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

| | Item No | Recommendation | Response |
|------------------------------|------------|---|--|
| Title and abstract | 1 | (a) Indicate the study's design with a commonly used term in the title or the abstract | Title: "population-based study" |
| | | (b) Provide in the abstract an informative and balanced summary of what was done and what was found | Section: Abstract Subsections: Methods/Findings + Conclusions |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | Section: Intro Paragraphs: 1-2 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | Section: Intro Paragraphs: 3 |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | Section: Methods Subsection: Study design & procedures |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | Section: Methods Subsection: Study design & procedures |
| Participants | 6 | (a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up | Section: Methods Subsection: Study design & procedures |
| | | (b) For matched studies, give matching criteria and number of exposed and unexposed | Section: Methods Subsection: Statistical Analysis (paragraph 3) |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | Section: Methods Subsection: Statistical Analysis |
| 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 | Section: Methods Subsection: Study design & procedures + Procedures for participants with incident HIV infection after PrEP initiation *Additional details in S1 Statistical Analysis Plan |
| Bias | 9 | Describe any efforts to address potential sources of bias | Section: Methods Subsection: Statistical Analysis *Additional details in S1 Statistical Analysis Plan |
| Study size | 10 | Explain how the study size was arrived at | S1 Statistical Analysis Plan |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | Table 1 + S1 Statistical Analysis Plan |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding | Section: Methods Subsection: Statistical |

| | | (b) Describe any methods used to examine subgroups and interactions | Analysis *Additional details in S1 |
|------------------|-----|---|--|
| | | (c) Explain how missing data were addressed | Statistical Analysis Plan |
| | | (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 (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram | Section: Results Subsection: Study Participants and PrEP Uptake Figure 1; S1 Table; S3 Table |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | Table 1; S2 Table |
| | | (b) Indicate number of participants with missing data for each variable of interest | Table 1 - Footnotes |
| | | (c) Summarise follow-up time (eg, average and total amount) | Section: Results Subsection: HIV Incidence Compared to Expected Incidence without PrEP |
| Outcome data | 15* | Report numbers of outcome events or summary measures over time | Section: Results S4 Table |
| 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 | Section: Results Subsection: HIV Incidence Compared to Expected Incidence without PrEP (Given the observational nature of the study, unadjusted estimates are NA.) |
| | | (b) Report category boundaries when continuous variables were categorized | Table 1 |
| | | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | NA |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | Section: Results Figures 1-4; S1-S3 Figures |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | Section: Discussion Paragraph: 1 |
| 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 | Section: Discussion Paragraph: 11 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant | Section: Discussion Paragraph: 12 |

| | | evidence | |
|-------------------|----|--|---------------------------------|
| Generalisability | 21 | Discuss the generalisability (external validity) of the | Section: Discussion |
| | | study results | Paragraph: 1-7, 9-10, 12 |
| Other information | | | |
| Funding | 22 | Give the source of funding and the role of the funders | Section: Funding |
| | | for the present study and, if applicable, for the original | |
| | | study on which the present article is based | |

^{*}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.