

Table 90: Clinical evidence profile: Comparison 1. Cohort segregation by clinic times versus no cohort segregation

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into different pathogens by clinic times	No cohort segregation	Relative (95% CI)	Absolute		
10-year incidence of <i>P aeruginosa</i> infections (Follow-up 10 years)												
1 (Hayes 2010)	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	13/21 (61.9%)	14/18 (77.8%)	RR 0.8 (0.52 to 1.21)	156 fewer per 1000 (from 373 fewer to 163 more)	LOW	CRITICAL
4-year prevalence of MRSA (percentages) (follow-up 4 years)												
1 (McKay 2009)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	Not calculable ²	none	1.3% ⁴	1% ⁴	ns	-	VERY LOW	CRITICAL
4-year prevalence of non-mucoid <i>P aeruginosa</i> (percentages) (follow-up 4 years)												
1 (McKay 2009)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	Not calculable ²	none	22.7% ⁴	22.3% ⁴	ns	-	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into different pathogens by clinic times	No cohort segregation	Relative (95% CI)	Absolute		
4-year prevalence of mucoid <i>P aeruginosa</i> (percentages) (follow-up 4 years)												
1 (McKay 2009)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	Not calculable ²	none	1.0% ⁴	5.9% ⁴	P=0.001	-	VERY LOW	CRITICAL
Staff compliance (percentages) (follow-up 4 years)												
1 (McKay 2009)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	Not calculable ²	none	Adherence to the "coloured" clinic booking scheme: % of children attending the red clinic who were 5 and under: 2004: 96.8%; 2005: 97.5%; 2006: 94.4%; 2007: 95.9%. ⁴ N of patients	N of patients not reported	-	-	VERY LOW	IMPORTANT

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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into different pathogens by clinic times	No cohort segregation	Relative (95% CI)	Absolute		
							not reported					

Abbreviations: CI: confidence interval; MRSA: methicillin-resistant staphylococcus aureus; ns: not significant; RR: risk ratio

1 The quality of the evidence was downgraded by 1 due to unclear randomization, allocation concealment, blinding, incomplete data outcome and selective reporting

2 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID

3 The quality of the evidence was downgraded by 2 because of high risk of bias in relation to sample selection, comparability between groups and outcome reporting

4 Intervention group: data for the period 2004 to 2007; comparison group: data for the period 1999 to 2002. Intervention introduced in 2003.