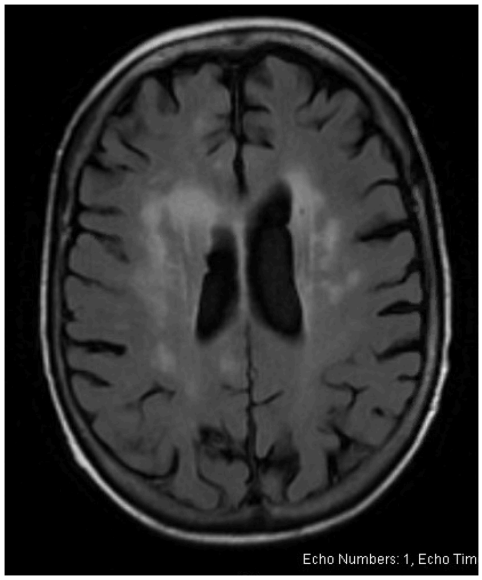
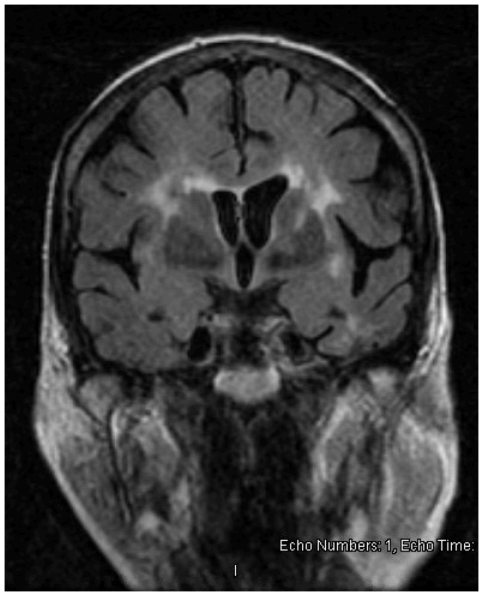
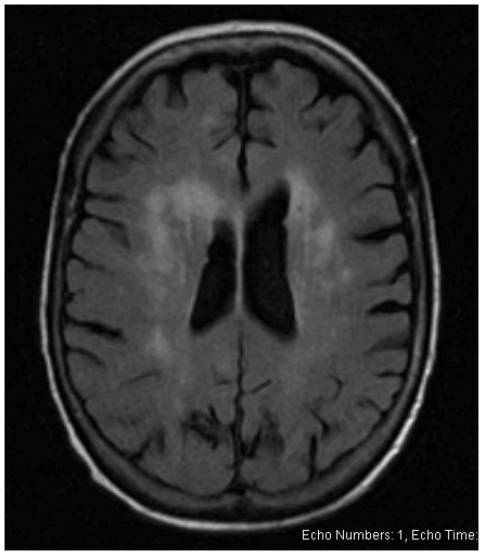






Disclosures. **All authors:** No reported disclosures.

1767. Incidence of *Respiratory Syncytial Virus* Infection among Adults Undergoing Hematopoietic Stem Cell Transplantation: A Prospective Study from India

Sameer Abdul Samad, MBBS; Lalit Dar, MD; Lalit Kumar, MD, DM; Megha Brijwal, MD; Aashish Choudhary, MD; Animesh Ray, MD, DM, MRCP(UK); Jyoti Jethani, MSc Biotechnology; All India Institute of Medical Sciences, New Delhi, India

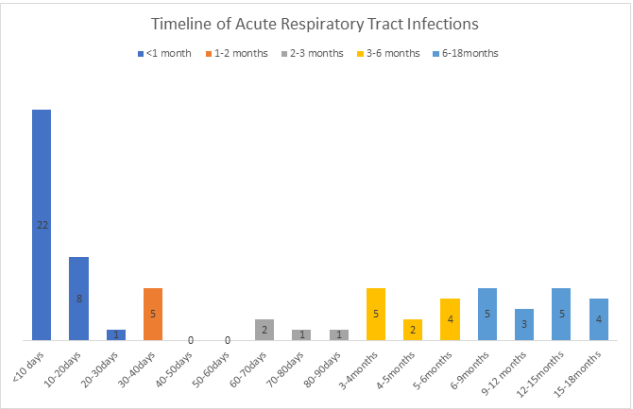
Session: 169. Transplant ID: Viral, Mycoplasma/Ureaplasma Infections
Friday, October 4, 2019: 12:15 PM

Background. *Respiratory Syncytial Virus* (RSV) is an important cause of morbidity and mortality in hematopoietic stem cell transplant (HSCT) recipients; progression from Upper Respiratory Tract Infection (URI) to Lower Respiratory Tract Infection (LRTI) may occur in 30%–40% of transplant recipients with associated high fatality. Data on disease burden due to RSV among adult HSCT recipients is limited with no earlier reports from India.

Methods. We prospectively studied 50 HSCT recipients who underwent hematopoietic stem cell transplantation at our institute from January 2017 onwards. Patients were followed up for a period of 18 months post-transplant, initially during stay in transplant unit and subsequently on out-patient basis and telephonically for any episode of acute respiratory tract infection. Information on symptoms and signs at presentation as well as basic hematological and radiological investigations were collected. Nasal and throat swabs from symptomatic patients were taken in viral transport medium and tested for RSV by real-time RT–PCR. As per institute policy patients had received prophylaxis with acyclovir and itraconazole till day +30 post-transplant.

Results. A total of 68 episodes of acute respiratory tract infection were tested for RSV during the follow-up period (mean ± standard deviation = 12 ± 5 months; 11 patients expired during follow-up period). Of these 21 were URI episodes, 46 were acute bronchitis episodes and 1 was a pneumonia episode. Two episodes tested positive for RSV in two autologous HSCT recipients, both belonging to RSV-B subtype, one from a URI episode on day 163 of HSCT and the other from a pneumonia episode on day 8 after HSCT. Both recovered without specific targeted treatment against RSV. The incidence of RSV infection in post-HSCT adult patients calculated from this study is 4% per year.

Conclusion. There is significant incidence of RSV infection among post-HSCT adults in India. Nevertheless, institution of targeted treatment options depends on weighing the cost and risk against benefit of using them. RSV-B subtype as seen in this study also is less virulent and less likely to lead to LRTI compared with RSV-A. Clinical predictors of poor outcomes can also help to decide upon prophylaxis. Larger studies focusing on preventing progression to LRTI need to be done.



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

1768. Dengue Virus Infection in Solid-Organ Transplant Recipients: Case Series and Literature Review

Fernando Rosso, MD, MSc; Ana M. Sanz, MD; Claudia M. Parra, MD; Pablo A. Moncada, MD; Juan D. Vélez, MD; Luis A. Caicedo; Fundación Valle del Lili, Cali, Valle del Cauca, Colombia

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Background. Dengue fever is the most prevalent arbovirus among humans, its incidence has increased since the re-emergence, and Colombia is a hyperendemic country for this infection. The number of solid-organ transplant (SOT) recipients, at risk of acquiring dengue virus infection, is constantly increasing, and there are few data regarding the clinical course and outcomes of dengue infection among this population. The aim of this study was to describe dengue virus infection in SOT recipients in Cali, Colombia.

Methods. We present a case series of SOT recipients with dengue virus infection, diagnosed by World Health Organization criteria and a positive NS1 and/or IgM dengue antibodies, which were attended at the FVL from 2001 to 2018. Furthermore, we performed a literature review regarding dengue infection in SOT recipients.

Results. A total of 20 patients were included: 17 kidney and 3 liver recipients. The median age was 50.5 years (IQR = 31–63.5), 65% were female. The median time