

National HIV Surveillance System (NHSS)

Attachment 3(e)

Initial Cluster Report Form

INITIAL CLUSTER REPORT FORM

Cluster Variables

1. Date cluster first detected: _____ (MM-DD-YYYY)
2. Date form completed: _____ (MM-DD-YYYY)
3. Local cluster ID: _____

Instructions: A local cluster ID must be populated on this form and in eHARS. For additional information, see the [“Entering Information Related to HIV Clusters into eHARS”](#) document.

For molecular clusters, the required 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_202303_10.2 for a molecular cluster meeting national priority criteria through state/local analysis).

For time-space clusters, the required 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, a dash or a dot.

For clusters identified through provider notification, partner services notification, or other means, the recommended nomenclature is the two-letter jurisdiction abbreviation followed by an underscore, followed by the year and month in which the cluster was first identified as YYYYMM_, followed by a unique identifier including the initials 'PN' for partner notification, 'PS' for partner services notification, or 'OTH' for other means (e.g., GA_202306_PN321).

4. CDC cluster ID (if applicable): _____ (YYYYMM_###)

Detection Methods, Case Definition, and Characteristics

5. Initial cluster detection method: [multiple choice]
 - a. State/local molecular analysis
 - b. CDC molecular analysis
 - c. State/local time-space analysis
 - d. CDC time-space analysis
 - e. Provider notification
 - f. Partner services notification
 - g. Other (describe)

5a. [If answered Other for 5] Describe: _____

5b. [If answered CDC time-space analysis, Provider notification, Partner services notification, or Other for 5] County or other geographic area of cluster. Add 'County' after the name if entering the name of a county.

5c. [If answered CDC time-space analysis, Provider notification, Partner services notification, or Other for 5] Describe the case definition you are using to determine which cases are included in this cluster. Include criteria for person, place, and time: _____

6. [IF answered State/local molecular analysis or CDC molecular analysis for 5] For clusters identified through molecular analysis, does this cluster meet national priority cluster criteria in your jurisdiction?

Instructions: Molecular clusters meet national priority criteria if defined at 0.5% genetic distance threshold, with ≥ 5 diagnoses in past 12 months, or with ≥ 3 diagnoses in past 12 months for low-morbidity jurisdictions.

- a. Yes
- b. No

7. [If answered No for 6] At what genetic distance threshold(s) is this cluster defined?

- a. 0.5%
- b. 1.5%
- c. 0.5%, with 1st degree links at 1.5%
- d. Other (describe)

7a. [If answered Other for 7] Describe: _____

8. [If answered No for 6] What is the time period of HIV diagnoses used to identify this cluster?

- a. 3 years
- b. All years
- c. Other (describe)

8a. [If answered Other for 8] Describe: _____

9. Number of people with HIV in the cluster residing in your jurisdiction at the time of this report: _____

10. Number of people with HIV in the cluster residing in your jurisdiction who had completed a partner services interview at the time of this report: _____

11. Number of named partners of cluster members not known to have HIV residing in your jurisdiction at the time of this report: _____

12. Number of unnamed, marginal, and anonymous partners of cluster members at the time of this report: _____

13. Briefly describe any notable characteristics of the cluster (e.g., predominant transmission risk, age group, race/ethnicity, sex; prevalence of coinfections, history of incarceration, housing instability).

14. Were any common venues, physical sites, or virtual sites identified?

- a. Yes
- b. No

14a. [If answered Yes for 14], Describe common sites: _____

Overlapping Clusters

15. Does this cluster overlap with a cluster identified by a different method?

- a. Yes
- b. No

15a. [If answered Yes for 15] Select the method of identification, date of detection and Cluster ID of the overlapping cluster(s).

Method of identification: _____

Date of detection: _____

Cluster ID: _____

Instructions: For overlapping molecular or time-space clusters identified by CDC, date of detection should be populated with the date your jurisdiction was notified of the existence of the cluster by CDC.

15b. [OPTIONAL] [If answered Yes for 15] Include any relevant information on the overlapping clusters:

Gaps or Challenges

16. [OPTIONAL] What gaps or challenges have you encountered in responding to this cluster? Check all that apply.

- a. Limited ability to conduct partner services
- b. Limited understanding of factors facilitating transmission
- c. Limited knowledge about HIV testing, care, prevention, or other related topics among people in the network or providers
- d. Limited access to or acceptability of HIV testing
- e. Limited access to or acceptability of HIV care
- f. Limited access to or acceptability of HIV prevention (e.g., PrEP, SSPs)
- g. Limited access to or acceptability of testing, care, or prevention due to structural issues or for syndemic conditions
- h. Other

16a. [OPTIONAL] Provide additional information on any of the selected challenges:

Investigation or Response Activities

17. [OPTIONAL] What investigation or response activities, if any, have you initiated in response to the cluster?

Instructions: Check off all the activities that have been part of your cluster response. Your response should reflect a cumulative list of all activities that have been initiated, tailored, or enhanced in response to the cluster except for reporting on activities 1-4 related to individual cluster member/partner follow-up. You may check off activities 1-4 even if they were initiated before the identification of the cluster. Note that if you are unsure of where an activity fits within a domain you can place it in the "other" category of the domain.

Domain 1: Individual cluster member/partner follow-up ("Partners" refers to the sexual and drug equipment-sharing partners of cluster members.)

- Tested cluster members' partners and social contacts for HIV [Activity 1]
- Linked or re-engaged cluster members with HIV in care [Activity 2]
- Referred cluster members' partners to PrEP or PEP services [Activity 3]
- Other [Activity 4]
 - o Specify _____

Domain 2: Investigation/gathering additional information

- Used qualitative methods (e.g., in-depth qualitative interviews, focus groups, or surveys) with members of the cluster, network, or affected communities to understand barriers and improve response activities [Activity 5]
- Used qualitative methods (e.g., in-depth qualitative interviews, focus groups, or surveys) with clinical providers, leaders or staff of community organizations, or other community members to understand barriers and improve response activities [Activity 6]
- Conducted detailed medical chart reviews (i.e., beyond what is usually done for surveillance purposes) for cluster members to understand patterns of, missed opportunities for, and other aspects of prevention and care [Activity 7]

- Other [Activity 8]
 - Specify _____

Domain 3: Communication and training

- Engaged with network or affected communities (e.g., placed advertisements, including social media, or conducted other specific outreach to network/affected community) [Activity 9]
- Trained clinical providers on the needs of the cluster or network such as HIV testing, prevention, care, substance use disorders, harm reduction strategies, structural factors affecting health, culturally competent care, linguistic and cultural humility, and other relevant topics [Activity 10]
- Communicated with clinical providers during the cluster response (e.g., issued health alert or Dear Colleague letter or hosted a meeting with providers) [Activity 11]
- Engaged with broader community organizations or general public during cluster response (e.g., held community information sessions, issued a press release, worked with the media) [Activity 12]
- Other [Activity 13]
 - Specify _____

Domain 4: HIV testing

- Expanded or enhanced HIV testing that focuses on the network or affected communities [Activity 14]
- Expanded or enhanced HIV testing beyond the network or affected communities by establishing new testing services or increasing the availability or accessibility of existing testing services, including low-barrier testing [Activity 15]
- Provided HIV self-testing for network members or affected communities [Activity 16]
- Expanded or enhanced access to HIV self-testing beyond the network or affected communities [Activity 17]
- Other [Activity 18]
 - Specify _____

Domain 5: HIV care

- Expanded or enhanced activities to improve engagement in care or viral suppression for cluster members [Activity 19]
- Expanded or enhanced HIV care access beyond the cluster by establishing new clinical services or increasing the availability or accessibility of existing clinical services, including low-barrier care [Activity 20]
- Expanded or enhanced HIV care coordination or navigation services [Activity 21]
- Other [Activity 22]
 - Specify _____

Domain 6: HIV prevention

- Expanded or enhanced PrEP/PEP access for network members or affected communities [Activity 23]
- Expanded or enhanced PrEP/PEP access beyond the network by establishing new clinical services or increasing the availability or accessibility of existing clinical services [Activity 24]
- Provided or expanded access to harm reduction programs and syringe services programs (SSPs) to eligible network members [Activity 25]
- Provided or expanded access beyond the network or affected communities to harm reduction programs and SSPs by establishing new programs or increasing the availability or accessibility of existing programs [Activity 26]
- Other [Activity 27]
 - Specify _____

Domain 7: Syndemic and structural interventions

- Referred cluster or network members to housing services [Activity 28]
- Referred cluster or network members to substance use treatment services [Activity 29]
- Referred cluster or network members to mental health services [Activity 30]
- Linked cluster or network members to testing, treatment, or prevention for gonorrhea, chlamydia, syphilis, hepatitis B, hepatitis C, tuberculosis, or mpox [Activity 31]
- Distributed naloxone kits for overdose prevention to the network or affected communities [Activity 32]

- Implemented activities that address structural factors that can impact access to prevention and care services [Activity 33]
- Other [Activity 34]
 - Specify _____

18. [OPTIONAL] If the cluster or network includes persons outside of your jurisdiction, have you contacted other jurisdictions involved?

- a. Yes
- b. No
- c. No cluster or network members outside of the jurisdiction

18a. [If answered Yes for 18], Describe any collaboration or communication with other jurisdictions involved:

Level of Concern

19. What is your current level of concern for this cluster?

- a. High
- b. Medium
- c. Low

Instructions: Consider a variety of factors that may inform your level of concern. See [Cluster Review and Prioritization “Questions to consider when developing prioritization criteria” section](#) in CDC’s HIV CDR Guidance for Health Departments for additional considerations.

19a. [If answered High for 19] Describe why you've assigned this level of concern using a brief, narrative summary of key findings: _____

Instructions: In the narrative summary, include any notable or concerning epidemiological or other characteristics, including any indications that the underlying network is substantially larger than what has been identified.

Technical Assistance Needs

20. Do you have any technical assistance needs related to this cluster?

- a. Yes
- b. No

20a. [If answered Yes for 20], Describe your technical assistance needs. (Note: If you have urgent technical assistance needs, reach out directly to your assigned Detection and Response Branch epidemiologist.)

Additional Comments

21. [OPTIONAL] Additional comments: _____

END OF INITIAL CLUSTER REPORT FORM