be completed on completion or cessation of post-exposure prophylaxis)

1. TPC code: _____ Date : ____/____/____ (dd/mm/yyyy)

2. Source person factor*

- 1. HIV positive (go to question 3)
- 2. HIV negative (go to question 4)
- 3. HIV status pending (go to question 4)
- 4. HIV status unknown (go to question 4)

3. Information on HIV status of source person

- a. Stage of infection
 - 1. AIDS (acquired immunodeficiency syndrome)
 - 2. Symptomatic infection
 - 3. Asymptomatic infection
 - 4. Unknown
- b. Latest CD4 count _____ / μ L Date: ____/____/____ (dd/mm/yyyy)
- c. Latest viral load _____ copies/mL Date: ____/____/____ (dd/mm/yyyy)
- d. Plasma viral load by what test
PCR/bDNA/NASBA/others (specify) _____
- e. Current antiretrovirals (ART) taking by source person
 - 1. Nil
 - 2. Yes, specify : _____
 - 3. Unknown
- f. ART in the past of source person
 - 1. Nil
 - 2. Yes, specify : _____
 - 3. Unknown

4. Treatment outcome of HIV post-exposure prophylaxis (PEP)

- a. Whether PEP can be completed†
 - 1. No
 - 2. Yes without modification
 - 3. Yes with modification, please specify _____
- b. Total duration of treatment of ART _____ days
- c. Reason for non-completion of PEP (more than one box may be selected; leave blank if PEP is completed)
 - 1. Adverse effects of PEP, please specify: _____
 - 2. Source confirmed HIV negative
 - 3. Self-perception of low risk or change of mind
 - 4. Non-compliance‡
- d. Adverse effects of PEP
 - 1. No
 - 2. Yes, please specify : _____
- e. Patient's subjective evaluation of adverse effect: severe / moderate / mild

* information may differ to that in the first consultation assessment form if HIV status of source person has since become available

† PEP is considered completed if patient compliance with treatment is estimated to be more than 90% and full course is taken

‡ Non-compliance means less than 90% of drug taken