(LOS) among hospitalised influenza confirmed cases in King Abdulaziz Medical City – western Saudi Arabia.
Methods A retrospective review of laboratory-confirmed influenza cases admitted to King Abdulaziz Medical City during the period from January to December 2016 was conducted. Identified variables included age, gender, influenza strains and associated comorbidities.
Results Among the 556 laboratory-confirmed influenza cases during the study period, 157 patients were admitted (28.2%). More than half (52.2%) of the admitted patients were females, 20.4% were ≤5 years old, 51.6% were >5–65 years old and 28.0% were >65 years old. Healthcare workers represented 3.2% of the admitted patients. Influenza A-non H1N1 represented 65.6% followed by influenza B (36.3%) and influenza A-H1N1 (10.8%). Some patients have more than one episode of influenza. Most patients (65.0%) were admitted for more than 2 days (41.4% for 2–5 days and 23.6% for more than 5 days). Length of stay was significantly longer among elderly patients (>65 years old) and patients with DM, cardiac, chronic respiratory, immune deficiency diseases and with increased number of co-morbidities, however, no statistical significant association was reported according to influenza strains.
Conclusion Significant number of patients were admitted because of influenza for duration more than 2 days. Length of stay was associated with chronic morbidities and old age. Enhancement of immunisation programs especially for high risk patients is essential for reducing burden of influenza on patients and healthcare system.

1365 THE INCIDENCE OF COMMUNITY ACQUIRED PNEUMONIA BY OCCUPATION

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Introduction Reversible, modifiable risk factors are associated with a greater risk of developing community acquired pneumonia (CAP). Welders of working age are 3.5 times more likely to die from pneumococcal pneumonia than workers in other jobs. A higher risk of CAP is seen in workers exposed to any type of metal fume and this excess risk is limited to below the age of 65 years, indicating a reversible susceptibility. Other causes of CAP may also be related to occupation or recent working conditions.
Methods At 12 sites across Canada patients admitted to hospital with CAP have been recruited to participate in a wider study. As a pilot we added questions regarding occupation. The information was coded using the Canadian National Occupational Classification (NOC) 2011. Data were used to calculate percentages and compare occurrences of pneumonia across occupations.
Results We obtained occupation data on 171 cases (now 671). The NOC codes were aggregated to the ten single digit NOC codes. Those in 'trades, and related fields' comprised 26% (n=44) of cases when including retired workers. There was a significantly greater proportion of cases 32% (n=29, p=0.05, Chi=3.834) amongst current workers in 'trades and related occupations' compared to workers in all other jobs 68% (n=62). There were five single digit NOC codes including 'trades and related occupations' where the proportion of cases amongst current workers was higher than in those retired.
Conclusion Our data suggests workers in 'trades and related fields' are more at risk of CAP with the proportion affected exceeding that of those employed in this group, 25.5% (StatCan, 2011). Few studies have analysed occupations and exposure as risk factors for developing CAP. The reduction of cases in those retired 'trades and related occupations' compared to current workers may represent an occupational effect.

999 LATENT TUBERCULOSIS INFECTION AMONG HEALTHCARE WORKERS AT A GENERAL HOSPITAL

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Introduction Healthcare workers (HCWs) have a higher risks of contracting tuberculosis (TB) than general population. International and national policies recommend routine screening of latent tuberculosis infection (LTBI) as an essential component in the control and prevention of TB in healthcare facilities.
Methods From January 2008 to December 2016, 1759 hospital employees were screened for LTBI. Symptom assessment and chest X-ray were conducted to exclude active TB, and tuberculin skin test (TST) and/or QuantiFERON-TB Gold test (QFT) were performed to diagnose LTBI.
Results At the end of 2016, 1054 active workers were screened one or more times, totalizing 1810 screenings; 81.5% were female and 18.5% were male; mean age was 42 years. None were found to have active TB. LTBI prevalence in the screened population was 17.7% (n=187): 101 individuals had a QTF positive test and 86 didn't perform QTF test but had a TST ≥15 mm. The majority were positive for LTBI at the first screening (n=110; 58.8%). Among the screened HCWs, medical aid assistants had the highest prevalence of LTBI (21.7%), followed by nurses (19.4%), administrative and supportive staff (14.4%), while physicians had the lowest prevalence (12.4%) of LTBI. QFT was negative in 47.3% of the individuals with TST ≥15 mm (n=61, which 41 submitted to repetitive TST testing), and in 76.5% of the cases with TST ≥10 mm but <15 mm (n=65, which 37 submitted to repetitive TST testing).
Discussion Since 2015, Portugal has been a low-incidence country regarding TB. The prevalence of LTBI in HCWs is relatively high as far as 17,7%. As a result, active screening for TB and LTBI is needed for these workers. Screening with TST and QTF is a cost-effective approach as high numbers of discordant TST positive/QTF negative results are probably caused by BCG vaccination or boosting due to repetitive TST testing.