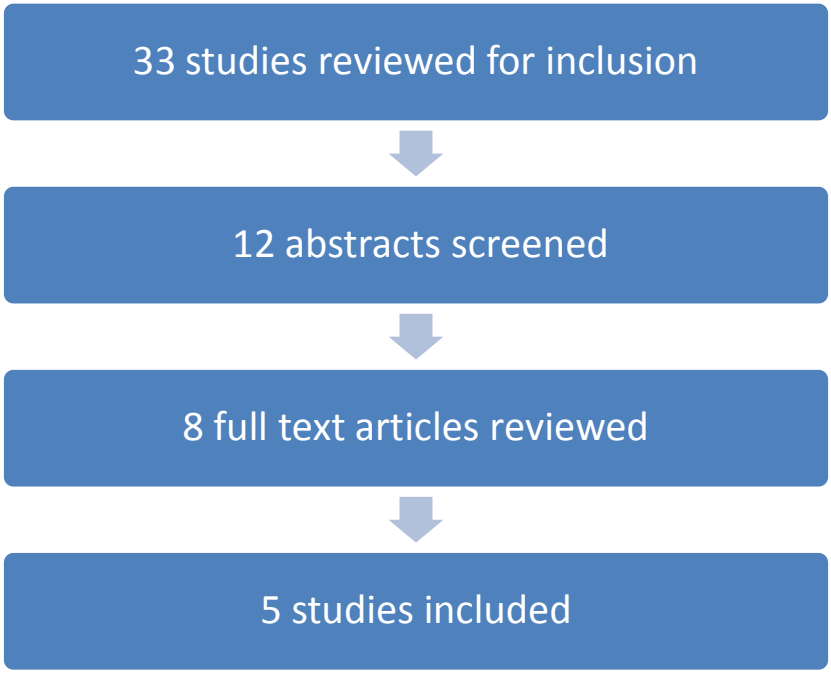
Code	Quality of Evidence	Definition
A	High	Further research is very unlikely to change the level of confidence in the estimate of effect. i.e. • Several high-quality studies with consistent results
B	Moderate	Further research is likely to have an impact in current confidence in the estimate of effect and may change the estimate. i.e. • One high quality study • Several studies with some limitations
C	Low	Further research is very likely to have an important impact on the level of confidence in the estimate of effect and would likely change the estimate. i.e. • One or more studies with severe limitations
D	Very Low	Estimate of effect is very uncertain. i.e. • No direct research evidence • One of more studies with very severe limitations
Code	**Strength of recommendation**	**Implications when combined with evidence grade**
1	Strong	1A: Strong recommendation, applies to most patients without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present. 1B: Strong recommendation, applies most patients. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present. 1C: Strong recommendation, applies to most patients. Some of the evidence base supporting the recommendation is, however, of low quality.
2	Weak	2A: Weak recommendation and best action may differ depending on circumstances or patients or societal values. 2B: Weak recommendation and alternative approaches likely to be better for some patients under some circumstances. 2C: Very weak recommendation; other alternatives may be equally reasonable.

Supplementary Table: Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach: a common, systematic and transparent approach to grading quality of evidence and strength of recommendations. The GRADE approach rates evidence across studies for specific clinical outcomes to link evidence-quality evaluations to recommendations in clinical guidelines. The GRADE codes according to the levels of evidence are shown.



Supplementary Figure 2: Outline of systematic literature search according to PRISMA methodology for susceptibility of Group A streptococcus to trimethoprim-sulfamethoxazole.