**National HIV Surveillance System (NHSS)**

Attachment 3(f)

Cluster Follow-Up Form

Form Approved
OMB No. 0920-0573
Expiration Date: 11/30/2022

| 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<br>**A local cluster ID must be populated on this form and in eHARS.**<br>**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)**<br>**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?<br>(*If no, DO NOT fill out this form. Complete the Annual/Cluster Closeout Report instead).* | | | |
| 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 know to be HIV positive at the time of identification as part of the risk network?**<br>(*If "yes", please update question 8 below.)* | | | |
| 8^. 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? *(If yes, please describe using the box to the right)* | | | |
| 10g. Other activities *(If yes, please describe using the box to the right)* | | | |
| 11. What is your current level of concern for this cluster?<br>(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.* | | | |
| 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.

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