

[illegible]

JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	10	Farbman, L., A	We aimed to exan	Systematic revi	Patients	Hospital
JP	11	Ibrahim, N. H.,	To systematically	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	12	MacDougall, C.	The aim of this stu	Systematic revi	Hospital patie	Hospital setting
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	13	McFarland, A.,	In order to establi	Systematic revi	All adult patie	Hospital and comm
JP	14	McGinagle, K. L	We conducted a s	Systematic revi	Adult medical	Hospital
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	15	Painter, C., Far	A systematic liter	Systematic revi	Patients	Health facilities we
JP	16	Price, L., MacD	In this Review, we	Systematic revi	Healthcare wc	Healthcare settings
JP	16	Price, L., MacD	In this Review, we	Systematic revi	Healthcare wc	Healthcare settings
JP	16	Price, L., MacD	In this Review, we	Systematic revi	Healthcare wc	Healthcare settings
JP	16	Price, L., MacD	In this Review, we	Systematic revi	Healthcare wc	Healthcare settings
JP	17	Price, V., Ngwi	This review aims t	Systematic revi	Hospital patie	Various settings in
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	18	Rice, S., Carr, K	The aim of this sys	Systematic revi	Hospital patie	Hospital
JP	19	Rojas-Garcia, P	The objective is to	Systematic revi	Hospital patie	Hospital; incl. ICU,
JP	19	Rojas-Garcia, P	The objective is to	Systematic revi	Hospital patie	Hospital; incl. ICU,
JP	19	Rojas-Garcia, P	The objective is to	Systematic revi	Hospital patie	Hospital; incl. ICU,
JP	19	Rojas-Garcia, P	The objective is to	Systematic revi	Hospital patie	Hospital; incl. ICU,
JP	20	Shiri, T., Khan,	To summarize evi	Systematic revi	Patients with	Hospital and comm
JP	21	Nguemeleu, E.	This systematic re	Systematic revi	Hospitalised a	Medical and surgic
JP	21	Nguemeleu, E.	This systematic re	Systematic revi	Hospitalised a	Medical and surgic

JP	21	Nguemeleu, E. This systematic re	Systematic revi	Hospitalised a	Medical and surgic
JP	21	Nguemeleu, E. This systematic re	Systematic revi	Hospitalised a	Medical and surgic
JP	21	Nguemeleu, E. This systematic re	Systematic revi	Hospitalised a	Medical and surgic
JP	21	Nguemeleu, E. This systematic re	Systematic revi	Hospitalised a	Medical and surgic
JP	22	Tolley, A., Bans We systematicall	Systematic revi	Primary and s	Primary and secon
JP	23	Tran, M., Smur We conducted a s	Systematic revi	Humans	WGS for pathogen
JP	24	Lingervelder, D This paper review	Systematic revi	Any human p	Primary and secon
JP	24	Lingervelder, D This paper review	Systematic revi	Any human p	Primary and secon
JP	24	Lingervelder, D This paper review	Systematic revi	Any human p	Primary and secon

Region	Intervention	Intervention (drop-down)	Setting (drop-down)	Infection	Infection (drop-down)
-	Preoperative screening	Screening	Orthopedics	Staphylococcus	SSI
-	Preoperative screening	Screening	Orthopedics	Staphylococcus	SSI
All countries	Rapid PCR testing	Screening	Hospital	MRSA	MRSA
All countries	Single-culture of ar	Screening	Hospital	MRSA	MRSA
All countries	Screening	Screening	Hospital	Carbapenemas	CRO
All countries	Active PCR	Surveillance	ICU	Carbapenem-r	CRO
All countries	Screening	Screening	Hospital	MRSA	MRSA
All countries	Gown usage	PPE	ICU	Vancomycin-r	VRE
All countries	Combined screening	Screening	Hospital	MRSA	MRSA
All countries	Universal decolonisation	Decolonisation	ICU	MRSA	MRSA
All countries	PCR screening, dec	Screening	Hospital	MRSA	MRSA
All countries	Active surveillance	Surveillance	Hospital	Vancomycin-r	VRE
All countries	Whole genome seq	Surveillance	Hospital	MRSA	MRSA
All countries	State-wide elector	Surveillance	Hospital	Carbapenem-r	CRO
All countries	Test-guided selecti	Screening	ICU	Carbapenem-r	CRO
All countries	Proactive infection	IPC bundle	Hospital	MDROs	MDRO
All countries	Procalcitonin (PCT	ABS	Hospital	Antibiotic-resi	MDRO
Global	Polymerase chain r	Screening	Hospital	MRSA	MRSA
-	Screening and cont	Screening	ICU	MRSA	MRSA
-	Patient isolation a	Screening	Hospital	MRSA	MRSA
-	Infection control p	IPC bundle	Hospital	MRSA	MRSA
-	Preadmission surve	Screening	Hospital	MRSA	MRSA
Global	Simulation-based e	Education & train	Hospital	Central venou	BSI
Global	Hand hygiene	Hand hygiene	Hospital	HCAIs	HCAI
Global	Simulation-based e	Education & train	ICU	Central venou	BSI
Global	Perioperative selec	Decolonisation	Gastroenterolog	Infection follo	SSI
Global	Hand hygiene, oral	IPC bundle	Hospital	HCAIs	HCAI
Global	Infection preventic	IPC bundle	Hospital	Extended-spec	ESBL-KP
Global	Infection preventic	IPC bundle	Hospital	HCAIs	HCAI
Global	Oral care protocol	Education & train	ICU	Ventilator-ass	Pneumonia
Global	Guidelines to redu	Education & train	Hospital	Urinary tract i	UTI
Global	Michigan Keystone	Education & train	ICU	Catheter-relat	BSI & Pneumonia
-	Hand hygiene and s	IPC bundle	Hospital	MRSA	MRSA
-	Single-room isolati	Screening	Hospital	MRSA	MRSA
-	Microbiological di	Screening	ICU	Sepsis or (susp	Sepsis
-	PCR for universal p	Screening	Hospital	MRSA	MRSA
-	PCR for screening k	Screening	Hospital	MRSA	MRSA
-	National guideline	Education & train	Hospital	MRSA	MRSA
-	'Search and destro	IPC bundle	ICU	MRSA	MRSA
-	Pre-emptive isolati	Screening	Hospital	MRSA	MRSA
-	Screening without	Screening	Hospital	MRSA	MRSA
-	Components of infi	IPC bundle	Hospital	MRSA	MRSA
-	Components of infi	IPC bundle	Hospital	MRSA	MRSA
-	Components of infi	Screening	Hospital	MRSA	MRSA

-	Targeted surveillance IPC bundle	Hospital	MRSA	MRSA
-	Active screening: c	Screening	Hospital	MRSA
-	Screening: compo	Screening	Hospital	MRSA
-	Selective screening	Screening	Hospital	MRSA
-	Components of inf	Screening	Hospital	MRSA
-	Universal screening	Screening	Hospital	MRSA
-	Screening ICU pati	Screening	ICU	MRSA
-	Screening ICU pati	Screening	ICU	MRSA
-	Antimicrobial stew	ABS	Hospital	One study con MDRO
Identified p	Bundle of 15 IPC in	IPC bundle	Oncology	Vancomycin-r VRE
Identified p	Screening of high-r	Screening	Hospital	Vancomycin-r VRE
Identified p	Screening, contact	Screening	Hospital	Vancomycin-r VRE
Identified p	Two alternative scr	Screening	Hospital	Vancomycin-r VRE
Identified p	Active screening of	Screening	ICU	Vancomycin-r VRE
Identified p	No specific VRE cor	Screening	Hospital	Vancomycin-r VRE
-	Chlorhexidine (sing	Decolonisation	Hospital	Surgical site in SSI
-	Preoperative scree	Screening	Orthopedics	Surgical site in SSI
-	Mupirocin ointme	Decolonisation	Cardiology	Surgical site in SSI
-	Two scenarios eval	Screening	Hospital	Surgical site in SSI
-	Chlorhexidine bat	Decolonisation	Orthopedics	Surgical site in SSI
-	Analysis of three st	Screening	Orthopedics	Surgical site in SSI
-	Screening and subs	Screening	Maternity	Surgical site in SSI
Nine of the	Active surveillance	Screening	ICU	MRSA
Global	Antimicrobial stew	ABS	Hospital	AMR, includin MDRO
Global	Screening strategie	Screening	Hospital	MRSA
Global	Decolonisation ver	Decolonisation	Hospital	MRSA
Global	Decolonisation of I	Screening	Hospital	MRSA
Global	Surveillance and d	Surveillance	ICU	CRE
Global	Antimicrobial stew	ABS	Hospital	BSI
-	Multimodal IPC int	IPC bundle	Hospital	HCAIs
-	Multimodal IPC int	IPC bundle	Hospital	Central-line-as BSI
-	Multimodal IPC int	IPC bundle	Hospital	Clostridium di C. diff infectio
-	National IPC polici	Screening	Hospital	MRSA
Included st	WGS for surveillan	Surveillance	Hospital	HCAIs, includi HCAI
Studies inc	Screening followed	Screening	Hospital	HCAIs
Studies inc	Hand hygiene (WH	Hand hygiene	Hospital	HCAIs
Studies inc	Environmental cle	Environmental cl	Hospital	HCAIs
Studies inc	Surveillance vs star	Surveillance	Hospital	HCAIs
Studies inc	Multimodal and in	IPC bundle	Hospital	HCAIs
Studies inc	Personal protectiv	PPE	Hospital	C. diff infectio C. diff infectio
Studies inc	Education and trai	Education & trai	Hospital	HCAIs
Geographic	Procalcitonin (PCT	Diagnosis	Hospital	Sepsis
Geographic	Rapid PCR testing:	Diagnosis	Hospital	Sepsis
Geographic	Molecular testing:	Diagnosis	Hospital	Sepsis
Geographic	Blood cultures con	Diagnosis	Hospital	Sepsis
Low-, midd	Early disease detec	Screening	Hospital	Pneumococca Pneumonia
OECD coun	Hand hygiene tackl	Hand hygiene	Medical/surgica	Clostridioides MRSA
OECD coun	MRSA prevention a	IPC bundle	Medical/surgica	Clostridioides MRSA

OECD coun	Contact precaution IPC bundle	Medical/surgica	Clostridioides	MRSA
OECD coun	PCR screening for MRSA Screening	Medical/surgica	Clostridioides	MRSA
OECD coun	VRE prevention and IPC bundle	Medical/surgica	Clostridioides	VRE
OECD coun	MRSA screening and Screening	Medical/surgica	Clostridioides	MRSA
Global	Point-of-care diagnosis ABS	Maternity	AMR, including	MDRO
-	WGS for pathogen Surveillance	Hospital	Of the 19 publi	HCAI
-	Point-of-care test for Screening	ICU	MRSA	MRSA
-	Point-of-care test for Diagnosis	Hospital	Influenza and	Influenza
-	Point-of-care test for Diagnosis	Hospital	Influenza	Influenza

[illegible]

Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes, MRSA	Yes	1	Up to January 1987-2011	36	We calculated t
Yes	Yes	5	2000-2017 2009-2017	5	-
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, VRE	Yes	11	January 1985 2001-2016	9	Incremental co
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, some identifi	Yes	4	Up to January 1996-2017	32	Results are pres
Yes, MRSA	Yes	4	Up to Septem 1999-2007	20	Studies that me
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, paper is focus	Yes	7	2000-2021 2001-2021	35	A narrative synt
Yes, some identifi	Yes	5	1 Jan 2000 - 1 2000-2016	29	studies in 3(A narrative sum
Yes, some identifi	Yes	5	1 Jan 2000 - 1 2000-2016	29	studies in 3(A narrative sum
Yes, some identifi	Yes	5	1 Jan 2000 - 1 2000-2016	29	studies in 3(A narrative sum
Yes, some identifi	Yes	5	1 Jan 2000 - 1 2000-2016	29	studies in 3(A narrative sum
Yes, focus of the r	Yes	6	1 October 199 2019-2021	9	The heterogene
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, includes resis	Yes	9	Jan 1, 2009, a 2009-2022	73,	with 36 me Narrative.Studi
Yes, considers hov	Yes	3	January 2000 2010-2019	16	-
Yes, considers hov	Yes	3	January 2000 2010-2019	16	-
Yes, considers hov	Yes	3	January 2000 2010-2019	16	-
Yes, considers hov	Yes	3	January 2000 2010-2019	16	-
No	No	7	January 1, 199 1990-2016	383,	178 econ Data were not r
Yes, includes C. di	Yes	6	2000-2019 2001-2016	7	For each type o
Yes, includes C. di	Yes	6	2000-2019 2001-2016	7	For each type o



Yes, includes C. di Yes	6	2000-2019	2001-2016	7	For each type o
Yes, includes C. di Yes	6	2000-2019	2001-2016	7	For each type o
Yes, includes C. di Yes	6	2000-2019	2001-2016	7	For each type o
Yes, includes C. di Yes	6	2000-2019	2001-2016	7	For each type o
Yes, AMR is the fo Yes	5	January 2000	2011-2022	20, 4 of which	Given heteroge
Yes, MRSA and ot Yes	6	No restriction	2014-2021	19	Counts were ca
Yes, MRSA is consi Yes	2	2007-2019	2008-2019	44	-
Yes, MRSA is consi Yes	2	2007-2019	2008-2019	44	-
Yes, MRSA is consi Yes	2	2007-2019	2008-2019	44	-

QA tool	QA results	Quantitative results	Qualitative results	Conclusions	Cost-effective?	Cost-effective (drop-down)
No formal t	The current	[10] USD 9969	For the costs	Preoperative sc	No, universal d	No
-	-	[46] Treat-all d	[45] Combine	Further studie	No, universal d	No
Drummon	Despite mo	Compared wit	Rapid PCR tes	PCR assays wer	Yes, compared i	Yes
Drummon	Despite mo	[58] ICER of \$1	[58] Single-cu	-	Yes, compared i	Yes
Drummon	Despite mo	[59] ICER=\$320	[59] Screenin	-	Yes; compared i	Mixed
Drummon	Despite mo	[60] \$100 per C	[60] Active PC	-	Yes, compared i	Yes
Drummon	Despite mo	[61] ICER=\$578	[61] Selective	PCR assays wer	Yes; selective sc	Mixed
Drummon	Despite mo	[64] ICER=\$293	[64] Gown us	Interventions i	Yes, compared i	Yes
Drummon	Despite mo	[29] Up to \$110	[29] Universal	PCR assays wer	Yes, compared i	Yes
Drummon	Despite mo	[68] \$3,102/c	Universal dec	Most of these s	Yes, compared i	Yes
Drummon	Despite mo	[30] PCR screer	[30] PCR scre	Most of these s	Yes; compared i	Mixed
Drummon	Despite mo	[71] Resulting i	[71] Active su	Most strategie	Yes, compared i	Yes
Drummon	Despite mo	[28] 14.3 addit	[28] Only cost	Although the e	Yes; compared i	Mixed
Drummon	Despite mo	[31] ICER=\$270	[31] The use o	Most strategie	Yes, compared i	Yes
Drummon	Despite mo	[73] ICER=\$688	[73] Test-guid	Most strategie	Yes, compared i	Yes
Drummon	Despite mo	[63] \$4,949/tr	-	-	Yes, compared i	Yes
Drummon	Despite mo	[72] Dominant	-	-	Yes, compared i	Yes
-	-	[17] They found	[42] All target	As a conclusio	Yes; selective sc	Mixed
(1) Scottish	Only two st	-	[29] The infec	Well-conducte	Yes; if intervent	Mixed
(1) Scottish	Only two st	-	[1] Analysis d	Well-conducte	Yes; unless isol	Mixed
[13-15] A q	The averag	-	[18] cost-ben	The responsibl	Yes, comparato	Yes
[13-15] A q	The averag	-	[39] preadmis	The responsibl	Yes; if intervent	Mixed
Scottish In	The studies	[18]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[19]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[21]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[22]Total inter	-	Prevention prc	Yes, comparat	Yes
Scottish In	The studies	[26]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[34]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[35]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[38]Total inter	-	Prevention prc	Yes, comparato	Yes
Scottish In	The studies	[41]Total inter	-	Prevention prc	No, comparato	No
Scottish In	The studies	[42]Total inter	-	Prevention prc	Yes, comparato	Yes
The strengt	The evidenc	-	One study att	Thus, despite t	Yes, comparato	Yes
The strengt	The evidenc	-	One study [10	Thus, despite t	Yes, comparato	Yes
The risk of I	The overall	-	[22] They did	The most striki	Yes; weak domi	Yes
Quality of I	The QHES sc	[27]Total inter	[27] Reported	The median sav	No, comparato	No
Quality of I	The QHES sc	[25]Total inter	[25] Reported	The median sav	No, comparato	No
Quality of I	The QHES sc	[30]Total inter	[30] describe	The median sav	No, comparato	No
Quality of I	The QHES sc	[14] ICU result	The 'search ar	The median sav	Yes, comparato	Yes
Quality of I	The QHES sc	-	Pre-emptive i	The median sav	No, comparat	No
Quality of I	The QHES sc	-	Screening wit	The median sav	Yes, comparat	Yes
Quality of I	The QHES sc	[13]Total inter	-	The median sav	Yes, comparato	Yes
Quality of I	The QHES sc	[17]Total inter	-	The median sav	Yes, comparato	Yes
Quality of I	The QHES sc	[18]Total inter	-	The median sav	Yes, comparato	Yes

Quality of f	The QHES sc	[19] Total inter -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[20] Total inter -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[21] Total inter -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[23] Total inter -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[24] Total inter -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[26] Total inter -	The median sav	Yes, compared i	Yes
Quality of f	The QHES sc	[28] Standard s -	The median sav	Yes, comparato	Yes
Quality of f	The QHES sc	[29] Total inter -	The median sav	Yes, comparato	Yes
(1) Joanna In general,		[14] ASP versus All studies coi	Implementing	Yes, compared i	Yes
Joanna Briç The quality	-	[4] ICER = Don	Four studies fo	Yes, compared i	Yes
Joanna Briç The quality	-	[19] ICER = Dc	Four studies fo	Yes, compared i	Yes
Joanna Briç The quality	-	[18] ICER = Dc	Four studies fo	No, compared t	No
Joanna Briç The quality	-	[17] ICER = Dc	Four studies fo	Yes, compared i	Yes
Joanna Briç The quality	-	[16] ICER = Dc	Four studies fo	Yes, compared i	Yes
Joanna Briç The quality	-	[20] ICER = Dc	Four studies fo	Yes, screening v	Yes
Drummonç The quality		[20] Use of chlç -	Current eviden	Yes, comparato	Yes
Drummonç The quality		[27] In THA (hiç -	Current eviden	Yes; if intervent	Mixed
Drummonç The quality		[23] Cost:effect [23] Impact o	Current eviden	Unclear; depen	Mixed
Drummonç The quality	-	[28] Both scer	Current eviden	Yes, compared i	Yes
Drummonç The quality		[22] The cloths [22] Cost of cl	Current eviden	Yes; if intervent	Mixed
Drummonç The quality		[24] Treat all w [24] Treat all i	Current eviden	No, decolonise	No
Drummonç The quality		[25] Screen anc [25] Thereforç	Current eviden	Unclear; CE if in	Mixed
The quality None of the		[35] High-risk s [34] One cost-	Although the 2	Yes; CE if interv	Mixed
The quality Our quality	-	Point-of-care	Wilton et al. dç	Unclear; in maj	Mixed
The quality Our quality	-	The studies cc	Wilton et al. dç	Yes; in high-risk	Mixed
The quality Our quality	-	Robotham et	Wilton et al. dç	Yes, compared i	Yes
The quality Our quality	-	Likely to be cç	Wilton et al. dç	Yes, comparato	Yes
The quality Our quality	-	Likely to be cç	Wilton et al. dç	Yes, comparato	Yes
The quality Our quality	-	Likely to be cç	Wilton et al. dç	Yes, comparato	Yes
EPOC risk-c Evidence of		[35] Total annu -	The economic i	Unclear; CE in s	Mixed
EPOC risk-c Evidence of	-	[36] Cost-effec	The economic i	Yes, compared i	Yes
EPOC risk-c Evidence of		[37] Preventior -	The economic i	Yes, comparato	Yes
EPOC risk-c Evidence of		[51] Screening [51] MRSA scr	The economic i	Yes; in high-risk	Mixed
The Drumn Overall, the		[Dymond et al. In view of the	The available e	Yes; CE if interv	Mixed
British Mec 36 studies v		One study foun	In general wai	There was no st	Yes; selective sc
British Mec 36 studies v		Base case cost-	Interventions	Hand hygiene i	Yes; for HCWs a
British Mec 36 studies v		Base case cost-	Interventions	Environmental	Yes, compared i
British Mec 36 studies v	-	Surveillance c	Surveillance in	Yes, compared i	Yes
British Mec 36 studies v		Base case cost-	Two studies fr	Multimodal ini	Yes, compared i
British Mec 36 studies v		Base case cost-	Only one stud -	No, compared t	No
British Mec 36 studies v	-	There were nc -	No evidence	No evidence	No evidence
Consolidat All the artic		[32] USA (1) PC	In five studies	Using a diagno	Yes, compared i
Consolidat All the artic		[28] Europe & I	Another cost-	Using a diagno	Yes, compared i
Consolidat All the artic		[42] US (1) Only	Two papers cç	Using a diagno	Yes, compared i
Consolidat All the artic		[35] France (1) LSF is cost-effi	Using a diagno	Yes, compared i	Yes
Consolidat In economi		[201] Netherlaj	Early disease c -	Yes, compared i	Yes
We first use Most studie		[52] Chun et al. -	All studies dem	Yes, comparato	Yes
We first use Most studie		[53] Chowers e -	All studies dem	Yes, comparato	Yes

We first use	Most studies	[48] Bessesen et al -	All studies demonstrate	No, Centers for	No
We first use	Most studies	[54] Hassan et al -	All studies demonstrate	Yes, comparative	Yes
We first use	Most studies	[50] In the Mor -	All studies demonstrate	Yes, comparative	Yes
We first use	Most studies	[51] Wassenbergh With back-up	All studies demonstrate	Unclear, dependent	Mixed
Consensus	No studies	[48] Intervention	[48] Intervention -	No, compared to	No
Assessed the	Quality score	[43,51] Two studies	[43,51] Both : From our system	Yes; in studies	Yes
CHEERS checklist	Compliance	[27] Cost per patient	[27] POCT was: There were very	Yes, compared to	Yes
CHEERS checklist	Compliance	[45] Cost per patient	[45] POCT was: There were very	Yes, compared to	Yes
CHEERS checklist	Compliance	[55] ICER: \$29, [55] POCT was: There were very	Yes, compared to	Yes	Yes

		JBI Critical Ap				
Compared to same type?	Comparator stated?	1. Research question	2. Inclusion criteria	3. Search strategy	4. Sources	5. Appraisal criteria
No	Yes	Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
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No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
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No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Unclear	Yes	Yes	No
No	Yes	Yes	Yes	Yes	Yes	Unclear
No	Yes	Yes	Yes	Yes	Yes	Unclear
No	No	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	Yes
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No	No	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	Yes
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No	Yes	No	Yes	Yes	Yes	Yes
No	No	Yes	Unclear	Yes	Yes	Yes
No	Yes	Yes	Unclear	Yes	Yes	Yes
No	Yes	Yes	Unclear	Yes	Yes	Yes
No	No	Yes	Unclear	Yes	Yes	Yes
No	No	Yes	Unclear	Yes	Yes	Yes
No	No	Yes	Unclear	Yes	Yes	Yes
No	No	No	Unclear	Yes	Yes	Yes
No	Yes	No	Unclear	Yes	Yes	Yes
No	No	No	Unclear	Yes	Yes	Yes
No	Yes	No	Unclear	Yes	Yes	Yes
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No	Yes	No	Yes	Yes	Yes	Yes
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No	Yes	No	Yes	Yes	Yes	Yes
N/A	N/A	No	Yes	Yes	Yes	Yes
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No	Yes	No	Yes	Yes	Yes	Yes

[illegible][illegible]



[illegible]

Yes	Yes	Yes	N/A	Yes	Yes	100%
Yes	Yes	Yes	N/A	Yes	Yes	100%
Yes	Yes	Yes	N/A	Yes	Yes	100%
Yes	Yes	Yes	N/A	Yes	Yes	100%
Yes	Yes	Yes	N/A	Yes	Yes	100%
Yes	No	Yes	N/A	Yes	Yes	80%
Unclear	Unclear	Unclear	N/A	Yes	Yes	60%
Unclear	Unclear	Unclear	N/A	Yes	Yes	60%
Unclear	Unclear	Unclear	N/A	Yes	Yes	60%

13. Quality

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