

1 Appendix

2 1. Cost Calculations

3 **Table A: Cost of contact tracing, per contact traced (C_0), † indicated costs which were inflated to the base year 2016. HRG = healthcare resource group, IGRA =**
 4 **Interferon Gamma Release Assay, NHS = National Health Service, NICE = National Institute for Health & Care Excellence, TB = tuberculosis.**

Item	Quantity	Unit costs (£)	Total costs, including uprating (£)	Reference
TB specialist nurse - non face to face (HRG code N28AN)	1	21.10	21.10	NHS Reference costs 2015-2016 ³¹
TB specialist nurse - face to face (HRG code N28AF)	2	61.93	123.86	NHS Reference costs 2015-2016 ³¹
Mantoux skin test†	1	1.22	1.32	NICE ^{32,33}
IGRA blood test†	0.5	56	30.21	Pareek et al. ^{33,34}
Outpatient appointment for IGRA positive (HRG code WF02B)	0.25	239.83	59.96	NHS Reference costs 2015-2016 ³¹
Chest X-ray (to rule out active disease)†	0.25	28	8.04	NICE ^{33,35}
Per contact traced			244	

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6 **Table B: Further tests if case is suspected to have active disease, per contact with suspected TB (C_1), † indicated costs which were inflate. HRG = healthcare**
 7 **resource group, NHS = National Health Service, NICE = National Institute for Health & Care Excellence, TB = tuberculosis.**

Item	Quantity	Unit costs (£)	Total costs, including uprating (£)	Reference
TB specialist nurse - face to face (HRG code N28AF)	3	61.93	185.78	NHS Reference costs 2015-2016 ³¹
Outpatient appointment for diagnosis (HRG code WF02B)	1	239.83	239.83	NHS Reference costs 2015-2016 ³¹
Chest X-ray†	1	28	32.17	NICE ^{33,35}
Sputum smear microscopy†	1	1.56	1.83	Dowdy ^{33,36}
Culture and MDR identification†	1	30	36.37	Dinnes ^{33,37}
Liver function test (HRG code DAPS04)	1	1.18	1.18	NHS Reference costs 2015-2016 ³¹
Per contact with suspected TB			497	

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9 **Table C: Cost per full course PT (3 month rifampicin and isoniazid with pyridoxine) (C_{PT}) . BNF = British National Formulary, HRG = healthcare resource group,**
 10 **NHS = National Health Service, PT = preventive therapy.**

Item	Quantity (pack-size if applicable)	Unit costs (£)	Total costs (£)	Reference
Follow-up appointments nurse only (HRG code N28AF)	3	91.93	185.78	NHS Reference costs 2015-2016 ³¹
Follow-up appointments nurse & consultant (HRG code WF02A)	2	188.50	377	NHS Reference costs 2015-2016 ³¹
Isoniazid 300mg daily, 3 months	10 (28)	19.24	192.40	BNF 2017 ¹¹
Rifampicin 600mg daily, 3 months	4 (60)	21.98	87.92	BNF 2017 ¹¹
B6 pyridoxine 10mg tablets (per month)	1 (500)	8.48	8.48	BNF 2017 ¹¹
Per person completing treatment			852	

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12 **Table D: Cost per full course of treatment for tuberculosis disease (C_{FT}), * assuming 15% do not complete treatment, after an average of 2 months. BNF = British**
13 **National Formulary, HRG = healthcare resource group, IGRA = Interferon Gamma Release Assay, NHS = National Health Service, NICE = National Institute for**
14 **Health & Care Excellence, TB = tuberculosis.**

Item	Quantity (pack-size if applicable)	Unit costs (£)	Total costs (£)	Reference
Admission (weighted average of HRG codes DZ14F, DZ14G, DZ14H, DZ14J, DZ51Z)	0.05	3904.16	195.21	NHS Reference costs 2015-2016 ³¹
Follow-up appointments nurse only (HRG code N28AF)	5	61.93	309.64	NHS Reference costs 2015-2016 ³¹
Follow-up appointments nurse & consultant (HRG code WF02A)	2	188.50	942.51	NHS Reference costs 2015-2016 ³¹
Rifater (R,I ,P) 120mg, 50mg, 300mg (Sanofi, 100 tabs) 6 tablets daily for 2 months	4 (100)	26.34	105.36	BNF 2017 ¹¹
Ethambutol hydrochloride (solo) 400mg (non-proprietary, 56 tabs) 3 tabs daily for 2 months	4 (56)	42.74	170.96	BNF 2017 ¹¹
Rifinah (R,I) 300/150 (Sanofi, 56 tabs) 2 tab daily for 4 months	5 (56)	25.22	126.10	BNF 2017 ¹¹
Pyridoxine B6 (solo) 10mg (non-proprietary, 500 tabs) 1 tab daily for 6 months	1 (500)	8.48	8.48	BNF 2017 ¹¹
Per person starting treatment*			1694	

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16 **Comment on inflation of costs:** Cost values taken from past years were inflated to 2016 according to consumer price inflation³³.

17 **Comment on quantities:** Unless stated otherwise, estimated quantities for items other than drugs or NHS reference costs were taken from Mears et al.¹², who based the
18 average estimates on standard treatment protocols, informed by expert judgement.

19 **Comment regarding tariff costs:** Using NHS tariff costs appeared to give higher costs for hospital admission than did the reference costs, and so the use of these costs was
20 not further explored.

21 **Comment regarding sensitivity and uncertainty of costs:** We did not vary costs when calculating uncertainty, or in the sensitivity analyses, because the standard errors in
22 the costs were very small relative to the standard errors in other parameters. We estimated the standard deviation of costs from the mean cost and quartile costs using the
23 approach of Wan et al.³⁸. We then calculated the standard error using the sample size in the NHS reference costs. For example, the unit cost for a TB specialist nurse (non-
24 face to face) was £21.10 (see above), the lower and upper quartiles are £15.36 and £28.77, and the sample size is 53742. The approach referred to above calculates the
25 standard deviation as £9.94, and hence the standard error is £0.04, or less than 0.5% of the cost.

26 **2. Data tables**

27

28 **Table E: Number of cases in each category and the respective mean symptomatic period (in days), with information on missing data. Note slightly different**
 29 **exclusion criteria used for each of the final three columns, hence the final two columns do not align exactly with the first columns. See Cavany et al.⁶ for details of**
 30 **exclusion criteria. CT = Contact tracing, s.e. = standard error**

	All cases	Pulmonary or Laryngeal index	Non-pulmonary and non-laryngeal index
Total number of cases in study period	11174	5084	6090
Total number included after applying exclusion criteria (% is of all cases in study period)	5509 (49%)	2758 (54%)	2897 (48%)
With data on symptomatic period (% is of all those included)	4906 (89%)	2465 (89%)	2559 (88%)
Found through CT (% is of all those included)	142 (2.6%)	113 (4.1%)	41 (1.4%)
With data on symptomatic period (% is of all those included & found through CT)	102 (72%)	82 (73%)	26 (63%)
Found through other routes (% is of all those included)	5367 (97%)	2645 (96%)	2856 (99%)
With data on symptomatic period (% is of all those included & found through other routes)	4804 (90%)	2383 (90%)	2533 (89%)
Mean symptomatic period , all cases (days)	147 [s.e. = 4.26]	109 [s.e. = 3.55]	180 [s.e. = 7.36]
Mean symptomatic period if found through CT (days)	97.6 [s.e. = 19.3]	76.6 [s.e. = 9.26]	152 [s.e. = 69.9]
Mean symptomatic period if found through other routes (days)	148 [s.e. = 4.33]	110 [s.e. = 3.66]	180 [s.e. = 7.41]

31

32 **Table F: Break down of the number of LTBI cases starting and completing preventive therapy by disease type of the index. Note that different cases were included**
 33 **for the three categories (as the exclusion criteria were applied independently to each category), hence the lack of agreement. See Cavany et al.⁶ for details of**
 34 **exclusion criteria. Cases found through contact tracing are excluded as their contact tracing results are not reported consistently. LTBI = latent *M.Tb* infection, PT**
 35 **= preventive therapy, s.e.=standard error.**

All cases found through routes other than contact tracing	
Number of index cases included and with data on PT	5367 (55%)
Pulmonary/Laryngeal included	2645 (55%)
Non-pulmonary & non-laryngeal included	2856 (56%)
Mean number of contacts with LTBI per index	0.279 [s.e. = 0.0114]
Pulmonary/Laryngeal	0.471 [s.e. = 0.0219]
Non-pulmonary & non-laryngeal	0.119 [s.e. = 0.00395]

Mean number of contacts starting PT per index	0.217 [s.e. = 0.00939]
Pulmonary/Laryngeal	0.366 [s.e. = 0.0178]
Non-pulmonary & non-laryngeal	0.0907 [s.e. = 0.00668]
Mean number of contacts completing PT per index	0.171 [s.e. = 0.00819]
Pulmonary/Laryngeal	0.289 [s.e. = 0.0157]
Non-pulmonary & non-laryngeal	0.0683 [s.e. = 0.0219]

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38 **Table G: Break down of the proportion of contacts with LTBI starting and completing preventive therapy by disease type of the index and age of the contact. LTBI**
39 **= latent *M.Tb* infection, PT = preventive therapy, s.e.=standard error. Child refers to ages 0-14 and adult to 15 and above.**

	All contacts	Adult contacts	Child contacts
Proportion of those with LTBI that start PT	0.778 [s.e. = 0.0147]	0.655 [s.e. = 0.0279]	0.962 [s.e. = 0.0231]
Pulmonary/laryngeal	0.776 [s.e. = 0.0168]	0.666 [s.e. = 0.0318]	0.969 [s.e. = 0.0238]
Non-pulmonary & non-laryngeal	0.762 [s.e. = 0.0274]	0.611 [s.e. = 0.0515]	0.931 [s.e. = 0.0477]
Proportion of those who start PT that complete PT	0.786 [s.e. = 0.0164]	0.822 [s.e. = 0.0266]	0.917 [s.e. = 0.0245]
Pulmonary/Laryngeal	0.790 [s.e. = 0.0186]	0.803 [s.e. = 0.0310]	0.906 [s.e. = 0.0311]
Non-pulmonary & non-laryngeal	0.753 [s.e. = 0.0319]	0.875 [s.e. = 0.0420]	0.810 [s.e. = 0.0876]

40 3. Equations

41 We use the following equations to quantify the ICER:

- 42 1. The prevention of subsequent generations of cases is calculated as follows. We say each prevented case
43 would have generated

$$44 F = (1 - \epsilon_\sigma)S_{P,overall}rP$$

45 cases, and each of those prevented cases would have generated F cases etc. Hence, taking the limit of
46 this sum, we find that

$$47 N_{\text{later generations},\sigma} = \frac{(N_{\text{prevention},\sigma} + N_{\text{transmission},\sigma})F}{1 - F}$$

- 48 2. The costs are calculated in the following ways:

49 The costs of screening contacts (note that contacts with TB are excluded from the second part of the
50 equation, as we assume they will ultimately be diagnosed anyway):

$$51 \text{cost}_{\text{screening},\sigma} = N_\sigma \left(n_\sigma C_0 + Y_\sigma C_1 \left(\frac{1}{f_c} - 1 \right) \right)$$

52 The costs of administering preventive therapy to contacts, including those who begin but do not
53 complete preventive therapy, and deducting costs of cases which do not occur. Costs are assumed to be
54 incurred at a constant rate:

$$55 \text{cost}_{\text{preventive therapy},\sigma} = N_\sigma C_{PTD} \sum_{j=a,c} y_\sigma \phi_{\sigma,j} \theta_{j,\sigma,B} (\theta_{j,\sigma,C} + (1 - \theta_{j,\sigma,C}) f_i) - N_{\text{prevention},\sigma} (C_1 + C_{FT})$$

56 The costs saved by preventing transmission from contacts and stopping transmission from prevented
57 cases:

$$58 \text{cost}_{\text{transmission},\sigma} = -(C_1 + C_{FT})(N_{\text{transmission},\sigma} + N_{\text{later generations},\sigma})$$

- 59 3. The effectiveness measured in QALYs is calculated as follows:

60 The QALYs gained by finding cases sooner:

$$61 \text{QALY}_{\text{morbidity},\sigma} = (U_H - U| \ 0) t_{\text{morbidity},\sigma}$$

62 The QALYs gained for each case prevented is:

$$63 \quad \text{QALY}_{\text{extra case}} = (U_H - U| \quad |0) \frac{S_{\text{overall}}}{365.25} + \frac{6(U_H - U_1)}{12}$$

64 The QALYs gained by administering preventive therapy to contacts with latent infection (the number
65 of QALYs gained by preventing cases by preventive therapy), and subtracting QALYs lost from three
66 months of preventive therapy:

$$68 \quad \text{QALY}_{\text{prevention}, \sigma} \\ 69 \quad = N_{\text{prevention}, \sigma} \text{QALY}_{\text{extra case}} \\ 70 \quad - \frac{3N_{\sigma}(U_H - U| \quad |PT)}{12} \sum_{j=a,c} y_{j,\sigma} \theta_{j,\sigma,B} (\theta_{j,\sigma,C} + (1 - \theta_{j,\sigma,C}) f_i)$$

71 The QALYs gained by reducing transmission from contacts with TB:

$$72 \quad \text{QALY}_{\text{transmission}, \sigma} = (N_{\text{transmission}, \sigma} + N_{\text{later generations}, \sigma}) \text{QALY}_{\text{extra case}}$$

73 The QALYs gained by reducing the number of deaths:

$$74 \quad \text{QALY}_{\text{mortality}, \sigma} = (N_{\text{mortality}, \sigma} - N_{\text{later generations}, \sigma}) \mu (A_H - A_{TB})$$

75 4. Putting all this together we get an incremental cost effectiveness ratio (ICER) per QALY gained, using
76 no screening as the baseline, of

$$77 \quad \text{ICER}_{\sigma} = \frac{\text{cost}_{\text{screening}, \sigma} + \text{cost}_{\text{preventive therapy}, \sigma} + \text{cost}_{\text{transmission}, \sigma}}{\text{QALY}_{\text{morbidity}, \sigma} + \text{QALY}_{\text{prevention}, \sigma} + \text{QALY}_{\text{transmission}, \sigma} + \text{QALY}_{\text{mortality}, \sigma}}$$

78 Note that the ICER is independent of the number of index cases (N) as this appears once in each term
79 on the numerator and denominator

80

81 **4. Styblo Rule**

82 Given that in London 45% of PTB cases are smear positive(21), and assuming that smear negative PTB cases
83 are 0.22 times as infectious as smear positive PTB cases(22), if each PTB case is symptomatic for 0.3 years ,
84 then a value of $r = 1$ (or each PTB case generates 12 infections per year) means that each smear positive case
85 equates to about 6.3 new infections.

86 Let r_+ be the number of new infections per PTB smear positive case per month infectious (and recall that r is
87 the number of new infections per PTB case per month infectious), p_+ the proportion of PTB cases that are
88 smear positive, and ρ_- be the relative infectiousness of smear negative cases (estimated as 0.22¹⁹). Then $r =$
89 $r_+p_++r_-\rho_-$, or rearranging, $r_+=\frac{r}{p_++\rho_-}$.

90 Then, with $p_+=0.45$ and $\rho_-=0.22$, with $S_{P,overall} = 0.3$ years, we find that $r = 1$ corresponds to each smear
91 positive case generating $r_+S_{P,overall}=6.3$ infections. This is broadly in line with the two re-estimations of the
92 Styblo rule^{16,17}, although it is at the upper end of the ranges found in those studies.

93

94 **5. Discounting**

95 Whilst discounting was not included in the main analysis, we explored the potential impact of including
 96 discounting in a rudimentary fashion, using the following approach. First, we calculate a discounting factor, D ,
 97 by assuming new cases occur after infection according to the distribution given in Sloot et al.¹³, and assume all
 98 those with infection have been recently infected. We then discount cases which occur after the first year at a rate
 99 of 3.5% per year and 1.5% per year (as recommended by NICE²¹). Finally we multiply those costs and QALYs
 100 which occur in the future by this factor D (i.e. costs and QALYs associated with mortality and cases prevented
 101 through reduced transmission and preventive therapy). As most cases develop disease in the first year using this
 102 approach, this equated to multiplying the total number of QALYs and costs gained/incurred from these cases by
 103 $D = 0.987$ for a rate of 3.5%/year and $D = 0.994$ for a rate of 1.5%/year.

104 For example, we calculate the discounting factor for a 3.5% per year rate of discounting according to Table H.
 105 Column 2 is taken from Sloot et al. and shows the cumulative risk of developing disease by year, and column 3
 106 the yearly risk. The fourth column indicates the factor by which we should discount costs and QALYs occurring
 107 this year, calculated as $\frac{1}{(1+0.035)^{\text{year}-1}}$, so that cases in the first year are undiscounted. The final column is then
 108 the discounted risk in the given year, i.e. the product of columns three and four. The discounting factor is then
 109 the cumulate discounted risk (sum of last column) divided by the cumulative undiscounted risk (sum of third
 110 column).

111 **Table H: Calculating the discounting factor, see text for explanation. The discounting factor is the ratio of**
 112 **the sum of the final column to the sum of the third column**

Year	Cumulative risk of developing disease	Risk of developing disease this year	Discount cases in this year by a factor of...	Discounted risk this year
1	0.083005	0.083005	1	0.083005
2	0.094874	0.011869	0.985222	0.011694
3	0.096503	0.001629	0.970662	0.001581
4	0.096503	0	0.956317	0
5	0.096503	0	0.942184	0
6	0.096503	0	0.92826	0
7	0.099067	0.002564	0.914542	0.002345
8	0.099067	0	0.901027	0
9	0.099067	0	0.887711	0
10	0.099067	0	0.874592	0
11	0.099067	0	0.861667	0
12+	0.1	0.000933	0.848933	0.000792

113

114 The following two tables show results when discounting is set to 3.5%/year, and 1.5%/year. As most cases occur
115 in the first year, which is undiscounted, discounting has little impact on results.

116 **Table 1: Summary of the effectiveness measures included, costs incurred, quality adjusted life years(QALYs) gained and resulting incremental cost effectiveness**
 117 **ratio (ICER) for screening contacts of the indicated index cases compared to a baseline of not screening those contacts, with a discounting rate of 3.5%/year.**
 118 **Numbers are given for a year with a case-load that is the average caseload of the years 2012-15 (i.e. 2790 cases); note that the case-load does not affect the ICER.**
 119 **Case-equivalents averted refers to both cases averted, and the reduction in the time contacts are symptomatic divided by the mean symptomatic period of TB cases.**
 120 **ETB = non-pulmonary, non-laryngeal; PTB = pulmonary or laryngeal; r = the number of infections generated by a pulmonary contact per month infectious; ICER**
 121 **= incremental cost-effectiveness ratio; PT = preventive therapy (3 months of isoniazid and rifampicin). Numbers in brackets indicate the 95% confidence intervals.**
 122 **Discounting makes little difference to the ICER in this analysis.**

Quantity (units, if applicable)	ETB indexes			PTB indexes		
	$r = 0$	$r = 1$	$r = 2$	$r = 0$	$r = 1$	$r = 2$
Reduction in time contacts are symptomatic (years)		2.58 [0.665, 8.78]			10.5 [4.0, 27.0]	
Cases prevented by administering PT (cases)		5.45 [3.72, 7.59]			18.9 [13.2, 25.5]	
Transmission reduced by finding contacts sooner (cases)	0.0 [0.0, 0.0]	1.71 [0.591, 3.31]	3.41 [1.16, 6.62]	0.0 [0.0, 0.0]	8.76 [3.54, 14.9]	17.5 [7.08, 29.7]
Transmission reduced from prevented cases (cases)	0.0 [0.0, 0.0]	1.62 [0.754, 3.13]	5.19 [2.11, 12.2]	0.0 [0.0, 0.0]	8.63 [4.73, 14.8]	33.1 [16.0, 66.7]
Reduction in mortality (deaths)	0.431 [0.239, 1.0]	0.551 [0.307, 1.15]	0.743 [0.399, 1.44]	1.64 [0.999, 3.15]	2.27 [1.38, 3.89]	3.47 [2.02, 5.89]
Total case-equivalents averted	11.9 [6.58, 27.6]	15.2 [8.44, 31.7]	20.5 [11.0, 39.8]	45.0 [27.5, 86.9]	62.4 [37.9, 107.0]	95.6 [55.6, 162.0]
Total QALYs gained	10.4 [5.93, 23.7]	13.5 [7.65, 27.3]	18.4 [9.96, 35.2]	39.4 [24.5, 74.6]	55.5 [34.0, 94.0]	86.0 [50.2, 146.0]
Total costs incurred (£ 000 000s)	1.07 [1.03, 1.12]	1.06 [1.02, 1.11]	1.05 [1.01, 1.1]	1.75 [1.67, 1.82]	1.71 [1.63, 1.78]	1.64 [1.53, 1.73]
Incremental cost-effectiveness ratio (£ 000s/QALY)	103.0 [45.6, 179.0]	78.8 [39.2, 138.0]	57.4 [29.9, 107.0]	44.2 [23.5, 71.1]	30.8 [18.1, 50.7]	19.0 [10.7, 33.4]

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124

125 **Table J: Summary of the effectiveness measures included, costs incurred, quality adjusted life years(QALYs) gained and resulting incremental cost effectiveness**
126 **ratio (ICER) for screening contacts of the indicated index cases compared to a baseline of not screening those contacts, with a discounting rate of 1.5%/year.**
127 **Numbers are given for a year with a case-load that is the average caseload of the years 2012-15 (i.e. 2790 cases); note that the case-load does not affect the ICER.**
128 **Case-equivalents averted refers to both cases averted, and the reduction in the time contacts are symptomatic divided by the mean symptomatic period of TB cases.**
129 **ETB = non-pulmonary, non-laryngeal; PTB = pulmonary or laryngeal; r = the number of infections generated by a pulmonary contact per month infectious; ICER**
130 **= incremental cost-effectiveness ratio; PT = preventive therapy (3 months of isoniazid and rifampicin). Numbers in brackets indicate the 95% confidence intervals.**
131 **Discounting makes little difference to the ICER in this analysis.**

Quantity (units, if applicable)	ETB indexes			PTB indexes		
	$r = 0$	$r = 1$	$r = 2$	$r = 0$	$r = 1$	$r = 2$
Reduction in time contacts are symptomatic (years)		2.58 [0.683, 8.93]			10.5 [4.02, 26.8]	
Cases prevented by administering PT (cases)		5.45 [3.73, 7.61]			18.9 [13.3, 25.8]	
Transmission reduced by finding contacts sooner (cases)	0.0 [0.0, 0.0]	1.71 [0.569, 3.29]	3.41 [1.16, 6.68]	0.0 [0.0, 0.0]	8.76 [3.4, 14.8]	17.5 [7.02, 29.7]
Transmission reduced from prevented cases (cases)	0.0 [0.0, 0.0]	1.62 [0.765, 3.11]	5.19 [2.12, 12.3]	0.0 [0.0, 0.0]	8.63 [4.81, 14.6]	33.1 [15.8, 66.7]
Reduction in mortality (deaths)	0.431 [0.24, 1.0]	0.551 [0.307, 1.14]	0.743 [0.399, 1.43]	1.64 [1.01, 3.13]	2.27 [1.38, 3.88]	3.47 [2.02, 5.82]
Total case-equivalents averted	11.9 [6.61, 27.7]	15.2 [8.46, 31.5]	20.5 [11.0, 39.3]	45.0 [27.9, 86.3]	62.4 [38.1, 107.0]	95.6 [55.7, 160.0]
Total QALYs gained	10.5 [5.98, 23.9]	13.6 [7.68, 27.4]	18.5 [10.1, 35.1]	39.7 [24.9, 74.6]	55.9 [34.5, 94.1]	86.8 [50.9, 145.0]
Total costs incurred (£ 000 000s)	1.07 [1.03, 1.12]	1.06 [1.02, 1.11]	1.05 [1.01, 1.1]	1.75 [1.68, 1.82]	1.71 [1.64, 1.78]	1.64 [1.52, 1.73]
Incremental cost-effectiveness ratio (£ 000s/QALY)	102.0 [45.3, 177.0]	78.2 [39.1, 138.0]	56.9 [29.8, 105.0]	43.9 [23.4, 69.9]	30.5 [18.1, 49.7]	18.8 [10.7, 33.1]

132 **6. Utility Calculations**

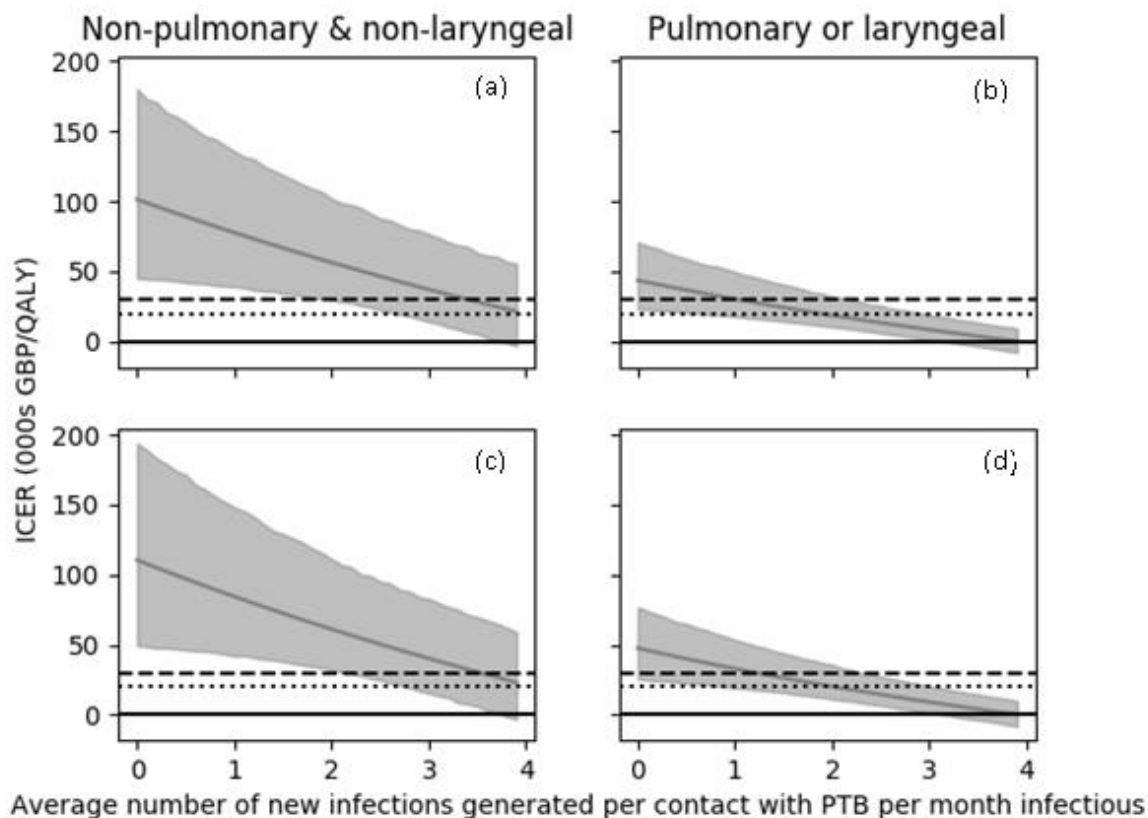
133 **Table K:** This table shows how we calculate the number of quality adjusted life years (QALYs) accrued at death by someone who does not have tuberculosis, and
 134 the number accrued by someone who dies prematurely from TB. The case fatality ratio (CFR), life expectancy (LE) and utilities are taken from Mears et al.¹², the
 135 population estimates are taken from Office for National Statistics³⁰, and the caseloads are taken from the London TB register. The final three columns are
 136 calculated. The QALYs at this LE is calculated by summing the age-specific healthy utilities up until the gender-specific life-expectancy given in that row. From
 137 these columns we can calculate the values of $A_H = 72.4$ and $A_{TB} = 52.1$ given in Mears et al.

Age	CFR (%)	LE (men)	LE (women)	Utility with no TB	Male population, 2015	Female population, 2015	Cases in London, 2015	QALYs/year up to this age	QALYs at this LE (men)	QALYs at this LE (women)
0-4	0.3	78	82.1	0.94	324,404	308,866	254	0.94	69.83	72.7
5-9	0.2	73.5	77.5	0.94	289,083	276,855	177	0.94	70.18	72.98
10-14	0.2	68.5	72.5	0.94	241,496	231,172	347	0.94	70.18	72.98
15-19	1.2	63.5	67.6	0.94	240,789	227,381	890	0.94	70.18	73.05
20-24	1.2	58.7	62.6	0.94	284,353	290,053	2152	0.94	70.32	73.05
25-29	1.2	53.9	57.7	0.94	410,745	421,885	3040	0.94	70.46	73.12
30-34	1.2	49	52.8	0.91	441,020	420,357	2670	0.938	70.53	73.19
35-39	1.2	44.3	47.9	0.91	378,059	358,584	1995	0.934	70.74	73.26
40-44	1.2	39.6	43.1	0.88	319,017	308,709	1522	0.929	70.95	73.37
45-49	4.8	34.9	38.3	0.86	293,289	296,029	1323	0.923	71.16	73.5
50-54	4.8	30.3	33.6	0.83	261,918	271,143	1019	0.915	71.44	73.695
55-59	4.8	25.9	29.1	0.82	213,163	219,039	840	0.908	71.86	74.02
60-64	4.8	21.7	24.6	0.81	166,398	178,540	659	0.900	72.42	74.345
65-69	17.6	17.7	20.4	0.8	147,623	163,020	527	0.893	73.12	74.865
70-74	17.6	14.1	16.4	0.78	103,809	121,884	481	0.886	74.02	75.515
75-79	17.6	10.8	12.6	0.75	85,856	103,614	382	0.878	75.125	76.295
80-84	17.6	8	9.4	0.7	59,937	79,369	242	0.869	76.555	77.465
85-89	17.6	5.8	6.7	0.65	32,967	52,762	138	0.858	78.375	78.96
90-	17.6	4.2	4.6	0.65	15,586	34,939	43	0.846	80.585	80.845

138 In order to calculate A_H from this table, we take the product of the “Population” and “QALYs at this LE” columns, divided by the total population, to get the QALYs at death

139 for both men and women. We then take the sum of these, weighted by the population of each group to get A_H . To calculate A_{TB} , we take the product of the “CFR”, “Cases in

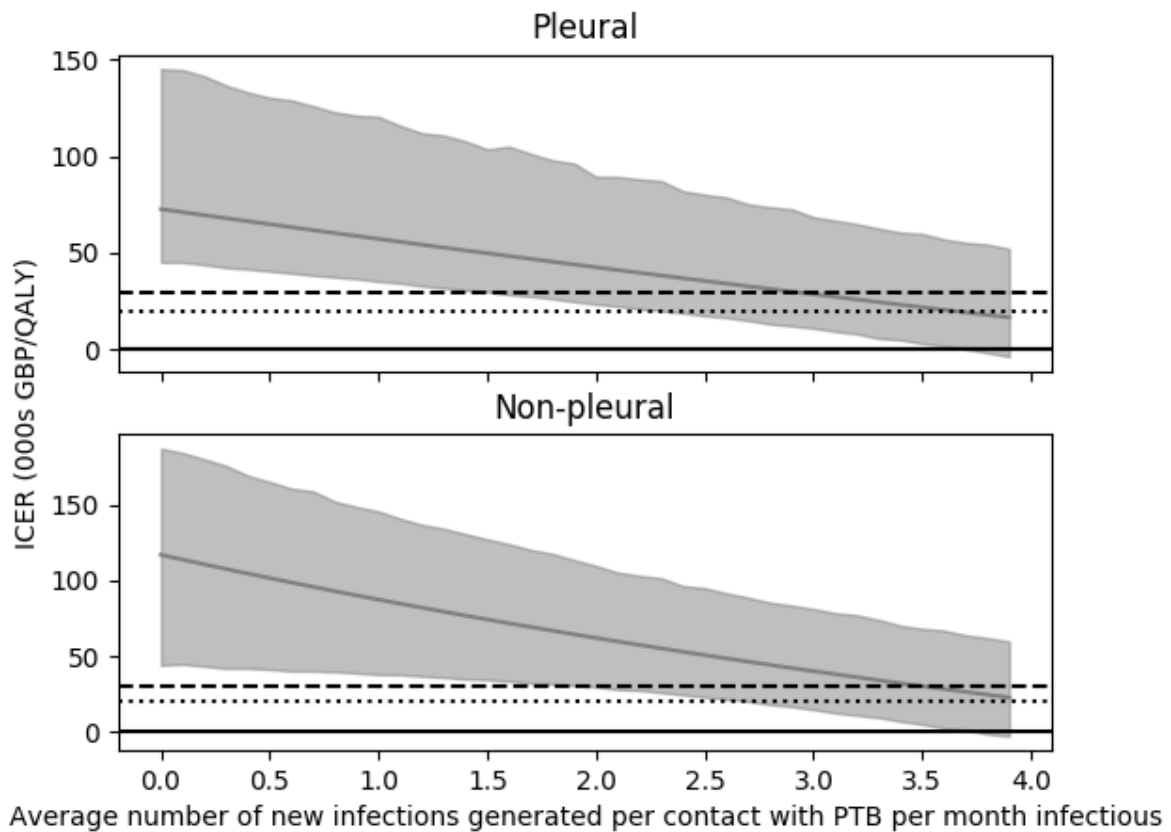
140 London” and “QALYS/year up to this age” columns and the midpoint of the age ranges, and divide by the product of the “Cases in London” and “QALYS/year up to this
141 age” columns



142

143 **Figure 1: Summary of incremental cost-effectiveness ratios and 95% confidence intervals (shaded region)**
 144 **for different levels of transmission from contacts if we use utility scores given in Mears et al. (c and d) as**
 145 **opposed to Jit et al. (a and b) The comparator is no screening. The dashed horizontal line indicates the**
 146 **£30000/QALY cost-effectiveness threshold and the dotted horizontal line the £20000/QALY threshold.**
 147 **The solid horizontal line indicates when contact tracing becomes cost-saving. GBP = pounds sterling, ETB =**
 148 **non-pulmonary, non-laryngeal tuberculosis, PTB = pulmonary or laryngeal tuberculosis, QALY =**
 149 **quality-adjusted life years, ICER = incremental cost-effectiveness ratio**

8. Pleural TB

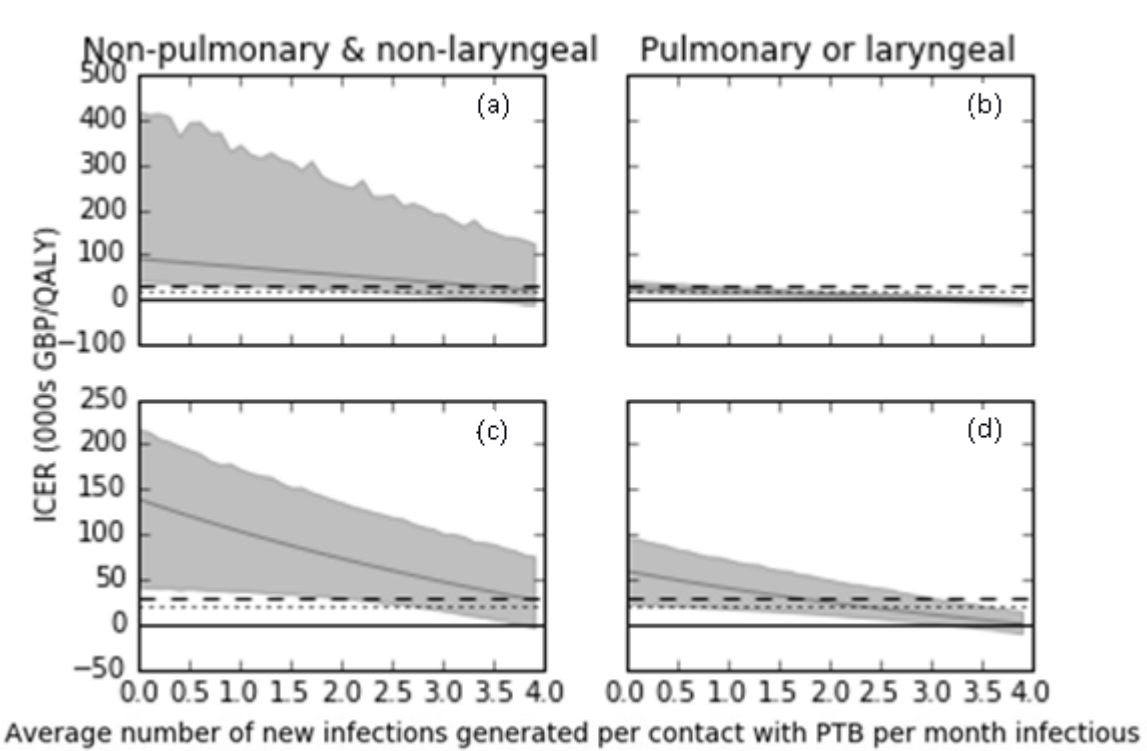


157

158 **Figure 2: Summary of incremental cost-effectiveness ratios and 95% confidence intervals (shaded region)**
 159 **for different levels of transmission from contacts of cases with pleural (but non-pulmonary and non-**
 160 **laryngeal) TB (upper panel) and with non-pleural, non-laryngeal, non-pulmonary TB (bottom panel).**
 161 **The comparator is no screening. The dashed horizontal line indicates the £30000/QALY cost-effectiveness**
 162 **threshold and the dotted horizontal line the £20000/QALY threshold. The solid horizontal line indicates**
 163 **when contact tracing becomes cost-saving. GBP = pounds sterling, ETB = non-pulmonary, non-laryngeal**
 164 **tuberculosis, PTB = pulmonary or laryngeal tuberculosis, QALY = quality-adjusted life years, ICER =**
 165 **incremental cost-effectiveness ratio**

166

9. UK born versus non-UK born



168

169 Figure 3: Summary of incremental cost-effectiveness ratios and 95% confidence intervals (shaded region)
 170 for different levels of transmission from contacts of UK-born cases (a and b) and of non-UK born cases (c
 171 and d) The comparator is no screening. The dashed horizontal line indicates the £30000/QALY cost-
 172 effectiveness threshold and the dotted horizontal line the £20000/QALY threshold. The solid horizontal
 173 line indicates when contact tracing becomes cost-saving. GBP = pounds sterling, ETB = non-pulmonary,
 174 non-laryngeal tuberculosis, PTB = pulmonary or laryngeal tuberculosis, QALY = quality-adjusted life
 175 years, ICER = incremental cost-effectiveness ratio

176

177

178 **Table M: Estimates of parameters calculated from the LTBR for UK born cases. All parameters are chosen from a normal distribution. Parameters which are not different between UK born**
 179 **and non-UK born are not included in this table. ETB = non-pulmonary and non-laryngeal tuberculosis, PTB=Pulmonary or laryngeal tuberculosis. LTBI = latent M.Tb infection, LTBR =**
 180 **London TB report, PT = preventive therapy, TB = tuberculosis**

Name of variable (units, if applicable)	Index case disease type	Symbol	Value	95% Confidence intervals
Number of contacts screened per index case	ETB	n_E	2.82	[2.52, 3.13]
	PTB	n_P	4.18	[3.86, 4.50]
Number of contacts found with TB per index case	ETB	Y_E	0.0124	[0, 0.027]
	PTB	Y_P	0.0920	[0.0589, 0.125]
Number of contacts found with LTBI per index case	ETB	y_E	0.0870	[0.0496, 0.124]
	PTB	y_P	0.446	[0.360, 0.532]
Proportion of contacts with LTBI that begin PT, adult contact	ETB	$\theta_{a,E,B}$	0.606	[0.500, 0.711]
	PTB	$\theta_{a,P,B}$	0.684	[0.567, 0.801]
Proportion of contacts starting PT that complete PT, adult contact	ETB	$\theta_{a,E,C}$	0.881	[0.798, 0.965]
	PTB	$\theta_{a,P,C}$	0.784	[0.641, 0.927]
Mean symptomatic period of PTB cases not found through contact tracing (days)	N/a	$S_{P,passive}$	116	[103, 128]
Mean symptomatic period of PTB cases found through contact tracing (days)	N/a	$S_{P,traced}$	55.2	[35.2, 75.2]
Mean symptomatic period of PTB cases (days)	N/a	$S_{P,overall}$	113	[101, 125]
Mean symptomatic period of ETB cases not found through contact tracing (days)	N/a	$S_{E,passive}$	173	[136, 210]
Mean symptomatic period of ETB cases found through contact tracing (days)	N/a	$S_{E,traced}$	78.3	[8.42, 148]
Mean symptomatic period of all cases (days)	N/a	$S_{overall}$	136	[120, 152]

181

182

184 Table N: Estimates of parameters calculated from the LTBR for non-UK born cases. All parameters are chosen from a normal distribution. Parameters which are not different between UK
 185 born and non-UK born are not included in this table. ETB = non-pulmonary and non-laryngeal tuberculosis, PTB=Pulmonary or laryngeal tuberculosis. LTBI = latent M.Tb infection, LTBR =
 186 London TB report, PT = preventive therapy, TB = tuberculosis

Name of variable (units, if applicable)	Index case disease type	Symbol	Value	95% Confidence intervals
Number of contacts screened per index case	ETB	n_E	2.46	[2.36, 2.55]
	PTB	n_P	3.77	[3.61, 3.93]
Number of contacts found with TB per index case	ETB	Y_E	0.0206	[0.0120, 0.0291]
	PTB	Y_P	0.0945	[0.0756, 0.113]
Number of contacts found with LTBI per index case	ETB	y_E	0.123	[0.107, 0.140]
	PTB	y_P	0.479	[0.430, 0.528]
Proportion of contacts with LTBI that begin PT, adult contact	ETB	$\theta_{a,E,B}$	0.606	[0.500, 0.711]
	PTB	$\theta_{a,P,B}$	0.662	[0.592, 0.732]
Proportion of contacts starting PT that complete PT, adult contact	ETB	$\theta_{a,E,C}$	0.881	[0.798, 0.965]
	PTB	$\theta_{a,P,C}$	0.807	[0.740, 0.873]
Mean symptomatic period of PTB cases not found through contact tracing (days)	N/a	$S_{P,passive}$	109	[101, 118]
Mean symptomatic period of PTB cases found through contact tracing (days)	N/a	$S_{P,traced}$	86.5	[61.9, 111]
Mean symptomatic period of PTB cases (days)	N/a	$S_{P,overall}$	108	[100, 117]
Mean symptomatic period of ETB cases not found through contact tracing (days)	N/a	$S_{E,passive}$	182	[166, 197]
Mean symptomatic period of ETB cases found through contact tracing (days)	N/a	$S_{E,traced}$	179	[0, 364]
Mean symptomatic period of all cases (days)	N/a	$S_{overall}$	150	[140, 160]

