Results. EV RNA was detected in 103 (17.6%) of 586 stool specimens by real-time RT-PCR targeting the highly conserved 5’ UTR region. Out of them, 71 (12.1%) were NPEV, partially sequenced by VP1 which revealed the presence of echovirus (ECV) 19 (n = 6), ECV 11 (n = 7), ECV 18 (n = 4), ECV 33 (n = 5), ECV 29 (n = 1), ECV 25 (n = 1), ECV 24 (n = 3), ECV 3 (n = 3), ECV 14 (n = 2), ECV 13 (n = 1), ECV 2 (n = 1), ECV 6 (n = 2), ECV 27 (n = 2), ECV 4 (n = 3), ECV 6 (n = 2), CV-A10 (n = 2), CV-A8 (n = 1), CV-A6 (n = 2), CV-B4 (n = 1), CV-B5 (n = 3), CV-B6 (n = 3), EV 80 (n = 1), EV 83 (n = 1), EV 97 (n = 2).

Total 63 (10.7%) HBoVs were detected by real-time FCR PCR which were further sequenced by VP1, consists of HBoV-1 (n = 8), HBoV-2 (n = 15), HBoV-3 (n = 9) and HBoV-4 (n = 5). Out of them 9 (1.5%) were detected as co infection with NPEVs. Phylogenetic analysis showed 0.9-5.6% divergence at nucleotide level among HBoVs. Total 9 (1.5%) saffold viruses was detected and characterized by VP1 sequencing. Coinfection of ECV and HBoV were found in the same etiologic agent and children suspected with AFP. Molecular typing of these viruses is useful for characterizing emerging serotypes and their epidemiological investigation.

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1035. Frequency of Epstein–Barr Virus Genotypes in Pakistani Trangender SexWorkers
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Background. Transgender community large association with sex work has put them at a greater risk of contracting sexually transmitted infections (STIs). The aim of this study was to investigate the prevalence of Epstein–Barr Virus (EBV) genotypes in transgender sex workers (TSWs) living in and around the cities of Pakistan. The high occurrence of EBV-2 genotype in sex workers has been previously reported. EBV genotypes were investigated in transgender sex workers to find out EBV-2 occurrence in Pakistani population.

Methods. A total of 86 transgender (Hijras) sex workers were randomly included in this study. Demographics, including age, the number of sex partners, sexual habits, and awareness about protective methods were obtained. Blood was collected from all subjects and The Presence of Human Immunodeficiency Virus, Hepatitis B and C virus were determined by antibody strip testing. EBV detection and genotyping were performed by extracting genomic DNA from all sample blood samples. B-globin and EBNA-1 were amplified to assess the quality and presence of EBV DNA. Analysis of EBNA-2 genotyping was done by nested PCR.

Results. HIV was the most prevalent infection in 40 transgender sex workers (46.5%) followed by HCV in 15 (17.4%). Among HIV-seropositive TSWs, EBV genotypy determination was only achievable in 60% of cases, where 62.5% were EBV-1, 29.16% of EBV-2 and co-infection was found in 8% samples. Among HIV-negative individuals, 78% were EBV-1, whereas EBV-2 genotype and co-infections were absent. All non-typable samples were amenable for the EBNA-1 gene in both populations, confirming EBV genome in the samples.

Conclusion. EBV-1 was the most common genotype of EBV in HIV seropositive and seronegative TSWs but the high occurrence of EBV-2 and co-infection of both types was observed only in HIV seropositive individuals. This is the first report of frequency of EBV infections in the HIV-positive transgender community of Pakistan.

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1036. Risk Factors for Herpes Zoster: a Systematic Review and Meta-Analysis
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Background. Well-recognized risk factors for herpetic zoster (HZ), commonly known as shingles, are age and immunosuppression. Numerous studies have investigated other various risk factors for HZ in recent years. The objective of our study is to systematically review studies examining risk factors for HZ and discuss implications based on the updated evidence.

Methods. We performed a literature search using PubMed, Embase, and Web of Science and included studies that examined risk factors for HZ. Random effects model was used to summarize the risk ratio (RR) or odds ratio (OR) and 95% confidence interval (CI).

Results. Of the 3450 studies screened, we included 84 studies in the systematic review and conducted meta-analysis in 62 studies. Women are at increased risk of HZ compared with men (pooled adjusted RR = 1.31; 95% CI: 1.27, 1.34). Black individuals have almost half the risk of HZ than White individuals (pooled RR = 0.54; 95% CI: 0.47, 0.63). Family history was found to be a risk factor for HZ (pooled OR = 3.39; 95% CI: 2.39, 5.40). Autoimmune diseases, including rheumatoid arthritis (pooled RR = 1.67; 95% CI: 1.41, 1.98) and systemic lupus erythematosus (RR = 2.10; 95% CI: 1.40, 3.15), were associated with an elevated risk of HZ. Other comorbidities were associated with an increased risk of HZ, with the pooled ORs ranging from 1.25 (95% CI: 1.13, 1.39) for asthma to 1.30 (1.17, 1.45) for diabetes mellitus, and 1.31 (95% CI: 1.22, 1.41) for chronic obstructive pulmonary disease. Statin use was also

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associated with a modest increased risk of HZ (poled RR = 1.14; 95% CI: 1.11, 1.17). Recent physical trauma increased risk of HZ by almost two-fold (poled RR = 2.56; 95% CI: 1.97, 3.33).

Conclusion. In addition to age and immunocompromised conditions, our review shows that female sex, race/ethnicity, family history, and comorbidities are risk factors for HZ. Efforts are needed to better understand risk factors and to increase the uptake of zoster vaccination.

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1037. Herpes–Zoster Infection in a Tertiary Hospital in Brazil
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Background. Herpes zoster (HZ) is a common infection with potential complications requiring hospital care, especially for patients with multiple comorbidities. However, there is little information on HZ from hospital registries.

Methods. We searched for hospital-based records of 802 code (ICD-10) between March 2000 and January 2017 at Hospital de Clinicas de Porto Alegre, a tertiary, university hospital in south Brazil. To avoid misclassifications, we considered clinical evaluation for the diagnosis of cutaneous HZ and postherpetic neuralgia (PHN), ophthalmologic evaluation for ophthalmic HZ and the combination of clinical, radiologic and cerebrospinal fluid analysis for HZ meningo-encephalitis (ME). We analyzed conditions associated with immune dysregulation, complications, length of hospital stay, and mortality. Chi-square test and Kaplan-Meier estimator were used for statistical analyses. P < 0.05 was considered statistically significant.

Results. There were 847 records for this period, of which 801 were confirmed according to our criteria and included in the analysis. Most patients were women (n = 448, 66%), with an average of 48.8 years, standard deviation of 22.2. There were more diagnoses in the inpatients group (74.4%), and fewer in the emergency room (22.4%) and outpatient (3.3%). The median length of hospital stay was 7 days (2-10, IQR=7.75) when HZ was the main reason for admission. Most patients presented cutaneous HZ (n = 743, 92.8%). There were fewer cases of PHN (6.1%), ophthalmic HZ (7.6%) and ME (4.1%). Seventy percent had some kind of immune dysregulation; more frequently AIDS (31%), use of immunosuppressives agents (18.7%) and malignant disease (16.2%). We followed the subjects for a median of 28.2 (2.8-77.5) months. During this period, there were 105 (13.1%) deaths. Five were related to HZ ME. The 30-day over all mortality rate was 1.5%. There was no statistical difference in cumulative survival (graph 1, P = 0.05) or incidence of complicated forms for patients with or without immune dysregulation.

Conclusion. Our sample was characterized by a majority of inpatient diagnoses. The 30-day mortality rate was lower than reported in similar studies, but there was a relevant impact of complicated forms in mortality and sequelae.

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1038. Epidemiology of Influenza Viruses in Canada over the 2011–2012 to 2013–2014 Seasons: A Study from the Serious Outcomes Surveillance (SOS) Network of the Canadian Immunization Research Network (CIRN)
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1039. Co-circulation of Influenza A and B During the 2016–2017 Influenza Season at Rush University Medical Center
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Background. Influenza virus activity varies seasonally and within season. Epidemiology of serious influenza outcomes is contingent on the prevalent circulating strain/s and susceptible age group/s. Given the strain variability over the last 10 to 12 years, the increasing trend in hospitalizations and the clinical and epidemiological profiles of different influenza strains causing adult hospitalizations.

Methods. During these three influenza seasons, the Serious Outcomes Surveillance (SOS) Network of the Canadian Immunization Research Network (CIRN) enrolled adults hospitalized with acute respiratory illness across Canada. Nasopharyngeal swabs (NPS) from influenza cases were tested for strain characterization using real-time reverse transcriptase polymerase chain reaction (rRT-PCR). A primary assay was used for influenza A and B viruses. Subsequently, influenza A viruses were subtyped as H1N1 and H3N2, and influenza B lineages were differentiated as Victoria or Yamagata. Laboratory results were compared with patient demographic data and clinical outcomes.

Results. Over three consecutive influenza seasons, 3394 cases of hospitalized acute respiratory illness were laboratory-confirmed as influenza. At 72.4%, influenza A was predominant across all seasons, while influenza B caused 27.6%. Most of the influenza A cases were due to H3N2 (58.7%), while H1N1 accounted for 41.3%. For influenza B, the Yamagata lineage was predominant at 88.4% whereas the Victoria lineage accounted for 11.6%. Outcome analyses are presented for each influenza A subtype and influenza B lineage, overall and per season. Considering serious outcomes in patients ≥65, higher proportions of patients hospitalized with the H1N1 strain experienced intensive care unit (ICU) admission and need for mechanical ventilation, while higher proportions of patients hospitalized with B/Yamagata and H3N2 died within 30 days of admission.

Conclusion. Comprehensive collection of surveillance data paired with NP specimens by the CIRN SOS Network was conducive to broader understanding of influenza strain activity and associated outcomes at the subtype and lineage level. This data is important to make informed recommendations for the use of multicomponent influenza vaccines.

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1039. Co-circulation of Influenza A and B During the 2016–2017 Influenza Season at Rush University Medical Center
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