Figure 2. Percentage of participants reporting ≥ 1 unsolicited AE 30 days post-vaccination per study (total vaccinated cohort)

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AE, adverse event; HSCT, autologous hematopoietic stem cell transplant recipients; HM, hematological malignancies patients; RT, renal transplant recipients; ST, solid tumors patients HSCT*, HSCT phase 1 study; HIV, human immunodeficiency virus; RZV, adjuvanted recombinant zoster vaccine; YOA, years of age.

Figure 3. Percentage of participants reporting ≥ 1 SAE from dose 1 until 1 year post-last dose per study (total vaccinated cohort)

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SAE, serious adverse event; HSCT, autologous hematopoietic stem cell transplant recipients; HM, hematological malignancies patients; RT, renal transplant recipients; ST, solid tumors patients HSCT*, HSCT phase 1 study; HIV, human immunodeficiency virus; RZV, adjuvanted recombinant zoster vaccine; YOA, years of age.

Conclusion: Reactogenicity symptoms were more frequent after RZV than placebo, and in younger age groups but no safety concern was identified. Most of the reported AEs and SAEs were in the context of underlying diseases and therapies. Overall our data support a favorable benefit-risk profile of vaccination with RZV in IC adults.

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38. Strategies to Improve HPV Vaccination Rates Among Eligible Undergraduates and Graduate Students at Johns Hopkins University

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Session: P-2. Adult Vaccines

Background:

- Study Objectives:** Increase HPV vaccination in students attending Johns Hopkins University and create a toolkit of strategies for use on other college campuses.
- HPV is the most common sexually transmitted infection in the US:
 - 5% of adults have genital HPV
 - 3% of adults have oral HPV
- Each year in the U.S., there are more than:
 - 24,886 cases of HPV-associated cancer in females
 - 19,113 cases in males.
- Uptake of the vaccine in the U.S. has not been robust:
 - 1% of adolescents have > one dose, and 51.1% have completed the series.
 - 5% of adult females and 21.2% of adult males have at least one dose

Completed Poster Presentation

Methods:

- In partnership with Medical Logix, LLC, we created an HPV toolkit with the following components:
 - Continuing medical education (CME) certified presentation
 - Visual Messaging Tools: customizable brochures, posters, videos, and yard signs
 - HPV questionnaire for patient and provider use (Toolkit available at <https://www.hpv-cvc.org/>, usage free with registration)
- A CME presentation on strategies to improve HPV vaccination rates was presented to health center providers before the study period.
- Visual messaging on HPV was strategically placed throughout campus.
- An electronic medical record (EMR) form was initiated during self-check-in, prompting students and providers to discuss the HPV vaccine.

Results: Study period (8/15/2018 - 5/31/2019) was compared to prior year as a historical control (8/15/2017 - 5/31/2018). During the study, 888 HPV vaccines were administered vs. 120 in the control period (76.1% increase). The difference between # of vaccines given during these 2 years was statistically significant at p < 0.01. The increase was particularly notable among male students: 383 vaccinations vs. 120 (219.2% increase). About half of the students who completed the EMR form saw the marketing materials on campus: 1,579 out of 3,228 responses. Of the marketing materials, the greatest number of students noticed the yard signs (596). The most frequently cited reason that providers did not give the HPV vaccine during their visit was that the patient already completed the HPV vaccine series (1,603).

Conclusion: A well-coordinated campaign with extensive awareness efforts and focused clinical interventions can dramatically impact the number of HPV vaccinations on college campuses.

Disclosures: Paul Auwaerter, Collidion (Consultant)Diasorin (Consultant)Johnson and Johnson (Shareholder)MicroB-Plex (Research Grant or Support)Shionogi (Consultant)

39. Survey of Hepatitis B Vaccination Rates in Adult Patients with Diabetes at a Large Internal Medicine/Geriatrics Clinic

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Session: P-2. Adult Vaccines

Background: The Advisory Committee on Immunization Practices (ACIP) recommends immunization with hepatitis B vaccine (HBV) for diabetic adults aged 19-59 years and advises HBV at the discretion of the treating clinician for those 60 years or older. Current HBV rates are suboptimal. In one 2015 survey, only 24.4% of diabetic adults aged 19-59 years were immunized.

Methods: This is a single center, retrospective cohort of patients seen in an internal medicine/geriatrics clinic at Cleveland Clinic Main Campus between January 1, 2017 and December 31, 2017. Patients included were at least 19 years of age and had a diagnosis of diabetes mellitus (type I or type II) as determined by ICD-10 code. Patients with acute or chronic hepatitis B infection were excluded from the primary analysis. Data collected included demographics, HBV status, pneumococcal vaccination status, and risk factors for hepatitis B virus infection (chronic liver disease, end stage renal disease (ESRD)). Primary objective evaluated rate of HBV, defined as