<p>Disclosures. P. Vink, GSK, group of companies: Employee, Salary and stock options and stock granted.</p>

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, public health officials issued an advisory that urged all at-risk adults aged ≥19 years to receive meningococcal vaccines, and all people with HIV, to obtain immunizations. Despite public health efforts to increase MCV4 coverage, uptake and acceptance among MSM remains unknown. Thus, our 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 (Mean=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 included: multivariate model adjusted age <19 years (aOR=5.21), black/African American race (aOR=5.21), Hispanic race (aOR=2.11), believing MCV4 vaccination was important (aOR=3.45), having confidence in the MCV4 vaccine (aOR=5.43), and knowing someone who had received the vaccination (aOR=3.66).

Conclusion. 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.

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

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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 multivalent consensus 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 included 500μg Al(OH)3 and 50μg GII.4c 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 and did not demonstrate similar levels through Day 56. No increases were observed in anti-NoV IgA or anti-NoV IgG avidity in the MCV4 vaccine (aOR=5.43), and knowing someone who had received the vaccination (aOR=3.45), and having confidence in the MCV4 vaccine (aOR=5.43), and knowing someone who had received the vaccination (aOR=3.66).

Conclusion. Older adults aged ≥ 60 years displayed immune responses to NoV VLP vaccine 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 candidate in older adults.