

1578. Clinical Features, Vaccine Status and *S. pneumoniae* Serotypes among HIV-positive and HIV-negative Individuals Diagnosed with Invasive Pneumococcal Disease

Dharushana Muthulingam, MD, MS¹; Arnold Yee, MBA²; Wendy Leyden, MPH³; Michael Silverberg, PhD, MPH³; Roger Baxter, MD²; ¹Internal Medicine, Kaiser Permanente Northern California, Oakland Medical Center, Oakland, CA; ²Kaiser Permanente Vaccine Study Center, Oakland, CA; ³Division of Research, Kaiser Permanente, Oakland, CA

Session: 200. HIV 5: Comorbidities and Coinfections

Saturday, October 11, 2014: 12:30 PM

Background. HIV-positive persons have higher risk of Invasive Pneumococcal Disease (IPD) despite availability of HIV treatment and Pneumococcal polysaccharide (PPV23) vaccine. Clinical features, vaccine status and serotypes in IPD among HIV-positive and HIV-negative adults may help inform vaccine guidelines.

Methods. We examined HIV-positive and HIV-negative adult members of Kaiser Permanente Northern California (KPNC) diagnosed with IPD between 1996-2011. Cases were identified from a previously described cohort study of HIV-positive and demographically matched HIV-negative adults. IPD was defined as culture positive *S. pneumoniae* from normally sterile sites. We reviewed electronic medical records for demographics, comorbidities, vaccination, serotypes and compared these by HIV status with chi squared tests for categorical and t-tests for continuous variables.

Results. 109 HIV-positive and 75 HIV-negative adults were diagnosed with IPD. The HIV group was diagnosed with IPD at younger mean age than HIV-negative group (47 vs 54 years, $P < 0.001$). The HIV group had more obesity ($p = 0.036$) and less hypertension ($p = 0.027$) than HIV-negatives, but otherwise prevalence of comorbidities (e.g., smoking, asthma, cancer) was similar. HIV patients were more often vaccinated with PPV23 prior to IPD (56% vs 30.7%, $p < 0.001$).

Of cases serotyped (37 in HIV-positive, 36 in HIV-negative), there was a suggestion for a higher prevalence among HIV-positive cases of serotypes covered by both the existing PPV23 vaccine (83.8% vs 66.7%, $p = 0.11$), and the recently approved Pneumococcal conjugate vaccine (PCV13) (16.2% vs 8.3%; $p = 0.062$). The most common serotypes overall were 19A ($n = 17$; 23%), 7F ($n = 6$; 8%) and 22F ($n = 6$; 8%), with higher prevalence seen among HIV-positive cases for 19A (35.1% vs 11.1%; $p = 0.025$), but no difference for 7F ($p = 0.43$) or 22F ($p = 1.0$).

Conclusion. HIV patients with IPD were more likely to have been vaccinated with PPV23, suggesting this vaccine's reduced effectiveness in this population. The risk of IPD and associated serotypes among HIV-positive individuals should be closely monitored given the recent change in vaccine strategy to use both PCV13 and PPV23.

Disclosures. M. Silverberg, Pfizer: Grant Investigator, Grant recipient R. Baxter, GSK: Investigator, Research grant; Merck: Investigator, Research grant; Pfizer: Investigator, Research grant; Novartis: Investigator, Research grant; MedImmune: Investigator, Research grant; Sanofi Pasteur: Investigator, Research grant