Background. National Immunization Program (NIP) in Korea provides 17 types of mandatory vaccines for all children free of charge. However, vaccine-hesitant group refusing the NIP are being a major threat to public health. We analyzed the healthcare utilization pattern observed in NIP eligible children and sought to identify those who remain unvaccinated using national population data.

Methods. History of receiving protein conjugate pneumococcal vaccine (PCV) was reviewed to determine the vaccination status of children born between 2013 and 2015. Children who had 3 doses or more out of 3 + 1 schedule were defined vaccinated, while those with no record of vaccination were defined unvaccinated. Their healthcare utilization records, including a number of visits, total duration and type of institution (hospitals, complementary and alternative medicine (CAM)), and purpose of visits (outpatient care, hospitalization), were retrieved from the National Health Insurance (NHI) Review and Assessment Service. Annual healthcare utilization rate and incidence of pneumococcal infections were estimated with Poisson regression and compared between study arm. The proportion of CAM out of total healthcare utilization was also compared.

Results. Among 1,272,685 children, 51% were boys and median age was 29.4 months. Two percent of the cohort remained unvaccinated until study end. Annual hospital visiting rates were 26.9 times (95% confidence interval [CI] 26.9–27.0) for vaccinated and 3.4 (95% CI 3.4–3.5) for unvaccinated. Average NHI benefit period per year was 28.8 days (95% CI 28.8–29.0) for vaccinated and 3.9 (95% CI 3.8–3.9) for unvaccinated. The discrepancy resulted in under-detection of pneumococcal incidence in unvaccinated with 10.1 cases (95% CI 9.9–10.4) per 1,000 child-months whereas that of vaccinated was 42.5 (95% CI 42.4–42.6). Vaccine hesitant children preferred CAM at least 3 times more than vaccinated children (CAM proportion 3.5% in hesitant group vs. 1.07% in vaccinated group, P < 0.001).

Conclusion. Vaccine hesitant group not only refuses vaccination but also tends to opt-out from the entire medical attention and prefer CAM. Active detection considering these different patterns should be implemented in order to ensure the public benefits from the vaccination program.

Disclosures. All authors: No reported disclosures.

1635. Analysis of Antibiotic-Related Malpractice Claims, 2007 to 2016
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Background. The threat of medical liability can influence physician behavior and lead to the practice of “defensive medicine.” Concern for malpractice liability has been cited as a cause of inappropriate antibiotic prescribing. Data on malpractice claims related to antibiotic use (AU) are lacking. The objectives of this analysis were to describe malpractice claims associated with AU.

Methods. We conducted a retrospective analysis of pooled closed antibiotic-related claims from a malpractice carrier representing 30% of US malpractice cases from January, 2007 to December, 2016. We described antibiotic-related, malpractice claims, patient demographics, amount of indemnity paid, clinical severity, settings, responsible services, initial diagnoses, drug classes, and causes of allegation.

Results. From 2007 to 2016, 767 antibiotic-related claims were identified and represented less than 1% of overall claims. A total of $123 million were paid for antibiotic-related claims. Claims classified as medium to high clinical severity constituted 97% of all claims, with 35% having permanent injury and 24% leading to death. Of all patients, 56% were female, 8% were < 20 years of age, and 32% were ≥ 60 years old. Most claims (51%) were associated with outpatient settings, 37% with inpatient, and 11% with emergency department settings. Responsible services with the highest number of claims were medicine (44%), surgery (27%) and the emergency medicine (9%). The most common infection cited as an initial diagnosis was respiratory (10%), followed by urinary (7%) and skin and soft-tissue infections (6%). The most common class cited was β-lactams (19%), followed by fluoroquinolones (14%) and sulfa-drugs (11%). Allegations associated with antibiotic administration and management constituted 62% of all claims, 19% were related to failure or delay in diagnosis or treatment, and 19% were due to other causes.

Conclusion. Claims related to AU were not a common cause of malpractice claims in these data source. Antibiotic administration and management was more commonly associated with malpractice claims than failure or delay in AU. A better understanding of malpractice claims associated with AU can help guide messaging on improving antibiotic prescribing.

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1636. Antibiotic Treatment of Human Plague: A Systematic Literature Review of Worldwide Cases, 1937–2016
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