Pfizer (Employee, Shareholder) 

S678 • OFID 2021:8 (Suppl 1) • Abstracts

Immunogenicity was evaluated by anti-pneumococcal polysaccharide ST-specific immunoglobulin G (IgG) geometric mean concentrations (GMCs) at 30 days post-last vaccination.

**Results.** 606 healthy children, aged 7 months through 17 years, were randomized (double-blind) to receive V114 (n=303) or PCV13 (n=303) via age-appropriate catch-up vaccination schedules (Table 1). V114 had an acceptable safety profile and was well tolerated. Similar proportions of children aged 7–11 months and 12–17 years reported AEs in the V114 and PCV13 groups. A larger proportion of children aged 12–23 months reported AEs in the V114 group (79%) than the PCV13 group (59%).

The proportion of children who reported SAEs was comparable among vaccination groups (V114 and PCV13, respectively, 7–11 months: 10.9%, 7.8%; 12–23 months: 6.5%, 6.3%; 2–17 years: 2.3%, 2.3%). No SAEs were reported to be vaccine-related, and no deaths occurred. At 30 days after the last PCV dose, ST-specific IgG GMCs were comparable for the 13 shared STs and were higher in the V114 group for 22F and 33F.

**Table 1. Catch-up vaccination schedules in V114-024**

| Age at randomization | PCV status | V114/PCV13 dose schedule |
|----------------------|------------|--------------------------|
| 7–11 months (n=128)  |
| Naïve                | Dose 1: At randomization |
| 12–23 months (n=128) |
| Naïve                | Dose 2: 4–8 weeks after Dose 1 |
| 2–17 years (n=352)   |
| Partial regimen of PCV7 (Prevnar 7©), PCV10 (Synflorix®), or PCV13 | Dose 1: At randomization² |
| Naïve                | Complete regimen of PCV7 or PCV10 |
| ²Dose given to children ≥12 months of age. |

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**Conclusion.** Catch-up vaccination with V114 in healthy children aged 7 months through 17 years had an acceptable safety profile, was well tolerated, and provided comparable immune responses to the 13 serotypes shared with PCV13, and higher immune responses to serotypes 22F and 33E.

**Background.** Despite widespread use of pneumococcal conjugate vaccines (PCVs) in children, morbidity and mortality caused by pneumococcal disease (PD) remain high, in part due to the emergence of disease caused by non-vaccine serotypes (STs). In addition, many children do not receive the recommended number of PCVs on schedule and, therefore, are at risk for PD. V114 is an investigational 15-valent PCV that contains two epidemiologically important STs, 22F and 33E; in addition to the 13 STs present in the licensed 13-valent PCV (PCV13; Prevnar 13®). This Phase 3 descriptive study evaluated the safety and immunogenicity of V114 and PCV13 when given as catch-up vaccination in children who are pneumococcal vaccine-naive or previously immunized with lower valency PCVs.

**Methods.** Solicited adverse events (AEs) were collected for 14 days after each vac-
cination. Serious adverse events (SAEs) were collected throughout study participation.
94% of children in 2019-2020 and 91% in 2020-2021 were up-to-date with routine childhood vaccines (p<0.13). Specific to influenza vaccine, 73% and 68% of children received or planned to receive influenza vaccine in 2019-2020 and 2020-2021, respectively (p<0.13). Based on PACV score, 13% of parents were VH in 2019-2020 compared with 17% in 2020-2021 (p=0.24; Figure 1).

Caregivers who had not/did not intend to vaccinate their children had a higher family income (71% vs. 57% >$30,000, p< 0.01) and were less likely to be Hispanic/Latino (35% vs. 47%, p=0.02), 77% of caregivers were satisfied with information about childhood vaccines (p=0.13). Specific to influenza vaccine, 73% and 68% of children 94% of children in 2019-2020 and 91% in 2020-2021 were up-to-date with routine childhood vaccines (p=0.13). Specific to influenza vaccine, 73% and 68% of children received or planned to receive influenza vaccine in 2019-2020 and 2020-2021, respectively (p=0.13). Based on PACV score, 13% of parents were VH in 2019-2020 compared with 17% in 2020-2021 (p=0.24; Figure 1).

Caregivers who had not/did not intend to vaccinate their children had a higher family income (71% vs. 57% >$30,000, p< 0.01) and were less likely to be Hispanic/Latino (35% vs. 47%, p=0.02), 77% of caregivers were satisfied with information about childhood vaccines (p=0.13). Specific to influenza vaccine, 73% and 68% of children received or planned to receive influenza vaccine in 2019-2020 and 2020-2021, respectively (p=0.13). Based on PACV score, 13% of parents were VH in 2019-2020 compared with 17% in 2020-2021 (p=0.24; Figure 1).

Caregivers who had not/did not intend to vaccinate their children had a higher family income (71% vs. 57% >$30,000, p< 0.01) and were less likely to be Hispanic/Latino (35% vs. 47%, p=0.02), 77% of caregivers were satisfied with information about childhood vaccines (p=0.13). Specific to influenza vaccine, 73% and 68% of children were less concerned about influenza than pre-pandemic and misinformation about influenza and influenza vaccine persisted. Increased efforts may be needed to educate caregivers about the importance of influenza immunization during the 2021-22 season.

Conclusion. During the COVID-19 pandemic, caregivers of hospitalized children were less concerned about influenza than pre-pandemic and misinformation about influenza and influenza vaccine persisted. Increased efforts may be needed to educate caregivers about the importance of influenza immunization during the 2021-22 season.

Disclosures. C. Mary Healy, MD, Dexcom (Shareholder)/Intuitive (Shareholder)/Quidel Corporation (Shareholder)/Up to Date (Other Financial or Material Support, Honorarium)/Vapotherm (Shareholder)

1176. Experience with PCV10 Implementation in Colombia and More Severe Course of Pneumococcal Pneumonia in children: A Multicenter Study, 2008–2019 (Neumocolombia Network)
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Neumocolombia network

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Background. Pneumococcal conjugate vaccines (PCV) have decreased pneumococcal pneumonia in children. Colombia introduced massive vaccination with PCV10 in 2012.

Methods. Pneumococcal pneumonia cases from 10 hospitals part of an active surveillance network for invasive pneumococcal disease were included. Two periods were compared, pre-PCV10: 2008-2012 and post-PCV10: 2014-2019. The objective was to compare characteristics and outcomes before and after PCV10.

Results. 370 cases were included. Serotype 1(15, 11.2%) and 14 (33, 24.6%) were the most frequent in Pre-PCV10, with only 4(3%) 19A and 1(0.7%) serotype 3. Post-PCV10, serotype 1 decreased to 6(4.1%), 14 to 15(7.8%), while 19A increased to 58(30.2%), serotype 3 to 32(16.7%) and 6A to 7(3.6%) (p< 0.001). Complicated pneumonia (CN) also increased (13.4% to 31.8%) (p< 0.001). Pre-PCV10, 44% of CN were due to PCV10 serotypes; with no PCV13 serotypes cases. Post-vaccine period, PCV10 explained only 8.2% and PCV13 60.6%(p< 0.001) of CN.

Conclusion. During the COVID-19 pandemic, caregivers of hospitalized children were less concerned about influenza than pre-pandemic and misinformation about influenza and influenza vaccine persisted. Increased efforts may be needed to educate caregivers about the importance of influenza immunization during the 2021-22 season.