

National HIV Surveillance System (NHSS)

Attachment 3(g)

Cluster Close-Out Form

Cluster Report: Cluster Annual/Closeout 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?	▼	5. Date cluster investigation and response activities closed: (complete only if the answer to #4 is 'no')	
6. Size of cluster at closeout/current cluster size		Transmission cluster (within your 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 #4 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 persons in the transmission cluster who were not previously interviewed?	▼	8b. Partner Services re-interviews for persons in the transmission cluster who were previously interviewed?	▼
8c. Social network interviews and/or testing?	▼	8d. Second-generation interviews (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)	▼		
9a*. How many persons in your jurisdiction did not have evidence of viral suppression at the time of identification as part of the cluster?*		9b*. Among persons who did not have evidence of viral suppression at the time of identification as part of the cluster (9a), how many achieved viral suppression within six months?*	
10a*. How many persons in your jurisdiction were HIV-negative or had unknown HIV status at the time of identification as part of the risk network?*		10b*. 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 within 6 months?*	
		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 months?*	
11^*. Results of testing and re-testing for persons in 10a: (Report only numeric data for each category below.)			
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:		11l. No. not tested for other reason:	
¹ These persons should be included as members of the larger transmission cluster			
12a. How many persons in your jurisdiction were HIV-negative and not on PrEP at the time of identification as part of the risk network?*		12b. Of all persons who were HIV-negative and not on PrEP at the time of identification as part of the risk network (12a), how many were screened for PrEP 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?			

<p>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.).</p>	
<p>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.</p>	

^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.

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

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).