

Supplement B

Recommendation 1: In symptomatic individuals in the community suspected of having COVID-19, should COVID-19 nucleic acid amplification testing vs. no testing be done to guide decisions about isolation?

Table s5. GRADE evidence profile, recommendation 1

Certainty assessment							Impact	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		

Percent diagnosed based on suspicion criteria

8	observational studies	serious ^a	serious ^b	very serious ^c	not serious	none	For this question, "In symptomatic individuals in the community suspected of having COVID-19, should COVID-19 nucleic acid amplification testing vs. no testing be done?", we referred to 8 studies. Each of these studies reported the positivity rate of COVID-19 among patients suspected of having COVID-19 based on specific criteria, clinical and/or epidemiological. The COVID-19 positivity rate ranged from 2.4 to 57% among studies. The clinical scenarios were variable among the included studies, including respiratory infection symptoms such as cough, shortness of breath, fever, and pneumonia, alongside radiologic and biomarker indicators of having the disease.	⊕○○○ VERY LOW
---	-----------------------	----------------------	----------------------	---------------------------	-------------	------	--	------------------

Explanations

- There is serious concern about how different studies defined and assessed the clinical characteristics of patients suspected of having COVID-19. This concern prohibited us from assessing how these characteristics affect the prediction of positive cases. There is also a serious concern about the reference standard used to confirm COVID-19 cases in many of the included studies.

Supplementary Materials

- b. There is serious unexplained inconsistency in the results.
- c. The included studies do not directly compare a strategy of testing vs relying on clinical judgment. However, the indirect information from observational studies estimating the proportion of people who were confirmed out of all those who were suspected based on their clinical presentation provided indirect estimates about the false positive rates. Furthermore, four of these studies included patients presenting to the hospital which is a different population than a community-based symptomatic population.