

Table 4: Hours of usual activities missed in the first two weeks comparison of usual care treatment and usual care plus oseltamivir, ITT population.

Outcome	Usual care (n=1529)	Usual care plus oseltamivir (n=1535)
Usual activities missed in the first week for those aged > 12 years Median hours (interquartile range)	797/1317 (61%) 36 (19, 52)	806/1321 (61%) 35 (18, 50)
Usual activities missed in the second week for those aged > 12 years Median hours (interquartile range)	337/1317 (26%) 20 (7, 40)	334/1321 (25%) 20 (8, 40)
Usual activities missed in the first week for those aged ≤ 12 years [#] Median hours (interquartile range)	113/212 (53%) 40 (22, 76)	102/214 (48%) 37.5 (16.9, 64)
Usual activities missed in the second week for those aged ≤ 12 years [#] Median hours (interquartile range)	54/212 (25%) 33 (14.2, 64)	34/214 (16%) 24.5 (20, 80)

[#] For children the number of hours of missed activities is the sum of the number of hours of activities missed by: themselves; the adult who filled in the form; and other carers.

回復を時間単位で見ますと、明らかに12歳以上ではタミフルが効果的です。

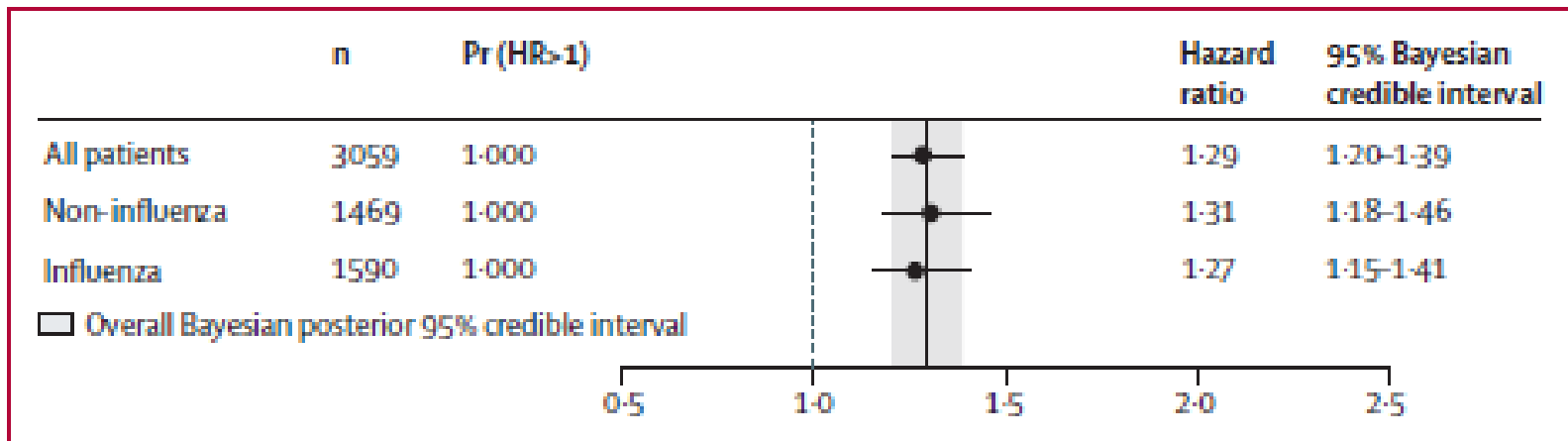
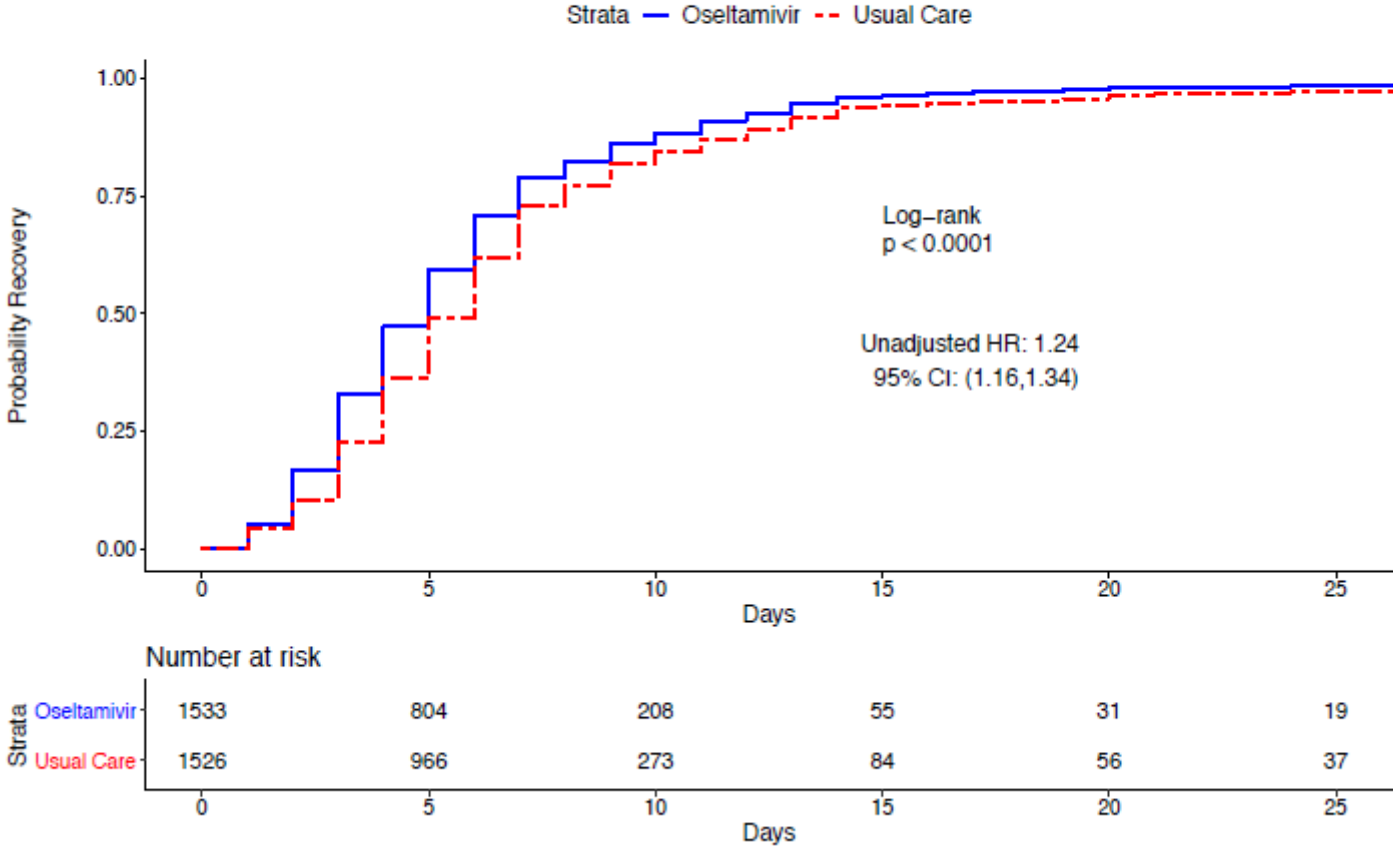


Figure 4: Modelled oseltamivir benefit by influenza status in the intention-to-treat population

Pr (HR>1)=Bayesian posterior probability hazard ratio is greater than 1.

ベイズ統計による危険率の統計処置の基本ラインです。

Figure 1: Kaplan Meier estimates of probability of recovery across time by treatment group, ITT population



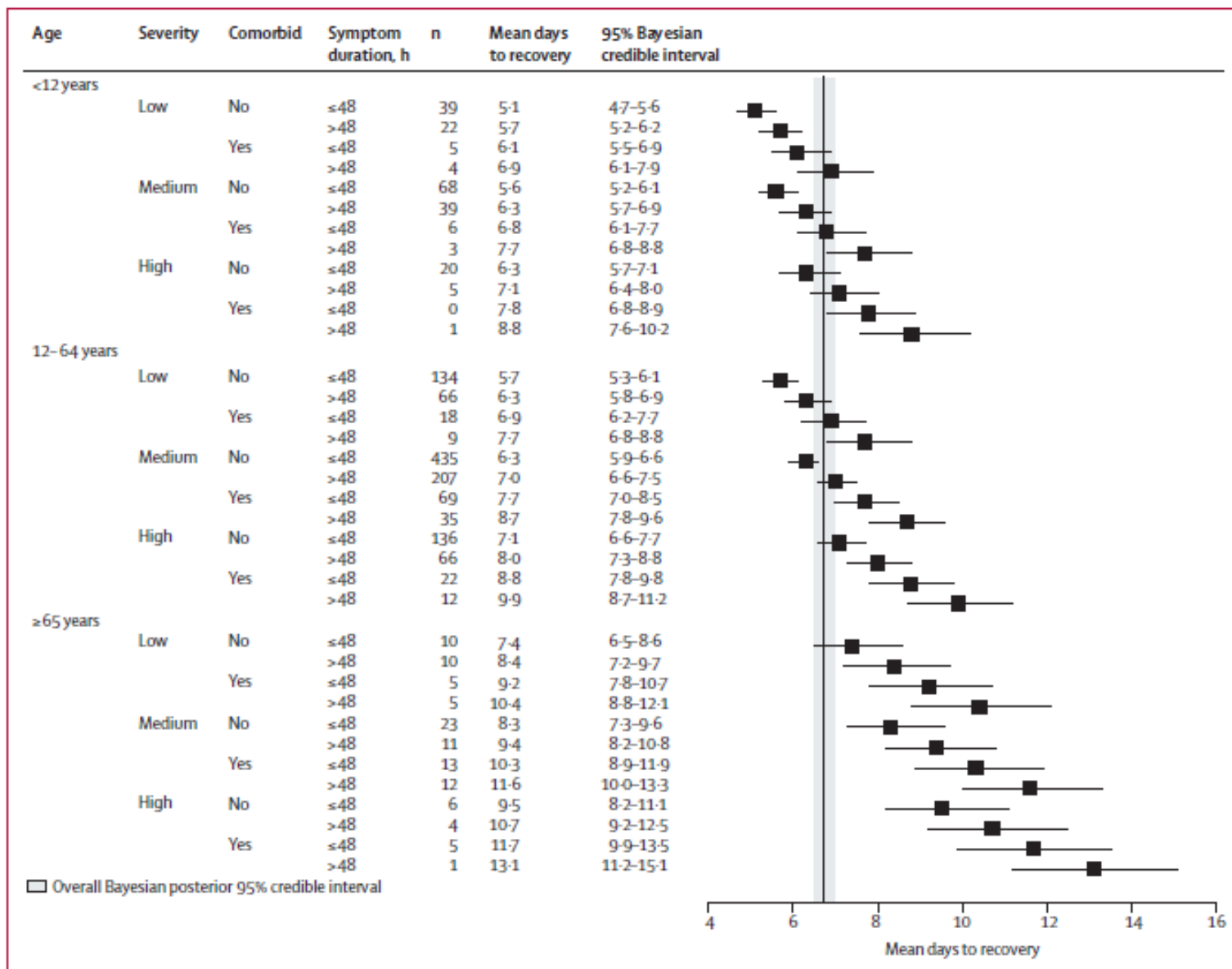
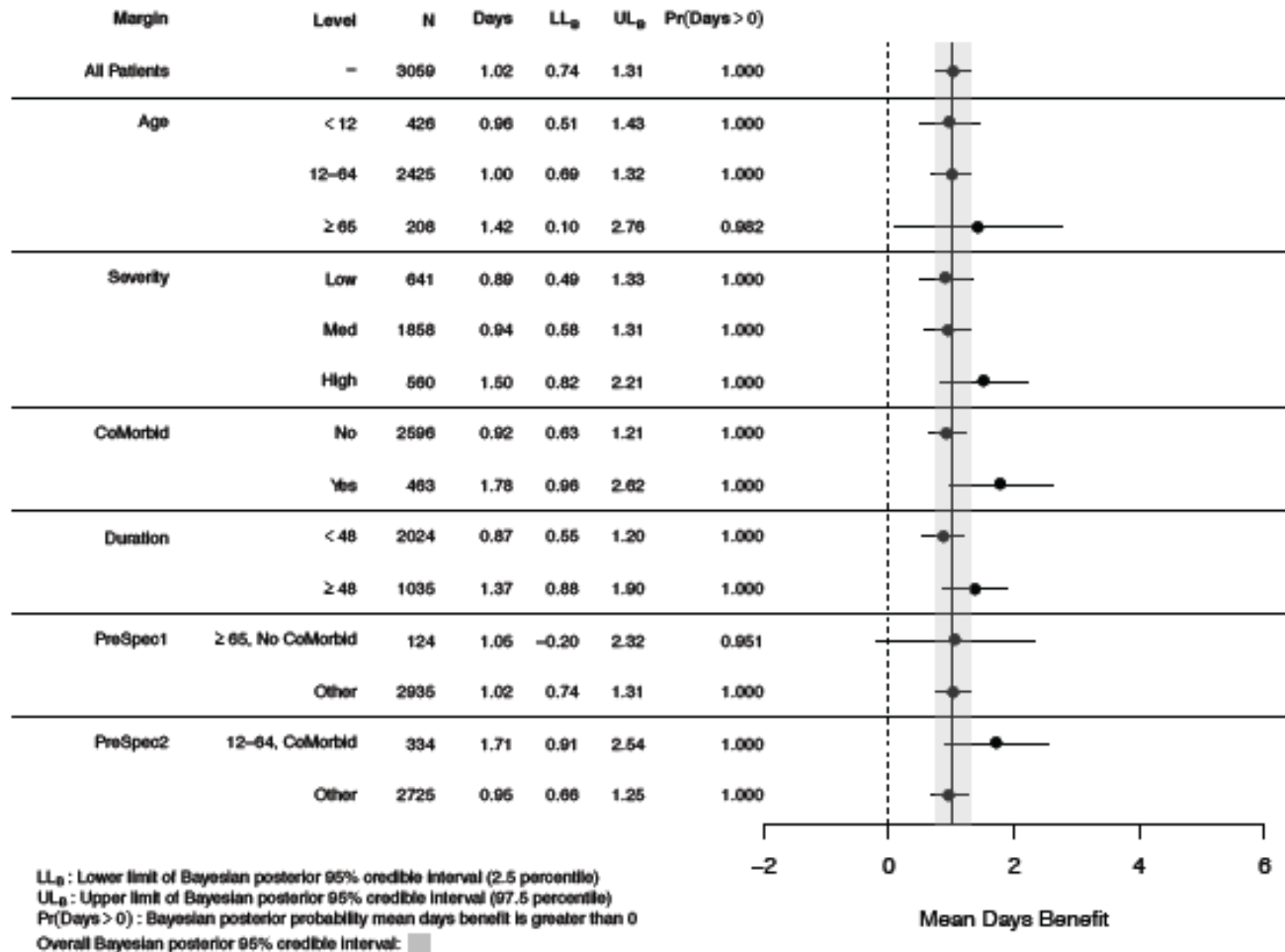


Figure 2: Estimated mean days to recovery for all subgroups in the usual care intention-to-treat population

サブグループの病状期間のベースラインです。

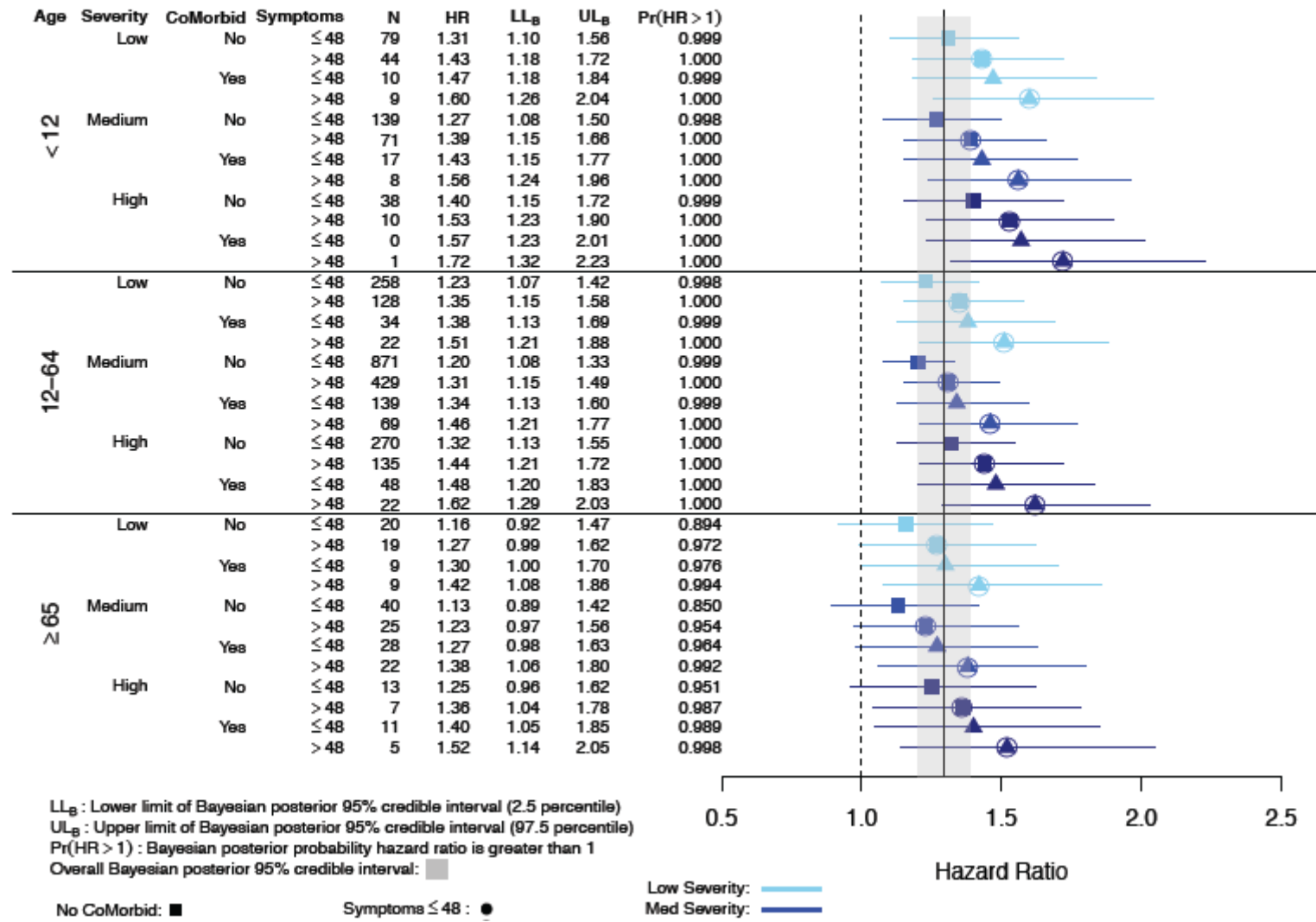
Figure 3: Modelled mean days of oseltamivir benefit for the 4 marginal stratification and pre-specified groups, ITT population.



Pre-specified marginal subgroups are classified by each level of the 4 stratification variables. This includes all 3 groups defined by age, all 3 groups defined by severity, 2 groups defined by presence/absence of relevant comorbidities, 2 groups defined by duration of symptoms, and 2 additional marginal combinations of covariates, given by 1) older patients without comorbidities ("PreSpec1"), and 2) middle-aged patients with comorbidities ("PreSpec2").

タミフルの病状短縮効果のサブグループでのベースラインの比較です。

Figure 2B: Hazard Ratios of oseltamivir benefit in the 36 subgroups, ITT population



纏めてサブグループごとに比較していますが、効果がありそうです。

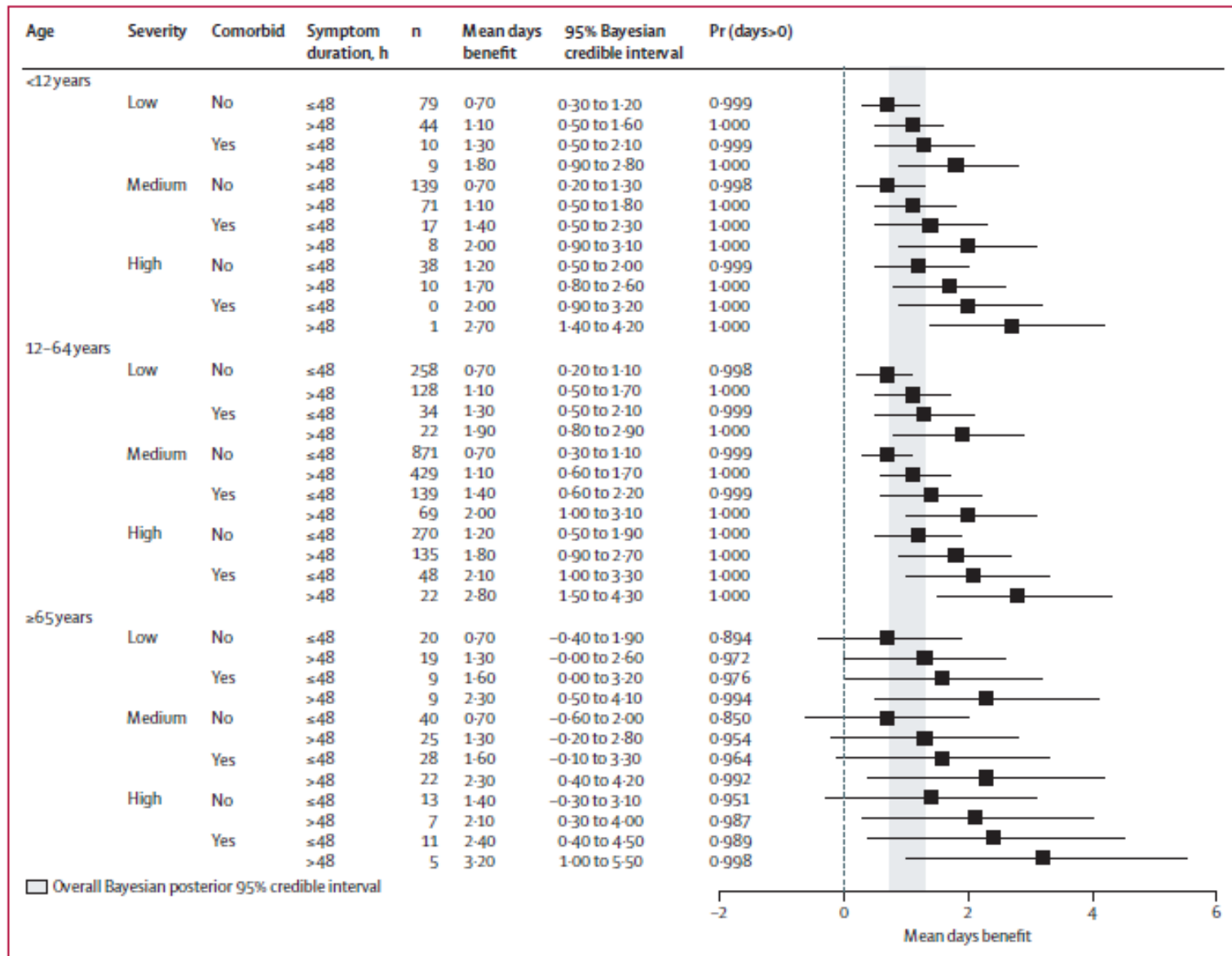


Figure 3: Estimated mean days of oseltamivir benefit for all subgroups in the intention- to-treat population
 Pr (days>0)=Bayesian posterior probability mean days benefit is greater than 0.

結論としてサブグループでの効果を表していますが、右に行くほど効果ありです。

	Usual care (control), n=1529*	Usual care plus oseltamivir (intervention), n=1535*	Difference (95% CI)
Week 1-2			
Hospital attendance	52/1462 (4%)	43/1469 (3%)	0.6% (-0.7 to 2.0)
Hospital overnight stay	14/51 (27%)	8/42 (19%)	8.4% (-10.8 to 27.6)
X-ray confirmed pneumonia	12/21 (57%)	7/15 (47%)	10.5% (-28.2 to 49.1)
Week 3-4			
Hospital attendance	22/1393 (2%)	19/1426 (1%)	0.2% (-0.7 to 1.2)
Hospital overnight stay	4/22 (18%)	4/17 (24%)	-5.3% (-36.4 to 25.7)
X-ray confirmed pneumonia	3/5 (60%)	0/0 (0%)	--
Repeat attendances with health-care services (except hospital)†	805/1529 (53%)	796/1535 (52%)	0.8% (-2.8 to 4.4)
Took over-the-counter or other medication†	1258/1529 (82%)	1254/1535 (82%)	0.6% (-2.2 to 3.4)
Use of antibiotics†	202/1529 (13%)	142/1535 (9%)	4.0% (1.7 to 6.3)
Median days on antibiotics (IQR)	7 (5-8)	5 (3-7)	--
Use of acetaminophen containing medicine†	974/1529 (64%)	924/1535 (60%)	3.5% (0.0 to 7.0)
Use of ibuprofen containing medicine†	621/1529 (41%)	594/1535 (38%)	1.9% (-1.6 to 5.4)
Reports of new infections within the household	553/1222 (45%)	485/1237 (39%)	6.0% (2.1 to 10.0)
Data are n/N (%) unless otherwise specified. *For the calculation of secondary outcomes, denominator and percentages are those with information from patients' diaries; for hospital admission or overnight stay and pneumonia, data is from phone data too. Overnight hospital stay was calculated for those who attended the hospital and x-ray confirmed pneumonia for those who had an x-ray in the hospital. †If patients did not give an answer to the questions for repeat attendances, over-the-counter or other medication, and antibiotic use it was assumed the answer to the question was no. From over-the-counter medication, acetaminophen and ibuprofen (containing medication) use is shown separately.			

Table 2: Secondary outcomes