

staff. **Conclusions:** We safely cared for an extremely preterm infant with congenital measles. Laboratory testing suggested prolonged presence of measles virus, but it is unknown how long an infant in the NICU should remain on AII. The current Council of State and Territorial Epidemiologists case definition for measles requires the presence of rash. This case provides support to revise this case definition if laboratory findings are consistent with congenital measles.

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Poster Presentation

Influenza With an Infiltrate: Investigating the New Community-Acquired Pneumonia Guidelines

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Background: The Infectious Diseases Society of America released updated community-acquired pneumonia (CAP) guidelines in October 2019. One of the recommendations, with a low quality of supporting evidence, is the standard administration of antibiotics in adult patients with influenza and radiographic evidence of pneumonia. Procalcitonin (PCT) is not endorsed as a strategy to withhold antibiotic therapy, but it could be used to de-escalate appropriate patients after 48–72 hours. Radiographic findings are not indicative of the etiology of pneumonia. Prescribing antibiotics for all influenza-positive patients with an infiltrate has significant implications for stewardship. Therefore, we reviewed hospitalized, influenza-positive patients at our institution during the 2018–2019 season, and we sought to assess the impact of an abnormal chest x-ray (CXR) and PCT on antibiotic prescribing and outcomes. **Methods:** We conducted a retrospective chart review of all influenza-positive admissions at 2 urban, community-based, teaching hospitals. Demographic data, vaccination status, PCT levels, CXR findings, and treatment regimens were reviewed. The primary outcome was the difference in receipt of antibiotics between patients with a negative (<0.25 ng/mL) and positive PCT. Secondary outcomes included the impact of CXR result on antibiotic prescribing, duration, 30-day readmission, and 90-day mortality. **Results:** We reviewed the medical records of 117 patients; 43 (36.7%) received antibiotics. The vaccination rate was 36.7%. Also, 11% of patients required intensive care unit (ICU) admission and 84% received antibiotics. Moreover, 109 patients had a CXR: 61 (55.9%) were negative, 29 (26.6%) indeterminate, and 19 (17.4%) positive per radiologist interpretation. Patients with a positive PCT (OR, 12.7; 95% CI, 3.43–60.98; $P < .0007$) and an abnormal CXR (OR, 7.4; 95% CI, 2.9–20.1; $P = .000003$) were more likely to receive antibiotics. There was no significant difference in 30-day readmission (11.6% vs 13.5%; OR, 0.89; 95% CI, 0.21–3.08; $P = 1$) and 90-day mortality (11.6% vs 5.4%; OR, 2.37; 95% CI, 0.48–12.75; $P = .28$) between those that received antibiotics and those that did not, respectively. Furthermore, 30 patients (62.5%) with an abnormal CXR received antibiotics and 21 (43.7%) had negative PCT. There was no difference in 30-day readmission or 90-day mortality between those that did and did not receive antibiotics. **Conclusions:** Utilization of PCT allowed selective prescribing of antibiotics without impacting readmission or mortality. Antibiotics should be initiated for critically ill patients and based on clinical judgement, rather than for all influenza-positive patients with CXR abnormalities.

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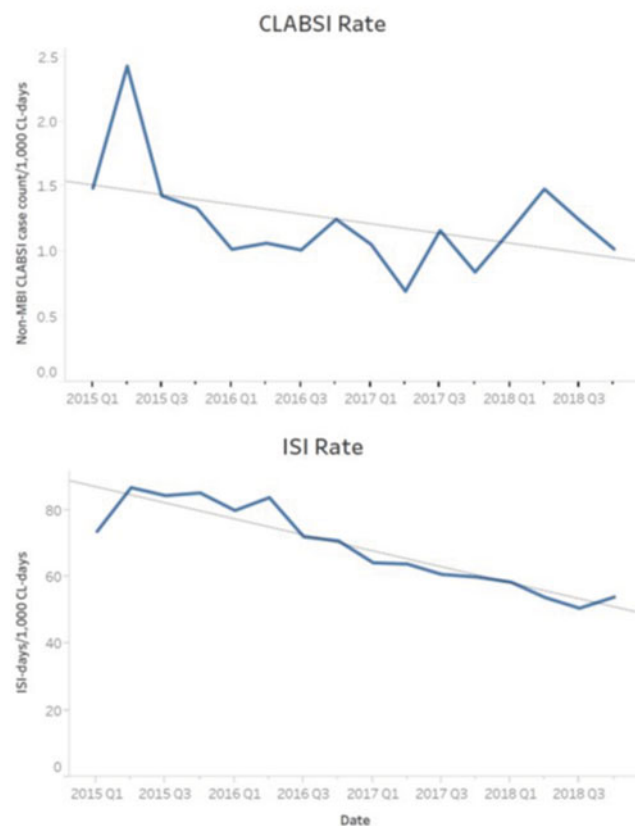
Poster Presentation

Insertion Site Inflammation Is Associated with Central-Line-Associated Bloodstream Infection

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Background: Central lines (CL) are widely used in the inpatient setting and central-line-associated bloodstream infection (CLABSI) is a serious complication of CL use. Because CL insertion site inflammation (ISI) may precede the onset of CLABSI, we aimed to define ISI, to determine whether ISI was associated with CLABSI, and to develop an automated surveillance system for ISI. **Methods:** We extracted electronic medical records (EMRs) of adult patients hospitalized at the University of Iowa Hospitals & Clinics during January 2015–December 2018. Nurses routinely document

CLABSI and ISI incidence at a Tertiary Care Center, 2015–2018



Abbreviations: CLABSI: Central line-associated bloodstream infection; SI: Insertion site inflammation; MBI: Mucosal barrier injury; CL: Central line.

Fig. 1.