rubella seroprevalence between HIV-infected and uninfected children and adults in sub-Saharan Africa are needed to guide vaccination policy and control strategies.

**Methods.** This cross-sectional study was performed by analysing a selected and weighted subsample from the Zambia Population HIV Impact Assessment survey (ZAMPHIA). ZAMPHIA was conducted in 2016 to estimate national HIV incidence and prevalence in Zambia. Dried blood spots and plasma samples were tested for IgG antibodies to measles and rubella viruses using a commercial enzyme immunoassay. We estimated national age-specific measles and rubella seroprevalence by HIV infection status using hierarchical generalized additive models.

**Results.** Specimens from 9521 HIV-uninfected (3840 children age under 10 years, 3981 youth age 10-19 years, and 1700 adults age 20-49 years) and 331 HIV-infected (53, 107, and 171 respectively) individuals were included in the study. The measles seroprevalence was lower among HIV-infected children (76.4%, p < 0.001). In both HIV-uninfected and HIV-infected individuals, measles seroprevalence increased steadily with age but more rapidly in the HIV-infected until about the age of 20 years when the seroprevalence was similar between the two groups. Above 20 years, measles seroprevalence was similar between HIV-infected and uninfected adults. There was no significant difference in rubella seroprevalence between HIV-infected and HIV-uninfected individuals.

**Conclusion.** Measles seroprevalence was lower among HIV-infected than uninfected children and youth. HIV-infected children would likely benefit from revaccination. Many children were susceptible to rubella before the introduction of the combined measles and rubella vaccine in Zambia.

**Disclosures.** Kyla Hayford, PhD, MA, Pfizer, Inc. (Other Financial or Material Support, KH conducted the study and analyses while working at the Johns Hopkins School of Public Health but is an employee at Pfizer, Inc. as of 26 October 2020.)

1172. SARS-CoV-2 Vaccine Hesitancy in Caregivers of Hospitalized Children

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Session: P-69. Pediatric Vaccines

**Background.** SARS-CoV-2 vaccine hesitancy (VH) is hindering nationwide vaccination efforts; little is known about caregivers’ SARS-CoV-2 vaccine hesitancy for children. We aimed to identify associations with SARS-CoV-2 VH in caregivers of hospitalized children.

**Methods.** We conducted a prospective cross-sectional survey in English and Spanish of caregiver COVID-19 knowledge, attitudes, behaviors, and associated VH among hospitalized children 6 months - 18 years at a large pediatric medical institution. Parents were approached daily, averaging 4-5 days/week, from 12/8/2020–4/5/2021. VH was assessed using the Parent Attitudes about Childhood Vaccines (PACV) survey; PACV score ≥50 denoted VH. Descriptive statistics and multivariable logistic regression were used. Responses were categorized.

**Results.** 295/307 (96%) of approached caregivers enrolled; 79% were ≥30 years, 68% were married/ living with a partner, and 57% had at least some college. 36% identified as white, 19% Black, and 46% Hispanic/ Latino. 53% of caregivers had public insurance. 91% of caregivers self-reported their children were up to date with routine vaccines. 17% of caregivers were vaccine-hesitant overall. 50% of caregivers were willing to receive COVID-19 vaccine themselves. Table 1 shows intention to vaccinate their child by PACV score.

| PACV Score | ≥30 | ≥50 | p value |
|------------|-----|-----|--------|
| Strongly agree | Agree | Disagree | Strongly disagree |
| The COVID-19 pandemic has affected my child’s ability to get my child regular childhood vaccines | 34 (11.9%) | 67 (22.6%) | 41 (13.9%) | 30 (10.6%) | <0.001 |
| After the COVID-19 pandemic, I am more likely to give my child regular childhood vaccines | 47 (15.9%) | 36 (12.6%) | 9 (3.1%) | 18 (6.1%) | <0.001 |
| A COVID-19 vaccine will play an important role in bringing the pandemic under control | 117 (22.7%) | 295 (52.9%) | 21 (3.7%) | 15 (2.7%) | <0.001 |
| When a vaccine against COVID-19 is recommended for my child, I will make sure my child gets it | 44 (14.9%) | 27 (9.4%) | 6 (1.0%) | 27 (4.2%) | <0.001 |
| The COVID-19 pandemic has made me more supportive of vaccines in general | 64 (14.2%) | 37 (9.7%) | 7 (1.2%) | 24 (5.9%) | <0.001 |
| I would encourage my child to get the COVID-19 vaccine | 61 (20.7%) | 58 (20.2%) | 7 (2.3%) | 30 (10.9%) | <0.001 |

**Conclusion.** Caregiver attitudes, beliefs, and behaviors surrounding the COVID-19 pandemic and the COVID-19 vaccine. The majority of caregivers believe that SARS-CoV-2 vaccine will help control the pandemic, but less than half plan to vaccinate their children. A quarter of caregivers expressed uncertainty regarding the vaccine and therefore may be amenable to education and discussion. COVID-19 VH is different from VH towards routine vaccines. More research is needed to address COVID-19 specific VH.

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

1173. Changes in Invasive Pneumococcal Disease Incidence Following Introduction of PCV10 and PCV13 Among Children < 5 Years: The PSERENADE Project

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Session: P-69. Pediatric Vaccines

**Background.** Higher valency pneumococcal conjugate vaccines (PCV10 and PCV13) replaced PCV7, and an updated global analysis of PCV impact on invasive pneumococcal disease (IPD) incidence is needed. We aimed to estimate the change in

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**Figure 1**

**COVID-19 vaccine uptake by PACV score**

Table 1
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 12–13 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**

| Schedule | Dose 1 | Dose 2 | Dose 3 |
|----------|--------|--------|--------|
| 7–11 months | Dose 1 at randomization | 2–4 weeks after Dose 1 | 8–12 weeks after Dose 1 |
| 12–23 months | Dose 1 at randomization | 8–12 weeks after Dose 1 | |