Supplemental Digital Appendix 1
Steps in the Development of the UCLA Global Health Education Programs (GHEP) HIV Postexposure Prophylaxis (PEP) Protocol for Trainees

1. Identify key collaborators

GHEP and GH partner faculty identified the need for a PEP protocol to ensure the health and safety of trainees engaged in GH rotations. The following collaborators were identified and agreed to the roles described below:

- **UCLA Ashe Student Health Center and UCLA Travel Medicine Clinic**: Provides pre-travel clinical services and prescribes PEP regimen for medical students and residents/fellows, respectively.

- **Infectious disease/HIV specialist (PEP physician)**: Serves as on call (24/7) PEP physician for telephone consultation in trainee exposures (receives stipend); provides postexposure follow-up to trainees; communicates information to UCLA Occupational Health Services and GHEP PEP faculty member.

- **UCLA Occupational Health Services**: Expanding existing infrastructure, provides follow-up on occupational exposures for trainees when they return to Los Angeles.

- **GHEP PEP faculty member**: Oversees, monitors, and evaluates PEP protocol; creates educational and communication tools; provides support for exposed trainees and debriefs them upon return.

2. Secure 28-day supply of PEP for trainees

GHEP determined that PEP medications should be easily accessible to the trainee throughout the GH experience. Collaborators agreed to the following roles in securing a supply of PEP for trainees:

- **UCLA Ashe Student Health Center**: Funds supply of PEP if not covered by medical students’ personal health insurance.

- **UCLA GME**: Funds supply of PEP if not covered by the residents’ and fellows’ personal health insurance.

- **GHEP PEP faculty member**: Works with GHEP faculty and GH partners to assess risk at rotation sites to determine if single supply of PEP can be provided to a group of trainees working at the same site during the same rotation to minimize cost of dispensing PEP medications.

- **Infectious disease/HIV specialist (PEP physician)**: Conducts annual review of CDC guidelines for PEP regimen and communicates updates to all collaborators.
3. **Create education and communication materials**

To support the addition of the PEP protocol to the pre-departure orientation curriculum and the implementation of the protocol, GHEP created the following materials:

- **PEP flowchart** (see Figure 1): This one-page resource provides easily accessible information to trainees, faculty, and GH partners on what constitutes an exposure, immediate interventions, initiation of PEP, and how to contact the PEP physician.

- **PEP provider form** (see Supplemental Digital Appendix 2 at [LWW insert link]): The PEP physician completes this form at the time of the initial call and uses it for follow-up and communication of information about the exposure to UCLA Occupational Health Services and GHEP PEP faculty member. Use of the form ensures consistent, comprehensive collection of medical information.

4. **Create system for postexposure follow-up**

Collaborators agreed to the following roles in providing follow up to exposed trainees:

- **Infectious disease/HIV specialist (PEP physician):** As PEP physician, follows up with exposed trainee 72 hours after initial call to discuss results of baseline testing, any testing results from source patient, and side effects if trainee started PEP; provides emotional support; remains available to trainee throughout GH rotation for questions; completes PEP provider form (Supplemental Digital Appendix 2 at [LWW insert link]) and transmits to UCLA Occupational Health Services and GHEP PEP faculty member.

- **GHEP PEP faculty member:** Ensures faculty availability for support; if needed, coordinates medical evacuation; conducts in-person debriefing upon trainee’s return.

- **UCLA Occupational Health Services:** Nurse schedules appointment with exposed trainee within 72 hours of trainee’s return and physician oversees follow-up care.