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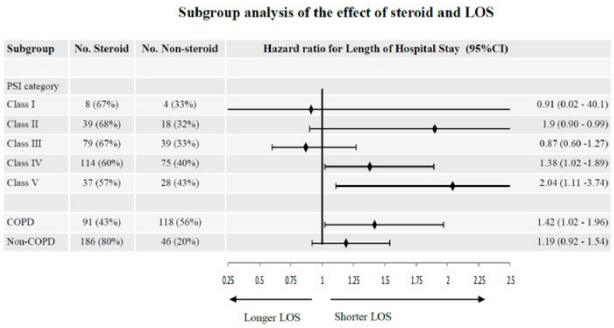
Variables	Steroid (n=277)	Non-steroid (n=164)	p-value
Age (mean,SD)	72.03 (14.63)	74.82 (14.18)	0.05
Female (n,%)	149 (53.8%)	85 (51.8%)	0.69
COPD (n,%)	186 (67.1%)	46 (28.0%)	<0.01
DM (n,%)	87 (31.4%)	56 (34.1%)	0.55
On baseline oxygen (n,%)	95 (34.3%)	18 (11.0%)	<0.01
Current smoking (n,%)	68 (24.5%)	15 (9.1%)	<0.01
Active lung cancer (n,%)	15 (5.4%)	12 (7.3%)	0.42
History of congestive heart failure (n,%)	72 (26.0%)	37 (22.6%)	0.64
Nursing home residents (n,%)	29 (10.5%)	28 (17.1%)	0.05
Altered mental status on admission (n,%)	18 (6.5%)	23 (14.0%)	0.01
Respiratory rate >30/min (n,%)	38 (13.7%)	8 (4.9%)	<0.01
Wheezing on presentation (n,%)	175 (63.2%)	18 (11.0%)	<0.01
ICU admission (n,%)	43 (15.5%)	20 (12.2%)	0.33
CURB-65 (median, IQR)	1 (1, 2)	1 (1, 2)	0.11
PSI score (mean, SD)	95.14 (29.40)	101.01 (28.35))	0.04
COPD: chronic obstructive pulmonary disease. DM: diabetes mellitus No missing data			

Figure 1: Subgroup analysis the effect of steroid and lenght of hospital stay (LOS)



Conclusion: Our study concluded that adjuvant steroid therapy associated with a decrease in length of hospital stay and improved inpatient mortality in hospitalized pneumonia patients. Steroid was most beneficial to those with severe pneumonia (PSI class IV-V) and COPD patients.

Disclosures. **All Authors**: No reported disclosures

1465. Age-Dependent Interactions Among Clinical Characteristics, Viral Loads and Disease Severity in Young Children with Respiratory Syncytial Virus Infection (RSV) Infection

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Background. Differences in clinical presentation and viral loads according to age in young children with RSV, and their correlation with disease severity are poorly defined. The aim of this study was to define age-dependent the differences in demographic, clinical factors and viral loads between children < 2 years of age with mild RSV infection evaluated as outpatients versus those hospitalized with severe RSV infection.

Figure 1. Sign and Symptoms according to disease severity and age in infants with RSV infection. Most relevant signs and symptoms were stratified in outpatients (orange) vs inpatients (blue) by age in (A) < 3 months, (B) between 3 and 6 months, and (C) > 6 to 24 months of age. The Y axis represents the signs and symptoms in the two disease severity groups and the X axis the frequency of that specific symptom (%). Numbers next to bars represent the exact number of patients with that specific sign/symptom. Comparisons by Fisher exact test. Symbol (*) indicate significant 2-sided p values

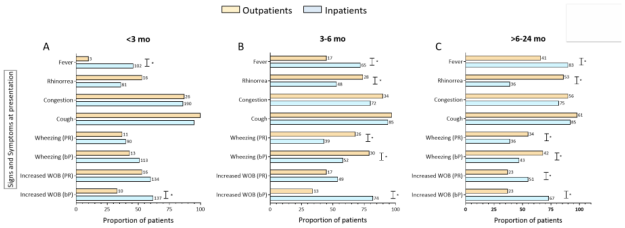
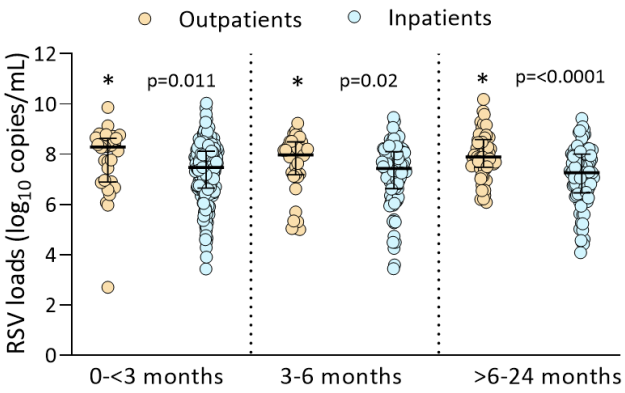


Figure 2. Viral load differences according to age in infants with RSV infection. The Y axis represents RSV loads in log10 copies/mL and the X axis differences in viral loads in outpatients (orange) and inpatients (blue) in the three age groups. Comparisons by Mann Whitney test.



Methods: Previously healthy children < 2 years old with mild (outpatients) and severe (inpatients) RSV infection were enrolled and nasopharyngeal swabs were obtained for RSV typing and quantitation by real-time PCR. Patients were stratified by age (0-< 3, 3-6, and >6-24 months) and multivariable analyses were performed to identify clinical and viral factors associated with severe disease.

Results. From 2014-2018 we enrolled 534 children with RSV infection: 130 outpatients and 404 inpatients. Median duration of illness was 4 days for both groups, yet viral loads were higher in outpatients than inpatient in the three age groups (Fig 1). Wheezing was more frequent in outpatients of older age (>3 months) than in inpatients (p< 0.01), while fever was more common in inpatients that outpatients (p< 0.01) and increased with age (Fig 2). Adjusted analyses confirmed that increased work of breathing and fever were consistently associated with hospitalization irrespective of age, while wheezing in infants >3 months, and higher RSV loads in children >6-24 months were independently associated with reduced disease severity.

Conclusion. Age had a significant impact defining the interactions among viral loads, specific clinical manifestations and disease severity in children with RSV infection. These observations highlight the importance of patient stratification when evaluating interventions against RSV.

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