



NATIONAL TUBERCULOSIS CONTROLLERS ASSOCIATION

2021-2022 EXECUTIVE COMMITTEE

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November 4, 2021

Dear Colleagues,

On behalf of the National TB Controllers Association (NTCA) and the Centers for Disease Control and Prevention's (CDC) Division of TB Elimination, **we invite your program's participation in a joint effort to characterize the clinical presentation, diagnosis, and clinical course of persons with comorbid TB disease and COVID-19 in the United States.** The project will use established surveillance data gathering processes for TB (i.e., RVCT) and COVID-19 (i.e., 2019 Novel Coronavirus Case Report Form), and has been granted a non-research determination by CDC. In this initial phase of the project, we aim to capture TB cases counted in 2020 that had COVID-19 reported through October 31, 2021. This includes both lab-confirmed (i.e., PCR-positive assay) and presumptive (i.e., antigen-positive assay) COVID-19 cases per the [CDC surveillance case definition](#).

To coordinate this work, NTCA and CDC convened a working group, which developed the attached protocol and analysis plan. State and local programs have developed various methods to identify persons with comorbid TB and COVID-19. We will accept surveillance records for persons with both diseases because we aim to compile a convenience sample of as many affected patients as possible. One of the most complete and efficient ways capture comorbid cases is to match the TB and COVID-19 surveillance registries. This work must be done by local or state health department staff. For interested programs with questions regarding identification of patients with both TB and COVID-19, however, peer epidemiologists from other local and state health departments can provide technical assistance to guide the registry matching. CDC and NTCA, including members of the TB-COVID-19 Working Group, will not have access to personally identifiable information for cases in your jurisdiction at any stage of data collection or analysis.

The working group has been granted access to **de-identified** RVCT data reported to CDC for 2020. For the complementary COVID-19 Case Report Form (CRF) data elements, there are two ways that jurisdictions can contribute data. First, the working

group developed a [REDCap database](#) to house the project's **de-identified** data behind the CDC firewall. If your program would like to participate but does not have the staffing resources to enter data into REDCap, please inform the working group. We may be able to identify alternatives for remote entry of **de-identified** COVID-19 CRF data for your cases. Once data are entered, we will provide you with the **de-identified** spreadsheet containing your jurisdiction's data. These data could allow additional local analysis of surveillance data for persons with TB and COVID-19. We will compile the **de-identified** data in aggregate only, feed results back to you, and acknowledge your program in all reports and presentations. Secondly, jurisdictions can securely submit their **de-identified** COVID-19 CRF data files in CSV format via the CDC's existing surveillance file sharing platform.

NTCA and CDC recognize your extraordinary efforts to maintain TB prevention and control activities during the pandemic, and we thank you for considering support for this unique and important project. We expect the results to inform best practices related to the detection and management of persons coinfecting with TB and COVID-19. If you are interested in participating or have questions about the project, please contact Jennifer Kanouse (jkanouse@tbcontrollers.org) **by November 12, 2021**. Working group members can then reach out to you or your staff to address the technical details of the project.

Sincerely,

NTCA-CDC TB-COVID-19 Working Group

Co-Chairs:

Shu-Hua Wang, MD, MPH, PharmD
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Neela Goswami, MD, MPH
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Including NTCA members

