STROBE Statement — Checklist of items that should be included in reports of cross-sectional studies

Manuscript: Low compliance rate to hepatitis B vaccination and post-vaccination guidelines amidst high incidence of needlestick injuries among healthcare workers in Ashanti region, Ghana: a cross-sectional study

Section	Item No	Recommendation	Reported on page No. (manuscript)
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	p. 1 (title); p. 3 (Methods, Abstract)
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	pp. 3,4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	pp. 5,6
Objectives	3	State specific objectives, including any prespecified hypotheses	p. 6
Methods			
Study design	4	Present key elements of study design early in the paper	p. 7 (Study Design)
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	p. 6 (Study Site; Study Design)
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	pp. 6–7 (Study Population, Inclusion and Exclusion Criteria)
		(b) *Not applicable* — matched design not used	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	pp. 9,10 (Data Collection; Definition of terms)
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	pp. 9,10 (Data Collection; Instrument Validity and reliability)
Bias	9	Describe any efforts to address potential sources of bias	p. 7 (pilot-testing/validation of questionnaire); p. 25-26 (recall-bias limitation)
Study size	10	Explain how the study size was arrived at	pp. 6–7 (Sample size)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	*Not explicitly described in Methods; age-group categories reported in Table 1 (p. 11)*
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	p. 9 (Statistical analysis)
		(b) Describe any methods used to examine subgroups and interactions	*Not reported*
		(c) Explain how missing data were addressed	*Not explicitly reported*
		(d) If applicable, describe analytical methods taking account of sampling strategy	*Not applicable / not reported*
		(e) Describe any sensitivity analyses	*Not reported*
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	p. 10-18 (total sampled, n = 625);
		(b) Give reasons for non-participation at each stage	*Not reported*

Section	Item No	Recommendation	Reported on page No. (manuscript)
		(c) Consider use of a flow diagram	*Not included*
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	pp. 10–11 (Table 1)
		(b) Indicate number of participants with missing data for each variable of interest	*Not explicitly reported (variable denominators vary across Tables 2–5). The varying denominators were as a result of the type of questions asked.*
Outcome data	15*	Report numbers of outcome events or summary measures	p. 10-18
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	pp. 10-18
		(b) Report category boundaries when continuous variables were categorized	p. 10-18
		(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	pp. 10-18 (Tables 3–4)
Discussion			
Key results	18	Summarise key results with reference to study objectives	p. 23-29 (Discussion)
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	p. 28, 29
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	pp. 23-29
Generalisability	21	Discuss the generalisability (external validity) of the study results	p. 23-29
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	p. 31

**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 websites of PLoS Medicine, Annals of Internal Medicine, and Epidemiology). Information on the STROBE Initiative is available at www.strobe-statement.org.