Abstract Screening

<table>
<thead>
<tr>
<th>Study type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Do not exclude articles if the abstract suggests that they might be re-analysed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the study in human subjects?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, in human subjects</td>
</tr>
<tr>
<td>No, in animal subjects</td>
</tr>
<tr>
<td>Yes, in laboratory study</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Cannot tell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is all-cause mortality reported as part of the results?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Might be reported in different ways. For definitions click here.</td>
</tr>
<tr>
<td>- All-cause mortality</td>
</tr>
<tr>
<td>- Deaths from all causes</td>
</tr>
<tr>
<td>- Child survival</td>
</tr>
<tr>
<td>- Under 5 mortality</td>
</tr>
<tr>
<td>- Child mortality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which intervention(s) are included in the study?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Please list here]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abstract screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract level screening aims to &quot;exclude&quot; completely irrelevant references, but if it is unclear it should go to a next level.</td>
</tr>
<tr>
<td>Is an abstract available?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**Abstract:***

Background: Skateboarding has been a popular sport among teenagers ever since its inception. The sport is associated with risks. This literature patchwork articles regarding the risks in skateboarding. In the skateboard world, it is dangerous as it has been portrayed.

**Methods:** The review was conducted over a 3-year period. All skateboarding-related injuries were in the Orthopaedic unit were identified and data collected on patient demographics, mechanism & location of injury, annual incidence, type of injury, treatment, and associated complications.

**Results:** The study encountered 60 patients with skateboarding-related injuries. Most patients were males and under the age of 16. The upper limb was predominantly involved with most injuries being fractures. Most injuries occurred during summer. The recommended treatment strategy was initially aimed at minimizing further complications or injuries requiring surgical intervention.

**Conclusion:** Despite its negative image among the medical fraternity, the skateboarder should not appeal to the general public. Skateboarding should be encouraged to supervisory skateboarding parks and skateboarders should wear protective gear. These measures would reduce the number of skateboarders involved in motor vehicle collisions, reduce the number of injuries among skateboarders, and reduce the number of breakdowns incurred in collisions with skateboarders.

Background: Skateboarding has been a popular sport among teenagers even with its attendant associated risk. The Skateboard Association has issued a statement discouraging the practice of skateboarding to the public as a result of the recent increase in injuries.

Methods: This was a retrospective study conducted over a 5-year period. All Skateboard-related injuries seen in the Emergency Department were identified and data collected on patient demographics, mechanisms & location of injury, hospital stay, days of therapy, treatment needed including immobilization.

Results: We encountered 50 patients with skateboard related injuries, most patients were males and under the age 18. The incidence increased in relation to the summer months, and was higher in males. The most common skin injuries were fractures, including skull fractures, and there was a significant increase in the number of patients requiring hospital admission. Conclusion: Despite its negative image among the medical fraternity, skateboarding does not appear to be a dangerous sport with few incidents of major fractures encountered being relatively minor. Skateboarding should be advised only to experienced skateboarders (over 18 years) who have previous experience in the sport. The Skateboard Association would like to limit the number of skateboarders involved in motor vehicle collisions, reduce the number of deaths and injuries among skateboarders, and reduce the number of injuries sustained in collisions with skateboarders.

Full text screening

Did this study reported on BCG, DTP or Measles-containing vaccines?

- Yes
- No

Study design

For information about different study designs, please click here:

- Randomized controlled trial
- Quasi-experimental or Controlled clinical trial
- Case-control study
- Prospective cohort or historical cohort studies
- Ecological studies
- Ecological studies
- Cross-sectional study
- Not primary research (e.g., reviews, editorials)
- Uncontrolled studies (e.g., case series or case report)
- Laboratory or animal studies
- Case only studies
- Other (please specify)

Were participants children at any age from 0 to 5 years?

- Yes
- No

Vaccines and/or interventions reported (check all that apply):

- BCG
- DTP-containing vaccines
- Measles-containing vaccines
- Vitamin A
- None of the above (please specify)
- Other (please specify)
- Not applicable

Is all-cause mortality reported as part of the results?

- Yes
- No

Comments:
Form 1: Basic Information and Eligibility

### Basic Information

<table>
<thead>
<tr>
<th>Study name (First author last name-Country, year)</th>
<th>First author (last name)</th>
<th>Sponsor (Type of sponsor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Government agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for profit organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmaceutical industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not reported</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sponsor (Name of sponsor)</th>
<th>Thy Registration Number</th>
<th>Companion papers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(All this point companion papers should be already grouped, in this case there is no need to complete this question)</td>
</tr>
</tbody>
</table>

### Eligibility Check

<table>
<thead>
<tr>
<th>Study design</th>
<th>Includes children under 5 years?</th>
<th>Vaccines reported (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCT</td>
<td>Yes</td>
<td>ECG</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>CTP-containing vaccines</td>
</tr>
<tr>
<td></td>
<td>Unclear</td>
<td>Measles-containing vaccines</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td>None of the above (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes reported (Check all that apply)</th>
<th>For what time points are eligibility data available?</th>
<th>If eligibility is unclear, state reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-targeted mortality only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both all-cause and non-targeted mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Study Motivation

<table>
<thead>
<tr>
<th>Purpose of study to examine effects of vaccine?</th>
<th>A priori analysis plan</th>
<th>Is there evidence of a protocol or prespecified analysis plan? (Please provide details (e.g. url) if there is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unclear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 2: Studied population

<table>
<thead>
<tr>
<th>Area within country (name or description of area, province, district, village)</th>
<th>Country (name of country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban or rural area, or both</td>
<td>Reported vaccine coverage in the studied population Percentage of children who received vaccination according to the country schedule in their first year of age (if reported):</td>
</tr>
<tr>
<td>Urban</td>
<td>Reported BCG vaccine coverage in the studied population (%)</td>
</tr>
<tr>
<td>Rural</td>
<td>Reported DTP-containing vaccine coverage in the studied population (%)</td>
</tr>
<tr>
<td>Mixed</td>
<td>Reported measles-containing vaccine coverage in the studied population (%)</td>
</tr>
<tr>
<td>Not reported</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

Reported vaccine coverage refers to:
- Study area
- Country
- Region
- Not reported

Source of vaccine coverage data:
- Information in the article
- Local report
- National report
- WHO estimates
- Coverage survey
- Other
- Not reported

Background rate of measles in the community (cases per 1000 per year)

Age group to which measles rate applies

Background rates of pertussis in the community

Is the study limited to a specific group? If a specific group, what sort?
- Yes
- No
- Not clear
- Low birth weight
- Chronically ill children
- Twins
- Other (specify)
Form 3: Methods (RCT or Quasi-RCT)

RCT or QUASI-RCT

How many intervention groups were there?

1. R
2. E
3. E
4. E
5. E

Describe the randomisation or allocation process (direct quotes from the text)

Methods of data collection

How was mortality data collected?

- Direct quotes from the text of the report should be included here

Describe how missing mortality data were dealt with

- Direct quotes from the text of the report may be included here

Comments (if needed)

Submit Form, or Skip to next
### Form 3: Methods (Cohort and Case-control studies)

#### METHODS

- **Study design:**
  - [ ] RCT or quasi RCT
  - [ ] Cohort
  - [ ] Case-control

**How was sample size determined?**

Age distribution of the study population for the current study with data on NNE of vaccines not for the original study, if this does not include data.

**Start day of enrollment (e.g. 23 March 2001)**

Please state if not reported.

**End day of enrollment (e.g. 23 March 2001)**

Please state if not reported.

**Start day of follow-up (e.g. 23 March 2001)**

Please state if not reported.

**End day of follow-up (e.g. 23 March 2001)**

Please state if not reported.

**Age at first follow-up visit (months)**

Please state if not reported.

**Period between follow-up visits (months)**

Please state if not reported.

**Age at last follow-up visit (months)**

Please state if not reported.

#### COHORT STUDY

**Source of information on vaccination status**

- [ ] Recorded at point of vaccination
- [ ] Review of vaccination charts/spreadsheets
- [ ] Provider-held vaccination cards
- [ ] Immunization registries
- [ ] Physical exam
- [ ] Other (specify)

**Describe how vaccination status was determined**

Full detail should be provided on how vaccination status was determined in order to define the various groups being compared.

#### STRATEGY FOR MONITORING SURVIVORSHIP ON VACCINATION STATUS

Describe how the research methodology was used to monitor survivorship on vaccination status.

- [ ] For example, vaccination status may have been sought retrospectively after a child had died.

#### METHODS OF DATA COLLECTION

**How was mortality data collected?**

- [ ] Not reported
- [ ] Vital statistics
- [ ] Facility health records
- [ ] Retrospective interview
- [ ] Other (specify)

**Describe how missing mortality data were dealt with**

State any methods for imputation, imputing or otherwise dealing with missing mortality data.

**Summariest methods for calculating ALL-CAUSE mortality outcome data (how outcome was ascertained)**

Include any attempts to blind assessors to treatment group

**Summaryst methods for calculating NON-CAUSE mortality outcome data (how outcome was ascertained)**

Include any attempts to blind assessors to treatment group

**Comments (if needed)**


Form 5: Group Level Mortality Data

**GROUP-LEVEL:** A group of children up to 5 years with a distinct vaccine sequencing, for whom mortality data are reported

- **Short description of the group:**
  - Is this a randomized intervention group?
  - Not randomized
  - Yes

- **Number of vaccinated events:**
  - Which vaccine was administered?
  - None

- **Vaccines administered:**
  - BCG
  - DPT

- **Age of children in this group:**
  - Age at the time of vaccination
  - Age at recruitment

- **Vaccines administered:**
  - BCG
  - DPT

**DESCRIPTION OF CHILDREN IN THIS GROUP**

- **Number in group:**
  - Gender:
    - Male
    - Female

**MORTALITY DATA FOR THIS GROUP**

- **Type of data:**
  - All-cause mortality
  - Non-attended mortality

**ALL-CAUSE MORTALITY DATA**

- **Age of children in this outcome:**
  - Age at death

**NON-ATTENDED MORTALITY DATA**

- **Age of children in this outcome:**
  - Age at death

**MORTALITY DATA BY LEVELS OF AN EFFECT MODIFIER FOR THIS GROUP**

- **If yes:**
  - No
  - Yes

**MODIFIER LEVELS- MALE**

- **Number of deaths:**
  - Number of deaths in group

**MODIFIER LEVELS- FEMALE**

- **Number of deaths:**
  - Number of deaths in group

**Comments for the statistician (if needed):**

- **Number of deaths:**
  - Number of deaths in group

- **Number of deaths:**
  - Number of deaths in group

- **Number of deaths:**
  - Number of deaths in group

**Source of data:**

- **Number of deaths:**
  - Number of deaths in group

- **Number of deaths:**
  - Number of deaths in group
Form 6: Comparison Level Data

Comparison Level Data

Compared and results for a comparison between two groups.

Groups being compared:
- Vaccination vs. non-vaccination
- Two vaccines
- Same vaccine
- Other (specify)

Choice of comparator:
- SGV vs. OSV
- Comparator of different SDG strategies
- Adj. DPV vs. DPT
- Comparator of different IPT regimens
- Measles vs. non-measles
- Comparator of different vaccine schedules
- Other (specify)

Brief description of the intervention GROUP being compared:

Brief description of the controlled GROUP being compared:

Basic Information

Subject addressed in this form:
- All-cause mortality (specify age)
- Mortality due to causes other than vaccine preventable (specify age)

In the sample used in the comparison, included in a subgroup of a larger cohort?
- Yes
- No
- Under

Potential for Confounding: Main Effect

Summarize any other differences between children in two groups:

Result Main Effect

Estimated measure of effect prior to any adjustment:
- Adjusted
- Unadjusted

Estimated measure of effect after adjustment:
- Adjusted
- Unadjusted

List variables adjusted for:

Potential for Confounding: Effect Modification

Difference in estimates across effect modifiers:

Result Effect Modification

Table of effect levels:
- Adjusted
- Unadjusted

Effect measure for death:
- CI lower limit
- CI upper limit
- P value

Interaction in BMD/HR for death:
- Interaction test statistic
- Notes on statistical methods used
- Notes on missing data
Form 7: Risk of Bias Assessment for RCTs