Th1 and FoxP3 positive T cells and the HIV-tuberculosis immune reconstitution inflammatory syndrome

Graeme Meintjes, Katalin Andrea Wilkinson, Molebogeng Xheeda Rangaka, Keira Skolimowska, Kerryn van Veen, Musaed Abrahams, Ronnett Seldon, Dominique J Pepper, Kevin Rebe, Priscilla Mouton, Gilles van Cutsem, Mark Patrick Nicol, Gary Maartens, Robert John Wilkinson

Online Data Supplement

Supplementary Table E1

Case Definitions for Tuberculosis Immune Reconstitution Inflammatory Syndrome (TB-IRIS)

A. Prior to the introduction of combination antiretroviral therapy (cART) the following criteria must be met for the diagnosis of TB-IRIS to be considered:

1. The patient has microbiologic, histologic or very strong clinical evidence of tuberculosis (TB).

2. Initial improvement in one or more of the following during multidrug TB treatment: symptoms, Karnofsky score, weight, fever, clinical signs or radiographic examination.

3. That the infecting strain of *M. tuberculosis* is sensitive to rifampicin, if this result is available.

4. The patient was on antitubercular therapy when cART was commenced.

B. Consider TB-IRIS if, within 3 months of the introduction of cART

1. There are new or recurrent TB-related symptoms

AND/OR

2. There are new or worsening TB manifestations; one or more of:

- New or expanding lymph nodes
- New or expanding tuberculous cold abscesses
- New or expanding intracranial tuberculomas
- New or expanding pulmonary infiltrates (radiographically confirmed)
- New or recurrent tuberculous meningitis (after exclusion of bacteria and fungi)
- New or enlarging serous effusions- pericardial, pleural or ascitic (radiographically confirmed)
- New or worsening granulomatous hepatitis
- New or worsening granulomatous infiltration of bone marrow
- Other new or worsening tuberculous lesions

AND

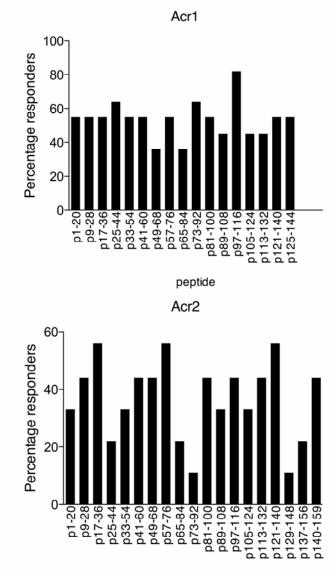
3. No other opportunistic disease to explain the new or recurrent symptoms and/or new or worsening TB manifestations

Legend to supplementary Figure E1

Epitopic determinants of the Acr1 and Acr2 specific response in TB-IRIS patients

Individual patients (11 for Acr1 and 9 for Acr2) responded to several determinants within each antigen that were widely distributed across the sequences of both molecules. These data suggest the response to *M. tuberculosis* antigens is polyclonal

Supplementary Figure E1



peptide