

**Appendix 9 (as supplied by the authors):** 30-day hospital admission encounter with ventricular arrhythmia and all-cause mortality in unmatched cohort of patients prescribed macrolide antibiotics (azithromycin, clarithromycin or erythromycin) compared to referent non-macrolide antibiotics (amoxicillin, cefuroxime or levofloxacin)

Outcome	Events, <i>n</i> (%)		Adjusted Relative Risk <sup>†</sup> (95% CI)	<i>P</i> value
	Macrolide ( <i>n</i> = 616,359)	Non-Macrolide ( <i>n</i> = 705,132)		
Ventricular arrhythmia*	151 (0.02)	163 (0.02)	1.16 (0.93-1.45)	0.18
All-cause mortality	3,470 (0.56)	5,171 (0.73)	0.85 (0.82-0.89)	<0.0001

Abbreviations: CI = confidence interval

\*Based on hospital presentation (emergency room or hospitalization) assessed by hospital diagnosis codes. This method of assessment underestimated the true number of events as ventricular arrhythmias frequently go undetected in routine healthcare (because they often occur outside hospital settings, in unmonitored patients in hospital, or in a setting of multi-organ medical illness where recorded codes describe other illnesses besides the ventricular arrhythmia).

<sup>†</sup>Adjusted for age, sex, and four subgroup conditions (the presence or absence of chronic kidney disease, congestive heart failure, coronary artery disease, and concurrent use of a drug known to prolong the QT interval).