STROBE checklist for the Indonesian TB HIV surveillance study

Manuscript: Trends in HIV status and treatment outcomes among patients with tuberculosis in Indonesia, 2022–2025: an analysis of national surveillance data.

The cohort checklist is used because the manuscript describes a retrospective cohort approach to treatment outcomes. Requirements are paraphrased. Locations refer to manuscript sections and tables; manuscript page numbers must be added after final pagination. This checklist assesses reporting, not methodological quality or verification of the underlying analyses.

Status: Reported = information appears in the manuscript; Partial = information is present but incomplete or inconsistent; Missing = information is absent; Not applicable = requirement does not apply to the stated design.

Title abstract and introduction

Item	Requirement	Manuscript location	Status and author action
1a	Design identification	Title; Abstract-Methods; Methods-Study design and setting	Reported- State “retrospective cohort” in the abstract; the design is currently explicit only in Methods.
1b	Abstract summary	Abstract	Reported- Background, methods, numerical findings and conclusions are provided.
2	Rationale	Background	Reported- TB–HIV context, Indonesian evidence and surveillance documentation gaps are discussed.
3	Objectives	Background-final paragraph	Reported-Descriptive trends and the HIV–mortality association are specified. State prespecified hypotheses if any.

Methods

Item	Requirement	Manuscript location	Status and author action
4	Design overview	Methods-Study design and setting	Reported-Retrospective cohort approach and annual descriptive comparisons are identified.
5	Setting and dates	Methods-Data source and study population	Partial-Registration dates and national setting are stated. Add extraction date, outcome cutoff and follow-up period.
6a	Eligibility and follow-up	Methods-Data source and study population; Data collection and management	Partial-All supplied registrations are described. Finalize mortality eligibility, treatment-history/drug-resistance restrictions, repeat-registration handling and follow-up ascertainment.
6b	Matching	Methods-Study design and setting	Not applicable-No matched design is described.
7	Variable definitions	Methods-Variable definitions; Other variables	Partial-Core exposure and outcome definitions are present. Resolve the residence/facility placeholder and confirm coding for dual anatomical involvement.
8	Measurement sources	Methods-Data collection and management; Variable definitions	Partial-SITB is identified. Add exact source fields, annual coding changes, measurement comparability and package/boundary versions.
9	Bias mitigation	Methods-Missing data and sensitivity analyses; Discussion-limitations	Partial-Missingness and sensitivity approaches are discussed. Report procedures actually performed; reconcile planned analyses with completed results.
10	Sample size basis	Methods-Data source and study population	Reported-All 2,988,098 supplied records were included without sampling. Distinguish this total from regression and spatial analysis denominators.
11	Quantitative handling	Methods-Other variables; Descriptive analysis and annual comparisons	Partial-Age categories and summary measures are defined. Add rationale for age cutoffs and specify the temporal APC model used in Figure 2.

Statistical methods

Item	Requirement	Manuscript location	Status and author action
12a	Analysis and adjustment	Methods-Statistical analysis; Spatial autocorrelation	Partial- Logistic models and spatial procedures are described. Finalize covariates, diagnostics and implemented methods; Methods omit the APC model reported in Results. Clarify analytic versus permutation inference for Global Moran's I.
12b	Subgroups and interactions	Methods-Spatial distribution and spatial autocorrelation analysis; Results-Age- and sex-specific patterns	Partial- Sex-specific spatial analyses are described. Specify age/region trend methods and whether interactions were tested.
12c	Missing-data handling	Methods-Missing data and sensitivity analyses	Partial- Unknown categories are explained. Finalize exclusions and actual model strategy; remove unimplemented imputation proposals.
12d	Loss to follow-up	Methods-Treatment outcomes; Discussion	Partial-LTFU is defined and may enter the non-death comparison. Explain ascertainment limitations and eligibility for each model; do not imply known vital status after LTFU.
12e	Sensitivity methods	Methods-Missing data and sensitivity analyses; Supplementary Tables S1–S2	Partial-Results include modified Poisson, death-versus-success and complete-case analyses. Replace tentative methods with their actual specifications.

Results

Item	Requirement	Manuscript location	Status and author action
13a	Analysis populations	Results-Demographic and clinical characteristics; Discussion-geographical limitations	Partial-National total and some spatial exclusions are reported. Add final mortality sample, deaths and counts at every exclusion stage.
13b	Exclusion reasons	Methods-Data source and study population; Discussion-geographical limitations	Partial-Reasons are partly described. Provide separate exclusion counts for each analytical population.
13c	Selection diagram	Methods-Data collection and management	Reported- A flow diagram is promised but not included in the supplied document. Insert a record-based selection diagram with verified counts (supplementary files)
14a	Participant characteristics	Results-Demographic and clinical characteristics; Recorded HIV status and diabetes mellitus; Table 1	Partial-Annual and overall characteristics are provided. Add characteristics by HIV exposure group for the mortality cohort.
14b	Missingness counts	Table 1; Results-Recorded HIV status and diabetes mellitus	Partial-Unknown/missing categories are reported for several variables. State missingness for every final model variable and analytic sample.
14c	Follow-up duration	Methods-Data source and study population	Reported- duration cannot be derived from available fields.
15	Outcome counts	Results-Demographic and clinical characteristics; Table 1	Partial-Annual outcomes and overall deaths are given. Add deaths and non-death outcomes in the final mortality cohort, by HIV group.

Item	Requirement	Manuscript location	Status and author action
16a	Crude and adjusted estimates	Results-Factors associated with death during TB treatment; Table 3	Partial-cORs, aORs and confidence intervals are supplied. State exact adjustment set, model N, events and reference categories consistently.
16b	Category boundaries	Methods-Other variables; Table 1; Table 3	Reported-Age-group boundaries are stated; check consistent reference groups across tables.
16c	Absolute measures	Results-Demographic and clinical characteristics; Table 1	Partial-Overall annual death proportions are reported. Consider HIV-group-specific absolute death proportions within the eligible cohort and a defined observation period.
17	Additional analyses	Results-Age- and sex-specific patterns; Temporal patterns; Tables S1–S2	Partial-Sensitivity and subgroup results appear. Document sample sizes and executed methods; align Methods with these results.

Discussion and funding

Item	Requirement	Manuscript location	Status and author action
18	Principal findings	Discussion-opening and subsequent paragraphs	Reported-Findings are interpreted against the objectives, including documentation gaps and mortality associations.
19	Limitations	Discussion-final two paragraphs	Partial-Missing HIV information, repeat registrations, reporting bias and ecological limitations are acknowledged. Expand likely direction/magnitude of bias where assessable.
20	Interpretation	Discussion; Conclusion	Partial- Generally cautious interpretation. Reconcile the pooled LISA cluster statement with the abstract/discussion finding that no local association survived FDR correction.
21	External validity	Discussion-limitations	Partial- Coverage and missingness limit inference. Explicitly distinguish registered records, patients with known HIV status, eligible mortality cohorts and all Indonesian TB patients.
22	Funding	Funding	Reported- The manuscript states no specific grant. Confirm this declaration and disclose any support for the source data relevant to this analysis.

Sources and use

Adapted from the STROBE cohort checklist. This working document uses abbreviated paraphrases and author-specific reporting notes; it does not replace the official checklist wording. Add manuscript page numbers to the location column and resolve Partial/Missing entries before submission. The supplied manuscript has not been modified.

STROBE Initiative. Checklist for cohort studies. https://www.strobe-statement.org/checklists/

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The STROBE statement: guidelines for reporting observational studies. PLoS Med. 2007;4(10):e296. doi:10.1371/journal.pmed.0040296.