**Glossary**

**Urinary Tract Infection-Related Terms**

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| **Abdominal pain:** Pain originating from organs within the abdominal cavity and related tissues, including the stomach, small intestine, colon, liver, gallbladder, and pancreas. The abdomen is an anatomical area that is bounded by the lower margin of the ribs, the pelvic bone (pubic ramus), and the flanks on each side.  |
| **Antibiotic:** Type of antimicrobial agent made from a mold or a bacterium that kills, or slows the growth of other microbes, specifically bacteria. Examples include penicillin and streptomycin.  |
| **Antimicrobial agents**: A general term for the drugs, chemicals, or other substances that either kill or slow the growth of microbes. Among the antimicrobial agents in use today are antibacterial drugs (which kill bacteria), antiviral agents (which kill viruses), antifungal agents (which kill fungi), and anti-parasitic drugs (which kill parasites).  |
| **Antimicrobial resistance**: The result of microbes changing in ways that reduce or eliminate the effectiveness of drugs, chemicals, or other agents to cure or prevent infections. Examples include multi-drug resistant organisms (MDROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA), and vancomycin-resistant enterococci (VRE). Also known as drug resistance.  |
| **APIC:** See Association for Professionals in Infection Control and Epidemiology  |
| **Asepsis**: Prevention from contamination with microorganisms. Includes sterile conditions on tissues, on materials, and in rooms, as obtained by excluding, removing, or killing organisms.  |
| [**Association for Professionals in Infection Control and Epidemiology (APIC)**: A voluntary membership organization representing individuals occupationally or professionally involved in the practice and management of infection prevention and control or the application of epidemiology, such as infection preventionists. APIC develops resources and standards, provides educational opportunities, and plays a leadership role in communicating with partners.](http://www.apic.org/) |
| **Asymptomatic bacteriuria**: A significant number of bacteria in the urine that occurs without usual symptoms and does not need treatment. |
| **Bacteria:** Single-celled organisms that live in and around us. Bacteria may be helpful, but in certain conditions may cause illnesses such as strep throat, most ear infections, and pneumonia.  |
| **Bacteremia**: The presence of bacteria in the bloodstream.  |
| **Bacteriuria**: The presence of bacteria in urine.  |
| **Bladder**: See urinary bladder |
| **Catheter**: A tubular, flexible surgical instrument that is inserted into a body opening to withdraw or introduce fluid. An example is a urinary catheter also referred to as a Foley catheter. |
| **Catheter day**: Each day a person has a urinary catheter in place is a “urinary catheter day”. To be most accurate, the number of people with a urinary catheter should be counted at the *same time* each day. The number of urinary catheter days is important when calculating a catheter-associated urinary tract infection (CAUTI) rate because the number of urinary catheter days defines the population that is “at risk” for developing a CAUTI. |
| **CAUTI:** See catheter-associated urinary tract infection |
| **CAUTI rate**: See infection rate |
| **CDC**:  See Centers for Disease Control and Prevention |

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| **Centers for Disease Control and Prevention (CDC):** A federal agency of the U.S. government that provides facilities and services for the investigation, identification, prevention, and control of disease and is a global leader in public health.  |
| [**Centers for Medicare and Medicaid Services (CMS)**: A federal agency that runs the national health insurance programs Medicare and Medicaid.](http://www.cms.hhs.gov/)  |
| **CFU**: See colony-forming unit. |
| ***Clostridium difficile***: An anaerobic, gram-positive, spore-forming bacillus that can cause diarrhea and other intestinal diseases when completing bacteria in the gut are diminished by antibiotics. |
| **CMS**:  See Centers for Medicare and Medicaid Services |
| **Colonization:** The presence of microorganisms on or within body sites without symptoms, detectable host immune response, cellular damage, or clinical expression. Colonized individuals may become a source of transmission. |
| **Colony-forming unit (CFU)**: A measure of living bacterial or viral counts. For convenience the results are given as CFU/mL (colony-forming units per milliliter) for liquids, and CFU/g (colony-forming units per gram) for solids. |
| **Costovertebral angle**: One of two angles that outline a space over the kidneys. Formed by the lateral and downward curve of the lowest rib and the vertical column of the spine. |
| **Cystitis**: Inflammation of the bladder. For example, bacteria that ascend the urethra to the bladder may cause cystitis. |
| **Denominator:** Number of people who are potentially capable of experiencing an event or outcome of interest. The denominator, along with the numerator, is used to calculate a rate. The denominator is the bottom half of a fraction. |
| [**Department of Health:** Public health agency, providing regulation, inspection, licensing, emergency response, education and other programs to measure and protect the health of residents. The health department works to protect and improve the health of people in the geographic area it serves (state or local).](http://www.doh.wa.gov/) |
| **Drug resistance:** See antibiotic resistance  |
| **Dysuria:** Painful or difficult urination. Dysuria is most commonly due to bacterial infection of the urinary tract causing inflammation of the bladder (cystitis) or kidney (pyelonephritis). |
| **Flank pain**: Pain on one side of the body between the upper abdomen and the back.  |
| **Foley catheter:** See urinary catheter |
| **HAI**:  See healthcare-associated infection |
| **Hand hygiene**: A general term that refers to a method of removing microorganisms from the hands so the germs cannot be transmitted to anyone else. The two most common types of hand hygiene are hand washing with soap and water and using an alcohol-based hand rub. |
| **Healthcare-associated infection (HAI**): An infection that develops in a patient who is cared for in any setting where healthcare is delivered and is related to receiving health care. Formerly known as nosocomial infection. |
| [**Healthcare Infection Control Practices Advisory Committee (HICPAC**): A panel of experts who advise the CDC on matters of healthcare-associated infection surveillance, control, and prevention and release guidelines on a regular basis.](http://www.cdc.gov/ncidod/dhqp/hicpac.html)  |
| **Healthcare worker (HCW):** All paid and unpaid persons who work in a healthcare setting.  |
| **Hematuria**: Blood in the urine. |
| **HICPAC:**  See Healthcare Infection Control Practices Advisory Committee |
| **Hygiene:**  A set of practices perceived by a community to be associated with the preservation of health and healthy living, such as hand hygiene practices. |
| **Indwelling catheter**: See urinary catheter. |
| **Inflammation:** A basic way in which the body reacts to infection, irritation or other injury; symptoms include redness, warmth, swelling, and pain.  |
| **Infection rate**: Number of infections reported in a specified period of time divided by the population at risk for the infection during the same specified period of time. To calculate a *UTI rate*, divide the number of people in the surveillance area who met the criteria for a new UTI by the number of resident days in the surveillance area for the same time period, and multiply by 100. To calculate a *CAUTI rate*, divide the number of people in the surveillance area who met the criteria for a new CAUTI by the number of urinary catheter days in the surveillance area for the same time period, and multiply the result by 1,000. |
| **Infection**: The invasion of the body by pathogenic microorganisms and their multiplication which can lead to tissue damage and disease. |
| **Kidney:** One of a pair of organs located in the right and left side of the abdomen which helps clean the blood, regulate acid concentration, and maintain water balance in the body by excreting urine. Part of the urinary tract.  |
| **Long-term care facility (LTCF):** Facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals.  |
| **Leukocytes**: Cells of the immune system involved in defending the body against both infectious disease and foreign materials. Also referred to as white blood cells. The number of leukocytes in the blood is often an indicator of disease. An increase in the number of leukocytes over designated upper limits is called leukocytosis, and a decrease below the designated lower limit is called leucopenia. |
| **Leukocytosis**: See leukocytes |
| **LTCF**: See long-term care facility |
| **MDRO**: See multidrug-resistant organism |
| **Methicillin-resistant *Staphylococcus aureus* (MRSA**): A type of bacteria that has become resistant to a group of powerful drugs. Not all *Staphylococcus aureus* strains are resistant to these drugs. Sensitive strains are called MSSA.  |
| **Microorganisms**: An organism that can be seen only with the aid of a microscope and that typically consists of only a single cell. Microorganisms include bacteria, fungi, parasites, and viruses.  |
| **Microscopic**: Too small to be seen by the unaided eye but large enough to be studied under a microscope. |
| **MRSA**: See methicillin-resistant *Staphylococcus aureus*. |
| **Multidrug-resistant organism (MDRO**): Type of bacteria that has become resistant to many of the drugs that used to be effective against it.  |
| [**National Healthcare Safety Network (NHSN)**: A secure computer system for hospitals throughout America to share information about their healthcare-associated infections. Managed by the Division of Healthcare Quality Promotion (DHQP) at the Centers for Disease Control and Prevention (CDC).](http://www.cdc.gov/nhsn/)  |
| **Neutrogenic bladder**: Bladder dysfunction caused by neurologic damage. |
| **NHSN:**  See National Healthcare Safety Network |
| **Nocturia**: The need to get up in the night to urinate. |
| **Nosocomial infection** : See healthcare-associated infection  |

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| **Numerator:** Number of individuals who experience an event or outcome of interest. The numerator, along with the denominator, is used to calculate a rate. The numerator is the top half of a fraction. |
| **Pathogens**: Bacteria, viruses, parasites, or fungi that can cause disease.  |
| **Personal protective equipment (PPE):** A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns. |
| **Polyuria**: Urine output of >3 liters per day. Must be distinguished from frequency, which is the need to urinate many times during the day or night but in normal or less than normal volumes. |
| **PPE:** See personal protective equipment |
| **Prevalence**: The total number of disease cases (new and existing) within a population at a given time.  |
| **Pyuria**: The presence of an excessive number of white blood cells in the urine.  |
| **Pyelonephritis:** Bacterial infection of the kidney. |
| **Rate:** An expression of the risk of an event, such as infection or death, in relation to a unit of population during a specified time period.  |
| **Recurrent UTI:** Defined as multiple urinary tract infections in a designated period (for example, two or more urinary tract infections within six months), which may include a relapse of the same organism or a reinfection with a new organism.  |
| **Resident days:** Daily number of residents in a designated location summed for a specified time period. To be most accurate, the number of residents should be counted at the *same time* each day. The number of resident days is used when calculating a urinary tract infection (UTI) rate. |
| [**Society for Healthcare Epidemiology of America (SHEA)**: A voluntary membership organization representing healthcare epidemiologists that helps publish infection prevention guidelines and best practices. See healthcare epidemiologist.](http://www.shea-online.org/) |
| **Standard precautions**: A group of infection prevention practices that apply to all patients, regardless of infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Also, equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents. Formerly known as universal precautions. |
| **Suprapubic pain:** Pain in the lower central part of the abdomen. |
| **Surveillance**: The ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. |
| **Ureter:** A tube that carries urine down from the kidney to the bladder. Part of the urinary tract. |
| **Urethra:** The transport tube leading from the bladder to discharge urine outside the body. Part of the urinary tract. |
| **Urinalysis:** A group of tests performed on urine for diagnosis of medical conditions such as infection or the presence of blood, sugar, or protein. |
| **Urinary bladder**: Stores urine until it is released during urination. Part of the urinary tract. |
| **Urinary catheter**: A small, flexible tube that is inserted into the urethra to the bladder to allow for the drainage of urine. Also known as a Foley catheter or an indwelling catheter. |
| **Urinary catheter day**: See catheter day |
| **Urinary incontinence:**  Any involuntary leakage of urine.  |

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| **Urinary tract**: The organs of the body that produce and eliminate urine, which includes two kidneys, two ureters, the urinary bladder, and the urethra. After going through the kidneys, the urine then passes through connecting tubes called ureters into the bladder. The urinary bladder stores the urine until it is released during urination. |
| **Urinary tract infection (UTI):** An infection that can happen anywhere along the urinary tract. A UTI that occurs in a patient or resident with a catheter is known as a catheter-associated UTI (CAUTI). |
| **Urine:** Liquid waste from the body that is secreted by the kidneys and excreted through the urethra. Urine is normally sterile (free from microorganisms). |
| **Urologist**: Medical professionals who are trained to diagnose, treat, and manage people with urological disorders. This includes disorders related to the kidneys, adrenal glands, ureters, urinary bladder, urethra, and the male reproductive organs. |
| **UTI**: See urinary tract infection |
| **UTI rate**: See infection rate |
| **VDH**: See Virginia Department of Health |
| **Virginia Department of Health (VDH):** Network of state and local health departments in Virginia.  |
| **White blood cells (WBC)**: See leukocytes. |