



**International Epidemiology Databases to Evaluate AIDS (IeDE)
STANDARD OPERATING PROCEDURES FOR DATA TRANSFER**

Version: 18 June 2024

Introduction

General remarks

- This document provides guidance on the preparation of data tables for the transfer of data for the IeDEA Southern Africa Collaboration.
- It is requested that each clinic prepares **separate data tables**, as described in the IeDEA Data Exchange Standard (DES) detail below. A minimum of 10 tables should be submitted by all sites, other tables could be completed by certain sites if data is available (see below).
- The tables can be sent in the format that is most convenient for the site, we can work with simple delimited files, common statistical data file format (Stata, SPSS, SAS, etc...) as well as database backup copy (.bak, MS SQL Server) or MS Access. Please contact the IeDEA data managers if you have any queries.
- **In case of necessity, the data manager from data center can guide and help with the preparation of the data into IeDEA DES tables. It is also requested to carefully document the variables you extract and how to transform them into IeDEA variables.**
- It is accepted that there will be missing data for some patients, and even entire missing tables from some sites who simply do not have that data in electronic format or do not collect that data routinely.
- It is requested that for security purposes, data tables be encrypted and compressed with a file compression utility (e.g WinZip, ...) prior to sending. The encryption password (minimum of 10 characters long, including upper/lower case, numbers and special characters) should be communicated to the relevant data center contact person separately.
- Encrypted and compressed dataset should be sent via a secured cloud server, relevant to the data center (a data voucher for transfer, can be sent on request).
- Please ensure that ALL datasets have been stripped of personal identifying information prior to sending. (i.e clinic medical record number; folder number, etc.).
- Please include a unique anonymous identifier for each patient (PATIENT). This is a special identifier created for IeDEA Southern Africa. This anonymization key serves as cross-reference to your own database and must be maintained by the cohort/program under secure conditions. This unique identifier must remain consistent for the same patient over different data transfers to IeDEA Southern Africa through times.
- Sites treating children are required to send the date at which they changed from using the WHO 3-stage clinical staging system to the 4-stage clinical staging system.

Thank you very much for your contribution to this collaborative project!

Inclusion criteria for patients

Please include all patients with the following characteristics:

- Documented HIV infection
- Patients in care at the site for whom the date of first visit at the site is known exactly.

Notes:

- Where possible, it is intended that data be transferred on HIV-infected patients followed-up at the site irrespective of whether or not they received antiretroviral therapy (ART).
- When transferring data just on patients who received ART, it is preferable to include patients irrespective of whether or not they were exposed to anti-retroviral before the recorded ART start date. In other words, treatment-naïve and treatment-experienced patients are included.
- Sites should send all information on all patients (adults and/or children) in a single dataset. For adult patients (those whose **first visit at your facility was after their 16th birthday**) the pediatrics specific fields (highlighted in blue) do not need to be completed (i.e. enter code 88 – not applicable). Pediatric specific fields must be entered as completely as possible for all patients whose **first visit at your facility is before their 16th birthday** even if their follow-up extends beyond the age of 16 years.
- Some patients will have been in care at another site/center prior to commencing care at your site/center. These patients should be included in the dataset, noting against the relevant field that they have been transferred in. All treatments and diseases (DIS) history prior to commencing care at your site/center should be reconstructed as far as possible and entered in the appropriate tables, with unknown codes for dates of start and end date of diseases/antiretroviral drugs where necessary.

Dates

- The term baseline will not be used as this creates confusion. We will rather make use of a set of key dates that will be entered into the first table, the **tbIBAS** table. These are:

Variable name	Definition of key date
ENROL_D	Date of enrolment into the cohort
HIV_POS_D	Date of first positive HIV test
RECART_D	Date of first antiretroviral treatment initiation. <i>Leave blank if ART not yet initiated. This should be the first date at which antiretroviral therapy, regardless of regimen, was given as treatment irrespective of whether it was given at this center/program or not. It excludes antiretroviral regimens given only for PMTCT or other prophylaxis.</i>

- For all fields that require a date, the precise date should be entered in the format YYYY-MM-DD if it is known. However, it might be that some cohorts are limited to representing date data at the level of the month or year only.
- In case the date day is unknown, the date should be coded as the 15th of the month, so that 1999-12-?? becomes 1999-12-15. This enables the date to be no more than 15 days away from the actual date.
- In case both the month and day are unknown, the date should be coded from the mid-point of the year, so that 1999-??-?? becomes 1999-07-01.

- If the year is unknown but the presence of the date value is needed, a fictitious date should be used that couldn't be mistaken with an actual date. An unknown year should be coded as 1911-11-11.
- For issues regarding the precision of the dates, a character code is used to specify at which degree the day, month, or year date is precise. The annotation variable will have the same name as the date variable with the additional suffix `_A`. For example, the precision of `BIRTH_D` will be annotated using additional optional variables called `BIRTH_D_A`.

Character code	Precision of date
<	Before this date
D	Exact to the date
M	Exact to the month
Y	Exact to the year
>	After the date
U	Unknown

- For certain date fields a precise date is obligatory e.g. date of enrolment in your program/cohort (`ENROL_D`) and date of ART initiation (`RECART_D`). In patients who commenced ART at another site, if the precise date of ART initiation cannot be estimated reasonably accurately, the patient should be entered as treatment experienced and the date of first visit at your site will be regarded as the date of ART initiation.

Definitions

- ART is defined as treatment with a combination of at least three drugs from any class or classes.
- “Treatment experienced” is defined as previous exposure to any antiretroviral drug for at least 30 days, **excluding** exposure for prevention of mother to child transmission (PMTCT) or post-exposure prophylaxis (PEP).

Standard codes

Certain codes will appear repeatedly in a number of lists for coded fields. In this instance, the same codes/coding format will be used in all fields where these codes **appear** as follows:

Codes	Description
0	No
1	Yes
95	Not ascertained/Not collected
99	Unknown despite attempting ascertainment
88	Not applicable

Data tables

- For each clinic, the following data tables or files should be prepared, depending on data availability.

	Table Name	Description
1	<code>tblART</code>	Antiretroviral medication
2	<code>tblBAS</code>	Patient's basic information
3	<code>tblCENTER</code>	Site-specific information
4	<code>tblDIS</code>	CDC-C and WHO stage diseases

	Table Name	Description
5	tblLAB	Laboratory values - general
6	tblLAB_CD4	Laboratory values - CD4+ cell count tests
7	tblLAB_RNA	Laboratory values - viral assay (HIV)
8	tblLTFU	Death and dropout
9	tblMED	Other medications
10	tblVIS	Visit-related information
11	tblART_MUM	Antiretroviral Medication of mother in cases where mother is not enrolled in cohort
12	tblCANC	Diagnosis of cancer
13	tblDIAGNOSIS	Non-AIDS-defining diagnoses
14	tblLAB_BP	Laboratory values - blood pressure
15	tblLAB_VIRO	Laboratory values - viro/serology
16	tblLAB_RES	Resistance testing
17	tblLAB_RES_LVL_2	Mutations
18	tblLAB_RES_LVL_3	Resistance test result
19	tblDELIVERY_CHILD	Delivery information related to child
20	tblDELIVERY_MUM	Delivery information related to mother
21	tblNEWBORN	Newborn information
22	tblNEWBORN_ABNORM	Newborn abnormalities
23	tblPREG	Pregnancy
24	tblPREG_OUT	Pregnancy outcome
25	tblPROC	Medical procedures
26	tblOVERLAP	Cross-cohort identification
27	tblPROGRAM	Linkage of care programs/sites to regions
28	tblREV_VITAL_STATUS	National population linkage death data
29	tblTB	Tuberculosis information

- Tables 1 to 10 are required by all sites.
- Table 11 ([tblART_MUM](#)) is required only from sites that record treatment of a patient’s mother, but the mother is not enrolled in the cohort.
- Table 12 ([tblCANC](#)) is required only from sites that record detailed information on cancer electronically.
- Table 13 ([tblDIAGNOSIS](#)) is required from sites that record information on other diagnosis listed in the [DX_ID](#) code list.
- Table 14 ([tblLAB_BP](#)) is required only for sites that record blood pressures electronically
- Table 15 ([tblLAB_VIRO](#)) is required only for sites that record viral tests (e.g Hepatitis...) electronically
- Table 16 to 18 ([tblLAB_RES](#), [tblLAB_RES_LVL_2](#), [tblLAB_RES_LVL_3](#)) are required only for sites that record information on drug resistance.
- Table 18 to 23 are required only for sites that have mother and child clinic, or do follow-up and record information electronically on pregnancy, as well as labor and delivery.
- In addition, information on the overall cohort as well as centers from which clinical data is extracted, and until when - or “meta-data” for the transfer - must be included with all transfers ([tblCENTER](#)).
- Table 28 ([tblREV_VITAL_STATUS](#)) is required for those sites that collect National ID data and have their data linked to the National Population Register.
- Table 29 ([tblTB](#)) is required for those sites that collect national TB data.

Table structure and variables

All details about table structure and variables (definition, data types, values, etc...) can be consulted online using this link. This is updated regularly so please ensure to check it when you prepare a data extract

DES Tables

tblART- Antiretroviral medication

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
ART_ID	Numeric See Code List	ATC code for the patient's ARV medication
ART_SD	Date (YYYY-MM-DD)	Date of initiation of treatment
ART_SD_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for ART_SD
ART_ED	Date (YYYY-MM-DD)	Date of stopping of treatment
ART_ED_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for ART_ED
ART_RS	Numeric See Code List	Reason for stopping treatment
ART_RS2	Numeric	Additional reason for stopping treatment
ART_RS3	Numeric	Additional reason for stopping treatment
ART_RS4	Numeric	Additional reason for stopping treatment
ART_FORM	Numeric 1 = Tablet/capsule 2 = Syrup/suspension 3 = Combination of 1 and 2 4 = Powder 5 = Subcutaneous 6 = Intravenous 7 = Intramuscular 9 = Unknown	What formulation of the drug was given?
ART_COMB	Numeric 0 = Individual drug 1 = Part of a fixed-dose	Was the drug given as part of a fixed-dose combination?

<i>Field</i>	<i>Format</i>	<i>Description</i>
	combination 9 = Unknown	
ARTSTART_RS	Character 1 = PMTCT 30 = ARV as treatment 40 = PEP, Post Exposure Prophylaxis 50 = PREP 95 = Not ascertained 99 = Unknown despite attempting ascertainment	Reason for starting/receiving ART

ART_ID code list:

Code	Definition
J05A	ART unspecified
J05A-BEV	Beviramat
J05A-PBT	Participant in Blinded Trial
J05AE	PI unspecified
J05AE-MOZ	Mozenavir (DMP-450)
J05AE01	Saquinavir (gel, not specified)
J05AE01-SQH	Saquinavir hard gel (INVIRASE)
J05AE01-SQS	Saquinavir soft gel (FORTOVASE)
J05AE02	Indinavir (CRIXIVAN)
J05AE03	Ritonavir (NORVIR)
J05AE03-H	Ritonavir high dose (NORVIR)
J05AE03-L	Ritonavir low dose (NORVIR)
J05AE04	Nelfinavir (VIRACEPT)
J05AE05	Amprenavir (AGENERASE)
J05AE07	Fos-amprenavir (Telzir, Lexiva)
J05AE08	Atazanavir (Reyataz)
J05AE09	Tipranavir (Aptivus)
J05AE10	Darunavir (TMC-114, Prezista)
J05AF	NRTI unspecified
J05AF-ALO	Alovudine
J05AF-AMD	Amdoxovir (DADP)
J05AF-FOZ	Fozivudine tidoxi
J05AF-LDN	Lodeno sine (trial drug)
J05AF-RVT	Reverset
J05AF01	Zidovudine (AZT, RETROVIR)
J05AF02	Didanosine (ddI) (VIDEX)
J05AF03	Zalcitabine (ddC) (HIVID)
J05AF04	Stavudine (d4T) (ZERIT)
J05AF05	Lamivudine (3TC, EPIVIR)
J05AF06	Abacavir (1592U89) (ZIAGEN)
J05AF07	Tenofovir (VilREAD)
J05AF08	Adefovir (PREVEON)
J05AF09	Emtricitabine

Code	Definition
J05AF10	Entecavir
J05AF11	Telbivudine
J05AF13	Tenofovir alafenamide
J05AG	NNRTI unspecified
J05AG-BIC	Bictegravir
J05AG-CPV	Capravirine
J05AG-DPC083	DPC 083
J05AG-DPC961	DPC 961
J05AG-EMV	Emivirine (MKC442)
J05AG04	Etravirine (TMC 125). Former code: J05AG-ETV
J05AG-LOV	Loviride
J05AG05	Rilpivirine (TMC-278). Former code: J05AG-RPV
J05AG01	Nevirapine (VIRAMUN)
J05AG02	Delavirdine (U-90152) (RESCRIPTOR)
J05AG03	Efavirenz (DMP-266) (STOCRIN, SUSTIVA)
J05AG06	Doravirine
J05AJ01	Raltegravir (Previously J05AX08)
J05AJ02	Elvitegravir (former code: J05AX11/ J05AX-EVG)
J05AJ03	Dolutegravir (previously J05AX12)
J05AJ04	Cabotegravir (GSK-744) (Previously J05AX-CAB)
J05AR01	Combivir (Zidovudine/Lamivudine)
J05AR02	Kivexa (Lamivudine/Abacavir)
J05AR03	Truvada (Tenofovir/Emtricitabine)
J05AR04	Trizivir (Zidovudine/Lamivudine/Abacavir)
J05AR05	Douvir-N (Zidovudine/Lamivudine/Nevirapine)
J05AR06	Atripla (Emtricitabine/Tenofovir/Efavirenz)
J05AR07	Triomune (Stavudine/Lamivudine/Nevirapine)
J05AR08	Eviplera/Complera (Emtricitabine/Tenofovir/Rilpivirine)
J05AR09	Stribild (Emtricitabine/Tenofovir/Elvitegravir/Cobicistat)
J05AR10	Kaletra/Aluvia (Lopinavir/Ritonavir)
J05AR11	Lamivudine, Tenofovir Disoproxil and Efavirenz
J05AR12	Lamivudine and Tenofovir Disoproxil
J05AR13	Lamivudine, Abacavir and Dolutegravir
J05AR14	Darunavir and Cobicistat
J05AR15	(Evotaz) Atazanavir and Cobicistat
J05AR16	Lamivudine and Raltegravir
J05AR17	Emtricitabine and Tenofovir Alafenamide
J05AR18	Emtricitabine, Tenofovir Alafenamide, Elvitegravir and Cobicistat
J05AR19	Emtricitabine, Tenofovir Alafenamide and Rilpivirine
J05AR20	Emtricitabine, Tenofovir Alafenamide and Bictegravir
J05AR21	Dolutegravir and Rilpivirine
J05AR22	Emtricitabine, Tenofovir Alafenamide, Darunavir and Cobicistat
J05AR23	Atazanavir and Ritonavir
J05AR24	Lamivudine, Tenofovir Disoproxil and Doravirine
J05AR25	Lamivudine and Dolutegravir
J05AR26	Darunavir and Ritonavir
J05AR27	Lamivudine, Tenofovir Disoproxil and Dolutegravir

Code	Definition
J05AR30	Tenofovir and Emtricitabine
J05AX-VIC	Vicriviroc (Schering)
J05AX07	Enfuvirtide (Fuzeon , T-20)
J05AX09	Maraviroc (Pfizer)
J05AX29	Fostemsavir
L01XX05	Hydroxyurea/Hydroxycarbamid (Litalir)
V03AX03	Cobicistat

ART_RS code list:

Code	Definition
1	Treatment failure (i.e. virological, immunological, and /or clinical failure)
1.1	Virological failure
1.2	Partial virological failure
1.3	Immunological failure - CD4 drop
1.4	Clinical progression
1.5	Resistance (based on test result)
2	Abnormal fat redistribution
3	Concern of cardiovascular disease
3.1	Dyslipidaemia
3.2	Cardiovascular disease
4	Hypersensitivity reaction
5	Toxicity, predominantly from abdomen/G-I tract
5.1	Toxicity - GI tract
5.2	Toxicity - Liver
5.3	Toxicity - Pancreas
6	Toxicity, predominantly from nervous system
6.1	Toxicity - peripheral neuropathy
6.2	Toxicity - neuropsychiatric
6.3	Toxicity - headache
7	Toxicity, predominantly from kidneys
8	Toxicity, predominantly from endocrine system
8.1	Diabetes
9	Haematological toxicity (anemia, etc.)
10	Hyperlactataemia/lactic acidosis
11	Bone toxicity
15	Social contra-indication
16	Contra-indication unspecified
16.8	Contra-indication expired
16.9	Contra-indication - other
17	MTCT regimen completed
70	Pregnancy - toxicity concerns (during pregnancy)
75	Pregnancy - switch to a more appropriate regimen for PMTCT
88	Death
90	Side effect - any of the above not mentioned
90.1	Comorbidity
91	Toxicity - other (not mentioned above)

Code	Definition
91.1	Toxicity - unspecified
92	More effective treatment available
92.1	Simplified treatment available
92.2	Treatment too complex
92.3	Drug interaction
92.31	Drug interaction - commencing TB/BCG treatment
92.32	Drug interaction - ended TB/BCG treatment
92.33	Change in eligibility criteria (e.g. child old enough for tablets; refrigerator no longer available)
92.4	Protocol change
92.5	Regular treatment termination (used in tblMED e.g. for DAAs against HCV, antibiotics)
92.6	End of empiric therapy
92.9	Change in treatment not due to side-effects, failure, poor adherence or contra-indication
92.91	Change to a generic drug
92.92	Change to branded drug
93	Structured Treatment Interruption (STI)
93.1	Structured Treatment Interruption (STI)-at high CD4
94	Patient's wish/ decision, not specified above
94.1	Non-compliance
94.2	Defaulter
95	Physician's decision, not specified above
96	Pregnancy
96.1	Pregnancy intended
96.2	Pregnancy ended
97	Study treatment
97.1	Study treatment commenced
97.2	Study treatment completed
97.6	Drug not available
98	Other causes, not specified above
99	Unknown

tblBAS – Basic information

Every Patient ID must have one and ONLY one entry in the tblBAS

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
PROGRAM	Character	Direct one-to-one link from the patient to their program
BIRTH_D	Date (YYYY-MM-DD)	Birth date
BIRTH_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for BIRTH_D
ENROL_D	Date (YYYY-MM-DD)	Date of enrolment into the cohort
ENROL_D_A	Character	Date approximation for ENROL_D

Field	Format	Description
	< = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	
SEX	Numeric 1 = Male 2 = Female 9 = Unknown	Phenotypic sex at birth
MODE	Numeric See Code List	Code for mode of infection
MODE_OTH	Character	Text description of "other" mode of infection (MODE=90)
NAIVE_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is the patient ART-naive upon enrollment? <i>(i.e. no prior exposure to antiretroviral therapy for treatment)</i>
PROPH_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Prior to enrollment, has the patient been exposed to antiretroviral therapy for prophylaxis such as PMTCT, PREP, or PEP?
RECart_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Has the patient ever received antiretroviral treatment? <i>This includes all antiretroviral therapy given as treatment even if given by another center or program but excludes antiretroviral drugs given only for PMTCT or other prophylaxis.</i>
RECart_D	Date (YYYY-MM-DD)	Date of first antiretroviral treatment initiation. <i>Leave blank if ART not yet initiated. This should be the first date at which antiretroviral therapy, regardless of regimen, was given as treatment irrespective of whether it was given at this center/program or not. It excludes antiretroviral regimens given only for PMTCT or other prophylaxis.</i>
RECart_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for RECart_D
AIDS_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Has patient ever been given an AIDS diagnosis? <i>(i.e. WHO stage 3 or 4 or CDC category C diagnosis)</i>
AIDS_D	Date (YYYY-MM-DD)	Date of AIDS diagnosis <i>(if applicable)</i>

<i>Field</i>	<i>Format</i>	<i>Description</i>
AIDS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for AIDS_D
HIV_POS_D	Date (YYYY-MM-DD)	Date of first positive HIV test
HIV_POS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for HIV_POS_D
CENTER_ENROL	Character	Code for Clinic/Centre/Hospital where patient was enrolled. <i>Needs to be unique within each region.</i>
CENTER_LAST	Character	Code for Clinic/Centre/Hospital where patient was last seen.

MODE code list:

Code	Definition
1	Homo/bisexual
2	Injecting drug user
3	(1+2)
4	Haemophiliac
5	Transfusion, non-haemophilia related
6	Heterosexual contact
7	(6+2)
8	Perinatal
9	Sexual contact (homo/hetero not specified)
10	Sexual abuse
90	Other (specify)

tblCENTER – Site-specific information

<i>Field</i>	<i>Format</i>	<i>Description</i>
CENTER	Character	Code for Clinic/Centre/Hospital where patient is seen. <i>Needs to be unique within each region.</i>
PROGRAM	Character	Program with which the center is associated
NAME	Character	Proper name to identify center
COUNTRY	Numeric	3-letter ISO code <i>(ISO 3166-1 alpha-3)</i>

<i>Field</i>	<i>Format</i>	<i>Description</i>
PROVINCE	Character	(Optional) Proper name to identify province
DISTRICT	Character	(Optional) Proper name to identify district
CITY	Character	(Optional) Proper name to identify city
GEOCODE_LAT	Numeric	Latitude
GEOCODE_LON	Numeric	Longitude
RURAL	Numeric 1 = Urban 2 = Mostly urban 3 = Mostly rural 4 = Rural 9 = Unknown	Code for the site situation (facility location)
LEVEL	Numeric 1 = Health center 2 = District hospital 3 = Regional, provincial, or university hospital 9 = Unknown	Code for level of care
ADULTPED	Character PED = Children only ADULT = Adults only BOTH = Both adults and children	Population the center serves
OPEN_D	Date (YYYY-MM-DD)	(Optional) Date of opening of dataset: earliest date for which data were included from this site
CLOSE_D	Date (YYYY-MM-DD)	Date of closing of dataset
ADD_CENTER	Date (YYYY-MM-DD)	Inclusion date: date that the site was added to the cohort
DROP_CENTER	Date (YYYY-MM-DD)	(Optional) Exclusion date: date that the site was dropped from the cohort
SURVEY_INTERNET	Numeric 1 = sufficient access to complete online surveys 2 = degraded access making online survey completion difficult 3 = no internet access 9 = Unknown	Quality of Internet access for completing online surveys
SURVEY_PAPER	Numeric 1 = site has resources to print and transfer surveys 2 = site has resources to print, but not to transfer surveys 3 = site does not have resources to print, but can transfer surveys 4 = site needs assistance in both printing and transferring surveys 8 = not applicable 9 = Unknown	Resources for printing and transferring paper surveys to a central location for data entry

Field	Format	Description
LAST_REVIEWED_D	Date (YYYY-MM-DD)	Date when center data in this table was last reviewed and/or updated
LAST_REVIEWED_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for LAST_REVIEWED_D

tblDIS – CDC-C and WHO stage diseases

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
DIS_ID	Numeric See Code List	Code to identify disease event
DIS_D	Date (YYYY-MM-DD)	Start date of event (date of disease diagnosis)
DIS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DIS_D
DIS_ED	Date (YYYY-MM-DD)	End date of event <i>(If end date is available, disease outcome should be specified)</i>
DIS_ED_A	Character D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DIS_ED
DIS_WD	Numeric 1=Definitive diagnosis 2=Presumptive diagnosis 3=Diagnosis from autopsy 4=Diagnosis from registry	Means/Certainty of diagnosis
DIS_SITE	Numeric See Code List	Site of disease
DIS_OTH	Character	Other location <i>(only to be filled out if DIS_ID code and DIS_SITE alone are not sufficient)</i>
DIS_OUTCOME	Numeric 0 = Not evaluated 1 = Cured (lab confirmation) 2 = Treatment completed (but cure not confirmed)	Disease outcome

	3 = Treatment failed 4 = Died 5 = LTFU/default (from disease tx (esp. TB), not necessarily from HIV clinic) 9 = Unknown	
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DIS_ID code list:

Code	Definition
ANGC	Angular cheilitis
BCGD	BCG disease – disseminated
BCIR	Recurrent severe presumed bacterial infection (excluding pneumonia)
BCNE	Bacterial pneumonia, recurrent (>2 episodes within 1 year)
BLD	Unexplained anaemia (1 month
CANE	Candidiasis oesophageal
CANM	Candidiasis (oral) (outside neonatal period)
CANO	Candidiasis (oesophageal, trachea, bronchi or lungs)
CANT	Candidiasis (trachea, bronchi or lungs)
CLD	Chronic HIV-associated lung disease
CMO	HIV-associated cardiomyopathy
CMVC	Cytomegalovirus other location (site other than liver, spleen or lymph nodes) (onset at age>1month)
CMVR	Cytomegalovirus (CMV) chorioretinitis (onset at age>1month)
COCC	Coccidioidomycosis, disseminated or extrapulmonary
CRCO	Cryptococcosis extrapulmonary
CRSP	Cryptosporidiosis (duration > 1 month)
CRVC	Cervical cancer (invasive)
DEM	AIDS dementia complex
DIAC	Unexplained chronic diarrhoea (> 1month for adults; >14 days for children)
ENC	HIV encephalopathy
FBLS	Focal brain lesion
FEVC	Unexplained persistent fever (> 1 month)
FNIF	Fungal nail infections of fingers
HERP	Herpes simplex virus ulcers (duration > 1 month) or pneumonitis/esophagitis
HERP	Visceral herpes simplex infection
HIST	Histoplasmosis extrapulm.
HZS	Herpes zoster (single dermatome)
ISDI	Isosporiasis diarrhoea (duration > 1 month)
KS	Kaposi Sarcoma
LEIS	Leishmaniasis visceral
LEU	Progressive multifocal leukoencephalopathy
LIP	Symptomatic lymphoid interstitial pneumonitis
LNTB	Lymph node tuberculosis
MC	Mycobacterium avium complex (MAC) or Kanasii extrapulmonary.
MCDI	Microsporidiosis diarrhoea (duration > 1 month)
MCP	Mycobacterium tuberculosis pulmonary
MCPO	Mycobacterium pulmonary, other
MCX	Mycobacterium tuberculosis extrapulmonary
MCXC	Mycobacterium extrapulm. other (excluding BCG in children)

Code	Definition
MNUN	Unexplained moderate malnutrition or wasting
MNUS	Unexplained severe malnutrition or wasting
MYCD	Any disseminated mycosis
NHG	Non-Hodgkin Lymphoma - not specified
NHGB	Non-Hodgkin Lymphoma - Burkitt (Classical or Atypical)
NHGI	Non-Hodgkin Lymphoma, diffuse large B-cell lymphoma (immunoblasti or centroblastic)
NHGP	Non-Hodgkin Lymphoma primary brain lymphoma
NHGU	Non-Hodgkin Lymphoma - Unknown/other histology
NPO	HIV-associated nephropathy
NUS	Acute necrotising ulcerative stomatitis, gingivitis or periodontitis
OHLP	Oral hairy leukoplakia
ORUL	Recurrent oral ulcerations
PCP	Pneumocystis carinii pneumonia
PGL	Persistent Generalized Lymphadenopathy
PPE	Papular pruritic eruptions
RTIR	Recurrent or chronic respiratory tract infection (RTIs, sinusitis, bronchitis, otitis media, otorrhea, pharyngitis)
SAM	Salmonella bacteraemia (non-typhoid) recurrent
SEBD	Seborrheic dermatitis
TOX	Toxoplasmosis brain (outside neonatal period)
WAST	HIV Wasting Syndrome
WTLM	Moderate unexplained weight loss (<10% of body weight)
WTLS	Severe unexplained weight loss (>10% of body weight)

DIS_SITE code list:

Code	Definition
1	Abdominal
2	Bone/Joint
3	CNS/Meningeal
4	Genitourinary
5	Laryngeal
6	Lymphatic
7	Meningeal/CNS
8	Miliary
9	Pericardial
10	Pleural
88	Not applicable
95	Not ascertained
99	Unknown

tbILAB – Laboratory values - general

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)

<i>Field</i>	<i>Format</i>	<i>Description</i>
LAB_ID	Numeric See Code List	Code representing the measurement
LAB_D	Date (YYYY-MM-DD)	Date of measurement/sample
LAB_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for LAB_D
LAB_R	Numeric 1 = Positive (including trace, 1+, 2+, etc.) 0 = Negative 9 = Unknown	Measurement result
LAB_V	Numeric (-1 = undetectable or detection limit as negative value)	Value of measurement
LAB_U	Numeric See Code List	Unit of measurement
LAB_FA_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Was the blood sample taken while fasting?
LAB_ST	Character WB = Whole blood P = Plasma S = Serum U24 = 24h Urine U = Urine CSF = Cerebrospinal fluid SP = Sputum SA = Saliva UNK = Unknown OTH = Other	Specimen type

LAB_ID code list:

Code	Definition
A1C	Haemoglobin A1C
ACRA	Albumin Creatinine Ratio
ALB	Albumin
ALB	Albumin
AFP	Alfa Fetoprotein
ALP	Alkaline Phosphatase
ALT	Alanine Aminotransferase
AMY	Amylase
AST	Aspartate aminotransferase
BIL	Total Bilirubin
BUN	Blood Urea Nitrogen

Code	Definition
CD3	CD3
CD3P	% CD3 of leukocytes
CD8	CD8
CD8P	% CD8 of leukocytes
CHOL	Total Cholesterol
CL-	Cl-
CRE	Creatinine
DIPB	Dipstick result for blood in Urine
DIPG	Dipstick result for glucose in Urine
DIPK	Dipstick result for ketones in Urine
DIPLE	Dipstick result for leucocyte esterase in Urine
DIPP	Dipstick result for protein in Urine
GGT	Gamma-glutamyl transferase
GLUC	Glucose
HAEM	Haemoglobin
HDL	Serum HDL
HEMA	Hematocrit
IGRA	Interferon-Gamma Release Assay
INR	Quick/INR
LACT	Lactate
LDL	Serum LDL
LEUK	Leukocytes
LYM	Lymphocytes
LYMP	% Lymphocytes of leukocytes
MCV	MCV
NA+	Na+
NEU	Neutrophils
PCRA	Protein Creatinine Ratio
PHA	PH arterial
PHV	PH venous
PP	PP factor (II, VII, X)
PROT	Protein
PSA	Prostate-specific antigen
PTH	Parathyroid Hormone
PTR	Prothrombin rate
TBC	TB culture
TBM	TB smear/microscopy
TBHIST	TB histology
TBGX	TB GeneXpert
TBNAA	TB NAAT/LPA (non-GeneXpert)
THR	Thrombocytes/platelets
TRIG	Serum Triglyceride
URA	Uric acid
UREA	Urea/Blood Urea Nitrogen

LAB_U code list:

Code	Definition
1	mmol/L
2	g/L
3	g/dL
4	mg/dL
5	IU/L (u/L)
6	μmol/L
7	INR
8	1E+9/L
9	1E+6/L
10	cells/μL
11	μkat/L
12	%
13	μg/L = ng/mL
14	mg/24h
15	mg/mmol
16	fl (Femtoliter)
17	μg/mL = mg/L
99	no units (e.g. for Dipstick results)

tbILAB CD4 – Laboratory values – CD4+ cell count tests

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
CD4_D	Date (YYYY-MM-DD)	Date of measurement
CD4_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for CD4_D
CD4_V	Numeric	Value of CD4 measurement
CD4_U	Numeric 1 = cells/mm ³ 2 = %	Unit of measurement

tbILAB RNA– Laboratory values - viral assay (HIV)

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
RNA_D	Date (YYYY-MM-DD)	Date of measurement

<i>Field</i>	<i>Format</i>	<i>Description</i>
RNA_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for RNA_D
RNA_V	Numeric In copies/mL. For undetectable viral load, use - 1 = undetectable or use detection limit as negative value (e.g. -50 =	HIV-RNA measurement value
RNA_L	Numeric	Lower Limit of HIV-RNA Assay
RNA_T	Numeric See Code List	If available, what type of viral assay was used for this measurement?

RNA_T code list:

Code	Definition
5	Roche TaqMan
10	Roche 1.0
15	Roche 1.5 ultra-sensitive
19	Any Roche (unspecified)
20	NASBA
21	NASBA ultra-sensitive
29	Any NASBA (unspecified)
31	Chiron b-DNA 1.0
32	Chiron b-DNA 2.0
33	Chiron b-DNA 3.0
39	Any Chiron (unspecified)
40	Abbott ultra-sensitive
41	Abbott LCx
42	Abbott RealTime HIV-1 m2000
50	Monitor 1.0
51	Monitor 1.0 ultra-sensitive
55	Monitor 1.5
56	Monitor 1.5 ultra-sensitive
59	Monitor unspecified
65	Cobas 1.5
66	Cobas 1.5 ultra-sensitive
90	Other
99	Unknown

tbILTFU- Death and dropout

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)

<i>Field</i>	<i>Format</i>	<i>Description</i>
DROP_Y	Numeric 0 = No 1 = Yes	Has the patient dropped out?
DROP_D	Date (YYYY-MM-DD)	If patient has dropped out, Date of last visit
DROP_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DROP_D
DROP_RS	Numeric See Code List	Reason for Drop
DEATH_Y	Numeric 0 = No 1 = Yes	Has the patient died?
DEATH_D	Date (YYYY-MM-DD)	Date of Death
DEATH_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DEATH_D
L_ALIVE_D	Date (YYYY-MM-DD)	Last date of information for patient
L_ALIVE_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for L_ALIVE_D
MOTHERDEATH_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Has the patient's biological mother died?
MOTHERDEATH_D	Date (YYYY-MM-DD)	Date of death of the patient's biological mother
MOTHERDEATH_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for MOTHERDEATH_D
FATHERDEATH_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Has the patient's biological father died?
FATHERDEATH_D	Date (YYYY-MM-DD)	Date of death of the patient's biological father

DROP_RS code list:

Code	Definition
0	Patient was not infected (mainly for children)
1	Patient lost to follow-up / not known to be dead
2	Patient has not had visit within required amount of time
2.1	Patient did not respond to several invitations
3	Patient moved away
3.1	Patient moved to another country
4	Patient is followed by another centre
4.1	Paediatric patient transferred to adult care
5	Patient's decision
5.1	Patient's caretaker wanted to discontinue (for children)
6	Consent withdrawn
7	Incarceration/jail
8	Institutionalisation (drug treatment, psychological ...etc.)
9	Other

tbIMED – Other medications

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
MED_ID	Numeric See Code List	ATC Code for drug
MED_SD	Date (YYYY-MM-DD)	Date of initiation of drug
MED_SD_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for MED_SD
MED_ED	Date (YYYY-MM-DD)	Date of stopping drug
MED_ED_A	Character D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for MED_ED
MED_RS	Numeric See Code List	Reason for stopping drug
MED_RS2	Numeric	Additional reason for stopping drug
MED_RS3	Numeric	Additional reason for stopping drug
MED_RS4	Numeric	Additional reason for stopping drug
MEDSTART_RS	Character	Reason for starting medication (optional)

Field	Format	Description
	1 = Treatment (incl. for presumptive dx) 2 = Prophylaxis (primary or secondary) 9 = Unknown	
MED_DO	Numeric	Dosage (mg or mL) per intake unless MED_FR=-1 (frequency unknown), in which case it means dosage per day <i>(optional)</i>
DOT_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Directly observed treatment <i>(optional)</i>

MED_ID code list:

Code	Definition
A10A	Insulin or derivatives hereof
A10B	Oral antidiabetic agents
A11CC	vitamin D
A14A	Anabolic steroids/appetite stimulants
B01AC	Anti-platelets
C-HYP	Other anti-hypertensive agents [C02, C03, C04, C07, C08]
C09	ACE inhibitors
C10	Lipid-lowering agents
G02CA	Tocolysis
H02	Corticosteroids
J01	Antibiotics
J01AA08	Minocycline (MINOCIN)
J01EA01	Trimethoprim (MONOTRIM, NOPIL)
J01EC02	Sulfadiazine
J01EE	Cotrimoxazole - Comb. of sulfonamides and trimethoprim (BACTRIM, EUSAPRIM, NOPIL)
J01EE01	Sulfamethoxazole and trimethoprim (Bactrim)
J01EE03	Sulfametrole and trimethoprim - Cosoltrime (MADERAN)
J01FA09	Clarithromycine (KLACID)
J01FA10	Azithomycine (ZITHROMAX)
J01FF01	Clindamycine (DALACIN)
J01GA01	streptomycin
J01GB06	Amikacine (AMIKINE)
J01MA02	Ciprofloxacin (CIPROXINE, CILOXAN)
J01MA12	Levofloxacin (TAVANIC)
J01MA14	Moxifloxacin
J01RA02	Cosoltrime (MADERAN)
J02AA01	Amphotericin B (FUNGIZON)
J02AB	Imidazoles (DAKTARIN, NIZORAL, PEVARYL, etc.)
J02AB02	Ketoconazole
J02AC01	Fluconazole (DIFLUCAN)
J02AC02	Itraconazole (SPORANOX)

Code	Definition
J02AC03	Voriconazole
J02AC04	Posaconazole
J02AC05	Isavuconazole
J02AX01	Flucytosine
J02AX04	caspofungin
J04AB02	Rifampin (RIMATICIN)
J04AB04	Rifabutin (MYCOBUTIN)
J04AB05	Rifapentine (Priftin)
J04AC01	Isoniazide (RIMIFON)
J04AK01	Pyrazinamide (PYRAZINAMID)
J04AK02	Ethambutol (EMB, MYAMBUTOL)
J04AM02	rifampicin and isoniazid
J04AM03	ethambutol and isoniazid
J04AM05	rifampicin, pyrazinamide and isoniazid (RIFATER)
J04AM06	rifampicin, pyrazinamide, ethambutol and isoniazid
J04BA01	Clofazimine (LAMPREN)
J04BA02	Dapsone
J05AB01	Aciclovir (ZIVORAX)
J05AB04	Ribavirin
J05AB06	Ganciclovir (CYMEVENE)
J05AB09	Famciclovir
J05AB11	Valaciclovir (VALTEX)
J05AB12	Cidofovir (VISTIDE)
J05AB15	Valganciclovir
J05AD01	Foscarnet (FOSCAVIR)
J05AE11	Telaprevir (INCIVEK, INCIVO)
J05AE12	Boceprevir (VICTRELIS)
J05AE13	Faldaprevir
J05AE14	Simeprevir
J05AE15	Asunaprevir
J05AF08	Adefovir (PREVEON)
J05AF10	Entecavir
J05AF11	Telbivudine
J05AF12	Clevudine
J05AR-DAAS	Daclatasvir/Asunaprevir
J05AX GRAZ-ELB	Grazoprevir/Elbasvir
J05AX14	Daclatasvir
J05AX15	Sofosbuvir
J05AX16	Dasabuvir
J05AX65	Ledipasvir/Sofosbuvir
J05AX67	Ombitasvir, paritaprevir(ABT-450) and ritonavir
J07BM0	HPV Vaccine
J07BM01	HPV Vaccine (types 6, 11, 16, 18)
J07BM02	HPV Vaccine (types 16, 18)
J07BM03	HPV Vaccine (types 6, 11, 16, 18, 31, 33, 45, 52, 58)
L01AA01	Cyclophosphamide (ENDOXAN)
L01AD02	CCNU (LOMUSTINE)

Code	Definition
L01AX04	Dacabazine (DTIC - Dome)
L01BA01	Methotrexate
L01CA01	Vinblastin (VELBE)
L01CA02	Oncovin (VINCRISTINE)
L01CB01	Etoposide (VEPESIDE, EXITOP 100)
L01DB01	Doxorubicine, Adriamycine (DOXIL, CAELYX, ADRIBLASTIN)
L01DC01	Bleomycine
L01XB01	Procarbazine (NATULAN)
L03AA02	G-CSF/Filgrastim (NEUPOGEN)
L03AB	Interferons
L03AB-AL2	Peginterferon alfa-2a/alfa-2b (PEGINTRON, PEGASYS)
L03AB10	Peginterferon alfa-2b (PEGINTRON)
L03AB11	Peginterferon alfa-2a (PEGASYS)
L03AC-IL2	Interleukin 2 (PROLEUKIN)
M05BA	Bisphosphonate
N03A	Antiepileptics
N05A	Antipsychotics
N05CD	Benzodiazepine derivatives
N05CF	Benzodiazepine related drugs
N06A	Antidepressant
N07BC	Other drugs used in opioid dependence
N07BC01	Buprenorphine
N07BC02	Methadone
N07BC03	Levacetylmethadol
N07BC04	Lofexidine
N07BC51	Buprenorphine, combinations
P01AX06	Atovaquone (WELLVONE, MEPRONE)
P01BA03	Primaquine
P01BD01	Pyrimethamine (DARAPRIM)
P01BD51	Pyrimethamine/Sulfadoxine (FANSIDAR)
P01CX01	Pentamidine aerosol (PENTACARNET)
V03AB15	Naloxone
V03AF03	Folate of calcium (LEUCOVORINE)

MED_RS code list:

Code	Definition
1	Treatment failure (i.e. virological, immunological, and /or clinical failure)
1.1	Virological failure
1.2	Partial virological failure
1.3	Immunological failure - CD4 drop
1.4	Clinical progression
1.5	Resistance (based on test result)
2	Abnormal fat redistribution
3	Concern of cardiovascular disease
3.1	Dyslipidaemia
3.2	Cardiovascular disease

Code	Definition
4	Hypersensitivity reaction
5	Toxicity, predominantly from abdomen/G-I tract
5.1	Toxicity - GI tract
5.2	Toxicity - Liver
5.3	Toxicity - Pancreas
6	Toxicity, predominantly from nervous system
6.1	Toxicity - peripheral neuropathy
6.2	Toxicity - neuropsychiatric
6.3	Toxicity - headache
7	Toxicity, predominantly from kidneys
8	Toxicity, predominantly from endocrine system
8.1	Diabetes
9	Haematological toxicity (anemia, etc.)
10	Hyperlactataemia/lactic acidosis
11	Bone toxicity
15	Social contra-indication
16	Contra-indication unspecified
16.8	Contra-indication expired
16.9	Contra-indication - other
17	MTCT regimen completed
70	Pregnancy - toxicity concerns (during pregnancy)
75	Pregnancy - switch to a more appropriate regimen for PMTCT
88	Death
90	Side effect - any of the above not mentioned
90.1	Comorbidity
91	Toxicity - other (not mentioned above)
91.1	Toxicity - unspecified
92	More effective treatment available
92.1	Simplified treatment available
92.2	Treatment too complex
92.3	Drug interaction
92.31	Drug interaction - commencing TB/BCG treatment
92.32	Drug interaction - ended TB/BCG treatment
92.33	Change in eligibility criteria (e.g. child old enough for tablets; refrigerator no longer available)
92.4	Protocol change
92.5	Regular treatment termination (used in tblMED e.g. for DAAs against HCV, antibiotics)
92.6	End of empiric therapy
92.9	Change in treatment not due to side-effects, failure, poor adherence or contra-indication
92.91	Change to a generic drug
92.92	Change to branded drug
93	Structured Treatment Interruption (STI)
93.1	Structured Treatment Interruption (STI)-at high CD4
94	Patient's wish/ decision, not specified above
94.1	Non-compliance
94.2	Defaulter
95	Physician's decision, not specified above

Code	Definition
96	Pregnancy
96.1	Pregnancy intended
96.2	Pregnancy ended
97	Study treatment
97.1	Study treatment commenced
97.2	Study treatment completed
97.6	Drug not available
98	Other causes, not specified above
99	Unknown

tblVIS – Visit-related information

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
CENTER	Character	Code for Clinic/Centre/Hospital where patient is seen.
VIS_D	Date (YYYY-MM-DD)	Date of patient visit
VIS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for VIS_D
WEIGH	Numeric 999 = unknown	Weight of patient at visit in kilograms (kg)
HEIGH	Numeric 999 = unknown	Height/length of patient at visit in meters (m)
CDC_STAGE	Character N=N N1=N1 N2=N2 N3=N3 A=A A1=A1 A2=A2 A3=A3 B=B B1=B1 B2=B2 B3=B3 C=C C1=C1 C2=C2 C3=C3 9=Unknown	Clinical CDC stage at visit
WHO_STAGE	Numeric 1 = WHO Stage I	Clinical WHO stage at visit

Field	Format	Description
	2 = WHO Stage II 3 = WHO Stage III 4 = WHO Stage IV 9 = Unknown	
SMOKING_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is the patient currently a smoker?
PREG_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is the patient currently pregnant? If possible, provide additional details in tblPREG.
HEAD_CIRC	Numeric	Head circumference in centimeters (cm) (For infants and children only)
HIP_CIRC	Numeric	Hip circumference in centimeters (cm) (For infants and children only)
WAIST_CIRC	Numeric	Waist circumference in centimeters (cm) (For infants and children only)
BREASTF_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is the patient (child) currently breastfeeding? (For infants and children only)
FEEDOTH_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is the patient (child) currently receiving foods or liquids other than breast milk? (For infants and children only)
CAREGIVER	Numeric 1=Mother 2=Father 3=Sibling 4=Grandparent 5=Aunt or uncle 6=Self 7=Other family member 8=Other non-family member 9=Unknown 10=Other non-coded	Who is the patient's (child's) primary caregiver? (For infants and children only)
BROUGHT_PATIENT	Numeric 1=Mother 2=Father 3=Sibling 4=Grandparent 5=Aunt or uncle 6=Self 7=Other family member 8=Other non-family member 9=Unknown 10=Other non-coded	Who brought the patient to this clinic visit? (For infants and children only)
HIV_STATUS	Numeric 1=HIV exposed status indeterminate	Current HIV status (For infants and children only)

Field	Format	Description
	2=HIV infected 3=HIV uninfected	
BROUGHT_PATIENT	Numeric 1=Mother 2=Father 3=Sibling 4=Grandparent 5=Aunt or uncle 6=Self 7=Other family member 8=Other non-family member 9=Unknown 10=Other non-coded	Who brought the patient to this clinic visit? <i>(For infants and children only)</i>
HIV_STATUS	Numeric 1=HIV exposed; status indeterminate 2=HIV infected 3=HIV uninfected	Current HIV status <i>(For infants and children only)</i>
STATUS_KNOWN	Numeric 0 = No 1 = Yes 2 = Disclosure ongoing 9 = Unknown	Does the patient know his/her HIV status? <i>(For HIV infected children and adolescents only)</i>
SCHOOL_Y	Numeric 0 = No 1 = Yes 9 =Unknown	Is the patient currently attending school or on break for customary school holidays? <i>(Optional for adult patients)</i>
SCHOOL_LVL	Numeric 0 = none 1 = primary education (ISCED97-1) 2 = lower secondary (ISCED97-2) OR end of basic education 3 = upper secondary or post-secondary non- tertiary (ISCED97 3 and 4) 4 = university or post- graduate (ISCED97 5A and 5B) 8 = other, only if none of the codes 0 to 4 applies 9 = Unknown	Current level of education (ISCED97 refers to the 1997 International Standard Classification of Education) <i>(Optional for adult patients)</i>
GENDER_IDENT	Numeric 1=Male 2=Female 3=Transgender male 4=Transgender female 5=Other 9=Unknown	Current gender identification

<i>Field</i>	<i>Format</i>	<i>Description</i>
NEXT_VISIT_D	Date (YYYY-MM-DD)	Date of next scheduled visit
NEXT_VISIT_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for NEXT_VISIT_D
MARTIAL_STATUS	Numeric 1 = Never married 2 = Married/living together 3 = Separated/divorced 4 = Widowed 5 = Not applicable (child) 9 = Unknown	Marital status at current visit

tblART_MUM – Antiretroviral Medication of mother in cases where mother is not enrolled in cohort

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
MUMART_ID	Numeric See Code List	ATC code for the ARV medication of the mother
MUMART_SD	Date (YYYY-MM-DD)	Date of mother's initiation of treatment
MUMART_SD_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for ART_SD
MUMART_ED	Date (YYYY-MM-DD)	Date of mother's stopping of treatment
MUMART_ED_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for ART_ED
MUMART_RS	Numeric	Reason for mother's stopping treatment
MUMART_RS2	Numeric	Additional reason for stopping treatment
MUMART_RS3	Numeric	Additional reason for stopping treatment
MUMART_RS4	Numeric	Additional reason for stopping treatment

Field	Format	Description
MUMART_FORM	Numeric 1 = Tablet/capsule 2 = Syrup/suspension 3 = Combination of 1 and 2 4 = Powder 5 = Subcutaneous 6 = Intravenous 7 = Intramuscular 9 = Unknown	What formulation of the drug was given?
MUMART_COMB	Numeric 0 = Individual drug 1 = Part of a fixed-dose combination 9 = Unknown	Was the drug given as part of a fixed-dose combination?
MUMARTSTART_RS	Character 1 = PMTCT 30 = ARV as treatment 40 = PEP, Post Exposure Prophylaxis 50 = PREP 95 = Not ascertained 99 = Unknown despite attempting ascertainment	Reason for mother's starting/receiving ART

MUMART_ID code list:

Code	Definition
J05A	ART unspecified
J05A-BEV	Beviramat
J05A-PBT	Participant in Blinded Trial
J05AE	PI unspecified
J05AE-MOZ	Mozenavir (DMP-450)
J05AE01	Saquinavir (gel, not specified)
J05AE01-SQH	Saquinavir hard gel (INVIRASE)
J05AE01-SQS	Saquinavir soft gel (FORTOVASE)
J05AE02	Indinavir (CRIXIVAN)
J05AE03	Ritonavir (NORVIR)
J05AE03-H	Ritonavir high dose (NORVIR)
J05AE03-L	Ritonavir low dose (NORVIR)
J05AE04	Nelfinavir (VIRACEPT)
J05AE05	Amprenavir (AGENERASE)
J05AR10	Lopinavir/Ritonavir (Kaletra). Former code: J05AE06
J05AE07	Fos-amprenavir (Telzir, Lexiva)
J05AE08	Atazanavir (Reyataz)
J05AE09	Tipranavir (Aptivus)
J05AE10	Darunavir (TMC-114, Prezista)
J05AF	NRTI unspecified
J05AF-ALO	Alovedine
J05AF-AMD	Amdoxovir (DADP)

Code	Definition
J05AF-FOZ	Fozivudine tidoxi
J05AF-LDN	Lodenosine (trial drug)
J05AF-RVT	Reverset
J05AF01	Zidovudine (AZT, RETROVIR)
J05AF02	Didanosine (ddI) (VIDEX)
J05AF03	Zalcitabine (ddC) (HIVID)
J05AF04	Stavudine (d4T) (ZERIT)
J05AF05	Lamivudine (3TC, EPIVIR)
J05AF06	Abacavir (1592U89) (ZIAGEN)
J05AF07	Tenofovir (VilREAD)
J05AF08	Adefovir (PREVEON)
J05AF09	Emtricitabine
J05AF10	Entecavir
J05AF11	Telvivudine
J05AG	NNRTI unspecified
J05AG-CPV	Capravirine
J05AG-DPC083	DPC 083
J05AG-DPC961	DPC 961
J05AG-EMV	Emivirine (MKC442)
J05AG04	Etravirine (TMC 125). Former code: J05AG-ETV
J05AG-LOV	Loviride
J05AG05	Rilpivirine (TMC-278). Former code: J05AG-RPV
J05AG01	Nevirapine (VIRAMUN)
J05AG02	Delavirdine (U-90152) (RESCRIPTOR)
J05AG03	Efavirenz (DMP-266) (STOCRIN, SUSTIVA)
J05AR01	Combivir (Zidovudine/Lamivudine)
J05AR02	Kivexa (Lamivudine/Abacavir)
J05AR03	Truvada (Tenofovir/Emtricitabine)
J05AR04	Trizivir (Zidovudine/Lamivudine/Abacavir)
J05AR05	Douvir-N (Zidovudine/Lamivudine/Nevirapine)
J05AR06	Atripla (Emtricitabine/Tenofovir/Efavirenz)
J05AR07	Triomune (Stavudine/Lamivudine/Nevirapine)
J05AR08	Eviplera/Complera (Emtricitabine/Tenofovir/Rilpivirine)
J05AR09	Stribild (Emtricitabine/Tenofovir/Elvitegravir/Cobicistat)
J05AR10	Kaletra/Aluvia (Lopinavir/Ritonavir)
J05AR11	Lamivudine, tenofovir disoproxil and efavirenz
J05AR12	Lamivudine and tenofovir disoproxil
J05AR13	Lamivudine, abacavir and dolutegravir
J05AR14	Darunavir and cobicistat
J05AX11	Elvitegravir (Gilead). Former code: J05AX-EVG
J05AX-VIC	Vicriviroc (Schering)
J05AX07	Enfuvirtide (Fuzeon , T-20)
J05AX08	Raltegravir (Merck)
J05AX09	Maraviroc (Pfizer)
J05AX12	Dolutegravir
J05AX-CAB	Cabotegravir (GSK-744)
L01XX05	Hydroxyurea/Hydroxycarbamid (Litalir)

Code	Definition
V03AX03	Cobicistat

tblCANC – Diagnosis of cancer

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
CANC_D	Date (YYYY-MM-DD)	Date of cancer diagnosis
CANC_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for CANC_D
LOC_CODE	Character 1 = Anal 8 = Breast 12 = Colon 9 = Invasive cervical 20 = Kaposi's Sarcoma 33 = Lung 39 = Non-Hodgkin lymphoma 51 = Other 62 = Prostate 64 = Skin: melanoma 65 = Skin: non-melanoma 99 = Unknown	Cancer location code according to diagnosis
LOC_CODE_SYS	Character	Location coding system ICD10, ICD9, other systems; e.g., NA-ACCORD-short list (suggest using NA-ACCORD-short list: NA-ACCORD_Clinical_DxICD9_Mapping Update Sept 2014.xls)
HIST_CODE	Character	Histology code according to diagnosis
HIST_CODE_SYS	Character	Histology coding system ICD-O-3, other systems, e.g. NA-ACCORD-short list, None (suggest using NA-ACCORD-short list: NA-ACCORD_Cancer_Registry_Dx_Mapping Update Sept 2014.xls)

tblDIAGNOSIS – Non-AIDS-defining diagnosis

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
DX_ID	Character See code List	Diagnosis (coded)
DX_D	Date (YYYY-MM-DD)	Date of diagnosis
DX_D_A	Character	Date approximation for DX_D

Field	Format	Description
	< = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	
<u>DX_S</u>	Character	Additional explanation of diagnosis (optional)
<u>DX_WS</u>	Numeric 1=Definitive diagnosis 2=Presumptive diagnosis 3=Diagnosis from autopsy 4=Diagnosis from registry	Means/certainty of diagnosis
<u>DX_SOURCE</u>	Numeric 1 = Patient report without documentation 2 = Patient report with documentation 3 = Clinical diagnosis 4 = Laboratory diagnosis 5 = Registry 8 = Other 9 = Unknown	Source of diagnostic information

DX_ID code list:

Code	Definition
1B10	Respiratory tuberculosis
1B11	Tuberculosis of the nervous system
1B12	Tuberculosis of other systems and organs
1B13	Miliary tuberculosis
1B14	Latent tuberculosis
1B1Z	Tuberculosis, unspecified
1B21	Non-tuberculous mycobacterial infection
1C62.Z	HIV
1E51.0Z	Hepatitis B
1E51.1	Hepatitis C
1F4Z	Malaria
2C25.Z	Lung Cancer
2D4Z	Cancer, unspecified
5A14	Diabetes mellitus
6A7Z	Depression
BA00.Z	Hypertension
BE2Z	Cardiovascular disease (CVD)
CA22.Z	Chronic obstructive pulmonary disease (COPD)
CA23	Asthma
CA40.Z	Pneumonia, unspecified
CA60.0Z	Pneumoconiosis due to dust containing silica (Silicosis)
DB97.Z	Hepatitis (unspecified)
GB61.Z	Chronic kidney disease (CKD)
RA01	COVID-19

tbILAB BP– Laboratory values – blood pressure

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
BP_D	Date (YYYY-MM-DD)	Date of measurement
BP_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for BP_D
BP_SYS	Numeric	Systolic Blood Pressure
BP_DIA	Numeric	Diastolic Blood Pressure
BP_U	Numeric 1 = mmHg 2 = cmHg 3 = kPa	Unit of measurement

tbILAB VIRO– Laboratory values – viro/serology

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
VS_ID	Numeric See Code List	Code representing the viral test type
VS_D	Date (YYYY-MM-DD)	Date of measurement/sample
VS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for VS_D
VS_R	Numeric 1 = Positive (including trace, 1+, 2+, etc.) 0 = Negative 9 = Unknown	Measurement result
VS_V	Numeric	Measurement value (copies/ml) <i>(HCV-RNA & HBV-DNA only)</i>
VS_U	Numeric 1 = copies/mL 2 = IU/mL 3 = Geq (millions of genome equivalent)	Unit of measurement

<i>Field</i>	<i>Format</i>	<i>Description</i>
VS_ST	Character WB = Whole blood P = Plasma S = Serum U24 = 24h Urine U = Urine CSF = Cerebrospinal fluid SP = Sputum SA = Saliva UNK = Unknown OTH = Other	Specimen type

VS_ID code list:

Code	Definition
BVA	Bacterial vaginosis unspecified method
BVAC	Bacterial vaginosis - clinical
BVAG	Bacterial vaginosis - gram stain
CHLA	Chlamydia
CMVA	CMV antibodies
CRYP	Cryptococcal test - other/type unknown
CRAG	Cryptococcal antigen test (CrAg)
GONO	Gonorrhoea
HBV	Marker for hepatitis B infection (=HBVAC) - test unknown
HBVAC	HBV antibody (core)
HBVACIGM	HBV antibody (core IgM)
HBVACIGG	HBG antibody (core IgG)
HBVAE	HBV antibody (envelope)
HBVAS	HBV antibody (surface)
HBVD	HBV-DNA
HBVGE	HBV antigen (envelope)
HBVGS	HBV antigen (surface)
HCV	Marker for hepatitis C infection - test unknown
HCVA	HCV antibody
HCVG	HCV antigen
HCVBD	HCV b-DNA
HCVR	HCV-RNA
HDVA	Hepatitis delta antibody
HIV-1R	HIV-1 rapid test
HIV-1S	HIV-1 serology test (ELISA, Western Blot)
HIV-1DNA	HIV-1 DNA PCR test (qualitative)
HIV-2R	HIV-2 rapid test
HIV-2S	HIV-2 serology test (ELISA, Western Blot)
HIV-2DNA	HIV-2 DNA PCR test (qualitative)
HPV	Human Papillomavirus
MYCO	Mycoplasma
P24AG	P24 antigen
RUB	Rubella
STR	Streptococcus, group B

SYPHDV	Syphilis Direct Visualization (Darkfield microscopy)
SYPHSC	Syphilis Screening (RPR, VDRL)
SYPHCON	Syphilis Confirmatory (FTA-Abs, MHA-TB, TPPA, EIA)
TOXA	Toxoplasma antibodies
UREP	Ureaplasma

tbILAB RES – Resistance testing

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
TEST_ID	Character or Numeric	A unique identifier linking this record to tbILAB RES LVL 2 and tbILAB RES LVL 3
SAMPLE_D	Date (YYYY-MM-DD)	Date of the actual sample taken (NOT the test date)
SAMPLE_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for SAMPLE_D
SEQ_DT	Date (YYYY-MM-DD hh:mm)	Date and time when the sequencing was performed
LAB	Character	Name of laboratory where the test was performed
LIBRARY	Character	Library/algorithm used to identify resistance mutations
REFSEQ	Character	Name/identifier of reference strain used to find mutations
KIT	Character	Vendor and version/name of the kit used for the test
SOFTWARE	Character	Software and version used to determine resistance
TESTTYPE	Numeric 1 = Genotype (e.g., GeneXpert, NAAT/LPA) 2 = Phenotype (e.g., culture) 9 = Other	Type of test
PATHOAGENTYPE	Numeric Use character string from MeSH terminology: https://meshb.nlm.nih.gov/#/fieldSearch	Type of pathogen
VIRUSTYPE	Numeric 1 = HIV 2 = HCV	Type of virus
SUBTYPE	Character	Subtype of HIV- or HCV-RNA

tbILAB RES LVL 2 – Mutations

<i>Field</i>	<i>Format</i>	<i>Description</i>
TEST_ID	Character or Numeric	Identifier linking this record to tbILAB_RES
GENE	Character PRO = PRO sequence RT = RT sequence GP41 = GP41 sequence GP120 = GP120 sequence	Type of sequence/gene (PRO, RT, GP41, GP120)
AA_POS	Numeric	Position of the mutation in the sequence
AA_POS_SUB	Character a = first b = second c = third d = fourth	Sub position used to code insertions
AA_FOUND_1	Character empty = Amino acid has been deleted.	Mutation (Amino acid) found in the sequence
AA_FOUND_2	Character empty = Amino acid has been deleted.	Mutation (Amino acid) found in the sequence (if more than 1)
AA_FOUND_3	Character empty = Amino acid has been deleted.	Mutation (Amino acid) found in the sequence (if more than 2)
AA_FOUND_4	Character empty = Amino acid has been deleted.	Mutation (Amino acid) found in the sequence (if more than 3)

tbILAB RES LVL 3 – Resistance test result

<i>Field</i>	<i>Format</i>	<i>Description</i>
TEST_ID	Character or Numeric	Identifier linking this record to tbILAB_RES
ATC_CODE	Character	ATC code of the medication <i>For more details about ATC codes:</i> https://bioportal.bioontology.org/ontologies/ATC
RES_SCOR	Character	Score of resistance or recommendation given from the test
RES_SCOR_ID	Character S = Sensitive L = Low level I = Intermediate H = High level	Coded score of the resistance or recommendation given from the test

tbIDELIV_CHILD – Delivery information related to child

This table should be used to record delivery information for the patient. (Primary ID id the mother, multiple child links possible)

Field	Format	Description
MOTHER_ID	Character or Numeric	Patient ID of pregnant woman (mother of the child) OR Dummy ID <i>(If mother is not enrolled into care at an IeDEA site, enter child's ID with "_mum" suffix, i.e., [CHILD_ID]_mum)</i>
MOTHER_ENROL_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is mother enrolled into care at an IeDEA site?
CHILD_ENROL_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Is child enrolled into care at an IeDEA site?
CHILD_ID	Character or Numeric	Patient ID of the child OR Dummy ID <i>(If child is not enrolled into care at an IeDEA site, enter mother's ID with dashed numeric suffix such as [MOTHER_ID]-1, [MOTHER_ID]- 2, etc. here)</i>
PREG_ID	Numeric	Unique identifier for this pregnancy
DELIV_D	Date (YYYY-MM-DD)	Date of delivery/birth
DELIV_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DELIV_D
DELIV_M	Numeric 1=Vaginally, spontaneous 2=Vaginally, forceps 3=Vaginally, vacuum 4=Vaginally, assisted (not further specified) 5=Vaginally, unknown 9=Unknown 10= Cesarean section, primary/elective (before onset of labour and rupture of membrane) 11=Cesarean section, Secondary 12=Cesarean section (not further specified)	Mode of delivery
BREECH_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Was the child born from a breech presentation?

tbIDELIV MUM – Delivery information related to mother

<i>Field</i>	<i>Format</i>	<i>Description</i>
MOTHER_ID	Character or Numeric	Patient ID of pregnant woman (mother of the child) OR Dummy ID <i>If mother is not enrolled into care at an IeDEA site, enter child's ID with "_mum" suffix, i.e., [CHILD_ID]_mum</i>
PREG_ID	Numeric	Unique identifier for this pregnancy
ROM_DUR	Numeric in hours. 999=unknown	Duration of rupture of membranes
ROM_DUR_A	Character > = greater than value specified '=' = value specified	Qualifier for duration of rupture of membranes <i>(relates to value specified for ROM_DUR)</i>
DELIV_LOCATION	Numeric 1 = Health facility 2 = Home 3 = Other 9 = Unknown	Location of delivery
PLANNED_HOME_Y	Numeric 0 = No 1 = Yes 9 = Unknown	If patient delivered at home, was it planned in advance?
DELIV_ASSIST	Numeric 1 = Doctor/Nurse/Midwife 2 = Traditional Birth Attendant 3 = Relative/Friend 4 = No one 9 = Unknown	Who assisted with the delivery? <i>(If multiple, select response with the lowest associated numeric code)</i>
TEAR_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Episiotomy/tear

tbNEWBORN – Newborn information

<i>Field</i>	<i>Format</i>	<i>Description</i>
CHILD_ID	Character or Numeric	Patient ID of the child or Dummy ID <i>If child is not enrolled into care at an IeDEA site, enter mother's ID with dashed numeric suffix such as [MOTHER_ID]-1, [MOTHER_ID]-2, etc. here.</i>
ENTRY_PMTCT_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Did the child enter your program through a PMTCT program/trial? <i>Note: Children can be considered to have entered through a PMTCT program if their mother received PMTCT drugs (either in a dedicated PMTCT program or an integrated program) and the infant was diagnosed in PMTCT follow-up and enrolled at <6 months of age. Enter 1 if child entered through a PMTCT program, 0 if child is known to have NOT entered through a PMTCT program (e.g. hospitalization, TB program, general HIV clinic) and 9 if unknown</i>

Field	Format	Description
BREASTFD_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Was the child ever breastfed?
BREASTFD_DUR	Numeric	For how many weeks was the child breastfed?
ABNORM_Y	Numeric 0 = No 1 = Yes 9 = Unknown	Did any abnormalities occur? <i>(If yes, record in tblNEWBORN_ABNORM)</i>

tblNEWBORN_ABNORM – Newborn abnormalities

Field	Format	Description
CHILD_ID	Character or Numeric	Patient ID of the child or Dummy ID <i>If child is not enrolled into care at an IeDEA site, enter mother's ID with dashed numeric suffix such as [MOTHER_ID]-1, [MOTHER_ID]-2, etc. here.</i>
ABNORM1	Numeric See Code List	Newborn abnormality 1
ABNORM2	Numeric	Newborn abnormality 2
ABNORM3	Numeric	Newborn abnormality 3
ABNORM4	Numeric See Code List	Newborn abnormality 4
ABNORM5	Numeric See Code List	Newborn abnormality 5
ABNORM_S	Character	Further specification of abnormality

ABNORM1 code list:

Code	Definition
1.1	Hydrocephalus
1.2	Microcephaly
1.3	Neural tube defects
1.4	Central Nervous System (CNS) - Other
2.1	Cleft lip and palate
2.2	Eye, Ear, Face and Neck - Other
3.1	Acyanotic defects (e.g., ASD, VSD, AV canal, PDA)
3.2	Cyanotic defects (e.g. Tetralogy of Fallot, transposition, pulmonary atresia, truncus, Ebstein's)
3.3	Heart - Other
4.1	Gastroschisis
4.2	Intestinal atresia
4.3	Tracheo-esophageal Fistula

Code	Definition
4.4	Omphalocele
4.5	Anorectal malformation
4.6	Gastro-intestinal system - Other
5.1	Ambiguous genitalia
5.2	Hypospadias
5.3	Genitals - Other
6.1	Posterior urethral valves
6.2	Renal and urinary system - Other
7.1	Talipes equinovarus (club foot)
7.2	Limb defects - Other
8.1	Down syndrome
8.2	Chromosomal anomaly - Other
9.1	Other Organ System(s) Abnormality

ABNORM4 code list:

Code	Definition
1.1	Hydrocephalus
1.2	Microcephaly
1.3	Neural tube defects
1.4	Central Nervous System (CNS) – Other
2.1	Cleft lip and palate
2.2	Eye, Ear, Face and Neck - Other
3.1	Acyanotic defects (e.g., ASD, VSD, AV canal, PDA)
3.2	Cyanotic defects (e.g. Tetralogy of Fallot, transposition, pulmonary atresia, truncus, Ebstein's)
3.3	Heart - Other
4.1	Gastroschisis
4.2	Intestinal atresia
4.3	Tracheo-esophageal Fistula
4.4	Omphalocele
4.5	Anorectal malformation
4.6	Gastro-intestinal system - Other
5.1	Ambiguous genitalia
5.2	Hypospadias
5.3	Genitals - Other
6.1	Posterior urethral valves
6.2	Renal and urinary system - Other
7.1	Talipes equinovarus (club foot)
7.2	Limb defects - Other
8.1	Down syndrome
8.2	Chromosomal anomaly - Other
9.1	Other Organ System(s) Abnormality

ABNORM5 code list:

Code	Definition
1.1	Hydrocephalus
1.2	Microcephaly
1.3	Neural tube defects
1.4	Central Nervous System (CNS) – Other
2.1	Cleft lip and palate
2.2	Eye, Ear, Face and Neck - Other
3.1	Acyanotic defects (e.g., ASD, VSD, AV canal, PDA)
3.2	Cyanotic defects (e.g. Tetralogy of Fallot, transposition, pulmonary atresia, truncus, Ebstein's)
3.3	Heart - Other
4.1	Gastroschisis
4.2	Intestinal atresia
4.3	Tracheo-esophageal Fistula
4.4	Omphalocele
4.5	Anorectal malformation
4.6	Gastro-intestinal system - Other
5.1	Ambiguous genitalia
5.2	Hypospadias
5.3	Genitals - Other
6.1	Posterior urethral valves
6.2	Renal and urinary system - Other
7.1	Talipes equinovarus (club foot)
7.2	Limb defects - Other
8.1	Down syndrome
8.2	Chromosomal anomaly - Other
9.1	Other Organ System(s) Abnormality

tbIPREG – Pregnancy

Field	Format	Description
MOTHER_ID	Character or Numeric	Patient ID of pregnant woman (mother of the child) or Dummy ID <i>If mother is not enrolled into care at an IeDEA site, enter child's ID with " mum" suffix, i.e., [CHILD ID] mum</i>
PREG_ID	Numeric	Unique identifier for this pregnancy <i>(can be unique within MOTHER ID, e.g., 1, 2, 3)</i>
PREG_SEQ	Numeric	Sequence number of the pregnancy for the specified mother <i>if sequence is known</i>
MENS_D	Date (YYYY-MM-DD)	Start date of last menstrual period (If date not known exactly, please give approximated date)
MENS_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year	Date approximation for MENS_D

Field	Format	Description
	> = After the date U = Unknown	
EST_CONCEPT_D	Date (YYYY-MM-DD)	Estimated date of conception. Derive in accordance with local norms based on ultrasound, date of last menstrual period (plus 2 weeks), fundal height, newborn exam/signs/symptoms, etc.
EST_CONCEPT_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for EST_CONCEPT_D
ANC_D	Date (YYYY-MM-DD)	Date of first antenatal care contact
ANC_D_A	Character D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for ANC_D
PREG_TEST_D	Date (YYYY-MM-DD)	Date of first positive pregnancy test
PREG_TEST_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for PREG_TEST_D
NUM_FETUS	Numeric	Number of fetuses
ULTR_1	Numeric 0 = No 1 = Yes, normal 2 = Yes, abnormal 9 = Unknown	Ultrasound 1. trimester (If >1 ultrasound during the first trimester, code as 2 if any are abnormal)
ULTR_A_1	Character	If abnormal ultrasound, please specify
ULTR_2	Numeric 0 = No 1 = Yes, normal 2 = Yes, abnormal 9 = Unknown	Ultrasound 2. trimester (If >1 ultrasound during the second trimester, code as 2 if any are abnormal)
ULTR_A_2	Character	If abnormal ultrasound, please specify
ULTR_3	Numeric 0 = No 1 = Yes, normal 2 = Yes, abnormal 9 = Unknown	Ultrasound 3. trimester (If >1 ultrasound during the third trimester, code as 2 if any are abnormal)
ULTR_A_3	Character	If abnormal ultrasound, please specify

tbIPREGOUT – Pregnancy outcome

<i>Field</i>	<i>Format</i>	<i>Description</i>
MOTHER_ID	Character or Numeric	Patient ID of pregnant woman (mother of the child)
PREG_ID	Numeric	Unique identifier for this pregnancy
CHILD_ID	Character or Numeric	Patient ID of the child (Not equivalent to PATIENT from other tables. This is a separate variable uniquely identifying the children of PATIENT.)
OUTCOM	Numeric 4=Born alive 10=Stillborn 11=Spontaneous miscarriage 20=Termination: surgical 21=Termination: medication 22=Termination: method unknown	Pregnancy outcome
OUTCOM_D	Date (YYYY-MM-DD)	Date of birth or termination of pregnancy
OUTCOM_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for OUTCOM_D
B_GAGEW	Numeric	Gestational age in complete weeks at birth or termination
CHILD_HIV	Numeric 1=HIV exposed, status indeterminate 2=HIV infected 3=HIV uninfected	HIV status for child who is not enrolled into HIV care
CHILD_HIV_D	Date (YYYY-MM-DD)	Date of child's positive HIV test
CHILD_HIV_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for CHILD_STATUS_D

tbIPROC – Medical Procedures

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
PROC_ID	Character See Code List	Code for the medical procedure

<i>Field</i>	<i>Format</i>	<i>Description</i>
PROC_D	Date (YYYY-MM-DD)	Date approximation for PROC_D
PROC_D_A	Character < = Before this date D = Exact to the date M = Exact to the month Y = Exact to the year > = After the date U = Unknown	Date approximation for DX_D
PROC_R		

PROC_ID code list:

Code	Definition
VI	Visual inspection method, any
VI-VIA	Visual inspection with acetic acid
VI-VILI	Visual inspection with Lugol's iodine
VI-VIO	Visual inspection method - other
PAP	Pap smear, any
PAP-CX	Cervical Pap smear
PAP-AX	Anal Pap smear
SCOP	scope procedure, any
SCOP-AX	anoscopy
SCOP-CL	colonoscopy
SCOP-CX	colposcopy
SCOP-EN	endoscopy
BX	biopsy, any
BX-AX	anal biopsy
BX-CX	cervical biopsy
BX-VG	vaginal biopsy
BX-SK	skin biopsy
ABL	Ablation, any
ABL-THERM	thermal ablation
ABL-CRYO	cryotherapy
EXC	Excision procedure, any
EXC-LEEP	loop electrosurgical excision procedure (LEEP) or large-loop excision of the transformation zone (LLETZ)
EXC-CKC	cold knife conization (CKC)
SRG	Surgery, any
SRG-HYS	Hysterectomy, any type
SRG-APDX	Appendectomy
SRG-CSCT	Cesarean section
ONC	Cancer treatment, any
IMG	imaging, any
IMG-MMG	mammography
IMG-PET	PET scan
IMG-MRI	MRI scan
IMG-XRY	X-ray, any

tbIOVERLAP**** – Cross-cohort identification

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
COHORT	Character	Code/name of the cohort <i>Cohort may be equivalent to center, program or region, as long as PATIENT is unique within that set.</i>
PAT_OTH	Character	Unique patient identifier in other cohort
COH_OTH	Character	Name of the other cohort

tbIPROGRAM****– Linkage of care programs/sites to regions

<i>Field</i>	<i>Format</i>	<i>Description</i>
PROGRAM	Character	Name of HIV care program
REGION	Character AP = Asia-Pacific CA = Central Africa CN = Caribbean, Central and South America EA = East Africa NA = North America SA = Southern Africa WA = West Africa	Region of Operation <i>This variable refers to IeDEA Regions and is specific to IeDEA operations. Other groups using this data model may choose to add codes for their sub-groups.</i>

tbIREV VITAL STATUS**** – National Population Register vital status

This table will be an exact reflection of the information in the National Population Registry (NPR). The table should include ALL patients with national IDs. If patients do not have an ID number, they should NOT be included in this table.

Patients for whom there is no death date in the NPR should be coded 0. Patients with a death date in the NPR should be coded 1, and the date of death should be included as 'NPR_DEATH_D'

<i>Field</i>	<i>Format</i>	<i>Description</i>
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
PROGRAM	Character	Name of program
VITAL_STATUS	Numeric with codes 0 – No death recorded in NPR 1 – Death recorded in NPR	Vital status derived from linkage with the NPR
NPR_DEATH_D	Date (YYYY-MM-DD)	Date of death from NPR: Leave blank if vital_status=0
LINKAGE_D	Date (YYYY-MM-DD)	Date of linkage to NPR

tbITB - Tuberculosis information

This table is for capturing details of the TB episodes during HIV follow-up. Tests related to TB can be included in the LAB table. Where possible this data can be derived from the electronic TB register.

Field	Format	Description
PATIENT	Character or Numeric	Code to identify patient (Cohort Patient ID)
REG_D	Date (YYYY-MM-DD)	Date registered with TB
TB_START_D	Date (YYYY-MM-DD)	Date starting TB treatment
TB_END_D	Date (YYYY-MM-DD)	Date of linkage to NPR
CAT	Numeric with codes 1 – Newly diagnosed for the first time 2 – After relapse 3 – After default 4 – After failure 95 = Not ascertained 99 = Unknown despite attempting ascertainment	TB Category
CLASS	Numeric with codes 1 - Pulmonary 2 – Extra-pulmonary 3 – Both pulmonary and extra-pulmonary 4 - Primary 95 = Not ascertained 99 = Unknown despite attempting ascertainment	Classification of episode
SITE	Numeric with codes 1 – Bones/Joints (A18.0) 2 – Lymph nodes (A16.3) 3 – Meningitis (A17.0) 4 – Miliary (A19.9) 5 – Pleura (A16.5) 9 – Other sites (A18.8) 88 – Not applicable as pulmonary or primary only 95 = Not ascertained 99 = Unknown despite attempting ascertainment	Site of disease if extra-pulmonary component diagnosed
REGIMEN	Numeric with codes 1 – 2HRZE 4HR - Regimen 1 2 – 2HRZES 1HRZE 5HRE - Regimen 2 3 – 2HRZ 4HR - Regimen 3 4 – Other Regimen 95 = Not ascertained 99 = Unknown despite attempting ascertainment	TB treatment regimen
REG_OTHER	TEXT	Text field for other regimen not included in codes for REGIMEN field above

<i>Field</i>	<i>Format</i>	<i>Description</i>
TB_OUTCOME	Numeric with codes 1 – Completed 2 – Cured 3 – Failed 4 – Interrupted 5 – Defaulted 6 – Treatment ongoing 7 - Died 95 = Not ascertained 99 = Unknown despite attempting ascertainment	Outcome of TB episode