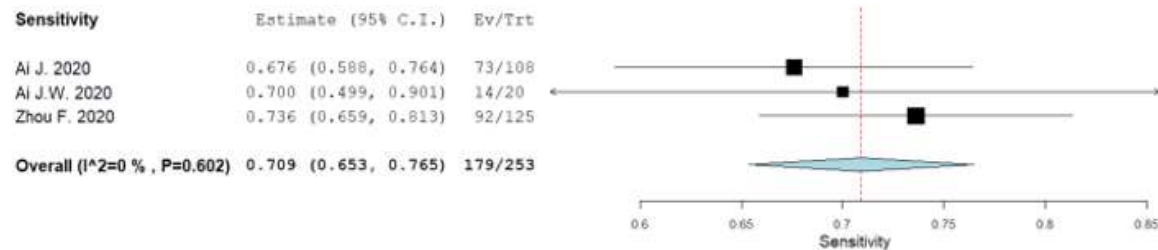


## Supplement F

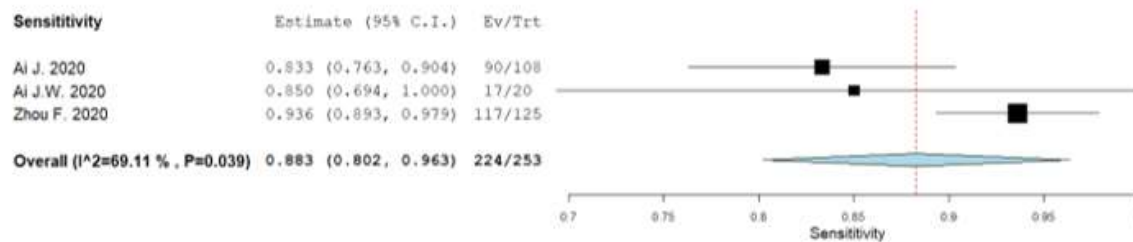
**Recommendations 5 and 6:** In symptomatic individuals suspected of having COVID-19 with a negative test, should additional testing be done for better diagnostic accuracy?

**Figure s6.** DTA pooled by proportion

### DTA pooled by proportion for first testing



### DTA pooled by proportion for cumulative testing



**Table s12.** GRADE Evidence Profile of Test Accuracy Results for Prevalence/Pre-Test Probability of 10% and 40% for single versus repeat testing

	RT-PCR single testing							RT-PCR repeat testing				
Sensitivity	0.71 (95% CI: 0.65 to 0.77)							0.88 (95% CI: 0.80 to 0.96)				
Specificity	1.00 (95% CI: 0.99 to 1.00)							1.00 (95% CI: 0.99 to 1.00)				
Outcome	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested				Test accuracy CoE
								pre-test probability of 10% <sup>c</sup>		pre-test probability of 40% <sup>d</sup>		
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	RT-PCR Single testing	RT-PCR Repeat testing	RT-PCR single testing	RT-PCR Repeat testing	
True positives (patients with COVID 19)	3 studies 253 patients	cross-sectional (cohort type accuracy study)	not serious	serious <sup>a</sup>	not serious	serious <sup>b</sup>	none	71 (65 to 77)	88 (80 to 96)	284 (260 to 308)	352 (320 to 384)	⊕⊕○○ LOW
								17 fewer TP in RT-PCR rapid testing		68 fewer TP in RT-PCR rapid testing		
False negatives (patients incorrectly classified as not having COVID 19)								29 (23 to 35)	12 (4 to 20)	116 (92 to 140)	48 (16 to 80)	
								17 more FN in RT-PCR rapid testing		68 more FN in RT-PCR rapid testing		
True negatives (patients without COVID 19)	2 studies 105 patients	cross-sectional (cohort type accuracy study)	not serious	serious <sup>a</sup>	not serious	serious <sup>b</sup>	none	900 (891 to 900)	900 (891 to 900)	600 (594 to 600)	600 (594 to 600)	⊕⊕○○ LOW
								0 fewer TN in RT-PCR rapid testing		0 fewer TN in RT-PCR rapid testing		

Outcome	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested				Test accuracy CoE
								pre-test probability of 10% <sup>c</sup>		pre-test probability of 40% <sup>d</sup>		
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	RT-PCR Single testing	RT-PCR Repeat testing	RT-PCR single testing	RT-PCR Repeat testing	
False positives (patients incorrectly classified as having COVID 19)								0 (0 to 9)	0 (0 to 9)	0 (0 to 6)	0 (0 to 6)	
								0 fewer FP in RT-PCR rapid testing		0 fewer FP in RT-PCR rapid testing		

**Explanations:** This table is based on applying the sensitivity and specificity estimates to calculate True and false positives and negatives in a hypothetical population of 1000 individuals

- Studies reported test accuracy results but did not report on patient-important and population-important outcomes based on the results.
- Considering the lower vs upper limit of the sensitivity confidence interval may lead to different clinical decision, and the low number of patients lead to very serious imprecision.
- Typically seen in symptomatic outpatients who have not reached a hospital facility.
- Typically seen in patients meeting clinical definition for COVID-19 who were hospitalized.