beneficial patient outcomes, including low rates of recurrence. These results support the continued clinical development of iberzapolstat.

**Disclosures.** Kevin W. Garey, Pharm.D., M.S., FASP, Summit Therapeutics (Research Grant or Support) Michael Silverman, MD, Acurx Pharmaceuticals (Consultant)

702. Risk Factors for Acute Gastroenteritis Among Patients Hospitalized in 5 Veterans Affairs Medical Centers, 2016-19

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**Session:** P-33. Enteric Infection

**Background.** In the United States, an estimated 179 million acute gastroenteritis (AGE) cases occur each year identifying factors contributing to AGE susceptibility and severity is important to address the high disease burden of AGE among adults. The primary objective of this analysis was to identify risk factors for all-cause AGE, norovirus-associated AGE and severe AGE among hospitalized adults.

**Methods.** We analyzed data from 3,621 patients and 624 non-AGE controls enrolled prospectively from December 1, 2016 – November 30, 2019 from 5 Veterans Affairs Medical Centers (Atlanta, Bronx, Houston, Los Angeles, Palo Alto). Standardized patient interviews and medical chart abstractions were conducted to collect demographics, exposures, history and underlying medical conditions. Stool samples from participants were tested for 22 pathogens using the BioFire Gastrointestinal Panel. Severity of AGE was determined using a 20-point modified Vesikari score (MVS) and severe AGE was defined as a MVS score of ≥11. Multivariable logistic regression was performed to assess associations between potential risk factors and outcomes.

**Results.** Of the total AGE cases, 551 (54%) had severe AGE; 44 (4%) were norovirus-positive. Risk factors for all-cause AGE vs. non-AGE controls included household contact with a person with AGE in the past 7 days (aOR=2.9, 95% CI:1.3-6.7), severe renal disease (aOR=3.9, 95% CI:1.8-8.5), and immunosuppressive therapy (aOR=5.6, 95% CI:2.7-11.7). Factors associated with norovirus positivity by univariate analysis were contact with a person with AGE outside (OR=4.4, 95% CI:1.6-12.0) and within (OR=5.0, 95% CI:2.0-11.5) the household in the past 7 days. Detection of any viral pathogen (aOR=4.0, 95% CI:1.7-9.5) was a risk factor for severe AGE.

**Conclusion.** Our findings suggest that inpatients with HIV or severe renal disease, on immunosuppressive therapy, or in contact with a person with AGE within household are at higher risk for all-cause AGE. Patients with these medical conditions should be monitored for AGE related hospitalizations and may benefit from targeted AGE prevention messaging.

**Disclosures.** Vincent Marconi, MD, Bayer (Consultant, Scientific Research Study Investigator); Eli Lilly (Consultant, Scientific Research Study Investigator); Gilead Sciences (Consultant, Scientific Research Study Investigator) YuV (Consultant, Scientific Research Study Investigator)

703. Peritoneal Coccidioidiomycosis in a Pediatric Patient: An Extremely Rare Presentation and Literature Review

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**Session:** P-33. Enteric Infection

**Background.** Chronic peritonitis is an unusual manifestation of coccidioidomycosis (CM), that is challenging to diagnose and manage due to its propensity for relapse. It is even more unusual to diagnose peritoneal CM in the pediatric population, with only two other cases reported in the literature.

**Methods.** We present the case of a previously healthy 5-year-old Filipino female in Florida who was diagnosed with peritoneal CM. After months of uninformative blood work, a biopsy of the affected peritoneal fluid revealed Coccidioides immitis growth. Imaging revealed a solid peritoneal mass which was concerning for CM, and multiple biopsies of the peritoneal mass were negative. The peritoneal fluid exhibited a leukocytosis with a predominance of neutrophils. The organisms grew within normal limits. A biopsy of the affected tissue revealed diffuse granulomas and a positive PAS stain. The organism was identified as Coccidioides immitis. The patient was treated with itraconazole and was discharged on itraconazole. The patient was free of symptoms at the last follow up visit.

**Conclusion.** Our case highlights the importance of considering CM in the differential diagnosis of chronic peritonitis in children. A high index of suspicion and diligent workup are critical for diagnosis and appropriate treatment.

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