STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

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|  | Item No | Recommendation | Page No |
| **Title and abstract** | 1 | (a) Indicate the study’s design with a commonly used term in the title or the abstract | 1 (title) |
| (b) Provide in the abstract an informative and balanced summary of what was done and what was found | Abstract |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | Introduction: last para “We performed a systematic review..” |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | Introduction: 5th para “During the..” |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | Study design:  “This prospective, longitudinal cohort study..” |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | “Study design  This prospective, longitudinal cohort study..” |
| Participants | 6 | (a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up | “Study design  This prospective, longitudinal cohort study..” |
| (b)For matched studies, give matching criteria and number of exposed and unexposed | Cont. |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | P 9 1st para  “Outcome variable  The outcome event of analysis..” “Variables”… |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 2nd para under heading “Ebola Virus Detection”  1st and 2nd paras under heading  “Outcome variable” 2nd and 3rd para under main heading“Variables” |
| Bias | 9 | Describe any efforts to address potential sources of bias | last para u sub-heading “Representativity of sample”  Survival analysis, 2nd para “A parametric Weibull model..” |
| “Study size | 10 | Explain how the study size was arrived at | last para sub-heading “study design” |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 1st and 2nd paras under heading  “Outcome variable” 1st , 2nd and 3rd para under heading “Variables” 1st and 2nd para under heading “survival analysis” |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding | 1st and 2nd para under heading “survival analysis” |
| (b) Describe any methods used to examine subgroups and interactions |  |
| (c) Explain how missing data were addressed |  |
| (d) If applicable, explain how loss to follow-up was addressed |  |
| (e) Describe any sensitivity analyses |  |
| 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 | 1st para under “Study participants and retention “ |
| (b) Give reasons for non-participation at each stage |  |
| (c) Consider use of a flow diagram |  |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 2nd para under “Baseline participants’ characteristics and uptake of safe sex advise” and b) Table 1. c) figures 1 and 2 |
| (b) Indicate number of participants with missing data for each variable of interest |  |
| (c) Summarise follow-up time (eg, average and total amount) |  |
| Outcome data | 15\* | Report numbers of outcome events or summary measures over time | “EBOV persistence detected in semen over time” first para and figures 1-4 |

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| 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 | “EBOV persistence detected in semen over time”and “Severe acute disease and older age associated with EBOV RNA persistence in semen”figures 1-4 |
| (b) Report category boundaries when continuous variables were categorized |  |
| (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period |  |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | “Representativity of study sample” |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | Discussion “Our findings show..” |
| 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 | Discussion paras 7-11 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | heading “conclusions” |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | Discussion para 10: “Our study.. |
| 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 | NA per plos med advice in submission form. |

\*Give information separately for exposed and unexposed groups.

**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 http://www.strobe-statement.org.