Additionally, it examines differences in preferences among subgroups: likely vaccinated, at-risk, health plan, and African Americans (AA) of which the latter have been shown to vaccinate against HZ less than others.

**METHODS**

**Survey design**
- A discrete choice experiment survey was completed by 1,454 US adults aged 250 years in January 2019.

**Discrete Choice Experiment**
- HZ vaccine profiles were characterized using seven attributes.
- Respondents made 8 choices between a pair of hypothetical HZ vaccine profiles, determined by an efficient experimental design, with no vaccination option.

**Random Cluster Design**
- Respondents stated intentions to complete a 3-dose vaccination series as conditioned on varying levels of adverse events with a sequence of out-of-pocket (OOP) costs.

**Random Parameters Logit Regression**
- Random-parameters logit (RPL) regression analysis was used to analyze the choice data.
- Preference weights from the RPL model were used to estimate the conditional relative importance of vaccine features and the minimum acceptable benefits (MAB) for changes in undesirable features.
- Preference weights were estimated for subgroups to test for systematically different preferences.
- Post-hoc latent class model analysis was used to identify subgroups of AA respondents with distinct preference profiles.

**RESULTS**

**Preference weights**
- The random parameters logit (RPL) regression analysis revealed that cost, vaccine efficacy, and the utility associated with the no-vaccine alternative were the three most important attributes.
- Preference weights from the RPL model were used to estimate the conditional relative importance of vaccine features and the minimum acceptable benefits (MAB) for changes in undesirable features.
- Preference weights don’t explain entirely preference weights.

**Systematic differences in preferences among subgroups**
- Systematic differences in preferences among subgroups were largely driven by cost, vaccine efficacy, and the utility associated with the no-vaccine alternative.

**Conclusions**
- On average, adults aged 50 years and older prefer getting a shingles vaccine over no vaccine.
- Total out-of-pocket costs for all Zoster vaccine doses was the most important attribute followed by vaccine efficacy. Adverse events also influence HZ vaccination decisions but to a lesser extent. About 75% respondents stated that they would complete the series of a shingles vaccine with 2 doses at a fixed OOP cost of $8 to $15 per dose.
- Differences in HZ vaccination preferences across African Americans are in the importance of getting a shingles vaccine over no vaccine, total OOP costs, and the duration of effectiveness.

Disclosures
- GlaxoSmithKline Biologicals SA funded this study (GSK study identifier: HG-17-18066208677). The authors would like to thank Business & Decision Life Sciences platform for editorial assistance and publications coordination, on behalf of GSK. Maxime Bessieres coordinated publication development and editorial support. Lasia Brown provided topical discussion about the abstract content.

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**BACKGROUND**
- In October 2017, the Advisory Committee on Immunization Practices preferentially recommended recombinant zoster vaccine for immunocompetent adults aged 50 years, regardless of previous vaccination.
- It is known about what drives personal shingles vaccination decisions.
- The primary aim of this study is to quantify preferences for attributes of Herpes Zoster (HZ) vaccines, from the perspective of adults aged 250 years in the US.
- Additionally, it examines differences in preferences among subgroups: likely vaccinated, at-risk, health plan, and African Americans (AA) of which the latter have been shown to vaccinate against HZ less than others.

**OBJECTIVES**
- To systematically evaluate the importance of vaccine attributes in shingles vaccination decisions.
- To test for systematic differences in preferences among subgroups.

**METHODS**
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