ICV+ Cases by Site and Year

Table. ICV+ cases per study site per year

	Site #				Total
Year	1	2	5	8	
2016-2017	12	8	5	27	52
2017-2018	1	0	2	5	8
2018-2019	20	5	5	25	55
Total	33	13	12	57	

Conclusion: ICV was an uncommon cause of ARI symptoms leading to healthcare encounters in young children. The prevalence varied year-to-year and between different geographic regions. Most children infected with ICV were ≤3 years old and had co-detected pathogens. ICV was similarly rarely detected in healthy controls.

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1715. Influenza-like Illness (ILI) Experience Among Healthcare Workers in Military Treatment Facilities: An Offshoot of the Pragmatic Assessment of Influenza Vaccine Effectiveness in the DoD (PAIVED) Study

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Session: P-75. Virology: Studies of the Epidemiology of Viral Infections

Background. Healthcare workers (HCWs) are at heightened risk of exposure to respiratory pathogens. There are limited published data on influenza-like illness (ILI) experience among HCWs, and the few available studies were hampered by incomplete vaccination histories. PAIVED, a multicenter, multiservice study assessing influenza vaccine effectiveness in the Department of Defense, provides a unique opportunity to describe ILI experience among vaccinated HCWs compared to vaccinated non-HCWs.

Methods. PAIVED participants were randomized to receive either egg-based, cell-based, or recombinant-derived influenza vaccine then surveyed weekly for ILI. At enrollment, participants provided key demographic data including whether they were HCWs with direct patient contact. ILI was defined *a priori* as 1) having cough or sore throat plus 2) feeling feverish/having chills or having body aches/fatigue. Participants with ILI completed a daily symptom diary for seven days and submitted a nasal swab for pathogen detection.

Results. Of 4433 eligible participants enrolled during the 2019-20 influenza season, 1551 (35%) were HCWs. A higher percentage of HCWs experienced an ILI than non-HCWs (34% vs 26%, p< 0.001). Overall, HCWs were more likely to be female (42% vs 32%), age 25-34 years (39% vs 28%), active-duty military (81% vs 62%), non-smokers (88% vs 75%), and physically active (92% vs 85%). Self-reported race differed between HCWs and non-HCWs; a higher proportion of HCWs identified as White (63% vs 56%) or Asian (8% vs 5%). Similar demographic differences existed among HCWs and non-HCWs with ILI. HCWs were more likely to respond to at least 50% of weekly surveillance messages, irrespective of ILI status. HCWs with ILI had less severe lower respiratory symptoms (p< 0.001) and a shorter duration of illness (12.4±8.1 days vs 13.7±9.0, p=0.005) than non-HCWs. Pathogen data is pending.

Conclusion. HCWs in PAIVED were more likely to report ILI than their non-HCW counterparts yet tended to have lower illness severity, possibly reflecting a higher level of baseline health or enhanced awareness of early ILI symptoms. The important epidemiologic position HCWs occupy for ILI has been apparent in the COVID-19 pandemic. Exploring ways to mitigate ILI risk in HCWs beyond influenza vaccination is warranted.

Disclaimer

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The investigators have adhered to the policies for protection of human subjects as prescribed in 45 CFR 46.

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1716. Prospective Multicenter Observational Cohort Study to Assess the Burden of Herpes Zoster Disease in the Eye: Baseline Results of Initial Patients

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Session: P-75. Virology: Studies of the Epidemiology of Viral Infections

Background. Herpes Zoster Ophthalmicus (HZO) affects 10-20% of adults with herpes zoster; ≥ 50% of these cases manifest as serious ocular diseases. This 1-year prospective observational cohort study aims to determine patient-reported HZO symptoms as well as economic and quality of life burden among 300 HZO patients from 6 major US ophthalmology practices. Here, we report baseline data from 13 initial enrollees.

Methods. Inclusion criteria were: participants ≥ 18 years, diagnosis of clinically active HZO, English or Spanish speaking, be willing and able to respond to study assessments, not be enrolled in a concurrent interventional HZO trial. Information are collected via 1) a clinical assessment form completed by the practice (baseline) and 2) patient questionnaires (baseline, 3, 6, and 12 months) on symptoms, medications, healthcare use, vision function, depression, and work productivity impact. Baseline results are presented for patients recruited during the first 6 months of enrollment from the first 4 sites to go live: diagnoses, and patient-reported symptoms and outcomes (eight-item Patient Health Questionnaire [PHQ-8] for depressive symptoms, National Eye Institute 25-item Visual Function Questionnaire [NEI-VFQ-25] for vision-related quality of life, and Zoster Brief Pain Inventory [ZBPI] for pain).

Results. The mean age of participants is 71 years; 11 are female and 9 are retired. Seven participants are college graduates or hold other degrees. All have health insurance coverage, with most (10) having primary insurance through Medicare. HZO diagnoses (Table 1) were: keratitis (4), iridocyclitis (4), conjunctivitis (1), other HZO diagnosis (3), other ocular diagnosis (6). Patient-reported symptoms (Table 2) were: pain above the eye, sensitivity to light, redness, feeling of sand/grit in the eye (9 each). The mean overall PHQ-8 and NEI-VFQ-25 scores were 5.9 (Standard Deviation [SD]:4.5) and 74.6 (SD:13.9), respectively; the mean ZBPI score for worst pain severity was 3.3 (SD:3.8) (Table 3).

Table 1. HZO Diagnosis at Baseline based on Clinical Assessment Form (N=13)

Table 1. HZO Diagnosis at Baseline based on Clinical Assessment Form (N=13)[a]

Diagnosis	n
Herpes zoster iridocyclitis	4
Herpes zoster keratitis	4
Herpes zoster conjunctivitis	1
Other HZO disease	3
Other ocular diagnosis	6

[a]Participants may have more than one diagnosis.
HZO, Herpes Zoster Ophthalmicus