Glossary of Terms for Interpreters Assisting with Contact Tracing

Who is this glossary for?

This glossary is for interpreters providing interpretation for COVID-19 mitigation and prevention efforts, such as those working with public health departments, contact tracers and case investigators.

What is included in this glossary?

The terms in this glossary were compiled from various contact tracing resources, including the CDC, World Health Organization, Contact Tracing Playbook, and Johns Hopkins Bloomberg School of Public Health's COVID-19 Contact Tracing course. Please see the references section for more details. The purpose is to introduce interpreters to the main terms used by contact tracers, case investigators and other healthcare providers in relation to COVID-19, to enable interpreters to best interpret these terms’ meanings during client interactions.

Who compiled and translated this glossary?

The National Resource Center (NRC) for COVID-19 Contact Tracing, Prevention, and Mitigation Programs for At-Risk Refugee, Immigrants, and Migrants (RIM) in the United States collated the terms for this glossary. Through funding from the Centers for Disease Control and Prevention (CDC), the NRC-RIM is collecting, developing and disseminating best and promising practices to support state and local health departments conducting mitigation, prevention and control measures including case investigation and contact tracing, vaccination and other programs among at-risk refugees, immigrants and migrants. The NRC is a partnership between the University of Minnesota, Minnesota Department of Health, Migrant Clinicians Network, and the International Rescue Committee, the National Association of County and City Health Officials and others. For more information visit: https://nrcrim.umn.edu/. This glossary has been translated into several languages.
When was this glossary last reviewed?

Our understanding of COVID-19 is rapidly evolving as the pandemic continues and we gather more evidence. Therefore, some definitions may change slightly (e.g., the criteria for who is considered a “high-risk” individual). The NRC conducts regular checks to ensure our resources are up-to-date. This glossary was last reviewed on January 2, 2021.

We recommend that all interpreters assisting with contact tracing take Johns Hopkins’ free Coursera course COVID-19 Contact Tracing available at https://www.coursera.org/learn/covid-19-contact-tracing or the Association of State and Territorial Health Officials training Making Contact: A Training for COVID-19 Contact Tracers available at https://learn.astho.org/products/making-contact-a-training-for-covid-19-contact-tracers.

Terms, in alphabetical order

Antibody test

“After a person is infected, they typically develop antibodies. Antibodies help the body fight infection and, in many cases, develop immunity. Antibodies are found in the blood and in body secretions, such as saliva. The antibodies that are most important in SARS-CoV-2 testing are called IgG antibodies. IgG develops 10–14 days after a person is infected. Antibody tests of the blood (and in some cases, saliva) can detect whether the antibody is present or not. If the IgG antibody is present (a positive antibody test) it is evidence that the person has had SARS-CoV-2 infection. At the current time, it is not known for certain that this means the person is immune. In addition, the antibody test can be incorrect, for example, it sometimes shows IgG present when it is not. Therefore, even when someone has a positive antibody test, it may not mean a person is protected from reinfection." (Source: modified from the Johns Hopkins University and Emily Gurley)

Asymptomatic

“A person who does not show any signs or symptoms of a disease. People with asymptomatic may not feel ill. Because they may feel well, they don't know they're infected, and will continue their regular activities, which can easily expose and transmit the virus to others." (Source: Johns Hopkins University and Emily Gurley)
Case

A person who is thought to be (“probable”) or confirmed to be infected with COVID-19. (Source: CDC)

Clinical criteria (or, clinical features)

Signs and symptoms of illness or infection. For COVID-19, this includes:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing
- Headache
- Sore throat
- New loss of smell and/or taste (Source: CDC)

Signs of illness

Can be objectively observed by someone else or a machine. This may include cough, elevated temperature, sweating, increased heart rate, low blood oxygen levels, vomiting, diarrhea, or abnormal findings on a physical examination. Some signs mean that the disease (e.g., COVID-19) is becoming more severe. (Source: Johns Hopkins University and Emily Gurley).

Symptoms of illness

What patients say about how they feel, but that is not easily observed by someone else. This may include fatigue/tiredness, nausea, muscle aches, headache, chills, difficulty breathing, loss of taste or smell, sore throat or other symptoms. Certain or worsening symptoms mean that the disease (e.g., COVID-19) may be becoming more severe. (Source: Johns Hopkins University and Emily Gurley).

Sometimes can be both a sign and a symptom. For example, fever can is a sign, but when someone complains they have a “fever”, it can also be a symptom.

**Patient should immediately seek care if they have emergency warning signs or symptoms, such as:**

- Severe shortness of breath, especially if they have blue lips or face (could mean they are not getting enough oxygen)

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 01/11/2020.
- Increasing rate of breathing, increasing sensation of shortness of breath or waking up during sleep with shortness of breath
- Chest pain
- New confusion or difficulty waking up (Source: modified from CDC)

Community transmission (or, community spread)
In an area, people are infected with SARS-CoV-2, but some are not sure how or where they became infected. (Source: CDC)

Confirmed case
A laboratory has verified that the person is infected with COVID-19. (Source: CDC)

Congregate housing
Many people living close together in the same building, sharing many of the same living areas. (Source: Johns Hopkins University and Emily Gurley)

Contact or Close contact
A person who may be at risk for a contagious disease because they were physically close to or exposed to someone known to have the disease. The exact definition depends on the type of disease. For COVID-19, CDC defines a close contact as a person who was within 6 feet of a person infected with COVID-19, for at least 15 minutes (or more) depending on the exposure. Data is still limited for how long of exposure is relevant for COVID-19. It depends on how physically close the person was to the person infected with COVID-19, how long they were close to each other, whether the infected person had symptoms (for example, was coughing) and whether either person was wearing a N95 respirator. (Source: CDC)

Containment
Using measures such contact tracing, quarantine, early detection and isolation of cases to prevent the spread of disease early on in transmission. (Source: WHO)

Coronaviruses (CoVs)
A large group of viruses. There are 7 different types of coronaviruses that can infect humans, ranging from those that cause the common cold to the coronavirus responsible for COVID-19. (Source: CDC)
COVID-19

“The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for “Coronavirus Disease 2019.” (Source: WHO)

Epidemiologic evidence (or, epidemiologic risk / linkage)

In the 14 days before a person starts experiencing COVID-19 symptoms, a person who is exposed to at least one of the below:

- Close contact with a confirmed or probable case of COVID-19
- Close contact with a person experiencing illness and who themselves were linked to a confirmed case of COVID-19
- Travel to or living in an area with sustained, ongoing community transmission of SARS-CoV-2
- Member of a high-risk group for COVID-19

(Source: CDC)

Epidemiologist

Individuals trained as “disease detectives”, these professionals search for the cause of disease, identify people who are at risk, determine how to control or stop the disease from spreading or how to prevent the disease from happening again. (Source: CDC)

Exposure notification (or, proximity tracing)

Using Bluetooth technology or GPS coordinates, digital tools track how close people are to each other and notify people who were close to a positive COVID-19 case. (Source: Contact Tracing Playbook)

High-risk persons

People with specific characteristics that make their risk of becoming infected or having severe illness from COVID-19. This may change as we learn more about COVID-19, but based on current knowledge, high-risk persons are those:

- 65 years and older
- With underlying medical conditions – this list is updated as more studies become available. It includes conditions such as cancer, diabetes, heart conditions, obesity, pregnancy, and smoking.
Other groups may need to take extra precautions based on characteristics about themselves as individuals or where they live. This currently includes racial and ethnic minority groups, persons who are pregnant and/or breastfeeding, people with disabilities; people living in rural communities, newly resettled refugees, people experiencing homelessness, and those living or working in nursing homes and longer-term care facilities. (Source: CDC)

**Incubation period**

The time from when a person is infected with SARS-CoV-2 until the person experiences their first COVID-19 symptoms (e.g., the time between when the virus enters a person's body and when the person has a fever). The SARS-CoV-2 incubation period ranges from 2 to 14 days. (Source: CDC)

**Infectious period**

Time during which a case (a person infected with SARS-CoV-2) can transmit the virus to other people. The infectious period begins 2 days before a case has signs and symptoms of COVID-19, meaning they could be spreading COVID-19 without realizing they are sick.

The end of the infectious period is defined as when:

- It is at least 10 days after the onset of illness
- Symptoms are improving
- There has been no fever within the past 3 days

People who are asymptomatic can also be infectious and their infectious period is more difficult to define. (Sources: CDC; Johns Hopkins University and Emily Gurley)

**Isolation**

Separating people infected with COVID-19 (both those who are sick with COVID-19 and those with no symptoms) from people who are not infected with COVID-19. The goal is to prevent or limit the sick person from spreading COVID-19 to others in their household or in the general public. For example, a person may isolate in a section of their house if they have a private bedroom and bathroom to use. (Source: Johns Hopkins University and Emily Gurley)
N95 respirator
A specially designed mask (facepiece) that can block at least 95% of airborne particles, recommended for use by healthcare workers during COVID-19. Due to significant shortages, it is not recommended for use by the general public. (Source: CDC)

Outbreak
“A higher-than-expected number of occurrences of disease (e.g., COVID-19) in a specific location and time.” (Source: CDC)

Pandemic
“Event in which a disease spreads across several countries and affects a large number of people.” (Source: CDC)

Probable case
A person who meets some, but not all, criteria indicating they are infected with COVID-19. For example, it could be a person who:

- Meets clinical criteria (meaning they have the symptoms of COVID-19) and epidemiologic evidence (e.g., they came into close contact with someone infected and/or were in an area with community transmission of COVID-19) with no confirmatory laboratory testing performed for COVID-19;
- OR
- Meets presumptive laboratory evidence AND either clinical criteria (COVID-19 symptoms) OR epidemiologic evidence
- Meets vital records criteria (meaning a death certificate lists COVID-19 or SARS-CoV-2 as cause of death or contributing to death) with no confirmatory laboratory testing performed for COVID-19 (Source: CDC)

Proximity tracing (or, exposure notification)
Using Bluetooth technology or GPS coordinates, digital tools track how close people are to each other and notify people who were close to a positive COVID-19 case. (Source: Contact Tracing Playbook)
PCR test

“Short for polymerase chain reaction. A PCR test is a diagnostic test that identifies virus in the body. SARS-CoV-2 has DNA and RNA sequences that are unique and specific to the virus—that is, no other virus or organism has these sequences. The SARS-CoV-2 PCR test assesses for these sequences. If they are present, the test is positive. PCR tests for SARS-CoV-2 are usually done from swabs taken from the back of the throat or nose.” (Source: Johns Hopkins University and Emily Gurley)

Quarantine

“Used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.” (Source: CDC)

Reproductive number

The number of people a single person with COVID-19 will infect, if each person they come into contact with is susceptible to being infected. For example, if the reproductive number is 2, that means that one person sick with COVID-19 could infect 2 other people and cause them to get COVID-19, if those 2 other people are susceptible. (Source: Johns Hopkins University and Emily Gurley)

Respiratory droplets

Particles from respiratory (e.g., body parts involved in helping a person to breathe) secretions (usually, water-like fluid) that are exhaled by a person. If a person is infected with SARS-CoV-2, their respiratory droplets will contain the SARS-CoV-2 virus, and these can infect others with SARS-CoV-2. Respiratory droplet particles cannot float in the air; they will drop to the ground by gravity. Therefore, after a person exhales them, they fall within 3–4 feet. (Source: Johns Hopkins University and Emily Gurley)

SARS-CoV-2

Severe acute respiratory syndrome coronavirus 2, which is the type of virus that causes the COVID-19 illness. (Source: Johns Hopkins University and Emily Gurley)
Specimen
A biologic sample provided by a person for medical testing.

Suppression
The goal of contact tracing, quarantine, finding and isolating COVID-19 cases, and of alternating between strict and less strict public health and social measures – to reduce and maintain low levels of COVID-19 transmission. (Source: Contact Tracing Playbook)

Telemedicine
Use of electronic communication to share information and deliver health care services. Telemedicine has become more widely used with the arrival of COVID-19. (Source: Contact Tracing Playbook)

References


