별첨 1 비뚤림위험 평가

1. 비뚤림위험 평가

ROB

연번 1(Ref 39)		
Abanses(2006)		
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	- Randomization was based on 24-hour blocks starting at 7 AM. These blocks were determined in advance by a computerized random number generator. Despite the intended randomization, at the onset of the study, randomization into the TT group was not accomplished because of staff nonadherence to the protocol. Possible reasons for this were a higher average acuity of patients as well as high patient volume in triage. - failure of randomization, that is, not all patients that were eligible for the TT group actually got influenza testing a triage. - 랜덤방법은 컴퓨터를 이용한 난수생성이 이루어졌으나, TT군에서의 무작위 준수가 이루어지지 않은 제한점 있음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 눈가림 언급없음 - To identify subjects the primary investigator (JCA) reviewed the ED logs daily during the study period. 독립적인 평가자인지 여부에 대해서 불분명함
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- 불완전한 결과로 인한 배제 : 중재군 35(12%), 비교군 45명(6%) - Figure1. 각 군에 재할당 후, 자료 불안정성으로 배제된 숫자가 45, 35명으로 전체 할당 1,007명 중 10%이내
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 사전에 정의한 연구목적 및 결과지표 보고 - The aim of this study was to determine the impact of an ED triage protocol for rapid influenza testing of febrile infants and children on additional diagnostic testing, total ED charges, and total patient time in ED. - Charts were also reviewed for the performance of: CXR, CBC, blood culture (BC), urinalysis (UA),

연번 1(Ref 39)		
Abanses(2006)		
영역	**비뚤림위험**	**사유**
		lumbar puncture (LP), respiratory syncytial virus rapid test (RSV), and influenza test. Outcomes measured were total time spent by the patient in the ED (minutes), total medical charges, antibiotics given in the ED and whether the patient was admitted to the hospital.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	Simone Research Grant for the study funding. 키트제조사는 아님

연번 2(Ref 38)		
Poehling(2006)		
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Study days were **randomized to** rapid test or no rapid test days using blocks of 4 and 6. Block size and determination of which days the rapid test was performed were determined by a **random number generator** by Stata version 8.1
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- Nasal and throat swabs were obtained from all enrolled children for viral culture and polymerase chain reactions (PCRs) for influenza virus and were performed by research laboratory personnel **blinded to the results** of the rapid influenza tests.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- 환자등록 flow diagram(fig) 및 포함된 연구대상자의 특성자 수(table 1)와, 결과제시된 대상자 수(table 2, 3)에 차이가 없어, 결측치 없을 것으로 봄
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 사전에 정의한 결과지표 보고 - the primary study outcome was the proportion with any diagnostic tests, except a rapid influenza test, ordered by the treating physician in the performance and no performance of the rapid test groups - Secondary outcomes evaluated the performance of individual tests, including complete blood cell count and/or blood culture, urinanalysis and/or urine culture, and chest radiograph. Antibiotic or antiviral prescriptions were also compared
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	Funding/Support: This study was supported in part by the New Vaccine Surveillance Network. Dr Poehling received support from the Robert Wood Johnson Generalist Physicians Faculty Scholars Program.

연번 3(Ref 37)		
Lyer(2006)		
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 ■ 높음 □ 불확실	- prospective, quasi-randomized, controlled trial. The method of testing, POCT vs. ST, was strictly alternated by day. Patients presenting to the pediatric ED had no knowledge of which method was in effect for any particular day, thus creating a random distribution of patients between the two groups. - 준 무작위 연구이며, 무작위 방법이 일별 교대로 규칙 이용하여, 무작위 배정순서 방법이 적절하였다고 보기 어려움
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- 연구대상자 등록 프로세스(figure 1)와 포함된 연구대상자의 특성자 수(table 1)와, 결과제시된 대상자 수(table 2)에 차이가 없어, 결측치 없을 것으로 봄
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 사전에 정의한 결과지표 보고 - the physician order for a blood culture was chosen as the primary outcome. Secondary outcomes included orders for the following tests and treatments: complete blood count, urinalysis, urine culture, lumbar puncture, chest radiograph, and antibiotic use. The risks of inpatient admission and repeat pediatric ED visits were also examined. Finally, visit-associated costs and pediatric ED lengths of stay were measured.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	Supported in part by Quidel, Inc. 다만, 본문에 Involvement of Quidel was restricted to this training session alone; representatives from the company were not involved in study design, data collection, data analysis, or manuscript preparation으로 제시되어 있음

연번 4(Ref 43)		
Bonner(2003)		
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Randomization was performed using a computerized randomization program, Rancode, in blocks of 4 patients with 2 patients allocated to each Group, 1 and 2. The computer-generated randomization list was produced for the entire study before study enrollment, eliminating the ability to maneuver patients into one group or the other. This block randomization technique was also used to more equally distribute patients into the 2 groups during the attending physicians' shifts, thereby reducing potential for individual physician treatment bias.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 기본 연구 분석이 physician의 인플루엔자 검사결과 인식 여부로 나뉨 - Randomization status was also recorded on each individual patient data form. Combination of the influenza result and randomization status ultimately yielded 4 groups of patients: 1) physician aware of result, influenza-positive; 2) physician unaware of result, influenza-positive; 3) physician aware of result, influenza-negative; and 4) physician unaware of result, influenza-negative.
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- total of 391 patients met enrollment criteria and completed the entire study. - 모집된 연구대상자 기본특성표 수(table 1), 결과표의 대상자수(table 2)에 차이 없어 결측치 없음으로 봄
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 사전에 정의한 결과지표 보고 - This study was undertaken to determine the impact of the rapid diagnosis of influenza on physician decision-making and patient management. - Study endpoints included: 1) reduction of antibiotic prescriptions of 40%; 2) reduction of laboratory and radiograph charges of 50%; 3) decrease length of time to discharge by 1 hour; and 4) increase antiviral use by 25%. - Patient records were obtained after discharge from the emergency department, and information regarding patient disposition, laboratory tests and radiographs ordered, antibiotic or antiviral use, and length of stay in the emergency department was recorded on a standardized form for subsequent data entry
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	The FluOIA test kits were provided by Biostar, but all other funding for the study was obtained from the Research Institute of the Children's Hospital of Alabama. 키트만 제공받고, 나머지 연구비는 병원지원

연번 5(Ref 수기2)		
Esposito(2003)		
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	enrolled and blindly randomly assigned in a 1:1 ratio to undergo a rapid test for the detection of influenza viruses or no rapid test. 무작위방법에 대해 구체적으로 제시되지 않음
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 ☐ 높음 ☐ 불확실	blindly randomly assigned in a 1:1 ratio to undergo a rapid test for the detection of influenza viruses or no rapid test.
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	- Table 1 presents the demographic characteristics, clinical information, and outcome data of the study population. 결측치 없음
Free of selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	- 사전에 정의한 결과지표 보고 - The comparison covered demographic and clinical data, as well as the likelihood of routine blood examinations, chest radiographs, antibiotic use, and hospital admission.
Other bias : Funding (그 외 비뚤림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음

RoBANS ver 2.0

연번 6(Ref 46)		
Stamm(2023)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	☐ 낮음 ☐ 높음 ■ 불확실	Table 1. Given the matching criteria, t tests showed no significant differences between RIDT-tested and matched non-RIDT-tested populations. 표1은 성, 연령 특성 비교만 다루고 있고, 기저 임상중증도 특성에 대한 비교는 확인안됨
대상군 선정	■ 낮음 ☐ 높음 ☐ 불확실	- The non-RIDT-tested population inclusion criteria were based on a retrospective analysis of International Classification of Diseases, Tenth Revision, Clinical Modification,diagnosticcodes from chapter 10, "Disease of the Respiratory System (J00-J99)" in the patient's diagnosis as to mimic symptoms presented by participants in the RIDT-tested population. The exclusion criteria for both populations used medical records to identify use of either influenza antivirals or vaccination by means of an influenza nasal spray/mist vaccine within the 7 days prior to the date of service.
교란변수	■ 낮음 ☐ 높음 ☐ 불확실	- 연구설계시 1:1로 매칭함 - In the primary analysis, RIDT-tested and non-RIDT-tested participants were matched at a 1-to-1 ratio using exact matching on patients' 5-year age bin (eg, 20-24, 25-29, etc.), sex (male or female), and week of encounter. - Logistic regressions were used with the main effects of age and gender accounted for along with RIDT result status.
노출 측정	■ 낮음 ☐ 높음 ☐ 불확실	Data collected from the medical records system., RIDT 측정에 있어서도 표준화된 매뉴얼에 따라 훈련된 연구staff가 수행
평가자의 눈가림	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 ☐ 높음 ☐ 불확실	의무기록 자료원에서 확인
불완전한 결과자료	☐ 낮음 ☐ 높음 ■ 불확실	- Within the RIDT-tested population, 1145 participants matched of the 1166 participants available. - 다만, 결과분석자료에서 대상자 수 제시가 안되어 있어, 분석자료에 모든 연구대상자가 포함되어졌는지 확신하기 어려움
선택적 결과 보고	■ 낮음 ☐ 높음 ☐ 불확실	- 사전에 정의된 결과 보고 - The primary outcomes of interest were antibiotic and antiviral prescription behaviors of the clinicians for RIDT-tested vs non-RIDT-tested participants. - Secondary outcomes were laboratory/diagnostic orders, which included blood culture, complete blood count (CBC), rapid streptococcal screen, urinalysis, urine culture, influenza A+B/respiratory syncytial virus reverse-transcription polymerase chain reaction (RT-PCR) test, and chest radiograph (CXR).

연번 7(Ref 3)		
Tekeli(2021)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	■ 낮음 □ 높음 □ 불확실	table 1. 기저특성 유사
대상군 선정	□ 낮음 □ 높음 ■ 불확실	- 선정, 배제기준 제시됨 - The well-appearing infants who had a body temperature ≥ 38°C, had a duration of fever of less than five days, had a gestational age of ≥ 37 weeks, were previously healthy, and had no history of antibiotic use in the previous 48 hours were included in this study. - Patients who are consideredas ill-appearing, had a history of vaccination within the past 48 hours and/or had taken antibiotics, had a history of chronic disease or whose data were not fully available were excluded from the study. - 다만, Some patients could not be tested due to lack of the RIDT kit. Patients were divided into two groups as 'with' and 'without' testing, depending on whether the RIDT was performed. 일부 환자에서 키트부족으로 RIDT 검사를 받지 않은 자가 있어, 대상자 선정방법이 동일한 기준을 적용하였다고 보기 어려움
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	- Medical records were reviewed retrospectively for demographic information, clinical and laboratory data, and patient management. Return visits of patients who were sent home from the outpatient department were evaluated. - Influenza was diagnosed based on a positive result of the nasopharyngeal swab rapid antigen test.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록 자료원에서 확인
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	- A total of 173 patients (110 males/63 females) were evaluated. The rapid influenza test was performed in 94 (54.3%) patients. The test result was positive in 30 (31.9%) patients and negative in 64 (68.1%) patients. - table 1, 2, 3에 제시된 환자수에 차이가 없어, 결측치는 없을 것으로 봄
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	- Serious bacterial infection (SBI) risk and patient management were evaluated according to test results - The patient's age, sex, symptoms, and history of contact with a person having respiratory symptoms within the last seven days were evaluated. Complete blood count, absolute neutrophil count (ANC), C-reactive protein (CRP), complete urine test, blood culture, urine cultures, CSF culture, and rapid influenza diagnostic test (RIDT) results were recorded.

연번 8(Ref 6)		
Jacob(2021)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	☐ 낮음 ■ 높음 ☐ 불확실	- 중재군과 대조군의 대상자수 차이가 큼(상대적으로 no RIDT군이 많음) (295명 vs. 1156명) - table 1. 기본특성표상 age, admission 유의한 차이 있었음
대상군 선정	■ 낮음 ☐ 높음 ☐ 불확실	- 선정/배제기준 제시 - A total of 1451 patients were included in our study. Inclusions and exclusions to our study are shown in Figure 1. - Patients included were aged 〈16 years who had ILI as defined by the World Health Organization10 (fever 〉38C, cough, onset within the last 10 days) and who did not have duplicate presentations or diagnoses not related to ILI (e.g. appendicitis, anxiety, etc).
교란변수	■ 낮음 ☐ 높음 ☐ 불확실	- In order to elimanate a potential bias of bed block on treatment time and LOS, separate analysis was performed on dischrged and admitted patients(table 3)
노출 측정	■ 낮음 ☐ 높음 ☐ 불확실	- Variables that were extracted from the electronic medical records included patient age, sex, time of arrival to ED, time seen by a doctor, time discharged or admitted, ancillary investigations and treatment (blood cultures, urine cultures, cerebrospinal fluid [CSF] cultures, chest X-ray [CXR], laboratory influenza testing and antibiotic treatment).
평가자의 눈가림	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 ☐ 높음 ☐ 불확실	의무기록 자료원에서 확인
불완전한 결과자료	■ 낮음 ☐ 높음 ☐ 불확실	- 연구대상자 선정 figure 1, 기본특성표(table 1), 결과 table의 대상환자수 동일하여, 결측치 없을 것으로 봄
선택적 결과 보고	■ 낮음 ☐ 높음 ☐ 불확실	- 사전에 정의된 결과 보고 - Primary outcome measure was the correlation of RIDT location to treatment time compared to patients with ILI with no RIDT. Secondary outcome measures were the correlation of RIDT location to ancillary testing and treatment with antibiotics.

연번 9(Ref 6)		
Cantais(2019)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	■ 낮음 □ 높음 □ 불확실	- 연구목적은 동일한 대상자에서의 RIDT 검사결과 인지여부에 따른 결과 비교임
대상군 선정	■ 낮음 □ 높음 □ 불확실	- 선정, 배제기준 제시 - The inclusion criteria were fever 〉38.5℃ without source and acute impaired general condition including tachypnoea, tachycardia, prolonged capillary refill time, and/or lethargy; - the exclusion criteria were known immunosuppression and evident bacterial infection
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	- The number of provisional actions (prescription of biological and radiological investigations, hospital stay, consumption of antimicrobial drugs) declared through the questionnaire was compared to that of actions that were actually done - The latter variables were also compared to the data obtained from the past three winter seasons after reviewing electronic records of the medical database using the inclusion and exclusion criteria defined at the beginning of this section.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	언급없음..다만, 동일대상자에서 RIDT 검사전에 사전처방을 내리는 것으로, 처방내리는 의사 평가자 입장에서는 눈가림 불가능할 것으로 보임. 연구설계상 연구의 취지를 알고 처방을 내리는 연구평가자 입장에서는 검사결과여부의 확인이 처방률에 영향을 미쳤을 가능성이 있을것으로 보고 높음으로 판단함 (가상처방내리는 경우에 의도적으로 더 많이 과잉처방/결과알고 처방내리는 경우 의도적으로 과소처방하여 결과평가에 bias 가능성 있을수 있다고 봄)
결과 평가	■ 낮음 □ 높음 □ 불확실	가상처방했던 설문내용과, 의무기록에서 확인된 결과데이터 비교함
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	- 결측치에 대한 언급은 안되어 있음. - table 3의 결과표로 추정시, 분자/분모, 비율에 있어 오차가 없어 결측치는 없을 것으로 보았음 (Comparison between virtual prescriptions that were recorded through a questionnaire before the result of the rapid influenza digital immunoassay (DIA) was available and prescriptions that were finally performed in the 514 patients included into the study)
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	- 사전에 정의된 결과 보고 - The number of provisional actions (prescription of biological and radiological investigations, hospital stay, consumption of antimicrobial drugs) declared through the questionnaire was compared to that of actions that were actually done. - The cost estimation of medical procedures and biological testswas based on the prices listed in the 2014 version of the respective official French classifications.

연번 10(Ref 17)		
Li-Kim-Moy(2016)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	☐ 낮음 ■ 높음 ☐ 불확실	- table 1. Demographicand clinical details were similar for children in the POCT-positive and POCT-negative groups compared with the NoPOCT group (Tables 1 and 2). - 환자수 차이 있음(중재군 236, 대조군 65) - Children in the POCT-positive group, compared with the NoPOCT group, had a slightly but statistically significantly higher maximum temperature during their ED presentations
대상군 선정	☐ 낮음 ☐ 높음 ■ 불확실	- 선정, 배제기준 제시 - Our study included laboratory-proven influenza cases aged 0 to ≤ 18 years, diagnosed between January 1 and December 31, 2009, through POCT or 'standard' testing (i.e. direct fluorescent antibody testing (DFA), viral culture or nucleic acid testing by polymerase chain reaction (PCR)) - Retrospectively, additional cases were ascertained through a search of the hospital virology database and consisted of non-admitted children or children presenting outside the June-September period. Some retrospective data were collected on PAEDS cases including assessment times in ED and investigations performed. - We excluded cases without an ED presentation and possible nosocomial cases that were tested more than 72 h after the first presentation to ED. - 다만, 일부 자료원이 혼재되어 있으며 대상자 선정방법이 두 군에 모두 동일한지 불확실함
교란변수	■ 낮음 ☐ 높음 ☐ 불확실	We performed univariate and multivariate analysis using logistic regression or generalised linear models to investigate associations between results of POCT and measured outcomes. We included possible confounding factors, namely, age (as a continuous variable), sex, total time in ED (from commencement of medical assessment to discharge home or to the ward), presence of comorbidities, time and day of presentation and ED variables: highest recorded temperature, pulse rate, respiratory rate and lowest oxygen saturation as covariates.
노출 측정	■ 낮음 ☐ 높음 ☐ 불확실	Review of all case records sourced from PAEDS notifications and the virology database was performed. Data were collected on medical history, ~
평가자의 눈가림	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 ☐ 높음 ☐ 불확실	의무기록 자료원에서 확인
불완전한 결과자료	■ 낮음 ☐ 높음 ☐ 불확실	- 364 eligible patients, table 1, 2의 결과로 대상자 모두 포함되어 결과제시됨
선택적 결과 보고	■ 낮음 ☐ 높음 ☐ 불확실	- 사전에 정의된 결과 보고 - outcome measures: (i) use of particular investigations (LP, BC or sterile urine collection); (ii) SBI, defined as a positive culture with a pathogenic or clinically significant organism from a normally sterile site (CSF, blood or urine); (iii) antibiotic/antiviral prescription; and (iv) admission to hospital and/or the intensive care unit (ICU).

연번 11(Ref 48)		
Jun(2014)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	□ 낮음 □ 높음 ■ 불확실	- 기저특성표가 소아/성인으로 구분하여 인플루엔자 유행시즌에 따른 환자의 특성표 비교함. - 본 평가에서 보고자 하는 RIDT vs no RIDT 군의 기저특성표 제시안됨
대상군 선정	■ 낮음 □ 높음 □ 불확실	선정기준 제시 - All patients who presented with influenza-like illnesses during the study periods were included in this research.
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	Two emergency specialists reviewed the patient charts.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록 자료원에서 확인
불완전한 결과자료	□ 낮음 □ 높음 ■ 불확실	- Only 3 patients (4.9%) underwent RAT for influenza before the 2009 influenza pandemic; therefore, we omitted the analysis comparing RAT use before and after the pandemic. - 결과제시가 비율로만 제시되어, 결측치 확인이 어려움
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	- 사전에 정의된 결과 보고 - In each group, the rate of antibiotic administration, the use of blood sample tests, and the use of simple chest X-rays, according to the use of a RAT kit, were investigated in patients with influenza-like illness by comparing the periods before and after the 2009 H1N1 influenza pandemic. - The proportion of cases that received antibiotic administration according to the result of RAT in both pediatric and adult patients with influenza-like illness was also investigated for both study periods. - The duration of ER stay, according to the use of a RAT kit, was analyzed in the cases of patients discharged after ER care for both the groups within each of the two periods separately,

연번 12(Ref 24)		
Jeong(2014)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	□ 낮음 □ 높음 ■ 불확실	The median age of the patients group B was greater than that of patients in group A (9.0 years vs. 34.5 years, respectively; P,0.01), and 47.5% (105/221) of the patients in group A and 54% (117/ 216) in group B were female. 기저특성표가 제대로 제시되지 않았음
대상군 선정	■ 낮음 □ 높음 □ 불확실	- 선정, 배제기준 동일하게 제시되었으나, 중재군과 대조군의 선정된 인플루엔자 시즌이 다르기는 하나, 증상의 중증도 측면에서는 비교가능성에서 불확실로 판단했으므로 선정기준에 잇어서는 낮음으로 평가 - During the 2011-2012 season, all ILI patients who visited the ED were encouraged to provide consent for IVRAT - The influenza season was roughly defined as the period from November to February. All ILI patients discharged from hospital after ED care were included in the study - Patients hospitalized after ED care were excluded from the study - ILI patients who visited the ED at Chungbuk National University Hospital during the 2010-2011 (pre-IVRAT, 대조군) and 2011-2012 (IVRAT 중재군) influenza seasons were reviewed by infectious disease specialists.
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	The medical records of ILI patients who visited the ED ~ were reviewed by infectious disease specialists.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록 자료원 확인
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	- figure 1. 대상자선정 과정 및 table 1 대상자수가 동일함
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	- 사전에 정의된 결과 보고 - The following data were collected: the patients' reason for visiting the ED; the medical diagnosis made by the ED primary physicians; the time of arrival at the ED; the time at which the patient was seen by an ED physician; the decision regarding whether to hospitalize the patient; and the time at which the patient was discharged from the ED. If the patient was discharged home after ED care, the patient's discharge medications were also reviewed. - The rates of antibiotic prescription and ED LOS (the time interval between the patient being seen by the physician and their departure from the ED) during each of the two influenza seasons were then compared. The characteristics of ILI patients with a positive IVRAT result and of those with a negative result were also compared.

연번 13(Ref 29)		
Nisch-Osuch(2013)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	□ 낮음 □ 높음 ■ 불확실	table 1. 성, 연령 특성 유사하나, 다른 증상정도 차이는 확인안됨
대상군 선정	■ 낮음 □ 높음 □ 불확실	선정기준 동일, A total number of 256 children of the age 0–5 years who ful fi lled the inclusion criteria (acute onset of the disease, fever 〉38°C, cough, and/or sneezing) were enrolled into the study
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	the nasopharyngeal swabs were taken by trained personnel using sterile artificial viscose sticks.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	언급없음
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록상 자료원에 대한 명시는 안되어 있으나, 객관적인 결과지표로 결과확인 비뚤림 위험은 낮을 것으로 봄
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	table 1, table 2 대상자수 차이 없는 것으로 보아 결측치 없을 것으로 봄
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	사전에 정의된 결과 보고 The analysis of medical management of children from the rapid test and control groups included the use of antiviral drugs, antibiotics, and the need to perform additional tests (X-ray examination, blood tests, and urinalysis).

연번 14(Ref 49)		
Özkaya(2010)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	■ 낮음 □ 높음 □ 불확실	table 1. 기저특성 유사
대상군 선정	■ 낮음 □ 높음 □ 불확실	선정, 배제기준 제시 All children who presented to the pediatric emergency department, were eligible if they: 1) had a temperature of 37.8°C or higher, 2) had cough, coryza, malaise, headache, rhinorrhea and/ or myalgias, 3) had a symptom duration of 48 hours or less, 4) absence of signs and symptoms of focal infection (sore throat, painful cervical lymhadenopathy, exudative tonsillopharyngitis, purulant nasal discharge). Children receiving antibiotic or systemic steroids, positive history of vaccination during the previousweek, or a known chronic disease were excluded.
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	The specimen was obtained by inserting a swab through the posterior nasopharynx by an experienced microbiology technician who was blinded to the group of the patient.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	The specimen was obtained by inserting a swab through the posterior nasopharynx by an experienced microbiology technician who was blinded to the group of the patient. 수행자의 눈가림으로, 평가자의 눈가림에 해당된다고 보기 어려움
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록상 자료원에 대한 명시는 안되어 있으나, 객관적인 결과지표로 결과확인 비뚤림 위험은 낮을 것으로 봄
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	table 1, 2 대상자 수에 차이가 없음
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	사전에 정의된 결과 보고 - Study endpoints included: 1) the number of laboratory and radiographic tests and 2) length of time to discharge from emergency For each patient, the following data were recorded: demographic characteristics, symptoms and physical examination findings, additional tests ordered and length of stay in the emergency department. - All patients with positive rapid test results were scheduledfor a control visit 1 month later.

연번 15 (Ref 33)		
Özkaya(2009)		
영역	**비뚤림위험**	**사유**
대상군 비교 가능성	■ 낮음 □ 높음 □ 불확실	table 1. 기저특성 유사 Demographic findings, including age and gender of the patients who attended the control visit, were not statistically different. During this visit, neither a secondary bacterial infection nor a persisting clinical symptom was observed among these patients.
대상군 선정	■ 낮음 □ 높음 □ 불확실	선정, 배제기준 제시 - A total of 97 patients who had no prior vaccination for influenza and did not receive antibiotic or systemic steroid treatment during the past week were included in the study. This study was a cross-sectional, single-blinded trial in which the patients meeting the inclusion criteria were allocated into two groups. - Patients with symptoms and signs of bacterial infections, such as sore throat with high fever, purulent nasal discharge, exudative tonsillopharyngitis or toxic appearance, were excluded.
교란변수	□ 낮음 □ 높음 ■ 불확실	언급없음
노출 측정	■ 낮음 □ 높음 □ 불확실	The specimen was obtained by inserting a swab through the posterior nasopharynx by an experienced microbiology technician who was blinded to the group of the patient.
평가자의 눈가림	□ 낮음 □ 높음 ■ 불확실	Specimen was obtained by inserting a swab through the posterior nasopharynx by an experienced microbiology technician who was blinded to the group of the patient. 수행자의 눈가림으로, 평가자의 눈가림으로 보기 어려움
결과 평가	■ 낮음 □ 높음 □ 불확실	의무기록상 자료원에 대한 명시는 안되어 있으나, 객관적인 결과지표로 결과확인 비뚤림 위험은 낮을 것으로 봄
불완전한 결과자료	■ 낮음 □ 높음 □ 불확실	table 1, table 2 대상자수 차이 없음
선택적 결과 보고	■ 낮음 □ 높음 □ 불확실	사전에 정의된 결과 보고 The aim of this study was to evaluate the effect of rapid influenza test on prescription of antibiotics