

HARP PM1: Clinical Laboratories

Jurisdiction

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?

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

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

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?

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

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.

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 transmission has been controlled and you are directing the facility to conduct regular (i.e., pre-specified, prevention-focused, scheduled) PPS, those PPS entries should be entered as prevention-based activities (submitted in PM4). Please add the REDCap ID of the corresponding PM4 record to the comments section of this reporting template (PM2).

ELC HAI/AR Response & Prevention Performance Measures Reporting Guide

[Attachment: "ELC HAIAR Performance Measure Reporting Guide 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 (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

- ☐ Active
☐ Monitoring
☐ Closed

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 should be counted as a new response.

Select "new response" in Q4 of a new record. All data entered should reflect efforts during the current reporting period. For all other continuing responses, please do not complete a new form.

Navigate to the existing record in the record status dashboard, Select "continuing response" in Q4 of the existing record, and Update the existing record. All data entered should be cumulative to date (regardless of reporting period).

Q5. 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
☐ 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

[check all that apply]

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 Public Health assist in this response?

- ☐ Yes
☐ No

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:

[Check all that apply]

- ☐ Injection safety breach (other than drug diversion)
☐ Drug diversion
☐ 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?

Select the option that best describes the trigger for initiating this response. If needed, more than one option can be selected.

- ☐ Single clinical case
- ☐ Multiple clinical cases
- ☐ Screening case
- ☐ Regional effort*
- ☐ Prevention-based Point Prevalence Survey (PPS)
- ☐ Other
- ☐ Unknown

(*Please note regional efforts should be aggregated in one entry unless efforts cross reporting periods.)

Definitions/Examples

For specific examples view "Additional Guidance to Complete the HARP PM2 Reporting Form" in the ELC HAI/AR Response & Prevention Performance 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?

- ☐ Yes
- ☐ No
- ☐ Unknown

Note: Targeted MDRO(s) [organism/mechanism] are those that triggered the containment response

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 the HARP PM2 Reporting Form" section of ELC HAI/AR Response & Prevention Performance Measures Reporting Guide for details on reporting single vs. multiple response.

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(s)
- ☐ Unknown
- ☐ No organism identified

Other organism, specify:

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:

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 24_40
- ☐ 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]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

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 24_40
- ☐ 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 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ 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 24_40
- ☐ 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
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

Pseudomonas aeruginosa other mechanism, specify:

Pseudomonas 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

Pseudomonas spp. (non- aerugionsa species) other
mechanism, specify:

Raoultella 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

Raoultella spp. other mechanism, specify:

Serratia marcescens 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

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 (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.)

If the facility has more than one level of care, select the level(s) of care relevant to the investigation and the responses to follow up activities should be submitted for those level(s) where investigation was conducted.

[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 settings
- ☐ Other healthcare settings
- ☐ Unknown

Q10(i)a. Please select the location within the ACH, if applicable

- ☐ 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

Q10(i)c. Intensive care unit type:

[Optional, Check all that apply]

- ☐ General
- ☐ Medical care
- ☐ Surgical
- ☐ Neurology
- ☐ Neonatal intensive care unit (NICU)
- ☐ Pediatric intensive care unit (PICU)
- ☐ Other

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

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

[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

Q10(v)b. Other congregate setting type, specify:

Q10(vi)a. 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
- ☐ Federally Qualified Health Centers (FQHC)
- ☐ Other
- ☐ Unknown

Q10(vi)b. Other outpatient setting type, specify:

Q10(vii). Other setting type, specify:

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.)

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.pdf>

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)

☐ CDC Test 1
☐ CDC Test 2
☐ CDC Test 3
 (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)

☐ 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
☐ Yukon-Koyukuk
 (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.

- ☐ Autauga
- ☐ Baldwin
- ☐ Barbour
- ☐ Bibb
- ☐ Blount
- ☐ Bullock
- ☐ Butler
- ☐ Calhoun
- ☐ Chambers
- ☐ Cherokee
- ☐ Chilton
- ☐ Choctaw
- ☐ Clarke
- ☐ Clay
- ☐ Cleburne
- ☐ Coffee
- ☐ Colbert
- ☐ Conecuh
- ☐ Coosa
- ☐ Covington
- ☐ Crenshaw
- ☐ Cullman
- ☐ Dale
- ☐ Dallas
- ☐ DeKalb
- ☐ Elmore
- ☐ Escambia
- ☐ Etowah
- ☐ Fayette
- ☐ Franklin
- ☐ Geneva
- ☐ Greene
- ☐ Hale
- ☐ Henry
- ☐ Houston
- ☐ Jackson
- ☐ Jefferson
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ 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 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.

- ☐ Arkansas
- ☐ 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
- ☐ Pulaski
- ☐ Randolph
- ☐ Saline
- ☐ Scott
- ☐ Searcy
- ☐ Sebastian
- ☐ Sevier
- ☐ Sharp
- ☐ St. Francis
- ☐ Stone

- ☐ Union
- ☐ Van Buren
- ☐ Washington
- ☐ White
- ☐ Woodruff
- ☐ Yell

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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.

- ☐ Apache
- ☐ Cochise
- ☐ Coconino
- ☐ Gila
- ☐ Graham
- ☐ Greenlee
- ☐ La Paz
- ☐ Maricopa
- ☐ Mohave
- ☐ Navajo
- ☐ Pima
- ☐ Pinal
- ☐ Santa Cruz
- ☐ Yavapai
- ☐ Yuma

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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.)

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

- ☐ Alameda
- ☐ Alpine
- ☐ Amador
- ☐ Butte
- ☐ Calaveras
- ☐ Colusa
- ☐ Contra Costa
- ☐ Del Norte
- ☐ El Dorado
- ☐ Fresno
- ☐ Glenn
- ☐ Humboldt
- ☐ Imperial
- ☐ Inyo
- ☐ Kern
- ☐ Kings
- ☐ Lake
- ☐ Lassen
- ☐ Los Angeles
- ☐ Madera
- ☐ Marin
- ☐ Mariposa
- ☐ Mendocino
- ☐ Merced
- ☐ Modoc
- ☐ Mono
- ☐ Monterey
- ☐ Napa
- ☐ Nevada
- ☐ Orange
- ☐ 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
- ☐ Tehama
- ☐ Trinity
- ☐ Tulare
- ☐ Tuolumne
- ☐ Ventura
- ☐ Yolo
- ☐ Yuba

(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)

☐ Cook
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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)

☐ Agrihan
☐ Alamagan
☐ Anatahan
☐ Pagan
☐ Rota
☐ Saipan
☐ Tinian
(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.

- ☐ Adams
- ☐ Alamosa
- ☐ Arapahoe
- ☐ 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
- ☐ Montrose
- ☐ Morgan
- ☐ Otero
- ☐ Ouray
- ☐ Park
- ☐ Phillips
- ☐ Pitkin
- ☐ Prowers
- ☐ Pueblo
- ☐ Rio Blanco
- ☐ Rio Grande
- ☐ Routt
- ☐ Saguache
- ☐ San Juan
- ☐ San Miguel
- ☐ Sedgwick
- ☐ Summit
- ☐ Teller
- ☐ Washington
- ☐ Weld
- ☐ Yuma

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- ☐ Fairfield
- ☐ Hartford
- ☐ Litchfield
- ☐ Middlesex
- ☐ New Haven
- ☐ New London
- ☐ Tolland
- ☐ Windham

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- ☐ District of Columbia

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- ☐ Kent
- ☐ New Castle
- ☐ Sussex

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

- ☐ Alachua
- ☐ Baker
- ☐ Bay
- ☐ Bradford
- ☐ Brevard
- ☐ Broward
- ☐ Calhoun
- ☐ 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
- ☐ Leon
- ☐ Levy
- ☐ Liberty
- ☐ 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
- ☐ Putnam
- ☐ Santa Rosa
- ☐ Sarasota
- ☐ Seminole
- ☐ St. Johns
- ☐ St. Lucie
- ☐ Sumter
- ☐ Suwannee
- ☐ Taylor
- ☐ Union
- ☐ Upper Keys in Monroe
- ☐ Volusia
- ☐ Wakulla
- ☐ Walton

☐ Washington

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☐ Chuuk Lagoon

☐ Eauripik

☐ Fais

☐ Fananu

☐ Faraulep

☐ Kapingamarangi

☐ Kosrae

☐ Losap

☐ Lukunoch

☐ Mwoakilloa

☐ Ngulu

☐ Nukuoro

☐ Onoun

☐ Oroluk

☐ Pakin

☐ Pingelap

☐ Pohnpei

☐ Polowat

☐ Sapwuahfik

☐ Satawal

☐ Ulithi

☐ Woleai

☐ Yap

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- ☐ Appling
- ☐ Atkinson
- ☐ Bacon
- ☐ Baker
- ☐ Baldwin
- ☐ Banks
- ☐ Barrow
- ☐ Bartow
- ☐ Ben Hill
- ☐ Berrien
- ☐ Bibb
- ☐ Bleckley
- ☐ Brantley
- ☐ Brooks
- ☐ Bryan
- ☐ Bulloch
- ☐ Burke
- ☐ Butts
- ☐ Calhoun
- ☐ Camden
- ☐ Candler
- ☐ Carroll
- ☐ Catoosa
- ☐ Charlton
- ☐ Chatham
- ☐ Chattahoochee
- ☐ Chattooga
- ☐ Cherokee
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinch
- ☐ Cobb
- ☐ Coffee
- ☐ Colquitt
- ☐ Columbia
- ☐ Cook
- ☐ Coweta
- ☐ Crawford
- ☐ Crisp
- ☐ Dade
- ☐ Dawson
- ☐ Decatur
- ☐ DeKalb
- ☐ Dodge
- ☐ Dooly
- ☐ Dougherty
- ☐ Douglas
- ☐ Early
- ☐ Echols
- ☐ Effingham
- ☐ Elbert
- ☐ Emanuel
- ☐ Evans
- ☐ Fannin
- ☐ Fayette
- ☐ Floyd
- ☐ Forsyth
- ☐ Franklin
- ☐ Fulton
- ☐ Gilmer
- ☐ Glascock
- ☐ Glynn
- ☐ Gordon
- ☐ Grady
- ☐ Greene
- ☐ Gwinnett
- ☐ Habersham
- ☐ Hall

- ☐ Hancock
- ☐ Haralson
- ☐ Harris
- ☐ Hart
- ☐ Heard
- ☐ Henry
- ☐ Houston
- ☐ Irwin
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jenkins
- ☐ Johnson
- ☐ Jones
- ☐ Lamar
- ☐ Lanier
- ☐ Laurens
- ☐ Lee
- ☐ Liberty
- ☐ Lincoln
- ☐ Long
- ☐ Lowndes
- ☐ Lumpkin
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ McDuffie
- ☐ McIntosh
- ☐ Meriwether
- ☐ Miller
- ☐ Mitchell
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan
- ☐ Murray
- ☐ Muscogee
- ☐ Newton
- ☐ Oconee
- ☐ Oglethorpe
- ☐ Paulding
- ☐ Peach
- ☐ Pickens
- ☐ Pierce
- ☐ Pike
- ☐ Polk
- ☐ Pulaski
- ☐ Putnam
- ☐ Quitman
- ☐ Rabun
- ☐ Randolph
- ☐ Richmond
- ☐ Rockdale
- ☐ Schley
- ☐ Screven
- ☐ Seminole
- ☐ Spalding
- ☐ Stephens
- ☐ Stewart
- ☐ Sumter
- ☐ Talbot
- ☐ Taliaferro
- ☐ Tattnall
- ☐ Taylor
- ☐ Telfair
- ☐ Terrell
- ☐ Thomas
- ☐ Tift
- ☐ Toombs
- ☐ Towns
- ☐ Treutlen

- ☐ Troup
- ☐ Turner
- ☐ Twiggs
- ☐ Union
- ☐ Upson
- ☐ Walker
- ☐ Walton
- ☐ Ware
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Wheeler
- ☐ White
- ☐ Whitfield
- ☐ Wilcox
- ☐ Wilkes
- ☐ Wilkinson
- ☐ Worth

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

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- ☐ Hawaii
 - ☐ Honolulu
 - ☐ Kalawao
 - ☐ Kauai
 - ☐ Maui
- (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

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

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

- ☐ Adair
- ☐ Adams
- ☐ Allamakee
- ☐ Appanoose
- ☐ Audubon
- ☐ Benton
- ☐ Black Hawk
- ☐ Boone
- ☐ Bremer
- ☐ Buchanan
- ☐ Buena Vista
- ☐ Butler
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Cedar
- ☐ Cerro Gordo
- ☐ Cherokee
- ☐ Chickasaw
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinton
- ☐ Crawford
- ☐ Dallas
- ☐ Davis
- ☐ Decatur
- ☐ Delaware
- ☐ Des Moines
- ☐ Dickinson
- ☐ Dubuque
- ☐ Emmet
- ☐ Fayette
- ☐ Floyd
- ☐ Franklin
- ☐ Fremont
- ☐ Greene
- ☐ Grundy
- ☐ Guthrie
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Harrison
- ☐ Henry
- ☐ Howard
- ☐ Humboldt
- ☐ Ida
- ☐ Iowa
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Jones
- ☐ Keokuk
- ☐ Kossuth
- ☐ Lee
- ☐ Linn
- ☐ Louisa
- ☐ Lucas
- ☐ Lyon
- ☐ Madison
- ☐ Mahaska
- ☐ Marion
- ☐ Marshall
- ☐ Mills
- ☐ Mitchell
- ☐ Monona
- ☐ Monroe
- ☐ Montgomery

- ☐ Muscatine
- ☐ 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., 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.

- ☐ Ada
- ☐ Adams
- ☐ Bannock
- ☐ Bear Lake
- ☐ Benewah
- ☐ Bingham
- ☐ Blaine
- ☐ Boise
- ☐ Bonner
- ☐ Bonneville
- ☐ Boundary
- ☐ Butte
- ☐ Camas
- ☐ Canyon
- ☐ Caribou
- ☐ Cassia
- ☐ Clark
- ☐ Clearwater
- ☐ Custer
- ☐ Elmore
- ☐ Franklin
- ☐ Fremont
- ☐ Gem
- ☐ Gooding
- ☐ Idaho
- ☐ Jefferson
- ☐ Jerome
- ☐ Kootenai
- ☐ Latah
- ☐ Lemhi
- ☐ Lewis
- ☐ Lincoln
- ☐ Madison
- ☐ Minidoka
- ☐ Nez Perce
- ☐ Oneida
- ☐ Owyhee
- ☐ Payette
- ☐ Power
- ☐ Shoshone
- ☐ Teton
- ☐ Twin Falls
- ☐ Valley
- ☐ Washington

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- ☐ Adams
- ☐ Alexander
- ☐ Bond
- ☐ Boone
- ☐ Brown
- ☐ Bureau
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Champaign
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Coles
- ☐ Cook
- ☐ Crawford
- ☐ Cumberland
- ☐ De Kalb
- ☐ De Witt
- ☐ Douglas
- ☐ DuPage
- ☐ Edgar
- ☐ Edwards
- ☐ Effingham
- ☐ Fayette
- ☐ Ford
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Greene
- ☐ Grundy
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Henderson
- ☐ Henry
- ☐ Iroquois
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jersey
- ☐ Jo Daviess
- ☐ Johnson
- ☐ Kane
- ☐ Kankakee
- ☐ Kendall
- ☐ Knox
- ☐ La Salle
- ☐ Lake
- ☐ Lawrence
- ☐ Lee
- ☐ Livingston
- ☐ Logan
- ☐ Macon
- ☐ Macoupin
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ Massac
- ☐ McDonough
- ☐ McHenry
- ☐ McLean
- ☐ Menard
- ☐ Mercer
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan

- ☐ 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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- ☐ Adams
- ☐ Allen
- ☐ Bartholomew
- ☐ Benton
- ☐ Blackford
- ☐ Boone
- ☐ Brown
- ☐ Carroll
- ☐ Cass
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Crawford
- ☐ Daviess
- ☐ De Kalb
- ☐ Dearborn
- ☐ Decatur
- ☐ Delaware
- ☐ Dubois
- ☐ Elkhart
- ☐ Fayette
- ☐ Floyd
- ☐ Fountain
- ☐ Franklin
- ☐ Fulton
- ☐ Gibson
- ☐ Grant
- ☐ Greene
- ☐ Hamilton
- ☐ 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
- ☐ Porter
- ☐ Posey
- ☐ Pulaski
- ☐ Putnam
- ☐ Randolph
- ☐ Ripley

- ☐ Rush
- ☐ Scott
- ☐ Shelby
- ☐ Spencer
- ☐ St. Joseph
- ☐ Starke
- ☐ Steuben
- ☐ Sullivan
- ☐ Switzerland
- ☐ Tippecanoe
- ☐ Tipton
- ☐ Union
- ☐ Vanderburgh
- ☐ Vermillion
- ☐ Vigo
- ☐ Wabash
- ☐ Warren
- ☐ Warrick
- ☐ Washington
- ☐ Wayne
- ☐ Wells
- ☐ White
- ☐ Whitley

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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.

- ☐ Allen
- ☐ Anderson
- ☐ Atchison
- ☐ Barber
- ☐ Barton
- ☐ Bourbon
- ☐ Brown
- ☐ Butler
- ☐ Chase
- ☐ Chautauqua
- ☐ Cherokee
- ☐ Cheyenne
- ☐ Clark
- ☐ Clay
- ☐ Cloud
- ☐ Coffey
- ☐ Comanche
- ☐ Cowley
- ☐ Crawford
- ☐ Decatur
- ☐ Dickinson
- ☐ Doniphan
- ☐ Douglas
- ☐ Edwards
- ☐ Elk
- ☐ Ellis
- ☐ Ellsworth
- ☐ Finney
- ☐ Ford
- ☐ Franklin
- ☐ Geary
- ☐ Gove
- ☐ Graham
- ☐ Grant
- ☐ Gray
- ☐ Greeley
- ☐ Greenwood
- ☐ Hamilton
- ☐ Harper
- ☐ 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
- ☐ Morton
- ☐ Nemaha
- ☐ Neosho
- ☐ Ness
- ☐ Norton

- ☐ 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
- ☐ Wichita
- ☐ Wilson
- ☐ Woodson
- ☐ Wyandotte

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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.

- ☐ Adair
- ☐ Allen
- ☐ Anderson
- ☐ 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
- ☐ Cumberland
- ☐ Daviess
- ☐ Edmonson
- ☐ Elliott
- ☐ Estill
- ☐ Fayette
- ☐ Fleming
- ☐ Floyd
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Garrard
- ☐ Grant
- ☐ Graves
- ☐ Grayson
- ☐ Green
- ☐ Greenup
- ☐ Hancock
- ☐ Hardin
- ☐ Harlan
- ☐ Harrison
- ☐ Hart
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Hopkins
- ☐ Jackson
- ☐ Jefferson
- ☐ Jessamine
- ☐ Johnson
- ☐ Kenton
- ☐ Knott
- ☐ Knox
- ☐ Larue
- ☐ Laurel
- ☐ Lawrence
- ☐ Lee
- ☐ Leslie
- ☐ Letcher
- ☐ Lewis
- ☐ 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
 - ☐ 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.)

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.

- ☐ Los Angeles
- (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q10b. Parish of the primary outbreak facility (i.e., If this response activity includes facilities in more than one parish, please include the parish 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
- ☐ Allen
- ☐ Ascension
- ☐ Assumption
- ☐ Avoyelles
- ☐ Beauregard
- ☐ Bienville
- ☐ Bossier
- ☐ Caddo
- ☐ Calcasieu
- ☐ Caldwell
- ☐ Cameron
- ☐ Catahoula
- ☐ Claiborne
- ☐ Concordia
- ☐ De Soto
- ☐ East Baton Rouge
- ☐ East Carroll
- ☐ East Feliciana
- ☐ Evangeline
- ☐ Franklin
- ☐ Grant
- ☐ Iberia
- ☐ Iberville
- ☐ Jackson
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ La Salle
- ☐ 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
- ☐ St. John The Baptist
- ☐ St. Landry
- ☐ St. Martin
- ☐ St. Mary
- ☐ St. Tammany
- ☐ Tangipahoa
- ☐ Tensas
- ☐ Terrebonne
- ☐ Union
- ☐ Vermilion
- ☐ Vernon
- ☐ Washington
- ☐ Webster
- ☐ West Baton Rouge
- ☐ West Carroll
- ☐ West Feliciana
- ☐ Winn

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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.

- ☐ Barnstable
- ☐ Berkshire
- ☐ Bristol
- ☐ Dukes
- ☐ Essex
- ☐ Franklin
- ☐ Hampden
- ☐ Hampshire
- ☐ Middlesex
- ☐ Nantucket
- ☐ Norfolk
- ☐ Plymouth
- ☐ Suffolk
- ☐ Worcester

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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.

- ☐ 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

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- ☐ Androscoggin
- ☐ Aroostook
- ☐ Cumberland
- ☐ Franklin
- ☐ Hancock
- ☐ Kennebec
- ☐ Knox
- ☐ Lincoln
- ☐ Oxford
- ☐ Penobscot
- ☐ Piscataquis
- ☐ Sagadahoc
- ☐ Somerset
- ☐ Waldo
- ☐ Washington
- ☐ York

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

- ☐ Alcona
- ☐ Alger
- ☐ Allegan
- ☐ Alpena
- ☐ Antrim
- ☐ Arenac
- ☐ Baraga
- ☐ Barry
- ☐ Bay
- ☐ Benzie
- ☐ Berrien
- ☐ Branch
- ☐ Calhoun
- ☐ Cass
- ☐ Charlevoix
- ☐ Cheboygan
- ☐ Chippewa
- ☐ Clare
- ☐ Clinton
- ☐ Crawford
- ☐ Delta
- ☐ Dickinson
- ☐ Eaton
- ☐ Emmet
- ☐ Genesee
- ☐ Gladwin
- ☐ Gogebic
- ☐ Grand Traverse
- ☐ Gratiot
- ☐ Hillsdale
- ☐ Houghton
- ☐ Huron
- ☐ Ingham
- ☐ Ionia
- ☐ Iosco
- ☐ Iron
- ☐ Isabella
- ☐ Jackson
- ☐ Kalamazoo
- ☐ Kalkaska
- ☐ Kent
- ☐ Keweenaw
- ☐ Lake
- ☐ Lapeer
- ☐ Leelanau
- ☐ Lenawee
- ☐ Livingston
- ☐ Luce
- ☐ Mackinac
- ☐ Macomb
- ☐ Manistee
- ☐ Marquette
- ☐ Mason
- ☐ Mecosta
- ☐ Menominee
- ☐ Midland
- ☐ Missaukee
- ☐ Monroe
- ☐ Montcalm
- ☐ Montmorency
- ☐ Muskegon
- ☐ Newaygo
- ☐ Oakland
- ☐ Oceana
- ☐ Ogemaw
- ☐ Ontonagon
- ☐ Osceola
- ☐ Oscoda
- ☐ Otsego

- ☐ Ottawa
- ☐ Presque Isle
- ☐ Roscommon
- ☐ Saginaw
- ☐ Sanilac
- ☐ Schoolcraft
- ☐ Shiawassee
- ☐ St. Clair
- ☐ St. Joseph
- ☐ Tuscola
- ☐ Van Buren
- ☐ Washtenaw
- ☐ Wayne
- ☐ Wexford

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

- ☐ Aitkin
- ☐ Anoka
- ☐ Becker
- ☐ Beltrami
- ☐ Benton
- ☐ Big Stone
- ☐ Blue Earth
- ☐ 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
- ☐ Polk
- ☐ Pope
- ☐ Ramsey
- ☐ Red Lake
- ☐ Redwood
- ☐ Renville
- ☐ Rice
- ☐ Rock
- ☐ Roseau
- ☐ Scott

- ☐ Sherburne
- ☐ Sibley
- ☐ St. Louis
- ☐ Stearns
- ☐ Steele
- ☐ Stevens
- ☐ Swift
- ☐ Todd
- ☐ Traverse
- ☐ Wabasha
- ☐ Wadena
- ☐ Waseca
- ☐ Washington
- ☐ Watonwan
- ☐ Wilkin
- ☐ Winona
- ☐ Wright
- ☐ Yellow Medicine

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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.

- ☐ Adair
- ☐ Andrew
- ☐ Atchison
- ☐ Audrain
- ☐ Barry
- ☐ Barton
- ☐ Bates
- ☐ Benton
- ☐ Bollinger
- ☐ Boone
- ☐ Buchanan
- ☐ Butler
- ☐ Caldwell
- ☐ Callaway
- ☐ Camden
- ☐ Cape Girardeau
- ☐ Carroll
- ☐ Carter
- ☐ Cass
- ☐ Cedar
- ☐ Chariton
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Cole
- ☐ Cooper
- ☐ Crawford
- ☐ Dade
- ☐ Dallas
- ☐ Daviess
- ☐ DeKalb
- ☐ Dent
- ☐ Douglas
- ☐ Dunklin
- ☐ Franklin
- ☐ Gasconade
- ☐ Gentry
- ☐ Greene
- ☐ Grundy
- ☐ Harrison
- ☐ Henry
- ☐ Hickory
- ☐ Holt
- ☐ Howard
- ☐ Howell
- ☐ Iron
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Laclede
- ☐ Lafayette
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Linn
- ☐ Livingston
- ☐ Macon
- ☐ Madison
- ☐ Maries
- ☐ Marion
- ☐ McDonald
- ☐ Mercer
- ☐ Miller
- ☐ Mississippi
- ☐ Moniteau
- ☐ Monroe

- ☐ 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. Clair
- ☐ St. Francois
- ☐ St. Louis
- ☐ St. Louis City
- ☐ Ste. Genevieve
- ☐ Stoddard
- ☐ Stone
- ☐ Sullivan
- ☐ Taney
- ☐ Texas
- ☐ Vernon
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Worth
- ☐ Wright

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- ☐ Adams
- ☐ Alcorn
- ☐ Amite
- ☐ Attala
- ☐ Benton
- ☐ Bolivar
- ☐ Calhoun
- ☐ Carroll
- ☐ Chickasaw
- ☐ Choctaw
- ☐ Claiborne
- ☐ Clarke
- ☐ Clay
- ☐ Coahoma
- ☐ Copiah
- ☐ Covington
- ☐ DeSoto
- ☐ Forrest
- ☐ Franklin
- ☐ George
- ☐ Greene
- ☐ Grenada
- ☐ Hancock
- ☐ Harrison
- ☐ Hinds
- ☐ Holmes
- ☐ Humphreys
- ☐ Issaquena
- ☐ Itawamba
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ Jones
- ☐ Kemper
- ☐ Lafayette
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Leake
- ☐ Lee
- ☐ Leflore
- ☐ Lincoln
- ☐ Lowndes
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Monroe
- ☐ Montgomery
- ☐ Neshoba
- ☐ Newton
- ☐ Noxubee
- ☐ Oktibbeha
- ☐ Panola
- ☐ Pearl River
- ☐ Perry
- ☐ Pike
- ☐ Pontotoc
- ☐ Prentiss
- ☐ Quitman
- ☐ Rankin
- ☐ Scott
- ☐ Sharkey
- ☐ Simpson
- ☐ Smith
- ☐ Stone
- ☐ Sunflower
- ☐ Tallahatchie
- ☐ Tate

- ☐ Tippah
- ☐ Tishomingo
- ☐ Tunica
- ☐ Union
- ☐ Walthall
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Wilkinson
- ☐ Winston
- ☐ Yalobusha
- ☐ Yazoo

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

- ☐ Beaverhead
- ☐ Big Horn
- ☐ Blaine
- ☐ Broadwater
- ☐ Carbon
- ☐ Carter
- ☐ Cascade
- ☐ Chouteau
- ☐ Custer
- ☐ Daniels
- ☐ Dawson
- ☐ Deer Lodge
- ☐ Fallon
- ☐ Fergus
- ☐ Flathead
- ☐ Gallatin
- ☐ Garfield
- ☐ Glacier
- ☐ Golden Valley
- ☐ Granite
- ☐ Hill
- ☐ Jefferson
- ☐ Judith Basin
- ☐ Lake
- ☐ Lewis and Clark
- ☐ Liberty
- ☐ Lincoln
- ☐ Madison
- ☐ McCone
- ☐ Meagher
- ☐ Mineral
- ☐ Missoula
- ☐ Musselshell
- ☐ Park
- ☐ Petroleum
- ☐ Phillips
- ☐ Pondera
- ☐ Powder River
- ☐ Powell
- ☐ Prairie
- ☐ Ravalli
- ☐ Richland
- ☐ Roosevelt
- ☐ Rosebud
- ☐ Sanders
- ☐ Sheridan
- ☐ Silver Bow
- ☐ Stillwater
- ☐ Sweet Grass
- ☐ Teton
- ☐ Toole
- ☐ Treasure
- ☐ Valley
- ☐ Wheatland
- ☐ Wibaux
- ☐ Yellowstone

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

- ☐ Alamance
- ☐ Alexander
- ☐ Alleghany
- ☐ Anson
- ☐ Ashe
- ☐ Avery
- ☐ Beaufort
- ☐ Bertie
- ☐ Bladen
- ☐ Brunswick
- ☐ Buncombe
- ☐ Burke
- ☐ Cabarrus
- ☐ Caldwell
- ☐ Camden
- ☐ Carteret
- ☐ Caswell
- ☐ Catawba
- ☐ Chatham
- ☐ Cherokee
- ☐ Chowan
- ☐ Clay
- ☐ Cleveland
- ☐ Columbus
- ☐ Craven
- ☐ Cumberland
- ☐ Currituck
- ☐ Dare
- ☐ Davidson
- ☐ Davie
- ☐ Duplin
- ☐ Durham
- ☐ Edgecombe
- ☐ Forsyth
- ☐ Franklin
- ☐ Gaston
- ☐ Gates
- ☐ Graham
- ☐ Granville
- ☐ Greene
- ☐ Guilford
- ☐ Halifax
- ☐ Harnett
- ☐ Haywood
- ☐ Henderson
- ☐ Hertford
- ☐ Hoke
- ☐ Hyde
- ☐ Iredell
- ☐ Jackson
- ☐ Johnston
- ☐ Jones
- ☐ Lee
- ☐ Lenoir
- ☐ Lincoln
- ☐ Macon
- ☐ Madison
- ☐ Martin
- ☐ McDowell
- ☐ Mecklenburg
- ☐ Mitchell
- ☐ Montgomery
- ☐ Moore
- ☐ Nash
- ☐ New Hanover
- ☐ Northampton
- ☐ Onslow
- ☐ Orange
- ☐ Pamlico

- ☐ 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
- ☐ Wilson
- ☐ Yadkin
- ☐ Yancey

(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.

- ☐ Adams
- ☐ Barnes
- ☐ Benson
- ☐ Billings
- ☐ Bottineau
- ☐ Bowman
- ☐ Burke
- ☐ Burleigh
- ☐ Cass
- ☐ Cavalier
- ☐ Dickey
- ☐ Divide
- ☐ Dunn
- ☐ Eddy
- ☐ Emmons
- ☐ Foster
- ☐ Golden Valley
- ☐ Grand Forks
- ☐ Grant
- ☐ Griggs
- ☐ Hettinger
- ☐ Kidder
- ☐ LaMoure
- ☐ Logan
- ☐ McHenry
- ☐ McIntosh
- ☐ McKenzie
- ☐ McLean
- ☐ Mercer
- ☐ Morton
- ☐ Mountrail
- ☐ Nelson
- ☐ Oliver
- ☐ Pembina
- ☐ Pierce
- ☐ Ramsey
- ☐ Ransom
- ☐ Renville
- ☐ Richland
- ☐ Rolette
- ☐ Sargent
- ☐ Sheridan
- ☐ Sioux
- ☐ Slope
- ☐ Stark
- ☐ Steele
- ☐ Stutsman
- ☐ Towner
- ☐ Traill
- ☐ Walsh
- ☐ Ward
- ☐ Wells
- ☐ Williams

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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.

- ☐ Adams
- ☐ Antelope
- ☐ Arthur
- ☐ Banner
- ☐ 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
- ☐ Greeley
- ☐ Hall
- ☐ Hamilton
- ☐ Harlan
- ☐ Hayes
- ☐ Hitchcock
- ☐ Holt
- ☐ Hooker
- ☐ Howard
- ☐ Jefferson
- ☐ Johnson
- ☐ Kearney
- ☐ Keith
- ☐ Keya Paha
- ☐ Kimball
- ☐ Knox
- ☐ Lancaster
- ☐ Lincoln
- ☐ Logan
- ☐ Loup
- ☐ Madison
- ☐ McPherson
- ☐ Merrick
- ☐ Morrill
- ☐ Nance
- ☐ Nemaha
- ☐ Nuckolls
- ☐ Otoe
- ☐ Pawnee
- ☐ Perkins
- ☐ 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.)

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.

- ☐ Belknap
- ☐ Carroll
- ☐ Cheshire
- ☐ Coos
- ☐ Grafton
- ☐ Hillsborough
- ☐ Merrimack
- ☐ Rockingham
- ☐ Strafford
- ☐ Sullivan

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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.

- ☐ Atlantic
- ☐ Bergen
- ☐ Burlington
- ☐ Camden
- ☐ Cape May
- ☐ Cumberland
- ☐ Essex
- ☐ Gloucester
- ☐ Hudson
- ☐ Hunterdon
- ☐ Mercer
- ☐ Middlesex
- ☐ Monmouth
- ☐ Morris
- ☐ Ocean
- ☐ Passaic
- ☐ Salem
- ☐ Somerset
- ☐ Sussex
- ☐ Union
- ☐ Warren

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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.

- ☐ 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.)

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.

- ☐ Carson City
- ☐ 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.)

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
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex
- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene
- ☐ Hamilton
- ☐ Herkimer
- ☐ Jefferson
- ☐ Kings
- ☐ Lewis
- ☐ 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.)

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 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.

- ☐ Adams
- ☐ Allen
- ☐ Ashland
- ☐ Ashtabula
- ☐ Athens
- ☐ Auglaize
- ☐ Belmont
- ☐ Brown
- ☐ Butler
- ☐ Carroll
- ☐ Champaign
- ☐ Clark
- ☐ Clermont
- ☐ Clinton
- ☐ Columbiana
- ☐ Coshocton
- ☐ Crawford
- ☐ Cuyahoga
- ☐ Darke
- ☐ Defiance
- ☐ Delaware
- ☐ 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
- ☐ Morrow
- ☐ Muskingum
- ☐ Noble
- ☐ Ottawa
- ☐ Paulding
- ☐ Perry
- ☐ Pickaway
- ☐ Pike
- ☐ Portage
- ☐ Preble
- ☐ Putnam

- ☐ 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 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.

- ☐ Adair
- ☐ Alfalfa
- ☐ Atoka
- ☐ Beaver
- ☐ Beckham
- ☐ Blaine
- ☐ Bryan
- ☐ Caddo
- ☐ Canadian
- ☐ Carter
- ☐ Cherokee
- ☐ Choctaw
- ☐ Cimarron
- ☐ Cleveland
- ☐ Coal
- ☐ Comanche
- ☐ Cotton
- ☐ Craig
- ☐ Creek
- ☐ Custer
- ☐ Delaware
- ☐ Dewey
- ☐ Ellis
- ☐ Garfield
- ☐ Garvin
- ☐ Grady
- ☐ Grant
- ☐ Greer
- ☐ Harmon
- ☐ Harper
- ☐ Haskell
- ☐ Hughes
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnston
- ☐ Kay
- ☐ Kingfisher
- ☐ Kiowa
- ☐ Latimer
- ☐ Le Flore
- ☐ Lincoln
- ☐ Logan
- ☐ Love
- ☐ Major
- ☐ Marshall
- ☐ Mayes
- ☐ McClain
- ☐ McCurtain
- ☐ McIntosh
- ☐ Murray
- ☐ Muskogee
- ☐ Noble
- ☐ Nowata
- ☐ Okfuskee
- ☐ Oklahoma
- ☐ Okmulgee
- ☐ Osage
- ☐ Ottawa
- ☐ Pawnee
- ☐ Payne
- ☐ Pittsburg
- ☐ Pontotoc
- ☐ Pottawatomie
- ☐ Pushmataha
- ☐ Roger Mills
- ☐ Rogers
- ☐ Seminole
- ☐ Sequoyah
- ☐ Stephens

- ☐ 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)

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.)

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.

- ☐ Adams
- ☐ Allegheny
- ☐ Armstrong
- ☐ Beaver
- ☐ Bedford
- ☐ Berks
- ☐ Blair
- ☐ Bradford
- ☐ Bucks
- ☐ Butler
- ☐ Cambria
- ☐ Cameron
- ☐ Carbon
- ☐ Centre
- ☐ Chester
- ☐ Clarion
- ☐ Clearfield
- ☐ Clinton
- ☐ Columbia
- ☐ Crawford
- ☐ Cumberland
- ☐ Dauphin
- ☐ Delaware
- ☐ Elk
- ☐ Erie
- ☐ Fayette
- ☐ Forest
- ☐ Franklin
- ☐ Fulton
- ☐ Greene
- ☐ Huntingdon
- ☐ Indiana
- ☐ Jefferson
- ☐ Juniata
- ☐ Lackawanna
- ☐ Lancaster
- ☐ Lawrence
- ☐ Lebanon
- ☐ Lehigh
- ☐ Luzerne
- ☐ Lycoming
- ☐ McKean
- ☐ Mercer
- ☐ Mifflin
- ☐ Monroe
- ☐ Montgomery
- ☐ Montour
- ☐ Northampton
- ☐ Northumberland
- ☐ Perry
- ☐ Philadelphia
- ☐ Pike
- ☐ Potter
- ☐ Schuylkill
- ☐ Snyder
- ☐ Somerset
- ☐ Sullivan
- ☐ Susquehanna
- ☐ Tioga
- ☐ Union
- ☐ Venango
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westmoreland
- ☐ Wyoming
- ☐ 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.

☐ Philadelphia
(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.

- ☐ Adjuntas
- ☐ Aguada
- ☐ Aguadilla
- ☐ Aguas Buenas
- ☐ Aibonito
- ☐ Anasco
- ☐ Arecibo
- ☐ Arroyo
- ☐ Barceloneta
- ☐ Barranquitas
- ☐ Bayamon
- ☐ Cabo Rojo
- ☐ Caguas
- ☐ Camuy
- ☐ Canovanas
- ☐ Carolina
- ☐ Catano
- ☐ Cayey
- ☐ Ceiba
- ☐ Ciales
- ☐ Cidra
- ☐ Coamo
- ☐ Comerio
- ☐ Corozal
- ☐ Culebra
- ☐ Dorado
- ☐ Fajardo
- ☐ Florida
- ☐ Guanica
- ☐ Guayama
- ☐ Guayanilla
- ☐ Guaynabo
- ☐ Gurabo
- ☐ Hatillo
- ☐ Hormigueros
- ☐ Humacao
- ☐ Isabela
- ☐ Jayuya
- ☐ Juana Diaz
- ☐ Juncos
- ☐ Lajas
- ☐ Lares
- ☐ Las Marias
- ☐ Las Piedras
- ☐ Loiza
- ☐ Luquillo
- ☐ Manati
- ☐ Maricao
- ☐ Maunabo
- ☐ Mayaguez
- ☐ Moca
- ☐ Morovis
- ☐ Naguabo
- ☐ Naranjito
- ☐ Orocovis
- ☐ Patillas
- ☐ Penuelas
- ☐ Ponce
- ☐ Quebradillas
- ☐ Rincon
- ☐ Rio Grande
- ☐ Sabana Grande
- ☐ Salinas
- ☐ San German
- ☐ San Juan
- ☐ San Lorenzo
- ☐ San Sebastian
- ☐ Santa Isabel
- ☐ Toa Alta

- ☐ 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
- ☐ Kayangel
- ☐ 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)

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

- ☐ Republic of the Marshall Islands

(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.

- ☐ Abbeville
- ☐ Aiken
- ☐ Allendale
- ☐ Anderson
- ☐ Bamberg
- ☐ Barnwell
- ☐ Beaufort
- ☐ Berkeley
- ☐ Calhoun
- ☐ Charleston
- ☐ Cherokee
- ☐ Chester
- ☐ Chesterfield
- ☐ Clarendon
- ☐ Colleton
- ☐ Darlington
- ☐ Dillon
- ☐ Dorchester
- ☐ Edgefield
- ☐ Fairfield
- ☐ Florence
- ☐ Georgetown
- ☐ Greenville
- ☐ Greenwood
- ☐ Hampton
- ☐ Horry
- ☐ Jasper
- ☐ Kershaw
- ☐ Lancaster
- ☐ Laurens
- ☐ Lee
- ☐ Lexington
- ☐ Marion
- ☐ Marlboro
- ☐ McCormick
- ☐ Newberry
- ☐ Oconee
- ☐ Orangeburg
- ☐ Pickens
- ☐ Richland
- ☐ Saluda
- ☐ Spartanburg
- ☐ Sumter
- ☐ Union
- ☐ Williamsburg
- ☐ 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.

- ☐ Aurora
- ☐ Beadle
- ☐ Bennett
- ☐ Bon Homme
- ☐ Brookings
- ☐ Brown
- ☐ Brule
- ☐ Buffalo
- ☐ Butte
- ☐ Campbell
- ☐ Charles Mix
- ☐ Clark
- ☐ Clay
- ☐ Codington
- ☐ Corson
- ☐ Custer
- ☐ Davison
- ☐ Day
- ☐ Deuel
- ☐ 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
- ☐ McPherson
- ☐ Meade
- ☐ Mellette
- ☐ Miner
- ☐ Minnehaha
- ☐ Moody
- ☐ Oglala Lakota
- ☐ Pennington
- ☐ Perkins
- ☐ Potter
- ☐ Roberts
- ☐ Sanborn
- ☐ Spink
- ☐ Stanley
- ☐ Sully
- ☐ Todd
- ☐ Tripp
- ☐ Turner
- ☐ Union
- ☐ Walworth
- ☐ Yankton
- ☐ Ziebach

(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.

- ☐ Anderson
- ☐ Bedford
- ☐ Benton
- ☐ Bledsoe
- ☐ Blount
- ☐ Bradley
- ☐ Campbell
- ☐ Cannon
- ☐ Carroll
- ☐ Carter
- ☐ Cheatham
- ☐ Chester
- ☐ Claiborne
- ☐ Clay
- ☐ Cocke
- ☐ Coffee
- ☐ Crockett
- ☐ Cumberland
- ☐ Davidson
- ☐ De Kalb
- ☐ Decatur
- ☐ Dickson
- ☐ Dyer
- ☐ Fayette
- ☐ Fentress
- ☐ Franklin
- ☐ Gibson
- ☐ Giles
- ☐ Grainger
- ☐ Greene
- ☐ Grundy
- ☐ Hamblen
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardeman
- ☐ Hardin
- ☐ Hawkins
- ☐ Haywood
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Houston
- ☐ Humphreys
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Lake
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Loudon
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Maury
- ☐ McMinn
- ☐ McNairy
- ☐ Meigs
- ☐ Monroe
- ☐ Montgomery
- ☐ Moore
- ☐ Morgan
- ☐ Obion
- ☐ Overton
- ☐ Perry
- ☐ Pickett

- ☐ 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., 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.

- ☐ Anderson
- ☐ Andrews
- ☐ Angelina
- ☐ Aransas
- ☐ Archer
- ☐ Armstrong
- ☐ Atascosa
- ☐ Austin
- ☐ Bailey
- ☐ Bandera
- ☐ Bastrop
- ☐ Baylor
- ☐ Bee
- ☐ Bell
- ☐ Bexar
- ☐ Blanco
- ☐ Borden
- ☐ Bosque
- ☐ Bowie
- ☐ Brazoria
- ☐ Brazos
- ☐ Brewster
- ☐ Briscoe
- ☐ Brooks
- ☐ Brown
- ☐ Burleson
- ☐ Burnet
- ☐ Caldwell
- ☐ Calhoun
- ☐ Callahan
- ☐ Cameron
- ☐ Camp
- ☐ Carson
- ☐ Cass
- ☐ Castro
- ☐ Chambers
- ☐ Cherokee
- ☐ Childress
- ☐ Clay
- ☐ Cochran
- ☐ Coke
- ☐ Coleman
- ☐ Collin
- ☐ Collingsworth
- ☐ Colorado
- ☐ Comal
- ☐ Comanche
- ☐ Concho
- ☐ Cooke
- ☐ Coryell
- ☐ Cottle
- ☐ Crane
- ☐ Crockett
- ☐ Crosby
- ☐ Culberson
- ☐ Dallam
- ☐ Dallas
- ☐ Dawson
- ☐ Deaf Smith
- ☐ Delta
- ☐ Denton
- ☐ DeWitt
- ☐ Dickens
- ☐ Dimmit
- ☐ Donley
- ☐ Duval
- ☐ Eastland
- ☐ Ector
- ☐ Edwards

- ☐ El Paso
- ☐ Ellis
- ☐ Erath
- ☐ Falls
- ☐ Fannin
- ☐ Fayette
- ☐ Fisher
- ☐ Floyd
- ☐ Foard
- ☐ Fort Bend
- ☐ Franklin
- ☐ Freestone
- ☐ Frio
- ☐ Gaines
- ☐ Galveston
- ☐ Garza
- ☐ Gillespie
- ☐ Glasscock
- ☐ Goliad
- ☐ Gonzales
- ☐ Gray
- ☐ Grayson
- ☐ Gregg
- ☐ Grimes
- ☐ Guadalupe
- ☐ Hale
- ☐ Hall
- ☐ Hamilton
- ☐ Hansford
- ☐ Hardeman
- ☐ Hardin
- ☐ Harris
- ☐ Harrison
- ☐ Hartley
- ☐ Haskell
- ☐ Hays
- ☐ Hemphill
- ☐ Henderson
- ☐ Hidalgo
- ☐ Hill
- ☐ Hockley
- ☐ Hood
- ☐ Hopkins
- ☐ Houston
- ☐ Howard
- ☐ Hudspeth
- ☐ Hunt
- ☐ Hutchinson
- ☐ Irion
- ☐ Jack
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jim Hogg
- ☐ Jim Wells
- ☐ Johnson
- ☐ Jones
- ☐ Karnes
- ☐ Kaufman
- ☐ Kendall
- ☐ Kenedy
- ☐ Kent
- ☐ Kerr
- ☐ Kimble
- ☐ King
- ☐ Kinney
- ☐ Kleberg
- ☐ Knox
- ☐ La Salle
- ☐ Lamar

- ☐ Lamb
- ☐ Lampasas
- ☐ Lavaca
- ☐ Lee
- ☐ Leon
- ☐ Liberty
- ☐ Limestone
- ☐ Lipscomb
- ☐ Live Oak
- ☐ Llano
- ☐ Loving
- ☐ Lubbock
- ☐ Lynn
- ☐ Madison
- ☐ Marion
- ☐ Martin
- ☐ Mason
- ☐ Matagorda
- ☐ Maverick
- ☐ McCulloch
- ☐ McLennan
- ☐ McMullen
- ☐ Medina
- ☐ Menard
- ☐ Midland
- ☐ Milam
- ☐ Mills
- ☐ Mitchell
- ☐ Montague
- ☐ Montgomery
- ☐ Moore
- ☐ Morris
- ☐ Motley
- ☐ Nacogdoches
- ☐ Navarro
- ☐ Newton
- ☐ Nolan
- ☐ Nueces
- ☐ Ochiltree
- ☐ Oldham
- ☐ Orange
- ☐ Palo Pinto
- ☐ Panola
- ☐ Parker
- ☐ Parmer
- ☐ Pecos
- ☐ Polk
- ☐ Potter
- ☐ Presidio
- ☐ Rains
- ☐ Randall
- ☐ Reagan
- ☐ Real
- ☐ Red River
- ☐ Reeves
- ☐ Refugio
- ☐ Roberts
- ☐ Robertson
- ☐ Rockwall
- ☐ Runnels
- ☐ Rusk
- ☐ Sabine
- ☐ San Augustine
- ☐ San Jacinto
- ☐ San Patricio
- ☐ San Saba
- ☐ Schleicher
- ☐ Scurry
- ☐ Shackelford
- ☐ Shelby
- ☐ Sherman

- ☐ Smith
- ☐ Somervell
- ☐ Starr
- ☐ Stephens
- ☐ Sterling
- ☐ Stonewall
- ☐ Sutton
- ☐ Swisher
- ☐ Tarrant
- ☐ Taylor
- ☐ Terrell
- ☐ Terry
- ☐ Throckmorton
- ☐ Titus
- ☐ Tom Green
- ☐ Travis
- ☐ Trinity
- ☐ Tyler
- ☐ Upshur
- ☐ Upton
- ☐ Uvalde
- ☐ Val Verde
- ☐ Van Zandt
- ☐ Victoria
- ☐ Walker
- ☐ Waller
- ☐ Ward
- ☐ Washington
- ☐ Webb
- ☐ Wharton
- ☐ Wheeler
- ☐ Wichita
- ☐ Wilbarger
- ☐ Willacy
- ☐ Williamson
- ☐ Wilson
- ☐ Winkler
- ☐ Wise
- ☐ Wood
- ☐ Yoakum
- ☐ Young
- ☐ Zapata
- ☐ Zavala

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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.

- ☐ 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
- ☐ Wayne
- ☐ Weber

(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.

- ☐ Accomack
- ☐ 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 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 Manassas
- ☐ City 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
- ☐ Craig
- ☐ Culpeper
- ☐ Cumberland
- ☐ Dickenson
- ☐ Dinwiddie
- ☐ Essex
- ☐ Fairfax
- ☐ Fauquier
- ☐ Floyd

- ☐ Fluvanna
- ☐ Franklin
- ☐ Frederick
- ☐ Giles
- ☐ Gloucester
- ☐ Goochland
- ☐ Grayson
- ☐ Greene
- ☐ Greenville
- ☐ Halifax
- ☐ Hanover
- ☐ Henrico
- ☐ Henry
- ☐ Highland
- ☐ Isle of Wight
- ☐ James City
- ☐ King and Queen
- ☐ King George
- ☐ King William
- ☐ Lancaster
- ☐ Lee
- ☐ Loudoun
- ☐ Louisa
- ☐ Lunenburg
- ☐ Madison
- ☐ Mathews
- ☐ Mecklenburg
- ☐ Middlesex
- ☐ Montgomery
- ☐ Nelson
- ☐ New Kent
- ☐ Northampton
- ☐ Northumberland
- ☐ Nottoway
- ☐ Orange
- ☐ Page
- ☐ Patrick
- ☐ Pittsylvania
- ☐ Powhatan
- ☐ Prince Edward
- ☐ Prince George
- ☐ Prince William
- ☐ Pulaski
- ☐ Rappahannock
- ☐ Richmond
- ☐ Roanoke
- ☐ Rockbridge
- ☐ Rockingham
- ☐ Russell
- ☐ Scott
- ☐ Shenandoah
- ☐ Smyth
- ☐ Southampton
- ☐ Spotsylvania
- ☐ Stafford
- ☐ Surry
- ☐ Sussex
- ☐ Tazewell
- ☐ Warren
- ☐ Washington
- ☐ Westmoreland
- ☐ 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)

- ☐ Saint Croix
 - ☐ Saint John
 - ☐ Saint Thomas
- (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)

- ☐ 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.)

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.

- ☐ Adams
- ☐ 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.)

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.

- ☐ Adams
- ☐ Ashland
- ☐ Barron
- ☐ Bayfield
- ☐ Brown
- ☐ Buffalo
- ☐ Burnett
- ☐ Calumet
- ☐ Chippewa
- ☐ Clark
- ☐ Columbia
- ☐ Crawford
- ☐ Dane
- ☐ Dodge
- ☐ Door
- ☐ Douglas
- ☐ Dunn
- ☐ Eau Claire
- ☐ Florence
- ☐ Fond du Lac
- ☐ Forest
- ☐ Grant
- ☐ Green
- ☐ Green Lake
- ☐ Iowa
- ☐ Iron
- ☐ 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
- ☐ Sauk
- ☐ Sawyer
- ☐ Shawano
- ☐ Sheboygan
- ☐ St. Croix
- ☐ Taylor
- ☐ Trempealeau
- ☐ Vernon
- ☐ Vilas
- ☐ Walworth
- ☐ Washburn
- ☐ Washington
- ☐ Waukesha
- ☐ Waupaca

- ☐ Waushara
- ☐ Winnebago
- ☐ Wood

(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.

- ☐ Barbour
- ☐ Berkeley
- ☐ Boone
- ☐ Braxton
- ☐ Brooke
- ☐ Cabell
- ☐ Calhoun
- ☐ Clay
- ☐ Doddridge
- ☐ Fayette
- ☐ Gilmer
- ☐ Grant
- ☐ Greenbrier
- ☐ Hampshire
- ☐ Hancock
- ☐ Hardy
- ☐ Harrison
- ☐ Jackson
- ☐ Jefferson
- ☐ Kanawha
- ☐ Lewis
- ☐ Lincoln
- ☐ Logan
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ McDowell
- ☐ Mercer
- ☐ Mineral
- ☐ Mingo
- ☐ Monongalia
- ☐ Monroe
- ☐ Morgan
- ☐ Nicholas
- ☐ Ohio
- ☐ Pendleton
- ☐ Pleasants
- ☐ Pocahontas
- ☐ Preston
- ☐ Putnam
- ☐ Raleigh
- ☐ Randolph
- ☐ Ritchie
- ☐ Roane
- ☐ Summers
- ☐ Taylor
- ☐ Tucker
- ☐ Tyler
- ☐ Upshur
- ☐ Wayne
- ☐ Webster
- ☐ Wetzel
- ☐ Wirt
- ☐ Wood
- ☐ Wyoming

(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.

- ☐ 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:

- ☐ Yes
- ☐ No
- ☐ Unknown

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 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.

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 requires 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 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 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.

Please select the method in which the remote assessment was conducted

- ☐ Telephone
☐ Video (i.e, Skype, Zoom)

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?

- ☐ 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.

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?

(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 CAHs 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)

11c. Inpatient Rehabilitation Facilities

How many inpatient rehabilitation facilities were involved?

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

This includes the number of inpatient rehabilitation facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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?

(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 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]

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?

- ☐ 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.

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 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?

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

This includes the number of long-term acute care hospitals where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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 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 PSSs, 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 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.

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 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 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.

Please select the method in which the remote assessment was conducted

- ☐ Telephone
☐ Video (i.e, Skype, Zoom)

11e. Ventilator-capable Nursing Homes/ Skilled Nursing Facilities (vSNFs)

How many ventilator-capable nursing homes/ skilled nursing facilities (vSNFs) were involved?

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

This includes the number of vSNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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 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 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 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.

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.

- ☐ Onsite infection control assessment
☐ Remote infection control assessment
☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

How many onsite infection control assessments were conducted across all vSNFs 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 vSNFs 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)

11f. Nursing Homes/ Skilled Nursing Facilities (non-ventilator capable)

How many non-ventilator capable nursing homes/ skilled nursing facilities (SNFs) were involved?

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

This includes the number of SNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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?

(If no patients were screened, please enter 0)

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 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 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.

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?

(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 SNFs 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)

11g. Assisted Living Facilities (ALF)

How many assisted living facilities (ALFs) were involved?

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

This includes the number of intermediate care facilities (ALFs) where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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?

(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 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 all assisted living 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.

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 assisted living 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 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.

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.

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 exact number is not known.)

This includes the number of outpatient facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

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 across 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 PSSs, 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 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?

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.

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.

- ☐ Onsite infection control assessment
☐ Remote infection control assessment
☐ No infection control assessment conducted

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 across all dental offices 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 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?

- ☐ 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.

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 across 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.

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 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.

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?

(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 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)

11I. 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 across 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]

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.

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 across 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 PSSs, 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 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?

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.

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.

- ☐ Onsite infection control assessment
☐ Remote infection control assessment
☐ No infection control assessment conducted

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 the following groups during this investigation?

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

Definitions

Direct care personnel -Care Providers Direct care personnel-Ancillary Indirect care personnel Visitors
Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

- ☐ 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 ancillary 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?

- ☐ Yes
- ☐ No
- ☐ Unknown/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?

- ☐ 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

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

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

Direct care personnel -Care Providers Direct care personnel-Ancillary Indirect care personnel Visitors
Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Unknown

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 level (i.e., for any setting affected and any organism/mechanism combination).

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

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?

- ☐ Yes
☐ No
☐ Don'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
☐ Public disclosure
☐ None
☐ Unknown

[check all that apply]

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

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 Reporting Guide

[Attachment: "ELC HAIAR Performance Measure Reporting Guide 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 ☐ Active
☐ Monitoring
☐ Closed

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 information)

☐ Onsite for any reason
☐ Remote Infection Prevention and Control Assessment
☐ Patient notification or call for cases
☐ Environmental sampling
☐ Screening/ testing
☐ None of the above

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).

- ☐ Yes
☐ No
☐ Unknown

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, Select "continuing response" in Q5 of the existing record, and Update the existing record. All data entered should be cumulative to date (regardless of reporting period).

Q6. 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
☐ January 1, 2024 - July 31, 2024

Epidemiological investigation

Q7. Did this response involve any of the following issues:

[Check all that apply]

- ☐ Injection safety breach (other than drug diversion)
☐ Drug diversion
☐ 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)

- ☐ Yes
☐ No
☐ Unknown

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 following groups during this investigation?

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

Definitions

Direct care personnel-Care Providers Direct care personnel-Ancillary Indirect care personnel Visitors
 Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

- ☐ Direct care personnel - Care Providers
☐ Direct care personnel - Ancillary
☐ Indirect care personnel
☐ Visitors
☐ Other
☐ None of the above
☐ Unknown

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

Q8c (ii). Specify the type of ancillary care personnel:

- ☐ Respiratory therapist
- ☐ Physical/Occupation therapist
- ☐ Speech Therapist
- ☐ Dietary personnel
- ☐ Radiology technicians
- ☐ Phlebotomists
- ☐ Registrars
- ☐ Volunteers
- ☐ Other
- ☐ None of the above
- ☐ Unknown

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)?

- ☐ Yes
- ☐ No
- ☐ Unknown/unclear

Q12. Primary pathogen identified

Select the most common pathogen identified. Choose the most specific choice available.

- ☐ Achromobacter spp.
- ☐ Acinetobacter spp.
- ☐ Adenovirus
- ☐ Aspergillus spp.
- ☐ Bacillus spp.
- ☐ Burkholderia Spp.
- ☐ Candida auris
- ☐ Candida 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
- ☐ Escherichia spp. (not including E. coli)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Human immunodeficiency virus (HIV)
- ☐ Influenza virus
- ☐ Klebsiella spp.
- ☐ Legionella spp.
- ☐ Listeria spp.
- ☐ Measles virus
- ☐ Middle East respiratory syndrome-coronavirus (MERS-Cov)
- ☐ Monkeypox virus
- ☐ Mucor spp.
- ☐ Mycobacterium tuberculosis
- ☐ Nontuberculous Mycobacteria (NTM)
- ☐ Norovirus
- ☐ Pantoea spp.
- ☐ Propionibacterium spp.
- ☐ Proteus spp.
- ☐ 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 agalactiae (Group B strep)
- ☐ Streptococcus spp. (not including Streptococcus pyogenes or Streptococcus agalactiae)
- ☐ Zika virus
- ☐ Other
- ☐ No organism identified
- ☐ Not applicable

☐ 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)?

☐ Yes
☐ No
☐ Unknown

If this is an nMDRO investigation, please report in PM2 instead 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:

[Optional, Check all that apply]

- ☐ General
- ☐ 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
- ☐ 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).

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

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

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

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)

☐ CDC Test 1
☐ CDC Test 2
☐ CDC Test 3
 (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)

☐ 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
☐ Yukon-Koyukuk
 (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.

- ☐ Autauga
- ☐ Baldwin
- ☐ Barbour
- ☐ Bibb
- ☐ Blount
- ☐ Bullock
- ☐ Butler
- ☐ Calhoun
- ☐ Chambers
- ☐ Cherokee
- ☐ Chilton
- ☐ Choctaw
- ☐ Clarke
- ☐ Clay
- ☐ Cleburne
- ☐ Coffee
- ☐ Colbert
- ☐ Conecuh
- ☐ Coosa
- ☐ Covington
- ☐ Crenshaw
- ☐ Cullman
- ☐ Dale
- ☐ Dallas
- ☐ DeKalb
- ☐ Elmore
- ☐ Escambia
- ☐ Etowah
- ☐ Fayette
- ☐ Franklin
- ☐ Geneva
- ☐ Greene
- ☐ Hale
- ☐ Henry
- ☐ Houston
- ☐ Jackson
- ☐ Jefferson
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ 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 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.

- ☐ Arkansas
- ☐ 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
- ☐ Pulaski
- ☐ Randolph
- ☐ Saline
- ☐ Scott
- ☐ Searcy
- ☐ Sebastian
- ☐ Sevier
- ☐ Sharp
- ☐ St. Francis
- ☐ Stone

- ☐ 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.)

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.

- ☐ Alameda
- ☐ Alpine
- ☐ Amador
- ☐ Butte
- ☐ Calaveras
- ☐ Colusa
- ☐ Contra Costa
- ☐ Del Norte
- ☐ El Dorado
- ☐ Fresno
- ☐ Glenn
- ☐ Humboldt
- ☐ Imperial
- ☐ Inyo
- ☐ Kern
- ☐ Kings
- ☐ Lake
- ☐ Lassen
- ☐ Los Angeles
- ☐ Madera
- ☐ Marin
- ☐ Mariposa
- ☐ Mendocino
- ☐ Merced
- ☐ Modoc
- ☐ Mono
- ☐ Monterey
- ☐ Napa
- ☐ Nevada
- ☐ Orange
- ☐ 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
- ☐ Tehama
- ☐ Trinity
- ☐ Tulare
- ☐ Tuolumne
- ☐ Ventura
- ☐ Yolo
- ☐ Yuba

(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.

☐ Cook
(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.)

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.

- ☐ Adams
- ☐ Alamosa
- ☐ Arapahoe
- ☐ 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
- ☐ Montrose
- ☐ Morgan
- ☐ Otero
- ☐ Ouray
- ☐ 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.)

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.

- ☐ 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., 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.

- ☐ Alachua
- ☐ Baker
- ☐ Bay
- ☐ Bradford
- ☐ Brevard
- ☐ Broward
- ☐ Calhoun
- ☐ 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
- ☐ Leon
- ☐ Levy
- ☐ Liberty
- ☐ 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
- ☐ Putnam
- ☐ Santa Rosa
- ☐ Sarasota
- ☐ Seminole
- ☐ St. Johns
- ☐ St. Lucie
- ☐ Sumter
- ☐ Suwannee
- ☐ Taylor
- ☐ Union
- ☐ Upper Keys in Monroe
- ☐ Volusia
- ☐ Wakulla
- ☐ Walton

☐ 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)

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., 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.

- ☐ Appling
- ☐ Atkinson
- ☐ Bacon
- ☐ Baker
- ☐ Baldwin
- ☐ Banks
- ☐ Barrow
- ☐ Bartow
- ☐ Ben Hill
- ☐ Berrien
- ☐ Bibb
- ☐ Bleckley
- ☐ Brantley
- ☐ Brooks
- ☐ Bryan
- ☐ Bulloch
- ☐ Burke
- ☐ Butts
- ☐ Calhoun
- ☐ Camden
- ☐ Candler
- ☐ Carroll
- ☐ Catoosa
- ☐ Charlton
- ☐ Chatham
- ☐ Chattahoochee
- ☐ Chattooga
- ☐ Cherokee
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinch
- ☐ Cobb
- ☐ Coffee
- ☐ Colquitt
- ☐ Columbia
- ☐ Cook
- ☐ Coweta
- ☐ Crawford
- ☐ Crisp
- ☐ Dade
- ☐ Dawson
- ☐ Decatur
- ☐ DeKalb
- ☐ Dodge
- ☐ Dooly
- ☐ Dougherty
- ☐ Douglas
- ☐ Early
- ☐ Echols
- ☐ Effingham
- ☐ Elbert
- ☐ Emanuel
- ☐ Evans
- ☐ Fannin
- ☐ Fayette
- ☐ Floyd
- ☐ Forsyth
- ☐ Franklin
- ☐ Fulton
- ☐ Gilmer
- ☐ Glascock
- ☐ Glynn
- ☐ Gordon
- ☐ Grady
- ☐ Greene
- ☐ Gwinnett
- ☐ Habersham
- ☐ Hall

- ☐ Hancock
- ☐ Haralson
- ☐ Harris
- ☐ Hart
- ☐ Heard
- ☐ Henry
- ☐ Houston
- ☐ Irwin
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jenkins
- ☐ Johnson
- ☐ Jones
- ☐ Lamar
- ☐ Lanier
- ☐ Laurens
- ☐ Lee
- ☐ Liberty
- ☐ Lincoln
- ☐ Long
- ☐ Lowndes
- ☐ Lumpkin
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ McDuffie
- ☐ McIntosh
- ☐ Meriwether
- ☐ Miller
- ☐ Mitchell
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan
- ☐ Murray
- ☐ Muscogee
- ☐ Newton
- ☐ Oconee
- ☐ Oglethorpe
- ☐ Paulding
- ☐ Peach
- ☐ Pickens
- ☐ Pierce
- ☐ Pike
- ☐ Polk
- ☐ Pulaski
- ☐ Putnam
- ☐ Quitman
- ☐ Rabun
- ☐ Randolph
- ☐ Richmond
- ☐ Rockdale
- ☐ Schley
- ☐ Screven
- ☐ Seminole
- ☐ Spalding
- ☐ Stephens
- ☐ Stewart
- ☐ Sumter
- ☐ Talbot
- ☐ Taliaferro
- ☐ Tattnall
- ☐ Taylor
- ☐ Telfair
- ☐ Terrell
- ☐ Thomas
- ☐ Tift
- ☐ Toombs
- ☐ 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)

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.)

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.

- ☐ Adair
- ☐ Adams
- ☐ Allamakee
- ☐ Appanoose
- ☐ Audubon
- ☐ Benton
- ☐ Black Hawk
- ☐ Boone
- ☐ Bremer
- ☐ Buchanan
- ☐ Buena Vista
- ☐ Butler
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Cedar
- ☐ Cerro Gordo
- ☐ Cherokee
- ☐ Chickasaw
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinton
- ☐ Crawford
- ☐ Dallas
- ☐ Davis
- ☐ Decatur
- ☐ Delaware
- ☐ Des Moines
- ☐ Dickinson
- ☐ Dubuque
- ☐ Emmet
- ☐ Fayette
- ☐ Floyd
- ☐ Franklin
- ☐ Fremont
- ☐ Greene
- ☐ Grundy
- ☐ Guthrie
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Harrison
- ☐ Henry
- ☐ Howard
- ☐ Humboldt
- ☐ Ida
- ☐ Iowa
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Jones
- ☐ Keokuk
- ☐ Kossuth
- ☐ Lee
- ☐ Linn
- ☐ Louisa
- ☐ Lucas
- ☐ Lyon
- ☐ Madison
- ☐ Mahaska
- ☐ Marion
- ☐ Marshall
- ☐ Mills
- ☐ Mitchell
- ☐ Monona
- ☐ Monroe
- ☐ Montgomery

- ☐ Muscatine
- ☐ 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

(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.

- ☐ Ada
- ☐ Adams
- ☐ Bannock
- ☐ Bear Lake
- ☐ Benewah
- ☐ Bingham
- ☐ Blaine
- ☐ Boise
- ☐ Bonner
- ☐ Bonneville
- ☐ Boundary
- ☐ Butte
- ☐ Camas
- ☐ Canyon
- ☐ Caribou
- ☐ Cassia
- ☐ Clark
- ☐ Clearwater
- ☐ Custer
- ☐ Elmore
- ☐ Franklin
- ☐ Fremont
- ☐ Gem
- ☐ Gooding
- ☐ Idaho
- ☐ Jefferson
- ☐ Jerome
- ☐ Kootenai
- ☐ Latah
- ☐ Lemhi
- ☐ Lewis
- ☐ Lincoln
- ☐ Madison
- ☐ Minidoka
- ☐ Nez Perce
- ☐ Oneida
- ☐ Owyhee
- ☐ Payette
- ☐ Power
- ☐ Shoshone
- ☐ Teton
- ☐ Twin Falls
- ☐ Valley
- ☐ Washington

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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.

- ☐ Adams
- ☐ Alexander
- ☐ Bond
- ☐ Boone
- ☐ Brown
- ☐ Bureau
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Champaign
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Coles
- ☐ Cook
- ☐ Crawford
- ☐ Cumberland
- ☐ De Kalb
- ☐ De Witt
- ☐ Douglas
- ☐ DuPage
- ☐ Edgar
- ☐ Edwards
- ☐ Effingham
- ☐ Fayette
- ☐ Ford
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Greene
- ☐ Grundy
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Henderson
- ☐ Henry
- ☐ Iroquois
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jersey
- ☐ Jo Daviess
- ☐ Johnson
- ☐ Kane
- ☐ Kankakee
- ☐ Kendall
- ☐ Knox
- ☐ La Salle
- ☐ Lake
- ☐ Lawrence
- ☐ Lee
- ☐ Livingston
- ☐ Logan
- ☐ Macon
- ☐ Macoupin
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ Massac
- ☐ McDonough
- ☐ McHenry
- ☐ McLean
- ☐ Menard
- ☐ Mercer
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan

- ☐ 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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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.

- ☐ Adams
- ☐ Allen
- ☐ Bartholomew
- ☐ Benton
- ☐ Blackford
- ☐ Boone
- ☐ Brown
- ☐ Carroll
- ☐ Cass
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Crawford
- ☐ Daviess
- ☐ De Kalb
- ☐ Dearborn
- ☐ Decatur
- ☐ Delaware
- ☐ Dubois
- ☐ Elkhart
- ☐ Fayette
- ☐ Floyd
- ☐ Fountain
- ☐ Franklin
- ☐ Fulton
- ☐ Gibson
- ☐ Grant
- ☐ Greene
- ☐ Hamilton
- ☐ 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
- ☐ Porter
- ☐ Posey
- ☐ Pulaski
- ☐ Putnam
- ☐ Randolph
- ☐ Ripley

- ☐ Rush
- ☐ Scott
- ☐ Shelby
- ☐ Spencer
- ☐ St. Joseph
- ☐ Starke
- ☐ Steuben
- ☐ Sullivan
- ☐ Switzerland
- ☐ Tippecanoe
- ☐ Tipton
- ☐ Union
- ☐ Vanderburgh
- ☐ Vermillion
- ☐ Vigo
- ☐ Wabash
- ☐ Warren
- ☐ Warrick
- ☐ Washington
- ☐ Wayne
- ☐ Wells
- ☐ White
- ☐ Whitley

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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.

- ☐ Allen
- ☐ Anderson
- ☐ Atchison
- ☐ Barber
- ☐ Barton
- ☐ Bourbon
- ☐ Brown
- ☐ Butler
- ☐ Chase
- ☐ Chautauqua
- ☐ Cherokee
- ☐ Cheyenne
- ☐ Clark
- ☐ Clay
- ☐ Cloud
- ☐ Coffey
- ☐ Comanche
- ☐ Cowley
- ☐ Crawford
- ☐ Decatur
- ☐ Dickinson
- ☐ Doniphan
- ☐ Douglas
- ☐ Edwards
- ☐ Elk
- ☐ Ellis
- ☐ Ellsworth
- ☐ Finney
- ☐ Ford
- ☐ Franklin
- ☐ Geary
- ☐ Gove
- ☐ Graham
- ☐ Grant
- ☐ Gray
- ☐ Greeley
- ☐ Greenwood
- ☐ Hamilton
- ☐ Harper
- ☐ 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
- ☐ Morton
- ☐ Nemaha
- ☐ Neosho
- ☐ Ness
- ☐ Norton

- ☐ 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
- ☐ Wichita
- ☐ Wilson
- ☐ Woodson
- ☐ Wyandotte

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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.

- ☐ Adair
- ☐ Allen
- ☐ Anderson
- ☐ 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
- ☐ Cumberland
- ☐ Daviess
- ☐ Edmonson
- ☐ Elliott
- ☐ Estill
- ☐ Fayette
- ☐ Fleming
- ☐ Floyd
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Garrard
- ☐ Grant
- ☐ Graves
- ☐ Grayson
- ☐ Green
- ☐ Greenup
- ☐ Hancock
- ☐ Hardin
- ☐ Harlan
- ☐ Harrison
- ☐ Hart
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Hopkins
- ☐ Jackson
- ☐ Jefferson
- ☐ Jessamine
- ☐ Johnson
- ☐ Kenton
- ☐ Knott
- ☐ Knox
- ☐ Larue
- ☐ Laurel
- ☐ Lawrence
- ☐ Lee
- ☐ Leslie
- ☐ Letcher
- ☐ Lewis
- ☐ 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
 - ☐ 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.)

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.

- ☐ Los Angeles
- (Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)

Q14b. Parish of the primary outbreak facility (i.e., If this response activity includes facilities in more than one parish, please include the parish 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
- ☐ Allen
- ☐ Ascension
- ☐ Assumption
- ☐ Avoyelles
- ☐ Beauregard
- ☐ Bienville
- ☐ Bossier
- ☐ Caddo
- ☐ Calcasieu
- ☐ Caldwell
- ☐ Cameron
- ☐ Catahoula
- ☐ Claiborne
- ☐ Concordia
- ☐ De Soto
- ☐ East Baton Rouge
- ☐ East Carroll
- ☐ East Feliciana
- ☐ Evangeline
- ☐ Franklin
- ☐ Grant
- ☐ Iberia
- ☐ Iberville
- ☐ Jackson
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ La Salle
- ☐ 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
- ☐ St. John The Baptist
- ☐ St. Landry
- ☐ St. Martin
- ☐ St. Mary
- ☐ St. Tammany
- ☐ Tangipahoa
- ☐ Tensas
- ☐ Terrebonne
- ☐ Union
- ☐ Vermilion
- ☐ Vernon
- ☐ Washington
- ☐ Webster
- ☐ West Baton Rouge
- ☐ West Carroll
- ☐ West Feliciana
- ☐ Winn

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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.

- ☐ 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
- ☐ Carroll
- ☐ Cecil
- ☐ Charles
- ☐ Dorchester
- ☐ Frederick
- ☐ Garrett
- ☐ Harford
- ☐ Howard
- ☐ Kent
- ☐ Montgomery
- ☐ Prince Georges
- ☐ Queen Anne's
- ☐ Somerset
- ☐ St. Marys
- ☐ Talbot
- ☐ Washington
- ☐ Wicomico
- ☐ Worcester

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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.

- ☐ Androscoggin
- ☐ 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.)

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.

- ☐ Alcona
- ☐ Alger
- ☐ Allegan
- ☐ Alpena
- ☐ Antrim
- ☐ Arenac
- ☐ Baraga
- ☐ Barry
- ☐ Bay
- ☐ Benzie
- ☐ Berrien
- ☐ Branch
- ☐ Calhoun
- ☐ Cass
- ☐ Charlevoix
- ☐ Cheboygan
- ☐ Chippewa
- ☐ Clare
- ☐ Clinton
- ☐ Crawford
- ☐ Delta
- ☐ Dickinson
- ☐ Eaton
- ☐ Emmet
- ☐ Genesee
- ☐ Gladwin
- ☐ Gogebic
- ☐ Grand Traverse
- ☐ Gratiot
- ☐ Hillsdale
- ☐ Houghton
- ☐ Huron
- ☐ Ingham
- ☐ Ionia
- ☐ Iosco
- ☐ Iron
- ☐ Isabella
- ☐ Jackson
- ☐ Kalamazoo
- ☐ Kalkaska
- ☐ Kent
- ☐ Keweenaw
- ☐ Lake
- ☐ Lapeer
- ☐ Leelanau
- ☐ Lenawee
- ☐ Livingston
- ☐ Luce
- ☐ Mackinac
- ☐ Macomb
- ☐ Manistee
- ☐ Marquette
- ☐ Mason
- ☐ Mecosta
- ☐ Menominee
- ☐ Midland
- ☐ Missaukee
- ☐ Monroe
- ☐ Montcalm
- ☐ Montmorency
- ☐ Muskegon
- ☐ Newaygo
- ☐ Oakland
- ☐ Oceana
- ☐ Ogemaw
- ☐ Ontonagon
- ☐ Osceola
- ☐ Oscoda
- ☐ Otsego

- ☐ Ottawa
- ☐ Presque Isle
- ☐ Roscommon
- ☐ Saginaw
- ☐ Sanilac
- ☐ Schoolcraft
- ☐ Shiawassee
- ☐ St. Clair
- ☐ St. Joseph
- ☐ Tuscola
- ☐ Van Buren
- ☐ Washtenaw
- ☐ Wayne
- ☐ Wexford

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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.

- ☐ Aitkin
- ☐ Anoka
- ☐ Becker
- ☐ Beltrami
- ☐ Benton
- ☐ Big Stone
- ☐ Blue Earth
- ☐ 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
- ☐ Mahnommen
- ☐ Marshall
- ☐ Martin
- ☐ McLeod
- ☐ Meeker
- ☐ Mille Lacs
- ☐ Morrison
- ☐ Mower
- ☐ Murray
- ☐ Nicollet
- ☐ Nobles
- ☐ Norman
- ☐ Olmsted
- ☐ Otter Tail
- ☐ Pennington
- ☐ Pine
- ☐ Pipestone
- ☐ Polk
- ☐ Pope
- ☐ Ramsey
- ☐ Red Lake
- ☐ Redwood
- ☐ Renville
- ☐ Rice
- ☐ Rock
- ☐ Roseau
- ☐ Scott

- ☐ Sherburne
- ☐ Sibley
- ☐ St. Louis
- ☐ Stearns
- ☐ Steele
- ☐ Stevens
- ☐ Swift
- ☐ Todd
- ☐ Traverse
- ☐ Wabasha
- ☐ Wadena
- ☐ Waseca
- ☐ Washington
- ☐ Watonwan
- ☐ Wilkin
- ☐ Winona
- ☐ Wright
- ☐ Yellow Medicine

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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.

- ☐ Adair
- ☐ Andrew
- ☐ Atchison
- ☐ Audrain
- ☐ Barry
- ☐ Barton
- ☐ Bates
- ☐ Benton
- ☐ Bollinger
- ☐ Boone
- ☐ Buchanan
- ☐ Butler
- ☐ Caldwell
- ☐ Callaway
- ☐ Camden
- ☐ Cape Girardeau
- ☐ Carroll
- ☐ Carter
- ☐ Cass
- ☐ Cedar
- ☐ Chariton
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Cole
- ☐ Cooper
- ☐ Crawford
- ☐ Dade
- ☐ Dallas
- ☐ Daviess
- ☐ DeKalb
- ☐ Dent
- ☐ Douglas
- ☐ Dunklin
- ☐ Franklin
- ☐ Gasconade
- ☐ Gentry
- ☐ Greene
- ☐ Grundy
- ☐ Harrison
- ☐ Henry
- ☐ Hickory
- ☐ Holt
- ☐ Howard
- ☐ Howell
- ☐ Iron
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Laclede
- ☐ Lafayette
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Linn
- ☐ Livingston
- ☐ Macon
- ☐ Madison
- ☐ Maries
- ☐ Marion
- ☐ McDonald
- ☐ Mercer
- ☐ Miller
- ☐ Mississippi
- ☐ Moniteau
- ☐ Monroe

- ☐ 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. Clair
- ☐ St. Francois
- ☐ St. Louis
- ☐ St. Louis City
- ☐ Ste. Genevieve
- ☐ Stoddard
- ☐ Stone
- ☐ Sullivan
- ☐ Taney
- ☐ Texas
- ☐ Vernon
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Worth
- ☐ Wright

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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.

- ☐ Adams
- ☐ Alcorn
- ☐ Amite
- ☐ Attala
- ☐ Benton
- ☐ Bolivar
- ☐ Calhoun
- ☐ Carroll
- ☐ Chickasaw
- ☐ Choctaw
- ☐ Claiborne
- ☐ Clarke
- ☐ Clay
- ☐ Coahoma
- ☐ Copiah
- ☐ Covington
- ☐ DeSoto
- ☐ Forrest
- ☐ Franklin
- ☐ George
- ☐ Greene
- ☐ Grenada
- ☐ Hancock
- ☐ Harrison
- ☐ Hinds
- ☐ Holmes
- ☐ Humphreys
- ☐ Issaquena
- ☐ Itawamba
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ Jones
- ☐ Kemper
- ☐ Lafayette
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Leake
- ☐ Lee
- ☐ Leflore
- ☐ Lincoln
- ☐ Lowndes
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Monroe
- ☐ Montgomery
- ☐ Neshoba
- ☐ Newton
- ☐ Noxubee
- ☐ Oktibbeha
- ☐ Panola
- ☐ Pearl River
- ☐ Perry
- ☐ Pike
- ☐ Pontotoc
- ☐ Prentiss
- ☐ Quitman
- ☐ Rankin
- ☐ Scott
- ☐ Sharkey
- ☐ Simpson
- ☐ Smith
- ☐ Stone
- ☐ Sunflower
- ☐ Tallahatchie
- ☐ Tate

- ☐ Tippah
- ☐ Tishomingo
- ☐ Tunica
- ☐ Union
- ☐ Walthall
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Wilkinson
- ☐ Winston
- ☐ Yalobusha
- ☐ Yazoo

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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.

- ☐ Beaverhead
- ☐ Big Horn
- ☐ Blaine
- ☐ Broadwater
- ☐ Carbon
- ☐ Carter
- ☐ Cascade
- ☐ Chouteau
- ☐ Custer
- ☐ Daniels
- ☐ Dawson
- ☐ Deer Lodge
- ☐ Fallon
- ☐ Fergus
- ☐ Flathead
- ☐ Gallatin
- ☐ Garfield
- ☐ Glacier
- ☐ Golden Valley
- ☐ Granite
- ☐ Hill
- ☐ Jefferson
- ☐ Judith Basin
- ☐ Lake
- ☐ Lewis and Clark
- ☐ Liberty
- ☐ Lincoln
- ☐ Madison
- ☐ McCone
- ☐ Meagher
- ☐ Mineral
- ☐ Missoula
- ☐ Musselshell
- ☐ Park
- ☐ Petroleum
- ☐ Phillips
- ☐ Pondera
- ☐ Powder River
- ☐ Powell
- ☐ Prairie
- ☐ Ravalli
- ☐ Richland
- ☐ Roosevelt
- ☐ Rosebud
- ☐ Sanders
- ☐ Sheridan
- ☐ Silver Bow
- ☐ Stillwater
- ☐ Sweet Grass
- ☐ Teton
- ☐ Toole
- ☐ Treasure
- ☐ Valley
- ☐ Wheatland
- ☐ Wibaux
- ☐ Yellowstone

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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.

- ☐ Alamance
- ☐ Alexander
- ☐ Alleghany
- ☐ Anson
- ☐ Ashe
- ☐ Avery
- ☐ Beaufort
- ☐ Bertie
- ☐ Bladen
- ☐ Brunswick
- ☐ Buncombe
- ☐ Burke
- ☐ Cabarrus
- ☐ Caldwell
- ☐ Camden
- ☐ Carteret
- ☐ Caswell
- ☐ Catawba
- ☐ Chatham
- ☐ Cherokee
- ☐ Chowan
- ☐ Clay
- ☐ Cleveland
- ☐ Columbus
- ☐ Craven
- ☐ Cumberland
- ☐ Currituck
- ☐ Dare
- ☐ Davidson
- ☐ Davie
- ☐ Duplin
- ☐ Durham
- ☐ Edgecombe
- ☐ Forsyth
- ☐ Franklin
- ☐ Gaston
- ☐ Gates
- ☐ Graham
- ☐ Granville
- ☐ Greene
- ☐ Guilford
- ☐ Halifax
- ☐ Harnett
- ☐ Haywood
- ☐ Henderson
- ☐ Hertford
- ☐ Hoke
- ☐ Hyde
- ☐ Iredell
- ☐ Jackson
- ☐ Johnston
- ☐ Jones
- ☐ Lee
- ☐ Lenoir
- ☐ Lincoln
- ☐ Macon
- ☐ Madison
- ☐ Martin
- ☐ McDowell
- ☐ Mecklenburg
- ☐ Mitchell
- ☐ Montgomery
- ☐ Moore
- ☐ Nash
- ☐ New Hanover
- ☐ Northampton
- ☐ Onslow
- ☐ Orange
- ☐ Pamlico

- ☐ 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
- ☐ Wilson
- ☐ Yadkin
- ☐ Yancey

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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.

- ☐ Adams
- ☐ Barnes
- ☐ Benson
- ☐ Billings
- ☐ Bottineau
- ☐ Bowman
- ☐ Burke
- ☐ Burleigh
- ☐ Cass
- ☐ Cavalier
- ☐ Dickey
- ☐ Divide
- ☐ Dunn
- ☐ Eddy
- ☐ Emmons
- ☐ Foster
- ☐ Golden Valley
- ☐ Grand Forks
- ☐ Grant
- ☐ Griggs
- ☐ Hettinger
- ☐ Kidder
- ☐ LaMoure
- ☐ Logan
- ☐ McHenry
- ☐ McIntosh
- ☐ McKenzie
- ☐ McLean
- ☐ Mercer
- ☐ Morton
- ☐ Mountrail
- ☐ Nelson
- ☐ Oliver
- ☐ Pembina
- ☐ Pierce
- ☐ Ramsey
- ☐ Ransom
- ☐ Renville
- ☐ Richland
- ☐ Rolette
- ☐ Sargent
- ☐ Sheridan
- ☐ Sioux
- ☐ Slope
- ☐ Stark
- ☐ Steele
- ☐ Stutsman
- ☐ Towner
- ☐ Traill
- ☐ Walsh
- ☐ Ward
- ☐ Wells
- ☐ Williams

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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.

- ☐ Adams
- ☐ Antelope
- ☐ Arthur
- ☐ Banner
- ☐ 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
- ☐ Greeley
- ☐ Hall
- ☐ Hamilton
- ☐ Harlan
- ☐ Hayes
- ☐ Hitchcock
- ☐ Holt
- ☐ Hooker
- ☐ Howard
- ☐ Jefferson
- ☐ Johnson
- ☐ Kearney
- ☐ Keith
- ☐ Keya Paha
- ☐ Kimball
- ☐ Knox
- ☐ Lancaster
- ☐ Lincoln
- ☐ Logan
- ☐ Loup
- ☐ Madison
- ☐ McPherson
- ☐ Merrick
- ☐ Morrill
- ☐ Nance
- ☐ Nemaha
- ☐ Nuckolls
- ☐ Otoe
- ☐ Pawnee
- ☐ Perkins
- ☐ 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

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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.

- ☐ Belknap
- ☐ Carroll
- ☐ Cheshire
- ☐ Coos
- ☐ Grafton
- ☐ Hillsborough
- ☐ Merrimack
- ☐ Rockingham
- ☐ Strafford
- ☐ Sullivan

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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.

- ☐ Atlantic
- ☐ Bergen
- ☐ Burlington
- ☐ Camden
- ☐ Cape May
- ☐ Cumberland
- ☐ Essex
- ☐ Gloucester
- ☐ Hudson
- ☐ Hunterdon
- ☐ Mercer
- ☐ Middlesex
- ☐ Monmouth
- ☐ Morris
- ☐ Ocean
- ☐ Passaic
- ☐ Salem
- ☐ Somerset
- ☐ Sussex
- ☐ Union
- ☐ Warren

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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.

- ☐ 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

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

- ☐ Carson City
- ☐ 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.)

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
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex
- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene
- ☐ Hamilton
- ☐ Herkimer
- ☐ Jefferson
- ☐ Kings
- ☐ Lewis
- ☐ 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

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

- ☐ Bronx
- ☐ Kings
- ☐ New York (Manhattan)
- ☐ Queens
- ☐ Richmond

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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.

- ☐ Adams
- ☐ Allen
- ☐ Ashland
- ☐ Ashtabula
- ☐ Athens
- ☐ Auglaize
- ☐ Belmont
- ☐ Brown
- ☐ Butler
- ☐ Carroll
- ☐ Champaign
- ☐ Clark
- ☐ Clermont
- ☐ Clinton
- ☐ Columbiana
- ☐ Coshocton
- ☐ Crawford
- ☐ Cuyahoga
- ☐ Darke
- ☐ Defiance
- ☐ Delaware
- ☐ 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
- ☐ Morrow
- ☐ Muskingum
- ☐ Noble
- ☐ Ottawa
- ☐ Paulding
- ☐ Perry
- ☐ Pickaway
- ☐ Pike
- ☐ Portage
- ☐ Preble
- ☐ Putnam

- ☐ Richland
- ☐ Ross
- ☐ Sandusky
- ☐ Scioto
- ☐ Seneca
- ☐ Shelby
- ☐ Stark
- ☐ Summit
- ☐ Trumbull
- ☐ Tuscarawas
- ☐ Union
- ☐ Van Wert
- ☐ Vinton
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Williams
- ☐ Wood
- ☐ Wyandot

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

- ☐ Adair
- ☐ Alfalfa
- ☐ Atoka
- ☐ Beaver
- ☐ Beckham
- ☐ Blaine
- ☐ Bryan
- ☐ Caddo
- ☐ Canadian
- ☐ Carter
- ☐ Cherokee
- ☐ Choctaw
- ☐ Cimarron
- ☐ Cleveland
- ☐ Coal
- ☐ Comanche
- ☐ Cotton
- ☐ Craig
- ☐ Creek
- ☐ Custer
- ☐ Delaware
- ☐ Dewey
- ☐ Ellis
- ☐ Garfield
- ☐ Garvin
- ☐ Grady
- ☐ Grant
- ☐ Greer
- ☐ Harmon
- ☐ Harper
- ☐ Haskell
- ☐ Hughes
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnston
- ☐ Kay
- ☐ Kingfisher
- ☐ Kiowa
- ☐ Latimer
- ☐ Le Flore
- ☐ Lincoln
- ☐ Logan
- ☐ Love
- ☐ Major
- ☐ Marshall
- ☐ Mayes
- ☐ McClain
- ☐ McCurtain
- ☐ McIntosh
- ☐ Murray
- ☐ Muskogee
- ☐ Noble
- ☐ Nowata
- ☐ Okfuskee
- ☐ Oklahoma
- ☐ Okmulgee
- ☐ Osage
- ☐ Ottawa
- ☐ Pawnee
- ☐ Payne
- ☐ Pittsburg
- ☐ Pontotoc
- ☐ Pottawatomie
- ☐ Pushmataha
- ☐ Roger Mills
- ☐ Rogers
- ☐ Seminole
- ☐ Sequoyah
- ☐ Stephens

- ☐ 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

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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.

- ☐ Adams
- ☐ Allegheny
- ☐ Armstrong
- ☐ Beaver
- ☐ Bedford
- ☐ Berks
- ☐ Blair
- ☐ Bradford
- ☐ Bucks
- ☐ Butler
- ☐ Cambria
- ☐ Cameron
- ☐ Carbon
- ☐ Centre
- ☐ Chester
- ☐ Clarion
- ☐ Clearfield
- ☐ Clinton
- ☐ Columbia
- ☐ Crawford
- ☐ Cumberland
- ☐ Dauphin
- ☐ Delaware
- ☐ Elk
- ☐ Erie
- ☐ Fayette
- ☐ Forest
- ☐ Franklin
- ☐ Fulton
- ☐ Greene
- ☐ Huntingdon
- ☐ Indiana
- ☐ Jefferson
- ☐ Juniata
- ☐ Lackawanna
- ☐ Lancaster
- ☐ Lawrence
- ☐ Lebanon
- ☐ Lehigh
- ☐ Luzerne
- ☐ Lycoming
- ☐ McKean
- ☐ Mercer
- ☐ Mifflin
- ☐ Monroe
- ☐ Montgomery
- ☐ Montour
- ☐ Northampton
- ☐ Northumberland
- ☐ Perry
- ☐ Philadelphia
- ☐ Pike
- ☐ Potter
- ☐ Schuylkill
- ☐ Snyder
- ☐ Somerset
- ☐ Sullivan
- ☐ Susquehanna
- ☐ Tioga
- ☐ Union
- ☐ Venango
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westmoreland
- ☐ Wyoming
- ☐ 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.

☐ Philadelphia
(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.

- ☐ Adjuntas
- ☐ Aguada
- ☐ Aguadilla
- ☐ Aguas Buenas
- ☐ Aibonito
- ☐ Anasco
- ☐ Arecibo
- ☐ Arroyo
- ☐ Barceloneta
- ☐ Barranquitas
- ☐ Bayamon
- ☐ Cabo Rojo
- ☐ Caguas
- ☐ Camuy
- ☐ Canovanas
- ☐ Carolina
- ☐ Catano
- ☐ Cayey
- ☐ Ceiba
- ☐ Ciales
- ☐ Cidra
- ☐ Coamo
- ☐ Comerio
- ☐ Corozal
- ☐ Culebra
- ☐ Dorado
- ☐ Fajardo
- ☐ Florida
- ☐ Guanica
- ☐ Guayama
- ☐ Guayanilla
- ☐ Guaynabo
- ☐ Gurabo
- ☐ Hatillo
- ☐ Hormigueros
- ☐ Humacao
- ☐ Isabela
- ☐ Jayuya
- ☐ Juana Diaz
- ☐ Juncos
- ☐ Lajas
- ☐ Lares
- ☐ Las Marias
- ☐ Las Piedras
- ☐ Loiza
- ☐ Luquillo
- ☐ Manati
- ☐ Maricao
- ☐ Maunabo
- ☐ Mayaguez
- ☐ Moca
- ☐ Morovis
- ☐ Naguabo
- ☐ Naranjito
- ☐ Orocovis
- ☐ Patillas
- ☐ Penuelas
- ☐ Ponce
- ☐ Quebradillas
- ☐ Rincon
- ☐ Rio Grande
- ☐ Sabana Grande
- ☐ Salinas
- ☐ San German
- ☐ San Juan
- ☐ San Lorenzo
- ☐ San Sebastian
- ☐ Santa Isabel
- ☐ Toa Alta

- ☐ 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)

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

- ☐ Airai
- ☐ Angaur
- ☐ Kayangel
- ☐ Koror
- ☐ Melekeok
- ☐ Peleliu
- ☐ Sonsorol
- ☐ Tobi

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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.

- ☐ 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)

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

- ☐ Republic of the Marshall Islands

(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.

- ☐ Abbeville
- ☐ Aiken
- ☐ Allendale
- ☐ Anderson
- ☐ Bamberg
- ☐ Barnwell
- ☐ Beaufort
- ☐ Berkeley
- ☐ Calhoun
- ☐ Charleston
- ☐ Cherokee
- ☐ Chester
- ☐ Chesterfield
- ☐ Clarendon
- ☐ Colleton
- ☐ Darlington
- ☐ Dillon
- ☐ Dorchester
- ☐ Edgefield
- ☐ Fairfield
- ☐ Florence
- ☐ Georgetown
- ☐ Greenville
- ☐ Greenwood
- ☐ Hampton
- ☐ Horry
- ☐ Jasper
- ☐ Kershaw
- ☐ Lancaster
- ☐ Laurens
- ☐ Lee
- ☐ Lexington
- ☐ Marion
- ☐ Marlboro
- ☐ McCormick
- ☐ Newberry
- ☐ Oconee
- ☐ Orangeburg
- ☐ Pickens
- ☐ Richland
- ☐ Saluda
- ☐ Spartanburg
- ☐ Sumter
- ☐ Union
- ☐ Williamsburg
- ☐ 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.

- ☐ Aurora
- ☐ Beadle
- ☐ Bennett
- ☐ Bon Homme
- ☐ Brookings
- ☐ Brown
- ☐ Brule
- ☐ Buffalo
- ☐ Butte
- ☐ Campbell
- ☐ Charles Mix
- ☐ Clark
- ☐ Clay
- ☐ Codington
- ☐ Corson
- ☐ Custer
- ☐ Davison
- ☐ Day
- ☐ Deuel
- ☐ 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
- ☐ McPherson
- ☐ Meade
- ☐ Mellette
- ☐ Miner
- ☐ Minnehaha
- ☐ Moody
- ☐ Oglala Lakota
- ☐ Pennington
- ☐ Perkins
- ☐ Potter
- ☐ Roberts
- ☐ Sanborn
- ☐ Spink
- ☐ Stanley
- ☐ Sully
- ☐ Todd
- ☐ Tripp
- ☐ Turner
- ☐ Union
- ☐ Walworth
- ☐ Yankton
- ☐ Ziebach

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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.

- ☐ Anderson
- ☐ Bedford
- ☐ Benton
- ☐ Bledsoe
- ☐ Blount
- ☐ Bradley
- ☐ Campbell
- ☐ Cannon
- ☐ Carroll
- ☐ Carter
- ☐ Cheatham
- ☐ Chester
- ☐ Claiborne
- ☐ Clay
- ☐ Cocke
- ☐ Coffee
- ☐ Crockett
- ☐ Cumberland
- ☐ Davidson
- ☐ De Kalb
- ☐ Decatur
- ☐ Dickson
- ☐ Dyer
- ☐ Fayette
- ☐ Fentress
- ☐ Franklin
- ☐ Gibson
- ☐ Giles
- ☐ Grainger
- ☐ Greene
- ☐ Grundy
- ☐ Hamblen
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardeman
- ☐ Hardin
- ☐ Hawkins
- ☐ Haywood
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Houston
- ☐ Humphreys
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Lake
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Loudon
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Maury
- ☐ McMinn
- ☐ McNairy
- ☐ Meigs
- ☐ Monroe
- ☐ Montgomery
- ☐ Moore
- ☐ Morgan
- ☐ Obion
- ☐ Overton
- ☐ Perry
- ☐ Pickett

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

- ☐ Anderson
- ☐ Andrews
- ☐ Angelina
- ☐ Aransas
- ☐ Archer
- ☐ Armstrong
- ☐ Atascosa
- ☐ Austin
- ☐ Bailey
- ☐ Bandera
- ☐ Bastrop
- ☐ Baylor
- ☐ Bee
- ☐ Bell
- ☐ Bexar
- ☐ Blanco
- ☐ Borden
- ☐ Bosque
- ☐ Bowie
- ☐ Brazoria
- ☐ Brazos
- ☐ Brewster
- ☐ Briscoe
- ☐ Brooks
- ☐ Brown
- ☐ Burleson
- ☐ Burnet
- ☐ Caldwell
- ☐ Calhoun
- ☐ Callahan
- ☐ Cameron
- ☐ Camp
- ☐ Carson
- ☐ Cass
- ☐ Castro
- ☐ Chambers
- ☐ Cherokee
- ☐ Childress
- ☐ Clay
- ☐ Cochran
- ☐ Coke
- ☐ Coleman
- ☐ Collin
- ☐ Collingsworth
- ☐ Colorado
- ☐ Comal
- ☐ Comanche
- ☐ Concho
- ☐ Cooke
- ☐ Coryell
- ☐ Cottle
- ☐ Crane
- ☐ Crockett
- ☐ Crosby
- ☐ Culberson
- ☐ Dallam
- ☐ Dallas
- ☐ Dawson
- ☐ Deaf Smith
- ☐ Delta
- ☐ Denton
- ☐ DeWitt
- ☐ Dickens
- ☐ Dimmit
- ☐ Donley
- ☐ Duval
- ☐ Eastland
- ☐ Ector
- ☐ Edwards

- ☐ El Paso
- ☐ Ellis
- ☐ Erath
- ☐ Falls
- ☐ Fannin
- ☐ Fayette
- ☐ Fisher
- ☐ Floyd
- ☐ Foard
- ☐ Fort Bend
- ☐ Franklin
- ☐ Freestone
- ☐ Frio
- ☐ Gaines
- ☐ Galveston
- ☐ Garza
- ☐ Gillespie
- ☐ Glasscock
- ☐ Goliad
- ☐ Gonzales
- ☐ Gray
- ☐ Grayson
- ☐ Gregg
- ☐ Grimes
- ☐ Guadalupe
- ☐ Hale
- ☐ Hall
- ☐ Hamilton
- ☐ Hansford
- ☐ Hardeman
- ☐ Hardin
- ☐ Harris
- ☐ Harrison
- ☐ Hartley
- ☐ Haskell
- ☐ Hays
- ☐ Hemphill
- ☐ Henderson
- ☐ Hidalgo
- ☐ Hill
- ☐ Hockley
- ☐ Hood
- ☐ Hopkins
- ☐ Houston
- ☐ Howard
- ☐ Hudspeth
- ☐ Hunt
- ☐ Hutchinson
- ☐ Irion
- ☐ Jack
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jim Hogg
- ☐ Jim Wells
- ☐ Johnson
- ☐ Jones
- ☐ Karnes
- ☐ Kaufman
- ☐ Kendall
- ☐ Kenedy
- ☐ Kent
- ☐ Kerr
- ☐ Kimble
- ☐ King
- ☐ Kinney
- ☐ Kleberg
- ☐ Knox
- ☐ La Salle
- ☐ Lamar

- ☐ Lamb
- ☐ Lampasas
- ☐ Lavaca
- ☐ Lee
- ☐ Leon
- ☐ Liberty
- ☐ Limestone
- ☐ Lipscomb
- ☐ Live Oak
- ☐ Llano
- ☐ Loving
- ☐ Lubbock
- ☐ Lynn
- ☐ Madison
- ☐ Marion
- ☐ Martin
- ☐ Mason
- ☐ Matagorda
- ☐ Maverick
- ☐ McCulloch
- ☐ McLennan
- ☐ McMullen
- ☐ Medina
- ☐ Menard
- ☐ Midland
- ☐ Milam
- ☐ Mills
- ☐ Mitchell
- ☐ Montague
- ☐ Montgomery
- ☐ Moore
- ☐ Morris
- ☐ Motley
- ☐ Nacogdoches
- ☐ Navarro
- ☐ Newton
- ☐ Nolan
- ☐ Nueces
- ☐ Ochiltree
- ☐ Oldham
- ☐ Orange
- ☐ Palo Pinto
- ☐ Panola
- ☐ Parker
- ☐ Parmer
- ☐ Pecos
- ☐ Polk
- ☐ Potter
- ☐ Presidio
- ☐ Rains
- ☐ Randall
- ☐ Reagan
- ☐ Real
- ☐ Red River
- ☐ Reeves
- ☐ Refugio
- ☐ Roberts
- ☐ Robertson
- ☐ Rockwall
- ☐ Runnels
- ☐ Rusk
- ☐ Sabine
- ☐ San Augustine
- ☐ San Jacinto
- ☐ San Patricio
- ☐ San Saba
- ☐ Schleicher
- ☐ Scurry
- ☐ Shackelford
- ☐ Shelby
- ☐ Sherman

- ☐ Smith
- ☐ Somervell
- ☐ Starr
- ☐ Stephens
- ☐ Sterling
- ☐ Stonewall
- ☐ Sutton
- ☐ Swisher
- ☐ Tarrant
- ☐ Taylor
- ☐ Terrell
- ☐ Terry
- ☐ Throckmorton
- ☐ Titus
- ☐ Tom Green
- ☐ Travis
- ☐ Trinity
- ☐ Tyler
- ☐ Upshur
- ☐ Upton
- ☐ Uvalde
- ☐ Val Verde
- ☐ Van Zandt
- ☐ Victoria
- ☐ Walker
- ☐ Waller
- ☐ Ward
- ☐ Washington
- ☐ Webb
- ☐ Wharton
- ☐ Wheeler
- ☐ Wichita
- ☐ Wilbarger
- ☐ Willacy
- ☐ Williamson
- ☐ Wilson
- ☐ Winkler
- ☐ Wise
- ☐ Wood
- ☐ Yoakum
- ☐ Young
- ☐ Zapata
- ☐ Zavala

(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.

- ☐ 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
- ☐ Wayne
- ☐ Weber

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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)

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- ☐ Accomack
- ☐ 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 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 Manassas
- ☐ City 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
- ☐ Craig
- ☐ Culpeper
- ☐ Cumberland
- ☐ Dickenson
- ☐ Dinwiddie
- ☐ Essex
- ☐ Fairfax
- ☐ Fauquier
- ☐ Floyd

- ☐ Fluvanna
- ☐ Franklin
- ☐ Frederick
- ☐ Giles
- ☐ Gloucester
- ☐ Goochland
- ☐ Grayson
- ☐ Greene
- ☐ Greenville
- ☐ Halifax
- ☐ Hanover
- ☐ Henrico
- ☐ Henry
- ☐ Highland
- ☐ Isle of Wight
- ☐ James City
- ☐ King and Queen
- ☐ King George
- ☐ King William
- ☐ Lancaster
- ☐ Lee
- ☐ Loudoun
- ☐ Louisa
- ☐ Lunenburg
- ☐ Madison
- ☐ Mathews
- ☐ Mecklenburg
- ☐ Middlesex
- ☐ Montgomery
- ☐ Nelson
- ☐ New Kent
- ☐ Northampton
- ☐ Northumberland
- ☐ Nottoway
- ☐ Orange
- ☐ Page
- ☐ Patrick
- ☐ Pittsylvania
- ☐ Powhatan
- ☐ Prince Edward
- ☐ Prince George
- ☐ Prince William
- ☐ Pulaski
- ☐ Rappahannock
- ☐ Richmond
- ☐ Roanoke
- ☐ Rockbridge
- ☐ Rockingham
- ☐ Russell
- ☐ Scott
- ☐ Shenandoah
- ☐ Smyth
- ☐ Southampton
- ☐ Spotsylvania
- ☐ Stafford
- ☐ Surry
- ☐ Sussex
- ☐ Tazewell
- ☐ Warren
- ☐ Washington
- ☐ Westmoreland
- ☐ Wise
- ☐ Wythe
- ☐ York

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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)

- ☐ Saint Croix
 - ☐ Saint John
 - ☐ Saint Thomas
- (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)

- ☐ 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.)

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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.

- ☐ Adams
- ☐ 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.)

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.

- ☐ Adams
- ☐ Ashland
- ☐ Barron
- ☐ Bayfield
- ☐ Brown
- ☐ Buffalo
- ☐ Burnett
- ☐ Calumet
- ☐ Chippewa
- ☐ Clark
- ☐ Columbia
- ☐ Crawford
- ☐ Dane
- ☐ Dodge
- ☐ Door
- ☐ Douglas
- ☐ Dunn
- ☐ Eau Claire
- ☐ Florence
- ☐ Fond du Lac
- ☐ Forest
- ☐ Grant
- ☐ Green
- ☐ Green Lake
- ☐ Iowa
- ☐ Iron
- ☐ 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
- ☐ Sauk
- ☐ Sawyer
- ☐ Shawano
- ☐ Sheboygan
- ☐ St. Croix
- ☐ Taylor
- ☐ Trempealeau
- ☐ Vernon
- ☐ Vilas
- ☐ Walworth
- ☐ Washburn
- ☐ Washington
- ☐ Waukesha
- ☐ Waupaca

- ☐ Waushara
- ☐ Winnebago
- ☐ Wood

(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.

- ☐ Barbour
- ☐ Berkeley
- ☐ Boone
- ☐ Braxton
- ☐ Brooke
- ☐ Cabell
- ☐ Calhoun
- ☐ Clay
- ☐ Doddridge
- ☐ Fayette
- ☐ Gilmer
- ☐ Grant
- ☐ Greenbrier
- ☐ Hampshire
- ☐ Hancock
- ☐ Hardy
- ☐ Harrison
- ☐ Jackson
- ☐ Jefferson
- ☐ Kanawha
- ☐ Lewis
- ☐ Lincoln
- ☐ Logan
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ McDowell
- ☐ Mercer
- ☐ Mineral
- ☐ Mingo
- ☐ Monongalia
- ☐ Monroe
- ☐ Morgan
- ☐ Nicholas
- ☐ Ohio
- ☐ Pendleton
- ☐ Pleasants
- ☐ Pocahontas
- ☐ Preston
- ☐ Putnam
- ☐ Raleigh
- ☐ Randolph
- ☐ Ritchie
- ☐ Roane
- ☐ Summers
- ☐ Taylor
- ☐ Tucker
- ☐ Tyler
- ☐ Upshur
- ☐ Wayne
- ☐ Webster
- ☐ Wetzel
- ☐ Wirt
- ☐ Wood
- ☐ Wyoming

(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.

- ☐ 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:

- ☐ Yes
- ☐ No
- ☐ Unknown

Infection Control Assessments

Provision of onsite or remote assistance to assess infection control issues may be done directly by the recipient or by a designee. A 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.

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.) ?

- ☐ Yes
- ☐ No
- ☐ Unknown

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15b(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15b(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15b(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15b(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.

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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

Q15c(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

Q15d(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.

Q15d(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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15d(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15d(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.

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.

Ventilator-capable Nursing Homes/ Skilled Nursing Facilities (vSNFs)

Q15e. How many ventilator-capable nursing home/skilled nursing facility (vSNFs) were involved?

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

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

Q15e(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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 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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

Q15f(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15f(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15f(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.

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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15g(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

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.

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.)

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15h(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15h(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15i(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15i(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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?

(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.

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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15j(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15j(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15j(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15k(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15k(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15k(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15k(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.

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 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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15I(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15I(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15I(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15l(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.

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 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.) ?

- ☐ Yes
☐ No
☐ Unknown

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

Q15m(ii). Did your health department or a designee provide an onsite infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15m(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.

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.) ?

- ☐ Yes
☐ No
☐ Unknown

Q15m(v). Did your health department or a designee provide a remote infection control assessment?

- ☐ Yes
☐ No
☐ Unknown

Q15m(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.

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.

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).

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?

- ☐ Yes
- ☐ No
- ☐ Unknown

Q17b. Please list other jurisdictions involved:

Notifications

Q18. Notification types:

[check all that apply]

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

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.

- ☐ Patient notification
- ☐ Provider notification
- ☐ Public disclosure
- ☐ None
- ☐ Unknown

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 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.pdf>

Q3b. County of the facility

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

- ☐ CDC Test 1
 - ☐ CDC Test 2
 - ☐ CDC Test 3
- (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.

- ☐ 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
- ☐ Yukon-Koyukuk

(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.

- ☐ Autauga
- ☐ Baldwin
- ☐ Barbour
- ☐ Bibb
- ☐ Blount
- ☐ Bullock
- ☐ Butler
- ☐ Calhoun
- ☐ Chambers
- ☐ Cherokee
- ☐ Chilton
- ☐ Choctaw
- ☐ Clarke
- ☐ Clay
- ☐ Cleburne
- ☐ Coffee
- ☐ Colbert
- ☐ Conecuh
- ☐ Coosa
- ☐ Covington
- ☐ Crenshaw
- ☐ Cullman
- ☐ Dale
- ☐ Dallas
- ☐ DeKalb
- ☐ Elmore
- ☐ Escambia
- ☐ Etowah
- ☐ Fayette
- ☐ Franklin
- ☐ Geneva
- ☐ Greene
- ☐ Hale
- ☐ Henry
- ☐ Houston
- ☐ Jackson
- ☐ Jefferson
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ 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 available, or cannot be shared.)

Q3b. County of the facility

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

- ☐ Arkansas
- ☐ 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
- ☐ Pulaski
- ☐ Randolph
- ☐ Saline
- ☐ Scott
- ☐ Searcy
- ☐ Sebastian
- ☐ Sevier
- ☐ Sharp
- ☐ St. Francis
- ☐ Stone

- ☐ 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

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.)

Q3b. County of the facility

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.)

Q3b. County of the facility

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

- ☐ Alameda
- ☐ Alpine
- ☐ Amador
- ☐ Butte
- ☐ Calaveras
- ☐ Colusa
- ☐ Contra Costa
- ☐ Del Norte
- ☐ El Dorado
- ☐ Fresno
- ☐ Glenn
- ☐ Humboldt
- ☐ Imperial
- ☐ Inyo
- ☐ Kern
- ☐ Kings
- ☐ Lake
- ☐ Lassen
- ☐ Los Angeles
- ☐ Madera
- ☐ Marin
- ☐ Mariposa
- ☐ Mendocino
- ☐ Merced
- ☐ Modoc
- ☐ Mono
- ☐ Monterey
- ☐ Napa
- ☐ Nevada
- ☐ Orange
- ☐ 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
- ☐ Tehama
- ☐ Trinity
- ☐ Tulare
- ☐ Tuolumne
- ☐ Ventura
- ☐ Yolo
- ☐ Yuba

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

<div>Q3b. County of the facility</div> <div>Only complete if NHSN OrgID is unknown, not available, or cannot be shared.</div>	<div><input type="radio"/> Cook</div> <div>(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)</div>
<div>Q3b. County of the facility</div> <div>Only complete if NHSN OrgID is unknown, not available, or cannot be shared.</div>	<div><input type="radio"/> Agrihan</div> <div><input type="radio"/> Alamagan</div> <div><input type="radio"/> Anatahan</div> <div><input type="radio"/> Pagan</div> <div><input type="radio"/> Rota</div> <div><input type="radio"/> Saipan</div> <div><input type="radio"/> Tinian</div> <div>(Only complete if NHSN OrgID is unknown, not available, or cannot be shared.)</div>

Q3b. County of the facility

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

- ☐ Adams
- ☐ Alamosa
- ☐ Arapahoe
- ☐ 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
- ☐ Montrose
- ☐ Morgan
- ☐ Otero
- ☐ Ouray
- ☐ 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.

- ☐ District 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.)

Q3b. County of the facility

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

- ☐ Alachua
- ☐ Baker
- ☐ Bay
- ☐ Bradford
- ☐ Brevard
- ☐ Broward
- ☐ Calhoun
- ☐ 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
- ☐ Leon
- ☐ Levy
- ☐ Liberty
- ☐ 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
- ☐ Putnam
- ☐ Santa Rosa
- ☐ Sarasota
- ☐ Seminole
- ☐ St. Johns
- ☐ St. Lucie
- ☐ Sumter
- ☐ Suwannee
- ☐ Taylor
- ☐ Union
- ☐ Upper Keys in Monroe
- ☐ Volusia
- ☐ Wakulla
- ☐ Walton

☐ Washington
(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.

- ☐ 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.)

Q3b. County of the facility

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

- ☐ Appling
- ☐ Atkinson
- ☐ Bacon
- ☐ Baker
- ☐ Baldwin
- ☐ Banks
- ☐ Barrow
- ☐ Bartow
- ☐ Ben Hill
- ☐ Berrien
- ☐ Bibb
- ☐ Bleckley
- ☐ Brantley
- ☐ Brooks
- ☐ Bryan
- ☐ Bulloch
- ☐ Burke
- ☐ Butts
- ☐ Calhoun
- ☐ Camden
- ☐ Candler
- ☐ Carroll
- ☐ Catoosa
- ☐ Charlton
- ☐ Chatham
- ☐ Chattahoochee
- ☐ Chattooga
- ☐ Cherokee
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinch
- ☐ Cobb
- ☐ Coffee
- ☐ Colquitt
- ☐ Columbia
- ☐ Cook
- ☐ Coweta
- ☐ Crawford
- ☐ Crisp
- ☐ Dade
- ☐ Dawson
- ☐ Decatur
- ☐ DeKalb
- ☐ Dodge
- ☐ Dooly
- ☐ Dougherty
- ☐ Douglas
- ☐ Early
- ☐ Echols
- ☐ Effingham
- ☐ Elbert
- ☐ Emanuel
- ☐ Evans
- ☐ Fannin
- ☐ Fayette
- ☐ Floyd
- ☐ Forsyth
- ☐ Franklin
- ☐ Fulton
- ☐ Gilmer
- ☐ Glascock
- ☐ Glynn
- ☐ Gordon
- ☐ Grady
- ☐ Greene
- ☐ Gwinnett
- ☐ Habersham
- ☐ Hall

- ☐ Hancock
- ☐ Haralson
- ☐ Harris
- ☐ Hart
- ☐ Heard
- ☐ Henry
- ☐ Houston
- ☐ Irwin
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jenkins
- ☐ Johnson
- ☐ Jones
- ☐ Lamar
- ☐ Lanier
- ☐ Laurens
- ☐ Lee
- ☐ Liberty
- ☐ Lincoln
- ☐ Long
- ☐ Lowndes
- ☐ Lumpkin
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ McDuffie
- ☐ McIntosh
- ☐ Meriwether
- ☐ Miller
- ☐ Mitchell
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan
- ☐ Murray
- ☐ Muscogee
- ☐ Newton
- ☐ Oconee
- ☐ Oglethorpe
- ☐ Paulding
- ☐ Peach
- ☐ Pickens
- ☐ Pierce
- ☐ Pike
- ☐ Polk
- ☐ Pulaski
- ☐ Putnam
- ☐ Quitman
- ☐ Rabun
- ☐ Randolph
- ☐ Richmond
- ☐ Rockdale
- ☐ Schley
- ☐ Screven
- ☐ Seminole
- ☐ Spalding
- ☐ Stephens
- ☐ Stewart
- ☐ Sumter
- ☐ Talbot
- ☐ Taliaferro
- ☐ Tattnall
- ☐ Taylor
- ☐ Telfair
- ☐ Terrell
- ☐ Thomas
- ☐ Tift
- ☐ Toombs
- ☐ 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.)

Q3b. County of the facility

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.)

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

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

- ☐ Adair
- ☐ Adams
- ☐ Allamakee
- ☐ Appanoose
- ☐ Audubon
- ☐ Benton
- ☐ Black Hawk
- ☐ Boone
- ☐ Bremer
- ☐ Buchanan
- ☐ Buena Vista
- ☐ Butler
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Cedar
- ☐ Cerro Gordo
- ☐ Cherokee
- ☐ Chickasaw
- ☐ Clarke
- ☐ Clay
- ☐ Clayton
- ☐ Clinton
- ☐ Crawford
- ☐ Dallas
- ☐ Davis
- ☐ Decatur
- ☐ Delaware
- ☐ Des Moines
- ☐ Dickinson
- ☐ Dubuque
- ☐ Emmet
- ☐ Fayette
- ☐ Floyd
- ☐ Franklin
- ☐ Fremont
- ☐ Greene
- ☐ Grundy
- ☐ Guthrie
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Harrison
- ☐ Henry
- ☐ Howard
- ☐ Humboldt
- ☐ Ida
- ☐ Iowa
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Jones
- ☐ Keokuk
- ☐ Kossuth
- ☐ Lee
- ☐ Linn
- ☐ Louisa
- ☐ Lucas
- ☐ Lyon
- ☐ Madison
- ☐ Mahaska
- ☐ Marion
- ☐ Marshall
- ☐ Mills
- ☐ Mitchell
- ☐ Monona
- ☐ Monroe
- ☐ Montgomery

- ☐ Muscatine
- ☐ 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

(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.

- ☐ Ada
- ☐ Adams
- ☐ Bannock
- ☐ Bear Lake
- ☐ Benewah
- ☐ Bingham
- ☐ Blaine
- ☐ Boise
- ☐ Bonner
- ☐ Bonneville
- ☐ Boundary
- ☐ Butte
- ☐ Camas
- ☐ Canyon
- ☐ Caribou
- ☐ Cassia
- ☐ Clark
- ☐ Clearwater
- ☐ Custer
- ☐ Elmore
- ☐ Franklin
- ☐ Fremont
- ☐ Gem
- ☐ Gooding
- ☐ Idaho
- ☐ Jefferson
- ☐ Jerome
- ☐ Kootenai
- ☐ Latah
- ☐ Lemhi
- ☐ Lewis
- ☐ Lincoln
- ☐ Madison
- ☐ Minidoka
- ☐ Nez Perce
- ☐ Oneida
- ☐ Owyhee
- ☐ Payette
- ☐ Power
- ☐ Shoshone
- ☐ Teton
- ☐ Twin Falls
- ☐ Valley
- ☐ Washington

(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.

- ☐ Adams
- ☐ Alexander
- ☐ Bond
- ☐ Boone
- ☐ Brown
- ☐ Bureau
- ☐ Calhoun
- ☐ Carroll
- ☐ Cass
- ☐ Champaign
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Coles
- ☐ Cook
- ☐ Crawford
- ☐ Cumberland
- ☐ De Kalb
- ☐ De Witt
- ☐ Douglas
- ☐ DuPage
- ☐ Edgar
- ☐ Edwards
- ☐ Effingham
- ☐ Fayette
- ☐ Ford
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Greene
- ☐ Grundy
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardin
- ☐ Henderson
- ☐ Henry
- ☐ Iroquois
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jersey
- ☐ Jo Daviess
- ☐ Johnson
- ☐ Kane
- ☐ Kankakee
- ☐ Kendall
- ☐ Knox
- ☐ La Salle
- ☐ Lake
- ☐ Lawrence
- ☐ Lee
- ☐ Livingston
- ☐ Logan
- ☐ Macon
- ☐ Macoupin
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ Massac
- ☐ McDonough
- ☐ McHenry
- ☐ McLean
- ☐ Menard
- ☐ Mercer
- ☐ Monroe
- ☐ Montgomery
- ☐ Morgan

- ☐ 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

(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.

- ☐ Adams
- ☐ Allen
- ☐ Bartholomew
- ☐ Benton
- ☐ Blackford
- ☐ Boone
- ☐ Brown
- ☐ Carroll
- ☐ Cass
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Crawford
- ☐ Daviess
- ☐ De Kalb
- ☐ Dearborn
- ☐ Decatur
- ☐ Delaware
- ☐ Dubois
- ☐ Elkhart
- ☐ Fayette
- ☐ Floyd
- ☐ Fountain
- ☐ Franklin
- ☐ Fulton
- ☐ Gibson
- ☐ Grant
- ☐ Greene
- ☐ Hamilton
- ☐ 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
- ☐ Porter
- ☐ Posey
- ☐ Pulaski
- ☐ Putnam
- ☐ Randolph
- ☐ Ripley

- ☐ 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.)

Q3b. County of the facility

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

- ☐ Allen
- ☐ Anderson
- ☐ Atchison
- ☐ Barber
- ☐ Barton
- ☐ Bourbon
- ☐ Brown
- ☐ Butler
- ☐ Chase
- ☐ Chautauqua
- ☐ Cherokee
- ☐ Cheyenne
- ☐ Clark
- ☐ Clay
- ☐ Cloud
- ☐ Coffey
- ☐ Comanche
- ☐ Cowley
- ☐ Crawford
- ☐ Decatur
- ☐ Dickinson
- ☐ Doniphan
- ☐ Douglas
- ☐ Edwards
- ☐ Elk
- ☐ Ellis
- ☐ Ellsworth
- ☐ Finney
- ☐ Ford
- ☐ Franklin
- ☐ Geary
- ☐ Gove
- ☐ Graham
- ☐ Grant
- ☐ Gray
- ☐ Greeley
- ☐ Greenwood
- ☐ Hamilton
- ☐ Harper
- ☐ 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
- ☐ Morton
- ☐ Nemaha
- ☐ Neosho
- ☐ Ness
- ☐ Norton

- ☐ 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
- ☐ Wichita
- ☐ Wilson
- ☐ Woodson
- ☐ Wyandotte

(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.

- ☐ Adair
- ☐ Allen
- ☐ Anderson
- ☐ 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
- ☐ Cumberland
- ☐ Daviess
- ☐ Edmonson
- ☐ Elliott
- ☐ Estill
- ☐ Fayette
- ☐ Fleming
- ☐ Floyd
- ☐ Franklin
- ☐ Fulton
- ☐ Gallatin
- ☐ Garrard
- ☐ Grant
- ☐ Graves
- ☐ Grayson
- ☐ Green
- ☐ Greenup
- ☐ Hancock
- ☐ Hardin
- ☐ Harlan
- ☐ Harrison
- ☐ Hart
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Hopkins
- ☐ Jackson
- ☐ Jefferson
- ☐ Jessamine
- ☐ Johnson
- ☐ Kenton
- ☐ Knott
- ☐ Knox
- ☐ Larue
- ☐ Laurel
- ☐ Lawrence
- ☐ Lee
- ☐ Leslie
- ☐ Letcher
- ☐ Lewis
- ☐ 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
 - ☐ 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.)

Q3b. County of the facility

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.)

Q3b. County/parish of the facility

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

- ☐ Acadia
- ☐ Allen
- ☐ Ascension
- ☐ Assumption
- ☐ Avoyelles
- ☐ Beauregard
- ☐ Bienville
- ☐ Bossier
- ☐ Caddo
- ☐ Calcasieu
- ☐ Caldwell
- ☐ Cameron
- ☐ Catahoula
- ☐ Claiborne
- ☐ Concordia
- ☐ De Soto
- ☐ East Baton Rouge
- ☐ East Carroll
- ☐ East Feliciana
- ☐ Evangeline
- ☐ Franklin
- ☐ Grant
- ☐ Iberia
- ☐ Iberville
- ☐ Jackson
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ La Salle
- ☐ 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
- ☐ St. John The Baptist
- ☐ St. Landry
- ☐ St. Martin
- ☐ St. Mary
- ☐ St. Tammany
- ☐ Tangipahoa
- ☐ Tensas
- ☐ 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.)

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

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.)

Q3b. County of the facility

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

- ☐ Androscoggin
- ☐ 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.)

Q3b. County of the facility

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

- ☐ Alcona
- ☐ Alger
- ☐ Allegan
- ☐ Alpena
- ☐ Antrim
- ☐ Arenac
- ☐ Baraga
- ☐ Barry
- ☐ Bay
- ☐ Benzie
- ☐ Berrien
- ☐ Branch
- ☐ Calhoun
- ☐ Cass
- ☐ Charlevoix
- ☐ Cheboygan
- ☐ Chippewa
- ☐ Clare
- ☐ Clinton
- ☐ Crawford
- ☐ Delta
- ☐ Dickinson
- ☐ Eaton
- ☐ Emmet
- ☐ Genesee
- ☐ Gladwin
- ☐ Gogebic
- ☐ Grand Traverse
- ☐ Gratiot
- ☐ Hillsdale
- ☐ Houghton
- ☐ Huron
- ☐ Ingham
- ☐ Ionia
- ☐ Iosco
- ☐ Iron
- ☐ Isabella
- ☐ Jackson
- ☐ Kalamazoo
- ☐ Kalkaska
- ☐ Kent
- ☐ Keweenaw
- ☐ Lake
- ☐ Lapeer
- ☐ Leelanau
- ☐ Lenawee
- ☐ Livingston
- ☐ Luce
- ☐ Mackinac
- ☐ Macomb
- ☐ Manistee
- ☐ Marquette
- ☐ Mason
- ☐ Mecosta
- ☐ Menominee
- ☐ Midland
- ☐ Missaukee
- ☐ Monroe
- ☐ Montcalm
- ☐ Montmorency
- ☐ Muskegon
- ☐ Newaygo
- ☐ Oakland
- ☐ Oceana
- ☐ Ogemaw
- ☐ Ontonagon
- ☐ Osceola
- ☐ Oscoda
- ☐ Otsego

- ☐ 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.)

Q3b. County of the facility

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

- ☐ Aitkin
- ☐ Anoka
- ☐ Becker
- ☐ Beltrami
- ☐ Benton
- ☐ Big Stone
- ☐ Blue Earth
- ☐ 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
- ☐ Polk
- ☐ Pope
- ☐ Ramsey
- ☐ Red Lake
- ☐ Redwood
- ☐ Renville
- ☐ Rice
- ☐ Rock
- ☐ Roseau
- ☐ Scott

- ☐ 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.)

Q3b. County of the facility

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

- ☐ Adair
- ☐ Andrew
- ☐ Atchison
- ☐ Audrain
- ☐ Barry
- ☐ Barton
- ☐ Bates
- ☐ Benton
- ☐ Bollinger
- ☐ Boone
- ☐ Buchanan
- ☐ Butler
- ☐ Caldwell
- ☐ Callaway
- ☐ Camden
- ☐ Cape Girardeau
- ☐ Carroll
- ☐ Carter
- ☐ Cass
- ☐ Cedar
- ☐ Chariton
- ☐ Christian
- ☐ Clark
- ☐ Clay
- ☐ Clinton
- ☐ Cole
- ☐ Cooper
- ☐ Crawford
- ☐ Dade
- ☐ Dallas
- ☐ Daviess
- ☐ DeKalb
- ☐ Dent
- ☐ Douglas
- ☐ Dunklin
- ☐ Franklin
- ☐ Gasconade
- ☐ Gentry
- ☐ Greene
- ☐ Grundy
- ☐ Harrison
- ☐ Henry
- ☐ Hickory
- ☐ Holt
- ☐ Howard
- ☐ Howell
- ☐ Iron
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Laclede
- ☐ Lafayette
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Linn
- ☐ Livingston
- ☐ Macon
- ☐ Madison
- ☐ Maries
- ☐ Marion
- ☐ McDonald
- ☐ Mercer
- ☐ Miller
- ☐ Mississippi
- ☐ Moniteau
- ☐ Monroe

- ☐ 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. Clair
- ☐ St. Francois
- ☐ St. Louis
- ☐ St. Louis City
- ☐ Ste. Genevieve
- ☐ Stoddard
- ☐ Stone
- ☐ Sullivan
- ☐ Taney
- ☐ Texas
- ☐ Vernon
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Worth
- ☐ Wright

(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.

- ☐ Adams
- ☐ Alcorn
- ☐ Amite
- ☐ Attala
- ☐ Benton
- ☐ Bolivar
- ☐ Calhoun
- ☐ Carroll
- ☐ Chickasaw
- ☐ Choctaw
- ☐ Claiborne
- ☐ Clarke
- ☐ Clay
- ☐ Coahoma
- ☐ Copiah
- ☐ Covington
- ☐ DeSoto
- ☐ Forrest
- ☐ Franklin
- ☐ George
- ☐ Greene
- ☐ Grenada
- ☐ Hancock
- ☐ Harrison
- ☐ Hinds
- ☐ Holmes
- ☐ Humphreys
- ☐ Issaquena
- ☐ Itawamba
- ☐ Jackson
- ☐ Jasper
- ☐ Jefferson
- ☐ Jefferson Davis
- ☐ Jones
- ☐ Kemper
- ☐ Lafayette
- ☐ Lamar
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Leake
- ☐ Lee
- ☐ Leflore
- ☐ Lincoln
- ☐ Lowndes
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Monroe
- ☐ Montgomery
- ☐ Neshoba
- ☐ Newton
- ☐ Noxubee
- ☐ Oktibbeha
- ☐ Panola
- ☐ Pearl River
- ☐ Perry
- ☐ Pike
- ☐ Pontotoc
- ☐ Prentiss
- ☐ Quitman
- ☐ Rankin
- ☐ Scott
- ☐ Sharkey
- ☐ Simpson
- ☐ Smith
- ☐ Stone
- ☐ Sunflower
- ☐ Tallahatchie
- ☐ Tate

- ☐ Tippah
- ☐ Tishomingo
- ☐ Tunica
- ☐ Union
- ☐ Walthall
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Webster
- ☐ Wilkinson
- ☐ Winston
- ☐ Yalobusha
- ☐ Yazoo

(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.

- ☐ Beaverhead
- ☐ Big Horn
- ☐ Blaine
- ☐ Broadwater
- ☐ Carbon
- ☐ Carter
- ☐ Cascade
- ☐ Chouteau
- ☐ Custer
- ☐ Daniels
- ☐ Dawson
- ☐ Deer Lodge
- ☐ Fallon
- ☐ Fergus
- ☐ Flathead
- ☐ Gallatin
- ☐ Garfield
- ☐ Glacier
- ☐ Golden Valley
- ☐ Granite
- ☐ Hill
- ☐ Jefferson
- ☐ Judith Basin
- ☐ Lake
- ☐ Lewis and Clark
- ☐ Liberty
- ☐ Lincoln
- ☐ Madison
- ☐ McCone
- ☐ Meagher
- ☐ Mineral
- ☐ Missoula
- ☐ Musselshell
- ☐ Park
- ☐ Petroleum
- ☐ Phillips
- ☐ Pondera
- ☐ Powder River
- ☐ Powell
- ☐ 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.)

Q3b. County of the facility

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

- ☐ Alamance
- ☐ Alexander
- ☐ Alleghany
- ☐ Anson
- ☐ Ashe
- ☐ Avery
- ☐ Beaufort
- ☐ Bertie
- ☐ Bladen
- ☐ Brunswick
- ☐ Buncombe
- ☐ Burke
- ☐ Cabarrus
- ☐ Caldwell
- ☐ Camden
- ☐ Carteret
- ☐ Caswell
- ☐ Catawba
- ☐ Chatham
- ☐ Cherokee
- ☐ Chowan
- ☐ Clay
- ☐ Cleveland
- ☐ Columbus
- ☐ Craven
- ☐ Cumberland
- ☐ Currituck
- ☐ Dare
- ☐ Davidson
- ☐ Davie
- ☐ Duplin
- ☐ Durham
- ☐ Edgecombe
- ☐ Forsyth
- ☐ Franklin
- ☐ Gaston
- ☐ Gates
- ☐ Graham
- ☐ Granville
- ☐ Greene
- ☐ Guilford
- ☐ Halifax
- ☐ Harnett
- ☐ Haywood
- ☐ Henderson
- ☐ Hertford
- ☐ Hoke
- ☐ Hyde
- ☐ Iredell
- ☐ Jackson
- ☐ Johnston
- ☐ Jones
- ☐ Lee
- ☐ Lenoir
- ☐ Lincoln
- ☐ Macon
- ☐ Madison
- ☐ Martin
- ☐ McDowell
- ☐ Mecklenburg
- ☐ Mitchell
- ☐ Montgomery
- ☐ Moore
- ☐ Nash
- ☐ New Hanover
- ☐ Northampton
- ☐ Onslow
- ☐ Orange
- ☐ Pamlico

- ☐ 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
- ☐ Wilson
- ☐ Yadkin
- ☐ Yancey

(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.

- ☐ Adams
- ☐ Barnes
- ☐ Benson
- ☐ Billings
- ☐ Bottineau
- ☐ Bowman
- ☐ Burke
- ☐ Burleigh
- ☐ Cass
- ☐ Cavalier
- ☐ Dickey
- ☐ Divide
- ☐ Dunn
- ☐ Eddy
- ☐ Emmons
- ☐ Foster
- ☐ Golden Valley
- ☐ Grand Forks
- ☐ Grant
- ☐ Griggs
- ☐ Hettinger
- ☐ Kidder
- ☐ LaMoure
- ☐ Logan
- ☐ McHenry
- ☐ McIntosh
- ☐ McKenzie
- ☐ McLean
- ☐ Mercer
- ☐ Morton
- ☐ Mountrail
- ☐ Nelson
- ☐ Oliver
- ☐ Pembina
- ☐ Pierce
- ☐ Ramsey
- ☐ Ransom
- ☐ Renville
- ☐ Richland
- ☐ Rolette
- ☐ Sargent
- ☐ Sheridan
- ☐ Sioux
- ☐ Slope
- ☐ Stark
- ☐ Steele
- ☐ Stutsman
- ☐ Towner
- ☐ Traill
- ☐ Walsh
- ☐ Ward
- ☐ Wells
- ☐ Williams

(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.

- ☐ Adams
- ☐ Antelope
- ☐ Arthur
- ☐ Banner
- ☐ 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
- ☐ Greeley
- ☐ Hall
- ☐ Hamilton
- ☐ Harlan
- ☐ Hayes
- ☐ Hitchcock
- ☐ Holt
- ☐ Hooker
- ☐ Howard
- ☐ Jefferson
- ☐ Johnson
- ☐ Kearney
- ☐ Keith
- ☐ Keya Paha
- ☐ Kimball
- ☐ Knox
- ☐ Lancaster
- ☐ Lincoln
- ☐ Logan
- ☐ Loup
- ☐ Madison
- ☐ McPherson
- ☐ Merrick
- ☐ Morrill
- ☐ Nance
- ☐ Nemaha
- ☐ Nuckolls
- ☐ Otoe
- ☐ Pawnee
- ☐ Perkins
- ☐ 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.)

Q3b. County of the facility

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.)

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.)

Q3b. County of the facility

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

- ☐ Carson City
- ☐ 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

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

- ☐ Albany
- ☐ Allegany
- ☐ Bronx
- ☐ Broome
- ☐ Cattaraugus
- ☐ Cayuga
- ☐ Chautauqua
- ☐ Chemung
- ☐ Chenango
- ☐ Clinton
- ☐ Columbia
- ☐ Cortland
- ☐ Delaware
- ☐ Dutchess
- ☐ Erie
- ☐ Essex
- ☐ Franklin
- ☐ Fulton
- ☐ Genesee
- ☐ Greene
- ☐ Hamilton
- ☐ Herkimer
- ☐ Jefferson
- ☐ Kings
- ☐ Lewis
- ☐ 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.)

Q3b. County of the facility

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.)

Q3b. County of the facility

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

- ☐ Adams
- ☐ Allen
- ☐ Ashland
- ☐ Ashtabula
- ☐ Athens
- ☐ Auglaize
- ☐ Belmont
- ☐ Brown
- ☐ Butler
- ☐ Carroll
- ☐ Champaign
- ☐ Clark
- ☐ Clermont
- ☐ Clinton
- ☐ Columbiana
- ☐ Coshocton
- ☐ Crawford
- ☐ Cuyahoga
- ☐ Darke
- ☐ Defiance
- ☐ Delaware
- ☐ 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
- ☐ Morrow
- ☐ Muskingum
- ☐ Noble
- ☐ Ottawa
- ☐ Paulding
- ☐ Perry
- ☐ Pickaway
- ☐ Pike
- ☐ Portage
- ☐ Preble
- ☐ Putnam

- ☐ 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.)

Q3b. County of the facility

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

- ☐ Adair
- ☐ Alfalfa
- ☐ Atoka
- ☐ Beaver
- ☐ Beckham
- ☐ Blaine
- ☐ Bryan
- ☐ Caddo
- ☐ Canadian
- ☐ Carter
- ☐ Cherokee
- ☐ Choctaw
- ☐ Cimarron
- ☐ Cleveland
- ☐ Coal
- ☐ Comanche
- ☐ Cotton
- ☐ Craig
- ☐ Creek
- ☐ Custer
- ☐ Delaware
- ☐ Dewey
- ☐ Ellis
- ☐ Garfield
- ☐ Garvin
- ☐ Grady
- ☐ Grant
- ☐ Greer
- ☐ Harmon
- ☐ Harper
- ☐ Haskell
- ☐ Hughes
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnston
- ☐ Kay
- ☐ Kingfisher
- ☐ Kiowa
- ☐ Latimer
- ☐ Le Flore
- ☐ Lincoln
- ☐ Logan
- ☐ Love
- ☐ Major
- ☐ Marshall
- ☐ Mayes
- ☐ McClain
- ☐ McCurtain
- ☐ McIntosh
- ☐ Murray
- ☐ Muskogee
- ☐ Noble
- ☐ Nowata
- ☐ Okfuskee
- ☐ Oklahoma
- ☐ Okmulgee
- ☐ Osage
- ☐ Ottawa
- ☐ Pawnee
- ☐ Payne
- ☐ Pittsburg
- ☐ Pontotoc
- ☐ Pottawatomie
- ☐ Pushmataha
- ☐ Roger Mills
- ☐ Rogers
- ☐ Seminole
- ☐ Sequoyah
- ☐ Stephens

- ☐ 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

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.)

Q3b. County of the facility

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

- ☐ Adams
- ☐ Allegheny
- ☐ Armstrong
- ☐ Beaver
- ☐ Bedford
- ☐ Berks
- ☐ Blair
- ☐ Bradford
- ☐ Bucks
- ☐ Butler
- ☐ Cambria
- ☐ Cameron
- ☐ Carbon
- ☐ Centre
- ☐ Chester
- ☐ Clarion
- ☐ Clearfield
- ☐ Clinton
- ☐ Columbia
- ☐ Crawford
- ☐ Cumberland
- ☐ Dauphin
- ☐ Delaware
- ☐ Elk
- ☐ Erie
- ☐ Fayette
- ☐ Forest
- ☐ Franklin
- ☐ Fulton
- ☐ Greene
- ☐ Huntingdon
- ☐ Indiana
- ☐ Jefferson
- ☐ Juniata
- ☐ Lackawanna
- ☐ Lancaster
- ☐ Lawrence
- ☐ Lebanon
- ☐ Lehigh
- ☐ Luzerne
- ☐ Lycoming
- ☐ McKean
- ☐ Mercer
- ☐ Mifflin
- ☐ Monroe
- ☐ Montgomery
- ☐ Montour
- ☐ Northampton
- ☐ Northumberland
- ☐ Perry
- ☐ Philadelphia
- ☐ Pike
- ☐ Potter
- ☐ Schuylkill
- ☐ Snyder
- ☐ Somerset
- ☐ Sullivan
- ☐ Susquehanna
- ☐ Tioga
- ☐ Union
- ☐ Venango
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westmoreland
- ☐ Wyoming
- ☐ 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.

☐ Philadelphia

(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.

- ☐ Adjuntas
- ☐ Aguada
- ☐ Aguadilla
- ☐ Aguas Buenas
- ☐ Aibonito
- ☐ Anasco
- ☐ Arecibo
- ☐ Arroyo
- ☐ Barceloneta
- ☐ Barranquitas
- ☐ Bayamon
- ☐ Cabo Rojo
- ☐ Caguas
- ☐ Camuy
- ☐ Canovanas
- ☐ Carolina
- ☐ Catano
- ☐ Cayey
- ☐ Ceiba
- ☐ Ciales
- ☐ Cidra
- ☐ Coamo
- ☐ Comerio
- ☐ Corozal
- ☐ Culebra
- ☐ Dorado
- ☐ Fajardo
- ☐ Florida
- ☐ Guanica
- ☐ Guayama
- ☐ Guayanilla
- ☐ Guaynabo
- ☐ Gurabo
- ☐ Hatillo
- ☐ Hormigueros
- ☐ Humacao
- ☐ Isabela
- ☐ Jayuya
- ☐ Juana Diaz
- ☐ Juncos
- ☐ Lajas
- ☐ Lares
- ☐ Las Marias
- ☐ Las Piedras
- ☐ Loiza
- ☐ Luquillo
- ☐ Manati
- ☐ Maricao
- ☐ Maunabo
- ☐ Mayaguez
- ☐ Moca
- ☐ Morovis
- ☐ Naguabo
- ☐ Naranjito
- ☐ Orocovis
- ☐ Patillas
- ☐ Penuelas
- ☐ Ponce
- ☐ Quebradillas
- ☐ Rincon
- ☐ Rio Grande
- ☐ Sabana Grande
- ☐ Salinas
- ☐ San German
- ☐ San Juan
- ☐ San Lorenzo
- ☐ San Sebastian
- ☐ Santa Isabel
- ☐ Toa Alta

- ☐ 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

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

- ☐ Airai
- ☐ Angaur
- ☐ Kayangel
- ☐ Koror
- ☐ Melekeok
- ☐ Peleliu
- ☐ Sonsorol
- ☐ Tobi

(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.

- ☐ Bristol
- ☐ Kent
- ☐ Newport
- ☐ Providence
- ☐ Washington

(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.

- ☐ Republic of the Marshall Islands

(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.

- ☐ Abbeville
- ☐ Aiken
- ☐ Allendale
- ☐ Anderson
- ☐ Bamberg
- ☐ Barnwell
- ☐ Beaufort
- ☐ Berkeley
- ☐ Calhoun
- ☐ Charleston
- ☐ Cherokee
- ☐ Chester
- ☐ Chesterfield
- ☐ Clarendon
- ☐ Colleton
- ☐ Darlington
- ☐ Dillon
- ☐ Dorchester
- ☐ Edgefield
- ☐ Fairfield
- ☐ Florence
- ☐ Georgetown
- ☐ Greenville
- ☐ Greenwood
- ☐ Hampton
- ☐ Horry
- ☐ Jasper
- ☐ Kershaw
- ☐ Lancaster
- ☐ Laurens
- ☐ Lee
- ☐ Lexington
- ☐ Marion
- ☐ Marlboro
- ☐ McCormick
- ☐ Newberry
- ☐ Oconee
- ☐ Orangeburg
- ☐ Pickens
- ☐ Richland
- ☐ Saluda
- ☐ Spartanburg
- ☐ Sumter
- ☐ Union
- ☐ Williamsburg
- ☐ 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.

- ☐ Aurora
- ☐ Beadle
- ☐ Bennett
- ☐ Bon Homme
- ☐ Brookings
- ☐ Brown
- ☐ Brule
- ☐ Buffalo
- ☐ Butte
- ☐ Campbell
- ☐ Charles Mix
- ☐ Clark
- ☐ Clay
- ☐ Codington
- ☐ Corson
- ☐ Custer
- ☐ Davison
- ☐ Day
- ☐ Deuel
- ☐ 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
- ☐ McPherson
- ☐ Meade
- ☐ Mellette
- ☐ Miner
- ☐ Minnehaha
- ☐ Moody
- ☐ Oglala Lakota
- ☐ Pennington
- ☐ Perkins
- ☐ Potter
- ☐ Roberts
- ☐ Sanborn
- ☐ Spink
- ☐ Stanley
- ☐ Sully
- ☐ Todd
- ☐ Tripp
- ☐ Turner
- ☐ Union
- ☐ Walworth
- ☐ Yankton
- ☐ Ziebach

(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.

- ☐ Anderson
- ☐ Bedford
- ☐ Benton
- ☐ Bledsoe
- ☐ Blount
- ☐ Bradley
- ☐ Campbell
- ☐ Cannon
- ☐ Carroll
- ☐ Carter
- ☐ Cheatham
- ☐ Chester
- ☐ Claiborne
- ☐ Clay
- ☐ Cocke
- ☐ Coffee
- ☐ Crockett
- ☐ Cumberland
- ☐ Davidson
- ☐ De Kalb
- ☐ Decatur
- ☐ Dickson
- ☐ Dyer
- ☐ Fayette
- ☐ Fentress
- ☐ Franklin
- ☐ Gibson
- ☐ Giles
- ☐ Grainger
- ☐ Greene
- ☐ Grundy
- ☐ Hamblen
- ☐ Hamilton
- ☐ Hancock
- ☐ Hardeman
- ☐ Hardin
- ☐ Hawkins
- ☐ Haywood
- ☐ Henderson
- ☐ Henry
- ☐ Hickman
- ☐ Houston
- ☐ Humphreys
- ☐ Jackson
- ☐ Jefferson
- ☐ Johnson
- ☐ Knox
- ☐ Lake
- ☐ Lauderdale
- ☐ Lawrence
- ☐ Lewis
- ☐ Lincoln
- ☐ Loudon
- ☐ Macon
- ☐ Madison
- ☐ Marion
- ☐ Marshall
- ☐ Maury
- ☐ McMinn
- ☐ McNairy
- ☐ Meigs
- ☐ Monroe
- ☐ Montgomery
- ☐ Moore
- ☐ Morgan
- ☐ Obion
- ☐ Overton
- ☐ Perry
- ☐ Pickett

- ☐ 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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Q3b. County of the facility

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

- ☐ Anderson
- ☐ Andrews
- ☐ Angelina
- ☐ Aransas
- ☐ Archer
- ☐ Armstrong
- ☐ Atascosa
- ☐ Austin
- ☐ Bailey
- ☐ Bandera
- ☐ Bastrop
- ☐ Baylor
- ☐ Bee
- ☐ Bell
- ☐ Bexar
- ☐ Blanco
- ☐ Borden
- ☐ Bosque
- ☐ Bowie
- ☐ Brazoria
- ☐ Brazos
- ☐ Brewster
- ☐ Briscoe
- ☐ Brooks
- ☐ Brown
- ☐ Burleson
- ☐ Burnet
- ☐ Caldwell
- ☐ Calhoun
- ☐ Callahan
- ☐ Cameron
- ☐ Camp
- ☐ Carson
- ☐ Cass
- ☐ Castro
- ☐ Chambers
- ☐ Cherokee
- ☐ Childress
- ☐ Clay
- ☐ Cochran
- ☐ Coke
- ☐ Coleman
- ☐ Collin
- ☐ Collingsworth
- ☐ Colorado
- ☐ Comal
- ☐ Comanche
- ☐ Concho
- ☐ Cooke
- ☐ Coryell
- ☐ Cottle
- ☐ Crane
- ☐ Crockett
- ☐ Crosby
- ☐ Culberson
- ☐ Dallam
- ☐ Dallas
- ☐ Dawson
- ☐ Deaf Smith
- ☐ Delta
- ☐ Denton
- ☐ DeWitt
- ☐ Dickens
- ☐ Dimmit
- ☐ Donley
- ☐ Duval
- ☐ Eastland
- ☐ Ector
- ☐ Edwards

- ☐ El Paso
- ☐ Ellis
- ☐ Erath
- ☐ Falls
- ☐ Fannin
- ☐ Fayette
- ☐ Fisher
- ☐ Floyd
- ☐ Foard
- ☐ Fort Bend
- ☐ Franklin
- ☐ Freestone
- ☐ Frio
- ☐ Gaines
- ☐ Galveston
- ☐ Garza
- ☐ Gillespie
- ☐ Glasscock
- ☐ Goliad
- ☐ Gonzales
- ☐ Gray
- ☐ Grayson
- ☐ Gregg
- ☐ Grimes
- ☐ Guadalupe
- ☐ Hale
- ☐ Hall
- ☐ Hamilton
- ☐ Hansford
- ☐ Hardeman
- ☐ Hardin
- ☐ Harris
- ☐ Harrison
- ☐ Hartley
- ☐ Haskell
- ☐ Hays
- ☐ Hemphill
- ☐ Henderson
- ☐ Hidalgo
- ☐ Hill
- ☐ Hockley
- ☐ Hood
- ☐ Hopkins
- ☐ Houston
- ☐ Howard
- ☐ Hudspeth
- ☐ Hunt
- ☐ Hutchinson
- ☐ Irion
- ☐ Jack
- ☐ Jackson
- ☐ Jasper
- ☐ Jeff Davis
- ☐ Jefferson
- ☐ Jim Hogg
- ☐ Jim Wells
- ☐ Johnson
- ☐ Jones
- ☐ Karnes
- ☐ Kaufman
- ☐ Kendall
- ☐ Kenedy
- ☐ Kent
- ☐ Kerr
- ☐ Kimble
- ☐ King
- ☐ Kinney
- ☐ Kleberg
- ☐ Knox
- ☐ La Salle
- ☐ Lamar

- ☐ Lamb
- ☐ Lampasas
- ☐ Lavaca
- ☐ Lee
- ☐ Leon
- ☐ Liberty
- ☐ Limestone
- ☐ Lipscomb
- ☐ Live Oak
- ☐ Llano
- ☐ Loving
- ☐ Lubbock
- ☐ Lynn
- ☐ Madison
- ☐ Marion
- ☐ Martin
- ☐ Mason
- ☐ Matagorda
- ☐ Maverick
- ☐ McCulloch
- ☐ McLennan
- ☐ McMullen
- ☐ Medina
- ☐ Menard
- ☐ Midland
- ☐ Milam
- ☐ Mills
- ☐ Mitchell
- ☐ Montague
- ☐ Montgomery
- ☐ Moore
- ☐ Morris
- ☐ Motley
- ☐ Nacogdoches
- ☐ Navarro
- ☐ Newton
- ☐ Nolan
- ☐ Nueces
- ☐ Ochiltree
- ☐ Oldham
- ☐ Orange
- ☐ Palo Pinto
- ☐ Panola
- ☐ Parker
- ☐ Parmer
- ☐ Pecos
- ☐ Polk
- ☐ Potter
- ☐ Presidio
- ☐ Rains
- ☐ Randall
- ☐ Reagan
- ☐ Real
- ☐ Red River
- ☐ Reeves
- ☐ Refugio
- ☐ Roberts
- ☐ Robertson
- ☐ Rockwall
- ☐ Runnels
- ☐ Rusk
- ☐ Sabine
- ☐ San Augustine
- ☐ San Jacinto
- ☐ San Patricio
- ☐ San Saba
- ☐ Schleicher
- ☐ Scurry
- ☐ Shackelford
- ☐ Shelby
- ☐ Sherman

- ☐ Smith
- ☐ Somervell
- ☐ Starr
- ☐ Stephens
- ☐ Sterling
- ☐ Stonewall
- ☐ Sutton
- ☐ Swisher
- ☐ Tarrant
- ☐ Taylor
- ☐ Terrell
- ☐ Terry
- ☐ Throckmorton
- ☐ Titus
- ☐ Tom Green
- ☐ Travis
- ☐ Trinity
- ☐ Tyler
- ☐ Upshur
- ☐ Upton
- ☐ Uvalde
- ☐ Val Verde
- ☐ Van Zandt
- ☐ Victoria
- ☐ Walker
- ☐ Waller
- ☐ Ward
- ☐ Washington
- ☐ Webb
- ☐ Wharton
- ☐ Wheeler
- ☐ Wichita
- ☐ Wilbarger
- ☐ Willacy
- ☐ Williamson
- ☐ Wilson
- ☐ Winkler
- ☐ Wise
- ☐ Wood
- ☐ Yoakum
- ☐ Young
- ☐ Zapata
- ☐ Zavala

(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.

- ☐ 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
- ☐ Wayne
- ☐ Weber

(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.

- ☐ Accomack
- ☐ 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 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 Manassas
- ☐ City 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
- ☐ Craig
- ☐ Culpeper
- ☐ Cumberland
- ☐ Dickenson
- ☐ Dinwiddie
- ☐ Essex
- ☐ Fairfax
- ☐ Fauquier
- ☐ Floyd

- ☐ Fluvanna
- ☐ Franklin
- ☐ Frederick
- ☐ Giles
- ☐ Gloucester
- ☐ Goochland
- ☐ Grayson
- ☐ Greene
- ☐ Greenville
- ☐ Halifax
- ☐ Hanover
- ☐ Henrico
- ☐ Henry
- ☐ Highland
- ☐ Isle of Wight
- ☐ James City
- ☐ King and Queen
- ☐ King George
- ☐ King William
- ☐ Lancaster
- ☐ Lee
- ☐ Loudoun
- ☐ Louisa
- ☐ Lunenburg
- ☐ Madison
- ☐ Mathews
- ☐ Mecklenburg
- ☐ Middlesex
- ☐ Montgomery
- ☐ Nelson
- ☐ New Kent
- ☐ Northampton
- ☐ Northumberland
- ☐ Nottoway
- ☐ Orange
- ☐ Page
- ☐ Patrick
- ☐ Pittsylvania
- ☐ Powhatan
- ☐ Prince Edward
- ☐ Prince George
- ☐ Prince William
- ☐ Pulaski
- ☐ Rappahannock
- ☐ Richmond
- ☐ Roanoke
- ☐ Rockbridge
- ☐ Rockingham
- ☐ Russell
- ☐ Scott
- ☐ Shenandoah
- ☐ Smyth
- ☐ Southampton
- ☐ Spotsylvania
- ☐ 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

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.)

Q3b. County of the facility

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

- ☐ Adams
- ☐ 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

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Q3b. County of the facility

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

- ☐ Adams
- ☐ Ashland
- ☐ Barron
- ☐ Bayfield
- ☐ Brown
- ☐ Buffalo
- ☐ Burnett
- ☐ Calumet
- ☐ Chippewa
- ☐ Clark
- ☐ Columbia
- ☐ Crawford
- ☐ Dane
- ☐ Dodge
- ☐ Door
- ☐ Douglas
- ☐ Dunn
- ☐ Eau Claire
- ☐ Florence
- ☐ Fond du Lac
- ☐ Forest
- ☐ Grant
- ☐ Green
- ☐ Green Lake
- ☐ Iowa
- ☐ Iron
- ☐ 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
- ☐ Sauk
- ☐ Sawyer
- ☐ Shawano
- ☐ Sheboygan
- ☐ St. Croix
- ☐ Taylor
- ☐ Trempealeau
- ☐ Vernon
- ☐ Vilas
- ☐ Walworth
- ☐ Washburn
- ☐ Washington
- ☐ Waukesha
- ☐ Waupaca

- ☐ Waushara
- ☐ Winnebago
- ☐ Wood

(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.

- ☐ Barbour
- ☐ Berkeley
- ☐ Boone
- ☐ Braxton
- ☐ Brooke
- ☐ Cabell
- ☐ Calhoun
- ☐ Clay
- ☐ Doddridge
- ☐ Fayette
- ☐ Gilmer
- ☐ Grant
- ☐ Greenbrier
- ☐ Hampshire
- ☐ Hancock
- ☐ Hardy
- ☐ Harrison
- ☐ Jackson
- ☐ Jefferson
- ☐ Kanawha
- ☐ Lewis
- ☐ Lincoln
- ☐ Logan
- ☐ Marion
- ☐ Marshall
- ☐ Mason
- ☐ McDowell
- ☐ Mercer
- ☐ Mineral
- ☐ Mingo
- ☐ Monongalia
- ☐ Monroe
- ☐ Morgan
- ☐ Nicholas
- ☐ Ohio
- ☐ Pendleton
- ☐ Pleasants
- ☐ Pocahontas
- ☐ Preston
- ☐ Putnam
- ☐ Raleigh
- ☐ Randolph
- ☐ Ritchie
- ☐ Roane
- ☐ Summers
- ☐ Taylor
- ☐ Tucker
- ☐ Tyler
- ☐ Upshur
- ☐ Wayne
- ☐ Webster
- ☐ Wetzel
- ☐ Wirt
- ☐ Wood
- ☐ Wyoming

(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.

- ☐ 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:

- ☐ Yes
- ☐ No
- ☐ Unknown

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
- ☐ Remote

(Select all that apply)

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

(Select all that apply)

- ☐ MDRO prevention
- ☐ COVID-19 prevention
- ☐ Health Equity goal
- ☐ General HAI prevention (general non-MDRO or request from facility, etc.)
- ☐ None of the above

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

☐ Yes

☐ No

Q5b (iii). Was there a public health investigation conducted as a result of this PPS/screening activity?

Q5b (iv). Containment Response ID:

[The Containment Response ID should match the Local outbreak/Response ID associated with the record submitted 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):

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](#)

Q1a. HAI/AR Program Staff regardless of funding source:

☐ Yes
☐ No
☐ Don't Know

Q1b. Staff fully or partially funded through SHARP Project I including state/territorial, regional, local, or other funded entity (designee):

☐ Yes
☐ No
☐ Don'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 success story before the end of the budget period to NHStrikeTeams@cdc.gov. The submission of success story should be indicated by selecting "submitted" for Question 2 in HARP PM5.

For additional guidance on Nursing Home and LTCF Strike Teams and Infrastructure Project success stories, please 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 Framework and Reporting Tool (available as PDF below) Please report health equity-focused HAI/AR response and prevention activities, not including antibiotic stewardship Health departments that are planning, implementing, or have completed health equity-focused HAI/AR response and prevention activities as part of SHARP or Nursing Home Strike Teams can report those here, regardless of whether G1 funds were also used to support these activities.

[Attachment: "G1 BP5 Health Equity Required Task Framework 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)?

☐ 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 equity-focused HAI/AR priorities.

If you have identified more than one activity or priority, for this question, please respond based on the one that is furthest developed.

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 include responses for each within each sub-question below.

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?

(Select all that apply)

- ☐ G1
- ☐ SHARP
- ☐ Nursing Home/other LTC Strike Team
- ☐ None of the above
- ☐ Unknown

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).

Q1. Types of approach(es):

Please 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)

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., test 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 assessments, providing infrastructure support (e.g., offering fit-testing for all staff)

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