awareness and improve engagement when potential OPAT needs are identified (Fig. 1).

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**Presentation Type:** Poster Presentation - Poster Presentation

**Subject Category:** Patient Safety

**Patient safety and quality care: Time to focus on nonventilator hospital-acquired pneumonia**

Karen Giuliano and Dian Baker

**Background:** A growing body of evidence has reported on the harm and cost of nonventilator hospital-acquired pneumonia (NVHAP), currently the most common hospital-acquired infection (HAI). Although the US Congress and the Center for Medicare and Medicaid Services (CMS) have acted to reduce rates of some HAI through the Hospital-Acquired Condition Reduction Program (HACRP), NVHAP is not currently included. Thus, most hospitals do not engage in active prevention. Here, we report the findings from our analysis of Medicare claims data on hospital length of stay (LOS), cost for patients with hospital-acquired pneumonia (HAP), including both ventilator-associated pneumonia and NVHAP, and mortality. **Methods:** We used Medicare claims data for Federal Fiscal Year 2019 for inpatient and postdischarge services. Beneficiaries who died, were without continuous Medicare Part A and B enrollment, and patients eligible for Medicare for end-stage renal disease were excluded. Inpatient payments and 30-, 60-, and 90-day postdischarge episodes for 2,457 beneficiaries with HAP were examined and compared to a non-HAP control group of 2,457 beneficiaries. Groups were matched on age, sex, race, and the diagnosis-related group (DRG) for their index hospitalization. **Results:** Most HAP was NVHAP (N = 2,222; 89%) versus VAP (N = 275; 11%). LOS stay was significantly (p < 0.001) longer for NVHAP patients. NVHAP patients were 2.8 times more likely to die vs non-HAP. **Conclusions:** These findings provide additional support to previous research on the harm and cost associated with NVHAP. Previous HACRP HAI initiatives, such as catheter-associated urinary tract infection (CAUTI) and surgical-site infection (SSI), have resulted in measurable HAI reductions. Although recent evidence-based NVHAP and initiatives indicate that NVAP is largely preventable, to date, no acute-care inpatient hospital quality improvement program implemented by Medicare includes measures for NVHAP prevention. The time is right to include NVHAP as an HACRP HAI initiative.

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**Varicella-zoster virus in cerebrospinal fluid and implications for transmission base**

Christina Liscynesky

**Background:** Transmission-based precautions against varicella-zoster virus (VZV) in healthcare settings are determined by the extent of rash (localized vs disseminated) and the immune status of the host. At our facility, immunocompetent patients with localized disease are placed in standard precautions whereas patients with disseminated disease and/or immunocompromised status are placed in airborne and contact isolation. The use of molecular diagnostics has increased recently, and patients can have a PCR positive for VZV in cerebrospinal fluid (CSF) without evidence of pneumonia or disseminated rash. These patients are classified as disseminated disease, but it is unlikely that they are spreading VZV via respiratory aerosols in the absence of other symptoms. Infection prevention guidance is limited in this situation, and these patients may be in unneeded isolation, with the potential for adverse patient effects and over-utilizing PPE resources. We have described the clinical characteristics of patients with a PCR positive for VZV in CSF, and we evaluated the risk for transmitting VZV via airborne aerosols. **Methods:** A retrospective, single-center chart review was performed on all patients admitted with a PCR positive for VZV in CSF between July 2017 and November 2021. Chart