

APPENDIX A. SEARCH STRATEGIES

Database: MEDLINE (via Ovid, MEDLINE

Original Search date: 9/2/2020

Search Set	Search Strategy	Results
#1 <i>COVID-19 terms</i>	Coronavirus/ or Coronavirus Infections/ or Betacoronavirus/ or (coronavirus or coronaviruses or coronaviridae or coronavirinae or "corona virus" or "corona viruses" or betacoronavirus or betacoronaviruses or betacoronaviridae or betacoronavirinae or SARS-CoV or SARScov or SARS-CoV-2 or SARS-CoV2 or sarscov2 or SARS2 or COVID-19 or "COVID 19" or COVID19 or 2019nCov or 2019-nCoV or nCov or "CoV 2" or CoV-2 or COV2).ti,ab,kw. or ((wuhan or hubei or huanan) and ("severe acute respiratory" or pneumonia or pnemonias or pneumoniae)).ti,ab,kw.	64,292
#2 <i>Discharge terms</i>	Patient Discharge/ or (discharge or discharged or post-acute or postacute or post-covid or postcovid or "post covid").ti,ab,kw. or ((post or following or after or aftercare) adj2 (inpatient or inpatients or hospital or hospitalization or hospitalisation or ICU or "intensive care" or "critical care" or CCU or stepdown or "step down")).ti,ab,kw.	278,912
#3 <i>Functional outcome terms</i>	((function or functions or functional or functioning) adj2 (outcome or outcomes or sequelae or impairment or impairments)).ti,ab,kw.	75,064
#4	2 or 3	349,713
#5	1 and 4	1,676
#6	limit 5 to yr="2019 -Current"	1,593

Search update: 2/4/2021

Ovid MEDLINE(R) ALL 1946 to February 01, 2021

Search Set	Search Strategy	Results
#1 <i>COVID-19 terms</i>	Coronavirus/ or Coronavirus Infections/ or Betacoronavirus/ or (coronavirus or coronaviruses or coronaviridae or coronavirinae or "corona virus" or "corona viruses" or betacoronavirus or betacoronaviruses or betacoronaviridae or betacoronavirinae or SARS-CoV or SARScov or SARS-CoV-2 or SARS-CoV2 or sarscov2 or SARS2 or COVID-19 or "COVID 19" or COVID19 or 2019nCov or 2019-nCoV or nCov or "CoV 2" or CoV-2 or COV2).ti,ab,kw. or ((wuhan or hubei or huanan) and ("severe acute respiratory" or pneumonia or pnemonias or pneumoniae)).ti,ab,kw.	113,469
#2 <i>Discharge terms</i>	Patient Discharge/ or (discharge or discharged or post-acute or postacute or post-covid or postcovid or "post covid").ti,ab,kw. or ((post or following or after or aftercare) adj2 (inpatient or inpatients or hospital or hospitalization or hospitalisation or ICU or "intensive care" or "critical care" or CCU or stepdown or "step down")).ti,ab,kw.	291,211
#3 <i>Functional outcome terms</i>	((function or functions or functional or functioning) adj2 (outcome or outcomes or sequelae or impairment or impairments)).ti,ab,kw.	78,589
#4	2 or 3	365,286
#5	1 and 4	3,753
#6	limit 5 to yr="2019 -Current"	3,670

Database: Embase (via Elsevier)

Original search date: 9/2/2020

Note: search from the Results page

Search Set	Search Strategy	Results
#1	'coronaviridae'/de OR 'coronavirinae'/de OR 'betacoronavirus'/de OR 'sars-related coronavirus'/exp OR 'severe acute respiratory syndrome coronavirus 2'/exp OR 'coronavirus infection'/exp OR 'coronavirus disease 2019'/exp OR coronavirus:ti,ab,kw OR coronaviruses:ti,ab,kw OR coronaviridae:ti,ab,kw OR coronavirinae:ti,ab,kw OR 'corona virus':ti,ab,kw OR 'corona viruses':ti,ab,kw OR betacoronavirus:ti,ab,kw OR betacoronaviruses:ti,ab,kw OR betacoronaviridae:ti,ab,kw OR betacoronavirinae:ti,ab,kw OR 'sars cov':ti,ab,kw OR sarscov:ti,ab,kw OR 'sars cov 2':ti,ab,kw OR 'sars cov2':ti,ab,kw OR sarscov2:ti,ab,kw OR sars2:ti,ab,kw OR 'covid 19':ti,ab,kw OR covid19:ti,ab,kw OR 2019ncov:ti,ab,kw OR '2019 ncov':ti,ab,kw OR ncov:ti,ab,kw OR 'cov 2':ti,ab,kw OR cov2:ti,ab,kw OR ((wuhan:ti,ab,kw OR hubei:ti,ab,kw OR huanan:ti,ab,kw) AND ('severe acute respiratory':ti,ab,kw OR pneumonia:ti,ab,kw OR pnemonias:ti,ab,kw OR pneumoniae:ti,ab,kw))	72,947
#2	'hospital discharge'/exp OR discharge:ti,ab,kw OR discharged:ti,ab,kw OR 'post acute':ti,ab,kw OR postacute:ti,ab,kw OR 'post-covid':ti,ab,kw OR 'post covid':ti,ab,kw OR postcovid:ti,ab,kw OR ((post OR following OR after OR aftercare) NEAR/2 (inpatient OR inpatients OR hospital OR hospitalization OR hospitalisation OR icu OR 'intensive care' OR 'critical care' OR ccu OR stepdown OR 'step down')):ti,ab,kw	498,829
#3	'functional outcome'/exp or ((function or functions or functional or functioning) NEAR/2 (outcome or outcomes or sequelae or impairment or impairments)):ti,ab,kw	111,561
#4	#2 OR #3	602,420
#5	#1 AND #4	2,231
#6	#5 AND (2019:py OR 2020:py OR 2021:py)	1,940



APPENDIX B. GRADE TERMINOLOGY

Certainty of evidence: the extent to which one can be confident that the true effect of an intervention lies on one side of a specified threshold, or within a chosen range.

Inconsistency: refers to unexplained heterogeneity of results.

Imprecision: In general, results are imprecise when studies include relatively few patients and few events and thus have a wide confidence interval (CI) around the estimate of the effect.

Directness: Direct evidence consists of research that directly compares the interventions which we are interested in, delivered to the populations in which we are interested, and measures the outcomes important to patients. Authors of systematic reviews and guideline panels making recommendations should consider the extent to which they are uncertain about the applicability of the evidence to their relevant question.

Terminology cited from the GRADE Handbook.⁶³

APPENDIX C. PEER REVIEW DISPOSITION

Reviewer Number	Comment	Response
<i>Are the objectives, scope, and methods for this review clearly described?</i>		
3	Yes	
5	Yes	
7	Yes	
8	Yes	
10	Yes	
12	Yes	
13	Yes	
<i>Is there any indication of bias in our synthesis of the evidence?</i>		
3	No	
5	No	
7	No	
8	No	
10	No	
12	No	
13	No	
<i>Are there any published or unpublished studies that we may have overlooked?</i>		
3	No	
5	No	
7	Yes - Ayoubkhani D, Khunti K, Nafilyan V, Maddox T, Humberstone B, Diamond I, et al. Post-covid syndrome in individuals admitted to hospital with covid-19: retrospective cohort study. The BMJ. 2021;372:n693.	Acknowledged, thank you.
8	No	
10	No	
12	No	
13	No	

Additional suggestions or comments can be provided below.

3

5 This review is an excellent update to the previous version. I have only minor comments:
 1. Figure 2 is a bit hard to read without zooming in very closely. It would be useful to have this in a higher quality format.

We were able to replace with a higher quality image.

2. Bottom of page 19 - the word "ranged" was repeated twice in the last paragraph.

Thank you. Corrected.

3. It might be beneficial to include an appendix with descriptions of the GRADE criteria (e.g. what do "indirectness" and "inconsistency" mean in the context of the GRADE criteria?). Perhaps there is a table or checklist in the source material that would explain these concepts to readers who are not familiar with the criteria.

We added an appendix that defines the key GRADE terms.

7 Some Comments:

Acknowledged, thank you.

Thank you for this thorough review of evidence on hospital readmissions among those hospitalized for COVID. The methods are clearly laid out with sufficient details about the inclusion and exclusion criteria. I expect to cite this review in an upcoming paper we are revising on a related topic.

I share below some areas for clarification and possible editing:

1. For the summary of the studies in the table and text, I think it is important to clarify for each of the included studies whether they assessed readmissions at any institution or whether it was limited to the original institution. Some studies included ascertainment of hospital readmissions across multiple sites or systems of care (e.g., Jeon, et al; Matsunaga et al) , whereas others were limited to within one system or one database. Among the US studies for example, in the Donnelly study readmissions to VA hospitals were assessed, however readmissions outside of the VA health system were not included, such as under Medicare covered care. Similarly, even for the large CDC study (Lavery, et al) the readmissions ascertained were limited to those occurring in the one of the 865 healthcare institutions that comprised the Premier database.

The study characteristics table has been updated with the number of hospitals reported in each study. For studies reporting readmissions, we added details to the table about how readmissions data was collected (eg, same hospital, any of 5 hospitals). We also highlight incomplete ascertainment of readmission and ED visits as a limitation of the literature

2. Another aspect to clarify for each of the included studies is whether the data source was truly electronic health records or a data warehouse or repository that included electronic health records. This distinction is important because individual electronic health records are a different source of information than a set of curated electronic health records (i.e., as in a warehouse or repository). For example, in the Donnelly study it is relying on the electronic health record data that is contained in the large national CDW. Similarly, it is the case in the Hyman et al study that while in Table 3 it is listed as "EHR" for the data source, in fact they appeared to have

Details about the data source have been added to the study characteristics table when reported by the literature.



relied on the large corpus of information in EPIC information system across five hospitals in the Mount Sinai health system. I also think that explicating the data source in more detail matters because it speaks to the ability of the research community to be able to summarize this important information. The access to such stores of information has made it possible for most of these studies to get to a publishable form in a relatively short timeframe. The availability of data in curated repositories in these health systems has made it possible to report on such outcomes quickly.

3. On the other hand, it is surprising that the only study that used claims data was the one reported from Korea. No US studies included in this review appeared to have relied on health insurance claims data and no studies from Europe relied on multi-institutional health system data. Given the wealth of information for example in the UK National Health System, I am surprised that there is not one study addressing hospital readmission. One study by Ayoubkhani et al 2021 (Ayoubkhani D, Khunti K, Nafilyan V, Maddox T, Humberstone B, Diamond I, et al. Post-covid syndrome in individuals admitted to hospital with covid-19: retrospective cohort study. The BMJ. 2021;372:n693.) conducted in the UK was included in another systematic review, although it was not accepted for publication until March 15, which was after the ESP cut-off date. Given that this review will be appearing after some other systemic reviews that went beyond Feb 2021, it is important to emphasize this cutoff for the search in the discussion and limitations. This is also important because I suspect that more US studies relying on large datasets from insurance claims, which have likely been delayed by insurer billing adjudications, will be appearing in the next several months.

We now discuss and cite related systematic reviews. We also reviewed the bibliographies of these reviews for additional eligible studies; none were identified. The section, "Limitations of Review" has been revised to clearly identify the Feb 2021 search date as a limitation. We also have added text in the discussion regarding the Ayoubkhani et al 2021 study and its use of claims data.

4. One other aspect that I think should be mentioned in the discussion is the potential for misclassification of discharge disposition and possibly hospital readmissions as well. It seems possible that there may be differences across countries and even across US health systems whether a health care institution is an acute care facility or a rehabilitation center or a long-term care facility. In other words, were individuals readmitted for acute care rather than a rehabilitation or long-term care facility? If this definition of a hospital readmissions was not consistent across studies/countries, then deriving a hospital readmission rate could be misleading. In the end, that people initially hospitalized with COVID still needed additional care beyond that which could be offered at their home is what is important.

Thank you for this observation. We now address this limitation in the discussion.

5. By now you may be aware of the recent review published in the Journal of Emergency Medicine which included 29 US studies. While the inclusion/exclusion criteria differed from the current ESP review, it might be worth acknowledging in the ESP review. It seems the biggest difference was that the current ESP review excluded studies that focused on specific conditions and included studies beyond

Thank you. Yes, we are aware of this review, 1 additional review, and a published protocol. They are now cited and discussed.

<p>the Feb 2021 cut-off of the ESP review. (See: Ramzi ZS. Hospital readmissions and post-discharge all-cause mortality in COVID-19 recovered patients; A systematic review and meta-analysis. Am J Emerg Med. 2021 Nov 6;51:267-279. doi: 10.1016/j.ajem.2021.10.059. Epub ahead of print. PMID: 34781153; PMCID: PMC8570797)</p>	
<p>8 Objective is to determine short-term and long-term health care (hc) utilization in adults after discharge both short-term and long-term (>= 3 months). Of note, none of the studies that met study inclusion criteria measured long-term health care utilization.</p>	<p>Acknowledged.</p>
<p>Methods in the full text are clear and excellent. Table 1 on page 3 and 4 is clear. The Outcomes study characteristics are well-suited to the objective of studying health care utilization The Setting in Table 1 does not list locations of residence other than home or skilled nursing facility (SNF), for example, assisted living facility and residential care; however, it provides the settings that it does list as examples rather than as a comprehensive list. The method for assessing Risk of Bias is good.</p>	<p>Acknowledged.</p>
<p>Results. Table 2 page 9 line 10 reports Follow-up duration, reporting 7 studies. It is not clear if these means that only 7 studies provided follow-up information? Without follow-up information, how can health care utilization be determined?</p>	<p>Many studies reported only the disposition status and did not report longitudinal outcomes (ie, ED visits, hospital readmission). Eight studies reported hospital readmission, but only 7 specified the follow-up duration. We changed the study characteristic descriptor and added a footnote to the table to clarify this point.</p>
<p>Table 2 Outcomes reported line 16 reported 8 studies reported Readmission, and only 3 studies reported ED visits, and only 3 studies reported use of home health.</p>	<p>The data reported in Table 2 is correct and consistent with the data reported in the results and Figures 3 and 4.</p>
<p>Key Points page 9 lines 42-44 report percents of patients discharged to SNF and mentions rehabilitation facility but does not report the percent.</p>	<p>Discharge to rehabilitation facilities was reported in aggregate with other disposition statuses, and thus rates for rehabilitation facilities alone are not available. The text has been modified to clarify this point.</p>
<p>Discussion. Page 23 lines 14 -25. In addition to stating (appropriately) the possibility that Veterans may be at more risk for readmission than non-Veteran patients, it should also be made clearer that the follow-up period for Veterans was longer than for most other studies, which would allow for capture of more re-admissions. The</p>	<p>Discussion revised to reiterate that the VA study used a longer follow-up period.</p>

	report notes appropriately the reasons that Veterans may be at higher risk (age, male, comorbidities).	
	Discussion. Page 23 lines 32 – 50. The review appropriately notes that there have been changes in treatments and potential increases in survivorship, and this good result may lead to a need for additional post-acute care.	Acknowledged.
	Re any possibly overlooked publications? We do not have complete knowledge of all publication in this area so hard to say. This is a forced choice question with binary response options and cannot submit the review without answering. Anything published since Feb 2021 was not reviewed. It seems likely that there have been relevant publications since then that would have been found in a search and considered for inclusion.	Acknowledged. We took steps to identify any missed publications, identify and discuss any large studies published since Feb 2021, and emphasize the potential for missed studies as a limitation.
	Summary comments: The overall methods are excellent. It is helpful to have the list of studies together with the characteristics of the studies.	Thank you.
	Unfortunately the limits of the published studies limit the extent to which the results can be used for health care system planning. Despite the large number of individuals included in the studies taken together, very few studies reported on key outcomes of importance for planning health care resources for post-acute care for a large health care system. For example, none of the studies reported long-term (>=3 months) follow-up, including what percent of patients admitted from home/community and discharged to SNF became SNF-long stayers, and how that compares with other acute care admissions from home/community. The question remains unanswered whether patients acutely hospitalized with COVID-19 will require substantially more long-term outpatient and inpatient care than patients of similar age and comorbidity who are acutely hospitalized for other conditions.	We identified one large UK study, published after our search was completed, that reports longer-term outcomes. This study has been summarized briefly in the discussion.
	As the review notes in the section on Knowledge Gaps page 26 Lines 45-50, VHA could examine a number of the key questions in more detail using VHA data. Table 5 on pages 26 – 27 points the way to future studies.	Acknowledged.
10	This was quite well done!! Proper registration w/ PROSPERO; PRISM-guided methods; GRADE recommendations; assessment of ROB; acknowledgement of limitations.	Acknowledged, thank you.
	The open question of course is what is the breadth and depth of post-COVID disability and how do we plan for it. Did any of these studies look at the duration and outcomes of non-home hospital disposition? Ideally these studies would give us a sense of what proportion of patients who, prior to COVID hospitalization, lived at home but following COVID hospitalization required prolonged rehabilitation (however that might be defined) or who could no longer live safely at home. You	No, studies did not report the duration or outcomes of patients discharge to SNF, rehabilitation centers and other health care institutions. We've added this idea to the future research section.

	might identify this as a limitation of the available data / make a recommendation that future studies capture these longer-term outcomes	
12	wondering why % use of home health isn't mentioned on pg 1 line 30-31 or page 9 line 46? In both of these sections, rates of admission to long term care and readmission rates are mentioned. Pg 17 lines 34-35 does mention this; admittedly there was a large variation. I admit to looking forward to finding this info!	The rates of home health utilization has been added to the abstract and key points.
13	This is a well written and thorough synthesis of evidence of post covid-10 health care utilization. This update includes 3 additional articles since the last review. Recommendations remain the same.	Acknowledged.

APPENDIX D. EXCLUDED STUDIES

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Abrashkin, 2021 ¹		X					
Al Kasab, 2020 ²				X			
Albani, 2021 ³				X			
Alcázar-Navarrete, 2020 ⁴							X
Allenbach, 2020 ⁵				X			
An, 2021 ⁶	X						
Andersen, 2021 ⁷				X			
Andrenelli, 2020 ⁸							X
Anthonius Lim, 2020 ⁹							X
Arnold, 2020 ¹⁰		X					
Azar, 2020 ¹¹				X			
Banda, 2020 ¹²		X					
Bangash, 2020 ¹³							X
Bassi, 2020 ¹⁴				X			
Bellan, 2021 ¹⁵				X			
Belli, 2020 ¹⁶		X					
Benussi, 2020 ¹⁷				X			
Berdahl, 2020 ¹⁸		X					
Bhattacharya, 2020 ¹⁹	X						
Bickton, 2021 ²⁰							X
Blazey-Martin, 2020 ²¹				X			
Bolotova, 2020 ²²		X					
Borgen, 2020 ²³							X
Borobia, 2020 ²⁴				X			
Bowles, 2020 ²⁵		X					

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Bravata, 2021 ²⁶						X	
Burn, 2020 ²⁷				X			
Calles, 2020 ²⁸				X			
Candan, 2020 ²⁹							X
Cantador, 2020 ³⁰				X			
Cao, 2020 ³¹	X						
Caramello, 2020 ³²		X					
Carlucci, 2020 ³³				X			
Ceravolo, 2020 ³⁴							X
Chamorro-de-Vega, 2021 ³⁵				X			
Chang, 2020 ³⁶				X			
Chen, 2020 ³⁷			X				
Chen, 2020 ³⁸				X			
Chen, 2020 ³⁹	X						
Chew, 2020 ⁴⁰				X			
Chilimuri, 2020 ⁴¹				X			
Chinnadurai, 2020 ⁴²				X			
Choron, 2020 ⁴³				X			
Christie, 2020 ⁴⁴		X					
Cobb, 2020 ⁴⁵				X			
Corsi, 2020 ⁴⁶				X			
Curci, 2020 ⁴⁷						X	
Curci, 2020 ⁴⁸							X
d'Alessandro, 2021 ⁴⁹				X			
Daher, 2021 ⁵⁰		X					
Dang, 2020 ⁵¹				X			
Davido, 2020 ⁵²							X

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
de Havenon, 2021 ⁵³		X					
de Havenon, 2020 ⁵⁴		X					
De Lorenzo, 2020 ⁵⁵				X			
Demeco, 2020 ⁵⁶							X
Dhakal, 2020 ⁵⁷		X					
Dhelr, 2020 ⁵⁸		X					
Dillon, 2020 ⁵⁹				X			
Docherty, 2020 ⁶⁰				X			
Duan, 2020 ⁶¹	X						
Durmus, 2020 ⁶²				X			
Dziewas, 2020 ⁶³		X					
Eastin, 2020 ⁶⁴	X						
Ebert, 2020 ⁶⁵				X			
Emmerson, 2020 ⁶⁶				X			
Enzmann, 2020 ⁶⁷				X			
Ettman, 2020 ⁶⁸		X					
Falvey, 2020 ⁶⁹							X
Ferrando, 2020 ⁷⁰				X			
Field, 2020 ⁷¹						X	
Filardo, 2020 ⁷²				X			
Flatharta, 2020 ⁷³		X					
Fond, 2020 ⁷⁴			X				
Forlano, 2020 ⁷⁵				X			
Fried, 2020 ⁷⁶				X			
Frija-Masson, 2020 ⁷⁷				X			
Fuglebjerg, 2020 ⁷⁸				X			
Garrigues, 2020 ⁷⁹					X		

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Gluckman, 2020 ⁸⁰		X					
Goertz, 2020 ⁸¹				X			
Goicoechea, 2020 ⁸²				X			
Gonzalez-Castro, 2020 ⁸³							X
Gordon, 2020 ⁸⁴			X				
Grasselli, 2020 ⁸⁵				X			
Grasselli, 2020 ⁸⁶				X			
Grutters, 2020 ⁸⁷							X
Gupta, 2020 ⁸⁸				X			
Gustavson, 2020 ⁸⁹							X
Gutenbrunner, 2020 ⁹⁰		X					
Gutiérrez Rodríguez, 2020 ⁹¹				X			
Ha, 2020 ⁹²	X						
Hagg, 2020 ⁹³		X					
Halpin, 2020 ⁹⁴				X			
Hayek, 2020 ⁹⁵				X			
Hernandez-Biette, 2020 ⁹⁶		X					
Hewitt, 2020 ⁹⁷				X			
Higgins, 2020 ⁹⁸		X					
Huang, 2020 ⁹⁹	X						
Huang, 2020 ¹⁰⁰				X			
Imam, 2020 ¹⁰¹				X			
Ito, 2021 ¹⁰²				X			
Jacobs, 2020 ¹⁰³		X					
James, 2020 ¹⁰⁴		X					
Javanian, 2021 ¹⁰⁵	X						
Jehi, 2020 ¹⁰⁶		X					

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Jiang, 2020 ¹⁰⁷							X
Jiang, 2020 ¹⁰⁸				X			
Kemp, 2020 ¹⁰⁹		X					
Kilaru, 2020 ¹¹⁰		X					
Kim, 2020 ¹¹¹							X
King, 2020 ¹¹²				X			
Kissling, 2020 ¹¹³							X
Klok, 2020 ¹¹⁴							X
Knights, 2020 ¹¹⁵		X					
Knopp, 2020 ¹¹⁶				X			
Kundi, 2020 ¹¹⁷				X			
Kurth, 2020 ¹¹⁸							X
Larsson, 2021 ¹¹⁹		X					
Laszkowska, 2020 ¹²⁰				X			
Leigh, 2020 ¹²¹				X			
Leijte, 2020 ¹²²			X				
Lendorf, 2020 ¹²³		X					
Lenka, 2020 ¹²⁴				X			
Levine, 2020 ¹²⁵				X			
Li, 2020 ¹²⁶		X					
Li, 2020 ¹²⁷				X			
Li, 2020 ¹²⁸	X						
Li, 2020 ¹²⁹	X						
Liotta, 2020 ¹³⁰				X			
Liu, 2020 ¹³¹		X					
Liu, 2020 ¹³²				X			
Liu, 2020 ¹³³	X						

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Long, 2020 ¹³⁴							X
Lopez-Barbeito, 2020 ¹³⁵		X					
Ludwig, 2020 ¹³⁶				X			
Magro, 2021 ¹³⁷				X			
Mahale, 2020 ¹³⁸	X						
Maldonado, 2020 ¹³⁹		X					
Mallow, 2020 ¹⁴⁰				X			
Mandal, 2020 ¹⁴¹				X			
Mandora, 2021 ¹⁴²		X					
Mangia, 2021 ¹⁴³				X			
Marbach, 2020 ¹⁴⁴		X					
Marengoni, 2020 ¹⁴⁵						X	
Martinez-Garcia, 2020 ¹⁴⁶				X			
McDonough, 2020 ¹⁴⁷		X					
McLoughlin, 2020 ¹⁴⁸				X			
McWilliams, 2021 ¹⁴⁹		X					
Mei, 2020 ¹⁵⁰				X			
Mendes, 2021 ¹⁵¹		X					
Mendez, 2020 ¹⁵²				X			
Michel, 2020 ¹⁵³							X
Mishra, 2020 ¹⁵⁴				X			
Mo, 2020 ¹⁵⁵				X			
Mody, 2020 ¹⁵⁶			X				
Mohamed Hussein, 2020 ¹⁵⁷				X			
Moreno-Perez, 2021 ¹⁵⁸				X			
Morgan, 2021 ¹⁵⁹							X
Negrini, 2021 ¹⁶⁰							X

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Network, 2021 ¹⁶¹				X			
Nie, 2021 ¹⁶²	X						
Nusair, 2020 ¹⁶³				X			
O'Brien, 2020 ¹⁶⁴				X			
Ogedegbe, 2020 ¹⁶⁵				X			
Palich, 2021 ¹⁶⁶		X					
Pancera, 2020 ¹⁶⁷							X
Paranjpe, 2020 ¹⁶⁸				X			
Patel, 2020 ¹⁶⁹					X		
Pellaud, 2020 ¹⁷⁰						X	
Pinto, 2020 ¹⁷¹		X					
Poussardin, 2020 ¹⁷²				X			
Puchner, 2021 ¹⁷³				X			
Rahmani, 2020 ¹⁷⁴	X						
Ramani, 2020 ¹⁷⁵							X
Ramos-Araque, 2021 ¹⁷⁶		X					
Rashidi, 2020 ¹⁷⁷	X						
Rasidovic, 2020 ¹⁷⁸		X					
Reforma, 2020 ¹⁷⁹		X					
Renelus, 2020 ¹⁸⁰				X			
Rivera-Izquierdo, 2020 ¹⁸¹				X			
Rivera-Lillo, 2020 ¹⁸²							X
Rodriguez-Garcia, 2021 ¹⁸³		X					
Rokadiya, 2020 ¹⁸⁴							X
Rosen, 2020 ¹⁸⁵				X			
Roth, 2020 ¹⁸⁶							X
Rovere Querini, 2020 ¹⁸⁷				X			

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Russell, 2020 ¹⁸⁸		X					
Sagarra-Romero, 2020 ¹⁸⁹			X				
Sakai, 2020 ¹⁹⁰						X	
Sami, 2020 ¹⁹¹	X						
Santeusanio, 2021 ¹⁹²		X					
Sauvant, 2020 ¹⁹³							X
Schiavone, 2021 ¹⁹⁴				X			
Scialpi, 2020 ¹⁹⁵							X
Sharma, 2020 ¹⁹⁶	X						
Sharma, 2020 ¹⁹⁷		X					
Sharp, 2020 ¹⁹⁸		X					
Shaw, 2020 ¹⁹⁹							X
Shi, 2020 ²⁰⁰				X			
Sigfrid, 2020 ²⁰¹				X			
Simpson, 2020 ²⁰²							X
Singh, 2020 ²⁰³		X					
Snipelisky, 2020 ²⁰⁴				X			
Sohn, 2020 ²⁰⁵				X			
Soleimani, 2020 ²⁰⁶	X						
Somani, 2020 ²⁰⁷				X			
Song, 2020 ²⁰⁸				X			
Spruit, 2020 ²⁰⁹							X
Sun, 2020 ²¹⁰							X
Temperoni, 2021 ²¹¹		X					
Thomson, 2020 ²¹²					X		
Thornton, 2020 ²¹³		X					
Torres-Castro, 2021 ²¹⁴							X

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Townsend, 2020 ²¹⁵		X					
Uyaroglu, 2020 ²¹⁶				X			
Vallecillo, 2020 ²¹⁷		X					
van den Borst, 2020 ²¹⁸		X					
Vanhems, 2021 ²¹⁹				X			
Vitacca, 2020 ²²⁰				X			
Vizcaychipi, 2020 ²²¹				X			
Wang, 2020 ²²²				X			
Wang, 2020 ²²³	X						
Wang, 2020 ²²⁴	X						
Wang, 2020 ²²⁵	X						
Wang, 2020 ²²⁶				X			
Weerahandi, 2020 ²²⁷		X					
Wilson, 2020 ²²⁸							X
Wu, 2020 ²²⁹				X			
Wu, 2020 ²³⁰				X			
Xing, 2020 ²³¹				X			
Xu, 2020 ²³²	X						
Yan, 2020 ²³³	X						
Yan, 2020 ²³⁴				X			
Yang, 2020 ²³⁵		X					
Yang, 2020 ²³⁶				X			
Yang, 2020 ²³⁷				X			
Ye, 2021 ²³⁸							X
Yu, 2020 ²³⁹	X						
Yue, 2020 ²⁴⁰	X						
Zhang, 2020 ²⁴¹				X			

Study	Exclusion Reason						
	Not OECD	Not population	Not exposure	Not outcome	Not setting	Not timing	Not design
Zhang, 2020 ²⁴²	X						
Zhang, 2020 ²⁴³	X						
Zhao, 2020 ²⁴⁴				X			
Zheng, 2020 ²⁴⁵		X					
Zhong, 2020 ²⁴⁶	X						
Zuccaro, 2021 ²⁴⁷				X			

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