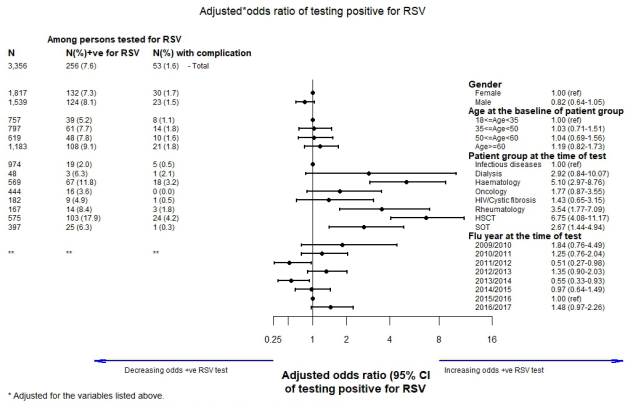

* Adjusted for the variables listed above.

** N/N(%) for Flu year at the time of test not presented due to repeated testing over time.

Table: Summary for RSV associated complications

		N (%)
Number of patients with RSV complication		53
Number of positive RSV tests associated with RSV complication(s)	Total	53
	RSV complication: 1	49 (92.5)
	RSV complications: 2*	4 (7.5)
RSV associated Complication	Pneumonia reported to be caused by RSV	21 (36.8)
	Acute bronchitis reported to be caused by RSV	26 (45.6)
	Other RSV related diagnosis	10 (17.5)
Time between the positive RSV test and the associated complication admission date	within 7 days	43 (75.4)
	8-14 days	12 (21.1)
	15-30 days	2 (3.5)
Number of patients with RSV complications who died within 30 days of a positive RSV test		3 (5.7)

* Four positive RSV tests from 4 different patients had 2 associated RSV complication: two patients had pneumonia and acute bronchitis caused by RSV; one patient had pneumonia and other RSV related diagnosis; and one had acute bronchitis and other RSV related diagnosis.

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

2614. Demographic and Clinical Characteristics by Antiviral Prescription in *Influenza*-Positive Children who Presented to Seven US Emergency Departments

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Background: Antiviral (AV) therapy is recommended for children < 2 years, hospitalized, or with underlying conditions (UC) and suspected influenza (flu). We sought to compare demographic and clinical characteristics by AV prescription in flu-positive children who presented to the emergency department (ED) and determine the percentage of AV prescription in these high-risk children.

Methods: Children < 18 years who presented with respiratory symptoms and/or fever at seven New Vaccine Surveillance Network sites were enrolled. We conducted interviews, obtained mid-turbinate nasal and/or throat swabs for molecular flu testing (results unknown to providers), and reviewed medical charts for AV prescription after presenting to the ED. These are preliminary data.

Results: From December 2016 to June 2018, 9,524 subjects were enrolled and tested for flu; 1,260 (13%) were flu-positive by research testing; 54% were male, median age was 41 months, and 23% were prescribed an AV. The frequency of AV prescription differed by study site (Figure 1). Among research-tested flu-positive patients, AV were prescribed to 25% of children < 2 years, 31% of children with UC, and 51% admitted to the hospital from the ED (Table 1). Of the 388 (31%) clinically-tested flu-positive patients, 52%, 66%, and 77% of the same high-risk groups were prescribed an AV, respectively.

Conclusion: AV prescriptions varied by study site and differences by race, ethnicity, and clinical presentation were noted. Clinical testing was associated with higher use of AV treatment in appropriate target patients. Efforts are needed to understand AV use patterns and improve prescription rates in recommended patients.

Table 1: Characteristics of Flu-positive Subjects by AV Prescription**

	AV Prescribed N= 291 (%)	No AV Prescribed N=944 (%)	P value§
Hispanic	100 (32)	209 (68)	<0.001
Race			
White	90 (27)	247 (73)	0.01
Black	126 (20)	511 (80)	
Other	29 (27)	80 (73)	
None/unsure	46 (30)	106 (70)	
Household Size*	4.7 ± 1.7	4.4 ± 1.6	0.01^
Age <2 years	99 (25)	295 (75)	0.38
Underlying Conditions	118 (31)	262 (69)	<0.001
Illness Days at ED Presentation*	2.7 ±1.9	3.6± 2.2	<0.001^
Fever	281 (24)	876 (76)	0.002
Dyspnea	148 (28)	379 (72)	0.005
Testing in ED			
Ordered by Provider	248 (47)	280 (53)	<0.001
Flu-positive	204 (53)	184 (47)	<0.001
Admitted to Hospital	38 (51)	37(49)	<0.001

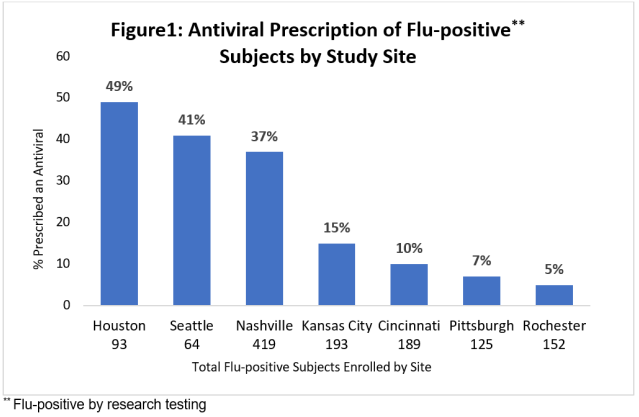
Excluding 25 children who received an AV prior to their ED visit

** Flu-positive by research testing

§Pearson Chi Squared except where otherwise noted

*Mean ± SD

^Linear regression, unadjusted



** Flu-positive by research testing

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

2615. Increased Severity of Lower Respiratory Tract Infection Among Native American Compared with Non-Native American Children

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Session: 270. Pediatric Respiratory Infections

Saturday, October 5, 2019: 12:15 PM

Background: Lower respiratory tract infection (LRTI) is the leading cause of pediatric hospitalizations in the United States, with significant morbidity and mortality. Native American children are at increased risk for severe illness during LRTI. Yet, the reasons for this increased risk are poorly understood. Socio-economic status and/or a genetic predisposition have been postulated as possible causes. In addition, the spectrum of LRTI presentations has not been adequately described in this patient population. The objective of this study was to define the clinical presentations of LRTI and highlight the differences between Native American and non-native American previously healthy patients under the age of 24 months.

Methods: We performed a retrospective chart review during the 2017–2018 respiratory season. We reviewed 357 medical records, and included 192 patients in the analysis that were full term, previously healthy, and met our inclusion criteria. We recorded demographic information, clinical and laboratory data, and outcomes.