Helpful video to become familiar with data-extraction in covidence:
https://www.youtube.com/watch?v=pfnSz4VLehM

See also the comments in the pilot forms of (10)(2e) and (10)(2e) for extra information.

General rules we agreed on concerning data extraction:

- Fill in with NI (No information) if there was no data found on the specific question/field
- Comments section in the identification part: Reflexivity of authors concerning their conducted research or NI

Part 4 intervention:

- Name of the intervention: Reminder system, educational training, small group consensus process, etc
- Added field: short description of the intervention
- Fill out separately for each intervention mentioned in the article
- Some reminder systems make use of a checklist to determine whether a patient is eligible. This can be seen as educational content. Read carefully which topics are mentioned in the checklist and tick them off on the statements under 'educational content of the intervention'.
- When an intervention is explained very elaborate, for example, it lists the items discussed (side-effects vaccine, effectiveness, and contra-indications) we agreed that it is likely that the other items of educational content were not discussed. Hence, the topics under educational content that are not mentioned in the intervention can be answered with 'no'.
- However, if the intervention is explained more vaguely (for example: Topics related to vaccine were discussed), we can't know with certainty which educational content was discussed, hence we agreed to answer 'no information' on the statements below 'educational content of the intervention'
- 'Data value with dispersion' is now described more clearly, indicating that the baseline numbers, as well as the outcome data should be filled out, for each group in the study

Part 5 Outcomes:

- Fill this part out separately for each outcome (article (10)(2e) outcomes: Vaccination rates + Attitude & knowledge questionnaire
- E-mail (10)(2e) regarding the outcomes:
  [...] the platform offers customers to choose from the following options per outcome types:
  <u>Continuous outcome types:</u>
  · Mean, SD (standard deviation)
  · Mean, CI (confidence interval)
  · Mean, SE (standard error)
  Extra effect measure Zoltán and I manually added for the sake of completeness: Mean difference, confidence interval (named in Covidence as Custom (mean difference (CI), lower CI, upper CI)).

  <u>Dichotomous:</u>
  · Number of patients with event

· Percentage of participants with event
· Log odds ratio
· Log peto odds
· Log risk ratio
· Odds ratio
· Peto odds
· Peto odds risk ratio
· Risk difference
Extra effect measure Zoltán and I manually added for the sake of completeness: Custom (rate ratio), Custom (HR), Custom (rate)

Please do not use other customized measures from the drop down lists. I created them by accident and cannot remove.
Adverse events: We will not collect outcome data in our project.
The take home message is that we only have to pay attention to the exact name used by the article and choose accordingly from the drop down list in Covidence.

Risk of Bias

- Please use the cribsheet of the RoB 2.0 as guideline when assessing risk of bias in RCTs
- Risk of bias in non-RCTs (e-mail (10)(2e)): in case there is a "failure to adequately control confounding" we will automatically assign high risk of bias for the given outcome. When making the overall judgement, I think the best way to go is to provide a detailled description why you decide on low/high/some concerns (this argumentation can be also presented in table format in the report later on). By doing this we can keep the transparency in our somewhat subjective decisions.
    - Incomplete or inadequately short follow-up: If the authors themselves state this as a limitation, and for example when the follow-up end before the flu season has ended (in case of the intervention targeting the uptake of the flu vaccine)

E-mail (10)(2e)

Clarifications and rules on the risk of bias assessment process:

1. As the form does not allow to create questions within a domain, I simply copied and pasted the domain-specific questions into the description part of each domain. When making a judgement, first please answer the domain-specific questions (e.g. 2.1 Y – reason) and then follow the algorithms (see in the attached file) to make the domain-specific judgement.

Answer abreviations: Y: Yes, PY: Potentially yes, N: No, PN: Potentially No.

2. Certain domains have to be filled in on outcome-level as separate risk level might be present when one uses vaccination rate or questionnaire scores as outcomes). These domains have the following information in the description part: This domain can have judgements per outcome.