705. Community Acquired Gastrointestinal Infections among Transplant Recipients
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Session: P-33. Enteric Infection

Background. Community-acquired gastrointestinal (CGI) infections carry a significant risk of mortality and morbidity. Transplant patients are at increased risk of infectious complications. We aimed to study the risks and outcomes of CGI infections in this population.

Methods. After the institutional review board's approval, a multi-center retrospective study was conducted. Data was collected from inpatient admission for patients with a history of hematopoietic stem transplantation or solid organ transplantation. Data regarding patient demographics, gastrointestinal polymerase chain reaction (GIPCR), clinical presentation, medications, discharge, and length of stay were collected. Chi-square test was performed to compare categorical data, and student's t-test and Wilcoxon test were used to compare parametric and non-parametric variables accordingly.

Results. From 10/01/2017 to 07/14/2020, there were 445 encounters with GIPCR tests ordered. 48% were female, 53% were non-Hispanic White, and the mean age was 58 (SD ±14.6). Of the 445 encounters, 66 had a positive test. 40/66 had kidney transplants. The most common detected organisms were Norovirus (36%), Enteropathogenic E. coli (26%), Campylobacter species (9%), and Enteroaggregative E. coli (9%). The most common symptoms were abdominal pain and diarrhea, with 26% reported an exposure or a recent travel. There was no difference in the mortality rates between positive and negative GIPCR (3% versus 2.4%, p=0.07), during the study period. There was a significant difference in the mean length of stay between positive GIPCR with 7.5 (SD ±10.5) days versus 12.4 (SD ±18.3) days in negative GI PCR, p=0.036.

Conclusion. The majority of GIPCR tests were negative. Patients with positive GIPCR had shorter length of stay compared to negative GIPCR transplant recipients. There was no difference in mortality between positive and negative GIPCR among transplant patients. Future studies are required to evaluate the impact of CGI infections on transplant patients.

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706. Effect of the Covid-19 Pandemic on Rates of Recurrent Clostridiodes difficile Infection in the Veterans Affairs System
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Background. Clostridiodes difficile infection (CDI) is common and classified as an urgent threat by the US Centers for Disease Control and Prevention. Recurrence (rCDI) occurs in 30% of cases and increases with subsequent episodes. As part of a trial of fecal microbiota transplantation vs. placebo for the prevention of rCDI, rCDI is identified using a case-finding algorithm that screens for potential cases across all Veterans Affairs facilities, a key component of which is a stool test confirming the presence of C. difficile. With the emergence of Covid-19 in the United States in early 2020, study personnel observed a decreasing number of rCDI cases. We hypothesized that Covid restrictions and fear of transmission prevented patients from coming to a VA facility to submit a confirmatory stool sample, the standard method of diagnosing CDI. Accordingly, the algorithm was modified to also identify cases where rCDI was empirically treated, without confirmatory testing. Here we report on the prevalence of empiric treatment of rCDI during the Covid pandemic and changes in lab-conformed cases over time.

Methods. Cases of potentially rCDI are identified by a weekly query of VA data, using an algorithm that includes laboratory testing results, diagnostic codes, and prescriptions. The outreach database is updated daily from every VA facility, encompassing over 8 million Veterans. Potential cases are reviewed by research coordinators using the medical record to study eligibility. Beginning June 2020, the algorithm was adjusted to also identify patients with lab confirmation of their first CDI episode but none for their recurrence and identified those who were prescribed treatment for rCDI.

Results. We observed a reduction in both the number of weekly cases (22.2 vs. 17.4; P < 0.001) which is a 22% decrease after the Covid-19 emergency declaration (figure). Post-declaration, empiric treatment was prescribed to 159 Veterans (mean, 3.3/week).

Potential cases of rCDI/week pre- and post Covid-19 pandemic declaration