**TB case definition**

The co-primary outcomes in a TB prevalence survey are bacteriologically-confirmed pulmonary TB (smear and/or culture-positive) and smear-positive pulmonary TB. The definition of (a) a smear-positive pulmonary TB case and (b) a bacteriologically-confirmed pulmonary TB case, that is recommended in the context of TB prevalence surveys, is explained fully in the WHO handbook[4].

**Screening strategy for pulmonary TB in national prevalence surveys**

The recommended strategy for identifying pulmonary TB in a survey is symptom and chest X-ray screening[4], with two sputum samples collected from any individual with an abnormal X-ray and/or symptoms suggestive of pulmonary TB. The definition of an abnormal X-ray is any lung (including pleura) abnormality, and symptom screening should include at least the National Tuberculosis Programme (NTP) definition of a "TB suspect", but other TB-related symptoms could also be included depending on country context. Individuals with a positive symptom and/or chest X-ray screen are said to be “eligible for sputum examination”. In the field, over-reading of chest X-rays is encouraged to try to ensure that no abnormalities are missed. Individuals who have no TB symptoms and a normal chest X-ray are assumed (in the field) not to have pulmonary TB.

After survey operations are completed in each cluster, X-rays are read centrally by a radiologist for an expert assessment of whether an individual has abnormalities suggestive of pulmonary TB. Smear microscopy is done on both sputum samples, and each smear categorised as negative or positive. At least one sputum sample is cultured, and is categorised as positive if *M. tuberculosis* grows in the culture.

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*The methods described in this paper also apply to all binary outcomes of interest, using for example other TB diagnostic tests (for example Xpert MTB/RIF)*