Additional file 1

CONSORT 2010 checklist of information to include when reporting a cluster randomized trial and randomized crossover trials

Section/Topic	Item number	Standard Checklist item[1, 2]	Extension to cluster randomized trials[3]	Extension to randomized crossover trials[4]	Page
Title and abstract					
	1a	Identification as a randomized trial in the title	Identification as a cluster randomi2ed trial in the title	Identification as a randomized crossover trial in the title	P1
	1b	Structured summary of trial design, methods, results, and conclusions(for specific guidance see CONSORT for abstracts)	See table 2	Specify a crossover design and report all information outlined in table 2	P2-3
Introduction					
Background and objectives	2a	Scientific background and explanation of rationale	Rationale for using a cluster design		P3-5
	2b	Specific objectives or hypotheses	Whether objectives pertain to the the cluster level, the individual participant level or both		P3-6
Methods					
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Definition of cluster and description of how the design features apply to the clusters	Rationale for a crossover design. Description of the design features including allocation ratio, especially the number and duration of periods, duration of washout period, and consideration of carry over effect	P6-7
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons		Changes to methods Important changes to methods after trial commen-cement (such as eligibility criteria), with reasons.	NA
Participants	4a	Eligibility criteria for participants	Eligibility criteria for clusters	Eligibility criteria for participants	P6
	4b	Settings and locations where the data were collected			P6-7
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Whether interventions pertain to the cluster level, the individual participant level or both	The interventions with sufficient details to allow replication, including how and when they were actually administered	P7-11
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Whether outcome measures pertain to the cluster level, the individual participant level or both		P11
	6b	Any changes to trial outcomes after the trial commenced, with reasons			NA
Sample size	7a	How sample size was determined	Method of calculation, number of clusters(s) (and whether equal or unequal cluster sizes are assumed), cluster size, a coefficient of intracluster correlation (ICC or *k*), and an indication of its uncertainty	How sample size was determined, accounting for within participant variability	P12
	7b	When applicable, explanation of any interim analyses and stopping guidelines			NA
Randomisation:					
Sequence generation	8a	Method used to generate the random allocation sequence		Method used to generate the random allocation sequence	P12-13
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Details of stratification or matching if used		P12-13

Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Specification that allocation was based on clusters rather than individuals and whether allocation concealment (if any) was at the cluster level, the individual participant level or both		P12-13
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Replace by 10a, 10b and 10c		P12-13
	10a		Who generated the random allocation sequence, who enrolled clusters, and who assigned clusters to interventions		P12-13
	10b		Mechanism by which individual participants were included in clusters for the purposes of the trial (such as complete enumeration, random sampling)		P12-13
	10c		From whom consent was sought (representatives of the cluster, or individual cluster members, or both), and whether consent was sought before or after randomisation		P6
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how			P12
	11b	If relevant, description of the similarity of interventions			P12
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	How clustering was taken into account	Statistical methods used to compare groups for primary and secondary outcomes which are appropriate for crossover design (that is, based on within participant comparison)	P13-14
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses			P13-14
Results					
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	For each group, the numbers of clusters that were randomly assigned, received intended treatment, and were analysed for the primary outcome	The numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome, separately for each sequence and period (a flow diagram is strongly recommended; see fig 1)	P12-13
	13b	For each group, losses and exclusions after randomisation, together with reasons	For each group, losses and exclusions for both clusters and individual cluster members	Number of participants excluded at each stage, with reasons, separately for each sequence and period	NA
Recruitment	14a	Dates defining the periods of recruitment and follow-up			Figure 1
	14b	Why the trial ended or was stopped			NA
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Baseline characteristics for the individual and cluster levels as applicable for each group	A table showing baseline demographic and clinical characteristics by sequence and period	Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and	For each group, number of clusters included in each analysis	Number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	NA

		whether the analysis was by original assigned groups			
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Results at the individual or cluster level as applicable and a coefficient of intracluster correlation (ICC or k) for each primary outcome	For each primary and secondary outcome, results including estimated effect size and its precision (such as 95% confidence interval) should be based on within participant comparisons. In addition, results for each intervention in each period are recommended.	P15、P21
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended			NA
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory			NA
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms[i])			NA
Discussion					
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses		Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses. Consider potential carry over effects.	P30-31
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Generalisability to clusters and/or individual participants (as relevant)		NA
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence			NA
Other information					
Registration	23	Registration number and name of trial registry			P14
Protocol	24	Where the full trial protocol can be accessed, if available			NA
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders			P32

** Note: page numbers optional depending on journal requirements*

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[1] Hopewell S, Clarke M, Moher D, Wager E, Middleton P, Altman DG, Schulz KF; CONSORT Group. CONSORT for reporting randomised trials in journal and conference abstracts. Lancet. 2008 Jan 26;371(9609):281-3.

2 Hopewell S, Clarke M, Moher D, Wager E, Middleton P, Altman DG, Schulz KF; CONSORT Group. CONSORT for reporting randomized controlled trials in journal and conference abstracts: explanation and elaboration. PLoS Med. 2008 Jan 22;5(1):e20.

[3] Campbell MK, Piaggio G, Elbourne DR, Altman DG; CONSORT Group. Consort 2010 statement: extension to cluster randomised trials. BMJ. 2012 Sep 4;345:e5661.

[4] Dwan K, Li T, Altman DG, Elbourne D. CONSORT 2010 statement: extension to randomised crossover trials. BMJ. 2019 Jul 31;366:l4378.

Additional file 2

Informed Consent and Notice

Dear participants:

We cordially invite you to participate in a study titled "Feedback intervention model of Gradient Boosting Decision Tree (GBDT) technology on glucocorticoid prescription control in primary care institutions." This research project is funded by the Natural Science Foundation of Guizhou Province (Guizhou Science and Technology Foundation -ZK [2021] General 499). The trial was approved by the Human Trial Ethics Committee of Guizhou Medical University (Certificate No.: 2021 (249)) in October 28, 2021). Prior to making your decision on participation, we kindly request you to carefully read the following information which aims to provide a comprehensive understanding of the study objectives, procedures, duration, potential benefits, risks as well as any possible discomfort associated with participation. You are welcome to discuss this matter with your family and friends or seek assistance from our staff members who will be pleased to address any queries or concerns you may have.

Background and Objectives of the Research

The current status of disease burden and treatment: assessing the situation and impact of glucocorticoid misuse.

Glucocorticoids (GCs) are the pivotal regulatory hormones in the body's stress response, exerting anti-inflammatory, antitoxic, anti-shock, and immunosuppressive effects. However, prolonged and high-dose usage can exacerbate diseases and prolong their course. It not only leads to secondary osteoporosis and gastrointestinal bleeding or perforation but also imposes an increased medical burden. During the SARS outbreak, patients who received short-term heavy doses of glucocorticoids often experienced these aforementioned complications. In both the United States and the United Kingdom, over 30% of individuals without any underlying conditions undergo systemic glucocorticoid therapy; many patients are exposed to glucocorticoids for weeks or even months in primary care settings resulting in complication rates that are 60% higher than those observed in placebo groups. According to reports, 87.3 percent of doctors working at primary healthcare institutions in China tend to prescribe antibiotics and hormones for fever treatment while 58.4 percent frequently employ kinin for upper respiratory tract infections. Nevertheless, hormone use during general infectious diseases should strictly adhere to drug indications by employing low dosages and short courses of treatment; however, it is inappropriate to administer hormones when dealing with bacteria-, fungi-, or unknown etiology-related drug-resistant bacteria.

Research purpose

The aim of this study is to conduct a comprehensive big data analysis on the prescription of glucocorticoids for infectious diseases in Guizhou, utilizing

artificial intelligence technology. By employing gradient boosting tree algorithms, we can develop an innovative a real-time pop-up warning of inappropriate glucocorticoid prescriptions based on the Hospital Information System. This intelligent system will facilitate intelligent and rational interventions by primary healthcare practitioners, while continuously learning and refining itself to enhance the clinical medication guidance program for glucocorticoids. Ultimately, our research aims to provide an economical, feasible, and effective reference program to address the issue of excessive glucocorticoid prescription in rural areas and alleviate the financial burden on public finance and individual farmers.

Who should not participate in the study:

(1) Physicians who refuse to intervene.

(2) Those working in primary care institutions for less than 6 months and during the intervention period, or those who may leave or be absent for an extended period to train other physicians.

(3) Physicians without prescribing privileges.

What will I need to do if I participate in the study?

(1) Before enrolling you in the study, the researchers will request and document your basic information. As a qualified participant, you have the option to volunteer for participation and sign the informed consent form. If you

choose not to participate, we will respect your decision without any interference.

(2) If you decide to volunteer for this study, the following steps will be taken: Whenever you prescribe glucocorticoids during the intervention period, a pop-up warning may appear in your system alerting against inappropriate use or overprescribing of these medications. Simultaneously, this pop-up window will provide guidance on rational glucocorticoid usage for your reference. Additionally, every 10 days, our HIS system will automatically display information regarding your glucocorticoid prescriptions over that period of time including prescription rate, ranking among other prescriptions, and drug class details. Please note that all of your prescription data will be strictly confidential and it is entirely up to you whether or not to review it; furthermore, you can freely choose to close the pop-up window at any time.

(3) Other aspects requiring your cooperation include providing basic information such as age, gender,title/position held at work,years of professional experience,and educational background. Your provided information will solely be utilized for this study. Our findings will be publicly published. Additionally,you will receive an electronic questionnaire upon completion of the trial aimed at assessing your attitude towards the intervention.

Possible benefits of participating in the study:

By participating in the study, you will incur no losses and face no risks associated with the prescription of a glucocorticoid medication. Gain access to diagnostic tips or recommendations from theHospital Information System , which can assist you in making well-informed decisions. Simultaneously enhance your knowledge and reinforce newly acquired information. Facilitate appropriate utilization of drugs.

Possible adverse effects, risks, and discomfort associated with study participation:

The present study does not entail any discernible or prospective hazards to you.

The associated costs:

The research will be conducted at no cost.

Confidentiality of personal information:

The confidentiality of your personal information and prescription details will be strictly maintained.

If you require additional information:

Please feel free to inquire at any time and we will provide corresponding

answers. In the event that there are any significant updates during the study which may impact your willingness to continue participating, we will promptly notify you.

The decision to participate in the study and withdraw from it is entirely voluntary.

You have the option to decline participation or discontinue your involvement at any point during the study. Your decision to withdraw will not impact your relationship with the researcher or have any other consequences, such as loss of profit.

The current situation calls for our next course of action. Participation in the study is voluntary. Prior to making a decision to partake in this research, we kindly request that you engage with the staff and address any inquiries you may have. We appreciate your attention towards the aforementioned material. Should you choose to participate, please proceed by signing the informed consent form provided on the subsequent page. Additionally, kindly retain this information.

Page for signature of consent

Project name: Feedback intervention model of Gradient Boosting Decision Tree (GBDT) technology on glucocorticoid prescription control in primary care institutions.

Project undertaking unit: Guizhou Medical University

Project collaborator: The Second Affiliated Hospital of Guizhou University of Traditional Chinese Medicine, Guiyang Public Treatment Center, Guizhou University

Project assignment number: Guizhou Science and Technology Foundation -ZK [2021] General 499

Declaration of consent

The above introduction to this study has been thoroughly reviewed by me, and I have had the opportunity to engage in discussions with the researchers. All of my inquiries were addressed satisfactorily.I possess a comprehensive understanding of the potential risks and benefits associated with participating in this study. It is acknowledged that participation is entirely voluntary, and I hereby confirm my willingness to participate after careful consideration.

(1) I can always seek additional information from the researchers.

(2) I have the right to withdraw from the study at any time without facing discrimination or retaliation, ensuring that my rights and interests remain unaffected.

(3) I provide consent for the research data to be reviewed by either the Human Trial Ethics Committee of Guizhou Medical University or a representative appointed by the sponsor.

(4) A signed and dated copy of the informed consent will be provided to me.

(5) Ultimately, I have decided to agree to participate in this study.

Participant signature: Date:

Contact number:

The participants have been provided with a comprehensive explanation of the study, including its scope, potential benefits and risks. Additionally, they have each received a copy of their signed informed consent.

Researcher signature: Date:

Contact number:

Additional file 3

The Project Implementation Agreement for the Primary Health Department of Guizhou Provincial Health Commission

Party A: Primary Health Department of Guizhou Provincial Health Commission

Party B: School of Medicine and Health Management, Guizhou Medical University

Party C: Guizhou Lianke Weixin Technology Co., LTD.

Dr. Chang Yue, Director of the Department of Marketing at the School of Medical and Health Management, Guizhou Medical University, has provided support for the National Natural Science Foundation of China Grant for "Research on feedback intervention mode of antibiotic prescription control in primary care institutions based on the depth graph neural network technology " as well as the Natural Science Foundation of Guizhou Province, “Feedback intervention model of Gradient Boosting Decision Tree (GBDT) technology on glucocorticoid prescription control in primary care institutions”. Party B and Party C will collaborate to ensure successful implementation of these projects. Party B is responsible for safeguarding data security in primary medical and health institutions within our province according to the terms outlined in the confidentiality agreement signed with Party A.

1. This Agreement shall become effective upon execution and authentication by the three parties.

2. This Agreement is executed in triplicate, with each party retaining one original copy.

Party A:

Primary Health Department of Guizhou Provincial Health Commission

Representative signature: Lei Wang

Date: December 4, 2020

Party B:

School of Medicine and Health Management, Guizhou Medical University

Representative signature: Lei Tang

Date: December 13, 2020

Party C:

Guizhou Lianke Weixin Technology Co., LTD.

Representative signature: Ruo Shi

Date: December 6, 2020

Original scan:

项目实施协议书

甲方：贵州省卫生健康委员会基层卫生处
乙方：贵州医科大学医药卫生管理学院
丙方：贵州联科卫信科技有限公司

贵州医科大学医药卫生管理学院市场营销学教研室主任常悦博士的贵州省卫生健康委科学技术基金项目“梯度提升树技术对基层医疗机构糖皮质激素处方控制的反馈干预模式研究”已立项，为保证项目顺利实施及相关数据的安全性，我中心已与贵州医科大学医药卫生管理学院签订保密协议，特委托贵州联科卫信科技有限公司配合贵州医科大学医药卫生管理学院常悦博士及其项目组共同推进项目。

1、本协议自三方签字盖章之日起生效。
2、本协议正本一式三份，甲乙丙三方各执一份。

甲方：

贵州省卫生健康委员会基层卫生处

代表签名：

日期：2020 年 12 月 4 日

乙方：

贵州医科大学医药卫生管理学院

代表签名：

日期：2020 年12 月 13日

丙方：

贵州联科卫信科技有限公司

代表签名：

日期：2020 年 12 月 6 日

Additional file 4

The recommendation form was developed to evaluate the appropriate use of glucocorticoid prescriptions in primary care institutions

Diagnosis		Dexamethasone	Hydrocortisone	Methylprednisolone	Prednisolone	Prednisone	Triamcinolone
***Note: A： Appropriate. I: Inappropriate indications. S: Inappropriate selection.**							
Certain infectious and parasitic diseases							
Intestinal infectious diseases							
A09	Other gastroenteritis and colitis of infectious and unspecified origin	I	I	I	I	I	I
Tuberculosis							
A17	Tuberculosis of nervous system	A	A	A	A	A	A
Viralinfections characterized by skin and mucous membrane lesions							
B00	Herpesviral [herpes simplex] infections	I	I	I	I	I	I
B02	Zoster [herpes zoster]	I	I	I	I	I	I
B08	Other viral infections characterized by skin and mucous membranelesions, not elsewhere classified	I	I	I	I	I	I
Pediculosis, acariasis and other infestations							
B86	Scabies	I	I	I	I	I	I
Neoplasms							
Coagulation defects, purpura and other haemorrhagic conditions							
D69	Purpura and other haemorrhagic conditions	I	I	I	I	I	I
Mental and behavioural disorders							
Episodic and paroxysmal disorders							
G43	Migraine	I	I	I	I	I	I
Diseases of the eye and adnexa							
Disorders of eyelid, lacrimal system and orbit							
H01	Other inflammation of eyelid	I	I	I	I	I	I
Disorders of conjunctiva							
H10	Conjunctivitis	A	A	A	A	A	A
Disorders of sclera, cornea, iris and ciliary body							
H16	Keratitis	I	I	I	I	I	I
Diseases of the ear and mastoid process							
Diseases of middle ear and mastoid							
H65	Nonsuppurative otitis media	A	A	A	A	A	A
H66	Suppurative and unspecified otitis media	I	I	I	I	I	I
Diseases of inner ear							
H81	Disorders of vestibular function	I	I	I	I	I	I
Diseases of the circulatory system							
Acuterheumatic fever							
I00	Rheumatic fever without mention of heart involvement	A	A	A	A	A	A
Hypertensive diseases							
I10	Essential (primary) hypertension	I	I	I	I	I	I
Ischaemic heart diseases							

I25	Chronic ischaemic heart disease	I	I	I	I	I	I
Cerebrovascular diseases							
I67	Other cerebrovascular diseases	I	I	I	I	I	I
Diseases of the respiratory system							
Acute upper respiratory infections							
J00	Acute nasopharyngitis [common cold]	I	I	I	I	I	I
J02	Acute pharyngitis	I	I	I	I	I	I
J03	Acute tonsillitis	I	I	I	I	I	I
J04	Acute laryngitis and tracheitis	A	A	A	A	A	A
J06	Acute upper respiratory infections of multiple and unspecified sites	I	I	I	I	I	I
Influenza and pneumonia							
J15	Bacterial pneumonia, not elsewhere classified	I	I	I	I	I	I
J18	Pneumonia, organism unspecified	A	A	A	A	A	A
Other acute lower respiratory infections							
J20	Acute bronchitis	I	I	I	I	I	I
J21	Acute bronchiolitis	I	I	I	I	I	I
J22	Unspecified acute lower respiratory infection	I	I	I	I	I	I
Other diseases of upper respiratory tract							
J31	Chronic rhinitis, nasopharyngitis and pharyngitis	A	A	A	A	A	A
Chronic lower respiratory diseases							
J40	Bronchitis, not specified as acute or chronic	I	I	I	I	I	I
J42	Unspecified chronic bronchitis	I	I	I	I	I	I
J44	Other chronic obstructive pulmonary disease	A	A	A	A	A	A
J45	Asthma	A	A	A	A	A	A
J46	Status asthmaticus	A	A	A	A	A	A
Other diseases of the respiratory system							
J98	Other respiratory disorders	I	I	I	I	I	I
Diseases of the digestive system							
Diseases of oral cavity, salivary glands and jaws							
K01	Embedded and impacted teeth	I	I	I	I	I	I
K04	Diseases of pulp and periapical tissues	I	I	I	I	I	I
K05	Gingivitis and periodontal diseases	I	I	I	I	I	I
K12	Stomatitis and related lesions	I	I	I	I	I	I
Diseases of oesophagus, stomach and duodenum							
K29	Gastritis and duodenitis	I	I	I	I	I	I
Noninfective enteritis and colitis							
K52	Other noninfective gastroenteritis and colitis	A	A	A	A	A	A
Diseases of the skin and subcutaneous tissue							
Infections of the skin and subcutaneous tissue							
L08	Other local infections of skin and subcutaneous tissue	I	I	I	I	I	I
Dermatitis and eczema							

L20	Atopic dermatitis	A	A	A	A	A	A
L23	Allergic contact dermatitis	A	A	A	A	A	A
L24	Irritant contact dermatitis	A	A	A	A	A	A
L25	Unspecified contact dermatitis	A	A	A	A	A	A
L29	Pruritus	A	A	A	A	A	A
L30	Other dermatitis	A	A	A	A	A	A
Urticaria and erythema							
L50	Urticaria	A	A	A	A	A	A
Diseases of the musculoskeletal system and connective tissue							
Arthropathies							
Infectious arthropathies							
M00	Pyogenic arthritis	A	A	A	A	A	A
Inflammatory polyarthropathies							
M05	Seropositive rheumatoid arthritis	A	A	A	A	A	A
M06	Other rheumatoid arthritis	A	A	A	A	A	A
M10	Gout	A	A	A	A	A	A
M13	Other arthritis	A	S	A	A	A	A
Arthrosis							
M15	Polyarthrosis	A	A	A	A	A	A
M17	Gonarthrosis [arthrosis of knee]	I	I	I	I	I	I
M19	Other arthrosis	A	A	A	A	A	A
Other joint disorders							
M25	Other joint disorders, not elsewhere classified	A	S	A	A	A	A
Dorsopathies							
Spondylopathies							
M47	Spondylosis	I	I	I	I	I	I
M48	Other spondylopathies	I	I	I	I	I	I
Other dorsopathies							
M51	Other intervertebral disc disorders	I	I	I	I	I	I
M54	Dorsalgia	I	I	I	I	I	I
Soft tissue disorders							
Disorders of synovium and tendon							
M65	Synovitis and tenosynovitis	A	S	A	A	S	A
Other soft tissue disorders							
M75	Shoulder lesions	A	A	A	A	S	A
M77	Other enthesopathies	I	I	I	I	I	I
M79	Other soft tissue disorders, not elsewhere classified	I	I	I	I	I	I
Osteopathies and chondropathies							
Other osteopathies							
M89	Other disorders of bone	I	I	I	I	I	I
Diseases of the genitourinary system							

Urolithiasis							
N20	Calculus of kidney and ureter	I	I	I	I	I	I
Other diseases of urinary system							
N39	Other disorders of urinary system	I	I	I	I	I	I
Diseases of male genital organs							
N48	Other disorders of penis	I	I	I	I	I	I
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified							
Symptoms and signs involving the circulatory and respiratory systems							
R05	Cough	I	I	I	I	I	I
Symptoms and signs involving the digestive system and abdomen							
R10	Abdominal and pelvic pain	I	I	I	I	I	I
Symptoms and signs involving the skin and subcutaneous tissue							
R21	Rash and other nonspecific skin eruption	S	A	A	A	S	A
Symptoms and signs involving cognition, perception, emotional state and behaviour							
R42	Dizziness and giddiness	I	I	I	I	I	I
Geneal symptoms and signs							
R50	Fever of other and unknown origin	I	I	I	I	I	I
R51	Headache	I	I	I	I	I	I
Injury, poisoning and some other results of external causes							
Toxic effects of substances chiefly nonmedicinal as to source							
T63	Toxic effect of contact with venomous animals	A	A	A	A	A	A
Other and unspecified effects of external causes							
T78	Adverse effects, not elsewhere classified	I	I	I	I	I	I
Complications of surgical and medical care, not elsewhere classified							
T88	Other complications of surgical and medical care, not elsewhere classified	I	I	I	I	I	I
Complications of medical and surgical care							
Factors influencing health status and contact with health services							
Persons with potential health hazards related to family and personal history and certain conditions influencing health status							
Z98	Other postsurgical states	I	I	I	I	I	I