**Table S6.** Details of studies reporting carriage of *Staphylococcus aureus*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference** | **Study design** | **Study period** | **Country** | **Setting** | **Sample size** | **Number of swabs** | **Route of swab (Type of swab)** | **Identification method (Culture plate)** | **Denominator; Prevalence** | **Age group** | **Prevalence of carriage, % (95% CI)** |
| ***Low income countries*** |
| **Healthy population** |
| [43] | Kwambana et al. 2011 | Longitudinal | NR | The Gambia | Rural.21 villages | 30 infants | 498 | Nasopharyngeal (NR) | Molecular (*nuc* PCR) | Samples;Average prevalence | 0–12 months | 20 (16-24) |
| **Immunocompromised population** |
| [79] | Amir et al. 1995  | Cross-sectional | 1992 | Kenya | Urban. Community clinic and hospital | 264 adults with HIV | 264 | Nasopharyngeal (NR) | Microbiology (5% horse blood agar) | Persons;Point prevalence | NR | 27 |
| **Sick population** |
| No data found |
| ***Lower-middle income countries*** |
| **Healthy population** |
| [80] | Anwar et al. 2004  | Cross-sectional | 2002–2003 | Pakistan | UrbanPrivate medical center | 1660 individuals | 1660 | Nasopharyngeal (Cotton) | Microbiology (Blood and mannitol salt agar) | Persons;Point prevalence | All ages | 14.8 |
| 84 | ≤9 years | 20.2 |
| 209 | 10–19 years | 15.8 |
| 335 | 20–29 years | 13.1 |
| 405 | 30–39 years | 13.1 |
| 353 | 40–49 years | 15.6 |
| 274 | ≥50 years | 16.1 |
| **Immunocompromised population** |
| [70] | Bhattacharya et al. 2012  | Cross-sectional | 2008–2009 | India | Urban/rural: NROutpatient care at pediatric HIV clinic | 148 children with HIV | 148 | Nasopharyngeal (Calcium alginate) | Microbiology (Sheep blood agar + 5 µg/mL gentamicin and chocolate agar + 300 µg/mL bacitracin) | Persons;Point prevalence | 1–16 years | 26 |
| **Sick population** |
| No data found |

HIV, human immunodeficiency virus; NR, not reported.