

**Table 95: Clinical evidence profile: Comparison 6. Cohort segregation versus no cohort segregation**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into pathogens	Control	Relative (95% CI)	Absolute		
<b>Monthly incidence of multiply resistant <i>P aeruginosa</i> strain (follow-up 1 month)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into pathogens	Control	Relative (95% CI)	Absolute		
1 (Hoiby & Pedersen 1989)	observational studies	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	5/77 (6.5%) <sup>2</sup>	22/107 (20.6%) <sup>2</sup>	OR 0.27 (0.1 to 0.74)	140 fewer per 1000 (from 45 fewer to 180 fewer)	VERY LOW	CRITICAL
<b>Annual incidence of intermittent <i>P aeruginosa</i> (follow-up 1 year)</b>												
1 (Fredriksen 1999)	observational studies	serious <sup>3</sup>	no serious inconsistency	no serious indirectness	very serious <sup>4</sup>	none	9/40 (22.5%) <sup>5</sup>	15/45 (33.3%) <sup>5</sup>	OR 0.58 (0.22 to 1.53)	109 fewer per 1000 (from 234 fewer to 100 more)	VERY LOW	CRITICAL
<b>Annual incidence of chronic <i>P aeruginosa</i> (follow-up 1 year)</b>												
1 (Fredriksen 1999)	observational studies	serious <sup>3</sup>	no serious inconsistency	no serious indirectness	serious <sup>6</sup>	none	7/69 (10.1%) <sup>5</sup>	15/75 (20%) <sup>5</sup>	OR 0.45 (0.17 to 1.19)	99 fewer per 1000 (from 159 fewer to 29 more)	VERY LOW	CRITICAL
<b>6-month incidence <i>B Cepacia</i> (follow-up 6 months)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into pathogens	Control	Relative (95% CI)	Absolute		
1 (Whitford 1995)	observational studies	very serious <sup>7</sup>	no serious inconsistency	no serious indirectness	very serious <sup>4</sup>	none	1/93 (1.1%) <sup>8</sup>	5/109 (4.6%) <sup>8</sup>	OR 0.23 (0.03 to 1.97)	35 fewer per 1000 (from 44 fewer to 41 more)	VERY LOW	CRITICAL
<b>Annual incidence of Burkholderia species infection (percentages) (follow-up 1 year)</b>												
1 (France 2008)	observational studies	very serious <sup>9</sup>	no serious inconsistency	no serious indirectness	Not calculable <sup>10</sup>	none	16.3% <sup>11</sup>	3-5% <sup>11</sup>	-	-	VERY LOW	CRITICAL
<b>Monthly prevalence of multiple resistant <i>P aeruginosa</i> strain (percentages) (follow-up 1 month)</b>												
1 (Hoiby 1989)	observational studies	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>4</sup>	none	37% (44/119) <sup>2</sup>	33% (39/119) <sup>2</sup>	OR 1.02 (0.60 to 1.76)	4 more per 1000 (from 101 fewer to 134 more)	VERY LOW	CRITICAL
<b>Prevalence of AES-1 <i>P aeruginosa</i> epidemic strain (follow-up: 2 years)</b>												
1 (Griffiths 2005)	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious <sup>6</sup>	none	-	-	adjRR 0.64 (0.47 to 0.87) <sup>12</sup>	-	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cohort segregation into pathogens	Control	Relative (95% CI)	Absolute		
<b>Annual prevalence of chronic <i>P aeruginosa</i> infection (follow-up 1 year)</b>												
1 (Jones 2005)	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious <sup>6</sup>	none	184/228 (80.7%) <sup>13</sup>	156/216 (72.2%) <sup>13</sup>	OR 1.61 (1.03 to 2.51)	85 more per 1000 (from 6 more to 145 more)	VERY LOW	CRITICAL
<b>Annual prevalence of transmissible <i>P aeruginosa</i> infection (follow-up 1 year)</b>												
1 (Jones 2005)	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious <sup>4</sup>	none	35/228 (15.4%) <sup>13</sup>	28/216 (13%) <sup>13</sup>	OR 1.22 (0.71 to 2.08)	24 more per 1000 (from 34 fewer to 107 more)	VERY LOW	CRITICAL
<b>Annual prevalence of chronic infection with transmissible <i>P aeruginosa</i> strain (percentages) (follow-up 1 year)</b>												
1 (Jones 2005)	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	Not calculable <sup>10</sup>	none	15.4% <sup>13</sup>	13.0% <sup>13</sup>	-	-	VERY LOW	CRITICAL

Abbreviations: adjRR: adjusted risk ratio; ASUSP-1: Australian epidemic strain, type 1; CI: confidence interval; MRSA: methicillin-resistant staphylococcus aureus; OR: odds ratio

1 The quality of the evidence was downgraded by 1 because of high risk of bias in relation to comparability of the groups, and outcome reporting

2 Intervention group: data from May 1983; comparison group: data from March 1983. Intervention implemented in April 1983.

3 The quality of the evidence was downgraded by 1 because of high risk of bias in relation to comparability between groups, and outcome assessment

4 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs

5 Intervention group: data from 1982; comparison group: data from 1980. Intervention implemented in 1981

6 *The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID*

7 *The quality of the evidence was downgraded by 2 because of high risk of bias in relation to the comparability between groups, outcome assessment and unclear sample selection*

8 *Intervention group: data from December 1992; comparison group: data from May 1992. Intervention implemented in June 1992.*

9 *The quality of the evidence was downgraded by 2 because of high risk of bias in relation to sample selection, comparability between groups and outcome assessment*

10 *Imprecision cannot be calculated with the data reported*

11 *Intervention group: data from 1992; comparison group: data from 1983-1990. Intervention implemented in November 1991. Intervention was incomplete cohort segregation.*

12 *Intervention group: data from 2002; comparison group: data from 1999. Intervention implemented in January 2000.*

13 *Intervention group: data from 2001; comparison group: data from 1999. Intervention implemented in 2000.*