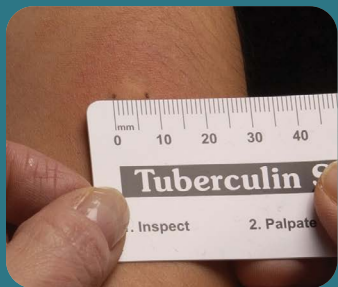




## Self-Study Modules on Tuberculosis

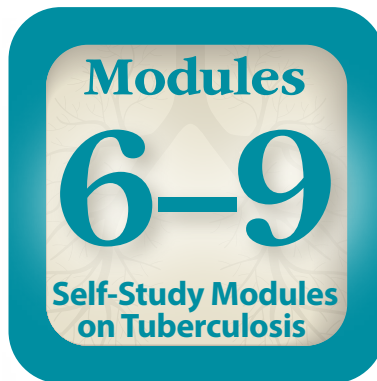


Modules  
**6-9**

# Glossary





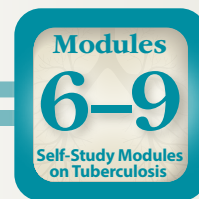


# Glossary

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of Tuberculosis Elimination

Atlanta, Georgia  
2014





This glossary contains the new terms listed at the beginning of Modules 6–9.

**active case finding**—identifying unreported cases of TB disease by actively searching for them through, for example, laboratory and pharmacy audits

**adherence agreement**—a written document that describes understanding between a health care worker and a patient regarding TB treatment adherence and completion

**adherence plan**—a written plan that is based on the patient’s understanding and acceptance of the TB diagnosis and recommended treatment. It addresses barriers to adherence and details the method chosen to deliver treatment and monitor adherence for that specific patient.

**adherence to treatment**—following the recommended course of treatment by taking all of the prescribed medications for the entire recommended time

**authorization**—permission given by the patient to allow a third party to have access to the patient’s confidential information

**autonomy**—the right of a patient to determine what will be done with his or her body, personal belongings, and personal information; this concept applies to any adult person who is mentally competent

**barriers**—anything that may prevent a patient from being able to adhere to a TB treatment regimen

**case**—a person with suspected or confirmed TB disease; sometimes referred to as an index case or index patient

**case conference**—meetings at designated intervals for reviewing the treatment of TB patients currently under care. During a case conference, the case manager presents information to colleagues about the status of each case under medical care and the progress of the contact investigation.

**case management**—a strategy health departments can use to manage patient care and help ensure patients successfully complete treatment

**case manager**—a specific health care worker who is assigned primary responsibility for the patient

**case review**—the systematic, regular review of a patient’s progress by the case management team. Case reviews should be weekly and real-time.

**chain of transmission**—often used to describe the circumstances and timing of transmission from a source case to one or more persons who develop TB disease (secondary cases). A chain of transmission can extend over a few months, years, or decades. Cases involved in the same chain of transmission almost always have matching genotypes (when this information is available).

**clinic-based directly observed therapy (DOT)**—DOT that is delivered in a TB clinic or comparable healthcare facility

**cohort review**—the systematic review of the management of a specific cohort of TB patients and their contacts. A “cohort” is a group of TB cases counted over a specific period of time, usually 3 months.

**confidentiality**—the protection of all patient information, including patient records and information discussed or identified during patient-health care worker encounters

**congregate setting**—a setting in which a group of persons reside, meet, or gather either for a limited or extended period of time in close physical proximity. Examples include prisons, nursing homes, schools, and homeless shelters.

**contacts**—persons exposed to someone with infectious TB disease, can include family members, roommates or housemates, close friends, coworkers, classmates, and others

**contact investigation**—a systematic process to identify persons (contacts) who were exposed to someone with infectious TB disease; assess contacts for infection with *M. tuberculosis* and TB disease; and provide contacts with treatment for latent TB infection or TB disease, if necessary

**court order**—an order issued by a court mandating an action such as compliance with directly observed therapy (DOT) or, in very rare cases, detention in a facility until treatment is completed

**court-ordered directly observed therapy (DOT)**—DOT that is administered to a patient by order of a public health official or a court with the appropriate authority

**cultural competence**—having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by patients and their communities

**data security**—protection of public health data and information systems to prevent unauthorized release of identifying information and accidental loss of data or damage to the systems. Security measures include measures to detect, document, and counter threats to data confidentiality or the integrity of data systems.

**degree of infectiousness**—physical or environmental characteristics that can affect ability to transmit *M. tuberculosis*

**descriptive epidemiology**—the aspect of epidemiology concerned with organizing and summarizing health-related data according to person, place, and time



**discharge planning**—the preparation for continued and comprehensive care of a patient after that patient’s discharge from a hospital or institution

**disclosure**—the act of revealing or distributing personal information

**electronic directly observed therapy (eDOT)**—DOT that is delivered remotely (e.g., over a smartphone, tablet, or computer). eDOT can either be real-time or recorded.

**enablers**—things that make it possible or easier for patients to receive treatment by overcoming barriers

**epidemic curve (epi curve)**—a graph that displays the number of TB cases and when they were identified. Time is plotted on the horizontal x-axis and the number of cases is plotted on the vertical y-axis.

**epidemiologic link (epi link)**—characteristic(s) TB patients share that explains where and when TB could have been transmitted between them

**exposure period**—the timeframe during which a contact may have been infected with *M. tuberculosis*

**field visit**—visiting a TB case’s residence, congregate settings, and other places where the TB case spent time while infectious. A field visit can also be used to locate or meet contacts.

**field-based directly observed therapy (DOT)**—DOT that is delivered in a setting outside of the TB clinic or healthcare facility

**genotype**—distinct genetic pattern of an organism

**genotype cluster**—when two or more cases have matching genotypes

**genotyping**—a laboratory-based method that can determine the genetic pattern of the strain of *M. tuberculosis* that caused TB disease in a person

**Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule**—provides national standards for protecting the privacy of health information. The Privacy Rule regulates how organizations and health care workers use and disclose certain individually identifiable health information.

**incentives**—small rewards given to patients to encourage them to either take their medicine or keep their clinic or field DOT appointments

**index case**—the initial TB case that prompts a contact investigation

**infectious**—refers to a disease that is capable of being spread; a person who has infectious TB disease expels droplets containing *M. tuberculosis* into the air when he or she coughs, sneezes, speaks, or sings

**infectious period**—time during which a TB case is potentially capable of transmitting *M. tuberculosis*

**location-based investigation**—an approach for conducting contact investigations onsite at a location where the TB case spent time while infectious. The purpose is to identify and assess potential TB contacts at that location.

**nonadherence**—a patient’s inability or refusal to take TB drugs as prescribed

**open-ended questions**—a question that cannot be answered with a simple “yes” or “no.” Open-ended questions are designed to elicit the patient’s knowledge, feelings, and beliefs.

**outbreak case definition**—a standard set of criteria for deciding which TB cases could be involved in an outbreak

**outbreak hypotheses**—theories about how, when, and where TB transmission may have occurred during an outbreak

**outbreak line list**—summary of the cases that meet the outbreak case definition

**passive case reporting**—required reporting of suspected or confirmed TB cases to a public health authority

**patient assessment**—talking to a patient about his or her medical history, knowledge about TB, and beliefs about TB treatment

**patient-identifiable information**—information in which the identity of the patient is directly included or can be deduced

**pre-interview phase**—reviewing existing information about the TB case before the first interview; typically this is the first step in the systematic approach to contact investigation

**prevalence of TB infection**—the percentage of persons infected with *M. tuberculosis* within a defined population

**priority contacts**—contacts who are at most risk for TB infection or disease

**privileged information**—personal information shared by the patient with a health care worker

**protected health information (PHI)**—individually identifiable health information that is transmitted or maintained in a database; this can be electronic media or any other form or medium. The protected information must relate to 1) the past, present, or future physical or mental health condition of an individual; 2) provision of health care to an individual; or 3) payment for the provision of health care to an individual. If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information.



**proxy**—a person interviewed in place of a TB case. Potential proxies include family members, close friends, or other persons who know the person well. A proxy is used if the TB case is deceased, physically or mentally unable to participate in interviews, very young, or unable to be located.

**proxy interview**—an interview with persons (proxies) who are familiar with the TB case’s practices, habits, and behaviors

**quality assurance**—the review and evaluation of the quality of care and effectiveness of the TB program

**recent transmission**—transmission of TB that has occurred in the recent past, as opposed to reactivation of latent TB infection. Although the precise time period is not well defined, “recent” transmission is often considered to be within the last 2 years.

**secondary case**—an instance of TB after a known exposure, usually related to the index case in an investigation

**secondary transmission**—when any of the secondary case’s contacts are found to have latent TB infection or TB disease

**security**—protection of public health data and information systems to prevent unauthorized release of identifying information and accidental loss of data or damage to the systems. Security measures include measures to detect, document, and counter threats to data confidentiality or the integrity of data systems.

**source case**—a person with TB disease who is responsible for transmitting *M. tuberculosis* to another person or persons

**source case investigation**—a method used to identify a source case; usually done when a young child is found to have TB disease

**spot map**—a technique for showing where cases may have been exposed to TB or where they may have exposed others after developing TB disease

**statement of disagreement**—a statement filed by the patient stating there is a disagreement with the health care worker or institution regarding the patient’s record

**TB case surveillance**—monitoring the occurrence of TB disease in specific geographic areas, populations, and time periods

**TB genotyping information management system (TB GIMS)**—a secure CDC-sponsored online national database of *M. tuberculosis* genotyping and TB case information

**TB health care worker**—any person who cares for and manages TB patients, including physicians, nurses, case managers, outreach workers, hospital discharge planners, pharmacists, social workers, peer educators, and volunteers

**TB outbreak**—when there are more TB cases than expected within a geographic area or population during a particular time period, and there is evidence of recent transmission of *M. tuberculosis* among those cases

**TB outbreak response**—a process used by public health programs to investigate and intervene when a TB outbreak is suspected or confirmed

**TB outbreak response plan**—an action plan that helps guide outbreak response

**third party**—a person or an organization not directly involved in the patient's care

**tumor necrosis factor-alpha (TNF-alpha) antagonists, inhibitors, or blockers**—medications used to treat inflammatory or autoimmune diseases such as rheumatoid arthritis, Crohn's disease, psoriatic arthritis, and juvenile rheumatoid arthritis

**waiver**—a form that patients are often asked to sign to allow their health information to be used by third parties

**window period**—the time between the contact's last exposure to the TB case and when a tuberculin skin test (TST) or interferon-gamma release assay (IGRA) can reliably detect infection with *M. tuberculosis*

**window period prophylaxis**—treatment for latent TB infection that is given to high-risk contacts who have an initial negative test result for TB infection less than 8 to 10 weeks after their last TB exposure



