

Online-Only Supplemental Material

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N=2,952,273

Supplement Table S1. Diabetes medications used to determine filled prescription for a diabetes medication

Treatment Group	VA Pharmacy Drug Class	Class	Medication names
1. Non-insulin	"ORAL HYPOGLYCEMIC AGENTS,ORAL" (HS502)	Biguanides	Metformin
		Sulfonylureas	Glipizide, Glyburide, Glimepiride, Chlorpropamide, Tolazamide, Tolbutamide
		Meglitinides	Nateglinide, Repaglinide
		Thiazolidinediones	Rosiglitazone, Pioglitazone
		Alpha glucosidase inhibitors	Acarbose
		DPP-IV inhibitors	Sitagliptin, Saxagliptin, Linagliptin, Alogliptin
		SGLT-2 inhibitors	Canagliflozin, Empagliflozin, Dapagliflozin, Ertugliflozin
2. Basal insulin +/- non-insulin agents	"BLOOD GLUCOSE REGULATION AGENTS" (HS500) (Exenatide); "HYPOGLYCEMIC AGENTS,OTHER" ; (HS509) (GLP-1 agonists other than exenatide)	GLP-1 receptor agonists	Exenatide (Byetta), Exenatide ER (Bydureon), Lixisenatide, Liraglutide, Albiglutide, Dulaglutide, Semaglutide
		Amylin analog	Pramlintide
		Basal insulin	Glargine, Detemir, Degludec, NPH
3. Basal and bolus insulin +/- non-insulin agents	HS501 (insulins)	Basal insulin	Glargine, Detemir, Degludec, NPH
		Short-acting insulin	Aspart, Lispro, Glulisine, Regular
		Pre-mixed insulin and other	70/30 insulin, 75/25 insulin, Regular, concentrated U-500

Supplement Table S2. Interaction of statin use and race/ethnicity in the association between latent TB infection and incident diabetes mellitus

Interaction covariate	Latent TB infection	Incidence difference* (95%CI)	HR (95%CI)
Statin			
Statin use [†]	Positive	373 (244, 502)	1.3 (1.2-1.4)
	Negative	REF	REF
No statin use	Positive	270 (223, 316)	1.5 (1.4, 1.6)
	Negative	REF	REF
Race/ethnicity			
White	Positive	192 (118, 267)	1.2 (1.1, 1.3)
	Negative	REF	REF
Black	Positive	246 (161, 332)	1.2 (1.1, 1.3)
	Negative	REF	REF
Asian	Positive	14 (-300, 331)	1.0 (0.7, 1.5)
	Negative	REF	REF
Other	Positive	37 (-332, 406)	1.0 (0.7, 1.5)
	Negative	REF	REF

*per 100,000 person-years; [†] Statin use was evaluated for interaction due to its demonstrated interaction between latent TB infection and diabetes with statins and due to previous mouse model studies that demonstrated statins are associated with reduced *M. tuberculosis* bacillary load in both early and late phases of TB infection.

Supplement Table S3. Hazard rate of incident diabetes mellitus comparing US veterans with and without latent TB infection with continuum of care

	Diabetes incidence N/Total (%)	Incidence Per 100,000 PY	Hazard ratio* (95%CI)	Adjusted hazard ratio** (95%CI)
Continuum of care before latent TB testing, N=183,470[†]				
Latent TB infection[#]				
IGRA/TST positive	581/11,525 (5.0%)	1,201	1.3 (1.1, 1.4)	1.1 (1.0, 1.2)
IGRA/TST negative	5,720/171,945 (3.3%)	943	REF	REF
Continuum of care after latent TB testing, N=199,846[#]				
Latent TB infection[#]				
IGRA/TST positive	1,183/14,463 (8.2%)	774	1.2 (1.1-1.3)	1.1 (1.0,1.2)
IGRA/TST negative	10,859/185,383 (5.9%)	759	REF	REF

*Either IGRA or TST positive; and either IGRA/TST negative with no positive LTBI test; *Adjusted for age and sex; **Adjusted for age, sex, BMI, race, region, smoking status, HIV, hepatitis C, hepatitis B, hypertension, cholesterol, statin use; [†]Among patients with ≥1 primary care visit per year for 2 consecutive years before LTBI testing and who received either a hemoglobin A1c or glucose measurement during that interval; [#]Among Veterans with ≥1 primary care visit per year for 3 consecutive years after LTIB testing and who received either a hemoglobin A1c or glucose measurement during that interval.

Supplement Table 4. Sensitivity analysis comparing diabetes incidence among Veterans with any latent TB test to Veterans who did not receive a latent TB test, N=2,952,273

	Total	Prevalent diabetes at index date	Cumulative diabetes incidence	Incidence rate (per 100,000 PY)
Any LTBI test	N=739,572	156,310 (21.2%)	19,408 (3.4%)	781
Controls without LTBI test	N=2,212,701	332,368 (15.0%)	87,463 (3.9%)	794
LTBI: Latent tuberculosis infection				

Supplement Table 4 Notes: Three controls without a latent TB test (n=2,212,701) were selected at random for each Veteran with a latent TB test (those n=739,572 included in our primary analysis). Controls were matched by sex, year of birth, and by race/ethnicity and were required to have the same eligibility criteria as Veterans who were tested for latent TB (enrollment in care between 2000-2015 and exclusion of Veterans with HIV or previous history of active TB). Diabetes prevalence and diabetes incidence were defined using the same diabetes definition in the primary analysis: a filled prescription for a diabetes medication in combination with use of a diabetes ICD-9 code (in conjunction with one face-to-face outpatient primary care visit or any two uses of the code 250.xx). For those with a TST/IGRA result, date of receiving the latent TB test was the index date for comparison with controls.