

Supplementary Table 1: Mortality rates per 100 person-years (deaths/person-years) for measles-vaccinated children and children absent from the 1979 examination. Follow-up censored at April 17, 1980 at the time of a small measles vaccination campaign

Age in months	Mortality rate (deaths/person-years)		MRR (vaccinated/absent)
	Vaccinated	Absent	
6-11	5.4 (2/36.7)	41.0 (3/7.3)	0.13 (0.01-1.16)
12-35	1.2 (1/81.2)	21.8 (4/18.4)	0.06 (0.00-0.57)
36-71	2.9 (2/69.4)	0 (0/21.4)	NA
Total#	1.9 (5/187.3)	6.7 (7/47.1)	0.17 (0.06-0.52)

Notes: # age-adjusted

Supplementary Table 2: Mortality rates per 100 person-years (deaths/person-years) for measles vaccinated (children at the 1979-examination) according to sex

Age in months	Mortality rate (deaths/person-years)		
	Females	Males	MRR (Females/Males)
6-11	2.2 (1/45.6)	4.8 (3/63.1)	0.46 (0.01-5.74)
12-35	2.5 (3/122.1)	0.9 (1/116.6)	2.86 (0.23-150.30)
36-71	0.9 (1/108.4)	2.0 (2/99.9)	0.46 (0.01-8.85)
Total#	1.8 (5/276.2)	2.0 (6/279.6)	0.90 (0.27-3.02)

Notes: # age-adjusted

Supplementary material: Consistency with the previous presentation

A previous presentation (2) examined the same data but restricted to children aged 6-35 months. In the first year (1978-1979) there are 80 deaths in the present analysis in this age group (Table 1A) whereas we only reported 77 deaths in the previous study (2). In the second year (1979-1980) there are 26 deaths (Table 1B), three less than reported in the previous analysis (2). Two of these deaths are accounted for by an earlier administrative censoring due to the measles vaccination campaign in December 1980. We have no explanation for the other discrepancies but “tallying” is not an exact science. It is quite possible that we by hand-calculating the age have made a few errors so that some children fell outside the target age group. It is also likely that some children initially may have had an imprecise birth day with “15” for day because only the month had been reported but subsequently had a more correct birthday registered in a subsequent census; such discrepancies may have led the child to be misclassified inside or outside the target age group.

The previous presentation did not calculate person-time of follow-up, but counted the number of children at the start of each follow-up period and let children that moved away count for half a person-year. The paper presented an estimate of 605 children in the first year and 616 in the second year (2). In the present analysis we have 578.4 and 553.8 person-years, respectively, in the 6-36 months age group in the first and second year. It is only natural that our numbers are smaller as children who died or moved are only counted until the day of death or moving. Furthermore for the second period, we are using an earlier censoring time-point for most children due to the measles vaccination campaign.

At the 1979-examination we asked mothers and guardians whether the children had had measles during 1979 or previously. However, all children and parents were not present. In 1982 we therefore carried out an epidemiological investigation by conducting home interview about

measles infection for all children in the study area in 1979 (4). In the previous analysis of mortality in 1979 and 1980 (2), we classified children as having or not having had measles infection in 1979; this classification was based both on the parental response in December 1979 but also on the follow-up interview conducted in 1982. In the present analysis we are only using the information on measles infection provided in December 1979 since it was this information which determined whether the child received MV by our team. Hence, the subdivision of children into examined (measles vaccinated), examined (previous measles infection), examined (previous measles vaccination), and absent in Tables 2 and 4 in the present paper cannot be compared with the groups used in the previous analysis (2, Tables I and II).