

**Supplementary Table S1 PRISMA 2020 item checklist.**

| Section and Topic             | Item # | Checklist item   | Location where item is reported |
|-------------------------------|--------|--|---------------------------------|
| <b>TITLE</b>                  |        |  |                                 |
| Title                         | 1      | Identify the report as a systematic review.  | Page 1                          |
| <b>ABSTRACT</b>               |        |  |                                 |
| Abstract                      | 2      | See the PRISMA 2020 for Abstracts checklist.   | Page 1                          |
| <b>INTRODUCTION</b>           |        |  |                                 |
| Rationale                     | 3      | Describe the rationale for the review in the context of existing knowledge.  | Pages 1-2                       |
| Objectives                    | 4      | Provide an explicit statement of the objective(s) or question(s) the review addresses.   | Page 2                          |
| <b>METHODS</b>                |        |  |                                 |
| Eligibility criteria          | 5      | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.  | Page 3                          |
| Information sources           | 6      | Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.  | Page 2                          |
| Search strategy               | 7      | Present the full search strategies for all databases, registers and websites, including any filters and limits used.   | Pages 2-3                       |
| Selection process             | 8      | Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.                     | Page 3                          |
| Data collection process       | 9      | Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process. | Page 3                          |
| Data items                    | 10a    | List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.                        | Page 3                          |
|                               | 10b    | List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.   | Page 3                          |
| Study risk of bias assessment | 11     | Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.                                    | Pages 3-4                       |
| Effect measures               | 12     | Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.  | Page 4                          |
| Synthesis methods             | 13a    | Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).   | Page 4                          |
|                               | 13b    | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.  | Page 4                          |
|                               | 13c    | Describe any methods used to tabulate or visually display results of individual studies and syntheses.   | Page 4                          |
|                               | 13d    | Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and   | Page 4-5                        |

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|-------------------------------|---------------|--|--|
|                               |               | extent of statistical heterogeneity, and software package(s) used.   |  |
|                               | 13e           | Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).   | Page 4                                       |
|                               | 13f           | Describe any sensitivity analyses conducted to assess robustness of the synthesized results.   | None   |
| Reporting bias assessment     | 14            | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).  | Page 4                                       |
| Certainty assessment          | 15            | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.  | Pages 4                                      |
| <b>RESULTS</b>                |               |  |  |
| Study selection               | 16a           | Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.   | Page 5                                       |
|                               | 16b           | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.  | Page 5                                       |
| Study characteristics         | 17            | Cite each included study and present its characteristics.  | Page 5 and Table 1                           |
| Risk of bias in studies       | 18            | Present assessments of risk of bias for each included study.   | Page 5, Supplementary Table S3 and Figure S3 |
| Results of individual studies | 19            | For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.   | Page 6                                       |
| Results of syntheses          | 20a           | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.   | Page 6                                       |
|                               | 20b           | Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. | Page 6                                       |
|                               | 20c           | Present results of all investigations of possible causes of heterogeneity among study results.   | Page 6                                       |
|                               | 20d           | Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.   | None   |
| Reporting biases              | 21            | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.  | Page 6                                       |
| Certainty of evidence         | 22            | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.  | Page 6                                       |
| <b>DISCUSSION</b>             |               |  |  |
| Discussion                    | 23a           | Provide a general interpretation of the results in the context of other evidence.  | Pages 6-7                                    |
|                               | 23b           | Discuss any limitations of the evidence included in the review.  | Page 8                                       |
|                               | 23c           | Discuss any limitations of the review processes used.  | Page 8                                       |
|                               | 23d           | Discuss implications of the results for practice, policy, and future research.   | Page 8                                       |
| <b>OTHER INFORMATION</b>      |               |  |  |
| Registration and protocol     | 24a           | Provide registration information for the review, including register name and registration number, or state that the review was not registered.   | Page 2                                       |
|                               | 24b           | Indicate where the review protocol can be accessed, or state that a protocol was not prepared.   | None   |
|                               | 24c           | Describe and explain any amendments to information provided at registration or in the protocol.  | None   |
| Support                       | 25            | Describe sources of financial or non-financial support for the   | Page 8                                       |

| <b>Section and Topic</b>                       | <b>Item #</b> | <b>Checklist item</b>  | <b>Location where item is reported</b> |
|--|---------------|--|--|
|  |               | review, and the role of the funders or sponsors in the review.   |  |
| Competing interests                            | 26            | Declare any competing interests of review authors.   | Page 8                                 |
| Availability of data, code and other materials | 27            | Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review. | Page 8                                 |

**Supplementary Table S2 The search strategy for PubMed.**

| Number | Terms  |
|--------|--|
| 1      | tuberculosis infection                       |
| 2      | LTBI   |
| 3      | latent tuberculosis infection                |
| 4      | "Latent Tuberculosis"[Mesh]                  |
| 5      | latent TB                                    |
| 6      | 1 OR 2 OR 3 OR 4 OR 5                        |
| 7      | biomarkers [MeSH Terms]                      |
| 8      | biomarker                                    |
| 9      | markers                                      |
| 10     | marker                                       |
| 11     | 7 OR 8 OR 9 OR 10                            |
| 12     | prophylaxis                                  |
| 13     | preventive therapy                           |
| 14     | prevention and control                       |
| 15     | prevention                                   |
| 16     | preventive measures                          |
| 17     | preventive treatment                         |
| 18     | prophylactic treatment                       |
| 19     | prophylactic therapy                         |
| 20     | 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 |
| 21     | 6 AND 11 AND 20                              |

(((((tuberculosis infection)) OR (LTBI)) OR (latent tuberculosis infection)) OR ("Latent Tuberculosis"[Mesh]) OR latent TB) AND (((biomarkers [MeSH Terms]) OR (biomarker)) OR (markers)) OR (marker))) AND (((((prophylaxis) OR (preventive therapy)) OR (prevention and control)) OR (prevention)) OR (preventive measures)) OR (preventive treatment)) OR (prophylactic treatment)) OR (prophylactic therapy))

**Supplementary Table S3 Summary of the QUADAS-2 risk of bias assessment.**

| Domain             | Items   | Study-specific    |                          |                         |                                    |                                 |                            |                           |                          |                  |                        |                             |
|--------------------|---|-------------------|--------------------------|-------------------------|------------------------------------|---------------------------------|----------------------------|---------------------------|--------------------------|------------------|------------------------|-----------------------------|
|                    |   | Ying Du<br>(2022) | Ock-Hwa<br>Kim<br>(2020) | Katie<br>Ewer<br>(2006) | Irene<br>Andia<br>Biraro<br>(2015) | Elisa<br>Petrucchioli<br>(2018) | Delia<br>Goletti<br>(2007) | Haoran<br>Zhang<br>(2020) | Xuefang<br>Cao<br>(2021) | SW Lee<br>(2012) | Henan<br>Xin<br>(2020) | Mulugeta<br>Belay<br>(2021) |
| Patient selection  | Was a consecutive or random sample of patients enrolled?  | Yes               | Yes                      | No                      | Yes                                | No                              | Yes                        | Yes                       | Yes                      | No               | Yes                    | No                          |
|                    | Was a case-control design avoided?  | Yes               | No                       | No                      | Yes                                | No                              | No                         | Yes                       | Yes                      | Yes              | Yes                    | Yes                         |
|                    | Did the study avoid inappropriate exclusions?   | Unclear           | No                       | No                      | Yes                                | Yes                             | No                         | Yes                       | Yes                      | Yes              | Yes                    | Yes                         |
| Index test         | Could the selection of patients have introduced bias?   | Low               | High                     | High                    | Low                                | High                            | High                       | Low                       | Low                      | Intermediate     | Low                    | Intermediate                |
|                    | Were the index test results interpreted without knowledge of the results of the reference standard? | No                | No                       | No                      | Yes                                | No                              | No                         | Yes                       | No                       | Yes              | No                     | No                          |
|                    | If a threshold was used, was it pre-specified?  | Yes               | No                       | No                      | Yes                                | No                              | No                         | Yes                       | Yes                      | Yes              | Yes                    | No                          |
| Reference standard | Could the conduct or interpretation of the index test have introduced bias?                         | Intermediate      | Low                      | Low                     | High                               | Low                             | Low                        | High                      | Intermediate             | High             | Intermediate           | Low                         |
|                    | Is the reference standard likely to correctly classify the target condition?                        | No                | Intermediate             | No                      | Intermediate                       | Intermediate                    | Intermediate               | Intermediate              | Intermediate             | No               | No                     | No                          |
|                    | Were the reference standard results interpreted without knowledge of the results of the index test? | No                | No                       | No                      | Intermediate                       | Intermediate                    | Intermediate               | Intermediate              | Intermediate             | No               | No                     | No                          |
| Flow and timing    | Could the reference standard, its conduct, or its interpretation have introduced bias?              | High              | High                     | High                    | Intermediate                       | Intermediate                    | Intermediate               | Intermediate              | Intermediate             | High             | High                   | High                        |
|                    | Was there an appropriate interval between index test(s) and reference standard?                     | Yes               | Yes                      | Unclear                 | Yes                                | Yes                             | Yes                        | Yes                       | Yes                      | Yes              | Yes                    | No                          |
|                    | Did all patients receive a reference standard?  | Yes               | Yes                      | Yes                     | Yes                                | No                              | No                         | Yes                       | Yes                      | Unclear          | Yes                    | Yes                         |
|                    | Did all patients receive the same reference standard?   | Yes               | Yes                      | Yes                     | Yes                                | Yes                             | Yes                        | Yes                       | Yes                      | Unclear          | Yes                    | Yes                         |
|                    | Were all patients included in the analysis?   | Yes               | Yes                      | Yes                     | No                                 | No                              | Yes                        | Yes                       | Yes                      | Yes              | Yes                    | Yes                         |
|                    | Could the patient flow have introduced bias?  | Low               | Low                      | Low                     | Intermediate                       | High                            | Intermediate               | Low                       | Low                      | Intermediate     | Low                    | Intermediate                |
| <b>Overall</b>     |   | <b>Low</b>        | <b>High</b>              | <b>High</b>             | <b>Unclear</b>                     | <b>High</b>                     | <b>High</b>                | <b>Unclear</b>            | <b>Low</b>               | <b>High</b>      | <b>Unclear</b>         | <b>Unclear</b>              |

**Supplementary Table S4 Reasons for exclusion after full tests screening**

| Number          | Reasons/study  |
|-----------------|--|
| <b>Reason 1</b> | <b>Modeling study(n=18)</b>  |
| 1               | Cheng, P.; Wang, L.; Gong, W. In silico Analysis of Peptide-Based Biomarkers for the Diagnosis and Prevention of Latent Tuberculosis Infection. <i>Front Microbiol</i> 2022, 13, 947852, doi:10.3389/fmicb.2022.947852.  |
| 2               | Davidow, A.L. Interferon-gamma release assay test characteristics depend upon the prevalence of active tuberculosis. <i>Int J Tuberc Lung Dis</i> 2009, 13, 1411-1415.   |
| 3               | Fröberg, G.; Borgström, E.W.; Chryssanthou, E.; Correia-Neves, M.; Källenius, G.; Bruchfeld, J. A new mathematical model to identify contacts with recent and remote latent tuberculosis. <i>ERJ Open Research</i> 2019, 5, doi:10.1183/23120541.00078-2019.   |
| 4               | Huang, H.L.; Lee, J.Y.; Lo, Y.S.; Liu, I.H.; Huang, S.H.; Huang, Y.W.; Lee, M.R.; Lee, C.H.; Cheng, M.H.; Lu, P.L.; et al. Whole-Blood 3-Gene Signature as a Decision Aid for Rifapentine-based Tuberculosis Preventive Therapy. <i>Clinical Infectious Diseases</i> 2022, 75, 743-752, doi:10.1093/cid/ciac003.   |
| 5               | Kaul, S.; Nair, V.; Birla, S.; Dhawan, S.; Rathore, S.; Khanna, V.; Lohiya, S.; Ali, S.; Mannan, S.; Rade, K.; et al. Latent Tuberculosis Infection Diagnosis among Household Contacts in a High Tuberculosis-Burden Area: a Comparison between Transcript Signature and Interferon Gamma Release Assay. <i>Microbiology Spectrum</i> 2022, 10, doi:10.1128/spectrum.02445-21. |
| 6               | Lee, S.W.; Wu, L.S.; Huang, G.M.; Huang, K.Y.; Lee, T.Y.; Weng, J.T. Gene expression profiling identifies candidate biomarkers for active and latent tuberculosis. <i>BMC Bioinformatics</i> 2016, 17 Suppl 1, 3, doi:10.1186/s12859-015-0848-x.   |
| 7               | Lin, Y.; Zhang, Y.; Yu, H.; Tian, R.; Wang, G.; Li, F. Identification of unique key genes and miRNAs in latent tuberculosis infection by network analysis. <i>Mol Immunol</i> 2019, 112, 103-114, doi:10.1016/j.molimm.2019.04.032.  |
| 8               | Lloyd, T.; Steigler, P.; Mpande, C.A.M.; Rozot, V.; Mosito, B.; Schreuder, C.; Reid, T.D.; Hatherill, M.; Scriba, T.J.; Little, F.; et al. Multidimensional analysis of immune responses identified biomarkers of recent <i>Mycobacterium</i> tuberculosis infection. <i>Plos Computational Biology</i> 2021, 17, doi:10.1371/journal.pcbi.1009197.                            |
| 9               | Lv, L.; Li, C.; Zhang, X.; Ding, N.; Cao, T.; Jia, X.; Wang, J.; Pan, L.; Jia, H.; Li, Z.; et al. RNA Profiling Analysis of the Serum Exosomes Derived from Patients with Active and Latent <i>Mycobacterium</i> tuberculosis Infection. <i>Front Microbiol</i> 2017, 8, 1051, doi:10.3389/fmicb.2017.01051.   |

- 10 Ndzi, E.N.; Nkenfou, C.N.; Pefura, E.W.Y.; Mekue, L.C.M.; Guiedem, E.; Nguefeu, C.N.; Ngoufack, M.N.; Elong, E.; Yatchou, L.G.; Ndjolo, A.; et al. Tuberculosis diagnosis: algorithm that May discriminate latent from active tuberculosis. *Heliyon* 2019, 5, e02559, doi:10.1016/j.heliyon.2019.e02559.
- 11 Penn-Nicholson, A.; Hraha, T.; Thompson, E.G.; Sterling, D.; Mbandi, S.K.; Wall, K.M.; Fisher, M.; Suliman, S.; Shankar, S.; Hanekom, W.A.; et al. Discovery and validation of a prognostic proteomic signature for tuberculosis progression: A prospective cohort study. *PLoS Med* 2019, 16, e1002781, doi:10.1371/journal.pmed.1002781.
- 12 Song, Q.; Bian, Q.; Liang, T.; Zhang, Y.; Zhang, K. Identification of immune-related genes and susceptible population of pulmonary tuberculosis by constructing TF-miRNA-mRNA regulatory network. 2021, 131, doi:10.1016/j.tube.2021.102139.
- 13 Suliman, S.; Thompson, E.G.; Sutherland, J.; Weiner, J., 3rd; Ota, M.O.C.; Shankar, S.; Penn-Nicholson, A.; Thiel, B.; Erasmus, M.; Maertzdorf, J.; et al. Four-Gene Pan-African Blood Signature Predicts Progression to Tuberculosis. *Am J Respir Crit Care Med* 2018, 197, 1198-1208, doi:10.1164/rccm.201711-2340OC.
- 14 Sumner, T.; Mendelsohn, S.C.; Scriba, T.J.; Hatherill, M.; White, R.G. The impact of blood transcriptomic biomarker targeted tuberculosis preventive therapy in people living with HIV: a mathematical modelling study. *BMC Medicine* 2021, 19, doi:10.1186/s12916-021-02127-w.
- 15 Sun, H.; Pan, L.; Jia, H.; Zhang, Z.; Gao, M.; Huang, M.; Wang, J.; Sun, Q.; Wei, R.; Du, B.; et al. Label-Free Quantitative Proteomics Identifies Novel Plasma Biomarkers for Distinguishing Pulmonary Tuberculosis and Latent Infection. *Front Microbiol* 2018, 9, 1267, doi:10.3389/fmicb.2018.01267.
- 16 Weiner, J.; Domaszewska, T.; Donkor, S.; Kaufmann, S.H.E.; Hill, P.C.; Sutherland, J.S. Changes in transcript, metabolite, and antibody reactivity during the early protective immune response in humans to mycobacterium tuberculosis infection. *Clinical Infectious Diseases* 2020, 71, 30-40, doi:10.1093/cid/ciz785.
- 17 Weiner, J., 3rd; Maertzdorf, J.; Sutherland, J.S.; Duffy, F.J.; Thompson, E.; Suliman, S.; McEwen, G.; Thiel, B.; Parida, S.K.; Zyla, J.; et al. Metabolite changes in blood predict the onset of tuberculosis. *Nat Commun* 2018, 9, 5208, doi:10.1038/s41467-018-07635-7.
- 18 Yan, H.; Liu, G.; Liang, Y.; Wu, W.; Xia, R.; Jiao, L.; Shen, H.; Jia, Z.; Wang, Q.; Wang, Z.; et al. Up-regulated long noncoding RNA AC007128.1 and its genetic polymorphisms associated with Tuberculosis susceptibility. *Annals of Translational Medicine* 2021, 9, doi:10.21037/atm-21-2724.

**Reason 2 No biomarkers were testing(n=5)**

- 1 Kim, H.; Kim, S.H.; Jung, J.H.; Kim, M.J.; Kim, H.; Shin, S.; Chong, Y.P.; Kim, Y.H.; Lee, S.O.; Choi, S.H.; et al. The usefulness of quantitative interferon-gamma releasing assay response for predicting active tuberculosis in kidney transplant recipients: A quasi-experimental study. *Journal of Infection* 2020, 81, 403-410, doi:10.1016/j.jinf.2020.06.070.
- 2 Kim, H.C.; Jo, K.W.; Jung, Y.J.; Yoo, B.; Lee, C.K.; Kim, Y.G.; Yang, S.K.; Byeon, J.S.; Kim, K.J.; Ye, B.D.; et al. Diagnosis of latent tuberculosis infection before initiation of anti-tumor necrosis factor therapy using both tuberculin skin test and QuantiFERON-TB Gold In Tube assay. *Scandinavian Journal of Infectious Diseases* 2014, 46, 763-769, doi:10.3109/00365548.2014.938691.
- 3 Laundy, N.; Colley, S.; Fawcett, J.; Ryder, L.; Vedio, A.; Cohen, D.; Collini, P. Assessment of latent tuberculosis infection pre-immunomodulatory therapy; 5 year experience in a UK centre. *Clinical Infection in Practice* 2022, 13, doi:10.1016/j.clinpr.2022.100136.
- 4 Slouma, M.; Mahmoud, I.; Saidane, O.; Bouden, S.; Abdelmoula, L. Latent tuberculosis infection screening prior to biological treatment in Tunisian patients. *Therapie* 2017, 72, 573-578, doi:10.1016/j.therap.2017.02.002.
- 5 van Halsema, C.L.; Fielding, K.L.; Chihota, V.N.; Russell, E.C.; Lewis, J.J.C.; Churchyard, G.J.; Grant, A.D. Tuberculosis outcomes and drug susceptibility in individuals exposed to isoniazid preventive therapy in a high HIV prevalence setting. *Aids* 2010, 24, 1051-1055, doi:10.1097/QAD.0b013e32833849df.

### Reason 3 Without serial data on treatment monitoring (n=9)

- 1 Araujo, L.S.; Mello, F.C.; Silva Nde, B.; Leung, J.A.; Machado, S.M.; Sardella, I.G.; Maciel Rde, M.; Saad, M.H. Evaluation of gamma interferon immune response elicited by the newly constructed PstS-1(285-374):CFP10 fusion protein to detect *Mycobacterium tuberculosis* infection. *Clin Vaccine Immunol* 2014, 21, 552-560, doi:10.1128/cvi.00726-13.
- 2 Scriba, T.J.; Fiore-Gartland, A.; Penn-Nicholson, A.; Mulenga, H.; Mbandi, S.K.; Borate, B.; Mendelsohn, S.C.; Hadley, K.; Hikuam, C.; Kaskar, M.; et al. Biomarker-guided tuberculosis preventive therapy (CORTIS): a randomised controlled trial. *Lancet Infectious Diseases* 2021, 21, 354-365, doi:10.1016/s1473-3099(20)30914-2.
- 3 Bakir, M.; Millington, K.A.; Soysal, A.; Deeks, J.J.; Efee, S.; Aslan, Y.; Dosanjh, D.P.; Lalvani, A. Prognostic value of a T-cell-based, interferon-gamma biomarker in children with tuberculosis contact. *Ann Intern Med* 2008, 149, 777-787, doi:10.7326/0003-4819-149-11-200812020-00248.
- 4 Chaisson, L.H.; Saraceni, V.; Cohn, S.; Seabrook, D.; Cavalcante, S.C.; Chaisson, R.E.; Golub, J.E.; Durovni, B. CD4(+)cell count stratification to guide tuberculosis preventive therapy for people living with HIV. *Aids* 2020, 34, 139-147, doi:10.1097/qad.0000000000002398.

- 5 Delemarre, E.M.; van Hoorn, L.; Bossink, A.W.J.; Drylewicz, J.; Joosten, S.A.; Ottenhoff, T.H.M.; Akkerman, O.W.; Goletti, D.; Petruccioli, E.; Navarra, A.; et al. Serum Biomarker Profile Including CCL1, CXCL10, VEGF, and Adenosine Deaminase Activity Distinguishes Active From Remotely Acquired Latent Tuberculosis. *Frontiers in Immunology* 2021, 12, doi:10.3389/fimmu.2021.725447.
- 6 Johnson, J.L.; Geldenhuys, H.; Thiel, B.A.; Toefy, A.; Suliman, S.; Pienaar, B.; Chheng, P.; Scriba, T.; Boom, W.H.; Hanekom, W.; et al. Effect of isoniazid therapy for latent TB infection on QuantiFERON-TB gold in-tube responses in adults with positive tuberculin skin test results in a high TB incidence area: a controlled study. *Chest* 2014, 145, 612-617, doi:10.1378/chest.13-1232.
- 7 Jung, Y.J.; Lee, J.Y.; Jo, K.W.; Yoo, B.; Lee, C.K.; Kim, Y.G.; Yang, S.K.; Byeon, J.S.; Kim, K.J.; Ye, B.D.; et al. The @either test positive@strategy for latent tuberculous infection before anti-tumour necrosis factor treatment. *International Journal of and Lung Disease* 2014, 18, 428-434, doi:10.5588/ijtld.13.0644.
- 8 Lee, H.; Park, H.Y.; Jeon, K.; Jeong, B.H.; Hwang, J.W.; Lee, J.; Cha, H.S.; Koh, E.M.; Kang, E.S.; Koh, W.J. QuantiFERON-TB gold in-tube assay for screening arthritis patients for latent tuberculosis infection before starting anti-tumor necrosis factor treatment. *PLoS ONE* 2015, 10, doi:10.1371/journal.pone.0119260.
- 9 Munoz, L.; Casas, S.; Juanola, X.; Bordas, X.; Martinez, C.; Santin, M.; Bellvitge Univ, H. Prevention of Anti-Tumor Necrosis Factor-Associated Tuberculosis: A 10-Year Longitudinal Cohort Study. *Clinical Infectious Diseases* 2015, 60, 349-356, doi:10.1093/cid/ciu796.

#### Reason 4 No information on preventive treatment(n=59)

- 1 Anterasian, C.; Warr, A.J.; Lacourse, S.M.; Kinuthia, J.; Richardson, B.A.; Nguyen, F.K.; Matemo, D.; Maleche-Obimbo, E.; Stewart, G.C.J.; Hawn, T.R. Non-IFN gamma Whole Blood Cytokine Responses to Mycobacterium tuberculosis Antigens in HIV-exposed Infants. *Pediatric Infectious Disease Journal* 2021, 40, 922-929, doi:10.1097/inf.0000000000003254.
- 2 Araujo, L.S.; da Silva, N.B.M.; da Silva, R.J.; Leung, J.A.M.; Mello, F.C.Q.; Saad, M.H.F. Profile of interferon-gamma response to latency-associated and novel in vivo expressed antigens in a cohort of subjects recently exposed to Mycobacterium tuberculosis. *Tuberculosis (Edinb)* 2015, 95, 751-757, doi:10.1016/j.tube.2015.08.002.
- 3 Baricevic, D.; Grle, S.P.; Vergles, J.M.; Cavka, S.C.; Jakopovic, M.; Redzepi, G.; Boras, Z.; Baricevic, M.; Samarzija, M. QuantiFERON-TB Gold In-Tube TEST IN THE DIAGNOSIS OF LATENT TUBERCULOSIS INFECTION IN ARTHRITIS PATIENTS TREATED WITH TUMOR NECROSIS FACTOR ANTAGONISTS. *Acta Clinica Croatica* 2017, 56, 203-209, doi:10.20471/acc.2017.56.02.02.

- 4 Cao, S.H.; Chen, Y.Q.; Sun, Y.; Liu, Y.; Zheng, S.H.; Zhang, Z.G.; Li, C.Y. Screening of Serum Biomarkers for Distinguishing between Latent and Active Tuberculosis Using Proteome Microarray. *Biomed Environ Sci* 2018, 31, 515-526, doi:10.3967/bes2018.069.
- 5 Chang, S.Y.; Chen, M.L.; Lee, M.R.; Liang, Y.C.; Lu, T.P.; Wang, J.Y.; Yan, B.S. SP110 Polymorphisms Are Genetic Markers for Vulnerability to Latent and Active Tuberculosis Infection in Taiwan. *Dis Markers* 2018, 2018, 4687380, doi:10.1155/2018/4687380.
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**Reason 5      Sample size<10 (n=1)**

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**Reason 6      Unavailable data (n=3)**

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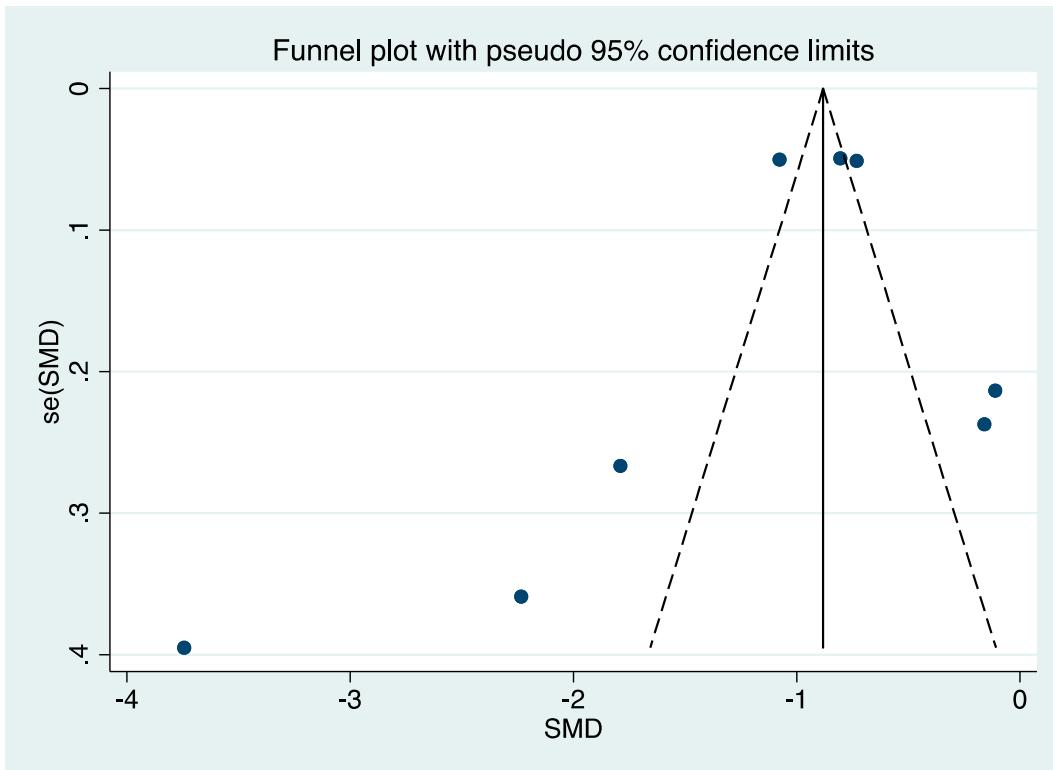
**Reason 7      Without data on treatment monitoring (n=10)**

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**Supplementary Table S5 List of included studies**

| Number | First author (Year)       | Title  |
|--------|---------------------------|--|
| 1      | Ying Du (2022)            | Association Between Plasma Exosomes S100A9/C4BPA and Latent Tuberculosis Infection Treatment: Proteomic Analysis Based on a Randomized Controlled Study                      |
| 2      | Mulugeta Belay (2021)     | Detection of <i>Mycobacterium tuberculosis</i> complex DNA in CD34-positive peripheral blood mononuclear cells of asymptomatic tuberculosis contacts: an observational study |
| 3      | Xuefang Cao (2021)        | The Association Between Mycobacteria-Specific Antigen-Induced Cytokines and Host Response to Latent Tuberculosis Infection Treatment in a Chinese Population                 |
| 4      | Ock-Hwa Kim (2020)        | Comparison of the change in QuantiFERON-TB Gold Plus and QuantiFERON-TB Gold In-Tube results after preventive therapy for latent tuberculosis infection                      |
| 5      | Henan Xin (2020)          | Dynamic changes of interferon gamma release assay results with latent tuberculosis infection treatment   |
| 6      | Haoran Zhang (2020)       | Serum level of IL-1ra was associated with the treatment of latent tuberculosis infection in a Chinese population   |
| 7      | Elisa Petruccioli (2018)  | Effect of therapy on Quantiferon-Plus response in patients with active and latent tuberculosis infection   |
| 8      | Irene Andia Biraro (2015) | Effect of isoniazid preventive therapy on immune responses to <i>mycobacterium tuberculosis</i> : an open label randomised, controlled, exploratory study                    |
| 9      | SW Lee (2012)             | Serial interferon-gamma release assays after chemoprophylaxis in a tuberculosis outbreak cohort  |
| 10     | Delia Goletti (2007)      | Isoniazid prophylaxis differently modulates T-cell responses to RD1-epitopes in contacts recently exposed to <i>Mycobacterium tuberculosis</i> : a pilot study               |
| 11     | Katie Ewer (2006)         | Dynamic antigen-specific point-source exposure to T-cell responses after <i>Mycobacterium tuberculosis</i>   |



**Supplementary Figure S1 Funnel plot for studies with INF- $\gamma$  outcomes.** The study specific SMD was plotted against their corresponding standard errors. Although Begg's rank correlation analysis ( $p=0.216$ ) and Egger's weighted regression analysis ( $p=0.389$ ) did not reach statistically significant, it was noticed that there was potential publication bias as asymmetry was present in the funnel plot.