HARP PM1: Clinical Laboratories

HARP PM1: Clinical laboratories engaged to improve testing Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Enter the number of clinical laboratories in your health department's jurisdiction, and of those, the number that are engaged by your program to submit clinical isolates during the reporting period August 1, 2023 - July 31, 2024.

If the exact number is not known, please provide an approximate number.

This measure is due once per budget period (August 31, 2024).

Q1. How many clinical laboratories are in your health department's jurisdiction?

(Please provide an approximate number if exact number is not known.)

Clinical laboratories include any clinical, reference, or commercial laboratories in or serving the jurisdiction.



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Q2. How many clinical laboratories did your HAI/AR program engage to submit clinical isolates for testing at the public health lab during this budget period?

Engagement of clinical laboratories include the provision of technical support and/or consultation that facilitates the connection of the clinical laboratories to your AR Lab Network, public health lab, or regional lab for additional support.

(Please provide an approximate number if exact number is not known.)



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HARP PM2: nMDRO Responses

Jurisdiction	

HARP PM2: Novel or Targeted Multi-drug Resistant Organisms (nMDRO) Responses Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Please report nMDRO investigations or consultations* conducted by either

Staff from HAI/AR Program or their designee** (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms who contributed to the response: G1 SHARP (SHARP includes projects 1 through 5) Nursing Home/Other LTC Strike Team This measure is due once per budget period (August 31, 2024). *Updated December 14, 2023*

Data entry instructions

Please enter one REDCap form for each nMDRO investigation or consultation that took place during the reporting period (August 1, 2023 - July 31, 2024, due by August 31, 2024). For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period. The reporting form is programmed to display a subset of questions based on the answer to Question 3. An excel-based upload tool for tracking and uploading nMDRO consultations* is available under the Bulk Upload section of this project. Health Departments

can either use this REDCap form OR the excel-based upload tool for reporting nMDRO consultations. At this time, for reporting nMDRO investigations* the REDCap form must be used. Please do not include COVID-19 response activities in this performance measure UNLESS the response involves mixed infection or colonization with a target nMDRO. Mixed outbreaks involving COVID-19 and nMDROs should be reported in PM2.		
*Please refer to the "Where to submit HAI/AR Response-Related Activities" section of the ELC HAI/AR Response & Prevention Performance Measures Reporting Guide 2023-2024 for details on key criteria for the categorization of nMDRO response activity as an investigation or consultation.		
**Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.		
Note: If you have an acute outbreak, where trandirecting the facility to conduct regular (i.e., preprint processes and the REDCap ID of the corresponding reporting template (PM2).	e-specified, prevention-focused, scheduled) evention-based activities (submitted in PM4). PM4 record to the comments section of this	
ELC HAI/AR Response & Prevention Performance Measures	·	
[Attachment: "ELC HAIAR Performance Measure Reporting	Guide 2023-2024 _14DeC2023.pdi]	
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes	
Q1. Local outbreak/response ID		
ID for cross-referencing with your local tracking tool as needed. May use any unique identifier.		
Q2. Response Start Date		
Date when the health department first made the decision to start the investigation (to a single case or a cluster of cases).	(If exact date not known, please approximate.)	
Q3. Did you perform any of the following activities for this response?	 Onsite infection prevention and control assessment Remote infection prevention and control assessment Colonization screening None of the above 	

Q3a. Status of the response	ActiveMonitoringClosed
Q3b. Did the HAI/AR program offer public health assistance for any of the following, for any facility involved in the consultation (check all that apply):	 ☐ Onsite infection prevention and control assessment ☐ Remote infection prevention and control assessment ☐ Colonization screening ☐ Unknown ☐ None of the above
Q4. Is this a new containment response or is it a continuing response reported during previous reporting period (prior to Aug 1, 2023)?	○ New response○ Continuing response
Please refer to "nMDRO additional guidance to complete the HARP PM2 reporting form" section of ELC HAI/AR Response & Prevention Performance Measures Reporting Guide for more information on how to determine whether a group of actions should be reported as a new or continuing response.	
Please note any regional efforts that span reporting periods s	hould be counted as a new response.
Select "new response" in Q4 of a new record. All data entered period. For all other continuing responses, please do not continuing responses to the existing record in the record status dashboa record, and Update the existing record. All data entered shou period).	nplete a new form. ord, Select "continuing response" in Q4 of the existing
Q5. During which reporting period did the health department engage in activities related to this response? [check all that apply]	☐ August 1, 2019 - July 31, 2020 ☐ August 1, 2020 - December 31, 2020 ☐ January 1, 2021 - July 31, 2021 ☐ August 1, 2021 - December 31, 2021 ☐ January 1, 2022 - July 31, 2022 ☐ August 1, 2022 - December 31, 2022 ☐ January 1, 2023 - July 31, 2023 ☐ August 1, 2023 - December 31, 2023 ☐ August 1, 2023 - December 31, 2023 ☐ January 1, 2024 - July 31, 2024
Q5a. Did the Chicago Department of Public Health assist in this response?	○ Yes ○ No
Q5a. Did the Illinois Department of Public Health assist in this response?	○ Yes ○ No
Q5a. Did the New York City Department of Health & Mental Hygiene assist in this response?	○ Yes ○ No
Q5a. Did the New York State Department of Health assist in this response?	○ Yes ○ No
Q5a. Did the Pennsylvania Department of Health assist in this response?	○ Yes ○ No
Q5b. Did the Philadelphia Department of Pubic Health assist in this response?	○ Yes ○ No

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Q5a. Did the California Department of Pubic Health assist in this response?	○ Yes ○ No
Q5a. Did the Los Angeles County Department of Pubic Health assist in this response?	○ Yes ○ No
Q5a. Did the Texas Department of State Health Services assist in this response?	○ Yes ○ No
Q5a. Did the Houston Health Department assist in this response?	○ Yes ○ No
Q6. Did this response involve any of the following issues:	☐ Injection safety breach (other than drug diversion☐ Drug diversion☐ Medical device reprocessing breach
[Check all that apply]	 Medical device reprocessing breach Medical product contamination other than device, extrinsic (facility) Medical product or device contamination, intrinsic (pre-facility) Environmental cleaning and disinfection issue Facility water issue Foodborne illness Other None Unknown
Q6a. Type of medical device:	
[Optional]	
Q6b. Type of product:	
[Optional]	
Q6c. Type of product:	
[Optional]	
Q6d. Other, specify:	



Q7. What was the trigger for the response?	☐ Single clinical case☐ Multiple clinical cases
Select the option that best describes the trigger for initiating this response. If needed, more than one option can be selected.	☐ Screening case ☐ Regional effort* ☐ Prevention-based Point Prevalence Survey (PPS) ☐ Other ☐ Unknown (*Please note regional efforts should be
Definitions/Examples	aggregated in one entry unless efforts cross reporting periods.)
For specific examples view "Additional Guidance to Complete the HARP PM2 Reporting Form" in the ELC HAI/AR Response & Prevention Perforamnce Measures Reporting Guide 2023-2024.	
Single clinical case: A single patient with a carbapenemase-producing organism (CPO)/Candida auris detected from clinical culture Multiple clinical cases: Multiple patients with CPO/C. auris identified from a clinical culture and clustered in time Screening case: Patient colonized (e.g., admission, discharge, etc.) with a CPO/C. auris Regional effort: Response that involves multiple facilities across a city/region to assess for the transmission of an emerging resistant organism. Facilities are not selected based on known direct epidemiology links to each other but rather based on characteristics (e.g., high acuity post-acute care). Note: When a response to a single clinical case, multiple clinical cases, or screening case expands to a regional effort, in which screening is conducted at facilities without direct epidemiologic links to the original case, please check regional effort in addition to the initial response trigger. Prevention Point Prevalence Survey (PPS): Response based on findings from proactive, periodic, and prevention-driven PPS (e.g., high-acuity post-acute care facilities), and admission screening. From these prevention PPS an acute outbreak is identified, and a containment response is initiated. Note: When transmission is controlled (contained) and the outbreak facilities are switched to indefinite periodic PPS's (also called maintenance PPS), ALL proactive, periodic, and prevention-driven PPS from this point forward qualify as prevention (PM4) entries.	
Q7a. REDCap ID of Point Prevalence Survey	
For the purposes of linking responses, please provide the Facility ID for the PPS designated in PM4	
Q7b. Other trigger, specify:	
Q8. Did more than one targeted MDRO trigger this response?	YesNoUnknown
Note: Targeted MDRO(s) [organism/mechanism] are those that triggered the containment response	

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Q9. Organism/mechanism that triggered the response		
Please list the organism and mechanism (if applicable) that triggered the response. These organisms will be considered "targeted MDROs" for the remainder of the questions.		
Do not include other non-targeted organisms subsequently identified during the response (e.g., through screening) in this section.		
Refer to "nMDRO Additional Guidance to Complete t	he HARP PM2 Reporting Form" section of	
ELC HAI/AR Response & Prevention Performance Me		
reporting single vs. multiple response.	. 3	
Organisms [Select all the organisms and associated mechanisms that triggered the response; If no organism prompted the response, select "No organism identified"]	 □ Acinetobacter baumannii □ Citrobacter spp. □ Enterobacter aerogenes (Klebsiella aerogenes) □ Enterobacter cloacae complex □ Enterobacter spp. (other than E. aerogenes, E. cloacae complex) □ Escherichia coli □ Klebsiella oxytoca □ Klebsiella pneumoniae □ Klebsiella spp. (other than K. oxytoca, K. pneumoniae, and K. aerogenes) □ Morganella morganii □ Proteus mirabilis □ Providencia spp. □ Pseudomonas aeruginosa □ Pseudomonas spp. (non- aeruginosa species) □ Raoultella spp. □ Serratia marcescens □ Candida auris 	
Other organism, specify:	☐ Other(s) ☐ Unknown ☐ No organism identified	
		
Acinetobacter baumannii mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown	
Acinetobacter baumannii other mechanism, specify:		



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Citrobacter spp. mechanism [check all that apply]	□ KPC □ NDM □ IMP □ VIM □ OXA 48 □ OXA 23 □ OXA 24_40 □ OXA 58 □ OXA 235 □ mcr □ mCIM+/PCR- □ Other □ Unknown
Citrobacter spp. other mechanism, specify:	
Enterobacter aerogenes (Klebsiella aerogenes) mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Enterobacter aerogenes (Klebsiella aerogenes) other mechanism, specify:	
Enterobacter cloacae complex mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Enterobacter cloacae complex other mechanism, specify:	

Enterobacter spp. (other than E. aerogenes, E. cloacae complex) mechanism [check all that apply]	
Enterobacter spp. (other than E. aerogenes, E. cloacae complex) other mechanism, specify:	
Escherichia coli mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Escherichia coli other mechanism, specify:	
Klebsiella oxytoca mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Klebsiella oxytoca other mechanism, specify:	

Klebsiella pneumoniae mechanism [check all that apply]	□ KPC □ NDM □ IMP □ VIM □ OXA 48 □ OXA 23 □ OXA 58 □ OXA 235 □ mcIM+/PCR- □ Other □ Unknown
Klebsiella pneumoniae other mechanism, specify:	
Klebsiella spp. (other than K. oxytoca, K. pneumoniae, K. aerogenes) mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Klebsiella spp. (other than K. oxytoca, K. pneumoniae, K. aerogenes) other mechanism, specify:	
Morganella morganii mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Morganella morganii other mechanism, specify:	

Proteus mirabilis mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Proteus mirabilis other mechanism, specify:	
Providencia spp. mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Providencia spp. other mechanism, specify:	
Pseudomonas aeruginosa mechanism [check all that apply]	KPC
Pseudomonas aeruginosa other mechanism, specify:	

Psuedomonas spp. (non- aerugionsa species) mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Psuedomonas spp. (non- aerugionsa species) other mechanism, specify:	
Raoultella spp. mechanism [check all that apply]	
Raoultella spp. other mechanism, specify:	
Serratia marcescens mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Serratia marcescens other mechanism, specify:	

Other organism mechanism [check all that apply]	□ KPC □ NDM □ IMP □ VIM □ OXA 48 □ OXA 23 □ OXA 24_40 □ OXA 58 □ OXA 235 □ mcr □ mCIM+/PCR- □ Other □ Unknown
Other organism other mechanism, specify:	
Unknown organism mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
Other unknown other mechanism, specify:	
No organism identified- mechanism [check all that apply]	KPC NDM IMP VIM OXA 48 OXA 23 OXA 24_40 OXA 58 OXA 235 mcr mCIM+/PCR- Other Unknown
No organism identified- other mechanism, specify:	

Facility/Setting Information Answer the following questions for all organism/mechanism combinations involved in this response. Q10. Setting Type(s): Select setting types involved ☐ Acute Care Hospital (ACH) (where infections were identified, screenings were ☐ Critical Access Hospital (CAH) conducted, onsite assessments were performed, etc.). ☐ Inpatient Rehabilitation Facility Additionally, select the setting type that best ☐ Long-term Acute Care Hospital (LTACH) describes how the overall facility is licensed (e.g., Ventilator-capable Nursing Home/ Skilled Nursing in a SNF that cares for ventilated residents, select Facility (vSNF) ☐ Nursing Home/ Skilled Nursing Facility (SNF) vSNF.) Assisted Living Facility If the facility has more than one level of care, Other congregate setting (e.g., group homes, select the level(s) of care relevant to the homeless shelter) investigation and the responses to follow up ☐ Dialysis Facility (outpatient) activities should be submitted for those level(s) ☐ Dental Office ☐ Ambulatory Surgical Center where investigation was conducted. ☐ Other outpatient settings ☐ Other healthcare settings ☐ Unknown [Check all that apply] 010(i)a. Please select the location within the ACH, if ☐ Intensive care unit applicable ☐ Burn unit ☐ Oncology unit ☐ Dialysis unit Operating room Emergency department ☐ Transplant unit Labor and delivery Medical unit Surgical unit □ Rehab unit Other ☐ Unknown Q10(i)c. Intensive care unit type: ☐ General Medical care [Optional, Check all that apply] Surgical Neurology Neonatal intensive care unit (NICU)

Q10(i)b. Other location within the facility, specify:

Q10(ii)a. Please select the location within the LTACH,

if applicable

☐ Intensive care unit Non-Intensive care unit ☐ Other ☐ Unknown

□ Other

Pediatric intensive care unit (PICU)

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Q10(iii)a. Please select the location within the vSNF, if applicable	 Ventilator unit (or ventilated residents, if no separate ventilator unit) Non-ventilator unit Other Unknown
Q10(iv)a. Please select the location within the SNF, if applicable	 □ Tracheostomy unit (e.g., provides tracheostomy care but not license for ventilator services) □ Short-stay unit in long-term care facility □ Memory care unit □ Other □ Unknown
Q10(v)a. Please select the types of congregate settings	☐ Group home ☐ Homeless shelter ☐ Rehavioral health/mental health facility
[check all that apply]	 □ Behavioral health/ mental health facility □ Correctional Facility □ School, health clinic □ Migrant shelter □ Independent Living Facility □ Emergency shelters (other than homeless shelters) □ Other □ Unknown
Q10(v)b. Other congregate setting type, specify:	
Q10(vi)a. Please select the other outpatient setting type and services provided.	☐ Urology ☐ Endoscopy ☐ Wound clinic
[check all that apply]	Pain clinic Pain clinic Home health Oncology Dermatology Ophthalmology/ eye clinic Federally Qualified Health Centers (FQHC) Other Unknown
Q10(vi)b. Other outpatient setting type, specify:	
Q10(vii). Other setting type, specify:	

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Q10a. NHSN OrgID of the primary outbreak facility (i.e., If this response activity includes more than one facility, please provide the NHSN OrgID of the facility where the majority of the health department response activity occurred).

If NHSN OrgID is unknown, not available, or cannot be shared please complete Q10b.

Note: For more information on how to obtain a facility NHSN OrgID visit https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.p

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

(If NHSN OrgID is unknown, not available, or cannot be shared please complete Q10b.)

(Only complete if NHSN OrgID is unknown, not

available, or cannot be shared.)

000000	Aleutians East Aleutians West Anchorage Bethel Bristol Bay Chugach Copper River Denali Dillingham Fairbanks North Star Haines Hoonah-Angoon Juneau Kenai Peninsula Ketchikan Gateway Kodiak Island Kusilvak Lake and Peninsula Matanuska-Susitna Nome North Slope Northwest Arctic Petersburg Borough Prince of Wales-Hyder Sitka Skagway Southeast Fairbanks Wrangell
Ŏ	Copper River
\bigcirc	Denali
\leq	Fairbanks North Star
\simeq	Haines
$\tilde{\circ}$	Hoonah-Angoon
Ŏ	Juneau
\bigcirc	Kenai Peninsula
Ŏ	Ketchikan Gateway
\bigcirc	Kodiak Island
\leq	KUSIIVak
\simeq	Matanuska-Susitna
\simeq	Nome
\sim	North Slope
Ŏ	Northwest Arctic
Ŏ	Petersburg Borough
\bigcirc	Prince of Wales-Hyder
Ŏ	Sitka
\bigcirc	Skagway
\bigcirc	Southeast Fairbanks
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○ CDC Test 1

O CDC Test 2

CDC Test 3



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(Only complete if NHSN OrgID is unknown, not

available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	 ○ Autauga
If this response activity includes facilities in more	○ Baldwin
than one county, please include the county of the	O Barbour
facility where the majority of the health department	Bibb
response activity occurred)	Blount
	O Bullock
	○ Butler
Only complete if NHSN OrgID is unknown, not available,	Calhoun
or cannot be shared.	Chambers
	○ Cherokee
	○ Chilton
	○ Choctaw
	○ Clarke
	○ Clay
	○ Cleburne
	○ Coffee
	O Colbert
	○ Conecuh
	○ Coosa
	○ Covington
	○ Crenshaw
	○ Cullman
	○ Dale○ Dallas
	O DeKalb
	○ Elmore
	○ Escambia
	() Etowah
	○ Fayette
	○ Franklin
	O Greene
	○ Hale
	○ Henry
	OHouston
	○ Jackson
) Jefferson
	○ Lamar
	○ Lauderdale○ Lawrence
	() Lee
	Limestone
	O Lowndes
	○ Macon
	Madison
	Marengo
	○ Marion
	○ Marshall
	O Mobile
	○ Monroe
	○ Montgomery
	○ Morgan
	○ Perry○ Pickens
	O Pike
	Randolph
	Russell
	Shelby
	St. Clair
	Sumter
	○ Tallapoosa
	○ Tuscaloosa
	○ Walker
	Washington
	○ Wilcox
	 Winston (Only complete if NHSN OrgID is unknown, not
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Q10b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	Arkansas Ashley Baxter Benton Boone
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	 ∪ Union ○ Van Buren ○ Washington ○ White ○ Woodruff ○ Yell (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Apache ○ Cochise ○ Coconino ○ Gila ○ Graham ○ Greenlee ○ La Paz ○ Maricopa ○ Mohave
	 ○ Navajo ○ Pima ○ Pinal ○ Santa Cruz ○ Yavapai ○ Yuma (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Eastern ○ Manu'a ○ Rose Atoll ○ Swains Island ○ Western (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

○ Alameda Q10b. County of the primary outbreak facility (i.e., Alpine If this response activity includes facilities in more ○ Amador than one county, please include the county of the O Butte facility where the majority of the health department ○ Calaveras response activity occurred) ○ Colusa Only complete if NHSN OrgID is unknown, not available, O Contra Costa or cannot be shared. O Del Norte O El Dorado ○ Fresno \bigcirc Glenn \bigcirc Humboldt Imperial ○ Inyo ○ Kern ○ Kings Lassen Cos Angeles Madera Mariposa Mendocino Merced Mono Monterey ○ Napa Nevada ○ Orange O Placer Plumas ○ Riverside Sacramento San Benito San Bernardino San Diego San Francisco San Joaquin San Luis Obispo ○ San Mateo Santa Barbara Santa Clara ○ Santa Cruz ○ Shasta ○ Sierra ○ Siskiyou ○ Solano ○ Sonoma Stanislaus ○ Sutter O Tehama Trinity \bigcirc Tuolumne \bigcirc Ventura O Yolo Yuba (Only complete if NHSN OrgID is unknown, not

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available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Cook (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Agrihan Alamagan Anatahan Pagan Rota Saipan Tinian (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



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○ Adams Q10b. County of the primary outbreak facility (i.e., ○ Alamosa If this response activity includes facilities in more Arapahoe than one county, please include the county of the ○ Archuleta facility where the majority of the health department ○ Baca response activity occurred) \bigcirc Bent ○ Boulder Only complete if NHSN OrgID is unknown, not available, O Broomfield or cannot be shared. ○ Chaffee Cheyenne O Clear Creek ○ Conejos ○ Costilla Crowley Custer Delta O Denver O Dolores Douglas ○ Eagle ○ El Paso Elbert Fremont Garfield Gilpin Grand Gunnison Hinsdale ○ Huerfano ○ Jackson ○ Jefferson ○ Kiowa ○ La Plata ○ Lake Larimer Las Animas ○ Lincoln Companies Mesa Montezuma Montrose ○ Morgan ○ Otero Ouray O Park O Phillips O Pitkin Prowers O Pueblo ○ Rio Blanco ○ Rio Grande ○ Routt \bigcirc Saguache O San Juan ○ San Miguel ○ Sedgwick ○ Summit ○ Teller ○ Washington ○ Weld ○ Yuma (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Fairfield ○ Hartford ○ Litchfield ○ Middlesex ○ New Haven ○ New London ○ Tolland ○ Windham (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	O District of Columbia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 ○ Kent ○ New Castle ○ Sussex (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	

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Q10b. County of the primary outbreak facility (i.e.,	○ Alachua
If this response activity includes facilities in more	○ Baker
than one county, please include the county of the	O Bay
facility where the majority of the health department	O Bradford
response activity occurred)	○ Brevard
	Broward
Only complete if NHSN OrgID is unknown, not available,	Calhoun
or cannot be shared.	Charlotte
	○ Citrus
	Clay
	○ Collier
	Columbia
	DeSoto
	Dixie
	○ Duval
	Escambia
	Flagler
	Franklin
	Gadsden
	Gilchrist
	◯ Glades
	○ Gulf
	Hamilton
	Hardee
	Hendry
	Hernando
	Highlands
	Hillsborough
	Holmes
	○ Indian River
	() Jackson
	○ Jefferson
	○ Lafayette
	○ Lake
	○ Lee
	Cleon
	Clevy
	Liberty
	C Lower Keys in Monroe
	Madison
	Mainland Monroe
	Manatee
	Marion
	Martin
	Miami-Dade
	Middle Keys in Monroe
	○ Nassau
	Okaloosa
	Okeechobee
	Orange
	Osceola
	Palm Beach
	Pasco
	Pinellas
	Polk
	O Putnam
	Santa Rosa
	○ Sarasota
	Seminole
	St. Johns
	St. Lucie
	Sumter
	Suwannee
	○ Taylor
	Union
	Upper Keys in Monroe
	○ Volusia
	○ Wakulla
	O Malkan
06/04/2024 12:34pm	O Walton projectr

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	 Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., lf this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Chuuk Lagoon Eauripik Fais Fananu Faraulep Kapingamarangi Kosrae Losap Lukunoch Mwoakilloa Ngulu Nukuoro Onoun Oroluk Pakin
	Pingelap Pohnpei Polowat Sapwuahfik Satawal Ulithi Woleai Yap (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	○ Appling
f this response activity includes facilities in more	○ Atkinson
than one county, please include the county of the	○ Bacon
acility where the majority of the health department	O Baker
esponse activity occurred)	○ Baldwin
	Banks
Only complete if NHSN OrgID is unknown, not available,	Barrow
or cannot be shared.	Bartow
	○ Ben Hill
	O Berrien
	◯ Bibb
	○ Bleckley
	○ Breakley
	O Brooks
	O Bryan
	O Bulloch
	O Burke
	Butts
	Calhoun
	Camden
	Candler
	○ Carroll
	○ Catoosa
	○ Charlton
	○ Chatham
	○ Chattahoochee
	Chattooga
	Cherokee
	Clarke
	○ Clay
	Clayton
	Clinch
	Cobb
	○ Coffee
	○ Colquitt
	○ Columbia
	○ Cook
	Coweta
	Crawford
	Crisp
	O Dade
	Dawson
	O Decatur
	○ DeKalb
	O Dodge
	O Dooly
	DoolyDougherty
	O Douglas
	○ Early
	○ Echols
	○ Effingham
	Elbert
	Emanuel
	Evans
	Fannin
	Fayette
	Floyd
	Forsyth
	○ Franklin
	Fulton
	○ Gilmer
	○ Glascock
	O Glynn
	Gordon
	Grady
	◯ Greene
	○ Gwinnett
	○ Habersham
06/04/2024 12 24	○ Hall
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\bigcirc	Hancock
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000	Heard
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$\tilde{\circ}$	Mitchell
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Ŏ	Montgomery
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\bigcirc	Murray
0	Muscogee Newton
$\tilde{\circ}$	Oconee
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Ō	Paulding
\circ	Peach
\bigcirc	Pickens Pierce
\sim	Pike
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Ŏ	Pulaski
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\bigcirc	Rabun
000000000000000	Randolph Richmond
\sim	Rockdale
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Ō	Screven
Ó	Seminole
\bigcirc	Spalding
\sim	Stephens Stewart
\cap	Sumter
\bigcirc	Talbot
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	 Troup Turner Twiggs Union Upson Walker Walton Ware Warren Washington Wayne Webster Wheeler White Whitfield Wilcox Wilkes Wilkinson Worth (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Guam (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Hawaii ○ Honolulu ○ Kalawao ○ Kauai ○ Maui (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Harris(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	

Q10b. County of the primary outbreak facility (i.e.,		
If this response activity includes facilities in more	○ Adams	
than one county, please include the county of the	○ Allamakee	
facility where the majority of the health department	Appanoose	
response activity occurred)	○ Audubon	
Toponics seems,	○ Benton	
Only complete if NHSN OrgID is unknown, not available,	O Black Hawk	
or cannot be shared.	○ Boone	
	O Bremer	
	Buchanan	
	Buena Vista	
	Butler	
	Calhoun	
	Carroll	
	○ Cass	
	Cedar	
	Cerro Gordo	
	Cherokee	
	○ Chickasaw	
	○ Clarke	
	○ Clay	
	○ Clayton	
	○ Clinton	
	○ Crawford	
	O Dallas	
	○ Davis○ Decatur	
	O Delaware	
	O Des Moines	
	Des MontesDickinson	
	Dubuque	
	○ Emmet	
	Fayette	
	○ Floyd	
	Franklin	
	Fremont	
	Greene	
	Grundy	
	Guthrie	
	Hamilton	
	○ Hancock	
	○ Hardin	
	○ Harrison	
	○ Henry ○ Howard	
	○ Humboldt	
	Olda	
	Olowa	
	○ Jackson	
	○ Jasper	
	○ Jefferson	
	○ Johnson	
	◯ Jones	
	Keokuk	
	Kossuth	
	○ Lee	
	○ Linn	
	Louisa	
	Lucas	
	○ Lyon	
	○ Madison	
	○ Mahaska	
	○ Marshall○ Mills	
	○ Mitchell	
	○ Monona	
	○ Monroe	
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O'Brien Osceola Page Palo Alto Plymouth Pocahontas Polk Pottawattamie Poweshiek Ringgold Sac Scott Shelby Sioux Story Tama Taylor Union Van Buren Wapello Warren Washington Wayne Webster Winnebago Winneshiek Woodbury Worth Wright	
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Q10b. County of the primary outbreak facility (i.e.,	○ Ada
If this response activity includes facilities in more	Adams
than one county, please include the county of the	○ Bannock
facility where the majority of the health department	○ Bear Lake
response activity occurred)	○ Benewah
	○ Bingham
Only complete if NHSN OrgID is unknown, not available,	Blaine
or cannot be shared.	Boise
	Bonner
	Bonneville
	Boundary
	O Butte
	O Camas
	○ Canyon
	O Caribou
	○ Cassia
	○ Clark
	O Clearwater
	○ Custer
	○ Elmore
	○ Franklin
	○ Fremont
	○ Gem
	○ Gooding
	○ Idaho
	○ Jefferson
) Jerome
	○ Kootenai
	○ Latah
	○ Lemhi
	Lewis
	○ Lincoln
	○ Madison
	○ Minidoka
	○ Nez Perce
	Oneida
	Owyhee
	O Payette
	O Power
	○ Shoshone
	○ Teton
	○ Twin Falls
	Valley
	Washington
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)
	available, or carmot be sharea.

Q10b. County of the primary outbreak facility (i.e.,		
If this response activity includes facilities in more		
than one county, please include the county of the	O Bond	
facility where the majority of the health department	Boone	
response activity occurred)	Brown	
	Bureau	
Only complete if NHSN OrgID is unknown, not available,	Calhoun	
or cannot be shared.	Carroll	
	○ Cass	
	○ Champaign	
	○ Christian	
	○ Clark	
	○ Clay	
	○ Clinton○ Coles	
	○ Cook	
	○ Crawford	
	○ Cumberland	
	O De Kalb	
	O De Witt	
	○ Douglas	
	◯ DuPage	
	Edgar	
	Edwards	
	Effingham	
	Fayette	
	O Ford	
	○ Franklin	
	○ Fulton	
	○ Gallatin	
	○ Greene○ Grundy	
	○ Hamilton	
	○ Hancock	
	Hardin	
	Henderson	
	Henry	
	◯ Iroquois	
	Jackson	
	○ Jasper	
	Jefferson	
	Jersey	
	O Jo Daviess	
	○ Johnson	
	○ Kane	
	○ Kankakee○ Kendall	
	○ Kendan	
	○ La Salle	
	○ La Suile ○ Lake	
	Lawrence	
	○ Lee	
	Livingston	
	Logan	
	Macon	
	Macoupin	
	Madison	
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	Montgomery	
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	Moultrie Ogle Peoria Perry Piatt Pike Pope Pulaski Putnam Randolph Richland Saline Sangamon Schuyler Scott Shelby St. Clair Stark Stephenson Tazewell Union Vermilion Wabash Warren Washington Wayne White Whiteside Will Williamson Winnebago Woodford
(◯ Winnebago

Q10b. County of the primary outbreak facility (i.e., lf this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Adams○ Allen○ Bartholomew○ Benton○ Blackford	
	Blackford Boone Brown Carroll Cass Clark Clay Clinton Daviess De Kalb Dearborn Decatur Delaware Dubois Elkhart Fayette Floyd Fountain Franklin Fulton Gibson Grant Hancock Harrison Hendricks Henry Howard Huntington Jackson Jasper Jay Jefferson Jennings Johnson Knox Kosciusko La Porte Lagrange Lake Lawrence Madison Marion Marshall Martin Miami Monroe Montgomery Morgan Newton Noble Ohio Orange Owen Parke Perry Pike	
06/04/2024 12:34pm	○ Porter○ Posey○ Pulaski○ Putnam○ Randolph○ Ripley	p



○ Rush	
Scott	
Shelby	
○ Spencer	
St. Joseph	
Starke	
○ Steuben	
○ Sullivan	
Switzerland	
<u> </u>	
○ Tippecanoe	
○ Tipton	
○ Union	
○ Vanderburgh	
○ Vermillion	
○ Vigo	
○ Wabash	
Warren	
Warrick	
Washington	
○ Wayne	
○ Wells	
○ White	
Whitley	
(Only complete if NHSN OrgID is unknown, no	χt
available, or cannot be shared.)	

Q10b. County of the primary outbreak facility (i.e.,			
If this response activity includes facilities in more	Anderson		
than one county, please include the county of the	Atchison		
facility where the majority of the health department	Barber		
response activity occurred)	Barton		
	Bourbon		
Only complete if NHSN OrgID is unknown, not available,	Brown		
or cannot be shared.	O Butler		
	○ Chase		
	○ Chautauqua		
	○ Cherokee○ Cheyenne		
	○ Clark		
	○ Clay		
	O Cloud		
	Coffey		
	Comanche		
	Cowley		
	Crawford		
	Decatur		
	Dickinson		
	O Doniphan		
	O Douglas		
	○ Edwards		
	○ Elk ○ Ellis		
	○ Ellsworth		
	Finney		
	Ford		
	○ Franklin		
	◯ Geary		
	◯ Gove		
	Graham		
	Grant		
	○ Gray		
	○ Greeley		
	○ Greenwood		
	HamiltonHarper		
	○ Harvey		
	○ Haskell		
	Hodgeman		
	○ Jackson		
	◯ Jefferson		
	Jewell		
	Johnson		
	○ Kearny		
	○ Kingman		
	○ Kiowa		
	○ Labette		
	○ Lane○ Leavenworth		
	○ Lincoln		
	Linn		
	○ Logan		
	Lyon		
	Marion		
	Marshall		
	McPherson		
	○ Meade		
	○ Miami		
	○ Mitchell		
	Montgomery Morris		
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06/04/2024 12:34pm	Norton	projectredcap.org	1
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Osage Osborne Ottawa Pawnee Phillips Pottawatomie Pratt Rawlins Reno Republic Rice Riley Rooks Rush Russell Saline Scott Sedgwick Seward Shawnee Sheridan Sherman Smith Stafford Stanton Stevens Sumner Thomas Trego Wabaunsee Wallace Washington
○ Thomas○ Trego
○ Wallace
○ Wilson○ Woodson
Wyandotte(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department	AdairAllenAndersonBallard
esponse activity occurred)	
	Ballard Barren Bath Bell Boone Bourbon Boyd Boyle Bracken Breathitt Breckinridge Bullitt Butler Caldwell Calloway Campbell Carlisle Carroll Carter Casey Christian Clark Clay Clinton Crittenden Daviess Edmonson Elliott Estill Fayette Fleming Floyd Franklin Fulton Gallatin Garrard Graves Graves Graves Graves Graves Hardin Harlan Harrison Hart Henderson Henry Hickman Hopkins Jackson Jefferson Jessamine Johnson Kenton Knott Knox Larue Laurel
	LawrenceLee
	○ Lee
	Letcher
	Lewis
06/04/2024 12:34pm	Lincoln



Livingston Logan Lyon Madison Magoffin Marion Marshall Martin Mason McCracken McCreary McLean Meade Menifee Mercer Metcalfe Monroe Montgomery Morgan Muhlenberg Nelson Nicholas Ohio Oldham Owen Owsley Pendleton Perry Pike Powell Pulaski Robertson
○ Rowan○ Russell○ Scott
ShelbySimpsonSpencer
Taylor Todd
○ Trigg ○ Trimble
UnionWarrenWashington
○ Wayne ○ Webster
○ Whitley ○ Wolfe
Woodford(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)
 Los Angeles (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

○ Acadia Q10b. Parish of the primary outbreak facility (i.e., ○ Allen If this response activity includes facilities in more ○ Ascension than one parish, please include the parish of the ○ Assumption facility where the majority of the health department response activity occurred) Avoyelles Beauregard Only complete if NHSN OrgID is unknown, not available, ○ Bienville ○ Bossier or cannot be shared. ○ Caddo ○ Calcasieu ○ Caldwell ○ Cameron Catahoula Claiborne Concordia O De Soto East Baton Rouge East Carroll East Feliciana Evangeline Franklin Iberia ○ Iberville Jackson) Jefferson O Jefferson Davis ○ Lafayette ○ Lafourche Lincoln Livingston Madison Morehouse Natchitoches Orleans Ouachita Plaquemines Pointe Coupee Rapides ○ Red River Richland Sabine ○ St. Bernard ○ St. Charles ○ St. Helena ○ St. James O St. John The Baptist St. Landry St. Martin ○ St. Mary ○ St. Tammany ○ Tangipahoa ○ Tensas \bigcirc Terrebonne ○ Union ○ Vermilion ○ Vernon Washington ○ Webster ○ West Baton Rouge ○ West Carroll West Feliciana ○ Winn (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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 ○ Bristol ○ Dukes ○ Essex ○ Franklin ○ Hampden ○ Hiddlesex ○ Norfolk ○ Plymouth ○ Suffolk ○ Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Allegany Anne Arundel Baltimore Baltimore City Calvert Caroline Carroll Cecil Charles Dorchester Frederick Garrett Harford Howard Kent Montgomery Prince Georges Queen Anne's Somerset St. Marys Talbot Washington Wicomico Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more	AndroscogginAroostook
than one county, please include the county of the	Cumberland
facility where the majority of the health department	Franklin
response activity occurred)	○ Hancock
	○ Kennebec
Only complete if NHSN OrgID is unknown, not available,	○ Knox
or cannot be shared.	○ Lincoln
	○ Oxford
	Penobscot
	Piscataquis
	○ Sagadahoc
	○ Somerset
	○ Waldo
	Washington
	○ York
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	○ Alger
than one county, please include the county of the	○ Allegan
facility where the majority of the health department	Alpena
response activity occurred)	Antrim
	Arenac
Only complete if NHSN OrgID is unknown, not available,	Baraga
or cannot be shared.	Barry
	Bay
	O Benzie
	O Berrien
	O Branch
	Calhoun
	○ Cass
	Charlevoix
	Cheboygan
	○ Chippewa
	○ Clare
	○ Clinton
	Crawford
	Delta
	Dickinson
	Eaton
	Emmet
	○ Genesee
	Gladwin
	○ Gladwiii
	Grand Traverse
	Gratiot
	Hillsdale
	Houghton
	Huron
	◯ Ingham
	○ Ionia
	Olosco
	O losco
	○ Isabella
	Jackson
	Kalamazoo
	Kalkaska
	○ Kent
	Keweenaw
	O Lake
	○ Lapeer
	○ Leelanau
	○ Lenawee
	Livingston
	○ Luce
	Mackinac
	Macomb
	Manistee
	○ Marquette
	Mason
	○ Mecosta
	○ Menominee
	○ Midland
	Missaukee
	○ Monroe
	Montcalm
	Montmorency
	Muskegon
	○ Newaygo
	Oakland
	Oceana
	Ogemaw
	Ontonagon
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○ Ottawa
Presque Isle
Roscommon
○ Saginaw
Sanilac
Schoolcraft
Shiawassee
○ St. Clair
St. Joseph
○ Tuscola
○ Van Buren
○ Washtenaw
○ Wayne
○ Wexford
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	O Anoka
than one county, please include the county of the	○ Becker
facility where the majority of the health department	O Beltrami
response activity occurred)	○ Benton
	Big Stone
Only complete if NHSN OrgID is unknown, not available,	Blue Earth
or cannot be shared.	Brown
	Carlton
	Carver
	◯ Cass
	○ Chippewa
	○ Chisago
	Clay
	○ Clearwater
	○ Cook
	○ Cottonwood
	Crow Wing
	Dakota
	Dodge
	Douglas
	Faribault
	Fillmore
	Freeborn
	○ Goodhue
	○ Grant
	○ Hennepin
	Houston
	Hubbard
	○ Isanti
	○ Itasca
	Jackson
	Kanabec
	Kandiyohi
	Kittson
	Koochiching
	○ Lac qui Parle
	○ Lake
	○ Lake of the Woods
	Le Sueur
	○ Lincoln
	○ Lyon
	Mahnomen
	Marshall
	Martin
	McLeod
	Meeker
	Mille Lacs
	Morrison
	○ Mower
	Murray
	Nicollet
	Nobles
	○ Norman
	Olmsted
	Otter Tail
	Pennington
	○ Pine
	Pipestone
	O Polk
	O Pope
	Ramsey
	○ Red Lake
	Redwood
	○ Renville
	_
	○ Rice
	○ Rock
	○ Roseau
06/04/2024 12:34pm	



○ Sherburne
○ Sibley
St. Louis
○ Stearns
○ Steele
Stevens
Swift
○ Todd
○ Traverse
○ Wabasha
○ Wadena
<u> </u>
○ Waseca
Washington
Watonwan
Wilkin
Winona
○ Wright
○ Yellow Medicine
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	Andrew
than one county, please include the county of the	Atchison
facility where the majority of the health department	O Audrain
response activity occurred)	Barry
response activity occurred)	Barton
Only complete if NUICN OralD is unknown, not available	_
Only complete if NHSN OrgID is unknown, not available,	○ Bates
or cannot be shared.	○ Benton
	Bollinger
	○ Boone
	Buchanan
	Butler
	Caldwell
	Callaway
	Camden
	Cape Girardeau
	○ Carroll
	Carter
	Cass
	○ Cass ○ Cedar
	○ Chariton
	Christian
	○ Clark
	○ Clay
	Clinton
	○ Cole
	Cooper
	Crawford
	O Dade
	O Dallas
	O Daviess
	O DeKalb
	O Dent
	O Douglas
	O Dunklin
	Franklin
	Gasconade
	Gentry
	○ Greene
	Grundy
	Harrison
	Henry
	Hickory
	O Holt
	Howard
	○ Howell
	O Iron
	○ Jackson
	○ Jasper
	○ Jefferson
	○ Johnson
	○ Knox
	○ Laclede
	Lafayette
	Lawrence
	○ Lewis
	Lincoln
	Ŭ Linn
	Livingston
	Macon
	Madison
	○ Maries
	○ Marion
	○ McDonald
	○ Mercer
	○ Miller
	Mississippi
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06/04/2024 12:34pm	Monroe projecti

Montgomery Morgan New Madrid Newton Nodaway Oregon Osage Ozark Pemiscot Perry Pettis Phelps Pike Platte Polk Pulaski Putnam Ralls Randolph Ray Reynolds Ripley Saline Schuyler Scotland Scott Shannon Shelby St. Charles St. Louis St. Carren St. St. Gare St. St. Gare St. St. Genevieve Stoddard Stone Sullivan Taney Texas Vernon Washington Wayne Webster Worth Wright	
Worth	not

Q10b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available or cannot be shared.	 ○ Chickasaw ○ Claiborne ○ Clarke ○ Coahoma ○ Coopiah ○ Covington ○ DeSoto ○ Forrest ○ Franklin ○ George ○ Greene ○ Grenada ○ Harrison ○ Hinds ○ Holmes ○ Humphreys ○ Issaquena ○ Itawamba ○ Jasper ○ Jefferson ○ Jefferson ○ Jefferson ○ Jefferson ○ Laderdale ○ Lamar ○ Laderdale ○ Lawrence ○ Leake ○ Lee ○ Leflore ○ Lincoln ○ Lowndes ○ Madison ○ Marshall ○ Montgomery ○ Newton ○ Noxubee ○ Oktibbeha ○ Panola ○ Pearl River ○ Perry ○ Pike ○ Pontotoc ○ Prentiss ○ Quitman ○ Rankin
	Pike Pontotoc Prentiss Quitman Rankin Scott Sharkey Simpson Smith Stone Sunflower Tallahatchie
06/04/2024 12:34pm	○ Tate

○ Tippah
○ Tishomingo
○ Tunica
○ Union
○ Walthall
○ Warren
Washington
○ Wayne
○ Webster
○ Wilkinson
○ Winston
○ Yazoo
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

○ Beaverhead Q10b. County of the primary outbreak facility (i.e., O Big Horn If this response activity includes facilities in more ○ Blaine than one county, please include the county of the $\bigcirc \ Broadwater$ facility where the majority of the health department \bigcirc Carbon response activity occurred) ○ Carter Only complete if NHSN OrgID is unknown, not available, ○ Cascade or cannot be shared. ○ Chouteau ○ Custer ○ Daniels \bigcirc Dawson O Deer Lodge ○ Fallon Fergus Flathead ○ Gallatin Garfield Glacier ○ Golden Valley Granite ○ Hill | Jefferson O Judith Basin Chark
Lewis and Clark Children Control
Liberty ○ Lincoln Madison ○ Meagher Mineral Missoula Musselshell Park Petroleum Phillips Pondera O Powder River ○ Powell Prairie ○ Ravalli Richland ○ Roosevelt ○ Rosebud ○ Sanders ○ Sheridan ○ Silver Bow Stillwater ○ Sweet Grass ○ Teton ○ Toole ○ Treasure ○ Valley \bigcirc Wheatland ○ Wibaux ○ Yellowstone (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e.,		
If this response activity includes facilities in more	Alexander	
than one county, please include the county of the	Alleghany	
facility where the majority of the health department	○ Anson	
response activity occurred)	Ashe	
	O Avery	
Only complete if NHSN OrgID is unknown, not available,	○ Beaufort	
or cannot be shared.	O Blader	
	○ Bladen ○ Brunswick	
	Buncombe	
	O Burke	
	O Cabarrus	
	Caldwell	
	Camden	
	Carteret	
	○ Caswell	
	Catawba	
	○ Chatham○ Cherokee	
	○ Cherokee	
	Clay	
	○ Cleveland	
	Columbus	
	Craven	
	Cumberland	
	Currituck	
	O Dare	
	○ Davidson○ Davie	
	O Davie	
	O Durham	
	Edgecombe	
	Forsyth	
	Franklin	
	○ Gates	
	○ Graham○ Granville	
	○ Granville ○ Greene	
	○ Guilford	
	O Halifax	
	Harnett	
	Haywood	
	○ Henderson	
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	○ Hoke ○ Hyde	
	○ Iredell	
	○ Jackson	
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Pasquotank Pender Perquimans Person Pitt Polk Randolph Richmond Robeson Rockingham Rowan Rutherford Sampson Scotland Stanly Stokes Surry Swain Transylvania Tyrrell Union Vance Wake Warren Washington Watauga Wayne Wilkes
○ Watauga○ Wayne
YadkinYancey(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

○ Adams Q10b. County of the primary outbreak facility (i.e., ○ Barnes If this response activity includes facilities in more than one county, please include the county of the ○ Benson ○ Billings facility where the majority of the health department ○ Bottineau response activity occurred) OBowman ○ Burke Only complete if NHSN OrgID is unknown, not available, or cannot be shared. \bigcirc Burleigh ○ Cass ○ Cavalier ○ Dickey O Divide O Dunn ○ Eddy Emmons ○ Foster ○ Golden Valley Grand Forks ○ Grant Griggs Hettinger LaMoure Companies McHenry McIntosh McKenzie Mercer Morton Mountrail ○ Nelson Oliver Pembina Pierce Ramsey Ransom Renville Richland Rolette Sargent Sheridan ○ Sioux ○ Slope ○ Stark ○ Steele Stutsman ○ Towner ○ Traill ○ Walsh ○ Ward O Wells ○ Williams (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Adams○ Antelope○ Arthur○ Banner○ Blaine
	Blaine Boone Box Butte Boyd Brown Buffalo Burt Butler Cass Cedar Chase Cherry Cheyenne Clay Colfax Cuming Custer Dakota Dawes Dawson Deuel Dixon Dodge Douglas Dundy Fillmore Franklin Frontier Furnas Gage Garden Garfield Gosper Grant Hayes Hitchcock Holt Hooker Howard Jefferson Johnson Kearney Keith Keya Paha Kimball Knox Lancaster Lincoln Logan Loup Madison Merrick Morrill Nance
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if NHSN OrgID is unknown, not nnot be shared.)

Q10b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Atlantic Bergen Burlington Camden Cape May Cumberland Essex Gloucester Hudson Hunterdon Mercer Middlesex Monmouth Morris Ocean Passaic Salem Somerset Sussex Union Warren (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Catron Chaves Cibola Colfax Curry De Baca Dona Ana Eddy Grant Guadalupe Harding Hidalgo Lea Lincoln Los Alamos Luna McKinley Mora Otero Quay Rio Arriba Roosevelt San Juan San Miguel Sandoval Santa Fe Sierra Socorro Taos Torrance Union Valencia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more	Carson CityChurchill
than one county, please include the county of the	○ Clark
facility where the majority of the health department	○ Douglas
response activity occurred)	○ Elko
	○ Esmeralda
Only complete if NHSN OrgID is unknown, not available,	○ Eureka
or cannot be shared.	Humboldt
	○ Lander
	Lincoln
	O Lyon
	Mineral
	Nye
	Pershing
	Storey
	○ Washoe
	○ White Pine
	(Only complete if NHSN OrgID is unknown, not
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	available, or carriot be siluted.)

○ Albany Q10b. County of the primary outbreak facility (i.e., ○ Allegany If this response activity includes facilities in more ○ Bronx than one county, please include the county of the ○ Broome facility where the majority of the health department response activity occurred) ○ Cattaraugus Cayuga Only complete if NHSN OrgID is unknown, not available, Chautauqua or cannot be shared. Chemung ○ Chenango ○ Clinton Columbia ○ Cortland ○ Delaware Dutchess ○ Erie ○ Essex Franklin ○ Fulton Genesee Greene ○ Hamilton Herkimer lefferson Characteristics Livingston Madison Monroe Montgomery ○ Nassau New York (Manhattan) Niagara Oneida Onondaga Ontario Orange Orleans ○ Oswego ○ Otsego Putnam Queens ○ Rensselaer Richmond ○ Rockland Saratoga ○ Schenectady Schoharie ○ Schuyler ○ Seneca ○ St. Lawrence ○ Steuben ○ Suffolk ○ Sullivan ○ Tioga ○ Tompkins ○ Ulster Warren Washington Wayne Westchester Wyoming ○ Yates (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e.,
If this response activity includes facilities in more
than one county, please include the county of the
facility where the majority of the health department
response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

Bronx
○ Kings
New York (Manhattan)
○ Queens
○ Richmond
(Only complete if NHSN OrgID is unknown, not
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Q10b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	AdamsAllenAshlandAshtabulaAthensAuglaize
06/04/2024 12:34pm	PikePortagePreblePutnam



○ Richland
Ross
Sandusky
○ Scioto
Seneca
Shelby
•
Stark
Summit
○ Trumbull
○ Tuscarawas
Union
○ Van Wert
Vinton
Warren
Washington
○ Wayne
Williams
Wood
Wyandot
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,		
If this response activity includes facilities in more	○ Alfalfa	
than one county, please include the county of the	○ Atoka	
facility where the majority of the health department	○ Beaver	
response activity occurred)	Beckham	
	Blaine	
Only complete if NHSN OrgID is unknown, not available,	Bryan	
or cannot be shared.	○ Caddo	
	Canadian	
	○ Carter	
	○ Cherokee	
	○ Choctaw	
	○ Cimarron	
	○ Cleveland	
	○ Coal○ Comanche	
	○ Comanche	
	○ Cotton	
	○ Creek	
	O Custer	
	O Delaware	
	O Dewey	
	O Ellis	
	Garfield	
	Garvin	
	Grady	
	Grant	
	○ Greer	
	○ Harmon	
	○ Harper	
	○ Haskell	
	○ Hughes○ Jackson	
	○ Jefferson	
	○ Johnston	
	○ Kay	
	Kingfisher	
	◯ Kiowa	
	Latimer	
	Le Flore	
	Lincoln	
	Logan	
	○ Love	
	○ Major	
	○ Marshall	
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	○ McIntosh	
	○ Murray	
	○ Muskogee	
	○ Noble	
	Nowata	
	Okfuskee	
	Oklahoma	
	Okmulgee	
	Osage	
	Ottawa	
	O Pawnee	
	O Payne	
	O Pittsburg	
	PontotocPottawatomie	
	Pottawatomie Pushmataha	
	Roger Mills	
	○ Roger Mills	
	○ Seminole	
	Sequoyah	
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	 ☐ Texas ☐ Tillman ☐ Tulsa ☐ Wagoner ☐ Washington ☐ Washita ☐ Woods ☐ Woodward (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Baker○ Benton○ Clackamas○ Clatsop○ Columbia○ Coos○ Crook
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Curry Deschutes Douglas Gilliam Grant Harney Hood River Jackson Jefferson Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow Multnomah Polk Sherman Tillamook Umatilla Union Wallowa Wasco Washington Wheeler Yamhill (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	Adams
If this response activity includes facilities in more	Allegheny
than one county, please include the county of the	Armstrong
facility where the majority of the health department	O Beaver
response activity occurred)	○ Bedford○ Berks
Only complete if NHSN OrgID is unknown, not available,	O Blair
or cannot be shared.	Bradford
	O Bucks
	O Butler
	○ Cambria
	○ Cameron○ Carbon
	○ Centre
	○ Chester
	O Clarion
	○ Clearfield
	O Clinton
	○ Columbia
	CrawfordCumberland
	O Dauphin
	O Delaware
	Ŏ Elk
	<u> </u>
	○ Fayette
	○ Forest○ Franklin
	Fulton
	() Greene
	Huntingdon
	O Indiana
	○ Jefferson
	○ Juniata
	○ Lackawanna○ Lancaster
	○ Lawrence
	Clebanon
	○ Lehigh
	<u>C</u> Luzerne
	○ Lycoming
	Mifflin
	Monroe
	Montgomery
	O Montour
	NorthamptonNorthumberland
	O Perry
	O Philadelphia
	O Pike
	OPotter
	○ Schuylkill
	○ Snyder○ Somerset
	Sullivan
	Susquehanna
	○ Tioga
	O Union
	○ Venango
	○ Warren○ Washington
	○ Washington○ Wayne
	Westmoreland
	Wyoming
	○ York
	(Only complete if NHSN OrgID is unknown, not
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Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

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 Philadelphia
 (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



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Q10b. County of the primary outbreak facility (i.e.,	○ Adjuntas
If this response activity includes facilities in more	Aguada
than one county, please include the county of the	○ Aguadilla
facility where the majority of the health department	O Aguas Buenas
response activity occurred)	Aibonito
response delivity occurred,	○ Anasco
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or carriot be silared.	○ Barceloneta
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	Carlovarias Carolina
	Carollia Catano
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	○ Cayey
	○ Ceiba
	○ Ciales
	○ Cidra
	Coamo
	Comerio
	○ Corozal
	Culebra
	ODorado
	○ Fajardo
	○ Florida
	Guanica
	Guayama
	Guayanilla
	Guaynabo
	○ Gurabo
	○ Hatillo
	Hormigueros
	Humacao
	Isabela
	Juana Diaz
	∪ Juncos
	○ Lajas
	○ Lares
	Las Marias
	Las Piedras
	○ Loiza
	Luquillo
	Manati
	Maricao
	Maunabo
	Mayaguez
	O Moca
	Morovis
	Naguabo
	○ Naranjito
	Orocovis
	O Patillas
	O Penuelas
	O Ponce
	O Quebradillas
	Rincon
	Rio Grande
	Sabana Grande
	Salinas
	San German
	San Juan
	San Lorenzo
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	 ○ Toa Baja ○ Trujillo Alto ○ Utuado ○ Vega Alta ○ Vega Baja ○ Vieques ○ Villalba ○ Yabucoa ○ Yauco (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Airai ○ Angaur ○ Koror ○ Melekeok ○ Peleliu ○ Sonsorol ○ Tobi (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Bristol ○ Kent ○ Newport ○ Providence ○ Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Republic of the Marshall Islands (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	

Q10b. County of the primary outbreak facility (i.e.,	○ Abbeville
If this response activity includes facilities in more	○ Aiken
than one county, please include the county of the	○ Allendale
facility where the majority of the health department	Anderson
response activity occurred)	Bamberg
	◯ Barnwell
	O Beaufort
Only complete if NHSN OrgID is unknown, not available,	O Berkeley
or cannot be shared.	○ Calhoun
or earmor be smared.	○ Charleston
	○ Cherokee
	○ Chertokee
	○ Chesterfield
	○ Clarendon
	Colleton
	O Darlington
	O Dillon
	Dorchester
	○ Edgefield
	○ Fairfield
	○ Florence
	○ Georgetown
	○ Greenville
	○ Greenwood
	○ Hampton
	O Horry
	○ Jasper
	Kershaw
	○ Lancaster
	○ Laurens
	O Lee
	Lexington
	○ Marion
	○ Marlboro
	○ McCormick
	Newberry
	Oconee
	○ Oconee ○ Orangeburg
	Ordingeburg OPickens
	○ Richland
	○ Saluda ○ Spartanburg
	○ Spartanburg
	Sumter
	○ Union
	○ Williamsburg
	○ York
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

○ Aurora Q10b. County of the primary outbreak facility (i.e., ○ Beadle If this response activity includes facilities in more \bigcirc Bennett than one county, please include the county of the ○ Bon Homme facility where the majority of the health department \bigcirc Brookings response activity occurred) $\bigcirc \ Brown$ ○ Brule Only complete if NHSN OrgID is unknown, not available, or cannot be shared. ○ Buffalo ○ Butte $\bigcirc \ \mathsf{Campbell}$ O Charles Mix \bigcirc Clark ○ Clay ○ Codington Corson ○ Custer Davison O Day Deuel O Dewey Douglas Edmunds Grant Gregory ○ Haakon ○ Hamlin ○ Hanson Harding Hughes Hutchinson ○ Hyde ○ Jackson Jerauld ∫ones ○ Kingsbury ○ Lake Cawrence ○ Lincoln ○ Lyman Marshall ○ McPherson ○ Meade ○ Mellette Miner Minnehaha ○ Moody Oglala Lakota Pennington Perkins ○ Potter ○ Roberts $\bigcirc \ \mathsf{Sanborn}$ \bigcirc Spink ○ Stanley Sully ○ Todd ○ Tripp ○ Turner O Union ○ Walworth ○ Yankton Ziebach (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e., lf this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Anderson Bedford Benton Bledsoe Blount
If this response activity includes facilities in more than one county, please include the county of the	BedfordBenton
	Houston Humphreys Jackson Jefferson Johnson Knox Lake Lauderdale Lawrence Lewis Lincoln Loudon Macon Macon Marion Marshall Maury
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 Polk Putnam Rhea Roane Robertson Rutherford Scott Sequatchie Sevier Shelby Smith Stewart Sullivan Sumner Tipton Trousdale Unicoi Union Van Buren Warren Washington Wayne Weakley White Williamson Wilson
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Q10b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	AndersonAndrewsAngelinaAransasArcherArmstrong
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Armstrong Atascosa Austin Bailey Bandera Bastrop Baylor Bee Bell Beexar Blanco Borden Bosque Brazoria Brazos Brewster Briscoe Brooks Brown Burleson Burnet Caldwell Calhoun Callahan Cameron Camp Carson Cass Castro Cherokee Childress Clay Cochran Coke Coleman Collin Collingsworth Colorado Comal Comal Comanche Concho Cooke Coryell Cottle Crane Crockett Crosby Culberson Dallam Dallas Dawson Deaf Smith Delta Denton DeWitt Dickens Dimmit Donley Duval Eastland
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○ Frio	
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○ Gillespie	
○ Glasscock	
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 ○ Hood ○ Hopkins ○ Houston ○ Howard ○ Hudspeth ○ Hunt ○ Hutchinson ○ Irion ○ Jack ○ Jackson ○ Jasper ○ Jeff Davis 	
 ○ Hood ○ Hopkins ○ Houston ○ Howard ○ Hudspeth ○ Hunt ○ Hutchinson ○ Irion ○ Jack ○ Jackson ○ Jasper ○ Jeff Davis ○ Jefferson 	
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Q10b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more han one county, please include the county of the acility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Beaver Box Elder Cache Carbon Daggett Davis Duchesne Emery Garfield Grand Iron Juab Kane Millard Morgan Piute Rich Salt Lake San Juan Sanpete Sevier Summit Tooele Uintah Utah Wasatch Washington Weber (Only complete if NHSN OralD is unknown, not
	(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,	
f this response activity includes facilities in more	Albemarle
han one county, please include the county of the	Alleghany
acility where the majority of the health department	Amelia
response activity occurred)	Amherst
	Appomattox
Only complete if NHSN OrgID is unknown, not available,	Arlington
or cannot be shared.	Augusta
	Bath
	○ Bedford
	O Bland
	O Botetourt
	O Brunswick
	○ Buchanan
	O Buckingham
	CampbellCaroline
	Carroll
	Charles City
	Charlotte
	Chesterfield
	City of Alexandria
	City of Bristol
	City of Buena Vista
	City of Charlottesville
	City of Chesapeake
	City of Colonial Heights
	City of Covington
	City of Danville
	City of Emporia
	City of Fairfax
	City of Falls Church
	City of Franklin
	City of Fredericksburg
	City of Galax
	City of Hampton
	City of Harrisonburg
	City of Hopewell
	City of Lexington
	City of Lynchburg
	City of ManassasCity of Manassas Park
	City of Martinsville
	City of Newport News
	City of Norfolk
	City of Norton
	City of Petersburg
	City of Poquoson
	City of Portsmouth
	City of Radford
	City of Richmond
	City of Roanoke
	City of Salem
	City of Staunton
	City of Suffolk
	City of Virginia Beach
	City of Waynesboro
	City of Williamsburg
	City of Winchester
	○ Clarke
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Mathews
○ Mecklenburg
○ Middlesex
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O Prince William
O Pulaski
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Richmond
Roanoke
Rockbridge
Rockingham
Russell
Scott
Shenandoah
Smyth
○ Southampton
○ Spotsylvania
○ Stafford
○ Surry
○ Sussex
○ Tazewell
○ Warren
Washington
Westmoreland
Ŭ Wise
○ Wythe
○ York
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Saint Croix Saint John Saint Thomas (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Addison Bennington Caledonia Chittenden Essex Franklin Grand Isle Lamoille Orange Orleans Rutland Washington Windham Windsor (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Adams○ Asotin○ Benton○ Chelan○ Clallam
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Clark Columbia Cowlitz Douglas Ferry Franklin Garfield Grant Grays Harbor Island Jefferson King Kitsap Kittitas Klickitat Lewis Lincoln Mason Okanogan Pacific Pend Oreille Pierce San Juan Skagit Skamania Snohomish Spokane Stevens Thurston Wahkiakum Walla Walla Whatcom Whitman Yakima (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. County of the primary outbreak facility (i.e.,			
If this response activity includes facilities in more	Ashland		
than one county, please include the county of the	○ Barron		
facility where the majority of the health department	O Bayfield		
response activity occurred)	O Brown		
Only complete if NHCN OralD is unknown, not available	BuffaloBurnett		
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Calumet		
or carried be shared.	○ Chippewa		
	○ Clark		
	O Columbia		
	Crawford		
	Dane		
	O Dodge		
	O Door		
	O Douglas		
	○ Dunn○ Eau Claire		
	Florence		
	Fond du Lac		
	Forest		
	Grant		
	Green		
	Green Lake		
	○ lowa		
	O Iron		
	JacksonJefferson		
) Juneau		
	○ Kenosha		
	Kewaunee		
	La Crosse		
	Lafayette		
	Canglade		
	○ Lincoln		
	ManitowocMarathon		
	○ Marinette		
	Marquette		
	Menominee		
	Milwaukee		
	Monroe		
	Oconto		
	Oneida		
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	○ Richland		
	○ Rock○ Rusk		
	Sauk		
	Sawyer		
	Shawano		
	Sheboygan		
	St. Croix		
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○ Waushara
Winnebago
○ Wood
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

 \bigcirc Barbour Q10b. County of the primary outbreak facility (i.e., ○ Berkeley If this response activity includes facilities in more \bigcirc Boone than one county, please include the county of the \bigcirc Braxton facility where the majority of the health department ○ Brooke response activity occurred) \bigcirc Cabell Only complete if NHSN OrgID is unknown, not available, ○ Calhoun or cannot be shared. ○ Clay ○ Doddridge \bigcirc Fayette \bigcirc Gilmer ○ Grant ○ Greenbrier Hampshire ○ Hancock ○ Hardy ○ Harrison Jackson | Jefferson ○ Kanawha Characteristics Coden Marion Marshall Mason Mercer Mineral Mingo Monongalia Monroe ○ Morgan Nicholas Ohio Pendleton Pleasants Pocahontas Preston Putnam ○ Raleigh Randolph Ritchie ○ Roane ○ Summers <u>C</u> Taylor ○ Tucker TylerUpshur ○ Wayne ○ Webster ○ Wetzel O Wirt \bigcirc Wood ○ Wyoming (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q10b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Albany Big Horn Campbell Carbon Converse Crook Fremont Goshen Hot Springs Johnson Laramie Lincoln Natrona Niobrara Park Platte Sheridan Sublette Sweetwater Teton Uinta Washakie Weston (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q10c. Were any of the facilities involved tribally owned or a part of the Indian Health Service:	YesNoUnknown
Colonization screening and onsite assessments	
Answer the following questions for each setting type.	
11a. Acute Care Hospitals (ACH)	
How many acute care hospitals (ACHs) were involved?	
This includes the number of ACHs where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one ACH was involved in the response, how many ACH conducted screening?	
Example: If 3 ACH were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all ACHs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in ACHs [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening.	
[Optional]	
If more than one ACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all ACHs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	



Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No injection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all ACHs during this response?	(If no ancita aggregate northern ad anter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all ACHs during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have	,
occurred with a facility, and this should be reflected accordingly among the different assessment types.	



11b. Critical Access Hospitals (CAH)	
How many critical access hospitals (CAHs) were involved? This includes the number of CAHs where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one CAH was involved in the response, how many CAH conducted screening? Example: If 3 CAHs were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all CAHs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in CAHs [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	·
If more than one CAH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 CAHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all CAHs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	 □ Onsite infection control assessment □ Remote infection control assessment □ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment. [Optional]	
How many onsite infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)



How many remote infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11c. Inpatient Rehabilitation Facilities	
How many inpatient rehabilitation facilities were involved? This includes the number of inpatient rehabilitation facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one inpatient rehabilitation facility was involved in the response, how many inpatient rehabilitation facilities conducted screening? Example: If 3 inpatient rehabilitation facilities were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all inpatient rehabilitation facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in inpatient rehabilitation facilities [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening.	
[Optional]	

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If more than one inpatient rehabilitation facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 inpatient rehabilitation facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all inpatient rehabilitation facilities during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	 □ Onsite infection control assessment □ Remote infection control assessment □ No infection control assessment conducted
In general, the initial remote IC assessment should	
include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility	
as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally	

How many onsite infection control assessments were conducted across all Inpatient rehabilitation facilities during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all Inpatient rehabilitation facilities during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11d. Long-term Acute Care Hospitals (LTACH)	
How many long-term acute care hospitals (LTACHs) were involved? This includes the number of long-term acute care hospitals where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one LTACH was involved in the response, how many LTACHs conducted screening?	
Example: If 3 LTACHs were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all LTACHs during this response?	(If no patients were screened, enter 0. If exact
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	



Please select the reason(s) for not screening patients in LTACHs [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening.	
[Optional]	
If more than one LTACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 LTACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all LTACHs during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No injection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	

Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all LTACHs during this response?	(If no ancite accompants performed enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all LTACHs during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(ii no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11e. Ventilator-capable Nursing Homes/ Skilled Nu	ursing Facilities (vSNFs)
How many ventilator-capable nursing homes/ skilled nursing facilities (vSNFs) were involved?	(Diago provide approvimate pumb or of facilities if
This includes the number of vSNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one vSNF was involved in the response, how many vSNFs conducted screening?	
Example: If 3 vSNFs were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all vSNFs during this response?	(If no patients were screened, enter 0. If exact
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	



Please select the reason(s) for not screening patients in vSNFs. [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening.	
[Optional]	
If more than one vSNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 vSNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all vSNFs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	



Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
[Optional]	
How many onsite infection control assessments were conducted across all vSNFs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
How many onsite infection control assessments were conducted across all vSNFs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected	(If no onsite assessments performed, enter 0.) (If no remote assessments performed, enter 0.)

11f. Nursing Homes/ Skilled Nursing Facilities (no	n-ventilator capable)
How many non-ventilator capable nursing homes/ skilled nursing facilities (SNFs) were involved? This includes the number of SNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one SNF was involved in the response, how many SNFs conducted screening? Example: If 3 SNFs were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all SNFs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times. If exact number screened not known, please approximate.	(If no patients were screened, please enter 0)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in SNFs [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	
If more than one SNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 SNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all SNFs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	 □ Onsite infection control assessment □ Remote infection control assessment □ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all SNFs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
conducted across all SNFs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected	(If no onsite assessments performed, enter 0.) (If no remote assessments performed, enter 0.)

11g. Assisted Living Facilities (ALF)	
How many assisted living facilities (ALFs) were involved? This includes the number of intermediate care facilities (ALFs) where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one ALF was involved in the response, how many ALFs conducted screening? Example: If 3 ALFs were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all assisted living facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in assisted living facilities [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	
If more than one ALF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across allassisted living facilities during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment. [Optional]	
How many onsite infection control assessments were conducted across allassisted living facilities during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)

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How many remote infection control assessments were conducted across all assisted living facilities during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(ii no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11h. Other Congregate Settings	
How many congregate facilities were involved?	
This includes the number of congregate facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one congregate setting was involved in the response, how many facilities conducted screening?	
Example: If 3 congregate settings were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs across all congregate facilities during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in other congregate facilities [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	



If more than one congregate setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 congregate settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all congregate facilities during this response?	(If none, enter 0. If exact number screened not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No injection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an online or remote assessment.	
[Optional]	

How many onsite infection control assessments were conducted across all congregate settings during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all congregate settings during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11i. Dialysis Facilities (Outpatient)	
How many dialysis (outpatient) facilities were involved?	(Please provide approximate number of facilities if
This includes the number of outpatient facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	exact number is not known.)
If more than one dialysis (outpatient) facility was involved in the response, how many dialysis facilities conducted screening?	
Example: If 3 outpatient dialysis facilities were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs accross all dialysis (outpatient) facilities during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	, r
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C	



Please select the reason(s) for not screening patients in dialysis (outpatient) facilities [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	
If more than one outpatient dialysis facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 outpatient dialysis facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all dialysis (outpatient) facilities during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	



Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No injection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all dialysis (outpatient) facilities during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all dialysis (outpatient) facilities during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

11j. Dental Offices	
How many dental offices were involved?	
This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one dental office was involved in the response, how many dental facilities conducted screening?	
Example: If 3 dental offices were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs accross all dental offices during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in dental offices [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	
If more than one dental office conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 dental offices conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all dental offices during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times	

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all dental offices during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all dental offices during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	

Please select the method in which the remote assessment was conducted	☐ Telephone☐ Video (i.e, Skype, Zoom)
11k. Ambulatory Surgical Centers	
How many ambulatory surgical centers were involved?	
This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one ambulatory surgical center was involved in the response, how many dental facilities conducted screening?	
Example: If 3 ambulatory surgical centers were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs accross all ambulatory surgical centers during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	namber sercence not known, prease approximately
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients at ambulatory surgical center(s) [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	
If more than one ambulatory surgical center conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 ambulatory surgical centers conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	(If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment. [Optional]	
How many onsite infection control assessments were conducted across all ambulatory surgical centers during this response? This number should include each unique facility assessments to include repeat ansite visits as long as	(If no onsite assessments performed, enter 0.)
assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	

How many remote infection control assessments were conducted across all ambulatory surgical centers during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone☐ Video (i.e, Skype, Zoom)
111. Other Outpatient Settings	
How many other outpatient settings were involved?	
This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one other outpatient settings was involved in the response, how many outpatient facilities conducted screening?	
Example: If 3 other outpatient settings were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs accross all other outpatient settings during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	,
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Please select the reason(s) for not screening patients in other outpatient settings [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	

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If more than one other outpatient setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 other outpatient settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No injection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	

How many onsite infection control assessments were conducted across all other outpatient settings during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all other outpatient settings during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)
11m. Other Healthcare Settings	
How many other facilities were involved?	
This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	(Please provide approximate number of facilities if exact number is not known.)
If more than one other facility was involved in the response, how many other facilities conducted screening?	
Example: If 3 other facilities were involved in the response, but only 2 conducted screening, enter 2.	
How many screening tests were performed for all targeted MDROs accross all other facilities during this response?	(If no patients were screened, enter 0. If exact number screened not known, please approximate.)
Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C	



Please select the reason(s) for not screening patients in other facilities [check all that apply]	 ☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening.	
[Optional]	
If more than one other facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?	
For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other facilities during this response?	(If none, enter 0. If exact number not known, please approximate.)
If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	



Did your health department or a designee conduct any of the following?	 ☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	No infection control assessment conducted
In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.	
Please specify reason for not conducting an onsite or remote assessment.	
[Optional]	
How many onsite infection control assessments were conducted across all other facilities during this response?	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
How many remote infection control assessments were conducted across all other facilities during this response?	(If no remote assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Total case count	
Q12. How many total patients with the target mechanisms (for CPOs) or organisms (for C. auris) were identified during this response? Include index patients, those identified through colonization screening, and any other patients identified on prospective or retrospective surveillance	
Q12a. If more than one targeted MDRO triggered the response, specify the number of patients identified for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	
Q12b. In which of the following age groups was colonization or infection identified? Note: This question does not ask the health departments to collect any additional information or perform colonization testing, but to report this information if it is known	 □ Patients/residents - Infant (0-2 years) □ Patients/residents - Pediatric (3-17 years) □ Patients/residents - Adults (18-64 years) □ Patients/residents - Older adults (65+ years) □ No colonization or infection were identified among patients or residents □ Unknown
Q12c. Was colonization or infection identified among any of Note: This question does not ask the health departments to colonization testing, but to report this information if it is known. Definitions Direct care personnel -Care Providers Direct care personnel.	ollect any additional information or perform n el-Ancilliary Indirect care personnel Visitors
Direct care personnel -Care Providers Direct care personne Physician Nurse Practitioners/Physician Assistants Registere Assistants Respiratory therapist Physical/Occupation therap technicians Phlebotomists Registrars Volunteers Environme	d Nurse Licensed Practical Nurse Certified Nursing ist Speech Therapist Dietary personnel Radiology ntal Services Personnel Sterile Processing Department
Pharmacists Supply chain services (e.g., hair/nails) Patient/resident family members	Hospice care providers Chaplains Resident personal
 □ Direct care personnel - Care Providers □ Direct care personnel - Ancillary □ Indirect care personnel □ Visitors □ Other □ None of the above □ Unknown 	
Q12c (i). Specify the type of care provider:	☐ Physician ☐ Nurse Practitioners/Physician Assistants ☐ Registered Nurse ☐ Licensed Practical Nurse ☐ Certified Nursing Assistants ☐ Other ☐ None of the above ☐ Unknown

Q12c (ii). Specify the type of ancilliary care personnel:	Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Other None of the above Unknown
Q12c (iii). Specify the type of indirect care personnel:	☐ Environmental Services Personnel ☐ Sterile Processing Department ☐ Pharmacists ☐ Supply chain ☐ Others ☐ None of the above ☐ Unknown
Q12c (iv). Specify the type of visitors/contracted personnel:	☐ Patient/resident family members ☐ Hospice care providers ☐ Chaplains ☐ Resident personal services (e.g., hair/nails) ☐ Others ☐ None of the above ☐ Unknown
Q12c (v). Please specify the "other" group in which colonization or infection identified:	
Q13. Was transmission within the healthcare facility or facilities suspected in this investigation?	YesNoUnknown/unclear
Q14. How many patients with other (i.e. non-targeted) MDROs were identified during this investigation?	
This includes colonization or infection. Specify organisms/mechanisms and number (e.g. If the targeted MDRO was CRE NDM, and you identified 5 patients with infections or colonization of another MDRO, such as 3 with C auris and 2 with CRE VIM, please write: C. auris=3, CRE VIM=2)	
Q14a. In which of the following age groups was colonization or infection identified? Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known	☐ Patients/residents - Infant (0-2 years) ☐ Patients/residents - Pediatric (3-17 years) ☐ Patients/residents - Adults (18-64 years) ☐ Patients/residents - Older adults (65+ years) ☐ No colonization or infection were identified among patients or residents ☐ Unknown

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Q14b. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

Definitions	
technicians Phlebotomists Registrars Volunteers Environme	ed Nurse Licensed Practical Nurse Certified Nursing pist Speech Therapist Dietary personnel Radiology
 □ Direct care personnel - care providers □ Direct care personnel - ancillary □ Indirect care personnel □ Visitors □ Other □ None of the above □ Unknown 	
Q15. Were any of the isolates identified in this response as pan-non-susceptible based on testing by CDC or ARLN regional lab?	YesNoUnknown
For CRE, CRPA, and CRAB, this is defined as non-susceptible to all available antibiotics based on testing by CDC or ARLN regional lab.	
For C. auris, this is defined as non-susceptible to all available antifungals based on testing by CDC lab.	
Q15a. If yes, please specify which organism and mechanism combination was pan-non-susceptible.	
Public Health Programs Involved in Response	
Answer the following questions at the response lorganism/mechanism combination).	level (i.e., for any setting affected and any
Q16. Which public health programs contributed to the response?	☐ State/Territorial Health Department HAI/AR Program ☐ HAI/AR Program (Epi or Lab)
[check all that apply]	 □ Local Health Department □ Regional Public Health Office □ Regional Public Health Staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction) □ Other □ Unknown

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Q16a. Which entity had the responsibility of leading the overall nMDRO response?	 State/Territorial Health Department HAI/AR Program HAI/AR Program (Epi or Lab) Local Health Department Regional Public Health Office Regional Public Health Staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction) Other Unknown
Q16b. Other, specify:	
Q17. Were other states involved in this response?	YesNoDon't know
Q17a. Please list other states involved:	
Q17. Were other jurisdictions such as other local health departments/ state health department involved in the response?	○ Yes○ No○ Unknown
Q17a. Please list other jurisdictions involved:	
Notifications	
Q18. Notification types:	☐ Patient notification ☐ Provider notification
[check all that apply]	☐ Public disclosure ☐ None
Patient notification: Patients were informed of investigation or advised of potential exposure or risk.	☐ Unknown
Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.	
Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.	
Q18a. Approximate number of patients notified	
[Optional]	

Other Details	
Q19. State lab specimen ID of index case	
If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID.	(If isolate was not tested at the Public Health Laboratory, please input N/A.)
Q20. Date of specimen collection of index case	
If multiple index cases triggered the response, include the first one.	(If exact date not known, please provide approximate.)
Q21. Date target mechanism (for CPOs) or organism (for C. auris) was identified If multiple index cases triggered the response, include the first one.	(If exact date not known, please provide approximate.)
Q22. Were any of the staff contributing to this investigation/consultation partially or fully funded through the following funding mechanism: [Select all that apply]	☐ G1 ☐ SHARP (SHARP includes Projects 1 through 5) ☐ Nursing Home/Other LTC Strike Team ☐ Enhancing Detection Expansion/CARES ☐ None of the above ☐ Unknown
Additional Comments	
Q23. Additional notes/comments to CDC (any other information that the HD would like to share about this particular event)	



HARP PM3: HAI (non-nMDRO) and COVID-19 Responses

Jurisdiction	

HARP PM3: Characteristics of other HAI/AR responses (exclusive of nMDRO responses reported in PM2) Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Please report HAI/AR (non-nMDRO) responses* conducted by either

Staff from HAI/AR Program or their designee** (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms who contributed to the response. G1 SHARP (SHARP includes projects 1 through 5) Nursing Home/Other LTC Strike Team This measure is due once per budget period (August 31, 2024). *Updated December 14, 2023*

Data entry instructions

Please enter one REDCap form for each HAI response including that took place during the reporting period (August 1, 2023 - July 31, 2024, due by August 31, 2024). For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period. The reporting form is programmed to display a subset of questions based on the

answer to Question #3 and Question #4 This PM includes COVID-19 responses in healthcare settings (formerly reported in E25). Excel-based upload tools for tracking and uploading HAI consultations and COVID-19 responses are available under the Bulk Upload section of this project. Health departments can either use this REDCap form OR the excel-based upload tools for reporting HAI consultations and COVID-19 responses. At this time, HAI investigations must be reported directly in the REDCap form. Mixed outbreaks involving COVID-19 and nMDROs should be reported in PM2.

*Please refer to the "Where to submit HAI/AR Response-Related Activities" section of the ELC HAI/AR Response & Prevention Performance Measures Reporting Guide 2023-2024 for details on key criteria for the categorization of response activities.

**Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.

ELC HAI/AR Response & Prevention Performance Measures R	eporting Guide
[Attachment: "ELC HAIAR Performance Measure Reporting G	uide 2023-2024 _14Dec2023.pdf"]
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Q1. Local outbreak/response ID	
ID for cross-referencing with your local tracking tool as needed. May use any unique identifier.	
Q2. Response Start Date	
Date when the health department first made the decision to start the investigation.	(If exact date not known, please approximate.)
Q2a. Status of response	ActiveMonitoringClosed
Q3. Did you perform (or provide significant technical assistance with) any of the following activities for this response? Note: When considering whether substantial assistance was provided, judgment can be applied (refer to the "Where to submit HAI/AR Response-Related Activities" section of the ELC HAI/AR Response & Prevention Performance Measures Reporting Guide for more	 ☐ Onsite for any reason ☐ Remote Infection Prevention and Control Assessment ☐ Patient notification or call for cases ☐ Environmental sampling ☐ Screening/ testing ☐ None of the above

information)

Q4. Is this a response to a COVID-19 outbreak in a health care setting (i.e. A COVID-19 outbreak is defined as any event that met the CSTE/CORHA or other jurisdiction-specific threshold for an outbreak).	YesNoUnknown
Please refer to the following link for more information regarding the CSTE/CORHA outbreak threshold: CSTE/CORHA HC Outbreak Definition	
Q5. Is this a new response or is it a continuing response reported during previous reporting period (prior to Aug 1, 2023)?	○ New response○ Continuing response
For continuing responses, please do not complete a new form.	
Navigate to the existing record in the record status dashboard record, and Update the existing record. All data entered should period).	
Q6. During which reporting period did the health department engage in activities related to this response?	 ☐ August 1, 2019 - July 31, 2020 ☐ August 1, 2020 - December 31, 2020 ☐ January 1, 2021 - July 31, 2021 ☐ August 1, 2021 - December 31, 2021
[check all that apply]	☐ January 1, 2022 - July 31, 2022 ☐ August 1, 2022 - December 31, 2022 ☐ January 1, 2023 - July 31, 2023 ☐ August 1, 2023 - December 31, 2023 ☐ January 1, 2024 - July 31, 2024
Epidemiological investigation	
Q7. Did this response involve any of the following issues:	☐ Injection safety breach (other than drug diversion☐ Drug diversion
[Check all that apply]	 Medical device reprocessing breach Medical product contamination other than device, extrinsic (facility) Medical product or device contamination, intrinsic (pre-facility) Environmental cleaning and disinfection issue Facility water issue Foodborne illness Other None Unknown
Q7a. Type of medical device:	
[Optional]	
Q7b. Type of product:	
[Optional]	



Q7c. Type of product:	
[Optional]	
Q7d. Other, specify:	
Q8. In this response, were there any outbreak-associated patient or healthcare personnel colonization or infections identified (this includes confirmed or probable cases)	YesNoUnknown
Q8a. Number of cases (include confirmed and probable cases)	(If not known, please approximate and use the comments field to explain further, as needed. Please enter 0 if no cases identified.)
Q8b. In which of the following age groups was colonization or infection identified? Note: This question does not ask the health departments to collect any additional information or perform colonization testing, but to report this information if it is known	 □ Patients/residents - Infant (0-2 years) □ Patients/residents - Pediatric (3-17 years) □ Patients/residents - Adults (18-64 years) □ Patients/residents - Older adults (65+ years) □ No colonization or infection were identified among patients or residents □ Unknown
Q8c. Was colonization or infection identified among any of the Note: This question does not ask the health departments to coll colonization testing, but to report this information if it is known	
Definitions Direct care personnel-Care Providers Direct care personnel-Are Physician Nurse Practitioners/Physician Assistants Registered Assistants Respiratory therapist Physical/Occupation therapist technicians Phlebotomists Registrars Volunteers Environment Pharmacists Supply chain Patient/resident family members Hoservices (e.g., hair/nails) Direct care personnel - Care Providers Direct care personnel - Ancillary Indirect care personnel Visitors Other None of the above Unknown	Nurse Licensed Practical Nurse Certified Nursing t Speech Therapist Dietary personnel Radiology
Q8c (i). Specify the type of care provider:	 □ Physician □ Nurse Practitioners/Physician Assistants □ Registered Nurse □ Licensed Practical Nurse □ Certified Nursing Assistants □ Other □ None of the above □ Unknown

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Q8c (ii). Specify the type of ancilliary care personnel:	Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Other None of the above
Q8c (iii). Specify the type of indirect care personnel:	☐ Environmental Services Personnel ☐ Sterile Processing Department ☐ Pharmacists ☐ Supply chain ☐ Others ☐ None of the above ☐ Unknown
Q8c (iv). Specify the type of visitors/contracted personnel:	☐ Patient/resident family members ☐ Hospice care providers ☐ Chaplains ☐ Resident personal services (e.g., hair/nails) ☐ Others ☐ None of the above ☐ Unknown
Q8c (v). Please specify the "other" group in which colonization or infection identified:	
Q9. Infection type(s): [Check all that apply]	 No infection identified ☐ Gastrointestinal ☐ Respiratory tract ☐ Blood stream ☐ Surgical site ☐ Skin/soft tissue ☐ Eye ☐ Urinary tract ☐ Neurological ☐ Other ☐ Unknown
Q9a. Other, please specify:	
[Optional]	
Q10. Number of potentially exposed patients:	
Please provide an approximate number, if unknown please enter "Unknown".	(Please provide an approximate number, if unknown please enter "Unknown". Please enter 0 if no cases identified.)
Q11. Was transmission within a healthcare facility suspected in this investigation (including colonization or infection)?	YesNoUnknown/unclear

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	Page 6
Q12. Primary pathogen identified	Achromobacter spp.
	Acinetobacter spp.
Select the most common pathogen identified. Choose the	Adenovirus
most specific choice available.	○ Aspergillus spp.
	Bacillus spp.
	Burkholderia Spp. Candida avvis
	Candida aurisCandida spp. (not including Candida auris)
	Citrobacter spp.
	Creutzfeldt-Jakob disease (CJD)
	Clostridioides difficile
	Clostridioides perfringens
	Clostridioides sordelli
	Clostridioides spp. (not including Clostridioides
	difficile)
	○ Cytomegalo virus
	Cryptococcus neoformans
	○ Ebola virus
	Elizabethkingia spp.
	 Enterobacter sakazakii
	Enterobacter spp.
	Enterococcus spp.
	○ Enterovirus spp.
	Escherichia coli Facharichia ann (not including Faceli)
	Escherichia spp. (not including E. coli)Hepatitis A
	Hepatitis B
	Hepatitis C
	Human immunodeficiency virus (HIV)
	○ Influenza virus
	Klebsiella spp.
	C Legionella spp.
	○ Listeria spp.
	Measles virus
	Middle East respiratory syndrome-coronavirus
	(MERS-Cov)
	○ Monkeypox virus
	Mucor spp.Mycobacterium tuberculosis
	Nontuberculous Mycobacteria (NTM)
	Norovirus
	O Pantoea spp.
	O Propionibacterium spp.
	O Proteus spp.
	O Providencia spp.
	Pseudomonas spp.
	Ralstonia spp.
	Respiratory Syncytial virus
	○ Rhodococcus spp.
	○ Salmonella spp.○ SARS-CoV-2
	Serratia spp.
	Staphylococcus aureus (methicillin resistant) -
	MRSA
	 Staphylococcus aureus (methicillin susceptible) -
	MSSA
	 Staphylococcus aureus (methicillin resistance
	unknown)
	Staphylococcus spp. (not including Staphylococcus
	aureus)
	Stenotrophomonas spp.Streptococcus pyogenes (Group A strep)
	Streptococcus pyogenes (Group A strep) Streptococcus agalactiae (Group B strep)
	Streptococcus spp. (not including Streptococcus
	pyogenes or Streptococcus agalactiae)
	○ Zika virus
	○ Other
	No organism identified
06/04/2024 12:34pm	○ Not applicable projectredcap.org REDCap ®

	○ Unknown
Q12a. Other pathogen(s) identified:	
[Optional]	(Please list up to 3 other pathogens identified in the response. Each pathogen name should be separated by a semicolon.)
Q12b. Is this pathogen a novel or targeted MDRO (nMDRO)?	YesNoUnknown
If this is an nMDRO investigation, please report in PM2 ins	tead of PM3
Facility/Setting Information	
Q13. Setting Type(s): Select setting types involved (where infections were identified, screenings were conducted, onsite assessments were performed, etc.). Additionally, select the setting type that best describes how the overall facility is licensed (e.g., in a SNF that cares for ventilated residents, select vSNF.) [Check all that apply]	 □ Acute Care Hospital (ACH) □ Critical Access Hospital (CAH) □ Inpatient Rehabilitation Facility □ Long-term Acute Care Hospital (LTACH) □ Ventilator-capable Nursing Home/ Skilled Nursing Facility (vSNF) □ Nursing Home/ Skilled Nursing Facility (SNF) □ Assisted Living Facility □ Other congregate setting (e.g., group homes, homeless shelter) □ Dialysis Facility (outpatient) □ Dental Office □ Ambulatory Surgical Center □ Other outpatient setting □ Other healthcare settings □ Unknown
Q13a. Please select the location within the ACH, if applicable [Optional, Check all that apply]	☐ Intensive care unit ☐ Burn unit ☐ Oncology unit ☐ Dialysis unit ☐ Operating room ☐ Emergency department ☐ Transplant unit ☐ Labor and delivery ☐ Medical unit ☐ Surgical unit ☐ Rehab unit ☐ Other ☐ Unknown
Q13a (i). Intensive care unit type:	☐ General
[Optional, Check all that apply]	 ☐ Medical care ☐ Surgical ☐ Neuro ☐ Neonatal intensive care unit (NICU) ☐ Pediatric intensive care unit (PICU) ☐ Other
Q13a (ii). Other location within the facility, specify:	

Q13b. Please select the location within the LTACH, if applicable	☐ Intensive care unit☐ Non-Intensive care unit☐ Other☐ Unknown
Q13c. Please select the location within the vSNF, if applicable	 □ Ventilator unit (or ventilated residents, if no separate ventilator unit) □ Non-ventilator unit □ Other □ Unknown
Q13d. Please select the location within the SNF, if applicable	 ☐ Tracheostomy unit (e.g., provides tracheostomy care but not license for ventilator services) ☐ Short-stay unit in long-term care facility ☐ Memory care unit ☐ Other ☐ Unknown
Q13e (i). Please select the types of congregate settings [check all that apply]	☐ Group home ☐ Homeless shelter ☐ Behavioral health/ mental health facility ☐ Correctional facility ☐ School health clinic ☐ Migrant shelter ☐ Independent living facility ☐ Emergency shelters (other than homeless shelters) ☐ Other ☐ Unknown
Q13e (ii). Other congregate setting type, specify:	
Q13f(i). Please select the other outpatient setting type and services provided. [check all that apply]	☐ Urology ☐ Endoscopy ☐ Wound clinic ☐ Pain clinic ☐ Home health ☐ Oncology ☐ Dermatology ☐ Ophthalmology/ eye clinic
	☐ Ophthalmology/ eye cliffic ☐ Federally Qualified Health Centers (FQHC) ☐ Other ☐ Unknown
Q13f(ii). Other outpatient setting type, specify:	
Q13g. Other setting type, specify:	
[Optional]	

Q14a. NHSN OrgID of the primary outbreak facility (i.e., If this response activity includes more than one facility, please provide the NHSN OrgID of the facility where the majority of the health department response activity occurred). shared please complete Q14b.

If NHSN OrgID is unknown, not available, or cannot be

Note: for more information on how to obtain a facility NHSN OrgID visit:

https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.p

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

(If NHSN OrgID is unknown, not available, or cannot be shared please complete Q14b.)

(Only complete if NHSN OrgID is unknown, not

available, or cannot be shared.)

0	Aleutians East Aleutians West Anchorage Bethel Bristol Bay Chugach Copper River Denali Dillingham Fairbanks North Star Haines Hoonah-Angoon Juneau Kenai Peninsula Ketchikan Gateway Kodiak Island Kusilvak Lake and Peninsula Matanuska-Susitna Nome North Slope Northwest Arctic Petersburg Borough Prince of Wales-Hyder Sitka Skagway Southeast Fairbanks Wrangell Yakutat
\bigcirc	Aleutians West
Ŏ	Anchorage
Q	Bethel
\bigcirc	Bristol Bay
\bigcirc	Chugach
\bigcirc	Copper River
\bigcirc	Denali
\bigcirc	Dillingham
\bigcirc	Fairbanks North Star
\bigcirc	Haines
\bigcirc	Hoonah-Angoon
\bigcirc	Juneau
\bigcirc	Kenai Peninsula
Ŏ	Ketchikan Gateway
Ō	Kodiak Island
Ŏ	Kusilvak
Ŏ	Lake and Peninsula
Ŏ	Matanuska-Susitna
Ŏ	Nome
Ŏ	North Slope
Ŏ	Northwest Arctic
Ŏ	Petersburg Borough
Ŏ	Prince of Wales-Hyder
Ŏ	Sitka
Ŏ	Skagway
Ŏ	Southeast Fairbanks
Ŏ	Wrangell
$\check{\frown}$	Yakutat

Yukon-Koyukuk

○ CDC Test 1

O CDC Test 2

CDC Test 3

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(Only complete if NHSN OrgID is unknown, not

available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	○ Baldwin
than one county, please include the county of the	Barbour
facility where the majority of the health department	○ Bibb
response activity occurred)	O Blount
	O Bullock
Only complete if NHSN OrgID is unknown, not available,	○ Butler
or cannot be shared.	○ Calhoun
	○ Chambers
	○ Cherokee
	○ Chilton
	○ Choctaw○ Clarke
	○ Clarke
	○ Cleburne
	O Coffee
	○ Colbert
	○ Conecuh
	○ Coosa
	○ Covington
	Crenshaw
	Cullman
	○ Dale
	O Dallas
	○ DeKalb○ Elmore
	○ Escambia
	© Etowah
	○ Fayette
	○ Franklin
	○ Geneva
	○ Greene
	○ Hale
	Henry
	Houston
	Jackson
	○ Jefferson○ Lamar
	○ Lauderdale
	○ Lawrence
	O Lee
	Limestone
	Lowndes
	○ Macon
	Madison
	○ Marengo
	○ Marion
	○ Marshall○ Mobile
	○ Monroe
	○ Montgomery
	Morgan
	Perry
	○ Pickens
	○ Pike
	○ Randolph
	Russell
	○ Shelby
	St. Clair
	○ Sumter○ Talladega
	○ Tallapoosa
	○ Tuscaloosa
	○ Walker
	Washington
	○ Wilcox
	Winston
	(Only complete if NHSN OrgID is unknown, not
06/04/2024 12:34pm	available, or cannot be shared or REDCap

Q14b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department	ArkansasAshleyBaxterBenton
esponse activity occurred)	
f this response activity includes facilities in more than one county, please include the county of the	Ashley Baxter Benton Boone Bradley Calhoun Carroll Chicot Clark Clay Cleburne Cleveland Columbia Conway Craighead Crawford Crittenden Cross Dallas Desha Drew Faulkner Franklin Fulton Garland Grant Greene Hempstead Hot Spring Howard Independence Izard Jackson Jefferson Johnson Lafayette Lawrence Lee Lincoln Little River Logan Lonoke Madison Marion Miller Mississippi Monroe Montgomery Nevada Newton Ouachita Perry Phillips Pike Poinsett Polk Pope Prairie Plaski Randolph
	○ Saline○ Scott○ Searcy
	SearcySebastianSevier
	Sharp
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	 ∪ Union ○ Van Buren ○ Washington ○ White ○ Woodruff ○ Yell (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Apache ○ Cochise ○ Coconino ○ Gila ○ Graham ○ Greenlee ○ La Paz ○ Maricopa ○ Mohave ○ Navajo ○ Pima ○ Pinal ○ Santa Cruz ○ Yavapai ○ Yuma (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Eastern ○ Manu'a ○ Rose Atoll ○ Swains Island ○ Western (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

○ Alameda Q14b. County of the primary outbreak facility (i.e., Alpine If this response activity includes facilities in more ○ Amador than one county, please include the county of the O Butte facility where the majority of the health department ○ Calaveras response activity occurred) ○ Colusa Only complete if NHSN OrgID is unknown, not available, O Contra Costa or cannot be shared. O Del Norte O El Dorado ○ Fresno \bigcirc Glenn \bigcirc Humboldt Imperial ○ Inyo ○ Kern ○ Kings ○ Lake Lassen Cos Angeles Madera Mariposa Mendocino Merced Mono Monterey ○ Napa Nevada ○ Orange O Placer Plumas ○ Riverside Sacramento San Benito San Bernardino San Diego San Francisco San Joaquin San Luis Obispo ○ San Mateo Santa Barbara Santa Clara ○ Santa Cruz ○ Shasta ○ Sierra ○ Siskiyou ○ Solano ○ Sonoma Stanislaus ○ Sutter O Tehama Trinity \bigcirc Tuolumne \bigcirc Ventura O Yolo Yuba (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Cook (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Agrihan Alamagan Anatahan Pagan Rota Saipan Tinian (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



○ Adams Q14b. County of the primary outbreak facility (i.e., ○ Alamosa If this response activity includes facilities in more Arapahoe than one county, please include the county of the ○ Archuleta facility where the majority of the health department ○ Baca response activity occurred) ○ Bent ○ Boulder Only complete if NHSN OrgID is unknown, not available, or cannot be shared. O Broomfield ○ Chaffee Cheyenne O Clear Creek ○ Conejos ○ Costilla Crowley Custer Delta O Denver O Dolores Douglas ○ Eagle ○ El Paso Elbert Fremont Garfield Gilpin Grand Gunnison ○ Huerfano ○ Jackson ○ Jefferson Kiowa ○ La Plata ○ Lake ○ Larimer Las Animas ○ Lincoln ○ Logan) Mesa Montezuma Montrose ○ Morgan ○ Otero Ouray O Park O Phillips O Pitkin Prowers O Pueblo ○ Rio Blanco ○ Rio Grande $\bigcirc \ \mathsf{Routt}$ \bigcirc Saguache O San Juan ○ San Miguel ○ Sedgwick ○ Summit ○ Teller ○ Washington ○ Weld ○ Yuma (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Fairfield ○ Hartford ○ Litchfield ○ Middlesex ○ New Haven ○ New London ○ Tolland ○ Windham (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	O District of Columbia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared	 ○ Kent ○ New Castle ○ Sussex (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,	○ Alachua
If this response activity includes facilities in more	Baker
than one county, please include the county of the	O Bay
facility where the majority of the health department	Bradford
response activity occurred)	Brevard
	Broward
Only complete if NHSN OrgID is unknown, not available,	○ Calhoun
or cannot be shared.	○ Charlotte
	○ Citrus
	○ Clay
	○ Collier
	○ Columbia
	O DeSoto
	○ Dixie○ Duval
	○ Escambia
	○ Flagler
	Franklin
	Gadsden
	○ Gilchrist
	○ Glades
	Gulf
	Hamilton
	○ Hardee
	Hendry
	Hernando
	Highlands
	Hillsborough
	Holmes
	\bigcirc Indian River
	Jackson
	○ Jefferson
	○ Lafayette
	○ Lake
	○ Lee
	○ Leon
	○ Levy○ Liberty
	Lower Keys in Monroe
	○ Madison
	Mainland Monroe
	○ Manatee
	Miami-Dade
	Middle Keys in Monroe
	○ Nassau
	Okaloosa
	Okeechobee
	Orange
	Osceola
	O Palm Beach
	○ Pasco○ Pinellas
	O Polk
	O Putnam
	Santa Rosa
	○ Sarasota
	Seminole
	◯ St. Johns
	St. Lucie
	Suwannee
	Taylor
	Union
	O Upper Keys in Monroe
	○ Volusia
	○ Wakulla
06/04/2024 12:34pm	○ Walton projectro



	 Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., lf this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Chuuk Lagoon ○ Eauripik ○ Fais ○ Fananu ○ Faraulep ○ Kapingamarangi ○ Kosrae ○ Losap ○ Lukunoch ○ Mwoakilloa ○ Ngulu ○ Nukuoro ○ Onoun ○ Oroluk ○ Pakin ○ Pingelap ○ Pohnpei ○ Polowat ○ Sapwuahfik ○ Satawal ○ Ulithi ○ Woleai ○ Yap (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,	○ Appling
f this response activity includes facilities in more	○ Atkinson
than one county, please include the county of the	○ Bacon
acility where the majority of the health department	○ Bacon
response activity occurred)	○ Baldwin
esponse activity occurred)	○ Banks
Only complete if NUCN OralD is unknown, not available	O Barrow
Only complete if NHSN OrgID is unknown, not available,	
or cannot be shared.	○ Bartow
	O Ben Hill
	O Berrien
	○ Bibb
	O Bleckley
	O Brantley
	O Brooks
	O Bryan
	Bulloch
	○ Burke
	Butts
	Calhoun
	Camden
	Candler
	Carroll
	O Catoosa
	○ Charlton
	○ Chatham
	Chattahoochee
	○ Chattooga
	○ Cherokee
	○ Clarke
	○ Clay
	○ Clayton
	○ Clayton
	Cobb
	○ Cobb ○ Coffee
	○ Colquitt
	○ Cook
	○ Cook
	○ Coweta
	Crawford
	○ Crisp
	O Dade
	O Dawson
	O Decatur
	○ DeKalb
	O Dodge
	O Dooly
	Dougherty
	Douglas
	Early
	Echols
	Effingham
	Elbert
	Emanuel
	Evans
	Fannin
	Fayette
	◯ Floyd
	Forsyth
	○ Franklin
	Fulton
	○ Gilmer
	○ Glascock
	○ Gluscock ○ Glynn
	○ Glyllii ○ Gordon
	Grady
	○ Grady ○ Greene
	○ Gwinnett○ Habersham
	○ Habersham
06/04/2024 12:34pm	○ Hall

\bigcirc	Hancock
\bigcirc	Haralson Harris
\sim	Hart
000	Heard
Ŏ	Henry
\circ	Houston
0	Irwin
0	Jackson Jasper
\circ	Jeff Davis
\bigcirc	Jefferson
0	Jenkins
\circ	Johnson
Ŏ	Jones Lamar
\sim	Lanier
0	Laurens
000000	Lee
Ó	Liberty
\bigcirc	Lincoln
\sim	Long Lowndes
Ŏ	Lumpkin
	Macon
0000000	Madison
Õ	Marion
\circ	McDuffie
\bigcirc	McIntosh Meriwether
\sim	Miller
$\tilde{\circ}$	Mitchell
\bigcirc	Monroe
Ŏ	Montgomery
Q	Morgan
\bigcirc	Murray
0	Muscogee Newton
$\tilde{\circ}$	Oconee
Ŏ	Oglethorpe
Ō	Paulding
\circ	Peach
\bigcirc	Pickens Pierce
\sim	Pike
$\tilde{\circ}$	Polk
Ŏ	Pulaski
Ŏ	Putnam
Ó	Quitman
000000000000000000000000000000000000000	Rabun
\bigcirc	Randolph Richmond
\sim	Rockdale
Ŏ	Schley
Ō	Screven
Ó	Seminole
\bigcirc	Spalding
\sim	Stephens Stewart
\cap	Sumter
\bigcirc	Talbot
Ŏ	Taliaferro
Ŏ	Tattnall
\bigcirc	Taylor
\bigcirc	Telfair Terrell
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O	Towns Treutlen

	 Troup Turner Twiggs Union Upson Walker Walton Ware Warren Washington Wayne Webster Wheeler White Whitfield Wilcox Wilkes Wilkinson Worth (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Guam (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Hawaii ○ Honolulu ○ Kalawao ○ Kauai ○ Maui (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Harris(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	

Q14b. County of the primary outbreak facility (i.e.,	○ Adair		
If this response activity includes facilities in more	Adams		
than one county, please include the county of the	○ Allamakee		
facility where the majority of the health department	Appanoose		
response activity occurred)	Audubon		
response delivity occurred)	Benton		
Only complete if NHSN OrgID is unknown, not available,	Black Hawk		
or cannot be shared.	○ Boone		
or cultion be strated.	○ Bremer		
	○ Buchanan		
	Buena Vista		
	Butler		
	○ Calhoun		
	Carroll		
	Cass		
	○ Cass ○ Cedar		
	Cerro Gordo		
	○ Cherokee		
	○ Chickasaw		
	○ Clarke		
	Clay		
	○ Clay ○ Clayton		
	Clinton		
	○ Crawford		
	O Clawford O Dallas		
	O Dallas O Davis		
	DecaturDelaware		
	DelawareDes Moines		
	Des MontesDickinson		
	DickinsonDubuque		
	○ Emmet		
	○ Fayette		
	○ Floyd		
	○ Franklin		
	FremontGreene		
	Grundy		
	○ Guthrie		
	Hamilton		
	Hancock		
	Hardin		
	Harrison		
	Henry		
	Howard		
	Humboldt		
	O Ida		
	Olowa		
	○ Jackson		
	○ Jackson		
	○ Jefferson		
	○ Johnson		
) Jones		
	○ Keokuk		
	○ Kossuth		
	○ Lee		
	○ Linn		
	Louisa		
	Lucas		
	Lyon		
	○ Madison		
	○ Mahaska		
	○ Marion		
	○ Marshall		
	○ Mills		
	○ Mitchell		
	Monona		
	○ Monroe		
06/04/2024 12:24nm	Montgomery	projectredcap.org	₹E[
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O'Brien Osceola Page Palo Alto Plymouth Pocahontas Polk Pottawattamie Poweshiek Ringgold Sac Scott Shelby Sioux Story Tama Taylor Union Van Buren Wapello Warren Washington Wayne Webster Winnebago Winneshiek Woodbury Worth Wright	
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Q14b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	○ Adams
than one county, please include the county of the	○ Bannock
facility where the majority of the health department	Bear Lake
response activity occurred)	Benewah
	Ŏ Bingham
Only complete if NHSN OrgID is unknown, not available,	O Blaine
or cannot be shared.	○ Boise
	OBonner
	O Bonneville
	○ Boundary
	O Butte
	○ Camas
	Canyon
	○ Cariyon
	○ Caribou
	○ Clark
	○ Clark ○ Clearwater
	•
	○ Custer
	○ Elmore
	○ Franklin
	Fremont
	○ Gem
	○ Gooding
	Oldaho
	○ Jefferson
	○ Jerome
	○ Kootenai
	○ Latah
	○ Lemhi
	○ Lewis
	○ Lincoln
	○ Madison
	○ Minidoka
	○ Nez Perce
	Oneida
	Owyhee
	O Payette
	○ Power
	Shoshone
	○ Teton
	Twin Falls
	○ Valley
	○ Washington
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the	○ Adams○ Alexander○ Bond
facility where the majority of the health department response activity occurred)	○ Boone ○ Brown
Only complete if NHSN OrgID is unknown, not available,	○ Bureau○ Calhoun
or cannot be shared.	Carroll Cass
	ChampaignChristian
	Clark
	○ Clay○ Clinton
	○ Coles○ Cook
	CrawfordCumberland
	O De Kalb
	De WittDouglas
	○ DuPage○ Edgar
	EdwardsEffingham
	○ Fayette ○ Ford
	Franklin
	FultonGallatin
	○ Greene○ Grundy
	◯ Hamilton◯ Hancock
	○ Hardin○ Henderson
	Henry
	IroquoisJackson
	◯ Jasper◯ Jefferson
	○ Jersey○ Jo Daviess
	∫ Johnson∫ Kane
	○ Kankakee○ Kendall
	Knox
	○ La Salle○ Lake
	◯ Lawrence◯ Lee
	LivingstonLogan
	○ Macon○ Macoupin
	○ Madison○ Marion
	Marshall
	○ Mason○ Massac
	McDonoughMcHenry
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	Montgomery
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Moultrie Ogle Peoria Perry Piatt Pike Pope Pulaski Putnam Randolph Richland Rock Island Saline Sangamon Schuyler Scott Shelby St. Clair Stark Stephenson Tazewell Union Vermilion Wabash Warren Washington Wayne White Whiteside Will Williamson Winnebago Woodford
) Winnebago

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department.	○ Adams○ Allen○ Bartholomew
response activity occurred)	Blackford
If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department	AllenBartholomewBenton
	Newton Noble Ohio
	OrangeOwenParkePerryPikePorterPosey
06/04/2024 12:34pm	PulaskiPutnamRandolphRipley

○ Rush○ Scott
Shelby
○ Spencer
St. Joseph
○ Starke
○ Steuben
○ Sullivan
○ Switzerland
○ Tippecanoe
○ Tipton
○ Union
Vanderburgh
Vermillion
○ Vigo
○ Wabash
○ Warren
○ Warrick
Washington
○ Wayne
○ Wells
○ White
○ Whitley
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more	○ Allen○ Anderson	
than one county, please include the county of the	Atchison	
facility where the majority of the health department	○ Barber	
response activity occurred)	O Barton	
Only complete if NHCN OralD is unknown, not available	O Bourbon	
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Brown○ Butler	
or carmot be snared.	○ Chase	
	Chautauqua	
	○ Cherokee	
	Cheyenne	
	Clark	
	○ Clay	
	○ Cloud	
	○ Coffey	
	○ Comanche	
	CowleyCrawford	
	O Decatur	
	○ Dickinson	
	Doniphan	
	O Douglas	
	Edwards	
	○ Elk	
	○ Ellis	
	○ Ellsworth	
	○ Finney○ Ford	
	○ Franklin	
	Geary	
	○ Gove	
	○ Graham	
	Grant	
	○ Gray	
	○ Greeley	
	○ Greenwood○ Hamilton	
	○ Harper	
	Harvey	
	○ Haskell	
	Hodgeman	
	Jackson	
	Jefferson	
) Jewell	
	○ Johnson	
	KearnyKingman	
	○ Kingman	
	○ Labette	
	○ Lane	
	Leavenworth	
	Lincoln	
	Linn	
	○ Logan	
	○ Lyon	
	○ Marion○ Marshall	
	○ McPherson	
	○ Meade	
	Miami	
	○ Mitchell	
	Montgomery	
	O Morris	
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Osage Osborne Ottawa Pawnee Phillips Pottawatomie Pratt Rawlins Reno Republic Rice Riley Rooks Rush Russell Saline Scott Sedgwick Seward Shawnee Sheridan Sherman Smith Stafford Stanton Stevens Sumner Thomas Trego Wabaunsee Wallace Washington
○ Thomas○ Trego
○ Wallace
○ Wilson○ Woodson
Wyandotte(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,	◯ Adair	
If this response activity includes facilities in more	○ Allen	
than one county, please include the county of the	Anderson	
facility where the majority of the health department	Ballard	
response activity occurred)	○ Barren	
	○ Bath ○ Bell	
Only complete if NHSN OrgID is unknown, not available,	○ Boone	
or cannot be shared.	O Bourbon	
or carmot be smarear	O Boyd	
	○ Boyle	
	Bracken	
	Breathitt	
	○ Breckinridge	
	○ Bullitt ○ Butler	
	○ Caldwell	
	Calloway	
	○ Campbell	
	◯ Carlisle	
	Carroll	
	○ Carter	
	○ Casey	
	○ Christian○ Clark	
	Clay	
	Clinton	
	Crittenden	
	Cumberland	
	Daviess	
	○ Edmonson	
	○ Elliott○ Estill	
	○ Fayette	
	○ Fleming	
	○ Floyd	
	Franklin	
	O Fulton	
	○ Gallatin	
	○ Garrard○ Grant	
	○ Graves	
	○ Grayson	
	◯ Green	
	Greenup	
	○ Hancock	
	○ Hardin○ Harlan	
	○ Harrison	
	Hart	
	Henderson	
	Henry	
	○ Hickman	
	○ Hopkins	
	◯ Jackson◯ Jefferson	
	○ Jessamine	
	○ Johnson	
	Kenton	
	O Knott	
	○ Knox	
	○ Larue	
	○ Laurel○ Lawrence	
	○ Lawrence ○ Lee	
	○ Leslie	
	○ Letcher	
	Lewis	
06/04/2024 12:34pm	Lincoln	projectredcap.

Livingston	
○ Logan	
Lyon	
Madison	
Magoffin	
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○ Marshall	
○ Martin	
○ Mason	
Meade	
Menifee	
Mercer	
Metcalfe	
Monroe	
Montgomery	
O Morgan	
Muhlenberg	
Nelson	
Nicholas	
○ Ohio	
Oldham	
Owen	
Owsley	
Pendleton	
Perry	
○ Pike	
Powell	
O Pulaski	
Robertson	
○ Rockcastle	
Rowan	
Russell	
Scott	
Shelby	
Simpson	
○ Spencer	
○ Taylor	
○ Todd	
○ Trigg	
○ Trimble	
○ Union	
○ Warren	
○ Washington	
○ Wayne	
○ Webster	
○ Whitley	
○ Wolfe	
○ Woodford	
(Only complete if NHSN OrgID is unknown, not	
available, or cannot be shared.)	
○ Los Angeles	
(Only complete if NHSN OrgID is unknown, not	
available, or cannot be shared.)	
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Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

○ Acadia Q14b. Parish of the primary outbreak facility (i.e., ○ Allen If this response activity includes facilities in more ○ Ascension than one parish, please include the parish of the ○ Assumption facility where the majority of the health department response activity occurred) Avoyelles Beauregard Only complete if NHSN OrgID is unknown, not available, ○ Bienville ○ Bossier or cannot be shared. ○ Caddo ○ Calcasieu ○ Caldwell ○ Cameron Catahoula Claiborne Concordia O De Soto East Baton Rouge East Carroll East Feliciana Evangeline Franklin Iberia ○ Iberville Jackson) Jefferson O Jefferson Davis ○ Lafayette ○ Lafourche Lincoln Livingston Madison Morehouse Natchitoches Orleans Ouachita Plaquemines Pointe Coupee Rapides ○ Red River Richland Sabine ○ St. Bernard St. Charles ○ St. Helena ○ St. James O St. John The Baptist St. Landry St. Martin ○ St. Mary ○ St. Tammany ○ Tangipahoa ○ Tensas \bigcirc Terrebonne ○ Union ○ Vermilion ○ Vernon Washington ○ Webster ○ West Baton Rouge ○ West Carroll West Feliciana ○ Winn (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e., lf this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Barnstable ○ Berkshire ○ Bristol ○ Dukes ○ Essex ○ Franklin ○ Hampden ○ Hampshire ○ Middlesex ○ Nantucket ○ Norfolk ○ Plymouth ○ Suffolk ○ Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Allegany Anne Arundel Baltimore Baltimore City Calvert Caroline Cecil Charles Dorchester Frederick Garrett Harford Howard Kent Montgomery Prince Georges Queen Anne's Somerset St. Marys Talbot Washington Wicomico Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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○ Androscoggin
Aroostook
○ Cumberland
Franklin
○ Hancock
Kennebec
○ Knox
Lincoln
Oxford
Penobscot
O Piscataguis
○ Sagadahoc
Somerset
O Waldo
○ Washington
○ York
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e.,			
If this response activity includes facilities in more	○ Alger		
than one county, please include the county of the	Allegan		
facility where the majority of the health department	Alpena		
response activity occurred)	O Antrim		
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Only complete if NHSN OrgID is unknown, not available,	○ Baraga		
or cannot be shared.	O Barry		
	O Bay		
	○ Benzie○ Berrien		
	Branch		
	Calhoun		
	Cass		
	Charlevoix		
	Cheboygan		
	Chippewa		
	Clare		
	Clinton		
	Crawford		
	O Delta		
	O Dickinson		
	○ Eaton		
	○ Emmet		
	○ Genesee○ Gladwin		
	○ Gladwiii ○ Gogebic		
	○ Grand Traverse	۵	
	○ Gratiot	•	
	○ Hillsdale		
	Houghton		
	O Huron		
	Ingham		
	○ Ionia		
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	○ Iron		
	○ Isabella		
	○ Jackson		
	○ Kalamazoo○ Kalkaska		
	○ Kaikaska ○ Kent		
	○ Kent ○ Keweenaw		
	○ Lake		
	○ Lapeer		
	○ Leelanau		
	Lenawee		
	Livingston		
	Luce		
	Mackinac		
	Macomb		
	Manistee		
	○ Marquette		
	○ Mason		
	MecostaMenominee		
	○ Midland		
	○ Missaukee		
	○ Monroe		
	○ Montcalm		
	Montmorency		
	Muskegon		
	○ Newaygo		
	Oakland		
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○ Ottawa
Presque Isle
Roscommon
○ Saginaw
Sanilac
Schoolcraft
Shiawassee
○ St. Clair
St. Joseph
○ Tuscola
○ Van Buren
○ Washtenaw
○ Wayne
○ Wexford
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Aitkin Anoka Becker Beltrami Benton
esponse activity occurred)	○ Benton ○ Big Stone ○ Blue Earth
Only complete if NHSN OrgID is unknown, not available or cannot be shared.	
	CassChippewaChisago
	○ Clay○ Clearwater○ Cook
	CottonwoodCrow WingDakota
	○ Dodge○ Douglas○ Faribault
	 Fillmore Freeborn Goodhue
	○ Grant○ Hennepin○ Houston
	◯ Hubbard◯ Isanti
	○ Itasca○ Jackson○ Kanabec
	○ Kandiyohi○ Kittson○ Koochiching
	 Lac qui Parle Lake Lake of the Woods
	○ Le Sueur○ Lincoln○ Lyon
	○ Mahnomen ○ Marshall ○ Martin
	✓ McLeod✓ Meeker✓ Mille Lacs
	MorrisonMower
	○ Murray○ Nicollet○ Nobles
	○ Norman○ Olmsted○ Otter Tail
	○ Pennington○ Pine○ Pipestone
	○ Polk ○ Pope ○ Ramsey
	Red Lake Redwood Renville
	○ Rice ○ Rock
06/04/2024 12:34pm	○ Roseau○ Scottpro

Sherburne
○ Sibley
St. Louis
Stearns
○ Steele
Stevens
Swift
○ Todd
○ Traverse
○ Wabasha
○ Wadena
○ Waseca
○ Washington
Watonwan
Wilkin
Winona
Wright
Yellow Medicine
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)
available, or callifor be strated.)

Q14b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Adair○ Andrew○ Atchison○ Audrain○ Barry
esponse delivity occurred,	○ Barton
Only complete if NHSN OrgID is unknown, not available,	Bates
or cannot be shared.	O Benton
	○ Bollinger
	○ Boone○ Buchanan
	O Butler
	Caldwell
	Callaway
	Camden
	○ Cape Girardeau○ Carroll
	○ Carter
	○ Cass
	○ Cedar
	○ Chariton
	○ Christian○ Clark
	Clay
	Clinton
	○ Cole
	○ Cooper
	CrawfordDade
	O Dallas
	Daviess
	○ DeKalb
	○ Dent○ Douglas
	O Douglas O Dunklin
	○ Franklin
	Gasconade
	○ Gentry
	○ Greene○ Grundy
	○ Grandy○ Harrison
	Henry
	Hickory
	○ Holt
	○ Howard○ Howell
	○ Iron
	Jackson
	○ Jasper
	◯ Jefferson◯ Johnson
	○ Knox
	Laclede
	Lafayette
	○ Lawrence
	○ Lewis○ Lincoln
	○ Lincolli
	Livingston
	○ Macon
	○ Maries○ Marion
	○ McDonald
	Mercer
	○ Miller
	✓ Mississippi✓ Monitoru
06/04/2024 12:24pm	○ Moniteau○ Monroe
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Montgomery Morgan New Madrid Newton Nodaway Oregon Osage Ozark Pemiscot Perry Pettis Phelps Pike Platte Polk Pulaski Putnam Ralls Randolph Ray Reynolds Ripley Saline Schuyler Scotland Scott Shannon Shelby St. Charles St. Louis St. Cair St. St. Genevieve Stoddard Stone Sullivan Taney Texas Vernon Washington Wayne Webster Worth Wright	
Worth	not

Q14b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	Alcorn
than one county, please include the county of the	○ Amite
	•
facility where the majority of the health department	○ Attala
response activity occurred)	O Benton
	○ Bolivar
Only complete if NHSN OrgID is unknown, not available,	Calhoun
or cannot be shared.	Carroll
	Chickasaw
	Choctaw
	Claiborne
	O Clarke
	Clay
	Coahoma
	○ Copiah
	○ Copian ○ Covington
	○ DeSoto
	○ Forrest
	Franklin
	George
	Greene
	Grenada
	Hancock
	Harrison
	Hinds
	Holmes
	○ Humphreys
	○ Issaquena
	Itawamba
	Jackson
	○ Jasper
	Jefferson
	Jefferson Davis
	Jones
	◯ Kemper
	○ Lafayette
	Lamar
	○ Lauderdale
	○ Lauderdale
	•
	○ Leake
	○ Lee
	○ Leflore
	Lincoln
	Lowndes
	Madison
	Marion
	Marshall
	Monroe
	Montgomery
	○ Neshoba
	○ Newton
	○ Noxubee
	○ Noxubee ○ Oktibbeha
	O Oktibbella O Panola
	•
	O Pearl River
	O Perry
	O Pike
	Pontotoc
	Prentiss
	Quitman
	Rankin
	◯ Scott
	Sharkey
	Simpson
	○ Smith
	•
	○ Stone
	○ Sunflower
06/04/2024 12:34pm	○ Tate

○ Tippah
○ Tishomingo
○ Tunica
○ Union
○ Walthall
○ Warren
Washington
○ Wayne
○ Webster
○ Wilkinson
○ Winston
○ Yazoo
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

○ Beaverhead Q14b. County of the primary outbreak facility (i.e., O Big Horn If this response activity includes facilities in more ○ Blaine than one county, please include the county of the $\bigcirc \ Broadwater$ facility where the majority of the health department \bigcirc Carbon response activity occurred) ○ Carter Only complete if NHSN OrgID is unknown, not available, ○ Cascade or cannot be shared. ○ Chouteau ○ Custer ○ Daniels \bigcirc Dawson O Deer Lodge ○ Fallon Fergus Flathead ○ Gallatin Garfield Glacier ○ Golden Valley Granite ○ Hill | Jefferson O Judith Basin Chark
Lewis and Clark Children Control
Liberty ○ Lincoln Madison ○ Meagher Mineral Missoula Musselshell Park Petroleum Phillips Pondera O Powder River O Powell Prairie ○ Ravalli Richland ○ Roosevelt ○ Rosebud ○ Sanders ○ Sheridan ○ Silver Bow Stillwater ○ Sweet Grass ○ Teton ○ Toole ○ Treasure ○ Valley \bigcirc Wheatland ○ Wibaux ○ Yellowstone (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e.,	○ Alamance		
If this response activity includes facilities in more	○ Alexander		
than one county, please include the county of the	○ Alleghany		
facility where the majority of the health department	Anson		
response activity occurred)	○ Ashe		
	Avery		
Only complete if NHSN OrgID is unknown, not available,	Beaufort		
or cannot be shared.	O Bertie		
	O Bladen		
	O Brunswick		
	O Buncombe		
	○ Burke○ Cabarrus		
	○ Cabarrus ○ Caldwell		
	○ Camden		
	○ Carteret		
	Caswell		
	Catawba		
	Chatham		
	Cherokee		
	Chowan		
	○ Clay		
	○ Cleveland		
	Columbus		
	○ Craven		
	Cumberland		
	○ Currituck○ Dare		
	○ Dare○ Davidson		
	O Davie		
	O Duplin		
	O Durham		
	Edgecombe		
	Forsyth		
	Franklin		
	Gaston		
	○ Gates		
	○ Graham		
	○ Granville		
	○ Greene		
	○ Guilford○ Halifax		
	○ Harnett		
	Haywood		
	Henderson		
	Hertford		
	O Hoke		
	O Hyde		
	○ Iredell		
	Jackson		
	O Johnston		
	○ Jones		
	○ Lee		
	○ Lenoir		
	○ Lincoln○ Macon		
	○ Madison		
	○ Martin		
	○ McDowell		
	○ Mecklenburg		
	Mitchell		
	Montgomery		
	Moore		
	Nash		
	New Hanover		
	Northampton		
	Onslow		
	○ Orange		
06/04/2024 12:34pm	Pamlico	projectredcap.org	- 1



Pasquotank Pender Perquimans Person Pitt Polk Randolph Richmond Robeson Rockingham Rowan Rutherford Sampson Scotland Stanly Stokes Surry Swain Transylvania Tyrrell Union Vance Wake Warren Washington Watauga Wayne Wilkes
○ Watauga○ Wayne
YadkinYancey(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

○ Adams Q14b. County of the primary outbreak facility (i.e., ○ Barnes If this response activity includes facilities in more than one county, please include the county of the ○ Benson ○ Billings facility where the majority of the health department ○ Bottineau response activity occurred) OBowman ○ Burke Only complete if NHSN OrgID is unknown, not available, or cannot be shared. \bigcirc Burleigh ○ Cass ○ Cavalier ○ Dickey O Divide O Dunn ○ Eddy Emmons ○ Foster ○ Golden Valley Grand Forks ○ Grant Griggs Hettinger LaMoure Companies McHenry McIntosh McKenzie Mercer Morton Mountrail ○ Nelson Oliver Pembina Pierce Ramsey Ransom Renville Richland Rolette Sargent Sheridan ○ Sioux ○ Slope ○ Stark ○ Steele Stutsman ○ Towner ○ Traill ○ Walsh ○ Ward O Wells ○ Williams (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Adams○ Antelope○ Arthur○ Banner○ Blaine
f this response activity includes facilities in more than one county, please include the county of the	 ○ Antelope ○ Arthur ○ Banner ○ Boone ○ Boyd ○ Brown ○ Buffalo ○ Burt ○ Butler ○ Cass ○ Cedar ○ Chase ○ Cherry ○ Cherry ○ Cheyenne ○ Clay ○ Colfax ○ Cuming ○ Custer ○ Dakota ○ Dawes ○ Dawes ○ Douglas ○ Douglas ○ Douglas ○ Franklin ○ Franklin ○ Frontier ○ Furnas ○ Gage ○ Garden ○ Garfield ○ Gosper ○ Greeley ○ Hall ○ Hamilton ○ Harlan ○ Harlan ○ Harlan ○ Hall ○ Hall ○ Hall ○ Hooker ○ Howard ○ Jefferson ○ Johnson ○ Kearney ○ Keith ○ Keya Paha ○ Kimball ○ Knox ○ Lancaster ○ Lincoln ○ Loup
	 Madison McPherson Merrick Morrill Nance
	NemahaNuckollsOtoePawneePerkins
06/04/2024 12:34pm	Phelps

	Pierce Platte Polk Red Willow Richardson Rock Saline Sarpy Saunders Scotts Bluff Seward Sheridan Sherman Sioux Stanton Thayer Thomas Thurston Valley Washington Wayne Webster Wheeler York (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Belknap ○ Carroll ○ Cheshire ○ Coos ○ Grafton ○ Hillsborough ○ Merrimack ○ Rockingham ○ Strafford ○ Sullivan (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Atlantic Bergen Burlington Camden Cape May Cumberland Essex Gloucester Hudson Hunterdon Mercer Middlesex Monmouth Morris Ocean Passaic Salem Somerset Sussex Union Warren (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 □ Bernalillo □ Catron □ Chaves □ Cibola □ Colfax □ Curry □ De Baca □ Dona Ana □ Eddy □ Grant □ Guadalupe □ Harding □ Hidalgo □ Lea □ Lincoln □ Los Alamos □ Luna □ McKinley □ Mora □ Otero □ Quay □ Rio Arriba □ Roosevelt □ San Juan □ San Miguel □ Sandoval □ Santa Fe □ Sierra □ Socorro □ Taos □ Torrance □ Union □ Valencia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

06/04/2024 12:34pm projectredcap.org **REDCap***

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the	○ Carson City○ Churchill○ Clark
facility where the majority of the health department response activity occurred)	○ Douglas ○ Elko
Only complete if NHSN OrgID is unknown, not available,	○ Esmeralda ○ Eureka
or cannot be shared.	Humboldt
	Lander
	○ Lincoln ○ Lyon
	○ Mineral
	Nye
	○ Pershing○ Storey
	○ Storey ○ Washoe
	 White Pine (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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○ Albany Q14b. County of the primary outbreak facility (i.e., ○ Allegany If this response activity includes facilities in more ○ Bronx than one county, please include the county of the ○ Broome facility where the majority of the health department response activity occurred) ○ Cattaraugus Cayuga Only complete if NHSN OrgID is unknown, not available, Chautauqua or cannot be shared. Chemung ○ Chenango ○ Clinton Columbia ○ Cortland ○ Delaware Dutchess ○ Erie ○ Essex Franklin ○ Fulton Genesee ○ Greene ○ Hamilton Herkimer Iefferson Characteristics Livingston Madison Monroe Montgomery ○ Nassau New York (Manhattan) Niagara Oneida Onondaga Ontario Orange Orleans ○ Oswego ○ Otsego Putnam Queens ○ Rensselaer Richmond ○ Rockland Saratoga ○ Schenectady Schoharie ○ Schuyler ○ Seneca ○ St. Lawrence ○ Steuben ○ Suffolk ○ Sullivan ○ Tioga ○ Tompkins ○ Ulster Warren Washington Wayne Westchester Wyoming ○ Yates (Only complete if NHSN OrgID is unknown, not

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available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,
If this response activity includes facilities in more
than one county, please include the county of the
facility where the majority of the health department
response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

○ Bronx
○ Kings
New York (Manhattan)
Queens
Richmond
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)



Q14b. County of the primary outbreak facility (i.e.,	○ Adams		
If this response activity includes facilities in more	○ Allen		
than one county, please include the county of the	○ Ashland		
facility where the majority of the health department response activity occurred)	AshtabulaAthens		
response activity occurred)	○ Auglaize		
Only complete if NHSN OrgID is unknown, not available,	○ Belmont		
or cannot be shared.	Brown		
	Butler		
	○ Carroll		
	○ Champaign		
	○ Clark○ Clermont		
	○ Clinton		
	○ Columbiana		
	Coshocton		
	Crawford		
	Cuyahoga		
	O Darke		
	DefianceDelaware		
	○ Erie		
	○ Fairfield		
	○ Fayette		
	Franklin		
	Fulton		
	○ Gallia		
	○ Geauga		
	○ Greene○ Guernsey		
	Hamilton		
	Hancock		
	Hardin		
	Harrison		
	○ Henry		
	HighlandHocking		
	Holmes		
	Huron		
	◯ Jackson		
	Jefferson		
	○ Knox		
	○ Lake		
	LawrenceLicking		
	Logan		
	○ Lorain		
	Lucas		
	○ Madison		
	○ Mahoning		
	MarionMedina		
	○ Meigs		
	○ Mercer		
	◯ Miami		
	Monroe		
	Montgomery		
	○ Morgan		
	○ Morrow○ Muskingum		
	○ Noble		
	Ottawa		
	O Paulding		
	Perry		
	O Pickaway		
	O Pike		
	○ Portage○ Preble		
06/04/2024 12:24pm	O Putnam	projectrodes = ===	REC
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○ Richland
Ross
Sandusky
○ Scioto
Seneca
Shelby
Stark
9
Summit
Trumbull
Tuscarawas
○ Union
○ Van Wert
○ Vinton
Warren
○ Washington
○ Wayne
○ Williams
○ Wood
Wyandot
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,			
If this response activity includes facilities in more	○ Alfalfa		
than one county, please include the county of the	Atoka		
facility where the majority of the health department	○ Beaver		
response activity occurred)	○ Beckham		
Only complete if NHSN OrgID is unknown, not available,	○ Blaine○ Bryan		
or cannot be shared.	○ Caddo		
or carmot be shared.	○ Canadian		
	○ Carter		
	O Cherokee		
	Choctaw		
	○ Cimarron		
	○ Cleveland		
	○ Coal○ Comanche		
	O Cotton		
	○ Craig		
	O Creek		
	Custer		
	Delaware		
	O Dewey		
	○ Ellis		
	○ Garfield		
	○ Garvin○ Grady		
	○ Grady ○ Grant		
	○ Greer		
	Harmon		
	○ Harper		
	○ Haskell		
	○ Hughes		
	○ Jackson		
	○ Jefferson○ Johnston		
	○ Kay		
	○ Kingfisher		
	◯ Kiowa		
	Latimer		
	C Le Flore		
	○ Lincoln		
	○ Logan ○ Love		
	○ Major		
	○ Marshall		
	Mayes		
	McClain		
	McCurtain		
	O McIntosh		
	○ Murray		
	○ Muskogee○ Noble		
	○ Nowata		
	Okfuskee		
	Oklahoma		
	Okmulgee		
	Osage		
	Ottawa		
	O Pawnee		
	○ Payne○ Pittsburg		
	O Pontotoc		
	O Pottawatomie		
	Pushmataha		
	O Roger Mills		
	○ Rogers		
	Seminole		
	○ Sequoyah		
06/04/2024 12:34pm	Stephens	projectredcap.org	7

	 ☐ Texas ☐ Tillman ☐ Tulsa ☐ Wagoner ☐ Washington ☐ Washita ☐ Woods ☐ Woodward (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Baker Benton Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam Grant Harney Hood River Jackson Jefferson Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow Multnomah Polk Sherman Tillamook Umatilla Union Wallowa Wasco Washington Wheeler Yamhill (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e.,	
If this response activity includes facilities in more	Allegheny
than one county, please include the county of the	○ Armstrong
facility where the majority of the health department	○ Beaver
response activity occurred)	Bedford
	O Blair
Only complete if NHCN OralD is unknown, not available	O Blair
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Bradford○ Bucks
or carried be shared.	O Butler
	Cambria
	○ Cameron
	○ Carbon
	○ Centre
	Chester
	○ Clarion
	○ Clearfield
	○ Clinton○ Columbia
	○ Crawford
	Cumberland
	O Dauphin
	O Delaware
	<u></u> Elk
	<u>Carie</u>
	Fayette
	○ Forest
	○ Franklin○ Fulton
	○ Greene
	Huntingdon
	○ Indiana
	○ Jefferson
	<u>Juniata</u>
	○ Lackawanna
	○ Lancaster○ Lawrence
	(Lebanon
	○ Lehigh
	Luzerne
	Lycoming
	McKean
	○ Mercer
	○ Mifflin○ Monroe
	Montgomery
	○ Montour
	○ Northampton
	○ Northumberland
	Perry
	O Philadelphia
	○ Pike○ Potter
	○ Schuylkill
	○ Snyder
	○ Somerset
	○ Sullivan
	Susquehanna
	○ Tioga
	○ Union○ Venango
	○ Warren
	○ Washington
	○ Wayne
	○ Westmoreland
	Wyoming
	O York
	(Only complete if NHSN OrgID is unknown, not
06/04/2024 12:34pm	available, or cannot be specified by REDCap

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)

Only complete if NHSN OrgID is unknown, not available, or cannot be shared.

 Philadelphia
 (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



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Q14b. County of the primary outbreak facility (i.e.,	○ Adjuntas	
If this response activity includes facilities in more	Aguada	
than one county, please include the county of the	Aguadilla	
facility where the majority of the health department	Aguas Buenas	
response activity occurred)	○ Albonito	
Only complete if NHSN OrgID is unknown, not available,	○ Anasco○ Arecibo	
or cannot be shared.	Arecibo	
or carried be shared.	○ Barceloneta	
	O Barranguitas	
	O Bayamon	
	Cabo Rojo	
	Caguas	
	Camuy	
	○ Canovanas	
	○ Carolina○ Catano	
	Cayey	
	○ Ceiba	
	○ Ciales	
	○ Cidra	
	Coamo	
	○ Comerio	
	○ Corozal	
	○ Culebra	
	O Dorado	
	○ Fajardo○ Florida	
	Guanica	
	○ Guayama	
	◯ Guayanilla	
	Guaynabo	
	○ Gurabo	
	O Hatillo	
	○ Hormigueros	
	○ Humacao	
	○ Isabela○ Jayuya	
	○ Juguyu ○ Juana Diaz	
	○ Juncos	
	◯ Lajas	
	○ Lares	
	Las Marias	
	○ Las Piedras	
	○ Loiza	
	○ Luquillo ○ Manati	
	○ Manati○ Maricao	
	○ Maincao ○ Maunabo	
	Mayaguez	
	Moca	
	Morovis	
	○ Naguabo	
	Naranjito	
	Orocovis	
	O Patillas	
	PenuelasPonce	
	O Quebradillas	
	Rincon	
	○ Rio Grande	
	○ Sabana Grande	
	Salinas	
	San German	
	◯ San Juan	
	San Lorenzo	
	○ San Sebastian○ Santa Isabel	
06/04/2024 12:24===	~ T	₹EDC a
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	 ○ Toa Baja ○ Trujillo Alto ○ Utuado ○ Vega Alta ○ Vega Baja ○ Vieques ○ Villalba ○ Yabucoa ○ Yauco (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 ○ Airai ○ Angaur ○ Kayangel ○ Koror ○ Melekeok ○ Peleliu ○ Sonsorol
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Tobi (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Bristol ○ Kent ○ Newport ○ Providence ○ Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 Republic of the Marshall Islands (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	

Q14b. County of the primary outbreak facility (i.e.,	○ Abbeville
If this response activity includes facilities in more	○ Allendele
than one county, please include the county of the	○ Allendale
facility where the majority of the health department	○ Anderson
response activity occurred)	○ Bamberg
	Barnwell
Only complete if NHSN OrgID is unknown, not available,	○ Beaufort
or cannot be shared.	○ Berkeley
	○ Calhoun
	○ Charleston
	○ Cherokee
	○ Chester
	○ Chesterfield
	○ Clarendon
	○ Colleton
	○ Darlington
	○ Dillon
	○ Dorchester
	Edgefield
	Fairfield
	Florence
	Georgetown Georgetown
	○ Greenville
	◯ Greenwood
	Hampton
	Ŏ Horry
	○ Jasper
	Kershaw
	○ Lancaster
	○ Laurens
	○ Lee
	Lexington
	○ Marion
	○ Marlboro
	○ McCormick
	Newberry
	Oconee
	○ Orangeburg
	O Pickens
	Richland
	○ Saluda
	○ Spartanburg
	Sumter
	Union
	Williamsburg
	York
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)
	available, of callifor be strated.)

Q14b. County of the primary outbreak facility (i.e.,	○ Aurora
If this response activity includes facilities in more	○ Beadle
than one county, please include the county of the	Bennett
facility where the majority of the health department	O Bon Homme
response activity occurred)	Brookings
	OBrown
Only complete if NHSN OrgID is unknown, not available,	○ Brule
or cannot be shared.	O Buffalo
	O Butte
	Campbell
	Charles Mix
	○ Clark
	Clay
	Codington
	○ Corson
	O Custer
	O Davison
	O Day
	O Deuel
	O Dewey
	○ Douglas○ Edmunds
	○ Fall River
	○ Faulk○ Grant
	Gregory
	○ Haakon
	Hamlin
	Hand
	Hanson
	Harding
	Hughes
	Hutchinson
	Hyde
	◯ Jackson
	◯ Jerauld
	○ Jones
	Kingsbury
	○ Lake
	○ Lawrence
	○ Lincoln
	Lyman
	Marshall
	○ McCook
	O McPherson
	○ Meade
	○ Mellette
	○ Moody
	○ Oglala Lakota
	Ogiala Lakota Pennington
	O Perkins
	OPotter
	Roberts
	Sanborn
	○ Spink
	○ Stanley
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	○ Tripp
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	(Only complete if NHSN OrgID is unknown, not
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Q14b. County of the primary outbreak facility (i.e.,	○ Anderson	
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than one county, please include the county of the	Benton	
facility where the majority of the health department	Bledsoe	
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Q14b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	○ Anderson○ Andrews○ Angelina○ Aransas○ Archer○ Armstrong
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 ○ Hood ○ Hopkins ○ Houston ○ Howard ○ Hudspeth ○ Hunt ○ Hutchinson ○ Irion ○ Jack ○ Jackson ○ Jasper ○ Jeff Davis 	
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Q14b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred)	 ○ Beaver ○ Box Elder ○ Cache ○ Carbon ○ Daggett ○ Davis ○ Duchesne
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Emery Garfield Grand Iron Juab Kane Millard Morgan Piute Rich Salt Lake San Juan Sanpete Sevier Summit Tooele Uintah Utah Wasatch Washington Wayne Weber (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., f this response activity includes facilities in more than one county, please include the county of the	 Accomack Albemarle Alleghany
acility where the majority of the health department response activity occurred)	○ Amelia○ Amherst○ Apparattox
f this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department	Albemarle Alleghany Amelia Amherst Appomattox Arlington Augusta Bath Bedford Bland Botetourt Brunswick Buchanan Buckingham Campbell Caroline Carroll Charles City Charlotte Chesterfield City of Alexandria City of Buena Vista City of Buena Vista City of Colonial Heights City of Covington City of Emporia City of Failfax City of Fails Church City of Franklin City of Franklin City of Fredericksburg City of Fredericksburg City of Hampton City of Hampton City of Hampton City of Hampton City of Hopewell City of Hopewell City of Hopewell City of Manassas City of Manassas City of Morfolk City of Newport News City of Norfolk City of Norton City of Poquoson City of Popuoson City of Popuoson City of Popuoson City of Radford City of Roanoke City of Salem City of Staunton City of Virginia Beach City of Waynesboro
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available, or cannot be shared.)

Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Saint Croix Saint John Saint Thomas (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Addison Bennington Caledonia Chittenden Essex Franklin Grand Isle Lamoille Orange Orleans Rutland Washington Windham Windsor (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



Q14b. County of the primary outbreak facility (i.e.,	○ Adams
If this response activity includes facilities in more	Asotin
than one county, please include the county of the	○ Benton
facility where the majority of the health department	○ Chelan
response activity occurred)	○ Clallam
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Only complete if NHSN OrgID is unknown, not available,	○ Columbia
or cannot be shared.	○ Cowlitz
	○ Douglas
	○ Ferry
	Franklin
	○ Garfield
	○ Grant
	○ Grays Harbor
	○ Island
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	○ Pierce
	○ San Juan
	○ Skagit
	○ Skamania
	○ Snohomish
	○ Spokane
	Stevens
	Thurston
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	○ Whitman
	○ Yakima
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	available, or cannot be shared.)
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Q14b. County of the primary outbreak facility (i.e., if this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department	○ Adams○ Ashland○ Barron○ Bayfield
response activity occurred)	Buffalo
than one county, please include the county of the	Barron Bayfield Brown Buffalo Burnett Calumet Chippewa Clark Columbia Crawford Dane Dodge Door Douglas Dunn Eau Claire Florence Fond du Lac Forest Grant Green Jackson Jefferson Juneau Kenosha Kewaunee La Crosse Lafayette Langlade Lincoln Manitowoc Marathon Marinette Marquette Menominee Milwaukee Monroe Oconto Oneida Outagamie Ozaukee Pepin Pierce Polk Portage Price Racine Richland Rock Rusk
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 \bigcirc Barbour Q14b. County of the primary outbreak facility (i.e., ○ Berkeley If this response activity includes facilities in more \bigcirc Boone than one county, please include the county of the \bigcirc Braxton facility where the majority of the health department ○ Brooke response activity occurred) \bigcirc Cabell Only complete if NHSN OrgID is unknown, not available, ○ Calhoun or cannot be shared. ○ Clay ○ Doddridge \bigcirc Fayette \bigcirc Gilmer ○ Grant ○ Greenbrier Hampshire ○ Hancock ○ Hardy ○ Harrison Jackson | Jefferson ○ Kanawha Characteristics Cogan
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 Marion Marshall Mason Mercer Mineral Mingo Monongalia Monroe ○ Morgan Nicholas Ohio Pendleton Pleasants Pocahontas Preston Putnam ○ Raleigh Randolph Ritchie ○ Roane ○ Summers ○ Taylor ○ Tucker TylerUpshur ○ Wayne ○ Webster ○ Wetzel O Wirt \bigcirc Wood ○ Wyoming (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q14b. County of the primary outbreak facility (i.e., If this response activity includes facilities in more than one county, please include the county of the facility where the majority of the health department response activity occurred) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Albany Big Horn Campbell Carbon Converse Crook Fremont Goshen Hot Springs Johnson Laramie Lincoln Natrona Niobrara Park Platte Sheridan Sublette Sweetwater Teton Uinta Washakie Weston (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q14c. Were any of the facilities involved tribally owned or a part of the Indian Health Service:	YesNoUnknown
Provision of onsite or remote assistance to assessive directly by the recipient or by a designee. A designeer department staff, local health department staff, your program for which your program can assure should work with designees to ensure that all re	gnee may include other state health contractor, or other partner supported by the quality of services provided. Recipients
Acute Care Hospitals	
Q15a. How many acute care hospitals (ACHs) were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15a(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)?	YesNoUnknown

Q15a(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15a(iii). How many onsite visits included infection control assessments? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15a(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.)?	YesNoUnknown
Q15a(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15a(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as	(If no remote assessments performed, enter 0.)
long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Critical Access Hospitals	
Q15b. How many critical access hospitals were involved?	(Please provide approximate number of facilities if exact number is not known.)

Q15b(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15b(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15b(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15b(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15b(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15b(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)

Inpatient Rehabilitation Facilities	
Q15c. How many Inpatient rehabilitation facilities (IRFs) were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15c(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15c(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15c(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (a.g., pot incl. an undate about case).	(If no onsite assessments performed, enter 0.)
that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15c(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15c(v). Did your health department or a designee provide a remote infection control assessment?	○ Yes○ No○ Unknown



Q15c(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Long-term Acute Care Hospitals	
Q15d. How many long-term acute care hospitals (LTACHs) were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15d(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15d(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown



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Q15e(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)?	YesNoUnknown
Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15e(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15e(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include	(If no onsite assessments performed, enter 0.)
not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15e(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15e(v). Did your health department or a designee provide a remote infection control assessment?	○ Yes○ No○ Unknown
Q15e(vi). How many remote visits included infection control assessments?	(If any any the any and any and any and any and any
In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(If no onsite assessments performed, enter 0.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	

Nursing Homes/ Skilled Nursing Facilities (SNFs)	
Q15f. How many nursing home/skilled nursing facilities (SNFs) were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15f(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15f(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15f(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15f(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15f(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown



Q15f(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs	(If no onsite assessments performed, enter 0.)
(e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Assisted Living Facilities	
Q15g. How many assisted living facilities were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15g(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)?	YesNoUnknown
Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15g(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown



Q15g(iii). How many onsite visits included infection control assessments?	(If no onsite assessments performed, enter 0.)
In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15g(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15g(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15g(vi). How many remote visits included infection control assessments?	(If no onsite assessments performed, enter 0.)
In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(ii no onsite assessments perioritied, effect o.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Other Congregate Settings (e.g., group homes, homeless shelter)	
Q15h. How many other congregate settings (e.g., group homes, homeless shelter) were involved?	(Please provide approximate number of facilities if exact number is not known.)

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Q15h(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor,	YesNoUnknown
consultant, or other entity (designee) for which the recipient can assure the quality of services provided	
Q15h(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15h(iii). How many onsite visits included infection control assessments?	(If no onsite assessments performed, enter 0.)
In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(ii no onsite assessments performed, enter o.)
This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15h(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15h(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15h(vi). How many remote visits included infection control assessments?	(If no onsite assessments performed, enter 0.)
In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	(ii no onsite assessments performed, enter o.)
This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	

Dialysis Facilities (outpatient)	
Q15i. How many outpatient dialysis facilities were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15i(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15i(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15i(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15i(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15i(v). Did your health department or a designee provide a remote infection control assessment?	○ Yes○ No○ Unknown



Q15i(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Dental Offices	
Q15j. How many dental offices were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15j(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15j(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown



Q15j(iii). How many onsite visits included infection control assessments?	(If no onsite assessments performed, enter 0.)
In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.	
This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Q15j(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15j(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15j(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility	(If no onsite assessments performed, enter 0.)
communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	
Ambulatory Surgical Centers	
Q15k. How many ambulatory surgical centers were involved?	(Please provide approximate number of facilities if exact number is not known.)

Q15k(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15k(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15k(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15k(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15k(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15k(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)

Other Outpatient Settings	
Q15I. How many other outpatient facilities were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15I(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15I(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown
Q15I(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15I(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15I(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown



Q15l(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Other Healthcare Settings	
Q15m. How many other facilities were involved?	(Please provide approximate number of facilities if exact number is not known.)
Q15m(i). Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.)? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	YesNoUnknown
Q15m(ii). Did your health department or a designee provide an onsite infection control assessment?	YesNoUnknown



Q15m(iii). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)
Q15m(iv). Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	YesNoUnknown
Q15m(v). Did your health department or a designee provide a remote infection control assessment?	YesNoUnknown
Q15m(vi). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	(If no onsite assessments performed, enter 0.)

Public Health Programs Involved in Response

Answer the following questions at the response level (i.e., for any setting affected and any organism/mechanism combination).

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Q16. Which public health programs contributed to the response? [Check all that apply]	 State/Territorial health department HAI/AR program HAI/AR program (Epi or Lab) Local health department Regional public health office
	 ☐ Regional public health staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction) ☐ Other ☐ Unknown
Q16. Other, specify:	
[Optional]	
Q16a. Which entity had the responsibility of leading the overall HAI/AR response?	 State/Territorial Health Department HAI/AR Program HAI/AR Program (Epi or Lab) Local Health Department Regional Public Health Office Regional Public Health Staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction) Other Unknown
Q17a. Were other states involved in this response?	○ Yes○ No○ Unknown
Q17b. Please list other states involved:	
Q17a. Were other jurisdictions such as other local health departments/ state health department involved in the response?	YesNoUnknown
Q17b. Please list other jurisdictions involved:	
Notifications	

Q18. Notification types:	☐ Patient notification
[check all that apply]	☐ Provider notification ☐ Public disclosure
Patient notification: Patients were informed of investigation or advised of potential exposure or risk.	☐ None ☐ Unknown
Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.	
Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.	
Q18a. Approximate number of patients notified	
[Optional]	
Other Details	
Q19. State lab specimen ID of index case.	
If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID.	(If isolate was not tested at the Public Health Laboratory, please input N/A)
Q20. Were any of the staff contributing to this investigation/consultation partially or fully funded through the following funding mechanism: [Select all that apply]	☐ G1 ☐ SHARP (SHARP includes Projects 1 through 5) ☐ Nursing Home/Other LTC Strike Team ☐ Enhancing Detection Expansion/CARES ☐ None of the above
	☐ Unknown
Additional Comments	
Q21. Additional notes/comments to CDC (any other information that the HD would like to share about this particular event)	



HARP PM4: Prevention-based Activities

Jurisdiction	

HARP PM4: Prevention-based Infection Control Assessments and Proactive Point Prevalence Surveys (PPS) Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Please report prevention-based activities* conducted by either

Staff from HAI/AR Program or their designee** (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms who contributed to the response. G1 SHARP (SHARP includes projects 1 through 5) Nursing Home/Other LTC Strike Team This measure is due once per budget period (August 31, 2024). *Updated December 14, 2023*

Data entry instructions

Please enter one REDCap form for each facility in which a prevention-based activity* took place during the reporting period (August 1, 2023 - July 31, 2024, due by August 31, 2024). This PM includes Prevention-based Healthcare Infection Control Assessments for COVID-19 (formerly reported in E24). If multiple PPS were conducted at a single facility, please enter

each instance in the same form by selecting "Yes" to Q5b (v) if a second PPS was conducted or Q5b (viii) if a third PPS was conducted. If a facility is conducting admission or discharge screening as part of a prevention initiative, these should be included in prevention PPS data tracking using the following procedures. All admission screens for the reporting period should be entered as a PPS at the end of the reporting period. Please enter the date of first admission screening under Q5b (i) and make a note in the comment section that this prevention activity is admission screening. Follow the same approach for discharge screenings: enter all discharge screens as PPS at the end of the reporting periods and make a note in the comments that this activity is prevention screening. An Excel-based upload tool for tracking and uploading Prevention-based Infection Control Assessments and Proactive Point Prevalence Surveys are available under the Bulk Upload Processing section of this project. Health departments can enter data directly into REDCap for HARP PM4 OR use the Excel-based upload tools for reporting Prevention-based Infection Control Assessments and Point Prevalence Surveys. NOTE: There are separate bulk upload forms for tracking Prevention-based Infection Control Assessments and Proactive Point Prevalence Surveys. Please refer to the "Excel-Based Tracking and Bulk Upload Process" section of the ELC HAIAR

Please refer to the "Excel-Based Tracking and Bulk Upload Process" section of the ELC HAIAR Performance Measure Reporting Guide for further details and instructions on entering data using these tools. Instructions on entering multiple PPS at a single facility can be found in "Section II: Entering Data Using the Excel Based Bulk Data Entry Tools" *Prevention-based activities include Prevention-based infection control assessments and proactive point prevalence surveys (PPS).

Prevention-based infection control assessments are distinct from response-driven assessments. Prevention-based infection control assessments are intended to provide feedback on infection control policies and practices before a problem is identified and require direct observation (either in person or via video) using a structured form for data collection. These typically are focused on facility types with characteristics associated with increased risk of HAI/AR threats (e.g., MDRO transmission, COVID-19 prevention, or other HAI threats). Proactive PPSs are colonization screenings conducted at a healthcare facility at a predetermined frequency (e.g., every four to six months) and are not triggered by identification of a case. Proactive PPSs are a way to improve surveillance and identify those who require infection control actions to prevent further transmission. These PPSs can occur prior to a facility's identification of both novel and targeted MDRO cases, may involve only a subset of patients/residents (such as a single high acuity unit), and are distinct from PPSs performed in response to a single case or suspected transmission. **Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that prevention activities are submitted without duplication.

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Facility Level Information	
Q1. Facility ID	
	(Please assign a unique identifier for the facility in which this activity took place. This ID will be utilized for tracking purposes)
Q2. Please indicate facility setting type	 Acute Care Hospital (ACH) Critical Access Hospital (CAH) Inpatient Rehabilitation Facility Long-term Acute Care Hospital (LTACH) Ventilator-capable Nursing Home/ Skilled Nursing Facility (vSNF) Nursing Home/ Skilled Nursing Facility (SNF) Assisted Living Facility Other congregate setting (e.g., group homes, homeless shelter) Dialysis Facility (outpatient) Dental Office Ambulatory Surgical Center Other outpatient setting Other healthcare settings Unknown
Q2a. Please specify the other outpatient setting:	
Q2b. Please specify the other setting type:	
Q3a. NHSN OrgID of facility	
If NHSN OrgID is unknown, not available, or cannot be shared please complete Q3b.	(If NHSN OrgID is unknown, not available, or cannot be shared please complete Q3b.)
Note: For more information on how to obtain a facility NHSN OrgID visit https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.p df	
Q3b. County of the facility	○ CDC Test 1
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 CDC Test 2 CDC Test 3 (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	○ Aleutians East○ Aleutians West
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Anchorage Bethel Bristol Bay Chugach Copper River Denali Dillingham Fairbanks North Star Haines Hoonah-Angoon Juneau Kenai Peninsula Ketchikan Gateway Kodiak Island Kusilvak Lake and Peninsula Matanuska-Susitna Nome North Slope Northwest Arctic Petersburg Borough Prince of Wales-Hyder Sitka Skagway Southeast Fairbanks Wrangell Yakutat Yukon-Koyukuk (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	O Autauga
	 Baldwin
Only complete if NHSN OrgID is unknown, not available,	O Barbour
or cannot be shared.	Blownt
	○ Blount○ Bullock
	O Butler
	Calhoun
	○ Chambers
	◯ Cherokee
	○ Chilton
	Choctaw
	○ Clarke
	Clay
	○ Cleburne○ Coffee
	○ Collect
	○ Conecuh
	Coosa
	○ Covington
	Crenshaw
	○ Cullman
	O Dale
	O Dallas
	O DeKalb
	ElmoreEscambia
	© Etowah
	○ Fayette
	○ Franklin
	◯ Geneva
	○ Greene
	○ Hale
	Henry
	O Houston
	JacksonJefferson
	○ Lamar
	○ Lauderdale
	Lawrence
	○ Lee
	○ Limestone
	Lowndes
	Macon Madison
	○ Madison○ Marengo
	Marion
	Marshall
	Mobile
	○ Montgomery
	Morgan
	Perry
	Pickens
	○ Pike○ Randolph
	Russell
	Shelby
	St. Clair
	Sumter
	 Talladega
	○ Tallapoosa
	○ Tuscaloosa
	○ Walker
	WashingtonWilcox
	Wilcox Winston
	(Only complete if NHSN OrgID is unknown, not
06/04/2024 12:35pm	available, or cannot be shared or REDCap
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Q3b. County of the facility	○ Arkansas
Only complete if NHSN OrgID is unknown, not available,	○ Ashley○ Baxter
or cannot be shared.	○ Benton
or carried be shared.	○ Boone
	Bradley
	Calhoun
	○ Carroll
	○ Chicot
	○ Clark
	○ Clay○ Cleburne
	○ Cleveland
	○ Columbia
	Conway
	Craighead
	Crawford
	Crittenden
	○ Cross
	○ Dallas○ Desha
	O Drew
	○ Faulkner
	○ Franklin
	Fulton
	Garland
	○ Grant
	○ Greene
	HempsteadHot Spring
	○ Howard
	Independence
	🔘 Izard
	○ Jackson
	○ Jefferson
	○ Johnson
	LafayetteLawrence
	○ Lee
	○ Lincoln
	Little River
	○ Logan
	○ Lonoke
	MadisonMarion
	○ Miller
	○ Mississippi
	Monroe
	Montgomery
	○ Nevada
	○ Newton
	○ Ouachita○ Perry
	O Phillips
	O Pike
	Poinsett
	O Polk
	O Pope
	○ Prairie○ Pulaski
	○ Randolph
	Scott
	Searcy
	Sebastian
	○ Sevier
	SharpSt. Francis
06/04/0004.10.05	St. Francis Stone
06/04/2024 12:35pm	O Stolle

	 Union Van Buren Washington White Woodruff Yell (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Apache○ Cochise
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Coconino Gila Graham Greenlee La Paz Maricopa Mohave Navajo Pima Pinal Santa Cruz Yavapai Yuma (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Eastern○ Manu'a
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Rose Atoll Swains Island Western (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	Alameda
Only complete if NHCN OralD is unknown, not available	○ Alpine○ Amador
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Amador ○ Butte
of Carriot be Stated.	○ Calaveras
	○ Colusa
	○ Colusa ○ Contra Costa
	O Del Norte
	○ El Dorado
	○ Fresno
	Glenn
	Humboldt
	○ Imperial
	◯ Inyo
	Kern
	○ Kings
	O Lake
	○ Lassen
	○ Los Angeles
	○ Madera
	○ Marin
	○ Mariposa
	○ Mendocino
	○ Merced
	○ Modoc
	○ Mono
	○ Monterey○ Napa
	○ Nevada
	○ Orange
	O Placer
	O Plumas
	○ Riverside
	Sacramento Sacramento
	San Benito
	San Bernardino
	○ San Diego
	○ San Francisco
	○ San Joaquin
	San Luis Obispo
	○ San Mateo
	○ Santa Barbara○ Santa Clara
	Santa Craz
	Shasta
	Sierra
	○ Siskiyou
	○ Solano
	Sonoma
	Stanislaus
	Sutter
	○ Tehama
	○ Tulare
	○ Tuolumne
	○ Ventura
	○ Yolo
	○ Yuba(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Cook (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Agrihan Alamagan Anatahan Pagan Rota Saipan Tinian (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



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Q3b. County of the facility	○ Adams
` ,	
Only complete if NHSN OrgID is unknown, not available,	Arapahoe
or cannot be shared.	 Archuleta
	○ Baca
	○ Bent
	Boulder
	 Broomfield
	○ Chaffee
	○ Cheyenne
	○ Clear Creek
	Conejos
	Costilla
	○ Crowley
	Custer
	○ Delta
	○ Denver
	○ Dolores
	○ Douglas
	○ Eagle
	○ El Paso
	○ Elbert
	○ Fremont
	○ Garfield
	○ Gilpin
	Grand
	Gunnison
	○ Hinsdale
	○ Huerfano
	○ Jackson
	○ Jefferson
	Kiowa
	○ Kit Carson
	○ La Plata
	○ Lake
	○ Larimer
	○ Las Animas
	○ Lincoln○ Logan
	○ Mesa
	○ Mineral
	Moffat
	○ Montezuma
	O Montrose
	○ Morgan
	Otero
	Ouray
	O Park
	○ Phillips
	○ Pitkin
	Prowers
	○ Pueblo
	○ Rio Blanco
	○ Rio Grande
	○ Routt
	Saguache
	○ San Juan
	○ San Miguel
	○ Sedgwick
	Summit
	○ Teller
	○ Washington
	○ Weld
	Yuma
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Fairfield Hartford Litchfield Middlesex New Haven New London Tolland Windham (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Olistrict of Columbia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Kent ○ New Castle ○ Sussex (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)



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Q3b. County of the facility	○ Alachua
Only complete if NHSN OrgID is unknown, not available,	○ Baker○ Bay
or cannot be shared.	○ Bradford
or currior be strated.	Brevard
	Broward
	Calhoun
	Charlotte
	○ Citrus
	○ Clay
	○ Collier○ Columbia
	○ DeSoto
	O Dixie
	◯ Duval
	Escambia
	○ Flagler
	○ Franklin
	○ Gadsden○ Gilchrist
	○ Glades
	○ Gudes ○ Gulf
	Hamilton
	Hardee
	○ Hendry
	○ Hernando
	○ Highlands
	HillsboroughHolmes
	○ Indian River
	○ Jackson
	∫ Jefferson
	○ Lafayette
	○ Lake
	○ Lee
	○ Leon
	○ Levy○ Liberty
	Lower Keys in Monroe
	○ Madison
	Mainland Monroe
	○ Manatee
	○ Marion○ Martin
	○ Martin
	Middle Keys in Monroe
	○ Nassau
	Okaloosa
	Okeechobee
	Orange
	OsceolaPalm Beach
	O Pasco
	O Pinellas
	O Polk
	Putnam
	Santa Rosa
	○ Sarasota
	SeminoleSt. Johns
	St. Lucie
	○ Sumter
	Suwannee
	Taylor
	Union
	Upper Keys in Monroe
	○ Volusia
	○ Wakulla○ Walton○ projectre
06/04/2024 12:35pm	O Walton projectre



	 Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Chuuk Lagoon○ Eauripik
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Fais Fananu Faraulep Kapingamarangi Kosrae Losap Lukunoch Mwoakilloa Ngulu Nukuoro Onoun Oroluk Pakin Pingelap Pohnpei Polowat Sapwuahfik Satawal Ulithi Woleai Yap (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	○ Appling
Only complete if NHSN OrgID is unknown, not available,	AtkinsonBacon
or cannot be shared.	○ Baker
	Baldwin
	O Banks
	Barrow
	O Bartow
	O Ben Hill
	○ Berrien○ Bibb
	○ Bleckley
	Brantley
	O Brooks
	O Bryan
	O Bulloch
	O Burke
	○ Butts○ Calhoun
	○ Camden
	○ Candler
	Carroll
	Catoosa
	○ Charlton
	○ Chatham
	ChattahoocheeChattooga
	○ Cherokee
	○ Clarke
	Clay
	Clayton
	○ Clinch
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	○ Colquitt
	O Columbia
	O Cook
	Coweta
	○ Crawford
	○ Crisp ○ Dade
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	O Decatur
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	 Troup Turner Twiggs Union Upson Walker Walton Ware Warren Washington Wayne Webster Wheeler White Whitfield Wilcox Wilkes Wilkinson Worth (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
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Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Hawaii ○ Honolulu ○ Kalawao ○ Kauai ○ Maui (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Harris(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	O Adair	
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	○ Benton	
	O Black Hawk	
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	O Bremer	
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	○ Carroll	
	○ Cass	
	○ Cedar	
	Cerro GordoCherokee	
	○ Chickasaw	
	○ Clarke	
	Clay	
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	O Decatur	
	O Delaware	
	O Des Moines	
	DickinsonDubuque	
	○ Emmet	
	○ Fayette	
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	○ Franklin	
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	Henry	
	Howard	
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	◯ Ida	
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	O Louisa	
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06/04/2024 12:35pm	Montgomery	projectredcap.org
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 ○ O'Brien ○ Osceola ○ Page ○ Palo Alto ○ Plymouth ○ Pocahontas ○ Polk ○ Pottawattamie ○ Poweshiek ○ Ringgold ○ Sac ○ Scott ○ Shelby ○ Sioux ○ Story ○ Tama ○ Taylor ○ Union ○ Van Buren ○ Wapello ○ Warren ○ Wayne ○ Wayne ○ Webster ○ Winnebago ○ Winneshiek ○ Woodbury ○ Worth ○ Wright 	
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Q3b. County of the facility	Ada
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Adams Bannock Bear Lake Benewah Bingham Blaine Boise Bonner Bonneville Boundary Butte Camas Caryon Caribou Cassia Clark Clearwater Custer Elmore Franklin Fremont Gem Gooding Idaho Jefferson Jerome Kootenai Latah Lemhi Lewis Lincoln Madison
	LemhiLewisLincolnMadisonMinidoka
	Nez PerceOneidaOwyheePayettePower
	 Shoshone Teton Twin Falls Valley Washington (Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	O Adams		
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	○ Christian		
	○ Clark		
	○ Clay		
	Clinton		
	○ Coles○ Cook		
	○ Crawford		
	Cumberland		
	O De Kalb		
	O De Witt		
	Douglas		
	○ DuPage		
	○ Edgar○ Edwards		
	○ Effingham		
	Fayette		
	O Ford		
	○ Franklin		
	○ Fulton		
	○ Gallatin○ Greene		
	Grundy		
	Hamilton		
	Hancock		
	O Hardin		
	○ Henderson		
	○ Henry○ Iroquois		
	○ Jackson		
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	Jefferson		
	○ Jersey		
	O Johnson		
	◯ Johnson◯ Kane		
	○ Kankakee		
	◯ Kendall		
	Knox		
	○ La Salle		
	○ Lake		
	LawrenceLee		
	Livingston		
	◯ Logan		
	○ Macon		
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	MadisonMarion		
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Moultrie Ogle Peoria Perry Piatt Pike Pope Pulaski Putnam Randolph Richland Rock Island Saline Sangamon Schuyler Scott Shelby St. Clair Stark Stephenson Tazewell Union Vermilion Wabash Warren Washington Wayne White Whiteside Will Williamson Winnebago Woodford
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Q3b. County of the facility	○ Adams○ Allen	
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	Cass	
	Clark	
	○ Clay	
	○ Clinton	
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	○ Dearborn	
	Decatur	
	O Delaware	
	O Dubois	
	○ Elkhart○ Fayette	
	○ Floyd	
	○ Fountain	
	Franklin	
	○ Fulton	
	○ Gibson○ Grant	
	Greene	
	Hamilton	
	Hancock	
	Harrison	
	○ Hendricks	
	○ Henry○ Howard	
	Huntington	
	Jackson	
	○ Jasper	
	○ Jay	
	JeffersonJennings	
	○ Johnson	
	Knox	
	○ Kosciusko	
	○ La Porte	
	○ Lagrange○ Lake	
	○ Lawrence	
	Madison	
	○ Marion	
	○ Marshall○ Martin	
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○ Rush○ Scott
Shelby
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○ Switzerland
○ Tippecanoe
○ Tipton
○ Union
Vanderburgh
Vermillion
○ Vigo
○ Wabash
○ Warren
○ Warrick
Washington
○ Wayne
○ Wells
○ White
○ Whitley
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Q3b. County of the facility	◯ Allen		
	Anderson		
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or cannot be shared.	O Barber		
	○ Barton○ Bourbon		
	○ Brown		
	○ Butler		
	Chase		
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	Cherokee		
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	○ Cloud○ Coffey		
	○ Coney ○ Comanche		
	Cowley		
	Crawford		
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	○ Edwards		
	○ Elk○ Ellis		
	○ Ellsworth		
	Finney		
	Ford		
	Franklin		
	Geary		
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	○ Grant		
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	○ Greeley○ Greenwood		
	Hamilton		
	Harper		
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	O Jackson		
	○ Jefferson		
	∫ Jewell∫ Johnson		
	○ Kearny		
	Kingman		
	○ Kiowa		
	○ Labette		
	Lane		
	Leavenworth		
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	○ Logan ○ Lyon		
	○ Marion		
	○ Marshall		
	○ McPherson		
	○ Meade		
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Osage Osborne Ottawa Pawnee Phillips Pottawatomie Pratt Rawlins Reno Republic Rice Riley Rooks Rush Russell Saline Scott Sedgwick Seward Shawnee Sheridan Sherman Smith Stafford Stanton Stevens Sumner Thomas Trego Wabaunsee Wallace Washington
○ Thomas○ Trego
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Q3b. County of the facility	○ Adair○ Allen	
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	O Barren	
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	Calloway	
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	Crittenden	
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Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)		Livingston Logan Lyon Madison Magoffin Marion Marshall Martin Mason McCracken McCreary McLean Meade Menifee Mercer Metcalfe Monroe Montgomery Morgan Muhlenberg Nelson Nicholas Ohio Oldham Owen Owsley Pendleton Perry Pike Powell Pulaski Robertson Rockcastle Rowan Russell Scott Shelby Simpson Spencer Taylor Todd Trigg Trimble Union Warren Washington Wayne Webster Whitley Woolford (Only complete if NHSN OrgID is unknown, not
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Q3b. County/parish of the facility	○ Acadia
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or cannot be shared.	Assumption
	○ Avoyelles
	Beauregard Biopyille
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	O Cameron
	O Catahoula
	Claiborne
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	O De Soto
	○ East Baton Rouge
	○ East Carroll
	○ East Feliciana
	○ Evangeline○ Franklin
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	Madison
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	Natchitoches
	Orleans
	Ouachita
	Plaquemines
	O Pointe Coupee
	○ Rapides
	○ Red River○ Richland
	○ Sabine
	St. Bernard
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	○ St. Helena
	St. James
	St. John The Baptist
	○ St. Landry
	○ St. Martin
	○ St. Mary
	St. TammanyTangipahoa
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	○ Terrebonne
	○ Union
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	Vernon
	○ Washington
	○ Webster
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	Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Barnstable ○ Berkshire ○ Bristol ○ Dukes ○ Essex ○ Franklin ○ Hampden ○ Hampshire ○ Middlesex ○ Nantucket ○ Norfolk ○ Plymouth ○ Suffolk ○ Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Allegany
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Anne Arundel Baltimore Baltimore City Calvert Caroline Carroll Cecil Charles Dorchester Frederick Garrett Harford Howard Kent Montgomery Prince Georges Queen Anne's Somerset St. Marys Talbot Washington Wicomico Worcester (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	Androscoggin
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Aroostook ○ Cumberland ○ Franklin ○ Hancock ○ Kennebec ○ Knox ○ Lincoln ○ Oxford ○ Penobscot ○ Piscataquis ○ Sagadahoc ○ Somerset ○ Waldo ○ Washington ○ York (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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Q3b. County of the facility	○ Alcona
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○ Ottawa
Presque Isle
Roscommon
○ Saginaw
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Schoolcraft
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St. Joseph
○ Tuscola
○ Van Buren
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	○ Grant○ Hennepin
	Houston
	Hubbard
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	○ Red Lake
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06/04/2024 12:35pm	○ Scott property

Sherburne
○ Sibley
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Swift
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Montgomery Morgan New Madrid Newton Nodaway Oregon Osage Ozark Pemiscot Perry Pettis Phelps Pike Platte Polk Pulaski Putnam Ralls Randolph Ray Reynolds Ripley Saline Schuyler Scotland Scott Shannon Shelby St. Charles St. Louis St. Carren St. St. Gare St. St. Gare St. St. Gare St. St. Carren St. St. St. Carren St. St. St. Carren St. St. St. Carren St.	
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Q3b. County of the facility	○ Adams
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or cannot be shared.	○ Attala
	O Benton
	O Bolivar
	Calhoun
	○ Carroll
	○ Chickasaw
	○ Choctaw
	○ Claiborne
	○ Clarke
	○ Clay
	○ Coahoma
	Copiah
	○ Covington
	O DeSoto
	○ Forrest
	○ Franklin
	○ George
	○ Greene
	○ Grenada
	O Hancock
	○ Harrison
	○ Hinds
	O Holmes
	○ Humphreys
	○ Issaquena
	○ Itawamba
	○ Jackson
	○ Jasper
	○ Jefferson
) Jefferson Davis
	○ Jones
	○ Kemper
	○ Lafayette
	○ Lamar
	○ Lauderdale
	○ Lawrence
	○ Leake
	○ Lee
	○ Leflore
	○ Lincoln
	Lowndes
	○ Madison
	○ Marion
	○ Marshall
	○ Monroe
	MontgomeryNeshoba
	○ Newton
	○ Noxubee
	Oktibbeha
	O Panola
	O Pearl River
	O Perry
	O Perry O Pike
	O Pontotoc
	Prentiss
	Quitman
	Rankin
	Scott
	○ Scott ○ Sharkey
	○ Simpson
	○ Smith
	○ Sunflower○ Tallabatchio
	○ Tallahatchie
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○ Tippah
○ Tishomingo
○ Tunica
○ Union
○ Walthall
○ Warren
Washington
○ Wayne
○ Webster
○ Wilkinson
○ Winston
○ Yazoo
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q3b. County of the facility	○ Beaverhead
	○ Big Horn
Only complete if NHSN OrgID is unknown, not available,	O Blaine
or cannot be shared.	Broadwater
	○ Carbon
	○ Carter
	O Cascade
	○ Chouteau
	○ Custer
	O Daniels
	•
	O Dawson
	O Deer Lodge
	○ Fallon
	○ Fergus
	○ Flathead
	○ Gallatin
	○ Garfield
	○ Glacier
	○ Golden Valley
	○ Granite
	O Hill
	◯ Judith Basin
	Lake
	Chewis and Clark
	Liberty
	○ Lincoln
	○ Madison
	○ McCone
	○ Meagher
	○ Mineral
	Missoula
	○ Musselshell
	O Park
	O Petroleum
	O Phillips
	O Pondera
	O Powder River
	O Powell
	O Prairie
	○ Ravalli
	○ Richland
	Roosevelt
	○ Rosebud
	○ Sanders
	○ Sheridan
	○ Silver Bow
	○ Stillwater
	Sweet Grass
	○ Teton
	○ Toole
	○ Treasure
	○ Valley
	○ Wheatland
	○ Wibaux
	○ Yellowstone
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

	○ Alexander		
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or cannot be shared.	○ Anson		
	○ Ashe		
	AveryBeaufort		
	○ Bedulore		
	○ Bladen		
	BrunswickBuncombe		
	○ Burke		
	Cabarrus		
	CaldwellCamden		
	○ Carrider		
	Caswell		
	○ Catawba		
	ChathamCherokee		
	Chowan		
	○ Clay		
	ClevelandColumbus		
	Craven		
	○ Cumberland		
	○ Currituck○ Dare		
	○ Davidson		
	O Davie		
	○ Duplin ○ Durham		
	Edgecombe		
	○ Forsyth		
	FranklinGaston		
	Gates		
	○ Graham		
	○ Granville○ Greene		
	Guilford		
	○ Halifax		
	○ Harnett○ Haywood		
	Henderson		
	○ Hertford○ Hoke		
	○ Hyde		
	○ Iredell		
	◯ Jackson◯ Johnston		
	○ Johnston○ Jones		
	Lee		
	○ Lenoir○ Lincoln		
	○ Macon		
	Madison		
	○ Martin○ McDowell		
	Mecklenburg		
	Mitchell		
	○ Montgomery○ Moore		
	○ Nash		
	New Hanover		
	NorthamptonOnslow		
	Orange		
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Pasquotank Pender Perquimans Person Pitt Polk Randolph Richmond Robeson Rockingham Rowan Rutherford Sampson Scotland Stanly Stokes Surry Swain Transylvania Tyrrell Union Vance Wake Warren Washington Watauga Wayne Wilkes
○ Watauga○ Wayne
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Q3b. County of the facility	Adams
	Barnes
Only complete if NHSN OrgID is unknown, not available,	Benson
or cannot be shared.	Billings
	Bottineau
	Bowman
	Burke
	O Burleigh
	○ Cass
	Cavalier
	Dickey
	○ Divide
	O Dunn
	Eddy
	Emmons
	○ Foster
	○ Golden Valley
	Grand Forks
	Grant
	Griggs
	Hettinger
	○ Kidder
	○ LaMoure
	OLogan
	McHenry
	McIntosh
	O McKenzie
	O McLean
	Mercer
	Morton
	○ Mountrail
	○ Nelson
	Oliver
	O Pembina
	○ Pierce
	Ramsey
	○ Ransom
	○ Renville
	○ Richland○ Rolette
	Sargent
	Sheridan
	Sioux
	○ Slope
	Stark
	Steele
	Stutsman
	O Towner
	○ Traill
	○ Walsh
	○ Ward
	○ Wells
	○ Williams
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	available, or cannot be shared.)
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Q3b. County of the facility	○ Adams		
Only and the Station Could be under a control of the	○ Antelope		
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or cannot be shared.	○ Banner		
	○ Blaine○ Boone		
	○ Boone ○ Box Butte		
	○ Box Butte ○ Boyd		
	○ Boyu ○ Brown		
	○ Buffalo		
	O Burt		
	○ Butler		
	Cass		
	○ Cedar		
	○ Chase		
	Cherry		
	Cheyenne		
	Clay		
	Colfax		
	Cuming		
	Custer		
	Dakota		
	Dawes		
	Dawson		
	O Deuel		
	O Dixon		
	○ Dodge		
	O Douglas		
	O Dundy		
	○ Fillmore		
	○ Franklin		
	○ Frontier		
	○ Furnas○ Gage		
	○ Gage ○ Garden		
	○ Garden		
	○ Gosper		
	○ Grant		
	Greeley		
	○ Hall		
	Hamilton		
	Harlan		
	Hayes		
	Hitchcock		
	Ŏ Holt		
	Hooker		
	Howard		
	Jefferson		
	○ Johnson		
	Kearney		
	○ Keith		
	Keya Paha		
	Kimball		
	○ Knox		
	Lancaster		
	○ Lincoln		
	○ Logan		
	○ Loup		
	○ Madison		
	○ McPherson		
	○ Merrick		
	○ Morrill		
	○ Nance○ Nemaha		
	○ Nuckolls		
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	Pierce Platte Polk Red Willow Richardson Rock Saline Sarpy Saunders Scotts Bluff Seward Sheridan Sherman Sioux Stanton Thayer Thomas Thurston Valley Washington Wayne Webster Wheeler York (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Belknap○ Carroll
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Atlantic Bergen Burlington Camden Cape May Cumberland Essex Gloucester Hudson Hunterdon Mercer Middlesex Monmouth Morris Ocean Passaic 		
	 Salem Somerset Sussex Union Warren (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) 		
Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 □ Bernalillo □ Catron □ Chaves □ Cibola □ Colfax □ Curry □ De Baca □ Dona Ana □ Eddy □ Grant □ Guadalupe □ Harding □ Hidalgo □ Lea □ Lincoln □ Los Alamos □ Luna □ McKinley □ Mora ○ Otero □ Quay □ Rio Arriba □ Roosevelt □ San Juan □ San Miguel □ Sandoval □ Santa Fe □ Sierra □ Socorro □ Taos □ Torrance □ Union □ Valencia (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) 		

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Q3b. County of the facility	Carson City
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Churchill ○ Clark ○ Douglas ○ Elko ○ Esmeralda ○ Eureka ○ Humboldt ○ Lander ○ Lincoln ○ Lyon ○ Mineral ○ Nye ○ Pershing ○ Storey ○ Washoe ○ White Pine (Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	○ Albany
	Allegany
Only complete if NHSN OrgID is unknown, not available,	Bronx
or cannot be shared.	Broome
	Cattaraugus
	○ Cayuga
	○ Chautauqua
	○ Chemung
	Chenango
	Clinton
	O Columbia
	Cortland
	○ Delaware
	O Dutchess
	<u> </u>
	Essex
	○ Franklin
	O Fulton
	○ Genesee
	○ Greene
	○ Hamilton
	○ Herkimer
	○ Jefferson
	○ Kings
	○ Lewis
	○ Livingston
	○ Madison
	○ Monroe
	○ Montgomery
	Nassau (Manhattan)
	○ New York (Manhattan)
	○ Niagara
	○ Oneida○ Onondaga
	Ontario
	○ Orrange
	Orleans
	Oswego
	○ Otsego
	O Putnam
	Queens
	Rensselaer
	Richmond
	○ Rockland
	Saratoga
	Schenectady
	Schoharie
	Schuyler
	○ Seneca
	St. Lawrence
	Steuben
	Suffolk
	 Sullivan
	○ Tioga
	○ Tompkins
	○ Ulster
	○ Warren
	○ Washington
	○ Wayne
	○ Westchester
	○ Wyoming
	○ Yates
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

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Q3b. County of the facility	○ Bronx
Only complete if NHSN OrgID is unknown, not available,	○ Kings○ New York (Manhattan)
or cannot be shared.	Queens
	○ Richmond
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	Adams	
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or cannot be shared.	○ Ashtabula	
	Athens	
	○ Auglaize○ Belmont	
	Brown	
	Butler	
	○ Carroll	
	○ Champaign○ Clark	
	Clermont	
	Clinton	
	○ Columbiana○ Coshocton	
	Crawford	
	Cuyahoga	
	O Darke	
	DefianceDelaware	
	○ Erie	
	Fairfield	
	○ Fayette○ Franklin	
	Fulton	
	◯ Gallia	
	○ Geauga	
	○ Greene○ Guernsey	
	Hamilton	
	Hancock	
	○ Hardin	
	○ Harrison○ Henry	
	Highland	
	○ Hocking	
	○ Holmes○ Huron	
) Jackson	
	∫ Jefferson	
	○ Knox○ Lake	
	○ Lawrence	
	Licking	
	○ Logan	
	○ Lorain○ Lucas	
	○ Madison	
	Mahoning	
	○ Marion○ Medina	
	○ Meigs	
	○ Mercer	
	○ Miami	
	○ Monroe○ Montgomery	
	Morgan	
	O Morrow	
	○ Muskingum○ Noble	
	Ottawa	
	Paulding	
	○ Perry○ Pickaway	
	O Pike	
	Portage	
	O Preble	A
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○ Richland
Ross
Sandusky
○ Scioto
Seneca
Shelby
•
Stark
Summit
○ Trumbull
○ Tuscarawas
Union
○ Van Wert
Vinton
Warren
Washington
○ Wayne
Williams
Wood
Wyandot
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available, or cannot be shared.)

Q3b. County of the facility	○ Adair		
	○ Alfalfa		
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or cannot be shared.	O Beaver		
	○ Beckham		
	O Blaine		
	○ Bryan○ Caddo		
	○ Caddo ○ Canadian		
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	○ Cherokee		
	○ Choctaw		
	Cimarron		
	○ Cleveland		
	Coal		
	Comanche		
	Cotton		
	Craig		
	○ Creek		
	Custer		
	Delaware		
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	○ Ellis		
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	O Harmon		
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	○ Johnston		
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	Lincoln		
	Logan		
	○ Love		
	○ Major		
	Marshall		
	Mayes		
	McClain		
	McCurtain		
	McIntosh		
	Murray		
	Muskogee		
	Noble		
	Nowata		
	Okfuskee		
	Oklahoma		
	Okmulgee		
	○ Osage		
	Ottawa		
	O Pawnee		
	O Payne		
	O Pittsburg		
	O Pontotoc		
	PottawatomiePushmataha		
	Roger Mills		
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	 ○ Texas ○ Tillman ○ Tulsa ○ Wagoner ○ Washington ○ Washita ○ Woods ○ Woodward (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Baker
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Gilliam Grant Harney Hood River Jackson Jefferson Josephine Klamath Lake Lane Lincoln Linn Malheur Marion Morrow Multnomah Polk Sherman Tillamook Umatilla Union Wallowa Wasco Washington Wheeler Yamhill (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	
	Allegheny
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	○ Armstrong○ Beaver
or carmot be shared.	○ Bedford
	O Berks
	Blair
	○ Bradford○ Bucks
	○ Butler
	○ Cambria
	Cameron
	○ Carbon○ Centre
	○ Centre
	○ Clarion
	○ Clearfield
	○ Clinton○ Columbia
	○ Crawford
	Cumberland
	O Dauphin
	○ Delaware○ Elk
	© Erie
	○ Fayette
	○ Forest
	○ Franklin○ Fulton
	Greene
	Huntingdon
	○ Indiana○ Jefferson
	○ Juniata
	○ Lackawanna
	Lancaster
	○ Lawrence○ Lebanon
	○ Lehigh
	○ Luzerne
	○ Lycoming
	Mifflin
	Monroe
	○ Montgomery○ Montour
	○ Northampton
	Northumberland
	Perry
	PhiladelphiaPike
	OPotter
	Schuylkill
	○ Snyder○ Somerset
	Sullivan
	Susquehanna
	○ Tioga
	○ Union○ Venango
	○ Warren
	Washington
	Wayne
	WestmorelandWyoming
	○ York
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Q3b. County of the facility

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Q3b. County of the facility	Adjuntas	
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or carmot be shared.	Aguas buerias Aibonito	
	Anasco	
	○ Arecibo	
	Arroyo	
	○ Barceloneta	
	Barranquitas	
	O Bayamon	
	Cabo Rojo	
	○ Caguas○ Camuy	
	○ Carnuy ○ Canovanas	
	○ Carolina	
	○ Catano	
	Cayey	
	○ Ceiba	
	Ciales	
	○ Cidra	
	○ Coamo	
	○ Comerio	
	○ Corozal	
	○ Culebra○ Dorado	
	○ Fajardo	
	○ Florida	
	○ Guanica	
	◯ Guayama	
	Guayanilla	
	○ Guaynabo	
	○ Gurabo	
	O Hatillo	
	O Hormigueros	
	○ Humacao○ Isabela	
	○ Jayuya	
	○ Juana Diaz	
	Juncos	
	<u></u> Lajas	
	○ Lares	
	Las Marias	
	○ Las Piedras	
	○ Loiza	
	○ Luquillo○ Manati	
	○ Maricao	
	○ Maunabo	
	○ Mayaguez	
	◯ Moca	
	Morovis	
	○ Naguabo	
	Naranjito	
	Orocovis	
	O Patillas	
	○ Penuelas○ Ponce	
	O Quebradillas	
	Rincon	
	○ Rio Grande	
	○ Sabana Grande	
	Salinas	
	San German	
	○ San Juan	
	○ San Lorenzo	
	○ San Sebastian	
	○ Santa Isabel	
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	 ○ Toa Baja ○ Trujillo Alto ○ Utuado ○ Vega Alta ○ Vega Baja ○ Vieques ○ Villalba ○ Yabucoa ○ Yauco (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) 	
Q3b. County of the facility	○ Airai○ Angaur	
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ◯ Kayangel ◯ Koror ◯ Melekeok ◯ Peleliu ◯ Sonsorol ◯ Tobi (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) 	
Q3b. County of the facility	○ Bristol○ Kent	
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Newport Providence Washington (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)	
Q3b. County of the facility	Republic of the Marshall Islands (Only complete if NHSN OrgID is unknown, not)	
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Q3b. County of the facility	AbbevilleAiken
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Alken Allendale Anderson Bamberg Barnwell Beaufort Berkeley Calhoun Charleston Cherokee Chester Chester Chesterfield Clarendon Colleton Darlington Dillon Dorchester Edgefield Fairfield Florence Georgetown Greenville Greenwood Hampton Horry Jasper Kershaw Lancaster Laurens Lee Lexington Mariboro Mariboro Mariboro Mariboro Marcormick Newberry Oconee Orangeburg Pickens Richland Saluda Spartanburg Sumter Union Williamsburg York
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Q3b. County of the facility	O Aurora
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or carrillot be strated.	○ Bon Homme○ Brookings
	○ Brown
	O Brule
	O Buffalo
	○ Butte
	○ Campbell
	○ Charles Mix
	○ Clark
	○ Clay
	○ Codington
	Corson
	O Custer
	O Davison
	○ Day○ Deuel
	O Dewey
	O Douglas
	○ Edmunds
	○ Fall River
	○ Faulk
	○ Grant
	○ Haakon
	Hamlin
	Hand
	○ Hanson
	○ Harding○ Hughes
	Hutchinson
	○ Hyde
	Jackson
	○ Jerauld
	○ Kingsbury
	○ Lake
	○ Lawrence○ Lincoln
	○ Lincolli ○ Lyman
	○ Marshall
	○ McCook
	McPherson
	○ Meade
	○ Mellette
	O Miner
	○ Minnehaha
	○ Moody○ Oglala Lakota
	Oglala Lakota O Pennington
	O Perkins
	OPotter
	○ Roberts
	○ Sanborn
	Spink
	Stanley
	Sully
	○ Todd○ Tripp
	Turner
	Union
	○ Walworth
	Yankton
	(Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	○ Anderson		
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	○ Bledsoe○ Blount		
	○ Bradley		
	○ Campbell		
	Cannon		
	○ Carroll		
	○ Carter		
	○ Cheatham		
	○ Chester		
	Claiborne		
	Clay		
	◯ Cocke		
	O Coffee		
	Crockett		
	Cumberland		
	Davidson		
	O De Kalb		
	Decatur		
	Dickson		
	Dyer		
	Fayette		
	Fentress		
	Franklin		
	○ Giles		
	○ Grainger		
	○ Greene		
	○ Grundy		
	○ Hamblen		
	○ Hamilton		
	○ Hancock○ Hardeman		
	○ Hardeman○ Hardin		
	Hawkins		
	Haywood		
	Henderson		
	Henry		
	Hickman		
	Houston		
	Humphreys		
	◯ Jackson		
	◯ Jefferson		
	◯ Johnson		
	○ Knox		
	Lake		
	Lauderdale		
	Lawrence		
	Lewis		
	○ Lincoln		
	Loudon		
	Madison		
	O Marion		
	○ Marshall		
	○ Maury		
	○ McMinn		
	MontgomeryMoore		
	○ Moore ○ Morgan		
	Obion		
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	O Perry		
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○ Polk○ Putnam○ Rhea○ Roane○ Robertson○ Rutherford
Scott
○ Sequatchie○ Sevier
○ Shelby
Smith
Stewart
○ Sullivan ○ Sumner
○ Tipton
○ Trousdale
○ Unicoi
○ Union
○ Van Buren ○ Warren
○ Washington
○ Wayne
○ Weakley
○ White○ Williamson
Wilson
(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	○ Anderson	
O L LL 'CNUCN O ID'	Andrews	
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or cannot be shared.	O Archar	
	○ Archer○ Armstrong	
	Attascosa	
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	O Bee	
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	Blanco	
	Borden	
	Bosque	
	Bowie	
	Brazoria	
	Brazos	
	Brewster	
	O Briscoe	
	Brooks	
	O Brown	
	O Burleson	
	○ Burnet○ Caldwell	
	Calhoun	
	Callahan	
	Cameron	
	Camp	
	Carson	
	Cass	
	O Castro	
	Chambers	
	Cherokee	
	Childress	
	○ Clay	
	Cochran	
	○ Coke	
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	O Collin	
	○ Collingsworth	
	○ Colorado○ Comal	
	○ Comanche	
	○ Concho	
	Cooke	
	○ Coryell	
	O Cottle	
	○ Crane	
	Crockett	
	Crosby	
	Culberson	
	Dallam	
	Dallas	
	Dawson	
	Deaf Smith	
	O Delta	
	O Denton	
	O DeWitt	
	O Dickens	
	O Dimmit	
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(Only complete if NHSN OrgID is unknown, not	
available, or cannot be shared.)	

Q3b. County of the facility	○ Beaver○ Box Elder
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 ○ Box Elder ○ Cache ○ Carbon ○ Dayis ○ Duchesne ○ Emery ○ Garfield ○ Grand ○ Iron ○ Juab ○ Kane ○ Millard ○ Morgan ○ Piute ○ Rich ○ Salt Lake ○ San Juan ○ Sanpete ○ Sevier ○ Summit ○ Tooele ○ Uintah ○ Utah ○ Wasatch ○ Wayne ○ Weber (Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	O Accomack
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or cannot be shared.	Amelia
	O Amherst
	AppomattoxArlington
	○ Augusta
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	Buchanan
	Buckingham Campbell
	CampbellCaroline
	○ Carroll
	○ Charles City
	CharlotteChesterfield
	City of Alexandria
	City of Bristol
	City of Buena Vista
	City of CharlottesvilleCity of Chesapeake
	Ocity of Colonial Heights
	City of Covington
	City of DanvilleCity of Emporia
	City of Fairfax
	City of Falls Church
	City of Franklin
	City of FredericksburgCity of Galax
	City of Hampton
	 City of Harrisonburg
	City of Hopewell
	City of LexingtonCity of Lynchburg
	City of Manassas
	City of Manassas Park
	City of MartinsvilleCity of Newport News
	City of Norfolk
	City of Norton
	City of PetersburgCity of Poquoson
	City of Portsmouth
	City of Radford
	City of RichmondCity of Roanoke
	City of Salem
	City of Staunton
	City of Suffolk
	City of Virginia BeachCity of Waynesboro
	City of Williamsburg
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Mathews
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O Patrick
O Pittsylvania
Powhatan
Prince Edward
O Prince George
Prince William
O Pulaski
Rappahannock
Richmond
Roanoke
Rockbridge
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Russell
Scott
○ Shenandoah
Smyth
SouthamptonSpotsylvania
Stafford
Surry
Sussex
○ Tazewell
○ Warren
Washington
○ Westmoreland
○ Wise
○ Wythe
○ York
(Only complete if NHSN OrgID is unknown, not
available, or cannot be shared.)

Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Saint Croix Saint John Saint Thomas (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q3b. County of the facility	○ Addison○ Bennington
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	Caledonia Chittenden Essex Franklin Grand Isle Lamoille Orange Orleans Rutland Washington Windham Windsor (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q3b. County of the facility	○ Adams
Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Asotin Benton Chelan Clallam Clark Columbia Cowlitz Douglas Ferry Franklin Garfield Grant Grays Harbor Island Jefferson King Kitsap Kittitas Klickitat Lewis Lincoln Mason Okanogan Pacific Pend Oreille Pierce San Juan Skagit Skamania Snohomish Spokane Stevens Thurston Wahkiakum Walla Walla Whatcom Whitman Yakima (Only complete if NHSN OrgID is unknown, not
	available, or cannot be shared.)

Q3b. County of the facility	○ Adams		
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○ Waushara
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Q3b. County of the facility Berkeley Only complete if NHSN OrgID is unknown, not available, or cannot be shared. Only complete if NHSN OrgID is unknown, not available, or cannot be shared. Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.) Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)		
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		available, or cannot be shared.)

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Q3b. County of the facility Only complete if NHSN OrgID is unknown, not available, or cannot be shared.	 Albany Big Horn Campbell Carbon Converse Crook Fremont Goshen Hot Springs Johnson Laramie Lincoln Natrona Niobrara Park Platte
	 ○ Sheridan ○ Sublette ○ Sweetwater ○ Teton ○ Uinta ○ Washakie ○ Weston (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)
Q4. Was this facility tribally owned or a part of the Indian Health Service:	YesNoUnknown
Q5. Please indicate the type of prevention-based activity conducted:	☐ Infection Control Assessment ☐ Point Prevalence Survey
[Select all that apply]	
Infection Control Assessments	
Q5a (i). Type of Assessment Performed	Onsite
(Select all that apply)	☐ Remote
Q5a (ii). Total number of onsite infection control assessments:	
Q5a (iii). Total number of remote infection control assessments:	
Q5a (iv). Reason for Infection Control Assessment	☐ MDRO prevention
(Select all that apply)	 ☐ COVID-19 prevention ☐ Health Equity goal ☐ General HAI prevention (general non-MDRO or request from facility, etc.) ☐ None of the above

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Point Prevalence Survey	
Q5b (i). Date of PPS:	
Q5b (ii). Indicate which target(s) screened and number of screenings performed:	☐ C.auris ☐ KPC, VIM, IMP, OXA-48-like, NDM ☐ CRAB with OXA-23, -24/40, 58, 235 ☐ Other
C.auris	
Total Screened Total Positive	
Total Screened Mechanism Total Positive Associated Organism KPC, VIM, IMP, OXA-48-like, NDM KPC VIM IMP OXA-48-like NDM _	
Total Screened Mechanism Total Positive CRAB with OXA-23, -24/40, 58, 235 OXA-23 OXA-24/40 OXA-58 OXA-235	
Other	
Please specify target and/or mechanism	
Total Screened Total Positive	
Q5b (iii). Was there a public health investigation conducted as a result of this PPS/screening activity?	Yes No
Q5b (iv). Containment Response ID:	
[The Containment Response ID should match the Local outbreak/Response ID associated with the record submited in HARP PM2]	

Q5b (v). Was there additional round of colonization screen conducted during this reporting period:	○ Yes ○ No
Q5b (vi). Date of PPS (Round 2):	
Q5b (vii). Indicate target(s) screened:	☐ C.auris ☐ KPC, VIM, IMP, OXA-48-like, NDM ☐ CRAB with OXA-23, -24/40, 58, 235 ☐ Other
C.auris	
Total Screened Total Positive	
Total Screened Mechanism Total Positive Associated Organism KPC, VIM, IMP, OXA-48-like, NDM KPC VIM IMP OXA-48-like NDM _	
Total Screened Mechanism Total Positive CRAB with OXA-23, -24/40, 58, 235 OXA-23 OXA-24/40 OXA-58 OXA-235	
Other	
Please specify target and/or mechanism	
Total Screened Total Positive	
Q5b (viii). Was there additional round of colonization screen conducted during this reporting period:	○ Yes ○ No
Q5b (ix). Date of PPS (Round 3):	

Q5b (vii). Indicate target(s) screened:	□ C.auris□ KPC, VIM, IMP, OXA-48-like, NDM□ CRAB with OXA-23, -24/40, 58, 235□ Other
C.auris	
Total Screened Total Positive	
Total Screened Mechanism Total Positive Associated Organism KPC, VIM, IMP, OXA-48-like, NDM KPC VIM IMP OXA-48-like NDM _	
Total Screened Mechanism Total Positive CRAB with OXA-23, -24/40, 58, 235 OXA-23 OXA-24/40 OXA-58 OXA-235	
Other Please specify target and/or mechanism	
Total Screened Total Positive	
Q6a. Were any of the staff contributing to this infection control assessment partially or fully funded through the following funding mechanism: [Select all that apply]	☐ G1 ☐ SHARP (SHARP includes Project 1 through 5) ☐ Nursing Home/Other LTC Strike Team ☐ Enhancing Detection Expansion/CARES ☐ None of the above ☐ Unknown
Q6b. Were any of the staff contributing to this point prevalence survey partially or fully funded through the following funding mechanism: [Select all that apply]	☐ G1 ☐ SHARP (SHARP includes Project 1 through 5) ☐ Nursing Home/Other LTC Strike Team ☐ Enhancing Detection Expansion/CARES ☐ None of the above ☐ Unknown

Additional Comments	
Additional notes/comments to CDC (any other information that the HD would like to share about this facility):	



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HARP PM5: Status of Required Tasks

Jurisdiction	

HARP PM5: Status of Required Tasks (SHARP PM I.1) Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Data collection of staffing updates has been streamlined and is collected through the HAI/AR Program Staffing Directory. In HARP PM5, indicate if the HAI/AR Program Staffing Directory includes up-to-date staffing information for staff involved in HAI/AR Response and Prevention activities for this reporting period in Q1. The completion, or review and revision, of landscape analysis of outpatient dialysis services locations is required under SHARP Project I Strategy D (SHARP PM I.1). Recipients should indicate the status of the landscape analysis of outpatient dialysis services location in HARP PM5 Q2. Recipients should submit at least one Nursing Home and LTCF Strike Teams and Infrastructure Project success story before the end of the budget period to NHStrikeTeams@cdc.gov. In HARP PM5, indicate if the success story has been submitted in Q3. Recipients should report on the G1 Health Equity Required Task activities that have been planned, are in progress, or were completed during the budget period (August 1, 2023 - July 31, 2024) in HARP PM5 Q4-Q7. This measure is due once per budget period (August 31, 2024).

Q1. Does the HAI/AR Program Staffing Directory include updated staffing information for staff involved in HAI/AR Response and Prevention activities:

Link to HAI/AR Program Staffing Directory: HAI/AR Program Staffing Directory

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Q1a. HAI/AR Program Staff regardless of funding source:	YesNoDon't Know
Q1b. Staff fully or partially funded through SHARP Project I including state/territorial, regional, local, or other funded entity (designee):	YesNoDon't Know
Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided.	
Q2. Status of landscape analysis of outpatient dialysis services location:	○ Completed○ Underway○ Reviewed and revised○ Not started
Nursing Home and LTCF Strike Teams and Infrastructure Project	Success Stories
The recipient should submit at least one NH Strike Team succes NHStrikeTeams@cdc.gov. The submission of success story shou 2 in HARP PM5.	
For additional guidance on Nursing Home and LTCF Strike Team refer to Success_Story_Guidance_NHST_BP5.pdf attached below [Attachment: "SuccessStoryTemplate_NHST_BP5.pdf"]	
Q3. Status of the Nursing Home and LTCF Strike Teams and Infrastructure Project success stories:	○ Submitted○ Underway○ Not started
G1 Health Equity (HE) Required Task	
Notes/Instructions:	
Please refer to the G1 BP5 Health Equity Required Task Framer Please report health equity-focused HAI/AR response and preven Health departments that are planning, implementing, or have concepted in activities as part of SHARP or Nursing Home Strike T G1 funds were also used to support these activities.	ntion activities, not including antibiotic stewardship ompleted health equity-focused HAI/AR response and
[Attachment: "G1 BP5 Health Equity Required Task Framework a	and Reporting Tool.pdf"]
Q4. Has your health department identified health equity-focused HAI/AR response and prevention activities or priorities (not including antibiotic stewardship)? If you have identified more than one activity or	 No We plan to but have not yet started or are still in planning phase. We are in the process of identifying our health equity priorities/projects. Yes, we have identified one or more health
priority, for this question, please respond based on the one that is furthest developed.	equity-focused HAI/AR priorities.

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Q4a. Please provide your expected timeline for initiating this work.	
Q5. Briefly provide additional information regarding your health equity-focused HAI/AR response and prevention activities or priorities (not including antibiotic stewardship) using the following prompts, which align with the six components described in the framework.	
If you have identified more than one activity or priority, please in below.	clude responses for each within each sub-question
Q5a. Briefly describe the data sources and processes planned or used to identify HAI/AR disparities/inequities	
Q5b. Specify the identified HAI/AR disparities/inequities to be prioritized and rationale	
Q5c. Specify the identified population(s) or social determinants of health to be prioritized and rationale	
Q5d. Specify the identified healthcare setting(s) to be prioritized and rationale	
Q5e. Briefly describe the types of activities planned or in progress to reduce HAI/AR disparities/inequities	
Q5f. Briefly describe the planned process for measuring progress towards specified short-term and long-term outcomes	
Q6. Feel free to share additional information regarding progress and/or challenges in identifying or addressing HAI/AR disparities/inequities (not including stewardship).	
Include any requests for technical assistance from CDC or other jurisdictions.	
Q7. Which of the following funding mechanisms are used, either partially or fully, to fund staff contributing to the health equity work described above?	☐ G1 ☐ SHARP ☐ Nursing Home/other LTC Strike Team ☐ None of the above ☐ Unknown
(Select all that apply)	
Additional notes/comments to CDC:	

HARP PM6: NH Strike Teams (Strike PM1)

Jurisdiction	

HARP PM6: Approach and implementation plan adopted by the health department to support and sustain facility capacity to detect and respond to infectious diseases and improve patient care and practices in long-term care facilities (STRIKE PM1) Form Approved

OMB Control Number: 0920-1282

Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

Instructions:

Health departments should report progress on all strategies and activities fully or partially funded by NH/LTC Strike Team. Only select the approach(es) that are applicable to your jurisdiction.

Types of Approach(es): Strategies or activities adopted by health departments to support and sustain facility capacity to detect and respond to COVID-19 and other infectious diseases and improve resident safety and care in long-term care facilities

For the purpose of reporting for this performance measure:

Skilled nursing facility (SNF) refers to all Centers for Medicare and Medicaid (CMS)-certified nursing homes Other long-term care facilities (LTCF) include assisted living and residential care communities, intermediate care facilities for individuals with developmental disabilities (ICF), group homes, or other settings providing care to frail and older adults and children. This does not include activities in non-LTC congregate settings such as correctional facilities or

homeless shelters. For each selected approach, provide a brief description of the support/activity, and summarize progress to date. Please enter the cumulative number of SNF and other LTCF that received support since January 2022. Where applicable, please highlight any unique activities that are specifically as a result of the NH Strike Team funds.

Note that some of the approaches listed in this performance measure (PM) are also reported as part of performance measures for other ELC funded programs. For example, COVID-19 response activities are also reported by Healthcare Associated Infection/Antimicrobial Resistance (HAI/AR) Prevention Programs as part of Performance Measures for ELC Core G1 Activities. We ask HAI/AR Programs to report number of COVID-19 consultations provided for possible COVID-19 outbreaks by setting types (PM3) and number of COVID-19 prevention-based assessments (PM4).

For the purposes of the NH/LTC Strike Team PM listed below, we ask you to estimate the number of nursing homes and other LTCFs that received COVID-19 response or prevention consultations involving staff who are partially or fully funded by NH Strike Team.

For health departments in the early phase of implementing an approach and have not begun providing this support to facilities, we understand there may not yet be quantitative numbers of facilities to report. In those situations, please enter "0" in the numeric field and use the "summarize" text box to describe the progress made to date.

This measure is due twice per budget period (January 31, 2024 and August 31, 2024).

 Types of approach(es): ease select all that apply to your jurisdiction 	
COVID-19 outbreak response activities COVID-19 prevention-based onsite assessments	
COVID-19 educational support (e.g., webinar, training, learning collaborative) Provision of clinical staff (to address staffing shortages)	
Provision of specific clinical services (e.g., administration of COVID-19 therapeutics or vaccine) Direct financial support (e.g., grants or incentives) to support facility IPC activities	
Activity to recruit and support new individuals to enter LTC workforce (e.g., scholarships or incentives to obtain CNA training/certification)	
Activity to support existing LTC workforce (e.g., incentives, retention bonus, professional development opportunity)	
Optional activity: Purchasing of supplies (e.g., test kits, PPE)	
Optional activity: Conducting environmental assessments, providing infrastructure support (e.g., offering fit-testing for all staff)	
Other activity not reflected in options above, please specify	

COVID-19 outbreak support response activities
COVID-19 response efforts may take the form of consultation regarding IPC activities, remote or onsite infection control assessments, or other IPC technical assistance to facilities with COVID-19 infections among residents/patients or HCP.
(The numbers reported here can be a subset of COVID-19 consultations reported in HARP PM3)
Q2a. Briefly summarize your approach:
Q2a (i). Number of SNF that received support:
Please enter the cumulative number of SNF that have received support since January 2022
Q2a (ii). Number of other-LTCF that received support:
Please enter the cumulative number of other-LTCFs that have received support since January 2022
COVID-19 prevention-based onsite assessments To be counted, prevention-based assessments require use of a structured form for data collection, such as CDC Tele-ICAR tool (or similar state/local developed tool). (The number reported here can be a subset of prevention-based COVID-19 infection control assessment reported in HARP PM4)
Q2b. Briefly summarize your approach:
Q2b (i). Number of SNFs that received support (Please provide an estimate):
Please enter the cumulative number of SNF that have received support since January 2022



Q2b (ii). Number of other-LTCF that received support (Please provide an estimate):			
Please enter the cumulative number of other-LTCFs that have received support since January 2022			
COVID-19 educational support (e.g., webinar, training,	learning collaborative)		
Q2c. Briefly summarize your approach:			
Q2c (i). Number of SNFs that received support:			
Please enter the cumulative number of SNF that have received support since January 2022			
Q2c (ii). Number of other-LTCFs that received support:			
Please enter the cumulative number of other-LTCFs that have received support since January 2022			
Provision of clinical staff (to address staffing shortages)			
O2d Driefly gummarize your approach.			
Q2d. Briefly summarize your approach:			
Q2d (i). Number of SNFs that received support:			
Please enter the cumulative number of SNF that have received support since January 2022			
Q2d (ii). Number of other-LTCFs that received support:			
Please enter the cumulative number of other-LTCFs that have received support since January 2022			



Provision of specific clinical services (e.g., administration of COVID-19 therapeutics or vaccine)		
Q2e. Briefly summarize your approach:		
Q2e (i). Number of SNFs that received support:		
Please enter the cumulative number of SNF that have received support since January 2022		
Q2e (ii). Number of other-LTCFs that received support:		
Please enter the cumulative number of other-LTCFs that have received support since January 2022		
Direct financial support (e.g., grants or incentives) to support facility IPC activities		
Q2f. Briefly summarize your approach:		
Q2f (i). Number of SNFs that received support:		
Please enter the cumulative number of SNF that have received support since January 2022		
Q2f (ii). Number of other-LTCFs that received support:		
Please enter the cumulative number of other-LTCFs that have received support since January 2022		



Activity to recruit and support new individuals to enter LTC workforce (e.g., scholarships or incentives to obtain CNA training/certification)
Q2g. Briefly summarize your approach:
Q2g (i). Number of SNFs that received support:
Please enter the cumulative number of SNF that have received support since January 2022
Q2g (ii). Number of other-LTCFs that received support:
Please enter the cumulative number of other-LTCFs that have received support since January 2022
Q2g (iii). Number of individuals participating in program:
Please enter the cumulative number of individuals participating in program since January 2022
Activity to support existing LTC workforce (e.g., incentives, retention bonus, professional development opportunity)
Q2h. Briefly summarize your approach:
Q2h (i). Number of SNFs that received support:
Please enter the cumulative number of SNF that have received support since January 2022
Q2h (ii). Number of other-LTCFs that received support:
Please enter the cumulative number of other-LTCFs that have received support since January 2022



Q2h (iii). Cumulative number of LTC staff supported:	
Please enter the cumulative number of LTC staff that have received support since January 2022	(If not applicable, enter n/a; if not available enter 0)
Optional activity: Purchasing of supplies (e.g., tes	st kits, PPE)
Q2i. Briefly summarize your approach:	
Q2i (i). Number of SNFs that received support:	
Please enter the cumulative number of SNF that have received support since January 2022	
Q2i (ii). Number of other-LTCFs that received support:	
Please enter the cumulative number of other-LTCFs that have received support since January 2022	
Optional activity: Conducting environmental asse (e.g., offering fit-testing for all staff)	ssments, providing infrastructure support
Q2j. Briefly summarize your approach:	
Q2j (i). Number of SNFs that received support:	
Please enter the cumulative number of SNF that have received support since January 2022	
Q2j (ii). Number of other-LTCFs that received support:	
Please enter the cumulative number of other-LTCFs that have received support since January 2022	



Other activity not reflected in options above, please specify		
Q2k. Briefly summarize your approach:		
Q2k (i). Number of SNFs that received support:		
Please enter the cumulative number of SNF that have received support since January 2022	-	
Q2k (ii). Number of other-LTCFs that received support:		
Please enter the cumulative number of other-LTCFs that have received support since January 2022	-	

