

from the vaccine and indicates potential for improved breadth of protection by M2SR compared with current vaccines. The mild vaccine AE profile supports clinical trials of additional dose levels and regimens to enhance drifted strain protection by M2SR.

Fig 1. Antigenic distance between M2SR vaccine and influenza challenge strain

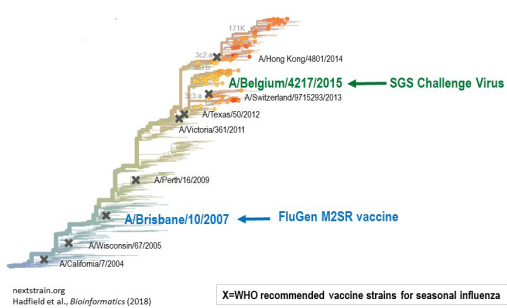


Fig 2. Phase 2a drifted strain challenge study design

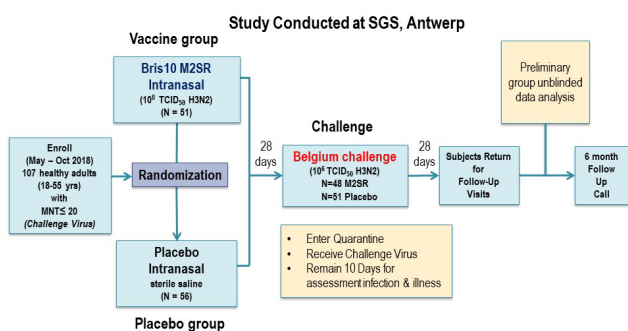
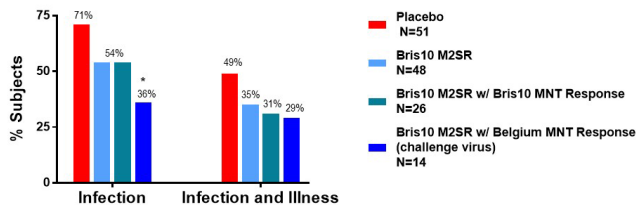


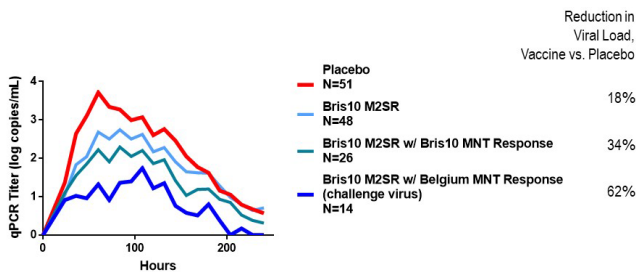
Fig 3. M2SR protects against influenza infection & illness following drifted strain challenge



*p=0.0273, Fisher's Exact Test

MNT=Microneutralization Titer

Fig 4. M2SR reduces influenza viral load (qRT-PCR) after challenge



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2749. Disparities in Healthcare Seeking Behaviors in the Pragmatic Assessment of Influenza Vaccine Effectiveness in the DoD (PAIVED) Study

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Background: Healthcare outcome disparities exist for underrepresented populations, which may be partially due to reduced engagement in clinical research trials. Within the military with free, open access to medical care for members and beneficiaries, some healthcare outcome disparities become less apparent. We sought to assess the impact of the open access to care within the military healthcare system on research engagement among underrepresented populations.

Methods: During the PAIVED study (2018–2019 influenza season) enrollees were randomized to receive an FDA approved influenza vaccine (egg-based, recombinant, or cell-culture derived) followed by weekly surveillance for influenza-like illness (ILI) symptoms throughout the influenza season. At enrollment, participants self-identified gender, race, ethnicity, and level of education.

Results: Overall, the non-recruit study population ($n = 852$) was 52% male, 18% Hispanic, 15% African American, 70% White, 24% with High School or less, 22% with Associate's, 24% with Bachelor's and 30% with Post-Bachelor degree at enrollment. Individuals who reported African American race (OR 2.1, 95% CI (1.4, 3.3)) or Hispanic ethnicity (OR 1.7 (1.1, 2.6)) were more likely to have missed > 15% of the surveys, whereas military retirees (OR 0.5 (0.3, 0.9)) and dependents (OR 0.6 (0.4, 0.95)) were less likely to have missed > 15%. Individuals with African American race (OR 2.2 (1.3, 3.9)) or Hispanic ethnicity (OR 1.9 (1.1, 3.0)) were more likely to have missed the past 3 survey weeks. Retirees (OR 0.4 (0.2, 0.7)), dependents (OR 0.5 (0.3, 0.9)) and those with higher levels of education were less likely to have missed the past 3 weeks. There were no gender differences for these outcomes.

Conclusion: Healthcare outcome disparities may be partially explained by disparities in healthcare research engagement from underrepresented populations. Our cohort provides a unique perspective where access to and affordability of care and reliable income are minimized. Despite this, there remained differences in research engagement by race, ethnicity and education level, but not by gender. Future efforts should inform research design to increase research engagement from underrepresented populations.

Disclaimer

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The investigators have adhered to the policies for protection of human subjects as prescribed in 45CFR46.

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