724. Neurologic Complications in Hospitalized Pediatric Patients with Influenza Infection, A Multicenter Retrospective Study in Korea

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Background. The aim of the study was to evaluate the incidence and characteristics of influenza associated neurologic complications (IANCs) in hospitalized pediatric patients in Korea.

Methods. We performed retrospective review of hospitalized cases of confirmed influenza infection from October 2010 to April 2017. Patient’s data were collected from three referral hospitals in different regions of the country.

Results. A total of 2,002 laboratory confirmed influenza cases were identified. The median age was 3.3 years old (range 0.0–18.9 years) and 1,083 patients were male (54%). Influenza A was diagnosed in 1,357 cases (68%), influenza B in 624 (31%). Influenza A was more likely to require hospitalization (P < 0.001) and influenza B was more likely to require ICU admission (P < 0.001). When applied to this study, a modified PORT score was found to correlate more closely with clinical outcome measures than a modified CURB-65 (r = 0.39 vs. 0.38). Jackson symptom scores, historically used for viral illness, were found to inversely correlate with outcomes (r = 0.4 vs. 0.38) among viral and bacterial infections.

Conclusions. Influenza H3N2 virus intranasally. Dose escalation was performed from 10 to 100 TCID50. Viral shedding and clinical disease were evaluated daily, including clinician assessment and a validated patient-reported outcome tool, FLU-PRO.

Disclosures. All authors: No reported disclosures.

726. Viral Genomic Load, Cytokine Profiles and Life-Threatening Respiratory Syncytial Virus Infection in Previously Healthy Infants

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Background. Data are controversial regarding the role of viral load and the host immune response in respiratory syncytial virus (RSV) infection. The objective of this study was to analyze the relationship between viral load (VL) and host cytokine responses with RSV life-threatening disease (LTD).

Methods. Prospective cohort study including previously healthy infants <12 months of age, likely to require hospitalization with a first RSV admission (P < 0.001). When applied to this study, a modified PORT score was found to correlate more closely with clinical outcome measures than a modified CURB-65 (r = 0.39 vs. 0.38). Jackson symptom scores, historically used for viral illness, were found to inversely correlate with outcomes (r = 0.4 vs. 0.38) among viral and bacterial infections.

Conclusions. Influenza A was more likely to require hospitalization (P < 0.001) and influenza B was more likely to require ICU admission (P < 0.001). When applied to this study, a modified PORT score was found to correlate more closely with clinical outcome measures than a modified CURB-65 (r = 0.39 vs. 0.38). Jackson symptom scores, historically used for viral illness, were found to inversely correlate with outcomes (r = 0.4 vs. 0.38) among viral and bacterial infections.

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