

National HIV Surveillance System (NHSS)

Attachment 3(f)

Follow-up Cluster Report Form

FOLLOW-UP CLUSTER REPORT FORM

Cluster Variables

1. Date form completed: _____ (MM-DD-YYYY)

2. Local cluster ID: [auto-populated from initial form]

3. CDC cluster ID (if applicable): [auto-populated from initial form]

Status of Cluster Response

4. Are investigation or response activities for this cluster currently ongoing?

- a. Yes
- b. No

Instructions: If the answer to question 4 is No DO NOT fill out this form. Complete and submit the Closeout Form instead. If answer to question 4 is Yes, proceed with rest of the form.

5. Are there any updates to report?

- c. Yes
- d. No

Instructions: If the case count has increased $\geq 10\%$ since the last report or there are updates to cluster definition (including whether a newly detected overlapping priority cluster has been identified); response activities, including gaps or challenges identified by the cluster response; or technical assistance needs, respond YES and proceed with the rest of the form. If there are no updates to the abovementioned sections and the case count did not increase by $\geq 10\%$ since the last report, respond NO and submit the form to CDC.

Case Definition and Characteristics

6. Since the last time you submitted a cluster report form for this cluster, has the cluster case definition changed?

- e. Yes
- f. No

6a. [If answered Yes for 6] Describe changes to the cluster case definition: _____

7. Since the last time you completed a cluster report form for this cluster, have there been any notable changes to the characteristics of the cluster?

- g. Yes
- h. No

7a. [If answered Yes for 7] Describe notable changes to the characteristics of the cluster: _____

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

Overlapping Clusters

9. Since the last time you completed a cluster report form for this cluster, has this cluster been newly identified as overlapping with a cluster identified by a different method?

- i. Yes
- j. No

9a. [If answered Yes for 9] 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, the date of detection should be populated with the date your jurisdiction was notified of the existence of the cluster by CDC.

9b. [OPTIONAL] [If answered Yes for 9] Include any relevant additional information on the overlapping clusters:

Gaps or Challenges

10. 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

10a. [OPTIONAL] Provide additional information on any of the selected challenges: _____

Investigation or Response Activities

11. What investigation or response activities have you initiated in response to the cluster? Check all that apply.

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 1-3 related to individual cluster member/partner follow-up. You may check off activities 1-3 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]
 - 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]
 - o Specify _____

Level of Concern

12. What is your current level of concern?

- 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.

12a. [If answered High for 12] 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

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

- a. Yes
- b. No

13a. [If answered Yes for 13] 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

14. [OPTIONAL] Additional comments _____

END OF FOLLOW-UP CLUSTER REPORT 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/ATSFR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30329; ATTN: PRA (0920-0573).