



# PRISMA 2009 Checklist

Table S1. PRISMA Checklist.

Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
<b>Burden and epidemiology of human intestinal <i>Giardia duodenalis</i> infection in Colombia: a systematic review</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	1-2
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	2
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	3
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	3
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	3
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	3
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	3
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	3
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	3
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	3



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Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	3
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	Not Applied
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	3
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Not Applied
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	4-12
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Tables 1
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Tables 1-2
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Not Applied
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Tables 1
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Not Applied
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	12-15
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	14-15
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	15-16
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Not Applied

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097. For more information, visit: [www.prisma-statement.org](http://www.prisma-statement.org).



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**Table S2.** Quality assessment of included studies.

Reference	Quality Assessment Criteria Probing Questions (Q)									Study Level Quality Score		Quality
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Total No Yes (Y)	Percentage of Yes (Y) %	
Arias et al., 2010 [37]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Boeke et al., 2010 [38]	Y	Y	Y	Y	Y	Y	U	Y	Y	8	88.8	High
Londoño Alvarez et al., 2010 [39]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Arroyo-Salgado et al., 2014 [40]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Rodriguez et al., 2014 [41]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Espinosa-Muñoz et al., 2015 [42]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Fillot et al., 2015 [43]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Ramírez et al., 2015 [44]	Y	Y	Y	Y	Y	U	Y	Y	Y	8	88.8	High
Villafañe-Ferrer & Pinilla-Pérez, 2016 [45]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Sánchez et al., 2017 [46]	Y	Y	Y	Y	Y	U	Y	Y	Y	8	88.8	High
Espinosa Aranzales et al., 2018 [47]	Y	Y	Y	Y	Y	Y	U	Y	Y	8	88.8	High
Giraldo-Ospina et al., 2018 [48]	Y	Y	Y	U	Y	U	Y	Y	Y	7	77.7	Moderate
Villalba-Vizcaíno et al., 2018 [49]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Avendaño et al., 2019 [50]	Y	Y	Y	Y	Y	U	Y	Y	Y	8	88.8	High
Carvajal-Restrepo et al., 2019 [51]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Hernández et al., 2019 [52]	Y	Y	Y	Y	Y	Y	U	Y	Y	8	88.8	High
Pedraza et al., 2019 [53]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Villamizar et al., 2019 [54]	Y	Y	Y	Y	Y	U	Y	Y	Y	8	88.8	High
Higuera et al., 2020 [55]	Y	Y	Y	Y	Y	Y	U	Y	Y	8	88.8	High
Peña-Quistial et al., 2020 [56]	Y	Y	Y	Y	Y	U	Y	Y	Y	8	88.8	High
Kann et al., 2022 [57]	Y	Y	Y	Y	Y	Y	U	Y	Y	8	88.8	High
Muñoz Salas et al., 2022 [58]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate
Vásquez et al., 2022 [59]	Y	Y	Y	Y	U	Y	U	Y	Y	7	77.7	Moderate

Q1: Was the sample frame appropriate to address the target population?

Q2: Were study participants sampled in an appropriate way?

Q3: Was the sample size adequate?

Q4: Were the study subjects and the setting described in detail?

Q5: Was the data analysis conducted with sufficient coverage of the identified sample?

Q6: Were valid methods used for the identification of the condition?



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Q7: Was the condition measured in a standard, reliable way for all participants?

Q8: Was there appropriate statistical analysis?

Q9: Was the response rate adequate, and if not, was the low response rate managed appropriately?