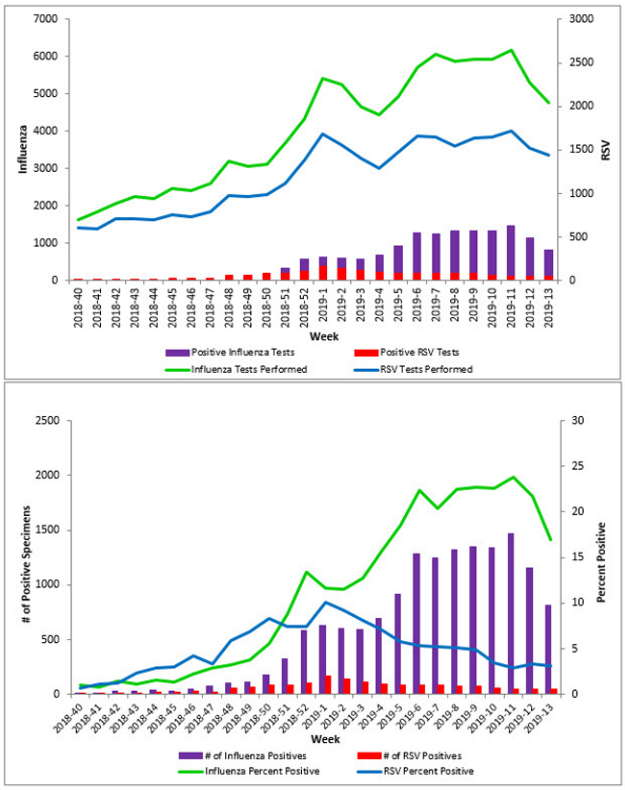
higher compared with influenza. Although fewer RSV tests were performed and testing practices were variable across VA facilities, the weekly trend aligned closely with influenza. Surveillance for both viruses is important in VA given their associated morbidity and mortality.

Table. VA Influenza and RSV Surveillance Measures, 2013-2014 through 2018-2019 Seasons.

VA Influenza (Flu) and Respiratory Syncytial Virus (RSV) Metrics	2013-14 N (%)	2014-15 N (%)	2015-16 N (%)	2016-17 N (%)	2017-18 N (%)	2018-19§ N (%)
Flu Vaccinations‡	1,975,638 (33)	1,844,279 (30)	1,844,856 (29)	1,840,275 (29)	1,931,290 (30)	1,938,002 (34)
High-Dose/Adjuvanted	47,354 (2)	101,978 (6)	179,202 (10)	279,484 (15)	377,507 (20)	409,246 (21)
Flu Telephone Triage*	8,388	10,348	8,397	-	14,185	7,605
Flu Outpatient Visits	6,245	10,724	8,693	16,190	39,381	18,455
Flu Hospitalizations	2,442	4,673	2,658	4,415	10,341	3,980
Median Length of Stay	4 days	4 days	4 days	4 days	3 days	3 days
Deaths†	73 (3)	139 (3)	79 (3)	147 (3)	398 (4)	131 (3)
Flu Lab Tests	44,746	70,836	62,058	93,108	161,994	105,760
Total Positive	6,095 (14)	11,506 (16)	6,389 (10)	13,739 (15)	33,292 (21)	15,053 (14)
Influenza A	4,983 (82)	9,058 (79)	4,428 (69)	10,330 (75)	22,411 (67)	14,430 (96)
Influenza B	1,060 (17)	2,355 (20)	1,888 (30)	3,352 (24)	10,764 (32)	580 (4)
A&B/Not Specified	52 (1)	93 (1)	73 (1)	57 (<1)	117 (<1)	43 (<1)
Flu Antivirals	16,753	32,826	16,983	32,462	68,858	31,547
Inpatient	4,335	7,539	4,073	8,874	15,637	23,833
Outpatient	12,418	25,287	12,910	23,588	53,221	7,714
RSV Outpatient Visits	75	117	288	428	1,208	997
RSV Hospitalizations	121	226	254	481	951	682
Median Length of Stay	4 days	4 days	4 days	4 days	4 days	4 days
Deaths	10 (8)	12 (5)	10 (4)	24 (5)	47 (5)	29 (4)
RSV Lab Tests*	-	-	-	-	-	31,404
Total Positive	-	-	-	-	-	1,674 (5)
RSV Subtype A	-	-	-	-	-	10 (<1)
RSV Subtype B	-	-	-	-	-	39 (2)
Not Specified	-	-	-	-	-	1,625 (97)

§Includes data through 3/31/2019 only.
‡Percentage calculated based on the total number of VA users reported each fiscal year. The High-Dose (Fluzone) vaccine was available in some VA facilities during the 2013-14 through 2017-18 seasons and Adjuvanted vaccine (Fluad) in 2018-19 season. Standard dose was quadrivalent vaccine in 2017-18 and 2018-19 and trivalent in prior seasons.
*Due to server migration, telephone triage data was not available for the 2016-17 season. RSV lab data were reviewed for the 2018-19 season only.
†Deaths during an influenza or RSV coded hospitalization (record reviews were not performed to assess whether influenza or RSV was documented as a principal or contributing cause of death).

Figure. VA Influenza and Respiratory Syncytial Virus (RSV) laboratory testing results, 2018-2019 Season.



Cancelled tests, "dummy/test" records and antibody titers were excluded. Repeat test results within 30 days of the initial result were also excluded.

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

2314. Burden of Respiratory Syncytial Virus (RSV) Infection Among Hospitalized Older Adults and Those with Underlying Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF)

Evan J. Anderson, MD[1]; Laila Hussaini, MPH[1]; Laurel Bristow, MPH[1]; Ashley Tippett, MPH[1]; Theda Gibson, BS[1]; Mari Hart, RN[1]; Luis Salazar, MPH[1]; Michelle Gaffney, BA[1]; Ifeyinwa Kanayo Benyeogor, BA[1]; Andrew Cheng, BA[1]; Ana Drobeniuc, MPH[1]; Jessica Traenkner, MPH[1]; Danielle Fayad, BA[1]; Wesley Washington, BA[1]; Lisa Emerson, BA[1]; Natalia Schwartz, BA[1]; Kandra Greaves, BA[1]; Sean Todd, BA[1]; Corshé Stanley, BA[1]; Amer Bechnak, BA[1]; Rody Bou Chaaya, BA[1]; Zayna Al-Husien, BA[1]; Rijalda Deović, MPH[1]; Juton Winston, MPH[1]; Dilshad Rafi Ahmed, MPH[1]; Wensheng Li, BA[1]; Khuong Le, BA[1]; Aditya Singh, BA[1]; Jennifer E. Spencer, BA[1]; Amy Muchinsky, BA[1]; Kathryn Zaks, BA[1]; Wendy Nesheim, RN[1]; Kathy Stephens, RN, BSN[1]; David L. Swerdlow, MD[2]; Robin Hubler, MS[3]; Yasmeen Agosti, MD[3]; Mohamed Munye, BA[1]; Samadhan Jadhao, MD[1]; Binh Ha, BA[1]; Courtney McCracken, PhD[1]; Colleen Kraft, MD[1]; Christina A. Rostad, MD[1]; Carol Kao, MD[1]; Ben Lopman, PhD[4]; Inci Yildirim, MD, PhD[1]; Larry Anderson, MD[1]; Nadine Rouphael, MD[1]; Nadine Rouphael, MD[1]; [1]Emory University School of Medicine, Atlanta, Georgia; [2]Pfizer, Inc., New York, New York; [3]Pfizer, Collegeville, Pennsylvania; [4]Rollins School of Public Health, Emory University, Atlanta, Georgia

Session: 247. Clinical Virology/Viral Epidemiology
Saturday, October 5, 2019: 12:15 PM

Background. Data are limited about the burden of respiratory syncytial virus (RSV)-related hospitalizations in older adults and those with COPD or CHF.

Methods. We conducted prospective surveillance at two hospitals from October 2018 to March 2019 for adults ≥50 years of age admitted with acute respiratory infections (ARI) and adults of any age with COPD or CHF-related admissions. Adults were eligible if they were residents of an 8 county region in Atlanta, Georgia. Asymptomatic adults ≥50 years of age were enrolled as controls. Nasopharyngeal and oropharyngeal swabs were tested for RSV and influenza (Flu) using BioFire® FilmArray® Respiratory Viral Panel (RVP) and acute/convalescent serology was obtained for RSV antibodies detection by enzyme immunoassay against RSV lysate. Standard of care results were included for enrollees. We compare the number of RSV+, Flu+ and RSV−/Flu− cases along with demographic features and outcomes.

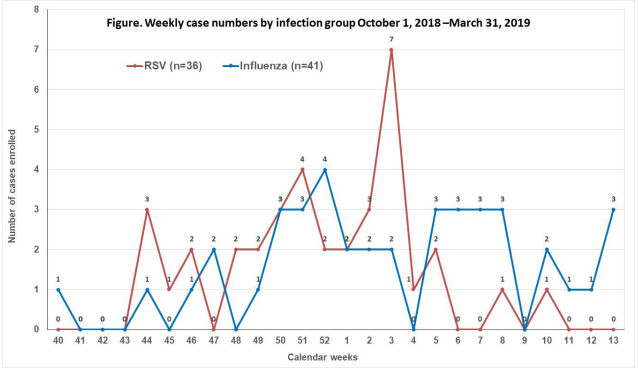
Results. We screened 12,453 patients to identify 1,515 eligible adults of which 617 (41%) were enrolled. The most common reasons for failing to enroll were refusal (676, 75%) and inability to obtain informed consent (221, 25%). Of the 617, 36 (6%) were RSV+ and 41 (7%) were Flu+. RSV was detected in 1/126 (0.8%) and Flu in 0/126 healthy controls. RSV+ occurred earlier in surveillance and peaked at a higher frequency (figure). Clinical characteristics and outcomes are in the table. In a convenience sample, a four-fold rise in RSV antibody titer was detected among 8/15 RSV+, 0/42 RSV−/Flu−, and 0/42 healthy controls.

Conclusion. The burden and outcomes for RSV are similar to Flu in adults admitted to the hospital with ARI, CHF, or COPD. A vaccine for RSV would be beneficial.

Table: Selected Characteristics of Study Participants

Characteristics	RSV + N=36*	Flu + N=41*	RSV -, Flu - N=544
Age (median, IQR)	63 (54-70)	57 (52-64)	63 (56-72)
Female (n, %)	26 (72)	23 (56)	301 (55)
Race/ethnicity (n, %)			
Non-Hispanic white	9 (25)	8 (20)	137 (25)
Non-Hispanic Black	24 (67)	30 (73)	378 (69)
CHF	11 (33)	13 (31)	263 (49)
COPD	15 (42)	13 (31)	198 (37)
Hospital stay, days (median, IQR)	3 (2-7)	3 (2-6)	4 (3-7)
ICU admission (n, %)	4 (11)	8 (19)	91 (17)
Mortality (n, %)	0 (0)	0 (0)	9 (2)

IQR Interquartile range
***3 individuals were positive for RSV and Flu**



Disclosures: Nadine Rouphael, MD, Merck: I conduct as Emory PI the PNEUMO MERCK study at Emory, Research Grant; Pfizer: I conduct as co-PI the RSV PFIZER study at Emory, Research Grant; Sanofi-Pasteur: I conducted as Emory PI the CDIFFENSE trial at Emory, Research Grant.