

## ANNEX 1 - DEFINITION OF TERMS

1. **Presumptive TB case** – any person whether adult or child, with signs and/or symptoms suggestive of TB (pulmonary or extra-pulmonary, or those with chest x-ray findings suggestive of active TB).
2. **TB infection or latent TB infection (LTBI)** – a condition in which an individual has no signs and symptoms presumptive of TB or radiologic or laboratory evidence, but has a positive Tuberculin skin test (TST) reaction.
3. **TB disease** – a presumptive TB who after clinical and diagnostic evaluation, is confirmed to have TB.
4. **Classification of TB Disease** – Classification based on the 5<sup>th</sup> Edition of Manual of Procedures for the National TB Control Program
  - A. **Classification based on bacteriological status:**
    - i. **Bacteriologically confirmed** - A TB patient from whom a biological specimen is positive by smear microscopy, culture or rapid diagnostic tests (such as Xpert MTB/RIF).
    - ii. **Clinically diagnosed** – A TB patient who does not fulfill the criteria for bacteriological confirmation but has been diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment. This definition includes cases diagnosed on the basis of x-ray abnormalities or suggestive histology, and extrapulmonary cases without laboratory confirmation.
  - B. **Classification of TB Disease based on anatomical site:**
    - i. **Pulmonary TB (PTB)** - refers to a case of tuberculosis involving the lung parenchyma. A patient with both pulmonary and extrapulmonary TB should be classified as a case of pulmonary TB.
    - ii. **Extrapulmonary TB (EPTB)** - refers to a case of tuberculosis involving organs other than the lungs (e.g. larynx, pleura, lymph nodes, abdomen, genitourinary tract, skin, joints and bones, meninges).
  - C. **Classification of TB disease based on history of previous TB treatment**
    - i. **New case** – a patient who has never had treatment for TB or who has taken anti-TB drugs for less than one (<1) month. Isoniazid preventive therapy or other preventive regimens are not considered as previous TB treatment.
    - ii. **Retreatment case** – a patient who has been previously treated with anti-TB drugs for at least 1 month in the past.
5. **TB Disease Registration Group** – classification of TB cases based on history of previous treatment in addition to anatomical site and bacteriologic confirmation. It is necessary in order to determine the correct treatment regimen.

Registration Group	Definition of Terms
New	A patient who has never had treatment for TB or who has taken anti-TB drugs for less than one (<1) month.

Registration Group		Definition of Terms
Retreatment	Relapse	A patient previously treated for TB, who has been declared cured or treatment completed in their most recent treatment episode, and is presently diagnosed with bacteriologically-confirmed or clinically-diagnosed TB.
	Treatment After Failure	A patient who has been previously treated for TB and whose treatment failed at the end of their most recent course This includes: A patient whose sputum smear or culture positive at 5 months or later during treatment A clinically diagnosed patient for whom sputum examination cannot be done and who does not show clinical improvement anytime during treatment
	Treatment After Lost to Follow-up (TALF)	A patient who was previously treated for TB but was lost to follow-up for two months or more in their most recent course of treatment and is currently diagnosed with either bacteriologically-confirmed or clinically-diagnosed TB.
	Previous Treatment Outcome unknown (PTOU)	Patients who have been previously treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented.
Transfer-in		A patient who has been registered in a DOTS facility adopting NTP policies and is transferred to another DOTS facility with proper referral slip to continue the current treatment regimen.
Other		Patients that do not fit into any of the registration group listed above.

6. **Treatment Outcome** – result of treatment based on completion of treatment regimen, results of follow-up sputum smear microscopy and clinical improvement.

The following are the identified outcomes for drug susceptible TB cases.

Outcome	Definition
Cured	A patient with bacteriologically- confirmed TB at the beginning of treatment and who was smear – or culture – negative in the last month of treatment and on at least one previous occasion in the continuation (maintenance) phase.

Outcome	Definition
Treatment completed	<p>A patient who completes treatment without evidence of failure but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.</p> <p>This group includes:</p> <ul style="list-style-type: none"> <li>• A bacteriologically confirmed patient who has completed treatment but without direct sputum smear microscopy (DSSM) follow-up in the last month of treatment and on at least one previous occasion</li> <li>• A clinically diagnosed patient who has completed treatment</li> </ul>
Treatment failed	<p>A patient whose sputum smear or culture is positive at 5 months or later during treatment.</p> <p>A clinically diagnosed patient (child or EPTB) for whom sputum examination cannot be done and who does not show clinical improvement anytime during treatment</p>
Died	A patient who dies for any reason during the course of treatment.
Lost follow-up	A patient whose treatment was interrupted for 2 consecutive months or more.
Not Evaluated	A patient for who no treatment outcome is assigned. This includes cases transferred to another DOTS facility and who treatment outcome is unknown.

*Note: According to NTP Manual of Procedures, a patient who is diagnosed to have Drug Resistant TB anytime during treatment (i.e. before being declared treatment failed in the 5<sup>th</sup> month) shall be excluded from the cohort and is not assigned an outcome if they started on second line drug regimen. However, if treatment with a second-line drug regimen is not possible, the patient is kept in the main TB cohort and assigned an outcome from among those listed above.*

7. **Referring physicians** – private practicing physicians who are not staff of the TB DOTS providing facility but participate in the delivery of TB DOTS services by referring their patients to TB DOTS facilities for treatment and still conducting regular check-ups to these referred patients until they are able to finish treatment. They are trained and certified by DOH and/or Philippine Coalition Against Tuberculosis (PhilCAT) as TB DOTS referring physicians.