

Table 1: Epidemiological studies from selected Asian Countries

COUNTRY	STUDY PERIOD	DEFINITION OF STROKE	INCIDENCE	STUDY DESIGN	CASE ASCERTAINMENT	SHORTCOMINGS
Japan Miyakojima Study (7)	2002- 2005	Acute neurological deficit confirmed in hospital by CT/MRI in 99% Age 30 and above	145/100,000/year Age adjusted using standard population of Japan	Retrospective	Hospital based	Those not presenting to hospital missed
Japan Hisayama Study (8)	2002- 2009	WHO definition with imaging Age 40 and above	422/100,000/year in men 212/100,000/year in women Age adjusted to WHO standard	Prospective	Community based Annual health examinations	Small cohort but no loss to follow up

			population			
China Sino Monica study (9)	2004	WHO-Monica project definition	248.3/100,000/year Age standardized to Chinese national census	Prospective	3 level network Hospital as well as community based to capture all events	Beijing only Sample selected by non-random cluster sampling
China (10)	2005- 2011	Hospital admission with stroke	168.5/100,000/year (95% CI 159-178)	Retrospective and prospective	Hospital based	Those not presenting to hospital missed Not age standardized
Korea (11)	2004	Insurance claim data confirmed using clinical and imaging data	216/100,000/year Not age standardized	Retrospective	Registry based data	Based on analysis of insurance claim database and national death certificate data Not age standardized
Taiwan	1986-	WHO definition plus	329/100,000/year	Prospective	Community based	Imaging done in

(12)	1990	imaging Age 35 and above	(95% CI 259-399) Age adjusted to 1960 US population			65% only More recent data not available
Thailand (13)	2004-2006	WHO definition	No incidence data. Only prevalence	Cross-sectional	Community based	Selection bias Non probability sampling No neuro-imaging Age 45-84
Malaysia (14)	2010-2011	WHO definition All ages	67/100,000/year Standardized to 2010 Malaysian population	Prospective	Multiple sources including hospitals and private physicians	Those not presenting to physicians not captured
India (15)	2003-2005	Neurological assessment +/- imaging	145.3/100,000/year (95% CI 120.4-174.4) Standardized to	Prospective	Community based house to house Screening questionnaire administered by	Captured both strokes and stroke deaths. Stroke deaths

			World Standard population		CHW Those testing positive were examined by neurologist	however, were based on family member's account of death Screening by CHWs
India (16)	2005	WHO definition with or without imaging	135/100,000/year (123-146) Standardized to World Standard Population	Prospective	Diagnosis based on information from patients, caregivers and hospital records and fatal event registers through active surveillance	Community stroke events not captured
Iran Isfahan (17)	2003	WHO definition/ 90% imaging	103/100,000/year (95% CI 97.4-109.1)	Prospective	Hospital based identification	Crude. No age standardization Excluded 2 hospitals Included first and recurrent strokes
Iran	2006	WHO	203/100,000/year	Prospective	Community and	Used multiple sources for

(18)		definition	(95% CI 175-231) Age standardized to World population		hospital based	identification of stroke.
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