# Overview of the prevalence of heavy alcohol use/AUD in various samples of TB patients

<table>
<thead>
<tr>
<th>Author(s) / Year of Publication</th>
<th>Setting [Country(ies) / Study Year(s)]</th>
<th>Study design and study population</th>
<th>Type of TB</th>
<th>% of patients with heavy alcohol use/AUD*</th>
<th>Definition of heavy alcohol use/AUD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>[109] Bailey et al. 1978</td>
<td>Jefferson County Health Department, Birmingham, Alabama, USA, Nov 1974</td>
<td>101 (M 71%) TB pts</td>
<td>Pulmonary TB</td>
<td>29% alcoholics (M 86%)</td>
<td>Brief Michigan Alcoholism Screening Test (MAST) scores of 6 or more.</td>
</tr>
<tr>
<td>[110] Bland et al. 1985</td>
<td>Montebello Center, Maryland, USA, 1981-1983</td>
<td>Hospitalized 39 (M 77%) TB pts in a non acute hospital</td>
<td>Pulmonary TB</td>
<td>Nearly 80% alcohol abusers (gdu)</td>
<td>Not defined</td>
</tr>
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<td>[111] Brudney &amp; Dobkin 1991</td>
<td>New York City, New York, USA, Jan 1988 - Sept 1988</td>
<td>224 (M 79%) consecutive TB pts admitted to a large public hospital in New York</td>
<td>Pulmonary TB</td>
<td>53% with alcoholism (gdu)</td>
<td>Alcoholism: Daily consumption of more than 3 beers, one bottle of wine, or 1/2 pint of hard liquor &amp; a history of alcohol-related illnesses (upper gastrointestinal bleeding, alcohol-related seizures, pancreatitis, or cirrhosis)</td>
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<tr>
<td>[112] Bumburidi et al. 2006</td>
<td>Kazakhstan (National), 2000-2002</td>
<td>Surveillance data on persons with newly reported cases of TB (n=18,979; M 63%)</td>
<td>Pulmonary TB</td>
<td>4% (762 alcohol abusers among persons with new sputum-smear positive pulmonary TB) (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[113] Burack &amp; Hollister 1960</td>
<td>Boston City Hospital, Boston, Massachusetts, USA, 1933-1955</td>
<td>47 (M 55%) TB pts from Harvard Medical Unit of the Boston City Hospital</td>
<td>TB peritonitis</td>
<td>43% (20 cases: M 55%) of TB peritonitis were preceded by alcoholic cirrhosis</td>
<td>Not defined</td>
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<tr>
<td>[114] Buskin et al. 1994</td>
<td>King County TB Clinic, Seattle, Washington, USA, 1988-1990</td>
<td>Cases (n=151): Active TB cases, aged &gt;17 registered at TB clinic 1988-1990 Controls (n=545): Individuals seeking care at the clinic, but no TB diagnosed (gdu)</td>
<td>Active TB</td>
<td>26% of cases &amp; 13% of controls were heavy drinkers (gdu)</td>
<td>Self reported frequency of drinking &amp; amount consumed. Heavy drinkers defined as 3 or more drinks/day or more than 5 drinks on average on each drinking occasion (drink = 14 g pure alcohol).</td>
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<tr>
<td>[115] CDC 2007</td>
<td>The National TB Surveillance System for 49 states &amp; the District of Columbia (DC), USA, 1993-2005</td>
<td>11, 193 (M 62%) confirmed cases of TB reported annually to CDC (1993-2005)</td>
<td>Pulmonary TB</td>
<td>14% (1,526) TB pts were alcohol abusers, 2005 (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[116] Cheung 1965</td>
<td>Toronto Hospital, Weston, Ontario, Canada, 1962</td>
<td>275 TB pts (M 67%)</td>
<td>Pulmonary TB</td>
<td>19% (53; M 94%) alcohol abusers out of 275</td>
<td>Not defined</td>
</tr>
<tr>
<td>[117] Crocco et al. 1976</td>
<td>Kings County Hospital Center, New York City, New York, USA., 1967-1969</td>
<td>54 TB pts (M 96%)</td>
<td>Pulmonary TB</td>
<td>83% (45) alcohol abusers (gdu)</td>
<td>All pts met criteria for classification as “definite alcoholics” according to the report of the Criteria Committee, National Council on Alcoholism.</td>
</tr>
<tr>
<td>[118] Cross et al. 1980</td>
<td>U.S. Public Health Service Cooperative Trial of Short-Course Chemotherapy of Pulmonary TB</td>
<td>The first 531 eligible pts enrolled in a U.S. Public Health Service Cooperative Trial of Short-Course Chemotherapy of PT (gdu)</td>
<td>Pulmonary TB</td>
<td>58% pts classified as alcoholic based on their statements. Only 18% classified as alcoholic by Brief Michigan Alcoholism Screening Test (MAST) scores (gdu)</td>
<td>Data were available to classify a pt as an alcoholic in 2 ways: 1) pt’s statement that he was a moderate, heavy or excessive user of alcohol or 2) pt’s score of 6 or more on a Brief Michigan Alcoholism Screening Test (MAST)</td>
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<td>Author(s) / Year of Publication</td>
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<td>% of patients with heavy alcohol use/AUD∗</td>
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<td>[90] Diel et al. 2002</td>
<td>Hamburg, Germany, 1997-1999</td>
<td>398 (M 71%) TB pts</td>
<td>Pulmonary TB</td>
<td>26% (105) alcohol abusers (gdu)</td>
<td>Alcoholism was defined as a maladaptive pattern manifested by 3 or more criteria of the WHO ICD-10 occurring at any time in the same 12-month period.</td>
</tr>
<tr>
<td>[119]Engbaek et al. 1973</td>
<td>Department of Pulmonary Medicine of Bispebjerg Hospital, Copenhagen, Denmark, 1969-1971</td>
<td>224 TB pts (gdu)</td>
<td>All forms of TB requiring treatment</td>
<td>34% (77) alcoholics (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[120]Feingold 1976</td>
<td>Grady Memorial Hospital, Atlanta, Georgia, USA, 1972</td>
<td>All new cases of active TB reported to the Fulton County Health Department in 1972 (gdu)</td>
<td>Active TB</td>
<td>54% (81 of 205 TB pts in the outpatient clinic were alcoholics, compared with 5% (37 of 760) in a random sample of the clinic's population. TB pts diagnosed in the emergency room of the hospital had a 69% (34 of 49) rate of alcoholism, compared with an 18% in a general patient sample) (gdu)</td>
<td>A pt was considered to be an alcoholic if his record met one of the following criteria: 1) A description by a physician, or social worker of chronic, high intake of alcohol with behaviour associated with alcohol abuse; 2) Repeated hospital emergency &amp; outpatient clinic visits during which drunkenness was observed; 3) Report of alcohol use coupled with the existence of organic, alcohol-associated disease (pancreatitis, cirrhosis, gastritis); 4) Diagnosis of alcoholism on a discharge summary from the Hospital.</td>
</tr>
<tr>
<td>[121]Fleming et al. 2006</td>
<td>St Petersburg &amp; Ivanovo, Russia 2002-2003</td>
<td>A prevalence study of alcohol use &amp; HIV risk behavior was conducted in a sample of 200 M 72% adults: admitted to TB hospitals in St. Petersburg &amp; Ivanovo, Russia</td>
<td>Active TB</td>
<td>62% (current alcohol abuse/dependence) (gdu)</td>
<td>DSM-IV criteria for current alcohol abuse or dependence</td>
</tr>
<tr>
<td>[98] Gelmanova et al. 2007</td>
<td>Tomsk, Siberia, Russia, 2001</td>
<td>Retrospective cohort study of consecutively enrolled, newly detected, smear &amp;/or culture-positive adult TB pts initiating therapy in a DOTS programme (237 pts: M 62%)</td>
<td>Active TB</td>
<td>24% on treatment initiation noted as alcohol abusers (gdu)</td>
<td>Diagnosis of chronic alcoholism was confirmed by a narcologist.</td>
</tr>
<tr>
<td>[122] Goldstein et al. 1982</td>
<td>West Park Hospital, Toronto, Ontario, Canada, Jan 1977 &amp; March 1980</td>
<td>389 (M 67%) TB pts</td>
<td>Pulmonary TB</td>
<td>28% (109) chronic alcoholism at the time of admission (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[62] Haddad et al. 2005</td>
<td>Analysis included all TB cases reported from the 50 USA states &amp; the District of Columbia from 1994 to 2003, based on reports submitted to the CDC as of March 30, 2004.</td>
<td>178,517 (M 87%) TB cases (11,369 – homeless; 167,148 nonhomeless)</td>
<td>Pulmonary TB</td>
<td>14% reported excessive alcohol use from the total sample of TB pts (178,517). The prevalence of excessive alcohol use was 4.6 times greater among homeless (54%) than among non-homeless (12%) persons with TB (95% CI, 4.5-4.7) (gdu)</td>
<td>Self-reported excessive alcohol use</td>
</tr>
<tr>
<td>[123] Hemila et al. 1999</td>
<td>South-western Finland, 1985-1993</td>
<td>26,975 M smokers participating in RCT on the effect of nutritional support with a-tocopherol+P-carotene for cancer prevention</td>
<td>Pulmonary TB</td>
<td>20% alcohol abusers (&gt;30g/day)</td>
<td>Self reported at baseline. Alcohol abuse categorized as 30 or more grams of alcohol per day</td>
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<td>Holmdahl 1967</td>
<td>Goteborg, Sweden, 1961-1964</td>
<td>1,015 (M 63%) new pulmonary TB pts</td>
<td>Pulmonary TB</td>
<td>42% alcoholics (out of 338 M middle-aged pts)</td>
<td>All M new cases between ages 35-64 were checked for the list of the Temperance Board. If even one notation had been made over the years before or during the year of the 1st TB positivity, the individual was designated &quot;alcoholic&quot;</td>
</tr>
<tr>
<td>Hyman et al. 1962</td>
<td>Cook County Hospital, Chicago, Illinois, USA, 1962</td>
<td>23 (M 52%) pts with TB peritonitis</td>
<td>TB peritonitis</td>
<td>Of the 23 pts with TB peritonitis, 5 (22%) had evidence of cirrhosis, although the specific etiology of the cirrhosis was not identified in all cases (gdu)</td>
<td>Not available</td>
</tr>
<tr>
<td>Jakubowiak et al. 2007</td>
<td>Ivanovo, Orel, Vladimir, Belgorod &amp; Pskov regions &amp; the Republic of Chuvashia, Russia, 2003</td>
<td>1,805 (M 73%) cases of pulmonary TB</td>
<td>Pulmonary TB</td>
<td>24% alcohol abuse from n=339: Ivanovo n= 64 (34%), Orel n=25 (11%), Vladimir n=133 (36%), Chuvashia n=0 (0%), Belgorod n=60 (17%), Pskov n=55 (21%) (gdu)</td>
<td>Alcohol abuse was defined as registered alcoholism or any mention of alcohol abuse in the medical record</td>
</tr>
<tr>
<td>Kim &amp; Crittenden 2005</td>
<td>Cook County Prison, Cook County, Illinois, USA, 1992-1998</td>
<td>Cases 441 (M 79%): All inmates screened positive for active TB. Control 478: Sex matched, random sample from prison population</td>
<td>Active TB</td>
<td>52% alcohol abusers (gdu)</td>
<td>Alcohol abuse as recorded in prison health record</td>
</tr>
<tr>
<td>Kok-Jensen 1970</td>
<td>Copenhagen, Denmark, 1958-1960</td>
<td>428 M in TB department</td>
<td>Pulmonary TB</td>
<td>21% (89) alcohol abusers</td>
<td>89 M pts drank according to their own information on an average 5 bottles of alcoholic beverages or more daily (55 ml pure alcohol or more a day). Among these 89 pts, 28 drank 5-9 bottles of beer a day, &amp; 61 drank 10 bottles or more daily.</td>
</tr>
<tr>
<td>Kolappan et al. 2007</td>
<td>South India, 2001-2003</td>
<td>Cases (n=429): bacteriologically positive cases aged ≥15, detected during prevalence survey. Controls (n=93,516): Those not diagnosed with TB in the prevalence survey, aged ≥15</td>
<td>Pulmonary TB</td>
<td>32% M alcoholics</td>
<td>By tradition &amp; native culture, the W in the study area neither smoke nor consume alcohol. The collection of data on exposure to tobacco smoking &amp; alcohol consumption was therefore restricted to the M population. No further definition of alcoholism</td>
</tr>
<tr>
<td>Krupitsky et al. 2006</td>
<td>St. Petersburg, Russia, 2000-2001</td>
<td>160 (68%) pts treated in TB hospital</td>
<td>Pulmonary TB</td>
<td>53% alcohol abusers (gdu)</td>
<td>Based on ICD-10 diagnosis of alcohol dependence</td>
</tr>
<tr>
<td>Lennon et al. 1970</td>
<td>Mattapan Chronic Disease Hospital, Mattapan, Massachusetts, USA, 1964 – 1966</td>
<td>530 M TB pts</td>
<td>Pulmonary TB</td>
<td>66% (352 of the 530 M TB pts had been arrested on drunkenness charges; confirmed by probation records)</td>
<td>The pts were asked about the frequency of police arrests on drunkenness charges</td>
</tr>
<tr>
<td>Lewis &amp; Chamberlain 1963</td>
<td>Brompton Hospital, London, UK., 1956</td>
<td>100 M TB cases</td>
<td>Pulmonary TB</td>
<td>39% regular M drinkers</td>
<td>Regular drinkers: 2 or more drinks per day</td>
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<tr>
<td>[132]Lillebaek et al. 1992</td>
<td>TB related information was registered &amp; analyzed using hospital case records &amp; laboratory data from Statens Serum Institut, Copenhagen, Denmark, 1992</td>
<td>350 (M 55%) TB pts</td>
<td>Pulmonary &amp; EPTB</td>
<td>15% alcohol abusers in total sample (350 pts), 22% in 47 culture-positive pulmonary TB pts (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[133]Lyons &amp; Saltzman 1974</td>
<td>Kings county-Downstate Medical Center, Brooklyn, New York USA</td>
<td>TB pts of the Kings county-Downstate Medical Center (gdu)</td>
<td>Pulmonary TB</td>
<td>70% chronic alcoholics (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[134]Milne 1970</td>
<td>Case Register of the Tuberculosis Branch of the Health department, Victoria, Australia, 1961 – 1966</td>
<td>2,800 TB pts (gdu)</td>
<td>Pulmonary TB</td>
<td>21% heavy drinkers (578: M 82%) out of 2,800</td>
<td>10 or more drinks/day. The standard unit of drinking was based on the Victorian glass of beer, containing 7 oz, with an alcoholic content of 5%, giving a minimum consumption of 3.5 oz (80 gm) of ethyl alcohol a day in the case of heavy drinkers.</td>
</tr>
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<td>[135]Mori et al. 1992</td>
<td>Indian Health Service Hospital, Pine Ridge Reservation, Shannon County, South Dakota, USA, 1983-1989</td>
<td>46 (M 65%) TB cases: All new, active, adult (18+ yrs). Controls (n=46), Randomly selected matched for age &amp; residence, from health care register in Reservation, where all residents are included</td>
<td>Pulmonary TB (76%), EPTB (37%) &amp; two other sites (9%)</td>
<td>54% alcohol abusers (gdu)</td>
<td>Alcohol abuse was defined by chart documentation (notation of alcohol abuse or alcoholism on problem list or discharge summary), or by the presence of any alcohol-related admissions within 10 years, or any alcohol related outpatient visits within 5 years before developing TB</td>
</tr>
<tr>
<td>[136]O’Brien et al. 1959</td>
<td>Dr. U.E. Zambarano Memorial Hospital, Wallum Lake, Rhode Island, USA, 1954 - 1955</td>
<td>200 (M 82%) TB pts</td>
<td>185 pts pulmonary TB; 15 pts EPTB</td>
<td>50% alcohol abusers (M 94%)</td>
<td>2 drinks per day (29 pts); 3+ drinks per day (70 pts)</td>
</tr>
<tr>
<td>[95]Paixao &amp; Gontijo 2007</td>
<td>Belo Horizonte, National System for Notifiable Diseases Southeastern Brazil, 2001-2002</td>
<td>50 (M 64%) TB pts</td>
<td>Pulmonary &amp; EPTB (19%)</td>
<td>14% alcohol abusers (7 out of 50) (gdu)</td>
<td>High alcohol use (weekly consumption of ethanol greater than 420 g)</td>
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<tr>
<td>[137] Pincock 1964</td>
<td>Central TB Clinic, Winnipeg, Manitoba, Canada, 1961-1963</td>
<td>306 (M 66%) adult TB pts</td>
<td>Active TB</td>
<td>10% alcoholics (M 86%); Problem drinkers: M 6%; W 1%; alcoholics: M 16%; W 4%</td>
<td>Problem drinker: A person in whom the consumption of alcoholic beverages constitutes a problem in that it goes beyond the limits set by the cultural standards of his social group. The drinker indulges to such a degree as to cause concern to his family, friends &amp; employers, &amp; the extent of his drinking makes serious inroads upon his budget. Alcoholic: A term reserved for those considered to have a chronic disease or disorder of behaviour characterized by repeated excessive drinking to the extent that it interferes with health, interpersonal relations or economic functioning. Included in this group are those problem drinkers with physical complications such as hepatic cirrhosis, delirium tremens, Korsakoff's psychosis, &amp; polyneuritis, &amp; those with psychological &amp;/or physical dependency commonly referred to as &quot;alcoholic addiction&quot;.</td>
</tr>
<tr>
<td>[138] Rhodes et al. 1969</td>
<td>A National Survey of TB Hospitals, USA</td>
<td>The questionnaires were mailed to 367 hospitals having more than 20 beds for TB pts. 287 (78%) were returned &amp; 258 (70%) were usable</td>
<td>Pulmonary TB</td>
<td>26% of hospitals estimated that 10% of their pts were alcoholics, 25% of the hospitals estimated that 10% to 19% of their pts were alcoholics, 15% reported 20% to 29% alcoholics, 37% reported a 30% to 59% &amp; 7% reported estimates of 60% or more as the rate of alcoholism among their pts. (gdu)</td>
<td>Respondents were asked to estimate the percentage of hospitalized pts they considered to be alcoholics</td>
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<tr>
<td>[139] Rosenman &amp; Hall 1996</td>
<td>New Jersey, USA, 1985-1987</td>
<td>Cases (n=148): All active M, HIV negative, cases over age of 35, born in USA, notified 1985-87 Controls (n=290); From Medicaid finance administration files, matched for age &amp; race</td>
<td>Pulmonary TB</td>
<td>35% heavy drinkers among cases; 14% among controls. Increased risk of TB was highest in heavy drinkers (OR=3.33, 95% CI 1.99-5.59)</td>
<td>Self reported. &quot;Heavy drinking&quot; was defined as &gt;22 alcohol standard drinks/week</td>
</tr>
<tr>
<td>[140] Sabau et al. 2003</td>
<td>Judetul Mures, Romania, 1994-2002</td>
<td>5,402 active cases hospitalized at regional TB hospital; children &amp; adults; 2.5% of the children co-infected with HIV (gdu)</td>
<td>Pulmonary TB</td>
<td>42% alcoholics (gdu)</td>
<td>Definition of alcoholic was given by the physician &amp; recorded in the medical record; 70% of the cases smokers</td>
</tr>
<tr>
<td>[141] Salles et al. 2004</td>
<td>Rio de Janeiro, Brazil, 1997</td>
<td>163 (M 61%) TB pts</td>
<td>Pulmonary TB</td>
<td>24% alcohol abusers (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>[142] Santha et al. 2002</td>
<td>Tiruvallur District, South India, 1999-2000</td>
<td>676 (M 75%) TB pts</td>
<td>Active TB</td>
<td>25% (146) alcohol abusers (gdu)</td>
<td>Pts who said they habitually drank alcohol were considered to be alcoholic</td>
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<td>Selassie et al. 2005</td>
<td>South Carolina, USA, 1970-2001</td>
<td>15,464 pulmonary TB pts, of which 2.9% were recurrent disease. Cases (n=437; M 73%): All recurrent pulmonary TB cases, after at least 12 months from time of treatment completion. Controls (n=442: M 70%): Random sample of people who remained free of TB &gt;12 months after completion, matched for year of initial diagnosis</td>
<td>Pulmonary TB</td>
<td>33% alcoholics among cases with recurrence status (gdu)</td>
<td>Medical records reviewed. &quot;Alcoholism&quot; as recorded in medical record</td>
</tr>
<tr>
<td>Segarra et al. 1967</td>
<td>Boston Sanatorium, Boston, Massachusetts, USA, 1956-1963</td>
<td>828 (M 66%) TB pts</td>
<td>Pulmonary TB</td>
<td>18% chronic alcoholics (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>Smith &amp; Demone 1961</td>
<td>Massachusetts, USA, 1958 -1959</td>
<td>TB pts admitted to institutional treatment</td>
<td>Pulmonary TB</td>
<td>28% pts with alcoholism; 5.3% in general population (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>Story et al. 2007</td>
<td>London, UK, July 2003</td>
<td>TB pts living in London who were or should have been on treatment on July 1st 2003 (n=1,941: M 55%), identified from London TB register &amp; local clinic records.</td>
<td>Not specified</td>
<td>8% (156) with alcoholism (gdu)</td>
<td>Not defined</td>
</tr>
<tr>
<td>Thurston 1957</td>
<td>USA</td>
<td>The data from 29 Veterans Administration TB hospitals &amp; sanatoriums</td>
<td>Pulmonary TB</td>
<td>25% (The estimated median number of alcoholics in the facilities) (gdu)</td>
<td>Not available</td>
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<tr>
<td>Thomas et al. 2005</td>
<td>Tiruvallur district, Tamil Nadu, India, 2000-2001</td>
<td>486 (M 78%) pts with TB</td>
<td>Pulmonary TB</td>
<td>33% pts with alcoholism (gdu)</td>
<td>Self reported during initial treatment. Exposure was &quot;habitual drinking&quot;, which was not defined in terms of amounts or frequency</td>
</tr>
<tr>
<td>Yanova 1994</td>
<td>Western Siberia, Russia, 1982-1990</td>
<td>1,553 subjects, 398 (26%) cases of TB+ alcohol dependence (AD) &amp; 341(22%) cases of TB+alcohol abuse (AA)</td>
<td>Pulmonary TB</td>
<td>48% alcoholics (M 61%), 91% of the pts with TB+AA/AD were alcoholics before diagnosed TB</td>
<td>Alcohol abuse &amp; alcohol dependence defined as &quot;according to the Russian Classification System, which corresponds to ICD-10 &amp; DSM-IV Criteria&quot;</td>
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<tr>
<td>Zolnir-Dovc et al. 2003</td>
<td>Slovenia, 2001</td>
<td>306 (M 61%) cases of active TB were registered at the Central Registry for TB at the University Clinic of Respiratory &amp; Allergic Diseases, Golnik.</td>
<td>Pulmonary TB</td>
<td>73% pts had pulmonary TB, 11% EPTB, &amp; 16% pulmonary &amp; EPTB</td>
<td>28% alcohol abusers (gdu)</td>
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</table>

*All terms related to “alcohol use/users” are kept as in the original article

Active TB - the presence of M. tuberculosis infection with a positive chest X-ray

EPTB (extra-pulmonary TB) refers to TB outside the lungs, for example, in the lymph nodes or kidneys (blood or lymphatic spread of tubercle bacilli to parts of the body outside the lung may occur)

gdu - gender distribution is unknown

M – men; W – women

Pt(s) – patient(s)