GRADE Table 3: Hib vaccination schedules: three primary doses plus one booster dose versus two primary doses plus one booster dose

				er dose have a greater effect on the proportion of using two primary doses plus one booster dose?
			Rating	Adjustment to rating
Quality Assessment	No of studies/starting rating		2 RCTs	4
	Factors decreasi ng confidenc e	Limitation in study design	serious ¹	-1
		Inconsistency	Not serious	0
		Indirectness	none	0
		Imprecision	None serious	0
		Publication bias	None detected	0
	Factors increasin g confidenc e	Strength of association/ large effect	-	0
		Dose-response	-	0
		Antagonistic /mitigated bias and confounding	-	0
	Final numerical rating of quality of evidence			3
y of gs	Statement on quality of evidence			We are moderately confident in the estimate of effect on health outcome. The true effect is likely to be close to the estimate of the effect.

References

Adapted from: Scott, P. et al *Haemophilus influenza* type b conjugate vaccines: a systematic review of data from randomized controlled trials of childhood schedules

Both schedules induced immunological responses above a set threshold in high

difference between the two groups

proportions of the recipients. There was little

Trials graded:

Labadie, J., et al. *Multi-center study on the simultaneous administration of DPT-IPV and Hib PRP-T vaccines*. *RijksinstLituut voor Volksgezondheid en Milieu RIVM*. 1996 **(Netherlands)** [accessed 2013 Jan 24]; Available from: http://www.rivm.nl/bibliotheek/rapporten/124001003.html

Carlsson, R.M., et al., Safety and immunogenicity of a combined diphtheria-tetanus-acellular pertussis-inactivated polio vaccine-Haemophilus influenzae type b vaccine administered at 2-4-6-13 or 3-5-12 months of age. Pediatr Infect Dis J, 1998. **17**(11): p. 1026-33. **(Sweden)**

Conclusion

¹ Randomization unclear or not reported, participants not blinded