**Supplementary Table 1. Sociodemographic characteristics of rifampin-monoresistant tuberculosis, isoniazid-monoresistant tuberculosis, multidrug-resistant tuberculosis and drug-susceptible TB cases at initial drug susceptibility test, United States\*, 1998–2014**



## Supplementary Table 1. Sociodemographic characteristics of rifampin-monoresistant tuberculosis, isoniazid-monoresistant tuberculosis, multidrug-resistant tuberculosis and drug-susceptible TB cases at initial drug susceptibility test, United States\*, 1998-2014

Rifampin-monoresistant tuberculosis (RMR-TB), isoniazid-monoresistant tuberculosis (IMR-TB), multidrug-resistant tuberculosis (MDR-TB); RR, unadjusted risk ratio; LCI, lower 95% confidence interval; UCI, upper 95% confidence interval;n.d. indicates a RR, LCI or UCI was not determined due to at least one category having zero counts; aAge was missing for one MDR-TB case (>0.01%) and 3 drug-susceptible cases (>0.01%); bFor drug-susceptible cases sex was unknown for 14 cases and missing for 5 cases; cFour RMR TB cases (1,1%), 66 IMR TB cases (1.3%), 23 MDR TB (1.5%) cases, and 1,251 drug-susceptible cases (1.0%) had multiple or unknown/missing racial/ethnic designations. Dummy variable coding was used for polytomous race/ethnic and age group variables (e.g., non-Hispanic Asian race versus all other race/ethnicities) to assess differences among categories within the variables. \*Excludes the state of California due to incomplete reporting of HIV status during the time period analyzed.

**Supplementary Table 2. Clinical characteristics of rifampin-monoresistant tuberculosis, isoniazid-monoresistant tuberculosis, multidrug-resistant tuberculosis and drug-susceptible TB cases at initial drug susceptibility test, United States\*, 1998–2014**



## Supplementary Table 2. Clinical characteristics of rifampin-monoresistant tuberculosis, isoniazid-monoresistant tuberculosis, multidrug-resistant tuberculosis and drug susceptible TB cases at initial drug susceptibility test, United States\*, 1998–2014

Rifampin-monoresistant tuberculosis (RMR TB), isoniazid-monoresistant tuberculosis (IMR TB), multidrug-resistant tuberculosis (MDR TB); RR, unadjusted risk ratio;LCI, lower 95% confidence interval; UCI, upper 95% confidence interval;n.d. indicates a RR, LCI or UCI was not determined due to at least one category having zero counts.Dummy variable coding was used for site of disease (e.g., patients having both pulmonary and extrapulmonary TB versus all other sites) to assess differences among categories within the variables.Bivariate associations statistically significant at P <0.05 are highlighted in bold font; aNumber and percentages are based on cases alive at TB diagnosis and initially treated with 1 or more TB drugs; bTreatment outcome is recorded as the reason for stopping TB therapy. Death may include patients who died of causes not related to TB disease; c Time to sputum culture conversion is defined among pulmonary cases as the time from TB treatment start to the first of two consecutive negative sputum cultures that is at least one week after a positive culture, and after which there were no more positive sputum cultures. Median time is based on pulmonary cases with sputum culture conversion documented and in whom time to sputum culture conversion was reported. \*Excludes the state of California due to incomplete reporting of HIV status during the time period analyzed.

**Supplementary Table 3. Sociodemographic characteristics of possible acquired rifampin-resistant TB and 3 subcategories of acquired rifampin-resistant TB with consideration for isoniazid susceptibility, United States\*, 1998–2014**



**Supplementary Table 3. Sociodemographic characteristics of possible acquired rifampin-resistant TB and 3 subcategories of acquired rifampin-resistant TB with consideration for isoniazid susceptibility, United States\*, 1998–2014**

Three subclasses of possible acquired rifampin-resistant (ARR) TBwere defined based on isoniazid resistance at initial and final drug susceptibility testing (DST), isoniazid-susceptible at both initial and final DST (ARR-INH-S), isoniazid-resistant at initial DST (ARR-INH-R) and isoniazid-susceptible at initial DST, but isoniazid-resistant at final DST (ARR-MDR). RR, unadjusted risk ratio; LCI, lower 95% confidence interval; UCI, upper 95% confidence interval;n.d. indicates a RR, LCI or UCI was not determined due to at least one category having zero counts. Dummy variable coding was used for race/ethnic and age group variables (e.g., non-Hispanic Asian race versus all other race/ethnicities) to assess differences among categories within the variables. Bivariate associations statistically significant at P <0.05 are highlighted in bold font; aFifty-three rifampin- and isoniazid-susceptible TB cases (0.5%) had multiple or unknown/missing racial/ethnic designations. \*Excludes the state of California due to incomplete reporting of HIV status during the time period analyzed.

## Supplementary Table 4. Clinical characteristics of possible acquired rifampin-resistant TB and 3 subcategories of acquired rifampin-resistant TB with consideration for isoniazid susceptibility, United States\*, 1998–2014



**Supplementary Table 4.** **Clinical characteristics of possible acquired rifampin-resistant TB and 3 subcategories of acquired rifampin-resistant TB with consideration for isoniazid susceptibility, United States\*, 1998–2014**

Three subclasses of possible acquired rifampin-resistant (ARR) TB were defined based on isoniazid resistance at initial and final drug susceptibility testing (DST), isoniazid-susceptible at both initial and final DST (ARR-INH-S), isoniazid-resistant at initial DST (ARR-INH-R) and isoniazid-susceptible at initial DST, but isoniazid-resistant at final DST (ARR-MDR). Directly observed therapy (DOT). RR, unadjusted risk ratio; LCI, lower 95% confidence interval; UCI, upper 95% confidence interval;n.d. indicates a RR, LCI or UCI was not determined due to at least one category having zero counts.Dummy variable coding was used for site of disease (e.g., patients having both pulmonary and extrapulmonary TB versus all other sites) to assess differences among categories within the variables.Dummy variable coding was also used for DOT use (any DOT versus other). Bivariate associations statistically significant at P <0.05 are highlighted in bold font; aNumber and percentages are based on cases who were alive at diagnosis and initially treated with 1 or more TB drugs; bTreatment outcome is recorded as the reason a patient stopped TB therapy. Death may include patients who died of causes not related to TB disease; c Time to sputum culture conversion is defined among pulmonary cases as the time from TB treatment start to the first of two consecutive negative sputum cultures that is at least one week after a positive culture, and after which there were no more positive sputum cultures. Median time is for pulmonary cases with sputum culture conversion documented and in whom time to sputum culture conversion was reported. \*Excludes the state of California due to incomplete reporting of HIV status during the time period analyzed.