was performed to evaluate the expected impact of the BCID-GP panel on the time to organism identification, AST results, and optimization of antimicrobial therapy. Results. A total of 80 patients were included in the final analysis (Table 1). S. epidermidis was the most common bacteria identified, followed by S. aureus, and other coagulase-negative staphylococci. Thirty-nine patients with staphylococci (48.8%) had the mecA gene detected and 2 patients with E. faecium had the vanA gene detected. The BCID-GP panel saved a mean of 24.4 hours (h) to identification and 48.3h to susceptibility testing compared to standard methods across all patients. In 38 patients (47.5%), the BCID-GP panel result could have enabled an earlier change in antibiotic therapy. Table 2 highlights opportunities to optimize antimicrobial therapy 53.4h earlier for 16 (20%) patients with organisms expressing AMR genes, 29.2h earlier for 8 (10%) patients infected with organisms, such as streptococci, with very low resistance rates, and to stop antimicrobial therapy 42.9h earlier for 14 (17.5%) patients with contaminated blood cultures.

Table 1. Patient demographics and co-morbidities.

| Variable                        | Total (N=80) |
|---------------------------------|--------------|
| Age (Mean)                      | 54.1         |
| Male – No. (%)                  | 43 (53.8)    |
| Race/Ethnicity – No. (%)        |              |
| White                           | 43 (53.8)    |
| Black                           | 35 (43.8)    |
| Hispanic/Latino                 | 2 (2.5)      |
| Immunosuppression – No. (%)     |              |
| Solid malignancy                | 6 (7.5)      |
| Hematologic malignancy          | 4 (5)        |
| SOT                             | 7 (8.9)      |
| HST                             | 3 (3.8)      |
| Other                           | 4 (5)        |
| Diabetes – No. (%)              | 32 (40)      |
| Cardiovascular disease – No. (%)| 26 (32.5)    |
| Chronic lung disease – No. (%)  | 11 (13.8)    |
| CKD – No. (%)                   | 12 (15)      |
| ESRD – No. (%)                  | 7 (8.8)      |
| Cirrhosis – No. (%)             | 3 (3.8)      |
| IVDU – No. (%)                  | 1 (1.3)      |
| Mechanical ventilation – No. (%)| 15 (18.8)    |
| ECMO – No. (%)                  | 1 (1.3)      |
| Trauma at time of admission – No. (%) | 8 (10) |
| Burn at time of admission – No. (%) | 1 (1.3) |
| Pitt Bacteremia Score (Mean)    | 2.46         |

Table 2. Time of antibiotic change and time saved.

| Potential change to antibiotics | No. of patients | Mean time saved (hours) |
|--------------------------------|-----------------|-------------------------|
| Stop for earlier ID of contaminant species | 14 | 42.9 |
| Change GP antibiotic based on presence or absence of resistance gene | 16 | 53.4 |
| Change GP antibiotic based on earlier ID of Streptococcus | 29 | 2.9 |

Conclusion. The BCID-GP panel could have enabled earlier optimization or stopping of antibiotics in many patients with significant time savings compared to standard laboratory methods.

Disclosures. Todd P. McCarty, MD, Cidara (Grant/Research Support)GenMark (Grant/Research Support)Other Financial or Material Support, Honoraria with Research Presentation)T2 Biosystems (Consultant)Sixto M. Leal, Jr., MD, PhD, Abnova (Grant/Research Support)AlImmune (Grant/Research Support)Amplyx Pharmaceuticals (Grant/Research Support)Astellas Pharmaceuticals (Grant/Research Support)CNINE Dx (Grant/Research Support)GenMark, Diagnostics (Grant/Research Support)T2 Biosystems, Other Financial or Material Support, Honoraria with Research Presentation)IHMA (Grant/Research Support)IMMY Dx (Grant/Research Support)JMI/Sentry (Grant/Research Support)miFluIDx Dx (Grant/Research Support)Tetraphase Pharmaceuticals (Grant/Research Support)

1028. Performance and Patient Acceptability Evaluation of the Chembio DPP® HIV-Syphilis Assay in an Emergency Department

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Session: P-58. New Approaches to Diagnostics

Background. Emergency departments (EDs) serve as sentinel settings for diagnosing sexually transmitted infections (STIs), including HIV and syphilis. We aimed to assess performance and patient acceptability of a point-of-care (POC) test, the Chembio Dual Path Platform (DPP®) HIV-Syphilis Assay, in an urban ED in Baltimore.

Methods. 170 patients were enrolled via convenience sampling from Oct 2019 – March 2021 and Jan 2021 – June 2021. Patients eligible were ≥ 18 yrs, men who have sex with men, pregnant without care, had STI concerns, or history of drug use. Subjects received standard of care (SOC) HIV and syphilis testing using institutional laboratory algorithms. Subjects were then tested with the finger-stick POC test and completed a survey, both before and after the POC test to assess subjects’ attitudes about the POC test.

Results. Comparing the SOC and POC results, 165/170 (97.1%) were test concordant. 3 syphilis POC results were false negative, but reported successful treatment over 10 years prior to enrollment (trepornonal antibody remains after treatment). 1 HIV result was false negative and I was false positive. Overall the sensitivity and specificity of the HIV POC test were 96.8% (95%CI: 83.3%, 99.9%) and 99.3% (95% CI: 96.1%, 100%), and for syphilis were 85.7% (95%CI: 63.7%, 97.0%) or 100% (95%CI: 81.5%, 100%), if excluding 3 persons having been successfully treated, and 100% (95% CI: 97.6%, 100%) respectively.

The pre-test survey found 67% and 77% of participants were comfortable with a finger-stick test and agreed the POC test result would be as good as the SOC test result, which increased to 96% and 86% in the post-test, respectively. (p < 0.05). At post-test, 86% reported they would feel confident to perform this test at home and 81% would use it at least once per year if it were available. 97% reported they were more likely to seek treatment if receiving a positive result during their ED visit and 91% reported it would reduce their stress/anxiety if receiving a negative result during the ED.

Conclusion. Our findings demonstrated satisfactory performance and high patient acceptability of the Chembio DPP® HIV-Syphilis Assay. Given the test is FDA approved, implementation studies are needed to determine whether adoption of this POC test will benefit patients and be consistent with ED practice.

Disclosures. Richard E. Rothman, PhD, MD, Chem bio (Grant/Research Support)