

Pre-Exposure Prophylaxis (PrEP) Prescription among HIV Specialists

1. Workplace

- ₁ Non teaching hospital ₂ University/Research institute ₃ Other (*please specify*)_____

2. Region

Demographic characteristics and work history

3. Age Class

- ₁ <30
₂ 31-40
₃ 41-50
₄ 51-60
₅ >60

4. Gender

- ₁ Male
₂ Female

5. Length of service (*years*)

- ₁ <5
₂ 5-9
₃ 10-14
₄ 15-19
₅ >20

6. Prevailing activity

(*one choice*)

- ₁ Ward/Inpatients
₂ Outpatient clinic/Day hospital
₃ Other (*please specify*)_____

7. HIV-infected persons currently followed

- ₀ 0
₁ 1-5
₂ 6-20
₃ 21-50
₄ 51-100
₅ > 100

8. HIV tests prescribed in the last month

- ₀ 0
₁ 1-5
₂ 6-20
₃ 21-50
₄ 51-100
₅ > 100

9. When did you start treating patients with HIV infection?

|_|_|_|_|
Year

10. Did you prescribe antiretrovirals to HIV-uninfected persons to prevent HIV infection?

(*check all that apply*)

- ₁ Yes, after occupational exposure (Post-exposure prophylaxis - PEP)
₂ Yes, after non occupational exposure (sexual or injection drug use - nPEP)
₃ Yes, before any exposure (Pre-Exposure Prophylaxis - PrEP)
₄ No, never

11. In your clinical practice, do you inform individuals in advance of the possibility of using antiretroviral post-exposure prophylaxis in case of sexual exposure?

(one choice)

₁ No

₂ Yes

12. How would you rate your knowledge about PrEP?

₁ Poor

₂ Sufficient

₃ Good

13. Based on currently available evidence on PREP, do you believe...

(check all that apply)

	Advisable	Inadvisable
a. Participation in a multicenter trial	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
a. International/national PrEP guidelines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Internal protocol	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

14. Based on currently available evidence, do you think PrEP should be offered, and in case to whom?

₁ No

₂ Yes

In case of: *(check all that apply)*

Injection drug user	<input type="checkbox"/> ₁	
	<i>NOT using condoms</i>	<i>Always</i>
Men who have sex with men (MSM)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Persons with sexually transmitted infections	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Persons with multiple partners	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Sex workers/Transactional sex	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

Offer PrEP to HIV-uninfected partner in serodiscordant couples: *(check all that apply)*

	<i>Viremic partner</i>	<i>Always</i>
Men in heterosexual couples...	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
Women in heterosexual couples...	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃
Men in MSM couples...	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₅
Women for conception...	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₇
Men for conception...	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₉

15. Do you think the costs of PrEP should be sustained by the NHS?

(one choice)

₁ Yes, always

₂ No, entirely sustained by the patient

₃ Yes, but partially: shared with the patient on an income basis

₄ Yes, but only in case of...*(please specify)* _____

16. In the case of HIV positive patients in serodiscordant couples who do not meet the criteria for starting treatment, which of the following options would you choose to protect the negative partner?

(one choice)

₁ ARV to the positive patient

₂ PrEP to the uninfected partner

₃ Treat both partners

₄ Only counselling for safe sex

17. State whether you agree or disagree with the following statements....

	Agree	Disagree
a. I am concerned that PrEP will not be 100% effective	O ₁	O ₂
b. I am concerned about the potential side effects of PrEP	O ₁	O ₂
c. I feel uncomfortable prescribing drugs for new indications unless there are clear evidences	O ₁	O ₂
d. I am concerned about a low adherence to PrEP	O ₁	O ₂
e. I do not have time to engage in prevention counselling and PrEP monitoring	O ₁	O ₂
f. The use of PrEP will cause patients to engage in riskier behaviours	O ₁	O ₂
g. The provision of PrEP will result in an increase in sexually transmitted disease incidence among patients	O ₁	O ₂
h. Encourage access to testing and care for HIV infection are more effective measures	O ₁	O ₂
i. Non-biomedical HIV prevention interventions (behavioural) are more effective than PrEP	O ₁	O ₂
j. Non-biomedical HIV prevention interventions (behavioural) are safer than PrEP	O ₁	O ₂
k. The use of PrEP will result in less frequent HIV testing among patients	O ₁	O ₂
l. PrEP is too costly	O ₁	O ₂
m. The use of antiretrovirals for prevention will select for, and disseminate, antiretroviral drug resistance	O ₁	O ₂

Thank you for your collaboration