at a reduced risk of shingles. Alberta has a publicly funded healthcare system and added publicly funded varicella vaccine to the routine childhood vaccination schedule in 2001.

Methods. We used provincially held administrative health databases to examine the epidemiology of incident shingles cases in children under the age of 19. Incident shingles cases were defined as the earliest record of ICD-9-CM 053 or ICD-10-CM B02 coded physician claims, hospital, or emergency room visits between 1985 and 2016, with incident cases in this cohort occurring between January 1, 2001 and December 31, 2016. Varicella immunization was identified through Alberta's immunization coding in administrative data.

Disclosures. M. L. Russell, Novartis Pharmaceuticals Canada Inc.: Grant Investigator and Unconditional Research Grant, Grant recipient. Merck Frosst Canada Inc.: Grant Investigator and Unconditional Research Grant, Grant recipient.

2515. Impact of Human Parainfluenza Virus Type 4 in Hospitalized Children in Korea
Lee Young Park, MD/MSc1 and Mi-Kyung Lee, MD, PhD;1 Department of Pediatrics, Sungkyunkwan University Samsung Changwon Hospital, Changwon, Korea, Republic of (South), 1Department of Laboratory Medicine, Chung-Ang University Hospital, Seoul, Korea, Republic of (South)
Session: 255. Virology Potpourri
Saturday, October 6, 2018: 12:30 PM

Background. Human Parainfluenza Virus type 4 (hPIV4) was not thought as the important pathogen of respiratory tract infection so that the characteristics of hPIV4 has not thoroughly elucidated.

Methods. From 2013 to 2016, children who were admitted with respiratory tract infection at the department of pediatrics in Chung-Ang University hospital were enrolled in this study. Nasopharyngeal aspirates (NPAs) were obtained from patients with respiratory tract infection and tested for hPIV types by commercial multiplex reverse transcription polymerase chain reaction (mRT-PCR) assay. We retrospectively reviewed subjects' medical records, focusing on their epidemiological and clinical characteristics.

Results. Of all NPAs, 943 were positive to hPIV. Of hPIV-positive NPAs, 220 were positive hPIV4. 107 patients (48.6%) were male and median age at admission was 2.1 ± 1.7 years (range, 0.2–12.7 years). 215 (97.7%) children did not have an underlying disease. 5 of children who had underlying diseases, one had asthma, the other had ventricular septal defect, and others had epilepsy. 173 children (78.6%) had a fever and fever duration was 4.1 ± 2.4 days. Their peak temperature was checked as 39.0 ± 0.7℃.

Disclosures. All Authors: No reported disclosures.

2517. Seasonal Influenza 2017–2018: Epidemiological Review and Experience at a Veterans Affairs Medical Center in New York
Matthew Fisher, MD1; Lisa Bailey, RN, BSN, MS2; Beth Lemaire, M.T.3 and George Psevdos Jr., MD3,1 Infectious Diseases, Stony Brook University Hospital, Stony Brook, New York, 1Infection Control, Northport VAMC, Northport, New York, 3Microbiology/Pathology, Northport Veterans Affairs Medical Center, Northport, New York, 2Infectious Diseases, Northport VA Medical Center, Northport, New York
Session: 255. Virology Potpourri
Saturday, October 6, 2018: 12:30 PM

Background. The 2017–2018 influenza (INF) season started early with widespread activity throughout the country which was covered extensively in the media. The season peaked in February and subsided nationally in March and April. The CDC reported decreased effectiveness of this season’s vaccine. The latter half of the 2016/2008-like (B/Victoria lineage) component for INF B. We report our hospital's experience of seasonal INF activity.

Methods. Retrospective chart review of every Veteran who tested positive for INF A or B at Northport Veterans Medical Center, Long Island New York.