

Sex at Birth (see codes)	Gender (see codes)	Age	Key Population Categories (see codes)	Last HIV- Negative Test (dd/mm/yyyy)	PrEP Initiated (dd/mm/yyyy)	Last PrEP Follow-Up Visit (dd/mm/yyyy)	Last PrEP Refill Provided (dd/mm/yyyy)	Acute HIV Symptoms (Yes/No)	Acute HIV Symptoms (see codes)	HIV-Positive Diagnosis (dd/mm/yyyy)	HIV Test Type/Name	Linked to HIV Care (Yes/No)	ART Clinic Number	ART Started (dd/mm/yyyy)	Notes/Comments