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

	Item No	Recommendation
Title and abstract	1 a b	(*a*) Indicate the study's design with a commonly used term in the title or the abstract Ok. The study design (prospective cohort) has been included in the title and the abstract on pages 1 and 3 respectively.
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found Ok. Methods and main findings have been included in the abstract on page 3.
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported Ok. Brief scientific background and rationale are presented on page 3.
Objectives	3	State specific objectives, including any prespecified hypotheses Ok. Objectives and the pre-specified hypotheses can be found on page 4.
Methods		
Study design –	4	Present key elements of study design early in the paper Ok. The study design is indicated at the end of introduction (page 4) and in the first sentence in the Methods section (page 4).
Setting -	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection Ok. Every topic listed above has been included in the 1st paragraph of Methods section (page 4).
Participants (a)	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up The eligibility criteria, sources and methods of selection and follow up are explained on page 4.
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed Not applicable.
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Outcomes, exposures, predictors, potential confounders and effect modifiers are now given on pages 4 and 5. Diagnostic criteria for diarrhoea are given on page 4.
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 Sources of data and details of measurement are described on page 4.
Bias	9	Describe any efforts to address potential sources of bias Efforts to address potential sources of bias are described on page 4.
Study size	10	Explain how the study size was arrived at The sample size is explained on page 5 – 3rd paragraph.
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why. Quantitative variables have now been categorized, as described on pages 4 and 5.

Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding A multivariate logistic regression (backwards stepwise procedure) was used, as described on page 7 and summarized in Table 2.
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed There were no missing data
		(*d*) If applicable, explain how loss to follow-up was addressed Not applicable
		(*e*) Describe any sensitivity analyses Not applicable
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. There were 536 admissions of age-eligible children during the enrolment period. Fifty-six children with community-acquired diarrhea, 90 with either respiratory or hemodynamic instability, 5 who stayed in hospital for <24 hours were excluded. Seven further children were not included as they had no available parent to give consent and were considered losses for the study.
		(b) Give reasons for non-participation at each stage See above.
		(c) Consider use of a flow diagram See the description above (13 a)
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Characteristics of study participants are described on 2nd paragraph of Result section on page 6.
		(b) Indicate number of participants with missing data for each variable of interest There were no missing data for the variables of interest.
		(c) Summarise follow-up time (eg, average and total amount) During the 7-month period of the cohort, 378 children were followed up for a total of 2932 patient-days. The median length of stay for pacifier-users was 6 (IQI 4-10) and for non-users 6 (IQI 4-9).
Outcome data	15*	Report numbers of outcome events or summary measures over time Incidence of nosocomial diarrhea for pacifier-users and non-users (8.2 and 9.2%, respectively; p=0.94)
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 For each variable the Odds ratio in the bivariate analysis was adjusted for length of stay in the ward.
		(*b*) Report category boundaries when continuous variables were categorized See pages 4 and 5.
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period Not applicable.
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and

		sensitivity analyses Not applicable.
Discussion		
Key results	18	Summarise key results with reference to study objectives There were no differences in the risk (time adjusted OR=1.03, 95% CI 0.43-2.47) or incidences of nosocomial diarrhea between pacifier-users and non-users (8.2 and 9.2%, respectively; *p*=0.94).
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 The present study suggests that, in isolation, measures to restrict the use of pacifiers in hospital are unlikely to affect the incidence of nosocomial diarrhoea in such settings.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Health professionals should thus focus on known effective measures, such as hand-washing, and look at factors other than the use of pacifiers in their efforts to prevent the spread of diarrheal pathogens in the hospital.
Generalisability	21	Discuss the generalisability (external validity) of the study results The similar circumstances of busy and crowded wards such as the one covered by this study are often found in many settings in low- and middle-income countries, where the burden of diarrhea is high.
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based This study was funded by the Instituto de Medicina Integral Prof. Fernando Figueira – IMIP, through its institutional Fund for Education and Research.

*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.