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

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

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Background. Men who have sex with men (MSM) are at high risk for invasive meningococcal disease (IMD). Following a 2016 IMD outbreak in Southern California, partners of individuals who were reported with IMD received a letter that urged at-risk adults aged ≥ 16 years to receive the meningococcal conjugate vaccine (MCV4). This study sought to (1) estimate reported MCV4 immunization among MSM in Los Angeles, CA; and (2) document the facilitators and barriers to the newest vaccination recommendation following the recent outbreak.

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 iPad survey 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 (M=33, SD=10) and racially/ethnically diverse: White (35.7%), Black/African American (14.6%), Hispanic (36.5%), Asian/Pacific Islander (4.1%), Other (9.2%). Reported MCV4 immunization among MSM (25.4%) and MSM living with HIV (37.7%) was low. Statistically significant correlates of MCV4 uptake among MSM were younger age (aOR=2.21), believing MCV4 vaccination was important (aOR=3.45), having confidence in the vaccine (aOR=5.43), and knowing someone who had received the vaccination (aOR=5.43).

Conclusion. MSMs 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 were warranted to increase MCV4 uptake.

Disclosures. All authors: No reported disclosures.

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


Background. Acute norovirus (NoV) gastroenteritis may cause significant morbidity 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 GII.4c) formulated with alum and with and without MPL (3-O-deacyl-4’-monophosphoryl lipid A) adjuvant.

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 contained 50μg GI (consensus GI.1) and 50μg GII.4c VLP antigens, with or without 15μg MPL adjuvant. A fifth group of 26 healthy 18–49 year-olds served as a control group.

Results.

VLP vaccines that were similar to those in younger adults with no apparent signs of immunosenescence. These data support the further development of the MPL-free vaccine formulation.

Disclosures. All authors: No reported disclosures.

1352. Herpes Zoster Vaccine

John P. Vink (Suppl 1)

Friday, October 6, 2017: 12:30 PM

Background. Herpes zoster (HZ) is a viral disease caused by the varicella-zoster virus (VZV), a member of the herpesvirus family. HZ causes acute cutaneous lesions, pain, and neurologic sequelae. A bivalent live-attenuated VLP vaccine candidate was developed for the prevention of HZ. This study was conducted to evaluate the safety, immunogenicity, durability of response, and correlations of protective immunity with clinical outcomes of the candidate vaccines.

Methods. A phase II, open-label, randomized, controlled trial was conducted in 280 vaccine-naive adult HZ-seronegative subjects ≥60 years of age. Subjects were randomized to receive a single dose of an investigational live-attenuated VLP vaccine candidate with or without 15μg MPL adjuvant, or to placebo. Safety was assessed as solicited local and systemic adverse events (AE) for 7 days, and 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.

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