TN Department of Health

COVID19 Cluster FAQs

December 20, 2023

Tool for Public Health Staff Responding to Common COVID-19 Cluster Surveillance Questions

This document outlines how cluster data are categorized and counted in the surveillance system. These timeframes and definitions apply to attributing cases to a cluster and should not be considered guidelines for facility testing and infection control recommendations. For additional information on response activities in LTCFs, please refer to the Centers for Disease Control and Prevention infection prevention and control recommendations and review the responses to healthcare-specific questions below.

Are COVID-19 clusters still reportable? Do I need to report cases at my facility?

Clusters are reportable within 7 days if they meet the definitions below. If you identify a cluster at your facility, you are required to submit reports to public health on individual cases at your facility that are attributable to the current cluster.

What is the definition of a COVID-19 cluster?

Cluster definitions are dependent on the facility or setting where cases are occurring, since some facilities and setting types have increased risk of transmission and individuals at increased risk for severe disease.

For long-term care facilities (LTCFs) and other high-risk congregate settings[1]:

A **confirmed COVID-19 cluster** is two (2) or more confirmed or probable cases of COVID-19 in residents and staff linked by the same location of exposure in a high-risk setting (e.g., congregate living facility, long-term care facility, etc.) or exposure event within a 14-day period that is **not a household exposure**.

A **watch list cluster** is one (1) confirmed or probable case of COVID-19 in a resident at a high-risk congregate setting.

For all other settings:

A **confirmed cluster**[2] is when 10% or more of a group within a specific location or event are determined to be confirmed or probable cases of COVID-19 with symptom onset occurring within 7 days of each other.

1. High-risk congregate settings include residential facilities such as long-term care, assisted living, correctional facilities, shelters and other settings that support individuals who are at risk of severe disease from COVID-19
2. For additional information on school cluster definitions, please see Council of State and Territorial Epidemiologists (CSTE) Guidance.

How do I know when to attribute a case to a facility or setting?

For **long-term care facilities** (LTCFs): Resident cases are attributed to a facility's cluster count if the SARS-CoV-2 infection occurred in the facility. It does not include cases among residents who were known to have SARS-CoV-2 infection on admission to the facility and are placed in transmission-based precautions (TBP) or residents who are admitted directly into TBP and develop COVID-19 before precautions are discontinued. Staff cases should be counted towards a facility's count if the staff member worked at the facility while infectious. [3]

What types of information do I need to include in the report of COVID clusters?

Reports of COVID clusters should include:

- Name of facility
- Point of contact at facility
- Contact information for facility
- Investigation forms for cases at the facility including information on the PH1600 reporting form

Public health officials may also request additional data on symptoms and severity to monitor ongoing outbreaks and new variants.

What guidance should be provided to a healthcare facility with a cluster?

Response and infection control activities may be needed even if the cases do not meet the definition of a cluster above. Facilities should refer to the Centers for Disease Control and Prevention (CDC) for updated guidance on infection prevention and control recommendations for healthcare personnel during the Coronavirus disease 2019 (COVID-19) pandemic and managing healthcare personnel with SARS-CoV-2 infection or exposure to SARS-CoV-2. These are considered best practices for responding to COVID-19 cases in a facility. Testing for COVID-19 should be conducted by following accepted national standards, such as CDC recommendations. Public health officials may also provide additional recommendations based on cluster-specific information and severity.

3. Determining the time period when the patient, visitor, or HCP with confirmed SARS-CoV-2 infection could have been infectious:
    a. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions
    b. For individuals with confirmed SARS-CoV-2 infection who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with SARS-CoV-2 infection may have been exposed could help inform the period when they were infectious.
        i. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets the criteria for discontinuation of Transmission-Based Precautions for contact tracing.

What if assistance or education is needed for clusters involving healthcare facilities and/or regarding infection control practices at a facility?

If assistance is needed at a facility regarding infection control practices or healthcare staffing concerns, please email HAI.Health@tn.gov **and** COVID19.Cluster@tn.gov. Someone from the Healthcare-Associated Infections (HAI) team will contact you.

When can a cluster investigation be "closed"?

A cluster investigation can be considered "closed" after 14 days have passed since the last positive case, with no new cases identified within that period of time.