1350. Vaccination Response to an Ongoing Meningitis Outbreak: Uptake and Attitudes Among Men Who Have Sex with Men Los Angeles, CA

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Methods. From November 2016 through February 2017, we used venue-based sampling to recruit MSM in Los Angeles (N = 513). Eligible participants completed a 30-minute in-person interview that included items on MCV4 status, sexual behavior, vaccination knowledge and behaviors among other factors. Chi-square and independent sample t-tests were used to determine bivariate associations. Statistically significant variables from bivariate analyses were included in a multivariate logistic regression model predicting MCV4 uptake.

Results. Participants were young (Mean = 33, SD = 10) and racially/ethnically diverse: White (35.7%), Black/African American (15.5%), Asian (14.9%), Hispanic (37.7%), and Other (3.6%). Statistically significant correlates of MCV4 uptake included higher multivariate odds of receiving an MCV4 vaccine (aOR = 2.21), believing MCV4 vaccination was important (aOR = 3.45), and knowing someone who had received the vaccination (aOR = 5.21). MSM's perceived health risk, vaccine confidence, and knowledge of someone who received the MCV4 vaccine were important indicators of meningitis immunization in this outbreak context. Provider and public health education efforts may be enhanced by messages that emphasize personal health risks, the safety and efficacy of MCV4, and the importance of meningococcal vaccines for men's health.

Popular opinion leader programs facilitated by someone who had been vaccinated are warranted to enhance MCV4 uptake.

Disclosures. All authors: No reported disclosures.

1351. Bivalent Norovirus VLP Vaccine Candidate in Older Adults: Impact of MPL on the Second Dose in a Randomized, Controlled, Double-Blind Clinical Trial

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Background. Acute norovirus (NoV) gastroenteritis may cause significant morbidity in older adults and can prove fatal in older subjects. We investigated the safety and immunogenicity in older adults of one or two doses of an intramuscular bivalent virus-like particle (VLP) vaccine candidate (genotypes GI.1 and multivalent GII.4c) formulated with alum and with and without MPL (3-O-deacyl-4′-monophosphoryl lipid A) adjuvants.

Methods. In a phase II, double-blind, controlled trial, 294 healthy adults ≥ 60 years of age randomized to 4 equal groups received one or two immunizations 28 days apart. One dose groups received placebo (saline) on Day 1. Vaccine formulations included 50μg GII.4c and 50μg GI.1 VLP antigen, with or without 15μg MPL adjuvant. A fifth group of 26 healthy 18–49 year-olds received one dose of MPL-free vaccine. Humoral immunity was assessed as ELISA pan-Ig and histo-blood group antigen blocking (HBGA) antibody titers at Days 1, 8, 29 and 57. Cell-mediated immunity (CMI) and avidity indices (AI) were also measured. Safety was assessed as solicited local and systemic adverse events (AE) for 7 days, and unsolicited AEs until Day 28 after each vaccination.

Results. Marked increases in pan-Ig and HBGA to both genotypes occurred by Day 28 after first vaccination. Geometric mean titers were similar in magnitude in all groups regardless of age. No increases were observed with a second vaccination. Geometric mean titers were similar in magnitude in all groups regardless of age. No increases were observed with a second vaccination.

Conclusion. Our study demonstrated that bivalent NoV VLP vaccines can prove safe and immunogenic in healthy adults and can prove fatal in older subjects. We investigated the safety and immunogenicity in older adults of one or two doses of an intramuscular bivalent virus-like particle (VLP) vaccine candidate (genotypes GI.1 and multivalent GII.4c) formulated with alum and with and without MPL (3-O-deacyl-4′-monophosphoryl lipid A) adjuvants. Safety was assessed as solicited local and systemic adverse events (AE) for 7 days, and unsolicited AEs until Day 28 after each vaccination.