Cluster Interview Template

Person Being Interviewed: 1

OP Case # & DX 2

Relationship to OP: 3

Partner ☐ Social ☐ Associate ☐ Type: _____

Worker 4

Interview Date 5 / /

Lot No. 6

Medical Status/Hist. of Interviewee: 7

AKAs/internet info (Screen names, e-mail address, etc): 8

Cluster Interview Instructions: 9

P = Pursue
C = Covered

	P	C			P	C	
1	☐	☐		7	☐	☐	
2	☐	☐		8	☐	☐	
3	☐	☐		9	☐	☐	
4	☐	☐		10	☐	☐	
5	☐	☐		11	☐	☐	
6	☐	☐		12	☐	☐	

Risk Factors

Within the last 12 months, has the client reported:

Y-Yes-Anal or Vaginal Intercourse (with or without Oral Sex)
O-Yes, Oral Sex Only
U-Unspecified Type of Sex
N-No
R-Refused to Answer
D-Did Not Ask

Y/O/U/N/R/D		Y/N/R/D	
☐	No risk identified.	☐	Sex without using a condom?
☐	Sex with male?	☐	Engaged in injection drug use?
☐	Sex with female?	☐	Shared injection drug equipment?
☐	Sex with transgender?	☐	Other (Specify): _____

Optional for 900 negative contacts

Y-Yes
N-No
R-Refused to Answer
D-Did Not Ask

10

900 PS Information

Interviewed?: 11

Complete on all 900 Partners regardless of testing status

Sex at Birth M F

If additional Gender, Specify: 12

Notifiability: 13

Notification Plan: 14

Actual Notification Method Used: 15

Self-Reported Results: 16

17 / /
Date of Last 900

Referred to Testing: 18

19 / /
Referral Date

Testing Performed: 20

Referral Test Result: 21

900 Result Provided: 22

Interview Notes

23

Case ID 2

Partner/Social Contact/Associate Information 24

1	Last Name	First Name	AKA	Jurisdiction
	Referral Basis / First Exposure ___/___/___	Freq. / Last Exposure ___/___/___	Gender: M F T U R / Pregnant: Y N U R	Spouse: Y N U R

Condition 1	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP
Condition 2	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP

2	Last Name	First Name	AKA	Jurisdiction
	Referral Basis / First Exposure ___/___/___	Freq. / Last Exposure ___/___/___	Gender: M F T U R / Pregnant: Y N U R	Spouse: Y N U R

Condition 1	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP
Condition 2	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP

3	Last Name	First Name	AKA	Jurisdiction
	Referral Basis / First Exposure ___/___/___	Freq. / Last Exposure ___/___/___	Gender: M F T U R / Pregnant: Y N U R	Spouse: Y N U R

Condition 1	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP
Condition 2	___/___/___ Ix Date	___/___/___ Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	___/___/___ Dispo Date	Cond.	DIS #	SO/SP

Marginal Partners, Social Contacts, & Associates 25

	Name	Sex	Age	Race	Height	Weight	Hair	Exposure	Locating Information
1									
2									
3									
4									
5									

Additional Notes 26

Cluster Interview Template Instructions

The Centers for Disease Control and Prevention Cluster Interview Template (CIT) is designed for use by state and local HIV/STD Disease Intervention Specialists (DIS) who interview individuals who have sexually transmitted diseases and conduct Partner Services. The intent of this interview activity is to initiate counseling, testing, referral, and potentially medical services of partners and clusters of Sexually Transmitted Infections (STI) positive, including HIV/AIDS and other related conditions, persons. Local program priorities and/or regulations will determine who is interviewed. These instructions describe how to complete the CIT. Each item in the instructions corresponds to the field number on the CIT. Also, this template and accompanying documentation is an example of a Cluster Interview Record that can be used by local and state programs and is made available for local and state program use and adaptation.

NOTE: The "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record, unless otherwise specified.

NOTE: Currently risk factors are only required on contacts and clusters to HIV/AIDS cases. However, depending on local policies and procedures, risk factors can be collected on partners and clusters of other STIs as well.

Case Management

1 **Person being Interviewed:** Document the last, first and middle names of the contact or cluster being interviewed.

2 **OP Case # and DX:** Document the original patient's case number(s) and diagnosis.

030 - HepB acute w/o delta	450 - Mucopurulent Cervicitis (MPC)
031 - HepB acute w/ delta	490 - PID Syndrome
033 - HepB chronic w/o delta	500 - Granuloma Inguinale
034 - HepB chronic w/ delta	600 - Lymphogranuloma Venereum (LGV)
042 - Hepatitis delta	710 - Syphilis, primary
051 - Hepatitis C, acute	720 - Syphilis, secondary
053 - Hepatitis E	730 - Syphilis, early latent
054 - Hepatitis C, chronic	740 - Syphilis, unknown duration
070 - Hepatitis, unknown	745 - Syphilis, late latent
100 - Chancroid	750 - Syphilis, late w/ symptoms
200 - Chlamydia	800 - Genital Warts
300 - Gonorrhea (uncomplicated)	850 - Herpes
350 - Resistant Gonorrhea	900 - HIV Infection
400 - Non-Gonoccocal Urethritis (NGU)	950 - AIDS (Syndrome)

3 **Relationship to OP:** Document the RELATIONSHIP (such as spouse, parents, sibling, partner, roommate, etc., *not the name*) of the interviewee and the original patient as well as the referral basis of the relationship between the person being interviewed and the Original Patient.

PARTNER - Persons having sexual activities (of any type) or sharing needles with the Index patient.
P1 - Sex Partner
P2 - Needle sharing Partner
P3 - Both Sex and Needle sharing Partner

SOCIAL CONTACT - Persons named by an infected person (e.g., the Index patient or an infected partner, social contact, or associate).
S1 - Person who has or had symptoms suggestive of the Condition(s) documented.
S2 - Person who is named as a sex partner of a known infected person.
S3 - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

ASSOCIATE - Persons named by an uninfected partner, social contact, or associate.
A1 - Person who has or had symptoms suggestive of the Condition(s) documented.
A2 -Person who is named as a sex partner of a known infected person.
A3 - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

Cohort - **C1** - A person identified through outreach screening efforts as a result of case investigation (i.e., common geographical area of residence or hangout). The person was **not individually named** by anyone interviewed during case investigation.

4 **Worker:** Document the worker number of the DIS who conducted the interview.

5 **Interview Date:** Document the date that the cluster interview was conducted.

6 **Lot Number:** Document the lot number where the Original Patient's case resides.

Medical Information
7 **Medical Status/History of Interviewee:** Summarize all STD lab results, treatments, etc. relevant to this case of the person being interviewed.

Other Information
8 **AKAs/Internet Info:** Document any aliases including Internet screen names as well as other relevant internet information (such as e-mail addresses, web sites, chat rooms, etc.).

9 **Note:** No traditional cluster interview questions are listed on the template. However, the following detailed listing of common cluster interview questions can be used as individual case management warrants. **Please review each section and determine which questions should be pursued and covered during Clusters interviews in relation to a specific case.** Questions may not be limited to the following and should be discussed with the DIS Supervisor as needed.

Pursue – Information or question that needs follow up with a person who is to be cluster interviewed.
Cover(ed) – Information gathered from a person that was cluster interviewed.

Cluster Instructions – Social History
Confirm Address: Information to be pursued or covered pertaining to physical location of patient's domicile.
Time in Area/At Address – Information to be pursued or covered pertaining to the length of time the patient has lived in a particular area/address.
Ix Period Travel: Information to be pursued or covered pertaining to travel completed during the interview period.
Marital Status/Living with: Information to be pursued or covered pertaining to who a person may be cohabitating with or marital status.
Life styles (Hangouts/Social activities): Information to be pursued or covered pertaining to how the patient spends their free time.
E-mail Address: Information to be pursued or covered pertaining to e-mail addresses.
Internet Activity: Information to be pursued or covered pertaining to internet screen names, chat rooms visited, and websites, especially social networks.

Cluster Instructions – Medical History
Lesion History/Ghosted Lesion: Information to be pursued or covered pertaining to when lesion symptomology possibly occurred. Include beginning and ending date of duration or ghosted duration of symptoms.
Reason for Exam: Information to be pursued or covered pertaining to why a patient was originally examined.

STD History (GC, CT, Labs, Rx): Information to be pursued or covered pertaining to STD history.

Self Rx: Information to be pursued or covered pertaining to medications the patient may have taken incidentally.

General Medical (Medication, Illness, Hospitalizations): Information to be pursued or covered pertaining to general medical history.

Patient's Understanding of Medical Aspects of infection: Information to be pursued or covered pertaining to how much the patient understands the current infection.

Illogical Aspects (Lesion Hx, Lab Results): Information to be pursued or covered pertaining to patient's medical aspects that don't logically make sense.

Drug use (Concealed, Unclear, Downplayed): Information to be pursued or covered pertaining to recreational drug use.

Cluster Instructions – Partners
Exposure Gap: Information to be pursued or covered pertaining to gaps in sexual or needle sharing history. Include beginning and ending dates of the exposure gap.
Exposure inconsistencies (Doesn't match what partners say): Information to be pursued or covered pertaining to who could be the potential source of the current infection.
No partner named during lesion: Information to be pursued or covered pertaining to why no partner was named while the patient had a lesion.
Unexplained change in sexual activity or pattern: Information to be pursued or covered pertaining to why there was a change in behavioral patterns concerning sexual activities.
No "steady" partner named: Information to be pursued or covered pertaining to why patient has no steady partner(s).
Challenge claims of anonymous partners (Pick-ups, pros, OOJ, Internet, etc): Information to be pursued or covered pertaining to casual sex.
Partners met on the internet: Information to be pursued or covered pertaining to sexual or needle-sharing partners met through the internet.
No Source/ No Candidate named: Information to be pursued or covered pertaining to why there are no partners named that could be a potential source of the patient's infection.
Locating on open partners/social contacts: Information to be pursued or covered pertaining to identifying open contacts or clusters.
Locating on marginal partners: Information to be pursued or covered pertaining to locating marginal contacts or clusters.
Partners of the same sex: Information to be pursued or covered pertaining to potential same-sex partner relationships.

Cluster Instructions – Clusters
IP not being named by partners: Information to be pursued or covered pertaining to why IP is not being named by partners.
A2s/S2s to IP identified: Information to be pursued or covered pertaining to A2s, person who is named as a sex partner of a known infected person, or S2s, person who is named as a sex partner of a known infected person.

IP named by previously unnamed partners: Information to be pursued or covered pertaining to why the IP is being named by sexual or needle-sharing partners that the IP did not name as being partners.

S2s to other cases: Information to be pursued or covered pertaining to S2s, person who is a sex partner of a known infected person, of another suspected case not the IP's.

Risk Factors

10

NOTE: Each risk factor should be addressed for last 12 months prior to the date of the first interview.

NOTE: For each risk, the patient should be asked what type of sexual exposure occurred. Document the appropriate response, one response per risk factor.

y – Yes/Yes, Anal or Vaginal Intercourse (with or without Oral Sex)
O – Yes, Oral Sex Only
U – Unspecified Type of Intercourse
N – No/No Sexual Exposure
R – Refused to Answer
D – Did Not Ask

Exchanged sex for drugs/money - A person who has either given or received oral, anal and/or vaginal sex for drugs, money or other services/payment (e.g., food, housing, protection, etc.).

Other: Document any other risk factor(s) not listed above.

Note: 900 PS Information is replicated on the Field record and Cluster Interview Templates but should only be completed once on either template per partner and not on both. It is left to the local program area to determine which data collection instrument, if any, is to be used to collect this information.

900 PS Information

11

Interviewed?: Document whether the index patient or the index patient's partner accepted or declined enrollment into Partner Services (i.e., did they accept the interview).

01	Accepted	The index patient or partner enrolled in PS.
02	Refused	The index patient or partner chose not to enroll in PS.

12

Sex at Birth: Place an "X" in the appropriate box to indicate patient's gender at birth.

M - Male
F – Female

If additional Gender, Specify: Document the specific gender information of the index patient if other selections do not apply (i.e. intersex, two-spirited, etc.).

13

Notifiability: Using the codes below, document whether or not a named partner is determined to be eligible for notification of exposure. Partners that are found to be previously positive, deceased, or for which there is a risk of domestic violence are not considered to be notifiable.

01	No - Partner is deceased	The partner is no longer alive.
02	No - Partner is out of jurisdiction	The partner resides out of the jurisdiction in which the provider is authorized to provide services
03	No - Partner has a risk of domestic violence	The provider has assessed that contacting the partner could pose a risk of domestic violence to the index patient or partner.
05	No – Partner is known to be previously positive	The partner has a documented history of testing/diagnosed HIV positive.
06	Yes - Partner is notifiable	The partner is able to be notified of his/her exposure to HIV.
88	Other	

14 **Notification Plan:** Using the values below, document the method agreed upon by IP and DIS for notifying the partner(s) and clusters of potential HIV exposure.

01	Client notification	The HIV-infected patient informs his or her partners of their possible exposure to HIV and refers them to counseling, testing, and other support services after receiving guidance from the PS provider.
02	Provider notification	The PS provider, with the consent of the HIV-infected patient, takes the responsibility for informing the partner of his/her possible exposure to HIV and referring them to counseling, testing, and other support services.
03	Dual notification	The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider.
04	Contract	The PS provider and HIV-infected patient negotiate a time frame for the patient to inform his or her partners of their possible exposure to HIV. If the patient is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.
05	Third-party notification	A notification strategy whereby the partner was notified by a professional other than the health department provider (e.g., a private physician) of his or her possible exposure to HIV.

15 **Actual Notification Method Used:** Document the method used to notify each notifiable partner that they have been exposed to HIV.

01	Client notification	The HIV-infected patient informs his or her partners of their possible exposure to HIV and refers them to counseling, testing, and other support services after receiving guidance from the PS provided.
02	Provider notification	The PS provider, with the consent of the HIV-infected patient, takes the responsibility for informing the partner of his/her possible exposure to HIV and referring them to counseling, testing, and other support services.
03	Dual notification	The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider.
05	Third-party notification	A notification strategy whereby the partner was notified by a professional other than the health department provider (e.g., a private physician) of his or her possible exposure to HIV.
06	Refused notification	The index client's partner refused to be informed of his or her possible exposure to HIV.

16 **Self Reported HIV Test Result:** Document the partner's self-reported HIV test result at the time of notification. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test. Ensure that the partner understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

01	Positive	The patient reports that his/her HIV serostatus is positive based on a confirmatory test result.
02	Negative	The patient reports that his/her HIV serostatus is negative.

03	Preliminary positive	The patient reports that he/she received a "Preliminary positive" test result (i.e., the patient had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test).
04	Indeterminate	The patient reports that he/she received an "Indeterminate" test result (i.e., the patient received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).
66	Not asked	The provider did not ask the patient about his/her HIV serostatus.
77	Declined	The patient declines or is unwilling to report his/her HIV serostatus.
99	Don't know	The patient reports that he/she is unaware of his/her HIV serostatus.

17 **Date of Last HIV Test:** Document the date of the patient's last HIV test.

18 **Referred to Testing:** Document whether the partner was referred to HIV testing.

0	No, the patient was not referred to HIV testing
1	Yes, the patient is referred to HIV testing

19 **Referral Date:** Document the date on which the partner was referred to HIV testing.

20 **Testing Performed:** If the partner was referred to HIV testing, indicate whether or not the partner was tested for HIV.

0	No	The patient did not receive an HIV test as a result of a referral to this agency/site for CTR.
1	Yes	The patient received an HIV test as a result of a referral to this agency/site for CTR.

21 **Referral Test Result:** If the partner was referred to testing and tested, document the result of the referred test.

01	Positive/Reactive	A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the patient is infected with HIV.
03	Negative	A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or ELISA was repeatedly reactive and a confirmatory test (Western Blot or IFA) was negative.
04	Indeterminate	A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.
05	Invalid	The test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
06	No result	No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).

22 **Result Provided:** Document whether the partner was informed of their HIV test result.

0	No	The result of this HIV test was not provided to the partner.
1	Yes	The result of this HIV test was provided to the partner.

Interview Notes
23 Document any additional notes regardless of condition.

Partner/Cluster Information
24 **NOTE:** Document only the names of sex/needle-sharing partners, social contacts and associates **for whom sufficient information has been obtained to initiate a Field Record.** Information on marginal contacts, social contacts, and associates should be documented in the space provided (item #72) and/or on a buff. **NOTE:** Separate sections must be used to document results of each contact, social contact, and associate initiated. If there are more than 5 partners/clusters and/or interviews conducted, use the Contact, Social Contact, and Associate Continuation Template or a blank copy of this page (Interview Record page 4) to document additional contacts, social contacts, and associates. If using a copy of page 4 to document additional contacts, social contacts, and associates and interviews be sure to document the index patient's case number(s) at the top of the page (Item 3). **NOTE:** All re-interview or cluster activity must be listed in separate sections. Use of Re-Interview and Cluster Interview Forms are encouraged for complete documentation. **NOTE:** Social contacts, and associates generated from screenings directly related to the investigation at hand should have a referral basis of C1 (item 55). **Name:** Document the Last and First name and, if applicable, known aliases of the contact, social contact, or associate. **Jurisdiction:** Document the county, state or country code or name for where the contact, social contact, and associate resides. Use of code or name depends on local programmatic discretion. **Referral Basis:** Document the appropriate identifier for the specific type of partner, social contact and/or Associate. *PARTNER/contact* - Persons having sexual activities (of any type) or sharing needles with the Index patient. **P1** - Sex Partner **P2** - Needle sharing Partner **P3** - Both Sex and Needle sharing Partner *SOCIAL CONTACT* - Persons named by an infected person (e.g., the Index patient or an infected contact, social contact, or associate). **S1** - Person who has or had symptoms suggestive of the Condition(s) documented. **S2** - Person who is named as a sex partner of a known infected person. **S3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk). *ASSOCIATE* - Persons named by an uninfected contact, social contact, or associates. **A1** - Person who has or had symptoms suggestive of the Condition(s) documented. **A2** -Person who is named as a sex partner of a known infected person. **A3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk). *Cohort* - **C1** - A person identified through outreach screening efforts as a result of case investigation (i.e., common geographical area of residence or hangout). The person was **not individually named** by anyone interviewed during case investigation. **Exposure to Original Patient:** Document the Index Patient's contact with the partner. *First Exposure* - Document the date of the first sexual/needle-sharing exposure to the Index patient.

24

Partner/Cluster Information

Freq. (Frequency) - Document the frequency (number) of sexual/needle-sharing exposure(s) to the Index patient between the first and last (most recent) exposure(s). This should be described as specifically as possible: 1x = one time, 2x/wk = two times a week, etc. If the frequency is unknown, document "99".

Last Exposure - Document the date of the last (most recent) sexual/needle-sharing exposure.

NOTE: Exposure information should only be documented for partners of the Index patient; only what the Index patient claimed as exposure should be documented, NOT what the partners claimed as exposure.

Sex: Place an "X" in the appropriate box to indicate the gender of the partner, social contact, and associate, as identified by the person being interviewed: **M** - Male, **F** - Female, **T** - Transgender, **U** - Unknown, **R** - Refused.

NOTE: *If transgender is marked, MTF or FTM should be documented on the corresponding Field Record.*

Pregnant: Document if this partner/cluster is pregnant: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

Spouse: Document if this partner/cluster is the Index patient's spouse: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

IX Date (Interview Date): Document the date the original interview, re-interview or cluster interview was performed. Document interview date even when no partners or clusters are initiated.

Init. Date (Initiation Date): Document the date this contact, social contact, or associate was initiated for field investigation.

IX DIS # (Interview DIS): Document the worker number of the DIS who conducted the interview for each condition (if multiple conditions). Also, document the worker number if no contacts or clusters are initiated.

Type Interview: Enter the code for the type of interview that provided sufficient information in order to initiate this Field Record. If this Field Record is not for a partner/cluster investigation, leave blank.

O -Original Interview (with the original patient)
R -Re-Interview (with the original patient)
C -Cluster Interview (original patient, partner, cluster)
P -Posttest Counseling Session (original patient)
U -Unable to Interview*

*Contacts, social contacts, and associates were initiated although the original patient "was not interviewed" (includes those records initiated from a record search of previous cases).

Type of Referral: This describes how initiated contacts, social contacts, and associates are brought to examination, brought to treatment, and/or notified of exposure. This documentation will take place at the time of the disposition (closure) of the field record. Document the type of referral for each condition.

1 - Patient (Client): No health department involvement in the referral of this partner, social contact, or associate.

2 - Provider: DIS or other health department staff were involved in the referral of this partner, social contact, or associate.

3 - Dual: The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider.

4 - Contract: The PS provider and HIV-infected patient negotiate a time frame for the patient to inform his or her partners of their possible exposure to HIV. If the patient is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.

5 - Third Party: Notification of patient conducted by non-health department provider.

24

Partner/Cluster Information

FR # (Field Record Number): Document the entire field record number(s) for the partner/cluster initiated. This number is located in the lower left corner of the field record, or may be generated by the software system.

Dispo (Disposition): Document the STD or HIV disposition code from the field record for each Condition(s):

STD Dispositions

A - Preventative Treatment - The partner/cluster was examined and preventatively treated but the infection was not found by lab tests/clinical evidence.

B - Refused Preventative Treatment - The partner/cluster was examined and infection was not found; however, the partner/cluster refused preventive therapy.

C - Infected, Brought to Treatment - The patient was examined or treated (for the suspected infection) as, direct result of this field investigation. If the individual was treated prior to the initiation of this Field Record, the dispositions will be "E."

D - Infected, Not Treated - Information from a health care provider indicates the presence of an STD infection but adequate treatment was not administered.

E - Previously Treated for This Infection - The patient was adequately treated for the disease since the last exposure but prior to the initiation of a Field Record.

F - Not Infected - The tests/exam for the suspected disease is negative and preventive therapy was not required for this individual.

G - Insufficient Information to Begin Investigation - There is not sufficient information to begin an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances a disposition "H - Unable to Locate" is the correct one. When this disposition is used on a Field Record that was received from an out-of-jurisdiction location, it should also be transmitted to the initiating jurisdiction.

H - Unable to Locate - The patient was not found after a thorough DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospital, probation authorities, major community health centers, community-based organizations, etc. If the infection status of the patient is known, use disposition "D".

I - Successful Interview/Recounsel – This disposition should be used in the situation where the only field activity required on a patient is to conduct an interview and the interview was conducted on the patient. If the interview was not conducted use another disposition, such as H - Unable to Locate or J – Located, Not Examined and/or Interviewed, to indicate why the interview was not conducted.

J - Located, Not Examined and/or Interviewed - The patient was found but refused examination and/or an Interview. This disposition should always be reviewed and initialed by a supervisor before being given as final.

K - Sent Out Of Jurisdiction - The patient resides or has moved outside of the local jurisdiction and locating information is available to forward it for continued investigation.

Note: Appropriate action should be taken to forward all necessary information to the new jurisdiction.

L - Other - is disposition is to be used when none of the other dispositions apply. Document the reason why this disposition was selected and discuss with a supervisor prior to using this disposition.

Note: patients that are deceased should receive a disposition of X – Patient Deceased.

Q - Administrative Closure -Though a field record was initiated through the course of the investigation it was determined that the field record should be closed administratively. This disposition should be discussed with the supervisor prior to use.

Partner/Cluster Information

24

V – Domestic Violence Risk – No follow-up completed due to provider (private or public) assessed that contacting the partner or cluster could pose the risk of domestic violence to the index patient, partner, or cluster.

X - Patient Deceased - through the course of the investigation the patient was determined to be deceased.

Z - Previous Preventative Treatment – The patient has received prophylactic treatment relevant to the current investigation prior to the involvement of the DIS who is working the current field record. A patient can only receive preventative treatment once per incidence unless the patient is re-exposed to a condition.

HIV Dispositions
1 - Previous Positive -The patient had a previous positive HIV test.

2 - Previous Negative, New Positive -The patient has seroconverted.

3 - Previous Negative, Still Negative -The patient still has a negative test result.

4 - Previous Negative, Not Re- Tested -The patient has a negative result, but is not retested at this time due to a recent test or other circumstances.

5 - Not Previously Tested, New Positive -The patient has no documented previous test and is a new HIV - positive.

6 - Not Previously Tested, New Negative -The patient has not been previously tested (or is unable to document previous test) and has tested negative for this investigation.

7 - Not Previously Tested, Not Tested Now -The patient has not been previously tested and is still not tested after investigation.

Note: See the STD Disposition section for the definition of dispositions G-L. If HIV testing was conducted, the assumption for the disposition rationale is that pre-test counseling was conducted. Only in disposition "J" can "refusal of pre-test counseling" be documented. For the two dispositions where persons are "not re-tested" and "not tested now", that may be due to recent testing, acceptance of counseling, but refusal of testing, etc.

Dispo Date (Disposition Date): Document the appropriate date as it relates to the following examination or treatment situation for each Condition(s).

Newly Examined and Treated - Use the date of treatment.
Newly Examined, not Treated - Use the date of examination.
Previously Examined and/or Treated - Use the date the partner/cluster investigation is closed (i.e., the date the investigator became aware of the previous examination and/or treatment).
Not Examined - Use the date the investigation is closed.

NOTE: A partner/cluster ***CAN NOT*** be dispositioned *before* it is initiated. Therefore, if examination and/or treatment occurred prior to the partner/cluster being initiated (e.g., disposition 'A', 'Z' or 'E'), the disposition date can be no earlier than the initiation date.

Cond. (Condition): If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis code for the condition.

030 - HepB acute w/o delta
031 - HepB acute w/ delta
033 - HepB chronic w/o delta
034 - HepB chronic w/ delta
042 - Hepatitis delta
051 - Hepatitis C, acute
053 - Hepatitis E
054 - Hepatitis C, chronic
070 - Hepatitis, unknown
100 - Chancroid
200 - Chlamydia
450 - Mucopurulent Cervicitis (MPC)
490 - PID Syndrome
500 - Granuloma Inguinale
600 - Lymphogranuloma Venereum (LGV)
710 - Syphilis, primary
720 - Syphilis, secondary
730 - Syphilis, early latent
740 - Syphilis, unknown duration
745 - Syphilis, late latent
750 - Syphilis, late w/ symptoms
800 - Genital Warts

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Partner/Cluster Information
300 - Gonorrhea (uncomplicated) 350 - Resistant Gonorrhea 400 - Non-Gonoccocal Urethritis (NGU) 850 - Herpes 900 - HIV Infection 950 - AIDS (Syndrome) **DIS #:** Document the worker number of the DIS who brought this partner or cluster to ***disposition*** for each Condition(s). **SO/SP: (Source/Spread):** For infected partners only. Document "**SO**" in the box if the partner is determined to be the source of condition for the Index patient, document "**SP**" in the box if the partner's condition is determined to be a spread from the Index patient. (Use for STD conditions only, not HIV/AIDS.) If partner condition is not related to the Index patient, document "**U**" (Unrelated) in the box. If it is unknown whether a partner condition is related to the Index patient, document "**UN**" (Unknown) in the box. Do not mark a box if a determination has not been made. Case management analysis would guide this determination.

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Marginal Partners, Social Contacts, & Associates
Marginal Partners, Social Contacts, & Associates: Document the name, sex, age, race, height, weight, hair (description), exposure history, and locating information for those partners named by the Index patient for which not enough information is available to initiate a field record.

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Additional Notes
Document any additional notes regardless of condition.