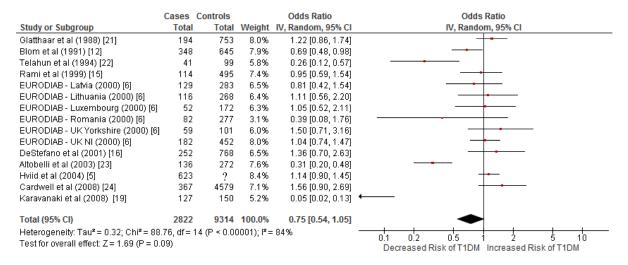
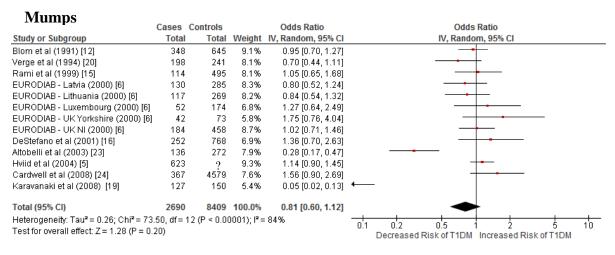
Measles



Rubella

	Cases	Controls		Odds Ratio	Odds Ratio
Study or Subgroup	Total	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Glatthaar et al (1988) [21]	194	753	7.4%	1.04 [0.47, 2.29]	
Blom et al (1991) [12]	348	645	10.0%	0.95 [0.71, 1.28]	
Rami et al (1999) [15]	114	495	7.8%	0.50 [0.24, 1.02]	
EURODIAB - Latvia (2000) [6]	136	308	2.1%	1.15 [0.10, 12.74]	
EURODIAB - Lithuania (2000) [6]	117	268	3.3%	3.50 [0.58, 21.23]	
EURODIAB - Luxembourg (2000) [6]	52	174	8.2%	1.75 [0.91, 3.36]	 •
EURODIAB - Romania (2000) [6]	82	277	1.4%	0.67 [0.03, 14.05]	
EURODIAB - UK Yorkshire (2000) [6]	44	77	7.4%	1.79 [0.81, 3.94]	
EURODIAB - UK NI (2000) [6]	184	455	9.8%	1.08 [0.77, 1.53]	
DeStefano et al (2001) [16]	252	768	8.1%	1.36 [0.70, 2.63]	
Altobelli et al (2003) [23]	136	272	9.0%	0.28 [0.17, 0.46]	
Hviid et al (2004) [5]	623	?	10.2%	1.14 [0.90, 1.45]	 -
Cardwell et al (2008) [24]	367	4579	8.8%	1.56 [0.90, 2.69]	
Karavanaki et al (2008) [19]	127	150	6.7%	0.05 [0.02, 0.13]	
Total (95% CI)	2776	9221	100.0%	0.85 [0.58, 1.26]	•
Heterogeneity: Tau ² = 0.38; Chi ² = 80).62, df= 1	I3 (P < 0.00	01 02 05 1 2 5 10		
Test for overall effect: Z = 0.80 (P = 0	.42)	•			0.1 0.2 0.5 1 2 5 10 Decreased Risk of T1DM Increased Risk of T1DM

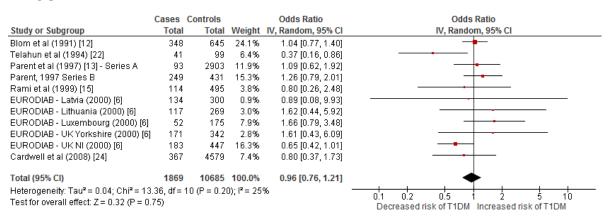


ESM Figure 2: Forest plot of vaccinations and type 1 diabetes using the random effects model based on inverse variance (IV) weighting, studies ordered by publication date using age-adjusted estimates where available. Chi², χ^2 ; T1DM, Type 1 diabetes mellitus.

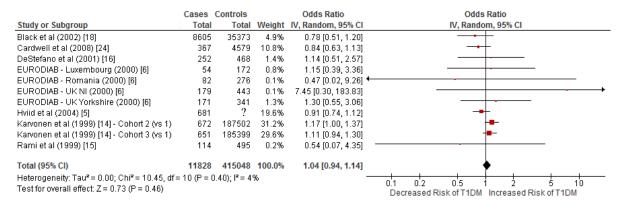
Pertussis

	Cases	Controls		Odds Ratio	Odds Ratio
Study or Subgroup	Total	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Glatthaar et al (1988) [21]	194	753	4.2%	0.94 [0.19, 4.52]	
Telahun et al (1994) [22]	41	99	7.8%	0.24 [0.11, 0.54]	
Rami et al (1999) [15]	114	495	10.1%	0.64 [0.42, 0.98]	
EURODIAB - Latvia (2000) [6]	129	284	7.5%	0.74 [0.32, 1.75]	
EURODIAB - Lithuania (2000) [6]	116	266	8.2%	1.61 [0.77, 3.36]	
EURODIAB - Luxembourg (2000) [6]	54	173	5.4%	1.85 [0.52, 6.58]	-
EURODIAB - Romania (2000) [6]	82	277	1.5%	1.50 [0.07, 31.50]	←
EURODIAB - UK Yorkshire (2000) [6]	97	167	9.6%	1.16 [0.70, 1.95]	- •
EURODIAB - UK NI (2000) [6]	177	430	10.4%	0.77 [0.53, 1.12]	
DeStefano et al (2001) [16]	252	768	5.1%	0.28 [0.07, 1.06]	
Montgomery et al (2002) [17]	13	7079	8.3%	1.15 [0.56, 2.37]	- •
Altobelli et al (2003) [23]	136	272	9.5%	0.21 [0.12, 0.35]	
Cardwell et al (2008) [24]	367	4579	7.7%	1.34 [0.59, 3.08]	
Skrodeniene et al (2010) [25]	124	78	4.8%	4.02 [0.99, 16.32]	•
Total (95% CI)	1896	15720	100.0%	0.79 [0.53, 1.19]	•
Heterogeneity: Tau ² = 0.37; Chi ² = 50	.02, df=	13 (P < 0.00	01 02 05 1 2 5 10		
Test for overall effect: Z = 1.12 (P = 0.	26)				0.1 0.2 0.5 1 2 5 10 Decreased Risk of T1DM Increased Risk of T1DM
•					Decreased Kisk of LIDW IIICIeased Kisk of LIDW

BCG

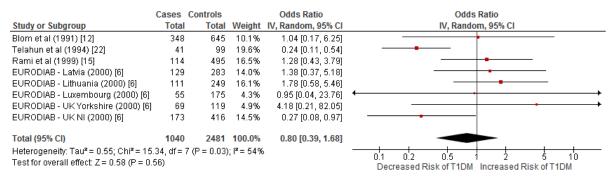


HiB



ESM Figure 2 *continued:* Forest plot of vaccinations and type 1 diabetes using the random effects model based on inverse variance (IV) weighting, studies ordered by publication date using age-adjusted estimates where available. Chi², χ^2 ; T1DM, Type 1 diabetes mellitus.

Poliomyelitis



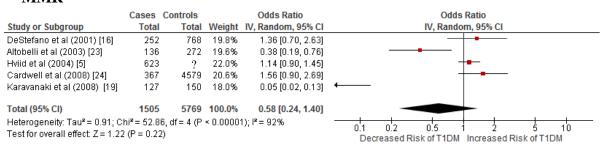
Tetanus

	Cases	Controls		Odds Ratio	Odds Ratio
Study or Subgroup	Total	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Glatthaar et al (1988) [21]	194	753	7.8%	0.94 [0.19, 4.52]	•
Blom et al (1991) [12]	348	645	18.9%	0.96 [0.70, 1.31]	 -
Telahun et al (1994) [22]	41	99	14.2%	0.24 [0.11, 0.54]	
Rami et al (1999) [15]	114	495	13.7%	0.85 [0.36, 2.00]	
EURODIAB - Latvia (2000) [6]	129	283	7.3%	0.15 [0.03, 0.79]	
EURODIAB - Lithuania (2000) [6]	115	266	12.2%	1.79 [0.65, 4.89]	-
EURODIAB - Luxembourg (2000) [6]	54	175	2.7%	0.94 [0.04, 23.33]	· · · · · · · · · · · · · · · · · · ·
EURODIAB - UK Yorkshire (2000) [6]	69	119	2.9%	2.96 [0.14, 62.50]	· · · · · · · · · · · · · · · · · · ·
EURODIAB - UK NI (2000) [6]	173	417	11.3%	0.35 [0.11, 1.05]	· · · · · · · · · · · · · · · · · · ·
Skrodeniene et al (2010) [25]	124	78	9.0%	4.02 [0.99, 16.32]	•
Total (95% CI)	1361	3330	100.0%	0.76 [0.43, 1.34]	
Heterogeneity: Tau ² = 0.41; Chi ² = 24	.24, df=	9 (P = 0.00	4); I ² = 63	%	
Test for overall effect: $Z = 0.95$ (P = 0.	34)				0.1 0.2 0.5 1 2 5 10 Decreased Risk of T1DM Increased Risk of T1DM

Diptheria

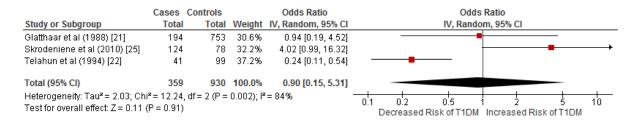
	Cases	Controls		Odds Ratio	Odds Ratio
Study or Subgroup	Total	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Glatthaar et al (1988) [21]	194	753	10.2%	0.94 [0.19, 4.52]	
Telahun et al (1994) [22]	41	99	16.6%	0.24 [0.11, 0.54]	
Rami et al (1999) [15]	114	495	17.2%	0.86 [0.42, 1.79]	
EURODIAB - Latvia (2000) [6]	129	283	7.4%	3.72 [0.46, 30.09]	
EURODIAB - Lithuania (2000) [6]	115	266	14.8%	1.79 [0.65, 4.89]	
EURODIAB - Luxembourg (2000) [6]	55	174	3.9%	0.96 [0.04, 23.90]	-
EURODIAB - UK Yorkshire (2000) [6] 69	119	4.2%	2.96 [0.14, 62.50]	
EURODIAB - UK NI (2000) [6]	174	419	14.2%	0.41 [0.14, 1.17]	
Skrodeniene et al (2010) [25]	124	78	11.5%	4.02 [0.99, 16.32]	•
Total (95% CI)	1015	2686	100.0%	0.99 [0.49, 2.00]	
Heterogeneity: Tau² = 0.60; Chi² = 20	0.57, df=	8 (P = 0.00	01 02 05 1 2 5 10		
Test for overall effect: Z = 0.03 (P = 0.98)					Decreased Risk of T1DM Increased Risk of T1DM

MMR



ESM Figure 2 *continued:* Forest plot of vaccinations and type 1 diabetes using the random effects model based on inverse variance (IV) weighting, studies ordered by publication date using age-adjusted estimates where available. Chi², χ^2 ; T1DM, Type 1 diabetes mellitus.

DTP



ESM Figure 2 *continued:* Forest plot of vaccinations and type 1 diabetes using the random effects model based on inverse variance (IV) weighting, studies ordered by publication date using age-adjusted estimates where available. Chi², χ^2 ; T1DM, Type 1 diabetes mellitus.