

# **Strengthening the Reporting of Observational Studies in Epidemiology Enhanced Prevalence and Incidence Criteria (STROBE EPIC)**

**Shruti Murthy**

***Centre for International Health, University of Otago, Dunedin,  
New Zealand***

***27/10/2024***

***Disclosure: Bill & Melinda Gates Foundation through the  
Typhoid Vaccine Acceleration Consortium***

**WCE**

WORLD CONGRESS OF EPIDEMIOLOGY 2024



# Background

- **Lack of transparent and accurate reporting in published health research literature compromises reliability and comparability**
- **Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network to promote standardised research reporting**
- **Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) to improve reporting of cohort, case-control, cross-sectional studies**

# Need for STROBE Enhanced Prevalence and Incidence Criteria (EPIC)

- **Prevalence and incidence data have numerous applications in epidemiology**
- **We identified systematic reporting quality issues**
  - **Incomplete or inadequate reporting of observational studies of prevalence and incidence**
  - **Not addressed by STROBE or its extensions**
  - **Our proposed extension and its scope resonated with wider community working in prevalence and incidence**

# Aim of our project

**To develop the STROBE extension Enhanced Prevalence and Incidence Criteria (STROBE EPIC)**

# Methods of STROBE EPIC development

OPEN ACCESS Freely available online

PLOS MEDICINE

Guidelines and Guidance

## Guidance for Developers of Health Research Reporting Guidelines

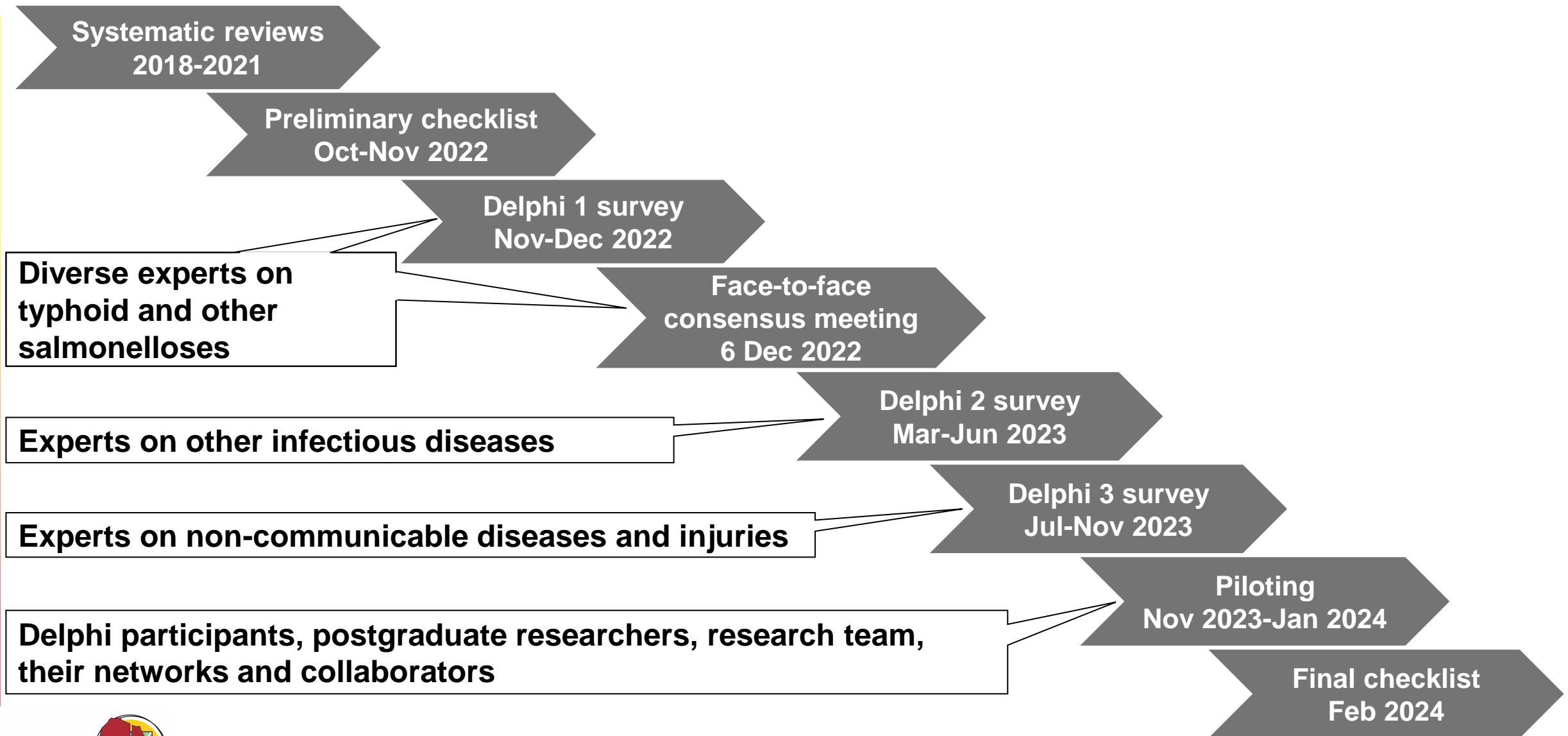
David Moher<sup>1,2\*</sup>, Kenneth F. Schulz<sup>3</sup>, Iveta Simera<sup>4</sup>, Douglas G. Altman<sup>4</sup>

<sup>1</sup> Ottawa Methods Centre, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, <sup>2</sup> Department of Epidemiology and Community Medicine, Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada, <sup>3</sup> Family Health International, Research Triangle Park, North Carolina, United States of America, <sup>4</sup> Centre for Statistics in Medicine, University of Oxford, Oxford, United Kingdom

- **Consensus development methods to elicit expert opinion to generate, revise, and reach consensus on proposed checklist items**
- **Piloting to critically assess if the checklist was clear, concise, complete, and free of errors**

Moher D et al. PLoS Med 2010;7(2):e1000217

# Activities and timeline of checklist development



# Overview of checklist

- **Provides guidance in the form of a 47-item checklist, and an accompanying explanation and elaboration statement**
- **Recommendations are in addition to, and not a replacement of, the STROBE guideline**
- **Applies to**
  - **Observational studies in epidemiology describing prevalence or incidence data, complications or deaths of communicable, non-communicable diseases, and injuries**
  - **All parts of a manuscript, including supplementary material**
  - **Essential items, and items ‘where applicable’**

# **Checklist item 6.2: Eligibility and case definition**

## **Rationale for inclusion**

- **Inadequate description of eligibility criteria of participants**
- **Unclear or inadequate descriptions of definitions of cases, and classes of cases, or using inappropriate diagnostic criteria**
- **Ambiguity in how complications were attributed to a case, and assessed, including temporality (the sequence of disease and complication), and the time window for attribution**



# **Checklist item 6.2: Eligibility and case definition**

## **6.2a) Provide diagnostic criteria in sufficient detail to be replicable**

**e.g., Diagnostic and Statistical Manual of Mental disorder classification, self-reported cough duration**

## **6.2b) Case definitions: Provide definitions for classes of cases and comorbidities in terms of person, place, and time, and others as relevant**

**e.g., suspected, probable, or confirmed leptospirosis, diastolic blood pressure above an accepted threshold of mmHg**

# **Checklist item 6.2: Eligibility and case definition**

**6.2c) Where applicable for complications:**

- i. Provide definitions for complications**
- ii. Describe method, with references where applicable, for attributing a complication or death to a cause, including temporality and the time window for attribution**

# Impact and next steps

- **STROBE EPIC to improve the reporting of prevalence or incidence data**
- **Valuable for authors, modellers, burden of disease researchers, peer-reviewers, journal editors, health policy decision-makers**
- **STROBE EPIC will be available for download, use, piloting, and feedback**
  - **As a preprint in November 2024, and as a journal publication in 2025**
  - **EQUATOR-Network website and quarterly newsletter**  
(<https://www.equator-network.org/>)
- **Contact us to know more: [strobe.epic@otago.ac.nz](mailto:strobe.epic@otago.ac.nz)**

# Acknowledgements

## University of Otago, New Zealand

John A. Crump  
Shruti Murthy  
Nienke H. Hagedoorn  
Christian S. Marchello  
Suzanne Faigan  
Philip C. Hill  
Sherly M. Parackal  
Andrew N. Reynolds  
Kirsten J. Coppel  
Rachael Taylor



## Stanford University, USA

Jason R. Andrews



## Swiss Tropical and Public Health Institute, Switzerland

Marina Antillón



## University of Ghana, Ghana

George E. Armah



## World Health Organization, Switzerland

Adwoa D. Bentsi-Enchill  
Anna A. Minta  
Daniel R. Feikin



## University of Maryland, USA

Kathleen Neuzil  
Amanda J. Driscoll  
Megan Birkhold  
Leslie P. Jamka



## Emory University, USA

Robert F. Breiman



## London School of Hygiene and Tropical Medicine, UK

Kathryn E. Holt  
Megan E. Carey  
Sir Brian M. Greenwood



## University of Liverpool, UK

Helen Dale



## University of Oxford, UK

Christopher M. Parry  
Christiane Dolecek



## Sabin Vaccine Institute, USA

Denise O. Garrett  
Kate Doyle



## Malawi-Liverpool-Wellcome Programme, Malawi

Melita A. Gordon  
Priyanka Patel  
Theresa Misiri



## Centers for Disease Control and Prevention, USA

Lee M. Hampton  
Matthew L. Mikoleit  
Jonathan Mermin  
Steven Sumner



## Research Investment for Global Health Technology Foundation, Republic of Korea

Justin Im



## Christian Medical College, India

Jacob John



## University of Pretoria, Republic of South Africa

Karen H. Keddy



## Bill and Melinda Gates Foundation, USA

Jessica E. Long



## Public Health Surveillance Group, USA

William R. MacWright



## International Vaccine Institute, Republic of Korea

Florian Marks



## University of Sheffield, UK

James E. Meiring



## Liverpool School of Tropical Medicine, UK Nagasaki University, Japan

Christopher M. Parry



## The Aga Khan University, Pakistan

Farah Qamar  
Kehkashan B. Hussain



## Patan Hospital and Academy of Health Sciences, Nepal

Mila Shakya



## Institute for Health Metrics and Evaluation, USA

Jeffrey D. Stanaway  
Hmwe H. Kyu  
Simon I. Hay



## University of Nairobi, Kenya

Fred Were



## University of Sydney, Australia

Himanshu Popat



## Cancer Council Queensland, Australia

Peter Baade



## Institute for Maternal and Child Health-IRCCS "Burlo Garofolo", Italy

Lorenzo Monasta



## University of Ottawa and The Ottawa Hospital, Canada

Charité Universitätsmedizin, Germany  
Marco Solmi



## Mount Sinai Hospital and University of Toronto, Canada

Prakeshkumar Shah



## University of Virginia, USA

James A. Platts-Mills



## University of Georgia, USA

Mark H. Ebell



## University of Glasgow, UK

Sarah Cleaveland



## University of Auckland, New Zealand

Boyd A. Swinburn  
Kathryn E. Bradbury  
Teresa Gontijo de Castro



## Trinity College, Ireland

Catherine B. Hayes



## Te Whatu Ora Health New Zealand, New Zealand

Lifeng Zhou



## Uppsala University, Sweden

Meena Daivadanam



## Waitematā and Auckland District Health Boards, New Zealand

Suneela Mehta



# Typhoid Vaccine Acceleration Consortium (TyVAC):

Reduce the global burden of typhoid by accelerating the introduction of typhoid conjugate vaccines (TCVs) in low-resource countries.



## COLLABORATING ORGANIZATIONS

