**Case Detection Tool - 6**

**Investigation Process for Underreporting of TB**

**for Quality Assurance for TB Surveillance Data**

 **Case Detection**

| **Within the Public Health System** |
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| **Due to delays or disruptions in flow of TB surveillance information from the local level to the state, and from the state level to CDC.**  |
| Interview TB staff to identify delays in reporting and counting, and changes in resources. |
| Compare counts of TB cases known to the county (or reporting district) versus cases known to state and CDC. |
| Review paper charts and lab data of suspect TB cases awaiting case verification. |
| Conduct system queries and analyses of all reported (i.e., suspect, verified, and counted) cases during the affected year to identify* Suspect cases still awaiting verification >90 days since first reported;
* Cases awaiting to be counted;
* The percentage and monthly trend of counted cases during the affected year;
* Delays in counting (i.e., mean number of days between “record entry date” and “count entry date”).
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| Develop and email surveys to the counties with >3 case decline for the affected year to identify discrepancies in the numbers of counted and suspect TB cases between county and state records. Verify survey results by phone.  |
| Conduct site visits to local TB programs with the largest decline. At site visits, interview staff to understand changes and challenges in routine reporting practices. In addition, compare state and county numbers of counted and suspect cases, and review charts of suspected TB cases still awaiting verification or not entered in the system. |
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| **Into the Public Health System** |
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| **Due to absent reports from hospitals, other providers, and laboratories**  |
| Crossmatch patients with TB diagnosis based on hospital and laboratory data for the affected year with the system database of all reported cases during the affected period.* Sources for Hospital data
	+ Request hospitals to fax a list of patients diagnosed with TB at their facilities during the affected year.
	+ Review hospital discharge database including patients discharged from any acute health care facility in the state during the affected year, with an ICD-9 consistent with active TB. Match with the system based on the first two letters of patients’ first name and last name, last two letters of the last name, and date of birth of present in the hospital discharge database.
* Sources for laboratory data
	+ Request the state lab and private labs to provide a list of all patients whose clinical (i.e., specimens without prior culturing process) or reference specimen had either a positive *Mycobacterium tuberculosis* (MTB) culture, a positive NAAT for MTB complex, an isolate identified as MTB, or a drug susceptibility test performed. The state can also provide a list of patients whose MTB isolates were only routed through the state lab for genotyping (by autonomous laboratories with capabilities to perform all TB tests except genotyping).
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| Develop plan for follow-up of unmatched patients from hospital and lab data. Prioritize patients from the hospital discharge database not found in either system for follow-up (with the admitting hospitals) based on an ICD-9 codes most predictive for TB.  |
| Visit the state lab to assess changes in reporting practices and procedures. |
| Query surveillance systems to identify private providers (non-hospital) with >3 case decline during the affected year. |