MENINGOCOCCAL VACCINATION AMONG PATIENTS NEWLY DIAGNOSED AT HIGH-RISK FOR MENINGOCOCCAL DISEASE IN THE US
Lindsay GS Bengtson, Gary S Marshall, Ami R Buikema, Eleena Koep, Patricia Novy, Cosmina S Hogea; Presenting on behalf of the authors: Parinaz Ghaswalla
1Optum, Eden Prairie, MN, USA; 2University of Louisville, Louisville, KY, USA; 3GlaxoSmithKline, Philadelphia, PA, USA

RESULTS

The results from the Kaplan-Meier analysis for the estimated uptake and time to receipt of ≥1 dose and receipt of ≥2 doses of MenACWY and MenB for each high-risk condition are shown in Figures 3-6.

Table 2. Baseline Characteristics by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Race, %</th>
<th>Female, %</th>
<th>Mean age (SD), years</th>
<th>Total, N</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>95.4%</td>
<td>97.8%</td>
<td>47.5 (17.0)</td>
<td>15,349</td>
</tr>
<tr>
<td>CD</td>
<td>71.1%</td>
<td>55.6%</td>
<td>40.3 (17.4)</td>
<td>1,470</td>
</tr>
<tr>
<td>Asplenia</td>
<td>68.6%</td>
<td>59.9%</td>
<td>40.0 (17.3)</td>
<td>1,208</td>
</tr>
<tr>
<td>Other</td>
<td>68.6%</td>
<td>69.7%</td>
<td>41.3 (17.2)</td>
<td>9,081</td>
</tr>
<tr>
<td>Sickle cell</td>
<td>59.3%</td>
<td>69.0%</td>
<td>75.8 (12.5)</td>
<td>396</td>
</tr>
</tbody>
</table>

Conclusions

- Uptake of MenACWY and MenB vaccines in patients newly diagnosed with high-risk conditions is very low.
- Even among those receiving meningococcal vaccines, the time to vaccination following a new diagnosis of a high-risk condition and the time between first and second dose receipt is long.

There were notable differences in the most frequent immunizing provider type based on the high-risk condition.

Plain Language Summary

High-risk patients may remain vulnerable to invasive meningococcal disease for extended periods of time. There is a need to improve suboptimal uptake and shorten the time to meningococcal vaccination following a new high-risk diagnosis by increasing awareness of Advisory Committee on Immunization Practices (ACIP) recommendations, among all provider types.

Funding

GlaxoSmithKline Biologicals SA

Scan for Handout, Disclosures and References
REFERENCES

1. MMWR 1997; 46(5);1-21.
2. MMWR 2005; 54(7);1-21.
3. MMWR 2011; 60(03);72-76.
4. MMWR 2016; 65;1189-94.
5. MMWR 2015; 64(22);608-612.

DISCLOSURES

GlaxoSmithKline Biologicals SA funded this study (HO-18-19581) and related publications.

PG, CH, and PN are employed by and hold shares in the GSK group of companies. AB, LB, and EK are employees of Optum, which was contracted by the GSK group of companies to conduct this research. GM reports involvement as an investigator and consultant for the GSK group of companies, Merck, Seqirus, Pfizer, and Sanofi Pasteur and also as a speaker for Pfizer and Sanofi Pasteur.

The authors would like to thank the following individuals for their contributions to this study: Lynn Wacha and Thomas Horstman of Optum for programming support, Michael Leszko of Optum for analytic support, and Jessica Fachini of Optum for project management. The authors also thank Parinaz Ghaswalla of GSK for leading poster development. Business & Decision Life Sciences platform provided editorial assistance and publications coordination, on behalf of GSK. Editorial support was provided by Marie Cloes (Business & Decision Life Sciences c/o GSK).