

## Author's reply – Measles outbreak in the Philippines: epidemiological and clinical characteristics of hospitalized children, 2016–2019

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To the Editor:

We thank Ngo and colleagues for raising potential computational errors with our publication.

With regards to the first point regarding not stating reference groups for some characteristics in Table 1, we did include counts and percentages for both the Yes and No categories of dichotomous variables such as Vitamin A supplementation and Clinical information in the first version of the manuscript. However, we followed the advice of one of the peer-reviewers to report only the count and percentage of the Yes category to reduce the length of the table in the revised version of the manuscript.

With regards to the crude odds ratio in Table 2, we used penalized likelihood originally proposed by Firth

(1993 *Biometrika* 80:27–38) as mentioned in the text. We applied this method instead of classical odds ratio calculation because the proportion of deceased patients was quite low at around 3%. We recalculated the original data and got same results.

We appreciate you finding a typographical error in the percentage of children that have an interval of 0–3 days between fever onset and hospital admission. It should be “2.3” instead of “239”.

### Declaration of interests

KM is a member of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization and reports receiving a grant from the Coalition for Epidemic Preparedness and Innovation to support Covid vaccine booster studies in Australia, Indonesia and Mongolia. The other authors declare no conflicting interests.



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