S5. Comparison of the methodologies described in PROSPERO and in the published systematic reviews

Table 4: Comparison of the methodology between protocols in our PROSPERO sample for which we also identified a full text publication by 05/05/2021 with their assigned full text publication

	Author, Year	PROSPERO registration	Published systematic review	Differences between PROPERO registration and published systematic review*
1.	Frazer, 2020 Link to the PROSPERO: 191569 Link to the fulltext: https://dx.doi.org/10.1101/2020.10. 29.20222182	Review type: Systematic review Predefined databases to be searched: PubMed, EMBASE, CINAHL and the Cochrane Library, MedRxiv and Google Scholar Predefined risk of bias: Narrative summary of methodological quality (first version: Cochrane RoB tool and CASP) Predefined main outcomes: Not specified	Review type/methodology: Rapid systematic review (preprint) Databases searched: Medline, EMBASE, CINAHL, Cochrane Library, MedRxiv Risk of bias: MMAT Main outcomes: Morbidity data, case fatality rates, reductions in reported transmission rates, and facility characteristics associated with COVID-19 incidence	1) Rapid review methodology (instead of predefined systematic review) 2) Risk of bias assessment tool changed => no impact because it's a reliable tool 3) Main outcomes: Outcomes were not predefined in the protocol Overvall: Some concerns regarding the selection of the reported results
2.	Juneau, 2020 Link to the PROSPERO: 198462 Link to the fulltext: https://dx.doi.org/10.1101/2020.07. 23.20160234	Review type: Systematic review Predefined databases to be searched: Medline, EMBASE, Global Health, EBM Reviews Predefined risk of bias: Grouping of studies based on design into higher quality (randomized trials) and lower quality (other designs) Predefined main outcomes: Ro and other measures of transmission	Review type/methodology: Systematic review (preprint) Databases searched: Medline, EMBASE, Global Health, EBM Reviews Data synthesis: Tabular description of study characteristics and main findings Risk of bias: Risk of bias was not assessed Main outcomes: Contact tracing effectiveness in the context of COVID-19	1) Risk of bias was not assessed as indicated in the PROSPERO registration => Impacts the validity of the review results 2) Main outcomes differed slightly in their definition => most likely has no impact on the published systematic reviews Overall: Some concerns regarding missing risk of bias assessment.
3.	Chisale, 2020 Link to the PROSPERO: 204984 Link to the fulltext: https://dx.doi.org/10.21203/rs.3.rs-98441/v1	Review type: Systematic review Predefined databases to be searched: PubMed, EMBASE, PsycINFO, AMED, CINAHL, DOAJ, Med- line and Google Scholar Predefined risk of bias: MMAT Predefined main outcomes: Reduction in the incidence of COVID-19	Review type/methodology: Systematic review (preprint) Databases searched: PubMed, EMBASE, PsycINFO, AMED, CINAHL, DOAJ, Medline and Google Scholar Risk of bias: MMAT Main outcomes: To identify community-based interventions used to prevent COVID-19 in lowand middle-income countries	Main outcomes: Outcomes changed Overall: Some concerns regarding the selection of the reported result

4.	Public Health England,	Review type: Rapid Review	Review type/methodology: Rapid review	No changes in the review methodology were
	2021	Predefined databases to be searched: Medline,	(Online document without external peer-	identified.
	Link to the PROSPERO:	EMBASE, MedRxiv, WHO COVID-19 Research	review)	
	<u>191867</u>	Database and Google Scholar	<u>Databases searched:</u> Medline, EMBASE,	Overall: No major concerns.
	Link to the fulltext (Up-	Predefined risk of bias: Evaluation of papers	MedRxiv, WHO COVID-19 Database (2-weekly	•
	date 2):	based on study design and main sources of bias,	updates) and Google Scholar (first version only)	
	https://phe.koha-ptfs.co.uk/cgi- bin/koha/opac-retrieve-	validated tools will not be used for primary stud-	Risk of bias: Quality criteria checklist for prima-	
	file.pl?id=9adedb17d5622f9cd7e42f	ies	ry research	
	ebcadb19ad original version:	Predefined main outcomes: SARS-CoV-2 infection	Main outcomes: SARS-CoV-2 infection rate in	
	https://ukhsa.koha-ptfs.co.uk/cgi-	rate in children and staff, transmission of SARS-	children and staff, transmission of SARS-CoV-2	
	bin/koha/opac-	CoV-2 within school settings, COVID-19 out-	within school settings, COVID-19 outbreaks in	
	de- tail.pl?biblionumber=62728&query	breaks in schools.	schools	
	desc=covid%20school			
5.	Chu, 2020	Review type: Rapid systematic review	Review type/methodology: Systematic review	The review type changed (improved) from
	Link to the PROSPERO:	Predefined databases to be searched: PubMed,	with meta-analysis (peer-reviewed journal	Rapid review to Systematic review.
	<u>177047</u>	Medline, EMBASE, CINAHL, and the Cochrane	publication)	
	Link to the fulltext: https://dx.doi.org/10.1016/S0140-	Library, three Chinese databases and four COVID-	<u>Databases searched:</u> PubMed, Medline, EM-	Overall: No major concerns.
	6736(20)31142-9	19 specific databases (e.g., COVID-19 WHO,	BASE, CINAHL, and the Cochrane Library, four	
		COVID-19 L-OVE), two platforms for trial regis-	COVID-19 specific databases, WHO ICTRP, Clini-	
		tries	calTrials.gov	
		Predefined risk of bias: Cochrane RoB tool for	Risk of bias: Newcastle-Ottawa Scale was used	
		RCTs and Newcastle-Ottawa Scale for non-RCTs	for non-RCTs	
		Predefined main outcomes: Transmission (con-	Main outcomes: Risk of transmission (con-	
		firmed or probable), acceptability, harms, COVID-	firmed or probable; COVID-19, SARS or MERS),	
		19 infection, ICU admission and other main out-	hospitalization, ICU admission, death, time to	
		comes	recovery, and other main outcomes (similar to	
			the PROSPERO entry)	
6.	Johanna, 2020	Review type: Rapid systematic review	Review type/methodology: Systematic review	1) The review type changed (improved) from
	Link to the PROSPERO:	Predefined databases to be searched: Medline,	(peer-reviewed journal publication)	rapid review to systematic review.
	<u>190546</u>	EMBASE, CINAHL, Cochrane Library, ScienceDi-	Databases searched: Medline, Cochrane Li-	2) The number of databases for the literature
	Link to the fulltext:	rect, ProQuest, WHO SEARO database, Scopus,	brary, CINAHL, DOAJ, ProQuest, Sage Journals,	search was slightly reduced, but main data-
	https://dx.doi.org/10.4081/jphr.202 0.2011	Wiley Library, Sage Journals, Taylor&Francis,	Science Direct, Pubmed, Scopus, WHO Global	bases covered.
		SpringerLink, Hindawi, DOAJ	Index Mediscus, Wiley Library, clinical trial	
		Predefined risk of bias: EPHPP tool	registries	Overall: No major concerns.
		Predefined main outcomes: Incident cases, on-	Risk of bias: EPHPP tool	
		ward transmission, mortality, resource use	Main outcomes: Incident cases, onward trans-	
			mission, mortality, resource use	

7.	Al-Moraissi, 2020 Link to the PROSPERO: 192912 Link to the fulltext: https://dx.doi.org/10.1101/2020.11. 20.20235333	Review type: Systematic review Predefined databases to be searched: Medline, EMBASE, CINAHL, CENTRAL, and Scopus Predefined risk of bias: Authors only referred to the GRADE assessment. Predefined main outcomes: Effectiveness of PPE against COVID-19 (not further predefined)	Review type/methodology: Systematic review (preprint) Databases searched: Medline, EMBASE, CI-NAHL, CENTRAL, and Scopus Risk of bias: Because there was extreme heterogeneity among the included studies, RoB assessment was not conducted Main outcomes: Effectiveness of PPE against COVID-19 (not further defined)	No changes in the methodology were identified. Overall: No major concerns.
8.	Bertoncello, 2020 Link to the PROSPERO: 180264 Link to the fulltext: https://www.researchgate.net/publicati- on/346967846 Personal Protective Equipment to Prevention of COVID-19 in Health Workers A Review (Note: The CRD was not provided in the fulltext. However, by a comparison of PICO, methodology and authors, we could assign this review to the PROSPERO entry)	Review type: Systematic review Predefined databases to be searched: PubMed, Virtual Health Library, SciELO Brasil, Web of Science, Google Scholar (three first pages), CAPES portal Predefined risk of bias: Authors only referred to the GRADE assessment, ROBINS-I for observational studies Predefined main outcomes: COVID-19 infection	Review type/methodology: Review (peer-reviewed journal publication) Databases searched: Pubmed, Virtual Health Library, SciELO Brazil, Scopus, Web of Science, Google Scholar (three first pages) Risk of bias: Not assessed Main outcomes: an outcome in the safety of health workers	1) The review type changed from systematic review to a (non-systematic) "Review" in a peer-reviewed journal article. 2) GRADE assessment of certainty of the evidence was not conducted (meta-analysis was not deemed possible) 3) The outcome changed substantially Overall: Some concerns regarding the selection of the reported result
9.	Morales Ferrer, 2020 Link to the PROSPERO: 188674 Link to the fulltext: https://dx.doi.org/10.31219/osf.io/u 24rs	Review type: Systematic review Predefined databases to be searched: COVID-19 L-OVE, Medline, CENTRAL, EMBASE, WHO ICTRP Predefined risk of bias: RoB 2.0 for RCTs, ROBINS-I for non-RCTs Predefined main outcomes: COVID-19 cases	Review type/methodology: Living systematic review (preprint) Databases searched: COVID-19 L·OVE Risk of bias: Joanna Briggs Institute Checklist for Analytical Cross Sectional Studies Main outcomes: COVID-19 cases	1) The review type changed (improved) to Living systematic review, 2) CENTRAL (not included in COVID-19 L-OVE) was not searched Overall: No concerns
10.	Khera, 2020 Link to the PROSPERO: 204466 Link to the fulltext: https://dx.doi.org/10.21203/rs.3.rs- 97073/v1	Review type: Systematic review and meta- analysis Predefined databases to be searched: CENTRAL, Medline, ClinicalTrials.gov, preprint servers Predefined risk of bias: Cochrane RoB-2 for RCTs, ROBINS-I for observational studies Predefined main outcomes: Mortality, number of cases	Review type/methodology: Systematic review and meta-analysis (preprint) Databases searched: Medline, Cochrane Library, ClinicalTrials.gov Risk of bias: Not reported Main outcomes: Mortality, number of cases	Risk of bias was not assessed, neither using RoB-2 nor ROBINS-I as was the plan. Overall: Some concerns regarding missing risk of bias assessment.

11.	Singh, 2021 Link to the PROSPERO: 185220 Link to the fulltext: https://www.cochranelibrary.com/c dsr/doi/10.1002/14651858.CD01358 7.pub2/full	Review type: Systematic review Predefined databases to be searched: CENTRAL, Medline, EMBASE, controlled-trials.com, COVID- NMA.com, Cochrane COVID-19 Study register Predefined risk of bias: Cochrane RoB tool Predefined main outcomes: Cases (confirmed), production of antibodies to SARS-COV-2	Review type/methodology: Cochrane review Databases searched: CENTRAL, Medline, EM- BASE, controlled-trials.com, WHO ICTRP, COVID-NMA.com, Cochrane COVID-19 Study Register Risk of bias: No eligible trials were identified Main outcomes: Cases (confirmed), production of antibodies to SARS-CoV-2	No changes in the methodology were identified. For the second objective of this systematic review (prevention of COVID-19), no eligible trials were identified. Therefore, no data synthesis or risk of bias assessment was conducted.
12.	Bassatne, 2021 Link to the PROSPERO: 203960 Link to the fulltext: https://dx.doi.org/10.1016/j.metabo 1.2021.154753	Review type: Systematic review and meta- analysis Predefined databases to be searched: Medline, EMBASE, CINAHL, Cochrane Library, ClinicalTri- als.gov, WHO primary trial registries Predefined risk of bias: Cochrane RoB tool (ver- sion 1) for clinical trials, Newcastle-Ottawa quali- ty scale for observational studies Predefined main outcomes: Mortality	Review type/methodology: Systematic review and meta-analysis (peer-reviewed journal publication) Databases searched: Medline, EMBASE, CINAHL, Cochrane Library, ClinicalTrials.gov, WHO primary trial registries, Australian New Zealand Clinical Trial Registry (ANZCTR), Iranean Registry of Clinical Trials (IRCT) Risk of bias: Cochrane RoB tool (version 1) for clinical trials, Newcastle-Ottawa quality scale for observational studies Main outcomes: Mortality rate from COVID-19 infection	Overall: No major concerns. 1) Four databases providing trial registries were additionally searched and 2) The main outcome was clearer defined in the final manuscript than was the case in the protocol. Overall: No major concerns.
13.	Burela, 2020 Link to the PROSPERO: 200641 Link to the fulltext: https://dx.doi.org/10.17843/rpmesp .2020.374.6330	Review type: Systematic review Predefined databases to be searched: Medline, EMBASE, CINAHL, Cochrane Library, Web of Science, LILACS, SciELO, Google Scholar, clinical trial registries, pre-print server Predefined risk of bias: Cochrane RoB tool for RCTs, Newcastle-Ottawa Scale for observational studies Predefined main outcomes: Any type of outcome measures that could reflect the prevention and clinical efficacy	Review type/methodology: Systematic review Databases searched: Medline, EMBASE, CI- NAHL, Cochrane Library, Web of Science, LI- LACS, SciELO, Google Scholar, clinical trial registries, preprint repositories Risk of bias: No study was identified Main outcomes: Any type of outcome measures that could reflect the prevention and clinical efficacy	No changes in the methodology were identified. As no primary study was deemed eligible for inclusion, no data synthesis and no risk of bias assessment were conducted. Overall: No major concerns.

AMED=Allied and Complementary Medicine Database; CASP=Critical Appraisal Skills Programme; CENTRAL=Cochrane Central Register of Controlled Trials; CINAHL=Cumulative Index to Nursing and Allied Health Literature; COVID-19=Corona Virus Disease 2019; DOAJ=Directory of Open Access Journals; EBM=Evidence-Based Medicine; EPHPP=Effective Public Health Practice Project; GRADE=Grading of Recommendations, Assessment, Development and Evaluation; ICU=Intensive Care Unit; LILACS=Scientific health information from Latin America and the Caribbean countries

(translated abbreviation); MMAT=Mixed Methods Appraisal Tool; RCTs=Randomized Controlled Trials; RoB=Risk of Bias; ROBINS-I=Cochrane Risk of Bias In Non-Randomised Studies of Interventions; SARS-CoV-2=Severe Acute Respiratory Syndrome Corona Virus 2; SciELO=Scientific Electronic Library Online; SWiM=Synthesis without meta-analysis (reporting guideline for narrative data synthesis); WHO=World Health Organization; WHO ICTRP=World Health Organization International Clinical Trials Registry Platform; WHO SEARO=World Health Organization South-East Asia Regional Office

* Differences that may have impact on the validity of the published report are indicated.