Supplemental Digital Content 1

**Statistical analysis.** The calculation of the sample size was done considering the 1.16% TB infection prevalence estimated by means of TST and according with previous studies published in similar areas than the Valencia city [1], assuming a α-error of 0.05, a precision of 0.5% and a supposed missing rate of cases of 20%. The minimum sample size for the group was estimated to be 1,140 children. A single stage cluster sampling was performed from Official School Survey database including number of pupils, number of schools and age distribution. The randomized distribution of the schools, was obtained by means of the EPIDAT software 3.0 version (Pan American Health Organization) considering the overall sample size of the study population, and the number of potential schools with their corresponding number of students, offering a sampling proportional to size. A p-value <0.05 was considered statistically significant. The first year, the prevalence of infection was calculated selecting those children considered to be TST-positive among the total of children tested. ARTI was estimated by the indirect method by means the following formula: \(1-(1-P)^{1/n}\); where P is the prevalence of infection in the selected group and n is the median age in the group chosen at the beginning of the study. For the second year, the ARTI was calculated in base of the number of conversions over the last year. Results obtained from BCG-vaccinated children were not considered, in order to avoid a possible booster effect [2]. A Fisher’s exact or chi-square test was used to compare proportions when the results of TST were analysed as dichotomist outcomes. Multiple logistic regression was used to determine the magnitude of the associations. In the analysis model all the independent variables with a significant level in the univariate analysis ≤0.2 were included. The odds ratios (OR) and the confidence interval of 95% have been calculated. To assess the fit of the logistic regression model a Hosmer-Lemeshow (p>0.05) was performed. Kappa (κ) was used to assess the association between TST and QFN-G-IT. In order to avoid confusion a multivariate analyses were performed by means of logistic regression for significant disproportions among variables. All analyses were done with SPSS (version 14.0; SPSS Inc., USA).

**REFERENCES**