to explore the characteristics, clinical outcomes, and risk factors for mortality in *Candida* infections in patients with hematological malignancies.

**Methods.** This is a retrospective study of adult hematological malignancy patients admitted to surgical/medical wards or critical units at an academic medical center from January 2010 to January 2021 and diagnosed with proven invasive *Candida* infections through positive microbiological culture data from a biopsy, surgical specimen or sterile site. Primary endpoint was 30-day mortality. Statistical analysis was done using Fisher's exact test and Mann-Whitney U test.

**Results.** One hundred forty-four AML patients were included in the study. Ten patients died of proven or probable fungal pneumonia aged 60-70 years (11.4%). Five patients died of fungal pneumonia aged 70-80 years (19.6%). Eleven patients died of fungal pneumonia aged 80-90 years (22%).

**Conclusion.** Invasive fungal pneumonia is a complication of respiratory viral infections in hospitalized patients. Further studies are needed to explore the characteristics, clinical outcomes, and risk factors for mortality in fungal pneumonia in patients with hematological malignancies.

**Disclosures.** All Authors: No reported disclosures

987. Clinical Epidemiology and Outcomes of Invasive Pulmonary Aspergillosis as a Complication of Respiratory Viral Infection in Hospitalized Patients

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**Background.** Invasive pulmonary aspergillosis (IPA) is increasingly recognized as a complication of severe respiratory viral infections (RVIs), including influenza and COVID-19. However, the incidence and outcomes of IPA following other RVIs is not well described. We hypothesized that IPA may be an underreported complication of non-influenza RVIs. The objective of this study was to identify the incidence and associated outcomes of IPA following RVIs in hospitalized patients.

**Methods.** We conducted a single-center retrospective cohort study of adult hospitalized patients with RVIs diagnosed by multiplex PCR-based assay at the University of Kansas Hospital (Kansas City, Kansas) from September 2018-October 2019. Patients with a diagnosis of proven or probable IPA prior to RVI and those with hospital admission < 24 hours were excluded from analysis. Proven or probable IPA was defined according to EORTC/MSGERC consensus definitions. The primary outcome was 1-year all-cause mortality.

**Results.** A total of 195 patients met study criteria and were included in the analysis. The most common types of RVIs observed were rhinovirus/enterovirus (57.9%, n=113), parainfluenza (13.3%, n=26), influenza (8.2%, n=16), and respiratory syncytial virus (7.7%, n=15). The cumulative incidence of IPA infection within 6 weeks of RVI was 5.6% (n=11). Excluding patients co-infected with multiple respiratory viruses (n=5), IPA was numerically more likely to occur following influenza compared to non-influenza RVI (12.5% [n=2/16] vs. 4.6% [n=5/113]; odds ratio, 2.96; 95% confidence interval (CI), 0.57-15.3; P = 0.176). Overall, one-year all-cause mortality was 20% (n=39/195) in this cohort. The incidence of IPA as a complication of RVI was associated with a significant decrease in 1-year survival (hazard ratio [HR], 3.04; 95% CI, 1.19-7.78; P = 0.021), and this relationship persisted after adjustment for age (HR, 2.77; 95% CI, 1.08-7.10; P = 0.034).

**Conclusion.** In a cohort of hospitalized patients with RVI, 5.6% of patients developed proven or probable IPA. Although IPA was more likely to occur in patients with influenza, this complication was also observed with other types of RVI. Invasive pulmonary aspergillosis may be an underappreciated complication of non-influenza RVI in hospitalized patients and warrants continued study.

**Disclosures.** All Authors: No reported disclosures

988. Is There Value of Infectious Diseases Consultation in Candidemia? A Single Center Retrospective Review From 2016-2019

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Trevor C. Van Schooneveld, MD, FACCP; 1 University of Nebraska Medical Center, Omaha, Nebraska Session: P-55. Medical Mycology

**Background.** Candidemia is the second most common cause of healthcare-associated bloodstream infections in the US with mortality of approximately 25%. Studies demonstrate lower candidemia mortality with infectious diseases consultation (IDC). We evaluated effects of IDC on mortality and guideline-adherence at our institution to determine if mandatory IDC was warranted.

**Methods.** We retrospectively reviewed adults hospitalized with candidemia ( ≥ 2 blood cultures positive for Candida) between 1/1/2016-12/31/2019. Exclusion criteria included age < 19 years, polymicrobial blood culture, or death or hospice within 48 hours. Primary outcome was all-cause 30-day mortality. Secondary outcomes included guideline-adherence and treatment choice. Guideline-adherence was assessed with a modified EQUA Candida score (Table 1). Descriptive statistics were performed.

**Results.** One hundred forty-four AML patients were included in the study. Ten patients died of proven or probable fungal pneumonia aged 60-70 years (11.4%). Five patients died of fungal pneumonia aged 70-80 years (19.6%). Eleven patients died of fungal pneumonia aged 80-90 years (22%).

**Conclusion.** Invasive fungal pneumonia is a complication of respiratory viral infections in hospitalized patients. Further studies are needed to explore the characteristics, clinical outcomes, and risk factors for mortality in fungal pneumonia in patients with hematological malignancies.

**Disclosures.** All Authors: No reported disclosures
Conclusion. IDC was common in candidemic patients and not associated with significant differences in outcomes. Current antimicrobial stewardship and consultation practices at our center do not warrant mandated IDC for candidemia.

Disclosures. Trevor C. Van Schooneveld, MD, FACP. BioFire (Individual(s) Involved: Sell); Consultant, Scientific Research Study Investigator; Insmed (Individual(s) Involved: Sell); Scientific Research Study Investigator; Merck (Individual(s) Involved: Sell); Scientific Research Study Investigator

989. Ivasuconazonium Sulfate Treatment of Blastomycosis: A Case Series

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Session: P-55. Medical Mycology

Background. Blastomyces fungi, endemic to the Ohio and Mississippi River valleys, cause pneumonia and disseminated disease in both immunocompetent and immunocompromised patients. Prolonged antifungal therapy is commonly complicated by hepatic toxicity, QT prolongation, and drug interactions. Ivasucronazionium sulfate is dose-tined once daily, does not prolong the QT interval, and has fewer drug interactions, but there is a paucity of data for its use in blastomycosis.

Methods. This case series of blastomycosis treated with isavuconazonium sulfate at the University of Wisconsin Hospital and Clinics from 2015 to December 2019 focuses on long term outcomes. Inclusion criteria were adults, that received at least one day of isavuconazole. Exclusion criteria was no blastomycosis diagnosis.

Results. Of 187 patients reviewed, 92 episodes of candidemia with 94 species of Candida were included. Patient characteristics are shown in Table 2. Central venous catheters (CVCs) were present in 66 (71.7%) patients and were the most common infection source (N=38 [41.3%]) followed by intra-abdominal (N=23 [25.2%]). The most isolated species were Candida glabrata (40/94 [42.6%]) and C. albicans/dublienensis (35/94 [37.2%]).

Table 1. Original vs Modified EQUAL Candida Score

| Abbreviations. CVC: central venous catheter, BCx: blood culture |
| Results. Of 187 patients reviewed, 92 episodes of candidemia with 94 species of Candida were included. Patient characteristics are shown in Table 2. Central venous catheters (CVCs) were present in 66 (71.7%) patients and were the most common infection source (N=38 [41.3%]) followed by intra-abdominal (N=23 [25.2%]). The most isolated species were Candida glabrata (40/94 [42.6%]) and C. albicans/dublienensis (35/94 [37.2%]). 30-day mortality was 21.7%. IDC was performed in 84 (91.3%) cases. 30-day mortality was 21.7%. IDC was performed in 84 (91.3%) cases.

Table 2. Patient Characteristics

Abbreviations. TPN: total parenteral nutrition, ICU: intensive care unit, AIDS: acquired immunodeficiency syndrome

Table 3. Outcomes

Abbreviations. BDM: non-significant, CVC: central venous catheter

990. Fungal Malignant Otitis Externa: Clinical and Therapeutic Features

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Session: P-55. Medical Mycology

Background. Fungal malignant otitis externa is a rare, but a serious infection that might lead to death if not promptly diagnosed and treated. We aimed to study the clinical, therapeutic and evolutionary features of fungal malignant otitis externa.

Methods. We conducted a retrospective study including all cases of fungal malignant otitis externa hospitalized in the infectious diseases department between 2003 and 2020.

Results. We included 35 patients with a mean age of 68±11 years. There were 18 males (51.4%). All patients were diabetic, and 7 patients had a previous medical history of otitis externa (20%). The use of topical corticosteroids was noted in 10 cases (28.5%). The revealing symptoms were otalgia (97.1%), otorrhea (82.9%) and spheatial pain (54.3%). Physical examination revealed tenderness to palpation of the mastoid bone in 21 cases (60%) and the temporomandibular joint in 16 cases (45.7%). Facial paralysis was noted in 14.3% of the cases. Otoscopic examination revealed stenosis of the external auditory canal (94.3%), granulation tissue (48.6%). The median duration of treatment was 3 [1.5-12] months. Both surgery and hyperbaric oxygen therapy were indicated in one case (2.8%). Complications including the onset of contralateral otitis (14.3%) and endocranial extension (8.6%) were noted. The disease evolution was favorable in 65.7% of the cases. Four patients were dead (11.4%).