National HIV Surveillance System (NHSS)

Attachment 3h.

Cluster Close-Out Form

Cluster Report: C	Cluster Annual/Closeout Report (Com	plete for all clusters, regardless of method o	f detection)
Jurisdiction Name:	0	Low morbidity jurisdiction?	▼
Person Completing Report:		Email address:	
1. Date form completed:		2. Local Cluster ID entered into eHARS	0
3. National Cluster ID (if applicable)	0		
4. Are response activities for this cluster		5. Date cluster investigation and	
currently ongoing?		response activities closed: (complete	
currently originig:		only if the answer to #1 is 'no')	
		Transmission cluster (within your	
Size of cluster at closeout/current cluster size		jurisdiction):** Risk network (persons not known to be	
		HIV-infected residing in your	
		jurisdiction):**	
7. Reason(s) for closeout (describe): (complete only if the answer to #1 is 'no')			
8. Since the time of cluster detection, were	any of the following investigation and	/or intervention activities conducted:	
8a. Partner Services interviews for		8b. Partner Services re-interviews for	
persons in the transmission cluster who	▼	persons in the transmission cluster who	▼
were not previously interviewed?		were previously interviewed?	
8c. Social network interviews and/or	▼	8d. Second-generation interviews	▼
testing?		(interviews of partners of partners)?	
8e. Targeted testing events?	▼	8f. Medical chart reviews?	▼
8g. Qualitative interviews?	▼		
8h. Messaging activities? (If yes, please describe using the box to the right)	▼		
8g. Other activities (If yes, please describe	_		
using the box to the right)	•	9b*. Among persons who did not have	
9a*. How many persons in your		evidence of viral suppression at the time	
jurisdiction did not have evidence of viral		of identification as part of the cluster	
suppression at the time of identification		(9a), how many achieved viral	
as part of the cluster?**		suppression within six months?**	
10a^.How many persons in your		10b^. Of persons who were HIV-negative	
jurisdiction were HIV-negative or had		or had unknown HIV status at the time	
unknown HIV status at the time of		of identification as part of the risk	
identification as part of the risk network?**		network (10a), how many were tested/re-tested within 6 months?**	
network:		10c^. Of persons who were HIV-negative	
		or had unknown HIV status at the time	
		of identification as part of the risk	
		network (10a), how many were	
		tested/re-tested at greater than 6	
11^. Results of testing and re-testing for pe	rsons in 10a:	Imonths?**	
(Report only numeric data for each categor			
11a. No. New Positive ¹ :		11g. No. Previous Positive ¹ :	
11b. Acute: (subset of 11a)		11h. No. Refused testing:	
11c. Recent (not acute): (subset of 11a)		11i. No. Not Located:	
11d. No. Negative:		11j. No. Outside Jurisdiction:	
11e. Referred for PrEP: (subset of 11d)		11k. No. Not tested because person was	
		deceased:	
11f. No. Tested but result Unknown:	larger transmission cluster	11l. No. not tested for other reason:	
¹ These persons should be included as members of the	larger transmission cluster	12b. Of all persons who were HIV-	
12a. How many persons in your		negative and not on PrEP at the time of	
jurisdiction were HIV-negative and not on		identification as part of the risk network	
PrEP at the time of identification as part of the risk network?**		(12a), how many were screened for PrEP	
OF THE HSK HELWOLK!		within 6 months?**	
		12c Of all persons who were screened	
		for PrEP within 6 months(12b), how	
		many were determined to be eligible?**	
		12d. Of all persons who were eligible for	
		PrEP within 6 months (12c), how many	
		were referred?**	

13. What key lessons were learned through the course of investigating this cluster?	
14. Please describe the impact of cluster investigation and response activities on current health department policies and processes (i.e. whether any enhancements were made to regular HIV prevention and treatment processes such as provision of case management services or expansion of PrEP resources, whether communication within the health department or interactions between local and state health departments changed, whether the cluster was used to advocate for policy changes, whether additional resources were required to respond to this particular cluster, etc.).	
15. Briefly describe your current level of concern for this cluster and why ongoing response is still needed. If the cluster response has been closed, instead describe how you will continue monitoring the cluster for future growth.	

[^]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.

END OF CLUSTER ANNUAL/CLOSEOUT REPORT FORM.

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0573).

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

^{**}For guidance on how to complete these fields for non-molecular clusters, see the Cluster Report Instructions document.