**S3 table. TB IRIS using INSHI criteria**

1. Unmasking TB IRIS

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| **Case** | **Location of IRIS event** | **Onset IRIS** **(ART days)** | **Plasma HIV RNA reduction****(copies/mm3)**  | **Features of IRIS event** | **TB diagnosis** | **Comments** |
| 1228  | CNS tuberculoma | 14 | Log 3.19 | Seizures.CXR unchanged.CT scan: intracerebral granulomas | PTB: History of coughing. CXR - Hilar adenopathy and interstitial changes.  | Anti-TB treatment commenced 40 days prior to ART |
| 1245 | Lung | 14 | Log 1.5 | Increased respiratory distress.CXR – increased nodularity compared to baseline | Contact with TB source case (father) missed at baseline | At baseline, mild cough with CXR considered viral pneumonitis  |
| 1246 | Abdomen | 62 | Log 0.42 | Progressive obstructive jaundice | Mantoux skin test 26 X16mm indurationPTB (pleural effusion) in mother when IRIS suspected.Negative gastric aspirate culture | Off ART for 4 days preceding viral load at IRIS diagnosis. |
| 1256 | Lung | 38 |  | New cough and fever  | Mantoux skin test converted from negative at baseline to 8mm indurationN | CXR: Consolidation and collapse right mid lobe and ligulaAt baseline, was not suggestive of TB |
| 1652 | \*CNS: Meningitis &granulomas | 53 | Log 3.5 | Raised ICP, seizures, depressed level of consciousness | N | Only supporting evidence was improvement on ant-TB therapy. |
| 1224 | Lung | 19 | Log 1.81 | Respiratory symptoms:CXR: new perihilar and paratracheal lymphadenopathy | N | Baseline CXR normal |
| 1231 | Lung: | 62 | Log 1.69 | New respiratory symptomsPositive Mantoux skin test – 15mm indurationCXR: Hilar nodes, patchy alveolar opacification right and left lower lobes | N | Baseline CXR normal |

B. Paradoxical TB IRIS

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| **Case** | **Initial anatomical site for TB** | **Day on ART** | **Viral reduction**  | **Paradoxical criteria** | **Bacteriological** **confirmation** |
| **Major** | **Minor** |
| 1244 | Lung: hilar and alveolar | 14 | Log 2.44 | Left lower bronchus compression | Worsening respiratory symptoms | No |
| 1269 | Lung:PericardialCervical adenitis | 18 | Log 2.83 | Increased pericardial effusion. Increased left upper lobe consolidation (new CXR changes)Cervical LN drained spontaneously | Worsening respiratory symptoms | *M. tb* complexSensitive to RIF and INH |
| 1302\* | Lung:hilar LNs and parenchymal changesCervical adenitis | 14 | Log 2.51 | Increased size of parenchymal and hilar LNsIncreased size of cervical LNs and new right axillary LNs | Fever | *M. tb* complex |

INSHI - international network for study of HIV-associated IRIS; CNS – central nervous system; CXR – chest radiograph; PTB - pulmonary TB; *M. tb* – *M. tuberculosis*; LN – lymph nodes; RIF – rifampicin; INH – isoniazid; ICP – intracranial pressure

\*Not from SU