

**Supplementary Material**

**Prescribing pre-exposure prophylaxis for HIV prevention: a cross-sectional survey of general practitioners in Australia**

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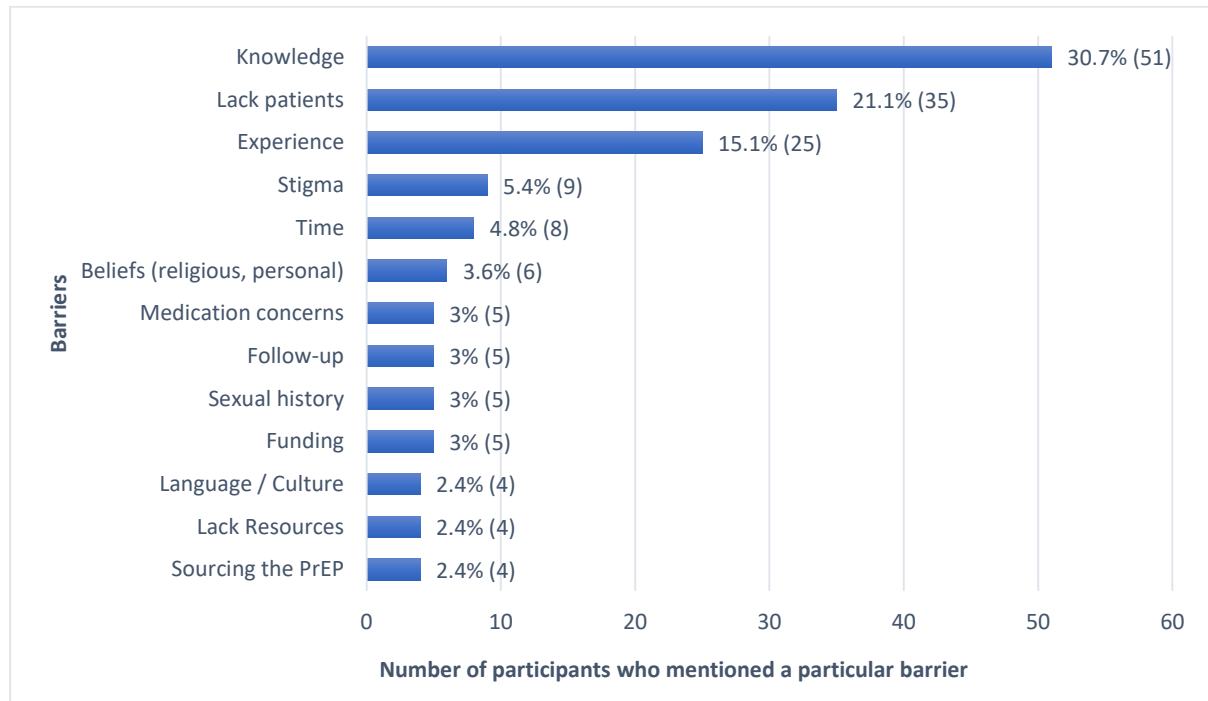
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## SUPPLEMENTARY DATA

**Supplementary Figure S1 – Other barriers to prescribing PrEP identified by General Practitioners.**



Note - Participants can list more than one barrier.

**Supplementary Table S1 - Level of 'moderately' to 'very affected' by barriers based on frequency of prescribing n/N (%)**

	Frequency of prescribing				
	At least weekly	At least monthly	At least every 3 months	At least yearly	Less than once a year
Lack of knowledge PrEP	3/37 (8%)	8/36 (22%)	23/74 (31%)	17/53 (32%)	130/182 (71%)
Lack of time	5/37 (14%)	13/35 (37%)	29/74 (39%)	13/53 (25%)	103/182 (57%)
Unsure where to find resources	2/37 (5%)	7/36 (19%)	16/74 (22%)	12/53 (23%)	85/180 (47%)
Resources difficult to use	2/37 (5%)	8/36 (22%)	14/74 (19%)	4/53 (8%)	47/180 (26%)
Difficult identify clients for PrEP	6/37 (16%)	12/36 (33%)	31/73 (42%)	27/53 (51%)	108/182 (59%)
Not confident antiretrovirals	2/37 (5%)	5/36 (14%)	25/73 (34%)	18/53 (34%)	125/182 (69%)

Difficulty initiating a sexual history	2/37 (5%)	7/36 (19%)	23/74 (31%)	15/53 (28%)	62/182 (34%)
Concern promoting PrEP increases STIs	2/37 (5%)	7/36 (19%)	4/74 (5%)	3/53 (6%)	16/182 (9%)
Concern with compliance	3/37 (8%)	6/36 (17%)	13/73 (18%)	10/53 (19%)	23/182 (13%)
Discomfort with LGBTIQ+ clients	2/37 (5%)	6/36 (17%)	4/74 (5%)	4/53 (8%)	13/182 (7%)

PrEP = Pre-exposure prophylaxis; STI = Sexually transmitted infection

## Supplementary File S1 – Full list of PrEP questions used in our survey

### Knowledge

We would like to evaluate your knowledge of PrEP. **Please answer the following 6 questions using a 5-point scale, where 1 is not at all, 2 is unlikely, 3 is likely, 4 is highly likely and 5 is certain.**

**How likely would you be to prescribe HIV PrEP to the following hypothetical patients?**

1. Sexually active males who have anal sex with males without condoms?

1       2       3       4       5

2. Sexually active males who have anal sex with males and report condom use?

1       2       3       4       5

3. Sexually active heterosexual males and females at increased risk of HIV transmission?

1       2       3       4       5

4. Patients who perform intra-venous drug use?

1       2       3       4       5

5. Serodiscordant couples (i.e. one partner HIV positive and the other HIV negative) who wish to become pregnant?

1       2       3       4       5

6. Australian sex workers

1

2

3

4

5

**Pre-exposure prophylaxis is an TGA approved method for HIV prevention that involves:**

- a) Taking a pill daily for 7 days before a HIV exposure and then ongoing for at least 28 days.
- b) Taking a pill daily before and after a HIV exposure for a maximum of 3 months
- c) Taking a pill daily after a HIV exposure for 30 days
- d) Taking a pill before and after a HIV exposure, but only around the time of the exposure
- e) Not sure

**In clinical trials of sexually active adults, among patients who took PrEP as prescribed, the efficacy of PrEP in preventing HIV was:**

- a) <10%
- b) 10-39%
- c) 40-80%
- d) >80%
- e) Not sure

**Do you think PrEP education should be an essential part of HIV prevention education at GP visits?**

- a) It's not essential
- b) It's sometimes essential
- c) Neutral
- d) It's almost always essential
- e) It's always essential

**Attitudes**

Here we would like to find out about your attitudes to prescribing.

**How much do these barriers affect your ability to prescribe PrEP?**

For each barrier the options are:

-Very affected

-Moderately affected

-Neutral

-Slightly affected

-Not affected

- Lack of knowledge about PrEP.
- Lack of time to adequately counsel regarding PrEP.
- Unsure where to look for resources on PrEP.
- Resources on PrEP difficult to use / interpret.
- Difficulty identifying which patients would require PrEP / relying on the patient to ask for PrEP.
- Lack of experience or hesitation in prescribing anti-retrovirals.
- Difficulty in finding an entry point to asking patients about their risk of HIV/sexual history.
- Concern that promoting PrEP may increase risk of other STIs.
- Concern that the patient may not take PrEP correctly / be non-compliant.
- Discomfort with managing people who identify as LGBTIQ.

**Please describe any other barriers to you prescribing PrEP** (if you regularly prescribe PrEP, think of barriers for other doctors):

**Practise**

For this section we would like to determine your practise.

**Have you prescribed PrEP before?**

- a) Yes
- b) No

**How often do you prescribe PrEP on average?**a) At least once a week

- b) At least once a month
- c) At least once every 3 months
- d) At least once a year
- e) Less than once a year

**When you last prescribed PrEP, how confident did you feel with prescribing?**

- a) Very confident
- b) Somewhat confident
- c) Neither confident or unconfident
- d) Unconfident
- e) Very unsure
- f) Never prescribed PrEP before.

**When was the last time you took a sexual history from a patient?**

- a) Less than a week ago
- b) Less than a month ago
- c) A few months ago
- d) A few years ago
- e) Never

**On an average working week, what proportion of patient consults involved sexual health?**

**Please record as a percentage:**

**Has a patient asked you for PrEP before?**

a) Yes

b) No

**Would you feel comfortable placing a poster about PrEP in your waiting room?**

a) Yes

b) No

**Are there any other comments you would like to make?**