TITLE: Virology Antibody Testing prior to Administration of the Measles, Mumps, Rubella (MMR) Vaccine Booster in Adults: Clinical and Cost-Effectiveness and Guidelines

DATE: 20 February 2009

RESEARCH QUESTIONS:

1. What is the clinical effectiveness and safety of virology blood testing for the mumps antibody prior to offering a measles, mumps, rubella (MMR) vaccine booster in adults aged 30 to 45 years?

2. What is the cost-effectiveness of virology blood testing for the mumps antibody prior to offering a measles, mumps, rubella (MMR) vaccine booster in adults aged 30 to 45 years?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 1, 2009), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international health technology agencies, and a focused Internet search. Results include articles published between 2004 and February 2009, and are limited to English language publications only. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, economic studies, and guidelines. Internet links are provided, where available.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, economic evaluations, and evidence-based guidelines.

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Three economic evaluations were identified from the literature search results. No health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, or guidelines were identified.

**Health technology assessments**
No literature identified

**Systematic reviews and meta-analyses**
No literature identified

**Randomized controlled trials**
No literature identified

**Economic analyses and cost information**


**Guidelines and recommendations**
No literature identified

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