

" November 25 "2022      No. 5466 - L

ESTABLISHMENT OF CLINICAL GUIDELINES FOR PRECONCEPTIVE  
PREVENTION OF HUMAN IMMUNE DEFICIENCY VIRUS

By adopting Paragraph 30 of Article 2, paragraph 1, of Armenia's Law on Housing Medical Assistance and Services, governed by the decision of the Government of Armenia on December 5, 2002, N 1936, Under Article 18, paragraph 20, of the Ministry of Health of Armenia, appendix to the decision of the Prime Minister of Armenia on June 11, 2018,

HR A M A Y U M:

1. To establish a clinical guide for the prevention of the human immune deficiency virus, in accordance with the Appendix.
2. Lilith Babakhanyan, head of the Department of Public Relations of the Ministry of Health of Armenia, has maintained the posting of this decree on the official website of the Ministry of Health.
3. To assign supervision of the implementation of this decree to Lena Nanushin, the first deputy health minister.
4. This decree comes into force on the day after the publication.

A. AVANESIAN

**CLINICAL GUIDE**  
**PREVENTION OF HUMAN IMMUNE DEFICIENCY VIRUS**

**COVER SUBJECT**

1. General Statements
2. NGO Diagrams
3. NGO Contradictions
4. Clinical jurisdiction of the NGO
5. Monitoring and Evaluation

**ABBREVIATIONS**

WHO - World Health Organization  
DNA - desosiribonuacid  
TNO - Drug User  
FIFA - Immune Enzyme Analysis  
CSK - Commercial Sex Service Woman  
CFA - Speed of cucumber filtering  
HBV - Viral Hepatitis B  
HLC - Postcontine Prevention  
HRV - HAquatic Retrovirus  
HTONI - Non-nuclease inhibitor of return transcriptaza  
HIV - Viral Hepatitis C  
HIV - Human immune deficiency virus  
NGO Prevention  
PSHR - Polymerase Chain Reaction  
RNA - Ribonucleic acid  
TRIPS — Sexually Transmitted Infections  
GDP - Viral Overload  
TG - Transgressors  
TST — A Man who has sex with a man

CAB-LA - Cabotager

FTC - Emtricitabine

TDF - tenofovir disoproxil fumarate

TDF/FTC - Tenofovir/Emtricitabine

## 1. GENERAL STATEMENTS

1. Prevention (now the NLC) is a new and broad option for the prevention of the human immune deficiency virus (now HIV) for people with a significant risk of HIV infection [1, 2, 3].

2. NGO should not be used in the absence of a low risk of HIV infection or general risk.

3. NGO is a biomedical preventive measure that provides high levels of protection against HIV infection but does not protect against other sexual infections, so it should be used in conjunction with other protective approaches[.].

4. WHO recommends being guided by diagrams containing NKK tenofovir (TDF) as an additional prevention method for persons exposed to other protective approaches to significant risk of HIV infection (strong suggestion, Source: Guide to starting HRV treatment and NGOs for HIV, Geneva WHO, September 2015, <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>).

5. Compulsory medication is important during the NGO or it will not be effective. []

6. Recent sexually transmitted diseases, postcontact prevention (HLCs), or chemicals may be high-risk markers of HIV infection [3]:

### 7. **The NGO is a priority recommendation:**

1) **HIV negative men who** have sex with men (TST) and transgender people (TG) when they do not consistently use condoms and have random partners:

2) **HIV positive** partners if positive HIV partners do not receive HIV treatment or have not yet reached the level of HIV treatment at [1, 2, 3].

### 8. **The NGO may be offered:**

1) **Negative HIV women and men** who do not use consistent condoms have many sexual partners, some of whom may not receive positive and HIV treatment.

2) drugs for injection users (TNO) who have injection drugs together with positive HIV:

3) Commercial Sex Service Women (CSC) [1, 2, 3, 4]:

### 9. **The following activities are recommended before starting the NGO:**

1) at least 1 week before the start, the negative response to the HIV test:

2) If you're suspected of acute HIV, you also need to do an HIV RNA examination in the chest:

3) clarify the status of hepatitis B if HBsAg is positive should be guided by the hepatitis B

driving guide, and if HBsAg is negative, it is recommended to test and vaccinate anti-HBc:

4) It should be reported that the NGO may affect bones and kidneys; it is necessary to check kidney function before the NLC begins (creatinine, cardiovascular filtering rate (CFA).

5) it's necessary to report that other sexually transmitted infections should be prevented, Before the NGO begins and receives the NGO, it is desirable to perform other sexually transmitted infections (syphilis, chlamydia) infections, Gonococcus infection, hepatitis C (HIV)) [3].

6) is desirable to perform a pregnancy test —

7) The NGO is distributed after obtaining a written informed consent (appendix 4).

10. **During the NGO, you need** (See chart 1):

1) A month later, after that, review HIV every three months:

2) The NGO should be discontinued immediately when early clinical symptoms of HIV infection occur during cyclones, or if the HIV test is positive:

3) Check kidney function (3-6 months), as performed during the prescribing of tenophovir disoproxyl fumarate (TDF):

4) repeat the pregnancy test for women of reproductive age who do not use reliable contraceptives:

5) The NGO may be prescribed for a long time, but medication should be for no more than 90 days so that the monitoring can be done every 3 months to clarify HIV status [3]:

Chart 1.

**Preparatory procedures offered during the NGO[ 2:]**

Intervention	Preparation Schedule for the NGO Launch
<b>Established Negative HIV Status</b>	1 month after the launch of the NGO, every 3 months
<b>Correcting Side Phenomena</b>	During each visit
<b>Advice on Compulsory Medicine</b>	During each visit
<b>Decision on the Speed of Breast Filtering</b>	Every six months to determine more often if there are diseases in the anemone, that can affect kidney function, such as diabetes or hypertension, rarely determine if the age is less than 40; the initial CFA is 90 milliliters; the weight is over 55 pounds [55 kg].
<b>INTERNATIONAL Antibodies</b>	is desirable to test TST every 12 months.
Provide screening, condoms, and contraceptives for sexually transmitted infections if necessary.	
Provide advice on the prevention of PTSD, the prevention of PTSD, diagnosis, mental health, sexual harassment, and the use of psychotropic substances in the presence of dogs.	

## 2. NGO SCHEMAS

11. Seven days before the first contact, Both men are advised to start tenofovir e/emtricitabine (TDF/FTC) **300/200mg of prescription** once a day and complete 7 days after the last contact [3]:

12. The situation **NLC uses double** TDF/FTC double prescriptions 2-24 hours before a sexual contact, after that, 24 and 48 hours later, use a substantial prescription (2-1-1) counted 3, 5, 6[.]

13. In a 2-1-1 prescription, the situation NGO can be used near TST:

1) 2-24 hours before a double-dimensional sexual contact —

2) 1 prescription 24 hours after the first use:

3) 1 prescription 48 hours after the first use.

14. **In a 2-1-1 prescription, the situation NGO can be used near TST:**

1) **2-24 hours before a double-dimensional sexual contact —**

2) **1 prescription 24 hours after the first use:**

3) **1 prescription 48 hours after the first use.**

15. During the Situation NGO, if sexual intercourse is repeated in the days ahead, the NLC's admission can continue as long as these relationships continue, adding another 2 days from the last sexual intercourse.

16. There is no data on the effectiveness of situational NGOs among women (See chart 2) 4, 5[. ]

Chart 2

### When the appointment of a situational NGO can be considered

Who Matches the Situation NGO	Who doesn't match the situation NGO
<b>✓ TST</b> <ul style="list-style-type: none"> <li>– who have unrecommon sexual intercourse, less than twice a week on average</li> <li>– who can plan sex at least 2 hours in advance or postpone sexual intercourse by 2 hours</li> <li>– for whom it can be convenient and efficient</li> </ul>	<ul style="list-style-type: none"> <li>✓ Cisgender or Transgender Women</li> <li>✓ Transgender men who have vaginal/frontal sex</li> <li>✓ Men who have vaginal or sexual intercourse with women</li> <li>✓ Chronic viral hepatitis B patients</li> </ul>

17. **NGO with a long-term impact cabotage:** WHO's new 2022 guidelines[ 8] recommend that countries use long-term injectable cabotegravir (CAB-LA) as HIV NLC, and calls on countries to consider this safe and high-performance prevention option for people at high risk of HIV. whose first 2 injections take a four-week break, in two randomized control research, CAB-LA demonstrated safety and high efficiency for cisgender women, among transgender women who have sex with Cisgender TSTs and men. Some people can continue to choose the Pearl NLC. CAB-LA will probably prefer it, who have difficulty or don't want to take pills. They're still limited to CAB-LA clinical research or use experience for hepatitis B or hepatitis C patients. CAB-LA can be unwanted with

deep liver disease, for those who need acute viral hepatitis and hepatitis B treatment. and hepatitis C testing and subsequent evaluation for those with positive test results. More research is needed for people with CAB-LA, [ 8]:

18. **NGO dapivirin easy links:** It is recommended to use cisgender women who cannot accept the Daily NGO. This is used in conjunction with other protective interventions. which also reduces the risk of HIV transmission. Transmission of HIV-1 is reduced 24 hours after the link is put in. made of silicon and contains a dapivir, One link is replaced by a new one every 28 days. Although there is no experience with the use of vulnerable groups of vulnerable groups (including TNO, CSC), but it protects women in those same groups from HIV transmission during vaginal sexual intercourse. but there's no need for hepatitis B and creatin monitoring unlike the Daily NLC [7]:

19. **Side phenomena from the NGO:** Nearly 10 percent of LDC users may see some short-term, mild side effects—symptoms of gastrointestinal tract disorders (diarrhea, nausea, reduction of appetite, These symptoms usually begin on the first few days or weeks of use of the NGO and last a few days, almost always during the first month of NLC reception. About 1 in 200 can be observed as an increase in creatin, usually if the NGO is discontinued. []

### 3. NKK'S ADVERTISEMENTS

20. The NGO's contradictions are:

- 1) HIV/AIDS:
- 2) Where HIV symptoms/symptoms\*.
- 3) CFA <60 milliliters / minutes
- 4) Allergies or antidepressants to any drug present in the NGO diagram 2[: ]

#### **\* Symptoms of acute HIV infection**

Acute HIV infections are often symptomatic and are manifested by fever, throat pain, body breakdown and pain, increased lymph nodes, ulcers in the mouth, In any case, if a person has had acute viral syndrome in the 14 days leading up to sexual intercourse without a condom, there is acute viral syndrome, shouldn't rule out acute HIV infection. The launch of the NGO can lead to medication development under acute infection, Even if chemotherapy is detected within four weeks of the launch of the NGO.

### 4. CLC CLINICAL JURISDICTION

21. The clinical jurisdiction of the NGO is:

- 1) the negative results of the documented HIV test before being assigned to the NGO:
- 2) the absence of severe HIV infection symptoms —
- 3) normal kidney function n.
- 4) the status of viral hepatitis B and its vaccination —
- 5) absence of anti-inflammatory drugs (test the interaction of jointly used medications) [1:]

## 5. STUDY ARTICLES FOR THE WEEKS OF:

22. In order to ensure the effectiveness of the NLC in preventive measures, it is essential to ensure the highly compulsory approval of medications and the continued monitoring of laboratory research, both for HIV testing, both in terms of medicine safety.

23. Currently, the NGO's provision of LDCs in most countries is limited. For reports that will be evaluated periodically and will ensure the safe and efficient delivery of the NGO [1]:

**24. General objectives of monitoring and evaluating LDC services:** The objectives of national programs should include increasing NGO coverage among the population, defining service targets, monitoring the NGO suspicion, Identifying clinical or structural fields for service improvement, as well as evaluating programs. from the unnecessary burden of the crew [1]:

**25. THE BIBLE'S VIEWPOINT** The NGO program should be focused in accordance with the epidemiological situation in the country, NLC services are provided with suspicion similar to the suspicion of HIV treatment and includes the following steps:

- 1) Screening of people at risk of HIV infection to detect potential NGO candidates:
- 2) Decision of jurisdiction and interest in the NGO:
- 3) Interpretation of the NGO:
- 4) Appropriate medication:
- 5) Clinical monitoring continues, including clinical monitoring if the risk of HIV infection is preserved:
- 6) The end of the NLC.

26. Individuals who interrupt the NLC can resume If they meet the criteria for starting the NGO and are interested in the NGO. Ideally, each of these stages of suspicion should be measured by the monitoring system. Each time a person stops the NGO, he or she must again meet the standards of starting the NGO [1:]

**27. The decision of the judiciary to obtain a NGO:** Suggesting a NGO should be guided by three criteria that are essential:

- 1) established negative HIV status:
- 2) where HIV infection symptoms are absent—
- 3) Individuals who meet these three criteria should consider what they are required to accept the NGO.

28. Before the NLC begins, health-care professionals should explain the importance of compulsory medication and regular HIV testing, Then they take steps 3, 4, 5 of the NGO cascade, including the launch of the LDCs to persons who are entitled and interested, understand the importance of proper medication approval and continuity.

29. Monitoring systems can determine whether the use of the NGO was daily, situational, or interruptive[.]

30. **Pause/NGO failure:** Individuals who received the NGO and then had a positive HIV result are divided into three categories:

1) individuals who obligate to take medication according to prescriptions and are infected with HIV during NGO intake (NLC failure). it is likely that there is a pharmaceutical infection, despite the highly compulsory approval of medications:

2) WHO recommends accepting the NGO daily. Conditional NGOs are effective only among TSTs and are assigned to sexual intercourse The decision and quantitative evaluation of individuals who have been diagnosed with amyotrophic lateral sclerosis (ALS) helps improve the support of NGO recipients in maintaining a treatment regime:

3) Individuals who stop accepting the LDCs for a variety of reasons should be studied and determined the reasons for the cease-fire that are necessary to improve the appropriate programs.

31. Individuals referred to in paragraphs 2 and 3 of paragraphs 30 of this guide who have prematurely discontinued the NGO or are not responsible for taking medication should not be considered "NGO failures."

32. Individuals who don't want to take the NGO or can't maintain a treatment regime, A proposal should be made to provide other prevention options or provide additional advice on the maintenance of the drug taking regime[.]

33. **NGO targets:** The NGO targets should be considered the following groups and suggested by the NGO:

1) vulnerable population groups (TST, TG, CSK, TNO).

2) A negative companion of HIV couples up to a positive HIV companion has an undetected level of the virus. That is, in pairs of checklists, NLC admission can take an average of 7 months until the outcome of viral overload. if they're not sure their partner maintains compulsory HRV medication [1]:

34. **STRATEGY for NLC Rutin Monitoring:** To improve the efficiency of the NGO, you need to do analysis and use the data to develop strategies and make decisions. so that individuals can be monitored throughout the cascade, from initial screening to subsequent regular surveillance within a few months. used by the National Center for Infectious Diseases (NHC) to determine the NLC proposal (Evaluation Appendix 1, epidemiological, Snow 1, Appendix 2, Clinical, Hand 2, Appendix 3, Clinical, Hand3) and LDC users for measuring Adherent, only some of that information should be reported at the national level. systems should avoid inadvertent copies of the report at local, sub-national, and national levels.

1) individuals who get from different NGOs —

2) individuals who were assigned to the NGO have then been suspended and then regained



the NLC again during the same reporting period.

35. In order for copies to be kept to a minimum, public health professionals from LDC medical organizations/HIV prevention organizations should think about the most important indicators of the report. For example, during the NGO offered to women, you should evaluate how the NGO registration will change and reports if she becomes pregnant and moves from the general laboratory to regular visits to antenna care and later return to the laboratory services after giving birth. who move or choose other service providers should be considered out of the service [1]:

36. **Local Observatory and Report:** At the local level, data includes data that distinguishes potential NLC users and data that groups selection standards, suggestions, medication, adhesive, Results of laboratory research, such as determination of creatine and other factors, may be included in the National Program (Hand 5)[1 ]:

37. **International and National Report:** At the national and national levels, NGO indicators should measure minimum medication intake, continuity, safety, the number of people with whom there were positive HIV results after the NLC was appointed, as well as possible causes of the NLC suspension and failure of the NGO 1[:]

38. **Software NGO Indexes:**

1) **Basic indicators suggested:** The following four main indicators constitute a minimum collection for regular monitoring of LDC programs:

- a. Implementation of the NGO,
- b. Early continuity of the NGO,
- c. Toxicity spread among NGO recipients,
- d. Positive HIV status among people assigned to the LDCs.

The 4th index is the positive outcome of HIV among people, The interpretation of this index may be difficult to stay out of control. In addition, an annual report is proposed to follow the use of the NGO For the united Nations AIDS/WHO, the Global AIDS Observation Index, the number of people who received at least one time during the NLC reporting period. This index includes people who first began the LDCs who stopped and begun again during the LDC Accounting period as well as those who continue the NGO. age (<15, 15+, 15-19, 20-24, 25-49, 50+), vulnerable groups (TST, CSK, TNO, TG) who first receive the NGO.

2) **Implementation and interpretation of the NGO:** Evaluation of the implementation of the NGO is necessary for measuring interest among LDCs, to predict the purchase of medicines, provide information to supply chains, and planning for future supplier training (NLC launch, Feb 5).

3) **Keeping and subsequent surveillance in the NGO:** Some indicators may be used to

evaluate storage in the NGO, taking into account different LDC usage models. They include the continuity of the NGO, indicators of interruption, resumption, and subsequent surveillance. The most important problem is accuracy. When the necessary visits by LDC recipients were more frequent, they go through programs that have the number of visits once a month or three months for more committed and experienced LDC recipients, New visitors or double NGO recipients should first visit the month Once in the first three months, they will pass three - month visits:

4) **Guidelines and Contacts:** The first step is determined, Later, programs can develop tools, shapes, materials for guidance control and HIV-related services (testing, treatment) for interactions between other health services (sexual treatment services, family planning services, youth services, and so on):

5) **Separation:** It is important to distinguish between the data of those who first started the NGO, current recipients, and who have begun in the past, stopped, and resumed the NGO. As well as an increase in the demand for cyclical use of NLC users to receive NLC users as they begin and discontinue the NLC during periods of high and low risk. The first main indicator for the implementation of the NGO described above includes this distinction.

39. **Monitoring the toxicity and other unwanted phenomena of drugs used during the NGO:** Monitoring unwanted phenomena, that are associated with medication, such as chocolate, toxicity, and HIV medication in the event of a failure of the NGO, are essential for visitor safety in NGO programs[.]

40. **Monitoring the lung cancer of drugs used during the NGO:** A lot of people experience minor symptoms within a few weeks of starting the NLC, which disappear mainly over time and can usually be controlled by consultations in the early stages of the NLC and the NLC[.]

41. **Active monitoring of the toxicity of drugs used during the NGO:** In this case, the usual monitoring of lung cancer is recommended to increase active toxicity control using different approaches. that can lead to an interruption of the NGO, such as kidney function disorder [1]:

42. **Control of pregnancy and congenital defects:** There is no basis for terminating or prohibiting NGOs in negative women in pregnancy and breastfeeding. that in such cases, the benefits of the mother's acquisition of HIV and the reduction in the risk of HIV transmission from mother to child outweigh any potential NLC risks, including the effects of medication on the fetus [1]:

43. **HIV medication control:** Medication for TDF or FTC used in the NLC is rare if the NGO begins before a contact with HIV. HIV medication can be caused when prescribed for acute HIV infections undiagnosed with the NLC. Stability in individuals with chocolate is more common with the FTC (M184V/I) than TDF (K65R)[].

## Evaluation (Pestilence, Hand 1)

### Linear Danger evaluation

Identify All the Right Options

☐ A Sexual Partner (s) with a positive HIV status

☐ not on RRV

☐ less than six months on HRV

☒ suspected of bad HRV adhesion

☐ Viral overload detected by HIV

☐ Couple Trying to Get Pregnant

☐ Sexual Partner (s) has a high risk of HIV infection and HIV status is unknown

☐ More than 1 sexual partners

☐ discrimination/violence against sexual orientation

☐ Business Sex

☐ had sex in the last six months

☐ Using a Repeated NGO

☐ sexual intercourse (repeated) under the influence of alcohol/drugs

☐ Unconsistent use or no use of condoms

☐ Use injection drugs by sharing the syringes or syringes

### Fill in this section if a sexual partner is HIV positive

HIV for a positive partner's registration .

or not registered ☐

or the status of registration is unknown ☐

Date/month/year \_

or not on HRV treatment during a preliminary visit ☐

How long the cheerleader has been known for years ----- + months----

For the last 30 days, sexual intercourse with a positive HIV partner ☐ Yes ☐ No.

The number of children live from a positive partner of HIV . . .

**Snow 2 (klinik)**

**Medical assessment and pregnancy planning assessment**

Weight (kg)      Height (cm)      Temperature      ° C      Arterial Pressure Sexual      Signs      ☐ Yes ☐ No

Chronic and accompanying diseases	Strength B
Liver disease <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kidney disease <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. A Different Description	
Only for the female,	
Last Menstrual Day	
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
If She Is Pregnant	<input type="checkbox"/> planned <input type="checkbox"/> unplanned
Breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trying to get pregnant	<input type="checkbox"/> I don't know <input type="checkbox"/> <input type="checkbox"/>

Clinical Notes

Tess	Sample Date	Results	Additional steps
Hepatitis B (HBsAg)		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not fulfilled	Vaccinated If Negative <input type="checkbox"/> Yes <input type="checkbox"/> no
Hepatitis C		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not fulfilled	
Pneumonia cerebral palsy		CFA (ml/minute) or <input type="checkbox"/> not fulfilled	If a crete is nine normallydistracted or CFA<50 milliseconds per minute, further evaluation is required

### Introduction to Prevention ( Clinical, Handbook 3)

#### *Results of Laboratory Research*

Using the previous NGO ☐ yes ☐ no

The NGO wants to start ☐ yes ☐ no

Advice on Adhesion ☐ Yes ☐ No

☐ ☐ ☐ discrimination ☐

☐ long-term pill taking ☐ frequent HIV testing

Symptoms of acute HIVinfection ☐ yes

Starting a NGO is medically unauthorized ☐ yes

TDF/FTC, TDF/3TC, TDF ☐ Yes

Next visit deadline\_\_\_\_\_ (day/month/year)

Doctor\_\_\_\_\_ //

☐ no  
☐ non-}→ LGBT assigned to the NGO →→  
☐ non-Schema ☐ TDF/3TC ☐ TDF/FTC ☐TDF  
  
How many months -----  
  
Start day/month/year

## Snow 4

### Written agreement by a visitor for the prevention of anti-retroviral drugs

I \_\_\_\_\_, born \_\_\_\_\_ in this way, express my voluntary consent for prevention by using the following medications: \_

I have been provided with the following information about the NGO:

1. Prevention (NLC) is a new and broad option for HIV prevention for people with a significant risk of HIV infection.
2. NGO should not be used in the absence of low risk of HIV infection or general risk. which provides a high level of protection against HIV infection but does not protect against other sexually transmitted diseases, so it should be used in conjunction with other protective approaches.
3. Priority is to assign negative HIV men who have sex with men (TST) and transgender people (TG) when they don't use condoms permanently and have random partners; Those with positive HIV companions if positive HIV partners do not receive HIV treatment or have not yet reached undiagnosed levels of the virus.
4. Negative HIV women and men who don't use consistent condoms can also be assigned to heterosexual HIV, there are many sexual partners, some of whom may be positive and HIV-positive, injectable drug users (TNO) who have injection drugs together with positive HIV persons; women providing commercial sex services (CSCs).
5. Before starting the NGO, you should clarify the status of HIV, one month after the NGO begins, and then repeat the study of HIV every 3 months with fourth-generation tests.
6. The NLC needs to be stopped immediately when early clinical signs of HIV infection appear or if the HIV test is positive.
7. Before the NGO begins, it is necessary to investigate hepatitis B because the drugs used in the NLC also affect the HBV.
8. Compulsory medication is important in the NGO, It may be prescribed for a long time, but the provision of medications takes no more than 90 days to clarify HIV status every 3 months.
9. For the NGO, TDF/FTC is prescribed for women and men once a day with a dose of 300/200 grams
  - 1) start seven days before a sexual contact —
  - 2) to finish seven days after the last contact.

10. In terms of 2-1-1, the situation NGO can be used near TSTs,

- 1) 2-24 hours before a double-dimensional sexual contact —
- 2) 1 prescription 24 hours after the first use:
- 3) 1 prescription 48 hours after the first use.

11. During the Situation NGO, if sexual intercourse is repeated in the days ahead, the NLC's admission can continue for as long as another 2 days of the last sexual intercourse added to that relationship.

**12. Side phenomena from the NGO:** About 10 percent of NGO users can be viewed for some short-term, Mild side effects: yoke, nausea, appetite, abdominal pain, dizziness or headaches. There may be an increase in creatin, usually if the NGO is discontinued.

I understand this information, had the opportunity to ask questions, and I received adequate answers.

I confirm that I have been explained the meaning of prevention and the effects of medication, and I have been given an information leaflet and a telephone number that allows me to communicate with the doctor who prescribed me treatment or the replacement specialist.

I realize that

1. prescribed prevention is aimed at reducing the risk of infection after possible contact with HIV,

2. Prescribed prevention may be interrupted at any time by my desire or prescribing doctor, including my failure to perform or research: if stopped by a doctor, I have to get an explanation of the reasons for this,

3. prescribed medications, like any medication, have side effects mentioned in the information sheet I've become familiar with.

I'm committed,

1. to introduce medical research, deliver biological materials for laboratory research according to the defined schedule,

2. to take prescribed medication according to the doctor's prescriptions,

3. to inform the healing doctor of not making appointments for one reason or the other,

4. immediately inform the physician of my self-esteem if I think they're related to the medications I've taken,

5. without consulting the doctor who treats me, don't take other medication prescribed by other doctors under non-emergency instructions, and if taking other medications is inevitable (such as urgent instructions), take measures to inform a doctor who has prescribed antimicrobial treatment.



Visitor \_\_\_\_\_Signature

Date \_\_\_\_\_

Dr.

\_\_\_\_\_Date \_\_\_\_\_

A. A. H. signature

	Snow 5 (destination)	
	NGO Registration	

Date /month/ year	For the Epidem ic	Name/ NationalN un	Telephon e	Age	A Vulnerable Group		Primary HIV Status		Crete	Sexually transmitteddis eases if there is a date for treatment	NGO Diagram	Number of Pills	Surveillance, Visit 1						Surveillance, Visit 2						NKK Pause	
							Testing Date	Results					Date	HIV review		Side Phenomena	NGO Assignment	Number of Pills	Date	HIV review		Side Phenomena	NGO Assignment	Number of Pills	Date	Causes
														Testing Date	Results					Testing Date	Results					
					<input type="checkbox"/> Yes	<input type="checkbox"/> TEST				<input type="checkbox"/> TDF/FTC					<input type="checkbox"/> TDF/FTC						<input type="checkbox"/> TDF/FTC					
						<input type="checkbox"/> TG				<input type="checkbox"/> TDF/3TC					<input type="checkbox"/> TDF/3TC						<input type="checkbox"/> TDF/3TC					
						<input type="checkbox"/> KSK				<input type="checkbox"/> TDF					<input type="checkbox"/> TDF						<input type="checkbox"/> TDF					
						<input type="checkbox"/> TNO																				
						<input type="checkbox"/> no																				
					<input type="checkbox"/> Yes	<input type="checkbox"/> TEST				<input type="checkbox"/> TDF/FTC					<input type="checkbox"/> TDF/FTC						<input type="checkbox"/> TDF/FTC					
						<input type="checkbox"/> TG				<input type="checkbox"/> TDF/3TC					<input type="checkbox"/> TDF/3TC						<input type="checkbox"/> TDF/3TC					
						<input type="checkbox"/> KSK				<input type="checkbox"/> TDF					<input type="checkbox"/> TDF						<input type="checkbox"/> TDF					
						<input type="checkbox"/> TNO																				
						<input type="checkbox"/> no																				
					<input type="checkbox"/> Yes	<input type="checkbox"/> TEST				<input type="checkbox"/> TDF/FTC					<input type="checkbox"/> TDF/FTC						<input type="checkbox"/> TDF/FTC					
						<input type="checkbox"/> TG				<input type="checkbox"/> TDF/3TC					<input type="checkbox"/> TDF/3TC						<input type="checkbox"/> TDF/3TC					
						<input type="checkbox"/> KSK				<input type="checkbox"/> TDF					<input type="checkbox"/> TDF						<input type="checkbox"/> TDF					
						<input type="checkbox"/> TNO																				
						<input type="checkbox"/> no																				
					<input type="checkbox"/> Yes	<input type="checkbox"/> TEST					<input type="checkbox"/> TDF/FTC				<input type="checkbox"/> TDF/FTC						<input type="checkbox"/> TDF/FTC					

[illegible]

## LITERATURE

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