Results. 160 Veterans were diagnosed with INF from December 1, 2017 to April 26, 2018. 106 had INF A, 54 INF B. Of the 160 cases, 15 were in DEC, 61 in JAN, 69 in FEB, 13 in MAR, 2 in APRIL 10 INF A isolates subtyped as: 9 H1N1pdm09, 5 INF B isolates subtyped as Yamagata lineage. Demographics: Median age 63 years (23–93); Race: 76% Caucasian, 18% Black, 1% Asian, 1% Pacific Island, 3% Hispanic. Sponsorship: 95% Department of Medical History; 3% Crimean-Congo Hemorrhagic Fever (CCHF) are limited. This study aimed to investigate the relationship between NLR and survival outcome in patients with CCHF.

Methods. The demographic and laboratory characteristics of 723 adult patients having a positive IgM and/or a positive PCR result for CCHF in the blood sample between 2007 and 2017 were reviewed. The patients were divided into two groups: those who died and those who survived. The area under an ROC curve was calculated to evaluate the relationship between NLR and survival outcome. The statistical significance was set at P < 0.05.

Results. Plasma NLR, creatinine, ALT, ALT, LDH and CK levels in fatal cases were significantly higher than those in survival ones (P < 0.001 for all parameters), while platelet count was significantly lower (< P < 0.001). All population were re-evaluated according to NLR. Plasma ALT, AST, LDH, CK, and creatinine levels when NLR was ≥ 2 were significantly lower than those when NLR was ≥ 2 (P = 0.006; P = 0.017, P = 0.001, and P = 0.001, respectively) (Table 1). The area under an ROC curve for NLR was 72% (P < 0.001).

Table 1: Demographic and Laboratory Characteristics in the Patients With Crimean-Congo Hemorrhagic Fever

| Characteristics | Survival Patients | Fatal Patients | NLR ≥ 2 | NLR < 2 |
|-----------------|------------------|---------------|---------|---------|
|                 | (n = 384)        | (n = 384)     | (n = 384) | (n = 384) |
| Age (years)     | 49.1 (175)       | 49.1 (175)    | 0.001   | 0.001   |
| Gender (Male)   | 46.6             | 46.6          | 0.001   | 0.001   |
| Platelet count (x10^12) | 49.8 (18.6)   | 178 (78)      | 0.001   | 0.001   |
| NLR ≤ 2         | 93.7             | 93.7          | 0.001   | 0.001   |

Conclusion. NLR for clinicians may be an additional test as useful as platelet count and plasma creatinine, AST, ALT, LDH, and CK levels. Our study shows that NLR might be used as a prognostic marker to predict the severity of the disease in CCHF.

Disclosures. All authors: No reported disclosures.

2520. Epidemiology, Clinical Manifestations, and Outcomes of the 2017–2018 Influenza Season Among Hospitalized Patients at a Tertiary Care Center Rohini Ramamoorthy, MD1; Soujanya Thummathathi, MD2; Bhavya Bahl, MD3; and Ali Hashem, MPH4. FIDSA FACP5. 1Internal Medicine, University of Alabama at Birmingham, Huntsville Campus, Huntsville, Alabama; 2University of Alabama School of Medicine - Huntsville campus, Huntsville, Alabama.

Conclusion. 2017–2018 Influenza season showed widespread activity and is expected to be of “high severity.”

Methods. Retrospective chart review of patients with Influenza admitted from September 1, 2017 to April 1, 2018. Diagnosis was confirmed by rapid flu test (RDT) or Target Enriched Multiplex PCR (TEM PCR). Demographic, clinical, lab, treatment, and outcomes data were obtained. Analysis included prevalence and relative risk (RR)

Results. 220 patients were identified (47% males, 73% White). Median age was 70 years (range 18–99). 65% had Flu A and 27% Flu B. 81% came from home, 17% from a facility (nursing home, assisted living). 49% had flu vaccination (Figure 1). Flu strain and vaccination status had no association RR 1.31 (95% CI 0.85–2.01, P = 0.21). Common comorbidities were lung disease 44%, obesity 41%, DM 36%, CAD 34%, CHF 31% (Figure 2). Common presentations were respiratory 79% and constitutional 53%. 68% were hypoxic and 4% hypotensive on arrival. 42% had new CXR/CT finding and 55% had pneumonia. Sensitivity of RDT was 38%. 91% were treated with oseltamivir (21% within 48 hours of flu detection). Median treatment duration was 5 days. Hospitalizations peaked in January (Figure 3). Median length of hospital stay was 6 days. 23% had severe flu (needed NPPV 13%, intubation 12%, pressor 5%, ICU stay 16%) which showed significant association with arrival from facility RR 2.21 (95% CI 1.36–3.56, P = 0.001), lung disease RR 1.91 (95% CI 1.17–3.14, P = 0.001) and co-detection of respiratory pathogens (TEM PCR/sputum culture/seology) RR 2.65 (CI 1.60–4.38, P = 0.0001), but none with age >65 RR 1.46 (95% 0.83–2.56, P = 0.18), flu type RR 1.59 (95% CI 0.85–2.98, P = 0.14), active smoking RR 1.40 (95% CI 0.79–2.47, P = 0.24) or vaccination RR 1.21 (95% CI 0.70–2.12, P = 0.48). Fatality rate was 6% with significant association with arrival from facility RR 4.56 (95% CI 1.55–13.60, P = 0.006).

Conclusion. 2017–2018 Influenza season among hospitalized patients involved more elderly and peaked in January. Sensitivity of flu swab was 38% calling for better utilization. TEM PCR in hospitalized patients. Severe flu had significant association with arrival from facility, lung disease and co-detection of respiratory pathogen. Fatality had significant association with arrival from facility. Confounders not accounted.