**S2 Text - Table A.** Main characteristics of potentially relevant studies (n=6) reporting efficacy data against STH infections from ivermectin-albendazole co-administration

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Publication** | **Country** | **Study type** | **Treated parasite** | **Age/Study population** | **Treatment regimen** | **Follow-up period** | **ALB or IVM alone comparator** | **Stool sampling (diagnostics)** | **Participants and efficacy data (No. treated/CR/ERR)** | **Inclusion/Exclusion** |
| Beach *et al.* 1999 | Haiti | RCT | asc, hk, tri | 5-11 years | IVM: 200-400µg/kg;ALB: 400mg | 5 weeks | yes/yes | 1 at baseline – 1 at follow-up (mod. Stoll) | asc: n=73, CR=100%, ERR=100%hk: n=17, CR=100%, ERR=100%tri: n=93, CR=79.6%, ERR=68.0% | Excluded – not recommended dose |
| Belizario *et al.* 2003 | Philippines | RCT | asc, tri | 6-12 years | IVM: 200µg/kg;ALB: 400mg | 7-14 days | yes/yes | 1 at baseline – 1 at follow-up (Kato-Katz) | asc: n=105, CR=78.1%, ERR=99.5%tri: n=149, CR=65.1%, ERR=97.5% | Included in meta-analysis |
| Ismail *et al.* 1999 | Sri Lanka | RCT | tri | 4-14 years | IVM: 200µg/kg;ALB: 400mg | 3 weeks | yes/no | 1 at baseline – 1 at follow-up (Kato-Katz) | tri: n=53, CR=79.3%, ERR=93.8% | Included in meta-analysis |
| Knopp *et al.* 2010 | Tanzania | RCT | asc, hk, tri | 5-16 years | IVM: 200µg/kg;ALB: 400mg | 3 weeks | yes/no | 2 at baseline – 2 at follow-up (Kato-Katz) | asc: n=14, CR=92.9%, ERR=99.9%hk: n=30, CR=66.7%, ERR=96%tri: n=140, CR=37.9%, ERR=91.1% | Included in meta-analysis |
| Ndyomµgyenyi *et al.* 2008 | Uganda | RCT | asc, hk, tri | 15-49 years (pregnant women) | IVM: height;ALB: 400mg | 3 weeks | yes/yes | 1 at baseline – 1 at follow-up (Kato-Katz) | asc: n=0, CR=NA, ERR=NAhk: n=188, CR=92.6%, ERR=NRtri: n=17, CR=70.6%, ERR=NR | Excluded – not recommended dose |
| Speich *et al.* 2015 | Tanzania | RCT | asc, hk, tri | 6-14 years | IVM: 200µg/kg;ALB: 400mg | 18-23 days | no/no | 2 at baseline – 2 at follow-up (Kato-Katz) | asc: n=50, CR=98%, ERR=100%hk: n=42, CR=50%, ERR=95.4%tri: n=109, CR=27.5%, ERR=94.5% | Included – efficacy parameters for combination therapy |

ALB: albendazole, asc: *Ascaris lumbricoides*, CR: cure rate, ERR: egg reduction rate, hk: hookworm, IVM: ivermectin, NA: not applicable; NR: not reported/detailed, RCT: randomized-controlled trial, tri: *Trichuris trichiura*

**S2 Text - Table B.** Main characteristics of potentially relevant studies (n=32) reporting safety data on ivermectin-albendazole co-administration

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Publication** | **Country** | **Study type** | **Treated parasite** | **Age/Study population** | **Treatment regimen** | **Time span (follow-up post-treatment)** | **ALB or IVM alone comparator** | **Surveillance method** | **Participants and AE data (No. treated/No. AEs/No. SAEs)** | **Inclusion/Exclusion** |
| Addiss *et al.* 1997 | Haiti | RCT | wb | 5-11 years | IVM: 200-400µg/kg;ALB: 400mg | every day during 3-5 days (high mf patients: every 4-6h | yes/yes | active | lf-positive children 44/NR/NR | Included – Qualitative appraisal/Frequencies of symptoms  |
| Amsden *et al.* 2007 | USA | randomized, open-label, three-way crossover trial | - | ≥18 years | IVM: 200-400µg/kg;ALB: 400mg | 7 days | no/no | active | healthy adult subjects (lf-non endemic area)18/1/0 | Included – Qualitative appraisal/Frequencies of symptoms  |
| Anto *et al.* 2011 | Ghana | Clinical trial with matched groups | sh, sm, (wb, onc) | ≥ 5 years | IVM: height;ALB: MDA standard dose | 2 weeks (+ 3 months) | no/no | passive | community members 15552/130/0 | Included – Qualitative appraisal/Frequencies of symptoms  |
| Asio *et al.* 2009a | Uganda | Clinical trial with matched groups | mp | 9-77 years | IVM: 150-200µg/kg;ALB: 400mg | 7 days (day 0, 1, 3, and 6) | yes/yes | active | mp-infected individuals 15/0/0 | Included – Qualitative appraisal/Frequencies of symptoms (excluded from meta-analysis due to zero AEs in all groups)  |
| Asio *et al.* 2009b | Uganda | RCT | mp | 5-77 years | IVM: 150-200µg/kg;ALB: 400mg | 7 days | no/yes | passive | mp-infected community members 86/0/0 | Included – Qualitative appraisal (excluded from meta-analysis due to zero AEs in all groups)  |
| Awadzi *et al.* 1995 | Ghana | RCT | onc | 15-62 years | IVM: 150µg/kg;ALB: 800mg | 18 days | no/yes | active | onc-infected male patients(NA) | Excluded – IVM + ALB not co-administered (ALB 1 week later) |
| Awadzi *et al.* 2003 | Ghana | RCT | onc | 22-54 years (men only) | IVM: 2x6mg tablets;ALB: 400mg | Mazotti-reaction scores: 30daysAEs: 9 days (day1, 2, 3 or 8) | yes/yes | active | onc-infected men 14/14/0 | Included – Quantitative (meta-analysis) and qualitative appraisal (frequencies of symptoms) |
| Belizario *et al.* 2003 | Philippines | RCT | sth | 6-12 years | IVM: 200µg/kg;ALB: 400mg | 7-14 days | yes/yes | active | sth-infected children151/NR/NR | Excluded – too much missing information, safety assessed but not reported in the article |
| Coulibaly *et al.* 2015 | Mali | prospective cross-sectional study | wb | ≥ 5 years | IVM: MDA standard dose;ALB: MDA standard dose | NR | no/no | NR | population at risk of lf-infection2135/13/0 | Included – Qualitative appraisal |
| Dembele *et al.* 2010 | Mali | RCT | wb, mp | 18-62 years | 1) IVM: 150µg/kg;ALB: 400mg2) IVM: 400µg/kg;ALB: 800mg | 7 days | no/no | active | lf-infected adults42/9/0 | Included – Qualitative appraisal/Frequencies of symptoms  |
| Dunyo *et al.* 2000 | Ghana | RCT | wb | 6-84 years | IVM: 150-200µg/kg;ALB: 400mg | starting at 12h for the next 5 days | yes/yes | active | lf-positive and lf-negative individuals 332/47/0 | Included – Quantitative (meta-analysis) and qualitative appraisal (frequencies of symptoms) |
| Gyapong *et al.* 2003 | Ghana | Retrospective observational trial (after MDA campaign) | wb | infants (0-42 weeks) | IVM: MDA standard dose;ALB: MDA standard dose | 42 weeks | no/no | active | 343 pregnancies, whereof 50 inadvertently treated (40 followed live births/1 CongMal) | Included – Qualitative appraisal (additional outcomes)  |
| Hodges *et al.* 2010 | Sierra Leone | Reporting after MDA campaign | wb | ≥ 5 years | IVM: MDA standard dose;ALB: MDA standard dose | 5 days | no/no | passive and active | population at risk of lf infection (1104407/146/1) | Included – Qualitative appraisal/Frequencies of symptoms  |
| Horton *et al.* 2000 | Ecuador, Gabon, Ghana, Haiti, India, Philippines, Sri Lanka, Tanzania | Review (various study types) | sth, lf, onc | various | IVM: various;ALB: various | various | EC: yes/yesGA: yes/yesPH: yes/yesLK: yes/no | passive and active | Not published elsewhere:Ecuador (Espinel): 122/NR/NRGabon (Richard-Lenoble): 181/NR/NRPhilippines (Belizario): 155/NR/NRSri Lanka (Weerasooriya): 32/NR/NR | Included - Provides complementary data for Ismail *et al.* 1998 |
| Ismail *et al.* 1998 | Sri Lanka | Clinical trial (blinded) | wb | 18-58 years | IVM: 400µg/kg;ALB: 600mg | 5 days (4x/day during first 48h) | yes/no | active | lf-positive men(13/NR/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Ismail *et al.* 2001 | Sri Lanka | Clinical trial (blinded) | wb | 18-58 years | 1) IVM: 200µg/kg;ALB: 400mg2) IVM: 400µg/kg;ALB: 600mg | symptoms: 3 daysclinical ex.: 2 weeks, 1, 2, 3, 6, 9, 12, 15, 18 and 24 months | no/no | active | lf-positive men1. (16/NR/0)
2. (15/NR/0)
 | Included – Qualitative appraisal/Frequencies of symptoms |
| Keiser *et al.* 2003 | Mali | Clinical trial | wb, mp | 18-65 years | IVM: 200µg/kg;ALB: 400mg | 5 days (2, 4, 6, 8, 12, 24, 36, 48, 72, 96 and 120h) | no/no | active | lf- or/and mp-positive and negative adults (40/11/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Knopp *et al.* 2010 | Tanzania | RCT | tri | 5-16 years | IVM: 200µg/kg;ALB: 400mg | 48h | yes/no | active | *Trichuris*-infected schoolchildren (144/64/0) | Included – Quantitative (meta-analysis) and qualitative appraisal (frequencies of symptoms) |
| Makunde *et al.* 2003 | Tanzania | RCT | wb, onc | 15-55 years | IVM: 150µg/kg;ALB: 400mg | every 6h during 48h | yes/no | active | lf-single vs. lf/onc-co-infected individuals (20/11/0) | Included – Quantitative (meta-analysis) and qualitative appraisal (frequencies of symptoms) |
| Na-Bangchang *et al.* 2006 | Thailand | Clinical trial (open, randomised) | - | 18-55 years | IVM: 200µg/kg;ALB: 400mg | 8 days | no/no | active | healthy subjects (23/0/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Namwanje *et al.* 2011 | Uganda | RCT | sm, sth, wb | 5-18 years | IVM: 200µg/kg;ALB: 400mg | 7 days (daily) | no/no | active | children infected with lf alone (22/NR/0) | Excluded - missing/non-extractable data (data not distinguishable with group who received supplemental drug) |
| Ndyomµgyenyi *et al.* 2008 | Uganda | RCT | sth | 15-49 years (women of childbearing age) | IVM: height;ALB: 400mg | first exam: at ≥16 weeks gestational age, last exam: 1 month after birth | yes/yes | passive | sth-infected pregnant women (199/8/0) | Included – Quantitative (meta-analysis) and qualitative appraisal (frequencies of symptoms, additional outcomes) |
| Rodriguez-Guardado *et al.* 2012 | Spain | hospital-based prospective observational study | ss | NR | IVM: 200µg/kg;ALB: 400mg (repeated treatments) | 2 weeks, 1, 3 , 6, 9 and 12 months | no/no | active | ss-infected patients (81/NR/0) | Excluded - missing/non-extractable data (abstract of poster session only) |
| Shenoy *et al.* 1999 | India | Clinical trial (open, hospital-based) | bm | 14-70 years | IVM: 200µg/kg;ALB: 400mg | 7 days | (yes, only n=3 in this group!) /no | active | lf-positive individuals (16/12/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Shenoy *et al.* 2000 | India | Clinical trial (open, hospital-based) | bm | 14-70 years | IVM: 200µg/kg;ALB: 400mg | 5 days | no/no | active | lf-positive individuals (12/6/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Simonsen *et al.* 2004 | Tanzania | RCT | wb | 6-18 years | IVM: 150-200µg/kg;ALB: 400mg | every day during 5 days | no/yes | passive | lf-positive and lf-negative pupils (586/NR/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Speich *et al.* 2015 | Tanzania | RCT | tri | 6-14 years | IVM: 200µg/kg;ALB: 400mg | 3h and 24h | no/no | active | Trichuris-infected pupils (108/22/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Tafatatha *et al.* 2015 | Malawi | RCT | wb | 18-55 years | IVM: 200-400µg/kg;ALB: 400-800mg | 7 days | no/no | passive and active | lf-positive adults (70/22/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Thomsen *et al.* 2016 | Papua New Guinea | RCT | wb | 18-60 years | IVM: 200µg/kg;ALB: 400mg+DEC: 6mg/kg | 7 days (4, 8, 12, 24, 48, 72, 168h) | no/no | active | lf-positive adults(NA) | Excluded – Supplementary drug (DEC) in combination group |
| Turner *et al.* 2006 | Ghana | RCT | wb, wbb | 18-70 years | IVM: 150µg/kg;ALB: 400mg | 48h | no/no | active | lf-positive adults (28/20/0) | Included – Qualitative appraisal/Frequencies of symptoms |
| Wen *et al.* 2008 | China | RCT | sth | 6-70 years | IVM: 100-200 µg/kg;ALB: 400mg | 24h | yes/yes | active | STH-positive farmers and children (NA) | Excluded - IVM + ALB not co-administered |
| WHO *et al.* 2003 | Burkina Faso, Nigeria, Tanzania | Post-treatment report from national control programs | lf | ≥ 5 years | IVM: MDA standard dose;ALB: MDA standard dose | NR | no/no | active | population at risk of lf (9831/2358/NR) | Included – Qualitative appraisal/Frequencies of symptoms |

AE: adverse event, ALB: Albendazole, IVM: Ivermectin, MDA: mass drug administration, NR: Not reported/detailed, RCT: randomized controlled trial, SAE: serious adverse event. Parasitic diseases: bm=*Brugia malayi*, lf=lymphatic filariasis (species not specified), mp=*Mansonella perstans*, onc=*Onchorcerca volvulus*, sh=*Schistosoma haematobium*, sm=*Schistosoma mansoni*, ss=*Strongyloides stercoralis*, sth=soil-transmitted helminths, tri=*Trichuris*, wb=*Wuchereria bancrofti,* wbb=*Wolbachia* bacteria

**Alphabetized list of full citations for papers included in S1 Tables A & B**

1. Addiss DG, Beach MJ, Streit TG, Lutwick S, LeConte FH, Lafontant JG, et al. Randomised placebo-controlled comparison of ivermectin and albendazole alone and in combination for Wuchereria bancrofti microfilaraemia in Haitian children. Lancet. 1997;350(9076):480-4. doi: 10.1016/s0140-6736(97)02231-9. PubMed PMID: 9274584.

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