was to describe 30-day all-cause readmission rates for patients that received ampicillin/ 
sublactam compared to ceftriaxone/metronidazole. The secondary objectives included 
hospital length of stay (LOS), 30-day all-cause mortality, C. difficile infection (CDI) 
within 3 months, and total antibiotic costs.

Results. A total of 86 patients (50 received ampicillin/sublactam and 36 received 
ceftriaxone/ metronidazole) were included. Demographics were similar between 
groups. There was no significant difference in 30-day all-cause readmission rates (30% 
vs 19%, p=0.322). The ampicillin/sublactam group, however, was found to have a 
significantly higher rate of 30-day all-cause mortality (12% vs 0%, p=0.038). Additionally, 
total duration of therapy was found to be significantly shorter in the ampicillin/sublacta 
tgroup (5 vs 7 days, p=0.002) with reduced overall cost of therapy($130 vs $235, p< 
0.001). No differences were observed in hospital LOS or CDI within 3 months.

Conclusion. No difference was observed in 30-day all-cause readmissions in 
patients receiving ampicillin/sublactam compared to ceftriaxone/metronidazole for 
the treatment of aspiration pneumonia. Further analyses are recommended to evaluate 
the impact on 30-day all-cause mortality.

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1462. The protective effect of pneumococcal vaccination on cardiovascular disease in adults: a systematic review and meta-analysis 
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Session: P-67. Respiratory Infections - Bacterial

Background. Epidemiological studies suggest a link between pneumococcal 
and an adverse cardiovascular outcome such as myocardial infarction. 
Therefore, studies have evaluated the protective effect of the 23-valent polysaccharide 
pneumococcal vaccination (PPV23), but results have varied. We conducted a 
meta-analysis to summarize the available evidence on the impact of PPV23 on cardio 
vacular disease

Methods. A literature search from January 1946 to September 2019 was con 
ducted in Embase, Medline and Cochrane. All studies evaluating PPV23 compared to a 
control (placebo, no vaccine or another vaccine) for any cardiovascular events includ 
ing myocardial infarction (MI), heart failure, cerebrovascular events were included. 
Risk ratios (RRs) were pooled using random effects models.

Results. Eighteen studies were included, with a total of 716,108 participants. 
Susceptibility (S) results for DLX and comparator agents were 
determined for CABP pathogens including 

Table 1

| Organism/Phenotype (n) | Delafloxacin MIC (mg/L) | Levofloxacin MIC (mg/L) | Moxifloxacin MIC (mg/L) |
|------------------------|------------------------|------------------------|------------------------|
| S. pneumoniae (2,835)  | 0.015/0.03             | 0.03/0.06              | 0.03/0.06              |
| MDR (253)              | 0.015/0.03             | 0.03/0.06              | 0.03/0.06              |
| PEN-NS (759)           | 0.015/0.03             | 0.03/0.06              | 0.03/0.06              |
| ERT (651)              | 0.015/0.03             | 0.03/0.06              | 0.03/0.06              |
| H influenzae (1,464)   | 0.001/0.002            | 0.009/0.015            | 0.03/0.06              |
| BL-positive (268)      | 0.001/0.002            | 0.01/0.015             | 0.03/0.06              |
| M. catarrhalis (18)    | 0.0004/0.008           | 0.03/0.06              | 0.06/0.06              |
| M. catarrhalis (633)   | 0.0004/0.008           | 0.06/0.06              | 0.06/0.06              |

*Number of isolates tested for moxifloxcin, not tested in 2015.

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1464. Adjuvant Systemic Steroid Therapy and Length of Hospital Stay in 
Pneumonia Patients: A Retrospective Cohort Study in a Community Hospital 
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Session: P-67. Respiratory Infections - Bacterial

Background. Pneumonia is a leading cause of morbidity and mortality world 
wide resulting in a substantial healthcare expenditure. Antimicrobial agents are the 
main treatment. Recent studies showed the benefits of steroid therapy as an 
adjuvant therapy for patients with pneumonia; however, the overall evidence is still 
controversial.

Methods. Electronic medical records of hospitalized patients (age >18) at a com 
munity hospital in a rural Maine with the discharge diagnosis of pneumonia in 2015 
and 2016 were reviewed. Demographics, comorbidities, physical examination, initial 
laboratory, and Pneumonia Severity Index (PSI) were collected for each patient. The 
exposure was a systemic steroid administered by either oral or intravenous. The 
outcomes included length of hospital stay (LOS), inpatient mortality, and transfer to 
tertiary care center. Competing-risks regression was utilized to examine the association 
between steroid and LOS. Multivariable logistic regression analysis adjusted for 
potential confounders was used for other outcomes.

Results. A total of 414 patients were included, 277(63%) patients received sys 
temic steroids. Overall, steroid use was significantly associated with shorter LOS (HR 
1.26, 95%CI 1.03-1.54, p=0.02) and decrease inpatient mortality (OR 0.11, 95%CI 
1.03-0.45, p< 0.01). In subgroup analysis, steroid associated with shorter LOS only in 
patients with PSI class IV (HR 1.38, 95%CI 1.02-1.89, p=0.04) and PSI class V (HR 
2.04, 95%CI 1.11-3.74, p=0.02). There was an association of steroid and shorter LOS in 
subgroup of COPD patients (HR 1.42, 95%CI 1.02-1.97, p=0.03).

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Background. Differences in clinical presentation and viral loads according to age in young children with RSV, and their correlation with disease severity are poorly defined. The aim of this study was to define age-dependent differences in demographic, clinical factors and viral loads between children < 2 years of age with mild RSV infection evaluated as outpatients versus those hospitalized with severe RSV infection.

Figure 1. Sign and Symptoms according to disease severity and age in infants with RSV infection. The Y axis represents RSV loads in log10 copies/mL and the X axis differences in viral loads in outpatients (orange) and inpatients (blue) in the three age groups. Comparisons by Mann Whitney test.

Figure 2. Viral load differences according to age in infants with RSV infection. The Y axis represents RSV loads in log10 copies/mL and the X axis differences in viral loads in outpatients (orange) and inpatients (blue) in the three age groups. Comparisons by Mann Whitney test.

Methods: Previously healthy children < 2 years old with mild (outpatients) and severe (inpatients) RSV infection were enrolled and nasopharyngeal swabs were obtained for RSV typing and quantitation by real-time PCR. Patients were stratified by age (0-< 3, 3-6, and >6-24 months) and multivariable analyses were performed to identify clinical and viral factors associated with severe disease.

Results. From 2014-2018 we enrolled 534 children with RSV infection: 130 outpatients and 404 inpatients. Median duration of illness was 4 days for both groups, yet viral loads were higher in outpatients than inpatient in the three age groups (Fig 1). Wheezing was more frequent in outpatients of older age (>3 months) than in inpatients (p< 0.01), while fever was more common in inpatients that outpatients (p< 0.01) and increased with age (Fig 2). Adjusted analyses confirmed that increased work of breathing and fever were consistently associated with hospitalization irrespective of age, while wheezing in infants >3 months, and higher viral loads in children >6-24 months were independently associated with reduced disease severity.

Conclusion. Age had a significant impact defining the interactions among viral loads, specific clinical manifestations and disease severity in children with RSV infection. These observations highlight the importance of patient stratification when evaluating interventions against RSV.

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daily consultations against RSV.