**S2 Table:** Estimates and summary estimates of the association between DM and active TB, according to DM ascertainment in blood-tested patients and study design.

|  |  |  |
| --- | --- | --- |
|  | **Effect estimate of those blood-tested as reported in studies** |  |
| HbA1c indicative of controlled DM.Estimate (95% CI) | HbA1c indicative of uncontrolled DM.Estimate (95% CI) | FBG indicative of uncontrolled DM.Estimate (95% CI) | Insulin users.Estimate (95% CI) | Measure indicative of uncontrolled DM.1Estimate (95% CI) |
| **Prospective studies** |  |  |  |  |  |
| Leung et al (2008)[1] |  < 7%: 0.86 (0.42–1.75) | ≥ 7%: 2.69 (1.94–3.72) | – | – | 2.69 (1.94–3.72) |
| John et al (2001)[2] | – | – | ≥120 mg/dl: 2.24 (1.38–3.65) | – | 2.24 (1.38–3.65) |
| **Overall** |  |  |  |  | **2.54 (1.94–3.33)** |
| **Retrospective studies** |  |  |  |  |  |
| Pealing et al (2015)[3] | ≤ 6.5%: 1.34 (0.88–2.05) | 6.5–7.5%: 1.14 (0.76–1.70)> 7.5%: 1.50 (1.04–2.17) | – | – | 1.32 (1.01–1.74)‡ |
| Dobler et al (2012)[4] | – | – | – | 2.44 (1.37–4.34) | 2.44 (1.37–4.34) |
| Baker et al (2012)[5] | – | – | – | 2.60 (1.34–5.03) | 2.60 (1.34–5.03) |
| **Overall** |  |  |  |  | **2.12 (1.49–3.00)** |
| **Case-control studies** |  |  |  |  |  |
| Alisjahbana et al (2006)[6] | – | – | ≥ 126 mg/dl: 4.70 (2.70–8.10) | – | 4.70 (2.70–8.10) |
| Mori et al (1992)[7] | – | – | ≥ 7.8 mmol/l (≥140 mg/dl):5.20 (1.22–22.10) | – | 5.20 (1.22–22.10) |
| Viney et al (2015)[8] | – | ≥ 6.5%: 2.80 (2.00–4.10) |  | – | 2.80 (2.00–4.10) |
| Leegaard et al (2011)[9] | < 7%: 0.91 (0.51–1.63) | = 7–7.9%: 1.05 (0.41–2.66)≥ 8%: 1.19 (0.61–2.30) |  | – | 1.14 (0.66–1.96)‡ |
| **Overall** |  |  |  |  | **2.72 (1.42–5.21)** |
| **Cross**–**sectional studies** |  |  |  |  |  |
| Wang et al (2013)[10] | – | – | ≥ 7 mmol/l (≥ 126 mg/dl):3.17 (1.14–8.84) | – | 3.17 (1.14–8.84) |
| **Overall**2 | **< 7%****1.11 (0.81–1.51)** | **≥ 6.5%****1.87 (1.19–2.93)** | **≥ 120 mg/dl****3.30 (2.12–5.14)** | **Insulin users****2.51 (1.62–3.87)** | **2.37 (1.75–3.19)** |

1 DM patients identified as with an uncontrolled DM status regardless of the measurement method.

† Overall estimate including risk ratios, rate ratios, hazard ratios, and odds ratios, that is regardless of the measure of association and study design. Background incidence rate of TB did not exceed 2 per 100 person-year in studies estimating an OR, therefore it is reasonable to assume that TB is sufficiently rare so that the ORs would estimate the risk ratios.[11] Pooled estimate was implemented using a random-effects model.

‡ Study-specific estimates were pooled using a random-effects model.

FBG: fasting blood glucose; HbA1c: Glycatedhemoglobin is a form of hemoglobin that is measured primarily to identify the three-month average plasma glucose concentration.

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