Table 28: Clinical evidence profile: Comparison 1. Continuous oral Flucloxacillin versus antibiotics 'as required'

Quality assessment							No of patients		Effect			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Continuous oral Flucloxacillin, antibiotic prophylaxis**	**Antibiotics as required**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Number of children from whom *S aureus* isolated at least once (follow-up mean 1 years)												
1 (Chatfield 1991)	randomised trials	very serious [1]	no serious inconsistency	no serious indirectness	serious[2]	none	9/45 (20%)	19/51 (37.3 %)	RR 0.54 (0.27 to 1.06)	171 fewer per 1000 (from 272 fewer to 22 more)	VERY LOW	IMPORTANT
Number of children from whom *S aureus* isolated at least once (follow-up mean 2 years)												
2 (Chatfield 1991, Weaver 1994)	randomised trials	very serious [3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13/69 (18.8%)	34/80 (42.5 %)	RR 0.44 (0.25 to 0.77)	238 fewer per 1000 (from 98 fewer to 319 fewer)	LOW	IMPORTANT
								48.3%		270 fewer per 1000 (from 111		

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous oral Flucloxacillin, antibiotic prophylaxis	Antibiotics as required	Relative (95% CI)	Absolute		
										fewer to 362 fewer)		
Number of children from whom *S aureus* isolated at least once (follow-up mean 3 years)												
1 (Chatfield 1991)	randomised trials	very serious [1]	no serious inconsistency	no serious indirectness	serious[2]	none	12/54 (22.2%)	28/65 (43.1 %)	RR 0.52 (0.29 to 0.91)	207 fewer per 1000 (from 39 fewer to 306 fewer)	VERY LOW	IMPORTANT
Number of children from whom *P aeruginosa* isolated at least once (follow-up mean 1 years)												
1 (Chatfield 1991)	randomised trials	very serious [1]	no serious inconsistency	no serious indirectness	very serious[4]	none	6/44 (13.6%)	3/51 (5.9%)	RR 2.32 (0.62 to 8.73)	78 more per 1000 (from 22 fewer to 455 more)	VERY LOW	CRITICAL
Number of children from whom *P aeruginosa* isolated at least once (follow-up mean 2 years)												
2 (Chatfield 1991, Weav	randomised trials	very serious [3]	no serious inconsistency	no serious indirectness	very serious[4]	none	9/69 (13%)	14/80 (17.5 %)	RR 0.74 (0.34 to 1.61)	45 fewer per 1000 (from 115	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous oral Flucloxacillin, antibiotic prophylaxis	Antibiotics as required	Relative (95% CI)	Absolute		
er 1994)										fewer to 107 more)		
								21.7%		56 fewer per 1000 (from 143 fewer to 132 more)		
Number of children from whom *P aeruginosa* isolated at least once (follow-up mean 3 years)												
1 (Chatfield 1991)	randomised trials	very serious [1]	no serious inconsistency	no serious indirectness	very serious[4]	none	9/54 (16.7%)	14/66 (21.2 %)	RR 0.79 (0.37 to 1.67)	45 fewer per 1000 (from 134 fewer to 142 more)	VERY LOW	CRITICAL
Number of children requiring admission due to pulmonary exacerbations (annualised rates) (follow-up mean 3 years)												
2 (Chatfield 1991, Weaver 1994)	randomised trials	very serious [3]	no serious inconsistency	no serious indirectness	very serious[4]	none	19/58 (32.8%)	22/66 (33.3 %)	RR 0.98 (0.59 to 1.62)	7 fewer per 1000 (from 137 fewer to	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Continuous oral Flucloxacillin, antibiotic prophylaxis	Antibiotics as required	Relative (95% CI)	Absolute	Quality	Importance
										207 more)		

Abbreviations: CI: confidence interval; RR: risk ratio
1 The quality of the evidence was downgraded by 2 as this is an open trial, and there was unclear risk of bias for the domains randomisation, allocation concealment, incomplete outcome data, and selective reporting
2 The quality of the evidence was downgraded by 1 as the 95% CI crossed 1 default MID
3 The quality of the evidence was downgraded by 2 as both studies were open trials, and there was unclear risk of bias for the domains randomisation, allocation concealment, incomplete outcome data, and selective reporting for 1 of the trials
4 The quality of the evidence was downgraded by 2 as the 95% CI crossed 2 default MIDs