

Data extraction form

Study ID (<i>study number eg. 1, 2..</i>)	
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General information

Date form completed (<i>dd/mm/yyyy</i>)	
Name of person extracting data	
Notes:	

Study details

Study title	
DOI	
Journal	
Author	
Affiliation of author	
Date of publication (<i>year, month, date</i>)	

Characteristics of included studies

Methods

	Descriptions as stated in report/paper	Location in text or source (<i>pg & ¶/fig/table/other</i>)
Country		
City		
Data collected from date (<i>year, month, date</i>)		
Data collected until the date (<i>year, month, date</i>)		
Method used to calculate reproduction number		
Model used to calculate reproduction number		
Assumption of the model		
Sample size		
Notes:		

Outcome: Reproduction number

	Description	Location in text or source (<i>pg & ¶/fig/table/other</i>)
Type of reproduction number assessed		
Reproduction number		
Interval of reproduction number		
SD or SE (<i>if mentioned</i>)		
Type of interval (<i>95% CI, 90% CI, max/min, Credible Interval</i>)		
Type of central estimate (<i>mean, median</i>)		
Notes:		

Study quality assessment through National Institute of Health (NIH) quality assessment tool for case series studies

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the study question or objective clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the study population clearly and fully described, including a case definition?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were the cases consecutive?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were the subjects comparable?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the intervention clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were the outcome measures clearly defined, valid, reliable, and implemented consistently across all study participants?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was the length of follow-up adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Were the statistical methods well-described?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were the results well-described?	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Rating (Good, Fair, or Poor)
Additional Comments (If POOR, please state why):

*CD, cannot determine; NA, not applicable; NR, not reported