

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
<b>Title and abstract</b>	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract <a href="#">yes</a> (b) Provide in the abstract an informative and balanced summary of what was done and what was found <a href="#">yes</a>
<b>Introduction</b>		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported <a href="#">yes</a>
Objectives	3	State specific objectives, including any pre-specified hypotheses: <a href="#">yes</a>
<b>Methods</b>		
Study design	4	Present key elements of study design early in the paper <a href="#">Full details of the study design are included in the appendix. Key elements are included in the analysis sub-heading and summarized in the Abstract.</a>
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection <a href="#">yes</a>
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants <a href="#">This is a birth cohort analysis based on data extracted from an administrative database (cross-sectional). Records extracted are described in the data sub-section.</a> (b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable <a href="#">All variables and outputs have been described.</a>
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). <a href="#">See methods and appendix.</a> Describe comparability of assessment methods if there is more than one group ( <a href="#">not applicable</a> )
Bias	9	Describe any efforts to address potential sources of bias <a href="#">The study was designed to estimate the effects of age on HCV hospitalization rates while accounting for differences in HCV prevalence by birth cohort. Other sources of bias are noted in the limitations section, and we based the interpretation on rate ratios. As part of the study design we created a status quo scenario. These predictions are not expected to be realised and were not assessed for bias. Limitations that might result in</a>

		<a href="#">a bias in the rate ratios have been discussed.</a>
Study size	10	Explain how the study size was arrived at <a href="#">We used all available records.</a>
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why <a href="#">The 1970-74 birth cohort was selected as the reference, due to considerations for screening recommendations.</a>
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding</p> <p>(b) Describe any methods used to examine subgroups and interactions</p> <p>(c) Explain how missing data were addressed</p> <p>(d) <i>Cohort study</i>—If applicable, explain how loss to follow-up was addressed <i>Case-control study</i>—If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i>—If applicable, describe analytical methods taking account of sampling strategy <a href="#">The statistical methods are described in detail in the appendix.</a></p> <p>(e) Describe any sensitivity analyses <a href="#">not applicable</a></p>

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## Results

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. <a href="#">The number of admissions by birth cohort is included in Table 1.</a> (b) Give reasons for non-participation at each stage <a href="#">not applicable</a> (c) Consider use of a flow diagram <a href="#">not applicable</a>
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time <i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure <i>Cross-sectional study</i> —Report numbers of outcome events or summary measures. <a href="#">Rates and number of admissions in 2010 are reported for each birth cohort in Table 1 and other summary numbers are reported in the results section.</a>
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized. <a href="#">5 year birth cohorts are specified</a> (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period <a href="#">not applicable</a>
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses <a href="#">not applicable</a>

## Discussion

Key results	18	Summarise key results with reference to study objectives <a href="#">yes</a>
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias <a href="#">yes</a>
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence <a href="#">yes</a>
Generalisability	21	Discuss the generalisability (external validity) of the study results. <a href="#">Some of the results are hypothetical, used to describe a status quo scenario. These are not generalizable. Results that are generalizable were compared to results from other studies.</a>

## Other information

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based <a href="#">Third part funding was not sought. This is stated in the section on financial disclosures.</a>
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\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at

<http://www.annals.org/>, and *Epidemiology* at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).