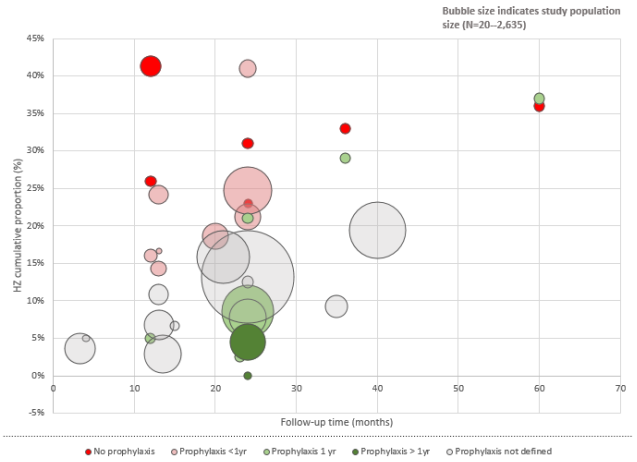
Figure 3. Cumulative proportion of herpes zoster among HCT patients, by time following transplant



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

1630. Voluntary HIV Testing and Self-Realization of Risk of HIV Infection Among Young Men-Who-Have-Sex-with-Men in the Miami-Dade Area

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Background. According to the Centers for Disease Control and Prevention, Miami-Dade County has the highest rate of new HIV diagnoses in the Nation. So far, a large focus of public health initiatives has been spreading awareness of HIV testing locations, but this form of voluntary testing relies on individuals realizing that they are at risk of HIV infection in the first place. Consequently, a major obstacle to encouraging young men-who-have-sex-with-men (YMSM) to test themselves for HIV is their own self-perceived risk of having an undetected infection.

Methods. In an effort to better understand the discordance between high-risk sexual behavior and HIV testing among this high-risk population, YMSM (18–24) were surveyed through smartphone applications that facilitate sexual encounters in the Miami-Dade area (eg Grindr, Scruff). Users were asked about their history of condomless anal intercourse (CAI), their HIV testing habits, and whether or not they believe it possible that they are currently infected with HIV. An analysis of the relationship between CAI and self-perception of possible HIV infection was performed using Cochran-Mantel–Haenszel testing.

Results. Of the 843 eligible responses, 667 reported a history of voluntary HIV testing while 176 had never voluntarily tested. 726 respondents reported a history of CAI and 131 of these have never voluntarily tested. Of the 843 total participants, 1.6% were in the highest HIV risk group, which is those who have engaged in CAI with an exchange/casual partner, have never voluntarily tested for HIV, and have no self-perceived risk of being currently infected. According to data analysis, YMSM who have engaged in CAI but have never been tested for HIV were not more likely to have a self-perceived possibility of infection when compared with those who have voluntarily tested ($P < 0.595$).

Conclusion. This suggests that many high-risk YMSM are not voluntarily testing themselves for HIV not because they do not have access to testing, but rather because they do not perceive themselves as being possibly infected in the first place. Therefore, in addition to increasing access to HIV testing, new public health initiatives must be designed to facilitate YMSM understanding their own personal HIV risk.

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

1631. Association Between Type-Specific Influenza Circulation and Incidence of Severe Laboratory-confirmed Cases; Which Subtype Is the Most Virulent?

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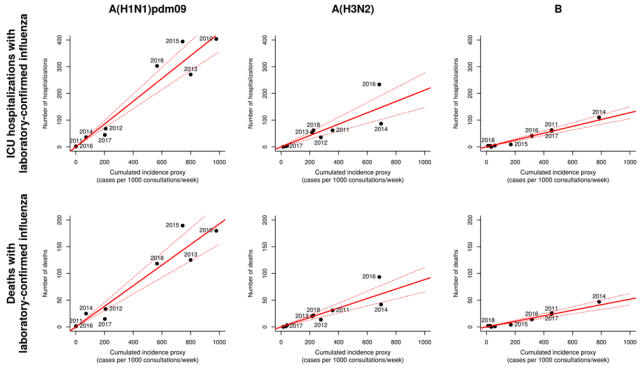
Background. Excess population mortality during winter is most often associated with influenza A(H3N2), particularly "pneumonia and influenza" deaths. We examined differences between influenza types in their association with severe laboratory-confirmed cases, to determine which is the most virulent.

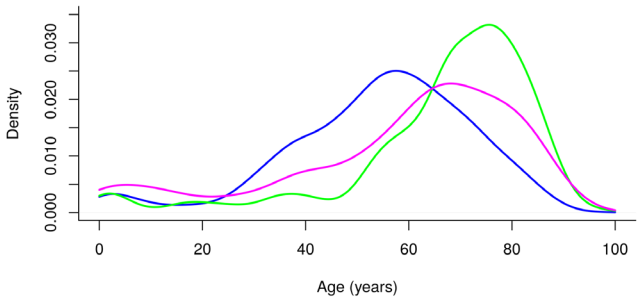
Methods. We used nine seasons of comprehensive nationwide surveillance data from Greece (from 2010/11 to 2018/19) to examine the association, separately for influenza A(H1N1)pdm09, A(H3N2) and B, between the number of laboratory-confirmed severe cases (intensive care hospitalizations or deaths) and the overall type-specific circulation during the season (expressed as a cumulated incidence proxy—ILI rate times percent positive, summed over the season), using additive Poisson regression.

Results. During the study period, and for the same level of circulation during a season, influenza A(H1N1)pdm09 was associated with 3.7 times (95% CI 2.7–5.0) more laboratory-confirmed deaths compared with influenza B, and 2.2 times (95% CI 1.6–3.1) more compared with A(H3N2) (Figure 1). Similar differences were observed for intensive care hospitalizations. Laboratory-confirmed A(H1N1)pdm09 severe cases were more often younger (median age 56 years) compared with influenza B or A(H3N2) (median age 64 and 72 years respectively, both $P < 0.001$) (Figure 2).

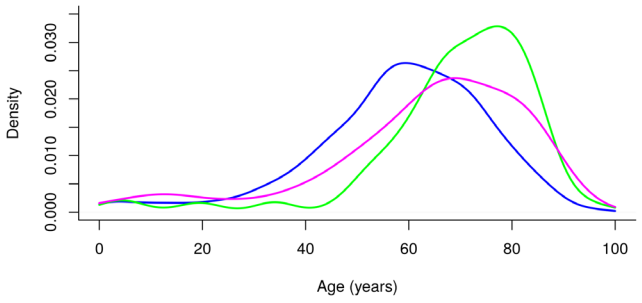
Conclusion. Influenza A(H1N1)pdm09 is associated with many more severe laboratory-confirmed cases; this is likely due to a more typical clinical presentation and younger patient age, leading to more laboratory testing. In contrast A(H3N2) affects older people and presents more atypically, which is less likely to lead to laboratory testing and confirmation. Focusing on laboratory-confirmed cases, although useful in itself, may provide severely biased estimates of the burden of influenza mortality and morbidity.



ICU hospitalizations with laboratory-confirmed influenza



Deaths with laboratory-confirmed influenza



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

1632. Different Healthcare Utilization Pattern in Vaccine Hesitant Children

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