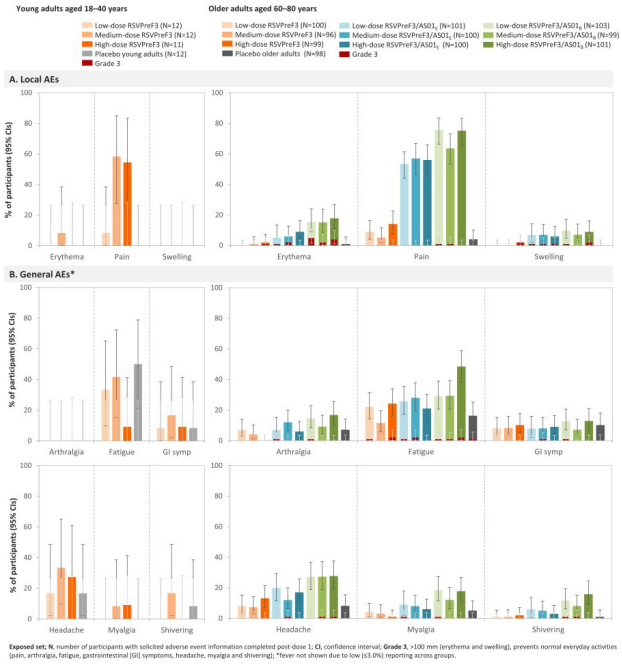
Figure 2. Percentage of participants with at least one type of solicited adverse event (AE) within 7 days post-dose 1



Conclusion: First dose of RSVPreF3 candidate vaccine is well tolerated. AE rates tended to be higher after $AS01_B$-adjuvanted formulations compared to other vaccine formulations. No safety concerns were raised.

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120. Impact of a Molecular Point-of-care 'test and Treat' Strategy for Influenza in Hospitalised adults: A Multi-centre, Randomised Controlled Trial (FluPOC)

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Session: O-23. Hot Clinical Trials

Background: The diagnosis of Influenza in hospitalised patients is delayed due to long turnaround times of laboratory testing, leading to inappropriate and late antiviral and isolation facility use. Molecular point-of-care test (mPOCT) are highly accurate, easy to use and generate results in under 1 hour but high quality evidence for their clinical impact is lacking.

Methods: In this multicentre, randomised controlled trial we enrolled adults hospitalised with acute respiratory illness during influenza seasons. Patients were randomised (1:1) to receive mPOCT for influenza or routine clinical care. The primary outcome was the proportion of influenza-infected patients who received antivirals. Secondary outcomes included time to antivirals, isolation facility use, and clinical outcome. This study is registered with ISRCTN, number:17197293, and has completed.

Results: Between December 2017 and May 2019, 613 patients were enrolled (307 assigned to mPOCT and 306 to routine care) and all were analysed. 100 (33%) of 307 patients in the mPOCT group and 102 (33%) of 306 in the control group had influenza. 100 (100%) of 100 influenza-infected patients were diagnosed in the mPOCT group and 60 (59%) of 102 were diagnosed though routine clinical care (relative risk 1·7, 95%CI 1·7 to 1·7;p< 0·0001). 99 (99%) of 100 influenza-infected patients received antivirals in the mPOCT group versus 63 (62%) 102 in the control group (relative risk 1·6, 95%CI 1·4 to 1·9;p< 0·0001). Median time to antivirals was 1·0 hour in the mPOCT group versus 6·0 hours in the control group (difference of 5·0 hours, 95%CI 0 to 6·0;p=0·004). 70 (70%) of 100 influenza-infected patients in the mPOCT group were nursed in single room accommodation versus 39 (38%) of 102 in the control group (relative risk 1·8, 95%CI 1·4 to 2·4;p< 0·0001). Median hospital recovery scale score (an ordinal 6 point scale used to assess patient outcome) at 7 days was lower in the mPOCT group verses the control group (p=0·045).

Figure 1a: Time-to-event curve showing antiviral use over time in influenza-infected patients.

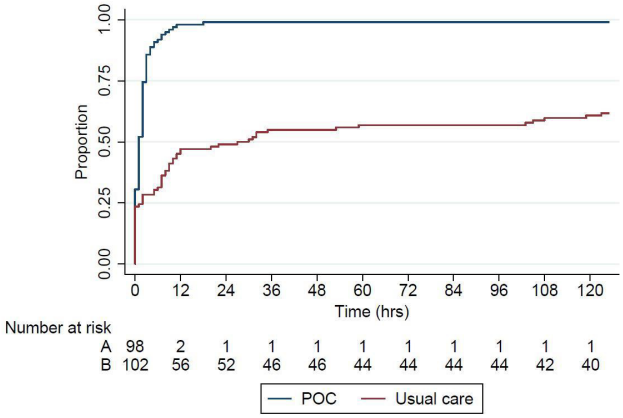
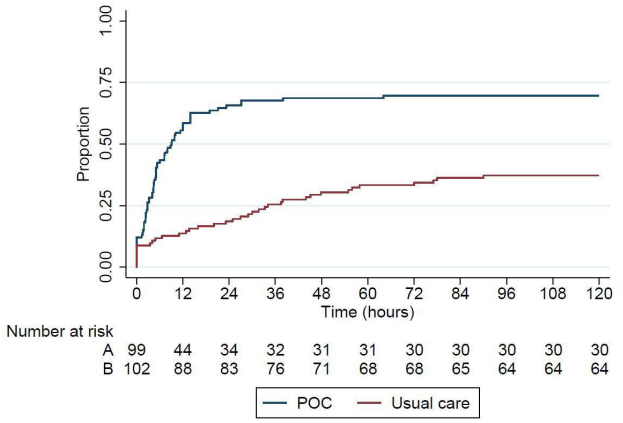


Figure 1b: Time-to-event curve showing isolation facility use over time in influenza-infected patients.



Conclusion: Routine mPOCT for influenza was associated with enhanced influenza detection, improvements in appropriate and timely antiviral and isolation facility use, and more rapid clinical recovery.

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121. A Respiratory Syncytial Virus Prefusion F Protein (RSVPreF3) Candidate Vaccine Administered in Older Adults in a Phase I/II Randomized Clinical Trial Is Immunogenic

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