performing by RT–PCR on the second nasal swab, as well as the residual fluid from the duct at home, guided by the app, and returned the used test along with a second nasal were mailed a commercially available CLIA-waived influenza lateral flow test to con

4 to April 26, 2019. Participants were directed to an iPhone App that determined eli

throughout the continental 48 United States recruited from the Flu Near You platform, are approved for use outside of clinical settings. We aimed to determine the accuracy of substantial morbidity and mortality. Currently, flu is suspected from clinical features, but

Seattle, Washington;

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Monica L.

1775. A Community-wide Study to Evaluate the Accuracy of Self-testing for DOT, and antiviral DOT. Patients were excluded if an

cerebrospinal fluid culture, bacterial antigen assay, or bacterial PCR assay. The median

pared with 5 patients in the post-intervention group. Neither group had a positive CNS infection. The primary outcome was Herpes Simplex Virus (HSV) PCR turn

antimicrobial days of therapy (DOT), and antiviral DOT. Patients were excluded if an

antiviral DOT was significantly greater (3.1 vs. 1.6 days, 0.011) in patients without a positive HSV or VZV PCR.

Conclusion. Testing a multiplex PCR assay for adults undergoing an LP for a suspected CNS infection significantly reduced the HSV PCR turnaround time. Antiviral DOT was significantly shorter in patients with a negative PCR result post-intervention. We also found a non-significant reduction in LOS, total antimicrobial DOT, and antiviral DOT.

Disclosures. All authors: No reported disclosures.

1777. Metagenomic Approach for the Detection of Viruses in Stool Samples from Infants and Children with Acute Gastroenteritis in Kuwait Hawraa Adel, BSc; Nada Madi, BSc, MSc, PhD; Widad Al-Nakib, FRCPath, FRSMHIV, MRCPath, MIA, FRCPath, PhD, FIDSA; Faculty of Medicine, Kuwait University, Safat, Hawalli, Kuwait Session: 170. Viral Diagnostics Friday, October 4, 2019: 12:15 PM

Background. Seasonal influenza (flu) occurs annually, causing disease with substantial morbidity and mortality. Currently, flu is suspected from clinical features, but required for confirmation. No virology tests in the United States are approved for use outside of clinical settings. We aimed to determine the accuracy of influenza self-testing using an at-home, app-guided, lateral flow assay compared with a molecular reference standard conducted at a laboratory among adults self-reporting influenza-like illness (ILI).

Methods. This is an observational study of individuals with self-reported ILI throughout the continental 48 United States recruited from the Flu Near You platform, online marketing, and clinics in the Seattle area. Recruitment took place from March 4 to April 26, 2019. Participants were directed to an iPhone App that determined eligibility, consent, and responses to symptom questions and risk factors. Individuals were mailed a commercially available CLIA waived influenza lateral flow test to conduct at home, guided by the app, and returned the used test along with a second nasal swab collected in viral transport media to the research team. Influenza test was performed by RT-PCR on the second nasal swab, as well as the residual fluid from the RDT. Accuracy of home test result (read by the participant), as well as image capture of the lateral flow test strip, were compared with the lab-based reference standard.

Results. To date, 1127 at-home flu tests were mailed to participants and 711 (63.8%) samples returned to the lab. There were 17 flu positive results from the rapid diagnostic test for a flu positivity rate of 2.4%. Testing with the reference standard is currently in progress. We will share diagnostic accuracy results once testing of the reference standard is completed. Of the kits returned, 353 (49.7%) had an error recorded, which included errors in result packaging, reference standard, rapid test tube sample, or rapid test strip errors.

Conclusion. Overall, findings from this study will determine the accuracy of an at-home rapid diagnostic test, and inform more widespread research for evaluating smartphone-enhanced home tests for pathogens. Many samples returned to the lab had a recorded error, suggesting at-home testing requires additional feasibility testing and refinement of the current methods used.

Disclosures. All authors: No reported disclosures.