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MINISTRY OF HEALTH - ETHIOPIA

Health Centre /Clinic/Hospital PrEP Register

Region	Zone/Subcity/Woreda	Health Facility Name	Begin Date	End Date

INSTRUCTION FOR PrEP REGISTER

Register (HC/Clinic/Hospital- PrEPReg) kept in ARTroom /KP Clinic, and completed by the ART data clerk, based on PrEP facility record forms and tally sheets.

Location information to be completed at front of register: Write month and year (EC) at top of page.

Region	Write the region where the ART center with PrEP Service is located
Woreda / Sub-City	Write the woreda/sub-city where the ART center with PrEP Service is located
Name of Health Facility	Write the name of the health facility where the ART center with PrEP Service is located

S. N	Datum	Comments
1.	Serial number	write sequential number in the row column
2.	PrEP start date	Write the date client started PrEP as E.C. (DD/MM/YY)
3.	MRN/UIC	Unique individual identifier used on medical information folder, for Public HC/ hospital and UIC for drop-in center
4.	Name in full (individual, father, grandfather)	Write the patient's first name in the upper space and father's and grandfather's name in the lower space
5.	Age	Write the clients Age in year
6.	Sex	M=male, F=Female
7 and 8	Target groups	Tick under column 6 if the client is HIV negative discordant couples or Tick under column 7 if the client is FSW
9	Client's woreda/kebele/Phone number/ House number	Write Client's woreda or Kebele in the above space and clients' phone number or house number in the lower space
Initial Visit		
10	HIV Test date	Write the initial date a client tested in the above space and HIV test result in the lower space **P**=positive, N=Negative
	Date client received results	Write the date client received HIV test results as E.C. (DD/MM/YY)
11	Creatinine (eGFR) (optional)	Write the estimated eGFR result
12	STI Screening with Syndrome	Write 'Y' if the client is screened for STI or 'N' for if the client is not screened for STI in the above space and if the client is screened positive. write code (STI syndromes: U=Urethral discharge / G=Genital ulcers / V=Vaginal discharge / L=Lower abdominal pain / S=Scrotal swelling / I=Inguinal bubo / O=Other-specify) in the lower space
13	Hepatitis B surface Antigen test	Write 'Y' if the client is tested or 'N' if the client is not tested in the above space and write 'P' if the test result is positive or 'N' if the test result is negative
14	Pregnancy status	Write 'P' if the client is pregnant or 'NP' if the client is not pregnant or NA if Not applicable in the above space and if the client is not pregnant and using FP Method write the Family planning code (FP= On Family Planning (enter code):1= Condoms, 2= Oral contraceptive pills, 3=Injectable/implantable hormones, 4=Diaphragm/cervical cap, 5=Intrauterine device, 6=Vasectomy/tubal legation, 7= Abstinence (no sex) in the lower space
15	Number of Tablets	Write number of tablets prescribed
Follow up Visit -1		
16	Date	Write follow up date as E.C. (DD/MM/YY)
17	HIV Re-testing result	Write the date HIV retested and HIV test result 'P' for positive or 'N' for negative under Date HIV retested and HIV test result column
18	Side effect	Write the code of side effects as (A= Abdominal pain/ S=Skin rash/ Nau=Nausea/ V=Vomiting/ D=Diarrhea/ F=Fatigue/ H=Headache/ L = Enlarged lymph nodes and/ R= Fever / O=Other-specify)
19	Adherence	Write 'G' for good adherence if the client missed 4 or less than 4 tablets or 'P' for poor adherence if client missed more than 5 and above tablet or dose in one month
20	Follow up Status	If the client is on treatment write number of tablets prescribed, if transferred out other facility write TO, if the client died while on treatment write 'D' and if the client lost from follow up for more than one month write LTFU
21	STI Screening with Syndrome	Write 'Y' if the client is screened for STI or 'N' for if the client is not screened for STI in the above space and if the client is screened positive in the lower space. write code (STI syndromes: U=Urethral discharge / G=Genital ulcers / V=Vaginal discharge / L=Lower abdominal pain / S=Scrotal swelling / I=Inguinal bubo / O=Other-specify)
22-68	For Follow up visit- 2 and above use the instruction commented under Follow up visit -1(serial number 16-21)	
69	Stopped PrEP	Write the date client stop PrEP as E.C. (DD/MM/YY) in the above space and write the code reasons for stopped (H=Tested HIV+/R=No longer at substantial risk/S=side effects/Specify any other reasons) in the lower space

PrEP Register

Ministry of Health-Ethiopia

S.NO	PrEP started Date	MRN/ UIC	Name / Father's and Grand-father's name	Age (In years)	Sex (M / F)	Target Population / sero - discordant couples (ü)	FSW(ü)	Woreda/Kebele / Telephone #/HNo # /	Initial visit Status Date HIV tested / Result: (Pos. / Neg.)	Creatinine (eGFR)	STI screening (Y/N) / STI Syndrome	Hepatitis B Test (HBsAg) done (Y/N) / Test Result (P/N)	Pregnancy test result (P/N/NA)/ FP method (see codes)	Number of tablets (TDF,3TC)	Follow - Up visit 1 Visit date	Date HIV Re-tested / Result: (Pos. / Neg.)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Follow - Up visit 2 Visit date	Date HIV Re-tested / Result: (Pos. / Neg.)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Follow - Up visit 3 Visit date	Date HIV Re-tested / Result: (Pos. / Neg.)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

Side effects: A= Abdominal pain, S=Skin rash, Nau=Nausea, V=Vomitin,D=Diarrhea, F=Fatigue/,H=Headache,L = Enlarged lymph nodes and, R= Fever ,O=Other-specify

STI syndromes: U=Urethral discharge ,G=Genital ulcers , V=Vaginal discharge , L=Lower abdominal pain , S=Scrotal swelling . I=Inguinal bubo , O=Other-specify

Adherence: <=4 means good and 5 + mneans poor adherence

Family Planning (enter code): (Col. 14) 1= Condoms, 2= Oral contraceptive pills, 3=Injectable/implantable hormones, 4=Diaphragm/cervical cap, 5=Intrauterine device, 6=Vasectomy/tubal legation, 7= Abstinence (no sex)

Follow up status :-If The client is on treatment write number of tablet ,TO=Transfer out ,LTFU=lost ,D=Dead

PrEP Register

	Follow - Up visit 4							Follow - Up visit 5							Follow - Up visit 6							Follow - Up visit 7							Follow - Up visit 8						Stopped PrEP
Visit date	Date HIV Re-tested	Result (P / N)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Visit date	Date HIV Re-tested	Result (P / N)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Visit date	Date HIV Re-tested	Result (P / N)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Visit date	Date HIV Re-tested	Result (P / N)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Visit date	Date HIV Re-tested	Result (P / N)	Side effects (see codes)	Adherence (G/P)	Follow up status	STI screening Result (write code)	Date Reasons (see codes)
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69

Stopped PrEP reasons: H=Tested HIV+, R=No longer at substantial risk,S=side effects, Specify any other reasons