

Cluster Report: Follow Up Report (Complete for all clusters, regardless of method of detection)			
Reporting Jurisdiction Name:	0	Low morbidity jurisdiction?	▼
Person Completing Report:		Email address:	
1. Date form completed		2. Local Cluster ID entered into eHARS A local cluster ID must be populated on this form and in eHARS. For molecular clusters, please use the following nomenclature: the two-letter jurisdiction abbreviation followed by the year and month in which the cluster was first identified and Secure HIV TRACE cluster ID (e.g., GA_YYYYMM_10-5) For time-space clusters, please use the following nomenclature: the two letter jurisdiction abbreviation followed by the year and month in which the cluster was first identified and cluster ID with the initials 'TS' (e.g., GA_YYYYMM_TS789). Please ensure that cluster IDs do NOT contain personal identifiers.	0
3. National Cluster ID (if applicable)	0		
4. Are response activities for this cluster currently ongoing? <i>(If no, DO NOT fill out this form. Complete the Annual/Cluster Closeout Report instead).</i>			
5*. Current number of persons in the transmission cluster in your jurisdiction:**			
6. Current number of persons in the risk network in your jurisdiction who are not known to be HIV positive:**			
7. Has testing or re-testing been conducted for any persons who were not known to be HIV positive at the time of identification as part of the risk network?*** <i>(If "yes", please update question 8 below.)</i>			
8^a. Of persons who were HIV-negative or had unknown HIV status at the time of identification as part of the risk network, what are the results of testing or re-testing efforts to date?***	8a. Total number of persons in the risk network in your jurisdiction tested/re-tested to date:**		
	8b. Total number of persons in the risk network in your jurisdiction who newly tested positive as a result of testing/re-testing efforts:**		
	8c. Total number of persons in the risk network in your jurisdiction newly referred for PrEP:**		
9. Please describe any challenges you have encountered in promoting viral suppression among persons in the transmission cluster, or in conducting testing/re-testing and PrEP referral among persons in the risk network:***			
10. Since the time of cluster detection, have any of the following investigation and/or intervention activities been conducted:			
10a. Partner Services interviews for persons in the transmission cluster who were not previously interviewed?	▼	10b. Partner Services re-interviews for persons in the transmission cluster who were previously interviewed?	▼
10c. Social network interviews and/or testing?	▼	10d. Second-generation interviews (interviews of partners of partners)?	▼
10e. Targeted testing events?	▼	10f. Medical chart reviews?	▼
10g. Qualitative interviews?	▼		
10h. Messaging activities? <i>(If yes, please describe using the box to the right)</i>	▼		
10g. Other activities <i>(If yes, please describe using the box to the right)</i>	▼		
11. What is your current level of concern for this cluster? <i>(Provide comments regarding your current 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.</i>			
12. Additional comments:			

*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.

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

END OF FOLLOW UP REPORT FORM. If cluster investigation activities are not currently ongoing, please complete the Cluster Closeout Form.

Public reporting burden of this collection of information is estimated to average 30 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).