between April 2014 and March 2018 were enrolled. Differences on patients’ background and clinical parameters between MCAP and CAP caused by S. pneumoniae (SCAP) were compared with elucidate the clinical characteristics of MCAP. Patients with bed-ridden status, residents in nursing home, more than two microorganisms were detected from sputum, were excluded.

Results. During the study period, 114 MCAP and 107 SCAP were identified. In two groups, general status was mild (score ≤2 was 65.7% vs. 64.4%) according to Japanese pneumonia severity scoring system (A-DROP), and the qSOFA score was also relatively low (score ≤2 was 95.6% vs. 91.5%). Although there was no difference in the ratio of sex in three groups, the age was significantly higher in MCAP cohort (the mean age; 77 vs. 68 years old, P < 0.01). Compared with SCAP, MCAP had significantly higher pulmonary underlying diseases such as bronchiectasis (P < 0.01), asthma (P < 0.05), interstitial pneumonia (P < 0.05), and lung cancer (P < 0.05), home oxygen therapy (P < 0.01), and systemic disease (P < 0.05). Diagnostic concordance rate between sputum smear on Gram-stain and bacterial cultivation was lower in MCAP patients (78% vs. 87.8%; P = 0.05). In radiological findings, bronchopneumonia pattern was predominant in MCAP group than PCAP group (95.6% vs. 62.6%; P < 0.01). On the other hand, developing a chill and co-infection with Flu were common in PCAP (76.9% vs. 26.9%; P < 0.01). Although there was no difference in baseline by 3 months after diagnosis. Scores and cumulative QALY losses during the first 91 days of follow-up. The primary objective of this study was to assess both the positive and negative predictive values of the MRSA nasal swab for MRSA pneumonia.

Methods. We conducted a single-centered, retrospective chart review of all patients admitted from February 2017 to 2018 with a confirmed diagnosis of pneumonia. We included patients admitted from February 2017 to 2018 with a confirmed diagnosis of pneumonia and had not returned to baseline at Day −30 (all P values < 0.001). The average score at all time points remained below Day −30 (all P values < 0.001). Compared with hypothetical controls, development of pneumonia on average resulted in a loss of 0.032 QALYs (P < 0.001) during the first 91 days of follow-up.

Conclusion. Among residents of Goto Island, Japan, significant QALY losses were observed in association with a diagnosis of pneumonia and had not returned to baseline by 3 months after diagnosis. Scores and cumulative QALY losses during the first 3 months after pneumonia diagnosis were comparable to those experienced by US adults with chronic heart failure during a 3-month period.

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Table 1. Predictive Values of MRSA Nasal Swab for MRSA Pneumonia

| Respiratory Culture | Respiratory Culture | Predictive Value |
|---------------------|---------------------|-----------------|
| MRSA Nares (+) (N = 30) | MRSA Nares (+) (N = 144) | MRSA Nares (+) (N = 160) |
| 9 | 21 | 0.3 |
| 5 | 129 | 0.97 |

Conclusion. MRSA nasal swab has a high negative predictive value to rule out MRSA pneumonia and reduces time to discontinuation of empiric MRSA-targeted antimicrobial agents. The positive predictive value was low and should not be used as a sole factor to initiate antimicrobial therapy.

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1453. Ninety-One Day Quality of Life Post-Pneumonia Diagnosis in Adult Patients in Japan

Friday, October 5, 2018: 12:30 PM

Background. Pneumonia is a serious illness with potentially long-lasting but poorly-characterized impact on quality of life. The Japanese Goto Epidemiology Study is a prospectively active population-based surveillance study of pneumococcal disease with community-onset pneumonia (COI), that includes assessment of Quality Adjusted Life Years (QALYs). Methods. Patients with X-ray/CT scan confirmed COP enrolled in the Goto study and consented to participate in QALY assessment responded to Japanese versions of EuroQol-5D-5L (EQ-5D-5L) health state classification (primary), EQ-5D visual analog scale, and SF-6D (secondary) instruments. This interim analysis reports 91-day QALYs based on Day 1 (diagnosis), 8, 16, 31, and 91 EQ-5D-5L responses of patients enrolled between June 1, 2017 and February 28, 2018. In calculation, we developed hypothetical QALYs had the patients not developed pneumonia (control) using the EQ-5D-5L scores from Day 30 (via recall) carried forward and adjusted by the natural decline in scores and death with age. QALYs were calculated as the area (trapezoidal method) under the survival weighted pneumonia and control EQ-5D-5L QALY score curves.

Results. The 234 patients were 55% male, 88% aged 264 years, 45% nursing home residents, and 65% initially hospitalized (35% initially outpatient) for COP. Completion for interviews among survivors was 100%. EQ-5D-5L scores were 0.732 at Day −30, decreased to 0.590 at diagnosis, and rose to 0.675 by Day 91. The average score at all time points remained below Day −30 (all P values < 0.001). Compared with hypothetical controls, development of pneumonia on average resulted in a loss of 0.032 QALYs (P < 0.001) during the first 91 days of follow-up.

Conclusion. Among residents of Goto Island, Japan, significant QALY losses were observed in association with a diagnosis of pneumonia and had not returned to baseline by 3 months after diagnosis. Scores and cumulative QALY losses during the first 3 months after pneumonia diagnosis were comparable to those experienced by US adults with chronic heart failure during a 3-month period.

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