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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Session: 152. Herpes Zoster Vaccine
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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 at-risk adults aged ≥ 16 years 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 (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 varied by younger age (aOR=5.31), prior STI diagnosis (aOR=2.21), 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=5.79).

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.

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
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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 GII.4c) formulated with alum and with and without MPL (3-O-deacyl-4′-monophosphoryl lipid A) adjuvant. Safety was assessed as solicited local and systemic adverse events (AE) for 28 days after vaccination.

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 formulaconsisted of 50μg AK(VLPs) with or without 15μg MPL (alum). A fifth group of 26 healthy 18–49 year-olds received one dose of MFL-negative 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.

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 varied by younger age (aOR=5.31), prior STI diagnosis (aOR=2.21), 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=5.79).

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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