

APPENDIX 2 (AS SUPPLIED BY THE AUTHORS): CLINICAL QUESTIONS ADDRESSED BY THE GUIDELINE

Our four primary questions (denoted by asterisks and boldface font) generated the bulk of our formally GRADEd recommendations. Additional questions were addressed through Good Practice Statements and practical advice on PrEP and nPEP prescribing, presented as Boxed suggestions in the body of the Guideline.

WORKING GROUP #1: INDICATIONS FOR nPEP

1. *** Among adults with a potential sexual or injection drug use-related exposure to HIV, in what specific situations (based on type of exposure and/or levels of risk) is nPEP, compared to no intervention, indicated in order to decrease the risk of HIV acquisition from that exposure?**
 - **Relevant outcomes:**
 - HIV acquisition
 - Toxicity / tolerability
2. Given that nPEP initiation is time-sensitive, at what point after exposure should nPEP no longer be offered due to decreased efficacy in preventing HIV acquisition?

WORKING GROUP #2: PROVISION OF nPEP

1. *** In adults with a recent (within 72h) suspected or confirmed HIV exposure in whom nPEP is indicated, what specific nPEP regimen(s) (drugs, doses, route, frequency, duration) should be used to maximize adherence/nPEP completion, minimize adverse events and prevent HIV infection?**
 - **Relevant outcomes:**
 - Adherence / regimen completion
 - Toxicity / tolerability
 - HIV acquisition
2. Should adult patients initiating nPEP be given a "starter kit" or given a 28-day full supply at baseline, in order to maximize the likelihood of regimen completion?
3. What baseline and follow-up clinical assessments (history and physical examination maneuvers), laboratory investigations and counseling recommendations should be performed at what time points in the:
 - a. source person?
 - b. exposed patient?
4. Which types of clinical provider(s) should deliver nPEP and provide follow-up?
5. What specific adjunctive interventions can maximize nPEP completion, and in which specific populations/contexts?

WORKING GROUP #3: INDICATIONS FOR PrEP

1. * For each of the key modes of transmission / adult populations at risk of HIV acquisition in Canada (ie. men who have sex with men, heterosexuals, people who inject drugs), what specific clinical criteria should be used to determine if PrEP is indicated? Are there population-specific evidence-based clinical tools/risk scores that can help assess eligibility?
 - **Relevant outcomes:**
 - HIV acquisition
 - Toxicity/tolerability
 - Drug resistance

WORKING GROUP #4: PROVISION OF PrEP

1. * Among Canadian adults deemed suitable for PrEP, what specific regimen (drugs, doses, route, frequency) should be used to maximize HIV prevention efficacy, minimize adverse events, minimize the emergence of HIV drug resistance and maximize mental health?
 - **Relevant outcomes:**
 - HIV acquisition
 - Toxicity / tolerability
 - Drug resistance
 - Mental health (eg. reduction in anxiety)
2. What clinical assessments (history and physical examination maneuvers), laboratory investigations and counselling recommendations are indicated:
 - a. at baseline in patients initiating/re-initiating PrEP?
 - b. at follow-up in patients continuing PrEP?
 - c. at discontinuation in patients stopping PrEP?
3. What is the optimal interval between follow-up visits for patients initiating or continuing PrEP?
4. What additional clinical assessments are indicated when PrEP is used in the setting of:
 - a. Acute/chronic hepatitis B?
 - b. Pregnancy and breastfeeding?
5. Which types of clinical provider(s) should deliver PrEP and provide follow-up?
6. What specific adjunctive interventions can maximize PrEP adherence, and in which specific populations/contexts?

WORKING GROUP #5: ADJUNCTIVE INTERVENTIONS

1. Do people accessing nPEP or PrEP (as compared to general population) have higher rates of syndemic health problems such as addictions, mental health problems, past or current sexual assault or intimate partner violence? What assessments (as opposed to usual care) have been shown to correctly identify these issues?
2. In people accessing PrEP or nPEP, what interventions result in improved adherence with medications and follow-up?