

Guidelines on reporting and assessing dynamic mathematical models of infectious diseases: A scoping review

Additional File 1. Search strategy and additional results

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1.1. Literature search of guidelines and recommendations

1.1.1. Search results

Date of search for all databases: 04.01.2024	
Database/Register	Hits
MEDLINE ALL (via Ovid) 1946 to present	3020
Web of Science (SCI- expanded, ESCI)	4516
MedRxiv BioRxiv	646
Total	8182
Total (after deduplication)	6319

1.1.2. Search strategies

1.1.2.1 MEDLINE (via OVID)

The search timeframe included 1946 to January 03, 2024.

- | | |
|----|---|
| # | Searches |
| 1 | exp Guidelines as topic/ or exp Guideline/ |
| 2 | (guideline* or guidance or (practice adj2 (guide*1 or recommend* or standard*)) or ((good* or best*) and practi*)).ti. |
| 3 | (framework* or checklist* or recommend* or concept* or standard* or position paper or reporting or reported or report?).ti. |
| 4 | or/1-3 |
| 5 | ((infecti* disease* or communicable disease* or transmission*) adj4 model*).tw. |
| 6 | (dynamic adj4 model*).ti. |
| 7 | ((economic* or cost?) adj2 evaluation*) or (cost? adj2 effectiveness)).ti. |
| 8 | ((decision? adj1 analy*) and model*).tw. |
| 9 | (model* adj8 stud*).ti. |
| 10 | or/5-9 |
| 11 | 4 and 10 |

1.1.2.2. Web of Science

Science Citation Expanded 1945 to 2024, Emerging Sources Citation Index 2019 to 2024

- | | |
|----|--|
| #1 | ((TI=(guideline*)) OR TI=(guidance*)) OR TI=((practice NEAR/2 (guide* or recommend* or standard*)))) OR TI=(((good* or best*) and practi*)) |
| #2 | TI=((framework* or checklist* OR recommend* OR concept* OR standard* OR "position paper" OR reporting OR reported OR report OR reports)) |
| #3 | #2 OR #1 |
| #4 | (TI=(("infecti* disease*" NEAR/4 model*) OR (communicable disease NEAR/4 model*) OR (transmission NEAR/4 model*))) OR AB=(("infecti* disease*" NEAR/4 model*) OR (communicable disease NEAR/4 model*) OR (transmission NEAR/4 model*)) |
| #5 | TI=((dynamic NEAR/4 model*)) |
| #6 | TI=(((economic* OR cost OR costs) NEAR/2 evaluation*) OR (cost NEAR/2 effectiveness) OR (costs NEAR/2 effectiveness)) |
| #7 | (TI=(((decision? NEAR/1 analy*) AND model*))) OR AB=(((decision? NEAR/1 analy*) AND model*)) |
| #8 | TI=((model* NEAR/8 stud*)) |

#9 #8 OR #7 OR #6 OR #5 OR #4

#10 #9 AND #3

1.1.2.3 MedRxiv

Advanced search in medRxiv or bioRxiv (<https://www.medrxiv.org/search>)

Separate searches in title or abstract

"infectious diseases" model* guideline*; "communicable disease" model* guideline*;
"communicable diseases" model* guideline*; "transmission* model* guideline*"; decision* model*
guideline*; "economic evaluation" guideline*; "economic evaluations" guideline*; "cost evaluation
guideline*"; "cost evaluations" guideline*"; "simulation model* guideline*"; "multi modal"
comparison* guideline*"; "multimodal" comparison* guideline*"; "infectious diseases" framework*
model*"; "communicable disease" model* framework*; "communicable diseases" model*
framework*;

Separate searches in title:

"modelling guideline*"; "modeling guideline*"; "modelling guidance*"; "modeling
guidance*"; modeling* framework*; modelling* framework*; modeling* checklist*; modelling*
checklist*; modelling* recommend*; modeling* recommend*; modelling* concept*; modeling*
concept*; modelling "position paper"; modeling"position paper"; modelling report*; modelling
report*; "infectious disease" model* guidance*; "infectious diseases" model* guidance*;
"communicable disease" model* guidance*; "communicable diseases" model* guidance*;
transmission* model* guidance*; decision* model* guidance*; "economic evaluation" guidance*;
"economic evaluations" guidance*; cost evaluation guidance*; "cost evaluations" guidance*;
simulation model* guidance*; "multi modal" comparison* guidance*; "multimodal" comparison*
guidance*; "infectious disease" framework*; "transmission* framework*"; "decision* analytic*
framework*"; ""economic evaluation" framework*"; ""economic evaluations" framework*"; ""cost
evaluation" framework*"; ""cost evaluations" framework*"; ""multi modal" comparison*
framework*"; ""multimodal" comparison* framework*"; ""infectious disease" model* checklist*";
""infectious disease" checklist*"; ""communicable disease" checklist*"; ""communicable diseases"
checklist*"; "transmission checklist*"; "decision model* checklist*"; "decision analytic* checklist*";
""economic evaluation" checklist*"; ""economic evaluations" checklist*"; ""cost evaluation"
checklist*"; ""cost evaluations" checklist*"; ""simulation model" checklist*"; ""multi modal
comparison" checklist*"; ""multimodal comparison" checklist*"; ""infectious disease"
recommend*"; ""infectious diseases" recommend*"; ""communicable disease" recommend*";
""communicable diseases" recommend*"; "transmission model* recommend*"; "decision* model*
recommend*"; "economic evaluation" recommend*; "economic evaluations" recommend*"; "cost
evaluation" recommend*"; "cost evaluations" recommend*"; "simulation model* recommend*";
""multi modal comparison" recommend*"; ""multimodal comparison" recommend*"; ""infectious
disease" concept*"; ""infectious diseases" concept*"; ""communicable disease" concept*";
""communicable diseases" concept*"; "transmission model* concept*"; decision model* concept*;
""economic evaluation" concept*"; ""economic evaluations" concept*"; ""cost evaluation"
concept*"; ""cost evaluations" concept*"; "multi modal comparison* concept*"; "multimodal
comparison* concept*"; "infectious disease* standard*"; "communicable disease* standard*";
"transmission model* standard*"; "decision model* standard*"; "economic evaluation* standard*";
"simulation model* standard*"; "multi modal comparison* standard*"; "multimodal comparison*
standard*"; "position paper"; "disease* report*"; "transmission model* report*"; "decision model*

report*"; "economic evaluation* report*"; "cost* evaluation* report*"; "simulation model* report*"; "multi modal comparison* report*"; "multimodal comparison* report*"; "infectious disease* practi*"; "communicable disease* practi*"; "transmission* model* practi*"; "decision* model* practi*"; "economic evaluation* practi*"; "cost evaluation* practi*"; "simulation model* practi*"; ""multimodal" comparison* practi*"; ""multi-modal" comparison* practi*"

1.1.3. Inclusion/Exclusion Criteria

Inclusion	Exclusion
- Reporting and best practice guidelines for dynamic models or decision-analytic models - Quality assessment tools for dynamic models or decision-analytic models	- Guidelines for clinical course models and drug or treatment assessments - Non-generalisable or irrelevant (to infectious disease or decision-analytic model) guidelines - Literature reviews unless they make suggestions of their own - Errata to, replies to, comments on, or summaries of existing articles - Conference abstracts - Individual cost-effectiveness or modelling studies - Articles presenting guidelines or recommendations which have subsequently been updated, for which the updated articles have been included - Elaboration and Explanation articles accompanying included articles - Non-English articles for which the English version has been included - Articles that cover only one single dimension

1.2. Literature search for recent modelling studies

1.2.1 Search methodology and justification

In addition to our main literature search (explained above in section 1.1. of Additional File 1), we wanted to gain some insight into whether infectious disease modelling studies report using reporting guidelines. To get an initial impression of this, we searched MEDLINE ALL (via Ovid) for infectious disease modelling studies published between 1st January 2019 and 22nd January 2024 (details of the search strategy can be found in section 1.2.3. of Additional File 1). A random selection (obtained via a random number generator) of 500 of the 9854 hits then underwent single-screening (MC) of the titles and abstracts to identify articles which actually covered infectious disease modelling studies. This screening process resulted in a list of 100 publications (see section 1.2.4 of Additional File 1). We then went through these 100 recent modelling publications to establish if any of the authors mentioned following a reporting guideline (AB, VKJ). Any guidelines identified via this strategy which were deemed relevant and followed the inclusion/exclusion criteria of our main search (see section 1.1.3. of Additional File 1) were included in the list of articles to be extracted.

Only one modelling study (1) of the 100 we searched through mentioned using a reporting guideline (2). This reporting guideline has subsequently been updated, so the updated version (3) was

included in the scoping review and was thus extracted, as per the procedure used for updated guidelines identified via the main search.

1. Wallentin G, Kazyeva D, Reibersdorfer-Adelsberger E. COVID-19 Intervention Scenarios for a Long-term Disease Management. *Int J Health Policy Manag* [Internet]. 2020 Dec 1 [cited 2024 May 29];9(12):508. Available from: <https://doi.org/10.34172/ijhpm.2020.130>
2. Grimm V, Berger U, DeAngelis DL, Polhill JG, Giske J, Railsback SF. The ODD protocol: A review and first update. *Ecol Modell*. 2010 Nov 24;221(23):2760–8.
3. Grimm V, Railsback SF, Vincenot CE, Berger U, Gallagher C, DeAngelis DL, et al. The ODD Protocol for Describing Agent-Based and Other Simulation Models: A Second Update to Improve Clarity, Replication, and Structural Realism. *Journal of Artificial Societies and Social Simulation* [Internet]. 2020 [cited 2024 Dec 4];23(2). Available from: <http://jasss.soc.surrey.ac.uk/23/2/7.html>

1.2.2. Search results

Date of search for all databases: 22.01.2024	
Database/Register	Search
MEDLINE ALL (via Ovid) 1946 to present	9898
Total (after deduplication)	9854

1.2.3. Search strategy

A single search was conducted on MEDLINE ALL (via Ovid) covering the time period from 01.01.2019 to 22.01.2024.

- 1 Communicable Diseases/ep, pc, tm [Epidemiology, Prevention & Control, Transmission]
- 2 Disease Transmission, Infectious/pc [Prevention & Control]
- 3 (pandemic* or infectious disease* or epidemic* or communicable disease*).tw.
- 4 or/1-3
- 5 (peak? or (scenario? adj1 (future or projection*)) or outbreak or transmission?).tw.
- 6 (model or modelling or modeling or forecast or forecasts or forecasting or random forest* or nowcasting*).tw.
- 7 4 and 5 and 6
- 8 limit 7 to yr="2019-Current"

1.2.4. Reference list

The 100 studies which were included are listed here:

1. Yuan H, Kramer SC, Lau EHY, Cowling BJ, Yang W. Modeling influenza seasonality in the tropics and subtropics. *PLOS Computational Biology* [Internet]. 2021 Jun 1 [cited 2024 May 29];17(6):e1009050. Available from: <https://journals.plos.org/ploscompbiol/article?id=10.1371/journal.pcbi.1009050>
2. Zang X, Krebs E, Mah C, Min JE, Marshall BDL, Feaster DJ, et al. Can the “Ending the HIV Epidemic” initiative transition the USA towards HIV/AIDS epidemic control? *AIDS (London, England)* [Internet]. 2020 Dec 1 [cited 2024 May 29];34(15):2325–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/32796216/>
3. Zhong H, Wang W. Mathematical modelling for scarlet fever with direct and indirect infections. *Journal of biological dynamics* [Internet]. 2020 Jan 1 [cited 2024 May 29];14(1):767–87. Available from: <https://pubmed.ncbi.nlm.nih.gov/33063646/>
4. Zhou W, Xiao Y, Heffernan JM. Optimal media reporting intensity on mitigating spread of an emerging infectious disease. *PLoS ONE* [Internet]. 2019 Mar 1 [cited 2024 May 29];14(3). Available from: [/pmc/articles/PMC6428274/](https://pubmed.ncbi.nlm.nih.gov/32274081/)
5. Yang Z, Zeng Z, Wang K, Wong SS, Liang W, Zanin M, et al. Modified SEIR and AI prediction of the epidemics trend of COVID-19 in China under public health interventions. *Journal of thoracic disease* [Internet]. 2020 Mar 1 [cited 2024 May 29];12(3):165–74. Available from: <https://pubmed.ncbi.nlm.nih.gov/32274081/>
6. Yang S, Guo X, Zhao Z, Abudunaibi B, Zhao Y, Rui J, et al. Possibility of mpox viral transmission and control from high-risk to the general population: a modeling study. *BMC infectious diseases* [Internet]. 2023 Dec 1 [cited 2024 May 29];23(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/36829116/>
7. Xu C, Cheng K, Wang Y, Liu M, Wang X, Yang Z, et al. Analysis of the current status of TB transmission in China based on an age heterogeneity model. *Mathematical biosciences and engineering : MBE* [Internet]. 2023 [cited 2024 May 29];20(11):19232–523. Available from: <https://pubmed.ncbi.nlm.nih.gov/38052598/>
8. Xiridou M, Heijne J, Adam P, de Coul EO, Matser A, de Wit J, et al. How the Disruption in Sexually Transmitted Infection Care Due to the COVID-19 Pandemic Could Lead to Increased Sexually Transmitted Infection Transmission Among Men Who Have Sex With Men in The Netherlands: A Mathematical Modeling Study. *Sexually transmitted diseases* [Internet]. 2022 Feb 1 [cited 2024 May 29];49(2):145–53. Available from: <https://pubmed.ncbi.nlm.nih.gov/34475357/>
9. Wilk AM, Łakomiec K, Psiuk-Maksymowicz K, Fujarewicz K. Impact of government policies on the COVID-19 pandemic unraveled by mathematical modelling. *Scientific Reports* 2022 12:1 [Internet]. 2022 Oct 10 [cited 2024 May 29];12(1):1–13. Available from: <https://www.nature.com/articles/s41598-022-21126-2>
10. Wang X, Wang S, Wang J, Rong L. A Multiscale Model of COVID-19 Dynamics. *Bulletin of Mathematical Biology* [Internet]. 2022 Sep 1 [cited 2024 May 29];84(9):99. Available from: [/pmc/articles/PMC9360740/](https://pubmed.ncbi.nlm.nih.gov/360740/)
11. Wang L, Wang J, Zhao H, Shi Y, Wang K, Wu P, et al. Modelling and assessing the effects of medical resources on transmission of novel coronavirus (COVID-19) in Wuhan, China. *Mathematical biosciences and engineering : MBE* [Internet]. 2020 Mar 30 [cited 2024 May 29];17(4):2936–49. Available from: <https://pubmed.ncbi.nlm.nih.gov/32987508/>
12. Wang ST, Li L, Zhang J, Li Y, Luo XF, Sun GQ. Quantitative evaluation of the role of Fangcang shelter hospitals in the control of Omicron transmission: A case study of the outbreak in Shanghai, China in 2022. *One Health*. 2023 Jun 1;16:100475.

13. Wallentin G, Kaziyeva D, Reibersdorfer-Adelsberger E. COVID-19 Intervention Scenarios for a Long-term Disease Management. *International Journal of Health Policy and Management* [Internet]. 2020 Dec 1 [cited 2024 May 29];9(12):508. Available from: [/pmc/articles/PMC7947653/](https://pmc/articles/PMC7947653/)
14. van Wyk H, Eisenberg JNS, Brouwer AF. Long-term projections of the impacts of warming temperatures on Zika and dengue risk in four Brazilian cities using a temperature-dependent basic reproduction number. *PLoS neglected tropical diseases* [Internet]. 2023 Apr 1 [cited 2024 May 29];17(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/37104296/>
15. Valiati NCM, Villela DAM. Modelling policy combinations of vaccination and transmission suppression of SARS-CoV-2 in Rio de Janeiro, Brazil. *Infectious Disease Modelling* [Internet]. 2022 Mar 1 [cited 2024 May 29];7(1):231–42. Available from: <https://pubmed.ncbi.nlm.nih.gov/35005325/>
16. Tang B, Xia F, Tang S, Bragazzi NL, Li Q, Sun X, et al. The effectiveness of quarantine and isolation determine the trend of the COVID-19 epidemics in the final phase of the current outbreak in China. *International Journal of Infectious Diseases*. 2020 Jun 1;95:288–93.
17. Tang B, Xia F, Bragazzi NL, McCarthy Z, Wang X, He S, et al. Lessons drawn from China and South Korea for managing COVID-19 epidemic: Insights from a comparative modeling study. *ISA Transactions*. 2022 May 1;124:164–75.
18. Tadić B, Melnik R. Microscopic dynamics modeling unravels the role of asymptomatic virus carriers in SARS-CoV-2 epidemics at the interplay between biological and social factors. *Computers in Biology and Medicine* [Internet]. 2021 Jun 1 [cited 2024 May 29];133:104422. Available from: [/pmc/articles/PMC8078086/](https://pmc/articles/PMC8078086/)
19. Šušteršič T, Blagojević A, Cvetković D, Cvetković A, Lorencin I, Šegota SB, et al. Epidemiological Predictive Modeling of COVID-19 Infection: Development, Testing, and Implementation on the Population of the Benelux Union. *Frontiers in public health* [Internet]. 2021 Oct 28 [cited 2024 May 29];9. Available from: <https://pubmed.ncbi.nlm.nih.gov/34778171/>
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21. Spannaus A, Papamarkou T, Erwin S, Christian JB. Inferring the spread of COVID-19: the role of time-varying reporting rate in epidemiological modelling. *Scientific Reports* 2022 12:1 [Internet]. 2022 Jun 24 [cited 2024 May 29];12(1):1–12. Available from: <https://www.nature.com/articles/s41598-022-14979-0>
22. Siraj A, Worku A, Berhane K, Aregawi M, Eshetu M, Mirkuzie A, et al. Early estimates of COVID-19 infections in small, medium and large population clusters. *BMJ Global Health* [Internet]. 2020 Sep 18 [cited 2024 May 29];5(9):3055. Available from: [/pmc/articles/PMC7503195/](https://pmc/articles/PMC7503195/)
23. Shen M, Zu J, Fairley CK, Pagán JA, Ferket B, Liu B, et al. Effects of New York's Executive Order on Face Mask Use on COVID-19 Infections and Mortality: A Modeling Study. *Journal of Urban Health : Bulletin of the New York Academy of Medicine* [Internet]. 2021 Apr 1 [cited 2024 May 29];98(2):197. Available from: [/pmc/articles/PMC7919630/](https://pmc/articles/PMC7919630/)
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25. Salvatore PP, Kendall EA, Seabrook D, Brown J, Durham GH, Dowdy DW. Projecting the impact of variable MDR-TB transmission efficiency on long-term epidemic trends in South Africa and Vietnam. *Scientific Reports* 2019 9:1 [Internet]. 2019 Dec 2 [cited 2024 May 29];9(1):1–12. Available from: <https://www.nature.com/articles/s41598-019-54561-9>
26. Salvador R, Tanquilut N, Macmac R, Lampang KN, Chaisowwong W, Pfeiffer D, et al. Evaluation of strategies using simulation model to control a potential outbreak of highly pathogenic avian influenza among poultry farms in Central Luzon, Philippines. *PLOS ONE* [Internet]. 2020 Sep 1 [cited 2024 May 29];15(9):e0238815. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238815>
27. Rozhnova G, van Dorp CH, Bruijning-Verhagen P, Bootsma MCJ, van de Wijgert JHHM, Bonten MJM, et al. Model-based evaluation of school- and non-school-related measures to control the COVID-19 pandemic. *Nature Communications* 2021 12:1 [Internet]. 2021 Mar 12 [cited 2024 May 29];12(1):1–11. Available from: <https://www.nature.com/articles/s41467-021-21899-6>
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30. Rizwan-Ul-Hasan S, Farrukh F, Ahmed S, Abidi SH. A mathematical modeling approach to measure the probability of HIV-1 transmission for different high-risk groups of Pakistan. *Journal of infection in developing countries* [Internet]. 2021 Aug 31 [cited 2024 May 29];15(8):1212–5. Available from: <https://pubmed.ncbi.nlm.nih.gov/34516431/>
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1.3. Additional Results

1.3.1. Modelling Field

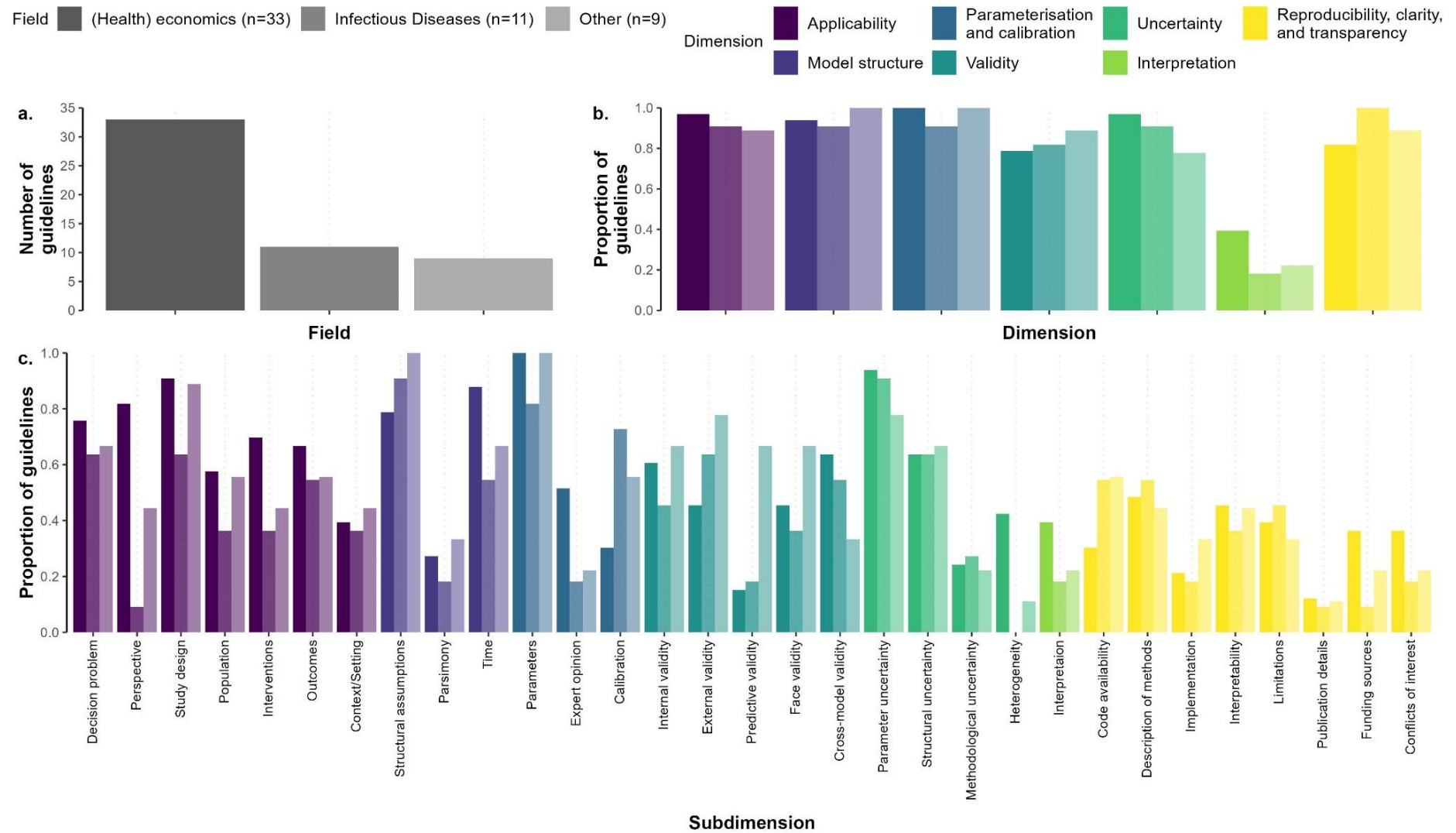


Figure S1.3.1. Prevalence of dimensions and subdimensions by field. (a) Number of guidelines stratified by field. (b) Overall proportion of guidelines (stratified by field of guideline) mentioning each dimension and (c) subdimension. The data used for these plots can be found in the Git repository linked in the data availability statement.

1.3.2. Overview of dimensions and subdimensions

1.3.2.1. Applicability

This dimension includes checklist items that are concerned with the aim or decision problem for a modelling study, and the applicability of individual elements of the modelling study to said aim or decision problem.

1.3.2.1.1. Decision problem

Guidelines covering this subdimension mentioned that the decision problem that a modelling study aims to answer should be clearly stated. Some guidelines went a step further to say that the relevance of the decision problem should be addressed, for example by relating it to a specific policy or pending decision.

1.3.2.1.2. Perspective

This subdimension included mentioning that the perspective (e.g. societal or a specific health economics/healthcare system) chosen by a study should be clearly stated.

1.3.2.1.3. Study design

This subdimension considers whether the design of a modelling study is described clearly and whether the appropriateness of the chosen design to achieve the study's aims is justified. This includes the type of model chosen, the scope of the model, and the analytical framework of the study, among other things.

1.3.2.1.4. Population

Guidelines covering this subdimension mentioned that the population considered in the modelling study (including all relevant demographic characteristics) should be clearly described and should be relevant to the decision problem of the study.

1.3.2.1.5. Interventions

This subdimension stated that modelling studies should consider relevant interventions and justify any exclusions. Health economic recommendations for interventions included elements such as either

considering *all* relevant competing treatment or prevention interventions which are currently used or may be used in the near future or considering the *main* alternative to the program in question.

1.3.2.1.6. Outcomes

Recommendations for this subdimension asked modellers to properly describe the outcomes considered or instructed readers to assess whether the outcomes considered were relevant to the stated decision problem and whether any relevant outcomes had been omitted.

1.3.2.1.7. Context/Setting

Guidelines covering this subdimension mentioned that the setting (geographical, environmental, etc.) and context (economic, political, infrastructural, etc.) of the decision problem should be well-described and well-represented in a modelling study. Several health economic guidelines emphasised the importance of defining the country in which a model is set, since healthcare options and costs can be very country dependent.

1.3.2.2. Model structure

This dimension is concerned with the description and justification of the model structure, including any underlying assumptions, chosen by the researchers conducting a modelling study.

1.3.2.2.1. Structural assumptions

This subdimension looked at the structural assumptions behind a model in a modelling study. Reporting guidelines mentioned that all structural assumptions should be explicitly and clearly reported, and quality assessment tools instructed the reader to assess whether structural assumptions were justified and consistent with existing knowledge about the phenomenon being modelled.

1.3.2.2.2. Parsimony

Having a model be as simple as possible but complex enough to incorporate all relevant interactions, with any simplifications being justified, was covered in this subdimension.

1.3.2.2.3. Time

This subdimension explicitly considered how different timeframes were considered and reported in a modelling study, and whether the choices were justified; this included the time horizon or study period the model was run for, as well as the cycle length or time step considered in the model.

1.3.2.3. Parameterisation and calibration

This dimension comprises considerations of the parameterisation of the model(s) in a modelling study, both directly from existing literature or data, or indirectly via calibration/model fitting.

1.3.2.3.1. Parameters

This subdimension included discussions of parameter values obtained from existing data, either directly from the literature or after transformation of data. This included the reporting of parameter values (including their sources or a justification), data sources, and data handling and transformation, and stating whether the parameter values obtained this way were credible.

1.3.2.3.2. Expert opinion

Discussing the use of expert opinion during model parameterisation was the focus of this subdimension. Recommendations on expert opinion often focused on the reporting of the methodology used to elicit such opinions. Other specific recommendations in this subdimension included stating that expert opinion, despite being a valid data source which may be crucial in the absence of alternative data sources, obtains the lowest data quality rating.

1.3.2.3.3. Calibration

This subdimension addressed the calibration of a model for the purposes of parameterisation. Recommendations focused on the sources of data used for calibration, the methodology chosen, and the presentation and discussion of the outcomes.

1.3.2.4. Validity

This dimension comprises suggestions about the reporting or quality of model validity and the validation process employed in a study.

1.3.2.4.1. Internal validity

Discussion about evidence and reporting of internal validity of the model(s) used in a study, i.e. the soundness of the mathematical logic of the model, the absence of bugs in the code used to implement the model, etc., was classified into this subdimension. Specific suggestions also included involving independent experts and sometimes stakeholders in a well-documented and reported review process of the model—including structure, parameterisation, and coding—to ensure that no errors are present. Replicating the model with different software was another suggested step for testing internal validity. Some reporting guidelines stated that more extensive details and outcomes of internal validation exercises should be reported in the appendices.

1.3.2.4.2. External validity

This subdimension included guidance about external validation, i.e. the validation of a model against independent data sets not used for model calibration. Most guidelines did not provide detailed guidance on how external validation should be addressed. However, some guidelines suggested including an explicit discussion of the theoretical relevance and generalisability of model results for various potential populations of interest beyond those included in the model. One guideline suggested that suitable data sources for external validation should be identified systematically, and that validation measures and results should be described in detail. Suggestions were sometimes contradictory across guidelines. For example, some guidelines mentioned that some data can be withheld from calibration to instead be used for validation while others recommended that all data should be used for parameterisation and calibration rather than being held back for validation.

1.3.2.4.3. Predictive validity

Predictive validity, arguably a type of external validity, is the ability of a model to accurately predict future occurrences. Guidelines covering this subdimension made suggestions about the evaluation of predictive validity, while simultaneously conceding that this is not always possible.

1.3.2.4.4. Face validity

This subdimension looked at whether the study and its results made intuitive sense. Reporting guidelines tended to emphasise the explanation of any counterintuitive results and the presentation

of outcomes of expert assessments of face validity and plausibility while quality assessment tools often instructed the reader to assess the face validity of the study for themselves.

1.3.2.4.5. Cross-model validity

This subdimension covered the validation of a model against other models or modelling studies, covering the identification and justification of the models used for comparison, the methodology used, and a discussion of the results, especially regarding any discrepancies or differences between the model results.

1.3.2.5. *Uncertainty*

This dimension comprised guidance about the handling of uncertainty in modelling studies, including assessments of the sensitivity of the results to this uncertainty. The subdimensions correspond to the different types of uncertainty present in such a study.

1.3.2.5.1. Parameter uncertainty

Parameter uncertainty, i.e. uncertainty due to imprecise parameter estimates, was the most mentioned subdimension of uncertainty. Guidelines that included this subdimension touched on the reporting of parameter uncertainty, sensitivity analysis methods to assess parameter uncertainty, and adequate discussion of the sensitivity analyses and uncertainty around results due to parameter uncertainty.

1.3.2.5.2. Structural uncertainty

This subdimension considered the assessment of uncertainty caused by structural assumptions, for instance by examining alternative model structures and conducting sensitivity analyses.

1.3.2.5.3. Methodological uncertainty

Guidelines covering this subdimension mentioned the assessment of uncertainty caused by methodological choices and assumptions made by the researchers in a modelling study.

1.3.2.5.4. Heterogeneity

This subdimension assessed uncertainty caused by heterogeneity in the study population and variability of results across different subgroups (e.g. different age groups or geographical regions) in the target population.

1.3.2.6. Interpretation

This dimension, consisting of a singular subdimension, is concerned with statements about whether the authors' interpretations of the results of a modelling study are unbiased, reasonable, substantiated by the results, and presented with a discussion of the limitations and caveats.

1.3.2.7. Reproducibility, clarity, and transparency

This dimension contains points of discussion and guidance pertaining to reproducibility of a modelling study, interpretability of the results by the target audience and laypeople, and transparency with respect to methods, funding, conflicts, and the limitations of the study.

1.3.2.7.1. Code availability

This subdimension touched upon public availability of code and technical documentation, mentioning that the model should be publicly available or made available upon request. Some guidelines stated that if the code cannot be made available, a reason for this should be given.

1.3.2.7.2. Description of methods

This subdimension focused on ensuring that the methods of a modelling study are described in enough detail to be reproducible. Some of the specific recommendations for this subdimension touched on describing any methods used to transform data, ensuring the study protocol is freely accessible, and providing the exact model equations.

1.3.2.7.3. Implementation

Clearly stating the software and programming languages used during a modelling study was the focus of this subdimension. Some guidelines went a step further, stating that the choice of software should be justified and that, where possible, widely available software should be used.

1.3.2.7.4. Interpretability

Guidelines covering this subdimension mentioned that the reporting of methods and results in a modelling study should be done in such a way as to be accessible to the target audience and any interested reader (especially policy makers) regardless of their technical background. This includes using non-technical language and documentation. At a minimum, a non-technical summary and conclusion should be available.

1.3.2.7.5. Limitations

This subdimension touched on the need for transparent discussion of the limitations (and strengths) of the modelling approach and results of a study.

1.3.2.7.6. Publication details

Suggestions for auxiliary details that should be included in the publication of a modelling study, such as the disclosure of author contributions and an identification of the type of study in the title or abstract, were classified into this subdimension.

1.3.2.7.7. Funding sources

Guidelines covering this subdimension stated that the funders of a modelling study and their role in the study should be clearly described.

1.3.2.7.8. Conflicts of interest

The clear disclosure of any conflicts of interest and steps taken to mitigate any such conflicts was the focus of this subdimension.

1.3.3. Prevalence of dimensions and subdimensions stratified by guideline

Table S1.3.3.1. Prevalence of dimensions stratified by reporting guidelines

Study	Reference Number	Applicability	Model structure	Parameterisation and calibration	Validity	Uncertainty	Interpretation	Reproducibility, clarity, and transparency
Pokutnaya 2023	62		X	X				X
Kunst 2023	56	X	X	X	X	X	X	
Kim 2023	26	X	X	X	X	X	X	X
Breeze 2023	51	X	X	X	X	X		X
Husereau 2022	38	X	X	X		X		X
*Zawadzki 2021	70	X	X	X	X	X		X
Pollett 2021	36	X	X	X	X	X		X
Slayton 2020	67	X	X	X	X	X		X
Grimm 2020	29	X	X	X	X	X		X
*den Boon 2019	37	X				X		X
*WHO 2018	30	X	X	X	X	X		X
Monks 2018	25	X	X	X				X
CADTH 2017	28	X	X	X	X	X	X	X
*Ultsch 2016	69	X	X	X	X	X		
Sanders 2016	64	X	X	X	X	X		X
STIKO 2016	24	X	X	X	X	X		X
Heintz 2016	73	X	X	X		X		X
Dahabreh 2016	46	X	X	X	X	X	X	X
*Marshall 2015	58	X	X	X	X	X		X
Haji Ali Afzali 2013	55			X	X			
Abuelezam 2013	41	X	X	X	X	X	X	X
Langer 2012	71	X	X	X		X	X	X
Caro 2012	40	X	X	X	X	X		X
Bennett 2012	3	X	X	X	X	X		X
Petrou 2011	61	X	X	X	X	X		

Study	Reference Number	Applicability	Model structure	Parameterisation and calibration	Validity	Uncertainty	Interpretation	Reproducibility, clarity, and transparency
Garnett 2011	27		X	X	X	X		X
*Lopez-Bastida 2010	57	X	X	X	X	X	X	X
von der Schulenburg 2008	54	X	X	X	X	X		X
Chaikledkaew 2008	48	X	X	X	X	X	X	X
Walter 2006	72	X	X	X		X		X
Philips 2006	31	X	X	X	X	X		
Drummond 2005	34	X		X		X		X
*Goeree 2004	39	X	X	X	X	X	X	X
Weinstein 2003	32	X	X	X	X	X		X
*Akehurst 2000	50	X	X	X	X	X		X
Nuijten 1998	33	X	X	X	X	X		X
Siegel 1996	65	X	X	X	X	X	X	X

Table showing the presence or absence of each dimension by reporting guideline. X's mark the articles which cover the respective subdimensions.

Reference numbers refer to the numeration used in the reference list of the main manuscript.

*Eight guidelines marked with an asterisk are part of both reporting guidelines and quality assessment tools since both aspects are covered in the guidelines.

Table S1.3.3.2. Presence of dimensions stratified by quality assessment tools

Study	Reference Number	Applicability	Model structure	Parameterisation and calibration	Validity	Uncertainty	Interpretation	Reproducibility, clarity, and transparency
Thompson 2022	68	X	X	X	X	X	X	X
*Zawadzki 2021	70	X	X	X	X	X		X
Burns 2021	19	X	X	X	X			X
*den Boon 2019	37	X				X		X
*WHO 2018	30	X	X	X	X	X		X
Mauskopf 2018	59	X	X	X	X	X		X
Rosello 2017	63	X	X	X	X	X		X
*Ultsch 2016	69	X	X	X	X	X		
Catala-Lopez 2016	47	X	X	X	X	X		X
Adarkwah 2016	45	X	X	X	X	X		X
Ramos 2015	42	X	X	X	X	X		X
*Marshall 2015	58	X	X	X	X	X		X
Silva 2014	66	X	X	X	X	X	X	X
Caro 2014	18	X	X	X	X	X	X	X
*Lopez-Bastida 2010	57	X	X	X	X	X	X	X
Kopec 2010	35	X	X	X	X	X		X
Abellan Perpnan 2009	49	X	X	X	X	X		
Evers 2005	53	X	X	X		X	X	X
*Goeree 2004	39	X	X	X	X	X	X	X
Soto 2002	44	X	X	X	X	X	X	X
Sculpher 2000	43	X	X	X	X	X	X	
McCabe 2000	60	X	X	X	X	X		X
*Akehurst 2000	50	X	X	X	X	X		X
Drummond 1996	52	X	X	X		X	X	X

Table showing the presence or absence of each dimension by quality assessment tools. X's mark the articles which cover the respective subdimensions. Reference numbers refer to the numeration used in the reference list of the main manuscript.

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Table S1.3.3.3. Presence of subdimensions stratified by reporting guidelines

Study	Reference Number	Applicability							Model Structure			Parameterisation and calibration			Validity					Uncertainty				Interpretation	Reproducibility, clarity, and transparency								
		Decision problem	Perspective	Study design	Population	Interventions	Outcomes	Context/Setting	Structural assumptions	Parsimony	Time	Parameters	Expert opinion	Calibration	Internal validity	External validity	Predictive validity	Face validity	Cross-model validity	Parameter uncertainty	Structural uncertainty	Methodological uncertainty	Heterogeneity		Interpretaion	Code availability	Description of methods	Implementation	Interpretability	Limitations	Publication details	Funding sources	Conflicts of interest
Pokutnaya 2023	62								X			X		X											X	X	X						
Kunst 2023	56	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X			X			X						
Kim 2023	26	X	X	X	X	X	X	X	X		X	X					X		X	X			X		X	X		X					
Breeze 2023	51	X		X					X	X		X		X	X		X	X	X	X	X				X	X							
Husereau 2022	38	X	X	X	X	X	X	X			X	X							X	X		X		X	X		X	X	X	X	X	X	
*Zawadzki 2021	70	X			X		X		X			X		X	X			X	X	X				X									
Pollett 2021	36	X		X	X		X		X		X	X			X	X		X	X	X	X			X	X		X	X	X				
Slayton 2020	67	X		X				X	X		X	X		X	X				X					X	X								
Grimm 2020	29	X		X	X		X	X	X		X	X		X		X			X							X							
*den Boon 2019	37	X																	X	X								X	X				
*WHO 2018	30	X	X	X		X	X	X	X	X	X	X	X	X		X		X	X	X				X	X		X	X					X
Monks 2018	25	X		X			X		X		X	X												X	X	X							
CADTH 2017	28	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X		X	X	X
*Ultsch 2016	69		X	X			X		X	X	X	X		X		X		X	X	X	X												
Sanders 2016	64	X	X	X	X	X			X		X	X		X	X	X		X	X						X		X		X	X	X	X	

Study	Reference Number	Applicability						Model Structure			Parameterisation and calibration			Validity					Uncertainty				Interpretation	Reproducibility, clarity, and transparency								
		Decision problem	Perspective	Study design	Population	Interventions	Outcomes	Context/Setting	Structural assumptions	Parsimony	Time	Parameters	Expert opinion	Calibration	Internal validity	External validity	Predictive validity	Face validity	Cross-model validity	Parameter uncertainty	Structural uncertainty	Methodological uncertainty		Heterogeneity	Interpretation	Code availability	Description of methods	Implementation	Interpretability	Limitations	Publication details	Funding sources
STIKO 2016	24			X		X	X		X		X			X	X		X	X	X	X	X	X			X							
Heintz 2016	73		X	X			X		X		X									X	X				X	X						
Dahabreh 2016	46	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X			X			X
*Marshall 2015	58	X	X	X	X			X	X		X	X		X	X	X	X		X	X					X	X	X	X				
Haji Ali Afzali 2013	55										X		X	X	X		X	X														
Abuelezam 2013	41	X			X	X		X	X		X	X		X					X	X	X		X					X		X		
Langer 2012	71	X	X	X	X	X	X	X			X	X	X						X	X	X		X			X			X		X	
Caro 2012	40	X	X	X	X	X	X		X	X	X	X			X	X	X	X	X	X	X			X			X	X	X	X	X	
Bennett 2012	3	X	X	X		X	X		X	X	X	X	X	X		X	X	X	X	X	X	X			X		X	X				X
Petrou 2011	61	X	X	X	X	X	X	X			X	X	X		X	X	X	X	X	X	X		X									
Garnett 2011	27								X	X		X		X	X	X	X		X	X							X	X				
*Lopez-Bastida 2010	57	X	X	X	X	X	X	X	X		X	X						X	X	X			X				X	X		X	X	
von der Schulenburg 2008	54	X	X	X	X	X	X		X		X	X	X		X	X			X	X						X	X	X	X			X
Chaikledkaew 2008	48	X	X	X	X	X	X	X	X		X	X	X		X			X	X	X				X			X	X	X		X	X
Walter 2006	72	X	X	X	X	X	X				X	X	X						X							X					X	
Philips 2006	31	X	X	X		X	X		X		X	X	X	X			X	X	X	X	X	X										
Drummond 2005	34	X		X								X							X			X					X					

Study	Reference Number	Applicability						Model Structure			Parameterisation and calibration			Validity					Uncertainty				Interpretation	Reproducibility, clarity, and transparency								
		Decision problem	Perspective	Study design	Population	Interventions	Outcomes	Context/Setting	Structural assumptions	Parsimony	Time	Parameters	Expert opinion	Calibration	Internal validity	External validity	Predictive validity	Face validity	Cross-model validity	Parameter uncertainty	Structural uncertainty	Methodological uncertainty	Heterogeneity	Interpretaion	Code availability	Description of methods	Implementation	Interpretability	Limitations	Publication details	Funding sources	Conflicts of interest
*Goeree 2004	39			X		X	X		X	X	X	X	X	X			X		X	X		X	X		X		X					
Weinstein 2003	32		X	X			X		X	X	X	X	X	X				X	X	X		X		X				X				
*Akehurst 2000	50				X				X	X	X	X		X	X			X	X	X	X				X							
Nuijten 1998	33	X	X	X	X			X	X		X	X	X				X	X	X					X		X						X
Siegel 1996	65	X	X	X	X	X	X	X		X	X	X		X				X	X	X		X	X		X		X	X	X			

Table showing the presence or absence of each subdimension by reporting guideline. X's mark the articles which cover the respective subdimensions.

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Table S1.3.3.4. Presence of subdimensions stratified by reporting guidelines

Study	Reference Number	Applicability						Model Structure			Parameterisation and calibration			Validity					Uncertainty				Interpretation	Reproducibility, clarity, and transparency								
		Decision problem	Perspective	Study design	Population	Interventions	Outcomes	Context/Setting	Structural assumptions	Parsimony	Time	Parameters	Expert opinion	Calibration	Internal validity	External validity	Predictive validity	Face validity	Cross-model validity	Parameter uncertainty	Structural uncertainty	Methodological uncertainty		Heterogeneity	Interpretaion	Code availability	Description of methods	Implementation	Interpretability	Limitations	Publication details	Funding sources
Thompson 2022	68			X	X		X		X	X	X	X			X	X		X	X	X				X		X			X			X
*Zawadzki 2021	70	X			X		X		X			X		X	X	X		X	X	X					X							
Burns 2021	19			X					X			X			X	X								X								
*den Boon 2019	37	X																	X	X								X	X			
*WHO 2018	30	X	X	X		X	X	X	X	X	X	X	X		X		X	X	X	X					X	X		X	X			X
Mauskopf 2018	59	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X	X	X		X			X	X	X	X				
Rosello 2017	63	X		X		X	X	X	X			X		X		X			X	X						X		X				
*Ultsch 2016	69		X	X			X		X	X	X	X		X		X		X	X	X	X											
Catala-Lopez 2016	47	X	X	X	X	X			X		X	X						X	X							X			X	X	X	X
Adarkwah 2016	45		X	X		X			X		X	X			X				X	X	X	X				X			X	X		
Ramos 2015	42	X	X	X	X	X	X		X		X	X	X		X	X	X	X	X	X		X			X			X	X		X	
*Marshall 2015	58	X	X	X	X			X	X		X	X		X	X	X	X		X	X					X	X	X	X				
Silva 2014	66	X	X	X	X	X	X		X		X	X			X	X				X	X	X	X	X				X			X	X
Caro 2014	18			X	X	X	X	X	X			X			X	X	X	X		X	X			X		X		X		X	X	
*Lopez-Bastida 2010	57	X	X	X	X	X	X	X	X		X	X						X	X	X				X			X	X		X	X	
Kopec 2010	35			X					X			X	X	X	X		X	X	X								X					

Study	Reference Number	Applicability						Model Structure			Parameterisation and calibration			Validity					Uncertainty				Interpretation	Reproducibility, clarity, and transparency								
		Decision problem	Perspective	Study design	Population	Interventions	Outcomes	Context/Setting	Structural assumptions	Parsimony	Time	Parameters	Expert opinion	Calibration	Internal validity	External validity	Predictive validity	Face validity	Cross-model validity	Parameter uncertainty	Structural uncertainty	Methodological uncertainty	Heterogeneity	Interpretation	Code availability	Description of methods	Implementation	Interpretability	Limitations	Publication details	Funding sources	Conflicts of interest
Abellan Perpinan 2009	49		X		X	X			X		X							X	X			X										
Evers 2005	53	X	X	X	X	X	X			X	X								X				X									X
*Goeree 2004	39			X		X	X		X	X	X	X	X	X			X		X	X		X	X		X		X					
Soto 2002	44	X	X	X		X	X	X	X		X	X	X		X	X	X	X	X	X			X	X	X	X	X	X		X	X	
Sculpher 2000	43	X	X	X				X	X		X	X	X		X	X		X	X				X									
McCabe 2000	60	X		X				X	X	X		X	X		X	X	X	X		X								X				
*Akehurst 2000	50				X				X	X	X	X			X	X		X	X	X	X				X		X					
Drummond 1996	52	X	X	X		X	X		X		X	X							X	X	X		X					X				

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