

Supplementary material

Table 1. Description of the accuracy of coding for stroke in France (3 validation studies)

	Giroud <i>et al.</i>¹¹	Haesebaert <i>et al.</i>³⁷	Aboa-Eboulé <i>et al.</i>³⁶
Study area	National (31 French hospitals)	Local: Rhône	Local: city of Dijon
Study period	2009-2010	2006-2007	2004-2008
Hospital discharge database	1669 stroke cases	329 ischemic strokes	903 stroke cases
Reference stroke population	Ascertainment of stroke cases by the neurological team	Cohort of acute ischemic stroke patients (AVC69): 465 cases	Dijon stroke registry: 811 cases
Intracerebral hemorrhage			
True-positives*, n	168	-	94
False-positives*, n	20	-	45
PPV, %	89.4	-	67.6**
Ischemic stroke			
True-positives, n	880	313	411
False-positives, n	34	16	176
PPV, %	96.3	95.1	70.0**
Undetermined stroke			
True-positives, n	41	-	0
False-positives, n	6	-	45
PPV, %	87.2	-	-

*True-positives = stroke cases identified in reference stroke population and in the hospital discharge database

False-positives = stroke cases identified in the hospital discharge database but not in the reference stroke population

**Calculated with data in the results

PPV: Positive predictive value

The 3 studies used the same algorithm for stroke cases detection: stroke codes according to ICD-10 in principal diagnosis. Considering the most recent study periods, Giroud *et al.* and Haesebaert *et al.* showed a high PPV for ischemic stroke, and especially according to Giroud *et al.* for intracerebral hemorrhage and undetermined stroke.