

Self-Study Modules on Tuberculosis

Glossary

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

National Center for HIV, STD, and TB Prevention

Division of Tuberculosis Elimination

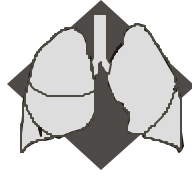
Public Health Practice Program Office

Division of Media and Training Services



Atlanta, Georgia

October 1999



6-9 Glossary

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

action plan – a plan to determine what information is missing or pending, where and when to collect this information, and who will need the information

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 understanding between a health care worker and a patient that indicates the activities they both agree to carry out. For some patients, this written commitment increases the likelihood of adherence

adherence plan – a written plan that is based on the patient’s understanding and acceptance of the TB diagnosis, that addresses barriers to adherence, and that 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 the prescribed medications for the entire length of time necessary

admission note – patient information recorded at the time of admission to a hospital, usually including the admission diagnosis and initial plan for diagnostic work-up; usually included in the progress notes

AFB logbook – a logbook kept in the mycobacteriology laboratory that contains the results of acid-fast bacilli (AFB) smear examinations; it may be called a smear mycobacteriology log

alternative medicine – health care other than conventional, scientifically tested, medicinal treatment; includes herbal remedies, yoga, meditation, acupuncture, and other practices intended to maintain or improve health

assessment – talking to a patient to find out about his or her medical history, knowledge about TB, feelings and beliefs about TB treatment, and other pertinent information

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

barrier – anything that can prevent a patient from being able to adhere to a TB treatment regimen

behavioral diagnosis – used to find out what is causing a patient to have problems with adherence and to develop strategies to improve the patient’s treatment plan

case management – a system in which a specific health department employee is assigned primary responsibility for the patient, systematic regular review of patient progress is conducted, and plans are made to address any barriers to adherence

clinic-based DOT – directly observed therapy delivered in a TB clinic or comparable health care facility

close contact – a person who had prolonged, frequent, or intense contact with a person with TB while he or she was infectious. Close contacts are more likely to become infected with *M. tuberculosis* than contacts who see the patient less often

combined pill – fixed-dose combination capsule or tablet that may enhance patient adherence. In the United States, the Food and Drug Administration has licensed fixed-dose combinations of isoniazid and rifampin (Rifamate) and of isoniazid, rifampin, and pyrazinamide (Rifater)

concentric circle approach – a method of testing contacts in order of their exposure time (close vs. other-than-close) and their risk (high priority vs. low priority) with close contacts and other contacts at high risk of developing TB disease tested first; it includes contacts from environments where contact may have taken place (household or residential, work or school, and leisure or recreation environments)

confidentiality – the protection of information revealed during patient-health care worker encounters, including all written or electronic records of these encounters

consent – acceptance or approval of what is planned or done; it involves voluntary agreement to an action, whether it is a treatment option or a diagnostic test; the patient-health care worker relationship is founded on the patient’s consent to the care being provided



contact investigation – a procedure for identifying people exposed to someone with infectious TB, evaluating them for latent TB infection (LTBI) and TB disease, and providing appropriate treatment for LTBI or TB disease (see **contacts**)

contacts – people exposed to someone with infectious TB disease, generally including family members, roommates or housemates, close friends, coworkers, classmates, and others (see **close contacts** or **other-than-close contacts**)

court order – an order issued by a court mandating DOT or, in very rare cases, detention in a facility until treatment is completed

court-ordered DOT – directly observed therapy that is administered to a patient by order of a public health official or a court with the appropriate authority; used when patients have been nonadherent despite the best efforts of TB program staff

directly observed therapy for latent TB infection (LTBI) – a strategy devised to help patients at especially high risk of developing TB disease adhere to treatment for LTBI; a health care worker or another designated person watches the patient swallow each dose of the prescribed drugs

discharge planning – the preparation of a detailed plan for comprehensive care of a hospitalized or institutionalized patient after that patient's discharge

discharge summary – a document written by the patient's physician upon discharge; contains a brief summary of all important information from the entire hospitalization or stay in the institution, including the discharge diagnosis and often a plan for follow-up care

disclosure – the act of revealing or distributing personal information

due process – an established course for governmental activities or procedures, designed to safeguard the legal rights of the individual

emergency room/department assessment form – patient information recorded when a patient is brought to an emergency room; may be used instead of an admission note and is usually included in the progress notes

enablers – those things that can make it possible or easier for the patients to receive treatment



exposure to TB – time spent with or near someone who has infectious TB disease

field-based DOT – directly observed therapy delivered in a setting outside the TB clinic or a comparable health care facility; possible sites for field DOT include a doctor’s office, the patient’s home or workplace, a school, a public park, or a restaurant

field investigation – visiting the patient’s home or shelter, workplace (if any), and the other places where the patient said he or she spent time while infectious. The purpose of the field investigation is to identify contacts and evaluate the environmental characteristics of the place in which exposure occurred

first-line TB drugs – the initial drugs used for treating TB disease. Include isoniazid (INH), rifampin (RIF), pyrazinamide (PZA), and either ethambutol (EMB) or streptomycin (SM)

folk medicine – medicinal beliefs, knowledge, and practices associated with a particular culture or ethnic group. Folk medicine is usually handed down by cultural tradition and practiced by health care workers specially trained in that tradition; not all members of a given culture or ethnic group will use its folk medicine practices

health care worker – any member of a team of health professionals who care for and manage a TB patient, including physicians, nurses, outreach workers, hospital discharge planners, pharmacists, and social workers

high-priority contacts – the contacts who are at most risk for TB infection or disease; contacts who are most likely to be infected and high-risk contacts (see **high-risk contacts**)

high-risk contacts – the contacts (either close or other-than-close) who are at a particularly high risk of developing TB disease if they become infected with *M. tuberculosis* (e.g., young children less than 4 years of age, HIV-infected and other immunosuppressed persons, and persons with certain medical conditions)

history and physical exam form – a standardized form sometimes used to record patient information at the time of the patient’s first evaluation; may be used instead of an admission note and is usually included in the progress notes; it is also referred to as the H&P

hospital epidemiologist – a specially trained person who studies the causes of outbreaks and other health problems in a health care setting

identification data – includes the patient’s name, address, social security number, date of birth, and other demographic information (may be a separate registration form)



incentives – small rewards given to patients to encourage them to either take their own medicines or keep their clinic or field DOT appointments

index patient – a person with suspected or confirmed TB disease who is the initial case reported to the health department. The index case may or may not be the source case (see **source patient**)

infection control practitioner – a trained health care professional (often a nurse) who is responsible for controlling and preventing the spread of infectious diseases in a hospital or other health care setting

infection rate – the percentage of contacts with a similar amount of exposure (e.g., close, other-than-close) who have a newly identified positive skin test reaction (5 or more millimeters of induration)

informed consent – a patient's written consent to a surgical or medical procedure or other course of treatment, given after the health care worker has informed the patient about the potential benefits, risks, and alternatives involved

institutions – residential facilities where groups of people live, such as nursing homes, correctional facilities, or homeless shelters, as well as out-patient facilities, such as drug treatment centers or health department clinics

laboratory results – records presenting the results of every laboratory test that has been done on the patient, such as AFB smear examinations, cultures, and drug susceptibility tests performed in a laboratory

latent TB infection (LTBI) – also referred to as TB infection. Persons with latent TB infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and noninfectious. Such persons usually have a positive reaction to the tuberculin skin test

local community – the geographic area where a person lives and spends time; may be a residential area or an ethnic community (i.e., groups of people who emigrated from the same geographic area)

medical records department – a department in a hospital or other health care facility that houses the records of patients who have been admitted to the hospital and subsequently have been discharged, transferred to ambulatory care services, left against medical advice, or died



medication record – an information sheet on which the nurses record the date, time, and amount of prescribed medications given to the patient during hospitalization or care in a facility; may not be included in patient’s medical record (for example, may be kept in a separate medication logbook)

nonadherence – the patient’s inability or refusal to take TB drugs as prescribed

nurses’ notes – a record in which the nurses who directly care for the patient continuously record information, including the patient’s symptoms, medications given, and scheduled procedures or activities and may be included in the progress notes section

open-ended question – 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, by beginning with words such as “What,” “Why,” “Who,” “How,” and “When,” that demand an explanation. Such questions are used to explore complex issues that do not have a finite or predetermined set of responses

other-than-close contacts – contacts with less intense, less frequent, or shorter durations of contact to the TB patient than close contacts (see **close contacts**)

out-patient clinic – a clinic that cares for non-hospitalized patients with a particular type of problem (for example, chest, infectious disease, AIDS, pediatric)

partner notification – an activity conducted by HIV/AIDS programs to identify and counsel the sexual and needle-sharing contacts of HIV-infected persons; this notification is confidential and depends on the voluntary cooperation of the patient

pathology laboratory – a laboratory that performs tests and examinations on tissue and biopsy specimens

patient-health care worker relationship – the basis for sharing information, communicating beliefs and feelings that affect care, and building trust in the value of the interaction

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

period of infectiousness – time period during which a person with TB disease is capable of transmitting *M. tuberculosis*; usually estimated by determining the date of onset of the patient’s symptoms (especially coughing)



physician's orders – a record in which the physician(s) prescribes medications, orders laboratory tests or procedures (for example, bronchoscopy or gastric aspiration), and delivers other patient-care instructions to staff. Medication orders specify date, name of medication, dosage, and duration of treatment (in days or in number of doses)

privileged information – personal information shared by the patient with his or her health care worker

progress notes – a record in which all physicians and other specialists continuously record patient information during a patient's hospital stay and may include nurses' notes and notes from other ancillary staff

public health worker – an employee of the health department (often a public health advisor, DOT outreach worker, or a nurse) whose duties may include either surveillance, case management, or some combination of these activities

radiology reports - reports summarizing all radiology procedures performed on the patient (for example, chest radiographs or CT scans); part of the medical record

routine case reporting – the required reporting of suspected or confirmed TB cases to a public health authority

secondary case – a contact who has developed TB disease as a result of transmission from an index patient

second-line TB drugs – drugs used to treat TB that is resistant to first-line TB drugs (for example, capreomycin, kanamycin, ethionamide, cycloserine, ciprofloxacin, amikacin)

skin test conversion for contacts – defined differently from a standard skin test conversion; for contacts, a skin test conversion is defined as a change from less than 5 mm on the initial skin test to a reaction of greater than or equal to 5 mm on the second test, 10 to 12 weeks after exposure

SOAP notes – Progress notes can also be referred to as SOAP notes: subjective progress, objective progress, assessment, and plans

source case investigation – conducted to find the source of transmission when recent transmission is likely; used to determine who transmitted *M. tuberculosis* to an index patient or infected child or persons in the cluster of skin test conversions, whether this person is still infectious, whether the case of TB in this person was reported to the health department, and whether others were infected by the source patient (see **source patient**)



source patient – a person with infectious TB disease who is responsible for transmitting *M. tuberculosis* to another person or persons. He or she is identified through either a contact or source case investigation and may or may not be the index patient (see **index patient**)

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

surveillance – the ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know in public health programs

third party – a person or an organization not directly involved in the care of a patient's health problem

treatment for LTBI – medication that is given to people who have latent TB infection to prevent them from developing TB disease

treatment plan – a written plan detailing the medical regimen as ordered by the physician, including periodic monitoring for adverse reactions and other follow-up care

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 span between the date of an initial tuberculin skin test with a negative reaction and the date of the follow-up tuberculin skin test that should take place 10 to 12 weeks after exposure; after the window period has ended, a repeat skin test should be administered to each contact who had an initial negative reaction

window period prophylaxis – the practice of providing treatment for latent TB infection to high-risk contacts (including young children under 4 years of age, and HIV-infected and other immunosuppressed persons) with an initial negative skin test reaction less than 10 to 12 weeks after their exposure; if the contact has a negative skin test reaction after the window period, treatment for latent TB infection is usually stopped (see **window period**)