Prevalence of measles antibodies among migrant workers in Singapore: a serological study to identify susceptible population subgroups

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Fig. S1. Annual incidence of reported measles cases in Singapore, 2000–2018

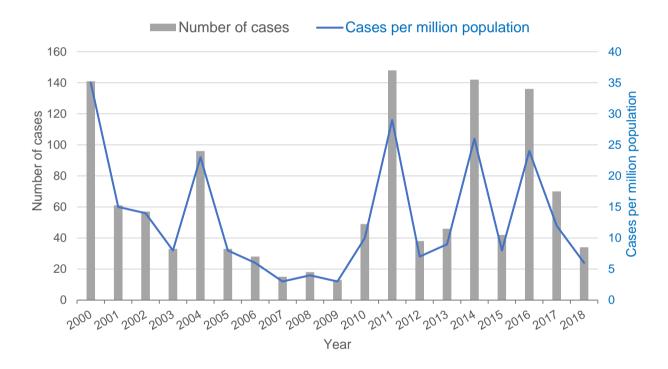


Table S1. Seroprevalence of measles IgG antibodies in Bangladesh, China, India and

Malavsia

Country	Period of survey	Study group	Measles seroprevalence	
Bangladesh [1]	2013 342 children aged 12–16 months in Mirzapur town		83.0%	
China [2]	2016 3574 participants aged 2 months to 49 years in Shaanxi Province		85.9%	
India [3]	2017–2018	335 adults (mean age: 20.5±1.4 years)	87.2%	
Malaysia [4]	2014–2015	1541 participants aged 6–54 years in Seremban	87% in 6–54 year–olds, 90% in 6–9 year–olds, 74% in 15–24 year–olds, 94% in 45–54 year–olds	

References:

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Table S2. Vaccination schedule and vaccination coverage for measles, and incidence per million population of measles cases

in Bangladesh, China, India, Indonesia, Malaysia, Myanmar and the Philippines

Country	Year of introduction of childhood measles vaccination		Age recommended (months) for vaccination		Vaccination coverage		Incidence per million population in 2010–2019		
					Year 1995	Year 2019		Average	Highest
	1st dose	2 nd dose	1st dose	2 nd dose	1st dose	1st dose	2 nd dose	annual rate	annual rate
Bangladesh	1989	2012	9.5 (38 weeks)	15	79%	93%	89%	14.2	37.7
China	1978	1986	8	18	80%	99%	98%	15.7	38.6
India	1985	2010	9–12	16–24	72%	95%	84%	14.9	26.9
Indonesia	1985	2004	9, 24	84	82%	88%	71%	46.0	89.3
Malaysia	1985	2005	MMR: 9 months for children born July 2015 onwards Measles: 6 months, Sabah State only	months for children born July 2015 onwards; MR: 84 months as second dose MCV for children born before July 2015.	86%	97%	87%	38.2	64.3
Myanmar	1990	2008	9	18	82%	84%	80%	26.0	97.2
Philippines	1985	2009	9–11	12–15	83%	73%	68%	144.7	585.5

MCV, measles containing vaccine, MMR, measles-mumps-rubella; MR, measles-rubella Data sources:

World Health Organization. WHO vaccine-preventable diseases: monitoring system. 2020 global summary. Last updated 15 July 2020. Available at https://apps.who.int/immunization_monitoring/globalsummary. Accessed 3 April 2021.

World Health Organization. Measles reported cases. Last update: 15–Oct–2020 (data received as of 12–Oct–20). https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tsincidencediphtheria.html. Accessed 9 April 2021.

Table S3. Number and percentage of samples tested positive based on ELISA alone and those based on ELISA or PRNT by country of origin, birth cohort and gender

	No. of samples	ELISA positive	ELISA or PRNT positive^		
	No. or samples	No. (%)	No. (%)		
All	2234	2021 (90.5)	2216 (99.2)		
Country of origin					
Bangladesh	289	268 (92.7)	285 (98.6)		
China	193	176 (91.2)	193 (100.0)		
India	679	632 (93.1)	677 (99.7)		
Indonesia	450	423 (94.0)	446 (99.1)		
Malaysia	152	122 (80.3)	150 (98.7)		
Myanmar	284	232 (81.7)	278 (97.9)		
Philippines	187	168 (89.8)	187 (100.0)		
Birth cohort					
1965–1984	447	433 (96.9)	445 (99.6)		
1985–1989	541	509 (94.1)	538 (99.4)		
1990–1994	923	803 (87.0)	912 (98.8)		
1995–1999	323	276 (85.4)	321 (99.4)		
Gender					
Male	1341	1218 (90.8)	1333 (99.4)		
Female	893	803 (89.9)	883 (98.9)		

ELISA, enzyme-linked immunosorbent assay; PRNT, plaque reduction neutralization test

[^] This group comprised 2021 samples tested positive based on ELISA alone, and 195 samples tested equivocal or negative based on ELISA and subsequently tested positive using PRNT.