

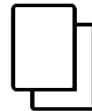
Step 1: Data collection at DTBE funded project areas through routine surveillance. This occurs independent of this project. The data elements are those contained in the standard case report forms for TB and COVID-19:



- RVCT
- Novel Coronavirus 2019 Case Report Form (CRF)

Step 2: DTBE funded project areas identify persons having both TB and COVID-19

- The project defers to the state for their methodology to identify persons reported with both diseases.
- Collaborators from other states can assist other states to crossmatch their TB and COVID-19 registries, as requested. This would consist of remote technical assistance only, and each state must perform their own match because the process requires access to personally identifiable information.



Step 3: Entry of **de-identified** data (from the COVID CRF only) into REDCap by DTBE funded project areas (or their designee, if requested)

- The REDCap database is located behind a secure CDC firewall.
- REDCap access for each project area limited to the records belonging to that jurisdiction and project data managers
- Project areas can export the **de-identified** records for their jurisdiction. The database manager can also curate a **de-identified** dataset for each project area, if requested.
- Records identified uniquely by the state case numbers for each instance of TB or COVID-19



Step 4: Analysis by the NTCA/CDC TB-COVID-19 Working Group

- **De-identified** REDCap data containing COVID-19-associated surveillance information will be merged with **de-identified** NTSS data () using the state RVCT number.
- Performed securely on CDC server using **de-identified** data only



Step 5: Summary of aggregated data elements shared with DTBE funded project areas

- The project will acknowledge the participating DTBE funded project areas on all reports and presentations using these **de-identified** and aggregated data

