Supplemental Digital Content 1. Combination antiretroviral therapy regimens utilized in each study

Study	cART regimen(s)
Almeida 2011	56/89 (65%) NVP-based regimen 31/89 (35%) EFV-based regimen
Auld 2011	88% NVP/EFV + d4T + 3TC 11% NVP/EFV + ZDV+ 3TC <1% d4T/ZDV + 3TC + abacavir <1% other
Bassett 2012	"standard ART regimens as per contemporaneous South African guidelines"
Bastard 2012	83.7% NVP + d4T + 3TC 11.9% EFV + d4T + 3TC 4.4% other
Boulle 2008 (a)	NVP + 2 NRTIs
Boulle 2008 (b)	EFV + 2 NRTIs
Boulle 2010	8.4% NVP + ZDV + 3TC 38.5% NVP + d4T + 3TC 8.8% EFV + ZDV + 3TC 43.6% EFV + d4T + 3TC 0.8% other
Breen 2006	8% triple NRTI 62% 2 NRTIs + NNRTI 10% 2 NRTIs + PI 12% 2 NRTIs + boosted PI 5% 2 NRTIs + PI + NNRTI 4% not recorded
Dronda 2011	Not specified
Hardwick 2012	EFV-based cART
Hermans 2011	On TB treatment: 309 (54%) NVP + d4T + 3TC, 242 (43%) EFV + ZDV + 3TC, 19 (3%) other Not on TB treatment: 2025 (63%) NVP + d4T + 3TC, 894 (28%) EFV + ZDV + 3TC, 308 (9%) other
Hung 2003	Prior to PI introduction: 2 NRTIs After PI introduction: cART "according to CDC guidelines"
Julg 2012	360 (81%) EFV + d4T + 3TC 82 (19%) other
Lartey 2011	600 mg EFV + 400/300mg didanosine + 300 mg 3TC once daily
Manosuthi 2006	NVP + d4T + 3TC d4T switched to tenofovir or ZDV if d4T-related adverse events developed
Manosuthi 2008	NVP + d4T + 3TC d4T switched to tenofovir or ZDV if d4T-related adverse events developed
Manosuthi 2010	NVP + d4T + 3TC d4T switched to tenofovir or ZDV if d4T-related adverse events developed
Mugusi 2012	On TB treatment: 50.7% EFV + d4T + 3TC, 49.3% EFV + ZDV + 3TC Not on TB treatment: 16.9% EFV + d4T + 3TC, 83.1% EFV + ZDV + 3TC
Mussini 2008	66% PI-based cART, 25% NNRTI-based cART, 10% NRTIs or a combination of 3 drug classes 85% on 3TC, 57% on ZDV, 37% on d4T, 28% on indinavir, 23% on ritonavir, 20% on EFV, 18% on nelfinavir, 13% on lopinavir
Odo 2012	Not specified
Patel 2004	225 (88%) EFV + d4T + 3TC 30 (12%) EFV + ZDV + 3TC
Schomaker 2013	Not specified
Shipton 2009	On TB treatment: 55 (35%) NVP + 2 NRTIs, 100 (65%) EFV + 2 NRTIs Not on TB treatment: 75 (48%) NVP + 2 NRTIs, 80 (52%) EFV + 2 NRTIs
Sumantri 2008	56.2% NVP + ZDV + 3TC 10.8% NVP + d4T + 3TC 13.1% EFV + ZDV + 3TC 11.5% EFV + d4T + 3TC
Tan 2010	Not specified
Wanchu 2010 (a,b)	On TB treatment: EFV-based 3 drug cART Not on TB treatment: NVP-based cART

Abbreviations: 3TC, lamivudine; ART, antiretroviral therapy; cART, combination antiretroviral therapy; d4T, stavudine; EFV, efavirenz; NNRTI, non-nucleoside reverse-transcriptase inhibitor; NRTI, nucleos(t)ide reverse-transcriptase inhibitor; NVP, nevirapine; PI, protease inhibitor; TB, tuberculosis; ZDV, zidovudine

Supplemental Digital Content 2. Timing of TB treatment in relation to cART initiation, by study

Study	Timing of TB treatment in relation to cART initiation
Almeida 2011	Not specified
Auld 2011	Not specified
Bassett 2012	144 newly diagnosed by sputum culture at cART enrollment 199 previously diagnosed and on TB treatment at cART enrollment
Bastard 2012	Not specified
Boulle 2008 (a)	Patients only included in the TB treatment-exposed group in the analysis if they continued TB treatment past 14 days post cART initiation. Duration of TB treatment at cART initiation [median (IQR)]: 87 (60-135) days
Boulle 2008 (b)	Patients only included in the TB treatment-exposed group in the analysis if they continued TB treatment past 14 days post cART initiation. Duration of TB treatment at cART initiation [median (IQR)]: 73 (44-115) days
Boulle 2010	Not specified
Breen 2006	Duration of TB treatment at cART initiation [median (range)]: 2 (0-8) months All patients were still on TB treatment at cART initiation.
Dronda 2011	Duration of TB treatment at cART initiation [median (IQR)]: 53 (25.75-83.25) days
Hardwick 2012	cART was initiated on the fourth week of TB treatment.
Hermans 2011	Not specified
Hung 2003	Not clear
Julg 2012	Not specified
Lartey 2011	Duration of TB treatment at cART initiation ranged from 4 to 90 days (median: 33)
Manosuthi 2006	On rifampin-containing TB treatment for ≥1 month prior to study enrollment
Manosuthi 2008	Median (IQR) duration of concurrent administration of nevirapine and rifampin: 5.4 (4.6-6.1) months
Manosuthi 2010	Median (IQR) duration of concurrent administration of nevirapine and rifampin: 5.4 (4.6-6.1) months
Mugusi 2012	All patients diagnosed with TB started cART after 4 weeks of TB treatment.
Mussini 2008	TB was part of an AIDS diagnosis at the time of HIV diagnosis. cART was started a median of 31 (95% CI 30-34) days after HIV diagnosis.
Odo 2012	Not clear
Patel 2004	TB treatment started at the same time as cART and continued for 9 months.
Schomaker 2013	Not specified
Shipton 2009	Duration of TB treatment at cART initiation [median]: 81 days 21% had <2 months of overlapping TB treatment and cART 33% had 2-4 months of overlapping TB treatment and cART 46% had >4 months of overlapping TB treatment and cART
Sumantri 2008	All patients simultaneously diagnosed with TB and HIV started cART after 2 weeks of TB treatment.
Tan 2010	Not specified
Wanchu 2010 (a,b)	All patients diagnosed with TB started cART after 1 month of TB treatment.

Abbreviations: cART, combination antiretroviral therapy; IQR, interquartile range; TB, tuberculosis

Supplemental Digital Content 3. Methods for handling loss-to-follow-up and mortality utilized by each study

Study	Methods to handle loss-to-follow-up and mortality
Almeida 2011	The analysis was limited to a subset of patients with complete baseline, 4-month, and 10-month HIV RNA and CD4 count measures (n=89). Patients who died or were LTFU were excluded. Additionally, patients who did not suppress HIV RNA at either 4 or 10 months (n=9) were excluded from the odds ratio comparing early vs. late virologic controllers.
Auld 2011	Patients who transferred to other facilities were censored from time-to-event analyses at the date of transfer. Multiple imputation was used for missing outcome and covariate data in the immunologic treatment failure model.
Bassett 2012	Patients who missed appointments for >3 months and did not return to the clinic after multiple phone attempts were considered LTFU and were censored at the date of last clinic visit. Only patients alive and in care at 12 months were included in HIV RNA and CD4 count analyses. To assess 12-month virologic suppression, if a patients was alive and in care but did not have a 12-month value, they used the 6-month HIV RNA to approximate the 12-month data.
Bastard 2012	The analysis was limited to patients receiving cART for ≥6 months. Methods for handling LTFU and mortality were not described.
Boulle 2008 (a,b)	Patients were classified as LTFU after 6 months without a visit. Patients were excluded from later analyses if they died, transferred out, were LTFU, stopped or changed drugs, or had insufficient follow-up data. Additional censoring at each duration of follow-up was due to the patients not being in care for long enough at the close of the study.
Boulle 2010	No assumption was made on laboratory outcomes in those who missed a scheduled test or who were LTFU. Only those with available test results were included in analyses. Patients who were LTFU were censored at last visit date. Patients who transferred to other services were censored at date of transfer.
Breen 2006	It does not appear that any of the 82 patients on TB treatment or the 82 controls died or were LTFU by 6 months.
Dronda 2011	Patients who were LTFU were censored at last clinic visit date. Those who died during follow-up or did not have an available laboratory test at the time of evaluation were included in the analysis, but were considered as non-responders. Sensitivity analyses excluded those who lacked a laboratory test and/or died prior to evaluation date, and results did not differ from primary analyses.
Hardwick 2012	Methods for handling LTFU and mortality were not described.
Hermans 2011	Analysis was limited to patients with ≥96 weeks of follow-up after cART initiation.
Hung 2003	Patients were censored at death or LTFU. The authors also performed an "on-treatment" sensitivity analysis, limited to those who continued cART.
Julg 2012	Patients were censored if they became LTFU, died, had no HIV RNA testing for >1 year, or switched cART regimen with detectable HIV RNA levels.
Lartey 2011	Patients were censored if they discontinued the study (due to TB-IRIS, pregnancy, poor adherence, or withdrawal of consent), died, or were LTFU.
Manosuthi 2006	No deaths or LTFU are reported during the first 24 weeks of cART. However, an "on-treatment" sensitivity analysis found similar results.
Manosuthi 2008	Patients who were LTFU, developed HIV drug resistance, experienced adverse events, died, or transferred care were included in the "intent-to-treat" primary analysis and considered treatment failures. An "on-treatment" sensitivity analysis excluded these patients.
Manosuthi 2010	Patients who discontinued cART for any reason were considered to be treatment failures. A "modified intent-to-treat" analysis included all patients in the analysis, but those who switched from stavudine were not considered to be treatment failures. Missing HIV RNA levels were assumed to be >50 copies/mL. Patients who had been on a drug holiday of longer than 4 weeks were considered LTFU and censored at date of first missing visit.
Mugusi 2012	Patients missing follow-up laboratory results were excluded from analysis (n=13). Patients who died were censored.
Mussini 2008	Methods for handling LTFU and mortality were not described.
Odo 2012	Patients included in analysis were required to be on cART for ≥1 year and have ≥3 follow-up CD4 counts.
Patel 2004	No patients were LTFU or died by 9 months of cART.
Schomaker 2013	Patients with <6 months of follow-up were excluded. Methods for handling LTFU and mortality beyond 6 months were not described.
Shipton 2009	The analysis was limited to patients with ≥1 HIV RNA and CD4 count after cART initiation. Patients who died or were LTFU were censored.
Sumantri 2008	Patients with incomplete or lost medical records were excluded. Methods for handling LTFU and mortality were not described.
Tan 2010	Methods for handling LTFU and mortality were not described.
Wanchu 2010 (a,b)	Methods for handling LTFU and mortality were not described.

Abbreviations: LTFU, lost-to-follow-up; IRIS, immune reconstitution inflammatory syndrome.

Supplemental Digital Content 4. Quantification of virologic response to combination antiretroviral therapy, stratified by TB treatment status, as reported by 17 studies

		VIROLOGIC SUPPRESSION					VIROLOGIC FAILURE					OTHER
Study	TB treatment	Follow-up (months)	Lower limit of detection	Suppressed, %	Suppressed, n/N	RR for suppression (95% CI)	Follow-up (months)	Definition of virologic failure	Virologic failure, %	Virologic failure, n/N	RR for virologic failure (95% CI)	Other measures of virologic response
Almeida[16]	Yes	4	400	82[a]	22/27	1.33 (1.02, 1.74)[a]	NR	NR	NR	NR	NR	OR for early virologic control (<400 at 4 months) vs. late virologic control (>400 at 4 months and <400 by 10 months): 11.0 (1.38, 87.9)
	No			61[a]	38/62				NR	NR		
Bassett[44]	Yes	12	50	83[a]	285/343[a]	0.98 (0.92, 1.04)[a]	NR	NR	NR	NR	NR	
	No			85	517/608[a]				NR	NR		
Bastard[17]	Yes	48	400	NR	NR	1.09 (0.73, 1.63)	48	>5000	NR	NR	0.94 (0.56, 1.98)	
	No			NR	NR				NR	NR		
Boulle (a)[18][b]	Yes	6	400	84[a]	118/141[a]	0.5 (0.3, 0.8)[a]	18	Failure to suppress <400 over 18 months	NR	NR	2.0 (1.8, 2.4)[a]	
	No			92[a]	1033/1126[a]				NR	NR		
	Yes	12	400	80[a]	92/115[a]	0.6 (0.4, 1.0)[a]	24	Time to first value ≥400	NR	NR	1.4 (1.0, 1.9)	
	No			88[a]	688/784[a]				NR	NR		
	Yes	18	400	80[a]	64/80[a]	0.7 (0.4, 1.4)[a]	24	Time to 2 consecutive values ≥5000	NR	NR	2.2 (1.3, 3.7)	
	No			86[a]	447/520[a]				NR	NR		
Boulle (b)[18][b]	Yes	6	400	94[a]	663/708[a]	0.9 (0.6, 1.4)[a]	18	Failure to suppress <400 over 18 months	NR	NR	1.1 (0.8, 1.6)	
	No			94[a]	574/609[a]				NR	NR		
	Yes	12	400	92[a]	392/426[a]	1.1 (0.7, 1.7)[a]	24	Time to first value ≥400	NR	NR	0.9 (0.7, 1.1)	
	No			92[a]	399/434[a]				NR	NR		
	Yes	18	400	89[a]	193/218[a]	0.8 (0.5, 1.7)[a]	24	Time to 2 consecutive values ≥5000	NR	NR	1.1 (0.6, 2.0)	
	No			90[a]	206/230[a]				NR	NR		
Boulle (a)[40][b]	Yes	NR	NR	NR	NR	NR	60	Time to 2 consecutive values ≥5000	NR	NR	1.3 (0.9, 1.9)	
	No			NR	NR				NR	NR		
Boulle (b)[40][b]	Yes	NR	NR	NR	NR	NR	60	Time to 2 consecutive values ≥5000	NR	NR	1.7 (1.1, 2.5)[a,c]	
	No			NR	NR				NR	NR		
Breen[19]	Yes	6	400	87	71/82	0.95 (0.85, 1.05)[a]	NR	NR	NR	NR	NR	
	No			91	75/82				NR	NR		
Dronda[21]	Yes	6	50	59	44/75	0.91 (0.75, 1.11)[a]	NR	NR	NR	NR	NR	
	No			64	899/1396				NR	NR		
	Yes	12	50	60	34/57	0.90 (0.72, 1.12)[a]	NR	NR	NR	NR	NR	

	No			66	761/1147				NR	NR		
Hung[23]	Yes	1	400	43	20/46	0.93 (0.65, 1.34)	17	>400 after undetectable, or never undetectable after 4 months	38	13/34	1.49 (0.92, 2.41)	
	No			47	107/230				26	57/222		
Lartey[25]	Yes	6	400	91	21/23	0.97 (0.83, 1.13)[a]	NR	NR	NR	NR	NR	
	No			94	31/33				NR	NR		
	Yes	11	400	80	16/20	0.83 (0.66, 1.04)[a]	11	Failure to get <400 by week 24, or rebound to >400 at week 48 after suppressing at week 24	NR	NR	2.04 (0.50, 8.37)	
	No			96	27/28				NR	NR		
Manosuthi[39]	Yes	6	50	73	51/70	1.11 (0.89, 1.38)[a]	NR	NR	NR	NR	NR	
	No			66	46/70				NR	NR		
Manosuthi[26]	Yes	33	50	61	43/70	1.19 (0.61, 2.35)	33	Rebound >1000 at 144 weeks after previously <50, or lack of achieving <50 by 24 weeks	10	7/70	1.17 (0.41, 3.30)[a]	
	No			57	40/70				9	6/70		
Manosuthi[27]	Yes	48	50	53	37/70	1.12 (0.58, 2.18)	NR	NR	NR	NR	NR	
	No			50	35/70				NR	NR		
Mussini[28]	Yes	NR	NR	NR	NR	NR	106	Among those who initially suppressed, time until first value >500	NR	NR	1.73 (1.24, 2.42)	
	No			NR	NR				NR	NR		
Schomaker[43]	Yes	12	400	81	851/1052[a]	1.02 (0.99, 1.06)[a]	NR	NR	NR	NR	NR	
	No			79	11544/14594[a]				NR	NR		
Shipton[30]	Yes	3	400	90[a]	111/123[a]	0.98 (0.91, 1.05)[a]	NR	NR	NR	NR	NR	
	No			92[a]	121/131[a]				NR	NR		
	Yes	6	400	86[a]	44/51[a]	0.92 (0.80, 1.05)[a]	NR	NR	NR	NR	NR	
	No			94[a]	33/35[a]				NR	NR		
	Yes	9	400	91[a]	61/67[a]	1.00 (0.90, 1.12)[a]	NR	NR	NR	NR	NR	
	No			91[a]	59/65[a]				NR	NR		
	Yes	12	400	90[a]	47/52[a]	1.08 (0.94, 1.25)[a]	NR	NR	NR	NR	NR	
	No			83[a]	50/60[a]				NR	NR		
Sumantri[32]	Yes	6	400	62[a]	31/50[a]	0.71 (0.54, 0.92)[a]	NR	NR	NR	NR	NR	
	No			88[a]	21/24[a]				NR	NR		
Tan[38]	Yes	11	50	100	15/15	1.00 (1.00, 1.00)[a]	NR	NR	NR	NR	NR	Median HIV RNA at 3 months: 233 copies/mL <50 copies/mL
	No			100	27/27				NR	NR		

Abbreviations: CI, confidence interval; NR, not reported; OR, odds ratio; RR, relative risk; TB, tuberculosis.

[a] Calculated or estimated from reported data, but not directly reported by the study

[b] (a) Nevirapine-based cART; (b) Efavirenz-based cART

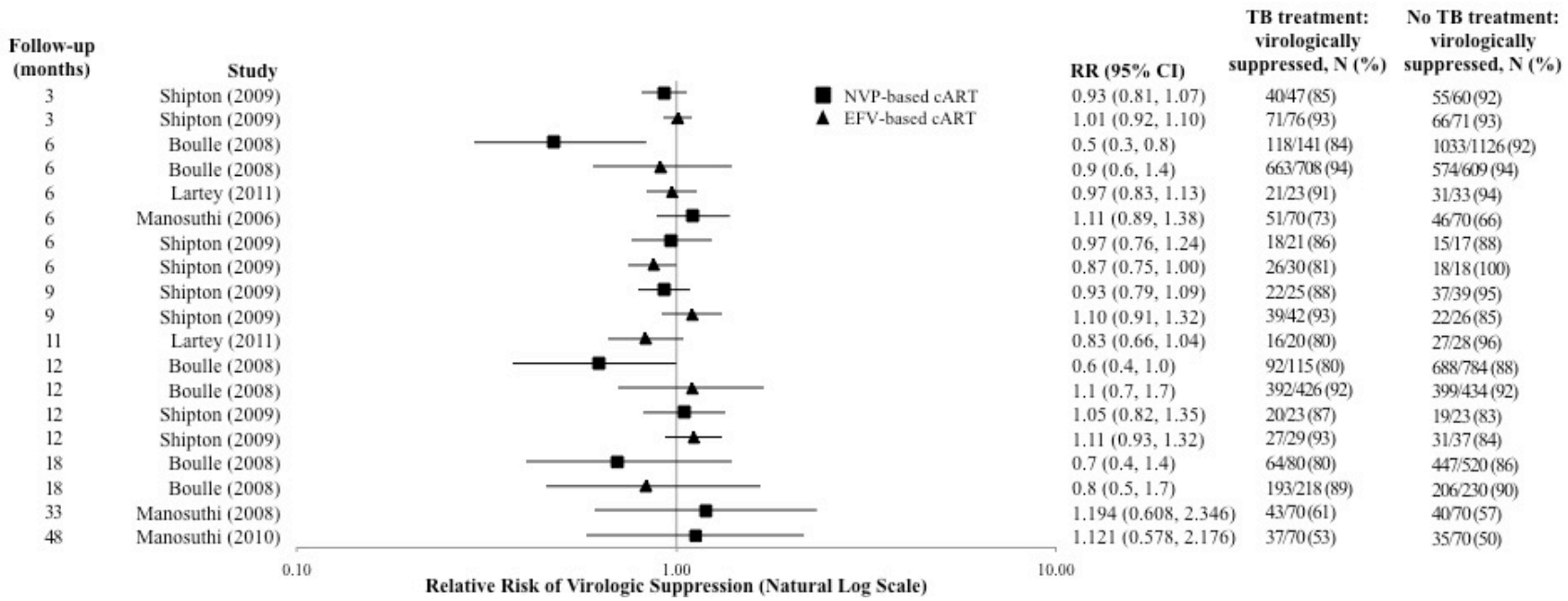
[a] CI estimated from reported data, using incidence rate ratios to approximate the adjusted hazard ratios

Supplemental Digital Content 5. Meta-regression results for the effect of TB treatment on virologic suppression after combination antiretroviral therapy initiation

Category	Number of estimates	Tau-squared	Homogeneity p-value	RR_{RE} (95% CI)	Ratio of RRs (95% CI)
All	13	0.003	0.060	0.97 (0.92, 1.03)	
Lower limit of detection of 400 copies/mL	10	0.006	0.027	0.97 (0.89, 1.05)	Reference
Lower limit of detection of 50 copies/mL	3	0.000	0.656	0.98 (0.92, 1.03)	1.00 (0.85, 1.17)
Mixed cART regimens	9	0.003	0.037	0.97 (0.92, 1.03)	Reference
EFV-based cART regimens	2	0.000	0.605	0.99 (0.85, 1.14)	1.01 (0.80, 1.28)
NVP-based cART regimens	2	0.118	0.130	0.83 (0.44, 1.55)	0.80 (0.46, 1.42)

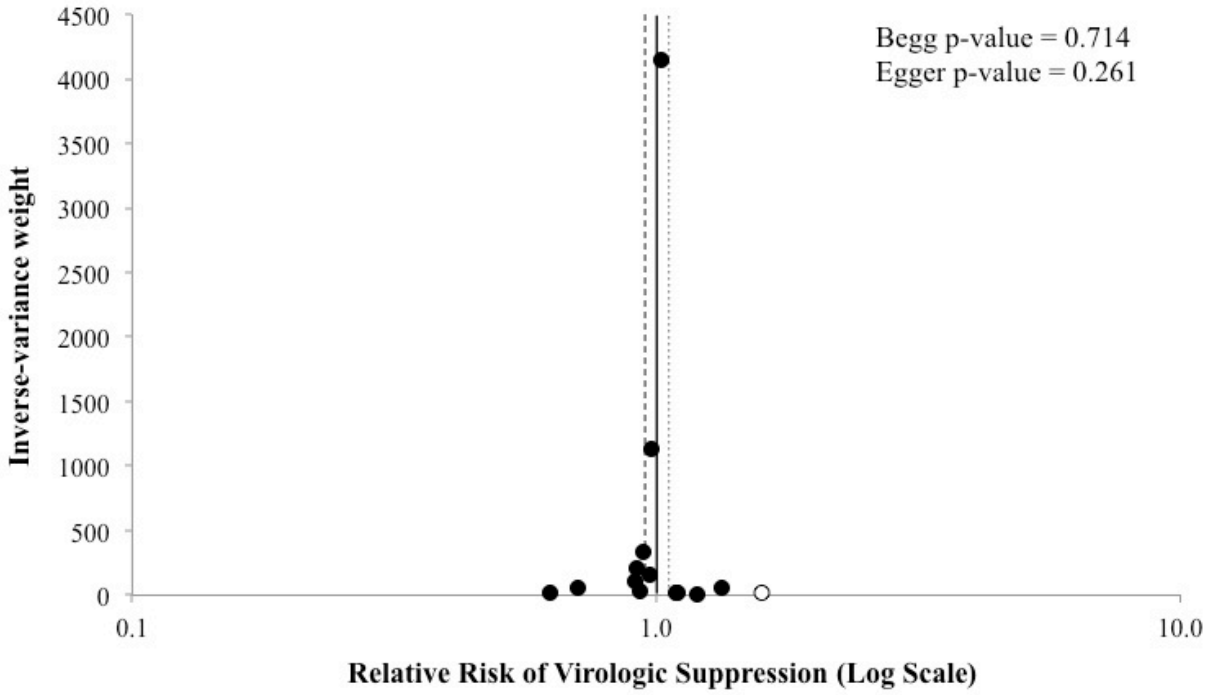
Abbreviations: cART, combination antiretroviral therapy; CI, confidence interval; EFV, efavirenz; NVP, nevirapine; RR, relative risk; RR_{RE}, random-effects summary relative risk; TB, tuberculosis

Supplemental Digital Content 6. Forest plot of cART regimen-specific relative risks of virologic suppression



cART regimen-specific relative risks of virologic suppression in those receiving vs. not receiving tuberculosis treatment at cART initiation, as reported by or calculated from 6 studies. Estimates were abstracted according to the precision and stratification used by the original authors. Estimates calculated using available data are reported to 2 decimal places. Abbreviations: cART, combination antiretroviral therapy; CI, confidence interval; EFV, efavirenz; NVP, nevirapine; RR, relative risk.

Supplemental Digital Content 7. Funnel plot of overall relative risk of virologic suppression



Funnel plot of virologic suppression relative risks and inverse-variance weights included in the 1-48 month summary estimate. Black circles are reported results; the white circle is the imputed estimate from the trim-and-fill method. The solid line is the null value of 1. The dashed line represents the random effects summary relative risk. The dotted line represents the random effects summary relative risk with the imputed study.

Supplemental Digital Content 8. Quantification of CD4 count response to combination antiretroviral therapy, stratified by TB treatment status, as reported by 21 studies

			CHANGE IN CD4 COUNT			IMMUNOLOGIC SUCCESS				OTHER IMMUNOLOGIC RESPONSE MEASURES	
Study	Follow-up (months)	TB treatment	Baseline CD4 count[a]	Change in CD4 count[a]	Absolute CD4 count[a]	Definition of immunologic success	Success, %	Success, n/N	RR for success (95% CI)	Measure 1	Measure 2
Auld[41]	36	Yes	NR	NR	NR	NR	NR	NR	NR	aHR for immunologic failure [CD4 count decline from baseline, CD4 <100, or 50% decline from peak CD4 count after ≥6 months of cART]: 1.0 (0.7, 1.3)	Rate of immunologic failure: 13.9/100PY
		No	NR	NR	NR		NR	NR			14.0/100PY
Bassett[44]	12	Yes	71[b]	123.5[b]	NR	NR	NR	NR	NR		
		No	104	109	NR		NR	NR			
Boulle (a)[18][c]	18	Yes	80	NR	NR	NR	NR	NR	NR	Increase in CD4 count from baseline: 29 more cells than those not on TB treatment	
		No	116	NR	NR		NR	NR			
Boulle (b)[18][c]	18	Yes	61	NR	NR	NR	NR	NR	NR	Increase in CD4 count from baseline: 29 more cells than those not on TB treatment	
		No	93	NR	NR		NR	NR			
Boulle[40]	6	Yes	NR	NR	NR	NR	NR	NR	NR	Increase in CD4 count from baseline[d]: 4.7 more cells than those not on TB treatment	
		No	NR	NR	NR		NR	NR			
Breen[19]	6	Yes	NR	97	NR	NR	NR	NR	NR		
		No	NR	89	NR		NR	NR			
Dronda[21]	6	Yes	80	NR	NR	Increase of ≥50	60	47/78	0.87 (0.72, 1.04)[b]		
		No	226	NR	NR		69	1000/1442			
	12	Yes	80	188	NR	Increase of ≥100	56	33/59	0.91 (0.72, 1.14)[b]		
		No	226	182	NR		62	728/1181			
Hardwick (a)[22][e]	3	Yes	83	109[b]	192[b]	NR	NR	NR	NR		
		No	106	81[b]	187[b]		NR	NR			
	6	Yes	83	118[b]	201[b]	NR	NR	NR	NR		
		No	106	91[b]	197[b]		NR	NR			
	9	Yes	83	122[b]	205[b]	NR	NR	NR	NR		

		No	106	116[b]	222[b]		NR	NR			
	11	Yes	83	128[b]	211[b]	NR	NR	NR	NR		
		No	106	104[b]	210[b]		NR	NR			
Hardwick (b)[22][e]	3	Yes	95	112[b]	207[b]	NR	NR	NR	NR		
		No	100	115[b]	215[b]		NR	NR			
	9	Yes	95	181[b]	276[b]	NR	NR	NR	NR		
		No	100	154[b]	254[b]		NR	NR			
	11	Yes	95	155[b]	250[b]	NR	NR	NR	NR		
		No	100	165[b]	265[b]		NR	NR			
Hermans[35]	22	Yes	54	NR	NR	NR	NR	NR	NR	Increase in CD4 count from baseline: 3.8 more cells than those not on TB treatment	
		No	111	NR	NR		NR	NR			
Hung[23]	1	Yes	38	71	NR	NR	NR	NR	NR		
		No	80	64	NR		NR	NR			
Julg[24]	12	Yes	NR	NR	NR	Absolute CD4 count >200[d]	64	116/182	1.05 (0.90, 1.21)[b]		
		No	NR	NR	NR		61	145/238			
	30	Yes	NR	NR	NR	Absolute CD4 count >500	20	37/183	1.33 (0.87, 2.01)[b]	OR for absolute CD4 count <500: 0.58 (0.33, 1.03)	Increase from baseline: 9.55 cells/month
		No	NR	NR	NR		15	36/236			8.66 cells/month
Lartey[25]	6	Yes	76	172	NR	NR	NR	NR	NR		
		No	88	112	NR		NR	NR			
	11	Yes	76	234	NR	NR	NR	NR	NR		
		No	88	205	NR		NR	NR			
Manosuthi[26]	3	Yes	37	NR	200[b]	NR	NR	NR	NR		
		No	29	NR	151[b]		NR	NR			
	6	Yes	37	NR	227[b]	NR	NR	NR	NR		
		No	29	NR	205[b]		NR	NR			
	9	Yes	37	NR	265[b]	NR	NR	NR	NR		
		No	29	NR	243[b]		NR	NR			
	11	Yes	37	NR	296[b]	NR	NR	NR	NR		
		No	29	NR	261[b]		NR	NR			
	14	Yes	37	NR	308[b]	NR	NR	NR	NR		
		No	29	NR	300[b]		NR	NR			
	17	Yes	37	NR	346[b]	NR	NR	NR	NR		
		No	29	NR	341[b]		NR	NR			

	19	Yes	37	NR	355[b]	NR	NR	NR	NR		
		No	29	NR	356[b]		NR	NR			
	22	Yes	37	NR	404[b]	NR	NR	NR	NR		
		No	29	NR	370[b]		NR	NR			
	28	Yes	37	NR	411[b]	NR	NR	NR	NR		
		No	29	NR	418[b]		NR	NR			
	33	Yes	37	NR	430[b]	NR	NR	NR	NR		
		No	29	NR	441[b]		NR	NR			
Manosuthi[27]	48	Yes	37	NR	352	NR	NR	NR	NR		
		No	29	NR	425		NR	NR			
Mugusi[42]	3	Yes	94.5	109	NR	NR	NR	NR	NR		
		No	90	113	NR		NR	NR			
Odo[37]	53	Yes	126	NR	NR	NR	NR	NR	NR	Median on treatment peak CD4: 517 cells/μL	Median change between baseline and on treatment peak CD4: 381 cells/μL
		No	161	NR	NR		NR	NR		531	363
Patel[29]	3	Yes	84	141	225	NR	NR	NR	NR		
		No	118	126	244		NR	NR			
	6	Yes	84	167	251	NR	NR	NR	NR		
		No	118	177	294		NR	NR			
	9	Yes	84	190	275	NR	NR	NR	NR		
		No	118	176	295		NR	NR			
Schomaker[43]	6	Yes	45	NR	NR	NR	NR	NR	NR	CD4 recovery slope: -3.25 more cells/6 months than those not on TB treatment	
		No	102	NR	NR		NR	NR			
	48	Yes	45	NR	NR	NR	NR	NR	NR	CD4 recovery slope: 4.94 more cells/6 months than those not on TB treatment	
		No	102	NR	NR		NR	NR			
Shipton[30]	3	Yes	72	NR	210[b]	NR	NR	NR	NR		
		No	85	NR	220[b]		NR	NR			
	6	Yes	72	NR	230[b]	NR	NR	NR	NR		
		No	85	NR	270[b]		NR	NR			
	9	Yes	72	NR	253[b]	NR	NR	NR	NR		
		No	85	NR	271[b]		NR	NR			

	12	Yes	72	NR	275[b]	NR	NR	NR	NR	
		No	85	NR	270[b]		NR	NR		
Sumantri[32]	6	Yes	126	129	257	NR	NR	NR	NR	
		No	241	138	394		NR	NR		
Tan[38]	3	Yes	22	NR	173	NR	NR	NR	NR	
		No	34	NR	141		NR	NR		
	11	Yes	22	NR	204	NR	NR	NR	NR	
		No	34	NR	218		NR	NR		
Wanchu (a)[33][f]	6	Yes	150	195[b]	345	NR	NR	NR	NR	
		No	159	158[b]	317		NR	NR		
Wanchu (b)[33][f]	6	Yes	49	200[b]	249	NR	NR	NR	NR	
		No	50	155[b]	205		NR	NR		

Abbreviations: aHR, adjusted hazard ratio; cART, combination antiretroviral therapy; CI, confidence interval; NR, not reported; OR, odds ratio; RR, relative risk; TB, tuberculosis.

[a] CD4 count was measured in cells/μL. If the median was not available, the mean is reported.

[b] Calculated or estimated from reported data, but not directly reported by the study

[c] (a) Nevirapine-based cART; (b) Efavirenz-based cART

[d] CD4 count analysis limited to virologically-suppressed patients

[e] (a) a cohort from Ethiopia; (b) a cohort from Tanzania

[f] (a) patients with baseline CD4 counts of 100-200 cells/μL; (b) patients with baseline CD4 counts <100 cells/μL