2310. No Recurrence in Recovered People with CCHF: A Cross-Sectional Study From Turkey, Preliminary Report

Iftihar Koksal, Prof MD[1]; Firdevs Aksoy, Ass Prof MD[2];
Selcuk Kaya, Ass Prof MD[2]; Mustafa Tas, SC[2]; Gurdal Yilmaz, Prof MD[2]; [1]Faculty of Medicine, Trabzon, Trabzon, Turkey; [2]Karadeniz Technical University, Trabzon, Trabzon, Turkey

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

Background. Crimean-Congo hemorrhagic fever (CCHF) is a widespread, tick-borne disease of humans. CCHF is an endemic in Turkey, and since 2004 many cases have been reported from different regions in the country. CCHF infection in humans can lead to antibody responses that can be protective but there is limited data about the immunity of CCHF. The aim of this study was to investigate the possibility of recurrence of CCHF in people who previously had this disease.

Methods. The patients who were diagnosed with CCHF between 2005 and 2018 were followed up and contacted via phone in order to answer several survey questions about CCHF. Patients who still live in the same places, who have high risks of disease transmission because of husbandry or farming and high potential of contact with ticks were included in this study. Those who changed their living place and stopped husbandry or farming were excluded from this study. The questions in the survey are the following: Have you had CCHF after your discharge from the hospital?; Has there been any tick contact?; Did you ever get a tick removed from your body? Did you or your family members have CCHF at the same time or at different periods of time? Has anyone had CCHF in the area you live? Do your animals have ticks? Do you live in the same place? Have you changed your job?

Results. Ninety-nine out of 351 patients who were contacted via phone had data eligible to be included in the criteria. The amount of time elapsed after the discharge of the patients was between 1 and 14 years in average. None of the patients had experienced CCHF disease again. Also, 6 of these patients were bitten by ticks repeatedly (2–5 times). An average of 7–10 years had passed since the transmission of the disease by the patients.

Conclusion. The results show that the CCHF disease creates an immune response and this response continues for a long time. The findings will be more enlightening with the measurement of the serum antibody levels of patients.

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

2311. Bacteremia Is Not Commonly Detected in Ebola Virus Disease

Matthew J. Matson[1]; Moses Massaquoi, MD, MPH[2];
Armand Sprecher, MD, MPH[3]; Ruggero Giuliani, MD[3];
Jeffrey K. Edwards, MD, MPH[3]; John P. Dekker, MD, PhD[1];
Emily Ricotta, PhD, ScM[4]; Friederike Feldmann[1];
Heinz Feldmann, MD, PhD[1]; Vincent J. Munster, PhD[1];
Daniel S. Chertow, MD, MPH[1]; [1]National Institute of Allergy and Infectious Diseases, Hamilton, Montana; [2]Clinton Health Access Initiative, Monrovia, Montserrado, Liberia; [3]Médecins Sans Frontières, Brussels, Brussels Hoofdstedelijk Gewest, Belgium; [4]National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland

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

Background. Rates of bacteremia in Ebola virus disease (EVD) are not currently known. Given the potential for secondary bacterial infection during acute EVD, current treatment guidelines recommend empiric use of broad-spectrum antibiotics. We sought to determine rates of bacteremia among patients evaluated for EVD at the ELWA-3 Ebola Treatment Unit in Monrovia, Liberia during the 2013–16 West Africa epidemic.

Methods. Deidentified blood samples and matched clinical data from 235 Ebola virus (EBOV)-positive patients and 102 EBOV-negative patients were evaluated under a University of Liberia Pacific Institute for Research and Evaluation IRB-approved protocol. 0.2 mL aliquots of frozen whole blood samples collected at triage, prior to the administration of antibiotics, were inoculated into BD BACTEC Peds Plus bottles and incubated under aerobic conditions in a BD BACTEC FX40 for 5 days in the National Institute of Allergy and Infectious Disease Biosafety Level 4 laboratory in Hamilton, MT. Positive samples were sub-cultured on nonselective sheep blood agar and chocolate agar and pure colonies were selected for identification by 16S sequencing and by matrix assisted laser desorption ionization time-of-flight mass spectrometry.

Results. No difference in rates of bacteremia was detected among EBOV-positive vs. EBOV-negative patients – 3.8% and 3.9%, respectively. Predominant isolates included *Staphylococcus epidermidis* and other coagulase-negative staphylococci, thought consistent with contaminants. Pathogenic species included *Staphylococcus aureus* and possibly *Paenibacillus* spp.

Conclusion. These data suggest that bacteremia does not commonly complicate EVD. However, as both prolonged sample storage and low culture volume may negatively affect sensitivity, additional molecular analyses are needed to support this conclusion.

The Intramural Research Program of the National Institutes of Health supported this work.

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

2312. Mortality of Severe Dengue Patients Admitted to Intensive Care Units over 15 Years: Have We Improved?

Fernando Rosso, MD, MSc; Claudia M. Parra, MD; Ana M. Sanz, MD;
Gustavo A. Ospina-Tascon, MD, PhD; Marcela Granados, MD, FCCM; Fundación Valle del Lili, Cali, Valle del Cauca, Colombia

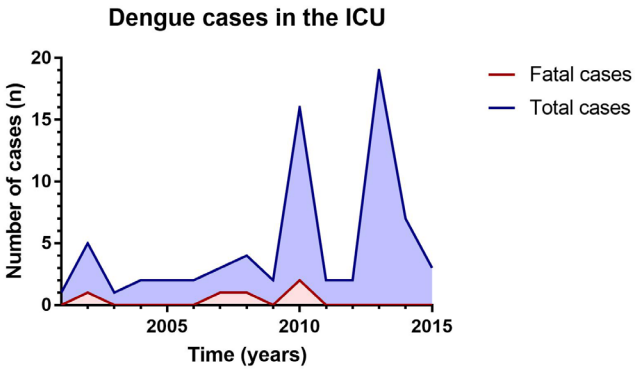
Session: 247. Clinical Virology/Viral Epidemiology
Saturday, October 5, 2019: 12:15 PM

Background. Dengue mortality can be preventable in endemic regions. However, access to intensive care units (ICU) and continuous monitoring strategies are limited in developing countries. In 2010, WHO dengue clinical practice guidelines (CPG) were implemented in the Americas region which strengthened hospital healthcare management and prioritized early ICU admission in severe dengue cases. We hypothesized that early access to the ICU might decrease the mortality of patients with dengue. This study aimed to describe trends in dengue cases and mortality in the ICU for 15 years in Cali, Colombia.

Methods. An observational retrospective study about dengue cases treated in adult ICU was conducted, in the Fundación Valle del Lili. We included cases between 2001 to 2015 years. Clinical data were collected from the ICU database and medical charts. A Cochran-Armitage test for trend was used to assess the presence of an association between fatal cases and total cases in dengue patients at ICU during the study period, and to evaluate differences in the mortality cases before and after the implementation of the dengue CPG.

Results. A total of 49,962 episodes of attention in ICU were analyzed, and 70 cases with severe dengue and dengue shock attended in ICU were included. The median age was 42 years (IQR = 24–60), eight cases were older than 65 years, and 54% were male. Five fatal cases were reported during this period. The fatal cases had a length of stay in ICU of 2 days (IQR = 1–4) vs. 2 days (IQR = 1–3) for nonfatal cases. Overall mortality for dengue cases in the ICU was 7.14%. The highest mortality was presented in 2007 with 33.33% (1/3), and after 2010 there were no fatal cases. Dengue mortality showed a decreasing linear variation over time in the ICU ($p = 0.047$); also there was a statistically significant difference over time in adults mortality before and after of implementation of dengue CPG ($P = 0.029$).

Conclusion. Dengue mortality cases in the ICU have decreased in the last 15 years, which is related to early admission to the ICU and continuous clinical monitoring.



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

2313. Influenza and Respiratory Syncytial Virus (RSV) Surveillance in the US Department of Veterans Affairs (VA): 2018–2019 Season

Cynthia Lucero-Obusan, MD, CIC; Patricia Schirmer, MD, CIC;
Gina Oda, MS, CIC; Mark Holodniy, MD; Department of Veterans Affairs, Palo Alto, California

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

Background. VA conducts ongoing surveillance for viral respiratory infections, notably influenza and more recently RSV. VA's large elderly population is at higher risk for influenza and RSV complications, including hospitalization and death. Herein we summarize VA's 2018–19 national surveillance data.

Methods. Influenza telephone triage, influenza-like-illness (ILI) encounters and antiviral prescriptions plus outpatient visits, laboratory testing (antibody tests excluded), hospitalizations and deaths for both influenza and RSV were obtained from VA data sources (9/30/18–3/31/19) and compared with prior seasons. Influenza vaccinations were captured starting 8/1/2018. Vaccination rates were calculated based on VA users during the fiscal year.

Results. Surveillance metrics are presented (Table, Figure). ILI visits ranged from 0.9%-3.3% during the season. RSV peaked earlier than influenza (Week 1 vs. Week 11). Testing revealed 1,674 RSV positives out of 31,404 tests performed (5.3%) and 15,052 influenza positives out of 105,760 tests performed (14.2%). We identified 22 cases of RSV and influenza co-infection (positive test results on the same date or within 3 days). 22% of laboratory-confirmed influenza cases were hospitalized (same proportion as the prior season) while 35% of RSV cases were hospitalized. Median length of stay was longer for RSV hospitalizations (4 days vs. 3 days for influenza).

Conclusion. The 2018–2019 influenza season was less severe than the 2017–2018 season, and most like the 2016–2017 season. 2018–2019 saw relatively little Influenza B in VA patients, despite elevated activity into the spring. High-dose/adjuvanted vaccine administration increased over the seasons evaluated. RSV surveillance for 2018–2019 demonstrated an earlier peak in activity and the percentage of patients with laboratory-confirmed RSV who were hospitalized and died during their hospitalization was