

Attachment F. Notification Email to TB Controller

XDR TB Contact Investigation: A Cost Assessment

Dear Tuberculosis Controller,

I am a research fellow at the CDC conducting an assessment of the cost of the contact investigation that occurred in response to the arrival of the patient with XDR TB in April 2015, who had contact with people across 14 states. This study is expected to be useful to document the costs to state and local health departments of the contact investigation, as well as to aid in planning for and determining the cost of future contact investigations. Your participation is voluntary, although without it, uncertainty and doubt about the value of contact investigations may persist, hindering efforts to most efficiently eliminate tuberculosis in the United States.

This process involves four steps: identifying the resources that were necessary to conduct the investigation (e.g. personnel time, number of tests administered, travel expenses, etc.), quantifying units actually consumed, valuing the cost of each, and determining the total cost of the investigation. We would like to collect the following information from the preparation and initial assessment phase and follow up phase, and will validate the information in a subsequent phone call:

- A few statistics describing investigation outcomes
- Number and types of tests administered for TB infection and disease, and their results
- Risk factors for developing TB disease after infection
- Costs of testing for TB infection and disease
- Costs of testing for other illnesses that are risk factors for TB
- Costs of treating latent tuberculosis infection (LTBI)
- Personnel costs
- Travel costs
- Training costs
- Costs of incentives and enablers
- Any other miscellaneous costs necessary for this XDR TB contact investigation

Please assign responsibility for collecting and transmitting data to one or two people in your office who serve the role of program manager and accountant. Details of this process include the following:

1. Phone call to make introduction to the TB controller (30 minutes)
2. Reviewing instructions (1 hour per respondent)
3. Collecting data (1.5 hours for program manager , 30 minutes for the accountant)
4. Phone call to transmit findings (1 hour for program manager, 30 minutes for accountant)
5. Phone call to validate results (up to 20 minutes per respondent regardless of respondent type (i.e., program manager or accountant) depending on the number of questions)

Attached, just for your review at this point, is an excel spreadsheet to outline the information that you can send in advance, or that we can complete during our phone conversation. Please review these materials. With your permission, we will be arranging a telephone call to collect data, which will be safeguarded on a password protected CDC computer.

We anticipate completing this project in 2016, and would like to work together with you to ensure that our outputs are targeted to purposes that you find the most helpful, including a short report representing the context of each state and organization that was involved. We plan to publish results in aggregate form in an academic journal.

If you need clarification about what any of the questions mean or what is needed, please do not hesitate to contact us (Samuel Shillcutt at 404-718-8963 sshillcutt@cdc.gov, or Suzanne Marks at smarks@cdc.gov). Thank you very much for your collaboration!

Best regards
Sam