

PD-6: Epidemiologic Terms		
Term	Definition	Comment
False positive (FP)	Persons without the disease who were deemed by the test to have or to be at risk for disease	The costs of a false positive test result are worry, time, and resources to prove health.
False negative (FN)	Persons with the disease who were deemed by the test to be at low risk or without disease	The cost of a false negative test result is missed opportunity to intervene, false assurance when a condition might be present.
True positive (TP)	The number of sick people correctly classified by the test	Applying a test to the appropriate population in the recommended manner enhances likelihood of accurate result.
True negative (TN)	The number of well people correctly classified by the test	Applying a test to the appropriate population in the recommended manner enhances likelihood of accurate result.
Sensitivity	Likelihood of true positive results with the disease SnNout =Sensitive test when Negative helps to rule Out disease	Sensitivity=Positivity in disease= $TP / TP + FN \times 100$ or $TP / \# \text{ w/ disease} \times 100$
Specificity	Likelihood of a true negative result in those who are healthy (disease-free) SpPin =Specific test, when Positive, helps to rule In disease	Specificity=Negativity in health= $TN / TN + FP \times 100$ or $TN / \# \text{ without disease} \times 100$
Prevalence	Proportion of sampled individuals possessing the condition at a given time	Prevalence is most appropriately used to measure relatively stable, chronic conditions.
Incidence	Proportion of individuals who develop a condition over a defined time period	Takes into account new cases only A measure of risk of becoming a case over a certain time period
Number needed to treat (NNT)	Number of people that need to be treated to prevent one adverse outcome (e.g., death, stroke)	$NNT = 1/ARR$ (ARR=absolute risk reduction) The lower the NNT for a drug, the greater therapeutic benefit it provides (i.e., less people will need to be treated to prevent one adverse outcome).
Number needed to harm (NNH)	Number of people who would need to be treated before a specified adverse effect from the treatment will occur (e.g., bleeding, seizure)	The higher the NNH for a drug, the lower the risk of harm (i.e., more people will need to be treated to observe one additional case of the specified adverse effect)

Sources: https://www.cdc.gov/reproductivehealth/data_stats/glossary.html

Clinical Tests: Sensitivity and Specificity, available at <https://academic.oup.com/bjaed/article/8/6/221/406440>