but permanent discontinuation was rare (1.4%) with reasons for azole switch varying among the different agents as summarized in Table 1.

| Parameter                  | Itraconazole | Voriconazole | Posaconazole | Isavuconazole |
|----------------------------|--------------|--------------|--------------|---------------|
| Initial prophylaxis, n (%) | 403 (1.8)    | 46 (1.5)     | 41 (1.5)     | 3 (0.6)       |
| • Still taking initial azole at death or last follow-up, n (%) | 113 (33.6)   | 1 (2.2)      | 20 (50.0)    | 2 (100)       |
| • Time to first azole change, months, median (IQR) | 4 (3,11)     | 10 (5,23)    | 12 (6,23)    | 3 (N/A)       |
| Total number of exposure episodes | 548          | 176          | 164          | 104           |
| • Exposure duration per patient, median (IQR), months | 16 (5,34)    | 6 (2,12)     | 13 (4,25)    | 9 (4,20)      |
| • Exposure episode duration, median (IQR), months | 9 (5,27)     | 6 (2,11)     | 11 (5,23)    | 8 (3,20)      |
| Justification for switch, n (%) |              |              |              |               |
| • Concern for breakthrough infection | 204 (51.6)   | 19 (39.0)    | 17 (30.3)    | 19 (90.0)     |
| • Candidiasis | 2             | 1            | 0            | 0             |
| • Aspergillosis | 157          | 13           | 9            | 13            |
| • Other mold infection* | 17           | 3            | 2            | 2             |
| • Organism not specified | 28           | 4            | 1            | 1             |
| • Other event/ intolerance | 29 (5.3)     | 9 (17.6)     | 6 (12.7)     | 19 (90.0)     |
| • Expense | 1 (0.2)       | 0            | 6 (12.7)     | 7 (35.3)      |
| • Unknown | 104 (19)      | 54 (28.4)    | 40 (25.4)    | 28 (14.9)     |

Supplies the time of candidemia

Conclusion. Candida auris is a persistent fungus that is highly contagious that has been increasing in prevalence. Infection control measures remain the most proven method to decrease the development of clinical infections. Our study has some limitations, such as the retrospective design, the lack of a control group, lack of clinical outcomes, and limited surveillance testing capabilities. C. auris remains a major cause of concern for nosocomial infections, particularly in patients with various indwelling catheters. Our susceptibility confirmed echinocandins as the class of choice for treatment of C. auris infections.

Disclosures. Judith Berger, MD. Nothing to disclose

980. Universal Lifelong Fungal Prophylaxis and Risk of Coccidioidomycosis in Lung Transplant Recipients Living in an Endemic Area

Clover N. Truong, PharmD; Michael D. Nailor, PharmD, BCPS (AQ-ID); Rajat Walia, MD; Lauren Cherrier, PharmD, BCPS; Asya Nasar, PharmD, MSc, BCPS; Kellie J. Goodlet, PharmD, BCPS, BCIDP; Jackson Memorial Hospital, Garden Grove, California; St. Joseph’s Hospital and Medical Center, Phoenix, Arizona; Norton Thoracic Institute, Phoenix, Arizona; Midwestern University, Glendale, Arizona

Session: P-55. Medical Mycology

Background. Previous studies suggested that 6-12 months of universal or targeted azole prophylaxis is effective in preventing coccidioidomycosis for various organ transplant recipients. However, limited reports have described outcomes with longer prophylactic durations or using mold-active azoles in lung transplant recipients. Therefore, the purpose of this study was to investigate the incidence of coccidioidomycosis and tolerability of universal lifelong azole therapy in this high-risk patient population.

Methods. This study was an IRB-approved, retrospective cohort study of lung transplant recipients transplanted from January 2013 through December 2018. Adult recipients who were initiated on azole antifungal prophylaxis were eligible for inclusion. Recipients who died or received pre-emptive or definitive treatment for coccidioidomycosis during the transplant admission, or who received a previous transplant were excluded from the study. Outcomes were assessed through December 2019 or until the time of coccidioidomycosis diagnosis, death, second transplant, or date lost to follow-up.

Results. Of 544 lung transplants completed between 2013-2018, 493 patients were included with a mean age at transplant of 62 ± 11; 57.3% were male, 88.6% received primary transplant indication of COPD and/or pulmonary fibrosis (≥70%). One proven coccidioidomycosis infection and one new asymptomatic seropositivity for Coccidioides (incidence 0.2% each) occurred during the study period with median follow-up duration of 31 months. Azole therapy changes were common

Table 1. Comparison of azole antifungal exposures and reasons for discontinuation

### Abstracts • OFID 2021:8 (Suppl 1) • 5581
Conclusion. We have not found evidence of hospital transmission of candida isolates in our investigations to date. We plan to evaluate clonality in the remaining 5 clusters. Future single nucleotide polymorphism analysis will determine if acquisition of point mutations is causing the increased MIC in Patient n.

Disclosures. All Authors: No reported disclosures

982. Effect of Hepatic Impairment on the Safety and Pharmacokinetics of Rezafungin
Jade Huguet, Ph.D.1; Voon Ong, PhD2; Taylor Sandison, MD, MPH3; Rebeca M. Melara, M.S.1; Thomas C. Marbury, MD1; Alena Jandourek, MD4; Shawn Flanagan, PhD5; 1Atasciences, Montreal, Quebec, Canada; 2Cidara Therapeutics, Inc., San Diego, California; 3Orlando Clinical Research Center, Orlando, FL; 4U.S. Army Institute of Surgical Research, San Antonio, TX; 5U.S. Food and Drug Administration, Rockville, MD
Session: P-55. Medical Mycology
Background. Rezafungin (RZF) is a novel echinocandin antifungal being developed for treatment of candidemia and invasive candidiasis, and for prevention of invasive fungal diseases among immunosuppressed patients. In the Phase 2 and Phase 3 treatment trials of rezafungin compared with caspofungin (STRIVE [NCT02734862] and ReSTORE [NCT03667690], respectively), patients with severe hepatic impairment (HI) were not included due to lack of caspofungin data in this population. Rezafungin was previously evaluated in patients with moderate hepatic impairment. Here we report an open-label, single-dose study on rezafungin in patients with HI (Child-Pugh class C).

Methods. To investigate the safety, tolerability, and pharmacokinetics (PK) of RZF in subjects with HI and healthy subjects (HS), 8 subjects with HI and 8 HS matched for age, sex, and body mass index (BMI) were enrolled and received a single 400-mg intravenous 1-hour infusion of RZF. Plasma PK sampling was performed at various time points through 336 hours postdose. RZF PK parameters were derived using non-compartmental analysis. Safety was assessed throughout the study.

Results. The majority of the HI subjects were White (87.5%) and male (75%) while equal distribution between White and Black or African American was observed among HS (50%) and 75% were male. The mean age of HI subjects was 58 years (range, 41–68 years) and 56.6 years (range, 50–61 years) for the HS. Mean BMI was 29.7 kg/m² (range, 24.5–34.3 kg/m²) for HI subjects and 29.7 kg/m² (range, 25.4–34.2 kg/m²) for the HS. RZF exposure (Cmax and AUC) in subjects with HI was ~30% lower than that in HS (Table 1), while half-life was generally similar (HI: 121 h, HS: 124 h; Figure 1). Three HI subjects had one adverse event (AE) each (bronchitis, worsening hepatic encephalopathy, hyponatremia), all moderate in severity; one HS had 1 AE of infusion site infiltration mild in severity. No AEs were considered related to RZF, and all were resolved or resolving by the end of the study.

Table 1. Plasma Rezafungin PK Parameter Estimates in Subjects with Severe Hepatic Impairment or Normal Hepatic Function After a Single 400-mg IV Infusion of Rezafungin

| Group | Cmax (µg/mL) | AUCL (µg-h/mL) | t1/2 (h) | CL (L/h) | Vz (L) |
|-------|--------------|----------------|----------|----------|--------|
| Severe Hepatic Function (n=6) | 16.58 (2.67) | 1250 (224.66) | 120.60 (118.2) | 0.20 (0.05) | 57.99 (9.51) |
| Normal Hepatic Function (n=8) | 23.08 (4.12) | 164.25 (34.75) | 124.10 (27.51) | 0.22 (0.04) | 28.97 (19.30) |

Data are presented as mean (standard deviation).