Flight-Related TBCI Assessment

Introduction

Form Approved
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Assessing the Impact of the 2011 CDC Protocol Change for Flight-Related Tuberculosis Contact Investigations (TBCI)

Welcome! The National Tuberculosis Controllers Association (NTCA) and the U.S. Centers for Disease Control and Prevention (CDC) are conducting an assessment of the impact of the 2011 CDC protocol change for flight-related tuberculosis contact investigations (TBCIs). Objectives of this assessment, information on the 2011 CDC protocol change, and participant details are provided below.

Background:
In 2011, the CDC revised its protocol for conducting aircraft flight-related tuberculosis contact investigations (TBCIs). The updated guidelines had more restrictive criteria for initiating a TBCI based on the low risk of in-flight TB transmission for flights at least 8 hours in duration (gate-to-gate time).

Table. Comparison of case-traveler flight and clinical criteria for conducting flight-related TB contact investigations for the 2008 CDC Protocol and the 2011 Modified CDC Protocol

Criterion	**2008 CDC Protocol**	**2011 Modified CDC Protocol**
Time since flight when CDC is notified of case-traveler	Within 6 months	Within 3 months
Sputum microscopy and radiology for isolate susceptible to isoniazid and/or rifampin	Sputum positive for MTB[a] by culture or NAAT[b] **AND**: sputum smear positive for AFB[c] with or without cavitation on CXR[d] **OR** sputum smear negative with cavitation on CXR[d]	Sputum positive for MTB [a] by culture or NAAT[b] **AND**: sputum smear positive for AFB[c] **AND** cavitation on CXR[d]

Sputum microscopy and radiology for multidrug-resistant (MDR) isolate (resistant to at least isoniazid and rifampin)	All, regardless of sputum smear or CXR[d] results	All, regardless of sputum smear or CXR[d] results

[a]Mycobacterium tuberculosis; [b]NAAT: nucleic acid amplification test: [c]AFB: acid-fast bacilli: [d]CXR: chest radiograph

Note: MDR and Extremely Drug Resistant (XDR) TB follow the same TBCI criteria.

Objectives:

1. Assess the importance of flight-related TBCIs to state and local health departments' TB control efforts
2. Assess knowledge or awareness of the flight-related TBCI protocol change
3. Determine if the 2011 protocol change had an impact on health department TB-related resources
4. Determine if the 2011 protocol change resulted in missed opportunities to prevent TB disease
5. Obtain suggestions for improvements to the flight-related TBCI process and outcome reporting form

Your feedback is important to us and will help us understand the impact of the guidelines on your agency's capacity for conducting TBCIs and improve or strengthen the current TBCI protocol by identifying any concerns with the change and any suggestions for future modifications.

Participation Details:
This assessment should be completed by the employee(s) that are the most knowledgeable about procedures at your health department for conducting flight-related TBCIs.

It will take approximately 20 minutes to complete this assessment.

Participation in this online assessment is completely voluntary and participants may withdraw at any time. However, in order to obtain as robust and representative distribution as possible, we encourage the participation of all TB programs with direct federal funding. The responses will not affect program funding or NTCA representation. There are no known risks or direct benefits to you from participating or not choosing to participate; but, your answers will help CDC improve its guidance for conducting flight-related TBCIs.

Responses will be kept secure and results will be reported only in aggregate form. Identifying information will be used for the sole purposes of assessing the representation of respondents

and conducting necessary follow-up. These data will be removed prior to analysis and only de-identified data will be provided to CDC.

If you have any questions or concerns about this assessment, please contact ntca@tbcontrollers.org

Thank you for participating!

To begin, please click next.

CDC estimates the average public reporting burden for this collection of information as **20** 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Demographic information

1. Is your TB Program classified as State, Big City, Territory or Local? *

- State
- Big City
- Territory
- Local
- Other (please specify)

2. What is your jurisdiction's TB incidence rate per 100,000? *

- >4.0
- 2.0 - 4.0
- <2.0

3. What is your primary role at the health department (HD)? *

- TB Controller
- TB Program Manager
- Contact Investigator
- Public Health Nurse
- Epidemiologist
- Case Manager
- Program Evaluator
- Other (please specify)

4. How many years have you worked in TB control? *

- <5 years
- 5-10 years
- >10 years

5. What percentage of your work time is spent on TB control? *

- <25%
- 26-50%
- 51-75%
- 76-100%

6. Please provide your name and jurisdiction. This information will be used for the sole purposes of assessing the representation of respondents and conducting any necessary follow-up. These data will be removed prior to analysis. *

Name

Jurisdiction

Flight-related TBCI Protocol and the 2011 Protocol Change

Page exit logic: Skip / Disqualify Logic
IF: Question "Are you aware of any TB cases in your jurisdiction reported since July 2011 that may have been prevented if the new flight-related TBCI protocol had not been put into place? That is, were active cases of TB reported in persons that would have been identified as flight contacts using the previous criteria?" #13 is one of the following answers ("No","Don't know/not sure") **THEN:** Jump to page 5 - Flight-related TBCI Passenger Contact Follow-up and Outcomes Reporting

7. Are you aware that the CDC protocol for flight-related TBCIs was changed in 2011? *

- Yes
- No
- Don't know/not sure

8. To your knowledge, since the TBCI protocol change, has your health department conducted more or fewer flight-related TBCIs, or has the number remained the same? *

- More
- Less
- Remained the same
- Don't know/not sure

9. How important are flight-related TBCIs in your TB-control efforts? *

- Very important
- Somewhat important
- Not at all important
- Don't know/not sure

10. Do you have adequate funding resources to conduct flight-related TBCIs? *

- Yes
- No
- Don't know/not sure

11. Do you have adequate staffing resources to conduct flight-related TBCIs? *

- Yes
- No
- Don't know/not sure

12. Have you noticed any changes in your health department's resources for TB control efforts since July 2011? Resources include both local and federal funding for personnel, program operations, or a combination of these. *

- Resources have increased
- Resources have decreased
- Resources have remained the same
- Don't know/not sure

13. Are you aware of any TB cases in your jurisdiction reported since July 2011 that may have been prevented if the new flight-related TBCI protocol had not been put into place? That is, were active cases of TB reported in persons that would have been identified as flight contacts using the previous criteria? *

- Yes
- No
- Don't know/not sure

Case Identified

14. Did the person convert a previously negative TST or IGRA? *

- Yes
- No
- Don't know/not sure

Comments

15. Was the active TB newly diagnosed? *

- Yes
- No
- Don't know/not sure

Comments

Flight-related TBCI Passenger Contact Follow-up and Outcomes Reporting

Page exit logic: Skip / Disqualify Logic
IF: Question "Since January 2012, DGMQ has been preparing flight-related TBCI outcomes summary reports. DGMQ Quarantine Station staff forward the reports to the designated points of contact at state or local HDs. Have you seen these?" #23 is one of the following answers ("No","Don't know/not sure") **THEN:** Jump to page 7 - Suggestions for Potential Future Flight-Related TBCI Protocol Revisions

16. Approximately how many flight notifications have you received in the past 12 months? *

17. Does your health department attempt to reach the TBCI passenger contacts provided by DGMQ? *

- ○ Always
- ○ Sometimes
- ○ Seldom
- ○ Never
- ○ Don't know/not sure

18. If your health department does not regularly follow up with air TBCI passenger contacts, please provide the reason(s). Check all that apply. *

- ☐ Limited funding
- ☐ Not enough staff
- ☐ Low risk of TB transmission
- ☐ Historically, we have not had success with receiving accurate TBCI contact information so have decided not to continue with follow-up
- ☐ Not applicable
- ☐ Other (please specify)

19. Do you receive the CDC flight-related TBCI Outcome Reporting forms? *

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Don't know/not sure

20. In the past 12 months, how often have you reported TBCI outcomes back to DGMQ? *

- Always
- Sometimes
- Seldom
- Never
- Don’t know/not sure
- Not applicable

21. Are you responsible for filling out the flight-related TBCI Outcome Reporting forms? *

- Yes
- No
- Don't know/not sure

22. In your opinion, what could be done to improve outcomes reporting by HDs to DGMQ? Check all that apply.

- [ ] Simplify outcome reporting form
- [ ] Provide a secure on-line outcome reporting method
- [ ] Provide a reminder to health departments to return the form
- [ ] We don’t receive the outcome reporting form
- [ ] Other suggestions

23. Since January 2012, DGMQ has been preparing flight-related TBCI outcomes summary reports. DGMQ Quarantine Station staff forward the reports to the designated points of contact at state or local HDs. Have you seen these? *

- Yes
- No
- Don't know/not sure

If you answered no and would like to receive TBCI outcome summary reports, please contact your state TB program to request the reports.

Has seen reports

24. Do you find these summary reports useful? *

- Yes
- No

25. Would you like to continue receiving the summary reports? *

- Yes
- No

Suggestions for Potential Future Flight-Related TBCI Protocol Revisions

26. Do you have any questions or concerns about the flight-related TBCI protocol that was implemented in 2011? *

- Yes Please describe
- No
- Don't know/not sure

27. Do you think further changes are needed for the current TBCI protocol? *

- Yes Please specify:
- No
- Not sure/too early to tell

28. Many European countries advocate doing flight-related TBCIs ONLY if there is documented evidence of transmission (positive TST or IGRA test) to close contacts such as household contacts, co-workers, classmates, etc. Do you think this criterion would be sufficient to capture secondary cases transmitted on flights? *

- Yes Why?
- No Why not?
- Don't know/not sure

29. The current guidance requires CDC to conduct TBCIs for all MDR/XDR TB cases if a flight was within 3 months of notification to DGMQ and the case was diagnosed within 3 months of the flight, regardless of sputum smear or CXR results. What would you recommend regarding MDR/XDR cases?

- Continue to do TBCIs for all MDR/XDR TB cases regardless of sputum smear or CXR results
- Do TBCIs only for those with MDR/XDR TB cases who are either smear positive or have cavitation on CXR
- Do TBCIs only for those MDR/XDR TB cases that are sputum smear positive AND have cavitation on CXR (this is the current protocol for non-MDR TB)
- Other - Write In

Thank You!

Thank you for taking our survey. Your response is very important to us.