Tool for Public Health Staff Responding to Common Cluster Surveillance Questions

**What is the definition of a COVID-19 cluster?**

A **confirmed COVID-19 cluster** is two (2) or more confirmed or probable cases of COVID-19 that are linked by the same location of exposure (e.g., workplace, long-term care facility, grocery store, etc.) or exposure event (e.g., work party, vacation, etc.) within a 14-day period that is **not a household or school-associated exposure**.

A **confirmed school-associated cluster** is three (3) or more confirmed or probable cases of COVID-19 within a specified core group (e.g., extracurricular activity, classroom, etc.) who were physically present during a core group activity in the 14 days prior to illness onset or positive test result. For additional information on school cluster definitions, please see [Council of State and Territorial Epidemiologists (CSTE) Guidance](https://www.cste.org).

A **watch list cluster** is one (1) confirmed or probable case of COVID-19 in a non-school setting or two or more COVID-19 cases in a school setting where a confirmed link between cases cannot be identified.

**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 resident tested positive or developed symptoms ≥15 days after admission. Staff cases should be counted towards a facility's count if the staff member worked at the facility five (5) days prior to testing positive or symptom onset, whichever is the earliest date.

*These timeframes only 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 [Centers for Medicare & Medicaid Services (CMS) standards on facility testing](https://www.cms.gov) or review the responses to healthcare specific questions below.

For **school settings**: a school-associated case will be defined as a confirmed or probable COVID-19 case who was physically present in a school or extracurricular activity in the **14 days prior** to their illness (or positive test result).
For **non-school and non-long-term care facilities** (LTCFs): cases will be attributed to a facility or setting where the patient was located five (5) days prior to symptom onset date or specimen collection date (if asymptomatic).

Any individual confirmed and probable cases resulting from **secondary transmission** from an outbreak-associated case in a family member or close contact of a worker who is not employed by the business/employer should not be classified as outbreak-associated and **not included in outbreak case count**.

**What guidance should be provided to a facility with a cluster involving healthcare personnel?**
Identification of a positive healthcare worker in a nursing home or long-term care facility will require outbreak response testing at the facility as outlined in [Centers for Medicare and Medicaid Services guidance](https://www.cms.gov) (QSO-20-38-NH). Facilities should refer to the Centers for Disease Control and Prevention for updated guidance on **managing healthcare personnel with SARS-CoV-2 infection or exposure to SARS-CoV-2**.

**What if assistance or education is needed for clusters involving healthcare personnel 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 reach out to you.

**When can a cluster investigation be “closed”?**
A cluster investigation can be considered “closed” after two (2) incubation periods (28 days) have passed since the last exposure with **no new cases** identified within that period of time. Some cluster response activities may be discontinued prior to the administrative closure of a cluster. For example, outbreak testing in nursing homes can be stopped when no new cases are identified at least 14 days since the most recent positive test result.