Supplementary Data

Mass drug administration for malaria transmission reduction: A systematic review and meta-analysis

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Supplementary Table 1. Search strategy

Search Name: Cochrane Central Register of Controlled Trials

ID	Search
#2	"antimalarial":ti,ab,kw (Word variations have been searched)
#3	malaria:ti,ab,kw (Word variations have been searched)
#4	MeSH descriptor: [Malaria] explode all trees
#5	MeSH descriptor: [Antimalarials] explode all trees
#6	#2 or #3 or #4 or #5
#7	"mass chemoprophylaxis" or "mass drug administration" or "mass administration"
#8	"mass screening and treatment"
#9	"mass treatment"

Database: Embase 1947-Present, updated daily

1	malaria/ or malaria control/					
2	antimalarial agent/ or antimalarial*.mp.					
3	(malaria or antimalarial*).ab. or (malaria or antimalarial*).ti.					
4	1 or 2 or 3					
5	("mass chemoprophylaxis" or "mass drug administration" or "mass					
	administration").mp.					
6	mass drug administration.mp.					
7	mass treatment.mp.					
8	"mass screening and treatment".mp.					
9	5 or 6 or 7 or 8					
10	4 and 9					

Pubmed Search history

Search	Query
#1	malaria Field: Title/Abstract
#2	antimalarial* or anti-malarial* Field: Title / Abstract
#3	(malaria[MeSH Terms]) OR antimalarials[MeSH Terms]
#4	#1 or #2 or #3
#5	((mass chemoprophylaxis) OR mass drug administration) OR mass administration

	Field:Title/Abstract
#6	"mass screening and treatment" Field: Title/Abstract
#7	(MDA[Title/Abstract] OR MSAT[Title/Abstract] OR iMSaT[Title/Abstract])
#8	mass drug administration[MeSH Terms]
#9	#5 or #6 or #7 or #8
#10	#4 and #9

Database : LILACS

Search on: malaria or antimalarial\$ [Words] and mass administration [Words]

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Study	#	REASON FOR EXCLUSION	Title	Citation 2020.
Bennett 2020	722	Cross reference with outcomes; Linked to Eisele 2020 (#723)	A Longitudinal Cohort to Monitor Malaria Infection Incidence during Mass Drug Administration in Southern Province, Zambia A longitudinal cohort to monitor malaria infection incidence in	AJTMH;103(2_Suppl):54- 65
Bennett 2016	61	Duplicate; ASTMH abstract - duplicate of #722; Linked to Eisele 2020 (#723)	the context of a community randomized trial of mass drug administration in Southern Province, Zambia Prevalence of Plasmodium falciparum and Non-falciparum	2016. AJTMH;95 (5 Supplement 1)():489
Chishimba			Infections by Photo-Induced Electron Transfer-PCR in a Longitudinal Cohort of Individuals Enrolled in a Mass Drug	2020. AJTMH;103(2_Suppl):82-
2020	728	No outcomes reported; Linked to Eisele 2020 (#723)	Administration Trial in Southern Province, Zambia Evidence for Reduced Malaria Parasite Population after	89 2020.
Daniels 2020	729	No outcomes reported; Linked to Eisele 2020 (#723)	Application of Population-Level Antimalarial Drug Strategies in Southern Province, Zambia Treatment adherence to dihydroartemisinin-piperaquine during	AJTMH;103(2_Suppl):66- 73
Finn 2016	60	Duplicate; ASTMH abstract; Linked to Eisele 2020 (#723)	mass drug administration for malaria in Southern Province, Zambia Treatment Coverage Estimation for Mass Drug Administration for	2016. AJTMH;95 (5 Supplement 1)():284 2020.
Finn 2020	727	Cross reference with additional details; Linked to Eisele 2020 (#723)	Malaria with Dihydroartemisinin-Piperaquine in Southern Province, Zambia	AJTMH;103(2_Suppl):19- 27
Finn 2020	731	Cross reference with additional details; Linked to Eisele 2020 (#723)	Adherence to Mass Drug Administration with Dihydroartemisinin- Piperaquine and Plasmodium falciparum Clearance in Southern Province, Zambia	2020. AJTMH;103(2_Suppl):37- 45
Galactiono va 2020	713	Provides Contextual Factors; linked to Eisele 2020 (723)	Costing malaria interventions from pilots to elimination programmes	2020. Malaria journal;19(1):332
Miller 2020	730	No outcomes reported; linked to Eisele 2020 (723)	Moving from Malaria Burden Reduction toward Elimination: An Evaluation of Mass Drug Administration in Southern Province, Zambia	2020. AJTMH;103(2_Suppl):4426 1
Porter 2020	726	Contextual Factors; linked to Eisele 2020 (723)	Recent Travel History and Plasmodium falciparum Malaria Infection in a Region of Heterogenous Transmission in Southern Province, Zambia	2020. AJTMH;103(2_Suppl):74- 81
Scott 2015	36	ASTMH abstract - duplicate of #725; Linked to Eisele 2020 (#723)	Evaluating the costs of implementing a package of interventions and surveillance systems to support malaria elimination in southern province, zambia: A micro-costing analysis	2015. AJTMH;93 (4 Supplement)():268
Silumbe 2020	720	Provides contextual Factors only; linked to Eisele 2020 (723)	Assessment of the Acceptability of Testing and Treatment during a Mass Drug Administration Trial for Malaria in Zambia Using Mixed Methods	2020. AJTMH;103(2_Suppl):28- 36
Steketee 2020	724	Cross reference with outcomes; linked to Eisele 2020 (723)	Implications of the MDA Trial in Southern Province, Zambia, for Malaria Control and Elimination	2020. AJTMH;103(2_Suppl):98- 101
Yukich	725	Contextual Factors; linked to Eisele 2020 (723)	Cost-Effectiveness of Focal Mass Drug Administration and Mass	2020.

Supplementary Table 2. List of studies excluded after full review and primary reasons for exclusion Study # REASON FOR EXCLUSION Title

2020			Drug Administration with Dihydroartemisinin-Piperaquine for Malaria Prevention in Southern Province, Zambia: Results of a Community-Randomized Controlled Trial	AJTMH;103(2_Suppl):46- 53
Anonymou s 2017	128	No outcomes reported; linked to Eisele 2020 (723)	Erratum: Short-term impact of mass drug administration with dihydroartemisinin plus piperaquine on malaria in southern province zambia: A cluster-randomized controlled trial	2017. J Inf Dis;216(8):1048
Bever 2016	67	Contextual Factors; ASTMH abstract; linked to Eisele 2020 (723)	Epidemiological and operational lessons learned from a malaria elimination campaign in zambia's lake kariba region	2016. AJTMH;95 (5 Supplement 1)():490
Chalwe 2016	57	Cross reference with outcomes; ASTMH abstract; linked to Eisele 2020 (723)	Adverse event reporting from malaria mass drug administration rounds conducted in southern zambia	2016. AJTMH;95 (5 Supplement 1)():487
Chiyende 2016	79	Cross reference with outcomes; ASTMH abstract; linked to Eisele 2020 (723)	Targeted community sensitization to reduce anticipated refusals in malaria mass drug administration trial: Lessons learned from Southern Zambia	2016. AJTMH;95 (5 Supplement 1)():485
Conner	-	No outcomes reported; ASTMH abstract; linked to	Programmatic mass drug administration in southern province, Zambia: An evaluation of impact and possible spill-over effects	2017. AJTMH;97 (5
2017 Dieye 2017	112 111	Eisele 2020 (723) Contextual Factors; linked to Eisele 2020 (723)	using dhis2 malaria case incidence data Malaria elimination: Engaging communities through nationwide campaigns	Supplement 1)():501 2017. AJTMH;97 (5 Supplement 1)():592
Eisele 2015	448	Cross reference with additional details; linked to Eisele 2020 (723)	Assessing the effectiveness of household-level focal mass drug administration and community-wide mass drug administration for reducing malaria parasite infection prevalence and incidence in Southern Province, Zambia: study protocol for a community randomi	2015. Trials;16():347
Eisele 2015	40	Duplicate; ASTMH abstract - duplicate of #488; linked to Eisele 2020 (723)	The impact of targeted mass drug administration using dihydroartemisinin-piperaquine in southern province Zambia: Initial findings	2015. AJTMH;93 (4 Supplement)():83
Eisele 2016	488	Cross reference with outcomes; linked to Eisele 2020 (723)	Short-term Impact of Mass Drug Administration With Dihydroartemisinin Plus Piperaquine on Malaria in Southern Province Zambia: A Cluster-Randomized Controlled Trial The long-term durability of mass drug administration using	2016. J Inf Dis;214(12):1831-1839
Eisele 2017 Galactiono	108	Duplicate; ASTMH abstract, linked to Eisele 2020 (723)	dihydroartemisinin-piperaquine as part of a comprehensive malaria elimination strategy in Southern province zambia From pilots to an elimination program: How much do malaria	2017. AJTMH;97 (5 Supplement 1)():309 2019. AJTMH;101 (5
va 2019	179	Duplicate; linked to Eisele 2020 (723)	interventions cost	Supplement)():512-513 2014.
Nct 2014	275	Cross reference with additional details; linked to Eisele 2020 (723)	Mass Drug Administration With Dihydroartemisinin + Piperaquine for Reducing Malaria in Southern Zambia	https://clinicaltrials.gov/sh ow/NCT02329301;():
Silumbe 2016	81	Contextual Factors; ASTMH abstract; linked to Eisele 2020 (723)	Transitioning an evidence-based malaria mass drug administration (MDA) research strategy to program/routine mode: Factors for consideration	2016. AJTMH;95 (5 Supplement 1)():487
Silumbe 2019	173	Duplicate; ASTMH abstract- data duplicated in #723; linked to Eisele 2020 (723)	Reductions in malaria burden through the use of a scalable intervention package (SIP) in accordance with the Zambia	2019. AJTMH;101 (5 Supplement)():524

				national malaria elimination strategic plan 2017-2021: The case of	
	Churchen			Mulobezi district in Western Province	2010 Malaria
	Stuckey 2016	467	Madelling data: linked to Fiscale 2020 (722)	Operational strategies of anti-malarial drug campaigns for malaria elimination in Zambia's southern province: a simulation study	2016. Malaria journal;15():148
	Suresh	467	Modelling data; linked to Eisele 2020 (723) No outcomes reported; ASTMH abstract; linked to	Stratification of malaria transmission dynamics and optimal	2018. AJTMH;99 (4
	2018	139	Eisele 2020 (723)	intervention packages in Zambia and Mozambique	Supplement)():357-358
	Suresh	122	LISEIE 2020 (723)	Choosing the right tool for the job: Estimating effect sizes for	2019. AJTMH;101 (5
	2019	190	No outcomes reported; linked to Eisele 2020 (723)	multiple overlapping interventions in Southern Province, Zambia	Supplement)():416
	2015	150	No outcomes reported, mixed to Lisele 2020 (725)	Modeling for malaria control and elimination scenario planning:	Supplement)().410
				Application of the epidemiological modeling (EMOD) malaria	
	Wenger		No outcomes reported; ASTMH abstract; linked to	disease transmission kernel to community-based intervention	
	2013	384	Eisele 2020 (723)	delivery in Southern Zambia	2013. AJTMH;1)():396
	2020			Spatial dynamics of malaria transmission in the EMOD model for	
	Wenger			campaigns targeting sustained regional elimination in Southern	
	2014	401	No outcomes reported; linked to Eisele 2020 (723)	Zambia	2014. AJTMH;1)():14
			Design: insufficient data points for ITS; ITS analysis of		, ,,,
			programmatic rounds of MDA. However, IRS partially		
	Fraser		implemented at the same time as MDA, so insufficient	Evaluating the impact of programmatic mass drug administration	
	2020	739	data points to evaluate MDA alone;	for malaria in Zambia using routine incidence data	2020. J Inf Dis;():
				Ongoing assessment of plasmodium falciparum parasite	
	Mancuso		Cross reference with outcomes; linked to only #739	prevalence in southern province Zambia: Results from a 2019	2019. AJTMH;101 (5
	2019	189	(Fraser 2020); ASTMH abstract	parasite survey three years after a mass drug administration trial	Supplement)():216
	Adhikari			Elements of effective community engagement: lessons from a	2017. Global health
	2017	526	Contextual Factors; linked to vonSeidlein 2019 (596)	targeted malaria elimination study in Lao PDR (Laos)	action;10(1):1366136
	Adhikari			Factors associated with population coverage of targeted malaria	2017. Malaria
	2017	530	Contextual Factors; linked to vonSeidlein 2019 (596)	elimination (TME) in southern Savannakhet Province, Lao PDR	journal;16(1):424
				Why do people participate in mass anti-malarial administration?	
	Adhikari			Findings from a qualitative study in Nong District, Savannakhet	2018. Malaria
	2018 A alla ilua ai	538	Contextual Factors; linked to vonSeidlein 2019 (596)	Province, Lao PDR (Laos)	journal;17(1):15
	Adhikari 2018	502	Contactual Factoria linked to vanSaidlein 2010 (FOG)	Perceptions of asymptomatic malaria infection and their	2018. PloS
1	Chaumeau	593	Contextual Factors; linked to vonSeidlein 2019 (596) Cross reference with outcomes; linked to vonSeidlein	implications for malaria control and elimination in Laos Contribution of Asymptomatic Plasmodium Infections to the	one;13(12):e0208912 2019. J Inf
	2019	616	2019 (596)	Transmission of Malaria in Kayin State, Myanmar	Dis;219(9):1499-1509
	Imwong	010	Cross reference with outcomes; linked to vonSeidlein	Molecular epidemiology of resistance to antimalarial drugs in the	2020. The Lancet
	2020	199	2019 (596)	Greater Mekong subregion: an observational study	Infectious Diseases.;():
1	2020	155	2013 (330)	The acceptability of mass administrations of anti-malarial drugs as	
	Kajeechiwa			part of targeted malaria elimination in villages along the Thai-	2016. Malaria
	2016	482	Contextual Factors; linked to vonSeidlein 2019 (596)	Myanmar border	journal;15(1):494
	Kajeechiwa		, , , , , , , , , , , , , , , , , , , ,	Community engagement for the rapid elimination of malaria: the	2017. Wellcome open
	2017	661	Contextual Factors; linked to vonSeidlein 2019 (596)	case of Kayin State, Myanmar	research;2():59
1	Landier		Cross reference with outcomes; linked to vonSeidlein	Relative contribution of generalized early diagnosis and	2016. AJTMH;95 (5
	2016	72	2019 (596)	treatment and of targeted mass treatment to elimination of	Supplement 1)():382

Landier 2017 Li 2019 Nct 2013	662 186 278	Cross reference with outcomes; linked to vonSeidlein 2019 (596) No outcomes reported; linked to vonSeidlein 2019 (596) Cross reference with additional details; linked to vonSeidlein 2019 (596)	plasmodium falciparum malaria in eastern myanmar Safety and effectiveness of mass drug administration to accelerate elimination of artemisinin-resistant falciparum malaria: A pilot trial in four villages of Eastern Myanmar Spatial analysis of parasite population genomics during malaria elimination efforts in Eastern Myanmar Targeted Chemo-elimination (TCE) of Malaria	2017. Wellcome open research;2():81 2019. AJTMH;101 (5 Supplement)():597 2013. https://clinicaltrials.gov/sh ow/NCT01872702;():
Nguyen 2017	497	Contextual Factors; linked to vonSeidlein 2019 (596)	Community perceptions of targeted anti-malarial mass drug administrations in two provinces in Vietnam: a quantitative survey	2017. Malaria journal;16(1):17
Parker 2019	598	Cross reference with outcomes; linked to vonSeidlein 2019 (596)	Potential herd protection against Plasmodium falciparum infections conferred by mass antimalarial drug administrations	2019. eLife;8():
Pell 2017	511	Contextual Factors; linked to vonSeidlein 2019 (596)	Mass anti-malarial administration in western Cambodia: a qualitative study of factors affecting coverage Community engagement, social context and coverage of mass anti-malarial administration: Comparative findings from multi-site	2017. Malaria journal;16(1):206 2019. PloS
Pell 2019	597	Contextual Factors; linked to vonSeidlein 2019 (596)	research in the Greater Mekong sub-Region Reflections on a Community Engagement Strategy for Mass	one;14(3):e0214280 2018. AJTMH;98(1):100-
Peto 2018	537	Contextual Factors; linked to vonSeidlein 2019 (596)	Antimalarial Drug Administration in Cambodia Community participation during two mass anti-malarial	104 2018. Malaria
Peto 2018	539	Contextual Factors; linked to vonSeidlein 2019 (596)	administrations in Cambodia: lessons from a joint workshop The feasibility and acceptability of mass drug administration for	journal;17(1):53 2018. Trans Royal Soc Trop
Peto 2018	588	Contextual Factors; linked to vonSeidlein 2019 (596)	malaria in Cambodia: a mixed-methods study	Med Hyg;112(6):264-271
Phommaso ne 2020	624	Cross reference with outcomes; linked to vonSeidlein 2019 (596) Cross reference with outcomes; linked to vonSeidlein	Mass drug administrations with dihydroartemisinin-piperaquine and single low dose primaquine to eliminate Plasmodium falciparum have only a transient impact on Plasmodium vivax: Findings from randomised controlled trials The dynamic of asymptomatic Plasmodium falciparum infections following mass drug administrations with dihydroarteminisin- piperaquine plus a single low dose of primaquine in Savannakhet	2020. PloS one;15(2):e0228190 2018. Malaria
Pongvongs a 2018	559	2019 (596)	Province, Laos	journal;17(1):405
Sahan 2017 Tangseefa	500	Contextual Factors; linked to vonSeidlein 2019 (596)	Community engagement and the social context of targeted malaria treatment: a qualitative study in Kayin (Karen) State, Myanmar "Nine Dimensions": A multidisciplinary approach for community engagement in a complex postwar border region as part of the	2017. Malaria journal;16(1):75 2018. Wellcome open
2018	705	Contextual Factors; linked to vonSeidlein 2019 (596)	targeted malaria elimination in Karen/Kayin State, Myanmar	research;3():116
Tripura 2018	1	Cross reference with outcomes; linked to vonSeidlein 2019 (596)	A Controlled Trial of Mass Drug Administration to Interrupt Transmission of Multidrug-Resistant Falciparum Malaria in Cambodian Villages	2018. Clin Inf Dis;67(6):817-826

		No outcomes reported; linked to vonSeidlein 2019	Towards malaria elimination in Savannakhet, Lao PDR:	2017. Malaria
Tun 2017	533	(596)	mathematical modelling driven strategy design	journal;16(1):483
• • • • •			The probability of a sequential Plasmodium vivax infection	
vonSeidlein	64.0	No outcomes reported; linked to vonSeidlein 2019	following asymptomatic Plasmodium falciparum and P. vivax	2019. Malaria
2019	619	(596)	infections in Myanmar, Vietnam, Cambodia, and Laos	journal;18(1):449
Mucciawa		Design: control group criteria not met; not designed	Mass Drug Administration With Dihydroartemisinin-piperaquine and Malaria Transmission Dynamics in The Gambia: A Prospective	2019. Clin Inf
Mwesigwa 2019	631	as ITS; no control group and outcomes are pf	Cohort Study	Dis;69(2):278-286
2019	031	as its, no control group and outcomes are pr	Impact of mass drug administration with dihydroartemisinin-	DIS,09(2).278-280
Mwesigwa		Cross reference with outcomes; ASTMH abstract - full	piperaquine on malaria transmission in a highly seasonal	2016. AJTMH;95 (5
2016	74	publication is #631	transmission setting in the gambia	Supplement 1)():382
Mwesigwa	, ,	Cross reference with outcomes; ASTMH abstract - full	Impact of two annual cycles of mass drug administration on	2017. AJTMH;97 (5
2017	103	publication is Mwesigwa 2019 (#631)	temporal trends of clinical malaria	Supplement 1)():411
			Impact of mass treatment with dihydroartemisinin piperaquine	
Mwesigwa		Duplicate; ASTMH abstract - full publication is	on malaria transmission dynamics in the Gambia: A prospective	2018. AJTMH;99 (4
2018	152	Mwesigwa 2019 (#631)	study	Supplement)():126
Mwesigwa		No outcomes reported; full publication is Mwesigwa	Field performance of the malaria highly sensitive rapid diagnostic	2019. Malaria
2019	609	2019 (#631)	test in a setting of varying malaria transmission	journal;18(1):288
Dierickx		Duplicate; ASTMH abstract - full publication is #464;	Community barriers for the implementation of a mass drugs	2015. AJTMH;93 (4
2015	47	linked Mwesigwa 2019 (#631)	administration for malaria in the Gambia	Supplement)():197
			Factors Associated with Non-Participation and Non-Adherence in	
Dierickx			Directly Observed Mass Drug Administration for Malaria in The	2016. PloS
2016	464	Contextual Factors; linked to Mwesigwa 2019 (#631)	Gambia	one;11(2):e0148627
		Contextual Factors; linked to 631- Mwesigwa 2019	A qualitative study to assess community barriers to malaria	2014. Malaria
Dial 2014	671	(631)	mass drug administration trials in The Gambia	journal;13():47
		Contractional Francisco ACTNALL also tracis d'Altra	Ignoring people 'who are not there' may mitigate success of mass	
Cilian 2010	70	Contextual Factors; ASTMH abstract; linked to	drug administration for malaria: Findings from a mixed-method	2016. AJTMH;95 (5
Siling 2016	73	Mwesigwa 2019 (631)	study in the gambia Validating novel serological markers of malaria exposure:	Supplement 1)():7
			Evaluating the effect of mass drug administration (MDA) and	
			seasonal malaria chemoprevention (SMC) on transmission in rural	2018. AJTMH;99 (4
Wu 2018	136	No outcomes reported; ASTMH abstract	Gambia based on population-level antibody responses	Supplement)():321-322
	100		Infectivity of Chronic Malaria Infections and Its Consequences for	2018. Clin Inf
Aguas 2018	552	No outcomes reported	Control and Elimination	Dis;67(2):295-302
5			Artemisinin combination therapy mass drug administration in a	
			setting of low malaria endemicity: programmatic coverage and	2017. Malaria
Ali 2017	522	Contextual Factors	adherence during an observational study in Zanzibar	journal;16(1):332
Archibald			A preliminary report on the effect of diamino-diphenyl sulphone	1960. J Trop Med
1960	894	Intervention: not MDA	on malaria in northern Nigeria	Hyg;63():25-7
Archibald			Field trials of mass administration of antimalarial drugs in	
1960	895	Design: control group criteria not met	Northern Nigeria	1960. ;262():44207
Archibald	896	Cross reference with outcomes; Linked to #895	The appearance of P. falciparum resistant to pyrimethamine in a	1960. West Afr Med

1960		(Design: control group criteria not met)	northern Nigerian village	J;9():21-5
Aregawi			Impact of the Mass Drug Administration for malaria in response	2016. Malaria
2016	481	Setting: emergencies/epidemics	to the Ebola outbreak in Sierra Leone	journal;15():480
				1984. Journal of
Baukapur				Communicable
1984	787	Setting: emergencies/epidemics	A focal outbreak of malaria in Valsad District, Gujarat State	Diseases;16(4):268-272
Bertozzi-			Impact of human migration patterns on malaria elimination	2017. AJTMH;97 (5
Villa 2017	120	Modelling data: ABSTRACT ONLY	feasibility in the greater mekong subregion	Supplement 1)():522-523
		Intervention: Insufficient information on drug	Teachings of the Antimalarial Campaign in El Salvador, Central	1982. R.I.I.M;11(2):119-
Bloch 1982	786	administration;	America	124
				1973. Revista del Instituto
Mason		Intervention: Insufficient information on drug	A study of the epidemiology of malaria in a high-incidence coastal	de Investigaciones
1973	765	administration; linked ot Bloch 1982	area of El Salvador, C. A	medicas;2(1):51-54, 55-57
N 4		had a second	n de la sta fite la la sub dise de la la tale de stille de la dise	1977. Bulletin of the Pan
Mason	700	Intervention: No data on drug dose available: linked	Malaria field studies in a high-incidence coastal area of El	American Health
1977	766		Salvador, C.A	Organization;11(1):17-30
NeueDebell		Intervention: not enough data in main article for ITS,		1973. Revista del Instituto
NaveReboll	700	no control group; Insufficient information on drug	Malavia in El Calvadan. Control and availabilitation converting and hait	de Investigaciones
o 1973	763	administration Linked to Bloch 1982 (786)	Malaria in El Salvador. Control and eradication campaign analysis	medicas;2(1):31-39, 3-30
Dan: 2010	174	No subserves repeated.	Antimalarial drug-resistance evolution during and after mass drug	2019. AJTMH;101 (5
Boni 2019	174	No outcomes reported;	administration	Supplement)():510
Brady 2017	E14	Modelling data:	Role of mass drug administration in elimination of Plasmodium	2017. The Lancet. Global
Brady 2017	514	Modelling data;	falciparum malaria: a consensus modelling study Modelling the benefits of long-acting or transmission-blocking	health;5(7):e680-e687
Bretscher			drugs for reducing Plasmodium falciparum transmission by case	2017. Malaria
2017	523	Modelling data;	management or by mass treatment	journal;16(1):341
Galatas	525	Design: imbalance of interventions; blanket IRS began	A multiphase program for malaria elimination in southern	2020. PLoS
2020	635	at same time as MDA	Mozambique (the Magude project): A before-after study	medicine;17(8):e1003227
2020	055		The magude project: Drastic reduction of malaria burden and	medicine,17(0).01003227
Galatas		Duplicate; ASTMH abstract of publication #635	sustained gains after a malaria elimination project in Southern	2019. AJTMH;101 (5
2019	193	Galatas 2020	Mozambique	Supplement)():417
	100		The economic and educational impacts of a malaria elimination	2017. AJTMH;97 (5
Brew 2017	115	Duplicate; ABSTRACT; linked to Galatas 2020 (635)	campaign in Mozambique	Supplement 1)():501
	-10		Moving towards malaria elimination in southern Mozambique:	
			Cost and cost-effectiveness of mass drug administration	2020. PloS
Cirera 2020	634	Contextual Factors; linked to 635, Galatas 2020	combined with intensified malaria control	one;15(7):e0235631
				2017. Trop Med Int
			Modelling to support the planning of malaria elimination in	Health;22 (Supplement
Briet 2017	96	No outcomes reported;	southern Palawan, the Philippines	1)():55
		· · ·	· · · · ·	1943. Naval Medical
Butler 1943	783	No outcomes reported;	Malaria Control Program on a South Pacific Base	Bulletin;41(6):1603-12
Caceres	893	Cross reference with additional details; linked to	Eficacia de la cura radical masiva en la incidencia malÃjrica del	2004. Bol. malariol. salud
		,	• • • • • •	

Camponov Mass campaigns combining antimalarial drugs and anti-infective varcines as assessional interventions for malaria control, elimination of 2019 2019. BMC infectious diseases;19(1):920 1949. Builetin de la Societe de Pathologie Exotique;22(44322):165-8 1949. Builetin de la Societe de Pathologie Canet 1949 781 No outcomes reported First Trials in Southern Indo-China of Mass Prophylaxis of Malaria with Nivaquine B (Resoquine) and with Paludrine. Societe de Pathologie Exotique;22(44322):165-8 1949. Builetin de la Societe de Pathologie Canet 1949 844 Duplicate; 781 Canet 1949 First Trials in souther Indo-China of mass prophylaxis of malaria to campage expei+ rimentale d'el+ radication du paludisme dans le Nord de la Campage expei+ rimentale d'el+ radication du paludisme dans le Nord de la China of the publique du Cameroun La malaria in Italia duraria in 1902. Part II: Profilasi della finadria in Italia, Italy in 1902. Part II: Profilasi della finadria in Italia, Italy in 1902. Part II: Profilasi della finadria in Italia duraria in Italy in 1902. Part II: Profilasi della finadria in Italia duraria in Italy in 1902. Part II: Profilasi della finadria in Italia duraria in Italia, Italy, 1900-1962. Results of a pilor of trargetted mass drug administration with sufadoxin-exprimethamine and primaquine as a component of a sufadoxin-exprimethamine and primaquine as a component of a sufadoxin-expre data sufadoxin-expre data sufadoxin-expre data sufadoxin-expre data sufadoxin-expre	2004 Caceres 2005	891	Caceres 2005, 2008 (included) Cross reference with additional details; linked to Caceres 2008 (included)	Municipio Marino, Estado Sucre Impacto de la Cura Radical Masiva sobre la incidencia malÃirica del estado Sucre, Venezuela	ambient;():45-49 2005. Bol. Malariol. Salud Amb;45():27-36
o 2019615Modelling data;and prevention of resurgence: a modelling studyideases:19(1):920Canet 1949781No outcomes reportedFirst Trials in Southern Indo-China of Mass Prophylaxis of MalariaSociete de PathologieCanet 1949781No outcomes reportedFirst trials in souther Indo-China of mass prophylaxis of malariaExotique:42(4322):165-8Canet 1949844Duplicate; 781 Canet 1949First trials in souther Indo-China of mass prophylaxis of malariaExotique:42(4322):165-8Canet 1949844Duplicate; 781 Canet 1949with Nivaquine B (resoquine) and with Paludrine. La campagne expeir frientale d'el*radication du paludisme dans1961. ():CavalieDesign: <2 areas/clusters per group				Mass campaigns combining antimalarial drugs and anti-infective	
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2016 478 Contextual Factors; Antimalarial mass drug administration: ethical considerations health;8(4):235-8 Chan 1000 700 Interventions and MDAs Tweet administration 1000 fbins			•	-	
Chen 1999 780 Intervention: not MDA; Tx not administered to entire [A pilot study on malaria control by using a new strategy of 1999. Chung-Kuo Chi	cuen 1999	780	intervention: not IVIDA; IX not administered to entire	LA phot study on malaria control by using a new strategy of	1999. Chung-Kuo Chi

		population	combining strengthening infection source treatment and health education in mountainous areas of Hainan province]	Sheng Chung Hsueh Yu Chi Sheng Chung Ping Tsa Chih Chinese Journal of Parasitology & Parasitic Diseases;17(1):44200 2017.
Chi 2017 Citron 2019	669 175	Awaiting classification; This study does not yet appear to have been published. No outcomes reported; Abstract only	Protocol of the Project of Malaria Elimination in the Plateaux Region of the Togolese Republic (Sino-Togolese Cooperation) Quantifying malaria acquired during travel and its role in malaria elimination on Bioko Island	http://www.who.int/trials earch/Trial2.aspx?TrialID= ChiCTR-EON-17010697;(): 2019. AJTMH;101 (5 Supplement)():511 1937. Archives Roumaines de Pathologie Experimentale et de Microbiologie;10(3):295-
Ciuca 1937	840	Design: control group criteria not met	Experimental control of malaria with synthetic drugs.	306
Ch		Intervention: exclude as targeted MDA (sent to	Single Dose Pyrimethamine Treatment of Africans during a	1958. East African Medical
Clyde 1958	777	emergency settings review)	Malaria Epidemic in Tanganyika Malaria Control in Tanganyika under the German Administration.	Journal;35(1):23-9 1961. East African Medical
Clyde 1961	778	Contextual Factors;	Part II. Mass Chemoprophylaxis in Dar es Salaam	Journal;38(2):69-82
	-	Cross reference with additional details; Linked to 778	Malaria Control in Tanganyika under the German Administration.	1961. East African Medical
Clyde 1961	779	Clyde 1961	Part I	Journal;38(1):27-42
			Malaria control of Tanganyika under the German Administration.	1961. East Afr Med
Clyde 1961	838	Duplicate; Linked to 778 Clyde 1961	II. Mass chemoprophylaxis in Dar es Salaam	J;38():69-82
Dapeng 1996	774	Design: No pre-intervention data or control;	A successful control programme for falciparum malaria in Xinyang, China	1996. Trans R Soc Trop Med Hyg;90(2):100-2
1990	//4		Large-scale Artemisinin-Piperaquine Mass Drug Administration	Wed Hyg, 30(2).100-2
		Design: control group criteria not met; not designed	With or Without Primaguine Dramatically Reduces Malaria in a	2018. Clin Inf
Deng 2018	591	as ITS; no control group	Highly Endemic Region of Africa	Dis;67(11):1670-1676
Desowitz			Malaria in the Maprik area of the Sepik region, Papua New	1987. Trans Royal Soc Trop
1987	834	Intervention: not MDA;	Guinea: 1957–1984	Med Hyg;81(1):175-176
DeZulueta 1961	888	Design: control group criteria not met; Pf, no control,	The results of the first year of a malaria eradication pilot project	1961. East Afr Med J;38():44222
1901	000	only 1 area Intervention: not MDA; Treatment not administered	in Northern Kigezi (Uganda) Clinical consequences of chloroquine prophylaxis and of its	1983. Dakar
Diallo 1983	833	to entire population	discontinuation in an hyperendemic malarial region	Medical;28(1):43-65
			Targetting malaria hotspots in senegal: Results of a cluster-	2016. AJTMH;95 (5
Diallo 2016	70	Design: control group criteria not met	randomized trial	Supplement 1)():381
Diallo 2014	408	Cross reference with additional details; linked to Diallo 2016	A cluster-randomized trial of targeted control to eliminate malaria in central Senegal: Study design and acceptability of the interventions	2014. AJTMH;1)():198
Diallo 2015	22	Cross reference with outcomes; linked to Diallo 2016	A cluster-randomized trial of targeted control to eliminate	2015. AJTMH;93 (4 Supplement)():81
	32	cross reference with outcomes; linked to Dialio 2016	malaria in central Senegal: Main results in year 2	Subhisment)():91

Pactr 2013	276	Cross reference with additional details; trial registration; linked to Diallo 2016 (70)	A trial of targetted control to eliminate malaria in Central Senegal	2013. http://www.who.int/trials earch/Trial2.aspx?TrialID= PACTR201310000575267;():
			The costs and cost-effectiveness of two spatially targeted, multi-	7-
Tairou			component malaria elimination strategies: Results of a large	2015. AJTMH;93 (4
2015	33	Contextual Factors; linked to Diallo 2016 (70)	three-arm cluster-randomized trial in rural Senegal	Supplement)():81
		No outcomes reported; This is an abstract, doesn't		
Dolenz		appear to be very relevant for modelling outcomes	Assessing cost optimized strategies for maintaining and extending	
2013	378	and has not been published.	the gains against malaria	2013. AJTMH;1)():262
Dupoux				1937. Bull. Acad.
1937	773	No outcomes reported;	Mass Prophylaxis of Malaria in Tunis	Med.;118(35):368-372 pp.
			Mass drug administration combined with indoor residual spraying	
Echodu		Design: <2 areas/clusters per group; Excluded	for accelerated reduction of malaria in a high transmission setting	2018. AJTMH;99 (4
2018	149	because each arm has a n=1	in northeastern Uganda: Preliminary results	Supplement)():580
			Community facilitators and barriers to a successful	,
Wanzira			implementation of mass drug administration and indoor residual	2018. Malaria
2018	563	Contextual Factors; linked to Echodu 2018	spraying for malaria prevention in Uganda: a qualitative study	journal;17(1):474
		No outcomes reported; A modeling study that does	Medical and entomological malarial interventions, a comparison	
		not compare outcomes according to operational	and synergy of two control measures using a Ross/Macdonald	2018. Mathematical
Elliott 2018	549	design considerations; linked to Echodu 2018	model variant and openmalaria simulation	biosciences;300():187-200
			Synergy and timing: a concurrent mass medical campaign	2019. Malaria
Elliott 2019	571	No outcomes reported; linked to Echodu 2018	predicted to augment indoor residual spraying for malaria	journal;18(1):160
Mulebeke	-	·····	Implementing malaria mass drug administration: Experience from	2018. AJTMH;99 (4
2018	145	Duplicate; ASTMH abstract; linked to Echodu 2018	a high transmission setting in northeastern uganda	Supplement)():575
			Implementing population-based mass drug administration for	
Mulebeke			malaria: experience from a high transmission setting in North	2019. Malaria
2019	582	Contextual Factors; linked to Echodu 2018 (149)	Eastern Uganda	journal;18(1):271
				1961. Med Trop
Escudie		Design: <2 areas/clusters per group; See Escudie	[Results of 2 years of antimalarial chemoprophylaxis in the rural	(Mars);21(Special)():689-
1961	750	1962	African area in the pilot zone of Bobo Dioulasso (Haute Volta)]	728
			Results of mass antimalarial chemoprophylaxis with a	
			combination of 4-aminoquinoline and 8-aminoquinoline under	
			rural African conditions in the region of Bobo-Dioulasso (Upper	
Escudie		Cross reference with additional details linked to	Volta) 1960. Comparative study in a zone treated with DDT and	1962. Medecine
1962	751	Escudie 1961	outside this zone.	Tropicale;22(2):268-305
			Results of pyrimethamine chemoprophylaxis in a pilot	
			antimalarial prevention study in Bobo― Dioulasso [Resultats	
			d'une experimentation de chimioprophylaxie par la	1959. Bulletin de la
Ricosse			pyrimethamine dans la zone pilote de lutte antipaludique de	Societe de Pathologie
1959	870	Design: <2 areas/clusters per group;	Bobo― Diolasso]	Exotique;52():516―35
	0,0			

Farinaud 1934	831	Intervention: not MDA	[English title not available] [Essai de prophylaxie rationelle du paludisme en milieu infantile a Tri-Cu (Tonkin)].	1934. Bulletin de la Societe de Pathologie Exotique;627(6):568-575
Farinaud 1958	898	Intervention: not MDA	Rapport sur les conditions d'organisation d'une campagne d'eradication due paludisme en Tunisie Perspectives of key stakeholders in Tanzania on alternative	1958. ;(EM/MAL/33): 2019. AJTMH;101 (5
Finda 2019	178	Irrelevant, no discussion of MDA	technologies for malaria elimination	Supplement)():124
Gao 2020	647	Modelling data;	Determinants of MDA impact and designing MDAs towards malaria elimination	2020. eLife;9():
Garbern 2018	134	Setting: emergencies/epidemics: https://academic.oup.com/ofid/article/6/7/ofz250/54 98323	Effect of mass artesunate-amodioquine distribution on Ebola- related mortality in Sierra Leone	2018. AJTMH;99 (4 Supplement)():303 2004. Bóletin de
Garcia 2004 Garfield	884	Cross reference with outcomes; no control, only 1 pre-intervention time point	Estado Sucre: El éxito antimalárico de Venezuela en el año 2003 Changes in malaria incidence after mass drug administration in	MalariologÃa y Salud Ambiental;44(1):51-5 1983. The
1983	883	Imbalance of background interventions;	Nicaragua	Lancet;322(8348):500-503
Garfield 1986	882	Contextual Factors; linked to Garfield 1983 (883)	Health education and community participation in mass drug administration for malaria in Nicaragua	1986. Soc Sci Med;22(8):869-77
Gerardin 2015	245	Modelling data;	Mass campaigns with antimalarial drugs: a modelling comparison of artemether-lumefantrine and DHA-piperaquine with and without primaquine as tools for malaria control and elimination Optimal Population-Level Infection Detection Strategies for	2015. BMC infectious diseases;15():144
Gerardin 2016 Gerardin 2018	462 545	Modelling data; Modelling data;	Malaria Control and Elimination in a Spatial Model of Malaria Transmission Impact of mass drug administration campaigns depends on interaction with seasonal human movement	2016. PLoS computational biology;12(1):e1004707 2018. International health;10(4):252-257
Gomez Mendoza 1960	830	No outcomes reported	Observations on the programme for the employment of antimalarial drugs in the malaria eradication campaign in Venezuela. Observations on the Programme for the Employment of Antimalarial Drugs in the Malaria Eradication Campaign in Venezuela [Informe del viaje efectuado para observar el	1960. CNEP Boletin;4(2):74-81
Gomez Mendoza 1960 Gunther	858	Duplicate; 830	programa de utilización de drogas antipalúdicas en la campaña de erradicación del paludismo en la República de Venezuela.]	1960. CNEP Boletin;4():74- 81 1952. Trans Royal Soc Trop
1952	828	Intervention: not MDA	Proguanil and malaria among non-tolerant New Guinea natives. Effect of mass dihydroartemisinin-piperaquine administration in southern Mozambique on the carriage of molecular markers of	Med Hyg;46(2):185-200
Gupta 2020 Henderson	716 827	Design: insufficient data points for ITS Intervention: not tx dose; 1 area divided into 2 parts.	antimalarial resistance Prophylaxis of malaria in the Sudan, with special reference to the	one;15(10):e0240174 1934. Trans Royal Soc Trop

1934		No clear data on prevalence pre-Treatment	use of plasmoquine	Med Hyg;28(2):157-164
		Design: control group criteria not met; MDA+ nets vs C: MDA. Does not meet design criteria but may have	The influence of permethrin-impregnated bednets and mass drug administration on the incidence of Plasmodium falciparum	1987. Med Vet
Hii 1987	880	info on contextual factors	malaria in children in Sabah, Malaysia	Entomol;1(4):397-407
				1965. Chinese Medical
Ho 1965	770	No outcomes reported	Studies on malaria in new China	Journal;84(8):491-497 pp.
				1945. Bulletin de la
			Chemoprophylaxis of malaria with monthly doses of choloroquine	Societe de Pathologie
Houel 194	45 825	Intervention: not MDA	and amodiaquine.	Exotique;47(2):254-260
				1954. Bulletin de la
			Treatment of Epidemic-Malaria with a Single Dose of	Societe de Pathologie
Houel 19	54 879	Intervention: not MDA	Pyrimethamine	Exotique;47(2):262-4
			Mass drug administration for the control and elimination of	
Hsiang	222	Desires News interneties data as extend	Plasmodium vivax malaria: an ecological study from Jiangsu	2013. Malaria
2013	233	Design: No pre-intervention data or control	province, China Desparation of malaria resurgance in Chinas area study of vivoy	journal;12():383
7hang 20	14 600	Cross reference with outcomes; Linked Hsiang 2013	Preparation of malaria resurgence in China: case study of vivax malaria re-emergence and outbreak in Huang-Huai Plain in 2006	2014. Advances in
Zhang 20	690	(233)	Experience with an insecticide-drug combination and	parasitology;86():205-30
Huehne		Design: control group criteria not met; uncontrolled.	observations on suppressive chloroquine-pyrimethamine	1971. J Trop Med
1971	824	Only 1 site. Pf	treatment	Hyg;74(5):110-6
Husson	024		Etiudes Epidemiologiques & Prophylactiques Sur Le Paludisme en	1198,74(3).110 0
1906	897	Intervention: not MDA	Tunisie	1906. ;():
			Resistance of P. falciparum and P. malariae to Pyrimethamine	
		Cross reference with outcomes; Linked to Jones 1958	(Daraprim) following Mass Treatment with this Drug. A	1954. East African medical
Jones 195	54 878	(included)	Preliminary Note	journal;31(2):47-9
			The promise, problems and pitfalls of mass drug administration	
Kaehler			for malaria elimination: a qualitative study with scientists and	2019. International
2019	589	Contextual Factors;	policymakers	health;11(3):166-176
Kagaya			Malaria resurgence after significant reduction by mass drug	2019. Scientific
2019	642	Design: <2 areas/clusters per group	administration on Ngodhe Island, Kenya	reports;9(1):19060
			The impact of mass drug administration on submicroscopic	
Kagaya		Duplicate; ASTMH abstract - duplicate of publication	malaria infection: A pilot study on ngodhe island in lake victoria,	2017. AJTMH;97 (5
2017	100	#642 (Kagaya 2019)	kenya	Supplement 1)():101
Idria 2011	C 40F	No outcomes reported, linked to 642 (Kasaya 2010)	High and Heterogeneous Prevalence of Asymptomatic and Sub-	2016. Scientific
Idris 2016 Kaneko	6 485	No outcomes reported; linked to 642 (Kagaya 2019)	microscopic Malaria Infections on Islands in Lake Victoria, Kenya	reports;6():36958 2000.
2000	748	Imbalance of background interventions	Malaria eradication on islands	Lancet;356(9241):1560-4
2000	740		Island malaria control in eastern Melanesia: 1) Malaria eliminated	Lancer, 330(3241).1300*4
Kaneko			from a small island by 9-week mass drug administration and	1994. J Japan. J.
1994	876	Duplicate; linked to Kaneko 2000	impregnated bednets	Parasitol.;43():358-370
Kaneko		,,	A community-directed strategy for sustainable malaria	2010. Acta
2010	823	Contextual Factors; linked to Kaneko 2000	elimination on islands: short-term MDA integrated with ITNs and	Trop;114(3):177-83

			robust surveillance	
Kaneko			Sustainable malaria elimination on aneityum Island, vanuatu,	
2014	407	Duplicate; linked to Kaneko 2000	1991-2014	2014. AJTMH;1)():197
Kaneko			Community-directed malaria freedom on Aneityum Island,	2014. Malaria
2014	399	Cross reference with outcomes; Kaneko 2000	Vanuatu, 1991-2014	Journal;1)():S25
				2015. Trop Med Int
Karl 2015	440	Modelling data;	Mathematical models for P. vivax elimination	Health;1)():105
Kasereka			Malaria case-finding and treatment strategies in an internally	
2014	404	Setting: emergencies/epidemics;	displaced persons (IDP) camp in the democratic republic of Congo	2014. AJTMH;1)():105
Khaing			Evaluation of targeted mass treatment of malaria in tanintharyi	2016. AJTMH;95 (5
2016	75	Awaiting classification; abstract only;	region, myanmar: Preliminary results	Supplement 1)():401
Kligler			Periodic Intermittent Treatment with Chinoplasmine as a	
1931	874	Design: control group criteria not met;	Measure of Malaria Control in a Hyperendemic Area	1931. Riv Malariol;10(4): 2020. Clinical
			Safety, Pharmacokinetics, and Mosquito-Lethal Effects of	pharmacology and
Kobylinski			Ivermectin in Combination With Dihydroartemisinin-Piperaquine	therapeutics;107(5):1221-
2020	652	Intervention: not MDA;	and Primaguine in Healthy Adult Thai Subjects	1230
		·····,	Malaria prevalence decreased following mass drug administration	
Kuehne			of malaria chemoprevention during the Ebola outbreak,	2015. Trop Med Int
2015	439	Setting: emergencies/epidemics; abstract	Monrovia, Liberia, 2014	Health;1)():43-44
			Impact and Lessons Learned from Mass Drug Administrations of	
Kuehne			Malaria Chemoprevention during the Ebola Outbreak in	2016. PloS
2016	480	Setting: emergencies/epidemics	Monrovia, Liberia, 2014	one;11(8):e0161311
2010	400	Contextual Factors; abstract only, no data at all	Costing mass drug administration with different targeting	2019. AJTMH;101 (5
Kyaw 2019	176	included here	strategies	Supplement)():123
KydW 2015	1/0		Effect of generalised access to early diagnosis and treatment and	Supplement/().125
Landier 2018	607	Design: control group criteria not met	targeted mass drug administration on Plasmodium falciparum malaria in Eastern Myanmar: an observational study of a regional elimination programme	2018. Lancet (London, England);391(10133):1916 -1926 1943. Meditsinkaya
Levenson			Experiences in the control of a malarial focus in the north (Arehangel Région) by mass chemoprophylaxis and systemic	Parazitologiya i Parazitarnya
1943	819	Design: No pre-intervention data or control	treatment of malaria patients (Russian). INTEGRATED APPROACH IN MALARIA CONTROL INCLUDING ENVIRONMENTAL MANAGEMENT TO REDUCE MAN-MOSQUITO	Bolezni;12():23-38 1986. CHINESE JOURNAL OF PARASITOLOGY AND
		Intervention: not tx dose; mixed curative and	CONTACT AND REDUCTION OF INFECTION SOURCE IN	PARASITIC
Liu 1986	818	prophylactic dose;	HUANGHUAI PLAIN	DISEASES;4(4):246-250
LIU 1900	010	איסאוואומכנוב מספר,	Elimination of Plasmodium falciparum in an area of multi-drug	2015. Malaria
	449	Design: control group criteria not met;	resistance	journal;14():319
Lwin 2015	449	Design. control group chiefia not met,	וכזוגמוונכ	•
Lwin 2015				
Lysenko	017	No outcomes reported.	Lice of avineside in treatment and prephylovic of vivey realized	1960. Bull World Health
Lysenko 1960	817	No outcomes reported;	Use of quinocide in treatment and prophylaxis of vivax malaria	Organ;22(6):641-62
Lysenko	817 810	No outcomes reported; Intervention: not MDA;	Use of quinocide in treatment and prophylaxis of vivax malaria Report of a malaria expedition to Jerusalem.	

1913				Backteriologie, Parasitenkunde, Infektionskrankheiten und Hygiene;69(44198):41-85
Sok 2016	71	Intervention: not MDA	Comparison of mass drug administration vs. mass screening and treatment high-risk, military mobile populations to support malaria elimination in Cambodia	2016. AJTMH;95 (5 Supplement 1)():381
Wojnarski 2016	86	Cross reference with outcomes; MAIN: Sok 2016 (71) Cross reference with additional details; Linked to Sok	Primaquine safety in G6PD-deficient military cohort in cambodia using the lower-dose, extended course regimen as part of mass drug administration for malaria elimination	2016. AJTMH;95 (5 Supplement 1)():281
	18	2016 (71)	Malaria Elimination Pilot Study in Military Forces in Cambodia Cluster-randomized trial of monthly malaria prophylaxis versus	. ;():
Manning 2018	558	Cross reference with additional details; linked to Sok 2016	focused screening and treatment: a study protocol to define malaria elimination strategies in Cambodia Cluster-randomized trial of monthly malaria prophylaxis versus	2018. Trials;19(1):558
Manning 2018 Marasingh	668	Duplicate 558	focused screening and treatment: a study protocol to define malaria elimination strategies in Cambodia 11 Medical and Health Sciences 1117 Public Health and Health Services Mass radical treatment of a group of foreign workers to mitigate	2018. Trials;19(1) (no pagination): 2020. Malaria Journal;19
e 2020	205	Intervention: not MDA;	the risk of re-establishment of malaria in Sri Lanka	(1) (no pagination)(346):
Maude 2012 Maude	215	Modelling data; Kim Lindblade (2021-02-19 23:24:39)(Select): This is linked to Song 2010 #863, which is the main paper.; Monica Shah (2021-02-15 10:04:15)(Select): Update: this study is not linked to others. Screen this as an independent study;	Optimising strategies for Plasmodium falciparum malaria elimination in Cambodia: primaquine, mass drug administration and artemisinin resistance The diminishing returns of atovaquone-proguanil for elimination of Plasmodium falciparum malaria: modelling mass drug	2012. PloS one;7(5):e37166 2014. Malaria
2014	685	Modelling data;	administration and treatment	journal;13():380
Maude 2016 Mendez	65	No outcomes reported;	Mathematical modelling of tafenoquine for plasmodium falciparum malaria elimination	2016. AJTMH;95 (5 Supplement 1)():305
Galvan 1984 Mendez	764	Intervention: can't determine when rounds occured. 3 rounds, monthly, uncontrolled study for pv	Evaluation of alternative scheme of treatment for malaria control	1984. Salud Publica de Mexico;26(6):561-572
Galvan 1984	813	Duplicate: 764	Evaluuation of alternative scheme of treatment for malaria control.	1984. Salud Publica de Mexico;26(6):561-572 1955. Bulletin de la
Merle 1955		Intervention: not MDA: Treatment not administered	[English title not available] [Problemas actuales del control y erradicacion de la malaria en America Latina].	Societe de Pathologie Exotique;48(2):242-269
	812	to entire population.	To screen or not to screen: an interactive framework for	2020. BMC

Millat-			Electrocardiographic Safety of Repeated Monthly	
Martinez			Dihydroartemisinin-Piperaquine as a Candidate for Mass Drug	2018. Antimicrobial agents
2018	557	Intervention: not MDA	Administration	and chemotherapy;62(12):
Mosha			Epidemiology of subpatent Plasmodium falciparum infection:	2013. Malaria
2013	229	Intervention: not MDA;	implications for detection of hotspots with imperfect diagnostics	journal;12():221
Murta			Misperceptions of patients and health workers regarding malaria	2019. Malaria
2019	576	Contextual Factors;	elimination in the Brazilian Amazon: a qualitative study	journal;18(1):223
				1973. World Health
Najera			Mass drug administration and DDT indoor-spraying as	Organization;73(817):1242
1973	746	Imbalance of background interventions;	antimalarial measures in the norther savanna of Nigeria	0
			Quantifying the potential impact of mass drug administration on	
Nankabirw			the parasite reservoir in an area of declining malaria transmission	2019. AJTMH;101 (5
a 2019	185	Modelling data;	in Uganda	Supplement)():316-317
				2016.
			Effectiveness of Mass Drug Administration for Reducing Seasonal	https://clinicaltrials.gov/sh
Nct 2016	274	Registration for Morris 2018 (562) which was included	Malaria Transmission in Zanzibar	ow/NCT02721186;():
		Intervention: not MDA; Protocol only. MDA		2018.
		Ivermectin + DP, no DP alone arm:	Mass Drug Administration of Ivermectin and Dihydroartemisinin-	https://clinicaltrials.gov/sh
Nct 2018	267	https://pubmed.ncbi.nlm.nih.gov/33211022/;	piperaquine as an Additional Intervention for Malaria Elimination	ow/NCT03576313;():
Vikolov			Modeling the effectiveness of population-level malaria infection	2015. AJTMH;93 (4
2015	447	No outcomes reported; Abstract only	detection strategies for optimal campaign scoping	Supplement)():293
Norman				1952. Trans Royal Soc Trop
1952	762	No outcomes reported;	An Investigation of the Failure of Proguanil Prophylaxis	Med Hyg;46(6):653-5
			с с т,	2016. Elimination du
				paludisme en Asie du Sud-
				Est? Moyens
Nosten				medicamenteux.;200(3):4
2016	489	No outcomes reported; perspective piece;	[Elimination in South-East Asia? The role of antimalarial drugs]	67-6
-		Contextual Factors; Uncontrolled before and after for		-
		pv, but pre-intervention and post-intervention		
		includes cases (no denominators) in different		1967. Bulletin of Endemic
Ossi 1967	761	populations. Insufficient info on outcomes to include.	An epidemic in the life of a malaria eradication programme	Diseases;9(44200):44334
	-	helter and the second		1967. Bulletin of Endemic
Ossi 1967	806	Duplicate 761	An epidemic in the life of malaria eradication programme.	Diseases;9():44334
Pemberton		· F · · · · · · · · ·		2016. AJTMH;95 (5
Ross 2016	56	No outcomes reported; ASTMH abstract	Reactive case detection for malaria elimination	Supplement 1)():283
Pemberton	23		A stochastic model for the probability of malaria extinction by	2017. Malaria
Ross 2017	528	Modelling data;	mass drug administration	journal;16(1):376
	525			1934. Meditsinskaya
				Parazitologiya i
			Experiment on the Prophylactic Use of Plasmocide in Daghestan	Parazitarnye
Pikul 1934	760	Intervention: not MDA- this is MTaT	with Observations on the Mosquito Infection Rate	Bolezni;3(4):322-329 pp.
	, 00			2010211130(171322 023 pp.

Pikul 1934	805	Duplicate;	Experiment on the prohylactic use of plasmocide in Daghestan with observations on the mosquito infection rate. Assessing associations between recent travel and malaria parasite	1934. Meditsinkaya Parazitologiya i Parazitarnya Bolezni;3(4):322-329
Porter 2016 Roberts	87	Duplicate;	prevalence during a mass drug administration campaign in southern zambia	2016. AJTMH;95 (5 Supplement 1)():282 1956. J Trop Med
1956	745	Design: <2 areas/clusters per group;	Pyrimethamine (Daraprim) in the control of epidemic malaria Strategies for understanding and reducing the Plasmodium vivax and Plasmodium ovale hypnozoite reservoir in Papua New	Hyg;59(9):201-8
Robinson			Guinean children: a randomised placebo-controlled trial and	2015. PLoS
2015	600	No outcomes reported; targeted MDA (to children)	mathematical model The Potential Elimination of Plasmodium vivax Malaria by Relapse	medicine;12(10):e1001891 2013. PLoS Neglected
Roy 2013	395	Intervention: not tx dose; Included in Mass relapse prevention review	Treatment: Insights from a Transmission Model and Surveillance Data from NW India	Tropical Diseases;7 (1) (no pagination)(e1979):
			Simulating the council-specific impact of anti-malaria	
Runge			interventions: A tool to support malaria strategic planning in	2020. PloS
2020	625	Modelling data;	Tanzania	one;15(2):e0228469
Saarinen 1987	804	Intervention: not MDA;	Mass proguanil prophylaxis	1987. The Lancet;1(8539):985-986
1987	804	Intervention. Not WDA,	Reducing malaria burden and accelerating elimination with long-	Lancet, 1(8559).985-986
Selvaraj			lasting systemic insecticides: a modelling study of three potential	2019. Malaria
2019	613	Intervention: not MDA;	use cases	journal;18(1):307
Sergent		,		1913. Ann. Inst.
1913	758	No outcomes reported	[English title not available]	Pasteur;27(5):373-390
				1913. Annales de
Sergent			[Etudes epidemiologiques et prophylactiques du paludisme:	l'Institut
1913	801	Duplicate 758	neuvieme et dixieme campagnes en Algerie, en 1910 et 1911]	Pasteur;27(5):373-390
			Towards malaria elimination in Mpumalanga, South Africa: A	
Silal 2014	411	Duplicate 681	metapopulation modeling approach	2014. AJTMH;1)():278
			Towards malaria elimination in Mpumalanga, South Africa: a	2014. Malaria
Silal 2014	681	Modelling data; LINKED: 411-dup681	population-level mathematical modelling approach	journal;13():297
Silal 2015	43	No outcomes reported; Abstract only;	Modelling mass drug administration in malariaendemic countries in the presence of imported infections	2015. AJTMH;93 (4 Supplement)():289
Silai 2015	45	No outcomes reported, Abstract only,	Predicting the impact of border control on malaria transmission: a	2015. Malaria
Silal 2015	255	Intervention: not MDA;	simulated focal screen and treat campaign	journal;14():268
51101 2015	255		Hitting a Moving Target: A Model for Malaria Elimination in the	2015. PloS
Silal 2015	457	No outcomes reported;	Presence of Population Movement	one;10(12):e0144990
				2017. AJTMH;97 (5
Silal 2017	106	Contextual Factors; abstract only;	Costing malaria elimination in the Asia-pacific	Supplement 1)():332-333
Simeons	865	Cross reference with outcomes; Simeons 1936	Follow-Up of a Mass Treatment with Injectable Atebrin	1938. Ind Med

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	White 1937	793	Intervention: not MDA; Abstract	Anti-gametocyte treatment combined with anti-larval malaria	1937. Records of the

			control. Part II.	Malaria Survey of India;7(4):221-231 2022. Advances in
Xu 2022	920	Contextual Factors;	Mass drug administration in response to vivax malaria resurgence in Anhui Province of Huanghuai Plain, China	parasitology;116():115- 152 2021. Malaria
Li 2021	986	Contextual Factors;	Seven decades towards malaria elimination in Yunnan, China From informed consent to adherence: factors influencing	journal;20(1):147
Fehr 2021	965	Contextual Factors;	involvement in mass drug administration with ivermectin for malaria elimination in The Gambia Rapid ethnographic assessment for potential anti-malarial mass	2021. Malaria journal;20(1):198
Keys 2021 vanBeek	988	Contextual Factors;	drug administration in an outbreak area of Santo Domingo, Dominican Republic Model-based assessment of the safety of community	2021. Malaria journal;20(1):76 2021. Parasites &
2021	953	Modelling data;	interventions with primaquine in sub-Saharan Africa The acceptability of targeted mass treatment with primaquine for local elimination of vivax malaria in a northern Myanmar	vectors;14(1):524 2021. Parasites &
Aung 2021 Cheng	949	Contextual Factors;	township: a mixed-methods study A systematic review of factors influencing participation in two	vectors;14(1):549 2021. Malaria
2021	979	Contextual Factors;	types of malaria prevention intervention in Southeast Asia The role of social cohesion in the implementation and coverage of a mass drug administration trial for malaria control in the	journal;20(1):195 2021. Social science & medicine
Fehr 2021	951	Contextual Factors;	Gambia: An in-depth comparison of two intervention villages	(1982);291():114487 2022. Communications
Tian 2022	900	Modelling data;	Malaria elimination on Hainan Island despite climate change Community acceptability to antimalarial mass drug	medicine;2():12
Galatas 2021	983	Contextual Factors;	administrations in Magude district, Southern Mozambique: A mixed methods study The short-term impact of a malaria elimination initiative in	2021. PloS one;16(3):e0249080 2021. Health
Thomas 2021	975	Imbalance of background interventions\	Southern Mozambique: Application of the synthetic control method to routine surveillance data Historical experiences on mass drug administration for malaria	economics;30(9):2168- 2184
Nadia 2022	966	No outcomes reported;	control and elimination, its challenges and China's experience: a narrative review Mass Drug Administration of Dihydroartemisinin-piperaquine +	2022. Acta tropica;225():106209 2021.
Nct 2021	1078	Awaiting classification; Design: control group criteria not met; no control,	Single Low-dose Primaquine to Accelerate Toward Elimination Activities	https://clinicaltrials.gov/sh ow/NCT04864444;():
Liu 2022	923	impossible to separate effect of MDA from other interventions;	Malaria from hyperendemicity to elimination along international borders in Yunnan, China during 2003-2020: a case study Mass Drug Administration With Artemisinin-Piperaquine for the	2022. Infectious diseases of poverty;11(1):51 2021. Frontiers in
Li 2021	924	Design: <2 areas/clusters per group;	Elimination of Residual Foci of Malaria in Sao Tome Island	medicine;8():617195

				Tropical Medicine and
			Successful case studies on malaria elimination with multi-	Hygiene;103(5
Liu 2020	1039	No outcomes reported	province cooperation in China	SUPPL)():221
			Sero-epidemiological evaluation of malaria transmission in The	2020. BMC
Wu 2020	1002	No outcomes reported;	Gambia before and after mass drug administration	medicine;18(1):331
			Estimating the programmatic cost of targeted mass drug	2021. BMC public
Kyaw 2021	977	Modelling data	administration for malaria in Myanmar	health;21(1):826
			Mass drug administration of ivermectin and dihydroartemisinin-	
			piperaquine against malaria in settings with high coverage of	2022. The Lancet.
Dabira			standard control interventions: a cluster-randomised controlled	Infectious
2022	932	Imbalance of background interventions\	trial in The Gambia	diseases;22(4):519-528
Druetz			Etramp5 as a useful serological marker in children to assess the	2022. BMC infectious
2022	909	Design: No pre-intervention data or control; Imbalance of background interventions; Kim	immediate effects of mass drug campaigns for malaria	diseases;22(1):643
		Lindblade (2022-08-16 02:41:13)(Select): PRE-POST	The Immediate Effects of a Combined Mass Drug Administration	2022. The Journal of
Druetz		STUDY WITH NON-RANDOMIZED CONTROLS; IRS	and Indoor Residual Spraying Campaign to Accelerate Progress	infectious
2022	919	IMPLEMENTED AT SAME TIME AS MDA;	Toward Malaria Elimination in Grande-Anse, Haiti	diseases;225(9):1611-1620 2020. American Journal of
			Coverage, use, and impacts of plasmodium falciparum malaria	Tropical Medicine and
Searle			prevention and control measures in rural sussundenga,	Hygiene;103(5
2020	1040	Irrelevant, no discussion of MDA;	Mozambique	SUPPL)():343
2020			Mozambique	5011 1/().545

2020. American Journal of

Notes: MDA = mass drug administration

In order to ensure that each population was captured only once, when there were multiple publications from a single study, only one paper was included, however, the relevant data from excluded papers was still captured. This is indicated as cross reference with outcomes. Studies which contributed to the contextual factor and modelling synthesis are highlighted in blue and yellow, respectively.

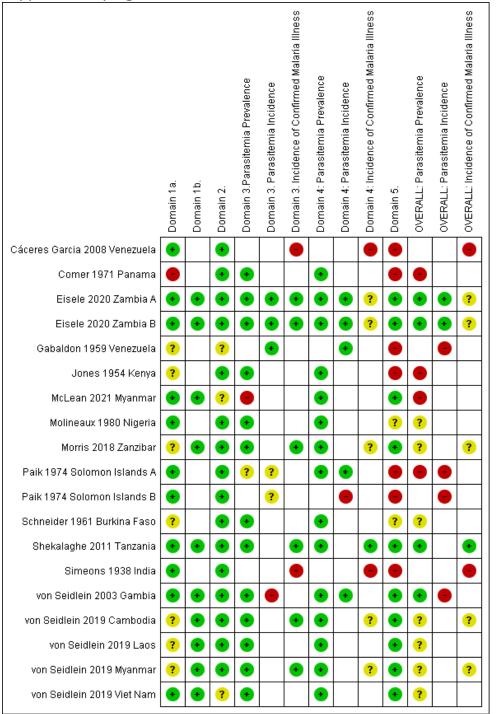
Supplementary table 3. Coverage of vector control co-interventions

Study (location, years of study)	Co-intervention	IRS Coverage	ITN/LLIN coverage
Cluster randomized trials			
von Seidlein 2003 ³⁵ (Gambia <i>,</i> 1999)	MDA only		
Shekalaghe 2011 ²³ (Zanzibar, 2008)	ITN		Reported ITN use 25.1% to 36.1% (covers both intervention and comparison arms)
Morris 2018 ²² (Zanzibar, 2016-2017)	ITN and IRS	Single round in March 2016 with pirimiphos methyl; 85% of households sprayed at baseline	Universal distribution campaign in 2015-2016; self-reported ITN use among all ages 71% at baseline
von Seidlein 2019 ²⁸ (Viet Nam, 2013-2014)	LLINS		LLIN use reported by 81.5% overall; 84.4% in control and 78.5% in intervention arms
von Seidlein 2019 ²⁸ (Myanmar 2013-2014)	LLINS		LLIN use reported by 81.5% overall; 84.4% in control and 78.5% in intervention arms
von Seidlein 2019 ²⁸ (Laos 2016-2017)	LLINS		LLIN use reported by 81.5% overall; 84.4% in control and 78.5% in intervention arms
von Seidlein 2019 ²⁸ (Cambodia 2014-2016)	LLINS		LLIN use reported by 81.5% overall; 84.4% in control and 78.5% in intervention arms
Eisele 2020A ²¹ (Zambia, 2014-2017) (Low transmission)	LLINs and IRS	6.9% in the MDA arm, 16.9% in control at baseline (2014); 42.2% in MDA and 47.8% in control by 2016	70.3% in MDA and 75.3% in control at baseline (2014) and 77.2% in MDA and 78.8% by 2016
Eisele 2020B ²¹ (Zambia, 2014-2017) (High transmission)	LLINs and IRS	6.9% in the MDA arm, 16.9% in control at baseline (2014); 42.2% in MDA and 47.8% in control by 2017	70.3% in MDA and 75.3% in control at baseline (2014) and 77.2% in MDA and 78.8% by 2017
McLean 2021 ²⁷ (Myanmar, 2014 to 2017)	LLIN		In all clusters, CHWs distributed LLINs (one per two people in each household)
Non-randomized studies			
Simeons 1938 ³⁴ (India, 1935)	Oiling for Larval Control		

Jones 1958 ³² (Kenya, 1952-1953)	MDA only		
Gabaldon 1959 ³¹ (Venezuela, 1956-1957)	IRS	Coverage not specified	
Schneider 1961 ²⁶ (Burkina Faso, 1960- 1961)	Group 1: MDA only. Group 2: IRS	Interventon group 2 only: Co-intervention with IRS using DDT once a year in May 1960, coverage not specified	
Comer 1971 ³⁰ (Panama, 1965-1968)	MDA only		
Paik 1974A ³³ (Solomon Islands, 1972)	IRS	"Total complete coverage" every 6 months	
Paik 1974B ³³ (Solomon Islands, 1972-73)	MDA only		
Molineaux 1980 ²⁵ (Nigeria, 1970-1976)	IRS	~99% coverage with IRS using propoxur 3-4 rounds per year in both intervention and comparison arms	
Cáceres Garcia 2008 ²⁹ (Venezuela, 2002-2007)	MDA only		

Supplementary table 4. GRADE Summary of Findings Tables

			Anticipated absolu		
Outcomes	Studies and participants	Rate ratio (95% Cl)	Risk with no MDA	, Risk with MDA	Certainty
Pf Mod-high transmission					
AEs	1 RCT 90 participants	OR 3.25 (0.68 to 15.53)	133 per 1,000 person-years	333 per 1,000 (95 to 705)	Very low ^{a,d}
Pf low-very low transmission					
SAEs, 0-3 months post MDA	1 RCT 6911 participants 1 RCT	OR 3.61 (0.43 to 30.03) OR 1.47	0 per 1,000 person-years 3 per 1,000	1 per 1,000 (0 to 11) 5 per 1,000	Moderate ^d
SAEs 4-12 months post MDA	6911 participants 1 RCT	(0.68 to 3.20) OR 0.54	person-years 43 per 1,000	(2 to 11) 24 per 1,000	Moderate ^d
Vomiting	703 participants	(0.19 to 1.54)	person-years	(8 to 65)	Moderate ^d
Drug resistance markers (PfKelch13) among Pf positive individuals 1-3 months post MDA	1 RCT 63 participants	RR 0.82 (0.45 to 1.51)	608 per 1,000 person-years	498 per 1,000 (274 to 918)	Very low ^{a,d,k}
Drug resistance markers (PfKelch13) among all samples 1-3 months post MDA	1 RCT 1232 participants	RR 0.13 (0.05 to 0.30)	64 per 1,000 person-years	8 per 1,000 (3 to 19)	Low ^{a,k}
Drug resistance markers (PfKelch13) among Pf positive individuals 4-12 months post MDA	1 RCT 75 participants	RR 1.16 (0.83 to 1.61)	610 per 1,000 person-years	707 per 1,000 (506 to 982)	Very low ^{a,d,k}
Drug resistance markers (PfKelch13) among all samples 4-12 months post MDA	1 RCT 2595 participants	RR 0.49 (0.28 to 0.85)	29 per 1,000 person-years	14 per 1,000 (8 to 24)	Low ^{a,k}
Drug resistance markers (PfKelch13) among Pf positive individuals 12-24 months post MDA	1 RCT 78 participants	RR 1.07 (0.82 to 1.40)	714 per 1,000 person-years	764 per 1,000 (586 to 1,000)	Very low ^{a,d,k}
Drug resistance markers (PfKelch13) among all samples 2-24 months post MDA	1 RCT 2990 participants	RR 0.66 (0.40 to 1.11)	25 per 1,000 person-years	17 per 1,000 (10 to 28)	Low ^{a,k}
Pv					
SAEs, 0-3 months post MDA	1 RCT 6911 participants 1 RCT	OR 3.61 (0.43 to 30.03) OR 1.47	0 per 1,000 person-years 3 per 1,000	1 per 1,000 (0 to 11) 5 per 1,000	Moderate ^h
SAEs, 4-12 months post MDA	6911 participants	(0.68 to 3.20)	person-years	(2 to 11)	Moderate ^h



Supplementary Figure 1a. Risk of bias for included studies; Randomized controlled trials

Randomized studies: ROB2 tool: Domain 1a. Risk of bias arising from randomization; Domain 1b. Risk of bias from timing of identification/ recruitment; Domain 2. Risk of bias due to deviations from intended intervention; Domain 3. Missing outcome data; Domain 4. Risk of bias in measurement of the outcome; Domain 5. Risk of bias in selection of reported result.

				Risk	of bias dom	ains		
		D1	D1b	D2	D3	D4	D5	Overall
	Eisele 2020 ZambiaA (AE)	+	•	•	×	-	+	
	Eisele 2020 ZambiaB (AE)	•	•	•	×	-	+	
	Morris 2018 Zanzibar (AE)	•	+	•	×	-	+	
	McLean 2021 Myanmar (AE)	+	+	•	×	+	+	×
Study	McLean 2021 Myanmar (Resistance)	Ŧ	•	Ŧ	-	Ŧ	+	•
	Shekalaghe 2011 TZA (AE)	+	•	Ŧ	+	+	+	+
	von Seidlein 2003 Gambia (AE)	+	•	•	+	+	+	+
	von Seidlein 2019 SE Asia (AE)	+	•	•	×	+	+	
	von Seidlein 2019 SE Asia (Resistance)	+	•	Ŧ	×	+	+	
		D1b: Bias ari and rec relation D2: Bias du D3: Bias du D4: Bias in	sing from the t ruitment of Ind to timing of rar to deviations to missing of measurement (andomization p iming of identifi ividual particip, ndomization, from intended utcome data. of the outcome e reported resu	ication ants in intervention.		gbut - +	ernent High Some concerns Low

Supplementary Figure 1b. Risk of bias for included studies; Non-randomized trials

Non-randomized studies: Domain 1. Failure to develop and apply appropriate eligibility criteria (inclusion of control population); Domain 1b. Not applicable; Domain 2. Flawed measurement of exposure; Domain 3. Incomplete follow-up; Domain 4. Flawed measurement of outcome (outcome-level); Domain 5. Failure to adequately control for confounding.

Supplementary Figure 2. Prevalence of P. falciparum parasitemia in moderate- high

transmission settings, Nonrandomized Trials

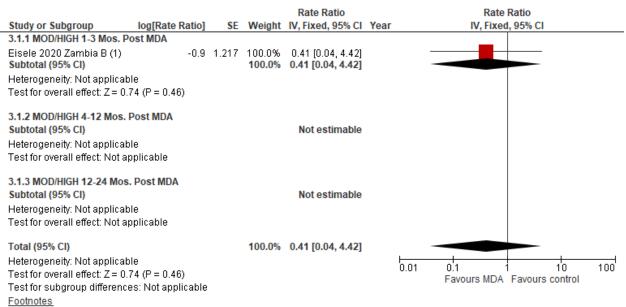
Study or Subgroup 2.1.1 < 1 Month	Events	Total	E.c.							
		1000	Events	Total	Weight	M-H, Fixed, 95% CI	Year		M-H, Fixed, 95% Cl	
Subtotal (95% CI)		0		0		Not estimable				
Fotal events Heterogeneity: Not applicable	0		0							
Fest for overall effect: Not applic	able									
2.1.2 1-3 Months										
Schneider 1961 Burkina Faso Subtotal (95% CI)	286	466 466	386		100.0% 100.0%	0.85 [0.78, 0.93] <mark>0.85 [0.78, 0.93]</mark>			•	
Fotal events Heterogeneity: Not applicable	286		386							
Fest for overall effect: Z = 3.60 (F	P = 0.0003	3)								
2.1.3 4-12 Months										
Molineaux 1980 Nigeria (1) Subtotal (95% CI)	523	2071 2071	453		100.0% 100.0%	0.60 [0.55, 0.67] 0.60 [0.55, 0.67]	1975		-	
Fotal events Heterogeneity: Not applicable	523		453							
Fest for overall effect: Z = 9.69 (F	P < 0.0000	01)								
2.1.4 12-24 Months										
Molineaux 1980 Nigeria (2) Subtotal (95% CI)	705	2138 2138	484		100.0% 100.0%	0.77 [0.70, 0.84] 0.77 [0.70, 0.84]	1975		•	
Fotal events	705		484							
Heterogeneity: Not applicable Fest for overall effect: Z = 5.81 (F	P < 0.0000	01)								
								L		
								0.01	0.1 1 10 Favours MDA Favours contro	100

Test for subgroup differences: Chi² = 24.88, df = 2 (P < 0.00001), l² = 92.0% <u>Footnotes</u>

(1) Molineaux 1980 NGA: MDA (SP every 2 weeks during the wet season and 10 weeks during the dry season) + IRS vs. no intervention (2) Molineaux 1980 NGA: MDA (SP every 2 weeks during the wet season and 10 weeks during the dry season) + IRS vs. no intervention

Supplementary Figure 3. Incidence of clinical P. falciparum malaria in moderate- high

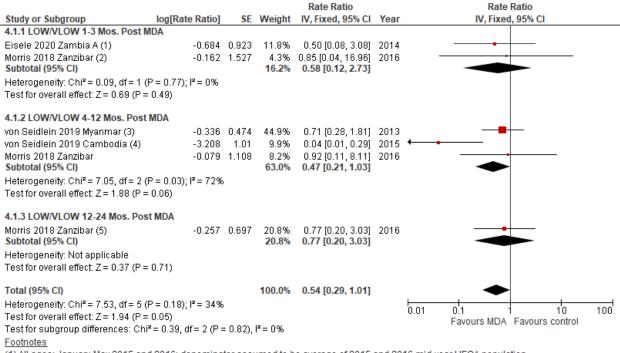
transmission settings, cRCTs



(1) All ages; January-May 2015 and 2016; denominator assumed to be average of 2015 and 2016 mid-year HFCA population

Supplementary figure 4. Incidence of clinical P. falciparum malaria in low-very low

transmission settings, cRCTs



(1) All ages; January-May 2015 and 2016; denominator assumed to be average of 2015 and 2016 mid-year HFCA population

(2) All ages; May-August 2016

(3) All ages; May 2013 to January 2014; Plasmodium falciparum or mixed infections

(4) All ages; July 2015 - June 2016; Plasmodium falciparum or mixed infections

(5) All ages; May 2016 - August 2017

Supplementary figure 5. Incidence of *P. vivax* malaria, Non-randomized trials

Study of Subgroup	learDate Datia] 61	Meight	Rate Ratio	Veer	Rate Ratio	
Study or Subgroup 5.1.1 <1 Months	log[Rate Ratio] SE	weight	IV, Fixed, 95% CI	rear	IV, Fixed, 95% Cl	
Paik 1974 Solomon Islands B Gabaldon 1959 Venezuela Subtotal (95% CI)	-1.89 0.12 -2.83 1.03	1.3%	• • •	←	■	
Heterogeneity: Chi ² = 0.82, df = 1	· //					
Test for overall effect: Z = 15.96 (F	° ≺ 0.00001)					
5.1.2 1-3 Months						
Paik 1974 Solomon Islands B Gabaldon 1959 Venezuela Subtotal (95% Cl)	-0.98 0.08 -1.73 0.63	1.6%	0.38 [0.32, 0.44] 0.18 [0.05, 0.61] 0.37 [0.32, 0.43]		_	
Heterogeneity: Chi ² = 1.39, df = 1 Fest for overall effect: Z = 12.50 (F	, ,,					
5.1.3 4-12 Months						
Gabaldon 1959 Venezuela Subtotal (95% CI)	-1.88 0.41		0.15 [0.07, 0.34] 0.15 [0.07, 0.34]			
Heterogeneity: Not applicable Test for overall effect: Z = 4.59 (P	< 0.00001)					
5.1.4 12-24 Months						
Subtotal (95% CI)			Not estimable			
Heterogeneity: Not applicable Test for overall effect: Not applica	ble					
				L		10
Test for subaroun differences: Ch	ji²− /250 df− 2/P <	0 000043 1	F-05 204	2.01	Favours MDA Favours control	

Test for subgroup differences: Chi² = 42.59, df = 2 (P < 0.00001), l² = 95.3%

Supplementary figure 6. Prevalence of *P. vivax* malaria, Non-randomized trials

	MDA		Contr	ol		Risk Ratio		Risk Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% Cl	Year	M-H, Fixed, 95% Cl	
6.1.1 <1 Month								_	
Paik 1974 Solomon Islands A Subtotal (95% CI)	8	350 350	7	99 99	100.0% 100.0%	0.32 [0.12, 0.87] 0.32 [0.12, 0.87]		-	
Total events Heterogeneity: Not applicable	8		7						
Test for overall effect: Z = 2.24 (F	° = 0.03)								
6.1.2 1-3 Months									
Jones 1958 Kenya (1)	3	135	47	135	79.4%	0.06 [0.02, 0.20]			
Paik 1974 Solomon Islands A Subtotal (95% CI)	29	655 790	7	99 234	20.6% 100.0%	0.63 [0.28, 1.39] 0.18 [0.10, 0.33]		•	
Total events	32		54						
Heterogeneity: Chi ² = 12.57, df =	1 (P = 0.0	0004);	l²=92%						
Test for overall effect: Z = 5.41 (F	P < 0.0000	1)							
6.1.3 4-12 Months									
Paik 1974 Solomon Islands A Subtotal (95% CI)	20	840 <mark>840</mark>	7	99 99	100.0% 100.0%	0.34 [0.15, 0.78] 0.34 [0.15, 0.78]		-	
Total events	20		7						
Heterogeneity: Not applicable									
Test for overall effect: Z = 2.55 (F	P = 0.01)								
6.1.4 12-24 Months									
Subtotal (95% CI)		0		0		Not estimable			
Total events	0		0						
Heterogeneity: Not applicable									
Test for overall effect: Not application	able								
							L		
							0.01	0.1 i 10	10
Test for subgroup differences: C	:hi² = 1.82	df = 2	(P = 0.4)))	196			Favours MDA Favours control	
Footnotes		, sn – 2	1 - 0.40						

Footnotes

(1) Jones 1954 KEN: MDA (Pyr every 6 months for 3 rounds) vs. baseline data

Supplementary figure 7. Incidence of clinical *P. vivax* malaria, cRCTs

Study or Subgroup	log[Rate Ratio]	\$F	Weight	Rate Ratio IV, Fixed, 95% CI		Rate Ratio IV, Fixed, 95% Cl	
7.1.1 4-12 Mos. post MDA	log[nate natio]	JL	Weight	IV, HACU, 55% CI		14,11xed, 55% ci	
von Seidlein 2019 Cambodia (1)	-0.31	0.469	14.6%	0.73 [0.29, 1.84]			
von Seidlein 2019 Myanmar (2) Subtotal (95% Cl)	0.426	0.194	85.4% 100.0%	1.53 [1.05, 2.24] 1.38 [0.97, 1.95]		₩	
Heterogeneity: Chi ² = 2.10, df = 1 (F	P = 0.15); I ² = 52%						
Test for overall effect: Z = 1.78 (P =	0.08)						
					0.01	0.1 1 1	0 100
Teet for cubaroun differences: Not	annliachta					Favours MDA Favours no	MDA

Test for subgroup differences: Not applicable Footnotes

(1) All ages; July 2015 - June 2016; Plasmodium vivax

(2) All ages; May 2013 to January 2014; Plasmodium vivax

Supplementary figure 8. Incidence of clinical *P. vivax* malaria, Non-randomized trials

				Rate Ratio	Rate Ratio
· · ·	og[Rate Ratio]	SE	weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
8.1.2 <1 Mos. Post MDA		~			
Cáceres Garcia 2008 Venezuela (1)	-2.04			0.13 [0.06, 0.30]	
Simeons 1938 India Subtotal (95% CI)	-1.47	0.05	98.7% 100.0%	0.23 [0.21, 0.25] 0.23 [0.21, 0.25]	•
Heterogeneity: Chi ² = 1.73, df = 1 (P = 0. Test for overall effect: Z = 29.75 (P < 0.0					
8.1.3 1-3 Mos. post MDA					
Cáceres Garcia 2008 Venezuela	0.04	0.21	3.5%	1.04 [0.69, 1.57]	<u> </u>
Simeons 1938 India	-1.3	0.04	96.5%	0.27 [0.25, 0.29]	
Subtotal (95% CI)			100.0%	0.29 [0.26, 0.31]	•
Heterogeneity: Chi² = 39.29, df = 1 (P < 0 Test for overall effect: Z = 31.89 (P < 0.00		%			
8.1.4 4-12 Mos. post MDA					
Simeons 1938 India	-0.33	0.03		0.72 [0.68, 0.76]	
Subtotal (95% CI)			100.0%	0.72 [0.68, 0.76]	•
Heterogeneity: Not applicable					
Test for overall effect: Z = 11.00 (P < 0.0)	0001)				
8.1.5 12-24 Mos. post MDA					
Simeons 1938 India	-3.2	0.25	100.0%	0.04 [0.02, 0.07]	
Subtotal (95% CI)			100.0%	0.04 [0.02, 0.07]	◆
Heterogeneity: Not applicable					
Test for overall effect: Z = 12.80 (P < 0.0)	0001)				
					0.01 0.1 1 10 10
Test for subgroup differences: Chi² = 65	344 df=3/P<	0 000	N1) ⊫= 9	9.5%	Favours MDA Favours no MDA

Footnotes s: Chi² = 653.44, df = 3 (P < 0.00001), l^a

(1) Caceres Garcia 2008 VEN: MDA (CQ+PQ once only) vs. baseline data

Supplementary figure 9. Serious Adverse Events (Pf and Pv)

	Treatm		Cont		Odds Ratio			Odds Ratio		
Study or Subgroup	Events	Total	Events	Total	M-H, Fixed, 95% CI		M-	-H, Fixed, 95% Cl		
9.1.1 0-3 Months										
von Seidlein 2019 V	6	4315	1	2596	3.61 [0.43, 30.03]					-
9.1.2 4-12 Months										
von Seidlein 2019 \	22	4315	9	2596	1.47 [0.68, 3.20]			+		
						—				
						0.01	0.1	1	10	100
							Fewer AE's in T	Tx Arm Fewer A	E's in Control	Arm

Supplementary figure 10. Proportion of samples with the PfKelch13 mutation among all

samples*

	MDA	4	Contr	ol	Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	M-H, Fixed, 95% Cl	M-H, Fixed, 95% CI
10.1.1 Pre-MDA						
McLean 2021 Myanmar	28	621	27	412	0.69 [0.41, 1.15]	-+-
10.1.2 1-3 Mos. post MDA						
McLean 2021 Myanmar	6	747	31	485	0.13 [0.05, 0.30]	— i —
10.1.3 4-12 Mos. post MDA						
McLean 2021 Myanmar	24	1718	25	877	0.49 [0.28, 0.85]	+
10.1.4 12-24 Mos. post MD	A					
McLean 2021 Myanmar	33	1992	25	998	0.66 [0.40, 1.11]	-+-
						0.01 0.1 1 10 100
						Less resistance in MDA Less resistance in Ctrl

*Data on actual number of samples collected was only available for the pre-MDA and 3 month post MDA time point, for the 4-12 and 12-24 month time points, we used the total number surveyed as the denominator. Numbers from the 5 and 10 month surveys were combined for the 4-12 month period, and numbers from the 15 and 21 month surveys were combined for the 12-24 month period.

Supplementary figure 11. Proportion of samples with the PfKelch13 mutation among Pf positive samples

	MDA	4	Contr	ol	Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	M-H, Fixed, 95% Cl	M-H, Fixed, 95% Cl
11.1.1 Pre-MDA						
McLean 2021 Myanmar	28	52	27	42	0.84 [0.60, 1.17]	-+-
11.1.2 1-3 Mos. post MDA						
McLean 2021 Myanmar	6	12	31	51	0.82 [0.45, 1.51]	
11.1.3 4-12 Mos. post MDA	4					
McLean 2021 Myanmar	24	34	25	41	1.16 [0.83, 1.61]	-+-
11.1.4 12-24 Mos. post MD	A					
McLean 2021 Myanmar	33	43	25	35	1.07 [0.82, 1.40]	+
						· · · · · · · · · · · · · · · · · · ·
						0.01 0.1 1 10 100

Less resistance in MDA Less resistance in Ctrl