

Online Supplementary Material

Lau D, Hu J, Majumdar SR, Storie DA, Rees SE, Johnson JA. Interventions to improve influenza and pneumococcal vaccination rates among community-dwelling adults: A systematic review and meta-analysis. *Ann Fam Med*. 2012;10(6):538-546.

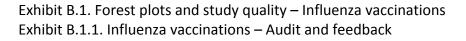
http://www.annfammed.org/content/10/6/538/suppl/DC1

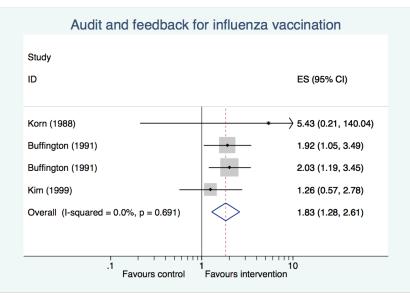
Supplemental Appendix B. These exhibits contain, for each intervention, a forest plot, a table showing each study's performance on the items of the Downs and Black instrument, and a table showing each study's performance on the Cochrane Risk of Bias (ROB) tool.

<u>Exhibit B.1 and B.2</u>. These exhibits contain, for each intervention, a forest plot, a table showing each study's performance on the items of the Downs and Black instrument, and a table showing each study's performance on the Cochrane Risk of Bias (ROB) tool. ROB is designed for clinical trials, and was not completed for observational studies.

A note on study design nomenclature. RCT = randomized controlled trial, CCT = controlled clinical trial, which includes randomized trials with inadequate means of random sequence generation, CBA = controlled before-and-after study, PCS = prospective cohort study, and RCS = retrospective cohort study. Please note that while the definition of CBA involves the assignment of interventions other than by random processes, we classified some studies involving randomized assignment as CBAs if, for example, the number of units assigned was too small to realize the benefits of randomization. RCT, CCT, and CBA designs differed from PCS and RCS designs chiefly in that, in the former, the intervention occurs as a result of deliberate investigator effort.

Risk of bias tables. The Risk of Bias tool has been completed for trials as a supplement to the Downs and Black items. A value of "1" represents a "yes" code (e.g.: Adequate sequence generation -1 - yes). A value of "0" represents a "no" code (e.g.: Incomplete outcome data addressed -0 - no). Because we applied fairly unambiguous assessment criteria, an "unclear" response was not needed. A "1" code in any column represents a source of potential bias that may lead the overall risk of bias in the study to be "unclear" or "high", instead of "low". The overall risk of bias for each study is reflected in the final column, "Free of ROB issues". In this column, a "1" code represents no ROB issues, and therefore a low risk of bias overall; while a "0" code reflects one or more ROB issues, leading to an unclear or high risk of bias. Please note that there is little empirical evidence relating the impact of methodological shortcomings, such as lack of blinding or unconcealed randomization, in quality improvement studies. An "unclear" risk or bias will be the most reasonable judgment in most cases where ROB issues are apparent.





	Reporting		External validity	Internal validity - bias	Internal validity - confounding	Summary scores
Study ID Design	 Study aim clearly defined? Main outcomes described in methods? Patient characteristics described? 	 Interventions clearly described? Distributions of principal confounders described? Main findings described? Estimates of random variability provided for main outcomes? All important potential adverse events reported? Characteristics of patients lost to follow-up described? Actual povalues values reported? 	 Subjects asked to participate represented of entire population? Subjects prepared to participate representative of entire population? Staff, places, and facilities representative of usual treatment? 	 Attempt made to blind study subjects to interventions? Attempt made to blind those measuring main outcomes? If results were based on "data dredging", was this clear? Analyses adjusted for different lengths of follow-up? Statistical tests appropriate? Compliance with intervention(s) reliable? Main outcomes accurate (valid and reliable)? 	 Patients in different groups recruited from same population? Patients in different groups recruited over the same time period? Study subjects randomized? Randomization assignment concealed from patients and health care staff? Adequate adjustment for confounding? Losses to follow-up taken into account? 	27. Study sufficiently powered? Reporting (/11) External validity (/3) Internal validity - bias (/7) Internal validity - confounding (/6) Power (/5) Total Downs and Black summary score (/32)
Buffington (1991) rct (cluster) Kim (1999) rct (cluster) Korn (1988) pcs (cluster)	$ \begin{array}{c} 1 & 1 & 1 \\ 1 & 1 & 1 \\ 1 & 1 & 1 \end{array} $	1 1 0 1 1 0 1 (1 1 2 1 1 0 1 ⁻ 1 1 1 1 1 0 1 () 1 1 1 1 0 1) 1 1 1	0 1 1 1 0 1 1 1 0 1 1 1 1 0 1 1 1 1 0 1 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0 7 3 5 5 0 20 0 10 2 5 6 0 23 0 8 3 5 4 0 20
Study ID Des	ign	Adequate sequence Alloc: generation conce		Blinding (or accurate Incomp outcome outcom assessment) addres	ne data contamir	n- Free of ROB
	cluster)	1	1	1	1	1 1
e ()	cluster) cluster)	1	1 1	1 0	1 1	1 1 1 0

ANNALS OF FAMILY MEDICINE \blacklozenge WWW.ANNFAMMED.ORG \blacklozenge VOL. 10, NO. 6, \blacklozenge NOVEMBER/DECEMBER 2012 Copyright © 2012 The Annals of Family Medicine, Inc.

1

1

1

NRS

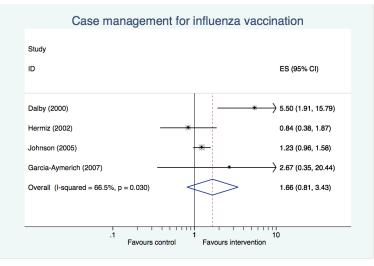
NRS

NRS

pcs (cluster)

Korn (1988)

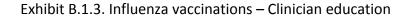


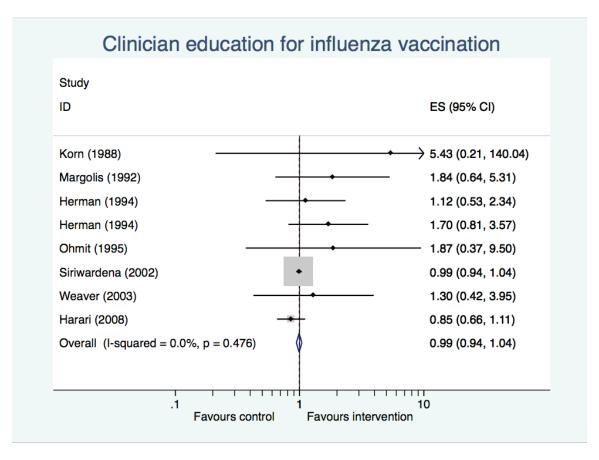


		External validity		Internal validity - confounding	Summary scores
Study ID Design	 1. Study aim clearly defined? 2. Main outcomes described in methods? 3. Patient characteristics described? 4. Interventions clearly described? 5. Distributions of principal confounders described? 6. Main findings described? 7. Estimates of random variability provided for main outcomes? 8. All important potential adverse events reported? 9. Characteristics of patients lost to follow-up described? 	 11. Subjects asked to participate represented of entire population? 12. Subjects prepared to participate representative of entire population? 13. Staff, places, and facilities representative of usual treatment? 	 14. Attempt made to blind study subjects to interventions? 15. Attempt made to blind those measuring main outcomes? 16. If results were based on "data dredging", was this clear? 17. Analyses adjusted for different lengths of follow-up? 18. Statistical tests appropriate? 19. Compliance with intervention(s) reliable? 20. Main outcomes accurate (valid and reliable)? 	 21. Patients in different groups recruited from same population? 22. Patients in different groups recruited over the same time period? 23. Study subjects randomized? 24. Randomization assignment concealed from patients and health care staff? 25. Adequate adjustment for confounding? 26. Losses to follow-up taken into account? 	Reporting (/11) External validity (/3) Internal validity - bias (/7) Internal validity - confounding (/6) Power (/5) Total Downs and Black summary score (/32)
Dalby (2000) rct Garcia-Aymerich		1 U 1	0111110		8 2 5 5 0 20
(2007) rct Hermiz (2002) cct Johnson (2005) rcs	1 1 1 1 2 1 1 0 1 1 1 1 1 1 1 1 0 1 1 1 1 1 1 1 1 0 1 1 1 1 1 1 2 1 1 0 1 1	$\begin{array}{cccc} 1 & 1 & 1 \\ 1 & 0 & 1 \\ 0 & 0 & 1 \end{array}$	0 1 1 1 1 1 0 0 0 1 1 1 1 0 0 1 1 1 1 1	1 1 1 1 1 0 0 1 1 1 0 1 1 0 1 1 0 0 1 1 0	9245020

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Dalby (2000)	rct	1	1	1	0	0	0
Garcia-Aymerich (2007)	rct	1	1	1	0	0	0
Hermiz (2002)	cct	1	0	0	1	0	0
Johnson (2005)	rcs	NRS	NRS	1	1	0	NRS

ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.





	Rep	ortin	g								Exte valid			Inter	nal v	alidi	y - b	ias			nteri		alidit ing	у -				Sum	mary	/ sco	res		
Study ID Design	1. Study aim clearly defined?	2. Main outcomes described in methods?	Patient charactenistics described?	4. Interventions clearly described?	5. Distributions of principal confounders described?	6. Main findings described?	7. Estimates of random variability provided for main outcomes?	8. All important potential adverse events reported?	9. Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	14. Attempt made to blind study subjects to interventions?	15. Attempt made to blind those measuring main outcomes?	16. If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	27. Study sufficiently powered?	Reporting (/11)	External validity (/3)	Internal validity - bias (/7)	Internal validity - confounding (/6)	Power (/5)	Total Downs and Black summary score (/32)
Harari (2008) rct	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	9	3	4	4	0	20
Herman (1994) rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	10	3	5	6		24
Korn (1988) pcs (cluster)	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	0	8	3	5	4	0	20
Margolis (1992) cba (cluster)	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	9	1	0	7	3	6	3	0	19
Ohmit (1995) rct (cluster)	1	1	1	1	0	1	1	0	1	1	0	0	1	0	1	1	1	0	1	0	0	1	1	1	1	1	0	8	1	4	5	0	18
Siriwardena																																	
(2002) rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	2	10	3	5	6		26
Weaver (2003) cba (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	0	1	1	0	1	0	0	0	0	0	10	3	4	1	0	18

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Harari (2008)	rct	1	1	0	0	0	0
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Korn (1988)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Margolis (1992)	cba (cluster)	NRS	NRS	1	1	1	NRS
Ohmit (1995)	rct (cluster)	0	1	1	1	1	0
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Weaver (2003)	cba (cluster)	NRS	NRS	1	0	1	NRS

Exhibit B.1.4. Influenza vaccinations - Clinician reminders

Clinician reminders for influenza vaccination

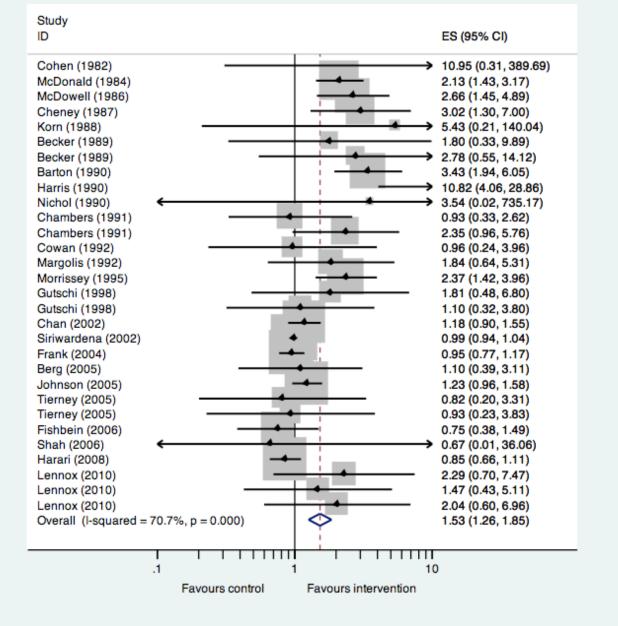
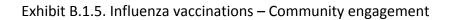


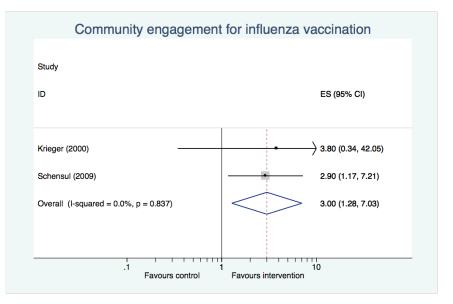
Exhibit B.1.4. Influenza vaccinations – Clinician reminders (continued)

		Rep	porti	ng								Ext vali	erna dity		Inte	rnal	vali	dity	- bia	as			rnal foun			-			Sun	nmar	y sc	ores	
		Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	Distributions of principal confounders described?	Main findings described?	Estimates of random variability provided for main outcomes?	All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	. Actual p-values values reported?	. Subjects asked to participate represented of entire population?	. Subjects prepared to participate representative of entire population?	Staff, places, and facilities representative of usual treatment?	. Attempt made to blind study subjects to interventions?	Attempt made to blind those measuring main outcomes?	If results were based on "data dredging", was this clear?	nt lengths of follow-up?	Statistical tests appropriate?	Compliance with intervention(s) reliable?	Main outcomes accurate (valid and reliable)?		. Patients in different groups recruited over the same time period?	. Study subjects randomized?	. Randomization assignment concealed from patients and health care staff?	. Adequate adjustment for confounding?	. Losses to follow-up taken into account?	. Study sufficiently powered?	Reporting (/11)		_	nternal validity - confounding (/6) Awwer (/5)	Total Downs and Black summary score (/32)
Study ID Barton (1990)	Design rcs	- 1	<u>(</u>	<u>ෆ්</u>	1	<u>v</u>	<u>(0</u>)	1	<u>w</u>	<u>ത്</u> 1	우 1	<u>۲</u>	1	13.	4	15.	19.	1	190	19.		20	1	<u>8</u>	<u>8</u>	و 25.	<u></u> ຊ່	0	<u>~</u> 8	<u>ش</u> 3	<u> </u>		019
Becker (1989)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	0	0	9	2	4		0 19
Berg (2005)	rcs	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	3	5		0 22
Chambers (1991)	rct (cluster)	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	9	1	0	8	3	6		0 22
Chan (2002)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	9	3	7	-	0 25
Cheney (1987)	rct	1	1	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	1	9	1	0	7	3	5		0 20
Cohen (1982)	rct (cluster)	1	1	1	1	0	1	1	õ	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	9	1	0	8	3	5		0 21
Cowan (1992)	rct (cluster)	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	0	0	9	1	4	9	3	6		4 25
Fishbein (2006)	cba	1	1	1	1	1	1	1	0	1	ō	1	1	1	ō	ō	1	1	1	1	0	1	1	0	0	9	1	0	8	3	4		0 18
Frank (2004)	cct	1	1	1	1	1	1	1	õ	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	õ	9	1	0	9	3	7	_	0 23
Gutschi (1998)	cct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	0	1	0	10	3	3		0 20
Harari (2008)	rct	1	1	1	1	2	1	1	0	ō	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	9	3	4		0 20
Harris (1990)	rcs	1	1	1	1	0	1	0	0	1	0	0	0	1	0	0	1	1	1	1	1	0	1	0	0	9	1	0	6	1	5		0 14
Johnson (2005)	rcs	1	1	1	1	2	1	1	0	1	1	0	ō	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	1	6		0 21
Korn (1988)	pcs (cluster)	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	0	8	3	5		0 20
Lennox (2010)	rct (cluster)	1	0	1	1	2	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	10	2	6		0 24
Margolis (1992)	cba (cluster)	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	9	1	0	7	3	6		0 19
McDonald (1984)	rct (cluster)	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	1	0	8	3	7		0 23
McDowell (1986)	cct	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	7	3	6		1 22
Morrissey (1995)	rct	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	10	2	5		0 23
Nichol (1990)	pcs (cluster)	1	1	1	1	1	1	1	0	0	0	1	1	1	0	1	1	1	1	1	1	0	1	0	0	9	0	0	7	3	6		0 17
Shah (2006)	pcs (cluster)	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	0	1	0	0	1	0	0	10	3	4		0 21
Siriwardena (2002)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1		10	3	5		2 26
Siriwarueria (2002)		-	-	-	-	~	-	-	0	-	- 1	1	1	1	-	0	1	1	1	-		1	1	1	-	-		~	10	5	5	0	2 20

Exhibit B.1.4. Influenza vaccinations – Clinician reminders (continued)

		Adequate		Blinding (or accurate	Incomplete outcome	Free of other bias (i.e.:	Free of
		sequence	Allocation	outcome	data	contamin-	ROB
Study ID	Design	generation	concealment	assessment)	addressed	ation effects)	issues
Barton (1990)	rcs	NRS	NRS	1	1	0	NRS
Becker (1989)	cct	1	0	0	0	0	0
Berg (2005)	rcs	NRS	NRS	1	1	0	
Chambers (1991)	rct (cluster)	1	1	1	1	1	1
Chan (2002)	rct (cluster)	1	1	1	1	1	1
Cheney (1987)	rct	1	1	0	1	0	0
Cohen (1982)	rct (cluster)	1	1	0	1	1	0
Cowan (1992)	rct (cluster)	1	0	1	1	1	0
Fishbein (2006)	cba	NRS	0	0	1	0	NRS
Frank (2004)	cct	1	0	1	1	0	0
Gutschi (1998)	cct	1	0	0	1	0	0
Harari (2008)	rct	1	1	0	0	0	0
Harris (1990)	rcs	NRS	NRS	1	1	0	NRS
Johnson (2005)	rcs	NRS	NRS	1	1	0	NRS
Korn (1988)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Lennox (2010)	rct (cluster)	1	1	1	1	1	1
Margolis (1992)	cba (cluster)	NRS	NRS	1	1	1	NRS
McDonald (1984)	rct (cluster)	1	1	1	1	1	1
McDowell (1986)	cct	1	0	1	1	0	0
Morrissey (1995)	rct	1	1	1	1	0	0
Nichol (1990)	pcs (cluster)	NRS	NRS	1	0	1	NRS
Shah (2006)	pcs (cluster)	NRS	NRS	0	0	1	NRS
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Tierney (2005)	rct (cluster)	1	1	1	1	1	1

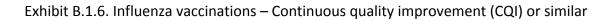


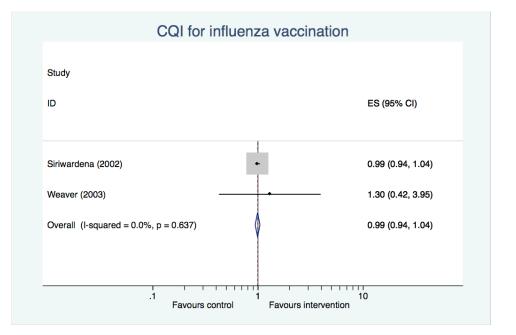


		Re	porti	ing)								vali	dity		Inte	rnal	vali	idity	- bi	as		cont	four	nding	g				Sun	nma	ary s	core	es	
Study ID Krieger (2000)	Design	→ 1. Study aim clearly defined?	□ 2. Main outcomes described in methods?	3. Patient characteristics described?		4. Interventions clearly described?	bistributions of principal confounders described? bistributions of principal confounders described?	B. Main findings described?	☐ 7. Estimates of random variability provided for main outcomes?	□ 8. All important potential adverse events reported?	 B. Characteristics of patients lost to follow-up described? 	→ 10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	$_{ m O}$ [12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	□ 14. Attempt made to blind study subjects to interventions?	I 15. Attempt made to blind those measuring main outcomes?	$_{-1}$ [16. If results were based on "data dredging", was this clear?	$_{-1}$ [17. Analyses adjusted for different lengths of follow-up?	☐ 18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	→ 20. Main outcomes accurate (valid and reliable)?	→ 21. Patients in different groups recruited from same population?	$_{-1}$ 22. Patients in different groups recruited over the same time period?	→ 23. Study subjects randomized?	$_{ m O}$ 24. Randomization assignment concealed from patients and health care staff?	→ 25. Adequate adjustment for confounding?	→ 26. Losses to follow-up taken into account?	27. Study sufficiently powered?	G Reporting (/11)	b) External validity (/3)		cn Internal validity - confounding (/6)	o Power (/5)	N Inotal Downs and Black summary score (/32)
			4	1	4	4	_	4	- 1	-	4	4			-	-	4	-	4	4	4			4		-	4	1	- 1						20
Schensul (2009)	cba (cluster)	1	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	0	1	0	0	1	1	0	10	2	5	3	0	1

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Krieger (2000)	cct	1	0	1	1	0	0
Schensul (2009)	cba (cluster)	NRS	NRS	1	1	1	NRS

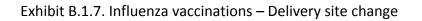
ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.
9 of 38

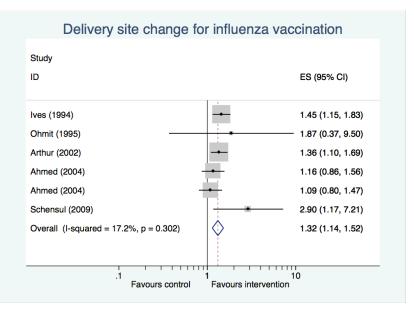




Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Weaver (2003)	cba (cluster)	NRS	NRS	1	0	1	NRS

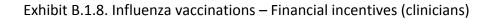
ANNALS OF FAMILY MEDICINE ♦ WWW.ANNFAMMED.ORG ♦ VOL. 10, NO. 6, ♦ NOVEMBER/DECEMBER 2012 Copyright © 2012 The Annals of Family Medicine, Inc.

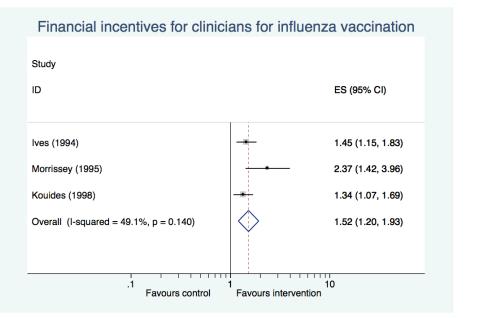




		Re	porti	ing								vali	dity		Inte	rnal	l val	idity	- bi	ias		con	fou	ndin	g				Sur	mma	ary s	scol	es	Γ
Study ID	Design	1. Study aim clearly defined?	2. Main outcomes described in methods?	Patient characteristics described?	 Interventions clearly described? 	5. Distributions of principal confounders described?	6. Main findings described?	7. Estimates of random variability provided for main outcomes?	All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	14. Attempt made to blind study subjects to interventions?	15. Attempt made to blind those measuring main outcomes?	16. If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	iciently powered?	Reporting (/11)	_	_	Internal validity - confounding (/6)	Power (/5)	
Ahmed (2004) Arthur (2002)	rct (cluster) rct (cluster)	1	1 1	1 1	1 1	2 2	1 1	1 1	0 1	1 1	0 1	1	1 1	1 1	0	1 0	1 1	1 1	1 0	1 1	1 0	1	1 1	1 1	1 1	1 1	1	0	_	3 3		6 6		
lves (1994) Ohmit (1995)	cct rct (cluster)	1	1	1	1	1	1	1	0 0	1	1 1	1 0	1 0	1	0	0	1	1	1 0	1	0	1 0	1	1	1	1	0	1	1		4	-		
Schensul (2009)	cba (cluster)	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	0	1	0	0	1	1	0						
					^	deq	uuot	~							Blin acc			or			mp om		•			of o i.e.:	the	r						
						equ				Alle	oca	tior	ı		outo					lata		C				min			F	ree	of			
Study ID	Desigr	ı			ge	ene	rati	on		COI	nce	alm	ent		ass	ess	me	nt)	а	addı	ress	sed		ati	on	effe	ects	;)	R	ROB	iss	sue	s	
Ahmed (2004)	rct (clu							1					1					1					1					1					1	
Arthur (2002) Ives (1994)	rct (clu cct	iste	r)					1	1				1					0 0					1 0					1 0					0 0	
Ohmit (1994)	rct (clu	iste	r)					()				1					1					1					1					0	
Schensul (200							Ν	IRS	3			Ν	IRS					1					1					1				NR		

ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.

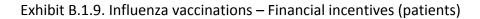


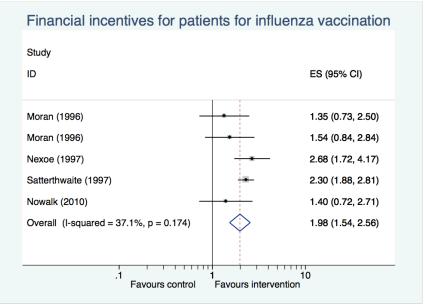


Model Classification 10.1 10.100 11.1 11.1

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
lves (1994)	cct	1	1	0	0	0	0
Kouides (1998)	rct (cluster)	1	1	1	1	1	1
Morrissey (1995)	rct	1	1	1	1	0	0

ANNALS OF FAMILY MEDICINE
 WWW.ANNFAMMED.ORG
 VOL. 10, NO. 6,
 NOVEMBER/DECEMBER 2012
 Copyright © 2012 The Annals of Family Medicine, Inc.

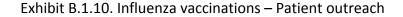


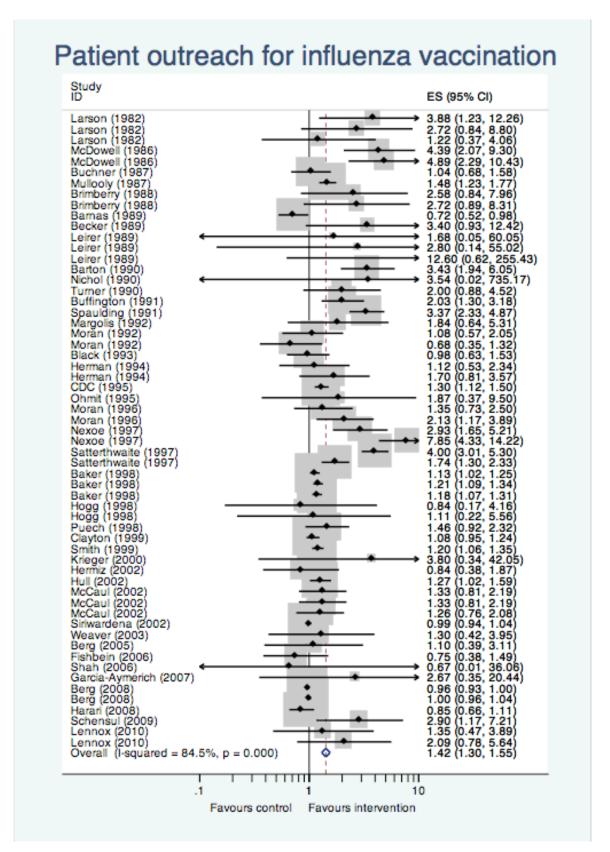


		Rep	orti	ing								vali	dity		Inte	erna	val	idity	- bi	as		con	four	ndin	g				Sur	nma	ıry s	core	s	
Study ID Moran (1996)	Design	1. Study aim clearly defined?	2. Main outcomes described in methods?	 B. Patient characteristics described? 	4. Interventions clearly described?	5. Distributions of principal confounders described?	 B. Main findings described? 	T. Estimates of random variability provided for main outcomes?	8. All important potential adverse events reported?	 9. Characteristics of patients lost to follow-up described? 	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	△ [13. Staff, places, and facilities representative of usual treatment?	□ 14. Attempt made to blind study subjects to interventions?	¹⁵ . Attempt made to blind those measuring main outcomes?	16. If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	o 24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	27. Study sufficiently powered?	ထ Reporting (/11)	ယ External validity (/3)	ວ Internal validity - bias (/7)	رہ <mark>ا</mark> hternal validity - confounding (/6)	Power (/5)	\gtrsim [Total Downs and Black summary score (/32)
Nexoe (1997)	cct		1	1	1	0	1	1	0	1	0		1	1	0	1	1	1	1	1	1	1	1	1	0	9	1	0	8	3	6	4		23
Nowalk (2010)	rct (cluster)	1	1	1	1	2	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	11	2	6	6		26
Satterthwaite (1997)	cct	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	9	1	0	8	3	6	4		21

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues	
Moran (1996)	cct	1	0	1	1	0		0
Nexoe (1997)	cct	1	0	1	1	0		0
Nowalk (2010)	rct (cluster)	1	1	1	1	1		1
Satterthwaite (1997)	cct	1	0	1	1	0		0

ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.





ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.
14 of 38

Exhibit B.1.10. Influenza vaccinations – Patient outreach (continued)

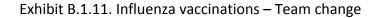
		Rep	oorti	ng								vali	dity		Inte	rnal	vali	dity	- bia	as		cont	oun	ding	ļ				Sun	nma	ry s	core	s	
		Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	Distributions of principal confounders described?	Main findings described?	Estimates of random variability provided for main outcomes?	All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	Actual p-values reported?	Subjects asked to participate represented of entire population?	Subjects prepared to participate representative of entire population?	Staff, places, and facilities representative of usual treatment?	Attempt made to blind study subjects to interventions?	Attempt made to blind those measuring main outcomes?	If results were based on "data dredging", was this clear?	Analyses adjusted for different lengths of follow-up?	Statistical tests appropriate?	Compliance with intervention(s) reliable?	Main outcomes accurate (valid and reliable)?	Patients in different groups recruited from same population?	Patients in different groups recruited over the same time period?	Study subjects randomized?	Randomization assignment concealed from patients and health care staff?	Adequate adjustment for confounding?	Losses to follow-up taken into account?	7. Study sufficiently powered?	Reporting (/11)	External validity (/3)	ntemal validity - bias (/7)	ntemal validity - confounding (/6)	Power (/5)	Total Downs and Black summary score (/32)
Study ID	Design	. Stt	. Ma	Ba.	t. Inte	Dis	S. Ma	₹. Esi	3. All	с. С	I0. A	11. S	12. S	3. S	I4. A	15. A	16. If	I7. A	8. S	0. C	20. M	Р.	сi Ц	23. S	¥.	25. A	26. L(27. S	Repo	Exter	nterr	nterr	owe	otal
Baker (1998)	cct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	10	3	6	6	0	
Barnas (1989)	cct	1	1	1	1	0	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	7	3	4	5	0	
Barton (1990)	rcs	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	0	9	1	0	8	3	6	2	0	19
Becker (1989)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	0	0	9	2	4	4	0	19
Berg (2005)	rcs	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	3	5	4	0	22
Berg (2008)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	9	3	6	5	0	23
Black (1993)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	0	1	1	1	9	2	5	5	1	22
Brimberry (1988)	rct	1	1	0	1	0	1	1	0	1	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	9	1	0	6	3	5	5	0	19
Buchner (1987)	rct	1	1	1	1	0	1	1	0	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	0	2	6	3	5	4	2	20
Duffington (1001)	\ (_				4	0	4	4	0	4	•		4	4		4	4	4	•	4	4		4		4	0	4		-	0	~	~	0	20
Buffington (1991) CDC (1995)		1	1	1	1	0	1	1	0	1	1		1	1		1	1	1	0	1	1	0	1	1	1	9	1	0	8	3	5	5 5	0 0	
Clayton (1999)	rct (cluster) cct	1	1	1	1	2	1	1	0	1	1	0	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	4	0 10	3	5	6		
Fishbein (2006)	cba	1	1	1	1	2	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	0	0	9	1	4	8	3	3	3	4	
Garcia-Aymerich	CDa			1					0		U	'				0					0			U	0	9	1	ľ	0	0	-	9	0	10
(2007)	rct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	0	10	3	5	5	0	23
Harari (2008)	rct	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	9	3	4	4	0	20
Herman (1994)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	10	3	5	6	0	24
Hermiz (2002)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	9	2	4	5	0	20
Hogg (1998)	cct	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	9	1	1	9	3	4	4	1	21
Hull (2002)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	2	9	2	6	6	2	25
Krieger (2000)	cct	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	10	2	6	5	0	23
Larson (1982)	cct	1	1	1	1	2	1	1	0	0	0	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	0	0	8	3	4	4	0	19
Leirer (1989)	rct	1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	0	1	0	1	1	1	0	9	1			3	3	4	0	18
Lennox (2010)	rct (cluster)	1	0	1	1	2	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	10	2	6	6	0	24

Exhibit B.1.10. Influenza vaccinations – Patient outreach (continued)

		Rep	oorti	ing								valio	dity		Inte	rnal	vali	dity	- bi	as		con	four	ding)				Sun	nma	y so	core	s	—
Study ID	Design	1. Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	5. Distributions of principal confounders described?	6. Main findings described?	Estimates of random variability provided for main outcomes?	All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	14. Attempt made to blind study subjects to interventions?	15. Attempt made to blind those measuring main outcomes?	16. If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	 Statistical tests appropriate? 	19. Compliance with intervention(s) reliable?	20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	Losses to follow-up taken into account?	27. Study sufficiently powered?	Reporting (/11)	External validity (/3)	Internal validity - bias (/7)	Internal validity - confounding (/6)	Power (/5)	Total Downs and Black summary score (/32)
Margolis (1992)	cba (cluster)	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	9	1	0	7	3	6	3	0	19
McCaul (2002)	rct (cluster)	1	1	0	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	9	1	0	7	3	5	5	0	20
McDowell (1986)	cct	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	7	3	6	5	1	22
Moran (1992)	cct	1	1	0	1	0	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	1	6	3	4	6	1	20
Moran (1996)	cct	1	1	0	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	9	3	6	5	0	23
Mullooly (1987)	cct	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	9	3	4	5	0	21
Nexoe (1997)	cct	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	9	1	0	8	3	6	4	0	21
Nichol (1990)	pcs (cluster)	1	1	1	1	1	1	1	0	0	0	1	1	1	0	1	1	1	1	1	1	0	1	0	0	9	0	0	7	3	6	1	0	17
Ohmit (1995)	rct (cluster)	1	1	1	1	0	1	1	0	1	1	0	0	1	0	1	1	1	0	1	0	0	1	1	1	1	1	0	8	1	4	5	0	18
Puech (1998) Satterthwaite	rct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	10	3	5	6	0	24
(1997)	cct	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	9	1	0	8	3	6	4	0	21
Schensul (2009)	cba (cluster)	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	0	1	0	0	1	1	0	10	2	5	3	0	20
Shah (2006)	pcs (cluster)	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	0	1	0	0	1	0	0	10	3	4	4	0	21
Siriwardena (2002)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	2	10	3	5	6	2	26
Smith (1999)	rct	1	1	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0		8	3	6	5	0	20 22
Spaulding (1991)	rct	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	9	1	0	9	3	6	5	0	23
Turner (1990)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	0	1	0	1	1	1	1	1	1	0	9	3	3	6	0	21
Weaver (2003)	cba (cluster)	1	4	4	4	2	1	1	0	1	1	1	1	1	0	0	1	1	0	1	1	0	1	0	0	0	0	0	10	3	4	1	0	18

Exhibit B.1.10. Influenza vaccinations – Patient outreach (continued)

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Baker (1998)	cct	1	1	1	1	0	0
Barnas (1989)	cct	1	0	0	1	0	0
Barton (1990)	rcs	NRS	NRS	1	1	0	NRS
Becker (1989)	cct	1	0	0	0	0	0
Berg (2005)	rcs	NRS	NRS	1	1	0	NRS
Berg (2008)	rct (cluster)	1	1	1	1	1	1
Black (1993)	cct	1	0	1	1	0	0
Brimberry (1988)	rct	1	1	1	1	0	0
Buchner (1987)	rct	1	0	1	0	0	0
Buffington (1991)	rct (cluster)	1	1	1	1	1	1
CDC (1995)	rct (cluster)	0	1	1	1	1	0
Clayton (1999)	cct	1	1	1	1	0	0
Fishbein (2006)	cba	NRS	NRS	0	1	0	NRS
Garcia-Aymerich (2007)	rct	1	1	1	0	0	0
Harari (2008)	rct	1	1	0	0	0	0
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Hermiz (2002)	cct	1	0	0	1	0	0
Hogg (1998)	cct	1	0	0	1	0	0
Hull (2002)	cct	1	1	1	1	0	0
Krieger (2000)	cct	1	0	1	1	0	0
Larson (1982)	cct	1	0	0	0	0	0
Leirer (1989)	rct	1	0	0	1	0	0
Lennox (2010)	rct (cluster)	1	1	1	1	1	1
Margolis (1992)	cba (cluster)	NRS	NRS	1	1	1	NRS
McCaul (2002)	rct (cluster)	1	1	1	1	1	1
McDowell (1986)	cct	1	0	1	1	0	0
Moran (1992)	cct	1	0	0	1	0	0
Moran (1996)	cct	1	0	1	1	0	0
Mullooly (1987)	cct	1	0	0	1	0	0
Nexoe (1997)	cct	1	0	1	1	0	0
Nichol (1990)	pcs (cluster)	NRS	NRS	1	0	1	NRS
Ohmit (1995)	rct (cluster)	0	1	1	1	1	0
Puech (1998)	rct	1	1	1	1	0	0
Satterthwaite (1997)	cct	1	0	1	1	0	0
Schensul (2009)	cba (cluster)	NRS	NRS	1	1	1	NRS
Shah (2006)	pcs (cluster)	NRS	NRS	0	0	1	NRS
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Smith (1999)	rct	1	1	1	0	0	0
Spaulding (1991)	rct	1	1	1	1	0	0
Turner (1990)	rct (cluster)	1	1	0	1	1	0
Weaver (2003)	cba (cluster)	NRS	NRS	1	0	1	NRS



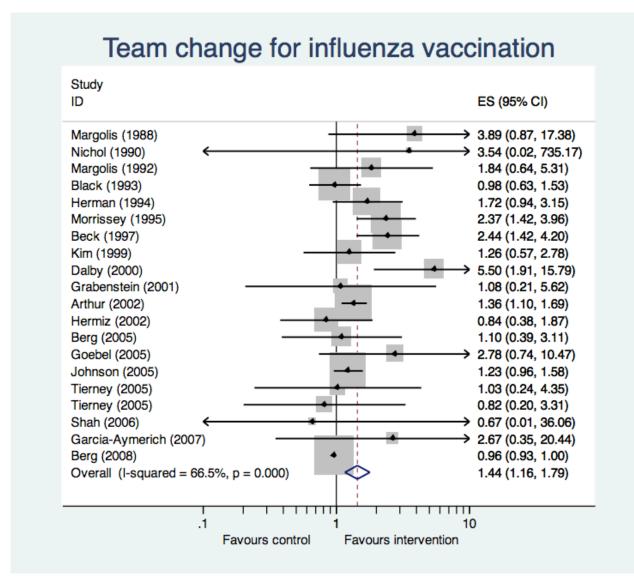
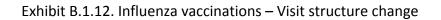


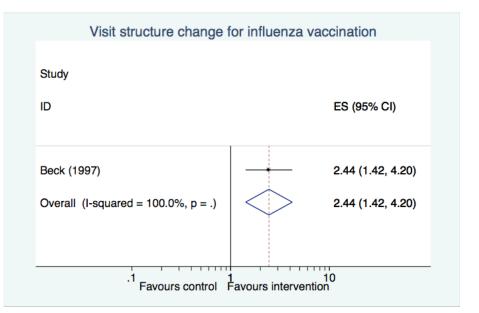
Exhibit B.1.11. Influenza vaccinations – Team change (continued)

		Rep	oorti	ing								vali	dity		Inte	ma	l vali	idity	- bi	as		con	four	ndin	g				Sun	nma	ry s	core	es	
Study ID	Design	1. Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	5. Distributions of principal confounders described?	6. Main findings described?	7. Estimates of random variability provided for main outcomes?	All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	14. Attempt made to blind study subjects to interventions?	15. Attempt made to blind those measuring main outcomes?	16. If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	27. Study sufficiently powered?	Reporting (/11)	External validity (/3)	Internal validity - bias (/7)	Internal validity - confounding (/6)	Power (/5)	lpha Total Downs and Black summary score (/32)
Arthur (2002) Beck (1997) Berg (2005) Berg (2008) Black (1993) Dalby (2000) Garcia-Aymerich		1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1 1	2 2 1 1	1 1 1 1 1	1 1 1 1 1	1 0 0 0 0	1 0 1 1 0	1 1 1 1 1 1	1 1 1 1 1	1 0 1 0 0	1 1 1 1 1	000000000000000000000000000000000000000	0 1 1 1 1	1 1 1 1 1	1 1 1 1 1	0 1 1 1 1	1 1 1 1 1	0 1 1 0 0	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 0 1 0 1	1 1 1 1 1	1 1 1 0	0 0 0 1 0	11 9 10 9 9 8	3 2 3 2 2 2 2	365655	6 4 5 5 5	0 0 0 1 0	21 22 23 22 20
(2007) Goebel (2005) Grabenstein (2001) Herman (1994) Hermiz (2002) Johnson (2005)	rct rcs (cluster) rcs (cluster) rct (cluster) cct rcs	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	2 1 0 2 1 2	1 1 1 1 1	1 1 1 1 1		1 0 1 1 1	1 1 1 1 1	1 1 1 1 0	1 1 0 1 0 0	1 1 1 1 1	010000	1 1 0 0 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1	1 1 1 1 1	0 1 1 0 1	1 0 1 1	1 1 1 1 1	0 0 1 1 0	0	9 9 1 1	010111111111111111111111111111111111111	00000	10 9 7 10 9 10	3 3 1 3 2 1	5 6 5 4 6	5 3 1 6 5 4	000000	23 21 15 24 20 21
Kim (1999) Margolis (1988) Margolis (1992) Morrissey (1995) Nichol (1990) Shah (2006) Tierney (2005)	rct (cluster) rcs (cluster) cba (cluster) rct pcs (cluster) pcs (cluster) rct (cluster)	1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	2 0 2 1 2 1	1 1 1 1 1 1	1 1 1 1 1 0	000000000000000000000000000000000000000	1 1 1 0 0	1 0 1 0 1 0	1 1 1 1 1	0 1 0 1 1 0	1 1 1 1 1 1	1 0 0 0 0 1	0 1 1 1 0	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1	0 1 0 1 0 1	1 0 1 0 0 1	1 1 1 1 1 1	1 0 1 0 0 1	1 0 1 0 0 1	1 9 1 9 1	1 1 1 0 1	0 0 0 0 0 0	10 8 7 10 7 10 7	2 3 2 3 2 3 2 3 2	5 6 5 6 4 7	6 2 3 6 1 4 6	0 0 0 0 0 0	23 17 19 23 17 21 22

Exhibit B.1.11. Influenza vaccinations -	Team change (continued)
--	-------------------------

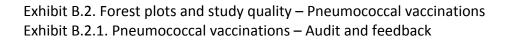
Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Arthur (2002)	rct (cluster)	1	1	0	1	1	0
Beck (1997)	cct	1	0	1	0	0	0
Berg (2005)	rcs	NRS	NRS	1	1	0	NRS
Berg (2008)	rct (cluster)	1	1	1	1	1	1
Black (1993)	cct	1	0	1	1	0	0
Dalby (2000)	rct	1	1	1	0	0	0
Garcia-Aymerich (2007)	rct	1	1	1	0	0	0
Goebel (2005)	rcs (cluster)	NRS	NRS	1	1	1	NRS
Grabenstein (2001)	rcs (cluster)	NRS	NRS	1	0	1	NRS
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Hermiz (2002)	cct	1	0	0	1	0	0
Johnson (2005)	rcs	NRS	NRS	1	1	0	NRS
Kim (1999)	rct (cluster)	1	1	0	1	1	0
Margolis (1988)	rcs (cluster)	NRS	NRS	0	1	1	NRS
Margolis (1992)	cba (cluster)	NRS	NRS	1	1	1	NRS
Morrissey (1995)	rct	1	1	1	1	0	0
Nichol (1990)	pcs (cluster)	NRS	NRS	1	0	1	NRS
Shah (2006)	pcs (cluster)	NRS	NRS	0	0	1	NRS
Tierney (2005)	rct (cluster)	1	1	1	1	1	1

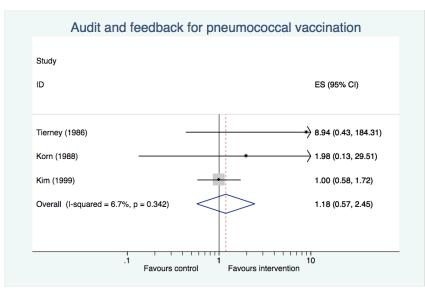




Study aim clearly defined?
Main outcomes described in methods?
Patient characteristics described?
Interventions clearly described?
Distributions of principal confounders described?
Main findings described?
Estimates of random variability provided for main outcomes?
All important potential adverse events reported?
Characteristics of patients lost to follow-up described?
Actual p-values reported?
Subjects asked to participate represented of entire population?
pared to participate representative of entire population?
tment?
nain outcomes?
If results were based on "data dredging", was this clear?
n(s) reliable?
Main outcomes accurate (valid and reliable)?
Patients in different groups recruited from same population?
Patients in different groups recruited over the same time period?
Randomization assignment concealed from patients and health care staff?
Adequate adjustment for confounding?
follow-up taken into account?
sufficiently powered?
Sun
External validity (/3)
Anternal validity - bias (/7)
nternal validity - confounding (/6)

				Blinding (or		Free of other		
		Adequate		accurate	Incomplete	bias (i.e.:		
		sequence	Allocation	outcome	outcome data	contamin-	Free of ROB	
Study ID	Design	generation	concealment	assessment)	addressed	ation effects)	issues	
Beck (1997)	cct		1	0 1	0	0		0

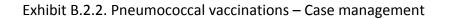


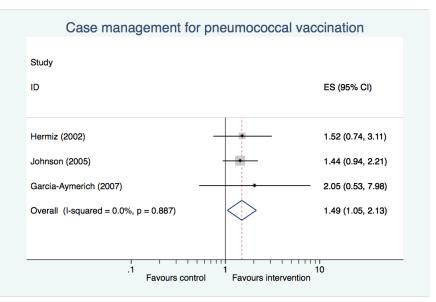


Work Main outcomes described in methods? 1 1 1 Sustry am clearly defined? 1 1 2 Main outcomes described? 1 1 2 Main outcomes described? 1 1 2 Main outcomes? 1 1 1 1 Sustry and clearly defined? 1 1 2 Main outcomes described? Main outcomes? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Rep	port	ing								vali	dity		Inte	rnal	vali	idity	- bi	as		con	four	nding	g				Sun	nma	ıry s	core	s	
		1. Study aim clearly defined?			4. Interventions clearly described?	b) [5. Distributions of principal confounders described?					Actual p-values values			Staff, places,	→ 14. Attempt made to blind study subjects to interventions?		$_{ m acc}$ [16. If results were based on "data dredging", was this clear?				Main outcomes	. Patients in different	Patients in different groups recruited over the same time			→ 25. Adequate adjustment for confounding?	▲ 26. Losses to follow-up taken into account?	. Study sufficiently	_	_	Internal validity	Internal validity -	-	
	· · · ·	1	1	1		1 1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	0						
Tierney (1986) rct (cluster) 1 1 0 1 0 1 0 1 0 1 0 1 1 1 1 1 1 1 1	Tierney (1986) rct (cluster)					_			0		0		Ĵ	1		0	Ċ	Ċ		÷		Ċ	j			9	1	0	5	3	6	5	0	

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Kim (1999)	rct (cluster)	1	1	0	1	1	0
Korn (1988)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Tierney (1986)	rct (cluster)	1	1	1	1	1	1

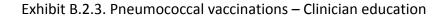
ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.





Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Garcia-Aymerich (2007)	rct	1	1	1	0	0	0
Hermiz (2002)	cct	1	0	0	1	0	0
Johnson (2005)	rcs	NRS	NRS	1	1	0	NRS

ANNALS OF FAMILY MEDICINE
WWW.ANNFAMMED.ORG
VOL. 10, NO. 6,
NOVEMBER/DECEMBER 2012
Copyright © 2012 The Annals of Family Medicine, Inc.
23 of 38



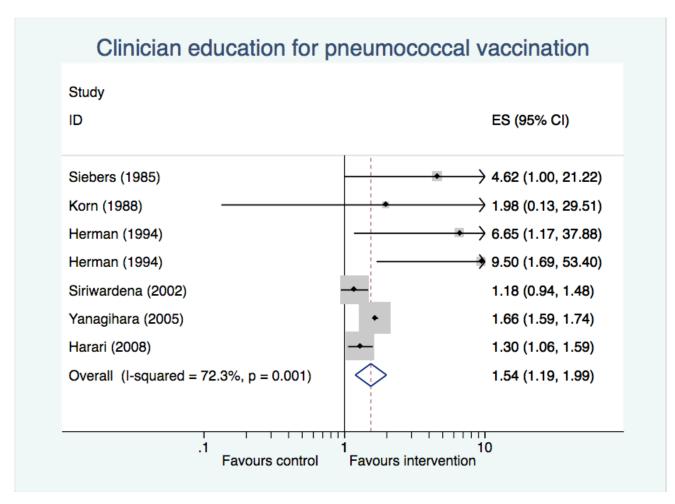
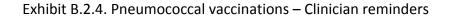
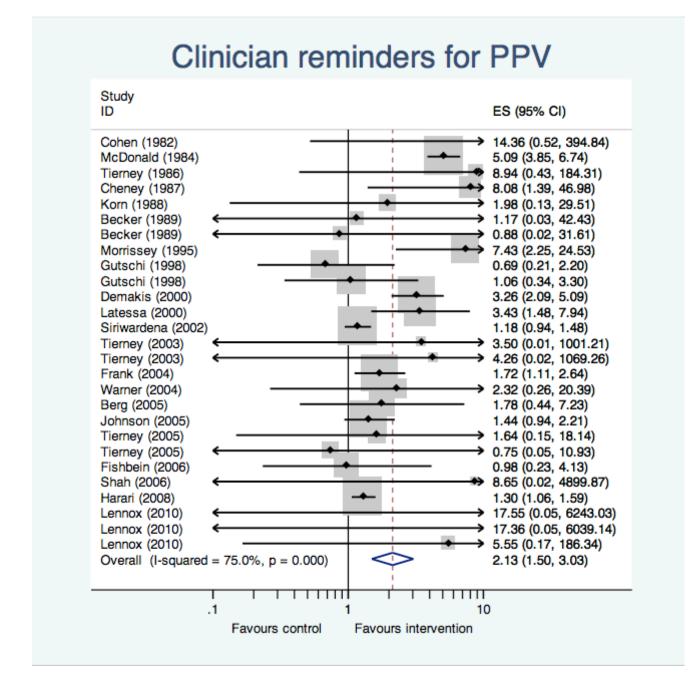


Exhibit B.2.3. Pneumococcal vaccinations – Clinician education (continue
--

		Rep	oorti	ing								valio	dity		Inte	rnal	vali	dity	- bi	as	-	con	foun	ding	9				Sun	nma	ry s	core	s	1
Study ID Harari (2008)	Design	I. Study aim clearly defined?	2. Main outcomes described in methods?	3. Patient characteristics described?	4. Interventions clearly described?	o 5. Distributions of principal confounders described?	 6. Main findings described? 	7. Estimates of random variability provided for main outcomes?	8. All important potential adverse events reported?	0. Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12. Subjects prepared to participate representative of entire population?	13. Staff, places, and facilities representative of usual treatment?	a 14. Attempt made to blind study subjects to interventions?	DIS. Attempt made to blind those measuring main outcomes?	If results were based on "data dredging", was this clear?	17. Analyses adjusted for different lengths of follow-up?	18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	D 20. Main outcomes accurate (valid and reliable)?	21. Patients in different groups recruited from same population?	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	□ 26. Losses to follow-up taken into account?	27. Study sufficiently powered?	Peporting (/11)	External validity (/3)	Internal validity - bias (/7)	Internal validity - confounding (/6)	Dower (/5)	
Herman (1994)	rct rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	9 10	3 3	4 5	4 6	0	
Korn (1988)	pcs (cluster)	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	0	8	3	5	4	0	2
Siebers (1985)	cct	1	1	1	1	1	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	7	3	4	5	0	1
Siriwardena									-							-															_			
(2002) Yanagihara	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	2	10	3	5	6	2	2
																																		1

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Harari (2008)	rct	1	1	0	0	0	0
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Korn (1988)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Siebers (1985)	cct	1	0	0	1	0	0
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Yanagihara (2005)	pcs	NRS	NRS	1	1	0	NRS





Online Supplementary Data http://www.annfammed.org/content/10/6/538/DC1

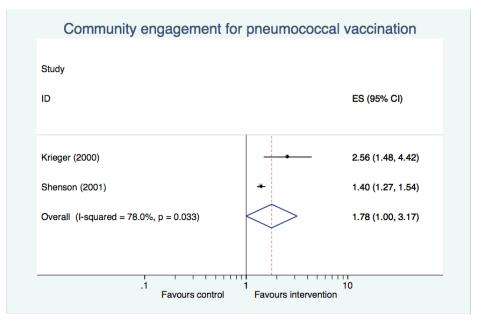
Exhibit B.2.4. Pneumococcal vaccinations – Clinician reminders (continued)	Exhibit B.2.4	. Pneumococca	l vaccinations -	- Clinician	reminders	(continued)
--	---------------	---------------	------------------	-------------	-----------	-------------

		Rep	oorti	ng								vali	dity		Inte	rnal	vali	idity	- bi	as		con	four	nding	9				Sun	nma	iry s	core	es
Study ID	Design	. Study aim clearly defined?	. Main outcomes described in methods?	 Patient characteristics described? 	. Interventions clearly described?	. Distributions of principal confounders described?	. Main findings described?	. Estimates of random variability provided for main outcomes?	 All important potential adverse events reported? 	 Characteristics of patients lost to follow-up described? 	0. Actual p-values values reported?	1. Subjects asked to participate represented of entire population?	2. Subjects prepared to participate representative of entire population?	3. Staff, places, and facilities representative of usual treatment?	Attempt made to blind study subjects to interventions?	5. Attempt made to blind those measuring main outcomes?	6. If results were based on "data dredging", was this clear?	7. Analyses adjusted for different lengths of follow-up?	8. Statistical tests appropriate?	9. Compliance with intervention(s) reliable?	Main outcomes accurate (valid and reliable)?	 Patients in different groups recruited from same population? 	22. Patients in different groups recruited over the same time period?	23. Study subjects randomized?	.4. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	27. Study sufficiently powered?	Reporting (/11)	External validity (/3)	nternal validity - bias (/7)	nternal validity - confounding (/6)	Power (/5)
Becker (1989)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	0	0	9	2	4	4	0
Berg (2005)	rcs	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	3	5	4	0
Cheney (1987)	rct	1	1	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	1	9	1	0	7	3	5	5	0
Cohen (1982)	rct (cluster)	1	1	1	1	0	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	9	1	0	8	3	5	5	0
Demakis (2000)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	9	3	7	6	0
ishbein (2006)	cba	1	1	1	1	1	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	0	0	9	1	0	8	3	4	3	0
rank (2004)	cct	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	9	1	0	9	3	7	4	0
Gutschi (1998)	cct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	0	1	0	10	3	3	4	0
Harari (2008)	rct	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	9	3	4	4	0
lohnson (2005)	rcs	1	1	1	1	2	1	1	0	1	1	0	0	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	1	6	4	0
Korn (1988)	pcs (cluster)	1	1	1	1	1	1	1	0	1	0		1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	0	8	3	5 4	4	0
atessa (2000)	cba (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	U 1	1	1	1	1	0	1	1	1	1	1	1 1	0	10	3	4 6	3 6	0 0
.ennox (2010) //cDonald (1984)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	1	0	10 8	2	6 7	ь 5	0
Morrissey (1995)		1	1	1	1	2	1	1	n	1	1		0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	10	2	5	6	0
Shah (2006) Siriwardena	pcs (cluster)	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	0	1	0	0	1	0	0	10	3	4	4	0
2002)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	2	10	3	5	6	2
Tierney (1986)	rct (cluster)	1	1	0	1	0	1	0	0	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	9	1	0	5	3	6	5	0
Tierney (2003)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	9	2	7	6	0
Tierney (2005)	rct (cluster)	1	1	1	1	1	1	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	7	2	7	6	0
Warner (2004)	cba (cluster)	1	1	4	4	0	4	1	0	1	0	1	1	1	1	0	4	4	1	1	0	1	1	0	0	9	1	0	7	3	5	3	0

Exhibit B.2.4. Pneumococcal vaccinations – Clinician reminders (continued)

		Adequate sequence	Allocation	Blinding (or accurate outcome	Incomplete outcome data	Free of other bias (i.e.: contamin-	Free of ROB
Study ID	Design	generation	concealment	assessment)	addressed	ation effects)	issues
Becker (1989)	cct	1	0	0	0	0	0
Berg (2005)	rcs	NRS	NRS	1	1	0	NRS
Cheney (1987)	rct	1	1	0	1	0	0
Cohen (1982)	rct (cluster)	1	1	0	1	1	0
Demakis (2000)	rct (cluster)	1	1	1	1	1	1
Fishbein (2006)	cba	NRS	NRS	0	1	0	NRS
Frank (2004)	cct	1	0	1	1	0	0
Gutschi (1998)	cct	1	0	0	1	0	0
Harari (2008)	rct	1	1	0	0	0	0
Johnson (2005)	rcs	NRS	NRS	1	1	0	NRS
Korn (1988)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Latessa (2000)	cba (cluster)	NRS	NRS	0	1	1	NRS
Lennox (2010)	rct (cluster)	1	1	1	1	1	1
McDonald (1984)	rct (cluster)	1	1	1	1	1	1
Morrissey (1995)	rct	1	1	1	1	0	0
Shah (2006)	pcs (cluster)	NRS	NRS	0	0	1	NRS
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Tierney (1986)	rct (cluster)	1	1	1	1	1	1
Tierney (2003)	rct (cluster)	1	1	1	1	1	1
Tierney (2005)	rct (cluster)	1	1	1	1	1	1
Warner (2004)	cba (cluster)	NRS	NRS	0	1	1	NRS



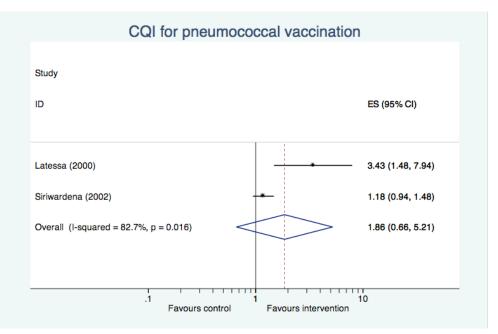


	Reporting	validity	Internal validity - bias	confounding	Summary scores
Study ID Design Krieger (2000) cct Shenson (2001) pcs (cluster	 1. Study aim clearly defined? 1. 2. Main outcomes described? 2. A ain outcomes described? 3. Patient characteristics described? 4. Interventions clearly described? 5. Distributions of principal confounders described? 6. Distributions of principal confounders described? 1. T. Estimates of random variability provided for main outcomes? 8. All important potential adverse events reported? 1. 9. Characteristics of patients lost to follow-up described? 1. 10. Actual p-values values reported? 	 11. Subjects asked to participate represented of entire population? 12. Subjects prepared to participate representative of entire population? 13. Staff, places, and facilities representative of usual treatment? 	 14. Attempt made to blind study subjects to interventions? 15. Attempt made to blind those measuring main outcomes? 16. If results were based on "data dredging", was this clear? 17. Analyses adjusted for different lengths of follow-up? 18. Statistical tests appropriate? 19. Compliance with intervention(s) reliable? 20. Main outcomes accurate (valid and reliable)? 	 21. Patients in different groups recruited from same population? 22. Patients in different groups recruited over the same time period? 23. Study subjects randomized? 24. Randomization assignment concealed from patients and health care staff? 25. Adequate adjustment for confounding? 26. Losses to follow-up taken into account? 27. Study sufficiently powered? 	borting (/11) emal validity (/3) emal validity - bias (/7) emal validity - confounding (/6) ver (/5) al Downs and Black summary score (/32)
, , , , , ,	4				

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Krieger (2000)	cct	1	0	1	1	0	0
Shenson (2001)	pcs (cluster)	NRS	NRS	1	1	1	NRS

ANNALS OF FAMILY MEDICINE
 WWW.ANNFAMMED.ORG
 VOL. 10, NO. 6,
 NOVEMBER/DECEMBER 2012
 Copyright © 2012 The Annals of Family Medicine, Inc.
 29 of 38

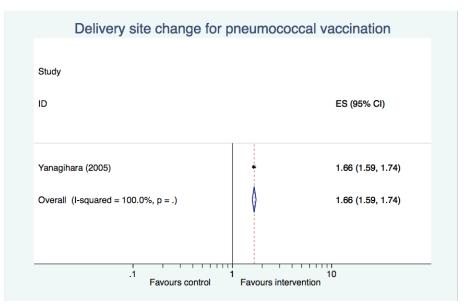




								~											staff?									
Study ID Design Latessa (2000) cba (cluster)	 T. Study aim clearly demed? 2. Main outcomes described in methods? 3. Patiant characteristics described? 	b) Frauent criar activities rescribed r 1. Interventions clearly described?	N 5. Distributions of principal confounders described? → 8. Main findings described?	$_{ m and}$ 7. Estimates of random variability provided for main outcomes?	□ 8. All important potential adverse events reported?		II. Subjects asked to participate represented of entire population?			□ 14. Attempt made to blind study subjects to interventions?	$_{ m O}$ 15. Attempt made to blind those measuring main outcomes?	$_{-1}$ [16. If results were based on "data dredging", was this clear?			↓ [19. Compliance with intervention(s) reliable / ↓ D0 Main outcomes accurate (valid and reliable)?		$_{-}$ 22. Patients in different groups recruited over the same time period?	⊖ 23. Study subjects randomized?	$_{\odot}$ 24. Randomization assignment concealed from patients and health care staff?	$_{\odot}$ 25. Adequate adjustment for confounding?	→ 26. Losses to follow-up taken into account?	27. Study sufficiently powered?	0 Reporting (/11)	ω External validity (/3)	Internal validity - bias (17)	ده Internal validity - confounding (/6)	Dower (/5)	는[Total Downs and Black summary score (/32)
Siriwardena (2002) rct (cluster) 1	1 1	1 1	2 1	1	0	1	1 1	1 1	1	1	0	1	1	1	1 (0 1	1	1	1	1	1	2	10	3	5	6	2	26

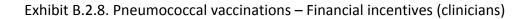
Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Latessa (2000)	cba (cluster)	NRS	NRS	0	1	1	NRS
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0

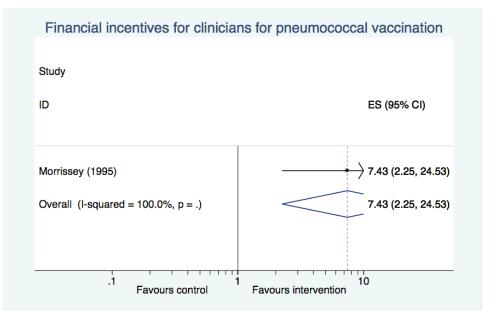




	Reporting	validity Internal validity - bias	confounding	Summary scores
<u>Study ID Desiç</u> Yanagihara	study aim clearly definec Aain outcomes describe atient characteristics de interventions clearly des distributions of principal Aain findings described? Aain findings described? Aain timportant potential ad thimportant potential ad	 10. Actual p-values values reported ? 11. Subjects asked to participate represented of entire population? 12. Subjects prepared to participate representative of usual treatment? 13. Staff, places, and facilities representative of usual treatment? 14. Attempt made to blind study subjects to interventions? 15. Attempt made to blind those measuring main outcomes? 16. If results were based on "data dredging", was this clear? 17. Analyses adjusted for different lengths of follow-up? 18. Statistical tests appropriate? 19. Compliance with intervention(s) reliable? 	Main c Patien Patien Patien Study Randc Adequ Losse	27. Study sufficiently powered? Reporting (/11) External validity (/3) Internal validity - bias (/7) Internal validity - confounding (/6) Power (/5)
(2005) pcs	1 1 1 1 0 1 1 0 1	1 1 1 1 0 1 1 1 1 1	1 0 1 0 0 9 1	0 8 3 6 2 0

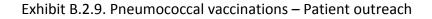
Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Yanagihara (2005)	pcs	NRS	NRS	1	1	0	NRS





Initial in the second of th
Study iD Design

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Morrissey (1995)	rct	1	1	1	1	0	0



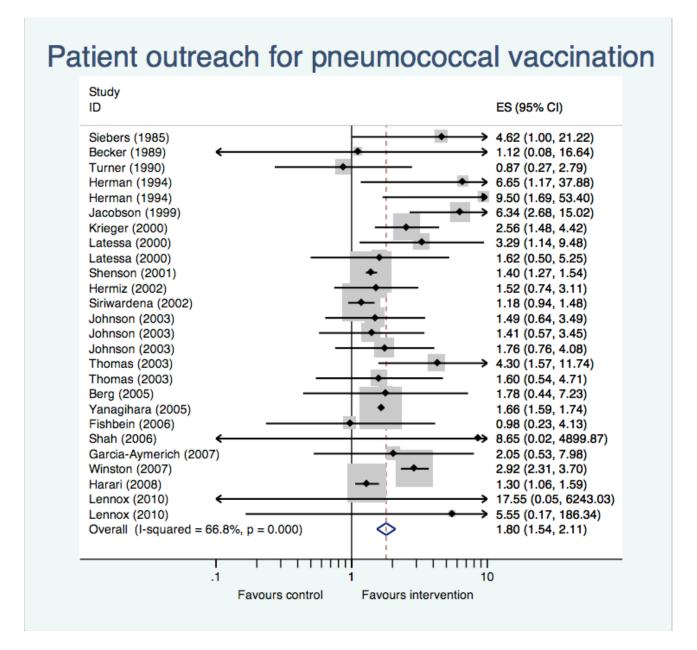
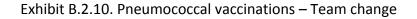


Exhibit B.2.9. Pneumococcal vaccinations – Patient outreach (Continued)

		Rep		.9								valio											foun								., -	core	-	
		Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	Distributions of principal confounders described?	Main findings described?	Estimates of random variability provided for main outcomes?	nt potential adverse events reported?	Characteristics of patients lost to follow-up described?	p-values reported?	Subjects asked to participate represented of entire population?	Subjects prepared to participate representative of entire population?	and facilities representative of usual treatment?	Attempt made to blind study subjects to interventions?	Attempt made to blind those measuring main outcomes?	If results were based on "data dredging", was this clear?	adjusted for different lengths of follow-up?	Statistical tests appropriate?	Compliance with intervention(s) reliable?	Main outcomes accurate (valid and reliable)?	n different groups recruited from same population?	Patients in different groups recruited over the same time period?	Study subjects randomized?	Randomization assignment concealed from patients and health care staff?	Adequate adjustment for confounding?	follow-up taken into account?	Study sufficiently powered?	(1	lity (/3)	ty - bias (/7)	nternal validity - confounding (/6)		Total Downs and Black summary score (/32)
Study ID [Design	l. Study aim c	2. Main outcor	3. Patient chai	 Intervention 	5. Distribution:	3. Main finding	7. Estimates o	8. All important	9. Characteris	10. Actual p-va	11. Subjects a	12. Subjects p	13. Staff, places,	14. Attempt ma	15. Attempt ma	16. If results w	17. Analyses a	18. Statistical	19. Complianc	20. Main outoo	21. Patients in different	22. Patients ir	23. Study subj	24. Randomiz	25. Adequate	26. Losses to follow-up	27. Study suffi	Reporting (/11)	External validity	nternal validity - bias (/7)	nternal validit	ower (/5)	Fotal Downs a
Becker (1989) c	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	<u>_</u>	1	1	1	1	0	1	1	1	0	1	0	0	9	2	4	4	0	19
	rcs	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	3	5	4	0	22
Fishbein (2006) c Garcia-Aymerich	cba	1	1	1	1	1	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	0	0	9	1	0	8	3	4	3	0	18
	rct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	0	10	3	5	5	0	23
	rct	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	9	3	4	4	0	20
	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	10	3	5	6	0	24
	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	9	2	4	5	0	20
	cct	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	0	0	5	9	3	4	3	1	20
	cba	1	1	1	0	1	1	1	0	1	1	1	1 0	1	0	1	1	1	1	1	1	0	1	0	0	1	1	0	8	3	6 6	3	0	20
	cct cha (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	- 1	1	1	0	0	1	1	0	10	2 3	6 4	5 3	0	23 20
. ,	cba (cluster) cct (cluster)	1	0	1	4	2	4	1	1	4	1	1	0	1	0	1	1	1	1	4	0	1	1	1	1	1	1	0	10	3 2	4 6	3 6	0	
	rct (cluster)	1	1	1	4	2	4	1	0	0	1	1	1	1	0	0	1	1	1	4	0	0	1	0	0	1	1	0	10	2	6 4	6 4		24 21
	pcs (cluster) pcs (cluster)	1	1	1	1	2	1	0	0	1	0	1	1	1	0	0	1	1	1	1	1	0	1	0	0	1 9	0	0	10 6	3 3	4 5	4 2	0 0	21 16
Siebers (1985) c Siriwardena	cct	1	1	1	1	1	1	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	7	3	4	2 5	0	19
	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	2	10	3	5	6	2	26
	cct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	0	1	1	1	10	3	4	5	1	23
	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	1	1	0	0	1	1	0	1	0	1	1	1	1	1	1	0	9	3	3	6	0	21
Yanagihara	rct pcs	1	1	1	1	2 0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1 0	1	1 0	1 0	1 9	1	0	10 8	3 3	6 6	6 2	0	25 19

Exhibit B.2.9. Pneumococcal vaccinations – Patient outreach (Continued)

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Becker (1989)	cct	1	0	0	0	0	0
Berg (2005)	rcs	NRS	NRS	1	1	0	NRS
Fishbein (2006)	cba	NRS	NRS	0	1	0	NRS
Garcia-Aymerich (2007)	rct	1	1	1	0	0	0
Harari (2008)	rct	1	1	0	0	0	0
Herman (1994)	rct (cluster)	1	1	1	1	1	1
Hermiz (2002)	cct	1	0	0	1	0	0
Jacobson (1999)	cct	1	0	0	0	0	0
Johnson (2003)	cba	NRS	NRS	1	1	0	NRS
Krieger (2000)	cct	1	0	1	1	0	0
Latessa (2000)	cba (cluster)	NRS	NRS	0	1	1	NRS
Lennox (2010)	rct (cluster)	1	1	1	1	1	1
Shah (2006)	pcs (cluster)	NRS	NRS	0	0	1	NRS
Shenson (2001)	pcs (cluster)	NRS	NRS	1	1	1	NRS
Siebers (1985)	cct	1	0	0	1	0	0
Siriwardena (2002)	rct (cluster)	1	1	0	1	1	0
Thomas (2003)	cct	1	0	0	1	0	0
Turner (1990)	rct (cluster)	1	1	0	1	1	0
Winston (2007)	rct	1	1	1	1	0	0
Yanagihara (2005)	pcs	NRS	NRS	1	1	0	NRS



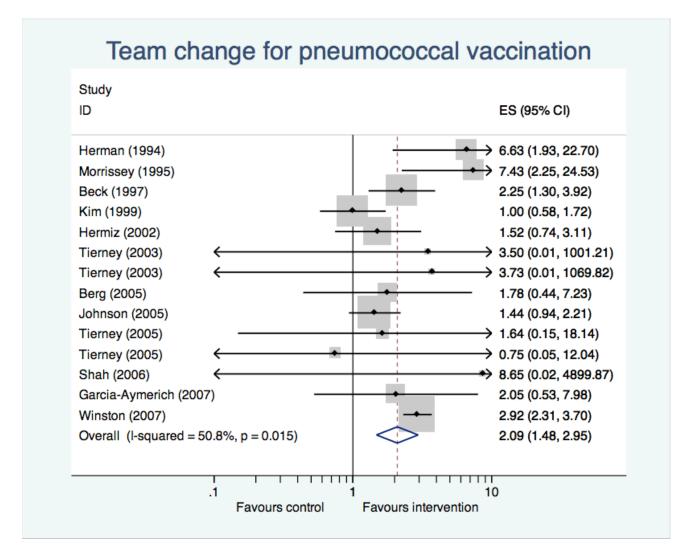
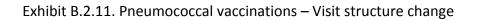


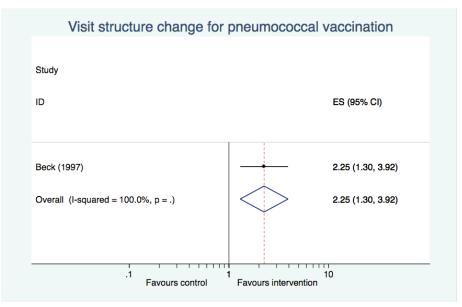
Exhibit B.2.10. Pneumococcal vaccinations – Team change (Continued)

		Rep	orti	ng								valio	lity		Inter	mal	vali	dity	- bia	as	•	conf	oun	ding	J				Sun	nma	ry s	core	es	
Study ID	Design	1. Study aim clearly defined?	Main outcomes described in methods?	Patient characteristics described?	Interventions clearly described?	5. Distributions of principal confounders described?	6. Main findings described?	7. Estimates of random variability provided for main outcomes?	8. All important potential adverse events reported?	Characteristics of patients lost to follow-up described?	10. Actual p-values values reported?	11. Subjects asked to participate represented of entire population?	12	1 3.	4.	15. Attempt made to blind those measuring main outcomes?			18. Statistical tests appropriate?	19. Compliance with intervention(s) reliable?	. Main outcomes accu		22. Patients in different groups recruited over the same time period?		24. Randomization assignment concealed from patients and health care staff?	25. Adequate adjustment for confounding?	26. Losses to follow-up taken into account?	27. Study sufficiently powered?	Reporting (/11)	External validity (/3)	Internal validity - bias (/7)	Internal validity - confounding (/6)	Power (/5)	Total Downs and Black summary score (/32)
Beck (1997)	cct	1				2		1	0	0			0	1	0									1	0	1	0	0	9	2	6	4		21
Berg (2005) Garcia-Aymerich	rcs	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	3	5	4	0	22
(2007)	rct	1	1	1	1	2	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	0	10	3	5	5	0	23
Herman (1994)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	10	3	5	6	0	24
Hermiz (2002)	cct	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	1	0	1	1	0	9	2	4	5	0	20
Johnson (2005)	rcs	1	1	1	1	2	1	1	0	1	1	0	0	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	10	1	6	4	0	21
Kim (1999)	rct (cluster)	1	1	1	1	2	1	1	0	1	1	1	0	1	1	0	1	1	1	1	0	1	1	1	1	1	1	0	10	2	5	6	0	23
Morrissey (1995)	rct	1	1	1	1	2	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	10	2	5	6	0	23
Shah (2006)	pcs (cluster)	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	0	1	0	0	1	0	0	10	3	4	4	0	21
Tierney (2003)	rct (cluster)	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	9	2	7	6	0	24
Tierney (2005)	rct (cluster)	1	1	1	1	1	1	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	7	2	7	6	0	22
														I																				

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Beck (1997)	cct	1	. () '	1 () 0	0
Berg (2005)	rcs	NRS	S NRS	· ·	1 1	1 0	NRS
Garcia-Aymerich (20	007) rct	1	1		1 () 0	0
Herman (1994)	rct (cluster)	1	1	·	1 1	1 1	1
Hermiz (2002)	cct	1) () 1	1 0	0
Johnson (2005)	rcs	NRS	S NRS	· ·	1 1	1 0	NRS
Kim (1999)	rct (cluster)	1	1	() 1	1 1	0
Morrissey (1995)	rct	1	1		1 1	1 0	0
Shah (2006)	pcs (cluster)	NRS	S NRS	6 () () 1	NRS
Tierney (2003)	rct (cluster)	1	1		1 1	1 1	1
Tierney (2005)	rct (cluster)	1	1		1 1	1 1	1
Winston (2007)	rct	1	1		1 1	1 0	0

ANNALS OF FAMILY MEDICINE ♦ WWW.ANNFAMMED.ORG ♦ VOL. 10, NO. 6, ♦ NOVEMBER/DECEMBER 2012 Copyright © 2012 The Annals of Family Medicine, Inc. 37 of 38





					ibed?		main outcomes?	ents reported ? followering described?		of entire population?	ative of entire popula	of usual treatment?	erventions?	ain outcomes?	vas this clear?	ollow-up?			e)?	une same ume peno	n patients and health								
	defined?	Main outcomes described in methods?	stics described?	rly described?	principal confounders described?	cribed?	Estimates of random variability provided for main outcomes?	₽ ¢	values renorted	Subjects asked to participate represented of entire population?	Subjects prepared to participate representative of entire population?	places, and facilities representative of usual treatment?	Attempt made to blind study subjects to interventions?	Attempt made to blind those measuring main outcomes?	If results were based on "data dredging", was this clear?	adjusted for different lengths of follow-up?	appropriate?	Compliance with intervention(s) reliable?	accurate (valid and reliable)?	rauenus in amerent groups recruited over me same ume penou r study subiects randomized?	Randomization assignment concealed from patients and health care staff?	Adequate adjustment for confounding?	Losses to follow-up taken into account?	/ powered?			s (/7)	- confounding (/6)	-
Design	Study aim clearly	Main outcomes de	Patient characteristics described?	Interventions clearly described?	Distributions of pri	Main findings described?		ö. All important potential adverse o Characteristics of patients lost	 Ontail accentations of patient Actual p-values values 		12. Subjects prepare	13. Staff, places, and	14. Attempt made to			Analyses		-	20. Main outcomes accurate (valid	 Patients in different groups 1 Study subjects randomized? 		25. Adequate adjustr	26. Losses to follow-	27. Study sufficiently	Reporting (/11)	External validity (/3)	nternal validity - bias (/7)	Internal validity - con	Power (/5)

Study ID	Design	Adequate sequence generation	Allocation concealment	Blinding (or accurate outcome assessment)	Incomplete outcome data addressed	Free of other bias (i.e.: contamin- ation effects)	Free of ROB issues
Beck (1997)	cct	1	0	1	0	0	0

ANNALS OF FAMILY MEDICINE ♦ WWW.ANNFAMMED.ORG ♦ VOL. 10, NO. 6, ♦ NOVEMBER/DECEMBER 2012 Copyright © 2012 The Annals of Family Medicine, Inc. 38 of 38