Measles vaccines: WHO position paper – 28 April 2017
Grading of scientific evidence in support of key recommendations

Table V: Measles revaccination of HIV-infected children receiving highly active antiretroviral therapy
Population : HIV-infected children receiving highly active antiretroviral therapy
Intervention: Revaccination with measles-containing vaccine
Comparison : No revaccination with measles-containing vaccine
Outcome : Immunogenicity conferred by measles vaccine

PICO Question: Should HIV-infected children receiving highly active antiretroviral therapy be revaccinated against measles?				
			Rating	Adjustment to rating
Quality Assessment	No of studies/starting rating		6 observational studies	2
	Factors decreasing confidence	Limitation in study design	None serious	0
		Inconsistency	None serious	0
		Indirectness	None serious	0
		Imprecision	None serious	0
		Publication bias	None detected	0
	Factors increasing confidence	Strength of association/ large effect	High[1]	+1
		Dose-response	Not applicable	0
		Antagonistic /mitigated bias and confounding	Not applicable	0
	Final numerical rating of quality of evidence			**3**
Summary of Findings	**Statement on quality of evidence**			Evidence supports a moderate level of confidence that the true effect lies close to that of the estimate of the effect on the health outcome.
	Conclusion			We are moderately confident that measles revaccination of HIV-infected children receiving highly active antiretroviral therapy improves measles vaccine immunogenicity and efficacy.

[1]All studies showed significantly higher levels of seropositivity following measles revaccination. Four of six studies showed seroprevalence higher than 80% after revaccination, with the other two studies showing seroprevalence of 64% and 78%. The largest study, with more children than all others combined, showed a seroprevalence of 89% at 8 weeks and 80% at 80 weeks.

References

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