

Thank you for your participation. Completion of the assessment is entirely voluntary and your responses will not be shared in an identifiable form. Information from the survey will aid in clarifying reporting language and focusing training and educational efforts to improve understanding of the MDDR service and molecular results. Please contact Allison McAlister if you have questions or concerns at 404-639-4925 or at ihk5@cdc.gov.

Please describe your role in the TB Control Program.

Has your TB program used Molecular Detection of Drug Resistance (MDDR) testing offered by the CDC?

No, we have not used the MDDR testing.

No, we are familiar with but have not used the MDDR testing.

Yes, we have used the MDDR testing at CDC.

Who **primarily** initiates requests for MDDR testing offered at CDC?

TB Controller

TB Program Manager

Medical Consultant

TB Nurse Consultant

Public Health Laboratory

Healthcare Provider

Other. Please Explain:

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 (0920-0879).'

If someone outside the TB program initiates a request for MDDR testing, is the program informed of that decision?

Yes

Sometimes

No

Not applicable

Please explain your response to the question above .

If your TB program is involved in the process for submitting MDDR testing requests, what is the program's role?

The program sends a pre-submission form directly to CDC and then contacts the public health laboratory for sample referral.

The program consults with public health laboratory and then the program submits the pre-submission form to CDC.

The program consults with public health laboratory and the laboratory submits the pre-submission form to CDC.

The program consults with the healthcare provider and then the program submits the pre-submission form to CDC.

Not applicable. The TB program is not involved in submitting MDDR testing requests.

Other. Please explain:

Are you satisfied with CDC's process for submitting a request for MDDR testing?

Yes

No

Not applicable. I am not aware of CDC's process for submitting a request for MDDR testing.

Please explain how CDC could improve the process for submitting requests for MDDR testing.

Are you satisfied with CDC's pre-submission criteria for submitting a request for MDDR testing?

Yes

No

Not applicable. I am not aware of CDC's pre-submission criteria.

Please explain how CDC could improve the pre-submission criteria.

Has your TB program initiated a request for MDDR testing to confirm results from a molecular test performed at your local health department (e.g., GeneXpert MTB/RIF assay, HAIN MDRTBplus, or DNA sequencing)?

Not sure

No.

Yes. Please describe:

If the molecular test results were discordant (e.g. GeneXpert indicates Rifampin resistant and the MDDR report indicates probably Rifampin susceptible but shows a silent mutation in the rpoB gene) what actions, if any, were initiated? (Select all that apply)

Contacted DTBE/Laboratory Branch to discuss results and take action.

Contacted DTBE/Field Services and Evaluation Branch to discuss results and take action.

Contacted public health laboratory to discuss results.

Waited for conventional DST results before initiating any action

No action initiated.

Not applicable.

Other. Please explain:

Has your program experienced a **delay in submission** of a sample for MDDR testing due to any of the following reasons? (Select all that apply)

Waiting for culture to grow

Culture contaminated

No growth in culture (i.e. only have specimen)

Shipping difficulties (e.g., lack of certified shipper in laboratory or paperwork issues)

Delay in obtaining specimen or isolate from another laboratory

Waiting for results from conventional growth-based drug susceptibility testing

Concern that CDC's MDDR pre-submission criteria would not be met

No submission delays experienced.

Other. Please explain:

How is your program **usually** notified of the molecular results from CDC's MDDR testing?

We receive a report of the molecular results directly from the CDC.

We receive a CDC report of the molecular results from the public health laboratory.

We receive the results from the public health department.

We receive the results from the healthcare provider.

We call CDC directly to obtain results.

We are generally not notified of MDDR results.

Other. Please explain

Once the public health laboratory receives the MDDR results from CDC, how quickly does the public health laboratory **usually** report the results to the program?

within 1 business day

2-3 business days

4-5 business days

> 5 business days

Not applicable. We do not usually receive MDDR results from the public health laboratory.

Not sure. Please explain:

CDC issues an interim report describing the molecular results while growth-based drug susceptibility test results are pending. If you have received an interim report describing **molecular results**, please select the appropriate response to the following statements regarding the report using the scale below.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
The format of the interim report of molecular results is easy to interpret.					
I usually read all the interpretive comments on the interim report.					
The interim report does not provide enough information.					
The interim report is formatted well and easy to read.					
The interpretation provided on the interim report is helpful for understanding the results.					
The interpretation provided on the interim report is difficult to understand.					
The inclusion of the nucleotide change (e.g. TCG >TTG) is necessary for interpretation of the report.					
The inclusion of the amino acid change (e.g. Ser531Leu) is necessary for interpretation of the report.					
Further interpretive comments are needed for less common mutations.					

If you experienced difficulty interpreting the molecular results from the MDDR testing, what resource did you **primarily** use to seek additional information?

Contacted DTBE Laboratory Branch at CDC to discuss results.

Contacted DTBE Field Services and Evaluation Branch at CDC to discuss results.

Discussed the results with public health laboratory staff.

Did my own research to find information on interpretation.

Contacted RTMCC in consultation for interpreting results.

CDC website

I did not seek help for interpreting results.

I have not experienced difficulty interpreting MDDR molecular results.

Other. Please explain:

In general, does your TB Control Program communicate with healthcare providers (i.e. the person responsible for treatment decisions) regarding MDDR molecular results?

We consult with the health care provider about MDDR molecular results most of the time.

We consult with the health care provider about MDDR molecular results only when contacted by the provider.

We do not usually consult with health care providers about MDDR results.

For the following statements, please select the appropriate response in regards to discussing molecular results with healthcare providers (i.e. the person responsible for treatment decisions) using the scale below.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am comfortable discussing the molecular results. with healthcare providers				
I have difficulty discussing molecular results with healthcare providers.				

Does anyone from your program (**excluding public health laboratory staff**) compare molecular results from MDDR testing with conventional growth-based DST results?

Yes, we compare most MDDR results with conventional DST results performed at the public health laboratory only.

Yes, we compare most MDDR results with conventional DST results performed at CDC only as they are available.

Yes, we compare most MDDR results with conventional DST results performed at the public health laboratory and at CDC as they are available.

We compare results from MDDR with conventional DST results only when we suspect a problem or when MDDR was requested based on conventional DST results.

We do not compare MDDR results with any conventional DST results.

Other. Please explain:

If you find discordance between the molecular results from the MDDR service and conventional growth-based DST **performed at the public health laboratory or at CDC**, what actions, if any, are taken by your TB Control Program? (Select all that apply)

We consult with public health laboratory.

We request the public health laboratory to retest the isolate.

We request CDC to retest the isolate.

We request the public health laboratory to submit another isolate to CDC.

We request the public health laboratory send the isolate to another reference laboratory.

No additional actions taken.

Other. Please explain:

For the following statements, please select the response regarding the **use of MDDR** results in guiding public health or clinical decision making using the scale below.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
The program is confident about treatment decisions for TB cases based primarily on molecular results.					
The program advises waiting for growth-based drug susceptibility test results before making treating decisions for TB cases.					
MDDR results have been useful in decision making with high profile situations (e.g., daycare, nursing home, corrections, or healthcare settings, homeless shelters, etc.)					
MDDR molecular results are useful when deciding how to treat contacts to a MDR-TB case.					
MDDR molecular results are useful when deciding how to treat contacts to a drug-susceptible TB case.					
Growth-based drug susceptibility test results are essential for guiding treatment of contacts.					

For the following statements, please select the appropriate response regarding customer satisfaction with the MDDR testing service using the scale below.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
I find the MDDR request form easy to use.					
I am satisfied with the pre-submission criteria for submitting a sample for MDDR testing.					
I am satisfied with the turnaround time of the molecular results.					
I am satisfied with the turnaround time of the growth-based drug susceptibility test results.					
The DTBE Laboratory Branch is available when I need consultation.					
I have found the information from the CDC website to be useful.					
I am satisfied with CDC's growth-based drug susceptibility test panel for second-line drugs.					
I would like training opportunities to better understand molecular results.					

You selected that your TB Program has not used CDC's MDDR testing service. Based on your response, please select submit to end the survey. If you feel you have selected the incorrect response please hit the "Prev" button to return to the previous question.

If you have any questions or concerns please contact Allison McAlister at ihk5@cdc.gov.