National HIV Surveillance System (NHSS)

Attachment 3f.

Initial Cluster Report Form

Form Approved
OMB No. 0920-0573
Expiration Date: XX/XX/XXXX

Cluster Report: Initial Cluster Report			
General Cluster Information			
Jurisdiction Name:		Low morbidity jurisdiction?	
Person Completing Report:		Email address:	
1. Date cluster first detected		2. Date form completed	
3. Local Cluster ID entered into eHARS		4. National Cluster ID (if applicable)	
5. Initial cluster detection method that identified this cluster (please select one; if 'other' is selected, use the box to the right to describe):			
6. For clusters identified through molecular analysis, does this cluster meet national priority cluster criteria? (for cluster defined at 0.5% genetic distance threshold ≥5 diagnoses in past 12 months, or ≥3 diagnoses in past 12 months for low-morbidity jurisdictions)			
7. Had this cluster been identified by any other method? (If yes, please describe the method(s) and date(s) of prior detection, and note other cluster IDs for previously identified clusters using the cell to the right)			
8. Please indicate which data have been reviewed for persons identified in the cluster:			
HIV Partner Services data:		STD Partner Services data:	
HIV Partner Services notes:		STD Partner Services notes:	
HIV surveillance data:		STD surveillance data:	
Viral hepatitis surveillance data:		Ryan White HIV/AIDS Program (including ADAP):	
Social network sites:		Discussions with DIS who interviewed cases:	
Data from other jurisdictions :		Other (specify):	

Non-Molecular Clusters. Complete this section only for clusters detected through other methods (i.e. time-space analysis or provider notification).	
9. Please describe the characteristics of the cluster that have raised concern (i.e. an increase in diagnoses over a baseline, an increase in IDU-associated HIV-infections, etc.).	
10. What is your current level of concern for this cluster? *(Note: Select 'High' if additional response is needed, 'Medium' if additional information about the cluster is needed, or 'Low' if no additional investigation activities are needed at this time. It is not necessary to report clusters of low priority to the CDC unless the cluster meets national priority cluster criteria, or if enhanced response activities have been initiated)*	
11. Please briefly describe data review and investigation/response activities conducted to date for this cluster, and any notable findings.	

END OF INITIAL REPORT FORM FOR NON-MOLECULAR CLUSTERS

Molecular Clusters: Existing Data Review. Complete this section only for clusters identified through analysis of HIV sequence data.		
12. Number of HIV-positive persons in the molecular cluster at time of detection who have a report of HIV in your jurisdiction:	Overall number:	
	Number diagnosed in 12 months prior to detection:	
13. If additional HIV-positive persons with a report of HIV in your jurisdiction have been added to the molecular cluster (based on any subsequent data analysis) since first identification, enter current numbers:	Overall number:	
	Number diagnosed in past 12 months:	
14. At what genetic distance threshold(s) is this cluster defined? (If 'other' is selected, use the box to the right to describe)		
15. What is the time period of HIV diagnoses used to identify this cluster? (If 'other' is selected, use the box to the right to describe)		
16. How many HIV-positive persons in the molecular cluster as reported in question 12 had been interviewed by partner services prior to cluster detection?	Number interviewed:	
17. How many HIV-positive persons in the molecular cluster reported in question 12 were identified as connected to at least one other HIV-positive person in the molecular cluster through existing partner services data?	Number connected:	
18^. Results of HIV testing of named partners of HIV-positive persons in the molecular cluster:		

(Include partners residing in your jurisdiction; Do not include molecular cases in the cluster even if they were named partners too. Report only numeric data for each category below.)

18a. No. New Positive[1]:		18g. No. Previous Positive[1]:	
18b. Acute: (subset of 18a)		18h. No. Refused testing:	
18c. Recent (not acute): (subset of 18a)		18i. No. Not Located:	
18d. No. Negative:		18j. No. Outside Jurisdiction:	
18e. Referred for PrEP: (subset of 18d)		18k. No. Not tested because person was deceased:	
18f. No. Tested but result Unknown:		18l. No. not tested for other reason:	

[1]These persons should be included as members of the larger transmission cluster

19. How many additional persons have been claimed as partners (excluding other molecular members of the cluster) through DIS interview conducted prior to cluster detection?	19a. Number named partners residing in your jurisdiction: (autopopulated from #18)	0
	19b. Number named partners residing outside your jurisdiction: (autopopulated from #18)	0
	19c. Number marginal partners:	
	19d. Number anonymous partners:	
20. Size of transmission cluster in your jurisdiction as identified through review of available data (Should equal the overall number in question 13, plus the number of new and previous positives reported in question 18a and 18g)	Transmission cluster size identified through available data: (autopopulated from #18)	0
21*. How many HIV-positive persons in the transmission cluster reported in question 20 have evidence of recent viral suppression (most recent viral load <200 cp/mL with specimen collection date in the past 12 months)?	Evidence of recent viral suppression:	
22. Number of persons in the risk network in your jurisdiction identified through review of available data who are not known to be HIV infected (should equal the number of partners with a negative HIV test [18d], those tested but with an unknown result [18f], or those with an unknown HIV status who were not tested for any reason [18h, 18i, and 18l])	Risk network size (HIV-negative and HIV-unknown) identified through available data: (autopopulated from #18)	0
23. If the transmission cluster or risk network includes persons outside of your jurisdiction, please describe any collaboration efforts with the other jurisdictions involved.		

Existing Data Review: Cluster-level characteristics, commonalities, and summary	
24. Were any common venues or phyical sites identified? (*If yes, describe using the box to the right*)	
25. Were any common virtual sites identified? (*If yes, describe using the box to the right*)	
26. What other factors identified might be associated with increased transmission in this cluster?	

Key findings from review of partner services, surveillance, and other available data		
27. Please provide a brief, narrative summary of key findings based on existing data review.		
28. Based on your initial review of the data, what is your level of concern for this cluster? (Provide comments regarding your level of concern in the box to the right.) *Note: Select 'High' if additional response is needed, 'Medium' if additional information about the cluster is needed, or 'Low' if no additional investigation activities are needed at this time.*		

^This information can be pulled directly from your partner services database and provided as a separate excel attachment rather than reporting separately here, if your system has the functionality to do this.

*This information can be pulled directly from eHARS and provided as a separate excel attachment rather than reporting separately here.

END OF INITIAL REPORT FORM FOR MOLECULAR CLUSTERS