
Anita Kambhampati, Centers for Disease Control and Prevention
Blanca Vargas, Michael E. DeBakey VA Medical Center
Mahwish Mushtaq, Michael E. DeBakey VA Medical Center
Hannah Browne, Centers for Disease Control and Prevention
Sara Perregaux, Centers for Disease Control and Prevention
Scott Grytdal, Centers for Disease Control and Prevention
Robert L Atmar, Baylor College of Medicine
Jan Vinje, Centers for Disease Control and Prevention
Umesh D. Parashar, Centers for Disease Control and Prevention
Aron J. Hall, Centers for Disease Control and Prevention

Only first 10 authors above; see publication for full author list.

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Conclusions. Vaccinated individuals were more likely than unvaccinated individuals to benefit from antiviral treatment. This finding warrants confirmation in other populations.


Anita Kambhammpati, MPH1; Mary Anne L. Benante, BSN, RN2; Jason B. Martin3; Blanca Vergas, MD3; Kristine A. Reitberger, BSN, RN, CPNP-PC3; Hannah Brown, BS2; Sara Perrega, BS3; Scott Grytdal, MPH4; Robert L. Atmar, MD5; Jan Vinje, PhD5; Umesh D. Parashar, MBBS5; Aizen J. Hall, DVM5; Cristina V. Cardemil5; Benjamin Lopman, PhD6; and Maria C. Rodriguez-Barradas, MD7.1National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; 2IHRC, Inc., Atlanta, Georgia; 3Infectious Diseases Section, Michael E. DeBakey VA Medical Center, Houston, Texas; 4Infectious Diseases Section, Baylor College of Medicine, Houston, Texas; 5Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee; 6Rollins School of Public Health, Emory University, Atlanta, Georgia; 7Section of Infectious Diseases, Michael E. DeBakey VA Medical Center, Houston, Texas

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Background. Norovirus is the leading cause of acute gastroenteritis (AGE) outbreaks in the United States; however, little data exist on the burden of endemic norovirus among adult patients. Robust estimates of the norovirus disease burden among US adults are needed to inform assessment of potential norovirus vaccines, which are currently in development.

Methods. We conducted active surveillance for AGE at the Michael E. DeBakey VA Medical Center, Houston, Texas. Demographic data and illness characteristics were collected from enrolled subjects, and stool samples were collected and tested using the FilmArray gastrointestinal panel. Norovirus positive infections were confirmed by real-time RT-PCR and genotyped after sequencing of conventional PCR products.

Results. From November 1, 2015–November 30, 2016, 130 inpatient and 85 outpatient AGE cases, along with 20 inpatient and 37 outpatient controls, were enrolled and provided a stool specimen. Among cases, 201 (93%) were male, and 94 (44%) were ≥65 years (15/100,000). Of 22 norovirus positive specimens genotyped, 13 (59%) were NRV1, 1 (4%) were NRV2, and 8 (36%) were NRV4. Patient without AGE symptoms in the prior 14 days were enrolled as controls. Demographic data and illness characteristics were collected from enrolled subjects, and stool samples were collected and tested using the FilmArray gastrointestinal panel. Norovirus positive infections were confirmed by real-time RT-PCR and genotyped after sequencing of conventional PCR products.

Conclusion. This robust, active surveillance platform employed screening and enrollment of patients in a VA population meeting a standardized AGE case definition, as well as asymptomatic controls. Data from this cohort will help highlight the burden of norovirus in adults and importance of a norovirus vaccine.

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1045. Norovirus, Astrovirus, and Sapovirus in a Tertiary Care Research Hospital

Shelby Daniel-Wayan, BA1; Gary Fahle, MT, SM2; Tara Palmore, MD3; Kim Green, PhD4; and D. Rebecca Prevots, PhD, MPH5.1Epidemiology Unit, Division of Intramural Research, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland; 2Department of Laboratory Medicine, Clinical Center, National Institutes of Health, Bethesda, Maryland; 3Hospital Epidemiology Service, National Institutes of Health Clinical Center, Bethesda, Maryland; 4Laboratory of Infectious Disease, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland

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Background. Norovirus, astrovirus, and sapovirus are known to cause acute gastroenteritis (AGE) or in some cases, associated with chronic viral excretion in stool among immunocompromised patients. Because molecular tools for their detection only recently became widely available, the prevalence and chronic excretion of these viruses has not been well defined.

Methods. We identified patients with a positive BioFire FilmArray gastrointestinal panel result for norovirus, astrovirus, or sapovirus from September 15, 2015 through November 30, 2016. We reviewed patient medical records to abstract clinical and microbiologic information. Chronic excretion was defined as more than one positive test for a given virus with more than 30 days between tests.

Results. Of 932 samples tested, 102 (11.2%) samples from 48 patients tested positive for norovirus, 15 (2%) samples from 11 patients tested positive for sapovirus, and 16 (2%) samples from 7 patients tested positive for astrovirus. One of these patients had a sample that tested positive for both sapovirus and norovirus, and one tested positive for astrovirus and sapovirus at separate points during the study period. Of the 48 astrovirus positive patients, 16 (33%) had evidence of chronic excretion, with a median duration of 189 days (range 72–372). Of these 16, 14 were known or suspected to be immunodeficient, and 4 had hematologic malignancies. Of 7 patients with astrovirus, 1 (14%) had evidence of chronic excretion (132 days). This patient had a hematologic malignancy and was taking immunosuppressive medications. No patients with norovirus had evidence of chronic excretion. Overall, 20 (31%) patients additionally tested positive for another gastrointestinal pathogen, most commonly enteropathic E. coli and C. difficile.

Conclusion. Norovirus remains common in this immunocompromised patient population, and both sapovirus and astrovirus are present. Additional follow-up in this and other cohorts with new molecular tools will enable more complete description of the prevalence, excretion duration, and clinical features of infection with these enteric viruses.

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1046. Incidence of Norovirus-Associated Acute Gastroenteritis in Four Veteran's Affairs Medical Center Populations in the United States, 2011–2015

Scott Grytdal, MPH1; Hannah Brown, BS2; Nikkai Collins, BS3; Blanca Vergas, MD3; Maria C. Rodriguez-Barradas, MD4; Matthew L. Lerner, MD, MPH5; Benjamin Lopman, PhD6; and Sheldon Brown, MD7.1National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; 2Infectious Diseases Section, Michael E. DeBakey VA Medical Center, Houston, Texas; 3Infectious Diseases Section, Department of Medicine, Michael E. DeBakey VA Medical Center, Houston, Texas; 4Department of Infectious Disease, Department of Medicine, Baylor College of Medicine, Houston, Texas; 5VA Greater Los Angeles Healthcare System and David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, California; 6Mt Sinai School of Medicine, Bronx, New York; 7Public Health Surveillance and Research, Department of Veterans Affairs, Palo Alto, California, 8Emory University, Atlanta, Georgia

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Background. Norovirus is an important cause of epidemic acute gastroenteritis (AGE) as well as a leading cause of pediatric AGE. However, the burden of sporadic norovirus disease in US adults has not been well documented. Our objective was to estimate the incidence of outpatient visits and hospitalizations for community-acquired norovirus AGE at four Veterans Affairs Medical Centers (VAMCs) and their associated outpatient clinics in Atlanta, GA; Bronx, NY; Houston, TX; and Los Angeles, CA.

Methods. From November 2011 to September 2015, stool specimens collected for clinician-requested diagnostic testing within 7 days of AGE symptom onset and with reported vomiting or diarrhea were tested for norovirus by real-time RT-PCR and positive samples were genotyped by Sanger sequencing. Incidence of norovirus-associated outpatient visits and hospitalizations were calculated by multiplying the prevalence of norovirus among tested specimens by AGE-coded outpatient encounters and inpatient discharges, and dividing by the unique patients served at each VAMC.

Results. 1,620 stool specimens were tested from all 4 sites. Seven percent of outpatient (n = 795) samples (annual range: 3%–10%; range by site: 3%–6%) and 6% of (n = 425) patients from hospitalized patients tested positive for norovirus (annual range: 3%–8%; range by site: 3%–10%). Forty-four percent of norovirus-positive specimens were typed as GIL.4 Sydney. Seventy-four percent of norovirus-positive samples were collected between November and April. From 2011 to 2015, outpatient norovirus incidence was 250/100,000 population (annual range: 129 to 426/100,000; range by site: 87 to 428/100,000), and the incidence of norovirus hospitalizations was 28/100,000 population (annual range: 19 to 39/100,000; range by site: 14 to 57/100,000). By age group and setting, the highest incidence was observed in 45– to 64-year-old outpatients (170/100,000 population), and ≥65-year-old inpatients (63/100,000 population).

Conclusion. This study provides estimates of the incidence of norovirus AGE outpatient visits and hospitalizations across multiple years among a geographically distributed VA population, highlighting the substantial burden of norovirus in US adults.

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1047. WU Polyomavirus Associated with Severe Respiratory Failure in Children

Kazuhito Uda, MD1; Kensuke Shoji, MD2; Chitose Wakai-Koyama, PhD3; and Isao Miyairi, MD4.1Department of Pediatrics, National Center for Child Health and Development, Setagaya-ku, Tokyo, Japan; 2Infectious Disease, National Center for Child Health and Development, Tokyo, Japan; 3Division of Infectious Diseases, National Center for Child Health and Development, Setagaya-ku, Tokyo, Japan

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Background. WU polyomavirus (WUPyV) is a relatively new virus associated with respiratory infections. However, its role is unclear in children with severe