



B

		Past infection	
		Yes	No
Vaccination	Yes	<ul style="list-style-type: none">• Positive anti-N• Positive anti-S• Positive response to questionnaire item on vaccination	<ul style="list-style-type: none">• Negative anti-N• Positive anti-S
	No	<ul style="list-style-type: none">• Positive anti-N• Positive anti-S• Negative response to questionnaire item on vaccination	<ul style="list-style-type: none">• Negative anti-N• Negative anti-S