

2025 National TB Program Objectives & Performance Targets

The mission of the Division of Tuberculosis Elimination is to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis (TB) from the United States, and by collaborating with other countries and international partners in controlling global tuberculosis.

Objectives for Reducing TB Incidence^{1, 2, 3, 4}

Focus Area	Goal	Targets
TB Incidence	Reduce the incidence of TB disease.	1.3 cases per 100,000
US-Born Persons	Decrease the incidence of TB disease among US-born persons.	0.4 cases per 100,000
Non-US-Born Persons	Decrease the incidence of TB disease among non-US-born persons.	8.8 cases per 100,000
US-Born Non-Hispanic Blacks or African Americans	Decrease the incidence of TB disease among US-born non-Hispanic blacks or African Americans.	1.0 cases per 100,000
Children Younger than 5 Years of Age	Decrease the incidence of TB disease among children younger than 5 years of age.	0.1 cases per 100,000

Objectives on Case Management and Treatment^{1,2,3}

Focus Area	Goal	Targets
Known HIV Status	Increase the proportion of TB patients with a positive or negative HIV test result reported.	99%
Treatment Initiation	For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, increase the proportion who initiate treatment within 7 days of specimen collection.	96%
Recommended Initial Therapy	For patients whose diagnosis is likely to be TB disease, increase the proportion who start on the recommended initial 4-drug regimen.	97%
Sputum Culture Result Reported	For TB patients aged 12 years or older with a pleural or respiratory site of disease, increase the proportion with a sputum culture result reported.	99%
Sputum Culture Conversion	For TB patients with positive sputum culture results, increase the proportion with a documented conversion to negative results within 60 days of treatment initiation.	83%
Completion of Treatment	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	95%



Objectives on Laboratory Reporting^{1,2,3}

Focus Area	Goal	Targets
Turnaround Time—Culture	For TB patients with cultures of respiratory specimens identified with <i>M. tuberculosis</i> complex (MTBC), increase the proportion reported by the laboratory within 25 days from the date the specimen was collected. NOTE: 25 days includes 21 days for culture to grow and 4 days for specimen collection and delivery to lab.	78%
Turnaround Time —Nucleic Acid Amplification test (NAAT)	For TB patients with respiratory specimens positive for MTBC by nucleic acid amplification test (NAAT), increase the proportion reported by the laboratory within 6 days from the date the specimen was collected. NOTE: 6 days includes 2 days for detection and 4 days for specimen collection and delivery to lab.	97%
Drug-Susceptibility Result ⁵	For TB patients with positive culture results, increase the proportion who have initial drug-susceptibility results reported.	100%
Universal Genotyping	For TB patients with a positive culture result, increase the proportion who have a MTBC genotyping result reported.	100%

Objectives on Contact Investigations^{1,3,6}

Focus Area	Goal	Targets
Contact Elicitation	For TB patients with positive AFB sputum-smear results, increase the proportion who have contacts elicited.	100%
Examination	For contacts to sputum AFB smear-positive TB cases, increase the proportion who are examined for infection and disease.	94%
Treatment Initiation	For contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection, increase the proportion who start treatment.	92%
Treatment Completion	For contacts to sputum AFB smear-positive TB cases who have started treatment for latent TB infection, increase the proportion who complete treatment.	93%

Objectives on Examination of Immigrants and Refugees^{1, 3, 7}

Focus Area	Goal	Targets
Examination Initiation	For immigrants and refugees with abnormal chest radiographs (X-rays) read overseas as consistent with TB, increase the proportion who initiate a medical examination within 30 days of notification.	72%
Examination Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB, increase the proportion who complete a medical examination within 120 days of notification.	78%
Treatment Initiation	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the United States, for whom treatment was recommended, increase the proportion who start treatment.	87%
Treatment Completion	For immigrants and refugees with abnormal chest X-rays read overseas as consistent with TB who are diagnosed with latent TB infection or have radiographic findings consistent with prior pulmonary TB (ATS/CDC Class 4) on the basis of examination in the United States, and who have started on treatment, increase the proportion who complete treatment.	87%

Objectives on Data Reporting

Focus Area	Goal	Targets
RVCT ⁸	Ensure the completeness of each core Report of Verified Case of Tuberculosis (RVCT) data item reported to CDC.	100%
ARPE ⁹	Ensure the completeness of each core Aggregate Reports for Tuberculosis Program Evaluation (ARPE) data item reported to CDC.	100%
EDN ¹⁰	Ensure the completeness of each core TB Follow-Up Worksheet data item reported to CDC via the Electronic Disease Notification (EDN) system.	93%

Objectives on Program Evaluation

Focus Area	Goal	Targets
Evaluation Activities	Ensure submission of a program-specific performance-monitoring plan and an annual program evaluation plan to improve program performance.	100%
Evaluation Focal Point	Ensure designation of a TB evaluation focal point.	100%

Objectives on Human Resource Development

Focus Area	Goal	Targets
Development Plan	Ensure submission of a program-specific human resource development plan (HRD) and a yearly update of progress.	100%
Training Focal Point	Ensure designation of a TB training focal point.	100%

Footnotes:

1. Indicator calculations for measuring progress are established by the National TB Indicators Project (NTIP).
2. Targets for incidence rates and objectives on case management and laboratory reporting are established on the basis of performance reported in NTIP using 2010–2018 data from the National TB surveillance system. For Sputum Culture Conversion and Completion of Treatment, the latest year with data available is 2017.
3. Targets are based on a statistical model that uses data to find trends from 2010 through 2018 (or the latest year with data available). TB programs with fewer than 150 cases from 2016–2018 were excluded. For each objective, we used a quantile regression model to estimate the 90th percentile for each year, and extrapolated the fitted model to predict the estimated 90th percentile in the year 2025, which served as the target for 2025. The “90th percentile” values reflect the projected performance of the top 10% of TB programs in the United States in 2025. The quantile regression serves to establish a smooth trend over time, which is useful since the actual percentiles in any given year (e.g. the final year of available data) may not be representative of the overall trend.
4. Population data are derived from the American Community Survey. Jurisdictions with a non-US-born population or US-born non-Hispanic black or African American population less than an average of 100,000 persons per year in 2015–2017 are also excluded in the statistical model for TB incidence rates for non-US-born persons and US-born non-Hispanic blacks or African Americans.
5. Drug-susceptibility results from molecular tests will be counted as having met the objective in the indicator calculation starting in 2020.
6. Targets for objectives on contact investigation are established on the basis of performance reported in NTIP using 2010–2016 data from the Aggregate Reports for Tuberculosis Program Evaluation (ARPE) for contacts.
7. Targets for objectives on the examination of immigrants and refugees are established on the basis of performance reported in NTIP using 2010–2018 data from the Electronic Disease Notification (EDN) system. For Treatment Initiation and Treatment Completion, the latest year with data available is 2017.
8. Report of Verified Case of Tuberculosis (RVCT) is the standard surveillance data collection form for reporting tuberculosis cases.
9. Aggregate Reports for Tuberculosis Program Evaluation (ARPE) is the standard form for reporting contact investigation activities.
10. Electronic Disease Notification (EDN) system is a web-based system used to notify health departments of the immigrants and refugees’ entry into the United States. The system also includes a module for the TB Follow-Up Worksheet, a data collection form for reporting the outcomes of TB follow-up examinations in the United States.