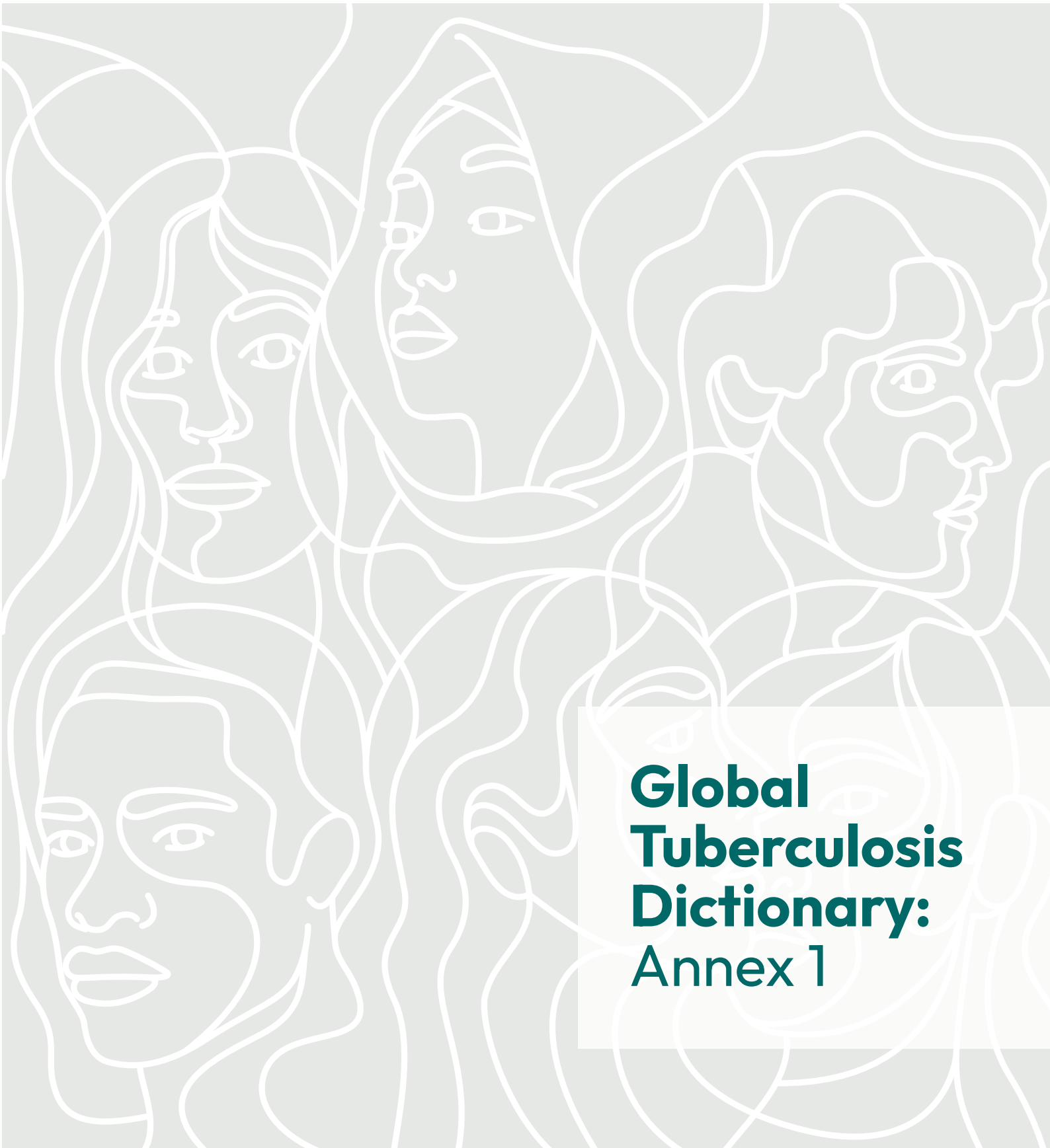
TB DICTIONARY

Global Tuberculosis Dictionary



Global Tuberculosis Dictionary: Annex 1

ANNEX 1: Complete list of terms, definitions, source documents, and amendments made for the TB Dictionary

Term	Original term	Definition	Original definition	Year	Organisation	Title
Acid-fast bacilli (AFB)	Acid-Fast Bacilli (AFB)	**Bacteria that do not lose their stain when exposed to acid or acid–alcohol mixture during the staining process, i.e. bacteria of the *Mycobacterium tuberculosis* complex and non-tuberculous mycobacteria.**	Bacteria that do not lose their stain when exposed to acid or acid–alcohol mixture during the staining process, i.e. bacteria of the *Mycobacterium tuberculosis* complex and all non-tuberculous mycobacteria.	2007	WHO	Tuberculosis care and control in refugee and displaced populations: an interagency field manual
Acid-fast bacilli (AFB) examination	Acid-Fast Bacilli (AFB) Examination	**Laboratory test that involves microscopic examination of a stained smear of a clinical specimen (usually sputum) to determine if mycobacteria are present.**	Laboratory test that involves microscopic examination of a stained smear of a patient specimen (usually sputum) to determine if mycobacteria are present. A presumptive diagnosis of pulmonary tuberculosis (TB) can be made with a positive AFB sputum smear result; however, approximately 50% of patients with TB disease of the lungs have negative AFB sputum smear results. The diagnosis of TB disease is usually not confirmed until *Mycobacterium tuberculosis* is identified in culture or by a positive nucleic acid amplification (NAA) test result.	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Acquired drug resistance	Acquired Drug Resistance	**Resistance to one or more anti-tuberculosis drugs which arises during or after the course of treatment.**	Patient diagnosed with drug susceptible organism that developed resistance during the course of treatment.	2004	WHO	TOMAN'S TUBERCULOSIS CASE DETECTION, TREATMENT, AND MONITORING
Active case finding	Active Tuberculosis Case-Finding	**Proactive strategy used to find tuberculosis cases in health facilities or in the community. It usually implies a systematic screening process in high-risk populations.**	Synonymous with systematic screening for active TB, although it normally implies screening that is implemented outside of health facilities.	2015	WHO	Systematic screening for active tuberculosis: an operational guide
Active tuberculosis	Active TB Disease	**Symptomatic tuberculosis that occurs in someone infected with *M. tuberculosis* or other mycobacteria from *M. tuberculosis* Complex. This term is broadly used but is outdated. The preferred term is 'tuberculosis'.**	Illness in which TB bacteria are multiplying in different parts of the body. The symptoms of active TB disease include cough, weakness, weight loss, fever, loss of appetite and night sweats. A person with active TB disease may be infectious and spread TB to others.	2015	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
Adherence	Adherence	**Extent to which a person's behaviour (e.g. taking medicines, following a particular diet, changing lifestyle) corresponds with agreed recommendations from a health care provider. The threshold for determining if a patient has been adherent to treatment varies according to different tuberculosis treatment and preventive regimens.**	Extent to which a person's behaviour (e.g. taking medicines, following a particular diet, changing lifestyle) corresponds with agreed recommendations from a health care provider.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents

Airborne *M. tuberculosis* transmission	Airborne *M. tuberculosis* Transmission	**Principal means of spreading *M. tuberculosis*, through which airborne droplet nuclei are suspended in airspace and subsequently inhaled by a host.**	Spread of aerosolized *M. tuberculosis* caused by the dissemination of droplet nuclei that remain infectious when suspended in air over long distances and time.	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
Annual risk of *M. tuberculosis* infection	Annual Risk Of TB Infection	**Risk of an uninfected person becoming infected with *M. tuberculosis* in a one-year period.**	Risk of an uninfected person becoming infected with the TB organism in a one year period	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Antiretroviral therapy (ART)-associated tuberculosis	Antiretroviral Therapy (ART)-Associated Tuberculosis	**Tuberculosis diagnosed during antiretroviral treatment in an HIV-positive patient that is not receiving anti-tuberculosis treatment when ART is initiated.**	(In resource-limited settings) Development of active TB within three months of starting HAART in an individual who did not have TB at the initiation of highly active antiretroviral therapy (HAART)	2010	Scientific articles (Indian J Med Res.)	A study of TB-associated immune reconstitution inflammatory syndrome using the consensus case-definition
Bacillary load	Bacillary Load	**Quantity of *M. tuberculosis* bacilli present in a human body, although usually used to refer to the *M. tuberculosis* concentration present in a sputum sample.**	Quantity of bacilli present (may reach over 100 million in a single cavity of the lung)	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Bacille Calmette-Guérin (BCG)	Bacille Calmette-Guérin (BCG)	**Tuberculosis vaccine (live attenuated strain of Mycobacterium bovis) named after the French scientists who developed it, Albert Calmette and Camille Guérin.**	TB vaccine named after the French scientists who developed it, Calmette and Guérin. BCG provides adolescents and adults with little protection against TB, but it is often given to infants and small children in countries where TB is common, as it can prevent some of the most severe forms of TB in children	2015	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
Bacilli	Bacilli	**Rod-shaped bacteria.**	Rod-shaped bacteria	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Bacteriologically confirmed tuberculosis (case definition)	Bacteriologically Confirmed TB Case	**Tuberculosis occurring in a patient from whom a biological specimen tests positive by smear microscopy, culture, or WHO-recommended rapid diagnostic test. Also known as laboratory or microbiologically confirmed tuberculosis case.**	Bacteriologically confirmed case of TB is one from whom a biological specimen tests positive by smear microscopy, culture or WHO-recommended rapid diagnostic (such as the Xpert MTB/RIF assay). All such cases should be notified, regardless of whether TB treatment has started	2016	WHO	Chest radiography in tuberculosis detection: summary of current WHO recommendations and guidance on programmatic approaches
Basic management unit (BMU)	Basic Management Unit (BMU)	**Functional area defined in terms of management, supervision, and monitoring responsibility. A BMU for tuberculosis control may consist of several treatment facilities, one or more laboratories, and one or more hospitals.**	Functional area serving an average population of 50,000 to 150,000 (up to 300,000 in large cities)	2019	The Union	MANAGEMENT OF TUBERCULOSIS: A GUIDE TO ESSENTIAL PRACTICE

Basic management unit tuberculosis register	Basic Management Unit TB Register	**Registry book used primarily for recording and summarizing testing results, treatment decisions and outcomes in order to determine whether basic diagnostic and treatment guidelines are correctly implemented.**	The Basic management unit (BMU) TB register (also sometimes called the district TB register) is intended primarily for recording the data needed to monitor BMU performance, using indicators and reports about TB patients. It is also commonly used to summarize testing results and treatment decisions in order to determine whether basic diagnostic and treatment guidelines are correctly implemented	2014	WHO	Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist and user guide
Boosting	Boosting	**Phenomenon in which some persons who receive a tuberculosis skin test (TST) many years after acquiring *M. tuberculosis* infection or being BCG vaccinated have a negative result to an initial TST followed by a positive result to a subsequent TST. The second (i.e., positive) result is caused by a boosted immune response of the prior sensitivity rather than a new infection.**	Phenomenon in which some persons who receive a TST many years after acquiring latent TB infection (LTBI) have a negative result to an initial TST followed by a positive result to a subsequent TST. The second (i.e., positive) result is caused by a boosted immune response of the prior sensitivity rather than by a new infection. Two-step testing is used to distinguish new infections from boosted reactions in TB infection control screening programs that utilize TST for detecting *M. tuberculosis* (see Two-step skin testing). Because QuantiFERON®-TB Gold (QFT-G) test is an in vitro method, it is not complicated by boosting	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Bovine tuberculosis	Bovine TB	**Disease caused by *M. bovis*.**	Disease caused by *M. bovis* infection in animals	2017	THE UNION	ROADMAP FOR ZOONOTIC TUBERCULOSIS
Case notification	Case notification	**Reporting of tuberculosis cases to an authority such as a health department or national surveillance system, as required by national laws or regulations.**	Compulsory reporting of all disease cases to an authority such as a health department or national surveillance system, as required by national laws or regulations. For example, case notification of tuberculosis (TB) includes reporting of new and recurrent episodes of TB within the national surveillance system, which is then reported by the national TB programme to the World Health Organization.	2021	WHO	State of inequality: HIV, tuberculosis and malaria
Case notification rate	Case Notification Rate	**New and recurrent tuberculosis cases notified for a given year and setting, expressed per 100 000 population. This excludes recurrent cases due to treatment failure or after being lost to follow up.**	New and recurrent episodes of TB notified to WHO for a given year, expressed per 100 000 population	2011	WHO	Global Tuberculosis Control 2011
Catastrophic total costs due to tuberculosis	Catastrophic Total Costs Due To TB	**Direct medical and non-medical costs plus income losses due to an episode of tuberculosis that sum to or exceed 20% of annual household income.**	Total costs borne by patients in tuberculosis treatment, exceeding a given threshold (e.g. 20%) of the household's annual pre-TB income. The focus is on financial and economic hardship due to direct and indirect costs when accessing health care for TB, which may adversely affect living standards and the capacity to pay for basic needs	2017	WHO	Tuberculosis patient cost surveys: a handbook
Cavity	Cavity	**An air-filled space within lung consolidation. Consolidation may resolve and leave only a thin wall.**	A cavity is an air-filled space within the lung parenchyma (tissue). They are usually seen on CXR within an area of lung that is consolidated (appears lighter) so that the cavity appears black/dark and is usually round/oval in shape. Cavities may contain air-fluid levels which appear as a horizontal line within the cavity space, with fluid below the line (appearing light/white) and gas above the line (appearing dark/black).	2022	The Union	DIAGNOSTIC CXR ATLAS FOR TUBERCULOSIS IN CHILDREN

Clinically diagnosed tuberculosis (case definition)	Clinically diagnosed TB	**Tuberculosis in a person who does not fulfil the criteria for bacteriological confirmation and has been diagnosed with tuberculosis by a medical practitioner who has decided to initiate anti-tuberculosis treatment.**	when a person who does not fulfil the criteria for bacteriological confirmation has been diagnosed with TB disease by a medical practitioner who has decided to give the person a full course of TB treatment.	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update
Close community contact	Close contact	**A person who is not in the same household but shares an enclosed space, such as a social gathering place, workplace, or facility for extended periods during the day with the index patient during the 3 months before commencement of the current treatment episode.**	A person who is not in the household but shares an enclosed space, such as a social gathering place, workplace or facility, for extended periods during the day with the index case during the 3 months before commencement of the current treatment episode.	2021	WHO	Optimizing active case-finding for tuberculosis
Cluster (TB)	Cluster (TB)	**Group of persons with tuberculosis that are linked by epidemiological or genotyping data.**	Group of patients with LTBI or TB disease that are linked by epidemiologic, location, or genotyping data. Two or more TST conversions within a short period can be a cluster of TB disease and might suggest transmission within the setting. A genotyping cluster is two or more cases with isolates that have an identical genotyping pattern	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Community- or home-based directly observed therapy (DOT)	Community- Or Home-Based Directly Observed Therapy (DOT)	**DOT delivered in the community close to the patient's home or workplace.**	DOT delivered in the community close to the patient's home or workplace	2019	WHO	WHO consolidated guidelines on drug-resistant tuberculosis treatment
Community-based tuberculosis activities	Community-Based TB Activities	**Wide range of actions contributing to prevention, diagnosis, treatment, and care, with potential to improve the population-level tuberculosis burden indicators.**	Wide range of activities contributing to prevention, diagnosis, treatment and care that positively influence the outcomes of drug-sensitive, drug resistant and HIV-associated TB. The activities also include community mobilization to promote effective communication and participation among community members to generate demand for and increase confidence in TB services, as well as advocacy activities aimed at decisionmakers and key stakeholders to influence policy, laws, regulations, programmes or funding. Community-based TB activities are conducted outside the premises of formal health facilities (e.g. hospitals, health centres and clinics) in community-based structures (e.g. schools, places of worship, congregate settings) and homesteads. These activities can be conducted by community health workers (CHW) or community volunteers (CV), supported by governmental structures notably the national TB programme or NGOs and other civil society organizations	2015	WHO	Implementing the end TB strategy: the essentials
Computer-aided detection (CAD) for tuberculosis	Computer-aided detection (CAD)	**The use of specialized software to interpret abnormalities on chest radiographs that are suggestive of tuberculosis.. The results are expressed as abnormality scores. CAD may be used for screening or triage.**	The use of specialized software to interpret abnormalities on chest radiographs that are suggestive of TB. The results are expressed as abnormality scores. CAD may be used for screening or triage.	2021	WHO	WHO consolidated guidelines on tuberculosis: module 2: screening: systematic screening for tuberculosis disease

Confirmed case of multi-drug resistant tuberculosis (MDR-TB)	Confirmed Case Of MDR-TB	**Person with a positive culture for *M. tuberculosis* which has been confirmed through a drug-susceptibility test to be resistant in vitro to at least isoniazid and rifampicin.**	A patient with a positive culture for *Mycobacterium tuberculosis* whose infecting strain has been confirmed through a drug-susceptibility test to be resistant in vitro to at least isoniazid and rifampicin	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Contact	Contact	**Any person who has been exposed to a person with tuberculosis.**	Any person who has been exposed to a person with TB disease.	2021	WHO	WHO operational handbook on tuberculosis: module 2: screening: systematic screening for tuberculosis disease
Contact investigation	Contact investigation	**Systematic screening of people with previously undiagnosed tuberculosis or *M. tuberculosis* infection among the contacts of an index case of tuberculosis in the household and in comparable settings in which transmission occurs. It consists of identification, screening, clinical evaluation and/or testing, as appropriate.**	Systematic identification of people with previously undiagnosed TB disease and TB infection among the contacts of an index TB patient in the household and in comparable settings in which transmission occurs. It consists of identification, clinical evaluation and/or testing and provision of appropriate anti-TB therapy (for people with confirmed TB) or TB preventive treatment (for those without TB disease). This term is often used synonymously with “contact tracing”; however, in the context of TB, action beyond identifying contacts is critical.	2021	WHO	WHO operational handbook on tuberculosis: module 2: screening: systematic screening for tuberculosis disease
Contagious (infectious) tuberculosis patient	Contagious (Infectious) TB Patient	**Person with pulmonary or laryngeal laboratory-confirmed tuberculosis who is able to spread infectious droplet nuclei containing viable *M. tuberculosis* while coughing, sneezing, talking or conducting any other respiratory maneuvers.**	A patient with pulmonary or laryngeal TB disease (confirmed or undetected) who is able to spread infectious droplet nuclei containing viable *M. tuberculosis* while coughing, sneezing, talking or conducting any other respiratory manoeuvres	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
Continuation phase	Continuation phase of treatment	**Second period of tuberculosis treatment, after the intensive phase, during which treatment is maintained with a reduced number of anti-tuberculosis drugs.**	Second period of TB treatment, after the initial phase, when treatment is maintained with a reduced number of TB drugs	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Conversion of interferon-γ release assays	Conversion Of Interferon-Γ Release Assays	**Change from a negative to a positive result as per manufacturer's threshold.**	Change from a negative to a positive result	2011	CDC	Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection

Critical concentration (CC)	Critical concentration (CC)	**The lowest concentration of an anti-tuberculosis drug that will inhibit the growth of 99% of phenotypically wild type isolates of *M. tuberculosis* complex (MTBC) in vitro.**	The lowest concentration of an anti-TB agent that will inhibit the growth of 99% of phenotypically wild type isolates of *Mycobacterium tuberculosis* complex (MTBC) in vitro.	2022	WHO	Line probe assays for detection of drug-resistant tuberculosis: interpretation and reporting manual for laboratory staff and clinicians
Critical proportion	Critical proportion	**The proportion of resistant *M. tuberculosis* bacilli within a particular cultured isolate that is used to determine resistance to a particular drug. A 1% critical proportion is used to differentiate susceptible and resistant isolates.**	The proportion of resistant organisms within a particular cultured isolate that is used to determine resistance to a particular drug. A 1% critical proportion is used to differentiate susceptible and resistant isolates. Any culture that shows less than 1% growth on a medium containing a critical concentration of the agent being tested when compared with the growth on a control without the agent is considered to be susceptible; a culture that has 1% or more growth on the medium containing the critical concentration of the agent is considered to be resistant, and the patient whose sample is being tested may not respond to the agent. The critical concentration and proportion criteria are used for testing most first-line and second-line anti-TB agents.	2021	WHO	Technical Report on critical concentrations for drug susceptibility testing of isoniazid and the rifamycins (rifampicin, rifabutin and rifapentine)
Cross-resistance	Cross-resistance	**Resistance to multiple anti-tuberculosis agents caused by a single genetic change (or multiple changes in case the given resistance mechanisms require several genetic alterations).**	Resistance to multiple anti-tuberculosis agents caused by a single genetic change (or multiple changes, in case the given resistance mechanisms requires several genetic alterations), although in practice such mutations may not be known.	2021	WHO	Technical Report on critical concentrations for drug susceptibility testing of isoniazid and the rifamycins (rifampicin, rifabutin and rifapentine)
Cured (treatment outcome)	Cured	**A person with bacteriologically confirmed pulmonary tuberculosis at the beginning of treatment who completed treatment as recommended by the national policy, with evidence of bacteriological response and no evidence of failure.**	A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who completed treatment as recommended by the national policy, with evidence of bacteriological response and no evidence of failure.	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Death (treatment outcome)	Death (treatment outcome in DR-TB children)	**Death for any reason while on TB treatment.**	Death for any reason while on DR-TB treatment	2013	Scientific article (J Pediatric Infect Dis Soc.)	Consensus Statement on Research Definitions for Drug-Resistant Tuberculosis in Children
Directly observed therapy (DOT)	Directly Observed Treatment (DOT)	**Person observing a tuberculosis patient taking medications in real time (face to face or remotely through digital means).**	Person observing the patient taking medications in real time. The treatment observer does not need to be a health-care worker, but could be a friend, a relative or a lay person who works as a treatment supervisor or supporter	2017	WHO	Guidelines for treatment of drug-susceptible tuberculosis and patient care, 2017 update

Directly observed treatment, short course (DOTS) strategy	Directly Observed Treatment, Short Course (DOTS)	**Tuberculosis control strategy developed by The Union and first promoted by WHO in 1994–1995 until it was replaced by the STOP-TB strategy in 2006. It comprised five elements: political commitment, case detection using sputum microscopy among persons seeking care for prolonged cough, standardized short course chemotherapy under proper case-management conditions including directly observed treatment, regular drug supply, and a standardized recording and reporting system that allows assessment of individual patients as well as overall programme performance.**	Internationally recommended approach to basic TB control	2011	WHO	Towards universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis by 2015 : WHO progress report 2011
Disseminated tuberculosis	Disseminated tuberculosis	**Simultaneous involvement of at least two non-contiguous organ sites of the body resulting from the hematogenous spread of *M. tuberculosis*.**	Simultaneous involvement of at least two non-contiguous organ sites of the body, or infection of the blood, bone marrow or liver.	2022	StatPearls	Miliary Tuberculosis
Drug resistance among new case	Drug Resistance Among New Case	**Presence of resistant isolates of *M. tuberculosis* in persons who either do not report having had any prior anti-tuberculosis treatment (for up to one month) or in countries where adequate documentation is available, when there is no evidence of a previous history of anti-tuberculosis treatment.**	Presence of resistant isolates of *M. tuberculosis* in patients who fit the following criteria: in response to direct questioning, the patient denies having had any prior anti-TB treatment (for up to one month); in countries where adequate documentation is available, there is no evidence of a history of anti-TB treatment	2008	WHO	Anti-tuberculosis drug resistance in the world : fourth global report
Drug resistance among previously treated cases	Drug Resistance Among Previously Treated Cases	**Presence of resistant isolates of *M. tuberculosis* in persons who either report having been treated for tuberculosis for one month or more, or in countries where adequate documentation is available, there is evidence of such history.**	Presence of resistant isolates of *M. tuberculosis* in patients who fit one of the following criteria: in response to direct questioning, the patient admits having been treated for TB for one month or more; in countries where adequate documentation is available, there is evidence of such history	2008	WHO	Anti-tuberculosis drug resistance in the world : fourth global report
Drug-resistant tuberculosis (DR-TB)	Drug-resistant TB (DR-TB)	**Tuberculosis caused by a strain of *M. tuberculosis* complex that is resistant to any anti-tuberculosis drug.**	TB disease caused by a strain of *Mycobacterium tuberculosis* complex that is resistant to any TB medicines.	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update
Drug-resistant tuberculosis (DR-TB) management centre	DR-TB Management Centre	**Specialized public or private health facility that provides comprehensive management for persons with DR-TB including diagnosis, treatment initiation, and monitoring.**	Specialized public or private health facility that provides comprehensive management for patients with DR-TB. Through the facilities' links with laboratories and specialized medical services, DR-TB management centres are able to detect, confirm, treat and monitor patients with DR-TB	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Drug-susceptibility testing (DST)	Drug-Susceptibility Testing (DST)	**In vitro testing using phenotypic methods to determine whether *M. tuberculosis* is susceptible to a particular drug. Also known as antimicrobial susceptibility testing (AST).**	In vitro testing using either phenotypic methods to determine susceptibility or molecular techniques to detect resistance-conferring mutations to a particular medicine	2016	WHO	WHO treatment guidelines for drug-resistant tuberculosis, 2016 update

Drug-susceptible tuberculosis	Drug-Susceptible TB	**Disease caused by a strain of *M. tuberculosis* that is susceptible to the most commonly used anti-tuberculosis drugs (isoniazid, rifampicin, pyrazinamide, and ethambutol).**	Bacteria are said to be sensitive to a drug when the drugs are effective in killing or stopping the multiplication of bacteria in the body and can therefore clear the infection. The strains of TB which are sensitive to all first-line drugs are called drug-susceptible	2013	THE UNION	DR-TB DRUGS UNDER THE MICROSCOPE: THE SOURCES AND PRICES OF MEDICINES
Early bactericidal activity	Early Bactericidal Activity	**The ability of anti-tuberculosis drugs or treatments to reduce the burden of *M. tuberculosis* in sputum specimens collected overnight from people with laboratory-confirmed pulmonary tuberculosis during the first 14 days of therapy.**	Ability of the drug to kill tubercle bacilli in the first few days of treatment	2002	The Union	Interventions for Tuberculosis Control and Elimination
Elimination (TB)	Elimination (TB)	**Incidence rate of tuberculosis less than 1 case per million population per year.**	Global incidence of active TB will be less than 1 case per million population per year	2010	WHO	TB Impact Measurement Policy and recommendations for how to assess the epidemiological burden of TB and the impact of TB control
Empirical treatment	Empirical	**Treatment guided by observation and experience. In the tuberculosis context, it means providing treatment before (or without) confirming whether the disease is due to *M. tuberculosis*.**	Guided by observation and experience. In TB context, it means providing treatment before (or without) confirming whether the organisms causing TB in the patient are resistant to medicines	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
End TB Strategy	End TB Strategy	**The World Health Organization's global strategy to end the tuberculosis epidemic by 2035. It was developed as a successor of the previous STOP TB strategy. The End TB strategy aims at reducing the number of TB deaths by 95% and the TB incidence rate by 90% between 2015 and 2035. It also pursues the elimination of catastrophic costs faced by TB-affected families by 2020.**	The World Health Organization's global strategy to end the tuberculosis epidemic by 2035. It was developed as a successor of the previous STOP TB strategy. The End TB strategy aims at reducing the number of TB deaths by 95% and the TB incidence rate by 90% between 2015 and 2035. It also pursues the elimination of catastrophic costs faced by TB-affected families by 2020.	2015	WHO	Implementing the End TB Strategy: The Essentials
Endemic tuberculosis	Endemic TB	**Above 100 tuberculosis cases per 100 000 population.**	Above 100 TB infections per 100 000 population	2022	WHO	Western Pacific regional framework to end TB: 2021-2030
Enhanced (tuberculosis) case-finding	Enhanced (tuberculosis) case-finding	**Health information or education, or awareness campaigns to provide information about what type of health-seeking behaviour is recommended when people experience symptoms of tuberculosis.**	Health information or education, or awareness campaigns to provide information about what type of health-seeking behaviour is appropriate when people experience symptoms of TB; this type of case-finding may be combined with improving access to diagnostic services. Enhanced case-finding may or may not be combined with screening.	2021	WHO	WHO consolidated guidelines on tuberculosis: module 2: screening: systematic screening for tuberculosis disease

Environmental control measures	Environmental Control Measures	**Physical or mechanical measures (as opposed to administrative control measures) used to reduce the risk for transmission of *M. tuberculosis*. Examples include ventilation, filtration, ultraviolet lamps, airborne infection isolation rooms, and local exhaust ventilation devices.**	Physical or mechanical measures (as opposed to administrative control measures) used to reduce the risk for transmission of *M. tuberculosis*. Examples include ventilation, filtration, ultraviolet lamps, airborne infection isolation rooms, and local exhaust ventilation devices	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Epidemiologic (epi) link	Epidemiologic (Epi) Link	**Characteristic that two people with tuberculosis share that explains where and when tuberculosis could have been transmitted between them.**	Characteristic that two TB patients share that explains where and when TB could have been transmitted between them. An epidemiologic link could be a location where the two persons spent time together or a relationship that brought them together	2004	CDC	Guide to the Application of Genotyping to Tuberculosis Prevention and Control
Exposed cohort	Exposed Cohort	**Groups of persons (e.g., family members, co-workers, friends, club, team or choir members, persons in correctional facilities, children in orphanages and other institutional living settings, or homeless shelter residents) who have shared the same air space with a person diagnosed with tuberculosis during the infectious period. A person in the exposed cohort is a contact.**	Groups of persons (e.g., family members, co-workers, friends, club, team or choir members, persons in correctional facilities, or homeless shelter residents) who have shared the same air space with the suspected patient with TB disease during the infectious period. A person in the exposed cohort is a contact.	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Exposure period	Exposure Period	**Coincident period when a contact shared the same air space as a person with tuberculosis during the infectious period.**	Coincident period when a contact shared the same air space as a person with TB during the infectious period	2005	CDC	Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis
Exposure site	Exposure Site	**Location that the index patient visited during the infectious period (e.g., a school, bar, bus, or residence).**	A location that the index patient visited during the infectious period (e.g., a school, bar, bus, or residence)	2005	CDC	Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis
Extensively drug-resistant tuberculosis (XDR-TB)	Extensively drug-resistant TB (XDR-TB)	**Tuberculosis caused by a strain of *M. tuberculosis* complex that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other "Group A" drug (bedaquiline or linezolid).**	TB disease caused by a strain of *M. tuberculosis* complex that is resistant to rifampicin (and may also be resistant to isoniazid), and that is also resistant to at least one fluoroquinolone (levofloxacin or moxifloxacin) and to at least one other "Group A" drug (bedaquiline or linezolid).	2022	WHO	WHO operational handbook on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update
Extrapulmonary tuberculosis (EPTB)	Extrapulmonary tuberculosis (EPTB) (classification)	**Any bacteriologically confirmed or clinically diagnosed case of tuberculosis involving organs other than the lungs (e.g. pleura, peripheral lymph nodes, abdomen, genitourinary tract, skin, joints and bones, meninges).**	Any bacteriologically confirmed or clinically diagnosed case of TB involving organs other than the lungs (e.g. pleura, peripheral lymph nodes, abdomen, genitourinary tract, skin, joints and bones, meninges).	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Favourable outcome	Favorable Outcome (Proposed Core Research Definition)	**A tuberculosis patient who either has completed treatment without evidence of failure or has a negative result in the last two cultures performed towards the end of treatment and has not been classified as having an unfavourable**	Participant's last two culture results at the end of treatment are negative and the participant has not been classified as having an unfavorable outcome by a study-defined time point.	2016	Scientific article (Int J Tuberc Lung Dis.)	Drug-resistant tuberculosis clinical trials: proposed core research definitions in adults

		outcome by a study-defined time point.				
First-line drug	First-Line Drug	**Drugs used as the first resort to treat a disease. In the case of tuberculosis, the following four drugs are usually chosen: isoniazid (H), rifampicin (R), ethambutol (E), pyrazinamide (Z).**	First drug normally used to treat a particular condition. The standard regimens for new TB cases and retreatment cases use first-line drug	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Fixed-dose combination (FDC)	Fixed-Dose Combination (FDC)	**Two or more drugs combined into one pill or capsule in specific dosages. This is the WHO-recommended strategy for anti-tuberculosis treatment regimens.**	Two or more drugs combined in one pill or capsule, in specific dosages, to facilitate correct drug intake	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Health facility-based directly observed therapy (DOT)	Health Facility-Based Directly Observed Therapy (DOT)	**DOT delivered at a health centre, clinic, or hospital.**	DOT delivered at a health centre, clinic or hospital	2019	WHO	WHO consolidated guidelines on drug-resistant tuberculosis treatment
High incidence of tuberculosis	High Incidence of TB	**Estimated tuberculosis incidence rate (all forms) greater than 100 cases per 100 000 population in a year.**	Incidence of all forms of TB that occurs in greater than 100 cases per 100,000 population	2000	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
High multidrug-resistant tuberculosis (MDR-TB) burden countries	High MDR-TB Burden Countries	**20 countries with the highest estimated number of incident MDR-TB cases, plus the 10 countries with the highest estimated MDR-TB incidence that are not in the top 20 by absolute number (threshold: >1000 estimated incident MDR-TB cases per year).**	20 countries with the highest estimated numbers of incident MDR-TB cases, plus the 10 countries with the highest estimated MDR-TB incidence that are not in the top 20 by absolute number (threshold: >1000 estimated incident MDRTB cases per year)	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
High TB/HIV burden countries	High TB/HIV Burden Countries	**20 countries with the highest estimated numbers of incident TB/HIV cases, plus the 10 countries with the highest estimated TB/HIV incidence that are not in the top 20 by absolute number (threshold: >10 000 estimated incident TB/HIV cases per year).**	20 countries with the highest estimated numbers of incident TB/HIV cases, plus the 10 countries with the highest estimated TB/HIV incidence that are not in the top 20 by absolute number (threshold: >10 000 estimated incident TB/ HIV cases per year)	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
High tuberculosis burden countries	High Burden Countries	**20 countries with the highest absolute number of estimated incident cases, plus the 10 countries with the most severe burden in terms of incidence rates per capita.**	Countries with the highest absolute number of estimated incident cases, and those with the most severe burden in terms of incidence rates per capita. WHO has defined three lists: one for TB, one for MDR-TB and one for TB/HIV	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
High tuberculosis transmission setting	High tuberculosis transmission setting	**Setting with a high frequency of people with undetected or undiagnosed tuberculosis, or where people with infectious tuberculosis are present and there is a high risk of tuberculosis transmission.**	Setting with a high frequency of people with undetected or undiagnosed TB disease, or where people with infectious TB are present and there is a high risk of TB transmission.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents

Highly endemic tuberculosis	Highly endemic TB	**More than 300 tuberculosis cases per 100 000 population in a year.**	More than 300 TB infections per 100 000 population	2022	WHO	Western Pacific regional framework to end TB: 2021-2030
HIV associated tuberculosis	HIV-Related TB	**Tuberculosis occurring in a person living with HIV.**	TB occurring in a person infected with HIV	2003	WHO	Guidelines for workplace TB control activities : the contribution of workplace TB control activities to TB control in the community
Household contact	Household contact	**Person who shared the same enclosed living space as the index case of tuberculosis for one or more nights or for frequent or extended daytime periods during the 3 months before the start of current treatment.**	Person who shared the same enclosed living space as the index case for one or more nights or for frequent or extended daytime periods during the 3 months before the start of current treatment.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Human rights-based tuberculosis response	Human rights-based TB response	**A tuberculosis response that promotes public health measures and good clinical practice founded on the dignity and autonomy of people affected by tuberculosis and their critical role in all aspects of the response.**	A TB response that promotes public health measures and good clinical practice founded on the dignity and autonomy of people affected by TB and their critical role in all aspects of the response. It places special focus on populations vulnerable to TB to promote rights to health, non-discrimination, privacy and confidentiality, information and liberty, and leveraging existing laws at international, regional and national levels.	2022	WHO	Guidance for national strategic planning for tuberculosis
Incipient tuberculosis	Incipient TB	**Individuals with *M. tuberculosis* infection in whom progression to tuberculosis has started and who have no symptoms, no radiographic abnormalities suggestive of tuberculosis, and negative microbiological investigations.**	Individuals with tuberculosis infection in whom progression to TB disease has started and who have no symptoms, no radiographic abnormalities suggestive of TB and negative microbiological investigations. Individuals with incipient disease are very likely to develop active TB within a short time of initial evaluation. A subset of patients with incipient disease (primarily immunocompetent patients) will not progress to active disease	2017	WHO	Consensus Meeting Report: Development of a Target Product Profile (TPP) and a framework for evaluation for a test for predicting progression from tuberculosis infection to active disease
Index patient of tuberculosis	Index case (index patient) of tuberculosis	**Used in tuberculosis surveillance to refer to the person of any age who is initially identified with new or recurrent tuberculosis in a specific household or other comparable setting in which others may have been exposed. An index patient is the person on which a contact investigation is centered but is not necessarily the source patient.**	Initially identified person of any age with new or recurrent TB in a specific household or other comparable setting in which others may have been exposed. An index case is the person on which a contact investigation is centred but is not necessarily the source case.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents

Individualized treatment	Individualized Treatment	**Regimen designed based on the patient's previous history of anti-tuberculosis treatment, individual characteristics and/or DST results.**	Regimen designed based on the patient's previous history of antituberculosis treatment and individual DST results	2008	WHO	Guidelines for the programmatic management of drug-resistant tuberculosis: emergency update 2008
Infection-control programme (for tuberculosis)	Infection-Control Program (TB)	**Programme designed to control transmission of *M. tuberculosis* through early detection, isolation, and treatment of persons with infectious tuberculosis.**	A program designed to control transmission of *M. tuberculosis* through early detection, isolation, and treatment of persons with infectious TB. A hierarchy of control measures are used, including 1) administrative controls to reduce the risk for exposure to persons with infectious TB disease and screening for HCWs for LTBI and TB disease, 2) environmental controls to prevent the spread and reduce the concentration of infectious droplet nuclei in the air, and 3) respiratory protection in areas where the risk for exposure to *M. tuberculosis* is high (e.g., AII rooms). A TB infection-control plan should include surveillance of HCWs who have unprotected high-risk exposure to TB patients or their environment of care	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Infectious period	Infectious Period	**Time period during which a patient with tuberculosis is considered infectious and capable of transmitting *M. tuberculosis* to other persons. This period is typically defined as 12 weeks before tuberculosis diagnosis or onset of cough until the patient has been put on tuberculosis treatment and has evidence of negative microbiological tests from specimens of affected organs.**	Time period during which a person with TB disease is considered infectious and capable of transmitting *M. tuberculosis* to persons who share the same air space	2004	CDC	Guide to the Application of Genotyping to Tuberculosis Prevention and Control
Infectious tuberculosis	Infectious TB	**Tuberculosis that is transmissible to others, i.e. contagious, usually determined by a bacteriologically positive sputum or other respiratory sample.**	Active tuberculosis transmissible to others, i.e.contagious, usually determined by a positive sputum smear in case of pulmonary or laryngeal disease	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Infectiousness	Infectiousness	**Probability of tuberculosis transmission from an individual with tuberculosis (usually pulmonary tuberculosis) to a susceptible individual through aerosols with droplet nuclei containing viable *M. tuberculosis*.**	Probability of tuberculosis (TB) transmission from an individual with TB disease (usually pulmonary TB) to a susceptible individual through aerosols with droplet nuclei containing viable *Mycobacterium tuberculosis* while, for example, coughing, sneezing or talking	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
Initial (intensive) phase of treatment	Initial (Intensive) Phase Of Treatment	**First period of tuberculosis treatment during which a combination of drugs is given to kill as many of the *M. tuberculosis* organisms as possible, as quickly as possible. In the 6-month regimen for drug susceptible tuberculosis, this period usually lasts 2 months.**	First period of TB treatment during which a combination of drugs is given to kill as many of the TB organisms as possible, as quickly as possible, for a period of 2–3 months	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual

Injectable agent	Injectable Agent	**In the tuberculosis context, it refers to aminoglycosides such as amikacin, capreomycin, kanamycin, or streptomycin, previously considered to be key MDR-TB regimen components (the term as used here does not include the second-line anti-tuberculosis drugs imipenem and meropenem that are also given by injection).**	Amikacin, capreomycin, kanamycin or streptomycin, previously considered to be key MDR-TB regimen components (the term as used here does not include the second-line TB drugs imipenem and meropenem that are also given by injection)	2018	WHO	Frequently Asked Questions on the WHO Rapid Communication: key changes to the treatment of multidrug- and rifampicin-resistant TB
Interferon-gamma release assay (IGRA)	Interferon-Gamma Release Assay (IGRA)	**In-vitro blood tests for cell-mediated immunity to *M. tuberculosis* that quantify the amount of interferon-gamma (IFN-γ) released from peripheral blood T-cells or enumerate the number of IFN-γ producing T-cells following stimulation with synthetic peptides simulating *M. tuberculosis* proteins.**	In vitro blood tests for cell-mediated immunity to *M. tuberculosis* that measure interferon-gamma (IFN-γ) released from peripheral blood T-cells stimulated with synthetic peptides simulating *M. tuberculosis* proteins	2008	WHO	Tuberculosis and air travel, third edition
Inventory study for tuberculosis	Inventory Study For TB	**Study conducted with the aim of assessing the number of detected persons with tuberculosis during a defined period of time by actively observing health providers' practice, and then computing the proportion of detected cases not reported to health authorities.**	Study conducted with the aim at assessing the number of detected TB patients during a defined period of time by actively observing health providers' practice, and then computing the proportion of detected cases not reported to health authorities.	2014	WHO	Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist and user guide
Isoniazid preventive therapy (IPT)	Isoniazid Preventive Therapy (IPT)	**Therapy with isoniazid (usually self-administered daily for 6 months) to prevent the development of tuberculosis.**	Self-administered therapy with isoniazid (usually self-administered for 6 months) to prevent development of TB disease in individuals who do not have active TB; limited to individuals at high risk of progressing from TB infection to disease, such as young children and HIV-infected children and adults	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Key vulnerable population						
Laboratory confirmed tuberculosis meningitis (TBM)	Definite Tuberculosis Meningitis	**Tuberculosis diagnosed when 1) AFB are seen in cerebrospinal fluid (CSF), 2) AFB or *M. tuberculosis* is cultured from CSF or 3) *M. tuberculosis* DNA is detected by PCR from CSF.**	TB diagnosed when 1) AFB were seen in CSF, 2) AFB or *M. tuberculosis* was cultured from CSF or 3) *M. tuberculosis* was detected by PCR from CSF	2011	Scientific article (PLoS One.)	Presentation and Outcome of Tuberculous Meningitis in a High HIV Prevalence Setting
Laboratory confirmed tuberculosis	Laboratory-Confirmed TB Case	**Synonym of bacteriologically confirmed tuberculosis.**	TB case diagnosed by smear, culture or other WHO-endorsed molecular test e.g. GeneXpert MTB/RIF	2014	WHO	Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist and user guide

Laryngeal tuberculosis	Laryngeal TB	**Tuberculosis that involves the larynx and can be highly infectious.**	Form of TB disease that involves the larynx and can be highly infectious	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Latent tuberculosis infection (LTBI)	Latent tuberculosis infection (LTBI)	**A state of persistent immune response to stimulation by *M. tuberculosis* antigens with no evidence of clinically manifest tuberculosis. This term is outdated, and the current recommended term is *M. tuberculosis* infection.**	A state of persistent immune response to stimulation by *M. tuberculosis* antigens with no evidence of clinically manifest active TB. This is also at times referred to as TB infection. There is no gold standard test for direct identification of *M. tuberculosis* infection in humans. Most infected people have no signs or symptoms of TB but are at risk for active TB disease.	2020	WHO	WHO consolidated guidelines on tuberculosis: module 1: prevention: tuberculosis preventive treatment
Line-probe assay (LPA)	Line-Probe Assay	**Rapid technique based on polymerase chain reaction (PCR) that is used to detect the most common mutations of *M. tuberculosis* that confer resistance to anti-tuberculosis drugs. It is also used to detect the species of multiple nontuberculous mycobacteria.**	Rapid molecular test for detection of multidrug-resistant tuberculosis (RR/MDR-TB). Line-probe assay (LPA) can give a test result within 1–2 days. LPA was endorsed by WHO in 2008	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Lost to follow-up (treatment outcome)	Lost to follow-up	**A person who did not start treatment or whose treatment was interrupted for two consecutive months or more.**	A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Low tuberculosis incidence settings	Low TB Burden Settings	**Countries or distinct parts of countries characterized by a low burden of tuberculosis (with a tuberculosis incidence <10/100 000 population).**	Countries or distinct parts of countries characterized by a low burden of TB (TB incidence <10/100 000 population). High income countries usually match this definition.	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
***M. tuberculosis* infection**		**Condition in which a person harbours viable *M. tuberculosis* in the body, irrespective of signs or symptoms. When a person is infected with *M. tuberculosis*, TST or IGRA tests are frequently positive (TST≥5mm, or IGRA according to manufacturer's instructions). A positive TST or IGRA does not always mean *M. tuberculosis* infection is present. This condition has been broadly referred to as latent TB infection or TB infection.**				
***M. tuberculosis* uninfected**	Uninfected	**Condition in which a person has no *M. tuberculosis* infection, no tuberculosis, and may or may not be immunoreactive to IGRAs or TST.**	no infection, no disease, may or may not be TB immunoreactive.	2021	American Journal of Respiratory Critical Care Medicine	Latent Tuberculosis: Two Centuries of Confusion

Management of tuberculosis	Management of TB	**The broad package of services to prevent, diagnose, treat, and rehabilitate people affected by tuberculosis.**	The broad package of services to prevent, diagnose, treat and rehabilitate people affected by TB.	2022	WHO	Guidance for national strategic planning for tuberculosis
Mantoux method	Mantoux Method	**It is the recommended technique to perform the purified protein derivative (PPD)-based tuberculin skin test (TST). It consists of the injection of 0.1 ml containing 5 tuberculin units (TU) of PPD intradermally into the volar or dorsal surface of the forearm.**	Recommended TST method, performed by injecting 0.1 ml containing 5 tuberculin units (TU) of purified protein derivative (PPD) intradermally into the volar or dorsal surface of the forearm.	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Miliary tuberculosis	Miliary TB	**A form of rapidly progressing tuberculosis characterized by hematogenous spread of *M. tuberculosis*. Its name derives from a pathognomonic chest radiograph (with millet seed-sized (1 to 2 mm) tuberculous foci).**	Sometimes referred to as disseminated TB. A dangerous, and difficult to diagnose, form of rapidly progressing TB disease that extends throughout the body. Uniformly fatal if untreated, sometimes it is diagnosed too late to save a life. Derives its names from a pathognomonic chest radiograph, but certain patients with this condition have normal findings or ordinary infiltrates on the chest radiograph	2005	CDC	Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis
Minimum inhibitory concentration (MIC)	Minimum inhibitory concentration (MIC)	**The lowest concentration of an antimicrobial agent that prevents growth of more than 99% a microorganism in a solid medium or broth dilution susceptibility test.**	The lowest concentration of an antimicrobial agent that prevents growth of more than 99% a microorganism in a solid medium or broth dilution susceptibility test.	2021	WHO	Technical Report on critical concentrations for drug susceptibility testing of isoniazid and the rifamycins (rifampicin, rifabutin and rifapentine)
Monoresistance	Mono-resistance	**Resistance to only one first-line anti-tuberculosis drug.**	Resistance to one antituberculosis drug	2008	WHO	Guidelines for the programmatic management of drug-resistant tuberculosis: emergency update 2008
***Mtb* antigen-based skin tests (TBST)**	*Mtb* antigen-based skin tests (TBST)	**Skin tests for the detection of *M. tuberculosis* infection that use *Mtb* specific antigens (ESAT6 and CFP10).**	Skin tests for the detection of TB infection that use *Mtb* specific antigens (ESAT6 and CFP10)	2022	WHO	Rapid communication: TB antigen-based skin tests for the diagnosis of TB infection
Multidrug- or rifampicin-resistant tuberculosis (MDR/RR-TB)	MDR/RR-TB	**Refers to either multidrug-resistant tuberculosis (MDR-TB) or rifampicin-resistant tuberculosis (RR-TB). This term is used given that both drug resistance profiles are eligible for MDR-TB regimens.**	refers to either multidrug-resistant TB (MDR-TB) or rifampicin-resistant TB (RR-TB).	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update

Multidrug-resistant tuberculosis (MDR-TB) regimen	MDR-TB Regimen	**Anti-tuberculosis treatment regimen designed to treat people with rifampicin-resistant (RR) or multidrug-resistant (MDR) tuberculosis.**	A regimen designed to treat RR/MDR-TB patients	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Mycobacterium bovis (*M. bovis*)	Mycobacterium Bovis (*M. bovis*)	**Member organism of *M. tuberculosis* complex and a causative infectious agent of tuberculosis in cattle. It can also cause tuberculosis in humans.**	Member organism of *M. tuberculosis* complex and the causative infectious agent of TB in cattle. It also causes infection and disease in humans, who become infected by consuming unpasteurized dairy products from tuberculous cows. Human *M. bovis* TB disease has certain distinctive characteristics but in practical terms is indistinguishable from human-variant TB. Human pulmonary *M. bovis* TB disease probably is transmissible to other humans by the airborne route, and secondary cases can result, especially among vulnerable contacts	2005	CDC	Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis
Mycobacterium tuberculosis (M. tuberculosis, M.tb)	*Mycobacterium tuberculosis*	**Member organism of *M. tuberculosis* complex and the main causative agent of tuberculosis in humans.**	Bacterium that causes LTBI and TB disease	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
***Mycobacterium tuberculosis* complex (MTBC)**	*Mycobacterium tuberculosis* Complex (MTC)	**Group of closely related mycobacterial species that can cause tuberculosis (i.e., *M. tuberculosis*, *M. bovis*, M. orygis, M. africanum, M. microti, and the BCG strain).**	Group of closely related mycobacterial species that can cause latent tuberculosis infection (LTBI) and TB disease (i.e., *M. tuberculosis*, *M. bovis*, M. africanum, M. canetti, M. microti, and the BCG strain)	2004	CDC	Guide to the Application of Genotyping to Tuberculosis Prevention and Control
National Tuberculosis Programme (NTP)	National Tuberculosis Program (NTP)	**Countrywide, permanent programme responsible for activities directed at controlling tuberculosis through integrated efforts with the general national health services.**	Countrywide, permanent program responsible for activities directed at controlling tuberculosis through integrated efforts with the general health services for implementing the DOTS strategy promoted by WHO and the IUATL	2002	The Union	External quality assessment for AFB smear microscopy
National Tuberculosis Programme (NTP) network	National TB Programme (NTP) Network	**Health facilities, public or private, treating and notifying tuberculosis in line with the guidelines of the National Tuberculosis Programme.**	Health facilities, public or private, treating and notifying TB in line with the guidelines of the national TB programme	2017	WHO	Tuberculosis patient cost surveys: a handbook
New case	New case	**A person with tuberculosis who has never received treatment or has only previously ever taken anti-tuberculosis drugs for less than 1 month. Note: this term is only used in the context of surveillance. In other contexts, the term 'case' should not be used, and we should use the term 'person with tuberculosis'.**	a person with TB disease who has never been treated for TB or has only previously ever taken TB drugs for less than 1 month.	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update

Non-Infectious tuberculosis	Non-Infectious TB	**Tuberculosis which is not contagious. It usually refers to extrapulmonary or pulmonary tuberculosis for which the sputum-based microbiological tests are negative.**	All cases of respiratory TB which have two consecutive negative sputum-smear and negative culture (if culture is available) results	2008	WHO	Tuberculosis and air travel, third edition
Non-severe tuberculosis	Non-severe TB	**In the pediatric context, peripheral lymph node tuberculosis or respiratory tuberculosis (including uncomplicated intrathoracic lymph node disease) confined to one lobe without cavities, no significant airway obstruction, uncomplicated pleural effusion, and no miliary tuberculosis.**	Peripheral lymph node TB or respiratory TB (including uncomplicated intrathoracic lymph node disease) confined to one lobe without cavities, no significant airway obstruction, uncomplicated pleural effusion, and no miliary TB.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Nontuberculous Mycobacteria (NTM)	Nontuberculous Mycobacteria (NTM)	**Mycobacterium species other than those included as part of *M. tuberculosis* complex. Also referred to as mycobacterium other than tuberculosis (MOTT).**	Mycobacterium species other than those included as part of *M. tuberculosis* complex. Although valid from a laboratory perspective, the term can be misleading because certain types of NTM cause disease with pathologic and clinical manifestations similar to TB disease. Another term for NTM is mycobacterium other than tuberculosis (MOTT). NTM are environmental mycobacteria	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Not evaluated (treatment outcome)	Not Evaluated (Treatment Outcome)	**Person with tuberculosis for whom no treatment outcome is assigned.**	Patient whose treatment outcome is not known	2011	WHO	Global Tuberculosis Control 2011
Notified tuberculosis case	Notified TB Case	**Case of tuberculosis that is reported to the National Tuberculosis Programme.**	Case of TB is reported to national authorities	2014	WHO	Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist and user guide
Number needed to screen	Number needed to screen	**Number of people who need to undergo screening in order to diagnose one person with tuberculosis.**	Number of people who need to undergo screening in order to diagnose one person with TB disease.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Other previously treated patients	Previously Treated - Other	**People with tuberculosis who have previously been treated for tuberculosis but whose outcome after their most recent course of treatment is unknown or undocumented.**	Those who have previously been treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision

Paradoxical Tuberculosis-Associated IRIS (Immune Reconstitution Inflammatory Syndrome)	Paradoxical Tuberculosis-Associated IRIS (Immune Reconstitution Inflammatory Syndrome)	**Recurrent, new, or worsening symptoms or signs of tuberculosis following initiation of antiretroviral therapy (ART) in people living with HIV, diagnosed with tuberculosis, and started on anti-tuberculosis treatment before ART. These signs or symptoms typically occur within the first few weeks and up to 3 months after ART is initiated.**	(for use in resource-limited settings) Patients that have been diagnosed with active tuberculosis before initiation of Antiretroviral Therapy (ART), and have typically been responding to antituberculosis treatment. Following initiation of ART, IRIS presents as the development of recurrent, new, or worsening symptoms or signs of tuberculosis, such as fever, return of cough, or lymph node enlargement, or recurrent, new, or deteriorating radiological manifestations. These symptoms typically occur within the first few weeks and up to 3 months after ART is initiated, restarted, or changed because of treatment failure	2008	Scientific article (Lancet Infect Dis.)	Tuberculosis-associated immune reconstitution inflammatory syndrome: case definitions for use in resource-limited settings
Passive case-finding	Passive case-finding	**Patient-initiated pathway to tuberculosis diagnosis involving a person with tuberculosis who experiences symptoms that they recognize as serious; the person having access to and seeking care and presenting spontaneously at an appropriate health facility; a health worker correctly assessing that the person fulfils the criteria for presumptive tuberculosis; and successful use of a diagnostic algorithm with sufficient sensitivity and specificity to diagnose tuberculosis.**	Patient-initiated pathway to TB diagnosis involving a person with TB disease who experiences symptoms that they recognize as serious; the person having access to and seeking care, and presenting spontaneously at an appropriate health facility; a health worker correctly assessing that the person fulfils the criteria for presumptive TB; and successful use of a diagnostic algorithm with sufficient sensitivity and specificity to diagnose TB.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
People affected by tuberculosis	People affected by TB	**People with tuberculosis or who previously had tuberculosis, as well as their caregivers and immediate family members.**	People with TB disease or who previously had TB disease, as well as their caregivers and immediate family members.	2021	The Union	PSYCHOSOCIAL COUNSELLING AND TREATMENT ADHERENCE SUPPORT FOR PEOPLE AFFECTED BY TUBERCULOSIS (TB)
Persistent cough	Persistent Cough	**Cough with a duration of >2 weeks. Also referred to as prolonged or unremitting cough.**	(definition for Research Evaluation and Reporting Purposes) Persistent (>2 weeks), non-remitting cough	2012	Scientific article (J Infect Dis.)	Evaluation of Tuberculosis Diagnostics in Children: Proposed Clinical Case Definitions for Classification of Intrathoracic Tuberculosis Disease. Consensus From an Expert Panel
Persistent unexplained fever	Persistent Unexplained Fever (In Children)	**Persistent (>1 week) and unexplained fever (>38.0 C) reported by a guardian or objectively recorded at least once.**	Persistent (>1 week) and unexplained fever (> 38.0C) reported by a guardian or objectively recorded at least once	2012	Scientific article (J Infect Dis.)	Evaluation of Tuberculosis Diagnostics in Children: Proposed Clinical Case Definitions for Classification of Intrathoracic Tuberculosis Disease. Consensus From an Expert Panel

Person-centered approach to tuberculosis care	Patient-Centred Approach To TB Care	**Person-centered approach considers the needs, perspectives, and individual experiences of people affected by tuberculosis, while respecting their right to be informed and receive the best quality care based on individual needs.**	Patient-centred approach considers the needs, perspectives, and individual experiences of people affected by TB, while respecting their right to be informed and receive the best quality care based on individual needs. It requires the establishment of mutual trust and partnership in the patient–care provider relationship, and creates opportunities for people to provide input into and participate in the planning and management of their own care. A patient-centred approach improves treatment outcomes, while respecting human dignity	2015	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
Persons with unknown previous tuberculosis treatment history	Patients With Unknown Previous TB Treatment History	**Persons who do not fit into any of the categories of relapse, treatment after failure, treatment after loss to follow up, and other previously treated.**	Patients who do not fit into any of the categories of relapse, treatment after failure, treatment after loss to follow up and other previously treated	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision
Phenotypic drug susceptibility testing (DST)	Phenotypic DST (Conventional DST)	**Phenotypic testing determines if an isolate is resistant to an anti-tuberculosis drug by evaluating growth (or metabolic activity) in the presence of the drug. Also called conventional DST.**	Phenotypic testing determines if an isolate is resistant to an anti-TB drug by evaluating growth (or metabolic activity) in the presence of the drug	2014	WHO	Companion handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis
Polydrug resistance	Polydrug Resistance	**Resistance to more than one first-line anti-tuberculosis drug (other than both isoniazid and rifampicin).**	Resistance to more than one first-line anti-TB drug (other than both isoniazid and rifampicin).	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision
Possible tuberculous meningitis (TBM)	Possible tuberculous meningitis	**Clinical entry criteria consistent with tuberculous meningitis plus exclusion of alternative diagnoses.**	It is diagnosed when: 1) a patient presented with clinical features of meningitis and either 2) four or more of the following were present i) a history of TB ii) a predominance of CSF lymphocytes (.50%), iii) illness duration of more than five days iv) CSF glucose ,2.2 mmol/L, v) altered consciousness, vi) clear or yellow CSF with protein.1 g/L, vii) focal neurological signs, or 3) 'markedly abnormal' CSF (excluding isolated hypoglycemia) with evidence of TB elsewhere	2011	PloS One	Presentation and Outcome of Tuberculous Meningitis in a High HIV Prevalence Setting
Pre-elimination setting	Pre-elimination setting	**1 person with tuberculosis per 100 000 population in a particular setting.**	1 person with TB per 100 000 population	2022	WHO	Western Pacific regional framework to end TB: 2021-2030
Pre-extensively drug resistant (XDR) tuberculosis	Pre-XDR-TB	**Tuberculosis caused by *M. tuberculosis* strains that fulfil the definition of multidrug-/rifampicin-resistant tuberculosis (MDR/RR-TB) and that are also resistant to any fluoroquinolone.**	TB caused by *Mycobacterium tuberculosis* (*M. tuberculosis*) strains that fulfil the definition of MDR/RR-TB and that are also resistant to any fluoroquinolone.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 4: treatment: drug-susceptible tuberculosis treatment

Presumptive tuberculosis	Presumptive tuberculosis	**Condition in which a person has symptoms or signs suggestive of tuberculosis.**	Person who presents with symptoms or signs suggestive of TB.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Prevalence surveys (for tuberculosis)	National TB prevalence surveys	**Studies to periodically measure tuberculosis burden in a particular country or setting. They usually measure bacteriologically confirmed TB in those ≥15 years of age.**	Priority studies to periodically measure TB disease burden	2021	WHO	National tuberculosis prevalence surveys 2007-2016
Previously treated patients	Previously treated	**People who have previously received 1 month or more of anti-tuberculosis drugs. Previously treated people may have been treated with a first-line regimen for drug-susceptible tuberculosis or a second-line regimen for drug-resistant forms.**	People who have previously received 1 month or more of TB medicines. Previously treated people may have been treated with a first-line regimen for drug-susceptible TB or a secondline regimen for drug-resistant forms.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Primary drug resistance	Primary Drug Resistance	**Presence of drug resistance to one or more anti-tuberculosis drugs in a person who has received either no or less than one month of prior tuberculosis chemotherapy.**	The presence of drug resistance to one or more anti-TB drugs in a TB patient who has received either no or less than one month of prior TB chemotherapy	2010	Scientific article (Biosci Trends.)	Multi-drug resistant tuberculosis: An iatrogenic problem.
Probable tuberculous meningitis (TBM)	Probable Tuberculous Meningitis (TBM)	**Diagnosed when: 1) a person presented with clinical features of meningitis and 2) suggestive cerebrospinal fluid laboratory findings of TBM, plus 3) one or more of the following i) chest radiograph findings consistent with pulmonary tuberculosis, ii) an extra-meningeal specimen positive for AFB, iii) other evidence of extra-meningeal tuberculosis (e.g. abdominal ultrasound features) or iv) brain computed tomography (CT) evidence of TBM.**	Diagnosed when: 1) a patient presented with clinical features of meningitis and 2) suggestive CSF findings of TBM (total white cell count .5 cells6106/L, protein .0.45 g/L and glucose ,2.2 mmol/L), plus 3) one or more of the following i) chest radiograph findings consistent with pulmonary TB, ii) an extra-meningeal specimen positive for AFB, iii) other evidence of extra-meningeal TB (e.g. abdominal ultrasound features) or iv) brain computed tomography (CT) evidence of TBM including one or more of the following: basal meningeal enhancement, hydrocephalus or infarctions	2011	Scientific article (PLoS One.)	Presentation and Outcome of Tuberculous Meningitis in a High HIV Prevalence Setting
Programmatic management of tuberculosis preventive treatment	Programmatic management of tuberculosis preventive treatment	**All coordinated activities by public and private healthcare providers and the community aimed at scaling up tuberculosis preventive treatment to people who need it.**	All coordinated activities by public and private health caregivers and the community aimed at scaling up TB preventive treatment to people who need it.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Prolonged paradoxical tuberculosis-associated immune reconstitution inflammatory syndrome (TB-IRIS)	Prolonged Paradoxical Tuberculosis-Associated Immune Reconstitution Inflammatory Syndrome (TB-IRIS)	**TB-IRIS symptoms lasting >90 days.**	TB-IRIS symptoms lasting >90 days	2016	Scientific article (BMC Infect Dis.)	Prolonged tuberculosis-associated immune reconstitution inflammatory syndrome: characteristics and risk factors

Proportion method	Proportion method	**The most common method used for testing the susceptibility of *M. tuberculosis* complex isolates. In this method, the inoculum used is monitored by testing two dilutions of a culture suspension, and the growth (that is, the number of colonies) on a control medium without an anti-tuberculosis agent is compared with the growth (the number of colonies) present on a medium containing the critical concentration of the anti-tuberculosis drug being tested.**	The proportion method was originally proposed by Canetti and colleagues, and modified later; it is the most common method used for testing the susceptibility of *M. tuberculosis* complex isolates. In this method, the inoculum used is monitored by testing two dilutions of a culture suspension, and the growth (that is, the number of colonies) on a control medium without an anti-TB agent is compared with the growth (the number of colonies) present on a medium containing the critical concentration of the anti-TB agent being tested; the ratio of the number of colonies on the medium containing the anti-TB agent to the number of colonies on the medium without the anti-TB xiii agent is calculated, and the proportion is expressed as a percentage. A 1% critical proportion is used to differentiate the proportion of resistant organisms within a particular sample that is used to determine resistance to a particular drug.	2021	WHO	Technical Report on critical concentrations for drug susceptibility testing of isoniazid and the rifamycins (rifampicin, rifabutin and rifapentine)
Provider-initiated tuberculosis screening pathway	Provider-initiated TB screening pathway	**The provider-initiated tuberculosis screening pathway systematically targets people at high risk of exposure or of developing tuberculosis and screens them by assessing symptoms, using tests, examinations, or other procedures to identify those who might have tuberculosis, following up with a diagnostic test and additional clinical assessments to make a definite diagnosis.**	The provider-initiated TB screening pathway systematically targets people at high risk of exposure or of developing TB disease and screens them by assessing symptoms, using tests, examinations or other procedures to identify those who might have TB, following up with a diagnostic test and additional clinical assessments to make a definite diagnosis. This approach can target people at different stages of TB, for example by screening those at high risk of exposure (e.g. high TB burden communities or settings such as prisons) or those who are exposed to TB (e.g. contacts of a TB patient), or those who have high risk of developing TB (e.g. people living with HIV). Screening programmes must include an appropriate pathway for diagnostic confirmation, treatment and care and further management.	2021	WHO	WHO operational handbook on tuberculosis: module 2: screening: systematic screening for tuberculosis disease
Pulmonary tuberculosis (PTB)	Pulmonary tuberculosis (PTB) (classification)	**Any bacteriologically confirmed or clinically diagnosed case of tuberculosis involving the lung parenchyma or the tracheobronchial tree, including tuberculous intrathoracic lymphadenopathy. A person with both PTB and extrapulmonary tuberculosis should be classified as having PTB.**	Any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree, including tuberculous intrathoracic lymphadenopathy (mediastinal and/or hilar), without radiographic abnormalities in the lungs.10 Miliary TB is classified as PTB because there are lesions in the lungs. A person with both PTB and extrapulmonary TB should be classified as having PTB.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Purified protein derivative (PPD), tuberculin	Purified Protein Derivative (PPD) Tuberculin	**Material used in diagnostic tests to measure immune reactivity to past or present *M. tuberculosis* infection. PPD is a purified tuberculin preparation that was developed in the 1930s and derived from old tuberculin. It is administered as part of a tuberculin skin test (TST) that is given as an intradermal injection of 0.1 ml containing 5 TU (Mantoux method) and read 48–72 hours later.**	Material used in diagnostic tests for infection with *M. tuberculosis*. PPD is a purified tuberculin preparation that was developed in the 1930s and derived from old tuberculin. In the United States, it is administered as part of a TST that is given as an intradermal injection of 0.1 ml containing 5 TU (Mantoux method) and read 48–72 hours later. It also was used in the older version of QFT-G	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Recent transmission	Recent Transmission	**Transmission of *M. tuberculosis* that has occurred in the recent past, often considered to be within the last 2 years.**	Transmission of TB that has occurred in the recent past, as opposed to reactivation of a latent TB infection. Although the precise time period that distinguishes TB that resulted from "recent" transmission and TB that resulted from reactivation of a latent infection is not well defined, "recent" transmission is often considered to be within the last 2 years	2004	CDC	Guide to the Application of Genotyping to Tuberculosis Prevention and Control

Recurrence	Recurrent Cases	**A person who has previously been treated for tuberculosis, was declared cured or treatment completed at the end of the most recent course of treatment, and is now diagnosed with a recurrent episode of tuberculosis.**	Cases that have been treated for tuberculosis in the past and been declared successfully treated (cured/treatment completed) at the end of their treatment regimen. Recurrent cases include relapses due to the same *M. tuberculosis* strain as for the previous episode as well as new episodes of TB due to reinfection	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision
Reinfection	Reinfection	**Second or subsequent *M. tuberculosis* infection by a different strain than the previous infection.**	Second infection that follows from a previous infection by the same causative agent. Frequently used when referring to an episode of TB disease resulting from a subsequent infection with *M. tuberculosis* and a different genotype	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Relapse (true relapse)	True Relapse	**Recurrent episode of tuberculosis caused by the same strain as was identified at baseline, is thought to be due to failure of chemotherapy to sterilize the host tissues, thereby enabling endogenous recrudescence of the original infection.**	Defined as recurrent tuberculosis caused by the same strain as was identified at baseline, are thought to be due to failure of chemotherapy to sterilize the host tissues, thereby enabling endogenous recrudescence of the original infection	2016	CDC	Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis
Retreatment case	Retreatment cases	**Person previously treated for tuberculosis, who has received one month or more of anti-tuberculosis drugs in the past. The current preferred term is 'previously treated patient'.**	Patient previously treated for TB, who is started on a re-treatment regimen after previous treatment has failed (treatment after failure), who returns to treatment having previously defaulted (see below; treatment after default), or who was previously declared cured or treatment completed and is diagnosed with bacteriologically positive (sputum smear or culture) TB (relapse)	2008	WHO	Global tuberculosis control : surveillance, planning, financing : WHO report 2008
Retreatment regimen	Retreatment Regimen	**Regimen of first-line anti-tuberculosis drugs given to a person with tuberculosis whose previous treatment has failed. It may also be given for cases returning after loss to follow up (having had at least 4 weeks of treatment) and relapse cases after an initial first-line treatment regimen.**	A regimen of first-line anti-TB medicines given to a TB patient whose previous treatment has failed. It may also be given for cases returning after loss to follow up (having had at least 4 weeks of treatment) and relapse cases after an initial firstline treatment regimen	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Rifampicin-resistant tuberculosis (RR-TB)	Rifampicin-resistant TB (RR-TB)	**Tuberculosis caused by a strain of *M. tuberculosis* complex that is resistant to rifampicin. These strains may be susceptible or resistant to isoniazid (i.e. MDR-TB), or resistant to other first-line or second-line tuberculosis drugs.**	TB disease caused by a strain of *M. tuberculosis* complex that is resistant to rifampicin. These strains may be susceptible or resistant to isoniazid (i.e. MDR-TB), or resistant to other first-line or second-line TB medicines.	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update

Risk group	Risk group	**Any group of people in which the prevalence or incidence of tuberculosis is significantly higher than in the general population. The current preferred term is 'key vulnerable population'.**	Any group of people in which the prevalence or incidence of TB is significantly higher than in the general population.	2021	WHO	WHO operational handbook on tuberculosis: module 2: screening: systematic screening for tuberculosis disease
Risk of *M. tuberculosis* transmission	Risk of *M. tuberculosis* Transmission	**Probability of passing *M. tuberculosis* to another individual. This may be influenced by factors such as the frequency of contact with the source person, proximity and duration of contact, use of respiratory protection, environmental factors, and infectiousness of the source person.**	Probability of passing *M. tuberculosis* to another individual. This may be influenced by factors such as the frequency of contact with the source person, proximity and duration of contact, use of respiratory protection, environmental factors (e.g. dilution, ventilation and other air disinfection), infectiousness of the source person and immune status of the exposed person.	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update
Scanty	Scanty	**In the tuberculosis context, result of examination of a sputum sample when fewer than 10 acid-fast bacilli (AFB) are observed.**	Result of examination of a sputum sample when fewer than 10 acid-fast bacilli (AFB) are observed	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Screening (TB)	Screening (TB)	**Activity performed by a healthcare provider in a specific population in order to identify persons who have tuberculosis or *M. tuberculosis* infection.**	Measures used to identify persons who have TB disease or LTBI. See also symptom screen	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Screening test, examination, or procedure for tuberculosis	Screening test, examination or procedure for active TB	**A test, examination or other procedure for tuberculosis that distinguishes people with a high likelihood of having tuberculosis from people who are highly unlikely to have it. A screening test is not intended to be diagnostic. People with positive results on a screening test should undergo full diagnostic evaluation.**	A test, examination or other procedure for active TB that distinguishes people with a high likelihood of having active TB from people who are highly unlikely to have active TB. A screening test is not intended to be diagnostic. People with positive results on a screening test should undergo diagnostic evaluation.	2021	WHO	Optimizing active case-finding for tuberculosis
Second-line drug	Second-Line TB Medicine (Or Drug)	**Agent usually reserved for the treatment of drug-resistant tuberculosis. First-line tuberculosis drugs used to treat drug-susceptible tuberculosis – ethambutol, isoniazid and pyrazinamide – may also be used in MDR-TB regimens.**	Agent reserved for the treatment of drug-resistant TB. First-line TB medicines used to treat drug-susceptible TB – ethambutol, isoniazid and pyrazinamide – may also be used in MDR-TB regimens (streptomycin is now considered a second-line TB medicine and used only as a substitute for amikacin when amikacin is not available or there is confirmed resistance to it)	2019	WHO	WHO consolidated guidelines on drug-resistant tuberculosis treatment
Second-line line probe assays (LPAs)	Second-Line LPAs	**Molecular tests for detection of resistance to fluoroquinolones and injectable anti-tuberculosis drugs.**	Rapid LPA that tests for resistance to fluoroquinolones and injectable anti-TB drugs	2016	WHO	Global tuberculosis report 2017
Secondary ('second generation') transmission	Secondary ("Second Generation") Transmission	**Transmission of *M. tuberculosis* from a secondary tuberculosis case whose index case had also been identified.**	Transmission of *M. tuberculosis* from persons with secondary cases (see Secondary (TB) case). This creates a chain of transmission, and if secondary transmission is identified as part of a contact investigation, the scenario can be classified as an outbreak	2005	CDC	Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis

Secondary case (of tuberculosis)	Secondary Cases	**Case of tuberculosis caused by transmission of *M. tuberculosis* from the source patient.**	Cases of TB disease caused by transmission from the source patient.	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Severe extrapulmonary tuberculosis	Severe extrapulmonary TB	**The presence of disseminated (miliary) tuberculosis or tuberculous meningitis. In children aged under 15 years, extrapulmonary forms of disease other than lymphadenopathy (peripheral nodes or isolated mediastinal mass without compression) are considered as severe.**	The presence of disseminated (miliary) TB or tuberculous meningitis. In children aged under 15 years, extrapulmonary forms of disease other than lymphadenopathy (peripheral nodes or isolated mediastinal mass without compression) are considered as severe.	2022	WHO	WHO operational handbook on tuberculosis: module 4: treatment: drug-susceptible tuberculosis treatment
Severely endemic tuberculosis setting	Severely endemic TB	**Setting in which there are more than 500 cases of tuberculosis per 100 000 population in a single year.**	More than 500 TB infections per 100 000 population	2022	WHO	Western Pacific regional framework to end TB: 2021-2030
Smear conversion	Smear Conversion	**Change from sputum smear-positive to sputum smear-negative .**	A change from sputum smear-positive to sputum smear-negative.	2014	WHO	Management of drug-resistant tuberculosis: training for staff working at DR-TB management centres: training modules
Smear conversion rate	Smear Conversion Rate	**Proportion of treated patients who convert from sputum smear-positive to sputum smear-negative within a specified period of time, usually after 2 or 3 months of the initial phase of tuberculosis treatment. It is not a true rate.**	Proportion of treated patients who convert from sputum smear-positive to sputum smear-negative within a specified period of time, usually after 2 or 3 months of the initial phase of TB treatment.	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Smear microscopy	Smear Microscopy	**Test to see whether there are mycobacteria in a particular specimen (sputum or an extrapulmonary sample). To do this test, lab workers smear the specimen on a glass slide, stain the slide with a special dye, and look for any mycobacteria on the slide. Also known as acid fast bacilli (AFB) examination.**	Test to see whether there are TB bacteria in sputum. To do this test, lab workers smear sputum on a glass slide, stain the slide with a special dye, and look for any TB bacteria on the slide. This test usually takes one day to produce results	2015	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
Source case investigation	Source Case Investigation	**Investigation to determine the index case (source) of a tuberculosis case of interest. Also called reverse contact investigation.**	Investigation to determine the source case could be conducted in at least two circumstances: 1) when a health-care setting detects an unexplained cluster of TST conversions among HCWs or 2) when TB infection or disease is diagnosed in a young child. The purposes of a source case investigation are to ascertain that the source case has been diagnosed and treated, to prevent further *M. tuberculosis* transmission, and to ensure that other contacts of that source case are also evaluated and, if indicated, provided treatment	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005

Sputum culture conversion	Sputum Culture Conversion	**Two consecutive negative cultures from sputa collected at least 25 days apart.**	Two consecutive negative cultures from sputa collected at least 25 days apart (as well as all intermediate cultures), and this culture negativity was not followed by a confirmed positive Mycobacteria Growth Indicator Tube (MGIT) culture (or a single positive sputum result after the subject completed the trial), and the subject did not discontinue up to the time point being analyzed	2013	WHO	The use of bedaquiline in the treatment of multidrug-resistant tuberculosis Interim policy guidance
Standardized treatment	Standardized Treatment	**In the tuberculosis context, it is a treatment regimen that is the same for all patients with similar characteristics or a similar type of tuberculosis. This is the opposite of individualized treatment.**	All patients in a defined group or category receive the same regimen. Drug resistance surveillance (DRS) data from representative patient populations are used to as the basis for regimen design in the absence of individual DST	2014	WHO	Companion handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis
Sterilizing activity	Sterilizing Activity	**Ability of a drug to eliminate all bacteria. In the tuberculosis context it is often referred to the ability to kill slow replicating mycobacteria, once the large bulk of rapidly growing organisms has been killed.**	Ability to remove so called "persisters", once the large bulk of rapidly growing organisms has been killed	2002	The Union	Interventions for Tuberculosis Control and Elimination
Stop TB strategy	Stop TB Strategy	**WHO recommended strategy for tuberculosis control elaborated in 2006 with the aim to reduce the burden of tuberculosis in line with global targets set for 2015. The Stop TB Strategy was developed as the successor to the previous DOTS strategy.**	Internationally-recommended approach to reducing the burden of TB in line with global targets set for 2015. The Stop TB Strategy was developed as the successor to the DOTS strategy	2010	WHO	The global plan to stop TB 2011-2015: transforming the fight towards elimination of tuberculosis
Subclinical tuberculosis	Subclinical TB	**Tuberculosis detected by microbiologic investigation in the absence of self-reported tuberculosis-related symptoms with or without radiological abnormalities.**	"disease", due to viable *Mtb* bacteria, that does not cause clinical TB-related symptoms but causes different abnormalities that can be detected using existing radiological or microbiological assays	2021	Breathe	The definition of tuberculosis infection based on the spectrum of tuberculosis disease
Sustained treatment success (treatment outcome)	Sustained treatment success	**An individual assessed at 6 months (for drug-resistant tuberculosis and drug-susceptible tuberculosis) and at 12 months (for drug-resistant tuberculosis only) after successful tuberculosis treatment, who is alive and without signs or symptoms suggestive of tuberculosis. This term is to be used in operational research only.**	An individual assessed at 6 months (for DR-TB and DS-TB) and at 12 months (for DR-TB only) after successful TB treatment, who is alive and free of TB.	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Symptom screen	Symptom Screen	**In the tuberculosis context, procedure in which the person is asked if they have experienced any signs or symptoms frequently found in persons with tuberculosis.**	Procedure used during a clinical evaluation in which the patient is asked if they have experienced any signs or symptoms of TB disease	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Systematic screening for tuberculosis	Systematic screening for active TB	**The systematic identification of people with presumptive tuberculosis in a predetermined target group, using tests, examinations, or other procedures that can be applied rapidly.**	Is defined as the systematic identification of people with presumptive tuberculosis (TB) in a predetermined target group, using tests, examinations or other procedures that can be applied rapidly. It is provider-initiated.	2021	WHO	Optimizing active case-finding for tuberculosis

Transfer in	Transfer In	**Person who was originally registered in another basic management unit (BMU) tuberculosis register but transferred to the current BMU to continue care.**	Person who was originally registered in another BMU Tuberculosis Register but transferred to the current BMU to continue care; s/he retains the previous registration number from the referring BMU and outcomes are reported as part of the original BMU cohort; or a person who was hospitalised prior to being referred (in contrast to transfer, see below) to the BMU (and therefore was not included in a Quarterly Report on Tuberculosis Case Finding in BMU from the hospital)	2019	The Union	MANAGEMENT OF TUBERCULOSIS: A GUIDE TO ESSENTIAL PRACTICE
Treatment after failure patients	Treatment after failure patients	**Persons previously treated for tuberculosis and whose treatment failed at the end of their most recent course of treatment.**	Patients previously been treated for TB and whose treatment failed at the end of their most recent course of treatment	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision
Treatment after loss to follow-up patients	Treatment after loss to follow up patients	**Persons who have previously been treated for tuberculosis and were declared lost to follow-up at the end of their most recent course of treatment.**	Patients who have previously been treated for TB and were declared lost to follow-up at the end of their most recent course of treatment	2013	WHO	Definitions and reporting framework for tuberculosis – 2013 revision
Treatment completed (treatment outcome)	Treatment completed	**A person who completed anti-tuberculosis treatment as recommended by the national policy, whose outcome does not meet the definition for cure or treatment failure.**	A patient who completed treatment as recommended by the national policy, whose outcome does not meet the definition for cure or treatment failure.	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Treatment failed (treatment outcome)	Treatment failed	**A person whose anti-tuberculosis treatment regimen needed to be terminated or permanently changed to a new regimen or treatment strategy.**	A patient whose treatment regimen needed to be terminated or permanently changed to a new regimen or treatment strategy.	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Treatment success (treatment outcome)	Treatment success	**A person with tuberculosis whose treatment outcome is either 'cured' or 'completed'.**	The sum of cured and treatment completed.	2021	WHO	Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions
Treatment support	Treatment support	**An approach to supporting patients who are taking prescribed doses of anti-tuberculosis drugs, to help ensure adherence to treatment and maximize its efficacy.**	Used here to describe an approach to supporting patients who are taking prescribed doses of TB medicines, to help ensure adherence to treatment and maximize its efficacy. Treatment support needs to be provided in the context of people-centred care and should be based on the individual patient's needs, acceptance and preferences. It includes aspects of support, motivation and understanding of patients without coercion. Historically, this group of interventions were labelled as "directly observed treatment"	2022	WHO	WHO operational handbook on tuberculosis: module 4: treatment: drug-susceptible tuberculosis treatment
Treatment supporter	Treatment Supporter (TB)	**Trained health worker or trained and supervised community member who directly observes a TB or DR-TB patient's treatment. When it is not convenient for a person with tuberculosis to visit a health facility during regular hours, a community-based treatment supporter may be selected to directly observe the person's treatment at a more convenient place and time or through the use of novel technologies (video-DOT), which might not observe TB treatment in real time.**	Trained and supervised community member who directly observes a TB patient's treatment. When it is not convenient for a patient to visit the health facility during regular hours, a community TB treatment supporter may be selected and trained to directly observe a patient's treatment at a more convenient place and time	2005	WHO	Management of tuberculosis: training for district TB coordinators
Triage test for tuberculosis	Triage test for TB	**A test that can be rapidly conducted among people presenting to a health facility to differentiate those who should have further diagnostic evaluation for tuberculosis from those who should undergo further investigation for non-tuberculosis diagnoses.**	A test that can be rapidly conducted among people presenting to a health facility to differentiate those who should have further diagnostic evaluation for TB from those who should undergo further investigation for non-TB diagnoses.	2021	WHO	Optimizing active case-finding for tuberculosis

Tubercle bacilli	Tubercle Bacilli	**Bacilli that cause tuberculosis (*Mycobacterium tuberculosis*).**	The bacilli that cause tuberculosis (*Mycobacterium tuberculosis*)	2010	WHO	Management of tuberculosis : training for health facility staff, 2nd ed
Tuberculin	Tuberculin	**Purified protein derivative (PPD) – a mixture of antigens from a culture filtrate extract of *M. tuberculosis* that is used for skin testing; many of its antigens are non-species specific.**	Purified protein derivative (PPD) – a mixture of antigens from a culture filtrate extract of *M. tuberculosis* that is used for skin testing; many of its antigens are non-species specific	2006	WHO	Tuberculosis and air travel : guidelines for prevention and control, 2nd ed
Tuberculin skin test (TST)	Tuberculin skin test (TST)	**Intradermal injection of a combination of mycobacterial antigens that elicit an immune response (delayed-type hypersensitivity), represented by induration, which can be measured in millimeters. TST is used to diagnose *M. tuberculosis* infection.**	Intradermal injection of a combination of mycobacterial antigens that elicit an immune response (delayed-type hypersensitivity), represented by induration, which can be measured in millimetres. TST is used to diagnose TB infection.	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Tuberculin skin test (TST) conversion	TST Conversion	**A change from a negative test result to a positive test result. The size of the change in the induration needs to be considered, as conversion varies based on the baseline testing results and whether the person has a known exposure to a person with tuberculosis. A TST conversion typically is interpreted as presumptive evidence of new *M. tuberculosis* infection and poses an increased risk for progression to tuberculosis.**	In programs using the TST method of screening, a change from a negative test result to a positive test result. The size of the change in mm induration needed to be considered a conversion varies based on the baseline testing results and whether the person has a known exposure to a TB patient. A TST conversion typically is interpreted as presumptive evidence of new *M. tuberculosis* infection and poses an increased risk for progression to TB disease	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Tuberculin skin test (TST) conversion rate	TST Conversion Rate	**Proportion of a population in which TST results converted within a specified time. It is calculated by dividing the number of TST conversions among persons in the setting in a specified period (numerator) by the number of persons who received TSTs in the setting over the same period (denominator), multiplied by 100. It is not a true rate.**	The ercentage of a population in which TST results converted within a specified time. This rate is calculated by dividing the number of TST conversions among persons in the setting in a specified period (numerator) by the number of persons who received TSTs in the setting over the same period (denominator), multiplied by 101	2006	CDC	Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Tuberculin skin test (TST) reaction	Tuberculin Reaction, Positive	**Induration > 5mm for individuals who are at great risk of developing tuberculosis if they become infected with *M. tuberculosis*. Induration > 10 mm for individuals who have normal or mildly impaired immunity and a high likelihood of being infected with *M. tuberculosis* but are without other risk factors that would increase their likelihood of developing the disease. Induration >15 mm for individuals with no risk factors for tuberculosis. These cut-offs might be modified depending on the clinical setting or for research purposes.**	Induration > 5mm for individuals who are at great risk of developing tuberculosis disease if they become infected with *M. tuberculosis*. Induration > 10 mm for individuals who have normal or mildly impaired immunity and a high likelihood of being infected with *M. tuberculosis* but are without other risk factors that would increase their likelihood of developing active disease. Induration >15 mm for individuals with no risk factors for TB	2000	CDC	Diagnostic Standards and Classification of Tuberculosis in Adults and Children
Tuberculosis (TB)	Tuberculosis	**An illness in humans caused by several bacterial microorganisms (species) belonging to the *M. tuberculosis* complex. The most common and important agent of human disease is *M. tuberculosis* and can affect any part of the body, creating parenchymal (tissue) damage. It is broadly referred to in the literature as 'Tuberculosis disease' or 'active tuberculosis'.**	Disease caused by *Mycobacterium tuberculosis* complex	2001	WHO	Good practice in legislation and regulations for TB control : an indicator of political will
Tuberculosis attributable mortality	Mortality	**Number of deaths caused by tuberculosis in HIV-negative people, according to the latest revision of the international classification of diseases, version 10 (ICD-10). Tuberculosis deaths among HIV-positive people are classified as HIV deaths in ICD-10.**	Number of deaths caused by TB in HIV-negative people, according to the latest revision of the International classification of diseases (ICD-10). TB deaths among HIV-positive people are classified as HIV deaths in ICD-10.	2013	WHO	Global tuberculosis report 2013
Tuberculosis case	TB case	**In the context of surveillance, it refers to the occurrence of tuberculosis in a person. In clinical medicine or when referring to a particular person with tuberculosis, the term "case" should be avoided. In the latter context, the term patient should be used.**	the occurrence of TB disease in a person	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update

Tuberculosis case detection	Case detection	**Activity consisting of identifying and reporting a case of tuberculosis within the national surveillance system.**	When a person's TB is diagnosed and reported within the national surveillance system. Although the term "case" is used widely in public health to refer to an instance of disease, it should be used with sensitivity in health care settings to avoid dehumanizing people	2015	WHO	Global Plan to End TB: The Paradigm Shift, 2016-2020
Tuberculosis disease	Tuberculosis (TB) disease	**The preferred term is tuberculosis (TB).**	A disease in humans caused by the *M. tuberculosis* complex, which comprises eight distinct but closely related organisms – *M. bovis*, M. caprae, M. africanum, M. microti, M. pinnipedii, M. mungi, M. orygis and M. canetti. The most common and important agent of human disease is *M. tuberculosis*.	2022	WHO	WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update
Tuberculosis episode	TB Episode	**Occurrence of tuberculosis. It starts when TB-compatible symptoms are detected until the end of treatment or death.**	Period of time from "self-reported onset of TB-related symptoms", until end of treatment or death.	2017	WHO	Tuberculosis patient cost surveys: a handbook
Tuberculosis exposure	TB Exposure Incident	**Situation in which any person has been exposed to a person with bacteriologically-confirmed tuberculosis (or to air containing *M. tuberculosis*).**	Situation in which persons (e.g., HCWs, visitors, and inmates) have been exposed to a person with suspected or confirmed infectious TB disease (or to air containing *M. tuberculosis*), without the benefit of effective infection-control measures	2005	CDC	Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005
Tuberculosis incidence rate	TB incidence rate	**Number of estimated new and relapse (due to reinfection) cases of a disease in a defined population during a specified period of time. Tuberculosis incidence is usually reported as cases per 100 000 population per year. The size of the population is usually the estimated mid-year population.**	New cases per 100 000 population per year	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Tuberculosis infection (TBI)	TB Infection (TBI)	**Any person who harbours viable *M. tuberculosis* in the body, irrespective of signs or symptoms. When a person is tuberculosis infected, TST or IGRA tests are frequently positive (TST≥5mm, or IGRA according to manufacturer's instructions). A positive TST or IGRA does not always mean tuberculosis infection is present. The preferred term is '*M. tuberculosis* infection'.**	Any person with a positive test for TB infection (TST≥5mm, positive IGRA according to manufacturer's instructions) without microbiological, radiological, or clinical evidence of active TB	2017	WHO	Consensus Meeting Report: Development of a Target Product Profile (TPP) and a framework for evaluation for a test for predicting progression from tuberculosis infection to active disease
Tuberculosis key vulnerable populations (TB KVPs)	Tuberculosis key vulnerable populations (TB KVPs)	**Subpopulations that are more prone to tuberculosis either due to more environmental, biological, poor nutrition or behavioral risks, or because of legal, human rights, gender, or other social barriers in accessing public health services.**	Subpopulations that are more prone to tuberculosis either due to more environmental, biological, poor nutrition or behavioral risks, or because of legal, human rights, gender, or other social barriers in accessing public health services.	2022	STOP TB Partnership	Words matter: Suggested language and usage for tuberculosis communications
Tuberculosis mortality rate	Mortality due to TB	**Estimated number of deaths attributable to tuberculosis in a given time period in a defined population, usually expressed per 100 000 population per year. The size of the population is usually the estimated mid-year population.**	Estimated number of deaths attributable to TB in a given time period, expressed per 100 000 population per year, including deaths from all forms of TB	2014	WHO	Standards and benchmarks for tuberculosis surveillance and vital registration systems: checklist and user guide
Tuberculosis patient	TB Patient	**Individual diagnosed with tuberculosis. The preferred term is 'Person with tuberculosis'.**	Individual diagnosed with active TB disease (pulmonary or extrapulmonary)	2019	WHO	WHO guidelines on tuberculosis infection prevention and control: 2019 update

Tuberculosis prevalence (cases per 100 000 population)	TB prevalence (cases per 100 000 population)	**Proportion of individuals with tuberculosis in a population at a given point in time, expressed per 100 000 population. In the context of prevalence surveys, it refers to the proportion of bacteriologically-positive pulmonary tuberculosis among general population aged 15 years and older at a particular time.**	National prevalence of bacteriologically positive pulmonary TB among general population aged 15 years and older	2021	WHO	State of inequality: HIV, tuberculosis and malaria
Tuberculosis preventive treatment (TPT)	Tuberculosis preventive treatment (TPT)	**Treatment offered to people considered at risk of tuberculosis to reduce that risk. Also referred to as "treatment of *M. tuberculosis* infection" or "tuberculosis preventive therapy" or "tuberculosis preventative therapy".**	Treatment offered to people considered at risk of TB disease to reduce that risk. Also referred to as "treatment of TB infection" or "TB preventive therapy".	2022	WHO	WHO consolidated guidelines on tuberculosis: module 5: management of tuberculosis in children and adolescents
Tuberculosis stigma	TB stigma	**The negative labelling or rejection of people with tuberculosis, and often also their families, due to stereotyping or other negative traits associated with tuberculosis and the affected communities.**	The negative labelling or rejection of people with TB, and often also their families, due to stereotyping or other negative traits associated with TB and the affected communities.	2022	WHO	WHO operational handbook on tuberculosis: module 4: treatment: tuberculosis care and support
Tuberculous meningitis (TBM)	Tuberculous Meningitis, Definitive	**Tuberculosis of the meninges. There are several TBM case definitions (definite, probable, and possible tuberculosis meningitis) which depend on the presence of a) signs or symptoms of meningitis, b) bacteriological confirmation, c) cerebral imaging features , or d) composite clinical score.**	Patients should fulfill criterion A or B: A) Clinical entry criteria(Symptoms and signs of meningitis including one or more of the following: headache, irritability, vomiting, fever, neck stiff ness, convulsions, focal neurological defi cits, altered consciousness, or lethargy) plus one or more of the following: acid-fast bacilli seen in the CSF; *Mycobacterium tuberculosis* cultured from the CSF; or a CSF positive commercial nucleic acid amplifi cation test. B) Acid-fast bacilli seen in the context of histological changes consistent with tuberculosis in the brain or spinal cord with suggestive symptoms or signs and CSF changes, or visible meningitis (on autopsy).	2010	Scientific article (Lancet Infect Dis.)	Tuberculous meningitis: a uniform case definition for use in clinical research
Unconfirmed tuberculosis (for intrathoracic tuberculosis in children)	Unconfirmed Tuberculosis (For Intrathoracic Tuberculosis In Children)	**Pediatric tuberculosis in which bacteriological confirmation is not obtained and at least 2 of the following conditions are present: Symptoms/signs suggestive of tuberculosis (as defined); Chest radiograph consistent with tuberculosis; Close tuberculosis exposure or immunologic evidence of *M. tuberculosis* infection; Positive response to tuberculosis treatment (requires documented positive clinical response on tuberculosis treatment—no time duration specified) - With *M. tuberculosis* infection; Immunological evidence of *M. tuberculosis* infection(TST and/or IGRA positive) - Without *M. tuberculosis* infection; No immunological evidence of *M. tuberculosis* infection. This term was developed for diagnostic research purposes.**	Bacteriological confirmation NOT obtained AND at least 2 of the following: Symptoms/signs suggestive of tuberculosis (as defined); Chest radiograph consistent with tuberculosis; Close tuberculosis exposure or immunologic evidence of *M. tuberculosis* infection; Positive response to tuberculosis treatment (requires documented positive clinical response on tuberculosis treatment—no time duration specified) - With *M. tuberculosis* infection; Immunological evidence of M.tuberculosis infection(TSTand/orIGRA positive) - Without *M. tuberculosis* infection; No immunological evidence of infection	2015	Scientific article (J Infect Dis.)	Clinical Case Definitions for Classification of Intrathoracic Tuberculosis in Children: An Update
Unfavorable outcome (proposed core research definition)	Unfavorable Outcome (Proposed Core Research Definition)	**Composite outcome that includes death, treatment failure, treatment discontinuation, and recurrence.**	Composite outcome that includes death, treatment failure, treatment discontinuation, and recurrence	2016	Scientific article (Int J Tuberc Lung Dis.)	Presentation and Outcome of Tuberculous Meningitis in a High HIV Prevalence Setting

Unlikely tuberculosis (for intrathoracic tuberculosis in children)	Unlikely Tuberculosis (For Intrathoracic Tuberculosis In Children)	**Condition in which a person does not have *M. tuberculosis* bacteriological confirmation and the criteria for "unconfirmed tuberculosis" is not met - With *M. tuberculosis* infection; Immunological evidence of *M. tuberculosis* infection (TST and/or IGRA positive) - Without *M. tuberculosis* infection; No immunological evidence of *M. tuberculosis* infection. This term was developed for diagnostic research purposes.**	Bacteriological confirmation NOT obtained AND Criteria for "unconfirmed tuberculosis" NOT met - With *M. tuberculosis* infection; Immunological evidence of *M. tuberculosis* infection (TST and/or IGRA positive) - Without *M. tuberculosis* infection; No immunological evidence of *M. tuberculosis* infection	2015	Scientific article (J Infect Dis.)	Clinical Case Definitions for Classification of Intrathoracic Tuberculosis in Children: An Update
Unmasking tuberculosis-associated IRIS	Unmasking Tuberculosis-Associated IRIS (Provisional)	**Type of immune reconstitution inflammatory syndrome that occurs when a patient is not receiving treatment for tuberculosis when ART is initiated and then presents with tuberculosis within 3 months of starting ART. One of the following criteria must be met: Heightened intensity of clinical manifestations, presentation with pulmonary tuberculosis that is complicated by respiratory failure due to adult respiratory distress syndrome, or those who present with a marked systemic inflammatory syndrome related to tuberculosis.**	(for use in resource-limited settings) Patient is not receiving treatment for tuberculosis when ART is initiated and then presents with active tuberculosis within 3 months of starting ART AND one of the following criteria must be met: Heightened intensity of clinical manifestations, particularly if there is evidence of a marked inflammatory component to the presentation. Examples include tuberculosis lymphadenitis or tuberculosis abscesses with prominent acute inflammatory features, presentation with pulmonary tuberculosis that is complicated by respiratory failure due to adult respiratory distress syndrome, and those who present with a marked systemic inflammatory syndrome related to tuberculosis. See example in figure 2. Once established on tuberculosis treatment, a clinical course that is complicated by a paradoxical reaction	2008	Scientific article (Lancet Infect Dis.)	Tuberculosis-associated immune reconstitution inflammatory syndrome: case definitions for use in resource-limited settings
Weak positive culture	Weak positive culture	**One to nine colonies of *M. tuberculosis* detected.**	One to nine colonies of *M. tuberculosis*.	2021	WHO	National tuberculosis prevalence surveys 2007-2016
WHO four-symptom screen	WHO four-symptom screen	**The presence of either cough, fever, weight loss, or night sweats used as a screening test in people living with HIV.**	The presence of either cough, fever, weight loss or night sweats used as a screening test in people living with HIV.	2021	WHO	WHO operational handbook on tuberculosis: module 2: screening: systematic screening for tuberculosis disease
Ziehl–Neelsen staining method	Ziehl–Neelsen Staining Method	**Standard laboratory method of staining sputum smears for tuberculosis diagnosis. It involves staining a heat-fixed smear with an aqueous solution of a dye (usually basic fuchsin) containing chemicals (usually phenol) to help the dye penetrate into the cell, washing the smear with acid, alcohol or acid/alcohol and then counterstaining (usually with methylene blue).**	Standard laboratory method of staining TB smears. It involves staining a heat-fixed smear with an aqueous solution of a dye (usually basic fuchsin) containing chemicals (usually phenol) to help the dye penetrate into the cell, washing the smear with acid, alcohol or acid/alcohol and then counterstaining (usually with methylene blue)	2007	WHO	Tuberculosis care and control in refugee and displaced populations : an interagency field manual
Zoonotic tuberculosis	Zoonotic TB	**Form of tuberculosis in humans caused by strains of Mycobacteria transmitted from animals.**	Disease caused by *M. bovis* infection in people	2017	THE UNION	ROADMAP FOR ZOONOTIC TUBERCULOSIS