

Supporting Information BMJ

A. Baauw, MD ^{1,2,3,4}

J. Kist-van Holthe, MD, j.kist@vumc.nl

B. Slattery, MSc, bridget.slattery01@gmail.com

M.W. Heymans ⁵, mw.heymans@vumc.nl

Professor M. Chinapaw, PhD ², m.chinapaw@vumc.nl

Professor J.B. van Goudoever, MD ¹, h.vangoudoever@amc.nl

¹ Amsterdam UMC, University of Amsterdam, Vrije Universiteit, Emma Children's Hospital, Amsterdam, The Netherlands

² Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Public and Occupational Health, Amsterdam Public Health research institute, Amsterdam, The Netherlands

³ Department of Pediatrics, University Medical Center Utrecht, Wilhelmina Children's Hospital, The Netherlands

⁴ Department of Pediatrics, Rijnstate Hospital, Arnhem, The Netherlands

⁵ Amsterdam UMC, Department of Epidemiology and Biostatistics, Location VU University Medical Center, Amsterdam, The Netherlands

Corresponding author: A.Baauw, MD, Department of Pediatrics, Wilhelmina Children's Hospital, Lundlaan 6, 3584 EA Utrecht, The Netherlands, +31 0887555555, + 31 6 28 26 55 51, Email: a.baauw@amc.uva.nl; A.Baauw@umcutrecht.nl

Table S1. Checklist of methodological quality, adapted from *The Dutch Cochrane Centre. Amsterdam: Amsterdam Medical Centre; 2013.*
www.cochrane.nl

Study type 1. Which type of study is conducted?	+/-/?
Study population 2. Was the study population clearly defined?	+/-/?
Sample size 3. What was the sample size? <i>Positive if studies included 50 or more children in both the patient group and the control group.</i>	+/-/?
Selection bias 4. Was selection bias sufficiently accounted for? <i>Positive if in- and exclusion criteria were described and did not lead to selection bias</i>	+/-/?
Exposure 5. Was the exposure clearly defined and was the method appropriate? <i>Positive if was explained which exposures were measured and by what method (e.g. type of bloodtest)</i>	+/-/?
Outcome 6. Was the outcome clearly defined and was the method appropriate? <i>Positive if was described which cut-offs were used for the tests to be able to conclude whether there is disease (ie anemia, for serologicals tests, TST cut offs etc)</i>	+/-/?
Confounders 7. Are the most important confounders identified and is this adequately accounted for in the design and analyses? <i>Positive if confounders were considered</i>	+/-/?

Table S2. Quality assessment selected articles

No	Author, Year	Study type*	Study Population	Sample size**	Selection bias	Exposure	Outcome	Confounders	Score	
1	Aldridge, 2016	p	+	+	18,729	+	+	+	+	S
2	Aldridge, 2016	P	+	+	15,468	+	+	+	+	S
3	Aucoin, 2013	CS	+	+	756	+	+	+	+	S
4	Belhassen, 2017	Pros	+	+	373	+	+	+	-	M
5	Belhassen, 2017	Pros	+	+	373	+	+	+	+	S
6	Bennet, 2014	P	+	+	546	+	+	+	+	S
7	Bennett, 2017	RS	+	+	2,422	+	+	+	+	S
8	Botcher, 2015	CS	+	+	629	+	+	+	+	S
9	Brodine, 2009	CS	+	+	63	+	+	+	+	S
10	Cherian, 2010	CS	+	+	163	-	+	-	+	W
11	Dawson-Hahn, 2016	CS	+	+	512	+	+	+	+	S
12	Dawson-Hahn, 2010	CS	+	+	163	-	+	+	+	M
13	Dawson-Hahn, 2016	CS	+	+	982	+	+	+	+	S
14	Denburg, 2007	RS	-	-	36	+	+	+	+	M
15	DeVetten, 2017	RS	+	+	359	+	+	+	-	M
16	Gray, 2012	CS	+	+	328	-	+	+	+	M
17	Heudorf, 2016	CS	+	+	1,230	+	+	+	+	S
18	Heudorf, 2016	CS	+	+	119	+	+	+	+	S
19	Kotey, 2018	CS	+	+	1,950	+	+	+	-	M
20	Liu, 2009	CS	+	+	117,752	+	+	+	+	S

21	Lucas, 2010	Pros	+	+	524	+	+	+	+	S
22	Marquardt, 2016	CS	+	-	102	+	+	+	+	S
23	Mitchell, 2018	P	+	+	848	-	+	+	-	W
24	Mockenhaupt, 2016	CS	+	+	488	+	+	-	+	M
25	Ngo, 2018	CS	+	+	1,154	+	+	+	+	S
26	Pace-Asciak, 2013	RS	+	+	277	+	+	+	+	S
27	Paxton, 2012	RS	+	+	503	+	+	+	+	S
28	Penrose, 2012	CS	+	+	1,157	+	+	+	+	S
29	Plotinsky, 2008	RS	+	+	93	+	+	+	+	S
30	Proue, 2010	RS	+	+	1,256	+	+	+	+	S
31	Ramos, 2010	RS	+	+	1,876	+	+	+	+	S
32	Rungan, 2013	RS	+	+	343	+	+	+	+	S
33	Salehi, 2015	RS	+	+	210	+	+	+	+	S
34	Scott, 2015	RS	+	+	2,514	+	+	+	+	S
35	Shah, 2014	RS	+	+	555	+	+	+	+	S
36	Sheikh, 2011	RS	+	+	213	-	+	+	+	S
37	Stauffer, 2011	RS	+	+	1,685	+	+	+	+	S
38	Stellinga, 2007	RS	+	+	122	+	+	-	-	W
39	Stellinga, 2007	LS	+	+	135	+	+	-	-	W
40	Taylor, 2016	RS	+	+	13,395	+	+	+	+	S
41	Theuring, 2016	CS	+	+	1,248	+	+	+	+	S
42	Trauer, 2011	RS	+	+	236	+	+	+	+	S
43	Ugwu, 2007	RS	+	+	4,214	+	+	+	+	S
44	Varkey, 2007	RS	+	+	5,057	+	+	+	+	S
45	Varkey, 2007	RS	+	+	4,699	+	+	+	+	S

46	Walker, 2011	RS	+	+	27	-	+	+	-	M
47	Walters, 2016	RS	+	+	407	-	+	-	+	W
48	Wishart, 2007	RS	+	+	420	+	+	+	+	S
49	Yanni, 2013	RS	+	+	5,734	+	+	+	+	S
50	Yun, 2016	RS	+	+	2,291	+	+	+	+	S
51	Yun, 2016	RS	+	+	8,148	+	+	+	+	S
52	Zabel, 2017	RS	+	+	150	+	+	+	+	S
53	Zwi, 2018	CS	+	+	376	+	+	+	+	S

* study type: RS = retrospective ; LC = longitudinal cohort study, CS = cross-sectional study, Pros = Prospective study

Explanation score: S = strong; no weak ratings (-/?), M = moderate; one weak rating, W = weak; two or more weak ratings

Search strategy

We conducted a systematic search of the bibliographic databases PubMed, EMBASE, and Web of Science on February 14 2017. The terms included were (1) refugee or migrant or

immigrant, (2) medical or health, and (3) screening. The related controlled terms e.g. MeSH, Emtree, or topics, were included in the search. On March 23 2017 an additional search was performed using the controlled term 'unaccompanied minor' in all three databases. I searched for [refugee or migrant or immigrant (mesh or emtree)] AND [health or medical] AND [screening]. I used the limits age 0-18 and human. Pubmed: 1313. Embase: 474. WoS: 1695. After removing duplicates I was left with 3013 unique articles.

