sheding of SARS-CoV-2 may explain why asymptomatic prevalence surpasses symptomatic prevalence in the resolution phase after outbreaks. Funding: None
Disclosures: None

Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Respiratory Viruses Other than SARS-CoV-2
Relevance of RSV in hospitalized adults and the need for continued testing
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Background: RSV is underrecognized in hospitalized adults. A better understanding of RSV in this population could help prioritize targeted viral-testing resources. Hospitalization and in-hospital outcomes are widely accepted as markers of clinical severity with respect to acute respiratory illness (ARI). We compared characteristics and clinical outcomes between adults hospitalized with ARI from October 2016 through May 2019. Methods: All hospitalized adults (≥18 years) who met a standardized case definition of ARI were prospectively enrolled across 3 respiratory seasons from 9 hospitals participating in the US Hospitalized Adult Influenza Vaccine Effectiveness Network (HAIVEN). Demographic data were collected during enrollment interviews, and electronic medical records (EMRs) were reviewed to extract comorbidity data. Throat and nasal swabs were collected at enrollment, and real-time PCR (RT-PCR) assays at respective HAIVEN research laboratory sites. Characteristics and clinical outcomes of participants were compared using χ² or nonparametric tests where appropriate. Multivariable logistic regression models were used to test associations between infection status, characteristics, and clinical outcomes, adjusting for age, sex, race, Charlson comorbidity index (CCI), body mass index (BMI), site, season, and days to admission. Results: In total, 10,311 adults were included, 22.3% (n = 2,300) were aged 18–49 years, 33.2% (n = 3,423) were aged 50–64 years, and 44.5% (n = 4,588) were aged ≥65 years. Moreover, 6% of adults tested positive for RSV (n = 622), 18.8% positive for influenza (n = 1,940), and 75.1% negative for both (n = 7,749). Obesity and age ≥65 years were significantly associated with RSV detection when compared with participants negative for both RSV and influenza. Patients aged 18–49 years and ≥65 years with RSV had significantly higher median CCI scores compared to patients with influenza (Fig. 1). The proportion of adults with CHF or COPD was significantly (p-value < 0.05) lower among those infected with RSV with influenza, and those infected with RSV may have different characteristics than those infected with influenza. Hospitalized adults with RSV infection were more likely to have underlying cardiopulmonary comorbidities and higher CCI scores as well as experience an extended length of hospital stay and need for mechanical ventilation. These data highlight the importance of retaining testing for RSV in older adults hospitalized with ARI.

Discussion: In this pilot study, 2 applications of nasal povidone-iodine
Surgical site infections (SSIs) are associated with increased healthcare costs, antibiotic resistance, morbidity, and mortality. In low- and middle-income countries (LMICs), SSIs account for most healthcare-acquired infections (HAIs). In Africa, up to 20% of women who undergo a caesarean section develop a wound infection. Surveillance has been shown to be an essential component in the overall strategy to reduce SSIs. **Methods:** Surgical site infection surveillance is being implemented in 16 health facilities in Sierra Leone, with at least 1 from each of the 5 US Census regions: Eastern, Western, Northern, Northwestern, and Southern. These health facilities were selected based on the availability of a dedicated infection prevention and control (IPC) focal person. Women were observed for 30 days after caesarean section. A standardized surgical safety and surveillance checklist including case definitions and observable criteria (eg, purulent drainage, wound abscess, or intentional reopening) was used. Clinical staff were trained to collect data and to conduct in-person and phone interviews with patients on days 3, 7, and 30 after caesarean section. **Results:** From March 2021 to July 2021, a total of 2,529 women had caesarean sections in 15 health facilities; most occurred in the Northern region (785 of 2,529). Among these 2,529 women, 1,522 (60%) had an SSI surveillance checklist started, and of those 1,522, 632 (42%) had a completed checklist. Health facilities in most of the rural regions, (Eastern, Northwestern, and Southern) had no completed checklists. The overall SSI rate for the 15 health facilities was 3% (70 of 2,529). The Southern region had the highest SSI rate at 50% (35 of 70), but the Western region did not report any SSIs. Of the 70 cases, 49 (70%) were identified through active inpatient surveillance and 21 (30%) were identified through postdischarge surveillance. **Conclusions:** One of the priorities of Sierra Leone’s National IPC Action Plan is to establish HAI surveillance. Surgical site surveillance is an essential component of HAI surveillance and leads to timely identification so infections can be treated quickly. This study was limited by inadequate data collection and patients lost to follow-up after discharge. However, this study illustrates that surveillance leads to the diagnosis of most SSI cases after caesarean section while patients are still hospitalized. Simple yet effective SSI surveillance can be conducted in LMICs to identify and ultimately treat SSI after caesarean section. More support is needed in rural and smaller facilities for better implementation of SSI surveillance in Sierra Leone.

**Funding:** PDI Healthcare

**Disclosures:** None

**Antimicrobial Stewardship & Healthcare Epidemiology** 2022;2(Suppl. S1):s62–s63
doi:10.1017/ash.2022.177

**Discussion:** Implementation of surgical site infection surveillance in 16 health facilities in Sierra Leone

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**Background:** Surgical site infections (SSIs) are associated with increased healthcare costs, antibiotic resistance, morbidity, and mortality. In low- and middle-income countries (LMICs), SSIs account for most healthcare-acquired infections (HAIs). In Africa, up to 20% of women who undergo a caesarean section develop a wound infection. Surveillance has been shown to be an essential component in the overall strategy to reduce SSIs. **Methods:** Surgical site infection surveillance is being implemented in 16 health facilities in Sierra Leone, with at least 1 from each of the 5 US Census regions: Eastern, Western, Northern, Northwestern, and Southern. These health facilities were selected based on the availability of a dedicated infection prevention and control (IPC) focal person. Women were observed for 30 days after caesarean section. A standardized surgical safety and surveillance checklist including case definitions and observable criteria (eg, purulent drainage, wound abscess, or intentional reopening) was used. Clinical staff were trained to collect data and to conduct in-person and phone interviews with patients on days 3, 7, and 30 after caesarean section. **Results:** From March 2021 to July 2021, a total of 2,529 women had caesarean sections in 15 health facilities; most occurred in the Northern region (785 of 2,529). Among these 2,529 women, 1,522 (60%) had an SSI surveillance checklist started, and of those 1,522, 632 (42%) had a completed checklist. Health facilities in most of the rural regions, (Eastern, Northwestern, and Southern) had no completed checklists. The overall SSI rate for the 15 health facilities was 3% (70 of 2,529). The Southern region had the highest SSI rate at 50% (35 of 70), but the Western region did not report any SSIs. Of the 70 cases, 49 (70%) were identified through active inpatient surveillance and 21 (30%) were identified through postdischarge surveillance. **Conclusions:** One of the priorities of Sierra Leone's National IPC Action Plan is to establish HAI surveillance. Surgical site surveillance is an essential component of HAI surveillance and leads to timely identification so infections can be treated quickly. This study was limited by inadequate data collection and patients lost to follow-up after discharge. However, this study illustrates that surveillance leads to the diagnosis of most SSI cases after caesarean section while patients are still hospitalized. Simple yet effective SSI surveillance can be conducted in LMICs to identify and ultimately treat SSI after caesarean section. More support is needed in rural and smaller facilities for better implementation of SSI surveillance in Sierra Leone.

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