National TB Program Objectives & Performance Targets for 2020

Mission: To promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis (TB) from the United States, and by collaborating with other countries and international partners in controlling global tuberculosis.

Goals for Reducing TB Incidence[1, 2, 5]		Targets
TB Incidence Rate	Reduce the incidence of TB disease.	1.4 cases per 100,000
U.S.-Born Persons	Decrease the incidence of TB disease among U.S.-born persons.	0.4 cases per 100,000
Foreign-Born Persons[6]	Decrease the incidence of TB disease among foreign-born persons.	11.1 cases per 100,000
U.S.-Born Non-Hispanic Blacks or African Americans[6]	Decrease the incidence of TB disease among U.S.-born non-Hispanic blacks or African Americans.	1.5 cases per 100,000
Children Younger than 5 Years of Age	Decrease the incidence of TB disease among children younger than 5 years of age.	0.3 cases per 100,000
Objectives on Case Management and Treatment[1, 2, 5]		**Targets**
Known HIV Status	Increase the proportion of TB patients who have a positive or negative HIV test result reported.	98%
Treatment Initiation	For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	97%
Recommended Initial Therapy	For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4-drug regimen.	97%
Sputum Culture Result Reported	For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.	98%
Sputum Culture Conversion	For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation.	73%
Completion of Treatment	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	95%

August 2015

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination

CS258755A

Objectives on Laboratory Reporting[1, 2, 5]		Targets
Turnaround Time — Culture	For TB patients with cultures of respiratory specimens identified with *M. tuberculosis* complex (MTBC), increase the proportion reported by the laboratory within 25 days from the date the specimen was collected. **NOTE:** *25 days includes 21 days for culture to grow and 4 days for specimen collection and delivery to lab.*	78%
Turnaround Time — Nucleic Acid Amplification (NAA)	For TB patients with respiratory specimens positive for MTBC by nucleic acid amplification (NAA), increase the proportion reported by the laboratory within 6 days from the date the specimen was collected. **NOTE:** *6 days includes 2 days for detection and 4 days for specimen collection and delivery to lab.*	92%
Drug-Susceptibility Result	For TB patients with positive culture results, increase the proportion who have initial drug-susceptibility results reported.	100%
Universal Genotyping	For TB patients with a positive culture result, increase the proportion who have a MTBC genotyping result reported.	100%
Objectives on Contact Investigations[1, 3, 5]		
Contact Elicitation	For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.	100%
Examination	For contacts to sputum AFB smear-positive TB cases, increase the proportion who are examined for infection and disease.	93%
Treatment Initiation	For contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection, increase the proportion who start treatment.	91%
Treatment Completion	For contacts to sputum AFB smear-positive TB cases who have started treatment for latent TB infection, increase the proportion who complete treatment.	81%
Objectives on Examination of Immigrants and Refugees[1, 4, 5]		**Targets**
Examination Initiation	For immigrants and refugees with abnormal chest radiographs (X-rays) read overseas as consistent with TB, increase the proportion who initiate a medical examination within 30 days of notification.	84%
Examination Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB, increase the proportion who complete a medical examination within 90 days of notification.	76%
Treatment Initiation	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the U.S., for whom treatment was recommended, increase the proportion who start treatment.	93%
Treatment Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the U.S., and who have started on treatment, increase the proportion who complete treatment.	83%

Objectives on Data Reporting		Targets
• RVCT[7]	Ensure the completeness of each core Report of Verified Case of Tuberculosis (RVCT) data item reported to CDC, as described in the TB cooperative agreement announcement.	100%
• ARPE[8]	Ensure the completeness of each core Aggregate Reports for Tuberculosis Program Evaluation (ARPE) data items reported to CDC, as described in the TB cooperative agreement announcement.	100%
• EDN	Ensure the completeness of each core Electronic Disease Notification (EDN) system data item reported to CDC, as described in the TB cooperative agreement announcement.	93%
Objectives on Program Evaluation		
• Evaluation Activities	Increase program evaluation activities by monitoring program progress and tracking evaluation status of TB cooperative agreement recipients.	
• Evaluation Focal Point	Increase the percent of TB cooperative agreement recipients that have an evaluation focal point.	
Objectives on Human Resource Development		
• Development Plan	Increase the percent of TB cooperative agreement recipients who submit a program-specific human resource development plan (HRD) and a yearly update of progress, as outlined in the TB cooperative agreement announcement.	
• Training Focal Point	Increase the percent of TB cooperative agreement recipients that have a TB training focal point.	

Footnotes:

1. Indicator calculations for measuring progress are established by the National TB Indicators Project (NTIP).
2. Targets for incidence rates and objectives on case management and laboratory reporting are established on the basis of performance reported in NTIP using 2000-2013 data from the National TB surveillance system.
3. Targets for objectives on contact investigation are established on the basis of performance reported in NTIP using 2000–2011 data from the Aggregate Reports for Tuberculosis Program Evaluation (ARPE) for contacts.
4. Targets for objectives on the examination of immigrants and refugees are established on the basis of performance reported in NTIP using 2008–2012 data from the Electronic Disease Notification (EDN) system. The latest year with data available for treatment outcome of immigrants and refugees diagnosed with TB infection is 2011.
5. Targets are based on a statistical model that uses data to find trends from 2000 through 2013 (or the latest year with data available). TB programs with fewer than 150 cases from 2011–2013 were excluded. For each objective, we used a quantile regression model to estimate the 90th percentile for each year, and extrapolated the fitted model to predict the estimated 90th percentile in the year 2020, which served as the target for 2020. The "90th percentile" values reflect the projected performance of the top 10% of TB programs in the United States in 2020. The quantile regression serves to establish a smooth trend over time, which is useful since the actual percentiles in any given year (e.g. the final year of available data) may not be representative of the overall trend.
6. Jurisdictions with a foreign-born population or U.S.-born non-Hispanic black or African American population less than an average of 100,000 persons per year in 2011-2013 are also excluded in the statistical model for TB incidence rates for foreign-born persons and U.S.-born non-Hispanic blacks or African Americans.
7. Report of Verified Case of Tuberculosis (RVCT) is the standard surveillance data collection form for reporting tuberculosis cases.
8. Aggregate Reports for Tuberculosis Program Evaluation (ARPE) is the standard form for reporting contact investigation activities.