1451. Predictive Values of Meticillin-Resistant Staphylococcus aureus (MRSA) Nasal Swab PCR Assay for MRSA Pneumonia
Man Ting Chou, PharmD1; Romic E. De Lisboa, Lisbon, Portugal

Background. The Center for Disease Control (CDC) reports that meticillin-resistant Staphylococcus aureus (MRSA) has being linked to over 80,000 severe infections and 11,000 deaths per year. Due to this concern, patients are commonly and overly started on empiric MRSA-targeted antimicrobial agents. Antimicrobial stewardship encourages the rapid de-escalation of therapy to minimize the overuse of antibiotics and resistant pathogens. MRSA, respiratory cultures are used commonly in empir organ(is)m which may take days to result. Recent emerging literature suggests that the use of MRSA nasal swab PCR assay as a predictive diagnostic tool for MRSA pneumonia to shorten the duration of empir therapy. The primary objective of this study was to assess both the positive and negative predicative 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 pneumoonia and had not returned to baseline by 3 months after diagnosis. Scores and cumulative QALY losses during the 91-day QALYs based on Day 1 (diagnosis), 8, 16, 31, and 91 EQ-5D-5L responses of EuroQol-5D-5L health state classification (primary), EQ-5D visual analog scale, and SF-6D (secondary) instruments. This interim analysis reports omissions 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

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

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

Conclusions. MRSA nasal swab has a 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.

Disclosures. All authors: No reported disclosures.

1452. Non-invasive Pneumococcal Pneumonia in Adults in Portugal: Continued Decline of PCV13 Serotypes (2015–2017)
Catarina Silva-Costa, PhD; Eloisa Lopes, MSc; Mario Ramirez, PhD; Jose Male-Cristino, MD, PhD and Portuguese Group for the Study of Streptococcal Infections; Instituto De Microbiologia, Instituto De Medicina Molecular, Faculdade de Medicina, Universidade de Lisboa, Lisbon, Portugal

Background. In 2015, PCV13 was introduced in the National Immunization Plan in Portugal for children, although it was not significantly used in adults. However, changes in the pneumococcal population causing non-invasive pneumococcal pneumonia (NIP) in adults (218 years) can occur due to herd effects. To evaluate this, we monitored the serotypes and antimicrobial resistance of adult NIP isolates in 2015-2017.

Methods. A total of 1,142 isolates were recovered, serotyped by Quellung and tested for susceptibility to antimicrobials by disk diffusion or Etest.

Results. Among the 1,142 isolates, 52 different serotypes were found and 59 isolates were not typeable (5%). The most common were serotypes 3 (13%), 19F (8%), 19E, 9N and 23A (5% each), 23B, 16F and 6C (4% each). There were strong variations in the proportion of some serotypes, suggesting that factors other than vaccine pressure could also impact on serotype prevalence. Although a number of isolates still expressed the additional serotypes included in PCV13 (addPCV13 = 200), the overall proportion of addPCV13 serotypes remained relatively stable in this time period. However, when comparing with the previous period (2012–2014), there was a significant decrease in the proportion of addPCV13 serotypes, from 22 to 17.7% (P < 0.01). There was a significant decrease in the proportion of addPCV13 serotypes, from 22 to 17.7% (P < 0.01). There was a significant decrease in the proportion of addPCV13 serotypes, from 22 to 17.7% (P < 0.01).

Conclusions. After the introduction of PCV13 in the National Immunization Plan for children, a significant decrease in the proportion of PCV13 serotypes was noted in the adult population, although a considerable fraction of disease is still caused by vaccine serotypes. Moreover, nonvaccine serotypes are becoming important causes of NIP, emphasizing the importance of continued surveillance studies.

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147. Respiratory Infections: CAP
Henry Glick, PhD1; Taiga Miyazaki, MD, PhD2; Katsuji Hirano, MD3; Jose Suaya, MD, PhD1; Elisa Gonzalez, MS1; Bradford D. Gessner, MD1; Raul E. Isturiz, MD1; Adriano G. Arguedas, MD1; and Shigeru Kohno, MD2; General Internal Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, 2Second Department of Internal Medicine, Nagasaki University Hospital, Nagasaki, Japan, 3Pneumococcal Vaccines, WW Medicines Development & Scientific Affairs, Pfizer Inc, New York, New York, 1Pfizer Inc., Collegeville, Pennsylvania.

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1453. Ninety-One Day Quality of Life Post-Pneumonia Diagnosis in Adult Patients in Japan
Henry Glick, PhD1; Taiga Miyazaki, MD, PhD2; Katsuji Hirano, MD3; Jose Suaya, MD, PhD1; Elisa Gonzalez, MS1; Bradford D. Gessner, MD1; Raul E. Isturiz, MD1; Adriano G. Arguedas, MD1; and Shigeru Kohno, MD2; General Internal Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, 2Second Department of Internal Medicine, Nagasaki University Hospital, Nagasaki, Japan, 3Pneumococcal Vaccines, WW Medicines Development & Scientific Affairs, Pfizer Inc, New York, New York, 1Pfizer Inc., Collegeville, Pennsylvania.

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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 prospective, active, population-based surveillance study with community-onset pneumonia (COI), which 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 7, 2018. Inclusion, 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. Compliance 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 scores at all time points remained below Day –30 (all P values <0.01). Compared with hypothetical controls, development of pneumonia on average resulted in a loss of 0.0092 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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