Table 1. Body sites selected for sampling and analysis

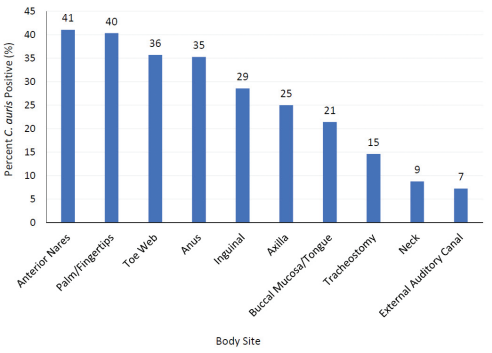
Body Site	Analysis		
	Culture[1]	Microbiome[2]	CHG Concentration[3]
Anterior nares	X	X	
External auditory canal	X	X	
Neck	X	X	X
Axilla	X	X	X
Inguinal	X	X	X
Anus	X	X	X
Toe web	X	X	X
Palm/fingertips	X	X	X
Buccal mucosa/tongue	X	X	
Tracheostomy	X	X	

[1]Salt Sabourad Dulcitol Broth enrichment followed by subculture to CHROMagar™ Candida (BD)

[2]DNA extraction directly from swab samples, then amplification with 16S rRNA gene and fungal ITS1 region primers, Illumina® sequencing, analysis.

[3]Colorimetric detection.

Figure 1: Proportion *C. auris* Positive Samples at first Survey by Body Site (N = 57 patients, 541 samples)



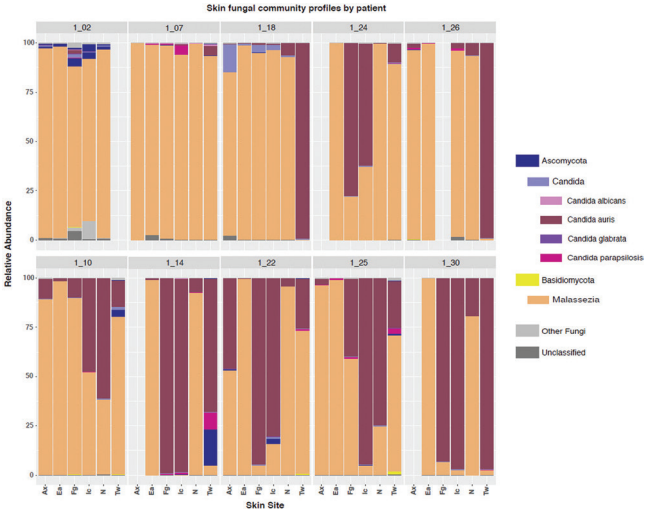
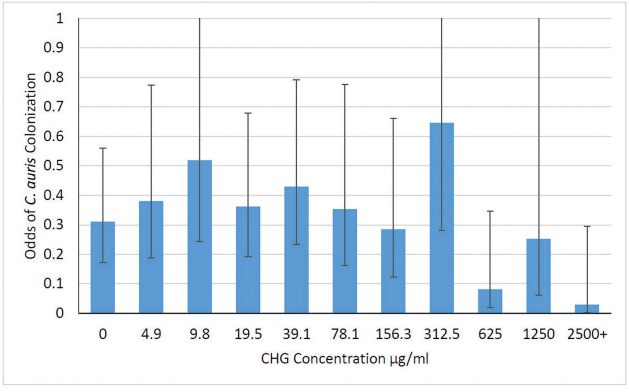


Figure 3. Relation between CHG concentration and odds of recovery of *C. auris* by culture



Bars indicate 95% confidence limits.

Disclosures. **All Authors:** No reported Disclosures.

898. Influenza Vaccination Reduces Risk of Severe Outcomes among Adults Hospitalized with Influenza A(H1N1)pdm09, FluSurv-NET, 2013–2018

Shikha Garg, MD, MPH[1]; Lauren Beacham, MA[1]; Carmen S. Arriola, DVM, PhD[1]; Alissa O'Halloran, MSPH[1]; Charisse N. Cummings, MPH[1]; Art Reingold, MD[2]; Nisha B. Alden, MPH[3]; Kim Yousey-Hindes, MPH, CPH[4]; Evan J. Anderson, MD[5]; Maya Monroe, MPH, BS[6]; Sue Kim, BS, MPH[7]; Ruth Lynfield, MD[8]; Lourdes Irizarry, MD[9]; Alison Muse, MPH[10]; Nancy M. Bennett, MD, MS[11]; Laurie M. Billing, MPH[12]; Ann Thomas, MD[13]; Keipp Talbot, MD MPH[14]; Keegan McCaffrey, BA[15]; Alicia M. Fry, MD, MPH[1] and Carrie Reed, DSc, MPH[1]; [1]Centers for Disease Control and Prevention, Atlanta, Georgia; [2]UC Berkeley, Berkeley, California; [3]Colorado Dept of Public Health and Environment, Denver, Colorado; [4]Connecticut Emerging Infections Program, New Haven, Connecticut; [5]Emory University School of Medicine, Atlanta, Georgia; [6]Maryland Department of Health, Baltimore, Maryland; [7]Michigan Department of Health and Human Services, Lansing, Michigan; [8]Minnesota Department of Health, Saint Paul, Minnesota; [9]New Mexico Department of Health, Santa Fe, New Mexico; [10]New York State Department of Health, Albany, New York; [11]University of Rochester, Rochester, New York; [12]Ohio Department of Health, Columbus, Ohio; [13]Oregon Health Authority, Portland, Oregon; [14]Vanderbilt University Medical Center, Nashville, Tennessee; [15]Utah Department of Health, Salt Lake City, Utah

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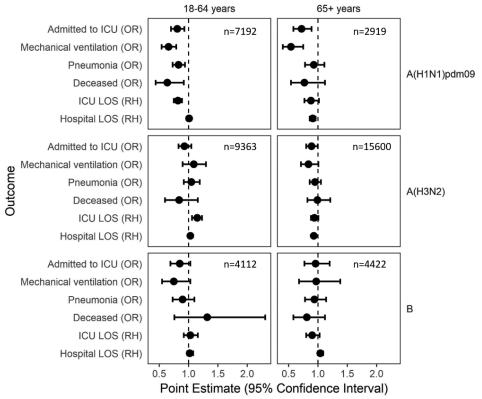
Background. Influenza vaccination may reduce illness severity among those with influenza; however, data are limited. We determined whether outcomes were less severe among vaccinated compared with unvaccinated adults hospitalized with influenza over 5 seasons.

Methods. We included adults (≥18 years) hospitalized with laboratory-confirmed influenza during seasons 2013–2014 through 2017–2018 and identified through the US Influenza Hospitalization Surveillance Network (FluSurv-NET). Vaccination status was obtained through medical records, vaccine registries, and interviews. We excluded patients who were institutionalized, did not receive antivirals, or had unknown vaccine status or vaccine receipt <14 days before positive influenza test. We used inverse propensity score weighting to balance differences between vaccinated and unvaccinated groups and multivariable logistic and competing risk regression to evaluate the association between vaccination and outcomes including pneumonia, intensive care unit (ICU) admission, mechanical ventilation (MV), death, and ICU and hospital length of stay (LOS) in days. Models were adjusted for season and admission timing in relation to timing of antiviral treatment, symptom onset and season peak.

Results. Among 67,452 adults hospitalized with influenza, 43,608 were included; 47% were 18–64 years (38% vaccinated) and 53% were ≥65 years (65% vaccinated). Among patients with influenza A(H1N1)pdm09, vaccination was associated with decreased odds of ICU admission (odds ratio (OR) 0.81; OR 0.72) and MV (OR 0.66; OR 0.54) in adults 18–64 and ≥65 years, respectively; decreased odds of pneumonia (OR 0.83), death (OR 0.64) and shortened ICU LOS (relative hazard (RH) 0.82) in adults 18–64 years; and shortened hospital LOS (RH 0.91) in adults ≥65 years (figure). Vaccination was not associated with attenuation of severe outcomes in patients with influenza A(H3N2) and B.

Conclusion. Vaccination was associated with reduced odds of severe outcomes, including death, by up to 36% in adults hospitalized with influenza A(H1N1)pdm09. All adults without contraindications should receive annual influenza vaccination as there is evidence that it can improve outcomes among those who develop influenza despite vaccination.

Figure. Association between influenza vaccination and severe outcomes among adults hospitalized with influenza by age group and influenza type/subtype, FluSurv-NET, 2013-2018



Disclosures. **All Authors:** No reported Disclosures.

899. Influenza Vaccine Effectiveness Against Laboratory-Confirmed Influenza in Children Hospitalized with Respiratory Illness in the United States, 2016–2017 and 2017–2018 Seasons

Angela P. Campbell, MD, MPH[1]; Constance E. Ogokeh, MPH[1]; Craig McGowan, MS[1]; Brian Rha, MD, MSPH[1]; Rangaraj Selvarangan, BVSc, PhD[2]; Mary. A. Staat,