**S1 Table:** Prescription fill patterns in persons receiving >=6 months of isoniazid in a 12 month period who were not categorized has having completed the 6 month regimen.

Categorization in Table 1	Count	Doses in 12 months	Doses in 9 Months	Percent of Total	Months of INH in Year
6 months of isoniazid received but 6-month treatment regimen not complete	2	180	90	0.3%	6
	1	180	120	0.2%	6
	6	180	150	0.9%	6
7 months of isoniazid received but 6-month treatment regimen not complete	2	210	150	0.3%	7