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

	Item No	Recommendation	Page/section in paper
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	The title spelled out that this is a population-based cohort study based on the 2006 Census (see P1).
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	The abstract has been set up as a balanced and informative account of what was done and what was found (see P2)
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	The introduction provided a good scientific background and rationale of why this study was conducted (see P3-4)
Objectives	3	State specific objectives, including any prespecified hypotheses	The 3 objectives were explicitly stated at the end of the introduction (see P4)
Methods			
Study design	4	Present key elements of study design early in the paper	Before concluding the introduction, we introduced the idea that this study was based on a uniquely-linked census-hospital cohort. The study design was further explained in the methods and study cohorts sections (see P4-6)
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	This is a study based on linked data between Census and hospital events. All the needed information are included in the data sources and study cohort sections (see P5-6)
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	The specific cohort selection was discussed in the study cohort section. The follow-up was by way of tracking down any hospitalization occurred within 3 years of Census. (see P5-6)
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed	n.a.
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	The variables and outcome used were described in the variables of interest section. (see P6-8).
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe	*Again, full descriptions of variables have been provided in the variables of interest section. (see P6-8)*

		comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	We acknowledge that the Census may not sufficiently cover on-reserve Aboriginal peoples and the homeless. Also, those inmates and others residing in long-term care were by design not included in the Census (long-form). There were discussed in the limitation section (see P15)
Study size	10	Explain how the study size was arrived at	This was done in the study cohort section (see P6)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	The variables were described as they were used in the analyses. Rationale of groupings were included, where needed (see P6-7).
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	The annualized crude and age-standardised hospitalization rates calculations and the logistic regression analyses were introduced and used (see P8-9)
		(*b*) Describe any methods used to examine subgroups and interactions	Sub-group analysis was by way of classifying Census respondents by immigrant status and by period of arrival as well as by risk level of source country (see P8). The potential interaction between source country risk level and duration of residence was not examined due to sample size limitations (see p15).
		(*c*) Explain how missing data were addressed	n.a. Imputation has been conducted for missing data by Census processing team at Statistics Canada.
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	n.a.
		(*e*) Describe any sensitivity analyses	n.a.
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility,	These information are available in the study cohort section (see p6).

		confirmed eligible, included in the study, completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	n.a.
		(c) Consider use of a flow diagram	n.a.
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	The characteristics of the linked cohort are described in table 1.
		(b) Indicate number of participants with missing data for each variable of interest	n.a. Imputation has been conducted for missing data by Census processing team at Statistics Canada.
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	The follow-up was for 3 fiscal years from 2006/07 to 2007/08 (see p5)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	*Information provided in description of study cohort re overall inpatient hospitalization (p6) as well as in the results sections re liver-related events and its sub-types (p9-10)*
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	*Information provided in the results section (p10-11) and tables 2 and 3*
		(*b*) Report category boundaries when continuous variables were categorized	*Information provided in variables of interest section (p6-8)*
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n.a.
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	New sentence about sensitivity of how liver-related disease is defined was added (see p8)
Discussion			
Key results	**18**	**Summarise key results with reference to study objectives**	**The interpretation section starts with a progressive discussion of our key results with reference to the study objectives (see p11-13)**

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	An expanded discussion of limitation has been added in response to comments (see p14-16). Discussion also added regarding direction of potential bias (p16)
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Qualification is now added to the conclusion to say that this is generalizable to only household population (not institutionalized nor homeless) (see p 17)
Generalisability	21	Discuss the generalisability (external validity) of the study results	Our result confirms previous findings based on less rigorous approach and in more specific settings. (see p14)
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	This study has no external funding associated with it.

*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.