06. United States Healthcare Provider Preferences for Adult Pneumococcal Vaccine Recommendations

Jeffrey Vietri, PhD[1]; Kelley Meyers, PhD[2]; Christine Poulos, PhD[2]; Erica Chilson, PharmD[3]; Carolyn Sweeney, MPH[4]; Kimberly Davis, MS[4]; Vincenza Snow, MD[5]; [1]Pfizer Inc, Collegeville, Pennsylvania; [2]RTI-Health Solutions, Research Triangle Park, NC; [3]Pfizer, 500 Arcola Road, Pennsylvania; [4]RTI-HS, Research Triangle Park, North Carolina; [5]Pfizer Vaccines, Collegeville, PA

Session: P-02. Adult Vaccines

Background. Pneumococcal vaccine recommendations for US adults are complex, varying by age and underlying conditions, and include both 23-valent polysaccharide vaccine (PPSV23) and 13-valent pneumococcal conjugate vaccine. The Advisory Committee on Immunization Practices (ACIP) will vote on new recommendations in October after the 15- (PCV15) and 20-valent (PCV20) conjugate vaccines are approved. Stakeholder acceptability is part of ACIP's evidence to recommendation framework, but few data are available on health care providers' (HCPs) preferences for potential recommendations.

Methods. 752 HCPs (300 physicians, 150 nurse practitioners, 150 physician assistants, & 152 pharmacists) were surveyed. Object case best-worst scaling (BWS) was used to elicit preferences for hypothetical recommendations for 1) adults 19-64 years with chronic conditions and 2) immunocompetent adults ≥65 years. Presented recommendations included combinations of PCV15/PCV20 either as routine or after shared clinical decision making (SCDM), and PPSV23 as routine, SCDM, or no recommendation. Following BWS, HCPs were asked to assume ACIP was considering implementing both of their preferred recommendations for the age/risk groups. HCPs were then given the opportunity to change their selections and propose recommendations not included in the BWS exercise. Additional information was collected using conventional survey items.

Results. Routine use of higher-valent PCVs in sequence with PPSV23 was most often preferred for both adults 19-64 with chronic conditions (40%) and immunocompetent adults ≥65 (49%) when elicited separately for each age/risk group. Most respondents (63%) revised their recommendations after considering implementation, which resulted in most (59%) favoring recommendations harmonized across the age/risk groups, and 75% favoring routine use of PCV15 or PCV20 among immunocompetent adults ≥65. When asked directly, HCPs generally approved of the idea of simplifying adult pneumococcal vaccine recommendations, harmonizing the interval between vaccines, and lowering the cutoff for age-based recommendations below 65 years.

Conclusion. US HCPs generally prefer simplification of the adult pneumococcal recommendation, favoring broad routine use of both higher-valent PCVs and PPSV23.

Disclosures. **Jeffrey Vietri, PhD**, **Pfizer Inc** (Employee, Shareholder) **Kelley Meyers, PhD**, **RTI Health Solutions** (Independent Contractor) **Christine Poulos, PhD**, **Pfizer Inc** (Other Financial or Material Support, Employee of RTI-HS, which received funds from Pfizer to conduct the study) **Erica Chilson, PharmD**, **Pfizer, Inc** (Employee, Shareholder) **Vincenza Snow, MD**, **Pfizer Vaccines** (Employee)

07. Recombinant Zoster Vaccine (RZV) Second-Dose Completion in Adults Age 50–64 Years in the United States

Jessica Leung, MPH[1]; Elizabeth B. Gray, MPH[2]; Tara Anderson, DVM, MPH, PhD[3]; Sarah M. Sharkey, MPH[4]; Kathleen L. Dooling, MD MPH[1]; [1]CDC, Atlanta, GA; [2]Division of Health Informatics and Surveillance, Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, Atlanta, Georgia; [3]Division of Viral Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; [4]IQVIA Government Solutions, Information and Analytics, Atlanta, Georgia

Session: P-02. Adult Vaccines

Background. In 2018, CDC recommended a highly efficacious adjuvanted recombinant zoster vaccine (RZV, Shingrix) as a 2-dose series for prevention of herpes zoster (HZ) for immunocompetent persons age ≥50 years, with the 2nd dose recommended 2–6 months after the 1st dose. Among Medicare beneficiaries, 2-dose series completion 6 months and 12 months post initiation was 78% and 86%, respectively. Here we estimate the proportion of adults age 50–64 years who completed the 2-dose RZV series within 6 or 12 months after receiving their 1st dose, by using two administrative claims databases.

Table 1. Demographics of Patients Vaccinated with 1 or 2 doses of Recombinant Zoster Vaccine (RZV) among 50–64-year-olds in the United States, IQVIA® and IBM MarketScan® Databases, 2017-2020

	IQVIA[a]						MarketScan[b]					
	All RZV Vaccinees		1 dose		2-doses		All RZV Vaccinees		1 dose		2-doses	
Variable	#	%	#	%	#	%	#	%	#	%	#	%
Total #	422,641		127,865		294,776		497,893		161,672		336,221	
Median Age (y)	60		59		60		59		59		60	
Sex												
Male	176,191	42%	55,983	44%	120,208	41%	216,076	43%	72,526	45%	143,550	43%
Female	246,448	58%	71,881	56%	174,567	59%	281,817	57%	89,146	55%	192,671	57%
Unknown	2	----	1	----	1	----		----		----		----
Region												
Northeast	69,469	16%	21,160	17%	48,309	16%	83,525	17%	25,668	16%	57,857	17%
Midwest	129,176	31%	40,603	32%	88,573	30%	120,159	24%	39,257	24%	80,902	24%
South	165,600	39%	50,077	39%	115,523	39%	212,362	43%	70,004	43%	142,358	42%
West	58,380	14%	16,017	13%	42,363	14%	80,636	16%	26,260	16%	54,376	16%
Unknown	16	----	8	----	8	----	1,211	----	483	----	728	----

[a]1st RZV dose received during October 2017 to September 2019, and 2nd RZV dose received within 6 months of the 1st dose, at any time through March 2020

[b]1st RZV dose received during October 2017 to April 2020, and 2nd RZV dose received within 6 months of the 1st dose, at any time through October 2020

Methods. We used medical and pharmaceutical claims data from October 2017–March 2020 IQVIA® PharMetrics Plus and October 2017–October 2020 IBM® MarketScan® databases. RZV vaccination was defined using Current Procedural Terminology and National Drug Codes. We allowed for sufficient follow-up time by examining 1st doses given at least 6 or 12 months prior to the end of the study period in both databases. Place of administration was available in IQVIA data.

Results. Among persons age 50–64 years, in IQVIA and MarketScan, 70% and 68% received their 2nd RZV dose within 6 months, respectively, and 79% and 81% received their 2nd dose within 12 months, respectively. The median age of 1st dose of RZV vaccination was 60 years and ~60% were female [**Table 1**]. When the 2nd dose was administered within 12 months, the median interval between 1st and 2nd doses was 104 and 98 days in the IQVIA and MarketScan databases, respectively. Characteristics by age, sex, or region were similar in persons who received 1 RZV dose vs. 2 RZV doses [**Table 1**]. Among those who received only 1 RZV dose with at least 12 months of follow-up time, 55% of vaccinations occurred at ambulatory medical provider offices and 40% at pharmacies; among 2 doses recipients, 33% of vaccinations occurred at provider offices and 62% at pharmacies.

Conclusion. Among 50–64-year-olds, 2-dose RZV series completion was ~70% within 6 months and 80% within 12 months of initiation. The findings were similar across two administrative claims databases. Availability of RZV at pharmacies has potentially helped to increase RZV 2nd dose completion rates.

Disclosures. **All Authors**: No reported disclosures

08. Concomitant Administration of the Adjuvanted Recombinant Zoster Vaccine (RZV) with 13-Valent Pneumococcal Conjugate Vaccine (PCV13) Is Safe and Does Not Interfere with Immunogenicity of Either Vaccine in Adults Aged ≥ 50 Years

Ji-Young Min, PhD[1]; Agnes Mwakingwe-Omar, MD, PhD[1]; Megan Riley, PhD[2]; Lifeter Yenwo Molo, BsC(hons) MSc(hons)[3]; Jyoti Soni, MA[4]; Ginette Girard, MD[5]; Jasur Danier, MD[1]; [1]GSK, Rockville, MD, USA, Rockville, Maryland; [2]GSK, Rockville, Maryland; [3]GSK, Wavre, Belgium, Wavre, Brabant Wallon, Belgium; [4]GSK, Bangalore, India, Bangalore, Karnataka, India; [5]Diex Recherche Inc. Sherbrooke, Sherbrooke, QC, Canada, Sherbrooke, Quebec, Canada

Session: P-02. Adult Vaccines

Background. This study assessed non-inferiority of humoral immunogenicity, reactogenicity, and safety of RZV when the 1st dose was co-administered with PCV13 in adults ≥ 50 years of age (YOA) compared to sequential administration.

Methods. In this phase 3b, open-label, multi-center study (NCT03439657), adults were randomized 1:1 to receive either the 1st RZV dose co-administered with PCV13 at day (D)1 and the 2nd RZV dose at month (M)2 (Co-Ad group), or PCV13 at D1, the 1st RZV dose at M2 and the 2nd RZV dose at M4 (Control group). Co-primary confirmatory objectives were: (i) vaccine response rate (VRR) to RZV at 1 month post-dose 2 in Co-Ad group; (ii) non-inferiority of