The National Tuberculosis Indicators Project (NTIP) is a monitoring system for tracking the progress of U.S. tuberculosis (TB) control programs toward achieving the national TB program objectives. This system will provide TB programs with reports to describe their progress, based on data already reported to the Centers for Disease Control and Prevention (CDC). In addition, these reports will help programs prioritize prevention and control activities, as well as program evaluation efforts.

What are the national TB program objectives?

The national TB program objectives reflect the national priorities for TB control in the United States. In 2006, a team representing TB programs and the Division of Tuberculosis Elimination (DTBE) selected 15 high-priority TB program objective categories. The program objective categories are --

- Completion of treatment
- TB case rates (in populations: U.S.-born persons, foreign-born persons, U.S.-born non-Hispanic blacks, and children younger than 5 years of age)
- Contact investigations
- Laboratory reporting
- Treatment initiation
- Sputum culture conversion
- Data reporting (Report of Verified Case of Tuberculosis [RVCT], the Aggregate Reports for Tuberculosis Program Evaluation [ARPEs], and the Electronic Disease Notification [EDN] system)
- Recommended initial therapy
- Universal genotyping
- Known HIV status
- Evaluation of immigrants and refugees
- Sputum culture reporting

TB programs funded through cooperative agreements will be expected to report on their progress toward achieving all 15 national TB program objective categories starting in 2010.

Why was NTIP undertaken?

Program evaluation is an essential component of an effective public health program. Since 2005, DTBE has included program evaluation as a core requirement of the cooperative agreement. With the understanding of the resource limitations and constraints faced by TB programs, NTIP was developed to facilitate the use of existing data to help programs prioritize activities and focus program evaluation efforts.

Who was involved and how was the system developed?

The design of NTIP reports is modeled after the Tuberculosis Indicators Project (TIP), developed by the California Department of Health. To validate the selected national objectives and standardize the measurements for tracking progress toward the objectives, a team of DTBE and TB control program staff from Colorado, New York State, Minnesota, and Tennessee worked together and discussed the validity, reliability, and accuracy of the measures, as well as how the measures will impact programs. The group designed reporting templates to provide information that is significant and programmatically relevant. Representatives from the National Tuberculosis Controllers Association (NTCA), the Advisory Council for the Elimination of Tuberculosis (ACET), the TB Education and Training Network (TB ETN), the Evaluation Working Group (EWG), and other interested TB programs were invited to a 2-day intensive review meeting to further validate the indicators and to provide input and guidance on their development.
How will NTIP affect TB control programs?

NTIP provides a standardized method for calculating indicators and tracking program progress across sites and over time, thus enabling DTBE’s and programs’ abilities to assess the impact of TB control efforts locally as well as nationally. In the past, programs calculated their own performance indices and reported progress to CDC. Variations in the calculations have hindered our abilities to observe and compare performance from one year to another, and to track progress over time.

Unlike the annual national surveillance report (Reported Tuberculosis in the United States) published by CDC, NTIP will provide each program with an individualized report of their performance, based on the data submitted by the programs to CDC. The reports will include the national TB program objectives and national performance targets as guidance. Working closely with DTBE program consultants, program areas will be able to continue to set their own performance targets based on what is feasible, as well as compare their performance to the national average.

TB programs will use NTIP to track and report progress toward achieving national objectives as a part of the cooperative agreement reporting requirements (i.e., annual and interim progress reports) in 2010. Program areas will be required to provide justifications on objectives for which they did not meet the performance targets, and to provide an evaluation plan for one objective selected in consultation with DTBE consultants.

What TB programs need to do to use this system?

NTIP reports will be provided to all cooperative agreement recipients (i.e., TB programs) as a service from DTBE. NTIP utilizes data that are currently being reported to DTBE via the Report of Verified Case of Tuberculosis (RVCT), the Aggregate Reports for Tuberculosis Program Evaluation (ARPEs) on contacts, and the Electronic Disease Notification (EDN) system for the follow-up evaluation of immigrants and refugees with a B notification. TB programs will not have to do any additional work or collect any additional data to generate NTIP reports.

When will NTIP be implemented?

A selected number of preliminary NTIP reports will be available to cooperative agreement recipients starting in the fall of 2008 (i.e., completion of treatment, TB case rates, contact investigation, laboratory reporting [drug-susceptibility results], sputum culture conversion, data reporting, recommended initial therapy, known HIV status, evaluation of immigrants and refugees with a B notification, and sputum culture reporting, and universal genotyping). Indicator reports calculated using new RVCT variables (e.g., treatment initiation and laboratory reporting [turn-around time]) will be available after the implementation of the revised RVCT.

NTIP will be expected to include current data as they are submitted to CDC after the implementation of the revised RVCT and the software that will replace the Tuberculosis Information Management System (TIMS). NTIP will also be expected to provide reports for some high-incidence counties that are not direct recipients of cooperative agreement in the future. Guidance on the reporting requirement for the national TB program objectives and the use of NTIP reports for counties will be established by their respective state TB program offices.

Additional Resources

