|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Author, YearTrial NameN | Were harms prespecified and defined? | Were ascertainment techniques for harms adequately described? | Were ascertainment techniques for harms equal, valid, and reliable? | Was duration of followup adequate for harms assessment? | Harms Quality Rating | Comments (Explain Poor Quality Ratings) |
| Menzies, 2004143116 | Yes | Yes | Partially | No | Fair | Followup likely insufficient; some AEs subject to judgment of severity (e.g., fatigue, nausea) |
| Menzies, 2008133847 | Yes | Yes | Yes | Yes | Good |  |
| Sterling, 2011134PREVENT TB6,886 | Yes | Yes | Yes | Yes | Fair |  |
| Thompson, 1982135IUAT27,830 | Partially; INH-induced hepatotoxicity was prespecified, NR how it was defined; unclear for other harms | Partially; specific criteria for ascertaining/ confirming hepatotoxicity NR | They were equal. Unclear how valid and reliable (dispensary staff were told to be particularly alert for symptoms of INH-induced hepatitis; participants were advised to call the dispensary if they had any unexpected reactions) | Yes | Fair |  |
| White, 2012144364 | Yes | Yes | Yes | No | Fair | Nearly 1/2 of participants started were lost to followup by transfer to another facility or deportation, thus unable to adequately track harms |

**Abbreviations:** INH=isoniazid; IUAT=International Union Against Tuberculosis; N=sample size; NR=not reported.