***Results.*** HAdV admissions and genotype profiles in KKH are described in Figures 1 and 2, respectively. There were 85 children with severe HAdV infection, of which 17 (20%) received cidofovir for mainly viremia (8, 47.1%) and pneumonia (7, 41.2%). Of these 17 patients, 7 (41.2%) died. More children treated with cidofovir had genotype 7 infection (8 of 17, 47.1%) vs. 13 of 68 (19.1%) who did not ($P = 0.027$). Characteristics of patients who received cidofovir are described in Table 1. None experienced adverse reactions from cidofovir.

**Figure 1: Children admitted for HAdV infection in KKH from Jan 2013 to Sep 2017**

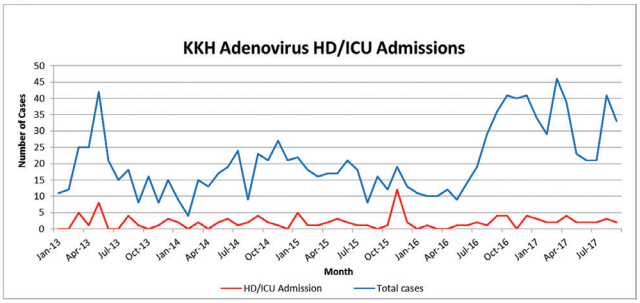


**Figure 2: Genotype profiles of HAdV infection in KKH from Jan 2013 to Sep 2017**

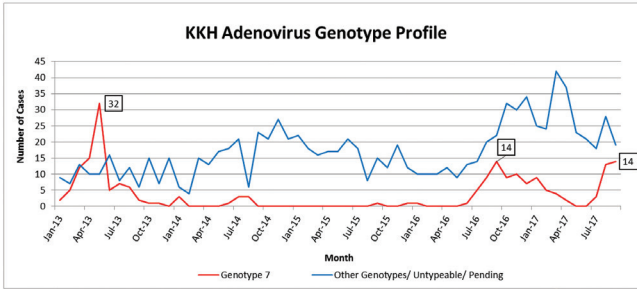


**Table 1:** Comparison of Characteristics of 17 Children Who Received IV Cidofovir

| | Discharged ($N = 10$) | Death ($N = 7$) | $P$ Value |
|---|---|---|---|
| Age in years (median, IQR) | 2.6 (1.7–3.7) | 2.2 (1.2–5.9) | 0.922 |
| Male | 5 (50.0) | 6 (85.7) | 0.304 |
| Significant co-morbidities | 5 (50.0) | 6 (85.7) | 0.304 |
| Prematurity | 0 (0.0) | 1 (14.3) | 0.412 |
| Neurological | 1 (10.0) | 3 (42.9) | 0.250 |
| Cardiopulmonary | 0 (0.0) | 1 (14.3) | 0.412 |
| Immunodeficiency | 3 (30.0) | 1 (14.3) | 0.603 |
| Others | 1 (10.0) | 0 (0.0) | 1.000 |
| Disease presentation | | | |
| Pneumonia | 1 (10.0) | 6 (85.7) | 0.004 |
| Gastroenteritis | 1 (10.0) | 0 (0.0) | 1.000 |
| Neutropenic sepsis | 0 (0.0) | 1 (14.3) | 0.412 |
| Viremia | 8 (80.0) | 0 (0.0) | 0.002 |
| Days of symptoms prior admission (median, IQR) | 6.5 (2.3–10.8) | 4.0 (0.0–5.0) | 0.350 |
| Adenovirus genotype 7 | 4 (40.0) | 4 (57.1) | 0.637 |
| Required ICU stay | 5 (50.0) | 7 (100.0) | 0.044 |
| Days to cidofovir (median, IQR) | 7.0 (1.5–25.8) | 12.0 (4.0–40.0) | 0.434 |
| Length of stay in days (median, IQR) | 21.5 (15.0–63.5) | 34.0 (16.0–43.0) | 0.696 |

All are *n* (%) unless stated otherwise.

***Conclusion.*** More children with HAdV genotype 7 infection required cidofovir treatment. HAdV pneumonia and ICU admission are potential risk factors for mortality despite cidofovir treatment.

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

**2342. Treatment Implications of Herpes Simplex Virus Central Nervous System Infection in Canadian Infants <90 Days Old: A Pediatric Investigators Collaborative Network on Infections in Canada (PICNIC) Study**

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***Background.*** In the pre-acyclovir era, HSV CNS infection was associated with very high morbidity and mortality. Since antiviral drugs recommended for therapy and long-term prophylaxis improve outcomes, clinicians need to be able to clinically detect young infants most likely to have HSV to facilitate early initiation of therapy. Limited data exist on outcomes of infants who require prolonged therapy and those completing prophylaxis. The objective of this study was to identify clinical and laboratory features associated with HSV CNS disease and describe outcomes following antiviral therapy and prophylaxis.

***Methods.*** Infants <90 days old with a discharge diagnosis of meningitis or encephalitis from whom a virus was identified from cerebrospinal fluid (CSF) were included. These were identified using PICNICs retrospective database of microbiologically confirmed CNS infections detected January 2013 to December 2014. Clinical features and outcomes of HSV and non-HSV infection were compared.

***Results.*** Of the 112 cases of viral infections, HSV accounted for 8 (7%) and enterovirus for 103 (92%). Eight (100%) HSV cases and 45 (43%) non-HSV cases presented at <21 days. Four (50%) HSV cases had no pleocytosis. HSV cases were more likely to require ICU admission ($P = 0.016$), present with seizures ($P < 0.001$) and have extra-CNS disease ($P < 0.001$). Among infants <3 weeks of age, seizures were more likely in HSV than non-HSV cases (4 (50%) vs. 4 (8%); $P = 0.013$). All HSV cases received acyclovir for a median of 23 days. Two (25%) remained PCR-positive at 21 days; these were treated for 51 and 42 days, respectively, until PCR negative or death (acyclovir resistance was confirmed postmortem). Four infants received suppressive acyclovir until 6 months, one of whom developed virologically proven CNS recurrence and subsequent infantile spasms. Neurodevelopmental morbidity (4 (57%) vs. 7 (7%)) was more likely in HSV than non-HSV ($P = 0.003$).

***Conclusion.*** High levels of suspicion for viral infections must be maintained for young infants presenting with seizures in the first 3 weeks of life. CSF pleocytosis may often be absent. Resistance testing should be considered if PCR remains positive beyond 21 days. CNS recurrences may still occur beyond the recommended period of prophylaxis.

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

**2343. A Multicenter Study on Clinical Outcome of Symptomatic Neonatal Herpes Simplex Virus Infection in Korea**

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***Background.*** Neonatal herpes simplex virus (NHSV) infection is rare but can cause a severe disease, even death. However, data on NHSV are limited in Asia. The aim of this study was to estimate the number of NHSV infection and evaluate the characteristics of NHSV infection in Korea where seroprevalence of HSV infection in child-bearing age women is not well known.

***Methods.*** This is the first multicenter retrospective study in 12 university hospitals in Korea. From January 2008 to December 2017, neonates ≤ 28-day old with confirmed HSV infection were identified and a chart review was performed.

***Results.*** Among 12 medical centers, 16 patients were identified in six centers. Eight (50%) patients were male and median age at admission was 11.1 days (range, 0–28 days). Ten (63%) patients were positive for HSV 1 and six (37%) patients were HSV 2 positive. Four (25%) patients were classified as disseminated HSV. Eleven (69%) patients were diagnosed as central nervous system (CNS) disease. One (6%) patient had skin, eye, and/or mouth (SEM) disease. All the patients received intravenous acyclovir and median treatment duration was 19 days (range 3–68 days). Five (35%) patients received additional suppressive therapy and median treatment duration was 131.4 days. Four patients (25%) developed seizure (one in disseminated and three in CNS disease) and two of them recovered without neurologic complications. Two