Study ID: 250007 BCG Data Extraction Form: Baseline Data Date extracted: Reviewer: Ref ID: Study Name: Author: Year: Study IDs for additional Study IDs for duplicates extracted papers: not extracted: Why was this publication selected for extraction?: Study Design: Other Number of trial arms: Comparator intervention: Comparator Details: Country: City/Region: Recruitment Details: Year recruitment started Year recruitment ended: Source of population/Cases: Source of preferred controls: Source of other controls: General Population Outbreak П П П Single hospital Multiple hospital National Surveillance Local Survillance Population subgroup Neighbourhood Other Not specified Details of source pop (if not covered above): Were cases and control matched?: If yes, what factors were they matched on? Participant Details: Were patients with existing TB infection excluded at study start? Were patients with existing TB infection excluded at time of vaccination? In which groups were those with TB infection excluded? Was a tuberculin test part of the diagnostic procedures for cases?: Please list other inclusion criteria: Age at vaccination Mean: Infant (<1 year) Young childhood (1-5 years) Median: Older childhood (6-11 years) Range:

Teen (12-18 years) Adult (19+ years)

All ages

Socioeconomic bacground:

n			
0 Proport	Proportion Native American: 0		
0 Proport	ion White:	0	
0 No info	rmation on ethnicity provided		
	Proportion infected:		
Number	r in control group at baseline:		
period descr	ibed? No		
	Vaccine strain		
	Connaught		
	Danish (Statens)		
ä		П	
	The state of the s		
	Russian (Moscow)		
	Tice (BCG)		
200	Tice (rBCG30)		
(I) (I) (I)	Tckyo (Japanese)		
100			
7.00			
		n	
	Not Stated		
	Vaccine strain number:		
	Details, if other		
	Year vaccination ended:		
	Vaccine administration:		
n)		NA	
	Number	Proportion Native American: Proportion White: No information on ethnicity provided Proportion infected: Number in control group at baseline: Vaccine strain Connaught Copenhagen Danish (Statens) Glaxo Moreau (Brazillian) Pasteur Russian (Moscow) Tice (BCG) Tice (rBCG30) Tice (rBCG30) Tice (rBCG30) Coded by number only Other Not Stated Vaccine strain number: Details, if other Year vaccination ended:	

BCG Data Extraction Fo	orm: Results		Result_ID:	250029
Ded Data Extraction 1	oriiii itesaits	20	Study_ID:	250007
Date assessed:	Re	viewer:		
Baseline Ref ID:	Sto	udy Name:		
Paper ref ID:				
What sample do these data relate to?: Sample details				
Details same as previous forms with exception	of completed fiel	ds		
Age at vaccination: Age at outcome assessment: Years between vaccination and cutcome: Gender:				
Duration of follow-up to determine outcome:				
Outcome:	De	etails, if other:		
Was this outcome measured but results data w	vere not available	?		
How were cases identified at follow-up? Details, if other:	Names matched All participants Medical Record Hospital data TB registries Not stated Queried at follo Symptomatic pa Morbidity repor	w-up articipants asses	sed at follow	П
Case definition (include % for each subdefinition):				
Were efforts made to determine what happen	ed to those not ca	ises?		
VacUnvacc:				
Were there any originally unvaccinated who su	ibsequently were	vaccinated?:		
How was this handled in the study?				
Control/Comparator Group.				
Intervention arm:				
Result Number:				
2 x 2 Results:	тв	No TB	Pers	on years:
BCG				
Not vaccinated				

Summary Results:	Effect measure	Adjusting details	Result	95% CI	
Crude:			0	0	0
Age and sex adjusted:			0	0	0
Fully adjusted:			0	0	0
Factors adjusted for in f			S. 1		
If the controls were ma	tched to cases, were	matched analyses conduct	ed?:		
Response rate for cases	(%):				
Response rate for contr	ols (%):				
Reviewer commerts:					

BCC C	Study_ID:		
BCG Qua	ality Assessment Form	: KCIS	250008
Ref ID:	1	Study Name:	
Author:		Reviewer:	
. Randomisation			
Method for generating rai	ndomization sequence:		
Randomisation method			
Was the allocation sequen	nce adequately generated?	70.	
. Concealment of treatn	nent allocation		
Method for concealing tre	eatment allocation		
Was allocation adequately		1	
3. Withdrawals			27
% drop-outs in the BCG gr	oup:		
6 drop-outs in the non-va	7.1 CAR HARRISTON CONTRACTOR		
	wals similar across groups?		
Were reasons for withdra	wals related to the outcome?		
F YES TO ABOVE, give det	alls		
Were appropriate method	ds used to impute missing data?:		
Was an intention-to-treat	analysis conducted?		
Vere incomplete outcome	data adequately addressed?		
4. Blinding			
Were outcome assessors	blinded?		
Were participants blinded	?		
Were vaccine administrate	ors blinded?		
Was knowledge of the allo	ocated intervention prevented during	the study	
5. Selective outcome repo	orting		
Nere data reported for al	pre-specified outcomes?:		-
Were data reported for al	pre-specified sub-group analyses?		
Are reports of the study fr	ee of suggestion of selective outcome	e reporting?	
i. Case ascertainment			
Nere methods of ascertal accinated and unvaccinal	nment of cases identical for ted groups?		
Was ascertainment of cas	es complete?		
Votes:			79

BCG Quality Assessment Form	: Other study des	igns ₂₅₀₀₀₉
Ref ID: 1111	Study Name:	1
Author:		
L. Cohort studies	Supporting data	Rating
Nas follow-up independent of vacciation status?:		
Was case ascertainment blinded to vaccination status?		
Were methods of ascertainment of cases identif vaccinated and unvaccinated groups?	ical for	
Were data reported for all pre-specified sub-gro	up analyses?	
Were incomplete outcome data adequately addressed?:		
% withdrawals in BCG group:		
% withdrawals in non-vaccinated group:		
Were reasons for withdrawals similar across gro	ups?:	
Were reasons for withdrawals related to outcom	ne	
Were missing data imputed using appropriate m	ethods?:	
Was an intention to treat analysis conducted?:		
2. Cross-sectional and case-control studies		
Were vaccination definitions the same for everyone cases and controls) in the study?:		
Nas disease status blinded to BCG assessors?		
Were controls selected from the same population as the cases? (CC only)		
Were cases and controls ascertained independent of accine status?:		
3. Case population studies		
Nere cases and population the same?		
In terms of geography?		
In terms of time?		
In terms of age?		

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Notes:		