week. Virologic response, adverse events (AEs), and laboratory abnormalities were evaluated.

Results. Across the two trials, 152 patients without cirrhosis and 16 with compensated cirrhosis received gecsprevir/pibrentasvir for 8 and 12 weeks, respectively. Baseline demographics are shown in Tables 1 and 2. The overall intention-to-treat (ITT) SVR12 rate was 98.2% (165/168), with no virologic failures among non-cirrhotic patients treated for 8 weeks; mITT rate (excluding non-virologic failures) was 99.4% (167/168). Reasons for nonresponse were breakthrough (n = 1; patient with incomplete study drug adherence), premature study drug discontinuation (n = 1), and missing SVRL (n = 1). Statistical analyses included only the final 18 non-cirrhotic GT1 patients treated for 12 weeks (all achieved SVR12). AEs occurring in ≥25% of patients were fatigue, headache, nausea, and nasopharyngitis. Serious AEs and AEs leading to discontinuation were rare; none were related to study drug. Grade 3 or higher laboratory abnormalities were infrequent. All patients maintained HIV-1 suppres sion (<200 copies/mL) during treatment.

Conclusion. Gecsprevir/pibrentasvir was highly efficacious and well tolerated in patients co-infected with HCV GT1-6/HIV-1 without or with cirrhosis following 8 or 12 weeks of treatment, respectively, and could be the first 8-week pangenotypic treatment option for HCV/HIV-1 co-infected patients without cirrhosis.

Discussion. J. K. Rockstroh, Gilead, Abbott, AbbVie, BMS, Bionor, Cipla, Janssen, Merck, Viiv: Consultant, Grant Investigator, Research Contractor and Scientific Advisor, Consulting fee, Research grant, Research support and Speaker honorarium. S. R. Bhagani, AbbVie, BMS, Gilead, Janssen, Merck, Viiv: Board Member, Consultant, Scientific Advisor and Speaker's Bureau, Consulting fee and Speaker honorarium. J. C. Orkin, AbbVie, Abbott, Boehringer Ingelheim, BMS, Gilead, GSK, Janssen, Viiv: Grant Investigator and Research Contractor, Research grant and Research support. R. Soto-Malave, AbbVie, Janssen, Merck: Consultant, Grant Investigator, Research Contractor and Scientific Advisor, Consulting fee, Research grant and Research support. K. Lacombe, AbbVie, BMS, Gilead, Janssen, Merck: Board Member, Consultant and Scientific Advisor, Consulting fee and Speaker honorarium. Z. Zhang, AbbVie Inc.: Employee and Shareholder, Salary and Stock and/or options. S. Wang, AbbVie Inc.: Employee and Shareholder, Salary and Stock and/or options. F. Mensa, AbbVie Inc.: Employee and Shareholder, Salary and Stock and/or options. R. Trinh, AbbVie Inc.: Employee and Shareholder, Salary and Stock and/or options.

1966. Evaluating a Prototype Microbiome Health Index (MHI) as a Measure of Microbiome Restoration Using Data Derived From a Published Study of Fecal Microbiota Transplant (FMT) to Treat Recurrent Clostridium difficile Infections (rCDI)

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Background. There are efforts to develop FDA-approved microbiota-based drugs to restore the microbiome, notably for recurrent infections. We previously presented a prototype MHI for clinical trials of RBX2660—a standardized microbiota restoration product. Given the lack of established biomarkers for microbiome restoration, we are evaluating the potential utility of MHI beyond rCDI. Collectively our results continue to support the utility of MHI and its prospective evaluation in ongoing Phase 3 clinical trials.

Disclosures. K. Blount, Rebiotix, Inc.: Employee, Salary. C. Jones, Rebiotix, Inc.: Employee, Salary. E. Deych, Rebiotix, Inc.: Research Contractor, Consulting fee. B. Shannon, Rebiotix, Inc.: Research Contractor, Consulting fee.

1967. Study of the Immunogenicity and Safety of an Investigational Quadrivalent Meningococcal Conjugate Vaccine (MenACYW-TT) When Co-administered with Other Vaccines in Healthy Adolescents

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Background. The MenACYW-TT conjugate vaccine is a quadrivalent meningococcal conjugate vaccine licensed for global use in all age groups. This prospective Phase II study evaluated the safety and immunogenicity of the vaccine when compared with a licensed quadrivalent conjugated meningococcal vaccine (MCV4-CRM) when co-administered with tetanus, diphtheria, acellular pertussis (Tdap), and human papillomavirus virus (HPV4) vaccines in meningococcal vaccine naive adolescents (10–17 years of age).

Methods. A randomized, open-label, multicenter study (NCT02199691) was conducted in 1,715 healthy subjects in the United States, who were randomly assigned to receive MenACYW-TT conjugate vaccine, MCV4-CRM, MenACYW-TT conjugate vaccine (co-administered with Tdap and HPV4), or Tdap and HPV4 vaccines. Serum bactericidal assay with human (hSBA) and baboon (rSBA) complement was used to measure antibodies against serogroups A, C, W, and Y test strains at baseline and 30 days after vaccination. Safety data were collected up to 6 months post-vaccination.

Results. Noninferiority of immune response was demonstrated between MenACYW-TT conjugate vaccine and MCV4-CRM, and MenACYW-TT conjugate vaccine when co-administered with Tdap and HPV4 vaccines vs. when administered alone, based on percentages of study participants achieving hSBA vaccine seroresponse at Day 30 from baseline. The proportions of individuals with hSBA ≥ 1:4 after MenACYW-TT conjugate vaccine administration were higher than those after MCV4-CRM administration for all four serogroups (A: 93.5% vs. 82.8%; C: 98.5% vs. 76.0%; W: 99.1% vs. 90.7%; Y: 97.2% vs. 83.2%). Co-administration of MenACYW conjugate, Tdap and HPV4 vaccines did not generate any results suggestive of immune interference. Reactogenicity profiles were comparable across study groups. Most unsolicited adverse events were of Grade 1 or Grade 2 intensity. No vaccine related serious adverse events were reported.

Conclusion. MenACYW-TT conjugate vaccine was immunogenic and well tolerated when administered as a single dose to meningococcal vaccine naive adolescents along with Tdap and HPV4 vaccines. Such a vaccine will offer an alternative for the prevention of invasive meningococcal disease in susceptible populations across the world.

Disclosures. All authors: no reported disclosures.

1968. Procalcitonin-Guided Antibiotic Therapy for Lower Respiratory Tract Infections in a US Academic Medical Center

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Background. European trials using procalcitonin (PCT)-guided antibiotic therapy for patients with lower respiratory tract infections (LRTI) have resulted in significant reductions in antibiotic use without increasing adverse outcomes. Few prospective studies have examined PCT-guided antibiotic therapy for LRTI in the United States.