

THE LANCET Infectious Diseases

Supplementary webappendix

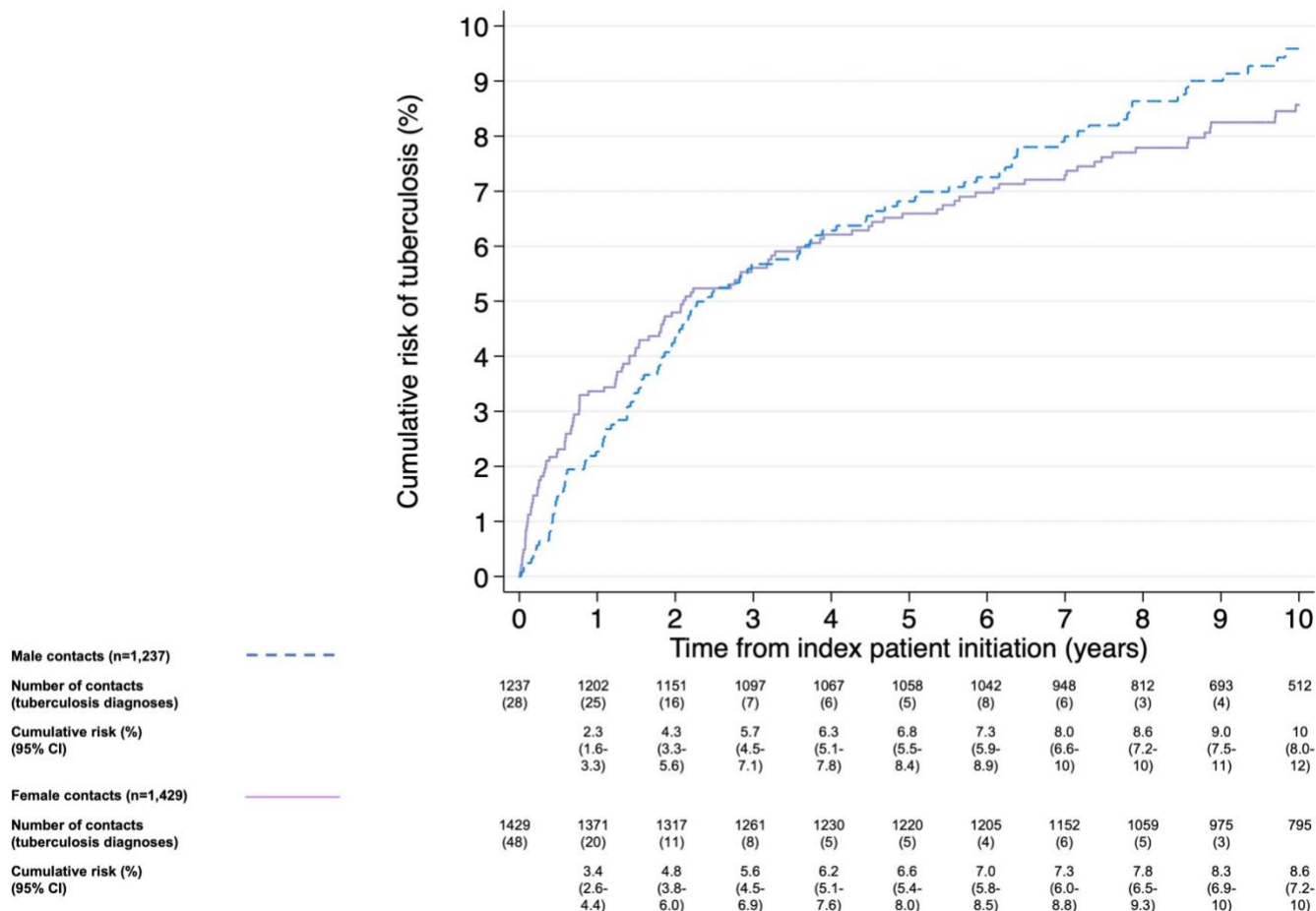
This webappendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Saunders MJ, Tovar MA, Collier D, et al. Active and passive case-finding in tuberculosis-affected households in Peru: a 10-year prospective cohort study. *Lancet Infect Dis* 2019; published online March 22. [http://dx.doi.org/10.1016/S1473-3099\(18\)30753-9](http://dx.doi.org/10.1016/S1473-3099(18)30753-9).

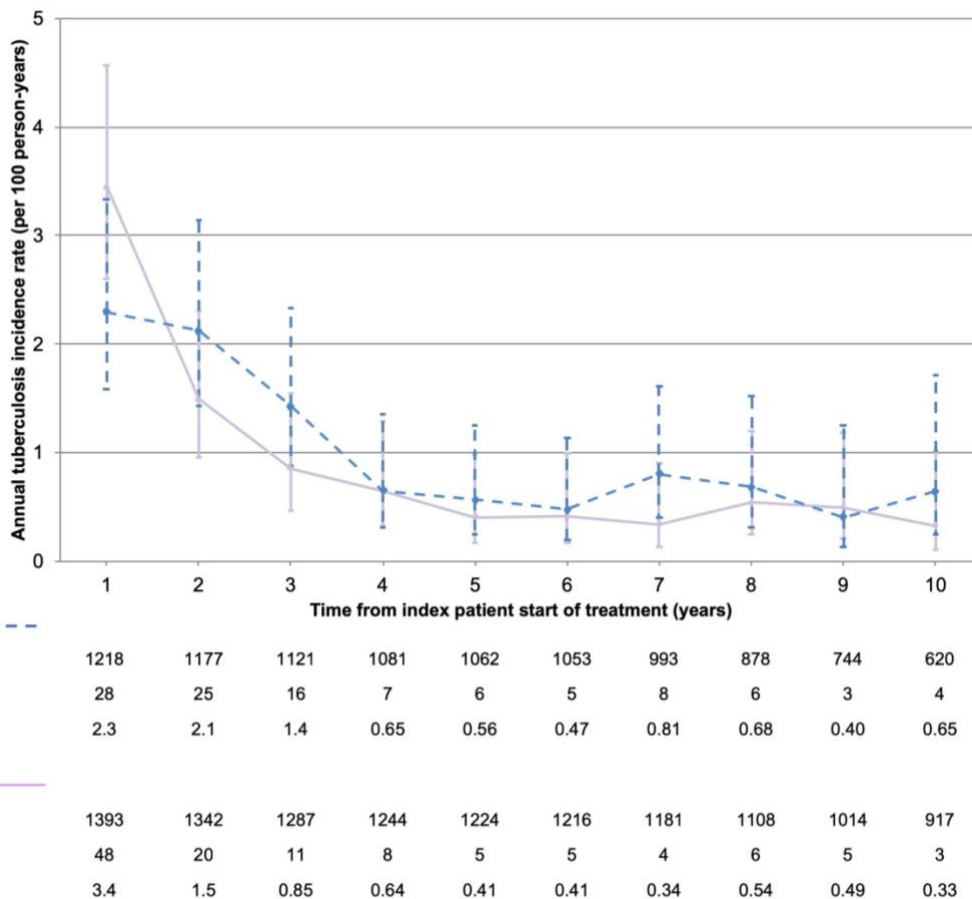
Appendix Table 1: Summary of numbers of contacts screened by intensified study ACF.

	Testing only symptomatic contacts			Testing all contacts
	During the first six months after recruitment	During the second six months after recruitment	During years 2-10 before the final household visit	At the final household visit (2015-2016)
Number of contacts eligible for intensified study ACF	2,666	2,666	2,666	2,666
Number of TB tests performed	643	83	268	770

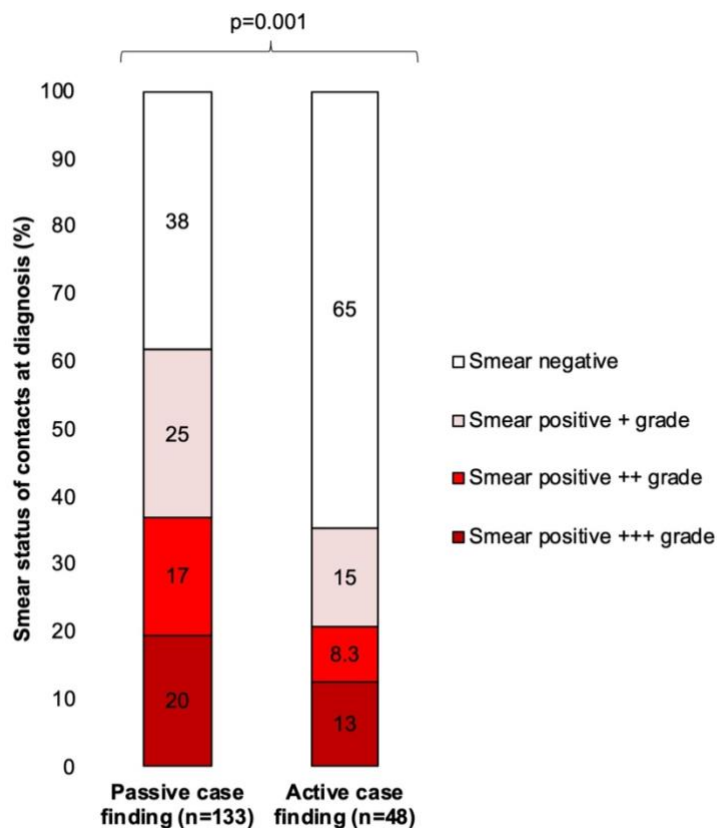
Appendix figure 1a: Cumulative risk of tuberculosis among contacts stratified by sex (n=2666).



Appendix figure 1b: Incidence of tuberculosis among contacts (n=2666) stratified by sex. Error bars represent 95% confidence intervals.



Appendix figure 2a: Sputum smear grade results among contacts with data available for smear result (n=181) according to tuberculosis ascertainment strategy. The numbers within the bars indicate percentages. The p value indicates a two-sample proportion test comparing the proportion smear negative between the two ascertainment strategies.



Appendix figure 2b: Sputum smear grade and culture results among contacts with laboratory confirmed tuberculosis (n=170) according to tuberculosis ascertainment strategy. The numbers within the bars indicate percentages. The p value indicates a two-sample proportion test comparing the proportion smear negative, culture positive between the two ascertainment strategies.

