Costs and consequences of additional chest x-ray in a tuberculosis prevention program in Botswana

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ONLINE DATA SUPPLEMENT

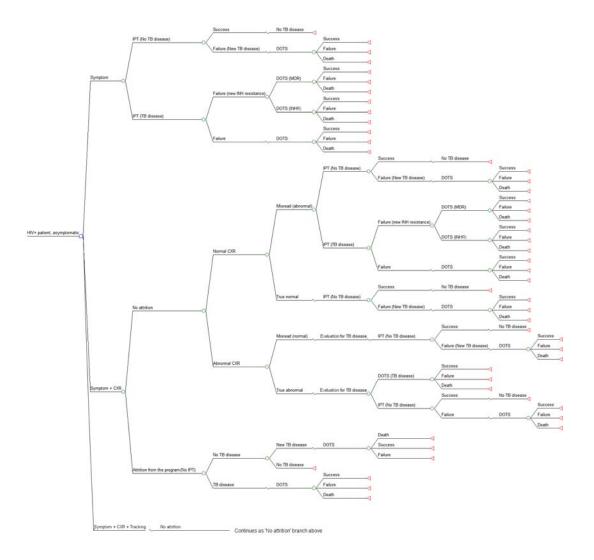


Figure 1. Diagram of the decision analytic model that evaluates three screening policies shown at the root node: Symptom', 'Symptom + CXR', 'Symptom + CXR + Tracking'. The latter policy is shown partially collapsed as its structure is identical to Symptom + CXR, but it does not have the "Attrition from the program" arm, as attrition in this policy is assumed to be 0%. This model was used to determine the number of tuberculosis cases, new isoniazid resistant tuberculosis cases, multidrug resistant tuberculosis cases and deaths, in asymptomatic HIV-infected adults who are screened for isoniazid tuberculosis preventive therapy. Our study compares the results of 3 hypothetical cohorts of 10,000 individuals that start at the root node and proceed down one of the three branches.

Abbreviations: CXR=chest radiograph, DOTS=directly observed therapy for the treatment of TB disease, INHR=isoniazid resistant TB disease, IPT=isoniazid tuberculosis preventive therapy, MDR=multidrug tuberculosis disease, TB=tuberculosis.