Results. Among 101,462 pneumonia admissions across 114 VA hospitals, 4% had a DRP detected on culture, 25% had an eDRP ≥ 4, and 50% received broad-spectrum antibiotics. The Salt Lake City VA demonstrated slightly lower prevalence of eDRP factors than the national population (table). Within the Salt Lake City VA, the EHR cohort and manually extracted Babbel cohort demonstrated similar prevalence of detected DRP. eDRP ≥ 4, and 8 of 10 features involved in the DRP score (table). The eDRP identified fewer hospitalizations with poor functional status and residence in long-term facilities.

Conclusion. In a large population of veterans admitted for community-onset pneumonia, automation of an eDRP score from the EHR was promising, though in need of revision. While some extracted features had similar prevalence to manual review, others differed by a factor of 10 or more, which may reflect issues with data extraction. Further work is needed to optimize feature extraction and compare electronic to manual DRP scores to determine its utility within the VA population.

Table: eDRP score factor prevalence and admissions characteristics in the VA pneumonia cohort and Babbel cohort.

| Characteristic                  | Value 1                                      | Value 2                                      |
|--------------------------------|----------------------------------------------|----------------------------------------------|
| Admissions characteristics     | 71 (12)                                      | 72 (12)                                      |
| Mean (SD) age                  | 73 (12)                                      | 75 (12)                                      |
| Percent with ICU admission     | 36                                            | 37                                            |
| Percent with HCAP infection    | 31                                            | 34                                            |
| Percent with eDRP ≥ 4          | 3                                            | 4                                            |
| Percent with Babbel ≥ 4        | 5                                            | 7                                            |

Disclosures. All authors: No reported disclosures.

2220. Comparative Incidence and Burden of Respiratory Viruses Associated with Hospitalization in Adults

William Sieing, MPH; Matthew Oberhardt, PhD; Philip Zachariah, MD, MS; Cellbell Vargas, MD; Angela Barrett, BA; Matthew R. Phillips, MPH; Lyn Finelli, DVM, MPH; Lisa Saiman, MD, MPH; Centers for Medicare & Medicaid Services, North Wales, Pennsylvania; Columbia University Irving Medical Center, New York, New York; NewYork-Presbyterian Hospital, New York, New York; Merck & Co., Inc., North Wales, Pennsylvania

Session: 244. Bacterial Respiratory Infections Saturday, October 5, 2019: 12:15 PM

Background. The population-based incidence and burden of community-onset non-influenza respiratory viruses associated with hospitalization in adults has not been systematically assessed.

Methods. On admission, patients with respiratory syndromes are tested for respiratory viruses by multiplex polymerase chain reaction (BioFire FilmArray Respiratory Panel) as per standard of care at our university teaching hospital (1160 beds). A retrospective study was performed to identify adults who had influenza, para-influenza virus (PIV), respiratory syncytial virus (RSV), human metapneumovirus (hMPV), or adenovirus (AV) detected within 3 days of admission from October 2017 to October 2018. To calculate population-based incidence per 100,000 persons (using 2010 US Census data), the number of cases was adjusted by the hospital's percent market share for zip codes as determined by New York State's all payer data reporting system. To improve the incidence estimate's reliability, only cases living in zip codes for which the hospital had ≥ 60% market share were included. We compared median length of stay (LOS), ICU admission, and in-hospital mortality associated with each virus.

Results. Influenza A (H3) had the highest overall incidence followed by Influenza B and RSV. For each virus, the highest incidence was observed in adults ≥ 65 years old (figure). A logistic regression model was performed to identify independent risk factors associated with hospitalization (table). AV, hMPV, and RSV were associated with the longest length of stay (LOS). No reported disclosures.

Disclosures. All authors: No reported disclosures.