CURRENT EVIDENCE OBJECTS AVAILABLE FOR USE IN MODEL

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Title: Early progression proportion, Trauer et al. 2016

Point estimate: 0.125

Confidence interval: (0.096 - 0.154)

Explanation: Results describe 12.5% one year risk accruing over first 227 days. Confidence interval currently estimated.

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Title: Early progression proportion in children, Trauer et al. 2016

Point estimate: 0.42

Confidence interval: (0.308 - 0.532)

Explanation: Estimated pooled results for both paediatric groups.

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Title: Early progression proportion in adults, Trauer et al. 2016

Point estimate: 0.024

Confidence interval: (0.009 - 0.0393)

Explanation: See comments for all-age evidence object.

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Title: Early progression proportion, Sloot et al. 2014

Point estimate: 0.095

Confidence interval: (0.074 - 0.116)

Explanation: From Figure 2, approximately 9 to 10% of the 739 contacts with evidence of infection developed active TB in the early high risk period, which lasted for around two years. Confidence interval estimated from graphs.

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Title: Early progression proportion in children, Sloot et al. 2014

Point estimate: 0.26

Confidence interval: (0.203 - 0.317)

Explanation: Estimated from Figure 3.

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Title: Early progression proportion in adults, Sloot et al. 2014

Point estimate: 0.07

Confidence interval: (0.055 - 0.085)

Explanation: Estimated from Figure 3.

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Title: Early progression proportion, Diel et al. 2011

Point estimate: 0.12925170068

Confidence interval: No confidence interval available from study

Explanation: Table 4: 19 of 147 untreated QFT-positive individuals got TBover two years of follow up

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Title: Early latent duration, Trauer et al. 2016

Point estimate: 0.416666666667

Confidence interval: No confidence interval available from study

Explanation: From the text of our Results (first paragraph).

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Title: Early latent duration in children, Trauer et al. 2016

Point estimate: 0.397260273973

Confidence interval: No confidence interval available from study

Explanation: From the text of our Results (first paragraph).

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Title: Early latent duration in adults, Trauer et al. 2016

Point estimate: 0.621917808219

Confidence interval: No confidence interval available from study

Explanation: From the text of our Results (first paragraph).

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Title: Early latent duration, Sloot et al. 2014

Point estimate: 1.8

Confidence interval: No confidence interval available from study

Explanation: From Figure 2, high risk period lasts about two years.

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Title: Early latent duration in children, Sloot et al. 2014

Point estimate: 0.6

Confidence interval: No confidence interval available from study

Explanation: From Figure 2, high risk period lasts about two years.

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Title: Early latent duration in adults, Sloot et al. 2014

Point estimate: 1.8

Confidence interval: No confidence interval available from study

Explanation: From Figure 2, high risk period lasts about two years.

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Title: Late progression rate, Horsburgh et al. 2010

Point estimate: 0.00058

Confidence interval: (0.00038 - 0.00089)

Explanation: Main finding is rate of reactivation of 0.04 per year from a community based estimate of rate of reactivation from the US.

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Title: Relative risk of TB, Colditz et al. 1994

Point estimate: 0.49

Confidence interval: (0.34 - 0.7)

Explanation: Estimate of relative risk of TB in BCG vaccinated.

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Title: Untreated duration, Tiemersma et al. 2011

Point estimate: 3

Confidence interval: No confidence interval available from study

Explanation: Estimate from pre-chemotherapy literature of three years untreated

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Title: Untreated case fatality, Tiemersma et al. 2011

Point estimate: 0.7

Confidence interval: No confidence interval available from study

Explanation: 70% case fatality for smear-positive patients from Review of the pre-chemotherapy literature.

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Title: Time to complete treatment for DS-TB based on WHO guidelines

Point estimate: 6.0

Confidence interval: No confidence interval available from study

Explanation: Based on recommended treatment durations

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Title: Time to complete treatment for DS-TB based on WHO guidelines

Point estimate: 20.0

Confidence interval: No confidence interval available from study

Explanation: Based on recommended treatment durations

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Title: Chance of transmission for smear negatives compared to smear positives, Tostmann et al. 2008

Point estimate: 0.24

Confidence interval: (0.2 - 0.3)

Explanation: Well constructed study looking at exactly this parameter and employing genotypic confirmation of transmission. (Possible ref for extrapulmonary not being transmissible.)

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Title: Chance of transmission of treated patients compared to untreated, Dhamardhikari et al. 2014

Point estimate: 0.02

Confidence interval: No confidence interval available from study

Explanation: 50 times greater rate of guinea pig TST conversion for untreated patients than treated (DS-TB)

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Title: Chance of transmission of treated patients compared to untreated, Dhamardhikari et al. 2014

Point estimate: 0.0714285714286

Confidence interval: No confidence interval available from study

Explanation: Sixfold greater rate of guinea pig TST conversion for untreated patients than treated (MDR-TB)

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Title: Proportion of defaults amplifying, Bonnet et al. 2011

Point estimate: 0.133333333333

Confidence interval: No confidence interval available from study

Explanation: Among 15 non-MDR-TB patients with negative treatment outcomes, two amplified to MDR-TB.

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Title: Proportionately greater rate of negative outcomes in retreatment cases compared to new cases, for appropriately treated DS-TB patients, Espinal et al. 2000

Point estimate: 2.2

Confidence interval: No confidence interval available from study

Explanation: 85% treatment success in pan-susceptible new TB patients, compared to 67% success in pan-susceptible treatment patients

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Title: Treatment success rate for inappropriately treated new MDR cases, Espinal et al. 2000

Point estimate: 0.52

Confidence interval: No confidence interval available from study

Explanation: 52% treatment success in new MDR-TB cases treated with a standard first line regimen

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Title: Treatment success rate for inappropriately treated retreatment MDR cases, Espinal et al. 2000

Point estimate: 0.29

Confidence interval: No confidence interval available from study

Explanation: 29% treatment success in new MDR-TB cases treated with a standard first line regimen

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Point estimate: 0.125

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Explanation: See comments for all-age evidence object.

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Point estimate: 0.095

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Explanation: From Figure 2, approximately 9 to 10% of the 739 contacts with evidence of infection developed active TB in the early high risk period, which lasted for around two years. Confidence interval estimated from graphs.

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Point estimate: 0.26

Confidence interval: (0.203 - 0.317)

Explanation: Estimated from Figure 3.

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Explanation: Table 4: 19 of 147 untreated QFT-positive individuals got TBover two years of follow up

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Title: Early latent duration, Sloot et al. 2014

Point estimate: 1.8

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Explanation: From Figure 2, high risk period lasts about two years.

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Point estimate: 0.24

Confidence interval: (0.2 - 0.3)

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Point estimate: 0.02

Confidence interval: No confidence interval available from study

Explanation: 50 times greater rate of guinea pig TST conversion for untreated patients than treated (DS-TB)

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Point estimate: 0.0714285714286

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Explanation: 52% treatment success in new MDR-TB cases treated with a standard first line regimen

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Explanation: 29% treatment success in new MDR-TB cases treated with a standard first line regimen