VZV Risk Factors in Heart Transplant Recipients: Multivariable Analysis

| Factor          | HR (95% CI) |
|-----------------|-------------|
| Age             | 1.1 (0.8-1.8) |
| Gender (M)      | 0.8 (0.3-2.4) |
| Race            | Ref         |
| White           | 1.9 (0.4-9.4) |
| Other           | 2.5 (0.4-17.4) |
| Immunosuppression at 1 yr | |
| Prednisone      | 0.4 (0.2-1.2) |
| Cyclosporine (vs. Tacrolimus) | 1.4 (0.5-5.0) |
| MMF/MPA (vs. Azathioprine) | 1.6 (0.6-4.2) |
| CMV             | 4.7 (1.7-13.5) |

Conclusion. HT recipients are at highest risk for VZV reactivation. CMV infection before 1 year is associated with increased risk of VZV reactivation after 1 year in HT. This information may help design clinical trials of the recombinant zoster vaccine.

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1555. A New Perspective About Disseminated Adenovirus Infection and Its Outcomes in Pediatric Solid Organ Transplantation
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Session: 151. Viruses and Bacteria in Immunocompromised Patients
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Background. Adenovirus (AdV) in solid-organ transplant (SOT) was historically associated with increased morbidity and mortality. Detection of AdV at ≥2 sites is predictive of invasive disease in other immunocompromised populations; however, data is lacking for SOT.

Methods. All SOT in children ≤18 years from January 2005 to June 2017 (n = 1,024). We evaluated host and viral risk factors associated with disseminated AdV infection (defined as AdV from ≥2 sites or DNAemia alone) and the clinical spectrum of disease.

Results. Ninety-two patients had 116 AdV infections. Overall prevalence was 9% with one death. Thirty-nine percent of patients had disseminated infection and of those, 44% received cidofovir. Patients with disseminated infection were more likely to be ≤2 years compared with >2 years (P = 0.003), infected in first-year post-transplant compared with >1 year (P = 0.05), and to present with fever compared with no fever (P = 0.02). No difference was observed for organ subtypes, presence of gastrointestinal or upper respiratory tract symptoms, peak DNAemia, viral load (mean 3.90log vs. 4.0log), between patients with dissemination compared with without dissemination. For patients who received a biopsy, dissemination was not different between patients with a positive biopsy vs. negative biopsy (46% vs. 54%). Cidofovir was given to 64% of the positive biopsy patients. No difference for age at infection or time to infection was observed between the treated and not treated groups.

Conclusion. Our data shows that younger age at infection, shorter time to infection and clinical fever are risk factors for disseminated adenovirus infection in pediatric SOT patients, supporting primary infection and enhanced immunosuppression as main factors that allow viral dissemination. Some patients with high viral loads and biopsy-proven disease were not treated with cidofovir with very low mortality, reflecting a broader spectrum of infection than previously recognized. Our data begins to define a high-risk clinical and viral phenotype for adenovirus dissemination, which can inform management strategies.

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1556. Infectious Disease Complications with Use of Checkpoint Inhibitors in Solid Organ Malignancies
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Background. Immune checkpoint inhibitors (ICIs) are innovative cancer immunotherapies used for solid-organ and hematologic malignancies. ICIs are known for their immune-related adverse events (irAE) but there are limited reports on infectious complications of immunosuppression for these complications. The purpose of this study was to describe the spectrum of infections in patients with melanoma, renal cell carcinoma or non-small cell lung cancer receiving ICI.

Methods. Retrospective review of City of Hope patients with melanoma, renal cell carcinoma or non-small cell lung cancer on nivolumab, pembrolizumab, and/or ipilimumab from January to November 2017 and received two or more doses of ICI. Pt demographics, irAEs assessed: age, sex, prior chemotherapy, steroid use, and type of immuno-suppression for irAE. Microbiology records were used to identify infections.

Results. Thirty-nine infectious episodes (35 bacterial, four viral) were identified among 111 patients. Four bacteremia (two B. cereus, coagulase-negative staphylococcus, S. aureus), 12 urinary tract, 13 respiratory tract, 1 Gram-positive cocci, one intra-abdominal, eight skin and soft-tissue infections (one S. aureus, one Actinomyces radinge, one E. falcatus, and one E. cloacae). There were two probable viral pneumonias (two rhinovirus, two enteroviruses) and no fungal infections. Fourteen (12.6%) infections were defined as serious (requiring intravenous antimicrobials and/or hospitalization). There was no association between the specific malignancy or ICI used and risk of infection. Steroid use was significantly associated with serious infections: 12/14 (85.7%) vs. 27/95 (28.4%); P = 0.0003), and no patients had received infliximab or other immunosuppressant.

Conclusion. Bacterial infections were most common, and the only risk factor associated with serious infections in our study was steroid use. Type of ICI did not impact the rate of infection.

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1557. Acyclovir-Resistant (ACV-R) Herpes Simplex Virus (HSV) Disease in Patients with Hematologic Malignancies (HM) and Hematopoietic-Cell Transplant (HCT) Recipients
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Background. HSV reactivation is a challenging complication of HM and HCT. ACV prophylaxis effectively decreases the incidence of symptomatic HSV episodes, but may contribute to development of ACV-R HSV disease in this population. Outcomes in patients with ACV-R HSV disease remain poorly characterized.

Methods. We identified adult HM patients and HCT recipients treated at Dana-Farber Cancer Institute who developed clinically significant ACV-R HSV disease between January 1, 2006 and March 1, 2018. HCT recipients typically receive 1 year of ACV prophylaxis after HCT, or longer in those with graft-vs. host disease. Clinical, microbiological and treatment details were collected.

Results. Nineteen patients had 27 episodes of ACV-R HSV disease during the study. Median age was 50 years (range 31–77); 15 (79%) were men. Fifteen (79%) were HCT recipients. Median time from transplantation to ACV-R HSV disease was 12 weeks of diagnosis.

Conclusion. ACV-R HSV disease is an uncommon complication of HM and allogeneic HCT. While ACV-resistant HSV did not cause death in this cohort, death within 12 weeks of infection was common.

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1558. Commensal Neisseria Species as a Cause of Disease in Patients Taking Eculizumab
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