

**National HIV Surveillance System (NHSS)**

Attachment 3(e)

Initial Cluster Report Form

**Cluster Report: Initial Cluster Report**

**General Cluster Information**

Reporting Jurisdiction Name:		Low morbidity jurisdiction?	<input type="checkbox"/>
Person Completing Report:		Email address:	
1. Date cluster first detected		2. Date form completed	
3. Local Cluster ID entered into eHARS <b>A local cluster ID must be populated on this form and in eHARS.</b> <b>For molecular clusters, the recommended nomenclature is 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)</b> <b>For time-space clusters, the recommended nomenclature is 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). Jurisdictions may use any naming convention to develop the cluster ID as long as it includes the initials 'TS' and does not contain personal identifiers.</b>		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):		<input type="checkbox"/>	
For clusters identified by time-space analysis, please enter the county or other geographic area of the alert.			
5a County of time-space alert			
5b Other geographic area of alert			
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)		<input type="checkbox"/>	
7. Had this cluster been identified by any other method?	<input type="checkbox"/>		
7a. If the cluster overlaps with another cluster identified by a different method, please select the method of identification, date of detection and cluster ID	<input type="checkbox"/>	Date of detection:	Cluster ID:
	<input type="checkbox"/>	Date of detection:	Cluster ID:
12. Number of people with HIV 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 people with HIV 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:	
8. Please indicate which data have been reviewed for persons identified in the cluster:			
HIV Partner Services data:	<input type="checkbox"/>	STD Partner Services data:	<input type="checkbox"/>
HIV Partner Services notes:	<input type="checkbox"/>	STD Partner Services notes:	<input type="checkbox"/>
HIV surveillance data:	<input type="checkbox"/>	STD surveillance data:	<input type="checkbox"/>
Viral hepatitis surveillance data:	<input type="checkbox"/>	Ryan White HIV/AIDS Program (including ADAP):	<input type="checkbox"/>
Social network sites:	<input type="checkbox"/>	Discussions with DIS who interviewed cases:	<input type="checkbox"/>
Data from other jurisdictions:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

**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 (e.g. an increase in diagnoses over a baseline, an increase in IDU-associated HIV-infections, etc.).	
9b. Please describe the case definition you are using to determine which cases are included in this cluster (i.e., inclusion criteria for person, place, and time).	
10. What is your current level of concern for this cluster? <i>(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)</i>	<input type="checkbox"/>
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 people with HIV 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 people with HIV 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)	<input type="checkbox"/>	

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)		<input type="text"/>	
16. How many people with HIV in the molecular cluster as reported in question 12 had been interviewed by partner services prior to cluster detection?		Number interviewed:	
17. How many people with HIV 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 people with HIV 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 <sup>1</sup> :		18g. No. Previous Positive <sup>1</sup> :	
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:	
<sup>1</sup> 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 #13, #18a, and #13g)	0
21*. How many HIV-positive persons people with HIV 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.			
<b>Existing Data Review: Cluster-level characteristics, commonalities, and summary</b>			
24. Were any common venues or physical sites identified? (If yes, describe using the box to the right)		<input type="text"/>	
25. Were any common virtual sites identified? (If yes, describe using the box to the right)		<input type="text"/>	
26. What other factors identified might be associated with increased transmission in this cluster?			
<b>Key findings from review of partner services, surveillance, and other available data</b>			
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.		<input type="text"/>	

<sup>1</sup>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**

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).