GRADE Table 4: Hib vaccination schedules: three primary doses plus one booster versus three primary doses only

PICO Question: Does using three primary doses of Hib plus one booster dose have a greater effect on the proportion of recipients with responses above a set immunological threshold than using three primary doses only?				
			Rating	Adjustment to rating
Quality Assessment	No of studies/starting rating		2 RCT	4
	Factors decreasing confidence	Limitation in study design	serious ¹	-1
		Inconsistency	None	0
		Indirectness	None	0
		Imprecision	None serious	0
		Publication bias	None detected	0
	Factors increasing confidence	Strength of association/ large effect	-	0
		Dose-response	-	0
		Antagonistic /mitigated bias and confounding	-	0
	Final numerical rating of quality of evidence			3
Summary of Findings	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.
	Conclusion			The three primary dose plus one booster dose schedule induced responses above a set threshold in a higher proportion of recipients than did the 3 primary dose with no booster schedule.

References

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

Trials graded:

Scheifele, D.W., et al., Safety and immunogenicity of a pentavalent combination vaccine (diphtheria, tetanus, acellular pertussis, polio, and haemophilus influenzae type B conjugate) when administered as a fourth dose at 15 to 18 months of age. Hum Vaccin, 2005. 1(5): p. 180-6 (Canada3)

¹ Randomization unclear or not reported, participants not blinded

Knuf, M., et al., An investigational tetravalent meningococcal serogroups A, C, W-135 and Y-tetanus toxoid conjugate vaccine co-administered with Infanrix hexa is immunogenic, with an acceptable safety profile in 12-23-month-old children. Vaccine, 2011. 29(25): p. 4264-73. **(Europe)**