

Mortality among children diagnosed with tuberculosis: Systematic review and meta-analysis - Appendix

Helen E. Jenkins*^{1,2,¶}, PhD, Courtney M. Yuen*¹, PhD, Carly A. Rodriguez³, MPH, Ruvandhi R. Nathavitharana⁴, MBBS, Megan M. McLaughlin³, MPH, Peter Donald⁵, MD, Ben Marais⁶, PhD, Mercedes C. Becerra³⁺, ScD

¹Division of Global Health Equity, Brigham and Women's Hospital, Boston, MA 02115

²Department of Biostatistics, Boston University School of Public Health, Boston, MA 02118

³Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA 02115

⁴Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Boston, MA 02115

⁵Department of Pediatrics and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University, PO Box 241, Cape Town 8000, South Africa

⁶The Children's Hospital at Westmead, University of Sydney, Australia

*These authors contributed equally to this work.

[¶]Corresponding author: Dr. Helen E. Jenkins, Department of Biostatistics, 801 Massachusetts Avenue, Boston, MA 02118, USA. Email: jenkins.helen@gmail.com. Telephone: +1-617-216-7893

Contents

Search strategy.....	3
Figure A1 Funnel plots for studies in the pre-treatment era.....	4
Figure A2 Forest plots for the case fatality ratios from studies in the middle era.....	6
Figure A3 Funnel plots for studies in the middle era.....	7
Figure A4 Forest plots for the case fatality ratios from studies in the recent era.....	9
Figure A5 Funnel plots for studies in the recent era.....	11

Search Strategy

1. PUBMED

"Tuberculosis"[Mesh] OR "tuberculosis"[tiab] OR "tuberculin"[tiab] OR "tuberculous"[tiab]

AND

Infant[MeSH Terms] OR Child[MeSH Terms] OR child*[tiab] OR infan*[tiab] OR neonate*[tiab] OR newborn*[tiab] OR new born*[tiab] OR baby[tiab] OR babies[tiab] OR toddler*[tiab] OR boy[tiab] OR boys[tiab] OR girl*[tiab] OR pediatric[tiab] OR "paediatric"[tiab] OR prepubescen*[tiab] OR prepuberty*[tiab]

AND

mortality[MeSH Terms] OR "survival rate"[Mesh Terms] OR prognosis[MeSH Terms] OR Mortality[tiab] OR death[tiab] OR fatal[tiab] OR "survival rate"[tiab] OR "death rate"[tiab] OR prognosis[tiab]

AND

"Health Surveys"[MeSH Terms] OR "Population"[MeSH Terms] OR "Survey"[tiab] OR "Representative"[tiab] OR "Surveillance"[tiab]

2. EMBASE

'tuberculosis'/exp OR 'tuberculosis':ab,ti

AND

'child'/exp OR child*:ab,ti OR infan*:ab,ti OR neonate*:ab,ti OR newborn*:ab,ti OR 'new born':ab,ti OR 'new borns':ab,ti OR baby:ab,ti OR 'babies':ab,ti OR toddler*:ab,ti OR 'boy':ab,ti OR 'boys':ab,ti OR girl*:ab,ti OR pediatric:ab,ti OR paediatric:ab,ti OR prepubescen*:ab,ti OR prepuberty*:ab,ti AND [embase]/lim

AND

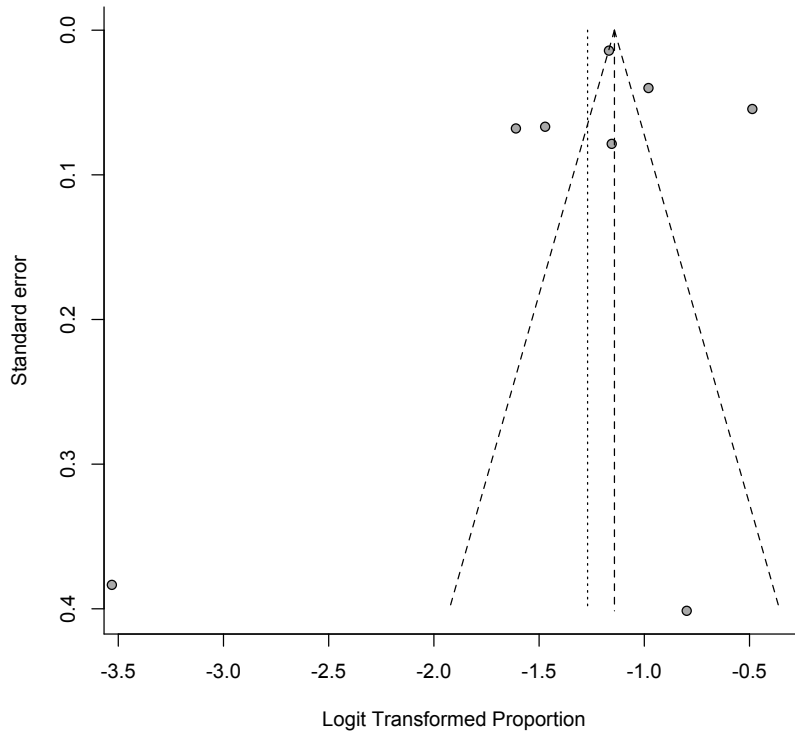
'mortality'/exp OR 'survival rate'/exp OR 'prognosis'/EXP OR mortality:ab,ti OR death:ab,ti OR fatal:ab,ti OR 'survival rate':ab,ti OR 'death rate':ab,ti OR prognosis:ab,ti

AND

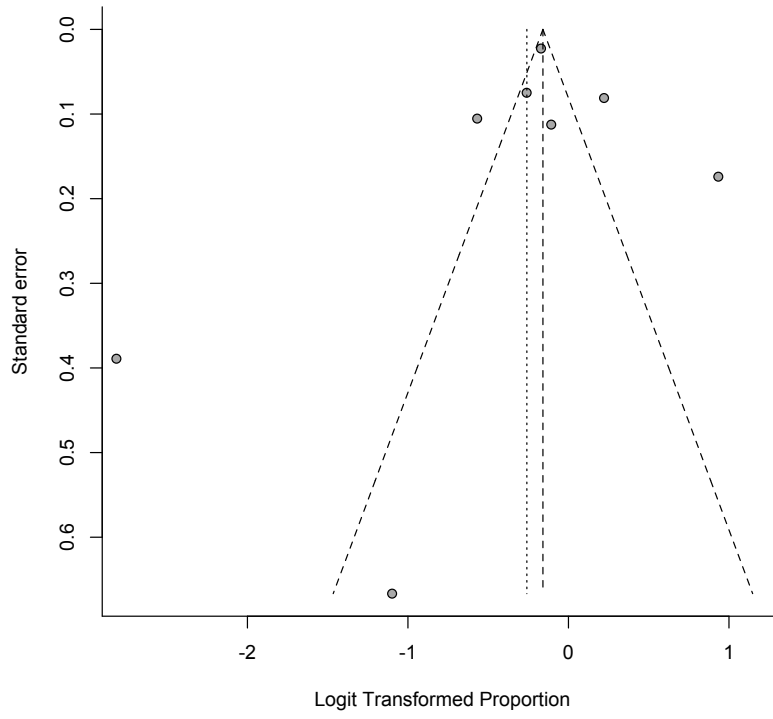
'health survey'/exp OR 'population'/exp OR 'disease surveillance'/exp OR survey:ab,ti OR representative:ab,ti OR surveillance:ab,ti

Figure A1 Funnel plots for the studies in the pre-treatment era. Plots are shown for studies involving (a) children aged 0-14 years, (b) children aged <5 years old, (c) children aged 5-14 years old. Grey dots indicate individual studies, the dotted line indicates the pooled estimate from the meta-analysis (and where we would expect the vertical dashed line to fall if there were no biases) and the outer dashed lines indicate the region where we would expect 95% of studies to lie if there were no biases or heterogeneity.

(a)



(b)



(c)

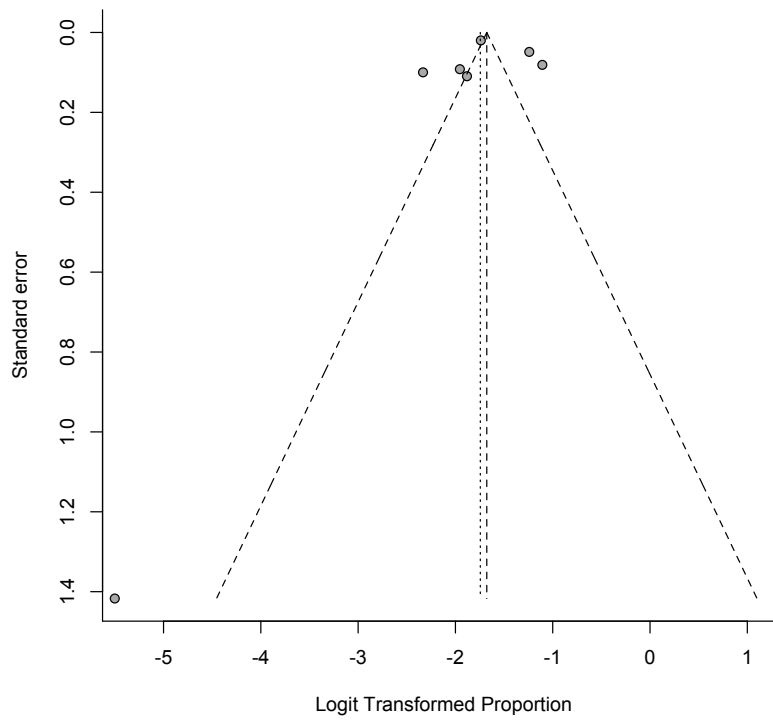
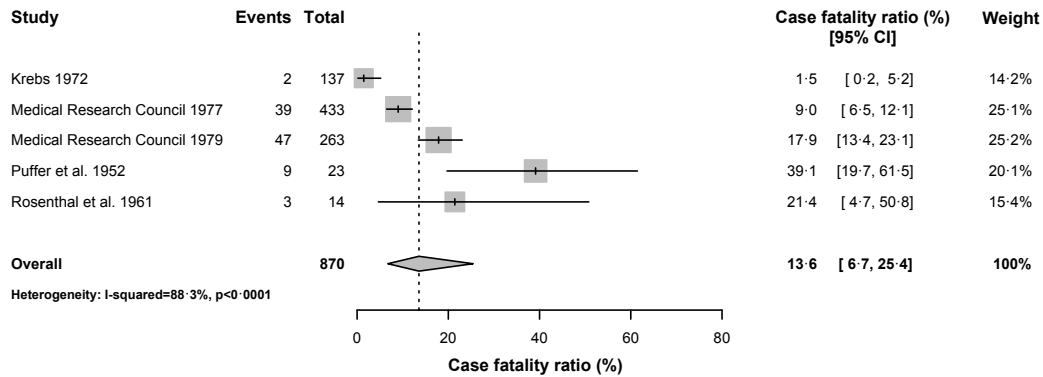
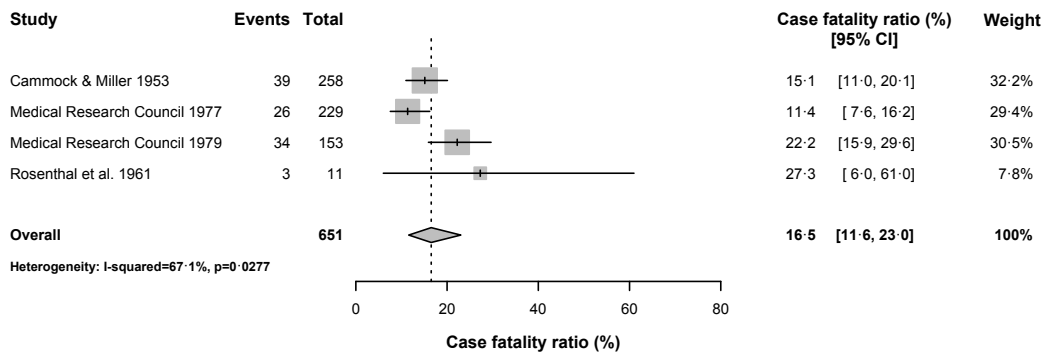


Figure A2 Forest plots for the case fatality ratios from studies in the middle-era. Results are shown for (a) children aged 0-14 years, (b) children aged <5 years old, (c) children aged 5-14 years old. Horizontal lines represent the confidence intervals around the point estimates for each study and the grey shaded areas are proportional to the weight given to each study.

(a)



(b)



(c)

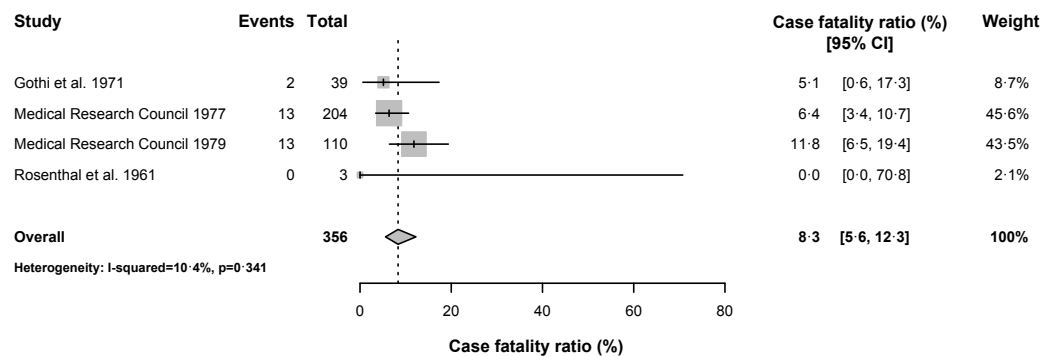
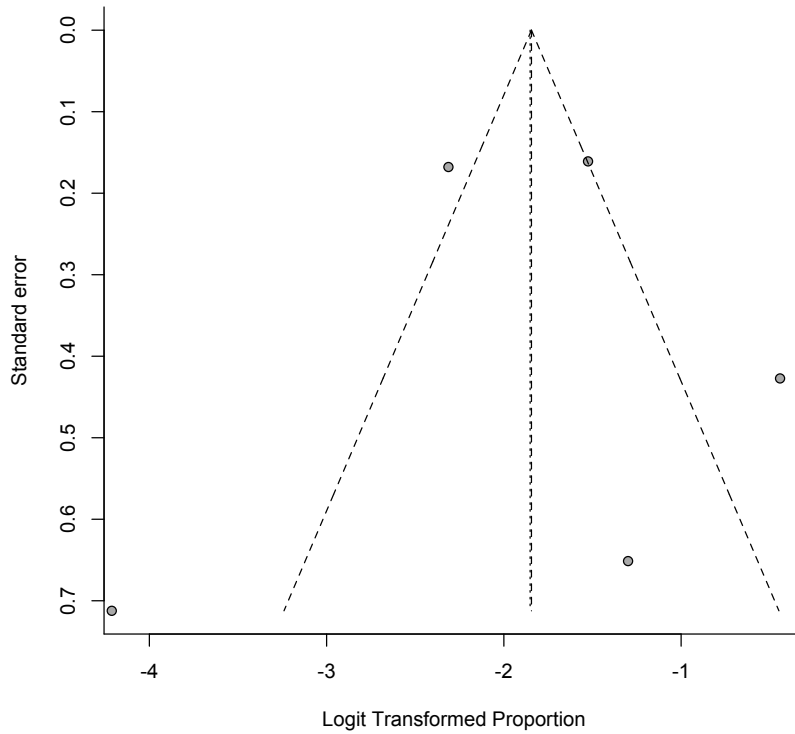
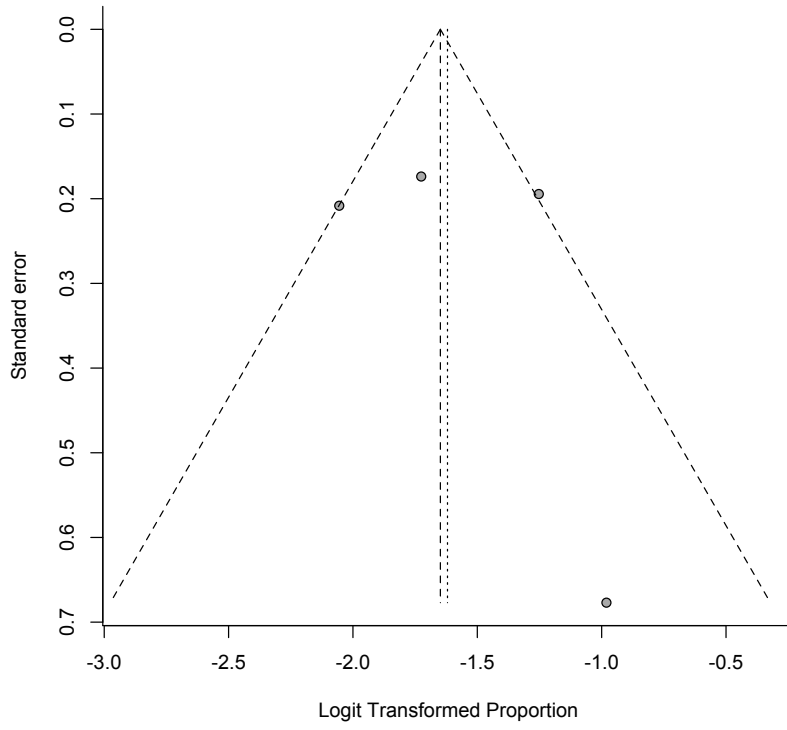


Figure A3 Funnel plots for the studies in the middle era. Plots are shown for studies involving (a) children aged 0-14 years, (b) children aged <5 years old, (c) children aged 5-14 years old. Grey dots indicate individual studies, the dotted line indicates the pooled estimate from the meta-analysis (and where we would expect the vertical dashed line to fall if there were no biases) and the outer dashed lines indicate the region where we would expect 95% of studies to lie if there were no biases or heterogeneity.

(a)



(b)



(c)

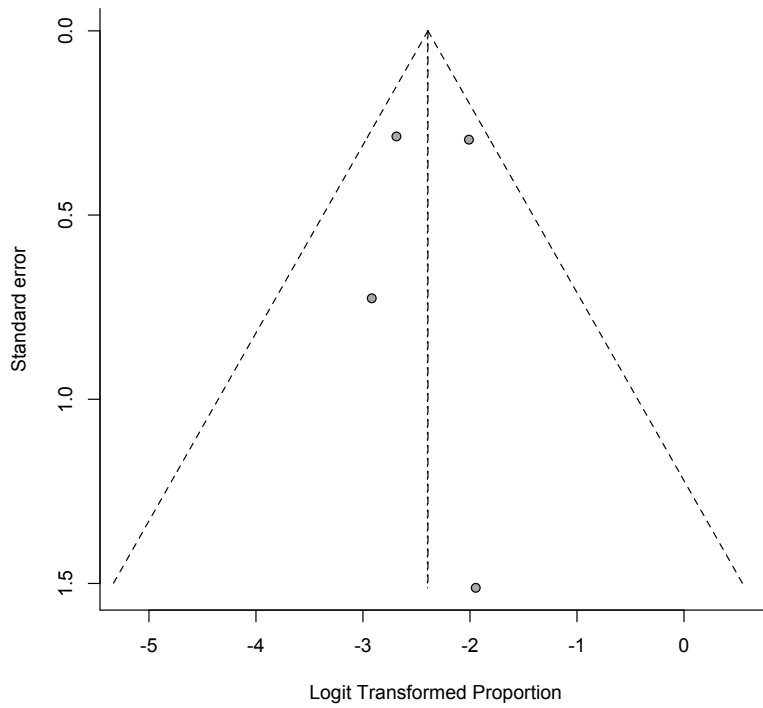
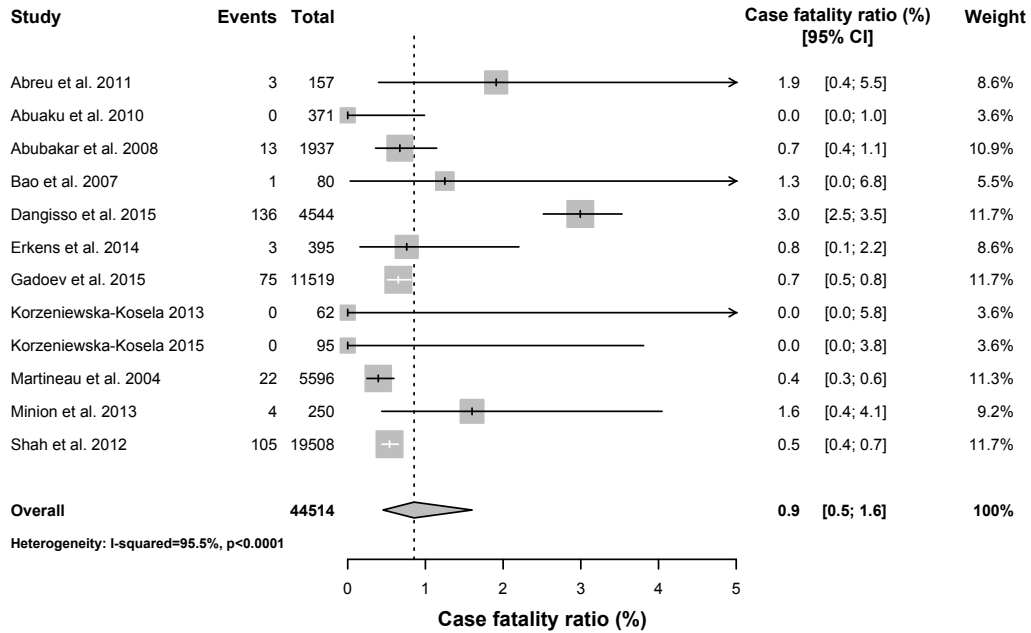
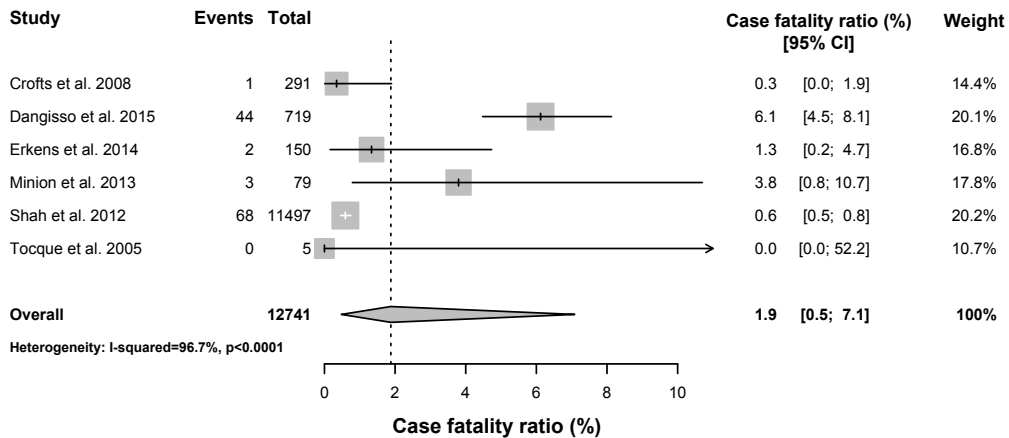


Figure A4 Forest plots for the case fatality ratios from studies in the recent-era. Results are shown for (a) children aged 0-14 years, (b) children aged <5 years old, (c) children aged 5-14 years old. Includes HIV infected, HIV uninfected and HIV status unknown children. Horizontal lines represent the confidence intervals around the point estimates for each study and the grey shaded areas are proportional to the weight given to each study.

(a)



(b)



(c)

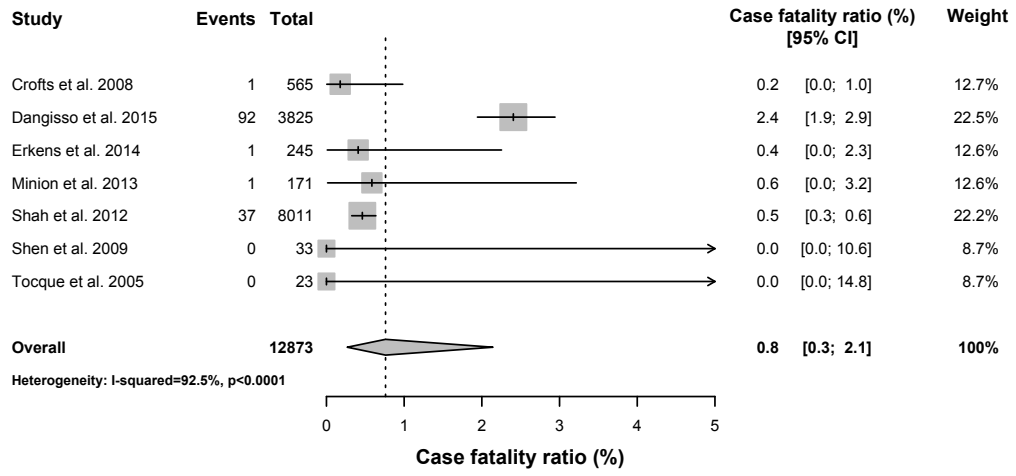
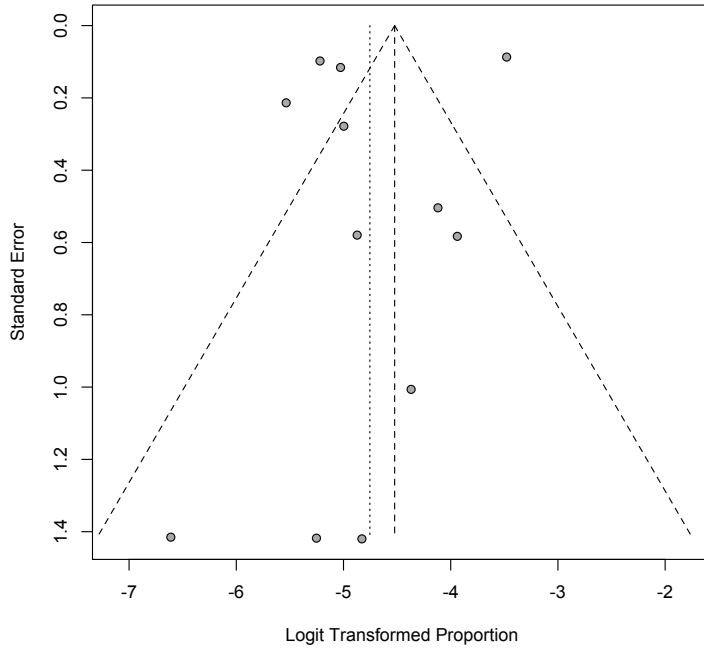
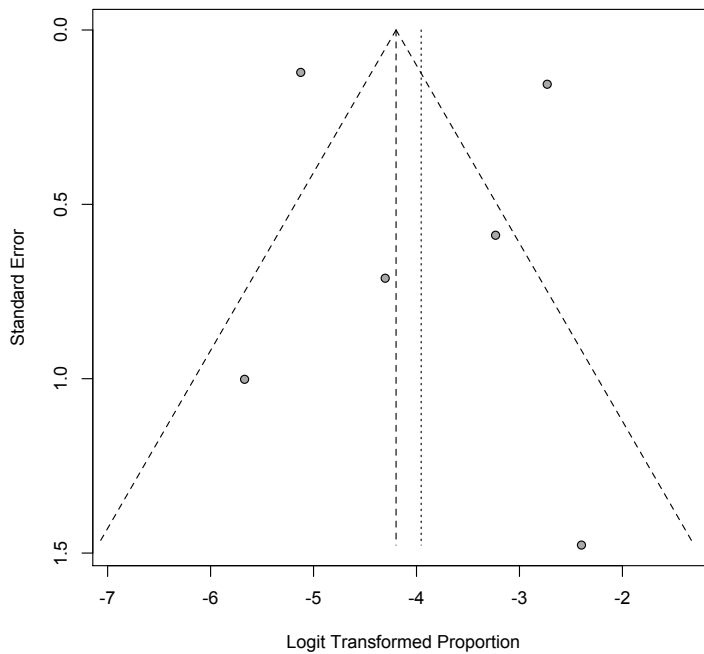


Figure A5 Funnel plots for the studies in the recent era. Plots are shown for studies involving (a) children aged 0-14 years, (b) children aged <5 years old, (c) children aged 5-14 years old. Includes HIV-infected, HIV-uninfected and HIV status unknown children. Grey dots indicate individual studies, the dotted line indicates the pooled estimate from the meta-analysis (and where we would expect the vertical dashed line to fall if there were no biases) and the outer dashed lines indicate the region where we would expect 95% of studies to lie if there were no biases or heterogeneity.

(a)



(b)



(c)

