

**Information Collection for Tuberculosis Data from Panel Physicians**

**Request for a Revision**

**OMB No. 0920-1102  
(Exp. 2/28/2019)**

**Statement B**

**July 24, 2018**

Program Contact

Lee Samuel  
National Center for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Atlanta, Georgia 30333  
Phone: (404) 718-1616  
Email: llj3@cdc.gov

## **Table of Contents**

1. Respondent Universe and Sampling Methods	p. 3
2. Procedures for the Collection of Information	p. 3
3. Methods to Maximize Response Rates and Deal with No Response	p. 3
4. Tests of Procedures or Methods to be Undertaken	p. 4
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data	p. 4

## **B. Collections of Information Employing Statistical Methods**

This information collection does not involve statistical methods.

### 1. Respondent Universe and Sampling Methods

The respondents are all Panel Physicians. These are medically trained, licensed, and experienced medical doctors practicing overseas who are appointed by the local US embassy or consulate to perform medical examinations for prospective immigrants to the United States. More than 760 panel physicians at 336 panel sites perform overseas pre-departure medical examinations in accordance with requirements, referred to as *Technical Instructions*, provided by the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine, Quality Assessment Program (QAP).

TB Indicator data is collected in aggregate and does not contain individual level data related to geographic, demographic or socioeconomic characteristics. Because TB Indicator data is not obtained from a national surveillance system, it is representative only of TB incidence rates among U.S. migrant populations, which may or may not be representative of the general population of each country. TB Indicator data represents TB incidence in U.S. migrant populations. As such, it may or may not be representative of the country's populations in a way likely to correlate with social, demographic, and geographic characteristics that influence vulnerability to disease. Thus, whenever the data are used for epidemiologic purposes, CDC will compare the characteristics of the population covered in the data base to the characteristics of the population to whom they intend to generalize, and clearly caveat the likelihood of over or under-estimates of TB burden.

### 2. Procedures for the Collection of Information

As part of the immigration medical exam performed under existing federal regulations, panel physicians perform chest x-ray and laboratory tests that are used to diagnose tuberculosis. CDC is requesting that panel physicians report this data in aggregate using a Microsoft Excel spreadsheet at the end of each calendar year. CDC will send all panel sites the Excel file by email and request all submissions to be completed and returned to CDC by email.

Information to be collected using the spreadsheet includes:

- number of applicants screened,
- age categories of applicants,
- number of abnormal chest x-rays,
- acid fast bacilli (AFB) smear results,
- mycobacterium tuberculosis (MTB) cultures,
- drug susceptibility test (DST) results, and
- TB treatment disposition.

### 3. Methods to Maximize Response Rates and Deal with No Response

CDC will follow-up with any panel site that does not submit data and request the data up to two additional times. Sites with no response after three attempts will be considered 'incomplete' and will not be included in any analyses or reports.

#### 4. Tests of Procedures or Methods to be Undertaken

CDC collected TB indicator data for 2016 by sending the data collection tool (Excel spreadsheet) to all panel sites globally (N=336) and received data from 325 sites (97%). This response rate indicates a high level of effectiveness in the procedures currently in place to collect this information.

CDC is committed to collecting information from 100% of sites and sends reminders to those sites who have not replied. Collection of this data via an electronic portal is being considered, which will hopefully be an additional improvement.

#### 5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No statistical methods are employed in this information collection.