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Appendix 1 Search strategies employed in our study and in previous systematic-reviews and meta-analysis of randomized controlled trials on the treatment of giardiasis.

Our integrated search based on previous systematic-reviews

Databases:	MEDLINE/PubMed, SciELO and Current Contents Connect through Web of Science, Scopus, Google Scholar, ScienceDirect, EMBASE through Ovid, Cochrane Central Register of Controlled Trials (CENTRAL) and LILACS.
Search strategy:	(treatment[MeSH] OR nitroimidazoles[MeSH] OR albendazole[MeSH] OR chloroquine[MeSH] OR furazolidone[MeSH] OR mebendazole[MeSH] OR metronidazole[MeSH] OR nitazoxanide[All Fields] OR ornidazole[MeSH] OR secnidazole[All Fields] OR tinidazole[MeSH]) AND (giardiasis[MeSH] OR giardia[MeSH]) AND (clinical trial[MeSH] OR Clinical Trials as Topic[MeSH] OR random*[All Fields] OR compar*[All Fields] OR versus[All Fields])
Search terms:	see above.
Search until:	1 May 2013 - 31 May 2016

Escobedo et al. 2016

Databases:	PubMed, Medline, EMBASE through Ovid, CENTRAL and LILACS.
Search strategy:	("Tinidazole"[Mesh] OR "Albendazole"[Mesh]) AND ("Giardia lamblia"[Mesh]) AND ((clinical[Title/Abstract] AND trial[Title/Abstract]) OR clinical trials as topic[MeSH Terms] OR clinical trial[Publication Type] OR random*[Title/Abstract] OR random allocation[Title/Abstract] OR random allocation[MeSH Terms] OR therapeutic use[MeSH Subheading])
Search terms:	see above.
Search until:	5 February 2015

Pasupuleti et al. 2014

Databases:	PubMed-Medline, Scopus, Cochrane library, Web of Science
Search strategy:	((("metronidazole"[MeSH Terms] OR "metronidazole"[All Fields]) OR ("tinidazole"[MeSH Terms] OR "tinidazole"[All Fields]) OR ("secnidazole"[Supplementary Concept] OR "secnidazole"[All Fields]) OR ("ornidazole"[MeSH Terms] OR "ornidazole"[All Fields]) OR ("4-nitroimidazole"[Supplementary Concept] OR "4-nitroimidazole"[All Fields] OR "5-nitroimidazole"[All Fields])) AND (("Giardia"[MeSH Terms] OR "Giardia"[All Fields]) OR <i>G.lamblia</i> [All Fields] OR ("giardiasis"[MeSH Terms] OR "giardiasis"[All Fields])) AND (("randomized controlled trial"[Publication Type] OR "randomized controlled trials as topic"[MeSH Terms] OR "randomised controlled trial"[All Fields] OR randomized controlled trial[All Fields]) OR ("randomized controlled trial" as topic"[MeSH Terms] OR "randomized controlled trial"[All Fields] OR "randomised controlled trial"[All Fields]) OR ("clinical trial"[Publication Type] OR "clinical trials as topic"[MeSH Terms] OR "clinical trial"[All Fields]))
Search terms:	see above.
Search until:	13 May 2013

Granados et al. 2012

Databases: Cochrane Infectious Diseases Group Specialized Register (CIDG SR), Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 6 2012), MEDLINE, EMBASE, LILACS and the International Clinical Trials Registry Platform Search Portal.

Search strategy: Available for CIDG SR, CENTRAL, MEDLINE, EMBASE and LILACS.

Search terms: Giardia Lamblia[MeSH], Giardiasis[MeSH], carbamates[MeSH], benzimidazoles[MeSH], nitroimidazoles[MeSH], imidazoles[MeSH], antitrichomonal agents[MeSH], albendazole, metronidazole, mebendazole, tinidazole, nitazoxanide

Search until: July 2012

Solaymani-Mohammadi et al. 2010

Databases: PubMed, Scopus, EMBASE, Cochrane Controlled Trials Register (issue 4, 2009), LILACS, ISI Web of Science

Search strategy: not described.

Search terms: “giardiasis”, “metronidazole”, and “albendazole”

Search until: February 2010

Zaat et al. 1997

Databases: Medline/Index Medicus, EMBASE, Current Contents, Cochrane Tropical Diseases Group Trial register

Search strategy: not described.

Search terms: giardiasis (mesh), treatment (mesh), giardiasis and albendazole, furazolidone, metronidazole, ornidazole, quinacrine, tinidazole, secnidazole, albendazole or paromomycin (text-words).

Search until: February 1996 (Medline), Embase (1995), August 1996 (Current Contents)

Appendix 2 List of included randomized controlled trials and source of identification

A. Published after the period covered by previous systematic reviews

- 1) Bances García FB, Rodríguez Díaz DR, Albuquerque Fernández P, Paz Marchena A. Eficacia y seguridad de Nitazoxanida comparada con Albendazol en el tratamiento de Giardiasis sintomática en niños de Trujillo, Perú 2008 - 2009. *Rev Cient Cienc Med* 2013; **16**: 6-11.
- 2) Begaydorova R, Nasakaeva GE, Tabagari SI, Iukhnevich EA, Alshinbekova GK. Clinical and diagnostic features and treatment of giardiasis. *Georgian Med News* 2014; 55-61.
- 3) Imani R, Khoshdel A, Darani HY, Mobasheri M. Comparative Clinical Trial of Mebendazole, Praziquantel and Metronidazole in Treatment of Human Giardiasis. *Int J Travel Med Glob Health* 2014; **1**: 109–12.
- 4) Speich B, Marti H, Ame SM, et al. Prevalence of intestinal protozoa infection among school-aged children on Pemba Island, Tanzania, and effect of single-dose albendazole, nitazoxanide and albendazole-nitazoxanide. *Parasit Vectors* 2013; **6**: 3.

B. Initially identified by the systematic review by Zaat et al. 1997

- 1) al-Waili NS, Hasan NU. Mebendazole in giardial infection: a comparative study with metronidazole. *J Infect Dis* 1992; **165**: 1170-1.
- 2) Bassily S, Farid Z, Mikhail JW, Kent DC, Lehman JS, Jr. The treatment of Giardia lamblia infection with mepacrine, metronidazole and furazolidone. *J Trop Med Hyg* 1970; **73**: 15-8.
- 3) Bulut BU, Gulnar SB, Aysev D. Alternative treatment protocols in giardiasis: a pilot study. *Scand J Infect Dis* 1996; **28**: 493-5.
- 4) Chacon R, Wang Chio M, Cob Sosa C. Eficacia de la furazolidone, metronidazol y secnidazol en el tratamiento de la giardiasis en niños. *Compendio Invest Clin Latinoam* 1991; **11**: 41-4.
- 5) Cimerman B, Boruchovski H, Cury F, Bichued L, Ieri A. Comparison between secnidazole and metronidazole in treatment of giardiasis. *Arq Bras Med* 1988; **62**: 291-4.
- 6) Dutta AK, Phadke MA, Bagade AC, et al. A randomised multicentre study to compare the safety and efficacy of albendazole and metronidazole in the treatment of giardiasis in children. *Indian J Pediatr* 1994; **61**: 689-93.
- 7) Garg BK. Furazolidone and metronidazole in the treatment of giardiasis. *Indian J Pediatr* 1972; **39**: 264-6.
- 8) Gascon J, Abos R, Valls M, Corachan M. Mebendazole and metronidazole in giardial infections. *Trans R Soc Trop Med Hyg* 1990; **84**: 694.
- 9) Gazder AJ, Banerjee M. Single-dose treatment of giardiasis in children: a comparison of tinidazole and metronidazole. *Curr Med Res Opin* 1977; **5**: 164-8.
- 10) Hall A, Nahar Q. Albendazole as a treatment for infections with Giardia duodenalis in children in Bangladesh. *Trans R Soc Trop Med Hyg* 1993; **87**: 84-6. * Included the results of two trials.
- 11) Jokipii L, Jokipii AM. Treatment of giardiasis: comparative evaluation of ornidazole and tinidazole as a single oral dose. *Gastroenterology* 1982; **83**: 399-404.
- 12) Kalayci AG, Cetinkaya F, Gunaydin M, Gurses N. Comparison of mebendazole with metronidazole and furazolidone in the treatment of Giardiasis in children. *Ann Saudi Med* 1995; **15**: 655-6.
- 13) Kavousi S. Giardiasis in infancy and childhood: a prospective study of 160 cases with comparison of quinacrine (Atabrine) and metronidazole (Flagyl). *Am J Trop Med Hyg* 1979; **28**: 19-23.
- 14) Kyronseppa H, Pettersson T. Treatment of giardiasis: relative efficacy of metronidazole as compared with tinidazole. *Scand J Infect Dis* 1981; **13**: 311-2.
- 15) Leite EV, Goncalves AL, da Costa DG, da Costa Filho RL, Podkameni N. [Comparison between ornidazole and metronidazole: double blind clinical therapeutical trial in intestinal giardiasis]. *Rev Inst Med Trop Sao Paulo* 1976; **18**: 28-35.
- 16) Misra PK, Kumar A, Agarwal V, Jagota SC. A comparative clinical trial of albendazole versus metronidazole in children with giardiasis. *Indian Pediatr* 1995; **32**: 779-82.

- 17) Miyares C, Hollands I, Castaneda C, et al. Ensayo terapéutico con un preparado a base de propóleo propolisina en la giardiasis del humano. *Acta Gastroenterol Latinoam* 1988; 18: 195-201.
- 18) Nair KV, Sharma MP, Mithal S, Tandon BN. Successes of metronidazole and furazolidone in the treatment of giardiasis. *J Indian Med Assoc* 1979; 72: 162-5.
- 19) Nigam P, Kapoor K, Kumar A, Sarkari N, Gupta A. Clinical profile of giardiasis and comparison of its therapeutic response to metronidazole and tinidazole. *J Assoc Physicians India* 1991; 39: 613-5.
- 20) Oren B, Schgurensky E, Ephros M, Tamir I, Raz R. Single-dose ornidazole versus seven-day metronidazole therapy of Giardiasis in Kibbutzim children in Israel. *Eur J Clin Microbiol Infect Dis* 1991; 10: 963-5.
- 21) Quiros-Buelna E. Furazolidone and metronidazole for treatment of giardiasis in children. *Scand J Gastroenterol* 1989; 24: 65-9.
- 22) Romero-Cabello R, Robert L, Munoz-Garcia R, Tanaka J. [Randomized study comparing the safety and efficacy of albendazole and metronidazole in the treatment of giardiasis in children]. *Rev Latinoam Microbiol* 1995; 37: 315-23.
- 23) Speelman P. Single-dose tinidazole for the treatment of giardiasis. *Antimicrob Agents Chemother* 1985; 27: 227-9. * Included the results of two trials.

C. Initially identified by Solaymani-Mohammadi et al. 2010

- 1) Alizadeh A, Ranjbar M, Kashani KM, Taheri MM, Bodaghi M. Albendazole versus metronidazole in the treatment of patients with giardiasis in the Islamic Republic of Iran. *East Mediterr Health J* 2006; 12: 548-54.
- 2) Karabay O, Tamer A, Gunduz H, Kayas D, Arinc H, Celebi H. Albendazole versus metronidazole treatment of adult giardiasis: An open randomized clinical study. *World J Gastroenterol* 2004; 10: 1215-7.
- 3) Rodríguez-García R, Rodríguez-Guzmán LM, Cruz del Castillo AH. Eficacia y seguridad de mebendazol contra nitazoxanida en el tratamiento de Giardia lamblia en niños. *Rev Gastroenterol Mex* 1999; 64: 122-6.
- 4) Yereli K, Balcioglu IC, Ertan P, Limoncu E, Onag A. Albendazole as an alternative therapeutic agent for childhood giardiasis in Turkey. *Clin Microbiol Infect* 2004; 10: 527-9.

D. Initially identified by Granados et al. 2012

- 1) Canete R, Rodriguez P, Mesa L, et al. Albendazole versus metronidazole in the treatment of adult giardiasis: a randomized, double-blind, clinical trial. *Curr Med Res Opin* 2012; 28: 149-54.
- 2) Chan del Pino M, Cueva Cornejo L, Troyes Rivera L. Comparación de albendazol con nitrofuranos y nitroimidazoles en el tratamiento de giardiasis en niños. *Rev Gastroenterol Peru* 1999; 19: 95-108.
- 3) Fallah M, Rabiee S, Moshtaghi AA. Comparison between efficacy of single dose of tinidazole with a 7-day standard dose course of metronidazole in giardiasis. *Pak J Med Sci* 2007; 23: 43.
- 4) Gascon J, Moreno A, Valls ME, Miro JM, Corachan M. Failure of mebendazole treatment in Giardia lamblia infection. *Trans R Soc Trop Med Hyg* 1989; 83: 647.
- 5) Ortiz JJ, Ayoub A, Gargala G, Chegne NL, Favennec L. Randomized clinical study of nitazoxanide compared to metronidazole in the treatment of symptomatic giardiasis in children from Northern Peru. *Aliment Pharmacol Ther* 2001; 15: 1409-15.
- 6) Perez-Choliz V, Clavel A, Olivan G, et al. Tratamiento de la giardiasis: estudio comparativo en pediatría, entre metronidazol en dosis múltiple y tinidazol en dosis única. *Archivos de Pediatría* 1989; 40: 245-9.
- 7) Rodriguez -Garcia R, Aburto-Bandala M, Sanchez-Maldonado MI. Eficacia del albendazol en el tratamiento de giardiasis en niños. *Bol Med Hosp Infan Mex* 1996; 53: 173-7.

E. Initially identified by Pasupuleti et al. 2014

- 1) Almirall P, Escobedo AA, Ayala I, et al. Mebendazole compared with secnidazole in the treatment of adult giardiasis: a randomised, no-inferiority, open clinical trial. *J Parasitol Res* 2011; 2011: 636857.

- 2) Canete R, Escobedo AA, Gonzalez ME, Almirall P, Cantelar N. A randomized, controlled, open-label trial of a single day of mebendazole versus a single dose of tinidazole in the treatment of giardiasis in children. *Curr Med Res Opin* 2006; 22: 2131-6.
- 3) Canete R, Rivas DE, Escobedo AA, Gonzalez ME, Almirall P, Brito K. A randomized, controlled, open-label trial evaluating the efficacy and safety of chloroquine in the treatment of giardiasis in children. *West Indian Med J* 2010; 59: 607-11.
- 4) Cimerman B, Camilo Coura L, JM CS, et al. Evaluation of Secnidazole Gel and Tinidazole Suspension in the Treatment of Giardiasis in Children. *Braz J Infect Dis* 1997; 1: 241-7.
- 5) Escobedo AA, Nunez FA, Moreira I, Vega E, Pareja A, Almirall P. Comparison of chloroquine, albendazole and tinidazole in the treatment of children with giardiasis. *Ann Trop Med Parasitol* 2003; 97: 367-71.
- 6) Escobedo AA, Canete R, Gonzalez ME, Pareja A, Cimerman S, Almirall P. A randomized trial comparing mebendazole and secnidazole for the treatment of giardiasis. *Ann Trop Med Parasitol* 2003; 97: 499-504.
- 7) Escobedo AA, Alvarez G, Gonzalez ME, et al. The treatment of giardiasis in children: single-dose tinidazole compared with 3 days of nitazoxanide. *Ann Trop Med Parasitol* 2008; 102: 199-207.
- 8) Pengsaa K, Sirivichayakul C, Pojjaroen-anant C, Nimnual S, Wisetsing P. Albendazole treatment for *Giardia intestinalis* infections in school children. *Southeast Asian J Trop Med Public Health* 1999; 30: 78-83.
- 9) Sadjjadi SM, Alborzi AW, Mostovfi H. Comparative clinical trial of mebendazole and metronidazole in giardiasis of children. *J Trop Pediatr* 2001; 47: 176-8.
- 10) Teles NS, Fechine FV, Viana FA, et al. Evaluation of the therapeutic efficacy of *Mentha crisper* in the treatment of giardiasis. *Contemp Clin Trials* 2011; 32: 809-13.

F. Initially identified by Escobedo et al. 2016

- 1) Mendoza D, Núñez FÁ, Escobedo ÁA, et al. Utilidad de 2 métodos coproparasitológicos y su empleo en un ensayo terapéutico anti-giardiasis. *Rev Cubana Med Trop* 2003; 55: 174-8.
- 2) Pengsaa K, Limkittikul K, Pojjaroen-anant C, et al. Single-dose therapy for giardiasis in school-age children. *Southeast Asian J Trop Med Public Health* 2002; 33: 711-7.

G. Identified by visually scanning the reference lists of included RCTs and experts' reviews.

- 1) Amoroto M, Fernández M, González M, Escobedo A, Palomino A, Acosta M. Eficacia del aceite ozonizado (Oleozón) en el tratamiento de la giardiasis. Ensayo clínico fase III, aleatorizado, abierto y controlado. *Rev Cubana Farm* 2002; 36: 173-5.
- 2) Canete R, Escobedo AA, Gonzalez ME, Almirall P. Randomized clinical study of five days apostrophe therapy with mebendazole compared to quinacrine in the treatment of symptomatic giardiasis in children. *World J Gastroenterol* 2006; 12: 6366.
- 3) Cimerman B, Cimerman S, Katz N, et al. Eficácia e tolerabilidade do secnidazol suspensão versus tinidazol suspensão no tratamento da giardíase em crianças. *Pediatr Mod* 1999; 35: 313-8.
- 4) Davila-Gutierrez CE, Vasquez C, Trujillo-Hernandez B, Huerta M. Nitazoxanide compared with quinifamide and mebendazole in the treatment of helminthic infections and intestinal protozoa in children. *Am J Trop Med Hyg* 2002; 66: 251-4.
- 5) Nunez F, Escobedo A, Finlay C. Eficacia de varios esquemas de tratamiento para la infección por *Giardia lamblia* en niños. *Rev Panam Infectol* 2004; 6: 17-20.
- 6) Rastegar-Lari A, Salek-Moghaddam A. Single-dose secnidazole versus 10-day metronidazole therapy of giardiasis in Iranian children. *J Trop Pediatr* 1996; 42: 184.
- 7) Rossignol JF, Ayoub A, Ayers MS. Treatment of diarrhea caused by *Giardia intestinalis* and *Entamoeba histolytica* or *E. dispar*: a randomized, double-blind, placebo-controlled study of nitazoxanide. *J Infect Dis* 2001; 184: 381-4.
- 8) Sahib AS, Mohammed IH, Sloo SA. Anti-giardial effect of *Anethum graveolens* aqueous extract in children. *J Intercult Ethnopharmacol* 2014; 3: 109-12.

Appendix 3 List of excluded studies and criteria for exclusion.

A. No randomization

- 1) Ali AA, Abdelrahim ME, Elmoslami NA, Said AS, Meabed MH. Comparison between nitazoxanide and metronidazole in the treatment of protozoal diarrhea in children. *Med-Science* 2014; **3**:1162-1173.
- 2) Bakshi J, Ghiara J, Nanivadekar A. How Does Tinidazole Compare with Metronidazole? *Drugs* 1978; **15**:33-42.
- 3) Bassily S, Farid Z, el-Masry NA, Mikhail EM. Treatment of intestinal *E. histolytica* and *G. lamblia* with metronidazole, tinidazole and ornidazole: a comparative study. *J Trop Med Hyg* 1987; **90**:9-12.
- 4) Craft JC, Murphy T, Nelson JD. Furazolidone and quinacrine: comparative study of therapy for giardiasis in children. *Am J Dis Child* 1981; **135**:164-166.
- 5) Jokipii L, Jokipii AM. Single-dose metronidazole and tinidazole as therapy for giardiasis: success rates, side effects, and drug absorption and elimination. *J Infect Dis* 1979; **140**:984-988.
- 6) Leary P, Jones C, Douglas F. Metronidazole suspension in the out-patient treatment of giardiasis. *J Trop Pediatr* 1974; **20**:198-200.
- 7) Muldaeva G, Begaydarova R, Polyakova E, Yuhnevich Y, Kaliyeva S. [Comparative evaluation of clinical effectiveness of treatment of giardiasis]. *Georgian Med News* 2014; **9**:74-78.
- 8) Özbilgin A, Ertan P, Yereli K, et al. Giardiasis treatment in Turkish children with a single dose of ornidazole. *Scand J Infect Dis* 2002; **34**:918-920.
- 9) Sabchareon A, Chongsuphajaisiddhi T, Attanath P. Treatment of giardiasis in children with quinacrine, metronidazole, tinidazole and ornidazole. *Southeast Asian J Trop Med Public Health* 1980; **11**:280-284.
- 10) Saffar M, Qaffari J, Khalilian A, Kosarian M. Rapid reinfection by *Giardia lamblia* after treatment in a hyperendemic area: the case against treatment. *Eastern Mediterr Health J* 2005; **11**:73-78.
- 11) Suntornpoch V, Chavalittamrong B. Treatment of giardiasis in children with tinidazole, ornidazole and metronidazole. *Southeast Asian J Trop Med Public Health* 1981; **12**:231-235.

B. Parasitological cure rate not reported

- 1) Belkind-Valdovinos U, Belkind-Gerson J, Sánchez-Francia D, Espinoza-Ruiz MM, Lazcano-Ponce E. Evaluación de la nitazoxanida en dosis única y por tres días en parasitosis intestinal. *Salud Pública Méx* 2004; **46**:333-340.
- 2) Okhuysen PC, DuPont HL, Flores Lopez JF, Perez Castell J, Mathewson JJ. A comparative study of furazolidone and placebo in addition to oral rehydration in the treatment of acute infantile diarrhea. *Scand J Gastroenterol* 1989; **169**:39-46.
- 3) Srinivasan P, Lawa HiR, Rosado JL, et al. Household and personal factors are sources of heterogeneity in intestinal parasite clearance among Mexican children 6–15 months of age supplemented with vitamin A and zinc. *Acta Tropica* 2016; **156**:48-56.

C. Duplicate

- 1) Gazder AJ, Banerjee M. Single dose treatment of giardiasis in children--a comparison of tinidazole and metronidazole. *Indian Pediatr* 1977; **14**:715-717.
- 2) Gazder AJ, Banerjee M. Single dose therapy of giardiasis with tinidazole and metronidazole. *Drugs* 1978; **15 Suppl 1**:30-32.
- 3) Misra PK, Kumar A, Agarwal V, Jagota SC. A comparative clinical trial of albendazole versus metronidazole in giardiasis. *Indian Pediatr* 1995; **32**:291-294.

D. Language restriction

- 1) Islamova Zh I, Syrov VN, Khushbaktova ZA, Osipova SO. [The efficacy of ecdystene versus metronidazole in the treatment of lamblasis]. *Med Parazitol (Mosk)* 2010; **Apr-Jun**:14-17. Russian.

- 2) Swiatkowska E, Socha J, Oralewska B, Kozłowski K. [Long term observation of children with *Giardia intestinalis* invasion treated with metronidazole and furazolidone]. *Pol Tyg Lek* 1990; **46**:165-167. Polish.

E. Different dosages of the same drug being compared

- 1) Andrews BJ, Panitescu D, Jipa GH, Vasile-Bugarin AC, Vasiliu RP, Ronnevig JR. Chemotherapy for giardiasis: randomized clinical trial of bacitracin, bacitracin zinc, and a combination of bacitracin zinc with neomycin. *Am J Trop Med Hyg* 1995; **52**:318-321.
- 2) Bhandari B, Upadhyay R. Standard and single dosage regimens of "Flagyl" (metronidazole) in giardiasis in children. *Indian Pediatr* 1972; **9**:800.
- 3) Guerreiro NM, Herrera PM, de Escalona L, et al. [*Giardia lamblia*: comparison of two diagnostic methods and evaluation of response to treatment with metronidazole]. *G E N* 1991; **45**:105-110.
- 4) Gupta JP, Jain AK, Nanivadekar AS. Efficacy of tinidazole (Fasigyn) in giardiasis by parasitologic, biochemical, and gut transit studies. *Indian J Gastroenterol* 1989; **8**:103-104.
- 5) Murphy TV, Nelson JD. Five versus ten days' therapy with furazolidone for giardiasis. *Am J Dis Child* 1983; **137**:267-270.

F. The same patients received more than one drug during the course of the study

- 1) Palomino H, Prez C, Donchaster R, et al. Ensayo terapeutico con cinco medicamentos en lamblisis. *Bol Cil Parasitol* 1970; **25**:52-56.

Suppl. Table 1 Search terms and number of citations within each database searched.^{a,b}

Set	Search Term ^c	CENTRAL	Current Contents	EMBASE	Google Scholar	LILACS	MEDLINE /PubMed	SciELO	Science Direct	Scopus
#1	TREATMENT	267494	2,191,648	5844	-	963	3,646,956	65350	1,138,467	6,256,909
#2	NITROIMIDAZOLES	2175	1,532	1030	21,700	164	16,267	20	991	7,099
#3	ALBENDAZOLE	328	2,985	11386	38,300	214	3,661	111	1,172	11,683
#4	CHLOROQUINE	705	8,101	32479	178,000	280	14,996	190	4,346	35,385
#5	FURAZOLIDONE	87	567	3807	16,000	42	1,216	18	292	4,178
#6	MEBENDAZOLE	112	741	5302	20,000	111	1,776	24	419	5,668
#7	METRONIDAZOLE	1779	7,631	55935	172,000	473	11,402	187	3,048	55,664
#8	nitazoxanide	77	436	1440	5,790	15	470	9	144	1,379
#9	ORNIDAZOLE	62	209	1856	7,100	10	354	1	123	1,919
#10	secnidazole	50	77	445	1,890	19	128	7	41	479
#11	TINIDAZOLE	264	492	4406	16,400	74	903	12	224	4,533
#12	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11)	268751	2,202,921	113030	302,000	2261	3,674,436	65588	1,145,135	6,322,445
#13	GIARDIASIS	92	834	5709	32,700	337	4,846	79	488	7,156
#14	GIARDIA	41	4,987	2742	108,000	159	4,467	299	1,953	10,870
#15	(#13 OR #14)	105	5,251	7675	126,000	446	7,200	324	2,153	13,869
#16	CLINICAL TRIAL	396	97,442	862196	1,780,000	476	290,075	1192	68,681	1,227,080
#17	CLINICAL TRIALS AS TOPIC	56604	-	-	-	1504	290,075	-	-	-
#18	random*	645754	912,012	1084996	4,550,000	18874	1,041,587	27168	323,345	1,851,637
#19	compar*	496728	41,108,611	5249059	312,000	109449	5,004,163	80268	2,002,097	9,852,269
#20	versus	132058	431,433	641772	3,720,000	6414	485,501	5567	199,952	775,630
#21	(#16 OR #17 OR #18 OR #19 OR #20)	773530	4,903,360	6503940	-	124946	5,816,940	101640	2,341,201	11,937,548
#22	(#12 AND #15 AND #21)	77	352	295	667	20	300	11	114	983
#23	(#12 AND #15 AND #21) Filters: Publication date from 2013/05/01 to 2016/05/31	3	74	39	160	1	20	6	27	148

^a CENTRAL: Cochrane Central Register of Controlled Trials; LILACS: “Literatura Latino Americana em Ciências da Saúde” [Portuguese]; SciELO: Scientific Electronic Library Online.

^b Current Contents Connect and SciELO databases were both searched through Web of Science.

^c Search terms in capital letters indicate when a MeSH term was used.

Suppl. Table 2 Summary of the characteristics of included clinical trials (sorted alphabetically).

First author, year of publication	Country	Size	Age ^a	Setting	Patient features	Parasitological cure	Follow-up (days)	Drug ^b	Dosage
al-Waili, 1992	Iraq	44	(3-13)	Outpatient	Symptomatic	Microscopic examination of 2 non-consecutive stool samples in search of G. lamblia cysts and trophozoites.	7, 14	MBZ MTZ	200 mg, 3x/day, 5 days 200 mg, 3x/day, 5 days
Alizadeh, 2006	Iran	120	22 ± 11 (2-53)	Outpatient	Symptomatic	Microscopic examination of iodine-stained wet stool preparations for G. lamblia trophozoites.	3	ABZ MTZ	400 mg, 1x/day, 5 days 250 mg, 3x/day, 5 days
Almirall, 2011	Cuba	126	> 17	Hospital	Symptomatic	Microscopic examination of 3 faecal samples as direct wet mounts and Ritchie concentration.	3, 5, 10	MBZ SCZ	200 mg, 3xday, 3 days 2000 mg, 1xday, 1 day
Amoroto, 2002	Cuba	224	41 ± 15 (17-71)	Hospital	Symptomatic	Microscopic examination of duodenal content obtained by duodenal intubation in search of G. lamblia trophozoites or cysts.	5, 7	OLZ OZN	20 drops, 2xday, 2 cycles of 10 days, rest 7 days in between 500 mg, 2xday, 5 days
Bances-García, 2013	Peru	98	7 ± 3 (3-14)	Outpatient	Symptomatic	Microscopic examination of faecal samples for G. lamblia trophozoites and cysts.	N/A	ABZ NTZ	400 mg/day, 5 days 15 mg/Kg/day, 3 days
Bassily, 1970	Egypt	80	17 (3-52)	Hospital	Symptomatic	Microscopic examination of all faecal samples (twice weekly) after Merthiolate-Iodine-Formaldehyde concentration (MIFC) technique for G. lamblia trophozoites and cysts.	35	FZD MTZ PLA QC	100 mg, 4xday, 7 days 250 mg, 1-2xday, 10 days 3xday, 7 days 100 mg, 2-3xday, 5 days
Begaydarova, 2014	Kazakhstan	250	> 18	Hospital	Symptomatic	Microscopic examination of 3 stool samples.	N/A	OZN SAU	500 mg, 3xday, 7 days 240 mg, 3xday, 10 days
Bulut, 1996	Turkey	60	9 ± 2 (6-12)	Outpatient	Symptomatic	Microscopic examinations of 3 different stool samples for G. lamblia cysts and trophozoites.	14	MBZ MBZ MTZ OZN	100 mg, 3xday, 1 day 100 mg, 3xday, 7 days 15 mg/kg, 1xday, 7 days 40 mg/kg, 1xday, 1 day
Cañete, 2006a	Cuba	122	8 (5-15)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples, as wet mount and/or after Ritchie concentration.	3, 5, 7	MBZ QC	200 mg, 3xday, 5 days 2 mg/kg, 3xday, 5 days
Cañete, 2006b	Cuba	122	(5-15)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples, as direct wet mounts and/or after Ritchie concentration.	3, 5, 7	MBZ TNZ	200 mg, 3xday, 1 day 50 mg/kg, 1xday, 1 day
Cañete, 2010	Cuba	122	(5-15)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples, as direct wet mounts and/or after Ritchie concentration.	3, 5, 7	CQ MTZ	10 mg/kg, 2xday, 5 days 15 mg/kg, 3xday, 5 days
Cañete, 2012	Cuba	150	30 (18-38)	Outpatient	Asymptomatic	Microscopic examination of 3 faecal samples, as wet mounts and/or after Ritchie concentration.	3, 5, 7	ABZ MTZ	400 mg, 1xday, 5 days 250 mg, 3xday, 5 days
Chacon, 1991	Mexico	57	6 ± 1 (1-16)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples using the centrifugation faecal flotation method of Faust.	7	FZD MTZ SCZ	7 mg/kg/day, 7 days 20 mg/kg/day, 5 days 30 mg/kg, 1x/day, 1 day
Chan del Pino, 1999	Peru	79	8 ± 3 (3-14)	Outpatient	Symptomatic	Microscopic examination through direct examination in slide and concentration by Willis flotation technique.	3, 7, 14, 21	ABZ FZD MTZ SCZ TNZ	400 mg, 1x/day, 5 days 5 mg/kg/day, 4x/day, 10 days 15 mg/kg/day, 3x/day, 10 days 30 mg/kg/day, 1x/day, 1 day 50 mg/kg/day, 1x/day, 1 day

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Suppl. Table 2 (Continued) Summary of the characteristics of included clinical trials (sorted alphabetically).

First author, year of publication	Country	Size	Age ^a	Setting	Patient features	Parasitological cure	Follow-up (days)	Drug ^b	Dosage
Cimerman, 1988	Brazil	122	31 ± 13 (16-79)	N/A	Symptomatic	Microscopic examination by the Hoffmann, Pons and Janner sedimentation method and Faust flotation method.	7, 14, 21	MTZ	250 mg, 2x/day, 5 days
Cimerman, 1997	Brazil	267	5 ± 3 (2-13)	Outpatient	Symp./Asymp.	Microscopic examination of 3 faecal samples, using the zinc sulphate floating method (Faust's technique).	7, 14, 21	SCZ	30 mg/kg, 1x/day, 1 day
Cimerman, 1999	Brazil	321	6 ± 3 (2-14)	N/A	Symptomatic	Microscopic examination of 3 faecal samples, using the Faust flotation method and Kato-Katz method.	7, 14, 21	TNZ	30 mg/kg, 1x/day, 1 day
Dávila-Gutierrez, 2002	Mexico	51	8 ± 2 (2-12)	Hospital	N/A	Microscopic examination using Kato-Katz technique.	14	SCZ	30 mg/kg, 1x/day, 1 day
Dutta, 1994	India	150	6 ± 1 (2-10)	Hospital	Symptomatic	Microscopic examination of 3 faecal samples on 3 different days.	7, 14, 21	NTZ	50 mg/kg, 1x/day, 1 day
Escobedo, 2003a	Cuba	165	6 ± 3 (2-15)	Hospital	N/A	Microscopic examination of 2 faecal samples on 2 different days as direct wet mounts and after formol-ether concentration.	7, 10	ABZ	400 mg, 1x/day, 1 day
Escobedo, 2003b	Cuba	146	8 ± 2 (5-15)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples on 3 different days, as direct wet mounts and/or after Ritchie concentration.	3, 5, 7	CQ	7.5 mg/kg/day, 3x/day, 5 days
Escobedo, 2008	Cuba	166	8 (5-14)	Outpatient	Symptomatic	Microscopic examination of 2 faecal samples on 2 different days as basic wet mounts and/or after Ritchie concentration.	5, 7	MBZ	200 mg, 3x/day, 3 days
Fallah, 2007	Iran	106	10	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples on 3 different days by formalin ether concentration technique.	7, 14, 21	SCZ	30 mg/kg, 1x/day, 1 day
Garg, 1972	India	81	(0-9)	Outpatient	Symptomatic	Microscopic examination of two post-treatment faecal samples after saline preparation and slide stained with Lugol's iodine.	N/A	TNZ	50 mg/kg, 1x/day, 1 day
Gascon, 1989	Spain	23	> 18	Outpatient	Symptomatic	Microscopic examination as per al-Waili 1992.	3, 7, 30	FZD	6 mg /kg/day, 3x/day, 7 days
Gascon, 1990	Spain	19	29 ± 12	N/A	N/A	N/A.	3, 7, 30	MTZ	20 mg/kg/day, 3x/day, 7 days
Gazder, 1977	India	100	5 ± 3	Outpatient	Symptomatic	N/A	4, 8, 12, 16	MBZ	200 mg, 3x/day, 1 day
Hall, 1993a	Bangladesh	502	(5-10)	Outpatient	Asymptomatic	Microscopic examination (5-7 min) of 3 stool samples, collected over a period of 10 days, using a direct smear of faeces in saline (0.9% w/v aqueous NaCl). In addition about 1g fresh faeces was fixed in 10% v/v formalin-saline and then processed by an ether sedimentation technique.	10	MTZ	250 mg, 3x/day, 7 days
Hall, 1993b	Bangladesh	266	(5-10)	Outpatient	Asymptomatic	As above.	10	MTZ	250 mg, 3x/day, 7 days
								ABZ	50 mg/kg, 1x/day, 1 day
								ABZ	600 mg, 1x/day, 1 day
								ABZ	400 mg, 1x/day, 3 days
								MTZ	125 mg, 3x/day, 5 days
								ABZ	800 mg, 1x/day, 1 day
								ABZ	400 mg, 1x/day, 3 days
								MTZ	125 mg, 3x/day, 5 days

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Suppl. Table 2 (Continued) Summary of the characteristics of included clinical trials (sorted alphabetically).

First author, year of publication	Country	Size	Age ^a	Setting	Patient features	Parasitological cure	Follow-up (days)	Drug ^b	Dosage
Imani, 2014	Iran	90	9 ± 5 (2-32)	Outpatient	Symptomatic	Microscopic examination of at least 3 stool samples.	7, 10, 14	MBZ MTZ PZQ	60 mg/kg, 1x/day, 1 day 20 mg/kg, 3x/day, 7 days 20 mg/kg, 1x/day, 1 day
Jokipii, 1982	Finland	100	25 ± 5	Outpatient	Symptomatic	Microscopic examination of 3 consecutive faecal samples, and after (Ritchie) formalin-ether concentration.	7, 14, 28, 56	OZN TNZ	1500 mg/day, 1 day 1500 mg/day, 1 day
Kalayci, 1995	Turkey	45	8 ± 1 (2-16)	Outpatient	Symptomatic	N/A	7, 10	FZD MBZ MTZ	2 mg/kg, 4x/day, 10 days 200 mg, 3x/day, 10 days 5 mg/kg, 3x/day, 10 days
Karabay, 2004	Turkey	67	39 ± 13	Outpatient	Symptomatic	Microscopic examination of 2 stool samples.	7, 15	ABZ MTZ	400 mg, 1x/day, 5 days 500 mg, 3x/day, 5 days
Kavousi, 1979	Iran	160	5 (0-13)	Outpatient	Symptomatic	Microscopic examination of 3 different samples on 3 different days and zinc sulphate concentration technique.	5	MTZ QC	125-250 mg, 1-3x/day, 5 days 8 mg/kg/day, 3x/day, 5 days
Kyronseppa, 1981	Finland	50	35 (18-69)	Outpatient	Symptomatic	Microscopic examination of 2 stool specimens on 2 different days using the formalin-ether concentration technique.	14, 28	MTZ TNZ	2000 mg/day, 1x/day, 2 days 2000 mg/day, 1x/day, 1 day
Leite, 1976	Brazil	30	19 (1-63)	Mixed	Asymptomatic	Microscopic examination using at least two different techniques, one being Faust flotation in zinc sulphate method, the other mostly Ritchie centrifugation-sedimentation in formol-ether, or modified Baermann, Hoffmann, Pons & Janer, or Faag-Torres techniques.	7, 14, 21	MTZ OZN	250-500 mg, 1-3x/day, 10 days 250-500 mg, 1-3x/day, 10 days
Mendoza, 2003	Cuba	92	3 ± 1 (2-5)	Outpatient	Symp./Asymp.	Microscopic examination of 3 consecutive samples on 3 different days and Ritchie concentration technique.	7, 14, 21	ABZ TNZ	400 mg, 1x/day, 5 days 50 mg/kg, 1x/day, 1 day
Misra, 1995	India	64	5 ± 1 (2-12)	Hospital	Symp./Asymp.	Microscopic examination using direct smears of faeces in normal saline and formal ether concentration tests.	7, 14, 21	ABZ MTZ	400 mg, 1x/day, 5 days 7.5 mg/kg, 3x/day, 5 days
Miyares, 1988	Cuba	138	(20-60)	N/A	Symp./Asymp.	Microscopic examination of trophozoites in duodenal smear samples.	7	PPS TNZ	10-30%, 5 days 1500 mg/day, 1x/day, 5 days
Nair, 1979	India	39	N/A	Outpatient	Symptomatic	Microscopic examination of 3 stool samples by formol-ether concentration method and wherever possible by repeat duodenal aspirate examination.	15	FZD MTZ	100 mg, 4x/day, 7 days 200 mg, 3x/day, 7 days
Nigam, 1991	India	75	20 ± 6	Hospital	Symp./Asymp.	Microscopic examination of 3 consecutive stool samples using formol-ether concentration method.	4, 8, 12	MTZ TNZ	50 mg/kg, 1x/day, 1 day 50 mg/kg, 1x/day, 1 day
Nunez, 2004	Cuba	256	(1-5)	Outpatient	N/A	Microscopic examination of 3 faecal samples collected on 3 different days and Ritchie formol-ether concentration method.	7, 14, 21	MTZ PPS PPS PRM	25 mg/kg/day, 7 days 30%, 5 mL, 10 days 30%, 5 mL, 20 days 35 mg/kg/day, 7 days
Oren, 1991	Israel	75	2 (1-11)	Outpatient	Symp./Asymp.	Microscopic examination of stool samples using Faust technique.	7, 14, 21	MTZ OZN	20 mg/kg/day, 3x/day, 7 days 40 mg/kg, 1x/day, 1 day
Ortiz, 2001	Peru	110	6 ± 3 (2-11)	Outpatient	Symptomatic	Enzyme immunoassay of 2 consecutive stool samples for G. intestinalis, if positive, confirmed using a microscopic examination and Ritchie concentration method.	7, 10	MTZ NTZ	125-250 mg, 2x/day, 5 day 100-200 mg, 2x/day, 3 day
Pengsaa, 1999	Thailand	134	9 ± 1 (3-15)	Outpatient	Symp./Asymp.	Microscopic examination using both direct smear in 0.9% saline and Ritchie ether sedimentation method.	7-14	ABZ TNZ	400 mg, 1x/day, 3 days 50 mg/kg, 1x/day, 1 day

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Suppl. Table 2 (Continued) Summary of the characteristics of included clinical trials (sorted alphabetically).

First author, year of publication	Country	Size	Age ^a	Setting	Patient features	Parasitological cure	Follow-up (days)	Drug ^b	Dosage
Pengsaa, 2002	Thailand	84	10 ± 2 (7-15)	Outpatient	Symp./Asymp.	Microscopic examination of 2 consecutive stool samples by direct smear and iodine stained after Ritchie ether-sedimentation concentration method.	7-14	ABZ TNZ ABZ+PZQ	800 mg, 1x/day, 1 day 50 mg/kg, 1x/day, 1 day 400 mg + 20 mg/kg, 1x/day, 1 day
Perez-Choliz, 1989	Spain	52	8 ± 3 (1-14)	Outpatient	Symptomatic	N/A.	30	MTZ TNZ	20-25 mg/kg/day, 1x/day, 38 days 50 mg/kg, 1x/day, 1 day
Quiros-Buelna, 1989	Mexico	100	7 (2-15)	N/A	Symptomatic	Microscopic examination of faecal specimens.	3	FZD MTZ	7 mg/kg/day, 4x/day, 10 days 20 mg/kg/day, 3x/day, 10 days
Rastegar-Lari, 1996	Iran	52	8 ± 3 (3-14)	N/A	Symptomatic	Microscopic examination of stool samples by Ritchie formol-ether concentration method.	21	MTZ SCZ	20 mg/kg/day, 3x/day, 10 days 30 mg/kg, 1x/day, 1 day
Rodriguez-García, 1996	Mexico	49	(3-12)	Hospital	Symp./Asymp.	Microscopic examination using Faust technique.	7, 14	ABZ MTZ	200 mg, 3x/day, 5 days 30 mg/kg/day, 3x/day, 5 days
Rodriguez-García, 1999	Mexico	82	7 ± 3 (4-12)	Hospital	Symptomatic	Microscopic examination using Faust technique.	3, 5, 7	MBZ NTZ	100 mg, 2x/day, 3 days 100 mg, 2x/day, 3 days
Romero-Cabello, 1995	Mexico	100	8 (4-11)	N/A	Symp./Asymp.	Microscopic examination of fresh faecal samples and using the flotation-concentration method.	7, 14, 21	ABZ MTZ	400 mg, 1x/day, 5 days 7.5 mg/kg, 3x/day, 5 days
Rossignol, 2001	Egypt	36	32 ± 16 (12-65)	Outpatient	Symptomatic	Microscopic examination of faecal samples and after concentration, a Ziehl-Neelsen stain, and an immunofluorescence assay.	7, 10	NTZ PLA	500 mg, 2x/day, 3 days 2x/day, 3 days
Sadjjadi, 2001	Iran	100	(7-12)	Outpatient	Asymptomatic	Microscopic examination of 3 different stool samples using formalin-ether concentration technique.	7, 14	MBZ MTZ	200 mg, 3x/day, 5 days 15 mg/kg, 3x/day, 7 days
Sahib, 2014	Iraq	28	(0-1)	Outpatient	Symptomatic	Microscopic examination of 3 faecal samples collected in 3 different days.	5, 14	AGA MTZ	1 ml, 3x/day, 5 days 15 mg/kg, 3x/day, 5 days
Speelman, 1985a	Bangladesh	35	13 ± 6 (0-40)	N/A	Symp./Asymp.	Microscopic examination of at least one weekly faecal specimen and formol-ether concentration technique.	28	MTZ TNZ	60 mg/kg, 1x/day, 1 day 50 mg/kg, 1x/day, 1 day
Speelman, 1985b	Bangladesh	35	16 ± 6 (0-40)	N/A	Symp./Asymp.	Microscopic examination of at least one weekly faecal specimen and formol-ether concentration technique.	28	MTZ TNZ	50 mg/kg, 1x/day, 3 day 50 mg/kg, 1x/day, 1 day
Speich, 2013	Tanzania	90	(7-15)	Outpatient	N/A	Microscopic examination using formalin-ether concentration method.	21	ABZ ABZ+NTZ NTZ PLA	400 mg, 1x/day, 1 day 400/1000 mg, 2 days 1000 mg, 1x/day, 1 day N/A
Teles, 2011	Brazil	100	18 ± 13 (6-65)	Outpatient	N/A	Enzyme-linked immunosorbent assay (ELISA).	7	MEN SCZ	2000 mg, 1x/day, 1 day 30 mg/kg/1000 mg (children/adults), 1x/day, 1 day
Yereli, 2004	Turkey	107	8 ± 3 (3-15)	Hospital	Symptomatic	Microscopic examination of 3 different samples collected on 3 different days using the saline-Lugol, formalin ethyl acetate concentration and trichrome staining methods.	7, 10, 14	ABZ MTZ	10 mg/kg, 1x/day, 5 days 20 mg/kg, 3x/day, 7 days

^a Ideally mean ± SD, (range), or any information available otherwise.

^b ABZ: Albendazole; AGA: *Anethum graveolens* aqueous extract; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MEN: *Mentha crisper*; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; PPS: Propolis; PRM: Paromomycin; PZQ: Praziquantel; QC: Quinacrine or Mepacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole.

Suppl. Table 3 Variation in reporting of drug dose, frequency of administration, and duration of treatment among included studies.

Drug ^a	N	Dose	Frequency	Duration	Citation
ABZ	19	10 mg/kg	1x/day	5 days	Yereli, 2004
		200 mg	3x/day	5 days	Rodríguez-García, 1996
		400 mg	1x/day	1 days	Speich, 2013; Dutta, 1994;
		400 mg	1x/day	3 days	Hall, 1993a; Hall, 1993b; Pengsaa, 1999
		400 mg	1x/day	5 days	Alizadeh, 2006; Bances-García, 2013; Cañete, 2012; Chan del Pino, 1999; Escobedo, 2003a; Karabay, 2004; Mendoza, 2003; Misra, 1995; Romero-Cabello, 1995
		600 mg	1x/day	1 day	Hall, 1993a
		800 mg	1x/day	1 day	Hall, 1993b; Pengsaa, 2002
ABZ+NTZ	1	400 mg + 1000 mg		2 days	Speich, 2013
ABZ+PZQ	1	400 mg + 20 mg/kg	1x/day	1 day	Pengsaa, 2002
AG	1	1 ml	3x/day	5 days	Sahib, 2014
CQ	2	10 mg/kg	2x/day	5 days	Cañete, 2010; Escobedo, 2003a
FZD	7	2 mg/kg/day	4x/day	10 days	Kalayci, 1995
		5 mg/kg/day	4x/day	10 days	Chan del Pino, 1999
		6 mg /kg/day	3x/day	7 days	Garg, 1972
		7 mg/kg/day		7 days	Chacon, 1991
		7 mg/kg/day	4x/day	10 days	Quiros-Buelna, 1989
		100 mg	4x/day	7 days	Bassily, 1970; Nair, 1979
MBZ	14	60 mg/kg	1x/day	1 day	Imani, 2014
		100 mg	2x/day	3 days	Dávila-Gutiérrez, 2002; Rodríguez-García, 1999
		100 mg	3x/day	1 day	Bulut, 1996
		100 mg	3x/day	7 days	Bulut, 1996
		200 mg	3x/day	1 day	Cañete, 2006b; Gascon, 1989
		200 mg	3x/day	3 days	Almirall, 2011; Escobedo, 2003b
		200 mg	3x/day	5 days	al-Waili, 1992; Cañete, 2006a; Gascon, 1990; Sadjjadi, 2001
		200 mg	3x/day	10 days	Kalayci, 1995
MEN	1	2000 mg	1x/day	1 day	Teles, 2011
MTZ	39	5 mg/kg	3x/day	10 days	Kalayci, 1995
		7.5 mg/kg	3x/day	5 days	Dutta, 1994; Misra, 1995; Romero-Cabello, 1995
		15 mg/kg	1x/day	7 days	Bulut, 1996
		15 mg/kg	3x/day	5 days	Cañete, 2010; Sahib, 2014
		15 mg/kg	3x/day	7 days	Fallah, 2007; Sadjjadi, 2001
		15 mg/kg	3x/day	10 days	Chan del Pino, 1999
		20 mg/kg		5 days	Chacon, 1991
		20 mg/kg	3x/day	7 days	Garg, 1972; Imani, 2014; Oren, 1991; Yereli, 2004
		20 mg/kg	3x/day	10 days	Quiros-Buelna, 1989; Rastegar-Lari, 1996
		20-25 mg/kg/day	1x/day	24 days	Perez-Choliz, 1989
		25 mg/kg/day		7 days	Nunez, 2004
		30 mg/kg	3x/day	5 days	Rodríguez-García, 1996
		50 mg/kg	1x/day	1 day	Gazder, 1977; Nigam, 1991

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Suppl. Table 3 (Continued) Variation in reporting of drug dose, frequency of administration, and duration of treatment among included studies.

Drug ^a	N	Dose	Frequency	Duration	Citation
MTZ	39	50 mg/kg	1x/day	3 day	Speelman, 1985b
		60 mg/kg	1x/day	1 day	Speelman, 1985a
		125 mg	3x/day	5 days	Hall, 1993a; Hall, 1993b
		125-250 mg	1-3x/day	5 days	Kavousi, 1979
		125-250 mg	2x/day	5 day	Ortiz, 2001
		200 mg	3x/day	5 days	al-Waili, 1992
		200 mg	3x/day	7 days	Nair, 1979
		250 mg	1-2x/day	10 days	Bassily, 1970
		250 mg	2x/day	5 days	Cimerman, 1988
		250 mg	3x/day	5 days	Cañete, 2012; Alizadeh, 2006
		250 mg	3x/day	7 days	Gascon, 1989; Gascon, 1990
		250-500 mg	1-3x/day	10 days	Leite, 1976
		500 mg	3x/day	5 days	Karabay, 2004
		2000 mg	1x/day	2 days	Kyronseppa, 1981
NTZ	7	7.5 mg/kg	2x/day	3 days	Escobedo, 2008
		15 mg/kg/day		3 days	Bances-García, 2013
		100 mg	2x/day	3 days	Dávila-Gutiérrez, 2002; Rodríguez-García, 1999
		100-200 mg	2x/day	3 days	Ortiz, 2001
		500 mg	2x/day	3 days	Rossignol, 2001
		1000 mg	1x/day	1 days	Speich, 2013
OLZ	1	20 drops	2x/day	2 cycles of 10 days, rest 7 days in between	Amoroto, 2002
OZN	6	40 mg/kg	1x/day	1 day	Bulut, 1996; Oren, 1991
		250-500 mg	1-3x/day	10 days	Leite, 1976
		500 mg	2x/day	5 days	Amoroto, 2002
		500 mg	3x/day	7 days	Begaydarova, 2014
		1500 mg/day		1 day	Jokipii, 1982
PLA	3				Speich, 2013
			2x/day	3 days	Rossignol, 2001
			3x/day	7 days	Bassily, 1970
PPS	3	10-30%		5 days	Miyares, 1988
		30%		10 days	Nunez, 2004
		30%		20 days	Nunez, 2004
PRM	1	35 mg/kg/day		7 days	Nunez, 2004
PZQ	1	20 mg/kg	1x/day	1 day	Imani, 2014
QC	3	2 mg/kg	3x/day	5 days	Cañete, 2006a
		8 mg/kg/day	3x/day	5 days	Kavousi, 1979
		100 mg	2-3x/day	5 days	Bassily, 1970
SAU	1	240 mg	3x/day	10 days	Begaydarova, 2014

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Suppl. Table 3 (Continued) Variation in reporting of drug dose, frequency of administration, and duration of treatment among included studies.

Drug ^a	N	Dose	Frequency	Duration	Citation
SCZ	9	30 mg/kg	1x/day	1 day	Chacón, 1991; Chan del Pino, 1999; Cimerman, 1988; Cimerman, 1997; Cimerman, 1999; Escobedo, 2003b; Rastegar-Lari, 1996; Teles, 2011;
		2000 mg	1x/day	1 day	Almirall, 2011
TNZ	18	50 mg/kg	1x/day	1 day	Cañete, 2006b; Chan del Pino, 1999; Cimerman, 1997; Cimerman, 1999; Escobedo, 2003a; Escobedo 2008; Fallah, 2007; Gazder, 1977; Mendoza, 2003; Nigam, 1991; Pengsaa, 1999; Pengsaa, 2002; Perez-Choliz, 1989; Speelman, 1985a; Speelman, 1985b
		1500 mg/day		1 day	Jokipii, 1982
		1500 mg/day	1x/day	5 days	Miyares, 1988
		2000 mg/day	1x/day	1 day	Kyronseppa, 1981

^a ABZ: Albendazole; AGA: *Anethum graveolens* aqueous extract CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MEN: Mentha crispa; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; PPS: Propolis; PRM: Paromomycin; PZQ: Praziquantel; QC: Quinacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole.

Suppl. Table 4 Number (and percentage) of reported relevant side effects within the same study arm in the included clinical trials (sorted alphabetically).^{a,b}

First author, year of publication	Drug	Any	Metallic taste	Abdominal pain	Nausea/Vomiting	Nausea	Vomiting	Diarrhea	Dizziness	Yellow urine	Headache	Sickness	Loss of appetite	Vertigo	Somnolence	Urticaria	Weakness	Jaundice
al-Waili, 1992	MBZ	0 (0)			0 (0)	0 (0)	0 (0)				0 (0)						0 (0)	
	MTZ	3 (14)			2 (10)	2 (10)	2 (10)				1 (5)						1 (5)	
Alizadeh, 2006	ABZ		0 (0)	11 (18)	12 (20)								0 (0)	4 (7)		0 (0)		
	MTZ		26 (43)	0 (0)	11 (18)								21 (35)	14 (23)		2 (3)		
Almirall, 2011	MBZ	15 (23)	2 (3)	12 (19)		5 (8)		2 (3)	0 (0)									
	SCZ	20 (32)	15 (24)	14 (23)		4 (6)		3 (5)	6 (10)									
Amoroto, 2002	OLZ	3 (3)			1 (1)	1 (1)	3 (3)		1 (1)								1 (1)	
	OZN	0 (0)			0 (0)	0 (0)	0 (0)		0 (0)								0 (0)	
Bances-García, 2013	ABZ	11 (22)		7 (14)		1 (2)	1 (2)	2 (4)	1 (2)		1 (2)	1 (2)	2 (4)		0 (0)			
	NTZ	16 (33)		16 (33)		2 (4)	1 (2)	3 (6)	0 (0)		2 (4)	2 (4)	0 (0)		1 (2)			
Bassily, 1970	FZD	0 (0)			0 (0)	0 (0)	0 (0)											0 (0)
	MTZ	0 (0)			0 (0)	0 (0)	0 (0)											0 (0)
	PLA	0 (0)			0 (0)	0 (0)	0 (0)											0 (0)
	QC	3 (15)			2 (10)	2 (10)	2 (10)											1 (5)
Begaydarova, 2014	OZN			41 (33)		39 (31)	16 (13)				45 (36)		37 (30)			41 (33)	61 (48)	10 (8)
	SAU			36 (29)		26 (21)	6 (5)				35 (28)		20 (16)			14 (11)	49 (39)	2 (2)
Bulut, 1996	MBZ	0 (0)				0 (0)								0 (0)		0 (0)		
	MBZ	0 (0)				0 (0)								0 (0)		0 (0)		
	MTZ	0 (0)				0 (0)								0 (0)		0 (0)		
	OZN	3 (27)				2 (18)								2 (18)		1 (9)		
Cañete, 2006a	MBZ	14 (23)		11 (18)	3 (5)	3 (5)	3 (5)				1 (2)							0 (0)
	QC	36 (59)		10 (16)	14 (23)	14 (23)	14 (23)				11 (18)							15 (25)
Cañete, 2006b	MBZ	5 (8)	0 (0)	5 (8)		1 (2)	1 (2)				0 (0)		1 (2)					
	TNZ	17 (28)	14 (23)	2 (3)		5 (8)	11 (18)				11 (18)		15 (25)					
Cañete, 2010	CQ	38 (62)	1 (2)	8 (13)		3 (5)				2 (3)	17 (28)	11 (18)						
	MTZ	29 (48)	21 (34)	3 (5)		2 (3)				17 (28)	8 (13)	4 (7)						
Cañete, 2012	ABZ	16 (21)	1 (1)	12 (16)		6 (8)	4 (5)		5 (7)	0 (0)	5 (7)							
	MTZ	33 (44)	24 (32)	3 (4)		6 (8)	12 (16)		9 (12)	25 (33)	13 (17)							
Chacon, 1991	FZD	5 (25)		2 (10)			0 (0)				2 (10)					1 (5)		
	MTZ	3 (15)		2 (10)			1 (5)				0 (0)					0 (0)		
	SCZ	3 (18)		3 (18)			0 (0)				0 (0)					0 (0)		
Chan del Pino, 1999	ABZ	3 (18)		0 (0)		0 (0)	0 (0)	1 (6)	1 (6)		1 (6)	1 (6)				0 (0)		
	FZD	5 (33)		0 (0)		3 (20)	2 (13)	0 (0)	0 (0)		0 (0)	0 (0)				0 (0)		
	MTZ	5 (29)		1 (6)		2 (12)	2 (12)	0 (0)	0 (0)		2 (12)	0 (0)				0 (0)		
	SCZ	3 (20)		0 (0)		0 (0)	0 (0)	0 (0)	0 (0)		2 (13)	0 (0)				1 (7)		
	TNZ	5 (33)		0 (0)		2 (13)	1 (7)	0 (0)	0 (0)		1 (7)	0 (0)				0 (0)		
Cimerman, 1988	MTZ	4 (7)		0 (0)		1 (2)		0 (0)	3 (5)		0 (0)			3 (5)				
	SCZ	7 (11)		1 (2)		2 (3)		1 (2)	1 (2)		2 (3)			1 (2)				

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Suppl. Table 4 (Continued) Number (and percentage) of reported relevant side effects within the same study arm in the included clinical trials (sorted alphabetically).^{a,b}

First author, year of publication	Drug	Any	Metallic taste	Abdominal pain	Nausea/Vomiting	Nausea	Vomiting	Diarrhea	Dizziness	Yellow urine	Headache	Sickness	Loss of appetite	Vertigo	Somnolence	Urticaria	Weakness	Jaundice
Cimerman, 1997	SCZ	10 (8)	2 (2)	3 (2)		1 (1)	2 (2)	1 (1)			2 (2)					0 (0)		
	TNZ	22 (16)	11 (8)	2 (1)		5 (4)	4 (3)	1 (1)			2 (1)					1 (1)		
Cimerman, 1999	SCZ	11 (7)	3 (2)	1 (1)		1 (1)	1 (1)	2 (1)			2 (1)							
	TNZ	26 (16)	12 (7)	3 (2)		4 (2)	7 (4)	2 (1)			0 (0)							
Dutta, 1994	ABZ	3 (4)		0 (0)		2 (3)	1 (1)	0 (0)									0 (0)	
	MTZ	20 (27)		0 (0)		5 (7)	5 (7)	10 (13)									0 (0)	
Escobedo, 2003a	ABZ		0 (0)	5 (8)		1 (2)	2 (3)	0 (0)										
	CQ		50 (100)	17 (34)		12 (24)	6 (12)	0 (0)										
	TNZ		55 (100)	18 (33)		21 (38)	5 (9)	2 (4)										
Escobedo, 2003b	MBZ	23 (32)	0 (0)	20 (27)		7 (10)	3 (4)											
	SCZ	10 (14)	6 (8)	6 (8)		7 (10)	4 (5)											
Escobedo, 2008	NTZ	32 (38)	0 (0)	2 (2)				1 (1)		27 (32)	1 (1)					1 (1)		
	TNZ	14 (17)	11 (14)	2 (2)				0 (0)		0 (0)	1 (1)					1 (1)		
Fallah, 2007	MTZ	2 (3)		1 (2)		0 (0)				0 (0)	1 (2)							
	TNZ	3 (7)		0 (0)		1 (2)				1 (2)	1 (2)							
Garg, 1972	FZD	0 (0)																
	MTZ	0 (0)																
Gazder, 1977	MTZ	2 (4)	2 (4)		2 (4)	2 (4)	2 (4)											
	TNZ	6 (12)	6 (12)		6 (12)	6 (12)	6 (12)											
Hall, 1993	ABZ	40 (14)																
	MTZ	7 (5)																
Imani, 2014	MBZ	0 (0)																
	MTZ																	
	PZQ	0 (0)																
Jokipii, 1982	OZN	43 (86)	3 (6)			2 (4)				35 (70)								
	TNZ	43 (86)	17 (34)			5 (10)				10 (20)								
Kalayci, 1995	FZD				2 (13)	2 (13)	2 (13)				0 (0)							
	MBZ				1 (7)	1 (7)	1 (7)				0 (0)							
	MTZ				2 (13)	2 (13)	2 (13)				2 (13)							
Karabay, 2004	ABZ		0 (0)	1 (3)			0 (0)											
	MTZ		9 (26)	3 (9)			1 (3)											
Kavousi, 1979	MTZ	8 (10)		0 (0)		8 (10)	0 (0)											
	QC	9 (11)		3 (4)		0 (0)	6 (8)											
Kyronseppa, 1981	MTZ	7 (28)																
	TNZ	5 (20)																

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Suppl. Table 4 (Continued) Number (and percentage) of reported relevant side effects within the same study arm in the included clinical trials (sorted alphabetically).^{a,b}

First author, year of publication	Drug	Any	Metallic taste	Abdominal pain	Nausea/Vomiting	Nausea	Vomiting	Diarrhea	Dizziness	Yellow urine	Headache	Sickness	Loss of appetite	Vertigo	Somnolence	Urticaria	Weakness	Jaundice
Leite, 1976	MTZ	1 (7)				1 (7)	0 (0)											
	OZN	1 (7)				0 (0)	1 (7)											
Misra, 1995	ABZ	0 (0)											0 (0)					
	MTZ	6 (19)											6 (19)					
Miyares, 1988	PPS	0 (0)																
	TNZ	0 (0)																
Nair, 1979	FZD	0 (0)																
	MTZ	0 (0)																
Nigam, 1991	MTZ	2 (6)	2 (6)		2 (6)	2 (6)	2 (6)											
	TNZ	5 (13)	5 (13)		5 (13)	5 (13)	5 (13)											
Nunez, 2004	MTZ	2 (2)					2 (2)										0 (0)	
	PPS	0 (0)					0 (0)										0 (0)	
	PPS	1 (2)					0 (0)										1 (2)	
	PRM	0 (0)					0 (0)										0 (0)	
Oren, 1991	MTZ	0 (0)		0 (0)											0 (0)			
	OZN	3 (8)		2 (5)											1 (3)			
Ortiz, 2001	MTZ			6 (11)			1 (2)	0 (0)			3 (5)							
	NTZ			10 (18)			0 (0)	1 (2)			0 (0)							
Pengsaa, 1999	ABZ	14 (21)	1 (1)	11 (16)		3 (4)	0 (0)	3 (4)	2 (3)		8 (12)							
	TNZ	24 (38)	3 (5)	15 (24)		7 (11)	3 (5)	2 (3)	8 (13)		15 (24)							
Pengsaa, 2002	ABZ		0 (0)	0 (0)		1 (4)	0 (0)		2 (8)		3 (12)				0 (0)			
	TNZ		4 (15)	2 (7)		1 (4)	2 (7)		2 (7)		3 (11)				2 (7)			
	ABZ+PZQ		1 (3)	5 (16)		2 (6)	0 (0)		2 (6)		4 (13)				1 (3)			
Perez-Choliz, 1989	MTZ	2 (7)		2 (12)														
	TNZ	0 (0)		0 (0)														
Quiros-Buelna, 1989	FZD	1 (2)				1 (2)											0 (0)	
	MTZ	2 (4)				1 (2)											1 (2)	
Rastegar-Lari, 1996	MTZ	5 (20)		5 (20)		5 (20)							5 (20)					
	SCZ	2 (7)		2 (7)		2 (7)							2 (7)					
Rodriguez-García, 1996	ABZ	0 (0)		0 (0)					0 (0)		0 (0)							
	MTZ	4 (18)		4 (18)					1 (5)		1 (5)							
Rodriguez-García, 1999	MBZ	9 (22)		7 (17)		0 (0)	0 (0)	2 (5)	1 (2)		2 (5)		1 (2)		0 (0)			
	NTZ	16 (39)		13 (32)		3 (7)	2 (5)	2 (5)	0 (0)		1 (2)		0 (0)		1 (2)			
Romero-Cabello, 1995	ABZ					0 (0)		0 (0)			0 (0)							
	MTZ					5 (10)		4 (8)			4 (8)							

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Suppl. Table 4 (Continued) Number (and percentage) of reported relevant side effects within the same study arm in the included clinical trials (sorted alphabetically).^{a,b}

First author, year of publication	Drug	Any	Metallic taste	Abdominal pain	Nausea/ Vomiting	Nausea	Vomiting	Diarrhea	Dizziness	Yellow urine	Headache	Sickness	Loss of appetite	Vertigo	Somnolence	Urticaria	Weakness	Jaundice
Sadjjadi, 2001	MBZ		0 (0)			0 (0)							0 (0)					
	MTZ		12 (24)			2 (5)							3 (6)					
Speelman, 1985b	MTZ	6 (35)	4 (24)			3 (18)	1 (6)		3 (18)		2 (12)		1 (6)					
	TNZ	8 (44)	0 (0)			1 (6)	1 (6)		1 (6)		1 (6)		2 (11)					
Teles, 2011	MEN	23 (46)	0 (0)	14 (28)		13 (26)												
	SCZ	20 (40)	17 (34)	0 (0)		13 (26)												
Yereli, 2004	ABZ	0 (0)																
	MTZ	0 (0)																

^a ABZ: Albendazole; AGA: *Anethum graveolens* aqueous extract; CQ: Chloroquine; FZD: furazolidone; MBZ: Mebendazole; MEN: Mentha crispa; MTZ: Metronidazole; NTZ: nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; PPS: Propolis; PRM: Paromomycin; PZQ: Praziquantel; QC: Quinacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole

^b The following terms were grouped together: metallic or bitter taste; abdominal or epigastric pain; headache or cephalgia; loss of appetite, hyporexia or anorexia; somnolence or drowsiness; urticaria, hives or skin rash; weakness or fatigue; jaundice or yellow skin.

Suppl. Table 5 Summary of proportion of patients reporting any side effects.

Drug ^a	N studies	N events	N treated	Pooled Proportion (95% CI)		Heterogeneity	
						I ²	p
Albendazole (ABZ)	9	87	680	0.07	(0.03 - 0.18)	92%	0.17
Chloroquine (CQ)	1	38	61	0.62	(0.50 - 0.73)	N/A	N/A
Furazolidone (FZD)	6	11	165	0.02	(0.00 - 0.23)	87%	0.16
Mebendazole (MBZ)	8	66	387	0.08	(0.02 - 0.25)	93%	0.21
Mentha crispa (MEN)	1	23	50	0.46	(0.33 - 0.60)	N/A	N/A
Metronidazole (MTZ)	27	153	1187	0.08	(0.05 - 0.13)	87%	<0.001
Nitazoxanide (NTZ)	3	64	175	0.37	(0.30 - 0.44)	N/A	N/A
Oleozon (OLZ)	1	3	112	0.03	(0.01 - 0.08)	N/A	N/A
Ornidazole (OZN)	5	50	226	0.10	(0.01 - 0.59)	94%	<0.001
Placebo (PLA)	1	0	20	0.00	(0.00 - 0.16)	N/A	N/A
Propolis (PPS)	2	1	153	0.01	(0.00 - 0.04)	N/A	N/A
Paromomycin (PRM)	1	0	59	0.00	(0.00 - 0.06)	N/A	N/A
Praziquantel (PZQ)	1	0	30	0.00	(0.00 - 0.11)	N/A	N/A
Quinacrine (QC)	3	48	161	0.24	(0.08 - 0.55)	N/A	N/A
Secnidazole (SCZ)	9	86	595	0.15	(0.09 - 0.23)	78%	<0.001
Tinidazole (TNZ)	14	178	814	0.18	(0.09 - 0.32)	93%	<0.001

^a Any side effects as a composite outcome was not reported in relation to *Anethum graveolens* (AGA) or Sausalin (SAU), hence why they are missing in the table.

Suppl. Table 6 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of any adverse effects of drugs for the treatment of giardiasis.^{a,b}

ABZ		1.89 (0.40-8.83)			1.76 (0.97-3.19)	1.45 (0.48-4.43)							1.13 (0.21-6.20)	1.86 (0.78-4.47)
2.00 (0.68-5.90)	CQ				0.76 (0.29-1.99)									
1.53 (0.64-3.65)	0.77 (0.22-2.63)	FZD			0.88 (0.36-2.13)			1.00 (0.02-53.3)				7.00 (0.34-146)	0.65 (0.22-1.94)	1.00 (0.26-3.87)
0.95 (0.46-1.99)	0.48 (0.15-1.52)	0.62 (0.25-1.57)	MBZ		4.81 (0.43-54.0)	1.78 (0.57-5.53)		20.4 (0.99-421)			1.00 (0.02-54.1)	2.57 (0.92-7.22)	0.80 (0.37-1.72)	3.40 (0.93-12.4)
1.10 (0.33-3.71)	0.55 (0.12-2.47)	0.72 (0.20-2.67)	1.16 (0.36-3.74)	MEN									0.87 (0.32-2.38)	
1.52 (0.92-2.53)	0.76 (0.29-1.99)	1.00 (0.46-2.16)	1.60 (0.84-3.06)	1.38 (0.44-4.36)	MTZ			3.74 (0.68-20.7)	1.00 (0.02-53.3)	0.50 (0.06-4.46)	0.30 (0.01-7.00)	1.48 (0.46-4.78)	0.89 (0.4-2.00)	1.28 (0.70-2.34)
2.26 (1.08-4.75)	1.13 (0.34-3.82)	1.48 (0.54-4.06)	2.38 (1.11-5.10)	2.05 (0.57-7.38)	1.49 (0.70-3.13)	NTZ								0.46 (0.16-1.32)
19.6 (0.78-492)	9.79 (0.35-277)	12.8 (0.48-339)	20.5 (0.81-521)	17.7 (0.61-517)	12.8 (0.52-316)	8.64 (0.33-224)	OLZ	0.14 (0.01-3.13)						
2.79 (1.09-7.13)	1.40 (0.39-5.07)	1.83 (0.60-5.52)	2.93 (1.12-7.71)	2.53 (0.64-9.92)	1.83 (0.78-4.33)	1.23 (0.44-3.48)	0.14 (0.01-3.13)	OZN						1.00 (0.40-2.49)
0.52 (0.02-11.3)	0.26 (0.01-6.37)	0.34 (0.02-7.57)	0.54 (0.03-11.6)	0.47 (0.02-11.9)	0.34 (0.02-7.20)	0.23 (0.01-5.15)	0.03 (0.00-2.19)	0.19 (0.01-4.35)	PLA			7.00 (0.34-146)		
0.94 (0.13-6.88)	0.47 (0.05-4.08)	0.62 (0.08-4.89)	0.99 (0.13-7.48)	0.85 (0.09-7.98)	0.62 (0.09-4.26)	0.42 (0.05-3.25)	0.05 (0.00-2.01)	0.34 (0.04-2.75)	1.82 (0.05-67.0)	PPS	0.61 (0.02-16.6)			1.00 (0.02-54.7)
0.50 (0.02-11.8)	0.25 (0.01-6.55)	0.33 (0.01-8.12)	0.52 (0.02-12.7)	0.45 (0.02-12.6)	0.33 (0.01-7.44)	0.22 (0.01-5.45)	0.03 (0.00-2.23)	0.18 (0.01-4.54)	0.96 (0.01-75.6)	0.53 (0.02-13.6)	PRM			
0.95 (0.02-55.1)	0.48 (0.01-30.4)	0.62 (0.01-37.4)	1.00 (0.02-54.1)	0.86 (0.01-55.2)	0.63 (0.01-35.6)	0.42 (0.01-24.5)	0.05 (0.00-8.29)	0.34 (0.01-20.7)	1.84 (0.01-280)	1.01 (0.01-88.4)	1.91 (0.01-315)	PZQ		
2.53 (0.99-6.47)	1.27 (0.36-4.53)	1.66 (0.57-4.83)	2.66 (1.18-6.00)	2.29 (0.60-8.81)	1.66 (0.72-3.84)	1.12 (0.40-3.10)	0.13 (0.00-3.48)	0.91 (0.29-2.85)	4.88 (0.25-97.1)	2.68 (0.33-21.8)	5.08 (0.20-128)	2.66 (0.05-156)	QC	
0.96 (0.49-1.88)	0.48 (0.16-1.46)	0.63 (0.27-1.45)	1.01 (0.56-1.83)	0.87 (0.32-2.38)	0.63 (0.36-1.10)	0.42 (0.19-0.94)	0.05 (0.00-1.23)	0.34 (0.14-0.87)	1.85 (0.09-39.9)	1.02 (0.14-7.47)	1.92 (0.08-45.7)	1.01 (0.02-57.0)	0.38 (0.16-0.93)	SCZ
1.98 (1.13-3.47)	0.99 (0.34-2.86)	1.30 (0.57-2.93)	2.08 (1.12-3.87)	1.79 (0.57-5.60)	1.30 (0.83-2.04)	0.88 (0.43-1.76)	0.10 (0.00-2.45)	0.71 (0.32-1.57)	3.82 (0.18-81.9)	2.10 (0.30-14.9)	3.97 (0.17-92.6)	2.08 (0.04-118)	0.78 (0.33-1.88)	2.06 (1.21-3.50)
														2.07 (1.02-4.22)
														TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MEN: Mentha crispa; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; PPS: Propolis; PRM: Paromomycin; PZQ: Praziquantel; QC: Quinacrine; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA) and Sausalin (SAU) are not included as no RCT reported of any side effects as a composite outcome.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of any side effects was 1.30 (0.83-2.04) and 1.28 (0.70-2.34) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 7 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of metallic taste of drugs for the treatment of giardiasis.^{a,b}

ABZ	120 (5.11-2854)			27.9 (5.21-149)			12.9 (2.25-73.5)
9.97 (1.80-55.1)	CQ			21.0 (1.71-257)			1.00 (0.21-4.69)
0.57 (0.07-4.34)	0.06 (0.01-0.45)	MBZ		25.0 (1.02-611)		9.03 (1.54-52.8)	29.0 (1.19-708)
0.12 (0.00-4.85)	0.01 (0.00-0.49)	0.22 (0.01-7.28)	MEN			35.0 (1.45-844)	
24.0 (6.50-88.5)	2.40 (0.54-10.7)	42.3 (6.99-256)	195 (5.48-6934)	MTZ			1.41 (0.35-5.73)
0.71 (0.02-23.0)	0.07 (0.00-2.30)	1.25 (0.03-45.9)	5.78 (0.05-638)	0.03 (0.00-0.88)	NTZ		24.1 (0.97-598)
3.03 (0.29-31.8)	0.30 (0.03-3.17)	5.33 (0.43-66.9)	24.6 (0.48-1271)	0.13 (0.01-1.15)	4.26 (0.10-180)	OZN	5.67 (0.82-39.1)
4.31 (0.69-27.0)	0.43 (0.07-2.73)	7.59 (1.72-33.5)	35.0 (1.45-844)	0.18 (0.04-0.91)	6.06 (0.19-194)	1.42 (0.14-14.6)	SCZ 4.48 (1.04-19.2)
17.1 (4.49-65.4)	1.72 (0.45-6.51)	30.2 (5.91-154)	139 (4.47-4342)	0.71 (0.24-2.11)	24.1 (0.97-598)	5.67 (0.82-39.1)	3.98 (1.08-14.7)
							TNZ

^a ABZ: Albendazole; CQ: Chloroquine; MBZ: Mebendazole; MEN: Mentha crispa; MTZ: Metronidazole; NTZ: Nitazoxanide; OZN: Ornidazole; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Furazolidone (FZD), Oleozon (OLZ), Placebo (PLA), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), Quinacrine (QC) and Sausalin (SAU) are not included as no RCT reported on metallic taste for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of metallic taste was 0.71 (0.24-2.11) and 1.41 (0.35-5.73) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 8 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of abdominal pain of drugs for the treatment of giardiasis. ^{a,b}

ABZ	4.08 (1.01-16.55)	1.12 (0.02-61.58)			0.69 (0.24-1.95)	2.29 (0.61-8.55)			1.12 (0.02-61.58)	2.34 (0.97-5.63)
2.46 (0.89-6.80)	CQ				0.38 (0.07-1.96)					0.96 (0.29-3.14)
0.79 (0.14-4.37)	0.32 (0.05-2.05)	FZD			1.34 (0.22-8.03)				1.58 (0.27-9.26)	1.00 (0.02-54.6)
1.96 (0.71-5.43)	0.80 (0.23-2.79)	2.47 (0.44-13.8)	MBZ			1.86 (0.49-7.01)	0.91 (0.25-3.37)		0.63 (0.25-1.59)	0.40 (0.06-2.72)
33.7 (1.46-779)	13.7 (0.55-342)	42.5 (1.43-1260)	17.2 (0.79-376)	MEN					0.03 (0.00-0.68)	
1.09 (0.51-2.33)	0.44 (0.16-1.25)	1.38 (0.27-6.90)	0.56 (0.21-1.45)	0.03 (0.00-0.72)	MTZ	1.67 (0.41-6.84)	4.87 (0.20-117)	7.00 (0.31-160)	0.83 (0.26-2.7)	0.34 (0.05-2.23)
2.37 (0.98-5.73)	0.96 (0.29-3.20)	2.99 (0.52-17.3)	1.21 (0.46-3.16)	0.07 (0.00-1.64)	2.17 (0.90-5.25)	NTZ				1.05 (0.12-9.51)
5.32 (0.20-140)	2.16 (0.08-61.3)	6.71 (0.19-238)	2.71 (0.10-75.3)	0.16 (0.00-13.5)	4.87 (0.20-117)	2.24 (0.08-61.0)	OZN		0.88 (0.29-2.68)	
2.22 (0.48-10.1)	0.90 (0.17-4.85)	2.79 (0.36-22.0)	1.13 (0.33-3.81)	0.07 (0.00-1.78)	2.03 (0.47-8.71)	0.93 (0.21-4.18)	0.42 (0.01-13.8)	QC		
4.67 (0.15-148)	1.90 (0.06-64.5)	5.89 (0.14-247)	2.38 (0.07-79.3)	0.14 (0.00-13.6)	4.28 (0.15-125)	1.97 (0.06-64.4)	0.88 (0.29-2.68)	2.11 (0.05-83.1)	SAU	
1.16 (0.44-3.09)	0.47 (0.14-1.58)	1.47 (0.29-7.32)	0.59 (0.27-1.30)	0.03 (0.00-0.68)	1.06 (0.45-2.54)	0.49 (0.18-1.35)	0.22 (0.01-5.92)	0.52 (0.13-2.14)	0.25 (0.01-8.10)	1.15 (0.26-5.04)
1.61 (0.77-3.36)	0.65 (0.25-1.73)	2.03 (0.37-11.1)	0.82 (0.31-2.15)	0.05 (0.00-1.08)	1.47 (0.65-3.34)	0.68 (0.26-1.74)	0.30 (0.01-8.08)	0.73 (0.16-3.24)	0.34 (0.01-11.1)	1.38 (0.55-3.46)
									SCZ	TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MEN: Mentha crispa; MTZ: Metronidazole; NTZ: Nitazoxanide; OZN: Ornidazole; QC: Quinacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Oleozon (OLZ), Placebo (PLA), Propolis (PPS), Paromomycin (PRM) and Praziquantel (PZQ) are not included as no RCT reported on abdominal pain for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of abdominal pain was 1.47 (0.65-3.34) and 0.34 (0.05-2.23) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 9 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of nausea/vomiting of drugs for the treatment of giardiasis. ^{a,b}

ABZ			0.92 (0.44-1.91)			
0.79 (0.14-4.62)	FZD	0.50 (0.05-4.94)	1.00 (0.19-5.21)	1.00 (0.02-48.1)	5.00 (0.26-98.0)	
0.44 (0.08-2.44)	0.55 (0.10-3.12)	MBZ	2.90 (0.47-17.9)		4.67 (1.41-15.4)	
0.92 (0.44-1.91)	1.16 (0.23-5.76)	2.10 (0.44-9.93)	MTZ	1.00 (0.02-48.1)	5.00 (0.26-98.0)	2.57 (0.85-7.76)
0.56 (0.02-14.9)	0.70 (0.03-18.3)	1.28 (0.06-27.7)	0.61 (0.02-15.0)	PLA	5.00 (0.26-98.0)	
2.39 (0.39-14.9)	3.02 (0.50-18.3)	5.48 (1.82-16.5)	2.61 (0.49-13.9)	4.29 (0.23-81.4)	QC	
2.35 (0.62-8.88)	2.97 (0.42-20.9)	5.39 (0.80-36.3)	2.57 (0.85-7.76)	4.22 (0.14-125)	0.98 (0.13-7.29)	TNZ

^a ABZ: Albendazole; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; PLA: Placebo; QC: Quinacrine; TNZ: Tinidazole. Anethum graveolens (AGA), Chloroquine (CQ), Mentha crispa (MEN), Nitazoxanide (NTZ), Oleozon (OLZ), Ornidazole (OZN), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), Sausalin (SAU) and Secnidazole (SCZ) are not included as no RCT reported on nausea/vomiting as a combined endpoint for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of nausea/vomiting was 2.57 (0.85-7.76) and 2.57 (0.85-7.76) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 10 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of nausea of drugs for the treatment of giardiasis. ^{a,b}

ABZ	14.4 (1.94-107)	7.88 (0.44-141)			1.76 (0.77-4.01)	2.00 (0.19-21.3)				1.12 (0.02-53.5)	4.09 (1.57-10.7)
2.33 (0.97-5.58)	CQ				0.67 (0.12-3.85)						
2.48 (0.85-7.23)	1.06 (0.35-3.20)	FZD	0.50 (0.05-4.94)		0.80 (0.29-2.23)						
0.63 (0.24-1.66)	0.27 (0.10-0.73)	0.25 (0.09-0.75)	MBZ		3.16 (0.75-13.4)	7.00 (0.37-131)	14.6 (0.75-283)	4.67 (1.41-15.4)		0.93 (0.42-2.03)	5.00 (0.60-41.6)
0.70 (0.22-2.25)	0.30 (0.09-0.98)	0.28 (0.08-1.02)	1.11 (0.43-2.86)	MEN						1.00 (0.52-1.94)	
1.85 (0.95-3.64)	0.80 (0.37-1.70)	0.75 (0.30-1.85)	2.95 (1.33-6.53)	2.66 (0.95-7.41)	MTZ		1.63 (0.19-13.9)	1.00 (0.02-48.1)	0.49 (0.06-3.80)	0.52 (0.16-1.69)	1.61 (0.71-3.63)
2.73 (0.42-17.9)	1.17 (0.16-8.72)	1.10 (0.14-8.82)	4.34 (0.63-30.0)	3.91 (0.49-31.5)	1.47 (0.22-10.1)	NTZ					
6.62 (0.21-212)	2.84 (0.09-90.3)	2.67 (0.08-90.4)	10.5 (0.33-339)	9.47 (0.27-327)	3.57 (0.12-110)	2.42 (0.05-119.6)	OLZ	0.33 (0.01-8.10)			
2.21 (0.57-8.59)	0.95 (0.25-3.60)	0.89 (0.20-3.96)	3.50 (0.89-13.8)	3.16 (0.68-14.7)	1.19 (0.34-4.17)	0.81 (0.09-7.60)	0.33 (0.01-8.10)	OZN		0.67 (0.43-1.02)	2.50 (0.51-12.3)
0.74 (0.03-16.4)	0.32 (0.01-7.13)	0.30 (0.01-6.61)	1.18 (0.06-24.4)	1.06 (0.05-24.5)	0.40 (0.02-8.35)	0.27 (0.01-9.44)	0.11 (0.00-10.7)	0.34 (0.01-8.74)	PLA	5.00 (0.26-98.0)	
2.52 (0.70-9.10)	1.08 (0.29-4.01)	1.02 (0.27-3.86)	4.00 (1.44-11.1)	3.61 (0.95-13.8)	1.36 (0.43-4.26)	0.92 (0.11-7.84)	0.38 (0.01-13.7)	1.14 (0.23-5.81)	3.41 (0.18-63.8)	QC	
1.47 (0.35-6.12)	0.63 (0.16-2.57)	0.59 (0.13-2.81)	2.34 (0.55-9.84)	2.11 (0.43-10.4)	0.79 (0.21-2.99)	0.54 (0.05-5.28)	0.22 (0.01-5.56)	0.67 (0.43-1.02)	1.99 (0.07-53.2)	0.58 (0.11-3.13)	SAU
0.70 (0.27-1.84)	0.30 (0.11-0.80)	0.28 (0.09-0.85)	1.11 (0.56-2.18)	1.00 (0.52-1.94)	0.38 (0.17-0.82)	0.26 (0.04-1.85)	0.11 (0.00-3.42)	0.32 (0.08-1.27)	0.94 (0.04-20.3)	0.28 (0.09-0.89)	0.47 (0.11-2.03)
3.43 (1.68-7.02)	1.47 (0.84-2.60)	1.39 (0.53-3.65)	5.45 (2.33-12.7)	4.92 (1.7-14.19)	1.85 (1.04-3.30)	1.26 (0.18-8.74)	0.52 (0.02-15.8)	1.56 (0.46-5.28)	4.64 (0.22-99.7)	1.36 (0.41-4.53)	2.33 (0.64-8.53)
										4.92 (2.15-11.3)	TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MEN: Mentha crispera; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; QC: Quinacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Propolis (PPS), Paromomycin (PRM) and Praziquantel (PZQ) are not included as no RCT reported on nausea for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of nausea was 1.85 (1.04-3.30) and 1.61 (0.71-3.63) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 11 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of vomiting of drugs for the treatment of giardiasis. ^{a,b}

ABZ	3.60 (0.76-17.1)	5.62 (0.29-109)		3.42 (1.42-8.27)	1.00 (0.06-15.5)							1.12 (0.02-53.5)	3.61 (1.11-11.7)
5.32 (1.60-17.8)	CQ												0.76 (0.25-2.33)
2.94 (0.89-9.69)	0.55 (0.12-2.45)	FZD	0.50 (0.05-4.94)	1.08 (0.37-3.20)		1.00 (0.02-48.1)				5.00 (0.26-98.0)		0.38 (0.04-4.01)	0.60 (0.09-4.02)
1.00 (0.32-3.20)	0.19 (0.05-0.79)	0.34 (0.10-1.17)	MBZ	2.90 (0.47-17.9)	5.00 (0.25-101)					4.67 (1.41-15.4)		1.33 (0.31-5.75)	11.0 (1.46-82.6)
2.84 (1.34-6.01)	0.53 (0.16-1.78)	0.97 (0.35-2.64)	2.83 (1.05-7.65)	MTZ	0.33 (0.01-8.01)	3.00 (0.13-68.3)	1.00 (0.02-48.1)	0.17 (0.01-3.40)	0.30 (0.01-6.14)	8.22 (1.05-64.6)		0.29 (0.03-2.51)	1.70 (0.69-4.20)
1.66 (0.28-9.90)	0.31 (0.04-2.44)	0.56 (0.08-4.09)	1.65 (0.26-10.4)	0.58 (0.10-3.43)	NTZ								
59.7 (0.76-4688)	11.2 (0.13-974)	20.3 (0.25-1676)	59.4 (0.72-4899)	21.0 (0.29-1545)	36.0 (0.34-3760)	OLZ	0.14 (0.01-2.73)						
8.53 (0.34-212)	1.60 (0.06-45.6)	2.90 (0.11-77.2)	8.49 (0.32-225)	3.00 (0.13-68.3)	5.14 (0.14-187)	0.14 (0.01-2.73)	OZN					0.38 (0.15-0.93)	
1.78 (0.08-40.7)	0.33 (0.01-8.62)	0.60 (0.03-13.7)	1.77 (0.08-37.1)	0.63 (0.03-13.4)	1.07 (0.03-34.7)	0.03 (0.00-5.83)	0.21 (0.00-16.6)	PLA		5.00 (0.26-98.0)			
0.47 (0.02-10.6)	0.09 (0.00-2.28)	0.16 (0.01-3.86)	0.47 (0.02-11.3)	0.17 (0.01-3.40)	0.28 (0.01-9.41)	0.01 (0.00-1.51)	0.06 (0.00-4.26)	0.26 (0.00-19.5)		1.82 (0.04-90.4)			
0.85 (0.04-19.1)	0.16 (0.01-4.13)	0.29 (0.01-6.98)	0.85 (0.04-20.4)	0.30 (0.01-6.14)	0.51 (0.02-17.0)	0.01 (0.00-2.73)	0.10 (0.00-7.71)	0.48 (0.01-35.3)	1.82 (0.04-90.4)	PPS			
7.46 (1.88-29.6)	1.40 (0.28-7.13)	2.54 (0.62-10.4)	7.43 (2.64-20.9)	2.62 (0.77-8.89)	4.50 (0.59-34.2)	0.12 (0.00-10.9)	0.87 (0.03-25.1)	4.20 (0.22-78.8)	15.9 (0.61-414)	8.75 (0.34-227)	PRM		
3.20 (0.11-90.1)	0.60 (0.02-19.3)	1.09 (0.04-32.7)	3.18 (0.11-95.6)	1.13 (0.04-29.1)	1.93 (0.05-78.3)	0.05 (0.00-1.17)	0.37 (0.15-0.93)	1.80 (0.02-157)	6.81 (0.08-578)	3.75 (0.04-317)	0.43 (0.01-13.8)	QC	
1.34 (0.41-4.43)	0.25 (0.06-1.04)	0.46 (0.12-1.69)	1.33 (0.46-3.89)	0.47 (0.16-1.36)	0.81 (0.11-5.74)	0.02 (0.00-1.88)	0.16 (0.01-4.26)	0.75 (0.03-17.6)	2.85 (0.12-70.3)	1.57 (0.06-38.5)	0.18 (0.05-0.72)	0.42 (0.01-12.8)	SAU
4.67 (2.00-10.9)	0.88 (0.30-2.53)	1.59 (0.52-4.82)	4.65 (1.69-12.8)	1.64 (0.81-3.35)	2.82 (0.45-17.6)	0.08 (0.00-6.10)	0.55 (0.02-13.5)	2.63 (0.12-58.0)	9.95 (0.45-222)	5.48 (0.25-122)	0.63 (0.17-2.26)	1.46 (0.05-40.8)	3.48 (1.31-9.30)
													TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; PLA: Placebo; PPS: Propolis; PRM: Paromomycin; QC: Quinacrine; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Mentha crispa (MEN) and Praziquantel (PZQ) are not included as no RCT reported on vomiting for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of vomiting was 1.64 (0.81-3.35) and 1.70 (0.69-4.20) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 12 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of diarrhoea of drugs for the treatment of giardiasis. ^{a,b}

ABZ	1.20 (0.02-59.2)	0.38 (0.02-8.57)		4.65 (0.85-25.4)	1.50 (0.26-8.59)	0.38 (0.02-8.57)	0.96 (0.25-3.77)
0.34 (0.02-7.86)	CQ						4.55 (0.22-92.6)
0.80 (0.04-15.8)	2.33 (0.03-162)	FZD		0.89 (0.02-42.3)		1.00 (0.02-47.4)	1.00 (0.02-47.4)
1.46 (0.26-8.18)	4.24 (0.14-128)	1.82 (0.07-50.1)	MBZ		1.00 (0.15-6.76)	1.55 (0.27-8.95)	
2.41 (0.58-10.0)	7.03 (0.24-202)	3.01 (0.13-70.7)	1.66 (0.23-12.0)	MTZ	3.00 (0.12-72.1)	1.98 (0.17-23.1)	1.12 (0.02-53.5)
2.00 (0.53-7.57)	5.84 (0.22-157)	2.50 (0.10-60.4)	1.38 (0.29-6.47)	0.83 (0.15-4.48)	NTZ		0.35 (0.01-8.46)
1.72 (0.41-7.21)	5.02 (0.20-125)	2.15 (0.09-49.1)	1.18 (0.27-5.20)	0.71 (0.13-3.90)	0.86 (0.18-4.15)	SCZ	0.98 (0.22-4.26)
1.23 (0.38-3.96)	3.58 (0.18-70.4)	1.53 (0.07-33.0)	0.84 (0.15-4.72)	0.51 (0.10-2.67)	0.61 (0.14-2.74)	0.71 (0.20-2.55)	TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Mentha crispa (MEN), Oleozon (OLZ), Ornidazole (OZN), Placebo (PLA), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), Quinacrine (QC) and Sausalin (SAU) are not included as no RCT reported on diarrhoea for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of diarrhoea was 0.51 (0.10-2.67) and 1.12 (0.02-53.5) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 13 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of dizziness of drugs for the treatment of giardiasis. ^{a,b}

ABZ	0.38 (0.02-8.57)		1.65 (0.64-4.24)	0.33 (0.01-7.99)		0.38 (0.02-8.57)	1.91 (0.63-5.74)
0.74 (0.04-14.5)	FZD		0.89 (0.02-42.3)			1.00 (0.02-47.4)	1.00 (0.02-47.4)
0.15 (0.01-2.21)	0.20 (0.00-9.85)	MBZ		0.33 (0.01-7.95)		13.4 (0.77-233)	
1.94 (0.83-4.52)	2.62 (0.13-53.3)	13.4 (0.87-205)	MTZ			0.44 (0.06-3.05)	0.79 (0.16-4.01)
0.13 (0.01-1.75)	0.17 (0.00-8.53)	0.87 (0.06-12.1)	0.07 (0.00-0.97)	NTZ			
19.1 (0.65-564)	25.8 (0.30-2220)	132 (1.77-9832)	9.87 (0.32-303)	151 (2.11-10764)	OLZ	0.33 (0.01-8.10)	
6.38 (2.06-19.8)	8.60 (0.38-193)	43.9 (2.41-800)	3.29 (0.94-11.5)	50.3 (2.95-856)	0.33 (0.01-8.10)	OZN	0.29 (0.16-0.51)
0.89 (0.15-5.31)	1.20 (0.05-32.0)	6.14 (0.52-72.2)	0.46 (0.08-2.57)	7.03 (0.43-115)	0.05 (0.00-2.03)	0.14 (0.02-1.05)	1.00 (0.02-47.4)
1.82 (0.69-4.81)	2.46 (0.12-52.1)	12.6 (0.73-215)	0.94 (0.31-2.84)	14.4 (0.90-230)	0.10 (0.00-2.44)	0.29 (0.16-0.51)	2.04 (0.30-14.1)
							TNZ

^a ABZ: Albendazole; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; OLZ: Oleozon; OZN: Ornidazole; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Chloroquine (CQ), Mentha crispa (MEN), Placebo (PLA), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), Quinacrine (QC) and Sausalin (SAU) are not included as no RCT reported on dizziness for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95% CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95% CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of dizziness was 0.94 (0.31-2.84) and 0.79 (0.16-4.01) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 14 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of headache of drugs for the treatment of giardiasis. ^{a,b}

ABZ		0.38 (0.02-8.57)		2.71 (1.21-6.07)	2.00 (0.19-21.3)		1.88 (0.28-12.7)	1.66 (0.85-3.22)
5.60 (2.00-15.7)	CQ			0.47 (0.22-1.01)				
2.23 (0.44-11.3)	0.40 (0.07-2.25)	FZD	1.00 (0.02-47.4)	1.66 (0.30-9.18)			1.09 (0.13-8.84)	3.00 (0.13-68.3)
0.55 (0.12-2.56)	0.10 (0.02-0.53)	0.25 (0.03-1.99)	MBZ	4.10 (0.48-35.4)	0.50 (0.05-5.30)	11.0 (1.46-82.6)		23.0 (1.39-382)
2.63 (1.32-5.25)	0.47 (0.22-1.01)	1.18 (0.25-5.59)	4.76 (1.07-21.3)	MTZ	0.14 (0.01-2.70)		1.51 (0.40-5.74)	0.72 (0.20-2.64)
0.79 (0.19-3.19)	0.14 (0.03-0.71)	0.35 (0.05-2.74)	1.42 (0.27-7.40)	0.30 (0.07-1.24)	NTZ			1.05 (0.07-16.5)
6.08 (0.48-76.6)	1.09 (0.08-15.0)	2.73 (0.15-49.5)	11.0 (1.46-82.6)	2.31 (0.19-28.5)	7.74 (0.57-105)	QC		
2.98 (1.03-8.59)	0.53 (0.15-1.95)	1.34 (0.26-7.02)	5.39 (0.95-30.7)	1.13 (0.40-3.23)	3.79 (0.72-20.0)	0.49 (0.03-7.03)	SCZ	0.60 (0.17-2.06)
1.85 (1.01-3.37)	0.33 (0.11-0.97)	0.83 (0.16-4.26)	3.34 (0.73-15.3)	0.70 (0.32-1.51)	2.35 (0.57-9.67)	0.30 (0.02-3.80)	0.62 (0.22-1.72)	TNZ

^a ABZ: Albendazole; CQ: Chloroquine; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; QC: Quinacrine; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Mentha crispa (MEN), Oleozon (OLZ), Ornidazole (OZN), Placebo (PLA), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), and Sausalin (SAU) are not included as no RCT reported on headache for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95%CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95%CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of headache was 0.70 (0.32-1.51) and 0.72 (0.20-2.64) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 15 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of loss of appetite of drugs for the treatment of giardiasis. ^{a,b}

ABZ		23.9 (3.28-174)	0.20 (0.01-4.06)		
1.93 (0.17-21.6)	MBZ	7.00 (0.37-132)	0.33 (0.01-7.95)		15.0 (2.04-110)
18.8 (2.99-118)	9.77 (1.41-67.7)	MTZ		0.37 (0.08-1.74)	1.89 (0.19-19.0)
0.35 (0.03-4.09)	0.18 (0.01-2.26)	0.02 (0.00-0.25)	NTZ		
6.97 (0.63-77.0)	3.62 (0.30-43.1)	0.37 (0.08-1.74)	20.0 (0.96-420)	SCZ	
31.6 (2.64-377)	16.4 (2.93-91.5)	1.68 (0.26-10.9)	90.8 (5.42-1522)	4.53 (0.40-51.4)	TNZ

^a ABZ: Albendazole; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Chloroquine (CQ), Furazolidone (FZD), Mentha crispa (MEN), Oleozon (OLZ), Ornidazole (OZN), Placebo (PLA), Propolis (PPS), Paromomycin (PRM), Praziquantel (PZQ), Quinacrine (QC), and Sausalin (SAU) are not included as no RCT reported on loss of appetite for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95%CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95%CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of loss of appetite was 1.68 (0.26-10.9) and 1.89 (0.19-19.0) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 16 Relative risks (RRs) and 95% confidence intervals (CIs) for risk of skin rash of drugs for the treatment of giardiasis. ^{a,b}

ABZ	1.12 (0.02-53.5)		2.72 (0.25-29.3)					3.38 (0.15-77.1)	1.12 (0.02-53.5)
2.93 (0.22-39.0)	FZD		0.96 (0.14-6.66)					1.08 (0.12-9.93)	1.00 (0.02-47.4)
1.32 (0.01-117)	0.45 (0.01-33.2)	MBZ	2.19 (0.05-105)		8.75 (0.38-201)				
2.89 (0.30-27.5)	0.99 (0.15-6.36)	2.19 (0.05-105)	MTZ		4.00 (0.18-89.9)	2.48 (0.10-60.1)	1.50 (0.03-74.6)	2.22 (0.19-25.3)	1.12 (0.02-53.5)
3.44 (0.06-208)	1.17 (0.02-57.0)	2.60 (0.01-629)	1.19 (0.02-58.0)	NTZ					1.05 (0.07-16.5)
11.6 (0.25-539)	3.95 (0.11-148)	8.75 (0.38-201)	4.00 (0.18-90.0)	3.37 (0.02-490)	OZN			0.34 (0.20-0.59)	
7.17 (0.14-355)	2.44 (0.06-98.1)	5.42 (0.04-819)	2.48 (0.10-60.1)	2.09 (0.01-318)	0.62 (0.01-53.3)	PPS	0.61 (0.03-14.6)		
4.34 (0.05-394)	1.48 (0.02-112)	3.28 (0.01-805)	1.50 (0.03-74.6)	1.26 (0.01-313)	0.38 (0.00-55.3)	0.61 (0.03-14.6)	PRM		
3.95 (0.08-192)	1.35 (0.03-52.8)	2.99 (0.12-71.9)	1.37 (0.06-32.2)	1.15 (0.01-173)	0.34 (0.20-0.59)	0.55 (0.01-49.1)	0.91 (0.01-139)	SAU	
3.43 (0.28-41.4)	1.17 (0.16-8.73)	2.59 (0.03-209)	1.18 (0.15-9.36)	1.00 (0.03-34.1)	0.30 (0.01-12.4)	0.48 (0.01-21.4)	0.79 (0.01-65.6)	0.87 (0.02-37.9)	SCZ
3.61 (0.17-75.4)	1.23 (0.08-19.0)	2.73 (0.02-315)	1.25 (0.08-19.4)	1.05 (0.07-16.5)	0.31 (0.00-19.7)	0.50 (0.01-33.8)	0.83 (0.01-98.4)	0.91 (0.01-60.0)	1.05 (0.12-9.61)
									TNZ

^a ABZ: Albendazole; FZD: Furazolidone; MBZ: Mebendazole; MTZ: Metronidazole; NTZ: Nitazoxanide; OZN: Ornidazole; PPS: Propolis; PRM: Paromomycin; SAU: Sausalin; SCZ: Secnidazole; TNZ: Tinidazole. Anethum graveolens (AGA), Chloroquine (CQ), Mentha crispa (MEN), Oleozon (OLZ), Placebo (PLA), Praziquantel (PZQ) and Quinacrine (QC) are not included as no RCT reported on skin rash for these drugs.

^b The lower triangle (in grey) shows summary RRs (and 95%CIs) derived in network meta-analysis (taking into account both the direct and indirect evidence) for the comparison of the drug in the row versus the drug in the column as reference. On the contrary, the upper triangle (in white) shows summary RRs (and 95%CIs) derived in traditional pairwise meta-analysis (taking into account direct evidence only) for the comparison of the drug in the column versus the drug in the row as reference. White spaces indicate lack of direct evidence for that given comparison. Thus, for example, for the comparison of TNZ vs. MTZ, the RRs and 95% CIs for the risk of skin rash was 1.25 (0.08-19.4) and 1.12 (0.02-53.5) according to the results from network and traditional pairwise meta-analyses, respectively.

Suppl. Table 17 GRADE assessment of the quality of evidence for the comparisons TNZ vs MTZ, TNZ vs ABZ, and MTZ vs ABZ.

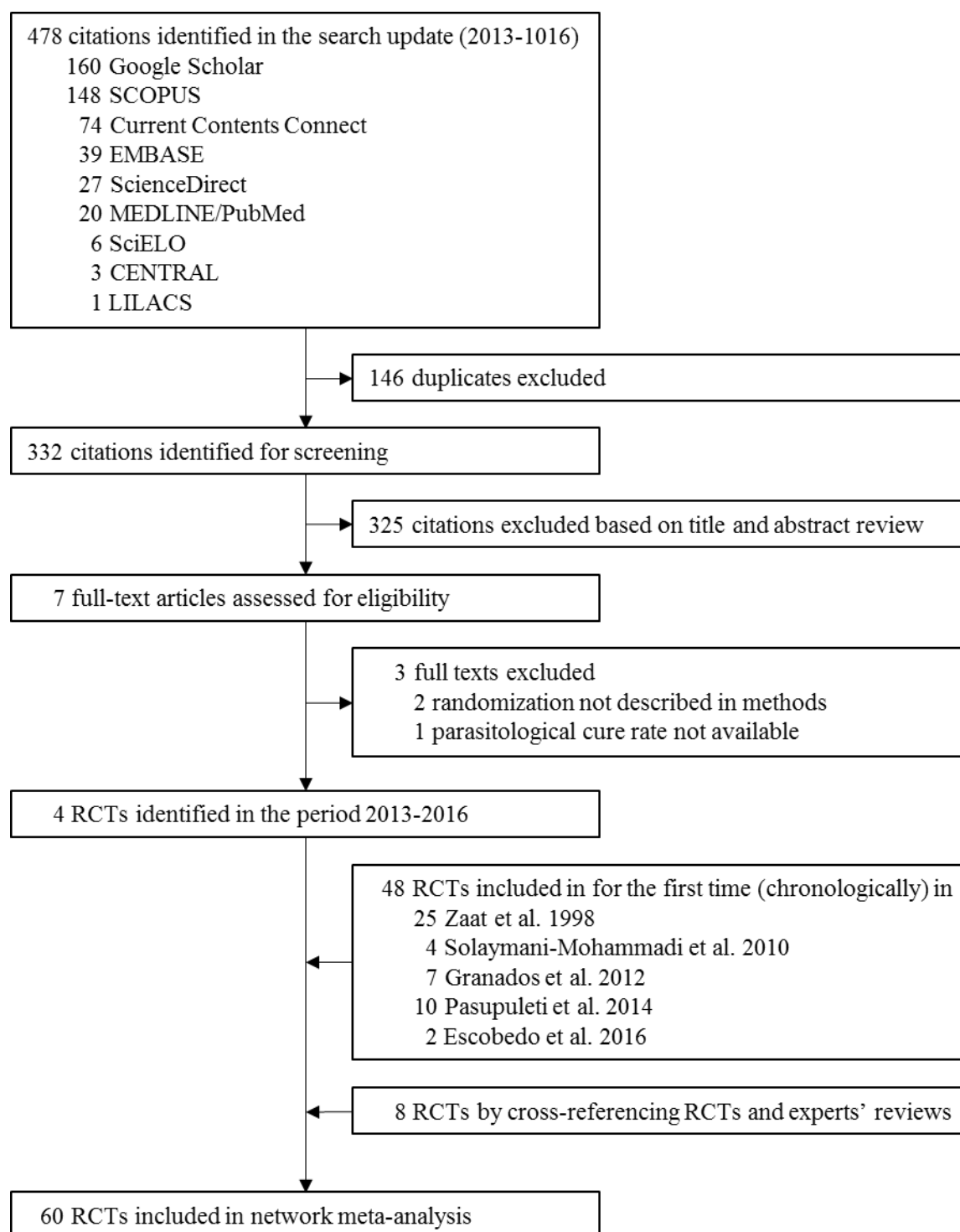
Direct evidence			Direct evidence		Network meta-analysis	
Comparison	RR (95% CI)	Quality of evidence	RR (95% CI)	Quality of evidence	RR (95% CI)	Quality of evidence
TNZ vs MTZ	1.41 (1.22 to 1.63)	+++ (moderate) ^a	1.12 (0.99 to 1.26)	+++ (moderate)	1.23 (1.12 to 1.35)	++ (low) ^b
TNZ vs ABZ	1.63 (1.36 to 1.97)	++++ (high)	1.22 (1.07 to 1.40)	+++ (moderate)	1.35 (1.21 to 1.50)	+++ (moderate) ^c
MTZ vs ABZ	1.04 (0.96 to 1.14)	+++ (moderate) ^a	1.35 (1.12 to 1.62)	+++ (moderate)	1.10 (1.01 to 1.19)	++ (low) ^b

^a Rated down from high to moderate quality due to concerns about high heterogeneity.

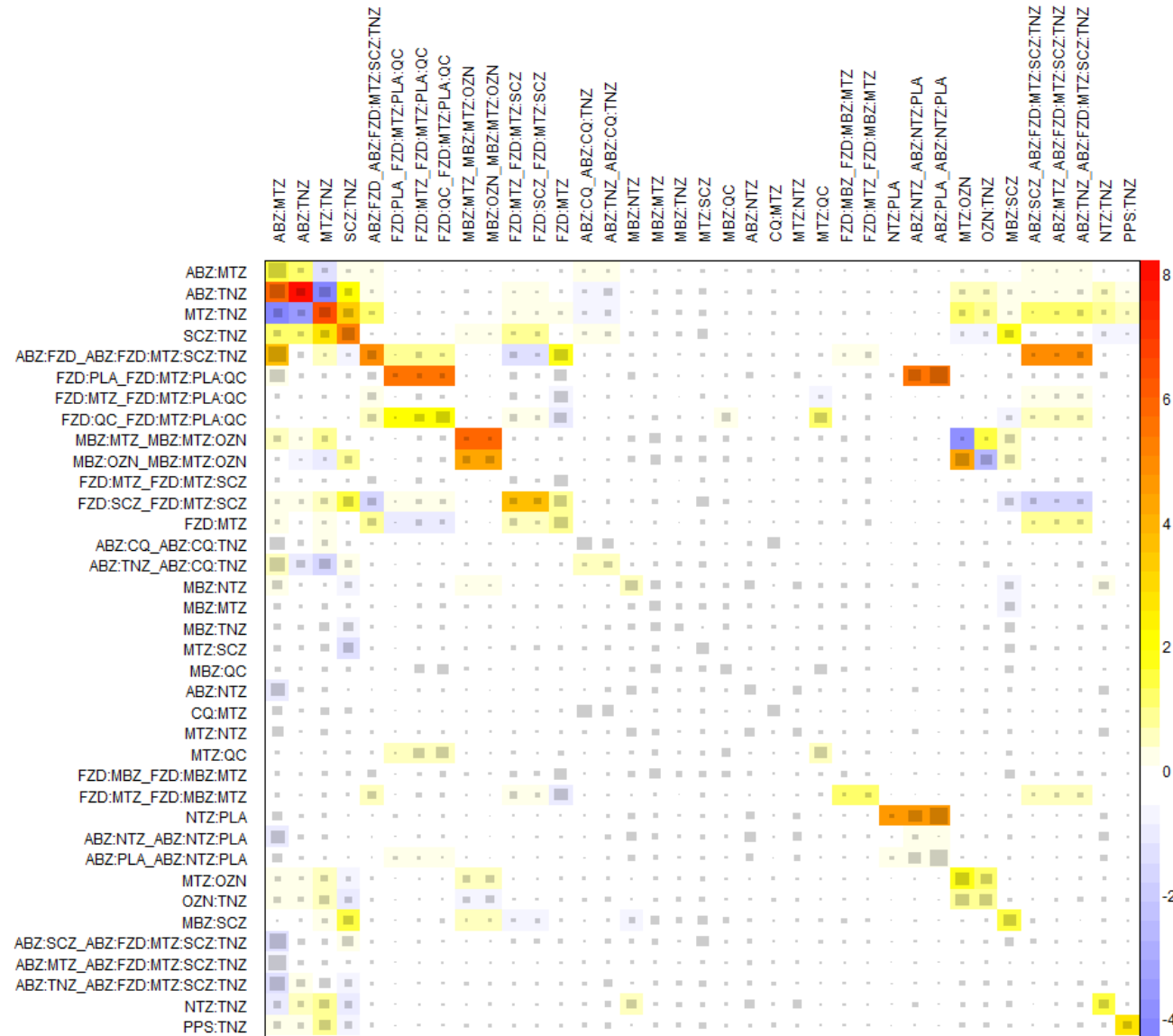
^b Rated down from moderate to low quality due to incoherence (inconsistency) between direct and indirect evidence.

^c Rated down from high to moderate quality due to incoherence (inconsistency) between direct and indirect evidence.

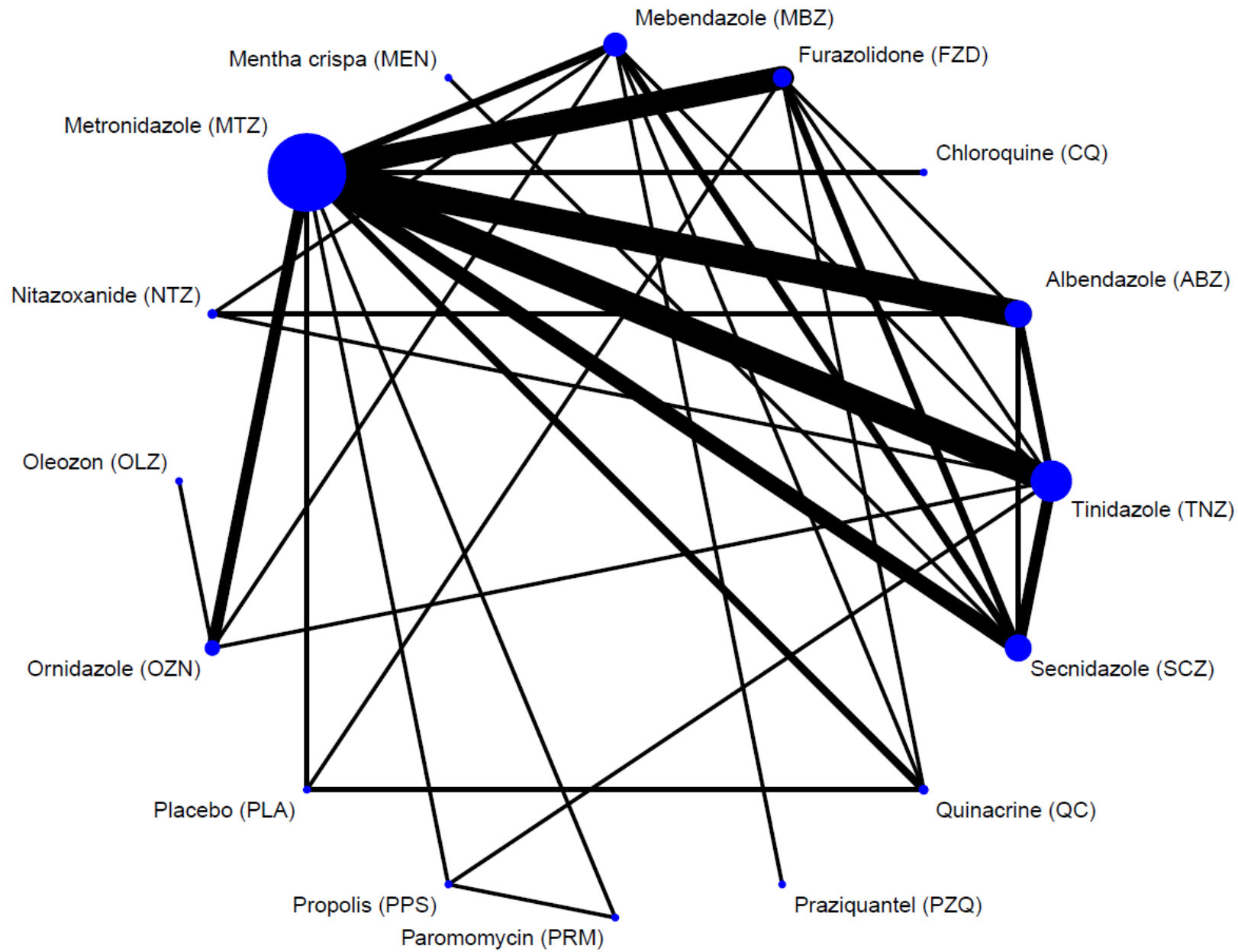
Suppl. Figure 1 Flowchart of included studies



Suppl. Figure 2 Net heat plot for visualization of inconsistency and indirectness for the network meta-analysis of comparative drug efficacy.



Suppl. Figure 3 Network graph of direct evidence or available comparisons for any side effects.



Suppl. Figure 4 Funnel plots for the comparisons TNZ vs MTZ, TNZ vs ABZ, and MTZ vs ABZ.

