reported having long COVID, of which 17 (52%) reported having unresolved symptoms. Fatigue (89%), headache (89%), muscle aches (79%), and cough (77%) were the most common symptoms reported at illness onset (Figure 1). Among 33 adults with long COVID, fatigue (42%), loss of smell (39%), and loss of taste (33%) were most common (Figure 2A). In the 17 individuals with unresolved symptoms, loss of smell (29%) and loss of taste (24%) were commonly reported (Figure 2B).

**Abstract.** Half of the adults in our cohort reported long COVID symptoms, with more than quarter of symptoms persisting one-year post-illness. Our findings support that prolonged symptoms up to year after SARS-CoV-2 exposure occur, and future studies should investigate the residual impacts of long COVID symptoms and conditions.

**Disclosures.** Natasha B. Halasa, MD, MPH, Genentech (Other Financial or Material Support, I receive an honorarium for lectures - it's a education grant, supported by genentech); Quidel (Grant/Research Support, Other Financial or Material Support, Donation of supplies/kits Sanofi (Grant/Research Support, Other Financial or Material Support, HAL/NAI testing) Natasha B. Halasa, MD, MPH, Genentech (Individual(s) Involved: Self); I receive an honorarium for lectures - it's a education grant, supported by genentech, Other Financial or Material Support, Other Financial or Material Support; Sanofi (Individual(s) Involved: Self) Grant/Research Support, Research Grant or Support

**Figure 1.** COVID-19 symptoms reported at enrollment (n=62)

**Figure 2.** Long COVID (symptoms lasting ≥ 4 weeks) (n=33) (A) and unresolved long COVID symptoms one-year post-infection (n=17) (B) reported on the one-year survey

**Conclusion.** Half of the adults in our cohort reported long COVID symptoms, with more than quarter of symptoms persisting one-year post-illness. Our findings support that prolonged symptoms up to year after SARS-CoV-2 exposure occur, and future studies should investigate the residual impacts of long COVID symptoms and conditions.

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**Table 1.** Characteristics of Candidemia patients in the pre-COVID (January 2019-May 2019) and during-COVID (January 2020-May 2020) periods

|                          | Pre COVID-19 | During COVID-19 | P - value |
|--------------------------|--------------|-----------------|-----------|
| Females, n (%)           | 4 (26.7)     | 15 (48.4)       | 0.73      |
| Age, mean ± SD           | 62.2 ± 14.3  | 62.3 ± 15.7     | 0.90      |
| Race, (%)                |              |                 |           |
| White                    | 19 (66.7)    | 26 (84.5)       | 0.97      |
| Black                    | 5 (16.7)     | 5 (16.7)        |           |
| Other/Unknown            | 5 (16.7)     | 4 (12.9)        |           |
| Exposed, n (%)           | 1 (6.7)      | 17 (54.8)       | 0.04      |
| Nursing Home Resident, n (%) | 5 (33.3) | 11 (35.5)      | 0.89      |
| Length of Stay, mean ± SD| 15.5 ± 9.1   | 10.0 ± 27.3     | 0.56      |
| Days from Admit to Candidemia, mean ± SD | 8.9 ± 5.3 | 15.6 ± 17.9 | < 0.01 |
| Charlson Comorbidity Index, n (%) |          |                 | 0.15      |
| 0 – 2                    | 2 (13.3)     | 8 (25.8)        |           |
| 3 – 4                    | 3 (20.0)     | 10 (33.3)       |           |
| ≥ 5                      | 10 (66.7)    | 13 (41.3)       |           |
| Comorbidities, n (%)     |              |                 |           |
| Cancer                   | 4 (26.7)     | 7 (22.6)        | 0.76      |
| Diabetes                 | 9 (60.0)     | 14 (45.2)       | 0.35      |
| Hypertension             | 10 (66.7)    | 17 (54.8)       | 0.43      |
| Hospital Management, n (%) |            |                 |           |
| Central Venous Catheters | 13 (86.7)    | 25 (80.7)       | 0.61      |
| Corticosteroids          | 11 (73.3)    | 16 (51.6)       | < 0.01    |
| Intensive Care Unit      | 12 (80.0)    | 28 (90.3)       | 0.33      |
| Mechanical Ventilation   | 5 (33.3)     | 22 (71.0)       | 0.02      |
| Vasopressors             | 5 (33.3)     | 25 (77.0)       | 0.02      |

Bolded p-values indicate statistical significance at p-value < 0.05.
Table 2. Characteristics of Candidemia patients in the SARS-COV-2 negative and SARS-COV-2 positive cohorts from January 2020-May 2020

| Pathogen | SARS-COV-2 Negative/Uninfected | SARS-COV-2 Positive | P-value |
|----------|--------------------------------|---------------------|--------|
| Female, n (%) | N = 10 (5.2) | N = 15 (4.7) | 0.716 |
| Age, mean (SD) | 58.3 (15.9) | 63.9 (13.1) | 0.051 |
| Ethnicity, n (%) | | | |
| African American | 10 (5.2) | 13 (4.1) | 0.233 |
| White | 5 (2.8) | 7 (2.1) | 0.32 |
| Other/Unknown | 4 (2.1) | 4 (1.3) | 0.66 |
| Exposed, n (%) | | | |
| Yes | 7 (3.8) | 10 (3.1) | 0.025 |
| Yes | 5 (2.8) | 8 (2.6) | 0.66 |
| Exposed | 25.3 (12.3) | 28.1 (13.1) | 0.137 |
| Charlson Comorbidity Index, n (%) | | | |
| 0–2 | 8 (4.3) | 10 (3.1) | 0.044 |
| 2 | 6 (3.1) | 7 (2.1) | 0.66 |
| Charlson Comorbidity Index, n (%) | | | |
| 0–2 | 8 (4.3) | 10 (3.1) | 0.044 |
| 2 | 6 (3.1) | 7 (2.1) | 0.66 |
| Charlson Comorbidity Index, n (%) | | | |
| 0–2 | 8 (4.3) | 10 (3.1) | 0.044 |
| 2 | 6 (3.1) | 7 (2.1) | 0.66 |

Discussion. The prevalence of fungemia markedly increased during the COVID-19 surge. Increased use of corticosteroids and broad spectrum antimicrobials, prolonged use of central venous catheters and prolonged ICU length of stay likely contributed to this increase. Patients who developed candidemia co-infection with COVID-19 were found to have poorer outcomes as compared to those who were SARS-COV-2 negative or untested.

Disclosures. All Authors: No reported disclosures

293. Lung Cancer and Hematologic Malignancy (HM) Patients Are Associated with the Highest Risk of Progressing to Severe Disease and Mortality in Cancer Patients with COVID-19
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Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes
Background. Several studies have shown that underlying cancer is a risk factor for progression of COVID-19 to severe illness and fatal outcome but there is very little data that specifies which underlying cancer puts this patient population at the highest risk.

Methods. We retrospectively collected de-identified data on 1115 cancer patients diagnosed with COVID-19 between January and November 2020, at 12 centers in Asia, Australia, Europe, North America, and South America. Patient characteristics including age, type of malignancy (hematologic malignancy [HM], lung cancer, and non-lung cancer) were determined in association with severe illness as well as all-cause mortality within 30 days after COVID-19 diagnosis.

Results. By multivariable logistic regression analysis, independent risk factors for 30-day mortality in cancer patients included age ≥ 65 (OR 6.66; 95% CI 3.35 to 12.55; p = 0.001), ALB < 0.5 K/microliter (OR 2.10; 95% CI 1.16 to 3.79; p = 0.014), and anemia (Hb < 12 g/dL (OR 2.41; 95% CI 1.30 to 4.44; p = 0.005). Among cancer patients, the 30-day mortality rate was significantly higher in patients with lung cancer than in patients with non-lung cancer solid tumors, including those with lung metastases (22% vs 9%; p = 0.01). Patients with HM tended to have higher 30-day mortality than patients with non-lung cancer solid tumors (13% vs 9%; p = 0.007) and tended to have a lower mortality rate than patients with lung cancer (p = 0.07). Furthermore, HM patients were more likely to develop lymphopenia and anemia at diagnosis as well as progress to LRTI and be placed on ventilatory support compared to non-lung cancer solid tumor patients (p < 0.01). In addition, lung cancer and HM patients were more likely to develop hypoxia and require hospital admission than non-lung cancer solid tumor patients (p = 0.01).

Conclusion. Lung cancer and HM patients are associated with the highest risk of progressing to severe disease and mortality in cancer patients with COVID-19. Therefore, cancer patient population should be given the highest priority as far as prevention [vaccination with boosters if needed] as well as preemptive early therapy with monoclonal antibodies right after the onset of COVID-19.

Disclosures. Monica Slavin, MBBS, MD, F20 (Advisor or Review Panel member) Merc (Advisor or Review Panel member) Pifer (Advisor or Review Panel member)

294. Surveillance for Potential Post-Acute COVID-19 Syndrome Medical Complications in the Emergency Department (ED) – A Retrospective Longitudinal Study of ED Patients Who Had Evidence of SARS-COV-2 Infection Versus Those Who Did Not
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Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes
Background. As the COVID-19 pandemic continues, growing attention has been placed on whether patients previously infected with SARS-COV-2 have an increased risk of developing and/or exacerbating medical complications. Our study aimed to determine whether individual and mortality in cancer patients with COVID-19 infection prior to their current emergency department (ED) visit were more likely to present with specific clinical signs/symptoms, laboratory markers, and/or clinical complications.