1373. Racial Disparities in Clinical Characteristics and Outcomes for Methicillin Susceptible and Methicillin-Resistant *Staphylococcus aureus* Bacteremia

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Session: P-77. Social Determinants of Health

**Background.** Bacterial bloodstream infections (BSI) are one of the most described syndromes in infectious diseases, but the presence of racial disparities in BSI is unclear. The purpose of this project was to determine if racial disparities exist in patients with *S. aureus* bacteremia (SAB).

**Methods.** Data was used from a prospective cohort of patients with SAB at Duke University Medical Center from 1995-2015. Patients were categorized as African American (AA) or White. Characteristics of interest included discharge disposition, metastatic infection, persistence of SAB, and in-hospital mortality stratified by methicillin-susceptible *S. aureus* (MSSA) and methicillin-resistant *S. aureus* (MRSA) infections. Statistical comparisons were performed for binary variables with Fisher’s Exact test and continuous variables with Kruskal-Wallis test.

**Results.** Among the 2396 patients with SAB, 1496 (62.4%) were White and 900 (37.6%) were AA. 1241 patients (51.8%) had MSSA bacteremia overall. Whites comprised 63.6% of MSSA and 61.2% of MRSA infections. AA were younger (MSSA median[IQR]: 53.0, 44.0-64.0 vs. 62.0, 50.0-71.0, p<0.001; MRSA: 58.0, 46.5-69.5 vs. 64.0, 52.0-74.0, p<0.001) and more likely to be female (MSSA: 46.2% vs 38.2%, p=0.007; MRSA: 53.1% vs 41.9%, p<0.001). AA had higher rates of diabetes, hemodialysis, HIV infection for both MSSA and MRSA, but higher rates of transplant for MRSA only (Figures 1, 2). AA were younger (MSSA median[IQR]: 33.6, 25.0-42.0 vs. 42.0, 37.0-51.0, p<0.0001) and more likely to be female (MSSA: 46.2% vs 38.2%, p=0.007; MRSA: 53.1% vs 41.9%, p<0.001). Although Whites were more likely to have in-hospital mortality for MRSA (24.6 vs 19.2, p=0.0359), discharge disposition, HIV infection, and persistence did not vary significantly by race.

**Conclusion.** Racial disparities exist in SAB, more so for patient characteristics than for outcomes. AA patients were younger, had a different set of comorbidities, and had more acute presentations. Although Whites had higher rates of in-hospital mortality, all other outcomes were similar.

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1374. Clinical Outcomes of Sepsis According to Race at University of Minnesota Medical Center

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**Session:** P-77 Social Determinants of Health

**Background.** Sepsis is a life-threatening condition associated with significant in-hospital mortality. Sepsis disproportionately affects Black Americans and is a top-10 leading cause of death for Black people. Previous studies examining sepsis mortality rates by race have yielded inconsistent findings. This retrospective study evaluates the relationship between race and in-hospital sepsis-related mortality in adults at University of Minnesota Medical Center.

**Methods.** We reviewed all sepsis diagnoses in adults between January 1, 2020 and June 30, 2020 at the University of Minnesota Medical Center. Demographic information including age, sex, race, insurance status, primary language, expected hospital mortality were also recorded. Self-reported race was categorized as African American, White, American Indian or Alaska Native, Asian, African, Hispanic or Latino, Hawaiian or other Pacific Islander, “some other race,” and “two or more races.” Statistical tests including χ² test, Student t test, Kaplan-Meier estimator, and binary logistic regression were performed.

**Results.** We identified 780 cases of sepsis. Black patients were consistently younger than White patients (median age of 50 years, compared to 61 years, p<0.001). Black patients were more likely to have comorbidities at baseline. However, logistic regression analyses, after controlling for language, race, primary payer, and expected mortality, showed no association between sepsis outcome and race.

Sepsis Cases at UMMC between January and June 2020 by Self-Reported Race

<table>
<thead>
<tr>
<th>Race</th>
<th>White (n=584)</th>
<th>Black (n=196)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Length of Stay (ICU) (days)</td>
<td>7 (6 to 13)</td>
<td>7 (5 to 13)</td>
<td>0.659</td>
</tr>
<tr>
<td>In-Hospital Deaths - number (%)</td>
<td>107 (19%)</td>
<td>8 (9%)</td>
<td>0.024</td>
</tr>
<tr>
<td>ICU Admission - number (%)</td>
<td>236 (40%)</td>
<td>25 (28%)</td>
<td>0.021</td>
</tr>
<tr>
<td>ICU Median LOS (ICU) (days)</td>
<td>3.5 (2 to 9)</td>
<td>4 (2 to 12)</td>
<td>0.858</td>
</tr>
<tr>
<td>Left AMA - number (%)</td>
<td>7 (1%)</td>
<td>4 (4%)</td>
<td>0.003</td>
</tr>
<tr>
<td>Median O/E ratio (ICU)</td>
<td>1.37 (0.70 to 3.60)</td>
<td>3.20 (1.22 to 5.83)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*Other includes the categories “Some other race” and “Two or more races.”

Hospital Outcomes by Race

Patient Demographics by Race

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Conclusion. While there was no significant difference between in-hospital mortality and race, Black patients were more likely to present at a younger age with more medical comorbidities than White patients.

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1375. Professional Status of Infectious Disease Specialists in Korea: A Nationwide Cross-sectional Study

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Session: P.78. Structural determinants and career advancement (Inclusion, Diversity, Access and Equity)

Background. Emergence of more antimicrobial-resistant pathogens and repeated occurrence of infectious disease (ID) outbreaks highlight the importance of ID specialists. This study aimed to assess the working status of ID specialists and identify problems faced by ID professionals in Korea.

Methods. An online-based survey was conducted over 11 days (from December 17–27, 2020), targeting all active adult (n=281) and pediatric (n=71) ID specialists in Korea (total=352). An online-based survey link was forwarded to them via text messages, and e-mail. Data collected included background data of the Korean Society of Infectious Diseases and the Korean Society of Pediatric Infectious Diseases. Questions regarding the practice areas of the specialists were divided into five categories: (1) clinical practices of outpatient care, inpatient care, and consultations; (2) infection control; (3) antibiotic stewardship; (4) research; and (5) education and training. We investigated the weekly-time use patterns for these areas of practice.

Results. A total of 144/281 (51.2%) adult ID specialists and 51/71 (71.8%) pediatric ID specialists participated in the survey. Among them, 144 (73.8%) respondents were involved in all practice categories investigated. The most common practice area was outpatient service (93.8%), followed by consultation (91.3%) and inpatient service (87.7%) (Table 1). Specialists worked a median of 57 (interquartile range: 50–65) hours weekly: patient care, 29 (14–37) hours; research 11 (5–19) hours; infection control 4 (8–11) hours (2–10) hours; antibiotic stewardship, 3 (1–5) hours; and education/training, 2 (2–6) hours.

Conclusion. We identified areas of practice and patterns of time use among adult and pediatric ID specialists in Korea. Most experts were in charge of all necessary areas and had no problem with the weekly-time use patterns.

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1376. Cryptococcal Infection Presenting Solely as a Pleural Effusion

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Session: P.79. Transplant: Studies of Pre-transplant Screening and Evaluation

Background. Cryptococcal infections are frequently seen in immunosuppressed hosts. To date, few cases of cryptococcal infections presenting solely as pleural effusion have been described in liver transplant recipients. To our knowledge, this is the first case of cryptococcal pleuritis presenting with acute respiratory failure early post liver transplant.

Methods. 51-year-old male with non-alcoholic cirrhosis complicated by chronic right heart failure underwent deceased donor liver transplantation with methylprednisolone induction. A week later, he developed acute respiratory failure requiring intubation. Pleural fluid was exudative with lymphocyte predominance; aerobic culture grew C. neoformans. Serum cryptococcal antigen was initially negative (prozone phenomenon) and later became positive. Antifungal treatment, consisting of liposomal amphotericin and flucytosine, but developed acute kidney injury; induction therapy was changed to fluconazole with flucytosine for 2 weeks followed by fluconazole consolidation for 8 weeks. He remains on maintenance therapy. Donor serum cryptococcal antigen was negative, and recipients of other organs from the donor were clinically well.

Results. Pleural effusions are common in cirrhotic patients with ascites from hepatic hydrothorax. Although rare, Cryptococcal infection can manifest as isolated pleural effusion. Our patient was diagnosed with Cryptococcal empyema early post-transplant, though likely had subclinical or latent infection pre-transplant; evaluation for donor-derived infection was negative. Diagnosis of isolated pleural disease may be missed if only serum Cryptococcal antigen is tested, as antigen may not be detectable. Diagnosis is mainly established by pleural fluid culture and may be delayed, as pleural fluid is not routinely cultured when effusions are attributed to hepatic hydrothorax. Cryptococcal antigen in the pleural fluid may have a better diagnostic yield.

Conclusion. Cryptococcal infection should be considered in patients with cirrhosis and liver transplant recipients presenting with pleural effusion without any other abnormalities on chest imaging. Diagnosis may be missed if only serum cryptococcal antigen is used.

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1377. Impact of Pre-Transplant Infectious Diseases Wellness Visit on Vaccine Uptake in Solid Organ Transplant Candidates

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Session: P.79. Transplant: Studies of Pre-transplant Screening and Evaluation

Background. Despite published guidelines, vaccine uptake in solid organ transplant candidates (SOTc) remains suboptimal. We established an Infectious Disease pre-transplant clinic (IDPT) to perform a wellness visit for all SOTc. The visit was conducted by a nurse practitioner (NP) primarily and included pre-transplant assessment and optimization of vaccinations. We report the preliminary results of this pilot project on vaccine uptake in SOTc.

Methods. Retrospective review was done on all SOTc referred to the IDPT from January 2020 to February 2021 at Henry Ford Transplant Institute in Detroit, MI. SOTc were patients listed for different types of transplants. Sociodemographic data, comorbidities, vaccination status for influenza, pneumococcus, hepatitis B, Tdap, Td, and varicella zoster were assessed from electronic medical records and the Michigan Care Improvement Registry that includes vaccination records. Follow up was at least 3 months after IDPT visit. Binomial analysis was performed comparing vaccine uptake in a previous institutional cohort of 530 SOTc from January 2015 to December 2016 in which there was no IDPT visit. Data was analyzed using EpiInfo ver. 7.2.4.0.

Results. A total of 183 SOTc were evaluated in IDPT. Baseline characteristics are shown in Table 1. Median age was 57 years, mean Charlson Comorbidity Index was 4.1. Majority of IDPT visits were done by the NP and most were video visits given the COVID-19 pandemic. Vaccine uptake improved post IDPT for all vaccines and most notably for hepatitis B, varicella zoster and pneumococcal 13Y vaccine (Table 2). Of the SOTc, 38