**Figure 1**

**Flow diagram of search strategy**

Additional records identified through other sources  
(n = 338 )

Records identified through database searching  
(n = 442)

Records after duplicates removed  
(n = 662)

Records screened  
(n = 662)

Records excluded  
(n = 465)

Studies included in qualitative synthesis of prevalence  
(n = 82)

Studies included in discrete populations  
(n = 19)

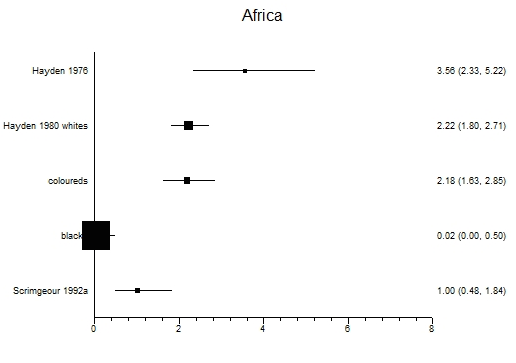
Full-text articles (n=86) excluded

* Not a prevalence study (n=46)
* Review only (n=26)
* Duplicate publication (n=12)
* Doubtful population estimate (n=1)
* Nazi eugenics programme (n=1)

Full-text articles assessed for eligibility  
(n = 187)

**Figure 2**

**Forest plot of prevalence: Africa**

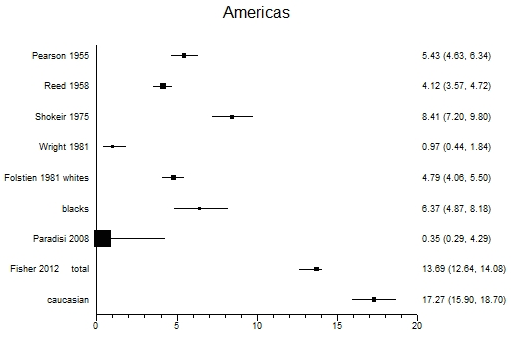
****

Prevalence per 100,000 population

**Figure 3**

**Forest plot of prevalence: America**

**(I2 = 98.9% (CIs 98.6% to 99.0%)**

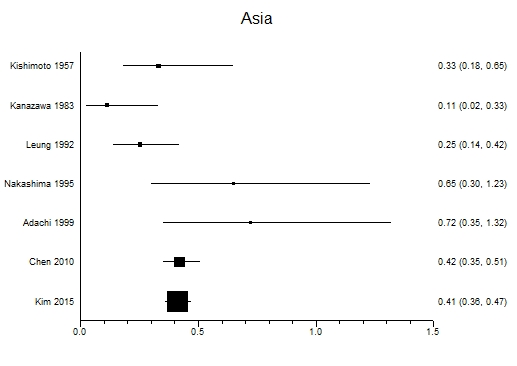
****

Prevalence per 100,000 population

**Figure 4**

**Forest plot of prevalence Asia**

**(I2 = 49.0% CI 0% to 76.6%)**

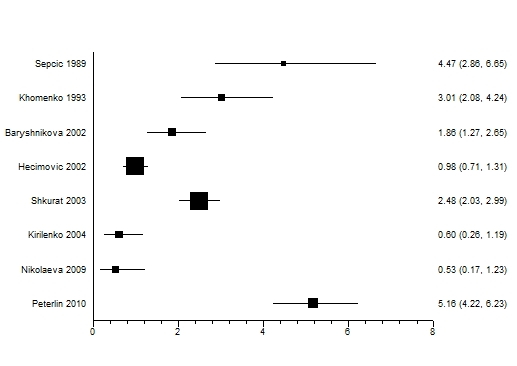


Prevalence per 100,000

**Figure 5**

**Forest plot of prevalence: Central and Eastern Europe**

**(I2  = 94.6% CI 92.1% to 96.0%)**

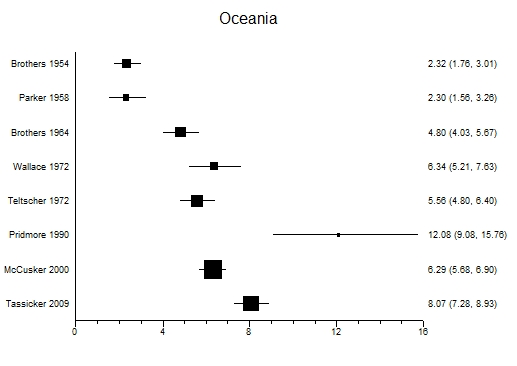


Prevalence per 100,000

**Figure 6**

**Forest plot of prevalence: Oceania**

**(I2 = 94.9% CI 92.6% to 96.0%)**

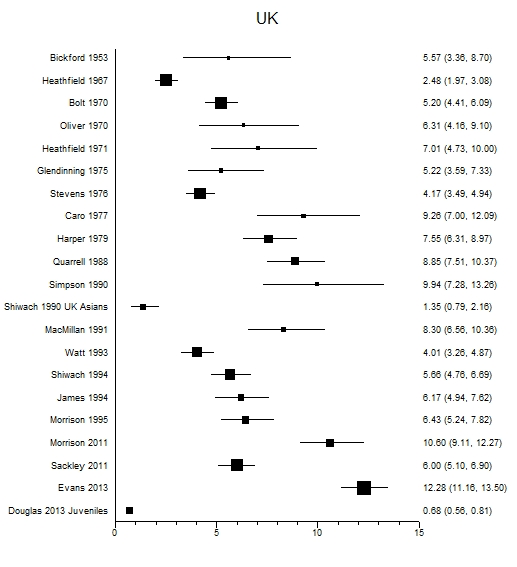


Prevalence per 100,000 population

**Figure 7**

**Forest plot of prevalence: United Kingdom**

**(I2 = 95.0% CI 93.7 to 95.8%)**

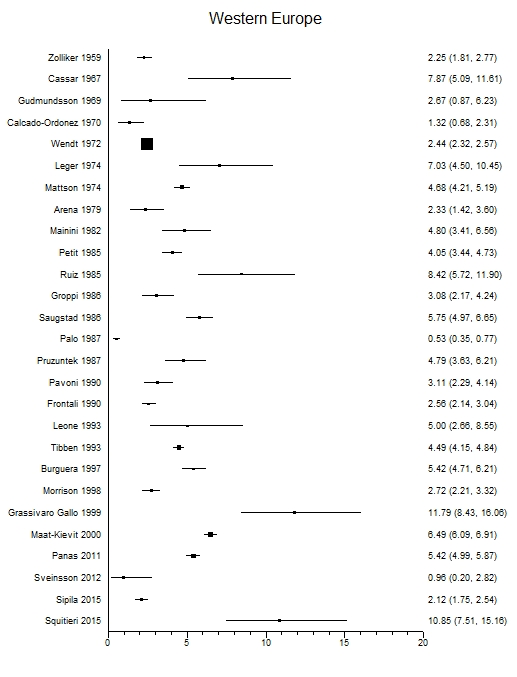


Prevalence per 100,000

**Figure 8**

**Forest plot of prevalence: Western Europe (excluding the United Kingdom)**

**(I2 = 97.5 CI 97.2% to 97.8%)**

****

Prevalence per 100,000 population